

Dental Health Survey

Rogers Park



July 2009

Howard Area Community Center

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INTRODUCTION

Chicago Community Oral Health Forum (CCOHF)

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 Rogers Park 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

Rogers Park Dental Health Survey

The city of Chicago is divided in 77 communities (see fig. 1). Rogers Park is located in the North side of the city. As of 2000 census, Rogers Park has a total population of 63,484 with almost 50% females. Thirty percent (30%) of its residents are African Americans, 28% Hispanic, 32% Caucasian, and 6.5% Asian. Thirty-four percent (34%) of the population is foreign born and 42% speaks language other than English at home. Rogers Park has 21% of its residents living below the federal poverty level, and 47% living below twice the federal poverty level (2).

The Rogers Park Dental Health Survey was administered by trained community health center social workers and the data was collected from community social service centers, medical centers, soup kitchens, community action groups, parent groups and general community meetings in a pass-out-en-masse-and-collect fashion.

A total of 501 surveys were collected between October 2008 and December 2008. Data from the survey were entered into an Excel spreadsheet and analyzed in SPSS 17 version by the CCOHF's Oral Health Epidemiologist.

Dental Care

Besides a number of private practice dentists, there is one federally qualified health center (FQHC) in the Rogers Park community Eleanor Western Dental Clinic (4), which provides dental care for children, pregnant women, and HIV patients in the area. It is a five-chair dental facility that provides preventive and restorative services to the community. It is

located at 7648 North Paulina Street (6). This organization has several clinics, but only one that provides a full range of dental services.

RESULTS

Demographics

Sixty-three percent (63%) of participants were women. The three age categories were distributed as follow: 18-24 year of age (19.3%), 25-64 years (68%), and 65+ (12.7%). Fifty percent (50%) of survey respondents were African Americans, 42% Caucasians and 55% Hispanics. The average number of adults (≥ 18 years) living in a household was 2.12 (SD-1.28) and the average of children below 18 years of age was 1.49 (SD-1.51). Regarding family size, 34% of participants reported having one child, 38% reported having two children, 14% three children, and 2% reported having no children. Demographic characteristics of survey respondents by gender are summarized in Table 1.

Rogers Park community is a mix of African American, Caucasian and Hispanic cultures, with all the three subgroups equally represented. The race and ethnicity categories were separated in the survey and it appears that was not clear to the respondents. When compared between male and female respondents, there appears to be marked difference in age group 65 years and over. Only 10% of males responded to the survey as compared to 74.6% of females.

Perceived Oral health status

Sixty percent (60%) of respondents expressed not being satisfied with their oral health status. When compared among race/ethnicity, 70% Hispanics, 57% African Americans and

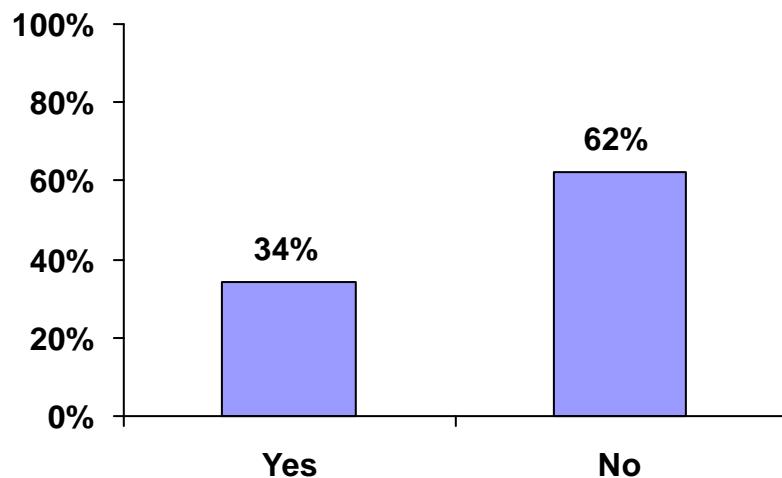
61.5% Caucasians responding to the survey were not-satisfied with their oral health status. Fifty-seven percent (57%) of them responded “sometimes” and 6% reported “always” when asked about having any dental pain. Of the people who reported any pain, 52% said that the pain last short time, 25% said that a few minutes while 24% said that the pain last more than 10 minutes.

