



SOUTH DAKOTA
DEPARTMENT OF HEALTH



ORAL HEALTH REPORT

JANUARY 2020

ORAL CANCER

In 2017 there were 138 new cases of oral cancer in South Dakota and 28 deaths due to oral cancer. In 2016, South Dakota had a slightly higher age-adjusted rate than the US rate of oral cancer (12.9 vs. 11.4); however this difference was not significant. The mortality rate in South Dakota in 2017 was 2.7 per 100,000.

IN 2017 there were **138**
NEW CASES of ORAL CANCER
in SOUTH DAKOTA
and **28**
DEATHS due to ORAL CANCER

INCIDENCE 2017		MORTALITY 2017	
Number of cases		Number of deaths	
Total	138	Total	28
Males	93	Males	23
Females	45	Females	5
White	130	White	27
American Indian	7	American Indian	1
Median age at diagnosis	65.5 yrs	Median age at death	71 yrs
Mode	68 yrs	Mode	71 yrs
Age range at diagnosis	24-93 yrs	Age range at death	47-94 yrs
S.D. age-adjusted incidence rate	13.1	S.D. age-adjusted death rate	2.7
U.S. SEER age-adjusted incidence rate (2016)	*11.4	U.S. SEER age-adjusted death rate (2016)	*2.6

Rates per 100,000 U.S. 2000 Standard Population and S.D. 2017 Estimated Population / *2017 U.S. SEER age-adjusted rates not available.
Source: South Dakota Department of Health

Figure 1. Oral Cancer Incidence Rates, United States and South Dakota
Oral cancer incidence rates for the United States and South Dakota by year, 2001-2016

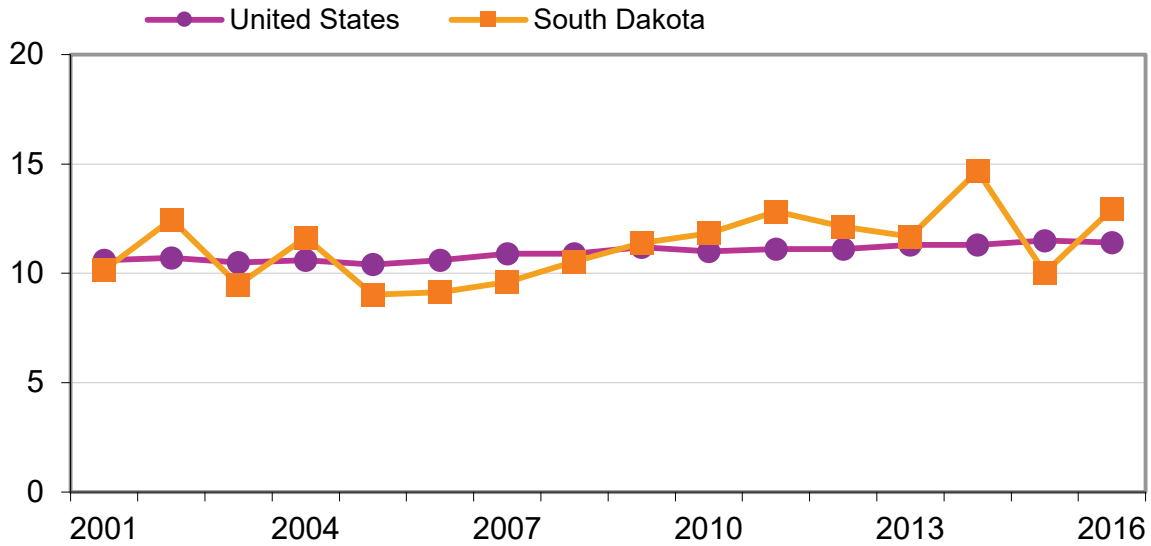
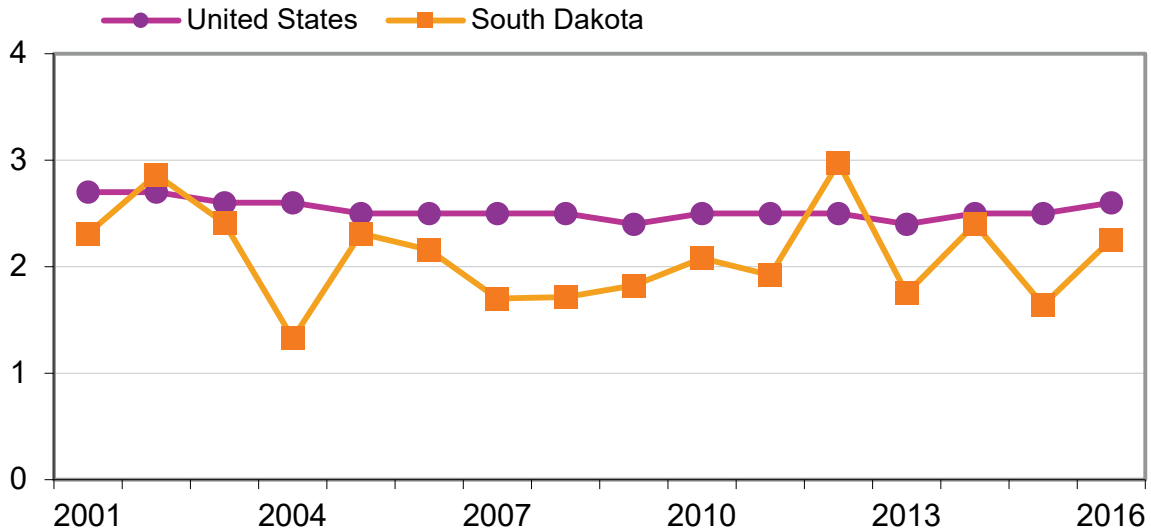


