

*South Carolina*

# Oral Health Needs Assessment

*2022–2023 Report*



## Acknowledgements

The success of the 2022–2023 Statewide OHNA would not have been possible without the dedication and support of many individuals. We gratefully acknowledge the contributions of **DPH Section of Oral Health** and **DPH staff**, along with **school administrators, school nurses, and volunteer dentists and hygienists** who generously gave their time to support student screenings across the state. We extend our sincere appreciation to everyone who played a role in planning, implementing, and supporting this effort.

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The South Carolina Oral Health Action Network (SCOHAN), under the coordination of Shawn Skinner, has been a key partner in advancing efforts to improve the oral health of South Carolina’s most vulnerable populations. SCOHAN plays an essential role in compiling and disseminating this report and will serve as a vital collaborator in translating its findings into actionable strategies.

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# EXECUTIVE SUMMARY

The South Carolina Department of Public Health's (DPH) Section of Oral Health (SOH) conducts a Statewide Oral Health Needs Assessment (OHNA) every five years to monitor the oral health status of kindergarten and third grade students in public schools. Utilizing the Association of State and Territorial Dental Directors' (ASTDD) Basic Screening Survey methodology, the most recent assessment was completed during the 2022–2023 academic year.

Oral Health is a critical component of overall health and well-being. Yet, significant disparities persist among South Carolina's underserved and vulnerable populations, particularly among low-income families, racial and ethnic minorities, and residents of rural areas. Poor oral health can lead to a range of serious health issues, including cardiovascular disease, diabetes, and respiratory infections. It can also impair basic functions such as eating, speaking, and socializing, which negatively impact overall quality of life, reduce productivity, and increase healthcare costs.

In children, the consequences can be especially severe. Untreated oral disease can lead to pain, difficulty concentrating in school, poor academic performance, and social withdrawal. Promoting good oral health is essential not only for individual well-being but also for improving long-term health outcomes across communities, particularly among vulnerable populations.

The results of the 2022-23 OHNA underscore the urgent need for targeted interventions to address identified inequities. Approximately half (48%) of kindergarten children in the state have experienced tooth decay and that number increases to nearly 60% when observing third graders.





Furthermore, approximately 25% of children have untreated tooth decay, and over 60% lack dental sealants. These conditions not only affect children's health but also their academic performance, mental health, and quality of life.

Significant regional disparities exist, with children in the Pee Dee region (Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, and Williamsburg counties) experiencing nearly double the rate of untreated tooth decay compared to those in the Upstate (Abbeville, Anderson, Cherokee, Greenville, Greenwood, McCormick, Oconee, Pickens, Spartanburg, and Union counties). Additionally, rural children have lower sealant rates than their urban counterparts. Demographically, Black and Hispanic children exhibit higher rates of untreated tooth decay and greater need for urgent dental care than White children.

Despite being essential to overall health, oral health remains out of reach for many children in South Carolina, especially those in low income, rural, and minority communities. The 2022–2023 Oral Health Needs Assessment reveals widespread and persistent challenges, including high rates of tooth decay, limited access to preventive care such as sealants, and significant disparities by race, income, and geography.

These results underscore the urgent need for targeted interventions and community-based strategies to enhance oral health outcomes statewide.

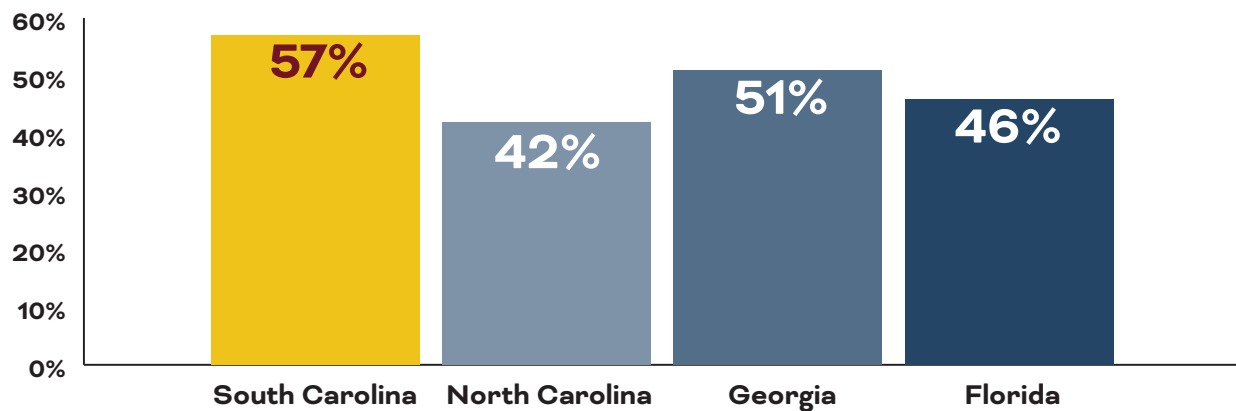
# KEY FINDINGS

## Key Finding #1:

**South Carolina third graders have the highest rate of tooth decay among states in the Southeast Region of the United States.**

South Carolina third grade children have a decay rate of 57% which is the highest rate of Tooth Decay among the several bordering states including North Carolina, Georgia and Florida based on recent data collected by the CDC.

