SOUTH DAKOTA DEPARTMENT OF HEALTH

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The Health Behaviors of South Dakotans 2022

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A Report for the South Dakota Behavioral Risk Factor Surveillance System

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

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

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PREFACE

The Health Behaviors of South Dakotans 2022 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 aged 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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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

OVERVIEW

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 are able to receive a copy of this report to aid program efforts in influencing public health issues.

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 2022 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, 2022

Topic	Estimated %	Estimated Population
Body Mass Index - Overweight (BMI 25.0+)	72%	498,000
Body Mass Index - Obese (BMI 30.0+)	37%	254,000
Body Mass Index - Severely Obese (BMI 35.0+)	15%	105,000
Body Mass Index - Morbidly Obese (BMI 40.0+)	6%	41,000
No Leisure Time Physical Activity	23%	162,000
Cigarette Smoking	14%	97,000
Smokeless Tobacco Use	5%	34,000
E-Cigarette Use	7%	46,000
Tobacco Use (Cigarette, Smokeless, or E-Cig)	22%	153,000
No Mammogram in Past 2 years (40-74 Years Old)	26%	46,000
Has Not Met Colorectal Cancer Screening Recommendations (45-75 Years Old)	34%	110,000
No Health Insurance (18-64 Years Old)	8%	40,000
No Health Insurance (0-17 Years Old)	2%	4,000
No Health Insurance (0-64 Years Old)	6%	44,000
No Routine Check-Up in Past Two Years	15%	103,000
No Flu Shot in Past 12 months (65+ Years Old)	36%	59,000
Never Had a Pneumonia Vaccination (65+ Years Old)	30%	49,000
No Tetanus Shot in Past Ten Years	26%	183,000
Haven't Been to the Dentist in the Past Year	30%	210,000
Ever Had a Heart Attack	5%	34,000
Have Angina or Coronary Heart Disease	4%	29,000
Ever Had a Stroke	3%	18,000
Ever Been Diagnosed with Cancer (Excluding Skin Cancer Other Than Melanoma)	7%	48,000
Ever Been Diagnosed with Skin Cancer (Excluding Melanoma)	5%	37,000
Does Not Use Sun Block Most or All of the Time	74%	509,000
Current Asthma	8%	58,000
Arthritis	27%	188,000
Chronic Obstructive Pulmonary Disease (COPD)	7%	48,000
Depressive Disorder	18%	124,000
Mental Health Not Good for 20-30 Days of the Past 30 days	8%	55,000
Kidney Disease	3%	18,000
Diagnosed with COVID-19	36%	249,000
Severe Vision Impairment	4%	24,000
Hearing Difficulty	9%	60,000
Less Than Six Hours of Sleep per Day	10%	68,000
Drank Alcohol in Past 30 Days	56%	384,000
Binge Drinking	19%	134,000
Heavy Drinking	7%	45,000
Marijuana Use	9%	61,000
Taken Prescription Pain Medication in Past 12 Months	12%	86,000
Deals with at Least One Social Determinant of Health	21%	145,000
One or More Adverse Childhood Experiences	47%	323,000
Five or More Adverse Childhood Experiences	8%	56,000
Basic Needs Not Met as a Child	5%	36,000
Did Not Feel Safe and Protected as a Child	6%	38,000
Fair/Poor Health Status	15%	104,000
Physical Health Not Good for 30 of the Past 30 days	5%	34,000
Usual Activities Unattainable for 10-30 Days of the Past 30 Days	9%	64,000
Never Been Tested for HIV	74%	511,000

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Table 2 shows the topics covered on South Dakota's BRFSS each year from 2013 through 2022.

Table 2
Topics Covered on the South Dakota BRFSS, 2013-2022

Topics	Year									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Fair/Poor Health Status	15%	14%	11%	16%	15%	14%	13%	14%	14%	13%
Physical Health Not Good for 30 out of 30 days	5%	5%	4%	7%	5%	7%	7%	6%	6%	5%
Mental Health Not Good for 20-30 out of 30 days	8%	8%	6%	8%	6%	6%	6%	5%	6%	5%
Poor Phys. Or Mental Health kept from doing usual activities for 10-30 out of 30 days	9%	8%	7%	8%	7%	8%	7%	6%	7%	6%
Routine Check-Up in Past Two Years	85%	88%	89%	85%	86%	81%	80%	81%	80%	80%
No Health Insurance (18-64 years old)	8%	7%	9%	10%	10%	8%	8%	8%	9%	10%
No Health Insurance (0-17 years old)	2%	1%	3%	2%	3%	1%	2%	2%	1%	2%
No Health Insurance (0-64 years old)	6%	6%	7%	7%	8%	5%	6%	6%	7%	7%
Leisure Time Physical Activity	77%	77%	78%	70%	76%	75%	81%	79%	79%	76%
Diabetes	9%	11%	8%	11%	9%	11%	8%	9%	9%	9%
High Blood Pressure		33%		31%		31%		30%	29%	31%
High Cholesterol		37%		28%		29%		33%		37%
Two+ Servings of Fruit per Day		25%		28%		30%		23%		27%
Three+ Servings of Vegetables per Day		12%		13%		13%		11%		12%
Five+ Servings of Fruits and Vegetables per Day		12%		13%		15%		10%		13%
Asthma	8%	8%	8%	8%	8%	7%	6%	8%	7%	8%
Flu Shot (65+ years old)	64%	75%	72%	64%	51%	65%	63%	71%	71%	71%
Pneumonia Shot (65+ years old)	70%	74%	76%	73%	77%	78%	76%	70%	69%	65%
Shingles Shot (50+ years old)			46%			39%			27%	
Tetanus Shot in Past Ten Years	74%			78%			67%			65%
Cigarette Smoking	14%	15%	18%	18%	19%	19%	18%	20%	19%	20%
Smokeless Tobacco Use	5%	6%	6%	6%	7%	6%	6%	6%	5%	7%
E-Cigarette Use	7%	6%	4%	5%	5%	4%	3%			
Any Tobacco (Cigarette, Smokeless, E-Cig)	22%	24%	28%	29%	28%	25%	23%			
Drank Alcohol in Past 30 Days	56%	57%	56%	59%	58%	55%	59%	56%	56%	58%
Binge Drinking	19%	20%	18%	21%	21%	17%	19%	17%	17%	19%
Heavy Drinking	7%	7%	6%	7%	9%	6%	5%	5%	5%	5%
Use Sun Block Most of the Time	26%		25%		24%		25%		24%	
Skin Cancer (Excluding Melanoma)	5%									
Arthritis	27%	24%	25%	27%	25%	22%	26%	24%	26%	25%
Injured in a Fall (45+ years old)			9%		8%		9%		11%	
Disability - Limited								21%	20%	19%
Disability – Special Equipment Needed								8%	8%	8%
Meets Physical Activity Recommendations				46%		51%		54%		54%
One or More Exercise Trips per Day	4%						10%	7%		
Sit for at Least 12 Hours per Day	8%						5%	6%		
Mammogram in Past 2 years (40-74 years old)	74%		76%		79%		76%		76%	
Met Cervical Cancer Screening Recommendations (21-65 years old)			83%		77%		84%			
Ever had HPV Vaccination (18-49 years old)							7%			

Table 2 (continued)
Topics Covered on the South Dakota BRFSS, 2013-2022

Topics	Year									
	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Body Mass Index - Overweight (BMI 25+)	72%	72%	70%	71%	68%	68%	67%	64%	65%	67%
Body Mass Index - Obese (BMI 30+)	37%	38%	33%	33%	30%	32%	30%	30%	30%	30%
Body Mass Index - Severely Obese (BMI 35+)	15%	16%	13%	13%	13%	13%	11%	11%	12%	11%
Body Mass Index - Morbidly Obese (BMI 40+)	6%	7%	5%	5%	5%	5%	4%	4%	4%	4%
Been to the Dentist in the Past Year (18+)	70%		70%		68%		70%		71%	
Been to the Dentist in the Past Year (6-17 years old)			90%			92%		94%		93%
PSA Test within the past 2 years (40+)			39%		34%		41%		44%	
Met colorectal cancer screening recommendations (45-75 years old)	66%									
Currently Using Birth Control (18-49 year old females)		83%		80%		79%				
Ever been tested for HIV	26%	29%	29%	32%	27%	27%	25%	25%	22%	26%
Heart Attack	5%	4%	4%	5%	5%	5%	5%	5%	5%	5%
Knows Symptoms of a Heart Attack								15%		16%
Angina / Coronary Heart Disease	4%	4%	4%	4%	4%	5%	5%	5%	4%	5%
Stroke	3%	3%	3%	3%	3%	3%	2%	3%	3%	3%
Chronic Obstructive Pulmonary Disease (COPD)	7%	6%	6%	6%	5%	5%	5%	6%	6%	4%
Depressive Disorder	18%	17%	16%	17%	16%	17%	16%	16%	17%	14%
Kidney Disease	3%	3%	3%	3%	3%	3%	2%	2%	2%	3%
Severe Vision Impairment	4%	3%	4%	4%	4%	4%	4%	3%	4%	3%
Hearing Difficulty	9%	7%	8%	8%	8%	8%	8%			
Increased Confusion/Memory Loss (45+)				10%				6%	4%	6%
Heard About South Dakota Quitline				87%			81%	85%	78%	80%
Ever Been Diagnosed with Cancer (Excl. Skin Cancer other than Melanoma)	7%									
Seat Belt Use (Almost Always or Always)			88%		85%	87%	85%	85%	82%	83%
Sexual Violence Victim in Past 12 months		3%							2%	
Less Than Six Hours of Sleep per Day	10%		8%		8%		8%		8%	8%
Caregiver		17%					15%			
Caregiver (6+ Months & 9+ hours per week)		6%					5%			
Sweetened beverages (3 or more per day)		6%								
Advance Directive in Place		28%		28%		32%		31%		
Professional Treatment for Mental Problem		14%		12%		12%	12%			
Professional Treatment for Substance Abuse		2%		2%		2%	2%			
One or More Adverse Childhood Experiences	47%		47%		49%	46%				
Five or More Adverse Childhood Experiences	8%		8%		9%	7%				
Taken Prescription Pain Medication in Past 12 Months	12%	12%	15%	15%	16%	15%				
Diagnosed with COVID-19	36%									
Marijuana Use	9%									
Deals with at Least One Social Determinant of Health	21%									
Basic Needs Not Met as a Child	5%									
Did Not Feel Safe and Protected as a Child	6%									

