



Oral Health in Champaign- Urbana, Illinois

- Prepared by -

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- For -

The Illinois Department of Public Health
Division of Oral Health

- June 2007 -



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Special Thanks

A special thank you to Ann Roppel, Illinois Department of Public Health, Division of Oral Health, for her guidance and endless patience through the needs assessment process.

Thank you to Jeffery Erdman, Debra Fruitt, and Patricia Robinson of Champaign-Urbana Public Health District for their skillful editing.

Thanks also to Lori Holmes, Champaign-Urbana Public Health District, for providing the artistic design of this report.

EXECUTIVE SUMMARY

This report is a summation of a great deal of effort on the part of the Champaign-Urbana Public Health District, and our many committed community partners. Throughout this document, information related to dental services was extrapolated from other community and statewide surveys. When one begins the process of a needs assessment, the needs are not always evident. In the case of oral health in Champaign-Urbana, however, the needs were painfully obvious for a very long time--lack of affordable and accessible dental care. After the start of the formal needs assessment process, the problem became even more severe as the last two dentists in the community stopped accepting new clients with Medicaid.

During the time of this current assessment, the need in Champaign-Urbana for affordable, accessible dental care became so acute that immediate action was not only warranted, but a moral obligation. This assessment process was delayed while the Champaign-Urbana Public Health District and community partners from the Assessment Committee developed strategies to address the access of care issue.

The following health needs were identified: among babies, preventative care. Among children: injury, dental caries, infection, and misalignment of teeth. Among senior citizens, chronic health problems such as diabetes, heart disease, pulmonary diseases, physical and mental limitations and poor nutrition were all identified as health needs that contributed to poor oral health. In adults: dental



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caries, infection, chronic periodontal disease, no teeth, pain, and oral hygiene issues were identified as the pressing needs, with poor diet, lack of transportation, lack of access to dental services, and diversity of the population as contributing factors. Specifically for seniors, a need for extractions, preventative care, and dentures was listed as priorities.

For persons with disabilities, immune-suppressed patients were identified as having serious oral health problems.

There was consensus among the Needs Assessment Advisory Group members that the only way that Champaign-Urbana can address the problems of oral health is through collaboration. Champaign-Urbana has vast resources, altruistic citizens, plenty of dental professionals, and creative, flexible agencies. What is lacking is the leadership to marshal all of the resources together to meet the needs of the community. It is the intention of Champaign-Urbana Public Health District to step forward and provide that leadership.

It was evident from the partnerships that developed through the Needs Assessment process that the interest is there. The Advisory Group Members have stated that they would like to continue to meet. CUPHD will provide the space and support to make this happen. Regular meetings with all interested parties are the best way to make sure that the work completed by the Needs Assessment Work Group is not wasted. Through continuous communication, evaluation, and revision of the Oral Health Plan for Champaign-Urbana, the Advisory Group can assure that oral health remains a priority.



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PURPOSE

The Illinois Department of Public Health (IDPH), in response to *Healthy People 2010* and to the U.S. Surgeon General's report, *Oral Health in America*, developed the *Illinois Oral Health Plan (IOHP)*. That document was updated in 2006, and the final revised report was released to the public in January 2007. This report, *Oral Health in Champaign-Urbana*, is meant to provide a local perspective on the issues identified in these previous reports.

As a recipient of funding from the Illinois Department of Public Health's Division of Oral Health, the Champaign-Urbana Public Health District has taken the lead in the needs assessment of oral health in Champaign and Urbana. The Champaign-Urbana Public Health District has a Division of Oral Health which provides prophylactic, restorative, and sealant services to children and a limited number of adults in Champaign and Urbana. The last assessment of oral health was conducted in 1996. The current assessment utilized guidance from the Illinois Department of Public Health, which was based on *Assessing Oral Health Needs: ASTDD Seven Step Model*.

ASTDD, The Association of State and Territorial Dental Directors, created a four-step model which includes: Step 1-Assessment; Step 2-Planning; Step 3-Implementation; and Step 4-Evaluation. This report is organized into the four steps for ease of use.



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COMMUNITY PARTICIPATION

The response for the Champaign-Urbana community to participate in this needs assessment process was overwhelming. The following is a list of the Advisory Committee members. The Champaign-Urbana Public Health District would like to acknowledge and thank each one for their ongoing interest and participation in addressing the dental access crisis in Champaign-Urbana, Illinois.

Oral Health Professionals

Dr. J. Barry Howell, Community Dentist

Dr. Chifan Cheng, Community Pediatric Dentist

Laura Ehmen, Community Dental Hygienist

Dr. James Wahl and Dr. Yu-hsien Mandy Huang, Community Health

Agency Dentists at the Champaign-Urbana Public Health District

Dr. Thomas Fonner, Oral and Maxillofacial Surgeon

Schools of Dentistry and Dental Hygiene

Linda Kaste, University of Illinois at Chicago's College of Dentistry

Mary Emmons, Parkland Community College Dental Hygiene Program

Dhara Patel, University of Illinois at Urbana-Champaign, Pre-dental

Student

Educational Programs

Fred Clarke, Champaign Unit #4 Schools

Sandy Martin, Urbana Schools



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Susan Farner, PhD, University of Illinois, Department of Community

Health

Veatrice Williams, Family Information Center, Champaign Schools

Allied Health Agencies and Programs

Brandon Meline, Director, Maternal and Child Health, which includes the

Women, Infant, and Children (WIC) program, the Champaign-Urbana

Public Health District

Denise Novak, Division of Specialized Care for Children, University of

Illinois at Chicago (Champaign Regional Office)

Debra Fruitt, Director of Chronic Disease Prevention and Health

Promotion, Champaign-Urbana Public Health District

Gary Dunn, Program Coordinator, East Central Illinois HIV Care

Consortium, Champaign-Urbana Public Health District

Julie A. Pryde, Acting Public Health Administrator, Champaign-Urbana

Public Health District

Sandy Martin, RN, Urbana School Nurse

Sheri Ervin, Regional Community Benefit Coordinator, Provena Covenant

Medical Center

Allen Rinehart, Director of Emergency Department, Carle Foundation

Hospital

Pat Babich-Smith, Family Service Center, Senior Services



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Claudia Lennhoff, Champaign County Health Care Consumers

Awais Vaid, Epidemiologist, Champaign-Urbana Public Health District

Cassie Montoya, Mental Health Center of Champaign County



STEP 1 — ASSESSMENT

Needs Assessment Goals

Assessment is defined in public health as, “the regular collection, analysis, interpretation, and communication of information about health conditions, risks and assets in a community” (Institute of Medicine, 1997). To begin this process related to assessing the community’s oral health needs, the Champaign-Urbana Public Health District first assembled a community advisory panel (participants previously listed). This group met, in person, two times over the course of the year. In between meetings, members provided information, reports, guidance, and responses to questions related to this report.

One of the first tasks of the Advisory Group was to complete a worksheet designed to determine what each member hoped to accomplish through participation in the needs assessment process. A total of 12 advisory group members responded to the worksheet. The majority of the group hoped that the process would help build a constituency for oral health issues in Champaign and Urbana. Almost as many hoped the group would help them network with other programs, agencies, and organizations. Another reason for participation included the desire to establish baseline data, increase the visibility of oral health programs within the agencies, target resources to specific populations, and educate decision makers.



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Less important to the participants were those issues that dealt with grant requirements or scholarly research. Some reported that they hoped to be able to update existing data, evaluate existing programs, generalize findings to target populations, or collect valid/reliable data in a timely fashion.

Participants in the Advisory Group reported the least interest in participating to fulfill grant requirements, justify a budget, or fulfill expectations of a local governing body. These findings are consistent with the breakdown of participants. Only the Oral Health Division at the Champaign-Urbana Public Health District had an obligation to participate due to the requirements of a funding agency. The rest of the group, along with CUPHD's Division of Dental, chose to participate to make a positive difference in the oral health crisis in the community. It is evident that participants understand that a problem as large as the one facing persons without access to affordable dental care will take a coalition of agencies and individuals to solve. This cannot be done in isolation.

Developing the Assessment Plan

Oral Health Status

The goal for Illinois is to reduce the percentage of children ages 2-4 with untreated tooth decay down to 9% by 2010; the percentage of children in third grade (ages 6-8) with untreated tooth decay down to 21%; and the percentage of adolescents with untreated tooth decay down to 15%.



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Another Illinois goal for 2010 is to reduce the percentage of children who have had a dental caries experience down to 11% in 2-4 year olds; 42% in third graders, and 51% in adolescents. Currently Champaign-Urbana, according to data provided by the Illinois Department of Public Health, does not meet these goals.

The percentage of children needing urgent dental treatment in Illinois is 4%. In Illinois, the percentage of children with Early Childhood Caries (ECC), formerly known as Baby Bottle Tooth Decay, is 33%. Two and one-half percent of children in Illinois suffer oral injuries, and 21% have fluorosis.

In the adult population, 29% of Illinois adults have had between one and five teeth extracted because of dental caries or periodontal disease. Eleven percent of Illinois adults have had six or more teeth extracted for the same reasons (IDPH, 2006).

In the senior population (65 years of age and older), 5% have had all of their natural teeth extracted. The Illinois rate of oropharyngeal cancer is 16.1 in 100,000 men, and 5.9 per 100,000 women. Only 36% of these cancers were diagnosed at the earliest stages.

Risk Reduction

One of the biggest protective factors against dental caries in Champaign-Urbana is the water fluoridation system. In Champaign-Urbana, which has a total combined population of more than 184,000, more than 95% (95.7%) of people drink fluoridated water. Illinois American Water Company, which serves



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Champaign and Urbana, has had perfect compliance with recommended levels for fluoride levels, for the past 21 years (Illinois Environmental Protection Agency, *Digester/Over the Spillway*, Vol. 64-No. 2, and summer 2005). Water fluoridation costs an average community about fifty cents per person, per year, to provide fluoridated drinking water.

Dental Sealants are also an inexpensive prevention for dental caries of the premolars and permanent molars. By the year 2010, Illinois would like to see at least 50% of children with a sealant on one or more premolar or permanent molar teeth. Currently Illinois has 27% of children with sealants. Champaign-Urbana has 37%.

Systems Development/Access

Champaign and Urbana have a total of 98 practicing dentists and 119 dental hygienists. This is a ratio of one dentist for every 1,887 persons in Champaign and Urbana, and a ratio of one dental hygienist for every 1,554 citizens. While Champaign and Urbana have plenty of dentists, there are very few who accept Medicaid as payment for services. According to a report published by the Division of Specialized Care for Children, dental access is a crisis for children with special needs as well. Services are also difficult for seniors and adults with developmental disabilities to obtain. Seniors with Medicare lack access to affordable services. Adults in Champaign-Urbana who have Medicaid due to their developmental disabilities will encounter the same difficulty finding providers who accept that as payment.



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According to a report published in 2007 by the Champaign County Health Care Consumers (*Oral Health and Dental Access in Champaign County*, February, 2007) their Consumer Health Hotline receives, on average, over 400 calls per month, and over half of those calls are from consumers seeking access to affordable dental care or dental providers who will accept Medicaid.

It is apparent from a review of the local hospital data that persons in Champaign and Urbana are seeking dental care in the emergency departments. This is the least cost-effective way to provide oral health services. Provena Covenant and Carle Foundation hospitals provided Champaign County Health Care Consumers with oral health outpatient data from their emergency departments for the calendar year 2005. The following table is taken from Champaign County Health Care Consumer's 2007 report.

