Chicago Senior Smiles

The Retirement Research Foundation

Chicago Community Oral Health Forum

Heartland Health Outreach

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Contents

ACKNOWLEDGEMENTS

The Chicago Community Oral Health Forum would like to thank the Retirement Research Foundation for their support of the Chicago Senior Smiles Project, the Otho S. A. Sprague Memorial Institute for their ongoing operational support, the UIC College of Dentistry, and Heartland Health Outreach for housing this important oral public health effort.

INTRODUCTION

During the past several decades, the percentage of older adults retaining their natural teeth has steadily increased resulting in improved oral function and quality of life. Mainly as a result of fluoridated water and advances in dental treatment techniques, the average number of teeth in people 65 and older has increased to 19. With longer life expectancy and tooth retention, older adults remain at risk for dental caries (cavities) and periodontal (gum) disease that often leads not only to tooth loss but exacerbation of many systemic chronic diseases. Cultural practices, lack of finances and lack of priority to maintain natural teeth contribute to choosing tooth removal over tooth saving procedures. Having missing teeth, oral pain from untreated dental disease and wearing ill-fitting dentures can also affect proper nutrient intake needed to support optimal systemic health. People with poor masticatory function modify their diets, avoiding fresh fruits and vegetables in favor of soft, easily chewed foods that are typically high in simple carbohydrates and low in proteins.

Many medications taken by the elderly also affect their oral health. Over 400 commonly used prescription and over-the-counter drugs cause xerostomia (dry mouth)

and increase the risk for oral disease. Additionally, impaired mobility and disabilities experienced by many older adults may make brushing and flossing difficult or impossible. In vulnerable populations such easily preventable and treatable oral health problems can spiral out of control.

Oral and pharyngeal cancers, that primarily affect adults over age 55 years result in significant morbidity, disfigurement and substantial health care cost. Oral and pharyngeal cancers occur more frequently than leukemia, Hodgkin's disease, and cancers of the brain, cervix, ovary, liver, pancreas, bone, thyroid gland, testes, and stomach combined. Unfortunately, diagnosis for oral and pharyngeal cancer is most often made in late stages and the over-all five-year survival rate for these cancers is only 53 percent.

Chicago seniors face many barriers to obtaining needed oral healthcare including limited motor functions, use of mobility aides, lack of transportation, limited affordable access points in their community and the general cost of care. Older adults lose their dental insurance when they retire and many live on fixed income necessitating out-of-pocket payment for oral healthcare. Most seniors are covered by Medicare, but it only covers an extremely limited dental services related to treatment of specific medical conditions. Medicaid dental coverage for adults in Illinois is limited to restorative, dentures and emergency care or pain relief and many independently living seniors do not qualify for the Medicaid program.

To help adults maintain healthy teeth for life, community-based strategies should focus on preventing and reducing oral disease and promoting oral health as an integral part of overall health. Community-based strategies should: increase public and

professional awareness of good oral health through the lifecycle as well as decreasing risk factors and promoting healthy behaviors; expand partnerships to organizations focused on aging issues; monitor oral health status of older adults; ensure access to clinical services; and involve all health professionals in improving the oral health status of the aging population.

Existing key data on oral health among Illinois' elderly population

- Over 15 percent (1.9 million) of the population (12.8 million) are 60 years of age and older (U.S. 2000 census).
- Nineteen percent of adults 65 years old and older no longer have any natural teeth and 30 percent of those who still have some teeth, have lost 6 or more. (IDPH, BRFSS 2006)
- Only 29 percent of adults 65 years of age and older report having dental insurance coverage. (IDPH, BRFSS 2003)
- The five-year oral and pharyngeal cancer incidence rate in Illinois is 16.1 among males (per 100,000 males) and 6.1 among females (per 100,000 females). (Illinois Cancer Registry 1995-2000)
- Only 36 percent of the oral and pharyngeal cancers are diagnosed in the early stages. (Illinois Cancer Registry 1995-2000)

The Senior Smiles (Basic Screening Survey or BSS) is oral health surveillance and health promotion/disease prevention project, data are collected through voluntary oral health screening for seniors 60 years old and older. Studies such as the Chicago BSS reported here are vital to discern emerging trends in disease status, treatment needs of a populations and health and disparities research. They add to the compilation

of data, are used to move services and research forward, are crucial in identifying goals that close health disparity gaps.

Chicago Senior Smiles

The Chicago Senior Smiles project goal was to conduct an oral health surveillance and health promotion/disease prevention project at selected Chicago sites serving elders for the purpose of:

- identifying unmet oral health needs
- establishing oral health promotion/disease prevention priorities
- developing recommendations to address unmet needs based on community resources
- strengthening interdepartmental/interdisciplinary partnerships designed to improve oral health outcomes and reduce oral disease disparities among targeted vulnerable elders

The project will expand oral health surveillance of Chicago elders receiving services at community-based sites and determine future programmatic directions. The Chicago Senior Smiles will help to increase community support, to inform policy decisions and to implement oral health promotion/disease prevention interventions that meet the unique needs of older adults.