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

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, Inc. 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. Seventy-eight percent of all surveys were completed via cell phone in 2022 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 2022 survey (Appendix B), standard demographic questions were included along with sections on general health status, physical and mental health, health insurance, breast cancer screening, lung cancer screening, cancer survivorship, oral health, chronic health conditions, cardiovascular disease, tobacco use, alcohol use, sleep, COVID-19, marijuana use, social determinants of health, immunization, adverse childhood experiences, and HIV/AIDS. South Dakota also added several state-specific questions to the end of the core questionnaire including secondhand smoke, colorectal cancer screening, sunscreen use, prescription pain medication, physical activity, 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 7,424 interviews completed between January 1, 2022 and December 31, 2022, at an average of 619 interviews per month.

Data Processing

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

Weighting

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

Sample Description

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

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

Completion Rate

Table 3 shows the outcome of all telephone calls. The 7,424 completed interviews represented a completion rate of 1.6 percent. The refusal rate was 11.0 percent.

Table 3
Disposition of All Telephone Numbers in the Sample, 2022

Final Outcome	Number	Percent
Completed interview	7,424	1.6%
Refused interview	49,576	11.0%
Nonworking number	287,272	63.8%
No answer (Multiple times)	54,133	12.0%
Telephone answering service (Multiple times)	25,277	5.6%
Not a private residence	8,536	1.9%
Fast busy/Line busy (Multiple times)	7,797	1.7%
Not assigned	3,954	0.9%
No eligible respondent at this number	1,713	0.4%
On never call list	1,343	0.3%
Fax line	1,212	0.3%
Language barrier	1,033	0.2%
Physical/mental impairment	382	0.1%
Interview terminated within questionnaire	214	0.0%
Landline phone (Cell phone study)	132	0.0%
Respondent not available during the interviewing period	6	0.0%
Other	3,954	0.9%
Total	**450,004**	**100.0%**

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

OVERWEIGHT AND OBESE

OVERWEIGHT

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

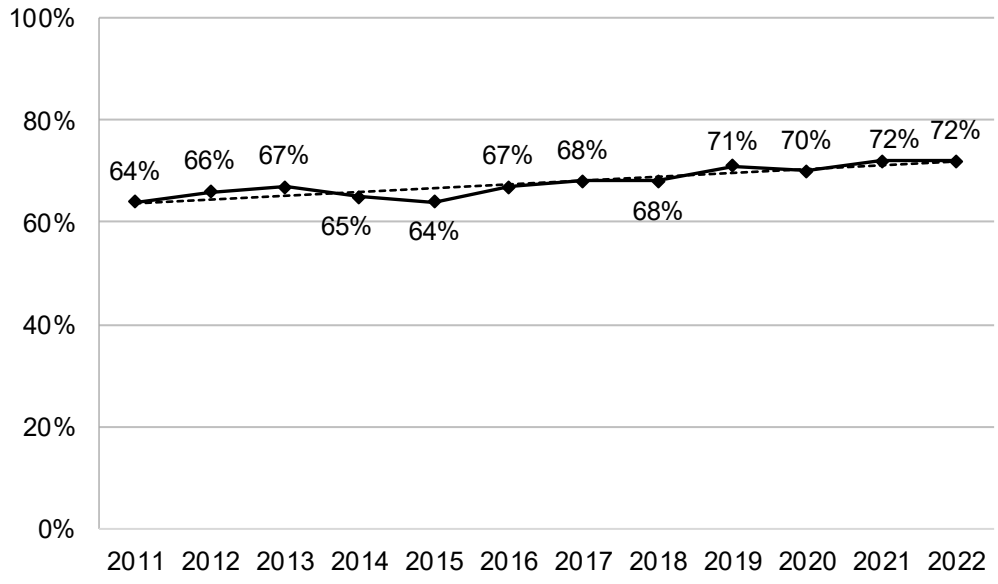
Prevalence of Overweight

- South Dakota 72%
- Nationwide median 68%

Trend Analysis

Overall, the percentage of South Dakotans who are overweight has increased since 2011. In 2021 and 2022, the overweight percentage for South Dakotans is the highest it has ever been at 72 percent. The nationwide median for overweight is 68 percent, while South Dakota exceeds that with 72 percent.

Figure 1
Percentage of South Dakotans Who Are Overweight Based on Body Mass Index, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 4
South Dakotans Who Are Overweight, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	75%	73.7%	76.8%
	Female	65%	63.5%	66.8%
Age	18-29	53%	49.8%	56.4%
	30-39	71%	68.2%	74.2%
	40-49	76%	73.4%	79.2%
	50-59	79%	77.4%	81.5%
	60-69	77%	75.3%	79.4%
	70-79	74%	71.9%	76.8%
	80+	62%	57.9%	65.8%
Race/Ethnicity	White, Non-Hispanic	70%	69.1%	71.5%
	American Indian, Non-Hispanic	78%	74.4%	81.4%
	American Indian/White, Non-Hispanic	75%	63.4%	83.7%
	Hispanic	69%	60.7%	76.6%
Household Income	Less than $35,000	69%	66.9%	71.4%
	$35,000-$74,999	74%	71.5%	75.6%
	$75,000+	72%	70.4%	74.3%
Education	Less than High School, G.E.D.	73%	67.6%	77.1%
	High School, G.E.D.	70%	68.0%	72.2%
	Some Post-High School	72%	70.3%	74.1%
	College Graduate	68%	66.2%	70.0%
Employment Status	Employed for Wages	71%	69.6%	72.8%
	Self-employed	75%	71.8%	78.4%
	Unemployed	67%	59.2%	73.5%
	Homemaker	67%	59.6%	73.4%
	Student	46%	39.7%	52.7%
	Retired	73%	70.7%	74.5%
	Unable to Work	73%	68.2%	78.0%
Marital Status	Married/Unmarried Couple	74%	72.4%	75.2%
	Divorced/Separated	75%	72.5%	78.0%
	Widowed	65%	61.8%	68.7%
	Never Married	62%	58.7%	64.4%
Home Ownership Status	Own Home	74%	72.4%	74.9%
	Rent Home	64%	61.6%	67.0%
Children Status	Children in Household (Ages 18-44)	69%	65.9%	71.2%
	No Children in Household (Ages 18-44)	58%	55.0%	61.3%
Phone Status	Landline	72%	69.9%	73.4%
	Cell Phone	70%	68.7%	71.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	60%	57.1%	63.2%
County	Minnehaha	71%	68.2%	73.1%
	Pennington	68%	65.9%	70.8%
	Lincoln	68%	63.7%	71.5%
	Brown	72%	69.8%	74.4%
	Brookings	62%	58.4%	65.3%
	Codington	71%	68.8%	73.6%
	Meade	64%	59.5%	69.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Males exhibit a significantly higher prevalence of being overweight than females.
Age	The prevalence of being overweight peaks for those in their 50s including a significant increase as the 30s 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 consistently change as household income increases.
Education	The prevalence of being overweight does not seem to consistently change as education levels increase.
Employment	Those who are a student demonstrate a prevalence of being overweight that is significantly lower than all other types of employment.
Marital Status	Those who are married or divorced exhibit a very high prevalence of being overweight, while those who are widowed or 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	Minnehaha, Pennington, Brown, and Codington counties demonstrate a very high prevalence of being overweight, while Brookings and Meade counties show a very low prevalence.

OBESE

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

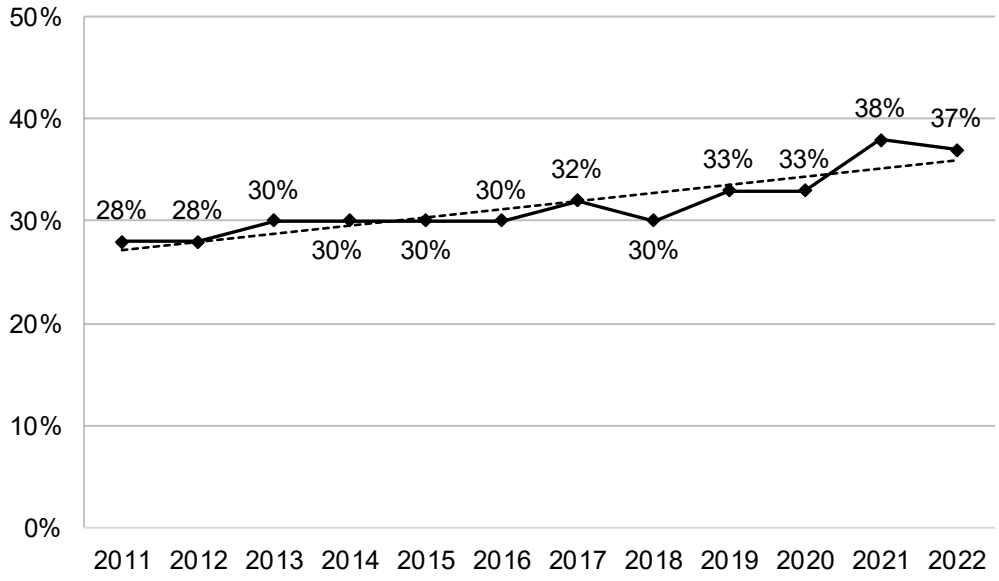
Prevalence of Obesity

- South Dakota 37%
- Nationwide median 34%

Trend Analysis

Overall, the percentage of South Dakotans who are obese has been increasing since 2011 including a 15 percent increase from 2020 to 2021. In 2021, the obese percentage was the highest it has ever been at 38 percent. The nationwide median for obesity is 34 percent while South Dakota exceeds that with 37 percent.