Carle Foundation Hospital – Oral Health Outpatient Visits to Emergency Department-2005

- Total number of cases in 2005: 1,022
- Average number of cases per month: 85.2
- Total cost for 2005: \$150,758 (in cost, not charges)
- Average cost per case: \$148 (cost to hospital; charges to patient are higher)
- Breakout by payor:
 - Cash; no insurance: 338 (33% of total)
 - IPA (Medicaid): 424 (41% of total)
 - All others: 260 (25.4% of total)

Provena Covenant Medical Center – Oral Health Outpatient Visits to Emergency Department-2006

- Total number of cases in 2006: 837
- Average number of cases per month: 69.75
- Total cost for 2006: \$167,107 (in cost, not charges)



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- Average cost per case: \$199.65
- Breakout by payor:
 - Cash; no insurance: 323 (35.9% of total)
 - IPA (Medicaid): 354 (38.2% of total)
 - All others: 160 (25.8% of total)

Other than the hospital emergency departments, only the Champaign-Urbana Public Health District accepts Medicaid for payment of dental services for new clients. For adults, this means a very limited number of slots are available. While Champaign has a Federally Qualified Health Center (FQHC), in Frances Nelson Health Center, it does not offer dental services. The Champaign-Urbana Public Health District currently has two full-time dentists, three full-time dental hygienists, and two full-time dental assistants. CUPHD operates seven full service operatories—five at the new Kenyon Road Facility in Champaign and two out of the Urbana School-based Health Center. In addition to the fixed-site location, CUPHD also has two portable dental units, complete with hydraulic dental chairs, which are used to provide outreach service in the schools of Champaign and Urbana.

Survey of WIC Clients at CUPHD (2007)

In April of 2007, students from the University of Illinois' Division of Community Health conducted a 10-item survey of clients of the WIC program, operated out of the Champaign-Urbana Public Health District. The purpose of the survey was to collect data from women with children who qualify for the WIC program (incomes of less than 185% of the Federal Poverty Level). As



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participants in the WIC program, these women are required to come to CUPHD at least once every two months to receive their WIC food coupons. Because they qualify for WIC, the children will also qualify for Illinois' *All Kids* health insurance (Medicaid). Not all of the women, however, had access to health insurance or dental insurance.

A total of 46 women were interviewed. The survey was designed to determine their access to, and use of, dental care in Champaign and Urbana. Nearly 46% (n=21) reported that they had visited a dentist less than one year ago.

Thirty-nine percent (n=18) stated that they had visited a dentist five years ago, and 13% (n=6) reported that they visited a dentist 10 years ago. One of the women surveyed reported that she had never been to a dentist.

Over 58% (n=27) reported that they or their families did not have any kind of dental coverage. Just over 39% (n=19) reported that they did have dental coverage. Of the 58% of the persons who reported access to dental coverage, nearly 46% stated that they had trouble finding a provider who accepts this coverage.

Anecdotal information suggests that children have an easier time receiving dental care in Champaign and Urbana because the Champaign-Urbana Public Health District readily accepts *All Kids* and Medicaid as payment for dental services. Adults have the most difficult time receiving necessary dental care. This information is consistent with information gathered by Champaign County



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Health Care Consumers, in their report, *Oral Health and Dental Access in Champaign County* (February 2007). The report states that over 20,000 persons or 11.4% of Champaign County's population rely on Medicaid for their health and dental insurance coverage. Additionally, another 55,000 (29% of the Champaign County's non-elderly population) are uninsured. The elderly who rely on Medicare as their only form of health insurance also find themselves uninsured for dental services.

What is evident from this survey is that the people interviewed want dental care for themselves and their families. It is not a lack of interest or a lack of understanding of the importance of dental care that keeps the people of Champaign-Urbana from utilizing dental care services. It is a lack of access and affordability that keeps them from care. Over 82% of those surveyed reported that dental care is either important or very important to them and their families. Nearly 96% of those surveyed reported that they would utilize dental care for themselves and their family if they had access. When asked what would prompt them to go, just slightly over 76% stated that pain or concerns with hygiene would prompt them to visit a dentist.

Over 95% of those surveyed reported that they thought they and their families knew how to properly take care of their teeth. Over 97% also reported that they have a toothbrush. Over 95% reported that they had access to toothpaste, but only 43.5% reported that they had dental floss. Nearly 61% reported that it would be helpful if public health provided them and their families



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with a toothbrush, toothpaste and dental floss. Only 32.6%, however, reported that they or their family members would be interested in a demonstration on how to properly care for their teeth.

Behavioral Risk Factor Surveillance System (BRFSS)

The following information was reported in the *Champaign County Community Health Plan* (2006). The Behavioral Risk Factor Surveillance System is a telephone survey that targets a representative sample of people in the community. State health departments regularly conduct the surveys using standardized questionnaires. The surveys are designed to reveal the health risks and health-related behaviors of adults living in a community or in particular groups within the community. This survey was conducted explicitly for Champaign County.

The 2004 BRFSS used data collected from 400 randomly selected adults aged 18 and older. The survey had questions related to dental care and access to dental services. Although the surveys are useful tools they are not perfect measures of health trends or outcomes.

The oral health needs of respondents are worrisome, but the disparity in access to care between whites and non-whites is even more disturbing. Over 25% of non-white respondents reported that they had not seen a dentist in two years or ever, compared to 13% percent of whites.

Non-whites were more likely to report that they could not afford a dentist in the past year even when they needed to see one (36.6% versus 22.7% of whites).



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They were less likely to have dental insurance (49.7% compared to 40.8% of whites). They were less likely than whites to have read about cancers of the mouth (80.1% had not versus 65.1% of whites). They were also less likely than whites to have had their teeth cleaned by a dentist or dental hygienist (47.6% of non-whites reported that they last had their teeth cleaned more than a year before, or never, as compared to 32.7% of whites).

Division of Specialized Care for Children 2005 Needs Assessment

In 2004 and 2005, the Division of Specialized Care for Children of the University of Illinois-Chicago (UIC) contracted with the Survey Research Office to conduct a Healthcare Needs Survey of families who have children with special healthcare needs. A total of 4,333 completed and unduplicated questionnaires had been returned. A total of 376 surveys were returned from Champaign County (response rate of 47.6%). There were several questions asked about dental care. The responses follow.

A section of the questionnaire titled, “Community Health Access”, focused on the need for, and use of, 21 different kinds of health-related services. Dental care was one of the items assessed. Participants were asked if their child needed dental care (checkups, fillings). Then they were asked, “If the service was needed, did you use it?” Participants were then asked how far they had to travel to receive the dental service.

Of the 4,140 respondents of the DSCC sample, dental care was the service with the highest unmet need. A total of 63.5% reported that their child



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needed dental care, but only 53.4% reported using the service. This represented an unmet need of 8.6%. Of the 191 in the sample who receive SSI (Supplemental Security Income), dental care had an unmet need of 7.3% (39.3% total need and 30.9% need/use).

Of the parents who responded to the surveys (n=4,140) 11.1% reported that they needed assistance “often” finding routine dental care. Another 20.6% reported that they “sometimes” needed assistance finding routine dental care, and 15.5% reported that they “rarely” needed assistance finding routine dental care.

Slightly more of the SSI sample reported problems accessing care. Of the parents who responded to the surveys (n=191), 16.7% reported that they needed assistance “often” finding routine dental care. Another 22% reported that they “sometimes” needed assistance finding routine dental care, and 15.2% reported that they “rarely” needed assistance finding routine dental care.



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STEP2 -- PLANNING

During the second meeting the Advisory Group separated into four interest groups to review data. The groups selected were: Children (including infants and prenatal), Senior citizens, Adults, and Persons with Disabilities. Each group worked together to define the health problem, risk factors, contributing factors, corrective actions, and proposed community organizations to provide and coordinate needs, and evaluation plans. The results of the group work follows.

WORKSHEET #8-Community Health Plan: CHILDREN
Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends):
HEALTH PROBLEMS: Injury, dental caries, infection, misalignment of teeth
RISK FACTORS: poor oral hygiene, lack of care, and lack of fluoridated water due to not drinking enough tap water
CONTRIBUTING FACTORS: Lack of education, poverty (not owning a tooth brush, tooth paste, floss); lack of access to dental care, poor nutrition, lack of transportation, language barriers, and cultural barriers
CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:
Education on oral health and nutrition to be provided in the schools, on the mobile dental van, in the Urbana School-based Health Center
Provide toothbrushes to children in the schools following dental education
Provide mouth guards to prevent injuries to children participating in sports
Dental physical compliance through schools
Change in the billing and reimbursement
PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:
University of Illinois pre-dental
Parkland College's Dental Hygiene Program
Champaign-Urbana Public Health District
Illinois State Dental Society



<p>Frances Nelson Health Center (FQHC)</p> <p>Child Dental Access Program (Champaign County Health Care Consumers)</p> <p>Provena Covenant Medical Center</p> <p>Champaign County Health Care Consumers</p> <p>Companies (for dental products and supplies)</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Data from school dental exam compliance rates</p> <p>Champaign-Urbana Public Health District—survey—schools</p> <p>Emergency Department data from Carle and Provena Hospitals</p> <p>Data from the Urbana School-based Health Center</p>

<p>WORKSHEET #8-Community Health Plan: SENIORS</p>
<p>Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends):</p> <p>HEALTH PROBLEMS: Chronic health conditions such as diabetes, heart disease, pulmonary diseases; Physical and mental limitations; Poor nutrition</p> <p>RISK FACTORS: Infection, the need for special treatment procedures, ill-fitting dentures, broken teeth, pain</p> <p>CONTRIBUTING FACTORS: poor dental care, lack of specialist availability, increase in the numbers of seniors</p>
<p>CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors</p> <p>Availability of oral surgeons, dental labs, preventative care for seniors who lack access (financial, transportation, etc.)</p>
<p>PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:</p> <p>Champaign County Health Care Consumers</p> <p>Cumberland Associates</p> <p>Family Service – Senior Resource Center</p> <p>Department on Aging</p> <p>Nursing Homes</p> <p>Regional Planning-Senior Services</p>



<p>Provena Covenant Medical Center</p> <p>Parkland College Dental Clinic</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Quarterly measures using a standard form</p> <p>Percentage of care received</p> <p>Data from Emergency Departments of Carle and Provena</p> <p>Behavioral Risk Factor Surveillance System</p>

<p>WORKSHEET #8-Community Health Plan: ADULTS</p>
<p>Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends):</p> <p>HEALTH PROBLEMS: Dental caries, periodontal disease and oral hygiene issues</p> <p>RISK FACTORS and CONTRIBUTING FACTORS: Poor diet (including increased amounts of fast food), lack of transportation, lack of access to dental services, poor education or prevention diversity of population (cultural and language barriers and transient population).</p>
<p>CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:</p> <p>Improved diet education among population with inadequate insurance</p> <p>Direct education with the transient populations</p> <p>Provide transportation or take health care directly to the patient</p> <p>Better marketing of services that exist (dentists do a great deal of informal charity care that does not get recognized)</p>
<p>PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:</p> <p>Refuge Center (Asian populations)</p> <p>Latino Partnership</p> <p>Frances Nelson Health Center</p> <p>Champaign-Urbana Public Health District</p> <p>Champaign County Health Care Consumers</p> <p>City Governments</p> <p>Community Dental Health Educators</p> <p>Champaign County 708 Mental Health Board</p>



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<p>Illinois State Dental Society</p> <p>Provena Covenant Medical Center</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Decrease use of hospital emergency departments</p> <p>Evaluate for increased number of patients being seen by Adult Dental Access Partnership</p> <p>Any plan will be impacted by changes in Medicaid reimbursement</p>

<p>WORKSHEET #8-Community Health Plan: PERSONS WITH DISABILITIES</p>
<p>Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends):</p> <p>HEALTH PROBLEMS: Immune-suppressed patients have serious oral health problems, secondary health problems related to disease or disability; side effects of medications can cause dry mouth, which increases oral health problems such as caries, periodontal disease.</p> <p>RISK FACTORS: Co-infections, mental health issues, substance abuse issues, limited physical abilities</p> <p>CONTRIBUTING FACTORS: Language barriers, lack of funding for adequate services, lack or awareness of services.</p>
<p>CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors</p> <p>Adult Dental Access Partnership (collaborations)</p>
<p>PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:</p> <p>Champaign-Urbana Public Health District</p> <p>Medicaid</p> <p>Government</p> <p>East Central IL HIV Care Consortia</p> <p>Illinois Department of Public Health</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Measure oral health of special populations (persons with HIV, persons with mental illness, etc.)</p>



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ORAL HEALTH PLAN FOR CHAMPAIGN-URBANA

CHILDREN

Goal: Improve the oral health of children with low incomes by providing educational, preventive, and curative dental care.

