The Health Behaviors of South Dakotans 2018

A Report of the South Dakota Behavioral Risk Factor Surveillance System

South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501

In cooperation with
the Centers for Disease Control and Prevention
Atlanta, Georgia

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the Centers for Disease Control and Prevention.

Preface

The Health Behaviors of South Dakotans 2018 serves as a way to measure health risks of South Dakotans.

The information used to develop the report came from the Behavioral Risk Factor Surveillance System (BRFSS). The South Dakota Department of Health (DOH) initiated the BRFSS with help from the Centers for Disease Control and Prevention (CDC).

The survey consists of questions aimed at tracking and trending prevalence of health behaviors and conditions over time.

The BRFSS is the world's largest telephone survey. The survey is administered to households with adults age 18 years or older.

The Office of Health Statistics edited and compiled data for this publication. This report contains as much information as practical from the survey.

For questions regarding *The Health Behaviors of South Dakotans 2018,* please contact:

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History

By the early 1980s, scientific research clearly showed that personal health behaviors played a major role in premature morbidity and mortality. The National Center for Health Statistics (NCHS) periodically used surveys to obtain national estimates of health risk behaviors among U.S. adult populations, but these data were not available on a state-specific basis. This deficiency was critical for state health agencies that have the primary role of targeting resources to reduce behavioral risks and their consequent illnesses.

About the same time as personal health behaviors received wider recognition in relation to chronic disease, morbidity and mortality, telephone surveys emerged as an acceptable method for determining the prevalence of many health risk behaviors among populations. In addition to their cost advantages, telephone surveys were especially desirable at the state and local level, where the necessary abilities and resources for conducting area probability sampling for in-person household interviews were likely unavailable.

As a result, surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality. The basic philosophy was to collect data on actual behaviors, rather than on attitudes or knowledge, which would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. Data from the questionnaire provided health departments, public health offices, and policymakers with necessary behavioral information. When combined with mortality and morbidity statistics, these data enable public health officials to establish policies and priorities and to initiate and assess health promotion strategies.

In 1984, the creation of the Behavioral Risk Factor Surveillance System (BRFSS) began to collect prevalence data on risk behaviors and preventative health practices that affect health status. The Centers for Disease Control and Prevention (CDC) developed a standard core questionnaire for states to use to provide data that would be comparable with all states. Individual states could add questions to gather additional information on topics of specific interest to them. The South Dakota Department of Health (DOH) started the BRFSS in South Dakota in 1987 with the help of the CDC. By 1994, all states, the District of Columbia, and three territories were participating in the BRFSS.

Purpose

- The main purpose of the BRFSS at the state level is for program support within the DOH. Every year, various health programs collaborate and plan the optional content of the survey to gather useful data. They are then able to use those data to determine priority health issues and identify populations at highest risk. This leads to effective program planning, initiation, support, and evaluation of health promotion and disease prevention programs.

- The DOH also uses BRFSS data to increase awareness and educate the public, the health community, and policymakers about health matters through responses to media inquiries, reports, and publications. Private and public health officials throughout South Dakota receive a copy of this report to aid program efforts in influencing public health issues.

In December 2019, the South Dakota Department of Health released a strategic plan for the next five years. The plan includes goals that will be measured by key performance indicators. Two of these performance indicators use BRFSS data. They include:

- Increase the percentage of those without diabetes who have had a test for blood sugar or diabetes within the past 3 years from 51.4% in 2018 to 59% by 2025.

- Increase the percentage of adults age 50-75 who are up-to-date with recommended colorectal cancer screening from 69% in 2018 to 80% by 2025

In subsequent reports we will be highlighting these areas and tracking the progress toward 2025.

Report Description

This report includes several sections covering major indicators from the survey. The DOH has organized the sections in the following manner:

- A definition of the indicator is given.

- The prevalence of the indicator in South Dakota is given and the prevalence in the United States and D.C. is given if it is available.

- A time trend analysis for each indicator is given as far back as comparable data have been gathered. This includes a dashed trend line as well as the actual data results for each available year. Multiple years of data are very valuable not only for analyzing the trend of the indicator, but also help to show the variability in some indicators.

- A detailed demographic breakdown is included. This table is important because it can identify demographic subgroups at highest risk.

- Text explaining any demographic differences or associations with the given indicator is included. When a prevalence is indicated to be significantly different for different demographics, it simply means the 95% confidence intervals for the given indicators do not overlap.

- Any additional data gathered on the given topic will then follow.

Table 1, on the next page, shows the estimated risk factor rates and the estimated number of persons in South Dakota who are at risk for the selected risk factors. The DOH based the estimated population at risk on 2018 population estimates from the U. S. Census Bureau.

Table 1
Estimated Percentage and Number of Persons at Risk Due to Selected Factors (Ages 18 and Older Unless Otherwise Specified): South Dakota BRFSS, 2018

Topic	Estimated %	Estimated Population
Body Mass Index - Overweight (BMI 25.0+)	68%	451,000
Body Mass Index - Obese (BMI 30.0+)	30%	200,000
Body Mass Index - Severely Obese (BMI 35.0+)	13%	84,000
Body Mass Index - Morbidly Obese (BMI 40.0+)	5%	32,000
Leisure Time Physical Activity	76%	505,000
Cigarette Smoking	19%	126,000
Smokeless Tobacco Use	7%	46,000
E-Cigarette Use	5%	31,000
Tobacco Use (Cigarette, Smokeless, or E-Cig)	28%	188,000
Diabetes	9%	62,000
No Health Insurance (18-64 Years Old)	10%	51,000
No Health Insurance (0-17 Years Old)	3%	6,000
No Health Insurance (0-64 Years Old)	8%	57,000
Routine Check-Up in Past Two Years	86%	571,000
Mammogram in Past 2 years - 40-74 years old	79%	136,000
Met Cervical Cancer Screening Recommendations (21-65 years old)	77%	185,000
Met Colorectal Cancer Screening Recommendations (50-75 years old)	69%	178,000
PSA Test within the past 2 years - 40+	34%	68,000
Flu Shot in Past 12 months (65+ Years Old)	51%	75,000
Ever Had a Pneumonia Shot (65+ Years Old)	77%	113,000
Been to the Dentist in the Past Year	68%	452,000
Ever Had a Heart Attack	5%	34,000
Have Angina or Coronary Heart Disease	4%	29,000
Ever Had a Stroke	3%	18,000
Ever Been Diagnosed with Cancer (Excluding Skin Cancer)	8%	52,000
Ever Been Diagnosed with Skin Cancer	6%	43,000
Use Sun Block Most of the Time	24%	162,000
Current Asthma	8%	52,000
Arthritis	25%	167,000
Chronic Obstructive Pulmonary Disease (COPD)	5%	31,000
Depressive Disorder	16%	108,000
Kidney Disease	3%	18,000
Severe Vision Impairment	4%	28,000
Hearing Difficulty	8%	50,000
Always or Almost Always Use Seat Belt	85%	565,000
Less Than Six Hours of Sleep per Day	8%	56,000
Drank Alcohol in Past 30 Days	58%	385,000
Binge Drinking	21%	141,000
Heavy Drinking	9%	57,000
Taken Prescription Pain Medication in Past 12 Months	16%	104,000
One or More Adverse Childhood Experiences	49%	325,000
Five or More Adverse Childhood Experiences	9%	62,000
Fair/Poor Health Status	15%	97,000
Physical Health Not Good for 30 of the Past 30 days	5%	35,000
Mental Health Not Good for 20-30 Days of the Past 30 days	6%	43,000
Usual Activities Unattainable for 10-30 Days of the Past 30 Days	7%	46,000
Injured in a Fall - 45+ years old (Last 12 months)	8%	30,000
Ever Been Tested for HIV (18-64 Years Old)	27%	141,000

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

Table 2 shows the topics covered on South Dakota's BRFSS each year from 2009 through 2018.

Table 2
Topics Covered on the South Dakota BRFSS, 2009-2018

Topics	Year									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Advanced Directive		X		X						X
Adverse Childhood Experiences (ACE)	X	X								
Alcohol Consumption	X	X	X	X	X	X	X	X	X	X
Arthritis	X	X	X	X	X	X	X	X		X
Asthma	X	X	X	X	X	X	X	X	X	X
Birth Control		X								
Body Mass Index		X	X	X	X	X	X	X	X	X
Breast Cancer Screening	X		X		X		X		X	
Cancer	X	X	X	X	X	X	X	X	X	X
Cancer Survivorship	X	X	X	X						
Cardiovascular Disease	X	X	X	X	X	X	X	X	X	X
Care Giving			X							X
Cervical Cancer Screening	X		X		X		X		X	
Cholesterol Awareness		X		X		X		X		X
Chronic Obstructive Pulmonary Disease (COPD)	X	X	X	X	X	X	X	X		
Cognitive Impairment				X	X	X				
Colorectal Cancer Screening	X		X		X		X		X	
Depressive Disorder	X	X	X	X	X	X	X	X		
Diabetes	X	X	X	X	X	X	X	X	X	X
Diabetes - Pre	X	X	X	X	X	X	X	X	X	X
Disability (Physical, Mental, or Emotional)				X	X	X	X	X	X	X
Emotional Support & Life Satisfaction									X	X
Falls	X		X		X		X		X	
Flu Shots	X	X	X	X	X	X	X	X	X	X
Health Care Coverage and Access	X	X	X	X	X	X	X	X	X	X
Health Care Coverage - Children	X	X	X	X	X	X	X	X	X	X
Health Status / Healthy Days	X	X	X	X	X	X	X	X	X	X
"Healthy South Dakota" - Name Recognition							X		X	
Hearing Difficulty	X	X	X							
Heart Attack - Knowledge of Signs and Symptoms				X		X		X		X
High Blood Pressure - Prevalence		X		X	X	X	X	X		X
High Blood Pressure - Actions to Control		X			X		X			
HIV/AIDS	X	X	X	X	X	X	X	X	X	X
HPV	X		X							
Immunization - Children									X	
Influenza Like Illness								X		
Influenza - Pandemic										X
Kidney Disease	X	X	X	X	X	X	X	X		
Lung Cancer Screening	X									
Mental Health		X	X							
Nutrition/Fruits & Vegetables		X		X		X		X		X
Oral Health	X		X		X		X		X	
Oral Health - Children		X		X		X		X		X
Physical Activity - Exercise Trips			X	X						
Physical Activity - Hours Sitting per Day			X	X						
Physical Activity - Leisure Time	X	X	X	X	X	X	X	X	X	X
Physical Activity - Type and Amount of Time		X		X		X		X		X
Physical, Mental, or Emotional Limitations				X	X	X				
Pneumonia Shots	X	X	X	X	X	X	X	X	X	X
Prescription Pain Medication	X	X								
Prostate Cancer Screening	X		X		X		X		X	
Salt Related Behavior					X					
Seat Belts	X	X	X	X	X	X	X	X	X	
Sexual Violence					X				X	X
Shingles Shots		X			X					

Table 2
Topics Covered on the South Dakota BRFSS, 2009-2018

Topics	Year									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Sleep	X		X		X	X			X	X
Special Health Conditions - Children									X	X
Stroke - Signs and Symptoms							X		X	
Substance Abuse		X	X							
Sun Exposure / Skin Cancer	X		X		X		X	X	X	
Sweetened Beverages / Menu Labeling							X	X	X	
Tetanus Shot			X			X				
Tobacco - Cigarette Use	X	X	X	X	X	X	X	X	X	X
Tobacco - E-Cigarette Use	X	X	X							
Tobacco - Quitline Name Recognition			X	X	X	X				
Tobacco - Second Hand Smoke			X	X	X	X	X	X	X	X
Tobacco - Smokeless	X	X	X	X	X	X	X	X	X	X
TV Viewing						X		X		X
Vision Impairment	X	X	X	X	X	X	X	X		
Weight Control								X		X

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2009-2018

Methodology

Participating Agencies

The South Dakota Behavioral Risk Factor Surveillance System is a combined effort between the South Dakota Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC). The DOH contracted with Issues and Answers to collect the data through telephone interviews. However, the DOH continues to supervise the survey process, as well as design and distribute the report. The CDC provides financial and technical assistance, develops the questionnaire, designs the methodology, and processes the data.

Method of Surveillance

This study uses a telephone survey rather than other survey methods because of its low cost, ease of administration in reaching respondents, and reliability. Telephone surveys are less representative of areas where a significant portion of the population does not have telephones. Cell phones were first called in 2011. Fifty-one percent of all surveys were completed via cell phone in 2018 with the intent to continue to increase this percentage in the coming years.

Questionnaire Development

The BRFSS is designed to collect information on the health behaviors of adults over time. For the 2018 survey (Appendix B), standard demographic questions were included along with sections on general health status, physical and mental health, health insurance, chronic health conditions, tobacco use, alcohol use, cancer screening, oral health, sleep, physical activity, seat belt use, immunization, and HIV/AIDS. South Dakota also added several state-specific questions to the end of the core questionnaire including secondhand smoke, e-cigarettes, cancer survivorship, sun exposure, adverse childhood experiences, prescription pain medication, and children's health insurance.

Accuracy of Survey Data

It is important to remember that the survey data are **self-reported**. Therefore, people may tend to report a more favorable lifestyle than actually practiced. The accuracy of self-reported data may also vary according to risk factors, i.e., self-reported smoking status is thought to be more accurate than self-reported eating habits. These limitations do not negate the survey's ability to identify high-risk groups and monitor long-term trends.

Eligible Respondent Selection

Eligible respondents for the landline survey were individuals 18 years of age or over who resided a majority of the time at the household contacted. In households with more than one eligible respondent, a random selection was made to determine the actual respondent. Data included in the children's sections of this report were estimated based on responses from the adult respondent regarding a randomly selected child in the household. Automated prescreening was done to eliminate business phones and non-working numbers. "No Answers" and "Busy Signals" were re-dialed a minimum of three times on five different days at different times before they were removed.

Eligible respondents for the cell phone survey were individuals 18 years of age or over who did not also have a landline phone or rarely used their landline phone. Six attempts were made to complete a survey. After the sixth attempt the phone number was removed.

Data Collection Process

There were 7,120 interviews completed between January 1, 2018 and December 31, 2018, at an average of 593 interviews per month.

Data Processing

The DOH sent the data electronically to the CDC. The CDC then supplied a final data file with applicable data weights and several calculated variables included. The DOH used this file to calculate all the data presented in this report.

Weighting

Collecting data via telephone survey often produces an over-representation of certain demographic groups in the sample population. Therefore, the sample population may not be representative of the actual population. To account for this, the data are weighted to produce estimates that represent the actual population rather than the sample population.

Sample Description

Survey interviewers collected demographic variables including age, gender, and race. Those interested can find a summary of the demographic results in a table displayed in Appendix A: Demographics.

Appendix A also summarizes the age, race/ethnicity, household income, education, employment status, marital status, phone status (landline v. cell), home ownership status, presence of children in the household, and pregnancy status of female respondents ages 18-44 years old.

Completion Rate

Table 3 shows the outcome of all telephone calls. The 7,120 completed interviews represented a completion rate of 2.7 percent. The refusal rate was 5.7 percent.

Table 3
Disposition of All Telephone Numbers in the Sample, 2018

Final Outcome	Number	Percent
Completed interview	7,120	2.7%
Refused interview	14,935	5.7%
Nonworking number	175,737	67.2%
No answer (Multiple times)	20,427	7.8%
Not a private residence	10,346	4.0%
Telephone answering service (Multiple times)	9,854	3.8%
Fast busy/Line busy (Multiple times)	8,985	3.4%
No eligible respondent at this number	4,635	1.8%
Fax line	2,180	0.8%
On never call list	1,168	0.4%
Physical/mental impairment	601	0.2%
Language barrier	573	0.2%
Interview terminated within questionnaire	348	0.1%
Landline phone (Cell phone study)	228	0.1%
Respondent not available during the interviewing period	185	0.1%
Other	4,203	1.6%
Total	**261,525**	**100.0%**

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

Overweight and Obese

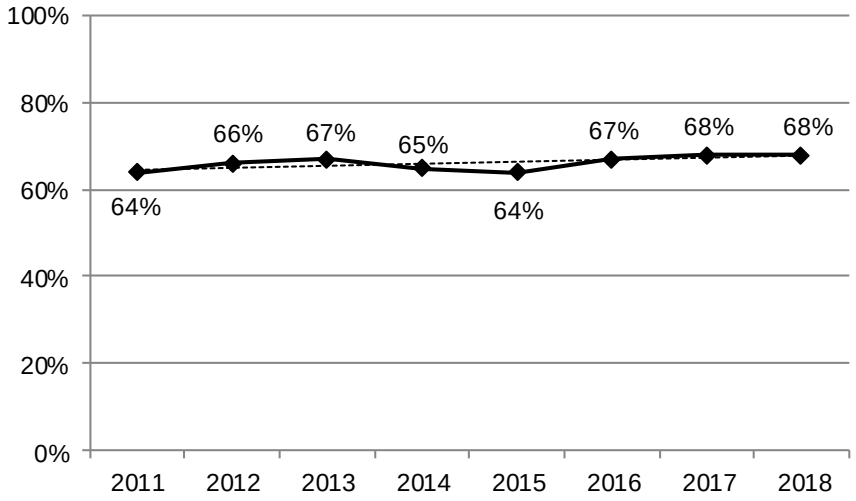
OVERWEIGHT OR OBESE

Definition: Overweight or obese is defined as having a Body Mass Index (BMI) of 25.0 or above. Body Mass Index (BMI) is calculated by taking a person's body weight in pounds, divided by their height in inches, divided by height in inches (again) times 703. The mathematical equation for BMI is: weight (lb)/height (in) ² x 703.

Prevalence of Overweight or Obese

- South Dakota 68%
- Nationwide median 66%

Figure 1
Percentage of South Dakotans Who Are Overweight or Obese Based on Body Mass Index, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 4 South Dakotans Who Are Overweight or Obese, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	73%	71.7%	74.4%
	Female	59%	57.8%	60.6%
Age	18-29	48%	45.3%	50.8%
	30-39	67%	64.1%	69.3%
	40-49	73%	70.5%	75.2%
	50-59	75%	73.0%	76.6%
	60-69	75%	73.2%	76.6%
	70-79	71%	68.7%	73.2%
	80+	60%	56.3%	62.8%
Race/Ethnicity	White, Non-Hispanic	66%	65.4%	67.5%
	American Indian, Non-Hispanic	74%	70.1%	77.1%
	Hispanic	66%	57.1%	74.2%
Household Income	Less than $35,000	66%	64.2%	68.0%
	$35,000-$74,999	70%	68.0%	71.4%
	$75,000+	68%	66.2%	69.8%
Education	Less than High School, G.E.D.	66%	61.5%	69.5%
	High School, G.E.D.	68%	65.7%	69.3%
	Some Post-High School	66%	64.6%	68.0%
	College Graduate	66%	64.0%	67.1%
Employment Status	Employed for Wages	67%	65.9%	68.7%
	Self-employed	70%	67.6%	72.9%
	Unemployed	65%	59.3%	70.6%
	Homemaker	57%	52.2%	61.9%
	Student	35%	30.3%	40.8%
	Retired	71%	69.1%	72.3%
	Unable to Work	74%	70.1%	78.0%
Marital Status	Married/Unmarried Couple	71%	69.4%	71.7%
	Divorced/Separated	69%	66.6%	71.7%
	Widowed	64%	60.9%	66.5%
	Never Married	55%	52.3%	57.4%
Home Ownership Status	Own Home	69%	68.3%	70.4%
	Rent Home	61%	58.8%	63.4%
Children Status	Children in Household (Ages 18-44)	63%	60.4%	64.8%
	No Children in Household (Ages 18-44)	55%	51.7%	57.4%
Phone Status	Landline	68%	66.6%	69.5%
	Cell Phone	66%	64.3%	66.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	53%	50.5%	55.7%
County	Minnehaha	65%	62.4%	67.5%
	Pennington	64%	62.0%	66.8%
	Lincoln	63%	59.2%	67.6%
	Brown	72%	69.0%	75.0%
	Brookings	62%	57.8%	66.6%
	Codington	66%	62.9%	69.9%
	Meade	63%	57.7%	67.3%
	Lawrence	61%	56.9%	64.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of being overweight than females.
Age	The prevalence of being overweight increases as age increases with a peak in the 50s and 60s including a significant increase as the 30s and 40s are reached. After that, the prevalence of being overweight decreases as age increases with a significant decrease as the 80s are reached.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of being overweight than whites.
Household Income	The prevalence of being overweight does not seem to change as household income changes.
Education	The prevalence of being overweight does not seem to change as education levels change.
Employment	Those who are self-employed, unemployed, retired, or unable to work demonstrate a very high prevalence of being overweight, while those who are a student show a very low prevalence.
Marital Status	Those who are married or divorced exhibit a very high prevalence of being overweight, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of being overweight than those who rent their home.
Children Status	Those adults with children in the household demonstrate a significantly higher prevalence of being overweight than those with no children.
Phone Status	The prevalence of being overweight does not seem to differ based on phone status.
County	Brown county demonstrates a very high prevalence of being overweight, while Minnehaha, Pennington, Lincoln, Brookings, Meade, and Lawrence counties show a very low prevalence.

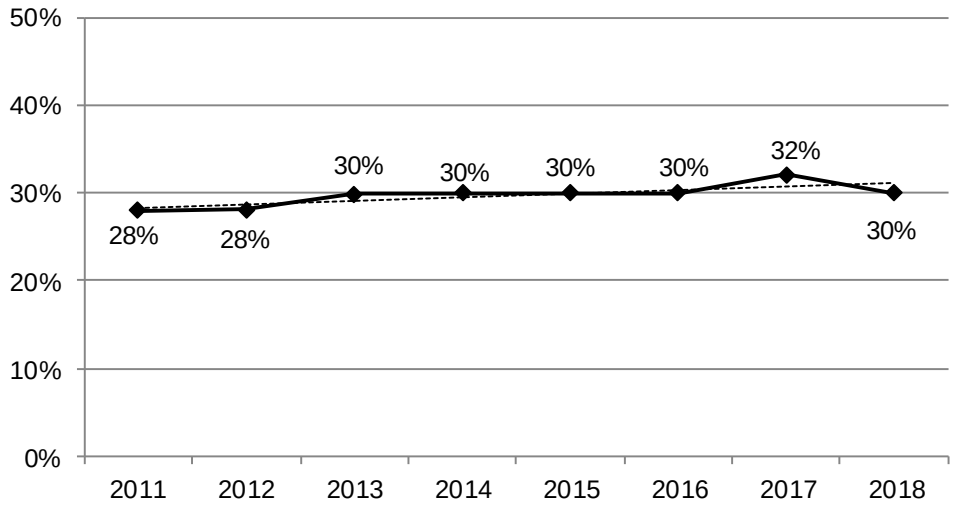
OBESE

Definition: Obese is defined as having a Body Mass Index (BMI) of 30.0 or greater. Body Mass Index (BMI) is calculated by taking a person's body weight in pounds divided by height in inches, divided by height in inches (again) times 703. The mathematical equation for BMI is: weight (lb)/height (in) ² x 703.

Prevalence of Obesity

- South Dakota 32%
- Nationwide median 31%

Figure 2
Percentage of South Dakotans Who Are Obese Based on Body Mass Index, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 5 South Dakotans Who Are Obese, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	32%	31.0%	33.6%
	Female	28%	27.1%	29.6%
Age	18-29	19%	17.4%	21.6%
	30-39	32%	29.5%	34.4%
	40-49	36%	33.6%	38.8%
	50-59	37%	34.8%	39.0%
	60-69	35%	33.6%	37.3%
	70-79	30%	27.4%	31.8%
	80+	19%	16.3%	21.2%
Race/Ethnicity	White, Non-Hispanic	30%	28.7%	30.6%
	American Indian, Non-Hispanic	43%	39.3%	46.5%
	Hispanic	31%	23.8%	39.7%
Household Income	Less than $35,000	33%	31.3%	34.9%
	$35,000-$74,999	31%	29.6%	32.8%
	$75,000+	30%	28.0%	31.4%
Education	Less than High School, G.E.D.	32%	28.1%	35.4%
	High School, G.E.D.	30%	28.7%	31.9%
	Some Post-High School	32%	30.1%	33.3%
	College Graduate	28%	26.7%	29.5%
Employment Status	Employed for Wages	32%	30.2%	32.9%
	Self-employed	30%	27.7%	32.8%
	Unemployed	32%	26.9%	37.1%
	Homemaker	23%	19.5%	27.4%
	Student	13%	10.3%	17.4%
	Retired	29%	27.7%	30.9%
	Unable to Work	46%	42.2%	50.6%
Marital Status	Married/Unmarried Couple	32%	30.9%	33.3%
	Divorced/Separated	34%	31.0%	36.1%
	Widowed	27%	24.8%	29.9%
	Never Married	25%	23.1%	27.1%
Home Ownership Status	Own Home	31%	30.2%	32.3%
	Rent Home	29%	27.5%	31.5%
Children Status	Children in Household (Ages 18-44)	29%	26.7%	30.7%
	No Children in Household (Ages 18-44)	24%	22.2%	26.8%
Phone Status	Landline	31%	30.1%	32.8%
	Cell Phone	30%	28.7%	31.0%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	26%	24.0%	28.5%
County	Minnehaha	29%	26.7%	31.3%
	Pennington	28%	26.2%	30.7%
	Lincoln	27%	24.0%	31.2%
	Brown	35%	31.8%	38.0%
	Brookings	25%	21.9%	28.6%
	Codington	31%	28.1%	34.3%
	Meade	26%	22.1%	29.2%
	Lawrence	25%	22.2%	27.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence obesity than females.
Age	The prevalence of obesity increases as age increases with a peak in the 50s including a significant increase as the 30s are reached. After that, the prevalence of obesity decreases as age increases with significant decreases as the 70s and 80s are reached.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of obesity than whites.
Household Income	The prevalence of obesity decreases as household income increases.
Education	The prevalence of obesity does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of obesity, while those who are a student show a very low prevalence.
Marital Status	Those who are married or divorced exhibit a very high prevalence of obesity, while those who are widowed or have never been married show a very low prevalence.
Home Ownership	The prevalence of obesity does not seem to change based on home ownership.
Children Status	The prevalence of the adults being obese does not seem to change based on the presence of children in the household.
Phone Status	The prevalence of obesity does not seem to change based on phone status.
County	Brown and Codington counties demonstrate a very high prevalence of obesity, while the other six available counties show a very low prevalence.

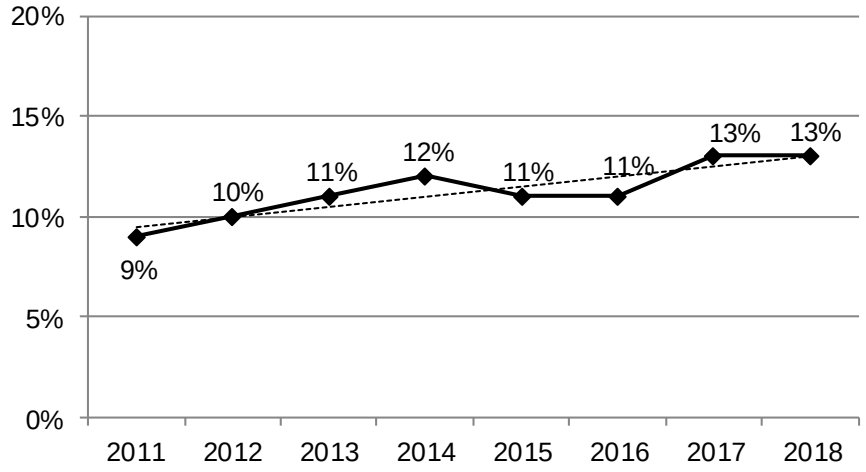
SEVERELY OBESE

Definition: Severely Obese is defined as having a Body Mass Index (BMI) of 35.0 or greater. Body Mass Index (BMI) is calculated by taking a person's body weight in pounds divided by height in inches, divided by height in inches (again) times 703. The mathematical equation for BMI is: weight (lb)/height (in) ² x 703.

Prevalence of Severe Obesity

- South Dakota 13%
- *There is no nationwide median for severe obesity.*

Figure 3
Percentage of South Dakotans Who Are Severely Obese Based on Body Mass Index, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 6 South Dakotans Who Are Severely Obese, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	12%	10.9%	12.7%
	Female	12%	11.4%	13.2%
Age	18-29	9%	7.1%	10.2%
	30-39	13%	11.0%	14.4%
	40-49	15%	13.2%	17.1%
	50-59	15%	13.2%	16.2%
	60-69	14%	12.5%	15.1%
	70-79	10%	8.5%	11.2%
	80+	6%	4.8%	8.3%
Race/Ethnicity	White, Non-Hispanic	12%	11.0%	12.3%
	American Indian, Non-Hispanic	18%	15.6%	21.3%
	Hispanic	11%	7.1%	17.6%
Household Income	Less than $35,000	15%	13.7%	16.3%
	$35,000-$74,999	12%	11.1%	13.3%
	$75,000+	10%	8.8%	11.0%
Education	Less than High School, G.E.D.	13%	10.3%	15.7%
	High School, G.E.D.	12%	11.0%	13.3%
	Some Post-High School	13%	11.7%	13.9%
	College Graduate	11%	9.7%	11.6%
Employment Status	Employed for Wages	13%	11.7%	13.6%
	Self-employed	10%	8.6%	12.1%
	Unemployed	13%	10.4%	17.1%
	Homemaker	10%	7.8%	13.6%
	Student	5%	3.3%	8.4%
	Retired	10%	9.2%	11.4%
	Unable to Work	25%	21.5%	28.6%
Marital Status	Married/Unmarried Couple	12%	10.8%	12.4%
	Divorced/Separated	15%	13.2%	16.9%
	Widowed	12%	10.2%	14.2%
	Never Married	12%	10.4%	13.2%
Home Ownership Status	Own Home	11%	10.8%	12.2%
	Rent Home	14%	12.3%	15.2%
Children Status	Children in Household (Ages 18-44)	12%	10.3%	13.3%
	No Children in Household (Ages 18-44)	11%	9.2%	12.2%
Phone Status	Landline	13%	12.2%	14.3%
	Cell Phone	11%	10.7%	12.3%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	12%	10.3%	13.5%
County	Minnehaha	11%	9.4%	12.4%
	Pennington	11%	9.9%	13.3%
	Lincoln	10%	7.6%	11.9%
	Brown	14%	12.3%	16.7%
	Brookings	10%	7.6%	12.4%
	Codington	12%	9.8%	14.1%
	Meade	10%	7.5%	12.2%
	Lawrence	7%	5.8%	8.6%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	The prevalence of severe obesity does not seem to differ based on gender.
Age	The prevalence of being severely obese increases as age increases with a peak in the 40s and 50s including a significant increase as the 30s are reached. After that, the prevalence of being severely obese decreases as age increases with significant decreases as the 70s and 80s are reached.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of being severely obese than whites.
Household Income	The prevalence of being severely obese decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of being severely obese does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of being severely obese, while those who are a homemaker or a student show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of being severely obese, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of being severely obese than those who own their home.
Children Status	The prevalence of the adults being severely obese does not seem to change based on the presence of children in the household.
Phone Status	The prevalence of being severely obese does not seem to change based on phone status.
County	Minnehaha, Pennington, Brown, and Codington counties demonstrate a very high prevalence of being severely obese, while Lincoln, Meade, and Lawrence counties show a very low prevalence.

MORBIDLY OBESE

Definition: Morbidly Obesity is defined as having a Body Mass Index (BMI) of 40.0 or greater. Body Mass Index (BMI) is calculated by taking a person's body weight in pounds divided by height in inches, divided by height in inches (again) times 703. The mathematical equation for BMI is: weight (lb)/height (in) ² x 703.

Prevalence of Morbid Obesity

- South Dakota 5%
- *There is no nationwide median for morbid obesity.*

Table 7
South Dakotans Who Are Morbidly Obese, 2014-2018

			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	4%	3.3%	4.3%
	Female	5%	4.2%	5.4%
Age	18-29	3%	2.6%	4.7%
	30-39	5%	4.0%	6.2%
	40-49	5%	3.9%	5.9%
	50-59	5%	4.4%	6.3%
	60-69	5%	3.9%	5.4%
	70-79	3%	2.1%	3.6%
	80+	2%	1.0%	2.7%
Race/Ethnicity	White, Non-Hispanic	4%	3.7%	4.5%
	American Indian, Non-Hispanic	6%	4.3%	7.7%
	Hispanic	4%	2.5%	7.5%
Household Income	Less than $35,000	6%	4.8%	6.6%
	$35,000-$74,999	4%	3.7%	5.1%
	$75,000+	3%	2.1%	3.1%
Education	Less than High School, G.E.D.	4%	2.9%	5.9%
	High School, G.E.D.	4%	3.7%	5.0%
	Some Post-High School	5%	3.8%	5.3%
	College Graduate	4%	3.3%	4.5%
Employment Status	Employed for Wages	4%	3.8%	5.0%
	Self-employed	4%	2.6%	5.0%
	Unemployed	4%	3.0%	6.3%
	Homemaker	3%	2.2%	5.4%
	Student	2%	0.7%	3.7%
	Retired	3%	2.8%	4.1%
	Unable to Work	12%	9.6%	14.7%
Marital Status	Married/Unmarried Couple	4%	3.3%	4.3%
	Divorced/Separated	5%	4.2%	6.4%
	Widowed	5%	3.5%	5.9%
	Never Married	5%	4.0%	5.8%
Home Ownership Status	Own Home	4%	3.5%	4.4%
	Rent Home	5%	4.4%	6.2%
Children Status	Children in Household (Ages 18-44)	4%	3.2%	5.0%
	No Children in Household (Ages 18-44)	5%	3.8%	5.9%
Phone Status	Landline	5%	4.3%	5.7%
	Cell Phone	4%	3.4%	4.4%

Table 7 (continued) South Dakotans Who Are Morbidly Obese, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	5%	4.0%	6.2%
County	Minnehaha	4%	3.1%	5.1%
	Pennington	4%	3.0%	5.1%
	Lincoln	4%	2.7%	5.9%
	Brown	6%	4.8%	8.0%
	Brookings	3%	2.0%	4.8%
	Codington	5%	3.3%	6.4%
	Meade	4%	3.1%	6.4%
	Lawrence	2%	1.5%	2.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender The prevalence of morbid obesity does not seem to differ based on gender.

Age The prevalence of morbid obesity does not seem to change as age changes, but it does show a significant decrease as the 70s are reached.

Race/Ethnicity The prevalence of morbid obesity does not seem to differ based on race or ethnicity.

Household Income The prevalence of morbid obesity decreases as household income increases. This includes a significant decrease as the $75,000+ income group is reached.

Education The prevalence of morbid obesity does not seem to change as education levels change.

Employment Those who are unable to work demonstrate a very high prevalence of morbid obesity, while those who are self-employed, unemployed, a homemaker, a student, or retired show a very low prevalence.

Marital Status The prevalence of morbid obesity does not seem to differ based on marital status.

Home Ownership The prevalence of morbid obesity does not seem to change based on home ownership.

Children Status The prevalence of the adults being morbidly obese does not seem to change based on the presence of children in the household.

Phone Status The prevalence of morbid obesity does not seem to change based on phone status.

County Minnehaha, Pennington, Brown, Codington, and Meade counties demonstrate a very high prevalence of morbid obesity, while Lawrence county shows a very low prevalence.

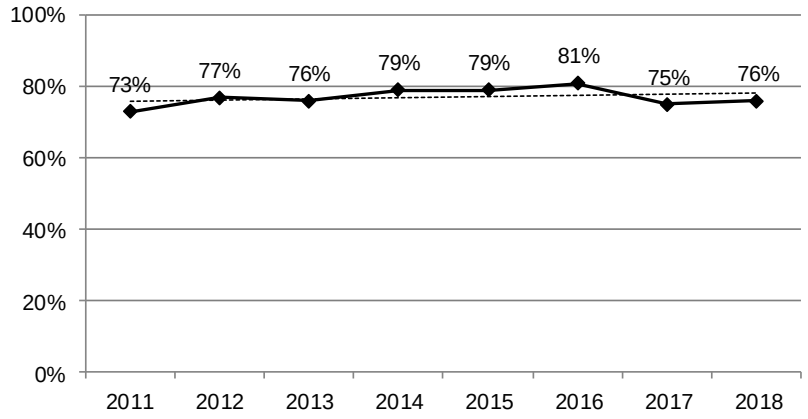
LEISURE TIME PHYSICAL ACTIVITY

Definition: South Dakotans who report leisure time physical activity or exercise during the past 30 days other than the respondent's regular job.

Prevalence of Leisure Time Physical Activity

- South Dakota 76%
- Nationwide median 74%

Figure 4
Percentage of South Dakotans Who Reported Leisure Time Physical Activity, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 8 South Dakotans Who Reported Leisure Time Physical Activity, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	77%	76.2%	78.6%
	Female	78%	77.3%	79.4%
Age	18-29	86%	83.9%	87.6%
	30-39	83%	80.6%	84.7%
	40-49	79%	76.3%	80.6%
	50-59	75%	73.3%	77.0%
	60-69	73%	70.8%	74.4%
	70-79	72%	69.4%	73.9%
	80+	66%	62.5%	68.7%
Race/Ethnicity	White, Non-Hispanic	78%	77.2%	78.8%
	American Indian, Non-Hispanic	76%	72.9%	79.0%
	Hispanic	81%	73.8%	86.7%
Household Income	Less than $25,000	72%	70.4%	73.8%
	$25,000-$74,999	79%	77.5%	80.4%
	$75,000+	85%	83.8%	86.4%
Education	Less than High School, G.E.D.	66%	61.9%	69.2%
	High School, G.E.D.	73%	71.6%	74.7%
	Some Post-High School	80%	78.5%	81.1%
	College Graduate	86%	85.4%	87.4%
Employment Status	Employed for Wages	81%	79.9%	82.1%
	Self-employed	75%	72.3%	77.0%
	Unemployed	76%	70.7%	80.3%
	Homemaker	80%	76.0%	83.8%
	Student	90%	86.2%	93.0%
	Retired	73%	71.4%	74.6%
	Unable to Work	56%	52.1%	60.3%
Marital Status	Married/Unmarried Couple	79%	77.9%	80.0%
	Divorced/Separated	71%	68.5%	73.5%
	Widowed	69%	65.8%	71.1%
	Never Married	82%	79.9%	83.4%
Home Ownership Status	Own Home	78%	77.3%	79.2%
	Rent Home	76%	74.4%	78.1%
Children Status	Children in Household (Ages 18-44)	83%	81.4%	84.7%
	No Children in Household (Ages 18-44)	84%	82.3%	86.3%
Phone Status	Landline	74%	73.1%	75.7%
	Cell Phone	80%	78.6%	80.6%
Pregnancy Status	Pregnant (Ages 18-44)	80%	69.7%	87.8%
	Not Pregnant (Ages 18-44)	85%	83.2%	86.7%
County	Minnehaha	78%	75.8%	80.0%
	Pennington	79%	76.7%	80.7%
	Lincoln	83%	79.3%	85.3%
	Brown	76%	72.5%	78.3%
	Brookings	83%	79.0%	85.6%
	Codington	75%	71.9%	77.9%
	Meade	80%	76.5%	82.3%
	Lawrence	83%	80.7%	85.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	The prevalence of leisure time physical activity does not seem to differ based on gender.
Age	The prevalence of leisure time physical activity decreases as age increases. This includes a significant decrease when the 80s are reached.
Race/Ethnicity	There are no significant racial or ethnic differences regarding leisure time physical activity.
Household Income	The prevalence of leisure time physical activity increases as household income increases. This includes significant increases when the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of leisure time physical activity increases as education increases. This includes significant increases as the high school graduate, some post-high school, and college graduate levels are reached.
Employment	Those who are students demonstrate a very high prevalence of leisure time physical activity, while those who are unable to work show a very low prevalence.
Marital Status	Those who are married or have never been married exhibit a very high prevalence of leisure time physical activity, while those who are divorced or widowed show a very low prevalence.
Home Ownership	The prevalence of leisure time physical activity does not seem to change based on home ownership.
Children Status	The prevalence of leisure time physical activity among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of leisure time physical activity than those who primarily use a landline phone.
Pregnancy Status	The prevalence of leisure time physical activity does not seem to change based on pregnancy status.
County	Residents of Lincoln, Brookings, and Lawrence counties exhibit a very high prevalence of leisure time physical activity, while residents of Minnehaha, Brown, and Codington counties show a very low prevalence.

Tobacco Use

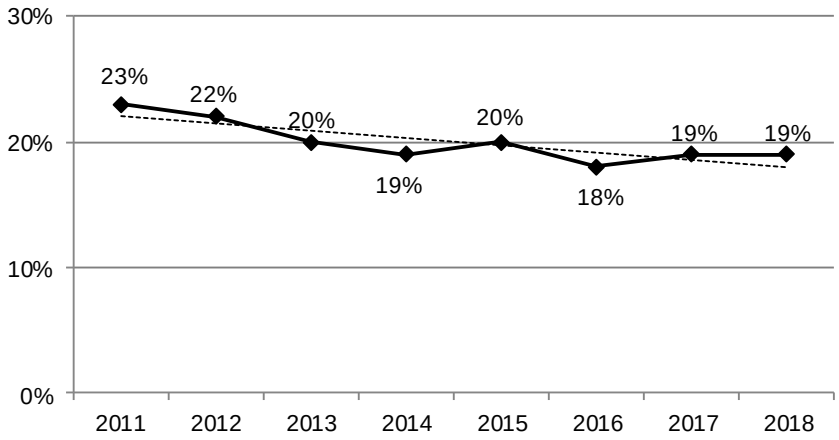
CIGARETTE SMOKING

Definition: South Dakotans who report having smoked at least 100 cigarettes in their lifetime and now smoke every day or smoke some days.

Prevalence of Current Cigarette Smoking

- South Dakota 19%
- Nationwide median 16%

Figure 5
Percentage of South Dakotans Who Currently Smoke Cigarettes, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 9 South Dakotans Who Currently Smoke Cigarettes, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	21%	19.5%	21.9%
	Female	17%	16.3%	18.5%
Age	18-29	20%	18.3%	22.5%
	30-39	27%	24.3%	29.3%
	40-49	22%	19.8%	24.3%
	50-59	21%	19.4%	22.9%
	60-69	16%	14.2%	17.2%
	70-79	8%	7.0%	9.5%
	80+	4%	2.7%	5.3%
Race/Ethnicity	White, Non-Hispanic	17%	16.0%	17.6%
	American Indian, Non-Hispanic	41%	37.2%	44.4%
	Hispanic	21%	15.2%	27.7%
Household Income	Less than $35,000	29%	27.3%	30.9%
	$35,000-$74,999	18%	16.4%	19.3%
	$75,000+	10%	8.6%	11.0%
Education	Less than High School, G.E.D.	33%	29.8%	37.3%
	High School, G.E.D.	23%	21.9%	25.0%
	Some Post-High School	19%	18.0%	20.8%
	College Graduate	7%	6.3%	8.0%
Employment Status	Employed for Wages	21%	19.8%	22.2%
	Self-employed	16%	13.6%	17.8%
	Unemployed	41%	35.4%	46.5%
	Homemaker	21%	16.7%	25.4%
	Student	8%	5.5%	10.6%
	Retired	9%	8.3%	10.3%
	Unable to Work	39%	34.5%	42.8%
Marital Status	Married/Unmarried Couple	15%	13.7%	15.5%
	Divorced/Separated	33%	30.5%	35.8%
	Widowed	14%	12.2%	17.0%
	Never Married	24%	22.4%	26.7%
Home Ownership Status	Own Home	16%	14.7%	16.4%
	Rent Home	30%	27.9%	32.1%
Children Status	Children in Household (Ages 18-44)	25%	23.0%	26.9%
	No Children in Household (Ages 18-44)	21%	19.1%	23.7%
Phone Status	Landline	16%	14.8%	17.0%
	Cell Phone	21%	19.5%	21.7%
Pregnancy Status	Pregnant (Ages 18-44)	18%	9.5%	30.5%
	Not Pregnant (Ages 18-44)	22%	19.9%	24.0%
County	Minnehaha	19%	16.6%	21.0%
	Pennington	21%	18.5%	22.9%
	Lincoln	14%	11.9%	17.2%
	Brown	18%	15.7%	21.6%
	Brookings	16%	13.3%	20.1%
	Codington	21%	18.4%	24.8%
	Meade	19%	15.9%	22.6%
	Lawrence	18%	15.6%	21.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of cigarette smoking than females.
Age	The prevalence of cigarette smoking generally decreases as age increases including significant decreases as the 60s, 70s, and 80s are reached. However, it should be noted that those under 30 demonstrate a significantly lower prevalence of cigarette smoking than those in their 30s.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of cigarette smoking than whites and Hispanics.
Household Income	The prevalence of cigarette smoking decreases as household income increases with significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of cigarette smoking decreases as education levels increase with significant decreases at each level.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of cigarette smoking, while those who are a student or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of cigarette smoking, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of cigarette smoking than those who own their home.
Children Status	The prevalence of cigarette smoking in the adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of cigarette smoking than those who primarily use a landline phone.
Pregnancy Status	The prevalence of cigarette smoking does not seem to differ based on pregnancy status.
County	Pennington and Codington counties demonstrate a very high prevalence of cigarette smoking, while Lincoln county shows a very low prevalence.

