2018 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators

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Preface

2018 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators was prepared by the South Dakota Department of Health.

This report contains state and county leading health indicators for vital statistics. The report is divided into nine main sections: Overview, Natality, Infant Mortality, Mortality, Marriage and Divorce, Infectious Disease, Health Status Profiles, and Health Status Maps. Each section contains written analysis plus tables and figures. There is also a technical notes section that provides additional information regarding the sources of data, data limitations, geographic allocation, populations, rates, and definitions. Reading this section before reading the county profiles may provide the answers to questions in advance.

Race Allocation

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. Race data in this report are categorized in the following manner:

- White, non-Hispanic
- American Indian, non-Hispanic
- Black, non-Hispanic
- Asian, non-Hispanic
- Pacific Islander, non-Hispanic
- Hispanic
- Multi-racial, non-Hispanic

In other words, if more than one of the first five races is reported, the race is categorized as "Multi-racial, non-Hispanic." Due to space constraints and small numbers, some of these race categories are grouped into an "Other" category in this report.

Any questions concerning the data, or request for additional statistics, may be directed to the following agency within the South Dakota Department of Health.

Office of Health Statistics
615 East 4th St.
Pierre, SD 57501-2536
Phone: (605) 773-3361
Internet: http://doh.sd.gov/statistics/

For specific information or questions on Infectious Disease contact:

Office of Disease Prevention
615 East 4th St.
Pierre, SD 57501-1700
Phone: (605) 773-3737

The following Health Department personnel were the main contributors to the development of this report:

Derrick Haskins   Communications Director
Carrie Cushing   Policy Analyst
Mark Gildemaster   Director, Office of Health Statistics
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Overview

Resident Live Births	
Number of Live Births	11,890
Rate per 1,000 Population	13.5

Infant Deaths	
Number of Infant Deaths	70
Rate per 1,000 Live Births	5.89

Resident Deaths	
Number of Resident Deaths	7,971
Rate per 100,000 Population	903.5

Fetal Deaths	
Number of Fetal Deaths	55
Rate per 1,000 Live Births + Fetal Deaths	4.60

Marriages	
Number of Marriages	5,757
Rate per 1,000 Population	6.5

Divorces	
Number of Divorces	2,265
Rate per 1,000 Population	2.6

This report contains selected health statistics that are widely used by the Department of Health, other government agencies, and the public. This information has proven to be useful in determining trends in health status, for planning health care services and for making decisions about public health programs. It also fulfills diverse requirements in the business community and academic research.

Vital statistics data are compiled and maintained under the direction of the Director of the Health Statistics Office (HSO). The data are analyzed by staff from the HSO and can be found in the following sections: Natality, Infant Mortality, Mortality, Marriage and Divorce, Health Status Profiles, and Health Status Maps. When referring to divorce throughout this report, please note that annulments are included in the Divorce category. Induced Abortion data are now a separate report available online July 1 of each year.

Infectious disease data are collected, compiled, and analyzed within the Office of Disease Prevention. Data on communicable diseases can be found in the Infectious Disease section of the report.

Quick References

The contacts listed in the Preface welcome suggestions for additional changes that would make the next compilation even more useful to those involved in improving the health of South Dakotans.

Table 1
South Dakota Vital Statistics by County, 2018

	Births		Deaths		Infant Deaths		Fetal Deaths		Marriages		Divorces	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
South Dakota	11,890	13.5	7,971	903.5	70	5.89	55	4.60	5,757	6.5	2,265	2.6
County												
Aurora	41	14.6	37	1,321.0	*	*	*	*	20	7.1	*	*
Beadle	284	15.0	188	995.6	*	*	*	*	98	5.2	56	3.0
Bennett	55	15.9	39	1,124.6	*	*	*	*	11	3.2	3	0.9
Bon Homme	77	11.0	74	1,060.2	*	*	*	*	37	5.3	13	1.9
Brookings	435	12.3	202	573.3	5	11.49	*	*	197	5.6	69	2.0
Brown	508	12.9	369	938.5	3	5.91	3	5.87	240	6.1	99	2.5
Brule	62	11.9	43	822.3	*	*	*	*	36	6.9	12	2.3
Buffalo	22	10.8	27	1,326.1	*	*	*	*	*	*	*	*
Butte	146	14.3	99	968.5	*	*	*	*	60	5.9	25	2.4
Campbell	14	10.2	12	871.5	*	*	*	*	*	*	*	*
Charles Mix	156	16.7	113	1,210.1	*	*	*	*	49	5.2	16	1.7
Clark	66	17.7	37	989.6	*	*	*	*	14	3.7	*	*
Clay	114	8.1	101	719.3	*	*	*	*	68	4.8	23	1.6
Codington	326	11.6	240	856.7	3	9.20	3	9.12	172	6.1	71	2.5
Corson	91	21.8	51	1,224.5	*	*	*	*	13	3.1	*	*
Custer	63	7.2	100	1,146.0	*	*	*	*	161	18.5	29	3.3
Davison	263	13.3	235	1,187.5	*	*	*	*	114	5.8	60	3.0
Day	72	13.1	87	1,580.4	*	*	*	*	29	5.3	11	2.0
Deuel	53	12.2	50	1,152.9	*	*	*	*	35	8.1	5	1.2
Dewey	138	23.4	57	965.4	*	*	*	*	10	1.7	4	0.7
Douglas	41	14.0	45	1,533.2	*	*	*	*	20	6.8	5	1.7
Edmunds	34	8.8	48	1,238.7	*	*	*	*	20	5.2	5	1.3
Fall River	44	6.5	116	1,716.5	*	*	*	*	42	6.2	24	3.6
Faulk	32	13.7	35	1,502.1	*	*	*	*	12	5.2	*	*
Grant	80	11.2	83	1,161.3	*	*	*	*	39	5.5	18	2.5
Gregory	50	11.9	63	1,495.7	*	*	*	*	28	6.6	12	2.8
Haakon	14	7.3	26	1,355.6	*	*	*	*	8	4.2	*	*
Hamlin	125	20.5	61	998.2	*	*	*	*	28	4.6	7	1.1
Hand	35	10.7	52	1,594.1	*	*	*	*	11	3.4	10	3.1
Hanson	38	11.3	17	503.6	*	*	*	*	18	5.3	*	*
Harding	19	15.2	4	320.3	*	*	*	*	5	4.0	3	2.4
Hughes	246	13.9	159	900.8	*	*	*	*	87	4.9	52	2.9
Hutchinson	115	15.6	111	1,504.1	3	26.09	*	*	31	4.2	7	0.9

Table 1 (continued)
South Dakota Vital Statistics by County, 2018

County	Births Number	Births Rate	Deaths Number	Deaths Rate	Infant Deaths Number	Infant Deaths Rate	Fetal Deaths Number	Fetal Deaths Rate	Marriages Number	Marriages Rate	Divorces Number	Divorces Rate
Hyde	14	10.9	15	1,170.0	*	*	*	*	4	3.1	3	2.3
Jackson	73	22.1	29	876.9	*	*	*	*	9	2.7	5	1.5
Jerauld	24	11.7	31	1,517.4	*	*	*	*	8	3.9	4	2.0
Jones	17	18.3	12	1,293.1	*	*	*	*	4	4.3	4	4.3
Kingsbury	71	14.4	59	1,199.4	*	*	*	*	23	4.7	16	3.3
Lake	128	9.8	122	934.4	*	*	*	*	61	4.7	22	1.7
Lawrence	202	7.8	255	990.6	3	14.85	3	14.63	491	19.1	79	3.1
Lincoln	829	14.1	271	460.8	*	*	*	*	325	5.5	134	2.3
Lyman	74	19.4	45	1,177.7	*	*	*	*	25	6.5	3	0.8
McCook	85	15.3	68	1,226.1	*	*	*	*	27	4.9	5	0.9
McPherson	24	10.0	28	1,163.3	*	*	*	*	15	6.2	*	*
Marshall	66	12.9	39	762.9	*	*	*	*	37	7.2	11	2.2
Meade	261	9.2	220	777.6	3	11.49	*	*	252	8.9	109	3.9
Mellette	33	16.2	32	1,567.1	*	*	*	*	21	10.3	*	*
Miner	29	13.1	35	1,581.6	*	*	*	*	10	4.5	6	2.7
Minnehaha	2,890	15.0	1,508	781.8	22	7.61	13	4.48	1,323	6.9	591	3.1
Moody	81	12.3	68	1,033.6	*	*	*	*	38	5.8	13	2.0
Oglala Lakota	261	18.2	150	1,048.3	*	*	*	*	6	0.4	4	0.3
Pennington	1,541	13.8	948	848.5	4	2.60	5	3.23	780	7.0	423	3.8
Perkins	33	11.3	34	1,163.6	*	*	*	*	12	4.1	*	*
Potter	24	10.9	30	1,359.3	*	*	*	*	13	5.9	7	3.2
Roberts	167	16.0	121	1,158.2	*	*	*	*	76	7.3	17	1.6
Sanborn	32	13.2	31	1,276.2	*	*	*	*	9	3.7	5	2.1
Spink	84	12.9	76	1,170.1	*	*	*	*	37	5.7	17	2.6
Stanley	44	14.6	12	397.1	*	*	*	*	25	8.3	6	2.0
Sully	16	11.5	16	1,149.4	*	*	*	*	4	2.9	3	2.2
Todd	230	22.4	109	1,060.0	3	13.04	3	12.88	20	1.9	*	*
Tripp	88	16.1	63	1,150.1	*	*	*	*	24	4.4	12	2.2
Turner	101	12.0	106	1,258.3	*	*	*	*	73	8.7	21	2.5
Union	166	10.6	122	781.1	*	*	*	*	114	7.3	36	2.3
Walworth	66	11.8	81	1,449.8	*	*	*	*	15	2.7	5	0.9
Yankton	253	11.1	240	1,049.5	*	*	*	*	156	6.8	50	2.2
Ziebach	24	8.8	14	510.6	*	*	*	*	3	1.1	*	*

Note: Births, deaths, infant deaths, and fetal deaths are by county of residence; marriages and divorces are by county of occurrence.
Birth, marriage, and divorce rates are per 1,000 population. Death rates are per 100,000 population. Infant mortality rates are per 1,000 live births.
Fetal mortality rates are per 1,000 live births plus fetal deaths.
*Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.

Source: South Dakota Department of Health, Office Health Statistics

Table 2
Selected Records in Vital Statistics,
South Dakota, 2018

NATALITY

Oldest Father:	77	Oldest Mother:	49
Youngest Father:	14	Youngest Mother:	14
Smallest Live Birth:	1 lb. 2 oz.		
Largest Live Birth:	12 lbs. 3 oz.		

Most Popular Names for Infants

Boy's Names	Number	Girl's Names	Number
Henry	60	Harper	59
Grayson	56	Emma	50
Liam	56	Olivia	47
Oliver	53	Charlotte	45
Owen	52	Ava	42
Carter	51	Elizabeth	36
Logan	49	Evelyn	36
Jack	41	Nora	36
Lincoln	41	Avery	34
William	37	Sophia	29
		Willow	29

MORTALITY

Oldest Male Decedent:	106	Oldest Female Decedent:	107

DIVORCE

Longest Duration of a Marriage Ending in a Divorce:	57 Years

Source: South Dakota Department of Health, Office of Health Statistics

Figure 1
Birth, Death, Marriage, and Divorce Rates for
South Dakota, 1906-2018

Source: South Dakota Department of Health, Office of Health Statistics

Table 3
South Dakota Resident Births by Resident County and Year of Birth, 2009-2018

	Year of Birth									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Total	**11,890**	**12,128**	**12,270**	**12,323**	**12,281**	**12,243**	**12,092**	**11,834**	**11,795**	**11,930**
County										
Aurora	41	36	49	33	42	40	30	39	29	34
Beadle	284	273	347	297	366	337	327	294	274	268
Bennett	55	61	65	71	72	69	69	76	70	65
Bon Homme	77	64	68	76	56	57	77	62	67	53
Brookings	435	451	414	471	406	430	404	385	379	383
Brown	508	510	557	492	482	512	476	485	467	475
Brule	62	78	71	69	77	70	84	69	74	68
Buffalo	22	47	52	42	53	58	47	57	49	46
Butte	146	131	135	100	142	133	120	136	114	141
Campbell	14	14	8	13	15	12	9	8	16	18
Charles Mix	156	168	164	156	174	151	161	157	156	162
Clark	66	66	65	61	67	51	43	52	48	57
Clay	114	155	147	145	143	166	151	152	138	175
Codington	326	336	370	381	372	410	376	372	375	399
Corson	91	101	101	89	86	93	87	84	78	74
Custer	63	78	69	86	65	71	66	77	85	62
Davison	263	227	257	242	271	263	264	262	258	296
Day	72	62	50	73	56	52	76	59	68	65
Deuel	53	53	64	44	47	46	46	48	51	47
Dewey	138	154	163	148	153	148	151	144	118	119
Douglas	41	44	46	43	40	33	37	36	30	31
Edmunds	34	43	46	48	53	46	46	47	34	46
Fall River	44	51	60	76	55	63	61	49	55	46
Faulk	32	38	31	32	38	23	28	28	24	29
Grant	80	87	84	74	97	80	83	69	81	81
Gregory	50	52	58	50	62	45	44	42	50	43
Haakon	14	26	19	26	17	20	18	23	23	26
Hamlin	125	110	111	121	118	124	127	107	102	104
Hand	35	44	39	24	42	38	28	36	46	27
Hanson	38	42	39	36	49	56	51	44	55	44
Harding	19	15	16	21	20	17	14	9	15	10
Hughes	246	221	233	249	229	255	230	237	225	250
Hutchinson	115	117	120	120	102	107	86	72	81	80

Table 3 (continued)
South Dakota Resident Births by Resident County and Year of Birth, 2009-2018

County	Year of Birth									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Hyde	14	18	20	15	14	19	9	15	12	12
Jackson	73	92	81	67	71	78	69	68	75	71
Jerauld	24	18	20	16	32	24	23	24	29	29
Jones	17	9	13	11	9	10	10	11	10	14
Kingsbury	71	67	67	64	66	61	54	71	51	63
Lake	128	131	133	134	122	140	128	133	128	130
Lawrence	202	241	241	220	245	230	240	213	252	257
Lincoln	829	846	810	751	766	753	852	781	808	825
Lyman	74	63	82	74	71	69	60	76	72	53
McCook	85	90	68	80	81	75	74	66	80	84
McPherson	24	18	27	22	30	24	25	24	18	18
Marshall	66	73	74	70	72	62	56	60	50	59
Meade	261	258	269	304	318	320	327	314	334	312
Mellette	33	45	44	40	35	37	27	27	38	35
Miner	29	27	21	32	22	28	20	24	19	28
Minnehaha	2,890	2,908	2,936	3,046	2,947	2,863	2,811	2,779	2,749	2,761
Moody	81	87	91	93	93	93	93	86	89	90
Oglala Lakota	261	321	284	337	312	352	350	344	370	344
Pennington	1,541	1,466	1,470	1,536	1,540	1,596	1,532	1,502	1,549	1,564
Perkins	33	37	40	33	35	40	30	29	32	28
Potter	24	15	28	24	24	20	25	27	24	21
Roberts	167	164	168	181	177	201	176	187	159	169
Sanborn	32	33	39	39	37	35	34	28	24	24
Spink	84	82	85	67	69	80	91	72	78	60
Stanley	44	29	42	45	39	35	36	43	41	39
Sully	16	24	16	11	15	17	13	18	18	19
Todd	230	256	260	274	279	250	288	313	242	274
Tripp	88	84	79	71	71	65	66	70	61	66
Turner	101	103	75	104	81	86	89	89	101	86
Union	166	191	163	169	140	150	178	169	179	181
Walworth	66	88	61	86	85	70	66	69	56	73
Yankton	253	269	318	266	281	253	275	246	258	261
Ziebach	24	19	27	32	35	31	48	38	54	56

Note: Failure of births to add to the total is due to county not stated.
Source: South Dakota Department of Health, Office of Health Statistics

Table 4
South Dakota Resident Deaths by Resident County and Year of Death, 2009-2018

	Year of Death									
	2018	**2017**	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**
Total	**7,971**	**7,991**	**7,838**	**7,724**	**7,500**	**7,079**	**7,283**	**7,271**	**7,087**	**6,913**
County										
Aurora	37	31	20	24	28	32	29	29	26	31
Beadle	188	177	195	205	196	175	182	201	187	205
Bennett	39	42	45	34	32	29	30	31	37	30
Bon Homme	74	88	75	71	77	78	71	69	69	83
Brookings	202	177	202	182	202	183	230	182	165	203
Brown	369	364	376	362	393	399	378	355	396	336
Brule	43	45	60	57	53	50	69	56	47	54
Buffalo	27	20	33	21	17	16	18	18	16	24
Butte	99	121	98	112	102	93	110	123	100	92
Campbell	12	19	13	19	11	10	17	21	11	14
Charles Mix	113	111	113	129	95	83	82	98	99	122
Clark	37	40	47	41	45	50	40	62	56	52
Clay	101	110	105	101	100	101	101	89	105	90
Codington	240	248	241	235	264	224	229	239	237	238
Corson	51	52	51	47	37	52	43	44	40	52
Custer	100	96	110	92	85	77	88	82	82	73
Davison	235	217	224	210	241	179	213	205	190	157
Day	87	86	76	69	66	73	76	86	65	95
Deuel	50	53	47	48	37	39	38	43	36	42
Dewey	57	59	52	72	68	68	65	48	56	48
Douglas	45	36	42	45	47	38	39	58	50	41
Edmunds	48	45	43	40	39	44	55	50	45	50
Fall River	116	122	113	120	130	118	111	113	104	110
Faulk	35	27	31	40	28	34	27	23	28	20
Grant	83	87	91	89	86	106	66	72	66	89
Gregory	63	56	59	64	64	63	72	58	74	56
Haakon	26	30	22	29	23	35	26	27	22	15
Hamlin	61	55	73	59	61	68	76	78	60	73
Hand	52	41	48	49	41	55	38	41	43	28
Hanson	17	33	22	20	34	21	11	24	22	19
Harding	4	12	8	*	11	4	8	11	12	8
Hughes	159	163	148	154	137	135	124	147	136	164
Hutchinson	111	110	115	119	118	106	106	111	113	105

Table 4 (continued)
South Dakota Resident Deaths by Resident County and Year of Death, 2009-2018

County	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Hyde	15	29	28	21	15	14	27	15	20	18
Jackson	29	44	37	37	34	34	34	35	35	29
Jerauld	31	30	26	25	28	18	38	32	27	28
Jones	12	16	8	10	9	9	10	16	5	7
Kingsbury	59	68	68	75	69	77	58	73	79	68
Lake	122	129	126	118	110	105	110	101	113	107
Lawrence	255	249	235	240	225	226	240	201	208	203
Lincoln	271	279	259	230	207	181	201	216	181	166
Lyman	45	31	39	41	32	24	42	46	28	34
McCook	68	63	73	85	83	73	80	68	74	83
McPherson	28	33	40	35	43	41	34	37	33	25
Marshall	39	39	63	39	49	47	56	59	73	65
Meade	220	222	193	185	200	190	180	165	157	178
Mellette	32	38	28	26	19	19	24	25	25	22
Miner	35	30	38	34	28	34	27	37	38	33
Minnehaha	1,508	1,437	1,382	1,408	1,277	1,256	1,232	1,301	1,273	1,228
Moody	68	62	48	54	58	53	53	49	57	54
Oglala Lakota	150	164	163	149	112	124	130	109	131	108
Pennington	948	972	902	883	832	743	796	795	758	699
Perkins	34	44	41	39	51	39	38	57	48	32
Potter	30	34	39	40	34	29	44	42	28	40
Roberts	121	113	112	106	126	104	141	103	113	105
Sanborn	31	22	29	25	33	35	32	34	18	21
Spink	76	76	83	76	67	84	84	73	72	89
Stanley	12	22	23	19	27	14	17	22	18	13
Sully	16	12	6	11	5	13	13	8	10	9
Todd	109	89	94	85	87	101	98	81	68	87
Tripp	63	78	82	73	73	67	72	66	81	79
Turner	106	119	108	109	124	92	95	105	90	92
Union	122	138	121	116	137	92	119	107	120	106
Walworth	81	68	89	94	92	79	79	77	76	60
Yankton	240	249	240	254	221	207	199	211	211	189
Ziebach	14	19	17	20	12	12	11	11	24	17

Note: Failure of deaths to add to the total is due to county not stated.
   *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
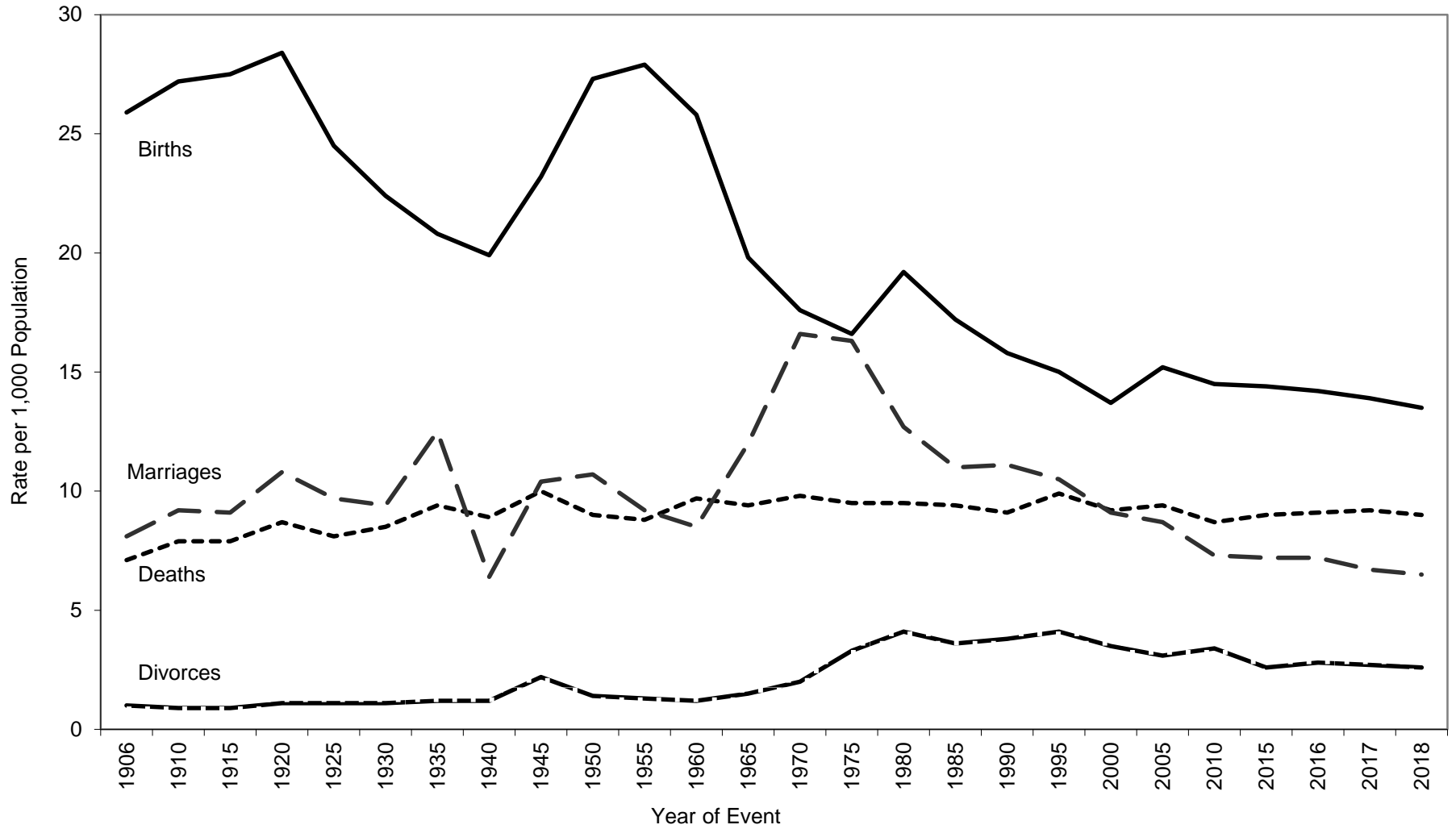Source: South Dakota Department of Health, Office of Health Statistics

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Table 5
Marriages Occurring in South Dakota by County of Occurrence and Year of Marriage, 2009-2018

	Year of Marriage									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Total	**5,757**	**5,862**	**6,271**	**6,195**	**6,040**	**5,919**	**6,236**	**6,145**	**5,939**	**5,887**
County										
Aurora	20	12	15	19	10	9	18	17	8	13
Beadle	98	90	120	117	143	135	148	147	138	128
Bennett	11	14	22	21	16	18	21	33	23	17
Bon Homme	37	32	36	34	36	35	54	47	51	30
Brookings	197	227	228	217	240	227	210	178	194	209
Brown	240	252	271	273	238	221	239	239	224	231
Brule	36	40	34	56	45	54	57	46	48	48
Buffalo	*	4	3	7	4	3	6	*	3	3
Butte	60	68	66	78	90	81	80	89	77	60
Campbell	*	5	4	6	8	6	8	6	7	9
Charles Mix	49	41	52	47	36	42	46	58	42	50
Clark	14	23	23	20	27	22	18	21	12	23
Clay	68	110	79	61	71	67	77	86	75	74
Codington	172	180	203	200	207	219	224	268	236	228
Corson	13	11	17	25	25	20	22	30	19	30
Custer	161	174	156	194	181	162	152	137	131	115
Davison	114	115	133	136	120	127	139	156	153	138
Day	29	29	26	34	34	31	40	29	26	36
Deuel	35	34	45	31	38	36	36	31	31	27
Dewey	10	15	24	19	15	15	18	15	7	17
Douglas	20	17	23	20	21	18	20	20	21	25
Edmunds	20	21	24	18	12	19	16	20	17	20
Fall River	42	55	53	66	68	63	60	62	52	51
Faulk	12	9	8	6	15	13	12	20	11	13
Grant	39	40	46	49	52	60	60	67	58	78
Gregory	28	31	41	19	26	19	16	36	30	24
Haakon	8	11	8	9	9	10	17	8	5	9
Hamlin	28	25	33	32	33	31	40	25	37	33
Hand	11	13	19	22	28	12	13	24	20	21
Hanson	18	20	21	15	17	15	6	12	15	14
Harding	5	8	10	7	7	3	9	5	11	8
Hughes	87	122	116	123	122	116	106	109	98	124
Hutchinson	31	30	36	23	39	29	39	33	34	34

Table 5 (continued)

Marriages Occurring in South Dakota by County of Occurrence and Year of Marriage, 2009-2018

County	Year of Marriage									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Hyde	4	7	4	3	3	3	9	7	6	*
Jackson	9	13	11	11	15	14	11	14	18	9
Jerauld	8	*	6	5	10	15	7	10	10	10
Jones	4	3	6	5	*	6	3	6	5	6
Kingsbury	23	10	28	19	14	22	22	27	31	34
Lake	61	71	83	74	76	83	89	64	81	93
Lawrence	491	459	450	474	448	482	487	466	454	461
Lincoln	325	287	218	167	178	196	155	147	168	149
Lyman	25	14	22	22	17	19	14	16	21	15
McCook	27	31	24	30	31	21	36	24	24	23
McPherson	15	14	8	11	10	7	9	9	7	7
Marshall	37	25	37	28	23	31	33	20	33	27
Meade	252	253	261	321	238	264	204	216	218	208
Mellette	21	23	29	30	19	17	29	21	30	21
Miner	10	13	9	6	9	11	9	14	16	13
Minnehaha	1,323	1,373	1,522	1,529	1,494	1,367	1,492	1,398	1,321	1,333
Moody	38	29	22	36	26	40	46	43	37	43
Oglala Lakota	6	5	6	10	13	8	4	6	6	5
Pennington	780	737	832	786	774	768	863	893	891	850
Perkins	12	11	19	20	19	20	22	16	13	11
Potter	13	8	17	7	18	18	12	18	8	18
Roberts	76	86	91	91	77	85	116	100	104	104
Sanborn	9	10	13	10	10	8	13	7	8	6
Spink	37	32	29	32	29	20	22	33	24	24
Stanley	25	27	24	14	13	18	24	25	20	28
Sully	4	5	6	5	6	4	3	5	*	*
Todd	20	22	14	12	11	13	11	15	19	22
Tripp	24	30	34	28	33	28	36	25	34	31
Turner	73	43	47	45	55	51	34	38	44	36
Union	114	130	175	157	148	146	169	151	189	176
Walworth	15	31	39	26	37	30	32	50	26	16
Yankton	156	181	183	171	149	162	184	180	155	162
Ziebach	3	*	7	6	*	4	9	5	3	*

Note: *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
Source: South Dakota Department of Health, Office of Health Statistics

Table 6
Divorces Occurring in South Dakota by County of Occurrence and Year of Divorce, 2009-2018

	Year of Divorce									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Total	**2,265**	**2,340**	**2,400**	**2,252**	**2,374**	**2,450**	**2,550**	**2,694**	**2,774**	**2,686**
County										
Aurora	*	7	3	4	5	5	7	6	4	9
Beadle	56	51	48	55	67	52	57	70	78	61
Bennett	3	4	4	3	3	*	4	*	*	5
Bon Homme	13	15	15	15	16	9	15	10	14	18
Brookings	69	66	66	83	57	79	85	93	91	75
Brown	99	125	108	86	86	119	127	138	146	116
Brule	12	14	14	16	19	21	13	17	10	19
Buffalo	*	*	*	*	*	*	*	*	*	*
Butte	25	35	38	35	42	35	35	31	40	51
Campbell	*	*	*	*	*	4	5	*	5	*
Charles Mix	16	10	7	12	11	5	11	12	13	9
Clark	*	5	10	8	9	9	*	8	17	7
Clay	23	27	32	38	40	39	50	36	35	44
Codington	71	87	91	73	92	103	79	96	125	93
Corson	*	4	4	5	*	3	3	*	5	*
Custer	29	31	29	30	21	20	13	32	31	33
Davison	60	51	60	47	58	49	63	68	68	56
Day	11	13	12	11	11	8	11	10	12	16
Deuel	5	10	10	4	13	15	12	13	12	9
Dewey	4	*	*	4	*	4	3	6	4	*
Douglas	5	*	5	7	5	*	9	5	5	6
Edmunds	5	6	15	6	10	8	12	12	8	13
Fall River	24	25	29	23	23	35	36	20	30	25
Faulk	*	5	4	*	5	*	5	3	3	6
Grant	18	10	14	16	17	20	19	22	10	18
Gregory	12	13	10	11	8	10	6	6	5	6
Haakon	*	*	10	*	*	5	6	3	6	7
Hamlin	7	13	13	4	3	12	8	14	14	10
Hand	10	*	11	6	5	10	4	10	8	12
Hanson	*	3	*	5	*	4	*	5	*	4
Harding	3	6	*	3	*	4	3	4	*	*
Hughes	52	62	54	49	43	62	58	64	61	62
Hutchinson	7	11	17	9	18	10	9	16	15	10

Table 6 (continued)
Divorces Occurring in South Dakota by County of Occurrence and Year of Divorce, 2009-2018

County	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
Hyde	3	*	*	4	4	4	5	3	3	*
Jackson	5	7	3	3	3	*	5	3	3	6
Jerauld	4	7	3	6	3	8	10	14	6	5
Jones	4	*	*	*	5	5	*	5	*	5
Kingsbury	16	12	13	14	7	12	17	10	16	17
Lake	22	39	29	31	21	32	28	22	36	28
Lawrence	79	77	85	74	90	80	94	109	95	82
Lincoln	134	129	139	111	147	143	142	156	128	115
Lyman	3	4	*	3	3	4	6	4	4	10
McCook	5	12	16	15	21	11	17	7	15	16
McPherson	*	5	4	3	5	*	5	6	10	4
Marshall	11	7	13	8	10	11	11	10	13	8
Meade	109	84	77	99	65	83	90	107	83	128
Mellette	*	*	4	4	*	*	3	*	4	*
Miner	6	*	4	4	8	6	5	3	7	7
Minnehaha	591	611	634	586	610	593	591	662	693	619
Moody	13	12	9	15	13	10	16	16	14	16
Oglala Lakota	4	*	*	*	*	*	*	*	*	3
Pennington	423	432	432	406	452	442	481	478	515	548
Perkins	*	*	*	*	*	3	7	*	*	*
Potter	7	5	4	3	5	3	7	*	4	7
Roberts	17	20	9	11	11	18	20	19	18	11
Sanborn	5	*	3	4	5	6	12	7	9	8
Spink	17	14	18	17	23	17	16	17	15	23
Stanley	6	12	14	7	*	5	10	7	14	9
Sully	3	*	8	4	3	*	*	5	5	5
Todd	*	3	5	3	*	*	*	*	3	3
Tripp	12	6	10	11	11	7	20	10	9	18
Turner	21	17	13	20	17	31	27	36	21	28
Union	36	40	35	38	51	61	46	46	46	53
Walworth	5	3	12	8	10	14	9	15	14	21
Yankton	50	52	60	62	65	69	71	73	89	72
Ziebach	*	*	*	*	*	*	*	*	*	*

Note: *Department of Health policy prohibits publishing vital events in cells with less than three events at a county level.
Source: South Dakota Department of Health, Office of Health Statistics

Natality

An Overview: 2018	
Total Resident Live Births	11,890
Crude Birth Rate per 1,000 Population	13.5
Median Live Birth Weight (Grams)	3,370
Low Weight Births (Less than 2,500 grams)	792
Percent Low Birth Weight	6.7%
Mean Age of Mother	27
No Prenatal Care	1.0%

There were 11,890 births to South Dakota residents in 2018, for a crude birth rate of 13.5 per 1,000 South Dakota resident population.

Resident births decreased by two percent from 2017 when there were 12,128 births. In 2018, 50.5 percent of the babies born were male and 49.5 percent were female. Racially, white, non-Hispanic births were 50.4 percent male and 49.6 percent female; American Indian, non-Hispanic births were 50.1 percent male, 49.9 percent female.

The low birth weight rate per 1,000 live births decreased from 69.3 in 2017 to 66.6 in 2018. This was a 3.9 percent decrease from the 2017 low birth weight rate.

Table 7, below, displays the live births and crude birth rates for the United States and South Dakota for the past 15 years. South Dakota's birth rate remains above the national average as shown in this table.

Table 7
Resident Live Births and Crude Birth Rates,
South Dakota and United States, 2004-2018

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2018	3,791,712	11.6	11,890	13.5
2017	3,855,500	11.8	12,128	13.9
2016	3,945,875	12.2	12,270	14.2
2015	3,978,497	12.4	12,323	14.4
2014	3,988,076	12.5	12,281	14.4
2013	3,932,181	12.4	12,243	14.5
2012	3,952,841	12.6	12,092	14.5
2011	3,953,590	12.7	11,834	14.4
2010	3,999,386	13.0	11,795	14.5
2009	4,130,665	13.5	11,930	14.7
2008	4,247,694	14.0	12,074	15.0
2007	4,316,223	14.3	12,253	15.4
2006	4,265,555	14.2	11,914	15.1
2005	4,138,349	14.0	11,466	14.7
2004	4,112,052	14.0	11,339	14.6

Note: Crude birth rates are per 1,000 population.
Sources: National Center for Health Statistics
           South Dakota Department of Health, Office of Health Statistics

Births by Race

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau, in order for South Dakota's race data to be comparable to other areas. All race data in this section are categorized in the following manner:

white, non-Hispanic
American Indian, non-Hispanic
black, non-Hispanic
multi-racial, non-Hispanic
Hispanic

The remaining categories (Asian, non-Hispanic, and Pacific Islander, non-Hispanic) are included in the totals but are not necessarily shown specifically in any tables.

Table 8, below, shows the number and percent of resident births by mother's race since 2009. In 2018, the number of births to white, non-Hispanics and American Indian, non-Hispanics decreased by 1.5 percent and 8.9 percent, respectively. The number of births to black, non-Hispanics, Hispanics, and multi-racial, non-Hispanics increased by 3.0 percent, 5.6 percent, and 2.6 percent, respectively.

Table 8
South Dakota Resident Live Births by Mother's Race, 2009-2018

Births		White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other		Not Stated	
Year	Num	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	11,890	8,487	71.5	1,647	13.9	659	5.6	410	3.5	428	3.6	233	2.0	26	-
2017	12,128	8,612	71.1	1,808	14.9	624	5.1	398	3.3	417	3.4	258	2.1	11	-
2016	12,270	8,830	72.1	1,783	14.6	634	5.2	360	2.9	369	3.0	273	2.2	21	-
2015	12,323	8,824	71.9	1,928	15.7	559	4.6	266	2.2	423	3.4	277	2.3	46	-
2014	12,281	8,901	72.8	1,826	14.9	602	4.9	295	2.4	383	3.1	226	1.8	48	-
2013	12,243	8,909	73.0	1,907	15.6	530	4.3	277	2.3	336	2.8	248	2.0	36	-
2012	12,092	8,822	73.1	1,863	15.4	552	4.6	270	2.2	382	3.2	183	1.5	20	-
2011	11,834	8,669	73.4	1,880	15.9	509	4.3	235	2.0	320	2.7	198	1.7	23	-
2010	11,795	8,827	74.9	1,791	15.2	507	4.3	227	1.9	296	2.5	142	1.2	5	-
2009	11,930	8,961	75.2	1,826	15.3	474	4.0	215	1.8	308	2.6	137	1.1	9	-

Source: South Dakota Department of Health, Office of Health Statistics

Multiple Births

Table 9, below, displays resident multiple births for the last 10 years. The highest number of twins and triplets (or more) were born in 2016 with 212 sets of twins and seven sets of triplets.

Table 9
South Dakota Resident Multiple Live Births, 2009-2018

Year of Birth	Twins	Triplets or More
2018	210	1
2017	208	4
2016	212	7
2015	187	4
2014	192	4
2013	178	5
2012	175	2
2011	166	2
2010	176	6
2009	144	4

Source: South Dakota Department of Health, Office of Health Statistics

Marital Status

In 2018, the majority of women who gave birth, 63.9 percent, were married as displayed in Table 10 below. When looking at the data by race, American Indian, non-Hispanic women have consistently had the highest percent of births out of wedlock with 85.0 percent in 2018.

Table 10
South Dakota Resident Births Out of Wedlock by Year of Birth and Race, 2009-2018

Year	All Races Num	%	White, non-Hispanic Num	%	American Indian, non-Hispanic Num	%	Hispanic Num	%	Black, non-Hispanic Num	%	Multi-racial, non-Hispanic Num	%	Other Num	%
2018	4,287	36.1	2,008	23.7	1,400	85.0	357	54.3	158	38.5	304	71.0	50	21.5
2017	4,506	37.2	2,155	25.0	1,523	84.2	327	52.5	172	43.2	273	65.5	50	19.4
2016	4,519	36.8	2,505	25.0	1,513	84.9	349	55.1	156	43.3	230	62.3	54	19.8
2015	4,571	37.1	2,213	25.1	1,606	83.5	322	57.6	105	39.5	270	63.8	40	14.4
2014	4,623	37.7	2,303	25.9	1,533	84.2	331	55.0	135	45.8	258	67.4	47	20.8
2013	4,669	38.1	2,370	26.6	1,611	84.7	297	56.3	119	43.0	223	66.4	38	15.3
2012	4,671	38.6	2,393	27.1	1,571	84.5	305	55.4	127	47.0	240	62.8	33	18.0
2011	4,597	38.8	2,340	27.0	1,600	85.2	287	56.4	105	44.7	209	65.3	47	23.7
2010	4,427	37.5	2,377	26.9	1,484	83.1	256	50.5	91	40.1	184	62.4	33	23.2
2009	4,573	38.3	2,449	27.3	1,491	81.7	277	58.4	112	52.1	215	69.8	27	19.7

Note: Failure of races to add to the total is due to races not stated included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Birth Weight

Table 11, below, indicates that in 2018 the majority of births fell into the 3,000 to 3,499 gram range. This is consistent with data from past years. Of all South Dakota resident live births in 2018, 6.7 percent (792) were low weight births. When looking at race, 6.1 percent of white, non-Hispanic babies, 7.5 percent of American Indian, non-Hispanic babies, 8.3 percent of black, non-Hispanic babies, 7.6 percent Hispanic babies, and 8.4 multi-racial, non-Hispanic babies were low birth weight in 2018. Table 12, on the next page, compares the birth weights of infants for the past 10 years.

Table 11
South Dakota Resident Live Births by Birth Weight and Mother's Race, 2018

Birth Weight (in Grams)	Total Num	%	White, non-Hispanic Num	%	American Indian, non-Hispanic Num	%	Hispanic Num	%	Black, non-Hispanic Num	%	Multi-racial, non-Hispanic Num	%	Other Num	%
<2,000	267	2.2	169	2.0	42	2.6	16	2.4	13	3.2	20	4.7	6	2.6
2,000-2,499	525	4.4	347	4.1	82	5.0	34	5.2	21	5.1	16	3.7	24	10.3
2,500-2,999	1,958	16.5	1,348	15.9	251	15.3	125	19.0	90	22	79	18.5	59	25.3
3,000-3,499	4,413	37.1	3,156	37.2	580	35.3	256	38.8	160	39	163	38.1	87	37.3
3,500-3,999	3,597	30.3	2,640	31.1	507	30.8	180	27.3	99	24.1	117	27.3	47	20.2
4,000-4,499	1,004	8.4	742	8.7	155	9.4	43	6.5	23	5.6	32	7.5	9	3.9
4,500+	123	1.0	84	1.0	28	1.7	5	0.8	4	1	1	0.2	1	0.4
Not Stated	3	-	1	-	2	-	0	-	0	-	0	-	0	-
Total	**11,890**	**100**	**8,487**	**100**	**1,647**	**100**	**659**	**100**	**410**	**100**	**428**	**100**	**233**	**100**
Median birth weight in grams	3,370		3,380		3,402		3,290		3,235		3,330		3,145	
Mean birth weight in grams	3,332		3,347		3,358		3,261		3,225		3,263		3,118	
Modal birth weight in grams	3,430		3,670		3,430		3,100		3,380		3,330		2,750	

Note: Failure of the races to add to the total is due to race not stated in the total birth column.
Source: South Dakota Department of Health, Office of Health Statistics

Table 12
South Dakota Resident Births by Birth Weight and Year of Birth, 2009-2018

Year	Total Births		< 2500 Grams		2500 + Grams		Not Stated	
	Num	%	Num	%	Num	%	Num	%
2018	11,890	100	792	6.7	11,095	93.3	3	-
2017	12,128	100	841	6.9	11,286	93.1	1	-
2016	12,270	100	830	6.8	11,440	93.2	0	-
2015	12,323	100	759	6.2	11,563	93.8	1	-
2014	12,281	100	805	6.6	11,474	93.4	2	-
2013	12,243	100	770	6.3	11,468	93.7	5	-
2012	12,092	100	751	6.2	11,338	93.8	3	-
2011	11,834	100	746	6.3	11,084	93.7	4	-
2010	11,795	100	811	6.9	10,981	93.1	3	-
2009	11,930	100	700	5.9	11,228	94.1	2	-

Source: South Dakota Department of Health, Office of Health Statistics

Table 13, below, compares the low birth weight babies by race of mother. In 2018, there were 516 (6.1%) low birth weight babies born to white, non-Hispanic women. For American Indian, non-Hispanic women there were 124 (7.5%) low birth weight babies and for black, non-Hispanic women there were 34 (8.3%) low birth weight babies. From 2017 to 2018, there was a decrease in low birth weight babies for white, non-Hispanic, American Indian, non-Hispanic, and black, non-Hispanic.

Table 13
**South Dakota Resident Low Birth Weight Births by Race of Mother, 2009-2018**

Year	Total	Mother's Race					
		White, non-Hispanic	American Indian, non-Hispanic	Hispanic	Black, non-Hispanic	Multi-racial, non-Hispanic	Other
2018	6.7%	6.1%	7.5%	7.6%	8.3%	8.4%	12.9%
2017	6.9%	6.7%	7.9%	5.6%	10.5%	6.0%	10.9%
2016	6.8%	6.2%	8.0%	6.0%	10.3%	7.6%	7.7%
2015	6.2%	5.7%	7.3%	5.5%	6.0%	8.7%	9.0%
2014	6.6%	6.3%	7.1%	7.3%	10.2%	6.0%	6.2%
2013	6.3%	5.9%	6.7%	8.5%	8.3%	6.0%	8.9%
2012	6.2%	5.6%	7.8%	8.0%	10.7%	6.3%	7.7%
2011	6.3%	5.8%	6.9%	6.7%	12.3%	7.5%	10.6%
2010	6.9%	7.0%	6.1%	5.9%	10.1%	6.8%	9.9%
2009	5.9%	5.6%	5.8%	5.9%	14.0%	6.2%	9.5%

Source: South Dakota Department of Health, Office of Health Statistics

Figure 2, below, shows live births by weeks of gestation and median birth weight for the past five years.

Overall, the longer the weeks of gestation the higher the median birth weight.

Figure 2
South Dakota Resident Live Births by Gestation and Median Birth Weight, 2014-2018
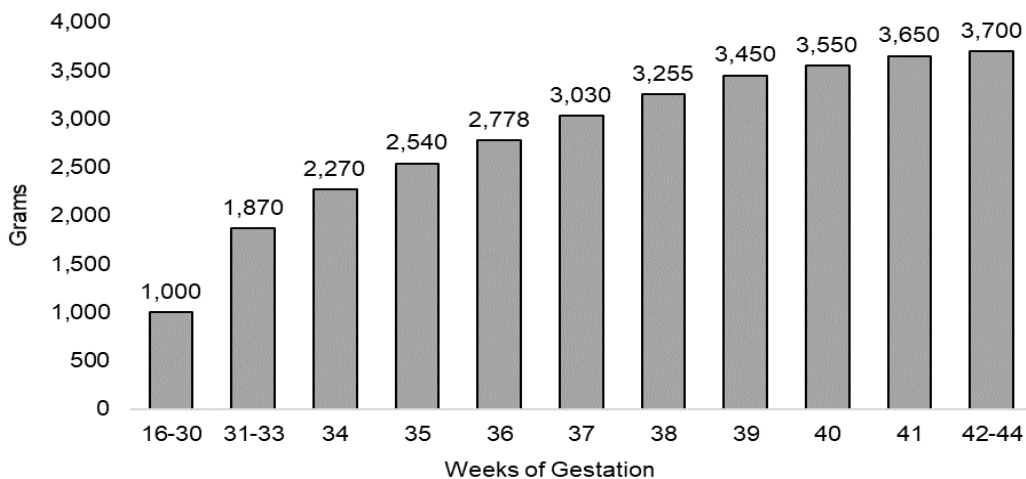
Source: South Dakota Department of Health, Office of Health Statistics

Table 14, below, displays resident births by year of birth and weeks of gestation. In 2018, the majority of births, 62.7 percent, occurred between 37 to 39 weeks of gestation. This is consistent with the past several years.

Table 14
South Dakota Resident Births by Year of Birth and Weeks of Gestation, 2009-2018

Year	Total		<35		35-36		37-39		40+		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	11,890	100	410	3.5	709	6.0	7,442	62.7	3,312	27.9	16	-
2017	12,128	100	432	3.6	693	5.7	7,333	60.5	3,657	30.2	13	-
2016	12,270	100	399	3.3	699	5.7	7,366	60.1	3,796	31.0	10	-
2015	12,323	100	385	3.1	665	5.4	7,268	59.1	3,990	32.4	15	-
2014	12,281	100	416	3.4	622	5.1	7,310	59.7	3,894	31.8	39	-
2013	12,243	100	373	3.1	618	5.1	7,069	57.9	4,157	34.0	26	-
2012	12,092	100	373	3.1	572	4.7	6,734	55.8	4,393	36.4	20	-
2011	11,834	100	379	3.2	561	4.7	6,730	56.9	4,151	35.1	13	-
2010	11,795	100	412	3.5	600	5.1	6,764	57.5	3,996	33.9	23	-
2009	11,930	100	335	2.8	608	5.1	6,787	57.0	4,177	35.1	23	-

Source: South Dakota Department of Health, Office of Health Statistics

Tobacco Use

Table 15, below, displays the percent of mothers who smoked cigarettes during the past 10 years. In 2018, 17.2 percent stated they smoked cigarettes three months prior to pregnancy, and 11.8 percent smoked cigarettes anytime during their pregnancy.

Table 15
South Dakota Resident Live Births by Cigarette Smoking Status, 2009-2018

Year	Mother's Cigarette Smoking Status				
	Three Months Prior to Pregnancy	First Trimester	Second Trimester	Third Trimester	Anytime During Pregnancy
2018	17.2%	11.4%	8.9%	8.1%	11.8%
2017	18.1%	12.2%	9.7%	8.8%	12.6%
2016	19.5%	13.2%	10.1%	9.2%	13.6%
2015	20.9%	13.6%	10.4%	9.5%	14.0%
2014	21.7%	14.4%	11.1%	10.2%	14.8%
2013	22.5%	14.6%	11.4%	10.5%	15.1%
2012	24.0%	16.0%	12.5%	11.4%	16.5%
2011	24.4%	16.1%	12.5%	11.5%	16.9%
2010	24.5%	16.4%	12.8%	11.9%	17.1%
2009	26.2%	17.7%	13.7%	13.0%	18.5%

Source: South Dakota Department of Health, Office of Health Statistics

Table 16, on the next page, displays the percent of mothers who smoked cigarettes prior to pregnancy by their cigarette smoking status during pregnancy since 2009.

The largest percentage of women stated they never quit smoking cigarettes during their pregnancy with 44.8 percent in 2018.

Table 16
South Dakota Resident Births to Mothers Who Smoked Cigarettes Prior to Pregnancy by Cigarette Smoking Status During Pregnancy, 2009-2018

Year	Quit before becoming pregnant	Quit before second trimester	Quit before third trimester	Never quit	Stopped at some point during pregnancy, but started again before giving birth
2018	32.3%	15.0%	6.0%	44.8%	2.1%
2017	32.0%	13.5%	6.4%	45.8%	2.2%
2016	31.5%	15.8%	6.4%	44.3%	2.1%
2015	33.9%	15.0%	6.1%	42.9%	2.2%
2014	32.3%	15.5%	5.5%	44.4%	2.3%
2013	33.8%	14.0%	5.9%	43.5%	2.8%
2012	32.3%	14.4%	6.1%	44.6%	2.6%
2011	32.5%	15.0%	6.0%	43.6%	3.0%
2010	31.2%	14.7%	5.6%	45.1%	3.4%
2009	31.0%	15.0%	5.0%	46.0%	3.0%

Source: South Dakota Department of Health, Office of Health Statistics

Mother's Age and Race

Table 17, below, displays that women aged 25 to 29 accounted for the largest percentage of South Dakota resident births in 2018 at 33.8 percent.

The median ages for white, non-Hispanic and black, non-Hispanic were 29 while the three other racial groups were 26.

Table 17
South Dakota Resident Live Births by Mother's Age and Race, 2018

Age of Mother	Total		Race of Mother										
			White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Less than 18	166	1.4	38	0.4	88	5.3	18	2.7	7	1.7	12	2.8	3	1.3
18-19 Years	403	3.4	174	2.1	141	8.6	40	6.1	14	3.4	25	5.8	9	3.9
20-24 Years	2,329	19.6	1,421	16.7	465	28.2	186	28.2	75	18.3	138	32.2	39	16.7
25-29 Years	4,016	33.8	2,941	34.7	502	30.5	216	32.8	130	31.7	145	33.9	71	30.5
30-34 Years	3,435	28.9	2,739	32.3	297	18.0	126	19.1	116	28.3	74	17.3	79	33.9
35-39 Years	1,339	11.2	1,030	12.1	127	7.7	60	9.1	51	12.4	32	7.5	30	12.9
40 & over	205	1.7	144	1.7	27	1.6	13	2.0	17	4.1	2	0.5	2	0.9
Total	**11,890**	**100**	**8,487**	**100**	**1,647**	**100**	**659**	**100**	**410**	**100**	**428**	**100**	**233**	**100**

Note: Failure of race to add to the total is due to races not stated in the total birth column.
Source: South Dakota Department of Health, Office of Health Statistics

Table 18, below, displays the mother's age for births in the past 10 years. The largest percentage of births in this time period were to mothers aged 25-29 years old.

Table 18
South Dakota Resident Live Births by Mother's Age and Year of Birth, 2009-2018

| Year	Total Births		Age of Mother													
			< 18		18-19		20-24		25-29		30-34		35-39		40+	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	11,890	100	166	1.4	403	3.4	2,329	19.6	4,016	33.8	3,435	28.9	1,336	11.2	205	1.7
2017	12,128	100	155	1.3	467	3.9	2,493	20.6	4,023	33.2	3,401	28.0	1,342	11.1	247	2.0
2016	12,270	100	208	1.7	481	3.9	2,615	21.3	4,166	34.0	3,312	27.0	1,255	10.2	233	1.9
2015	12,323	100	161	1.3	565	4.6	2,746	22.3	4,172	33.9	3,331	27.0	1,130	9.2	218	1.8
2014	12,281	100	223	1.8	519	4.2	2,778	22.6	4,161	33.9	3,251	26.5	1,148	9.3	201	1.6
2013	12,243	100	224	1.8	598	4.9	2,885	23.6	4,184	34.2	3,027	24.7	1,123	9.2	202	1.6
2012	12,092	100	272	2.2	665	5.5	2,950	24.4	4,105	33.9	2,905	24.0	1,001	8.3	194	1.6
2011	11,834	100	256	2.2	718	6.1	2,877	24.3	4,023	34.0	2,740	23.2	988	8.3	232	2.0
2010	11,795	100	269	2.3	714	6.1	2,989	25.3	4,033	34.2	2,638	22.4	959	8.1	193	1.6
2009	11,930	100	313	2.6	789	6.6	3,151	26.4	3,903	32.7	2,599	21.8	960	8.0	215	1.8

Note: Failure of ages to add to total births is due to mother's age not stated.
Source: South Dakota Department of Health, Office of Health Statistics

Figure 3, below, displays the percent of South Dakota resident live births on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for the past 10 years. In 2018, 27.3 percent of mothers were on WIC during their pregnancy.

Figure 3
**South Dakota Resident Live Births by WIC Status, 2009-2018**
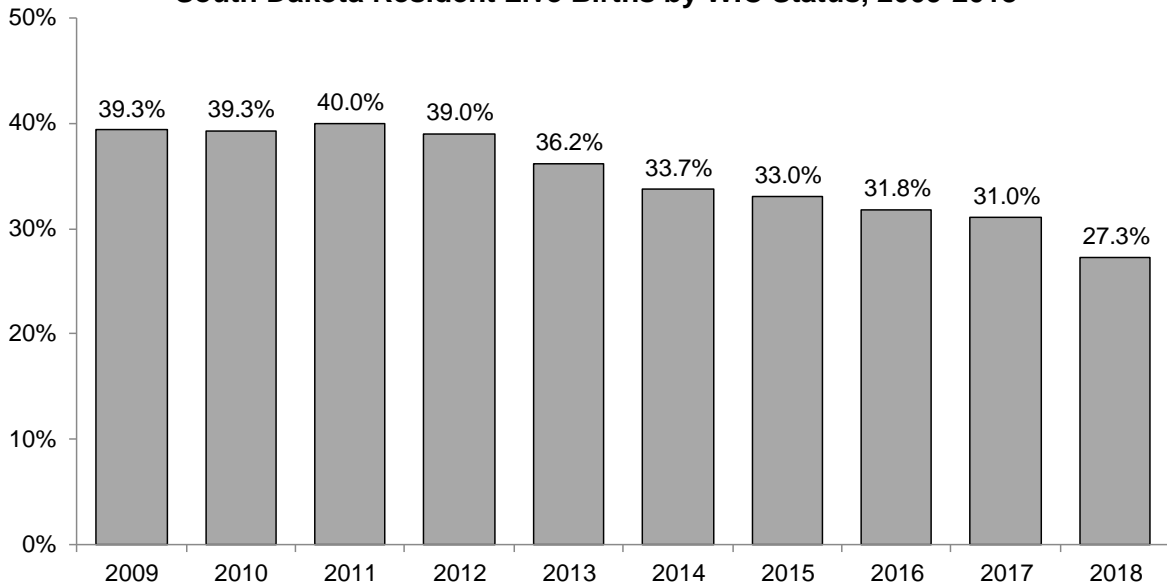
Source: South Dakota Department of Health, Office of Health Statistics

Figure 4, below, displays the percent of mothers breastfeeding at time of hospital discharge. The percent of women who were breastfeeding at time of discharge increased slightly from 80.1 percent in 2017 to 80.7 percent in 2018.

Figure 4
South Dakota Resident Live Births by Breastfeeding Status at Time of Discharge, 2009-2018
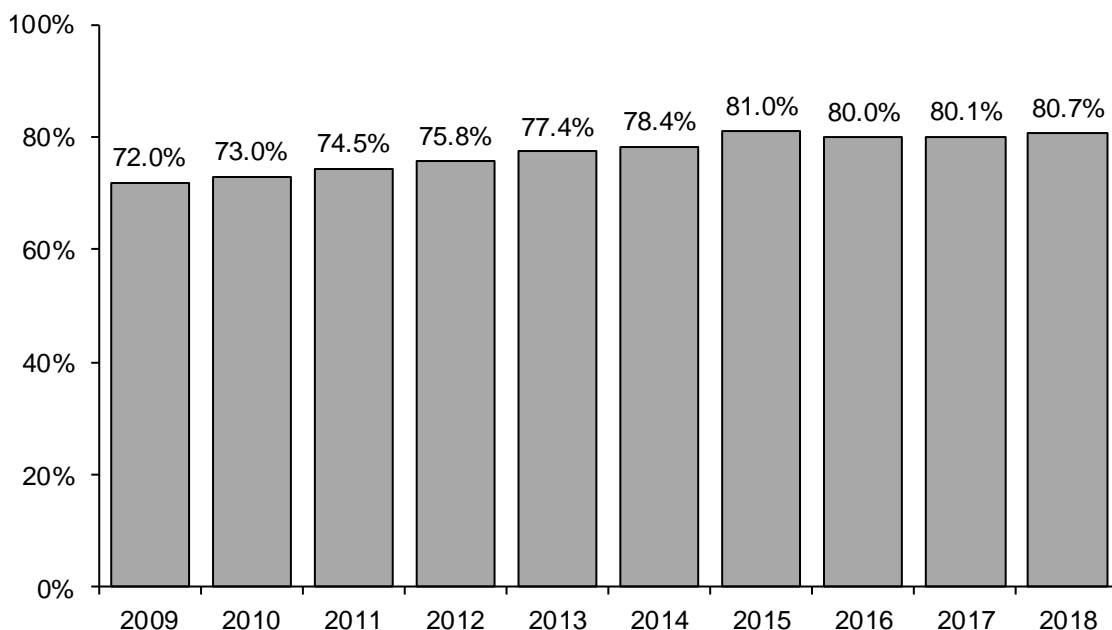
Source: South Dakota Department of Health, Office of Health Statistics

Table 19, below, displays South Dakota resident teen births (15 to 17 years old) by race from 2009 to 2018. In 2018, the teen birth rate was 9.9, up from the 2017 rate of 9.1

When looking at race, the white, non-Hispanic teen birth rate was 3.1 compared to a teen birth rate of 40.2 for American Indian, non-Hispanics and 21.3 for Hispanics in 2018.

Table 19
South Dakota Resident Teen Births and Rates by Year and Mother's Race, 2009-2018

Year	Total		White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018	162	9.9	37	3.1	86	40.2	18	21.3	7	19.3	11	18.0	3	7.9
2017	147	9.1	41	3.4	80	37.3	13	16.6	1	3.1	10	16.8	1	3.4
2016	200	12.5	60	5.0	93	44.6	23	29.7	4	13.5	15	24.8	5	16.6
2015	153	9.5	44	3.7	76	36.0	18	23.4	2	7.3	10	16.4	3	10.2
2014	216	13.2	87	7.1	86	41.4	19	23.3	8	19.8	14	23.9	1	3.9
2013	214	13.2	76	6.2	91	43.0	23	31.6	5	14.4	16	28.6	2	9.6
2012	264	16.4	108	8.8	100	48.2	20	32.3	6	18.3	26	47.8	2	9.6
2011	245	15.2	93	7.5	107	52.2	23	37.2	4	16.0	15	28.0	1	4.7
2010	259	15.8	116	9.2	103	48.2	25	42.1	2	7.9	12	24.0	1	5.2
2009	303	18.5	132	10.3	110	48.4	24	43.6	14	56.9	22	56.7	1	8.1

Note: Rates are per 1,000 female population ages 15-17. Failure of races to add to the total is due to races not stated.
Source: South Dakota Department of Health, Office of Health Statistics

Prenatal Care

We have changed how initiation of prenatal care is calculated. We have done this in order to match the manner used by the National Center for Health Statistics and, consequently, make our data comparable to national data. This change is reflected in all prenatal care data in this report. Therefore, even though prenatal care data in this report is not comparable to past reports, all prenatal care data for years prior to 2018 in this report are comparable due to our recalculating of those older years.

Table 20, below, shows the number of South Dakota resident live births by when the mothers started prenatal care in 2018.

Just over three-fourths (75.4%) of mothers started care in the first trimester – 82.5 percent of white, non-Hispanic mothers, 49.0 percent of American Indian, non-Hispanic mothers, 61.7 percent of black, non-Hispanic mothers, and 63.1 percent of Hispanic mothers. Overall, 1.0 percent failed to obtain prenatal care at all, however this includes 4.9 percent of American Indian, non-Hispanic mothers and 1.7 percent of multi-racial, non-Hispanic mothers.

Table 20
South Dakota Resident Live Births by Trimester Prenatal Care Began
and Mother's Race, 2018

Trimester Prenatal Care Began	Race of Mother													
	Total		White, non-Hispanic		American Indian, non-Hispanic		Hispanic		Black, non-Hispanic		Multi-racial, non-Hispanic		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
First	8,864	75.4	6,972	82.5	772	49.0	408	63.1	251	61.7	292	69.2	152	66.4
Second	2,212	18.8	1,233	14.6	504	32.0	178	27.5	119	29.2	101	23.9	69	30.1
Third	561	4.8	213	2.5	224	14.2	57	8.8	36	8.8	22	5.2	8	3.5
None	119	1.0	30	0.4	77	4.9	4	0.6	1	0.2	7	1.7	0	0.0
Not Stated	134	-	39	-	70	-	12	-	3	-	6	-	4	-
Total	**11,890**	**100**	**8,487**	**100**	**1,647**	**100**	**659**	**100**	**410**	**100**	**428**	**100**	**233**	**100**

Note: Failure of the races to add to the total is due to the races not stated contained in the total birth column.
Source: South Dakota Department of Health, Office of Health Statistics

Table 21, below, shows the number of mothers who began prenatal care by trimester for the past 10 years.

Most mothers in all years began prenatal care in their first trimester.

Table 21
South Dakota Resident Live Births by Trimester Prenatal Care Began, 2009-2018

Year	Total		First		Second		Third		No Prenatal Care		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	11,890	100	8,864	75.4	2,212	18.8	561	4.8	119	1.0	134	-
2017	12,128	100	8,853	74.0	2,360	19.7	622	5.2	129	1.1	164	-
2016	12,270	100	9,160	75.5	2,248	18.5	629	5.2	98	0.8	135	-
2015	12,323	100	9,128	75.3	2,292	18.9	588	4.9	107	0.9	208	-
2014	12,281	100	9,089	75.4	2,236	18.5	637	5.3	98	0.8	221	-
2013	12,243	100	8,974	74.9	2,353	19.6	588	4.9	73	0.6	255	-
2012	12,092	100	8,596	72.8	2,519	21.3	610	5.2	78	0.7	289	-
2011	11,834	100	8,346	72.0	2,563	22.1	606	5.2	75	0.6	244	-
2010	11,795	100	8,479	73.4	2,418	20.9	581	5.0	79	0.7	238	-
2009	11,930	100	8,093	69.0	2,832	24.1	714	6.1	88	0.8	203	-

Source: South Dakota Department of Health, Office of Health Statistics

Payment Type

Table 22, below, displays the number of births by payment type for the past five years. In 2018, the majority of births, 60.6 percent, were paid by private insurance. The second highest payment type was Medicaid with 29.6 percent.

Table 22
South Dakota Resident Live Births by Payment Type, 2014-2018

Payment Type	Year									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Private Insurance	6,975	57.1	7,259	59.0	7,431	60.7	7,160	59.3	7,183	60.6
Medicaid	3,906	32.0	3,831	31.2	3,806	31.1	3,867	32.1	3,513	29.6
Champus/Tricare	396	3.2	348	2.8	377	3.1	369	3.1	384	3.2
Self-Pay	359	2.9	379	3.1	348	2.8	360	3.0	395	3.3
Indian Health Service	408	3.3	386	3.1	204	1.7	246	2.0	311	2.6
Other Government	82	0.7	42	0.3	36	0.3	33	0.3	39	0.3
Other	82	0.7	48	0.4	34	0.3	30	0.2	30	0.3
Not Stated	73	-	30	-	34	-	63	-	35	-

Source: South Dakota Department of Health, Office of Health Statistics

Home Births

Figure 5, on the following page, displays the number of intended home births for South Dakota residents in the past 10 years.

In 2018, intended home births constituted less than one percent (0.6 percent) of South Dakota resident births.

Figure 5
South Dakota Resident Intended Home Births, 2009-2018
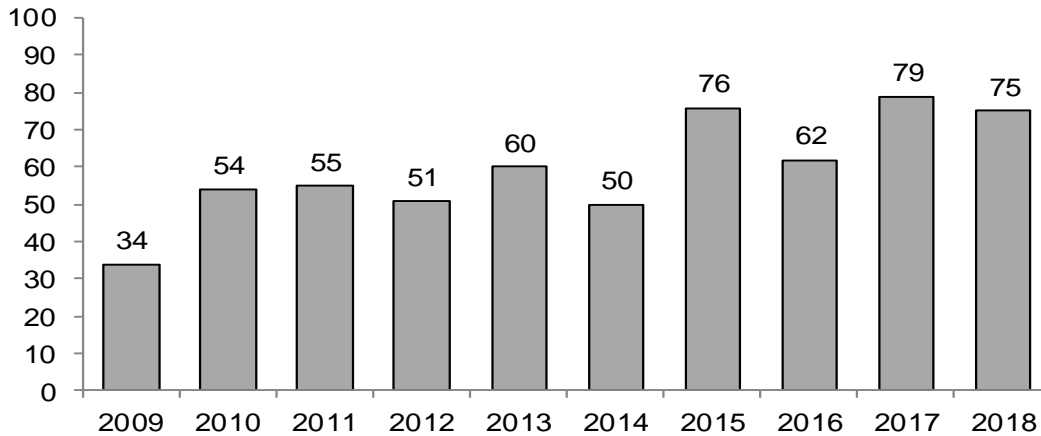
Source: South Dakota Department of Health, Office of Health Statistics

Attendant at Birth

Table 23, below, displays South Dakota resident live births by the attendant at birth for the past 10 years. In all years the majority of attendants at birth have been physicians.

Table 23
South Dakota Resident Live Births by Attendant at Birth, 2009-2018

Year	Total		Physician (MD, Resident, Intern)		Doctor of Osteopathy (DO)		Certified Nurse Midwife (CNM)		Nurse (RN, LPN, NC)		Licensed Certified Nurse Midwife		Other		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	11,890	100	9,699	81.6	1,140	9.6	889	7.5	38	0.3	39	0.3	82	0.7	3	-
2017	12,128	100	9,928	81.9	1,145	9.4	857	7.1	71	0.6	46	0.4	77	0.6	4	-
2016	12,270	100	10,400	84.8	904	7.4	811	6.6	55	0.4	35	0.3	47	0.4	3	-
2015	12,323	100	10,630	86.3	669	5.4	844	6.8	66	0.5	53	0.4	52	0.4	0	-
2014	12,281	100	10,604	86.4	687	5.6	792	6.5	59	0.5	55	0.4	43	0.4	2	-
2013	12,243	100	10,560	87.3	569	4.7	770	6.4	60	0.5	63	0.5	81	0.7	140	-
2012	12,092	100	10,573	88.5	491	4.1	755	6.3	42	0.4	32	0.3	57	0.5	142	-
2011	11,834	100	10,471	88.5	423	3.6	699	5.9	148	1.3	29	0.2	60	0.5	4	-
2010	11,795	100	10,342	87.7	617	5.2	711	6.0	39	0.3	24	0.2	53	0.4	9	-
2009	11,930	100	10,603	89.1	418	3.5	759	6.4	50	0.4	12	0.1	62	0.5	26	-

Note: Licensed Certified Nurse Midwives are licensed by the Board of Nursing to deliver out of an institution. Certified Nurse Midwives are those that deliver in a hospital under a physician's license.
Source: South Dakota Department of Health, Office of Health Statistics

Infections Present and/or Treated

Table 24, on the next page, displays resident births by infections present and/or treated during mother's pregnancy for the past five years. The majority of births, 95.6 percent in 2018, had no infections present or treated.

For all five years, chlamydia was the main infection present and/or treated during pregnancy. In 2018, chlamydia infections were present or treated in 2.2 percent of births.

Table 24
South Dakota Resident Live Births by Infections Present and/or Treated
During This Pregnancy and Year of Birth, 2014-2018

	Year of Birth									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Chlamydia	299	2.4	324	2.6	312	2.5	306	2.5	267	2.2
Genital herpes*	165	1.3	178	1.4	190	1.5	166	1.4	151	1.3
Hepatitis C	22	0.2	43	0.3	32	0.3	37	0.3	68	0.6
Gonorrhea	38	0.3	54	0.4	52	0.4	64	0.5	66	0.6
Hepatitis B	16	0.1	19	0.2	22	0.2	23	0.2	23	0.2
Syphilis	12	0.1	5	0.0	6	0.0	15	0.1	9	0.1
Cytomegolovirus (CMV)	5	0.0	4	0.0	4	0.0	5	0.0	2	0.0
Toxoplasmosis	3	0.0	5	0.0	1	0.0	1	0.0	1	0.0
Rubella	4	0.0	0	0.0	2	0.0	2	0.0	0	0.0
No infections	11,710	95.6	11,712	95.3	11,688	95.3	11,565	95.4	11,344	95.6

Source: South Dakota Department of Health, Office of Health Statistics

Medical History Factors

Table 25, below, lists the medical history factors for South Dakota resident mothers during the past five years.

The most common medical history factor for all five years was the mother had a previous cesarean delivery.

Table 25
South Dakota Resident Live Births by Mother's Medical History Factors
and Year of Birth, 2014-2018

	Year of Birth									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Mother had a previous cesarean delivery	1,655	13.5	1,864	15.2	1,739	14.2	1,680	13.9	1,677	14.1
Diabetes, gestational	904	7.4	962	7.8	954	7.8	951	7.8	991	8.3
Hypertension, gestational	578	4.7	619	5.1	724	5.9	749	6.2	803	6.7
Other previous poor pregnancy outcomes	519	4.2	481	3.9	573	4.7	552	4.6	537	4.6
Previous preterm births	322	2.6	370	3.0	403	3.3	381	3.2	460	3.9
Hypertension, pre-pregnancy	158	1.3	169	1.3	154	1.3	155	1.3	167	1.4
Fertility-enhancing drugs, artificial insemination or intrauterine insemination	181	1.5	132	1.1	177	1.5	178	1.5	152	1.3
Diabetes, pre-existing	113	0.9	104	0.8	119	1.0	141	1.2	118	1.0
Hypertension, eclampsia	36	0.3	36	0.3	72	0.6	75	0.6	74	0.6
Assisted reproductive technology	45	0.4	40	0.3	70	0.6	72	0.6	67	0.6
No medical risk factors for this pregnancy	8,521	69.6	8,299	68.0	8,204	67.3	8,125	67.5	7,755	65.8

Note: Percentages may sum to more than 100 percent because multiple factors may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Apgar Score

The Apgar score was developed by the late Virginia Apgar, M.D., as a standardized mechanism to assess the physical condition of newborns. The score considers five easily identifiable characteristics – heart rate, respiratory effort, muscle tone, reflex, and color.

Each characteristic is assessed and assigned a value from zero to two, with two being optimum. If the total score of these five components is seven or greater, a newborn is considered to be in good to excellent physical condition.

In 2018, 2.0 percent of South Dakota resident infants received five-minute Apgar scores less than seven.

Considering race, 1.9 percent of white, non-Hispanic infants, 1.8 percent of American Indian, non-Hispanic infants, 1.7 percent of

Hispanic infants, 2.4 percent of black, non-Hispanic infants, and 2.6 percent multi-racial, non-Hispanic infants received a five-minute Apgar score less than seven in 2018.

Characteristics of Labor and Delivery

Table 26, below, lists the characteristics of labor and delivery for the past five years reported on South Dakota resident birth certificates. The four most prevalent characteristics in 2018 were epidural or spinal anesthesia with 55.4 percent,

augmentation of labor with 33.0 percent, induction of labor with 32.3 percent, and antibiotics during labor with 27.8 percent. Overall characteristics of labor and delivery were present in 81.9 percent of resident births in 2018.

Table 26
South Dakota Resident Live Births by Characteristics of Labor and
Delivery and Year of Birth, 2014-2018

	Year of Birth									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Epidural or spinal anesthesia	6,577	53.6	6,594	53.5	6,861	55.9	6,730	55.4	6,589	55.4
Augmentation of labor	3,693	30.1	3,712	30.2	3,754	30.7	3,755	31.0	3,904	33.0
Induction of labor*	3,158	25.7	3,219	26.1	3,553	28.9	3,680	30.3	3,851	32.3
Antibiotics during labor	3,420	27.9	3,394	27.6	3,334	27.2	3,383	27.9	3,298	27.8
Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	206	1.7	369	3.0	643	5.3	769	6.3	873	7.4
Meconium staining of the amniotic fluid	1,009	8.2	1,125	9.2	835	6.8	1,023	8.5	829	7.0
Fetal intolerance	449	3.7	583	4.8	686	5.6	660	5.5	667	5.7
Non-vertex presentation	490	4.0	500	4.1	568	4.7	545	4.5	551	4.7
Chorioamnioitis diagnosed during labor	132	1.1	158	1.3	144	1.2	149	1.2	136	1.1
None of the above	2,569	20.9	2,487	20.4	2,410	19.8	2,316	19.2	2,134	18.1

Note: Percentages may sum to more than 100 percent because multiple characteristics of labor and delivery may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Obstetric Procedures

Table 27, on the next page, shows obstetric procedures by year of birth for the past five.

years. Tocolysis was the top obstetric procedure used for all years.