Several questions were asked to assess the status of participants’ dental tissues (Table 3). Forty five percent of people reported having bleeding gums “sometimes” while 5% reported “always” having bleeding gums. Twenty percent of people reported having swelling cheek /gums, 3% reported having pus in teeth/gums, 38% reported having cavities in their teeth, 61% reported having fillings in their teeth, and 47% reported having any adult teeth removed. Additionally, 8% of participants reported having dentures.

Access and utilization of dental services

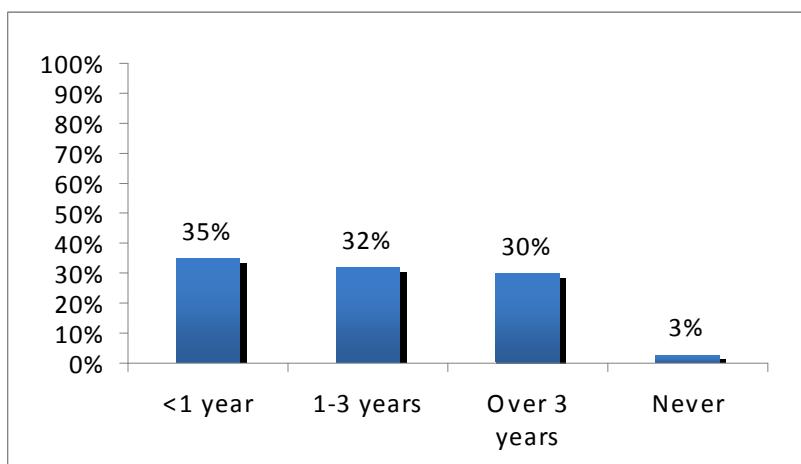
Several questions were asked to assess the utilization of dental services and the barriers to access dental care: Dental Insurance, last dental visit, how often they take children to dental visit. Sixty-two percent (62%) of participants reported not having dental insurance (Fig.1). From those having dental insurance, 40% had Medicaid, 22% had Medicare, 27% had private dental insurance through an employee, and 11% had private-self-pay insurance. Survey participants may have mistakenly reported Medicare as a dental insurance because Medicare doesn’t normally cover routine dental care.

Figure 1. Dental Insurance status of the respondents



Thirty-five percent (35%) of participants reported visiting the dentist <1 year ago, 32% between 1-3 years, 30% over 3 years ago, and 3% of participants reported they have never visited the dentist (Fig. 3). Participants were asked about how often do they usually take their children to the dentist, 40% of them responded every 6 months, 22% every year before school, 18% just when they have pain, and 21% have never taken their children to the dentist (Table 4). The latter questions assumed that participants have children.

Figure 2. Last time participants visited the dentist



Eighty-percent percent (80%) of participants reported that they needed to see a dentist at the time of the survey. From those that needed to see a dentist, 50% need to see a dentist “immediately”, 36% between 1-3 months from now, and 15% between 3-6 months.

Seventy-four percent (74%) of participants reported that it was difficult to find a dentist. In order of importance, the main barriers to find a dentist were: Cannot afford it (50%), Don’t know where to go (13%), dentist doesn’t take insurance (8%), clinic hours are not suitable (2%), distance not suitable (2%), and no transportation (2%) and 23% of the participants reported a combination (more than one) of the aforementioned factors.

The questionnaire included a question regarding possible places where community members may go to have dental care. Since it was an open-ended question people wrote in variety of ways which made it difficult to summarize the responses in groups and calculate the percentages. Some of the clinics that were identified as places for seeking dental care were: Advantage Dental Care, Chicago Dental Care, Clark Dental Office, Elite Dental Healthcare, Evanston Hospital Dentistry, Howard Area Community Center, Rogers Park Dental Associates, Spang Oral Healthcare Center, UIC College of Dentistry and VA Medical Center.

