

Little Village Oral Health Needs Assessment Report 2015

Enlace Chicago

The Oral Health Forum

8/31/2015

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INTRODUCTION

ENLACE CHICAGO AND THE ORAL HEALTH FORUM

Enlace Chicago is dedicated to making a positive difference in the lives of residents of the Little Village Community in Chicago, IL by fostering a physically safe and healthy environment in which to live and by championing opportunities for educational advancement and economic development.

Community Education

Enlace's Education Department partners with eight public schools; arts, sports and health agencies; local businesses; and higher education institutions to transform local schools into safe, accessible environments and to promote successful transitions to high school and post-secondary opportunities. Programs like Grow Your Own Teachers and the Illinois State University Teacher Quality PLUS support high quality instruction through community-based teacher training.

Community and Economic Development

The Community & Economic Development Department promotes the use of local resources and community-centered approaches that support the growth of healthy families, a strong local economy, balanced and accountable development, and vibrant public spaces in Little Village. Enlace supports this work by focusing on the following areas: basic needs coordination, business development, as well as land use and community planning and place-making.

Violence Prevention

Enlace Chicago leads a comprehensive violence prevention initiative providing services ranging from school-based prevention work to advocacy for reform in juvenile justice policy. The three domains of the organization's comprehensive public safety work include: prevention, intervention, and organizing. Programs under violence prevention include school-based mentoring and counseling, CeaseFire (street intervention), Safe

Passage and Community Watch, as well as convening local networks around violence prevention, youth safety, and mental health.

As a part of the organization's community health promotion model, which emphasizes evaluation of basic needs and connection to available health resources and services, Enlace partnered with The Oral Health Forum (OHF) to conduct a needs assessment of dental health in the Little Village (South Lawndale) community. This project was modeled after similar assessments that OHF completed in 2009 within Chicago's Englewood, Rogers Park, and Humboldt Park communities.

The Oral Health Forum (OHF) is a community-centered grass-roots initiative committed to improving oral health programs and services for all Chicago residents through education, assessment, policy/program development, and collaboration. OHF promotes cooperation, communication, and concerted action among organizations dedicated to eliminating oral health disparities.

PURPOSE & OBJECTIVES

The goal of this study was to collect and analyze data from an oral health survey of Little Village residents, which would serve to report on community residents' attitudes, knowledge, and beliefs about oral health, as well as provide information about access and utilization of available oral health services. The main objectives were:

1. To complete an oral health needs assessment for Little Village based on an oral health survey of community residents, in order to:
 - a. Learn about oral health knowledge, beliefs, and attitudes
 - b. Explore dental hygiene and other lifestyle behaviors that might affect oral health
 - c. Identify barriers to access and utilization of oral health services
2. To recommend strategies/action steps based on survey findings to assist stakeholders in improving oral health outcomes/status for the community.

BACKGROUND

COMMUNITY DESCRIPTION

The Little Village community is the principal port-of-entry for Mexican immigrants and is known as the “Capitol of the Mexican Midwest”¹ because of its vibrant commercial districts and cultural events that attract visitors from across the region. Eighty-two percent of residents identify as Latino—47 percent are foreign born, 53 percent are native born, and an estimated 31 percent are not citizens. The neighborhood economy thrives on numerous and diverse, locally-owned businesses, an industrial and manufacturing district that employs thousands, as well as bus and rail routes connecting residents to Chicago’s downtown and suburban areas.

Officially referred to as South Lawndale, Little Village is one of 77 designated community areas in Chicago. Located in the southwest region of the city, it has a total population of nearly 80,000 residents living in an area less than five-square-miles, making it one the most densely populated areas of Chicago. Also one of its youngest populations, with 30 percent under the age of 18 and 10 percent under the age of 5, there is a high demand for youth and family services/resources.

Thirty-one percent of households lived below the poverty line between 2008 and 2012. Over 50 percent of adults aged 25 and older have less than a high school education, which presents significant challenges to job attainment, career advancement, and ultimately growth in household incomes. The City of Chicago’s Hardship Index rates Little Village at 96 on a 100-point scale, the second highest among Chicago’s 77 community areas.²

Overall the neighborhood has developed a resilient system of social and cultural institutions, health clinics, community-based organizations, and local area networks that provide a wealth of services, organize around relevant issues and help build capacity within the community.

However, difficulties related to education, employment, income, and healthcare access

¹ Little Village Community Development Corporation and LISC Chicago, “Little Village: Capitol of the Mexican Midwest,” Quality-of-Life Plan, May 2005. <http://www.newcommunities.org/cmadoocs/LVillageQofL2005.pdf>

² Selected Socioeconomic Indicators in Chicago, 2008 City of Chicago Data Portal. The index takes into account poverty and income levels, crowded housing, educational attainment, unemployment, and the percentage of youth in the community. Site accessed 7/29/2015: <https://data.cityofchicago.org/Health-Human-Services/Census-Data-Selected-socioeconomic-indicators-in-C/kn9c-c2s2>

continue to present significant threats to individual and collaborative efforts, for which creative/alternative means to find solutions are necessary.