**3rd Grade Decay Rates: South Carolina vs. Border States**



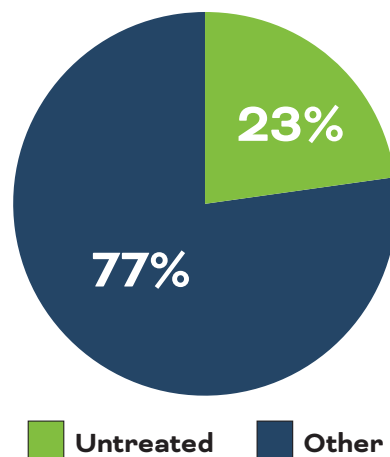
DPH Section of Oral Health Oral Health Needs Assessment Report 2022-23  
[Oral Health Data](#) (CDC)

## Key Finding #2:

**Nearly 1 in 4 children in South Carolina have untreated tooth decay.**

In addition to the widespread experience of tooth decay, the data reveal that a substantial number of children are living with untreated tooth decay, placing them at risk for pain and further health complications. On average, nearly 1 in 4 Kindergarten and 3rd graders in South Carolina have untreated dental caries.

**Untreated Decay Among SC Children**

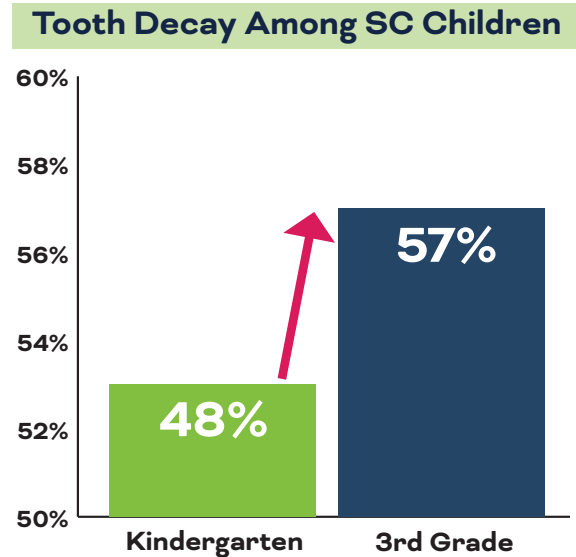


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### *Key Finding #3:*

**Approximately half (48%) of kindergarten children in the state have experienced tooth decay and that number increases to nearly 60% when observing third graders.**

The assessment found that oral health challenges begin early in life for children in South Carolina. On average, roughly half of kindergarten children in the state have experienced tooth decay, indicating that dental decay affects a significant portion of young children. Particularly concerning is that nearly 60% of third graders show signs of tooth decay, reflecting a progression of untreated or recurrent disease as children grow.



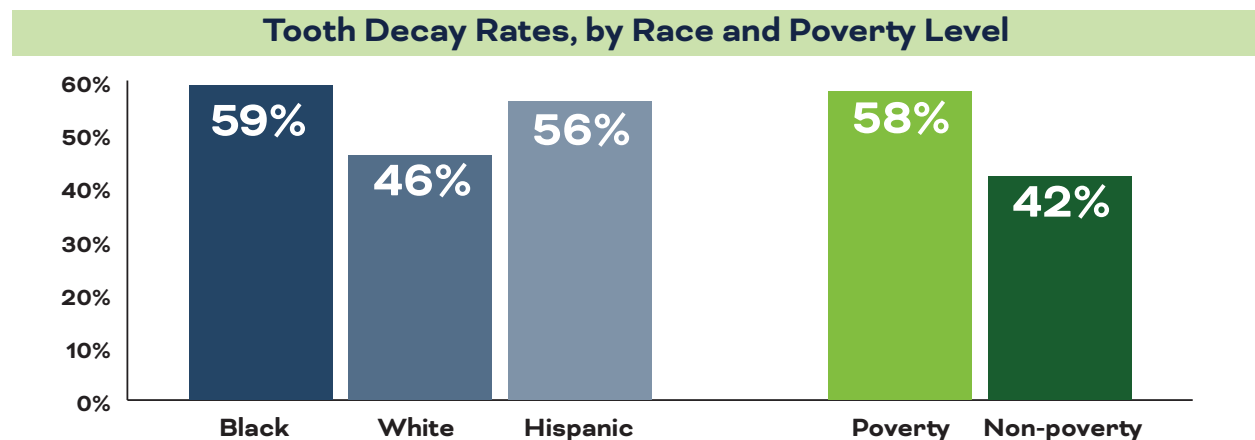
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### *Key Finding #4:*

**There are significant oral health disparities by income, rural vs. urban, and race amongst children in the 2022-2023 OHNA.**

The assessment identifies stark disparities in oral health outcomes across racial, socioeconomic, and geographic lines. Sealant prevalence is lower among Black children (33.96%) compared to White children (44.04%), and rural children (32.09%) have fewer sealants than urban children (43.84%).

Caries experience is also higher among Black children (58.72%) than White children (46.26%), and children living in poverty experience more dental decay (58.02%) than those not in poverty (42.29%). These disparities are compounded by poverty rates across counties (ranging from 8.3% to 36.7%) and workforce shortages reflected in Health Professional Shortage Area (HPSA) designations, which limit access to care.

