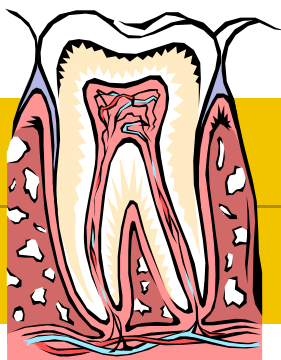


PRIORITY HEALTH CONCERN

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**PREVALENCE OF  
POOR DENTAL AND ORAL HEALTH**



## PRIORITY HEALTH CONCERN

# POOR DENTAL AND ORAL HEALTH

According to the Centers for Disease Control and Prevention (CDC), tooth decay is a major health concern for both children and adults. Although dental caries is largely preventable, it remains the most common chronic disease of children 5 to 17 years of age, affecting more than one-fifth of children in the United States aged 2 to 4 years, one-half of 6 to 8 year olds, and nearly 60% of adolescents 15 years of age. Additionally, tooth decay affects a staggering 95% of all adults in the U.S.

**Only 18% of Knox County children under age 19, who are at or below 200% of poverty level, receive dental services.**

Knox County is designated by the Department of Health and Human Services as a Dental Health Professional Shortage Area (HPSA). There are only 15 dental providers in the County, four of which are either orthodontists or oral surgeons. United States census data reports the total population of Knox County at 55,836 individuals; 50.5% of residents have no insurance to cover dental health care.

Data obtained during completion of the 2004/2005 Knox County Oral Health Needs Assessment indicates that only 66% of children under 21 years of age are considered active dental patients and just 71% of Knox County adults are. Furthermore, 57% of those children seen by a provider had dental caries experience, 44% had untreated decay; and only 55.6% have sealants on at least one permanent molar.

Adults in Knox County fair no better with 42% of surveyed seniors reporting that they have had all of their natural teeth extracted, and 82% of older adults stating that they have had at least

one tooth extracted because of dental caries or periodontal disease.

Healthy People 2010 calls for successfully reaching the goal of "preventing and controlling oral and craniofacial diseases, conditions, and injuries and improve access to related services."

### The Healthy People 2010 objectives for dental and oral health include:

- Increase the number of Tribal, State, and local health agencies that have in place an effective public health dental program directed by a dental professional with public health training;
- Increase the proportion of children who have received dental sealants on their molar teeth. (*baseline: 23% children aged 8 years, 15% children aged 14 years*);
- Increase the proportion of low-income children and adolescents who received any preventative dental service during the past year. (*Baseline: 20% children and adolescents under age 19 at or below 200% poverty level*);
- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth (*baseline: 18% children aged 2-4 years*);
- *Reduce tobacco use by students in grades 9-12 (Baseline: 8% used spit tobacco); and*
- *Reduce tobacco use by adults aged 18 years and older (Baseline: 2.6% used spit tobacco).*

### RISK FACTORS

Many of the problems related to poor dental and oral health stem from a lack of access to dental care. Access to care issues include multiple factors; including, actual physical access to care, monetary reasons for avoiding care, and fears and misconceptions related to dental care.

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Other concerns, such as inappropriate lifestyle choices, poor dental hygiene practices, and other factors linked to an individual's physical environmental, such as a fluoridated water supply, also affect the dental health status of an individual.

During the Healthy Communities Project Needs Assessment, 15.9% of individuals reported needing to see a dentist, but being unable to afford care. Additionally, as of January 2004, 8,545 Knox County residents were Medicaid recipients; however, currently there are no dentists operating in Knox County who accept Medicaid.

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**Tobacco products stain your teeth and cause gum disease and tooth loss. Smokeless tobacco is highly addictive and can cause mouth, tongue, and lip cancer.**

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Additional risk factors for poor dental and oral health include substance abuse and tobacco use. Tobacco use is the fourth most common risk factor for disease worldwide, and smokeless tobacco use is one cause of oral cancer.

According to the Youth Tobacco Surveillance conducted by the Centers for Disease Control and Prevention, 7.8% of all 12<sup>th</sup> graders and 4.0% of 8<sup>th</sup> graders use smokeless tobacco. In Knox County, 2001 data indicated that 7.7% of 10<sup>th</sup> graders, 7.4% of 8<sup>th</sup> graders, and 2.1% of children in the 6<sup>th</sup> grade report using smokeless tobacco. Knox County Behavioral Risk Factor Survey (BRFS) data for 2004 indicates that 8.1% of adults use smokeless tobacco.

Tobacco products stain your teeth and can cause gum disease and tooth loss. Smokeless tobacco is highly addictive and can cause mouth, tongue, and lip cancer. During 1997–2001, the most recent data available, oral cancer annually affected Knox County residents at a rate of 10.4

per 100,000 population. The State of Illinois rate was 10.7 per 100,000 population.

#### DIRECT & INDIRECT CONTRIBUTING FACTORS

Inadequate lifestyle choices may also directly or indirectly lead to poor dental and oral health. These bad habits, such as substandard oral hygiene and poor diet and nutrition; inherently include a lack of realization concerning how oral health and overall health and well-being are correlated.

**Healthy teeth and gums can be accomplished through good oral hygiene habits, including:**

- ✓ Brushing at least twice a day with a fluoride toothpaste;
- ✓ Taking time to brush after meals;
- ✓ Flossing every day;
- ✓ Limiting the number of times you eat snacks each day; and
- ✓ Visiting your dentist regularly.

Other factors affecting an individual's ability, or willingness to seek dental and oral health care for both preventative and restorative services include of a lack of financial resources, the high cost related to dental care, and other access and availability concerns; including the low number of individuals and families who have dental health insurance.

Cultural or familial concerns which relate to oral health deal with incorporated beliefs about dental care. Specific attitudes, behaviors, fears, and even apathy, all effect how individuals approach dental health, as well as, when and if they seek dental health care. Environmental concerns such as fluoridated water systems and exposure to toxins which affect oral health, additionally play a role in affecting the dental health of individuals and the communities in which they live.

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Individual physical addictions, as well as easy access to, drugs, alcohol, and tobacco, all contribute to poor oral health as well. The availability of cessation and addiction treatment programs which address these concerns would reduce a number of the consequences of these contributing factors.

#### COMMUNITY HEALTH IMPROVEMENT GOALS

For too long, oral health and oral health care have enjoyed far less attention than other aspects of health and health care. The Healthy Communities Project Partners recognize that the terms oral health and general health are not independent of one another. As part of this recognition, the following community health improvement goals are proposed in order to reduce the prevalence of poor dental and oral health among Knox County residents:

- **By the year 2016, reduce by 50%, the prevalence of poor dental/oral health in children and adults in Knox County.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children seen by a dental provider who have untreated decay: 57%. Of those Knox County children seen by a dental provider, 10.4% were ranked as having high treatment urgency, 33.3% were ranked at medium treatment urgency, and only 56% had no treatment urgency. 82% of Knox County older adults have had one or more teeth extracted due to dental carries or periodontal disease; 42% of surveyed seniors have had all teeth extracted. According to the CDC, in the United States in 2005, 21% of children aged 2-11 years, 7% of children aged 6-11 years, 16% of adolescents aged 12-15*

*years, and 22% of adolescents aged 16-19 years had untreated decay, and 25% of adults over the age of 60 years have had all teeth extracted*

Healthy People 2010 Goal: Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.