Objective 1: By June 30, 2010, each child (birth to five) enrolled in the WIC program, and their parent(s), will receive dental health education.

Objective 2: By June 30, 2010, CUPHD Division of Dental Health will collaborate with Head Start to assess dental health education being provided to children/parents enrolled in that program.

Objective 3: By June 30, 2010, CUPHD will work to facilitate and offer an educational program for pediatric nutrition/dental needs tailored to daycare centers and schools.

Objective 4: By June 30, 2010, CUPHD will continue to assist with dental exam compliance for the Champaign and Urbana residents and refer county residents to CIDES or CCHCC.

Objective 5: By June 30, 2010, CUPHD will seek, through funding opportunities, to expand the child dental program by hiring another full-time dentist, dental hygienist, and dental assistant.

ADULTS

Goal: Improve the oral health of adults with low incomes by providing educational, preventive, and curative dental care.



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Objective 1: By June 30, 2010, CUPHD will provide improved diet education to Champaign-Urbana's low-income adult population through outreach to shelters, public housing, jails, soup kitchens, mobile home communities, and community-based organizations.

Objective 2: By June 30, 2008, CUPHD will provide dental education materials and supplies (toothbrushes, toothpaste, floss) to no fewer than 300 low income adults living in Champaign or Urbana.

Objective 3: By June 30, 2010, CUPHD and the Adult Dental Access Partnership will provide dental services to no fewer than 300 low income adults with Medicaid who are living in Champaign or Urbana.

SENIORS

Goal: Improve the oral health of senior citizens with low incomes by providing educational, preventive, and curative dental care.

Objective 1: By June 30, 2008, CUPHD will identify and contract with an outside laboratory facility to provide dentures at a Medicaid-reimbursed price.

Objective 2: By June 30, 2008, CUPHD and the Adult Dental Access Partnership will contract with oral surgeons or qualified dentists to see senior patients two times a year at a private office for complicated extractions.



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Objective 3: By June 30, 2008, CUPHD will provide dental education materials and supplies (toothbrushes, toothpaste, floss) to no fewer than 200 low income seniors living in Champaign and Urbana.

Objective 4: By June 30, 2010, CUPHD and the Oral Health Needs Assessment Senior Subcommittee will work to increase periodontal services available to low income seniors living in Champaign County.

Objective 5: By June 30, 2010, CUPHD and the Oral Health Needs Assessment Senior Subcommittee will provide an in-service for dental hygienists and dental hygiene students to increase their skills and knowledge about seniors' special oral health needs.



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SPECIAL POPULATIONS

Goal: To improve the oral health of low income persons living with HIV by providing educational, preventive, and curative dental care.

Objective 1: By June 30, 2010, increase by 25% the number of HIV+ clients who receive oral health services through the partnership between the East Central IL HIV Care Consortium and CUPHD.

Goal: To improve the oral health of persons who primarily speak Spanish.

Objective 1: By June 30, 2008, CUPHD will have a system in place to utilize Spanish-speaking staff and Spanish-language printed materials in all dental clinics and through outreach dental services.

Goal: To improve the oral health of persons with developmental disabilities by providing educational, preventive, and curative dental care.

Objective 1: By June 30, 2008, CUPHD will convene a meeting with Developmental Services Center (DSC) and members of the Champaign County chapter of the IL Dental Society to discuss ways to meet the oral health needs of persons with developmental disabilities.

Objective 2: By June 30, 2010, CUPHD, DSC, and Champaign dentists will implement a plan that ensures that persons with developmental



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disabilities receive regular access to educational, preventative, and curative dental care.

STEP 3 -- IMPLEMENTATION

As mentioned earlier in this report, due to the overwhelming need in the Champaign-Urbana community, the implementation phase had to begin immediately after the second meeting. The needs assessment process brought a large group of key decision makers together in the same room. This, coupled with the obvious need, led to unprecedented collaboration and program development. The Champaign-Urbana Public Health District, Champaign County Health Care Consumers, Carle Foundation Hospital, The East Central Illinois HIV Care Consortium (funded by the Illinois Department of Public Health and Title II funding from Health Resource and Service Administration), and Cunningham Township Supervisors Office came together to create the *Adult Dental Access Partnership*.

Adult Dental Access Partnership

Starting April 4, 2007, the *Adult Dental Access Partnership* began to accept a limited number of referrals for adult dental patients from three sources. It was anticipated that Phase One would be operational for six to eight months. Phase One began with eight dental service hours per week at the CUPHD location at 710 N. Neil Street, Champaign. Appointments were only being accepted if referrals are made through the Cunningham Township Office, The



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East Central IL Care Consortium, or the Champaign County Health Care Consumers Dental Referral Program. Persons referred in through CCHCC must be residents of either Champaign or Urbana, and they must have a current Medicaid card.

Phase Two of the *Adult Dental Access Partnership* is contingent upon funding to hire staff for an adult dental program. In order to ensure that children's access to dental services does not suffer, CUPHD must hire at least one more full-time dentist, dental hygienist, and dental assistant to serve adults. When Phase Two is operational, Champaign County Health Care Consumers will serve as the single-point-of contact for uninsured adults seeking access to dental care within Champaign County. The agency will refer the clients to either CUPHD's Adult Dental Clinic (for persons with Medicaid and a limited number of uninsured persons with capacity to pay Medicaid rates) local dentists who participate in the Dental Referral Program, or The Champaign County Christian Health Center (for persons with no ability to pay).

The Adult Dental Access Partnership is looking for partners to assist in making this expanded program a reality.

- Carle Foundation Hospital contributed \$100,000 to purchase a mobile unit and portable dental equipment. This contribution has helped tremendously to further the program.
- Provena Covenant Medical Center has agreed to make a significant financial contribution to the Champaign County Health Care



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Consumers for the Adult Dental Access Program to assist in the creation of an effective plan to meet the needs of the community.

- Commitments are needed from local dentists to accept a limited number of uninsured clients referred to them through the program.
- Commitments from dentists are needed to help with special group dental events.
- Oral surgeons and specialists are needed to accept referrals of clients who need services which go beyond the scope of the participating dentists.

Adult Dental Access Partnership: Phase II. Referral Process

The Partners:

The Champaign-Urbana Public Health District

The Champaign-Urbana Public Health District (CUPHD) has a long history of providing dental services to children in Champaign and Urbana. Additionally, CUPHD offers other services to children and their parents. Programs such as *Women, Infants, and Children (WIC)* and Family Case Management serve approximately 4,000 at-risk clients per year. The children are eligible for dental services, but at this time, the pregnant women and parents of these children are not. Staff from the WIC and Family Case Management programs see countless



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women with obvious dental problems, which is a concern as periodontal disease has been linked with negative pregnancy outcomes such as low birth-weights.

Although the Champaign-Urbana Public Health District has recently doubled the number of service hours offered, we do not have the capacity to meet all of the needs in this community. CUPHD currently has two full-time dentists, two full-time dental hygienists, and will soon have two full-time dental assistants. CUPHD currently provides services five days a week, seven hours a day, at the 710 N. Neil Street location from a three-chair operatory. We also recently started providing services five days a week, seven-hours per day from a two-chair operatory located in the Urbana School-Based Health Center.

The Champaign-Urbana Public Health District also provides dental sealants and exams to students in Champaign and Urbana Schools.

The Champaign-Urbana Public Health District will soon be moving to a new facility located at 201 W. Kenyon Road, Champaign. All services will be consolidated in the one, 99,000 square foot building by August 2007. The new building will start with five dental operatories, with plenty of room for expansion.

CUPHD accepts payment from private insurance, *All Kids* and Medicaid. The recent changes in the *All Kids* program will facilitate further program expansion for children.



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Champaign County Health Care Consumers

Champaign County Health Care Consumers (CCHCC) is a grassroots citizen action organization founded in 1977. The mission of CCHCC is health care for all, and to give consumers a voice in the health care system.

CCHCC operates the Consumer Health Hotline to provide information, referral, assistance and advocacy services to Champaign County residents who are experiencing problems with the health care system. CCHCC's Hotline receives over 400 calls per month from consumers seeking help with the health care system. In the past two years, over half the calls each month were about dental care and dental access from low-income adults and adults with Medicaid.

CCHCC also operates the Dental Referral Program, which works to help provide dental services to residents of Champaign County who fall below 185% of the poverty line. This program links consumers with area dentists who have agreed to see patients on a sliding scale basis of payment. This program is a collaboration between CCHCC and area dentists who are dedicated to providing affordable access to dental care to low-income uninsured adults in Champaign County.

In 2001, CCHCC led a community organizing effort to create the Child Dental Access Program to provide free and affordable dental care for low-income children residing in Champaign County, outside of Champaign-Urbana. The program is provided to the community through the Champaign County Board of Health.



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Carle Foundation Hospital

Carle Foundation Hospital, a 305-bed regional care hospital located in Urbana, offers a higher level of clinical service and technology than any area hospital and serves as the area's only Level I Trauma Center and Co-Perinatal Center. With more than 25 departments, including surgical, cardiovascular and neonatal ICUs, Carle Foundation Hospital joins with the Carle Clinic Association to provide services through the Carle Heart Center, Carle Spine Institute and Carle Cancer Center. A full range of health-related organizations complete the Hospital system.

Carle Foundation Hospital and its parent organization, The Carle Foundation, are not-for-profit organizations that take an inclusive approach to medicine serving everyone, everywhere in every way. In 2006, The Carle Foundation provided \$43.7 million in community benefits ranging from education to air medical transport to the Community Care Discount Program, which helped more than 4,000 patients receive free or discounted care at a cost of \$4.9 million.

The Carle Foundation has also financially supported community organizations such as Frances Nelson Health Center, Champaign County Christian Health Center, and Champaign County Health Care Consumers, to ensure everyone in this community has access to high quality, affordable health care.



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Provena Covenant Medical Center

Provena Covenant Medical Center is part of the Provena Central Region of Provena Health. The Provena Central Illinois region includes Provena Covenant Medical Center in Urbana, Illinois, Provena United Samaritans in Danville, Illinois, and the Provena Medical Group located in the Champaign-Urbana and Danville communities. Provena Covenant is a 254-bed regional hospital with a rich history in the Champaign-Urbana community. Provena Covenant serves 13 east central Illinois and western Indiana counties and is an advanced medical center with over 250 physicians on staff representing 37 areas of specialized care.