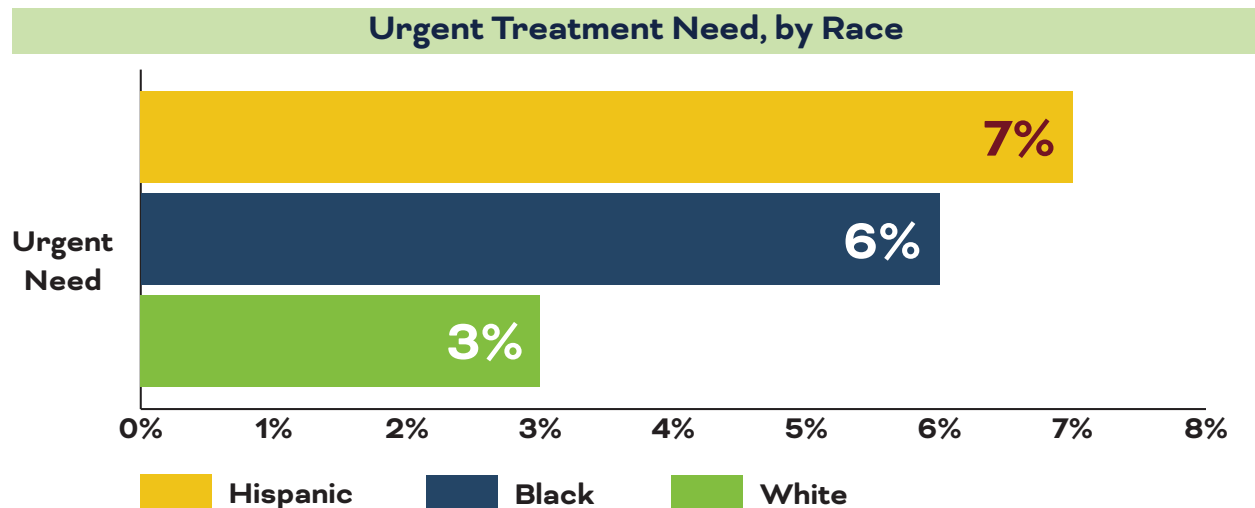


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## Key Finding #5:

**Hispanic and Black children in SC experience double the need for urgent treatment than white children.**

Urgent dental treatment needs are significantly more common among Hispanic and Black children compared to their White peers. The data show that 6.74% of Hispanic children and 6.27% of Black children require urgent treatment, which is nearly double the rate observed in White children (3.11%).

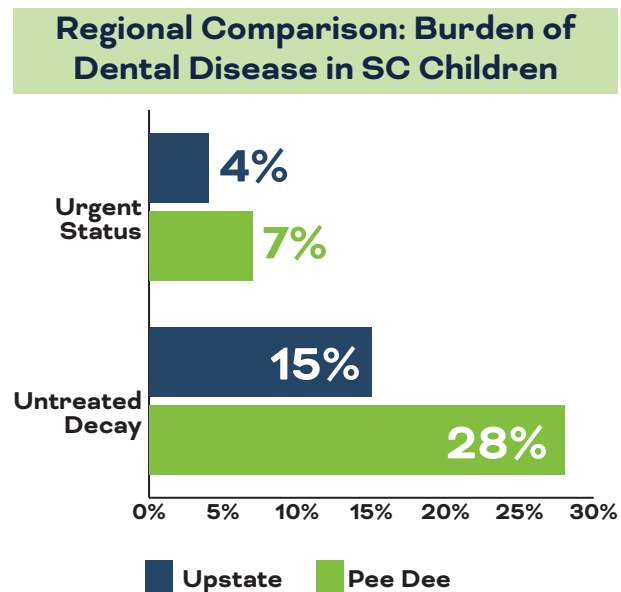


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## Key Finding #6:

**Children in the Pee Dee region experience nearly double the rate of untreated tooth decay and urgency than children in the Upstate of South Carolina.**

Children in the Pee Dee region of South Carolina face disproportionately higher rates of untreated tooth decay and urgent dental treatment needs compared to their peers in the Upstate. The rate of untreated decay among Pee Dee children is nearly double, at 27.55% versus 15.11% in the Upstate. Similarly, urgent dental needs are higher in the Pee Dee (7.04%) compared to the Upstate (3.57%). Treatment urgency refers to the need for dental care in 24-48 hours due to pain, infection, or swelling.



