

Dental Health Survey

Englewood Community Chicago Illinois



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Teamwork Englewood

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Chicago Community Oral Health Forum (CCOHF)

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Introduction

Chicago Community Oral Health Forum

The Chicago Community Oral Health Forum (CCOHF) is a project funded by a grant from the Otho S. A. Sprague Memorial Institute and sponsored by Heartland Alliance for Human Needs and Human Rights. The main objectives of the Forum are:

- “Conduct an infrastructure assessment of oral health care delivery systems in Chicago”.
- “Provide opportunities and support to Chicago communities interested in quantifying oral health needs in their community”.
- “Help existing service programs work together, share resources and efforts to improve oral health care and access in Chicago” (1).

At the present the CCOHF is conducting an assessment of the oral health needs of three communities in Chicago: Rogers Park, Englewood, and Humboldt Park. The needs assessment of each community will be reported individually. In a later stage of the project, findings from the three communities will be compared.

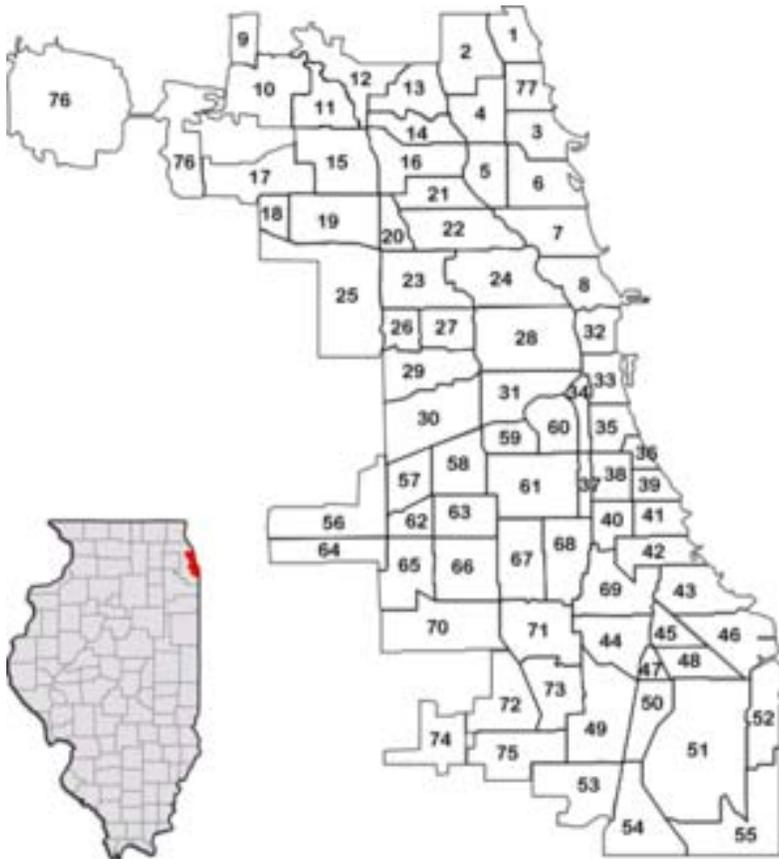
Purpose

The aim of this project is to analyze data from the “Dental Health Survey” administered to residents of Englewood & West Englewood communities in Chicago, Illinois and report findings. The dental health survey assesses oral health attitudes, knowledge, and beliefs of residents as well as access and utilization of oral health services in the area.

Background

Englewood & West Englewood

The city of Chicago is divided in 77 communities (see fig. 1). Englewood has a total population of 40,222 with 98% of its residents identified as African Americans, and 0.4% as Caucasian. Englewood has been identified as one of the poorest areas of Chicago with 44% of its residents living below the federal poverty level, and 67.5% living twice below the federal poverty level (2). The median family income is \$21,404 and 4% of the population speaks another language than English at home (2). Englewood has an unemployment rate of 26%, which is higher than the average unemployment rate of the City of Chicago (10%). Half of the individuals living in the community have less than a high school education (3).