Provena Covenant is home to state-of-the art regional cancer center, a full range of cardiac services including open-heart surgery, a large rehabilitation center, a 12-bed level neonatal intensive care unit, and private rooms for patients.

During 2006, Provena Central Illinois supported our communities by providing \$28.9 million in outreach programs, health initiatives, as well as free and discounted care. This amount includes unpaid Medicare (\$14.6 million). Uncompensated care/Bad debt is not included in this total.

Provena lives its mission of “Building Communities of Healing and Hope” by providing financial support to the Crisis Nursery, Frances Nelson Health Center, Champaign County Health Care Consumers, Don Moyer Boys and Girls



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Club, Eastern Illinois Food Bank, Cunningham Children's Home Foundation and many other community-based organizations.

Illinois Children's Healthcare Foundation

Another partnership that has occurred as a result of the Oral Health Needs Assessment process is that the Champaign-Urbana Public Health District, Carle Foundation Hospital, Frances Nelson Health Center, and Central Illinois Dental Education and Services (CIDES) have partnered to write a grant to expand children's dental services. The grant, written for \$200,000, from Illinois Children's Healthcare Foundation, will be matched by Carle Foundation (for adult services). This is an unprecedented partnership and promises to make a noticeable positive impact on the dental access crisis in Champaign and Urbana.

Provena Covenant Medical Center host Dental Supply Drive

A recent dental drive by Provena Covenant Medical Center employees and volunteers has resulted in the donation of 1,453 dental items such as toothbrushes, toothpaste, mouthwash, and dental floss to help improve the dental health of our community. Provena Covenant contributed these goods to the Champaign County Christian Health Center, the Champaign-Urbana Public Health District and the Central Illinois Dental Education and Services Program in order to assist with serving the dental health needs of Champaign County residents.

Dental screenings and proper dental supplies are not always available to the families who need them the most and Provena Covenant staff see over 800



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cases each year in their emergency department due to a lack of preventative care.



PART 4 — EVALUATION

One unanticipated benefit that is a direct result of the Needs Assessment Advisory Committee is the increased communication among the dental, health, and advocacy communities in Champaign and Urbana. As the facilitator of the needs assessment project, I have received many offers of assistance with future dental events, program assessment, evaluation, and funding.

Several dentists have expressed interest in participating in volunteer dental service events. A retired professor in the Dental Hygiene program at Parkland College has offered her extensive program planning, organization, and evaluation skills. The pre-dental student group at the University of Illinois has expressed interest in assisting in future events and programs, including community dental education. A professor in Community Health at the University of Illinois has offered her services, and those of her students, to help design, implement, and report on community-based surveys and assessments.

The expertise, talent, diversity, skills, and commitment of the Advisory Group members is inspiring. This group has expressed a desire to remain connected. The Champaign-Urbana Public Health District's Division of Oral Health will gladly accept the responsibility for facilitating this group. CUPHD will maintain an email group to encourage communication, idea exchange, and resource sharing. It is anticipated that this group will get together at least twice per year to review data and update the *Oral Health Plan for Champaign-Urbana*.



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Appendix A

WORKSHEET #1 - FORMING AN ADVISORY COMMITTEE: COMMITTEE MEMBERS			
POTENTIAL ORGANIZATIONS/ AGENCIES	PERSON	ADDRESS	TELEPHONE / FAX / E-MAIL
ORAL HEALTH			
Community Dentists	Dr. J. Barry Howell	1209 E. Colorado Urbana, IL 61801	217.367.8000 217.367.3441 jbhdds@insightbb.com
Community Pediatric Dentists	Dr. Chifan Cheng	1209 E. Colorado Urbana, IL 61801	217.337.6000 217.337.6624
Community Dental Hygienists	Laura Ehmen	1209 E. Colorado Urbana, IL 61802	217.337.6000 217.337.6624
Schools of Dentistry	Linda Kaste	UIC College of Dentistry 801 S. Paulina Street Chicago, IL 60612	312.996.5724 312.413.2610
Schools of Dental Hygiene	Mary Emmons	Parkland College 2400 E. Bradley Ave. Champaign, IL 61821	217.373.3717 memmons@parkland.edu
Community Health Agency dental personnel (e.g., mental health, corrections, health dept.)	Dr. James Wahl	CUPHD 201 W. Kenyon Road Champaign, IL 61820	217.531.4280 217.352.0126 jwahl@cuphd.org
Oral Maxillofacial Surgeon	Dr. Thomas Fonner	Central IL Oral and Maxillofacial Surgery 14 E. Anthony Dr. Champaign, IL 61820	888.246.6710 217.355.5921
Illinois State Dental Society	Dr. J. Barry Howell	1209 E. Colorado Urbana, IL 61801	217.367.8000 217.367.3441 jbhdds@insightbb.com
EDUCATIONAL PROGRAMS			
School-Champaign	Fred Clarke, Director of Student Services	Champaign Unit #4 Schools 703 S. New Street Champaign, IL 61820	217.351.3756 217.351.3875 clarkefr@champaignschools.org



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School-Urbana	Sandy Martin, RN, School Nurse	Urbana School Dist. #116 205 N. Race Street Urbana, IL 61801	217.384.3564 217.337.4973 smartin@usd116.org
Schools: Support	Veatrice Williams	Family Information Center-Champaign Schools 405 E. Clark Champaign, IL 61820	217. 351.3701 217.373.7315 u4fic@champaign schools.org
University of Illinois Department of Community Health	Susan Farner, PhD	UIUC 212-D Huff Hall MC 588 Champaign, IL 61820	217.333.6876 sfarner@uiuc.edu
OTHER ORGANIZATIONS/ AGENCIES	PERSON	ADDRESS	TELEPHONE / FAX / E- MAIL
<i>Allied Health</i>			
Maternal and Child Health Staff	Brandon Meline, Director Maternal and Child Health	CUPHD 201 W. Kenyon Rd, Champaign, IL 61820	217.531.4308 217.352.0126 bmeline@cuphd.org
Children with Special Health Care Needs (CSHCN) Staff	Denise Novak	Division of Specialized Care for Children (DSCC) 510 Devonshire, Suite A Champaign, IL 61820	217.373.6528 217.244.4212 dnovak@uic.edu
Health Promotion Staff	Deb Fruitt, Director, Health Promotion	CUPHD 201 W. Kenyon Rd. Champaign, IL 61820	217.531.2921 217.239.0126 dfruity@cuphd.org
AIDS Organization	Gary Dunn, Program Coordinator	East Central IL HIV Care Consortium, 201 W. Kenyon Rd. Champaign, IL 61820	217.239.7827 217.239.0126 gdnn@cuphd.org
Federally-Qualified Health Center	Andrea Goldberg	Frances Nelson Health Center 819 Bloomington Rd Champaign, IL 61820	217.356.1558
Local Health Administrator	Vito Palazzolo	CUPHD 201 W. Kenyon Rd. Champaign, IL 61820	217.352.7961 217.239.0126 vpalazzolo@cuphd.org
	Sheri Ervin	Provena Covenant	217.373.2430



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Hospital-Urbana		Medical Center 202 W. Park Street Champaign, IL 61820	
Hospital-Champaign	Allen Rinehart	Carle Hospital 602 W. University Urbana, IL 61801	217.383.3528 Allen.rinehart@carle.com
OTHER			
Advocacy Organization	Claudia Lennhoff	Champaign County Healthcare Consumers 44 E. Main St. #208 Champaign, IL 61820	217.352.6533 Claudia@shout.net
Government Agencies	Ann Roppel	IL Dept. of Public Health 2125 S. 1 st Street Champaign, IL 61820	ann.roppe@illinois.gov
Senior Citizen Services	Pat Babich-Smith	Family Resource Center-Senior Resource Center 405 S. State St. Champaign, IL 61820	217.352.5100 217.352.1910
Local Government	Susan Mauer	Champaign Co. Board of Health 815 N. Randolph St. Champaign, IL 61820	
Epidemiologist	Awais Vaid	CUPHD 201 W. Kenyon Rd. Champaign, IL 61820	217.239.7827 217.239.0126 avaid@cuphd.org



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Appendix B: Needs Assessment Goals

WORKSHEET #2 - NEEDS ASSESSMENT GOALS					
To what extent do you hope to accomplish each of the following through your assessment? (circle the most appropriate number for each item)					
	NOT AT ALL		MODERATE		HIGH
Fulfill Grant IDPH Requirements	1	2	3	4	5 <u>2.75</u>
Network with other programs / agencies / organizations	1	2	3	4	5 <u>4.00</u>
Build a constituency for oral health issues	1	2	3	4	5 <u>4.50</u>
Update existing data	1	2	3	4	5 <u>3.30</u>
Establish a baseline data	1	2	3	4	5 <u>3.58</u>
Prioritize programs	1	2	3	4	5 <u>3.00</u>
Justify budget (maintenance / expansion / reallocation)	1	2	3	4	5 <u>2.58</u>
Increase visibility of oral health program in agency	1	2	3	4	5 <u>3.50</u>
Target resources to specific populations	1	2	3	4	5 <u>3.42</u>
Fulfill expectations of local governing authority	1	2	3	4	5 <u>2.50</u>
Educate decision makers	1	2	3	4	5 <u>3.42</u>
Collect data in timely fashion	1	2	3	4	5 <u>2.92</u>
Collect valid (accurate) / reliable (reproducible) data	1	2	3	4	5 <u>3.00</u>
Generalize findings to target population	1	2	3	4	5 <u>3.30</u>
Evaluate existing programs	1	2	3	4	5 <u>2.92</u>



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Appendix C: Data Summary

Children (< 18 years old)		2,876	16.9	Census
WORKSHEET #5- Data Summary I				
VARIABLE		NUMBER	%	DATA SOURCE
Population: Champaign-Urbana				
Total		103,913		Census
By Age		Total		
	Under 5	4,966	4.7%	Census
	5 - 14 years	9,643	9.2%	Census
	15 - 24 years	37,390	35%	Census
	25 - 44 years	27,646	26.6%	Census
	45 - 64 years	12,791	12.3%	Census
	65 + years	9,073	8.7%	Census
By Race				
	Black	15,761	15.1%	Census
	White	73,787	71%	Census
	Other	14,365	13.8%	Census
By Ethnicity				
	Hispanic	4,012	3.8%	
	Non-Hispanic	99,901	96.1%	
Poverty Level : Champaign Co.				