Figure 2
Percentage of South Dakotans Who Are Obese Based on Body Mass Index, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 5
South Dakotans Who Are Obese, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	35%	33.0%	36.4%
	Female	34%	32.1%	35.6%
Age	18-29	23%	20.3%	26.1%
	30-39	38%	34.5%	41.5%
	40-49	39%	35.8%	42.6%
	50-59	40%	37.5%	42.8%
	60-69	39%	36.0%	41.2%
	70-79	33%	30.6%	36.3%
	80+	23%	19.6%	26.9%
Race/Ethnicity	White, Non-Hispanic	33%	31.8%	34.3%
	American Indian, Non-Hispanic	45%	39.9%	50.1%
	American Indian/White, Non-Hispanic	52%	39.5%	63.6%
	Hispanic	40%	32.1%	47.7%
Household Income	Less than $35,000	37%	34.4%	39.3%
	$35,000-$74,999	36%	33.6%	38.4%
	$75,000+	33%	30.8%	35.1%
Education	Less than High School, G.E.D.	37%	32.0%	43.2%
	High School, G.E.D.	34%	32.3%	36.6%
	Some Post-High School	36%	33.7%	38.0%
	College Graduate	31%	29.5%	33.2%
Employment Status	Employed for Wages	36%	33.8%	37.4%
	Self-employed	34%	30.6%	38.0%
	Unemployed	32%	26.7%	38.4%
	Homemaker	36%	28.3%	45.1%
	Student	17%	13.1%	22.1%
	Retired	32%	30.4%	34.5%
	Unable to Work	48%	43.0%	53.8%
Marital Status	Married/Unmarried Couple	36%	34.2%	37.4%
	Divorced/Separated	36%	32.9%	39.6%
	Widowed	30%	26.5%	33.2%
	Never Married	31%	28.2%	33.7%
Home Ownership Status	Own Home	35%	33.7%	36.5%
	Rent Home	33%	30.7%	36.1%
Children Status	Children in Household (Ages 18-44)	34%	31.5%	37.2%
	No Children in Household (Ages 18-44)	28%	25.0%	30.9%
Phone Status	Landline	34%	32.2%	35.8%
	Cell Phone	34%	32.9%	35.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	32%	29.0%	35.0%
County	Minnehaha	35%	32.8%	38.0%
	Pennington	32%	29.5%	34.3%
	Lincoln	30%	26.9%	34.0%
	Brown	36%	33.2%	38.1%
	Brookings	27%	24.5%	29.6%
	Codington	35%	33.1%	38.0%
	Meade	26%	22.9%	30.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of obesity does not seem to differ by gender.
Age	The prevalence of obesity peaks for those in their 50s including a significant increase as the 30s are reached. After that, the prevalence of obesity decreases as age increases with a significant decrease as the 80s are reached.
Race/ Ethnicity	American Indians and American Indian/whites exhibit 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 consistently change as education levels increase.
Employment	Those who are homemakers or 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 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 differ based on home ownership status.
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 differ based on phone status.
County	Minnehaha, Brown, and Codington counties demonstrate a very high prevalence of obesity, while Brookings and Meade counties show a very low prevalence.

SEVERELY OBESE

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

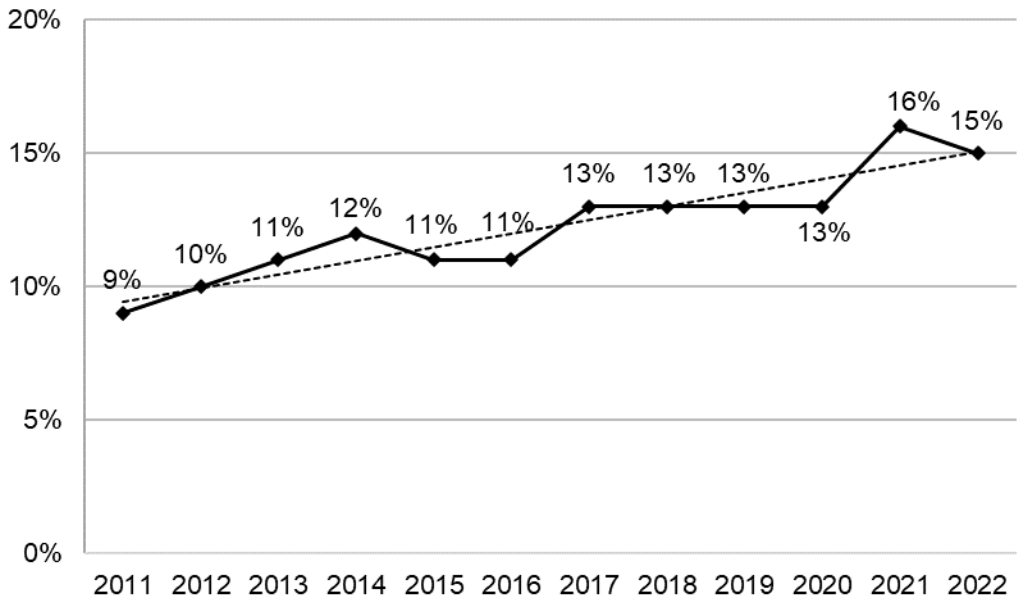
Prevalence of Severe Obesity

- South Dakota 15%
- *There is no nationwide median for severely obese*

Trend Analysis

Overall, the percentage of South Dakotans who are severely obese has been increasing since 2011. From 2020 to 2021, this percentage increased from 13 percent to 16 percent.

Figure 3
Percentage of South Dakotans Who Are Severely Obese Based on Body Mass Index, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 6
South Dakotans Who Are Severely Obese, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	13%	11.6%	14.1%
	Female	15%	13.9%	16.4%
Age	18-29	10%	8.0%	12.2%
	30-39	16%	13.7%	18.8%
	40-49	17%	14.4%	19.7%
	50-59	17%	14.7%	18.8%
	60-69	16%	13.8%	17.9%
	70-79	11%	9.4%	12.7%
	80+	6%	4.4%	8.5%
Race/Ethnicity	White, Non-Hispanic	13%	12.2%	14.0%
	American Indian, Non-Hispanic	19%	15.8%	22.1%
	American Indian/White, Non-Hispanic	23%	13.5%	35.3%
	Hispanic	18%	13.2%	25.2%
Household Income	Less than $35,000	17%	15.0%	18.8%
	$35,000-$74,999	15%	13.6%	17.4%
	$75,000+	11%	9.9%	12.7%
Education	Less than High School, G.E.D.	18%	13.4%	22.9%
	High School, G.E.D.	14%	12.4%	15.3%
	Some Post-High School	14%	12.7%	15.8%
	College Graduate	12%	11.1%	13.8%
Employment Status	Employed for Wages	15%	13.5%	16.1%
	Self-employed	11%	9.1%	14.3%
	Unemployed	15%	11.5%	19.9%
	Homemaker	16%	10.3%	24.1%
	Student	7%	4.6%	11.1%
	Retired	11%	10.0%	12.8%
	Unable to Work	28%	23.3%	33.1%
Marital Status	Married/Unmarried Couple	14%	12.5%	14.8%
	Divorced/Separated	16%	13.8%	18.5%
	Widowed	11%	9.1%	14.1%
	Never Married	14%	12.3%	16.4%
Home Ownership Status	Own Home	13%	12.4%	14.4%
	Rent Home	16%	14.1%	18.3%
Children Status	Children in Household (Ages 18-44)	14%	11.8%	15.7%
	No Children in Household (Ages 18-44)	13%	10.7%	15.3%
Phone Status	Landline	14%	12.3%	14.8%
	Cell Phone	14%	12.9%	15.1%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	14%	12.4%	16.4%
County	Minnehaha	15%	12.9%	16.8%
	Pennington	13%	11.5%	15.0%
	Lincoln	11%	9.3%	13.9%
	Brown	14%	12.7%	16.0%
	Brookings	12%	10.4%	14.0%
	Codington	14%	12.8%	16.2%
	Meade	10%	8.3%	13.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of severe obesity does not seem to differ based on gender.
Age	The prevalence of being severely obese peaks in the 40s and 50s. This includes 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 decreases as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of being severely obese, while those who are self-employed, a student, or retired show a very low prevalence.
Marital Status	The prevalence of being severely obese does not seem to differ based on marital status.
Home Ownership	The prevalence of being severely obese does not seem to differ based on home ownership status.
Children Status	The prevalence of adults being severely obese does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of being severely obese does not seem to differ based on phone status.
County	The prevalence of being severely obese does not seem to differ among the available counties.

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: weight (lb)/height (in)² x 703.

