



May 25, 2011

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Ms. Reddy:

On behalf of Erie Family Health Center, I am pleased to submit the final report and abstract for the Health Resources and Services Administration's *Healthy Tomorrows* program. Erie Dental Health Center, with support of HRSA, Maternal and Child Health Bureau, is proud of its accomplishments over the past five years. With the support of HRSA, Erie has been able to increase access to affordable, high quality oral health care services to underserved communities in Chicago. We are grateful for the support of HRSA in this endeavor.

Erie is grateful for the support of the *Healthy Tomorrows* program and looks forward to our continued partnership. If you require additional information please do not hesitate to contact Steph Willding, Development Associate, at (312) 432-7440.

Sincerely,

Lee Francis, MD, MPH
President and CEO

Iliana A. Mora, MUPP
Senior Vice President
Strategy and Business Operations

NARRATIVE

PURPOSE OF PROJECT AND RELATIONSHIP TO MATERNAL AND CHILD HEALTH PROGRAMS: The purpose of Erie Family Health Center's oral health program at Erie Dental Health Center – Albany Park, is to provide high quality oral health care services to low-income Latino children and pregnant women. Residents in the service area – the Northwest side of Chicago – lack access to affordable, accessible, culturally and linguistically competent oral health care. In order to meet the needs of these at-risk pregnant women and children, Erie employs a tri-fold strategy: 1) direct oral health care services; 2) anticipatory guidance at medical visits; and 3) oral health education and outreach in the community.

Erie Dental Health Center is a state of the art, five chair dental suite that links the oral health home with the primary medical care home and community. In 2006, Erie received funding from the U.S. Department of Health and Human Services, Maternal and Child Health Bureau for the *Healthy Tomorrows Partnership for Children Program*. Through the support of the *Healthy Tomorrows* program, Erie Dental Health Center – Albany Park has been able to provide comprehensive oral health services to over 5,200 at-risk children and pregnant women.

In order to ensure the oral health program provides the highest quality services, Erie has established collaborative relationships with the following organizations:

State Title V and Title X Agencies: Erie is currently working with these agencies to improve the health of women, children, and teens. Erie's *Teen Health Center* is a Title X provider, and Erie's three primary health care sites are Title V case management program providers. Erie's Title X and V programs currently have an established internal referral system that is successful in linking Erie Title X and V patients to all of Erie's other health care services. This same established internal referral system will be used to ensure that Erie's Title V and Title

X clients receive full access to preventive oral health services and education.

Illinois Chapter, American Academy of Pediatrics (ICAAP): Erie will collaborate and receive guidance from ICAAP in the implementation of the oral health program to ensure active pediatrician involvement in the delivery of oral health care for children. A member of the Illinois AAP board, Dr. Helen Binns, will serve on Erie's Oral Health Advisory Council to provide program implementation support.

Illinois Maternal and Child Health Coalition (IMCHC): Currently, Erie's school-based health centers are active in the IMCHC. Additionally, Erie will work with IMCHC to expand Medicare and KidCare (SCHIP) eligibility and enrollment for patients.

Medicaid/SCHIP: Erie will continue to enroll all eligible patients, including oral health patients, in Illinois' public benefits programs such as Medicaid and KidCare (SCHIP). Applications for Medicaid and SCHIP can be completed on-site at any of Erie's nine health center locations. Erie's Patient Benefit Advocates are specially trained to enroll patients in these programs. The oral health program will also have Patient Benefit Advocates to enroll patients.

GOALS AND OBJECTIVES: In order to improve the oral health status of the target population Erie Family Health Center proposed the following goals and objectives for the project period of March 1, 2006 – February 28, 2011:

Goal A: Increase access to preventive and comprehensive oral health services for children and pregnant women.

Objective 1A: Provide children with comprehensive oral health services: 990 patients (2,475 visits) in Year 1; 1,232 patients (3,080 visits) in Year 2. 1,257 patients (3,142 visits) in Year 3; 1,282 patients (3,205 visits) in Year 4; 1,308 patients (3,269 visits) in Year 5.

