

The Health Behaviors of South Dakotans 2019

*A Report of the South Dakota
Behavioral Risk Factor Surveillance System*



600 East Capitol Avenue
Pierre, South Dakota 57501

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Preface

The Health Behaviors of South Dakotans 2019 serves as a way to measure health risks of South Dakotans.

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

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

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

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

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History

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

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

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

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

Purpose

- The main purpose of the BRFSS at the state level is for program support within the DOH. Every year, various health programs collaborate and plan the optional content of the survey to gather useful data. They are then able to use those data to determine priority health issues and identify populations at highest risk. This leads to effective program planning, initiation, support, and evaluation of health promotion and disease prevention programs.
- The DOH also uses BRFSS data to increase awareness and educate the public, the health community, and policymakers about health matters through responses to media inquiries, reports, and publications. Private and public health officials throughout South Dakota receive a copy of this report to aid program efforts in influencing public health issues.

The South Dakota Department of Health strategic plan includes goals that will be measured by key performance indicators. Two of these performance indicators use BRFSS data. They include:

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

- Increase the percentage of adults ages 50-75 in South Dakota up-to-date with recommended colorectal cancer screening from 69% in 2018 to 80% by 2025.

Report Description

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

- A definition of the indicator is given.
- The prevalence of the indicator in South Dakota is given and the prevalence in the United States and D.C. is given if it is available.
- A time trend analysis for each indicator is given as far back as comparable data have been gathered. This includes a dashed trend line as well as the actual data results for each available year. Multiple years of data are very valuable not only for analyzing the trend of the indicator, but also help to show the variability in some indicators.
- A detailed demographic breakdown is included. This table is important because it can identify demographic subgroups at highest risk.
- Text explaining any demographic differences or associations with the given indicator is included. When a prevalence is indicated to be significantly different for different demographics, it simply means the 95% confidence intervals for the given indicators do not overlap.
- Any additional data gathered on the given topic will then follow.

Table 1, on the next page, shows the estimated risk factor rates and the estimated number of persons in South Dakota who are at risk for the selected risk factors. The DOH based the estimated population at risk on 2019 population estimates from the U. S. Census Bureau.

**Table 1
Estimated Percentage and Number of Persons at Risk Due to Selected Factors (Ages 18 and Older Unless Otherwise Specified): South Dakota BRFSS, 2019**

Topic	Estimated %	Estimated Population
Body Mass Index - Overweight (BMI 25.0+)	71%	473,000
Body Mass Index - Obese (BMI 30.0+)	33%	220,000
Body Mass Index - Severely Obese (BMI 35.0+)	13%	89,000
Body Mass Index - Morbidly Obese (BMI 40.0+)	5%	32,000
Does Not Meet Physical Activity Recommendations	54%	362,000
Cigarette Smoking	18%	122,000
Smokeless Tobacco Use	6%	43,000
E-Cigarette Use	5%	31,000
Tobacco Use (Cigarette, Smokeless, or E-Cig)	29%	191,000
Not Heard About South Dakota Quitline for All Tobacco Use	13%	90,000
Diabetes	11%	71,000
No Health Insurance (18-64 Years Old)	10%	49,000
No Health Insurance (0-17 Years Old)	2%	4,000
No Health Insurance (0-64 Years Old)	7%	53,000
No Routine Check-Up in Past Two Years	15%	99,000
High Blood Pressure	31%	206,000
High Cholesterol	28%	187,000
No Flu Shot in Past 12 months (65+ Years Old)	36%	55,000
Never Had a Pneumonia Vaccination (65+ Years Old)	27%	41,000
No Tetanus Shot in Past Ten Years	22%	146,000
Ever Had a Heart Attack	5%	32,000
Have Angina or Coronary Heart Disease	4%	29,000
Ever Had a Stroke	3%	18,000
Ever Been Diagnosed with Cancer (Excluding Skin Cancer)	7%	50,000
Ever Been Diagnosed with Skin Cancer	7%	44,000
Current Asthma	8%	56,000
Arthritis	27%	178,000
Chronic Obstructive Pulmonary Disease (COPD)	6%	39,000
Depressive Disorder	17%	115,000
Professional Treatment for Mental Problem	12%	80,000
Mental Health Not Good for 20-30 Days of the Past 30 days	8%	53,000
Kidney Disease	3%	19,000
Severe Vision Impairment	4%	26,000
Hearing Difficulty	8%	51,000
Drank Alcohol in Past 30 Days	59%	392,000
Binge Drinking	21%	142,000
Heavy Drinking	7%	46,000
Taken Prescription Pain Medication in Past 12 Months	15%	98,000
Professional Treatment for Substance Abuse	2%	15,000
Not Currently Using Birth Control (18-49 Females)	20%	34,000
Fair/Poor Health Status	16%	107,000
Physical Health Not Good for 30 of the Past 30 days	7%	45,000
Usual Activities Unattainable for 10-30 Days of the Past 30 Days	8%	54,000
Increased Confusion/Memory Loss (45+ Years Old)	10%	35,000
Less Than Two Servings of Fruit per Day	72%	478,000
Less Than Three Servings of Vegetables per Day	87%	581,000
Less Than Five Servings of Fruits and Vegetables per Day	87%	579,000
No Advance Directive in Place	72%	478,000
Never Been Tested for HIV	68%	456,000

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019

Table 2 shows the topics covered on South Dakota's BRFSS each year from 2010 through 2019.

Table 2 Topics Covered on the South Dakota BRFSS, 2010-2019										
Topics	Year									
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Advanced Directive	X		X		X					
Adverse Childhood Experiences (ACE)		X	X							
Alcohol Consumption	X	X	X	X	X	X	X	X	X	X
Arthritis		X	X	X	X	X	X	X	X	
Asthma	X	X	X	X	X	X	X	X	X	X
Birth Control	X		X							
Body Mass Index	X	X	X	X	X	X	X	X	X	X
Breast Cancer Screening		X		X		X		X		X
Cancer	X	X	X	X	X	X	X	X	X	X
Cancer Survivorship		X	X	X	X					
Cardiovascular Disease	X	X	X	X	X	X	X	X	X	X
Care Giving				X						
Cervical Cancer Screening		X		X		X		X		X
Cholesterol Awareness	X		X		X		X		X	
Chronic Obstructive Pulmonary Disease (COPD)	X	X	X	X	X	X	X	X	X	
Cognitive Impairment	X				X	X	X			
Colorectal Cancer Screening		X		X		X		X		X
Depressive Disorder	X	X	X	X	X	X	X	X	X	
Diabetes	X	X	X	X	X	X	X	X	X	X
Diabetes - Pre	X	X	X	X	X	X	X	X	X	X
Disability (Physical, Mental, or Emotional)					X	X	X	X	X	X
Emotional Support & Life Satisfaction										X
Falls		X		X		X		X		X
Flu Shots	X	X	X	X	X	X	X	X	X	X
Health Care Coverage and Access	X	X	X	X	X	X	X	X	X	X
Health Care Coverage - Children	X	X	X	X	X	X	X	X	X	X
Health Status / Healthy Days	X	X	X	X	X	X	X	X	X	X
"Healthy South Dakota" - Name Recognition								X		X
Hearing Difficulty	X	X	X	X						
Heart Attack - Knowledge of Signs and Symptoms					X		X		X	
High Blood Pressure - Prevalence	X		X		X	X	X	X	X	
High Blood Pressure - Actions to Control			X			X		X		
HIV/AIDS	X	X	X	X	X	X	X	X	X	X
HPV		X		X						
Immunization - Children										X
Influenza Like Illness									X	
Kidney Disease	X	X	X	X	X	X	X	X	X	
Lung Cancer Screening		X								
Mental Health Treatment	X		X	X						
Nutrition/Fruits & Vegetables	X		X		X		X		X	
Oral Health		X		X		X		X		X
Oral Health - Children			X		X		X		X	
Physical Activity - Exercise Trips				X	X					
Physical Activity - Hours Sitting per Day				X	X					
Physical Activity - Leisure Time		X	X	X	X	X	X	X	X	X
Physical Activity - Type and Amount of Time	X		X		X		X		X	
Physical, Mental, or Emotional Limitations					X	X	X			
Pneumonia Vaccination	X	X	X	X	X	X	X	X	X	X
Prescription Pain Medication Use	X	X	X							
Prostate Cancer Screening		X		X		X		X		X
Salt Related Behavior						X				
Seat Belts		X	X	X	X	X	X	X	X	X
Sexual Violence						X				X
Shingles Vaccination			X			X				

**Table 2
Topics Covered on the South Dakota BRFSS, 2010-2019**

Topics	Year									
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Sleep		X		X		X	X			X
Special Health Conditions - Children										X
Stroke - Signs and Symptoms								X		X
Substance Abuse Treatment	X		X	X						
Sun Exposure / Skin Cancer		X		X		X		X	X	X
Sweetened Beverages / Menu Labeling								X	X	X
Tetanus Shot	X			X			X			
Tobacco - Cigarette Use	X	X	X	X	X	X	X	X	X	X
Tobacco - E-Cigarette Use	X	X	X	X						
Tobacco - QuitLine Name Recognition	X			X	X	X	X			
Tobacco - Second Hand Smoke	X	X	X	X	X	X	X	X	X	X
Tobacco - Smokeless	X	X	X	X	X	X	X	X	X	X
TV Viewing							X		X	
Vision Impairment	X	X	X	X	X	X	X	X	X	
Weight Control									X	

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2010-2019

Methodology

Participating Agencies

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

Method of Surveillance

This study uses a telephone survey rather than other survey methods because of its low cost, ease of administration in reaching respondents, and reliability. Telephone surveys are less representative of areas where a significant portion of the population does not have telephones. Cell phones were first called in 2011. Fifty-four percent of all surveys were completed via cell phone in 2019 with the intent to continue to increase this percentage in the coming years.

Questionnaire Development

The BRFSS is designed to collect information on the health behaviors of adults over time. For the 2019 survey (Appendix B), standard demographic questions were included along with sections on general health status, physical and mental health, health insurance, hypertension, cholesterol, chronic health conditions, cardiovascular disease, tobacco use, alcohol use, physical activity and nutrition, immunization, and HIV/AIDS. South Dakota also added several state-specific questions to the end of the core questionnaire including secondhand smoke, name recognition of the South Dakota *QuitLine*, cancer, advance directives, family planning, e-cigarettes, prescription pain medication, substance abuse treatment, and children's health insurance.

Accuracy of Survey Data

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

Eligible Respondent Selection

Eligible respondents for the landline survey were individuals 18 years of age or over who resided a majority of the time at the household contacted. In households with more than one eligible respondent, a random selection was made to determine the actual respondent. Data included in the children's sections of this report were estimated based on responses from the adult respondent regarding a randomly selected child in the household. Automated prescreening was done to eliminate business phones and non-working numbers.

Eligible respondents for the cell phone survey were individuals 18 years of age or over who did not also have a landline phone or rarely used their landline phone.

Data Collection Process

There were 6,630 interviews completed between January 1, 2019 and December 31, 2019, at an average of 553 interviews per month.

Data Processing

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

Weighting

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

Sample Description

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

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

Completion Rate

Table 3 shows the outcome of all telephone calls. The 6,630 completed interviews represented a completion rate of 2.5 percent. The refusal rate was 6.5 percent.

Table 3
Disposition of All Telephone Numbers in the Sample, 2019

<u>Final Outcome</u>	<u>Number</u>	<u>Percent</u>
Completed interview	6,630	2.5%
Refused interview	17,376	6.5%
Nonworking number	189,519	70.5%
No answer (Multiple times)	20,518	7.6%
Telephone answering service (Multiple times)	13,284	4.9%
Fast busy/Line busy (Multiple times)	6,870	2.6%
Not a private residence	6,851	2.5%
No eligible respondent at this number	2,485	0.9%
On never call list	1,521	0.6%
Fax line	1,412	0.5%
Language barrier	624	0.2%
Physical/mental impairment	517	0.2%
Interview terminated within questionnaire	203	0.1%
Respondent not available during the interviewing period	46	0.0%
Landline phone (Cell phone study)	13	0.0%
Other	1,142	0.4%
Total	269,011	100.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019

Overweight and Obese

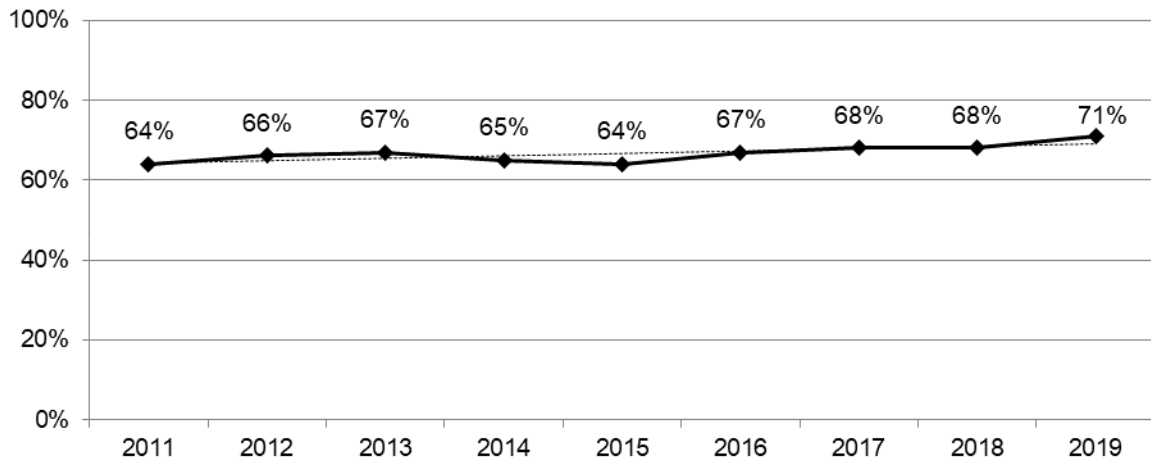
OVERWEIGHT OR OBESE

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

Prevalence of Overweight or Obese

- South Dakota 71%
- Nationwide median 67%

Figure 1
Percentage of South Dakotans Who Are Overweight or Obese Based on Body Mass Index, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

**Table 4
South Dakotans Who Are Overweight or Obese, 2015-2019**

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	74%	72.6%	75.4%
	Female	61%	59.1%	62.0%
Age	18-29	50%	47.4%	53.1%
	30-39	67%	64.1%	69.5%
	40-49	75%	72.3%	77.0%
	50-59	76%	74.1%	77.8%
	60-69	75%	73.7%	77.2%
	70-79	72%	70.0%	74.4%
	80+	60%	56.0%	62.9%
Race/Ethnicity	White, Non-Hispanic	68%	66.5%	68.6%
	American Indian, Non-Hispanic	75%	70.8%	78.0%
	American Indian/White, Non-Hispanic	72%	61.6%	80.5%
	Hispanic	69%	60.1%	76.4%
Household Income	Less than \$35,000	67%	64.7%	68.7%
	\$35,000-\$74,999	71%	69.0%	72.5%
	\$75,000+	69%	67.3%	70.9%
Education	Less than High School, G.E.D.	68%	63.6%	71.8%
	High School, G.E.D.	68%	66.4%	70.1%
	Some Post-High School	67%	65.7%	69.2%
	College Graduate	67%	65.3%	68.5%
Employment Status	Employed for Wages	69%	67.2%	70.0%
	Self-employed	71%	68.6%	74.1%
	Unemployed	66%	60.1%	71.3%
	Homemaker	60%	54.7%	64.8%
	Student	38%	32.9%	43.7%
	Retired	71%	69.5%	72.8%
	Unable to Work	73%	69.0%	77.2%
Marital Status	Married/Unmarried Couple	72%	70.4%	72.8%
	Divorced/Separated	70%	67.5%	72.8%
	Widowed	64%	60.9%	66.8%
	Never Married	57%	54.0%	59.3%
Home Ownership Status	Own Home	71%	69.5%	71.7%
	Rent Home	62%	59.6%	64.4%
Children Status	Children in Household (Ages 18-44)	64%	62.0%	66.5%
	No Children in Household (Ages 18-44)	56%	52.7%	58.5%
Phone Status	Landline	69%	67.9%	70.9%
	Cell Phone	67%	65.5%	68.1%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	55%	51.9%	57.3%
County	Minnehaha	67%	64.4%	69.7%
	Pennington	65%	63.0%	67.9%
	Lincoln	64%	58.6%	68.9%
	Brown	72%	69.2%	75.2%
	Brookings	62%	57.1%	66.6%
	Codington	69%	64.9%	72.3%
	Meade	65%	59.2%	70.4%
	Lawrence	62%	57.8%	66.7%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

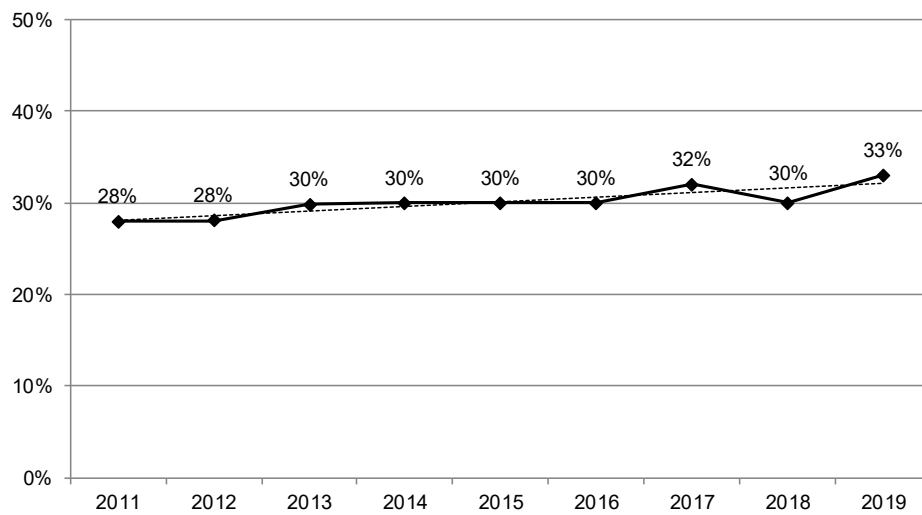
OBESE

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

Prevalence of Obesity

- South Dakota 33%
- Nationwide median 32%

Figure 2
Percentage of South Dakotans Who Are Obese Based on Body Mass Index, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

**Table 5
South Dakotans Who Are Obese, 2015-2019**

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	33%	31.3%	34.1%
	Female	29%	27.9%	30.5%
Age	18-29	19%	17.3%	21.6%
	30-39	33%	30.1%	35.5%
	40-49	37%	34.4%	39.8%
	50-59	38%	35.9%	40.3%
	60-69	36%	33.7%	37.6%
	70-79	30%	28.2%	32.7%
	80+	19%	16.6%	22.0%
Race/Ethnicity	White, Non-Hispanic	30%	29.1%	31.0%
	American Indian, Non-Hispanic	44%	39.6%	47.7%
	American Indian/White, Non-Hispanic	37%	28.5%	47.0%
	Hispanic	36%	28.1%	44.1%
Household Income	Less than \$35,000	34%	31.8%	35.7%
	\$35,000-\$74,999	32%	29.9%	33.3%
	\$75,000+	30%	28.2%	31.8%
Education	Less than High School, G.E.D.	33%	28.7%	36.8%
	High School, G.E.D.	31%	29.4%	32.9%
	Some Post-High School	32%	30.2%	33.5%
	College Graduate	29%	27.6%	30.6%
Employment Status	Employed for Wages	32%	30.7%	33.5%
	Self-employed	31%	27.9%	33.6%
	Unemployed	34%	28.9%	39.6%
	Homemaker	26%	22.1%	31.1%
	Student	14%	11.1%	18.2%
	Retired	30%	28.2%	31.6%
	Unable to Work	46%	41.8%	50.4%
Marital Status	Married/Unmarried Couple	33%	31.4%	33.8%
	Divorced/Separated	34%	31.5%	37.0%
	Widowed	27%	24.3%	29.4%
	Never Married	26%	24.1%	28.4%
Home Ownership Status	Own Home	32%	30.9%	33.1%
	Rent Home	30%	27.7%	32.0%
Children Status	Children in Household (Ages 18-44)	30%	27.6%	31.9%
	No Children in Household (Ages 18-44)	24%	21.8%	26.5%
Phone Status	Landline	32%	30.7%	33.7%
	Cell Phone	31%	29.3%	31.7%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	27%	24.4%	29.2%
County	Minnehaha	31%	28.9%	33.9%
	Pennington	29%	26.8%	31.5%
	Lincoln	26%	22.3%	31.1%
	Brown	35%	32.2%	38.7%
	Brookings	24%	21.0%	27.5%
	Codington	32%	29.2%	36.0%
	Meade	26%	22.2%	30.7%
Lawrence	25%	22.0%	29.3%	

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence obesity than females.
Age	The prevalence of obesity increases as age increases with a peak in the 50s including a significant increase as the 30s are reached. After that, the prevalence of obesity decreases as age increases with significant decreases as the 70s and 80s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of obesity while whites show a very low prevalence.
Household Income	The prevalence of obesity decreases as household income increases.
Education	The prevalence of obesity does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of obesity, while those who are a student show a very low prevalence.
Marital Status	Those who are married or divorced exhibit a very high prevalence of obesity, while those who are widowed or have never been married show a very low prevalence.
Home Ownership	The prevalence of obesity does not seem to change based on home ownership.
Children Status	Those who live in a household with children demonstrate a significantly higher prevalence of being obese than those who live in a household with no children.
Phone Status	The prevalence of obesity does not seem to change based on phone status.
County	Minnehaha, Brown, and Codington counties demonstrate a very high prevalence of obesity, while Pennington, Lincoln, Brookings, Meade, and Lawrence counties show a very low prevalence.

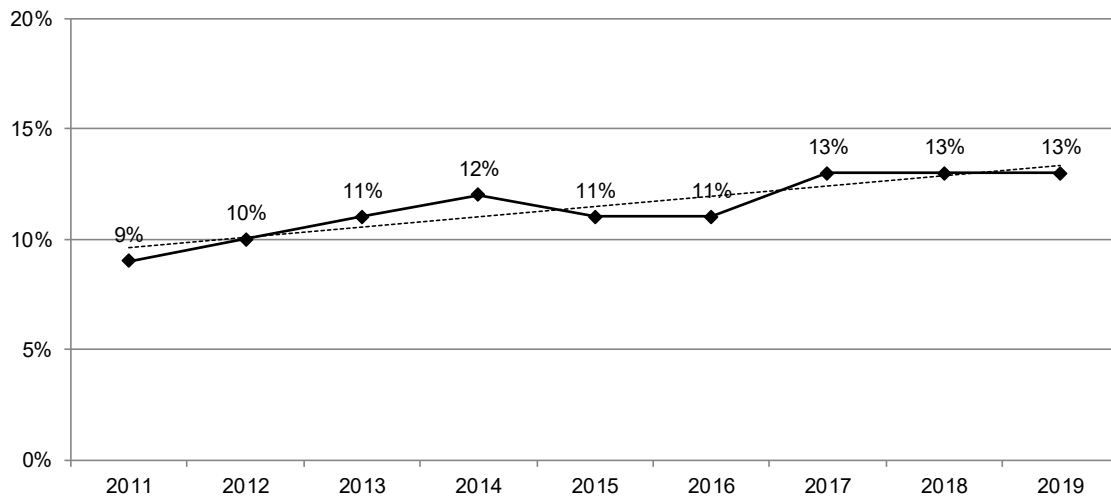
SEVERELY OBESE

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

Prevalence of Severe Obesity

- South Dakota 13%
- There is no nationwide median for severely obese

Figure 3
Percentage of South Dakotans Who Are Severely Obese Based on
Body Mass Index, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 6
South Dakotans Who Are Severely Obese, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	12%	11.0%	12.9%
	Female	13%	11.8%	13.6%
Age	18-29	8%	7.1%	10.1%
	30-39	13%	11.5%	15.4%
	40-49	15%	13.2%	17.0%
	50-59	15%	13.5%	16.7%
	60-69	14%	12.5%	15.3%
	70-79	11%	9.2%	12.1%
	80+	6%	4.9%	8.4%
Race/Ethnicity	White, Non-Hispanic	12%	11.2%	12.5%
	American Indian, Non-Hispanic	18%	15.6%	21.4%
	American Indian/White, Non-Hispanic	16%	10.3%	24.6%
	Hispanic	14%	9.4%	20.7%
Household Income	Less than \$35,000	15%	13.9%	16.7%
	\$35,000-\$74,999	13%	11.5%	14.1%
	\$75,000+	10%	8.8%	11.0%
Education	Less than High School, G.E.D.	14%	11.0%	16.7%
	High School, G.E.D.	12%	11.3%	13.8%
	Some Post-High School	13%	11.7%	14.0%
	College Graduate	11%	10.0%	12.0%
Employment Status	Employed for Wages	13%	11.8%	13.8%
	Self-employed	10%	8.7%	12.6%
	Unemployed	16%	12.4%	20.2%
	Homemaker	11%	8.5%	14.7%
	Student	5%	3.5%	8.3%
	Retired	11%	9.8%	12.1%
Unable to Work	25%	21.1%	28.3%	
Marital Status	Married/Unmarried Couple	12%	10.9%	12.6%
	Divorced/Separated	15%	13.5%	17.4%
	Widowed	13%	10.6%	14.8%
	Never Married	12%	10.9%	14.0%
Home Ownership Status	Own Home	12%	11.1%	12.6%
	Rent Home	14%	12.7%	15.7%
Children Status	Children in Household (Ages 18-44)	12%	10.4%	13.6%
	No Children in Household (Ages 18-44)	10%	9.0%	12.2%
Phone Status	Landline	14%	12.6%	14.9%
	Cell Phone	12%	11.0%	12.6%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	12%	10.3%	13.6%
County	Minnehaha	12%	10.0%	13.3%
	Pennington	12%	10.5%	14.2%
	Lincoln	10%	7.6%	13.6%
	Brown	14%	12.2%	16.8%
	Brookings	9%	7.0%	10.9%
	Codington	14%	11.5%	16.5%
	Meade	11%	8.5%	14.7%
	Lawrence	7%	5.7%	9.4%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

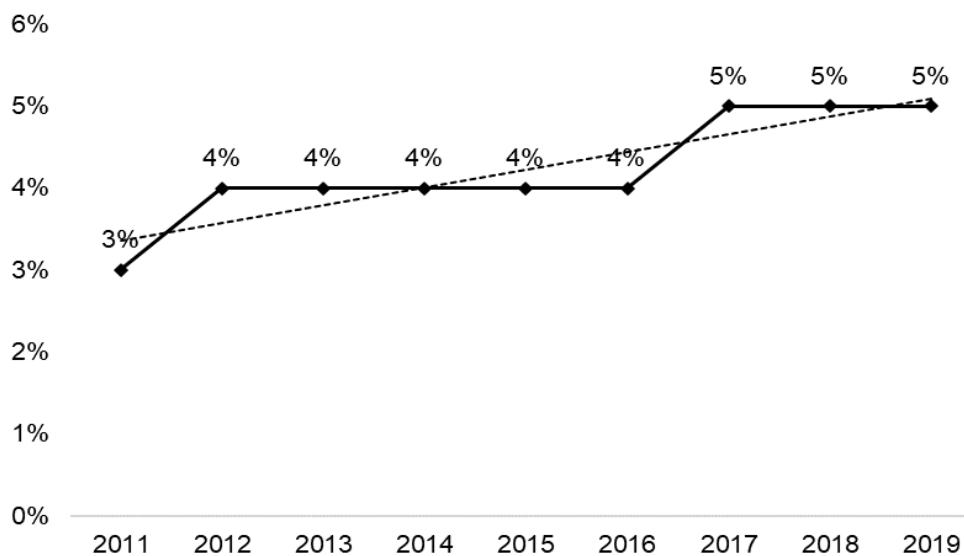
MORBIDLY OBESE

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

Prevalence of Morbid Obesity

- South Dakota 5%
- There is no nationwide median for morbid obese

Figure 4
Percentage of South Dakotans Who Are Morbidly Obese, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 7
South Dakotans Who Are Morbidly Obese, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	4%	3.3%	4.4%
	Female	5%	4.4%	5.6%
Age	18-29	3%	2.4%	4.3%
	30-39	6%	4.4%	7.1%
	40-49	5%	3.9%	6.1%
	50-59	5%	4.3%	6.2%
	60-69	5%	4.2%	5.9%
	70-79	3%	2.5%	4.1%
	80+	2%	0.9%	2.5%
Race/Ethnicity	White, Non-Hispanic	4%	3.7%	4.6%
	American Indian, Non-Hispanic	6%	4.6%	8.2%
	American Indian/White, Non-Hispanic	8%	3.9%	15.1%
	Hispanic	7%	3.8%	12.1%
Household Income	Less than \$35,000	6%	5.0%	6.8%
	\$35,000-\$74,999	5%	3.8%	5.3%
	\$75,000+	3%	2.3%	3.4%
Education	Less than High School, G.E.D.	4%	3.0%	6.1%
	High School, G.E.D.	5%	3.8%	5.4%
	Some Post-High School	5%	3.9%	5.4%
	College Graduate	4%	3.4%	4.7%
Employment Status	Employed for Wages	4%	3.9%	5.1%
	Self-employed	3%	2.5%	4.8%
	Unemployed	6%	4.0%	9.0%
	Homemaker	4%	2.9%	6.9%
	Student	2%	0.7%	3.6%
	Retired	4%	3.0%	4.3%
	Unable to Work	12%	9.3%	14.3%
Marital Status	Married/Unmarried Couple	4%	3.4%	4.5%
	Divorced/Separated	6%	4.8%	7.3%
	Widowed	5%	4.0%	6.5%
	Never Married	5%	3.8%	5.6%
Home Ownership Status	Own Home	4%	3.6%	4.5%
	Rent Home	6%	4.7%	6.6%
Children Status	Children in Household (Ages 18-44)	4%	3.5%	5.3%
	No Children in Household (Ages 18-44)	4%	3.5%	5.7%
Phone Status	Landline	5%	4.5%	6.0%
	Cell Phone	4%	3.6%	4.6%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	5%	4.1%	6.2%
County	Minnehaha	5%	3.6%	5.8%
	Pennington	4%	3.1%	5.3%
	Lincoln	3%	2.1%	5.8%
	Brown	6%	4.9%	8.3%
	Brookings	3%	2.2%	4.7%
	Codington	5%	3.6%	6.8%
	Meade	5%	3.2%	7.2%
	Lawrence	2%	1.4%	3.2%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of morbid obesity does not seem to differ based on gender.
Age	The prevalence of morbid obesity seems to significantly increase and peak in the 30s and then decreases as age increases after that. This includes a significant decrease as the 70s are reached.
Race/ Ethnicity	The prevalence of morbid obesity does not seem to differ based on race or ethnicity.
Household Income	The prevalence of morbid obesity decreases as household income increases. This includes a significant decrease as the \$75,000+ income group is reached.
Education	The prevalence of morbid obesity does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of morbid obesity, while those who are self-employed, a homemaker, a student, or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of morbid obesity, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of morbid obesity than those who own their home.
Children Status	The prevalence of the adults being morbidly obese does not seem to change based on the presence of children in the household.
Phone Status	The prevalence of morbid obesity does not seem to change based on phone status.
County	Minnehaha, Brown, and Codington counties demonstrate a very high prevalence of morbid obesity, while Brookings and Lawrence counties show a very low prevalence.

Physical Activity and Nutrition

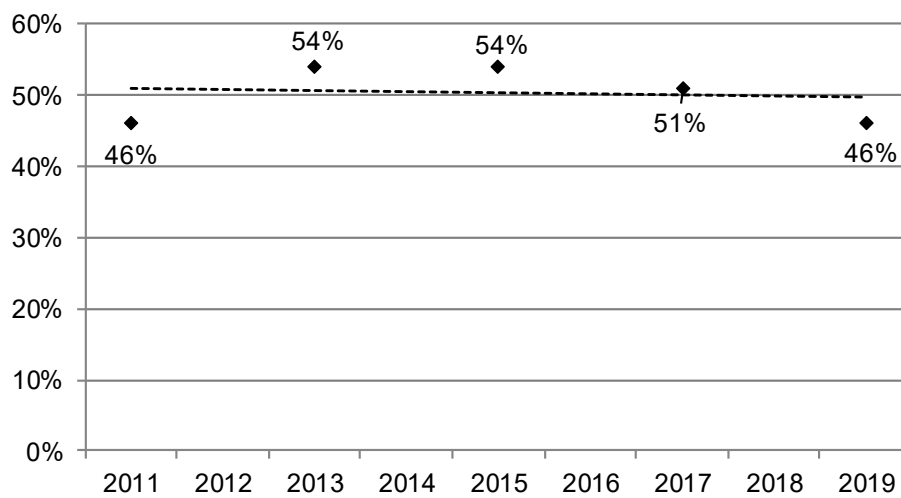
PHYSICAL ACTIVITY RECOMMENDATIONS

Definition: South Dakotans who report participating in 150 minutes or more of aerobic physical activity per week.

Prevalence of Meeting the Physical Activity Recommendations

- South Dakota 46%
- Nationwide median 50%

Figure 5
Percentage of South Dakotans Who Met Physical Activity Recommendations, 2011-2019



Note: This question was not asked in 2014, 2016, or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 8
South Dakotans Who Met Physical Activity Recommendations, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	48%	46.3%	50.3%
	Female	52%	49.9%	53.6%
Age	18-29	51%	47.1%	54.5%
	30-39	49%	45.7%	53.0%
	40-49	46%	42.3%	49.5%
	50-59	49%	46.3%	52.0%
	60-69	52%	49.5%	54.9%
	70-79	54%	50.3%	57.0%
	80+	50%	45.1%	54.5%
Race/Ethnicity	White, Non-Hispanic	51%	49.3%	52.1%
	American Indian, Non-Hispanic	50%	44.6%	54.8%
	American Indian/White, Non-Hispanic	55%	42.6%	67.0%
	Hispanic	41%	30.8%	51.4%
Household Income	Less than \$25,000	47%	44.1%	49.5%
	\$25,000-\$74,999	50%	47.9%	52.8%
	\$75,000+	55%	52.8%	57.9%
Education	Less than High School, G.E.D.	42%	36.2%	47.7%
	High School, G.E.D.	48%	45.5%	50.5%
	Some Post-High School	50%	47.8%	52.6%
	College Graduate	55%	53.0%	57.3%
Employment Status	Employed for Wages	49%	46.8%	50.7%
	Self-employed	49%	44.6%	52.9%
	Unemployed	51%	42.7%	59.1%
	Homemaker	59%	51.8%	65.2%
	Student	52%	45.2%	59.7%
	Retired	55%	53.0%	57.9%
	Unable to Work	35%	29.6%	40.2%
Marital Status	Married/Unmarried Couple	51%	49.7%	53.2%
	Divorced/Separated	47%	43.4%	50.7%
	Widowed	51%	47.1%	54.8%
	Never Married	48%	44.4%	51.3%
Home Ownership Status	Own Home	51%	49.7%	52.8%
	Rent Home	46%	43.2%	49.6%
Children Status	Children in Household (Ages 18-44)	51%	47.7%	53.9%
	No Children in Household (Ages 18-44)	48%	43.9%	51.4%
Phone Status	Landline	50%	48.1%	52.3%
	Cell Phone	50%	48.2%	51.7%
Pregnancy Status	Pregnant (Ages 18-44)	44%	28.3%	60.5%
	Not Pregnant (Ages 18-44)	54%	50.2%	57.2%
County	Minnehaha	49%	45.2%	52.3%
	Pennington	53%	49.6%	56.3%
	Lincoln	53%	46.4%	59.5%
	Brown	50%	46.1%	54.4%
	Brookings	47%	41.6%	52.8%
	Codington	46%	41.2%	50.6%
	Meade	51%	44.8%	57.2%
	Lawrence	61%	54.8%	67.1%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016 or 2018.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of being physically active does not seem to differ by gender.
Age	The prevalence of being physically active does not seem to change as age changes.
Race/ Ethnicity	The prevalence of being physically active does not seem to differ by race/ethnicity.
Household Income	The prevalence of being physically active increases as household income increases.
Education	The prevalence of being physically active increases as education levels increase. This includes a significant increase as the college graduate level is reached.
Employment	Those who are unemployed, a homemaker, a student, or retired demonstrate a very high prevalence of being physically active, while those who are unable to work show a very low prevalence.
Marital Status	The prevalence of being physically active does not seem to differ by marital status.
Home Ownership	Those who own their home show a significantly higher prevalence of being physically active than those who rent their home.
Children Status	The prevalence of being physically active does not seem to change based on the presence of children in the household.
Phone Status	The prevalence of being physically active does not seem to change based on phone status.
County	Lawrence county demonstrates a very high prevalence of being physically active, while Minnehaha, Brown, Brookings, and Codington counties show a very low prevalence.

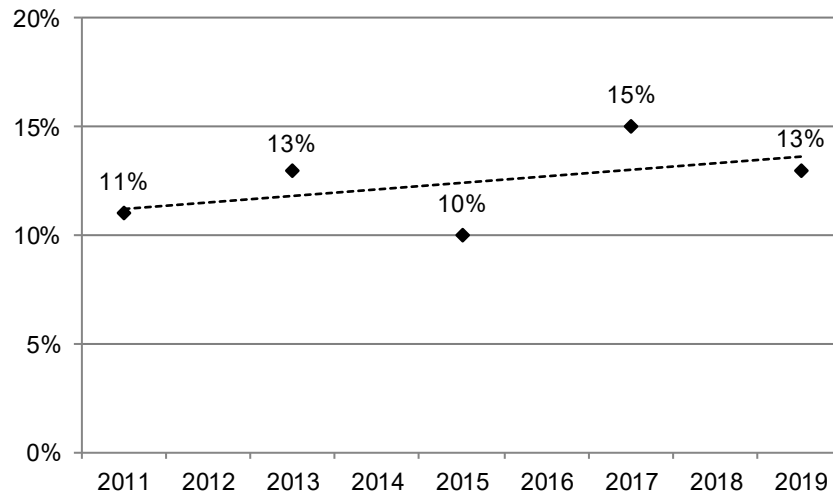
FIVE SERVINGS OF FRUITS AND VEGETABLES

Definition: South Dakotans who report they consume at least five servings of fruits and vegetables per day.