METHODOLOGY

Upon knowledge of funding for the project, a workgroup was formed which consisted of CCOHF staff and other consulting patients. The members of the senior workgroup are as follows:

Kimberly Bartolomucci, Coordinator

Anne Clancy, RDH, MBA (Provider)

Mona Van Kanegan, DDS, MS (Provider)

Sangeeta Wadhawan, BDS, MPH (Epidemiologist)

Alejandra Valencia, DDS, MS, MPH (Researcher, fluent in Spanish)

Julie Janssen, RDH, MA (Acting Dental Director, Illinois Department of Public Health, Oral Health Division; coordination with state IDPH data collection efforts).

The above group met in person and/or through monthly (and more frequently in planning phase and during active data collection) conference calls to update on progress and coordination of the project. Once the statewide data is available, we will reconvene with expanded statewide group to compare data, compile the results and develop local and statewide strategies to address the issues identified through data collection.

The Chicago Community Oral Health Forum identified three neighborhoods to pilot their research: Englewood, Humboldt Park, and Rogers Park. Within the three neighborhoods, thirty-three sites serving Senior Citizens were randomly chosen and asked to voluntarily participate in our screening and education project. Oral health survey, in mouth screening and education program was conducted at selected sites including independent senior living, assisted living, and institutionalized elders in specific targeted communities of Chicago.

Heartland Alliance Research Review Committee approval was obtained prior to scheduling screenings of the seniors. The Illinois Department of Public Health's Smiles over Time screening forms (see Appendix) were utilized so that the collected Chicago data can compared with statewide data. Screeners and interviewers were trained and calibrated before the initiation of data collection. Light and disposable mirrors were used for the "in mouth" screening. Data was entered into SPSS database for analysis.

Detailed Activities of the Chicago Senior Smiles

1. Establish an administrative structure to support and guide the project.
    a. The Chicago Community Oral Health Forum (CCOHF) contracted an oral health epidemiologist through the Illinois Oral Health Coalition, IFLOSS upon learning of award funding.
    b. Within the first three months, a workgroup was established to identify sites for senior screenings, identify key stakeholders and begin stages of Institutional Research Review Board (IRB) Approval for research. Since much of the work CCOHF is done in partnership with the University of Illinois at Chicago College of Dentistry, an initial IRB application was submitted to UIC. However, since CCOHF is a program of Heartland Health Outreach, not UIC, the IRB declined to approve our research. The Research Review protocol was then submitted to Heartland Alliance's Research Review Committee (RRC). The research approval process delayed our project by nearly eight months. We began data collection immediately upon RRC approval was. This process took much longer that

anticipated and we experienced loss of interest in some of our partner sites because of delayed start. Consent to participate was received from 10 sites, and screening of 125 older adults occurred between April and July 2011.

c. During the time RRC was reviewing our application, the epidemiologist compiled a listing of senior housing sites in our three target communities, and initiated work with the City of Chicago Department of Aging. We aimed to obtain their full collaboration as many Chicago area seniors use City of Chicago resources and congregate at Cit of Chicago sites. The development of the collaboration with the Department on Aging was very challenging and resulted in the project proceeding without their collaborative efforts.

d. For the Senior Smiles project, we used the existing Illinois Department of Public Health's screening tool for seniors so that Chicago data can be compared with statewide data. Our research associate and project coordinator locally managed the collected data and used the SPSS software for analysis.

2. Identify community-based sites serving older adults (>60 years old) to participate in the oral health survey project and health promotion/disease prevention intervention.

   a. Attached in the Appendix is a list of selected sites representing our three target neighborhoods, their site name, address, number of residents and their participation status. Each site director was sent an informational

packet, called a minimum of two times, and visited at least once by our project coordinator. We had a very difficult time with some sites allowing us to come in, even with explanation, offers of give-a-ways, and educational programs.

b. Each site that agreed to host our screenings was given flyers and sign-up sheets. Even though the events were promoted, participation by seniors varied greatly and was challenging.

3. Administer oral health survey to identify unmet needs and design appropriate interventions for targeted elders.

   a. By the conclusion of our data collection window, CCOHF staff and trained volunteers were able to conduct 125 surveys at selected sites utilizing the approved survey instrument in one-on-one/face-to-face interview fashion. Our licensed provider staff were able to perform the in mouth screening and provide individualized prevention education to seniors. Additionally, staff was able to help navigate many seniors to obtain needed dental services. For example, every senior that was in need a referral (did not have a dentist and was identified treatment needs) were given the name, phone number and address of a resource in the closest proximity available. CommunityHealth, a free, non-profit clinic for the uninsured was one of the main referral sites, as well as the UIC College of Dentistry. Because our data collection was unidentified data, we do not have the ability to follow-up with those screened to ensure they received care.

b. Approximately 25 non-English speaking individuals were surveyed, screened and educated in their primary language, Spanish. Most of these participants resided Humboldt Park community.