West Englewood has a total population of 45,282 with 98% of its residents being African-American. West Englewood has 32% of its population living below the federal poverty level and 61% living twice below the federal poverty level. (5)

68 - Englewood 67- West Englewood

Dental Care

Besides a number of private practice dentists, Englewood has two publicly operated health centers – Englewood Health Center of Cook County (1135 W 69th Street 60621) and Englewood Neighborhood Health Center (641 W 63rd Street 60621). Dental services are provided in these facilities - St. Bernard Hospital, St. Basil Free Dental Clinic, and Englewood Neighborhood Health Clinic.

Dental Health Survey - Methods

The “Dental Health Survey” (DHS) was developed by members of the CCOHF after consultation with the University of Michigan and University of Illinois at Chicago (UIC). UIC provided the necessary IRB approval. The survey was administered to the three Chicago communities: Englewood & West Englewood, Greater Humboldt Park and Rogers Park. The survey instrument was developed in English into Spanish. The final survey included 24 questions reformulated for the purpose of this report in 6 categories: demographics, perceived oral health status, dental history, access and utilization of dental services, importance of oral health, and smoking and tobacco use. Copies of the “Dental Health Survey” in English and Spanish are attached. (Appendix A & B)

The Dental Health Survey was collected door to door by the trained community health workers in randomized, stratified blocks of Englewood and West Englewood, and public areas such as convenient stores and Kennedy King College.

Two hundred fifty eight (258) surveys were collected by from August to September 2008. Data from the survey were entered into an Excel spreadsheet and analyzed in SPSS 17 version.

Results

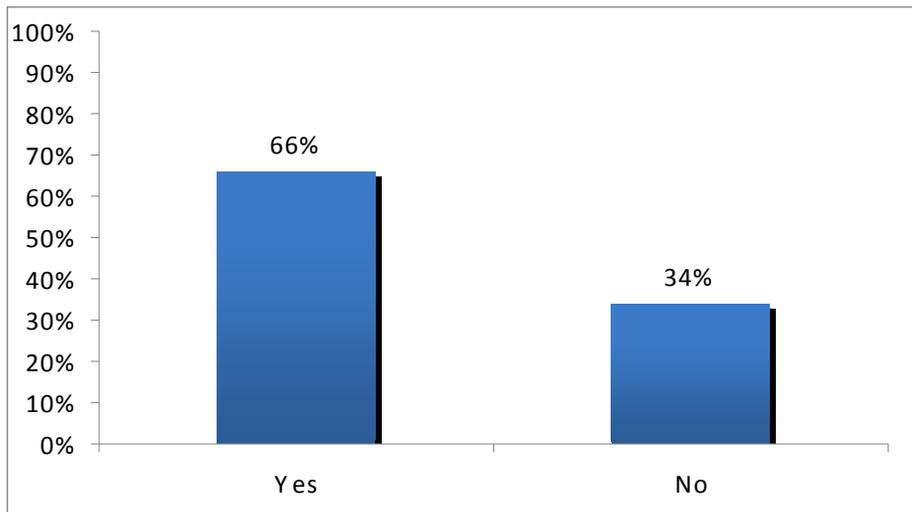
Demographics

Fifty five percent of participants were women. The three age categories were distributed as follow: 18-24 years of age (51%), 25-64 years (39%), and 65+ (9%). Ninety percent of participants were identified as African-Americans, 7.7% Caucasians and 16% Hispanics. The average number of adults (≥ 18 years) living in a household was 3.0 (SD-1.57) and the average of children below 18 years of age was 2.41 (SD-2.03). Regarding family size, 26% of participants reported having one child, 20% reported having two children, 12% three children, and 12.5% reported having four children. Demographic characteristics of survey respondents by gender are summarized in Table 1.

Perceived Oral health status

Sixty six percent of participants expressed being satisfied with their oral health status and 34% reported not being satisfied with their dental health.

