

HOMELESS AND DENTAL CARE CLINIC PROGRAM

Development of a Dental Clinic for the Homeless
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INTRODUCTION



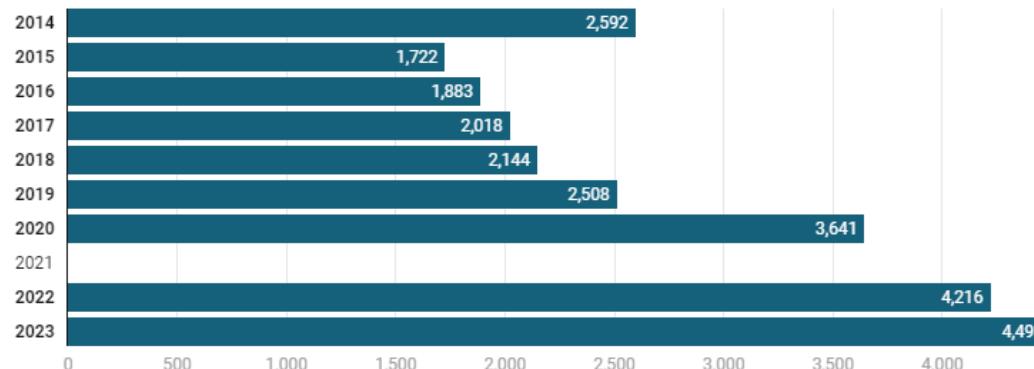
"Despite being largely preventable, oral diseases remain a global public health challenge, affecting more than 3.5 billion people world-wide" (Witton & Paisi, 2021, p.1)

"Tooth loss and oral pain are highly prevalent in older homeless adults. Increasing age, alcohol, drug and tobacco use are associated with tooth loss" (Freitas et al., 2018)

"Although the prevalence of smoking in the United States has declined, vulnerable and marginalized groups continue to use tobacco at high rates. One such groups is the 2.3 to 3.5 million people nationwide who are homeless in any given year" (Baggett et al., 2013).

Homelessness in Fresno, Madera counties

The number of homeless individuals counted by the Fresno Madera Continuum of Care in its annual Point in Time count, a snapshot of unsheltered and sheltered homeless people on a given day during the year.



PROGRAM GOALS

To increase accessibility for dental care in the homeless community

To decrease risk for dental or oral-related issues in the homeless community

Mission Statement

This Dental Clinic Program will provide oral health education, resources, and treatment in efforts to achieve a positive impact on the homeless community's quality of life."



PROGRAM OBJECTIVES

To decrease the number of diseases related to dental hygiene as measured by reported cases in neighboring hospitals in the homeless community by 25% in the next 6 months.

To decrease the usage of substance abuse that causes oral-related issues in the homeless community as measured by reported cases in neighboring hospitals by 15% through effective education.

To improve awareness of effective oral care in the homeless community, as demonstrated by decrease in 5% inpatient-related oral diseases reported in community hospitals by the end of 6 months.



RESOURCES

**Collaboration with charities and other organizations*

Organizations

- Magic Tooth Bus
- HNT - Homeless Not Toothless
- Healing California
- Ward Periodontics & Implants

Grants

- Private Grants
- Government Grants (State Grants)

Charities

- America's Toothfairy

Volunteers



CONSTRAINTS

**Prominent Barriers Preventing Accessing Dental Services*

- Fear
- Lack of information
- Lower health literacy
- Cost



METHODS AND ACTIVITIES

Oral Kits
On-Site/Mobile Screenings
Education Pamphlets
Education Sessions



Timmreck's 10-Step Planning Model

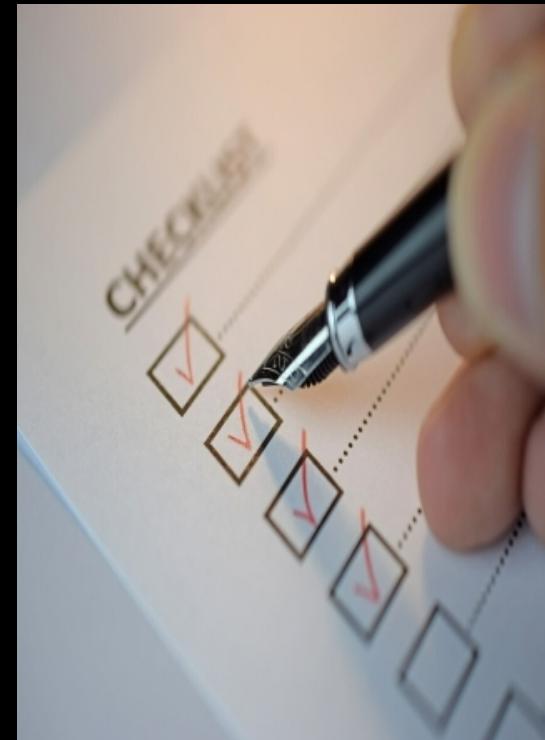
Utilized to assist in planning our
homeless & dental care clinic
program