4. Conduct data analysis and prepare report for wide distribution to Chicago stakeholders.
    a. Survey results, analyzed data, and written report summarizing descriptive statistics to identify priority populations, priority settings, and prevention/treatment needs/gaps is included in the body of this report.
    b. CCOHF will disseminate Senior Smiles data report and recommendations to key oral health stakeholders through The Burden of Oral Disease in Chicago (document pending).
    c. CCOHF will present this data at a scheduled Oral Health Summit (Chicago January 27, 2012).
    d. CCOHF staff will reconvene senior work group and staff from the Illinois Department of Public Health Oral Health Division to look at local and statewide data from this project. The charge to the group will be 1) compare data (local, state and other) compile results, and consult with experts in elder care to understand needs and challenges; 2) outline strategies that will be needed to address multiple challenges to optimal oral health in seniors and 3) identify easily implemented ideas with minimal resources that will yield improvements to the current system and health status.

5. Implement appropriate oral health promotion/disease prevention interventions for seniors participating in program.
    a. Each participant screened was provided individualized oral hygiene instruction/counseling and toothbrushes/dental floss as well as any dentifrice aide needed, on an individualized basis.
    b. At each participating site, we distributed linguistically/culturally appropriate oral health promotion/disease prevention information/materials to participating sites serving seniors. Proper brushing frequency and technique were re-enforced with patients, particularly with seniors that reported or had evidence of xerostomia (dry mouth). It was not in the scope of the project to provide direct services including dental prophylaxis.
    c. All participants were screened for oral cancer. Seniors that reported or suspected to be current users of tobacco products (smoked and smokeless), were provided with information on decreasing their risk for oral cancer and dental diseases. None of the screened seniors received a provisional or screening diagnosis of oral or pharyngeal cancer. Five seniors screen were found to have other types of oral lesions and were referred to UIC College of Dentistry for thorough evaluation and follow-up care.

In Mouth Screening

The following criteria were used for the in mouth screening:

1. Oral hygiene

   - Excellent = Little or no plaque, tissue is healthy in appearance with no inflammation present
   - Good = Small amounts of plaque and slight inflammation of tissue
   - Fair = Heavy amounts of plaque with severe inflammation of the tissue, calculus is present
   - Poor = Material alba with no signs or indications that teeth are being cleaned. Gross amounts of inflammation are present with bleeding
   - Not applicable = No teeth present

2. Untreated decay

   Untreated decay was detected when a screener can readily observe two things – *A loss of at least ½ mm* of tooth structure at the enamel surface (for reference, the ball at the tip of a World Health Organization (WHO) periodontal probe is ½ mm in diameter) and brown to dark-brown coloration of the walls of the lesion.

3. Treatment Urgency:

   - Code 0 = No obvious Problem. (No problems observed)
   - Code 1 = Early dental care is needed. (Cavitated lesion without accompanying signs or symptoms, suspicious white or red soft tissue areas)

- Code 2 = Immediate dental care is needed. (Signs or symptoms that include pain, infection, or swelling)

  Those participants with no obvious dental problems observed were given a code “0”, meaning that they should receive routine dental check-ups as recommended. The screener may, however, override a Code “0” and assign a Code “1” if there was some reason it was felt that the participant needs to see a dentist sooner than their next routine checkup.

4. Referral

   - Yes = the screener recommends that the participant should be seen by a dentist for a comprehensive dental exam

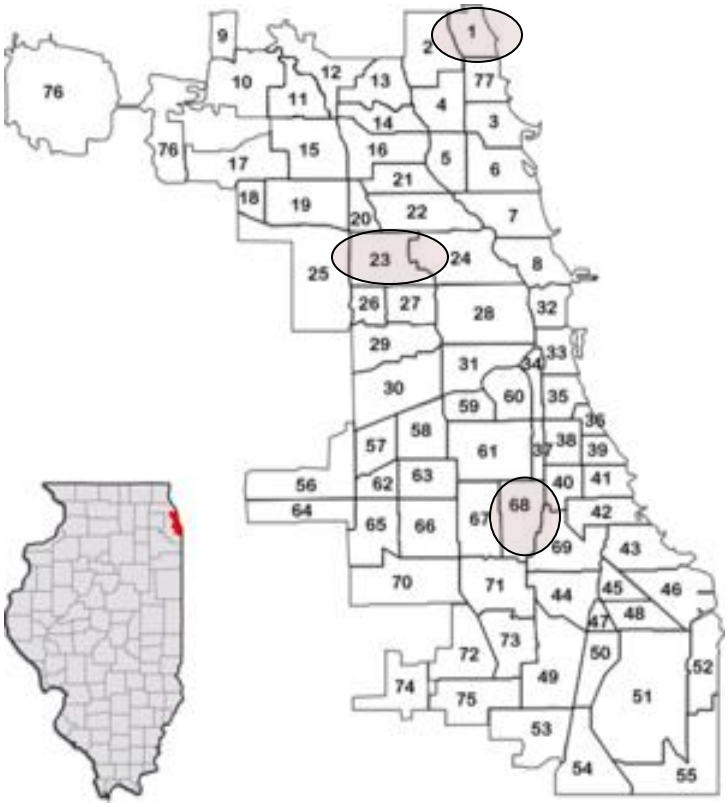
SITES DEMOGRAPHICS

Illinois is the fifth-most populous state of the United States of America. As of 2008, Illinois has an estimated population of 12.9 million. Chicago is the largest city in the state and the third most populous city in the United States, with its 2009 estimated population of 2.8 million. As per 2008 estimates Chicago is home to 22% of the total state population.