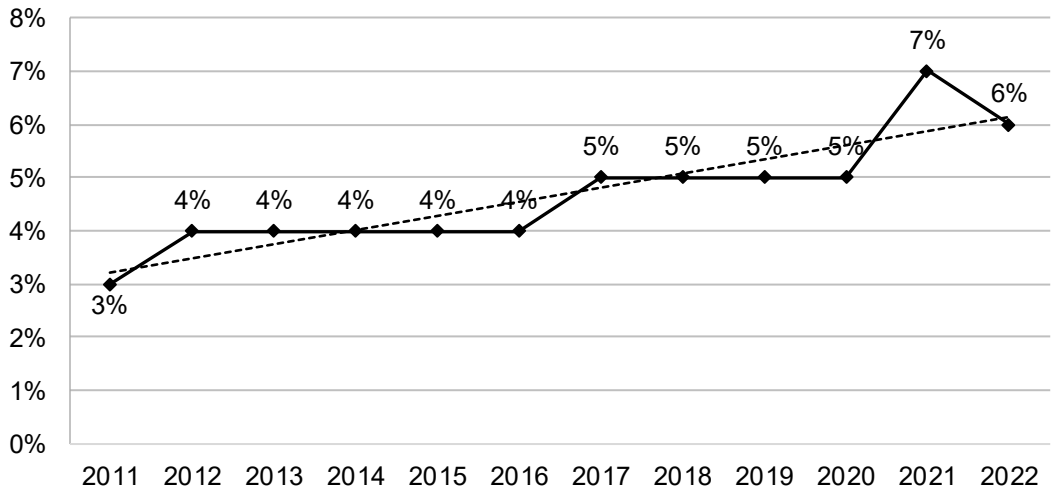
Prevalence of Morbid Obesity

- South Dakota 6%
- *There is no nationwide median for morbid obesity*

Trend Analysis

The percentage of South Dakotans who are morbidly obese has been increasing since 2011. However, from 2021 to 2022, this percentage decreased from 7 percent to 6 percent.

Figure 4
Percent of South Dakotans Who are Morbidly Obese, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 7
South Dakotans Who Are Morbidly Obese, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.0%	5.5%
	Female	7%	5.7%	7.6%
Age	18-29	3%	2.5%	4.6%
	30-39	7%	6.1%	9.2%
	40-49	7%	5.5%	10.0%
	50-59	7%	5.5%	8.3%
	60-69	6%	4.7%	7.8%
	70-79	4%	2.7%	4.8%
	80+	2%	0.8%	3.5%
Race/Ethnicity	White, Non-Hispanic	5%	4.6%	5.9%
	American Indian, Non-Hispanic	8%	5.8%	9.8%
	American Indian/White, Non-Hispanic	6%	2.5%	13.8%
	Hispanic	10%	6.4%	16.5%
Household Income	Less than $35,000	8%	6.7%	9.5%
	$35,000-$74,999	5%	4.3%	6.4%
	$75,000+	4%	3.5%	5.6%
Education	Less than High School, G.E.D.	8%	5.1%	12.8%
	High School, G.E.D.	6%	5.1%	7.1%
	Some Post-High School	5%	4.5%	6.3%
	College Graduate	4%	3.8%	5.3%
Employment Status	Employed for Wages	6%	5.0%	6.8%
	Self-employed	3%	2.2%	4.2%
	Unemployed	8%	5.5%	12.0%
	Homemaker	9%	4.7%	16.4%
	Student	3%	1.2%	6.2%
	Retired	4%	3.4%	5.4%
	Unable to Work	14%	10.7%	18.3%
Marital Status	Married/Unmarried Couple	5%	4.5%	6.2%
	Divorced/Separated	7%	5.9%	9.2%
	Widowed	4%	2.9%	5.4%
	Never Married	6%	4.8%	7.0%
Home Ownership Status	Own Home	5%	4.5%	5.9%
	Rent Home	7%	5.7%	8.2%
Children Status	Children in Household (Ages 18-44)	5%	4.4%	6.6%
	No Children in Household (Ages 18-44)	6%	4.2%	7.2%
Phone Status	Landline	5%	4.6%	6.3%
	Cell Phone	6%	4.9%	6.4%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	6%	5.3%	8.0%
County	Minnehaha	6%	4.7%	7.2%
	Pennington	5%	4.2%	6.7%
	Lincoln	5%	3.5%	6.5%
	Brown	6%	4.9%	7.3%
	Brookings	5%	3.9%	6.1%
	Codington	5%	4.3%	6.3%
	Meade	4%	3.1%	6.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females demonstrate a significantly higher prevalence of morbid obesity than males.
Age	The prevalence of morbid obesity peaks with those in their 30s, 40s, and 50s. This includes a significant increase as the 30s are reached.
Race/ Ethnicity	Hispanics exhibit a very high prevalence of morbid obesity, while whites show a very low prevalence.
Household Income	The prevalence of morbid obesity decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of morbid obesity decreases as education levels increase.
Employment	Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of morbid obesity, 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 morbid obesity, while those who are widowed show a very low prevalence.
Home Ownership	The prevalence of morbid obesity does not seem to differ based on home ownership status.
Children Status	The prevalence of adults being morbidly obese does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of morbid obesity does not seem to differ based on phone status.
County	The prevalence of morbid obesity does not seem to differ among the available counties.

PHYSICAL ACTIVITY

LEISURE TIME PHYSICAL ACTIVITY

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

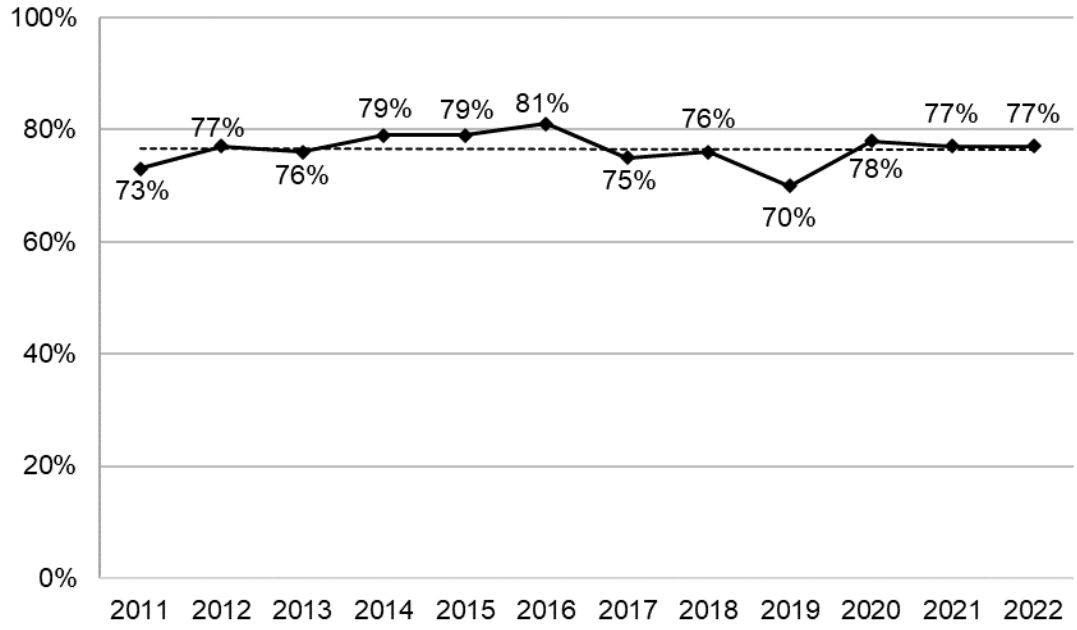
Prevalence of Leisure Time Physical Activity

- South Dakota 77%
- Nationwide median 77%

Trend Analysis

Overall, the percentage of South Dakotans who reported leisure-time physical activity has been steady since 2011. In 2022, the percent of leisure time physical activity remained the same as the prior year with 77 percent of South Dakotans engaging in leisure time physical activity.

