

# **Dental Health Survey**

## **Humboldt Park-West Town communities**

**July 2009**

**Greater Humboldt Park Community of Wellness**

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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 Humboldt Park-West Town 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**

### **Humboldt Park and West Town Communities**

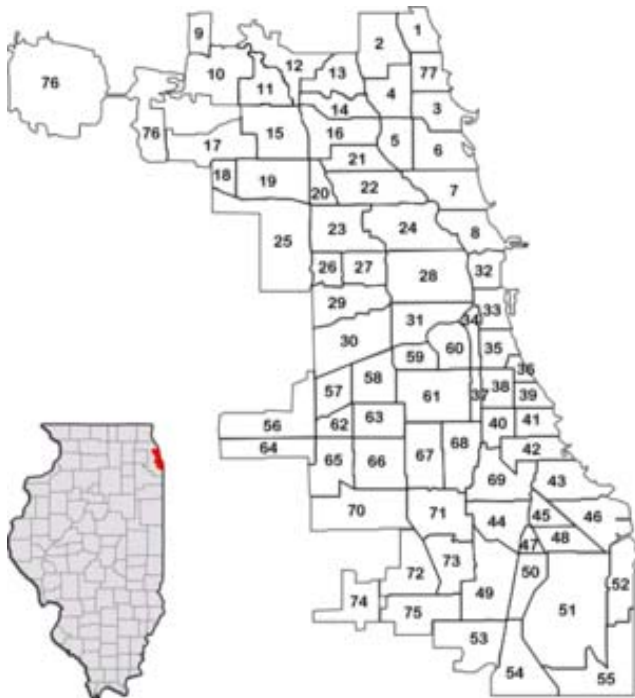
The city of Chicago is divided in 77 communities (see fig. 1). Humboldt Park and West Town are located in the Northwest side of the city. Humboldt Park has a total population of 65,863 with 48% of its residents identified as Latinos, 47% as African Americans, and 3% as Caucasian. Humboldt Park has been identified as one of the poorest areas of Chicago with 31% of its residents living below the federal poverty level, and 58% living twice below the federal poverty level (2). The median family income is \$28,728, and 46% of the population speaks another language than

English at home (2). Humboldt Park has an unemployment rate of 17.8%, 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 Town has a total population of 87,435 residents. Forty seven percent of them are Latinos,

39% Caucasians, and 9% African Americans (4).

Twenty one percent of its residents live below the federal poverty levels while the median household income is higher (\$38,915) than the median income in Humboldt Park. Fifty six percent of residents speak another language than English at home (4). The unemployment rate of West Town is 6.9%, with one fourth of the population having less than high school education (3). The main two Latino groups living in this area of the city are Puerto Ricans and Mexicans.



23. Humboldt Park

24. West Town

## Dental Care

Besides a number of private practice dentists, there is one federally qualified health center (FQHC) in the Humboldt Park-West Town community (Erie Family Health Center) (5), which provides dental care for children, pregnant women, and diabetic adults in the area. It is a five-chair dental facility that provides preventive and restorative services to the community. It is located at 2750 West North Avenue (6). This organization has several clinics, but only one that provides a full range of dental services.

Sonrisa Family Dental is a private dental practice that has one of its three offices located at Humboldt Park (1044 N. Mozart). It offers dental care for all members of the family with sliding

scale payments plans. They currently accept Medicaid patients and patients with several other dental insurances (7).

## **Oral Health Needs Assessment – 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, 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 Humboldt Park-West Town Dental Health Survey was collected in four major ways:

1. Health Assistants of Chicago Public Schools asked parents, during the report card pick up day, to fill out the survey when they were picking up their children's report cards.
2. Patients attending to Erie Family Health Center, a Federal Qualified Health Center (FQHC) in Humboldt Park, were asked to fill out the survey.
3. Clients of some local non-profits organization were asked to fill the survey.
4. The survey was finally passed out and collected at large apartment buildings and housing facilities in Humboldt Park to ensure that a large sample of the population was reached.

Five hundred fourteen (514) surveys were collected by the end of May 2009. One hundred twenty one participants answered the Spanish questionnaire. Data from the survey were entered into an Excel spreadsheet and analyzed in SPSS 17 version.