- **By the year 2010, reduce by 95%, barriers to dental/oral health care that are access to dental care provider related, for Knox County children and adults.**

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

*One in six (15.9%) Knox County adults reported in the household survey that during the past year at least one person in their home had needed dental care but was unable to afford accessing it. Additionally, 31.6% of survey respondents cited affordable dental care as being a major community concern. IDPH reported in a 2004 Oral Health report, 14% of Illinois adults needed to see a dentist during the past year and could not afford to go; more than 33% of Illinois adults do not have any form of dental insurance.*

Healthy People 2010: Increase the number of Tribal, State, and local health agencies that have in place an effective public dental health program directed by a dental professional with public health training.

#### COMMUNITY HEALTH IMPROVEMENT OBJECTIVES

Oral health is intrinsically linked to the overall health and well-being of an individual. Good oral health means far more than healthy teeth, as you cannot be truly healthy without oral health.

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Keeping this in mind, the Citizens Workgroup has established the following community health improvement objectives to impact community health improvement goals to reduce the pervasiveness of poor dental and oral health in Knox County children and adults.

- **By 2016, increase the percentage of Knox County children, who are seen by a dentist, with one or more protective sealants on permanent molar teeth by 25%.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children seen by a dental provider over the past twelve months who have at least one sealant on their permanent molar teeth: 55.6%; however, only 66% (11,849) of children less than 21 years of age are considered active dental patients and have seen a dental care provider in the past year. According to the CDC, in the United States in 2002, 32% all of children had at least one dental sealant on one or more permanent molar, premolar, or upper lateral incisor.*

Healthy People 2010: Increase the proportion of children who have received dental sealants on their molar teeth. Target: 50%; Baseline: 23% of children aged 8 years and 15% of children aged 14 years had dental sealants on permanent molar teeth in 1999.

- **By the year 2016, increase the proportion of Knox County children at or below 200% poverty level who receive preventative dental services by 40%.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children under age 19 years at or below 200% poverty level who received preventative dental services: 18%, or*

*approximately 750 children. In Illinois, only 33% of children enrolled in Medicaid utilize oral health care during the year. According to the CDC, in the United States in 2005, less than 20% of Medicaid eligible children received at least one preventative dental service in a recent year.*

Healthy People 2010: Increase the proportion of low-income children and adolescents who received any preventative dental services during the past year. Target: 57%; Baseline: 20% children and adolescents under age 19 years at or below 200% poverty level received any preventative dental service in 1996.

- **By the year 2011, reduce the proportion of children with dental caries experience by 25%.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children seen by a dental provider who have dental caries experience: 57%. IDPH reported in a 2004 Oral Health report, 54% of children have dental caries experience. According to the CDC, in the United States in 2005, dental caries affected greater than 20% of children aged 2-4 years, 50% of children aged 6-8 years, and almost 60% of children 15 years of age.*

Healthy People 2010: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. Target: 11%; Baseline: 18% of children aged 2-4 years had dental caries experience in 1994.

- **Increase the percentage of Knox County children and adults who use the oral health care system by 15% by the year 2016.**



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Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children and adults who use the oral health care system each year: 66% (11,849) children under 21 years are considered active dental patients (seen a dental care provider in the past year), 71% (27,109) adults are considered active dental patients. IDPH reported in its 2004 Oral Health report that 69% of Illinois adults had their teeth cleaned by a dentist or dental hygienist within the past year.*

Healthy People 2010: Increase the proportion of children and adults who use the oral health care system each year. Target: 56%; Baseline: 44% of persons aged 2 years and older in 1996 visited a dentist during the previous year.

- **Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016.**

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

*Percentage of Knox County adults who self-reported in 2004 IBRFS that they are a smoker 22.67%. Percentage of Knox County smokers and former smokers who self-reported in 2004 IBRFS that they smoke every day 35.1%; smoke some days 11.6%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they are a smoker 23.6%.*

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 12% - Cigarette Smoking; Baseline: 24% of adults aged 18 years and older reported that they smoked cigarettes in 1998.

- **Reduce the proportion of Knox County adolescents, young adults, and adults using smokeless tobacco 5% by the year 2016.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005: Together We Can Survey)

*Percentage of Knox County 10<sup>th</sup> graders, surveyed in 2001, using smokeless tobacco: 7.7%, 8<sup>th</sup> graders: 7.4%, 6<sup>th</sup> graders: 2.1%. According to the American Lung Association, in 2002, 6.1 % of U.S. high school students, and 3.7% of U.S. middle school students used smokeless tobacco.*

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

*Percentage of Knox County adults who self-reported in 2004 IBRFS that they have ever used smokeless tobacco 17.7%. According to American Lung Association data, 18.7% of adults nationally use Chewing tobacco.*

Healthy People 2010: Reduce tobacco use by students in grades 9-12. Target: 1% - Spit Tobacco; Baseline: 8% of students in grades 9-12 used spit tobacco one or more days during the past month.

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 0.4% - Spit Tobacco; Baseline: 2.6% of adults aged 18 years and older reported that they used spit tobacco in 1998.

### COMMUNITY HEALTH IMPROVEMENT STRATEGIES

Poor dental and oral health is idyllically and most cost effectively managed as a result of prevention. Intervention programs which provide education and promote the adoption of life-long good oral health habits and behaviors are the primary components of most strategies to reduce

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the prevalence of poor dental and oral health in Knox County. Additional strategies address issues related to the risk factor retaining the greatest scope of concern, physical access to dental care for Knox County residents.

- ▶ *Collaborate with the local Dental Society in the formation of a community oral health taskforce to monitor community dental health issues.*
- ▶ *Investigate models for the provision of dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.*
- ▶ *Foster collaborative partnerships with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry, as well as other regional dental schools.*
- ▶ *Increase the number of Knox County residents who have received a dental/oral health screening and who receive treatment for identified decay.*
- ▶ *Provide comprehensive community programming promoting dental/oral hygiene practices and encouraging preventative dental practices.*
- ▶ *Ensure focused overview of all available dental resources within Knox County and ensure that linkages are provided.*
- ▶ *Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients.*
- ▶ *Provide community programming regarding the effects of tobacco use and second-hand smoke.*
- ▶ *Marketing programs to change public attitudes about tobacco use, and promotes*

*smoking cessation through the immediate and long-term benefits of cessation.*

- ▶ *Assure availability of tobacco cessation programs to Knox County residents.*
- ▶ *Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.*

#### IMPLEMENTATION (CORRECTIVE ACTIONS)

Although the prevention and reduction of risk factors is the major strategy for lowering the prevalence of poor dental and oral health in Knox County residents, early and timely restorative dental care, as well as the provision of useful educational information concerning good oral health habits and behaviors, are also fundamental components of this effort. The Knox County public health system partners will collaborate in implementing the following measures to aid in ensuring access to oral health services are available to all residents.

