



Dental Public Health Activities Descriptive Summaries

Practice Number: 47001
Submitted By: Oral South Dakota Department of Health
Submission Date: January 2005
Last Updated: January 2005

South Dakota Dental Health Strategies Meeting

Access to dental care is a growing concern for all South Dakota citizens. The status of oral health in South Dakota mirrors concerns faced by other rural states. Additionally, the oral health needs of Native Americans in South Dakota far exceed documented problems found across the country. A South Dakota Dental Health Strategies Meeting was held on April 25, 2002 to bring together constituencies representing dental public health, public policy, medicine, and oral health advocacy and to identify the current status of oral health care in South Dakota, concerns with access to care, and changes in oral health service resources for South Dakotans now and in the future. State, national, Indian Health Service (IHS), and dental leaders convened to present the state of oral health issues in South Dakota. They provided a framework for discussion and planning to address oral health care issues for the state. Eighty-five leaders from all constituency areas of South Dakota attended the one-day meeting, heard presentations, and participated in a large-group facilitated discussion, and joined small-group planning sessions.

Oral health leaders agreed that a crisis in oral health care is emerging in the state. In making recommendations about the process and direction South Dakota should take in addressing the oral health care issues of today and in the future, participants offered suggestions including forming a coalition of organizations interested in improving oral health in the state, gathering more precise data on dental needs of South Dakotans and the views of dental practitioners, and expanding emergency safety net services to meet current critical shortages. Several common themes for action arose, including: (1) gather more precise information on the status of oral health resources, (2) bring together an oral health coalition to create a strategic plan for the state, and (3) seek models that work from other rural states for consideration to meet South Dakota's needs. A meeting report (<http://www.astdd.org/summitreports/SouthDakota.pdf>) had been prepared with details of the meeting format, group facilitated discussion, and participants' recommendations.

The costs of convening the summit meeting included a facilitator (\$3,400), a recorder (\$2,000), administrative support (\$450), meeting room (\$500), and food (\$2,000). Follow-up actions and benefits that can be attributed to summit efforts include: (a) a focus on expansion of workforce, access to care, and education/prevention; (b) a HRSA grant to create "interfaces" project to improve the oral health of children by training primary care medical providers to detect oral diseases and train general dentists in pediatric dentistry techniques; (c) three tuition reimbursement slots enabling dentists to locate in designated Health Professional Shortage Areas (HPSA's); (d) a Dentist Loan Repayment Service Program by Delta Dental Plan of SD; (e) a dental van to serve children across the state; outreach clinics supported by dental students from the University of Minnesota Dental School; (f) a fluoride varnish training program for health coordinators; and (g) training for Community Health, Head Start, and Early Childhood Enrichment nurses and staff.

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