

# HVDP NEWS

Volume 5, Issue 1

**Homeless Veterans Dental  
Program**

Fall /Winter 2003



## Oral Health Quality of Life (OHQOL) Tracy King, RDH, MS

### Objectives of Newsletter:

- Define oral health quality of life
- Explain the process of gathering OHQol data
- Discuss the methods for measuring OHQol
- Report recent OHQol findings in homeless veterans
- Determine how OHQol can be used to improve access to dental care

Quality of life (QOL) is defined as an individual's satisfaction or happiness with life in areas (domains) they feel important. Global quality of life is the broadest of all concepts and is influenced by all of the dimensions of life that contribute to its richness, rewards, pleasure and pain. The central domains of QOL, as identified by George and Bearon, are: life satisfaction, self-esteem, health and functioning, and socioeconomic status. Of these domains, they considered life satisfaction to be the crucial indicator of subjective QOL.

Life satisfaction is a term closely related to QOL; however, it is not interchangeable. The biggest distinction between the two terms is that life satisfaction is purely subjective and refers to a person's feelings of contentment with their life.

Quality of life has both subjective and objective dimensions. It relates to the adequacy of material circumstances (food, shelter, clothing) and one's feelings about these circumstances. Life satisfaction generally refers to a personal assessment of one's condition compared to an external reference standard of a person's goals and aspirations.

There is a growing interest in measuring how oral health affects QOL and research has explored various measures of this affect. Oral health is an essential component of our overall health. New research has confirmed this statement by showing a link between chronic oral infections and heart and lung diseases. While most oral diseases or disorders are not fatal, they have a much broader impact on daily living than was previously recognized. In addition, oral disease can have a negative impact on an individual's self-esteem, employment status, social interaction, family life, and diet.

Oral health quality of life (OHQOL) is an individual's satisfaction with and perception of their oral health. Most data used for OHQOL assessment is gathered through the use of survey instruments. These instruments are used to address oral functional limitations, oral pain and discomfort, and the psychological and behavioral impacts of oral conditions. When further oral clinical evaluation by a clinician is completed the combined data can assist others in understanding the affects of poor oral health on an individual's quality of life.

Many OHQOL studies have been conducted in elderly or indigent populations. Recently, the homeless have become another group of interest in the assessment of OHQOL.

While we know that the prevalence of oral diseases are greater in the homeless than in the general population, we are now trying to understand the impact of oral disease on their quality of life. Some oral health issues may not cause discomfort or pain but can impact self-esteem and appearance and ultimately serve as a barrier for finding employment.

This reason alone is why many rehabilitation programs are incorporating dental services into their programs.

Does dental rehabilitation improve one's quality of life? As we discussed earlier, quality of life is based on an individual's satisfaction with life. While repairing a smile may improve self-esteem and chances for job placement, other needs must be met in order to successfully help the homeless return to mainstream society. The opportunity that the homeless rehabilitation process holds is great and with a team approach we can all make a difference in the quality of life of homeless individuals.

***...with a team  
approach we can  
all make a  
difference in the  
quality of life of  
homeless  
individuals.***

### This Issue Includes:

*Oral Health Quality of Life (OHQOL)* 1

*OHQOL Instruments* 2-3

*OHQOL and HVDP* 4-5

*Sites to See* 3

*Innovative Programs:  
The Dallas Life Foundation* 6

## OHQOL Instruments

Tracy King, RDH, MS and Gretchen Gibson, DDS, MPH

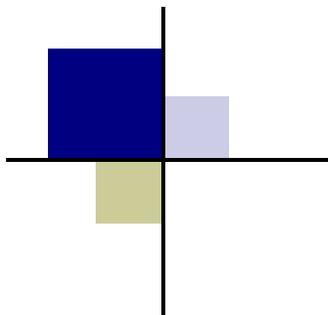
Data collection using reliable, valid instruments is pertinent in any research process. Those used to assess OHQOL in specific populations have been used for over a decade now and offer great insight into quality of life issues. The instruments reviewed below are most widely used for the collection of oral quality of life data. General health and self-esteem instruments are sometimes included in OHQOL studies to evaluate the broader impact of oral health and disease.