Table 27
South Dakota Resident Live Births by Obstetric Procedures and Year of Birth, 2014-2018

	Year of Birth									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Tocolysis*	143	1.2	160	1.3	118	1.0	141	1.2	99	0.8
Cervical cerclage	34	0.3	26	0.2	40	0.3	42	0.3	40	0.3
External cephalic version-failed	29	0.2	36	0.3	38	0.3	33	0.3	36	0.3
External cephalic version-successful	17	0.1	26	0.2	40	0.3	28	0.2	24	0.2
No obstetric procedures	12,035	97.3	12,052	98.0	12,040	98.1	11,894	98.1	11,697	98.4

Note: Percentages may sum to more than 100 percent because multiple obstetric procedures may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Onset of Labor

Table 28, below, displays the complications associated with the onset of labor for the past five years. The primary complication in 2018 associated with onset of labor for mothers was precipitous labor (< 3 hours). In 2018, 17.5 percent of births had a complication associated with the onset of labor.

Table 28
South Dakota Resident Live Births by Onset of Labor and Year of Birth, 2014-2018

	Year of Birth									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Precipitous labor (< 3 hours)*	664	5.4	653	5.3	676	5.5	812	6.7	1,336	11.2
Prolonged labor (20 + hours)	508	4.1	459	3.7	469	3.8	359	3.0	410	3.4
Premature rupture of membranes	274	2.2	365	3.0	422	3.4	458	3.8	400	3.4
None of the above	10,857	88.4	10,852	88.2	10,751	87.6	10,543	87.0	9,801	82.5

Note: Percentages may sum to more than 100 percent because multiple complications with the onset of labor may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Maternal Complications

Table 29, below, illustrates the maternal complications for the past five years. The highest maternal complication in 2018 was third or fourth degree perineal laceration with 0.9 percent of births. Overall, maternal complications were present in 1.8 percent of resident births in 2018.

Table 29
South Dakota Resident Live Births by Maternal Complications and Year of Birth, 2014-2018

	Year of Birth									
	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Third or fourth degree perineal laceration	112	0.9	115	0.9	119	1.0	111	0.9	102	0.9
Maternal transfusion	55	0.4	42	0.3	43	0.4	48	0.4	60	0.5
Unplanned operating procedure following delivery	40	0.3	45	0.4	38	0.3	38	0.3	49	0.4
Unplanned hysterectomy	6	0.0	7	0.1	3	0.0	4	0.0	12	0.1
Admitted to intensive care	10	0.1	10	0.1	6	0.0	7	0.1	11	0.1
Ruptured uterus	4	0.0	4	0.0	3	0.0	7	0.1	6	0.1
None of the above	12,073	98.4	12,112	98.3	12,079	98.5	11,930	98.4	11,678	98.2

Note: Percentages may sum to more than 100 percent because multiple complications may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Methods of Delivery

Table 30, below, displays the method of delivery for the past five years. Vaginal birth was the primary method of delivery for South Dakota residents for the past five years. Primary C-section was the second largest method of delivery followed by repeat C-section methods.

Table 30
South Dakota Resident Births by Method of Delivery and Year of Birth, 2014-2018

	2014		2015		2016		2017		2018	
	Num	%	Num	%	Num	%	Num	%	Num	%
Vaginal (Total)	**9,242**	**75.3**	**9,157**	**74.3**	**9,162**	**74.7**	**9,155**	**75.5**	**8,964**	**75.4**
Vaginal with no previous C-section	8,912	72.6	8,791	71.3	8,820	71.9	8,787	72.5	8,593	72.3
Vaginal after previous C-section	313	2.5	338	2.7	334	2.7	363	3.0	360	3.0
Vaginal (unknown previous types)	17	0.1	28	0.2	8	0.1	5	0.0	11	0.1
C-Section (Total)	**3,039**	**24.7**	**3,166**	**25.7**	**3,108**	**25.3**	**2,973**	**24.5**	**2,926**	**24.6**
Primary C-section	1,694	13.8	1,637	13.3	1,700	13.9	1,656	13.7	1,608	13.5
Repeat C-section	1,342	10.9	1,526	12.4	1,405	11.5	1,317	10.9	1,317	11.1
C-section (unknown previous types)	3	-	3	-	3	-	0	-	1	-

Source: South Dakota Department of Health, Office of Health Statistics

Table 31, below, displays the method of delivery by fetal presentation. The majority of births, 95.1 percent, were cephalic while 4.0 percent were breech.

When looking at primary C-section births, 22.3 percent were breech while 74.8 percent were cephalic.

Table 31
South Dakota Resident Births by Method of Delivery and Fetal Presentation, 2018

	Total		Cephalic		Breech		Other	
	Num	%	Num	%	Num	%	Num	%
Total	**11,890**	**100**	**11,306**	**95.1**	**480**	**4.0**	**104**	**0.9**
Vaginal (Total)	**8,964**	**100**	**8,891**	**99.2**	**35**	**0.4**	**38**	**0.4**
Vaginal with no previous C-section	8,593	100	8,526	99.2	33	0.4	34	0.4
Vaginal after previous C-section	360	100	354	98.3	2	0.6	4	1.1
Vaginal (unknown previous types)	11	100	11	100	0	-	0	-
C-Section (Total)	**2,926**	**100**	**2,415**	**82.5**	**445**	**15.2**	**66**	**2.3**
Primary C-section	1,608	100	1,203	74.8	359	22.3	46	2.9
Repeat C-section	1,317	100	1,212	92.0	86	6.5	19	1.4
C-section (unknown previous types)	1	100	0	0	0	-	1	100

Source: South Dakota Department of Health, Office of Health Statistics

Abnormal Conditions of the Newborn

Table 32, on the next page, shows abnormal conditions in newborns for the past five years. In 2018, 11.9 percent of South Dakota resident live birth certificates reported abnormal conditions of the newborn. Overall, NICU admission was the most frequently reported condition in 2018 followed by assisted ventilation required immediately following delivery.

Table 32
South Dakota Resident Live Births by Abnormal Conditions of Newborn and Year of Birth, 2014-2018

	Year of Birth									
	2014		**2015**		**2016**		**2017**		**2018**	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
NICU admission	1,245	10.1	1,224	9.9	1,241	10.1	1,243	10.3	1,169	9.8
Assisted ventilation required immediately following delivery	806	6.6	797	6.5	802	6.5	804	6.6	684	5.8
Antibiotics received by the newborn for suspected neonatal sepsis	621	5.1	628	5.1	596	4.9	580	4.8	495	4.2
Assisted ventilation required for more than 6 hrs	258	2.1	281	2.3	296	2.4	315	2.6	280	2.4
Newborn given surfactant replacement therapy	86	0.7	87	0.7	92	0.7	95	0.8	62	0.5
Significant birth injury	13	0.1	13	0.1	12	0.1	13	0.1	18	0.2
Seizure or serious neurologic dysfunction	11	0.1	9	0.1	11	0.1	9	0.1	3	0.0
None of the above	10,650	86.7	10,724	87.0	10,666	86.9	10,520	86.8	10,472	88.1

Note: Percentages may sum to more than 100 percent because multiple abnormal conditions may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Congenital Anomalies

Table 33, below, displays congenital anomalies for the past five years. In 2018 the most prevalent congenital anomaly was chromosomal disorder followed by cleft palate alone and cleft lip with or without a cleft palate.

Table 33
South Dakota Resident Births with Reported Congenital Anomalies and Year of Birth, 2014-2018

	Year of Birth									
	2014		**2015**		**2016**		**2017**		**2018**	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
Chromosomal disorder	13	0.1	20	0.2	21	0.2	21	0.2	21	0.2
Cleft palate alone	13	0.1	2	0.0	12	0.1	13	0.1	14	0.1
Cleft lip with or without a cleft palate	14	0.1	11	0.1	25	0.2	11	0.1	14	0.1
Down syndrome (Trisomy 21)	17	0.1	8	0.1	15	0.1	20	0.2	13	0.1
Hypospadias	10	0.1	6	0.0	17	0.1	12	0.1	11	0.1
Cyanotic congenital heart disease	16	0.1	8	0.1	15	0.1	13	0.1	9	0.1
Other craniofacial abnormality	16	0.1	13	0.1	17	0.1	10	0.1	8	0.1
Meningomyelocele/Spina bifida	3	0.0	5	0.0	6	0.0	5	0.0	6	0.1
Gastroschisis	4	0.0	5	0.0	10	0.1	4	0.0	5	0.0
Limb reduction defect	4	0.0	6	0.0	8	0.1	4	0.0	3	0.0
Omphalacele	2	0.0	2	0.0	1	0.0	2	0.0	2	0.0
Anencephaly	2	0.0	0	0.0	1	0.0	0	0.0	2	0.0
Congenital diaphragmatic hernia	5	0.0	5	0.0	1	0.0	3	0.0	1	0.0
At least one anomaly	97	0.8	79	0.6	121	1.0	96	0.8	94	0.8
None of the above	12,178	99.2	12,236	99.4	12,149	99.0	12,029	99.2	11,793	99.2

Note: Percentages may sum to more than 100 percent because multiple congenital anomalies may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality

An Overview: 2018

Infant Deaths
    Number   70
    Rate per 1,000 Live Births   5.89

Neonatal Deaths
    Number   36
    Rate per 1,000 Live Births   3.03

Postneonatal Death
    Number   34
    Rate per 1,000 Live Births   2.86

During 2018, there were 70 South Dakota resident infant deaths reported for an infant mortality rate of 5.89 per 1,000 live births. In comparison, there were 94 infant deaths in 2017, with the infant mortality rate of 7.75 per 1,000 live births.

Caution should be used when comparing these annual rates, because the number of South Dakota resident births creates a relatively small denominator to determine infant mortality rates; a small change in the number of infant deaths can result in a relatively large rate change. Infant mortality rates should be monitored over a period of time.

Table 34
Resident Infant Deaths and Infant Mortality Rates,
South Dakota and United States, 1997-2018

Year	United States		South Dakota	
	Number	Mortality Rate	Number	Mortality Rate
2018	*NA	*NA	70	5.89
2017	22,341	5.79	94	7.75
2016	23,161	5.87	59	4.81
2015	23,455	5.90	90	7.30
2014	23,215	5.82	73	5.94
2013	23,446	5.96	80	6.53
2012	23,629	5.98	104	8.60
2011	23,985	6.07	75	6.34
2010	24,586	6.15	83	7.04
2009	26,412	6.39	80	6.71
2008	28,059	6.61	100	8.28
2007	29,138	6.75	79	6.45
2006	28,527	6.69	82	6.88
2005	28,440	6.87	82	7.15
2004	27,936	6.79	93	8.20
2003	28,025	6.85	73	6.62
2002	28,034	6.97	70	6.54
2001	27,568	6.85	78	7.45
2000	27,200	6.70	57	5.51
1999	27,937	7.06	94	8.94
1998	28,371	7.20	92	8.95
1997	28,045	7.21	78	7.67

Note: *U.S. 2018 data was not available at time of publication.
               Infant mortality rates are per 1,000 live births.
Source: National Center for Health Statistics
               South Dakota Department of Health, Office of Health Statistics

Figure 6
Resident Infant Mortality Rates, South Dakota and United States, 1997-2018
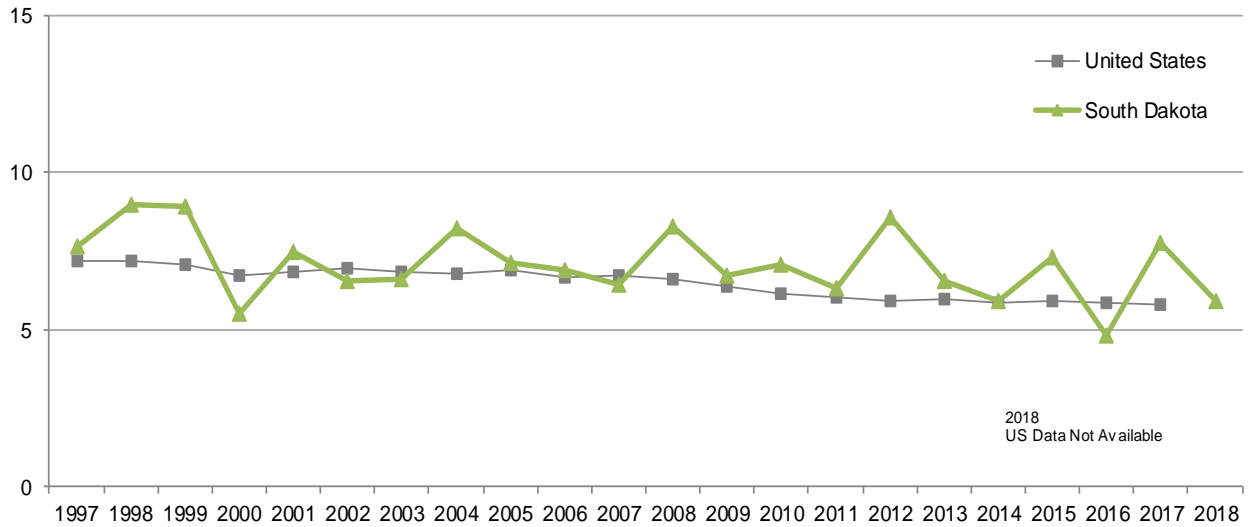
Note: Rate Per 1,000 Live Births. U.S. 2018 data is not available.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Figure 7, below, displays South Dakota's infant mortality rate grouped in five year increments. This graph shows that over the past 21 years, South Dakota's infant mortality rate has been slowly decreasing.

Figure 7
Resident Infant Mortality Rates for South Dakota, 1997-2018
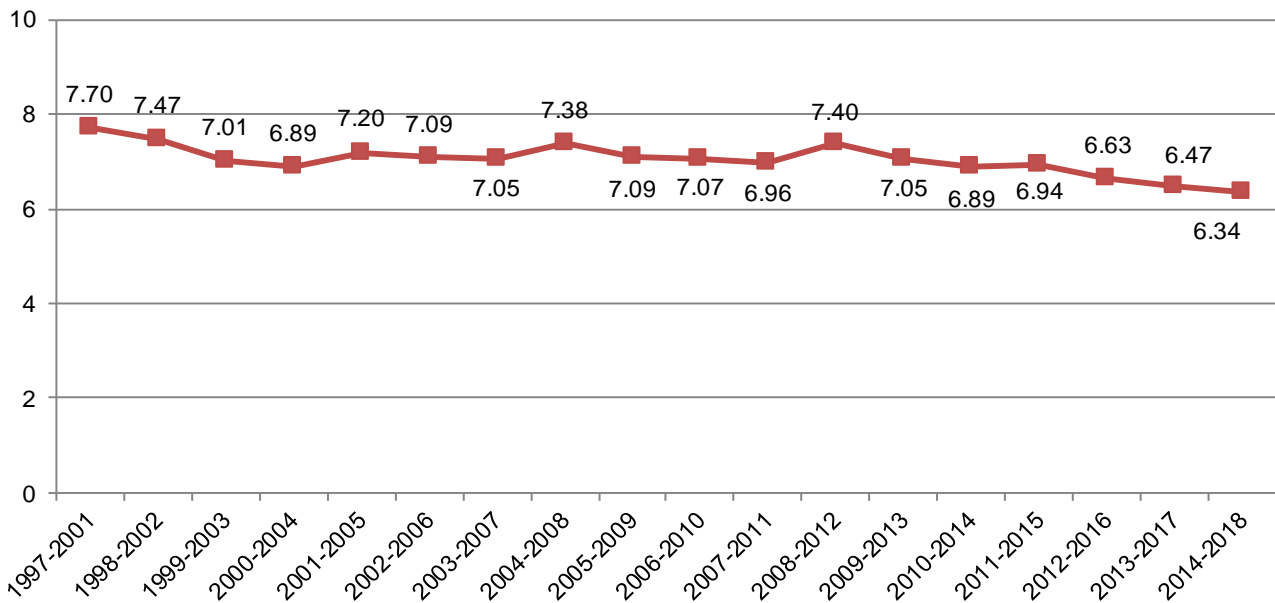
Note: Rate Per 1,000 Live Births.
Source: South Dakota Department of Health, Office of Health Statistics

Table 35, below, lists the overall leading causes of infant death in 2014-2018. The leading causes of infant death in 2018 can be broken down as follows: congenital malformations, 27.1 percent, accidents with 11.4 percent and sudden infant death syndrome with 10.0 percent.

Table 35
South Dakota Resident Leading Causes of Infant Death, 2014-2018

	Total	2014	2015	2016	2017	2018
Total Deaths	**386**	**73**	**90**	**59**	**94**	**70**
Congenital Malformations, Deformations, & Chromosomal Abnormalities (Q00-Q99)	**97**	**21**	**19**	**13**	**25**	**19**
Chromosomal abnormalities (Q90-Q99)	29	6	6	5	7	5
Edward's syndrome (Q91.0-Q91.3)	16	3	4	2	4	3
Congenital malformations of the nervous system (Q00-Q07)	20	7	2	3	4	4
Other reduction deformities of brain (Q04.3)	5	2	1	1	0	1
Congenital malformations of the heart (Q20-Q24)	15	3	2	3	2	5
Congenital malformations and deformations of the musculoskeletal system (Q65-Q79)	11	1	4	1	3	2
Congenital diaphragmatic hernia (Q79.0)	6	1	3	0	2	0
Congenital malformations of the urinary system (Q60-Q64)	5	0	0	0	3	2
Multiple congenital anomalies (Q89.7)	5	2	1	0	2	0
Extreme immaturity and other preterm infants (Less than 37 comp wks of gestation) (P07.2-P07.3)	**50**	**10**	**11**	**7**	**19**	**3**
Accidents (V01-X59, Y85-Y86)	**44**	**7**	**11**	**8**	**10**	**8**
Accidental suffocation and strangulation in bed (W75)	34	5	10	6	7	6
Unspecified threat to breathing (W84)	6	2	0	1	2	1
Sudden Infant Death Syndrome (R95)	**32**	**5**	**11**	**6**	**3**	**7**
Ill-Defined and Unknown Causes of Mortality (R96-R99)	**24**	**4**	**7**	**5**	**3**	**5**
Assault (homicide) (X85-Y09, Y87.1)	**10**	**2**	**2**	**2**	**2**	**2**
Newborn affected by other forms of placental separation and hemorrhage (P02.1)	**10**	**2**	**4**	**0**	**2**	**2**
Primary atelectasis of newborn (P28.0)	**7**	**2**	**2**	**0**	**3**	**0**
Neonatal cardiac dysrhythmia (P29.1)	**7**	**1**	**3**	**2**	**1**	**0**
Respiratory distress of newborn, unspecified (P22.9)	**6**	**0**	**0**	**1**	**3**	**2**
Influenza and Pneumonia (J09-J18)	**6**	**2**	**1**	**0**	**2**	**1**
Newborn affected by premature rupture of membranes (P01.1)	**5**	**0**	**1**	**2**	**1**	**1**
All Other Causes	**88**	**16**	**19**	**16**	**23**	**14**

Source: South Dakota Department of Health, Office of Health Statistics

There were 36 neonatal deaths (deaths occurring to infants from birth through 27 days old) for a rate of 3.03 deaths per 1,000 live births. There were 34 postneonatal deaths (deaths occurring to infants 28 days to 1 year of age) for a rate of 2.86 deaths per 1,000 live births. In comparison, in 2017 neonatal and postneonatal rates were 5.52 and 2.23 per 1,000 live births, respectively.

Infant Mortality by Race

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. All race data in this section are categorized in the following manner:

white, non-Hispanic
American Indian, non-Hispanic
black, non-Hispanic
multi-racial, non-Hispanic
Hispanic

The remaining categories (Asian, non-Hispanic, and Pacific Islander, non-Hispanic) are included in the totals but are not necessarily shown specifically in any tables.

Table 36a, below, indicates that from 2017 to 2018, the number of South Dakota resident infant deaths decreased for all race groups and increased for Hispanics. Table 36b, below, displays infant mortality grouped by five-year increments.

Table 36a
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, 2009-2018

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic		Total	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018	44	5.19	14	8.52	2	4.88	4	6.07	5	11.68	70	5.89
2017	61	7.08	15	8.31	7	17.59	3	4.81	6	14.42	94	7.75
2016	33	3.74	21	11.78	3	8.33	1	1.58	1	2.72	59	4.81
2015	52	5.90	24	12.49	3	11.28	3	5.37	7	16.59	90	7.30
2014	36	4.05	23	12.69	3	10.17	4	6.64	7	18.28	73	5.94
2013	46	5.17	22	11.57	4	14.44	2	3.77	4	11.90	80	6.53
2012	53	6.01	24	12.95	3	11.11	9	16.30	10	26.18	104	8.60
2011	42	4.85	24	12.79	3	12.77	0	0.00	4	12.50	75	6.34
2010	52	5.90	19	10.66	1	4.41	3	5.92	7	23.65	83	7.04
2009	54	6.03	19	10.42	3	13.95	2	4.22	2	6.51	80	6.71

Note: Infant mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Table 36b
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2005-2018

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic		Total	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2014-2018	226	5.18	97	10.82	18	10.41	15	4.87	26	12.89	386	6.34
2013-2017	228	5.17	105	11.38	20	12.53	13	4.41	25	12.99	396	6.47
2012-2016	220	4.97	114	12.30	16	10.90	19	6.60	29	15.34	406	6.63
2011-2015	229	5.19	117	12.49	16	11.91	18	6.54	32	17.36	422	6.94
2010-2014	229	5.19	112	12.14	14	10.74	18	6.67	32	18.64	415	6.89
2009-2013	247	5.59	108	11.69	14	11.44	16	6.22	27	16.45	422	7.05
2008-2012	256	5.78	115	12.38	12	10.62	20	7.99	30	18.86	442	7.40
2007-2011	251	5.62	111	11.80	10	9.53	16	6.61	25	17.05	417	6.96
2006-2010	257	5.70	112	11.86	11	11.12	19	8.23	23	16.50	424	7.07
2005-2009	259	5.76	117	12.50	11	12.35	18	8.20	17	11.05	423	7.09

Note: Infant mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

When analyzed by race, Table 37a, below, indicates that the South Dakota resident neonatal mortality rate per 1,000 live births decreased for all races and increased for Hispanics from 2017 to 2018. The American Indian, non-Hispanic neonatal mortality rate has consistently been higher than white, non-Hispanic neonatal mortality rates for each year since 2009. In Table 37b, below, neonatal mortality is grouped in five-year increments. The neonatal mortality rate has dropped to its lowest since 2005.

Table 37a
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, 2009-2018

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018	24	2.83	7	4.26	1	2.44	3	4.55	1	2.34	36	3.03
2017	46	5.34	10	5.54	6	15.08	2	3.21	2	4.81	67	5.52
2016	22	2.49	8	4.49	0	0.00	0	0.00	1	2.72	31	2.53
2015	36	4.08	15	7.81	3	11.28	2	3.58	2	4.74	59	4.79
2014	25	2.81	8	4.42	1	3.39	4	6.64	4	10.44	42	3.42
2013	31	3.48	9	4.73	4	14.44	1	1.89	2	5.95	48	3.92
2012	39	4.42	14	7.56	1	3.70	6	10.87	6	15.71	69	5.71
2011	29	3.35	10	5.33	2	8.51	0	0.00	3	9.38	46	3.89
2010	35	3.97	14	7.85	0	0.00	3	5.92	3	10.14	56	4.75
2009	32	3.57	7	3.84	2	9.30	2	4.22	2	6.51	45	3.77

Note: Neonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Table 37b
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2005-2018

Year	Race of Infant										Total	
	White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2014-2018	153	3.51	48	5.35	11	6.36	11	3.57	10	4.96	235	3.86
2013-2017	160	3.63	50	5.42	14	8.77	9	3.05	11	5.71	247	4.03
2012-2016	153	3.46	54	5.83	9	6.13	13	4.52	15	7.93	249	4.07
2011-2015	160	3.63	56	5.98	11	8.19	13	4.72	17	9.22	264	4.34
2010-2014	159	3.61	55	5.96	8	6.13	14	5.19	18	10.48	261	4.33
2009-2013	166	3.76	54	5.85	9	7.35	12	4.67	16	9.75	264	4.41
2008-2012	170	3.84	57	6.14	7	6.19	16	6.39	20	12.57	277	4.64
2007-2011	165	3.69	51	5.42	7	6.67	15	6.20	17	11.60	259	4.32
2006-2010	165	3.66	51	5.40	7	7.08	16	6.93	15	10.76	256	4.27
2005-2009	170	3.78	46	4.92	8	8.98	14	6.38	13	8.45	252	4.23

Note: Neonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Table 38a, below, indicates that the postneonatal mortality rate per 1,000 live births increased for white, non-Hispanic infants and American Indian, non-Hispanic infants from 2017 to 2018. The American Indian, non-Hispanic postneonatal mortality rate has been consistently higher than the white, non-Hispanic rate for each year since 2009. When looking at the data in five-year increments as shown in Table 38b, below, the total postneonatal mortality has remained steady.

Table 38a
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, 2009-2018

| Year | Race of Infant | | | | | | | | | | Total | |
| | White, non-Hispanic | | American Indian, non-Hispanic | | Black, non-Hispanic | | Hispanic | | Multi-racial, non-Hispanic | | | |
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2018	20	2.36	7	4.26	1	2.44	1	1.52	4	9.35	34	2.86
2017	15	1.74	5	2.77	1	2.51	1	1.60	4	9.62	27	2.23
2016	11	1.25	13	7.30	3	8.33	1	1.58	0	0.00	28	2.28
2015	16	1.81	9	4.69	0	0.00	1	1.79	5	11.85	31	2.52
2014	11	1.24	15	8.28	2	6.78	0	0.00	3	7.83	31	2.52
2013	15	1.68	13	6.83	0	0.00	1	1.89	2	5.95	32	2.61
2012	14	1.59	10	5.40	2	7.41	3	5.43	4	10.47	35	2.89
2011	13	1.50	14	7.46	1	4.26	0	0.00	1	3.13	29	2.45
2010	17	1.93	5	2.80	1	4.41	0	0.00	4	13.51	27	2.29
2009	22	2.46	12	6.58	1	4.65	0	0.00	0	0.00	35	2.93

Note: Postneonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Table 38b
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2005-2018

| Year | Race of Infant | | | | | | | | | | Total | |
| | White, non-Hispanic | | American Indian, non-Hispanic | | Black, non-Hispanic | | Hispanic | | Multi-racial, non-Hispanic | | | |
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2014-2018	73	1.67	49	5.47	7	4.05	4	1.30	16	7.93	151	2.48
2013-2017	68	1.54	55	5.96	6	3.76	4	1.36	14	7.27	149	2.43
2012-2016	67	1.51	60	6.47	7	4.77	6	2.09	14	7.40	157	2.56
2011-2015	69	1.56	61	6.51	5	3.72	5	1.82	15	8.14	158	2.60
2010-2014	70	1.59	57	6.18	6	4.60	4	1.48	14	8.15	154	2.56
2009-2013	81	1.83	54	5.85	5	4.08	4	1.56	11	6.70	158	2.64
2008-2012	86	1.94	58	6.25	5	4.42	4	1.60	10	6.29	165	2.76
2007-2011	86	1.92	60	6.38	3	2.86	1	0.41	8	5.46	158	2.64
2006-2010	92	2.04	61	6.46	4	4.04	3	1.30	8	5.74	168	2.80
2005-2009	89	1.98	71	7.59	3	3.37	4	1.82	4	2.60	171	2.87

Note: Postneonatal mortality rates are per 1,000 live births. Failure of races to add to the total is due to other and unknown races included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Table 39, below, shows the leading causes of infant death from 2014 to 2018. The overall leading cause of infant death for South Dakota residents was congenital malformations, deformations, and chromosomal abnormalities, which accounted for 25.1 percent of all infant deaths in South Dakota from 2014 to 2018. The second leading cause of death was extreme immaturity with 13.0 percent.

When analyzed by race, the leading cause of death for white, non-Hispanic infants was congenital malformations, deformations, and chromosomal abnormalities with 31.0 percent of all white, non-Hispanic infant deaths. The leading cause of death for American Indian, non-Hispanic infants was accidents with 17.5 percent. The leading cause of death for black, non-Hispanic infants was extreme immaturity with 27.8 percent.

Table 39
South Dakota Resident Infant Deaths by Cause of Death and Race, 2014-2018

	Total		White, non-Hispanic		American Indian, non-Hispanic		Black, non-Hispanic		Hispanic		Multi-racial, non-Hispanic	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Total Deaths	**386**	**6.34**	**226**	**5.18**	**97**	**10.82**	**18**	**10.41**	**15**	**4.87**	**26**	**12.89**
Congenital Malformations, Deformations, & Chromosomal Abnormality (Q00-Q99)	**97**	**1.59**	**70**	**1.60**	**13**	**1.45**	**4**	**2.31**	**5**	**1.62**	**3**	**1.49**
Chromosomal abnormalities (Q90-Q99)	29	0.48	23	0.53	1	0.11	1	0.58	2	0.65	1	0.50
Edward's syndrome (Q91.0-Q91.3)	16	0.26	14	0.32	0	0.00	1	0.58	0	0.00	1	0.50
Congenital malformations of the nervous system (Q00-Q07)	20	0.33	12	0.28	6	0.67	1	0.58	0	0.00	1	0.50
Other reduction deformities of brain (Q04.3)	5	0.08	2	0.05	2	0.22	1	0.58	0	0.00	0	0.00
Congenital malformations of the heart (Q20-Q24)	15	0.25	10	0.23	2	0.22	1	0.58	1	0.32	0	0.00
Congenital malformations and deformations of the musculoskeletal system (Q65-Q79)	11	0.18	9	0.21	0	0.00	0	0.00	1	0.32	1	0.50
Congenital diaphragmatic hernia (Q79.0)	6	0.10	5	0.11	0	0.00	0	0.00	0	0.00	1	0.50
Congenital malformations of the urinary system (Q60-Q64)	5	0.08	4	0.09	1	0.11	0	0.00	0	0.00	0	0.00
Multiple congenital malformations (Q89.7)	5	0.08	5	0.11	0	0.00	0	0.00	0	0.00	0	0.00
Extreme immaturity and other preterm infants (Less than 37 comp wks of gestation) (P07.2-P07.3)	**50**	**0.82**	**30**	**0.69**	**8**	**0.89**	**5**	**2.89**	**3**	**0.97**	**3**	**1.49**
Accidents (V01-X59, Y85-Y86)	**44**	**0.72**	**21**	**0.48**	**17**	**1.90**	**0**	**0.00**	**0**	**0.00**	**6**	**2.97**
Accidental suffocation and strangulation in bed (W75)	34	0.56	17	0.39	14	1.56	0	0.00	0	0.00	3	1.49
Unspecified threat to breathing (W84)	6	0.10	4	0.09	1	0.11	0	0.00	0	0.00	1	0.50
Sudden Infant Death Syndrome (R95)	**32**	**0.53**	**16**	**0.37**	**11**	**1.23**	**1**	**0.58**	**1**	**0.32**	**3**	**1.49**
Ill-Defined and Unknown Causes of Mortality (R96-R99)	**24**	**0.39**	**12**	**0.28**	**10**	**1.12**	**0**	**0.00**	**1**	**0.32**	**1**	**0.50**
Assault (homicide) (X85-Y09, Y87.1)	**10**	**0.16**	**3**	**0.07**	**4**	**0.45**	**0**	**0.00**	**1**	**0.32**	**2**	**0.99**
Newborn affected by other forms of placental separation and hemorrhage (P02.1)	**10**	**0.16**	**4**	**0.09**	**6**	**0.67**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Primary atelectasis of newborn (P28.0)	**7**	**0.11**	**3**	**0.07**	**4**	**0.45**	**0**	**0.00**	**0**	**0.00**	**0**	**0.00**
Neonatal cardiac dysrhythmia (P29.1)	**7**	**0.11**	**5**	**0.11**	**1**	**0.11**	**1**	**0.58**	**0**	**0.00**	**0**	**0.00**
Respiratory distress of newborn, unspecified (P22.9)	**6**	**0.10**	**3**	**0.07**	**1**	**0.11**	**1**	**0.58**	**1**	**0.32**	**0**	**0.00**
Influenza and Pneumonia (J09-J18)	**6**	**0.10**	**2**	**0.05**	**1**	**0.11**	**1**	**0.58**	**0**	**0.00**	**2**	**0.99**
Newborn affected by premature rupture of membranes (P01.1)	**5**	**0.08**	**1**	**0.02**	**1**	**0.11**	**1**	**0.58**	**1**	**0.32**	**1**	**0.50**
All Other Causes	**88**	**1.45**	**56**	**1.28**	**20**	**2.23**	**4**	**2.31**	**2**	**0.65**	**5**	**2.48**

Source: South Dakota Department of Health, Office of Health Statistics
Note: Failure of races to add to the total is due to other and unknown races included in the total.

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Infant Mortality and Birth Weight

Table 40, below, displays infant mortality rates by birth weight. The highest mortality rate was for babies born who weighed less than 1,000 grams with an infant mortality rate of 445.99, a neonatal mortality rate of 421.60, and a postneonatal mortality rate of 24.39. The highest rates occurred below 2,500 grams, which is considered low birth weight babies. The lowest infant mortality rate occurred in the 4,000-4,499 gram group with 1.33.

Table 40
South Dakota Resident Infant Mortality Rates by Birth Weight, 2014-2018

Birth Weight (in Grams)	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	60,892	386	6.34	3.86	2.48
<1,000	287	128	445.99	421.60	24.39
1,000-1,499	352	25	71.02	62.50	8.52
1,500-1,999	794	27	34.01	26.45	7.56
2,000-2,499	2,594	31	11.95	5.78	6.17
2,500-2,999	9,673	53	5.48	1.76	3.72
3,000-3,499	22,672	73	3.22	1.06	2.16
3,500-3,999	18,456	36	1.95	0.65	1.30
4,000-4,499	5,269	7	1.33	0.19	1.14
4,500+	788	3	3.81	0.00	3.81

Note: Infant, neonatal, and postneonatal mortality rates are per 1,000 live births.
         Failure of births to add to total is due to not stated birth weights.
Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Prenatal Care

Table 41, below, displays infant mortality rates by prenatal care. The highest infant mortality rate, 16.33, occurred when mothers did not have prenatal care. This is true for neonatal and postneonatal mortality rates. In comparison, when mothers received prenatal care in the first trimester the infant mortality rate was only 4.88.

Table 41
South Dakota Resident Infant Mortality Rates by Prenatal Care, 2014-2018

Trimester Prenatal Care Began	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	60,892	386	6.34	3.86	2.48
First Trimester	45,094	220	4.88	3.13	1.75
Second Trimester	11,348	112	9.87	5.29	4.58
Third Trimester	3,037	24	7.90	3.62	4.28
No Prenatal Care	551	9	16.33	14.52	1.81

Note: Infant mortality rates are per 1,000 live births.
         Failure of births and infant deaths to add to the total is due to not stated trimester prenatal care began.
Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Gestation Period

Table 42, below, displays infant mortality rates by gestation period. The highest infant mortality rate occurred to those with less than 25 weeks gestation with a rate of 761.19.

The highest neonatal mortality rate and postneonatal mortality rate both occurred at less than 25 weeks with a rate of 731.34 and 29.85, respectively.

Table 42
South Dakota Resident Infant Mortality Rates by Gestation Period, 2014-2018

Weeks of Gestation	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	60,892	386	6.34	3.86	2.48
<25 Weeks	134	102	761.19	731.34	29.85
25-29 Weeks	321	40	124.61	112.15	12.46
30-31 Weeks	278	11	39.57	32.37	7.19
32 Weeks	241	9	37.34	33.20	4.15
33 Weeks	327	9	27.52	21.41	6.12
34 Weeks	741	10	13.50	6.75	6.75
35 Weeks	1,059	11	10.39	7.55	2.83
36 Weeks	2,329	23	9.88	3.86	6.01
37 Weeks	5,271	36	6.83	2.66	4.17
38 Weeks	9,715	44	4.53	1.44	3.09
39 Weeks	21,733	56	2.58	0.87	1.70
40 Weeks	13,744	22	1.60	0.44	1.16
41 Weeks	4,495	10	2.22	0.22	2.00
42+ Weeks	411	2	4.87	2.43	2.43

Note: Infant mortality rates are per 1,000 live births.
        Failure of births and infant deaths to add to the total is due to not stated weeks of gestation.
Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Cigarette Use

Table 43, below, displays infant mortality rates by cigarette use of the mother. Mothers who reported they smoked cigarettes while pregnant had an infant

mortality rate of 11.37, while mothers who reported they did not smoke cigarettes while pregnant had an infant mortality rate of 5.50.

Table 43
South Dakota Resident Infant Mortality Rates
by Cigarette Use of Mother During Pregnancy, 2014-2018

Cigarette Use of Mother	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	60,892	386	6.34	3.86	2.48
Yes	8,095	92	11.37	5.44	5.93
No	52,537	289	5.50	3.56	1.94

Note: Infant mortality rates are per 1,000 live births.
        Failure of births to add to the total is due to 'not stated' cigarette use of the mother.
Source: South Dakota Department of Health, Office of Health Statistics

Infant Mortality and Mother Demographics

The following tables, 44a-44d, compare infant mortality rates among different demographics of the mother, different previous pregnancy histories, different labor and delivery situations, and different post-delivery conditions. The comparison is done using the Chi-Square test. An explanation of this test is given in the Technical Notes section at the end of the report.

The rates denoted with an asterisk are the ones found to illustrate an association with the variables listed in the left column. For example, the test indicates that when there is a change in the education of the mother, there is an associated change with the

infant mortality rate as well as the neonatal and post-neonatal mortality rate.

However, it should be noted that this test does not consider relationships among multiple variables at the same time. Therefore, dependencies detected by Chi-square analyses may be unrealistic or non-causal. There may be other unseen factors that make the variables appear to be associated. However, if properly used, this test is a very useful tool for the evaluation of associations and can be used as a preliminary analysis of more complex statistical evaluations.

Table 44a
South Dakota Resident Infant Mortality Rates by Demographics of Mother, 2014-2018

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Education					
11 years or less	7,779	73	9.38*	4.76	4.63*
12+ years	51,102	287	5.62*	3.66	1.96*
Marital Status					
Single	22,504	202	8.98*	5.11*	3.87*
Married	38,355	175	4.56*	3.10*	1.46*
Mother's WIC Status					
No WIC	41,482	217	5.23*	3.64	1.59*
WIC	18,971	157	8.28*	4.22	4.06*
Age					
<20	3,347	20	6.57*	3.59	2.39*
20-24	12,961	108	8.33*	4.71	3.63*
25-29	20,536	117	5.70*	3.55	2.14*
30-34	16,726	90	5.38*	3.71	1.67*
35+	7,315	43	5.88*	3.69	2.19*
BMI					
Underweight (<18.5)	1,914	16	8.36*	5.75*	2.61*
Recommended (18.5-24.9)	27,864	141	5.06*	3.19*	1.87*
Overweight (25.0-29.9)	15,487	83	5.36*	3.49*	1.87*
Obese (30.0-34.9)	8,181	54	6.60*	3.42*	3.18*
Very Obese (35.0-39.9)	4,135	44	10.64*	6.77*	3.87*
Morbidly Obese (40.0+)	2,700	32	11.85*	7.04*	4.81*
Diabetes					
No Pre-Existing Diabetes	60,188	366	6.08*	3.82	2.26*
Pre-Existing Diabetes	595	10	16.81*	5.04	11.76*
Hepatitis C					
No Hepatitis C	60,592	370	6.11*	3.80*	2.31*
Hepatitis C	202	6	29.70*	14.85*	14.85*
Chlamydia					
No Chlamydia	59,286	357	6.02*	3.78	2.24*
Chlamydia	1,508	19	12.60*	5.97	6.63*

Table 44a (continued)
South Dakota Resident Infant Mortality Rates by Demographics of Mother, 2014-2018

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Payment Source					
Medicaid	18,921	172	9.09*	4.65*	4.44*
Private Insurance	36,004	163	4.53*	3.28*	1.25*
Self-Pay	1,840	17	9.24*	6.52*	2.72*
Indian Health Service	1,555	15	9.65*	5.79*	3.86*
Champus/Tricare	1,874	4	2.13*	1.07*	1.07*
Other Government	232	1	4.31*	4.31*	0.00*
Other	224	2	8.93*	8.93*	0.00*

Note: *The Chi-square statistic is significant at the 0.05 level.
Source: South Dakota Department of Health, Office of Health Statistics

Table 44b
South Dakota Resident Infant Mortality Rates by Previous Pregnancy History, 2014-2018

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Number of Living Children					
0	20,203	114	5.64	4.06	1.58*
1	18,852	106	5.62	3.77	1.86*
2	11,770	74	6.29	3.14	3.14*
3	5,507	46	8.35	4.72	3.63*
4+	4,537	37	8.16	3.97	4.19*
Number of Dead Children					
0	60,027	357	5.95*	3.60*	2.35
1+	829	20	24.13*	21.71*	2.41
Number of Previous Terminations					
0	43,374	232	5.35*	3.27*	2.07*
1	11,780	81	6.88*	4.58*	2.92*
2+	5,688	63	11.08*	6.68*	4.40*
Number of Previous Pregnancies					
0	16,574	79	4.77*	2.96	1.81*
1	16,129	91	5.64*	4.15	1.49*
2	11,890	68	5.72*	3.62	2.10*
3	7,257	58	7.99*	4.69	3.31*
4	4,034	31	7.68*	3.97	2.13*
5+	4,949	49	9.90*	5.05	4.85*
Previous Pre-Term Infant					
No	58,847	352	5.98*	3.74*	2.24*
Yes	1,936	24	12.40*	6.71*	5.68*
Other Poor Previous Pregnancy Outcomes					
No	57,793	336	5.81*	3.48*	2.34
Yes	2,661	40	15.03*	12.03*	3.01
Infertility Treatment – Assisted Reproductive Technology					
No	60,489	371	6.13*	3.79*	2.35
Yes	294	5	17.01*	13.61*	3.40

Note: *The Chi-square statistic is significant at the 0.05 level.
Source: South Dakota Department of Health, Office of Health Statistics

Table 44c
South Dakota Resident Infant Mortality Rates by Labor and Delivery, 2014-2018

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Tocolysis					
No	60,152	356	5.92*	3.61*	2.31*
Yes	660	20	30.30*	24.24*	6.06*
Cervical Cerclage					
No	60,629	368	6.07*	3.71*	2.36
Yes	183	8	43.72*	43.72*	0.00
Premature Rupture of Membranes					
No	58,923	312	5.30*	2.99*	2.31
Yes	1,918	65	33.89*	30.24*	3.65
Antibiotics Received by the Mother During Labor					
No	44,019	215	4.88*	3.07*	1.82*
Yes	16,827	163	9.69*	5.97*	3.74*
Induction of Labor					
No	43,388	303	6.98*	4.54*	2.44
Yes	17,458	75	4.30*	2.18*	2.12
Augmentation of Labor					
No	42,030	310	7.38*	4.95*	2.43
Yes	18,816	68	3.61*	1.43*	2.18
Non-Vertex Presentation					
No	57,867	302	5.22*	2.83*	2.38
Yes	2,654	76	28.64*	26.75*	1.88
Steroids for Fetal Lung Maturation Received by the Mother Prior to Delivery					
No	57,986	316	5.45*	3.36*	2.09*
Yes	2,860	62	21.68*	13.99*	7.69*
Clinical Chorioamnionitis Diagnosed During Labor – Maternal Temp >=38°C					
No	60,127	366	6.09*	3.71*	2.38
Yes	719	12	16.69*	16.69*	0.00
Fetal Intolerance					
No	57,473	364	6.33	3.88	2.45*
Yes	3,044	14	4.60	3.94	0.66*
Epidural or Spinal Anesthesia During Labor					
No	17,065	151	8.85*	6.68*	2.17
Yes	33,305	128	3.84*	1.74*	2.10
Fetal Presentation					
Cephalic	57,774	288	4.98*	2.67*	2.32
Breech	2,364	74	31.30*	29.61*	1.69
Method of Delivery					
Vaginal	43,900	241	5.49*	3.33*	2.16
Vaginal after previous C-section	1,708	17	9.95*	7.03*	2.93
Primary C-section	8,291	78	9.41*	6.51*	2.89
Repeat C-section	6,907	40	5.79*	3.04*	2.75
Maternal Transfusion					
No	60,613	372	6.14*	3.79*	2.34
Yes	247	6	24.29*	20.24*	4.05
Unplanned Operating Procedure Following Delivery					
No	60,650	368	6.07*	3.73*	2.34
Yes	210	10	47.62*	42.86*	4.76

Note: *The Chi-square statistic is significant at the 0.05 level.
Source: South Dakota Department of Health, Office of Health Statistics

Table 44d
South Dakota Resident Infant Mortality Rates by Post Delivery Conditions, 2014-2018

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Five Minute APGAR Score					
0-7	2,459	211	85.81*	76.86*	8.95*
8	5,630	38	6.75*	2.66*	4.09*
9	49,196	113	2.30*	0.45*	1.85*
10	3,359	7	2.08*	0.30*	1.79*
Ten Minute APGAR Score					
0-2	121	105	867.77*	867.77*	0.00
3-7	335	35	104.48*	98.51*	5.97
8-10	223	6	26.91*	17.94*	8.97
Plurality					
1	58,779	344	5.85*	3.52*	2.33
2+	2,106	34	16.14*	13.30*	2.85
Breastfeeding at the Time of Discharge					
No	11,932	94	7.88*	3.60*	4.27*
Yes	48,532	112	2.31*	0.45*	1.85*
Assisted Ventilation Required Immediately Following Delivery					
No	56,980	254	4.46*	2.51*	1.95*
Yes	3,893	123	31.60*	23.38*	8.22*
Assisted Ventilation for More than Six Hours					
No	59,443	303	5.10*	3.11*	1.99*
Yes	1,430	74	51.75*	34.27*	17.48*
Neonatal Intensive Care Unit Admission					
No	54,755	241	4.40*	2.78*	1.63*
Yes	6,118	136	22.23*	13.40*	8.83*
Newborn Given Surfactant Replacement Therapy					
No	60,451	331	5.48*	3.26*	2.22*
Yes	422	46	109.00*	87.68*	21.33*
Antibiotics Received by the Newborn for Suspected Neonatal Sepsis					
No	57,954	312	5.38*	3.28*	2.11*
Yes	2,919	65	22.27*	15.07*	7.19*

Note: *The Chi-square statistic is significant at the 0.05 level.
Source: South Dakota Department of Health, Office of Health Statistics

Mortality

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┌─────────────────────────────────────────────────┐
│  An Overview: 2018                                │
│                                                   │
│  Total South Dakota Resident Deaths      7,971    │
│                                                   │
│  Crude Death Rates per 100,000 Population         │
│                                                   │
│      South Dakota                        903.5    │
│      United States (2017)                863.8    │
│                                                   │
│  Age-Adjusted Death Rates per 100,000             │
│  Population                                       │
│                                                   │
│      South Dakota                        715.7    │
│      United States (2017)                731.9    │
│                                                   │
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Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. All race data in this section are categorized in the following manner:

Single-race white, non-Hispanic
Single-race American Indian, non-Hispanic

The remaining categories (Single-race Black, non-Hispanic; Single-race Asian, non-Hispanic; Single-race Pacific Islander, non-Hispanic, Multi-Racial, non-Hispanic, and Hispanic) are included in the totals, but are not shown specifically in any tables.

Table 45, below, displays the deaths, crude death rates, and age-adjusted death rates for the United States and South Dakota residents for the past 17 years.

The total number of South Dakota resident deaths, crude death rate, and age-adjusted death rate all decreased in 2018.

Table 45
Resident Deaths, Crude Death Rates, and Age-Adjusted Death Rates,
South Dakota and United States, 2002-2018

Year	United States			South Dakota		
	Number	Crude Rate	Age-Adjusted Rate	Number	Crude Rate	Age-Adjusted Rate
2018	NA*	NA*	NA*	7,971	903.5	715.7
2017	2,813,503	863.8	731.9	7,991	918.9	736.1
2016	2,744,248	849.3	728.8	7,838	905.7	718.6
2015	2,712,630	844.0	733.1	7,724	899.7	714.9
2014	2,626,418	823.7	724.6	7,500	879.1	709.9
2013	2,596,993	821.5	731.9	7,079	837.9	677.4
2012	2,543,279	810.2	732.8	7,283	873.9	706.8
2011	2,515,458	807.3	741.3	7,271	882.3	716.1
2010	2,468,435	799.5	747.0	7,087	870.4	713.4
2009	2,437,163	794.5	749.6	6,913	851.1	688.6
2008	2,471,984	813.0	758.3	7,056	877.0	712.1
2007	2,423,712	803.6	760.2	6,800	853.2	695.1
2006	2,426,264	810.4	776.5	7,038	892.6	732.6
2005	2,448,017	825.9	798.8	7,074	906.8	758.0
2004	2,397,615	816.5	800.8	6,811	879.7	742.3
2003	2,448,288	841.9	832.7	7,109	926.9	787.1
2002	2,443,387	847.3	845.3	6,886	903.5	771.8

Note: *U.S. 2018 data were not available at publication time.
          Crude death rates are per 100,000 population.
          Age-adjusted rates are computed with the 2000 standard.
Source: National Center of Health Statistics
          South Dakota Department of Health, Office of Health Statistics

Leading Causes of Death

The five leading causes of death in 2018 for South Dakota residents were heart disease, malignant neoplasms (cancer), chronic lower respiratory diseases, accidents, and Alzheimer's disease.

Heart disease again took over as the leading cause of death in South Dakota accounting for 22.5 percent of South Dakota's 2018 resident deaths.

Acute myocardial infarction was the leading cause of heart disease deaths during the year, accounting for 33.6 percent of heart disease deaths.

Cancer was the second leading cause of death in 2018 and accounted for 20.5 percent of South Dakota resident deaths, a 4.7 percent decrease from 2017.

Figure 8
South Dakota Resident Crude Death Rate Due to Malignant Neoplasms and Heart Disease by Year of Death, 2002-2018
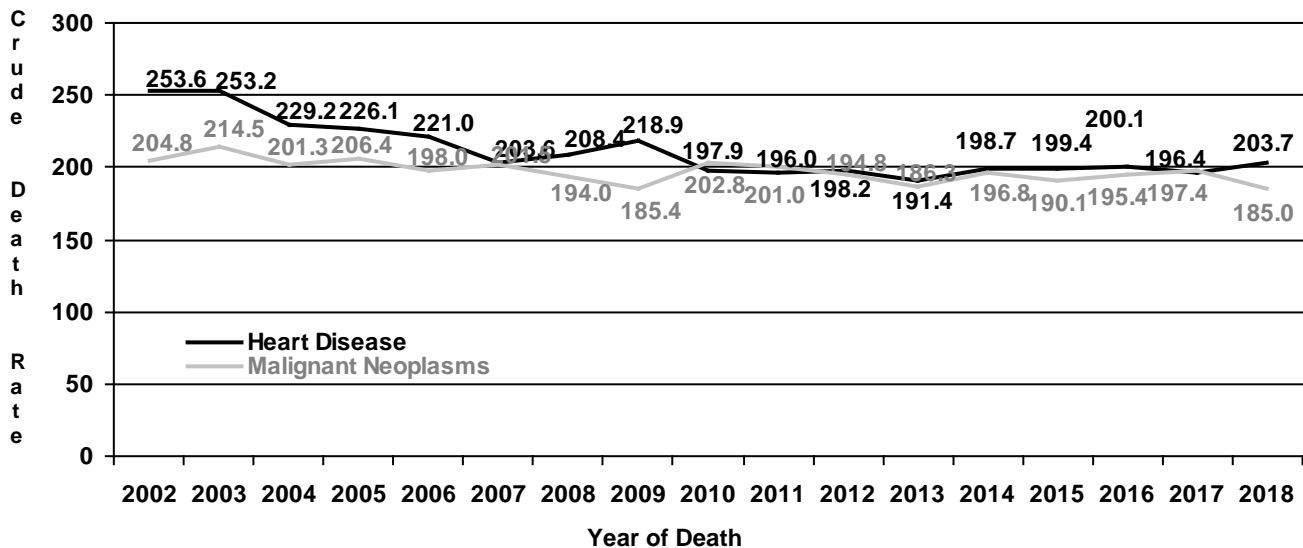
Note: The crude death rate is calculated using yearly U.S. Census Bureau population estimates for that year.
Source: South Dakota Department of Health, Office of Health Statistics

Figure 8, above, compares the crude death rates of South Dakota resident heart disease and cancer since 2002. From 2017 to 2018 there was an increase in the heart disease rate and a decrease in the cancer rate.

Chronic lower respiratory disease accounted for 6.2 percent of South Dakota resident deaths and rose from the fourth leading cause of death in 2017 to the third leading cause of death in 2018.

Accidents were the fourth leading cause of death and accounted for 5.7 percent of 2018 South Dakota resident deaths and a 14.9 percent decrease from 2017. Motor vehicle accidents accounted for 34.5 percent of accidental deaths.

Alzheimer's disease was the fifth leading cause of death accounting for 5.5 percent of all South Dakota resident deaths in 2018.

Table 46, below, displays the breakdown of accidental deaths, which were the fourth leading cause of deaths among South Dakotans. In 2018, 452 or 5.7 percent of deaths were due to accidents.

The highest type of motor vehicle death in 2018 was car occupant with 74 deaths. The highest death in the other causes of accidental death in 2018 was falls with 149 deaths.

Table 46
South Dakota Resident Leading Causes of Death Due to Accidents, 2014-2018

	Total	Year of Death				
		2014	2015	2016	2017	2018
Total Deaths	**2,420**	**461**	**467**	**503**	**537**	**452**
Motor Vehicle Accidents	**751**	**151**	**143**	**135**	**166**	**156**
Car Occupant (V40-V49)	330	74	70	48	64	74
Occupant of Pick-Up Truck or Van (V50-V59)	128	31	25	28	25	19
Pedestrian (V01-V09)	74	12	10	15	16	21
Motorcycle Rider (V20-V29)	61	9	11	14	13	14
Occupant of Special All-Terrain Vehicle (V86)	36	5	9	9	5	8
Occupant of Heavy Transport Vehicle (V60-V69)	14	2	0	3	6	3
All Other Motor Vehicle Accidents	108	18	18	18	37	17
Other Causes of Accidental Death	**1,669**	**310**	**324**	**368**	**371**	**296**
Falls (W00-W19)	881	170	181	185	196	149
Accidental Poisoning (X40-X49)	309	58	57	67	70	57
Accidental Threats to Breathing (excl. drowning) (W75-W84)	120	24	20	27	28	21
Exposure to Excessive Natural Cold (X31)	53	8	5	14	13	13
Exposure to Smoke, Fire, and Flames (X00-X09)	51	5	9	10	19	8
Accidental Drowning and Submersion (W65-W74, V90, V92)	50	8	13	10	8	11
Accidental Discharge of Firearms (W32-W34)	21	2	5	5	2	7
Contact with Agricultural Machinery (W30)	14	1	3	2	3	5
Air Transport Accidents (V95.0-V95.3, V95.8-V95.9, & V96-V97)	13	5	1	3	1	3
Struck by Thrown, Projected, or Falling Object (W20)	12	5	2	2	1	2
Explosion (W35-W40)	9	1	0	7	0	1
Exposure to Excessive Natural Heat (X30)	5	1	1	1	2	0
All Other Causes of Accidents	131	22	27	35	28	19

Source: South Dakota Department of Health, Office of Health Statistics

Table 47, on the next page, lists South Dakota resident leading causes of death for the last five years. Heart disease and cancer were the leading causes of death in 2018 and for each of the five prior years.

Chronic lower respiratory disease moved up to the third leading cause of death followed by accidents, and Alzheimer's disease for the top 5 causes in 2018.

In 2018, causes six through ten were cerebrovascular disease, diabetes mellitus, influenza and pneumonia, chronic liver disease and cirrhosis, and suicide.

Table 47
South Dakota Resident Leading Causes of Death, 2014-2018

Cause of Death	Total			2014			2015			2016			2017			2018		
	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%
South Dakota (All Deaths)		39,024	100		7,500	100		7,724	100		7,838	100		7,991	100		7,971	100
Heart Disease (I00-I09, I11, I13, I20-I51)	1	8,644	22.2	1	1,695	22.6	1	1,712	22.1	1	1,732	22.1	2	1,708	21.4	1	1,797	22.5
Malignant Neoplasms (Cancer) (C00-C97)	2	8,351	21.4	2	1,679	22.4	2	1,632	21.1	2	1,691	21.6	1	1,717	21.5	2	1,632	20.5
Accidents (V01-X59, Y85-Y86)	3	2,420	6.2	3	461	6.1	4	467	6.0	3	503	6.4	3	537	6.7	4	452	5.7
Chronic Lower Respiratory Diseases (J40-J47)	4	2,370	6.1	4	440	5.9	3	500	6.5	5	427	5.4	4	505	6.3	3	498	6.2
Alzheimer's Disease (G30)	5	2,184	5.6	6	433	5.8	5	421	5.5	4	449	5.7	5	444	5.6	5	437	5.5
Cerebrovascular Diseases (I60-I69)	6	2,037	5.2	5	439	5.9	6	381	4.9	6	420	5.4	6	410	5.1	6	387	4.9
Diabetes Mellitus (E10-E14)	7	1,272	3.3	7	223	3.0	7	282	3.7	7	253	3.2	7	262	3.3	7	252	3.2
Influenza and Pneumonia (J09-J18)	8	1,051	2.7	8	180	2.4	8	213	2.8	8	195	2.5	8	217	2.7	8	246	3.1
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	9	835	2.1	9	141	1.9	9	173	2.2	9	161	2.1	9	192	2.4	10	168	2.1
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	10	760	1.9	10	128	1.7	10	137	1.8	10	158	2.0	10	152	1.9	9	185	2.3
All Other Causes	-	9,100	23.3	-	1,681	22.4	-	1,806	23.4	-	1,849	23.6	-	1,847	23.1	-	1,917	24.0

Note: Letter/number combinations following cause of death are ICD-10 codes.
        Due to rounding disease-specific percentages may not sum to 100.
        The asterisks (*) preceding the cause-of-death codes indicate that they are not part of the International Classification of Diseases, Tenth Revision.
Source: South Dakota Department of Health, Office of Health Statistics

Table 48
South Dakota Resident Leading Causes of Death by Race, 2018

Cause of Death	All Races					White, Non-Hispanic					American Indian, Non-Hispanic				
	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate
South Dakota (All Deaths)		7,971	100	903.5	715.7		7,054	100	981.9	671.0		732	100	1,001.6	1,548.8
Heart Disease (I00-I09, I11, I13, I20-I51)	1	1,797	22.5	203.7	156.2	1	1,635	23.2	227.6	149.8	1	123	16.8	168.3	290.9
Malignant Neoplasms (Cancer) (C00-C97)	2	1,632	20.5	185.0	145.2	2	1,492	21.2	207.7	142.7	2	105	14.3	143.7	238.2
Chronic Lower Respiratory Diseases (J40-J47)	3	498	6.2	56.4	43.7	3	466	6.6	64.9	43.3	7	25	3.4	34.2	73.3
Accidents (V01-X59, Y85-Y86)	4	452	5.7	51.2	46.5	6	349	4.9	48.6	39.8	3	84	11.5	114.9	129.5
Alzheimer's Disease (G30)	5	437	5.5	49.5	36.3	4	432	6.1	60.1	37.5	*	-	-	-	-
Cerebrovascular Diseases (I60-I69)	6	387	4.9	43.9	33.3	5	364	5.2	50.7	33.3	10	14	1.9	19.2	38.6
Diabetes Mellitus (E10-E14)	7	252	3.2	28.6	23.3	8	174	2.5	24.2	16.4	5	70	9.6	95.8	159.2
Influenza and Pneumonia (J09-J18)	8	246	3.1	27.9	20.8	7	224	3.2	31.2	19.8	9	16	2.2	21.9	46.6
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	9	185	2.3	21.0	19.7	*	-	-	-	-	4	79	10.8	108.1	139.5
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	10	168	2.1	19.0	19.4	9	128	1.8	17.8	17.8	6	34	4.6	46.5	41.1
Unspecified Dementia (F03)	*	-	-	-	-	10	125	1.8	17.4	10.4	*	-	-	-	-
Septicemia (A40-A41)	*	-	-	-	-	*	-	-	-	-	8	20	2.7	27.4	47.4
Assault (homicide) (X85-Y09, Y87.1)	*	-	-	-	-	*	-	-	-	-	10	14	1.9	19.2	19.5
All Other Causes	-	1,917	24.0	217.3	-	*	1,665	23.6	231.8	-	-	148	20.2	202.5	-

Note: Letter / number combinations following cause of death are ICD-10 codes.
        Due to rounding, disease-specific percentages may not sum to 100.
        * This cause was not one of the 10 leading causes of death for this race group.
        The asterisks (*) preceding the cause-of-death codes indicate that they are not part of the International Classification of Diseases, Tenth Revision.
Source: South Dakota Department of Health, Office of Health Statistics

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Race

Table 48, on the previous page, presents South Dakota resident leading causes of death by race as well as crude death rates and age-adjusted death rates.

In 2018, patterns for the 10 leading causes of death varied by race. Eight of the 10 leading causes were the same for white, non-Hispanics and American Indian, non-Hispanics, but they differed by rank. For example, cerebrovascular disease was the fifth leading cause of death at 5.2 percent for the white, non-Hispanic population, but was tied for the tenth leading cause of death for the American Indian, non-Hispanic population at 1.9 percent.

Gender

Table 49, on the following page, presents South Dakota resident leading causes of death by gender as well as crude death rates and age-adjusted death rates.

In 2018, patterns for the 10 leading causes of death in South Dakota also varied by gender. Nine of the 10 leading causes were the same for South Dakota's men and women, but they differed in rank. Suicide was among the 10 leading causes of death for South Dakota's men, but not for women.

Accidents ranked third for American Indian, non-Hispanics in 2018 while chronic liver disease and cirrhosis ranked fourth with diabetes fifth.

Alzheimer's disease and unspecified dementia were in the 10 leading causes of death for the white, non-Hispanic population, but not the American Indian, non-Hispanic population. Among the 10 leading causes of death for the American Indian, non-Hispanic population, but not for the white, non-Hispanic population, were chronic liver disease and cirrhosis, septicemia, and homicide.

Likewise, unspecified dementia was among the 10 leading causes of death for women, but not for men. Men were also more likely to die in accidents than women, while women were more likely to die from Alzheimer's disease than men.

Table 49
South Dakota Resident Leading Causes of Death by Gender, 2018

Cause of Death	Total				Male				Female			
	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate

Cause of Death	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate
South Dakota (All Deaths)		**7,971**	**100**	**903.5**	**715.7**		**4,165**	**100**	**934.8**	**878.3**		**3,806**	**100**	**871.5**	**606.5**
Heart Disease (I00-I09, I11, I13, I20-I51)	1	1,797	22.5	203.7	156.2	1	988	23.7	221.8	206.2	1	809	21.3	185.3	120.6
Malignant Neoplasms (Cancer) (C00-C97)	2	1,632	20.5	185.0	145.2	2	891	21.4	200.0	179.8	2	741	19.5	169.7	126.3
Chronic Lower Respiratory Diseases (J40-J47)	3	498	6.2	56.4	43.7	4	264	6.3	59.3	55.2	4	234	6.1	53.6	37.4
Accidents (V01-X59, Y85-Y86)	4	452	5.7	51.2	46.5	3	289	6.9	64.9	63.9	6	163	4.3	37.3	30.6
Alzheimer's Disease (G30)	5	437	5.5	49.5	36.3	7	133	3.2	29.9	30.0	3	304	8.1	69.6	41.6
Cerebrovascular Diseases (I60-I69)	6	387	4.9	43.9	33.3	5	175	4.2	39.3	36.9	5	212	5.6	48.5	30.9
Diabetes Mellitus (E10-E14)	7	252	3.2	28.6	23.3	6	138	3.3	31.0	29.1	8	114	3.0	26.1	18.7
Influenza and Pneumonia (J09-J18)	8	246	3.1	27.9	20.8	10	106	2.5	23.8	23.2	7	140	3.7	32.1	20.0
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	9	185	2.3	21.0	19.7	9	110	2.6	24.7	22.7	10	75	2.0	17.2	17.1
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	10	168	2.1	19.0	19.4	8	124	3.0	27.8	28.6	*	-	-	-	-
Unspecified Dementia (F03)	*	-	-	-	-	*	-	-	-	-	9	87	2.3	19.9	11.0
All Other Causes	-	1,917	24.0	217.3	-	-	947	22.7	212.6	-	-	927	24.4	212.3	-

Note: Letter/number combinations following cause of death are ICD-10 codes. Due to rounding, disease-specific percentages may not sum to 100.
*This cause was not one of the 10 leading causes of death for this gender.
The asterisks (*) preceding the cause of death codes indicate they are not part of the International Classification of Diseases, Tenth Revision
Source: South Dakota Department of Health, Office of Health Statistics

Table 50
South Dakota Resident Five Leading Causes of Death by Age Group, 2014-2018

Rank	All Ages	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90 & over
1	Heart Disease 8,644	Accidents 65	Accidents 125	Accidents 277	Accidents 231	Malignant Neoplasms (Cancer) 242	Malignant Neoplasms (Cancer) 940	Malignant Neoplasms (Cancer) 1,884	Malignant Neoplasms (Cancer) 2,281	Heart Disease 2,520	Heart Disease 2,368
2	Malignant Neoplasms (Cancer) 8,351	Malignant Neoplasms (Cancer) 13	Intentional Self-harm (Suicide) 107	Intentional Self-harm (Suicide) 185	Intentional Self-Harm (Suicide) 140	Heart Disease 216	Heart Disease 649	Heart Disease 1,237	Heart Disease 1,549	Malignant Neoplasms (Cancer) 2,131	Alzheimer's Disease 999
3	Accidents 2,420	Assault (Homicide) 11	Assault (Homicide) 19	Assault (Homicide) 39	Chronic Liver Disease and Cirrhosis 91	Accidents 213	Accidents 285	Chronic Lower Respiratory Disease 351	Chronic Lower Respiratory Disease 671	Alzheimer's Disease 936	Malignant Neoplasms (Cancer) 755
4	Chronic Lower Respiratory Diseases 2,370	Congenital Malformations, Deformations, and Chromosomal Abnormalities 11	Malignant Neoplasms (Cancer) 11	Chronic Liver Disease and Cirrhosis 20	Heart Disease 83	Chronic Liver Disease and Cirrhosis 153	Chronic Liver Disease and Cirrhosis 222	Accidents 237	Cerebrovascular Disease 304	Chronic Lower Respiratory Disease 819	Cerebrovascular Disease 632
5	Alzheimer's Disease 2,184	Influenza and Pneumonia 5	Congenital Malformations, Deformations, and Chromosomal Abnormalities 5	Heart Disease 20	Malignant Neoplasms (Cancer) 73	Intentional Self-Harm (Suicide) 129	Diabetes Mellitus 140	Diabetes Mellitus 235	Diabetes Mellitus 288	Cerebrovascular Disease 776	Chronic Lower Respiratory Disease 397

Source: South Dakota Department of Health, Office of Health Statistics

Age

Table 50, on the previous page, lists the five leading causes of death by age group for the last five years combined. Excluding infants, accidents were the leading cause of death for South Dakotans through age 39.

The leading cause of death for persons 40-79 was cancer. Heart disease was the leading cause of death for persons aged 80 and older.

Median Age

Figure 9, below, presents data on the median age at death for the 10 leading causes of death for South Dakota residents in 2018. The median age for the 10 leading causes of death in 2018 ranged from 36 for suicide to 89 for Alzheimer's Disease.

Figure 9
Median Age at Death for South Dakota Residents for the Leading Causes of Death, 2018
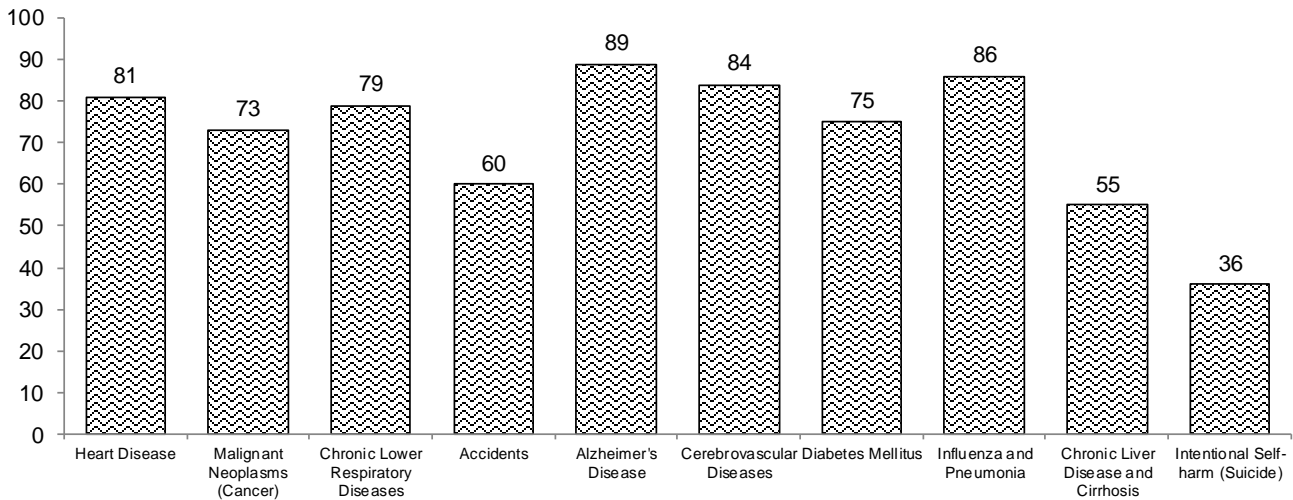
Source: South Dakota Department of Health, Office of Health Statistics

Table 51, below, shows the median age at death for each of the past five years by race and gender. When looking at race, American Indian, non-Hispanics have the lowest median age at death at 59, while white, non-Hispanics have the highest at 81. Males' median age at death is 75, while females is 83.

Table 51
Median Age at Death for South Dakota Residents by Race, Gender and Year of Death, 2014-2018

Year of Death	Total Median Age	White, non-Hispanic	American Indian, non-Hispanic	Male	Female
2018	79	81	59	75	83
2017	79	81	57	75	83
2016	79	81	58	75	83
2015	80	81	56	76	83
2014	80	81	58	76	83

Source: South Dakota Department of Health, Office of Health Statistics

Table 52, below, shows the median age at death for South Dakota residents for the leading causes of death by race and gender. In 2018, the median age at death for white, non-Hispanic residents ranged from 46 for suicide to 89 for Alzheimer's Disease and unspecified dementia.

The range for American Indian, non-Hispanics was 20 for suicides to 79 for influenza and pneumonia. For males the range in 2018 was 38 for suicide to 87 for Alzheimer's Disease. The range for females was 51 for chronic liver disease and cirrhosis to 90 for unspecified dementia.

Table 52
Median Age at Death for South Dakota Residents for the Leading Causes of Death by Race and Gender, 2018

Cause of Death	Median Age at Death in Years				
	All	Race		Gender	
	Total Deaths	White, non-Hispanic	American Indian, non-Hispanic	Male	Female
South Dakota (All Deaths)	**79**	**81**	**59**	**75**	**83**
Heart Disease (I00-I09, I11, I13, I20-I51)	81	83	67	77	86
Malignant Neoplasms (Cancer) (C00-C97)	73	74	67	73	74
Chronic Lower Respiratory Diseases (J40-J47)	79	80	76	78	81
Accidents (V01-X59, Y85-Y86)	60	68	35	55	72
Alzheimer's Disease (G30)	89	89	*	87	89
Cerebrovascular Diseases (I60-I69)	84	85	73	80	87
Diabetes Mellitus (E10-E14)	75	79	62	71	79
Influenza and Pneumonia (J09-J18)	86	87	79	85	87
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	55	*	50	58	51
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	36	46	20	38	*
Septicemia (A40-A41)	*	*	62	*	*
Assault (homicide) (X85-Y019, Y87.1)	*	*	27	*	*
Unspecified Dementia (F03)	*	89	*	*	90

Note: Letter / number combinations following cause of death are ICD-10 codes.
 *This cause was not one of the 10 leading causes of death for this race or gender.
 The asterisks (*) preceding the cause-of-death codes indicate that they are not part of the International Classification of Diseases, Tenth Revision.
Source: South Dakota Department of Health, Office of Health Statistics

Years of Potential Life Lost

Figure 10, on the next page, depicts the years of potential life lost (YPLL) before age 75 for each of these causes.

In 2018, cancer led in YPLL with 10,592 followed by accidents with 9,938 years of potential life lost.

Figure 10
South Dakota Resident Years of Potential Life Lost (YPLL)
Before Age 75 for the Leading Causes of Death, 2018
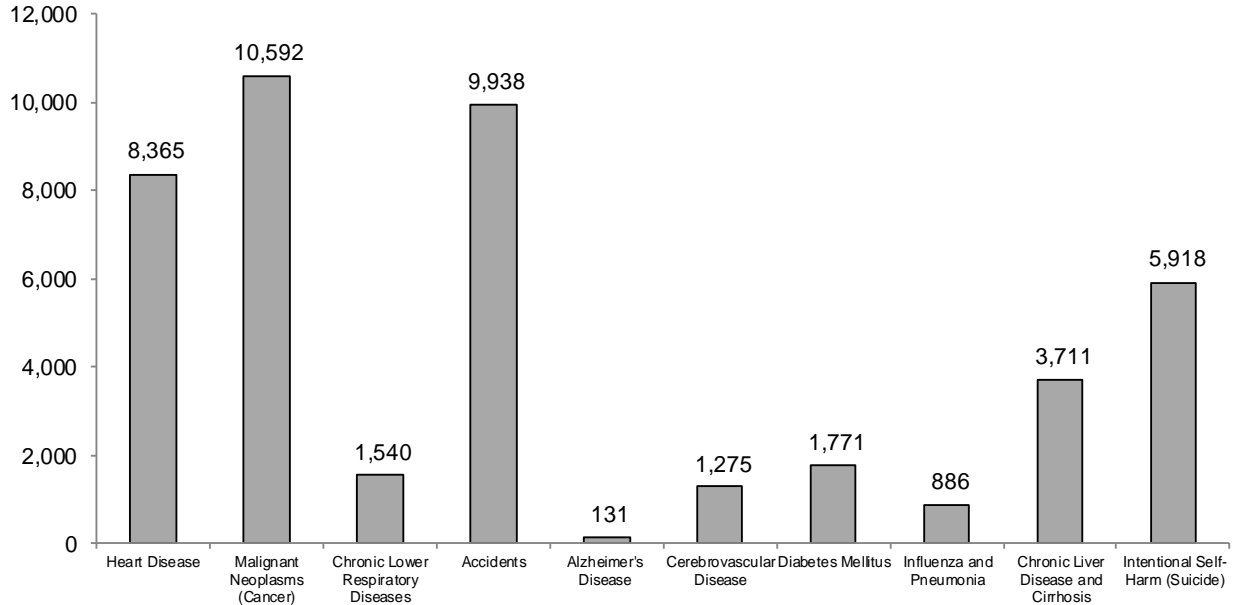
Note: This data is not comparable to the age-adjusted data in Figure 11 on the next page.
Source: South Dakota Department of Health, Office of Health Statistics

Figure 10a, below, shows the years of potential life lost (YPLL) before age 75 for each of the causes in order from highest YPLL to lowest YPLL.