Fig.1. Participants satisfaction with their oral health status



Dental History

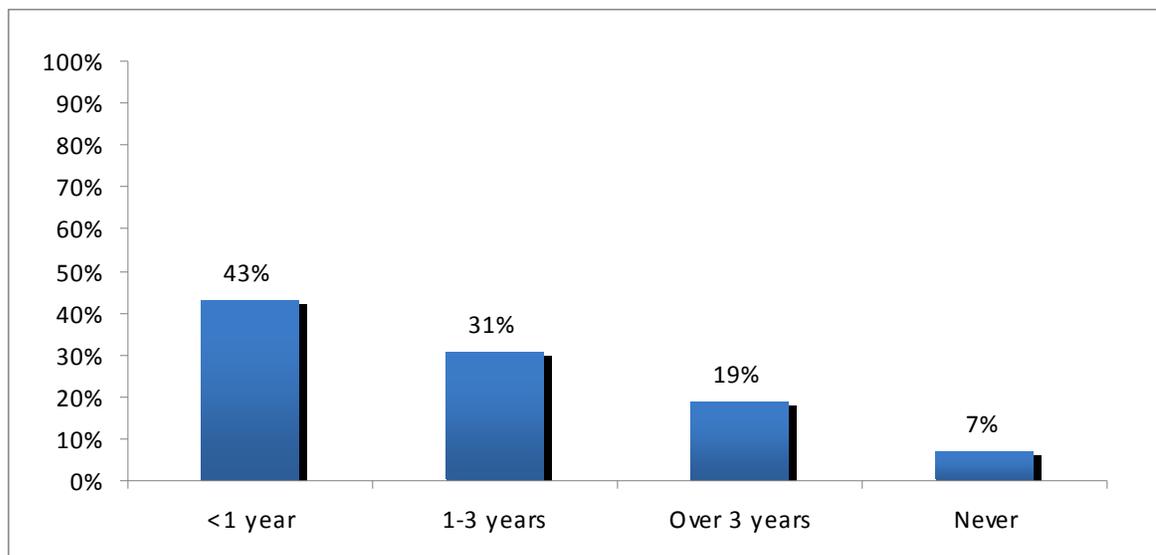
Participants were asked if they have any dental pain. Fifty three percent of them responded “sometimes” and 7% reported “always” having dental pain. Of the people who reported any pain, 42% said that the pain lasts short time while 34% said that the pain lasts a few minutes and 23% said it lasts more than 10 minutes.

Several questions were asked to assess the status of participants’ dental tissues. Thirty three percent of people reported having bleeding gums “sometimes” while 8% reported “always” having bleeding gums. Twenty nine percent of people reported having swelling cheek /gums, 8.8% reported having pus in teeth/gums, 38% reported having cavities in their teeth, 38% reported having fillings in their teeth, and 30.5% reported having any adult teeth removed.

Access and utilization of dental services

Several questions were asked to assess the barriers and utilization of dental services accessibility (Table 4). Of the 258 respondents, 47% reported not having dental insurance and 10% don't know about their dental insurance. From those having dental insurance, 38% had Medicaid, 17% had Medicare, 30% had private dental insurance from an employer, and 15% had self – private insurance. Survey participants (17%) either mistakenly reported Medicare or did not know that Medicare doesn't normally cover routine dental care. Forty three percent of participants reported visiting the dentist <1 year ago, 31% between 1-3 years, 19% over 3 years ago, and 7% of participants reported they have never visited the dentist (Fig. 3). When asked about how often they usually take their children to the dentist, 34% responded every 6 months, 29% every year before school, 14% when they have pain, and 11% have never taken their children to the dentist.

Fig.3. Respondents by Last time they had a dental visit



Forty-nine percent (49%) of participants need to see a dentist at the present time, with 44% needing to see a dentist “immediately”, 50% between 1-3 months from now, and 6% between 3-6 months. Sixty one percent of participants reported that it was difficult to find a

dentist. In order of importance, the main categories for the barriers to find a dentist were: Cannot afford it (27%), Don't know where to go (27%), clinic hours are not suitable (21%), dentist doesn't take insurance (13.5%), distance not suitable (6.3%), no transportation (5.6%), and 10% of the participants reported a combination (more than one) of the aforementioned factors.

Thirty five percent (35%) of the respondents reported going to St. Bernard Hospital, 19% St. Basil Free Dental Clinic, 38% to Englewood Neighborhood Health Clinic and 8% to other clinics.