### *Rosenberg Self-Esteem (RSE)*

- Ten item survey used to assess overall self-esteem
- Developed in 1965 by Dr. Rosenberg
- Used to evaluate self-esteem in various populations
- <http://chipts.ucla.edu/assessment/topic.html>

### *SF-12 Health Survey*

- Developed to provide a shorter alternate to the SF-36 Health Survey for use in large-scale health measurement and monitoring efforts
- 12 item instrument with physical and mental components
- Focus is on overall physical and mental health assessment
- Gandek et al. Cross-validation of item selection and scoring for the SF-12 Health Survey in nine countries. Results from the IQOLA project. *J Clinical Epid* 51(11):1171-1178, 1998.



### *Geriatric Oral Health Assessment Index (GOHAI)*

- 12 item instrument used to assess:
  - oral functional status
  - worry/concern about oral health issues
  - ability to eat, chew, swallow
  - oral pain/discomfort
  - social functioning related to oral health
- This instrument has been described as measuring how oral disorders impact various aspects of life.
- Developed originally as a geriatric assessment tool.
- Atchison et al. Development of the geriatric oral health assessment index. *J Dent Education* 54(11):678-87, 1990.

### *Oral Health Impact Profile (OHIP)*

- 49 item instrument divided into seven subscales:
  - functional limitation
  - physical pain
  - psychological discomfort
  - physical disability
  - psychological disability
  - social disability
  - disadvantage
- Objective is to measure self-reported dysfunction, discomfort and disability attributed to oral conditions.
- Can be used to detect differences in patient satisfaction between treatments and before and after dental treatment.
- Slade et al. Development and evaluation of the oral health impact profile. *Community Dent Health* 11:3-11, 1994.



HVDP Newsletter Via E-mail:  
Send name and e-mail address  
to [gretchen.gibson@med.va.gov](mailto:gretchen.gibson@med.va.gov)

(Continued on page 3)

## OHQOL Instruments

Tracy King, RDH, MS and Gretchen Gibson, DDS, MPH

### D-E-N-T-A-L

- Developed to heighten awareness of oral health problems in older adults and initiate appropriate service utilization
- Uses a point system to indicate the possibility of a dental problem which could be affecting a persons overall health and general well-being
- Designed as a screening instrument with six questions using the mnemonic D-E-N-T-A-L
  - Dry mouth
  - Eating difficulty
  - No recent dental care
  - Tooth or mouth pain
  - Alteration or change in food selection
  - Lesions, sores, or lumps in mouth
- Bush et al. D-E-N-T-A-L: A rapid self-administered screening instrument to promote referrals for further evaluation in older adults. JAGS 44: 979-987, 1996.

There are two global questions which can be used to assess the patient's perception of their general health and oral health. These single questions can be used to assist in determining a need for services.

### GLOBAL Questions:

- In general, would you say your health is: Excellent, Very good, Good, Fair, Poor (SF1: Question 1 of SF-12 Health Survey)
- How would you describe the health of your teeth and gums? Would you say it is: Excellent, Very good, Good, Fair, Poor (OH1: Question 8 of OHIP)

According to Jones et al, when a patient reports their oral health (OH1) as fair or poor it is indicative of the presence of oral disease (Jones et al, Need for dental care in older veterans: assessment of patient base measures. JAGS 50:163-68, 2002).

The survey instruments reviewed in this article are used in various ways. These instruments have been used to screen for disease, to evaluate patient satisfaction with new treatment, or as a comparison between two treatment groups. A vast body of literature shows the effectiveness of using these instruments along with others in the assessment of oral quality of life.

### SITES TO SEE:

- *Websites related to Oral Health Quality of Life:*
  - <http://www.nidcr.nih.gov/sgr/sgrweb/chap6.htm>
  - <http://www.cdc.gov/OralHealth/factsheets/sgr2000-fs5.htm>
  - <http://www.cdc.gov/OralHealth/factsheets/sgr2000-05.htm>
  - <http://www.atsqol.org/>
- *General information on homeless veterans can be found at [www.nationalhomeless.org/veterans.html](http://www.nationalhomeless.org/veterans.html)*
- *Oral Health in America: A Report of the Surgeon General, can be viewed at <http://www.nih.gov/sgr/oralhealth.asp>*
- *Improving Oral Health: Preventing Unnecessary Disease Among All Americans 2001, can be accessed at <http://www.cdc.gov/nccdphp/oh/pdfs/ata glance.pdf>*



