

HEALING HANDS



Photos and Dentistry by Judith L. Allen, DMD

Dental and Vision Care for Homeless Patients

Though insurance plans and government-run health care plans often treat dental and vision care as supplementary,¹ health care providers and patients know that proper oral and eye care are essential to good health. As a 2000 Surgeon General report notes, “The terms oral health and general health should not be interpreted as separate entities. Oral health is integral to general health... [O]ral health means more than healthy teeth and... you cannot be healthy without oral health.”² Untreated dental problems can lead to life-threatening infections, and even simple dental caries can cause considerable pain and discomfort.³ Likewise, vision problems negatively impact quality of life, but can also contribute to serious long-term health problems, particularly in patients with diabetes.⁴

Despite the importance of dental and vision care, many people in low-income communities do not have access, due to inability to afford treatment or difficulties in accessing a provider, since in many states only a small proportion of service providers will see uninsured or publicly insured patients. **Dr. Clement Yeh**, the Medical Director for San Francisco’s 911 Center and the San Francisco Department of Emergency Management, and an emergency room physician at San Francisco General Hospital, explains that “access to dental care for homeless individuals is really lacking. Some states (including California) include dental care in Medicaid coverage – here it’s called Denti-Cal. The problem is that very few dentists will actually agree to see people



who only have Medicaid coverage. One of my colleagues, Dr. Maria Raven, has done some public policy work in this area and found that in some parts of the country only 11% of the dentists would provide services with only Medicaid coverage. Homeless

people definitely need to be aware of dental coverage if they qualify, but it is of little use if no one can find a dentist who is willing to see them for a lot less reimbursement than other private insurance plans.” Vision care can be similarly difficult to access—even people with insurance plans that cover vision often find that specific services are not covered—and high up-front costs are often associated with seeking eye care.

Individuals experiencing homelessness are faced with adverse health outcomes in the areas of vision and oral health, exacerbated by this lack of access to health care.⁵ These outcomes cause impacts on physical health, as well as social and emotional effects, functional restrictions, and social discomfort. In addition, poor eye and oral health can be significant barriers to employment and therefore impede pathways out of homelessness. But people who do not have insurance, cannot afford services out of pocket, and have limited access to networks of providers have few conventional options for accessing care.⁶ Because of these difficulties in access, Health Care for the Homeless programs around the country have developed innovative approaches and models for providing dental and vision care for their patients.

Dental Care for People Experiencing Homelessness

A year after she began working at the Family Health Center in Worcester, Massachusetts, **Amy Grassetto** sought help with her teeth. During the time she'd lived in a shelter with her family, she'd experienced ongoing dental problems, including the loss of some of her teeth. Family Health Center was able to remove the rest of the teeth, but her dental insurance plan didn't cover dentures. As a result, Ms. Grassetto went a year with no teeth. During this time she volunteered for the National Health Care for the Homeless Council and spoke about homelessness at a Joint Congressional Briefing. “I tried very hard not to smile,” Ms. Grassetto recalls of her appearance before Congress, “and since I was very conscious of the fact that I didn't have teeth, you didn't see me smile often.”



FULL UPPER AND LOWER PARTIAL DENTURE

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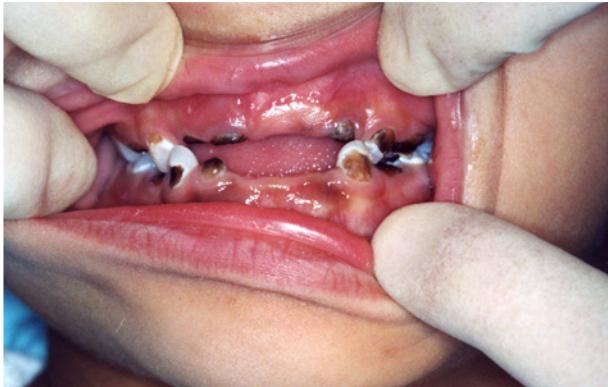
Through HCH connections, Ms. Grassetto met **Dr. Judith Allen** at the Elm Street Dental Clinic in Cincinnati, Ohio. With the support of numerous people, Ms. Grassetto was able to travel to Cincinnati, and Dr. Allen drove her to a lab in Kentucky where a set of dentures was fabricated for her. A week later, Ms. Grassetto flew back to Massachusetts with a full set of dentures, feeling “very grateful and fortunate to know really good people in this work that were able to help me. I had a huge turnaround in feeling confident and being able to smile again,” she recalls. Dr. Allen, who was dubbed “The Tooth Fairy” by local press, says of her work, “Every day I come to work I grant wishes: I wish I could sleep tonight without pain; I wish I could smile; or if I could smile and get a job I could go home again and see my family again.”