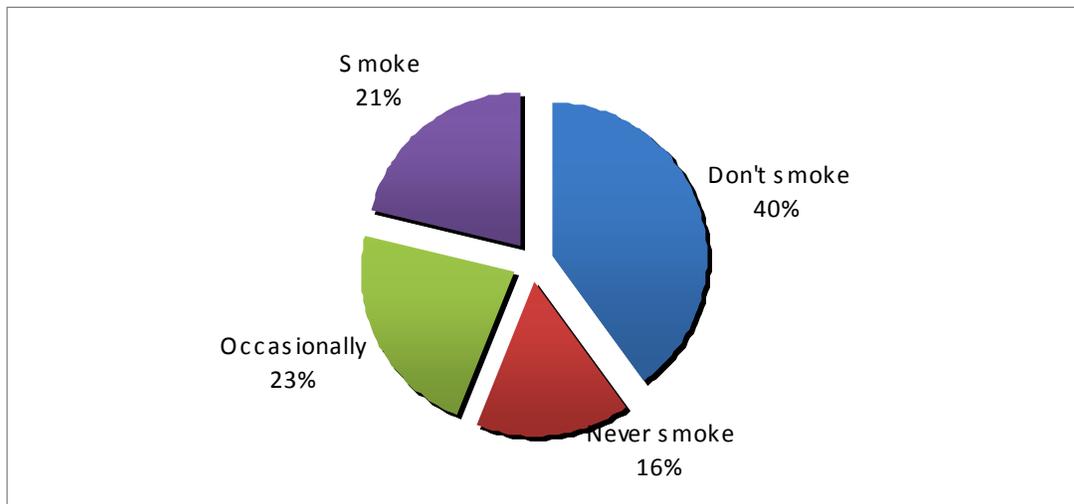
Importance of oral health

Eighty six percent (86%) expressed that it was important for them to visit the dentist regularly and 14% expressed that it was not important. Additionally, participants were asked how likely they or their child were to visit the dentist for extensive treatment (more than 1 visit). Possible responses were: definitely; likely; unsure; and not likely. Twenty nine percent answered they “definitely” will finish the treatment if it would involved 2 visits and or 4 visits, 38.5% were “likely” to finish the treatment in 2 visits and 33% in 4 visits, 30% and 36% were unsure of completing the treatment in 2 and 4 visits respectively. Over 2 % were not likely to complete the treatment for 2 or 4 visits.

1. Smoking and Alcohol

Forty percent (40%) of participants reported that they don't smoke, 16% have never smoked, 23% smoke occasionally, and 21% smoke (Figure 4).

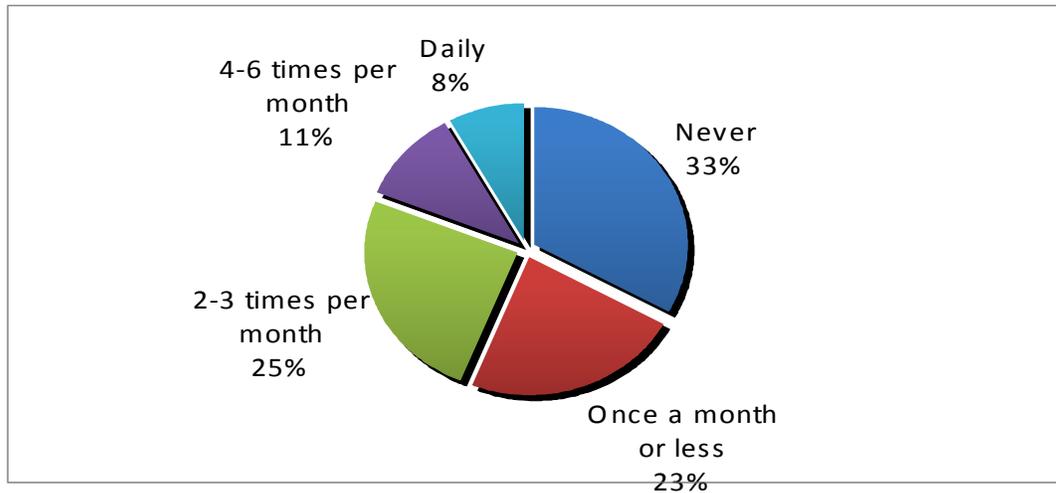
Figure 4. Smoking status of the participants



Thirty three percent (33%) reported that they never drink, 23% reported drinking monthly or less, 25% drink 2-3 times a month and 11% drink 4-6 times a month and 8% drink daily.