Prevalence of Consuming at Least Five Servings of Fruits and Vegetables Per Day

- South Dakota 13%
- There is no nationwide median for consuming five fruits and vegetables per day

Figure 6
Percentage of South Dakotans Who Reported Consuming at Least Five Servings of Fruits and Vegetables Per Day, 2011-2019



Note: This question was not asked in 2012, 2014, 2016, or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 9
South Dakotans Who Reported Consuming at Least Five Servings of Fruits and Vegetables Per Day, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	11%	9.3%	12.0%
	Female	15%	13.5%	16.1%
Age	18-29	11%	8.4%	13.2%
	30-39	15%	12.5%	18.1%
	40-49	14%	11.2%	16.2%
	50-59	13%	11.5%	15.4%
	60-69	11%	9.9%	13.0%
	70-79	12%	9.8%	13.8%
	80+	15%	12.0%	18.4%
Race/Ethnicity	White, Non-Hispanic	12%	11.5%	13.3%
	American Indian, Non-Hispanic	14%	10.1%	17.9%
	American Indian/White, Non-Hispanic	16%	7.1%	31.3%
	Hispanic	13%	6.7%	22.2%
Household Income	Less than \$35,000	13%	11.4%	15.4%
	\$35,000-\$74,999	11%	9.8%	12.9%
	\$75,000+	14%	12.4%	16.0%
Education	Less than High School, G.E.D.	15%	10.1%	20.5%
	High School, G.E.D.	10%	8.5%	11.3%
	Some Post-High School	12%	10.5%	13.5%
	College Graduate	16%	14.9%	18.2%
Employment Status	Employed for Wages	12%	11.0%	13.8%
	Self-employed	13%	10.4%	16.3%
	Unemployed	14%	9.6%	20.0%
	Homemaker	16%	12.0%	20.9%
	Student	12%	8.4%	18.0%
	Retired	13%	11.4%	14.6%
	Unable to Work	12%	9.1%	16.4%
Marital Status	Married/Unmarried Couple	13%	11.8%	14.0%
	Divorced/Separated	13%	10.5%	15.7%
	Widowed	14%	11.4%	16.4%
	Never Married	12%	9.6%	14.7%
Home Ownership Status	Own Home	13%	12.1%	14.2%
	Rent Home	12%	9.8%	14.4%
Children Status	Children in Household (Ages 18-44)	14%	11.9%	16.2%
	No Children in Household (Ages 18-44)	11%	8.8%	14.0%
Phone Status	Landline	12%	10.8%	13.3%
	Cell Phone	13%	11.8%	14.3%
Pregnancy Status	Pregnant (Ages 18-44)	14%	7.4%	25.6%
	Not Pregnant (Ages 18-44)	15%	12.3%	17.2%
County	Minnehaha	11%	8.7%	13.7%
	Pennington	14%	12.3%	17.0%
	Lincoln	11%	7.5%	15.7%
	Brown	13%	10.0%	15.7%
	Brookings	12%	8.8%	15.4%
	Codington	13%	10.4%	16.5%
	Meade	15%	9.6%	22.3%
	Lawrence	12%	7.9%	17.7%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016 or 2018.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of eating five or more fruits and vegetables a day than males.
Age	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day as age changes.
Race/ Ethnicity	There seems to be no racial/ethnicity difference in the prevalence of eating five or more fruits and vegetables a day.
Household Income	The prevalence of eating five or more fruits and vegetables a day does not seem to change as household income changes.
Education	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding education level.
Employment	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding employment status.
Marital Status	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding marital status.
Home Ownership	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding home ownership.
Children Status	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding the presence of children in the household.
Phone Status	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding phone status.
County	There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding the eight available counties.

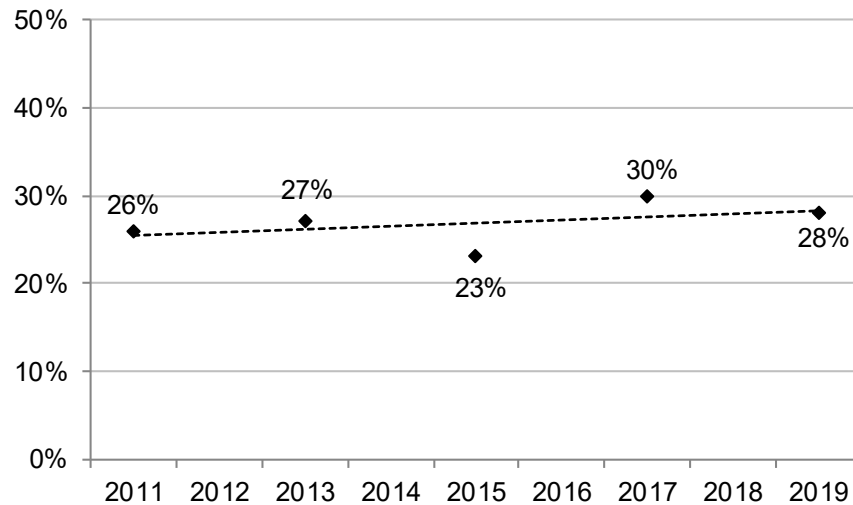
TWO SERVINGS OF FRUITS PER DAY

Definition: South Dakotans who report they consume at least two servings of fruits per day.

Prevalence of Consuming at Least Two Servings of Fruits Per Day

- South Dakota 28%
- There is no nationwide median for two servings of fruits per day

Figure 7
Percentage of South Dakotans Who Reported Consuming at Least Two Servings of Fruit Per Day, 2011-2019



Note: This question was not asked in 2012, 2014, 2016 or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 10
South Dakotans Who Reported Consuming at Least Two Servings of Fruits Per Day,
2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	23%	21.5%	25.0%
	Female	31%	29.1%	32.4%
Age	18-29	24%	20.8%	27.5%
	30-39	27%	24.2%	30.8%
	40-49	24%	21.2%	27.3%
	50-59	26%	23.7%	28.7%
	60-69	26%	24.3%	28.7%
	70-79	32%	29.3%	35.2%
	80+	40%	35.4%	44.2%
Race/Ethnicity	White, Non-Hispanic	27%	25.8%	28.2%
	American Indian, Non-Hispanic	27%	22.8%	30.7%
	American Indian/White, Non-Hispanic	20%	11.2%	33.6%
	Hispanic	33%	22.6%	44.9%
Household Income	Less than \$35,000	29%	26.3%	31.4%
	\$35,000-\$74,999	25%	22.9%	27.0%
	\$75,000+	28%	25.3%	29.9%
Education	Less than High School, G.E.D.	25%	20.0%	31.3%
	High School, G.E.D.	23%	20.9%	24.8%
	Some Post-High School	27%	25.3%	29.5%
	College Graduate	32%	30.2%	34.2%
Employment Status	Employed for Wages	25%	22.9%	26.3%
	Self-employed	27%	23.5%	31.5%
	Unemployed	29%	21.7%	37.2%
	Homemaker	33%	27.3%	38.9%
	Student	25%	19.4%	32.0%
	Retired	33%	30.6%	34.9%
	Unable to Work	27%	22.5%	32.3%
Marital Status	Married/Unmarried Couple	27%	25.8%	28.8%
	Divorced/Separated	24%	21.5%	27.7%
	Widowed	36%	32.9%	40.1%
	Never Married	25%	22.0%	28.1%
Home Ownership Status	Own Home	28%	26.2%	28.9%
	Rent Home	26%	23.1%	28.9%
Children Status	Children in Household (Ages 18-44)	27%	24.0%	29.4%
	No Children in Household (Ages 18-44)	24%	20.7%	27.5%
Phone Status	Landline	29%	27.0%	30.7%
	Cell Phone	26%	24.7%	27.7%
Pregnancy Status	Pregnant (Ages 18-44)	26%	16.0%	39.5%
	Not Pregnant (Ages 18-44)	28%	25.2%	31.2%
County	Minnehaha	26%	23.2%	29.4%
	Pennington	27%	24.4%	30.0%
	Lincoln	26%	21.0%	32.6%
	Brown	27%	23.6%	30.9%
	Brookings	28%	22.9%	32.9%
	Codington	29%	24.7%	33.2%
	Meade	28%	22.3%	35.3%
	Lawrence	23%	17.8%	28.5%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016 or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of eating at least two servings of fruit per day than males.
Age	The prevalence of eating at least two servings of fruit per day generally increases as age increases. This includes significant increases as the 70s and 80s are reached.
Race/ Ethnicity	The prevalence of eating at least two servings of fruit per day does not seem to differ based on race/ethnicity.
Household Income	The prevalence of eating at least two servings of fruit per day does not seem to differ based on household income.
Education	The prevalence of eating at least two servings of fruit per day does not seem to differ based on education.
Employment	Those who are a homemaker or retired demonstrate a very high prevalence of eating at least two servings of fruit per day, while those who are employed for wages show a very low prevalence.
Marital Status	Those who are widowed exhibit a significantly higher prevalence of eating at least two servings of fruit per day than all other types of marital status.
Home Ownership	The prevalence of eating at least two servings of fruit per day does not seem to differ based on home ownership.
Children Status	The prevalence of eating at least two servings of fruit per day does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of eating at least two servings of fruit per day does not seem to differ based on phone status.
Pregnancy Status	The prevalence of eating at least two servings of fruit per day does not seem to differ based on pregnancy status.
County	There seems to be no difference among the eight available counties regarding eating at least two servings of fruit per day.

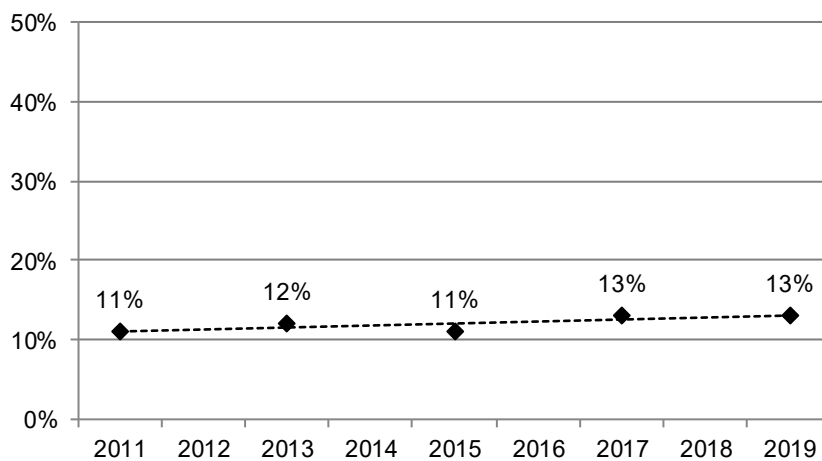
THREE SERVINGS OF VEGETABLES PER DAY

Definition: South Dakotans who report they consume at least three servings of vegetables per day.

Prevalence of Consuming at Least Three Servings of Vegetables Per Day

- South Dakota 13%
- There is no nationwide median for consuming three servings of vegetables per day

Figure 8
Percentage of South Dakotans Who Reported Consuming at Least Three Servings of Vegetables Per Day, 2011-2019



Note: This question was not asked in 2012, 2014, 2016, or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

**Table 11
South Dakotans Who Reported Consuming at Least Three Servings of Vegetables Per Day,
2015-2019**

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	11%	9.7%	12.5%
	Female	14%	12.6%	15.2%
Age	18-29	11%	8.6%	13.3%
	30-39	15%	12.1%	17.9%
	40-49	15%	12.9%	18.4%
	50-59	13%	10.7%	14.7%
	60-69	11%	9.3%	12.4%
	70-79	10%	8.4%	13.0%
	80+	12%	8.9%	14.9%
Race/Ethnicity	White, Non-Hispanic	12%	11.1%	12.9%
	American Indian, Non-Hispanic	15%	10.4%	20.6%
	American Indian/White, Non-Hispanic	20%	10.4%	35.3%
	Hispanic	11%	5.7%	20.6%
Household Income	Less than \$35,000	12%	10.3%	14.3%
	\$35,000-\$74,999	10%	9.0%	11.9%
	\$75,000+	15%	13.2%	17.1%
Education	Less than High School, G.E.D.	14%	10.0%	19.9%
	High School, G.E.D.	11%	9.5%	12.7%
	Some Post-High School	11%	10.0%	13.0%
	College Graduate	15%	13.3%	16.5%
Employment Status	Employed for Wages	12%	10.9%	13.6%
	Self-employed	13%	10.4%	16.4%
	Unemployed	13%	9.3%	19.1%
	Homemaker	18%	13.0%	23.3%
	Student	12%	8.6%	17.7%
	Retired	11%	9.7%	13.0%
	Unable to Work	13%	9.1%	18.7%
Marital Status	Married/Unmarried Couple	13%	11.9%	14.3%
	Divorced/Separated	11%	8.9%	13.5%
	Widowed	12%	9.4%	14.4%
	Never Married	12%	9.5%	14.5%
Home Ownership Status	Own Home	13%	11.8%	13.9%
	Rent Home	12%	9.6%	14.1%
Children Status	Children in Household (Ages 18-44)	13%	11.1%	15.3%
	No Children in Household (Ages 18-44)	13%	10.0%	15.5%
Phone Status	Landline	12%	10.3%	13.0%
	Cell Phone	13%	11.6%	14.1%
Pregnancy Status	Pregnant (Ages 18-44)	8%	3.3%	18.1%
	Not Pregnant (Ages 18-44)	14%	12.1%	17.0%
County	Minnehaha	11%	9.0%	14.0%
	Pennington	13%	11.1%	15.7%
	Lincoln	10%	6.6%	14.0%
	Brown	11%	8.7%	14.1%
	Brookings	10%	7.5%	14.5%
	Codington	13%	9.7%	16.4%
	Meade	16%	10.7%	23.3%
	Lawrence	11%	7.7%	14.8%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016 or 2018.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of eating at least three servings of vegetables per day than males.
Age	The prevalence of eating at least three servings of vegetables per day does not seem to change as age changes.
Race/ Ethnicity	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on race/ethnicity.
Household Income	The prevalence of eating at least three servings of vegetables does not seem to change as household income changes.
Education	The prevalence of eating at least three servings of vegetables per day does not seem to change as education changes.
Employment	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on employment.
Marital Status	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on marital status.
Home Ownership	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on home ownership.
Children Status	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on phone status.
Pregnancy Status	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on pregnancy status.
County	There seems to be no difference regarding eating at least three servings of vegetables per day among the eight counties with sufficient sample size.

Tobacco Use

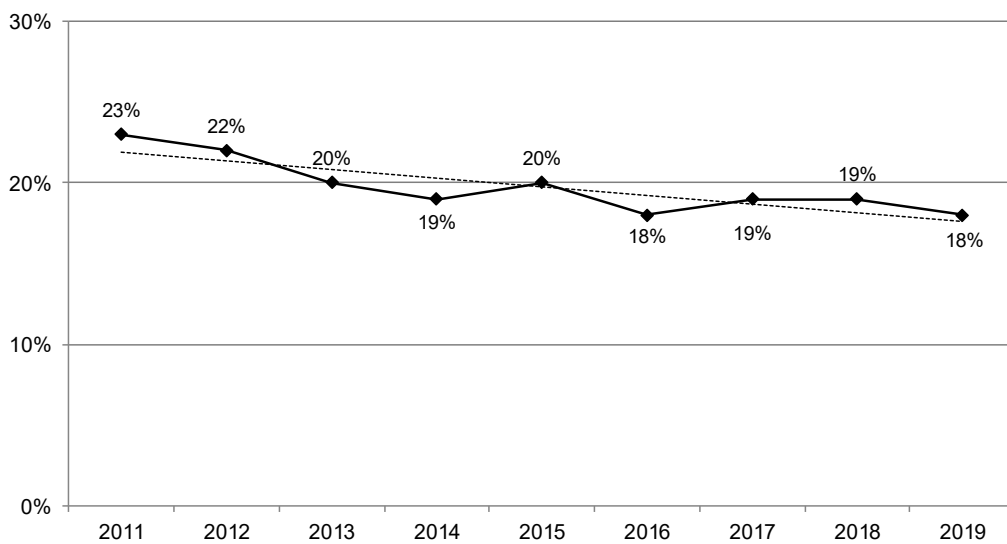
CIGARETTE SMOKING

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

Prevalence of Current Cigarette Smoking

- South Dakota 18%
- Nationwide median 16%

Figure 9
Percentage of South Dakotans Who Currently Smoke Cigarettes, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 12
South Dakotans Who Currently Smoke Cigarettes, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	21%	19.4%	22.0%
	Female	17%	16.2%	18.4%
Age	18-29	21%	18.7%	23.2%
	30-39	26%	23.9%	29.1%
	40-49	21%	19.1%	23.8%
	50-59	21%	18.7%	22.4%
	60-69	16%	14.3%	17.4%
	70-79	9%	7.7%	10.4%
	80+	3%	2.4%	4.5%
Race/Ethnicity	White, Non-Hispanic	17%	15.8%	17.5%
	American Indian, Non-Hispanic	41%	37.0%	44.9%
	American Indian/White, Non-Hispanic	36%	26.5%	46.3%
	Hispanic	21%	15.1%	27.3%
Household Income	Less than \$35,000	29%	26.8%	30.6%
	\$35,000-\$74,999	19%	17.1%	20.2%
	\$75,000+	10%	8.5%	10.9%
Education	Less than High School, G.E.D.	35%	30.6%	38.9%
	High School, G.E.D.	23%	21.6%	24.9%
	Some Post-High School	19%	17.7%	20.6%
	College Graduate	7%	6.6%	8.3%
Employment Status	Employed for Wages	21%	19.8%	22.4%
	Self-employed	16%	13.6%	18.3%
	Unemployed	37%	31.4%	42.8%
	Homemaker	21%	17.3%	26.3%
	Student	9%	6.5%	12.6%
	Retired	10%	8.7%	10.9%
	Unable to Work	37%	32.9%	41.2%
Marital Status	Married/Unmarried Couple	14%	13.0%	14.9%
	Divorced/Separated	34%	31.1%	36.7%
	Widowed	15%	12.7%	17.7%
	Never Married	25%	23.0%	27.6%
Home Ownership Status	Own Home	15%	14.4%	16.2%
	Rent Home	31%	28.4%	32.9%
Children Status	Children in Household (Ages 18-44)	25%	22.8%	26.9%
	No Children in Household (Ages 18-44)	22%	19.2%	24.0%
Phone Status	Landline	16%	14.6%	17.0%
	Cell Phone	20%	19.2%	21.4%
Pregnancy Status	Pregnant (Ages 18-44)	19%	10.4%	31.3%
	Not Pregnant (Ages 18-44)	21%	19.2%	23.5%
County	Minnehaha	19%	16.7%	21.3%
	Pennington	21%	18.5%	23.0%
	Lincoln	12%	9.8%	15.7%
	Brown	18%	15.1%	20.6%
	Brookings	15%	11.5%	18.8%
	Codington	21%	17.5%	24.0%
	Meade	19%	15.0%	23.0%
Lawrence	18%	15.0%	22.1%	

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of cigarette smoking than females.
Age	The prevalence of cigarette smoking generally decreases as age increases including significant decreases as the 40s, 60s, 70s, and 80s are reached. However, it should be noted that those under 30 demonstrate a significantly lower prevalence of cigarette smoking than those in their 30s.
Race/ Ethnicity	American Indians and American Indian/whites exhibit a very high prevalence of cigarette smoking, while whites and Hispanics show a very low prevalence.
Household Income	The prevalence of cigarette smoking decreases as household income increases with significant decreases as the \$35,000-\$74,999 and \$75,000+ income groups are reached.
Education	The prevalence of cigarette smoking decreases as education levels increase with significant decreases at each level.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of cigarette smoking, while those who are a student or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of cigarette smoking, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of cigarette smoking than those who own their home.
Children Status	The prevalence of cigarette smoking in the adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of cigarette smoking than those who primarily use a landline phone.
Pregnancy Status	The prevalence of cigarette smoking does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, and Codington counties demonstrate a very high prevalence of cigarette smoking, while Lincoln county shows a very low prevalence.

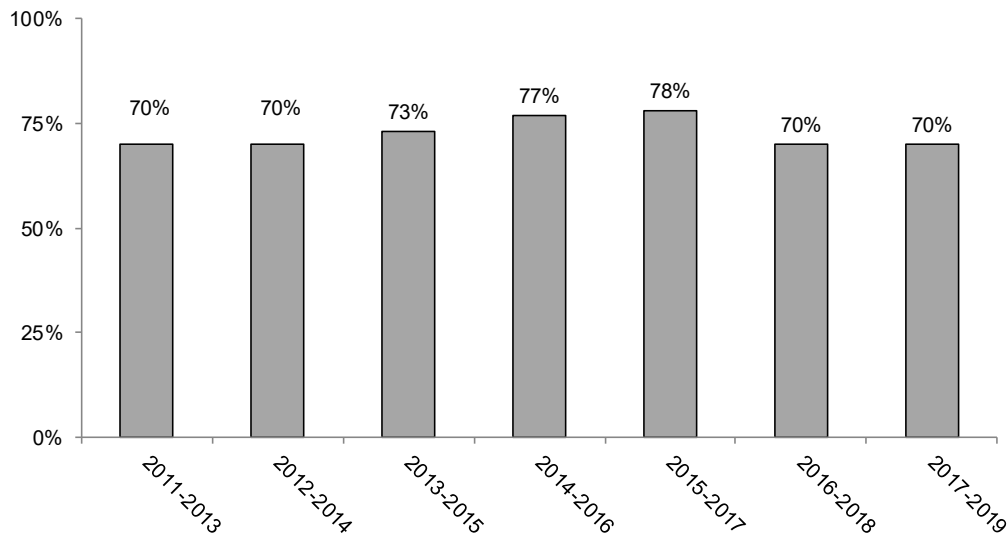
In 2018-2019, 51 percent of South Dakotans tried to stop smoking for one day or longer because they were trying to quit smoking as shown below in Table 13.

Survey Year	Percent
2018-2019	51%
2017-2018	54%
2016-2017	57%
2015-2016	57%
2014-2015	56%
2013-2014	56%
2012-2013	55%
2011-2012	56%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Figure 10, below, shows the percentage of smokers who have been advised to quit smoking in the past 12 months by a health professional. In 2017-2019, 70 percent of South Dakotans had been advised to quit smoking by a health professional.

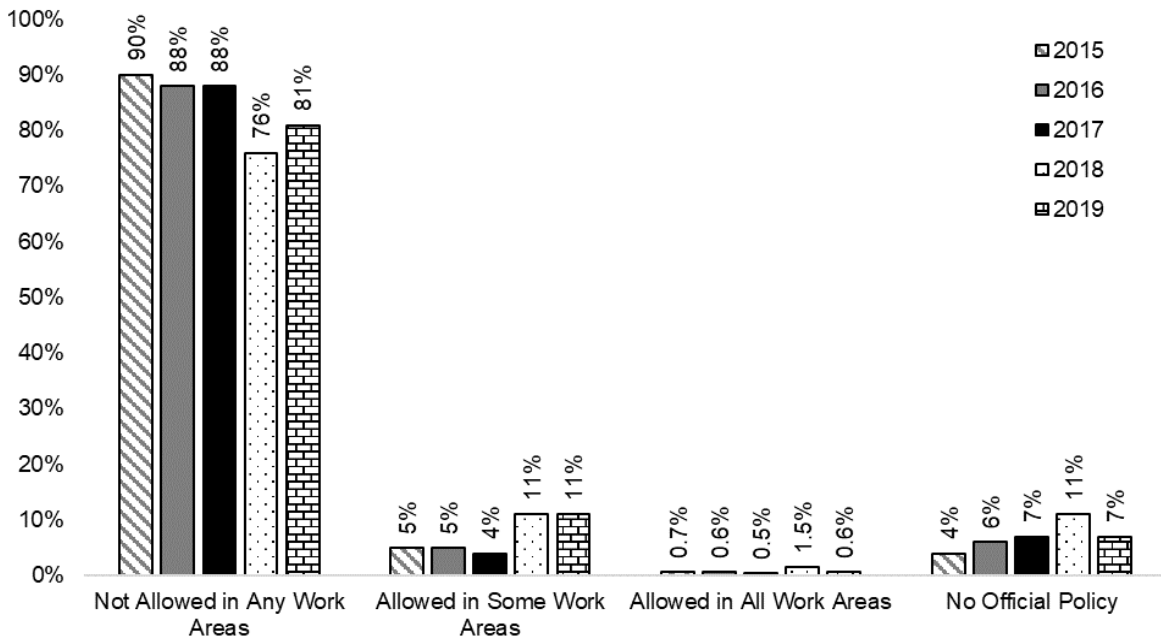
**Figure 10
Percentage of Smokers Who Have Been Advised by a Doctor, Nurse, or Other Health Professional to Quit Smoking in the Past 12 Months, 2011-2019**



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Figure 11, below, shows South Dakotans' place of work official smoking policy for work areas. The majority of South Dakotans for all five years stated that smoking was not allowed in any work areas.

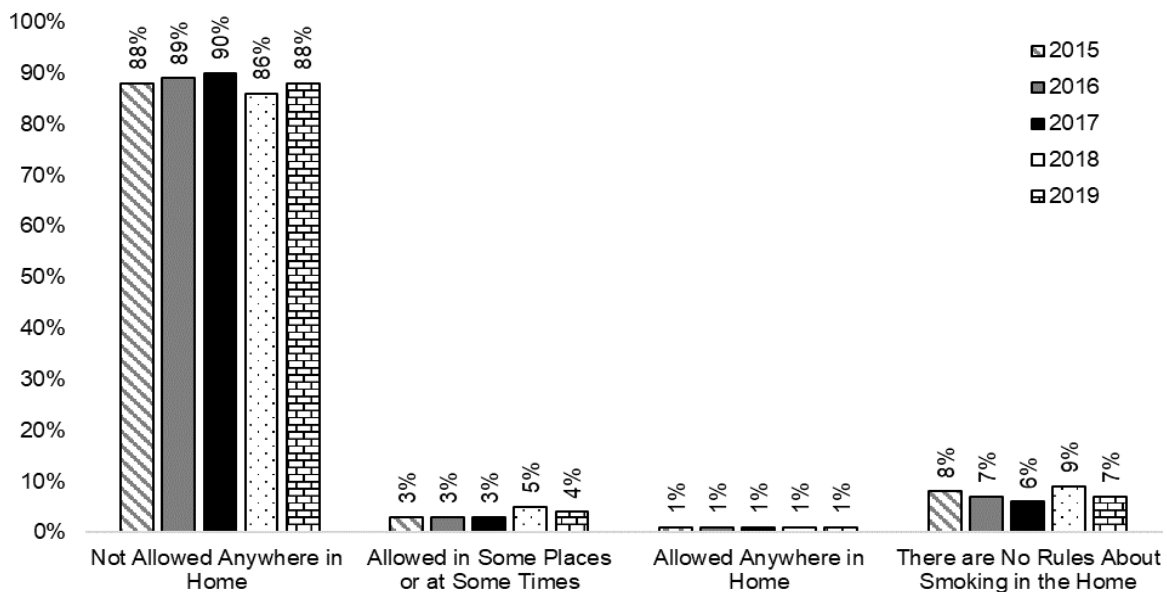
Figure 11
South Dakotans' Place of Work Smoking Policy, 2015-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Figure 12, below, shows South Dakotans' rules about smoking inside their homes. The majority of South Dakotans for all five years stated that smoking was not allowed anywhere in their homes.

Figure 12
South Dakotans' Rules About Smoking Inside the Home, 2015-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

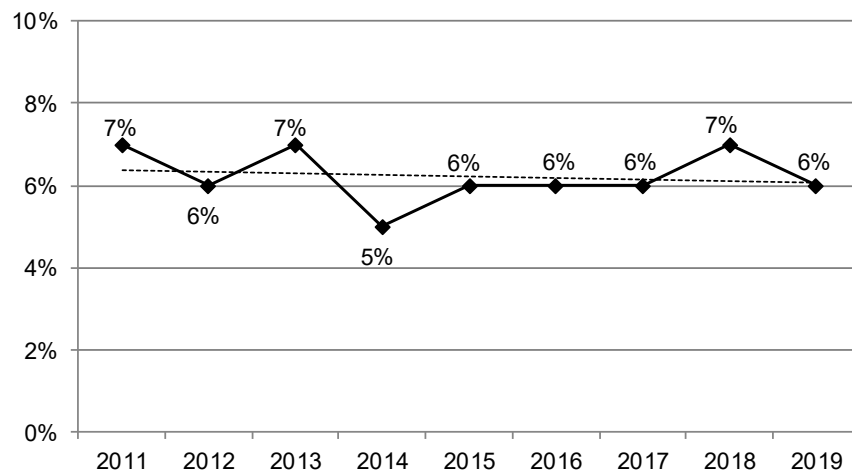
SMOKELESS TOBACCO

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

Prevalence of Smokeless Tobacco

- South Dakota 6%
- Nationwide median 4%

Figure 13
Percentage of South Dakotans Who Use Smokeless Tobacco, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 14
South Dakotans Who Use Smokeless Tobacco, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	12%	10.8%	12.7%
	Female	1%	0.8%	1.4%
Age	18-29	9%	7.9%	10.9%
	30-39	8%	6.7%	9.5%
	40-49	9%	7.5%	10.7%
	50-59	6%	4.7%	6.7%
	60-69	3%	2.2%	3.6%
	70-79	3%	2.2%	4.8%
	80+	2%	0.9%	3.2%
Race/Ethnicity	White, Non-Hispanic	6%	5.5%	6.6%
	American Indian, Non-Hispanic	10%	7.7%	12.6%
	American Indian/White, Non-Hispanic	12%	6.9%	21.3%
	Hispanic	5%	2.3%	10.2%
Household Income	Less than \$35,000	6%	5.0%	7.0%
	\$35,000-\$74,999	8%	6.7%	8.9%
	\$75,000+	6%	5.6%	7.5%
Education	Less than High School, G.E.D.	8%	6.3%	10.9%
	High School, G.E.D.	7%	6.5%	8.6%
	Some Post-High School	7%	5.7%	7.5%
	College Graduate	4%	3.4%	4.7%
Employment Status	Employed for Wages	8%	6.9%	8.5%
	Self-employed	9%	7.6%	10.9%
	Unemployed	9%	6.2%	13.3%
	Homemaker	1%	0.5%	2.8%
	Student	4%	2.9%	6.8%
	Retired	3%	2.1%	3.6%
	Unable to Work	4%	2.7%	5.8%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.4%
	Divorced/Separated	9%	7.0%	10.4%
	Widowed	3%	1.8%	4.8%
	Never Married	8%	6.7%	9.2%
Home Ownership Status	Own Home	6%	5.4%	6.6%
	Rent Home	7%	6.3%	8.7%
Children Status	Children in Household (Ages 18-44)	9%	7.4%	9.9%
	No Children in Household (Ages 18-44)	9%	7.9%	10.8%
Phone Status	Landline	5%	3.9%	5.3%
	Cell Phone	7%	6.5%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.0%	2.4%
	Not Pregnant (Ages 18-44)	2%	1.2%	2.2%
County	Minnehaha	4%	3.3%	5.6%
	Pennington	6%	4.4%	6.9%
	Lincoln	6%	3.7%	9.1%
	Brown	5%	4.0%	7.2%
	Brookings	6%	4.1%	9.0%
	Codington	6%	4.5%	8.5%
	Meade	9%	6.4%	12.9%
	Lawrence	7%	4.7%	9.3%

Note: *Results based on small sample sizes have been suppressed.

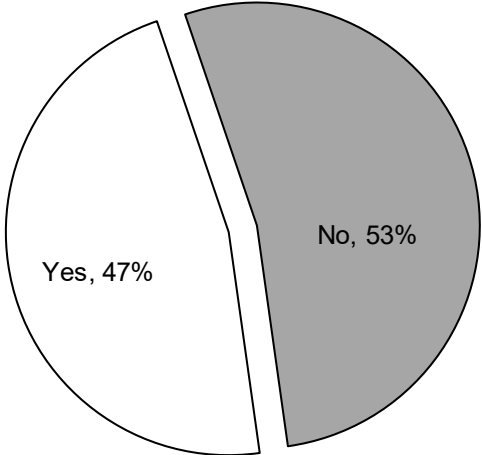
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of smokeless tobacco use than females.
Age	The prevalence of smokeless tobacco use generally decreases as age increases including significant decreases as the 50s and 60s are reached.
Race/ Ethnicity	American Indians and American Indian/whites exhibit a very high prevalence of smokeless tobacco use, while whites show a very low prevalence.
Household Income	The prevalence of smokeless tobacco use does not seem to differ by household income.
Education	The prevalence of smokeless tobacco use decreases as education levels increase with a significant decrease as the college graduate level is reached.
Employment	Those who are employed for wages, self-employed, or unemployed demonstrate a very high prevalence of smokeless tobacco use, while those who are a homemaker, retired, or unable to work show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of smokeless tobacco use, while those who are widowed show a very low prevalence.
Home Ownership	The prevalence of smokeless tobacco use does not seem to differ by home ownership status.
Children Status	The prevalence of smokeless tobacco use in the adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of smokeless tobacco use than those who primarily use a landline phone.
Pregnancy Status	The prevalence of smokeless tobacco use does not seem to change based on pregnancy status.
County	Residents of Meade county exhibit a very high prevalence of smokeless tobacco use, while residents of Minnehaha county show a very low prevalence.

Figure 14 shows the percentage of South Dakotans whose doctor, nurse, or other health professional advised them to stop using smokeless tobacco. Less than half, 47 percent, of South Dakotans stated they were advised to quit using smokeless tobacco by a health professional.

Figure 14
Percentage of South Dakotans Advised to Quit Using Smokeless Tobacco by a Doctor, Nurse, or Other Health Professional, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

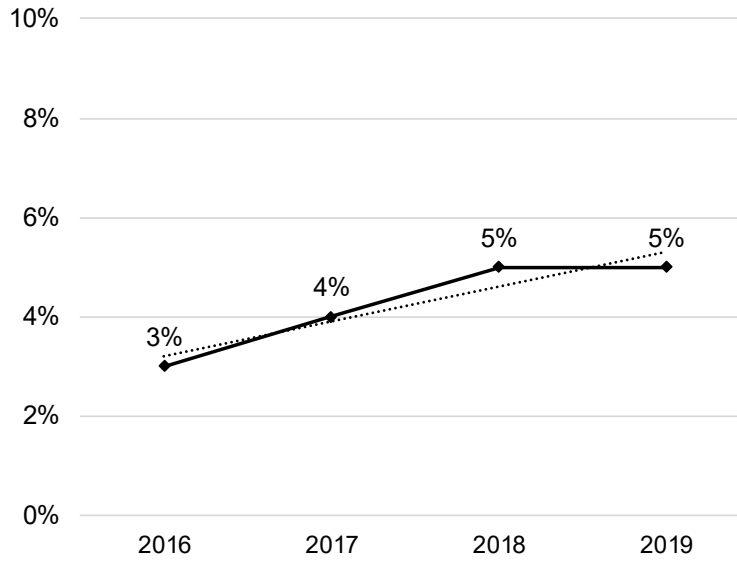
E-CIGARETTE SMOKING

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

Prevalence of E-Cigarette Use

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

Figure 15
Percentage of South Dakotans Who Currently Smoke E-Cigarettes, 2016-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

**Table 15
South Dakotans Who Currently Smoke E-Cigarettes, 2016-2019**

		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	5%	3.9%	5.8%
	Female	3%	2.6%	4.1%
Age	18-29	11%	8.6%	12.9%
	30-39	5%	3.5%	6.9%
	40-49	3%	2.0%	4.2%
	50-59	3%	1.8%	3.7%
	60-69	1%	0.6%	1.4%
	70-79	1%	0.3%	1.1%
	80+	0.1%	0.0%	0.5%
Race/Ethnicity	White, Non-Hispanic	4%	3.1%	4.2%
	American Indian, Non-Hispanic	6%	3.9%	10.3%
	American Indian/White, Non-Hispanic	9%	3.6%	21.9%
	Hispanic	5%	2.3%	11.7%
Household Income	Less than \$35,000	6%	4.4%	7.1%
	\$35,000-\$74,999	4%	3.0%	5.2%
	\$75,000+	2%	1.7%	3.0%
Education	Less than High School, G.E.D.	7%	4.7%	11.5%
	High School, G.E.D.	5%	3.9%	6.1%
	Some Post-High School	4%	3.2%	5.0%
	College Graduate	2%	1.3%	2.3%
Employment Status	Employed for Wages	5%	3.7%	5.5%
	Self-employed	4%	2.6%	5.7%
	Unemployed	7%	4.1%	12.2%
	Homemaker	2%	0.8%	6.1%
	Student	11%	6.8%	16.4%
	Retired	0.5%	0.3%	0.7%
	Unable to Work	6%	3.6%	8.9%
Marital Status	Married/Unmarried Couple	3%	2.2%	3.4%
	Divorced/Separated	4%	2.7%	5.1%
	Widowed	1%	0.4%	2.1%
	Never Married	9%	6.9%	10.8%
Home Ownership Status	Own Home	3%	2.1%	3.2%
	Rent Home	7%	5.9%	9.3%
Children Status	Children in Household (Ages 18-44)	5%	3.7%	6.1%
	No Children in Household (Ages 18-44)	10%	8.3%	12.9%
Phone Status	Landline	2%	1.4%	2.7%
	Cell Phone	5%	4.1%	5.6%
Pregnancy Status	Pregnant (Ages 18-44)	6%	0.9%	28.2%
	Not Pregnant (Ages 18-44)	6%	4.2%	7.4%
County	Minnehaha	5%	3.2%	6.7%
	Pennington	4%	3.1%	5.8%
	Lincoln	3%	1.4%	8.0%
	Brown	5%	3.1%	7.0%
	Brookings	7%	4.0%	12.0%
	Codington	4%	2.2%	6.5%
	Meade	5%	2.7%	8.3%
	Lawrence	4%	2.1%	7.5%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Demographics

Gender	There seems to be no gender difference regarding e-cigarette use.
Age	E-cigarette use decreases as age increases. This includes a significant decrease as the 30s and 60s are reached.
Race/ Ethnicity	There seems to be no racial/ethnicity difference regarding e-cigarette use.
Household Income	The prevalence of e-cigarette use decreases as household income increases.
Education	E-cigarette use decreases as education increases. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed, a student, or unable to work show a very high prevalence of e-cigarette use, while those who are retired show a very low prevalence.
Marital Status	Those who have never been married exhibit a very high prevalence of e-cigarette use, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of e-cigarette use than those who own their home.
Children Status	Those adults who live in a household with no children exhibit a significantly higher prevalence of e-cigarette use than those who live in a household with children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of e-cigarette use than those who primarily use a landline.
Pregnancy Status	The prevalence of e-cigarette use does not seem to differ based on pregnancy status.
County	The prevalence of e-cigarette use does not seem to differ among the counties available for analysis.