In 2017-2018, 54 percent of South Dakotans tried to stop smoking for one day or longer because they were trying to quit smoking as shown below in Table 10.

Table 10
South Dakotans Who Tried to Stop Smoking, Within the Past 12 Months, for One Day or Longer, Because They Were Trying to Quit Smoking, 2011-2018

Survey Year	Percent
2017-2018	54%
2016-2017	57%
2015-2016	57%
2014-2015	56%
2013-2014	56%
2012-2013	55%
2011-2012	56%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 11, below, shows the percentage of current cigarette smokers for 2011-2018 by the type of health insurance they have. Those with Indian Health Service coverage had the highest percentage of current smokers with 49 percent. This was followed by Medicaid or medical assistance with 45 percent and Medicare with 33 percent.

Table 11
Percentage of Current Cigarette Smoking by Type of Health Insurance, Ages 18-64, 2011-2018

Type of Health Insurance	2011-2018
The Indian Health Service	49%
Medicaid or Medical Assistance	45%
Medicare	33%
The Military, CHAMPUS, TriCare, or the VA	26%
Employer Based Coverage	17%
Private Health Insurance Plan	13%
None	47%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 12, below, shows the percentage of current cigarette smokers for 2011-2018 with a household income of less than $25,000 per year. In 2017-2018, 31 percent of those with an annual household income less than $25,000 are current cigarette smokers.

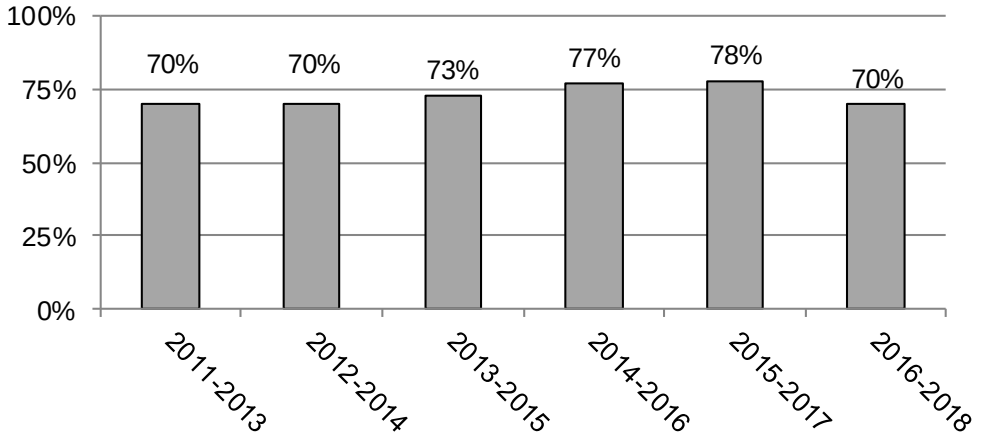
Table 12
Percentage of South Dakotans With an Annual Household Income of Less Than $25,000 Who Are Current Cigarette Smokers, 2011-2018

Survey Year	Current Smoker
2017-2018	31%
2016-2017	29%
2015-2016	33%
2014-2015	34%
2013-2014	33%
2012-2013	35%
2011-2012	34%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

Figure 6, below, shows the percentage of smokers who have been advised to quit smoking in the past 12 months by a health professional. In 2016-2018, 70 percent of South Dakotans had been advised to quit smoking by a health professional.

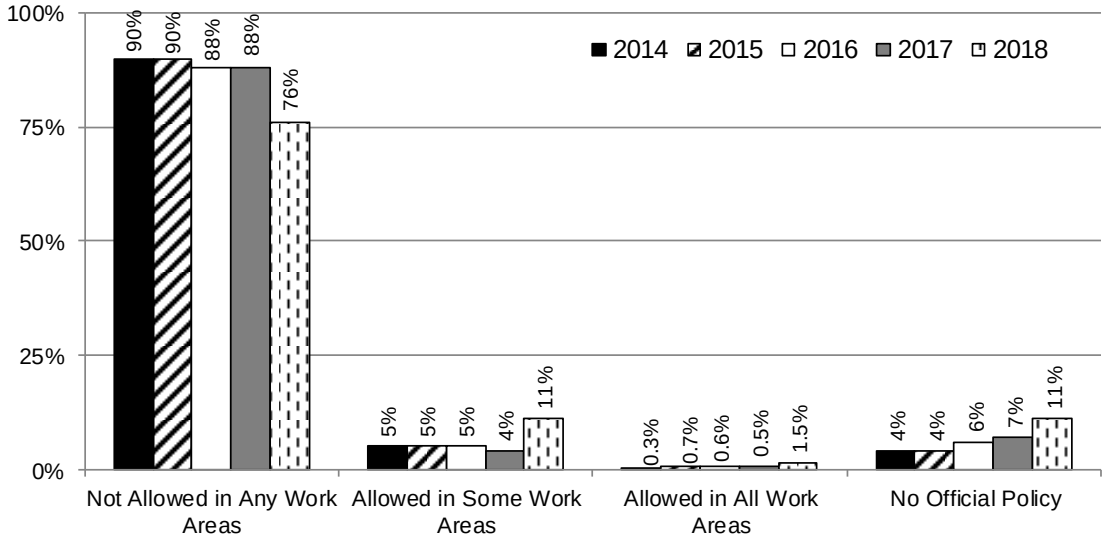
Figure 6
Percentage of Smokers Who Have Been Advised by a Doctor, Nurse, or Other Health Professional to Quit Smoking in the Past 12 Months, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Figure 7, below, shows South Dakotans' place of work official smoking policy for work areas. The majority of South Dakotans for all five years stated that smoking was not allowed in any work areas.

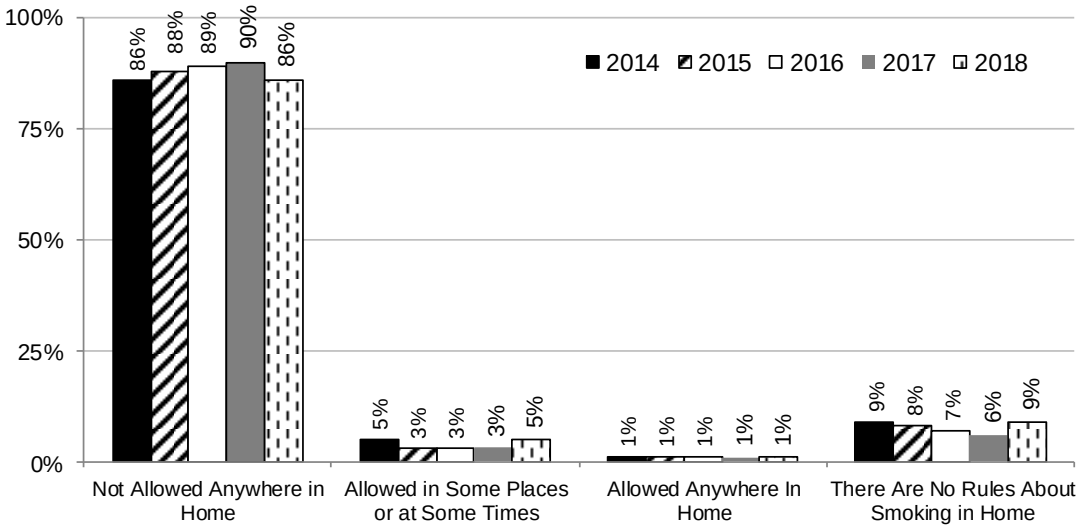
Figure 7
South Dakotans' Place of Work Smoking Policy, 2014-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Figure 8, below, shows the South Dakotans' rules about smoking inside their homes. The majority of South Dakotans for all five years stated that smoking was not allowed anywhere in their homes.

Figure 8
South Dakotans' Rules About Smoking Inside the Home, 2014-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Table 13, below, shows the percentage of South Dakotans that had a CT or a CAT scan in the last 12 months. In 2018, nine percent of current smokers had a CT scan to check for lung cancer, while four percent of those who never smoked had a CT scan to check for lung cancer.

Table 13
Percentage of South Dakotans that Had a CT or CAT Scan Within the Last 12 Months, 2018

Smoking Status	Yes, had a CT scan to check for lung cancer	Yes, had a CT scan, but for some other reason	No, did not have a CT scan
Current Smoker	9%	9%	81%
Former Smoker	6%	19%	75%
Never Smoked	4%	12%	84%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

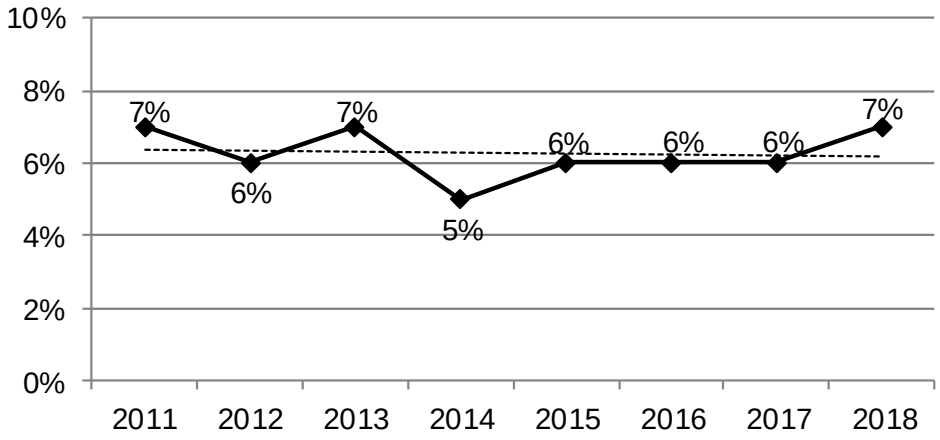
SMOKELESS TOBACCO

Definition: South Dakotans who report that they use chewing tobacco or snuff every day or some days.

Prevalence of Smokeless Tobacco

- South Dakota 7%
- Nationwide median 4%

Figure 9
Percentage of South Dakotans Who Use Smokeless Tobacco, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 14 South Dakotans Who Use Smokeless Tobacco, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	11%	10.5%	12.3%
	Female	1%	0.8%	1.3%
Age	18-29	10%	8.2%	11.2%
	30-39	8%	6.5%	9.2%
	40-49	8%	6.5%	9.1%
	50-59	6%	4.8%	6.7%
	60-69	3%	2.3%	3.7%
	70-79	3%	1.7%	4.0%
	80+	1%	0.6%	2.5%
Race/Ethnicity	White, Non-Hispanic	6%	5.4%	6.5%
	American Indian, Non-Hispanic	9%	7.3%	12.0%
	Hispanic	5%	2.5%	8.5%
Household Income	Less than $35,000	6%	4.8%	6.5%
	$35,000-$74,999	7%	6.2%	8.2%
	$75,000+	7%	5.7%	7.7%
Education	Less than High School, G.E.D.	8%	5.9%	10.0%
	High School, G.E.D.	7%	6.0%	7.9%
	Some Post-High School	7%	5.8%	7.6%
	College Graduate	4%	3.3%	4.6%
Employment Status	Employed for Wages	7%	6.6%	8.2%
	Self-employed	9%	7.8%	11.0%
	Unemployed	8%	5.4%	11.7%
	Homemaker	1%	0.4%	2.8%
	Student	4%	2.8%	6.9%
	Retired	3%	1.9%	3.4%
	Unable to Work	4%	2.7%	5.4%
Marital Status	Married/Unmarried Couple	6%	5.0%	6.2%
	Divorced/Separated	8%	6.8%	10.0%
	Widowed	2%	1.3%	4.1%
	Never Married	8%	6.7%	9.1%
Home Ownership Status	Own Home	6%	5.1%	6.2%
	Rent Home	8%	6.6%	8.9%
Children Status	Children in Household (Ages 18-44)	8%	7.0%	9.3%
	No Children in Household (Ages 18-44)	10%	8.2%	11.1%
Phone Status	Landline	4%	3.7%	4.9%
	Cell Phone	7%	6.5%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	0.4%	0.0%	2.5%
	Not Pregnant (Ages 18-44)	2%	1.2%	2.3%
County	Minnehaha	4%	3.1%	5.2%
	Pennington	6%	4.6%	7.1%
	Lincoln	6%	4.2%	7.9%
	Brown	5%	3.6%	7.0%
	Brookings	5%	3.7%	8.0%
	Codington	7%	5.0%	9.0%
	Meade	9%	7.1%	12.6%
	Lawrence	7%	5.0%	8.5%

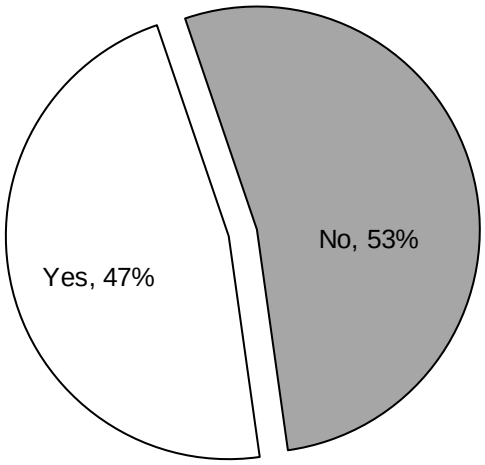
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of smokeless tobacco use than females.
Age	The prevalence of smokeless tobacco use decreases as age increases including a significant decrease as the 60s are reached.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of smokeless tobacco use than whites.
Household Income	There seems to be no household income difference regarding the prevalence of smokeless tobacco use.
Education	The prevalence of smokeless tobacco use decreases as education levels increase with a significant decrease as the college graduate level is reached.
Employment	Those who are employed for wages, self-employed, or unemployed demonstrate a very high prevalence of smokeless tobacco use, while those who are a homemaker, a student, retired, or unable to work show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of smokeless tobacco use, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of smokeless tobacco use than those who own their home.
Children Status	The prevalence of smokeless tobacco use in the adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of smokeless tobacco use than those who primarily use a landline phone.
Pregnancy Status	The prevalence of smokeless tobacco use does not seem to change based on pregnancy status.
County	Meade county exhibits a very high prevalence of smokeless tobacco use, while Minnehaha and Brown counties show a very low prevalence.

Figure 10 shows the percentage of South Dakotans whose doctor, nurse, or other health professional advised them to stop using smokeless tobacco. Less than half, 47 percent, of South Dakotans stated they were advised to quit using smokeless tobacco by a health professional.

Figure 10
Percentage of South Dakotans Advised to Quit Using Smokeless Tobacco by a Doctor, Nurse, or Other Health Professional, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

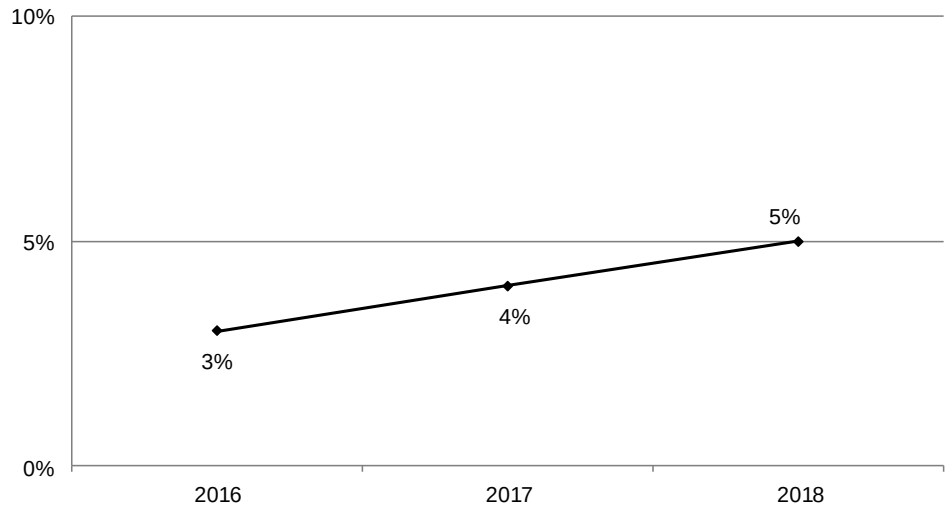
E-CIGARETTE SMOKING

Definition: South Dakotans who currently use electronic cigarettes (e-cigarettes).

Prevalence of E-Cigarette Use

- South Dakota 5%
- *There is no nationwide median for electronic cigarette use*

Figure 11
Percentage of South Dakotans Who Currently Smoke E-Cigarettes, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Table 15 South Dakotans Who Currently Smoke E-Cigarettes, 2016-2018				
			95% Confidence Interval	
		2016-2018	Low	High
Gender	Male	5%	3.6%	5.8%
	Female	3%	2.4%	3.9%
Age	18-29	9%	7.0%	11.5%
	30-39	5%	3.5%	7.7%
	40-49	3%	1.9%	4.4%
	50-59	3%	1.9%	4.1%
	60-69	1%	0.6%	1.5%
	70-79	0.5%	0.2%	1.1%
	80+	0.1%	0.0%	0.7%
Race/Ethnicity	White, Non-Hispanic	3%	2.8%	4.0%
	American Indian, Non-Hispanic	6%	3.3%	9.4%
	Hispanic	6%	2.3%	14.4%
Household Income	Less than $35,000	5%	4.0%	7.0%
	$35,000-$74,999	4%	2.9%	5.4%
	$75,000+	2%	1.7%	3.4%
Education	Less than High School, G.E.D.	7%	3.8%	11.6%
	High School, G.E.D.	5%	3.7%	6.2%
	Some Post-High School	4%	2.8%	4.8%
	College Graduate	2%	1.1%	2.2%
Employment Status	Employed for Wages	4%	3.5%	5.5%
	Self-employed	4%	2.7%	6.7%
	Unemployed	6%	2.8%	10.7%
	Homemaker	2%	0.6%	7.3%
	Student	7%	3.6%	13.9%
	Retired	0.4%	0.3%	0.7%
	Unable to Work	6%	3.3%	9.2%
Marital Status	Married/Unmarried Couple	3%	2.2%	3.6%
	Divorced/Separated	4%	2.6%	5.4%
	Widowed	1%	0.3%	1.1%
	Never Married	8%	5.7%	10.0%
Home Ownership Status	Own Home	3%	2.1%	3.3%
	Rent Home	7%	5.1%	8.9%
Children Status	Children in Household (Ages 18-44)	5%	3.5%	6.3%
	No Children in Household (Ages 18-44)	9%	6.9%	11.9%
Phone Status	Landline	2%	1.3%	2.9%
	Cell Phone	5%	3.7%	5.4%
Pregnancy Status	Pregnant (Ages 18-44)	7%	1.1%	34.8%
	Not Pregnant (Ages 18-44)	5%	3.5%	6.6%
County	Minnehaha	4%	2.5%	6.4%
	Pennington	5%	3.5%	6.9%
	Lincoln	2%	0.8%	3.4%
	Brown	4%	2.1%	7.9%
	Brookings	4%	1.4%	9.7%
	Codington	2%	1.0%	5.7%
	Meade	5%	2.4%	11.7%
	Lawrence	4%	2.1%	7.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Demographics

Gender	There seems to be no gender difference regarding e-cigarette use.
Age	E-cigarette use decreases as age increases. This includes a significant decrease as the 60s are reached.
Race/Ethnicity	There seems to be no racial/ethnic difference regarding e-cigarette use.
Household Income	The prevalence of e-cigarette use decreases as household income increases.
Education	E-cigarette use decreases as education increases. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are employed for wages, self-employed, unemployed, a student, or unable to work show a very high prevalence of e-cigarette use, while those who are retired show a very low prevalence.
Marital Status	Those who have never been married exhibit a very high prevalence of e-cigarette use, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of e-cigarette use than those who own their home.
Children Status	Those adults who live in a household with no children exhibit a significantly higher prevalence of e-cigarette use than those who live in a household with children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of e-cigarette use than those who primarily use a landline.
County	Pennington county residents exhibit a very high prevalence of e-cigarette use, while Lincoln county residents show a very low prevalence.

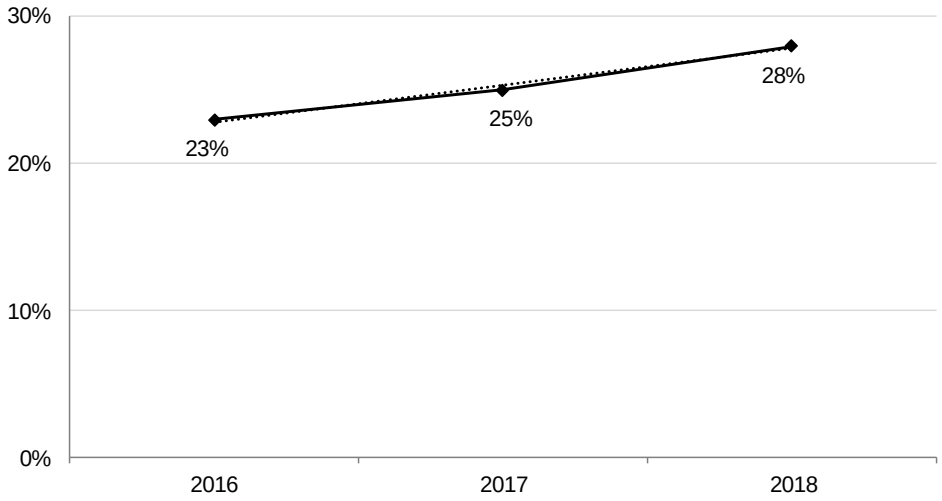
TOBACCO USE

Definition: South Dakotans who currently smoke cigarettes, use smokeless tobacco, or use E-cigarettes.

Prevalence of Tobacco Use

- South Dakota 28%
- *There is no nationwide median for tobacco use*

Figure 12
Percentage of South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Table 16 South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2018				
			95% Confidence Interval	
		2016-2018	Low	High
Gender	Male	33%	30.8%	34.6%
	Female	18%	16.8%	19.7%
Age	18-29	31%	27.8%	34.5%
	30-39	36%	32.4%	39.5%
	40-49	29%	25.7%	32.4%
	50-59	26%	23.9%	29.0%
	60-69	18%	15.9%	19.9%
	70-79	12%	10.2%	14.9%
	80+	5%	3.5%	7.6%
Race/Ethnicity	White, Non-Hispanic	23%	21.9%	24.3%
	American Indian, Non-Hispanic	49%	44.1%	53.5%
	Hispanic	27%	19.0%	37.4%
Household Income	Less than $35,000	34%	31.5%	36.5%
	$35,000-$74,999	26%	24.1%	28.7%
	$75,000+	16%	14.5%	18.3%
Education	Less than High School, G.E.D.	39%	33.9%	44.6%
	High School, G.E.D.	31%	29.0%	33.7%
	Some Post-High School	26%	24.3%	28.4%
	College Graduate	11%	10.2%	12.9%
Employment Status	Employed for Wages	29%	26.9%	30.6%
	Self-employed	26%	22.6%	29.3%
	Unemployed	41%	33.6%	48.1%
	Homemaker	25%	19.2%	31.9%
	Student	18%	12.2%	24.6%
	Retired	12%	10.8%	14.0%
	Unable to Work	38%	33.0%	43.6%
Marital Status	Married/Unmarried Couple	21%	19.3%	22.2%
	Divorced/Separated	40%	36.1%	43.3%
	Widowed	17%	14.0%	21.5%
	Never Married	33%	29.7%	35.9%
Home Ownership Status	Own Home	21%	20.0%	22.6%
	Rent Home	38%	35.1%	41.0%
Children Status	Children in Household (Ages 18-44)	33%	30.6%	36.4%
	No Children in Household (Ages 18-44)	32%	29.0%	35.9%
Phone Status	Landline	20%	17.8%	21.3%
	Cell Phone	28%	26.2%	29.3%
Pregnancy Status	Pregnant (Ages 18-44)	16%	6.6%	34.4%
	Not Pregnant (Ages 18-44)	23%	20.5%	26.1%
County	Minnehaha	24%	21.0%	27.5%
	Pennington	26%	22.7%	28.9%
	Lincoln	14%	9.4%	19.3%
	Brown	28%	22.8%	34.0%
	Brookings	23%	16.3%	30.2%
	Codington	27%	21.9%	33.4%
	Meade	32%	23.3%	42.0%
	Lawrence	23%	18.7%	28.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of tobacco use than females.
Age	Tobacco use peaks with those in their 30s and then decreases as age increases. This includes significant decreases as the 60s, 70s, and 80s are reached.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of tobacco use than whites and Hispanics.
Household Income	Tobacco use decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	Tobacco use decreases as education levels increase. This includes significant decreases at every level.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of tobacco use, while those who are a student or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of tobacco use, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of tobacco use than those who own their home.
Children Status	The prevalence of tobacco use by the adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of tobacco use than those who primarily use a landline phone.
County	Minnehaha, Pennington, Brown, Codington, and Meade counties all exhibit a very high prevalence of tobacco use, while Lincoln county shows a very low prevalence.

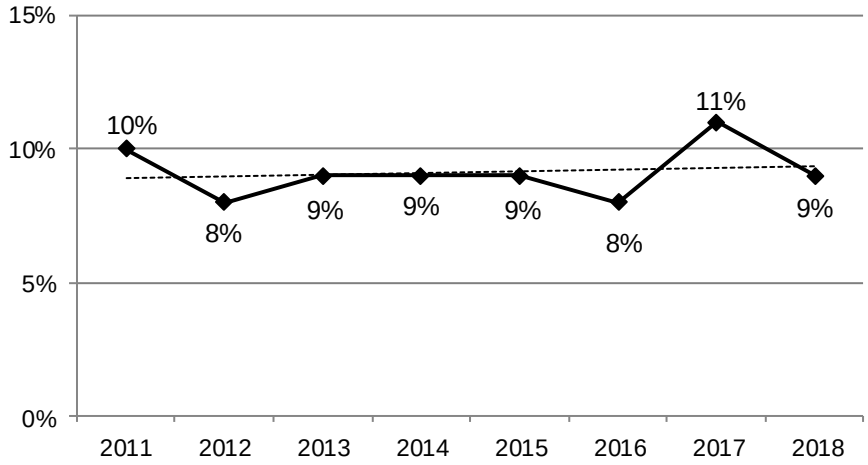
Diabetes

Definition: South Dakotans ever told by a doctor that they have diabetes, excluding women who were told this while they were pregnant.

Prevalence of Diabetes

- South Dakota 9%
- Nationwide median 11%

Figure 13
Percentage of South Dakotans Who Were Told They Have Diabetes, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 17 South Dakotans Who Were Told They Have Diabetes, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	10%	9.2%	10.7%
	Female	9%	8.1%	9.4%
Age	18-29	1%	0.9%	2.4%
	30-39	3%	2.2%	4.2%
	40-49	7%	6.0%	8.7%
	50-59	11%	9.4%	11.8%
	60-69	17%	15.3%	18.0%
	70-79	22%	20.4%	24.4%
	80+	18%	15.2%	20.6%
Race/Ethnicity	White, Non-Hispanic	9%	8.4%	9.4%
	American Indian, Non-Hispanic	17%	14.6%	19.2%
	Hispanic	9%	5.4%	13.8%
Household Income	Less than $35,000	13%	12.3%	14.6%
	$35,000-$74,999	8%	7.5%	9.2%
	$75,000+	6%	5.5%	7.2%
Education	Less than High School, G.E.D.	13%	10.8%	15.6%
	High School, G.E.D.	11%	9.7%	11.5%
	Some Post-High School	9%	8.1%	9.8%
	College Graduate	7%	6.2%	7.5%
Employment Status	Employed for Wages	6%	5.5%	6.8%
	Self-employed	6%	4.9%	7.2%
	Unemployed	8%	5.7%	11.2%
	Homemaker	8%	6.0%	10.8%
	Student	1%	0.4%	2.4%
	Retired	20%	18.8%	21.6%
	Unable to Work	24%	20.6%	26.9%
Marital Status	Married/Unmarried Couple	9%	8.4%	9.7%
	Divorced/Separated	13%	11.5%	14.7%
	Widowed	19%	17.2%	21.5%
	Never Married	5%	4.3%	5.9%
Home Ownership Status	Own Home	10%	9.3%	10.5%
	Rent Home	9%	8.0%	10.1%
Children Status	Children in Household (Ages 18-44)	3%	2.5%	4.3%
	No Children in Household (Ages 18-44)	3%	1.9%	3.4%
Phone Status	Landline	13%	12.5%	14.5%
	Cell Phone	7%	6.8%	7.9%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.6%	16.0%
	Not Pregnant (Ages 18-44)	3%	2.3%	4.1%
County	Minnehaha	8%	6.9%	9.4%
	Pennington	9%	8.3%	10.8%
	Lincoln	7%	5.3%	8.5%
	Brown	9%	7.3%	10.3%
	Brookings	6%	4.4%	7.0%
	Codington	8%	6.5%	9.3%
	Meade	9%	7.4%	11.6%
	Lawrence	8%	6.7%	9.6%

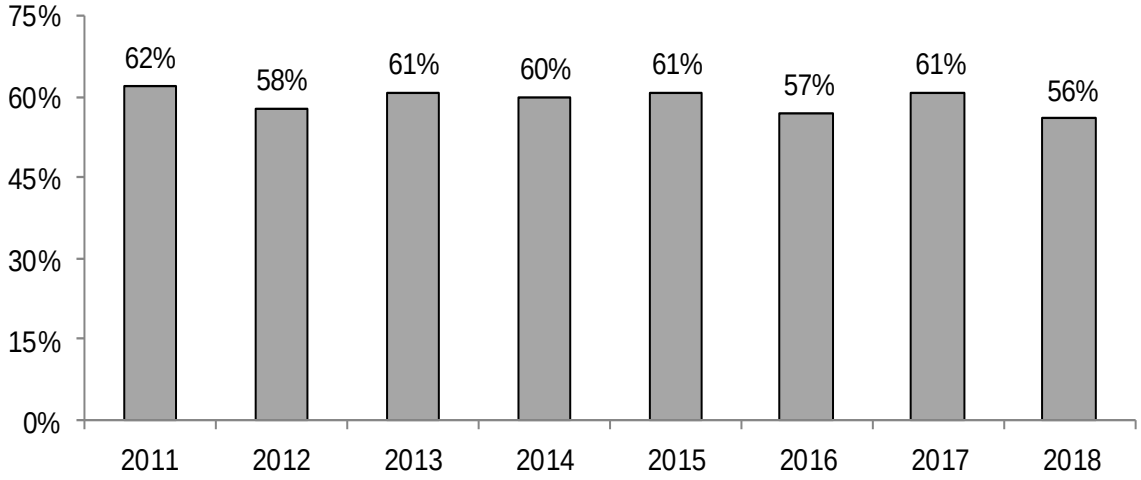
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no gender difference regarding the prevalence of diabetes.
Age	The prevalence of diabetes generally increases as age increases. This includes significant increases as the 40s, 50s, and 60s are reached with prevalence peaking in the 70s.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of diabetes than whites and Hispanics.
Household Income	The prevalence of diabetes decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of diabetes decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of diabetes, while those who are a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of diabetes, while those who have never been married show a very low prevalence.
Home Ownership	There seems to be no difference in the prevalence of diabetes regarding home ownership.
Children Status	The prevalence of diabetes among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of diabetes than those who primarily use a cell phone.
Pregnancy Status	The prevalence of diabetes does not seem to differ based on pregnancy status.
County	Pennington, Brown, and Meade counties all demonstrate a very high prevalence of diabetes, while Brookings county shows a very low prevalence.

Figure 14, below, displays the percentage of South Dakotans with pre-diabetes who had a test for high blood sugar or diabetes within the past three years. Most South Dakotans stated that they had a blood sugar or diabetes test within the past three years.

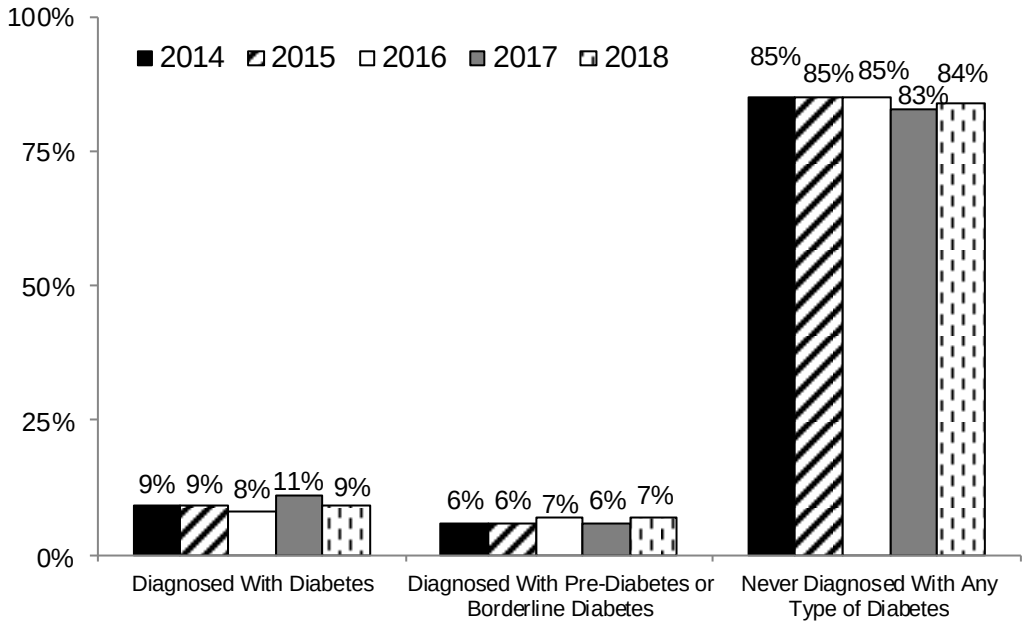
Figure 14
South Dakotans With Pre-Diabetes Who Have Had a Test for High Blood Sugar or Diabetes Within the Past Three Years,



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Figure 15, below, displays the diabetic status of all South Dakotans for the past five years. Most South Dakotans for all years stated that they have never been diagnosed with any type of diabetes.

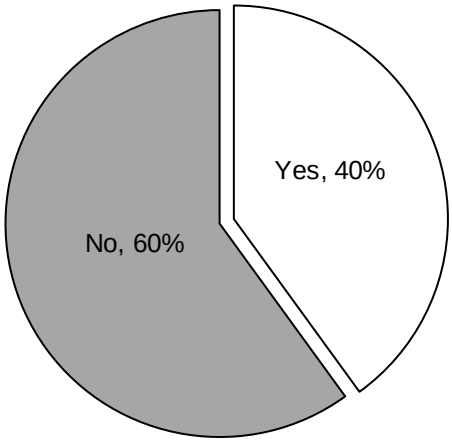
Figure 15
South Dakotans' Diabetic Status, 2014-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Figure 16, below, shows the percent of South Dakotans who were referred by a health professional to pre-diabetes education in order to prevent diabetes. In 2018, 40 percent of South Dakotans were referred to pre-diabetes education.

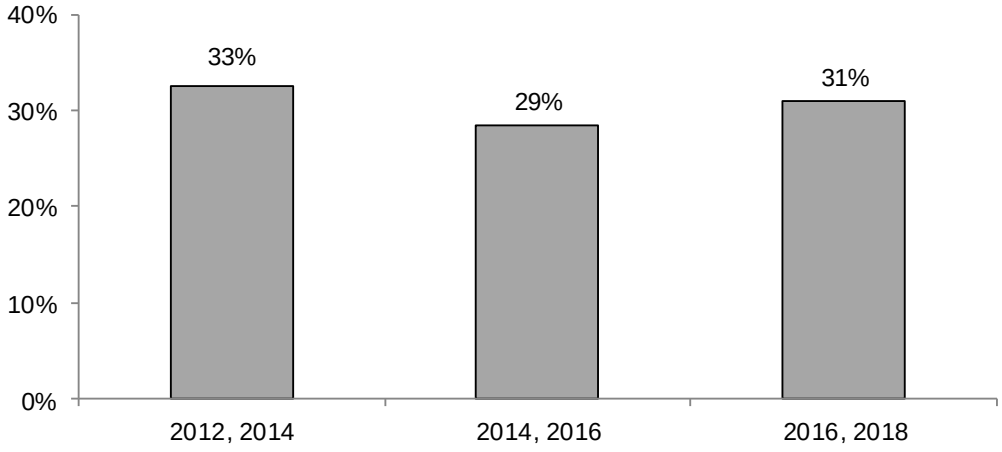
Figure 16
South Dakotans Who Were Referred by a Health Professional to Pre-Diabetes Education to Prevent Diabetes, 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

Figure 17, below, shows the percent of South Dakotans who are taking insulin for their diabetes. In 2016 and 2018, about one third of South Dakotans with diabetes indicated they were taking insulin for their diabetes.

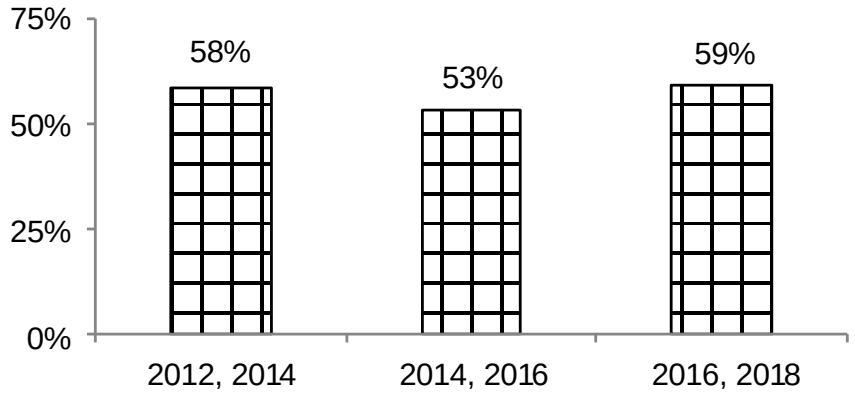
Figure 17
South Dakotans Who Use Insulin for Diabetes, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 18, below, shows the percent of South Dakotans who check their blood for glucose or sugar one or more times per day. In 2016 and 2018, 59 percent of South Dakotans stated they check their blood for glucose or sugar one or more times per day.

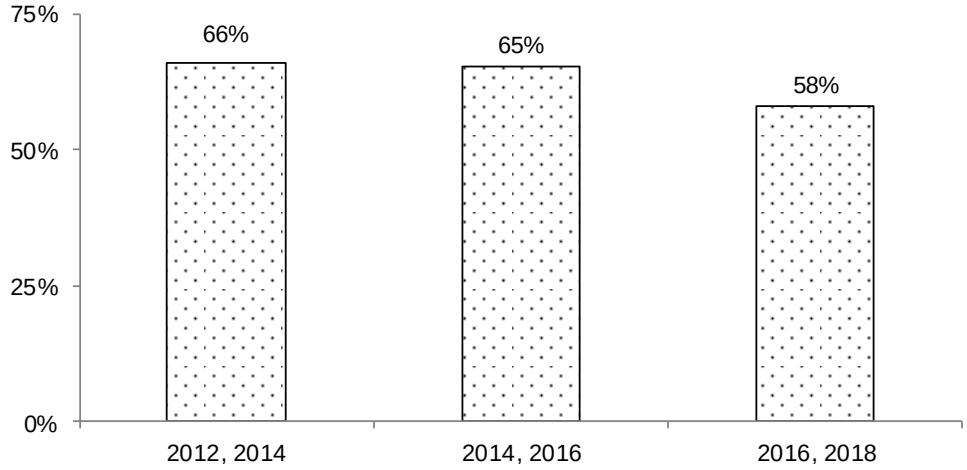
Figure 18
South Dakotans Who Check Their Blood for Glucose or Sugar One or More Times Per Day, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 19, below, shows the percent of South Dakotans who check their feet for any sores or irritations one or more times per day. In 2016 and 2018, 58 percent of South Dakotans stated that they check their feet for any sores or irritations one or more times per day.

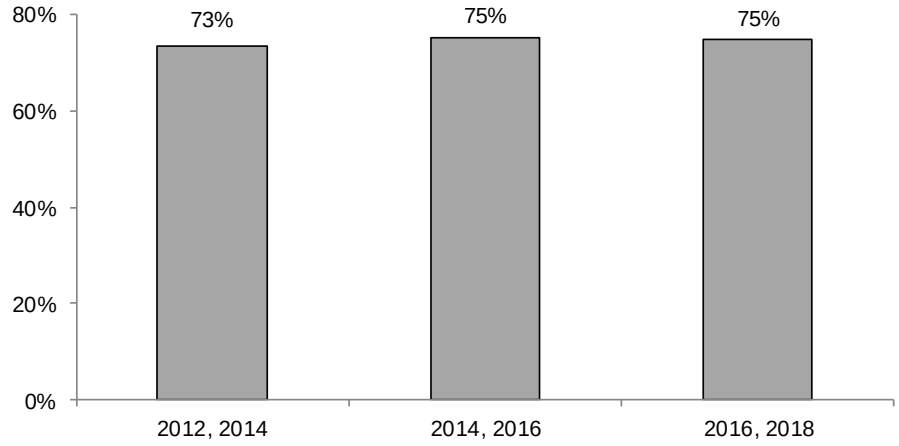
Figure 19
South Dakotans Who Check Their Feet for Sores or Irritations One or More Times Per Day, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 20, below, shows the percent of South Dakotans that have seen a doctor, nurse, or other health professional two or more times in the past 12 months for their diabetes. In 2016 and 2018, 75 percent of South Dakotans indicated that they have seen a doctor, nurse, or other health professional two or more times in the past 12 months for their diabetes.

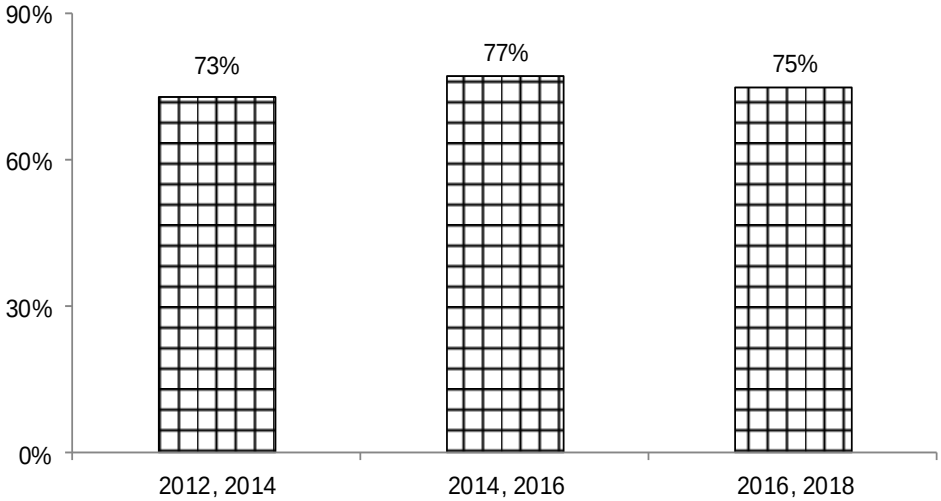
Figure 20
South Dakotans Who Have Seen a Doctor, Nurse, or Other Health Professional for Their Diabetes Two or More Times in the Past 12 Months, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 21, below, shows the percent of South Dakotans that had hemoglobin A1c checked two or more times in the past 12 months by a doctor, nurse, or other health professional. In 2016 and 2018, 75 percent of South Dakotans indicated that they have had hemoglobin A1c checked two or more times by a doctor, nurse, or other health professional.

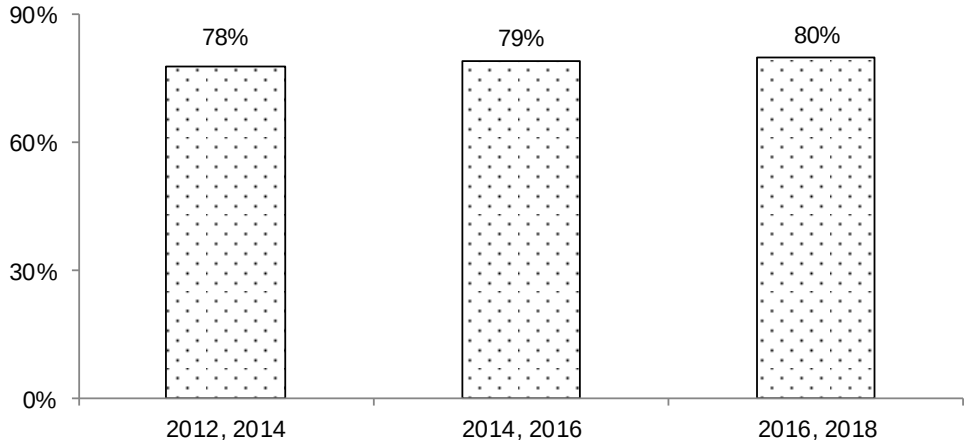
Figure 21
South Dakotans That Had Hemoglobin A1c Checked by a Doctor, Nurse, or Other Health Professional Two or More Times in the Past 12 Months, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 22, below, shows the percent of South Dakotans that stated they had a health professional check their feet for sores or irritations at least once in the past year. In 2016 and 2018, 80 percent of South Dakotans indicated that they have had their feet checked by a health professional at least once in the past year.