Figure 5
Percentage of South Dakotans Who Reported Leisure Time Physical Activity, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 8
South Dakotans Who Reported Leisure Time Physical Activity, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	76%	74.0%	77.0%
	Female	75%	73.9%	76.7%
Age	18-29	83%	80.0%	84.9%
	30-39	82%	79.8%	84.5%
	40-49	77%	73.9%	79.9%
	50-59	73%	70.9%	75.5%
	60-69	70%	67.7%	72.4%
	70-79	67%	63.7%	69.3%
	80+	62%	58.2%	65.9%
Race/Ethnicity	White, Non-Hispanic	76%	74.6%	76.7%
	American Indian, Non-Hispanic	71%	66.5%	75.1%
	American Indian/White, Non-Hispanic	83%	75.5%	88.4%
	Hispanic	74%	66.2%	80.7%
Household Income	Less than $35,000	68%	65.8%	70.5%
	$35,000-$74,999	76%	74.5%	78.2%
	$75,000+	84%	82.6%	85.7%
Education	Less than High School, G.E.D.	60%	54.6%	65.3%
	High School, G.E.D.	70%	68.3%	72.2%
	Some Post-High School	77%	75.1%	78.5%
	College Graduate	85%	83.3%	85.9%
Employment Status	Employed for Wages	79%	77.7%	80.5%
	Self-employed	73%	69.0%	75.8%
	Unemployed	75%	68.6%	80.1%
	Homemaker	72%	64.6%	78.4%
	Student	88%	82.9%	91.3%
	Retired	70%	67.8%	71.7%
	Unable to Work	53%	47.8%	58.6%
Marital Status	Married/Unmarried Couple	77%	75.5%	78.1%
	Divorced/Separated	70%	67.1%	73.1%
	Widowed	65%	61.6%	68.1%
	Never Married	78%	75.1%	79.8%
Home Ownership Status	Own Home	76%	74.6%	76.9%
	Rent Home	74%	72.0%	76.7%
Children Status	Children in Household (Ages 18-44)	81%	78.8%	83.1%
	No Children in Household (Ages 18-44)	83%	80.2%	85.0%
Phone Status	Landline	68%	66.7%	70.1%
	Cell Phone	78%	76.5%	79.0%
Pregnancy Status	Pregnant (Ages 18-44)	89%	78.8%	94.2%
	Not Pregnant (Ages 18-44)	82%	79.8%	84.2%
County	Minnehaha	76%	73.8%	78.2%
	Pennington	77%	74.4%	78.5%
	Lincoln	81%	77.5%	83.6%
	Brown	74%	71.9%	76.1%
	Brookings	80%	77.3%	82.0%
	Codington	73%	70.8%	75.2%
	Meade	76%	72.3%	79.3%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of leisure time physical activity does not seem to differ based on gender.
Age	The prevalence of leisure time physical activity decreases as age increases. This includes a significant decrease when the 40s are reached.
Race/ Ethnicity	American Indian/whites exhibit a very high prevalence of leisure time physical activity, while American Indians show a very low prevalence.
Household Income	The prevalence of leisure time physical activity increases as household income increases. This includes significant increases when the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of leisure time physical activity increases as education levels increase. This includes significant increases at each education level.
Employment	Those who are students demonstrate a very high prevalence of leisure time physical activity, while those who are unable to work show a very low prevalence.
Marital Status	Those who are married or have never been married exhibit a very high prevalence of leisure time physical activity, while those who are divorced or widowed show a very low prevalence.
Home Ownership	The prevalence of leisure time physical activity does not seem to differ based on home ownership status.
Children Status	The prevalence of leisure time physical activity among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of leisure time physical activity than those who primarily use a landline phone.
Pregnancy Status	The prevalence of leisure time physical activity does not seem to differ based on pregnancy status.
County	Residents of Lincoln and Brookings counties exhibit a very high prevalence of leisure time physical activity, while residents of Brown and Codington counties show a very low prevalence.

SEDENTARY BEHAVIOR

Definition: South Dakotans who report sitting for 12 or more hours per day.

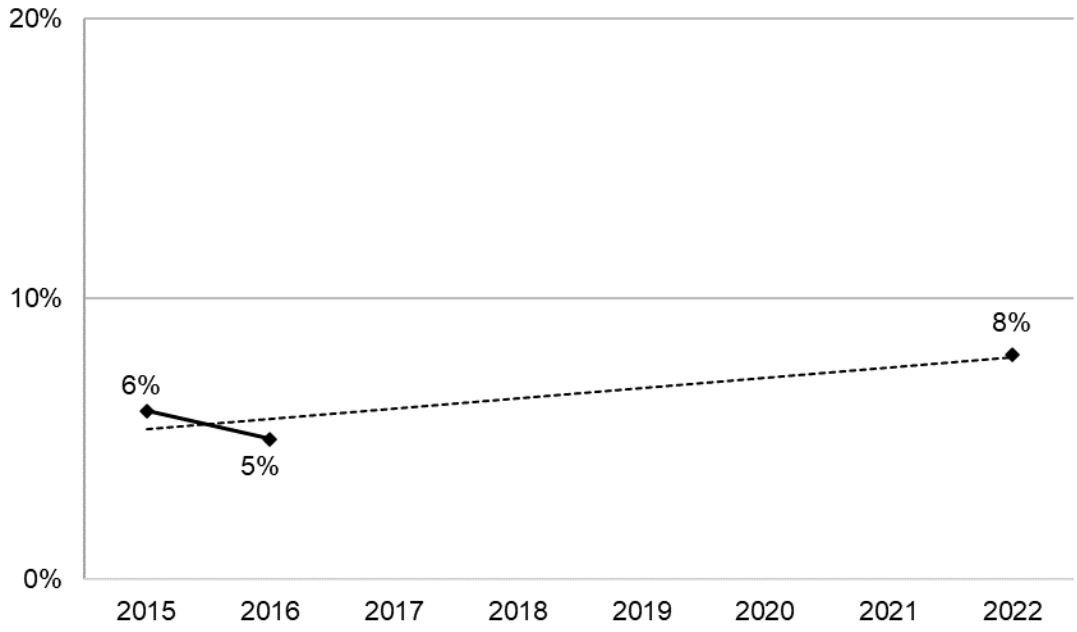
Prevalence of Sitting 12 or More Hours per Day

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

Trend Analysis

Overall, the percentage of South Dakotans who reported sedentary behavior defined as sitting for 12 or more hours a day has increased since this question was first asked in 2015.

Figure 6
Percentage of South Dakotans Who Report Sitting for 12 or More Hours Per Day, 2015-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2022

Table 9
South Dakotans Who Reported Sedentary Behavior Defined as Sitting for 12 or More Hours Per Day, 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	9%	6.9%	11.3%
	Female	7%	5.3%	9.3%
Age	18-29	7%	4.3%	10.6%
	30-39	8%	5.4%	13.1%
	40-49	7%	4.2%	11.7%
	50-59	10%	6.2%	15.6%
	60-69	9%	6.0%	14.5%
	70-79	5%	3.5%	7.0%
	80+	8%	4.2%	13.6%
Race/Ethnicity	White, Non-Hispanic	8%	6.3%	9.6%
	American Indian, Non-Hispanic	7%	4.9%	9.5%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	3%	1.7%	6.5%
Household Income	Less than $35,000	10%	6.7%	15.1%
	$35,000-$74,999	7%	5.0%	10.0%
	$75,000+	8%	6.1%	11.4%
Education	Less than High School, G.E.D.	6%	2.5%	14.1%
	High School, G.E.D.	5%	3.7%	7.1%
	Some Post-High School	9%	6.3%	12.2%
	College Graduate	10%	7.2%	12.8%
Employment Status	Employed for Wages	9%	6.7%	11.0%
	Self-employed	4%	2.4%	7.5%
	Unemployed	19%	6.4%	43.7%
	Homemaker	1%	0.3%	3.1%
	Student	6%	2.2%	16.0%
	Retired	6%	4.4%	8.6%
	Unable to Work	10%	5.6%	18.5%
Marital Status	Married/Unmarried Couple	6%	4.6%	8.0%
	Divorced/Separated	14%	9.1%	21.9%
	Widowed	9%	5.3%	14.7%
	Never Married	9%	6.3%	12.8%
Home Ownership Status	Own Home	8%	6.0%	9.5%
	Rent Home	9%	6.5%	13.4%
Children Status	Children in Household (Ages 18-44)	4%	2.5%	6.7%
	No Children in Household (Ages 18-44)	11%	8.0%	15.9%
Phone Status	Landline	6%	4.0%	8.4%
	Cell Phone	9%	6.9%	10.7%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	6%	3.8%	10.3%
County	Minnehaha	12%	8.5%	16.8%
	Pennington	10%	7.1%	13.9%
	Lincoln	9%	6.7%	11.9%
	Brown	6%	4.1%	8.5%
	Brookings	7%	5.0%	10.0%
	Codington	7%	4.6%	9.2%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of sedentary behavior does not seem to differ by gender.
Age	The prevalence of sedentary behavior does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of sedentary behavior does not seem to differ by race/ethnicity.
Household Income	The prevalence of sedentary behavior does not seem to consistently change as household income increases.
Education	The prevalence of sedentary behavior does not seem to consistently change as education levels increase.
Employment	Those who are employed for wages, unemployed, retired, or unable to work exhibit a very high prevalence of sedentary behavior, while those who are homemakers show a very low prevalence.
Marital Status	Those who are divorced demonstrate a very high prevalence of sedentary behavior, while those who are married show a very low prevalence.
Home Ownership	The prevalence of sedentary behavior does not seem to differ based on home ownership status.
Children Status	Those who have no children in the household exhibit a significantly higher prevalence of sedentary behavior than those with children in the household.
Phone Status	The prevalence of sedentary behavior does not seem to differ based on phone status.
County	The prevalence of sedentary behavior does not seem to differ among the counties available for analysis.

EXERCISE TRIPS

Definition: South Dakotans who report walking or biking to a destination 7 or more times per week.