Figure 2. Oral Cancer Mortality Rates, United States and South Dakota
Oral cancer mortality rates for the United States and South Dakota by year, 2001-2016

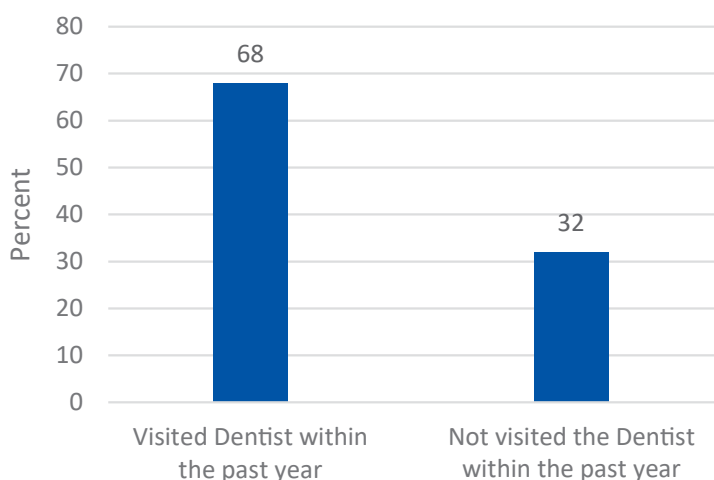


Rates per 100,000 U.S. 2000 Standard Population and S.D. Estimated Population, U.S. rates are provided by SEER Program www.seer.cancer.gov. National Cancer Institute Source: South Dakota Department of Health