Cancer, accidents, and heart disease led in the most YPLL in South Dakota for 2018. Accidents had the most YPLL in 2017.

Figure 10a
South Dakota Resident Years of Potential Life Lost (YPLL)
Before Age 75 for the Leading Causes of Death (in Descending Order), 2018
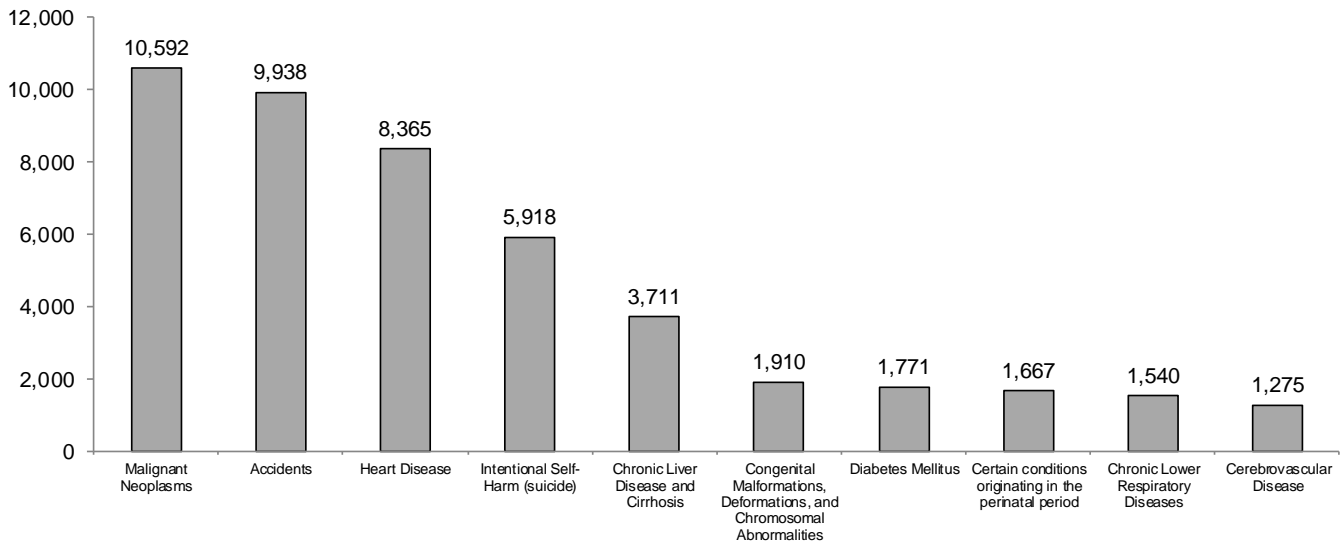
Note: This data is not comparable to the age-adjusted data in Figure 11 on the next page.
Source: South Dakota Department of Health, Office of Health Statistics

Figure 11, below, illustrates the years of potential life lost (YPLL) before age 75 per 100,000 population for the top 10 causes of death by race. When comparing YPLL by race, American Indian, non-Hispanics exceeded white, non-Hispanics substantially in YPLL for the leading causes of death.

American Indian, non-Hispanics' largest YPLL rate was accidents with 4,323 years while white, non-Hispanics' largest YPLL was cancer with 1,098 years.

White, non-Hispanics' second largest YPLL was accidents with 969 years while American Indian, non-Hispanics' second largest YPLL was chronic liver disease and cirrhosis with 3,471 years.

American Indian, non-Hispanics' and white, non-Hispanics' third largest YPLL was heart disease with 2,544 years and 795 years, respectively. Diabetes was the sixth largest YPLL for American Indian, non-Hispanics, which still exceeded white, non-Hispanics' largest YPLL.

Figure 11
Age-Adjusted Years of Potential Life Lost (YPLL) Before Age 75 for the Leading Causes of Death by Race, 2018
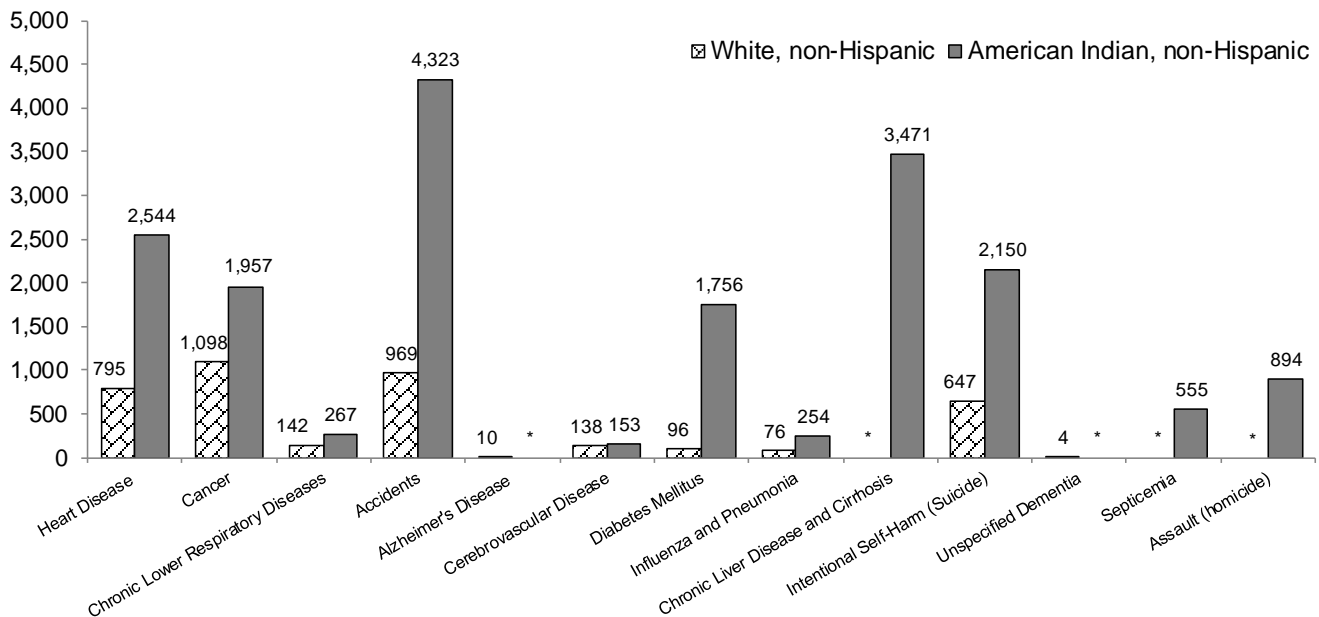
Note: Years of potential life lost are age-adjusted per 100,000 population.
*This cause was not one of the 10 leading causes of death for this race group.
Source: South Dakota Department of Health, Office of Health Statistics

Place of Death

Table 53, on the next page, displays the 10 leading causes of death by place where death occurred in 2018.

Overall, nursing home, long term care, and hospice facility had the highest occurrence of deaths with 43.0 percent. Hospital followed closely with 31.1 percent.

Table 53
South Dakota Resident Deaths by Cause of Death and Place of Death, 2018

Cause of Death	Total		Hospital		Nursing Home/Long Term Care/Hospice Facility		Residence		All Other Reported Entries	
	Num	%	Num	%	Num	%	Num	%	Num	%
South Dakota (All Deaths)	**7,971**	**100**	**2,482**	**31.1**	**3,424**	**43.0**	**1,706**	**21.4**	**358**	**4.5**
Heart Disease (I00-I09, I11, I13, I20-I51)	1,797	100	556	30.9	655	36.4	516	28.7	70	3.9
Malignant Neoplasms (Cancer) (C00-C97)	1,632	100	380	23.3	753	46.1	466	28.6	33	2.0
Chronic Lower Resiratory Diseases (J40-J47)	498	100	172	34.5	207	41.6	112	22.5	7	1.4
Accidents (V01-X59, Y85-Y86)	452	100	161	35.6	67	14.8	75	16.6	148	32.7
Alzheimer's Disease (G30)	437	100	15	3.4	387	88.6	34	7.8	1	0.2
Cerebrovascular Diseases (I60-I69)	387	100	147	38.0	203	52.5	35	9.0	2	0.5
Diabetes Mellitus (E10-E14)	252	100	81	32.1	102	40.5	62	24.6	7	2.8
Influenza and Pneumonia (J09-J18)	246	100	121	49.2	107	43.5	17	6.9	1	0.4
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	168	100	21	12.5	0	0.0	99	58.9	48	28.6
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	185	100	87	47.0	50	27.0	44	23.8	4	2.2
All Other Causes	1,917	100	741	38.7	893	46.6	246	12.8	37	1.9

Note: The asterisks (*) preceding the cause of death codes indicate they are not part of the International Classification of Diseases, Tenth Revision.
         The place of death data may not add to the total due to not stated places not being specified but being included in the total.
Source: South Dakota Department of Health, Office of Health Statistics

Tobacco Use

On the death certificate, the certifier was instructed to check "yes" or "probably" if in their opinion, the use of tobacco contributed to death or check "no" if in their clinical judgment tobacco use did not contribute to the death. There was also the option of "unknown" if the certifier was unsure if tobacco use contributed to death.

On 1,498 deaths, or 18.8 percent, the certifier indicated "yes" or "probably" that tobacco use contributed to the death. Conversely, on 4,780 deaths, or 60.0 percent, the certifier indicated that tobacco use did not contribute to death.

In the remaining 1,693 deaths, or 21.2 percent, the certifier was unsure if tobacco use contributed to the death.

Table 54, on the next page, displays the 10 leading causes of death where the certifier said "yes" or "probably" that tobacco use contributed to the death.

Tobacco use contributed to death in 73.7 percent, or 292 out of the 396 trachea, bronchus, and lung cancer deaths in 2018. In 64.5 percent, or 321 chronic lower respiratory disease deaths the certifier said "yes" or "probably" that tobacco use contributed to the death.

Table 54
South Dakota Resident Leading Causes of Death as They Relate to Tobacco Use, 2018
(Did Tobacco Use Contribute to Death)

Cause of Death	Yes/Probably		Total Deaths	
	Number	**Percent**	**Number**	**Percent**
Total	**1,498**	**18.8**	**7,971**	**100**
Malignant neoplasms (C00-C97)	**473**	**29.0**	**1,632**	**100**
Malignant neoplasm of trachea, bronchus, and lung (C33-C34)	292	73.7	396	100
Malignant neoplasm of esophagus (C15)	28	57.1	49	100
Malignant neoplasms of colon, rectum, and anus (C18-C21)	22	13.0	169	100
Malignant neoplasm of pancreas (C25)	17	14.7	116	100
Malignant neoplasm of bladder (C67)	14	41.2	34	100
Chronic lower respiratory diseases (J40-J47)	**321**	**64.5**	**498**	**100**
Chronic obstructive pulmonary disease, unspecified (J44.9)	229	68.4	335	100
Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)	44	51.2	86	100
Emphysema (J43)	26	83.9	31	100
Chronic obstructive pulmonary disease with acute exacerbation (J44.1)	18	66.7	27	100
Heart disease (I00-I09, I11, I13, I20-I51)	**318**	**17.7**	**1,797**	**100**
Acute myocardial infarction (I21-I22)	116	19.2	603	100
Atherosclerotic heart disease (I25.1)	93	20.7	450	100
Hypertensive heart disease (I11)	21	13.3	158	100
Essential (primary) hypertension and hypertensive renal disease (I10 & I12)	16	14.2	113	100
Atherosclerotic cardiovascular disease, so described (I25.0)	14	26.4	53	100
Heart failure (I50)	12	15.6	77	100
Cerebrovascular diseases (I60-I69)	**48**	**12.4**	**387**	**100**
Diabetes mellitus (E10-E14)	**43**	**17.1**	**252**	**100**
Chronic liver disease and cirrhosis (K70 & K73-K74)	**27**	**14.6**	**185**	**100**
Alcoholic liver disease (K70)	24	15.7	153	100
Influenza and pneumonia (J09-J18)	**22**	**8.9**	**246**	**100**
Pneumonia (J12-J18)	17	8.7	196	100
Alzheimer's Disease (G30)	**19**	**4.3**	**437**	**100**
Accidents (V01-X59, Y85-Y86)	**17**	**3.8**	**452**	**100**
Peripheral vascular disease, unspecified (I73.9)	**12**	**38.7**	**31**	**100**

Source: South Dakota Department of Health, Office of Health Statistics

Drug Overdose Deaths

Figures 12-17 And Tables 55-62 on the following pages break down the drug overdose deaths for South Dakota residents for the past 15 years by the manner of death, year of death, and type of drug.

As shown in Figure 12 , there were 58 drug overdose deaths in 2018, down from 74 drug overdose deaths in 2017. Table 55, below that, shows that of the 58 drug overdose deaths in 2018, 43 deaths were unintentional, 11 deaths were suicides, and four deaths were undetermined intent. The definition of drug overdose deaths is located in the back of this report within the Technical Notes section.

Figure 12
South Dakota Resident Deaths Due to Drug Overdoses, 2004-2018
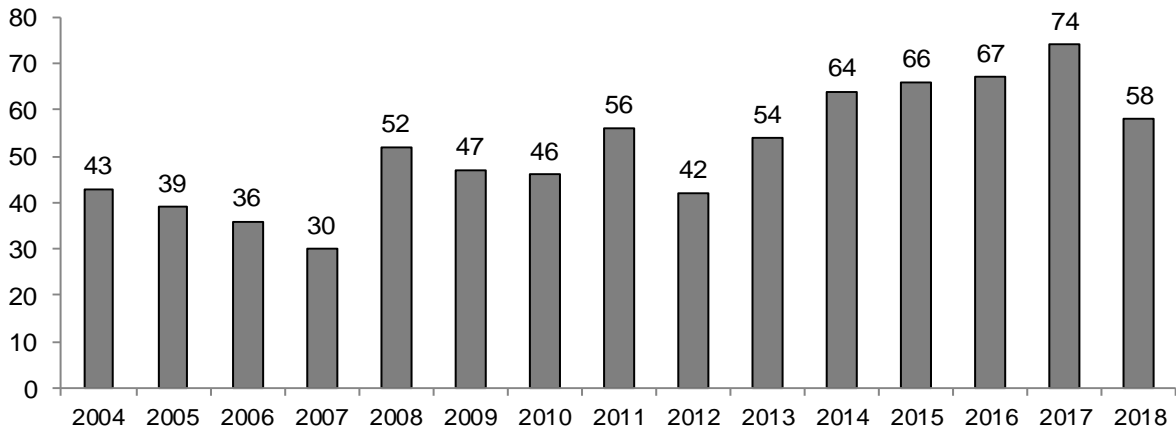
Source: South Dakota Department of Health, Office of Health Statistics

Table 55
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Drugs, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	43	39	36	30	52	47	46	56	42	54	64	66	67	74	58
Unintentional	26	18	21	15	30	26	19	41	24	34	46	44	52	54	43
Suicide	12	14	12	8	13	12	16	11	11	15	12	19	12	18	11
Homicide	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0
Undetermined Intent	5	7	3	7	9	8	11	4	7	4	6	3	2	2	4

Source: South Dakota Department of Health, Office of Health Statistics

Figure 13
South Dakota Resident Deaths Due to All Opioid Poisoning, 2004-2018
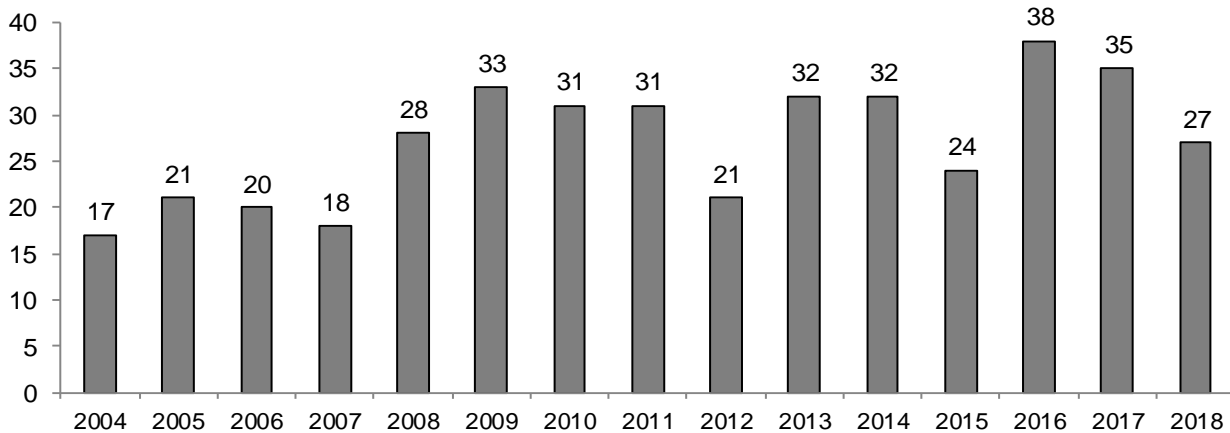
Source: South Dakota Department of Health, Office of Health Statistics

Table 56
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Opioid Poisoning, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	17	21	20	18	28	33	31	31	21	32	32	24	38	35	27
Unintentional	12	10	15	9	18	22	15	26	15	21	27	19	31	28	22
Suicide	3	6	3	3	4	6	8	3	2	9	2	4	6	7	3
Homicide	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Undetermined Intent	2	5	2	6	6	4	8	2	4	2	3	1	1	0	2

Source: South Dakota Department of Health, Office of Health Statistics

Figure 14
South Dakota Resident Deaths Due to Prescription Opioid
Poisoning, 2004-2018
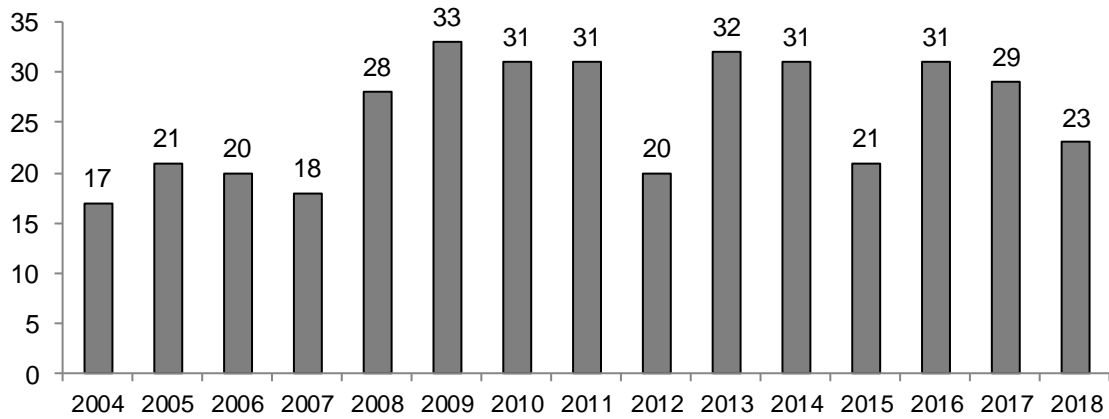
Source: South Dakota Department of Health, Office of Health Statistics

Table 57
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of
Death for Prescription Opioid Poisoning, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	17	21	20	18	28	33	31	31	20	32	31	21	31	29	23
Unintentional	12	10	15	9	18	22	15	26	14	21	26	16	24	22	19
Suicide	3	6	3	3	4	6	8	3	2	9	2	4	6	7	3
Homicide	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Undetermined Intent	2	5	2	6	6	4	8	2	4	2	3	1	1	0	1

Source: South Dakota Department of Health, Office of Health Statistics

Figure 15
South Dakota Resident Deaths Due to Illicit Opioid Poisoning, 2004-2018
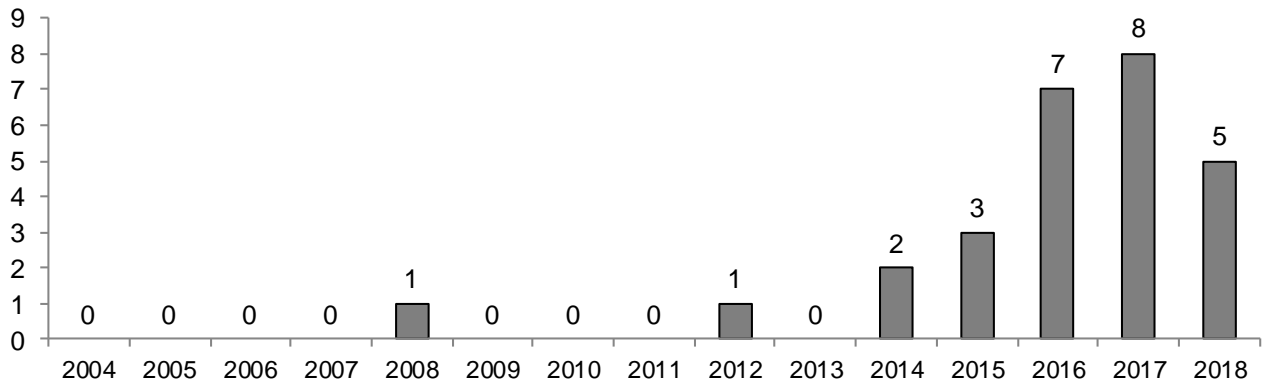
Source: South Dakota Department of Health, Office of Health Statistics

Table 58
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of
Death for Illicit Opioid Poisoning, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	0	0	0	0	1	0	0	0	1	0	2	3	7	8	5
Unintentional	0	0	0	0	1	0	0	0	1	0	2	3	7	8	4
Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Undetermined Intent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Source: South Dakota Department of Health, Office of Health Statistics

Figure 16
South Dakota Resident Deaths Due to All Pharmaceutical Drug Poisoning, 2004-2018
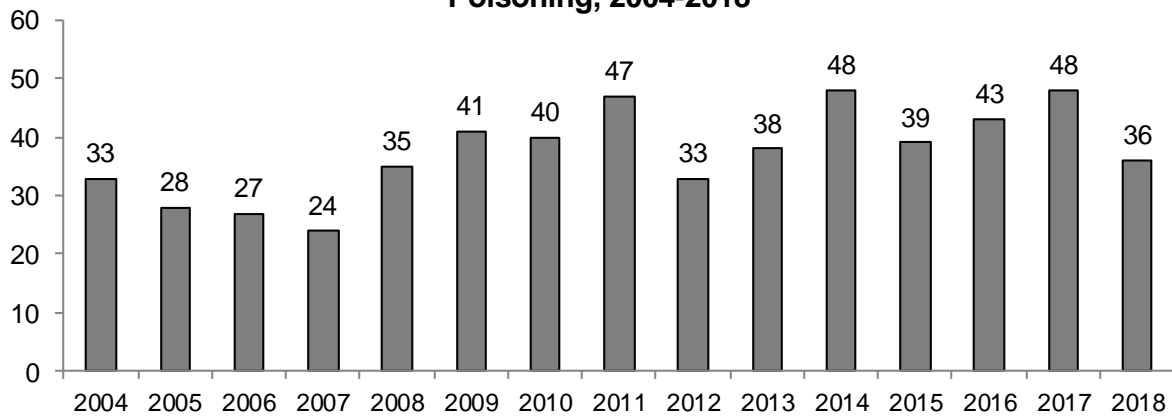
Source: South Dakota Department of Health, Office of Health Statistics

Table 59
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Pharmaceutical Drug Poisoning, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	33	28	27	24	35	41	40	47	33	38	48	39	43	48	36
Unintentional	18	11	16	10	19	22	16	34	18	24	33	24	31	30	23
Suicide	10	11	9	7	8	11	14	10	10	12	9	12	10	17	11
Homicide	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Undetermined Intent	5	6	2	7	8	7	10	3	5	2	6	3	1	1	2

Source: South Dakota Department of Health, Office of Health Statistics

Figure 17
South Dakota Resident Deaths Due to Illicit Drug Poisoning, 2004-2018
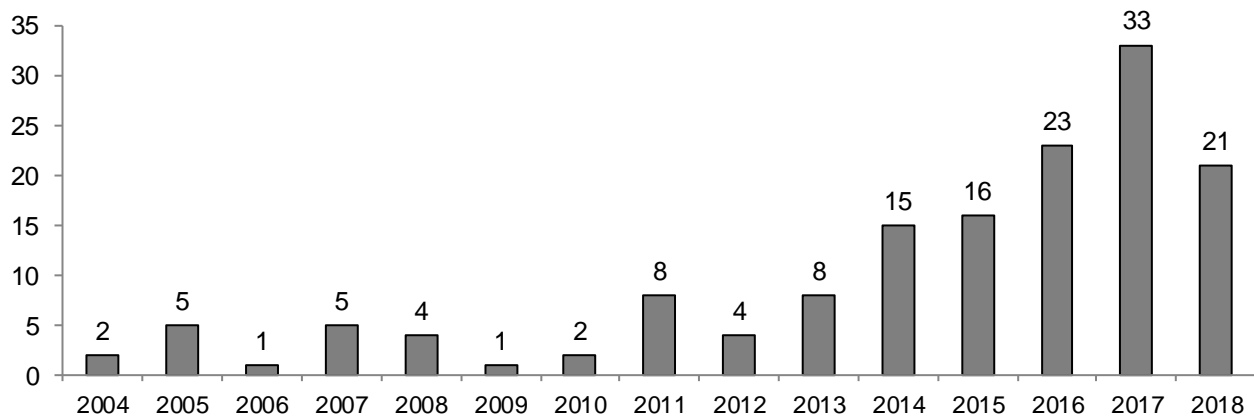
Source: South Dakota Department of Health, Office of Health Statistics

Table 60
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for Illicit Drug Poisoning, 2004-2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	2	5	1	5	4	1	2	8	4	8	15	16	23	33	21
Unintentional	2	4	0	5	3	1	2	7	3	6	14	16	23	31	19
Suicide	0	0	1	0	0	0	0	1	1	1	1	0	0	1	0
Homicide	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Undetermined Intent	0	1	0	0	1	0	0	0	0	0	0	0	0	1	2

Source: South Dakota Department of Health, Office of Health Statistics

The following tables (61 and 62) show the specific drugs involved in drug overdose deaths for 2018 and for the past 10 years. Out of the 58 total drug deaths in 2018, 13 of those involved methamphetamine. Of those 13 deaths, 10 listed methamphetamine as the only drug, while the other three deaths involved at least one other drug.

The following is an explanation of what is represented with regard to "Drugs Involved" in deaths due to a drug overdose:

- Please note that just because a drug is involved in a drug overdose death doesn't necessarily mean the overdose was due to that specific drug. It just means that drug was mentioned on the death certificate of a drug overdose death. Sometimes we have no way of knowing which drug actually caused the overdose in cases where multiple drugs are listed.

- Please be aware that when more than one drug is "involved" in a drug overdose, each drug is counted separately. For example, if methamphetamine and heroin are both listed on the death certificate, each drug will be counted once even though it's just one death.

- Also, if something like Vicodin, which is a combination of drugs, is listed on the death certificate, each drug will be counted and "involved" in the overdose.

- Analogs of fentanyl are included in the total for fentanyl.

Table 61
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved, 2018

Drugs Involved	Number of Deaths	Number of Specific Drugs Listed on Death Certificate	
		Only Drug Involved	Other Drugs Involved
Methamphetamine	13	10	3
Fentanyl (Includes analogs)	12	9	3
Cocaine (Benzoylecgonine)	8	4	4
Oxycodone (Oxycontin, Percocet, Percodan)	7	4	3
Heroin	5	2	3
Alprazolam (Xanax)	3	0	3
Bupropion (Wellbutrin)	3	2	1
Methadone (Methadose)	3	2	1

Note: ICD -10 Codes: X40-X44, X60-X64, X85, Y10-Y14
Source: South Dakota Department of Health, Office of Health Statistics

Table 62
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved and Year of Death, 2009-2018

Drugs Involved and Number of Specific Drugs on Death Certificate	Total	Year of Death									
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Methamphetamine	**98**	**0**	**2**	**4**	**3**	**9**	**14**	**13**	**18**	**22**	**13**
Only Drug Involved	64	0	1	2	3	6	10	10	10	12	10
Other Drugs Involved	34	0	1	2	0	3	4	3	8	10	3
Oxycodone (Oxycontin, Percocet, Percodan)	**75**	**13**	**9**	**9**	**3**	**10**	**8**	**2**	**9**	**5**	**7**
Only Drug Involved	38	9	4	2	2	6	5	2	2	2	4
Other Drugs Involved	37	4	5	7	1	4	3	0	7	3	3
Fentanyl (Includes Analogs)	**64**	**7**	**4**	**4**	**2**	**2**	**7**	**7**	**7**	**12**	**12**
Only Drug Involved	42	5	4	3	2	1	4	6	2	6	9
Other Drugs Involved	22	2	0	1	0	1	3	1	5	6	3
Morphine	**58**	**3**	**9**	**7**	**6**	**10**	**11**	**1**	**7**	**3**	**1**
Only Drug Involved	32	2	7	4	5	5	6	0	2	1	0
Other Drugs Involved	26	1	2	3	1	5	5	1	5	2	1
Hydrocodone (Vicodin)	**54**	**3**	**5**	**4**	**5**	**9**	**5**	**7**	**10**	**4**	**2**
Only Drug Involved	25	1	2	2	3	4	2	3	5	2	1
Other Drugs Involved	29	2	3	2	2	5	3	4	5	2	1
Methadone (Methadose)	**45**	**4**	**8**	**9**	**1**	**2**	**6**	**4**	**4**	**4**	**3**
Only Drug Involved	26	3	7	4	1	1	3	3	1	1	2
Other Drugs Involved	19	1	1	5	0	1	3	1	3	3	1
Heroin	**29**	**1**	**0**	**1**	**1**	**0**	**2**	**3**	**8**	**8**	**5**
Only Drug Involved	12	1	0	0	1	0	0	1	4	3	2
Other Drugs Involved	17	0	0	1	0	0	2	2	4	5	3
Amitriptyline	**23**	**1**	**2**	**2**	**4**	**3**	**1**	**1**	**4**	**3**	**2**
Only Drug Involved	7	1	0	2	2	1	0	0	0	1	0
Other Drugs Involved	16	0	2	0	2	2	1	1	4	2	2
Cocaine (Benzoylecgonine)	**20**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**3**	**3**	**8**
Only Drug Involved	6	0	0	1	0	0	0	0	0	1	4
Other Drugs Involved	14	0	0	2	0	0	0	3	3	2	4
Diphenhydramine	**17**	**2**	**1**	**1**	**1**	**1**	**2**	**4**	**2**	**1**	**2**
Only Drug Involved	11	2	0	1	0	1	2	2	1	1	1
Other Drugs Involved	6	0	1	0	1	0	0	2	1	0	1
Acetaminophen (Darvocet, Excedrin, Percocet, Tylenol, Vicodin)	**17**	**3**	**1**	**4**	**0**	**1**	**2**	**3**	**2**	**1**	**0**
Only Drug Involved	6	1	0	1	0	0	2	2	0	0	0
Other Drugs Involved	11	2	1	3	0	1	0	1	2	1	0
Tramadol	**16**	**1**	**2**	**2**	**3**	**2**	**0**	**2**	**3**	**1**	**0**
Only Drug Involved	7	1	1	1	2	1	0	1	0	0	0
Other Drugs Involved	9	0	1	1	1	1	0	1	3	1	0
Alprazolam (Xanax)	**15**	**2**	**1**	**3**	**2**	**2**	**1**	**0**	**1**	**0**	**3**
Only Drug Involved	3	0	0	0	1	1	1	0	0	0	0
Other Drugs Involved	12	2	1	3	1	1	0	0	1	0	3
Quetiapine (Seroquel)	**15**	**1**	**5**	**0**	**1**	**0**	**0**	**0**	**3**	**4**	**1**
Only Drug Involved	6	1	1	0	1	0	0	0	1	1	1
Other Drugs Involved	9	0	4	0	0	0	0	0	2	3	0
Citalopram (Celexa)	**11**	**0**	**1**	**1**	**1**	**2**	**3**	**0**	**0**	**2**	**1**
Only Drug Involved	1	0	0	0	1	0	0	0	0	0	0
Other Drugs Involved	10	0	1	1	0	2	3	0	0	2	1
Bupropion (Wellbutrin)	**10**	**0**	**0**	**1**	**0**	**0**	**2**	**0**	**1**	**3**	**3**
Only Drug Involved	6	0	0	1	0	0	2	0	0	1	2
Other Drugs Involved	4	0	0	0	0	0	0	0	1	2	1

Note: ICD-10 CODES X40-X44, X60-X64, X85, Y10-Y14
Source: South Dakota Department of Health, Office of Health Statistics

Alcohol-Induced Deaths

Figure 18, below, shows the alcohol-induced deaths for South Dakota residents for the past 11 years. The definition of alcohol-induced deaths is located in the back of this report within the Technical Notes section.

Figure 18
South Dakota Resident Alcohol-Induced Deaths, 2008-2018
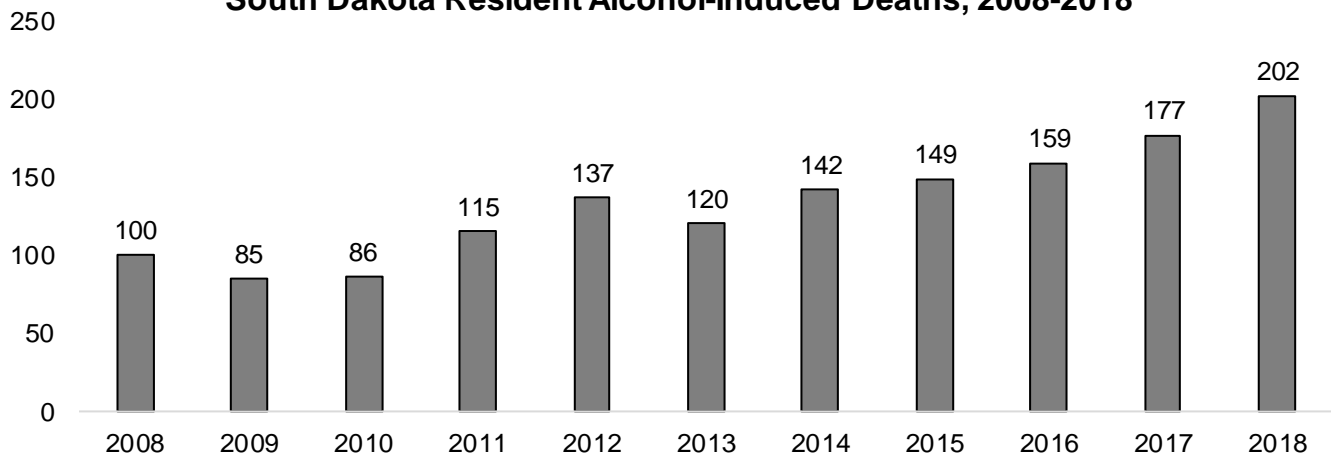
Source: South Dakota Department of Health, Office of Health Statistics

Farm Accident Deaths

Figure 19, below, shows the number of South Dakota resident deaths due to farm accidents for the past 10 years. The definition of farm accident deaths is located in the back of this report within the Technical Notes section.

Figure 19
South Dakota Resident Deaths Due to Farm Accidents, 2006-2018
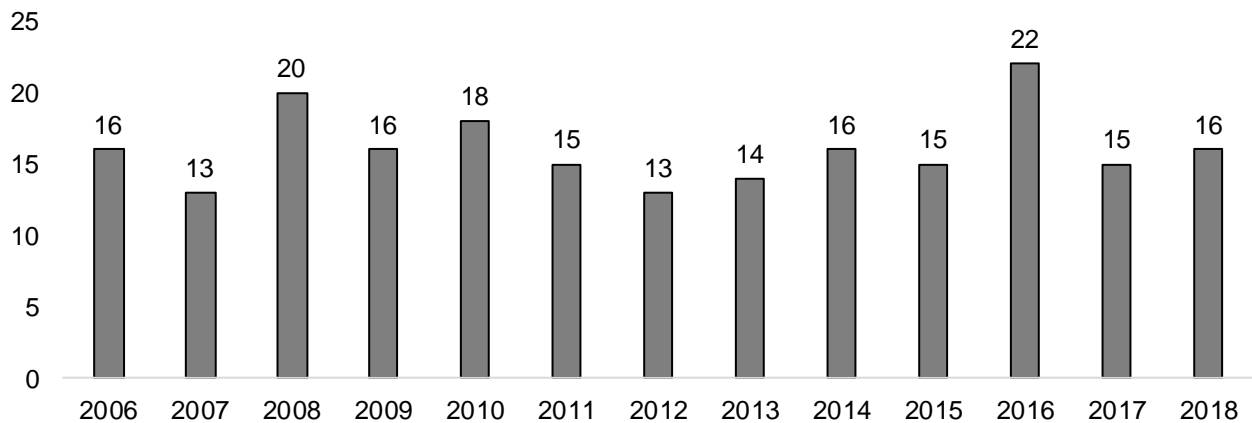
Source: South Dakota Department of Health, Office of Health Statistics

Maternal Mortality

Table 63, on the following page, shows maternal mortality deaths for the past eight years. Specific definitions are located in the notes below the table.

Table 63
Deaths Occurring in South Dakota to Women Who Were Pregnant at the Time of Death or Within One Year After Delivery, 2011-2018

Year	Any Death While Pregnant, or Within One Year After Delivery	Pregnancy-Related	Pregnancy Associated, But Not Pregnancy-Related
2018	8	*	*
2017	5	*	*
2016	7	*	*
2015	6	2	4
2014	5	1	4
2013	6	1	5
2012	7	1	6
2011	8	3	5

Source: South Dakota Department of Health, Office of Health Statistics
Note: <u>Pregnancy-related</u>: Death resulting from: 1) complications of the pregnancy itself, or 2) the chain of events initiated by the pregnancy that led to death, or 3) aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that subsequently caused death during pregnancy or within one calendar year of termination of pregnancy, regardless of the duration or anatomical site of pregnancy. This designation comes from the CDC as part of the Pregnancy Mortality Surveillance System (PMSS). *--The latest year they have reviewed for South Dakota is 2015.

<u>Pregnancy-associated, but not pregnancy-related</u>: Death of a woman from any cause, while she is pregnant or within one calendar year of termination of pregnancy, regardless of the duration or anatomical site of pregnancy, but not pregnancy related (see above). This designation comes from the CDC as part of the Pregnancy Mortality Surveillance System (PMSS). *--The latest year they have reviewed for South Dakota is 2015.

Firearm Deaths

Table 64, below, shows firearm deaths for South Dakota residents for the past 10 years. The definition of firearm deaths is located in the back of this report within the Technical Notes section.

Table 64
South Dakota Resident Deaths Due to Firearms, 2009-2018

Year	Total Firearm Deaths	Manner of Death				
		Accident	Suicide	Homicide	Legal Intervention	Undetermined Intent
2018	117	7	91	16	3	0
2017	102	2	83	12	4	1
2016	107	5	83	14	5	0
2015	95	5	73	14	2	1
2014	90	2	76	9	3	0
2013	79	1	71	5	2	0
2012	84	2	76	6	0	0
2011	71	2	59	6	4	0
2010	75	4	65	3	2	1
2009	75	4	61	10	0	0

Source: South Dakota Department of Health, Office of Health Statistics

Method of Disposition

Table 65, below, displays the different methods of disposition for the last 13 years. The top disposition in 2018 was burial with 3,949 deaths. The second highest method of disposition in 2018 was cremation with 3,554 deaths. Since 2006, cremation has increased from 20.5 percent of all dispositions to 44.6 percent in 2018.

Table 65
South Dakota Resident Deaths by Disposition, 2006-2018

| Year | Total Deaths | Type of Disposition | | | | | | | | | |
| | | Burial | | Cremation | | Removal from State | | Donation | | Entombment | |
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2018	7,971	3,949	49.5	3,554	44.6	425	5.3	34	0.4	7	0.1
2017	7,991	4,106	51.4	3,315	41.5	512	6.4	46	0.6	9	0.1
2016	7,838	4,145	52.9	3,190	40.7	447	5.7	38	0.5	17	0.2
2015	7,724	4,335	56.1	2,939	38.1	413	5.3	23	0.3	14	0.2
2014	7,500	4,302	57.4	2,738	36.5	398	5.3	40	0.5	15	0.2
2013	7,079	4,146	58.6	2,468	34.9	417	5.9	32	0.5	15	0.2
2012	7,283	4,465	61.3	2,345	32.2	428	5.9	33	0.5	10	0.1
2011	7,271	4,539	62.4	2,211	30.4	472	6.5	33	0.5	10	0.1
2010	7,087	4,548	64.2	2,044	28.8	433	6.1	47	0.7	10	0.1
2009	6,913	4,545	65.7	1,855	26.8	464	6.7	34	0.5	8	0.1
2008	7,056	4,857	68.8	1,662	23.6	485	6.9	35	0.5	9	0.1
2007	6,800	4,775	70.2	1,474	21.7	481	7.1	46	0.7	18	0.3
2006	7,038	5,127	72.8	1,440	20.5	431	6.1	30	0.4	6	0.1

Note: Failure of deaths to add to total is due to the disposition not stated.
Source: South Dakota Department of Health, Office of Health Statistics

Leading Causes and Selected Components

Tables 66a-66c, on pages 75 through 77, display South Dakota resident deaths, the crude death rate, and the age-adjusted death rate for 15 leading causes and selected components from 2009 to 2018.

The crude and age-adjusted rates for all causes in 2018 were 903.5 and 715.7 respectively, which are down from the crude and age-adjusted rates in 2017 of 918.9 and 736.1, respectively.

Table 66a
South Dakota Resident Deaths for 15 Leading Causes and Selected Components, 2009-2018

Cause of Death	Number of Deaths									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
All Causes	**6,913**	**7,087**	**7,271**	**7,283**	**7,079**	**7,500**	**7,724**	**7,838**	**7,991**	**7,791**
Heart Disease	1,778	1,611	1,615	1,652	1,617	1,695	1,712	1,732	1,708	1,797
Malignant Neoplasms (Cancer)	1,506	1,651	1,656	1,623	1,574	1,679	1,632	1,691	1,717	1,632
Trachea, Bronchus, and Lung	387	434	457	434	416	439	424	420	421	396
Colon, Rectum, and Anus	157	168	137	166	169	186	168	163	158	169
Pancreas	110	98	95	105	109	118	109	128	124	116
Female Breast	95	103	122	107	108	100	104	109	102	112
Prostate	84	96	88	75	76	75	90	107	71	92
Leukemia	57	82	77	68	89	90	66	61	62	58
Chronic Lower Respiratory Diseases	440	451	485	479	413	440	500	427	505	498
Accidents	348	391	407	417	424	461	467	503	537	452
Motor Vehicle Accidents	133	141	99	142	149	151	143	135	166	156
Alzheimer's Disease	402	401	423	462	420	433	421	449	444	437
Cerebrovascular Diseases	417	411	442	410	414	439	381	420	410	387
Diabetes Mellitus	200	241	267	219	239	223	282	253	262	252
Influenza and Pneumonia	135	166	178	188	186	180	213	195	217	246
Chronic Liver Disease and Cirrhosis	79	83	98	113	121	128	137	158	152	185
Intentional Self-Harm (Suicide)	128	139	125	135	147	141	173	161	192	168
Unspecified Dementia	90	91	117	111	99	120	126	121	105	133
Septicemia	63	66	69	64	74	81	119	81	100	117
Essential (Primary) Hypertension and Hypertensive Renal Disease	52	93	94	78	72	95	103	92	102	113
Parkinson's Disease	65	85	73	53	78	63	80	86	89	104
Vascular Dementia	42	60	67	72	46	68	72	71	78	79

Source: South Dakota Department of Health, Office of Health Statistics

Table 66b
South Dakota Resident Crude Death Rates for 15 Leading Causes and Selected Components, 2009-2018

Cause of Death	Crude Death Rates									
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
All Causes	**851.0**	**870.4**	**882.3**	**873.9**	**837.9**	**879.1**	**899.7**	**905.7**	**918.9**	**903.5**
Heart Disease	218.9	197.9	196.0	198.2	191.4	198.7	199.4	200.1	196.4	203.7
Malignant Neoplasms (Cancer)	185.4	202.8	201.0	194.8	186.3	196.8	190.1	195.4	197.4	185.0
Trachea, Bronchus, and Lung	47.6	53.3	55.5	52.1	49.2	51.5	49.4	48.5	48.4	44.9
Colon, Rectum, and Anus	19.3	20.6	16.6	19.9	20.0	21.8	19.6	18.8	18.2	19.2
Pancreas	13.5	12.0	11.5	12.6	12.9	13.8	12.7	14.8	14.3	13.1
Female Breast	23.4	25.3	29.7	25.8	25.7	23.6	24.4	25.4	23.7	25.6
Prostate	20.7	23.6	21.3	17.9	17.9	17.5	20.8	24.5	16.2	20.6
Leukemia	7.0	10.1	9.3	8.2	10.5	10.5	7.7	7.0	7.1	6.6
Chronic Lower Respiratory Diseases	54.2	55.4	58.9	57.5	48.9	51.6	58.2	49.3	58.1	56.4
Accidents	42.8	48.0	49.4	50.0	50.2	54.0	54.4	58.1	61.7	51.2
Motor Vehicle Accidents	16.4	17.3	12.0	17.0	17.6	17.7	16.7	15.6	19.1	17.7
Alzheimer's Disease	49.5	49.3	51.3	55.4	49.7	50.8	49.0	51.9	51.1	49.5
Cerebrovascular Diseases	51.3	50.5	53.6	49.2	49.0	51.5	44.4	48.5	47.1	43.9
Diabetes Mellitus	24.6	29.6	32.4	26.3	28.3	26.1	32.8	29.2	30.1	28.6
Influenza and Pneumonia	16.6	20.4	21.6	22.6	22.0	21.1	24.8	22.5	25.0	27.9
Chronic Liver Disease and Cirrhosis	9.7	10.2	11.9	13.6	14.3	15.0	16.0	18.3	17.5	21.0
Intentional Self-Harm (Suicide)	15.8	17.1	15.2	16.2	17.4	16.5	20.2	18.6	22.1	19.0
Unspecified Dementia	11.1	11.2	14.2	13.3	11.7	14.1	14.7	14.0	12.1	15.1
Septicemia	7.8	8.1	8.4	7.7	8.8	9.5	13.9	9.4	11.5	13.3
Essential (Primary) Hypertension and Hypertensive Renal Disease	6.4	11.4	11.4	9.4	8.5	11.1	12.0	10.6	11.7	12.8
Parkinson's Disease	8.0	10.4	8.9	6.4	9.2	7.4	9.3	9.9	10.2	11.8
Vascular Dementia	5.2	7.4	8.1	8.6	5.4	8.0	8.4	8.2	9.0	9.0

Note: The crude death rate is calculated using yearly U.S. Census Bureau population estimates for that year.
Source: South Dakota Department of Health, Office of Health Statistics

Table 66c
South Dakota Resident Age-Adjusted Death Rates for 15 Leading Causes and Selected Components, 2009-2018

Cause of Death	Age-Adjusted Death Rates									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
All Causes	**688.6**	**713.4**	**716.1**	**706.8**	**677.4**	**709.9**	**714.9**	**718.6**	**736.1**	**715.7**
Heart Disease	168.3	154.9	153.0	153.8	148.8	153.6	151.0	153.7	150.0	156.2
Malignant Neoplasms (Cancer)	156.5	170.6	168.6	162.2	154.3	161.4	153.3	156.6	157.0	145.2
Trachea, Bronchus, and Lung	40.7	45.4	47.2	43.5	41.0	41.8	39.7	38.2	38.2	35.3
Colon, Rectum, and Anus	15.8	17.0	13.9	16.4	16.7	17.6	15.7	15.2	14.2	15.2
Pancreas	11.3	10.2	9.5	10.6	10.7	11.1	10.3	11.6	11.5	10.0
Female Breast	17.6	19.7	23.7	19.5	19.3	17.9	18.7	19.3	17.3	20.0
Prostate	20.3	23.7	20.9	17.7	17.0	16.7	19.6	23.1	15.7	19.0
Leukemia	6.0	8.6	7.8	7.3	9.0	8.8	6.2	5.6	5.5	5.1
Chronic Lower Respiratory Diseases	43.9	46.0	47.4	45.4	39.1	40.7	45.1	38.5	45.4	43.7
Accidents	40.0	44.3	44.8	46.6	46.4	49.2	49.3	53.1	56.2	46.5
Motor Vehicle Accidents	16.6	17.0	11.8	17.1	17.4	17.5	16.3	15.8	19.0	17.3
Alzheimer's Disease	35.2	36.2	36.6	39.6	35.1	36.1	34.8	37.1	36.9	36.3
Cerebrovascular Diseases	38.8	39.2	42.0	37.6	37.5	38.8	33.0	35.8	36.3	33.3
Diabetes Mellitus	20.4	24.6	26.8	21.6	22.9	21.2	26.3	23.6	24.8	23.3
Influenza and Pneumonia	12.6	15.5	16.3	16.9	16.4	16.1	18.3	16.7	19.0	20.8
Chronic Liver Disease and Cirrhosis	8.7	9.7	11.1	13.3	13.3	16.0	15.9	16.4	17.0	19.7
Intentional Self-Harm (Suicide)	16.0	17.3	15.3	16.1	18.0	17.1	20.4	19.9	22.7	19.4
Unspecified Dementia	7.9	8.3	10.2	9.4	8.4	10.1	10.5	9.6	8.6	10.6
Septicemia	6.4	6.7	7.0	6.2	7.2	8.1	11.0	7.5	9.4	10.5
Essential (Primary) Hypertension and Hypertensive Renal Disease	4.8	8.8	8.5	6.8	6.3	8.1	8.7	7.9	8.7	9.4
Parkinson's Disease	6.2	8.2	7.0	5.1	7.3	6.3	7.2	7.6	8.1	9.5
Vascular Dementia	3.7	5.3	5.9	6.3	3.9	5.7	5.7	5.4	6.4	6.2

Note: The age-adjusted death rate is calculated using yearly U.S. Census Bureau population estimates for that year.
Source: South Dakota Department of Health, Office of Health Statistics

The following figures on the next several pages display 10-year trends for crude death rates for the 15 leading causes of death in 2018. Note: The crude death rate is calculated using yearly U.S. Census Bureau population estimates for that year.

Figure 20
South Dakota Resident Crude Death Rate Due to Heart Disease by Year of Death, 2009-2018
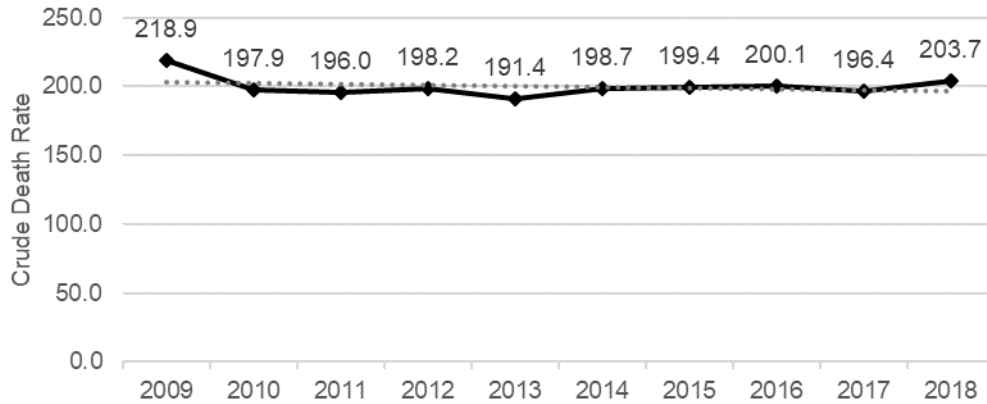
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21
South Dakota Resident Crude Death Rate Due to Malignant Neoplasms by Year of Death, 2009-2018
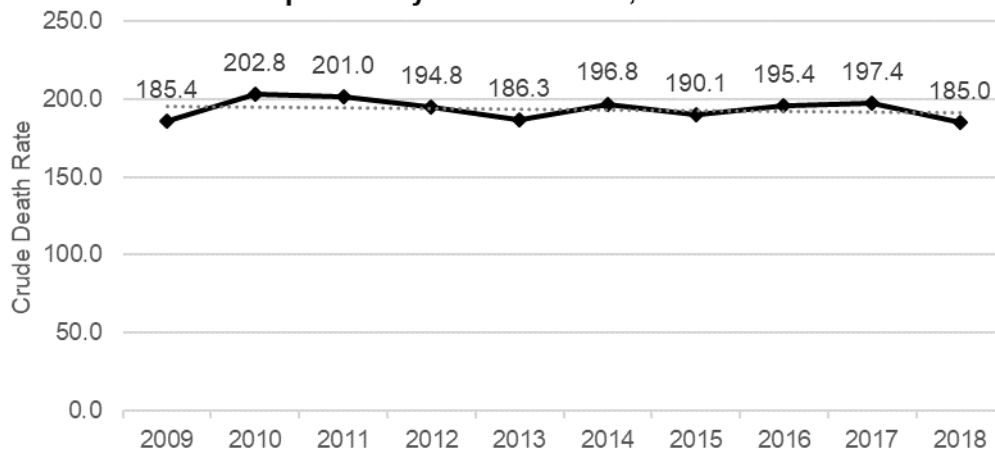
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21a
South Dakota Resident Crude Death Rate Due to Trachea,
Bronchus, and Lung Cancer by Year of Death, 2009-2018
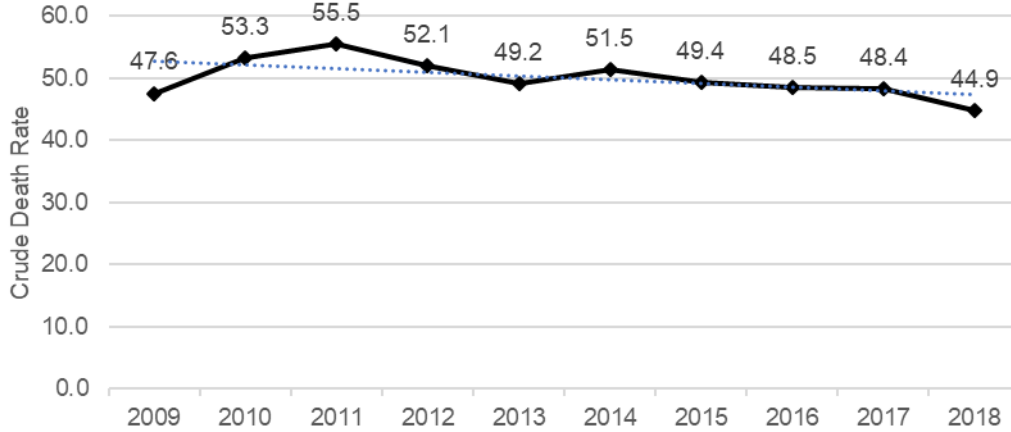
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21b
South Dakota Resident Crude Death Rate Due to Colon,
Rectum, and Anus Cancer by Year of Death, 2009-2018
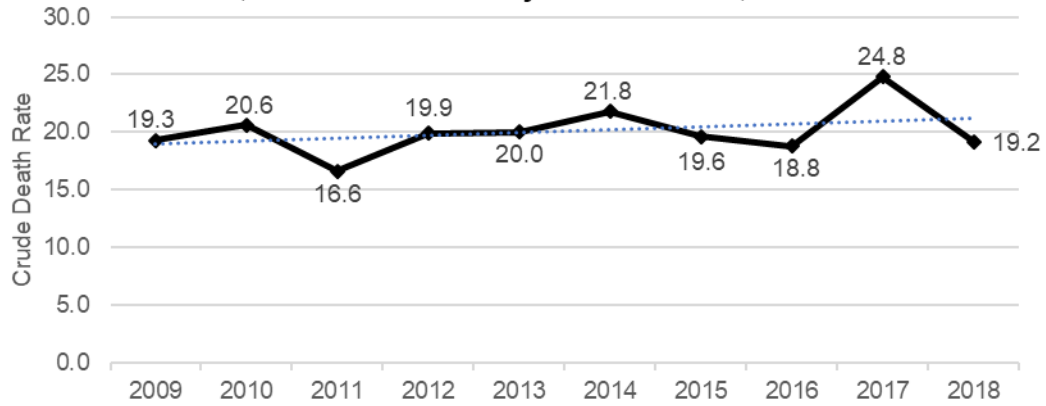
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21c
South Dakota Resident Crude Death Rate Due to Pancreas
Cancer by Year of Death, 2009-2018
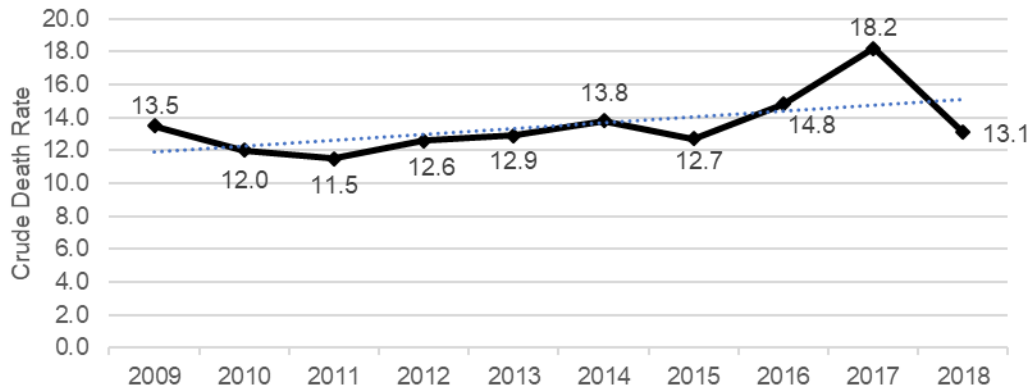
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21d
South Dakota Resident Crude Death Rate Due to Female
Breast Cancer by Year of Death, 2009-2018
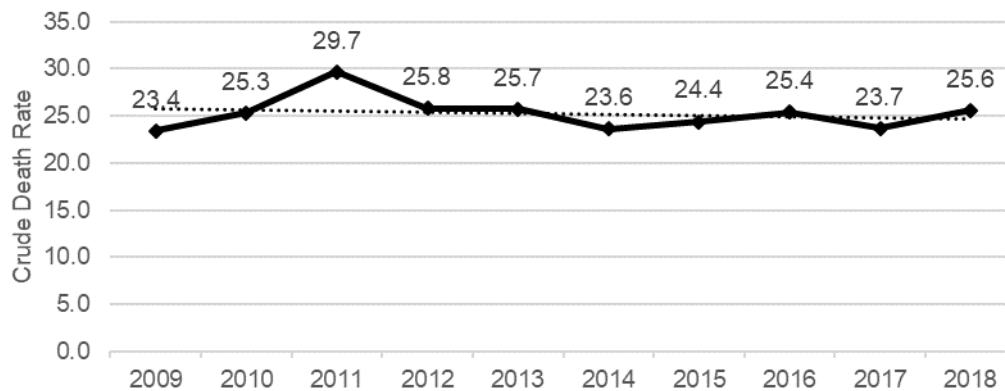
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21e
South Dakota Resident Crude Death Rate Due to Prostate
Cancer by Year of Death, 2009-2018
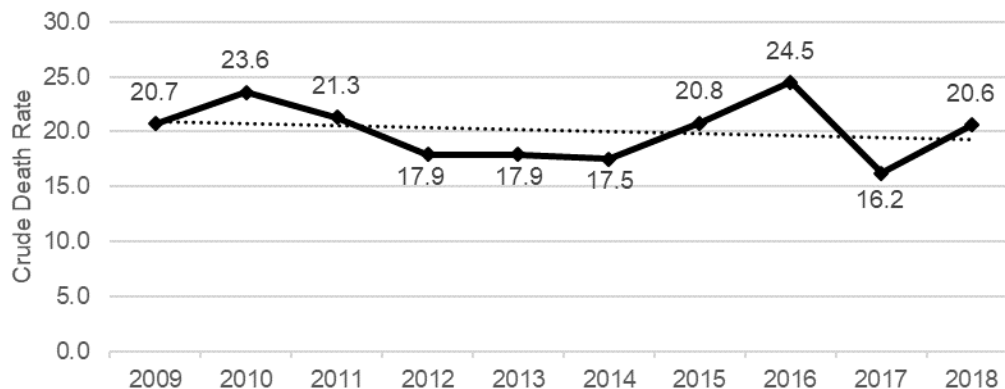
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21f
South Dakota Resident Crude Death Rate Due to
Leukemia by Year of Death, 2009-2018
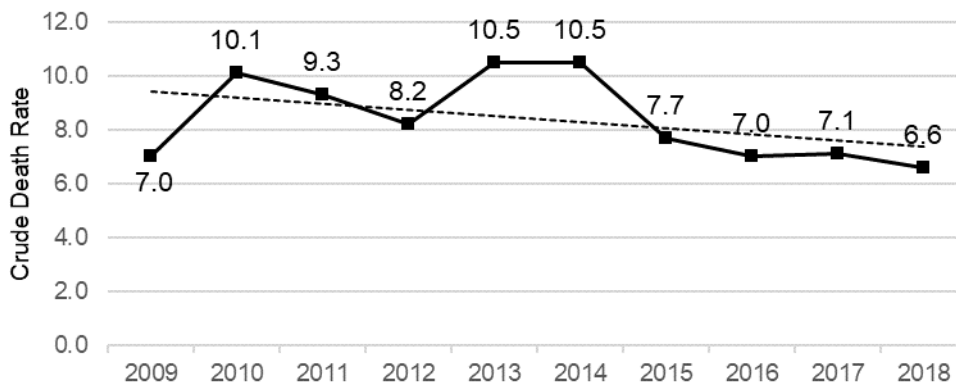
Source: South Dakota Department of Health, Office of Health Statistics

Figure 22
South Dakota Resident Crude Death Rate Due to Chronic
Lower Respiratory Disease by Year of Death, 2009-2018
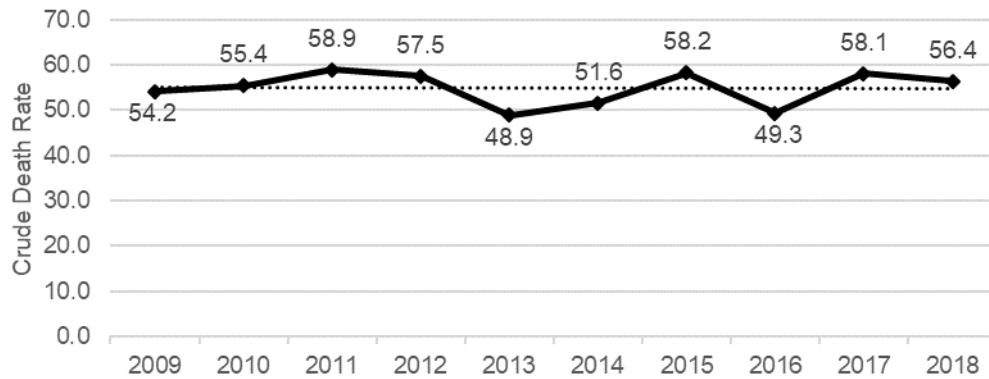
Figure 23
South Dakota Resident Crude Death Rate Due to Accidents
by Year of Death, 2009-2018
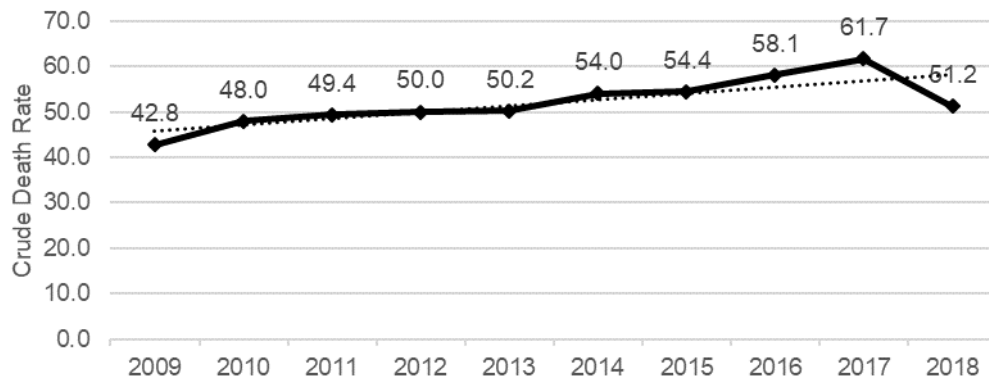
Figure 23a
South Dakota Resident Crude Death Rate Due to Motor
Vehicle Accidents by Year of Death, 2009-2018

81
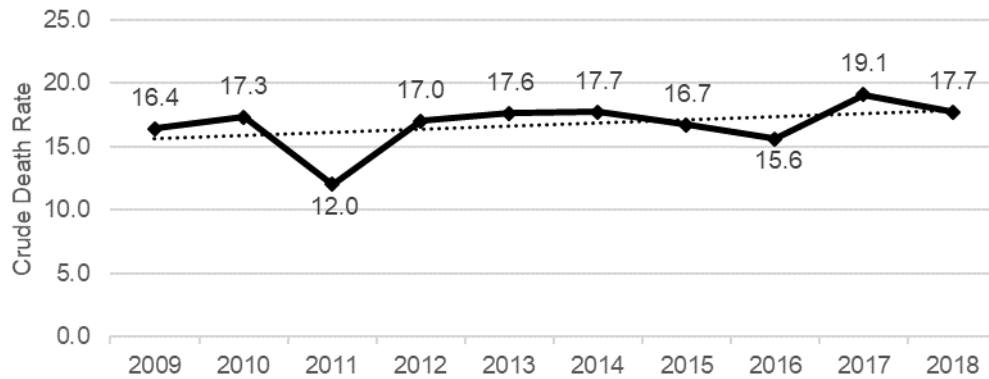
Figure 24
South Dakota Resident Crude Death Rate Due to
Alzheimer's Disease by Year of Death, 2009-2018
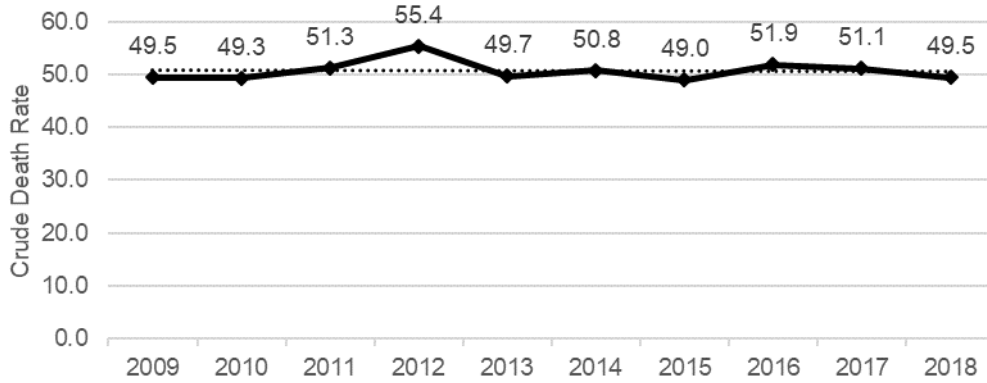
Source: South Dakota Department of Health, Office of Health Statistics

Figure 25
South Dakota Resident Crude Death Rate Due to
Cerebrovascular Disease by Year of Death, 2009-2018
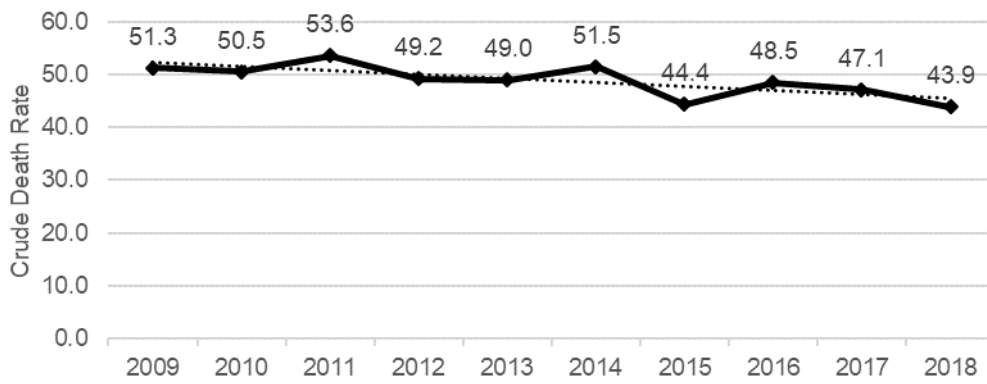
Source: South Dakota Department of Health, Office of Health Statistics

Figure 26
South Dakota Resident Crude Death Rate Due to Diabetes
Mellitis by Year of Death, 2009-2018

Source: South Dakota Department of Health, Office of Health Statistics

82
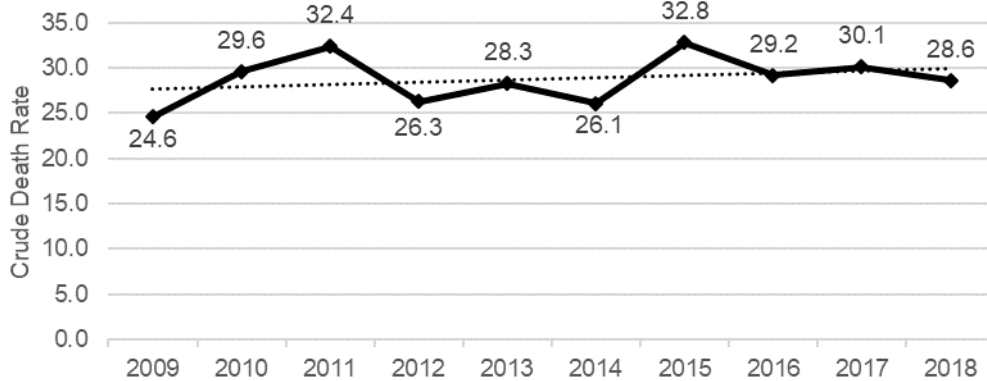
Figure 27
South Dakota Resident Crude Death Rate Due to Influenza
and Pneumonia by Year of Death, 2009-2018
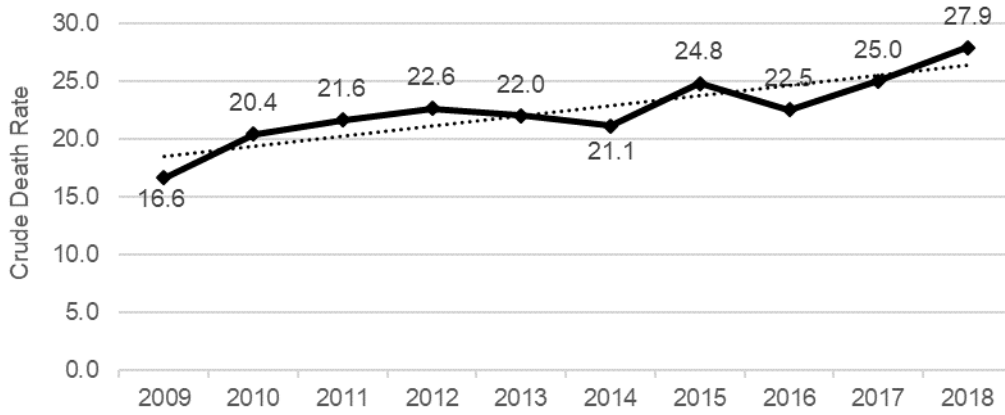
Source: South Dakota Department of Health, Office of Health Statistics

Figure 28
South Dakota Resident Crude Death Rate Due to Chronic
Liver Disease and Cirrhosis by Year of Death, 2009-2018
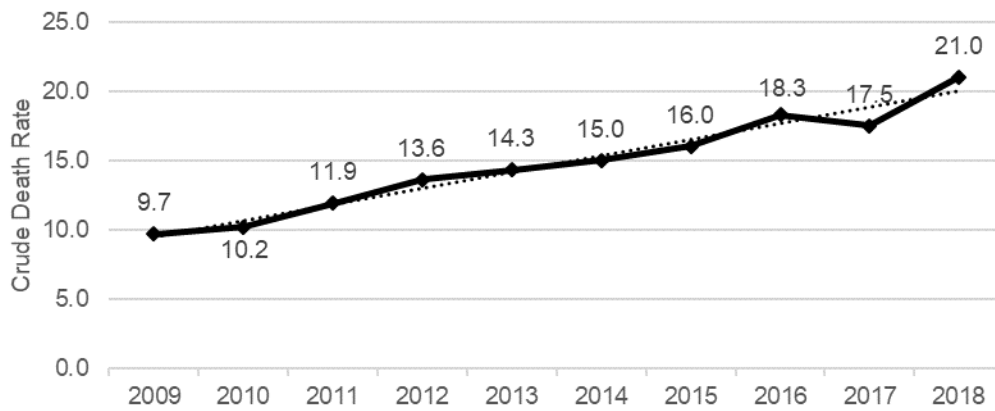
Source: South Dakota Department of Health, Office of Health Statistics

Figure 29
South Dakota Resident Crude Death Rate Due to Intentional
Self Harm (Suicide) by Year of Death, 2009-2018
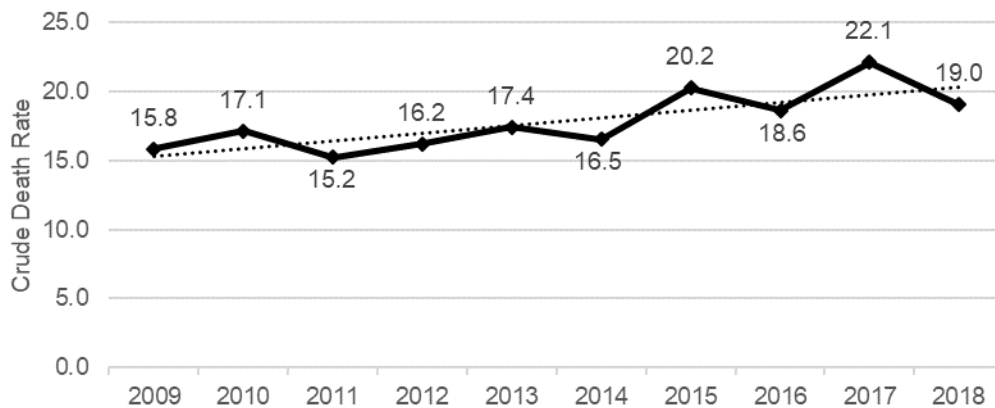
Source: South Dakota Department of Health, Office of Health Statistics

Figure 30
South Dakota Resident Crude Death Rate Due to
Unspecified Dementia by Year of Death, 2009-2018
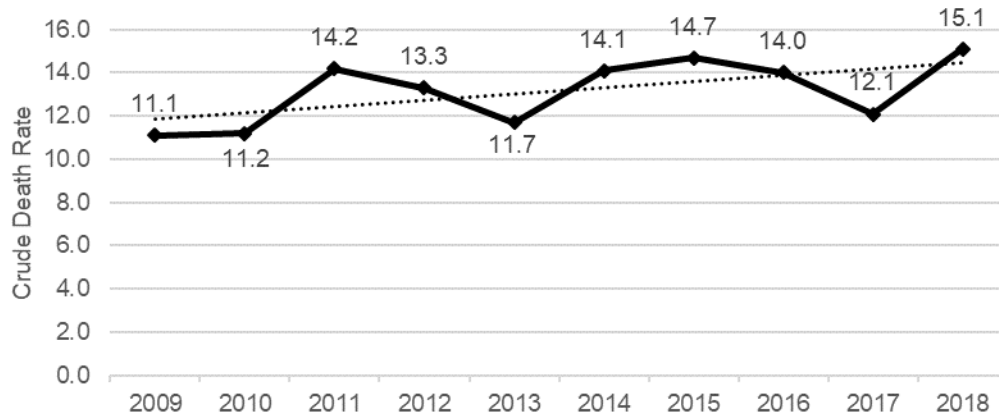
Figure 31
South Dakota Resident Crude Death Rate Due to Septicemia
by Year of Death, 2009-2018
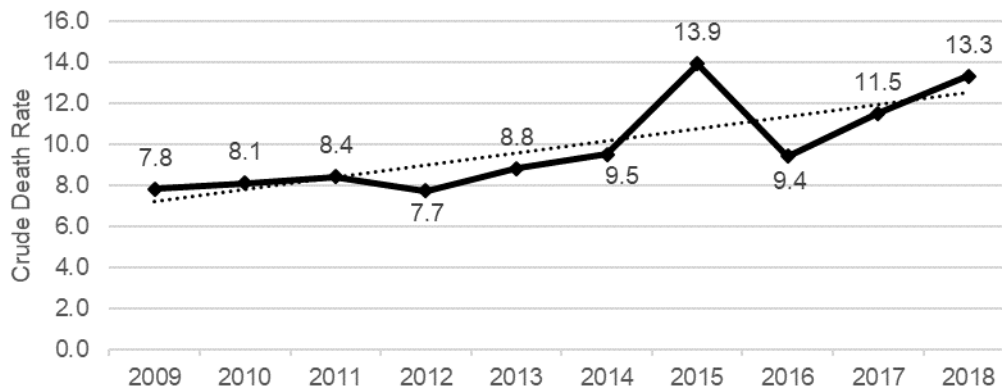
Figure 32
South Dakota Resident Crude Death Rate Due to Essential
(Primary) Hypertension and Hypertensive Renal Disease by
Year of Death, 2009-2018

84
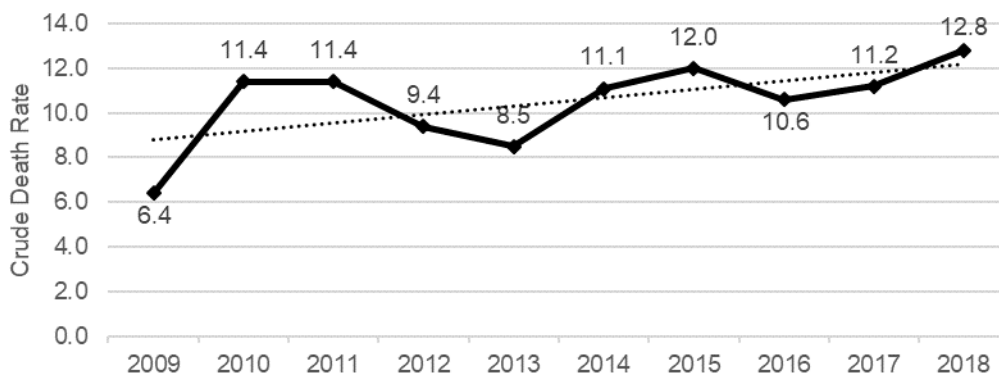
Figure 33
South Dakota Resident Crude Death Rate Due to
Parkinson's Disease by Year of Death, 2009-2018
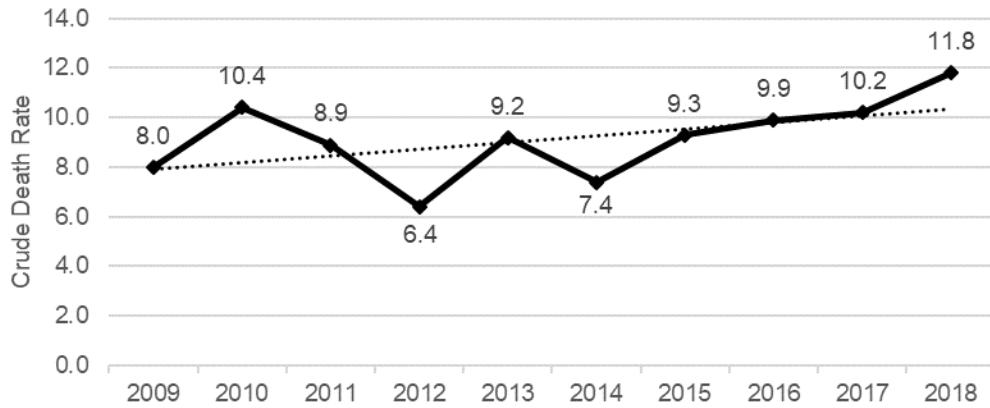
Source: South Dakota Department of Health, Office of Health Statistics

Figure 34
South Dakota Resident Crude Death Rate Due to Vascular
Dementia by Year of Death, 2009-2018
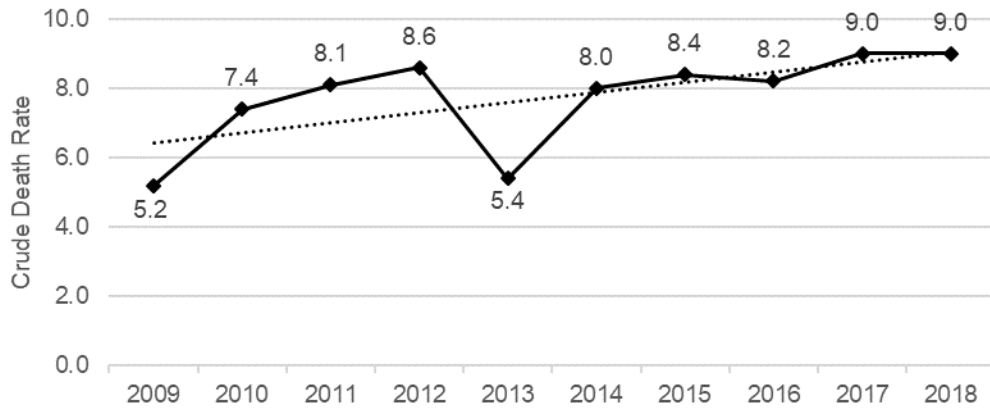
Source: South Dakota Department of Health, Office of Health Statistics

Marriage & Divorce

An Overview: 2018

Marriages:

Number Occurring in S.D.	5,757
S.D. Rate per 1,000 Population	6.5
U.S. Rate per 1,000 Population	6.9*

**Divorces:

Number Occurring in S.D.	2,265
S.D. Rate Per 1,000 Population	2.6
U.S. Rate per 1,000 Population	2.9*

Years Married Before Termination in S.D.