Table 5 shows the distribution of smoking and drinking status by race and ethnicity.

Figure 5. Alcohol consumption of the participants



Discussion

Majority of the respondents were African-American, hence it is difficult to discuss the racial or ethnic differences if any in the survey results. Less than 10% of the respondents were in the 65+ years age group. More percentage of Caucasians reported satisfaction with dental health than African-American group. In general the survey results show higher oral disease burden and lower access and utilization of dental services among African American group.

Perceptions in the community regarding the importance of oral health and the importance of having regular dental visits were very high. However, over half of the interviewed adults reported not visiting the dentist in the last year. The main reasons reported for difficulty in finding a dentist were: don't know where to go, cannot afford it, dentist doesn't take my insurance and clinic hours are not suitable. Survey results suggest that limited access to dental care and lack of awareness/education of oral health may be the reason for that. The

results of the survey need to be distributed and discussed with variety of key partners and stakeholders in the area to develop strategies that are going to be valuable to this community. Strategies should be implemented in the community to increase the awareness for oral health, make available accurate information regarding existing dental services and to expand the possibilities to access dental care for low-income adults.

Most oral diseases are preventable and treatments are cost-effective if diagnosed and treated early. Oral health education, awareness and easy access to preventive services are some of the basic steps to improve oral health of a community. Printed materials providing information regarding different oral health topics may be gathered or developed to improve people's knowledge regarding: good dental habits (brushing, flossing, etc.), the importance of a healthy diet, and how to recognize healthy and unhealthy dental tissues. If possible, it will be important to provide dental supplies, like toothbrushes and dental floss, to low-income adults in the community through local non-profit organizations.

Comparing the smoking and drinking status of the participants by race/ethnicity shows higher percentage of African-Americans in the smoker and daily drinker category, whereas don't smoke and never take alcohol groups are fairly distributed (Table 5).

The project is not without limitations. The Dental Health Survey is a self-reported questionnaire and had some vague questions that did not produce useful results. The use of a convenience sample instead of a randomly selected, limited the external validity of the findings to all community members. Some of the strengths of the project are: the active involvement of different local community organizations to collect information regarding the oral health of the community, being able to collect a large enough sample of the population, and the higher response rate of community members. Information collected in this survey is

an excellent first step in a process that will help to develop future strategies to improve the oral health of the Englewood community members and with action steps taken a future similar survey would provide trends over time for the oral health status.

Tables

Englewood Dental Health Survey IL 2009 (n=258)

Table1. Demographic characteristics of participants by gender

Age		Gender	
		Male	Female
	18-24 years old	43.9%	59.7%
	25-46 years old	47.4%	30.6%
	65 years and above	8.8%	9.7%
Race	African American	86.4%	93.1%
	Caucasian	10.0%	5.4%
	Indian / Pacific Islander	1.8%	1.5%
Ethnicity	Hispanic	14.8%	18.7%
	Non-Hispanic	85.2%	83.3%

Table 2. Perceived oral health status variables by Race and Ethnicity

		Race		Ethnicity	
		African-American	Caucasian	Hispanic	Non-Hispanic
Are you satisfied with your dental health?	Yes	65.0%	78.9%	70.0%	66.0%
	No	35.0%	21.1%	30.0%	34.0%
Do you have pain in your teeth?	Always	5.6%	16.7%	11.1%	7.7%
	Sometimes	53.5%	33.3%	44.4%	40.4%
	Never	40.9%	50.0%	44.4%	51.9%