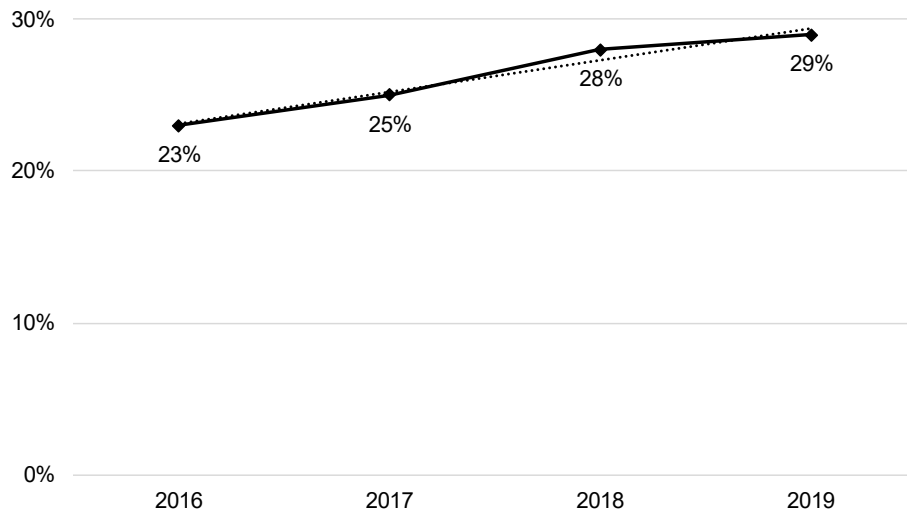
TOBACCO USE

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

Prevalence of Tobacco Use

- South Dakota 29%
- There is no nationwide median for tobacco use

Figure 16
Percentage of South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Table 16
South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2019

		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	33%	31.5%	34.8%
	Female	19%	17.9%	20.6%
Age	18-29	33%	30.2%	36.3%
	30-39	36%	32.5%	38.9%
	40-49	30%	27.3%	33.4%
	50-59	26%	24.3%	28.9%
	60-69	18%	16.6%	20.3%
	70-79	13%	11.1%	15.5%
	80+	5%	3.9%	7.5%
Race/Ethnicity	White, Non-Hispanic	24%	22.5%	24.7%
	American Indian, Non-Hispanic	51%	46.4%	55.2%
	American Indian/White, Non-Hispanic	55%	43.0%	65.6%
	Hispanic	28%	20.4%	36.8%
Household Income	Less than \$35,000	35%	32.9%	37.5%
	\$35,000-\$74,999	27%	25.4%	29.6%
	\$75,000+	17%	15.0%	18.4%
Education	Less than High School, G.E.D.	42%	36.9%	46.8%
	High School, G.E.D.	32%	30.0%	34.2%
	Some Post-High School	27%	24.8%	28.5%
	College Graduate	12%	10.9%	13.5%
Employment Status	Employed for Wages	29%	27.7%	31.0%
	Self-employed	26%	22.7%	28.9%
	Unemployed	43%	36.6%	49.7%
	Homemaker	26%	20.8%	32.1%
	Student	23%	17.7%	29.5%
	Retired	13%	11.4%	14.5%
	Unable to Work	38%	33.4%	42.8%
Marital Status	Married/Unmarried Couple	20%	19.1%	21.7%
	Divorced/Separated	42%	38.3%	44.9%
	Widowed	18%	14.8%	21.2%
	Never Married	35%	32.5%	38.3%
Home Ownership Status	Own Home	22%	20.6%	22.9%
	Rent Home	39%	36.8%	42.2%
Children Status	Children in Household (Ages 18-44)	34%	31.3%	36.4%
	No Children in Household (Ages 18-44)	34%	30.9%	37.3%
Phone Status	Landline	20%	18.2%	21.3%
	Cell Phone	29%	27.2%	30.0%
Pregnancy Status	Pregnant (Ages 18-44)	15%	6.9%	29.2%
	Not Pregnant (Ages 18-44)	25%	22.0%	27.3%
County	Minnehaha	25%	22.5%	28.4%
	Pennington	27%	24.0%	29.4%
	Lincoln	16%	11.6%	22.3%
	Brown	27%	23.5%	31.5%
	Brookings	25%	19.5%	31.0%
	Codington	24%	20.5%	28.6%
	Meade	30%	23.5%	36.6%
	Lawrence	23%	18.7%	28.8%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of tobacco use than females.
Age	Tobacco use peaks with those in their 30s and then decreases as age increases. This includes significant decreases as the 60s, 70s, and 80s are reached.
Race/ Ethnicity	American Indians and American Indian/whites demonstrate a very high prevalence of tobacco use, while whites and Hispanics show a very low prevalence.
Household Income	Tobacco use decreases as household income increases. This includes significant decreases as the \$35,000-\$74,999 and \$75,000+ income groups are reached.
Education	Tobacco use decreases as education levels increase. This includes significant decreases at every level.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of tobacco use, while those who are retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of tobacco use, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of tobacco use than those who own their home.
Children Status	The prevalence of tobacco use by the adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of tobacco use than those who primarily use a landline phone.
County	Residents of Minnehaha, Pennington, Brown, and Meade counties all exhibit a very high prevalence of tobacco use, while Lincoln county shows a very low prevalence.

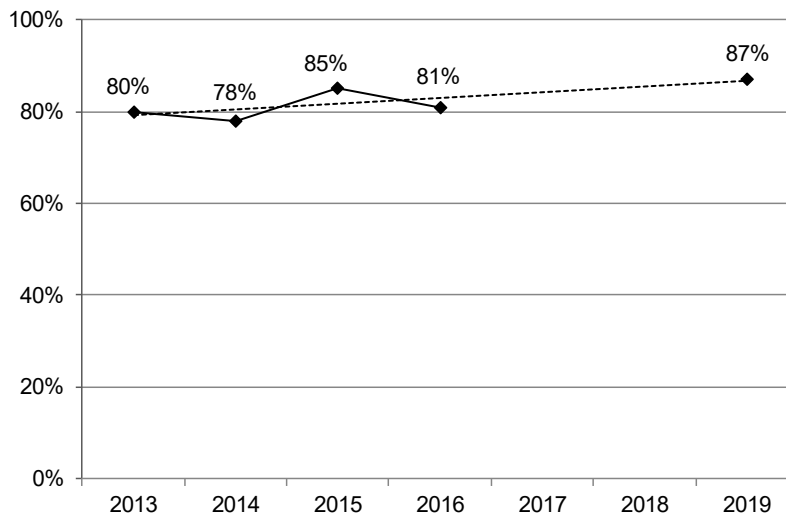
QUITLINE PROGRAM

Definition: South Dakotans who have heard of the South Dakota QuitLine program that offers free services designed to help a person quit tobacco.

Prevalence of South Dakotans Who Have Heard of QuitLine

- South Dakota 87%
- There is no nationwide median for the QuitLine program

Figure 17
Percentage of South Dakotans Who Have Heard of the South Dakota QuitLine Program, 2013-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2019

Table 17
South Dakotans Who Have Heard of the QuitLine Program, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	81%	79.6%	82.7%
	Female	87%	85.5%	88.1%
Age	18-29	85%	81.6%	87.4%
	30-39	90%	86.8%	91.9%
	40-49	88%	85.5%	90.7%
	50-59	87%	85.1%	89.1%
	60-69	84%	81.9%	86.1%
	70-79	77%	73.7%	79.9%
	80+	56%	50.9%	60.1%
Race/Ethnicity	White, Non-Hispanic	85%	84.0%	86.1%
	American Indian, Non-Hispanic	85%	81.9%	87.7%
	American Indian/White, Non-Hispanic	83%	71.3%	90.8%
	Hispanic	73%	61.3%	81.9%
Household Income	Less than \$35,000	82%	80.1%	84.2%
	\$35,000-\$74,999	87%	85.3%	88.7%
	\$75,000+	88%	86.7%	90.0%
Education	Less than High School, G.E.D.	74%	68.3%	78.4%
	High School, G.E.D.	82%	79.9%	83.9%
	Some Post-High School	87%	84.9%	88.0%
	College Graduate	87%	85.7%	88.6%
Employment Status	Employed for Wages	89%	87.4%	90.0%
	Self-employed	83%	79.7%	85.5%
	Unemployed	79%	70.8%	86.1%
	Homemaker	83%	77.9%	87.4%
	Student	77%	68.8%	83.6%
	Retired	75%	72.9%	77.4%
	Unable to Work	81%	76.7%	85.3%
Marital Status	Married/Unmarried Couple	86%	84.3%	86.8%
	Divorced/Separated	88%	85.5%	90.0%
	Widowed	70%	66.6%	73.9%
	Never Married	82%	79.0%	84.5%
Home Ownership Status	Own Home	85%	83.6%	85.9%
	Rent Home	83%	80.0%	85.2%
Children Status	Children in Household (Ages 18-44)	89%	86.9%	90.9%
	No Children in Household (Ages 18-44)	85%	81.7%	87.7%
Phone Status	Landline	81%	79.5%	82.8%
	Cell Phone	85%	84.1%	86.7%
Pregnancy Status	Pregnant (Ages 18-44)	95%	87.7%	97.8%
	Not Pregnant (Ages 18-44)	89%	86.5%	91.6%
County	Minnehaha	88%	84.7%	90.0%
	Pennington	86%	83.8%	88.5%
	Lincoln	88%	82.2%	91.6%
	Brown	84%	80.6%	86.6%
	Brookings	79%	72.8%	83.5%
	Codington	86%	82.7%	89.1%
	Meade	89%	85.4%	92.4%
	Lawrence	83%	79.8%	86.6%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of those who have heard of the QuitLine than males.
Age	The prevalence of those who have heard of the QuitLine peaks with those in their 30s and decreases as age increases after that. This includes significant decreases as the 70s and 80s are reached.
Race/ Ethnicity	Whites exhibit a very high prevalence of those who have heard of the QuitLine, while Hispanics show a very low prevalence.
Household Income	The prevalence of those who have heard of the QuitLine increases as household income increases. This includes a significant increase as the \$35,000-\$74,999 income group is reached.
Education	The prevalence of those who have heard of the QuitLine increases as education levels increase. This includes significant increases as the high school and some post high school levels are reached.
Employment	Those who are employed for wages or a homemaker demonstrate a very high prevalence of those who have heard of the QuitLine, while those who are unemployed, a student, or retired show a very low prevalence.
Marital Status	Those who are married or divorced exhibit a very high prevalence of those who have heard of the QuitLine, while those who are widowed show a very low prevalence.
Home Ownership	There seems to be no difference in the prevalence of those who have heard of the QuitLine regarding home ownership status.
Children Status	There seems to be no difference in the prevalence of those who have heard of the QuitLine regarding the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of those who have heard of the QuitLine than those who primarily use a landline phone.
Pregnancy Status	There seems to be no difference in the prevalence of those who have heard of the QuitLine regarding pregnancy status.
County	Residents of Minnehaha, Pennington, and Meade counties exhibit a very high prevalence of those who have heard of the QuitLine, while residents of Brookings county show a very low prevalence.

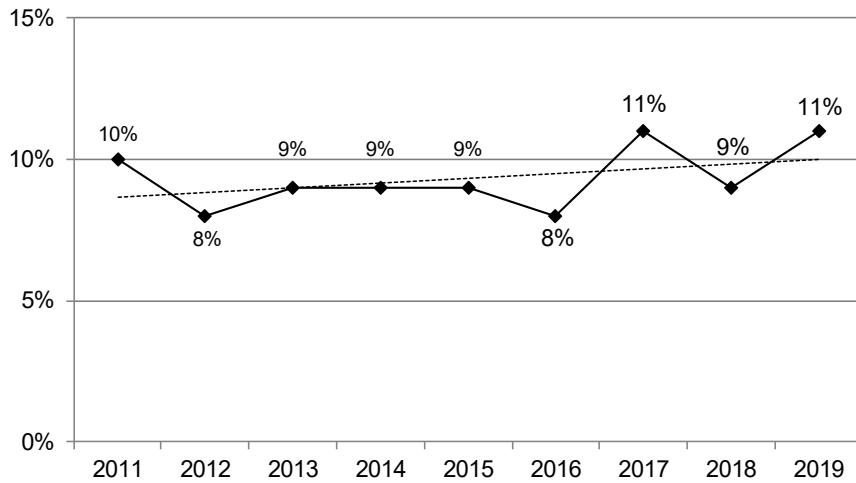
Diabetes

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

Prevalence of Diabetes

- South Dakota 11%
- Nationwide median 11%

Figure 18
Percentage of South Dakotans Who Were Told They Have Diabetes, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 18
South Dakotans Who Were Told They Have Diabetes, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	10%	9.6%	11.2%
	Female	9%	8.2%	9.6%
Age	18-29	2%	1.0%	2.6%
	30-39	3%	2.2%	4.3%
	40-49	7%	5.9%	8.8%
	50-59	11%	9.6%	12.2%
	60-69	17%	15.7%	18.6%
	70-79	23%	20.5%	24.7%
	80+	19%	16.4%	22.4%
Race/Ethnicity	White, Non-Hispanic	9%	8.6%	9.7%
	American Indian, Non-Hispanic	17%	14.7%	19.9%
	American Indian/White, Non-Hispanic	6%	3.5%	10.4%
	Hispanic	11%	7.1%	17.3%
Household Income	Less than \$35,000	14%	13.0%	15.5%
	\$35,000-\$74,999	8%	7.3%	9.1%
	\$75,000+	6%	5.4%	7.2%
Education	Less than High School, G.E.D.	15%	12.3%	18.1%
	High School, G.E.D.	11%	9.9%	11.9%
	Some Post-High School	9%	8.0%	9.7%
	College Graduate	7%	6.5%	7.9%
Employment Status	Employed for Wages	6%	5.5%	6.9%
	Self-employed	6%	5.0%	7.3%
	Unemployed	10%	7.5%	14.0%
	Homemaker	9%	6.5%	12.3%
	Student	2%	0.7%	4.0%
	Retired	21%	19.1%	22.0%
	Unable to Work	25%	21.6%	28.2%
Marital Status	Married/Unmarried Couple	9%	8.6%	10.0%
	Divorced/Separated	14%	12.3%	15.8%
	Widowed	19%	16.8%	21.2%
	Never Married	5%	4.4%	6.4%
Home Ownership Status	Own Home	10%	9.8%	11.1%
	Rent Home	9%	7.7%	9.9%
Children Status	Children in Household (Ages 18-44)	3%	2.3%	4.1%
	No Children in Household (Ages 18-44)	3%	2.0%	3.9%
Phone Status	Landline	14%	13.3%	15.4%
	Cell Phone	8%	7.1%	8.3%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.5%	16.4%
	Not Pregnant (Ages 18-44)	3%	2.1%	4.0%
County	Minnehaha	9%	7.6%	10.3%
	Pennington	9%	8.1%	10.6%
	Lincoln	7%	5.0%	10.7%
	Brown	9%	7.6%	10.8%
	Brookings	6%	4.9%	7.8%
	Codington	9%	7.1%	10.3%
	Meade	8%	6.4%	10.8%
	Lawrence	9%	7.2%	11.0%

Note: *Results based on small sample sizes have been suppressed.

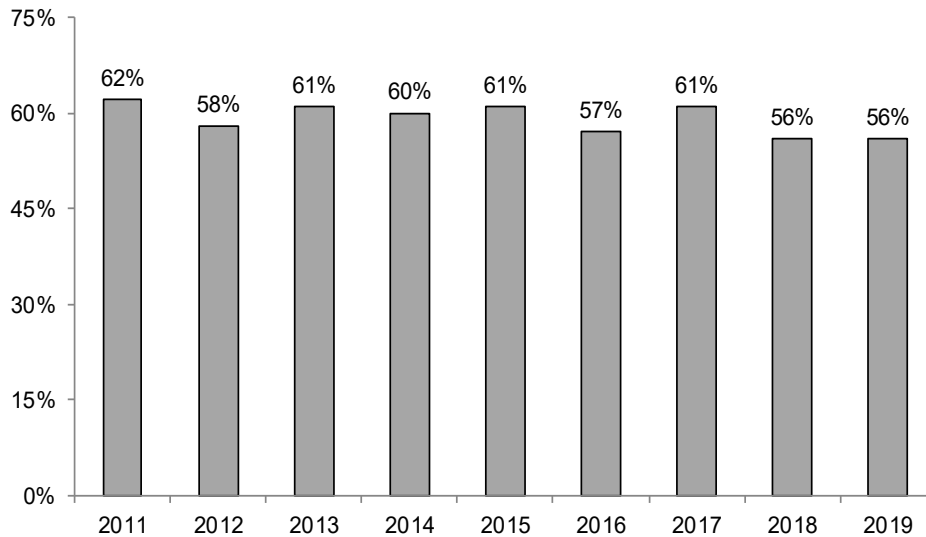
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Figure 19, below, displays the percentage of South Dakotans who had a test for high blood sugar or diabetes within the past three years. Most South Dakotans stated that they had a blood sugar or diabetes test within the past three years.

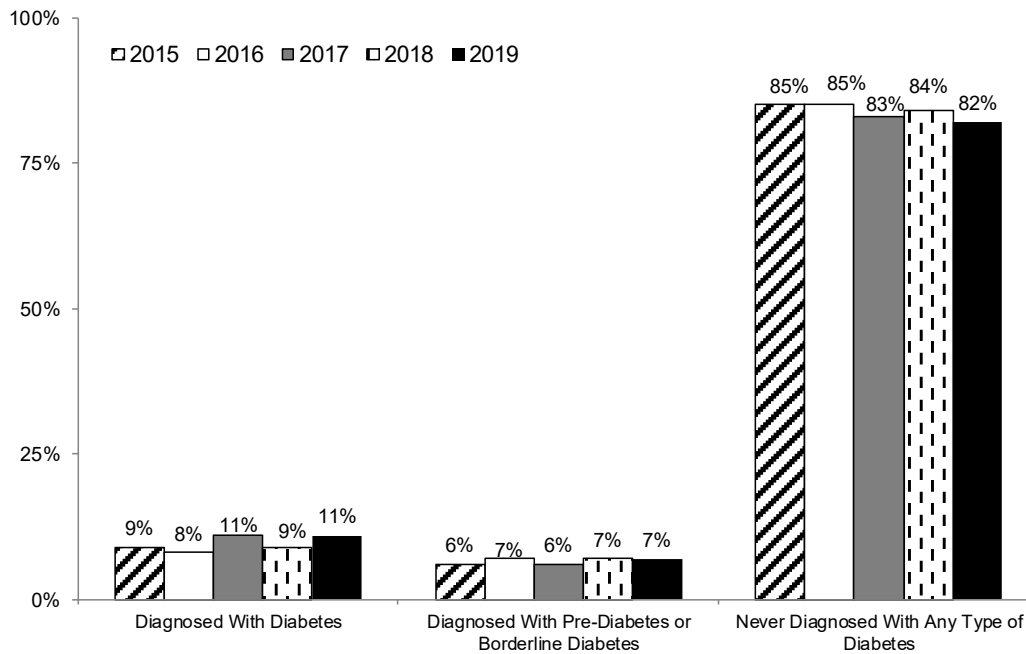
Figure 19
South Dakotans Who Have Had a Test for High Blood Sugar or Diabetes Within the Past Three Years, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Figure 20, below, displays the diabetic status of all South Dakotans for the past five years. Most South Dakotans for all years stated that they have never been diagnosed with any type of diabetes.

Figure 20
South Dakotans' Diabetic Status, 2015-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

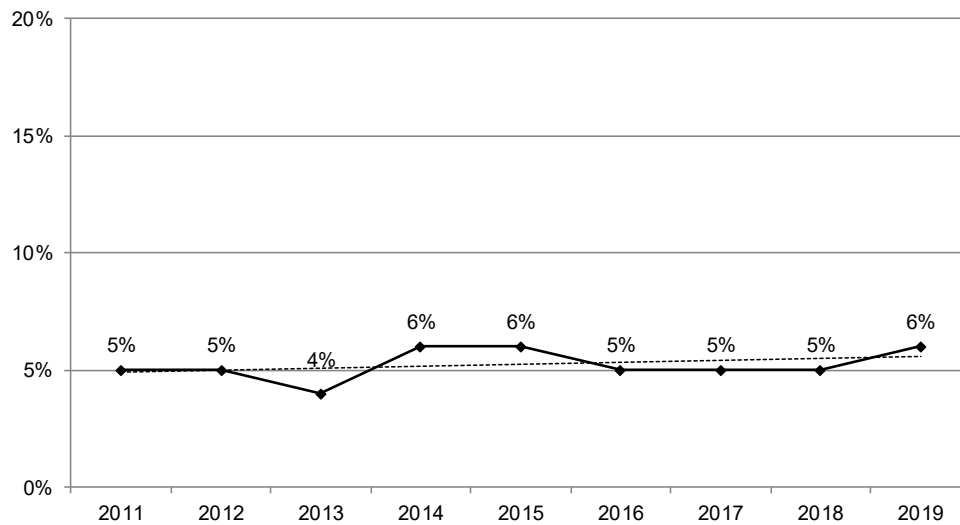
Chronic Obstructive Pulmonary Disease

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

Prevalence of COPD

- South Dakota 6%
- Nationwide median 7%

Figure 21
Percentage of South Dakotans Who Were Told They Have COPD, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 19
South Dakotans Who Have Been Told They Have COPD, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.5%	5.6%
	Female	5%	4.8%	6.0%
Age	18-29	2%	1.0%	2.8%
	30-39	2%	1.4%	3.1%
	40-49	2%	1.6%	3.0%
	50-59	6%	5.3%	7.5%
	60-69	8%	7.3%	9.4%
	70-79	12%	10.7%	13.9%
	80+	11%	8.8%	13.6%
Race/Ethnicity	White, Non-Hispanic	5%	4.8%	5.7%
	American Indian, Non-Hispanic	6%	5.0%	8.1%
	American Indian/White, Non-Hispanic	6%	3.1%	9.8%
	Hispanic	6%	2.8%	10.8%
Household Income	Less than \$35,000	10%	8.6%	10.8%
	\$35,000-\$74,999	4%	3.4%	4.7%
	\$75,000+	2%	1.2%	2.0%
Education	Less than High School, G.E.D.	10%	7.8%	12.5%
	High School, G.E.D.	7%	5.9%	7.5%
	Some Post-High School	5%	4.0%	5.3%
	College Graduate	2%	2.0%	2.8%
Employment Status	Employed for Wages	3%	2.2%	3.1%
	Self-employed	3%	2.2%	4.0%
	Unemployed	7%	4.3%	12.4%
	Homemaker	4%	2.6%	5.3%
	Student	1%	0.6%	2.4%
	Retired	11%	10.1%	12.5%
	Unable to Work	20%	16.7%	23.3%
Marital Status	Married/Unmarried Couple	4%	3.8%	4.7%
	Divorced/Separated	10%	8.9%	12.1%
	Widowed	11%	9.7%	13.2%
	Never Married	3%	2.4%	4.2%
Home Ownership Status	Own Home	5%	4.4%	5.3%
	Rent Home	6%	5.5%	7.5%
Children Status	Children in Household (Ages 18-44)	2%	1.1%	2.3%
	No Children in Household (Ages 18-44)	2%	1.5%	3.5%
Phone Status	Landline	7%	6.5%	8.1%
	Cell Phone	4%	3.9%	4.8%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.5%
	Not Pregnant (Ages 18-44)	3%	1.7%	3.7%
County	Minnehaha	4%	3.6%	5.4%
	Pennington	6%	5.0%	7.0%
	Lincoln	4%	2.9%	5.8%
	Brown	6%	4.8%	7.6%
	Brookings	2%	1.6%	3.6%
	Codington	5%	3.6%	6.0%
	Meade	5%	4.1%	7.2%
	Lawrence	6%	4.4%	7.7%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Health Insurance

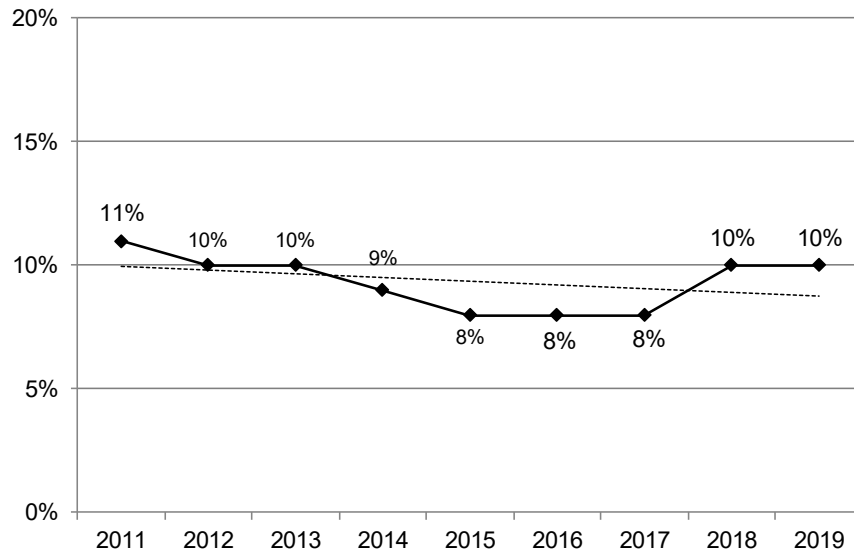
HEALTH INSURANCE (ADULT)

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

Prevalence of No Health Insurance

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

Figure 22
Percentage of South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 20
South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	9%	8.1%	10.5%
	Female	8%	6.7%	8.9%
Age	18-29	12%	9.6%	14.0%
	30-39	10%	8.2%	11.8%
	40-49	9%	6.9%	10.7%
	50-59	6%	4.8%	7.4%
	60-69	5%	3.4%	6.1%
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	8%	7.3%	9.0%
	American Indian, Non-Hispanic	4%	2.1%	7.1%
	American Indian/White, Non-Hispanic	18%	9.1%	31.7%
	Hispanic	25%	17.2%	34.3%
Household Income	Less than \$35,000	16%	14.4%	18.6%
	\$35,000-\$74,999	7%	6.1%	8.9%
	\$75,000+	2%	1.3%	2.8%
Education	Less than High School, G.E.D.	21%	16.1%	26.4%
	High School, G.E.D.	12%	10.9%	14.3%
	Some Post-High School	7%	5.7%	7.9%
	College Graduate	3%	2.1%	3.3%
Employment Status	Employed for Wages	7%	6.2%	8.2%
	Self-employed	13%	10.4%	15.6%
	Unemployed	27%	21.3%	33.8%
	Homemaker	11%	7.9%	16.4%
	Student	3%	1.8%	5.5%
	Retired	3%	1.8%	6.0%
	Unable to Work	8%	5.4%	11.3%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.9%
	Divorced/Separated	15%	12.4%	18.1%
	Widowed	9%	5.6%	15.1%
	Never Married	13%	11.2%	15.4%
Home Ownership Status	Own Home	5%	4.8%	6.3%
	Rent Home	16%	14.2%	18.7%
Children Status	Children in Household (Ages 18-44)	9%	7.6%	10.6%
	No Children in Household (Ages 18-44)	13%	10.5%	14.9%
Phone Status	Landline	5%	4.4%	6.7%
	Cell Phone	9%	8.5%	10.5%
Pregnancy Status	Pregnant (Ages 18-44)	8%	2.5%	23.2%
	Not Pregnant (Ages 18-44)	10%	7.9%	11.5%
County	Minnehaha	10%	8.0%	12.5%
	Pennington	10%	8.3%	12.7%
	Lincoln	4%	2.2%	7.0%
	Brown	9%	6.2%	11.7%
	Brookings	6%	3.8%	9.5%
	Codington	5%	3.5%	8.0%
	Meade	10%	7.1%	14.7%
	Lawrence	13%	9.6%	17.8%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	There seems to be no gender difference regarding health insurance status.
Age	The prevalence of being uninsured decreases as age increases.
Race/ Ethnicity	American Indian/Whites and Hispanics demonstrate a very high prevalence of being uninsured, while American Indians show a very low prevalence.
Household Income	The prevalence of being uninsured decreases as household income increases. This includes significant decreases as the \$35,000-\$74,999 and \$75,000+ income groups are reached.
Education	The prevalence of being uninsured decreases as education levels increase. This includes significant decreases at each education level.
Employment	Those who are unemployed demonstrate a very high prevalence of being uninsured, while those who are a student, retired, or unable to work show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of being uninsured, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of being uninsured than those who own their home.
Children Status	The prevalence of being uninsured does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of being uninsured than those who primarily use a landline.
Pregnancy Status	The prevalence of being uninsured does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, Meade, and Lawrence counties all demonstrate a very high prevalence of being uninsured, while Lincoln, Brookings, and Codington counties show a very low prevalence.

As shown in Table 21 below, employer based coverage was the most common type of health insurance reported by South Dakotans for the past nine years. The second most common was insurance through a private plan.

Table 21 Type of Health Insurance, Ages 18-64, 2011-2019									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number of Respondents	4,332	5,147	4,216	4,387	4,043	3,258	3,772	3,806	3,443
Type of Health Insurance									
Employer Based Coverage	57%	59%	59%	59%	60%	58%	59%	56%	57%
Private Plan	12%	11%	12%	13%	13%	15%	14%	12%	14%
Military, CHAMPUS, TriCare, or VA	6%	5%	5%	4%	5%	5%	5%	5%	5%
The Indian Health Service	5%	5%	5%	5%	5%	5%	4%	5%	4%
Medicare	4%	3%	3%	3%	3%	4%	5%	4%	4%
Medicaid or Medical Assistance	4%	4%	5%	4%	6%	4%	4%	5%	3%
Some Other Source	2%	2%	1%	2%	2%	2%	2%	3%	3%
None	11%	10%	10%	9%	8%	8%	8%	10%	10%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 22, below, displays how long it has been since South Dakotans had a routine checkup and whether they had health insurance. The majority of insured South Dakotans, 69 percent, stated they had a routine checkup within the past year, while only 35 percent of uninsured South Dakotans had a routine checkup within the past year.

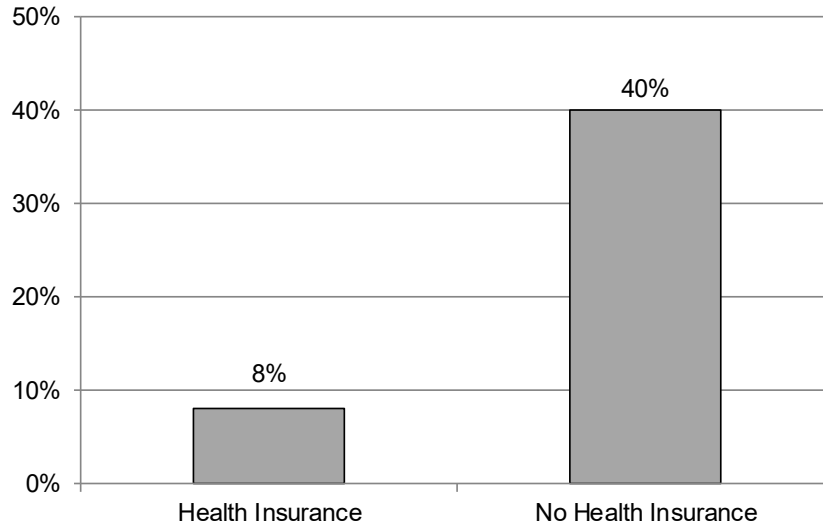
The percent of uninsured South Dakotans who stated that they had a routine checkup five or more years ago was 32 percent while only nine percent of South Dakotans with health insurance had a routine checkup five or more years ago.

Table 22 How Long Since South Dakotans Last Visited a Doctor for a Routine Checkup, 2013-2019		
	Health Insurance	No Health Insurance
Within the past year	69%	35%
Within the past 2 years	12%	15%
Within the past 5 years	8%	14%
5 or more years ago	9%	32%
Never	1%	3%

Source: The Behavioral Risk Factor Surveillance System, South Dakota of Department Health, 2013-2019

Figure 23, below, shows the percentage of South Dakotans, ages 18-64, who were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of the cost. Forty percent of South Dakotans without health insurance answered yes to this question.

Figure 23
Percentage of South Dakotans, Ages 18-64, Who Needed to See a Doctor
But Could Not Because of the Cost, 2013-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2019

Table 23, below, shows the percentage of South Dakota males who had not had a routine checkup in the past two years and the reason why. Fifty-seven percent of South Dakota males, ages 18-39, reported they had not had a routine checkup in the past two years because they had not been sick, rarely get sick, or there was a low need to seek medical services.

Table 23			
South Dakota Males, Ages 18-64, Who Had Not Had a Routine Health Check-up in the Past Two Years, 2018-2019			
Reason	Males Only		
	Total	18-39	40-69
Not sick/Rarely get sick/Low perceived need to seek medical services	53%	57%	48%
Other priorities/Too busy	8%	8%	8%
Can't afford it	8%	6%	10%
Just haven't thought of it	7%	5%	11%
Do not have health insurance	7%	7%	5%
Other	17%	17%	18%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2019

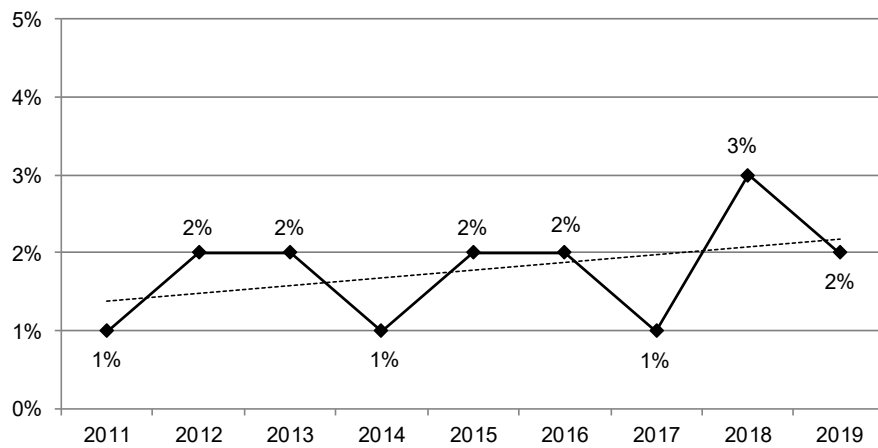
CHILDREN'S HEALTH INSURANCE

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

Prevalence of No Health Insurance

- South Dakota 2%
- *There is no nationwide median for no children's health insurance*

Figure 24
Percentage of South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 24				
South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2015-2019				
		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	2%	1.4%	3.0%
	Female	2%	1.1%	2.7%
Age	0-6	2%	0.8%	2.8%
	7-12	2%	1.0%	2.9%
	13-17	2%	1.4%	3.5%
Race/ Ethnicity	White, Non-Hispanic	2%	1.5%	2.9%
	American Indian, Non-Hispanic	1%	0.3%	2.1%
	American Indian/White, Non-Hispanic	2%	0.6%	7.9%
	Hispanic	2%	0.7%	3.8%
Household Income	Less than \$35,000	2%	1.2%	4.4%
	\$35,000-\$74,999	3%	1.8%	4.2%
	\$75,000+	1%	0.5%	1.9%
Home Ownership Status	Own home	2%	1.3%	2.6%
	Rent home	2%	1.2%	3.4%
Phone Status	Landline	2%	1.0%	2.8%
	Cell phone	2%	1.4%	2.8%
County	Minnehaha	1%	0.6%	2.9%
	Pennington	2%	1.0%	4.5%
	Lincoln	0.2%	0.0%	0.7%
	Brown	0.1%	0.0%	1.0%
	Brookings	1%	0.2%	5.9%
	Codington	1%	0.2%	2.9%
	Meade	3%	1.6%	6.3%
	Lawrence	3%	1.3%	7.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

- Gender** The prevalence of uninsured children does not seem to differ by gender.
- Age** The prevalence of uninsured children does not seem to differ by age.
- Race/ Ethnicity** The prevalence of uninsured children does not seem to differ by race/ethnicity.
- Household Income** The prevalence of uninsured children does not seem to change as household income changes.
- Home Ownership** The prevalence of uninsured children does not seem to differ by home ownership status.
- Phone Status** The prevalence of uninsured children does not seem to differ by phone status.
- County** Pennington, Meade, and Lawrence counties demonstrate a very high prevalence of uninsured children, while Lincoln and Brown counties show a very low prevalence.

Table 25, below, shows the different types of health coverage for children, ages 0-17. The main type of health care coverage for the past nine years was employer based coverage. Medicaid, CHIP, or medical assistance coverage was the second most common type of health coverage.