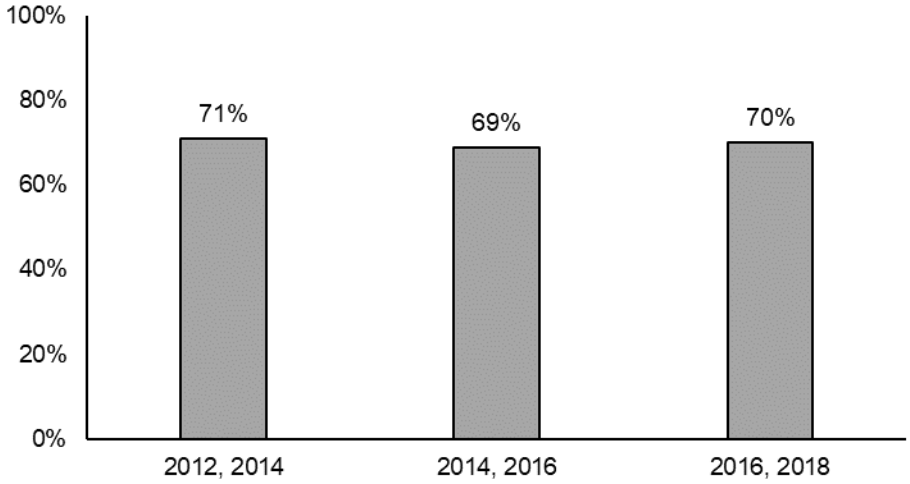
Figure 22
South Dakotans Who Had a Health Professional Check Their Feet for Any Sores or Irritations at Least Once in the Past Year, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 23, below, shows the percent of South Dakotans that had an eye exam in the past year in which the pupils were dilated. In 2016 and 2018, 70 percent of South Dakotans indicated that they had an eye exam in the past year in which their pupils were dilated.

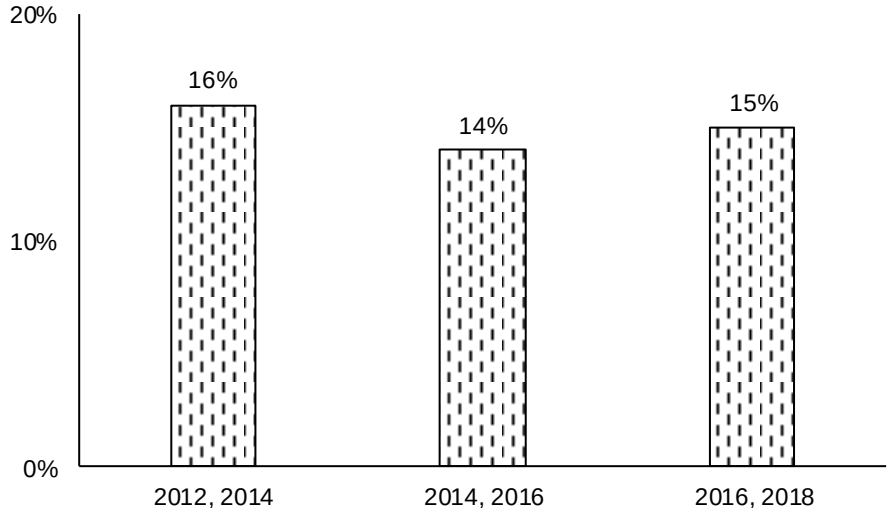
Figure 23
South Dakotans Who Had an Eye Exam in the Past Year in Which the Pupils Were Dilated, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 24, below, shows the percent of South Dakotans who were told by a doctor that diabetes has affected their eyes or that they have retinopathy. In 2016 and 2018, 15 percent of South Dakotans indicated that diabetes has affected their eyes or that they had retinopathy.

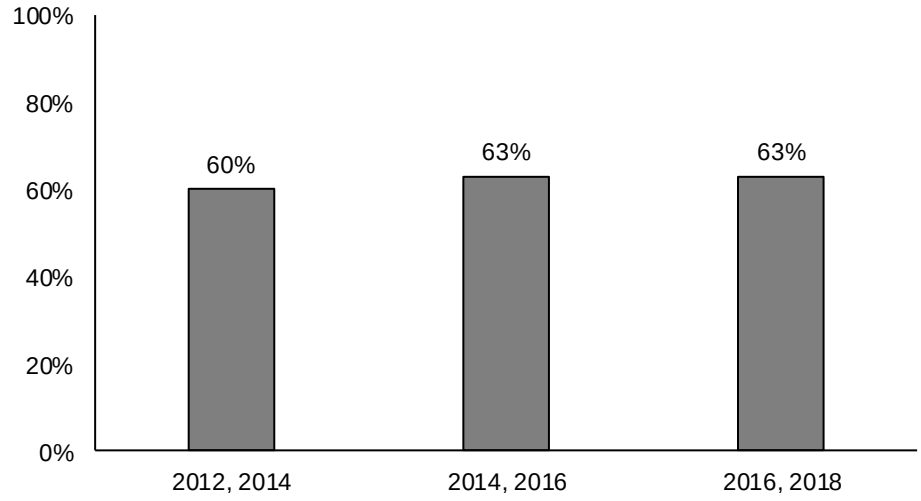
Figure 24
South Dakotans Told by a Doctor That Diabetes Has Affected Their Eyes or They Have Retinopathy, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Figure 25, below, shows the percent of South Dakotans who have ever taken a course or class in how to manage diabetes. In 2016 and 2018, 63 percent of South Dakotans indicated that they have taken a course or class to manage diabetes.

Figure 25
South Dakotans Who Have Ever Taken a Course or Class in How to Manage Diabetes, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

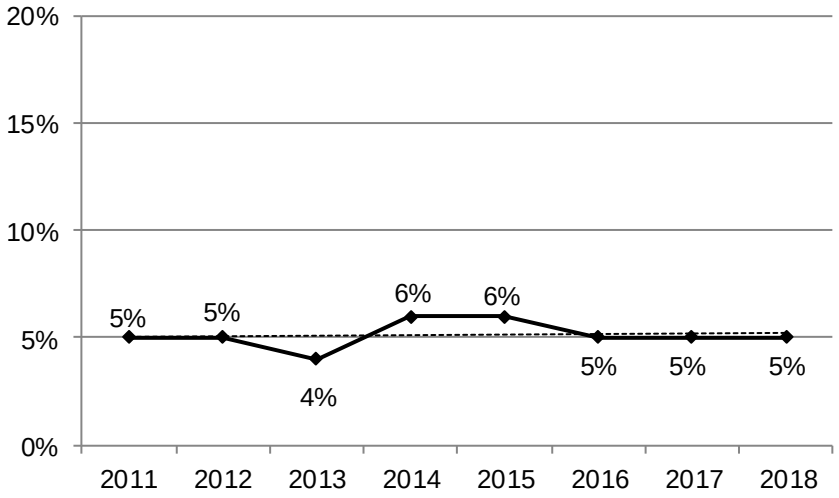
Chronic Obstructive Pulmonary Disease

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you have Chronic Obstructive Pulmonary Disease, or COPD, emphysema or chronic bronchitis?"

Prevalence of COPD

- South Dakota 5%
- Nationwide median 7%

Figure 26
Percentage of South Dakotans Who Were Told They Have COPD, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 18 South Dakotans Who Have Been Told They Have COPD, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	5%	4.4%	5.5%
	Female	5%	4.8%	5.9%
Age	18-29	2%	1.0%	2.4%
	30-39	2%	1.5%	3.0%
	40-49	3%	2.0%	3.5%
	50-59	7%	5.5%	7.7%
	60-69	8%	7.2%	9.2%
	70-79	11%	10.0%	13.0%
	80+	11%	8.7%	13.2%
Race/Ethnicity	White, Non-Hispanic	5%	4.7%	5.6%
	American Indian, Non-Hispanic	7%	5.2%	8.3%
	Hispanic	5%	2.1%	10.5%
Household Income	Less than $35,000	9%	8.5%	10.5%
	$35,000-$74,999	4%	3.5%	4.8%
	$75,000+	1%	1.2%	1.8%
Education	Less than High School, G.E.D.	10%	8.1%	12.3%
	High School, G.E.D.	6%	5.8%	7.3%
	Some Post-High School	4%	3.9%	5.1%
	College Graduate	2%	2.0%	2.8%
Employment Status	Employed for Wages	3%	2.3%	3.1%
	Self-employed	3%	2.4%	4.3%
	Unemployed	6%	3.9%	8.7%
	Homemaker	3%	2.4%	5.0%
	Student	1%	0.7%	2.5%
	Retired	11%	9.7%	11.9%
	Unable to Work	21%	17.6%	24.4%
Marital Status	Married/Unmarried Couple	4%	3.8%	4.7%
	Divorced/Separated	10%	8.9%	12.0%
	Widowed	11%	9.5%	12.8%
	Never Married	3%	2.4%	3.8%
Home Ownership Status	Own Home	5%	4.4%	5.3%
	Rent Home	6%	5.3%	7.0%
Children Status	Children in Household (Ages 18-44)	2%	1.3%	2.5%
	No Children in Household (Ages 18-44)	2%	1.5%	3.0%
Phone Status	Landline	7%	6.3%	7.7%
	Cell Phone	4%	3.8%	4.7%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.1%	6.0%
	Not Pregnant (Ages 18-44)	2%	1.7%	3.3%
County	Minnehaha	5%	3.8%	5.5%
	Pennington	6%	4.7%	6.6%
	Lincoln	4%	3.1%	5.5%
	Brown	6%	4.4%	8.0%
	Brookings	3%	2.0%	4.2%
	Codington	5%	3.9%	6.4%
	Meade	5%	4.1%	6.3%
	Lawrence	5%	4.0%	6.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There is no significant gender difference regarding the prevalence of COPD.
Age	The prevalence of COPD increases as age increases. This includes significant increases as the 50s and 70s are reached.
Race/Ethnicity	There are no racial/ethnicity differences regarding the prevalence of COPD.
Household Income	The prevalence of COPD decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of COPD decreases as education levels increase. This includes significant decreases at each level.
Employment	Those who are unable to work demonstrate a very high prevalence of COPD, while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of COPD, while those who have never been married or are married show a very low prevalence.
Home Ownership	The prevalence of COPD does not seem to differ based on home ownership status.
Children Status	The prevalence of COPD among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of COPD than those who primarily use a cell phone.
Pregnancy Status	The prevalence of COPD does not seem to differ based on pregnancy status.
County	Pennington and Brown counties exhibit a very high prevalence of COPD, while Brookings county shows a very low prevalence.

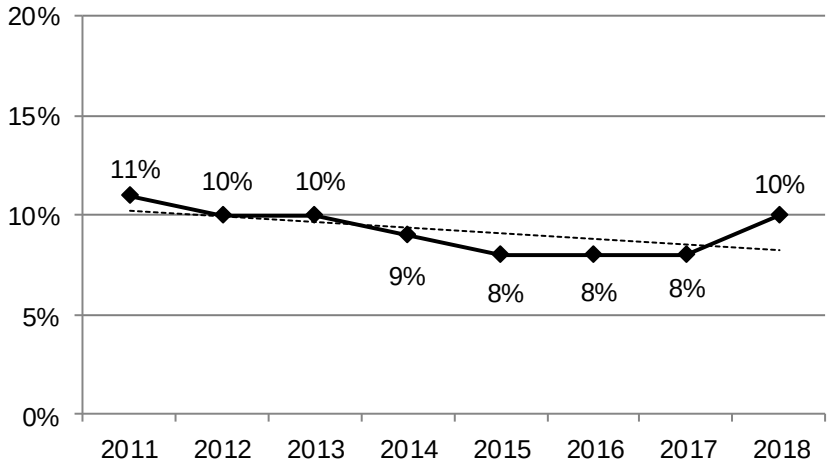
HEALTH INSURANCE (ADULT)

Definition: South Dakotans, ages 18-64, who do not have health insurance, prepaid plans such as health maintenance organizations (HMOs), or government plans such as Medicare or Indian Health Service.

Prevalence of No Health Insurance

- South Dakota 10%
- *There is no nationwide median for no health insurance*

Figure 27
Percentage of South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 19 South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	9%	8.2%	10.4%
	Female	8%	6.7%	8.9%
Age	18-29	11%	9.4%	13.5%
	30-39	10%	8.3%	11.9%
	40-49	9%	7.0%	10.5%
	50-59	6%	5.0%	7.6%
	60-69	4%	3.4%	5.8%
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	8%	7.2%	8.7%
	American Indian, Non-Hispanic	2%	1.6%	3.4%
	Hispanic	27%	18.5%	37.0%
Household Income	Less than $35,000	17%	15.2%	19.4%
	$35,000-$74,999	6%	5.1%	7.4%
	$75,000+	2%	1.3%	2.7%
Education	Less than High School, G.E.D.	20%	15.9%	25.3%
	High School, G.E.D.	12%	10.5%	13.7%
	Some Post-High School	7%	5.9%	8.2%
	College Graduate	3%	2.1%	3.4%
Employment Status	Employed for Wages	7%	6.3%	8.2%
	Self-employed	12%	9.9%	14.3%
	Unemployed	26%	20.1%	32.4%
	Homemaker	11%	7.5%	16.1%
	Student	4%	2.1%	5.8%
	Retired	4%	2.5%	7.0%
	Unable to Work	8%	5.7%	11.5%
Marital Status	Married/Unmarried Couple	5%	4.6%	6.3%
	Divorced/Separated	15%	12.2%	17.7%
	Widowed	8%	5.2%	12.9%
	Never Married	13%	10.9%	14.6%
Home Ownership Status	Own Home	6%	4.8%	6.3%
	Rent Home	16%	13.8%	18.1%
Children Status	Children in Household (Ages 18-44)	8%	7.1%	10.0%
	No Children in Household (Ages 18-44)	13%	11.4%	15.7%
Phone Status	Landline	6%	4.7%	7.0%
	Cell Phone	10%	8.6%	10.5%
Pregnancy Status	Pregnant (Ages 18-44)	7%	2.0%	23.1%
	Not Pregnant (Ages 18-44)	10%	8.0%	11.5%
County	Minnehaha	10%	7.8%	12.1%
	Pennington	10%	8.3%	12.4%
	Lincoln	5%	3.4%	7.9%
	Brown	9%	6.2%	12.4%
	Brookings	6%	3.8%	9.3%
	Codington	7%	5.3%	10.3%
	Meade	11%	8.4%	15.5%
	Lawrence	14%	10.8%	17.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no gender difference regarding health insurance status.
Age	The prevalence of being uninsured decreases as age increases.
Race/Ethnicity	Hispanics demonstrate a significantly higher prevalence of being uninsured than American Indians.
Household Income	The prevalence of being uninsured decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of being uninsured decreases as education levels increase. This includes significant decreases at each education level.
Employment	Those who are unemployed demonstrate a very high prevalence of being uninsured, while those who are a student, retired, or unable to work show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of being uninsured, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of being uninsured than those who own their home.
Children Status	Those without children in the household exhibit a significantly higher prevalence of being uninsured than those with children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of being uninsured than those who primarily use a landline.
County	Pennington, Meade, and Lawrence counties all demonstrate a very high prevalence of being uninsured, while Lincoln, Brookings, and Codington counties show a very low prevalence.

As shown in Table 20 below, employer based coverage was the most common type of health insurance reported by South Dakotans for the past eight years. The second most common was insurance through a private plan.

Table 20
Type of Health Insurance, Ages 18-64, 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018
Number of Respondents	**4,332**	**5,147**	**4,216**	**4,387**	**4,043**	**3,258**	**3,772**	**3,806**
Type of Health Insurance								
Employer Based Coverage	57%	59%	59%	59%	60%	58%	59%	56%
Private Plan	12%	11%	12%	13%	13%	15%	14%	12%
Military, CHAMPUS, TriCare, or VA	6%	5%	5%	4%	5%	5%	5%	5%
The Indian Health Service	5%	5%	5%	5%	5%	5%	4%	5%
Medicaid or Medical Assistance	4%	4%	5%	4%	6%	4%	4%	5%
Medicare	4%	3%	3%	3%	3%	4%	5%	4%
Some Other Source	2%	2%	1%	2%	2%	2%	2%	3%
None	11%	10%	10%	9%	8%	8%	8%	10%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 21, below, displays how long it has been since South Dakotans had a routine checkup and whether they had health insurance. The majority of insured South Dakotans, 69 percent, stated they had a routine checkup within the past year, while only 33 percent of uninsured South Dakotans had a routine checkup within the past year.

The percent of uninsured South Dakotans who stated that they had a routine checkup five or more years ago was 32 percent while only nine percent of South Dakotans with health insurance had a routine checkup five or more years ago.

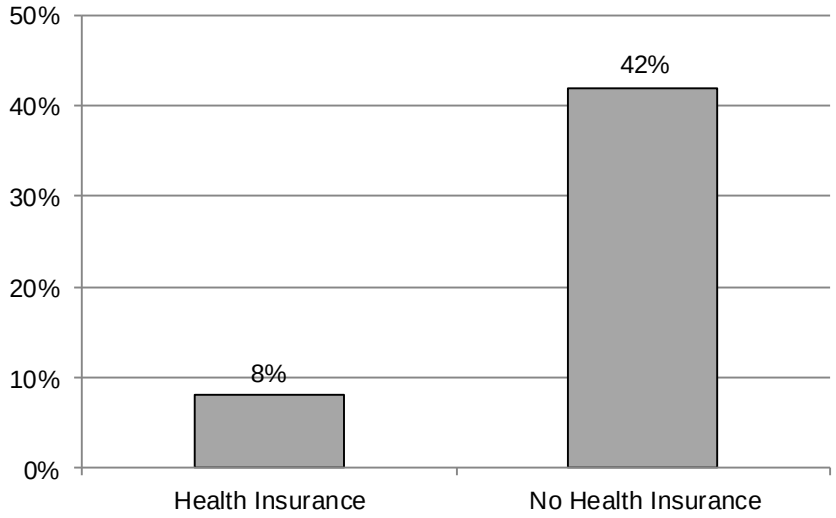
Table 21
How Long Since South Dakotans Last Visited a Doctor for a Routine Checkup, 2012-2018

	Health Insurance	No Health Insurance
Within the past year	69%	33%
Within the past 2 years	13%	16%
Within the past 5 years	8%	15%
5 or more years ago	9%	32%
Never	1%	4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota of Department Health, 2012-2018

Figure 28, below, shows the percentage of South Dakotans, ages 18-64, who were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of the cost. Forty-two percent of South Dakotans without health insurance answered yes to this question.

Figure 28
Percentage of South Dakotans, Ages 18-64, Who Needed to See a Doctor But Could Not Because of the Cost, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Table 22 below, shows the percentage of South Dakota males who had not had a routine checkup in the past two years and the reason why. Sixty-one percent of South Dakota males, ages 18-39, reported they had not had a routine checkup in the past two years because they had not been sick, rarely get sick, or there was a low need to seek medical services.

Table 22
South Dakota Males, Ages 18-64, Who Had Not Had a Routine Health Check-up in the Past Two Years, 2018

	Males Only		
Reason	**Total**	**18-39**	**40-69**
Not sick/Rarely get sick/Low perceived need to seek medical services	56%	61%	49%
Other priorities/Too busy	10%	12%	7%
Just haven't thought of it	7%	6%	8%
Can't afford it	7%	3%	12%
Other	20%	18%	24%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

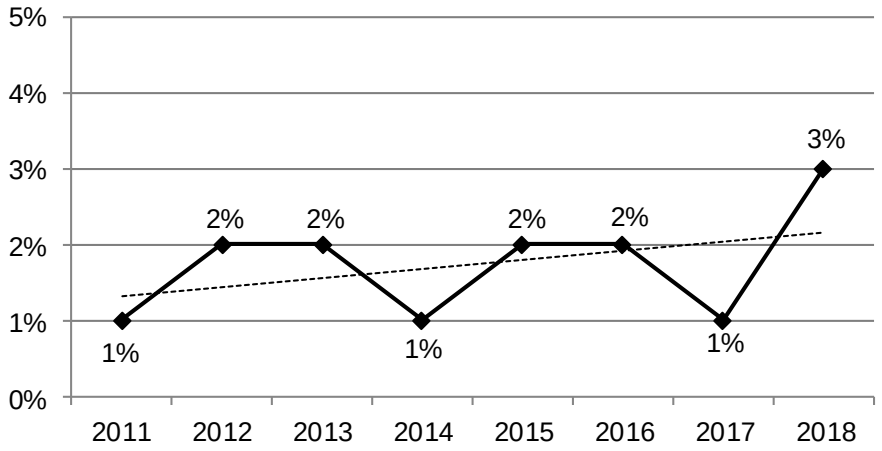
CHILDREN'S HEALTH INSURANCE

Definition: South Dakota children, ages 0-17, who do not have health insurance, prepaid plans such as health maintenance organizations (HMOs), or government plans such as Medicaid, Children's Health Insurance Program (CHIP), or Indian Health Service (IHS).

Prevalence of No Health Insurance

- South Dakota 3%
- *There is no nationwide median for no children's health insurance*

Figure 29
Percentage of South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 23 South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	2%	1.2%	2.7%
	Female	1%	0.9%	2.0%
Age	0-6	1%	0.7%	2.1%
	7-12	2%	0.9%	2.9%
	13-17	2%	1.3%	2.9%
Race/ Ethnicity	White, Non-Hispanic	2%	1.3%	2.4%
	American Indian, Non-Hispanic	1%	0.2%	1.9%
	Hispanic	2%	0.6%	3.7%
Household Income	Less than $35,000	2%	0.9%	2.7%
	$35,000-$74,999	2%	1.6%	3.7%
	$75,000+	1%	0.4%	1.8%
Home Ownership Status	Own home	2%	1.1%	2.2%
	Rent home	2%	1.0%	2.9%
Phone Status	Landline	1%	0.9%	2.4%
	Cell phone	2%	1.2%	2.3%
County	Minnehaha	1%	0.6%	2.8%
	Pennington	2%	0.7%	3.3%
	Lincoln	0.2%	0.1%	0.6%
	Brown	1%	0.3%	3.3%
	Brookings	1%	0.3%	5.7%
	Codington	1%	0.3%	1.9%
	Meade	4%	2.0%	7.1%
	Lawrence	3%	1.7%	6.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender There seems to be no gender difference regarding health insurance status for children.

Age There seems to be no age differences regarding health insurance status for children.

Race/Ethnicity There seems to be no racial/ethnic difference regarding health insurance status for children.

Household Income There seems to be no difference in health insurance status for children regarding household income.

Home Ownership There seems to be no difference in health insurance status for children regarding home ownership status.

Phone Status The health insurance status of children does not seem to change based on phone status.

County Pennington, Meade, and Lawrence counties demonstrate a very high prevalence of children being uninsured, while Lincoln and Codington counties show a very low prevalence.

Table 24, below, shows the different types of health coverage for children, ages 0-17. The main type of health care coverage for the past eight years was employer based coverage. Medicaid, CHIP, or medical assistance coverage was the second most common type of health coverage.

Table 24
Different Types of Health Coverage for South Dakota Children, Ages 17 and Under, 2011-2018

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Type of Coverage							
Employer Based Coverage	57%	55%	55%	55%	54%	53%	53%
Medicaid, CHIP, or Medical Assistance	23%	24%	24%	24%	25%	26%	24%
Private Plan	10%	10%	11%	12%	11%	11%	10%
The Indian Health Service	4%	3%	4%	3%	3%	4%	5%
The Military, CHAMPUS, TriCare, or VA	3%	3%	3%	3%	3%	3%	2%
Medicare	1%	2%	1%	1%	1%	1%	1%
Some Other Source	0.5%	0.8%	1.1%	0.8%	0.3%	1.2%	2.6%
None	2%	2%	1%	1%	2%	1%	2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

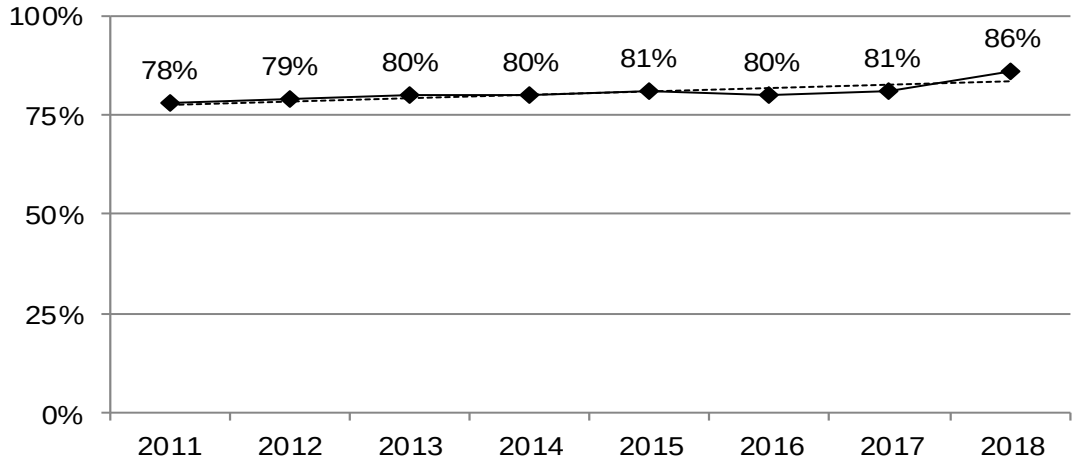
ROUTINE CHECKUP

Definition: South Dakotans who have visited a doctor for a routine checkup within the past two years. A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Prevalence of Routine Checkup

- South Dakota 86%
- *There is no nationwide median for routine checkups*

Figure 30
Percentage of South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 25
South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2014-2018

			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	76%	74.4%	77.0%
	Female	87%	86.4%	88.3%
Age	18-29	74%	71.6%	76.4%
	30-39	73%	70.5%	75.3%
	40-49	80%	77.4%	81.8%
	50-59	83%	81.5%	84.7%
	60-69	89%	88.1%	90.7%
	70-79	94%	92.4%	95.4%
	80+	93%	90.5%	94.4%
Race/Ethnicity	White, Non-Hispanic	82%	81.6%	83.2%
	American Indian, Non-Hispanic	82%	78.3%	84.5%
	Hispanic	72%	63.4%	79.1%
Household Income	Less than $35,000	79%	77.7%	81.0%
	$35,000-$74,999	81%	79.2%	82.2%
	$75,000+	86%	84.2%	86.8%

Table 25 (continued) South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Education	Less than High School, G.E.D.	77%	73.1%	80.3%
	High School, G.E.D.	80%	78.5%	81.6%
	Some Post-High School	82%	80.7%	83.4%
	College Graduate	85%	83.5%	85.8%
Employment Status	Employed for Wages	79%	77.9%	80.3%
	Self-employed	73%	69.8%	75.0%
	Unemployed	75%	69.0%	79.4%
	Homemaker	83%	78.7%	86.4%
	Student	83%	77.7%	87.0%
	Retired	93%	92.2%	94.3%
	Unable to Work	89%	86.5%	91.4%
Marital Status	Married/Unmarried Couple	84%	82.6%	84.6%
	Divorced/Separated	80%	77.1%	81.8%
	Widowed	91%	88.1%	92.5%
	Never Married	75%	72.5%	76.8%
Home Ownership Status	Own Home	84%	83.1%	84.8%
	Rent Home	76%	73.5%	77.6%
Children Status	Children in Household (Ages 18-44)	76%	74.2%	78.0%
	No Children in Household (Ages 18-44)	72%	69.8%	74.7%
Phone Status	Landline	86%	84.7%	87.1%
	Cell Phone	79%	78.3%	80.5%
Pregnancy Status	Pregnant (Ages 18-44)	82%	70.1%	90.2%
	Not Pregnant (Ages 18-44)	83%	81.3%	85.2%
County	Minnehaha	82%	79.9%	84.3%
	Pennington	78%	76.1%	80.5%
	Lincoln	86%	83.3%	88.9%
	Brown	81%	78.4%	84.2%
	Brookings	81%	77.8%	84.4%
	Codington	82%	79.3%	84.9%
	Meade	78%	74.3%	81.5%
	Lawrence	77%	74.4%	80.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender Females exhibit a significantly higher prevalence of obtaining a routine checkup than males.

Age The prevalence of obtaining a routine checkup generally increases as age increases.

Race/Ethnicity Whites and American Indians demonstrate a significantly higher prevalence of obtaining routine checkups than Hispanics.

Household Income The prevalence of obtaining routine checkups increases as household income increases. This includes a significant increase when the $75,000+ household income level is reached.

Education The prevalence of obtaining routine checkups increases as education increases. This includes a significant increase as the college graduate level is reached.

Employment Those who are retired demonstrate a very high prevalence of obtaining a routine checkup, while those who are self-employed or unemployed show a very low prevalence.

Marital Status	Those who are widowed exhibit a very high prevalence of obtaining a routine checkup, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of obtaining a routine checkup than those who rent their home.
Children Status	The prevalence of obtaining a routine checkup does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of obtaining a routine checkup than those who primarily use a cell phone.
Pregnancy Status	The prevalence of obtaining a routine checkup does not seem to change based on pregnancy status.
County	Those in Lincoln county exhibit a very high prevalence of obtaining routine checkups, while those in Pennington, Meade, and Lawrence counties show a very low prevalence.

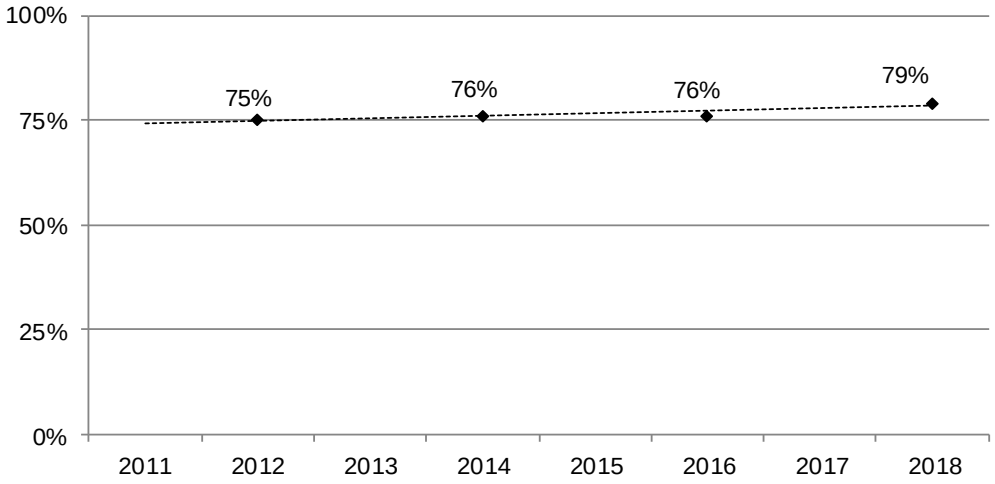
MAMMOGRAM

Definition: Female South Dakotans, ages 40 -74, who have had a mammogram in the past two years.

Prevalence of Mammogram

- South Dakota 79%
- *There is no nationwide median for mammograms*

Figure 31
Percent of Female South Dakotans, Ages 40-74, Who Have Had a Mammogram in the Past Two Years, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Table 26 Female South Dakotans, Ages 40-74, Who Have Had a Mammogram in the Past Two Years, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	-	-	-
	Female	77%	75.0%	78.7%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	67%	62.8%	71.6%
	50-59	79%	75.5%	81.4%
	60-69	82%	79.3%	84.9%
	70-79	80%	75.4%	84.7%
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	78%	75.9%	79.6%
	American Indian, Non-Hispanic	74%	67.2%	80.0%
	Hispanic	*	*	*
Household Income	Less than $35,000	68%	63.6%	71.9%
	$35,000-$74,999	79%	75.5%	81.5%
	$75,000+	84%	81.1%	87.0%
Education	Less than High School, G.E.D.	68%	57.1%	76.8%
	High School, G.E.D.	75%	71.3%	79.1%
	Some Post-High School	78%	74.5%	80.4%
	College Graduate	79%	76.6%	82.0%
Employment Status	Employed for Wages	76%	73.3%	78.7%
	Self-employed	77%	70.9%	81.8%
	Unemployed	62%	48.8%	73.9%
	Homemaker	75%	67.5%	82.0%
	Student	*	*	*
	Retired	83%	79.9%	86.3%
	Unable to Work	69%	61.1%	75.8%
Marital Status	Married/Unmarried Couple	80%	78.2%	82.2%
	Divorced/Separated	67%	62.0%	72.3%
	Widowed	71%	62.4%	78.0%
	Never Married	69%	60.1%	75.9%
Home Ownership Status	Own Home	79%	77.2%	80.9%
	Rent Home	65%	58.6%	70.7%
Children Status	Children in Household (Ages 18-44)	63%	55.9%	70.0%
	No Children in Household (Ages 18-44)	59%	45.9%	71.7%
Phone Status	Landline	78%	75.0%	80.3%
	Cell Phone	76%	73.7%	78.6%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	63%	56.3%	68.7%
County	Minnehaha	78%	73.2%	82.1%
	Pennington	72%	66.9%	76.3%
	Lincoln	77%	68.3%	84.2%
	Brown	87%	82.5%	90.6%
	Brookings	78%	72.2%	82.9%
	Codington	81%	74.3%	85.5%
	Meade	66%	56.9%	73.6%
	Lawrence	77%	72.2%	81.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Age	Mammogram screening generally increases as age increases and peaks in the 60s. This includes a significant increase as the 50s are reached.
Race/Ethnicity	The prevalence of mammogram screening does not seem to differ based on race/ethnicity.
Household Income	Mammogram screening increases as household income increases. This includes a significant increase as the $35,000-$74,999 income group is reached.
Education	Mammogram screening increases as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of mammogram screening, while those who are employed for wages, unemployed or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a significantly higher prevalence of mammogram screening than all other marital status groups.
Home Ownership	Those who own their home show a significantly higher prevalence of mammogram screening than those who rent their home.
Children Status	The prevalence of mammogram screening does not seem to differ based on the presence of children in the household.
Phone Status	There seems to be no difference in mammogram screening regarding phone status.
County	Brown and Codington counties exhibit a very high prevalence of mammogram screening, while Minnehaha, Pennington, Meade, and Lawrence counties all show a very low prevalence.

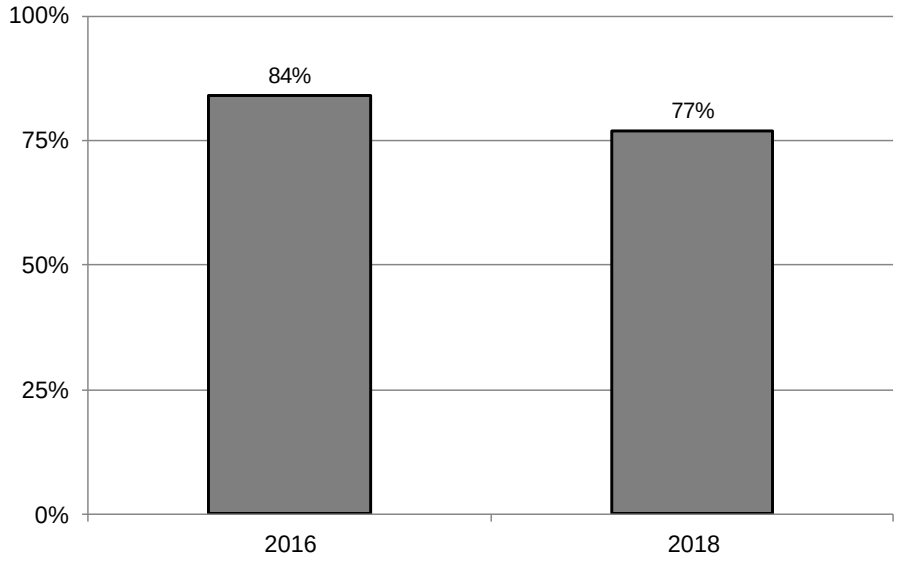
CERVICAL CANCER SCREENING

Definition: Female South Dakotans, ages 21 to 65 years old, who have met cervical cancer screening United States Preventive Services Task Force (USPSTF) recommendations.

Prevalence of Cervical Cancer Screening

- South Dakota 77%
- *There is no nationwide median for cervical cancer screening recommendations*

Figure 32
Percent of Female South Dakotans, Ages 21-65, Who Met Cervical Cancer Screening Recommendations, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Table 27 Female South Dakotans, Ages 21-65, Who Met Cervical Cancer Screening Recommendations, 2016-2018				
		2016-2018	95% Confidence Interval	
			Low	High
Gender	Male	-	-	-
	Female	80%	77.2%	83.0%
Age	18-29	68%	59.6%	75.3%
	30-39	86%	79.9%	90.3%
	40-49	85%	77.9%	89.8%
	50-59	83%	78.9%	87.1%
	60-69	82%	75.5%	86.5%
	70-79	-	-	-
	80+	-	-	-
Race/ Ethnicity	White, Non-Hispanic	82%	79.2%	84.9%
	American Indian, Non-Hispanic	84%	76.5%	88.8%
	Hispanic	*	*	*
Household Income	Less than $35,000	69%	61.2%	75.4%
	$35,000-$74,999	86%	80.6%	89.7%
	$75,000+	90%	85.9%	92.8%
Education	Less than High School, G.E.D.	64%	46.3%	79.1%
	High School, G.E.D.	70%	63.0%	76.9%
	Some Post-High School	81%	75.2%	85.1%
	College Graduate	89%	85.8%	91.5%
Employment Status	Employed for Wages	82%	78.3%	85.4%
	Self-employed	86%	76.8%	92.0%
	Unemployed	75%	52.5%	88.7%
	Homemaker	86%	78.2%	91.0%
	Student	*	*	*
	Retired	78%	66.5%	86.5%
	Unable to Work	69%	55.8%	79.3%
Marital Status	Married/Unmarried Couple	85%	81.3%	87.6%
	Divorced/Separated	77%	67.5%	84.5%
	Widowed	71%	45.9%	87.2%
	Never Married	70%	61.7%	77.0%
Home Ownership Status	Own Home	85%	81.9%	87.5%
	Rent Home	70%	62.6%	76.9%
Children Status	Children in Household (Ages 18-44)	87%	82.9%	90.3%
	No Children in Household (Ages 18-44)	65%	56.2%	73.2%
Phone Status	Landline	79%	73.8%	83.7%
	Cell Phone	81%	76.9%	83.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	78%	73.8%	82.4%
County	Minnehaha	79%	71.6%	84.9%
	Pennington	82%	74.2%	87.5%
	Lincoln	83%	65.5%	93.1%
	Brown	88%	76.9%	94.7%
	Brookings	58%	37.8%	75.8%
	Codington	*	*	*
	Meade	86%	66.7%	94.7%
	Lawrence	77%	65.4%	85.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Demographics

Age	The prevalence of cervical cancer screening peaks in the 30s. After that, the prevalence decreases as age increases.
Race/Ethnicity	There seems to be no racial/ethnic difference regarding cervical cancer screening.
Household Income	The prevalence of cervical cancer screening increases as household income increases. This includes a significant increase as the $35,000-$74,999 income group is reached.
Education	The prevalence of cervical cancer screening increases as education levels increase. This includes a significant increase as the college graduate level is reached.
Employment	The prevalence of cervical cancer screening does not seem to differ by employment status.
Marital Status	Those who are married exhibit a very high prevalence of cervical cancer screening, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of cervical cancer screening than those who rent their home.
Children Status	Those who have children in the household demonstrate a significantly higher prevalence of cervical cancer screening than those who do not have children.
Phone Status	The prevalence of cervical cancer screening does not seem to differ by phone status.
County	Brown county exhibits a very high prevalence of cervical cancer screening, while Brookings county shows a very low prevalence.

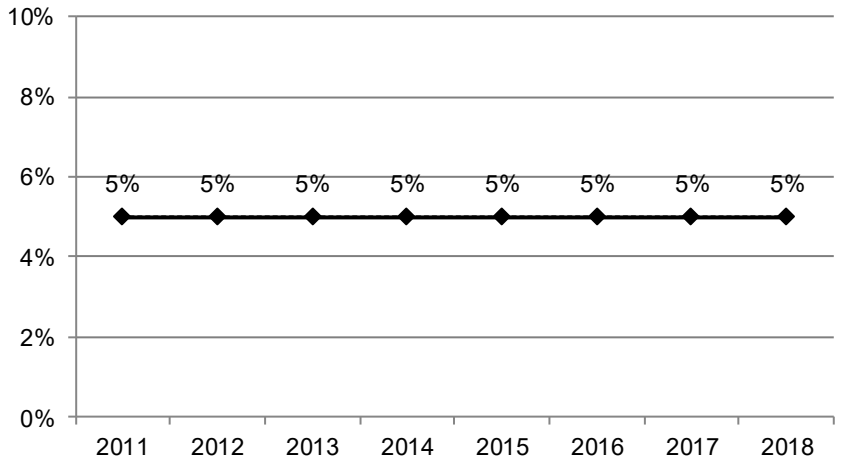
PREVIOUSLY HAD A HEART ATTACK

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?"

Prevalence of Previous Heart Attack

- South Dakota 5%
- Nationwide median 5%

Figure 33
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 28 South Dakotans Who Previously Had a Heart Attack, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.9%	7.1%
	Female	3%	2.9%	3.7%
Age	18-29	1%	0.5%	1.6%
	30-39	1%	0.5%	1.6%
	40-49	2%	1.7%	3.2%
	50-59	4%	3.6%	5.3%
	60-69	8%	7.5%	9.6%
	70-79	14%	12.3%	16.0%
	80+	15%	12.9%	17.1%
Race/ Ethnicity	White, Non-Hispanic	5%	4.5%	5.3%
	American Indian, Non-Hispanic	6%	5.1%	7.7%
	Hispanic	5%	2.3%	9.5%
Household Income	Less than $35,000	7%	6.5%	8.1%
	$35,000-$74,999	5%	3.9%	5.2%
	$75,000+	2%	1.9%	2.9%
Education	Less than High School, G.E.D.	8%	6.4%	9.7%
	High School, G.E.D.	6%	5.6%	7.2%
	Some Post-High School	4%	3.5%	4.6%
	College Graduate	3%	2.5%	3.4%
Employment Status	Employed for Wages	2%	2.0%	2.7%
	Self-employed	3%	2.7%	4.2%
	Unemployed	4%	2.6%	6.6%
	Homemaker	4%	2.1%	6.2%
	Student	0.3%	0.1%	1.2%
	Retired	13%	11.6%	14.0%
	Unable to Work	13%	10.9%	16.0%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.3%
	Divorced/Separated	6%	5.4%	7.7%
	Widowed	12%	10.6%	14.3%
	Never Married	2%	1.5%	2.4%
Home Ownership Status	Own Home	5%	4.7%	5.6%
	Rent Home	4%	3.8%	5.2%
Children Status	Children in Household (Ages 18-44)	1%	0.8%	1.9%
	No Children in Household (Ages 18-44)	1%	0.5%	1.2%
Phone Status	Landline	7%	6.2%	7.5%
	Cell Phone	4%	3.5%	4.4%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.4%
	Not Pregnant (Ages 18-44)	1%	0.5%	1.5%
County	Minnehaha	4%	3.6%	5.3%
	Pennington	5%	4.3%	6.2%
	Lincoln	3%	2.2%	4.1%
	Brown	5%	3.8%	5.8%
	Brookings	4%	2.7%	5.2%
	Codington	7%	5.5%	8.1%
	Meade	5%	3.3%	6.4%
	Lawrence	5%	3.7%	6.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of a previous heart attack than females.
Age	The prevalence of a previous heart attack increases as age increases with significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/Ethnicity	There are no significant racial/ethnicity differences regarding a previous heart attack.
Household Income	The prevalence of a previous heart attack decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of a previous heart attack decreases as education increases. This includes significant decreases as the some post-high school and college graduate levels are reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of a previous heart attack, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of a previous heart attack while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of a previous heart attack does not seem to change based on home ownership status.
Children Status	The prevalence of a previous heart attack among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous heart attack than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous heart attack does not seem to change based on pregnancy status.
County	Codington county demonstrates a very high prevalence of a previous heart attack, while Minnehaha, Lincoln, and Brookings counties show a very low prevalence.

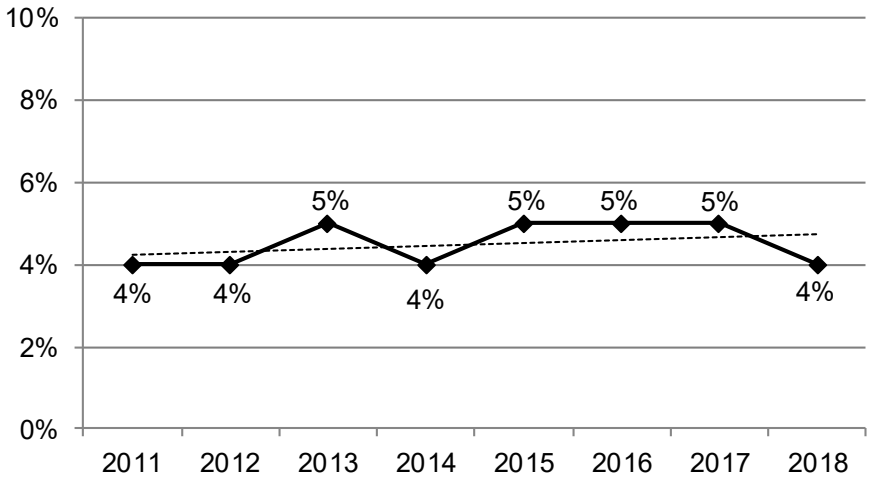
ANGINA OR CORONARY HEART DISEASE

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you have angina or coronary heart disease?"