Table 3. Self-Reported Dental History of respondents by Race and Ethnicity

		Race		Ethnicity	
		African-American	Caucasian	Hispanic	Non-Hispanic
Do you have bleeding gums?	Always	6.0%	15.8%	10.0%	5.7%
	Sometimes	34.7%	21.1%	40.0%	30.2%
	Never	59.3%	63.2%	50.0%	64.2%
Do you have swelling in cheeks?	Yes	4.7%	11.1%	22.2%	1.9%
	Sometimes	23.5%	22.2%	22.2%	15.1%
	No	71.8%	66.7%	55.6%	83.0%
Do you have pus in your mouth?	Yes	8.4%	5.3%	.0%	5.7%
	No	77.7%	89.5%	90.0%	90.6%
	Don't know	14.0%	5.3%	10.0%	3.8%
Do you have cavities?	Yes	39.9%	26.3%	20.0%	34.0%
	No	52.3%	63.2%	70.0%	60.4%
	Don't know	7.8%	10.5%	10.0%	5.7%
Do you have fillings?	Yes	39.4%	31.6%	20.0%	45.3%
	No	55.1%	52.6%	70.0%	50.9%
	Don't know	5.6%	15.8%	10.0%	3.8%
Have you had teeth removed?	Yes	30.0%	55.6%	22.2%	22.6%
	No	66.4%	38.9%	66.7%	77.4%
	Don't know	3.6%	5.6%	11.1%	.0%

Table 4. Access and Utilization of dental services in Survey Respondents

		Race		Ethnicity	
		African-American	Caucasian	Hispanic	Non-Hispanic
Do you have dental insurance?	Yes	45.9%	42.1%	20.0%	41.5%
	No	45.9%	31.6%	40.0%	54.7%
	Don't know	8.3%	26.3%	40.0%	3.8%
If Yes, what type of dental insurance?	Medicaid	43.5%	8.3%	.0%	46.7%
	Medicare	15.7%	16.7%	40.0%	16.7%
	Private (Employer offered)	26.9%	66.7%	40.0%	23.3%
	Private (Self)	13.9%	8.3%	20.0%	13.3%
How often do you take your child to the dentist?	Every 6 months	39.1%	52.9%	50.0%	59.1%
	Every year before school	31.6%	35.3%	37.5%	22.7%
	When in Pain	17.2%	.0%	.0%	6.8%
	Never	12.1%	11.8%	12.5%	11.4%
Do you need to see a dentist?	Yes	50.7%	42.1%	40.0%	55.8%
	No	49.3%	57.9%	60.0%	44.2%
If yes, how soon would you like to see a dentist?	Immediately	42.2%	50.0%	66.7%	36.7%
	1-3 months	51.0%	50.0%	33.3%	53.3%
	3-6 months	6.9%	.0%	.0%	10.0%
Is it difficult to find a dentist?	Yes	61.5%	45.5%	80.0%	72.4%
	No	38.5%	54.5%	20.0%	27.6%
If yes, what difficulty do you face in finding a dentist	Doesn't take my insurance	14.8%	12.5%	16.7%	15.4%
	Don't know where to go	28.7%	.0%	.0%	11.5%
	Can't afford it	25.9%	50.0%	33.3%	26.9%
	Clinic hours not suitable	20.4%	37.5%	16.7%	38.5%
	Distance not suitable	5.6%	.0%	16.7%	.0%
	No transpiration	4.6%	.0%	16.7%	7.7%

If no, why not?	I have one	81.3%	72.7%	40.0%	93.8%
	I don't need one	13.3%	27.3%	60.0%	6.3%
Where do you go for routine dental care?	St. Bernard Dental Clinic	35.3%	28.6%	16.7%	33.3%
	St. Basil Free Clinic	17.3%	42.9%	50.0%	17.9%
	Englewood Neighborhood Health Clinic	41.7%	14.3%	16.7%	38.5%
	Other	5.8%	14.3%	16.7%	10.3%

Table 5. Smoking and drinking alcohol status by Race and Ethnicity

		Race		Ethnicity	
		African-American	Caucasian	Hispanic	Non-Hispanic
Smoking Status	Don't Smoke	38.6%	38.9%	22.2%	53.8%
	Never smoked	15.3%	27.8%	22.2%	11.5%
	Occasionally	22.8%	33.3%	55.6%	19.2%
	Smoker	23.3%	.0%	.0%	15.4%
Alcohol consumption	Never	34.1%	31.6%	.0%	30.8%
	Monthly or less	22.9%	21.1%	30.0%	26.9%
	2-3 times a month	23.4%	21.1%	40.0%	25.0%
	4-6 times a month	10.3%	21.1%	30.0%	9.6%
	Daily	9.3%	5.3%	.0%	7.7%

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