



Great Faces. Great Smiles.

Oral Health Plan for South Dakota

Summary of Recent Activities

November 2009 Update

For more information about the State Oral Health Plan or a copy of this update, contact the South Dakota Department of Health at (605) 773-3737 or the website at <http://doh.sd.gov/oralhealth>.

Oral Health Plan for South Dakota

The Oral Health Coalition has seen progress in their efforts to increase awareness of the importance of oral health and early care, increase the dental workforce in the state, and improve access to dental care. Nationwide, dental care is the most prevalent unmet health need. The following data indicate that South Dakota must focus further efforts towards decreasing the rate of decay, addressing workforce issues, and increasing access to preventive interventions and dental care.

- Sixty-two percent of children under age 5 had not visited a dentist (South Dakota BRFSS, 2007).
- Only 22% of 1,466 students (ages 4-14) in the Title One schools in Sioux Falls had dental sealants. This is well below the 61% of third grade students statewide that had dental sealants in the 2006 Oral Health Survey. While dental sealants are a proven method for preventing decay, many of South Dakota's children have not received this preventive intervention (SD Oral Health Survey, 2006) and (Summary of the Oral Health Screening of Title One Schools in Sioux Falls, SD, 2009).
- Centers for Medicare and Medicaid Services (CMS) report Form CMS-416 for 2008 indicated that 94,157 South Dakota children were eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) but that only 39,908 received at least one periodic screening. The report also indicates the number of Medicaid eligible children that received preventive dental services (32,571) and those receiving dental treatment services (13,931). The numbers in this CMS report provide an indication of the limited number of children in South Dakota who are able to access and receive restorative dental treatment (15%) unlike reporting where a dental "check up" is included and considered as "treatment".
- The Dakota Smiles Program has seen 10,000 children since it's inception in August 2004 & has provided \$4 million worth of dental care for the underserved. (Delta Dental Plan of SD, 2009).
- Among adults participating in the SD BRFSS, 27% had not visited the dentist within the past year (SD BRFSS, 2008). Those with dental insurance are almost one and a half times more likely to visit the dentist than those without dental insurance. In South Dakota, 65% of full-time employees are offered dental insurance; while only 18% of part-time workers are offered dental insurance.
- Since the late 1980's, the number of dentists nationally has decreased from 57/100,000 to 48/100,000. This trend is likely to continue since dental school enrollment remains steady and many current dentists are nearing retirement age (Healthy People 2010, 2005). (SDDA survey also indicated that approximately half of South Dakota's 400 dentists are over the age of 50, 2009).
- Sixteen of the 66 counties (24%) in South Dakota do not have a Medicaid enrolled dentist and are designated as dental Health Professional Shortage Areas (HPSA) (South Dakota Department of Social Services, 2008).
- A dental clinic will be a component of the new Wessington Springs Federally Qualified Health Center. This expands South Dakota's dental safety net to 6 clinics and 1 mobile dental program, which consists of 2 dental vans.



Education/Prevention

The Department of Health (DOH) Oral Health Program is supported by federal funding from the Maternal and Child Health Bureau (MCHB) and from Health Resources and Services Administration (HRSA). Maternal and Child Health funds and the HRSA grant to Support Oral Health Workforce Activities supported the following oral health projects:

- Provide oral health resources and educational materials for Community Health Clinics and state agencies including the tobacco and diabetes programs and provided information for News Infused, a Coordinated School Health e-newsletter, which is distributed to 650 schools monthly.
- Partner with the Nutrition and Physical Activity program to develop a Caution: Sweetened Beverage brochure to address the hazards of various sweetened beverages (soda pop isn't the only beverage with excessive sugar content).
- Collaborate on a Regional Dental Hygiene project where ten area Dental Hygienists provided trainings, educational information, dental contact information, and oral health resources for health professionals, schools, day cares, Head Start programs, libraries, agencies, & other organizations in their region or local area. The hygienists also provided tobacco cessation training and resources for dental clinics interested in sharing cessation information with their patients.

The Community Health Care Association of the Dakota's and Delta Dental's Dakota Smiles mobile dental program received funding from a Rural Health Outreach grant, a Wellmark grant and a federal earmark from Senator Thune. This collaborative project between the community health clinics and the Dakota Smiles program will incorporate an educational component including oral health into the services provided for their clients and implement interventions to improve access to care.



Aberdeen Area Tribal Chairmen's Health Board dental support center continued to: promote the use of xylitol products to reduce the caries disease, provide Head Start screenings to those tribes without dental providers, provide fluorosilic acid to be used in the community water supply, provide portable equipment enabling hygienists to do school-based sealants, orient RDHs into tribal community settings, and conduct fluoride varnish training for nurses and Head Start staff.

The Interlakes Head Start program piloted and implemented a fluoride varnish program into their services. The teachers utilized Washington's Cavity Free oral health curriculum in their classroom activities, the Partners for Prevention Lift the Lip flip chart, and also the Great Faces Great Smiles flip chart when educating parents. They implemented a new physical and well child form encouraging medical doctors to perform oral screenings and provide fluoride varnish applications during the well child visits. They invite local dentists to speak at parent meetings about oral health education and continue to utilize the Tilly the Tooth costume in conjunction with the Colgate Bright Smiles curriculum.

Lake Area's Dental Assisting Program promotes the profession of dental assisting and developed an Expanded Function Dental Assistant program (EFDA). This EFDA enables assistants to become Advanced Dental Assistants & enhance their work site capabilities.

The Pine Ridge Indian Health Service Dental Hygiene Team in partnership with Oglala Lakota College Head Start Program collaborated and trained Head Start teachers to apply fluoride varnish (454 children were treated). Children were screened by a dental health professional, caries risk was assessed, and prescriptions obtained. Head Start obtained consent from parents and provided education support to parents regarding importance of oral care. Head Start teachers have been able to expand community based preventive measures for their students and the response has been positive from teachers, dental staff, parents, and children.

Numerous dental professionals generously volunteered their time to provide oral health presentations & resources to many schools/agencies/clinics/groups/organizations etc.

Access to Care

A Physicians Assistant reported that “the mobile dental van saw two of my patients that had multiple abscessed teeth and could not afford to see a private practice dentist. Both patients had been into my clinic multiple times over the past year for infections related to their teeth. Since receiving treatment through the Dakota Smiles Program, neither of these patients has needed to return to my clinic for this dental problem”.



Workforce

USD - Department of Dental Hygiene offers students an opportunity to provide oral/systemic health information and clinical services on a weekly basis and the unique opportunity to serve individuals in a variety of settings. In addition, the Department partners with other USD health professions programs and educates their students about the importance of oral health and its relationship to overall general health. The myriad of activity significantly enhances the outcome of dental hygiene education and continues to make an impact on the oral health of the community and state as well.

The SD Dental Hygiene Association developed a Public Health Supervision proposal to enable hygienists to address the workforce shortage and access to care issues in their community. The proposal is under further review by the SDDA and Oral Health Coalition.

Delta Dental continued to fund dentists through its Dentist Loan Repayment for Service Program according to access needs and availability of funds.

SD Office of Rural Health collaborated on oral health activities to improve workforce in SD. Currently, 4 dentists participate in the state Dentist Tuition Reimbursement Program. Other programs include the SD Dental Externship Program, the SD State Loan Repayment Program, and the National Health Service Corps Loan Repayment Program. The Office of Rural Health promoted educational programs including the Health Occupations for Today and Tomorrow (HOTT) and the Scrubs Camps which include oral health components encouraging students to pursue careers in a dental profession.