Prevalence of Angina or Coronary Heart Disease

- South Dakota 4%
- Nationwide median 4%

Figure 34
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 29 South Dakotans Who Have Angina or Coronary Heart Disease, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.2%	6.3%
	Female	3%	3.1%	3.9%
Age	18-29	1%	0.5%	1.6%
	30-39	0.3%	0.1%	0.6%
	40-49	1%	0.9%	2.0%
	50-59	4%	3.6%	5.2%
	60-69	8%	7.3%	9.3%
	70-79	14%	11.9%	15.4%
	80+	16%	13.8%	18.9%
Race/ Ethnicity	White, Non-Hispanic	5%	4.4%	5.1%
	American Indian, Non-Hispanic	5%	3.4%	6.2%
	Hispanic	4%	1.7%	7.6%
Household Income	Less than $35,000	6%	5.7%	7.2%
	$35,000-$74,999	4%	3.7%	4.9%
	$75,000+	3%	2.2%	3.2%
Education	Less than High School, G.E.D.	6%	4.7%	7.8%
	High School, G.E.D.	6%	5.0%	6.4%
	Some Post-High School	4%	3.6%	4.7%
	College Graduate	3%	2.9%	3.8%
Employment Status	Employed for Wages	2%	1.7%	2.4%
	Self-employed	3%	2.0%	3.5%
	Unemployed	3%	1.3%	5.0%
	Homemaker	2%	1.6%	3.7%
	Student	0.2%	0.0%	0.9%
	Retired	14%	12.9%	15.5%
	Unable to Work	10%	7.7%	11.9%
Marital Status	Married/Unmarried Couple	5%	4.1%	5.0%
	Divorced/Separated	6%	4.7%	6.9%
	Widowed	12%	10.5%	14.4%
	Never Married	2%	1.3%	2.4%
Home Ownership Status	Own Home	5%	4.6%	5.5%
	Rent Home	4%	3.2%	4.5%
Children Status	Children in Household (Ages 18-44)	1%	0.3%	0.9%
	No Children in Household (Ages 18-44)	1%	0.4%	1.3%
Phone Status	Landline	7%	6.1%	7.5%
	Cell Phone	4%	3.1%	3.9%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.4%
	Not Pregnant (Ages 18-44)	1%	0.3%	1.1%
County	Minnehaha	4%	3.2%	4.7%
	Pennington	5%	4.2%	6.0%
	Lincoln	3%	2.3%	4.2%
	Brown	5%	4.3%	6.4%
	Brookings	3%	2.1%	3.5%
	Codington	5%	4.1%	6.3%
	Meade	4%	2.9%	5.5%
	Lawrence	4%	3.4%	5.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of heart disease than females.
Age	The prevalence of heart disease generally increases as age increases with significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/Ethnicity	There are no significant racial/ethnic differences regarding heart disease.
Household Income	The prevalence of heart disease decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of heart disease decreases as education increases. This includes a significant decrease as the some post-high school level is reached.
Employment	Those who are retired demonstrate a very high prevalence of heart disease, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of heart disease, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of heart disease than those who rent their home.
Children Status	The prevalence of heart disease among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of heart disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of heart disease does not seem to change based on pregnancy status.
County	Pennington, Brown, and Codington counties demonstrate a very high prevalence of heart disease, while Lincoln and Brookings counties show a very low prevalence.

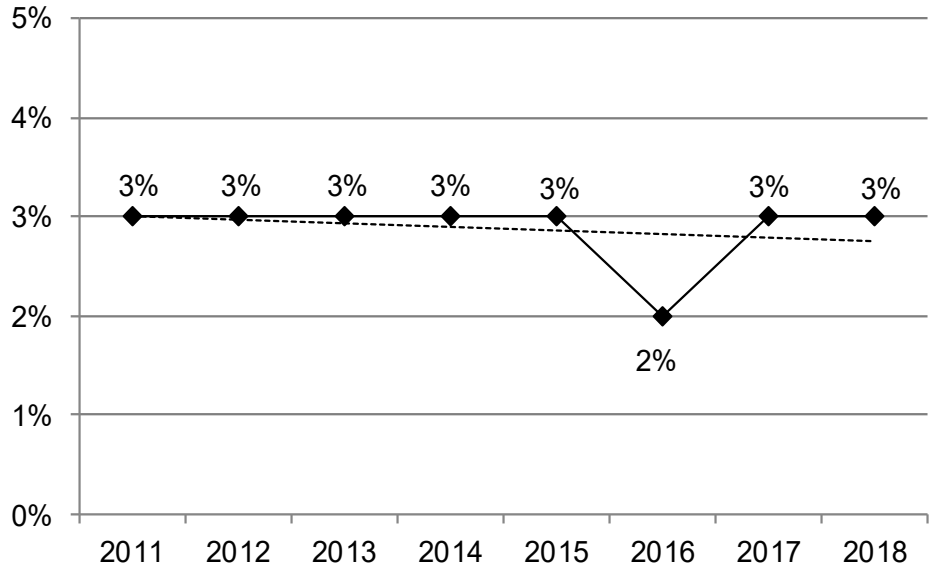
PREVIOUSLY HAD A STROKE

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you had a stroke?"

Prevalence of Previous Stroke

- South Dakota 3%
- Nationwide median 3%

Figure 35
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 30 South Dakotans Who Previously Had a Stroke, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.4%	3.2%
	Female	2%	2.2%	2.8%
Age	18-29	0.4%	0.2%	0.9%
	30-39	1%	0.5%	1.5%
	40-49	1%	0.7%	1.9%
	50-59	2%	1.8%	2.9%
	60-69	4%	3.3%	4.6%
	70-79	7%	5.9%	8.5%
	80+	10%	8.6%	12.4%
Race/ Ethnicity	White, Non-Hispanic	3%	2.4%	2.9%
	American Indian, Non-Hispanic	3%	2.7%	4.4%
	Hispanic	3%	1.2%	8.3%
Household Income	Less than $35,000	4%	3.8%	5.1%
	$35,000-$74,999	2%	1.3%	2.0%
	$75,000+	1%	0.9%	1.4%
Education	Less than High School, G.E.D.	5%	3.9%	6.8%
	High School, G.E.D.	3%	2.5%	3.4%
	Some Post-High School	2%	2.0%	2.7%
	College Graduate	2%	1.4%	2.0%
Employment Status	Employed for Wages	1%	0.7%	1.2%
	Self-employed	1%	0.9%	1.7%
	Unemployed	2%	1.1%	2.6%
	Homemaker	3%	1.8%	5.0%
	Student	0.3%	0.1%	1.4%
	Retired	7%	6.3%	8.0%
	Unable to Work	11%	8.5%	13.0%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.7%
	Divorced/Separated	4%	3.0%	4.7%
	Widowed	8%	7.0%	10.0%
	Never Married	1%	0.8%	1.4%
Home Ownership Status	Own Home	3%	2.3%	2.9%
	Rent Home	3%	2.4%	3.3%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.4%
	No Children in Household (Ages 18-44)	1%	0.4%	0.9%
Phone Status	Landline	4%	3.6%	4.6%
	Cell Phone	2%	1.6%	2.2%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.4%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.1%
County	Minnehaha	2%	1.4%	2.6%
	Pennington	3%	2.1%	3.2%
	Lincoln	2%	1.5%	2.9%
	Brown	3%	2.5%	4.3%
	Brookings	2%	1.6%	3.2%
	Codington	3%	2.3%	4.2%
	Meade	3%	2.1%	4.0%
	Lawrence	2%	1.8%	3.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no significant gender difference regarding the prevalence of a previous stroke.
Age	The prevalence of a previous stroke increases as age increases with significant increases as the 60s, 70s, and 80s are reached.
Race/Ethnicity	There seems to be no significant racial/ethnic differences regarding the prevalence of a previous stroke.
Household Income	The prevalence of a previous stroke decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income level is reached.
Education	The prevalence of a previous stroke decreases as education increases. This includes a significant decrease as the high school graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of a previous stroke, while those who are employed for wages, self-employed, unemployed, or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of a previous stroke while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of a previous stroke does not seem to change based on home ownership status.
Children Status	The prevalence of a previous stroke among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous stroke than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous stroke does not seem to change based on pregnancy status.
County	There are no significant differences among the eight counties regarding the prevalence of a previous stroke.

Colorectal Cancer Screening

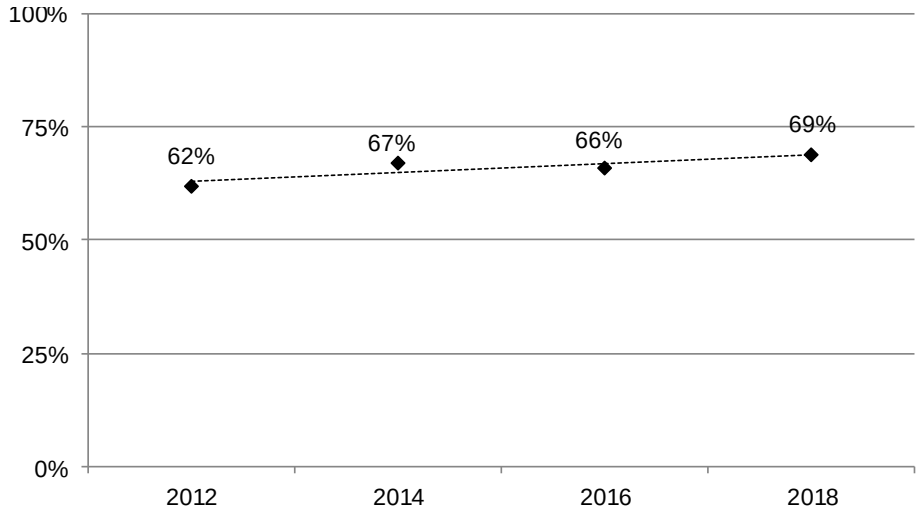
MET COLORECTAL CANCER SCREENING RECOMMENDATIONS

Definition: South Dakotans, ages 50 to 75, that met colorectal cancer screening United States Preventive Services Task Force (USPSTF) recommendations.

Prevalence of Meeting Colorectal Cancer Screening Recommendations

- South Dakota 69%
- Nationwide median 70%

Figure 36
South Dakotans, Ages 50 to 75, Who Met Colorectal Cancer Screening Recommendations, 2012-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2018

Table 31
South Dakotans, Ages 50 to 75, Who Met Colorectal Cancer Screening Recommendations, 2014-2018

		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	63%	60.6%	65.8%
	Female	71%	69.1%	73.3%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	59%	56.1%	61.7%
	60-69	73%	70.1%	75.0%
	70-79	78%	73.6%	81.0%
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	68%	66.4%	69.9%
	American Indian, Non-Hispanic	58%	51.0%	65.5%
	Hispanic	*	*	*
Household Income	Less than $35,000	61%	57.1%	64.2%
	$35,000-$74,999	68%	64.5%	70.4%
	$75,000+	74%	71.0%	76.8%
Education	Less than High School, G.E.D.	48%	39.6%	56.8%
	High School, G.E.D.	64%	61.0%	67.0%
	Some Post-High School	67%	64.6%	70.1%
	College Graduate	78%	75.5%	80.2%

Table 31 (continued) South Dakotans, Ages 50 to 75, Who Met Colorectal Cancer Screening Recommendations, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Employment Status	Employed for Wages	64%	61.3%	66.7%
	Self-employed	60%	55.0%	64.0%
	Unemployed	54%	42.7%	65.4%
	Homemaker	63%	52.8%	72.1%
	Student	*	*	*
	Retired	78%	74.8%	80.3%
	Unable to Work	68%	61.1%	73.4%
Marital Status	Married/Unmarried Couple	70%	68.3%	72.3%
	Divorced/Separated	60%	55.2%	64.0%
	Widowed	69%	61.9%	74.8%
	Never Married	53%	46.9%	59.9%
Home Ownership Status	Own Home	69%	67.1%	70.7%
	Rent Home	56%	50.7%	61.2%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	70%	67.1%	71.9%
	Cell Phone	65%	63.0%	67.8%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	72%	67.5%	76.0%
	Pennington	69%	64.9%	73.0%
	Lincoln	72%	65.2%	77.8%
	Brown	73%	68.7%	77.7%
	Brookings	73%	68.1%	77.2%
	Codington	72%	67.4%	76.7%
	Meade	64%	55.9%	70.5%
	Lawrence	63%	58.7%	67.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender Females demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than males.

Age The prevalence of meeting colorectal cancer screening recommendations increases as age increases with a significant increase as the 60s are reached.

Race/Ethnicity Whites demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than American Indians.

Household Income The prevalence of meeting colorectal cancer screening recommendations increases as household income increases. This includes significant increases as the $35,000-$74,999, and the $75,000+ income groups are reached.

Education The prevalence of meeting colorectal cancer screening recommendations increases as education levels increase with significant increases as the high school and college graduate levels are reached.

Employment Those who are retired demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than all other types of employment.

Marital Status Those who are married or widowed exhibit a very high prevalence of meeting colorectal cancer screening recommendations, while those who have never been married or divorced show a very low prevalence.

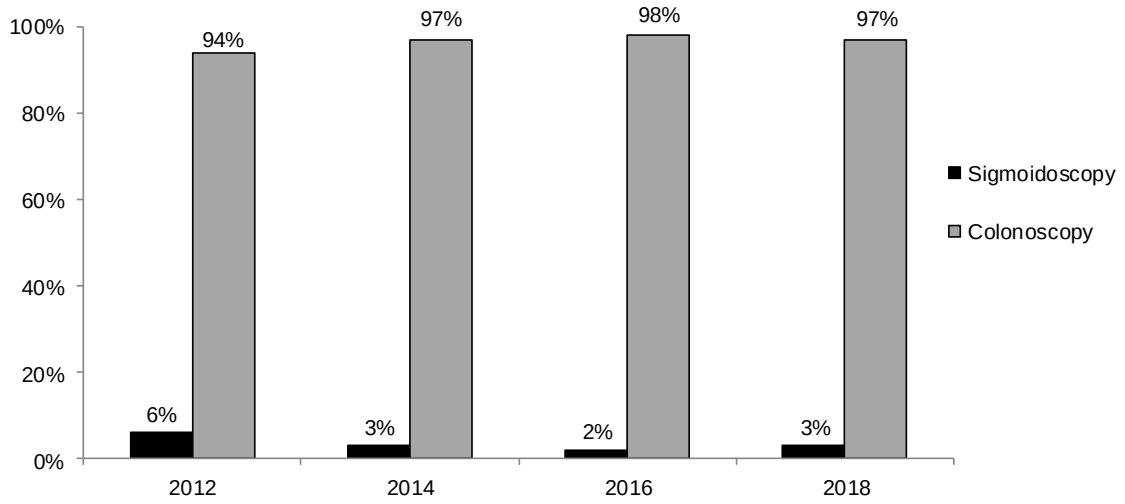
Home Ownership Those who own their home demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than those who rent their home.

Phone Status There seems to be no difference in meeting colorectal cancer screening recommendations regarding phone status.

County Brown and Brookings counties exhibit a very high prevalence of meeting colorectal cancer screening recommendations, while Lawrence county shows a very low prevalence.

Figure 37, below, displays the percent of South Dakotans who had a sigmoidoscopy or colonoscopy for their most recent colorectal exam. In each year, the majority of South Dakotans who had a colorectal exam said that it was a colonoscopy test.

Figure 37
Percent of South Dakotans Who Had a Sigmoidoscopy or Colonoscopy for Their Most Recent Colorectal Exam, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Table 32, below, shows the percent of South Dakotans, ages 50-75, who met colorectal cancer screening recommendations and which type of screening test they had. In 2018, 69 percent of South Dakotans met the colorectal cancer screening recommendations while 31 percent did not. In each of the four years, most South Dakotans had a colonoscopy exam within the past 10 years.

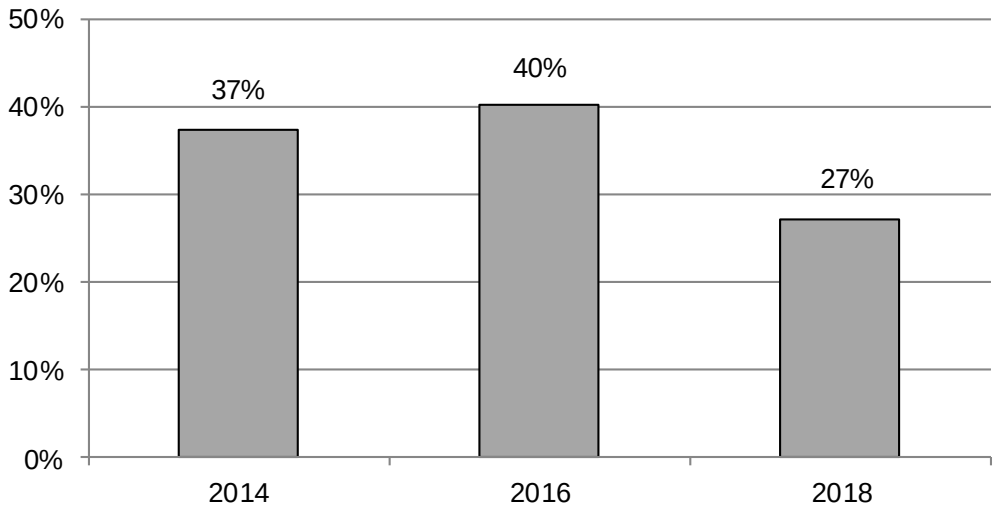
Table 32
South Dakotans, Ages 50 to 75, Who Met Colorectal Cancer Screening Recommendations, 2012, 2014, 2016, and 2018

	Year			
	2012	**2014**	**2016**	**2018**
Met Recommendation	**62%**	**67%**	**66%**	**69%**
Blood Stool Test Within the Past Year	3%	3%	2%	2%
Colonoscopy Within the Past 10 Years	54%	59%	58%	63%
Blood Stool Test Within Past Year *and* Colonoscopy Within Past 10 Years	6%	5%	5%	4%
Blood Stool Test Within Past 3 years *and* Sigmoidoscopy Within Past 5 Years	0.52%	0.30%	0.02%	0.26%
Did Not Meet Screening Recommendations	**38%**	**33%**	**34%**	**31%**

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Figure 38, below, shows the percent of South Dakotans, ages 50-75, who report that a doctor, nurse, or other health professional recommended that they be tested for colorectal or colon cancer. In 2018, 27 percent of South Dakotans stated a health professional recommended a colorectal or colon cancer test.

Figure 38
Percent of South Dakotans, Ages 50-75, Recommended by a Doctor, Nurse, or Other Health Professional to be Tested for Colorectal or Colon Cancer, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014, 2016, and 2018

Table 33, below, shows the percent of South Dakotans, ages 50-75, who met colorectal cancer screening recommendations and whether a health professional had recommended they be screened. In 2016 and 2018, 73 percent of South Dakotans had met the colorectal cancer screening recommendations after a health professional recommended a colorectal or colon cancer test.

Table 33
South Dakotans, Ages 50-75, and Whether They Had Met the Colorectal Cancer Screening Recommendations, 2014-2018

		Met Recommendation
2016 & 2018	Recommended	73%
	Never Recommended	65%
2014 & 2016	Recommended	75%
	Never Recommended	61%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

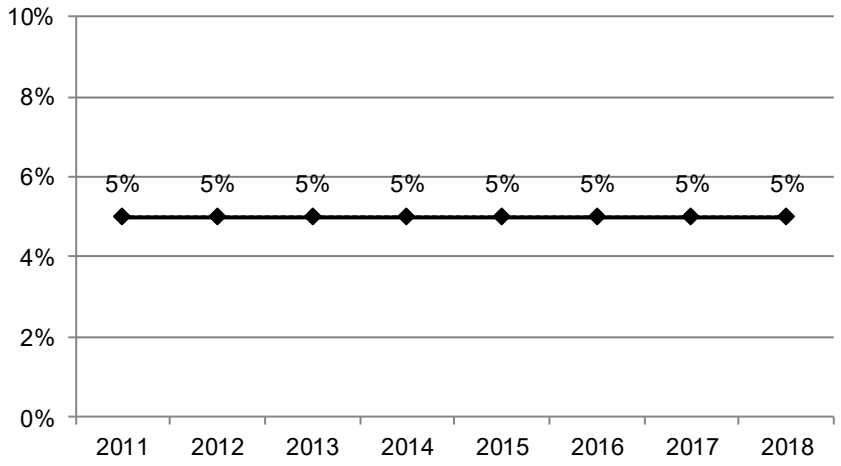
PREVIOUSLY HAD A HEART ATTACK

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?"

Prevalence of Previous Heart Attack

- South Dakota 5%
- Nationwide median 5%

Figure 33
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 28 South Dakotans Who Previously Had a Heart Attack, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.9%	7.1%
	Female	3%	2.9%	3.7%
Age	18-29	1%	0.5%	1.6%
	30-39	1%	0.5%	1.6%
	40-49	2%	1.7%	3.2%
	50-59	4%	3.6%	5.3%
	60-69	8%	7.5%	9.6%
	70-79	14%	12.3%	16.0%
	80+	15%	12.9%	17.1%
Race/ Ethnicity	White, Non-Hispanic	5%	4.5%	5.3%
	American Indian, Non-Hispanic	6%	5.1%	7.7%
	Hispanic	5%	2.3%	9.5%
Household Income	Less than $35,000	7%	6.5%	8.1%
	$35,000-$74,999	5%	3.9%	5.2%
	$75,000+	2%	1.9%	2.9%
Education	Less than High School, G.E.D.	8%	6.4%	9.7%
	High School, G.E.D.	6%	5.6%	7.2%
	Some Post-High School	4%	3.5%	4.6%
	College Graduate	3%	2.5%	3.4%
Employment Status	Employed for Wages	2%	2.0%	2.7%
	Self-employed	3%	2.7%	4.2%
	Unemployed	4%	2.6%	6.6%
	Homemaker	4%	2.1%	6.2%
	Student	0.3%	0.1%	1.2%
	Retired	13%	11.6%	14.0%
	Unable to Work	13%	10.9%	16.0%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.3%
	Divorced/Separated	6%	5.4%	7.7%
	Widowed	12%	10.6%	14.3%
	Never Married	2%	1.5%	2.4%
Home Ownership Status	Own Home	5%	4.7%	5.6%
	Rent Home	4%	3.8%	5.2%
Children Status	Children in Household (Ages 18-44)	1%	0.8%	1.9%
	No Children in Household (Ages 18-44)	1%	0.5%	1.2%
Phone Status	Landline	7%	6.2%	7.5%
	Cell Phone	4%	3.5%	4.4%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.4%
	Not Pregnant (Ages 18-44)	1%	0.5%	1.5%
County	Minnehaha	4%	3.6%	5.3%
	Pennington	5%	4.3%	6.2%
	Lincoln	3%	2.2%	4.1%
	Brown	5%	3.8%	5.8%
	Brookings	4%	2.7%	5.2%
	Codington	7%	5.5%	8.1%
	Meade	5%	3.3%	6.4%
	Lawrence	5%	3.7%	6.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of a previous heart attack than females.
Age	The prevalence of a previous heart attack increases as age increases with significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/Ethnicity	There are no significant racial/ethnicity differences regarding a previous heart attack.
Household Income	The prevalence of a previous heart attack decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of a previous heart attack decreases as education increases. This includes significant decreases as the some post-high school and college graduate levels are reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of a previous heart attack, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of a previous heart attack while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of a previous heart attack does not seem to change based on home ownership status.
Children Status	The prevalence of a previous heart attack among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous heart attack than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous heart attack does not seem to change based on pregnancy status.
County	Codington county demonstrates a very high prevalence of a previous heart attack, while Minnehaha, Lincoln, and Brookings counties show a very low prevalence.

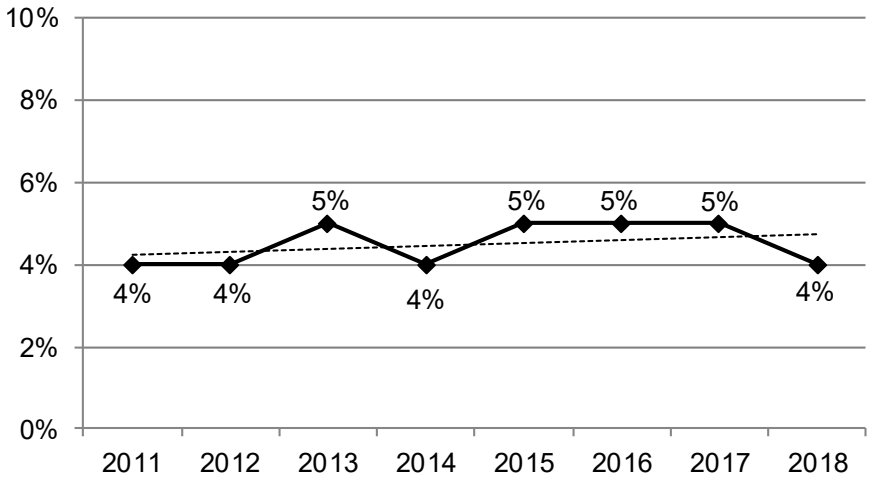
ANGINA OR CORONARY HEART DISEASE

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you have angina or coronary heart disease?"

Prevalence of Angina or Coronary Heart Disease

- South Dakota 4%
- Nationwide median 4%

Figure 34
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 29 South Dakotans Who Have Angina or Coronary Heart Disease, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.2%	6.3%
	Female	3%	3.1%	3.9%
Age	18-29	1%	0.5%	1.6%
	30-39	0.3%	0.1%	0.6%
	40-49	1%	0.9%	2.0%
	50-59	4%	3.6%	5.2%
	60-69	8%	7.3%	9.3%
	70-79	14%	11.9%	15.4%
	80+	16%	13.8%	18.9%
Race/ Ethnicity	White, Non-Hispanic	5%	4.4%	5.1%
	American Indian, Non-Hispanic	5%	3.4%	6.2%
	Hispanic	4%	1.7%	7.6%
Household Income	Less than $35,000	6%	5.7%	7.2%
	$35,000-$74,999	4%	3.7%	4.9%
	$75,000+	3%	2.2%	3.2%
Education	Less than High School, G.E.D.	6%	4.7%	7.8%
	High School, G.E.D.	6%	5.0%	6.4%
	Some Post-High School	4%	3.6%	4.7%
	College Graduate	3%	2.9%	3.8%
Employment Status	Employed for Wages	2%	1.7%	2.4%
	Self-employed	3%	2.0%	3.5%
	Unemployed	3%	1.3%	5.0%
	Homemaker	2%	1.6%	3.7%
	Student	0.2%	0.0%	0.9%
	Retired	14%	12.9%	15.5%
	Unable to Work	10%	7.7%	11.9%
Marital Status	Married/Unmarried Couple	5%	4.1%	5.0%
	Divorced/Separated	6%	4.7%	6.9%
	Widowed	12%	10.5%	14.4%
	Never Married	2%	1.3%	2.4%
Home Ownership Status	Own Home	5%	4.6%	5.5%
	Rent Home	4%	3.2%	4.5%
Children Status	Children in Household (Ages 18-44)	1%	0.3%	0.9%
	No Children in Household (Ages 18-44)	1%	0.4%	1.3%
Phone Status	Landline	7%	6.1%	7.5%
	Cell Phone	4%	3.1%	3.9%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.4%
	Not Pregnant (Ages 18-44)	1%	0.3%	1.1%
County	Minnehaha	4%	3.2%	4.7%
	Pennington	5%	4.2%	6.0%
	Lincoln	3%	2.3%	4.2%
	Brown	5%	4.3%	6.4%
	Brookings	3%	2.1%	3.5%
	Codington	5%	4.1%	6.3%
	Meade	4%	2.9%	5.5%
	Lawrence	4%	3.4%	5.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of heart disease than females.
Age	The prevalence of heart disease generally increases as age increases with significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/Ethnicity	There are no significant racial/ethnic differences regarding heart disease.
Household Income	The prevalence of heart disease decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of heart disease decreases as education increases. This includes a significant decrease as the some post-high school level is reached.
Employment	Those who are retired demonstrate a very high prevalence of heart disease, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of heart disease, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of heart disease than those who rent their home.
Children Status	The prevalence of heart disease among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of heart disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of heart disease does not seem to change based on pregnancy status.
County	Pennington, Brown, and Codington counties demonstrate a very high prevalence of heart disease, while Lincoln and Brookings counties show a very low prevalence.

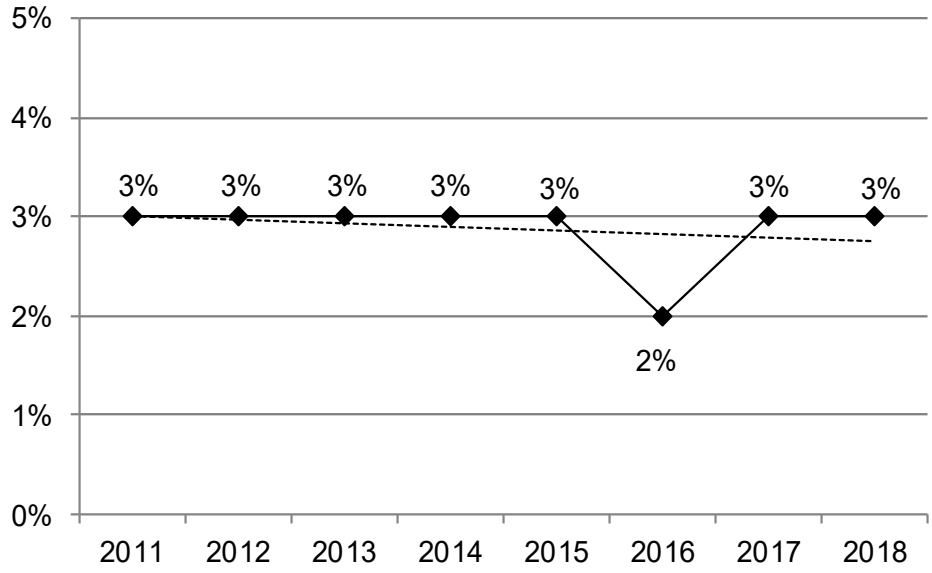
PREVIOUSLY HAD A STROKE

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you had a stroke?"

Prevalence of Previous Stroke

- South Dakota 3%
- Nationwide median 3%

Figure 35
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 30 South Dakotans Who Previously Had a Stroke, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.4%	3.2%
	Female	2%	2.2%	2.8%
Age	18-29	0.4%	0.2%	0.9%
	30-39	1%	0.5%	1.5%
	40-49	1%	0.7%	1.9%
	50-59	2%	1.8%	2.9%
	60-69	4%	3.3%	4.6%
	70-79	7%	5.9%	8.5%
	80+	10%	8.6%	12.4%
Race/ Ethnicity	White, Non-Hispanic	3%	2.4%	2.9%
	American Indian, Non-Hispanic	3%	2.7%	4.4%
	Hispanic	3%	1.2%	8.3%
Household Income	Less than $35,000	4%	3.8%	5.1%
	$35,000-$74,999	2%	1.3%	2.0%
	$75,000+	1%	0.9%	1.4%
Education	Less than High School, G.E.D.	5%	3.9%	6.8%
	High School, G.E.D.	3%	2.5%	3.4%
	Some Post-High School	2%	2.0%	2.7%
	College Graduate	2%	1.4%	2.0%
Employment Status	Employed for Wages	1%	0.7%	1.2%
	Self-employed	1%	0.9%	1.7%
	Unemployed	2%	1.1%	2.6%
	Homemaker	3%	1.8%	5.0%
	Student	0.3%	0.1%	1.4%
	Retired	7%	6.3%	8.0%
	Unable to Work	11%	8.5%	13.0%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.7%
	Divorced/Separated	4%	3.0%	4.7%
	Widowed	8%	7.0%	10.0%
	Never Married	1%	0.8%	1.4%
Home Ownership Status	Own Home	3%	2.3%	2.9%
	Rent Home	3%	2.4%	3.3%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.4%
	No Children in Household (Ages 18-44)	1%	0.4%	0.9%
Phone Status	Landline	4%	3.6%	4.6%
	Cell Phone	2%	1.6%	2.2%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.4%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.1%
County	Minnehaha	2%	1.4%	2.6%
	Pennington	3%	2.1%	3.2%
	Lincoln	2%	1.5%	2.9%
	Brown	3%	2.5%	4.3%
	Brookings	2%	1.6%	3.2%
	Codington	3%	2.3%	4.2%
	Meade	3%	2.1%	4.0%
	Lawrence	2%	1.8%	3.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no significant gender difference regarding the prevalence of a previous stroke.
Age	The prevalence of a previous stroke increases as age increases with significant increases as the 60s, 70s, and 80s are reached.
Race/Ethnicity	There seems to be no significant racial/ethnic differences regarding the prevalence of a previous stroke.
Household Income	The prevalence of a previous stroke decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income level is reached.
Education	The prevalence of a previous stroke decreases as education increases. This includes a significant decrease as the high school graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of a previous stroke, while those who are employed for wages, self-employed, unemployed, or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of a previous stroke while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of a previous stroke does not seem to change based on home ownership status.
Children Status	The prevalence of a previous stroke among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous stroke than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous stroke does not seem to change based on pregnancy status.
County	There are no significant differences among the eight counties regarding the prevalence of a previous stroke.

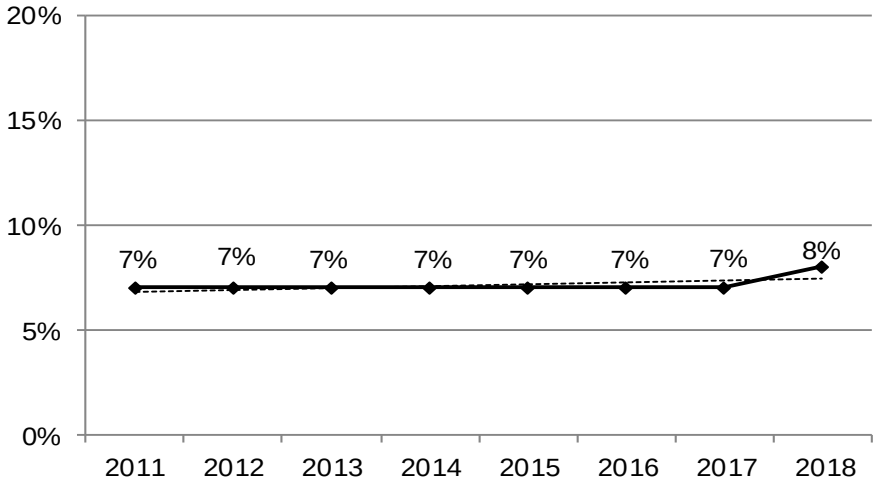
CANCER

Definition: South Dakotans who reported they had ever been diagnosed with cancer (excluding skin cancer).

Prevalence of Cancer

- South Dakota 8%
- Nationwide median 7%

Figure 38
Percentage of South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 34 South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	6%	5.5%	6.7%
	Female	8%	7.8%	9.0%
Age	18-29	1%	0.5%	1.7%
	30-39	2%	1.7%	3.2%
	40-49	3%	2.5%	4.4%
	50-59	7%	5.6%	7.7%
	60-69	12%	11.3%	13.8%
	70-79	19%	17.7%	21.4%
	80+	23%	20.1%	25.9%
Race/Ethnicity	White, Non-Hispanic	8%	7.2%	8.1%
	American Indian, Non-Hispanic	5%	3.7%	6.7%
	Hispanic	3%	1.1%	6.7%
Household Income	Less than $35,000	8%	7.5%	9.4%
	$35,000-$74,999	7%	6.4%	8.0%
	$75,000+	6%	5.2%	6.7%
Education	Less than High School, G.E.D.	8%	6.1%	10.0%
	High School, G.E.D.	8%	7.0%	8.6%
	Some Post-High School	7%	6.2%	7.7%
	College Graduate	7%	6.0%	7.3%
Employment Status	Employed for Wages	4%	3.6%	4.7%
	Self-employed	5%	3.7%	5.6%
	Unemployed	5%	3.0%	7.0%
	Homemaker	7%	5.2%	9.3%
	Student	0.2%	0.1%	0.6%
	Retired	18%	17.1%	19.7%
	Unable to Work	16%	12.5%	19.1%
Marital Status	Married/Unmarried Couple	8%	7.2%	8.3%
	Divorced/Separated	8%	7.0%	9.7%
	Widowed	17%	15.0%	18.9%
	Never Married	2%	1.9%	3.2%
Home Ownership Status	Own Home	8%	7.8%	8.9%
	Rent Home	5%	4.1%	5.7%
Children Status	Children in Household (Ages 18-44)	2%	1.6%	2.9%
	No Children in Household (Ages 18-44)	1%	0.9%	2.0%
Phone Status	Landline	11%	10.1%	11.8%
	Cell Phone	5%	4.9%	5.9%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.3%	2.7%
	Not Pregnant (Ages 18-44)	3%	2.1%	3.7%
County	Minnehaha	7%	5.9%	8.1%
	Pennington	7%	6.5%	8.4%
	Lincoln	7%	5.9%	9.0%
	Brown	7%	5.9%	8.3%
	Brookings	5%	3.7%	5.6%
	Codington	8%	6.5%	9.5%
	Meade	6%	5.0%	7.7%
	Lawrence	7%	6.0%	8.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender Females exhibit a significantly higher prevalence of cancer than males.

Age The prevalence of cancer increases as age increases. This includes significant increases as the 50s, 60s, and 70s are reached.

Race/Ethnicity Whites demonstrate a significantly higher prevalence of cancer than American Indians and Hispanics.

Household Income The prevalence of cancer decreases as household income increases.

Education The prevalence of cancer does not seem to differ as education levels change.

Employment Those who are retired or unable to work demonstrate a very high prevalence of cancer, while those who are students show a very low prevalence.

Marital Status Those who are widowed exhibit a very high prevalence of cancer, while those who have never been married show a very low prevalence.

Home Ownership Those who own their home demonstrate a significantly higher prevalence of cancer than those who rent their home.

Children Status The prevalence of cancer among adults does not seem to differ based on the presence of children in the household.

Phone Status Those who primarily use a landline phone exhibit a significantly higher prevalence of cancer than those who primarily use a cell phone.

Pregnancy Status The prevalence of cancer does not seem to differ based on pregnancy status.

County Minnehaha, Pennington, Lincoln, Brown, Codington, and Lawrence counties exhibit a very high prevalence of cancer, while Brookings county shows a very low prevalence.

Table 35, below, shows that in 2017-2018, most respondents diagnosed with cancer have had just one type of cancer while 17 percent have had two or more types of cancer. Four percent of respondents have had three or more types of cancer.

Table 35
Number of Cancers that South Dakotans Have Had, 2015-2018

Year	One Type of Cancer	Two Types of Cancer	Three or More Types of Cancer
2017-2018	80%	17%	4%
2016-2017	83%	15%	2%
2015-2016	84%	14%	2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2018

Table 36, below, shows the type of cancer that South Dakotans had. The most common type of cancer for South Dakotans in 2017-2018 was skin cancer other than melanoma at 23 percent followed by breast cancer at 14 percent.

Table 36
Type of Cancer South Dakotans Have Been Diagnosed With, 2015-2018

Cancer Type	2015-2016	2016-2017	2017-2018
Skin cancer other than melanoma	30%	27%	23%
Breast	14%	13%	14%
Melanoma	16%	14%	13%
Prostate	9%	11%	12%
Cervical	5%	4%	4%
Bladder	2%	4%	4%
Colon (intestine)	4%	3%	4%
Thyroid	2%	2%	3%
Renal (kidney)	3%	2%	2%
Endometrial	2%	2%	2%
Ovarian	2%	2%	2%
Non-Hodgkin's Lymphoma	2%	1%	1%
Lung	2%	1%	1%
Other	7%	12%	16%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2018

Table 37, below, shows the percent of respondents with cancer and if they were currently seeking cancer treatments. Most respondents, 71 percent, stated they have completed cancer treatments, while 16 percent of respondents answered they were currently receiving cancer treatments. Two percent said that they had refused cancer treatments.

Table 37
South Dakotans' Treatment for Cancer, 2018

Current Treatment for Cancer	%
Yes	16%
No, I've completed treatment	71%
No, I've refused treatment	2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

Table 38, below, shows the type of doctor that provides the majority of health care to South Dakotans with cancer. Most respondents, 51 percent, stated they see a family practitioner for their health care. Twenty-seven percent stated they see a general practitioner, internist for the majority of their health care.

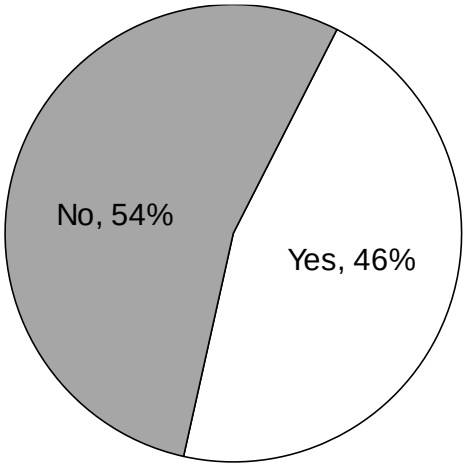
Table 38
Type of Doctor Providing a Majority of Health Care for South Dakotans With Cancer, 2016-2018

Physicians' Specialty	%
Family Practitioner	51%
General Practitioner, Internist	27%
General Surgeon	3%
Medical Oncologist	3%
Gynecologic Oncologist	2%
Cancer Surgeon	2%
Other	13%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Figure 39, below, shows that of the respondents who said they had cancer, 46 percent received a written summary given to them by a doctor, nurse, or other health professional of all the cancer treatments they received.

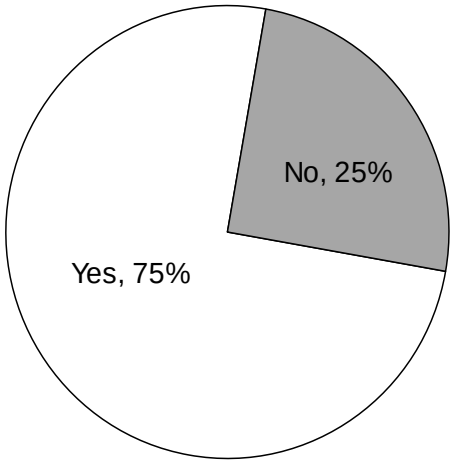
Figure 39
South Dakotans Who Received a Written Summary of All Cancer Treatments, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Figure 40, below, shows that of the South Dakotans who said they had cancer, 75 percent received instructions from a doctor, nurse, or other health professional about where they should return or who they should see for routine cancer check-ups after completing cancer treatments.

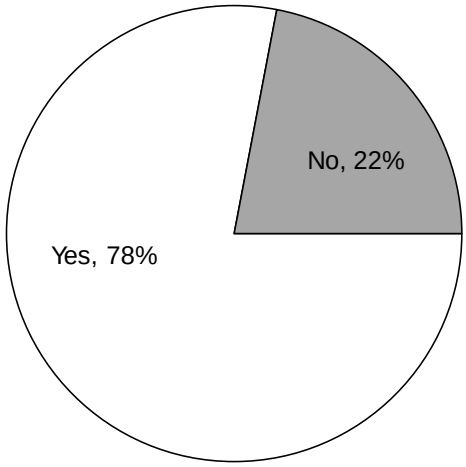
Figure 40
South Dakotans Who Received Instructions for Routine Cancer Check-ups, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Figure 41, below, shows that of the South Dakotans who received instructions from a doctor, nurse, or other health professional about routine cancer check-ups after their treatments, 78 percent said that these instructions were written down or printed on paper for them.

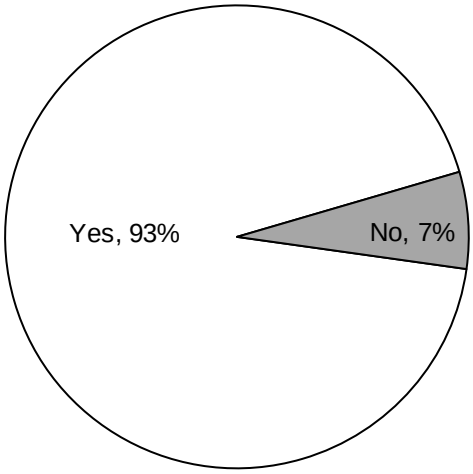
Figure 41
South Dakotans Who Received Written Instructions on Paper for Routine Cancer Check-ups, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Figure 42, below, shows that of the respondent's most recent cancer diagnosis, 93 percent said that they had health insurance that paid for all or part of their cancer treatments. This question included those on Medicare, Medicaid, and other types of state health programs.