Mean	11
Median	8
Mode	3
Range	
Lower	Less Than 1
Upper	57

Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics
Note: The U.S. marriage and divorce rates are provisional from 2017.
  * The U.S. divorce rate only includes 45 reporting states and the District of Columbia.
  ** Divorces include annulments.

Marriages in South Dakota

In 2018, the South Dakota marriage rate decreased to 6.5, down from 6.7 in 2017. The number of marriages in 2018 (5,757) is the lowest in over 14 years.

Table 78, below, provides the United States and South Dakota marriage rates from 2004 through 2018.

Table 78
Marriages and Marriage Rates by Occurrence,
South Dakota and United States, 2004-2018

Year	United States*		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2018	NA**	NA**	5,757	6.5
2017	2,236,496	6.9	5,862	6.7
2016	2,251,411	7.0	6,271	7.2
2015	2,221,579	6.9	6,195	7.2
2014	2,140,272	6.9	6,040	7.1
2013	2,081,301	6.8	5,919	7.0
2012	2,131,000	6.8	6,236	7.5
2011	2,118,000	6.8	6,145	7.5
2010	2,096,000	6.8	5,939	7.3
2009	2,080,000	6.8	5,887	7.2
2008	2,157,000	7.1	6,148	7.6
2007	2,197,000	7.3	6,138	7.7
2006	2,193,000	7.5	6,303	8.0
2005	2,249,000	7.6	6,551	8.4
2004	2,279,000	7.8	6,485	8.4

Note: *The marriage data for the United States is provisional for all years. **2018 data is not available at the time of publication. Crude marriage rates are per 1,000 population. The 2006 U.S. number and rate excludes data from Louisiana. The 2013 and 2014 U.S. number and rate excludes data from Georgia.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

Table 79, below, displays marriages by month over the past five years. The most common time to have a wedding for all years is from June to September.

Table 79
Month of Marriages for Marriages Occurring in South Dakota, 2014-2018

Year	2014 Num	2014 %	2015 Num	2015 %	2016 Num	2016 %	2017 Num	2017 %	2018 Num	2018 %
Total	6,040	100	6,195	100	6,271	100	5,862	100	5,757	100
January	221	3.7	199	3.2	239	3.8	211	3.6	217	3.8
February	267	4.4	232	3.7	247	3.9	220	3.8	244	4.2
March	259	4.3	250	4.0	215	3.4	288	4.9	277	4.8
April	307	5.1	334	5.4	372	5.9	340	5.8	329	5.7
May	592	9.8	585	9.4	546	8.7	493	8.4	447	7.8
June	879	14.6	866	14.0	875	14.0	805	13.7	841	14.6
July	716	11.9	816	13.2	845	13.5	761	13.0	609	10.6
August	891	14.8	972	15.7	805	12.8	685	11.7	815	14.2
September	753	12.5	770	12.4	830	13.2	903	15.4	833	14.5
October	531	8.8	569	9.2	673	10.7	548	9.3	587	10.2
November	258	4.3	283	4.6	290	4.6	263	4.5	274	4.8
December	363	6.0	319	5.1	334	5.3	345	5.9	282	4.9

Source: South Dakota Department of Health, Office of Health Statistics

Divorces in South Dakota

Table 80, below, lists the divorce rates for South Dakota and the United States. The 2018 South Dakota divorce rate was 2.6 divorces per 1,000 population, which decreased slightly from 2.7 in 2017.

Table 80
Number and Rate of Divorces by Occurrence,
South Dakota and United States, 2004-2018

Year	United States* Number	United States* Crude Rate	South Dakota Number	South Dakota Crude Rate
2018	NA**	NA**	2,265	2.6
2017	787,251	2.9	2,340	2.7
2016	776,288	3.0	2,400	2.8
2015	800,909	3.1	2,252	2.6
2014	813,862	3.2	2,374	2.8
2013	832,157	3.3	2,450	2.9
2012	851,000	3.4	2,550	3.1
2011	877,000	3.6	2,694	3.3
2010	872,000	3.6	2,774	3.4
2009	840,000	3.5	2,686	3.3
2008	844,000	3.5	2,459	3.1
2007	856,000	3.6	2,438	3.1
2006	872,000	3.7	2,465	3.1
2005	847,000	3.6	2,354	3.0
2004	879,000	3.7	2,358	3.0

Note: *The U.S. data is provisional for all years. Crude divorce rates are per 1,000 population. **2018 data are not available at time of publication. The year 2017 excludes data from California, Hawaii, Indiana, Minnesota, and New Mexico. The year 2016 excludes data for California, Georgia, Hawaii, Indiana, Minnesota, and New Mexico. The years 2013-2015 exclude California, Georgia, Hawaii, Indiana, and Minnesota. The years 2005-2012 exclude data for California, Georgia, Hawaii, Indiana, Louisiana, and Minnesota. The year 2004 excludes data for California, Georgia, Hawaii, Indiana, and Louisiana.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

For South Dakota, the mean or average duration of the marriages ending in divorce during 2018 was 11 years, the median duration was eight years, and the modal duration was three years. The length of time before terminating the marriage ranged from less than one year to 57 years for South Dakota divorces in 2018.

Table 81, below, displays the duration of marriages ending in divorce for the past 10 years. In 2018, zero to four years and five to nine years is the length most marriages lasted with 30.6 and 24.9 percent, respectively.

Table 81
Duration of Marriage Ending in Divorces by Year for Divorces Occurring
in South Dakota, 2009-2018

Year	0-4 Years		5-9 Years		10-14 Years		15-19 Years		20-24 Years		25-29 Years		30+ Years	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	692	30.6	563	24.9	368	16.2	276	12.2	165	7.3	98	4.3	103	4.5
2017	719	30.8	543	23.2	374	16.0	278	11.9	178	7.6	115	4.9	131	5.6
2016	791	33.0	553	23.0	386	16.1	253	10.5	175	7.3	105	4.4	137	5.7
2015	735	32.6	528	23.4	355	15.8	231	10.3	182	8.1	94	4.2	127	5.6
2014	755	31.8	591	24.9	359	15.1	235	9.9	193	8.1	114	4.8	127	5.3
2013	783	32.0	626	25.6	389	15.9	266	10.9	167	6.8	109	4.4	110	4.5
2012	845	33.0	648	25.4	387	15.2	235	9.2	198	7.8	119	4.7	121	4.7
2011	884	32.8	686	25.5	415	15.4	285	10.6	184	6.8	119	4.4	121	4.5
2010	951	34.3	703	25.3	431	15.5	281	10.1	178	6.4	106	3.8	124	4.5
2009	916	34.1	693	25.8	384	14.3	261	9.7	194	7.2	114	4.2	124	4.6

Source: South Dakota Department of Health, Office of Health Statistics

Table 82, below, displays the number of children involved in divorces for the past 10 years. Slightly over half (51.4%) of all divorces in 2018 did not involve children.

Table 82
Number of Children Involved in Divorce by Year for Divorces Occurring
in South Dakota, 2009-2018

Year	Total		No Children Involved		1 Child Involved		2 Children Involved		3 Children Involved		4 or More Children Involved		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2018	2,265	100	1,164	51.4	412	18.2	446	19.7	179	7.9	64	2.8	0	-
2017	2,340	100	1,227	52.4	410	17.5	485	20.7	159	6.8	59	2.5	0	-
2016	2,400	100	1,298	54.1	459	19.1	432	18.0	166	6.9	43	1.8	2	-
2015	2,252	100	1,190	52.8	444	19.7	404	17.9	166	7.4	48	2.1	0	-
2014	2,374	100	1,256	52.9	502	21.2	414	17.4	156	6.6	45	1.9	1	-
2013	2,450	100	1,220	49.8	484	19.8	494	20.2	199	8.1	53	2.2	0	-
2012	2,550	100	1,290	50.6	503	19.7	523	20.5	181	7.1	52	2.0	1	-
2011	2,694	100	1,348	50.0	535	19.9	562	20.9	180	6.7	69	2.6	0	-
2010	2,774	100	1,370	49.4	596	21.5	562	20.3	197	7.1	49	1.8	0	-
2009	2,686	100	1,381	51.4	549	20.4	520	19.4	174	6.5	62	2.3	0	-

Source: South Dakota Department of Health, Office of Health Statistics

Figure 47, on the next page, displays causes for the divorce. The majority of divorces in 2018 stated irreconcilable differences with 98.0 percent.

Figure 47
Causes for Divorce for Divorces Occurring in South Dakota, 2018
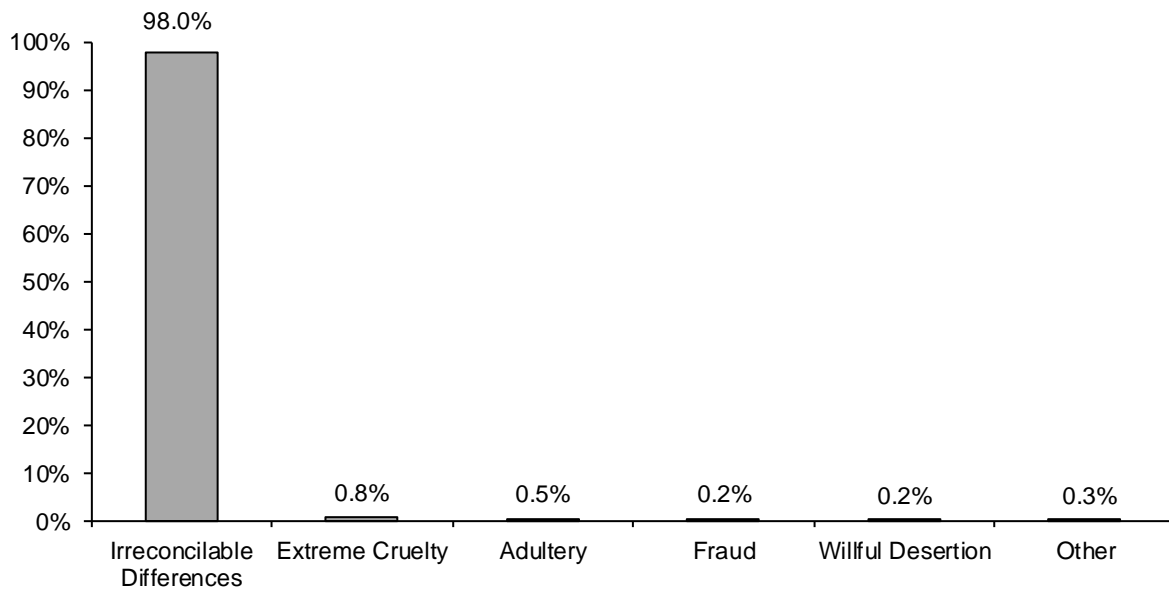
Source: South Dakota Department of Health, Office of Health Statistics

Infectious Diseases in South Dakota, 2018

The South Dakota Department of Health (SDDOH) strives to promote healthy living and to protect the health of all South Dakotans. A core public health function is the surveillance of infectious diseases in the state.

Infectious disease surveillance monitors patterns of disease occurrence and assesses the health status of South Dakota's population. Surveillance can detect sudden changes in disease occurrence, such as an outbreak, or identify long-term disease trends or new and emerging diseases. Surveillance activities are linked to public health actions, such as investigation, control and prevention, evaluation, or planning and allocating resources to address the diseases affecting the population.

SDDOH is authorized by South Dakota Codified Law 34-22-12 and Administrative Rules Article 44:20 to receive and process mandatory reports of communicable diseases by physicians, hospitals, laboratories, and institutions, and to establish public health measures to control and prevent disease transmission.

This report provides an overview of disease surveillance conducted by SDDOH in 2018. It highlights important statistics and shows key trends on selected reportable diseases in the state.

Table 83 Reportable Diseases in South Dakota, 2009-2018 (Calendar years)

Reportable diseases	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Babesiosis	0	0	0	0	1	1	0	0	0	**0**	**2**
Botulism	0	0	0	0	0	0	0	0	0	**0**	**0**
Brucellosis	0	0	0	0	1	0	0	0	1	**0**	**2**
Campylobacteriosis	300	297	301	276	296	307	346	450	395	**532**	**3500**
Carbapenem-resistant *Enterobacteriaceae* (CRE)	NR	NR	NR	NR	12	3	37	58	64	**53**	**174**
Chicken Pox (Varicella)	53	62	67	32	43	23	27	32	24	**31**	**394**
Chlamydia	3015	3187	3412	3925	3947	4129	3967	4336	4439	**4441**	**38798**
Coccidioidomycosis	NR	NR	NR	NR	NR	NR	NR	5	6	**3**	**14**
Cryptosporidiosis	137	108	143	113	175	151	248	158	163	**177**	**1573**
Cyclosporiasis	0	0	0	0	1	0	0	3	4	**30**	**38**
Ehrlichiosis and Anaplasmosis	0	0	4	1	1	0	0	1	1	**4**	**12**
Giardiasis	113	102	110	144	111	131	129	116	104	**114**	**1174**
Gonorrhea	345	467	602	707	789	880	1055	1271	1291	**1694**	**9101**
Hantavirus pulmonary syndrome	0	0	1	1	0	0	0	0	1	**0**	**3**
Hepatitis A	3	1	2	0	4	3	2	1	1	**1**	**18**
Hepatitis B, chronic	33	51	51	51	80	58	52	60	52	**46**	**534**
Hepatitis B, acute	4	2	2	2	5	3	2	2	2	**1**	**25**
Hepatitis C, chronic	384	350	356	392	406	516	570	714	563	**545**	**4796**
Hepatitis C, acute	1	0	0	4	1	0	0	22	20	**19**	**67**
Haemophilus influenzae type b	0	0	1	0	3	0	1	1	1	**0**	**7**
Hemolytic uremic syndrome	3	2	0	0	0	1	1	1	0	**0**	**8**
HIV and AIDS	21	35	21	29	36	31	25	47	41	**31**	**286**
Legionellosis	2	9	2	9	8	9	10	9	15	**33**	**106**
Leprosy	0	0	0	0	0	0	0	0	0	**0**	**0**
Listeriosis	1	3	1	0	0	0	0	0	2	**1**	**8**
Lyme disease	1	1	4	4	4	2	5	11	12	**7**	**51**
Malaria	1	3	2	5	7	5	4	4	8	**9**	**48**
Measles	0	0	0	0	0	8	2	0	0	**0**	**10**
Meningococcal disease	5	0	3	0	4	2	1	1	0	**0**	**16**

Reportable diseases	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Mumps	2	2	0	0	0	0	0	2	0	**0**	**6**
Pertussis	56	32	37	71	67	109	16	15	9	**163**	**575**
Q fever	9	4	1	2	4	5	5	4	5	**12**	**51**
Rabies, animal	53	32	40	60	28	21	29	27	22	**15**	**327**
Salmonellosis	197	186	162	170	183	164	230	305	226	**227**	**2050**
Shiga toxin-producing *E. coli*	71	35	41	48	42	41	62	84	91	**204**	**719**
Shigellosis	4	7	6	11	190	616	285	28	29	**26**	**1202**
Spotted fever rickettsiosis	0	0	1	1	7	3	2	6	13	**14**	**47**
Methicillin-resistant *Staph aureus* (MRSA), invasive	94	98	91	89	94	124	159	144	115	**173**	**1181**
Strep. pneumoniae, invasive	NR	NR	42	97	99	88	110	129	135	**106**	**806**
Syphilis (primary, secondary, and early non-primary non-secondary)	2	4	0	21	49	76	48	41	52	**50**	**293**
Syphilis, congenital	0	0	0	0	0	3	0	2	3	**1**	**8**
Toxic shock syndrome	0	0	0	0	0	0	3	1	0	**1**	**5**
Tularemia	5	11	8	5	7	5	25	14	13	**9**	**102**
Tuberculosis	18	15	15	19	9	8	17	12	14	**12**	**127**
Typhoid fever	2	1	0	0	3	0	1	2	0	**0**	**9**
West Nile fever	15	16	2	141	92	45	29	117	46	**122**	**625**
West Nile neuroinvasive	6	4	0	62	57	12	11	35	27	**47**	**261**
Vibriosis	NR	NR	NR	NR	NR	NR	NR	5	12	**9**	**26**

*NR = not reportable
Source: South Dakota Department of Health, Office of Disease Prevention Services, Maven report by calendar year. Minor variances from past reports reflect differences between MMWR year and calendar year, cross-year deduplication and recategorization.

Table 84 Reportable diseases by county of residence, South Dakota, 2018 (Calendar years)

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	*Strep. pneumo*, invasive	Shiga Toxin-Prod *E. coli*	Tularemia	Varicella (Chicken pox)	West Nile disease
TOTAL	**532**	**4441**	**177**	**114**	**1694**	**46**	**545**	**33**	**173**	**163**	**227**	**26**	**106**	**204**	**9**	**31**	**169**
Incidence*	60.3	503.4	20.1	12.9	192.0	5.2	61.8	3.7	19.6	18.5	25.7	2.9	12.0	23.1	1.0	3.5	19.2
Aurora	<5	12	<5	0	<5	0	0	0	0	0	<5	0	<5	<5	<5	0	0
Beadle	13	47	7	<5	5	<5	<5	0	5	0	<5	<5	<5	<5	<5	<5	6
Bennett	<5	43	0	0	29	0	<5	0	<5	0	<5	0	0	0	0	0	0
Bon Homme	12	11	<5	0	5	0	<5	<5	0	<5	<5	0	0	0	0	0	<5
Brookings	5	135	10	6	9	<5	8	<5	0	0	6	<5	<5	<5	0	<5	5
Brown	17	154	<5	<5	21	6	15	0	5	18	<5	0	10	<5	0	<5	15
Brule	9	18	0	<5	8	0	6	0	<5	<5	0	0	<5	<5	0	0	<5
Buffalo	0	38	0	0	12	0	16	0	<5	6	<5	0	<5	0	0	0	<5
Butte	10	37	<5	0	7	0	6	0	<5	<5	6	0	<5	<5	0	0	<5
Campbell	6	<5	0	0	0	0	0	0	0	0	<5	0	0	0	0	0	0
Charles Mix	14	59	0	<5	20	0	5	0	5	<5	<5	0	<5	0	<5	0	5
Clark	6	6	<5	<5	<5	0	0	0	0	0	<5	0	0	<5	0	0	<5
Clay	7	70	7	5	8	<5	<5	0	<5	0	<5	0	<5	8	0	0	<5
Codington	14	69	10	<5	14	<5	9	0	6	<5	19	0	0	<5	0	0	8
Corson	<5	78	0	0	57	0	27	0	<5	8	<5	0	<5	5	0	0	<5
Custer	7	24	0	<5	6	0	5	<5	<5	0	<5	0	<5	<5	0	0	0
Davison	18	82	5	<5	25	0	8	0	9	<5	<5	<5	<5	21	<5	<5	<5
Day	<5	18	<5	0	<5	0	<5	0	<5	0	<5	0	<5	<5	0	0	<5
Deuel	17	6	<5	0	0	0	0	0	<5	0	<5	0	<5	<5	0	0	0
Dewey	7	150	0	<5	88	0	20	0	<5	<5	<5	0	<5	<5	0	0	5
Douglas	8	5	<5	0	<5	0	0	0	0	0	<5	0	0	<5	0	0	<5

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	Strep. pneumo, invasive	Shiga Toxin-Prod E. coli	Tularemia	Varicella (Chicken pox)	West Nile disease
Edmunds	<5	<5	<5	<5	0	0	0	<5	<5	21	<5	0	0	<5	0	0	<5
Fall River	9	14	<5	0	<5	0	<5	0	<5	0	<5	<5	<5	0	0	0	0
Faulk	<5	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	<5
Grant	<5	12	<5	0	0	0	<5	0	0	<5	<5	0	0	0	0	0	<5
Gregory	9	7	<5	<5	0	0	0	0	<5	<5	<5	0	<5	<5	0	0	0
Haakon	<5	<5	0	0	0	0	0	0	0	0	<5	0	0	0	0	0	0
Hamlin	10	15	8	<5	<5	0	0	0	<5	0	<5	0	<5	<5	0	0	<5
Hand	<5	<5	<5	0	0	0	<5	0	0	0	<5	0	0	0	0	0	0
Hanson	6	5	0	0	<5	0	0	0	0	0	<5	0	<5	<5	0	0	<5
Harding	6	<5	0	0	0	0	0	0	0	0	<5	<5	0	0	0	0	0
Hughes	<5	67	<5	13	17	0	18	0	7	11	<5	0	<5	<5	0	<5	10
Hutchinson	16	5	9	0	<5	0	<5	0	0	0	<5	0	<5	5	0	0	<5
Hyde	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Jackson	<5	28	0	0	11	0	0	0	<5	0	<5	0	0	0	0	<5	0
Jerauld	<5	0	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	<5
Jones	0	0	0	0	0	0	<5	0	0	0	0	0	0	0	0	0	0
Kingsbury	8	<5	0	0	0	0	<5	0	0	0	<5	0	<5	5	0	0	<5
Lake	5	25	<5	<5	<5	0	<5	0	0	0	5	0	<5	<5	0	0	<5
Lawrence	11	94	<5	6	8	0	12	<5	<5	0	5	0	0	5	0	0	<5
Lincoln	17	139	9	6	16	<5	9	<5	<5	<5	19	<5	5	12	<5	<5	11
Lyman	<5	37	<5	0	21	0	15	0	0	18	0	0	0	0	0	0	<5
Marshall	<5	<5	<5	0	0	<5	<5	0	<5	0	<5	0	<5	<5	0	<5	<5
McCook	7	6	6	<5	<5	0	<5	<5	<5	0	<5	0	<5	<5	0	<5	0
McPherson	<5	0	<5	0	0	0	0	0	0	<5	<5	0	0	<5	0	0	0
Meade	15	82	0	0	8	<5	16	<5	<5	<5	<5	<5	0	6	0	0	<5
Mellette	<5	17	0	0	9	0	<5	0	<5	0	<5	0	0	0	0	0	<5
Miner	5	<5	<5	0	0	0	0	0	0	0	<5	0	0	0	0	0	<5
Minnehaha	51	1106	30	22	388	21	150	14	35	16	36	8	23	37	<5	12	14
Moody	5	15	<5	0	<5	0	11	0	<5	0	<5	0	0	0	0	<5	0
Oglala Lakota	8	346	0	5	225	0	16	<5	8	0	6	<5	<5	<5	0	0	<5
Pennington	54	762	<5	5	421	<5	87	5	27	7	17	<5	9	19	0	<5	12
Perkins	9	<5	0	0	0	0	0	0	0	<5	<5	0	0	<5	0	0	0
Potter	<5	6	0	0	<5	0	0	0	<5	<5	<5	0	0	<5	0	0	<5
Roberts	7	85	0	<5	22	0	14	0	<5	<5	5	0	<5	<5	<5	0	<5
Sanborn	5	<5	<5	<5	0	0	<5	0	<5	0	0	0	0	<5	0	0	0
Spink	6	7	0	<5	<5	0	<5	0	<5	20	<5	0	<5	0	0	0	<5
Stanley	<5	7	0	0	<5	0	0	0	0	0	<5	0	<5	<5	0	0	<5
Sully	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Todd	10	257	5	<5	143	0	15	<5	9	<5	<5	<5	<5	<5	<5	0	<5
Tripp	<5	27	<5	<5	12	<5	<5	0	<5	0	<5	0	<5	0	0	0	<5
Turner	9	5	<5	0	0	0	<5	<5	<5	0	<5	<5	<5	<5	0	0	0
Union	5	34	5	<5	7	0	<5	0	0	0	8	0	<5	<5	0	0	7
Walworth	6	18	0	0	14	0	6	0	<5	0	0	0	<5	<5	0	0	<5
Yankton	12	95	15	11	17	<5	5	0	<5	0	7	<5	<5	9	0	0	5
Ziebach	<5	21	0	0	11	0	5	0	0	0	<5	0	0	0	0	0	<5

*Incidence: cases per 100,000 population

 Individual county events of 1, 2, 3 or 4 are published as <5

Table 85 Reportable diseases by gender, race and age, South Dakota, 2018 (Calendar years)

	Campylobacteriosis	Chlamydia	CRE	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	HIV and AIDS	MRSA, invasive	Pertussis	Salmonellosis	Shiga Toxin-Producing E. coli	Shigellosis	Strep. pneumo, invasive	Syphilis (P, S, E non-P non-S)	Tuberculosis	Tularemia	Varicella (Chicken pox)	West Nile disease
Total	**532**	**4441**	**53**	**177**	**114**	**1694**	**46**	**545**	**31**	**173**	**163**	**227**	**204**	**26**	**106**	**50**	**12**	**9**	**31**	**169**
Incidence*	60.3	503.4	6.0	20.1	12.9	192.0	5.2	61.8	3.5	19.6	18.5	25.7	23.1	2.9	12.0	5.7	1.4	1.0	3.5	19.2
Gender																				
Female	196	3013	38	82	59	975	21	240	5	72	90	105	127	12	55	12	7	5	11	70
Male	336	1428	15	95	55	719	25	305	26	101	73	122	77	14	51	38	5	4	20	99
Race																				
White	455	1762	35	164	89	367	12	227	15	110	104	190	175	17	78	23	4	8	16	143
Am.Indian	48	1881	15	8	15	1162	1	258	9	51	53	27	18	4	18	19	4	1	11	21
Black	2	271	1	1	1	114	16	8	6	4	0	2	0	0	5	6	4	0	2	2
Asian	1	20	2	2	1	5	8	2	0	1	0	2	0	1	0	0	0	0	1	1
Other	13	125	0	1	5	22	9	18	1	5	1	7	1	3	3	2	0	0	1	0
Unknown	8	382	0	1	3	24	0	26	0	0	4	3	7	1	1	0	0	0	0	2
Age group																				
<1 yr	5	2	0	2	2	0	0	0	0	4	10	5	10	0	2	0	0	0	13	0
1-4 yrs	60	1	0	32	21	0	0	0	0	3	13	13	33	10	4	0	0	1	10	2
5-14 yrs	43	38	1	31	15	13	0	0	0	1	74	30	25	1	0	0	0	2	5	1
15-24 yrs	90	2,725	1	27	9	720	8	54	3	2	37	21	46	3	3	15	1	0	2	14
25-39 yrs	133	1,485	11	35	31	818	18	230	13	17	17	45	26	7	15	24	4	0	1	31
40-64 yrs	142	188	21	31	22	141	18	226	15	81	8	70	33	4	38	10	3	3	0	80
≥65 yrs	59	2	19	19	14	2	2	35	0	65	4	43	31	1	44	1	4	3	0	41

*Incidence: cases per 100,000 population

Campylobacteriosis

Campylobacter is a bacterium that can cause diarrhea, often bloody, abdominal pain, vomiting, fever, nausea, and malaise. Most cases of campylobacteriosis are relatively mild, lasting one to two days. Some cases, however, are more severe and relapses occur in about 20 percent of patients. Complications may include convulsions, neonatal septicemia, extra-intestinal infection, arthritis, and one in 1,000 campylobacteriosis cases leads to Guillain-Barré syndrome. *Campylobacter*-associated deaths are rare.

Campylobacteriosis has been the most commonly reported enteric bacterial pathogen in South Dakota since 2001. In 2018, there were 532 cases of *Campylobacter* infection reported, surpassing the previous record high of 450 cases reported in 2016. Counties with the highest incidence (cases per 100,000 population) included Harding (480.4), Campbell (435.7), Deuel (392.0), and Perkins (308.0). Young adults 25-39 years old had the highest rate of disease. South Dakota's rate of campylobacteriosis ranks high nationally, usually double the rate of states receiving enhanced funding for conducting active surveillance for foodborne disease (FoodNet).

Figure 48

Incidence of Campylobacteriosis by County of Residence: South Dakota, 2018

(cases per 100,000)

No cases | ≤25 | 26-50 | 51-100 | 101-200 | >200

Figure 49

Campylobacteriosis Incidence, South Dakota & U.S. (FoodNet States*) 2009-2018
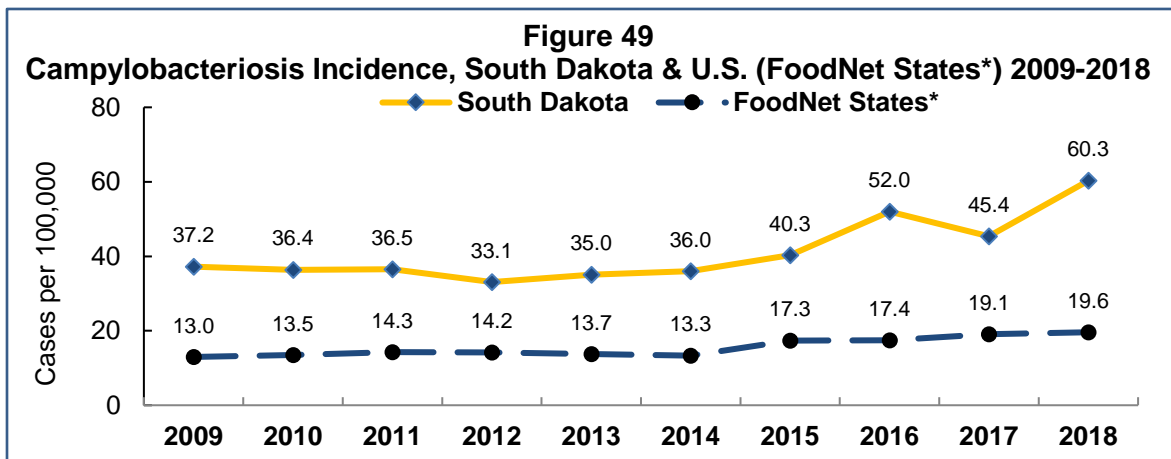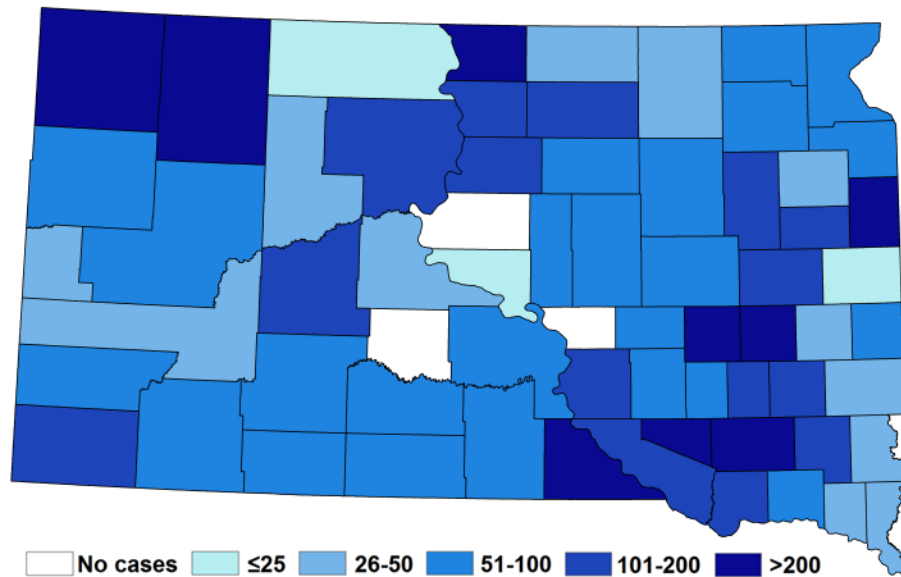
*FoodNet states include CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN.

Carbapenem-resistant *Enterobacteriaceae* (CRE)

Carbapenem-resistant *Enterobacteriaceae* (CRE) are a family of bacteria that are difficult to treat because they are highly resistant to antibiotics. CRE are an important emerging threat to public health. Common *Enterobacteriaceae* include *Klebsiella* species, *Enterobacter* species, and *Escherichia coli*. These bacteria are typically found in the human gastrointestinal tract. However, they can spread outside the gut and cause serious infections, such as urinary tract infections, bloodstream infections, wound infections and pneumonia. *Enterobacteriaceae* can cause infections in people in both healthcare and community settings.

Carbapenems are a group of antibiotics that are usually reserved to treat serious infections, particularly when these infections are caused by bacteria that are highly resistant to other antibiotics. Sometimes carbapenems are considered antibiotics of last resort for some infections.

Some *Enterobacteriaceae* can no longer be treated with carbapenems because they have developed resistance to these antibiotics (i.e., CRE), making antibiotics ineffective in killing the resistant organism.

In South Dakota, 53 cases of CRE were reported in 2018. The statewide incidence was 6.0 cases per 100,000 population.

Figure 50
Incidence of CRE by County of Residence: South Dakota, 2018
(cases per 100,000)

| No cases | ≤5 | 6-10 | 11-20 | >20 |
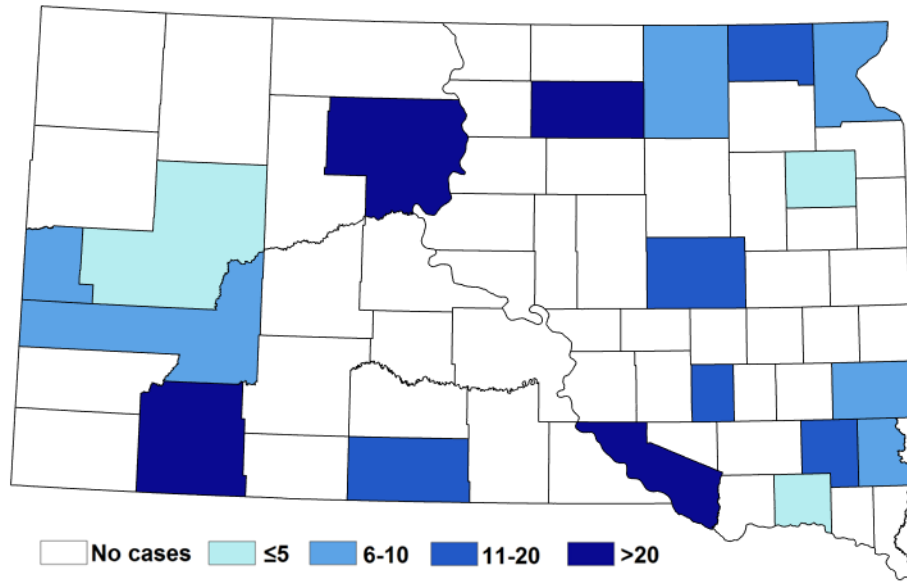
Chlamydia

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium *Chlamydia trachomatis* that can infect both men and women. Chlamydia transmission occurs during contact with mucus membrane secretions of infected individuals – almost always during sexual activity. Neonatal transmission occurs when an infant is born to an infected mother, and may then cause pneumonia or conjunctivitis in the newborn. Most female infections are asymptomatic or mild, but can cause mucus-pus discharges, pelvic inflammatory disease, infertility and ectopic pregnancy. Men experience urethral discharge, epididymal pain and sexually reactive arthritis. The number of chlamydia cases has been increasing over the past decade in South Dakota. In 2018, there were 4,441 cases reported. Youth in the 15-24 year age group had the highest rate.

Figure 51
Chlamydia Incidence, South Dakota & United States 2009-2018
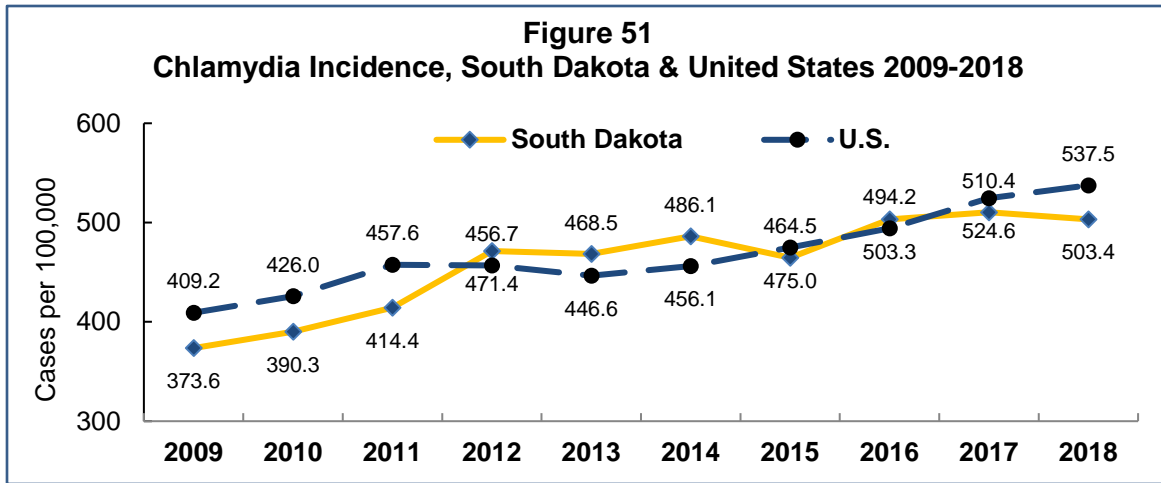
Figure 52
Incidence of Chlamydia by County of Residence: South Dakota, 2018
(cases per 100,000)
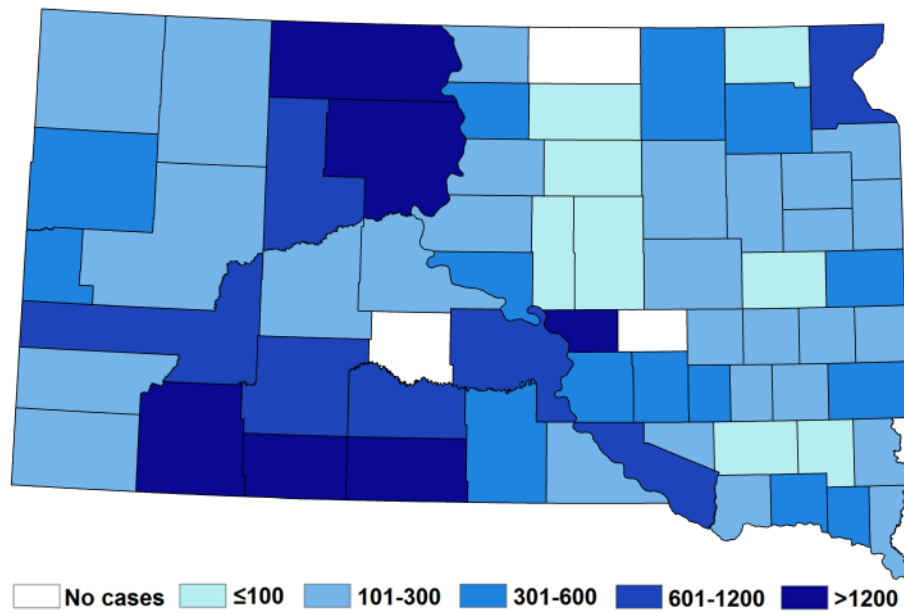
Cryptosporidiosis

Cryptosporidiosis is a diarrheal disease caused by a chlorine-tolerant protozoan parasite that is transmitted by cattle or human feces through contaminated food or water or by direct person-to-person or animal-to-person contact. In 2018, there were 177 cases (20.1 cases per 100,000 population) reported in South Dakota. Children less than 15 years old had the highest rate of disease. South Dakota's cryptosporidiosis rate has been consistently higher than the national rate over the past decade.

Figure 53
Cryptosporidiosis Incidence, South Dakota & United States 2009-2018
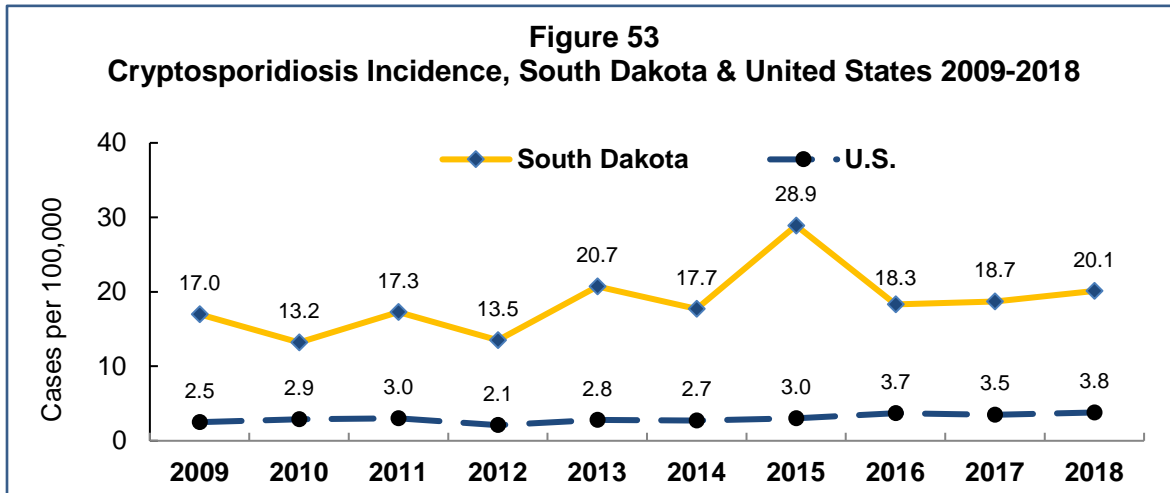
Figure 54
Incidence of Cryptosporidiosis by County of Residence: South Dakota, 2018
(cases per 100,000)

No cases   ≤15   16-30   31-60   >60
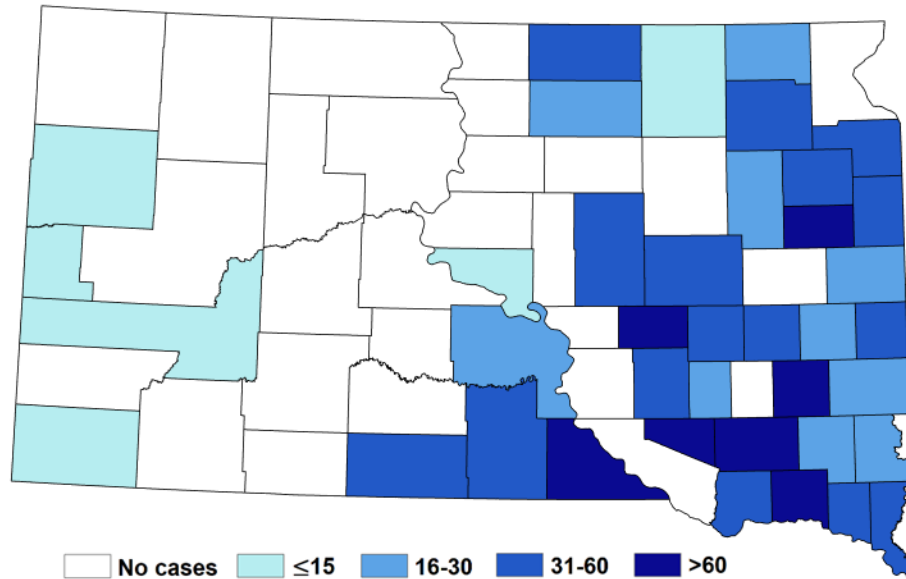
Escherichia coli, shiga toxin-producing (STEC)

Shiga-toxin producing *E. coli* (STEC) often causes severe bloody diarrhea and abdominal pain. The illness usually resolves in five to ten days. In some individuals, however, complications may involve severe hemorrhagic colitis, hemolytic uremic syndrome, thrombotic thrombocytopenic purpura, and even death. STEC is transmitted by meat, water, fresh vegetables or other foods contaminated by feces of cattle, sheep, deer, and other animals. Person-to-person transmission can also occur. Human infection can be prevented by proper slaughtering and processing methods, adequate cooking of meats, proper kitchen hygiene, pasteurization of dairy products and fruit juices, and hand-washing after contact with cattle or their feces. Individuals with STEC infections are restricted from commercial food handling, child day care, or patient health care until two successive negative fecal samples are produced.

Culture-independent diagnostic testing (CIDTs) is rapidly being adopted by clinical laboratories in the state for detecting STEC infections. The STEC surveillance case definition used by SDDOH to classify and report cases was updated in 2018. Individuals testing positive by CIDT (but not subsequently confirmed by culture) were included in the 2018 reported case count totals.

In 2018, 204 cases of STEC were reported, representing a 229 percent increase above the five-year median (median: 62). The incidence rate was 23.1 cases per 100,000 population. The large increase in reported STEC cases is due in part to the change in the surveillance case definition. South Dakota's STEC rate has been greater than two times the national rate over the past decade. There were 68 cases (33%) that occurred in children less than 15 years of age. Five cases of hemolytic uremic syndrome (HUS) associated with STEC infection were reported.

In addition to *E. coli* O157:H7, there are several other STEC serotypes. The following serotypes were identified in South Dakota cases in 2018: 33 cases O157:H7, 18 cases O103, 15 cases O121, 8 cases O111, 4 cases O26, 3 cases O145, and 2 cases O45.

Figure 55
Incidence of STEC by County of Residence: South Dakota, 2018
(cases per 100,000)

Figure 56
STEC Incidence, South Dakota & United States 2009-2018

Giardiasis

Giardiasis is a gastrointestinal disease involving diarrhea and abdominal cramps that is caused by a protozoan parasite called *Giardia lamblia* (*G. intestinalis*, *G. doudenalis*). Giardiasis is transmitted person-to-person or by contaminated water, or in some cases animal-to-human. In 2018, 114 cases of *Giardia* infection were reported in South Dakota residents (12.9 cases per 100,000 population), which was close to the five-year median (median: 116). South Dakota's giardiasis rate has been more than double the national rate over the past decade.

Figure 57
Incidence of Giardiasis by County of Residence: South Dakota, 2018
(cases per 100,000)

Figure 58
Giardiasis Incidence, South Dakota & United States 2009-2018
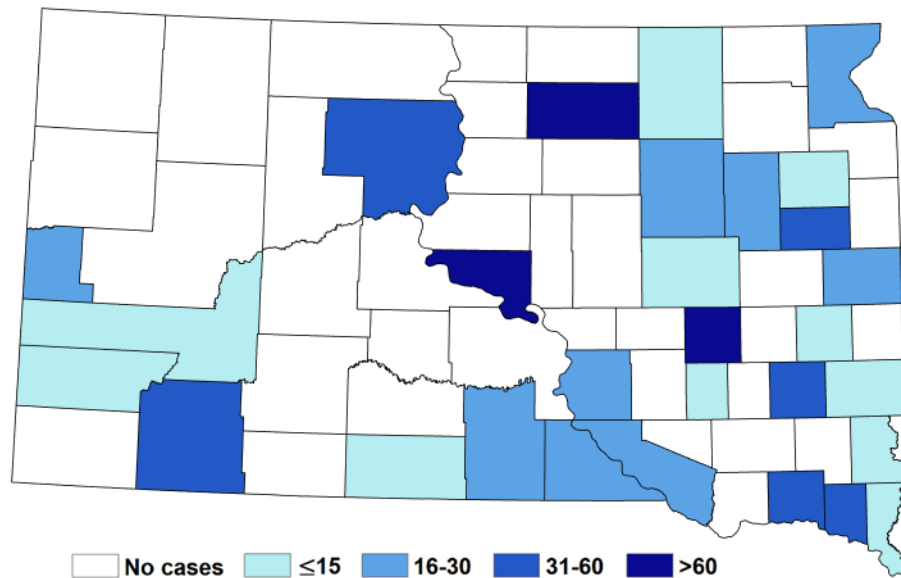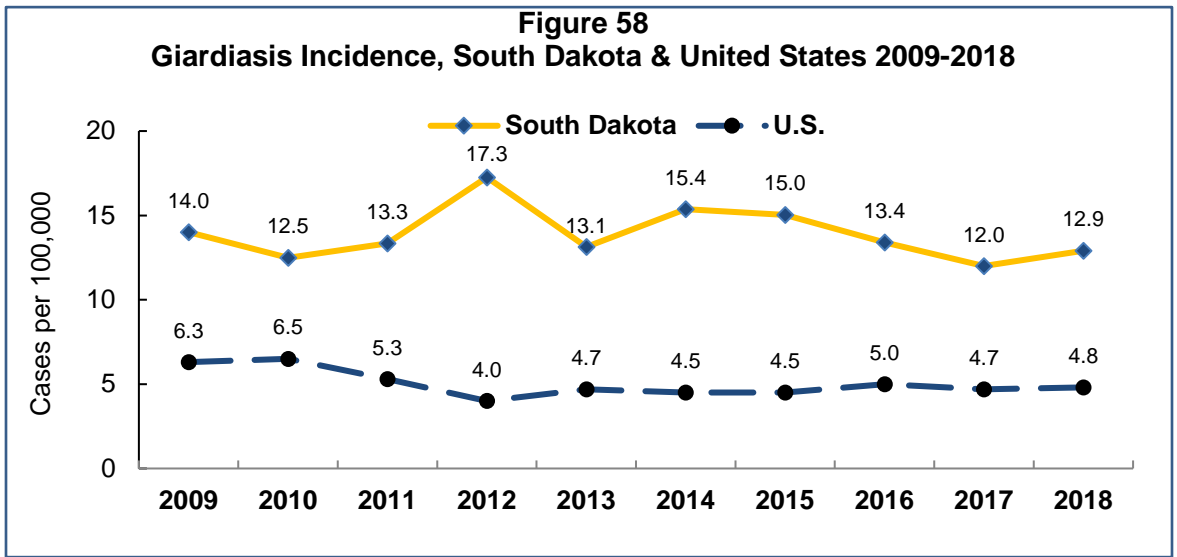
Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) that can cause infections in the genitals, rectum, and throat, and less commonly as an invasive, disseminated disease. Gonorrhea is most common among young people ages 15-24 years. Although gonorrhea may be asymptomatic, untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, untreated gonorrhea can cause pelvic inflammatory disease with complications such as scar tissue in fallopian tubes, ectopic pregnancy, infertility and long-term pelvic/abdominal pain. In men gonorrhea may infect the tubes attached to the testicles which may cause sterility.

Gonorrhea has been increasing over the past decade in South Dakota. In 2018, there were 1,694 cases, which is a rate of 192.0 cases per 100,000 population. The median age for gonorrhea cases was 26 years old (range: 13 to 67). Females accounted for 58 percent of cases.

Figure 59
Incidence of Gonorrhea by County of Residence: South Dakota, 2018
(cases per 100,000)

105

Figure 60
Gonorrhea Incidence, South Dakota & United States 2009-2018
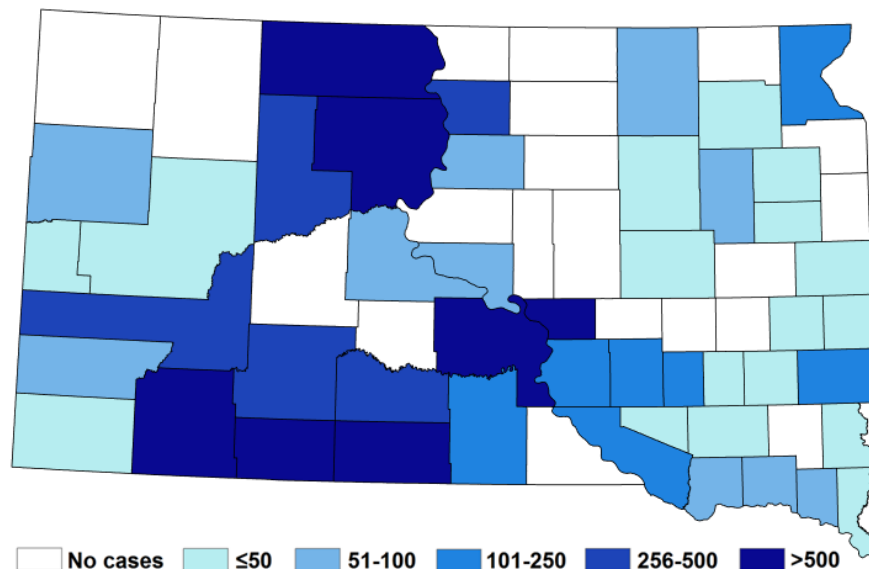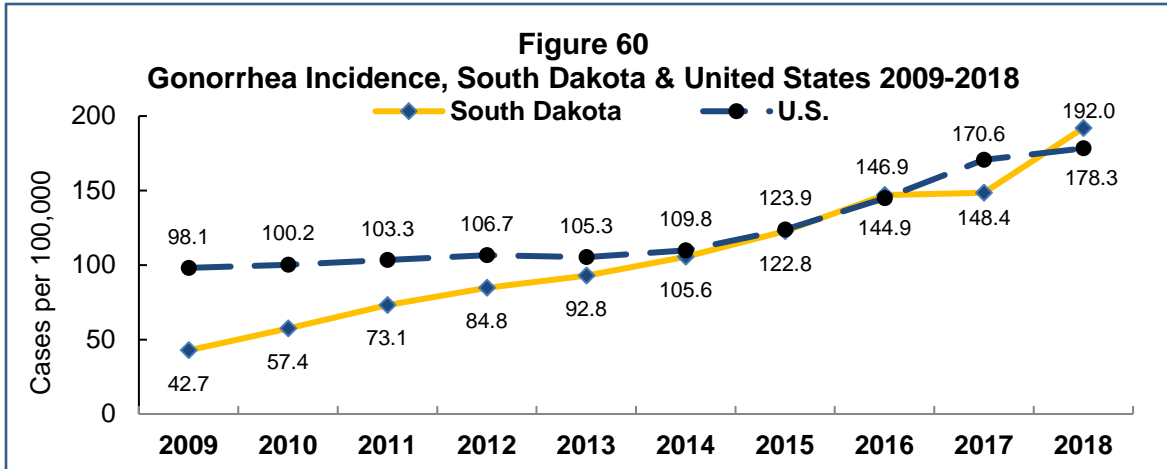
Hepatitis A, acute

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV), which infects humans through fecal-oral transmission. Since the licensure of the hepatitis A vaccine in 1995-1996, rates of infection have declined significantly. In South Dakota, one case of hepatitis A was reported in 2018.

Figure 61
Hepatitis A Incidence, South Dakota & United States 2009-2018
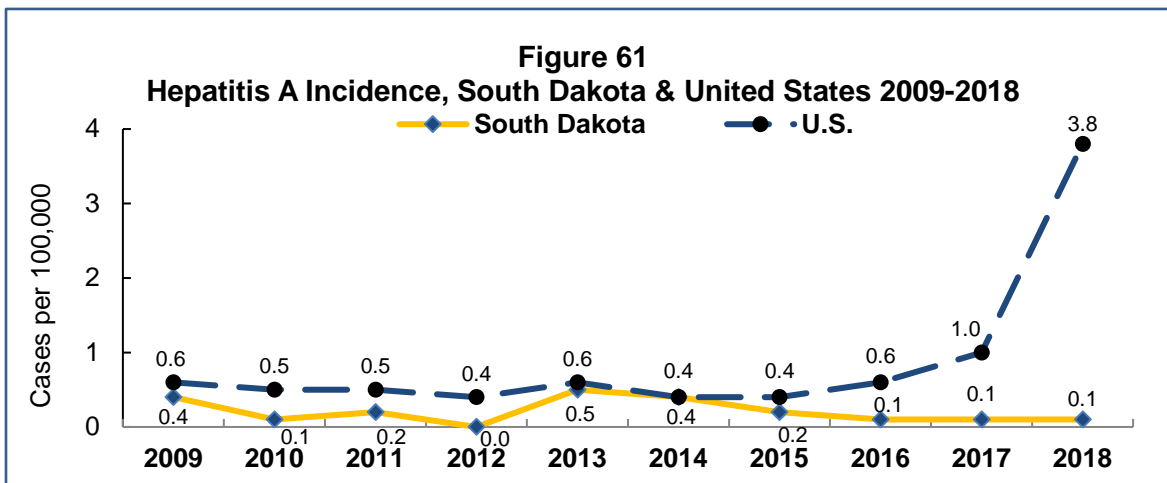
Hepatitis B, acute and chronic

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). This virus is transmitted when blood and other body fluid from an infected person enters the body of someone who is not infected during sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some individuals, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for HBV chronic infection is related to age at infection: approximately 90 percent of infected infants become chronically infected, compared with 2-6 percent of adults. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

The best way to prevent hepatitis B is by getting vaccinated. HBV vaccine is now recommended at birth and for children and adolescents who did not complete vaccination as infants. HBV vaccination is not mandatory for school entry in South Dakota. Adults who should consider HBV vaccination include: people who have more than one sex partner in six months, men who have sex with other men, sex contacts of infected people, people who inject illegal drugs, health care and public safety workers who might be exposed to infected blood or body fluids, household contacts of persons with chronic HBV infection and hemodialysis patients.

In 2018, there was one case of acute hepatitis B and 46 cases of chronic hepatitis B reported in South Dakota. The median age of cases was 36 years old (range: 18 to 67) and 55 percent were male.

Figure 62
Hepatitis B, Acute and Chronic, by Year: South Dakota, 2009-2018
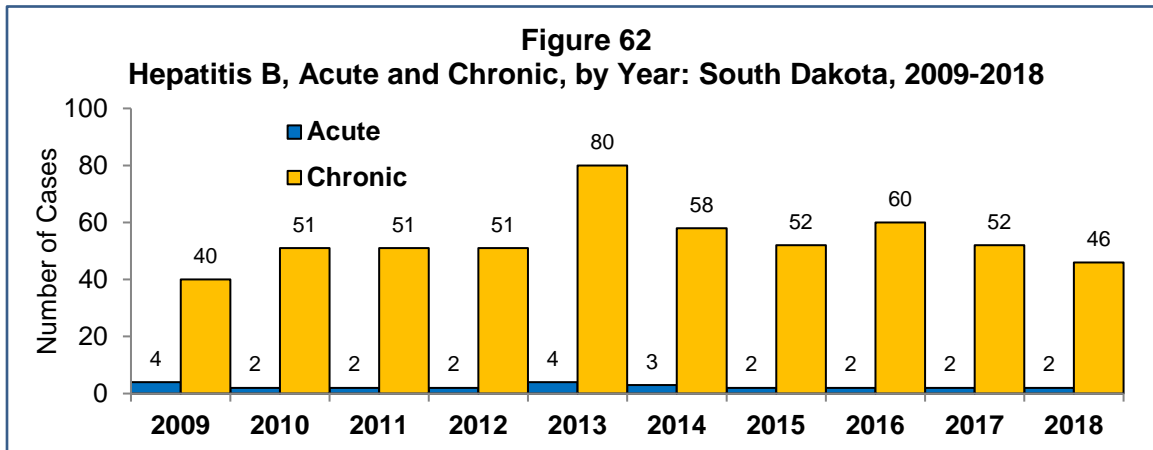
Figure 63
Incidence of Hepatitis B, Chronic, by County of Residence: South Dakota, 2018
(cases per 100,000)

107
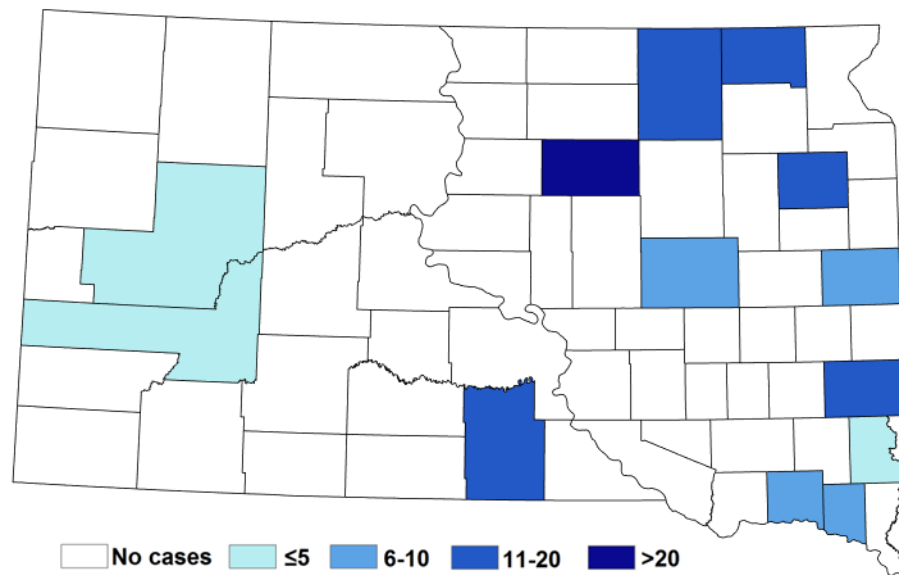
Hepatitis C, acute and chronic

Hepatitis C causes liver disease. For most people hepatitis C is a long-term, chronic infection and may cause long-term health problems resulting in death. The majority (70-80%) of persons might not be aware of their infection because they do not become clinically ill. There is no vaccine available for hepatitis C. Hepatitis C is a blood-borne virus and the greatest risk for infection is among persons who inject drugs.

There were 564 cases of hepatitis C (19 acute, 545 chronic) reported during 2018 in South Dakota. The counties with the highest incidence (cases per 100,00 population) were Buffalo (785.9), Corson (648.3), Lyman (418.7), and Dewey (338.8).

Figure 64
Hepatitis C, Acute and Chronic, by Year: South Dakota, 2009-2018
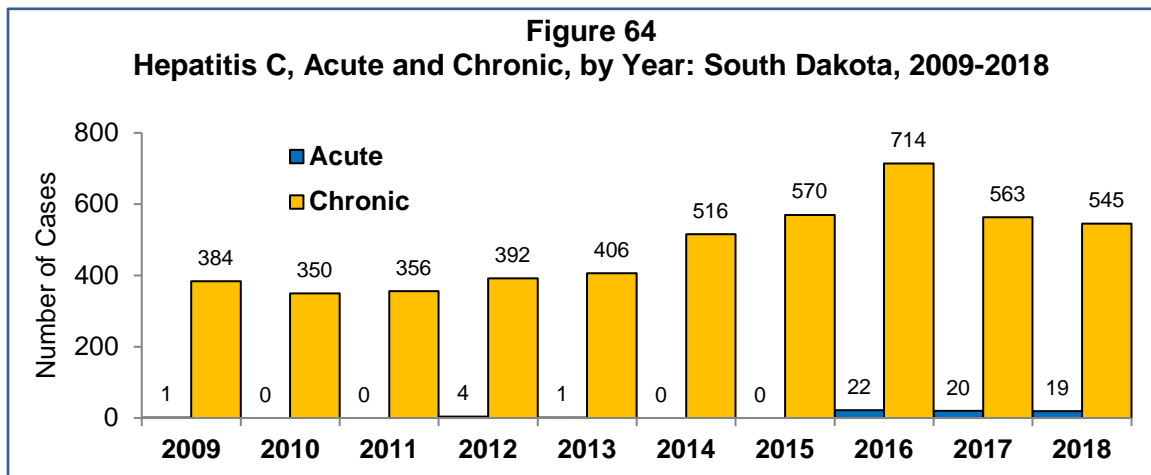
Figure 65
Incidence of Hepatitis C, Acute and Chronic, by County of Residence: South Dakota, 2018
(cases per 100,000)
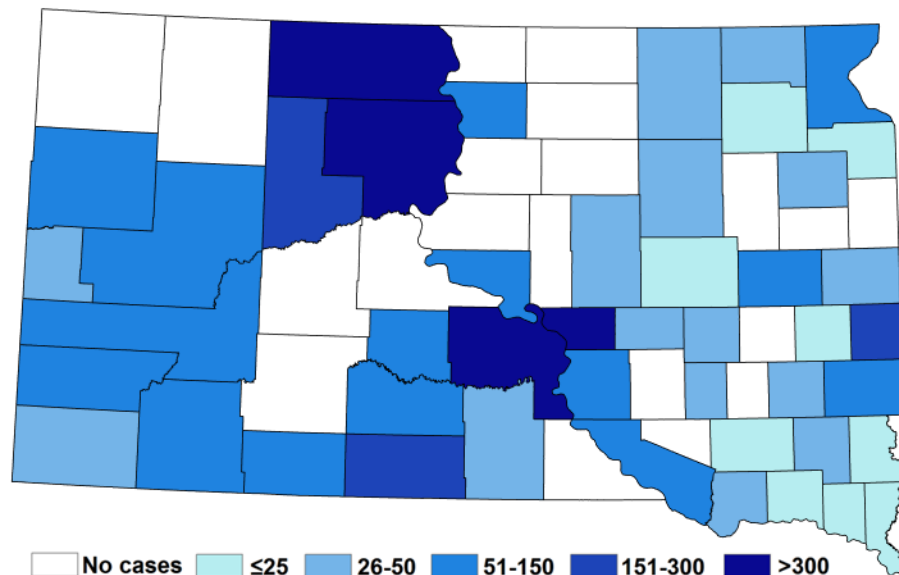
HIV and AIDS

Human immunodeficiency virus (HIV) infection may lead to acquired immunodeficiency syndrome, or AIDS. HIV is spread mainly by having sex with or sharing drug injection needles and syringes with someone who is already infected with HIV. The only way to know for sure if you have HIV infection is to get tested. In 2018, 31 new HIV/AIDS cases were reported in South Dakota.

Figure 66
Incidence of HIV/AIDS, by County of Residence: South Dakota, 1985-2018
(cases per 10,000)

0.00 - 1.36	6.29 - 10.68
1.36 - 3.43	10.68 - 18.13
3.43 - 6.29	18.13 - 25.78
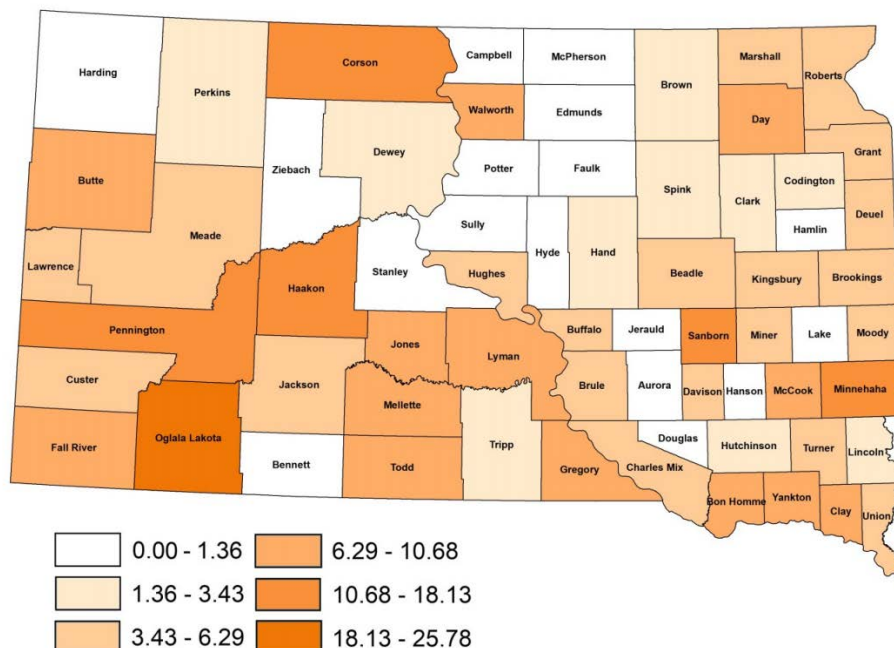
Influenza

The 2018–2019 influenza season was a moderate severity season with two waves of influenza A activity of similar magnitude during the season: A(H1N1) pdm09 predominated from October 2018 to mid-February 2019, and A(H3N2) activity increased from mid-February through mid-May.