The screener as part of the survey performed a “smile check” by asking the respondent to smile. A lot of respondents could not complete the smile check due to the setting of the place the survey was being conducted e.g. grocery store. On those that had a “smile check” performed (n=276), 23.6% had “normal” smile, 20.7% had visible black and brown teeth, 27.2% had missing teeth visible, 19% had chipped teeth visible and 9% had combination of aforementioned responses.

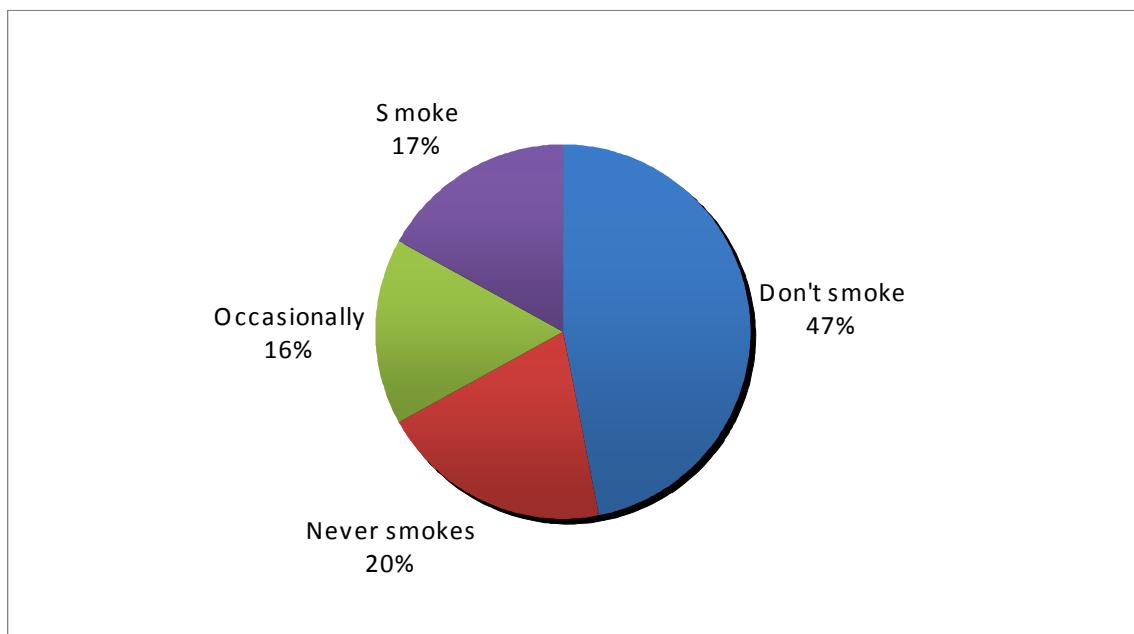
Importance of oral health

Almost all survey participants (93%) expressed that it was important for them to visit the dentist regularly. 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. Thirty-one percent (31%) answered they “definitely” will finish the treatment if it would involve 2 visits and 30% would do it if it would involve 4 visits. Thirty-four percent (34%) were “likely” to finish the treatment in 2 visits and 37% in 4 visits.

Smoking & Alcohol Consumption

Regarding other additional habits participants were asked about their smoking status and alcohol consumption. Forty-seven percent of participants reported that they don’t smoke, 20% have never smoked, 16% smoke occasionally, and 17% smoke (Figure 3).

Fig.3. Smoking status of the survey participants



Regarding alcohol consumption, 49% of people reported they have never had a drink containing alcohol, 18% reported having it once a month, 21% 2-3 per month, and 12% daily (Figure 4).