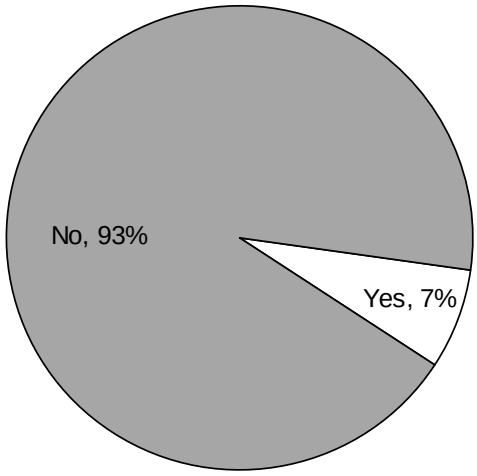
Figure 42
South Dakotans Whose Health Insurance Paid for Some or All of Cancer Treatments, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Figure 43, below, shows that of South Dakotans ever diagnosed with cancer, 93 percent stated they had never been denied health insurance or life insurance coverage because of their cancer.

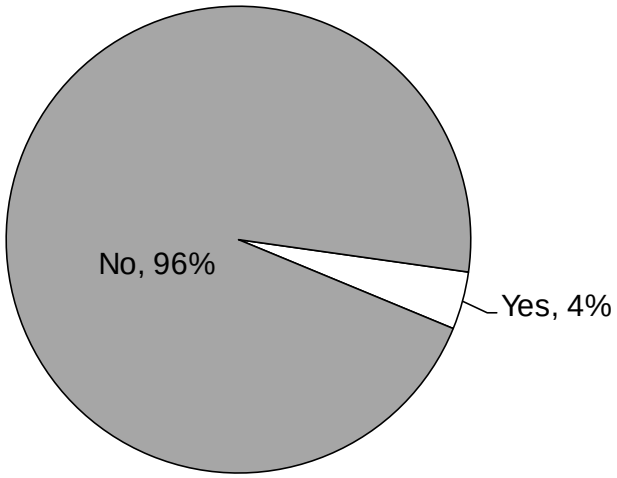
Figure 43
South Dakotans Denied Health Insurance or Life Insurance Due to Cancer Diagnosis, 2017-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Figure 44, below, shows that of South Dakotans ever diagnosed with cancer, four percent stated they had participated in a clinical trial as part of their cancer treatment.

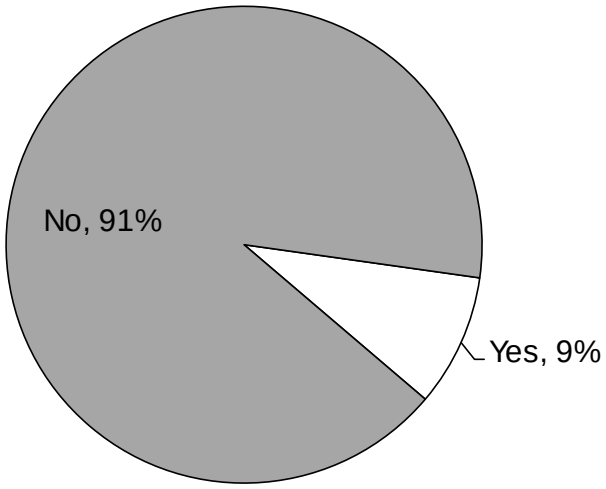
Figure 44
South Dakotans Who Participated in a Clinical Trial as Part of Their Cancer Treatment, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Figure 45, below, shows that of South Dakotans ever diagnosed with cancer, nine percent stated they currently have physical pain caused by their cancer or cancer treatments.

Figure 45
South Dakotans Who Have Physical Pain Caused by Cancer or Cancer Treatments, 2017-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Table 39, below, shows the percent of South Dakotans that have pain caused by cancer or cancer treatments and whether the pain is currently under control. In 2016-2018, 42 percent of respondents indicated their pain was under control with medication or treatment, while seven percent of respondents indicated their pain was not under control with medication or treatment.

Table 39
South Dakotans Diagnosed With Cancer and if the Pain is Currently Under Control, 2016-2018

Yes, with medication (or treatment)	42%
Yes, without medication (or treatment)	42%
No, with medication (or treatment)	7%
No, without medication (or treatment)	9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

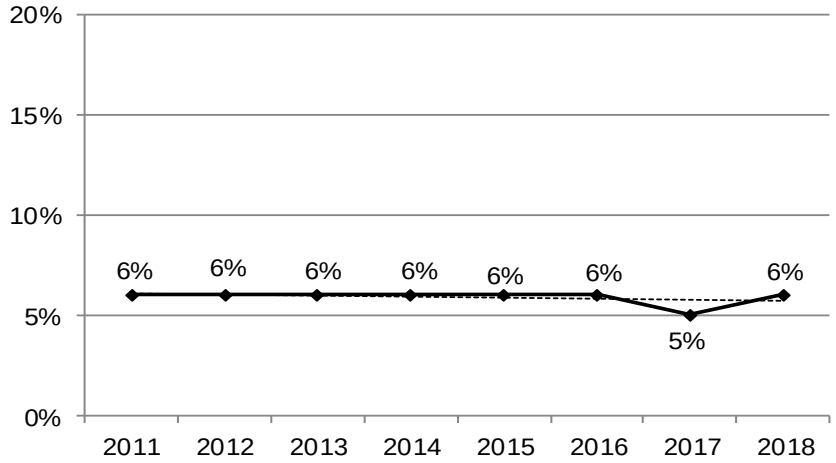
SKIN CANCER

Definition: South Dakotans who reported they have ever been diagnosed with skin cancer.

Prevalence of Skin Cancer

- South Dakota 6%
- Nationwide median 6%

Figure 46
Percentage of South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 40
South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2014-2018

		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.3%	6.4%
	Female	6%	5.8%	6.8%
Age	18-29	0.4%	0.2%	1.1%
	30-39	1%	0.7%	1.7%
	40-49	3%	2.2%	3.8%
	50-59	6%	5.0%	6.9%
	60-69	10%	8.6%	10.7%
	70-79	17%	15.7%	19.2%
	80+	22%	19.9%	24.9%
Race/Ethnicity	White, Non-Hispanic	7%	6.5%	7.3%
	American Indian, Non-Hispanic	1%	0.6%	1.8%
	Hispanic	2%	0.5%	5.9%
Household Income	Less than $25,000	5%	4.9%	6.1%
	$25,000-$74,999	6%	5.6%	7.0%
	$75,000+	6%	5.3%	6.8%
Education	Less than High School, G.E.D.	6%	4.5%	7.4%
	High School, G.E.D.	6%	5.7%	7.0%
	Some Post-High School	6%	5.0%	6.1%
	College Graduate	6%	5.9%	7.1%

Table 40 (continued) South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Employment Status	Employed for Wages	4%	3.1%	4.0%
	Self-employed	6%	5.3%	7.4%
	Unemployed	3%	1.5%	5.2%
	Homemaker	6%	4.2%	7.2%
	Student	0.3%	0.1%	0.9%
	Retired	16%	14.5%	16.8%
	Unable to Work	5%	4.0%	7.2%
Marital Status	Married/Unmarried Couple	7%	6.2%	7.2%
	Divorced/Separated	6%	4.9%	7.1%
	Widowed	16%	13.9%	17.9%
	Never Married	1%	1.1%	1.9%
Home Ownership Status	Own Home	8%	7.1%	8.1%
	Rent Home	3%	2.1%	3.1%
Children Status	Children in Household (Ages 18-44)	1%	0.8%	1.6%
	No Children in Household (Ages 18-44)	1%	0.6%	1.7%
Phone Status	Landline	9%	8.6%	10.0%
	Cell Phone	4%	4.0%	4.9%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.0%	2.1%
	Not Pregnant (Ages 18-44)	1%	0.9%	2.0%
County	Minnehaha	5%	4.1%	5.7%
	Pennington	9%	8.0%	10.2%
	Lincoln	7%	5.2%	9.0%
	Brown	6%	4.9%	7.2%
	Brookings	4%	3.2%	5.0%
	Codington	5%	3.8%	6.0%
	Meade	8%	6.7%	9.9%
	Lawrence	9%	8.0%	10.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender There is no significant gender difference in the prevalence of skin cancer.

Age The prevalence of skin cancer increases as age increases. This includes significant increases as the 40s, 50s, 60s, 70s, and 80s are reached.

Race/Ethnicity Whites demonstrate a significantly higher prevalence of skin cancer than American Indians and Hispanics.

Household Income The prevalence of skin cancer does not seem to change as household income changes.

Education The prevalence of skin cancer does not seem to change as education levels change.

Employment Those who are retired demonstrate a very high prevalence of skin cancer, while those who are a student show a very low prevalence.

Marital Status Those who are widowed exhibit a very high prevalence of skin cancer, while those who have never been married show a very low prevalence.

Home Ownership Those who own their home demonstrate a significantly higher prevalence of skin cancer than those who rent their home.

Children Status	The prevalence of adult skin cancer does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of skin cancer than those who primarily use a cell phone.
Pregnancy Status	The prevalence of skin cancer does not seem to change based on pregnancy status.
County	Pennington, Lincoln, Meade, and Lawrence counties exhibit a very high prevalence of skin cancer, while Minnehaha, Brown, Brookings, and Codington counties show a very low prevalence.

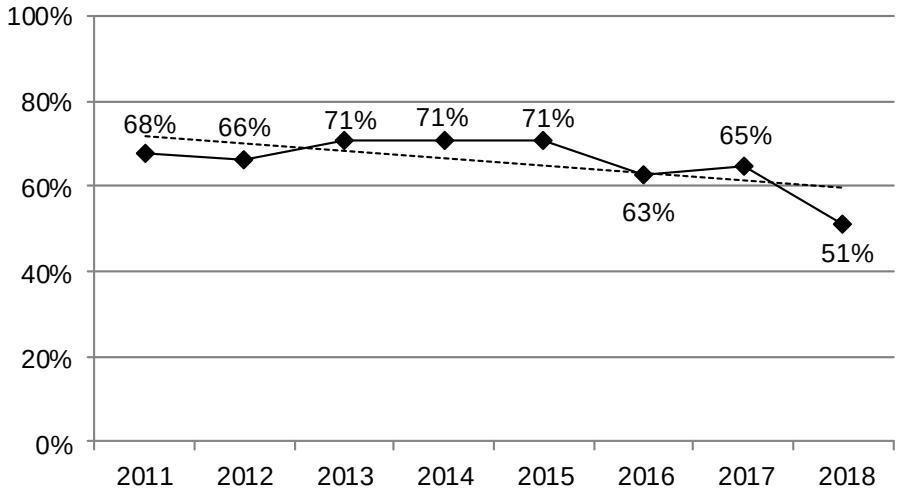
FLU SHOT

Definition: South Dakotans ages 65 and older who have had an influenza vaccination within the past 12 months.

Prevalence of Flu Shot

- South Dakota 51%
- Nationwide median 61%

Figure 35
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 32 South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	63%	60.9%	65.9%
	Female	64%	62.3%	66.3%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	58%	55.4%	60.8%
	70-79	65%	62.5%	67.3%
	80+	69%	66.0%	72.2%
Race Ethnicity	White, Non-Hispanic	64%	62.5%	65.7%
	American Indian, Non-Hispanic	53%	44.4%	61.7%
	Hispanic	*	*	*
Household Income	Less than $35,000	61%	58.6%	64.1%
	$35,000-$74,999	67%	64.0%	69.7%
	$75,000+	64%	60.3%	67.8%
Education	Less than High School, G.E.D.	59%	52.4%	64.5%
	High School, G.E.D.	64%	61.2%	66.4%
	Some Post-High School	64%	61.4%	66.8%
	College Graduate	67%	64.5%	69.5%
Employment Status	Employed for Wages	61%	56.3%	65.2%
	Self-employed	49%	43.9%	54.4%
	Unemployed	49%	32.1%	65.5%
	Homemaker	68%	61.3%	74.9%
	Student	*	*	*
	Retired	66%	64.5%	68.2%
	Unable to Work	56%	46.8%	65.1%
Marital Status	Married/Unmarried Couple	65%	62.6%	66.7%
	Divorced/Separated	57%	51.9%	61.1%
	Widowed	65%	61.7%	67.8%
	Never Married	66%	58.8%	72.8%
Home Ownership Status	Own Home	64%	62.5%	65.9%
	Rent Home	64%	59.4%	67.5%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	67%	64.6%	68.6%
	Cell Phone	60%	57.3%	62.4%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	69%	65.6%	73.0%
	Pennington	65%	61.1%	67.9%
	Lincoln	66%	59.9%	72.0%
	Brown	66%	61.3%	69.8%
	Brookings	67%	62.7%	71.6%
	Codington	71%	66.2%	74.6%
	Meade	61%	55.3%	67.2%
	Lawrence	66%	61.7%	70.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no gender difference regarding getting a flu shot.
Age	The prevalence of getting a flu shot increases as age increases. This includes a significant increase as the 70s are reached.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of getting a flu shot than American Indians.
Household Income	The prevalence of getting a flu shot does not seem to differ based on household income.
Education	The prevalence of getting a flu shot increases as education levels increase.
Employment	Those who are employed for wages, a homemaker, or retired demonstrate a very high prevalence of getting a flu shot, while those who are self-employed show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of getting a flu shot, while those who are divorced show a very low prevalence.
Home Ownership	The prevalence of getting a flu shot does not seem to differ based on home ownership status.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of getting a flu shot than those who primarily use a cell phone.
County	There seems to be no difference in the prevalence of getting a flu shot among the eight counties with sufficient sample size.

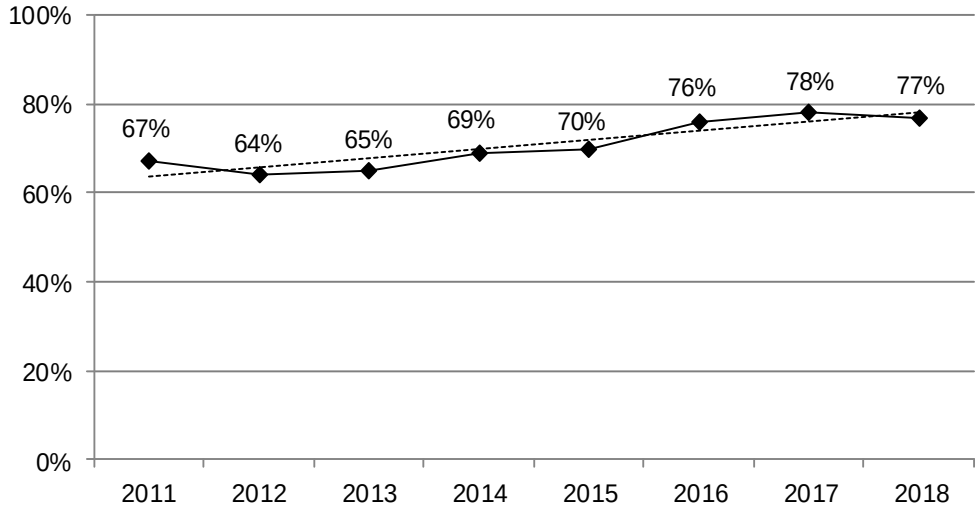
PNEUMONIA SHOT

Definition: South Dakotans, ages 65 and older, who have had a pneumonia vaccination.

Prevalence of Pneumonia Shot

- South Dakota 77%
- Nationwide median 74%

Figure 36
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 33 South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	72%	69.8%	74.4%
	Female	76%	73.9%	77.5%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	66%	62.9%	68.2%
	70-79	78%	75.6%	79.7%
	80+	78%	75.0%	80.7%
Race/Ethnicity	White, Non-Hispanic	74%	72.6%	75.6%
	American Indian, Non-Hispanic	74%	66.3%	80.1%
	Hispanic	*	*	*
Household Income	Less than $35,000	73%	70.3%	75.5%
	$35,000-$74,999	77%	74.4%	79.3%
	$75,000+	72%	68.4%	75.4%
Education	Less than High School, G.E.D.	72%	65.8%	76.8%
	High School, G.E.D.	74%	71.6%	76.3%
	Some Post-High School	74%	71.0%	76.0%
	College Graduate	77%	74.2%	78.7%
Employment Status	Employed for Wages	66%	61.8%	70.4%
	Self-employed	58%	52.3%	62.7%
	Unemployed	57%	39.1%	73.3%
	Homemaker	77%	69.9%	82.6%
	Student	*	*	*
	Retired	77%	75.3%	78.7%
	Unable to Work	83%	76.7%	88.3%
Marital Status	Married/Unmarried Couple	74%	71.8%	75.6%
	Divorced/Separated	67%	62.9%	71.6%
	Widowed	78%	74.9%	80.1%
	Never Married	74%	66.2%	80.2%
Home Ownership Status	Own Home	74%	72.4%	75.5%
	Rent Home	75%	71.7%	78.7%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	75%	73.4%	77.0%
	Cell Phone	72%	70.0%	74.6%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	75%	71.6%	78.6%
	Pennington	77%	73.9%	80.0%
	Lincoln	72%	65.2%	77.4%
	Brown	72%	67.6%	76.0%
	Brookings	76%	72.2%	80.2%
	Codington	81%	77.1%	84.2%
	Meade	69%	63.6%	74.2%
	Lawrence	72%	67.6%	76.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	The prevalence of getting a pneumonia shot does not seem to differ based on gender.
Age	Overall, the prevalence of getting a pneumonia shot does not seem to change consistently as age changes, but it does show a significant increase as the 70s are reached.
Race/Ethnicity	The prevalence of getting a pneumonia shot does not seem to differ based on race/ethnicity.
Household Income	The prevalence of getting a pneumonia shot does not seem to change as household income changes.
Education	The prevalence of getting a pneumonia shot increases as education levels increase.
Employment	Those who are a homemaker, retired, or unable to work demonstrate a very high prevalence of getting a pneumonia shot, while those who are employed for wages, self-employed, or unemployed show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of getting a pneumonia shot, while those who are divorced show a very low prevalence.
Home Ownership	The prevalence of getting a pneumonia shot does not seem to differ based on home ownership.
Phone Status	The prevalence of getting a pneumonia shot does not seem to differ based on phone status.
County	Codington county exhibits a very high prevalence of getting a pneumonia shot, while Meade and Lawrence counties show a very low prevalence.

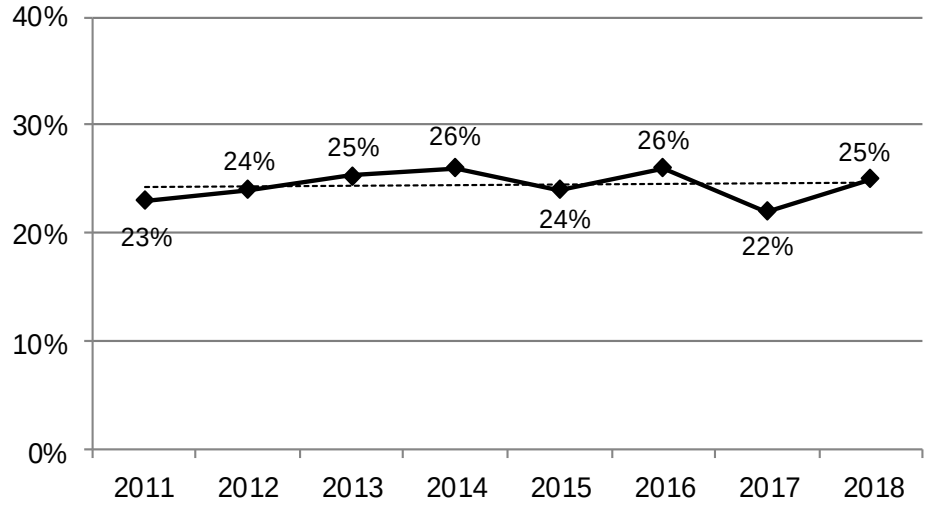
Arthritis

Definition: South Dakotans who answered "yes" to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

Prevalence of Arthritis

- South Dakota 25%
- Nationwide median 26%

Figure 49
Percentage of South Dakotans Who Were Told They Have Arthritis, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 43 South Dakotans Who Were Told They Have Arthritis, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	22%	20.9%	23.0%
	Female	27%	26.4%	28.5%
Age	18-29	4%	3.2%	5.2%
	30-39	9%	7.8%	10.8%
	40-49	18%	15.7%	19.6%
	50-59	29%	27.5%	31.2%
	60-69	42%	40.3%	44.1%
	70-79	53%	50.1%	54.9%
	80+	58%	54.6%	61.0%
Race/Ethnicity	White, Non-Hispanic	25%	24.7%	26.3%
	American Indian, Non-Hispanic	26%	23.0%	29.0%
	Hispanic	16%	11.3%	22.8%
Household Income	Less than $35,000	31%	29.4%	32.6%
	$35,000-$74,999	24%	22.6%	25.3%
	$75,000+	18%	16.4%	19.0%
Education	Less than High School, G.E.D.	32%	28.9%	35.7%
	High School, G.E.D.	27%	25.8%	28.7%
	Some Post-High School	24%	23.0%	25.6%
	College Graduate	19%	17.8%	19.9%
Employment Status	Employed for Wages	15%	14.6%	16.4%
	Self-employed	21%	19.2%	23.4%
	Unemployed	20%	16.3%	24.2%
	Homemaker	25%	21.4%	29.3%
	Student	3%	2.0%	4.5%
	Retired	51%	49.5%	52.9%
	Unable to Work	59%	54.7%	62.9%
Marital Status	Married/Unmarried Couple	25%	24.4%	26.3%
	Divorced/Separated	31%	29.1%	33.8%
	Widowed	54%	51.2%	56.8%
	Never Married	10%	9.2%	11.7%
Home Ownership Status	Own Home	27%	26.4%	28.2%
	Rent Home	19%	18.0%	21.0%
Children Status	Children in Household (Ages 18-44)	9%	8.2%	10.7%
	No Children in Household (Ages 18-44)	6%	4.8%	7.2%
Phone Status	Landline	34%	32.8%	35.4%
	Cell Phone	20%	19.1%	21.0%
Pregnancy Status	Pregnant (Ages 18-44)	3%	1.4%	8.2%
	Not Pregnant (Ages 18-44)	9%	8.1%	10.9%
County	Minnehaha	21%	19.6%	23.2%
	Pennington	28%	25.7%	29.7%
	Lincoln	20%	17.4%	23.5%
	Brown	28%	25.0%	30.4%
	Brookings	15%	13.4%	17.7%
	Codington	26%	23.1%	28.2%
	Meade	24%	21.4%	27.7%
	Lawrence	29%	26.4%	32.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of arthritis than males.
Age	The prevalence of arthritis increases as age increases. This includes significant increases as the 30s, 40s, 50s, 60s, and 70s are reached.
Race/Ethnicity	Whites and American Indians demonstrate a significantly higher prevalence of arthritis than Hispanics.
Household Income	The prevalence of arthritis decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of arthritis decreases as education levels increase. This includes significant decreases as the high school graduate, some post-high school, and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of arthritis, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of arthritis, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of arthritis than those who rent their home.
Children Status	Those with children in the household show a significantly higher prevalence of arthritis than those with no children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of arthritis than those who primarily use a cell phone.
Pregnancy Status	The prevalence of arthritis does not seem to differ based on pregnancy status.
County	Pennington, Brown, Codington, Meade, and Lawrence counties exhibit a very high prevalence of arthritis, while Lincoln and Brookings counties show a very low prevalence.

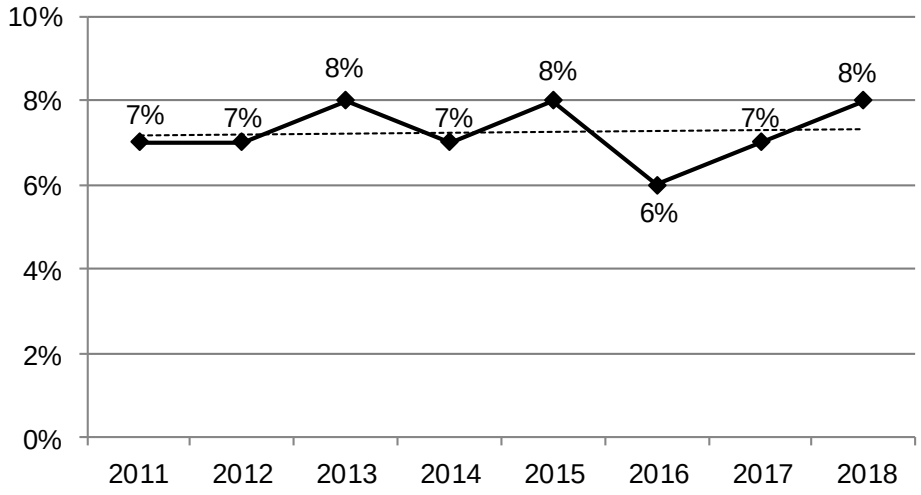
Asthma

Definition: South Dakotans who were told by a doctor, nurse, or health professional that they had asthma and that they still have asthma.

Prevalence of Asthma

- South Dakota 8%
- Nationwide median 10%

Figure 50
Percentage of South Dakotans Who Were Told They Have Asthma, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 44 South Dakotans Who Were Told They Have Asthma, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	6%	5.1%	6.4%
	Female	9%	8.4%	9.9%
Age	18-29	8%	6.5%	9.4%
	30-39	7%	5.9%	8.7%
	40-49	7%	5.6%	8.2%
	50-59	8%	7.1%	9.3%
	60-69	7%	5.8%	7.5%
	70-79	8%	7.2%	9.7%
	80+	7%	5.2%	9.1%
Race/Ethnicity	White, Non-Hispanic	7%	6.7%	7.7%
	American Indian, Non-Hispanic	11%	8.9%	12.5%
	Hispanic	8%	4.3%	14.5%
Household Income	Less than $35,000	10%	8.5%	10.7%
	$35,000-$74,999	6%	5.2%	6.9%
	$75,000+	6%	5.4%	7.2%
Education	Less than High School, G.E.D.	12%	9.2%	14.3%
	High School, G.E.D.	7%	6.7%	8.4%
	Some Post-High School	7%	6.3%	8.0%
	College Graduate	6%	5.5%	6.9%
Employment Status	Employed for Wages	7%	5.9%	7.3%
	Self-employed	5%	3.8%	6.1%
	Unemployed	11%	8.2%	15.1%
	Homemaker	9%	6.3%	12.5%
	Student	8%	5.5%	11.4%
	Retired	7%	6.6%	8.5%
	Unable to Work	19%	15.7%	22.1%
Marital Status	Married/Unmarried Couple	7%	6.1%	7.3%
	Divorced/Separated	10%	8.1%	11.1%
	Widowed	9%	7.3%	10.3%
	Never Married	8%	6.7%	9.4%
Home Ownership Status	Own Home	7%	6.1%	7.2%
	Rent Home	10%	8.5%	11.1%
Children Status	Children in Household (Ages 18-44)	8%	6.6%	8.9%
	No Children in Household (Ages 18-44)	7%	5.9%	8.7%
Phone Status	Landline	8%	6.9%	8.4%
	Cell Phone	7%	6.7%	8.0%
Pregnancy Status	Pregnant (Ages 18-44)	13%	5.8%	27.2%
	Not Pregnant (Ages 18-44)	9%	7.6%	10.4%
County	Minnehaha	7%	6.2%	8.8%
	Pennington	8%	6.8%	9.4%
	Lincoln	7%	5.0%	9.1%
	Brown	7%	5.7%	9.1%
	Brookings	7%	5.1%	9.3%
	Codington	7%	5.4%	8.9%
	Meade	10%	6.6%	14.5%
	Lawrence	10%	7.7%	12.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of asthma than males.
Age	The prevalence of asthma does not seem to change as age increases.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of asthma than whites.
Household Income	The prevalence of asthma decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income level is reached.
Education	The prevalence of asthma decreases as education increases. This includes a significant decrease as the high school graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of asthma, while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of asthma, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of asthma than those who own their home.
Children Status	The prevalence of asthma does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of asthma does not seem to differ based on phone status.
Pregnancy Status	The prevalence of asthma does not seem to differ based on pregnancy status.
County	The prevalence of asthma does not seem to differ among the available counties.

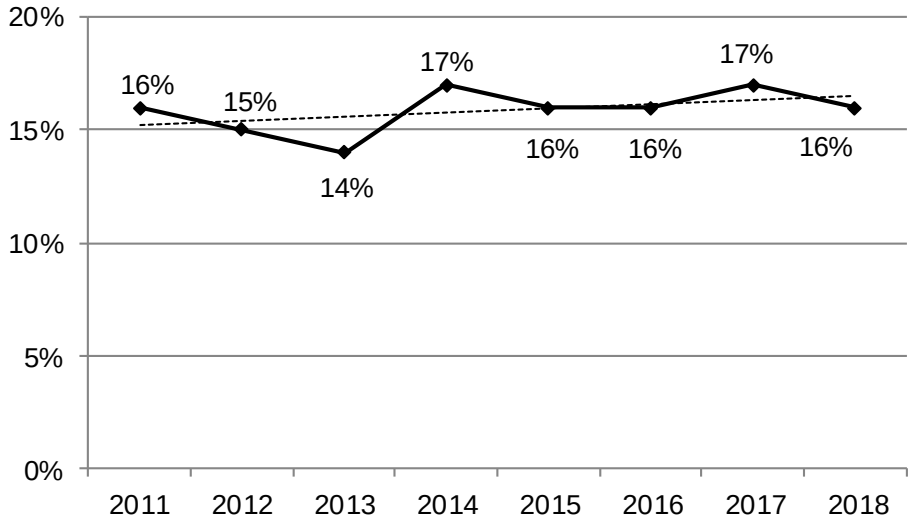
Depression

Definition: South Dakotans who were told by a doctor, nurse, or health professional that they had some form of depression.

Prevalence of Depression

- South Dakota 16%
- Nationwide median 20%

Figure 51
Percentage of South Dakotans Who Were Told They Have Depression, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 45 South Dakotans Who Were Told They Have Depression, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	12%	11.2%	13.0%
	Female	21%	19.7%	21.9%
Age	18-29	18%	16.2%	20.3%
	30-39	19%	16.8%	20.8%
	40-49	17%	15.5%	19.3%
	50-59	18%	16.2%	19.4%
	60-69	15%	13.6%	16.2%
	70-79	12%	10.1%	13.2%
	80+	9%	7.1%	10.2%
Race/ Ethnicity	White, Non-Hispanic	16%	15.3%	16.8%
	American Indian, Non-Hispanic	22%	19.1%	25.5%
	Hispanic	16%	11.0%	22.5%
Household Income	Less than $35,000	24%	22.2%	25.4%
	$35,000-$74,999	14%	13.2%	15.6%
	$75,000+	10%	9.4%	11.6%
Education	Less than High School, G.E.D.	18%	15.5%	21.2%
	High School, G.E.D.	16%	14.6%	17.1%
	Some Post-High School	18%	16.8%	19.4%
	College Graduate	14%	13.1%	15.3%
Employment Status	Employed for Wages	15%	14.3%	16.3%
	Self-employed	10%	8.2%	11.3%
	Unemployed	28%	23.7%	33.6%
	Homemaker	20%	16.5%	24.8%
	Student	16%	12.0%	20.4%
	Retired	13%	11.5%	13.7%
	Unable to Work	51%	46.6%	54.9%
Marital Status	Married/Unmarried Couple	14%	12.9%	14.6%
	Divorced/Separated	26%	23.9%	28.6%
	Widowed	17%	14.8%	19.1%
	Never Married	18%	16.5%	20.2%
Home Ownership Status	Own Home	14%	13.2%	14.7%
	Rent Home	23%	21.0%	24.6%
Children Status	Children in Household (Ages 18-44)	18%	16.5%	19.8%
	No Children in Household (Ages 18-44)	19%	16.8%	20.9%
Phone Status	Landline	14%	13.4%	15.4%
	Cell Phone	17%	16.5%	18.4%
Pregnancy Status	Pregnant (Ages 18-44)	21%	13.2%	32.9%
	Not Pregnant (Ages 18-44)	24%	22.4%	26.6%
County	Minnehaha	18%	16.3%	20.2%
	Pennington	20%	17.8%	21.8%
	Lincoln	15%	11.9%	17.9%
	Brown	18%	15.7%	21.4%
	Brookings	16%	12.6%	19.0%
	Codington	16%	13.4%	18.4%
	Meade	18%	14.8%	22.8%
	Lawrence	18%	15.2%	20.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of depression than males.
Age	The prevalence of depression is similar for those 18-59, and then decreases as age increases including a significant decrease as the 70s are reached.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of depression than whites.
Household Income	The prevalence of depression decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	There seems to be no difference in the prevalence of depression as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of depression, while those who are self-employed show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of depression, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of depression than those who own their home.
Children Status	The prevalence of depression among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone exhibit a significantly higher prevalence of depression than those who primarily use a landline phone.
Pregnancy Status	The prevalence of depression does not seem to differ based on pregnancy status.
County	The prevalence of depression does not seem to differ for the counties available for analysis.

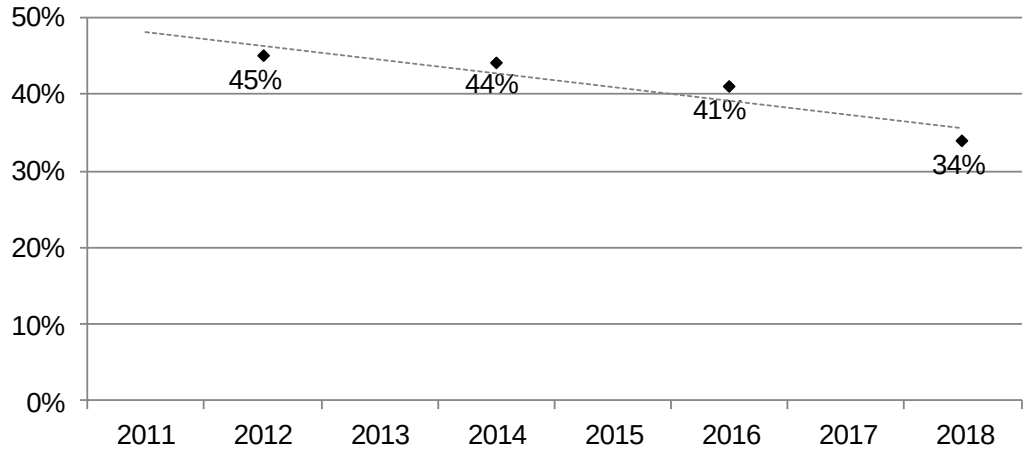
PROSTATE-SPECIFIC ANTIGEN (PSA) TEST

Definition: Males, ages 40 and older, who have had a PSA test within the past two years.

Prevalence of PSA Test

- South Dakota 34%
- Nationwide median 33%

Figure 52
Percent of Male South Dakotans, Ages 40 and Older, Who Have Had a PSA Test Within the Past Two Years, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Table 46 Male South Dakotans, Ages 40 and Older, Who Have Had a PSA Test Within the Past Two Years, 2014, 2016, and 2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	40%	37.5%	41.7%
	Female	-	-	-
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	10%	7.0%	12.8%
	50-59	33%	29.4%	37.2%
	60-69	55%	51.2%	58.9%
	70-79	68%	62.7%	72.8%
	80+	51%	43.8%	59.0%
Race/ Ethnicity	White, Non-Hispanic	42%	39.5%	43.8%
	American Indian, Non-Hispanic	32%	22.6%	42.4%
	Hispanic	*	*	*
Household Income	Less than $35,000	37%	32.5%	41.0%
	$35,000-$74,999	41%	37.8%	45.1%
	$75,000+	40%	36.0%	43.1%
Education	Less than High School, G.E.D.	28%	21.1%	35.6%
	High School, G.E.D.	38%	34.9%	42.2%
	Some Post-High School	39%	35.3%	42.6%
	College Graduate	48%	44.8%	51.7%
Employment Status	Employed for Wages	28%	25.4%	31.1%
	Self-employed	39%	34.4%	43.6%
	Unemployed	24%	14.4%	36.4%
	Homemaker	*	*	*
	Student	*	*	*
	Retired	60%	56.0%	63.6%
	Unable to Work	44%	34.4%	53.4%
Marital Status	Married/Unmarried Couple	44%	41.2%	46.2%
	Divorced/Separated	28%	23.3%	32.8%
	Widowed	46%	37.7%	55.5%
	Never Married	28%	22.4%	35.5%
Home Ownership Status	Own Home	43%	40.3%	44.9%
	Rent Home	25%	20.1%	30.6%
Children Status	Children in Household (Ages 18-44)	6%	3.1%	12.3%
	No Children in Household (Ages 18-44)	8%	3.4%	19.0%
Phone Status	Landline	48%	44.9%	51.5%
	Cell Phone	34%	31.7%	36.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	36%	30.6%	41.0%
	Pennington	40%	34.9%	44.9%
	Lincoln	40%	31.2%	49.3%
	Brown	36%	30.2%	42.0%
	Brookings	34%	28.4%	39.8%
	Codington	44%	37.8%	50.1%
	Meade	35%	28.1%	43.1%
	Lawrence	44%	38.9%	49.9%

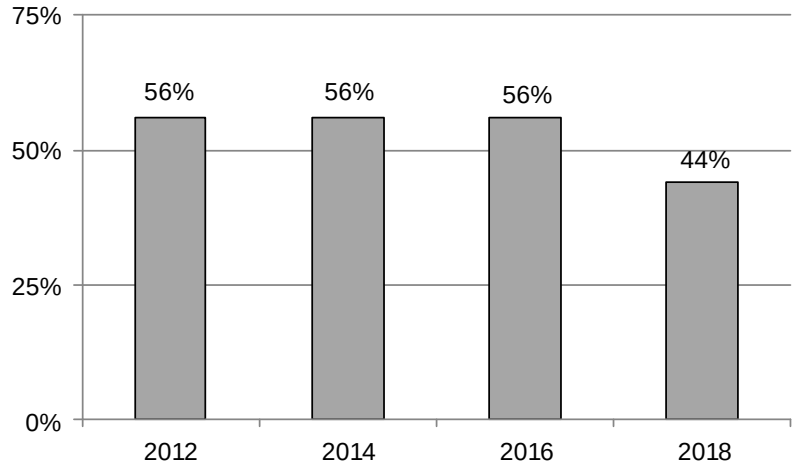
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014, 2016, and 2018

Demographics

Age	PSA testing increases as age increases with a peak in the 70s. This includes significant increases as the 50s, 60s, and 70s are reached.
Race/ Ethnicity	There seems to be no difference in the prevalence of PSA testing regarding race/ethnicity.
Household Income	There seems to be no difference in the prevalence of PSA testing as household income changes.
Education	The prevalence of PSA testing increases as education levels increase. This includes a significant increase as the college graduate level is reached.
Employment	Those who are retired demonstrate a very high prevalence of PSA testing, while those who are employed for wages or unemployed show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of PSA testing, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of PSA testing than those who rent their home.
Children Status	The prevalence of adults getting a PSA test does not seem to be affected by the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of PSA testing than those who primarily use a cell phone.
County	There seems to be no difference in the prevalence of PSA testing among the eight over-sampled counties.

Figure 53, below, shows the percent of male South Dakotans, ages 40 and older, who stated that a doctor, nurse or other health professional talked with them about the advantages of the PSA test. In 2018, 44 percent said that they had been informed of the advantages.

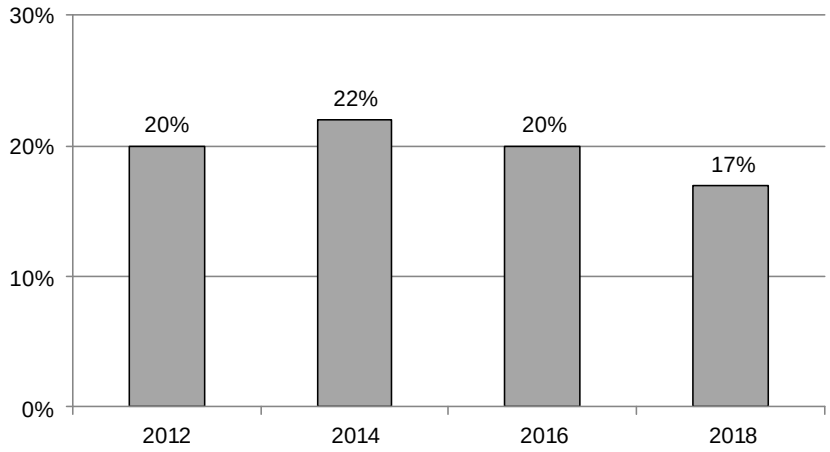
Figure 53
Percent of Male South Dakotans, Ages 40 and Older, Who Stated That a Doctor, Nurse, or Other Health Professional Talked With Them About the Advantages of the PSA Test, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Figure 54, below, shows the percent of male South Dakotans, ages 40 and older, who stated that a doctor, nurse or other health professional talked with them about the disadvantages of the PSA test. Only 17 percent in 2018 stated that a health professional talked with them about the disadvantages.

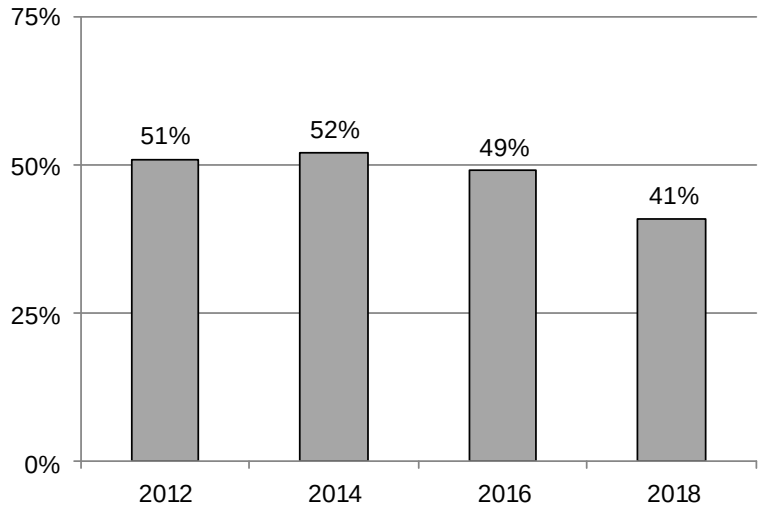
Figure 54
Percent of Male South Dakotans, Ages 40 and Older, Who Stated That a Doctor, Nurse, or Other Health Professional Talked With Them About the Disadvantages of the PSA Test, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Figure 55, below, shows the percent of male South Dakotans, ages 40 and older, who stated that a doctor, nurse or other health professional ever recommended that they have a PSA test. Less than half of respondents in 2018 stated that they were recommended to have a PSA test.

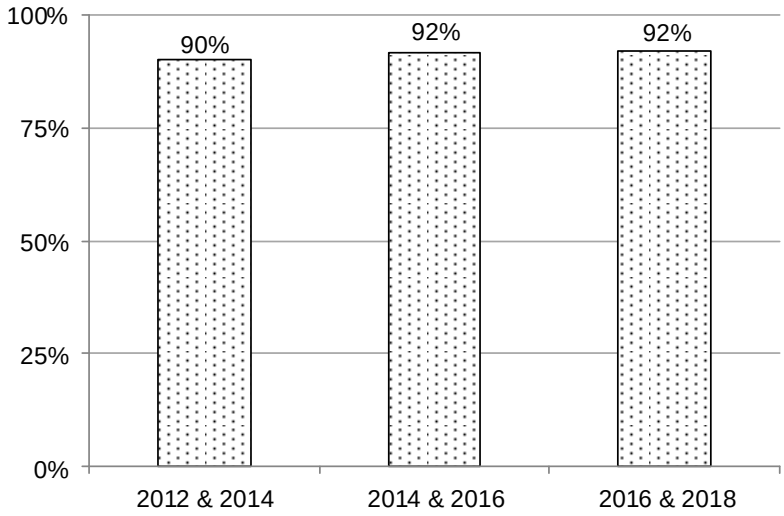
Figure 55
Percent of Male South Dakotans, Ages 40 and Older, Who Were Recommended by a Doctor, Nurse, or Other Health Professional to Have a PSA Test, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Figure 56, below, shows the percent of male South Dakotans, ages 40 and older, who had a PSA test when their health professional recommended it. Most respondents for all years stated that they had the PSA test that was recommended.