Table 25								
Different Types of Health Coverage for South Dakota Children, Ages 17 and Under, 2011-2019								
	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Type of Coverage								
Employer Based Coverage	57%	55%	55%	55%	54%	53%	53%	57%
Medicaid, CHIP, or Medical Assistance	23%	24%	24%	24%	25%	26%	24%	21%
Private Plan	10%	10%	11%	12%	11%	11%	10%	9%
The Indian Health Service	4%	3%	4%	3%	3%	4%	5%	5%
The Military, CHAMPUS, TriCare, or VA	3%	3%	3%	3%	3%	3%	2%	2%
Medicare	1%	2%	1%	1%	1%	1%	1%	1%
Some Other Source	0.5%	0.8%	1.1%	0.8%	0.3%	1.2%	2.6%	2.1%
None	2%	2%	1%	1%	2%	1%	2%	3%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

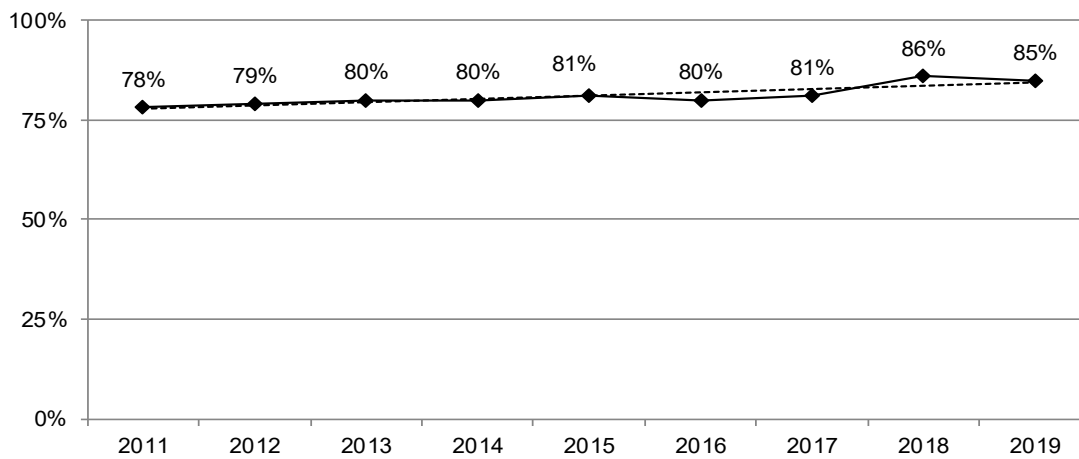
ROUTINE CHECKUP

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

Prevalence of Routine Checkup

- South Dakota 85%
- There is no nationwide median for routine checkups

Figure 25
Percentage of South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 26
South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	77%	75.6%	78.2%
	Female	88%	87.3%	89.2%
Age	18-29	75%	72.6%	77.6%
	30-39	73%	70.8%	75.9%
	40-49	81%	79.2%	83.6%
	50-59	85%	83.2%	86.3%
	60-69	90%	88.4%	91.0%
	70-79	95%	92.9%	95.9%
	80+	94%	92.0%	95.7%
Race/Ethnicity	White, Non-Hispanic	83%	82.4%	84.2%
	American Indian, Non-Hispanic	83%	79.7%	86.0%
	American Indian/White, Non-Hispanic	69%	57.9%	77.6%
	Hispanic	73%	65.1%	80.3%
Household Income	Less than \$35,000	81%	78.8%	82.2%
	\$35,000-\$74,999	82%	80.2%	83.4%
	\$75,000+	86%	84.3%	87.2%
Education	Less than High School, G.E.D.	78%	73.4%	81.2%
	High School, G.E.D.	81%	79.3%	82.5%
	Some Post-High School	83%	81.5%	84.3%
	College Graduate	86%	85.0%	87.3%
Employment Status	Employed for Wages	80%	79.0%	81.5%
	Self-employed	74%	70.6%	76.3%
	Unemployed	75%	68.8%	80.1%
	Homemaker	84%	79.7%	87.7%
	Student	84%	78.9%	87.7%
	Retired	94%	93.1%	95.1%
	Unable to Work	89%	85.6%	91.0%
Marital Status	Married/Unmarried Couple	85%	83.5%	85.6%
	Divorced/Separated	81%	78.3%	83.1%
	Widowed	91%	88.7%	93.1%
	Never Married	76%	73.9%	78.3%
Home Ownership Status	Own Home	85%	83.9%	85.7%
	Rent Home	77%	74.5%	78.7%
Children Status	Children in Household (Ages 18-44)	76%	74.4%	78.4%
	No Children in Household (Ages 18-44)	74%	71.1%	76.2%
Phone Status	Landline	87%	86.0%	88.5%
	Cell Phone	81%	79.6%	81.7%
Pregnancy Status	Pregnant (Ages 18-44)	83%	68.9%	90.9%
	Not Pregnant (Ages 18-44)	84%	82.2%	86.2%
County	Minnehaha	82%	79.9%	84.5%
	Pennington	80%	78.1%	82.5%
	Lincoln	88%	84.3%	91.0%
	Brown	86%	82.9%	87.8%
	Brookings	85%	81.1%	88.0%
	Codington	84%	80.9%	86.8%
	Meade	80%	75.6%	83.9%
	Lawrence	77%	73.4%	80.7%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of obtaining a routine checkup than males.
Age	The prevalence of obtaining a routine checkup is highest for those in their 70s and 80s.
Race/ Ethnicity	Whites and American Indians demonstrate a very high prevalence of obtaining routine checkups, while American Indian/whites and Hispanics show a very low prevalence.
Household Income	The prevalence of obtaining routine checkups increases as household income increases. This includes a significant increase when the \$75,000+ household income level is reached.
Education	The prevalence of obtaining routine checkups increases as education increases. This includes a significant increase as the college graduate level is reached.
Employment	Those who are retired demonstrate a very high prevalence of obtaining a routine checkup, while those who are self-employed or unemployed show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of obtaining a routine checkup, while those who have never been married or divorced show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of obtaining a routine checkup than those who rent their home.
Children Status	The prevalence of obtaining a routine checkup does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of obtaining a routine checkup than those who primarily use a cell phone.
Pregnancy Status	The prevalence of obtaining a routine checkup does not seem to change based on pregnancy status.
County	Residents of Lincoln, Brown, Brookings, and Codington counties exhibit a very high prevalence of obtaining routine checkups, while those in Pennington, Meade, and Lawrence counties show a very low prevalence.

Hypertension and Cholesterol

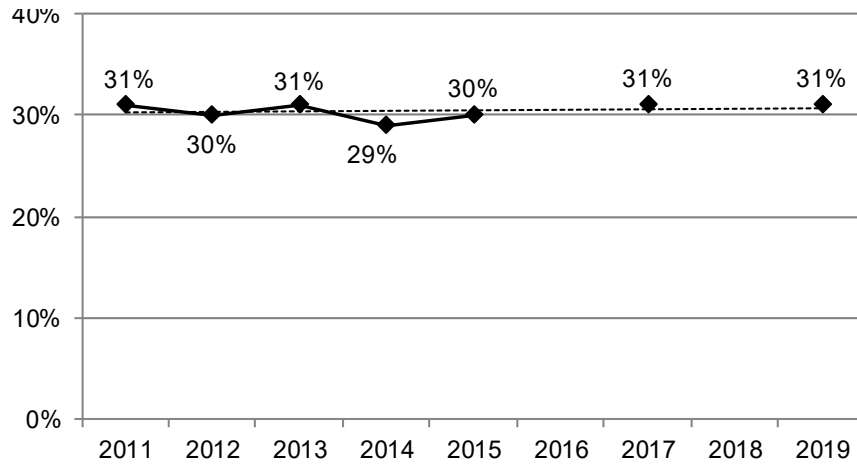
HYPERTENSION

Definition: South Dakotans who report they have been told by a health professional their blood pressure is high.

Prevalence of Hypertension

- South Dakota 31%
- Nationwide median 32%

Figure 26
Percentage of South Dakotans Who Were Told They Have Hypertension, 2011-2019



Note: This question was not asked in 2016 or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 27
South Dakotans Who Were Told They Have Hypertension, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	33%	31.7%	35.2%
	Female	28%	26.3%	29.2%
Age	18-29	8%	6.2%	9.8%
	30-39	15%	12.5%	17.4%
	40-49	25%	21.7%	27.6%
	50-59	35%	32.8%	38.1%
	60-69	50%	46.9%	52.1%
	70-79	60%	56.7%	63.0%
	80+	61%	56.3%	65.1%
Race/Ethnicity	White, Non-Hispanic	31%	30.0%	32.3%
	American Indian, Non-Hispanic	32%	28.3%	36.5%
	American Indian/White, Non-Hispanic	23%	15.4%	34.0%
	Hispanic	22%	14.9%	32.3%
Household Income	Less than \$35,000	34%	32.0%	36.6%
	\$35,000-\$74,999	32%	29.9%	34.1%
	\$75,000+	25%	22.7%	26.7%
Education	Less than High School, G.E.D.	35%	30.8%	40.4%
	High School, G.E.D.	33%	30.9%	35.0%
	Some Post-High School	29%	27.6%	31.5%
	College Graduate	27%	25.6%	29.1%
Employment Status	Employed for Wages	24%	22.3%	25.3%
	Self-employed	26%	23.3%	29.6%
	Unemployed	28%	21.8%	34.1%
	Homemaker	23%	18.8%	28.4%
	Student	6%	3.0%	10.0%
	Retired	58%	56.1%	60.6%
	Unable to Work	44%	39.1%	49.6%
Marital Status	Married/Unmarried Couple	32%	30.2%	33.1%
	Divorced/Separated	36%	33.2%	39.8%
	Widowed	58%	54.5%	61.7%
	Never Married	17%	14.5%	18.8%
Home Ownership Status	Own Home	35%	33.2%	35.9%
	Rent Home	22%	19.6%	23.8%
Children Status	Children in Household (Ages 18-44)	14%	12.1%	16.2%
	No Children in Household (Ages 18-44)	11%	8.9%	13.0%
Phone Status	Landline	41%	38.8%	42.6%
	Cell Phone	26%	24.9%	27.6%
Pregnancy Status	Pregnant (Ages 18-44)	5%	2.4%	12.1%
	Not Pregnant (Ages 18-44)	8%	6.6%	9.8%
County	Minnehaha	28%	25.4%	31.1%
	Pennington	33%	30.4%	36.1%
	Lincoln	30%	24.1%	35.8%
	Brown	30%	27.0%	33.6%
	Brookings	20%	17.0%	23.0%
	Codington	30%	26.8%	34.4%
	Meade	32%	27.1%	37.3%
	Lawrence	32%	26.8%	37.8%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016 or 2018.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of high blood pressure than females.
Age	The prevalence of high blood pressure increases as age increases. This includes significant increases as the 30s, 40s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	There seems to be no racial/ethnicity difference regarding high blood pressure.
Household Income	The prevalence of high blood pressure decreases as household income increases. This includes a significant decrease as the \$75,000+ income group is reached.
Education	The prevalence of high blood pressure decreases as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of high blood pressure, while those who are a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of high blood pressure, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of high blood pressure than those who rent their home.
Children Status	The prevalence of high blood pressure does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of high blood pressure than those who primarily use a cell phone.
Pregnancy Status	There seems to be no difference in high blood pressure regarding pregnancy status.
County	Those in Brookings county exhibit a significantly lower prevalence of high blood pressure than all other available counties.

The following table shows the percent of South Dakotans with high blood pressure who were taking medicine for it. In 2019, 77 percent of respondents were taking medicine for high blood pressure.

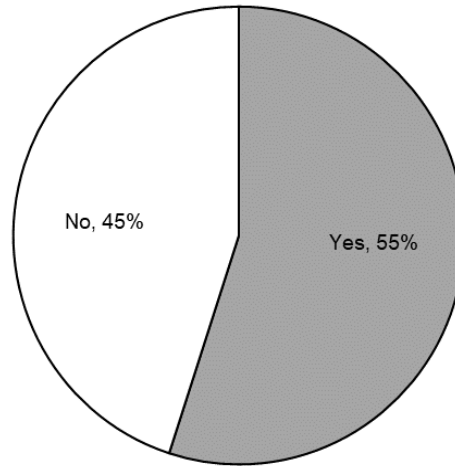
Table 28
Percentage of South Dakotans With High Blood Pressure
Who Were Taking Medicine for It, 2011-2019

Year	%
2019	77%
2017	79%
2015	79%
2013	81%
2011	78%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

In 2019, 55 percent of South Dakotans with high blood pressure were told by a doctor, nurse, or other health professional to check their own blood pressure outside of the doctor's office.

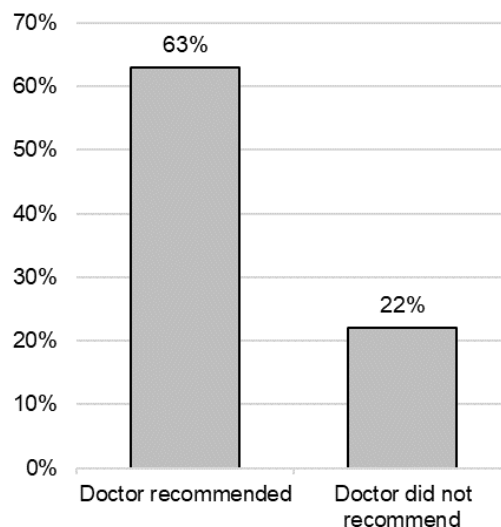
Figure 27
Percentage of Those With High Blood Pressure Who Have Been Told by a Doctor, Nurse, or Other Health Professional to Check Their Blood Pressure Outside of the Doctor's Office, 2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019

Of those with high blood pressure, 63 percent regularly check their blood pressure outside of the doctor's office because of the doctor's recommendation.

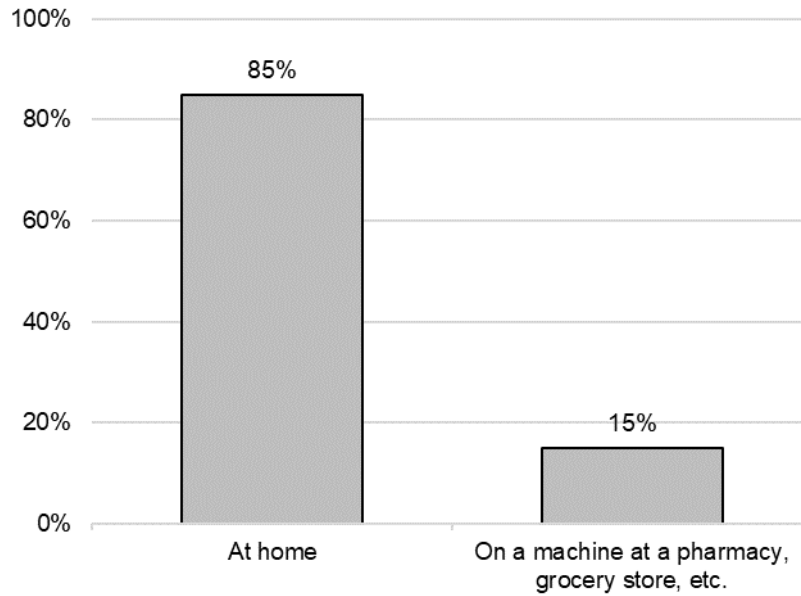
Figure 28
Percentage of Those With High Blood Pressure Who Regularly Check Their Blood Pressure Outside of the Doctor's Office by Doctor's Recommendation, 2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019

Of those with high blood pressure, 85 percent check their blood pressure at home compared to 15 percent of respondents who use another place such as a machine at the pharmacy or a grocery store.

Figure 29
Percentage of Those With High Blood Pressure Who Regularly Check Their Blood Pressure Outside of the Doctor's Office by Location, 2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019

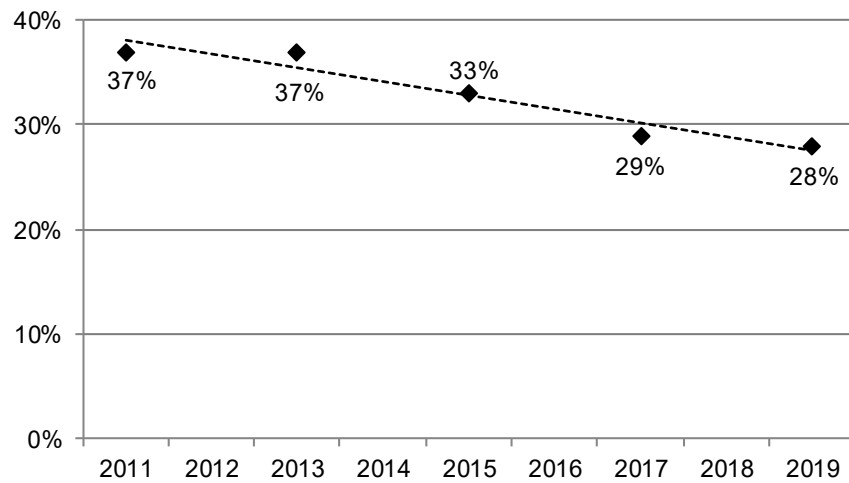
HIGH BLOOD CHOLESTEROL

Definition: South Dakotans who report they have had their blood cholesterol checked and were told it was high by a health professional.

Prevalence of High Blood Cholesterol

- South Dakota 28%
- Nationwide median 33%

Figure 30
Percentage of South Dakotans Who Were Told They Have High Blood Cholesterol, 2011-2019



Note: This question was not asked in 2012, 2014, 2016, or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 29
South Dakotans Who Were Told They Have High Blood Cholesterol, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	32%	30.0%	33.7%
	Female	29%	27.0%	30.1%
Age	18-29	4%	3.0%	6.4%
	30-39	13%	10.3%	15.3%
	40-49	25%	22.1%	28.8%
	50-59	37%	34.5%	40.0%
	60-69	44%	41.1%	46.3%
	70-79	50%	46.9%	53.2%
Race/Ethnicity	80+	45%	40.5%	49.8%
	White, Non-Hispanic	31%	30.1%	32.6%
	American Indian, Non-Hispanic	28%	23.1%	33.3%
	American Indian/White, Non-Hispanic	21%	13.8%	31.8%
Household Income	Hispanic	21%	13.1%	31.4%
	Less than \$35,000	32%	29.2%	34.1%
	\$35,000-\$74,999	32%	29.5%	34.0%
Education	\$75,000+	27%	24.6%	29.0%
	Less than High School, G.E.D.	33%	28.1%	39.1%
	High School, G.E.D.	31%	28.9%	33.5%
	Some Post-High School	30%	27.5%	31.7%
Employment Status	College Graduate	29%	26.9%	30.6%
	Employed for Wages	24%	22.4%	25.7%
	Self-employed	29%	25.2%	32.7%
	Unemployed	21%	15.6%	27.8%
	Homemaker	27%	21.8%	33.1%
	Student	4%	1.9%	6.5%
Marital Status	Retired	48%	46.1%	50.8%
	Unable to Work	43%	37.8%	49.3%
	Married/Unmarried Couple	32%	30.1%	33.2%
	Divorced/Separated	33%	29.4%	36.4%
Home Ownership Status	Widowed	46%	41.9%	49.5%
	Never Married	16%	13.5%	18.3%
Children Status	Own Home	33%	31.7%	34.5%
	Rent Home	21%	18.9%	23.9%
Phone Status	Children in Household (Ages 18-44)	11%	9.4%	13.5%
	No Children in Household (Ages 18-44)	10%	7.9%	12.4%
Pregnancy Status	Landline	39%	36.9%	40.9%
	Cell Phone	26%	24.5%	27.5%
County	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	10%	7.7%	11.8%
County	Minnehaha	28%	24.9%	30.8%
	Pennington	33%	29.9%	36.1%
	Lincoln	28%	22.4%	34.2%
	Brown	31%	28.0%	35.2%
	Brookings	19%	15.8%	22.1%
	Codington	29%	24.9%	32.8%
	Meade	26%	21.3%	30.5%
	Lawrence	37%	31.0%	42.9%

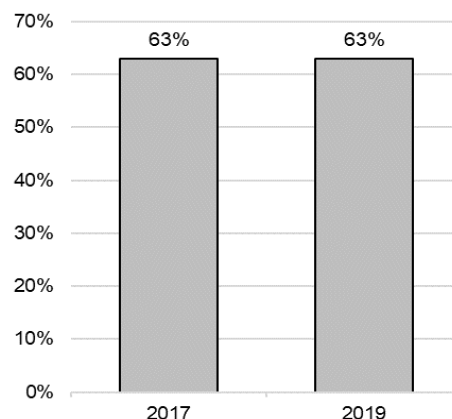
Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016 or 2018.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of high cholesterol does not seem to differ by gender.
Age	The prevalence of high cholesterol generally increases as age increases. This includes significant increases as the 30s, 40s, 50s, 60s and 70s are reached.
Race/Ethnicity	There seems to be no racial/ethnicity difference regarding high cholesterol.
Household Income	The prevalence of high cholesterol does not seem to change as household income changes.
Education	The prevalence of high cholesterol decreases as education levels increase.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of high cholesterol, while those who are a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of high cholesterol, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of high cholesterol than those who rent their home.
Children Status	The prevalence of high cholesterol does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of high cholesterol than those who primarily use a cell phone.
County	Those in Pennington, Lincoln, Brown, Codington, and Lawrence counties all exhibit a very high prevalence of high cholesterol, while those in Brookings and Meade counties show a very low prevalence.

Figure 31, below, shows the percent of South Dakotans with high cholesterol who take medication for it. In 2019, 63 percent of South Dakotans took medication for high cholesterol.

Figure 31
Percentage of South Dakotans With High Cholesterol Who Take Medicine for It, 2017-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Cardiovascular Disease

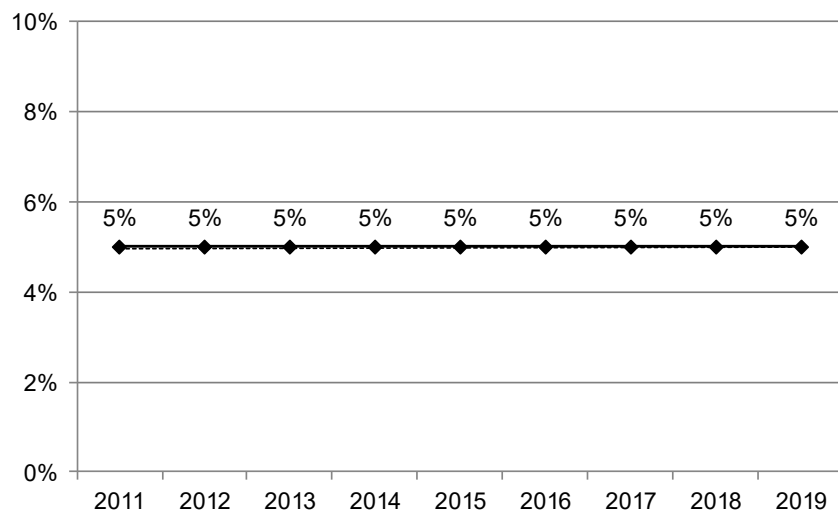
PREVIOUSLY HAD A HEART ATTACK

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

Prevalence of Previous Heart Attack

- South Dakota 5%
- Nationwide median 4%

Figure 32
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 30
South Dakotans Who Previously Had a Heart Attack, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.7%	7.0%
	Female	3%	2.9%	3.7%
Age	18-29	1%	0.5%	1.7%
	30-39	1%	0.6%	1.5%
	40-49	3%	2.0%	4.5%
	50-59	4%	3.7%	5.4%
	60-69	8%	6.8%	8.8%
	70-79	13%	11.5%	15.1%
	80+	15%	12.4%	16.9%
Race/ Ethnicity	White, Non-Hispanic	5%	4.4%	5.2%
	American Indian, Non-Hispanic	7%	5.5%	9.7%
	American Indian/White, Non-Hispanic	3%	1.5%	6.7%
	Hispanic	5%	2.2%	10.2%
Household Income	Less than \$35,000	7%	6.2%	7.9%
	\$35,000-\$74,999	4%	3.8%	5.0%
	\$75,000+	3%	2.3%	3.7%
Education	Less than High School, G.E.D.	7%	5.6%	9.1%
	High School, G.E.D.	6%	5.4%	7.0%
	Some Post-High School	4%	3.7%	4.8%
	College Graduate	3%	2.7%	3.6%
Employment Status	Employed for Wages	2%	2.0%	2.9%
	Self-employed	4%	2.7%	5.2%
	Unemployed	3%	2.1%	5.5%
	Homemaker	5%	2.8%	7.4%
	Student	0.5%	0.2%	1.5%
	Retired	12%	10.7%	13.1%
	Unable to Work	12%	9.9%	14.5%
Marital Status	Married/Unmarried Couple	5%	4.4%	5.5%
	Divorced/Separated	7%	5.5%	7.9%
	Widowed	11%	9.2%	12.7%
	Never Married	2%	1.3%	2.2%
Home Ownership Status	Own Home	5%	4.7%	5.6%
	Rent Home	4%	3.6%	5.0%
Children Status	Children in Household (Ages 18-44)	1%	0.7%	1.7%
	No Children in Household (Ages 18-44)	1%	0.6%	1.5%
Phone Status	Landline	7%	6.2%	7.6%
	Cell Phone	4%	3.5%	4.4%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.5%
	Not Pregnant (Ages 18-44)	1%	0.5%	1.5%
County	Minnehaha	4%	3.0%	4.6%
	Pennington	5%	3.9%	5.8%
	Lincoln	4%	2.0%	7.2%
	Brown	5%	3.9%	6.1%
	Brookings	4%	2.7%	5.3%
	Codington	6%	4.5%	7.1%
	Meade	4%	3.0%	6.3%
	Lawrence	4%	3.2%	6.0%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of a previous heart attack than females.
Age	The prevalence of a previous heart attack increases as age increases with significant increases as the 40s, 60s, and 70s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of a previous heart attack, while whites show a very low prevalence.
Household Income	The prevalence of a previous heart attack decreases as household income increases. This includes significant decreases as the \$35,000-\$74,999 and \$75,000+ household income levels are reached.
Education	The prevalence of a previous heart attack decreases as education increases. This includes significant decreases as the some post-high school and college graduate levels are reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of a previous heart attack, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of a previous heart attack while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of a previous heart attack does not seem to change based on home ownership status.
Children Status	The prevalence of a previous heart attack among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous heart attack than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous heart attack does not seem to change based on pregnancy status.
County	The prevalence of a previous heart attack does not seem to differ among the eight available counties.

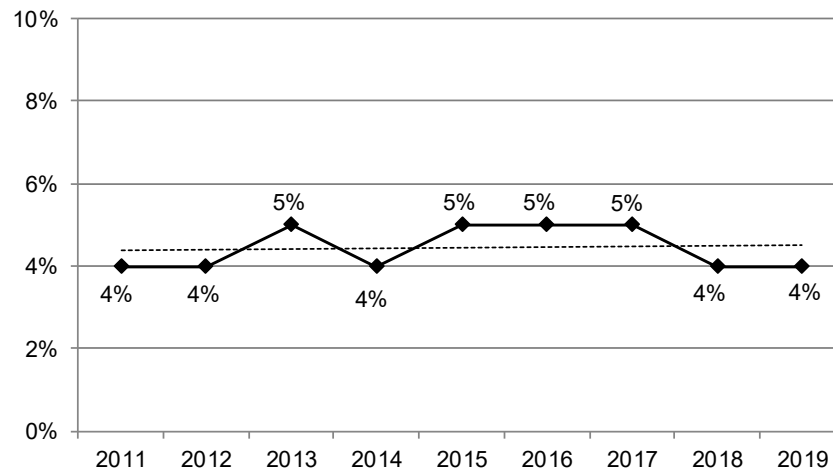
ANGINA OR CORONARY HEART DISEASE

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

Prevalence of Angina or Coronary Heart Disease

- South Dakota 4%
- Nationwide median 4%

Figure 33
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 31
South Dakotans Who Have Angina or Coronary Heart Disease, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.2%	6.4%
	Female	3%	3.1%	3.9%
Age	18-29	1%	0.6%	1.7%
	30-39	0.4%	0.2%	0.8%
	40-49	2%	1.0%	3.1%
	50-59	5%	3.7%	5.6%
	60-69	8%	6.8%	8.9%
	70-79	13%	11.3%	14.8%
	80+	16%	13.3%	18.6%
Race/ Ethnicity	White, Non-Hispanic	5%	4.3%	5.0%
	American Indian, Non-Hispanic	6%	4.0%	8.4%
	American Indian/White, Non-Hispanic	4%	2.1%	8.7%
	Hispanic	4%	2.3%	7.9%
Household Income	Less than \$35,000	7%	5.8%	7.4%
	\$35,000-\$74,999	4%	3.6%	4.8%
	\$75,000+	3%	2.3%	3.7%
Education	Less than High School, G.E.D.	5%	4.1%	7.0%
	High School, G.E.D.	6%	5.1%	6.8%
	Some Post-High School	4%	3.5%	4.6%
	College Graduate	4%	3.1%	4.2%
Employment Status	Employed for Wages	2%	1.8%	2.5%
	Self-employed	3%	2.1%	4.5%
	Unemployed	3%	1.3%	5.2%
	Homemaker	3%	1.9%	4.9%
	Student	0.2%	0.0%	0.9%
	Retired	13%	11.9%	14.5%
	Unable to Work	10%	8.0%	12.9%
Marital Status	Married/Unmarried Couple	5%	4.0%	5.0%
	Divorced/Separated	6%	5.1%	7.6%
	Widowed	12%	10.2%	14.3%
	Never Married	2%	1.4%	2.4%
Home Ownership Status	Own Home	5%	4.7%	5.7%
	Rent Home	4%	2.9%	4.3%
Children Status	Children in Household (Ages 18-44)	1%	0.4%	1.1%
	No Children in Household (Ages 18-44)	1%	0.4%	1.3%
Phone Status	Landline	7%	6.2%	7.6%
	Cell Phone	4%	3.3%	4.1%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.5%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.2%
County	Minnehaha	4%	3.1%	4.6%
	Pennington	5%	4.2%	6.0%
	Lincoln	3%	1.9%	4.6%
	Brown	5%	3.6%	5.7%
	Brookings	2%	1.6%	2.8%
	Codington	4%	3.3%	5.4%
	Meade	4%	2.6%	5.5%
	Lawrence	4%	3.3%	5.9%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

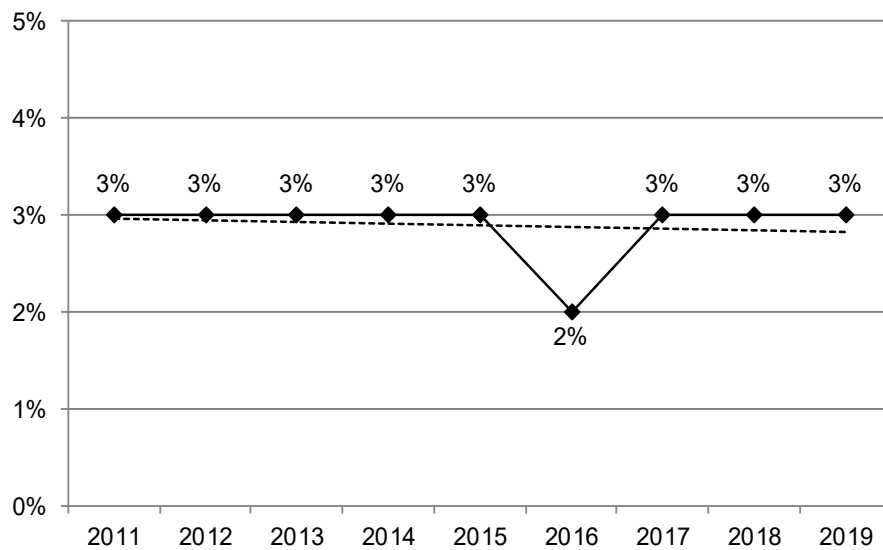
PREVIOUSLY HAD A STROKE

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

Prevalence of Previous Stroke

- South Dakota 3%
- Nationwide median 3%

Figure 34
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 32
South Dakotans Who Previously Had a Stroke, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.3%	3.1%
	Female	3%	2.2%	2.9%
Age	18-29	0.5%	0.2%	1.0%
	30-39	1%	0.4%	1.0%
	40-49	1%	0.7%	2.3%
	50-59	2%	1.9%	3.0%
	60-69	4%	3.3%	4.7%
	70-79	6%	5.1%	7.7%
	80+	11%	8.7%	12.9%
Race/ Ethnicity	White, Non-Hispanic	3%	2.3%	2.8%
	American Indian, Non-Hispanic	4%	3.0%	5.0%
	American Indian/White, Non-Hispanic	1%	0.5%	1.6%
	Hispanic	4%	1.6%	9.4%
Household Income	Less than \$35,000	4%	3.7%	5.0%
	\$35,000-\$74,999	2%	1.2%	1.9%
	\$75,000+	1%	0.9%	1.6%
Education	Less than High School, G.E.D.	5%	3.7%	7.1%
	High School, G.E.D.	3%	2.3%	3.2%
	Some Post-High School	2%	2.0%	2.8%
	College Graduate	2%	1.5%	2.1%
Employment Status	Employed for Wages	1%	0.7%	1.3%
	Self-employed	1%	0.7%	1.4%
	Unemployed	2%	1.0%	2.5%
	Homemaker	3%	2.1%	5.6%
	Student	0.4%	0.1%	1.3%
	Retired	7%	5.8%	7.6%
	Unable to Work	11%	8.7%	13.2%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.7%
	Divorced/Separated	4%	3.0%	4.7%
	Widowed	8%	6.8%	9.8%
	Never Married	1%	0.8%	1.3%
Home Ownership Status	Own Home	2%	2.2%	2.8%
	Rent Home	3%	2.5%	3.6%
Children Status	Children in Household (Ages 18-44)	1%	0.4%	1.1%
	No Children in Household (Ages 18-44)	0.5%	0.3%	0.8%
Phone Status	Landline	4%	3.6%	4.7%
	Cell Phone	2%	1.7%	2.3%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.4%
	Not Pregnant (Ages 18-44)	1%	0.3%	0.9%
County	Minnehaha	2%	1.2%	2.2%
	Pennington	3%	2.1%	3.3%
	Lincoln	3%	1.5%	6.5%
	Brown	4%	2.7%	4.8%
	Brookings	2%	1.6%	3.3%
	Codington	3%	2.3%	4.2%
	Meade	2%	1.8%	3.4%
	Lawrence	2%	1.6%	3.5%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of a previous stroke does not seem to differ by gender.
Age	The prevalence of a previous stroke increases as age increases with significant increases as the 60s, 70s, and 80s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of a previous stroke, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of a previous stroke decreases as household income increases. This includes a significant decrease as the \$35,000-\$74,999 household income level is reached.
Education	The prevalence of a previous stroke decreases as education increases. This includes a significant decrease as the high school graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of a previous stroke, while those who are employed for wages, self-employed, unemployed, or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of a previous stroke while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of a previous stroke does not seem to change based on home ownership status.
Children Status	The prevalence of a previous stroke among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous stroke than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous stroke does not seem to change based on pregnancy status.
County	Residents of Brown and Codington counties demonstrate a very high prevalence of a previous stroke, while residents of Minnehaha county show a very low prevalence.

Cancer

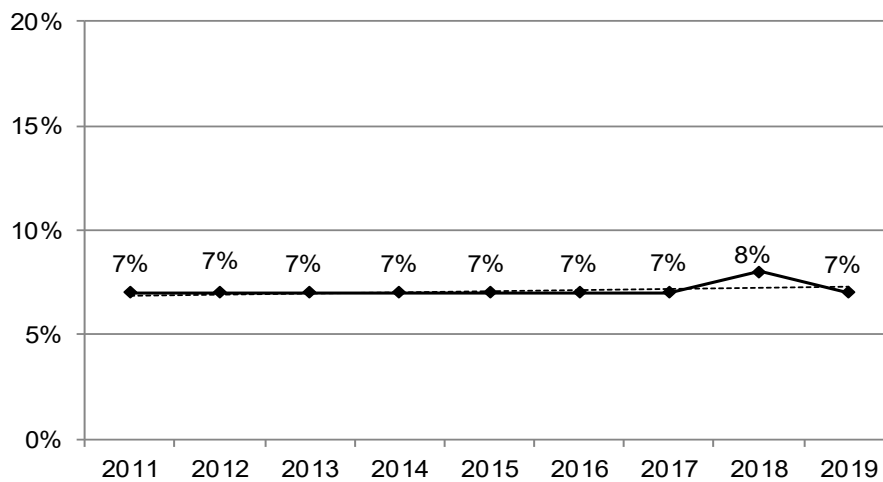
CANCER

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

Prevalence of Cancer

- South Dakota 7%
- Nationwide median 7%

Figure 35
Percentage of South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 33
South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.5%	6.7%
	Female	9%	8.0%	9.3%
Age	18-29	1%	0.4%	1.3%
	30-39	2%	1.5%	2.9%
	40-49	4%	2.7%	4.8%
	50-59	7%	6.1%	8.4%
	60-69	12%	11.1%	13.6%
	70-79	20%	18.6%	22.4%
	80+	22%	19.7%	25.5%
Race/Ethnicity	White, Non-Hispanic	8%	7.4%	8.4%
	American Indian, Non-Hispanic	4%	3.2%	6.0%
	American Indian/White, Non-Hispanic	4%	2.3%	8.0%
	Hispanic	4%	2.0%	8.3%
Household Income	Less than \$35,000	8%	7.5%	9.4%
	\$35,000-\$74,999	7%	6.7%	8.3%
	\$75,000+	6%	5.3%	6.9%

Table 33 (continued)
South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer),
2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Education	Less than High School, G.E.D.	7%	5.8%	9.6%
	High School, G.E.D.	8%	7.0%	8.7%
	Some Post-High School	7%	6.3%	7.8%
	College Graduate	7%	6.6%	8.1%
Employment Status	Employed for Wages	4%	3.8%	4.9%
	Self-employed	5%	4.0%	6.1%
	Unemployed	6%	3.6%	8.5%
	Homemaker	7%	5.4%	9.6%
	Student	0.2%	0.1%	0.6%
	Retired	18%	16.9%	19.6%
	Unable to Work	15%	11.9%	18.3%
Marital Status	Married/Unmarried Couple	8%	7.3%	8.5%
	Divorced/Separated	9%	7.3%	10.2%
	Widowed	17%	15.4%	19.5%
	Never Married	3%	1.9%	3.3%
Home Ownership Status	Own Home	9%	8.1%	9.3%
	Rent Home	4%	3.8%	5.2%
Children Status	Children in Household (Ages 18-44)	2%	1.6%	2.8%
	No Children in Household (Ages 18-44)	1%	0.8%	1.8%
Phone Status	Landline	12%	10.9%	12.9%
	Cell Phone	6%	5.0%	6.0%
Pregnancy Status	Pregnant (Ages 18-44)	0.4%	0.1%	1.8%
	Not Pregnant (Ages 18-44)	3%	2.1%	3.6%
County	Minnehaha	6%	5.5%	7.5%
	Pennington	8%	7.0%	9.1%
	Lincoln	8%	5.8%	10.8%
	Brown	7%	6.1%	8.7%
	Brookings	5%	3.9%	5.9%
	Codington	7%	5.7%	8.9%
	Meade	6%	4.5%	6.9%
	Lawrence	7%	5.2%	8.2%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

- Age** The prevalence of cancer increases as age increases. This includes significant increases as the 30s, 50s, 60s, and 70s are reached.