DENTAL SERVICES LANDSCAPE

There are 11 Federally Qualified Health Center (FQHC) sites and 1 county government clinic in the neighborhood. Of these only one FQHC offers dental services (Lawndale Christian Health Center), with the cook county clinic (Dr. Jorge Prieto Health Center) soon to add dental to their menu of services. In addition there are several private dental clinics and practices in the neighborhood (an estimated 18-20). Although many FQHCs do not offer dental services in-house, some are very intentional about developing partnerships with private dental clinics where they can refer patients. Esperanza Health Centers for example shares their building on 2001 S California Avenue with Sonrisa Family Dental. However, aside from walking down the main commercial streets or online web searches, there is no central location or resource that offers information on what dental services are offered and where, or what is required to access those services.

NEEDS ASSESSMENT

DEVELOPMENT & PLANNING

In October of 2014, the Little Village Oral Health Needs Assessment & Planning (LVOHNAP) team at Enlace Chicago brought together 12 partners from across Little Village. These included Enlace staff / health team members, the Director of the Oral Health Forum, representatives from local dental health providers and FQHCs, and a licensed dentist from Mexico. This Advisory Committee developed a hiring process for two “promotoras de salud” – community health workers (CHWs) – to join the committee and assist at every stage of the research. By the third of week of November, the two promotoras were hired and began training with the health promotion team at Enlace in order to do health outreach, education and resource connection with community members throughout the data collection period and beyond the scope of this research.

During the winter months Enlace staff translated into Spanish the “Dental Health Survey” that OHF used in previous studies and presented it to the Advisory Committee for review. The Committee made slight modifications to the survey based on their experience as residents and/or working with residents in the community. The group discussed at length issues of sensitivity and privacy with the questions, opting to leave some as optional. They also added a project description and statement of rights for research subjects at the beginning of the survey to provide participants with this important information. During this period, Enlace Chicago received a donation of 50 Sonicare electric toothbrushes from Oral Health America that were designated for this project as an incentive for completing the survey and participating in the study.

In January of 2015, the LVOHNAP team piloted the survey at an Enlace Chicago organized health and resource fair that took place at a local middle-school. During this initial round of surveys, the promotoras and Enlace staff collected 35 responses. The promotoras took notes and provided feedback on their experience conducting the surveys and interacting with participants, which allowed the rest of the LVOHNAP team to make final modifications to the survey tool. These changes were discussed at an Advisory Committee meeting and the final draft of the survey (in English and Spanish) was submitted via email for their review and approval.

The final survey included 24 questions (18 multiple choice; 4 open ended, 1 optional) and an additional section for demographic information including: age, sex, race/ethnicity, country of origin, immigration status (optional), number living in household, and closest intersection to residence. (See appendix for English and Spanish versions of survey)

Committee members were able to provide some dental health resources specific to the community for the research team to share throughout the data collection period, however a comprehensive guide of local area dental services was unavailable. Committee members were also able to help coordinate site visits with groups whose members could potentially complete the survey.

During the following months, the LVOHNAP team focused on outreach and data collection. With the help of partners and residents throughout the community, they coordinated survey distributions at community events, adult classes and groups, food pantries, churches, and schools.

RESEARCH METHODOLOGY

The primary methods for sampling, data collection, data entry, and analysis were as follows:

1. Identify partners working with diverse participants, who are also geographically dispersed throughout the community area.
2. Coordinate site visits to provide information on the study and implement surveys with willing participants.
3. Conduct one-on-one, interview-style surveys, while also giving the option for individuals to complete the survey on their own, in the language of their choice.
4. Enter responses into electronic format using Google Forms and Sheets.
5. Export data from Google Sheets to Microsoft Excel for review and statistical analysis.

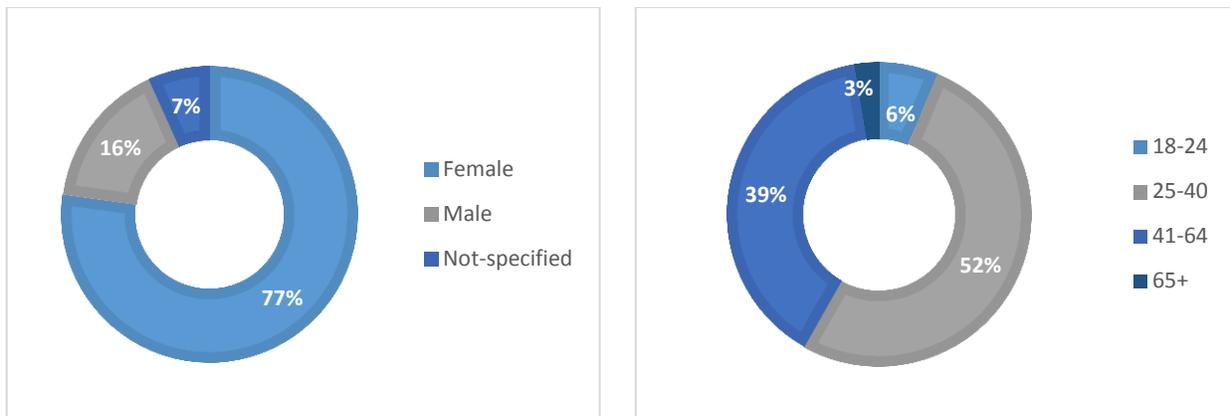
A total of 403 surveys were collected within a three month period, between February and May of 2015. Over the next two months, the LVOHNAP team worked on data entry and analyzing the results.