Prevalence of Walking or Biking

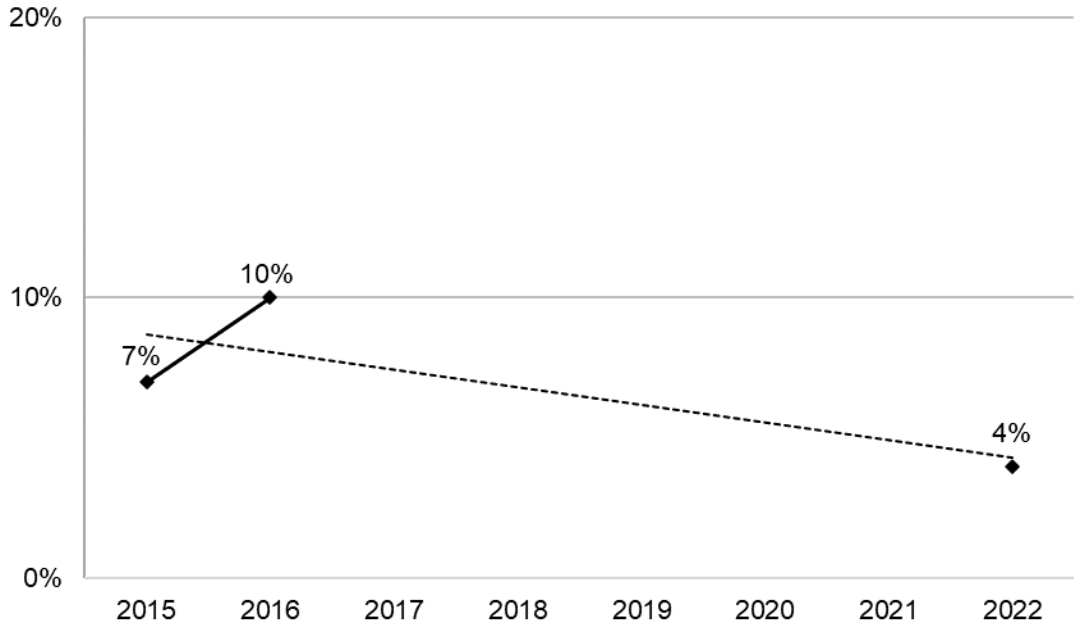
- South Dakota 4%
- *There is no nationwide median for exercise trips*

Trend Analysis

Overall, the percentage of South Dakotans who reported walking or biking to a destination 7 or more times per week has decreased since this question was first asked in 2015.

Figure 7

Percentage of South Dakotans Who Report Walking or Biking to a Destination 7 or More Times Per Week, 2015-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2022

Table 10
South Dakotans Who Reported 7 or More Exercise Trips Per Week Defined as Walking Or Biking to a Destination, 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	5%	3.7%	5.9%
	Female	4%	2.4%	5.8%
Age	18-29	6%	4.3%	8.8%
	30-39	2%	1.3%	3.1%
	40-49	4%	1.9%	6.8%
	50-59	3%	1.8%	3.8%
	60-69	6%	3.2%	9.9%
	70-79	6%	2.3%	13.1%
	80+	2%	1.2%	3.6%
Race/Ethnicity	White, Non-Hispanic	4%	2.5%	4.8%
	American Indian, Non-Hispanic	8%	5.5%	11.1%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	14%	5.6%	29.9%
Household Income	Less than $35,000	6%	4.0%	8.1%
	$35,000-$74,999	2%	1.5%	3.6%
	$75,000+	3%	1.9%	5.4%
Education	Less than High School, G.E.D.	6%	3.0%	10.0%
	High School, G.E.D.	6%	3.8%	9.9%
	Some Post-High School	3%	2.0%	4.4%
	College Graduate	3%	2.1%	4.6%
Employment Status	Employed for Wages	3%	2.4%	4.3%
	Self-employed	6%	3.0%	12.3%
	Unemployed	9%	4.9%	16.1%
	Homemaker	0.5%	0.1%	1.8%
	Student	9%	4.5%	16.2%
	Retired	4%	2.3%	8.7%
	Unable to Work	5%	2.0%	11.4%
Marital Status	Married/Unmarried Couple	4%	2.3%	5.4%
	Divorced/Separated	3%	1.9%	5.1%
	Widowed	3%	1.7%	5.1%
	Never Married	7%	5.1%	9.2%
Home Ownership Status	Own Home	3%	2.2%	4.6%
	Rent Home	7%	5.1%	9.9%
Children Status	Children in Household (Ages 18-44)	2%	1.4%	3.5%
	No Children in Household (Ages 18-44)	5%	3.8%	7.5%
Phone Status	Landline	4%	2.1%	8.3%
	Cell Phone	4%	3.3%	5.2%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	3%	1.7%	4.2%
County	Minnehaha	2%	1.2%	4.0%
	Pennington	4%	2.8%	7.1%
	Lincoln	3%	1.5%	4.7%
	Brown	6%	3.8%	9.9%
	Brookings	7%	4.3%	10.5%
	Codington	5%	3.7%	8.0%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of walking or biking to a destination does not seem to differ by gender.
Age	The prevalence of walking or biking to a destination does not seem to change as age changes.
Race/ Ethnicity	American Indians and Hispanics exhibit a very high prevalence of walking or biking to a destination, while whites show a very low prevalence.
Household Income	The prevalence of walking or biking to a destination does not seem to change as household income changes.
Education	The prevalence of walking or biking to a destination does not seem to consistently change as education levels change.
Employment	Those who are unemployed or a student demonstrate a very high prevalence of walking or biking to a destination, while those who are employed for wages show a very low prevalence.
Marital Status	The prevalence of walking or biking to a destination does not seem to differ by marital status.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of walking or biking to a destination than those who own their home.
Children Status	Those with no children in the household exhibit a significantly higher prevalence of walking or biking to a destination than those with children in the household.
Phone Status	The prevalence of walking or biking to a destination does not seem to differ by phone status.
County	Those in Brookings county demonstrate a very high prevalence of walking or biking to a destination, while those in Minnehaha county show a very low prevalence.

TOBACCO USE

CIGARETTE SMOKING

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

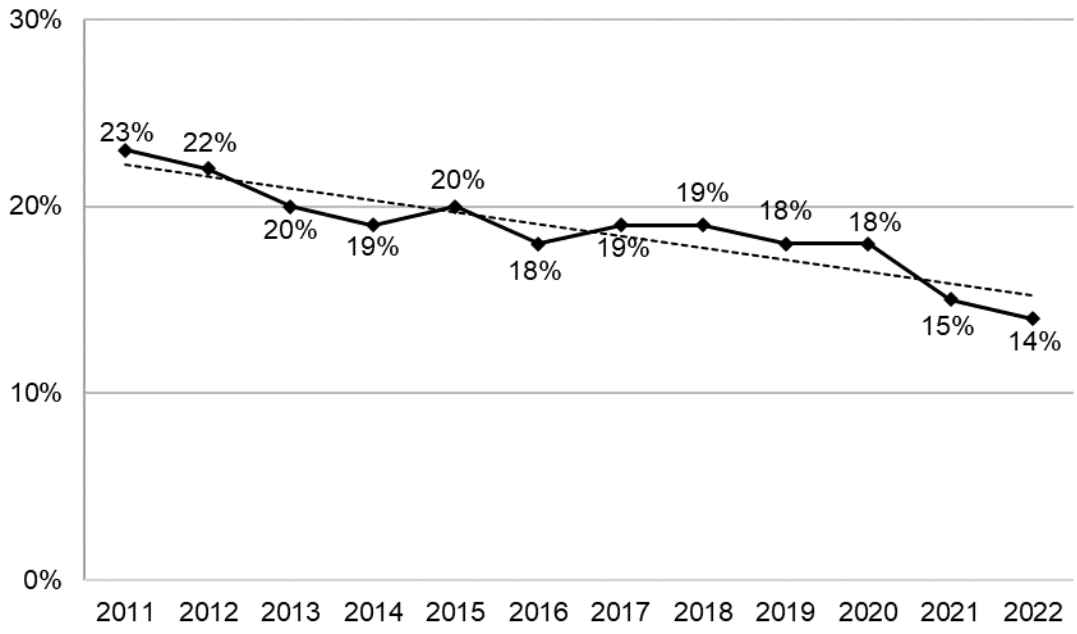
Prevalence of Current Cigarette Smoking

- South Dakota 14%
- Nationwide median 14%

Trend Analysis

Overall, the percentage of South Dakotans who report smoking at least 100 cigarettes in their lifetime and now smoke every day or some days has been steadily decreasing since 2011. In 2022, current cigarette smoking for adults fell to 14 percent, the lowest in the past 12 years. South Dakota is the same as the nationwide median for cigarette smoking.

Figure 8
Percentage of South Dakotans Who Currently Smoke Cigarettes, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 11
South Dakotans Who Currently Smoke Cigarettes, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	18%	16.4%	19.1%
	Female	16%	14.7%	17.5%
Age	18-29	15%	13.2%	17.6%
	30-39	25%	21.9%	28.3%
	40-49	21%	18.6%	24.2%
	50-59	19%	16.5%	20.7%
	60-69	15%	12.6%	16.7%
	70-79	9%	7.8%	11.2%
	80+	3%	1.9%	3.7%
Race/Ethnicity	White, Non-Hispanic	15%	13.7%	15.6%
	American Indian, Non-Hispanic	40%	35.3%	45.9%
	American Indian/White, Non-Hispanic	39%	28.1%	51.4%
	Hispanic	17%	11.8%	22.7%
Household Income	Less than $35,000	27%	24.3%	29.0%
	$35,000-$74,999	16%	14.6%	18.3%
	$75,000+	10%	8.6%	11.4%
Education	Less than High School, G.E.D.	32%	27.2%	37.5%
	High School, G.E.D.	22%	20.1%	23.9%
	Some Post-High School	16%	14.6%	17.8%
	College Graduate	7%	6.1%	8.2%
Employment Status	Employed for Wages	19%	17.5%	20.6%
	Self-employed	13%	10.4%	15.4%
	Unemployed	35%	29.0%	41.8%
	Homemaker	21%	14.4%	28.8%
	Student	8%	5.2%	11.6%
	Retired	10%	8.4%	10.9%
	Unable to Work	30%	25.8%	35.4%
Marital Status	Married/Unmarried Couple	12%	11.4%	13.6%
	Divorced/Separated	32%	28.6%	35.7%
	Widowed	16%	12.6%	19.4%
	Never Married	20%	18.0%	22.6%
Home Ownership Status	Own Home	14%	12.9%	14.9%
	Rent Home	27%	24.1%	29.3%
Children Status	Children in Household (Ages 18-44)	23%	20.5%	25.7%
	No Children in Household (Ages 18-44)	17%	14.6%	19.0%
Phone Status	Landline	13%	11.6%	13.9%
	Cell Phone	18%	17.1%	19.5%
Pregnancy Status	Pregnant (Ages 18-44)	14%	4.7%	33.4%
	Not Pregnant (Ages 18-44)	19%	16.9%	22.1%
County	Minnehaha	16%	13.6%	17.7%
	Pennington	19%	16.8%	21.0%
	Lincoln	10%	7.7%	11.7%
	Brown	18%	16.2%	20.3%
	Brookings	12%	9.9%	14.4%
	Codington	19%	17.0%	21.3%
	Meade	18%	15.0%	22.1%

