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English - Technical Writing  
Assignment 3.2

Formal Report on Proposal to Establish a Volunteer Dental Hygiene Clinic  
at Our Place Society

Draft

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**I. INTRODUCTION**

Homelessness is a serious problem in Canada. Approximately 150,000 Canadians use one of the nation’s 15,000 emergency shelters each year. 35,000 people in this country on any particular night find themselves without shelter. (Canada) Homeless individuals experience many barriers to care when accessing dental care in Canada, including stigma, lack of a permanent residence, and lack of funds. (Figueiredo) Many studies point to the correlation between homelessness and poor oral health care outcomes, oral disease, and unmet treatment needs. (Figueiredo)

Well-being has been rarely studied among the homeless population, but the small amount of work done indicates that well-being is significantly impacted by physical health problems, including dental issues. (Meija-Lancheros) The unsheltered community experiences instability in their oral health partly due to the constant deconstruction and reconstruction process of moving in and out of homelessness. (Mago) Early access to professional preventive dental care could prevent a great deal of suffering and morbidity in this population. (Figueiredo)

**A. Background regarding difficulty homeless individuals face when accessing dental care**

Homelessness in Canadian cities is increasing at an exponential rate during the present time of skyrocketing housing costs. (Dutton) Therefore, issues relating to this demographic are becoming more urgent.

City shelters in Canada generally find 1/3 of their available beds being used for short-term clients. 2/3 of the space is generally occupied by the chronic and episodic shelter users. Chronic and episodically homeless individuals experience greater health care problems than those who temporarily access shelter services. (Jadidzadeh)

The publicly funded, so-called “universal” health care provided in Canada completely excludes dental care of any type. (Mago) This directly leads to the unmet oral health needs of the socioeconomically disadvantaged, and most especially, those who have no home. (Fournier) The limited social programs available mainly focus on children and those enrolled in social assistance. People who live on the streets may have difficulty accessing government social assistance, and thus they fall through the cracks. (Fournier)

These long-term unsheltered individuals often experience extreme oral disease. Descriptions from research invoke the voices of people who have little interest discussing oral hygiene such as toothbrushing, as the crippling pain in their teeth overwhelms everything else. Statements have been made such as, “teeth were so painful that I couldn’t sleep…eat…talk…think; the whole pain was just here” and “there is lot of food that I can’t eat because it doesn’t digest…I can’t chew, so it is very bad on my health.” (Mago)

There are many barriers to these individuals’ ability to simply walk into a dental clinic and make an appointment. Lack of contact information such as phone and email makes scheduling nearly impossible. Individuals experiencing addiction can have extreme difficulty with meeting scheduled appointment times due to the need to use or from the aftereffects of using. (Mago)

Many homeless individuals report facing discrimination, prejudice, stigma, and lack of basic respect in traditional dental offices. They regularly experience anxiety about the cost, embarrassment about their state of oral health, and fear of dentists. (Mago)

Mago et al. reported, regarding the unsheltered people they interviewed, “Despite our aim to recruit for maximal variation…we found nobody who had good experiences with dentists…they wanted accessible dental services with financial assistance from government, more widespread information about community dental clinics, and, notably among the Indigenous participants, less humiliating discrimination from dentists.”

During their research, Mago et al. noticed that those they interviewed didn’t even consider the concept of restoring or improving their oral health—they were simply focused on how to get out of the pain they were currently in. They reported feeling neglected by dentists and the government.

It seems no wonder then, that the majority of homeless individuals experiencing acute dental disease or pain often turn to the local hospital emergency department for relief. (Fournier) In addition to this, many choose to self-treat, even extracting their own teeth when in extreme intolerable pain. (Mago)

Once arriving at the emergency department however, unsheltered dental patients often find themselves feeling “rushed, confused, and stereotyped” by staff. (Mago)

**B. Background regarding medical and financial implications of untreated dental disease**

Hospital emergency departments in Canada are almost never equipped to definitively treat dental disease or trauma. (Fournier, Mago) Therefore, visitors to the ED will only receive palliative care: analgesics for pain control and antibiotics for infection. Neither of these will address the underlying dental disease, and the patient will simply get sicker as time goes on. Repeat visits are made to the ED, and there is never resolution to the disease. (Fournier)

The cultural and practical gap that exists between medicine and dentistry in Canada limits many physicians’ level of knowledge of dental problems, their treatment, and the true significance of poor oral health. (Mago)

Fournier et al. state, “It has been claimed that ED visits for health problems that could have been treated in an ambulatory setting contribute substantially to high health-care costs and represent an inefficient use of health-care resources”, as standard charges are still levied for each dental-related ED visit, even though the health problem is never resolved, wasting taxpayer funds via an inappropriate use of medical facilities. (Fournier)

The mean ED charge per dental visit is $760, leading to billions of dollars of federal and provincial health budget resources lost over the years in admitting countless people to the ED for oral problems, and then providing no definitive treatment for their disease. (Fournier)

Many solutions have been discussed by many stakeholders over the years, but we have yet to put in place a plan to help Canadians access timely oral healthcare. (Fournier) Political power and policy efforts must be brought to bear upon this issue to improve the lives of society’s most marginalized, and also to reduce the vast wastage of tax dollars that occurs annually in the hospital system due to fruitless dental visits. (Fournier)

However, there is an immediate need for preventive dental care among the homeless populations of Canada’s cities. Community-based volunteer professional dental hygiene services could be an ideal way to bridge the gap between the present time and future governmental programming in this area. This type of clinic could help the unsheltered population feel comfortable, listened to, and at ease. This could lead to improvement in their overall health outcomes, both physical and mental. (Figueiredo)

**Purpose of Report**

The purpose of this report is to assess the need for volunteer and feasibility of providing dental hygiene services at the Our Place Society Centre. The report identifies gaps in the provision of oral health care to homeless individuals and identifies ways to address this gap through volunteer dental hygiene treatment in a mobile clinic setting at the shelter. The provision of zero-cost dental services on-site can help reduce some of the barriers clients face when trying to access traditional oral health services.

**Description of Data Sources**

Online search of peer-reviewed journals and government reports

Interview with Patricia O’Byrne, Community Engagement Programs Manager at Our Place Community Centre

**Scope of this inquiry**

To explore the need for volunteer dental hygiene clinic services at the Our Place Community Centre and examine the logistics of such an endeavour.

**II. DATA SECTION**

**A. Research**

**Interview with Patricia O’Byrne Community Engagement Programs Manager**

1. How many Our Place Society clients would be interested in accessing on-site dental hygiene services?

Potentially hundreds. For the past two years, there has not been one person at Our Place from the dental profession,

2. Is there an area that could be used as a mobile hygiene space?

The shower area is a good place to provide services like this. There is plumbing and the area is set up for personal care.

3. Is there any funding available for the purchase of disposable supplies?

Yes. Disposable supplies can be reimbursed.

4. Is Our Place Society in contact with any other dental professionals on a volunteer basis.

No. We have had no luck in obtaining any dentists or hygienists to give any services within the Our Place facility despite years of reaching out. Camosun students used to come pre-covid, but that is all we have had.

**III. CONCLUSION**

**In conclusion, the homeless population of Canadian cities disproportionately experiences poor oral health and hospital ED visits for acute dental emergencies. These visits do not address the issue definitively and yet cost the healthcare system billions. There is a strong immediate need for zero-cost preventative dental services among the unsheltered population of Victoria, BC. Our Place Society Centre would be an ideal location for a mobile volunteer professional dental hygiene clinic.**

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