RESULTS

Demographics

Women represented nearly 83% of respondents, and over 50% of total respondents were between the ages of 25 and 40 years old (Fig. 1).

Fig. 1 Sex and Age Distribution of Participants



Of 398 participants who provided a response for their race/ethnicity, 99.5% identified as Hispanic/Latino (only 2 participants identified as African American). Seventy-eight percent of survey participants reported having children living in the household – 19% reported having one child, 30% reported having two, and 19% reported having three, with 10% having four or more children in the house. The average number of adults per household was 2.63, and the average number of children was 2.35.

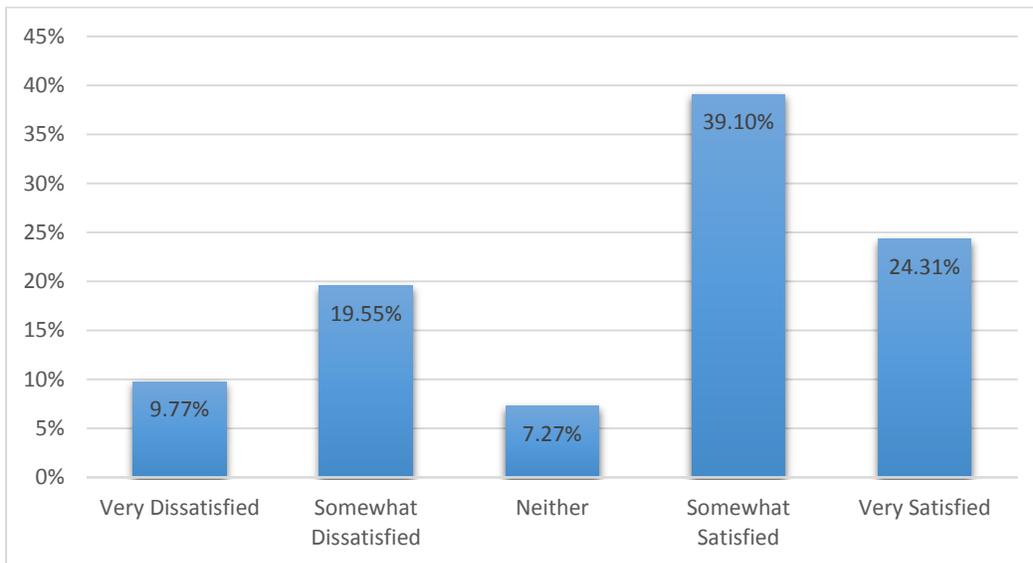
Participants had the option of answering the survey in the language of their choice—English or Spanish. Eighty-nine percent (359) of participants chose to answer the survey in Spanish and 11% (44) in English. Seventy-seven percent (309) of participants reported having been born outside the continental United States, and 40% (163) respondents reported having a documented or legal immigration status – the other 240 participants did not respond to this question.

Perceived Oral Health Status

Roughly 63% of participants expressed being satisfied with their oral health status—39% somewhat satisfied and 24% very satisfied (Fig.2). Thirty-six percent reported feeling a level of

dissatisfaction or neither satisfaction nor dissatisfaction with their oral health – 20% somewhat dissatisfied, 10% very dissatisfied, and 7% neither.

Fig. 2 Participants' Satisfaction with their Oral Health

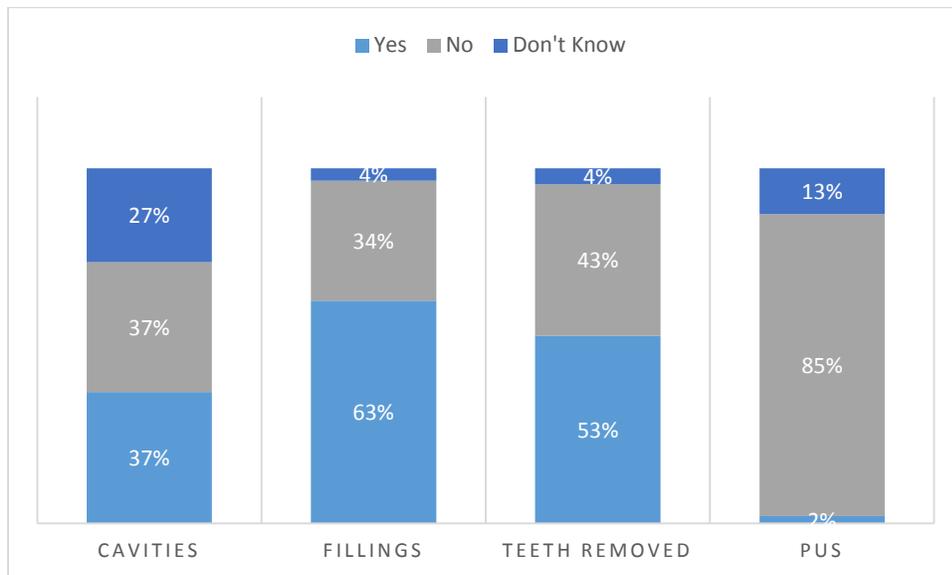


Oral Health History

When participants were asked if they have experienced any dental pain (Table 1. Q9-11), 37% responded “sometimes” and 3% responded “always.” Of the individuals who reported any pain, 12% said it lasts “a moment,” 13% said it lasts “a few minutes,” and 9% said it lasts “more than 10 minutes.”