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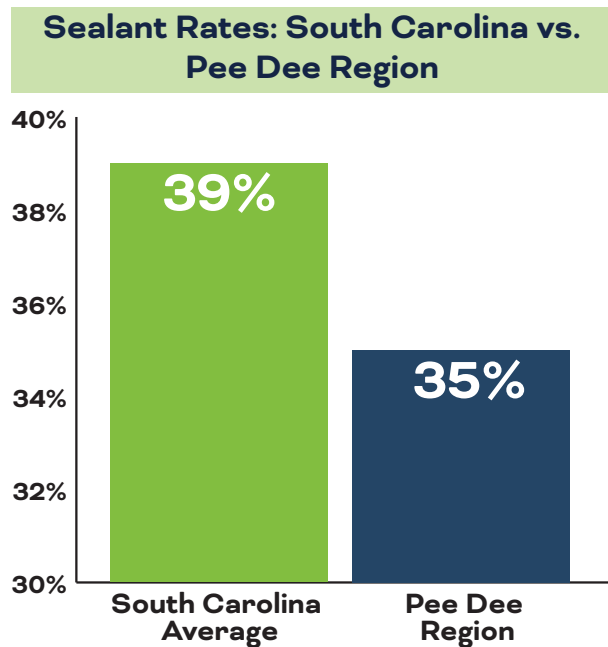
## Key Finding #7:

**Approximately 40% of third graders in South Carolina have dental sealants, while only 35% of third graders in the Pee Dee region have sealants.**

A dental sealant is a protective coating that is painted onto the chewing surfaces of the back teeth. It acts as a barrier, preventing cavities and helping to keep your child's teeth healthy. Sealants can prevent up to 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.

Preventive dental sealants remain underutilized across the state, with over 60% of third graders statewide lacking sealants. The situation is more severe in the Pee Dee region, where more than 65% of third graders do not have sealants.

Additionally, children in rural areas have lower sealant rates (32.1%) compared to those in urban settings (43.8%).



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# KEY STRATEGIES

In response to the significant oral health disparities identified in the 2022–2023 Statewide Oral Health Needs Assessment, DPH Section of Oral Health has identified some key strategies across four key areas:

## **01 Community-Based Oral Health Initiatives**

To improve the oral health of children and families across South Carolina, efforts will focus on strengthening and expanding partnerships with the WIC program, Head Start, school nurses, and community health workers. These collaborations will aim to increase access to preventive dental services and enhance education through schools and community outreach. By promoting early dental care, engaging families, and offering multilingual, culturally responsive resources, we can create lasting change and support healthier communities throughout the state.

## **02 Medical-Dental Integration**

To expand access to preventive oral health services, the Section of Oral Health supports Medical-Dental Integration (MDI) through the SC Integration Demonstration (SCID) project. This HRSA-funded initiative brings oral health into primary care. Partnerships with providers, programs such as Reach Out and Read, and workforce expansion in underserved areas will enhance delivery. Collaboration with the SC Oral Health Action Network will align statewide efforts and scale community-based solutions.

## **03 Surveillance, Monitoring And Evaluation**

DPH Section of Oral Health is the only entity in the state that regularly conducts comprehensive evaluations, including a statewide oral health needs assessment, to gauge the effectiveness, reach, and impact of its programs for vulnerable populations. These findings help refine strategies, address service gaps, and ensure programs remain responsive to changing community needs.

## **04 Digital Platforms**

To improve access and awareness, South Carolina's Oral Health Program is enhancing and expanding its capacity to monitor, evaluate and disseminate oral health data through the creation of a comprehensive data dashboard to track real-time trends, guide interventions, and address disparities. Additionally, by DPH and the SC Oral Health Action Network websites and social media outreach channels, families and providers can access tools and resources to support better oral health statewide.

# 01 Community-Based Oral Health Initiatives

- **Expand and Strengthen Partnerships:** Collaborate with existing programs such as WIC, Head Start/Early Head Start, Reach Out and Read, Healthy Learners, and school-based dental initiatives to broaden the reach of preventive oral health services and education. Leverage the statewide infrastructure supported by the South Carolina Oral Health Action Network (SCOHAN) to unify efforts.
- **Increase Access to Preventive Services:** Use the Public Health Dental Provider Program (PHDPP) and other public-private partnerships to deliver dental screenings, fluoride varnishes, and sealants in community and school settings, prioritizing high-risk and underserved populations.
- **Enhance Oral Health Literacy and Education:** Statewide dissemination DPH standards-based supplemental oral health curriculum for elementary students with hands-on, literacy-driven activities and parent take-home materials. Support outreach programs like the Flora and Floppy traveling puppet show to educate and engage children and families statewide, with a specific focus on reaching Title 1 schools.
- **Integrate Oral Health Messaging Through Community Engagement:** Collaborate with DPH's Community Engagement Teams and SCOHAN to incorporate oral health education into community-based efforts. Utilize targeted outreach that addresses social determinants of health and fosters two-way communication, enabling strategies to be tailored to the specific needs of each community.
- **Promote Early Preventive Care and Lifelong Healthy Habits:** Raise awareness of the importance of early dental visits at age one and preventive care for mothers and children through programs like WIC and Early Head Start/Head Start, including daily toothbrushing and oral health education.
- **Support coordination of care and reduce barriers:** Enhance access to comprehensive health services by partnering with organizations like Healthy Learners to provide transportation and care coordination for students and their families.