Fig.4. Alcohol consumption of the survey participants

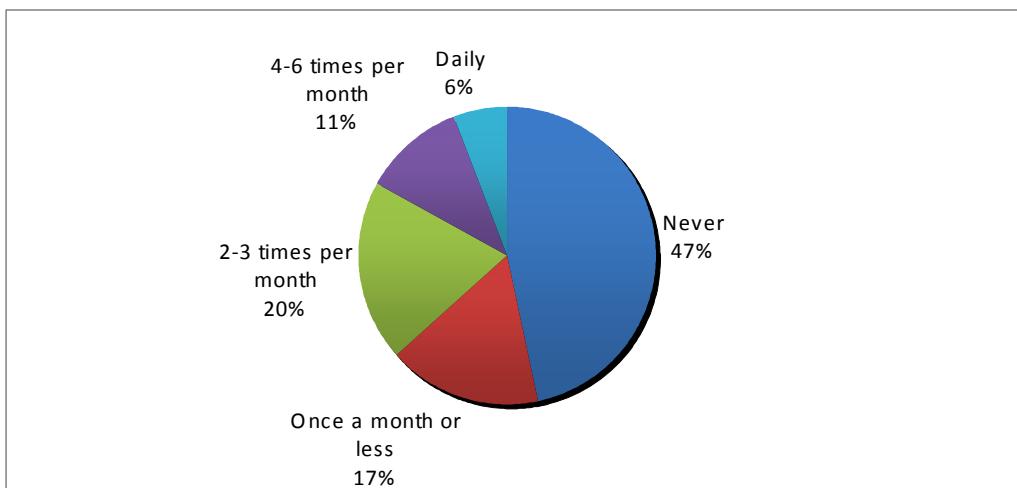


Table 5 shows alcohol consumption and smoking status by race and ethnicity.

Discussion

Rogers Park area has a mixed population of African-Americans, Caucasians and Hispanics and is fairly visible in the dental health survey responses. A big percentage of the respondents are in 25-64 years old age group and when looking by gender, more females are in the 65+ years old category than males.

Perceptions in the community regarding the importance of oral health and the importance of having regular dental visits were very high and so were the self-reported disease indicators. However, over half of the interviewed adults reported not visiting the dentist in

the last year, over half were not satisfied with their oral health status and over half get dental pain sometimes. These numbers indicate that there is need to make the residents aware of the availability of dental service providers in the area. There is also need to educate the residents about common oral health facts in simple reading and different language fact sheets.

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.

Over half the respondents do not have dental insurance and for those who have it, over 20% reported having Medicare which does not include routine dental care. Over half of the respondents in all racial/ethnic groups wanted to see dentist immediately which indicates that they value the dental care and would like to get one but are not aware of the options for low cost dental care availability in the area.

The project is not without limitations. The use of a convenience sample instead of a randomly selected sample, limited the external validity of the findings to all community members. Some of the words were not translated well in Spanish and therefore the respondents did not understand the questions. Since the survey was mostly conducted in public places it was not always possible for the interviewers to do a smile check. Some of

the other limitations to keep in mind while interpreting the results were: data was collected from large groups of self reporters, there were also problems with question comprehension, answer comprehension and how the answers were filled in (indiscriminate circles, multiple answers where inappropriate, a write in answer for a multiple choice question).

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 to be reach, and the high rate of responds of community members. Information collected in this survey is a first step in a process that will help to develop future strategies to improve the oral health of the “Rogers Park community”.

Tables

Rogers Park Dental Health Survey, 2009 (n=501)

Table 1. Demographic characteristics of participants by Gender

Demographic variables		Gender		
		Male (n=176)	Female (n=299)	Total (%)
AGE	18-24 years	14.8%	22.0%	19.3%
	25-64 years	75.0%	63.4%	68.0%
	65 years and over	10.0%	74.6%	12.7%
RACE	African-American	48.9%	50.5%	50.0%
	Caucasian	42.0%	41.3%	42.0%
	Indian/Pacific Islander	3.0%	2.0%	2.4%
	Other	6.0%	6.0%	6.2%
ETHNICITY	Hispanic	56.1%	54.4%	55.0%
	Non-Hispanic	43.9%	45.6%	45.4%
TOTAL		37.0%	63.0%	

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	43.3%	38.5%	29.3%	51.1%
	No	56.7%	61.5%	70.7%	48.9%
Do you have pain in your teeth?	Always	7.9%	4.8%	4.5%	4.5%
	Sometimes	56.1%	59.3%	61.8%	54.9%
	Never	36.0%	35.9%	33.8%	40.6%