In South Dakota, there were 9,555 confirmed influenza cases reported to SDDOH, including 462 (5%) A(H3N2), 381 (4%) A(H1N1), 8,336 (87%) A-not subtyped, and 376 (4%) influenza B. The number of laboratories using rapid confirmatory tests has increased, which may account for some of the increase in confirmed

Table 86
South Dakota Influenza Cases by Age Group, 2018-2019

Lab Confirmed Influenza Cases (by DFA, PCR, or culture)		Influenza Associated Hospitalizations		Influenza Associated Deaths	
Age Group	# Cases (%)	# Hosp (%)		Deaths (%)	
0-4	2428 (25%)	89	(14%)	1	(2%)
5-18	1635 (37%)	31	(5%)	0	(0%)
19-49	1222 (20%)	104	(16%)	5	(12%)
50-64	732 (9%)	134	(21%)	10	(23%)
> 64	1145 (9%)	295	(45%)	27	(63%)
Total	**9555**	**653**		**43**	

cases reported in the 2018–2019 influenza season. Additionally, 33,968 rapid antigen influenza tests were performed with 9,857 positive results (20%); 8,345 (85%) positive for influenza A and 1,512 (15%) positive for influenza B.

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The first confirmed case of influenza was reported the first week of October 2018 and the last case reported late September 2019. The peak of the season was the third week in February 2019 with A(H1N1), A(H3N2) and influenza B viruses all circulating at the same time.

There were 653 hospitalizations and 43 influenza-associated deaths reported during the 2018–2019 influenza season.

Figure 67
2018-2019 Influenza Season Lab Confirmed Influenza cases*,
% Rapid Antigen Positive, & % School Absenteeism SD
* Confirmed by Culture, PCR, or DFA
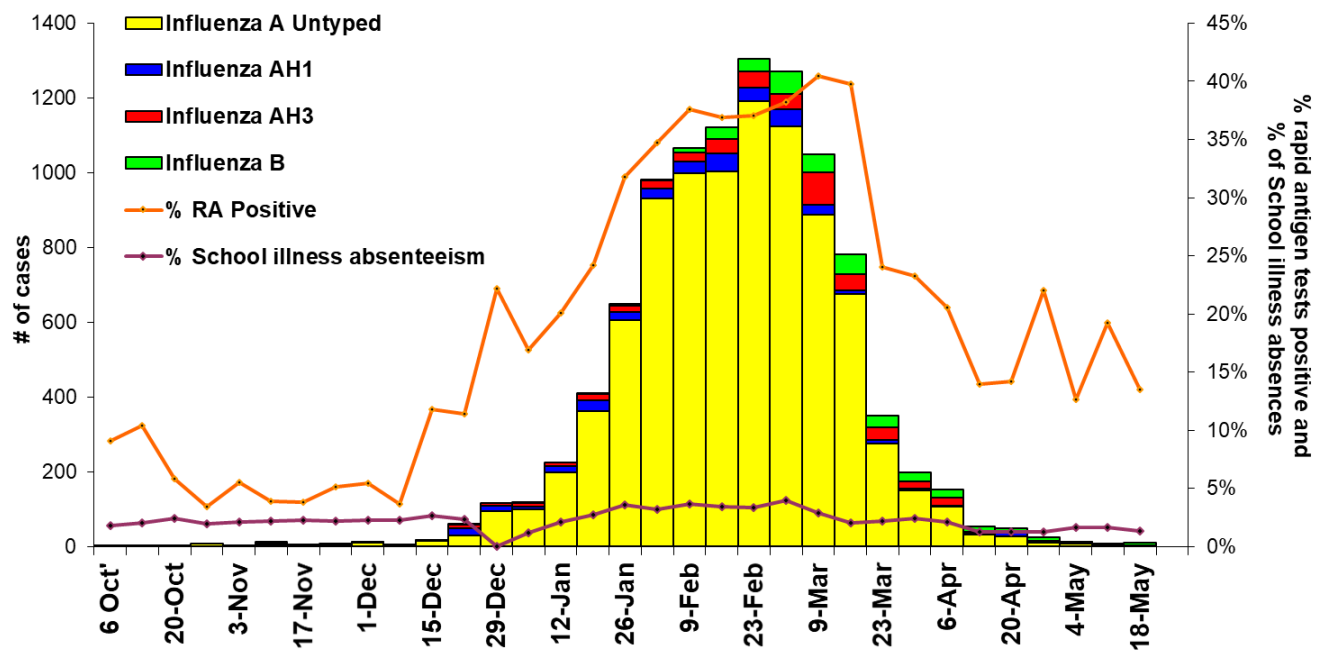
Legionellosis

Legionellosis includes two diseases, Legionnaires' disease and Pontiac fever, caused by exposure to *Legionella* bacteria. Legionnaires' disease causes pneumonia, while Pontiac fever causes a milder illness with fever and muscle aches. *Legionella* is naturally found in the environment, usually in water. People can get legionellosis after breathing in water droplets that contain the bacteria.

There were 33 cases of legionellosis reported in South Dakota in 2018, a 267 percent increase over the five-year median (median: 9). Fifteen cases were associated with a general community increase of legionellosis in the Sioux Falls area during the summer of 2018. SDDOH, in collaboration with the Sioux Falls Health Department and the Centers for Disease Control and Prevention, conducted an enhanced investigation in the Sioux Falls area that did not find evidence to suggest the cases occurred after exposure to a single source.

Lyme disease
Lyme disease is caused by the spirochete *Borrelia burgdorferi* and is transmitted to humans by bites from *Ixodes scapularis*, commonly known as the blacklegged tick or deer tick. Currently, *I. scapularis* has only been found and documented in a few locations in eastern South Dakota, so the risk of exposure to Lyme disease in South Dakota is low.

In 2018, seven cases of Lyme disease were reported in South Dakota residents. Five (71%) cases reported recent travel outside of South Dakota, mainly to states along the Great Lakes, where they were likely exposed to blacklegged ticks.

Methicillin-resistant *Staphylococcus aureus* (MRSA), invasive
Methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium resistant to most commonly used antibiotics. Most MRSA infections are skin infections, but may cause life-threatening bloodstream infections, pneumonia and surgical site infections.

In 2018, there were 173 cases of invasive MRSA reported in South Dakota, a 40 percent increase from the five-year median (median: 124). The highest rate of disease was among the elderly, ages 65 years and older.

Pertussis (whooping cough)
Pertussis, commonly called whooping cough, is an acute infectious bacterial disease caused by *Bordetella pertussis*. The bacteria produce toxins that inflame and paralyze respiratory cilia causing severe coughing. Pertussis is transmitted by aerosolized droplets of respiratory secretions from infected individuals. Infants and young children are at higher risk of pertussis-associated complications, hospitalization and death. The most common complication is secondary bacterial pneumonia. Youth and adults infected with pertussis may expose unprotected infants who are at risk of severe disease and complications.

In 2018, 163 cases of pertussis were reported in South Dakota. This represented a 919 percent increase over the five-year median (median: 16). Sixty percent (97 cases) were in children less than 15 years old.

Figure 68
Pertussis Incidence, South Dakota & United States 2009-2018

111
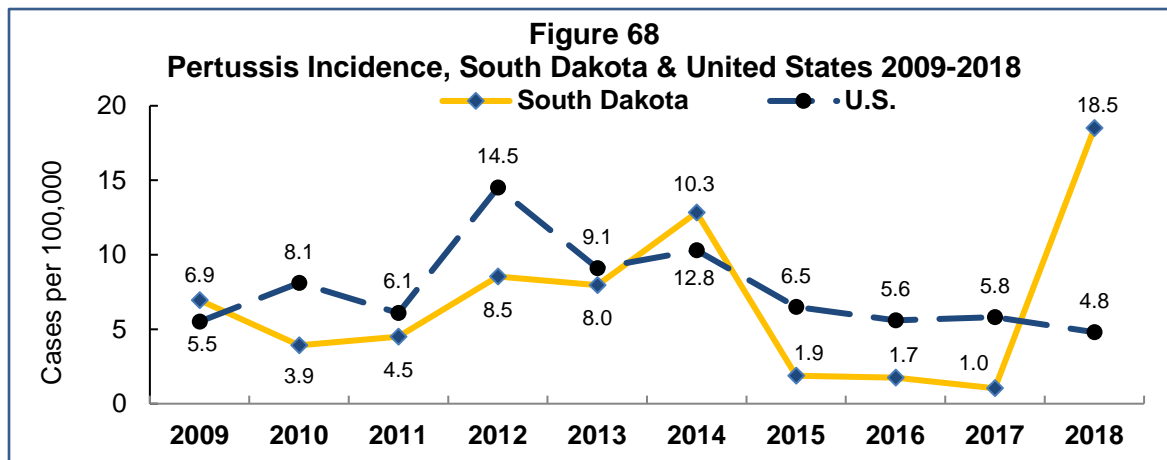
Figure 69
Incidence of Pertussis by County of Residence: South Dakota, 2018
(cases per 100,000)

| | No cases | | ≤15 | | 16-30 | | 31-60 | | >60 |
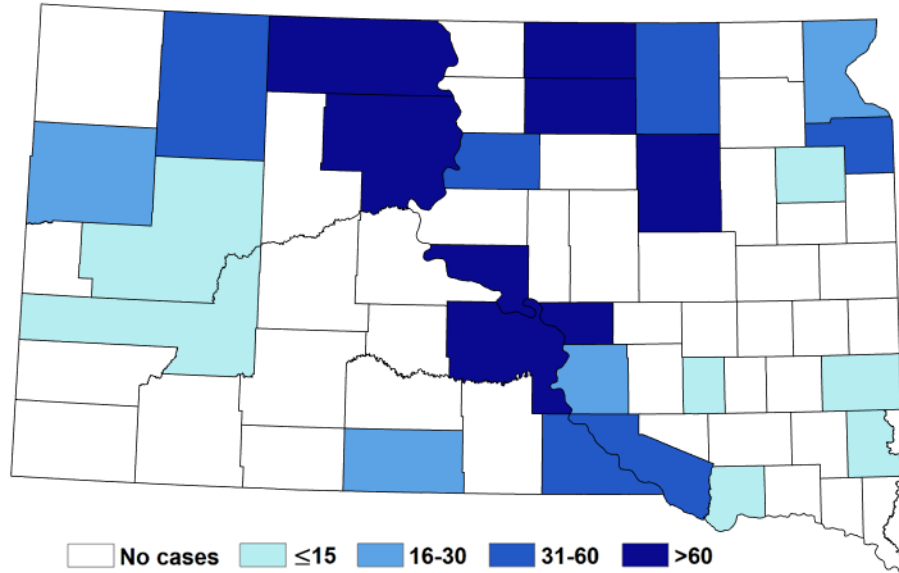
Figure 70
Animal Rabies in South Dakota, 2018
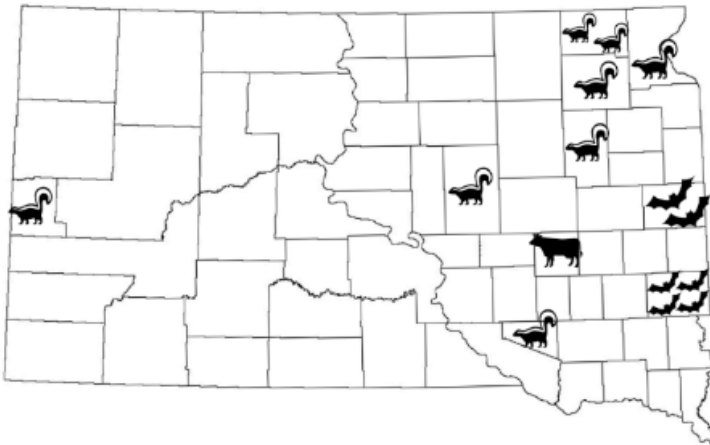
Rabies, animal

Rabies is a viral disease affecting the central nervous system. All mammals, including humans, are susceptible to the rabies virus. Bites from infected animals constitute the primary route of transmission. Rabies is a fatal disease and cannot be treated once symptoms appear. Fortunately, rabies is successfully prevented by using post-exposure prophylaxis in people exposed to the rabies virus. While the last human rabies case in South Dakota occurred in 1970, substantial resources are spent managing potential exposures to rabies because of its constant presence in the state. Skunks (*Memphitis mephitis)* are the primary rabies reservoir in South Dakota. Over the past decade 48 percent of skunks tested have been rabid. Bat rabies is also enzootic in South Dakota with three percent of bats tested being positive.

A total of 15 animals tested positive for rabies in 2018, a 32 percent decrease from the 22 positive animals reported in 2017. This represents the lowest yearly number of rabid animals recorded in South Dakota. These 15 rabid animals included only one domestic animal (a cow), and 14 wild animals (8 skunks and 6 bats). No human rabies was reported.

Rabid animals during 2018 were from the following counties: Brookings 2, Clark 1, Day 1, Douglas 1, Hand 1, Lawrence 1, Marshall 2, Minnehaha 4, Roberts 1, and Sanborn 1.

Salmonellosis

Salmonella is a bacterium that can cause diarrhea, fever, and abdominal cramps between 12 and 72 hours after infection. The illness usually lasts four to seven days, and most individuals recover without treatment, but in some with diarrhea infection may spread from the intestines to the blood stream, and then to other body sites. In severe cases, infection may cause death. The elderly, infants, and those with impaired immune systems are more likely to have a severe illness.

In 2018, 227 cases of salmonellosis were reported in South Dakota (incidence of 25.7 cases per 100,000 population), which was close to the five-year median (median: 226). The *Salmonella* serotypes most commonly identified were *S.* Typhimurium (53 cases) and *S.* Enteritidis (29 cases), accounting for 42 percent of cases with available serotype information.

Figure 71
Salmonellosis Incidence, South Dakota & United States 2009-2018
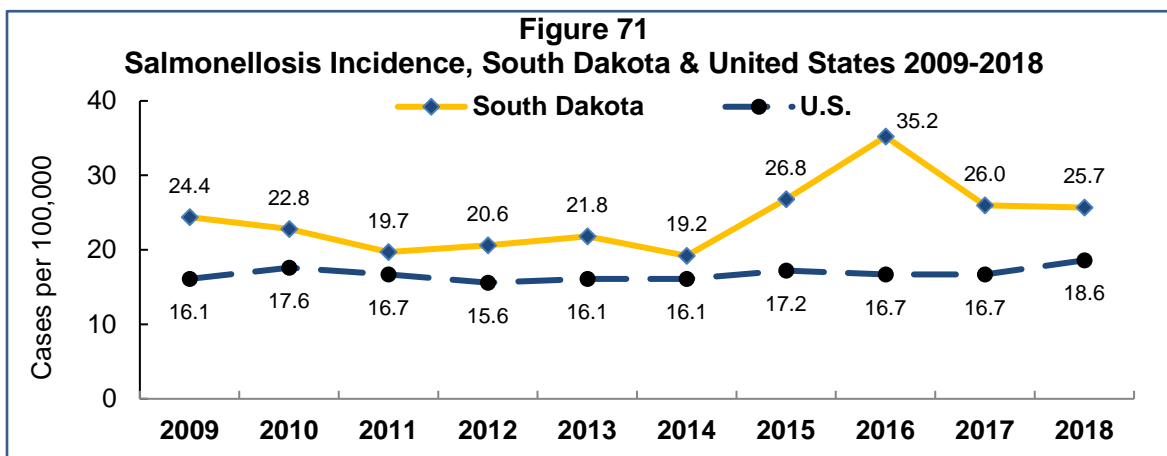
Figure 72
Incidence of Salmonellosis by County of Residence: South Dakota, 2018
(cases per 100,000)

113
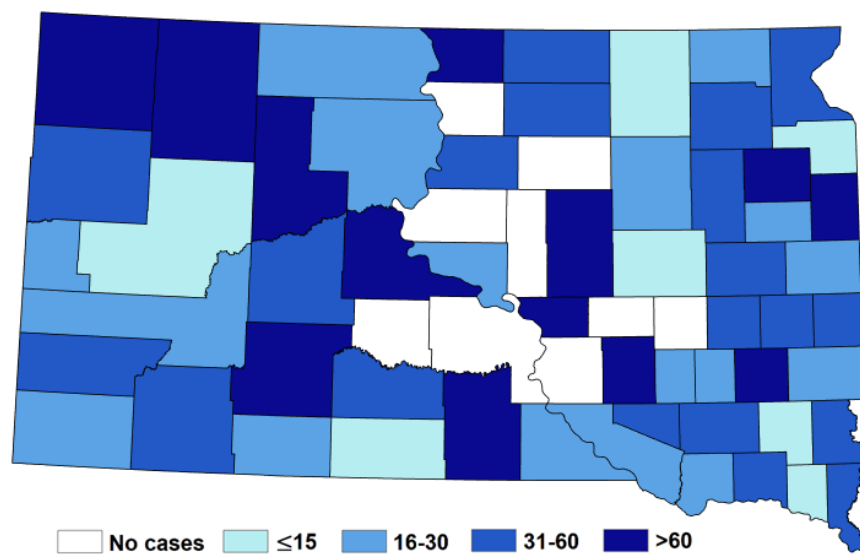
Shigellosis

Shigellosis is an intestinal infection causing diarrhea, fever, nausea, vomiting, and abdominal cramps. Complications, such as severe dehydration or seizures, may occur, especially among young children. *Shigella* bacteria are transmitted by the fecal-oral route (human feces). Following exposure, illness usually occurs within one to four days. Transmission is typically person-to-person within families, child day care centers, and adult residential living situations. Food may be contaminated by people not washing their hands properly.

In 2018, there were 26 cases of shigellosis reported in South Dakota, an 86 percent decrease from the five-year median (median: 190). The median age of cases was 21 years (range: 1 to 69). South Dakota experienced a protracted multi-county outbreak from October 2013 to November 2015, largely in child care settings.

Figure 73
Shigellosis Incidence, South Dakota & United States 2009-2018
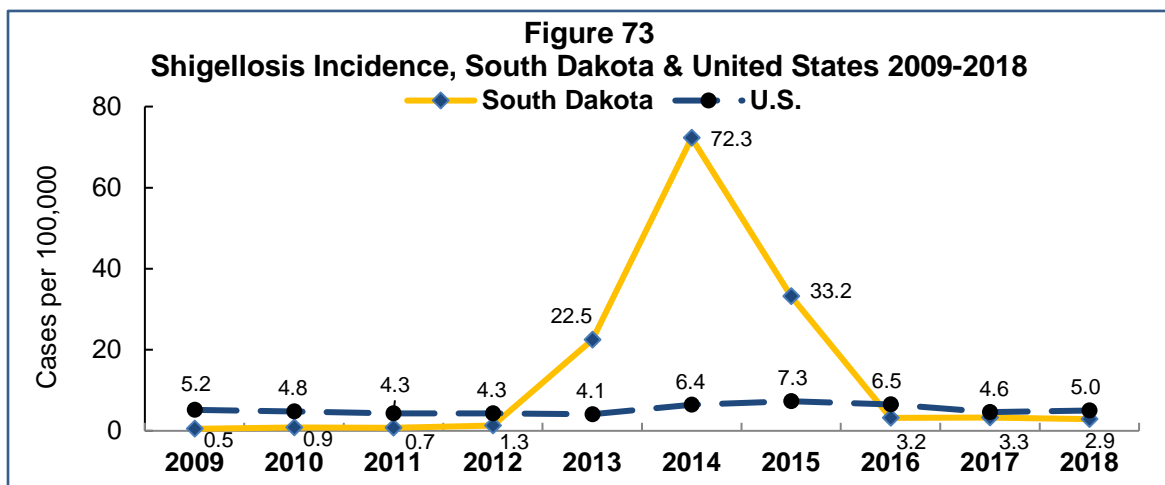
Streptococcus pneumoniae, invasive

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*, also referred to as pneumococcus. Invasive *Streptococcus pneumoniae* can cause many types of illnesses, including ear infections and meningitis. There are vaccines to prevent pneumococcal disease in children and adults. In 2018, 106 cases of invasive pneumococcal disease were reported in South Dakota.

Syphilis (primary, secondary, early non-primary non-secondary, and congenital)

Syphilis is a sexually transmitted disease that can cause long-term complications if not treated promptly and correctly. Symptoms in adults are divided into stages: primary, secondary, early latent and late latent syphilis. The primary, secondary and early latent stages are infectious to others. Syphilis is spread by direct contact with a syphilis sore during vaginal, anal or oral sex. Sores can be found on the penis, vagina, rectum, or on the lips and in the mouth. Syphilis can also be spread from an infected mother to her unborn baby, i.e., congenital syphilis.

In South Dakota, there were 50 cases of early syphilis (primary, secondary, and early non-primary non-secondary) and one congenital syphilis cases reported in 2018. Three counties (Minnehaha, Jackson, and Pennington) accounted for 66 percent of the state's cases.

Tuberculosis

Tuberculosis (TB) is caused by the *Mycobacterium tuberculosis* bacteria. *M. tuberculosis* usually infects the lungs, but can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. Tuberculosis is spread through the air from one person to another when an infectious person coughs, sneezes, speaks, talks or sings.

There were 12 cases of TB reported in South Dakota in 2018. The median age of cases was 57 years (range: 16 to 94). American Indians have historically reported the highest percentage of TB cases by race, however, in 2018 they contributed 33 percent, with white and black cases each contributing 33 percent of cases. In addition, 33 percent of the TB cases were foreign-born.

Tularemia

Tularemia is a bacterial disease caused by *Francisella tularensis* and is typically found in rodents, but can infect insects as well. Infection can occur from a tick or deerfly bite, handling sick or dead animals, eating contaminated food or inhaling airborne organisms. Depending on how a person is infected, symptoms can range from skin ulcers, inflamed eyes, sore throat and diarrhea to fever, chills, headache and muscle aches. There are six main clinical forms of disease: ulceroglandular, glandular, pneumonic, oropharyngeal, oculoglandular, and typhoidal. If left untreated tularemia may be fatal.

There were nine cases of tularemia reported in South Dakota in 2018 (3 ulceroglandular, 3 pneumonic, 2 typhoidal, and 1 glandular). The median age of cases was 62 years old (range: 3 to 82) and 56 percent were female.

Varicella (chicken pox)

Varicella (chicken pox) is a highly contagious disease consisting of a blistery rash, itching and fever caused by varicella-zoster virus. Chicken pox can be a serious disease, especially in babies and people with weakened immune systems. Varicella is spread through the air by the cough or sneeze of an infected person. It can also be spread by touching or breathing in the virus particles that come from chicken pox blisters. The best way to prevent chicken pox is to get the varicella vaccine. Varicella vaccination is mandated for school entry in South Dakota.

In 2018, 31 cases of chicken pox were reported in South Dakota with 74 percent of cases being unvaccinated. The median age was one year old (range: 0 to 36).

Figure 74
Varicella (chicken pox) Incidence, South Dakota & United States 2009-2018
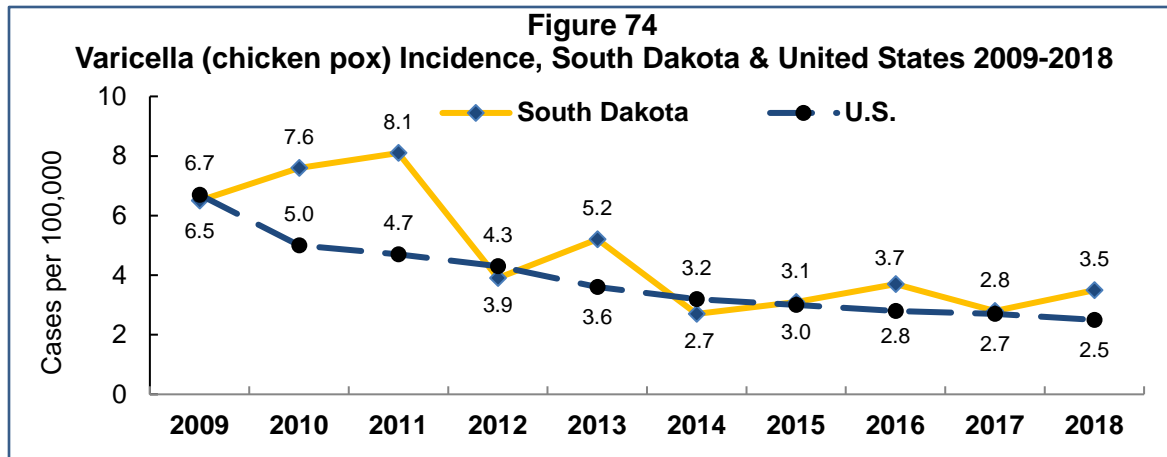
West Nile virus (WNV)

West Nile disease is a viral mosquito-borne illness that emerged in South Dakota in 2002. Less than 1 percent of people who are infected with WNV develop a serious neurologic illness such as encephalitis (infection of the brain) or meningitis (infection of the spinal cord). The symptoms of neurologic illness can include headache, high fever, neck stiffness, disorientation, coma, tremors, seizures, or paralysis. Recovery from neuroinvasive West Nile disease may take several weeks or months. Some of the neurologic effects may be permanent. The death rate for WNV neurologic disease is about 10 percent. About 20 percent of WNV infected people develop fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea, or rash. Most people with this type of West Nile virus disease recover completely, but fatigue and weakness can last for weeks or months.

In South Dakota, 169 human cases of WNV disease (47 neuroinvasive and 122 non-neuroinvasive) were reported in 2018. The overall incidence of WNV was 19.2 cases per 100,000 population. Sixty (36%) WNV cases were hospitalized, and there were four deaths. Additionally, 19 persons were identified to have WNV infection through blood donation screening.

Figure 75
Incidence of Human WNV disease by County of Residence: South Dakota, 2018
(cases per 100,000)
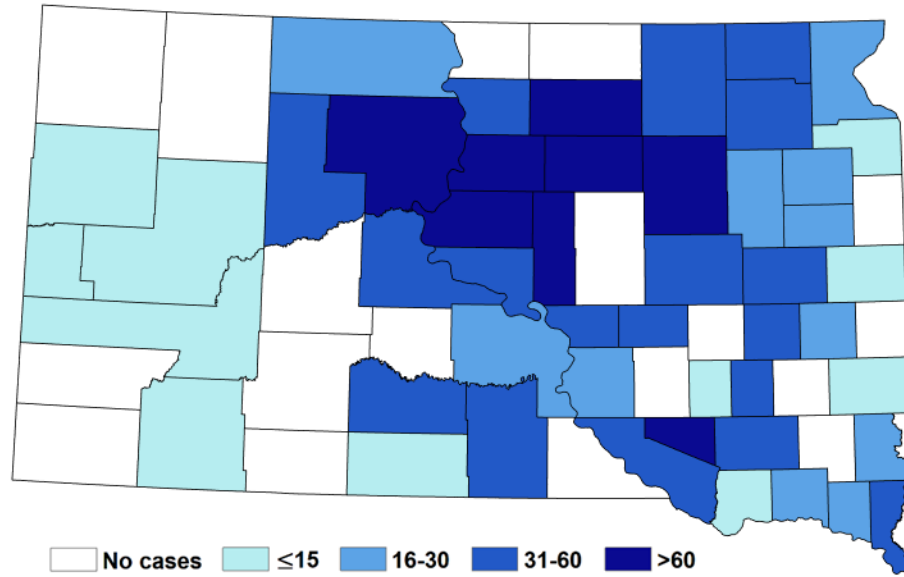
Other Infectious Diseases

Other infectious diseases reported in South Dakota during 2018 include: 30 cases each of cyclosporiasis and invasive *Haemophilus influenzae* non-type b, 14 cases of spotted fever rickettsiosis, 12 cases of Q fever, 9 cases each of malaria and vibriosis, 3 cases each of coccidioidomycosis and ehrlichiosis, and 1 case each of anaplasmosis, dengue, listeriosis, and toxic shock syndrome.

United States

Demographic Information	Health Status Indicators[1]	

2018 Population Information

Subject	Number	Percent
Total population	327,167,434	100
White	197,546,407	60.4
Hispanic	59,871,746	18.3
Black or African American	40,902,223	12.5
Asian	18,728,675	5.7
American Indian & Alaska Native	2,417,371	0.7
Pacific Islander	586,346	0.2
Multi-Racial	7,114,666	2.2
Under 5 years	19,810,275	6.1
Under 18 years	73,399,342	22.4
65 years and over	52,431,193	16.0

Natality – 2018

Percent of Low Birth Weight Infants	8.3
Percent of Mothers Receiving	
Care in 1st Trimester	77.5
Percent of Mothers Who Smoked	
Cigarettes While Pregnant[2]	6.5
Percent of Births Less Than 37 Wks. of Gestation	10.0
Average Age of Mother	29.0
Teenage Birth Rate[3]	7.2
Percent White, Non-Hispanic Births	51.6
Percent American Indian, Non-Hispanic Births	0.8
Percent Hispanic Births	23.4
Percent Unmarried	39.6
Percent WIC births	36.0
Percent Breastfeeding at discharge	83.5
Percent Payment-Private Insurance	49.6
Percent Payment-Medicaid	42.3
Percent C-Section	31.9

Mortality[4] - 2017

All Causes	731.9
Heart Disease	165.0
Malignant Neoplasms (Cancer)	152.5
Trachea, Bronchus, & Lung	36.6
Colon, Rectum, & Anus	13.7
Female Breast	19.9
Pancreas	11.1
Prostate	18.7
Leukemia	6.1
Chronic Lower Respiratory Diseases	40.9
Alzheimer's Disease	31.0
Cerebrovascular Disease	37.6
Accidents	49.4
Motor Vehicle Accidents	12.0
Diabetes	21.5
Influenza and Pneumonia	14.3
Intentional Self-Harm (Suicide)	14.0
Chronic Liver Disease and Cirrhosis	10.9
Infant Mortality	5.79

Leading Causes of Death	Total Deaths
1. Heart Disease	647,457
2. Malignant Neoplasms (Cancer)	599,108
3. Accidents	169,936
4. Chronic Lower Respiratory Disease	160,201
5. Cerebrovascular Disease	146,383
6. Alzheimer's Disease	121,404
7. Diabetes	83,564
8. Influenza and Pneumonia	55,672
9. Nephritis, Nephrotic Syndrome, and Nephrosis	50,633
10. Intentional Self-Harm (Suicide)	47,173

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[4]The mortality rates, except infant mortality are age-adjusted death rates per 100,000 population. Age-adjusting to the standard million population eliminates differences between populations, making them easier to compare. Infant mortality is calculated as the number of infant (less than one year old) deaths per 1,000 live births.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Hyattsville, Maryland.

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[1]Only one year of U.S. data are given to compare with five years of state and county data because the numbers on the national level are much greater and do not fluctuate as much annually.
[2]Data for mothers who used tobacco are self-reported.
[3]Teenage birth rate is live births per 1,000 females age 15-17.

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Source: United States Census Bureau, 2018 Population Estimates

South Dakota

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

South Dakota is located in the north central portion of the United States and averages 10.7 persons per square mile.

2018 Population Information

Subject	Number	Percent
Total population	882,235	100.0
White	718,383	81.4
American Indian & Alaska Native	73,084	8.3
Hispanic	36,402	4.1
Black or African American	20,162	2.3
Asian	14,776	1.7
Pacific Islander	491	0.1
Multi-Racial	18,937	2.1
Under 5 years	62,132	7.0
Under 18 years	217,606	24.7
65 years and over	146,854	16.6

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

● Percent of Low Birth Weight Infants	6.6
● Percent of Mothers Receiving Care in 1st Trimester	75.1
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	13.4
● Percent of Births Less Than 37 Wks. of Gestation	8.9
Average Age of Mother	28.1
○ Teenage Birth Rate[2]	10.8
Percent White, Non-Hispanic Births	71.7
Percent American Indian, Non-Hispanic Births	14.7
Percent Hispanic Births	5.1
● Percent Unmarried	37.0
● Percent WIC births	31.4
● Percent Breastfeeding at discharge	80.0
○ Percent Payment-Private Insurance	59.4
● Percent Payment-Medicaid	31.2
● Percent C-Section	25.0

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●Denotes a health status indicator which is significantly lower than the national average.
○Denotes a health status indicator which is significantly higher than the national average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	719.1
● Heart Disease	152.9
Malignant Neoplasms (Cancer)	154.6
○ Trachea, Bronchus, & Lung	38.6
○ Colon, Rectum, & Anus	15.6
Female Breast	18.6
Pancreas	10.9
Prostate	18.8
Leukemia	6.2
Chronic Lower Respiratory Diseases	42.7
○ Alzheimer's Disease	36.2
● Cerebrovascular Disease	35.5
Accidents	50.9
○ Motor Vehicle Accidents	17.2
○ Diabetes	23.9
○ Influenza and Pneumonia	18.2
○ Intentional Self-Harm (Suicide)	19.9
○ Chronic Liver Disease and Cirrhosis	17.0
Infant Mortality	6.34

Leading Causes of Death	Total Deaths
1. Heart Disease	8,644
2. Malignant Neoplasms (Cancer)	8,351
3. Accidents	2,420
4. Chronic Lower Respiratory Diseases	2,370
5. Alzheimer's Disease	2,184
6. Cerebrovascular Disease	2,037
7. Diabetes	1,272
8. Influenza and Pneumonia	1,051
9. Intentional Self-Harm (Suicide)	835
10. Chronic Liver Disease and Cirrhosis	760

Percent of Deaths due to tobacco use	17.4
Median age at death	79

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●Denotes a health status indicator which is significantly lower than the national average.
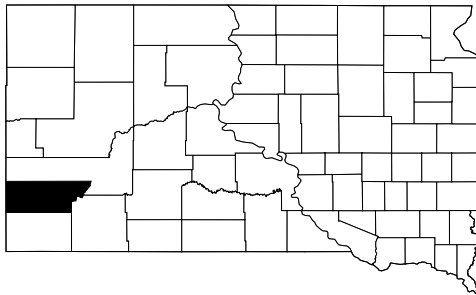○Denotes a health status indicator which is significantly higher than the national average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Aurora County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
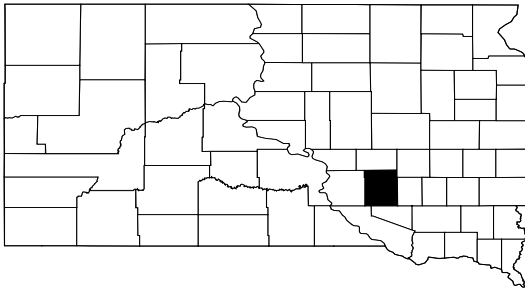
Aurora County is located in the south central portion of the state and averages 3.8 persons per square mile. Plankinton is the largest city in Aurora County.

2018 Population Information

Subject	Number	Percent
Total population	2,801	100.0
White	2,483	88.6
Hispanic	179	6.4
American Indian & Alaska Native	70	2.5
Asian	20	0.7
Black or African American	19	0.7
Pacific Islander	0	0.0
Multi-Racial	30	1.1
Under 5 years	179	6.4
Under 18 years	695	24.8
65 years and over	577	20.6

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.0
Percent of Mothers Receiving Care in 1st Trimester	75.0
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.0
Percent of Births Less Than 37 Wks. of Gestation	9.5
Average Age of Mother	27.7
Teenage Birth Rate[2]	16.3
Percent White, Non-Hispanic Births	91.0
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	8.5
● Percent Unmarried	27.4
Percent WIC births	36.7
Percent Breastfeeding at discharge	78.0
○ Percent Payment-Private Insurance	73.9
● Percent Payment-Medicaid	16.6
Percent C-Section	29.4

Mortality[3]

All Causes	621.1
Heart Disease	150.6
Malignant Neoplasms (Cancer)	157.9
Trachea, Bronchus, & Lung	39.7
Colon, Rectum, & Anus	18.4
Female Breast	32.3
Pancreas	LNE
Prostate	47.1
Leukemia	LNE
Chronic Lower Respiratory Diseases	36.6
Alzheimer's Disease	39.2
Cerebrovascular Disease	36.6
Accidents	43.1
Motor Vehicle Accidents	21.0
Diabetes	24.9
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
T1. Heart Disease	34
T1. Malignant Neoplasms (Cancer)	34
3. Alzheimer's Disease	10
4. Cerebrovascular Disease	9
T5. Accidents	8
T5. Chronic Lower Respiratory Diseases	8
7. Diabetes	6
Percent of Deaths due to tobacco use	19.3
Median age at death	82

Beadle County

Demographic Information	Health Status Indicators 2014-2018
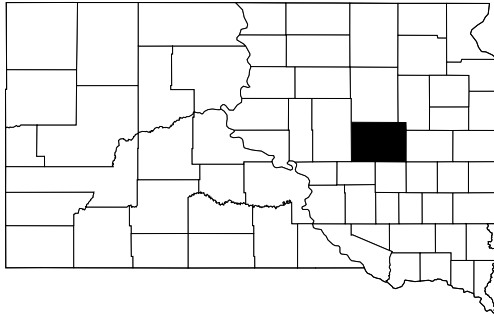
Beadle County is located in the center of eastern South Dakota and averages 13.8 persons per square mile. Huron is the largest city in Beadle County.

2018 Population Information

Subject	Number	Percent
Total population	18,883	100.0
White	13,935	73.8
Asian	2,128	11.3
Hispanic	2,088	11.1
American Indian & Alaska Native	204	1.1
Black or African American	173	0.9
Pacific Islander	51	0.3
Multi-Racial	304	1.6
Under 5 years	1,659	8.8
Under 18 years	5,208	27.6
65 years and over	3,209	17.0

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Natality

Percent of Low Birth Weight Infants	7.5
● Percent of Mothers Receiving Care in 1st Trimester	62.5
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	11.6
Percent of Births Less Than 37 Wks. of Gestation	10.3
● Average Age of Mother	27.0
○ Teenage Birth Rate[2]	22.9
Percent White, Non-Hispanic Births	56.9
Percent American Indian, Non-Hispanic Births	1.4
Percent Hispanic Births	22.3
Percent Unmarried	40.7
○ Percent WIC births	47.7
Percent Breastfeeding at discharge	77.2
● Percent Payment-Private Insurance	52.4
○ Percent Payment-Medicaid	38.4
○ Percent C-Section	30.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	744.9
Heart Disease	132.2
Malignant Neoplasms (Cancer)	172.2
Trachea, Bronchus, & Lung	37.6
Colon, Rectum, & Anus	10.9
Female Breast	21.4
Pancreas	11.9
Prostate	25.2
Leukemia	3.8
Chronic Lower Respiratory Diseases	39.0
Alzheimer's Disease	40.4
Cerebrovascular Disease	46.1
Accidents	43.6
Motor Vehicle Accidents	11.0
○ Diabetes	36.0
○ Influenza and Pneumonia	37.8
Intentional Self-Harm (Suicide)	20.6
Chronic Liver Disease and Cirrhosis	15.2
Infant Mortality	7.02

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	210
2. Heart Disease	186
3. Cerebrovascular Disease	67
4. Alzheimer's Disease	63
5. Influenza and Pneumonia	56
6. Chronic Lower Respiratory Diseases	51
7. Accidents	46
8. Diabetes	44
9. Intentional Self-Harm (Suicide)	16
10. Chronic Liver Disease and Cirrhosis	14
Percent of Deaths due to tobacco use	20.1
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
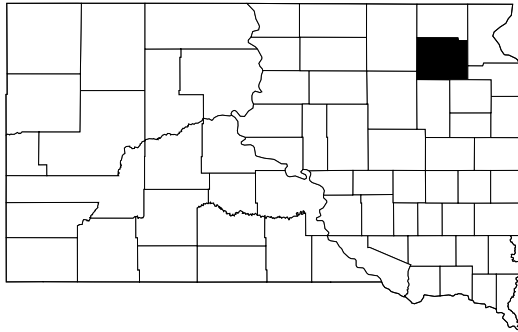[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Bennett County

Demographic Information	Health Status Indicators 2014-2018
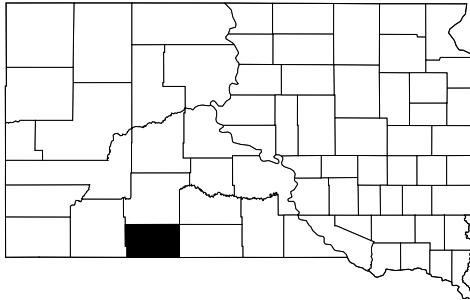
Bennett County is located on the southern border in western South Dakota and averages 2.9 persons per square mile. Martin is the largest city in Bennett County.

2018 Population Information

Subject	Number	Percent
Total population	3,468	100.0
American Indian & Alaska Native	1,961	56.5
White	1,109	32.0
Hispanic	194	5.6
Asian	15	0.4
Black or African American	14	0.4
Pacific Islander	2	0.1
Multi-Racial	173	5.0
Under 5 years	336	9.7
Under 18 years	1,175	33.9
65 years and over	433	12.5

Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	6.5
● Percent of Mothers Receiving Care in 1st Trimester	59.9
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	24.1
Percent of Births Less Than 37 Wks. of Gestation	11.2
● Average Age of Mother	25.9
○ Teenage Birth Rate[2]	28.4
Percent White, Non-Hispanic Births	17.6
Percent American Indian, Non-Hispanic Births	72.8
Percent Hispanic Births	3.1
○ Percent Unmarried	72.5
○ Percent WIC births	60.7
● Percent Breastfeeding at discharge	53.5
● Percent Payment-Private Insurance	17.1
○ Percent Payment-Medicaid	54.3
Percent C-Section	22.5

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	1,141.1
○ Heart Disease	235.8
Malignant Neoplasms (Cancer)	199.8
Trachea, Bronchus, & Lung	33.0
Colon, Rectum, & Anus	23.7
Female Breast	30.1
Pancreas	LNE
Prostate	43.0
Leukemia	LNE
Chronic Lower Respiratory Diseases	71.5
Alzheimer's Disease	17.8
Cerebrovascular Disease	29.1
Accidents	97.4
Motor Vehicle Accidents	36.2
○ Diabetes	110.5
Influenza and Pneumonia	26.5
Intentional Self-Harm (Suicide)	25.0
Chronic Liver Disease and Cirrhosis	45.9
Infant Mortality	15.43

Leading Causes of Death	Total Deaths
1. Heart Disease	40
2. Malignant Neoplasms (Cancer)	35
3. Diabetes	18
4. Accidents	16
5. Chronic Lower Respiratory Diseases	12
6. Chronic Liver Disease and Cirrhosis	7
7. Septicemia	6
T8. Cerebrovascular Disease	5
T8. Influenza and Pneumonia	5
Percent of Deaths due to tobacco use	25.5
Median age at death	72

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Bon Homme County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
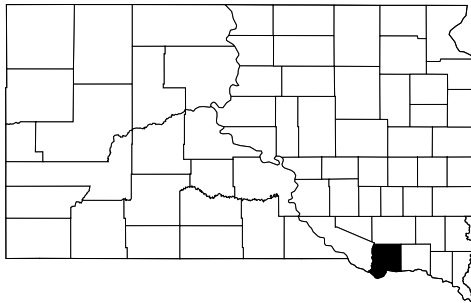
Bon Homme County is located on the Nebraska border in eastern South Dakota and averages 12.5 persons per square mile. Springfield is the largest city in Bon Homme County.

2018 Population Information

Subject	Number	Percent
Total population	6,980	100.0
White	5,973	85.6
American Indian & Alaska Native	570	8.2
Hispanic	242	3.5
Black or African American	88	1.3
Asian	12	0.2
Pacific Islander	3	0.0
Multi-Racial	92	1.3
Under 5 years	370	5.3
Under 18 years	1,418	20.3
65 years and over	1,422	20.4

_____
Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.7
Percent of Mothers Receiving Care in 1st Trimester	78.6
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	10.9
Percent of Births Less Than 37 Wks. of Gestation	7.6
Average Age of Mother	28.4
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	93.5
Percent American Indian, Non-Hispanic Births	1.8
Percent Hispanic Births	1.8
● Percent Unmarried	22.9
Percent WIC births	31.2
Percent Breastfeeding at discharge	83.6
○ Percent Payment-Private Insurance	75.4
● Percent Payment-Medicaid	19.4
Percent C-Section	26.4

_____
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	615.1
● Heart Disease	110.5
Malignant Neoplasms (Cancer)	142.0
● Trachea, Bronchus, & Lung	21.7
Colon, Rectum, & Anus	9.7
Female Breast	28.6
Pancreas	15.4
Prostate	LNE
Leukemia	13.1
Chronic Lower Respiratory Diseases	47.1
● Alzheimer's Disease	20.3
Cerebrovascular Disease	36.2
Accidents	47.6
Motor Vehicle Accidents	18.9
Diabetes	18.8
Influenza and Pneumonia	21.2
Intentional Self-Harm (Suicide)	15.7
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	81
2. Heart Disease	76
3. Chronic Lower Respiratory Diseases	30
4. Cerebrovascular Disease	24
5. Accidents	22
T6. Influenza and Pneumonia	17
T6. Essential (Primary) Hypertension and Hypertensive Renal Disease	17
8. Alzheimer's Disease	16
9. Diabetes	11
10. Unspecified Dementia	10
Percent of Deaths due to tobacco use	10.1
Median age at death	84

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Brookings County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
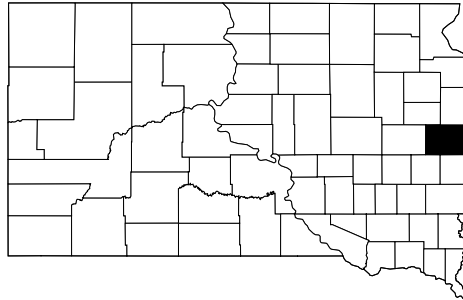
Brookings County is located on the eastern border of the state and averages 40.3 persons per square mile. Brookings is the largest city in Brookings County.

2018 Population Information

Subject	Number	Percent
Total population	35,232	100.0
White	31,618	89.7
Hispanic	1,207	3.4
Asian	1,022	2.9
Black or African American	543	1.5
American Indian & Alaska Native	364	1.0
Pacific Islander	21	0.1
Multi-Racial	457	1.3
Under 5 years	2,237	6.3
Under 18 years	7,223	20.5
65 years and over	4,195	11.9

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

|	
● Percent of Low Birth Weight Infants	5.3
○ Percent of Mothers Receiving Care in 1st Trimester	84.0
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	8.5
● Percent of Births Less Than 37 Wks. of Gestation	6.8
○ Average Age of Mother	28.8
● Teenage Birth Rate[2]	6.2
Percent White, Non-Hispanic Births	84.1
Percent American Indian, Non-Hispanic Births	1.9
Percent Hispanic Births	5.1
● Percent Unmarried	20.7
● Percent WIC births	19.0
● Percent Breastfeeding at discharge	88.2
○ Percent Payment-Private Insurance	76.6
● Percent Payment-Medicaid	16.5
● Percent C-Section	18.3

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	619.2
Heart Disease	144.0
Malignant Neoplasms (Cancer)	134.2
● Trachea, Bronchus, & Lung	27.0
Colon, Rectum, & Anus	14.3
Female Breast	15.4
Pancreas	10.2
Prostate	16.7
Leukemia	7.7
● Chronic Lower Respiratory Diseases	29.3
Alzheimer's Disease	31.9
Cerebrovascular Disease	41.5
● Accidents	38.0
● Motor Vehicle Accidents	9.3
Diabetes	20.5
● Influenza and Pneumonia	10.8
Intentional Self-Harm (Suicide)	15.0
Chronic Liver Disease and Cirrhosis	11.2
Infant Mortality	7.81

Leading Causes of Death	Total Deaths
1. Heart Disease	229
2. Malignant Neoplasms (Cancer)	203
3. Cerebrovascular Disease	67
4. Accidents	62
5. Alzheimer's Disease	52
6. Chronic Lower Respiratory Diseases	45
7. Diabetes	31
8. Intentional Self-Harm (Suicide)	23
9. Influenza and Pneumonia	17
10. Chronic Liver Disease and Cirrhosis	16

Percent of Deaths due to tobacco use	13.8
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Brown County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
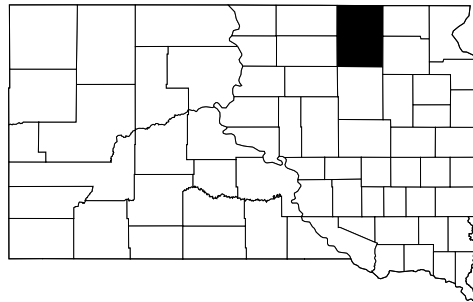
Brown County is located on the North Dakota border in the eastern part of the state and averages 21.3 persons per square mile. Aberdeen is the largest city in Brown County.

2018 Population Information

Subject	Number	Percent
Total population	39,316	100.0
White	33,779	85.9
Hispanic	1,283	3.3
American Indian & Alaska Native	1,261	3.2
Asian	1,212	3.1
Black or African American	952	2.4
Pacific Islander	79	0.2
Multi-Racial	750	1.9
Under 5 years	2,659	6.8
Under 18 years	9,416	23.9
65 years and over	6,747	17.2

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

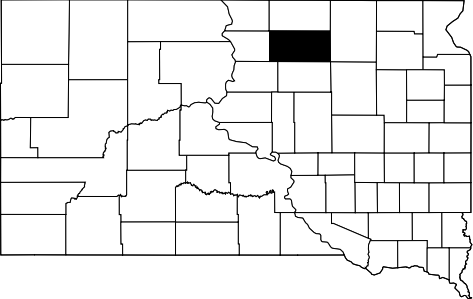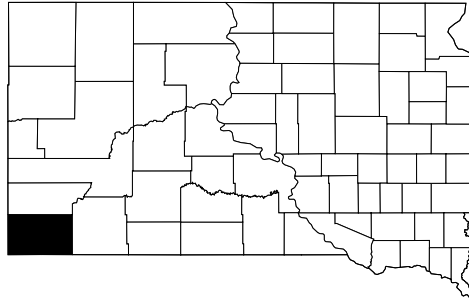|	
Percent of Low Birth Weight Infants	6.0
● Percent of Mothers Receiving Care in 1st Trimester	68.8
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	16.2
● Percent of Births Less Than 37 Wks. of Gestation	6.9
Average Age of Mother	28.2
● Teenage Birth Rate[2]	5.4
Percent White, Non-Hispanic Births	81.4
Percent American Indian, Non-Hispanic Births	4.9
Percent Hispanic Births	4.3
● Percent Unmarried	34.1
● Percent WIC births	28.2
Percent Breastfeeding at discharge	81.0
○ Percent Payment-Private Insurance	67.8
● Percent Payment-Medicaid	28.2
Percent C-Section	27.5

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	679.7
Heart Disease	138.1
Malignant Neoplasms (Cancer)	154.5
Trachea, Bronchus, & Lung	39.2
Colon, Rectum, & Anus	18.1
Female Breast	25.7
Pancreas	8.3
Prostate	16.7
Leukemia	4.7
Chronic Lower Respiratory Diseases	36.6
Alzheimer's Disease	33.8
Cerebrovascular Disease	35.4
● Accidents	39.5
● Motor Vehicle Accidents	10.3
Diabetes	27.3
Influenza and Pneumonia	21.3
● Intentional Self-Harm (Suicide)	12.5
● Chronic Liver Disease and Cirrhosis	9.7
Infant Mortality	4.32

Leading Causes of Death	Total Deaths
1. Heart Disease	406
2. Malignant Neoplasms (Cancer)	398
3. Alzheimer's Disease	107
4. Chronic Lower Respiratory Diseases	104
5. Cerebrovascular Disease	99
6. Accidents	96
7. Diabetes	73
8. Influenza and Pneumonia	64
9. Unspecified Dementia	32
T10. Essential (Primary) Hypertension and Hypertensive Renal Disease	28
T10. Septicemia	28
Percent of Deaths due to tobacco use	14.2
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Brule County

Demographic Information	Health Status Indicators 2014-2018
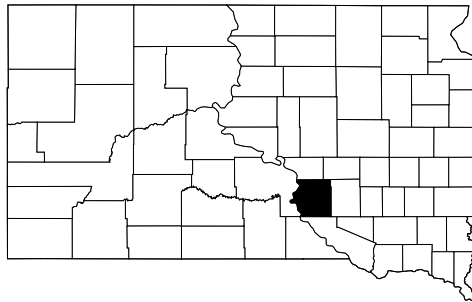
Brule County is located in the south central part of the state and averages 6.4 persons per square mile. Chamberlain is the largest city in Brule County.

2018 Population Information

Subject	Number	Percent
Total population	5,229	100.0
White	4,395	84.1
American Indian & Alaska Native	464	8.9
Hispanic	151	2.9
Black or African American	28	0.5
Asian	20	0.4
Pacific Islander	2	0.0
Multi-Racial	169	3.2
Under 5 years	346	6.6
Under 18 years	1,365	26.1
65 years and over	992	19.0

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Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	5.0
Percent of Mothers Receiving Care in 1st Trimester	66.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	14.9
Percent of Births Less Than 37 Wks. of Gestation	7.6
Average Age of Mother	27.6
Teenage Birth Rate[2]	5.0
Percent White, Non-Hispanic Births	73.4
Percent American Indian, Non-Hispanic Births	19.9
Percent Hispanic Births	0.8
Percent Unmarried	38.9
Percent WIC births	36.4
Percent Breastfeeding at discharge	72.9
Percent Payment-Private Insurance	61.1
Percent Payment-Medicaid	34.9
○ Percent C-Section	33.3

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	657.8
Heart Disease	160.0
Malignant Neoplasms (Cancer)	133.0
Trachea, Bronchus, & Lung	27.1
Colon, Rectum, & Anus	16.8
Female Breast	LNE
Pancreas	9.8
Prostate	35.0
Leukemia	10.4
Chronic Lower Respiratory Diseases	39.7
Alzheimer's Disease	35.0
● Cerebrovascular Disease	12.3
Accidents	50.4
Motor Vehicle Accidents	19.4
Diabetes	18.1
Influenza and Pneumonia	18.7
Intentional Self-Harm (Suicide)	12.9
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	65
2. Malignant Neoplasms (Cancer)	53
3. Alzheimer's Disease	17
T4. Accidents	16
T4. Chronic Lower Respiratory Diseases	16
6. Influenza and Pneumonia	8
7. Diabetes	7
T8. Cerebrovascular Disease	5
T8. Unspecified Dementia	5
T8. Nephritis, Nephrotic Syndrome, and Nephrosis	5
Percent of Deaths due to tobacco use	13.6
Median age at death	78

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●Denotes a health status indicator which is significantly lower than the state average.
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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Buffalo County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
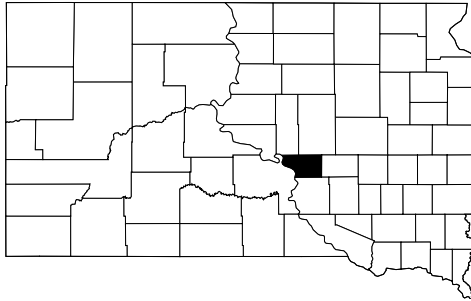
Buffalo County is located in the central portion of the state and averages 4.1 persons per square mile. Fort Thompson is the largest city in Buffalo County.

2018 Population Information

Subject	Number	Percent
Total population	2,036	100.0
American Indian & Alaska Native	1,569	77.1
White	308	15.1
Hispanic	100	4.9
Black or African American	16	0.8
Pacific Islander	2	0.1
Asian	1	0.0
Multi-Racial	40	2.0
Under 5 years	248	12.2
Under 18 years	802	39.4
65 years and over	160	7.9

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	9.3
● Percent of Mothers Receiving Care in 1st Trimester	29.8
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	27.5
Percent of Births Less Than 37 Wks. of Gestation	14.1
● Average Age of Mother	25.8
○ Teenage Birth Rate[2]	55.8
Percent White, Non-Hispanic Births	13.0
Percent American Indian, Non-Hispanic Births	78.2
Percent Hispanic Births	1.4
○ Percent Unmarried	74.5
○ Percent WIC births	66.0
● Percent Breastfeeding at discharge	35.0
● Percent Payment-Private Insurance	10.6
○ Percent Payment-Medicaid	77.3
Percent C-Section	20.8

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	1,689.2
Heart Disease	264.6
○ Malignant Neoplasms (Cancer)	347.3
○ Trachea, Bronchus, & Lung	167.7
Colon, Rectum, & Anus	91.5
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	LNE
Alzheimer's Disease	LNE
Cerebrovascular Disease	52.3
○ Accidents	150.1
Motor Vehicle Accidents	38.0
○ Diabetes	121.7
Influenza and Pneumonia	55.5
○ Intentional Self-Harm (Suicide)	119.0
○ Chronic Liver Disease and Cirrhosis	141.0
Infant Mortality	13.89

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	23
2. Heart Disease	18
T3. Accidents	11
T3. Chronic Liver Disease and Cirrhosis	11
5. Intentional Self-Harm (Suicide)	10
6. Diabetes	8

Percent of Deaths due to tobacco use	19.5
Median age at death	63

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Butte County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
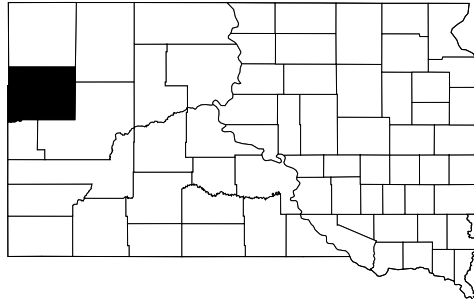
Butte County is located on the western border of the state and averages 4.5 people per square mile. Belle Fourche is the largest city in Butte County.

2018 Population Information

Subject	Number	Percent
Total population	10,222	100.0
White	9,302	91.0
Hispanic	370	3.6
American Indian & Alaska Native	198	1.9
Black or African American	58	0.6
Asian	45	0.4
Pacific Islander	11	0.1
Multi-Racial	238	2.3
Under 5 years	653	6.4
Under 18 years	2,476	24.2
65 years and over	2,048	20.0

————————

Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.3
Percent of Mothers Receiving Care in 1st Trimester	78.8
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	19.0
Percent of Births Less Than 37 Wks. of Gestation	10.2
● Average Age of Mother	27.1
Teenage Birth Rate[2]	9.6
Percent White, Non-Hispanic Births	92.8
Percent American Indian, Non-Hispanic Births	1.2
Percent Hispanic Births	3.7
Percent Unmarried	34.9
○ Percent WIC births	40.3
Percent Breastfeeding at discharge	85.8
Percent Payment-Private Insurance	55.7
○ Percent Payment-Medicaid	36.8
Percent C-Section	23.7

————————

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	745.8
Heart Disease	184.6
Malignant Neoplasms (Cancer)	176.0
Trachea, Bronchus, & Lung	54.1
Colon, Rectum, & Anus	22.6
Female Breast	10.6
Pancreas	7.3
Prostate	15.4
Leukemia	5.8
○ Chronic Lower Respiratory Diseases	65.6
Alzheimer's Disease	31.1
Cerebrovascular Disease	37.0
Accidents	53.4
Motor Vehicle Accidents	22.6
● Diabetes	10.3
● Influenza and Pneumonia	7.9
● Intentional Self-Harm (Suicide)	5.8
Chronic Liver Disease and Cirrhosis	20.9
Infant Mortality	7.65

Leading Causes of Death	Total Deaths
1. Heart Disease	137
2. Malignant Neoplasms (Cancer)	129
3. Chronic Lower Respiratory Diseases	49
4. Accidents	30
5. Cerebrovascular Disease	27
6. Alzheimer's Disease	24
7. Chronic Liver Disease and Cirrhosis	11
8. Diabetes	8
T9. Unspecified Dementia	7
T9. Septicemia	7
Percent of Deaths due to tobacco use	20.5
Median age at death	79

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Campbell County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
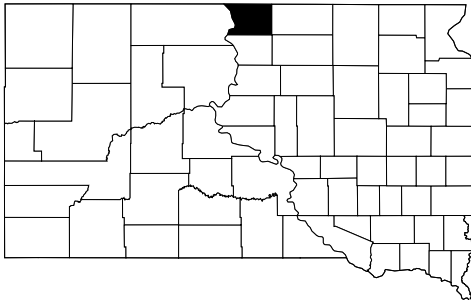
Campbell County is located in the north central portion of the state and averages 2.0 persons per square mile. Herreid is the largest city in Campbell County.

2018 Population Information

Subject	Number	Percent
Total population	1,377	100.0
White	1,316	95.6
Hispanic	28	2.0
American Indian & Alaska Native	14	1.0
Black or African American	4	0.3
Asian	4	0.3
Pacific Islander	0	0.0
Multi-Racial	11	0.8
Under 5 years	59	4.3
Under 18 years	219	15.9
65 years and over	390	28.3

————————
Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	LNE
Percent of Mothers Receiving Care in 1st Trimester	79.7
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	LNE
Percent of Births Less Than 37 Wks. of Gestation	9.4
○ Average Age of Mother	29.4
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	89.1
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	LNE
● Percent Unmarried	10.9
● Percent WIC births	15.6
Percent Breastfeeding at discharge	85.7
Percent Payment-Private Insurance	72.1
● Percent Payment-Medicaid	13.1
Percent C-Section	31.3

Mortality[3]

All Causes	602.4
Heart Disease	107.9
Malignant Neoplasms (Cancer)	113.5
Trachea, Bronchus, & Lung	49.8
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	LNE
Alzheimer's Disease	LNE
Cerebrovascular Disease	34.4
Accidents	120.5
Motor Vehicle Accidents	LNE
Diabetes	29.8
Influenza and Pneumonia	20.4
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	17
2. Malignant Neoplasms (Cancer)	15
3. Accidents	8
4. Cerebrovascular Disease	6
Percent of Deaths due to tobacco use	17.6
Median age at death	77

————————
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

————————
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○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Charles Mix County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
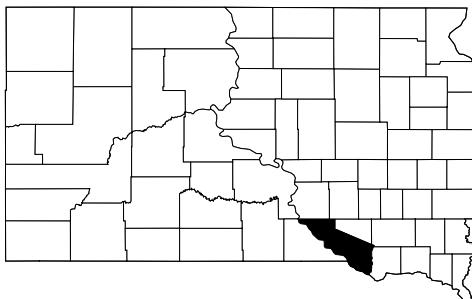
Charles Mix County is located in the south central area of the state and averages 8.3 persons per square mile. Wagner is the largest city in Charles Mix County.

2018 Population Information

Subject	Number	Percent
Total population	9,338	100.0
White	5,859	62.7
American Indian & Alaska Native	2,798	30.0
Hispanic	326	3.5
Black or African American	44	0.5
Asian	25	0.3
Pacific Islander	0	0.0
Multi-Racial	286	3.1
Under 5 years	826	8.8
Under 18 years	2,775	29.7
65 years and over	1,715	18.4

————————
Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.7
● Percent of Mothers Receiving Care in 1st Trimester	63.8
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	22.2
Percent of Births Less Than 37 Wks. of Gestation	8.1
● Average Age of Mother	26.8
○ Teenage Birth Rate[2]	23.6
Percent White, Non-Hispanic Births	42.3
Percent American Indian, Non-Hispanic Births	48.3
Percent Hispanic Births	3.5
○ Percent Unmarried	54.8
○ Percent WIC births	54.8
● Percent Breastfeeding at discharge	69.6
● Percent Payment-Private Insurance	37.5
○ Percent Payment-Medicaid	51.0
○ Percent C-Section	30.8

————————
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	896.6
Heart Disease	190.0
Malignant Neoplasms (Cancer)	188.9
Trachea, Bronchus, & Lung	44.8
Colon, Rectum, & Anus	28.4
Female Breast	31.2
Pancreas	6.8
Prostate	24.9
Leukemia	4.3
Chronic Lower Respiratory Diseases	40.4
Alzheimer's Disease	50.9
Cerebrovascular Disease	33.3
○ Accidents	83.0
Motor Vehicle Accidents	28.5
Diabetes	41.8
Influenza and Pneumonia	20.3
Intentional Self-Harm (Suicide)	36.8
○ Chronic Liver Disease and Cirrhosis	39.2
Infant Mortality	4.89

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	126
2. Heart Disease	121
3. Accidents	42
4. Alzheimer's Disease	41
5. Chronic Lower Respiratory Diseases	28
6. Cerebrovascular Disease	24
7. Diabetes	23
8. Influenza and Pneumonia	17
9. Chronic Liver Disease and Cirrhosis	16
10. Intentional Self-Harm (Suicide)	13

Percent of Deaths due to tobacco use	15.7
Median age at death	78

————————
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Clark County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
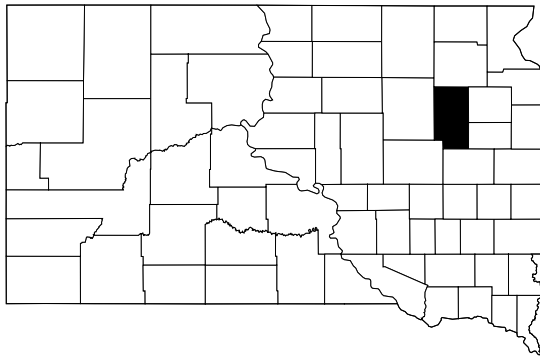
Clark County is located in east central South Dakota and averages 3.9 persons per square mile. Clark is the largest city in Clark County.

2018 Population Information

Subject	Number	Percent
Total population	3,739	100.0
White	3,489	93.3
Hispanic	119	3.2
Black or African American	69	1.8
Asian	24	0.6
American Indian & Alaska Native	6	0.2
Pacific Islander	0	0.0
Multi-Racial	32	0.9
Under 5 years	392	10.5
Under 18 years	966	25.8
65 years and over	791	21.2

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.4
Percent of Mothers Receiving Care in 1st Trimester	69.5
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	8.0
Percent of Births Less Than 37 Wks. of Gestation	8.0
Average Age of Mother	28.5
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	93.2
Percent American Indian, Non-Hispanic Births	1.5
Percent Hispanic Births	4.3
● Percent Unmarried	14.5
● Percent WIC births	19.4
Percent Breastfeeding at discharge	87.7
○ Percent Payment-Private Insurance	83.6
● Percent Payment-Medicaid	14.2
Percent C-Section	22.5

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	681.9
Heart Disease	125.1
Malignant Neoplasms (Cancer)	161.5
Trachea, Bronchus, & Lung	29.3
Colon, Rectum, & Anus	10.7
Female Breast	13.6
Pancreas	18.8
Prostate	29.9
Leukemia	23.6
Chronic Lower Respiratory Diseases	37.5
Alzheimer's Disease	34.3
Cerebrovascular Disease	36.0
Accidents	32.4
Motor Vehicle Accidents	LNE
Diabetes	36.3
Influenza and Pneumonia	18.3
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	9.23

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	51
2. Heart Disease	36
3. Alzheimer's Disease	13
T4. Chronic Lower Respiratory Diseases	12
T4. Cerebrovascular Disease	12
6. Accidents	11
7. Diabetes	10
8. Influenza and Pneumonia	7
9. Unspecified Dementia	5

Percent of Deaths due to tobacco use	15.7
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Clay County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
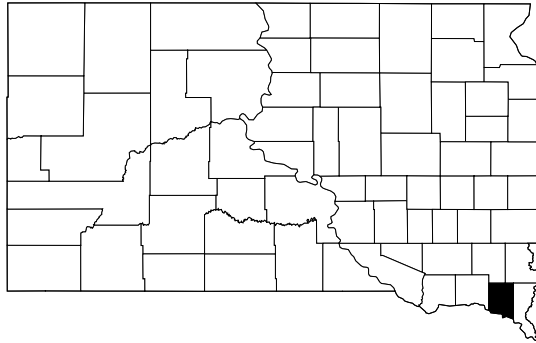
Clay County is located in the southeastern part of the state and averages 33.6 persons per square mile. Vermillion is the largest city in Clay County.

2018 Population Information

Subject	Number	Percent
Total population	14,041	100.0
White	12,173	86.7
American Indian & Alaska Native	495	3.5
Hispanic	423	3.0
Asian	401	2.9
Black or African American	227	1.6
Pacific Islander	11	0.1
Multi-Racial	311	2.2
Under 5 years	742	5.3
Under 18 years	2,456	17.5
65 years and over	1,717	12.2

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.1
Percent of Mothers Receiving Care in 1st Trimester	81.4
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.8
Percent of Births Less Than 37 Wks. of Gestation	7.4
○ Average Age of Mother	28.8
● Teenage Birth Rate[2]	4.9
Percent White, Non-Hispanic Births	80.0
Percent American Indian, Non-Hispanic Births	7.0
Percent Hispanic Births	3.8
● Percent Unmarried	30.0
Percent WIC births	29.3
Percent Breastfeeding at discharge	81.7
○ Percent Payment-Private Insurance	68.1
Percent Payment-Medicaid	27.1
○ Percent C-Section	31.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
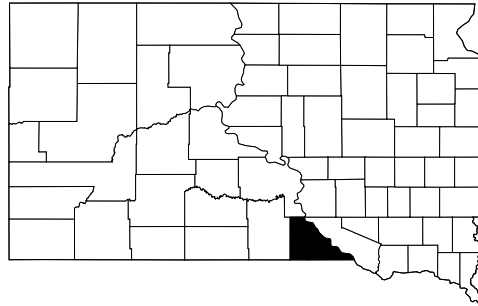[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	789.0
○ Heart Disease	237.1
Malignant Neoplasms (Cancer)	172.9
Trachea, Bronchus, & Lung	38.1
Colon, Rectum, & Anus	11.8
Female Breast	17.3
Pancreas	10.4
Prostate	34.1
Leukemia	9.7
Chronic Lower Respiratory Diseases	55.3
Alzheimer's Disease	28.8
Cerebrovascular Disease	41.6
Accidents	33.8
Motor Vehicle Accidents	15.6
Diabetes	19.5
Influenza and Pneumonia	31.8
● Intentional Self-Harm (Suicide)	9.3
Chronic Liver Disease and Cirrhosis	10.0
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	161
2. Malignant Neoplasms (Cancer)	111
3. Chronic Lower Respiratory Diseases	35
4. Cerebrovascular Disease	29
5. Influenza and Pneumonia	21
T6. Accidents	19
T6. Alzheimer's Disease	19
8. Diabetes	14
T9. Intentional Self-Harm (Suicide)	7
T9. Unspecified Dementia	7
Percent of Deaths due to tobacco use	16.6
Median age at death	80

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Codington County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
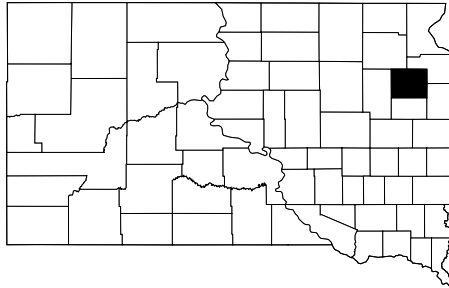
Codington County is located in eastern South Dakota and averages 39.5 persons per square mile. Watertown is the largest city in Codington County.

2018 Population Information

Subject	Number	Percent
Total population	28,015	100.0
White	25,933	92.6
Hispanic	689	2.5
American Indian & Alaska Native	647	2.3
Asian	207	0.7
Black or African American	165	0.6
Pacific Islander	2	0.0
Multi-Racial	372	1.3
Under 5 years	1,760	6.3
Under 18 years	6,724	24.0
65 years and over	4,949	17.7

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.2
○ Percent of Mothers Receiving Care in 1st Trimester	81.3
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	19.4
Percent of Births Less Than 37 Wks. of Gestation	8.4
● Average Age of Mother	27.6
Teenage Birth Rate[2]	7.5
Percent White, Non-Hispanic Births	88.1
Percent American Indian, Non-Hispanic Births	4.9
Percent Hispanic Births	2.7
Percent Unmarried	37.3
Percent WIC births	32.9
Percent Breastfeeding at discharge	78.7
○ Percent Payment-Private Insurance	68.9
● Percent Payment-Medicaid	27.9
Percent C-Section	24.2

————————
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	646.6
Heart Disease	148.8
Malignant Neoplasms (Cancer)	170.6
Trachea, Bronchus, & Lung	40.5
Colon, Rectum, & Anus	19.5
Female Breast	30.2
Pancreas	15.4
Prostate	15.9
Leukemia	5.9
Chronic Lower Respiratory Diseases	40.1
Alzheimer's Disease	27.5
Cerebrovascular Disease	29.9
● Accidents	34.0
Motor Vehicle Accidents	14.8
Diabetes	22.4
Influenza and Pneumonia	15.3
● Intentional Self-Harm (Suicide)	10.3
● Chronic Liver Disease and Cirrhosis	8.0
Infant Mortality	3.92

| Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	316
2. Heart Disease	297
3. Chronic Lower Respiratory Diseases	77
4. Cerebrovascular Disease	61
5. Alzheimer's Disease	57
6. Accidents	54
7. Diabetes	41
8. Influenza and Pneumonia	30
9. Unspecified Dementia	19
10. Vascular Dementia	17
Percent of Deaths due to tobacco use	21.8
Median age at death	81

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Corson County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
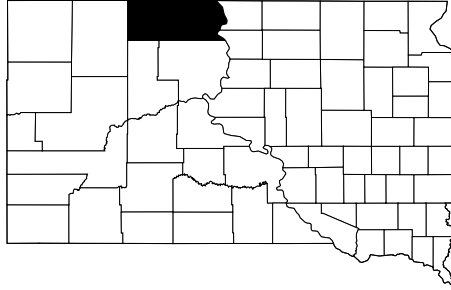
Corson County is located in the north central portion of the state and averages 1.6 persons per square mile. McLaughlin is the largest city in Corson County.

2018 Population Information

Subject	Number	Percent
Total population	4,165	100.0
American Indian & Alaska Native	2,583	62.0
White	1,191	28.6
Hispanic	220	5.3
Asian	22	0.5
Black or African American	17	0.4
Pacific Islander	1	0.0
Multi-Racial	131	3.1
Under 5 years	429	10.3
Under 18 years	1,538	36.9
65 years and over	471	11.3

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	8.6
● Percent of Mothers Receiving Care in 1st Trimester	41.5
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	26.6
○ Percent of Births Less Than 37 Wks. of Gestation	15.5
● Average Age of Mother	26.8
Teenage Birth Rate[2]	22.2
Percent White, Non-Hispanic Births	19.0
Percent American Indian, Non-Hispanic Births	72.6
Percent Hispanic Births	LNE
○ Percent Unmarried	71.4
○ Percent WIC births	57.7
● Percent Breastfeeding at discharge	53.2
● Percent Payment-Private Insurance	17.8
○ Percent Payment-Medicaid	72.7
Percent C-Section	28.0

Mortality[3]

○ All Causes	1,303.3
○ Heart Disease	289.6
Malignant Neoplasms (Cancer)	198.2
Trachea, Bronchus, & Lung	26.2
Colon, Rectum, & Anus	19.8
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	40.1
Alzheimer's Disease	LNE
Cerebrovascular Disease	34.0
○ Accidents	137.9
Motor Vehicle Accidents	36.3
○ Diabetes	83.5
Influenza and Pneumonia	49.2
Intentional Self-Harm (Suicide)	51.2
Chronic Liver Disease and Cirrhosis	47.3
Infant Mortality	10.68

Leading Causes of Death	Total Deaths
1. Heart Disease	52
2. Malignant Neoplasms (Cancer)	38
3. Accidents	25
4. Diabetes	16
5. Intentional Self-Harm (Suicide)	10
6. Chronic Liver Disease and Cirrhosis	9
7. Influenza and Pneumonia	8
8. Chronic Lower Respiratory Diseases	7
T9. Cerebrovascular Disease	6
T9. Nephritis, Nephrotic Syndrome, and Nephrosis	6

Percent of Deaths due to tobacco use	16.0
Median age at death	63

Custer County

Demographic Information	Health Status Indicators 2014-2018

Custer County is located in the southern Black Hills and averages 5.3 persons per square mile. Custer is the largest city in Custer County.