## OHQOL and HVDP

Gretchen Gibson, DDS, MPH

The idea of participating as a vital component in the homeless rehabilitation program is one that has driven much of our efforts in HVDP. Our pilot programs and grant efforts have always been focused on providing care to those veterans who are actively participating in one of the VA sponsored homeless rehabilitation programs. The obvious question is, “will the addition of dental intervention positively affect the outcome of the rehabilitation process?”. As one of the dentists providing this care for the last six years, the answer would be a resounding yes. This is based upon the positive comments we receive from patients, the positive change we see in their oral health and self care and the positive appearance change we see when patients are able to smile with front teeth again. This answer, however, does not provide the evidence needed to improve funding for dental care to this group of veterans.

Over the years we have tried to find ways to address this question and supply more reportable answers. In the Toledo and Dallas programs we have utilized a simplified survey that has two brief components. One piece of the survey is the Rosenberg Self Esteem Survey (RSE). This is an older and well-used survey that addresses very generally the concept of self-esteem and self worth. It consists of ten questions, some stated positively and some negatively, regarding attitudes about self worth. Information concerning the RSE and a copy of the questions can be found at [www.http://chipts.ucla.edu/assessment/topic.html](http://chipts.ucla.edu/assessment/topic.html).

There are also three questions that address the patient perceived effect of dental problems on daily living or tasks. These questions were ranked on a five-point scale starting with All of the time to None of the time. The questions were as follows:

During the past 3 months, how often have problems with your teeth:

- Affected your daily activities (such as work or hobbies)
- Affected your social activities (such as with family, friends or co-workers)
- Caused you to avoid conversations with people because of the way you looked

In our initial use of this survey at the Toledo Homeless Dental Pilot Program, the program was only able to collect pre-treatment data. From the 44 valid surveys, we noted a neutral response to the RSE. The dental questions noted that overall, dental problems affected the homeless veterans surveyed “some of the time”. This points to the fact that these veterans do suffer with dental issues that impact their life.

Next we used the same survey over a two-year period in our pilot program in Dallas. We work with a non-profit dental organization that provides dental care to the general homeless population. They dedicate one day a week to treating homeless veterans referred from various veteran homeless rehabilitation programs.

Over this two-year period we have received 248 pre-treatment surveys. Unfortunately, the program was only able to collect 28 post-treatment surveys. Post-treatment data has proven to be exceedingly difficult to obtain in this population. But again, even this information can help us start to form a picture of where dental services fit in the rehabilitation process. We compared the pre and post treatment data in two ways. First, by comparing a composite pre-treatment score of all surveys to a composite post-treatment score of all surveys. Second, we compared the pre and post treatment scores of only those patients that filled out both surveys. In both cases, there was a significant improvement in both the dental impact on daily living and the RSE.

Lastly, for the past two years, HVDP has also been working with researchers in Boston, MA to use a more comprehensive oral health quality of life instrument to view the patient perceived impact of oral health on their quality of life. The instrument used for this study was first introduced by Kressen et al (Assessing Oral Health-Related Quality of Life; Findings from the Normative Aging Study. *Medical Care* 34(5);416-427, 1996). Sixty-five veterans participating in a homeless rehabilitation program filled out a questionnaire prior to any dental intervention. Utilizing the OH-1 (see previous article on page 5) we found that 60% of the veterans rated their overall oral health as fair or poor. According

**The obvious question is, “will the addition of dental intervention positively affect the outcome of the rehabilitation process?”**

## OHQOL and HVDP

Gretchen Gibson, DDS, MPH

to Jones et al, an answer of fair or poor to the OH-1 question is a good indicator of oral disease among geriatric men who do not seek care.

We also noted that those veterans who did feel their oral health was fair or poor were more likely to have between 1-24 teeth remaining. Those that had more teeth, or no teeth were more likely to rate their oral health as better. One way to interpret this may be that those who have no teeth, have suffered with dental disease and have had this burden removed. Patients with all their teeth may be either disease free, or more likely, have disease but are not experiencing pain. And finally, nearly 70% of these patients were smokers, putting them at a greatly increased risk for the more advanced forms of periodontal disease.

### What can we infer?

All of these samples are small, but all 3 data sets give us a little insight into our question of where dental care may fit in the homeless rehabilitation process.