- ▶ *Utilize the community oral health task force to monitor the decreasing number of dentists in the Knox County and coordinate community recruitment and marketing.*
- ▶ *In collaboration with the community oral health task force, investigate the establishment of a "Grow Your Own" program and/or last year dental school payoff to recruit for public health dentistry.*
- ▶ *Investigate opportunities to work with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry in establishing Knox County as a site for students and dental staff to complete a rotation utilizing the Carl Sandburg College facility.*

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- ▶ *Partner with the UIC and SIU Schools of Dentistry, as well as other regional dental schools, to recruit dentists for Knox County.*
- ▶ *Establish a program to provide dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.*
- ▶ *Coordinate and implement a collaborative community dental screening program in correlation with other health screening programs which promotes the link between oral health and overall health and well-being, and increases the number of Knox County residents screened by a minimum of 10% through screening a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).*
- ▶ *Establish policies which provide linkages for treatment of dental health concerns identified through oral health screenings.*
- ▶ *Comprehensive community programming that promotes good dental/oral hygiene practices and their relation to overall health, and encourages preventative dental practices will be provided to a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).*
- ▶ *Ensure availability of tobacco cessation programs, implementing a rural outreach tobacco cessation campaign for Knox County.*
- ▶ *Implement a "Successful Quitters" testimonial marketing campaign addressing individual concerns related to tobacco cessation.*
- ▶ *Establish a resource which provides support to Knox County physicians in recommending tobacco cessation to their patients.*
- ▶ *Comprehensive community programming providing education concerning the effects of tobacco use and second-hand smoke.*
- ▶ *Implement marketing efforts to alter public "acceptability" of tobacco use, and encourages smoking cessation through education of the immediate and long-term benefits of quitting smoking.*

Members of the Healthy Communities Project Citizens Workgroup believe that the Knox County public health system would benefit from a collaboration of its members with the local dental society in order to form an active dental health taskforce. The primary purpose of this task force will be to undertake activities which focus on ensuring the availability of dental care to all residents of the County. Proposed activities include not only monitoring the decreasing number of dentists practicing in Knox County; but, taking active steps to coordinate community recruitment. As part of these efforts opportunities such as "grow your own" programs, last year tuition payoff, and college recruitment will be investigated as viable solutions.

Additionally, with the greatest scope of concern lying in physical access to dental care, task force members will investigate models for the delivery of dental health care to Medicaid, low-income, uninsured, and underinsured population of Knox County. Efforts will also be made to ensure the provision of linkages for restorative dental care for individuals identified with dental and/or oral health concerns. These efforts will include investigating opportunities to work with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry to establish Knox County as a site for students and dental staff to complete a rotation. Public health system partners, such as Carl Sandburg College, specifically their dental hygiene



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program, were identified as excellent and mutually benefited partners in efforts such as these.

With regard to tobacco use and good dental and oral health, the Citizens Workgroup strongly felt that any strategies to reduce tobacco use by Knox County residents should initially include the development of community programming which would provide comprehensive education and marketing concerning the effects of tobacco use, as well as strong efforts to reduce public "acceptability" tobacco use; both smoking and spit tobacco. The Group felt that these issues and their impact are the precursor to any individual making a permanent decision to quit using tobacco.

Tobacco cessation will immediately begin to reduce the damaging effects that smoking and spit tobacco have on oral health. Subsequently, all efforts promoting smoking cessation will include intense marketing and education about the immediate and long-term benefits of eliminating tobacco use. Knox County public health system partners, including the Health Department, area hospitals and other agencies, will continue to promote and offer smoking cessation through programs such as "Freedom from Smoking," "NOT- Not on Tobacco," and "Make Yours A Fresh Start Family." During these programs, participants learn the skills necessary to eliminate their dependence and quit using tobacco. It is anticipated that, in order to be more successful, the current programs must be reviewed for effectiveness and revised to reflect population demographics and tobacco use trends. As part of these continuing efforts, Citizens Workgroup members are proposing that the implementation of a rural outreach smoking cessation campaign for Knox County would significantly lessen access issues.

Also of primary importance is preventing the initiation of tobacco use. As such, the continuing provision of tobacco education programs for Knox County youth such as "Smoke Free That's Me," the "Smoke-Free Home Pledge," and "The Monster Cigarette, which stress deterrence and the dangers of second-hand smoke, will continue to be provided on a regular basis. Additionally, the Knox County Health Department will continue to promote the Illinois Smoke-Free Restaurant Recognition program, which recognizes and supports local restaurants that chose to provide a smoke-free environment to their patrons by posting the names of these establishments on both the Knox County Health Department and Illinois Department of Public Health web-sites.

Another strategy consists of implementing a "Successful Quitters" testimonial marketing campaign. This campaign would encourage tobacco cessation through the publication of success stories which address individual concerns related to smoking cessation. Examples of individual concerns would include weight gain, failure, smoking spouses, etc. These would include real life stories from former smokers residing in Knox County. Also, to garner additional support of tobacco cessation efforts, educational materials and tobacco cessation classes, would be made available to Knox County physicians and dentists to encourage them to educate patients regarding oral health concerns related to tobacco use and recommend to their patients that they quit.

Finally, a critical component to any successful public health programming, a community health education and social marketing endeavor to promote the link between oral health and overall health and well-being will be developed. This program will be comprehensive in nature, will promote good dental hygiene practices, and will include the coordination of a collaborative

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community dental screening program. These oral health education and screening opportunities will be offered by area public health system agencies as part of existing health education and screening activities via on-site and outreach clinics, health fairs, worksites, as well as other venues.

#### BARRIERS

Finding solutions to resolve existing barriers to preventative and restorative dental health care is of primary importance in challenging the factors which contribute to the prevalence of poor dental and oral health in Knox County residents.

Access barriers are of primary importance in Knox County, and may include concerns such as cost of care, lack of insurance, dentists accepting insurance and transportation. Other barriers to care include changing individual behaviors and perceptions regarding dental health, and a lack of knowledge about the importance of dental health to the overall health and well-being of an individual, and the link between poor dental health and certain diseases such as cardiovascular disease and diabetes.

Finally, legal barriers specific to certain lifestyle choices, such as tobacco use, include concerns such as a lack of enforcement of existing regulations, and present a different set of barriers to health care. These legal barriers inherently include confronting accepted social norms, which may include public perceptions about lifestyle choices and/or the risks and benefits associated with those choices.

All of these different types of barriers must be taken into consideration when developing activities and programs to impact the prevalence of poor dental and oral health in Knox County.

#### COMMUNITY RESOURCES

Promoting heart-healthy and stroke-free communities involves efforts from all sectors of the community. The following agencies and organizations would participate in the coordination and implementation of programs and activities to impact the incidence of cardiovascular disease:

- » Health Care Providers
- » Dentists and Dental Hygienists
- » Carl Sandburg College Dental Hygiene School
- » Physician Offices
- » Knox County Health Department
- » Illinois Dental Association
- » Local Schools and Colleges
- » Faith Community
- » Knox County YMCA
- » American Dental Association
- » Illinois Department of Public Health
- » University of Illinois Extension
- » Civic and Business Groups
- » Labor Unions
- » Human Service Organizations
- » Local Dental Association
- » Clubs and Organizations
- » Galesburg Area Chamber of Commerce
- » Local Media Outlets
- » Pharmacies

#### FUNDING

Funding for public health dental staff and health educators, as well as other expenditures such as overhead expenses, capital equipment, disposal dental supplies, travel reimbursement, health education materials, screening services and supplies, data collection, and marketing costs will be required.

Possible sources of funding would include fee for service programming, Medicaid billing, and donations, as well as grants to local agencies

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from the State of Illinois, the Federal Government, and other public or private entities. Knox County public health system partners will work collaboratively to complete the identified strategies.

Through collaboration public health system partners are able to provide service to a greater number of Knox County residents and avoid the duplication of services.

#### EVALUATION

Effective program evaluation plays an essential role in public health programming. It includes the development of clear plans, inclusive partnerships, and systematic feedback that allows learning and ongoing improvement to occur. Each program, as part of the Knox County Community Health Improvement Plan, must conduct routine, practical evaluations that provide information for management and stakeholders, and improve program effectiveness. Program evaluation data will be reviewed every six months by Health Department staff monitoring programs, and annually by key stakeholder groups.

A program is simplistic terminology used to describe the object of the evaluation, and can be any organized public health action. Within this Community Health Improvement Plan, evaluation will be routinely tied to all identified corrective actions which address priority health concerns. Emphasis will be placed on the evaluation processes being practical, ongoing, and involving key community stakeholders. It will be utilized to justify the value of a program; answering questions related to program “merit” or quality, “worth” or cost-effectiveness, and “significance” or importance.