## *02 Medical Dental Integration*

- **Embed Oral Health into Primary Care:** Collaborate with medical providers to integrate oral health education, screenings, and preventive services, such as fluoride varnishes, into routine primary care visits.
- **Leverage Pediatric Literacy-Based Interventions:** Enhance collaboration with programs like Reach Out and Read (ROR), a program that embeds oral health education and preventive services within pediatric primary care. By providing oral health training to medical providers, ROR supports the delivery of fluoride varnishes and dental referrals during well-child visits.
- **Implement the SC Integration Demonstration Project (SCID):** SCID is a four-year HRSA-funded effort to integrate oral health into primary care for underserved Maternal and Child Health (MCH) populations. In partnership with three Federally Qualified Health Centers (FQHCs), SCID aims to expand preventive services, improve oral health literacy, and enhance data systems for children aged 0–11 who are at high risk for tooth decay.
- **Advance Workforce Innovation in High-Need Communities:** Through the POWER PEDS Project, support a pilot hygiene workforce model in Lee County. This strategy helps expand access to care for early childhood and maternal populations.
- **Strengthen Cross-Sector Partnerships:** Utilize existing networks like SCOHAN to align efforts across medical, dental, public health, and community sectors—ensuring integrated care models are scalable, data-informed, and community-responsive.

## *03 Surveillance, Monitoring and Evaluation*

- **Maintain and Implement a Comprehensive Oral Health Surveillance Plan:** Oral health surveillance efforts will continue, with a focus on school-aged children, particularly in rural communities experiencing the most significant disparities. Data collected will be analyzed to identify areas of highest need across the state, guiding the implementation of targeted and appropriate interventions.
- **Partner with University of South Carolina (USC) CAREs Evaluation Team:** Conduct comprehensive evaluations of DPH Section of Oral Health's programs, measuring their effectiveness, reach, and outcomes for vulnerable populations. Use evaluation findings to continuously adapt and improve strategies, addressing gaps and changing community needs.
- **Strengthen the Collection and Use of Annual Dental Screening Data:** Collaborate with the State School Nurse Consultant to increase the number of schools that are conducting annual oral health screenings. This data can be used to monitor trends, identify service gaps, and inform school based prevention strategies.



## O4 Digital Platforms

- **Launch of a Comprehensive Oral Health Data Dashboard:** The Oral Health Data Dashboard will integrate data from the Oral Health Needs Assessment, Medicaid, and other relevant state population sources to deliver accessible, real-time insights into oral health across South Carolina. This centralized tool will inform targeted interventions, enhance oral health literacy, and help reduce disparities by guiding data-driven community strategies and policy decisions. By leveraging this comprehensive data, South Carolina can move toward a future where oral health is recognized as a vital component of overall health and well-being.
- **Expand Digital Access through SCOHAN's Connecting Smiles Hub:** In collaboration with SCOHAN, DPH Section of Oral Health supports and advances the Connecting Smiles Training and Education Hub—a digital platform designed to improve oral health literacy and access to resources. This hub equips parents, healthcare providers, and community-based programs with culturally relevant tools, training, and educational materials that empower families to make informed decisions about their oral health.
- **Utilize Social Media to Promote Oral Health:** DPH Section of Oral Health will continue utilizing the DPH and SCOHAN social media platforms to disseminate educational content, preventive care tips, and oral health resources. These efforts aim to engage families across South Carolina, raise awareness, and encourage healthy behaviors that support lifelong oral health.



# SURVEY METHODS

## *Methodology*

To accurately monitor the oral health status of school-aged children DPH, through its Section of Oral Health, conducts a Statewide Oral Health Needs Assessment (OHNA) every five years. The assessment is implemented in public school settings and focuses on students in kindergarten (K-5) and third grade, two critical age groups for evaluating early childhood oral health.

The OHNA is conducted using the Basic Screening Survey method developed by the Association of State and Territorial Dental Directors (ASTDD), a nationally recognized and standardized tool for collecting oral health data. The first statewide OHNA using this system took place during the 2002–2003 academic year, and the most recent was completed in 2022–2023.

### **Purpose and Use of the OHNA**

The data collected through the OHNA serves multiple vital functions:

- Assessing the incidence and prevalence of dental decay, the urgency of treatment needs, and the prevalence of dental sealants in young children;
- Evaluating the impact of the DPH Public Health Dental Prevention Program (PHDPP) and other school-based preventive programs; and
- Providing actionable data to inform oral health policy, funding priorities, and community-level interventions.

### **Goals of the Statewide OHNA**

- Establish a current snapshot of the oral health status of K-5 and third-grade students in South Carolina.
- Raise awareness about the connection between a healthy mouth and a healthy body, while increasing public knowledge of preventive practices and access to dental services.
- Track progress over time to determine whether the oral health of children in South Carolina is improving and to identify opportunities for further action and system-wide improvements.

# *Sampling And Data Collection*

The 2022–2023 OHNA surveyed **K-5** and **third-grade** students enrolled in South Carolina public schools. The goal was to obtain a representative snapshot of the oral health status of children across all **46 counties** in the state.

## **Sample Size and Representation**

- A total of **169 public schools** were selected for participation.
- Approximately **29,541 students** were included in the sample.
- The sample was designed to be **statistically representative** of the state's demographic and geographic diversity, ensuring data could be generalized to the broader student population.

## **Sampling Methodology**

### **1. Initial Sample Generation:**

A senior epidemiologist from the **ASTDD** generated the original sample of schools using standardized statistical methods. This approach was consistent with previous OHNA cycles.

### **2. Demographic Adjustments for Representation:**

After the initial selection, the sample was reviewed to ensure it reflected the racial and ethnic distribution of each county.