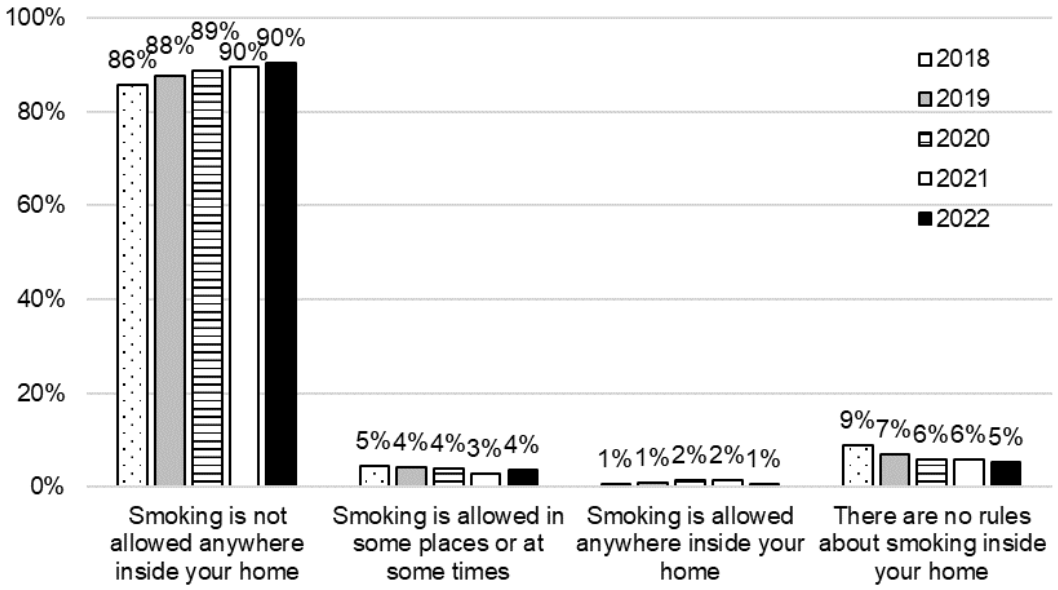
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of cigarette smoking does not seem to differ based on gender.
Age	The prevalence of cigarette smoking generally decreases as age increases including significant decreases as the 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 self-employed, 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	Those who have children in their household demonstrate a significantly higher prevalence of cigarette smoking than those with no children in their 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, Brown, Codington, and Meade counties demonstrate a very high prevalence of cigarette smoking, while Lincoln county shows a very low prevalence.

Figure 9, below, shows the South Dakotans' rules about smoking inside their homes. The majority of South Dakotans for all five years stated that smoking was not allowed anywhere in their homes.

Figure 9
South Dakotans' Rules About Smoking Inside the Home, 2018-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Table 12 shows the percentage of South Dakotans that have had a CT or CAT scan and whether it was to check for lung cancer. In 2022, nine percent of those who currently smoke said they had a CT or CAT scan to check for lung cancer. The majority of South Dakotas did not have a CT or CAT scan to check for lung cancer.

Table 12
South Dakotans Who Ever Had a CT or CAT Scan, 2022

	Total		
	Yes, to check for lung cancer	**No (did not have a CT scan)**	**Had a CT scan, but for some other reason**
Current Smoker	9%	63%	28%
Former Smoker	9%	59%	32%
Never Smoked	2%	72%	26%

Source: South Dakota Behavioral Risk Factor Surveillance System, 2022

SMOKELESS TOBACCO

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

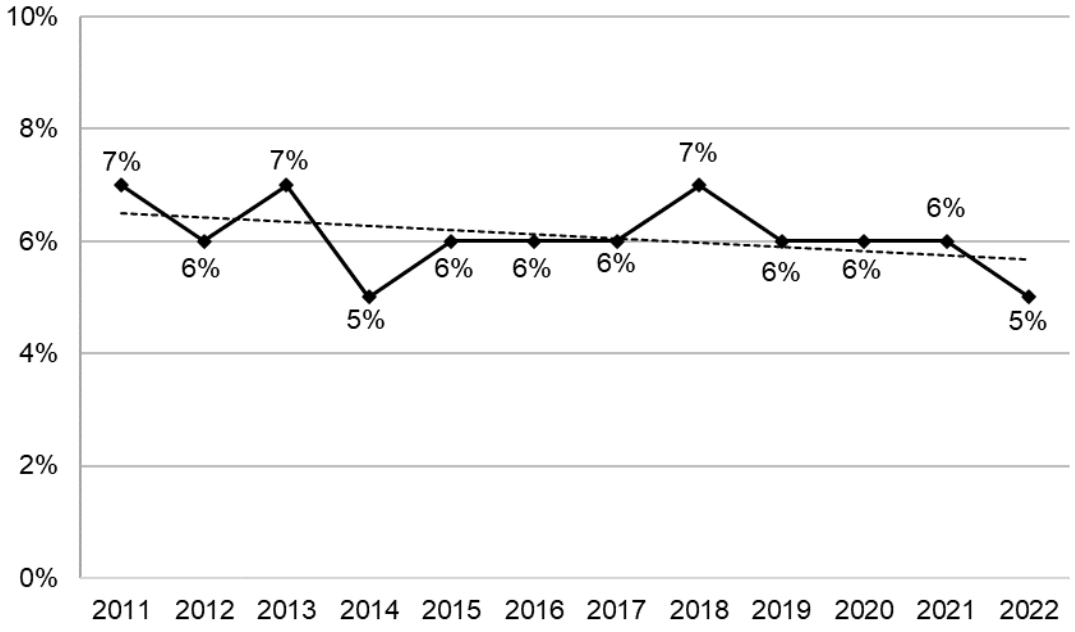
Prevalence of Smokeless Tobacco

- South Dakota 5%
- Nationwide median 3%

Trend Analysis

Overall, the percentage of South Dakotans who use chewing tobacco or snuff every day or some days has decreased since 2011. The percentage of those using chewing tobacco or snuff every day or some days fell to five percent in 2022. South Dakota remains higher than the nationwide median of three percent who use smokeless tobacco.

Figure 10
Percentage of South Dakotans Who Use Smokeless Tobacco, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 13
South Dakotans Who Use Smokeless Tobacco, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	11%	10.0%	12.4%
	Female	1%	0.8%	1.2%
Age	18-29	6%	5.3%	8.0%
	30-39	9%	7.1%	10.9%
	40-49	9%	6.9%	11.6%
	50-59	6%	5.0%	7.6%
	60-69	3%	2.6%	4.3%
	70-79	3%	2.3%	4.9%
	80+	1%	0.8%	2.7%
Race/Ethnicity	White, Non-Hispanic	6%	5.3%	6.7%
	American Indian, Non-Hispanic	8%	6.3%	9.7%
	American Indian/White, Non-Hispanic	7%	2.7%	16.2%
	Hispanic	4%	2.1%	7.2%
Household Income	Less than $35,000	6%	4.6%	7.2%
	$35,000-$74,999	7%	5.9%	8.3%
	$75,000+	7%	5.6%	8.2%
Education	Less than High School, G.E.D.	7%	4.6%	10.1%
	High School, G.E.D.	8%	6.5%	9.1%
	Some Post-High School	6%	5.3%	7.4%
	College Graduate	4%	2.9%	4.6%
Employment Status	Employed for Wages	7%	6.1%	7.9%
	Self-employed	11%	8.3%	13.6%
	Unemployed	8%	4.9%	13.1%
	Homemaker	2%	0.7%	3.6%
	Student	3%	1.8%	5.5%
	Retired	3%	2.1%	3.6%
	Unable to Work	5%	2.6%	7.6%
Marital Status	Married/Unmarried Couple	6%	5.1%	6.7%
	Divorced/Separated	8%	6.2%	10.5%
	Widowed	2%	1.5%	3.4%
	Never Married	7%	5.4%	8.0%
Home Ownership Status	Own Home	6%	5.4%	7.0%
	Rent Home	6%	5.0%	7.3%
Children Status	Children in Household (Ages 18-44)	8%	6.3%	9.2%
	No Children in Household (Ages 18-44)	8%	6.6%	10.2%
Phone Status	Landline	4%	3.5%	4.9%
	Cell Phone	7%	6.0%	7.5%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.6%
	Not Pregnant (Ages 18-44)	1%	1.0%	1.8%
County	Minnehaha	4%	3.1%	5.3%
	Pennington	5%	4.1%	6.4%
	Lincoln	4%	2.8%	6.2%
	Brown	5%	3.7%	5.7%
	Brookings	5%	3.6%	6.5%
	Codington	6%	4.7%	7.2%
	Meade	9%	6.4%	11.7%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Males exhibit a significantly higher prevalence of smokeless tobacco use than females.
Age	The prevalence of smokeless tobacco peaks for people in their 30s and 40s. This includes a significant decrease as the 60s are reached.
Race/ Ethnicity	The prevalence of smokeless tobacco use does not seem to differ by race/ethnicity.
Household Income	The prevalence of smokeless tobacco use does not seem to consistently change as household income increases.
Education	The prevalence of smokeless tobacco use does not seem to consistently change as education levels increase.
Employment	Those who are self-employed or unemployed demonstrate a very high prevalence of smokeless tobacco use, while those who are a homemaker, a student, retired, or unable to work show a very low prevalence.
Marital Status	Those who are widowed exhibit a significantly lower prevalence of smokeless tobacco use than all other forms of marital status.
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 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 smokeless tobacco use than those who primarily use a landline phone.
Pregnancy Status	The prevalence of smokeless tobacco use does not seem to differ based on pregnancy status.
County	Residents of Meade county exhibit a very high prevalence of smokeless tobacco use, while residents of Minnehaha, Lincoln, and Brown counties show a very low prevalence.