Additionally, Citizens Workgroup members acknowledge that stakeholders will be involved in the Community Health Improvement Plan

evaluations. When key stakeholders are not engaged in the evaluation process, an evaluation may not address important elements of a program’s goals, objectives, and strategies. Therefore, evaluation findings might be criticized or ignored. Program evaluation will include stakeholders who are involved in program operations, those served or affected by the program, and the primary users of the evaluation.

Each program evaluation outlined as part of this Plan will include a brief program description; including what the program is intended to accomplish. Key program stakeholders will be identified, as well as how and when data will be gathered and the program evaluated. Finally, each evaluation description will identify how often and with whom program evaluation results will be shared, as well as the means for distribution.

Program evaluation data and results will be maintained by Knox County Health Department staff and kept on file for public use. Any substantial changes to Programs identified by the Knox County Community Health Improvement Plan will be noted therein.



**PROGRAM #1: Safety-net dental clinic to provide access to preventative and basic restorative dental care services for the Medicaid, low-income, uninsured, and underinsured populations of Knox County.**

#### PURPOSE

The purpose of this program is to provide physical access to basic preventative and restorative dental health care services for Medicaid recipients, low-income, and un- or underinsured residents of Knox County. The Clinic will also be responsible for ensuring that appropriate linkages are provided when

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additional dental care outside of the Clinics scope of practice is required.

Additionally, the Program will encourage collaboration among community public health system members to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.

#### KEY PROGRAM STAKEHOLDERS

Safety-net clinic staff, local dental health care providers and their staff, the local dental society, clients of the Safety-Net Dental Clinic Program and their families, Knox County Health Department staff, and individuals and entities to which the evaluation results will be provided.

#### DATA

Most data collected will be relevant to the cost-effectiveness of the Program, as well as numbers related to clients seen, types of service, preventative care measures, appointment wait times, and emergent care. In all cases, data will be collected in accordance with HIPAA Privacy Standard provisions.

#### PROGRAM EVALUATION

The program will be successful if the Safety-net Dental Clinic is successful in providing physical access to basic preventative and restorative dental health care services for Medicaid recipients, low-income, and un- or underinsured residents of Knox County, as well as ensuring appropriate referrals for dental care outside of the Clinics scope of practice. The length of Community Health Improvement Plan goals will allow for measurement of any increase in preventative dental health services, and the general oral health status of the community.

Program accomplishments will also be measured against the successfulness of the collaborative relationships between Knox County Public Health System partners; a secondary

purpose of this Program to foster communication and collaborative working relationships between partners.

Evaluation and collaboration data will both be utilized to justify the value of a program to the community, as well as its contribution to reducing the prevalence of poor dental and oral health in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

#### RESULTS

Program evaluation results will be shared and distributed with key community stakeholders by publishing tabulated results of this Safety-Net Dental Clinic Program in the Knox County Health Department Annual Report if applicable. Distribution of evaluation data may also be provided to local dental association members, Knox County Community Oral Health Task Force members, and Safety-Net Dental Clinic Program associations.



**PROGRAM #2: Collaborative Community Oral Health Screening and Referral Program provided in correlation with other health care screening programs.**

#### PURPOSE

The purpose of this program is to institute habitual preventative oral and dental health care in individuals and their families, as well as ensuring that appropriate linkages are provided when follow-up restorative care is required. Also, early screening which will lead to early detection of oral health concerns; thus, increasing the chances of restorative dental care in its early stages. The Collaborative Community Oral Health Screening and Referral Program will also

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promote the link between good oral health and the overall health and well-being of an individual.

Additionally, the Program encourages collaboration among community public health system members to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.

#### KEY PROGRAM STAKEHOLDERS

Screening providers and their staff who are involved in the Collaborative Community Oral Health Screening and Referral Program, clients of the Program and their families, Knox County Health Department staff, Carl Sandburg College, local dental health care providers and their staff, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Data will be collected through a confidential running tally of Collaborative Community Oral Health Screening and Referral Program participants. This will be confidentially in accordance with HIPAA Privacy Standard provisions. The Community Health Improvement Plan strategy identifies an increase in the number of Knox County residents screened by a minimum of 10% through screening a minimum of 1000 individuals a year for each of the next five years (2006 – 2011). The ending result would be 5,000 new Knox County individuals receiving a dental health care screening by the end of the year 2011.

#### PROGRAM EVALUATION

The Collaborative Community Oral Health Screening and Referral Program will be determined successful if the number of Knox County residents screened increases each year for each of the next five years. Additionally, the length of Community Health Improvement Plan goals allows for measurement of repeat

preventative care visits according to accepted standards, as well as any dental health care provider recommendations.

Program accomplishments will also be measured against the successfulness of the collaborative relationships between Knox County Public Health System partners. A secondary purpose of this Program is to foster greater communication and workforce relationships between public health system partners.

Evaluation and collaboration data will also be utilized to justify the value of a program to the community, as well as its contribution to reducing the prevalence of poor dental and oral health in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

#### RESULTS

Program evaluation results will be shared and distributed with key community stakeholders by publishing tabulated results of this Collaborative Community Oral Health Screening and Referral Program in the Knox County Health Department Annual Report; results will also be shared in written format with the Knox County Community Oral Health Task Force and the local dental society.



**PROGRAM #3: Healthy Teeth for Healthy Bodies Health Education and Promotion Program to provide public health education and promotion related to good dental/oral health and preventative dental care services.**

#### PURPOSE

The purpose of this program is to provide individuals and families dental health education



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concerning the healthy lifestyle choices which lead to good dental and oral health, the adoption of preventative dental health care practices, and the link between good dental and oral health and overall health and well-being.

Fundamental to any disease control program is the accurate communication of the nature of agents that cause disease, since this knowledge empowers individuals to make educated choices regarding the reduction of their exposure to those agents. As such, health education will be provided to the community providing individuals the tools necessary to take control of their overall health and well-being through the adoption of better dental and oral health habits.

Another component of the Healthy Teeth for Healthy Bodies Health Education and Promotion Program will be a social marketing campaign which focuses on primarily the same subject matter, healthy lifestyle choices which lead to good dental and oral health, the adoption of preventative dental health care practices, and the link between good dental and oral health and overall health and well-being. However, health promotion will be accomplished through use of the media and marketing resources. Suggestions were made by Citizens Workgroup members to use members of the public health system and local dental health care community, such as dentists, as public proponents of these measures.

Secondarily, the Healthy Teeth for Healthy Bodies Education and Promotion Program encourages collaboration between community public health system partners to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.

#### KEY PROGRAM STAKEHOLDERS

Program providers and their staff who are involved in the Healthy Tooth for Healthy Bodies

Health Education and Promotion Program, program recipients, community members and their families, local dental providers and their staff, Carl Sandburg College, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Dental health education data will be collected through an activity log tracking the number of Program recipients. Additionally, data may include program evaluations completed by recipients, pre-and post-test results, program inputs and outcomes, as well as community feedback which may be received from the local dental health care community.

Additionally, the Community Health Improvement Plan strategy identifies a minimum of a 10% increase in the number of Knox County individuals receiving Healthy Teeth for Healthy Bodies education through providing the program to a minimum of 1000 individuals a year for each of the next five years (2006 – 2011). This ending result would be 5,000 new Knox County individuals receiving Healthy Teeth for Healthy Bodies Health Education by the end of the year 2011. Therefore, the program will be successful if the number of Knox County residents screened increases each year for each of the next five years.