2018 Population Information

Subject	Number	Percent
Total population	8,726	100.0
White	7,896	90.5
American Indian & Alaska Native	287	3.3
Hispanic	270	3.1
Asian	53	0.6
Black or African American	50	0.6
Pacific Islander	2	0.0
Multi-Racial	168	1.9
Under 5 years	350	4.0
Under 18 years	1,343	15.4
65 years and over	2,621	30.0

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Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	8.0
Percent of Mothers Receiving Care in 1st Trimester	74.5
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	17.5
Percent of Births Less Than 37 Wks. of Gestation	8.0
○ Average Age of Mother	29.1
● Teenage Birth Rate[2]	4.4
Percent White, Non-Hispanic Births	82.8
Percent American Indian, Non-Hispanic Births	6.4
Percent Hispanic Births	5.0
Percent Unmarried	33.5
Percent WIC births	29.0
Percent Breastfeeding at discharge	87.8
Percent Payment-Private Insurance	56.4
Percent Payment-Medicaid	33.3
Percent C-Section	22.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	661.8
Heart Disease	133.6
● Malignant Neoplasms (Cancer)	119.4
Trachea, Bronchus, & Lung	29.9
Colon, Rectum, & Anus	13.9
Female Breast	13.7
Pancreas	7.3
Prostate	12.5
Leukemia	5.7
● Chronic Lower Respiratory Diseases	27.8
Alzheimer's Disease	25.9
Cerebrovascular Disease	40.6
Accidents	72.1
Motor Vehicle Accidents	19.9
Diabetes	14.7
Influenza and Pneumonia	23.9
Intentional Self-Harm (Suicide)	29.6
Chronic Liver Disease and Cirrhosis	17.6
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	110
2. Malignant Neoplasms (Cancer)	102
3. Accidents	39
4. Cerebrovascular Disease	30
5. Chronic Lower Respiratory Diseases	22
6. Alzheimer's Disease	19
7. Influenza and Pneumonia	16
8. Intentional Self-Harm (Suicide)	15
T9. Diabetes	11
T9. Chronic Liver Disease and Cirrhosis	11
Percent of Deaths due to tobacco use	16.8
Median age at death	77

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Davison County

| Demographic Information | Health Status Indicators 2014-2018 |
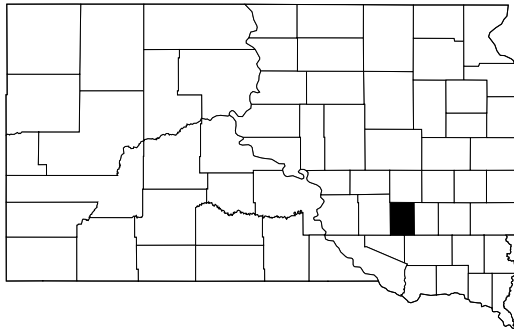
Davison County is located in eastern South Dakota and averages 44.8 persons per square mile. Mitchell is the largest city in Davison County.

2018 Population Information

Subject	Number	Percent
Total population	19,790	100.0
White	17,922	90.6
Hispanic	617	3.1
American Indian & Alaska Native	599	3.0
Black or African American	154	0.8
Asian	123	0.6
Pacific Islander	13	0.1
Multi-Racial	362	1.8
Under 5 years	1,254	6.3
Under 18 years	4,539	22.9
65 years and over	3,724	18.8

Natality

Percent of Low Birth Weight Infants	7.3
○ Percent of Mothers Receiving Care in 1st Trimester	84.9
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	17.1
Percent of Births Less Than 37 Wks. of Gestation	9.5
● Average Age of Mother	27.6
Teenage Birth Rate[2]	8.1
Percent White, Non-Hispanic Births	83.4
Percent American Indian, Non-Hispanic Births	7.7
Percent Hispanic Births	4.8
Percent Unmarried	40.3
Percent WIC births	34.4
Percent Breastfeeding at discharge	74.7
○ Percent Payment-Private Insurance	65.2
Percent Payment-Medicaid	29.5
○ Percent C-Section	32.1

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	744.8
Heart Disease	174.1
Malignant Neoplasms (Cancer)	158.5
Trachea, Bronchus, & Lung	44.1
Colon, Rectum, & Anus	15.5
Female Breast	18.9
Pancreas	9.7
Prostate	11.8
Leukemia	8.0
Chronic Lower Respiratory Diseases	39.8
Alzheimer's Disease	27.6
Cerebrovascular Disease	45.7
Accidents	48.0
● Motor Vehicle Accidents	8.9
Diabetes	23.7
Influenza and Pneumonia	23.6
Intentional Self-Harm (Suicide)	16.6
Chronic Liver Disease and Cirrhosis	12.2
Infant Mortality	5.56

Leading Causes of Death	Total Deaths
1. Heart Disease	273
2. Malignant Neoplasms (Cancer)	230
3. Cerebrovascular Disease	78
4. Accidents	60
5. Chronic Lower Respiratory Diseases	57
6. Alzheimer's Disease	52
7. Influenza and Pneumonia	40
8. Unspecified Dementia	36
9. Diabetes	32
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	27
Percent of Deaths due to tobacco use	17.4
Median age at death	82

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Day County

Demographic Information

Day County is located in the northeastern part of the state and averages 5.6 persons per square mile. Webster is the largest city in Day County.

2018 Population Information

Subject	Number	Percent
Total population	5,505	100.0
White	4,721	85.8
American Indian & Alaska Native	487	8.8
Hispanic	131	2.4
Asian	47	0.9
Black or African American	21	0.4
Pacific Islander	0	0.0
Multi-Racial	98	1.8
Under 5 years	276	5.0
Under 18 years	1,241	22.5
65 years and over	1,400	25.4

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.1
Percent of Mothers Receiving Care in 1st Trimester	72.8
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	21.9
● Percent of Births Less Than 37 Wks. of Gestation	5.8
Average Age of Mother	28.3
Teenage Birth Rate[2]	9.5
Percent White, Non-Hispanic Births	73.8
Percent American Indian, Non-Hispanic Births	18.2
Percent Hispanic Births	2.2
Percent Unmarried	33.7
Percent WIC births	35.3
Percent Breastfeeding at discharge	76.4
Percent Payment-Private Insurance	64.5
Percent Payment-Medicaid	32.3
Percent C-Section	28.4

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	742.2
Heart Disease	149.7
Malignant Neoplasms (Cancer)	150.8
Trachea, Bronchus, & Lung	30.8
Colon, Rectum, & Anus	14.0
Female Breast	19.1
Pancreas	16.8
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	33.4
Alzheimer's Disease	39.8
Cerebrovascular Disease	45.7
Accidents	71.4
Motor Vehicle Accidents	23.5
Diabetes	19.5
Influenza and Pneumonia	23.3
Intentional Self-Harm (Suicide)	15.7
Chronic Liver Disease and Cirrhosis	14.2
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	86
2. Malignant Neoplasms (Cancer)	74
3. Cerebrovascular Disease	28
4. Alzheimer's Disease	27
5. Accidents	25
6. Chronic Lower Respiratory Diseases	19
7. Influenza and Pneumonia	13
8. Diabetes	11
T9. Essential (Primary) Hypertension and Hypertensive Renal Disease	8
T9. Parkinson's Disease	8
Percent of Deaths due to tobacco use	14.1
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Deuel County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
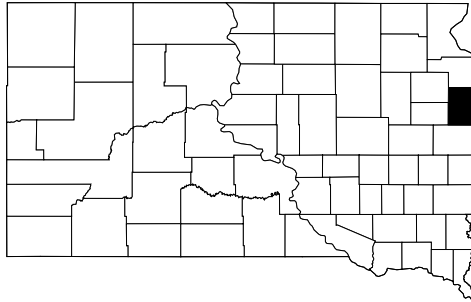
Deuel County borders Minnesota and averages 7.0 persons per square mile. Clear Lake is the largest city in Deuel County.

2018 Population Information

Subject	Number	Percent
Total population	4,337	100.0
White	4,104	94.6
Hispanic	123	2.8
Black or African American	37	0.9
American Indian & Alaska Native	20	0.5
Asian	11	0.3
Pacific Islander	0	0.0
Multi-Racial	42	1.0
Under 5 years	278	6.4
Under 18 years	1,032	23.8
65 years and over	949	21.9

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Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.6
Percent of Mothers Receiving Care in 1st Trimester	81.2
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.6
Percent of Births Less Than 37 Wks. of Gestation	7.3
Average Age of Mother	28.5
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	94.3
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	5.0
● Percent Unmarried	18.8
● Percent WIC births	21.5
Percent Breastfeeding at discharge	86.6
○ Percent Payment-Private Insurance	78.2
● Percent Payment-Medicaid	14.0
Percent C-Section	21.8

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Mortality[3]

All Causes	640.7
Heart Disease	135.9
Malignant Neoplasms (Cancer)	164.5
Trachea, Bronchus, & Lung	35.4
Colon, Rectum, & Anus	10.0
Female Breast	LNE
Pancreas	8.5
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	39.5
Alzheimer's Disease	20.9
Cerebrovascular Disease	47.8
Accidents	30.9
Motor Vehicle Accidents	18.2
Diabetes	13.7
Influenza and Pneumonia	17.9
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	10.9
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	58
2. Heart Disease	49
3. Cerebrovascular Disease	18
4. Chronic Lower Respiratory Diseases	17
5. Septicemia	11
6. Accidents	10
T7. Alzheimer's Disease	8
T7. Influenza and Pneumonia	8
9. Pneumonitis due to Solids and Liquids	7
T10. Diabetes	5
T10. Essential (Primary) Hypertension and Hypertensive Renal Disease	5

Percent of Deaths due to tobacco use	14.5
Median age at death	81

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Dewey County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
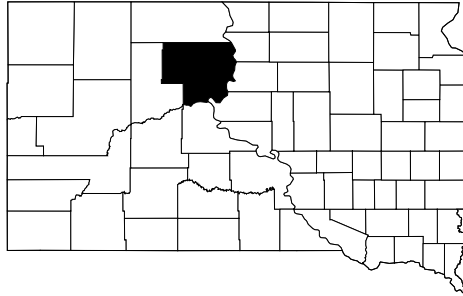
Dewey County is located in the north central region of the state and averages 2.3 persons per square mile. Eagle Butte is the largest city in Dewey County.

2018 Population Information

Subject	Number	Percent
Total population	5,904	100.0
American Indian & Alaska Native	4,158	70.4
White	1,187	20.1
Hispanic	284	4.8
Black or African American	27	0.5
Asian	11	0.2
Pacific Islander	1	0.0
Multi-Racial	236	4.0
Under 5 years	770	13.0
Under 18 years	2,237	37.9
65 years and over	559	9.5

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	8.7
● Percent of Mothers Receiving Care in 1st Trimester	49.5
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	18.8
○ Percent of Births Less Than 37 Wks. of Gestation	17.1
● Average Age of Mother	26.4
○ Teenage Birth Rate[2]	42.4
Percent White, Non-Hispanic Births	10.8
Percent American Indian, Non-Hispanic Births	79.6
Percent Hispanic Births	2.1
○ Percent Unmarried	67.2
○ Percent WIC births	76.9
● Percent Breastfeeding at discharge	55.4
● Percent Payment-Private Insurance	17.9
○ Percent Payment-Medicaid	69.4
○ Percent C-Section	31.0

Mortality[3]

○ All Causes	1,297.4
Heart Disease	197.5
Malignant Neoplasms (Cancer)	193.9
Trachea, Bronchus, & Lung	51.0
Colon, Rectum, & Anus	17.5
Female Breast	35.3
Pancreas	11.4
Prostate	32.5
Leukemia	16.0
Chronic Lower Respiratory Diseases	46.0
● Alzheimer's Disease	14.9
Cerebrovascular Disease	35.7
○ Accidents	144.3
○ Motor Vehicle Accidents	58.9
○ Diabetes	80.8
○ Influenza and Pneumonia	55.1
○ Intentional Self-Harm (Suicide)	51.1
○ Chronic Liver Disease and Cirrhosis	115.6
Infant Mortality	5.29

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	47
2. Heart Disease	44
3. Accidents	39
4. Chronic Liver Disease and Cirrhosis	26
5. Diabetes	19
6. Intentional Self-Harm (Suicide)	14
7. Influenza and Pneumonia	12
8. Chronic Lower Respiratory Diseases	10
T9. Cerebrovascular Disease	9
T9. Nephritis, Nephrotic Syndrome, and Nephrosis	9
Percent of Deaths due to tobacco use	14.0
Median age at death	64

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Douglas County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
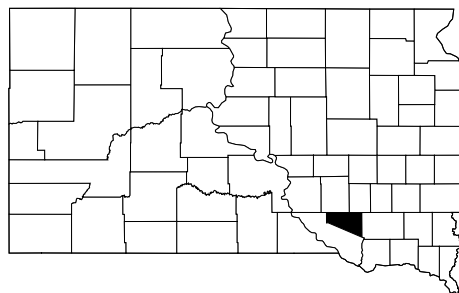
Douglas County is located in south central South Dakota and averages 7.0 persons per square mile. Armour is the largest city in Douglas County.

2018 Population Information

Subject	Number	Percent
Total population	2,935	100.0
White	2,755	93.9
American Indian & Alaska Native	67	2.3
Hispanic	57	1.9
Black or African American	15	0.5
Asian	5	0.2
Pacific Islander IslanderIslander	0	0.0
Multi-Racial	36	1.2
Under 5 years	223	7.6
Under 18 years	755	25.7
65 years and over	707	24.1

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.7
Percent of Mothers Receiving Care in 1st Trimester	78.9
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.9
Percent of Births Less Than 37 Wks. of Gestation	7.0
Average Age of Mother	27.8
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	94.9
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	2.3
● Percent Unmarried	12.1
● Percent WIC births	19.7
Percent Breastfeeding at discharge	91.0
Percent Payment-Private Insurance	70.0
● Percent Payment-Medicaid	16.7
Percent C-Section	25.7

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	625.6
● Heart Disease	85.2
Malignant Neoplasms (Cancer)	133.6
Trachea, Bronchus, & Lung	26.4
Colon, Rectum, & Anus	17.1
Female Breast	48.0
Pancreas	13.5
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	61.6
Alzheimer's Disease	56.6
Cerebrovascular Disease	20.8
Accidents	50.6
Motor Vehicle Accidents	LNE
Diabetes	29.3
Influenza and Pneumonia	17.0
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	23.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	38
2. Heart Disease	34
3. Alzheimer's Disease	26
4. Chronic Lower Respiratory Diseases	18
5. Accidents	16
6. Diabetes	11
7. Cerebrovascular Disease	9
T8. Influenza and Pneumonia	8
T8. Essential (Primary) Hypertension and Hypertensive Renal Disease	8
Percent of Deaths due to tobacco use	15.3
Median age at death	87

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Edmunds County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Edmunds County is located in the north central region of the state and averages 3.6 persons per square mile. Ipswich is the largest city in Edmunds County.

2018 Population Information

Subject	Number	Percent
Total population	3,875	100.0
White	3,676	94.9
Hispanic	77	2.0
Asian	40	1.0
American Indian & Alaska Native	36	0.9
Black or African American	11	0.3
Pacific Islander	0	0.0
Multi-Racial	35	0.9
Under 5 years	272	7.0
Under 18 years	926	23.9
65 years and over	834	21.5

—————
Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.0
● Percent of Mothers Receiving Care in 1st Trimester	59.6
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	6.7
● Percent of Births Less Than 37 Wks. of Gestation	5.4
○ Average Age of Mother	29.0
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	95.5
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	1.8
● Percent Unmarried	12.9
● Percent WIC births	13.5
Percent Breastfeeding at discharge	89.3
○ Percent Payment-Private Insurance	86.5
● Percent Payment-Medicaid	11.2
Percent C-Section	19.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	603.7
Heart Disease	139.2
● Malignant Neoplasms (Cancer)	106.4
Trachea, Bronchus, & Lung	25.1
Colon, Rectum, & Anus	9.3
Female Breast	LNE
Pancreas	13.1
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	29.2
Alzheimer's Disease	35.1
Cerebrovascular Disease	34.9
Accidents	56.4
Motor Vehicle Accidents	18.1
Diabetes	24.3
Influenza and Pneumonia	23.3
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	9.0
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	52
2. Malignant Neoplasms (Cancer)	33
3. Accidents	16
4. Alzheimer's Disease	15
5. Cerebrovascular Disease	14
T6. Chronic Lower Respiratory Diseases	10
T6. Influenza and Pneumonia	10
8. Diabetes	7
9. Septicemia	6
T10. Unspecified Dementia	5
T10. Essential (Primary) Hypertension and Hypertensive Renal Disease	5

Percent of Deaths due to tobacco use	16.3
Median age at death	84

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Fall River County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Fall River County is located in the southwestern corner of the state and averages 4.1 persons per square mile. Hot Springs is the largest city in Fall River County.

2018 Population Information

Subject	Number	Percent
Total population	6,758	100.0
White	5,729	84.8
American Indian & Alaska Native	383	5.7
Hispanic	271	4.0
Asian	90	1.3
Black or African American	77	1.1
Pacific Islander	3	0.0
Multi-Racial	205	3.0
Under 5 years	274	4.1
Under 18 years	1,155	17.1
65 years and over	1,960	29.0

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	8.0
Percent of Mothers Receiving Care in 1st Trimester	66.0
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	19.9
Percent of Births Less Than 37 Wks. of Gestation	7.4
Average Age of Mother	27.3
Teenage Birth Rate[2]	5.3
Percent White, Non-Hispanic Births	75.9
Percent American Indian, Non-Hispanic Births	9.1
Percent Hispanic Births	7.0
Percent Unmarried	41.6
○ Percent WIC births	39.6
Percent Breastfeeding at discharge	82.8
● Percent Payment-Private Insurance	46.8
○ Percent Payment-Medicaid	39.4
● Percent C-Section	16.4

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	970.2
○ Heart Disease	215.4
Malignant Neoplasms (Cancer)	180.1
Trachea, Bronchus, & Lung	43.1
Colon, Rectum, & Anus	20.2
Female Breast	22.1
Pancreas	5.2
Prostate	25.7
Leukemia	5.4
○ Chronic Lower Respiratory Diseases	81.7
Alzheimer's Disease	47.4
Cerebrovascular Disease	42.7
Accidents	64.6
Motor Vehicle Accidents	24.9
Diabetes	36.9
Influenza and Pneumonia	17.5
Intentional Self-Harm (Suicide)	29.4
Chronic Liver Disease and Cirrhosis	22.9
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	139
2. Malignant Neoplasms (Cancer)	120
3. Chronic Lower Respiratory Diseases	57
4. Alzheimer's Disease	33
5. Accidents	29
6. Cerebrovascular Disease	28
7. Diabetes	24
8. Intentional Self-Harm (Suicide)	13
9. Unspecified Dementia	11
T10. Influenza and Pneumonia	10
T10. Chronic Liver Disease and Cirrhosis	10

Percent of Deaths due to tobacco use	25.6
Median age at death	79

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Faulk County

Demographic Information	Health Status Indicators 2014-2018
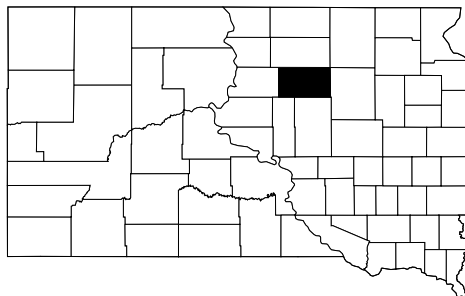
Faulk County is located in north central South Dakota and averages 2.4 persons per square mile. Faulkton is the largest city in Faulk County.

2018 Population Information

Subject	Number	Percent
Total population	2,330	100.0
White	2,255	96.8
Hispanic	30	1.3
Asian	15	0.6
Black or African American	12	0.5
American Indian & Alaska Native	6	0.3
Pacific Islander	0	0.0
Multi-Racial	12	0.5
Under 5 years	193	8.3
Under 18 years	590	25.3
65 years and over	544	23.3

Natality

Percent of Low Birth Weight Infants	8.2
● Percent of Mothers Receiving Care in 1st Trimester	57.3
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	1.8
Percent of Births Less Than 37 Wks. of Gestation	5.8
○ Average Age of Mother	29.5
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	98.8
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	LNE
● Percent Unmarried	7.0
● Percent WIC births	14.1
Percent Breastfeeding at discharge	91.2
○ Percent Payment-Private Insurance	88.9
● Percent Payment-Medicaid	8.8
Percent C-Section	24.0

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	708.2
Heart Disease	127.1
Malignant Neoplasms (Cancer)	144.8
Trachea, Bronchus, & Lung	37.0
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	27.5
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	49.0
Alzheimer's Disease	37.9
Cerebrovascular Disease	40.9
Accidents	39.9
Motor Vehicle Accidents	LNE
Diabetes	22.7
Influenza and Pneumonia	13.0
Intentional Self-Harm (Suicide)	36.7
Chronic Liver Disease and Cirrhosis	32.9
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	33
2. Malignant Neoplasms (Cancer)	31
T3. Chronic Lower Respiratory Diseases	13
T3. Alzheimer's Disease	13
5. Cerebrovascular Disease	11
6. Accidents	9
7. Chronic Liver Disease and Cirrhosis	5
Percent of Deaths due to tobacco use	12.4
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Grant County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
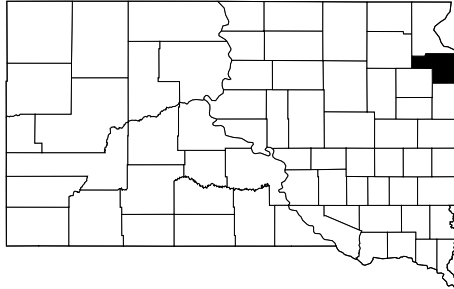
Grant County borders Minnesota in northeastern South Dakota and averages 10.8 persons per square mile. Milbank is the largest city in Grant County.

2018 Population Information

Subject	Number	Percent
Total population	7,147	100.0
White	6,573	92.0
Hispanic	348	4.9
American Indian & Alaska Native	83	1.2
Black or African American	47	0.7
Asian	18	0.3
Pacific Islander	2	0.0
Multi-Racial	76	1.1
Under 5 years	443	6.2
Under 18 years	1,609	22.5
65 years and over	1,489	20.8

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.5
Percent of Mothers Receiving Care in 1st Trimester	78.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	11.9
Percent of Births Less Than 37 Wks. of Gestation	6.7
Average Age of Mother	28.2
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	89.8
Percent American Indian, Non-Hispanic Births	1.9
Percent Hispanic Births	5.5
● Percent Unmarried	24.2
● Percent WIC births	24.9
Percent Breastfeeding at discharge	83.9
○ Percent Payment-Private Insurance	72.2
● Percent Payment-Medicaid	19.2
Percent C-Section	26.3

Mortality[3]

All Causes	737.1
Heart Disease	177.0
Malignant Neoplasms (Cancer)	140.2
Trachea, Bronchus, & Lung	38.9
● Colon, Rectum, & Anus	6.4
Female Breast	18.0
Pancreas	8.1
Prostate	23.7
Leukemia	5.0
Chronic Lower Respiratory Diseases	52.6
Alzheimer's Disease	52.2
Cerebrovascular Disease	50.7
Accidents	48.2
Motor Vehicle Accidents	29.0
Diabetes	21.9
Influenza and Pneumonia	18.4
Intentional Self-Harm (Suicide)	23.2
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death

	Total Deaths
1. Heart Disease	106
2. Malignant Neoplasms (Cancer)	81
3. Alzheimer's Disease	36
4. Chronic Lower Respiratory Diseases	33
5. Cerebrovascular Disease	31
6. Accidents	21
7. Diabetes	14
8. Influenza and Pneumonia	12
9. Parkinson's Disease	10
10. Intentional Self-Harm (Suicide)	8
Percent of Deaths due to tobacco use	17.0
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Gregory County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Gregory County borders the west bank of the Missouri River and the state of Nebraska and averages 4.2 persons per square mile. Gregory is the largest city in Gregory County.

2018 Population Information

Subject	Number	Percent
Total population	4,212	100.0
White	3,681	87.4
American Indian & Alaska Native	306	7.3
Hispanic	67	1.6
Asian	19	0.5
Black or African American	16	0.4
Pacific Islander	1	0.0
Multi-Racial	122	2.9
Under 5 years	277	6.6
Under 18 years	992	23.6
65 years and over	1,072	25.5

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

● Percent of Low Birth Weight Infants	3.7
Percent of Mothers Receiving Care in 1st Trimester	73.1
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	11.9
Percent of Births Less Than 37 Wks. of Gestation	7.4
Average Age of Mother	28.1
Teenage Birth Rate[2]	16.3
Percent White, Non-Hispanic Births	77.2
Percent American Indian, Non-Hispanic Births	15.1
Percent Hispanic Births	1.5
Percent Unmarried	33.5
Percent WIC births	38.7
Percent Breastfeeding at discharge	80.1
Percent Payment-Private Insurance	56.6
Percent Payment-Medicaid	38.2
Percent C-Section	27.9

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	771.9
Heart Disease	161.1
Malignant Neoplasms (Cancer)	175.9
Trachea, Bronchus, & Lung	37.4
Colon, Rectum, & Anus	14.1
Female Breast	20.3
Pancreas	21.4
Prostate	17.0
Leukemia	LNE
Chronic Lower Respiratory Diseases	51.3
Alzheimer's Disease	24.5
Cerebrovascular Disease	51.8
Accidents	71.4
Motor Vehicle Accidents	39.4
Diabetes	21.9
● Influenza and Pneumonia	5.8
Intentional Self-Harm (Suicide)	13.1
Chronic Liver Disease and Cirrhosis	31.5
Infant Mortality	11.03

Leading Causes of Death	Total Deaths
1. Heart Disease	74
2. Malignant Neoplasms (Cancer)	68
3. Cerebrovascular Disease	25
4. Chronic Lower Respiratory Diseases	24
5. Accidents	16
6. Alzheimer's Disease	14
7. Diabetes	9
8. Chronic Liver Disease and Cirrhosis	7
T9. Septicemia	6
T9. Disorders of Lipoprotein Metabolism and Other Lipidemias	6

Percent of Deaths due to tobacco use	17.0
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Haakon County

| **Demographic Information** | **Health Status Indicators 2014-2018** |

Demographic Information
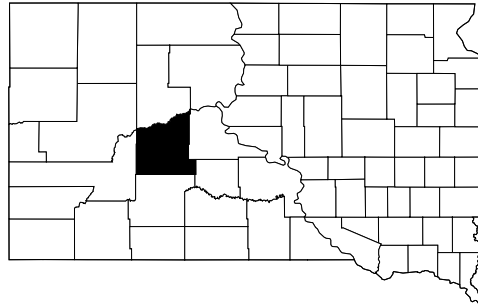
Haakon County is located in the west central region of the state and averages 1.1 persons per square mile. Philip is the largest city in Haakon County.

2018 Population Information

Subject	Number	Percent
Total population	1,918	100.0
White	1,756	91.6
American Indian & Alaska Native	46	2.4
Hispanic	40	2.1
Asian	5	0.3
Black or African American	4	0.2
Pacific Islander	2	0.1
Multi-Racial	65	3.4
Under 5 years	115	6.0
Under 18 years	449	23.4
65 years and over	468	24.4

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

● Percent of Low Birth Weight Infants	2.9
Percent of Mothers Receiving Care in 1st Trimester	80.2
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	15.7
Percent of Births Less Than 37 Wks. of Gestation	5.9
Average Age of Mother	28.0
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	86.3
Percent American Indian, Non-Hispanic Births	2.9
Percent Hispanic Births	LNE
● Percent Unmarried	24.5
Percent WIC births	27.7
Percent Breastfeeding at discharge	82.4
Percent Payment-Private Insurance	70.6
Percent Payment-Medicaid	25.5
Percent C-Section	18.6

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	677.6
Heart Disease	125.1
Malignant Neoplasms (Cancer)	150.8
Trachea, Bronchus, & Lung	54.4
Colon, Rectum, & Anus	15.7
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	32.8
Chronic Lower Respiratory Diseases	73.1
Alzheimer's Disease	LNE
Cerebrovascular Disease	17.4
Accidents	31.3
Motor Vehicle Accidents	LNE
Diabetes	LNE
Influenza and Pneumonia	38.5
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
T1. Heart Disease	24
T1. Malignant Neoplasms (Cancer)	24
3. Chronic Lower Respiratory Diseases	16
4. Influenza and Pneumonia	9
5. Urinary Tract Infection, Site Not Specified	5
Percent of Deaths due to tobacco use	12.3
Median age at death	85

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Hamlin County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
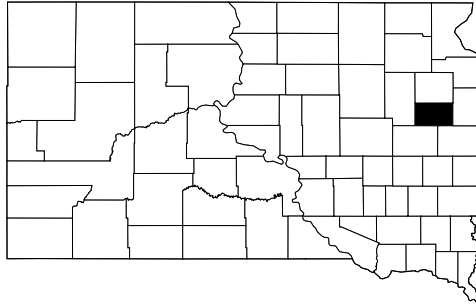
Hamlin County is located in the northeastern region of the state and averages 11.6 persons per square mile. Estelline is the largest city in Hamlin County.

2018 Population Information

Subject	Number	Percent
Total population	6,111	100.0
White	5,683	93.0
Hispanic	296	4.8
American Indian & Alaska Native	34	0.6
Black or African American	29	0.5
Asian	17	0.3
Pacific Islander	0	0.0
Multi-Racial	52	0.9
Under 5 years	550	9.0
Under 18 years	1,924	31.5
65 years and over	953	15.6

_____

Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

● Percent of Low Birth Weight Infants	4.4
Percent of Mothers Receiving Care in 1st Trimester	74.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	12.6
Percent of Births Less Than 37 Wks. of Gestation	7.5
Average Age of Mother	27.6
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	95.7
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	3.1
● Percent Unmarried	12.1
Percent WIC births	27.6
○ Percent Breastfeeding at discharge	89.2
○ Percent Payment-Private Insurance	77.8
● Percent Payment-Medicaid	14.9
● Percent C-Section	15.6

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	734.8
● Heart Disease	114.4
Malignant Neoplasms (Cancer)	143.6
Trachea, Bronchus, & Lung	53.6
Colon, Rectum, & Anus	11.9
Female Breast	15.6
Pancreas	7.8
Prostate	LNE
Leukemia	7.7
Chronic Lower Respiratory Diseases	30.0
○ Alzheimer's Disease	73.9
Cerebrovascular Disease	41.7
Accidents	44.0
Motor Vehicle Accidents	15.5
Diabetes	26.9
Influenza and Pneumonia	22.5
Intentional Self-Harm (Suicide)	13.3
Chronic Liver Disease and Cirrhosis	13.0
Infant Mortality	8.55

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	58
2. Heart Disease	49
3. Alzheimer's Disease	35
4. Cerebrovascular Disease	17
5. Accidents	15
6. Vascular Dementia	13
T7. Chronic Lower Respiratory Diseases	12
T7. Diabetes	12
9. Influenza and Pneumonia	11
T10. Unspecified Dementia	6
T10. Essential (Primary) Hypertension And Hypertensive Renal Disease	6

Percent of Deaths due to tobacco use	14.6
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Hand County

Demographic Information	Health Status Indicators 2014-2018
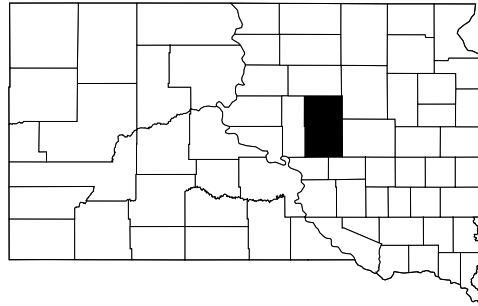
Hand County is located in central South Dakota and averages 2.4 persons per square mile. Miller is the largest city in Hand County.

2018 Population Information

Subject	Number	Percent
Total population	3,262	100.0
White	3,149	96.5
Hispanic	45	1.4
American Indian & Alaska Native	16	0.5
Asian	13	0.4
Black or African American	4	0.1
Pacific Islander	1	0.0
Multi-Racial	34	1.0
Under 5 years	191	5.9
Under 18 years	715	21.9
65 years and over	826	25.3

Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	8.2
● Percent of Mothers Receiving Care in 1st Trimester	59.9
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	7.6
Percent of Births Less Than 37 Wks. of Gestation	10.3
○ Average Age of Mother	28.8
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	96.2
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	1.6
● Percent Unmarried	14.7
● Percent WIC births	9.2
Percent Breastfeeding at discharge	87.4
○ Percent Payment-Private Insurance	86.4
● Percent Payment-Medicaid	9.2
Percent C-Section	33.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	648.4
Heart Disease	130.7
Malignant Neoplasms (Cancer)	129.4
● Trachea, Bronchus, & Lung	16.2
Colon, Rectum, & Anus	20.7
Female Breast	LNE
Pancreas	15.1
Prostate	47.8
Leukemia	LNE
Chronic Lower Respiratory Diseases	47.8
Alzheimer's Disease	31.8
Cerebrovascular Disease	50.7
Accidents	49.4
Motor Vehicle Accidents	LNE
Diabetes	19.8
Influenza and Pneumonia	20.9
Intentional Self-Harm (Suicide)	24.3
Chronic Liver Disease and Cirrhosis	12.3
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	52
2. Malignant Neoplasms (Cancer)	39
3. Cerebrovascular Disease	20
4. Chronic Lower Respiratory Diseases	18
5. Alzheimer's Disease	15
6. Accidents	14
7. Essential (Primary) Hypertension and Hypertensive Renal Disease	10
8. Influenza and Pneumonia	7
9. Diabetes	6
T10. Unspecified Dementia	5
T10. Septicemia	5

Percent of Deaths due to tobacco use	26.4
Median age at death	84

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●Denotes a health status indicator which is significantly lower than the state average.
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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Hanson County

Demographic Information	**Health Status Indicators 2014-2018**

Demographic Information
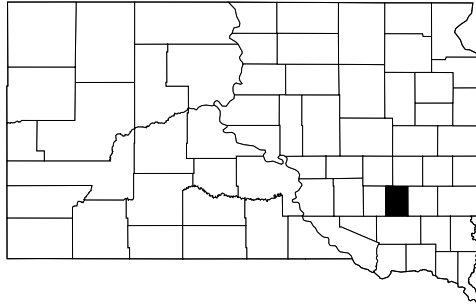
Hanson County is located in southeastern South Dakota and averages 7.7 people per square mile. Alexandria is the largest city in Hanson County.

2018 Population Information

Subject	Number	Percent
Total population	3,376	100.0
White	3,252	96.3
Hispanic	50	1.5
Black or African American	14	0.4
Asian	14	0.4
American Indian & Alaska Native	12	0.4
Pacific Islander	0	0.0
Multi-Racial	34	1.0
Under 5 years	256	7.6
Under 18 years	1,032	30.6
65 years and over	521	15.4

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.4
Percent of Mothers Receiving Care in 1st Trimester	75.0
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	5.4
Percent of Births Less Than 37 Wks. of Gestation	6.4
○ Average Age of Mother	30.1
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	98.0
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	LNE
● Percent Unmarried	12.7
● Percent WIC births	9.4
Percent Breastfeeding at discharge	86.3
○ Percent Payment-Private Insurance	80.4
● Percent Payment-Medicaid	8.3
Percent C-Section	22.5

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	926.1
Heart Disease	187.4
○ Malignant Neoplasms (Cancer)	316.9
Trachea, Bronchus, & Lung	55.4
○ Colon, Rectum, & Anus	85.7
Female Breast	LNE
Pancreas	27.9
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	21.3
Alzheimer's Disease	42.1
Cerebrovascular Disease	33.3
Accidents	56.3
Motor Vehicle Accidents	28.4
Diabetes	31.2
Influenza and Pneumonia	24.5
Intentional Self-Harm (Suicide)	19.0
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	45
2. Heart Disease	26
3. Accidents	8
4. Alzheimer's Disease	5
Percent of Deaths due to tobacco use	16.7
Median age at death	77

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○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Harding County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
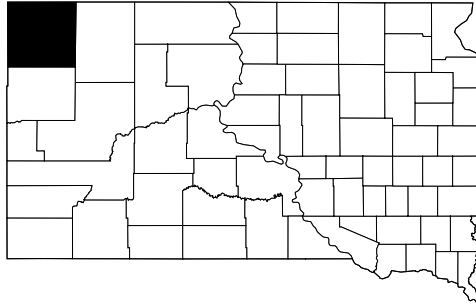
Harding County is located in the northwestern corner of the state and averages 0.5 persons per square mile. Buffalo is the largest city in Harding County.

2018 Population Information

Subject	Number	Percent
Total population	1,249	100.0
White	1,152	92.2
Hispanic	33	2.6
American Indian & Alaska Native	27	2.2
Black or African American	11	0.9
Asian	3	0.2
Pacific Islander	0	0.0
Multi-Racial	23	1.8
Under 5 years	82	6.6
Under 18 years	290	23.2
65 years and over	222	17.8

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.4
Percent of Mothers Receiving Care in 1st Trimester	84.3
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	5.5
Percent of Births Less Than 37 Wks. of Gestation	5.6
Average Age of Mother	29.2
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	89.0
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	LNE
● Percent Unmarried	12.1
● Percent WIC births	8.8
Percent Breastfeeding at discharge	91.9
○ Percent Payment-Private Insurance	83.3
● Percent Payment-Medicaid	7.8
Percent C-Section	22.0

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	453.1
Heart Disease	110.5
● Malignant Neoplasms (Cancer)	77.7
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	LNE
Alzheimer's Disease	LNE
Cerebrovascular Disease	40.3
Accidents	73.6
Motor Vehicle Accidents	LNE
Diabetes	42.4
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	9
2. Malignant Neoplasms (Cancer)	7
3. Accidents	6
Percent of Deaths due to tobacco use	10.8
Median age at death	75

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●Denotes a health status indicator which is significantly lower than the state average.
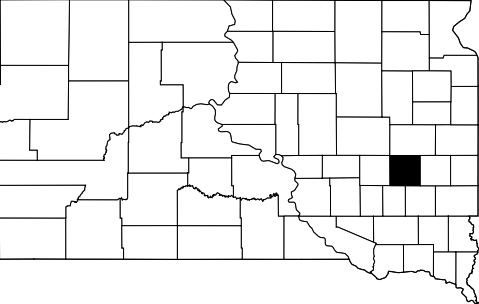○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
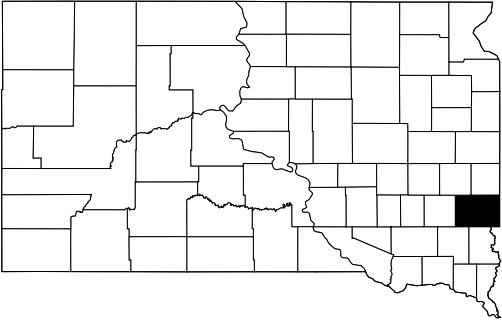
See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Hughes County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
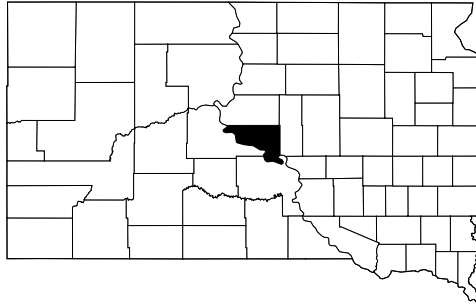
Hughes County is located in the center of the state and averages 23.0 persons per square mile. Pierre is the largest city in Hughes County.

2018 Population Information

Subject	Number	Percent
Total population	17,650	100.0
White	14,438	81.8
American Indian & Alaska Native	1,956	11.1
Hispanic	565	3.2
Asian	133	0.8
Black or African American	124	0.7
Pacific Islander	2	0.0
Multi-Racial	432	2.4
Under 5 years	1,183	6.7
Under 18 years	4,251	24.1
65 years and over	3,057	17.3

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	6.4
● Percent of Mothers Receiving Care in 1st Trimester	55.0
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	18.2
Percent of Births Less Than 37 Wks. of Gestation	9.4
Average Age of Mother	28.0
Teenage Birth Rate[2]	11.8
Percent White, Non-Hispanic Births	70.8
Percent American Indian, Non-Hispanic Births	20.2
Percent Hispanic Births	2.9
○ Percent Unmarried	41.9
Percent WIC births	33.4
Percent Breastfeeding at discharge	76.9
Percent Payment-Private Insurance	58.9
○ Percent Payment-Medicaid	38.2
Percent C-Section	28.4

Mortality[3]

All Causes	671.3
Heart Disease	136.0
Malignant Neoplasms (Cancer)	140.0
Trachea, Bronchus, & Lung	38.7
Colon, Rectum, & Anus	20.6
Female Breast	30.0
Pancreas	11.1
Prostate	8.6
Leukemia	4.6
Chronic Lower Respiratory Diseases	58.3
● Alzheimer's Disease	21.4
Cerebrovascular Disease	43.3
Accidents	45.2
Motor Vehicle Accidents	14.0
Diabetes	34.6
○ Influenza and Pneumonia	35.1
Intentional Self-Harm (Suicide)	18.8
● Chronic Liver Disease and Cirrhosis	6.8
Infant Mortality	7.64

Leading Causes of Death	Total Deaths
1. Heart Disease	157
2. Malignant Neoplasms (Cancer)	155
3. Chronic Lower Respiratory Diseases	67
4. Cerebrovascular Disease	52
5. Accidents	45
6. Influenza and Pneumonia	43
7. Diabetes	39
8. Alzheimer's Disease	27
9. Intentional Self-Harm (Suicide)	17
10. Unspecified Dementia	10

Percent of Deaths due to tobacco use	18.9
Median age at death	80

Hutchinson County

Demographic Information	Health Status Indicators 2014-2018
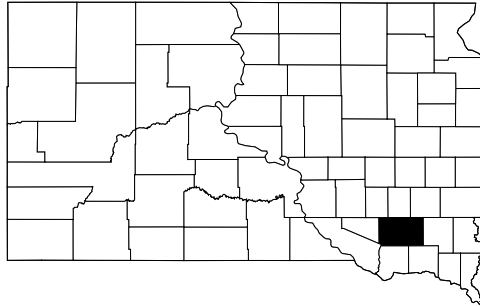
Hutchinson County is located in the southeastern region of the state and averages 9.0 persons per square mile. Parkston is the largest city in Hutchinson County.

2018 Population Information

Subject	Number	Percent
Total population	7,380	100.0
White	6,925	93.8
Hispanic	211	2.9
American Indian & Alaska Native	77	1.0
Black or African American	73	1.0
Asian	18	0.2
Pacific Islander	2	0.0
Multi-Racial	74	1.0
Under 5 years	683	9.3
Under 18 years	1,880	25.5
65 years and over	1,697	23.0

————

Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	6.6
Percent of Mothers Receiving Care in 1st Trimester	68.8
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	7.9
Percent of Births Less Than 37 Wks. of Gestation	8.1
○ Average Age of Mother	28.6
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	94.1
Percent American Indian, Non-Hispanic Births	1.0
Percent Hispanic Births	2.8
● Percent Unmarried	19.5
● Percent WIC births	19.4
Percent Breastfeeding at discharge	84.4
○ Percent Payment-Private Insurance	78.2
● Percent Payment-Medicaid	15.6
Percent C-Section	25.1

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○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	717.6
Heart Disease	155.6
Malignant Neoplasms (Cancer)	132.4
Trachea, Bronchus, & Lung	30.7
Colon, Rectum, & Anus	13.1
Female Breast	13.1
Pancreas	6.5
Prostate	28.0
Leukemia	LNE
Chronic Lower Respiratory Diseases	34.8
○ Alzheimer's Disease	54.3
Cerebrovascular Disease	50.5
Accidents	67.1
Motor Vehicle Accidents	23.6
● Diabetes	8.9
Influenza and Pneumonia	16.7
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	10.7
Infant Mortality	8.71

Leading Causes of Death	Total Deaths
1. Heart Disease	136
2. Malignant Neoplasms (Cancer)	93
3. Alzheimer's Disease	60
4. Cerebrovascular Disease	49
5. Accidents	35
6. Chronic Lower Respiratory Diseases	26
7. Influenza and Pneumonia	17
T8. Unspecified Dementia	13
T8. Essential (Primary) Hypertension and Hypertensive Renal Disease	13
10. Pneumonitis Due to Solids and Liquids	12

Percent of Deaths due to tobacco use	9.6
Median age at death	86

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics
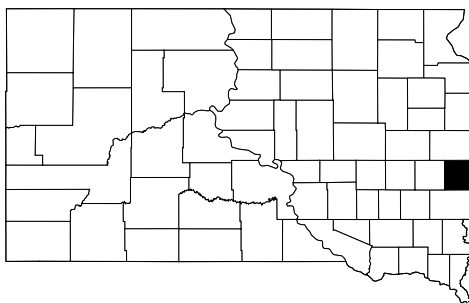
Hyde County

Demographic Information	Health Status Indicators 2014-2018
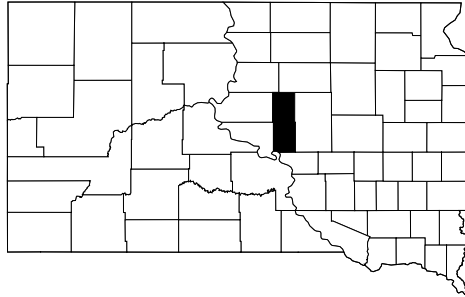
Hyde County is located in the central region of the state and averages 1.7 people per square mile. Highmore is the largest city in Hyde County.

2018 Population Information

Subject	Number	Percent
Total population	1,282	100.0
White	1,121	87.4
American Indian & Alaska Native	101	7.9
Hispanic	18	1.4
Black or African American	7	0.5
Asian	3	0.2
Pacific Islander	1	0.1
Multi-Racial	31	2.4
Under 5 years	78	6.1
Under 18 years	265	20.7
65 years and over	324	25.3

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Natality

Percent of Low Birth Weight Infants	6.2
Percent of Mothers Receiving Care in 1st Trimester	63.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.9
Percent of Births Less Than 37 Wks. of Gestation	6.2
Average Age of Mother	27.4
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	85.2
Percent American Indian, Non-Hispanic Births	11.1
Percent Hispanic Births	LNE
Percent Unmarried	32.1
Percent WIC births	23.5
Percent Breastfeeding at discharge	85.2
Percent Payment-Private Insurance	72.8
Percent Payment-Medicaid	25.9
Percent C-Section	18.5

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○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	747.6
Heart Disease	227.8
Malignant Neoplasms (Cancer)	132.2
Trachea, Bronchus, & Lung	33.5
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	28.3
Alzheimer's Disease	33.4
Cerebrovascular Disease	45.3
Accidents	72.7
Motor Vehicle Accidents	44.1
Diabetes	27.0
Influenza and Pneumonia	23.9
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	31
2. Malignant Neoplasms (Cancer)	19
T3. Accidents	8
T3. Cerebrovascular Disease	8
5. Alzheimer's Disease	6
Percent of Deaths due to tobacco use	12.0
Median age at death	85

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Jackson County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
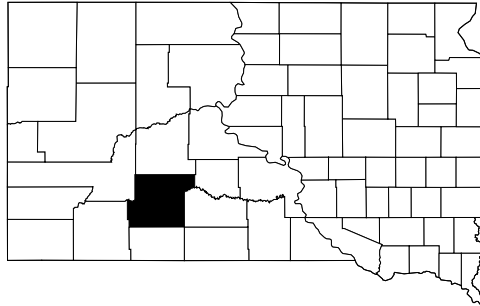
Jackson County is located in western South Dakota and averages 1.6 persons per square mile. Wanblee is the largest city in Jackson County.

2018 Population Information

Subject	Number	Percent
Total population	3,307	100.0
American Indian & Alaska Native	1,651	49.9
White	1,304	39.4
Hispanic	151	4.6
Black or African American	35	1.1
Asian	5	0.2
Pacific Islander	1	0.0
Multi-Racial	160	4.8
Under 5 years	354	10.7
Under 18 years	1,105	33.4
65 years and over	442	13.4

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Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.3
● Percent of Mothers Receiving Care in 1st Trimester	57.9
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	21.3
○ Percent of Births Less Than 37 Wks. of Gestation	13.1
● Average Age of Mother	26.6
○ Teenage Birth Rate[2]	40.1
Percent White, Non-Hispanic Births	17.2
Percent American Indian, Non-Hispanic Births	75.3
Percent Hispanic Births	2.6
○ Percent Unmarried	74.7
○ Percent WIC births	64.4
● Percent Breastfeeding at discharge	64.5
● Percent Payment-Private Insurance	15.2
○ Percent Payment-Medicaid	60.9
Percent C-Section	26.0

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○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	1,022.9
○ Heart Disease	227.1
Malignant Neoplasms (Cancer)	182.7
Trachea, Bronchus, & Lung	57.0
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	29.9
Leukemia	LNE
Chronic Lower Respiratory Diseases	85.7
Alzheimer's Disease	LNE
Cerebrovascular Disease	25.8
○ Accidents	135.8
○ Motor Vehicle Accidents	101.0
Diabetes	48.0
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	31.0
Chronic Liver Disease and Cirrhosis	43.0
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	43
2. Malignant Neoplasms (Cancer)	34
3. Accidents	20
4. Chronic Lower Respiratory Diseases	15
5. Diabetes	9
6. Chronic Liver Disease and Cirrhosis	6
T7. Cerebrovascular Disease	5
T7. Intentional Self-Harm (Suicide)	5
T7. Aortic Aneurysm and Dissection	5
Percent of Deaths due to tobacco use	11.0
Median age at death	69

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○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Jerauld County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
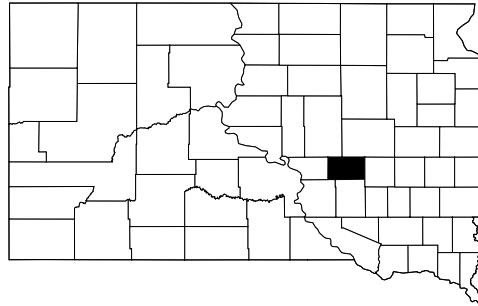
Jerauld County is located in the central region of the state and averages 3.9 persons per square mile. Wessington Springs is the largest city in Jerauld County.

2018 Population Information

Subject	Number	Percent
Total population	2,043	100.0
White	1,897	92.9
Hispanic	102	5.0
American Indian & Alaska Native	13	0.6
Asian	4	0.2
Black or African American	3	0.1
Pacific Islander	3	0.1
Multi-Racial	21	1.0
Under 5 years	131	6.4
Under 18 years	480	23.5
65 years and over	550	26.9

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.5
Percent of Mothers Receiving Care in 1st Trimester	85.0
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	14.5
Percent of Births Less Than 37 Wks. of Gestation	6.4
Average Age of Mother	29.0
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	92.7
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	4.5
● Percent Unmarried	26.4
Percent WIC births	25.7
Percent Breastfeeding at discharge	76.1
○ Percent Payment-Private Insurance	80.0
● Percent Payment-Medicaid	17.3
Percent C-Section	24.5

Mortality[3]

All Causes	627.2
Heart Disease	147.9
Malignant Neoplasms (Cancer)	155.0
Trachea, Bronchus, & Lung	37.0
Colon, Rectum, & Anus	16.2
Female Breast	LNE
Pancreas	38.3
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	38.0
○ Alzheimer's Disease	79.1
Cerebrovascular Disease	34.7
Accidents	59.5
Motor Vehicle Accidents	47.9
Diabetes	LNE
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	34
2. Malignant Neoplasms (Cancer)	31
3. Alzheimer's Disease	26
4. Cerebrovascular Disease	9
T5. Accidents	7
T5. Chronic Lower Respiratory Diseases	7
Percent of Deaths due to tobacco use	16.4
Median age at death	86

————————
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Jones County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
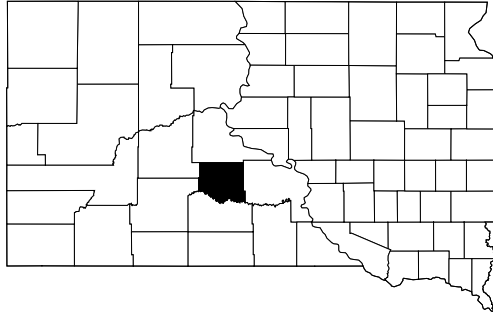
Jones County is located in western South Dakota and averages 1.0 persons per square mile. Murdo is the largest city in Jones County.

2018 Population Information

Subject	Number	Percent
Total population	928	100.0
White	825	88.9
American Indian & Alaska Native	39	4.2
Hispanic	22	2.4
Black or African American	3	0.3
Pacific Islander	3	0.7
Asian	0	0.0
Multi-Racial	36	3.9
Under 5 years	57	6.1
Under 18 years	206	22.2
65 years and over	216	23.3

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.1
Percent of Mothers Receiving Care in 1st Trimester	57.6
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	18.6
Percent of Births Less Than 37 Wks. of Gestation	8.5
Average Age of Mother	28.8
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	84.7
Percent American Indian, Non-Hispanic Births	8.5
Percent Hispanic Births	LNE
Percent Unmarried	30.5
Percent WIC births	25.4
Percent Breastfeeding at discharge	83.1
Percent Payment-Private Insurance	69.5
Percent Payment-Medicaid	28.8
Percent C-Section	15.3

Mortality[3]

All Causes	648.7
Heart Disease	127.5
Malignant Neoplasms (Cancer)	184.1
Trachea, Bronchus, & Lung	46.7
Colon, Rectum, & Anus	31.8
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	58.6
Alzheimer's Disease	LNE
Cerebrovascular Disease	34.1
Accidents	LNE
Motor Vehicle Accidents	LNE
Diabetes	LNE
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	16
2. Heart Disease	12
3. Chronic Lower Respiratory Diseases	5
Percent of Deaths due to tobacco use	25.5
Median age at death	78

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

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●Denotes a health status indicator which is significantly lower than the state average.
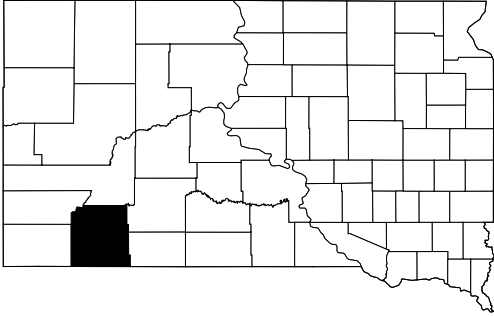○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
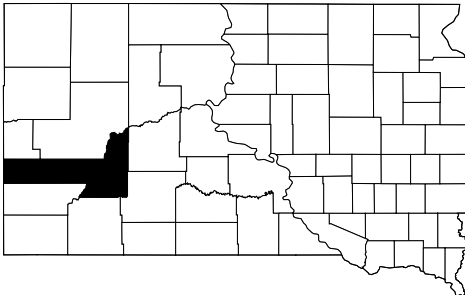
See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Kingsbury County

Demographic Information	Health Status Indicators 2014-2018
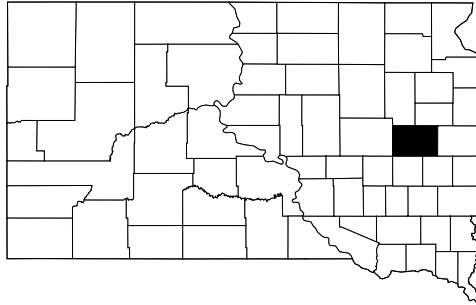
Kingsbury County is located in east central South Dakota and averages 6.2 persons per square mile. De Smet is the largest city in Kingsbury County.

2018 Population Information

Subject	Number	Percent
Total population	4,919	100.0
White	4,648	94.5
Hispanic	104	2.1
American Indian & Alaska Native	40	0.8
Asian	31	0.6
Black or African American	22	0.4
Pacific Islander	0	0.0
Multi-Racial	74	1.5
Under 5 years	327	6.6
Under 18 years	1,127	22.9
65 years and over	1,139	23.2

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Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	5.1
○ Percent of Mothers Receiving Care in 1st Trimester	87.3
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.9
● Percent of Births Less Than 37 Wks. of Gestation	5.7
Average Age of Mother	28.5
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	94.9
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	3.3
● Percent Unmarried	23.3
● Percent WIC births	21.2
Percent Breastfeeding at discharge	89.0
○ Percent Payment-Private Insurance	78.8
● Percent Payment-Medicaid	17.6
● Percent C-Section	17.9

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	765.2
Heart Disease	178.8
Malignant Neoplasms (Cancer)	190.7
Trachea, Bronchus, & Lung	43.4
Colon, Rectum, & Anus	17.9
Female Breast	25.6
Pancreas	24.4
Prostate	LNE
Leukemia	16.1
Chronic Lower Respiratory Diseases	37.1
Alzheimer's Disease	25.5
Cerebrovascular Disease	39.4
Accidents	73.2
○ Motor Vehicle Accidents	46.2
Diabetes	24.6
Influenza and Pneumonia	23.0
Intentional Self-Harm (Suicide)	26.9
Chronic Liver Disease and Cirrhosis	24.2
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	88
2. Malignant Neoplasms (Cancer)	79
3. Accidents	21
4. Cerebrovascular Disease	20
5. Chronic Lower Respiratory Diseases	18
6. Alzheimer's Disease	14
T7. Diabetes	11
T7. Influenza and Pneumonia	11
T9. Chronic Liver Disease and Cirrhosis	7
T9. Parkinson's Disease	7
Percent of Deaths due to tobacco use	12.4
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
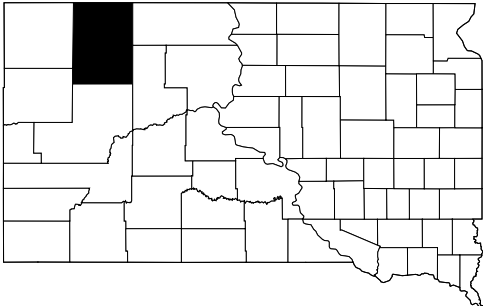Source: South Dakota Department of Health, Office of Health Statistics

Lake County

Demographic Information	Health Status Indicators 2014-2018
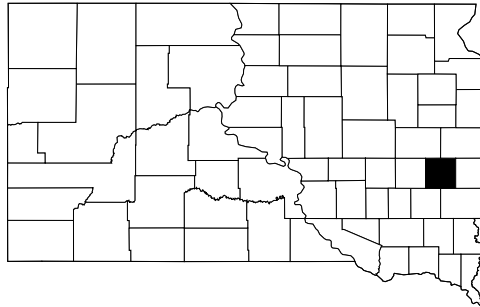
Lake County is located in the east central region of the state and averages 19.9 persons per square mile. Madison is the largest city in Lake County.

2018 Population Information

Subject	Number	Percent
Total population	13,057	100.0
White	12,127	92.9
Hispanic	346	2.6
American Indian & Alaska Native	143	1.1
Black or African American	137	1.0
Asian	122	0.9
Pacific Islander	7	0.1
Multi-Racial	175	1.3
Under 5 years	709	5.4
Under 18 years	2,627	20.1
65 years and over	2,871	22.0

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Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	6.0
Percent of Mothers Receiving Care in 1st Trimester	76.8
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	10.5
Percent of Births Less Than 37 Wks. of Gestation	9.0
○ Average Age of Mother	28.7
● Teenage Birth Rate[2]	2.8
Percent White, Non-Hispanic Births	89.4
Percent American Indian, Non-Hispanic Births	2.9
Percent Hispanic Births	4.0
● Percent Unmarried	25.4
● Percent WIC births	22.2
Percent Breastfeeding at discharge	83.7
○ Percent Payment-Private Insurance	70.7
● Percent Payment-Medicaid	20.8
Percent C-Section	25.6

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	666.2
Heart Disease	151.7
Malignant Neoplasms (Cancer)	131.6
Trachea, Bronchus, & Lung	35.5
Colon, Rectum, & Anus	15.7
Female Breast	9.6
Pancreas	14.1
Prostate	14.5
Leukemia	8.1
Chronic Lower Respiratory Diseases	44.9
Alzheimer's Disease	34.3
○ Cerebrovascular Disease	54.1
● Accidents	31.9
● Motor Vehicle Accidents	8.7
Diabetes	27.2
● Influenza and Pneumonia	5.3
Intentional Self-Harm (Suicide)	18.8
Chronic Liver Disease and Cirrhosis	11.1
Infant Mortality	7.72

Leading Causes of Death	Total Deaths
1. Heart Disease	146
2. Malignant Neoplasms (Cancer)	130
3. Cerebrovascular Disease	50
4. Chronic Lower Respiratory Diseases	42
5. Alzheimer's Disease	30
6. Unspecified Dementia	28
7. Accidents	26
8. Diabetes	25
9. Intentional Self-Harm (Suicide)	10
10. Other Interstitial Pulmonary Diseases With Fibrosis	8

Percent of Deaths due to tobacco use	20.2
Median age at death	79

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○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Lawrence County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
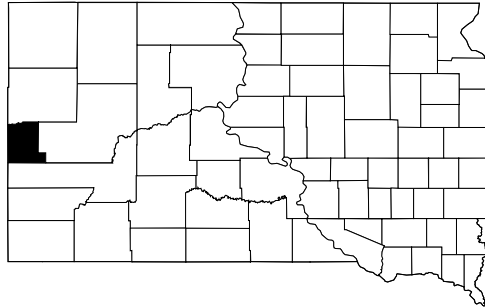
Lawrence County is located along the Wyoming border and averages 30.1 persons per square mile. Spearfish is the largest city in Lawrence County.

2018 Population Information

Subject	Number	Percent
Total population	25,741	100.0
White	23,324	90.6
Hispanic	860	3.3
American Indian & Alaska Native	534	2.1
Asian	375	1.5
Black or African American	196	0.8
Pacific Islander	14	0.1
Multi-Racial	438	1.7
Under 5 years	1,121	4.4
Under 18 years	4,600	17.9
65 years and over	5,617	21.8

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

○ Percent of Low Birth Weight Infants	8.8
Percent of Mothers Receiving Care in 1st Trimester	79.9
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	16.4
○ Percent of Births Less Than 37 Wks. of Gestation	11.2
Average Age of Mother	28.3
● Teenage Birth Rate[2]	3.8
Percent White, Non-Hispanic Births	88.2
Percent American Indian, Non-Hispanic Births	2.6
Percent Hispanic Births	4.1
Percent Unmarried	37.0
Percent WIC births	29.1
Percent Breastfeeding at discharge	85.6
Percent Payment-Private Insurance	61.6
Percent Payment-Medicaid	30.9
● Percent C-Section	21.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	673.5
● Heart Disease	124.6
Malignant Neoplasms (Cancer)	135.2
● Trachea, Bronchus, & Lung	26.8
Colon, Rectum, & Anus	17.6
Female Breast	21.9
Pancreas	8.2
Prostate	15.5
● Leukemia	3.4
Chronic Lower Respiratory Diseases	50.6
Alzheimer's Disease	30.1
Cerebrovascular Disease	29.0
Accidents	52.2
Motor Vehicle Accidents	17.0
Diabetes	19.5
Influenza and Pneumonia	18.5
Intentional Self-Harm (Suicide)	22.9
Chronic Liver Disease and Cirrhosis	16.9
Infant Mortality	11.31

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	244
2. Heart Disease	236
3. Chronic Lower Respiratory Diseases	98
4. Accidents	73
5. Alzheimer's Disease	60
6. Cerebrovascular Disease	53
7. Diabetes	38
8. Influenza and Pneumonia	34
9. Intentional Self-Harm (Suicide)	32
T10. Chronic Liver Disease and Cirrhosis	26
T10. Vascular Dementia	26

Percent of Deaths due to tobacco use	19.6
Median age at death	80

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

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Lincoln County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
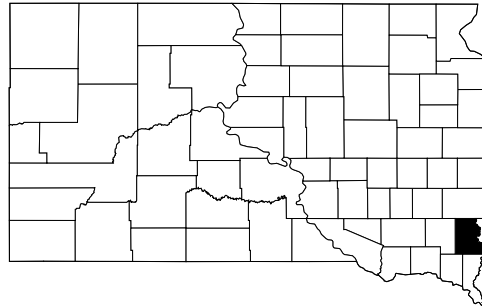
Lincoln County is located in southeastern South Dakota and averages 77.7 persons per square mile. Harrisburg is the largest city in Lincoln County.

2018 Population Information

Subject	Number	Percent
Total population	58,807	100.0
White	54,583	92.8
Hispanic	1,302	2.2
Black or African American	877	1.5
Asian	776	1.3
American Indian & Alaska Native	334	0.6
Pacific Islander	18	0.0
Multi-Racial	917	1.6
Under 5 years	4,321	7.3
Under 18 years	16,465	28.0
65 years and over	7,568	12.9

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	6.3
○ Percent of Mothers Receiving Care in 1st Trimester	89.1
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	5.4
Percent of Births Less Than 37 Wks. of Gestation	8.1
○ Average Age of Mother	29.7
● Teenage Birth Rate[2]	3.1
Percent White, Non-Hispanic Births	93.2
Percent American Indian, Non-Hispanic Births	0.4
Percent Hispanic Births	2.2
● Percent Unmarried	17.4
● Percent WIC births	8.3
○ Percent Breastfeeding at discharge	86.2
○ Percent Payment-Private Insurance	84.7
● Percent Payment-Medicaid	10.2
Percent C-Section	24.9

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	486.0
● Heart Disease	107.2
● Malignant Neoplasms (Cancer)	116.9
● Trachea, Bronchus, & Lung	29.7
● Colon, Rectum, & Anus	9.0
Female Breast	16.3
Pancreas	13.0
Prostate	19.3
Leukemia	4.4
● Chronic Lower Respiratory Diseases	26.1
Alzheimer's Disease	39.8
● Cerebrovascular Disease	22.5
● Accidents	24.3
● Motor Vehicle Accidents	7.1
● Diabetes	10.2
● Influenza and Pneumonia	10.2
● Intentional Self-Harm (Suicide)	9.1
● Chronic Liver Disease and Cirrhosis	2.9
Infant Mortality	6.00

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	303
2. Heart Disease	275
3. Alzheimer's Disease	98
4. Chronic Lower Respiratory Diseases	68
5. Accidents	66
6. Cerebrovascular Disease	58
T7. Diabetes	25
T7. Influenza and Pneumonia	25
T9. Intentional Self-Harm (Suicide)	23
T9. Unspecified Dementia	23

Percent of Deaths due to tobacco use	18.3
Median age at death	80

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●Denotes a health status indicator which is significantly lower than the state average.
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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Lyman County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
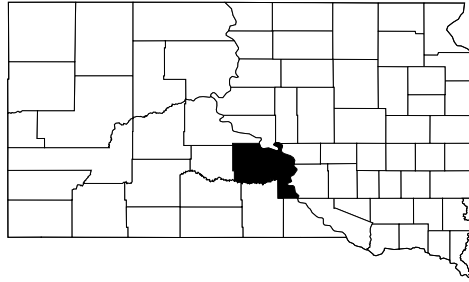
Lyman County is located in central South Dakota and averages 2.3 persons per square mile. Lower Brule is the largest city in Lyman County.

2018 Population Information

Subject	Number	Percent
Total population	3,821	100.0
White	2,129	55.7
American Indian & Alaska Native	1,424	37.3
Hispanic	103	2.7
Black or African American	26	0.7
Asian	12	0.3
Pacific Islander	2	0.1
Multi-Racial	125	3.3
Under 5 years	350	9.2
Under 18 years	1,123	29.4
65 years and over	605	15.8

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Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	8.0
● Percent of Mothers Receiving Care in 1st Trimester	48.5
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	22.7
Percent of Births Less Than 37 Wks. of Gestation	12.7
● Average Age of Mother	26.5
○ Teenage Birth Rate[2]	41.6
Percent White, Non-Hispanic Births	38.2
Percent American Indian, Non-Hispanic Births	52.7
Percent Hispanic Births	1.9
○ Percent Unmarried	63.5
○ Percent WIC births	57.1
● Percent Breastfeeding at discharge	65.1
● Percent Payment-Private Insurance	36.5
○ Percent Payment-Medicaid	55.8
○ Percent C-Section	31.3

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	923.0
Heart Disease	150.7
Malignant Neoplasms (Cancer)	197.6
Trachea, Bronchus, & Lung	63.2
Colon, Rectum, & Anus	24.4
Female Breast	41.1
Pancreas	LNE
Prostate	53.8
Leukemia	LNE
Chronic Lower Respiratory Diseases	42.5
Alzheimer's Disease	39.3
Cerebrovascular Disease	50.6
Accidents	86.1
Motor Vehicle Accidents	43.1
Diabetes	48.0
Influenza and Pneumonia	16.1
○ Intentional Self-Harm (Suicide)	75.3
Chronic Liver Disease and Cirrhosis	40.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	44
2. Heart Disease	31
3. Accidents	15
4. Intentional Self-Harm (Suicide)	12
5. Cerebrovascular Disease	11
T6. Chronic Lower Respiratory Diseases	10
T6. Diabetes	10
8. Alzheimer's Disease	8
9. Chronic Liver Disease and Cirrhosis	6
Percent of Deaths due to tobacco use	27.1
Median age at death	72

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

McCook County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
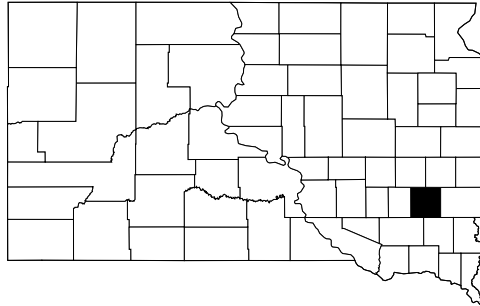
McCook County is located in eastern South Dakota and averages 9.8 persons per square mile. Salem is the largest city in McCook County.

2018 Population Information

Subject	Number	Percent
Total population	5,546	100.0
White	5,152	92.9
Hispanic	236	4.3
American Indian & Alaska Native	47	0.8
Black or African American	44	0.8
Asian	9	0.2
Pacific Islander	2	0.0
Multi-Racial	56	1.0
Under 5 years	409	7.4
Under 18 years	1,527	27.5
65 years and over	1,053	19.0

Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.0
Percent of Mothers Receiving Care in 1st Trimester	75.1
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	8.9
Percent of Births Less Than 37 Wks. of Gestation	7.2
○ Average Age of Mother	28.9
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	93.3
Percent American Indian, Non-Hispanic Births	1.0
Percent Hispanic Births	4.0
● Percent Unmarried	22.5
● Percent WIC births	24.1
Percent Breastfeeding at discharge	82.2
○ Percent Payment-Private Insurance	76.9
● Percent Payment-Medicaid	15.9
Percent C-Section	25.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	864.5
Heart Disease	193.6
○ Malignant Neoplasms (Cancer)	223.4
Trachea, Bronchus, & Lung	51.6
Colon, Rectum, & Anus	24.7
Female Breast	32.2
Pancreas	12.3
Prostate	48.4
Leukemia	LNE
● Chronic Lower Respiratory Diseases	11.6
○ Alzheimer's Disease	76.2
Cerebrovascular Disease	51.1
Accidents	37.5
Motor Vehicle Accidents	15.0
Diabetes	37.2
Influenza and Pneumonia	17.6
Intentional Self-Harm (Suicide)	11.7
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	90
2. Heart Disease	87
3. Alzheimer's Disease	38
4. Cerebrovascular Disease	24
5. Diabetes	15
6. Accidents	13
7. Influenza and Pneumonia	9
8. Septicemia	8
T9. Chronic Lower Respiratory Diseases	5
T9. Unspecified Dementia	5
T9. Essential (Primary) Hypertension and Hypertensive Renal Disease	5
T9. Parkinson's Disease	5
Percent of Deaths due to tobacco use	11.0
Median age at death	81

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○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

McPherson County

Demographic Information
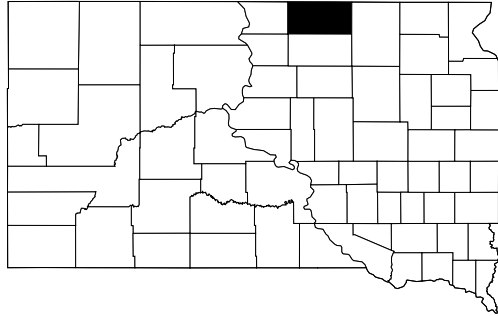
McPherson County is located in the north central region of the state and averages 2.2 persons per square mile. Eureka is the largest city in McPherson County.

2018 Population Information

Subject	Number	Percent
Total population	2,407	100.0
White	2,323	96.5
Hispanic	33	1.4
Black or African American	15	0.6
Asian	9	0.4
American Indian & Alaska Native	4	0.2
Pacific Islander	2	0.1
Multi-Racial	21	0.9
Under 5 years	157	6.5
Under 18 years	592	24.6
65 years and over	676	28.1

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	9.1
● Percent of Mothers Receiving Care in 1st Trimester	56.2
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	6.6
Percent of Births Less Than 37 Wks. of Gestation	9.1
Average Age of Mother	28.6
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	97.5
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	LNE
● Percent Unmarried	18.2
Percent WIC births	24.0
Percent Breastfeeding at discharge	80.2
○ Percent Payment-Private Insurance	80.2
● Percent Payment-Medicaid	17.4
Percent C-Section	28.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	655.9
Heart Disease	182.8
Malignant Neoplasms (Cancer)	133.7
Trachea, Bronchus, & Lung	33.5
Colon, Rectum, & Anus	10.3
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
● Chronic Lower Respiratory Diseases	20.8
Alzheimer's Disease	25.0
Cerebrovascular Disease	38.4
Accidents	39.2
Motor Vehicle Accidents	14.4
Diabetes	40.1
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	51.6
Chronic Liver Disease and Cirrhosis	19.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	57
2. Malignant Neoplasms (Cancer)	33
3. Cerebrovascular Disease	16
4. Accidents	11
5. Alzheimer's Disease	10
6. Diabetes	9
7. Chronic Lower Respiratory Diseases	6

Percent of Deaths due to tobacco use	12.8
Median age at death	85

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Marshall County

Demographic Information	Health Status Indicators 2014-2018
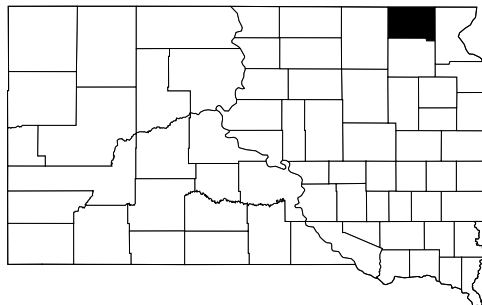
Marshall County is located in the northeastern part of the state and averages 5.6 persons per square mile. Britton is the largest city in Marshall County.