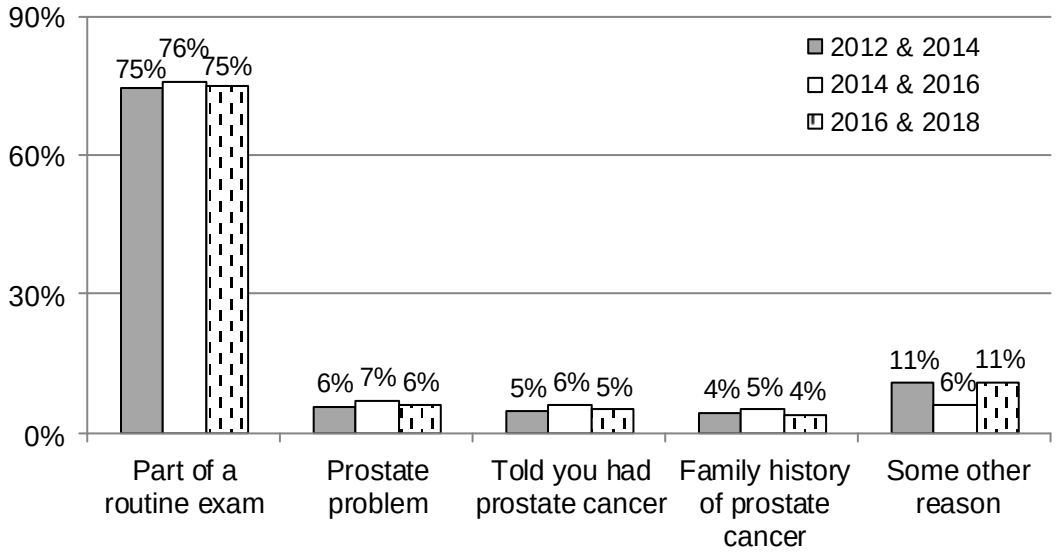
Figure 56
Male South Dakotans, Ages 40 and Older, Who Had a PSA Test When a Health Professional Recommended It, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Figure 57, below, shows the main reason male South Dakotans, ages 40 and older, gave for having their last PSA test. The majority of respondents for all years stated the main reason they had their last PSA test was because it was part of a routine exam.

Figure 57
Male South Dakotans', Ages 40 and Older, Main Reason for Last PSA Test, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

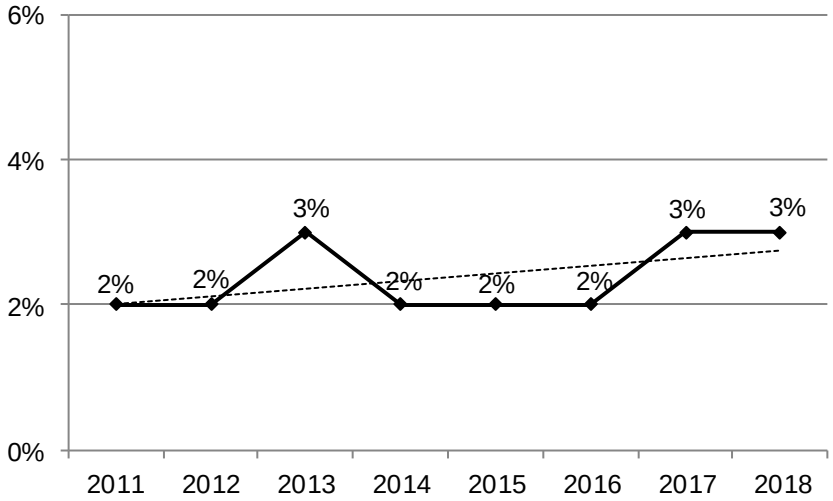
Kidney Disease

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence."

Prevalence of Kidney Disease

- South Dakota 3%
- Nationwide median 3%

Figure 58
Percentage of South Dakotans Who Have Been Told They Have Kidney Disease, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 47 South Dakotans Who Have Been Told They Have Kidney Disease, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	2%	2.1%	2.9%
	Female	2%	2.1%	2.8%
Age	18-29	1%	0.7%	2.1%
	30-39	1%	0.5%	1.4%
	40-49	2%	1.3%	3.1%
	50-59	2%	1.9%	3.0%
	60-69	3%	2.8%	4.2%
	70-79	5%	4.4%	6.5%
	80+	6%	4.2%	7.3%
Race/ Ethnicity	White, Non-Hispanic	2%	2.1%	2.7%
	American Indian, Non-Hispanic	3%	2.2%	3.5%
	Hispanic	3%	1.0%	6.3%
Household Income	Less than $35,000	4%	3.3%	4.7%
	$35,000-$74,999	2%	1.8%	2.6%
	$75,000+	1%	1.0%	1.9%
Education	Less than High School, G.E.D.	4%	2.4%	5.4%
	High School, G.E.D.	3%	2.2%	3.2%
	Some Post-High School	2%	1.8%	2.7%
	College Graduate	2%	1.6%	2.4%
Employment Status	Employed for Wages	1%	1.1%	1.8%
	Self-employed	1%	1.0%	2.3%
	Unemployed	1%	0.4%	1.4%
	Homemaker	2%	1.0%	3.1%
	Student	1%	0.2%	2.9%
	Retired	5%	4.7%	6.3%
	Unable to Work	8%	6.2%	10.5%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.8%
	Divorced/Separated	3%	2.6%	4.5%
	Widowed	5%	4.0%	6.1%
	Never Married	1%	1.0%	2.0%
Home Ownership Status	Own Home	3%	2.2%	2.9%
	Rent Home	2%	1.9%	3.0%
Children Status	Children in Household (Ages 18-44)	1%	0.9%	2.2%
	No Children in Household (Ages 18-44)	1%	0.6%	1.7%
Phone Status	Landline	3%	3.0%	4.1%
	Cell Phone	2%	1.6%	2.3%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.2%	18.0%
	Not Pregnant (Ages 18-44)	1%	0.7%	1.6%
County	Minnehaha	2%	1.3%	2.3%
	Pennington	3%	2.0%	3.4%
	Lincoln	2%	1.3%	3.0%
	Brown	3%	2.3%	4.4%
	Brookings	2%	1.3%	3.5%
	Codington	3%	1.7%	4.0%
	Meade	2%	1.3%	4.1%
	Lawrence	2%	1.2%	2.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	The prevalence of kidney disease does not seem to differ based on gender.
Age	The prevalence of kidney disease increases as age increases. This includes a significant increase as the 70s are reached.
Race/Ethnicity	The prevalence of kidney disease does not seem to change based on race or ethnicity.
Household Income	The prevalence of kidney disease decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of kidney disease decreases as education levels increase.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of kidney disease, while those who are employed for wages, self-employed, unemployed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of kidney disease, while those who are married or have never been married show a very low prevalence.
Home Ownership	There seems to be no difference in the prevalence of kidney disease regarding home ownership.
Children Status	The prevalence of kidney disease among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of kidney disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of kidney disease does not seem to change based on pregnancy status.
County	There seems to be no difference in the prevalence of kidney disease regarding the eight available counties.

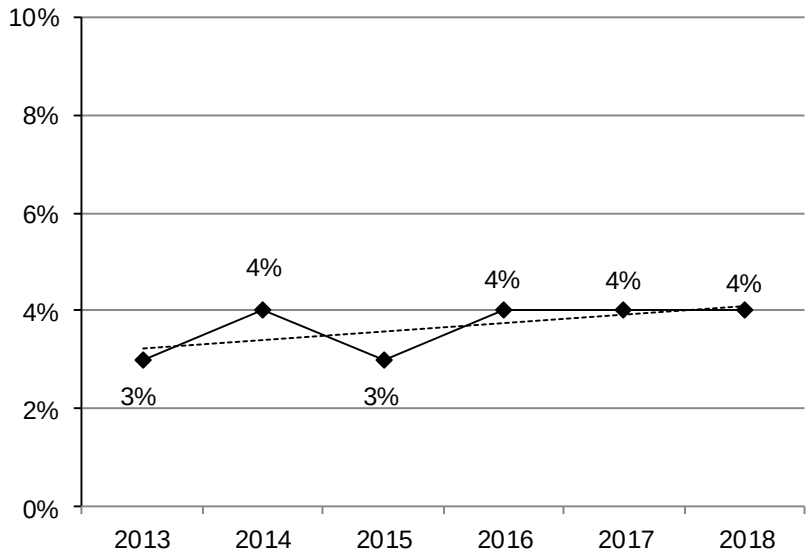
Vision Impairment

Definition: South Dakotans who answered "yes" to the question: "Are you blind or do you have serious difficulty seeing, even when wearing glasses?"

Prevalence of Vision Impairment

- South Dakota 4%
- *There is no nationwide median for vision impairment*

Figure 59
Percent of South Dakotans Who Have a Vision Impairment, 2013-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2018

Table 48 South Dakotans Who Have a Vision Impairment, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	4%	3.0%	4.2%
	Female	4%	3.6%	4.6%
Age	18-29	3%	1.7%	3.7%
	30-39	1%	0.9%	2.1%
	40-49	3%	2.4%	4.4%
	50-59	4%	3.6%	5.4%
	60-69	4%	3.3%	4.7%
	70-79	6%	5.0%	7.8%
	80+	11%	9.2%	13.2%
Race/Ethnicity	White, Non-Hispanic	3%	2.9%	3.6%
	American Indian, Non-Hispanic	9%	7.0%	11.3%
	Hispanic	6%	2.7%	11.9%
Household Income	Less than $35,000	7%	5.8%	7.6%
	$35,000-$74,999	3%	2.0%	3.1%
	$75,000+	1%	0.8%	1.7%
Education	Less than High School, G.E.D.	9%	6.9%	11.0%
	High School, G.E.D.	5%	3.9%	5.3%
	Some Post-High School	3%	2.5%	3.7%
	College Graduate	2%	1.5%	2.3%
Employment Status	Employed for Wages	2%	1.6%	2.5%
	Self-employed	2%	1.2%	3.1%
	Unemployed	6%	3.8%	8.4%
	Homemaker	6%	3.8%	8.3%
	Student	2%	0.6%	5.0%
	Retired	7%	5.8%	7.7%
	Unable to Work	16%	13.2%	19.1%
Marital Status	Married/Unmarried Couple	3%	2.4%	3.1%
	Divorced/Separated	5%	4.4%	6.6%
	Widowed	11%	8.9%	12.6%
	Never Married	4%	2.8%	4.8%
Home Ownership Status	Own Home	3%	2.9%	3.7%
	Rent Home	5%	4.4%	6.3%
Children Status	Children in Household (Ages 18-44)	2%	1.5%	2.7%
	No Children in Household (Ages 18-44)	2%	1.4%	3.3%
Phone Status	Landline	5%	4.7%	6.0%
	Cell Phone	3%	2.6%	3.5%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.7%	10.0%
	Not Pregnant (Ages 18-44)	2%	1.2%	2.5%
County	Minnehaha	3%	2.5%	4.3%
	Pennington	4%	3.2%	5.1%
	Lincoln	3%	1.7%	6.4%
	Brown	4%	2.9%	5.1%
	Brookings	3%	1.6%	3.9%
	Codington	4%	3.4%	5.8%
	Meade	5%	3.4%	6.6%
	Lawrence	3%	2.5%	4.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no gender difference regarding the prevalence of severe vision impairment.
Age	The prevalence of severe vision impairment generally increases as age increases including significant increases as the 70s and 80s are reached.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of severe vision impairment than whites.
Household Income	The prevalence of severe vision impairment decreases as household income increases with significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of severe vision impairment decreases as education levels increase with significant decreases at every level.
Employment	Those who are unable to work demonstrate a very high prevalence of severe vision impairment, while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of severe vision impairment, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of severe vision impairment than those who own their home.
Children Status	The prevalence of severe vision impairment in the adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of severe vision impairment than those who primarily use a cell phone.
Pregnancy Status	The prevalence of severe vision impairment does not seem to change based on pregnancy status.
County	There seems to be no difference regarding the prevalence of severe vision impairment among the eight counties with sufficient sample size.

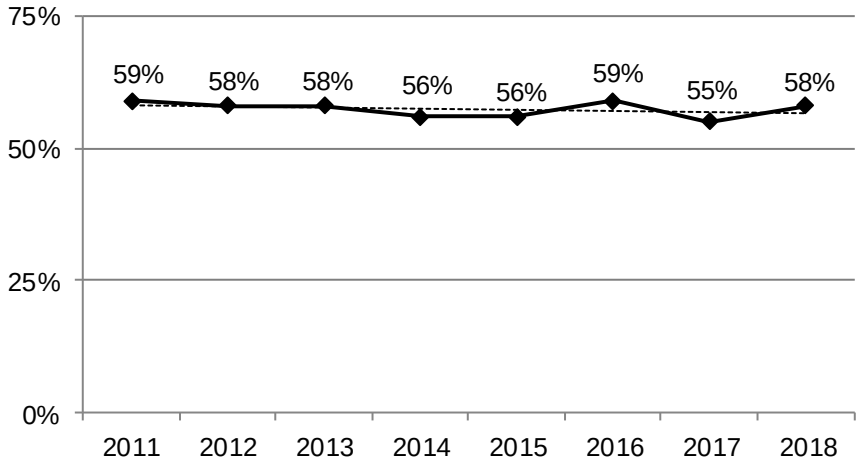
DRANK IN PAST 30 DAYS

Definition: South Dakotans who report drinking alcohol in the past 30 days.

Prevalence of Drinking in Past 30 Days

- South Dakota 58%
- Nationwide median 54%

Figure 60
Percentage of South Dakotans Who Drank Alcohol in the Past 30 Days, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 49 South Dakotans Who Drank Alcohol in Past 30 Days, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	63%	61.9%	64.7%
	Female	50%	49.0%	51.7%
Age	18-29	60%	56.9%	62.3%
	30-39	62%	59.8%	65.1%
	40-49	64%	60.9%	66.0%
	50-59	60%	57.9%	62.0%
	60-69	54%	52.3%	56.2%
	70-79	43%	41.0%	45.8%
	80+	32%	28.9%	34.9%
Race/Ethnicity	White, Non-Hispanic	59%	58.1%	60.1%
	American Indian, Non-Hispanic	40%	36.2%	43.4%
	Hispanic	46%	37.9%	54.9%
Household Income	Less than $35,000	46%	44.3%	48.2%
	$35,000-$74,999	62%	59.9%	63.4%
	$75,000+	73%	71.1%	74.4%
Education	Less than High School, G.E.D.	38%	34.4%	42.3%
	High School, G.E.D.	49%	47.4%	51.0%
	Some Post-High School	61%	58.9%	62.2%
	College Graduate	69%	67.1%	70.0%
Employment Status	Employed for Wages	64%	62.9%	65.6%
	Self-employed	65%	62.2%	67.5%
	Unemployed	50%	44.4%	55.8%
	Homemaker	38%	33.5%	42.5%
	Student	51%	44.7%	56.4%
	Retired	46%	44.1%	47.6%
	Unable to Work	28%	24.7%	32.3%
Marital Status	Married/Unmarried Couple	62%	60.3%	62.7%
	Divorced/Separated	51%	48.1%	53.7%
	Widowed	36%	33.1%	38.5%
	Never Married	55%	52.1%	57.1%
Home Ownership Status	Own Home	59%	58.2%	60.4%
	Rent Home	53%	50.6%	55.1%
Children Status	Children in Household (Ages 18-44)	59%	57.0%	61.4%
	No Children in Household (Ages 18-44)	64%	60.9%	66.3%
Phone Status	Landline	48%	46.7%	49.6%
	Cell Phone	61%	59.8%	62.4%
Pregnancy Status	Pregnant (Ages 18-44)	14%	6.4%	26.5%
	Not Pregnant (Ages 18-44)	57%	54.4%	59.4%
County	Minnehaha	58%	55.8%	60.9%
	Pennington	57%	54.3%	59.2%
	Lincoln	59%	54.6%	63.1%
	Brown	57%	54.2%	60.6%
	Brookings	61%	57.2%	65.3%
	Codington	58%	54.5%	61.4%
	Meade	55%	50.8%	59.5%
	Lawrence	61%	57.6%	64.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of drinking alcohol than females.
Age	Alcohol use increases with age until the 40s when it peaks. After that, it decreases as age increases with significant decreases as the 60s, 70s, and 80s are reached.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of drinking alcohol than American Indians and Hispanics.
Household Income	Alcohol use increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	Alcohol use increases as education levels increase. This includes significant increases as the high school graduate, some post-high school, and college graduate levels are reached.
Employment	Those who are employed for wages or self-employed demonstrate a very high prevalence of alcohol use, while those who are unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a very high prevalence of alcohol use, while those who are widowed show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of alcohol use than those who rent their home.
Children Status	Alcohol use does not seem to differ based on children present in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of alcohol use than those who primarily use a landline phone.
Pregnancy Status	Females who are not pregnant exhibit a significantly higher prevalence of alcohol use than those who are pregnant.
County	There seems to be no county difference regarding alcohol use.

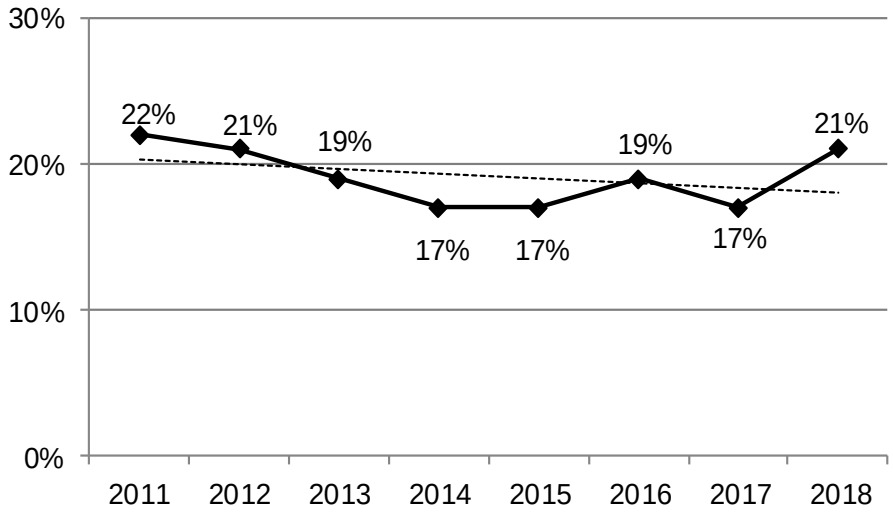
BINGE DRINKING

Definition: South Dakota males who report having five or more alcoholic drinks on one occasion or South Dakota females who have four or more alcoholic drinks on one occasion, one or more times in the past month.

Prevalence of Binge Drinking

- South Dakota 21%
- Nationwide median 16%

Figure 61
Percentage of South Dakotans Who Engage in Binge Drinking, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 50 South Dakotans Who Engage in Binge Drinking, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	24%	22.9%	25.4%
	Female	13%	12.0%	14.0%
Age	18-29	31%	28.9%	34.0%
	30-39	23%	21.3%	25.6%
	40-49	21%	19.1%	23.4%
	50-59	18%	16.0%	19.4%
	60-69	10%	8.6%	11.1%
	70-79	4%	3.1%	4.9%
	80+	1%	0.4%	1.3%
Race/Ethnicity	White, Non-Hispanic	18%	17.5%	19.2%
	American Indian, Non-Hispanic	22%	18.9%	25.3%
	Hispanic	15%	9.4%	22.7%
Household Income	Less than $35,000	17%	15.8%	18.9%
	$35,000-$74,999	20%	18.0%	21.1%
	$75,000+	22%	20.8%	24.0%
Education	Less than High School, G.E.D.	16%	12.7%	18.8%
	High School, G.E.D.	17%	15.7%	18.6%
	Some Post-High School	20%	18.9%	21.9%
	College Graduate	19%	17.5%	20.1%
Employment Status	Employed for Wages	23%	22.2%	24.7%
	Self-employed	20%	17.8%	22.4%
	Unemployed	22%	18.0%	27.4%
	Homemaker	8%	6.0%	11.4%
	Student	27%	22.6%	32.5%
	Retired	5%	4.3%	5.8%
	Unable to Work	11%	8.6%	14.3%
Marital Status	Married/Unmarried Couple	17%	15.6%	17.5%
	Divorced/Separated	18%	16.3%	20.6%
	Widowed	5%	3.6%	7.1%
	Never Married	28%	25.9%	30.4%
Home Ownership Status	Own Home	16%	15.5%	17.2%
	Rent Home	25%	23.1%	27.2%
Children Status	Children in Household (Ages 18-44)	22%	19.8%	23.3%
	No Children in Household (Ages 18-44)	34%	31.3%	36.5%
Phone Status	Landline	11%	10.2%	12.1%
	Cell Phone	22%	21.0%	23.3%
Pregnancy Status	Pregnant (Ages 18-44)	9%	3.1%	22.5%
	Not Pregnant (Ages 18-44)	20%	18.3%	22.3%
County	Minnehaha	19%	16.6%	20.7%
	Pennington	16%	14.1%	17.9%
	Lincoln	16%	13.5%	19.6%
	Brown	17%	14.9%	20.2%
	Brookings	22%	18.1%	25.9%
	Codington	19%	16.4%	22.0%
	Meade	16%	13.0%	19.4%
	Lawrence	19%	16.0%	21.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of binge drinking than females.
Age	Binge drinking decreases as age increases with significant decreases as the 30s, 60s, 70s, and 80s are reached.
Race/Ethnicity	The prevalence of binge drinking does not seem to differ based on race/ethnicity.
Household Income	Binge drinking increases as household income increases.
Education	The prevalence of binge drinking does not seem to change as education levels change.
Employment	Those who are employed for wages, unemployed, or a student demonstrate a very high prevalence of binge drinking, while those who are retired show a very low prevalence.
Marital Status	Those who have never been married exhibit a very high prevalence of binge drinking, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of binge drinking than those who own their home.
Children Status	Those who have no children in the household demonstrate a significantly higher prevalence of binge drinking than those who have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of binge drinking than those who primarily use a landline phone.
Pregnancy Status	The prevalence of binge drinking does not seem to differ based on pregnancy status.
County	Brookings county exhibits a very high prevalence of binge drinking, while Pennington county shows a very low prevalence.

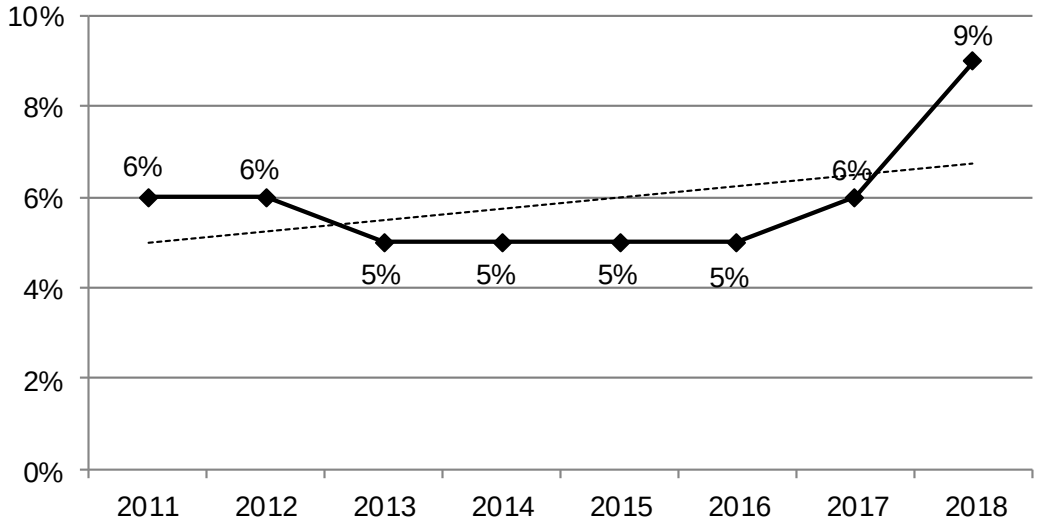
HEAVY DRINKING

Definition: South Dakota males who report having more than 2 drinks per day, or South Dakota females who report having more than 1 drink per day.

Prevalence of Heavy Drinking

- South Dakota 9%
- Nationwide median 7%

Figure 62
Percentage of South Dakotans Who Engage in Heavy Drinking, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 51 South Dakotans Who Engage in Heavy Drinking, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	7%	6.2%	7.7%
	Female	5%	4.4%	5.7%
Age	18-29	8%	6.3%	9.3%
	30-39	6%	4.6%	6.9%
	40-49	7%	5.6%	8.3%
	50-59	7%	6.2%	8.6%
	60-69	5%	4.4%	6.3%
	70-79	3%	2.5%	4.1%
	80+	1%	0.4%	1.4%
Race/Ethnicity	White, Non-Hispanic	6%	5.5%	6.5%
	American Indian, Non-Hispanic	5%	3.9%	7.3%
	Hispanic	6%	2.9%	12.5%
Household Income	Less than $35,000	6%	4.8%	6.6%
	$35,000-$74,999	7%	5.8%	7.9%
	$75,000+	6%	5.5%	7.3%
Education	Less than High School, G.E.D.	7%	5.0%	9.4%
	High School, G.E.D.	7%	5.9%	7.9%
	Some Post-High School	6%	5.1%	6.7%
	College Graduate	5%	4.1%	5.5%
Employment Status	Employed for Wages	7%	5.9%	7.4%
	Self-employed	7%	5.5%	8.6%
	Unemployed	9%	5.7%	13.1%
	Homemaker	4%	2.5%	6.3%
	Student	5%	3.4%	7.7%
	Retired	4%	3.1%	4.5%
	Unable to Work	6%	4.1%	8.8%
Marital Status	Married/Unmarried Couple	5%	4.4%	5.6%
	Divorced/Separated	8%	6.2%	9.1%
	Widowed	4%	2.9%	6.3%
	Never Married	8%	6.9%	9.7%
Home Ownership Status	Own Home	6%	5.0%	6.1%
	Rent Home	7%	6.2%	8.8%
Children Status	Children in Household (Ages 18-44)	5%	4.3%	6.2%
	No Children in Household (Ages 18-44)	8%	6.8%	10.0%
Phone Status	Landline	4%	3.8%	5.1%
	Cell Phone	7%	6.1%	7.4%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.5%	16.7%
	Not Pregnant (Ages 18-44)	6%	4.6%	7.0%
County	Minnehaha	6%	5.1%	7.7%
	Pennington	6%	5.0%	7.5%
	Lincoln	4%	3.0%	5.7%
	Brown	5%	4.1%	7.0%
	Brookings	6%	4.2%	7.9%
	Codington	5%	4.0%	7.0%
	Meade	7%	5.2%	10.4%
	Lawrence	5%	3.7%	6.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Males exhibit a significantly higher prevalence of heavy drinking than females.
Age	Heavy drinking generally decreases as age increases. This includes significant decreases as the 70s and 80s are reached.
Race/Ethnicity	There seems to be no racial/ethnic difference regarding heavy drinking.
Household Income	The prevalence of heavy drinking does not seem to change as household income changes.
Education	The prevalence of heavy drinking decreases as education levels increase.
Employment	Those who are employed for wages, self-employed, or unemployed demonstrate a very high prevalence of heavy drinking, while those who are retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of heavy drinking, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of heavy drinking than those who own their home.
Children Status	Those who have no children in the household demonstrate a significantly higher prevalence of heavy drinking than those who have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of heavy drinking than those who use primarily use a landline phone.
Pregnancy Status	There seems to be no difference in heavy drinking regarding pregnancy status.
County	There seems to be no difference in heavy drinking among the available counties.

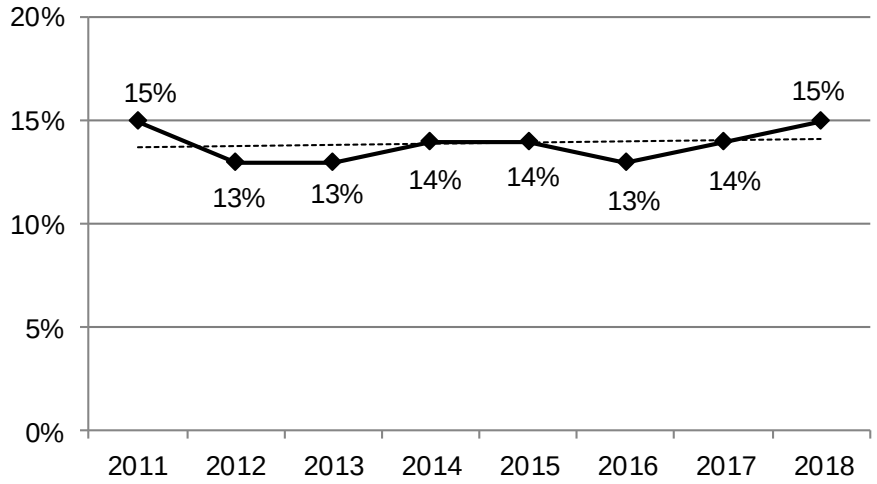
FAIR OR POOR HEALTH STATUS

Definition: South Dakotans who report having fair or poor health from possible response choices of "excellent", "very good", "good", "fair", or "poor".

Prevalence of Fair or Poor Health Status

- South Dakota 15%
- Nationwide median 17%

Figure 63
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 52 South Dakotans Reporting Fair or Poor Health Status, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	14%	12.7%	14.6%
	Female	14%	13.4%	15.1%
Age	18-29	7%	6.0%	8.8%
	30-39	9%	7.3%	10.2%
	40-49	11%	9.7%	12.8%
	50-59	16%	15.0%	18.1%
	60-69	19%	17.8%	21.0%
	70-79	21%	18.8%	22.8%
	80+	28%	24.9%	30.8%
Race/Ethnicity	White, Non-Hispanic	13%	12.4%	13.7%
	American Indian, Non-Hispanic	25%	22.0%	27.9%
	Hispanic	14%	8.9%	20.0%
Household Income	Less than $35,000	24%	22.7%	25.7%
	$35,000-$74,999	10%	9.3%	11.4%
	$75,000+	5%	4.7%	6.4%
Education	Less than High School, G.E.D.	26%	22.9%	29.2%
	High School, G.E.D.	17%	15.8%	18.3%
	Some Post-High School	13%	11.7%	13.9%
	College Graduate	7%	5.9%	7.3%
Employment Status	Employed for Wages	8%	7.6%	9.2%
	Self-employed	9%	7.3%	10.4%
	Unemployed	20%	15.9%	24.7%
	Homemaker	14%	10.9%	17.6%
	Student	5%	3.4%	7.8%
	Retired	22%	20.5%	23.5%
	Unable to Work	61%	57.2%	65.4%
Marital Status	Married/Unmarried Couple	11%	10.6%	12.1%
	Divorced/Separated	23%	21.4%	25.7%
	Widowed	26%	23.5%	28.4%
	Never Married	12%	10.4%	13.4%
Home Ownership Status	Own Home	12%	11.8%	13.2%
	Rent Home	18%	16.3%	19.4%
Children Status	Children in Household (Ages 18-44)	8%	7.2%	9.6%
	No Children in Household (Ages 18-44)	8%	7.1%	10.0%
Phone Status	Landline	17%	16.3%	18.4%
	Cell Phone	12%	11.5%	13.1%
Pregnancy Status	Pregnant (Ages 18-44)	7%	2.1%	19.5%
	Not Pregnant (Ages 18-44)	9%	7.6%	10.3%
County	Minnehaha	11%	10.0%	13.1%
	Pennington	16%	14.0%	17.5%
	Lincoln	10%	8.1%	12.6%
	Brown	15%	12.8%	17.2%
	Brookings	12%	9.7%	15.1%
	Codington	12%	9.9%	13.6%
	Meade	14%	11.7%	17.7%
	Lawrence	12%	10.4%	14.9%

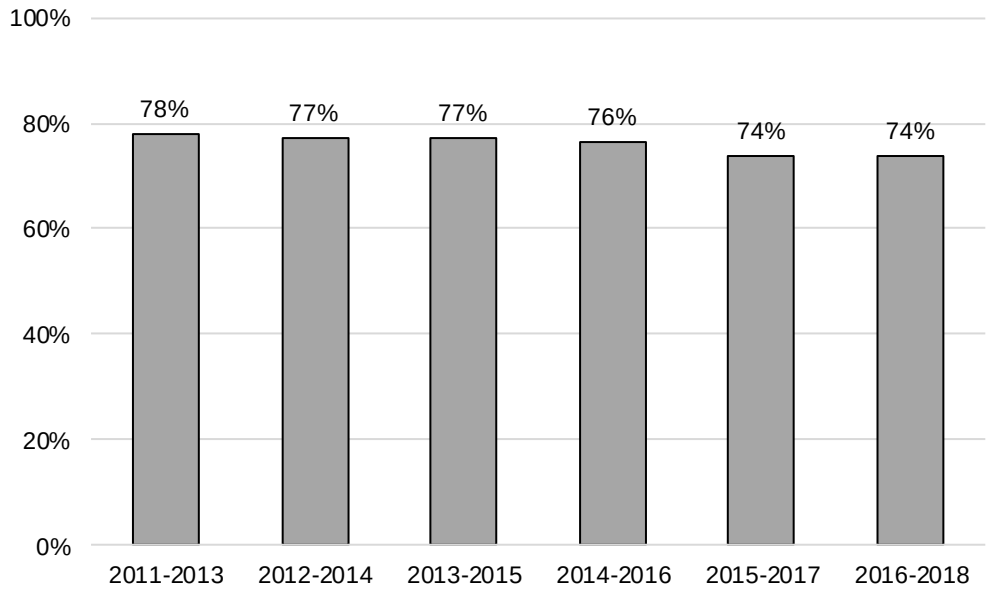
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no significant gender difference in the prevalence of those in fair or poor health.
Age	The prevalence of fair or poor health increases as age increases. This includes significant increases when people reach their 50s and 80s.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of those in fair or poor health than do whites or Hispanics.
Household Income	The prevalence of fair or poor health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of fair or poor health decreases as education increases. This includes significant decreases as the high school graduate, some college, and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of those in fair or poor health while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of those in fair or poor health, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of fair or poor health than those who own their home.
Children Status	The prevalence of fair or poor health of adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of fair or poor health than those who primarily use a cell phone.
Pregnancy Status	The prevalence of fair or poor health does not seem to differ based on pregnancy status.
County	Pennington and Brown counties exhibit a very high prevalence of those in fair or poor health, while those in Minnehaha, Lincoln, and Codington counties show a very low prevalence.

Figure 64, below, shows the percent of American Indian, non-Hispanic South Dakotans who answered that their general health was excellent, very good, or good. Over all the years since 2011, the trend has been decreasing - from 78 percent in 2011-2013 to 74 percent in 2016-2018.

Figure 64
Percent of American Indian, non-Hispanic South Dakotans Who Report Their General Health as Excellent, Very Good, Or Good, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

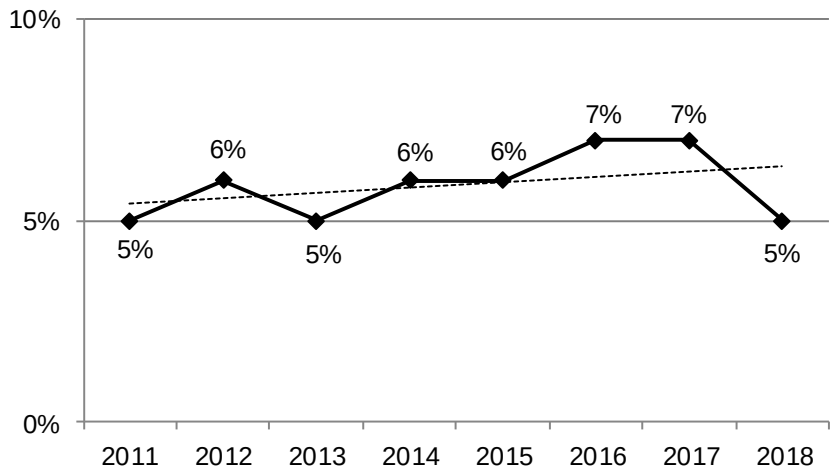
PHYSICAL HEALTH NOT GOOD

Definition: South Dakotans who reported their physical health was not good for 30 days of the past 30, including physical illness and injury.

Prevalence of Physical Health Not Good for 30 Days of the Past 30

- South Dakota 5%
- *There is no nationwide median for physical health not good*

Figure 65
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 53 South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	6%	5.2%	6.5%
	Female	7%	6.0%	7.2%
Age	18-29	2%	1.8%	3.5%
	30-39	4%	2.6%	4.8%
	40-49	5%	4.1%	6.2%
	50-59	8%	6.6%	8.7%
	60-69	10%	8.5%	10.8%
	70-79	10%	8.9%	11.9%
	80+	11%	9.0%	12.6%
Race/ Ethnicity	White, Non-Hispanic	6%	5.5%	6.4%
	American Indian, Non-Hispanic	10%	8.4%	12.8%
	Hispanic	5%	2.6%	10.9%
Household Income	Less than $35,000	10%	9.4%	11.4%
	$35,000-$74,999	5%	4.3%	5.8%
	$75,000+	3%	2.2%	3.3%
Education	Less than High School, G.E.D.	11%	8.6%	12.8%
	High School, G.E.D.	7%	6.6%	8.4%
	Some Post-High School	6%	5.2%	6.6%
	College Graduate	3%	2.8%	3.8%
Employment Status	Employed for Wages	3%	2.6%	3.6%
	Self-employed	3%	2.2%	3.9%
	Unemployed	7%	4.8%	9.7%
	Homemaker	7%	4.9%	10.6%
	Student	3%	1.6%	6.5%
	Retired	9%	8.6%	10.5%
	Unable to Work	39%	34.9%	42.9%
Marital Status	Married/Unmarried Couple	6%	5.0%	6.1%
	Divorced/Separated	11%	9.6%	12.8%
	Widowed	11%	9.4%	12.8%
	Never Married	4%	3.2%	4.8%
Home Ownership Status	Own Home	6%	5.2%	6.2%
	Rent Home	8%	6.7%	8.9%
Children Status	Children in Household (Ages 18-44)	4%	2.9%	4.7%
	No Children in Household (Ages 18-44)	3%	1.9%	3.3%
Phone Status	Landline	8%	7.1%	8.6%
	Cell Phone	5%	4.9%	6.0%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.1%	1.9%
	Not Pregnant (Ages 18-44)	4%	3.0%	4.9%
County	Minnehaha	5%	4.1%	6.3%
	Pennington	7%	6.0%	8.3%
	Lincoln	4%	2.8%	5.8%
	Brown	7%	5.9%	9.2%
	Brookings	4%	2.8%	5.4%
	Codington	6%	4.8%	7.8%
	Meade	7%	5.2%	9.0%
	Lawrence	7%	5.4%	8.8%

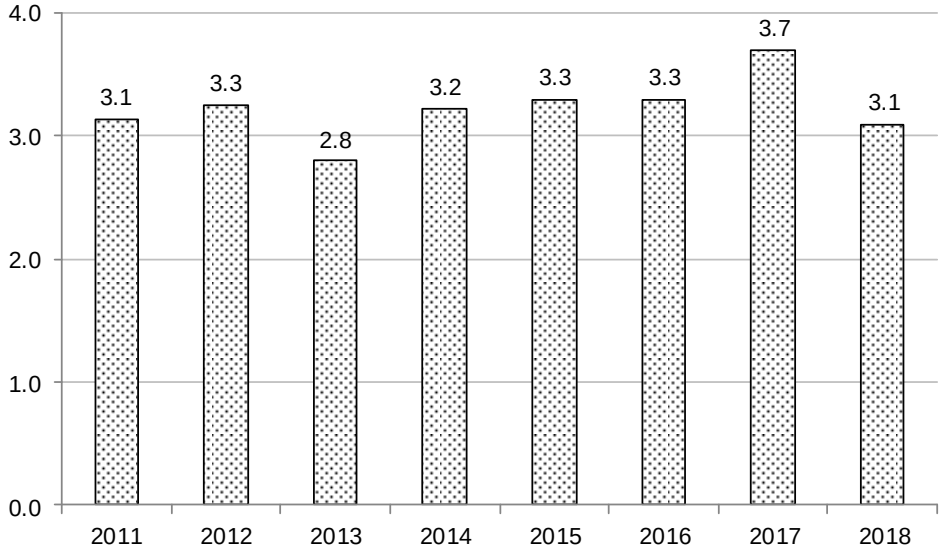
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	The prevalence of poor physical health does not seem to differ based on gender.
Age	The prevalence of poor physical health increases as age increases. This includes a significant increase as the 50s are reached.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of poor physical health than whites.
Household Income	The prevalence of poor physical health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of poor physical health decreases as education increases. This includes significant decreases as the high school and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of poor physical health while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of poor physical health, while those who have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of poor physical health than those who own their home.
Children Status	The prevalence of poor physical health of the adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of poor physical health than those who primarily use a cell phone.
Pregnancy Status	Those who are not pregnant demonstrate a significantly higher prevalence of poor physical health than those who are pregnant.
County	Pennington and Brown counties exhibit a very high prevalence of poor physical health, while those in Lincoln and Brookings counties show a very low prevalence.

Figure 66, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. For the past eight years the average number of days has remained steady.

Figure 66
Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

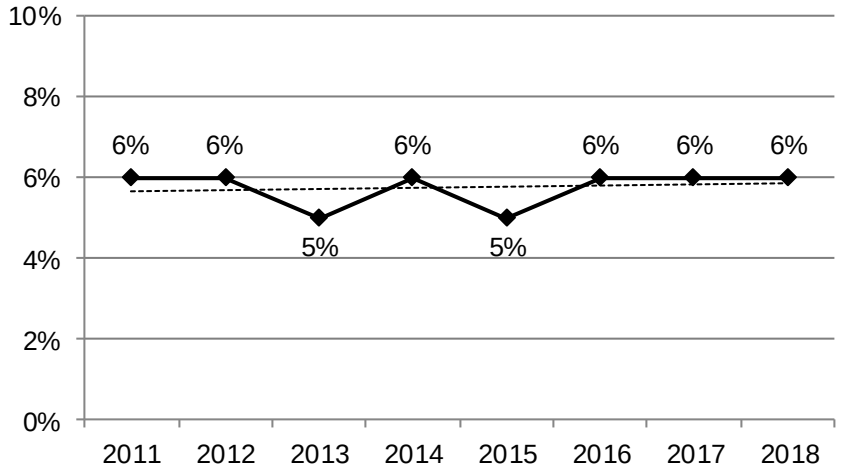
MENTAL HEALTH NOT GOOD

Definition: South Dakotans who report their mental health was not good for 20 to 30 days of the past 30, including stress, depression, and problems with emotions.

Prevalence of Mental Health Not Good for 20-30 Days of the Past 30

- South Dakota 6%
- *There is no nationwide median for poor mental health*

Figure 67
Percentage of South Dakotans Stating Mental Health Not Good for 20-30 Days of the Past 30, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 54 South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	5%	4.1%	5.3%
	Female	7%	6.1%	7.6%
Age	18-29	7%	5.9%	8.7%
	30-39	7%	5.5%	8.1%
	40-49	6%	5.1%	7.6%
	50-59	6%	4.7%	6.6%
	60-69	4%	3.6%	5.1%
	70-79	4%	3.0%	5.3%
	80+	4%	2.7%	5.3%
Race/Ethnicity	White, Non-Hispanic	5%	5.0%	6.0%
	American Indian, Non-Hispanic	8%	6.2%	9.1%
	Hispanic	6%	2.6%	12.1%
Household Income	Less than $35,000	10%	8.6%	10.9%
	$35,000-$74,999	4%	3.8%	5.2%
	$75,000+	3%	2.0%	3.3%
Education	Less than High School, G.E.D.	9%	7.4%	12.0%
	High School, G.E.D.	6%	5.6%	7.4%
	Some Post-High School	6%	5.1%	6.8%
	College Graduate	3%	2.7%	3.8%
Employment Status	Employed for Wages	5%	4.2%	5.5%
	Self-employed	4%	2.7%	4.7%
	Unemployed	12%	8.8%	16.5%
	Homemaker	5%	2.9%	8.5%
	Student	6%	3.5%	8.6%
	Retired	4%	3.2%	4.7%
	Unable to Work	25%	22.0%	29.1%
Marital Status	Married/Unmarried Couple	4%	3.7%	4.7%
	Divorced/Separated	10%	8.1%	11.4%
	Widowed	8%	5.9%	10.0%
	Never Married	7%	6.1%	8.5%
Home Ownership Status	Own Home	4%	3.8%	4.7%
	Rent Home	9%	7.4%	9.8%
Children Status	Children in Household (Ages 18-44)	7%	6.0%	8.4%
	No Children in Household (Ages 18-44)	6%	5.3%	7.7%
Phone Status	Landline	5%	4.6%	6.0%
	Cell Phone	6%	5.4%	6.7%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.0%	15.3%
	Not Pregnant (Ages 18-44)	8%	7.1%	9.9%
County	Minnehaha	6%	4.7%	7.1%
	Pennington	7%	5.7%	8.5%
	Lincoln	4%	3.2%	5.9%
	Brown	5%	4.1%	7.0%
	Brookings	5%	3.8%	7.7%
	Codington	6%	4.5%	8.1%
	Meade	7%	5.3%	9.0%
	Lawrence	5%	4.1%	6.9%

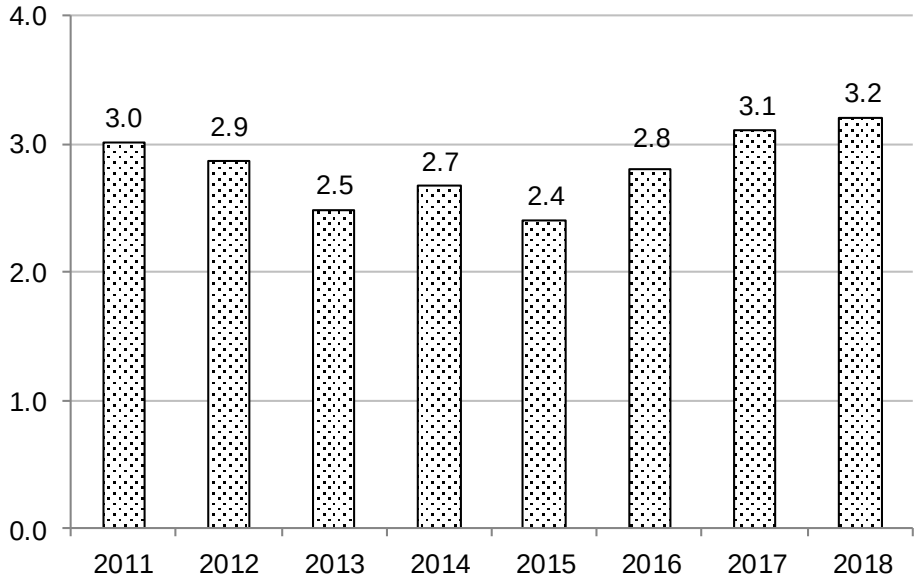
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of poor mental health than males.
Age	The prevalence of poor mental health decreases as age increases.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of poor mental health than whites.
Household Income	The prevalence of poor mental health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of poor mental health decreases as education increases. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of poor mental health while those who are employed for wages, self-employed, homemakers, students, or retired show a very low prevalence.
Marital Status	Those who are married exhibit a significantly lower prevalence of poor mental health than all other types of marital status.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of poor mental health than those who own their home.
Children Status	The prevalence of poor mental health of the adults does not seem to change based on the presence of children in the household.
Phone Status	The prevalence of poor mental health does not seem to change based on phone status.
Pregnancy Status	The prevalence of poor mental health does not seem to change based on pregnancy status.
County	The prevalence of poor mental health does not seem to differ among the eight available counties.