- The proportion of **White, Black, and Hispanic children** in the selected schools was compared to county-level demographic data.
- Schools were **added or replaced** as needed to achieve representativeness within **±5%** of the county's population distribution for those racial groups.

## **School Engagement and Screening Implementation**

- Once the sample was finalized, DPH Section of Oral Health contacted **district superintendents and school principals** to request participation and schedule screening dates.
- Most screenings were conducted by trained **DPH Section of Oral Health staff**.
- Volunteer screeners were also recruited and required to:
  - Complete an **online training course**, and
  - Achieve **at least 80% proficiency** on a training assessment to ensure calibration and data quality.

Each screening team included:

- A **screeener**, responsible for performing the oral health assessments, and
- A **recorder**, who entered the data and supported **on-site logistics** during the screenings.

## *Data Entry And Analysis*

Data for the assessment were collected and submitted online in real-time following each child's screening. Submissions were transmitted directly to a secure, HIPAA-compliant web-based application developed by the USC Arnold School of Public Health.

The data was later retrieved and sent to the South Carolina Revenue and Fiscal Affairs (RFA) office, where it was matched with Medicaid billing data and information from the South Carolina Department of Education (SCDE). This matching process created a comprehensive dataset, which was then de-identified and assigned mock IDs before being forwarded to the DPH Section of Oral Health for analysis.

A total of 14,041 records were initially collected. After data matching at RFA, 13,779 records were successfully linked, resulting in a 98.13% match rate.

Demographic data, including race and ethnicity, were sourced from SCDE and were available for all screened children. Additionally, poverty status, rural/urban classification, and DHEC region were available for 100% of the records.

## *OHNA Communication Plan*

In alignment with the seven-step ASTDD model, a critical component of OHNA was the development and implementation of a **comprehensive communication plan**. This plan aimed to engage key stakeholders, including district officials, school nurses, teachers, parents, and the public. The OHNA offered a valuable opportunity to raise awareness among students, families, and educators about the connection between **oral health and overall well-being**, while also increasing knowledge about **preventive practices** and **access to dental care services**.

### **Stakeholder Engagement and School Coordination**

To initiate the assessment among K-5 and third-grade students, school officials were first contacted with a clear explanation of the purpose and intent of the screening. In South Carolina, screenings must be approved by **district and school** personnel.

Upon receiving access, **school nurses and teachers** played a pivotal role in ensuring the successful on-site implementation of the screenings. They also served as the primary means of communication between the program and families.

### **Family and Student Outreach**

To facilitate informed participation, materials were developed and disseminated to families:

- **Informational flier** (dual language)
- **Consent form**
- **Screening results sheet**



To promote preventive oral health practices and increase knowledge:

- Each student received a **bilingual oral health activity booklet** and a **toothbrush**
- Teachers and school nurses received oral health resources, including:
  - Age-appropriate **books**
  - A **standards-based oral health curriculum guide** with classroom activities
  - Materials for **school health rooms**

## Dissemination of Results

The final phase of the communication plan focuses on **reporting and sharing the results** of the assessment:

- This **comprehensive report** is available through **DPH** and **SCOCHAN** websites.
- Hard copies will be **distributed on an ongoing basis** to interested partners and stakeholders.
- For the first time, the **2022–2023 summarized results** can be shared in **infographic format**, breaking down data at both the **state and county levels**.
- These **one-page summaries** are designed for accessibility and can be shared with **local officials, community members, and parents** to raise awareness about children’s oral health within their communities.



# PARTNERSHIPS

## **Early Head Start/Head Start**

Programs serving children from birth to age five that provide core services including early learning, nutrition, health, and oral health education. DPH Section of Oral Health partners with Head Start to train staff, provide classroom oral health curricula, and distribute educational materials for parents. Oral health is a required focus in Head Start centers, with daily supervised toothbrushing to promote early prevention and support lifelong oral health.

## **Flora and Floppy Oral Health Traveling Puppet Show**

Since 2007, over 136,000 children have learned about dental care through “Flora and Floppy Go to the Dentist,” a puppet show created by the Columbia Marionette Theater with support from the SC Dental Association and DPH Section of Oral Health. Funded annually by the SC Dental Association, the show reaches approximately 40 schools and 10,000 students each year—many of whom are from underserved areas—at no cost.

## **Healthy Learners**

A faith-based nonprofit that removes health barriers to student success by providing care coordination, transportation, and access to medical, dental, vision, and mental health services. The partnership with Healthy Learners is facilitated through their membership in SCOHAN.

## **Oral Health Standards-based Supplemental Curriculum**

Developed by DPH Section of Oral Health in collaboration with classroom teachers, this comprehensive curriculum for first through fifth grades features hands-on, literacy-driven activities that teach students proper oral care and its importance. Each lesson includes take-home materials for parents or guardians to reinforce learning at home.

## **Public Health Dental Provider Program (PHDPP)**

Established by DPH Section of Oral Health to coordinate public-private partnerships delivering preventive dental services in public health settings, in accordance with the South Carolina Dental Provider Act of 2003.

## **DPH Regional Community Engagement Teams**

DPH collaborates with community engagement teams across South Carolina’s four public health regions to integrate oral health messaging. These teams foster partnerships with local agencies to address social determinants of health that impact oral health outcomes. This enables a two-way exchange of oral health information and resources, ensuring efforts are responsive to community-identified needs.