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Family Composition: Champaign Co.			
Single Parent Households		34.3%*	Census. *As percent of total households
Employment Status: Champaign Co.			
Unemployment rate	3,954	4.4%	
Major Industries / Employers in Champaign-Urbana	Amdocs, University of Illinois, Champaign Unit #4 Schools, Kraft Foods, Parkland College, Kirby Food, Carle Hospital and Carle Clinic, Christie Clinic, Provena Covenant Medical Center		
Educational Programs:			
Head Start enrollment	526		Champaign Co. Headstart Website www.ilheadstart.org
Champaign school children receiving free or reduced payment lunch program	3,683	41.4%	Champaign total students 8,897 in 2006
Urbana school children receiving free or reduced payment lunch program	2,283	55.3%	Urbana total students 4,128 in 2006
Champaign High School Dropouts	125	1.5%	
Urbana High School Dropouts	173	4.2%	
Fluorides: Champaign County			
Community water systems Number of people/households served		95.7%	More than 95% of C-U Residents are supplied by water from IL American Water Company which has been compliant with the community water fluoridation program every year since 1984.
Community water systems fluoridating and are connected Number of people/households served			
CWS with adequate natural fluoridation Number of people/households served			



CWS with optimal fluoridation Number of people/households served			
Children receiving a school-based, fluoride mouth rinse			
Supplemental fluoride prescriptions filled			
Local Health Dept. participates in private water well water fluoride testing	YES	NO	
Dental Sealants: Champaign-Urbana			
Children with 1+ dental sealants		37%	
Dental Services under Medicaid			
Dentists treating Medicaid patients	2		
Dentists treating > 50 unduplicated Medicaid patients during the year	2		
Oral Health Care Providers (County)			
Dentists	98	Ratio 1,887:DDS (IL Department of Public Health)	
Dental Hygienists	119	Ratio 1554:RDH (IL Department of Public Health)	
Federally designated Health Professional Shortage Areas, dental	YES	NO	
National Health Services Corps Dentists			
City/County health clinics	0		Frances Nelson Health Center (FQHC) does not offer dental services.
City/County health clinics with public dental programs offering clinical services	1		Champaign-Urbana Public Health District



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Hospitals with outpatient clinical dental services	0		
Dental schools	0		
Dental hygiene schools	1		Parkland College
Migrant health centers	0		Frances Nelson Health Center
Community health centers	1		
Homeless health Centers	0		
Public School System: Champaign-Urbana			
Schools requiring an oral examination for entry			All schools in Champaign-Urbana
Schools with an oral health component			All schools in Champaign-Urbana
Public Dental Facilities (state and federal)			
Mental Health Department	0		
Department of Corrections	0		
Primary Care / State Cooperative Agreement (Agency)	0		
Migrant Health Centers	0		
Community Health Centers	0		
Homeless Health Centers	0		

National Health Service Corps	0		47
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Countywide Mouth guard Programs		0		
Medicaid Enrollees	All	22,293		DHS-2006
	Less than 21 years	13,770	59.1%	
Infants with Low Birthrates (C-U)		212		IPLAN
Founded Child Abuse Cases (C-U)		322		IL DCFS
Coronary Heart Disease Mortality		309		IPLAN
Hospitalization for Diabetes		112.6 : 100,000		IPLAN and IDPH



Appendix D: Evaluation

At the third and final meeting of the Oral Health Needs Assessment

Advisory Group, members were asked to get into their target group (children, adults, seniors, or special needs) and complete the following evaluation checklist.

The checklist was also e-mailed and faxed to members who did not attend the meeting. The results are summarized in the following checklist.

Data Items/Types of Information (Worksheet #3)	Did you accomplish this? (Y/N)	Needs Assessment Method Used	Would you recommend using this method for the next needs assessment? Any other pertinent comments relating to this item/type of information?
1. Description of Population	Y	Census, reports from CUPHD, CCHCC, DSCC	Yes
2. % of children with 1+ carious primary or permanent teeth (Required)	Y	IDPH	Yes
3. % of children served by community water systems with optimal fluoride (Required)	Y	IDPH and IL American Water	Yes
4. % of people served with sealant on 1+ permanent teeth	Y	IDPH	Yes
5. % children with sealant on 1+ permanent teeth	Y	IDPH	Yes
6. # of dental providers in a state (by county or other division)	Y	IDPH	Yes
7. Dentist participation in Medicaid program (number participating and level of participation)	Y	IDPH	Yes
8. % of eligible children who receive	Y	IDPH	Yes



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dental services through EPSTD			
9. Description of public resources for dental care	Y	Internet, Advisory Group, existing reports	Yes
10. % children entering school programs for first time who have received an oral screening, referral and follow-up	Y	IDPH	Yes
11. Perceived oral health needs of consumers and their assessment of accessibility, acceptability and appropriateness of oral health care received	Y	Calls to Champaign County Health Care Consumers' hotline, survey of WIC clients, CUPHD report	Yes
QUESTION	YES	NO	COMMENTS
<i>STEP 1: Identify Partners / Form Advisory Committee</i>			
Did the majority of the Advisory Committee serve an active role throughout the needs assessment?	Y		
Were members asked and willing to assist in the collection of data?	Y		Members turned over reports, hospital data, client usage data, and conducted a survey of WIC clients.
What specific issues did the dental health program address which had not been part of their programmatic activities previously? *	Programs and services for seniors, persons with developmental disabilities, and persons who primarily speak Spanish		
Did the Advisory Committee consist of appropriate representatives (e.g., for MCH) < consumers < advocates for children with special health needs < other health disciplines; and < maternal and child health programs?	Y		
Were the minutes from the Advisory Committee meetings shared with other interested parties? (e.g., MCH director, dental organizations,	Y		



local dental society, health department administrators))			
Was the Maternal and Child Health program given adequate opportunity to coordinate efforts in collecting mutually beneficial information?	Y		
Did the dental health staff have an opportunity to provide input into the process?	Y		
Was the size of the Advisory Committee manageable?			
Did the Advisory Committee feel that they had ownership of the needs assessment project?			
Did the dental program staff feel that they had ownership of the needs assessment project?			
Approx. how many new organizations did your staff meet during the process? * Which of these do you plan to work with collaboratively on other projects? *			
Was the Advisory Committee realistic about the expectations of the needs assessment?			
Have local health departments asked for your cooperation in conducting a needs assessment for their community? How prepared are you to participate in this activity? * Have you offered it? *			



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Step 2: Conduct Self-Assessment to Determine Goals			
Did you periodically return to <i>Worksheet 2</i> to remind yourself of the goals?	Y		
Which goals were re-ranked because of the return to <i>Worksheet 2</i> ? *			
Step 3: Plan the Needs Assessment			
Of the core data items - < Which were successfully collected? Why? < Which were not successfully collected? Why? *	IDPH did a great job in providing the most difficult to obtain data. It was difficult to collect specific information on only the residents of Champaign and Urbana, as most data is collected by county.		
Of the optional data items < Which were successfully collected? Why? * < Which were not successfully collected? Why? *			
Were the timelines reasonable?	Y		
Were the estimates for human resources reasonable?	Y		
STEP 4: Collect Data			
Were you able to collect some information for all of the core items?	Y		
Did data collection for some of the optional items come at the expense of seeking information about core data items?	N		



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STEP 5: Organize and Analyze Data			
<p>If you collected primary data, did you have input from an expert in sample design and statistical analysis?</p> <p>Were these people involved at the outset of the project?</p>	N		
STEP 6: Report Findings			
Who did you report your findings to? *	The findings will be distributed to every member of the Advisory Committee, all members of the CUPHD Dental Team, IDPH, MCH, the Champaign County Human Services Council, IL Children's Health Care Foundation, the Champaign County Board, and will be available on our website for interested persons or organizations to download, print, or order.		
Have specific findings and recommendations from the needs assessment been clearly articulated to appropriate interested parties?	Y		
Has the Dental director and Maternal and Child Health director determined which findings should be incorporated into the Block Grant Application?	Y		
How was this determination made? *	The Director of Maternal and Child Health at CUPHD was involved in the Needs Assessment Process. He will share the information with his staff and DHS.		
What would have influenced other dental health findings to be incorporated into this document? *	An excellent report from Champaign County Health Care Consumers was included in this report. The goal is to help disseminate that information to a larger audience.		
To what other professional and community organizations have you communicated the findings? *	This information will be disseminated through a press release to report the major findings. Additional press releases will follow as programs are developed and implemented. Additionally, this information will be on the website.		
Did you produce a separate oral health needs assessment document?	N		
Of those data elements not collected during this cycle of the needs assessment	There will be special planning meetings to specifically address the needs of seniors and persons with developmental disabilities.		



what arrangements have been made to complete these activities? *			
Have external reviewers been asked to review and comment on the needs assessment process and findings?	Y		
What would you do differently to improve the needs assessment process? *	Better local data collection at the health department, and more primary research would have been beneficial.		



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Appendix E: Minutes from Advisory Group Meetings

Champaign-Urbana Oral Health Needs Assessment Committee Meeting #1: Overview and Goals March 14, 2007

MINUTES

Present: Julie Pryde, *CUPHD-Division of Infectious Disease Prevention and Management*; Ann Roppel, *IDPH, Office of Oral Health*; Veatrice Williams, *Champaign Schools, Family Information Center*; Brandon Meline, *CUPHD's Division of Maternal and Child Health (WIC)*; Denise Novak, *Division of Specialized Care for Children*; Susan Farner, *University of Illinois-Community Health*; Deb Fruitt, *CUPHD, Division of Chronic Disease Prevention and Health Promotion*; Gary Dunn, *East Central IL HIV Care Consortium*; Sheri L. Ervin, *Provena Covenant Medical Center*; Pat Babich-Smith, *Family Service-Senior Services*; Sandy Martin, *Urbana Schools*; Awais Vaid, *CUPHD, Epidemiologist*; Mary Emmons, *Parkland-Dental Hygiene Program*; Laura Ehmen, *Dr. Chifan Chang's Office (pediatric dentistry)*; Dr. James Wahl, *CUPHD-Division of Dental Health*; and Vito Palazzolo, *CUPHD-Administrator*

Members who were not able to attend this meeting: Claudia Lennhoff, *Champaign County Healthcare Consumers*; Susan Mauer, *Champaign County Board of Health*; Dr. Thomas W. Fonner, *Central IL Oral Surgery*; J. Barry Howell, *Trustee, IL State Dental Society*; Fred Clarke, *Champaign Unit 4 Schools*; Linda Kaste, *UIC College of Dentistry*.

Overview: Julie Pryde explained the Champaign-Urbana Public Health District's role in conducting the Oral Health Needs Assessment. CUPHD received a small grant to conduct the needs assessment for Champaign and Urbana. This assessment has not been completed since 1996. She explained that CUPHD's Board of Health, Administrator, and Dental staff are committed to being a part of the solution to lack of access to dental care in Champaign and Urbana.

Vito Palazzolo reported that CUPHD has moved into a new, much larger building at 201 W. Kenyon Road, Champaign, and that all services will be performed out of this building by fall of 2007. He also reported that CUPHD and Champaign County Health Care Consumers have been meeting to address the dental crisis. Both organizations have also been meeting with Carle Foundation and Provena Covenant Medical Center to try to secure funding for dental program expansion [Attachment #1].

Julie Pryde passed out the report titled, "Oral Health and Dental Access in Champaign County: A Report by Champaign County Health Care Consumers", (February 2007). [Attachment #2]



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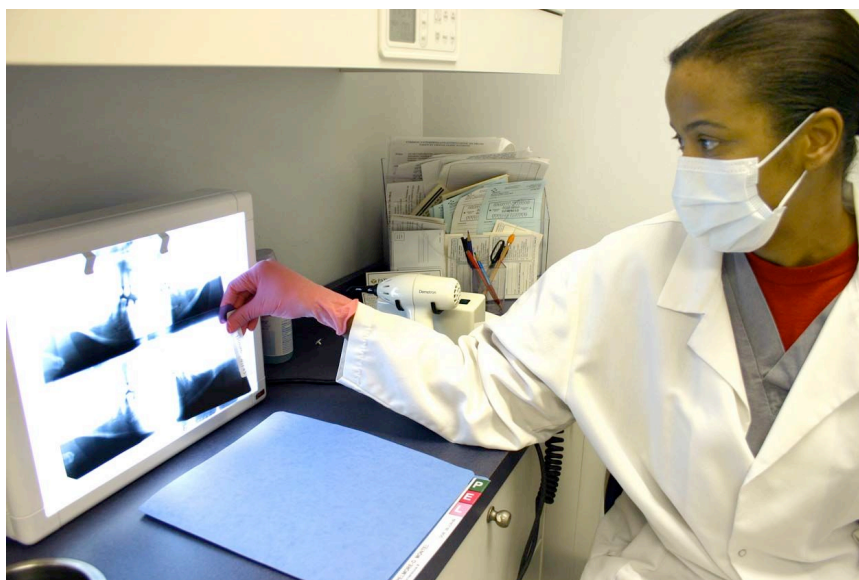
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Ann Roppel provided a presentation on the goals of the Needs Assessment [Attachment #3].