Five percent of participants reported having bleeding gums “always” and 52% “sometimes” (Table 1. Q12-14). Thirty-one percent reported swelling in the cheek/gums “sometimes.” Two percent reported pus in their teeth, while 13% reported not knowing if they had pus or not. Several questions assessed the respondents’ dental tissues (Fig. 3). Thirty-seven percent reported having cavities, and 26% did not know. Sixty-two percent have fillings and 53% have had adult teeth removed.

Fig. 3 Participants' Dental Tissues Status



Access & Utilization of Oral Health Services

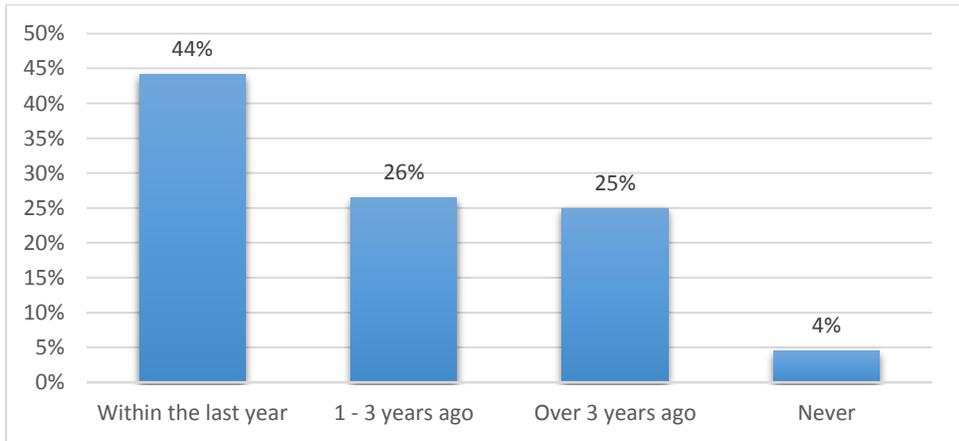
To assess the level of use and access to dental services, several questions were asked that covered dental visits and insurance coverage.

Only 40% of participants reported having medical insurance coverage (Q18). However, 46% reported a type of insurance coverage (Q19) – 10% Medicaid, 8% Medicare, 22% Private (employer offered), and 6% Private (self).

Forty-four percent of participants visited the dentist less than 1 year prior to survey, 26% between 1 – 3 years ago, 25% over 3 years ago, and 5% reported never having visited the dentist (Fig. 4). When asked how often they took their children to the dentist, 79% of participants with children responded every 6 months, 10% once a year, 3% when in pain, and only 1% had never taken their child(dren) to the dentist. (See Table 2 in appendix for list of dental providers visited by survey participants)

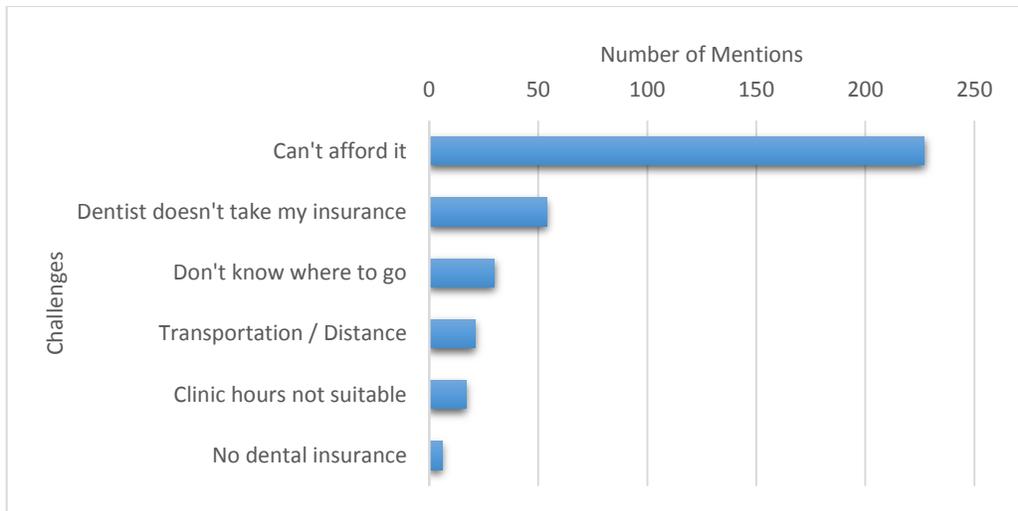
When asked if they currently needed to see a dentist, 73% replied yes. Of those needing dental care, 31% said “immediately,” 21% said “within 4 – 6 months,” and 20% said “before 1 year” (0.5% omitted when).