Chicago has a diverse population mix. One-third of the population is Hispanic and one-third is African-American. Fourteen percent of the population is 60 years of age or over and almost one-third of the population is under 19 years of age.

Figure 1. Chicago Community Areas

Rogers Park (1)
Humboldt Park (23)
Englewood (68)



The Englewood Community

The city of Chicago is divided in 77 communities (see fig.1). Englewood is listed as community area “68”, 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. The median family income is $21,404 and 4% of the population speaks another language than English at home. 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.

Rogers Park Community

Rogers Park is located in the North side of the city, identified as community area "1" on figure 1. 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.

Humboldt Park Community

Humboldt Park is located in the Northwest side of the city, community area "23" on figure 1. 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. The median family income is $28,728, and 46% of the population speaks another language than English at home. 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.

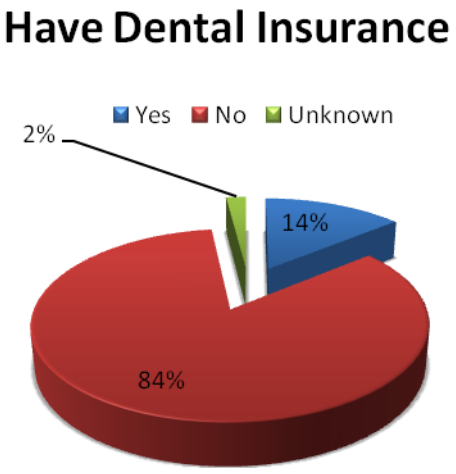
RESULTS

Ten senior facilities were visited in the three selected neighborhoods: Englewood (5), Humboldt Park (2), and Rogers Park (3). Information from 125 participants is

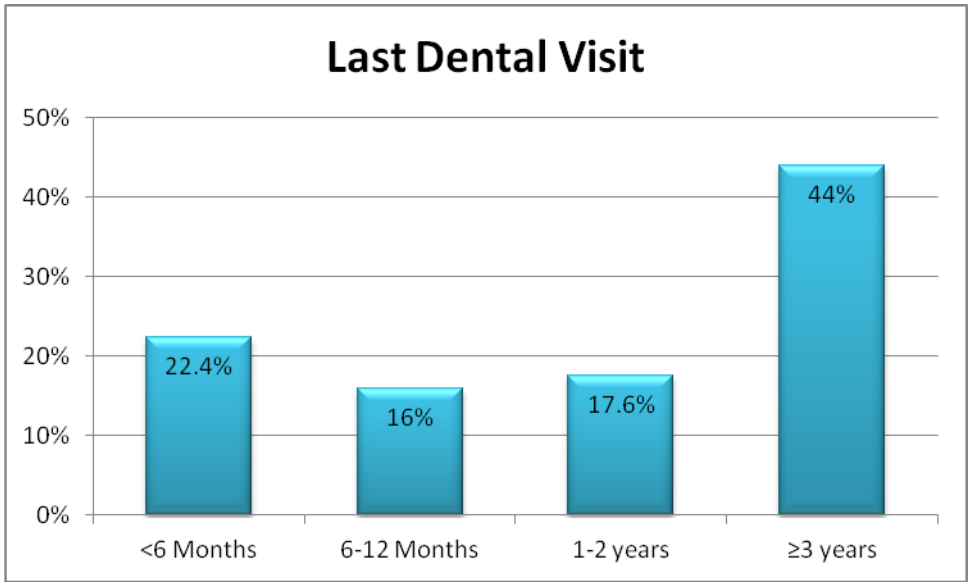
summarized in this section. The mean age of participants was almost 73 years. Sixty-six percent of the seniors screened were female, while 33% were male. Fifty-six percent of participants were identified as African Americans, 13.6% were white, and 30.4% were identified as other. All data presented in this section can be found in the Appendix Data Table.

Access and Utilization of Dental Care

Eighty-four percent of participants reported no having dental insurance as compare to 14% of seniors who reported having dental coverage.



Almost 23% of participants reported visiting the dentist less than 6 months ago, 16% between 6-12 months ago, and 44% visited the dentist 3 or more years ago. When asked for the reason of the last dental visit, 44% stated that “something was wrong” whereas 25% stated visiting the dentist for preventive services (check-up, exam or cleaning).