Objective 2A: Provide comprehensive oral health services to 450 pregnant women (1,125

visits) in Year 1; 560 patients (1,400 visits) in Year 2; 571 patients (1,428 visits) in Year 3; 583 patients (1,457 visits) in Year 4; and 287 patients (1005 visits) in Year 5.

Objective 3A: 80% of patients will receive preventive services (e.g. prophylaxis, fluoride, sealants and sport mouth guards) in Year 1; 85% of in Year 2; 87% in Year 3; 92% in Year 4; and 95% in Year 5.

Goal B: Educate providers so they may better educate patients.

Objective 1B: 95% of medical providers (pediatricians, OB/GYNs, family practitioners, nurse midwives and nurse practitioners) will be trained in oral health anticipatory guidance by 10/1/06.

Objective 2B: 95% of medical providers receive oral health anticipatory guidance refresher trainings every six months

Goal C: Provide age-appropriate anticipatory guidance

Objective 1C: Train a Promotora de Salud to educate caregivers and pregnant women on healthy oral health behaviors by April 30, 2006.

Objective 2C: Provide age-appropriate anticipatory guidance at well-child visits by Erie's medical providers.

Objective 3C: Provide anticipatory guidance in the medical setting to pregnant women.

Objective 4C: Provide oral health education to new pregnant women in Erie-hosted community prenatal classes.

Objective 5C: Erie will contract with one Head Start agency each year through Year 5 to provide oral health prevention education at each Head Start facility.

Goal D: Improve the oral health status of pediatric patients and pregnant women.

Objective 1D: To reduce the number of oral health patients who experience new cavities

after one year of oral health care.

Objective 2D: Patients will complete an oral health treatment plan within one year of first visit.

Objective 3D: Women in their second trimester will complete 1) an initial comprehensive oral health exam and 2) a scaling and/or prophylaxis exam.

Goal E: Recruit, staff, and create and Oral Health Advisory Council.

Objective 1E: Draft charter of Oral Health Advisory Council, recruit members, and presented to Board's Board Development Committee for comment by 09/08/05, and Erie's Board of Directors on 09/22/05.

Objective 2E: Board will approve membership and charter of Oral Health Advisory Council by 12/31/05.

Objective 3E: Oral Health Advisory Council has first meeting with oral health management team by 4/1/06, and will meet biannually thereafter.

Objective 4E: Provide programmatic updates and recommend oral health policies to Board of Directors biannually on behalf of Advisory Council for the first five years of the program.

METHODOLOGY: In order to achieve the aforementioned goals and objectives, Erie utilizes a tri-fold strategy: 1) direct patient care; 2) anticipatory guidance at medical visits; and 3) oral health education in the medical and community settings.

Direct Patient Care: Erie provides the following direct patient care oral health services to the target population: basic community-based dentistry services such as comprehensive preventive services (including x-ray), restorative services (fillings, crowns and bridges), prosthodontic services (restore missing teeth as well as partials, dentures, spacers, and crowns), endodontic services (root canals) and emergency and periodontal (gums) services. These

services are provided to children and pregnant women. Additional preventive care is provided by a Dental Hygienist and restorative care and other complex services (prosthodontic and endodontic care) are provided by staff dentists.

Anticipatory Guidance: One of the most innovative components of Erie's oral health program is anticipatory guidance. Anticipatory guidance (oral health preventive education in the medical setting) links the medical home with the oral health home. Erie's providers educate their pediatric patients and pregnant women on the importance of oral health for their overall wellness as part of the medical visit. Through conversations with providers and informational brochures, Erie's target population better understands the link between oral health and overall health. Front line staff, such as front desk staff, will also distribute educational materials during the visit so that education is saturated throughout the patient visit. This approach has proven to improve the oral health status of children. All materials and education will be provided in English and Spanish in order to meet the needs of our target population and are also age-appropriate. Topics of information include proper brushing techniques, overall oral hygiene information and instructions on when to see the dentist.