Fig. 4 Last Time Participants Visited the Dentist



Concerning ease or difficulty in locating a dentist or establishing a dental home, 67% reported having difficulty finding a dentist (Fig. 5). In order of importance, the challenges to finding a dentist that were listed included: Can't afford it (227 mentions); dentist doesn't take my insurance (54 mentions); don't know where to go (28 mentions); distance not suitable or no transportation (21 mentions); clinic hours not suitable (17 mentions); and don't have dental insurance (6 mentions).

Fig. 5 Participants' Challenges to Accessing Dental Health Services



Other Habits

Lifestyle habits such as smoking and alcohol consumption were also measured (Table 1. Q22-23). Twenty percent of participants reported that they don't smoke, while 70% reported having never smoked. Only 7% reported to be currently smoking either occasionally or often.

Regarding alcohol consumption, 62% reported never having a drink containing alcohol, 26% drinking once a month or less, 7% drinking 2 to 3 times a month, and 4% more than 4 to 6 times a month.

Importance of Oral Health

Ninety-five percent of participants expressed that it is important to visit a dentist regularly. When asked how important it was, 14% believed it is "somewhat important" and 83% believed it is "very important."

DISCUSSION & FUTURE IMPLICATIONS

The purpose of this study was to report on Little Village residents' attitudes, knowledge, and beliefs about oral health, as well as to provide information about access and utilization of available oral health services. The results of this study underline the following oral health needs in the Little Village community: dental pain, bleeding gums, dental cavities, and teeth removed are pressing factors, with lack of access to dental care because of the high cost of dental services as the leading contributing factor.

More than a third of participants in the survey expressed not being satisfied with their oral health, while an overwhelming majority (95%) expressed feeling it is important to visit a dentist regularly. A large number also reported currently needing to see a dentist (73%) and finding it difficult to find a dentist (67%). Out of 205 who provided information on where they access dental care, 159 participants reported accessing dental service providers within the Little Village community, while 46 reported that they visit dentists outside of the community – including 21 who go to Mexico for their dental health needs (see appendix, Table 2).

These results suggest an understanding of the importance of oral health and a high demand for oral health services in the community. Demand is not being met if so many face difficulty in finding and/or accessing dental health services, or if people are willing to travel outside the country to meet this need. It is true that the Illinois All Kids program has facilitated children's access to dental care—seventy nine percent of participants with children reported taking them to a dentist every 6 months to a year. However, it appears adults are having a more difficult time gaining access to dental care. The number of providers present in the neighborhood begs the question of how they are marketing their services and what options are available for affording necessary dental procedures, or if more providers with affordable options are needed. A community strategy to respond to these issues should include providing accurate information regarding existing dental services and to expand opportunities for low-income adults to access dental care within the neighborhood.

Nearly 58% of participants had no medical insurance.³ Of the 46% who reported having some form of insurance, it is uncertain how many of these include coverage for dental care—likely very few. The respondents themselves listed affordability and not being able to use the insurance they have as the top barriers they face in accessing or utilizing dental health services for themselves. It is possible that the managed care system that was implemented after the Affordable Care Act (ACA) went into effect has had the unintended consequence of limiting access to dental health services if people aren't aware of where their plan is accepted.

In addition, the results from questions related to country of origin and immigration status are also interesting. The majority of participants were born outside the country (76%). If 309 out of 403 participants were willing to respond that they were born outside the continental US, but only 163 (40%) reported having some form of legal documentation status, it is possible that a significant portion of participants were undocumented immigrants and could have been hesitant to answer any kind of question regarding immigration for fear of deportation. This could also serve to further explain the high instance of people without health insurance (58%),

³ These results might have been affected by a discrepancy in the English/Spanish translation of the survey tool, where the question "do you have dental insurance?" was translated as "do you have medical insurance?" in the Spanish version. (see appendix for complete surveys)

since there are currently no affordable health coverage alternatives for undocumented immigrants.

This project was not without limitations. Weaknesses of the study included the use of a convenient sample instead of a truly random sample. The findings describe common perceptions of Little Village residents, but even more so that of Hispanic women in the community. A large majority of survey participants were adult women who identified as Hispanic/Latino (77%). Several factors likely played a role in the demographics of survey participants. The locations where the promotoras conducted surveys are typically places that women and children frequent. Additionally, the surveys were most often distributed during the daytime hours, when men are typically at work. Men, particularly Hispanic men, also tend to be less open about their personal lives and less willing to participate in this type of research. The fact that those distributing the survey were women could have also had an effect on who participated. Results such as the low rate of smoking (7.2%) and alcohol consumption (11%) might be reflective of the demographic.

Other limitations included having different English and Spanish translations for the question on insurance (specifying dental vs. medical insurance), as well as relying on self-reported data from participants, without validation against dental records that would allow for the triangulation of findings.

Beyond these results, one of the greatest strengths of the LVOHNA was the use of a promotoras model to be able to access a difficult to reach population. The promotoras' role throughout the research process was crucial in both establishing trust with community members and in adding their unique insight to the interpretation and analysis of data. For example, their experiences in the community and conversations with survey participants led to changing survey questions so that they would better reflect community residents' reality and be easier to understand. The race/ethnicity question was combined so that an individual could "select all that apply" because community members, who predominantly identify as Latino or Hispanic, do not always feel comfortable identifying with a particular race, which can cause confusion and lead to inaccurate

results. The promotoras' insights into the community also allowed the LVOHNAP team to be mindful of how immigration status is central to healthcare access in the community.