# Results

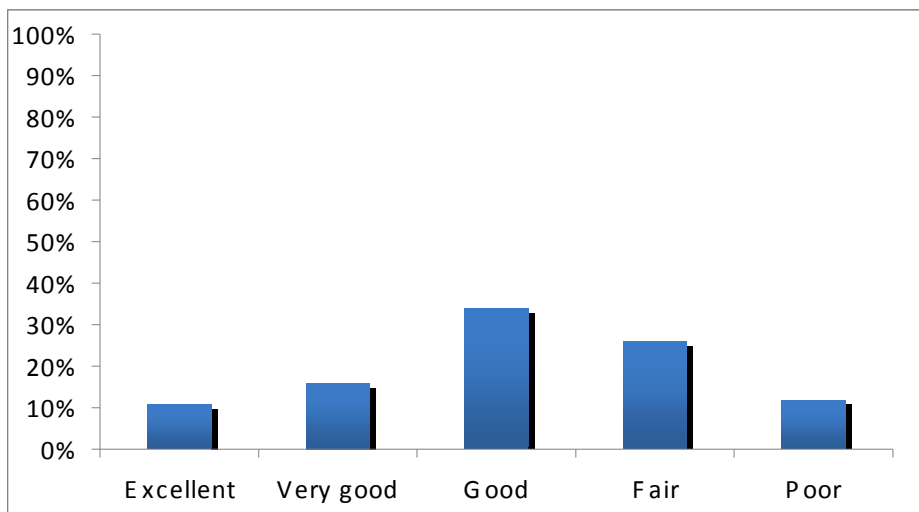
## 1. Demographics

Seventy two percent of participants were women. The four age categories were distributed as follow: 18-24 year of age (18%), 25-40 years (45%), 41-64 years (34%), and 65+ (3%). Sixty two percent of participants were identified as Latinos, consisting of the following categories: Puerto Ricans (27%), Mexicans (23%), and other Latinos (12%). Twenty seven percent of survey respondents were African Americans. The average number of adults ( $\geq 18$  years) living in a household was 2.22 (SD-1.36) and the average of children below 18 years of age was 2.30 (SD-1.38). Regarding family size, 27% of participants reported having one child, 27% reported having two children, 23% three children, and 11% reported having four children. Demographic characteristics of survey respondents by gender are summarized in Table 1.

## 2. Perceived Oral health status

Fifty seven percent of participants expressed being satisfied with their oral health status. When participants were asked about how they would rate their dental health, 11% reported excellent, 16% very good, 34% good, 26% fair and 12% poor. (Figure 1).

**Fig.1. Participants rating of their oral health status**

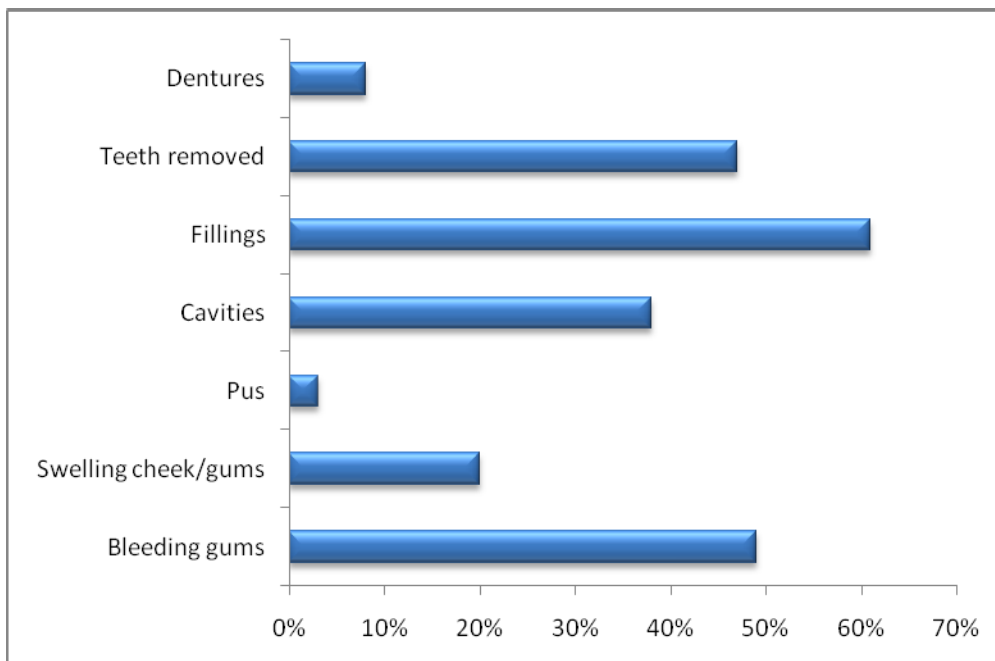


Participants who reported being satisfied with their dental health were more likely to report their oral health status as “good” or “very good” (Table 2). Participants who were unsatisfied with their dental health were more likely to report their oral health status as “fair” or “poor”.