Figure 68, below, shows the average number of days South Dakotans stated their mental health was not good for the past 30 days. For the past eight years the average number of days has remained steady.

Figure 68
Average Number of Days South Dakotans' Mental Health Was Not Good in the Past 30 Days, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

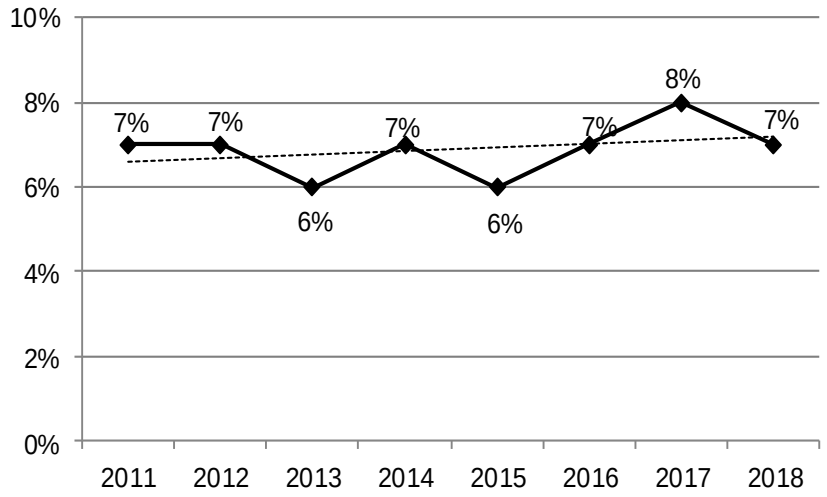
USUAL ACTIVITIES UNATTAINABLE

Definition: South Dakotans who report poor physical or mental health kept them from doing their usual activities for 10 to 30 days of the past 30 days, such as self-care, work, or recreation.

Prevalence of Usual Activities Unattainable for 10-30 Days of the Past 30

- South Dakota 7%
- *There is no national median for usual activities unattainable for 10-30 days of the past 30*

Figure 69
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 55 South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	6%	5.6%	6.9%
	Female	8%	7.3%	8.6%
Age	18-29	4%	3.2%	5.4%
	30-39	5%	3.9%	6.2%
	40-49	7%	5.9%	8.6%
	50-59	9%	7.9%	10.2%
	60-69	10%	9.0%	11.3%
	70-79	8%	7.2%	9.9%
	80+	7%	6.0%	9.0%
Race/Ethnicity	White, Non-Hispanic	7%	6.2%	7.2%
	American Indian, Non-Hispanic	11%	9.4%	13.7%
	Hispanic	9%	5.1%	16.0%
Household Income	Less than $35,000	12%	10.9%	13.1%
	$35,000-$74,999	6%	4.8%	6.4%
	$75,000+	3%	2.3%	3.3%
Education	Less than High School, G.E.D.	11%	8.9%	13.1%
	High School, G.E.D.	9%	7.7%	9.6%
	Some Post-High School	7%	6.0%	7.4%
	College Graduate	4%	3.5%	4.6%
Employment Status	Employed for Wages	4%	3.2%	4.2%
	Self-employed	4%	2.9%	4.8%
	Unemployed	13%	9.7%	16.6%
	Homemaker	6%	3.8%	8.5%
	Student	5%	2.8%	8.4%
	Retired	9%	7.6%	9.5%
	Unable to Work	47%	42.4%	50.7%
Marital Status	Married/Unmarried Couple	6%	5.4%	6.5%
	Divorced/Separated	13%	11.6%	15.1%
	Widowed	10%	8.2%	12.1%
	Never Married	6%	4.8%	6.9%
Home Ownership Status	Own Home	6%	5.5%	6.5%
	Rent Home	9%	8.2%	10.7%
Children Status	Children in Household (Ages 18-44)	5%	4.3%	6.4%
	No Children in Household (Ages 18-44)	4%	3.3%	5.2%
Phone Status	Landline	8%	7.4%	9.0%
	Cell Phone	6%	5.9%	7.1%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.9%	15.0%
	Not Pregnant (Ages 18-44)	6%	4.8%	6.9%
County	Minnehaha	7%	5.7%	8.2%
	Pennington	8%	6.8%	9.3%
	Lincoln	4%	2.9%	5.5%
	Brown	7%	5.7%	9.2%
	Brookings	6%	4.4%	7.8%
	Codington	6%	4.7%	7.9%
	Meade	8%	6.1%	10.1%
	Lawrence	8%	6.1%	9.8%

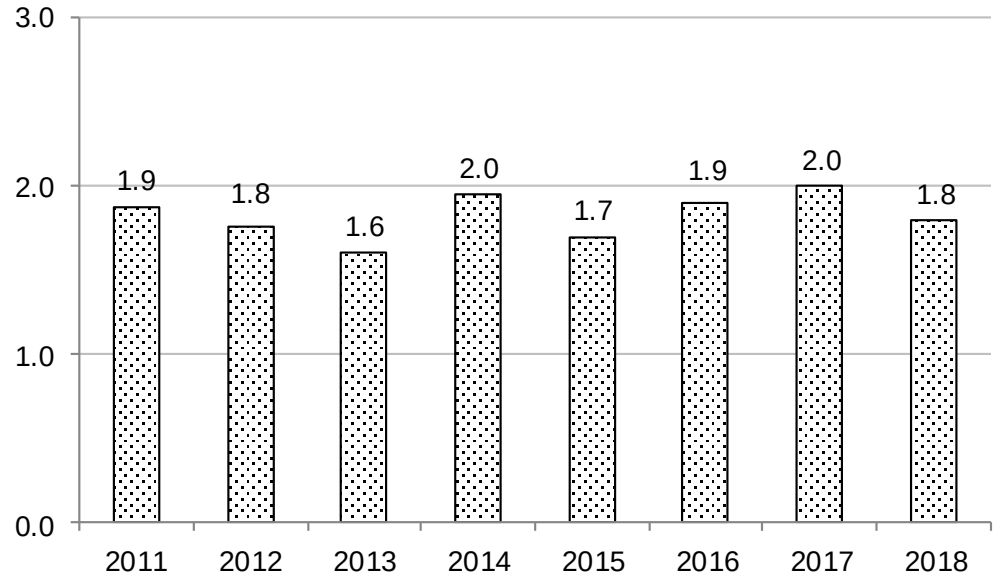
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of poor health keeping them from usual activities than males.
Age	The prevalence of poor health keeping someone from usual activities increases as age increases and peaks in the 60s. After that, it decreases as age increases.
Race/Ethnicity	American Indians exhibit a significantly higher prevalence of poor health keeping them from usual activities than whites.
Household Income	The prevalence of poor health keeping someone from usual activities decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of poor health keeping someone from usual activities decreases as education increases. This includes significant decreases as some post-high school and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of poor health keeping them from usual activities, while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of poor health keeping them from usual activities, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of poor health keeping them from usual activities than those who own their home.
Children Status	The prevalence of poor health keeping adults from usual activities does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of poor health keeping them from usual activities than those who primarily use a cell phone.
Pregnancy Status	The prevalence of poor health keeping them from usual activities does not seem to change based on pregnancy status.
County	Residents of Minnehaha, Pennington, Brown, Meade, and Lawrence counties exhibit a very high prevalence of poor health keeping them from usual activities, while residents of Lincoln county show a very low prevalence.

Figure 70, below, shows the average number of days in the past 30 days where poor physical or mental health kept South Dakotans from doing their usualy activities. For the past eight years the average number of days has remained steady.

Figure 70
Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities in the Past 30 Days, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

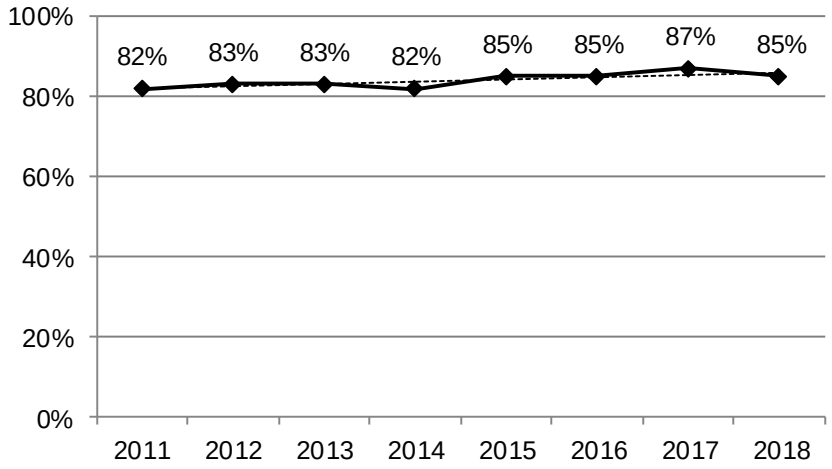
Seat Belt Use

Definition: South Dakotans who report they "always" or "nearly always" use seat belts when driving or riding in a car.

Prevalence of Seat Belt Use

- South Dakota 85%
- Nationwide median 94%

Figure 71
Percentage of South Dakotans Who Always or Nearly Always Wear a Seat Belt, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 56 South Dakotans Who Always or Nearly Always Wear a Seat Belt, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	79%	77.3%	79.8%
	Female	91%	90.2%	91.8%
Age	18-29	82%	80.4%	84.4%
	30-39	83%	80.3%	84.5%
	40-49	85%	82.8%	86.8%
	50-59	84%	81.9%	85.3%
	60-69	87%	86.0%	88.7%
	70-79	88%	86.0%	89.7%
	80+	91%	89.3%	92.9%
Race/Ethnicity	White, Non-Hispanic	85%	84.2%	85.7%
	American Indian, Non-Hispanic	84%	80.5%	86.3%
	Hispanic	86%	77.8%	91.7%
Household Income	Less than $35,000	81%	79.3%	82.5%
	$35,000-$74,999	84%	82.8%	85.6%
	$75,000+	89%	88.2%	90.6%
Education	Less than High School, G.E.D.	76%	71.9%	79.0%
	High School, G.E.D.	82%	80.3%	83.1%
	Some Post-High School	85%	84.0%	86.5%
	College Graduate	92%	90.8%	92.6%
Employment Status	Employed for Wages	85%	84.1%	86.2%
	Self-employed	75%	72.2%	77.1%
	Unemployed	78%	72.1%	82.6%
	Homemaker	91%	87.4%	94.3%
	Student	89%	85.0%	92.5%
	Retired	90%	89.2%	91.5%
	Unable to Work	79%	75.7%	82.8%
Marital Status	Married/Unmarried Couple	87%	86.0%	87.8%
	Divorced/Separated	79%	76.7%	81.5%
	Widowed	89%	87.1%	91.2%
	Never Married	81%	78.9%	82.7%
Home Ownership Status	Own Home	86%	84.8%	86.5%
	Rent Home	82%	80.0%	83.5%
Children Status	Children in Household (Ages 18-44)	83%	81.3%	84.8%
	No Children in Household (Ages 18-44)	83%	80.7%	84.7%
Phone Status	Landline	87%	85.8%	88.0%
	Cell Phone	84%	82.8%	84.7%
Pregnancy Status	Pregnant (Ages 18-44)	86%	72.1%	93.9%
	Not Pregnant (Ages 18-44)	90%	88.2%	91.2%
County	Minnehaha	88%	85.7%	89.3%
	Pennington	89%	86.9%	90.2%
	Lincoln	90%	86.8%	92.0%
	Brown	81%	77.9%	83.7%
	Brookings	88%	84.4%	90.2%
	Codington	80%	77.0%	82.9%
	Meade	79%	74.4%	83.0%
	Lawrence	86%	83.6%	88.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of seat belt use than males.
Age	Seat belt use generally increases as age increases with a significant increase as the 60s are reached.
Race/Ethnicity	There seems to be no racial/ethnic difference regarding seat belt use.
Household Income	Seat belt use increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	Seat belt use increases as education levels increase. This includes significant increases at each education level.
Employment	Those who are a homemaker, a student, or retired demonstrate a very high prevalence of seat belt use, while those who are self-employed, unemployed, or unable to work show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of seat belt use, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of seat belt use than those who rent their home.
Children Status	The prevalence of seat belt use does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of seat belt use than those who primarily use a cell phone.
Pregnancy Status	There seems to be no difference in seat belt use regarding pregnancy status.
County	Minnehaha, Pennington, Lincoln, Brookings, and Lawrence counties all exhibit a very high prevalence of seat belt use, while Brown, Codington, and Meade counties all show a very low prevalence.

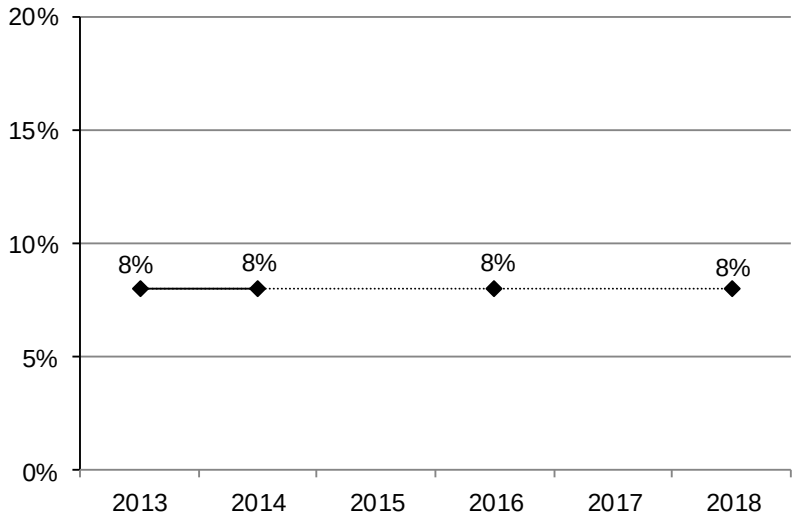
Sleep

Definition: South Dakotans who said that they got less than six hours of sleep in an average 24-hour period.

Prevalence of Inadequate Sleep

- South Dakota 8%
- *There is no nationwide median for sleep*

Figure 72
Percent of South Dakotans Who Get Less Than Six Hours of Sleep in an Average 24-Hour Period, 2013, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013, 2014, 2016, and 2018

Table 57 South Dakotans Who Get Less Than Six Hours of Sleep in a 24-Hour Period, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	8%	7.4%	9.5%
	Female	8%	7.0%	8.9%
Age	18-29	9%	6.9%	11.0%
	30-39	9%	7.4%	11.1%
	40-49	10%	7.7%	11.8%
	50-59	9%	7.9%	11.0%
	60-69	6%	5.1%	7.7%
	70-79	6%	4.4%	7.1%
	80+	5%	3.9%	7.5%
Race/Ethnicity	White, Non-Hispanic	8%	7.2%	8.6%
	American Indian, Non-Hispanic	8%	6.6%	10.7%
	Hispanic	13%	6.4%	24.2%
Household Income	Less than $35,000	12%	10.6%	13.9%
	$35,000-$74,999	7%	6.0%	8.4%
	$75,000+	5%	3.7%	5.6%
Education	Less than High School, G.E.D.	12%	9.1%	14.9%
	High School, G.E.D.	9%	8.0%	10.8%
	Some Post-High School	9%	7.3%	9.9%
	College Graduate	5%	3.8%	5.4%
Employment Status	Employed for Wages	8%	7.4%	9.5%
	Self-employed	5%	3.7%	6.3%
	Unemployed	13%	9.2%	19.0%
	Homemaker	7%	4.3%	11.3%
	Student	7%	4.1%	12.3%
	Retired	5%	4.0%	5.7%
	Unable to Work	24%	19.2%	28.5%
Marital Status	Married/Unmarried Couple	6%	5.7%	7.3%
	Divorced/Separated	14%	11.6%	16.5%
	Widowed	9%	7.1%	12.4%
	Never Married	9%	7.3%	11.0%
Home Ownership Status	Own Home	7%	5.9%	7.3%
	Rent Home	12%	10.2%	14.1%
Children Status	Children in Household (Ages 18-44)	9%	7.6%	10.8%
	No Children in Household (Ages 18-44)	9%	7.2%	11.1%
Phone Status	Landline	7%	5.9%	7.7%
	Cell Phone	9%	8.0%	9.9%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.8%	12.5%
	Not Pregnant (Ages 18-44)	8%	6.4%	10.2%
County	Minnehaha	8%	6.3%	10.1%
	Pennington	9%	6.8%	10.6%
	Lincoln	5%	3.9%	7.1%
	Brown	11%	8.5%	13.7%
	Brookings	10%	6.5%	13.8%
	Codington	7%	5.3%	9.2%
	Meade	8%	6.0%	11.7%
	Lawrence	8%	6.2%	10.4%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	There seems to be no gender difference regarding lack of sleep.
Age	Lack of sleep seems to peak in the 40s and then decreases as age increases with a significant decrease as the 60s are reached.
Race/Ethnicity	There seems to be no significant racial/ethnic differences regarding lack of sleep.
Household Income	The prevalence of lack of sleep decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of lack of sleep decreases as education increases. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of lack of sleep, while those who are self-employed, a homemaker, a student, or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of lack of sleep, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of lack of sleep than those who own their home.
Children Status	The prevalence of lack of sleep among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of lack of sleep than those who primarily use a landline phone.
Pregnancy Status	The prevalence of lack of sleep does not seem to differ based on pregnancy status.
County	Brown county demonstrates a very high prevalence for lack of sleep, while Lincoln county shows a very low prevalence.

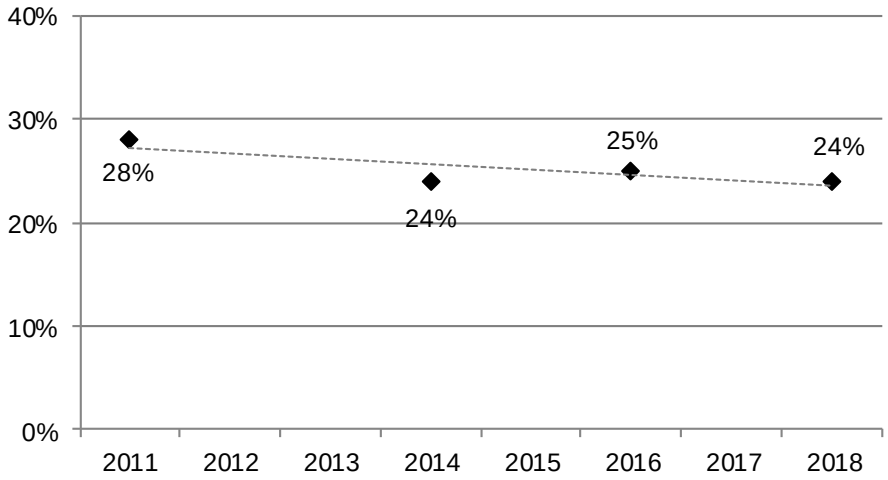
Sunblock Use

Definition: South Dakotans who answered "always" or "nearly always" to the question: "When you are outside for more than one hour on a sunny day, how often do you wear sunblock or sunscreen with an SPF of 15 or higher?"

Prevalence of Sunblock Use

- South Dakota 24%
- *There is no nationwide median for sunblock use*

Figure 73
Percent of South Dakotans Who Use Sunblock Most of the Time, 2011, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011, 2014, 2016, and 2018

Table 58 South Dakotans Who Use Sunblock Most of the Time, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	15%	13.3%	15.8%
	Female	35%	33.2%	36.7%
Age	18-29	18%	15.1%	20.6%
	30-39	26%	23.0%	29.3%
	40-49	29%	26.0%	32.0%
	50-59	25%	22.4%	27.1%
	60-69	27%	24.6%	29.3%
	70-79	26%	23.6%	29.4%
	80+	23%	19.5%	26.9%
Race/Ethnicity	White, Non-Hispanic	26%	25.0%	27.4%
	American Indian, Non-Hispanic	15%	12.1%	18.8%
	Hispanic	19%	11.5%	29.1%
Household Income	Less than $35,000	19%	16.7%	20.6%
	$35,000-$74,999	26%	23.6%	27.7%
	$75,000+	32%	29.6%	34.1%
Education	Less than High School, G.E.D.	12%	8.7%	15.4%
	High School, G.E.D.	20%	17.6%	21.5%
	Some Post-High School	25%	23.3%	27.2%
	College Graduate	35%	32.6%	36.6%
Employment Status	Employed for Wages	26%	24.0%	27.2%
	Self-employed	20%	17.4%	23.0%
	Unemployed	17%	11.4%	23.9%
	Homemaker	34%	28.1%	40.8%
	Student	20%	14.4%	27.9%
	Retired	26%	24.5%	28.6%
	Unable to Work	20%	15.7%	25.0%
Marital Status	Married/Unmarried Couple	28%	26.5%	29.4%
	Divorced/Separated	20%	17.5%	22.9%
	Widowed	27%	23.6%	30.7%
	Never Married	17%	14.4%	19.3%
Home Ownership Status	Own Home	27%	25.8%	28.4%
	Rent Home	18%	16.0%	20.6%
Children Status	Children in Household (Ages 18-44)	25%	22.6%	27.5%
	No Children in Household (Ages 18-44)	21%	17.6%	23.7%
Phone Status	Landline	26%	24.7%	28.0%
	Cell Phone	24%	22.1%	25.0%
Pregnancy Status	Pregnant (Ages 18-44)	21%	12.0%	34.7%
	Not Pregnant (Ages 18-44)	34%	30.8%	37.2%
County	Minnehaha	24%	21.6%	27.2%
	Pennington	31%	27.9%	33.7%
	Lincoln	35%	29.5%	41.2%
	Brown	25%	21.3%	28.0%
	Brookings	27%	21.9%	32.0%
	Codington	20%	17.0%	23.3%
	Meade	26%	21.6%	31.4%
	Lawrence	28%	24.3%	31.0%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of sun block use than males.
Age	There seems to be no consistent differences with sun block use as age changes.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of sun block use than American Indians.
Household Income	The prevalence of sun block use increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of sun block use increases as education levels increase. This includes significant increases as each new education level is reached.
Employment	Those who are a homemaker or retired demonstrate a very high prevalence of sun block use, while those who are self-employed, unemployed, a student, or unable to work show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of sun block use, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of sun block use than those who rent their home.
Children Status	There seems to be no difference in the prevalence of sun block use regarding whether children are in the household.
Phone Status	There seems to be no difference in the prevalence of sun block use regarding phone status.
County	Pennington, Lincoln, and Lawrence counties demonstrate a very high prevalence of sun block use, while Minnehaha, Brown, and Codington counties show a very low prevalence.

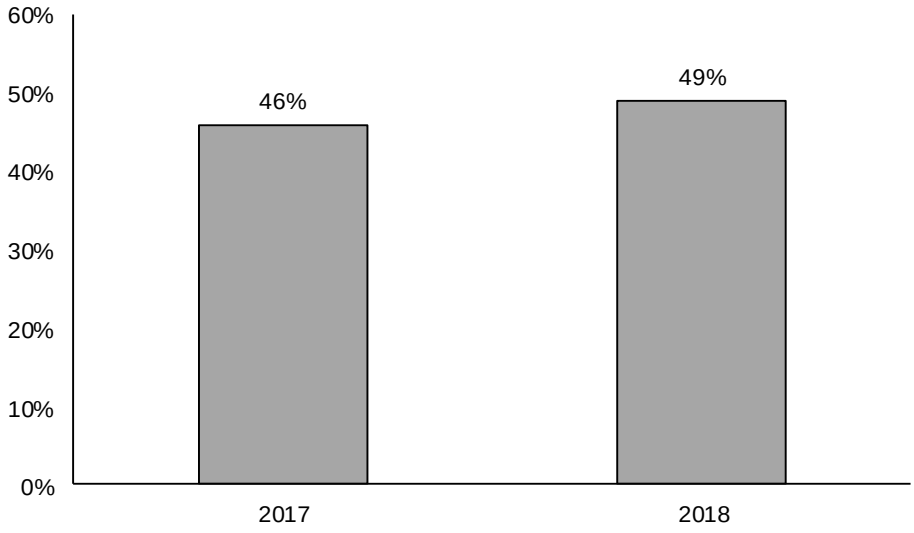
ONE OR MORE ADVERSE CHILDHOOD EXPERIENCES

Definition: South Dakotans that report they have had one or more adverse childhood experiences such as: lived with anyone who was depressed, mentally ill, or suicidal, lived with anyone who was a problem drinker or an alcoholic.

Prevalence of One or More Adverse Childhood Experiences

- South Dakota 49%
- *There was no nationwide median for having adverse childhood experiences*

Figure 74
Percent of South Dakotans Who Had One or More Adverse Childhood Experiences, 2017-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Table 59 South Dakotans Who Had One or More Adverse Childhood Experiences, 2017-2018				
			95% Confidence Interval	
		2017-2018	Low	High
Gender	Male	46%	44.1%	48.8%
	Female	48%	45.8%	50.3%
Age	18-29	53%	48.2%	57.2%
	30-39	55%	50.6%	59.5%
	40-49	52%	47.9%	56.8%
	50-59	44%	40.7%	47.7%
	60-69	44%	40.7%	46.9%
	70-79	35%	31.4%	38.4%
	80+	29%	24.2%	35.2%
Race/Ethnicity	White, Non-Hispanic	46%	44.4%	47.8%
	American Indian, Non-Hispanic	63%	57.6%	68.6%
	Hispanic	52%	39.4%	64.8%
Household Income	Less than $25,000	53%	49.5%	56.1%
	$25,000-$74,999	48%	45.2%	51.2%
	$75,000+	44%	41.0%	47.1%
Education	Less than High School, G.E.D.	58%	51.3%	64.9%
	High School, G.E.D.	48%	45.0%	51.1%
	Some Post-High School	48%	45.4%	51.1%
	College Graduate	41%	38.5%	43.6%
Employment Status	Employed for Wages	50%	48.1%	52.9%
	Self-employed	43%	38.0%	47.3%
	Unemployed	62%	52.9%	70.3%
	Homemaker	52%	43.6%	60.9%
	Student	46%	37.1%	55.8%
	Retired	37%	33.9%	39.4%
	Unable to Work	56%	49.6%	63.1%
Marital Status	Married/Unmarried Couple	45%	42.9%	47.0%
	Divorced/Separated	54%	49.7%	58.8%
	Widowed	37%	32.4%	41.3%
	Never Married	53%	48.7%	56.9%
Home Ownership Status	Own Home	44%	42.6%	46.3%
	Rent Home	55%	50.8%	58.2%
Children Status	Children in Household (Ages 18-44)	55%	51.7%	59.2%
	No Children in Household (Ages 18-44)	52%	47.4%	56.4%
Phone Status	Landline	43%	40.4%	45.3%
	Cell Phone	49%	46.8%	51.0%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	56%	51.7%	60.3%
County	Minnehaha	48%	44.3%	52.6%
	Pennington	51%	47.3%	55.5%
	Lincoln	56%	47.1%	64.5%
	Brown	52%	46.1%	57.4%
	Brookings	51%	42.4%	58.8%
	Codington	49%	42.9%	55.0%
	Meade	57%	47.0%	66.0%
	Lawrence	*	*	*

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Demographics

Gender	The prevalence of having faced at least one adverse childhood experience does not seem to differ by gender.
Age	The prevalence of having faced at least one adverse childhood experience generally decreases as adult age increases.
Race/Ethnicity	American Indians demonstrate a very high prevalence of having faced at least one adverse childhood experience, while whites show a very low prevalence.
Household Income	The prevalence of having faced at least one adverse childhood experience decreases as adult household income increases.
Education	The prevalence of having faced at least one adverse childhood experience decreases as their adult education levels increase.
Employment	Those who are employed for wages, unemployed, a homemaker, or unable to work demonstrate a very high prevalence of having faced at least one adverse childhood experience, while those who are self-employed or retired show a very low prevalence.
Marital Status	Those who have never been married or are divorced exhibit a very high prevalence of having faced at least one adverse childhood experience, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of having faced at least one adverse childhood experience than those who own their home.
Children Status	The prevalence of having faced at least one adverse childhood experience does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone exhibit a significantly higher prevalence of having faced at least one adverse childhood experience than those who primarily use a landline phone.
County	There seems to be no difference among the seven counties with enough sample size to analyze with regard to having faced at least one adverse childhood experience.

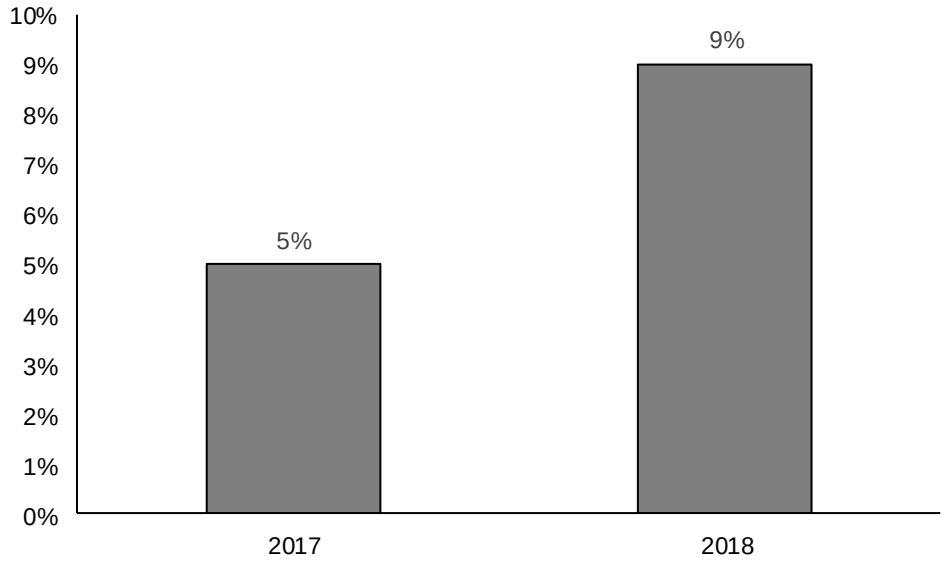
FIVE OR MORE ADVERSE CHILDHOOD EXPERIENCES

Definition: South Dakotans that report they have had five or more adverse childhood experiences such as: lived with anyone who was depressed, mentally ill, or suicidal, lived with anyone who was a problem drinker or an alcoholic.

Prevalence of Five or More Adverse Childhood Experiences

- South Dakota 9%
- *There was no nationwide median for having adverse childhood experiences*

Figure 75
Percent of South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Table 60 South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017-2018				
			95% Confidence Interval	
		2017-2018	Low	High
Gender	Male	6%	4.7%	6.8%
	Female	11%	9.5%	12.7%
Age	18-29	12%	9.2%	14.9%
	30-39	14%	11.2%	17.6%
	40-49	8%	6.4%	10.9%
	50-59	7%	5.6%	9.3%
	60-69	5%	4.0%	6.7%
	70-79	1%	0.9%	2.3%
	80+	1%	0.4%	3.6%
Race/Ethnicity	White, Non-Hispanic	7%	6.2%	8.2%
	American Indian, Non-Hispanic	20%	15.6%	25.3%
	Hispanic	18%	11.4%	27.9%
Household Income	Less than $25,000	13%	10.9%	15.3%
	$25,000-$74,999	7%	5.9%	9.3%
	$75,000+	5%	4.0%	6.9%
Education	Less than High School, G.E.D.	14%	9.4%	19.4%
	High School, G.E.D.	8%	6.4%	9.7%
	Some Post-High School	9%	7.4%	10.9%
	College Graduate	6%	4.9%	7.4%
Employment Status	Employed for Wages	9%	8.1%	11.1%
	Self-employed	7%	4.4%	9.6%
	Unemployed	16%	10.3%	25.2%
	Homemaker	9%	5.6%	15.6%
	Student	8%	4.7%	13.2%
	Retired	3%	1.9%	3.7%
	Unable to Work	18%	13.7%	23.5%
Marital Status	Married/Unmarried Couple	7%	6.2%	8.8%
	Divorced/Separated	11%	9.0%	14.4%
	Widowed	4%	2.7%	6.6%
	Never Married	11%	8.5%	12.9%
Home Ownership Status	Own Home	7%	5.9%	8.0%
	Rent Home	13%	10.4%	15.1%
Children Status	Children in Household (Ages 18-44)	13%	10.3%	15.5%
	No Children in Household (Ages 18-44)	12%	9.2%	14.8%
Phone Status	Landline	5%	4.3%	6.6%
	Cell Phone	9%	8.3%	10.8%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	17%	13.6%	20.1%
County	Minnehaha	8%	6.4%	11.0%
	Pennington	10%	7.4%	12.6%
	Lincoln	14%	7.9%	22.6%
	Brown	14%	9.8%	19.8%
	Brookings	10%	6.2%	16.1%
	Codington	7%	4.0%	11.1%
	Meade	17%	8.7%	29.5%
	Lawrence	*	*	*

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of having faced at least five adverse childhood experiences than males.
Age	The prevalence of having faced at least five adverse childhood experiences generally decreases as adult age increases.
Race/Ethnicity	American Indians and Hispanics demonstrate a significantly higher prevalence of having faced at least five adverse childhood experiences than whites.
Household Income	The prevalence of having faced at least five adverse childhood experiences decreases as adult household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of having faced at least five adverse childhood experiences does not seem to change as adult education levels change.
Employment	Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of having faced at least five adverse childhood experiences, while those who are retired show a very low prevalence.
Marital Status	Those who have never been married or are divorced exhibit a significantly higher prevalence of having faced at least five adverse childhood experiences than those who are married or widowed.
Home Ownership	Those who rent their home show a significantly higher prevalence of having faced at least five adverse childhood experiences than those who own their home.
Children Status	The prevalence of having faced at least five adverse childhood experiences does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of having faced at least five adverse childhood experiences than those who primarily use a landline phone.
County	There seems to be no difference among the seven counties with enough sample size to analyze with regard to having faced at least five adverse childhood experiences.

`

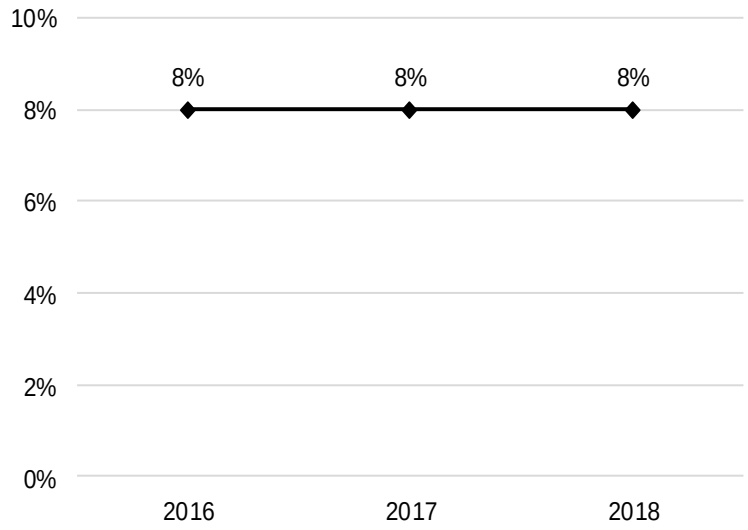
Hearing Difficulty

Definition: South Dakotans that answered yes to the question: "Are you deaf or do you have serious difficulty hearing?"

Prevalence of Hearing Difficulty

- South Dakota 8%
- Nationwide median 7%

Figure 76
Percentage of South Dakotans Who are Deaf or Have Serious Difficulty Hearing, 2016-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Table 61 South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2018				
			95% Confidence Interval	
		2016-2018	Low	High
Gender	Male	10%	9.2%	11.3%
	Female	5%	4.6%	5.9%
Age	18-29	2%	1.5%	4.0%
	30-39	3%	2.1%	4.3%
	40-49	4%	2.9%	5.4%
	50-59	7%	5.6%	8.4%
	60-69	10%	8.5%	11.4%
	70-79	19%	16.0%	21.5%
	80+	29%	25.1%	33.1%
Race/Ethnicity	White	8%	6.9%	8.2%
	American Indian, Non-Hispanic	10%	7.7%	12.4%
	Hispanic	7%	3.3%	13.9%
Household Income	Less than $35,000	10%	8.3%	10.9%
	$35,000-$74,999	7%	6.2%	8.3%
	$75,000+	5%	3.8%	5.4%
Education	Less than High School, G.E.D.	11%	8.5%	14.9%
	High School, G.E.D.	9%	8.2%	10.6%
	Some Post-High School	7%	6.1%	8.0%
	College Graduate	5%	4.5%	6.0%
Employment Status	Employed for Wages	4%	3.6%	5.0%
	Self-employed	6%	4.6%	7.4%
	Unemployed	5%	3.4%	8.2%
	Homemaker	7%	4.8%	10.9%
	Student	1%	0.2%	1.8%
	Retired	18%	16.4%	20.0%
	Unable to Work	17%	13.4%	21.8%
Marital Status	Married/Unmarried Couple	7%	6.6%	8.2%
	Divorced/Separated	9%	7.5%	11.5%
	Widowed	21%	18.2%	24.6%
	Never Married	3%	2.5%	4.5%
Home Ownership Status	Own Home	8%	7.6%	9.1%
	Rent Home	6%	5.2%	7.7%
Children Status	Children in Household (Ages 18-44)	3%	2.1%	4.2%
	No Children in Household (Ages 18-44)	2%	1.6%	3.8%
Phone Status	Landline	12%	10.3%	12.9%
	Cell Phone	6%	5.6%	7.0%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.4%	14.9%
	Not Pregnant (Ages 18-44)	1%	0.8%	2.4%
County	Minnehaha	6%	4.9%	7.8%
	Pennington	10%	7.9%	11.6%
	Lincoln	3%	1.8%	6.7%
	Brown	10%	7.1%	13.7%
	Brookings	4%	2.9%	5.8%
	Codington	12%	8.9%	15.7%
	Meade	8%	5.0%	11.4%
	Lawrence	6%	4.6%	8.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2018

Demographics

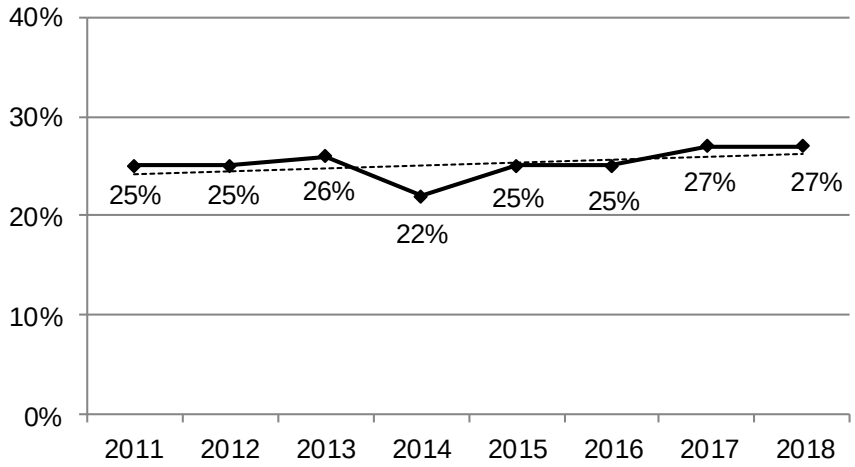
Gender	Males exhibit a significantly higher prevalence of hearing difficulty than females.
Age	The prevalence of hearing difficulty increases as age increases. This includes significant increases when people reach their 50s, 60s, 70s, and 80s.
Race/Ethnicity	There seems to be no racial/ethnic difference regarding hearing difficulty.
Household Income	The prevalence of hearing difficulty decreases as household income increases. This includes a significant decrease as the $75,000+ household income group is reached.
Education	The prevalence of hearing difficulty decreases as education increases. This includes significant decreases as some post-high school and college graduate levels are reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of hearing difficulty while those who are a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of hearing difficulty, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of hearing difficulty does not seem to change based on home ownership status.
Children Status	The prevalence of hearing difficulty does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of hearing difficulty than those who primarily use a cell phone.
County	Pennington, Brown, and Codington counties exhibit a very high prevalence of hearing difficulty, while those in Minnehaha, Lincoln, and Brookings counties show a very low prevalence.

Definition: South Dakotans, ages 18-64, that report they have had an HIV test.

Prevalence of HIV Test

- South Dakota 27%
- Nationwide median 38%

Figure 77
Percentage of South Dakotans, Ages 18-64, Who Have Been Tested for HIV, 2011-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2018

Table 62 South Dakotans, Ages 18-64, Who Have Been Tested for HIV, 2014-2018				
			95% Confidence Interval	
		2014-2018	Low	High
Gender	Male	24%	22.5%	25.0%
	Female	27%	25.7%	28.3%
Age	18-29	29%	26.2%	31.2%
	30-39	42%	39.1%	44.5%
	40-49	37%	34.2%	39.4%
	50-59	23%	21.0%	24.5%
	60-69	15%	13.3%	16.0%
	70-79	7%	6.3%	8.8%
	80+	3%	1.9%	4.1%
Race/Ethnicity	White, Non-Hispanic	22%	21.5%	23.3%
	American Indian, Non-Hispanic	50%	46.0%	53.4%
	Hispanic	39%	31.1%	48.0%
Household Income	Less than $35,000	30%	27.9%	31.6%
	$35,000-$74,999	25%	23.5%	26.7%
	$75,000+	25%	23.1%	26.4%
Education	Less than High School, G.E.D.	23%	19.6%	26.4%
	High School, G.E.D.	22%	20.3%	23.5%
	Some Post-High School	28%	26.1%	29.4%
	College Graduate	27%	25.9%	28.9%
Employment Status	Employed for Wages	30%	28.3%	31.0%
	Self-employed	21%	18.4%	23.1%
	Unemployed	43%	37.3%	48.7%
	Homemaker	33%	27.6%	38.1%
	Student	17%	13.4%	21.3%
	Retired	9%	8.3%	10.3%
	Unable to Work	40%	36.0%	44.6%
Marital Status	Married/Unmarried Couple	23%	22.3%	24.5%
	Divorced/Separated	39%	36.3%	42.0%
	Widowed	8%	7.0%	10.2%
	Never Married	29%	26.4%	30.9%
Home Ownership Status	Own Home	22%	20.9%	22.9%
	Rent Home	35%	33.2%	37.6%
Children Status	Children in Household (Ages 18-44)	40%	37.4%	41.8%
	No Children in Household (Ages 18-44)	30%	27.4%	32.4%
Phone Status	Landline	17%	16.2%	18.4%
	Cell Phone	29%	28.2%	30.6%
Pregnancy Status	Pregnant (Ages 18-44)	66%	53.8%	76.9%
	Not Pregnant (Ages 18-44)	41%	38.4%	43.4%
County	Minnehaha	28%	25.2%	30.0%
	Pennington	32%	29.2%	34.1%
	Lincoln	26%	21.7%	29.8%
	Brown	21%	18.2%	24.1%
	Brookings	17%	13.6%	19.9%
	Codington	20%	17.4%	23.7%
	Meade	28%	23.7%	32.0%
	Lawrence	22%	19.5%	25.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of HIV testing than males.
Age	HIV testing peaks with those in their 30s and then decreases as age increases with significant decreases as the 50s, 60s, 70s, and 80s are reached.
Race/Ethnicity	American Indians and Hispanics exhibit a significantly higher prevalence of HIV testing than whites.
Household Income	The prevalence of HIV testing does not seem to change as household income changes.
Education	There seems to be no difference in the prevalence of HIV testing regarding changing education levels.
Employment	Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of HIV testing, while those who are retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of HIV testing, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of HIV testing than those who own their home.
Children Status	Those who have children in the household demonstrate a significantly higher prevalence of HIV testing than those who do not have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of HIV testing than those who primarily use a landline.
Pregnancy Status	Those who are pregnant exhibit a significantly higher prevalence of HIV testing than those who are not pregnant.
County	Minnehaha, Pennington, Lincoln, and Meade counties exhibit a very high prevalence of HIV testing, while Brown, Brookings, Codington, and Lawrence counties all show a very low prevalence.