## **SC Integration Demonstration Project (SCID)**

DPH Section of Oral Health is one of eight states selected for HRSA's Improving Oral Health Integration project. SCID aims to integrate preventive oral health into primary care for underserved MCH populations. Launched in 2024, the four-year project expands partnerships with three FQHCs to improve access, boost oral health literacy, and strengthen data systems for children ages 0–11 at high risk for poor oral health.

## **SC Oral Health Action Network (SCOHAN)**

A coalition of public, private, and community partners working to improve oral health and promote equity across the state. SCOHAN strengthens oral health infrastructure, supports underserved communities, and advocates for systemic change. The network collaborates with DPH regional teams, community health workers, the SC Dental Association, and DPH Section of Oral Health. For more information, visit [scohan.org](https://scohan.org)

## **State School Nurse Consultant**

Jointly funded by DPH and SCDE, the consultant supports school districts in fostering healthy environments. They guide data collection and provide DPH Section of Oral Health and SCOHAN with annual dental screening and referral data to inform integration strategies and identify needs.

## **Reach Out and Read**

A program that embeds oral health education and preventive services within pediatric primary care. By providing oral health training to medical providers, ROR supports the delivery of fluoride varnishes and dental referrals during well-child visits.

## **Women, Infants, and Children (WIC)**

A free nutrition program for eligible families that provides health education, healthy foods, and support services. In partnership with DPH Section of Oral Health, WIC promotes oral health literacy by raising awareness about the importance of the age one dental visit and early preventive care for mothers and children.





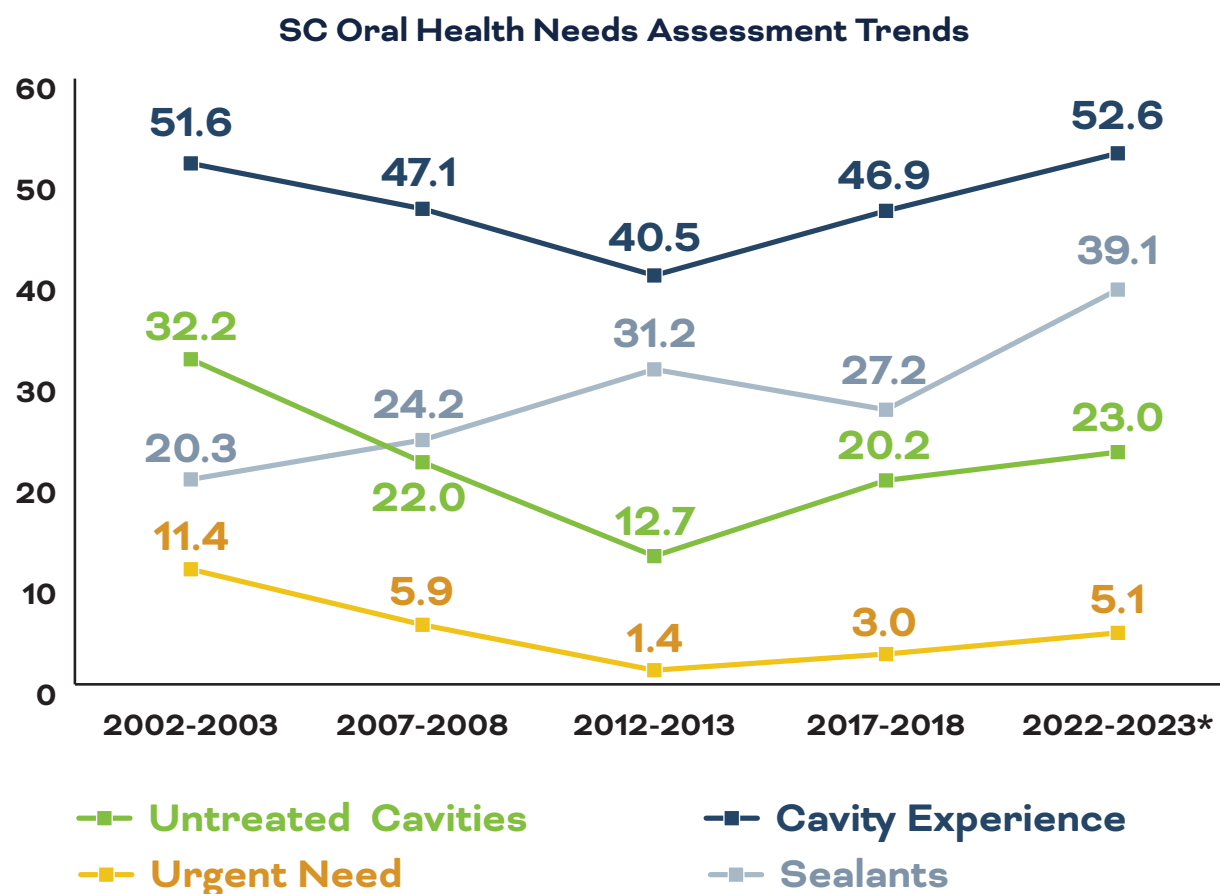
# APPENDIX



## 20 Years of Progress and Setbacks

### Key Findings from SC Oral Health Needs Assessments (2002–2023)

South Carolina conducted its first statewide OHNA in 2002. This assessment, conducted every 5 years, is the only oral health screening data collected and analyzed in the state. These assessments provide valuable information needed to make informed decisions, allocate resources, and develop strategic interventions. Among the most concerning findings in the first assessment was that nearly 30% of children entering kindergarten had untreated tooth decay, highlighting a critical need for early intervention. In response, targeted outreach strategies were developed, including training(s) for childcare providers, partnerships with Head Start programs, and the creation of community-based oral health education resources aimed at reaching families before children entered school.