Self-Reported Oral Health Status

Two thirds of participants rated their oral health as good (35%) or fair (30%), while 21% reported it as poor. Almost half of seniors (44%) reported having dentures and 68.3% of respondents stated they lost their teeth due to decay (cavities). A considerable number of participants (16.3%) reported having pain in their mouth (gums, teeth or both) and nearly 19% reported having "very often" problems to eat. Problems related to salivary flow were reported as well, 20% of senior reported having "too little saliva" in their mouth.

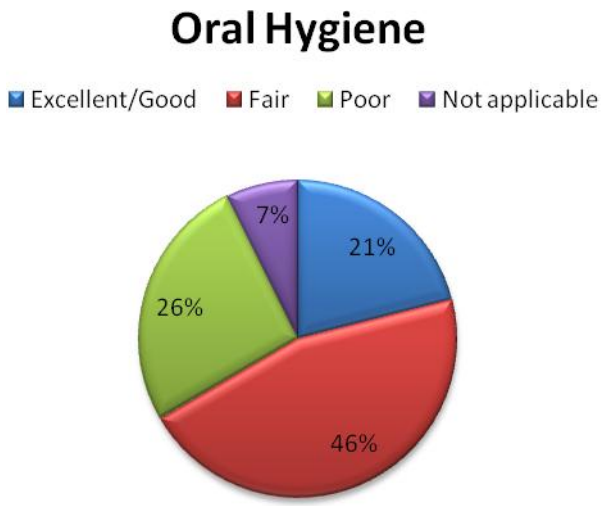
Oral Health Prevention

Regarding preventive services, just 12% of participants reported having any oral cancer screening in the last year. Most of participants (89%) reported being able to

brush their teeth without assistance and over 93% of seniors reported brushing their teeth at least once a day.

In Mouth Screening

In mouth screening reveals the average number of teeth in the maxilla (upper jaw) of participants was 6.2, the average number of teeth in the mandible (lower jaw) was 6.8.



Forty-six percent of participants were described by professionals as having fair oral hygiene and 26% noted to have poor oral hygiene.

Of those participants screened, 40.5% had untreated decay. Seventeen percent of the sample required “urgent” treatment needs, indicating pain, swelling, and/or infection. Early dental care was identified for 47.5% of the sample and 35% were identified as having no observable problems. More than half of participants (55.4%) required referrals to see a dentist for the treatment of a specific dental issue or need for comprehensive evaluation.

DISCUSSION

This project used a valid, reliable screening tool to collect the in mouth information, it also utilized calibrated of professionals to record the self-reported and clinical findings. The methodology yielded valuable data from Chicago seniors the age of 60 years and older. Forty-four percent of seniors had not had an oral health visit for three years or longer; 21% described their own oral health status as poor; 19% reported that they had problems eating “very often”, 16.3% reported having pain in their mouth (gums, teeth or both); 40.5% had untreated dental decay and 55.4% of participants required urgent or routine follow up care, the average number of natural teeth in our study population is 13, much lower than the national average number of 19, and 44% reported having dentures in maxilla (upper jaw), mandible (lower jaw) or both.

According to an analysis of the U.S. Census Bureau, one in 5 Chicago residents was without health insurance in 2009, a figure that puts the city higher than the national average (16.7%) of those without medical coverage. There were more than 550,000 uninsured people – or 19.7% of the population in the city of Chicago. The situation is even worse for dental insurance coverage for seniors. In our survey group, 84% reported having no dental insurance and thus any oral health services would have to be paid through their personal own funds, if any. Many seniors’ access and pay for medical services through the Medicare program, unfortunately, the Medicare program does not cover routine oral heath services.

One’s perception of oral health status helps determine the knowledge, health priority, attitudes and beliefs toward oral health care. Eating problems occur in older

adults when there is pain in teeth, teeth that are loose, too many missing teeth, or ill-fitting dentures. Caries (cavities) and periodontal disease (diseases of the dental support structures) are both almost completely preventable diseases in the mouth, and oral cancer treatment outcomes are much better if detected and treated early. However, limited access to oral health services limits access to prevention services. When an individual prevention plan is not in place, it can lead to severe dental decay, gum disease, oral pain that can limit function, tooth loss, and complications from oral cancer.

Oral cancer screenings are simple and can be done by a physician or dentist. African American adult males have the highest incidence oral cancer and highest mortality rate of oral cancer than any other population. Of our screening population, 85% report that they have not had oral cancer screenings.

Many older adults take multiple medications to control chronic health conditions such as high blood pressure, diabetes, cardiac disease and others. Xerostomia, or dry-mouth, is a common complication in older adults and is a side effect of many commonly used medications. Xerostomia can add to the increased risk of caries and other oral complications.

Proper personal prevention practices are the most cost-effective way to prevent common oral diseases. In older adult population, mobility and health issues sometimes prevent one's ability to carry out these straightforward practices. Mobility concerns did not seem to be of issue in our screened population where most of participants (89%)

reported being able to brush their teeth without assistance and over 93% of seniors reported brushing their teeth at least once a day.