Dental and oral health promotion data will be qualitative data outlining program activities completed and at times a running tally of recipient response. The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program; however, these activities would be monitored and amended if necessary during regular Program evaluation.

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#### PROGRAM EVALUATION

The program will be successful if comprehensive Healthy Teeth for Healthy Bodies Program is successful in increasing the number of Knox County residents who understand the importance of good oral health care, preventative dental health services, as well as timely restorative care. Additionally, the length of Community Health Improvement Plan goals will allow for measurement of any increase in preventative dental health services and for conclusions to be drawn as to any relationship between the increase and the Healthy Teeth for Healthy Bodies Health Education and Promotion Program.

Data will also be utilized to justify the value of an education and promotion program to the community, as well as its contribution to reducing the prevalence of poor dental and oral health in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

#### RESULTS

Program evaluation results will be shared with and distributed to key community stakeholders, including the Knox County Community Oral Health Task Force and the local dental society, through publication in the Knox County Health Department Annual Report.



**PROGRAM #4: Knox County Community Oral Health Task Force charged with monitoring, investigating, and supporting implementation of solutions for, dental/oral health concerns in Knox County.**

#### PURPOSE

The purpose of the program is to form a “watch-group” of key stakeholders to monitor and address concerns vital to the dental and oral health of Knox County residents. The Knox County Community Oral Health Task Force would be formed collaboratively with the local dental society, the Knox County Health Department and other public health system partners.

The watch-group would initially be charged with monitoring the number of dentists practicing in Knox County, finding long-term and stop-gap solutions to address access to dental health care concerns in Knox County, as well as coordinating community recruitment and marketing efforts to bring dentists into Knox County to practice.

#### KEY PROGRAM STAKEHOLDERS

Local dentists, local dental association members, Carl Sandburg College, dental service providers and their staff, members of the Oral Health Task Force, program recipients and their families, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Knox County Community Oral Health Task Force program will inherently, as part of its purpose, maintain demographic data relevant to the status of the dental health system in Knox County. This data will be relevant to the watch-group performing the task for which it was created. Additionally, process evaluation data will be collected which reflects the activities and actions of the Oral Health Task Force.

Additionally, the Community Health Improvement Plan identifies changes in public health behaviors as outcomes to programs. As such, any positive changes to identified oral/dental health concerns will be measured in

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order to reflect positive impact, which may result in part, from the concerted actions of this task force.

Task Force program activities will be monitored and amended if necessary during annual Program evaluation.

#### PROGRAM EVALUATION

The Knox County Community Oral Health Task Force would be evaluated as a successful effort if resulting data indicates that the partnership has successfully accomplished assigned actions, and that completion of those actions has positively influenced the dental health care system in Knox County.

Specifically, was the Task Force able to investigate and implement long-term and stop gap measures to address access to dental health care concerns? Were partnerships fostered which increase the bonds between dental health and general health and well-being? Are organized recruitment efforts working to Knox County's advantage? Has the status of the dental health care system in Knox County improved as a result of the collaborative efforts? These are the type of questions that evaluators will be charged with in the evaluation of this program.

Additionally, Program accomplishments will also be measured against the successfulness of the collaborative relationships amongst participating Knox County Public Health System partners. This secondary purpose of the Program will foster and expand communication and working relationships between entities, specifically those which build relationships between dental health and health care.

Collected statistics will also be utilized to justify the value of the program to the community, dental health care providers, and the overall public health system, as well as its contribution to reducing the prevalence of poor dental and oral

health in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

#### RESULTS

Program evaluation results will be reviewed and provided annually via written reports made by the Knox County Community Oral Health Task Force to the local dental society.



**PROGRAM #5: Knox County Rural Tobacco Cessation Campaign will provide tobacco cessation programs in rural areas of Knox County, in an effort to remove barriers to care and ensure access to cessation programs for all County residents.**

#### PURPOSE

The purpose of this program is to reduce tobacco use by Knox County residents through participation in tobacco cessation programming. The Rural Tobacco Cessation Campaign is intended to reduce or remove transportation barriers associated with the outlying areas of the County by offering rurally located smoking cessation classes.

#### KEY PROGRAM STAKEHOLDERS

Health care providers and their staff, program participants, community members, Knox County Health Department staff, and individuals and entities to which evaluation results are provided.

#### DATA

Rural Tobacco Cessation Campaign statistics will consist of the collection of confidential data about program participants, as well as a running tally of the number of participants and how many successfully complete the Program and those who remain tobacco-free. Additionally information

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collected will identify reasons behind an individual's decision to become tobacco-free, as well as any concerns which may have contributed to the success or failure of that individual becoming smoke-free.

The Community Health Improvement Plan identifies objectives calling for the reduction of tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016, as well as reduction of the number of nonsmokers who are exposed to environmental tobacco smoke in indoor public places in Knox County. As such, data will be collected and examined pertinent to these goals, in addition to Program evaluation information.

#### PROGRAM EVALUATION

The Rural Tobacco Cessation Campaign will be considered successful if it accomplishes the identified goal of reducing transportation barriers for individuals seeking tobacco cessation programs who reside in outlying areas of Knox County resulting in an increase in the number of participants from these areas. Additionally, the length of Community Health Improvement Plan goals will allow for data collection to identify if rural classes have a positive impact on the overall number of residents who discontinue tobacco use.

Data collected will also be utilized to justify the value of a program to the rural community, the Knox County community as a whole, as well as its contribution to reducing the prevalence of cardiovascular disease in Knox County. Process evaluation questions related to the quality of the cessation program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders in addition to the general numbers of participants.

#### RESULTS

Results will be shared with key community stakeholders through publication of evaluation findings specific to the Rural Tobacco Cessation Campaign. In addition, numeric participant tallies will be included in the Health Department Annual Report.



**PROGRAM #6: "Tobacco Cessation: Successful Quitters" testimonial marketing campaign which will market tobacco cessation.**

#### PURPOSE

The purpose of the Tobacco Cessation Successful Quitters testimonial marketing campaign is to encourage tobacco cessation by individuals through marketing efforts which address individual concerns related to tobacco cessation. The testimonial campaign would entail "success quitters" providing public statements, through various media outlets, both written and verbal, about how they quit using tobacco, what their personal concerns were when they quit using, and what tools they used to overcome those concerns.

The Citizens Workgroup strongly felt that current tobacco users would be inspired by these stories and relate to the common, but very personal, concerns and fears expressed by the "successful quitters." The end result would be that these individuals would realize that these issues can be overcome.

The desired effect of this Program is primarily the reduction of tobacco use by individuals in Knox County; however, secondarily an increase in individuals who quit using tobacco may also have an affect on public opinion regarding tobacco use; subsequently, assisting legislative efforts to establish a ban prohibiting smoking in

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indoor public places for incorporated and unincorporated areas of Knox County.

#### KEY PROGRAM STAKEHOLDERS

Media resources, tobacco cessation program providers, community members and their families, Knox County Health Department staff, health care providers, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Health promotion data is qualitative in nature and will include identifying activities for the “Successful Quitters” campaign which have been completed, and when available record of public response to the campaign. Additionally, information concerning motivation and exposure to media influence will be collected when participants enroll in tobacco cessation programs and can be used to identify any positive influence of the Campaign.

The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program other than identifying objectives which call for the reduction of tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016, as well as reduction of the number of nonsmokers who are exposed to environmental tobacco smoke in indoor public places in Knox County, as such, Program will be collected relevant to these goals.

#### PROGRAM EVALUATION

The program will be determined successful if it is determined that the Tobacco Cessation “Successful Quitters” testimonial marketing campaign has successfully influenced individuals to participate in tobacco cessation programs.

