

---

# Homelessness and Oral Health

*“It’s hard to brush and floss on the streets”*

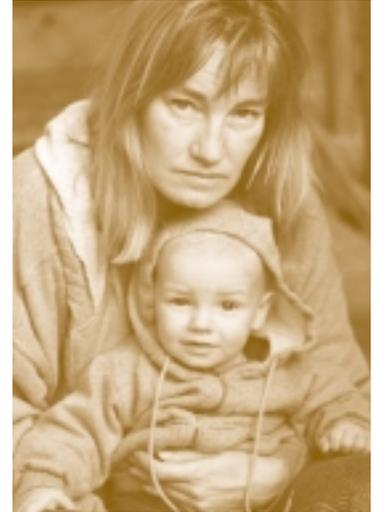
## Who Are the Homeless?

The Department of Housing and Urban Development (HUD) defines the homeless as persons who are living on the streets or in shelters, as well as those who are at imminent risk for becoming homeless.<sup>2</sup>

Each year an estimated 2 million people in the United States lack access to a conventional dwelling or residence.<sup>3</sup>

Families with children constitute an estimated 38 percent of the homeless population; children account for 25 percent of the homeless population.<sup>4</sup>

Causes of homelessness include untreated mental illness, substance abuse and unmet treatment needs, domestic violence, low-paying jobs, changes and cuts in public assistance, and lack of access to affordable health care.<sup>4</sup>



## The Oral Health Status of the Homeless Population

Persons who are homeless have more grossly decayed and missing teeth than the general population and even the impoverished population living in residences.<sup>5</sup>

Homeless persons are 12 times more likely than individuals with stable housing to have dental problems. Persons living in unstable housing, such as a hotel or the residence of a friend or relative, are 6 times more likely to have dental problems.<sup>6</sup>

Homeless adults have more intensive dental problems, such as periodontal disease and edentulism (a complete lack of teeth); however, their use of dental services is less than the general population's.<sup>1</sup>

Only 53 percent of toothless homeless individuals have complete sets of dentures, compared with 91 percent of the general population. In addition, 83 percent had not had a dental cleaning in the previous 4 years, a rate 4.6 times higher than in the general U.S. population.<sup>5</sup>

## The Oral Health Status of Homeless Children

More homeless children have never seen a dentist than children from families with low incomes who were living in houses.<sup>7</sup>

Among homeless children ages 5 to 9 years, 96 percent required dental care and 44 percent had pain or infection.<sup>8</sup>

A Boston survey reported that untreated tooth decay in permanent teeth among homeless children in New England was 7.7 times above the regional average.<sup>8</sup>

## Concerns and Consequences

In a national survey, ninety-eight percent of shelter staff said that dental services are important in returning homeless persons to mainstream American society.<sup>9</sup>

Tooth extraction is the least expensive type of dental care and is often the only choice for homeless individuals. **Missing teeth diminish self-esteem and impair an individual's ability to eat, get a job, and, ultimately, return to mainstream society.**<sup>1,5,10</sup>



## Access to and Utilization of Health Services

Homeless persons find it difficult to carry and use a toothbrush and toothpaste. Access to facilities where they can attend to personal hygiene is uncertain.<sup>11</sup>

Unreliable sources of food and inadequate nutrition reduce a homeless person's oral health. Persons who obtain food from garbage cans or stores and restaurants that donate leftover food are more likely to have gross decay. Dietary limitations caused by missing teeth also affect nutrition and overall health.<sup>5,12</sup>

Homeless women who are pregnant may experience nutrient deficiencies so severe that fetal tooth development is impaired, particularly during the early phase of tooth growth from conception through age 6 months.<sup>13</sup>

Alcoholism is one of the most recognizable problems associated with homelessness, and alcoholism is strongly correlated with poor oral health.<sup>1</sup>

**Among all vulnerable populations, the homeless population probably has the least access to health services. They have no money, health insurance, or permanent residence, and health care providers are often unwilling to serve them.<sup>9</sup>**

A recent study in Montreal showed that even if the homeless have the right to free basic dental services, dentists are reluctant to see them in their private offices, especially during normal office hours.<sup>5,9</sup>

Most homeless adults and their children are eligible for dental services through programs like Medicaid and CHIP. However, current outreach efforts are not adequate to reach many homeless families.<sup>1,14</sup>

Homeless persons with Medicaid coverage are more likely to receive dental services; however coverage varies from state to state. For example, Medicaid covers dentures in New Mexico, but will pay for only extractions in Ohio.<sup>1,15</sup>

In fiscal year 1998, the federal Health Care for the Homeless (HCH) program provided support to 128 grantees in 48 states, the District of Columbia, and the Commonwealth of Puerto Rico. Because funding is not specifically provided for dental clinics, grantees are encouraged but not required to furnish most dental services.<sup>1,16</sup>

## References

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. 1998. Specialty care requires creativity and collaboration. *Opening Doors: Information from the Health Care for the Homeless Program* 6(2):1-4.
2. American Academy of Pediatrics, Committee on Community Health Services. 1996. Health needs of homeless children and families. *Pediatrics* 98(4 Pt 1):789-791.
3. National Law Center on Homelessness and Poverty. Homelessness and poverty in America. In National Law Center on Homelessness and Poverty [Web site]. Cited April 22, 1999; available at <http://www.nlchp.org>.
4. U.S. Conference of Mayors. 1998. *A Status Report on Hunger and Homelessness in America's Cities*. Washington, DC: U.S. Conference of Mayors.
5. Gelberg L, Linn LS, Rosenburg DJ. 1988. Dental health of homeless adults. *Special Care in Dentistry* 8(4):167-172.
6. Ferenchick GS. 1992. The medical problems of homeless clinic patients: A comparative study. *Journal of General Internal Medicine* 7(3):294-297.
7. Waite L, ed. 1998. Study compares health care status and utilization among homeless and low-income housed children: Significant differences found. *The Medicaid Letter* 5(8):8-9.
8. Ramos ME, Allukian M, Sonis AB. Oral health assessment of homeless children in Greater Boston. Paper presented at the Annual Meeting of the American Association of Public Health Dentistry, October 1994, New Orleans, LA.
9. Allukian M Jr. 1995. Oral health: An essential service for the homeless. *Journal of Public Health Dentistry* 55(1):8-9.
10. Allukian M. 1996. Oral diseases: The neglected epidemic. In Scutchfield FD, Keck CW, eds., *Principles and Practice of Public Health* (pp. 261-279). Albany, NY: Delmar Publishers, Inc.
11. Kaste LM, Bolden AJ. 1995. Dental caries in homeless adults in Boston. *Journal of Public Health Dentistry* 55(1):34-36.
12. McMurray-Avila M. 1997. *Organizing Health Services for Homeless People: A Practical Guide*. Nashville, TN: National Health Care for the Homeless Council, Inc.
13. Fitzsimmons D, Dwyer JT. 1998. Nutrition and oral health guidelines for pregnant women, infants, and children. *Journal of the American Dietetic Association* 98(2):182-186.
14. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. 1999. CHIP and homeless children: Addressing the challenges and opportunities. *Opening Doors: Information from the Health Care for the Homeless Program* 7(1):1-4.
15. Glied S, Hoven C, Moore RE, Garrett AB. 1998-1999. Medicaid and service use among homeless adults. *Inquiry* 35(4):380-388.
16. Bureau of Primary Health Care. In programs: Health care for the homeless program. In Bureau of Primary Health Care [Web site]. Cited April 22, 1999; available at <http://www.bphc.hrsa.dhhs.gov>.