2018 Population Information

Subject	Number	Percent
Total population	5,112	100.0
White	4,063	79.5
Hispanic	621	12.1
American Indian & Alaska Native	334	6.5
Black or African American	26	0.5
Asian	8	0.2
Pacific Islander	0	0.0
Multi-Racial	60	1.2
Under 5 years	435	8.5
Under 18 years	1,191	23.3
65 years and over	1,033	20.2

Natality

Percent of Low Birth Weight Infants	5.9
● Percent of Mothers Receiving Care in 1st Trimester	59.0
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	12.4
Percent of Births Less Than 37 Wks. of Gestation	7.6
○ Average Age of Mother	28.8
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	76.6
Percent American Indian, Non-Hispanic Births	10.4
Percent Hispanic Births	10.1
● Percent Unmarried	27.3
● Percent WIC births	24.9
Percent Breastfeeding at discharge	86.2
○ Percent Payment-Private Insurance	73.1
● Percent Payment-Medicaid	19.8
Percent C-Section	24.8

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	623.9
Heart Disease	128.6
Malignant Neoplasms (Cancer)	122.2
Trachea, Bronchus, & Lung	30.5
Colon, Rectum, & Anus	7.8
Female Breast	17.4
Pancreas	19.6
Prostate	18.0
Leukemia	LNE
Chronic Lower Respiratory Diseases	42.9
Alzheimer's Disease	31.9
Cerebrovascular Disease	57.3
Accidents	50.7
Motor Vehicle Accidents	20.5
Diabetes	16.8
Influenza and Pneumonia	16.1
Intentional Self-Harm (suicide)	13.9
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	8.45

Leading Causes of Death	Total Deaths
1. Heart Disease	50
2. Malignant Neoplasms (Cancer)	43
3. Cerebrovascular Disease	21
4. Chronic Lower Respiratory Diseases	17
5. Accidents	15
6. Alzheimer's Disease	14
7. Influenza and Pneumonia	7
8. Diabetes	5
Percent of Deaths due to tobacco use	17.9
Median age at death	80

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Meade County

Demographic Information	Health Status Indicators 2014-2018
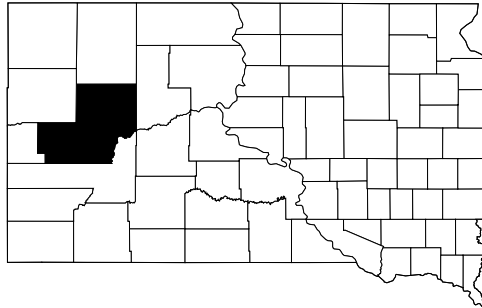
Meade County is located in west central South Dakota and averages 7.3 persons per square mile. Sturgis is the largest city in Meade County.

2018 Population Information

Subject	Number	Percent
Total population	28,294	100.0
White	24,629	87.0
Hispanic	1,275	4.5
American Indian & Alaska Native	736	2.6
Black or African American	536	1.9
Asian	312	1.1
Pacific Islander	27	0.1
Multi-Racial	779	2.8
Under 5 years	1,522	5.4
Under 18 years	6,463	22.8
65 years and over	4,316	15.3

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Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	7.6
○ Percent of Mothers Receiving Care in 1st Trimester	81.1
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	14.5
Percent of Births Less Than 37 Wks. of Gestation	10.1
Average Age of Mother	28.2
● Teenage Birth Rate[2]	5.4
Percent White, Non-Hispanic Births	86.8
Percent American Indian, Non-Hispanic Births	4.0
Percent Hispanic Births	3.7
● Percent Unmarried	28.4
● Percent WIC births	26.0
○ Percent Breastfeeding at discharge	88.1
Percent Payment-Private Insurance	59.7
● Percent Payment-Medicaid	25.4
● Percent C-Section	21.5

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	694.5
Heart Disease	147.6
Malignant Neoplasms (Cancer)	172.6
Trachea, Bronchus, & Lung	51.2
Colon, Rectum, & Anus	15.7
Female Breast	18.4
Pancreas	11.8
Prostate	26.5
Leukemia	7.0
○ Chronic Lower Respiratory Diseases	59.9
● Alzheimer's Disease	24.2
Cerebrovascular Disease	29.4
● Accidents	35.5
Motor Vehicle Accidents	14.6
● Diabetes	15.8
Influenza and Pneumonia	21.0
Intentional Self-Harm (suicide)	17.5
Chronic Liver Disease and Cirrhosis	13.0
Infant Mortality	4.96

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	262
2. Heart Disease	214
3. Chronic Lower Respiratory Diseases	88
4. Accidents	50
5. Cerebrovascular Disease	42
6. Alzheimer's Disease	34
7. Influenza and Pneumonia	30
T8. Intentional Self-Harm (Suicide)	26
T8. Unspecified Dementia	26
10. Diabetes	25

Percent of Deaths due to tobacco use	17.6
Median age at death	77

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●Denotes a health status indicator which is significantly lower than the state average.
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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Mellette County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
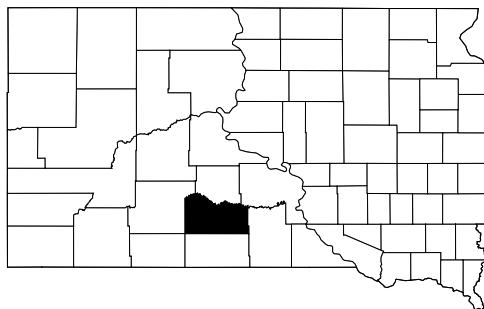
Mellette County is located in the south central region of the state and averages 1.6 persons per square mile. White River is the largest city in Mellette County.

2018 Population Information

Subject	Number	Percent
Total population	2,042	100.0
American Indian & Alaska Native	1,068	52.3
White	772	37.8
Hispanic	75	3.7
Black or African American	6	0.3
Asian	5	0.2
Pacific Islander	0	0.0
Multi-Racial	116	5.7
Under 5 years	210	10.3
Under 18 years	627	30.7
65 years and over	316	15.5

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	6.6
● Percent of Mothers Receiving Care in 1st Trimester	50.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	19.1
Percent of Births Less Than 37 Wks. of Gestation	9.7
● Average Age of Mother	25.6
Teenage Birth Rate[2]	34.8
Percent White, Non-Hispanic Births	20.8
Percent American Indian, Non-Hispanic Births	64.5
Percent Hispanic Births	1.5
○ Percent Unmarried	74.6
○ Percent WIC births	59.0
● Percent Breastfeeding at discharge	66.7
● Percent Payment-Private Insurance	16.8
○ Percent Payment-Medicaid	65.3
○ Percent C-Section	39.1

Mortality[3]

○ All Causes	1,301.4
Heart Disease	183.7
Malignant Neoplasms (Cancer)	214.9
Trachea, Bronchus, & Lung	39.9
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	47.6
Leukemia	LNE
○ Chronic Lower Respiratory Diseases	112.7
Alzheimer's Disease	48.4
Cerebrovascular Disease	33.1
Accidents	105.8
Motor Vehicle Accidents	51.7
Diabetes	58.4
Influenza and Pneumonia	30.6
Intentional Self-Harm (suicide)	43.0
○ Chronic Liver Disease and Cirrhosis	153.2
Infant Mortality	15.23

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	26
2. Heart Disease	23
3. Chronic Lower Respiratory Diseases	14
T4. Accidents	11
T4. Chronic Liver Disease and Cirrhosis	11
T6. Alzheimer's Disease	6
T6. Diabetes	6

Percent of Deaths due to tobacco use	18.2
Median age at death	73

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

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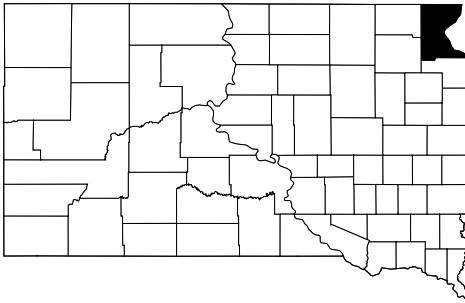●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
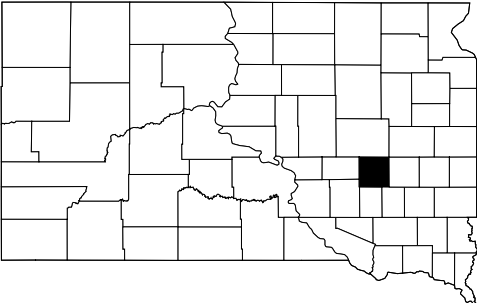
See technical notes for more information.
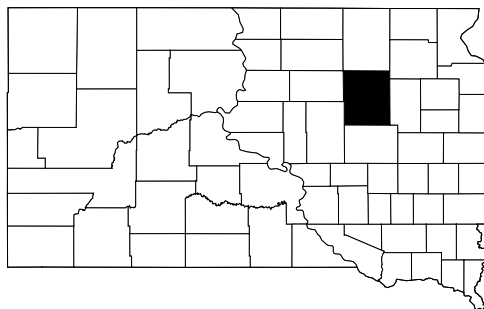Source: South Dakota Department of Health, Office of Health Statistics

Miner County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Miner County is a located in the east central region of the state and averages 4.2 persons per square mile. Howard is the largest city in Miner County.

2018 Population Information

Subject	Number	Percent
Total population	2,213	100.0
White	2,071	93.6
Hispanic	72	3.3
Black or African American	23	1.0
Asian	10	0.5
American Indian & Alaska Native	9	0.4
Pacific Islander	0	0.0
Multi-Racial	28	1.3
Under 5 years	132	6.0
Under 18 years	524	23.7
65 years and over	464	21.0

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.6
Percent of Mothers Receiving Care in 1st Trimester	71.5
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	7.6
Percent of Births Less Than 37 Wks. of Gestation	7.6
○ Average Age of Mother	29.4
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	93.9
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	2.3
● Percent Unmarried	18.3
● Percent WIC births	16.0
Percent Breastfeeding at discharge	85.5
○ Percent Payment-Private Insurance	78.6
● Percent Payment-Medicaid	18.3
Percent C-Section	32.8

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	849.3
Heart Disease	189.4
Malignant Neoplasms (Cancer)	208.9
Trachea, Bronchus, & Lung	52.3
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	13.5
Prostate	LNE
Leukemia	13.5
Chronic Lower Respiratory Diseases	28.9
Alzheimer's Disease	35.8
Cerebrovascular Disease	44.9
Accidents	69.6
Motor Vehicle Accidents	LNE
Diabetes	50.0
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	40
2. Malignant Neoplasms (Cancer)	38
3. Accidents	11
T4. Cerebrovascular Disease	10
T4. Diabetes	10
6. Unspecified Dementia	9
7. Alzheimer's Disease	8
8. Chronic Lower Respiratory Diseases	7

Percent of Deaths due to tobacco use	15.8
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Minnehaha County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Minnehaha County is located in southeastern South Dakota and averages 210.0 persons per square mile. Sioux Falls is the largest city in Minnehaha County.

2018 Population Information

Subject	Number	Percent
Total population	192,876	100.0
White	157,051	81.4
Black or African American	12,494	6.5
Hispanic	9,719	5.0
Asian	4,665	2.4
American Indian & Alaska Native	4,544	2.4
Pacific Islander	69	0.0
Multi-Racial	4,334	2.2
Under 5 years	14,858	7.7
Under 18 years	49,051	25.4
65 years and over	25,229	13.1

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Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	6.6
○ Percent of Mothers Receiving Care in 1st Trimester	80.3
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	9.8
Percent of Births Less Than 37 Wks. of Gestation	8.3
○ Average Age of Mother	28.6
Teenage Birth Rate[2]	9.3
Percent White, Non-Hispanic Births	73.8
Percent American Indian, Non-Hispanic Births	4.2
Percent Hispanic Births	6.5
● Percent Unmarried	33.2
● Percent WIC births	24.8
Percent Breastfeeding at discharge	81.5
○ Percent Payment-Private Insurance	66.7
● Percent Payment-Medicaid	28.2
Percent C-Section	24.6

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	728.0
Heart Disease	156.2
Malignant Neoplasms (Cancer)	165.1
Trachea, Bronchus, & Lung	40.8
Colon, Rectum, & Anus	16.2
Female Breast	20.8
Pancreas	11.4
Prostate	20.6
Leukemia	5.5
Chronic Lower Respiratory Diseases	43.5
○ Alzheimer's Disease	45.0
Cerebrovascular Disease	36.9
Accidents	44.6
● Motor Vehicle Accidents	8.7
● Diabetes	15.4
● Influenza and Pneumonia	14.6
Intentional Self-Harm (Suicide)	19.3
● Chronic Liver Disease and Cirrhosis	11.2
Infant Mortality	5.70

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	1,590
2. Heart Disease	1,535
3. Alzheimer's Disease	440
4. Accidents	422
5. Chronic Lower Respiratory Diseases	413
6. Cerebrovascular Disease	356
7. Intentional Self-Harm (Suicide)	176
8. Diabetes	146
9. Influenza and Pneumonia	144
10. Chronic Liver Disease and Cirrhosis	108
Percent of Deaths due to tobacco use	18.8
Median age at death	78

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○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Moody County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Moody County is located on the Minnesota border and averages 12.5 persons per square mile. Flandreau is the largest city in Moody County.

2018 Population Information

Subject	Number	Percent
Total population	6,579	100.0
White	4,988	75.8
American Indian & Alaska Native	807	12.3
Hispanic	307	4.7
Asian	191	2.9
Black or African American	89	1.4
Pacific Islander	0	0.0
Multi-Racial	197	3.0
Under 5 years	504	7.7
Under 18 years	1,714	26.1
65 years and over	1,234	18.8

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.9
Percent of Mothers Receiving Care in 1st Trimester	78.0
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	14.6
Percent of Births Less Than 37 Wks. of Gestation	7.9
Average Age of Mother	28.4
Teenage Birth Rate[2]	7.5
Percent White, Non-Hispanic Births	65.4
Percent American Indian, Non-Hispanic Births	20.7
Percent Hispanic Births	7.6
Percent Unmarried	40.2
Percent WIC births	33.0
Percent Breastfeeding at discharge	80.6
Percent Payment-Private Insurance	60.2
Percent Payment-Medicaid	31.0
Percent C-Section	22.5

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	653.1
Heart Disease	174.8
Malignant Neoplasms (Cancer)	131.8
Trachea, Bronchus, & Lung	31.6
Colon, Rectum, & Anus	10.7
Female Breast	12.8
Pancreas	13.0
Prostate	27.6
Leukemia	LNE
● Chronic Lower Respiratory Diseases	25.2
Alzheimer's Disease	35.7
Cerebrovascular Disease	31.6
Accidents	32.5
Motor Vehicle Accidents	8.3
Diabetes	20.6
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	19.9
Chronic Liver Disease and Cirrhosis	16.3
Infant Mortality	6.74

Leading Causes of Death	Total Deaths
1. Heart Disease	81
2. Malignant Neoplasms (Cancer)	57
3. Alzheimer's Disease	18
4. Cerebrovascular Disease	15
T5. Accidents	12
T5. Chronic Lower Respiratory Diseases	12
7. Vascular Dementia	11
T8. Diabetes	9
T8. Peripheral Vascular Disease, Unspecified	9
T10. Intentional Self-Harm (Suicide)	6
T10. Septicemia	6
Percent of Deaths due to tobacco use	21.4
Median age at death	79

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Oglala Lakota County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Oglala Lakota County (formerly known as Shannon County) is located in the southwestern part of the state, along the Nebraska border and averages 6.5 persons per square mile. Pine Ridge is the largest city in Oglala Lakota County.

2018 Population Information

Subject	Number	Percent
Total population	14,309	100.0
American Indian & Alaska Native	12,811	89.5
White	664	4.6
Hispanic	562	3.9
Black or African American	42	0.3
Asian	22	0.2
Pacific Islander	8	0.1
Multi-Racial	200	1.4
Under 5 years	1,462	10.2
Under 18 years	5,324	37.2
65 years and over	1,045	7.3

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	8.0
● Percent of Mothers Receiving Care in 1st Trimester	60.4
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	17.7
○ Percent of Births Less Than 37 Wks. of Gestation	11.8
● Average Age of Mother	25.6
○ Teenage Birth Rate[2]	37.7
Percent White, Non-Hispanic Births	1.3
Percent American Indian, Non-Hispanic Births	94.7
Percent Hispanic Births	1.7
○ Percent Unmarried	88.3
○ Percent WIC births	70.3
● Percent Breastfeeding at discharge	57.7
● Percent Payment-Private Insurance	3.7
○ Percent Payment-Medicaid	58.3
Percent C-Section	23.0

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	1,492.2
○ Heart Disease	205.4
○ Malignant Neoplasms (Cancer)	203.3
Trachea, Bronchus, & Lung	52.6
Colon, Rectum, & Anus	29.1
Female Breast	12.5
Pancreas	12.5
Prostate	37.1
Leukemia	LNE
Chronic Lower Respiratory Diseases	52.9
● Alzheimer's Disease	11.2
Cerebrovascular Disease	32.9
○ Accidents	189.2
○ Motor Vehicle Accidents	95.6
○ Diabetes	155.5
Influenza and Pneumonia	28.2
○ Intentional Self-Harm (Suicide)	51.7
○ Chronic Liver Disease and Cirrhosis	175.0
○ Infant Mortality	15.18

Leading Causes of Death	Total Deaths
1. Accidents	118
2. Chronic Liver Disease and Cirrhosis	93
3. Malignant Neoplasms (Cancer)	89
4. Heart Disease	86
5. Diabetes	72
6. Intentional Self-Harm (Suicide)	41
7. Chronic Lower Respiratory Diseases	21
8. Septicemia	19
T9. Cerebrovascular Disease	15
T9. Assault (Homicide)	15
Percent of Deaths due to tobacco use	11.2
Median age at death	56

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Pennington County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Pennington County is located on the Wyoming border and averages 36.4 persons per square mile. Rapid City is the largest city in Pennington County.

2018 Population Information

Subject	Number	Percent
Total population	111,729	100.0
White	89,406	80.0
American Indian & Alaska Native	9,796	8.8
Hispanic	5,759	5.2
Black or African American	1,496	1.3
Asian	1,397	1.3
Pacific Islander	96	0.1
Multi-Racial	3,779	3.4
Under 5 years	7,209	6.5
Under 18 years	25,603	22.9
65 years and over	20,087	18.0

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.0
Percent of Mothers Receiving Care in 1st Trimester	76.5
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	15.6
Percent of Births Less Than 37 Wks. of Gestation	9.6
● Average Age of Mother	27.5
Teenage Birth Rate[2]	14.0
Percent White, Non-Hispanic Births	66.7
Percent American Indian, Non-Hispanic Births	17.2
Percent Hispanic Births	7.0
○ Percent Unmarried	42.2
○ Percent WIC births	34.4
○ Percent Breastfeeding at discharge	84.4
● Percent Payment-Private Insurance	42.4
○ Percent Payment-Medicaid	36.6
● Percent C-Section	20.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	669.3
Heart Disease	153.0
Malignant Neoplasms (Cancer)	151.7
Trachea, Bronchus, & Lung	40.6
Colon, Rectum, & Anus	12.1
Female Breast	13.7
Pancreas	10.7
Prostate	18.5
Leukemia	7.8
● Chronic Lower Respiratory Diseases	31.3
● Alzheimer's Disease	27.4
● Cerebrovascular Disease	28.2
Accidents	48.3
Motor Vehicle Accidents	15.1
● Diabetes	14.8
● Influenza and Pneumonia	11.9
Intentional Self-Harm (Suicide)	23.6
Chronic Liver Disease and Cirrhosis	17.9
Infant Mortality	5.43

Leading Causes of Death	Total Deaths
1. Heart Disease	1,080
2. Malignant Neoplasms (Cancer)	1,048
3. Accidents	285
4. Chronic Lower Respiratory Diseases	221
5. Alzheimer's Disease	199
6. Cerebrovascular Disease	198
7. Intentional Self-Harm (Suicide)	125
8. Chronic Liver Disease and Cirrhosis	105
9. Diabetes	98
10. Unspecified Dementia	88

Percent of Deaths due to tobacco use	16.9
Median age at death	77

————————
●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Perkins County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Perkins County is located in northwestern South Dakota and averages 1.0 persons per square mile. Lemmon is the largest city in Perkins County.

2018 Population Information

Subject	Number	Percent
Total population	2,922	100.0
White	2,759	94.4
American Indian & Alaska Native	52	1.8
Hispanic	44	1.5
Black or African American	15	0.5
Asian	11	0.4
Pacific Islander	2	0.1
Multi-Racial	39	1.3
Under 5 years	175	6.0
Under 18 years	605	20.7
65 years and over	735	25.2

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	6.2
Percent of Mothers Receiving Care in 1st Trimester	76.6
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	12.4
Percent of Births Less Than 37 Wks. of Gestation	7.9
Average Age of Mother	28.8
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	94.4
Percent American Indian, Non-Hispanic Births	1.7
Percent Hispanic Births	LNE
● Percent Unmarried	21.3
Percent WIC births	34.3
Percent Breastfeeding at discharge	87.1
Percent Payment-Private Insurance	60.3
Percent Payment-Medicaid	23.6
Percent C-Section	23.6

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	757.7
Heart Disease	169.4
Malignant Neoplasms (Cancer)	160.6
● Trachea, Bronchus, & Lung	20.3
Colon, Rectum, & Anus	18.6
Female Breast	34.1
Pancreas	LNE
Prostate	LNE
Leukemia	13.0
Chronic Lower Respiratory Diseases	59.7
Alzheimer's Disease	40.3
Cerebrovascular Disease	27.9
Accidents	33.6
Motor Vehicle Accidents	LNE
Diabetes	20.9
Influenza and Pneumonia	18.3
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	25.4
Infant Mortality	16.85

Leading Causes of Death	Total Deaths
1. Heart Disease	48
2. Malignant Neoplasms (Cancer)	44
3. Chronic Lower Respiratory Diseases	19
4. Alzheimer's Disease	16
5. Cerebrovascular Disease	9
6. Diabetes	7
T7. Accidents	5
T7. Chronic Liver Disease and Cirrhosis	5
T7. Aortic Aneurysm and Dissection	5
Percent of Deaths due to tobacco use	23.0
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Potter County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Potter County is located in north central South Dakota and averages 2.7 persons per square mile. Gettysburg is the largest city in Potter County.

2018 Population Information

Subject	Number	Percent
Total population	2,207	100.0
White	2,054	93.1
American Indian & Alaska Native	45	2.0
Hispanic	45	2.0
Asian	17	0.8
Black or African American	10	0.5
Pacific Islander	1	0.0
Multi-Racial	35	1.6
Under 5 years	122	5.5
Under 18 years	479	21.7
65 years and over	638	28.9

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.0
● Percent of Mothers Receiving Care in 1st Trimester	60.0
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	7.8
Percent of Births Less Than 37 Wks. of Gestation	7.0
Average Age of Mother	28.9
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	91.3
Percent American Indian, Non-Hispanic Births	6.1
Percent Hispanic Births	LNE
● Percent Unmarried	18.3
● Percent WIC births	20.0
Percent Breastfeeding at discharge	86.8
○ Percent Payment-Private Insurance	78.3
● Percent Payment-Medicaid	20.0
Percent C-Section	23.5

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	701.3
Heart Disease	118.2
Malignant Neoplasms (Cancer)	117.7
Trachea, Bronchus, & Lung	38.8
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	11.3
Prostate	36.6
Leukemia	LNE
Chronic Lower Respiratory Diseases	37.7
Alzheimer's Disease	52.8
● Cerebrovascular Disease	18.3
Accidents	91.0
Motor Vehicle Accidents	35.1
Diabetes	34.5
Influenza and Pneumonia	33.0
Intentional Self-Harm (Suicide)	32.4
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	36
2. Malignant Neoplasms (Cancer)	33
3. Alzheimer's Disease	19
4. Accidents	14
5. Chronic Lower Respiratory Diseases	10
6. Influenza and Pneumonia	9
7. Diabetes	8
T8. Cerebrovascular Disease	6
T8. Essential (Primary) Hypertension and Hypertensive Renal Disease	6
T8. Septicemia	6
Percent of Deaths due to tobacco use	14.1
Median age at death	86

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Roberts County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Roberts County is located in the extreme northeastern corner of the state and averages 9.2 persons per square mile. Sisseton is the largest city in Roberts County.

2018 Population Information

Subject	Number	Percent
Total population	10,447	100.0
White	5,824	55.7
American Indian & Alaska Native	3,783	36.2
Hispanic	431	4.1
Black or African American	70	0.7
Asian	23	0.2
Pacific Islander	1	0.0
Multi-Racial	315	3.0
Under 5 years	931	8.9
Under 18 years	2,989	28.6
65 years and over	2,033	19.5

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Health Status Indicators 2014-2018

Natality

● Percent of Low Birth Weight Infants	4.1
● Percent of Mothers Receiving Care in 1st Trimester	65.0
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	29.4
Percent of Births Less Than 37 Wks. of Gestation	10.8
● Average Age of Mother	26.6
○ Teenage Birth Rate[2]	24.7
Percent White, Non-Hispanic Births	30.5
Percent American Indian, Non-Hispanic Births	56.1
Percent Hispanic Births	2.7
○ Percent Unmarried	61.6
○ Percent WIC births	57.6
● Percent Breastfeeding at discharge	68.8
● Percent Payment-Private Insurance	32.5
○ Percent Payment-Medicaid	57.7
Percent C-Section	25.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	835.3
Heart Disease	162.7
Malignant Neoplasms (Cancer)	164.0
Trachea, Bronchus, & Lung	38.2
Colon, Rectum, & Anus	24.3
Female Breast	11.4
● Pancreas	4.0
Prostate	18.4
Leukemia	12.5
Chronic Lower Respiratory Diseases	50.7
Alzheimer's Disease	25.7
Cerebrovascular Disease	41.4
○ Accidents	76.1
○ Motor Vehicle Accidents	38.6
Diabetes	39.7
Influenza and Pneumonia	19.6
Intentional Self-Harm (Suicide)	37.6
Chronic Liver Disease and Cirrhosis	33.1
Infant Mortality	4.67

Leading Causes of Death	Total Deaths
1. Heart Disease	123
2. Malignant Neoplasms (Cancer)	119
3. Accidents	44
4. Chronic Lower Respiratory Diseases	40
5. Cerebrovascular Disease	33
6. Diabetes	26
7. Alzheimer's Disease	22
T8. Intentional Self-Harm (Suicide)	16
T8. Chronic Liver Disease and Cirrhosis	16
10. Influenza and Pneumonia	13

Percent of Deaths due to tobacco use	15.9
Median age at death	77

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●Denotes a health status indicator which is significantly lower than the state average.
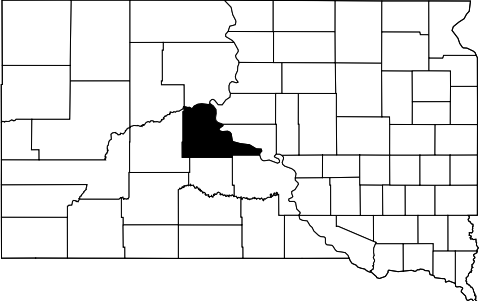○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
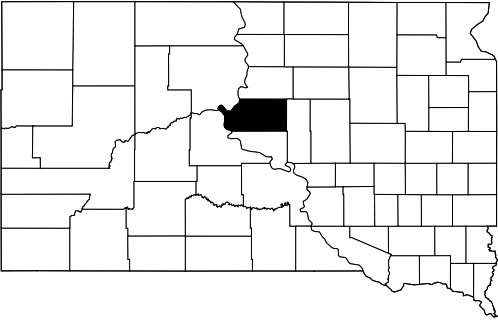
See technical notes for more information.

Sanborn County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Sanborn County is located in east central South Dakota and averages 4.1 persons per square mile. Woonsocket is the largest city in Sanborn County.

2018 Population Information

Subject	Number	Percent
Total population	2,429	100.0
White	2,285	94.1
Hispanic	90	3.7
American Indian & Alaska Native	11	0.5
Asian	7	0.3
Black or African American	4	0.2
Pacific Islander	0	0.0
Multi-Racial	32	1.3
Under 5 years	186	7.7
Under 18 years	614	25.3
65 years and over	477	19.6

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	4.4
Percent of Mothers Receiving Care in 1st Trimester	78.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	15.6
Percent of Births Less Than 37 Wks. of Gestation	7.8
Average Age of Mother	28.1
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	97.8
Percent American Indian, Non-Hispanic Births	LNE
Percent Hispanic Births	1.7
● Percent Unmarried	23.3
● Percent WIC births	22.3
Percent Breastfeeding at discharge	83.2
○ Percent Payment-Private Insurance	80.0
● Percent Payment-Medicaid	19.4
○ Percent C-Section	34.4

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	746.7
Heart Disease	145.2
Malignant Neoplasms (Cancer)	133.6
Trachea, Bronchus, & Lung	43.0
Colon, Rectum, & Anus	15.2
Female Breast	LNE
Pancreas	15.0
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	33.2
○ Alzheimer's Disease	114.9
Cerebrovascular Disease	29.6
Accidents	35.6
Motor Vehicle Accidents	LNE
Diabetes	13.7
Influenza and Pneumonia	24.6
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	21.4
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	29
2. Alzheimer's Disease	25
3. Malignant Neoplasms (Cancer)	24
4. Chronic Lower Respiratory Diseases	7
5. Cerebrovascular Disease	6
6. Accidents	5

Percent of Deaths due to tobacco use	12.9
Median age at death	84

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[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Spink County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Spink County is located in the center of eastern South Dakota and averages 4.3 persons per square mile. Redfield is the largest city in Spink County.

2018 Population Information

Subject	Number	Percent
Total population	6,495	100.0
White	6,082	93.6
Hispanic	210	3.2
American Indian & Alaska Native	95	1.5
Black or African American	40	0.6
Asian	6	0.1
Pacific Islander	1	0.0
Multi-Racial	61	0.9
Under 5 years	392	6.0
Under 18 years	1,493	23.0
65 years and over	1,348	20.8

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.4
Percent of Mothers Receiving Care in 1st Trimester	68.8
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	15.3
Percent of Births Less Than 37 Wks. of Gestation	7.8
Average Age of Mother	28.6
Teenage Birth Rate[2]	6.5
Percent White, Non-Hispanic Births	95.9
Percent American Indian, Non-Hispanic Births	0.8
Percent Hispanic Births	2.3
● Percent Unmarried	27.1
● Percent WIC births	20.1
Percent Breastfeeding at discharge	84.5
○ Percent Payment-Private Insurance	79.6
● Percent Payment-Medicaid	17.6
Percent C-Section	30.0

Mortality[3]

All Causes	728.3
Heart Disease	176.9
Malignant Neoplasms (Cancer)	151.7
Trachea, Bronchus, & Lung	28.4
Colon, Rectum, & Anus	25.0
Female Breast	24.0
Pancreas	11.3
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	47.3
Alzheimer's Disease	39.8
Cerebrovascular Disease	26.4
Accidents	71.0
Motor Vehicle Accidents	21.8
Diabetes	31.8
Influenza and Pneumonia	28.2
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	98
2. Malignant Neoplasms (Cancer)	73
3. Alzheimer's Disease	27
4. Chronic Lower Respiratory Diseases	25
5. Accidents	24
6. Influenza and Pneumonia	19
T7. Cerebrovascular Disease	16
T7. Diabetes	16
9. Pneumonitis Due to Solids and Liquids	8
10. Septicemia	7
Percent of Deaths due to tobacco use	11.4
Median age at death	81

Stanley County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Stanley County is located in the center of the state and averages 2.1 persons per square mile. Fort Pierre is the largest city in Stanley County.

2018 Population Information

Subject	Number	Percent
Total population	3,022	100.0
White	2,637	87.3
American Indian & Alaska Native	202	6.7
Hispanic	79	2.6
Black or African American	19	0.6
Asian	8	0.3
Pacific Islander	0	0.0
Multi-Racial	77	2.5
Under 5 years	187	6.2
Under 18 years	731	24.2
65 years and over	617	20.4

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.0
Percent of Mothers Receiving Care in 1st Trimester	63.5
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	11.1
Percent of Births Less Than 37 Wks. of Gestation	9.0
○ Average Age of Mother	29.1
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	85.4
Percent American Indian, Non-Hispanic Births	7.5
Percent Hispanic Births	3.0
Percent Unmarried	31.7
Percent WIC births	24.2
Percent Breastfeeding at discharge	89.9
○ Percent Payment-Private Insurance	77.3
● Percent Payment-Medicaid	21.2
○ Percent C-Section	35.7

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	524.3
● Heart Disease	68.6
Malignant Neoplasms (Cancer)	173.9
Trachea, Bronchus, & Lung	55.4
Colon, Rectum, & Anus	23.9
Female Breast	LNE
Pancreas	25.6
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	78.4
Alzheimer's Disease	LNE
● Cerebrovascular Disease	14.1
Accidents	35.9
Motor Vehicle Accidents	LNE
Diabetes	25.4
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	37.3
Chronic Liver Disease and Cirrhosis	25.7
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	36
2. Chronic Lower Respiratory Diseases	16
3. Heart Disease	13
T4. Accidents	6
T4. Intentional Self-Harm (Suicide)	6
T6. Diabetes	5
T6. Chronic Liver Disease and Cirrhosis	5
Percent of Deaths due to tobacco use	30.1
Median age at death	70

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Sully County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Sully County is located in the central region of the state and averages 1.4 persons per square mile. Onida is the largest city in Sully County.

2018 Population Information

Subject	Number	Percent
Total population	1,392	100.0
White	1,300	93.4
Hispanic	34	2.4
American Indian & Alaska Native	31	2.2
Black or African American	6	0.4
Asian	0	0.0
Pacific Islander	0	0.0
Multi-Racial	21	1.5
Under 5 years	78	5.6
Under 18 years	292	21.0
65 years and over	348	25.0

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Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	3.7
● Percent of Mothers Receiving Care in 1st Trimester	56.1
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	12.2
Percent of Births Less Than 37 Wks. of Gestation	13.4
Average Age of Mother	27.5
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	75.6
Percent American Indian, Non-Hispanic Births	17.1
Percent Hispanic Births	4.9
Percent Unmarried	30.5
Percent WIC births	24.7
Percent Breastfeeding at discharge	75.6
Percent Payment-Private Insurance	65.4
Percent Payment-Medicaid	33.3
Percent C-Section	23.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	420.7
● Heart Disease	72.1
Malignant Neoplasms (Cancer)	130.2
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	57.6
Leukemia	LNE
Chronic Lower Respiratory Diseases	49.1
Alzheimer's Disease	LNE
Cerebrovascular Disease	LNE
Accidents	LNE
Motor Vehicle Accidents	LNE
Diabetes	LNE
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	16
2. Heart Disease	9
3. Chronic Lower Respiratory Diseases	6
Percent of Deaths due to tobacco use	16.0
Median age at death	79

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Todd County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Todd County is located in south central South Dakota, along the Nebraska border and averages 6.9 persons per square mile. Mission is the largest city in Todd County.

2018 Population Information

Subject	Number	Percent
Total population	10,283	100.0
American Indian & Alaska Native	8,497	82.6
White	818	8.0
Hispanic	430	4.2
Asian	269	2.6
Black or African American	55	0.5
Pacific Islander	0	0.0
Multi-Racial	214	2.1
Under 5 years	1,334	13.0
Under 18 years	4,318	42.0
65 years and over	761	7.4

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	8.2
● Percent of Mothers Receiving Care in 1st Trimester	41.3
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	20.5
○ Percent of Births Less Than 37 Wks. of Gestation	12.0
● Average Age of Mother	25.2
○ Teenage Birth Rate[2]	53.6
Percent White, Non-Hispanic Births	3.4
Percent American Indian, Non-Hispanic Births	89.8
Percent Hispanic Births	2.2
○ Percent Unmarried	85.7
○ Percent WIC births	68.0
● Percent Breastfeeding at discharge	59.1
● Percent Payment-Private Insurance	5.2
○ Percent Payment-Medicaid	67.8
○ Percent C-Section	36.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	1,305.0
○ Heart Disease	212.8
○ Malignant Neoplasms (Cancer)	233.3
Trachea, Bronchus, & Lung	50.7
Colon, Rectum, & Anus	19.6
Female Breast	LNE
Pancreas	LNE
Prostate	50.5
Leukemia	22.5
Chronic Lower Respiratory Diseases	74.4
● Alzheimer's Disease	12.1
Cerebrovascular Disease	42.0
○ Accidents	141.3
○ Motor Vehicle Accidents	70.6
○ Diabetes	131.3
○ Influenza and Pneumonia	43.3
○ Intentional Self-Harm (Suicide)	64.2
○ Chronic Liver Disease and Cirrhosis	66.5
○ Infant Mortality	13.86

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	76
2. Heart Disease	67
3. Accidents	63
4. Diabetes	40
5. Intentional Self-Harm (Suicide)	31
6. Chronic Liver Disease and Cirrhosis	25
7. Chronic Lower Respiratory Diseases	23
T8. Cerebrovascular Disease	14
T8. Influenza and Pneumonia	14
T10. Septicemia	9
T10. Mental and Behavioral Disorders Due to Use of Alcohol	9
T10. Certain Conditions Originating in the Perinatal Period	9
Percent of Deaths due to tobacco use	14.7
Median age at death	60

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Tripp County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Tripp County is located along the Nebraska border in south central South Dakota and averages 3.5 persons per square mile. Winner is the largest city in Tripp County.

2018 Population Information

Subject	Number	Percent
Total population	5,478	100.0
White	4,429	80.9
American Indian & Alaska Native	738	13.5
Hispanic	123	2.2
Black or African American	24	0.4
Asian	21	0.4
Pacific Islander	0	0.0
Multi-Racial	143	2.6
Under 5 years	391	7.1
Under 18 years	1,264	23.1
65 years and over	1,229	22.4

_____

Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.1
Percent of Mothers Receiving Care in 1st Trimester	77.6
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	14.8
Percent of Births Less Than 37 Wks. of Gestation	11.5
● Average Age of Mother	27.0
Teenage Birth Rate[2]	14.8
Percent White, Non-Hispanic Births	62.8
Percent American Indian, Non-Hispanic Births	29.8
Percent Hispanic Births	1.5
○ Percent Unmarried	45.0
○ Percent WIC births	44.4
Percent Breastfeeding at discharge	76.3
● Percent Payment-Private Insurance	49.7
○ Percent Payment-Medicaid	46.9
○ Percent C-Section	36.9

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	750.3
Heart Disease	185.9
Malignant Neoplasms (Cancer)	132.5
Trachea, Bronchus, & Lung	29.7
Colon, Rectum, & Anus	23.2
Female Breast	LNE
Pancreas	7.2
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	49.6
Alzheimer's Disease	55.6
Cerebrovascular Disease	28.2
Accidents	51.5
Motor Vehicle Accidents	17.0
Diabetes	18.4
Influenza and Pneumonia	17.4
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	12.3
Infant Mortality	7.63

Leading Causes of Death	Total Deaths
1. Heart Disease	94
2. Malignant Neoplasms (Cancer)	67
3. Alzheimer's Disease	35
4. Chronic Lower Respiratory Diseases	26
T5. Accidents	18
T5. Cerebrovascular Disease	18
7. Diabetes	10
8. Influenza and Pneumonia	9
T9. Essential (Primary) Hypertension and Hypertensive Renal Disease	6
T9. Pneumonitis Due to Solids and Liquids	6

Percent of Deaths due to tobacco use	19.5
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Turner County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Turner County is located in southeastern South Dakota and averages 13.5 persons per square mile. Parker is the largest city in Turner County.

2018 Population Information

Subject	Number	Percent
Total population	8,424	100.0
White	7,980	94.7
Hispanic	234	2.8
American Indian & Alaska Native	61	0.7
Black or African American	45	0.5
Asian	18	0.2
Pacific Islander	4	0.0
Multi-Racial	82	1.0
Under 5 years	521	6.2
Under 18 years	2,054	24.4
65 years and over	1,746	20.7

————

Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.2
○ Percent of Mothers Receiving Care in 1st Trimester	86.3
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	8.2
Percent of Births Less Than 37 Wks. of Gestation	9.1
○ Average Age of Mother	29.2
Teenage Birth Rate[2]	LNE
Percent White, Non-Hispanic Births	94.4
Percent American Indian, Non-Hispanic Births	0.9
Percent Hispanic Births	4.1
● Percent Unmarried	21.6
● Percent WIC births	19.4
Percent Breastfeeding at discharge	81.4
○ Percent Payment-Private Insurance	75.1
● Percent Payment-Medicaid	18.4
Percent C-Section	23.1

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	812.0
Heart Disease	185.3
Malignant Neoplasms (Cancer)	161.0
Trachea, Bronchus, & Lung	41.1
Colon, Rectum, & Anus	16.9
Female Breast	17.7
Pancreas	12.8
Prostate	15.3
Leukemia	8.6
Chronic Lower Respiratory Diseases	52.6
○ Alzheimer's Disease	57.7
Cerebrovascular Disease	34.2
Accidents	62.9
○ Motor Vehicle Accidents	38.8
Diabetes	14.5
Influenza and Pneumonia	13.9
Intentional Self-Harm (Suicide)	9.0
Chronic Liver Disease and Cirrhosis	20.5
Infant Mortality	10.78

Leading Causes of Death	Total Deaths
1. Heart Disease	133
2. Malignant Neoplasms (Cancer)	105
3. Alzheimer's Disease	48
4. Chronic Lower Respiratory Diseases	37
5. Accidents	32
6. Cerebrovascular Disease	28
7. Influenza and Pneumonia	13
8. Diabetes	12
9. Chronic Liver Disease and Cirrhosis	11
10. Parkinson's Disease	10

Percent of Deaths due to tobacco use	14.7
Median age at death	82

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Union County

Demographic Information	Health Status Indicators 2014-2018

Union County is located in the southeastern corner of the state and averages 31.3 persons per square mile. North Sioux City is the largest city in Union County.

2018 Population Information

Subject	Number	Percent
Total population	15,619	100.0
White	14,362	92.0
Hispanic	497	3.2
Asian	245	1.6
Black or African American	174	1.1
American Indian & Alaska Native	111	0.7
Pacific Islander	6	0.0
Multi-Racial	224	1.4
Under 5 years	969	6.2
Under 18 years	3,729	24.2
65 years and over	2,832	18.1

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Source: United States Census Bureau, 2018 Population Estimates

Natality

Percent of Low Birth Weight Infants	6.3
○ Percent of Mothers Receiving Care in 1st Trimester	88.0
● Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	6.9
Percent of Births Less Than 37 Wks. of Gestation	9.2
○ Average Age of Mother	29.1
● Teenage Birth Rate[2]	1.8
Percent White, Non-Hispanic Births	89.3
Percent American Indian, Non-Hispanic Births	1.1
Percent Hispanic Births	4.9
● Percent Unmarried	20.0
● Percent WIC births	12.8
Percent Breastfeeding at discharge	83.1
○ Percent Payment-Private Insurance	77.5
● Percent Payment-Medicaid	18.7
○ Percent C-Section	29.3

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
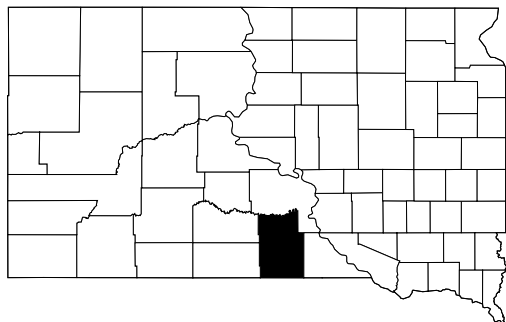[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

● All Causes	650.6
● Heart Disease	123.5
Malignant Neoplasms (Cancer)	154.4
Trachea, Bronchus, & Lung	48.5
Colon, Rectum, & Anus	8.7
Female Breast	11.5
Pancreas	9.0
Prostate	12.7
Leukemia	8.0
Chronic Lower Respiratory Diseases	55.1
Alzheimer's Disease	32.2
Cerebrovascular Disease	30.6
● Accidents	31.3
● Motor Vehicle Accidents	8.0
● Diabetes	13.7
Influenza and Pneumonia	19.5
Intentional Self-Harm (Suicide)	13.9
Chronic Liver Disease and Cirrhosis	13.9
Infant Mortality	3.62

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	151
2. Heart Disease	130
3. Chronic Lower Respiratory Diseases	52
4. Alzheimer's Disease	32
5. Cerebrovascular Disease	30
6. Accidents	29
7. Influenza and Pneumonia	19
8. Essential (Primary) Hypertension and Hypertensive Renal Disease	15
9. Diabetes	14
10. Unspecified Dementia	13
Percent of Deaths due to tobacco use	19.1
Median age at death	78

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

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Walworth County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Walworth County is located in north central South Dakota, near the North Dakota border and averages 7.7 persons per square mile. Mobridge is the largest city in Walworth County.

2018 Population Information

Subject	Number	Percent
Total population	5,587	100.0
White	4,313	77.2
American Indian & Alaska Native	765	13.7
Asian	187	3.3
Hispanic	125	2.2
Black or African American	24	0.4
Pacific Islander	0	0.0
Multi-Racial	173	3.1
Under 5 years	396	7.1
Under 18 years	1,324	23.7
65 years and over	1,312	23.5

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	5.7
Percent of Mothers Receiving Care in 1st Trimester	66.1
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	16.3
Percent of Births Less Than 37 Wks. of Gestation	9.1
● Average Age of Mother	27.2
Teenage Birth Rate[2]	6.2
Percent White, Non-Hispanic Births	68.7
Percent American Indian, Non-Hispanic Births	21.5
Percent Hispanic Births	1.6
Percent Unmarried	40.4
○ Percent WIC births	38.8
Percent Breastfeeding at discharge	74.5
Percent Payment-Private Insurance	52.3
○ Percent Payment-Medicaid	37.9
Percent C-Section	26.2

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	829.0
Heart Disease	149.7
Malignant Neoplasms (Cancer)	150.1
Trachea, Bronchus, & Lung	34.4
Colon, Rectum, & Anus	16.3
Female Breast	16.1
Pancreas	13.6
Prostate	LNE
Leukemia	8.4
Chronic Lower Respiratory Diseases	64.2
○ Alzheimer's Disease	64.5
Cerebrovascular Disease	35.4
Accidents	68.6
Motor Vehicle Accidents	33.0
Diabetes	36.3
○ Influenza and Pneumonia	36.6
Intentional Self-Harm (Suicide)	36.4
Chronic Liver Disease and Cirrhosis	24.6
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	86
2. Malignant Neoplasms (Cancer)	74
3. Alzheimer's Disease	44
4. Chronic Lower Respiratory Diseases	33
5. Influenza and Pneumonia	23
6. Diabetes	22
7. Cerebrovascular Disease	18
8. Accidents	17
9. Unspecified Dementia	12
10. Intentional Self-Harm (Suicide)	8
Percent of Deaths due to tobacco use	17.2
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Yankton County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information

Yankton County is located in southeastern South Dakota on the Nebraska border and averages 43.1 persons per square mile. Yankton is the largest city in Yankton County.

2018 Population Information

Subject	Number	Percent
Total population	22,869	100.0
White	20,082	87.8
Hispanic	1,135	5.0
American Indian & Alaska Native	627	2.7
Black or African American	443	1.9
Asian	204	0.9
Pacific Islander	8	0.0
Multi-Racial	370	1.6
Under 5 years	1,380	6.0
Under 18 years	4,860	21.3
65 years and over	4,311	18.9

_____

Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	7.3
○ Percent of Mothers Receiving Care in 1st Trimester	86.0
○ Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	18.5
Percent of Births Less Than 37 Wks. of Gestation	7.4
Average Age of Mother	27.9
Teenage Birth Rate[2]	6.6
Percent White, Non-Hispanic Births	83.9
Percent American Indian, Non-Hispanic Births	4.2
Percent Hispanic Births	5.2
Percent Unmarried	40.4
Percent WIC births	32.5
Percent Breastfeeding at discharge	78.1
○ Percent Payment-Private Insurance	65.5
Percent Payment-Medicaid	32.7
○ Percent C-Section	29.1

Mortality[3]

All Causes	718.6
Heart Disease	160.4
● Malignant Neoplasms (Cancer)	130.7
Trachea, Bronchus, & Lung	41.5
Colon, Rectum, & Anus	16.0
Female Breast	13.1
● Pancreas	5.0
Prostate	17.6
Leukemia	5.9
Chronic Lower Respiratory Diseases	53.7
Alzheimer's Disease	42.1
Cerebrovascular Disease	31.9
Accidents	66.0
Motor Vehicle Accidents	22.6
Diabetes	29.5
Influenza and Pneumonia	23.0
Intentional Self-Harm (Suicide)	16.4
● Chronic Liver Disease and Cirrhosis	8.6
Infant Mortality	9.37

Leading Causes of Death	Total Deaths
1. Heart Disease	284
2. Malignant Neoplasms (Cancer)	217
3. Chronic Lower Respiratory Diseases	97
4. Accidents	90
5. Alzheimer's Disease	83
6. Cerebrovascular Disease	62
7. Diabetes	49
8. Influenza and Pneumonia	43
9. Essential (Primary) Hypertension and Hypertensive Renal Disease	25
10. Intentional Self-Harm (Suicide)	22

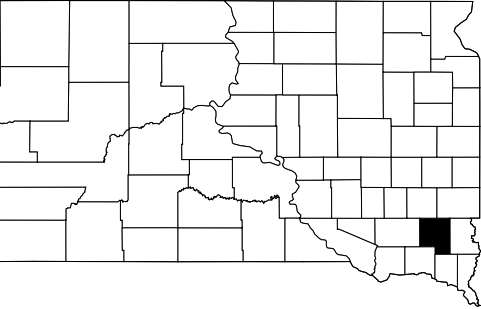|	
Percent of Deaths due to tobacco use	20.1
Median age at death	81

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●Denotes a health status indicator which is significantly lower than the state average.
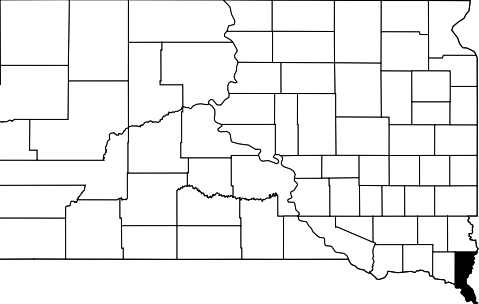○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
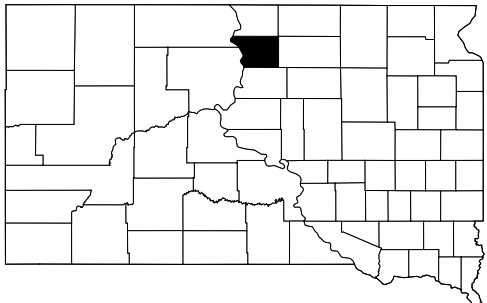Source: South Dakota Department of Health, Office of Health Statistics

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Ziebach County

Demographic Information	Health Status Indicators 2014-2018

Demographic Information
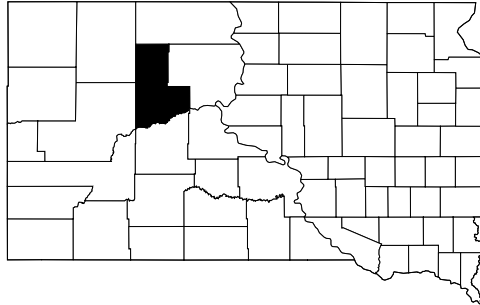
Ziebach County is located in north central South Dakota and averages 1.4 persons per square mile. Dupree is the largest city in Ziebach County.

2018 Population Information

Subject	Number	Percent
Total population	2,742	100.0
American Indian & Alaska Native	1,827	66.6
White	664	24.2
Hispanic	124	4.5
Black or African American	13	0.5
Asian	11	0.4
Pacific Islander	1	0.0
Multi-Racial	102	3.7
Under 5 years	159	5.8
Under 18 years	774	28.2
65 years and over	263	9.6

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Source: United States Census Bureau, 2018 Population Estimates

Health Status Indicators 2014-2018

Natality

Percent of Low Birth Weight Infants	9.5
● Percent of Mothers Receiving Care in 1st Trimester	57.6
Percent of Mothers Who Smoked Cigarettes While Pregnant[1]	17.5
○ Percent of Births Less Than 37 Wks. of Gestation	16.9
● Average Age of Mother	26.5
Teenage Birth Rate[2]	10.9
Percent White, Non-Hispanic Births	12.4
Percent American Indian, Non-Hispanic Births	78.1
Percent Hispanic Births	LNE
○ Percent Unmarried	73.7
○ Percent WIC births	78.5
Percent Breastfeeding at discharge	67.9
● Percent Payment-Private Insurance	19.1
○ Percent Payment-Medicaid	69.5
Percent C-Section	21.9

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	751.7
Heart Disease	134.0
Malignant Neoplasms (Cancer)	121.1
Trachea, Bronchus, & Lung	30.9
Colon, Rectum, & Anus	47.2
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	59.6
Alzheimer's Disease	LNE
Cerebrovascular Disease	LNE
Accidents	101.2
Motor Vehicle Accidents	37.5
Diabetes	39.0
Influenza and Pneumonia	29.2
Intentional Self-Harm (Suicide)	39.3
Chronic Liver Disease and Cirrhosis	46.2
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	15
2. Accidents	13
3. Malignant Neoplasms (Cancer)	12
4. Intentional Self-Harm (Suicide)	6
T5. Chronic Lower Respiratory Diseases	5
T5. Chronic Liver Disease and Cirrhosis	5
T5. Septicemia	5
Percent of Deaths due to tobacco use	13.4
Median age at death	60

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Map 1
Percent of Low Birth Weight Infants by County, 2014-2018
U.S. = 8.3%   South Dakota = 6.6%
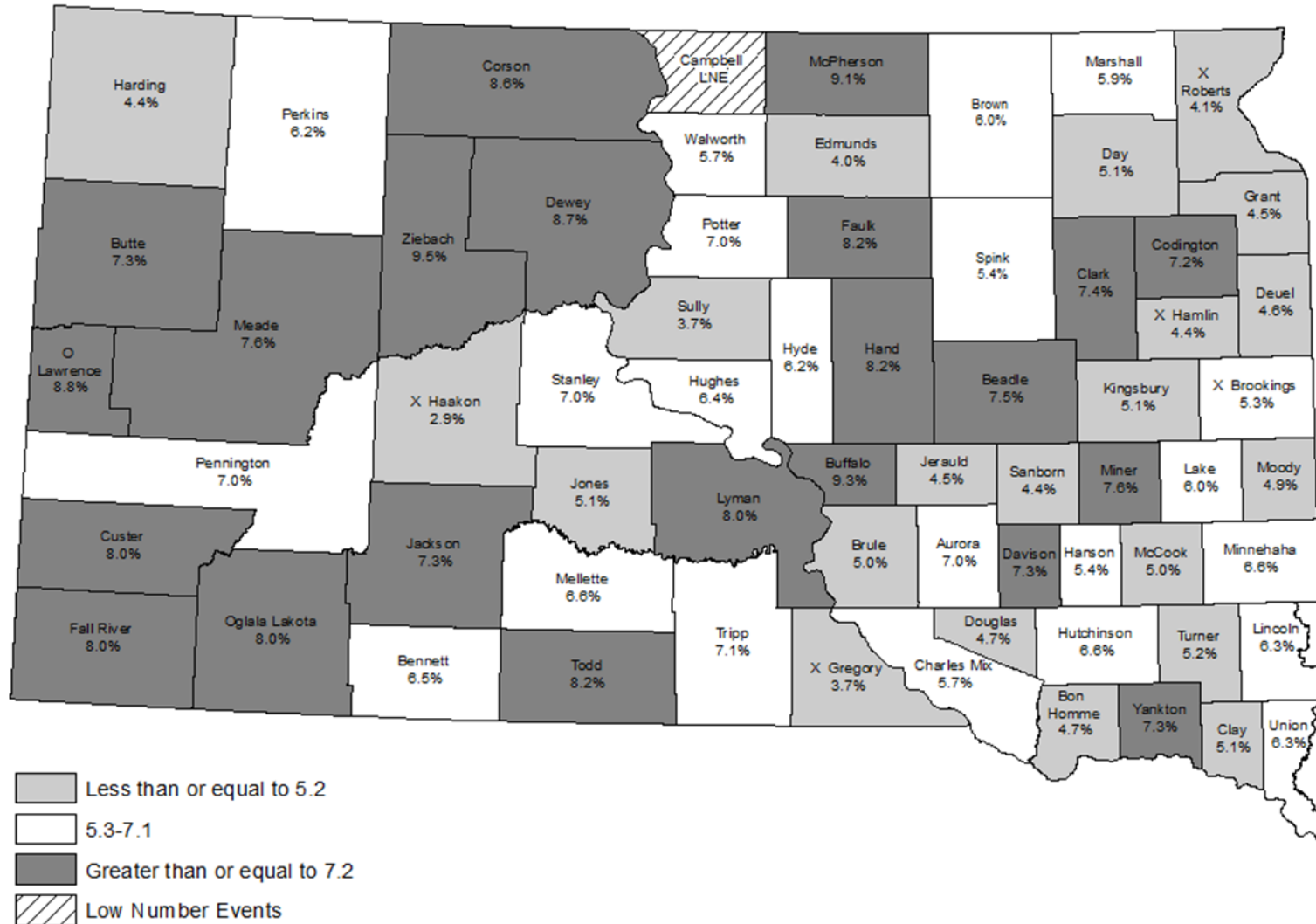
Harding 4.4%
Perkins 6.2%
Corson 8.6%
Campbell L'NE
McPherson 9.1%
Marshall 5.9%
X Roberts 4.1%
Brown 6.0%
Walworth 5.7%
Edmunds 4.0%
Day 5.1%
Grant 4.5%
Butte 7.3%
Ziebach 9.5%
Dewey 8.7%
Potter 7.0%
Faulk 8.2%
Spink 5.4%
Clark 7.4%
Codington 7.2%
Deuel 4.6%
X Hamlin 4.4%
Meade 7.6%
Sully 3.7%
Hyde 6.2%
Hand 8.2%
O Lawrence 8.8%
Stanley 7.0%
Hughes 6.4%
Beadle 7.5%
Kingsbury 5.1%
X Brookings 5.3%
X Haakon 2.9%
Pennington 7.0%
Jones 5.1%
Lyman 8.0%
Buffalo 9.3%
Jerauld 4.5%
Sanborn 4.4%
Miner 7.6%
Lake 6.0%
Moody 4.9%
Custer 8.0%
Jackson 7.3%
Mellette 6.6%
Brule 5.0%
Aurora 7.0%
Davison 7.3%
Hanson 5.4%
McCook 5.0%
Minnehaha 6.6%
Fall River 8.0%
Oglala Lakota 8.0%
Bennett 6.5%
Todd 8.2%
Tripp 7.1%
X Gregory 3.7%
Charles Mix 5.7%
Douglas 4.7%
Hutchinson 6.6%
Turner 5.2%
Lincoln 6.3%
Bon Homme 4.7%
Yankton 7.3%
Clay 5.1%
Union 6.3%

Less than or equal to 5.2
5.3-7.1
Greater than or equal to 7.2
Low Number Events

X Denotes that the county's percent is significantly lower than the state percent
O Denotes that the county's percent is significantly higher than the state percent
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. The percent of low birth weight infants is calculated based on the first weight of the newborn obtained after birth. Low birth weight infants are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces). The U.S. percent of low birth weight infants is from 2018. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 2
Percent of Mothers Receiving Prenatal Care in the 1st Trimester by County, 2014-2018
U.S. = 77.5%*   South Dakota = 75.1%

Harding 84.3%
Perkins 76.6%
X Corson 41.5%
Campbell 79.7%
X McPherson 56.2%
X Marshall 59.0%
X Roberts 65.0%
X Brown 68.8%
Butte 78.8%
X Ziebach 57.6%
X Dewey 49.5%
Walworth 66.1%
X Edmunds 59.6%
Day 72.8%
Grant 78.8%
X Potter 60.0%
X Fauk 57.3%
Spink 68.8%
Clark 69.5%
Codington 81.3%
O Meade 81.1%
X Sully 56.1%
Hyde 63.8%
X Hand 59.9%
Hamlin 74.8%
Deuel 81.2%
Lawrence 79.9%
Haakon 80.2%
Stanley 63.5%
X Hughes 55.0%
X Beadle 62.5%
O Kingsbury 87.3%
O Brookings 84.0%
Pennington 76.5%
X Buffalo 29.8%
Jerauld 85.0%
Sanborn 78.8%
Miner 71.5%
Lake 76.8%
Moody 78.0%
Jones 57.6%
X Lyman 48.5%
Custer 74.5%
X Jackson 57.9%
X Mellette 50.8%
Brule 66.8%
Aurora 75.0%
O Davison 84.9%
Hanson 75.0%
McCook 75.1%
O Minnehaha 80.3%
Fall River 66.0%
X Oglala Lakota 60.4%
Tripp 77.6%
Douglas 78.9%
Hutchinson 68.8%
O Turner 86.3%
O Lincoln 89.1%
X Bennett 59.9%
X Todd 41.3%
Gregory 73.1%
X Charles Mix 63.8%
Bon Homme 78.6%
O Yankton 86.0%
Clay 81.4%
O Union 88.0%

Less than or equal to 63.5

63.6-78.0

Greater than or equal to 78.1

X Denotes that the county's percent is significantly lower than the state percent.
O Denotes that the county's percent is significantly higher than the state percent.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. See technical notes for more complete explanations.
*The U.S. percent of first trimester prenatal care is from 2018.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 3
Percent of Mothers Who Smoked Cigarettes While Pregnant by County, 2014-2018
U.S. = 6.5%*   South Dakota = 13.4%

X Harding 5.5%

Perkins 12.4%

O Corson 26.6%

Campbell LNE

X McPherson 6.6%

Marshall 12.4%

O Roberts 29.4%

O Brown 16.2%

Walworth 16.3%

X Edmunds 6.7%

O Day 21.9%

Grant 11.9%

O Butte 19.0%

Ziebach 17.5%

O Dewey 18.8%

X Potter 7.8%

X Faulk 1.8%

Spink 15.3%

X Clark 8.0%

O Codington 19.4%

Deuel 9.6%

Meade 14.5%

Sully 12.2%

Hyde 9.9%

X Hand 7.6%

Hamlin 12.6%

O Lawrence 16.4%

Stanley 11.1%

O Hughes 18.2%

Beadle 11.6%

Kingsbury 9.9%

X Brookings 8.5%

Haakon 15.7%

O Pennington 15.6%

Jones 18.6%

O Buffalo 27.5%

Jerauld 14.5%

Sanborn 15.6%

X Miner 7.6%

X Lake 10.5%

Moody 14.6%

O Lyman 22.7%

Custer 17.5%

O Jackson 21.3%

Mellette 19.1%

Brule 14.9%

Aurora 9.0%

O Davison 17.1%

X Hanson 5.4%

X McCook 8.9%

X Minnehaha 9.8%

O Fall River 19.9%

O Oglala Lakota 17.7%

Tripp 14.8%

Douglas 9.9%

X Hutchinson 7.9%

X Turner 8.2%

X Lincoln 5.4%

O Bennett 24.1%

O Todd 20.5%

Gregory 11.9%

O Charles Mix 22.2%

Bon Homme 10.9%

Yankton 18.5%

X Clay 9.8%

X Union 6.9%

Legend:

- ☐ (light gray) Less than or equal to 9.9
- ☐ (white) 10.0-16.3
- ☐ (dark gray) Greater than or equal to 16.4
- ☐ (hatched) Low Number Events

X Denotes that the county's percent is significantly lower than the state percent.
O Denotes that the county's percent is significantly higher than the state percent.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. Data for mothers who smoked cigarettes while pregnant are self-reported. See technical notes for more complete explanations. *The U.S. percent of cigarette smoking use by pregnant mothers is from 2018.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 4
Percent of Births Less Than 37 Weeks Gestation by County, 2014-2018
U.S. = 10.0%   South Dakota = 8.9%

County	Percent
Harding	5.6%
Perkins	7.9%
O Corson	15.5%
Campbell	9.4%
McPherson	9.1%
Marshall	7.6%
Roberts	10.8%
Butte	10.2%
O Ziebach	16.9%
O Dewey	17.1%
Walworth	9.1%
X Edmunds	5.4%
X Brown	6.9%
X Day	5.8%
Grant	6.7%
Meade	10.1%
Potter	7.0%
Faulk	5.8%
Spink	7.8%
Clark	8.0%
Codington	8.4%
Deuel	7.3%
O Lawrence	11.2%
Sully	13.4%
Hamlin	7.5%
Haakon	5.9%
Stanley	9.0%
Hughes	9.4%
Hyde	6.2%
Hand	10.3%
Beadle	10.3%
X Kingsbury	5.7%
X Brookings	6.8%
Pennington	9.6%
Jones	8.5%
Lyman	12.7%
Buffalo	14.1%
Jerauld	6.4%
Sanborn	7.8%
Miner	7.6%
Lake	9.0%
Moody	7.9%
Custer	8.0%
O Jackson	13.1%
Mellette	9.7%
Brule	7.6%
Aurora	9.5%
Davison	9.5%
Hanson	6.4%
McCook	7.2%
Minnehaha	8.3%
Fall River	7.4%
O Oglala Lakota	11.8%
Bennett	11.2%
O Todd	12.0%
Tripp	11.5%
Gregory	7.4%
Charles Mix	8.1%
Douglas	7.0%
Hutchinson	8.1%
Turner	9.1%
Lincoln	8.1%
Bon Homme	7.6%
Yankton	7.4%
Clay	7.4%
Union	9.2%

Legend:
- Less than or equal to 7.5
- 7.6-9.2
- Greater than or equal to 9.3

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. See technical notes for more complete explanations. The U.S. percent of births less than 37 weeks gestation is from 2018.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 5
Average Age of Mother by Resident County, 2014-2018
U.S. = 29.0   **South Dakota = 28.1**

Harding 29.2

Perkins 28.8

X Corson 26.8

O Campbell 29.4

McPherson 28.6

Brown 28.2

O Marshall 28.8

X Roberts 26.6

X Walworth 27.2

O Edmunds 29.0

Day 28.3

Grant 28.2

X Butte 27.1

X Ziebach 26.5

X Dewey 26.4

Potter 28.9

O Faulk 29.5

Spink 28.6

Clark 28.5

X Codington 27.6

Deuel 28.5

Meade 28.2

Sully 27.5

Hamlin 27.6

Lawrence 28.3

Haakon 28.0

O Stanley 29.1

Hughes 28.0

Hyde 27.4

O Hand 28.8

X Beadle 27.0

Kingsbury 28.5

O Brookings 28.8

X Pennington 27.5

Jones 28.8

X Lyman 26.5

X Buffalo 25.8

Jerauld 29.0

Sanborn 28.1

O Miner 29.4

O Lake 28.7

Moody 28.4

O Custer 29.1

X Jackson 26.6

X Mellette 25.6

Brule 27.6

Aurora 27.7

X Davison 27.6

O Hanson 30.1

O McCook 28.9

O Minnehaha 28.6

Fall River 27.3

X Oglala Lakota 25.6

X Bennett 25.9

X Todd 25.2

X Tripp 27.0

Gregory 28.1

X Charles Mix 26.8

Douglas 27.8

O Hutchinson 28.6

O Turner 29.2

O Lincoln 29.7

Bon Homme 28.4

Yankton 27.9

O Clay 28.8

O Union 29.1

Less than or equal to 27.5

27.6-28.6

Greater than or equal to 28.7

X Denotes that the county's age is significantly lower than the state age.
O Denotes that the county's age is significantly higher than the state age.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual age may be higher or lower than the state age, the difference may not be statistically significant due to the small number of people in the county. The U.S. average age of mother is from 2018. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 6
Teenage Birth Rate by Resident County, 2014-2018

U.S. = 7.2   South Dakota = 10.8

Harding LNE

Perkins LNE

Corson 22.2

Campbell LNE

McPherson LNE

Marshall LNE

O Roberts 24.7

X Brown 5.4

Walworth 6.2

Edmunds LNE

Day 9.5

Butte 9.6

Ziebach 10.9

O Dewey 42.4

Potter LNE

Faulk LNE

Spink 6.5

Codington 7.5

Grant LNE

Clark LNE

Deuel LNE

Hamlin LNE

X Meade 5.4

Sully LNE

Hyde LNE

Hand LNE

O Beadle 22.9

Kingsbury LNE

X Brookings 6.2

X Lawrence 3.8

Stanley LNE

Hughes 11.8

Haakon LNE

O Pennington 14.0

Jones LNE

O Lyman 41.6

O Buffalo 55.8

Jerauld LNE

Sanborn LNE

Miner LNE

X Lake 2.8

Moody 7.5

Custer 4.4

O Jackson 40.1

Mellette 34.8

Brule 5.0

Aurora 16.3

Davison 8.1

Hanson LNE

McCook LNE

Minnehaha 9.3

O Oglala Lakota 37.7

Tripp 14.8

Douglas LNE

Hutchinson LNE

Turner LNE

X Lincoln 3.1

Fall River 5.3

O Bennett 28.4

O Todd 53.6

Gregory 16.3

O Charles Mix 23.6

Bon Homme LNE

Yankton 6.6

X Clay 4.9

X Union 1.8

Legend:
- Less than or equal to 6.2
- 6.3-16.3
- Greater than or equal to 16.4
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The teenage birth rate is live births per 1,000 females age 15-17. The U.S. teenage birth rate is from 2018. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 7
Death Rate Due to All Causes by County, 2014-2018

U.S. = 731.9   **South Dakota = 719.1**

X Harding 453.1
Perkins 757.7
O Corson 1,303.3
Campbell 602.4
McPherson 655.9
X Marshall 623.9
O Roberts 835.3
X Brown 679.7
O Walworth 829.0
X Edmunds 603.7
Day 742.2
Grant 737.1
Butte 745.8
Ziebach 751.7
O Dewey 1,297.4
Potter 701.3
Faulk 708.2
Spink 728.3
Clark 681.9
X Codington 646.6
Deuel 640.7
Meade 694.5
X Sully 420.7
Hamlin 734.8
X Lawrence 673.5
Haakon 677.6
X Stanley 524.3
Hughes 671.3
Hyde 747.6
Hand 648.4
Beadle 744.9
Kingsbury 765.2
X Brookings 619.2
X Pennington 669.3
Jones 648.7
O Lyman 923.0
O Buffalo 1,689.2
Jerauld 627.2
Sanbom 746.7
Miner 849.3
Lake 666.2
Moody 653.1
Custer 661.8
O Jackson 1,022.9
O Mellette 1,301.4
Brule 657.8
Aurora 621.1
Davison 744.8
O Hanson 926.1
O McCook 864.5
Minnehaha 728.0
O Fall River 970.2
O Oglala Lakota 1,492.2
O Bennett 1,141.1
O Todd 1,305.0
Tripp 750.3
X Douglas 625.6
Hutchinson 717.6
O Turner 812.0
X Lincoln 486.0
Gregory 771.9
O Charles Mix 896.6
X Bon Homme 615.1
Yankton 718.6
Clay 789.0
X Union 650.6

Less than or equal to 666.2

666.3-750.3

Greater than or equal to 750.4

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. The U.S. age-adjusted death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 8
Death Rate Due to Heart Disease by County, 2014-2018
U.S. = 165.0   South Dakota = 152.9

Harding 110.5	
Perkins 169.4	
O Corson 289.8	Campbell 107.9
McPherson 182.8	Marshall 128.6
Brown 138.1	Roberts 162.7

Harding 110.5
Perkins 169.4
O Corson 289.8
Campbell 107.9
McPherson 182.8
Marshall 128.6
Brown 138.1
Roberts 162.7
Walworth 149.7
Edmunds 139.2
Day 149.7
Grant 177.0
Butte 184.6
Ziebach 134.0
Dewey 197.5
Potter 118.2
Faulk 127.1
Spink 176.9
Codington 148.8
Clark 125.1
Deuel 135.9
Meade 147.6
X Sully 72.1
X Hamlin 114.4
X Lawrence 124.6
Hyde 227.8
Hand 130.7
Beadle 132.2
X Stanley 68.6
Hughes 136.0
Kingsbury 178.8
Brookings 144.0
Haakon 125.1
Pennington 153.0
Buffalo 264.6
Jerauld 147.9
Sanborn 145.2
Miner 189.4
Lake 151.7
Moody 174.8
Jones 127.5
Lyman 150.7
Custer 133.8
O Jackson 227.1
Brule 160.0
Aurora 150.6
Davison 174.1
Hanson 187.4
McCook 193.6
Minnehaha 156.2
Mellette 183.7
O Fall River 215.4
O Oglala Lakota 205.4
Tripp 185.9
X Douglas 85.2
Hutchinson 155.6
Turner 185.3
X Lincoln 107.2
O Bennett 235.8
O Todd 212.8
Gregory 161.1
Charles Mix 190.0
X Bon Homme 110.5
Yankton 160.4
O Clay 237.0
X Union 123.5

Less than or equal to 136.0

136.1-174.8

Greater than or equal to 174.9

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Heart disease is defined as ICD-10 codes I00-I09, I11, I13, and I20-I51. The U.S. age-adjusted Heart Disease death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 9
Death Rate Due to All Malignant Neoplasms (Cancer) by County, 2014-2018

U.S. = 152.5   South Dakota = 154.6

X Harding 77.7
Perkins 160.6
Corson 198.2
Campbell 113.5
McPherson 133.7
Marshall 122.2
Roberts 164.0
Brown 154.5
Walworth 150.1
X Edmunds 106.4
Day 150.8
Grant 140.2
Butte 176.0
Ziebach 121.1
Dewey 193.9
Potter 117.7
Faulk 144.8
Spink 151.7
Codington 170.6
Clark 161.5
Deuel 164.5
Meade 172.6
Sully 130.2
Hamlin 143.6
Lawrence 135.2
Stanley 173.9
Hughes 140.0
Hyde 132.2
Hand 129.4
Beadle 172.2
Kingsbury 190.7
Brookings 134.2
Haakon 150.8
Pennington 151.7
O Buffalo 347.3
Jerauld 155.0
Sanborn 133.6
Miner 208.9
Lake 131.6
Moody 131.8
Jones 184.1
Lyman 197.6
X Custer 119.4
Jackson 182.7
Brule 133.0
Aurora 157.9
Davison 158.5
O Hanson 316.9
O McCook 223.4
Minnehaha 165.1
Mellette 214.9
Fall River 180.1
O Oglala Lakota 203.3
Tripp 132.5
Douglas 133.6
Hutchinson 132.4
Turner 161.0
X Lincoln 116.9
Bennett 199.8
O Todd 233.3
Gregory 175.9
Charles Mix 188.9
Bon Homme 142.0
X Yankton 130.7
Clay 172.9
Union 154.4

