

2022-2027

South Dakota Oral Health Coalition

Oral Health Plan



Introduction

The South Dakota Oral Health Coalition is pleased to release the South Dakota Oral Health Plan for 2022-2027. Oral health is an essential component of systemic health and quality of life for all South Dakotans. By establishing strong collaborations, partners can accomplish the strategies outlined in the South Dakota Oral Health Plan and improve oral health outcomes.

The South Dakota Oral Health Coalition was formed in 2002. The Coalition consists of a diverse group of individuals and organizations that advocate for policies and funding for programs that will improve the state's oral and systemic health status, especially for those most vulnerable. This group is comprised of representatives from nonprofit organizations, associations, government, and the private sector. These representatives facilitate efforts to collect data, report progress, and assist with ongoing leadership of Coalition efforts.

The South Dakota Oral Health Coalition created this document to promote oral health literacy, prevention, equity, and access. Through its use of evidence-based strategies, the following plan outlines a collaborative approach to prevent and reduce the burden of oral health diseases. The Plan's success depends on involvement from a broad range of partner organizations. The document serves as a useful tool for all stakeholders interested in oral health across our state.

Mission

Working together to reduce oral health disparities and prevent oral disease.

Vision

For all South Dakotans to embrace oral health as a critical component of systemic health and well-being and quality of life throughout the life span.

Guiding Principles

The South Dakota Oral Health Plan goals, objectives, and strategies have been built by South Dakota professionals, leaders, and volunteer advocates committed to meeting the challenges of assuring a healthy South Dakota.

The guiding principles of this group include:

- Advocating for oral health education, prevention, access, equity, and best practices as part of ongoing work and efforts in our respective areas of influence.
- Supporting initiatives, policies, and actions that improve oral and systemic health.
- Promoting evidence-based and culturally appropriate activities related to oral health messaging and treatment.
- Engaging families and individuals in making healthy decisions that result in achieving optimal oral and systemic health.
- Providing data, information, guidance, and advocacy in moving the goals of the South Dakota Oral Health Plan forward.
- Engaging and encouraging community groups, policy leaders, professionals, and public and private sector representatives to share the responsibility for the oral health needs of all.

Definitions

CHW- community health worker

CMS 416- Medicaid Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report

YRBS- Youth Risk Behavior Survey

CDC- Centers for Disease Control and Prevention

PRAMS- Pregnancy Risk Assessment Monitoring System

HPI- American Dental Association Health Policy Institute

FQHC- Federally Qualified Healthcare Center

Safety net clinic- Clinics that by mission or obligation provide oral healthcare for individuals regardless of their ability to pay for services or insurance status., e.g., community health centers (FQHC), St. Francis Mission or Delta Dental Mobile Program.

FFY-Federal fiscal year (October 1 to September 30)

SDF- Silver diamine fluoride

Summary of Plan

I. Goal: Improve Oral Health Literacy and Awareness

Objectives

- 1.1. Identify and train community champions for oral health (e.g., teachers, nurses, CHW).
- 1.2. Increase percent of 1 to 2 year old, who have a dental visit from 36% to 45% by end of year 2027.¹
- 1.3. Promote oral cancer awareness in South Dakota.

Strategies

- A. Promote age 1 dental visits.
- B. Conduct care coordination outreach for Medicaid participants at age 13 months with no dental visit.
- C. Promote Children’s Dental Health Month activities.
- D. Pursue oral health in paraprofessional/professional health curriculums.
- E. Identify and educate champions to promote oral health in different settings and populations.
- F. Promote early detection of oral and pharyngeal cancer through promotional campaigns.



II. Goal: Prevent Oral Diseases

Objectives

2.1. Decrease youth consumption of sugar-sweetened beverages from 12.8% to 12% and pop from 14.4% to 14% remaining below the national average from 2019 YRBS data report by end of year 2027.²

2.2. Maintain the percentage of SD population on community water systems receiving optimal water fluoridation (93.7%, 2018)³

2.3. Increase percent of mothers that had their teeth cleaned during pregnancy from (2018 PRAMS) 49% to 54% by end of year 2027.⁴

Strategies

- A. Advocate for optimal water fluoridation.
- B. Promote oral health services for pregnant women.
- C. Support education efforts of dental providers, medical prenatal care providers and pregnant women on guidance for prenatal oral health care.
- D. Advocate for low-sugar drinks in schools and after school programs.
- E. Identify population groups with the highest level of sugar sweetened beverage/pop consumption and focus on education for those groups.
- F. Collaborate with Head Start and WIC programs to educate families on oral health.



