Introduction
7,499 homeless individuals were counted in 2017 in San Francisco, 30% of whom identified as LGBTQ. A United Nations Reporteur for Adequate Housing visited San Francisco that year and declared the homelessness problem “a violation of human rights.” She further stated that “the idea that a government would deny people [basic access to water, toilets, and sanitation facilities] suggests a kind of cruelty that is unsurpassed. It is a denial of someone’s humanity.”

San Francisco Community Health Center, the only Federally Qualified Health Center in the city, restores their humanity by providing quality primary care, mental health and supportive services to the homeless, LGBTQ and people of color in the Tenderloin. The one service they lack that nearly all clients need is dental care.

Objectives
The goal of this project is to investigate the viability of establishing a dental clinic within SFCHC. The following questions needed to be answered:

- What are their oral health needs?
- What behavioral issues need to be accommodated?
- Would a traditional dental office work, or is a different model for treatment required?
- What aspects of traditional dentistry have prevented these populations from accessing and continuing care?

Materials & Methods
Understand the population: Patients were interviewed at SFCHC and asked to complete a survey about their dental history.

Treat, observe, analyze: Patients were sent to either Community Dental Clinic (a free student-run clinic) or UCSF Dental Center. Treatments were tracked and patients were asked for feedback about experience.

Treatment period: November 2018 to May 2019

Results

**COMMUNITY DENTAL CLINIC**

<table>
<thead>
<tr>
<th>Treatments completed</th>
<th>Complete exams for 5 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 quadrants deep cleanings</td>
<td>22 fillings</td>
</tr>
<tr>
<td>1 extraction</td>
<td></td>
</tr>
</tbody>
</table>

Positive feedback
- non-judgmental environment
- diverse students
- free care

Negative feedback
- Felt unsafe in lobby and dark parking lot

**UCSF DENTAL CENTER**

<table>
<thead>
<tr>
<th>Patients enrolled: 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments scheduled: 11</td>
</tr>
<tr>
<td>Broken appointments: 4</td>
</tr>
</tbody>
</table>

Positive feedback
- Accepts Medi-Cal
- Wide range of services

Negative feedback
- Intimidating staff/ environment
- Hard to navigate
- Far from city center
- Penalties for no-shows

**FUTURE SFCHC DENTAL CLINIC DESIGN**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Proper response</th>
<th>Clinic design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients break appointments regularly</td>
<td>Recognize challenges in their lives and courage it takes to seek out dental help. Encourage to keep trying.</td>
<td>• Mainly drop-in and emergency visits</td>
</tr>
<tr>
<td>Patients use street drugs</td>
<td>Ask which drugs, frequency, mode of admin without judgment.</td>
<td>• Work with NPs and case managers to determine proper tx modifications</td>
</tr>
<tr>
<td>Doctors say &quot;meth mouth&quot;</td>
<td>Terms like &quot;meth mouth&quot; are judgmental and not a proper diagnosis. Transitioning patients appreciate discretion.</td>
<td>• Formulate harm reduction programs (xylitol gum, mouthrinse, right guards)</td>
</tr>
<tr>
<td>&quot;why taking that hormone?&quot;</td>
<td></td>
<td>• Doctors and staff need sensitivity training for communicating with population.</td>
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</tbody>
</table>

Conclusions
- The majority of these patients cannot be seen in traditional dental offices because they were designed for “ideal” patients. Those who require additional behavioral management are systematically categorized as “too complex” and referred on.
- Patients satisfied at CDC because it was designed specifically for underserved populations.
- A new type of dental clinic needs to be built around their special needs with support from local and federal government. Collaboration with case workers and other departments.
- Patients need to be reintroduced to dental care as a right they are entitled to, not something reserved for the wealthy. Current options such as free clinics and CDA Care events are too infrequent to meet the needs of the population.
- Dentists to be reintroduced to these patients as humans in urgent need of care, not drug addicts and homeless who are not worth their time.
- A dental clinic at SFHC is not only viable but necessary.

References
1. 2017 San Francisco Homeless Point-In-Time Count
3. UN expert: San Francisco’s homelessness crisis is a human rights violation and suggests 'a cruelty that is unsurpassed', Arati Bendix, Business Insider, Nov. 12, 2018.

Acknowledgements
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