Intense physical pain can accompany untreated dental problems, and Ms. Grassetto's story highlights the social and emotional impacts that also occur. Dr. Allen notes that people with visible dental issues may experience difficulty finding employment or accessing certain services, and that often people's sense of “self-worth is turned around dramatically when their oral health is taken care of.” Quality of life is affected in multiple ways by the existence of dental problems and access to care.⁷

Despite the critical importance of timely and preventive dental care, difficulties in access often lead homeless patients to seek oral care in emergency rooms. Dr. Yeh notes that in the San Francisco emergency room where he works, patients most often come in “for simple dental pain due to dental caries [cavities], but infections sometimes progress to dental abscesses, infections around the tooth itself, or even severe facial soft tissue infections. Additionally, I frequently care for people who have dental trauma from falling or being assaulted and have chipped or dislodged teeth.” He adds that he sees children in the emergency room for injury and mouth trauma. However, unless there is a life-threatening infection, emergency departments are limited in their ability to provide dental care; most often, says Dr. Yeh, emergency care providers “control pain and refer patients to a dentist for definitive dental care,” though the care will be difficult for low-income and homeless clients to access—including for children, since “safely caring for kids with dental problems is a special skill among dentists, which can make finding a dentist who will provide services for kids without private insurance even harder.”

Some HCH projects have found innovative ways to provide dental care to their clients. In New York City, the NYU Lutheran Department of Community Medicine operates 13 HCH clinics, serving more than 7,000 homeless clients a year. All clients, regardless of insurance status, are offered free dental care with no copays, including clients who need dentures. NYU Lutheran has five dental clinics and one of the largest dental residency training

programs in the country. All HCH clients are referred to one site, where designated contact staff members are familiar with Community Medicine and the needs of homeless clients. In the



CHILD WITH RAMPANT CARIES

Photo by Judith L. Allen, DMD

HCH medical clinics all clients are asked, as a routine part of their physical examinations, when they last saw a dentist. “A majority of our clients have not received dental care for years,” says **Ansell Horn, RN, NP, PhD**. “And many foreign-born clients have never had any dental care.” Most homeless patients, Dr. Horn says, have acute and chronic dental problems; many need extractions, followed by partial or complete dentures. Unfortunately, he adds, in New York it is “difficult to get Medicaid approval to do root canals and crowns, so we are expected to pull teeth instead of saving them, unless the client is able to pay.” At NYU Lutheran, clients with acute needs are seen the same day and routine preventive care appointments are usually made within a week. Access is facilitated by providing transportation (usually New York City transit cards) and patient navigators escort clients when necessary. The NYU Lutheran dental clinic staff provides patients with a prescription for medications, rather than telling patients to purchase over-the-counter medications (e.g. Tylenol or Motrin). The referring medical clinics keep medications on-site for uninsured clients. “Dental care is a huge gap in medical care for homeless clients and we find that most clients jump at the opportunity to access care,” says Dr. Horn. “Early intervention and referral to a clinic that knows the needs of our clients is key to the program’s success. In 2014, more than 2,400 NYU Lutheran Community Medicine clients were referred to our dental clinic.”