Oral Health Prevention Education: Erie cannot possibly serve all community members in need of oral health care; therefore, Erie provides education to children and pregnant women in the community on how to take care of their oral health at home and how to receive care at Erie Dental Health Center or other community resources. This preventive health education and outreach is provided by Erie's Oral Health Educator at a variety of community venues, such as elementary schools, community health fairs, Head Start programs, senior centers and community-based prenatal classes. The Oral Health Educator will establish new relationships with community organizations, as well as maintain contact with existing community partners.

At presentations, the Oral Health Educator will present on various topics such as why our teeth are important, how we take care of them, brushing and flossing, good foods versus bad foods and visiting the dentist. This unique and cost-effective component of Erie's oral health program will help Erie improve the oral health of the community beyond the walls of Erie Dental Health Center, reaching out to the greater low-income community through a culturally competent approach.

EVALUATION: Erie Family Health Center is committed to evaluating the effectiveness of all of its programs. In fact, Erie made evaluating the effectiveness of the oral health program a key goal in the original implementation of the program. Erie's Vice President of Oral Health Services is responsible for ensuring and monitoring the clinical quality of the oral health program. Erie's Coordinator of Oral Health Services and Manager of Performance Improvement are responsible for the collecting and reporting on the evaluation components of the program. These activities are supported by Erie's robust Quality Improvement Department. The evaluation includes data collection on both qualitative and quantitative indicators for access, education, and health outcome objectives. Data is collected primarily through two outlets: Erie electronic dental record system, Dentrix, using ADA codes and biannual chart audits. For example, ADA codes are available for sealants, and reports can identify patients in the appropriate age range, but clinical judgment is needed to audit and determine which patients actually needed sealants. As a result, there is a significant integration and coordination between the oral health and Quality Improvement teams. The oral health program team reviews this data quarterly at management meetings. Erie's Oral Health Advisory Council also reviews the data biannually and advice on changes to operations, if needed.

RESULTS/OUTCOMES (ANTICIPATED/UNANTICIPATED): Erie Dental Health

Center, with support of HRSA, Maternal and Child Health Bureau, is proud of its accomplishments over the past five years. With the support of HRSA, Erie has been able to increase access to affordable, high quality oral health care services to underserved communities in Chicago.

Major Results and Outcomes: Since March 1, 2006, Erie Dental Health Center – Albany Park has provided oral health care services to 7,286 patients through 46,098 visits. Of these patients served, 5,235 were children or pregnant women. The majority of patients served by the Dental Center are low-income and predominantly Latino.¹ Erie also made progress to its ultimate goal of reducing the health disparities experienced by these communities: by the end of the project period, 83% of pediatric patients who were enrolled in the program for at least 12 months did not experience new tooth decay and 97% of pediatric patients received sealants. Additionally, by the end of Year 5 94% of patients had completed their treatment plan within one year, which is significantly higher than the 66% of patients that completed a treatment plan by the end of Year 1.

Erie has also taken its work beyond the walls of the dental center, reaching out in the community and the medical setting through outreach and education. In fact, From Year 1 to Year 4, Erie increased education to new pregnant women in Erie-hosted community prenatal classes. Education to pregnant women increased by 7%, from 232 women in Year 1 to 248 pregnant women in Year 4. By the end of Year 5, Erie provided health education to approximately 1,200 pregnant women. Additionally, by the completion of project period, 90% of pediatric patients received anticipatory guidance in the medical setting.

System Changes: Through the project period, Erie has experienced system changes in

¹ From March 1, 2010 - February 28, 2011, Erie served 2,398 Latino patients, 62 African American patients, 114 Asian patients, 59 Caucasian patients and 5 other.

two key areas: 1) oral health and medical integration and 2) caries (cavities) prevention efforts.

The changes are described in further detail below.

