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Knowledge, Attitudes and Practices About Oral Disease Prevention Among Homeless Persons in Escambia County, Florida

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INTRODUCTION

- Homelessness is a serious social problem in the U.S. Each year, an estimated 2 million people lack access to a conventional dwelling or residence.
- Research has shown that homelessness is directly associated with poor oral health and a lack of access to oral health care¹
- Homeless adults have poorer oral health, more grossly decayed and missing teeth and more unmet treatment needs than the general population².
- In 2017, almost 1,000 homeless individuals were seen throughout the safety net clinics in Escambia County, Florida³
- There is no information regarding oral health practice behaviors among adult homeless in the Florida Panhandle.

AIM

The purpose of this qualitative study was to assess the knowledge, attitudes and practices regarding oral disease prevention and oral hygiene among homeless individuals in Escambia County, FL.

METHODOLOGY

- We conducted 8 focus groups with approximately 8-10 individuals in each group. Participants 18 years and older were recruited via flyers from three organizations that offer programs for the homeless in Escambia County.
- Focus groups were used as a way to stimulate a richer response on the participants' practices on oral disease prevention and oral hygiene and to examine in depth the reasons for particular behaviors.
- We had two group facilitators, two recorders and two observers. The observers took notes on the participants' nonverbal cues and shared key impressions about the groups, participants' attitudes, concerns, language and other responses during the debriefing meeting with the researchers.

- Informed consent was collected from all the participants including permission to take pictures.
- A practical training session on how to brush and floss their teeth was offered at the end of each focus group.
- Thematic analysis of the data was conducted using NVivo 11 software.
- This study received approval from the UWF Institutional Review Board IRB (IRB 2018-201).

RESULTS

Oral Hygiene

- There was no general knowledge about how and how often to brush or floss their teeth.
- The participants were aware of the benefits of teeth brushing and flossing, but they had not been educated on how and when to brush and floss their teeth.
- The participants stated they were not able to use mouthwash because of restrictions at the shelters



Participants and researchers in focus groups conducted at the Alfred Washburn Center in Pensacola, Florida. Permission was obtained from the participants to take and share the picture.

Dental literacy

- Understanding of the risk factors for dental disease was low among the participants. There was confusion between what the risk factors for dental disease are and the association between some diseases such as diabetes and heart disease with dental disease.
- A few participants described smoking, improper brushing, dipping, drugs, sugar and poor diet as risk factors for dental disease.

Barriers

- The majority of the participants stated that lack of insurance, cost, transportation, time and lack of access to dental care were common barriers;

"I'm willing to wait to be seen for services. It is worth the time"

"It was so bad my teeth started to fall out; it is hard to get insurance"

Appearance

- Although appearance seemed to be very important, the majority of the participants were partially edentulous, especially in the anterior portion of the mouth where it was most noticeable.
- The participants stated whenever they meet someone they notice: whether their teeth are straight, crooked or broken, if they have missing teeth, whether they have stains, and if the teeth are rotten.

"One of my front teeth came out, I was able to get a bridge because my mom paid for it, since then I got a job and am more confident."



CONCLUSION

- Common themes contributing to poor oral health that emerged from the analysis were unaffordable dental care, lack of transportation, long waiting lists to be seen by a dentist, and lack of insurance.
- The participants understood and valued the importance of oral health, but due to lack of access and not being able to afford to see a dentist regularly, were only making visits when in severe pain.
- There are only two clinics that provide free or reduced fee dental care in Escambia County.

DISCUSSION

- Delay in seeking dental services for preventive care due to lack of money, transportation or lack of access to dental care can be detrimental for the homeless population that is already experiencing other challenges to their survival.
- Providing dental care where they seek shelter may make it easier for them to access care.
- This study seeks to encourage public health professionals and health care providers of all categories to further understand the risk factors for oral disease so that they can educate these populations during primary care visits.

REFERENCES

- Figueiredo, R.L.F., Quiñonez, C. and Hwang, S.W (2012). Dental health of homeless adults in Toronto, Canada. Journal of Public Health Dentistry (73) 74–78 Retrieved from: <https://doi.org/10.1111/j.1752-7325.2012.00355.x>
- Chi, D. and Milgrom, P.(2008). The oral health of homeless adolescents and young adults and determinants of oral health: Preliminary findings. Spec Care Dentist 28(6): 237-242 Retrieved from <https://doi.org/10.1111/j.1754-4505.2008.00046.x>
- Community Health Northwest Florida (2017). Retrieved from <https://healthcarewithinreach.org/>