### 3. Dental History

Participants were asked if they have any dental pain. Twenty five percent of them responded “sometimes” and 7% reported “always” having dental pain. Of the people who reported any pain, 47% said that the pain last short time while 30% said that the pain last more than 10 minutes. Several questions were asked to assess the status of participants’ dental tissues (Figure 2 & Table 3). Forty four 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.

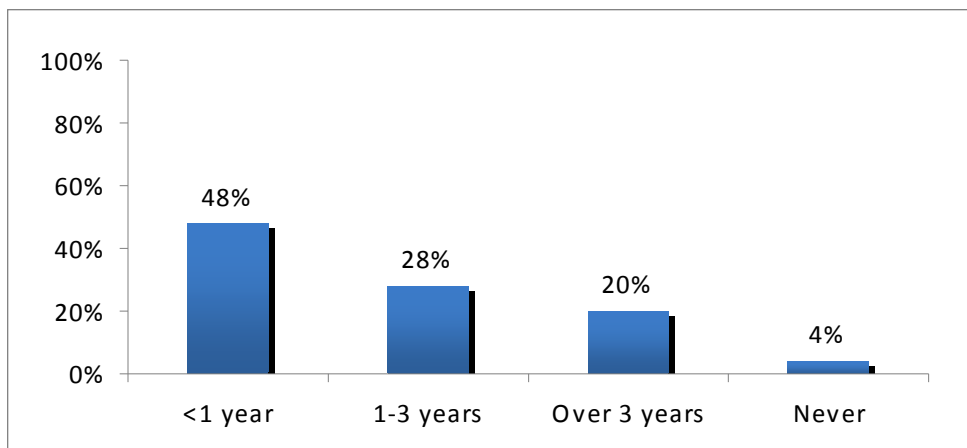
**Fig.2. Dental tissues status**



#### 4. Access and utilization of dental services

Several questions were asked to assess the utilization of dental services as well as the barriers to access dental care (Table 4). Fifty five percent of participants reported having dental insurance. From those having dental insurance, 36% had Medicaid, 14% had Medicare, 41% had private dental insurance, and 9% had other insurance. Survey participants may have mistakenly reported Medicare as a dental insurance because Medicare doesn't normally cover routine dental care. Forty eight percent of participants reported visiting the dentist <1 year ago, 28% between 1-3 years, 20% over 3 years ago, and 4% of participants reported they have never visited the dentist (Fig. 3). When asked about how often they usually take their children to the dentist, 51% responded every 6 months, 31% every year before school, 6% when they have pain, and 12% have never taken their children to the dentist (Table 4).

**Fig.3. Respondents by Last time of their dental visit**



Sixty six percent of participants need to see a dentist at the present time, with 50% needing to see a dentist "immediately", 30% between 1-3 months from now, and 20% between 3-6 months. Fifty three 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 (55%), Don't know where to go (13%), dentist doesn't take insurance (10%), clinic hours are not suitable (3%),



distance not suitable (2%), and no transportation (2%). Seven percent of participants reported a combination (more than one) of the aforementioned factors.

Three dental clinics were identified in the questionnaire as possible places where community members may go to have dental care. Thirteen percent of participants reported going to see the dentist at Erie family Dental clinic, 10% to Sonrisa Dental at Norwegian American Hospital, and 5% to Austin Dental Care. Seventy two percent of people reported going to other places (Table 4).

### 5. Importance of oral health

Almost all survey participants (95%) 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. Fifty four percent answered they “definitely” will finish the treatment if it would involved 2 visits and 50% would do it if it would involved 4 visits. Twenty four percent were “likely” to finish the treatment in 2 visits and 4 visits.

### 6. Smoking and Alcohol

Fifty seven percent of participants reported that they don't smoke, 13% have never smoked, 15% smoke occasionally, and 15% smoke (Figure 4).