Oral health and medical integration: A key component of Erie's oral health program is anticipatory guidance or oral health education within the medical setting. In the original program model, medical providers, including pediatricians, nurse practitioners and obstetricians, administered anticipatory guidance. Erie soon learned that providing oral health education in the medical setting became burdensome for the medical providers and resulted in competing priorities between the medical and dental teams. In order to remedy these competing interests and ensure that medical providers maintained necessary productivity levels, Erie changed the way in which anticipatory guidance was provided in the medical setting. Rather than receiving anticipatory guidance materials from a medical provider, patients are now saturated with oral health education throughout their visit – receiving information from front desk staff, medical assistants and medical providers. Front-line staff, such as front desk personnel, distribute educational materials. Patients then have the opportunity to discuss these materials with their medical provider. Through conversations with providers and informational brochures, Erie's target population better understands the link between oral health and overall health.

Caries prevention efforts; During the initial implementation of the oral health program, dental caries prevention efforts were not obtaining the results that Erie had originally intended. While some patients did not develop new cavities after completing their treatment plan, many patients still were. As a result, Erie worked to heighten cavity prevention efforts in order to reduce the incidence of cavities among dental and medical patients. First, Erie began providing sealants to children within the medical setting at all Erie sites. In fact, at Erie

Henson School Based Health Center, Erie has provided five dental sealant fairs for the students of Henson Elementary School from 2009-2011. Additionally, during the project period, Erie greatly improved health education within the community. Erie contracts with a 1.0FTE Health Educator to provide community education and outreach. Erie has found this model to be incredibly effective in delivering this type of education. In fact, on average, Erie provides health education to over 5,000 community residents annually. Finally, during the project period, Erie also improved the dental referral process to ensure patients could readily access important oral health services. In early 2010, Erie completed a multi-year launch of an electronic health record system for all sites. This system greatly improves all the process for all internal referrals, including dental referrals. Rather than providing a patient with a paper referral, this document can now be flagged within the medical record system. A member of the dental staff can then reach out to the patient to schedule their first dental appointment, helping to ensure that patients access oral health services.

Lessons Learned: During the project period, Erie has learned many lessons that can be replicated by current grantees and prospective applicants. Specifically, Erie would have the following advice for implementing a successful oral health program:

1. New applicants should include evaluation and data collection plan as part of the original planning process. Erie found a sound evaluation and data collection plan to be an integral component in the success of our program. This plan allowed Erie to clearly identify areas of success and areas in need of improvement, which often required system changes.
2. To effectively link the medical and dental homes, non-clinical staff members should be engaged in the delivery of important health messaging in the medical setting. This will ease up the burden on the medical provider and allow the oral health education to be

more saturated throughout the medical visit.

3. Ensuring that dental and medical staff members have the tools they need to provide high quality oral health services and education is integral to the success of any program. This can be accomplished by providing initial and ongoing training on regular schedule.
4. New applicants should engage their Board of Directors at time of application. This will ensure that there is support at the highest level of the organization, which assists in sustaining the program. This was a key success for Erie's oral health program.
5. All grantees and new applicants should integrate their Leadership Team into the oral health program. By receiving the 'buy in' from this group of individuals, an oral health program will more effectively be able to implement the program and make system changes when necessary.

PUBLICATIONS/PRODUCTS: Erie developed several materials during the project period. Please see below for a full listing of the materials developed.

Anticipatory Guidance Education Materials: One of the most innovative aspects of Erie's oral health program is anticipatory guidance. Anticipatory guidance (oral health preventive education in the medical setting) links the medical home with the oral health home. With the launch of the oral health program in 2005, Erie developed anticipatory guidance materials that are disseminated to patients during their medical visit. Erie has anticipatory guidance materials for the following audiences: pregnant women, diabetic patients, infants and children, adolescents, individuals in need of orthodontia services and older adults. The topics covered in the anticipatory guidance materials are appropriate for the target audience and include proper brushing techniques, overall oral hygiene information and instructions on when to see the dentist. All materials are produced in English and Spanish.