Goals: All present were asked to complete Needs Assessment Worksheet #2 [Attachment #4] to help determine the goals of each participant. Most people in the room chose to participate because they hope to network with other agencies and build a constituency for oral health issues. Other important reasons for participating in the Oral Health Needs Assessment process were to target resources to specific populations, increase the visibility of oral health programs within their agencies, and to educate decision makers.

Julie Pryde passed out Community Health Plan Worksheets and asked that each participant take the form(s) back to their agency and completes it with the assistance of colleagues. [Attachment #5]. The form has a grid to list Health Problem; Risk Factors; Contributing Factors; Resources Available; Outcome Objectives; Impact Objectives; Proven Intervention Strategies, and Barriers. Julie asked that participants fill out, at a minimum, the Health Problem section. Many may also be able to list barriers specific to their clients. The forms are to be faxed back to Julie Pryde at 239-0126. Information from these forms will be provided to the entire group. The group will then be asked to work together to complete the forms, prioritize, and make recommendations. *Healthy People 2010 Dental Goals* will be used.

Announcements: Mary Emmons provided a Fact Sheet on SB1420: Dental Clinic Grants. The Illinois State Dental Society supports this bill. [Attachment #6].



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ATTACHMENT #1

Adult Dental Access Partnership (ADAP)

The Champaign-Urbana Public Health District (CUPHD) and Champaign County Health Care Consumers (CCHCC) have joined together to address the oral health crisis affecting low-income adults who lack affordable access to dental care in Champaign and Urbana. The alliance titled *Adult Dental Access Partnership*, will work to secure funding, manage referrals, optimize volunteer hours, and case manage clients who receive the services.

Starting April 4, 2007, the *Adult Dental Access Partnership* will begin to accept a limited number of referrals for adult dental patients from three sources. It is anticipated that Phase I. will be operational for six to eight months. Phase I. will begin with eight dental service hours per week at the CUPHD location at 710 N. Neil Street, Champaign. Appointments will only be accepted if referrals are made through the Cunningham Township Office, The East Central IL Care Consortium, or the Champaign County Health Care Consumers Dental Referral Program. Persons referred in through CCHCC must be residents of either Champaign or Urbana, and they must have a current Medicaid card. CUPHD will consider accepting a few self-pay clients through the CCHCC Dental Referral Program. The self-pay clients will need to meet income requirements and will be charged based on a sliding fee scale.

Phase II. of the *Adult Dental Access Partnership* is contingent upon funding to hire staff for an adult dental program. In order to ensure that children's access to dental services does not suffer, CUPHD must hire at least one more full-time dentist, dental hygienist, and dental assistant to serve adults. When Phase II is operational, Champaign County Health Care Consumers will serve as the single-point-of contact for uninsured adults seeking access to dental care within Champaign County. They will refer the clients to either CUPHD's Adult Dental Clinic (for persons with Medicaid, and a limited number of uninsured persons with capacity to pay Medicaid rates); local dentists who participate in the Dental Referral Program or The Champaign County Christian Health Center (for persons with no ability to pay).

The Adult Dental Access Partnership is looking for partners to assist in making this program a reality:

- 1 Funding totaling \$200,000 per year for 3 years. We will look to Carle Foundation, Provena Covenant, Carle Clinic and Christie Clinic for this funding. A dental program for adults should offer significant cost savings to the local hospital emergency departments. After 5 years the adult component of the program will be sustainable through reimbursement from Medicaid. Carle Foundation Hospital has committed to providing \$100,000 for this year.**
- 2 Commitments from local dentists to accept a limited number of uninsured clients referred to them through the program.
- 3 Oral surgeons and specialists to accept referrals of clients who need services



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which go beyond the scope of the participating dentists.

The Partners:

The Champaign-Urbana Public Health District

The Champaign-Urbana Public Health District (CUPHD) has a long history of providing dental services to children in Champaign and Urbana. Additionally, CUPHD offers other services to children and their parents. Programs such as *Women, Infants, and Children (WIC)* and Family Case Management serve approximately 4,000 at-risk clients per year. The children are eligible for dental services, but at this time, the pregnant women and parents of these children are not. Staff from the WIC and Family Case Management programs see countless women with obvious dental decay which is a concern as periodontal disease has been linked with negative pregnancy outcomes, such as low birth-weights.

Although The Champaign-Urbana Public Health District has recently doubled the number of service hours offered, we do not have the capacity to meet all of the needs in this community. CUPHD currently has two full-time dentists, two full-time dental hygienists, and will soon have two full-time dental assistants. CUPHD currently provides services 5 days a week, 7 hours a day, at the 710 N. Neil Street location from a three-chair operatory. We also recently started providing services 5 days a week, 7 hours a day from a two chair operatory located in the Urbana School-Based Health Center.

The Champaign-Urbana Public Health District also provides dental sealants and exams to students in Champaign and Urbana Schools.

http://www.cuphd.org/documents/press_release/12-29-2005_Sealants_in_Schools.pdf

The Champaign-Urbana Public Health District will soon be moving to a new facility located at 201 Kenyon Road, Champaign. All services will be consolidated in the one, 99,000 square foot building by August 2007. The new building will start with 5 dental operatories, with plenty of room for expansion (see attached floor plan).

CUPHD enthusiastically accepts payment from *All Kids* and Medicaid. The recent changes in the *All Kids* program will facilitate further program expansion for children.



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Champaign County Health Care Consumers

Champaign County Health Care Consumers (CCHCC) is a grassroots citizen action organization founded in 1977. The mission of CCHCC is health care for all, and to give consumers a voice in the health care system.

CCHCC operates the Consumer Health Hotline to provide information, referral, assistance and advocacy services to Champaign County residents who are experiencing problems with the health care system. CCHCC's Hotline receives over 400 calls per month from consumers seeking help with the health care system. In the past two years, over half the calls each month are about dental care and dental access from low-income adults and adults with Medicaid.

CCHCC also operates the Dental Referral Program, which works to help provide dental services to residents of Champaign County who fall below 185% of the poverty line. This program links consumers with area dentists who have agreed to see patients on a sliding scale basis of payment. This program is a collaboration between CCHCC and area dentists who are dedicated to providing affordable access to dental care to low-income uninsured adults in Champaign County.

In 2001, CCHCC led a community organizing effort to create the Child Dental Access Program, to provide free and affordable dental care for low-income children residing in Champaign County, outside of Champaign-Urbana. The program is provided to the community through the Champaign County Board of Health.

Other Potential Partners

Provena Covenant Medical Center

Carle Foundation Hospital

Christie Clinic

Local Dentists and Dental Specialists

United Way

Champaign County Board of Health

Illinois Children's Health Care Foundation (Mobile Dental Unit)



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Oral Health and Dental Access in Champaign County:

A Report by Champaign County Health Care Consumers

February 2007

Overview of This Report

The Champaign County Health Care Consumers (CCHCC) is a grassroots citizen action organization founded in 1977, dedicated to the mission of health care for all and ensuring that consumers have a voice in the health care system.

Since the 1980s, CCHCC has initiated and led Champaign County's efforts to expand access to dental care for low-income children and adults (including Medicaid beneficiaries) in Champaign County. CCHCC's efforts have resulted in the creation of several dental access programs, including the CCHCC Dental Referral Program and the Child Dental Access Program provided through the Champaign County Board of Health.

The purpose of this report is to provide national and local perspectives and data on oral health and, in particular, the need to expand dental access for low-income adults (including Medicaid beneficiaries) in Champaign County. This report also provides a brief review of community activities and efforts to address oral health and dental access in Champaign County.



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Oral Health and Dental Access – The National Perspective

The U.S. Surgeon General’s Report on Oral Health

In May 2000, the U.S. Surgeon General released the government’s first comprehensive report on oral health. It showed that Americans’ teeth and mouths are in the best shape ever, but with many poor people and racial groups having untreated oral diseases, serious disparities in oral health exist.

This is not surprising considering that an estimated 108 million Americans, including 26 million children have no dental insurance. *According to U.S. Surgeon General David Satcher, those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable.*

These disparities amount to “a silent epidemic of oral diseases” among the nation’s most vulnerable citizens.

****** “Oral health ailments – cavities, cancer, gum disease, tooth loss, oral-craniofacial injuries and birth defects – afflict more Americans than any other cluster of health problems.” *Source: Keep America Smiling: Oral Health in America* report by Oral Health America, 2003.

The Link between Oral Health and Other Diseases

- Calling the mouth a mirror for many diseases, Satcher also highlighted surprising links between oral health and general well being. For instance chronic oral infections are associated with diabetes, heart disease, pneumonia, stroke, and pre-term, low birth weight babies. Oral diseases can also be a sign of HIV infection as well as osteoporosis.

Oral Health and Adults

- For every adult that lacks medical coverage, three are without dental coverage.
- “Poor oral health is a significant health problem for young people attempting to enlist in military service. The armed forces are spending a disproportionate share of medical resources to treat the dental problems of new recruits before they can be deployed.” *Source: Keep America Smiling: Oral Health in America* report by Oral Health America, 2003.



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Oral Health in Seniors and People with Disabilities

- Nearly one-third of people 65 years of age and older have untreated dental caries. (Center for Disease Control: Aging Trends). This statistic is indicative of problems in access to dental care for seniors.
- Medicare provides no dental coverage for older Americans or people with disabilities.
- People with disabilities are at greater risk for oral diseases and are less likely to be treated.

Children's Oral Health and Access to Dental Care

- With regard to uninsured children, a study presented at the Families USA conference in January 2001 revealed that more than 70% of parents of uninsured children report that the lack of access to dental care and dental coverage is a greater problem than access to medical care (see 1/31/01 New York Times article).
- "Diseases of the mouth remain our number one chronic childhood disease," according to the *Keep America Smiling: Oral Health in America* report by Oral Health America, 2003.

The Link Between Adults' and Children's Access to Dental Care and Oral Health

- A parent's lack of access to health care appears to be a more important barrier to care for the child than lack of insurance, as demonstrated by several large studies. Source: Institute of Medicine (IOM), *Insuring Health: Health Insurance Is a Family Matter*, 2002.
- Parents in poorer physical health (including oral health) and mental health have greater difficulty fulfilling their parental roles and responsibilities than do healthy parents. Source: Institute of Medicine (IOM), *Insuring Health: Health Insurance Is a Family Matter*, 2002.
- If parents use health care, their children are more likely to use health care as well. Parents who have experienced access problems may have less confidence in obtaining care for their children. Source: Institute of Medicine (IOM), *Insuring Health: Health Insurance Is a Family Matter*, 2002.



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National Models for Addressing Oral Health Needs

- Several key organizations and programs have established models for improving oral health and showing that better, more cost-effective primary care and preventive health services can be provided by involving communities, integrating dental services into overall health care, and/or utilizing effective delivery systems. *Source:* 2003 *Keep America Smiling: Oral Health in America* report by Oral Health America.