The next steps for advocacy for improved oral health in seniors is using the data collected here and adding it to the Chicago Burden of Oral Disease document. The Chicago Burden of Oral disease document, to be released later this year, is structured for advocacy and a data source document for a varied audience including CDPH administration, private foundations, private professional societies, non-oral health professionals, policy makers and others. The Chicago Community Oral Health Forum is hosting an oral health summit on January 27, 2012 where we plan on highlighting the Burden of Oral Disease in Chicagoans and using elements of this document for discussion and strategy.

A noted limitation of this study is that we did not collect information regarding the ethnicity of participants.

RECOMMENDATIONS

1. Older adults have a difficult time identifying dental providers, and not seek dental care even when experiencing oral pain. We noted that most of the seniors that participated in this program were under the care of a primary care physician. Education of primary care providers on the importance of periodic dental examinations is as important as recommending that they follow through on treatment recommendations. Even when seniors are motivated to seek care, there are few places that provide affordable care for the dentally uninsured.

2. Older adults have a more difficult time navigating the oral health system and thus accessing care. Sharing information access point information in neighborhoods is an important way for seniors to obtain care. Providing an accurate list of dental providers in their community that accept insured, uninsured and those that provide affordable care would address many of the information requests that we received. Many report that they just don't know where to go for care. There were many instances where seniors asked "but where can I go?", "Can you see me?"
3. Education of seniors on proper care of teeth, both natural and prosthetic is needed. Providing educational resources to senior centers, senior housing and nursing homes is necessary and should continue. We need to mitigate the effect of longer life span has on the increased level of oral disease experience. As the senior population increases, we need systematic, broad based prevention strategies specific to the senior population to prevent catastrophic amounts of disease progression.
4. Advocate that policies in Medicare, Medicaid and supplemental insurance programs cover much needed and cost effective oral health treatments for covered beneficiaries.

FINANCIAL REPORT

Line Item	Support from other grants	Amount Requested from RRF	Actual Expenses to RRF Funds
Personnel- Coordinator	.2 FTE= $7,000	$0	$0
Epidemiologist/ Evaluation Specialist and staff	$0	$11,700	$14,302
Project Director	.1 FTE= $6,500	$0	$0
Supplies (toothbrushes, toothpaste, masks, gloves, mirrors, hand sanitizer, office supplies)	In-Kind = $437.50	$123	$112
Other Site Fees and Expenses	$0	$1,200	$487
Printing and Postage	$0	$1,000	$0
Accounting	$0	$700	$23
Indirect Costs	$0	$1,470	$1,076
Total	**$14,405.50**	**$16,192.50**	**$16,000**

Budget Narrative

Epidemiologist/Evaluation Specialist and staff: contributed to the development of the survey instrument, compiled/analyze survey results and were instrumental in the preparation of the final report that summarizes findings. The project shifted some of the costs initially projected to be paid through Independent Contractor arrangement to internal staff cost (due to availability of expertise within organization).

Supplies: The supplies listed are needed to conduct the screening and provide oral health supplies to the seniors participating in the survey/screening, including copies of oral health materials, referral lists etc.

Other Site Fees and Expenses: These costs include site fees, if any, employee business expense reimbursements for travel, parking or other site costs.

Accounting and Indirect costs: include payroll, contract processing, insurance and audit fee.

APPENDIX

Screening Form

Illinois Department of Public Health Participant Name_____
Smile Over Time Oral Health Assessment 2009-2010

__/__/____ Screening Date (mm/dd/yyyy) | Faculty | Participant ID#

Site | County

Participant's Age: ____

Gender: ☐ Male ☐ Female

Race (check all that apply):
☐ White
☐ Black/African American
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaskan Native
☐ Unknown
☐ Multiracial

Do you have a dentist you visit every year? ☐ Yes ☐ No

Do you have dental insurance? ☐ Yes ☐ No ☐ Unknown

If yes, type of insurance: _____

Last visit to dental office or with a dentist at the facility:
☐ <6 months ☐ 6-12 months ☐ 1-2 years ☐ 3-5 years ☐ >5 years ☐ Unknown

What was the reason for your last dental visit?
☐ Check-up, exam or cleaning ☐ Something was wrong (bothering, hurting) ☐ Treatment ☐ Other

Do you have dentures? ☐ Yes ☐ No ☐ Unknown
If yes, do you wear your dentures during the day? ☐ Yes ☐ No ☐ Unknown

Have you lost any teeth due to decay? ☐ Yes ☐ No ☐ Unknown

Have you had an oral cancer screening within the last 12 months? ☐ Yes ☐ No ☐ Unknown

Is the participant cognizant of the questions being asked? ☐ Yes ☐ No (If no, skip to In Mouth Screening)

How would you describe the condition of your gums and teeth? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Do you have any pain in your mouth/gums/teeth? ☐ Yes ☐ No ☐ Unknown
If yes, where? ☐ Teeth ☐ Gums ☐ Other