Other strengths included the collaboration of a diverse group of dental practitioners, community organizations, and researchers to help guide the planning and development of the project, as well as participants having the option of completing the survey in their dominant language, English or Spanish.

Future assessments of this kind should attempt to reach an even broader audience for participation in the survey, by varying times and locations of surveys, as well as integrating a diversity of team members for outreach and data collection.

As a follow-up to these findings, the LVOHNAP team should prioritize the following:

- Highlight the need to advocate for increased access to healthcare, especially among undocumented populations.
- Create a dental health resource guide for the community that includes details about services offered, clinic hours, insurance accepted and affordable payment options (e.g. reduced fees for the uninsured, sliding scales, or charity care)
- Connect with local networks and organizations doing health outreach and programming to distribute this information throughout the community.

REFERENCES

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Little Village Community Development Corporation & LISC Chicago. (2005, May). Little Village - Capitol of the Mexican Midwest: Quality of Life Plan (Rep.). Retrieved from <http://www.newcommunities.org/cmadoocs/LVillageQofL2005.pdf>

APPENDIX

Table 1. Little Village Dental Health Survey Results

Survey Question	Count	% Total Responses	% Total Surveys
Q1. How satisfied are you with your dental health?			
Very Dissatisfied	39	9.77%	9.68%
Somewhat Dissatisfied	78	19.55%	19.35%
Neither	29	7.27%	7.20%
Somewhat Satisfied	156	39.10%	38.71%
Very Satisfied	97	24.31%	24.07%
Total Responses	399	100.00%	99.01%
Q2. When was the last time you saw a dentist?			
Within the last year	177	44.14%	43.92%
1 - 3 years ago	106	26.43%	26.30%
Over 3 years ago	100	24.94%	24.81%
Never	18	4.49%	4.47%
Total Responses	401	100.00%	99.50%
Q3. If you have children, when do you take your children to the dentist?			
Every 6 months	281	78.93%	69.73%
Once a year	36	10.11%	8.93%
When in pain	9	2.53%	2.23%
Never	4	1.12%	0.99%
Not applicable	26	7.30%	6.45%
Total Responses	356	100.00%	88.34%
Is it important for you to visit a dentist regularly?*			
Yes	384	95.29%	95.29%
No	6	1.49%	0.15%
Total Responses	390	100.00%	96.77%
*Responses derived from Q5 (Yes=very+somewhat important; No=Neither+somewhat+very unimportant)			
Q5. How important is it for you to visit the dentist regularly?			
Somewhat Unimportant	4	1.10%	0.99%
Neither	6	1.64%	1.49%
Somewhat Important	51	13.97%	12.66%
Very Important	304	83.29%	75.43%
Grand Total	365	100.00%	90.57%
Q6. Do you currently need to see a dentist?			
NO	99	25.26%	24.57%
Yes, immediately (1-3 mo)	126	32.14%	31.27%
Yes, soon (4-6 mo)	84	21.43%	20.84%
Yes, before 1 year	81	20.66%	20.10%
Yes (omitted when)	2	0.51%	0.50%
Grand Total	392	100.00%	97.27%
Q7. Is it difficult to find a dentist?			
NO	119	30.67%	29.53%
YES	269	69.33%	66.75%
Grand Total	388	100.00%	96.28%

Survey Question	Count	% Total Responses	% Total Surveys
Do you have pain in your teeth?*			
NO	241	62.11%	59.80%
YES	147	37.89%	36.48%
Grand Total	388	100.00%	96.28%
*Responses derived from Q9-11			
Q9. IF you have pain in your teeth, how often?			
Always	11	6.92%	2.73%
Sometimes	148	93.08%	36.72%
Grand Total	159	100.00%	39.45%
Q11. IF you have pain, how long does the pain last?			
A moment	49	35.25%	12.16%
A few minutes	52	37.41%	12.90%
More than 10 minutes	38	27.34%	9.43%
Grand Total	139	100.00%	34.49%
Q12. Do you have bleeding gums?			
Always	19	4.80%	4.71%
Sometimes	208	52.53%	51.61%
Never	169	42.68%	41.94%
Grand Total	396	100.00%	98.26%
Q13. Do you have swelling in your cheek/gums?			
Always	5	1.27%	1.24%
Sometimes	123	31.30%	30.52%
Never	265	67.43%	65.76%
Grand Total	393	100.00%	97.52%
Q14. Do you have pus in your teeth/gums?			
No	335	85.03%	83.13%
Yes	8	2.03%	1.99%
Don't know	51	12.94%	12.66%
Grand Total	394	100.00%	97.77%
Q15. Do you have cavities?			
No	146	36.50%	36.23%
Yes	148	37.00%	36.72%
Don't know	106	26.50%	26.30%
Grand Total	400	100.00%	99.26%
Q16. Do you have fillings?			
No	135	33.75%	40.94%
Yes	251	62.75%	62.28%
Don't know	14	3.50%	3.47%
Grand Total	400	100.00%	99.26%