**Fig.4. Smoking status of participants**

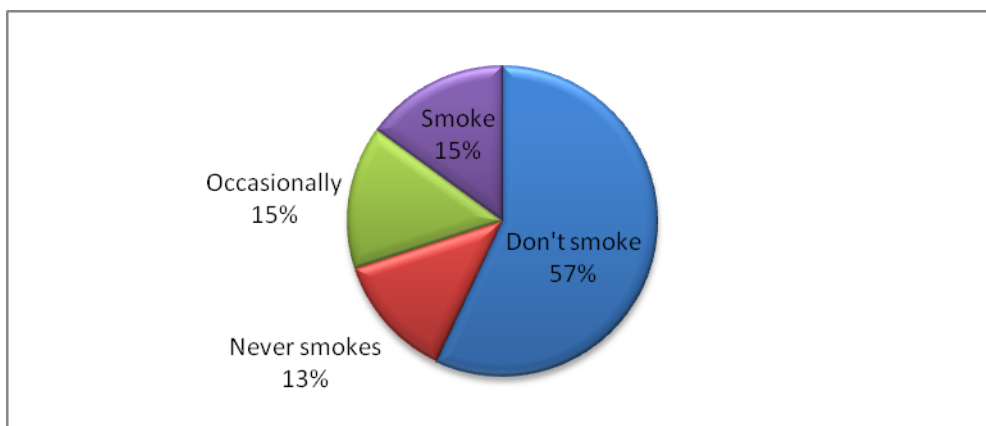


Table 5 shows the utilization of dental services by the smoking status of participants. Ten percent of the people that reported never visited the dentist accounted by smokers.

Regarding alcohol consumption, 47% of people reported they have never had a drink containing alcohol, 24% reported having it once a month, 16% 2-3 per month, and 4% daily (Figure 5).

**Fig.5. Alcohol consumption**

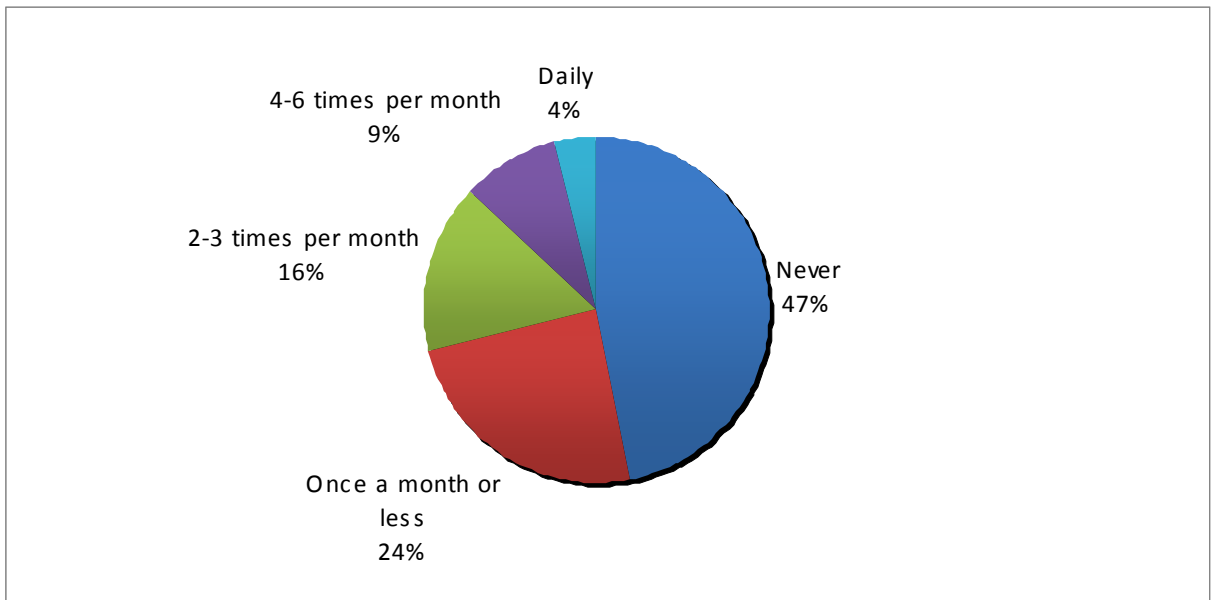


Table 6 shows the utilization of dental services by alcohol consumption. Eighteen percent of the people that reported never visited the dentist is accounted by daily drinkers.

## Discussion

The following oral health needs were identified in the Humboldt Park-West Town communities, based on findings from the Dental Health Survey: dental pain, bleeding gums, teeth removed, and dental caries are the pressing factors, with lack of access to dental care due to the high cost of dental services as a very important contributing factor.

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. Survey results suggest that limited access to dental care may be the reason for that. Children in the Humboldt Park-West Town communities may have easier access to dental care than adults. Community members expressed that the opening of the 5 chair dental clinic at Erie Family Dental Clinic helped to improved access to dental care for children and pregnant women; however, affordable dental services for adults as well as not knowing where to get dental services were identified as the most critical problems. Strategies should be implemented in the community to make available accurate information regarding existing dental services and to expand the possibilities to access dental care for low-income adults. Some of the suggested strategies may be the creation of a “Community Dental Access Committee” that will develop a dental community database with information regarding the number of dentists and dental institutions in the community, dentists who are currently accepting Medicaid, dentists who accept HMOs or other type of insurance, dentists who have any reduce fees for uninsured or low-income adults, and even dentists who perform charity dental care. This information could be available to community members through local organizations interested in improving access to dental care. Another strategy may be the development of a “local dentist initiative” where some of the dentists will agree to provide discounted dental services for low-income adults in the community.