Accreditation Gap Analysis



PHAB (Public Health Accreditation Board) Accreditation Standards	Met/Not Met	Requires additional focus/changes to achieve accreditation
Standard 1.1:Participate in or lead a collaborative process resulting in a comprehensive community health assessment	Met	N/A
Standard 1.2: Collect and share data that provide information on conditions of public health importance and on the health status of the population	Met	N/A
Standard 1.3: Analyze public health data, share findings, and use the information to improve the health of the community	Met	N/A



Standard 2.1: Anticipate, prevent, and mitigate health threats through surveillance and investigation of health problems and environmental hazards.	Met	N/A
Standard 2.2: Prepare for and respond to emergencies.	Met	N/A
Standard 3.1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.	Met	N/A
Standard 3.2: Use health communication strategies to support	Met	N/A





Standard 4.1: Engage with the public health system and the community in promoting health through collaborative processes.	Met	N/A
Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws.	Not Met	Look into working with CDPH to examine and contribute to improving policies and laws.
Standard 5.2: Develop and implement community health improvement strategies collaboratively.	Met	N/A
Standard 6.1: Promote compliance with public health laws.	Not Met	Provide staff in-person training materials or recorded training

The Value of PHAB Accreditation

Strengthening Health Departments to Better Serve their Communities

Quality Improvement
The percentage of respondents who said accreditation stimulates quality and performance improvement opportunities.¹ 

Partnerships
The percentage of respondents who said that since becoming accredited, their health department's relationships with local community stakeholders have improved.¹ 

Accountability
The percentage of respondents who said accreditation improves accountability to external stakeholders.¹ 

Strengths/ Weaknesses
The percentage of respondents who said accreditation allows the health department to better identify strengths and weaknesses.¹ 

Workforce
"By far the best [outcome of accreditation] is the validation for staff. They are really proud of accomplishing accreditation, and really proud of doing things the right way."² 

Resources
"The work we have done to become accredited has helped us obtain other grants. Going through our CHA and CHIP goals, having a strategic plan in place, they have probably helped us secure some grants that we may not have obtained if we had not had those."² 

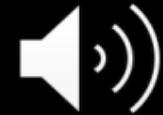
¹NORC evaluation survey of health departments one year after they were accredited, as of Oct. 2016.

²Responses to interviews/surveys as part of NORC evaluation.

For more information about the Public Health Accreditation Board and the value of PHAB accreditation, please visit <http://www.phaboard.org/accreditation-overview/what-are-the-benefits/>



Standard 7.1: Engage with partners in the health care system to assess and improve health service availability.	Met	N/A
Standard 7.2: Connect with other sectors to improve access to social services.	Met	N/A
Standard 8.1: Encourage the development and recruitment of qualified public health workers.	Not Met	Not yet met, will look into recruiting qualified diverse staff once grant approval or other source of funding is achieved.
Standard 8.2: Build a competent public health workforce and leadership that practices cultural humility.	Not Met	Not yet met, will look into developing a workforce development plan that assesses workforce capacity and includes strategies for improvement once a source of funding is





Standard 9.1: Build and foster a culture of quality.	Not Met	Not yet met, will look into establishing a performance management system once funding is achieved to hire qualified personnel
Standard 9.2: Use and contribute to developing research, evidence, practice-based insights, and other forms of info.	Met	N/A
Standard 10.1: Employ strategic planning skills.	Met	N/A
Standard 10.2: Manage financial, info management, and HR effectively.	Not Met	Work towards getting approved for grant to provide funding for project.
Standard 10.3: Foster accountability and transparency within the organizational infrastructure to support ethical practice, decision-making, and	Met	N/A



ACTION PLAN SUMMARY

***Standards to focus on while working towards accreditation listed in order of priority**

Standard 6.1: Promote compliance with public health laws.

Standard 10.2: Manage financial, info management, and HR effectively.

Standard 8.1: Encourage the development and recruitment of qualified public health workers.

Standard 9.1: Build and foster a culture of quality.

Standard 8.2: Build a competent public health workforce and leadership that practices cultural humility.

Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws.



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