CHRONIC DISEASE

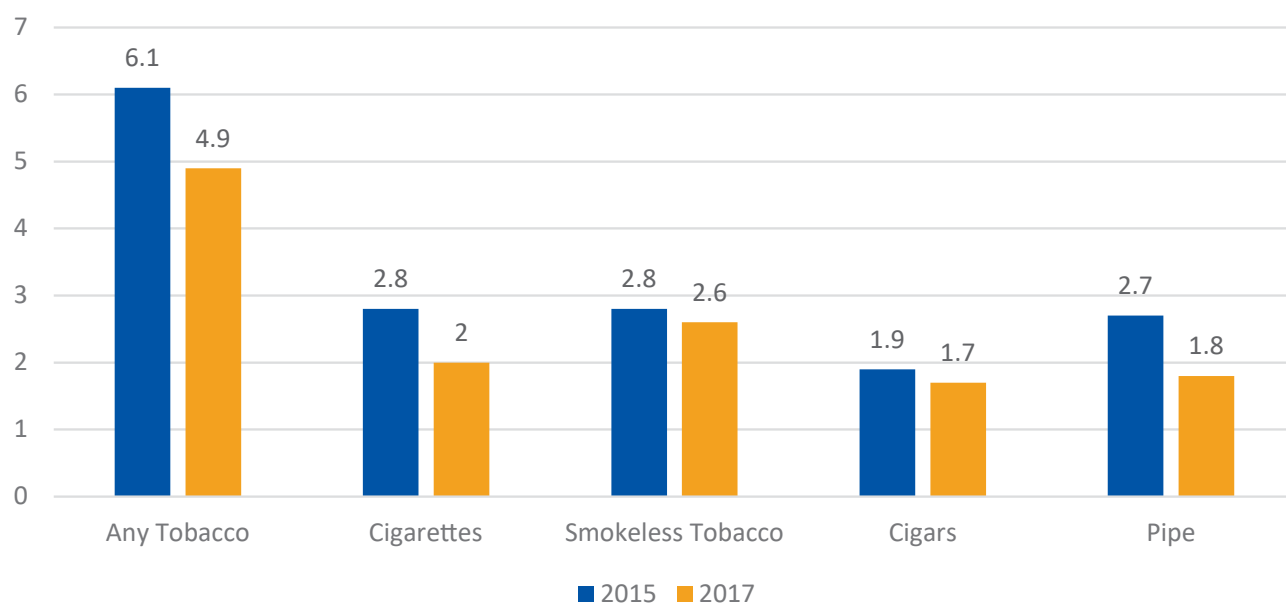
In 2018, 68% of adults in South Dakota had visited a dentist within the past year. Of adults with diabetes, 65% had visited a dentist within the past year. A risk factor for oral cancer is tobacco use. The 5-year average of tobacco use (smokeless and/or smoking) among adults was 23.4%. This number was significantly higher among males than females (29.0% vs 17.9%). Among Middle school students tobacco use in 2017 was 4.9%. This was a decrease from the 2015 rate of 6.1%. Among deaths due to lip, oral cavity, and pharynx cancer in 2018 it was indicated that 44% of these deaths included tobacco as a contributing factor.

Figure 3. South Dakota Adults who have visited a dentist within the past year, 2018



Source: South Dakota Department of Health. Behavioral Risk Factor Surveillance System.

Figure 4. Percent of Middle School Students Who Currently Use Tobacco by Type of Product in the Past 30 Days



Source: South Dakota Department of Health. Youth Tobacco Survey.

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

The Pregnancy Risk Assessment Monitoring System (PRAMS) survey collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS surveys are typically completed 3 to 6 months after delivery. A random sample of South Dakota residents who delivered a live-born infant in 2018 was selected from birth certificate files to complete the survey through mail or by telephone. American Indian and infants of other races were oversampled to ensure enough numbers to obtain reliable estimates. South Dakota's 2017 weighted response rate was 64%.