- Race/
Ethnicity** Whites demonstrate a significantly higher prevalence of cancer than American Indians.

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

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

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

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

Home Ownership	Those who own their home demonstrate a significantly higher prevalence of cancer than those who rent their home.
Children Status	The prevalence of cancer among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of cancer than those who primarily use a cell phone.
Pregnancy Status	The prevalence of cancer among females who are not pregnant is significantly higher than those who are pregnant.
County	Pennington and Brown counties exhibit a very high prevalence of cancer, while Brookings county shows a very low prevalence.

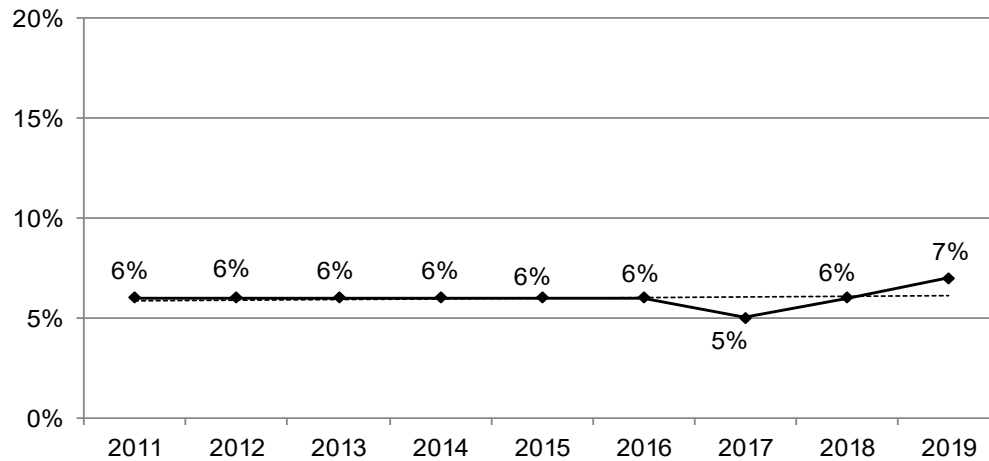
SKIN CANCER

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

Prevalence of Skin Cancer

- South Dakota 7%
- Nationwide median 7%

Figure 36
Percentage of South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 34
South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.4%	6.5%
	Female	6%	5.9%	7.0%
Age	18-29	1%	0.3%	1.2%
	30-39	1%	0.8%	1.8%
	40-49	3%	2.2%	3.8%
	50-59	6%	5.0%	6.9%
	60-69	10%	8.9%	11.1%
	70-79	18%	16.0%	19.5%
	80+	21%	19.0%	24.1%
Race/Ethnicity	White, Non-Hispanic	7%	6.6%	7.5%
	American Indian, Non-Hispanic	1%	0.5%	1.1%
	American Indian/White, Non-Hispanic	1%	0.6%	2.6%
	Hispanic	2%	0.9%	6.1%
Household Income	Less than \$35,000	6%	5.0%	6.3%
	\$35,000-\$74,999	6%	5.3%	6.7%
	\$75,000+	6%	5.6%	7.2%
Education	Less than High School, G.E.D.	5%	4.1%	7.1%
	High School, G.E.D.	6%	5.4%	6.7%
	Some Post-High School	6%	5.3%	6.6%
	College Graduate	7%	6.4%	7.7%

Table 34 (continued)
South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Employment Status	Employed for Wages	4%	3.2%	4.2%
	Self-employed	6%	5.0%	7.1%
	Unemployed	2%	1.3%	4.4%
	Homemaker	6%	4.4%	7.7%
	Student	0.1%	0.0%	0.4%
	Retired	16%	14.7%	17.1%
	Unable to Work	6%	4.3%	7.8%
Marital Status	Married/Unmarried Couple	7%	6.5%	7.6%
	Divorced/Separated	6%	4.8%	6.9%
	Widowed	16%	13.8%	17.7%
	Never Married	1%	1.0%	1.8%
Home Ownership Status	Own Home	8%	7.3%	8.3%
	Rent Home	2%	2.1%	3.0%
Children Status	Children in Household (Ages 18-44)	1%	0.9%	1.9%
	No Children in Household (Ages 18-44)	1%	0.5%	1.4%
Phone Status	Landline	10%	9.1%	10.6%
	Cell Phone	5%	4.2%	5.1%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.1%	1.8%
	Not Pregnant (Ages 18-44)	2%	1.1%	2.3%
County	Minnehaha	5%	4.3%	6.0%
	Pennington	9%	8.4%	10.7%
	Lincoln	6%	4.6%	8.7%
	Brown	6%	5.3%	7.7%
	Brookings	4%	2.9%	4.5%
	Codington	5%	4.1%	6.6%
	Meade	7%	6.0%	9.3%
	Lawrence	9%	7.6%	11.2%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

- Gender** The prevalence of skin cancer does not seem to differ by gender.
- Age** The prevalence of skin cancer increases as age increases. This includes significant increases as the 40s, 50s, 60s, and 70s are reached.
- Race/
Ethnicity** Whites demonstrate a significantly higher prevalence of skin cancer than all other races/ethnicities.
- Household
Income** The prevalence of skin cancer does not seem to change as household income changes.
- Education** The prevalence of skin cancer increases as education levels increase.
- Employment** Those who are retired demonstrate a very high prevalence of skin cancer, while those who are a student show a very low prevalence.
- Marital
Status** Those who are widowed exhibit a very high prevalence of skin cancer, while those who have never been married show a very low prevalence.
- Home
Ownership** Those who own their home demonstrate a significantly higher prevalence of skin cancer than those who rent their home.
- Children
Status** The prevalence of adult skin cancer does not seem to change based on the presence of children in the household.

- Phone Status** Those who primarily use a landline phone exhibit a significantly higher prevalence of skin cancer than those who primarily use a cell phone.
- Pregnancy Status** The prevalence of skin cancer does not seem to differ by pregnancy status.
- County** Residents of Pennington, Lincoln, Meade, and Lawrence counties exhibit a very high prevalence of skin cancer, while residents of Minnehaha, Brookings, and Codington counties show a very low prevalence.

Immunization

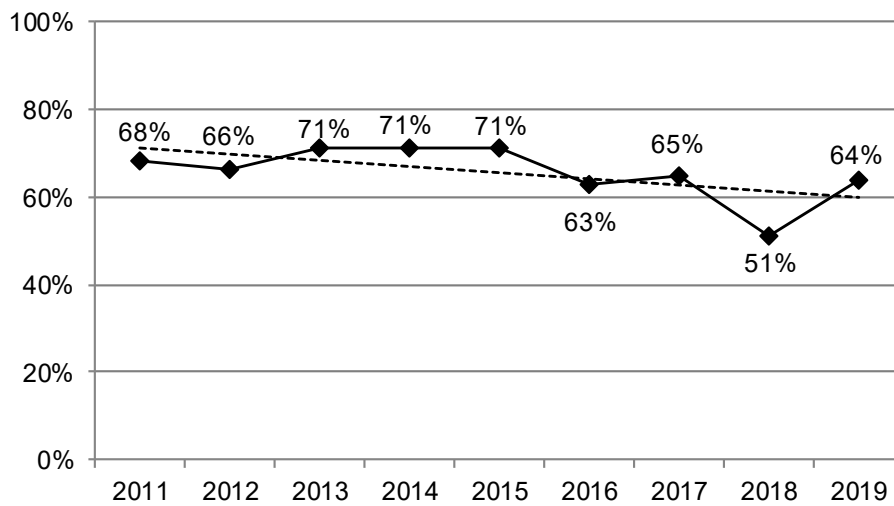
FLU SHOT

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

Prevalence of Flu Shot

- South Dakota 64%
- Nationwide median 64%

Figure 37
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 35
South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months,
2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	62%	59.4%	64.5%
	Female	63%	61.2%	65.3%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	57%	53.8%	59.4%
	70-79	64%	61.8%	66.7%
	80+	68%	64.3%	70.9%
Race Ethnicity	White, Non-Hispanic	63%	61.1%	64.5%
	American Indian, Non-Hispanic	52%	42.9%	60.2%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than \$35,000	58%	55.3%	61.2%
	\$35,000-\$74,999	66%	62.8%	68.7%
	\$75,000+	65%	61.3%	69.0%
Education	Less than High School, G.E.D.	56%	49.0%	62.2%
	High School, G.E.D.	62%	58.8%	64.3%
	Some Post-High School	63%	60.7%	66.2%
	College Graduate	67%	64.7%	69.8%
Employment Status	Employed for Wages	58%	53.5%	63.0%
	Self-employed	47%	41.3%	52.2%
	Unemployed	58%	39.6%	74.2%
	Homemaker	65%	57.1%	72.1%
	Student	*	*	*
	Retired	66%	63.7%	67.5%
	Unable to Work	56%	46.6%	65.5%
Marital Status	Married/Unmarried Couple	63%	61.3%	65.6%
	Divorced/Separated	55%	49.9%	59.6%
	Widowed	64%	60.8%	67.2%
	Never Married	65%	57.8%	71.6%
Home Ownership Status	Own Home	63%	61.3%	64.8%
	Rent Home	61%	56.9%	65.5%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	65%	62.7%	66.8%
	Cell Phone	60%	57.4%	62.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	67%	62.6%	70.6%
	Pennington	62%	58.0%	65.1%
	Lincoln	69%	61.4%	76.3%
	Brown	64%	59.3%	68.1%
	Brookings	68%	63.8%	72.5%
	Codington	69%	64.5%	72.8%
	Meade	58%	51.9%	64.7%
	Lawrence	64%	58.4%	70.0%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

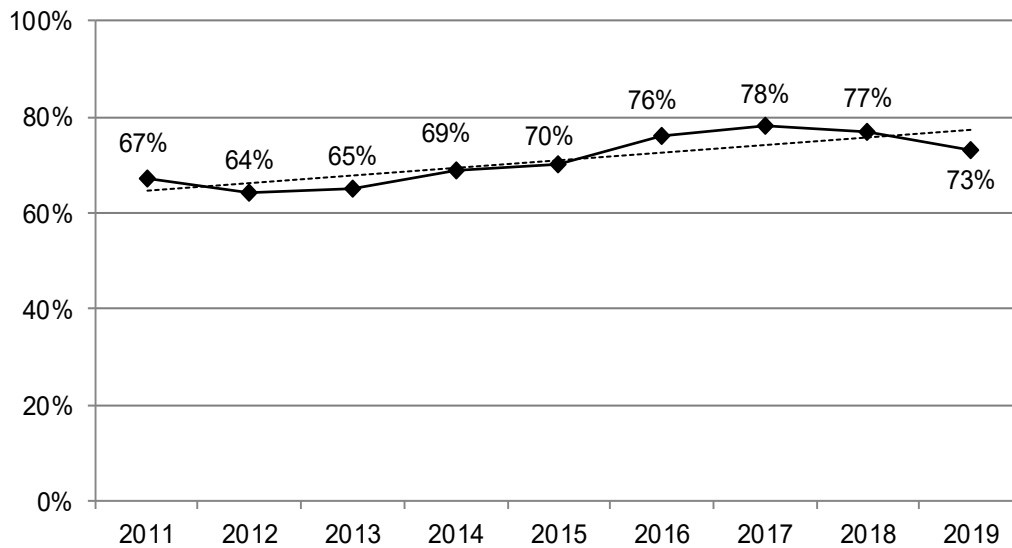
PNEUMONIA SHOT

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

Prevalence of Pneumonia Shot

- South Dakota 73%
- Nationwide median 73%

Figure 38
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 36
South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	73%	70.1%	74.9%
	Female	77%	74.9%	78.6%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	66%	63.0%	68.5%
	70-79	79%	77.1%	81.3%
	80+	79%	75.6%	81.7%
Race/Ethnicity	White, Non-Hispanic	75%	73.4%	76.4%
	American Indian, Non-Hispanic	73%	64.4%	80.0%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than \$35,000	73%	70.6%	76.1%
	\$35,000-\$74,999	78%	74.9%	80.1%
	\$75,000+	75%	71.5%	78.3%
Education	Less than High School, G.E.D.	74%	67.5%	79.3%
	High School, G.E.D.	74%	71.7%	76.7%
	Some Post-High School	74%	70.8%	76.1%
	College Graduate	79%	76.3%	80.7%
Employment Status	Employed for Wages	66%	61.5%	70.7%
	Self-employed	61%	55.2%	65.8%
	Unemployed	61%	42.0%	77.4%
	Homemaker	75%	67.4%	82.1%
	Student	*	*	*
	Retired	78%	76.3%	79.7%
Marital Status	Unable to Work	79%	70.7%	85.7%
	Married/Unmarried Couple	75%	73.2%	77.1%
	Divorced/Separated	67%	62.4%	71.8%
	Widowed	78%	74.9%	80.4%
Home Ownership Status	Never Married	75%	67.5%	81.0%
	Own Home	75%	73.5%	76.7%
Children Status	Rent Home	73%	68.9%	77.1%
	Children in Household (Ages 18-44)	-	-	-
Phone Status	No Children in Household (Ages 18-44)	-	-	-
	Landline	76%	74.2%	78.0%
Pregnancy Status	Cell Phone	73%	70.8%	75.5%
	Pregnant (Ages 18-44)	-	-	-
County	Not Pregnant (Ages 18-44)	-	-	-
	Minnehaha	76%	71.6%	79.3%
	Pennington	78%	74.6%	80.9%
	Lincoln	76%	67.4%	82.3%
	Brown	75%	71.3%	79.3%
	Brookings	79%	74.4%	82.1%
	Codington	80%	76.4%	84.0%
	Meade	69%	62.1%	74.4%
Lawrence	73%	67.1%	78.1%	

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

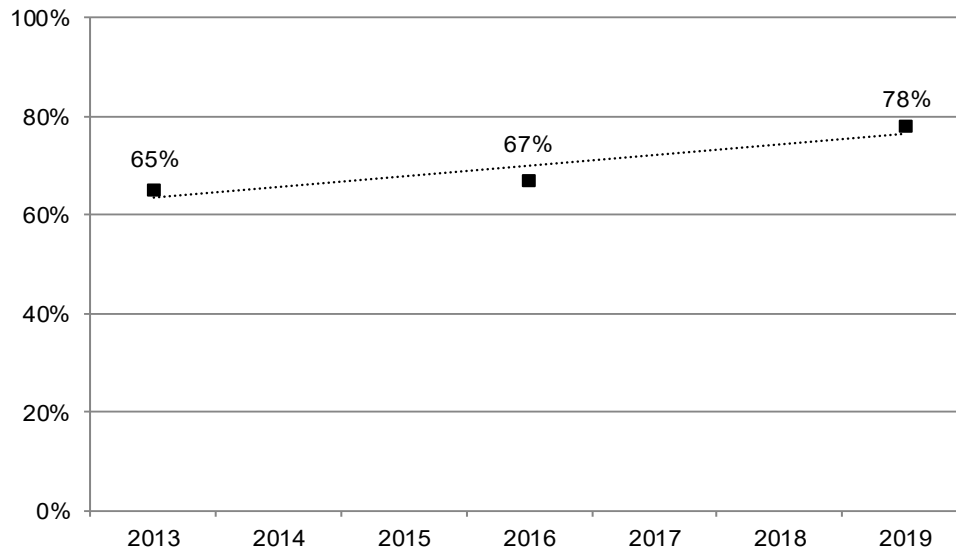
TETANUS SHOT

Definition: South Dakotans who have had a tetanus shot in the past ten years.

Prevalence of Tetanus Shot

- South Dakota 78%
- Nationwide median 73%

Figure 39
Percentage of South Dakotans Who Have Had a Tetanus Shot In the Past Ten Years, 2013-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2019

Table 37
South Dakotans Who Have Had a Tetanus Shot In the Past Ten Years, 2016-2019

		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	74%	71.4%	76.2%
	Female	72%	69.5%	73.8%
Age	18-29	79%	74.5%	83.2%
	30-39	77%	72.1%	80.6%
	40-49	77%	73.0%	80.7%
	50-59	74%	70.6%	77.3%
	60-69	69%	66.1%	72.6%
	70-79	61%	56.2%	65.6%
	80+	51%	44.5%	57.2%
Race/Ethnicity	White, Non-Hispanic	73%	71.4%	74.7%
	American Indian, Non-Hispanic	73%	66.6%	78.3%
	American Indian/White, Non-Hispanic	75%	55.4%	88.4%
	Hispanic	75%	60.2%	85.9%
Household Income	Less than \$35,000	70%	67.0%	73.5%
	\$35,000-\$74,999	73%	70.0%	75.9%
	\$75,000+	77%	73.8%	79.8%
Education	Less than High School, G.E.D.	63%	55.3%	70.4%
	High School, G.E.D.	71%	67.9%	73.8%
	Some Post-High School	74%	71.3%	76.7%
	College Graduate	77%	74.4%	79.0%
Employment Status	Employed for Wages	76%	73.2%	77.7%
	Self-employed	75%	69.2%	79.3%
	Unemployed	72%	60.4%	81.5%
	Homemaker	71%	62.8%	77.6%
	Student	83%	74.7%	89.5%
	Retired	62%	59.1%	65.7%
	Unable to Work	70%	63.0%	76.0%
Marital Status	Married/Unmarried Couple	75%	72.6%	76.6%
	Divorced/Separated	73%	68.6%	77.2%
	Widowed	49%	43.8%	54.6%
	Never Married	75%	71.1%	78.6%
Home Ownership Status	Own Home	73%	70.7%	74.3%
	Rent Home	74%	69.7%	77.0%
Children Status	Children in Household (Ages 18-44)	78%	74.5%	81.5%
	No Children in Household (Ages 18-44)	78%	73.8%	82.4%
Phone Status	Landline	67%	64.4%	70.3%
	Cell Phone	75%	72.7%	76.5%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	80%	76.4%	83.7%
County	Minnehaha	73%	68.6%	76.8%
	Pennington	71%	67.5%	75.0%
	Lincoln	81%	71.2%	88.3%
	Brown	77%	71.6%	81.8%
	Brookings	84%	78.2%	87.9%
	Codington	79%	73.1%	84.6%
	Meade	75%	64.4%	83.4%
	Lawrence	57%	51.1%	62.7%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Demographics

Gender	The prevalence of getting a tetanus shot does not seem to differ by gender.
Age	The prevalence of getting a tetanus shot decreases as age increases. This includes a significant decrease as the 70s are reached.
Race/ Ethnicity	The prevalence of getting a tetanus shot does not seem to differ by race/ethnicity.
Household Income	The prevalence of getting a tetanus shot increases as household income increases.
Education	The prevalence of getting a tetanus shot increases as education level increases.
Employment	Those who are employed for wages, self-employed, or a student demonstrate a very high prevalence of getting a tetanus shot, while those who are retired show a very low prevalence.
Marital Status	Those who are widowed exhibit a significantly lower prevalence of getting a tetanus shot than all other types of marital status.
Home Ownership	The prevalence of getting a tetanus shot does not seem to differ by home ownership status.
Children Status	The prevalence of adults getting a tetanus shot does not seem to differ by the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of getting a tetanus shot than those who primarily use a landline phone.
County	Residents of Lincoln, Brown, Brookings, Codington, and Meade counties exhibit a very high prevalence of getting a tetanus shot, while residents of Lawrence county show a very low prevalence.

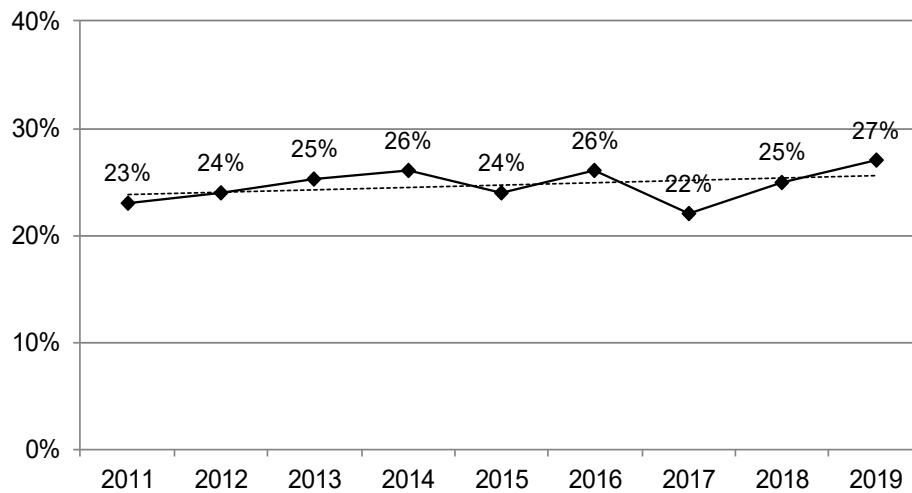
Arthritis

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

Prevalence of Arthritis

- South Dakota 27%
- Nationwide median 26%

Figure 40
Percentage of South Dakotans Who Were Told They Have Arthritis, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 38
South Dakotans Who Were Told They Have Arthritis, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	22%	20.7%	23.0%
	Female	28%	26.7%	29.0%
Age	18-29	5%	3.8%	6.4%
	30-39	10%	8.3%	11.5%
	40-49	18%	15.6%	19.9%
	50-59	30%	27.6%	31.5%
	60-69	42%	40.0%	43.9%
	70-79	51%	48.9%	53.8%
	80+	56%	52.9%	59.7%
Race/Ethnicity	White, Non-Hispanic	26%	24.8%	26.5%
	American Indian, Non-Hispanic	26%	23.0%	29.8%
	American Indian/White, Non-Hispanic	19%	13.8%	25.6%
	Hispanic	18%	12.9%	25.8%
Household Income	Less than \$35,000	31%	29.4%	32.8%
	\$35,000-\$74,999	25%	23.2%	26.1%
	\$75,000+	18%	16.3%	19.1%
Education	Less than High School, G.E.D.	32%	28.0%	35.4%
	High School, G.E.D.	27%	25.1%	28.0%
	Some Post-High School	25%	23.8%	26.5%
	College Graduate	20%	18.6%	20.9%
Employment Status	Employed for Wages	16%	14.7%	16.7%
	Self-employed	22%	19.7%	24.3%
	Unemployed	23%	18.7%	28.5%
	Homemaker	26%	22.2%	30.7%
	Student	4%	2.3%	6.0%
	Retired	50%	48.6%	52.2%
	Unable to Work	57%	52.8%	61.2%
Marital Status	Married/Unmarried Couple	26%	24.5%	26.6%
	Divorced/Separated	32%	29.6%	34.5%
	Widowed	52%	49.5%	55.3%
	Never Married	11%	9.6%	12.6%
Home Ownership Status	Own Home	28%	26.7%	28.6%
	Rent Home	19%	17.4%	20.6%
Children Status	Children in Household (Ages 18-44)	10%	8.3%	10.9%
	No Children in Household (Ages 18-44)	7%	5.6%	8.6%
Phone Status	Landline	35%	33.6%	36.5%
	Cell Phone	21%	19.7%	21.6%
Pregnancy Status	Pregnant (Ages 18-44)	5%	2.4%	12.2%
	Not Pregnant (Ages 18-44)	11%	9.0%	12.3%
County	Minnehaha	21%	19.5%	23.3%
	Pennington	28%	26.2%	30.3%
	Lincoln	25%	20.3%	29.4%
	Brown	26%	23.5%	28.6%
	Brookings	16%	13.7%	18.0%
	Codington	27%	23.8%	29.6%
	Meade	27%	23.1%	31.0%
	Lawrence	29%	25.7%	32.7%

Note: *Results based on small sample sizes have been suppressed.

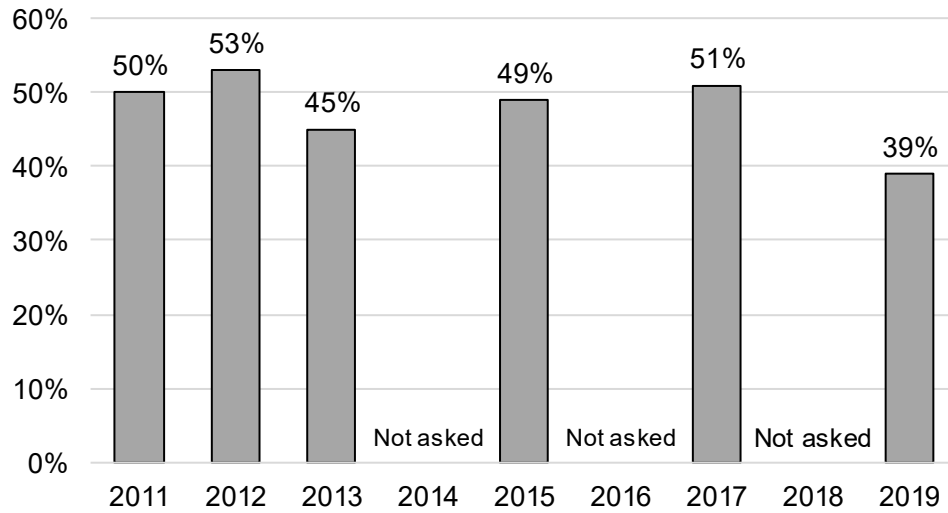
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of arthritis than males.
Age	The prevalence of arthritis increases as age increases. This includes significant increases as the 30s, 40s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	The prevalence of arthritis does not seem to differ by race/ethnicity.
Household Income	The prevalence of arthritis decreases as household income increases. This includes significant decreases as the \$35,000-\$74,999 and \$75,000+ household income groups are reached.
Education	The prevalence of arthritis decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of arthritis, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of arthritis, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of arthritis than those who rent their home.
Children Status	The prevalence of arthritis does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of arthritis than those who primarily use a cell phone.
Pregnancy Status	The prevalence of arthritis does not seem to differ based on pregnancy status.
County	Pennington, Lincoln, Brown, Codrington, Meade, and Lawrence counties exhibit a very high prevalence of arthritis, while Brookings county shows a very low prevalence.

Figure 41, below, displays the percentage of South Dakotans with arthritis who are limited in their usual activities because of arthritis or joint symptoms. In 2019, only 39 percent of respondents were limited because of arthritis or joint symptoms.

Figure 41
Percentage of Those With Arthritis Who Are Limited in Their Usual Activities, 2011-2019



Note: This question was not asked in 2014, 2016, or 2018.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

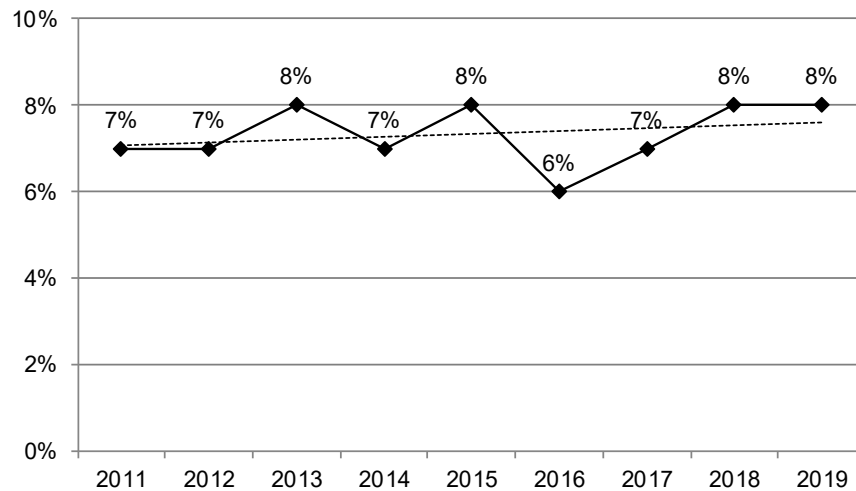
Asthma

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

Prevalence of Asthma

- South Dakota 8%
- Nationwide median 10%

Figure 42
Percentage of South Dakotans Who Were Told They Have Asthma, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 39
South Dakotans Who Were Told They Have Asthma, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.4%	6.8%
	Female	9%	8.4%	10.1%
Age	18-29	9%	7.3%	10.6%
	30-39	7%	5.9%	8.7%
	40-49	7%	5.5%	8.1%
	50-59	9%	7.5%	9.9%
	60-69	6%	5.6%	7.5%
	70-79	8%	6.8%	9.3%
	80+	7%	5.2%	9.4%
Race/Ethnicity	White, Non-Hispanic	8%	7.0%	8.1%
	American Indian, Non-Hispanic	10%	8.6%	12.2%
	American Indian/White, Non-Hispanic	9%	5.4%	14.3%
	Hispanic	8%	4.6%	14.3%
Household Income	Less than \$35,000	10%	8.6%	11.1%
	\$35,000-\$74,999	6%	5.5%	7.3%
	\$75,000+	6%	5.3%	7.1%
Education	Less than High School, G.E.D.	12%	9.7%	15.4%
	High School, G.E.D.	7%	6.6%	8.5%
	Some Post-High School	7%	6.5%	8.3%
	College Graduate	6%	5.7%	7.2%
Employment Status	Employed for Wages	7%	6.2%	7.7%
	Self-employed	5%	4.2%	7.1%
	Unemployed	12%	7.9%	17.1%
	Homemaker	9%	6.0%	12.6%
	Student	8%	5.5%	11.7%
	Retired	7%	6.5%	8.5%
	Unable to Work	18%	15.1%	21.5%
Marital Status	Married/Unmarried Couple	7%	6.4%	7.7%
	Divorced/Separated	9%	7.7%	10.7%
	Widowed	8%	7.1%	10.1%
	Never Married	8%	6.9%	10.0%
Home Ownership Status	Own Home	7%	6.0%	7.1%
	Rent Home	11%	9.2%	12.2%
Children Status	Children in Household (Ages 18-44)	8%	6.8%	9.3%
	No Children in Household (Ages 18-44)	8%	6.5%	9.7%
Phone Status	Landline	8%	6.8%	8.5%
	Cell Phone	8%	7.0%	8.4%
Pregnancy Status	Pregnant (Ages 18-44)	14%	6.7%	27.9%
	Not Pregnant (Ages 18-44)	9%	8.0%	11.2%
County	Minnehaha	7%	6.2%	9.0%
	Pennington	8%	6.4%	9.0%
	Lincoln	9%	6.5%	12.8%
	Brown	7%	5.7%	9.3%
	Brookings	7%	5.2%	9.4%
	Codington	7%	5.3%	8.7%
	Meade	9%	5.5%	13.5%
	Lawrence	10%	7.6%	13.8%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

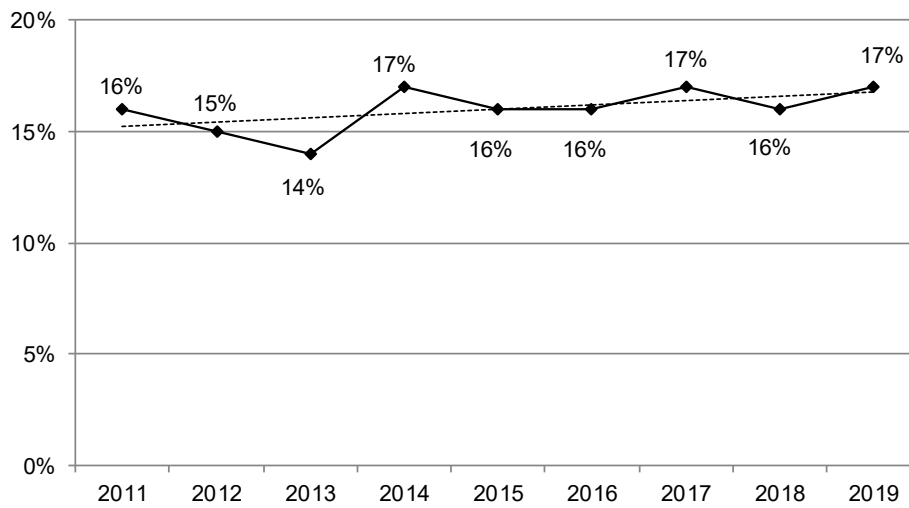
Depression

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

Prevalence of Depression

- South Dakota 17%
- Nationwide median 20%

Figure 43
Percentage of South Dakotans Who Were Told They Have Depression, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 40
South Dakotans Who Were Told They Have Depression, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	12%	11.2%	13.1%
	Female	21%	19.8%	22.2%
Age	18-29	18%	16.4%	20.7%
	30-39	19%	16.9%	21.2%
	40-49	18%	15.7%	19.7%
	50-59	18%	16.2%	19.6%
	60-69	15%	14.0%	16.7%
	70-79	11%	9.7%	12.8%
	80+	8%	6.5%	9.7%
Race/ Ethnicity	White, Non-Hispanic	16%	15.5%	17.1%
	American Indian, Non-Hispanic	22%	18.7%	25.4%
	American Indian/White, Non-Hispanic	25%	17.2%	34.1%
	Hispanic	13%	9.1%	18.0%
Household Income	Less than \$35,000	24%	22.4%	25.8%
	\$35,000-\$74,999	15%	13.9%	16.5%
	\$75,000+	11%	9.6%	11.9%
Education	Less than High School, G.E.D.	19%	16.0%	22.2%
	High School, G.E.D.	16%	14.7%	17.5%
	Some Post-High School	18%	16.5%	19.2%
	College Graduate	15%	13.5%	15.8%
Employment Status	Employed for Wages	16%	14.8%	16.9%
	Self-employed	10%	8.4%	12.0%
	Unemployed	29%	23.7%	34.3%
	Homemaker	19%	15.1%	23.5%
	Student	16%	11.9%	20.1%
	Retired	12%	11.1%	13.5%
	Unable to Work	51%	47.0%	55.4%
Marital Status	Married/Unmarried Couple	14%	12.8%	14.6%
	Divorced/Separated	27%	24.3%	29.2%
	Widowed	16%	13.9%	18.1%
	Never Married	19%	17.2%	21.1%
Home Ownership Status	Own Home	14%	13.2%	14.8%
	Rent Home	23%	21.5%	25.3%
Children Status	Children in Household (Ages 18-44)	18%	15.9%	19.3%
	No Children in Household (Ages 18-44)	20%	18.0%	22.5%
Phone Status	Landline	14%	13.1%	15.3%
	Cell Phone	18%	16.6%	18.5%
Pregnancy Status	Pregnant (Ages 18-44)	24%	15.1%	35.6%
	Not Pregnant (Ages 18-44)	24%	22.3%	26.7%
County	Minnehaha	18%	16.4%	20.5%
	Pennington	20%	18.2%	22.3%
	Lincoln	16%	12.5%	20.2%
	Brown	18%	15.3%	20.6%
	Brookings	15%	12.4%	19.0%
	Codington	16%	13.9%	19.5%
	Meade	19%	15.2%	24.3%
	Lawrence	18%	15.4%	22.0%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

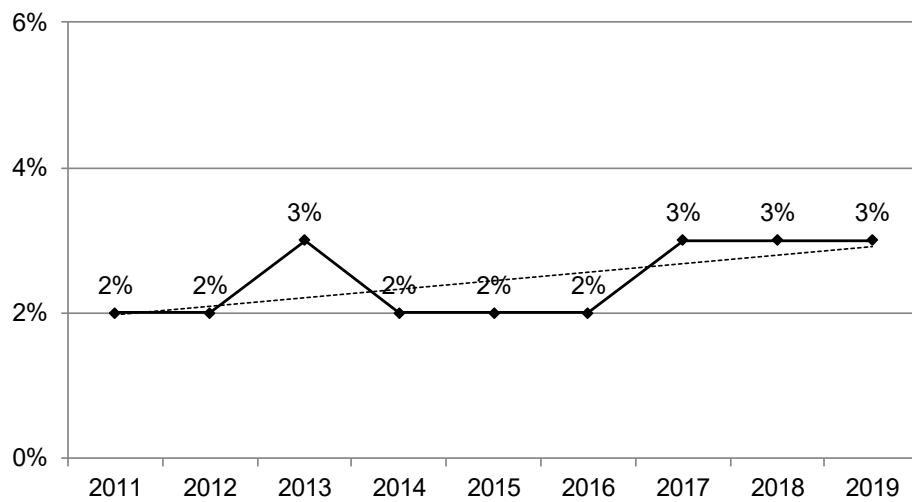
Kidney Disease

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

Prevalence of Kidney Disease

- South Dakota 3%
- Nationwide median 3%

Figure 44
Percentage of South Dakotans Who Have Been Told They Have Kidney Disease, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

**Table 41
South Dakotans Who Have Been Told They Have Kidney Disease, 2015-2019**

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.2%	3.0%
	Female	3%	2.3%	3.1%
Age	18-29	1%	0.7%	2.1%
	30-39	1%	0.5%	1.5%
	40-49	2%	1.5%	3.3%
	50-59	2%	1.9%	3.1%
	60-69	4%	3.1%	4.6%
	70-79	6%	4.6%	6.8%
	80+	6%	4.6%	8.3%
Race/ Ethnicity	White, Non-Hispanic	3%	2.3%	2.9%
	American Indian, Non-Hispanic	3%	2.3%	3.6%
	American Indian/White, Non-Hispanic	1%	0.2%	2.0%
	Hispanic	3%	1.2%	6.2%
Household Income	Less than \$35,000	4%	3.4%	4.8%
	\$35,000-\$74,999	2%	1.8%	2.7%
	\$75,000+	2%	1.4%	2.5%
Education	Less than High School, G.E.D.	4%	2.8%	6.0%
	High School, G.E.D.	3%	2.1%	3.1%
	Some Post-High School	2%	2.1%	3.0%
	College Graduate	2%	1.9%	2.7%
Employment Status	Employed for Wages	2%	1.3%	2.1%
	Self-employed	1%	1.0%	2.2%
	Unemployed	2%	0.7%	3.6%
	Homemaker	2%	1.1%	3.2%
	Student	1%	0.2%	2.9%
	Retired	6%	4.9%	6.6%
	Unable to Work	8%	6.1%	9.9%
Marital Status	Married/Unmarried Couple	3%	2.2%	3.0%
	Divorced/Separated	4%	2.8%	4.8%
	Widowed	5%	4.0%	6.2%
	Never Married	1%	1.0%	2.1%
Home Ownership Status	Own Home	3%	2.4%	3.1%
	Rent Home	3%	2.1%	3.2%
Children Status	Children in Household (Ages 18-44)	1%	0.9%	2.2%
	No Children in Household (Ages 18-44)	1%	0.6%	1.7%
Phone Status	Landline	4%	3.4%	4.7%
	Cell Phone	2%	1.7%	2.4%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.2%	17.7%
	Not Pregnant (Ages 18-44)	1%	0.7%	1.8%
County	Minnehaha	2%	1.5%	2.6%
	Pennington	3%	2.0%	3.4%
	Lincoln	2%	1.2%	3.5%
	Brown	3%	2.3%	4.2%
	Brookings	1%	1.1%	2.0%
	Codington	3%	2.0%	4.6%
	Meade	2%	1.4%	4.5%
	Lawrence	2%	1.3%	3.0%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of kidney disease does not seem to differ based on gender.
Age	The prevalence of kidney disease increases as age increases.
Race/ Ethnicity	Whites and American Indians demonstrate a very high prevalence of kidney disease, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of kidney disease does not seem to change as household income changes.
Education	The prevalence of kidney disease decreases as education levels increase.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of kidney disease, while those who are employed for wages, self-employed, unemployed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of kidney disease, while those who have never been married show a very low prevalence.
Home Ownership	There seems to be no difference in the prevalence of kidney disease regarding home ownership.
Children Status	The prevalence of kidney disease among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of kidney disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of kidney disease does not seem to change based on pregnancy status.
County	Those in Brown county demonstrate a very high prevalence of kidney disease, while those in Brookings county show a very low prevalence.