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	1.9%	3.6%	10.1%	1.6%
	Sometimes	38.4%	47.5%	56.1%	39.8%
	Never	59.7%	48.9%	33.8%	58.6%
Do you have swelling in cheeks?	Yes	8.8%	6.1%	5.9%	4.7%
	Sometimes	13.2%	29.5%	40.0%	17.3%
	No	78.0%	64.4%	54.1%	78.0%
Do you have pus in your mouth?	Yes	3.6%	2.2%	2.9%	2.3%
	No	89.2%	64.2%	31.4%	88.5%
	Don't know	7.2%	33.6%	65.7%	9.2%
Do you have cavities?	Yes	44.0%	27.1%	16.1%	37.7%
	No	41.6%	32.1%	22.6%	40.8%
	Don't know	14.5%	40.7%	61.3%	21.5%
Do you have fillings?	Yes	49.7%	74.3%	58.5%	60.5%
	No	47.2%	19.4%	31.4%	35.7%
	Don't know	3.1%	6.3%	10.1%	3.9%
Have you had teeth removed?	Yes - 1 tooth	19.5%	24.3%	21.6%	14.7%
	Yes - 1-6 teeth	28.0%	33.8%	22.2%	32.6%
	Yes - All	9.1%	6.6%	2.0%	7.8%
	No	34.8%	27.9%	47.7%	39.5%
	Don't know	7.9%	7.4%	6.5%	4.7%

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	44.4%	30.9%	18.8%	49.6%
No	50.3%	67.1%	77.6%	45.9%
Don't know	5.3%	2.0%	3.6%	4.4%
If Yes, what type of dental insurance?				
Medicaid	49.5%	23.7%	42.9%	36.8%
Medicare	23.2%	20.3%	22.9%	21.1%
Private - Employer offered	17.2%	44.1%	25.7%	32.9%
Private - Self	10.1%	11.9%	8.6%	9.2%
How often do you take your child to the dentist?				
Every 6 months	33.3%	38.2%	51.0%	28.3%
Every year before school	18.2%	23.6%	19.8%	28.3%
When in pain	18.2%	23.6%	19.8%	10.0%
never	30.3%	14.5%	9.4%	33.3%
Do you need to see a dentist?				
Yes	81.9%	72.0%	90.4%	70.9%
No	18.1%	28.0%	9.6%	29.1%
If yes, how soon would you like to see a dentist?				
Immediately	57.5%	42.1%	53.4%	41.3%
1-3 months	29.2%	43.2%	31.6%	43.8%
3-6 months	13.3%	14.7%	15.0%	15.0%
Is it difficult to find a dentist?				
Yes	74.8%	70.7%	84.4%	58.4%
No	25.2%	29.3%	15.6%	41.6%
If yes, what difficulty do you face in finding a				
Dentists does not take my insurance	12.5%	7.1%	3.8%	12.0%

	Multiple responses	23.2%	24.5%	19.1%	22.7%
	Don't know where to go	15.2%	11.2%	11.5%	9.3%
	Can't afford it	41.1%	52.0%	62.6%	48.0%
	Clinic hours not suitable	2.7%	.0%	2.3%	1.3%
	Distance not suitable	1.8%	2.0%	.0%	1.3%
	No transportation	1.8%	3.1%	.8%	2.7%
If no, why not?	I have one	80.9%	74.0%	42.9%	87.5%
	I don't need one	10.6%	20.0%	45.7%	10.7%
	Impossible	8.5%	6.0%	11.4%	1.8%

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

		Race		Ethnicity	
		African-American	Caucasian	Hispanic	Non-Hispanic
Smoking status	Don't smoke	33.3%	55.4%	58.8%	44.9%
	Never smoked	17.2%	22.3%	23.1%	22.5%
	Smoke Occasionally	20.6%	12.8%	16.3%	14.5%
	Daily	28.9%	9.5%	1.9%	18.1%
Alcohol Consumption	Never	45.6%	42.8%	60.4%	44.1%
	Monthly/less	16.9%	23.2%	11.9%	25.2%
	2-3 times a month	25.6%	18.1%	20.8%	19.7%
	4-6 times a month	11.9%	15.9%	6.9%	11.0%
	Daily	0%	0%	0%	0%

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