At the Elm Street Clinic in Cincinnati, the city government provides health care on a sliding fee scale; for HCH clients the sliding scale goes down to zero. In recent years the Clinic has expanded the reach of its dental programs since, as Dr. Allen explains, “Oral health is particularly important for people who are underserved and can’t get themselves to dentists and dental-care facilities. It literally is life-threatening in some cases.” The first hours of the day in the dental clinic are dedicated to walk-in emergency treatment, and an average day sees between 10 and 25 people with dental emergencies such as large oral abscesses

and infections. In the summertime there tends to be a higher proportion of injuries.

Community collaborations are useful tools in arranging dental care for people experiencing homelessness. In Provo, Utah, the Food & Care Coalition is a homeless services agency that provides a variety of services including meals and transitional housing. In collaboration with the Share A Smile Foundation, the Coalition has been operating a dental clinic for years. What started as a collaboration with a single dentist and his office has grown into a network of over 50 dentists that contribute volunteer services, supplies, and equipment, providing services two days a week to Food & Care Coalition clients. The network also includes a partnership with pre-dental students at two local universities. **Brent Crane**, Executive Director of the Food & Care Coalition, says, “We also just entered into a partnership with Mountainlands Community Health Center in creating a full-service medical clinic with three [examination rooms] and expanded dental facilities. They will actually be leasing our existing dental clinic and remodeled classroom...and doing dental on the days that Share A Smile doesn’t.” Providing these services on-site where clients access meals and other services is a practical solution for clients for whom it is difficult to travel. Crane explains, “Our facility operates on a unique premise: clients are required to perform community service rather than offer monetary co-pay for services that are provided. This system gives clients an opportunity to express their gratitude by ‘paying it forward’ into the community.” Other emerging practices being utilized by care providers across the country include mobile screening units, shelter-based dental services, and tele-dentistry.



FULL UPPER DENTURE AND LOWER PARTIAL DENTURE

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Practices such as these enable care providers to reach patients who do not have reliable transportation or assistance navigating complex health systems.⁸

Dr. Horn names two crucial lessons for service providers of dental care for homeless patients. First, expanded access to

preventive dental care—regular dental care, not only in response to acute conditions—is critical for avoiding deterioration, which results in expensive restorative work. Second, dedicated dental clinics “can ensure sensitivity to clients who are homeless and their special needs,” such as access to medication, transportation assistance, and patient navigation.

Emergency room doctor Clement Yeh notes three things that medical providers should focus on when considering dental care for homeless individuals:

1. Educate your patients about programs that may provide them dental coverage.
2. Develop local resources by identifying dentists who will accept your patients.
3. Prevention! Don't let your patients ignore their dental problem until it becomes an emergency.

Vision Care for People Experiencing Homelessness

As with dental care, lack of access to vision care presents a host of problems. Amy Grassetto says that “for all different ages and all different reasons, vision care is critically important—to be able to work, to be able to do schoolwork, to be able to see clearly to drive safely.” Children without access to vision care, for example, may fall behind in school as a result of untreated vision problems, and adults may not be able to function effectively in the work force, increasing their vulnerability for homelessness.

According to **Alan Bradford**, Vice President of Operations and COO at Mercy Care in Atlanta, Georgia, vision care is “a critical component for people who are trying to get out of homelessness”—imagine going to a job interview with a vision challenge, for example, or trying to fill out applications for employment and housing— and “it can be a big deterrent to getting out of homelessness. It's a critical need.” Moreover, without routine eye care, chronic diseases may be overlooked or neglected, resulting in further deterioration. Especially for patients with diabetes, a disease that is already challenging to treat in the homeless population, regular eye exams are critical to long-term health because of the increased risk of glaucoma and other vision-threatening diseases.

The Family Health Center in Worcester opened its Vision Center in December 2014, which Ms. Grassetto says “has been a tremendous help to our patients, since we don't have to refer them elsewhere.” The vision clinic is staffed by overseeing ophthalmologists and optometry residents from the Massachusetts College of Pharmacy & Health Sciences. There is an eyeglass store

onsite so that clients do not have to travel to purchase eyewear. The opening of the Vision Clinic has enabled the clinic to provide routine vision care for patients with diabetes. Community members can also access the vision center, even if they don't have primary care at the Family Health Center, and employees can also use the vision center and get a discount on eyewear. Ms. Grassetto estimates that at least 300 people have received vision care at the clinic in the short time since it opened.