Oral Health and Dental Access – The Local Perspective

Symptoms of this oral epidemic are easy to find in Champaign County, where there is a serious lack of affordable dental services – ***especially for low-income adults and adults with Medicaid.*** This problem is made worse because there is virtually no affordable access to oral surgeons or specialists such as endodontists. Even those who qualify for public aid find that the limited number of local dentists accepting Medicaid is a barrier to care.

This problem of dental access for low-income and working families and individuals, and for people with Medicaid has been well-documented and is well-known in our community. Seniors and people with disabilities are included among those in our community who suffer from lack of access to dental care.

Lack of Affordable Dental Care for Champaign County Residents

Calls to the Champaign County Health Care Consumers (CCHCC) Hotline show that there is a serious lack of affordable dental services for low-income individuals and families in Champaign County. Access to affordable dental care affects a large portion of Champaign County residents, including the low-income uninsured and underinsured consumers (very few health insurance or HMO policies cover dental care), as well as those with Medicaid. The lack of affordable dental care for Champaign County adults, in particular (significant improvements have been made in children's dental access), is a health care crisis in this community. The health disparities which the U.S. Surgeon General's report documents exist in Champaign County.



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Champaign County Demographic Data

- Champaign County's population: 186,800
- Percent of County's population with Medicaid: 11.4%
- Medicaid persons in Champaign County: 20,449 (*Source: Local DHS Office, June 2005*)
- Medicaid children in Champaign County: 11,754
- Medicaid persons in Group Care in Champaign County: 561
- Number of uninsured, non-elderly in Champaign County: 54,990 (29% of population) (*Source: The Uninsured in the 15th Congressional District of Illinois, a report by the Campaign for Better Health Care with data from Families USA, February 2006*)

Overwhelming Number of Callers to CCHCC's Consumer Health Hotline Seek Dental Care

CCHCC operates a Consumer Health Hotline, which is a service to assist consumers who are having any kind of problem with the health care system. Most of the calls CCHCC receives each month are from consumers seeking access to affordable health care. *CCHCC receives over 400 calls per month, and on average, over half of those calls are from consumers seeking access to affordable dental care or dental providers who will accept Medicaid.*

The Oral Health Crisis Is Evident In Visits to Hospitals' Emergency Departments

Champaign County's two hospitals, Provena Covenant Medical Center and Carle Foundation Hospital, both treat hundreds of patients every year for oral health problems – namely abscesses (infections) – through their Emergency Departments (EDs). Both hospitals provided CCHCC with data on oral health outpatient ED visits for the calendar year 2005.

Provena Covenant Medical Center – Oral Health Outpatient Visits to ED

- Total number of cases in 2005: 771
- Average number of cases per month: 64.25
- Total cost for 2005: \$368,103 (in charges)
- Average cost per case: \$477.43
- Breakout by payor:
 - Cash; no insurance: 277 (35.9% of total)



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-	IPA (Medicaid):	295 (38.2% of total)
-	All others:	199 (25.8% of total)

Carle Foundation Hospital – Oral Health Outpatient Visits to ED

•	Total number of cases in 2005:	1,022
•	Average number of cases per month:	85.2
•	Total cost for 2005:	\$150,758 (in cost, not charges)
•	Average cost per case:	\$148 (cost to hospital; charges to patient are higher)
•	Breakout by payor:	
-	Cash; no insurance:	338 (33% of total)
-	IPA (Medicaid):	424 (41% of total)
-	All others:	260 (25.4% of total)

Data from both hospitals indicate that, by far, the three top diagnoses for outpatient oral health visits to the ED are for periapical abscess (infection that has spread from the tooth to the surrounding tissues, including bone), dental caries, and non-specific dental disorders.

People should not be getting their oral health care through the ED but that is exactly what they are having to do – these are primarily people who lack access to affordable dental care, and do not know where to turn for help and therefore delay treatment until they are in great pain. People with broken or crushed teeth, infected mouths, seeking dental care and seeking relief from pain go to the only place where they know they will be seen and from which they cannot be turned away – the ED. *Most of the people with dental problems who go to the ED or are referred to CCHCC are people with dental problems that could have been prevented years ago with basic oral health care – preventive care, restorative care including treatment of cavities, etc.* -- but instead have gone untreated and have blossomed into devastating and painful health conditions that will also require greater expense to treat.

These patients typically need antibiotics and pain medications, which CCHCC helps them get, but then they have to start on the long road of seeking affordable dental care to take care of the problem once and for all. It can be months before they get the care they need, and so they are forced to “manage” their dental problem by seeking more antibiotics and pain



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medications through the ER, where they also incur significant medical costs. Treatment at the ER for oral health problems typically results in hospital bills to the patient of approximately \$400 to \$800, in addition to the costs of getting prescriptions filled.

Many of the clients CCHCC sees who are in this situation are people who are in incredible pain, and who are sometimes even emaciated from their incapacity to eat and from stomach problems resulting from pain and infection as a result of the oral health problem. Some clients lose their jobs as a result of sick days from the pain or from spending too much time in the ED trying to seek relief and treatment.

The Dental Referral Program

CCHCC coordinates the only affordable dental care program for low-income adults in Champaign County, called the Dental Referral Program (DRP). Every day, CCHCC receives calls from consumers seeking to enroll in the DRP, or seeking affordable dental care, including oral surgery, dentures, child dental care, and other oral health services.

Through the Dental Referral Program (DRP), local dentists agree to provide discounted dental services to adults in Champaign County who do not have dental insurance and cannot afford needed dental care. In order to qualify for the program, individuals must reside in Champaign County and live in households with incomes below 185% of the poverty level. Patients must pay \$15 for their initial appointment. Then, based on income level, they receive a 20%, 40%, or 60% discount on the dentist's services for all follow up work. CCHCC administers the program, provides the financial screening, and qualifies the applicant. In addition, CCHCC provides written and verbal reminders to clients to ensure that they keep their appointments.

Currently, the DRP is considered the primary source for dental assistance for low-income adults in the community. Unfortunately, the DRP is very limited. Even for patients that meet DRP qualifications, there are barriers to receiving all the care they need. For instance, many patients are in need of lab work or the services of a specialist like an oral surgeon. Patients must pay full price for these services that are not directly provided by DRP participating dentists. Also, when major dental work is needed, patients often find themselves unable to afford the portion of costs that they are responsible for paying.



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Local Efforts to Prioritize and Improve Dental Access

The Champaign County Health Care Consumers (CCHCC) and many other local social service organizations have identified and prioritized dental access as a major problem to be addressed in our community. The problem of dental access for low-income and working families and individuals, and for people with Medicaid has been well-documented and is well-known in our community. The recent community-based efforts to understand and begin addressing this problem began in earnest in 2001. The following public and community efforts and events indicate the community's awareness of, and willingness to address the problem of dental access:

- CCHCC and local dentists initiate the only affordable dental care program for low-income adults in Champaign County, called the Dental Referral Program (DRP). Through the Dental Referral Program (DRP), local dentists agree to provide discounted dental services to adults in Champaign County who do not have dental insurance and cannot afford needed dental care. (1992)
- CCHCC releases report titled “Champaign County – A Community at Risk: Health Care Out of Reach,” in which we described the problems of access to health care in our community and dedicated a section to discussing the problem of dental access for low-income, uninsured, underinsured, and Medicaid and KidCare persons in our county. (April 2001)
- The Champaign County Community Health Partnership is formed, with over 50 local organizations participating, including health care providers, social service providers, labor groups, consumer health advocates, faith-based organizations, and others. The Community Health Partnership (CHP) undertakes process to prioritize community health concerns. Dental Access is one of the community health priorities identified, and the CHP Dental Access Work Group is formed. (Spring 2001)
- A community meeting for residents of East Central Illinois is held to discuss local oral health care problems and to recommend solutions to the state. Officials from the Illinois Department of Public Health are present, as well as Rep. Tom Berns, and a staff member of Rep. Rick Winkel's office. Approximately 100 community members attend meeting and provide testimony regarding problem of dental access. (June 26, 2001)



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- CCHCC, the CHP Dental Access Work Group, the Friends of Public Health coalition and the Human Services Council of Champaign County all prioritize dental access for Champaign County children and take their message to the Champaign County Board of Health, which governs the Champaign County Public Health Department. The Board of Health and the County Board agree to allocate funds for a “children’s dental access program” to be implemented through the County Public Health Department. (November 2001)
- CCHCC and the CHP Dental Access Work Group hold a public study session on dental access programs around the country and use the information gathered to help inform how the County Public Health Department’s children dental access program might best be structured to meet the local needs of county residents. (January 2002)
- The Champaign County Health Department’s Child Dental Access Program is implemented, and Lisa Bell, a dental hygienist, is hired as coordinator of that program. Ms. Bell recruits dentists to participate in collaborative program, and county children begin receiving free dental services. A Dental Advisory Committee is created to help support and guide the development of the new program. Several members of the Dental Access Work Group serve on the Dental Advisory Committee. (Spring/Summer 2002)
- CCHCC (and the Dental Access Work Group), WILL-AM Radio, and WBCP Radio join together in the Sound Partners-funded effort to create the SmileHealthy! program – a collaborative effort to educate the Champaign County community about oral health and dental access and to address, through community-initiative, the problems of oral health and dental access. (Summer/Fall 2002)
- The State of Illinois partners with local organizations to host a community meeting on Oral Health in order to help the State develop its 5-Year Oral Health Care Plan. The meeting is sponsored by the Illinois Department of Public Health’s Oral Health Division, Champaign County Health Care Consumers, Champaign-Urbana Public Health District, Health Care Justice Campaign, I-Floss Coalition, Illinois Rural Health Association,



and the Central Illinois Dental and Education Services organizations. The State of Illinois plans to release its new 5-year plan early in 2007. (July 24, 2006)

For more information, please contact:

Claudia Lennhoff, Executive Director

Champaign County Health Care Consumers
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E-mail: claudia@shout.net or cchcc@healthcareconsumers.org

Web: www.healthcareconsumers.org



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ATTACHMENT #3
Oral Health Needs Assessment and Planning Program
Training 2006
Ann L. Roppel, RDH BA

Public Health Core Functions

**ASTDD Seven-Step Model:
Oral Health Needs Assessment and Planning**

Illinois Project for Local Assessment of Needs

Division of Oral Health Supplemental Guidance

Step One

- Identify Partners and form an advisory committee

Step Two

- Conduct Self- Assessment to determine your organizations goals and resources
- Look at resources from you committee members
- Remember most who serve on a committee have their own goals as well as the group goals

Step Three

- Plan the needs assessment
- Include all core data items
- Include three optional data items
- Conduct a inventory of all your available primary and secondary data
- Determine if you have need or ability to collect primary data
- Identify your community resources
- Select methods and develop a work plan

Step Four

- Collect data in your county
with your resources approved by committee



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Step Five

- Organize data
- Analyze data
- Compile data

Step Six

- Compile your final report
- Utilize your needs assessment results for due to IDPH on or before September 30, 2006
- Program Planning
- Advocacy
- Community Education

Step Seven

- Health Department
- OHNAP Process
- Oral health program performance
- Division of Oral Health
- OHNAP

Oral Health Problems Most Often Identified

- Dental Caries
- Early Childhood Caries
- Periodontal Disease
- Oral Cancer
- Orofacial Injury

Oral Health Priorities Most Often Identified

- Access to oral health care
- Dental sealants
- Oral health education
- Community fluoridation
- Tobacco prevention and cessation
- Protective mouth guards

Role of Comprehensive Community-based Needs Assessment and Planning

- Appropriate interventions
- Build community capacity.
- Draw from community strengths and available resources.
- Evaluation

Community Engagement a Smart Planning Strategy

- Access to local resources, leaders and technical skills;
- Stimulate coordination;
- Negotiate conflicts;
- Assess feasibility and acceptability of new programs or ideas;
- Build community “by in”;

Community Engagement is at the heart of the assessment and planning process.