While progress has been made over the past two decades, recent data show that oral health disparities persist, and in some cases, are worsening. Following are key takeaways from the last five statewide assessments.

### **Untreated Decay: Some Improvement, But Challenges Remain**

- 2002–2003: 32.2%
- 2007–2008: 24.2%
- 2012–2013: 12.7%
- 2017–2018: 20.2%
- 2022–2023: 23.0%

There has been a significant decline from the 2002 baseline; however, the steady rise since 2013 signals that barriers to care are again increasing, with nearly one in four children still affected.

### **Decay Experience: Rising Again**

- 2002–2003: 51.6%
- 2007–2008: 47.1%
- 2012–2013: 40.5%  
*(lowest point, smaller screening sample)*
- 2017–2018: 46.9%
- 2022–2023: 52.6%

After earlier declines, decay experience has climbed steadily, reaching its highest recorded level in 2023. This suggests growing challenges in both prevention and access to care.

### **Urgent Need: Increasing After Sharp Decline**

- 2002–2003: 11.4%
- 2007–2008: 5.9%
- 2012–2013: 1.4%  
*(lowest point, smaller screening sample)*
- 2017–2018: 3.0%
- 2022–2023: 5.1%

Although still below 2002 levels, urgent dental treatment needs have more than tripled since 2013. The 2012–2013 assessment was regional in scope, while the 2017–2018 and 2022–2023 assessments provided county-level representation. The increase in urgent need may reflect reduced access to timely dental care, possibly exacerbated by COVID-19 disruptions, during which dental offices were closed and school-based services were suspended.

### **Sealant Use: Positive but Uneven Progress**

- 2002–2003: 20.3%
- 2007–2008: 22.0%
- 2012–2013: 31.2%
- 2017–2018: 27.2%
- 2022–2023: 39.1%

Sealant usage has generally trended upward, with a slight dip in 2017. The sharp increase in 2023 reflects renewed emphasis on preventive care; however, continued efforts are needed to expand reach, especially in underserved areas.

## Overall Insights

- South Carolina has made progress in reducing untreated tooth decay and increasing preventive services, such as sealants.
- Decay experience is worsening, and urgent dental needs are climbing, indicating growing gaps in timely, accessible dental care.
- These trends emphasize the urgent need for sustained prevention, early intervention, and expanded access—particularly for vulnerable and underserved communities.



# *How to Prevent Tooth Decay: Evidence-Based Prevention*

## Daily Oral Hygiene

- **Brush 2x/day** with fluoridated toothpaste
- **Floss and clean between teeth daily**
- Choose a **manual or electric toothbrush**

## Oral Health Education

- Teach children and families how to brush and floss properly
- Raise awareness about the connection between oral health and overall health
- Build lifelong habits, especially in low-income communities.  
Knowledge = Prevention

## Smart Nutrition = Healthy Teeth

- Eat: **Whole grains, fruits, vegetables, low-fat dairy**
- Avoid: **Sugary snacks, soda, sticky candies**
- Drink **water** to wash away food and acids and keep a healthy pH

## Community Solutions

- **Water fluoridation** reduces cavities by **~25%** across all ages
- A simple, effective, and proven public health strategy

## Professional Preventive Care

- **Establish a dental home:** Regular visits starting at age 1
- **Medical dental integration:** Provision of dental care within medical settings
- **School-based dental programs:** Can provide preventive services like **fluoride varnish** and **dental sealants**
- **Fluoride varnish:** Strengthens enamel in high-risk children
- **Dental sealants:** Protect molars from cavities



## **WHY FLUORIDE MATTERS:**

- Strengthens enamel
- Helps reverse early decay

Preventing tooth decay is a team effort — starting at home and supported by schools, communities, and dental professionals. Start early.

**Stay consistent. Protect your smile.**



# Oral Health: A Vital Part of Overall Well-Being

## Why Oral Health Matters

- Oral health is key to overall health and quality of life.
- Dental decay is the most common oral disease in both children and adults.
- Untreated oral disease can lead to:
  - Pain and infections
  - Trouble eating, speaking, and learning
  - Poor self-image
  - Lower quality of life

## Educational Impact of Poor Oral Health

- Lower test scores
- Difficulty concentrating
- Missed school days
- Functional and psychological effects

Source: Journal of the American Dental Association (2023)

## Access Gaps

- 75% of children with Medicaid miss required oral care
- High-risk children often do not receive preventive services
- Children from low-income families are 2x more likely to have untreated cavities

## CALL TO ACTION for South Carolina

- Make oral health a public health priority
- Ensure early intervention and prevention
- Strengthen access to care in every community