- Homeless veterans do suffer with dental issues that they perceive as affecting their daily lives
- The majority of homeless veterans in the Dallas study perceived their oral health as either fair or poor, indicating the presence of oral disease
- These patients participate in behaviors, such as smoking, that can greatly increase their risk of oral disease
- Homeless patients with multiple missing teeth and no partials or dentures had the worst perception of their oral health status.
- When homeless patients were offered dental care as part of their rehabilitation care, they did document a statistically notable improvement in their self esteem as well as a decrease in the affect dental issues had on their daily lives

The patients participating in these studies and dental programs were aware of the oral health issues in their life and vocalized the affect they felt it had on their daily life. The few we were able to follow after treatment noted a definitive improvement. It may be a stretch to say that the dental care they received accounted for all of the improvement we saw in the RSE at the Dallas Pilot program, but I think that dental care could be counted as a contributing factor, given the improvement also seen in the dental question scores.

### Where do we go?

All of these studies are small. Collecting post dental treatment data is very difficult, but essential to help answer this question. To that end we are now working on phase two of the Dallas study and using the large OHQOL instrument to follow patients not only post dental treatment, but three months after completion of their rehabilitation programs. North East Program Evaluation Center (NEPEC) has also collected data on the ten pilot homeless dental programs at VA's throughout the United States. Within their instruments, they included the OHIP. With this data we will be able to look at scores before and after dental care for those who have completed their treatment.

If dental is to be a consistent component of the rehabilitation process, then this initiative must be adequately staffed and funded throughout the VA system. It is my hope that with further data we will show the benefits of incorporating dental services in the overall treatment plan for homeless rehabilitation.



## HVDP Newsletter Editors



Gretchen Gibson, DDS, MPH  
Coordinator, Homeless Veterans  
Dental Program



Tracy King, RDH, MS  
Assistant Coordinator & Hygienist,  
Homeless Veterans Dental Program



## Homeless Veterans Dental Program

VANTHCS  
Dental 160  
4500 S. Lancaster Rd.  
Dallas, TX 75216



Helping Veterans Achieve Their  
Goals With A Smile

### WE WANT TO HEAR FROM YOU:

- IF YOU NEED HELP APPLYING FOR FUNDING
- IF YOU HAVE SUGGESTIONS, COMMENTS AND REQUESTS FOR INFORMATION
- IF YOU HAVE A PROGRAM OR STORY TO SHARE IN OUR NEXT NEWSLETTER

## Innovative Programs: The Dallas Life Foundation Tracy King, RDH, MS

The Dallas Life Foundation is a non-profit corporation which provides food, shelter, clothing and counseling to homeless individuals in the Dallas Metropolis. Their mission is to provide the opportunity for physical rehabilitation and spiritual regeneration with the goal of returning those assisted back to productive roles in society. It is located in the inner-city of Dallas at 1100 Cadiz Street conveniently near the DART rail system. The organization is funded strictly by individuals; however, they are currently seeking grant support to provide additional dental equipment for dental services.

As part of the physical rehabilitation process, the foundation provides dental services one day a week for the homeless. The dental clinic provides dental care mainly to homeless men and women. Services include: preventive care such as, prophylaxis and oral hygiene instructions;

emergent care; extractions; and replacement of missing teeth with partials or dentures. They offer all homeless emergent dental care; however, prosthetic dental services are limited to those who are involved in rehabilitation programs.

The dental services provided are delivered by a volunteer staff of: Five dentists, five registered dental hygienists, several dental assistants and a lab technician. These individuals share their gifts and time to a population who experience great difficulty in gaining access to dental care. As a result of the services and care delivered through organizations like The Dallas Life Foundation, we can have an impact on the quality of life of the homeless.



[www.dallaslife.org](http://www.dallaslife.org)

**HVDP**  
Homeless Veterans  
Dental Program

VANTHCS  
Dental 160  
4500 S. Lancaster Rd.  
Dallas, TX 75216

Phone: 214-857-1086  
Fax: 214-857-1084  
Email: [gretchen.gibson@med.va.gov](mailto:gretchen.gibson@med.va.gov)

Gretchen Gibson, DDS, MPH  
Coordinator

Tracy King, RDH, MS  
Assistant Coordinator & Hygienist