MATERNAL ORAL HEALTH, SOUTH DAKOTA PRAMS, 2018

ORAL HEALTH should be considered an important part of prenatal care because poor oral health during pregnancy can lead to poor birth outcomes. Maternal oral health status is also a strong predictor of offspring oral health status.*



TOP 3 BARRIERS TO DENTAL CARE DURING PREGNANCY

WHITE

1. Could not afford to go to the dentist (20%)
2. Did not think it was safe to go to the dentist during pregnancy (7%)
3. Could not find a dentist that would take Medicaid patients (4%)

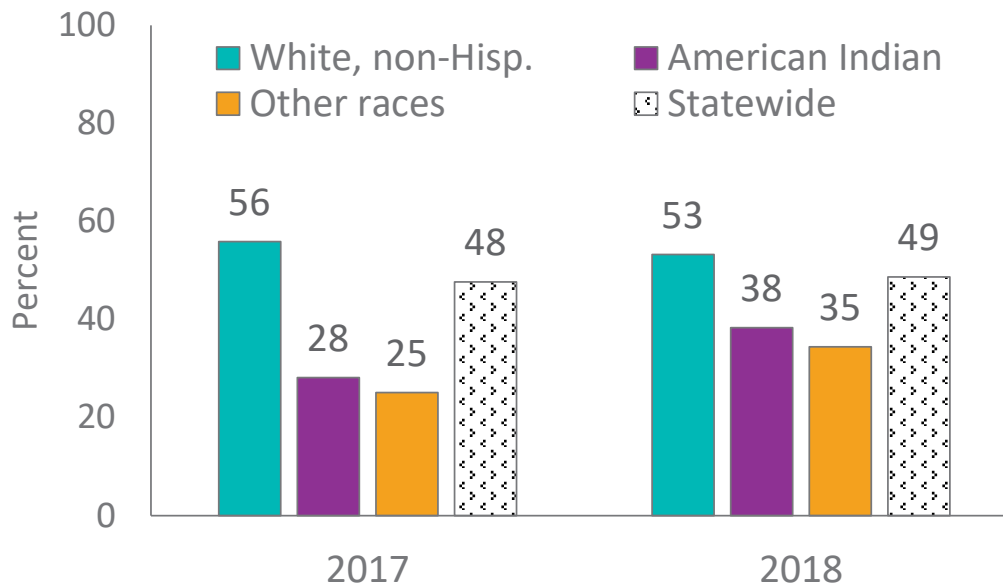
AMERICAN INDIAN

1. Did not think it was safe to go to the dentist during pregnancy (23%)
2. Could not afford to go to the dentist (18%)
3. Could not find a dentist that would take Medicaid patients (15%)

OTHER RACES

1. Could not afford to go to the dentist (21%)
2. Did not think it was safe to go to the dentist during pregnancy (16%)
3. Could not find a dentist that would take Medicaid patients (7%)

Figure 5. Mothers who had their teeth cleaned during their most recent pregnancy by race and year



RISK FACTORS OR BEHAVIORS ASSOCIATED WITH MOTHERS WHO DID NOT HAVE THEIR TEETH CLEANED DURING PREGNANCY WERE:

- ▶ Being uninsured
- ▶ Smoking 3 months before pregnancy
- ▶ Illicit drug use 3 months before pregnancy
- ▶ Delayed or no prenatal care
- ▶ Attended less than 80% of prenatal care visits
- ▶ Emotional abuse during pregnancy
- ▶ Low birth weight
- ▶ Never breast fed
- ▶ Baby being exposed to smoke
- ▶ Having an Adverse Childhood Experience (ACE) Score of 4 or more

CHARACTERISTICS ASSOCIATED WITH MOTHERS WHO HAD THEIR TEETH CLEANED DURING THEIR PREGNANCY WERE:

- ▶ White
- ▶ Non-Hispanic
- ▶ Older
- ▶ More years of education
- ▶ Married
- ▶ Higher household income