Public response will be used to justify the value of a program to the community, as well as its contribution to reducing the prevalence of cardiovascular disease in Knox County. Process evaluation questions which are related to the

quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

#### RESULTS

Program evaluation results will be reviewed by and distributed to key community stakeholders by publishing any evaluation results associated with the Tobacco Cessation “Successful Quitters” testimonial marketing campaign. Additional success stories may be published in the Knox County Health Department Annual Report if applicable.



**PROGRAM #7: A Tobacco Cessation Proponent Program providing support to Knox County physicians in recommending tobacco cessation to their patients.**

#### PURPOSE

The purpose of this program is to provide support to local physicians in recommending tobacco cessation to their patients. Assistance will be available in the form of up-to-date educational programs, written educational materials, and the availability of tobacco cessation programs.

The Tobacco Cessation Proponent Program will be offered to local physicians and their staff and will promote both the long-term and short-term positive health effects of tobacco cessation, particularly as it relates to cardiovascular health.

Finally, the Tobacco Cessation Proponent Program will encourage collaboration among public health system partners to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.



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#### KEY PROGRAM STAKEHOLDERS

Physician offices which are involved in the Tobacco Cessation Proponent Program, tobacco cessation program providers and their staff, cessation program participants and their families, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Tobacco Cessation Proponent Program data will be collected and a running tally of Program recipients and physician usage maintained. Information recorded will include physician use of the program, including referrals and use of educational resources, the number of individuals referred by their physician, and the number of individuals completing tobacco cessation programming. These positive outcomes and results will be recorded in a confidential manner.

The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program other than identifying objectives which call for the reduction of tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016, as well as reduction of the number of nonsmokers who are exposed to environmental tobacco smoke in indoor public places in Knox County. As such, data will be collected and examined pertinent to these goals, in addition to Program evaluation information. Additionally, however, these education and promotion activities would be monitored and amended if necessary during regular Program evaluation.

#### PROGRAM EVALUATION

The Tobacco Cessation Proponent Program will be determined successful if the number of individuals completing tobacco cessation programs increase, the number of referrals from

physician offices increase, as do the numbers of individuals who remain smoke-free.

Program accomplishments will also be measured against the successfulness of the collaborative relationship among Knox County Public Health System partners. One of the secondary purposes of Tobacco Cessation Proponent Program is to foster communication and the efficient use of community resources.

Data will also be utilized to justify the value of a program to individuals and the health care community, as well as its contribution to reducing the prevalence of cardiovascular disease in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

#### RESULTS

Program evaluation results will be reviewed and provided annually to local physicians and other key community stakeholders by distributing results of the Tobacco Cessation Proponent Program in written format.



**PROGRAM #8: Tobacco Cessation Health Education and Promotion Program which will provide programming to individuals and the Knox County community regarding the effects of tobacco use and second-hand smoke.**

#### PURPOSE

The purpose of the Tobacco Cessation Health Education and Promotion Program is to provide information regarding the effects of tobacco use and second-hand smoke on the health of the individual, their families, and the community as a whole. Health education and promotion efforts are additionally intended to reduce public

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acceptability of tobacco use and decrease tolerance levels concerning second-hand smoke in public places.

The primary desired effect is the reduction of tobacco use; however, secondarily a change in public opinion regarding tobacco use would allow for legislative efforts to establish a ban prohibiting smoking in indoor public places for incorporated and unincorporated areas of Knox County.

Additionally, Tobacco Cessation Health Education and Promotion Program efforts will collaborate between community public health system members to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.

#### KEY PROGRAM STAKEHOLDERS

Program providers and their staff who are involved in the Tobacco Cessation Health Education and Promotion Program, program recipients and their families, community members and their families, Health care providers, school districts, Knox County Health Department staff, city, County, and municipal officials, and individuals and entities to whom the evaluation results will be provided.

#### DATA

Tobacco Cessation Health Education and Promotion Program statistics will be collected through a confidential tally of the number of Program recipients. Tobacco education and cessation promotion data will be qualitative data outlining activities completed and at times a running tally of recipient response.

The Health Plan strategy does not identify a specific goal for this portion of the Program; but, does identify objectives for a reduction in tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016, and a reduction in nonsmokers who are exposed to environmental

tobacco smoke in indoor public places in Knox County. Data will be collected and examined pertinent to these goals as well as Program evaluation information.

Additionally, these education and promotion activities will be monitored and amended if necessary during regular Program evaluation.

#### PROGRAM EVALUATION

The Tobacco Cessation Health Education and Promotion Program will be determined successful if there is a marked increase in tobacco cessation program participation by Knox County residents. Additionally, the length of Community Health Improvement Plan goals allows for a determination of any relationship between an increase in individual tobacco cessation efforts and any Education and Promotion activities.

Additionally, progress toward establishing a ban prohibiting smoking in indoor public places for incorporated and unincorporated areas of Knox County would be an indicator of successfully influencing public opinion concerning tobacco use. This would include any indication that public opinions about tobacco use are changing and any suggestion that tolerance levels for second-hand smoke are decreasing.

Data will also be utilized to justify the value of a program to the Knox County community, as well as its contribution to reducing the prevalence of cardiovascular disease in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will be examined by key stakeholders.