Community Based Oral Health Education: In order to increase the awareness of the importance of oral health care, Erie provides community based oral health education in underserved communities. This preventive health education and outreach is provided by Erie's Oral Health Educator at a variety of community venues, such as elementary schools, community health fairs, Head Start programs, senior centers and community-based prenatal classes. At presentations, the Oral Health Educator will present on various topics such as why our teeth are important, how we take care of them, brushing and flossing, good foods versus bad foods and visiting the dentist. The materials designed for these presentations are tailored to the target audience, which includes pregnant women, diabetic patients, infants and children, adolescents, individuals in need of orthodontia services and older adults. All presentations are held in the language preferred by the target audience, which is generally English or Spanish.

Sharing Smiles Roundtable: In January 2010, Erie Family Health Center, in partnership with the Lloyd A. Fry Foundation, hosted the Sharing Smiles Roundtable at Wilbur Wright College in the Humboldt Park community of Chicago. The Roundtable focused on teaching community health educators and promotoras how to effectively provide oral health education to their community members. Twenty-eight participants took part in the event, representing agencies such as Casa Central, Centro San Bonifacio, Chicago Department of Public Health, Respiratory Health Association of Metro Chicago and University of Illinois. Participants learned about barriers to oral health access, a clinical perspective of oral health services, and the oral health needs of specific populations, including pregnant women, people living with HIV/AIDS and diabetic patients.

For further information about the materials produced during the grant period, please contact:

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DISSEMINATION/UTILIZATION OF RESULTS: Erie Family Health Center is committed to sharing our program model, including lessons learned and successes, at the local, state and national levels. By sharing the results of our program, Erie can work to increase access to affordable, comprehensive and high quality oral health care to underserved communities. At the local level, Erie has worked with local community agencies, including PCC Community Wellness and Aunt Martha's, to assist these agencies in implementing new oral health care sites. Through this process Erie shared our program model, including successes and challenges experienced.

At the state level, Erie has also worked to share the results of our oral health program. Since 2008, Erie has presented our oral health care model at the Illinois Primary Health Care Association (IPHCA) annual meeting. Additionally, in 2009 and 2010, Erie presented the results of our oral health program at the National Primary Oral Health Care annual conference; in fact, in 2009, Erie was the recipient of the Oral Health Champion Award at this conference. Finally, in 2009 Erie presented at the annual American Dental Association conference.

SUSTAINABILITY: Erie Family Health Center is committed to continuing the success of the Erie Dental Health Center – Albany Park. Erie's sustainability plan includes strategic expansion, financial security and establishing key collaborative partners.

Strategic Expansion: In 2007 Erie opened a second oral health site: Erie Dental Health Center – Humboldt Park. This oral health care site provides accessible, affordable oral health services to the underserved Chicago areas of Belmont-Cragin, Hermosa, Humboldt Park, Logan Square and West Town². In March 2011, the *Healthy Tomorrows Partnership for Children Program* committed five years of support to this new site. In December 2011, Erie will open a third oral health site: Erie Dental Health Center – Evanston. By continuing to expand this successful program model, Erie is working to reduce the oral health disparities experienced by underserved communities.

Financial Security and Sustainability: Erie will work to ensure that current and future sites can be financially sustained. Erie will achieve financial sustainability of the oral health program by:

1. Leveraging private foundation relationships and collaborating partners
2. Strengthening relations with state officials, ensuring visibility and continued oral health sustaining support
3. Offering revenue enhancing program activities, such as orthodontics, at a reduced cost
4. Accepting a small percent of private insurance patients
5. Advocating for continued improvement in the Medicaid reimbursement rate
6. Maintaining an aggressive and healthy patient revenue cycle
7. Continuing to enroll eligible children and pregnant women in Illinois public benefits

² More than sixty years ago, a research committee at the University of Chicago divided the City of Chicago into 77 community areas based upon social, cultural and geographic factors. The city of Chicago relies on these boundaries in reporting population and health status data.

programs, like Medicaid Future plans.

Establishing Collaborative Partnerships: Since the launch of Erie's oral health program in 2005, Erie has established several key collaborative partners in order to enhance the program and ensure its sustainability. The following is a list of key collaborations:

1. Greater Humboldt Park Community of Wellness: a coalition dedicated to improving the overall health and well-being of the Humboldt Park Community

Impact on program: Erie partners with the coalition to increase awareness of available dental services and provide oral health education and outreach programs for the Humboldt Park community

2. Healthy Albany Park Coalition (HAP): a community-based coalition formed to improve the overall quality of life and well-being of Albany Park residents.