Survey Question	Count	% Total Responses	% Total Surveys
Q17. Have you had any adult teeth removed?			
No	171	42.64%	42.43%
Yes	212	52.87%	52.61%
Don't know	18	4.49%	4.47%
Grand Total	401	100.00%	99.50%
Q18. Do have medical insurance?			
Don't know	7	1.74%	1.74%
No	233	57.82%	57.82%
Yes	163	40.45%	40.45%
Grand Total	403	100.00%	100.00%
Q19. IF yes, what type of insurance do you have?			
Medicaid	41	21.93%	10.17%
Medicare	34	18.18%	8.44%
Private (employer offered)	87	46.52%	21.59%
Private (self)	25	13.37%	6.20%
Grand Total	187	100.00%	46.40%
Q22. What is your smoking status?			
Never smoked	284	72.26%	70.47%
Don't smoke	80	20.36%	19.85%
Smoke occasionally	24	6.11%	5.96%
Smoke often	5	1.27%	1.24%
Grand Total	393	100.00%	97.52%
Q23. How often do you have a drink containing alcohol?			
Never	249	62.25%	61.79%
Once a month or less	105	26.25%	26.05%
2 to 3 times a month	29	7.25%	7.20%
4 to 6 times a month	16	4.00%	3.97%
Daily	1	0.25%	0.25%
Grand Total	400	100.00%	99.26%
DEMOGRAPHICS			
Sex			
Female	311	82.71%	77.17%
Male	65	17.29%	16.13%
Grand Total	376	100.00%	93.30%
Age			
18-24	25	6.30%	6.20%
25-40	206	51.89%	51.12%
41-64	156	39.29%	38.71%
65+	10	2.52%	2.48%
Grand Total	397	100.00%	98.51%

Survey Question	Count	% Total Responses	% Total Surveys
DEMOGRAPHICS (Continued)			
<i>Race/Ethnicity</i>			
African American	2	0.50%	0.50%
Hispanic / Latino	396	99.50%	98.26%
Grand Total	398	100.00%	98.76%
<i>What is your immigration status?</i>			
Citizen	95	58.28%	23.57%
Legal Permanent Resident	61	37.42%	15.14%
Temporary Visa	7	4.29%	1.74%
Grand Total	163	100.00%	40.45%

Table 2. Dental Health Service Providers Accessed by Survey Participants Within and Outside of Community

Little Village Dental Providers	# of Participants
Perla Dental	21
Sonrisa Family Dental	18
Brite Dental 26	13
1st Family Dental Little Village	10
Martinez Family Dental	10
Dr. Eloisa Garcia	9
Dentistas Hispanos	6
Dental Dreams	5
Dr. Rosita Jimenez	3
Sonrisa Urbana	3
Dr. Chan & Associates	2
Gutierrez Dental	2
Dr. Arzarpira	1
Lawn Dental	1
Lawndale Christian Health Center	1
Participants with Known LV Providers	106
Participants with Unknown LV Providers	53
Total Participants Accessing Dental Services Within Little Village	159
Total Participants Accessing Dental Services Outside Little Village	46
<i>Participants Traveling to Mexico for Dental Services</i>	21

DATE _____
LOCATION _____

<i>For data entry use only</i>	
Survey number _____	
Initials _____	Date _____

Dental Health Survey

Please complete entire survey

[INTRODUCTION]

With support from the Illinois Department of Public Health and in partnership with the Chicago Community Oral Health Forum, Enlace Chicago Health Promoters are conducting an oral health survey to assess common attitudes, knowledge, and beliefs about oral health among residents in the Little Village community, as well as to evaluate access and utilization of oral health services in the area.

You are under no obligation to complete this survey and your participation is completely voluntary. All of the information provided will be kept anonymous and used only for the purpose of this oral health needs assessment.

We appreciate your contribution to our efforts towards building a healthy community for everyone.

Those who participate may choose to enter a raffle for the chance to win a Phillips Sonicare electric toothbrush. Winners will be notified at the end of the survey period.

1. How satisfied are you with your dental health?

- Very Satisfied Somewhat Satisfied Neither Somewhat Dissatisfied Very Dissatisfied

2. When was the last time you saw a dentist?

- Within the last year 1 - 3 years ago Over 3 years ago Never

3. If you have children, when do you take your children to a dentist?

- Every 6 months Once a year When in pain Never

4. What do you do at home to take care of your teeth?

5. How important is it for you to visit a dentist regularly?

- Very Important Somewhat Important Neither Somewhat Unimportant Not important

6. Do you currently need to see a dentist?

- YES, How soon? Immediately (1-3 months) / Soon (4-6 months) / Before 1 year
- NO

7. Is it difficult to find a dentist?

YES -- *why is it difficult?* (check all that apply) :

Dentist doesn't take my insurance ___ Don't know where to go ___ Can't afford it ___