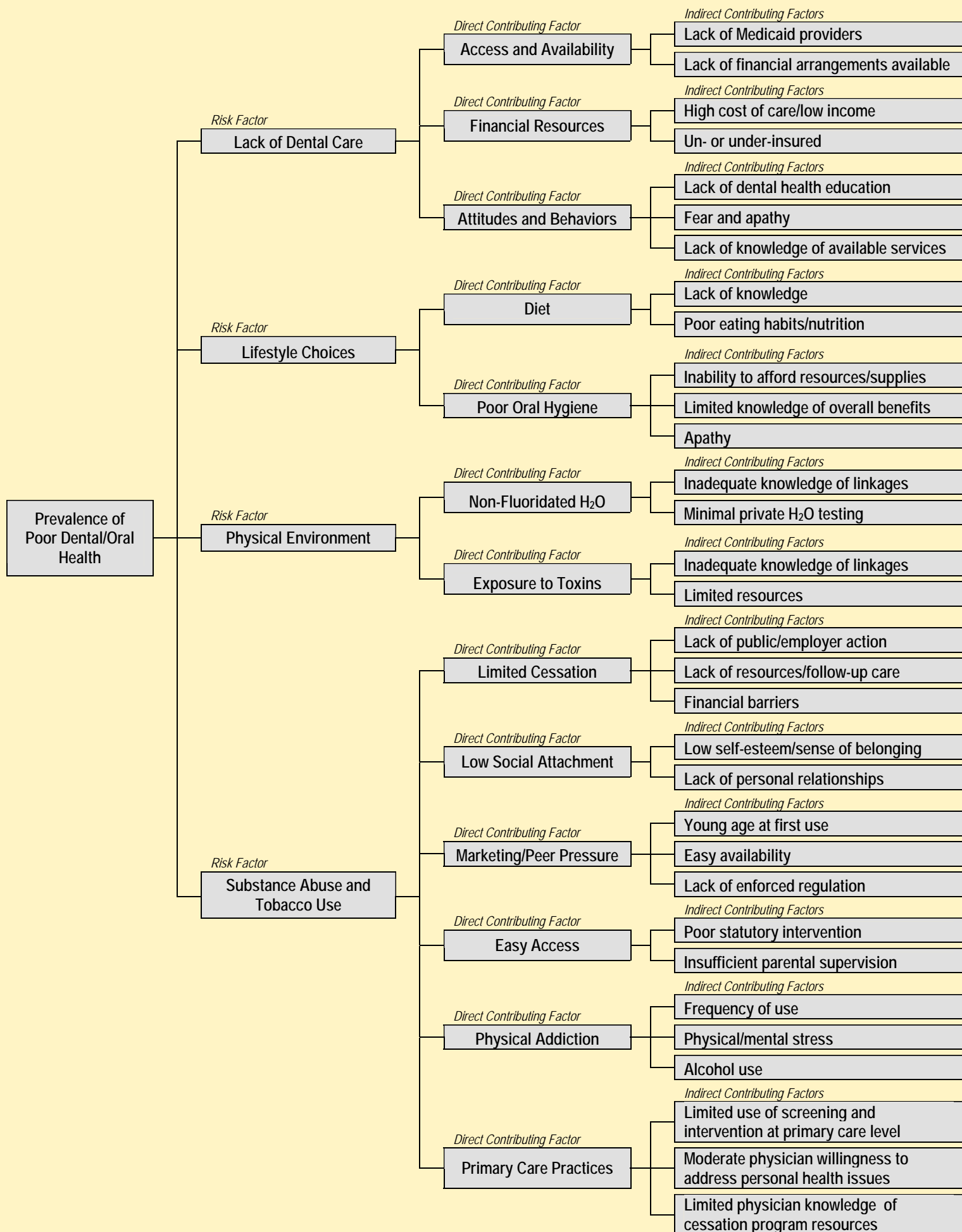
#### RESULTS

Program evaluation results will be provided annually to local physicians and other key community stakeholders by distributing results of the Tobacco Cessation Proponent Program.

# WORKSHEETS

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PREVALENCE OF  
POOR DENTAL AND ORAL HEALTH



## 2006 Knox County Community Health Plan

<b>HEALTH PROBLEM:</b> Prevalence of Poor Dental and Oral Health	<b>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</b> <ul style="list-style-type: none"><li>• By the year 2016, reduce by 50%, the prevalence of poor dental/oral health in children and adults in Knox County.</li><li>• By the year 2010, reduce by 95%, barriers to dental/oral health care that are access to dental care provider related, for Knox County children and adults.</li></ul>
<b>RISK FACTORS:</b> Lack of Access to Dental Care Inappropriate Lifestyle Choices Physical Environment Substance Abuse Tobacco Use	
<b>CONTRIBUTING FACTORS (direct &amp; indirect):</b> Poor Oral Hygiene Diet; Lack of Knowledge Financial Resources; Cost of Care Access and Availability Attitudes and Behaviors; Fear and Apathy Non-Fluoridated Water Exposure to Toxins Physical Addiction to Tobacco Tobacco Related Marketing and Peer Pressure Limited Availability of Tobacco Cessation Programs Limited Support for Tobacco Cessation Programs Primary Care Practices – Brief Screenings Second-Hand Smoke Exposure Low Social Attachment Easy Access to Drugs, Alcohol, Tobacco Physical Addictions	<b>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</b> <ul style="list-style-type: none"><li>• By the year 2016, increase the percentage of Knox County children with one or more protective sealants on permanent molar teeth by 25%.</li><li>• By the year 2016, increase the proportion of Knox County children at or below 200% poverty level who receive preventative dental services by 40%.</li><li>• By the year 2011, reduce the proportion of children with dental caries experience by 25%.</li><li>• Increase the percentage of Knox County children and adults who use the oral health care system by 15% by the year 2016.</li><li>• Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016.</li><li>• Reduce the percentage of Knox County adolescents, young adults, and adults using smokeless tobacco 5% by the year 2016.</li></ul>
<b>RESOURCES FOR PROGRAMMING:</b> Health care providers Physician offices Knox County Health Department Schools and Colleges Faith community YMCA Illinois Department of Public Health University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites	<b>COMMUNITY HEALTH IMPROVEMENT STRATEGIES:</b> <ul style="list-style-type: none"><li>• Collaborate with the local Dental Society in the formation of a community oral health taskforce to monitor community dental health issues.</li><li>• Investigate models for the provision of dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.</li><li>• Foster collaborative partnerships with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry, as well as other regional dental schools.</li><li>• Increase the number of Knox County residents who have received a dental/oral health screening and who receive treatment for identified decay.</li><li>• Provide comprehensive community programming promoting dental/oral hygiene practices and encouraging preventative dental practices.</li><li>• Ensure focused overview of all available dental resources within Knox County and ensure that linkages are provided.</li><li>• Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients.</li><li>• Provide community programming regarding the effects of tobacco use and second-hand smoke.</li><li>• Marketing programs to change public attitudes about tobacco use, and promotes smoking cessation through the immediate and long-term benefits of cessation.</li><li>• Assure availability of tobacco cessation programs to Knox County residents.</li><li>• Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.</li></ul>
<b>BARRIERS:</b> Cost, inability to afford care Lack of dental insurance Lack of dentists accepting public aid Limited Transportation Resources Fear of dental visits Lack of knowledge Attitudes about dental care Lack of Understanding of Long-Term Benefits Public Perceptions about Risks/Benefits	



# 2006 Knox County Community Health Plan

## DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- Knox County is designated as a designated Health Professional (dental) Shortage Area [HPSA].
- 15.9% of Knox County residents report needing dental care but are unable to afford care; 50.5% have no dental insurance.
- In January 2004, 8,545 individuals (15.9%) were Medicaid recipients; no dentists operating in the County accept Medicaid.
- 44% of Knox County children have untreated decay; 57% of children seen by a dentist had caries experience.
- Only 66%, or 11,849 Knox County children under the age of 21, have seen the dentist during the past twelve months.
- Of all Knox County senior citizens, 42% report having had all of their natural teeth extracted.
- 7.7% of Knox County 10<sup>th</sup> graders surveyed in 2001 used smokeless tobacco; 7.4% of 8<sup>th</sup> graders and 2.1% of 6<sup>th</sup> graders did.
- Only 18% of children under the age of 19, who are at or below 200% poverty level, receive dental services.

## CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Utilize the community oral health task force to monitor the decreasing number of dentists in the Knox County and coordinate community recruitment and marketing.
- In collaboration with the community oral health task force, investigate the establishment of a "Grow Your Own" program and/or last year dental school payoff to recruit for public health dentistry.
- Investigate opportunities to work with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry in establishing Knox County as a site for students and dental staff to complete a rotation utilizing the Carl Sandburg College facility.
- Partner with the UIC and SIU Schools of Dentistry, as well as other regional dental schools, to recruit dentists for Knox County.
- Establish a program to provide dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Coordinate and implement a collaborative community dental screening program in correlation with other health screening programs which promotes the link between oral health and overall health and well-being, and increases the number of Knox County residents screened by a minimum of 10% through screening a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).
- Establish policies which provide linkages for treatment of dental health concerns identified through oral health screenings.
- Comprehensive community programming that promotes good dental/oral hygiene practices and their relation to overall health, and encourages preventative dental practices will be provided to a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).
- Ensure availability of tobacco cessation programs, implementing a rural outreach tobacco cessation campaign for Knox County.
- Implement a "Successful Quitters" testimonial marketing campaign addressing individual concerns related to tobacco cessation.
- Establish a resource which provides support to Knox County physicians in recommending tobacco cessation to their patients.
- Comprehensive community programming providing education concerning the effects of tobacco use and second-hand smoke.
- Implement marketing efforts to alter public "acceptability" of tobacco use, and encourages smoking cessation through education of the immediate and long-term benefits of quitting smoking.

## PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers	Schools/Colleges	Meal sites	Illinois Department of Public Health	Civic and business groups
Local media outlets	Pharmacies	YMCA	University of Illinois Extension	Human service organizations
KCHD	Faith community	Labor unions	State and Local Dental Associations	Clubs and organizations

## Evaluation Plan

### Programs

1. Safety-Net Dental Clinic
2. Collaborative Community Oral Health Screening and Referral Program
3. Healthy Teeth for Healthy Bodies Health Education and Promotion Program
4. Knox County Community Oral Health Task Force
5. Knox County Rural Tobacco Cessation Campaign
6. Tobacco Cessation: Successful Quitters Testimonial Marketing Campaign
7. Tobacco Cessation Proponent Program
8. Tobacco Cessation Health Education and Promotion

### Purpose

The purpose of the proposed programming is to promote, provide support and infrastructure for good dental and oral health choices; including, the adoption of preventative dental and oral health care behaviors and timely restorative care.

# 2006 Knox County Community Health Plan

## Key Stakeholders

Program providers and their staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, task force members, local dental society members, and members of the public health system.

## Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

## Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution to the reduction of poor dental and oral health in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of poor dental and oral health.

## Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

## Community Health Improvement Goals

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**By the year 2016, reduce by 50%, the prevalence of poor dental/oral health in children and adults in Knox County.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children seen by a dental provider who have untreated decay: 57%. Of those Knox County children seen by a dental provider, 10.4% were ranked as having high treatment urgency, 33.3% were ranked at medium treatment urgency, and only 56% had no treatment urgency. 82% of Knox County older adults have had one or more teeth extracted due to dental carries or periodontal disease; 42% of surveyed seniors have had all teeth extracted. According to the CDC, in the United States in 2005, 21% of children aged 2-11 years, 7% of children aged 6-11 years, 16% of adolescents aged 12-15 years, and 22% of adolescents aged 16-19 years had untreated decay, and 25% of adults over the age of 60 years have had all teeth extracted*

Healthy People 2010 Goal: Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.

**By the year 2010, reduce by 95%, barriers to dental/oral health care, which are access to dental care provider related, for Knox County children and adults.**

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

*One in six (15.9%) Knox County adults reported in the household survey that during the past year at least one person in their home had needed dental care but was unable to afford accessing it. Additionally, 31.6% of survey respondents cited affordable dental care as being a major community concern. IDPH reported in a 2004 Oral Health report, 14% of Illinois adults needed to see a dentist during the past year and could not afford to go; more than 33% of Illinois adults do not have any form of dental insurance.*

Healthy People 2010: Increase the number of Tribal, State, and local health agencies that have in place an effective public dental health program directed by a dental professional with public health training.

## 2006 Knox County Community Health Plan

### Community Health Improvement Objectives:

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**By the year 2016, increase the percentage of Knox County children, who are seen by a dentist, with one or more protective sealants on permanent molar teeth by 25%.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children seen by a dental provider over the past twelve months who have at least one sealant on their permanent molar teeth: 55.6%; however, only 66% (11,849) of children less than 21 years of age are considered active dental patients and have seen a dental care provider in the past year. According to the CDC, in the United States in 2002, 32% all of children had at least one dental sealant on one or more permanent molar, premolar, or upper lateral incisor.*

Healthy People 2010: Increase the proportion of children who have received dental sealants on their molar teeth. Target: 50%; Baseline: 23% of children aged 8 years and 15% of children aged 14 years had dental sealants on permanent molar teeth in 1999.

**By the year 2016, increase the proportion of Knox County children at or below 200% poverty level who receive preventative dental services by 40%.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children under age 19 years at or below 200% poverty level who received preventative dental services: 18%, or approximately 750 children. In Illinois, only 33% of children enrolled in Medicaid utilize oral health care during the year. According to the CDC, in the United States in 2005, less than 20% of Medicaid eligible children received at least one preventative dental service in a recent year.*

Healthy People 2010: Increase the proportion of low-income children and adolescents who received any preventative dental services during the past year. Target: 57%; Baseline: 20% children and adolescents under age 19 years at or below 200% poverty level received any preventative dental service in 1996.

**By the year 2011, reduce the proportion of children with dental caries experience by 25%.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children seen by a dental provider who have dental caries experience: 57%. IDPH reported in a 2004 Oral Health report, 54% of children have dental caries experience. According to the CDC, in the United States in 2005, dental caries affected greater than 20% of children aged 2-4 years, 50% of children aged 6-8 years, and almost 60% of children 15 years of age.*

Healthy People 2010: Reduce the proportion of children and adolescents who have dental carries experience in their primary or permanent teeth. Target: 11%; Baseline: 18% of children aged 2-4 years had dental caries experience in 1994.

**Increase the percentage of Knox County children and adults who use the oral health care system by 15% by the year 2016.**

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

*Percentage of Knox County children and adults who use the oral health care system each year: 66% (11,849) children under 21 years are considered active dental patients (seen a dental care provider in the past year), 71% (27,109) adults are considered active dental patients. IDPH reported in its 2004 Oral Health report that 69% of Illinois adults had their teeth cleaned by a dentist or dental hygienist within the past year.*

Healthy People 2010: Increase the proportion of children and adults who use the oral health care system each year. Target: 56%; Baseline: 44% of persons aged 2 years and older in 1996 visited a dentist during the previous year.

**Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016.**

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

*Percentage of Knox County adults who self-reported in 2004 IBRFS that they are a smoker 22.67%. Percentage of Knox County smokers and former smokers who self-reported in 2004 IBRFS that they smoke every day 35.1%; smoke some days 11.6%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they are a smoker 23.6%.*

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 12% - Cigarette Smoking; Baseline: 24% of adults aged 18 years and older reported that they smoked cigarettes in 1998.

## 2006 Knox County Community Health Plan

Reduce the percentage of Knox County adolescents, young adults, and adults using smokeless tobacco 5% by the year 2016.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005: Together We Can Survey)

*Percentage of Knox County 10<sup>th</sup> graders, surveyed in 2001, using smokeless tobacco: 7.7%, 8<sup>th</sup> graders: 7.4%, 6<sup>th</sup> graders: 2.1%. According to the American Lung Association, in 2002, 6.1 % of U.S. high school students, and 3.7% of U.S. middle school students used smokeless tobacco.*

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

*Percentage of Knox County adults who self-reported in 2004 IBRFS that they have ever used smokeless tobacco 17.7%. According to American Lung Association data, 18.7% of adults nationally use Chewing tobacco.*

Healthy People 2010: Reduce tobacco use by students in grades 9-12. Target: 1% - Spit Tobacco; Baseline: 8% of students in grades 9-12 used spit tobacco one or more days during the past month.

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 0.4% - Spit Tobacco; Baseline: 2.6% of adults aged 18 years and older reported that they used spit tobacco in 1998.

### Community Health Improvement Strategies:

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- Collaborate with the local Dental Society in the formation of a community oral health taskforce to monitor community dental health issues.
- Investigate models for the provision of dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Foster collaborative partnerships with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry, as well as other regional dental schools.
- Increase the number of Knox County residents who have received a dental/oral health screening and who receive treatment for identified decay.
- Provide comprehensive community programming promoting dental/oral hygiene practices and encouraging preventative dental practices.
- Ensure focused overview of all available dental resources within Knox County and ensure that linkages are provided.
- Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients.
- Provide community programming regarding the effects of tobacco use and second-hand smoke.
- Marketing programs to change public attitudes about tobacco use, and promotes smoking cessation through the immediate and long-term benefits of cessation.
- Assure availability of tobacco cessation programs to Knox County residents.
- Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.