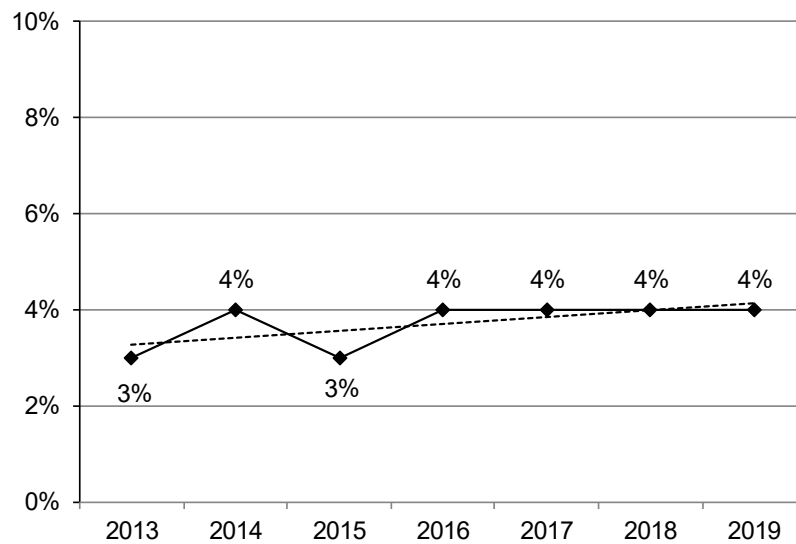
Vision Impairment

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

Prevalence of Vision Impairment

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

Figure 45
Percentage of South Dakotans Who Have a Vision Impairment, 2013-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2019

Table 42
South Dakotans Who Have a Vision Impairment, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	4%	3.1%	4.3%
	Female	4%	3.4%	4.3%
Age	18-29	3%	2.0%	4.1%
	30-39	1%	1.0%	2.2%
	40-49	3%	2.6%	4.7%
	50-59	4%	3.3%	5.0%
	60-69	4%	3.2%	4.6%
	70-79	6%	4.5%	7.2%
	80+	11%	8.8%	13.0%
Race/Ethnicity	White, Non-Hispanic	3%	2.9%	3.6%
	American Indian, Non-Hispanic	9%	7.2%	11.5%
	American Indian/White, Non-Hispanic	9%	4.9%	15.2%
	Hispanic	6%	2.8%	11.3%
Household Income	Less than \$35,000	7%	5.8%	7.6%
	\$35,000-\$74,999	2%	2.0%	3.1%
	\$75,000+	1%	0.9%	1.8%
Education	Less than High School, G.E.D.	9%	7.2%	11.6%
	High School, G.E.D.	4%	3.9%	5.2%
	Some Post-High School	3%	2.4%	3.6%
	College Graduate	2%	1.5%	2.3%
Employment Status	Employed for Wages	2%	1.7%	2.7%
	Self-employed	2%	1.2%	3.2%
	Unemployed	6%	3.8%	8.4%
	Homemaker	5%	3.5%	7.9%
	Student	2%	0.5%	4.7%
	Retired	6%	5.4%	7.2%
	Unable to Work	16%	13.1%	19.2%
Marital Status	Married/Unmarried Couple	3%	2.3%	3.1%
	Divorced/Separated	5%	4.0%	6.2%
	Widowed	10%	8.0%	11.7%
	Never Married	4%	3.0%	5.1%
Home Ownership Status	Own Home	3%	2.8%	3.7%
	Rent Home	5%	4.4%	6.3%
Children Status	Children in Household (Ages 18-44)	2%	1.5%	2.8%
	No Children in Household (Ages 18-44)	3%	1.7%	3.7%
Phone Status	Landline	5%	4.5%	6.0%
	Cell Phone	3%	2.7%	3.6%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.7%	9.8%
	Not Pregnant (Ages 18-44)	2%	1.3%	2.7%
County	Minnehaha	3%	2.5%	4.3%
	Pennington	4%	3.3%	5.2%
	Lincoln	3%	1.2%	6.0%
	Brown	4%	2.6%	4.8%
	Brookings	3%	2.3%	4.7%
	Codington	4%	3.2%	5.6%
	Meade	5%	3.7%	7.7%
	Lawrence	3%	1.8%	3.6%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of severe vision impairment does not seem to differ by gender.
Age	The prevalence of severe vision impairment generally increases as age increases including significant increases as the 40s and 80s are reached.
Race/ Ethnicity	American Indians and American Indian/whites exhibit a very high prevalence of severe vision impairment, while whites show a very low prevalence.
Household Income	The prevalence of severe vision impairment decreases as household income increases with significant decreases as the \$35,000-\$74,999 and \$75,000+ income groups are reached.
Education	The prevalence of severe vision impairment decreases as education levels increase with significant decreases at every level.
Employment	Those who are unable to work demonstrate a very high prevalence of severe vision impairment, while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of severe vision impairment, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of severe vision impairment than those who own their home.
Children Status	The prevalence of severe vision impairment in the adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of severe vision impairment than those who primarily use a cell phone.
Pregnancy Status	The prevalence of severe vision impairment does not seem to change based on pregnancy status.
County	Residents of Meade county demonstrate a very high prevalence of severe vision impairment, while residents of Lawrence county show a very low prevalence.

Alcohol Use

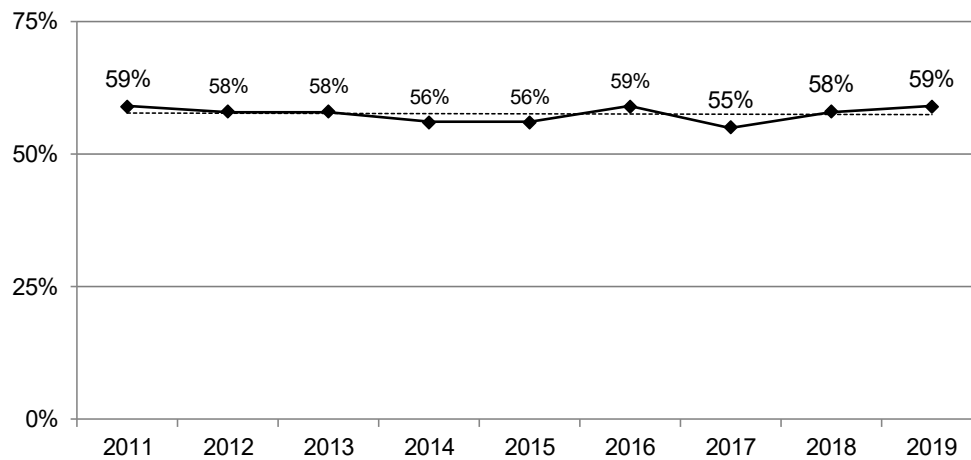
DRANK IN PAST 30 DAYS

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

Prevalence of Drinking in Past 30 Days

- South Dakota 59%
- Nationwide median 54%

Figure 46
Percentage of South Dakotans Who Drink Alcohol In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 43
South Dakotans Who Drank Alcohol In the Past 30 Days, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	64%	62.7%	65.6%
	Female	51%	49.4%	52.3%
Age	18-29	62%	59.0%	64.5%
	30-39	63%	60.3%	65.9%
	40-49	64%	60.9%	66.2%
	50-59	59%	56.4%	60.7%
	60-69	55%	53.3%	57.3%
	70-79	45%	42.2%	47.2%
	80+	33%	29.4%	35.9%
Race/Ethnicity	White, Non-Hispanic	60%	58.7%	60.7%
	American Indian, Non-Hispanic	40%	35.9%	43.8%
	American Indian/White, Non-Hispanic	53%	43.7%	63.0%
	Hispanic	50%	41.6%	58.3%
Household Income	Less than \$35,000	46%	44.0%	48.1%
	\$35,000-\$74,999	62%	59.8%	63.4%
	\$75,000+	73%	70.9%	74.4%
Education	Less than High School, G.E.D.	40%	36.1%	44.7%
	High School, G.E.D.	50%	48.4%	52.2%
	Some Post-High School	61%	59.1%	62.5%
	College Graduate	68%	66.8%	69.8%
Employment Status	Employed for Wages	65%	63.1%	66.0%
	Self-employed	65%	62.0%	67.7%
	Unemployed	52%	45.8%	57.9%
	Homemaker	35%	30.7%	39.9%
	Student	56%	49.8%	61.2%
	Retired	47%	45.1%	48.7%
	Unable to Work	30%	26.6%	34.6%
Marital Status	Married/Unmarried Couple	62%	60.5%	63.0%
	Divorced/Separated	51%	48.3%	54.1%
	Widowed	36%	33.1%	38.7%
	Never Married	57%	54.1%	59.2%
Home Ownership Status	Own Home	60%	58.5%	60.8%
	Rent Home	54%	52.1%	56.8%
Children Status	Children in Household (Ages 18-44)	60%	57.6%	62.2%
	No Children in Household (Ages 18-44)	65%	62.5%	68.1%
Phone Status	Landline	48%	46.5%	49.7%
	Cell Phone	61%	60.1%	62.6%
Pregnancy Status	Pregnant (Ages 18-44)	14%	6.3%	26.5%
	Not Pregnant (Ages 18-44)	58%	55.5%	60.8%
County	Minnehaha	59%	56.2%	61.4%
	Pennington	57%	54.9%	59.9%
	Lincoln	62%	56.7%	66.8%
	Brown	56%	52.7%	59.2%
	Brookings	62%	57.3%	65.6%
	Codington	57%	53.4%	60.8%
	Meade	52%	46.7%	57.2%
	Lawrence	61%	56.6%	65.0%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of drinking alcohol than females.
Age	Alcohol use increases with age until the 40s when it peaks. After that, it decreases as age increases with significant decreases as the 50s, 70s, and 80s are reached.
Race/ Ethnicity	Whites demonstrate a significantly higher prevalence of drinking alcohol than American Indians and Hispanics.
Household Income	Alcohol use increases as household income increases. This includes significant increases as the \$35,000-\$74,999 and \$75,000+ income groups are reached.
Education	Alcohol use increases as education levels increase. This includes significant increases as the high school graduate, some post-high school, and college graduate levels are reached.
Employment	Those who are employed for wages or self-employed demonstrate a very high prevalence of alcohol use, while those who are a homemaker or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a very high prevalence of alcohol use, while those who are widowed show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of alcohol use than those who rent their home.
Children Status	Those with no children in the household exhibit a significantly higher prevalence of alcohol use than those with children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of alcohol use than those who primarily use a landline phone.
Pregnancy Status	Females who are not pregnant exhibit a significantly higher prevalence of alcohol use than those who are pregnant.
County	Residents of Brookings county demonstrate a very high prevalence of alcohol use, while residents of Meade county show a very low prevalence.

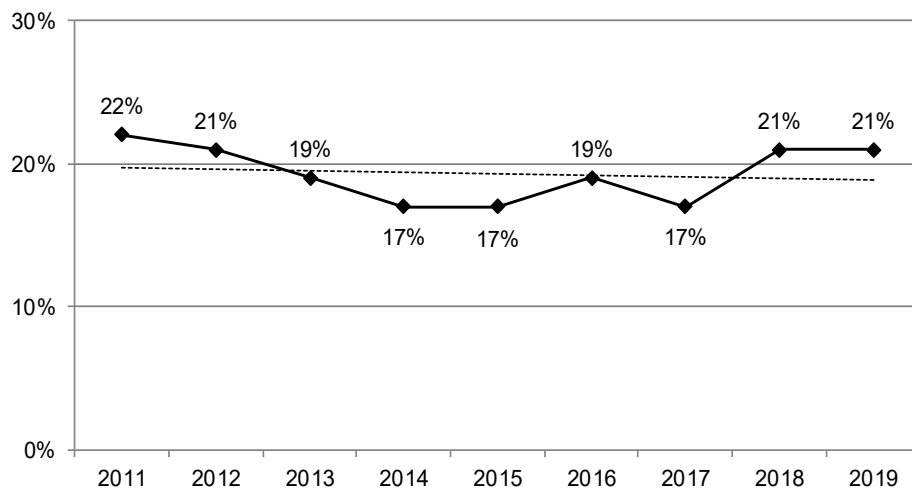
BINGE DRINKING

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

Prevalence of Binge Drinking

- South Dakota 21%
- Nationwide median 17%

Figure 47
Percentage of South Dakotans Who Engage In Binge Drinking, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

**Table 44
South Dakotans Who Engage In Binge Drinking, 2015-2019**

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	25%	23.5%	26.2%
	Female	14%	12.7%	14.9%
Age	18-29	32%	29.7%	34.9%
	30-39	25%	22.8%	27.5%
	40-49	23%	20.5%	25.4%
	50-59	18%	15.9%	19.4%
	60-69	10%	9.2%	11.9%
	70-79	4%	3.1%	5.0%
	80+	1%	0.5%	1.5%
Race/Ethnicity	White, Non-Hispanic	19%	18.1%	19.9%
	American Indian, Non-Hispanic	22%	18.7%	25.7%
	American Indian/White, Non-Hispanic	31%	22.2%	41.7%
	Hispanic	18%	11.8%	26.2%
Household Income	Less than \$35,000	18%	16.1%	19.5%
	\$35,000-\$74,999	20%	18.5%	21.8%
	\$75,000+	23%	21.7%	25.2%
Education	Less than High School, G.E.D.	17%	13.5%	20.2%
	High School, G.E.D.	18%	16.7%	19.9%
	Some Post-High School	21%	19.7%	22.9%
	College Graduate	19%	17.4%	20.2%
Employment Status	Employed for Wages	25%	23.3%	26.0%
	Self-employed	20%	17.7%	22.6%
	Unemployed	22%	17.7%	28.0%
	Homemaker	8%	5.6%	10.9%
	Student	30%	24.6%	34.9%
	Retired	5%	4.3%	6.0%
	Unable to Work	12%	9.6%	16.0%
Marital Status	Married/Unmarried Couple	17%	16.4%	18.4%
	Divorced/Separated	19%	16.5%	21.1%
	Widowed	5%	3.8%	7.4%
	Never Married	29%	26.5%	31.2%
Home Ownership Status	Own Home	17%	16.1%	17.9%
	Rent Home	26%	24.1%	28.5%
Children Status	Children in Household (Ages 18-44)	23%	21.2%	25.1%
	No Children in Household (Ages 18-44)	34%	31.3%	36.6%
Phone Status	Landline	11%	10.2%	12.3%
	Cell Phone	23%	21.5%	23.8%
Pregnancy Status	Pregnant (Ages 18-44)	8%	2.6%	22.2%
	Not Pregnant (Ages 18-44)	22%	19.7%	24.1%
County	Minnehaha	19%	16.7%	21.1%
	Pennington	17%	14.8%	18.9%
	Lincoln	20%	16.1%	25.3%
	Brown	18%	15.5%	20.8%
	Brookings	25%	20.6%	30.1%
	Codington	20%	16.9%	22.8%
	Meade	15%	11.3%	19.0%
Lawrence	19%	15.8%	23.4%	

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of binge drinking than females.
Age	Binge drinking decreases as age increases with significant decreases as the 30s, 50s, 60s, 70s, and 80s are reached.
Race/ Ethnicity	American Indian/whites demonstrate a very high prevalence of binge drinking, while whites show a very low prevalence.
Household Income	Binge drinking increases as household income increases.
Education	The prevalence of binge drinking does not seem to change as education levels change.
Employment	Those who are employed for wages, unemployed, or a student demonstrate a very high prevalence of binge drinking, while those who are a homemaker or retired show a very low prevalence.
Marital Status	Those who have never been married exhibit a very high prevalence of binge drinking, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of binge drinking than those who own their home.
Children Status	Those who have no children in the household demonstrate a significantly higher prevalence of binge drinking than those who have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of binge drinking than those who primarily use a landline phone.
Pregnancy Status	The prevalence of binge drinking does not seem to differ based on pregnancy status.
County	Brookings county exhibits a very high prevalence of binge drinking, while Pennington and Meade counties show a very low prevalence.

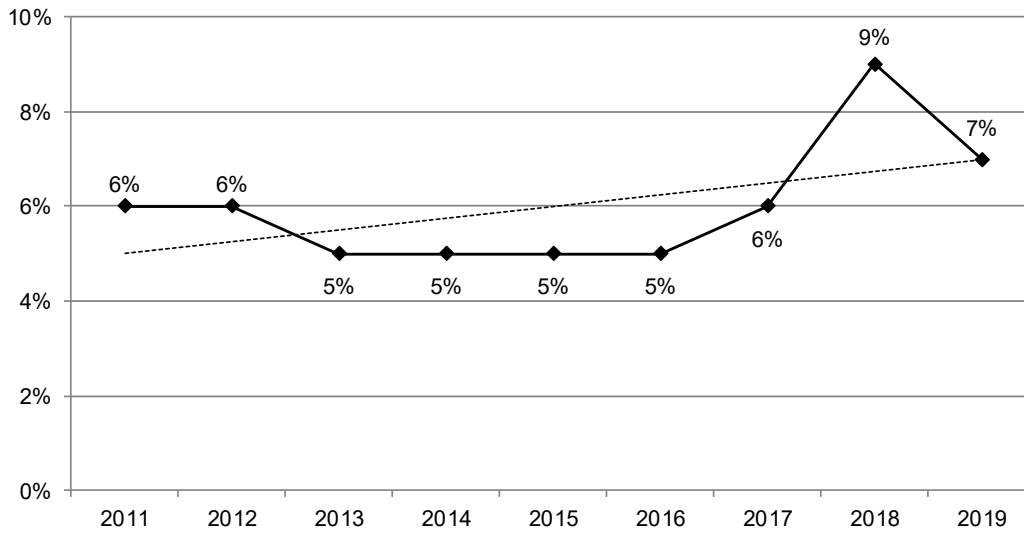
HEAVY DRINKING

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

Prevalence of Heavy Drinking

- South Dakota 7%
- Nationwide median 7%

Figure 48
Percentage of South Dakotans Who Engage In Heavy Drinking, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 45
South Dakotans Who Engage In Heavy Drinking, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	7%	6.7%	8.4%
	Female	5%	4.6%	6.0%
Age	18-29	8%	6.8%	10.1%
	30-39	7%	5.6%	8.5%
	40-49	8%	6.1%	9.5%
	50-59	7%	5.6%	8.0%
	60-69	6%	4.7%	6.7%
	70-79	3%	2.4%	4.1%
	80+	1%	0.4%	1.5%
Race/Ethnicity	White, Non-Hispanic	6%	5.7%	6.8%
	American Indian, Non-Hispanic	7%	4.2%	9.9%
	American Indian/White, Non-Hispanic	8%	3.8%	15.1%
	Hispanic	5%	2.5%	11.4%
Household Income	Less than \$35,000	6%	4.9%	7.0%
	\$35,000-\$74,999	7%	5.9%	8.0%
	\$75,000+	7%	5.8%	7.9%
Education	Less than High School, G.E.D.	7%	5.3%	10.2%
	High School, G.E.D.	8%	6.8%	9.1%
	Some Post-High School	6%	5.4%	7.2%
	College Graduate	4%	3.7%	5.0%
Employment Status	Employed for Wages	7%	6.4%	8.1%
	Self-employed	7%	5.8%	9.5%
	Unemployed	10%	6.2%	14.4%
	Homemaker	4%	2.3%	6.1%
	Student	5%	3.2%	8.1%
	Retired	4%	3.2%	4.6%
	Unable to Work	6%	4.2%	9.0%
Marital Status	Married/Unmarried Couple	5%	4.9%	6.1%
	Divorced/Separated	8%	6.6%	9.9%
	Widowed	4%	2.4%	5.7%
	Never Married	9%	7.1%	10.2%
Home Ownership Status	Own Home	6%	5.3%	6.5%
	Rent Home	8%	6.8%	9.7%
Children Status	Children in Household (Ages 18-44)	6%	4.9%	7.0%
	No Children in Household (Ages 18-44)	9%	7.7%	11.3%
Phone Status	Landline	5%	4.2%	5.7%
	Cell Phone	7%	6.3%	7.7%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.5%	16.2%
	Not Pregnant (Ages 18-44)	6%	5.2%	7.9%
County	Minnehaha	7%	5.5%	8.6%
	Pennington	6%	5.0%	7.6%
	Lincoln	5%	3.3%	8.5%
	Brown	6%	4.7%	8.1%
	Brookings	5%	3.5%	6.5%
	Codington	6%	4.8%	8.3%
	Meade	7%	4.7%	10.7%
Lawrence	5%	3.5%	7.3%	

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

General Health Status

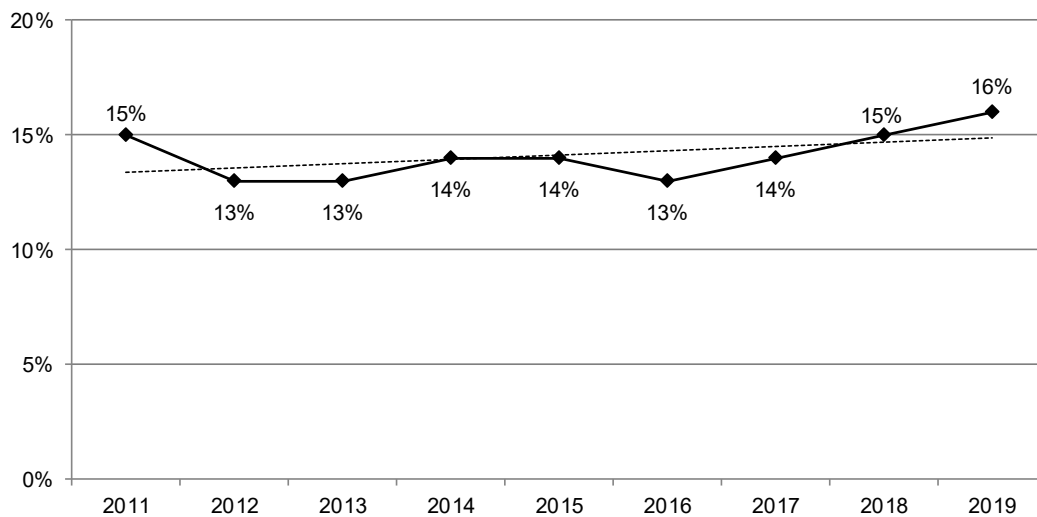
FAIR OR POOR HEALTH STATUS

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

Prevalence of Fair or Poor Health Status

- South Dakota 16%
- Nationwide median 18%

Figure 49
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 46
South Dakotans Reporting Fair or Poor Health Status, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	14%	12.7%	14.7%
	Female	15%	14.1%	16.0%
Age	18-29	8%	6.8%	9.9%
	30-39	10%	8.1%	11.4%
	40-49	11%	9.4%	12.9%
	50-59	17%	15.2%	18.5%
	60-69	20%	18.3%	21.6%
	70-79	20%	18.5%	22.6%
	80+	27%	23.8%	29.8%
Race/Ethnicity	White, Non-Hispanic	13%	12.8%	14.2%
	American Indian, Non-Hispanic	27%	24.1%	31.0%
	American Indian/White, Non-Hispanic	16%	11.1%	23.3%
	Hispanic	13%	8.5%	18.6%
Household Income	Less than \$35,000	25%	23.5%	26.8%
	\$35,000-\$74,999	11%	9.6%	11.8%
	\$75,000+	6%	5.0%	7.0%
Education	Less than High School, G.E.D.	27%	23.2%	30.3%
	High School, G.E.D.	17%	16.2%	18.8%
	Some Post-High School	13%	11.9%	14.1%
	College Graduate	8%	6.8%	8.5%
Employment Status	Employed for Wages	9%	8.0%	9.8%
	Self-employed	9%	7.1%	10.6%
	Unemployed	26%	20.5%	31.4%
	Homemaker	14%	10.8%	17.8%
	Student	6%	3.7%	8.5%
	Retired	22%	20.4%	23.5%
	Unable to Work	62%	57.7%	66.0%
Marital Status	Married/Unmarried Couple	11%	10.7%	12.3%
	Divorced/Separated	24%	21.8%	26.3%
	Widowed	26%	23.3%	28.4%
	Never Married	13%	11.6%	15.0%
Home Ownership Status	Own Home	13%	12.2%	13.7%
	Rent Home	19%	16.9%	20.3%
Children Status	Children in Household (Ages 18-44)	8%	7.2%	9.7%
	No Children in Household (Ages 18-44)	10%	8.2%	11.6%
Phone Status	Landline	18%	16.6%	18.9%
	Cell Phone	13%	12.1%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	13%	6.0%	26.2%
	Not Pregnant (Ages 18-44)	9%	8.0%	11.1%
County	Minnehaha	12%	10.2%	13.5%
	Pennington	16%	14.5%	18.0%
	Lincoln	11%	8.2%	14.5%
	Brown	15%	12.6%	17.1%
	Brookings	11%	8.5%	13.4%
	Codington	14%	11.5%	16.6%
	Meade	15%	11.7%	18.4%
	Lawrence	13%	10.1%	16.1%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

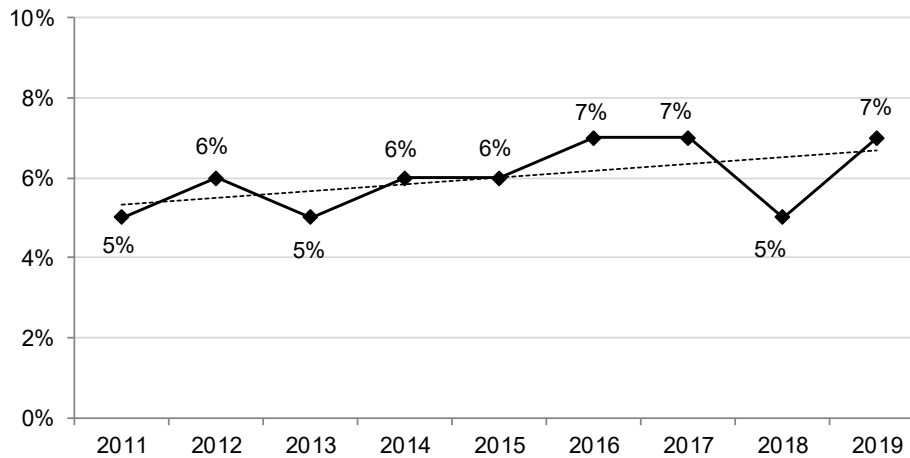
PHYSICAL HEALTH NOT GOOD

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

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

- South Dakota 7%
- There is no nationwide median for physical health not good

Figure 50
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 47
South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.3%	6.6%
	Female	7%	6.2%	7.6%
Age	18-29	3%	1.8%	3.6%
	30-39	4%	3.2%	5.9%
	40-49	5%	4.1%	6.3%
	50-59	8%	7.0%	9.3%
	60-69	10%	8.5%	10.8%
	70-79	10%	8.3%	11.4%
	80+	10%	8.6%	12.4%
Race/ Ethnicity	White, Non-Hispanic	6%	5.7%	6.7%
	American Indian, Non-Hispanic	10%	8.1%	12.4%
	American Indian/White, Non-Hispanic	7%	4.3%	11.4%
	Hispanic	3%	1.8%	6.0%
Household Income	Less than \$35,000	11%	9.7%	11.9%
	\$35,000-\$74,999	5%	4.5%	6.1%
	\$75,000+	3%	2.5%	4.0%
Education	Less than High School, G.E.D.	11%	8.9%	13.8%
	High School, G.E.D.	7%	6.5%	8.3%
	Some Post-High School	6%	5.4%	6.9%
	College Graduate	4%	3.1%	4.3%
Employment Status	Employed for Wages	3%	2.9%	4.0%
	Self-employed	3%	2.5%	4.4%
	Unemployed	11%	7.3%	15.8%
	Homemaker	7%	4.4%	10.1%
	Student	2%	1.2%	4.2%
	Retired	9%	8.1%	10.1%
	Unable to Work	39%	35.3%	43.5%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.5%
	Divorced/Separated	11%	9.5%	12.7%
	Widowed	11%	9.0%	12.4%
	Never Married	4%	3.4%	5.2%
Home Ownership Status	Own Home	6%	5.4%	6.4%
	Rent Home	8%	6.8%	9.2%
Children Status	Children in Household (Ages 18-44)	4%	3.2%	5.2%
	No Children in Household (Ages 18-44)	3%	2.0%	3.9%
Phone Status	Landline	8%	7.0%	8.6%
	Cell Phone	6%	5.3%	6.4%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.7%	18.0%
	Not Pregnant (Ages 18-44)	4%	3.3%	5.5%
County	Minnehaha	6%	4.5%	6.9%
	Pennington	7%	6.0%	8.4%
	Lincoln	5%	3.4%	7.8%
	Brown	7%	5.3%	8.6%
	Brookings	4%	3.2%	6.1%
	Codington	6%	4.8%	8.6%
	Meade	8%	5.9%	11.8%
Lawrence	7%	5.4%	10.1%	

Note: *Results based on small sample sizes have been suppressed.

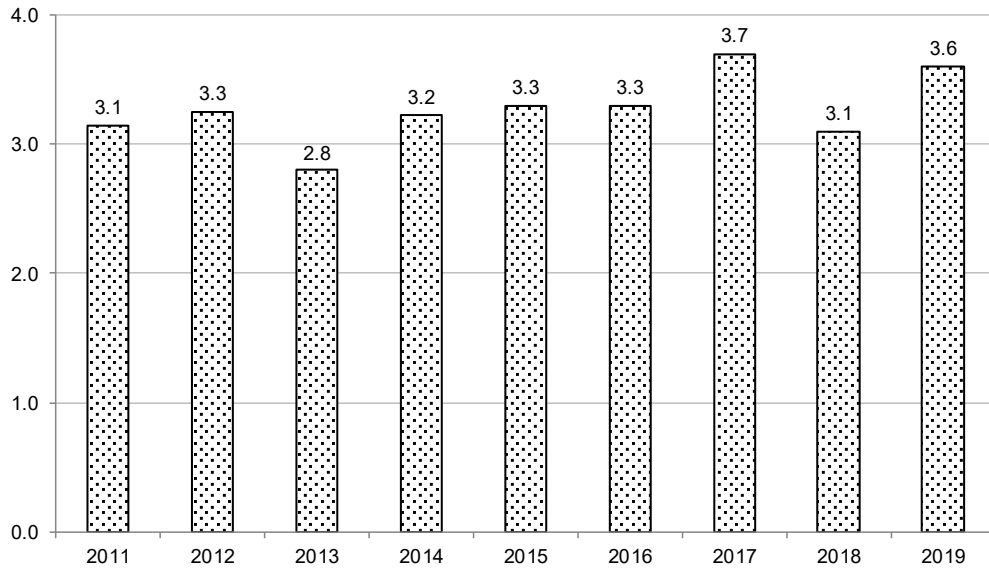
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Figure 51, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. For the past nine years the average number of days has remained steady.

Figure 51
Average Number of Days South Dakotans' Physical Health Was Not Good In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

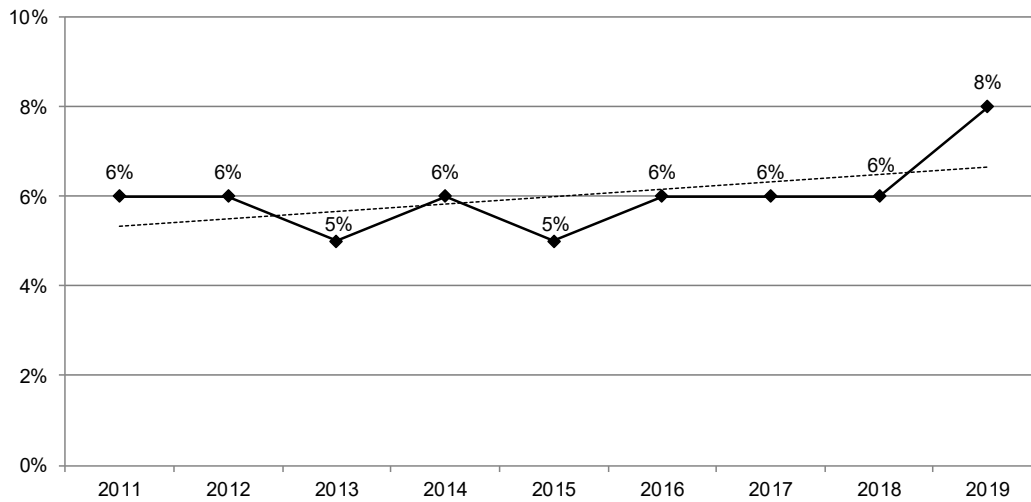
MENTAL HEALTH NOT GOOD

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

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

- South Dakota 8%
- There is no nationwide median for poor mental health

Figure 52
Percentage of South Dakotans Stating Mental Health Not Good
for 20-30 Days of the Past 30, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 48
South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.4%	5.7%
	Female	8%	6.7%	8.4%
Age	18-29	9%	7.1%	10.4%
	30-39	7%	6.1%	9.1%
	40-49	6%	5.1%	7.7%
	50-59	6%	5.1%	7.1%
	60-69	5%	3.8%	5.4%
	70-79	4%	2.6%	4.8%
	80+	4%	2.7%	5.4%
Race/Ethnicity	White, Non-Hispanic	6%	5.4%	6.4%
	American Indian, Non-Hispanic	9%	7.2%	11.6%
	American Indian/White, Non-Hispanic	14%	8.6%	22.5%
	Hispanic	5%	2.2%	9.2%
Household Income	Less than \$35,000	10%	9.2%	11.7%
	\$35,000-\$74,999	5%	4.4%	6.1%
	\$75,000+	3%	2.2%	3.7%
Education	Less than High School, G.E.D.	11%	8.6%	14.2%
	High School, G.E.D.	7%	5.7%	7.6%
	Some Post-High School	6%	5.5%	7.2%
	College Graduate	4%	3.2%	4.5%
Employment Status	Employed for Wages	5%	4.6%	6.0%
	Self-employed	4%	3.1%	5.8%
	Unemployed	15%	11.0%	21.2%
	Homemaker	5%	2.7%	7.6%
	Student	8%	5.2%	11.4%
	Retired	3%	2.8%	4.3%
	Unable to Work	27%	23.5%	30.8%
Marital Status	Married/Unmarried Couple	4%	3.7%	4.8%
	Divorced/Separated	10%	8.7%	12.1%
	Widowed	8%	5.7%	9.8%
	Never Married	9%	7.5%	10.6%
Home Ownership Status	Own Home	5%	4.1%	5.1%
	Rent Home	10%	8.7%	11.6%
Children Status	Children in Household (Ages 18-44)	7%	6.2%	8.8%
	No Children in Household (Ages 18-44)	8%	6.7%	9.8%
Phone Status	Landline	5%	4.4%	5.9%
	Cell Phone	7%	6.1%	7.4%
Pregnancy Status	Pregnant (Ages 18-44)	9%	3.8%	22.0%
	Not Pregnant (Ages 18-44)	9%	7.8%	11.0%
County	Minnehaha	7%	5.4%	8.4%
	Pennington	8%	6.4%	9.3%
	Lincoln	5%	3.1%	7.3%
	Brown	6%	4.4%	7.7%
	Brookings	5%	3.7%	7.8%
	Codington	7%	5.3%	9.3%
	Meade	7%	4.9%	9.6%
	Lawrence	5%	3.8%	7.5%

Note: *Results based on small sample sizes have been suppressed.