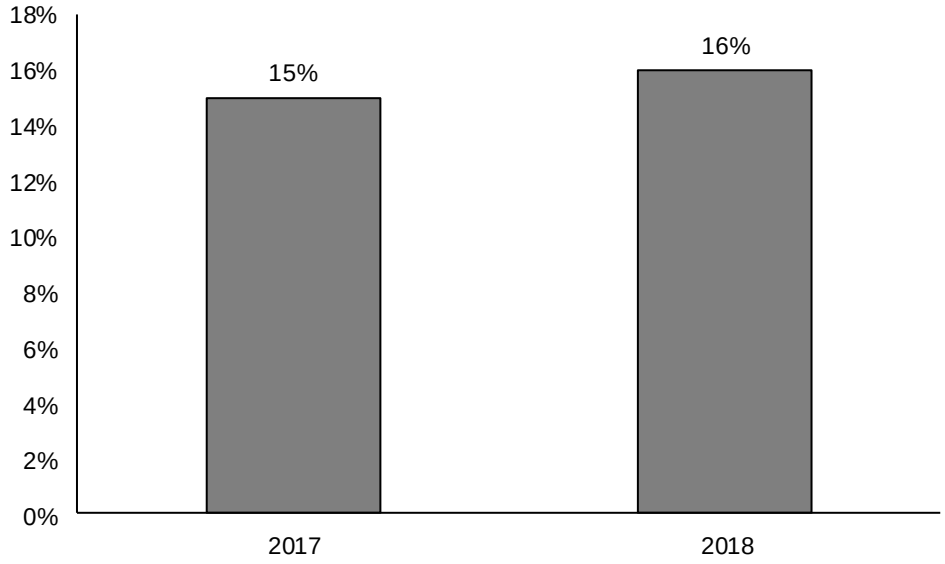
Prescription Pain Medication

Definition: South Dakotans that have taken prescription pain medication in the past twelve months.

Prevalence of Prescription Pain Medication

- South Dakota 16%
- *There is no nationwide median for prescription pain medication*

Figure 78
Percentage of South Dakotans Who Have Taken Prescription Pain Medication in the Past 12 Months, 2017-2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Table 63 South Dakotans That Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2018				
			95% Confidence Interval	
		2017-2018	Low	High
Gender	Male	14%	12.7%	16.0%
	Female	16%	14.7%	17.9%
Age	18-29	13%	9.7%	16.1%
	30-39	13%	10.3%	16.0%
	40-49	15%	12.0%	18.3%
	50-59	19%	16.1%	21.9%
	60-69	18%	15.9%	20.7%
	70-79	16%	13.4%	19.0%
	80+	12%	8.4%	15.8%
Race/ Ethnicity	White, Non-Hispanic	15%	14.1%	16.5%
	American Indian, Non-Hispanic	16%	13.0%	20.1%
	Hispanic	18%	10.1%	29.4%
Household Income	Less than $35,000	18%	15.9%	20.8%
	$35,000-$74,999	14%	12.4%	16.1%
	$75,000+	14%	12.4%	16.8%
Education	Less than High School, G.E.D.	14%	9.8%	19.3%
	High School, G.E.D.	15%	13.0%	17.1%
	Some Post-High School	16%	13.8%	17.9%
	College Graduate	16%	13.7%	17.7%
Employment Status	Employed for Wages	14%	12.8%	16.1%
	Self-employed	11%	8.4%	14.1%
	Unemployed	21%	15.1%	29.7%
	Homemaker	14%	9.4%	20.0%
	Student	15%	9.2%	24.9%
	Retired	15%	12.9%	16.8%
	Unable to Work	35%	29.0%	42.3%
Marital Status	Married/Unmarried Couple	15%	13.7%	16.7%
	Divorced/Separated	19%	16.0%	23.1%
	Widowed	18%	14.1%	21.5%
	Never Married	13%	10.5%	15.9%
Home Ownership Status	Own Home	15%	14.0%	16.7%
	Rent Home	15%	13.1%	18.2%
Children Status	Children in Household (Ages 18-44)	13%	10.4%	15.6%
	No Children in Household (Ages 18-44)	13%	10.1%	16.1%
Phone Status	Landline	15%	13.1%	16.3%
	Cell Phone	16%	14.1%	17.1%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	13%	10.6%	16.5%
County	Minnehaha	14%	11.3%	17.0%
	Pennington	19%	16.0%	22.6%
	Lincoln	21%	14.6%	29.9%
	Brown	18%	13.4%	22.5%
	Brookings	12%	7.8%	17.3%
	Codington	13%	9.3%	16.8%
	Meade	18%	11.2%	26.6%
	Lawrence	*	*	*

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2018

Demographics

Gender	The prevalence of taking prescription pain medication does not seem to differ based on gender.
Age	The prevalence of taking prescription pain medication increases as age increases and peaks in the 50s. After that, the prevalence decreases as age increases.
Race/Ethnicity	The prevalence of taking prescription pain medication does not seem to differ based on race or ethnicity.
Household Income	The prevalence of taking prescription pain medication does not seem to change as household income changes.
Education	The prevalence of taking prescription pain medication increases as education levels increase.
Employment	Those who are unemployed or unable to work demonstrate a much higher prevalence of taking prescription pain medication than all other types of employment.
Marital Status	Those who are divorced exhibit a very high prevalence of taking prescription pain medication, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of taking prescription pain medication does not seem to differ based on home ownership.
Children Status	The prevalence of taking prescription pain medication does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of taking prescription pain medication does not seem to differ based on phone status.
County	The prevalence of taking prescription pain medication does not seem to differ among the seven available counties.

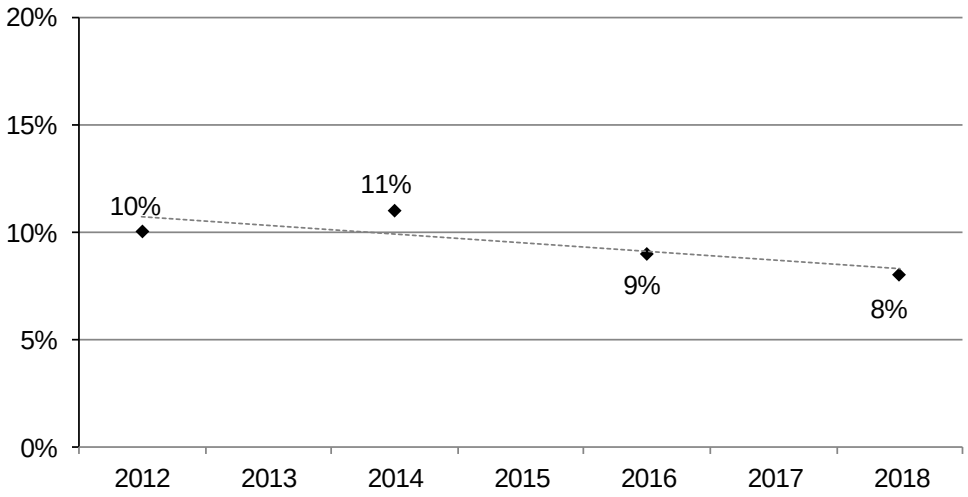
Falls

Definition: South Dakotans ages 45 and older who answered ''yes'' to the question: "In the past 12 months were you injured in a fall; by injured we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor?"

Prevalence of Injuries Due to a Fall

- South Dakota 8%
- *There is no nationwide median for injuries due to a fall*

Figure 79
Percent of South Dakotans, Ages 45 or Older, Who Were Injured in a Fall in the Past 12 Months, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Table 64 South Dakotans, Ages 45 and Older, Who Were Injured in a Fall in the Past 12 Months, 2014, 2016, and 2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	8%	6.6%	9.0%
	Female	11%	9.9%	12.2%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	9%	6.7%	12.0%
	50-59	10%	8.6%	11.9%
	60-69	10%	8.2%	11.1%
	70-79	8%	6.5%	9.7%
	80+	10%	7.7%	12.2%
Race/Ethnicity	White, Non-Hispanic	9%	8.3%	10.0%
	American Indian, Non-Hispanic	16%	11.7%	22.2%
	Hispanic	5%	2.2%	11.6%
Household Income	Less than $35,000	14%	12.3%	16.4%
	$35,000-$74,999	9%	7.8%	10.7%
	$75,000+	5%	4.2%	6.4%
Education	Less than High School, G.E.D.	10%	6.9%	14.2%
	High School, G.E.D.	10%	8.3%	11.3%
	Some Post-High School	9%	7.8%	10.4%
	College Graduate	9%	8.1%	11.0%
Employment Status	Employed for Wages	7%	5.6%	7.8%
	Self-employed	8%	6.1%	10.3%
	Unemployed	15%	8.7%	23.9%
	Homemaker	8%	5.3%	12.2%
	Student	*	*	*
	Retired	9%	7.7%	10.2%
	Unable to Work	32%	26.2%	38.2%
Marital Status	Married/Unmarried Couple	8%	7.2%	9.0%
	Divorced/Separated	14%	11.6%	17.3%
	Widowed	11%	8.6%	12.9%
	Never Married	10%	6.7%	14.4%
Home Ownership Status	Own Home	8%	7.6%	9.3%
	Rent Home	14%	11.6%	17.3%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	10%	8.4%	10.8%
	Cell Phone	9%	8.2%	10.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	8%	6.2%	10.0%
	Pennington	11%	8.7%	13.0%
	Lincoln	5%	3.6%	7.5%
	Brown	10%	7.5%	12.2%
	Brookings	8%	5.9%	10.4%
	Codington	10%	7.9%	13.0%
	Meade	10%	7.6%	13.1%
	Lawrence	10%	8.3%	12.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014, 2016, and 2018

Demographics

Gender	Females exhibit a significantly higher prevalence of being injured in a fall than males.
Age	The prevalence of being injured in a fall does not seem to be affected by age.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of being injured in a fall than whites or Hispanics.
Household Income	The prevalence of being injured in a fall decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of being injured in a fall does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of being injured in a fall, while those who are employed for wages, self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of being injured in a fall, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of being injured in a fall than those who own their home.
Phone Status	The prevalence of being injured in a fall does not seem to change based on phone status.
County	Pennington, Codington, Meade, and Lawrence counties all demonstrate a very high prevalence of being injured in a fall, while Lincoln county shows a very low prevalence.

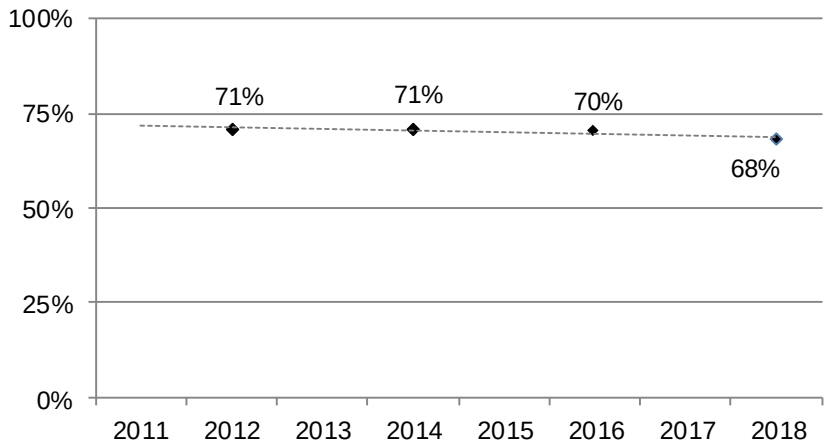
Oral Health

Definition: South Dakotans who have visited a dentist or dental clinic for any reason within the past year.

Prevalence of Oral Health

- South Dakota 68%
- Nationwide median 68%

Figure 80
Percent of South Dakotans Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2012, 2014, 2016, and 2018



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012, 2014, 2016, and 2018

Table 65 South Dakotans Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2014-2018				
		2014-2018	95% Confidence Interval	
			Low	High
Gender	Male	65%	63.1%	66.6%
	Female	74%	72.8%	75.8%
Age	18-29	70%	66.8%	73.2%
	30-39	67%	64.1%	70.5%
	40-49	73%	69.8%	75.8%
	50-59	71%	68.1%	73.1%
	60-69	73%	70.5%	75.1%
	70-79	65%	61.4%	67.9%
	80+	62%	58.0%	66.1%
Race/Ethnicity	White, Non-Hispanic	71%	70.1%	72.5%
	American Indian, Non-Hispanic	58%	53.3%	62.6%
	Hispanic	57%	46.0%	67.5%
Household Income	Less than $35,000	55%	52.6%	57.5%
	$35,000-$74,999	71%	68.6%	72.9%
	$75,000+	85%	83.2%	86.7%
Education	Less than High School, G.E.D.	54%	48.6%	58.8%
	High School, G.E.D.	62%	59.9%	64.4%
	Some Post-High School	72%	70.4%	74.4%
	College Graduate	82%	80.0%	83.2%
Employment Status	Employed for Wages	72%	70.3%	73.7%
	Self-employed	66%	63.0%	69.7%
	Unemployed	58%	51.3%	64.9%
	Homemaker	68%	61.3%	73.4%
	Student	82%	74.8%	86.7%
	Retired	69%	66.5%	70.9%
	Unable to Work	53%	48.1%	58.7%
Marital Status	Married/Unmarried Couple	75%	73.3%	76.2%
	Divorced/Separated	57%	53.2%	60.3%
	Widowed	59%	55.2%	62.8%
	Never Married	66%	62.7%	68.7%
Home Ownership Status	Own Home	74%	72.4%	75.0%
	Rent Home	58%	54.9%	60.6%
Children Status	Children in Household (Ages 18-44)	70%	67.4%	72.6%
	No Children in Household (Ages 18-44)	69%	65.7%	72.1%
Phone Status	Landline	71%	69.3%	72.8%
	Cell Phone	69%	67.3%	70.4%
Pregnancy Status	Pregnant (Ages 18-44)	73%	56.9%	85.2%
	Not Pregnant (Ages 18-44)	75%	72.3%	77.9%
County	Minnehaha	72%	69.1%	75.1%
	Pennington	67%	64.4%	70.3%
	Lincoln	77%	71.5%	81.0%
	Brown	71%	67.3%	75.1%
	Brookings	75%	70.3%	78.8%
	Codington	74%	70.2%	77.2%
	Meade	63%	57.2%	69.1%
	Lawrence	70%	66.3%	73.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2018

Demographics

Gender	Females exhibit a significantly higher prevalence of visiting the dentist in the past year than males.
Age	The prevalence of visiting a dentist in the past year does not seem to change as age changes.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of visiting the dentist in the past year than American Indians and Hispanics.
Household Income	The prevalence of visiting the dentist in the past year increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of visiting the dentist in the past year increases as education levels increase. This includes significant increases as the high school graduate, some post-high school, and college graduate levels are reached.
Employment	Those who are unable to work or unemployed demonstrate a very low prevalence of visiting the dentist in the past year, while those who are a student show a very high prevalence.
Marital Status	Those who are divorced or widowed exhibit a very low prevalence of visiting the dentist in the past year, while those who are married show a very high prevalence.
Home Ownership	Those who rent their home show a significantly lower prevalence of visiting the dentist in the past than those who own their home.
Children Status	The prevalence of visiting the dentist in the past year among adults does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of visiting the dentist in the past year does not seem to differ based on phone status.
Pregnancy Status	The prevalence of visiting the dentist in the past year does not seem to differ based on pregnancy status.
County	Pennington and Meade counties demonstrate a very low prevalence of visiting the dentist in the past year, while Lincoln, Brookings, and Codington counties show a very high prevalence.

Appendix A: Demographics

Table 66 Demographics of Survey Respondents, 2018							
		Total		Male		Female	
		# Resp.	Col %	# Resp.	Col %	# Resp.	Col %
Total		7,120	100%	3,240	100%	3,880	100%
Age	18-29	690	10%	361	11%	329	8%
	30-39	749	11%	377	12%	372	10%
	40-49	819	12%	404	12%	415	11%
	50-59	1,299	18%	627	19%	672	17%
	60-69	1,662	23%	736	23%	926	24%
	70-79	1,204	17%	508	16%	696	18%
	80+	697	10%	227	7%	470	12%
Race/Ethnicity	White, Non-Hispanic	5,704	80%	2,612	81%	3,092	80%
	American Indian, Non-Hispanic	1,023	14%	430	13%	593	15%
	Hispanic	140	2%	66	2%	74	2%
	Other	253	4%	132	4%	121	3%
Household Income	Less than $10,000	308	4%	119	4%	189	5%
	$10,000-$14,999	243	3%	103	3%	140	4%
	$15,000-$19,999	394	6%	172	5%	222	6%
	$20,000-$24,999	390	6%	178	6%	212	6%
	$25,000-$34,999	703	10%	307	10%	396	10%
	$35,000-$49,999	1,009	14%	459	14%	550	14%
	$50,000-$74,999	1,024	14%	496	15%	528	14%
	$75,000 +	1,706	24%	906	28%	800	21%
	Not Stated	1,286	18%	475	15%	811	21%
Education	8th Grade or Less	110	2%	66	2%	44	1%
	Some High School	309	4%	146	5%	163	4%
	High School or G.E.D.	2,072	29%	995	31%	1,077	28%
	Some Post-High School	2,189	31%	957	30%	1,232	32%
	College Graduate	2,419	34%	1,060	33%	1,359	35%
	Not Stated	21	0%	16	0%	5	0%
Employment Status	Employed for Wages	2,877	40%	1,357	42%	1,520	39%
	Self-employed	841	12%	572	18%	269	7%
	Unemployed	255	4%	120	4%	135	3%
	Homemaker	298	4%	10	0%	288	7%
	Student	154	2%	77	2%	77	2%
	Retired	2,192	31%	862	27%	1,330	34%
	Unable to Work	425	6%	206	6%	219	6%
	Not Stated	65	1%	33	1%	32	1%
Marital Status	Married/Unmarried Couple	4,038	57%	1,913	59%	2,125	55%
	Divorced/Separated	924	13%	427	13%	497	13%
	Widowed	943	13%	219	7%	724	19%
	Never Married	1,166	16%	657	20%	509	13%
	Not Stated	49	1%	24	1%	25	1%
Phone Status	Landline	3,490	49%	1,330	41%	2,160	56%
	Cell Phone	3,630	51%	1,910	59%	1,720	44%
Home Ownership	Own Home	5,339	78%	2,407	78%	2,932	78%
	Rent Home	1,485	22%	670	22%	815	22%
Children in Household	Yes	1,948	27%	859	27%	1,089	28%
	No	5,125	72%	2,360	73%	2,765	71%
	Not Stated	31	0%	16	0%	15	0%
Pregnant (18-44)	Yes	42	4%	0	0%	42	4%
	No	1,020	95%	0	0%	1,020	95%
	Not Stated	16	1%	0	0%	16	1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018

Table 67 Surveys Completed by Resident County, 2018					
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Total	7,120	100.0%	664,629	100.0%	10.7
Aurora	13	0.2%	2,106	0.3%	6.2
Beadle	43	0.6%	13,675	2.1%	3.1
Bennett	150	2.1%	2,293	0.3%	65.4
Bon Homme	15	0.2%	5,562	0.8%	2.7
Brookings	543	7.6%	28,009	4.2%	19.4
Brown	543	7.6%	29,900	4.5%	18.2
Brule	20	0.3%	3,864	0.6%	5.2
Buffalo	28	0.4%	1,234	0.2%	22.7
Butte	57	0.8%	7,746	1.2%	7.4
Campbell	10	0.1%	1,158	0.2%	8.6
Charles Mix	26	0.4%	6,563	1.0%	4.0
Clark	24	0.3%	2,773	0.4%	8.7
Clay	53	0.7%	11,585	1.7%	4.6
Codington	512	7.2%	21,291	3.2%	24.0
Corson	142	2.0%	2,627	0.4%	54.1
Custer	39	0.5%	7,383	1.1%	5.3
Davison	43	0.6%	15,251	2.3%	2.8
Day	28	0.4%	4,264	0.6%	6.6
Deuel	37	0.5%	3,305	0.5%	11.2
Dewey	221	3.1%	3,667	0.6%	60.3
Douglas	10	0.1%	2,180	0.3%	4.6
Edmunds	32	0.4%	2,949	0.4%	10.9
Fall River	26	0.4%	5,603	0.8%	4.6
Faulk	13	0.2%	1,740	0.3%	7.5
Grant	39	0.5%	5,538	0.8%	7.0
Gregory	15	0.2%	3,220	0.5%	4.7
Haakon	31	0.4%	1,469	0.2%	21.1
Hamlin	67	0.9%	4,187	0.6%	16.0
Hand	14	0.2%	2,547	0.4%	5.5
Hanson	12	0.2%	2,344	0.4%	5.1
Harding	14	0.2%	959	0.1%	14.6
Hughes	48	0.7%	13,399	2.0%	3.6
Hutchinson	19	0.3%	5,500	0.8%	3.5
Hyde	5	0.1%	1,017	0.2%	4.9
Jackson	129	1.8%	2,202	0.3%	58.6
Jerauld	6	0.1%	1,563	0.2%	3.8
Jones	3	0.0%	722	0.1%	4.2
Kingsbury	26	0.4%	3,792	0.6%	6.9
Lake	33	0.5%	10,430	1.6%	3.2
Lawrence	114	1.6%	21,141	3.2%	5.4
Lincoln	648	9.1%	42,342	6.4%	15.3
Lyman	9	0.1%	2,698	0.4%	3.3
McCook	16	0.2%	4,019	0.6%	4.0
McPherson	15	0.2%	1,815	0.3%	8.3
Marshall	25	0.4%	3,921	0.6%	6.4
Meade	556	7.8%	21,831	3.3%	25.5
Mellette	83	1.2%	1,415	0.2%	58.7
Miner	9	0.1%	1,689	0.3%	5.3
Minnehaha	708	9.9%	143,825	21.6%	4.9
Moody	36	0.5%	4,865	0.7%	7.4
Oglala Lakota	383	5.4%	8,985	1.4%	42.6
Pennington	725	10.2%	86,126	13.0%	8.4
Perkins	36	0.5%	2,317	0.3%	15.5
Potter	13	0.2%	1,728	0.3%	7.5
Roberts	42	0.6%	7,458	1.1%	5.6
Sanborn	13	0.2%	1,815	0.3%	7.2
Spink	25	0.4%	5,002	0.8%	5.0

Table 67 (continued) Surveys Completed by Resident County, 2018					
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Stanley	10	0.1%	2,291	0.3%	4.4
Sully	9	0.1%	1,100	0.2%	8.2
Todd	252	3.5%	5,965	0.9%	42.2
Tripp	22	0.3%	4,214	0.6%	5.2
Turner	53	0.7%	6,370	1.0%	8.3
Union	51	0.7%	11,840	1.8%	4.3
Walworth	26	0.4%	4,263	0.6%	6.1
Yankton	49	0.7%	18,009	2.7%	2.7
Ziebach	103	1.4%	1,968	0.3%	52.3

Source: South Dakota Behavioral Risk Factor Surveillance System, 2018
2018 Population Estimates, United States Census Bureau

Appendix B: BRFSS Questionnaire

Section 1: Health Status

1.1 Would you say that in general your health is—

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
7 Don't know / Not sure
9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_ _ Number of days
88 None
77 Don't know / Not sure
99 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_ _ Number of days
88 None [If Q2.1 and Q2.2 = 88 (None), go to next section]
77 Don't know / Not sure
99 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_ _ Number of days
88 None
77 Don't know / Not sure
99 Refused

Section 3: Health Care Access

3.1.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider? If No, ask: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup?
INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 5: Inadequate Sleep

5.1 On average, how many hours of sleep do you get in a 24-hour period?
INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

_ _ Number of hours [01-24]
7 7 Don't know / Not sure
9 9 Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, or you're Not sure.

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.2 (Ever told) you had angina or coronary heart disease?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.3 (Ever told) you had a stroke?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.4 (Ever told) you had asthma?

1 Yes
2 No [Go to Q6.6]
7 Don't know / Not sure [Go to Q6.6]
9 Refused [Go to Q6.6]

6.5 Do you still have asthma?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.6 (Ever told) you had skin cancer?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.7 (Ever told) you had any other types of cancer?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease or C.O.P.D., emphysema or chronic bronchitis?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome

-
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?
INTERVIEWER NOTE: Incontinence is not being able to control urine flow.
1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.12 (Ever told) you have diabetes?
INTERVIEWER NOTE: IF YES AND RESPONDENT IS FEMALE, ASK: WAS THIS ONLY WHEN YOU WERE PREGNANT? IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.
1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes
7 Don't know / Not sure
9 Refused

NOTE: If Q6.12 = 1 (Yes), go <u>to next question</u>. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

6.13 How old were you when you were told you have diabetes?
_ _ Code age in years [97 = 97 and older]
9 8 Don't know / Not sure
9 9 Refused

NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?
INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1 1 to 5
2 6 or more but not all
3 All
8 None
7 Don't know / Not sure
9 Refused

Section 8: Demographics

8.1 (What was your sex at birth? Was it…)
(What is your sex?)
NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

1 Male
2 Female
9 Refused

8.2 What is your age?

_ _ Code age in years
07 Don't know / Not sure
09 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin?
If yes, ask: Are you…
INTERVIEWER NOTE: *One or more categories may be selected.*

1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin
5 No
7 Don't know / Not sure
9 Refused

8.4 Which one or more of the following would you say is your race?
INTERVIEWER NOTE: Select all that apply.
INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander
- 51 Native Hawaiian

52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
60 Other
88 No additional choices
77 Don't know / Not sure
99 Refused

NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 Which one of these groups would you say best represents your race?
INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."
INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
50 Pacific Islander
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
60 Other
77 Don't know / Not sure
99 Refused

8.6 Are you…?

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple
9 Refused

8.7 What is the highest grade or year of school you completed?

1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
9 Refused

8.8 Do you own or rent your home?

1 Own
2 Rent
3 Other arrangement
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live?

_ _ _ ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

8.10 What is the ZIP Code where you currently live?

_ _ _ _ _ ZIP Code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

NOTE: If cellular telephone interview skip to 8.14

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes
2 No [Go to Q8.13]
7 Don't know / Not sure [Go to Q8.13]
9 Refused [Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers?

_ Residential telephone numbers [6 = 6 or more]
7 Don't know / Not sure
9 Refused

8.13 How many cell phones do you have for personal use?

INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

__ Enter number (1-5)
6 Six or more
7 Don't know / Not sure
8 None
9 Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes
2 No
7 Don't know / Not sure
9 Refused

8.15 Are you currently…?
INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".
1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
8 Unable to work
9 Refused

8.16 How many children less than 18 years of age live in your household?
_ _ Number of children
8 8 None
9 9 Refused

8.17 Is your annual household income from all sources—
0 4 Less than $25,000 If no, ask 05; if yes, ask 03
($20,000 to less than $25,000)
0 3 Less than $20,000 If no, code 04; if yes, ask 02
($15,000 to less than $20,000)
0 2 Less than $15,000 If no, code 03; if yes, ask 01
($10,000 to less than $15,000)
0 1 Less than $10,000 If no, code 02
0 5 Less than $35,000 If no, ask 06
($25,000 to less than $35,000)
0 6 Less than $50,000 If no, ask 07
($35,000 to less than $50,000)
0 7 Less than $75,000 If no, code 08
($50,000 to less than $75,000)
0 8 $75,000 or more
7 7 Don't know / Not sure
9 9 Refused

8.18 About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put 9 in column XXX.
Round fractions up
_ _ _ _ Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

8.19 About how tall are you without shoes? NOTE: If respondent answers in metrics, put 9 in column XXX.
Round fractions down
_ _ / _ _ Height
(f t / inches/meters/centimeters)

77/ 77 Don’t know / Not sure
99/ 99 Refused

If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

8.21 Are you deaf or do you have serious difficulty hearing?
1 Yes
2 No
7 Don’t know / Not Sure
9 Refused

8.22 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
1 Yes
2 No
7 Don’t know / Not Sure
9 Refused

8.23 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

8.24 Do you have serious difficulty walking or climbing stairs?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

8.25 Do you have difficulty dressing or bathing?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

8.26 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

9.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

1 Yes
2 No [Go to Q9.5]
7 Don't know / Not sure [Go to Q9.5]
9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all [Go to Q9.4]
7 Don't know / Not sure [Go to Q9.5]
9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes [Go to Q9.5]
2 No [Go to Q9.5]
7 Don't know / Not sure [Go to Q9.5]
9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

0 1 Within the past month (less than 1 month ago)
0 2 Within the past 3 months (1 month but less than 3 months ago)
0 3 Within the past 6 months (3 months but less than 6 months ago)
0 4 Within the past year (6 months but less than 1 year ago)
0 5 Within the past 5 years (1 year but less than 5 years ago)
0 6 Within the past 10 years (5 years but less than 10 years ago)
0 7 10 years or more
0 8 Never smoked regularly
7 7 Don't know / Not sure
9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Snus (rhymes with 'goose')

INTERVIEWER NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1 Every day
2 Some days
3 Not at all
7 Don't know / Not sure
9 Refused

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 _ _ Days per week
2 _ _ Days in past 30 days
888 No drinks in past 30 days [Go to next section]
777 Don't know / Not sure [Go to next section]
999 Refused [Go to next section]

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_ _ Number of drinks
77 Don't know / Not sure
99 Refused

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?

_ _ Number of times
88 None
77 Don't know / Not sure
99 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _ Number of drinks
77 Don't know / Not sure
99 Refused

Section 11: Immunization

11.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
2 No [Go to Q11.4]
7 Don't know / Not sure [Go to Q11.4]
9 Refused [Go to Q11.4]

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

_ _ / _ _ _ _ Month / Year
77 / 7777 Don't know / Not sure
99 / 9999 Refused

11.3 At what kind of place did you get your last flu shot/vaccine?

01 A doctor's office or health maintenance organization (HMO)
02 A health department
03 Another type of clinic or health center (a community health center)
04 A senior, recreation, or community center
05 A store (supermarket, drug store)

06 A hospital (inpatient)
07 An emergency room
08 Workplace
09 Some other kind of place
11 A school
10 Received vaccination in Canada/Mexico
77 Don't know / Not sure
99 Refused

11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

.

12.1 In the past 12 months, how many times have you fallen?

_ _ Number of times [76 = 76 or more]
8 8 None [Go to next section]
7 7 Don't know / Not sure [Go to next section]
9 9 Refused [Go to next section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.2 [Fill in Did this fall (from Q12.1) cause an injury?]. If only one fall from Q12.1 and response is Yes (caused an injury); code 01. If response is No, code 88.

How many of these falls caused an injury that limited your regular activities for at least a day?

INTERVIEWER NOTE: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_ _ Number of falls [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 13: Seat Belt Use and Drinking and Driving

13.1 How often do you use seat belts when you drive or ride in a car? Would you say—

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

7 Don't know / Not sure
8 Never drive or ride in a car
9 Refused

Note: If Q13.1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.
Note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

13.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?
_ _ Number of times
88 None
77 Don't know / Not sure
99 Refused

Section 14: Breast and Cervical Cancer Screening

NOTE: If male go to the next section.
The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?
INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.
1 Yes
2 No [Go to Q14.3]
7 Don't know / Not sure [Go to Q14.3]
9 Refused [Go to Q14.3]

14.2 How long has it been since you had your last mammogram?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 Don't know / Not sure
9 Refused

14.3 Have you ever had a Pap test?
INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.
1 Yes
2 No [Go to Q14.5]
7 Don't know / Not sure [Go to Q14.5]
9 Refused [Go to Q14.5]

14.4 How long has it been since you had your last Pap test?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 Don't know / Not sure
9 Refused

14.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILLOMARVIRUS (PAP-UH-LOH-MUH VIRUS)

1 Yes
2 No [Go to Q14.7]
7 Don't know/Not sure [Go to Q14.7]
9 Refused [Go to Q14.7]

14.6 How long has it been since you had your last H.P.V. test?

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 Don't know / Not sure
9 Refused

NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 15: Prostate Cancer Screening

Note: If respondent is ≤39 years of age, or is female, go to next section.

15.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

1 Yes
2 No
7 Don't Know / Not sure
9 Refused

15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

1 Yes
2 No
7 Don't Know / Not sure
9 Refused

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

1 Yes
2 No
7 Don't Know / Not sure
9 Refused

15.4. Have you ever had a P.S.A. test?

1 Yes
2 No [Go to next section]
7 Don't Know / Not sure [Go to next section]
9 Refused [Go to next section]

15.5. How long has it been since you had your last P.S.A. test?

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago
7 Don't know / Not sure
9 Refused

15.6. What was the main reason you had this P.S.A. test – was it …?

1 Part of a routine exam
2 Because of a prostate problem
3 Because of a family history of prostate cancer
4 Because you were told you had prostate cancer
5 Some other reason
7 Don't know / Not sure
9 Refused

Section 16: Colorectal Cancer Screening

Note: If respondent is ≤ 49 years of age, go to next section.

16.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1 Yes
2 No [Go to Q16.3]
7 Don't know / Not sure [Go to Q16.3]
9 Refused [Go to Q16.3]

16.2 How long has it been since you had your last blood stool test using a home kit?

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 Don't know / Not sure
9 Refused

16.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1 Yes
2 No [Go to next section]
7 Don't know / Not sure [Go to next section]
9 Refused [Go to next section]

16.4 For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?

1 Sigmoidoscopy
2 Colonoscopy
7 Don't know / Not sure
9 Refused

16.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 Within the past 10 years (5 years but less than 10 years ago)
6 10 or more years ago
7 Don't know / Not sure
9 Refused

Section 17: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

17.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?

1 Yes
2 No [Go to Q17.3]
7 Don't know / Not sure [Go to Q17.3]
9 Refused [Go to Q17.3]

17.2 Not including blood donations, in what month and year was your last HIV test?
NOTE: If response is before January 1985, code Don't know.
INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

_ _ /_ _ _ _ Code month and year
77/ 7777 Don't know / Not sure
99/ 9999 Refused / Not sure

17.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have used intravenous drugs in the past year.
You have been treated for a sexually transmitted or venereal disease in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding Yes (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 Yes (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?
   If Yes and respondent is female, ask: Was this only when you were pregnant?

1	Yes
2	Yes, during pregnancy
3	No
7	Don't know / Not sure
9	Refused

Module 2: Diabetes

Note: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)

1. Are you now taking insulin?

1	Yes
2	No
9	Refused

2. About how often do you check your blood for glucose or sugar?
   INTERVIEWER NOTE: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

1 _ _	Times per day
2 _ _	Times per week
3 _ _	Times per month
4 _ _	Times per year
8 8 8	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. Including times when checked by a family member or friend by not including times when checked by a health professional, about how often do you check your feet for any sores or irritations?

1 _ _	Times per day
2 _ _	Times per week
3 _ _	Times per month
4 _ _	Times per year
555	No feet
888	Never
777	Don't know / Not sure
999	Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_ _	Number of times [76 = 76 or more]
88	None
77	Don't know / Not sure
99	Refused

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.

_ _	Number of times [76 = 76 or more]
8 8	None
98	Never heard of A one C test
77	Don't know / Not sure
99	Refused

Note: If Q3 = 555 (No feet), go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _	Number of times [76 = 76 or more]
88	None
77	Don't know / Not sure
99	Refused

7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
7	Don't know / Not sure
8	Never
9	Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

9. Have you ever taken a course or class in how to manage your diabetes yourself?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Module 6: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?
   - 1 Yes
   - 2 No [Go to next module]
   - 7 Don't know / Not Sure [Go to next module]
   - 9 Refused [Go to next module]

2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?
   - 1 Every Day
   - 2 Some days
   - 3 Not at all
   - 7 Don't know/Not sure
   - 9 Refused

Module 13: Lung Cancer Screening

NOTE: IF CORE Q9.1=1 (YES) AND Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION 4.

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

1. How old were you when you first started to smoke cigarettes regularly?
   - _ _ _ Age in Years (001 – 100)
   - 888 Never smoked cigarettes regularly [GO TO Q4]
   - 777 Don't know/Not sure
   - 999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

[INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE __ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF ___ YEARS. PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.]

2. How old were you when you last smoked cigarettes regularly?
   - _ _ _ Age in Years
   - 777 Don't know/Not sure
   - 999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

3. On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

_ _ _	Number of cigarettes
777	Don't know/Not sure
999	Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

INTERVIEWER NOTE 2: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES
1.25 PACK = 25 CIGARETTES	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 CIGARETTES	

4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?
   1. Yes, to check for lung cancer
   2. No (did not have a CT scan)
   3. Had a CT scan, but for some other reason
   7. Don't know/not sure
   9. Refused

Module 15: Cancer Survivorship

Note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had?

1	Only one	
2	Two	
3	Three or more	
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

2. At what age were you told that you had cancer?

_ _	Code age in years [97 = 97 and older]
98	Don't know / Not sure
99	Refused

Note: If Q1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

Note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer

Note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

If Q1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

INTERVIEWER NOTE: Read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast
01 Breast cancer

Female reproductive (Gynecologic)
02 Cervical cancer (cancer of the cervix)
03 Endometrial cancer (cancer of the uterus)
04 Ovarian cancer (cancer of the ovary)

Head/Neck
05 Head and neck cancer
06 Oral cancer
07 Pharyngeal (throat) cancer
08 Thyroid
09 Larynx

Gastrointestinal
10 Colon (intestine) cancer
11 Esophageal (esophagus)
12 Liver cancer
13 Pancreatic (pancreas) cancer
14 Rectal (rectum) cancer
15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)
16 Hodgkin's Lymphoma (Hodgkin’s disease)
17 Leukemia (blood) cancer
18 Non-Hodgkin’s Lymphoma

Male reproductive
19 Prostate cancer
20 Testicular cancer

Skin
21 Melanoma
22 Other skin cancer

Thoracic
23 Heart
24 Lung

Urinary cancer:
25 Bladder cancer
26 Renal (kidney) cancer

Others
27 Bone
28 Brain
29 Neuroblastoma
30 Other
77 Don't know / Not sure
99 Refused

4. Are you currently receiving treatment for cancer?

INTERVIEWER NOTE: BY TREATMENT, WE MEAN SURGERY, RADIATION THERAPY, CHEMOTHERAPY, OR CHEMOTHERAPY PILLS.

1	Yes	[Go to next module]
2	No, I've completed treatment	
3	No, I've refused treatment	[Go to next module]
4	No, I haven't started treatment	[Go to next module]
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

5. What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

01 Cancer Surgeon
02 Family Practitioner
03 General Surgeon
04 Gynecologic Oncologist
05 General Practitioner, Internist
06 Plastic Surgeon, Reconstructive Surgeon
07 Medical Oncologist
08 Radiation Oncologist
09 Urologist
10 Other
77 Don't know / Not sure
99 Refused

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Read only if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

1 Yes
2 No
7 Don't know / Not sure
9 Refused

7. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes
2 No [Go to Q9]
7 Don't know / Not sure [Go to Q9]
9 Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: HEALTH INSURANCE ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

10. Were you ever denied health insurance or life insurance coverage because of your cancer?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

11. Did you participate in a clinical trial as part of your cancer treatment?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

12. Do you currently have physical pain caused by your cancer or cancer treatment?
1 Yes
2 No [Go to next module]
7 Don't know / Not sure [Go to next module]
9 Refused [Go to next module]

13. Would you say your pain currently under control…?
1 With medication (or treatment)
2 Without medication (or treatment)
3 Not under control, with medication (or treatment)
4 Not under control, without medication (or treatment)
7 Don't know / Not sure
9 Refused

NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child. [Go to Q1]

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.
INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the Xth [please fill in correct number] child in your household. All following questions about children will be about the Xth [please fill in] child.

1. What is the birth month and year of the Xth child?

_ _ /_ _ _ _	Code month and year
77/ 7777	Don't know / Not sure
99/ 9999	Refused

INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they…

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino/a, or Spanish origin
5	No
7	Don't know / Not sure
9	Refused

4. Which one or more of the following would you say is the race of the child?
(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander
- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

[NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]

5. Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child?

1 Parent (include biologic, step, or adoptive parent)
2 Grandparent
3 Foster parent or guardian
4 Sibling (include biologic, step, and adoptive sibling)
5 Other relative
6 Not related in any way
7 Don’t know / Not sure
9 Refused

SOUTH DAKOTA'S 2018 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1, continue. Otherwise go to SD01Q02.

SD01Q01. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

01 Your employer
02 Someone else's employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Medical Assistance
06 The military, CHAMPUS, TriCare, or the VA
07 The Indian Health Service
08 Some other source
88 None
77 Don't know/Not sure
99 Refused

Go to Q. SD02Q01.

If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

SD01Q02. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

01 Your employer
02 Someone else's employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Medical Assistance
06 The military, CHAMPUS, TriCare, or the VA
07 The Indian Health Service
08 Some other source
88 None
77 Don't know/Not sure
99 Refused

TOBACCO

If "1" to Q. 3.4, And If ("1" or "2" to Q. 9.2) or ("1" or "2" to Q. 9.5), continue. Otherwise, go to SD02Q02.

SD02Q01. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

If "1" or "2" to Q. 8.15, continue. Otherwise, go to SD02Q04.

SD02Q02. While working at your job, are you indoors most of the time?

1 Yes
2 No Go to SD02Q04
7 Don't Know/Not Sure Go to SD02Q04
9 Refused Go to SD02Q04

SD02Q03. Which of the following best describes your place of work's official smoking policy for work areas?

1 Not allowed in any work areas
2 Allowed in some work areas
3 Allowed in all work areas
or
4 No official policy
7 Don't know/Not sure
9 Refused

SD02Q04. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

1 Smoking is not allowed anywhere inside your home Go to SD02Q06
2 Smoking is allowed in some places or at some times
3 Smoking is allowed anywhere inside your home
or
4 There are no rules about smoking inside your home
7 Don't know / Not sure
9 Refused

SD02Q05. On how many of the past 7 days did someone smoke in your home while you were there?

_ _ Number of days
5 5 Not at home in the past 7 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

SUN EXPOSURE

SD03Q01. When you are outside for more than one hour on a sunny day, how often do you wear sun block or sunscreen with an SPF of 15 or higher?

1 Always
2 Nearly Always
3 Sometimes
4 Seldom
5 Never
6 Don't stay out for more than an hour
7 Don't Know/Not Sure
9 Refused

COLORECTAL CANCER SCREENING

If respondent is ≤ 49 years of age, go to Q. SD05Q01

SD04Q01. Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SUBSTANCE ABUSE AND MENTAL HEALTH

SD05Q01. During the past 12 months, have you ever taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go to SD07Q01.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

SD06Q01. Does this child have health coverage?

1	Yes	
2	No	Go to SD06Q03
7	Don't Know/Not Sure	Go to SD07Q01
9	Refused	Go to SD07Q01

SD06Q02. What type of health coverage do you use to pay for most of this child's medical care? Is it coverage through:

01 Your employer
02 Someone else's employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid, CHIP, or Medical Assistance
06 The military, CHAMPUS, TriCare, or the VA
07 The Indian Health Service (IHS)
09 Community Health Services
08 Some other source
88 None
77 Don't know/Not sure
99 Refused

Go to SD07Q01.

SD06Q03. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.

Coverage through:

01 Your employer
02 Someone else's employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid, CHIP, or Medical Assistance
06 The military, CHAMPUS, TriCare, or the VA
07 The Indian Health Service
09 Community Health Services
08 Some other source
88 None
77 Don't know/Not sure
99 Refused

If “1” to Q. 2 in Module 1, continue. Otherwise, go to SD08Q01.

SD07Q01. Earlier in the survey you indicated that you had been diagnosed with pre-diabetes or borderline diabetes. Did your doctor or another health professional refer you to pre-diabetes education to prevent diabetes?

1 Yes
2 No
7 Don’t know
9 Refused

If (“3”, “4”, or “8”) to Q. 3.4, continue. Otherwise, go to SD09Q01.

SD08Q01. Earlier in the survey you indicated that you had not had a routine health check-up in the past two years, what is the main reason you have not been to a doctor for a routine checkup in the past two years?

1 Can’t afford it
2 Do not have health insurance
3 Not sick/Rarely get sick/Low perceived need to seek medical services
4 Clinic hours don’t fit my schedule
5 Transportation difficulties
6 Distrust of doctors
7 Waiting times are too long
8 Past negative experiences
9 Personal factors such as fear, guilt, embarrassment
10 Believe in alternative medicine
11 Clinic too far away
12 Do not have a personal doctor
13 Other priorities/Too busy
14 Just haven’t thought of it
97 Other (specify) _____
77 Don’t Know/Not Sure
99 Refused

Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

SD09Q01. Did you live with anyone who was depressed, mentally ill, or suicidal?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SD09Q02. Did you live with anyone who was a problem drinker or alcoholic?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SD09Q03. Did you live with anyone who used illegal street drugs or who abused prescription medications?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SD09Q04. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SD09Q05. Were your parents separated or divorced?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SD09Q06. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q07. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q08. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q09. How often did anyone at least 5 years older than you or an adult touch you sexually?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q10. How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q11. How often did anyone at least 5 years older than you or an adult force you to have sex?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

Please read:

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673). Would you like me to repeat this number?

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.