Impact Objective: a goal for the level to which a risk factor should be reduced. It is intermediate in time and measurable.

By 2010, increase to at least 75% the number of parents and caregivers who use feeding practices that prevent early childhood caries. (baseline 50%)

By 2010, increase to at least 90% the number of people served by the community water systems providing optimal levels of fluoride. (baseline 86%)

By 2010, increase to at least 50% the number of children who have received protective sealants on the occlusal surfaces of permanent molar teeth. (baseline 13%)

Proven Intervention Strategy/Process Objective: a strategy that has been demonstrated to be effective and addresses an impact objective.

By 2010, plan and implement an early childhood caries prevention program.

By 2010, develop a process to monitor fluoridation status and notify county water systems when out of compliance.

By 2010, plan and implement a school-based dental sealant program serving high-risk children ages 5- 17.



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Program Evaluation

- Health Department
- OHNAP Process
- Oral health program performance
- Division of Oral Health
- OHNAP

Step 1.

Community Engagement
Core and Optional Data Collection

We look forward to your report
Please call if you need assistance
Ann L. Roppel RDH BA CDHC
ann.roppel@illinois.gov
voice 217-278-5922
fax 217-278-5959



ATTACHMENT #4

WORKSHEET #2 - NEEDS ASSESSMENT GOALS

To what extent do you hope to accomplish each of the following through your assessment?
(circle the most appropriate number for each item)

	NOT AT ALL		MODERATE		HIGH
Fulfill Grant IDPH Requirements	1	2	3	4	5
Network with other programs / agencies / organizations	1	2	3	4	5
Build a constituency for oral health issues	1	2	3	4	5
Update existing data	1	2	3	4	5
Establish a baseline data	1	2	3	4	5
Prioritize programs	1	2	3	4	5
Justify budget (maintenance / expansion / reallocation)	1	2	3	4	5
Increase visibility of oral health program in agency	1	2	3	4	5
Target resources to specific populations	1	2	3	4	5
Fulfill expectations of local governing authority	1	2	3	4	5
Educate decision makers	1	2	3	4	5
Collect data in timely fashion	1	2	3	4	5
Collect valid (accurate) / reliable (reproducible) data	1	2	3	4	5
Generalize findings to target population	1	2	3	4	5
Evaluate existing programs	1	2	3	4	5
OTHER					
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5



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	1	2	3	4	5
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ATTACHMENT #5

WORKSHEET #7- COMMUNITY HEALTH PLAN: WORKSHEET	
Health Problem:	Outcome Objective:
Risk Factor(s)(may be many):	Impact Objective(s):
Contributing Factors (Direct/Indirect)(may be many):	Proven Intervention Strategies:
Resources Available (governmental/non-governmental):	Barriers:



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**Champaign-Urbana Oral Health Needs Assessment Committee
Meeting #2: Planning
April 20, 2007**

MINUTES

Present: Julie Pryde, *CUPHD-Division of Infectious Disease Prevention and Management*; Denise Novak, *Division of Specialized Care for Children*; Susan Farner, *University of Illinois-Community Health*; Deb Fruitt, *CUPHD, Division of Chronic Disease Prevention and Health Promotion*; Gary Dunn, *East Central IL HIV Care Consortium*; Pat Babich-Smith, *Family Service-Senior Services*; Sandy Martin, *Urbana Schools*; Awais Vaid, *CUPHD, Epidemiologist*; Mary Emmons, *Parkland-Dental Hygiene Program*; Dr. James Wahl, *CUPHD-Division of Dental Health*; J. Barry Howell, *Local dentist and Trustee, IL State Dental Society*; Allen Rinehart, *Carle Foundation Hospital*; Cassie Montoya, *Mental Health Center of Champaign County*; Dhara Patel, *University of Illinois pre-dentistry student*.

Members who were not able to attend this meeting: Ann Roppel, *IL Department of Public Health, Division of Oral Health*; Sheri Ervin, *Provena Medical Center*; Claudia Lennhoff, *Champaign County Healthcare Consumers*; Susan Mauer, *Champaign County Board of Health*; Dr. Thomas W. Fonner, *Central IL Oral Surgery*; J. Barry Howell, *Trustee, IL State Dental Society*; Fred Clarke, *Champaign Unit 4 Schools*; Linda Kaste, *UIC College of Dentistry*; Laura Ehmen, *Dental hygienist, Dr. Cheng's office (pediatric dentist)*; Vito Palazzolo, *Administrator, C-U Public Health District*.

Review of Minutes from Meeting #1: The minutes were approved without revisions.

Overview: The group reviewed the responses from Worksheets #2 and #7 which were distributed at the first meeting and through the minutes. (See attached summarized responses).

Review of Data: Handouts were distributed to group members that listed oral health data from C-U and Champaign-Urbana. (See attached data).

Groups: Members broke into small groups focusing on 1) children, 2) seniors, 3) persons with special needs, and 4) adults. The groups were asked to review, discuss, and complete Worksheet #8 for their targeted population. (See attached responses).

Group Discussion: Each subgroup reported back to the larger group on their responses. At this time all members of the group could ask questions and provide input.

Adjourn: The meeting adjourned at 1:00PM.



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<p>WORKSHEET #8-Community Health Plan: CHILDREN</p> <p>Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends).</p> <p>HEALTH PROBLEMS: Injury, dental caries, infection, misalignment of teeth</p> <p>RISK FACTORS: poor oral hygiene, lack of care, and lack of fluoridated water due to not drinking enough tap water.</p> <p>CONTRIBUTING FACTORS: Lack of education, poverty (not owning a tooth brush, tooth paste, floss); lack of access to dental care, poor nutrition, lack of transportation, language barriers, and cultural barriers.</p>
<p>CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors</p> <p>Education on oral health and nutrition to be provided in the schools, in the schools, on the mobile dental van, in the Urbana School-based Health Center</p> <p>Provide toothbrushes to children in the schools following dental education</p> <p>Provide mouth guards to prevent injuries to children participating in sports</p> <p>Dental physical compliance through schools</p> <p>Change in the billing and reimbursement</p>
<p>PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:</p> <p>University of Illinois pre-dental</p> <p>Parkland College's Dental Hygiene Program</p> <p>Champaign-Urbana Public Health District</p> <p>Illinois Dental Society</p> <p>Frances Nelson Health Center (FQHC)</p> <p>Child Dental Access Program (Champaign County Health Care Consumers)</p> <p>Companies (for dental products and supplies)</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Data from school dental exam compliance rates</p> <p>Champaign-Urbana Public Health District—survey—schools</p> <p>Emergency Department data from Carle and Provena Hospitals</p> <p>Data from the Urbana School-based Health Center</p>



WORKSHEET #8-Community Health Plan: SENIORS
Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends). HEALTH PROBLEMS: Chronic health conditions such as diabetes, heart disease, pulmonary diseases; Physical and mental limitations; Poor nutrition RISK FACTORS: Infection, the need for special treatment procedures, ill-fitting dentures, broken teeth, pain CONTRIBUTING FACTORS: poor dental care, lack of specialist availability,
CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors Availability of oral surgeons, dental labs, preventative care for seniors who lack access (financial, transportation, etc.)
PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors: Champaign County Health Care Consumers Cumberland Associates Family Service – Senior Resource Center Department on Aging Nursing Homes Regional Planning-Senior Services
EVALUATION PLAN to measure progress towards reaching objectives: Quarterly measures using a standard form Percentage of care received Data from Emergency Departments of Carle and Provena Behavioral Risk Factor Surveillance System

<p>WORKSHEET #8-Community Health Plan: ADULTS</p> <p>Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends).</p> <p>HEALTH PROBLEMS: Dental caries and oral hygiene issues</p> <p>RISK FACTORS and CONTRIBUTING FACTORS: Poor diet (including increased amounts of fast food), lack of transportation, lack of access to dental services, diversity of population (cultural and language barriers and transient population).</p>
<p>CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors</p> <p>Improved diet education among population with inadequate insurance</p> <p>Direct education with the transient populations</p> <p>Provide transportation or take health care directly to the patient</p> <p>Better marketing of services that exist (dentists do a great deal of informal charity care that does not get recognized)</p>
<p>PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:</p> <p>Refuge Center (Asian populations)</p> <p>Latino Partnership</p> <p>Frances Nelson Health Center</p> <p>Champaign-Urbana Public Health District</p> <p>Champaign County Health Care Consumers</p> <p>City Governments</p> <p>Community Dental Health Educators</p> <p>Champaign County 708 Mental Health Board</p> <p>Dental Society</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Decrease use of hospital emergency departments</p> <p>Evaluate for increased number of patients being seen by Adult Dental Access Partnership</p> <p>Any plan will be impacted by changes in Medicaid reimbursement</p>

<p>WORKSHEET #8-Community Health Plan: PERSONS WITH DISABILITIES</p> <p>Description of the health problem, risk factors and contributing factors (including high risk populations and projected statistical trends).</p> <p>HEALTH PROBLEMS: Immune suppressed patients have serious oral health problems, secondary health problems related to disease or disability; side effects of medications can cause dry mouth, which increases oral health problems such as caries.</p> <p>RISK FACTORS: Co-infections, mental health issues, substance abuse issues</p> <p>CONTRIBUTING FACTORS: Language barriers, lack of funding for adequate services, lack or awareness of services.</p>
<p>CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors</p> <p>Adult Dental Access Partnership (collaborations)</p>
<p>PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate factors:</p> <p>Champaign-Urbana Public Health District</p> <p>Medicaid</p> <p>Government</p> <p>East Central IL HIV Care Consortia</p> <p>IL Department of Public Health</p>
<p>EVALUATION PLAN to measure progress towards reaching objectives:</p> <p>Measure oral health of special populations (persons with HIV, persons with mental illness, etc.)</p>



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Responses from Worksheet #2
(n=12)

Needs Assessment Goals	MEAN
Build a constituency for oral health issues	4.50
Network with other programs/agencies/organizations	4.00
Establish a baseline data	3.58
Increase visibility of oral health program within the agency	3.50
Target resources to specific populations	3.42
Educate decision makers	3.42
Update existing data	3.33
Generalize findings to target population	3.33
Prioritize programs	3.00
Collect valid/reliable data	3.00
Collect data in a timely fashion	2.92
Evaluate existing programs	2.92
Fulfill grant IDPH requirements	2.75
Justify budget (maintenance /expansion/ reallocation)	2.58
Fulfill expectations of local governing authority	2.50



Summary of Responses to Worksheet #7
(n=12)

HEALTH PROBLEMS

No dental providers willing to accept Medicaid

Unavailable dental care for those who are uninsured/low-income

Lack of access to affordable dental care for adults

Lack of Dental care for the uninsured

Few dental providers for IPA and uninsured lead to hospital ED visits
(Hospital EDs can only treat pain)

Dentures need to be realigned or refitted

Teeth need to be extracted and clients need dentures

Severe dental caries in children leading to systemic illness and poor grades in school

Decayed tooth or teeth

Diseased gums

Cancer of the mouth/tongue

Poor nutrition

Improper alignment of teeth in children



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