South Dakota Department of Health

2010 Oral Health Survey of South Dakota Third Grade Students

Executive Summary

During the 2009-10 academic school year, the South Dakota Department of Health, with assistance from the South Dakota Dental Association, conducted a statewide dental survey to determine the oral health status of South Dakota. The data will aid in the development of strategies to improve oral health. Results were compared to a similar dental survey conducted in 2006. Overall, it was found that in 2010, tooth decay, the single most common chronic childhood disease, continued to be a major problem for South Dakota’s children.

Key Findings

Sixty-two percent of the children had cavities and/or fillings (decay experience) and 29 percent of the children had untreated dental decay (cavities). Dental decay is a significant public health problem for South Dakota’s children.

Forty-five percent of the children did not have dental sealants. In 2010, 55% of the 3rd grade children screened had dental sealants compared to 61% in 2006. Forty-six percent of American Indian children had dental sealants in 2010 which is a dramatic decrease from 2006 when 70% of American Indian children had received dental sealants. While dental sealants are a proven method for preventing decay, many of South Dakota’s children have not received this preventive service.

Twenty-nine percent of the children were in need of dental care including 8 percent that needed urgent dental care because of pain or infection. A large proportion of South Dakota’s children are in need of dental care.

Compared to white non-Hispanic children, a significantly higher proportion of American Indian children have decay experience (58% vs. 84%) and untreated decay (22% vs. 48%).

Thirty-eight percent of children that participate in the free/reduced price school lunch program had untreated decay compared to only 17% of children not eligible for the program.

Oral disease is progressive and cumulative and becomes more complex over time. If left untreated, tooth decay can lead to needless pain and suffering; difficulty in speaking, chewing, and swallowing; missed school days; increased cost of care; the risk of other systemic health problems; and loss of self-esteem. Emerging research points to associations between oral disease and diabetes, cancer, and heart and lung diseases (US Dept. of Health and Human Services, 2000).

The full report is available at http://doh.sd.gov/oralhealth

or email a request for a hard copy of the full report to: DOH.INFO@state.sd.us