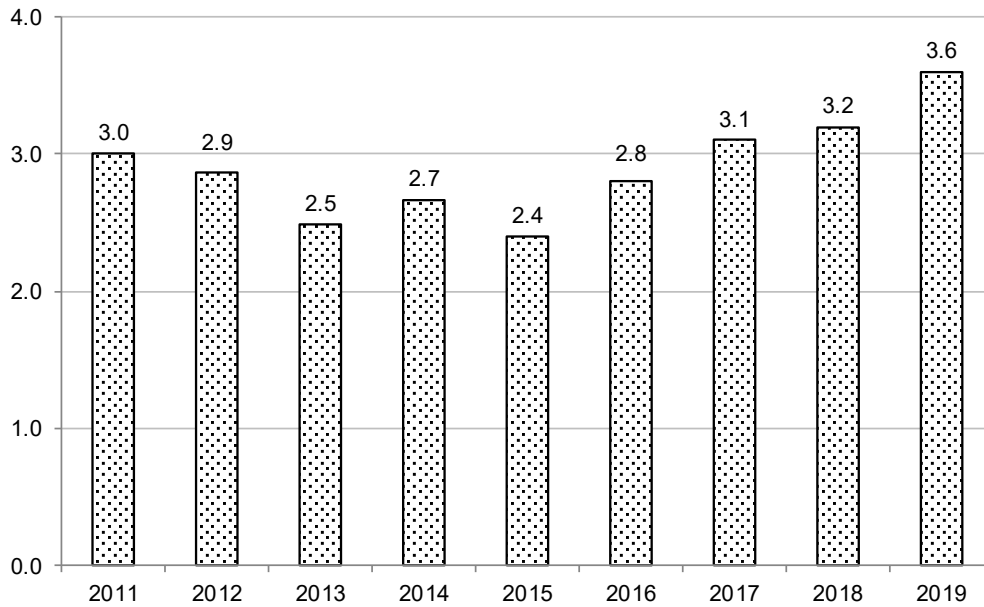
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Figure 53, below, shows the average number of days all respondents stated their mental health was not good for the past 30 days. In 2019, the average number of days was 3.6 which is the highest for the past nine years.

Figure 53
Average Number of Days Respondents' Mental Health Was Not Good
In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

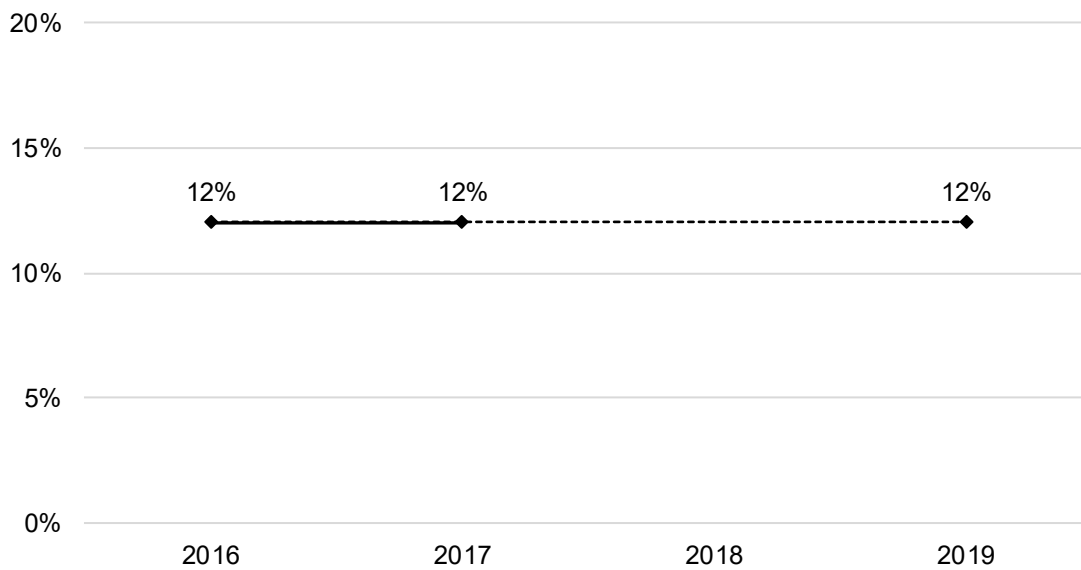
MENTAL HEALTH TREATMENT

Definition: South Dakotans who are currently taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem.

Prevalence of Mental Health Treatment

- South Dakota 12%
- *There is no nationwide median for mental health treatment*

Figure 54
Percentage of South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Table 49
South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2019

		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	8%	7.1%	9.2%
	Female	16%	14.4%	17.3%
Age	18-29	13%	10.7%	16.1%
	30-39	11%	9.4%	13.8%
	40-49	16%	13.2%	18.4%
	50-59	13%	11.2%	15.3%
	60-69	13%	11.1%	14.7%
	70-79	8%	5.8%	10.1%
	80+	3%	1.8%	4.0%
Race/Ethnicity	White, Non-Hispanic	12%	11.3%	13.2%
	American Indian, Non-Hispanic	9%	7.2%	12.3%
	American Indian/White, Non-Hispanic	14%	6.7%	26.0%
	Hispanic	14%	7.0%	26.7%
Household Income	Less than \$35,000	17%	15.0%	19.0%
	\$35,000-\$74,999	11%	9.5%	12.6%
	\$75,000+	9%	7.5%	10.5%
Education	Less than High School, G.E.D.	9%	6.7%	12.1%
	High School, G.E.D.	12%	10.0%	13.4%
	Some Post-High School	13%	11.7%	15.0%
	College Graduate	12%	10.4%	13.4%
Employment Status	Employed for Wages	12%	10.4%	12.9%
	Self-employed	6%	4.2%	7.9%
	Unemployed	20%	13.7%	27.0%
	Homemaker	11%	7.7%	15.6%
	Student	14%	8.3%	22.1%
	Retired	8%	6.8%	9.6%
	Unable to Work	43%	37.8%	49.3%
Marital Status	Married/Unmarried Couple	10%	9.4%	11.6%
	Divorced/Separated	19%	16.7%	22.5%
	Widowed	11%	8.8%	13.9%
	Never Married	13%	10.5%	15.0%
Home Ownership Status	Own Home	10%	9.5%	11.4%
	Rent Home	17%	14.4%	19.1%
Children Status	Children in Household (Ages 18-44)	11%	9.1%	12.8%
	No Children in Household (Ages 18-44)	15%	12.6%	18.3%
Phone Status	Landline	10%	9.0%	11.7%
	Cell Phone	13%	11.5%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	21%	10.2%	38.3%
	Not Pregnant (Ages 18-44)	16%	14.0%	19.3%
County	Minnehaha	13%	10.6%	15.4%
	Pennington	14%	11.5%	16.3%
	Lincoln	13%	6.7%	23.0%
	Brown	13%	9.2%	18.2%
	Brookings	13%	9.2%	19.2%
	Codington	16%	11.5%	22.2%
	Meade	12%	6.1%	20.9%
	Lawrence	13%	9.6%	18.4%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of seeking professional help for mental health issues than males.
Age	There seems to be no difference in the prevalence of seeking professional help for mental health issues from 18-69, but it decreases significantly as the 70s and 80s are reached.
Race/ Ethnicity	There seems to be no racial/ethnicity difference in the prevalence of seeking professional help for mental health issues.
Household Income	The prevalence of seeking help for mental health issues decreases as household income increases. This includes a significant decrease as the \$35,000-\$74,999 income group is reached.
Education	There seems to be no difference in the prevalence of seeking help for mental health issues regarding education levels.
Employment	Those who are unable to work exhibit very high prevalence of seeking help for mental health issues, while those who are self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	Those who are divorced demonstrate a significantly higher prevalence of seeking help for mental health issues than all other types of marital status.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of seeking help for mental health issues than those who own their home.
Children Status	There seems to be no difference in the prevalence of seeking help for mental health issues regarding the presence of children in the household.
Phone Status	There seems to be no difference in the prevalence of seeking help for mental health issues regarding phone status.
County	There seems to be no difference in the prevalence of seeking help for mental health issues among the eight counties with sufficient sample size.

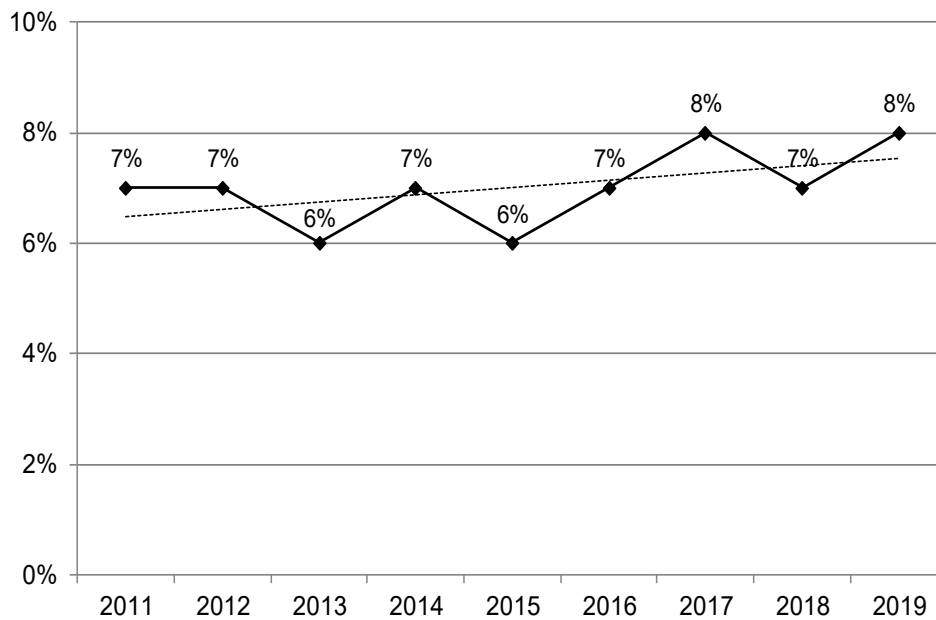
USUAL ACTIVITIES UNATTAINABLE

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

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

- South Dakota 8%
- There is no national median for usual activities unattainable for 10-30 days of the past 30

Figure 55
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 50
South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.7%	7.0%
	Female	8%	7.4%	8.9%
Age	18-29	5%	3.8%	6.2%
	30-39	6%	4.5%	7.2%
	40-49	6%	5.3%	7.9%
	50-59	9%	7.9%	10.2%
	60-69	10%	9.1%	11.5%
	70-79	8%	6.5%	9.1%
	80+	7%	5.8%	9.0%
Race/Ethnicity	White, Non-Hispanic	7%	6.4%	7.4%
	American Indian, Non-Hispanic	11%	9.2%	13.6%
	American Indian/White, Non-Hispanic	12%	8.1%	17.8%
	Hispanic	5%	2.9%	9.9%
Household Income	Less than \$35,000	12%	11.2%	13.6%
	\$35,000-\$74,999	6%	5.2%	7.0%
	\$75,000+	3%	2.1%	3.3%
Education	Less than High School, G.E.D.	12%	9.3%	14.3%
	High School, G.E.D.	8%	7.3%	9.3%
	Some Post-High School	7%	6.3%	8.0%
	College Graduate	4%	3.7%	4.9%
Employment Status	Employed for Wages	4%	3.3%	4.6%
	Self-employed	4%	3.2%	5.7%
	Unemployed	17%	12.5%	21.9%
	Homemaker	6%	3.8%	8.5%
	Student	4%	2.2%	6.4%
	Retired	8%	7.3%	9.2%
	Unable to Work	46%	42.3%	50.7%
Marital Status	Married/Unmarried Couple	6%	5.3%	6.4%
	Divorced/Separated	13%	11.5%	15.0%
	Widowed	10%	7.8%	11.7%
	Never Married	7%	5.7%	8.1%
Home Ownership Status	Own Home	6%	5.5%	6.5%
	Rent Home	10%	8.9%	11.6%
Children Status	Children in Household (Ages 18-44)	6%	4.6%	6.8%
	No Children in Household (Ages 18-44)	5%	3.9%	6.3%
Phone Status	Landline	8%	7.5%	9.2%
	Cell Phone	7%	6.1%	7.4%
Pregnancy Status	Pregnant (Ages 18-44)	7%	1.9%	20.3%
	Not Pregnant (Ages 18-44)	6%	5.1%	7.7%
County	Minnehaha	7%	5.8%	8.6%
	Pennington	8%	7.2%	9.8%
	Lincoln	5%	3.2%	6.8%
	Brown	8%	6.1%	9.8%
	Brookings	5%	3.6%	6.5%
	Codington	7%	5.2%	8.7%
	Meade	8%	5.8%	10.5%
	Lawrence	8%	6.1%	11.3%

Note: *Results based on small sample sizes have been suppressed.

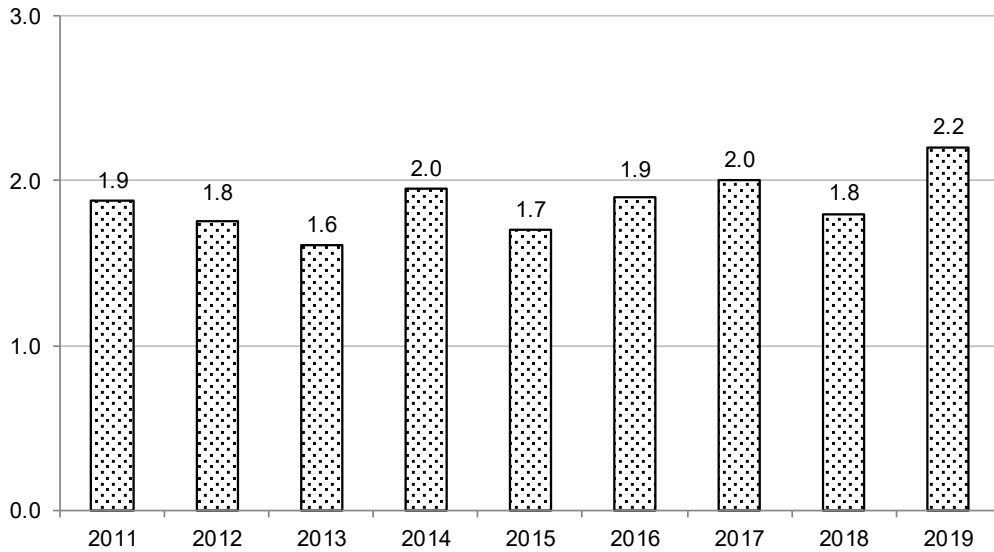
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Figure 56, below, shows the average number of days in the past 30 days where poor physical or mental health kept South Dakotans from doing their usual activities. For the past nine years the average number of days has remained steady.

Figure 56
Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

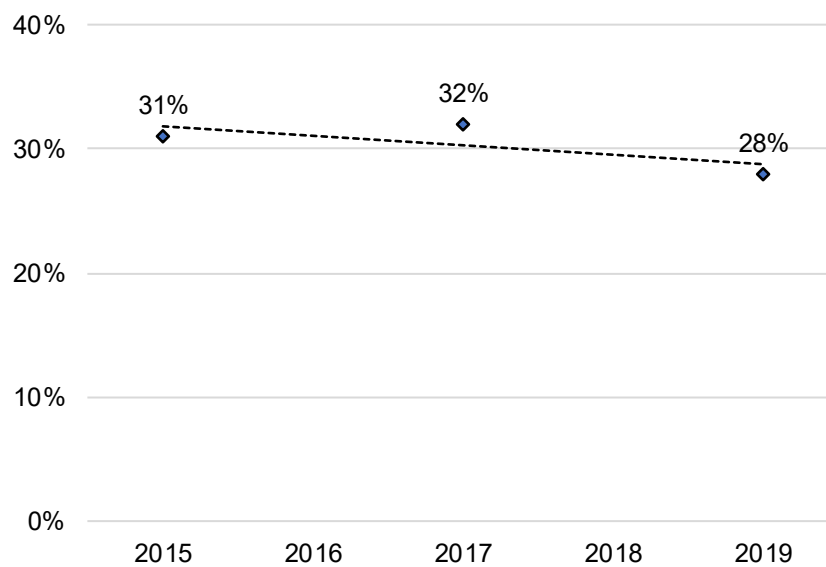
Advance Directive

Definition: South Dakotans who report they have an advance directive which is a document that states what kind of health care treatment you would want to receive, or not want to receive, if you could not speak for yourself.

Prevalence of Advance Directive

- South Dakota 28%
- There was no nationwide median for having an advance directive

Figure 57
Percentage of South Dakotans Who Have an Advance Directive, 2015-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Table 51
South Dakotans Who Have an Advance Directive, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	27%	25.8%	29.2%
	Female	34%	32.0%	35.3%
Age	18-29	8%	5.9%	9.7%
	30-39	21%	17.9%	23.9%
	40-49	27%	23.7%	30.3%
	50-59	30%	27.5%	32.8%
	60-69	42%	39.1%	44.3%
	70-79	57%	53.6%	60.4%
	80+	65%	60.9%	69.7%
Race/Ethnicity	White, Non-Hispanic	32%	30.8%	33.4%
	American Indian, Non-Hispanic	19%	15.4%	24.2%
	American Indian/White, Non-Hispanic	18%	11.0%	28.6%
	Hispanic	23%	14.5%	35.8%
Household Income	Less than \$35,000	27%	24.9%	29.2%
	\$35,000-\$74,999	30%	27.4%	31.7%
	\$75,000+	35%	32.2%	37.0%
Education	Less than High School, G.E.D.	21%	16.9%	25.7%
	High School, G.E.D.	29%	27.0%	31.3%
	Some Post-High School	30%	28.1%	32.2%
	College Graduate	37%	34.7%	38.9%
Employment Status	Employed for Wages	23%	21.3%	24.5%
	Self-employed	32%	28.8%	36.2%
	Unemployed	14%	10.3%	19.8%
	Homemaker	35%	29.1%	41.4%
	Student	6%	3.5%	9.1%
	Retired	57%	54.8%	59.8%
	Unable to Work	34%	28.4%	39.5%
Marital Status	Married/Unmarried Couple	34%	32.2%	35.4%
	Divorced/Separated	30%	26.3%	32.9%
	Widowed	59%	55.1%	62.7%
	Never Married	13%	10.9%	15.2%
Home Ownership Status	Own Home	35%	33.5%	36.3%
	Rent Home	20%	17.9%	22.6%
Children Status	Children in Household (Ages 18-44)	19%	16.6%	21.4%
	No Children in Household (Ages 18-44)	12%	9.5%	14.4%
Phone Status	Landline	39%	37.2%	41.2%
	Cell Phone	26%	25.0%	28.0%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.7%	11.1%
	Not Pregnant (Ages 18-44)	17%	15.0%	20.1%
County	Minnehaha	29%	25.8%	31.8%
	Pennington	36%	33.2%	39.4%
	Lincoln	35%	29.4%	41.7%
	Brown	33%	29.3%	36.8%
	Brookings	21%	18.1%	24.7%
	Codington	30%	26.5%	34.5%
	Meade	31%	26.1%	36.6%
	Lawrence	33%	27.5%	38.3%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of having an advance directive in place than males.
Age	Having an advance directive in place increases as age increases. This includes significant increases as the 30s, 60s, 70s, and 80s are reached.
Race/ Ethnicity	Whites demonstrate a significantly higher prevalence of having an advance directive in place than American Indians and American Indian/Whites.
Household Income	The prevalence of having an advance directive in place increases as household income increases. This includes a significant increase as the \$75,000+ income group is reached.
Education	The prevalence of having an advance directive in place increases as education levels increase. This includes significant increases as the high school and college graduate levels are reached.
Employment	Those who are retired demonstrate a very high prevalence of having an advance directive in place, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of having an advance directive in place, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of having an advance directive in place than those who rent their home.
Children Status	Those with children in the household exhibit a significantly higher prevalence of having an advance directive in place than those with no children.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of having an advance directive in place than those who primarily use a cell phone.
Pregnancy Status	Women who are not pregnant exhibit a significantly higher prevalence of having an advance directive in place than women who are pregnant.
County	Residents of Pennington, Lincoln, Brown, Codington, Meade, and Lawrence counties all show a very high prevalence of having an advance directive in place, while residents of Brookings county show a very low prevalence.

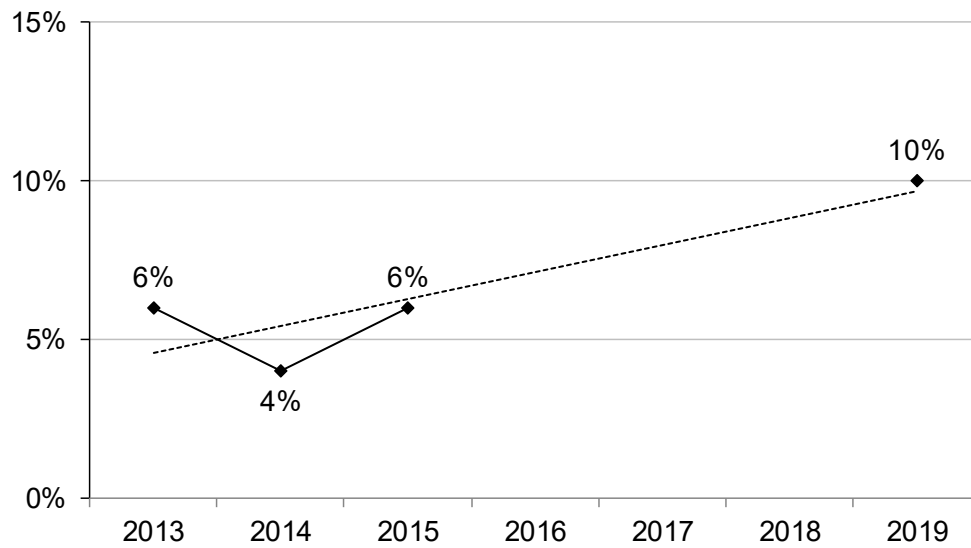
Confusion/Memory Loss

Definition: South Dakotans, ages 45 and older, who report they have experienced recent increased confusion or memory loss.

Prevalence of Increased Confusion/Memory Loss

- South Dakota 10%
- There is no nationwide median for increased confusion or memory loss

Figure 58
Percentage of South Dakotans, Ages 45 and Older, Who Have Experienced Increased Confusion or Memory Loss, 2013-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2019

Table 52
South Dakotans, Ages 45 and Older, Who Have Experienced Increased Confusion or
Memory Loss, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	8%	6.2%	9.6%
	Female	8%	6.5%	9.3%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	7%	4.0%	12.6%
	50-59	7%	5.6%	9.3%
	60-69	7%	5.7%	9.5%
	70-79	6%	4.8%	8.5%
	80+	13%	9.4%	18.5%
Race/Ethnicity	White, Non-Hispanic	7%	6.3%	8.4%
	American Indian, Non-Hispanic	12%	7.2%	18.7%
	American Indian/White, Non-Hispanic	4%	1.4%	11.2%
	Hispanic	*	*	*
Household Income	Less than \$35,000	12%	9.7%	15.6%
	\$35,000-\$74,999	6%	5.0%	8.4%
	\$75,000+	5%	3.3%	6.3%
Education	Less than High School, G.E.D.	12%	7.2%	20.2%
	High School, G.E.D.	8%	6.2%	9.7%
	Some Post-High School	8%	6.0%	9.4%
	College Graduate	6%	4.8%	7.9%
Employment Status	Employed for Wages	5%	3.6%	7.0%
	Self-employed	6%	3.6%	9.3%
	Unemployed	10%	4.8%	19.6%
	Homemaker	5%	2.6%	10.3%
	Student	*	*	*
	Retired	8%	6.5%	9.8%
	Unable to Work	30%	22.8%	37.3%
Marital Status	Married/Unmarried Couple	7%	6.2%	9.0%
	Divorced/Separated	9%	6.7%	11.7%
	Widowed	10%	7.3%	13.6%
	Never Married	5%	2.1%	10.4%
Home Ownership Status	Own Home	7%	5.8%	8.1%
	Rent Home	12%	8.7%	16.7%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	7%	5.5%	8.2%
	Cell Phone	9%	7.1%	10.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	6%	4.2%	9.5%
	Pennington	9%	6.9%	11.5%
	Lincoln	15%	8.3%	25.3%
	Brown	8%	5.9%	10.9%
	Brookings	5%	3.2%	8.4%
	Codington	8%	5.2%	12.5%
	Meade	12%	7.8%	18.0%
	Lawrence	7%	4.5%	11.0%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of increased confusion or memory loss does not seem to differ based on gender.
Age	The prevalence of increased confusion or memory loss does not seem to change as age changes from 45-79, but there is a significant increase as the 80s are reached.
Race/ Ethnicity	The prevalence of increased confusion or memory loss does not seem to differ by race/ethnicity.
Household Income	The prevalence of increased confusion or memory loss decreases as household income increases with a significant decrease as the \$35,000-\$74,999 income group is reached.
Education	The prevalence of increased confusion or memory loss decreases as education levels increase.
Employment	Those who are unable to work demonstrate a significantly higher prevalence of increased confusion or memory loss than all other types of employment.
Marital Status	The prevalence of increased confusion or memory loss does not seem to differ based on marital status.
Home Ownership	Those who rent their home show a significantly higher prevalence of increased confusion or memory loss than those who own their home.
Phone Status	The prevalence of increased confusion or memory loss does not seem to differ based on phone status.
County	The prevalence of increased confusion or memory loss does not seem to differ for the available counties.

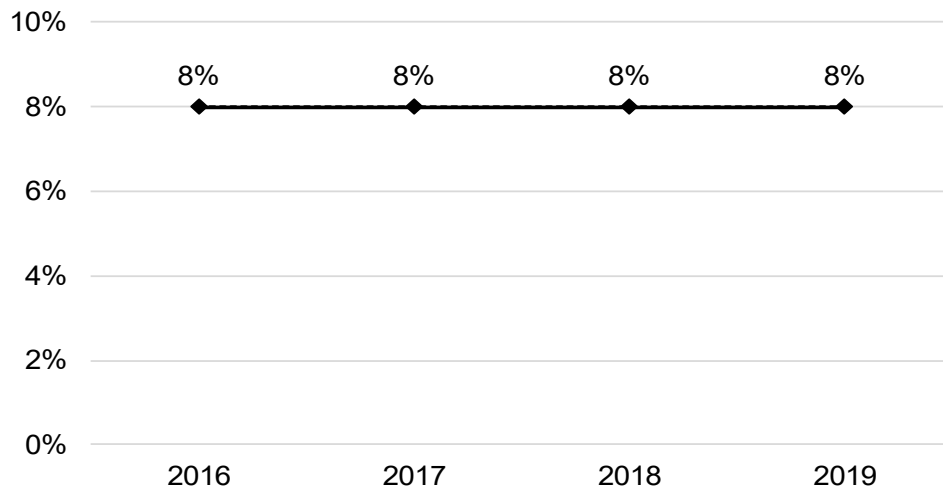
Hearing Difficulty

Definition: South Dakotans who answered yes to the question: “Are you deaf or do you have serious difficulty hearing?”

Prevalence of Hearing Difficulty

- South Dakota 8%
- Nationwide median 7%

Figure 59
Percentage of South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Table 53				
South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2019				
		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	10%	9.2%	11.1%
	Female	5%	4.6%	5.8%
Age	18-29	3%	1.7%	3.9%
	30-39	3%	2.0%	3.7%
	40-49	4%	2.9%	5.7%
	50-59	7%	6.1%	8.5%
	60-69	10%	8.8%	11.5%
	70-79	18%	15.8%	20.4%
	80+	28%	24.8%	31.9%
Race/Ethnicity	White, Non-Hispanic	7%	6.9%	8.1%
	American Indian, Non-Hispanic	11%	8.6%	14.3%
	American Indian/White, Non-Hispanic	11%	5.1%	22.1%
	Hispanic	7%	3.6%	12.1%
Household Income	Less than \$35,000	10%	8.7%	11.1%
	\$35,000-\$74,999	7%	5.9%	7.7%
	\$75,000+	5%	3.9%	5.8%
Education	Less than High School, G.E.D.	11%	8.5%	13.8%
	High School, G.E.D.	9%	8.2%	10.5%
	Some Post-High School	7%	6.2%	7.9%
	College Graduate	5%	4.7%	6.2%
Employment Status	Employed for Wages	4%	3.6%	4.9%
	Self-employed	7%	5.2%	8.5%
	Unemployed	7%	4.9%	10.7%
	Homemaker	7%	4.9%	10.1%
	Student	1%	0.4%	3.0%
	Retired	18%	16.2%	19.4%
	Unable to Work	16%	12.5%	19.4%
Marital Status	Married/Unmarried Couple	8%	6.9%	8.4%
	Divorced/Separated	9%	7.5%	10.9%
	Widowed	20%	17.1%	22.3%
	Never Married	3%	2.7%	4.4%
Home Ownership Status	Own Home	8%	7.6%	8.9%
	Rent Home	6%	5.4%	7.6%
Children Status	Children in Household (Ages 18-44)	3%	2.1%	4.0%
	No Children in Household (Ages 18-44)	2%	1.5%	3.2%
Phone Status	Landline	11%	10.3%	12.6%
	Cell Phone	6%	5.7%	7.0%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.3%	11.5%
	Not Pregnant (Ages 18-44)	1%	0.9%	2.4%
County	Minnehaha	6%	5.0%	7.6%
	Pennington	9%	7.6%	10.6%
	Lincoln	4%	2.4%	6.9%
	Brown	8%	6.3%	10.5%
	Brookings	5%	3.6%	6.2%
	Codington	10%	8.0%	12.2%
	Meade	10%	7.4%	14.0%
	Lawrence	6%	4.6%	8.7%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Demographics

Gender	Males exhibit a significantly higher prevalence of hearing difficulty than females.
Age	The prevalence of hearing difficulty increases as age increases. This includes significant increases when people reach their 50s, 60s, 70s, and 80s.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of hearing difficulty, while whites show a very low prevalence.
Household Income	The prevalence of hearing difficulty decreases as household income increases. This includes significant decreases as the \$35,000-\$74,999 and \$75,000+ household income groups are reached.
Education	The prevalence of hearing difficulty decreases as education increases. This includes a significant decrease as the some post-high school level is reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of hearing difficulty while those who are a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of hearing difficulty, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of hearing difficulty does not seem to differ based on home ownership status.
Children Status	The prevalence of hearing difficulty does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of hearing difficulty than those who primarily use a cell phone.
County	Pennington, Brown, Codrington, and Meade counties exhibit a very high prevalence of hearing difficulty, while those in Minnehaha, Lincoln, and Brookings counties show a very low prevalence.

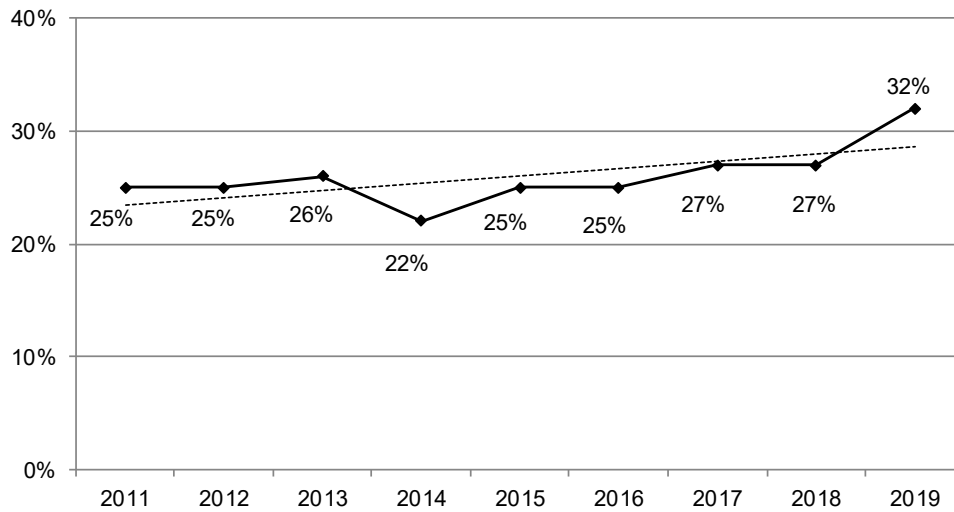
HIV/AIDS

Definition: South Dakotans who report they have ever had an HIV test.

Prevalence of HIV Test

- South Dakota 32%
- Nationwide median 40%

Figure 60
Percentage of South Dakotans Who Have Ever Been Tested for HIV, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 54
South Dakotans Who Have Ever Been Tested for HIV, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	26%	24.5%	27.3%
	Female	29%	27.2%	30.0%
Age	18-29	30%	27.9%	33.3%
	30-39	42%	39.7%	45.3%
	40-49	41%	37.9%	43.5%
	50-59	25%	23.4%	27.3%
	60-69	16%	14.5%	17.5%
	70-79	9%	7.4%	10.4%
	80+	3%	2.4%	5.0%
Race/Ethnicity	White, Non-Hispanic	24%	23.1%	25.1%
	American Indian, Non-Hispanic	49%	45.5%	53.5%
	American Indian/White, Non-Hispanic	50%	39.8%	59.6%
	Hispanic	48%	39.2%	56.4%
Household Income	Less than \$35,000	32%	29.9%	33.9%
	\$35,000-\$74,999	27%	25.2%	28.7%
	\$75,000+	27%	25.6%	29.4%
Education	Less than High School, G.E.D.	23%	19.4%	27.0%
	High School, G.E.D.	24%	22.7%	26.3%
	Some Post-High School	29%	27.7%	31.1%
	College Graduate	29%	27.7%	30.9%
Employment Status	Employed for Wages	32%	30.7%	33.6%
	Self-employed	24%	21.3%	27.0%
	Unemployed	44%	38.1%	50.4%
	Homemaker	30%	25.3%	36.0%
	Student	19%	14.9%	23.6%
	Retired	11%	9.5%	11.8%
	Unable to Work	42%	37.7%	46.4%
Marital Status	Married/Unmarried Couple	25%	23.8%	26.3%
	Divorced/Separated	41%	38.1%	44.0%
	Widowed	9%	7.5%	11.0%
	Never Married	31%	28.8%	33.7%
Home Ownership Status	Own Home	24%	22.7%	24.9%
	Rent Home	38%	35.7%	40.5%
Children Status	Children in Household (Ages 18-44)	41%	38.9%	43.6%
	No Children in Household (Ages 18-44)	32%	29.5%	35.0%
Phone Status	Landline	18%	16.7%	19.3%
	Cell Phone	31%	29.9%	32.4%
Pregnancy Status	Pregnant (Ages 18-44)	67%	53.9%	77.9%
	Not Pregnant (Ages 18-44)	42%	39.7%	45.1%
County	Minnehaha	30%	27.6%	32.9%
	Pennington	33%	30.4%	35.5%
	Lincoln	30%	24.9%	35.0%
	Brown	23%	20.0%	26.1%
	Brookings	18%	15.1%	22.1%
	Codington	23%	19.8%	26.8%
	Meade	33%	28.1%	38.7%
	Lawrence	22%	18.4%	25.7%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	The prevalence of HIV testing does not seem to differ based on gender.
Age	HIV testing peaks with those in their 30s and then decreases as age increases with significant decreases as the 50s, 60s, 70s, and 80s are reached.
Race/ Ethnicity	Whites exhibit a significantly lower prevalence of HIV testing than all other races/ethnicities.
Household Income	The prevalence of HIV testing does not seem to change as household income changes.
Education	The prevalence of HIV testing increases as education levels increase. This includes a significant increase as the some post-high school level is reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of HIV testing, while those who are retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of HIV testing, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of HIV testing than those who own their home.
Children Status	Those who have children in the household demonstrate a significantly higher prevalence of HIV testing than those who do not have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of HIV testing than those who primarily use a landline.
Pregnancy Status	Those who are pregnant exhibit a significantly higher prevalence of HIV testing than those who are not pregnant.
County	Minnehaha, Pennington, Lincoln, and Meade counties exhibit a very high prevalence of HIV testing, while Brown, Brookings, Codington, and Lawrence counties all show a very low prevalence.