Have you experienced bleeding gums within the last week? ☐ Yes ☐ No ☐ Unknown

Do you have problems eating or chewing? ☐ Never ☐ Hardley Ever ☐ Sometimes ☐ Fairly Often ☐ Very Often

Does the amount of saliva in your mouth seem to be -- ☐ Too Little ☐ Too Much ☐ Have not noticed

Are you able to brush your teeth? ☐ Yes ☐ Yes, with assistance ☐ No ☐ Unknown

How many times per day are your teeth brushed? ☐ Less than daily ☐ Once a day ☐ Twice a day ☐ 3x or more per day

In Mouth Screening

Oral Hygiene: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Applicable

Untreated Decay: ☐ Yes ☐ No **Suspicious Oral Lesions:** ☐ Yes ☐ No

Number of Natural Teeth Present: Maxillary____ Mandibular____

Dentures: ☐ Yes ☐ No ☐ Full Maxillary ☐ Full Mandible ☐ Partial Maxillary ☐ Partial Mandible

Treatment Urgency: ☐ 0 - No obvious Problems ☐ 1 - Early Dental Care ☐ 2 - Immediate Dental Care

Referral: ☐ Yes ☐ No

Comments:_____

Senior Site Information

Neighborhood	Name of the Site	Address	Contact Person	Type of facility	Number participants in a day	Days best for screening	Willingness to Participate
Englewood	Catholic Charities		Denise King	Senior Daycare Center	70-100	Tuesday/Thursday	yes\16
Englewood	Ada S. Niles Senior Center	653 W. 63rd Street, Chicago, IL 60621 Phone: (312) 745-3307 or (312) 745-3328	Denise King	Senior Daycare Center			
Englewood	Alden Princeton Rehab & HCC	225 West 69th St, Chicago IL60621 (773-224-5900)	Donika Erving	Nursing home and Rehab center	225		no
Englewood	Bethel Terrace	900 W. 63rd. Parkway Chicago IL 60621 (773-873-8703)	Nia Goodwin	Senior Living Apts.	122		yes\15
Englewood	Greencastle Of Englewood	6344 S. Peoria St.Chicago Il 60621	Lilian Carter	Senior Living Apts.	60		no
Englewood	Tolton Manor	6345 S. Stewart Ave.Chicago IL,60621 (773-783-7800)	Service Coordinator Toshia	Senior Living Apts.	80		yes\14
Englewood	Major Lawrence Ats.	655 W. 65th St.Chicago IL 60621 (773-602-9042	C. Lewis	Senior Living Apts.	193		no
Englewood	Yale Apts.	6401 S. Yale Ave. Chicago Il, 60621 (773-783-85230	LaVergne Carter	Senior Living Apts.	224		no
Rogers Park	Arbour Health Care Center	1512 W. Fargo, Chicago, IL 60626 (773-465-7751)	Debra Patty	Health Care Center	99		no

Humboldt Park	Senior Suites of West Humboldt Park	3656 W. Huron Chicago IL 60624 (773-638-0333)	Glender Howard	Senior Living Apts.	88		no
Humboldt Park	Elizabeth Davis Apts.	440 N. Drake Chicago Il 60624 (773-826-5148)	Tuesday Oliver	Senior Living Apts.	149		no
Humboldt Park	Casa Central	1343 N. California 4th floor, Chicago IL 60622 (773-645-2485)	Oli Soto	Community Center	80-100		yes\25
Humboldt Park	Woodbridge Nursing Pavilion	2242 N. Kedzie, Chicago IL 60647 (773-486-7700)		Nursing home and Rehab center	222		no
Rogers Park	Sherwin Manor Nursing Home	7350 Sheridan Rd. Chicago IL 60626 (773-274-1700)	Abe Osina	Nursing home and Rehab center	219		no
Rogers Park	Gateway Centre Apts.	7450 N. Rogers Ave. Chicago IL 60626 (773-743-3699)	Renee Burton	Senior Living Apts.	120		no
Rogers Park	Birchwood Plaza	1426 Birchwood Chicago IL 60626 (773-274-4405)	Abraham Schiffman	Nursing home and Rehab center	200		no
Rogers Park	Lakefront nursing & Rehab Center	7618 N. Sheridan Rd. Chicago IL 60626 (773-973-7200)		Nursing home and Rehab center	313		no
Humboldt Park	Squire's Sheltered Care Home	2601 N. California, Chicago IL 60647 (773-278-5300)		Nursing home and Rehab center	37		no
Rogers Park	Waterford Nursing Home & rehab	7445 N. Sheridan Rd. Chicago,IL 60626 (773-338-3300)		Nursing home and Rehab center	141		no
Rogers Park	Ridgeview Rehab & Nursing Center	6450 N. Ridge Ave.Chicago, IL 60626 (773-743-8700)		Nursing home and Rehab center	99		no