Clinic hours not suitable ___ Distance not suitable ___ No transportation ___

Other _____

NO, not difficult because I have one

NO, not difficult because I don't need one

NO. another reason _____

8. If you visit a dentist, where do you go?

9. IF you have pain in your teeth, *how often?*

Always

Sometimes

No pain

10. IF you have pain in your teeth, *since when?* _____ No pain

11. IF you have pain, *how long does the pain last?*

A moment

A few minutes

More than 10 minutes

No pain

12. Do you have bleeding of gums?

Always

Sometimes

Never

13. Do you have swelling in your cheek/gums?

Always

Sometimes

Never

14. Do you have pus in your teeth/gums?

Yes

No

Don't know

15. Do you have Cavities?

Yes

No

Don't know

16. Do you have Fillings?

Yes

No

Don't know

17. Have you had any adult teeth removed?

- Yes No Don't know

18. Do you have DENTAL INSURANCE?

- Yes No Don't know

19. IF YES, what type of insurance do you have?

- Medicaid Medicare Private (employer offered) Private (self)

20. What is your smoking status?

- Don't smoke Never smoked Smoke occasionally Smoke often

21. How often do you have a drink containing alcohol?

- Never Once a month or less 2 to 3 times a month
 4 to 6 times a month Daily

22. [OPTIONAL] If you could change anything about your teeth or dental health, what would you change?

Age: 18-24 yrs 25-40 yrs 41-64 65 yrs or older

Sex: Male Female

Which best describes you (check all that apply):

- African American White Asian Native American
 Hispanic / Latino Other _____

IF you were born outside of the country, how long have you lived in the continental US? _____

[OPTIONAL] What is your immigration status? Citizen Legal Permanent Resident Temporary Visa Other

Number of people in your household (including respondent): **Adults (18+)** _____ **Children (<18)** _____

Nearest intersection (crossroads) to where you live: _____

THANK YOU!!

FECHA _____

LUGAR _____

Solo para la entrada de datos

Número de Encuesta _____

Iniciales _____ Fecha _____

Encuesta de Salud Dental

Favor de llenar toda la encuesta

[INTRODUCCION]

Con el apoyo del Departamento de Salud Pública de Illinois y en asociación con el Foro de Salud Oral Comunitaria de Chicago, promotores de salud con Enlace Chicago están completando una encuesta para evaluar actitudes, conocimiento, y creencias comunes sobre la salud dental entre residentes de La Villita, y para también evaluar el acceso y el uso de servicios dentales en la zona.

Usted no está bajo ninguna obligación de completar la encuesta y su participación es completamente voluntaria. Toda la información compartida se mantendrá anónima y será usada solo para el propósito de esta evaluación.

Les agradecemos su contribución a nuestros esfuerzos por desarrollar una comunidad saludable para todos.

Todo aquel que participe tendrá la opción de entrar en una rifa para ganar un cepillo de dientes electrónico Sonicare de Phillips. A los ganadores se les avisara al finalizarse el periodo de encuestas.

1. ¿Cuán satisfecho(a) esta con su salud dental?

- Muy Satisfecho(a) Algo Satisfecho(a) Indiferente Algo Insatisfecho(a) Muy Insatisfecho(a)

2. ¿Cuándo fue la última vez que visitó a un dentista?

- Menos de 1 año 1-3 años Más de 3 años Nunca

3. Si tiene niños, ¿Cuándo lleva a sus niños a un dentista?

- Cada seis meses Cada año Cuando tienen dolor Nunca

4. ¿Qué hace en casa para el cuidado de sus dientes?

5. ¿Cuán importante es para usted visitar un dentista regularmente?

- Muy Importante Algo Importante Indiferente Ni tan importante Nada importante

6. ¿Necesita ver un dentista?

- SI, ¿Qué tan pronto? Inmediatamente (1-3 meses) / Pronto (4-6 meses) / Antes de 1 año
- NO

17. ¿Le han sacado algunos dientes permanentes?

- Sí No No sé

18. ¿Tiene seguro médico?

- Sí No No sé

19. Si así es, ¿qué clase de seguro tiene?

- Medicaid Medicare Privado (de su trabajo) Privado (de su bolsillo)

22. ¿Cuál es su situación en cuanto a fumar?

- No ahora Nunca De vez en cuando Frecuentemente

23. ¿Con cuánta frecuencia toma alguna bebida con alcohol?

- Nunca Una vez al mes o menos 2 a 3 veces al mes
 4 a 6 veces al mes Todos los días

24. [OPCIONAL] Si pudiera cambiar algo de sus dientes o su salud dental ¿qué cambiaría?

Edad: 18-24 años 25-40 años 41-64 65 años o mayor

Sexo: Masculino Femenino

¿Cuál le describe mejor? (seleccione todos los que apliquen):

- Afroamericano(a) Blanco(a) Asiático Nativo-Americano
 Hispano / Latino Otro _____

Si nació fuera del país, ¿cuánto tiempo lleva viviendo en los E.E.U.U.? _____

[OPCIONAL] ¿Cuál es su estatus migratorio? Ciudadano Residente Legal Con Visa Temporal Otro

Número de personas que hay en su casa (incluyéndole a usted): Adultos (18+) _____ Niños (<18) _____

¿Cuáles son las dos calles más cercanas a donde usted vive? : _____

¡¡GRACIAS!!