Impact on program: Erie partners with the coalition to increase awareness about available dental services and provide oral health education outreach programs for the Albany Park community

3. Chicago Community Oral Health Forum: coalition aimed at collaborating with Chicago area dental community to improve access to care through the pooling and sustainability of resources

Impact on program: Erie partnered with the coalition to assist with disseminating patient surveys to Humboldt Park residents to identify key oral health needs in the community

4. University of Illinois at Chicago, College of Dentistry: partnership aimed at teaching and training dental students community dentistry onsite at Erie Dental Center.

Impact on program: Erie partners with the University of Illinois at Chicago, College of Dentistry to place dental students at the Erie Dental Center. This hands-on experience

provides students with social awareness, cultural competency, a knowledge and understanding of health disparities and the barriers in accessing care.

ANNOTATION

The purpose of Erie Family Health Center's oral health program at Erie Dental Health Center – Albany Park, is to provide high quality oral health care services to low-income Latino children and pregnant women. Residents in the service area – the Northwest side of Chicago – lack access to affordable, accessible, culturally and linguistically competent oral health care. In order to meet the needs of these at-risk pregnant women and children, Erie employs a tri-fold strategy: 1) direct oral health care services; 2) anticipatory guidance at medical visits; and 3) oral health education and outreach in the community.

KEY WORDS

Oral Health

Community Health Centers

Oral Health Disparities

Community Dentistry

Latinos

Underserved Populations

Low-income

Dental Caries

Chicago

Albany Park – Chicago

Dental Home

Preventative Dentistry

Community Education

Anticipatory Guidance

Dental – Medical Integration

PROJECT IDENTIFICATION

Project Title: Erie Dental Health Center – Albany Park

Project Number: H17MC06704

Project Director: Dr. Ghassan Souri

Grantee Organization: Erie Family Health Center

Address: 1701 W. Superior, 3rd FL, Chicago, IL 60622

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Project Period: March 1, 2006-February 28, 2011

Total Amount of Grant Awarded: \$248,254

ABSTRACT OF FINAL REPORT

The purpose of Erie Family Health Center's oral health program at Erie Dental Health Center – Albany Park, is to provide high quality oral health care services to low-income Latino children and pregnant women. Residents in the service area – the Northwest side of Chicago – lack access to affordable, accessible, culturally and linguistically competent oral health care. In order to meet the needs of these at-risk pregnant women and children, Erie employs a tri-fold strategy: 1) direct oral health care services; 2) anticipatory guidance at medical visits; and 3) oral health education and outreach in the community.

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and outreach is provided by Erie's Oral Health Educator at a variety of community venues, such as elementary schools, community health fairs, Head Start programs, senior centers and community-based prenatal classes. The Oral Health Educator will establish new relationships with community organizations, as well as maintain contact with existing community partners. At presentations, the Oral Health Educator will present on various topics such as why our teeth are important, how we take care of them, brushing and flossing, good foods versus bad foods and visiting the dentist. This unique and cost-effective component of Erie's oral health program will help Erie improve the oral health of the community beyond the walls of Erie Dental Health Center, reaching out to the greater low-income community through a culturally competent approach.

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Major Results and Outcomes: Since March 1, 2006, Erie Dental Health Center – Albany Park has provided oral health care services to 7,286 patients through 46,098 visits. Of these patients served, 5,235 were children or pregnant women. The majority of patients served by the

Dental Center are low-income and predominantly Latino.³ Erie also made progress to its ultimate goal of reducing the health disparities experienced by these communities: by the end of the project period, 83% of pediatric patients who were enrolled in the program for at least 12 months did not experience new tooth decay and 97% of pediatric patients received sealants.

Additionally, by the end of Year 5 94% of patients had completed their treatment plan within one year, which is significantly higher than the 66% of patients that completed a treatment plan by the end of Year 1.

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