Rogers Park	Lake Shore Healthcare & Rehab Center	7200 N. Sheridan Rd.Chicago IL 60626 (773-973-7200)		Nursing home and Rehab center	267		no
Rogers Park	Clark Manor CNV Center	7433 N. Clark St. Chicago IL 60626 (773-338-8778)		Nursing Home	267		
Rogers Park	Atrium Health Care Center	1425 W. Estes Ave. Chicago IL 60626(773-973-4780)		Nursing Home	160		yes\12
Rogers Park	Morningside Court	1250 W. Morse Ave. Chicago IL 60626 (773-761-1900)	Geri McMahon	Senior Living Apts.	171		no
Rogers Park	Sheridan & Devon Apts.	6400 N. Sheridan Chicago Il 60626 (773-743-7273)	Minaoxi Shah	Senior Living Apts.	450		no
Rogers Park	Plaza on the Lake	1426 W. Birchwood Ave. Chicago Il 60626 (773-743-7600)		Senior Living Apts.	98		no
Rogers Park	Nathalie Salmon House	7320 N Sheridan Chicago Il 60626 (773-262-3308)		Senior Living Apts.	54		no
Rogers Park	Morse Senior Apts	1528 W. Morse Ave. Chicago IL 60626 (312-602-6200)		Senior Living Apts.	57		no
Humboldt Park	Los Veinos	4250 W. North Ave. Chicago, 60639		Senior Living Apts.			yes\2
Rogers Park	Senior Center	4025 N. Sheridan Chicago		Senior Center			yes\9
Englewood	Antioch Haven Homes	420 W. 63rd. St., Chicago		Senior Living Apts.			yes\3
Englewood	Catholic Charities	6718 S. Racine, Chicago		Senior Living Apts.			yes\7

Data Table: Chicago Senior Smiles Basic Screening Survey, 2011

(n=125)		
Variables	**Number**	**Percent**
Demographics		
Neighborhood		
Englewood	56	44.8
Rogers Park	42	33.6
Humboldt Park	27	21.6
Sites		
Antioch Haven	3	2.4
Brandon	8	6.4
Englewood Senior Center	15	12
Bethel	15	12
Tolton	15	12
Senior Health Fair	23	18.4
Howard Community Center	9	7.2
Atrium	10	8
Casa Central	25	20
Los Vecinos	2	1.6
Gender		
Male	39	33.6
Female	77	66.4
Race		
White	17	13.6
African American	70	56
Others	38	30.4
Access/Utilization of Care		
Visit dentist		
Yes	35	28
No	105	84
Have dental insurance	17	
Yes	17	13.6
No	105	84
Unknown	3	2.4
If yes, type of insurance		
Blue Cross Blue Shield	1	
Humana	1	
Medicaid	1	
Medicare	6	

Mediplan	1	
Last dental visit		
<6 months ago	28	22.4
6-12 months	20	16
1-2 years	22	17.6
≥3 years	36	28.8
Unknown	19	15.2
Reason for dental visit		
Check-up, exam, cleaning	30	25.2
Something was wrong	52	43.7
Treatment	26	21.9
Other	11	9.2
Self-reported Oral Health Status		
Rating oral health		
Excellent/Very good	17	14.1
Good	42	35
Fair	36	30
Poor	25	20.8
Have dentures		
Yes	55	44.4
No	69	55.6
If yes, do you were dentures?		
Yes	27	87.1
Lost teeth due to decay		
Yes	84	68.3
No	36	29.3
Unknown	3	2.4
Have pain		
Yes	20	16.3
No	101	82.1
If yes, where		
Teeth	7	43.8
Gums	8	50
Both	1	6.2
Bleeding gums		
Yes	17	13.8
No	106	86.2
Problems eating		
Never	78	63.4
Hardly ever	5	4.1
Sometimes	10	8.1
Fairly often	7	5.7
Very often	23	18.7
Amount of saliva		

Too little	24	20.3
Too much	13	11
Have not notice	81	68.6
Oral Health Prevention		
Oral health screening last year		
Yes	15	12.1
No	106	85.5
Unknown	3	2.4
Able to brush		
Yes	106	89.1
Yes, with assistance	2	1.7
No	8	6.7
Unknown	3	2.5
Brushing times		
Less than daily	6	5.4
Once a day	38	34.2
Twice a day	53	47.7
3 times or more	14	12.6
In Mouth Screening		
Oral hygiene		
Excellent/Good	26	21.1
Fair	56	45.5
Poor	32	26
Not applicable	9	7.3
Untreated decay		
Yes	47	40.5
No	69	59.5
Suspicious lesions		
Yes	5	5.8
No	81	94.2
Have dentures		
Yes	53	44.9
No	65	55.1
If yes, type of denture		
Full maxillary	13	10.4
Partial maxillary	4	3.2
Partial Mandible	4	3.2
Full max – Full mand	18	14.4
Full max – Partial mand	5	4
Partial max – Partial mand	8	6.4
Treatment Urgency		
No obvious problem	42	35
Early dental care	57	47.5

Immediate dental care	21	17.5
Referral		
Yes	56	55.4