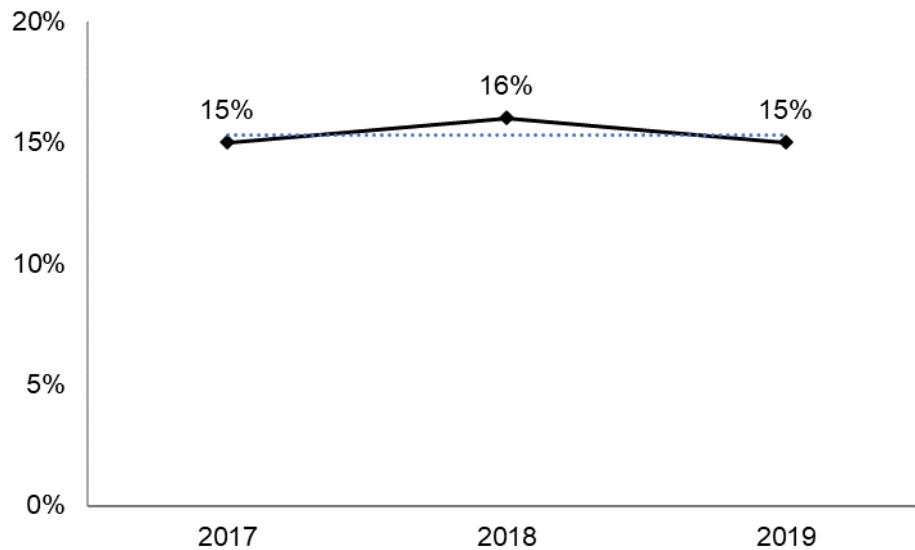
Prescription Pain Medication

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

Prevalence of Prescription Pain Medication

- South Dakota 15%
- *There is no nationwide median for prescription pain medication*

Figure 61
Percentage of South Dakotans Who Have Taken Prescription Pain Medication In the Last 12 Months, 2017-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Table 55
South Dakotans Who Have Taken Prescription Pain Medication In the Last 12 Months, 2017-2019

		2017-2019	95% Confidence Interval	
			Low	High
Gender	Male	13%	12.2%	14.8%
	Female	17%	15.4%	18.2%
Age	18-29	13%	10.4%	15.8%
	30-39	12%	9.8%	14.4%
	40-49	13%	11.0%	15.7%
	50-59	18%	16.1%	20.8%
	60-69	19%	17.1%	21.5%
	70-79	16%	13.5%	18.2%
	80+	13%	10.5%	17.2%
Race/Ethnicity	White, Non-Hispanic	15%	14.2%	16.2%
	American Indian, Non-Hispanic	15%	12.5%	17.9%
	American Indian/White, Non-Hispanic	23%	13.0%	38.1%
	Hispanic	15%	9.3%	23.8%
Household Income	Less than \$35,000	18%	16.5%	20.6%
	\$35,000-\$74,999	14%	12.5%	15.8%
	\$75,000+	14%	12.1%	15.7%
Education	Less than High School, G.E.D.	15%	11.1%	18.8%
	High School, G.E.D.	14%	12.7%	16.1%
	Some Post-High School	16%	13.9%	17.3%
	College Graduate	16%	14.1%	17.4%
Employment Status	Employed for Wages	14%	12.6%	15.4%
	Self-employed	11%	8.7%	13.3%
	Unemployed	19%	14.0%	25.1%
	Homemaker	14%	9.7%	19.4%
	Student	14%	9.1%	21.5%
	Retired	16%	14.2%	17.6%
	Unable to Work	37%	31.7%	43.1%
Marital Status	Married/Unmarried Couple	15%	13.8%	16.3%
	Divorced/Separated	19%	16.3%	22.0%
	Widowed	18%	14.9%	21.1%
	Never Married	13%	10.5%	15.0%
Home Ownership Status	Own Home	15%	13.9%	16.1%
	Rent Home	15%	13.4%	17.8%
Children Status	Children in Household (Ages 18-44)	12%	10.5%	14.7%
	No Children in Household (Ages 18-44)	12%	9.7%	14.6%
Phone Status	Landline	14%	13.0%	15.8%
	Cell Phone	15%	14.2%	16.7%
Pregnancy Status	Pregnant (Ages 18-44)	8%	3.2%	18.2%
	Not Pregnant (Ages 18-44)	14%	11.8%	17.0%
County	Minnehaha	14%	11.8%	16.6%
	Pennington	19%	16.7%	22.1%
	Lincoln	16%	11.9%	22.1%
	Brown	16%	13.1%	19.5%
	Brookings	13%	9.7%	16.0%
	Codington	13%	10.3%	15.7%
	Meade	19%	14.5%	25.0%
	Lawrence	*	*	*

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Demographics

Gender	Females exhibit a significantly higher prevalence of taking prescription pain medication than males.
Age	The prevalence of taking prescription pain medication generally increases as age increases and peaks in the 60s. This includes a significant increase as the 50s are reached. After that, the prevalence decreases as age increases.
Race/ Ethnicity	The prevalence of taking prescription pain medication does not seem to differ based on race or ethnicity.
Household Income	The prevalence of taking prescription pain medication does not seem to change as household income changes.
Education	The prevalence of taking prescription pain medication does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of taking prescription pain medication, while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of taking prescription pain medication, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of taking prescription pain medication does not seem to differ based on home ownership.
Children Status	The prevalence of taking prescription pain medication does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of taking prescription pain medication does not seem to differ based on phone status.
County	Residents of Pennington county demonstrate a very high prevalence of taking prescription pain medication, while residents of Minnehaha, Brookings, and Codington counties show a very low prevalence.

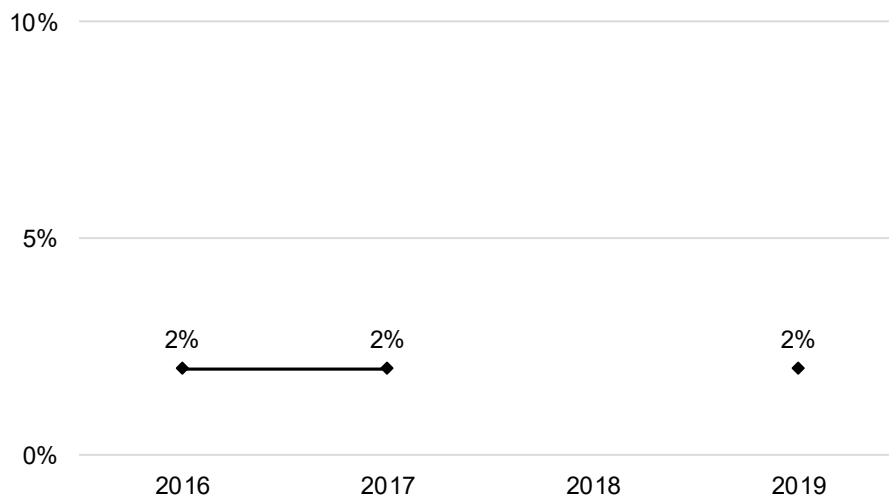
Substance Abuse Treatment

Definition: South Dakotans who have ever been treated or are currently being treated by a health care professional for substance abuse.

Prevalence of Substance Abuse Treatment

- South Dakota 2%
- *There is no nationwide median for substance abuse treatment*

Figure 62
Percentage of South Dakotans Who Have Been or Are Currently Being Treated for Substance Abuse, 2016-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Table 56
South Dakotans Who Have Been or Are Currently Being Treated for Substance Abuse, 2016-2019

		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	2%	1.9%	3.2%
	Female	1%	1.0%	2.0%
Age	18-29	2%	1.0%	3.3%
	30-39	3%	1.7%	4.0%
	40-49	4%	2.6%	6.1%
	50-59	2%	1.0%	2.4%
	60-69	1%	0.7%	1.8%
	70-79	1%	0.6%	2.2%
	80+	0.4%	0.1%	1.3%
Race/Ethnicity	White, Non-Hispanic	2%	1.3%	2.2%
	American Indian, Non-Hispanic	5%	2.7%	8.3%
	American Indian/White, Non-Hispanic	3%	1.1%	9.7%
	Hispanic	2%	0.6%	4.0%
Household Income	Less than \$35,000	3%	2.1%	3.9%
	\$35,000-\$74,999	2%	1.5%	3.2%
	\$75,000+	1%	0.4%	1.1%
Education	Less than High School, G.E.D.	2%	0.8%	3.3%
	High School, G.E.D.	2%	1.7%	3.6%
	Some Post-High School	2%	1.7%	3.1%
	College Graduate	1%	0.6%	1.3%
Employment Status	Employed for Wages	2%	1.4%	2.7%
	Self-employed	2%	0.8%	2.9%
	Unemployed	8%	4.1%	14.6%
	Homemaker	1%	0.4%	4.1%
	Student	0.3%	0.1%	1.2%
	Retired	1%	0.6%	1.3%
	Unable to Work	4%	2.2%	6.9%
Marital Status	Married/Unmarried Couple	1%	0.8%	1.5%
	Divorced/Separated	3%	2.3%	5.1%
	Widowed	1%	0.4%	1.6%
	Never Married	4%	2.6%	5.6%
Home Ownership Status	Own Home	1%	1.1%	1.9%
	Rent Home	4%	2.6%	4.9%
Children Status	Children in Household (Ages 18-44)	3%	1.6%	3.8%
	No Children in Household (Ages 18-44)	3%	1.6%	4.1%
Phone Status	Landline	1%	0.9%	1.8%
	Cell Phone	2%	1.7%	2.8%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.8%	11.7%
	Not Pregnant (Ages 18-44)	2%	1.1%	3.2%
County	Minnehaha	2%	0.9%	3.1%
	Pennington	3%	1.9%	4.7%
	Lincoln	1%	0.3%	1.6%
	Brown	1%	0.4%	2.8%
	Brookings	1%	0.4%	4.2%
	Codington	2%	1.0%	5.5%
	Meade	3%	1.1%	7.3%
	Lawrence	2%	0.8%	3.8%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Demographics

Gender	The prevalence of seeking treatment for substance abuse does not seem to differ by gender.
Age	The prevalence of seeking treatment for substance abuse increases as age increases until it peaks in the 40s. After that, it decreases as age increases with a significant decrease as the 50s are reached.
Race/ Ethnicity	American Indians exhibit a very high prevalence of seeking treatment for substance abuse, while whites show a very low prevalence.
Household Income	The prevalence of seeking treatment for substance abuse decreases as household income increases. This includes a significant decrease as the \$75,000+ income group is reached.
Education	The prevalence of seeking treatment for substance abuse does not seem to change as education changes.
Employment	Those who are unemployed or unable to work exhibit a very high prevalence of seeking treatment for substance abuse, while those who are self-employed, a student, or retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married demonstrate a very high prevalence of seeking treatment for substance abuse, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home exhibit a significantly higher prevalence of seeking treatment for substance abuse than those who own their home.
Children Status	There seems to be no difference in the prevalence of seeking treatment for substance abuse regarding the presence of children in the household.
Phone Status	There seems to be no difference in the prevalence of seeking treatment for substance abuse regarding phone status.
Pregnancy Status	There seems to be no difference in the prevalence of seeking treatment for substance abuse regarding pregnancy status.
County	Residents of Pennington county demonstrate a very high prevalence of seeking treatment for substance abuse, while residents of Lincoln county show a very low prevalence.

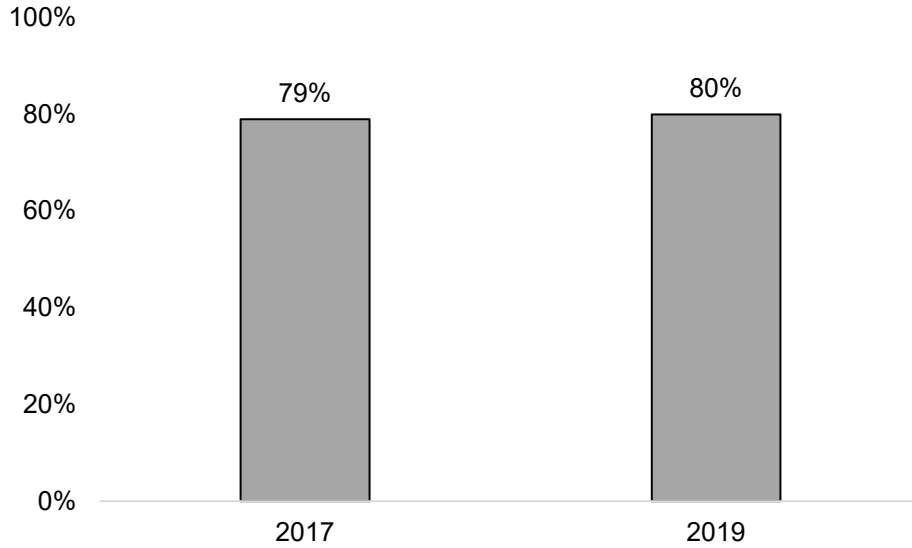
Family Planning

Definition: South Dakota females, ages 18-49, who are currently using birth control.

Prevalence of Birth Control Use

- South Dakota 80%
- There is no nationwide median for using birth control

Figure 63
Percentage of Female South Dakotans, Ages 18-49, Who Are Currently Using Birth Control, 2017-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Table 57
Female South Dakotans, Ages 18-49, Who Are Currently Using Birth Control, 2017-2019

		2017-2019	95% Confidence Interval	
			Low	High
Gender	Male	-	-	-
	Female	79%	75.4%	83.0%
Age	18-29	82%	74.7%	87.9%
	30-39	81%	73.7%	86.6%
	40-49	74%	66.9%	80.3%
	50-59	-	-	-
	60-69	-	-	-
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	81%	76.7%	84.9%
	American Indian, Non-Hispanic	75%	63.6%	83.4%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than \$35,000	78%	69.2%	84.1%
	\$35,000-\$74,999	81%	73.5%	86.6%
	\$75,000+	85%	77.8%	90.0%
Education	Less than High School, G.E.D.	*	*	*
	High School, G.E.D.	69%	58.2%	78.0%
	Some Post-High School	80%	73.4%	85.8%
	College Graduate	86%	80.9%	89.7%
Employment Status	Employed for Wages	79%	74.1%	83.8%
	Self-employed	78%	64.5%	87.9%
	Unemployed	*	*	*
	Homemaker	77%	62.0%	87.8%
	Student	*	*	*
	Retired	*	*	*
	Unable to Work	*	*	*
Marital Status	Married/Unmarried Couple	80%	75.0%	84.1%
	Divorced/Separated	77%	62.2%	87.8%
	Widowed	*	*	*
	Never Married	80%	71.6%	87.0%
Home Ownership Status	Own Home	81%	76.2%	85.1%
	Rent Home	75%	67.0%	82.4%
Children Status	Children in Household (Ages 18-44)	81%	75.2%	85.3%
	No Children in Household (Ages 18-44)	79%	70.5%	86.2%
Phone Status	Landline	79%	70.3%	86.0%
	Cell Phone	80%	74.9%	83.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	80%	75.9%	84.4%
County	Minnehaha	73%	60.0%	82.5%
	Pennington	78%	65.7%	86.1%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	*	*	*

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2019

Demographics

Age	Birth control use decreases as age increases.
Race/ Ethnicity	The prevalence of birth control use does not seem to differ based on race/ethnicity.
Household Income	Birth control use increases as household income increases.
Education	Birth control use increases as education levels increase.
Employment	The prevalence of birth control does not seem to change based on employment.
Marital Status	Birth control use does not seem to differ based on marital status.
Home Ownership	Birth control use does not seem to differ based on home ownership status.
Children Status	Birth control use does not seem to differ based on presence of children in the household.
Phone Status	Birth control use does not seem to differ based on phone status.
County	The prevalence of birth control use does not seem to differ between the two available counties of Minnehaha and Pennington.

The following table shows the type of birth control women, ages 18-49, use. The most common method of birth control was birth control pills followed by male condoms.

Birth control pills	26%
Male condoms	23%
Female sterilization (ex. Tubal ligation, Essure, Adiana)	17%
Male sterilization (vasectomy)	14%
IUD	13%
Other method	7%

Source: South Dakota Behavioral Risk Factor Surveillance System, 2017-2019

The following table shows the reasons for not using birth control when asked of women, ages 18-49. The most common reason for not using birth control was that the respondent did not think they or their partner could become pregnant (infertile or too old). The second most common response was they did not think they were going to have sex or had no regular partner.

Table 59	
Reason for Not Using Birth Control, 2017-2019	
Don't think you or your partner can get pregnant (infertile or too old)	34%
Didn't think you were going to have sex/no regular partner	10%
Just didn't think about it	9%
Religious reasons	7%
Other reasons	40%

Source: South Dakota Behavioral Risk Factor Surveillance System, 2017-2019

Appendix A: Demographics

Table 60
Demographics of Survey Respondents, 2019

		Total		Male		Female	
		# Resp.	Col %	# Resp.	Col %	# Resp.	Col %
Total		6,630	100%	2,914	100%	3,716	100%
Age	18-29	644	10%	345	12%	299	8%
	30-39	722	11%	357	12%	365	10%
	40-49	769	12%	341	12%	428	12%
	50-59	1,163	18%	533	18%	630	17%
	60-69	1,524	23%	683	23%	841	23%
	70-79	1,168	18%	459	16%	709	19%
	80+	640	10%	196	7%	444	12%
Race/Ethnicity	White, Non-Hispanic	5,465	82%	2,402	82%	3,063	82%
	American Indian, Non-Hispanic	858	13%	358	12%	500	13%
	American Indian/White, Non-Hispanic	109	2%	50	2%	59	2%
	Hispanic	102	2%	53	2%	49	1%
	Other	96	1%	51	2%	45	1%
Household Income	Less than \$10,000	196	3%	79	3%	117	3%
	\$10,000-\$14,999	190	3%	69	2%	121	3%
	\$15,000-\$19,999	326	5%	120	4%	206	6%
	\$20,000-\$24,999	487	7%	201	7%	286	8%
	\$25,000-\$34,999	571	9%	253	9%	318	9%
	\$35,000-\$49,999	876	13%	397	14%	479	13%
	\$50,000-\$74,999	966	15%	467	16%	499	14%
	\$75,000 +	1,630	25%	839	29%	791	21%
Not Stated	1,352	21%	475	16%	877	24%	
Education	8 th Grade or Less	79	1%	43	1%	36	1%
	Some High School	277	4%	120	4%	157	4%
	High School or G.E.D.	1,879	28%	891	31%	988	27%
	Some Post-High School	2,060	31%	887	30%	1,173	32%
	College Graduate	2,304	35%	956	33%	1,348	36%
Not Stated	31	0%	17	1%	14	0%	
Employment Status	Employed for Wages	2,709	41%	1,233	42%	1,476	40%
	Self-employed	820	12%	527	18%	293	8%
	Unemployed	201	3%	103	4%	98	3%
	Homemaker	257	4%	8	0%	249	7%
	Student	165	2%	82	3%	83	2%
	Retired	2,060	31%	794	27%	1,266	34%
	Unable to Work	326	5%	125	4%	201	5%
	Not Stated	73	1%	33	1%	40	1%
Marital Status	Married/Unmarried Couple	3,871	58%	1,757	60%	2,114	57%
	Divorced/Separated	864	13%	389	13%	475	13%
	Widowed	844	13%	183	6%	661	18%
	Never Married	1,002	15%	561	19%	441	12%
	Not Stated	49	1%	24	1%	25	1%
Phone Status	Landline	3,021	46%	1,035	36%	1,986	53%
	Cell Phone	3,609	54%	1,879	64%	1,730	47%
Home Ownership	Own Home	5,037	80%	2,188	79%	2,849	80%
	Rent Home	1,291	20%	588	21%	703	20%
Children in Household	Yes	1,712	26%	743	26%	969	26%
	No	4,805	73%	2,114	73%	2,691	73%
	Not Stated	89	1%	46	2%	43	1%
Pregnant (18-44)	Yes	41	4%	0	0%	41	4%
	No	1,069	96%	0	0%	1,069	96%
	Not Stated	9	1%	0	0%	9	1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019

Table 61
Surveys Completed by Resident County, 2019

Resident County	Surveys Completed	% of Total Surveys	Total Adult Population	% of Total Population	# Surveyed per 1,000 Population
Total	6,630	100.0%	667,558	100.0%	9.9
Aurora	11	0.2%	2,069	0.3%	5.3
Beadle	30	0.5%	13,460	2.0%	2.2
Bennett	151	2.3%	2,229	0.3%	67.7
Bon Homme	16	0.2%	5,563	0.8%	2.9
Brookings	535	8.1%	27,836	4.2%	19.2
Brown	575	8.7%	29,634	4.4%	19.4
Brule	18	0.3%	3,932	0.6%	4.6
Buffalo	22	0.3%	1,203	0.2%	18.3
Butte	48	0.7%	7,850	1.2%	6.1
Campbell	13	0.2%	1,150	0.2%	11.3
Charles Mix	16	0.2%	6,520	1.0%	2.5
Clark	26	0.4%	2,731	0.4%	9.5
Clay	44	0.7%	11,619	1.7%	3.8
Codington	578	8.7%	21,364	3.2%	27.1
Corson	114	1.7%	2,592	0.4%	44.0
Custer	46	0.7%	7,646	1.1%	6.0
Davison	40	0.6%	15,222	2.3%	2.6
Day	21	0.3%	4,211	0.6%	5.0
Deuel	49	0.7%	3,348	0.5%	14.6
Dewey	152	2.3%	3,658	0.5%	41.6
Douglas	6	0.1%	2,160	0.3%	2.8
Edmunds	33	0.5%	2,946	0.4%	11.2
Fall River	39	0.6%	5,586	0.8%	7.0
Faulk	17	0.3%	1,708	0.3%	10.0
Grant	33	0.5%	5,462	0.8%	6.0
Gregory	15	0.2%	3,189	0.5%	4.7
Haakon	38	0.6%	1,456	0.2%	26.1
Hamlin	63	1.0%	4,155	0.6%	15.2
Hand	6	0.1%	2,501	0.4%	2.4
Hanson	12	0.2%	2,410	0.4%	5.0
Harding	12	0.2%	988	0.1%	12.1
Hughes	47	0.7%	13,285	2.0%	3.5
Hutchinson	30	0.5%	5,444	0.8%	5.5
Hyde	13	0.2%	1,021	0.2%	12.7
Jackson	112	1.7%	2,179	0.3%	51.4
Jerauld	7	0.1%	1,539	0.2%	4.5
Jones	5	0.1%	708	0.1%	7.1
Kingsbury	16	0.2%	3,778	0.6%	4.2
Lake	35	0.5%	10,220	1.5%	3.4
Lawrence	92	1.4%	21,319	3.2%	4.3
Lincoln	581	8.8%	44,224	6.6%	13.1
Lyman	13	0.2%	2,670	0.4%	4.9
McCook	17	0.3%	4,034	0.6%	4.2
McPherson	16	0.2%	1,790	0.3%	8.9
Marshall	36	0.5%	3,753	0.6%	9.6
Meade	504	7.6%	21,993	3.3%	22.9
Mellette	84	1.3%	1,427	0.2%	58.9
Miner	10	0.2%	1,684	0.3%	5.9
Minnehaha	612	9.2%	144,430	21.6%	4.2
Moody	31	0.5%	4,831	0.7%	6.4
Oglala Lakota	320	4.8%	8,964	1.3%	35.7
Pennington	661	10.0%	87,805	13.2%	7.5
Perkins	28	0.4%	2,271	0.3%	12.3
Potter	13	0.2%	1,698	0.3%	7.7
Roberts	40	0.6%	7,349	1.1%	5.4
Sanborn	8	0.1%	1,759	0.3%	4.5
Spink	22	0.3%	4,909	0.7%	4.5

Table 61 (continued)
Surveys Completed by Resident County, 2019

Resident County	Surveys Completed	% of Total Surveys	Total Adult Population	% of Total Population	# Surveyed per 1,000 Population
Stanley	12	0.2%	2,316	0.3%	5.2
Sully	5	0.1%	1,094	0.2%	4.6
Todd	201	3.0%	5,935	0.9%	33.9
Tripp	17	0.3%	4,159	0.6%	4.1
Turner	61	0.9%	6,340	0.9%	9.6
Union	51	0.8%	12,054	1.8%	4.2
Walworth	24	0.4%	4,169	0.6%	5.8
Yankton	36	0.5%	18,012	2.7%	2.0
Ziebach	91	1.4%	1,997	0.3%	45.6

Source: South Dakota Behavioral Risk Factor Surveillance System, 2019
 2019 Population Estimates, United States Census Bureau

Appendix B: BRFSS Questionnaire

Health Status

- 1.1 Would you say that in general your health is—
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
- Don't know / Not sure
Refused

Healthy Days

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- __ __
Number of days
- None
Don't know / Not sure
Refused

- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- __ __
Number of days (01-30)
- 88 None
Don't know / Not sure
Refused

- 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- __ __
Number of days (01-30)
- 88 None
Don't know / Not sure
Refused

Health Care Access

- 3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused

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

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

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

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

1.4 About how long has it been since you last visited a doctor for a routine checkup?

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

Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
 - 2 Yes, but female told only during pregnancy [Go to next section]
 - 3 No [Go to next section]
 - 4 Told borderline high or pre-hypertensive [Go to next section]
- Don't know / Not sure [Go to next section]
Refused [Go to next section]

4.2 Are you currently taking medicine for your high blood pressure?

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

Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

Don't know / Not sure

Refused [GO TO NEXT SECTION]

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No [GO TO NEXT SECTION]

Don't know / Not sure [GO TO NEXT SECTION]

Refused [GO TO NEXT SECTION]

5.3 Are you currently taking medicine prescribed by your doctor for your blood cholesterol?

- 1 Yes
- 2 No

Don't know / Not sure

Refused

Chronic Health Conditions

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

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

- 1 Yes
- 2 No

Don't know / Not sure

Refused

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

- 1 Yes
- 2 No

Don't know / Not sure

Refused

6.3 (Ever told) (you had) a stroke?

- 1 Yes
- 2 No

Don't know / Not sure

Refused

6.4 (Ever told) (you had) asthma?

1 Yes

2 No [Go to Q6.6]

Don't know / Not sure [Go to Q6.6]

Refused [Go to Q6.6]

6.5 Do you still have asthma?

1 Yes

2 No

Don't know / Not sure

Refused

6.6 (Ever told) (you had) skin cancer?

1 Yes

2 No

Don't know / Not sure

Refused

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

1 Yes

2 No

Don't know / Not sure

Refused

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

1 Yes

2 No

Don't know / Not sure

Refused

6.09 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes

2 No

Don't know / Not sure

Refused

6.10 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? Note: (Incontinence is not being able to control urine flow.)

1 Yes

2 No

Don't know / Not sure

Refused

6.11 (Ever told) (you had) diabetes?

IF YES AND RESPONDENT IS FEMALE, ASK: WAS THIS ONLY WHEN YOU WERE PREGNANT?
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go To Pre-diabetes Module]
- 3 No [Go To Pre-diabetes Module]
- 4 No, pre-diabetes or borderline diabetes [Go To Pre-diabetes Module]
- Don't know / Not sure [Go To Pre-diabetes Module]
- Refused [Go To Pre-diabetes Module]

6.12 How old were you when you were told you have diabetes?

__ Code age in years [97 = 97 and older]

Don't know / Not sure

Refused

Arthritis

Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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

Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1 Yes

2 No

Don't know / Not sure

Refused

In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

1 Yes

2 No

Don't know / Not sure

Refused

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

-- Enter number [00-10]

Don't know/ Not sure

Refused

Demographics

8.01 What is your age?

-- Code age in years

Don't know / Not sure

Refused

8.02 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

No

Don't know / Not sure

Refused

8.03 Which one or more of the following would you say is your race?

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Other

No additional choices

Don't know / Not sure

Refused

8.04 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Other

Don't know / Not sure

Refused

8.5 Are you...?

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

Refused

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

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

Refused

8.7 Do you own or rent your home?

- 1 Own

- 2 Rent
- 3 Other arrangement
- Don't know / Not sure
- Refused

8.8 In what county do you currently live?
_ _ _ ANSI County Code (formerly FIPS county code)
Don't know / Not sure
Refused

8.9 What is the ZIP Code where you currently live?
_ _ _ _ _ ZIP Code
Don't know / Not sure
Refused

8.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?
1 Yes
2 No [Go to Q8.12]
Don't know / Not sure [Go to Q8.12]
Refused [Go to Q8.12]

8.11 How many of these telephone numbers are residential numbers?
_ Residential telephone numbers [6 = 6 or more]
6 Six or more
Don't know / Not sure
None
Refused

8.12 How many cell phones do you have for personal use?
_ Enter number (1-5)
6 Six or more
Don't know / Not sure
None
Refused

8.13 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
1 Yes
2 No
Don't know / Not sure
Refused

8.14 Are you currently...?
1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired

8 Unable to work
Refused

8.15 How many children less than 18 years of age live in your household?
__ __ Number of children
None
Refused

8.16 Is your annual household income from all sources—
If respondent refuses at ANY income level, code Refused

- 0 4 Less than \$25,000 If no, ask 05; if yes, ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If no, code 04; if yes, ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If no, code 03; if yes, ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If no, code 02
- 0 5 Less than \$35,000 If no, ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If no, ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If no, code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Don't know / Not sure
Refused

8.17 About how much do you weigh without shoes?
__ __ __ __ Weight (pounds/kilograms)
Don't know / Not sure
Refused

8.18 About how tall are you without shoes?
__ __ / __ __ Height (f t / inches/meters/centimeters)
Don't know / Not sure
Refused

8.19 To your knowledge, are you now pregnant?
1 Yes
2 No
Don't know / Not sure
Refused

Hearing Impairment

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

8.20 Are you deaf or do you have serious difficulty hearing?
1 Yes
2 No
Don't know / Not Sure
Refused

8.21 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

Don't know / Not Sure

Refused

8.22 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes

2 No

Don't know / Not sure

Refused

8.23 Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

Don't know / Not sure

Refused

8.24 Do you have difficulty dressing or bathing?

1 Yes

2 No

Don't know / Not sure

Refused

8.25 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes

2 No

Don't know / Not sure

Refused

Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? NOTE: 5 packs = 100 cigarettes

1 Yes

2 No [Go to Q9.5]

Don't know / Not sure [Go to Q9.5]

Refused [Go to Q9.5]

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

1 Every day

2 Some days

3 Not at all [Go to Q9.4]

Don't know / Not sure [Go to Q9.5]

Refused [Go to Q9.5]

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

1 Yes [Go to Q9.5]

2 No [Go to Q9.5]

Don't know / Not sure [Go to Q9.5]
Refused [Go to Q9.5 USENOW3]

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

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly

Don't know / Not sure
Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all

Don't know / Not sure
Refused

Alcohol Consumption

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

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

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

__ Number of drinks

Don't know / Not sure
None
Refused

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

__ Number of times

None
Don't know / Not sure
Refused

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

__ Number of drinks

Don't know / Not sure
Refused

Exercise (Physical Activity)

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

- 1 Yes
- 2 No [Go to C 11.08]
- Don't know / Not sure [Go to C 11.08]
- Refused [Go to C 11.08]

11.02 What type of physical activity or exercise did you spend the most time doing during the past month?

- __ (Specify) [See Physical Activity Coding List]
- Don't know / Not Sure [Go to C 11.08]
- Refused [Go to C 11.08]

11.03 How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week
- 2__ Times per month
- Don't know / Not sure
- Refused

11.04 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- __:__ Hours and minutes
- Don't know / Not sure
- Refused

11.05 What other type of physical activity gave you the next most exercise during the past month?

- __ (Specify) [See Physical Activity Coding List]
- Don't know / Not Sure [Go to C 11.08]
- No other activity [Go to C 11.08]
- Refused [Go to C 11.08]

11.06 How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week
- 2__ Times per month
- Don't know / Not sure
- Refused

11.07 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- __:__ Hours and minutes
- Don't know / Not sure
- Refused

11.08 During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

- 1__ Times per week
- 2__ Times per month
- Never
- Don't know / Not sure

Refused

Fruits and Vegetables

12.01 Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

12.02 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

12.03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

12.04 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

12.05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- Less than once a month
- Never

Don't Know
Refused

12.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

Immunization

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

- 1 Yes
- 2 No [Go to Q13.03]
- Don't know / Not sure [Go to Q13.03]
- Refused [Go to Q13.03]

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

__ / ____ Month / Year

- Don't know / Not sure
- Refused

13.03 Have you received a tetanus shot in the past 10 years?

If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years

Don't know/Not sure
Refused

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

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

HIV/AIDS

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

14.1 Including fluid testing from your mouth, but Not including tests you may have had for blood donation, have you ever been tested for HIV?

- 1 Yes

2 No [Go to C14.03]
Don't know / Not sure [Go to C14.03]
Refused [Go to C14.03]

14.02 Not including blood donations, in what month and year was your last HIV test?

__ / ____ Code month and year

Don't know / Not sure

Refused

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

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes

2 No

Don't know / Not sure

Refused

Pre-Diabetes

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

1 Yes

2 No

Don't know / Not sure

Refused

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If Yes and respondent is female, ask: Was this only when you were pregnant?

1 Yes [GO TO 6.13]

2 Yes, during pregnancy [GO TO 6.13]

3 No [GO TO 6.13]

Don't know / Not sure [GO TO 6.13]

Refused [GO TO 6.13]

Home/ Self-measured Blood Pressure

16.01 Have your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

1 Yes

2 No

Don't know/not sure

Refused

16.02 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 Yes

2 No [Go to next section]

Don't know/not sure [Go to next section]

Refused [Go to next section]

16.03 Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

1 At home

2 On a machine at a pharmacy, grocery or similar location

3 Do not check it

Don't know/not sure

Refused

16.04 How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

1 Telephone

2 Other methods such as email, internet portal or fax or

3 In person

4 Do not share information

Don't know/not sure

Refused

Cognitive Decline

If respondent is 45 years or older continue, else go to next module.

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

20.01 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 Yes [Go to CGHOUSE M20.02]

2 No [Go to next module]

Don't know/not sure [Go to CGHOUSE M20.02]

Refused [Go to next module]

20.02 During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

Don't know/not sure

Refused

20.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to CDSOCIAL M20.05]
- 5 Never [Go to CDSOCIAL M20.05]
- Don't know/not sure [Go to CDSOCIAL M20.05]
- Refused [Go to CDSOCIAL M20.05]

20.04 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- Don't know/not sure
- Refused

20.05 During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is..

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- Don't know/not sure
- Refused

20.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

Family Planning

If respondent is female and greater than 49 years of age, is pregnant or if respondent is male go to the next module.

23.01 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes [Go To M23.02]
- 2 No [GO TO M23.03]
- 3 No partner/not sexually active [GO TO NEXT SECTION]
- 4 Same sex partner [GO TO NEXT SECTION]
- Don't know/not sure [GO TO NEXT SECTION]
- Refused [GO TO NEXT SECTION]

23.02 The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD, Copper-bearing (ex. Paragard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pulls, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 No having sex at certain times (rhythm or natural family planning)
- 15 Withdrawl (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

Don't know/not sure

Refused

23.03 Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

Don't know/not sure

Refused

Random Child Selection

I have some additional questions about one specific child. The child I will be referring to is the Xth [please fill in correct number] child in your household. All following questions about children will be about the Xth [please fill in] child.

29.01 1. What is the birth month and year of the Xth child?

__/____ Code month and year

Don't know / Not sure

Refused

29.02 2. Is the child a boy or a girl?

1 Boy

2 Girl

Refused

29.03 3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

5 No

Don't know / Not sure

Refused

29.04 4. Which one or more of the following would you say is the race of the child?

NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

60 Other

88 No additional choices

Don't know / Not sure

Refused

29.05 Which one of these groups would you say best represents the child's race?

NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

29.06 6. How are you related to the child? Are you a...

- 1 Parent (include biologic, step, or adoptive parent)
 - 2 Grandparent
 - 3 Foster parent or guardian
 - 4 Sibling (include biologic, step, and adoptive sibling)
 - 5 Other relative
 - 6 Not related in any way
- Don't know / Not sure
Refused

State-Added Questions

Health Care Coverage

If “1” to Q. 3.1, continue. Otherwise go to SD01Q02.

SD01. Earlier you were asked some questions about your health care coverage. We’d now like to ask you what type of health care coverage you use to pay for most of your medical care? Is it coverage through:

- 01 Your employer
- 02 Someone else’s employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- None
- Don’t know/Not sure
- Refused

SD02. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

- 01 Your employer
- 02 Someone else’s employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- None
- Don’t know/Not sure
- Refused

Men’s Health Check-up

SD03. Earlier in the survey you indicated that you had not had a routine health checkup in the past two years. What is the main reason you have not been to a doctor for a routine checkup in the past two years?

- 01 Can’t afford it
- 02 Do not have health insurance
- 03 Not sick/rarely get sick/low perceived need to seek medical services
- 04 Clinic hours don’t fit my schedule
- 05 Transportation difficulties
- 06 Distrust of doctors
- 07 Waiting times are too long
- 08 Past negative experiences

- 09 Personal factors such as fear, guilt, or embarrassment
 - 10 Believe in alternative medicine
 - 11 Clinic too far away
 - 12 Do not have a personal doctor
 - 13 Other priorities/too busy
 - 14 Just haven't thought of it
 - 97 Other (Specify)
- Don't know/not sure
Refused

Tobacco

SD04. In the past 12 months, has a doctor, nurse, or other health professional advised you to ?
[Insert "quit smoking" OR "Stop using spit tobacco"]

- 1 Yes
 - 2 No
- Don't Know/Not Sure
Refused

SD05. While working at your job, are you indoors most of the time?

- 1 Yes
 - 2 No Go to SD03Q04
- Don't Know/Not Sure Go to SD03Q04
Refused Go to SD03Q04

SD06. Which of the following best describes your place of work's official smoking policy for work areas?

- 1 Not allowed in any work areas
 - 2 Allowed in some work areas
 - 3 Allowed in all work areas
 - 4 No official policy
- Don't know/Not sure
Refused

SD07. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside your home Go to SD03Q06
 - 2 Smoking is allowed in some places or at some times
 - 3 Smoking is allowed anywhere inside your home
 - 4 There are no rules about smoking inside your home
- Don't know / Not sure
Refused

SD08. On how many of the past 7 days did someone smoke in your home while you were there?

- __ Number of days
- 5 5 Not at home in the past 7 days
- None
Don't know / Not sure
Refused

Tobacco/E-Cigarettes

SD09. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

- 1 Yes
- 2 No [Go to SD03Q08]
- Don't know/not sure [Go to SD03Q08]
- Refused [Go to SD03Q08]

SD010. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- 1 Everyday
- 2 Some days
- 3 Not at all
- Don't know/not sure
- Refused

Tobacco/South Dakota Quitline Name Recognition

SD011. Have you heard about the South Dakota Department of Health Program called the "South Dakota QuitLine" that offers free services designed to help a person quit tobacco?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

Substance Abuse and Mental Health

SD012. During the past 12 months, have you ever taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

SD013. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

SD014. Have you ever been treated or are you currently being treated by a health care professional for substance abuse?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

Advance Directive

SD015. An Advance directive is a document that states what kind of health care treatment you would want to receive, or not want to receive, if you could not speak for yourself. Have you completed an advance directive?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

Children's Health Insurance

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go to Closing Statement.

I'm now going to ask you some more questions about the child in the household [insert "that we talked about earlier" if total number of children is greater than one.] Does this child have health coverage?

SD016. Does this child have health coverage?

- 1 Yes Go to SD06Q02
- 2 No Go to SD06Q03
- Don't Know/Not Sure Go to Closing statement
- Refused Go to Closing statement

SD017. What type of health coverage do you use to pay for most of this child's medical care?

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service (IHS)
- 09 Community Health Services
- 08 Some other source
- 88 None
- Don't know/Not sure
- Refused

Go to Closing Statement.

SD018. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 09 Community Health Services
- 08 Some other source
- 88 None

Don't know/Not sure
Refused

Closing Statement

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