Legend:
- Less than or equal to 135.2
- 135.3-170.6
- Greater than or equal to 170.7

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Malignant Neoplasms (Cancer) are defined as ICD-10 codes C00-C97. The U.S. age-adjusted Malignant Neoplasms (Cancer) death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 10
Death Rate Due to Trachea, Bronchus, and Lung Cancer by County, 2014-2018
U.S. = 36.6   South Dakota = 38.6

County	Rate
Harding	LNE
Perkins	20.3
Corson	26.2
Campbell	49.8
McPherson	33.5
Brown	39.2
Marshall	30.5
Roberts	38.2
Butte	54.1
Ziebach	30.9
Dewey	51.0
Walworth	34.4
Edmunds	25.1
Day	30.8
Grant	38.9
Meade	51.2
Potter	38.8
Faulk	37.0
Spink	28.4
Clark	29.3
Codington	40.5
Deuel	35.4
Lawrence	26.8
Haakon	54.4
Stanley	55.4
Sully	LNE
Hughes	38.7
Hyde	33.5
Hand	16.2
Beadle	37.6
Kingsbury	43.4
Hamlin	53.6
Brookings	27.0
Pennington	40.6
Jones	46.7
Lyman	63.2
Buffalo	167.7
Jerauld	37.0
Sanborn	43.0
Miner	52.3
Lake	35.5
Moody	31.6
Custer	29.9
Jackson	57.0
Mellette	39.9
Brule	27.1
Aurora	39.7
Davison	44.1
Hanson	55.4
McCook	51.6
Minnehaha	40.8
Fall River	43.1
Oglala Lakota	52.6
Bennett	33.0
Todd	50.7
Tripp	29.7
Gregory	37.4
Charles Mix	44.8
Douglas	26.4
Hutchinson	30.7
Turner	41.1
Lincoln	29.7
Bon Homme	21.7
Yankton	41.5
Clay	38.1
Union	48.5

Legend:
- Less than or equal to 33.0
- 33.1-41.5
- Greater than or equal to 41.6
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Trachea, Bronchus, and Lung Cancer are defined as ICD-10 codes C33-C34. The U.S. age-adjusted Trachea, Bronchus, and Lung Cancer death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

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Map 11
Death Rate Due to Colorectal Cancer by County, 2014-2018

U.S. = 13.7   **South Dakota = 15.6**

County	Rate
Harding	LNE
Corson	19.8
Campbell	LNE
McPherson	10.3
Marshall	7.8
Roberts	24.3
Perkins	18.6
Brown	18.1
Walworth	16.3
Edmunds	9.3
Day	14.0
Butte	22.6
Dewey	17.5
Ziebach	47.2
Potter	LNE
Faulk	LNE
Spink	25.0
Clark	10.7
X Grant	6.4
Codington	19.5
Deuel	10.0
Meade	15.7
Sully	LNE
Hamlin	11.9
Lawrence	17.6
Stanley	23.9
Hughes	20.6
Hyde	LNE
Hand	20.7
Beadle	10.9
Kingsbury	17.9
Brookings	14.3
Haakon	15.7
Pennington	12.1
Jones	31.8
Lyman	24.4
Buffalo	91.5
Jerauld	16.2
Sanborn	15.2
Miner	LNE
Lake	15.7
Moody	10.7
Custer	13.9
Jackson	LNE
Mellette	LNE
Brule	16.8
Aurora	18.4
Davison	15.5
O Hanson	85.7
McCook	24.7
Minnehaha	16.2
Fall River	20.2
Oglala Lakota	29.1
Bennett	23.7
Todd	19.6
Tripp	23.2
Gregory	14.1
Charles Mix	28.4
Douglas	17.1
Hutchinson	13.1
Turner	16.9
X Lincoln	9.0
Bon Homme	9.7
Yankton	16.0
Clay	11.8
Union	8.7

Legend:
- Less than or equal to 14.3
- 14.4-19.5
- Greater than or equal to 19.6
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Colorectal Cancer is defined as ICD-10 codes C18-C21. The U.S. age-adjusted Colorectal Cancer death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 12
Death Rate Due to Pancreatic Cancer by County, 2014-2018
U.S. = 11.1   **South Dakota = 10.9**

County	Rate
Harding	LNE
Perkins	LNE
Corson	LNE
Campbell	LNE
McPherson	LNE
Marshall	19.6
Roberts	X 4.0
Brown	8.3
Walworth	13.6
Edmunds	13.1
Day	16.8
Butte	7.3
Dewey	11.4
Ziebach	LNE
Potter	11.3
Faulk	27.5
Spink	11.3
Codington	15.4
Clark	18.8
Grant	8.1
Deuel	8.5
Meade	11.8
Sully	LNE
Hyde	LNE
Hand	15.1
Hamlin	7.8
Lawrence	8.2
Stanley	25.6
Hughes	11.1
Beadle	11.9
Kingsbury	24.4
Brookings	10.2
Haakon	LNE
Pennington	10.7
Buffalo	LNE
Jerauld	38.3
Sanborn	15.0
Miner	13.5
Lake	14.1
Moody	13.0
Jones	LNE
Lyman	LNE
Custer	7.3
Jackson	LNE
Brule	9.8
Aurora	LNE
Davison	9.7
Hanson	27.9
McCook	12.3
Minnehaha	11.4
Mellette	LNE
Fall River	5.2
Oglala Lakota	12.5
Tripp	7.2
Douglas	13.5
Hutchinson	6.5
Turner	12.8
Lincoln	13.0
Bennett	LNE
Todd	LNE
Gregory	21.4
Charles Mix	6.8
Bon Homme	15.4
Yankton	X 5.0
Clay	10.4
Union	9.0

Legend:
- Less than or equal to 9.8
- 9.9-13.5
- Greater than or equal to 13.6
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Pancreatic Cancer is defined as ICD-10 code C25. The U.S. age-adjusted Pancreatic Cancer death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 13
Death Rate Due to Female Breast Cancer by County, 2014-2018
U.S. = 19.9   **South Dakota = 18.6**

░	Less than or equal to 15.6
☐	15.7-22.1
▓	Greater than or equal to 22.2
⫽	Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Female Breast Cancer is defined as ICD-10 code C50. The U.S. age-adjusted Female Breast Cancer death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 14
Death Rate Due to Chronic Lower Respiratory Diseases by County, 2014-2018
U.S. = 40.9   South Dakota = 42.7

Harding LNE	
Perkins 59.7	
O Butte 65.6	
Ziebach 59.6	
O Meade 59.9	
Lawrence 50.6	
Haakon 73.1	
X Pennington 31.3	
X Custer 27.8	
Jackson 85.7	
O Mellette 112.7	
O Fall River 81.7	
Oglala Lakota 52.9	
Bennett 71.5	
Todd 74.4	
Corson 40.1	
Dewey 46.0	
Stanley 78.4	
Hughes 58.3	
Jones 58.6	
Lyman 42.5	
Tripp 49.6	
Campbell LNE	
Walworth 64.2	
Potter 37.7	
Sully 49.1	
Hyde 28.3	
Hand 47.8	
Buffalo LNE	
Brule 39.7	
Gregory 51.3	
Charles Mix 40.4	
X McPherson 20.8	
Edmunds 29.2	
Faulk 49.0	
Spink 47.3	
Jerauld 38.0	
Sanborn 33.2	
Aurora 36.6	
Davison 39.8	
Hanson 21.3	
Brown 36.6	
Beadle 39.0	
Miner 28.9	
X McCook 11.6	
Douglas 61.6	
Hutchinson 34.8	
Bon Homme 47.1	
Marshall 42.9	
Day 33.4	
Clark 37.5	
Codington 40.1	
Kingsbury 37.1	
Lake 44.9	
Minnehaha 43.5	
Turner 52.6	
Yankton 53.7	
Roberts 50.7	
Grant 52.6	
Hamlin 30.0	
Deuel 39.5	
X Brookings 29.3	
X Moody 25.2	
X Lincoln 26.1	
Clay 55.3	
Union 55.1	

Less than or equal to 38.0

38.1-51.3

Greater than or equal to 51.4

Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Chronic Lower Respiratory disease is defined as ICD-10 code J40-J47. The U.S. age-adjusted Chronic Lower Respiratory disease death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

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Map 15
Death Rate Due to Accidents by County, 2014-2018

U.S. = 49.4   **South Dakota = 50.9**

Less than or equal to 44.0	
44.1-69.6	
Greater than or equal to 69.7	
Low Number Events	

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Accidents are defined as ICD-10 codes V01-X59, Y85-Y86. The U.S. age-adjusted Accident death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 16
Death Rate Due to Motor Vehicle Accidents by County, 2014-2018
U.S. = 12.0   South Dakota = 17.2

Legend:
- Less than or equal to 15.6
- 15.7-29.0
- Greater than or equal to 29.1
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Motor Vehicle Accidents are defined as ICD-10 codes (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, and V89.2) The U.S. age-adjusted Motor Vehicle Accident death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 17
Death Rate Due to Alzheimer's Disease by County, 2014-2018

U.S. = 31.0   **South Dakota = 36.2**

Harding LNE

Perkins 40.3

Corson LNE

Campbell LNE

McPherson 25.0

Marshall 31.9

Roberts 25.7

Brown 33.8

O Walworth 64.5

Edmunds 35.1

Day 39.8

Grant 52.2

Butte 31.1

X Dewey 14.9

Ziebach LNE

Potter 52.8

Faulk 37.9

Spink 39.8

Codington 27.5

Clark 34.3

Deuel 20.9

O Hamlin 73.9

Lawrence 30.1

X Meade 24.2

Sully LNE

Hyde 33.4

Hand 31.8

Beadle 40.4

Kingsbury 25.5

Brookings 31.9

Haakon LNE

Stanley LNE

X Hughes 21.4

X Pennington 27.4

Buffalo LNE

O Jerauld 79.1

O Sanborn 114.9

Miner 35.8

Lake 34.3

Moody 35.7

Jones LNE

Lyman 39.3

Custer 25.9

Jackson LNE

Mellette 48.4

Brule 35.0

Aurora 39.2

Davison 27.6

Hanson 42.1

O McCook 76.2

O Minnehaha 45.0

Fall River 47.4

X Oglala Lakota 11.2

Bennett 17.8

X Todd 12.1

Tripp 55.6

Gregory 24.5

Charles Mix 50.9

Douglas 56.6

O Hutchinson 54.3

O Turner 57.7

Lincoln 39.8

X Bon Homme 20.3

Yankton 42.1

Clay 28.8

Union 32.2

Legend:
- Less than or equal to 30.1
- 30.2-39.8
- Greater than or equal to 39.9
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Alzheimer's Disease is defined as ICD-10 code G30. The U.S. age-adjusted Alzheimer's Disease death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 18
Death Rate Due to Cerebrovascular Disease by County, 2014-2018

U.S. = 37.6 **South Dakota = 35.5**

County	Rate
Harding	40.3
Perkins	27.9
Corson	34.0
Campbell	34.4
McPherson	38.4
Marshall	57.3
Roberts	41.4
Brown	35.4
Butte	37.0
Ziebach	LNE
Dewey	35.7
Walworth	35.4
Edmunds	34.9
Day	45.7
Grant	50.7
X Potter	18.3
Faulk	40.9
Spink	26.4
Codington	29.9
Clark	36.0
Deuel	47.8
Hamlin	41.7
Meade	29.4
Sully LNE	
Hyde	45.3
Hand	50.7
Lawrence	29.0
X Stanley	14.1
Hughes	43.3
Beadle	46.1
Kingsbury	39.4
Brookings	41.5
Haakon	17.4
X Pennington	28.2
Jones	34.1
Lyman	50.6
Buffalo	52.3
Jerauld	34.7
Sanborn	29.6
Miner	44.9
O Lake	54.1
Moody	31.6
Custer	40.6
Jackson	25.8
Mellette	33.1
X Brule	12.3
Aurora	36.6
Davison	45.7
Hanson	33.3
McCook	51.1
Minnehaha	36.9
Fall River	42.7
Oglala Lakota	32.9
Bennett	29.1
Todd	42.0
Tripp	28.2
Gregory	51.8
Charles Mix	33.3
Douglas	20.8
Hutchinson	50.5
Turner	34.2
X Lincoln	22.5
Bon Homme	36.2
Yankton	31.9
Clay	41.6
Union	30.6

Legend:
- Less than or equal to 33.1
- 33.2-41.4
- Greater than or equal to 41.5
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Cerebrovascular disease is defined as ICD-10 code I60-I69. The U.S. age-adjusted Cerebrovascular disease death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 19
Death Rate Due to Diabetes Mellitus by County, 2014-2018
U.S. = 21.5   South Dakota = 23.9

County	Rate
Harding	42.4
Perkins	20.9
O Corson	83.5
Campbell	29.8
McPherson	40.1
Marshall	16.8
Roberts	39.7
Brown	27.3
Walworth	36.3
Edmunds	24.3
Day	19.5
X Butte	10.3
Ziebach	39.0
O Dewey	80.8
Potter	34.5
Faulk	22.7
Spink	31.8
Clark	36.3
Codington	22.4
Grant	21.9
Deuel	13.7
Hamlin	26.9
X Meade	15.8
Sully LNE	
Hyde	27.0
Hand	19.8
Lawrence	19.5
Stanley	25.4
Hughes	34.6
O Beadle	36.0
Kingsbury	24.6
Brookings	20.5
Haakon LNE	
X Pennington	14.8
O Buffalo	121.7
Jerauld LNE	
Sanborn	13.7
Miner	50.0
Lake	27.2
Moody	20.6
Jones LNE	
Lyman	48.0
Custer	14.7
Jackson	48.0
Brule	18.1
Aurora	24.9
Davison	23.7
Hanson	31.2
McCook	37.2
X Minnehaha	15.4
Mellette	58.4
O Oglala Lakota	155.5
Fall River	36.9
Tripp	18.4
Douglas	29.3
X Hutchinson	8.9
Turner	14.5
X Lincoln	10.2
O Bennett	110.5
O Todd	131.3
Gregory	21.9
Charles Mix	41.8
Bon Homme	18.8
Yankton	29.5
Clay	19.5
X Union	13.7

Legend:
- Less than or equal to 20.5
- 20.6-34.5
- Greater than or equal to 34.6
- Low Number Events
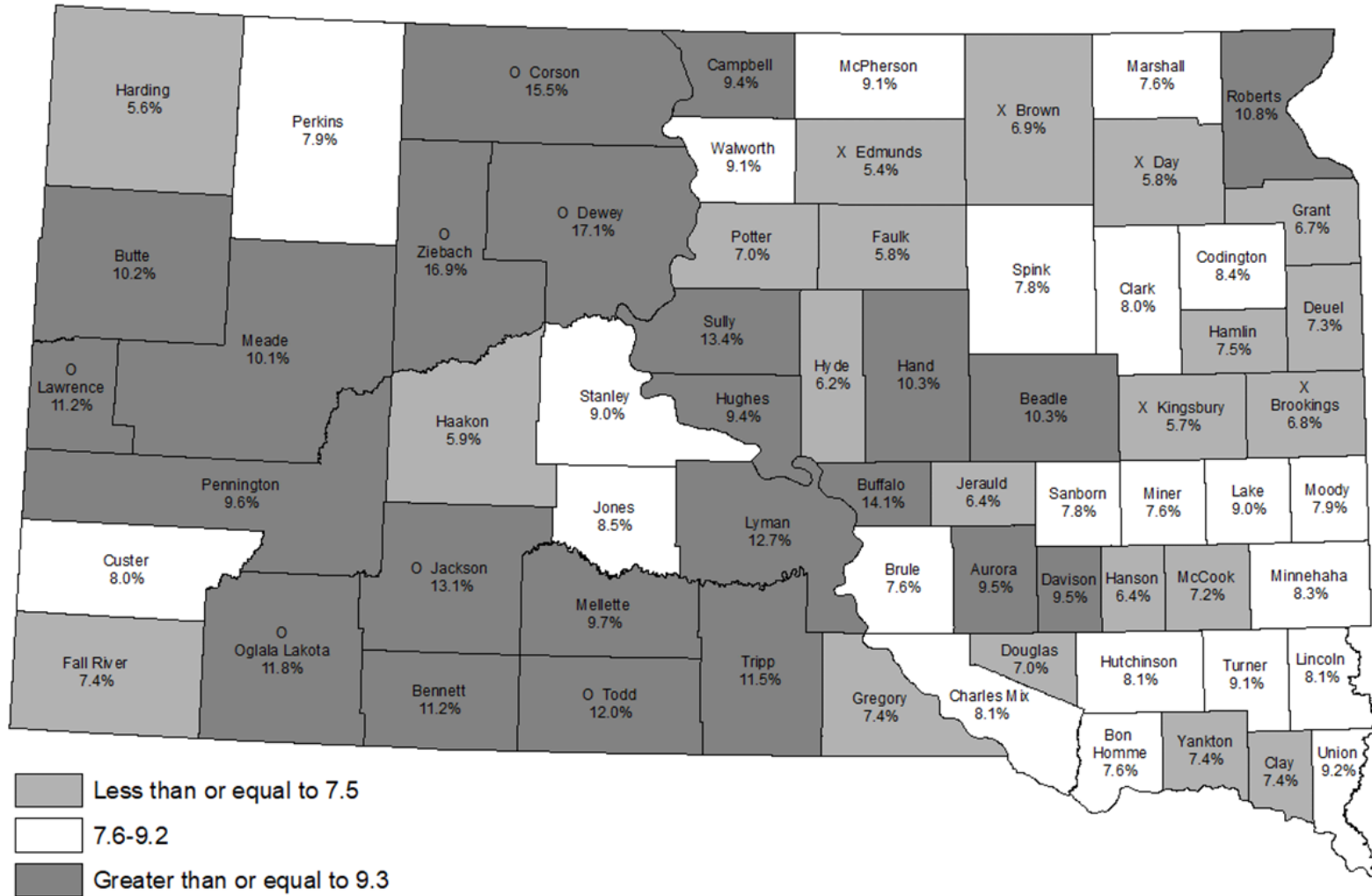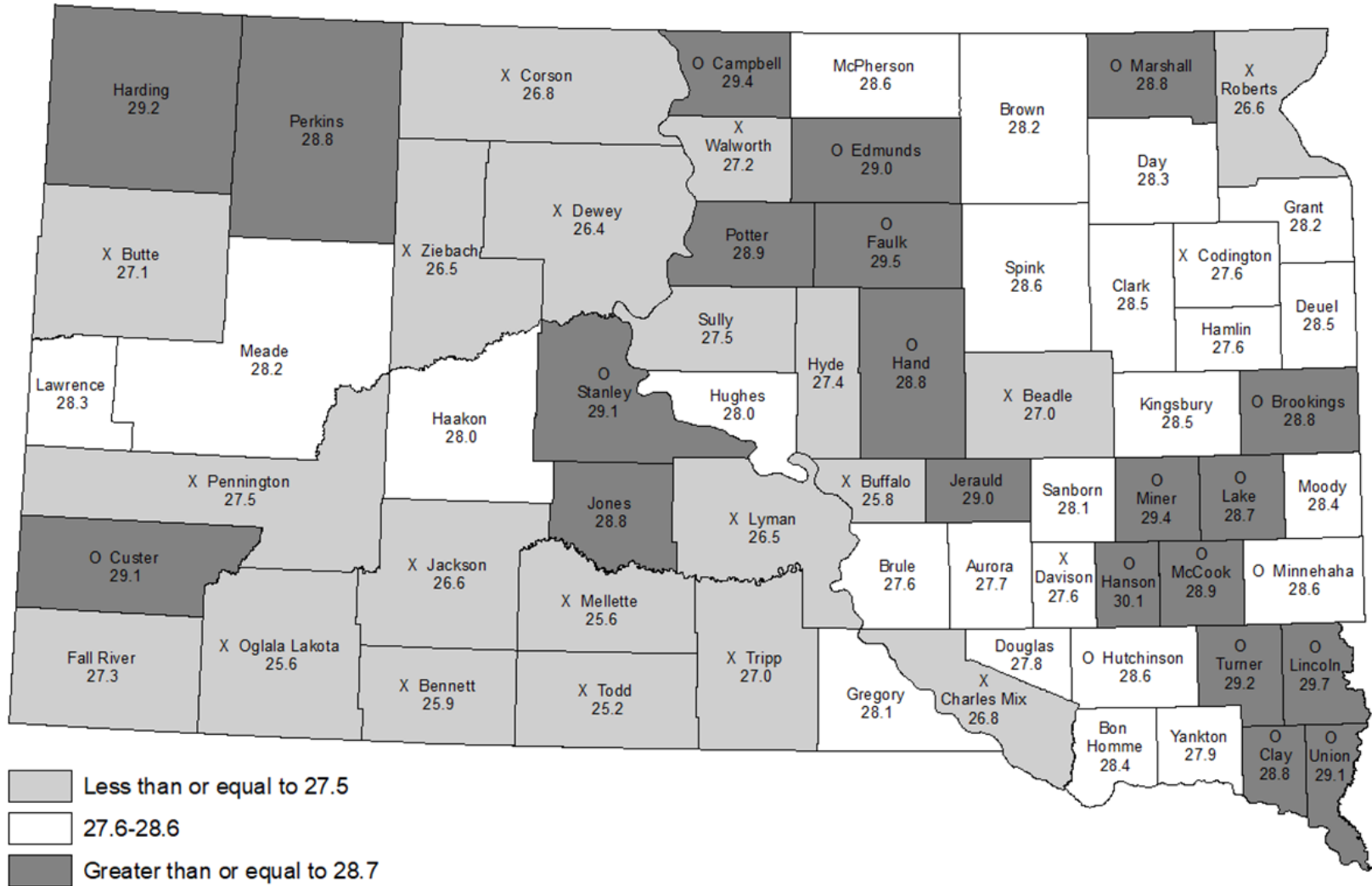
X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Diabetes Mellitus is defined as ICD-10 codes E10-E14. The U.S. age-adjusted Diabetes Mellitus death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 20
Death Rate Due to Influenza and Pneumonia by County, 2014-2018
U.S. = 14.3   **South Dakota = 18.2**

County	Rate
Harding	LNE
Perkins	18.3
Corson	49.2
Campbell	20.4
McPherson	LNE
Marshall	16.1
Roberts	19.6
Butte X	7.9
Ziebach	29.2
O Walworth	36.6
Edmunds	23.3
Brown	21.3
Day	23.3
Grant	18.4
O Dewey	55.1
Potter	33.0
Faulk	13.0
Spink	28.2
Clark	18.3
Codington	15.3
Meade	21.0
Sully	LNE
Hyde	23.9
Hand	20.9
Hamlin	22.5
Deuel	17.9
Lawrence	18.5
Stanley	LNE
Haakon	38.5
O Hughes	35.1
O Beadle	37.8
Kingsbury	23.0
Brookings X	10.8
Pennington X	11.9
Jones	LNE
Buffalo	55.5
Jerauld	LNE
Sanborn	24.6
Miner	LNE
Lake X	5.3
Moody	LNE
Custer	23.9
Jackson	LNE
Lyman	16.1
Brule	18.7
Aurora	LNE
Davison	23.6
Hanson	24.5
McCook	17.6
Minnehaha X	14.6
Mellette	30.6
Fall River	17.5
Oglala Lakota	28.2
Bennett	26.5
O Todd	43.3
Tripp	17.4
Gregory X	5.8
Charles Mix	20.3
Douglas	17.0
Hutchinson	16.7
Turner	13.9
Lincoln X	10.2
Bon Homme	21.2
Yankton	23.0
Clay	31.8
Union	19.5

Legend:
- Less than or equal to 17.9
- 18.0-23.6
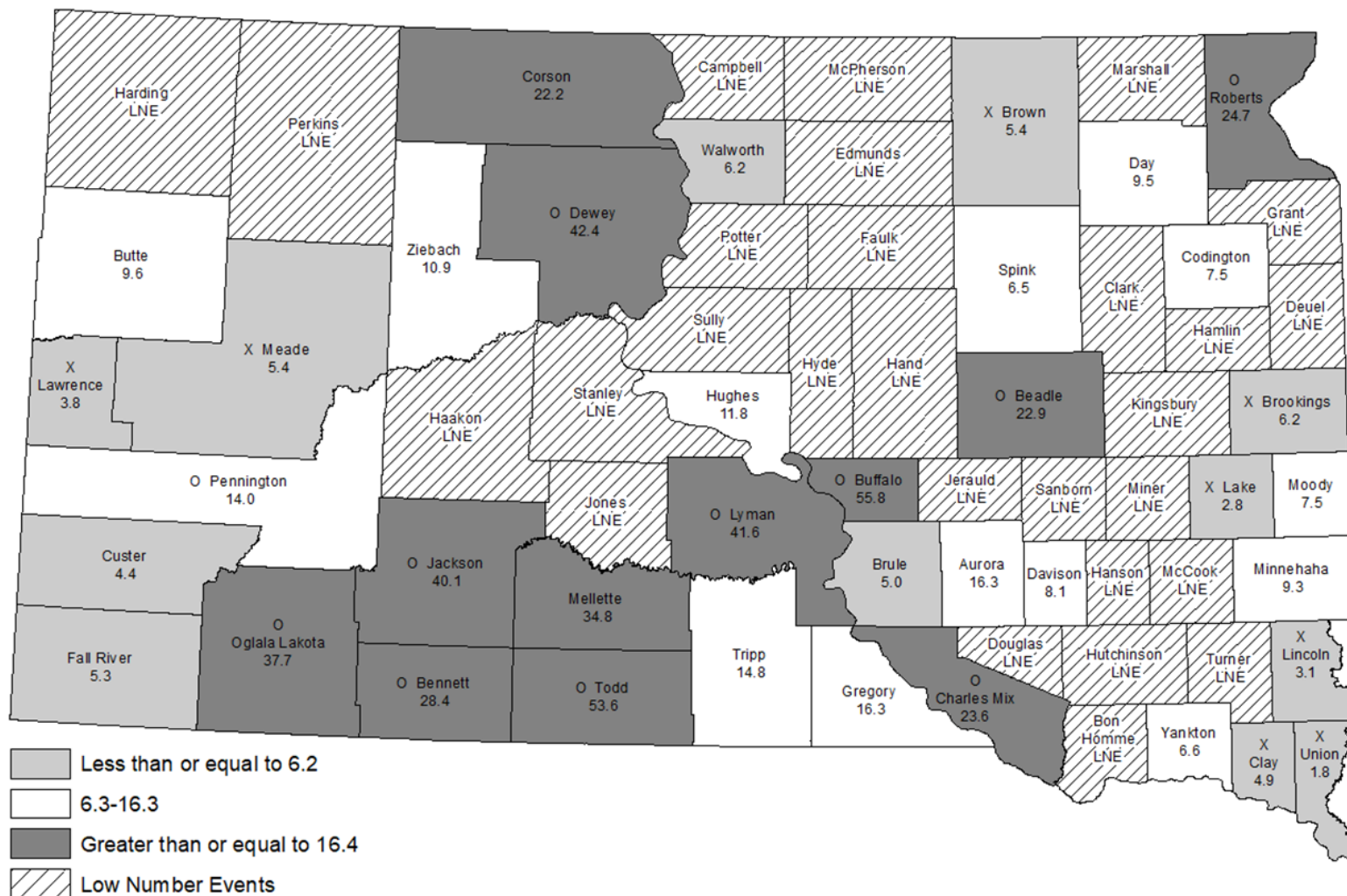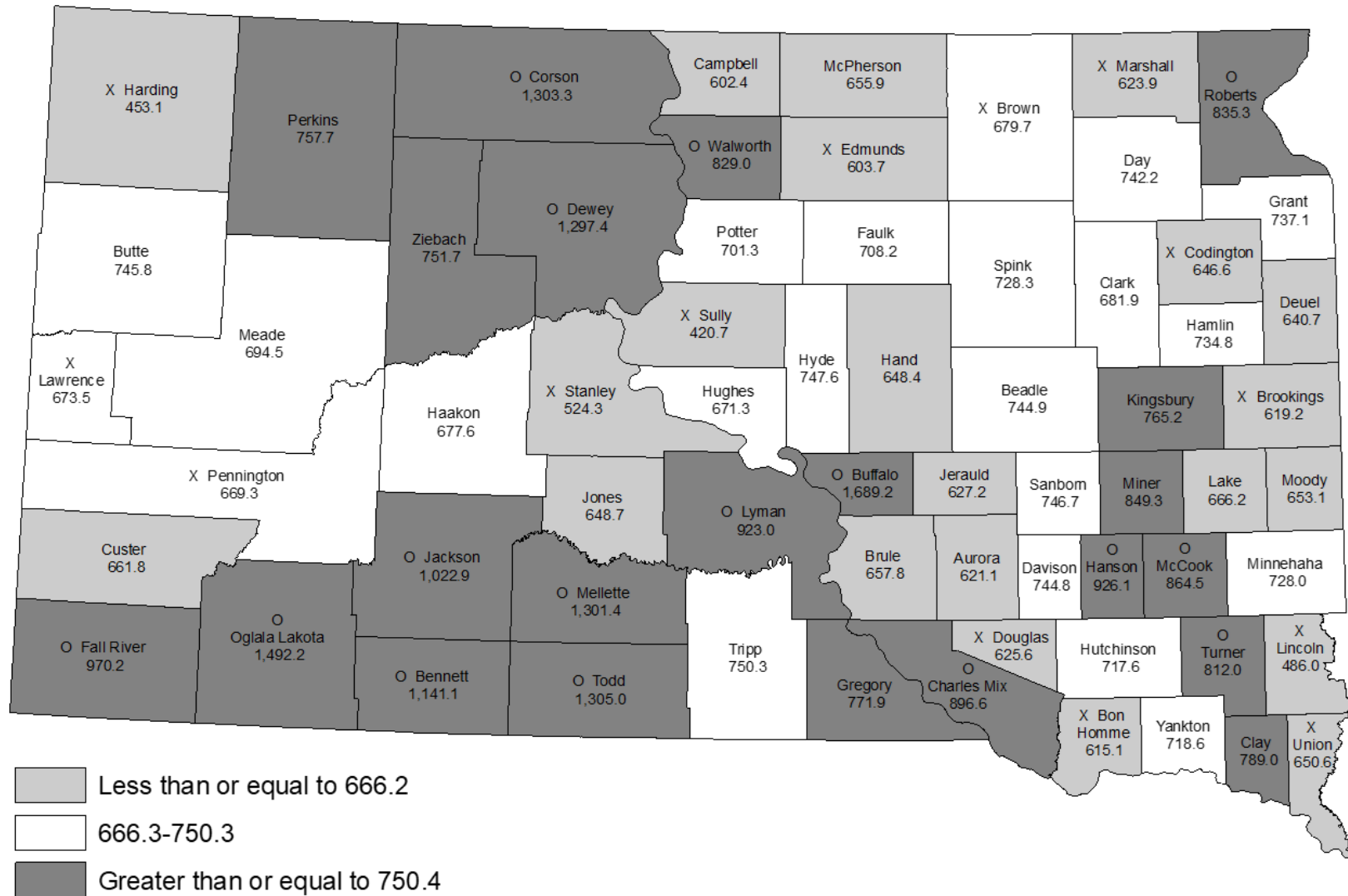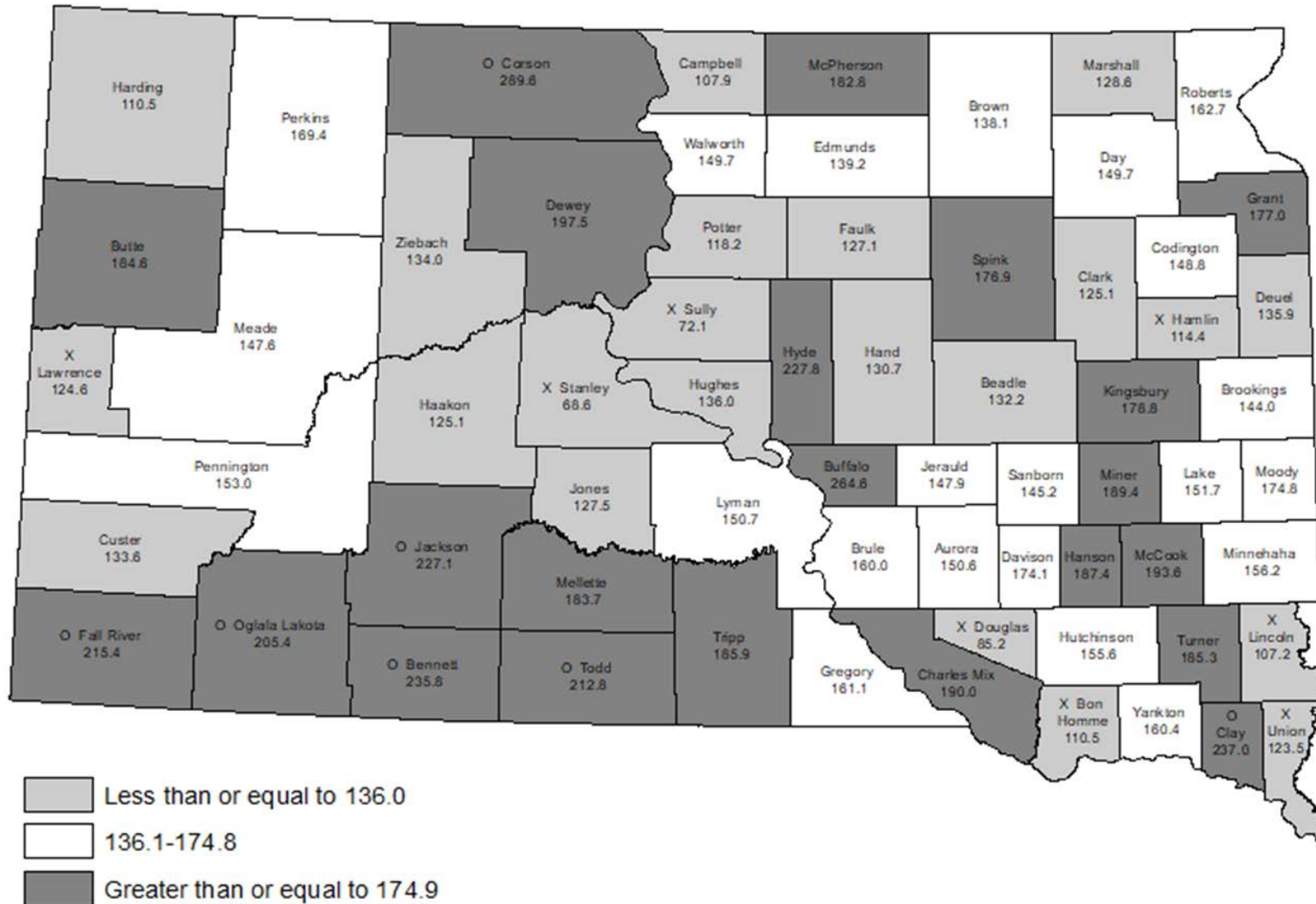- Greater than or equal to 23.7
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Influenza and Pneumonia are defined as ICD-10 codes J09-J18. The U.S. age-adjusted Influenza and Pneumonia death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 21
Death Rate Due to Chronic Liver Disease and Cirrhosis by County, 2014-2018
U.S. = 10.9   South Dakota = 17.0

County	Rate
Harding	LNE
Perkins	25.4
Corson	47.3
Campbell	LNE
McPherson	19.1
X Brown	9.7
Marshall	LNE
Roberts	33.1
Butte	20.9
Ziebach	46.2
O Dewey	115.6
Walworth	24.6
Edmunds	9.0
Day	14.2
Grant	LNE
Potter	LNE
Faulk	32.9
Spink	LNE
X Codington	8.0
Clark	LNE
Deuel	10.9
Meade	13.0
Sully	LNE
Hamlin	13.0
Lawrence	16.9
Haakon	LNE
Stanley	25.7
X Hughes	6.8
Hyde	LNE
Hand	12.3
Beadle	15.2
Kingsbury	24.2
Brookings	11.2
Pennington	17.9
Jones	LNE
Lyman	40.1
O Buffalo	141.0
Jerauld	LNE
Sanborn	21.4
Miner	LNE
Lake	11.1
Moody	16.3
Custer	17.6
Jackson	43.0
O Mellette	153.2
Brule	LNE
Aurora	LNE
Davison	12.2
Hanson	LNE
McCook	LNE
X Minnehaha	11.2
Fall River	22.9
O Oglala Lakota	175.0
Bennett	45.9
O Todd	66.5
Tripp	12.3
Gregory	31.5
O Charles Mix	39.2
Douglas	23.1
Hutchinson	10.7
Turner	20.5
X Lincoln	2.9
Bon Homme	LNE
X Yankton	8.6
Clay	10.0
Union	13.9

Legend:
- Less than or equal to 13.0
- 13.1-24.6
- Greater than or equal to 24.7
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
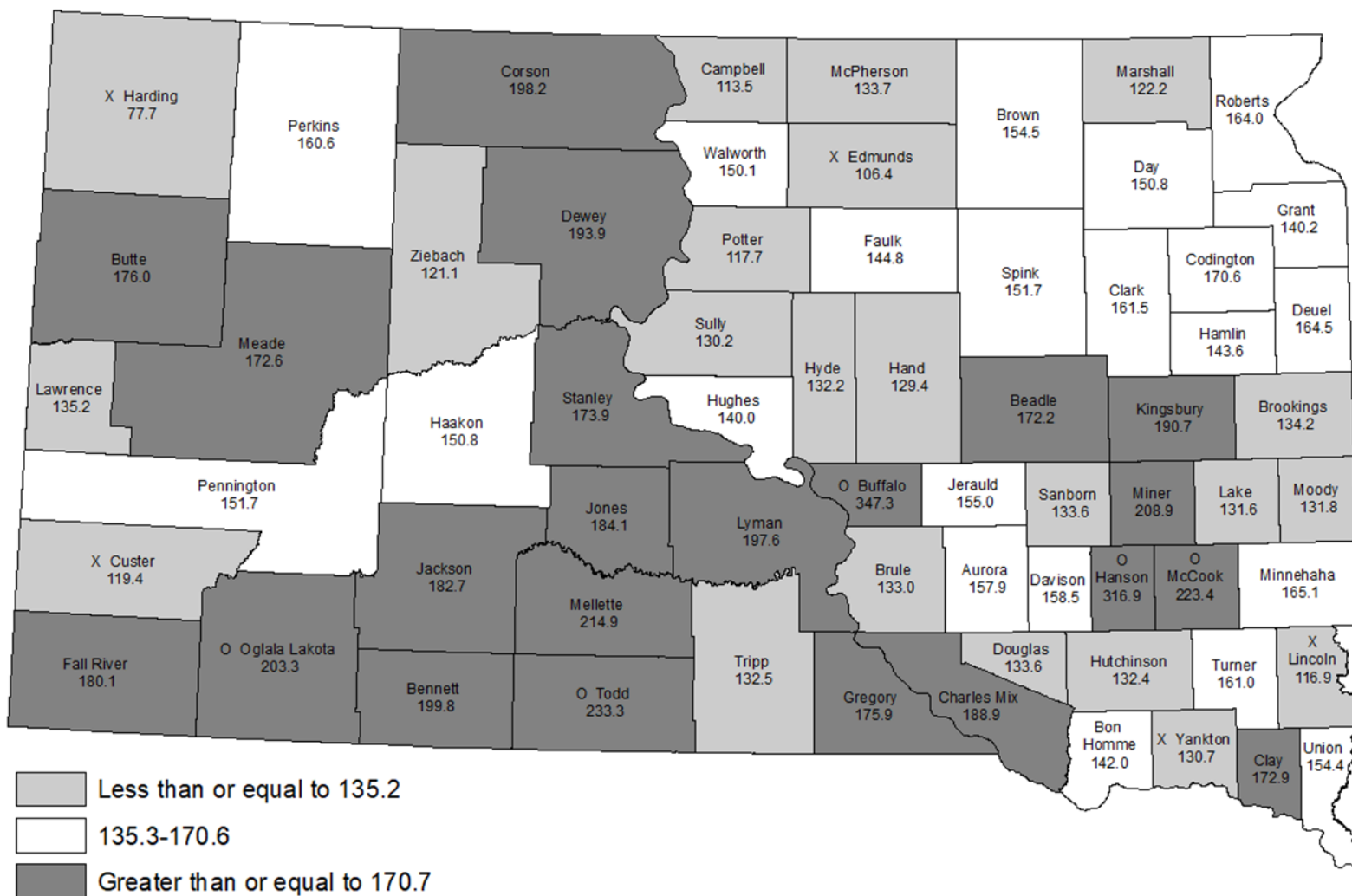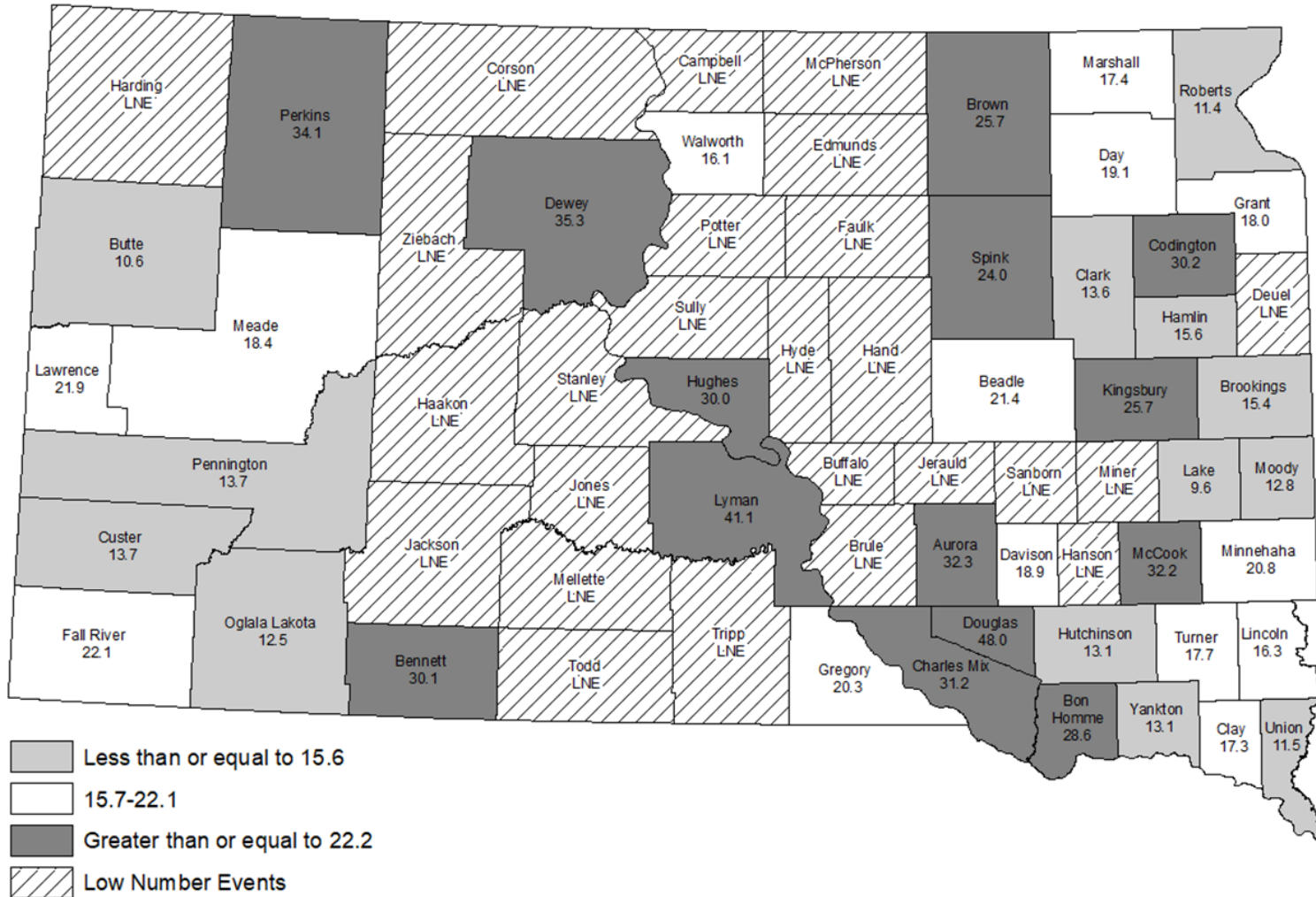O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Chronic Liver Disease and Cirrhosis are defined as ICD-10 codes K70, K73-K74. The U.S. age-adjusted Chronic Liver Disease and Cirrhosis death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 22
Death Rate Due to Intentional Self-Harm (suicide) by County, 2014-2018
U.S. = 14.0   South Dakota = 19.9

Legend:
- Less than or equal to 16.4
- 16.5-29.6
- Greater than or equal to 29.7
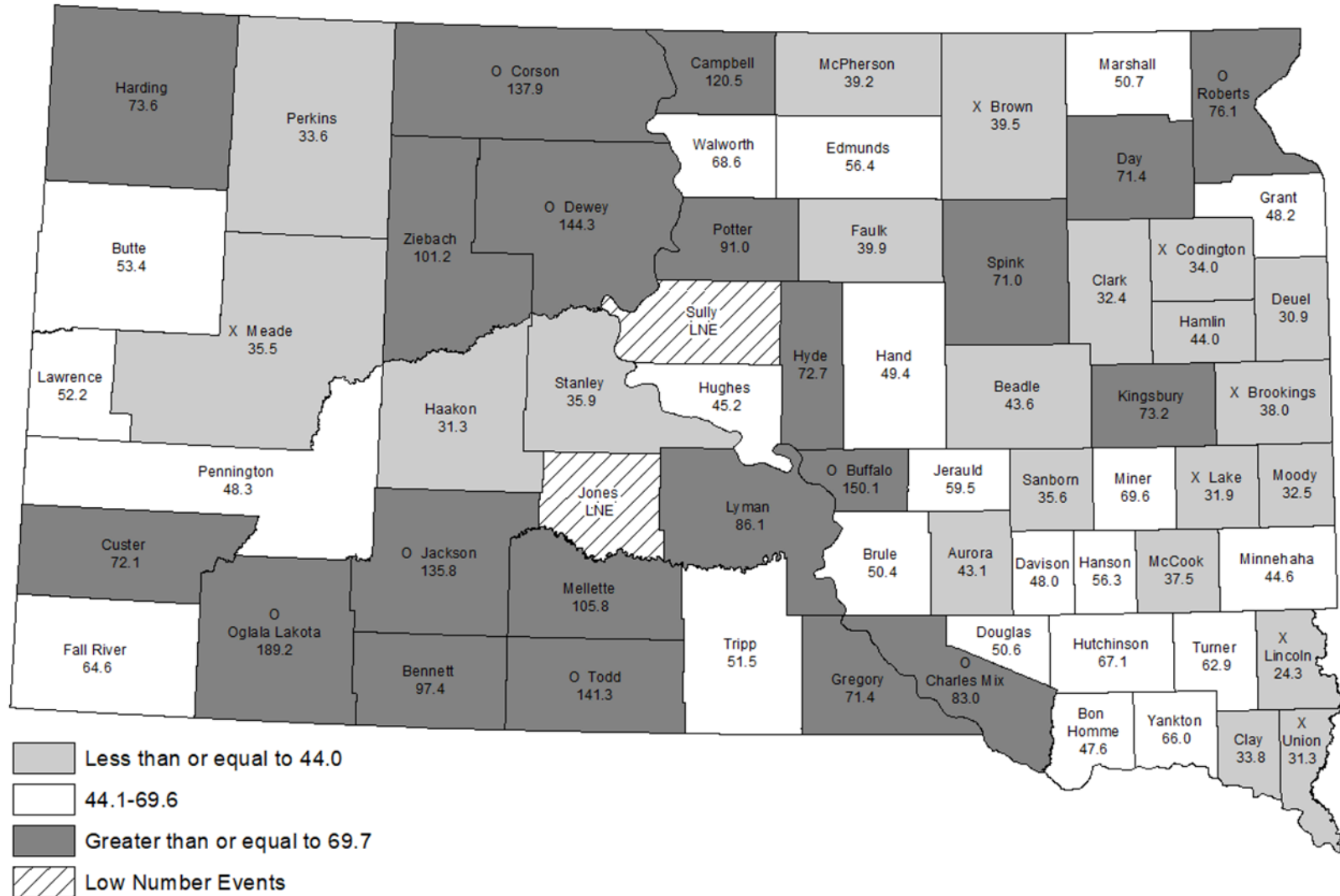- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Intentional Self-Harm (suicide) is defined as ICD-10 codes *U03,X60-X84,Y87.0. The U.S. age-adjusted Intentional Self-Harm (suicide) death rate is from 2017. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 23
Infant Mortality Rate by County, 2014-2018
U.S. = 5.79   South Dakota = 6.34

Harding LNE
Perkins 16.85
Butte 7.65
Corson 10.68
Campbell LNE
McPherson LNE
Marshall 8.45
Brown 4.32
Roberts 4.67
Walworth LNE
Edmunds LNE
Day LNE
Grant LNE
Dewey 5.29
Ziebach LNE
Potter LNE
Faulk LNE
Spink LNE
Clark 9.23
Codington 3.92
Deuel LNE
Meade 4.96
Sully LNE
Hamlin 8.55
Lawrence 11.31
Stanley LNE
Hughes 7.64
Hyde LNE
Hand LNE
Beadle 7.02
Kingsbury LNE
Brookings 7.81
Haakon LNE
Pennington 5.43
Jones LNE
Lyman LNE
Buffalo 13.89
Jerauld LNE
Sanborn LNE
Miner LNE
Lake 7.72
Moody 6.74
Custer LNE
Jackson LNE
Mellette 15.23
Brule LNE
Aurora LNE
Davison 5.56
Hanson LNE
McCook LNE
Minnehaha 5.70
O Oglala Lakota 15.18
Bennett 15.43
O Todd 13.86
Tripp 7.63
Gregory 11.03
Douglas LNE
Charles Mix 4.89
Hutchinson 8.71
Turner 10.78
Lincoln 6.00
Fall River LNE
Bon Homme LNE
Yankton 9.37
Clay LNE
Union 3.62

Legend:
- Less than or equal to 6.00
- 6.01-9.23
- Greater than or equal to 9.24
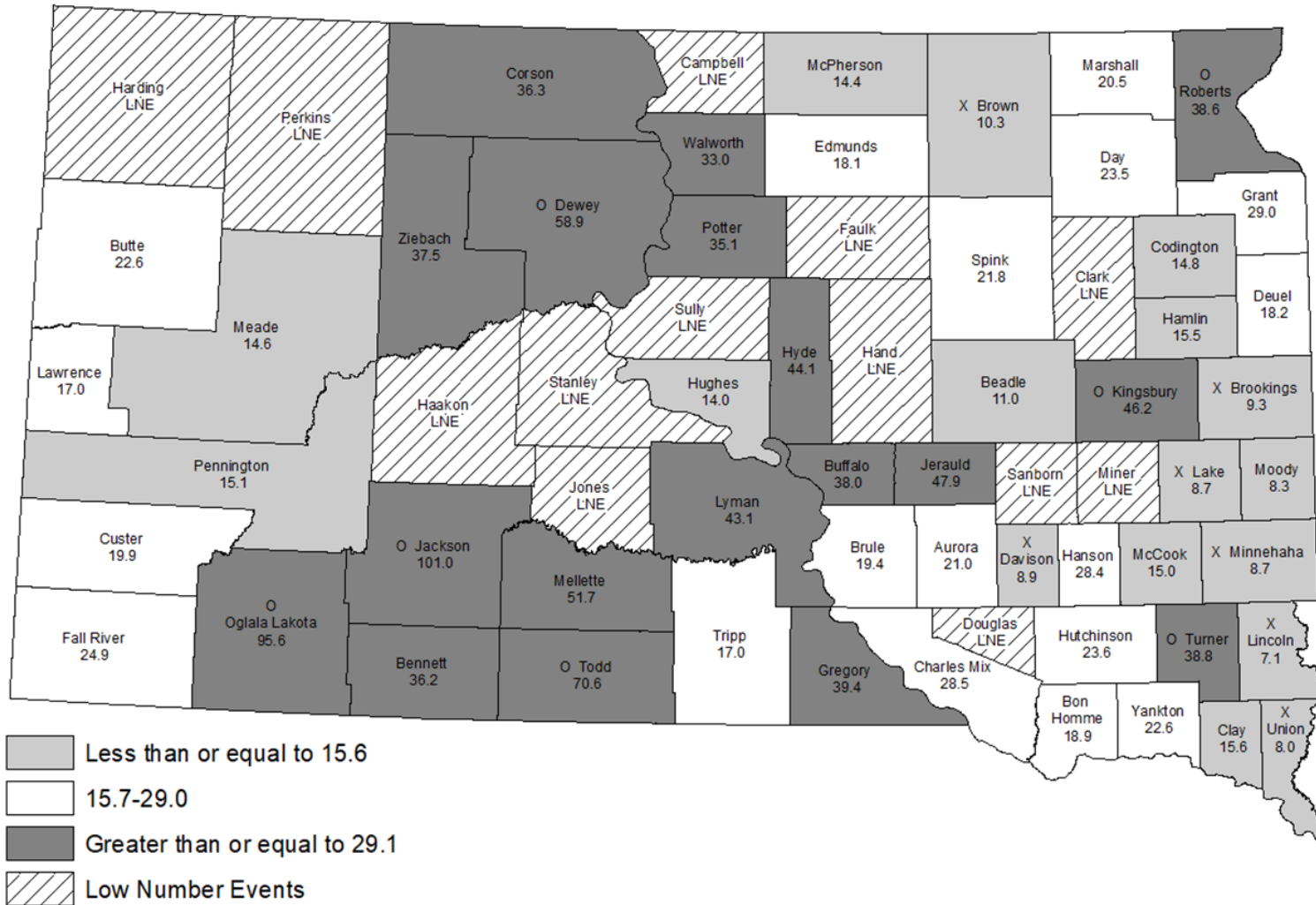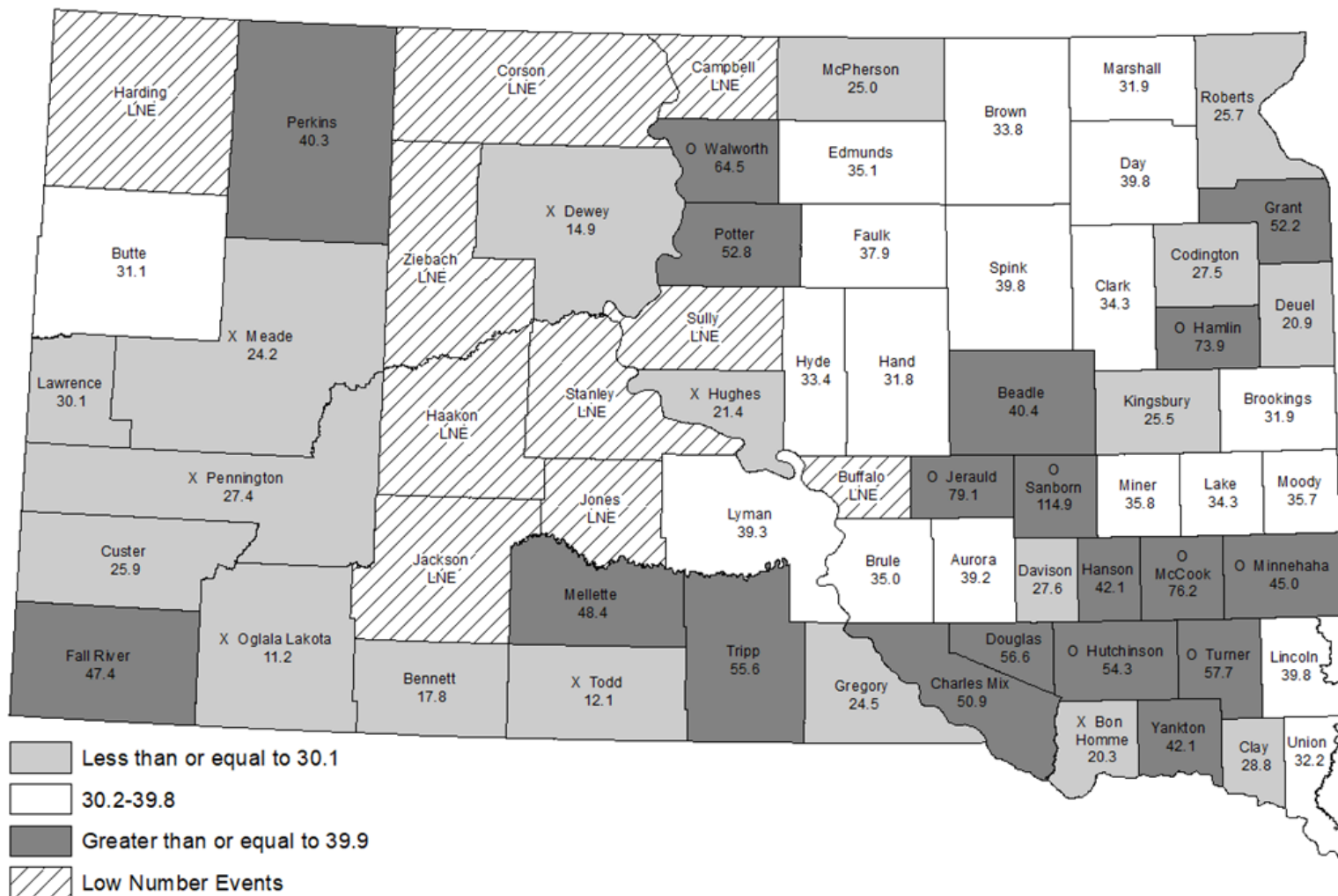- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. Infant mortality is calculated as the number of deaths to babies (less than 1 year old) per 1,000 live births. The U.S. infant mortality rate is from 2017. See technical notes for more complete explanations. Source: South Dakota Department of Health, Office of Health Statistics.

Technical Notes for Vital Statistics

A. <u>SOURCES OF DATA</u>

<u>Vital Events</u>

Birth, death, and marriage certificates, and reports of fetal deaths were the source documents for data on vital events of South Dakota during the 2018 calendar year. Divorce data were compiled from transcripts that were received from each county.

The cut-off date for 2018 data in this report was August 31, 2019. Any data pertaining to a 2018 event for which a certificate was filed after August 31, 2019 were not included in this report. Because the number of records received after that date is so small, in most instances, it is of little significance for the purpose of analysis.

Births, deaths, and fetal deaths relating to South Dakota residents that occurred in another state were included in this report. The inclusion of these data is made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Birth and fetal death records are the responsibility of the person in attendance; however, the records are usually completed by medical records personnel who are not necessarily present at the delivery. Death records are the responsibility of the funeral director. The medical certification of the cause of death is completed by a physician or coroner.

Marriage records are created by the Register of Deeds using information provided from each spouse and completed with information provided by the individual solemnizing the record. Divorce records are submitted via a transcript from the Clerk of Courts.

United States data were obtained from publications produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

<u>Populations</u>

The populations used to develop the South Dakota rates were based on the given year's estimate. For example, rates for 2018 were calculated using the 2018 population estimate from the US Census Bureau. Each intercensal year's rates are based on the given year's population estimate, while the census years of 2000 and 2010 are based on the actual census totals for the given year.

<u>Rates</u>

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of population differences. These demographic differences include total number, age, and sex distributions, and ethnic or racial differentials. In order to assess the health status of a particular population at a specified time, the absolute number of events is converted to a relative number such as probability of living or dying, a rate, a ratio, or an index. This conversion is made by relating the crude number of events to the living population at risk in a particular area at a specified time.

<u>Reliability of Rates</u>

All rates are subject to variation, and this variation is inversely related to the number of events used to calculate the rate. The smaller the number of events, the higher the variability. Rates based on a small number of events over a specified time period or for small populations vary considerably and should be viewed with caution. South Dakota contains many counties with sparse or small populations. Therefore, when calculating health status indicators for these sparsely populated counties, there will always be the possibility that the rate is just a chance variation. For instance, in a five-year period a county with a small population could have annual infant mortality rates of 0, 0, 0, 0, and 25. While rates for 4 of the

years are 0, the fifth year rate of 25, taken alone, is probably not a true indicator of the county's health status.

To attempt to minimize chance variation the report uses five-year averages. Thus, in the example above the infant mortality rate would have been approximately five for the five-year period, which is probably a more accurate depiction of the county's health status. Despite these precautions, using five-year averages for the most sparsely populated counties will still not reduce chance variation significantly for some of the indicators due to the small number of events.

The standard error (SE) of a rate is used in health statistics when studying or comparing rates. The SE defines a rate's variability and can be used to calculate a confidence interval (CI) to determine the actual variance of a rate 95 percent of the time. Rates for two different populations are considered to be significantly different when their confidence intervals do not overlap.

The standard error and confidence intervals are calculated in the following manner. For example, County A's low birth weight rate is 5.3 percent. This was based on 122 low birth weight births from 2014 through 2018. The square root of 122 is roughly 11.0. By dividing the rate of 5.3 by 11.0, the estimated SE of approximately 0.48 is the result. The estimated SE can then be used to compute a 95 percent CI for the rate. The standard formula for determining the 95 percent CI of a rate is:

$$RATE \pm (1.96 * SE)$$

Following this formula produces an equation of 5.3 ± (1.96 * 0.48) and the result is 5.3 ± 0.9. From this the estimated 95 percent CI is from 4.4 to 6.2 percent. It could then be stated, with 95 percent certainty, that the actual low birth weight rate for County A is between 4.4 and 6.2 percent.

Therefore, County A's low birth weight rate would not be considered significantly different from the state rate. This is because the confidence intervals for County A (4.4-

6.2) and the state (5.2-5.6) overlap. Conversely, County B's low birth weight rate is considered significantly different from the state rate because their respective confidence intervals (5.8-6.9) and (5.2-5.6) do not overlap.

All national rates for the United States were taken from the publications produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

B. DATA LIMITATIONS

Quality

The quality of data presented in this report is directly related to the completeness and accuracy of the information contained on the certificates.

Medical Certification

Causes of death on death certificates are coded according to the tenth revision of the *International Classification of Disease* (ICD-10). This classification as adopted by the World Health Organization in 1999 is used throughout the world for selecting the underlying cause of death and classifying the cause.

Starting in 2001, the National Center for Health Statistics introduced categories *U01-*U03 for classifying and coding deaths caused by acts of terrorism. Please note *U01 was added to intentional self-harm (suicide) and *U02-*U03 was added to assault (homicide).

Race/Ethnicity

The race or ethnicity reported on the vital records reflects the opinion of the informant and does not follow any prescribed rules for the reporting of race or ethnicity.

Birth data were tabulated using the race or ethnicity of the mother. No attempt is made to determine the race or ethnicity of the child from the race or ethnicity shown for the father and the mother.

Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau in order for South Dakota's race data to be comparable to other areas. Race data in this report are categorized in the following manner:

White, non-Hispanic
American Indian, non-Hispanic
Black, non-Hispanic
Asian, non-Hispanic
Pacific Islander, non-Hispanic
Hispanic
Multi-racial, non-Hispanic

If more than one of the first five races is reported, the race is categorized as "multi-racial, non-Hispanic". Due to space constraints and small numbers, some of these race categories are grouped into an "Other" category.

C. GEOGRAPHIC ALLOCATION

In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual state and county in which the birth or death took place. The second and more customary way is by place of residence, i.e., the state or county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn.

Fetal deaths and infant deaths, in cases where the child was never discharged from the hospital, are classified to the residence of the mother.

Occurrence statistics have administrative value and statistical significance, especially when calculating accident statistics. Residence statistics are useful in determining health indices for planning and evaluation purposes. The statistics provided in this report are residence data unless otherwise stated.

Allocation of vital events by place of residence is sometimes difficult, because classification depends entirely on the statement of the usual place of residence

furnished by the informant at the time the original certificate is completed. For various reasons, this statement may be incorrect or incomplete. For example, mailing addresses very often differ from the actual geographic residence.

D. DEFINITIONS

Age-Adjusted Death Rate (Direct Method) – Age-specific death rates for a selected population are applied to a standard population in order to calculate what rate would be expected if the selected population had the same age distribution as the standard. The total of expected deaths divided by the total of the standard population and multiplied by 100,000 yields the age-adjusted death rate per 100,000. (It is important to use the same standard population in the computation of each age-adjusted rate to achieve comparability. Age-adjusted death rates should never be compared with any other types of death rate or be used as absolute measurements of mortality.)

Age-Adjusted Death Rate – Absolute counts of deaths or crude death rates do not readily lend themselves to analysis and comparison between years and various geographic areas. For example, the older a population, the more people die. Statistically, South Dakota has a high percentage of elderly; therefore, if crude rates of death, based on population, in South Dakota were compared with those of the United States, it would appear that South Dakota had a high rate of mortality. The comparison would be misleading.

Consequently, a mortality rate which has been adjusted for age has been devised to allow more refined measurement with which to compare deaths over geographic areas or time periods. This is referred to as an age-adjusted death rate.

Age-Adjusted Years of Potential Life Lost (YPLL) – Age-adjusted rates for years of potential life lost (YPLL) before age 75 years use the year 2000 standard population and are based on eight age

groups (< 1 year, 1-4, 5-14, and 10-year age groups through 65-74 years).

Age-Specific Birth Rate – Number of live births to women in a specific age group per 1,000 female population in that age group.

Age-Specific Death Rate – Number of deaths in a specific age group per 100,000 population in that age group.

Annulment – A judicial pronouncement declaring a marriage invalid.

Apgar Score – A standardized mechanism to assess the physical condition of newborns.

Birth Weight – The first weight of the fetus or newborn obtained after birth. This weight should be measured, preferably, within the first hour of delivery before significant postnatal weight loss has occurred. Low birth weight babies are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces).

Birth Weight in Grams – In order to provide data comparable to that published for the United States and other countries, birth weight is reported in grams for this report. The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less	= 1 lb. 1 oz. or less
500 - 999 grams	= 1 lb. 2 ozs. – 2 lbs. 3 ozs.
1,000 - 1,499 grams	= 2 lbs. 4 ozs. – 3 lbs. 4 ozs.
1,500 - 1,999 grams	= 3 lbs. 5 ozs. – 4 lbs. 6 ozs.
2,000 - 2,499 grams	= 4 lbs. 7 ozs. – 5 lbs. 8 ozs.
2,500 - 2,999 grams	= 5 lbs. 9 ozs. – 6 lbs. 9 ozs.
3,000 - 3,499 grams	= 6 lbs. 10 ozs. – 7 lbs. 11 ozs.
3,500 - 3,999 grams	= 7 lbs. 12 ozs. – 8 lbs. 12 ozs.
4,000 - 4,499 grams	= 8 lbs. 13 ozs. – 9 lbs. 14 ozs.
4,500 - 4,999 grams	= 9 lbs. 15 ozs. – 11 lbs. 0 ozs.
5,000 grams or more	= 11 lbs. 1 oz. or more

Cause Specific Death Rate – The number of resident deaths due to a specific cause divided by the total resident population X 100,000.

Chi-Square Test
The Chi-Square test is the most commonly used method for comparing frequencies or proportions. It is a statistical test used to determine if observed data deviate from those expected under a particular hypothesis. The Chi-Square test is also referred to as a test of a measure of fit or "goodness of fit" between data. Typically, the hypothesis tested is whether or not two samples are different enough in a particular characteristic to be considered members of different populations. Chi-Square analysis belongs to the family of univariate analysis, i.e., those tests that evaluate the *possible* effect of one variable (often called the independent variable) upon an outcome (often called the dependent variable). As with all non-parametric tests (that do not require normal distribution curves), Chi-Square tests only evaluate a single variable, thus they do not take into account the interaction among more than one variable upon the outcome.

Crude Birth Rate – The number of resident live births divided by the total resident population X 1,000.

Crude Death Rate – The number of resident deaths divided by the total resident population X 100,000.

Divorce – The legal dissolution of a marriage.

Fetal Death – Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. (South Dakota requires the reporting of any fetus of at least 20 weeks gestation).

Fetal Death Rate – The number of fetal deaths divided by the total number of live births and fetal deaths X 1,000.

Fertility Rate – The number of resident births divided by female population ages 15-44 X 1,000.

Gestation – Weeks of pregnancy as reported on the certificate of live birth. In

this report, the obstetric estimate of gestation is used to determine the length of gestation rather than the date of the last normal menstrual cycle. The obstetric estimate of gestation is determined by the physician certifying the birth.

Infant Death – Death of a live born infant less than one year (365 days) of age. Infant deaths equal the sum of neonatal plus postneonatal deaths.

Infant Mortality Rate – The number of infant deaths divided by the total number of live births X 1,000.

Live Birth – The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Low Birth Weight – A birth weight under 2,500 grams or 5 pounds, 9 ounces.

Marriage – The legal union of two people.

Mean – The arithmetic average of a set of values or the sum of all the values divided by the number of values in the group.

Median – The value or number that divides a population into two equal halves. The value that falls exactly in the middle of the entire range of values ranked in order from low to high such that 50 percent of the values fall above it and 50 percent fall below it. If the number of values is even, a value halfway between the two values nearest the middle is used.

Mode – The most frequently occurring value in a distribution.

Neonatal Mortality Rate – (Neonatal Death = Death occurring to infants from birth through 27 days old). The number of neonatal deaths divided by the total number of live births X 1,000.

Neonatal Period – The period of infancy from the first through the 27th day of life.

Place of Occurrence and Residence – In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual county in which the event took place. The second, and more customary way, is by place of residence, i.e., the county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn. Births and deaths relating to South Dakota residents which occurred in another state are included in this report. The inclusions of these data are made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Postneonatal Mortality Rate – (Postneonatal Death = Death occurring to infants 28 days to 1 year of age). The number of postneonatal deaths divided by the total number of live births X 1,000.

Postneonatal Period – The period of infancy from 28 days to less than one year old.

Significance – Most of the health status indicators in South Dakota's counties are not significantly different from the state's averages. This means that although a county's calculated rate may be higher or lower than the state average, the small number of events in the county makes the rate vary considerably from year to year. For example, if in 2018, County A had 100 babies born and none died, the infant mortality rate would be 0.0. But if in 2017, County A had another 100 babies born and one died, the infant mortality rate would be 10.0.

When there is a small number of events and the probability of such an event is small, a mathematical formula is used to calculate whether or not the difference in rates is statistically significant or due more to chance.

Years of Potential Life Lost before Age 75 (YPLL) – Based only on deaths before the age of 75. For example, if someone dies

at 35 years of age, that is calculated as 40 years of potential life lost. Conversely, if someone dies at 75 years or older, that is calculated as zero years of potential life lost.

E. DEFINITIONS OF MEDICAL TERMS –
The following definitions are for maternal and infant items reported on the South Dakota Certificate of Live Birth. The definitions below are based on those developed for the 2003 revision of the U.S. Standard Certificate of Live Birth. These definitions are similar to, but not the same as those developed for the 1989 revision of the U.S. Standard Certificate of Live Birth.

RISK FACTORS IN THIS PREGNANCY:

Diabetes – Glucose intolerance requiring treatment.

Hypertension, Pregnancy-Associated – Diagnosis in this pregnancy of elevation of blood pressure above normal for age, gender, and physiological condition.

Hypertension, Chronic – Diagnosis prior to the onset of this pregnancy of elevation of blood pressure above normal for age, gender, and physiological condition.

OBSTETRIC PROCEDURES AND CHARACTERISTICS OF LABOR AND DELIVERY:

Induction of Labor – Initiation of uterine contractions by medical or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun).

Tocolysis – Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy.

Meconium, moderate/heavy – Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid.

Breech/Malpresentation – Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Precipitous Labor – Labor lasting less than 3 hours.

CONGENITAL ANOMALIES:

Anencephaly – Partial or complete absence of the brain and skull.

Meningomyecele/Spina Bifida – Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.

Omphalocele/Gastroschisis – Omphalocele is a defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. Gastroschisis is an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity.

Cleft Lip/Palate – Cleft lip is incomplete closure of the lip. It may be unilateral, bilateral, or median. Cleft palate is incomplete fusion of the palatel shelves. It may be limited to the soft palate, or it may extend into the hard palate.

Down Syndrome – The most common chromosomal defect (trisomy 21).

F. MORTALITY CODING

Codes for alcohol-induced deaths - Causes of death attributable to alcohol-induced mortality include ICD–10 codes: E24.4, Alcohol-induced pseudo-Cushing's syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic

cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K85.2, Alcohol-induced acute pancreatitis; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use.

Codes for farm accident deaths - Causes of death attributable to farm accident mortality include ICD–10 code: W30, Contact with agricultural machinery; or if the decedent was doing agricultural work at the time of the injury; or if the location of the injury was on a farm. Farm accidents exclude suicides and homicides.

Codes for firearm deaths - Causes of death attributable to firearm mortality include ICD–10 codes *U01.4, Terrorism involving firearms (homicide); W32–W34, Accidental discharge of firearms; X72–X74, Intentional self-harm (suicide) by discharge of firearms; X93–X95, Assault (homicide) by discharge of firearms; Y22–Y24, Discharge of firearms, undetermined intent; and Y35.0, Legal intervention involving firearm discharge. Deaths from injury by firearms exclude deaths due to explosives and other causes indirectly related to firearms.

Codes for drug overdose deaths -

Category	ICD-10 Codes[1]	
	Underlying Cause	**Contributing Cause**
All Drug poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T36 T37 T38 T39 T40 T41 T42 T43 T44 T45 T46 T47 T48 T49 T50
Illicit drug poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.1 T40.5 T40.7 T40.8 T40.9 T43.6
Pharmaceutical poisoning[2]	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T36 T37 T38 T39 T40.2 T40.3 T40.4 T41 T42 T43.0 T43.1 T43.2. T43.3 T43.4 T43.5 T43.8 T43.9 T44 T45 T46 T47 T48 T49 T50.0 T50.1 T50.2 T50.3 T50.4 T50.5 T50.6 T50.7 T50.8
Prescription opioid poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.2 T40.3 T40.4
Illicit opioid poisoning (opium and heroin)	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.0 T40.1
All opioid poisoning (illicit and prescription)	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.0 T40.1 T40.2 T40.3 T40.4

[1] For ICD-10, the death must have an underlying cause code from among those shown. Contributing cause codes can then indicate the specific type of drug involved, but they do not specify intent.

[2] "Pharmaceutical" is used as opposed to "prescription" drugs because a small number of codes include both prescription and over-the-counter drugs.

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