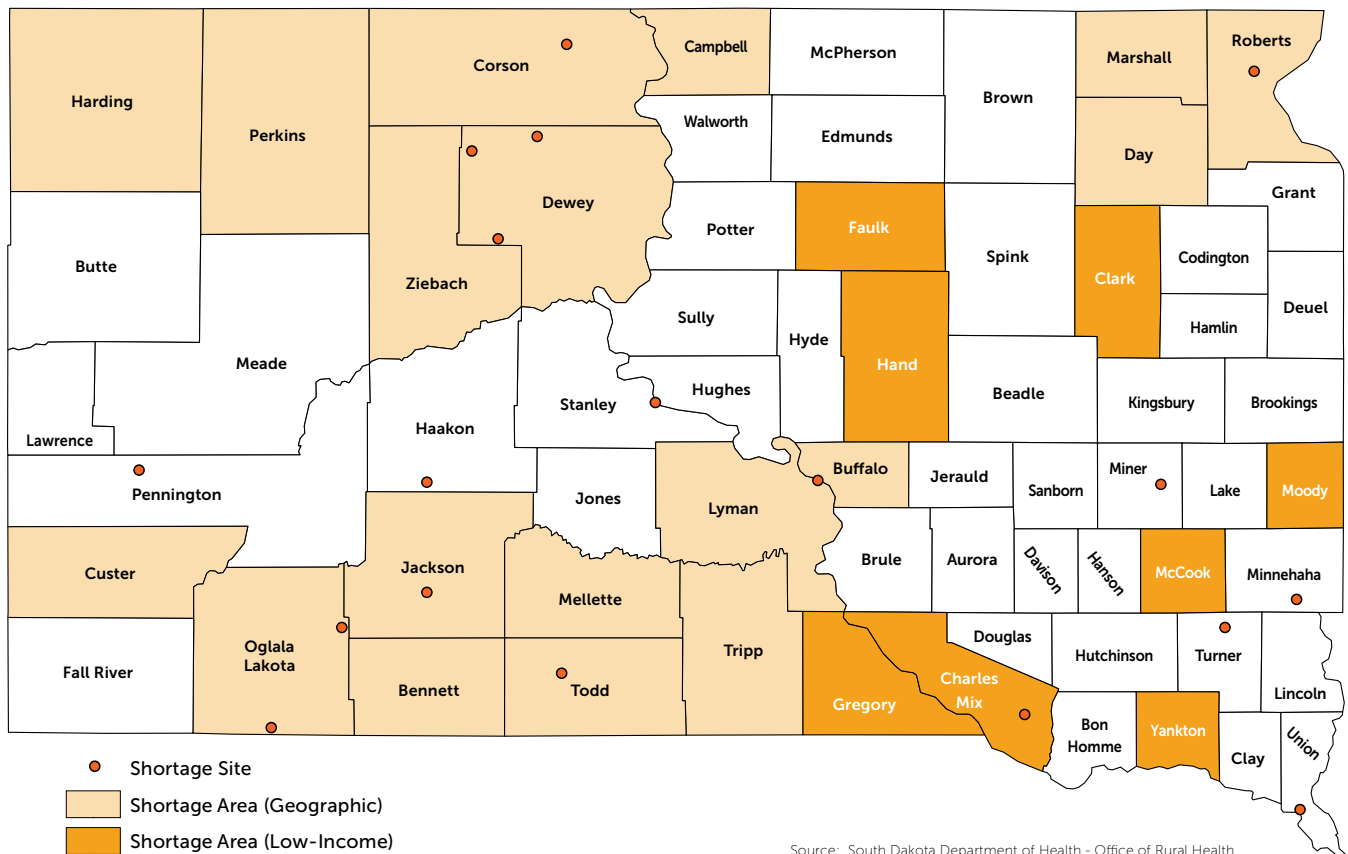


*CDC Pregnancy and Oral Health: <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>;
 more information on the SD 2018 PRAMS visit: <https://doh.sd.gov/statistics/prams.aspx?>

SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS

Twenty-six of the 66 counties in South Dakota are designated as Dental Health Professional Shortage Areas (HPSA's) as indicated in the following map:

Figure 6. South Dakota Health Professional Shortage Areas in Dental Healthcare, July 2019



Source: South Dakota Department of Health - Office of Rural Health

<https://doh.sd.gov/providers/ruralhealth/shortage.aspx>



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