III. Goal: Increase the Availability, Accessibility, and Utilization of Oral Health Services

Objectives

3.1. Increase the percent of 0–21 year-old Medicaid participants who utilize the oral health system from 49% to 52% by end of year 2027.⁵

3.2. Increase the proportion of 6-14 year-old Medicaid participants who had a dental sealant on a permanent tooth from 25% to 28% by end of year 2027.⁶

3.3. Increase the number of dentists per 100,000 people from 50 to 53 per 100,000 people by end of year of 2027.⁷

Strategies

- A. Support the continuation of community prevention outreach clinics.
- B. Advocate for rural dental clinics in retention and recruitment efforts.
- C. Advocate for access to care for low-income individuals.
- D. Create campaign to increase the number of private practice dentists that actively provide care for the Medicaid population.
- E. Educate and advocate for the use of teledentistry.
- F. Support safety net clinics in their efforts to continue to provide services for children in underserved areas.
- G. Advocate for dental Medicaid rates for surgical/hospital facilities to be equitable to nondental rates.
- H. Advocate to increase silver diamine fluoride (SDF) application by dental professionals.
- I. Advocate to expand scope of practice for Registered Dental Hygienists and Registered Dental Assistants to perform reversible procedures.
- J. Support enhanced benefit coverage by Medicaid based on risk assessment.
- K. Advocate for the training and use of Community Health Workers.
- L. Promote charitable oral health events.

IV. Coordinate State Oral Health Efforts

Objectives

4.1. Promote inclusion of oral health as part of community health plans and state strategic plans.

4.2. Reimplement 3rd grade survey.

Resume collecting

- Percent of third graders that have caries experience (treated or untreated tooth decay)
- Percent of third graders that have dental sealants on permanent molars.

4.3. Create state oral health surveillance system report card to include measures within the oral health plan.

Strategies:

- A. Oral Health Coalition members conduct 3rd grade survey.
- B. Collaborate with stakeholders to share oral health measures.
- C. Advocate for inclusion of oral health as part of community/state health plans.
- D. Advocate for development/implementation of an oral health surveillance system in the state.
- E. Build consensus around appropriate oral health care for families, including standard messaging from all South Dakota oral health organizations.
- F. Share SD Oral Health Plan with other healthcare coalitions, e.g., SD Diabetes Coalition, SD Tobacco Coalition.



References

1. Early and Periodic Screening, Diagnostic and Treatment. November 12, 2020. FY 2019 Data: 2019EPSDT_StateRpt_20201112 South Dakota [xlsx].
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
2. South Dakota Department of Health. 2019. South Dakota youth Risk Behavior Survey Summary.
https://doh.sd.gov/documents/statistics/YRBS_2009-2019_Summary.pdf
3. Centers for Disease Control and Prevention. September 8, 2020. 2018 State Fluoridation Percentage Calculations and States Ranked by Fluoridation Percentage.
<https://www.cdc.gov/fluoridation/statistics/2018stats.htm?web=1&wdLOR=c19537CB0-D2B2-40A7-B955-B3790A31F7A6>
4. South Dakota Department of Health. 2018. Pregnancy Risk Assessment Monitoring System.
https://doh.sd.gov/documents/statistics/2018_PRAMS_Report.pdf
5. Early and Periodic Screening, Diagnostic and Treatment. November 12, 2020. FY 2019 Data: 2019EPSDT_StateRpt_20201112 South Dakota [xlsx].
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
6. Early and Periodic Screening, Diagnostic and Treatment. November 12, 2020. FY 2019 Data: 2019EPSDT_StateRpt_20201112 South Dakota [xlsx].
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
7. American Dental Association. May 4, 2021. Supply of dentists in the U.S.: 2001-2020 [xlsx].
<https://www.ada.org/resources/research/health-policy-institute/dentist-workforce>

Acknowledgement

Thank you to the following workgroup members for sharing their time and expertise in the development of this plan. The plan has been approved for distribution by the South Dakota Oral health Coalition Steering Committee.

Paul Knecht

Patricia DaRosa, DDS, MSc

Cori Jacobson, RDH, MPH

Michelle Scholtz, DDS

Carissa Regnerus, RDH, MA

Zach Parsons

Alex Mayer

Mendy Herke, LPN

Jean Gross, RDH

Beth Honnerman, RD, LN, CLC

Kim Ball, RDA

Lori Dumke