According to Mr. Bradford, offering vision care can be a fiscal challenge, particularly in non-Medicaid expansion states such as Georgia; he estimates that 93 percent of their clients are uninsured. Mercy Care in Atlanta has two vision clinics, the first of which opened in 2009. Previously, Mercy Care conducted a small vision care program with the aid of a volunteer optometrist, but thanks to a private funder is now able to employ a full-time optometrist and offer comprehensive vision screening services at the two locations with the help of both employees and volunteers. The clinics offer full vision screenings and examinations, as well as treatment for glaucoma and other conditions. Patients with identified vision problems are given access to onsite frames and lenses, and those who cannot be served on-site are provided with transportation to off-site hardware providers and given assistance with selecting glasses that fit properly. He notes that an important part of Mercy Care's ability to offer both vision screenings and exams is their partnership with local eyeglasses providers. His advice to other care providers implementing vision care programs is to draw upon community partnerships, utilize volunteers, and find a good partner for providing subsidized access to hardware.

At clinics where free or affordable vision care is unavailable, clinicians often refer homeless clients to other community resources. Before opening the new vision clinic, for example, Family Health Clinic referred clients to a church in Worcester that provided Monday night eye exams and low-cost eyeglasses. In Utah, says Mr. Crane, the Food & Care Coalition refers clients to LensCrafters' OneSight program. OneSight, which has been operating for 25 years and has provided vision care to over 8 million people in 41 countries, is a collaboration between LensCrafters associates and independent doctors. Through the use of school-based vision centers, charitable vision centers, and community vision clinics, the OneSight program seeks to provide free and affordable eye exams and eyewear in underserved communities around the world.⁹

Mobile vision screening programs are on the rise around the United States.¹⁰ These programs offer free or low-cost eye examinations and access to eyewear. Some mobile vision screening programs visit schools, community centers, health clinics, shelters, or community events. For example, Mr. Bradford estimates that Mercy Care conducts 25 off-site vision screening opportunities per year at community events and outreach fairs; individuals identified as requiring services are then referred to one of Mercy Care's two vision clinics. A growing field that may benefit low-income and homeless clients, particularly those who require frequent vision screenings due to diabetes, is tele-optometry, where a clinic has a specialized camera that can photograph the

retina, and an ophthalmologist in another location can review the images and make recommendations.¹¹

Common Eye Conditions

The National Eye Institute notes that the following conditions are more common in people over the age of 40:^{*}

- » Age-related macular degeneration: “AMD is a disease associated with aging that gradually destroys sharp, central vision. Central vision is needed for seeing objects clearly and for common daily tasks such as reading and driving.”
- » Cataract: “A cataract is a clouding of the lens in the eye. Vision with cataract can appear cloudy or blurry, colors may seem faded and you may notice a lot of glare.”
- » Diabetic eye disease: “Diabetic eye disease is a complication of diabetes and a leading cause of blindness. The most common form is diabetic retinopathy which occurs when diabetes damages the tiny blood vessels inside the retina.”
- » Glaucoma: “Glaucoma is a group of diseases that can damage the eye’s optic nerve and result in vision loss and blindness. It is usually associated with high pressure in the eye and affects side or peripheral vision.”
- » Dry eye: “Dry eye occurs when the eye does not produce tears properly, or when the tears are not of the correct consistency and evaporate too quickly.”
- » Low vision: “Low vision means that even with regular glasses, contact lenses, medicine, or surgery, people find everyday tasks difficult to do.”

* Information retrieved from https://nei.nih.gov/healthyeyes/aging_eye

Conclusion

Resolving barriers to access to dental and vision care should be a key goal for health care providers. As Dr. Allen in Cincinnati says, “Not every HCH program has an oral health component to it, but every program needs an oral health care component because it’s so vital to patients on so many levels.” Recognizing the linkages between oral health, eye health, and long-term physical and mental health outcomes may prompt providers to develop programs that meet the multifaceted health care needs of people experiencing homelessness.

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