Community strategies should be implemented as well to improve the oral health of low-income families in the community. Dental caries and bleeding gums were identified as dental problems affecting community members. It is important to notice that most oral disease are preventable and in this sense the implementation of bilingual oral health education and preventive services will help to improved the oral health of Humboldt Park-West Town families. 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 recognized 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.

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 used of a convenience sample instead of a randomly selected, limited the external validity of the findings to all community members. The fact that less than one fourth of the respondents used a Spanish version of the survey in a community that have almost half of its residents identified as Latinos, may raise questions regarding the representation of the population included in the survey.

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 “Greater Humboldt Park community” and with action steps taken a future similar survey would provide trends over time for the oral health status.

## Tables

### (Humboldt Park-West Town, IL 2009 (n=514)\*)

**Table 1. Demographic characteristics of participants by gender**

Age Groups	Gender	
	Male	Female
<b>18-24 years</b>	19%	19%
<b>25-40 years</b>	48%	44%
<b>41-64 years</b>	30%	35%
<b>65+ years</b>	3%	2%

**Table 2. Oral health status of participants by satisfaction with dental health**

Oral health status	Satisfaction with dental health	
	Satisfied (n=289)	Unsatisfied (n=213)
<b>Excellent</b>	19%	1%
<b>Very good</b>	27%	2%
<b>Good</b>	46%	18%
<b>Fair</b>	7%	51%
<b>Poor</b>	1%	28%

**Table 3. Dental History of Survey Participants**

	Percentage
<b>Have bleeding gums</b>	
Always	5%
Sometimes	44%
Never	51%
<b>Have swelling cheek/gums</b>	
Yes	3%
Sometimes	17%
No	80%
<b>Have pus in teeth/gums</b>	
Yes	3%
No	85%
Don't know	12%
<b>Have cavities in teeth</b>	
Yes	38%
No	43%
Don't know	19%
<b>Have fillings in teeth</b>	
Yes	61%
No	33%
Don't know	6%
<b>Have adult teeth removed</b>	
Yes	47%
No	46%
Don't know	7%
<b>Have dentures</b>	
Yes	8%
No	92%

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

	Percentage
<b>Have dental insurance</b>	
Yes	55%
No	41%
Don't know	4%
<b>If yes, type of Insurance</b>	
Medicaid	36%
Medicare	14%
Private	41%
Other	9%
<b>Usually take children to dentist</b>	
Every 6 months	51%
Every year before school	31%
When in pain	6%
Never	12%
<b>Need to see dentist</b>	
Yes	66%
No	34%
<b>If yes, when</b>	
Immediately	50%
1-3 months	30%
3-6 months	20%
<b>Difficult to find dentist</b>	
Yes	53%
No	47%
<b>If yes, why</b>	
Dentist doesn't take my Insurance	10%
Don't know where to go	13%
Can't afford it	55%
Clinic hours not suitable	3%
Distance not suitable	2%
No transportation	2%
Other	6%
Multiple factors	7%
<b>If no, why</b>	
No difficult, I have one	87%
Don't need one	10%
Other	3%
<b>Places where participants go to dentist</b>	
Erie Family Dental Clinic	13%
Sonrisa Dental at	10%

Norwegian American Hospital	
Austin Dental Care	5%
Other	72%

**Table 5. Utilization of dental services by smoking status**

Saw dentist	Smoking status			
	Don't smoke (n=267)	Never Smokes (n=62)	Occasionally (n=73)	Smokes (n=71)
<1 year	49%	45%	47%	39%
1-3 years	28%	32%	33%	24%
Over 3 years	19%	18%	20%	27%
Never	4%	5%	0	10%

**Table 6. Utilization of dental services by alcohol consumption**

Saw dentist	Smoking status				
	Never (n=222)	Once/month or less (n=113)	2-3 times/month (n=74)	4-5 times/month (n=44)	Daily (n=17)
<1 year	49%	50%	49%	27%	35%
1-3 years	31%	24%	22%	43%	24%
+ 3 years	16%	23%	22%	30%	23%
Never	4%	3%	7%	0	18%



## References

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