E-CIGARETTE SMOKING

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

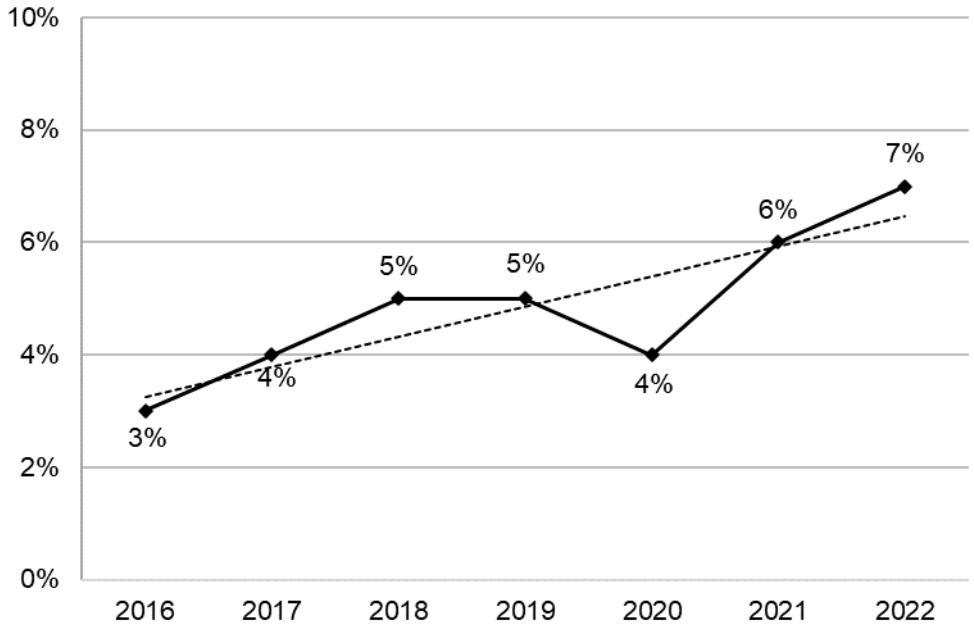
Prevalence of E-Cigarette Use

- South Dakota 7%
- Nationwide median 8%

Trend Analysis

The percentage of South Dakotans who use e-cigarettes has been increasing since 2016. Those who use e-cigarettes increased from four percent in 2020 to seven percent in 2022. South Dakota is lower than the nationwide median of eight percent e-cigarette use.

Figure 11
Percentage of South Dakotans Who Currently Smoke E-Cigarettes, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Table 14
South Dakotans Who Currently Smoke E-Cigarettes, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.3%	7.4%
	Female	4%	3.5%	5.3%
Age	18-29	16%	14.0%	19.2%
	30-39	5%	3.4%	6.0%
	40-49	3%	2.3%	4.7%
	50-59	3%	1.9%	3.9%
	60-69	2%	0.9%	4.5%
	70-79	1%	0.4%	1.2%
	80+	0.1%	0.0%	0.4%
Race/Ethnicity	White, Non-Hispanic	5%	4.3%	5.7%
	American Indian, Non-Hispanic	8%	4.3%	13.2%
	American Indian/White, Non-Hispanic	11%	5.4%	21.6%
	Hispanic	7%	4.4%	11.2%
Household Income	Less than $35,000	7%	5.4%	8.0%
	$35,000-$74,999	6%	4.6%	7.5%
	$75,000+	3%	2.3%	4.3%
Education	Less than High School, G.E.D.	9%	6.2%	14.0%
	High School, G.E.D.	7%	5.5%	7.9%
	Some Post-High School	5%	4.3%	6.7%
	College Graduate	2%	1.8%	3.2%
Employment Status	Employed for Wages	6%	5.2%	7.3%
	Self-employed	3%	1.9%	3.8%
	Unemployed	12%	7.6%	18.6%
	Homemaker	3%	1.4%	5.2%
	Student	20%	14.0%	26.7%
	Retired	1%	0.5%	1.1%
	Unable to Work	6%	3.7%	8.3%
Marital Status	Married/Unmarried Couple	3%	2.2%	3.4%
	Divorced/Separated	6%	4.2%	9.6%
	Widowed	1%	0.5%	2.0%
	Never Married	13%	10.7%	14.9%
Home Ownership Status	Own Home	3%	2.4%	3.7%
	Rent Home	10%	8.7%	12.4%
Children Status	Children in Household (Ages 18-44)	5%	4.3%	6.7%
	No Children in Household (Ages 18-44)	15%	12.7%	17.7%
Phone Status	Landline	1%	0.9%	1.8%
	Cell Phone	7%	5.9%	7.7%
Pregnancy Status	Pregnant (Ages 18-44)	5%	0.8%	22.1%
	Not Pregnant (Ages 18-44)	8%	6.2%	9.4%
County	Minnehaha	5%	4.2%	7.0%
	Pennington	5%	4.0%	6.6%
	Lincoln	5%	3.5%	7.4%
	Brown	5%	4.2%	6.7%
	Brookings	8%	6.0%	10.3%
	Codington	6%	4.3%	7.1%
	Meade	5%	3.6%	7.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of e-cigarette use does not seem to differ based on gender.
Age	E-cigarette use decreases as age increases. This includes a significant decrease as the 30s are reached.
Race/ Ethnicity	The prevalence of e-cigarette use does not seem to differ based on race/ethnicity.
Household Income	The prevalence of e-cigarette use decreases as household income increases. This includes a significant decrease as the $75,000+ income group is reached.
Education	E-cigarette use decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or a student 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.

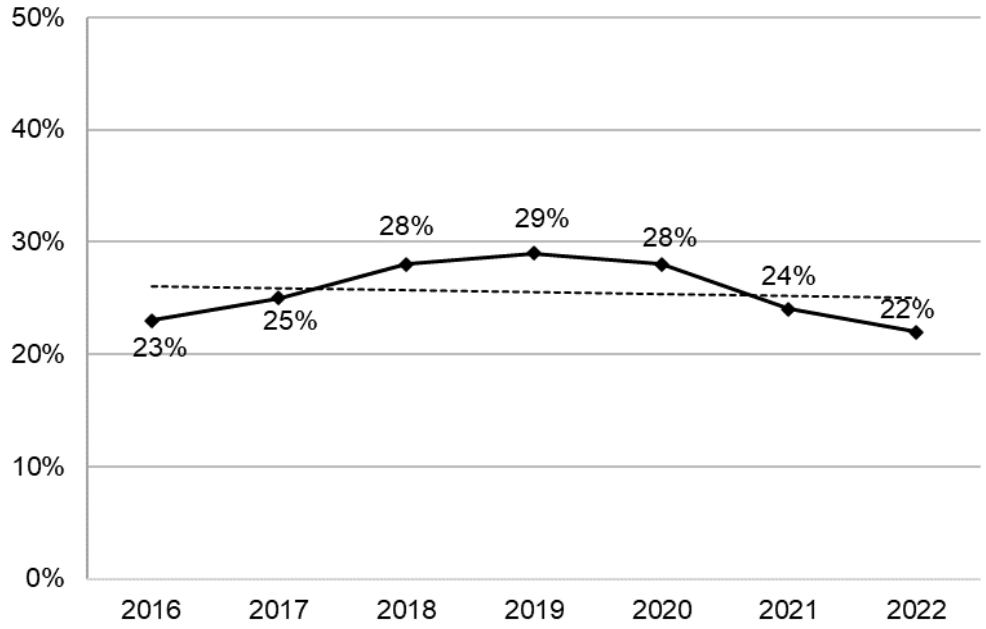
Prevalence of Tobacco Use

- South Dakota 22%
- *There is no nationwide median for tobacco use*

Trend Analysis

Overall, the percentage of South Dakotans who currently smoke cigarettes, use smokeless tobacco, or use e-cigarettes has remained steady since 2016. In 2022, South Dakota saw it's lowest percentage of tobacco users (22%) since this was first tracked in 2016.

Figure 12
Percentage of South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Table 15
South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	32%	30.4%	34.0%
	Female	20%	18.6%	21.7%
Age	18-29	34%	30.7%	37.2%
	30-39	35%	31.7%	38.6%
	40-49	31%	27.5%	34.2%
	50-59	27%	24.3%	29.2%
	60-69	19%	16.6%	21.1%
	70-79	13%	11.4%	15.6%
	80+	4%	3.3%	5.9%
Race/Ethnicity	White, Non-Hispanic	24%	22.6%	25.0%
	American Indian, Non-Hispanic	50%	44.4%	54.7%
	American Indian/White, Non-Hispanic	52%	40.3%	63.7%
	Hispanic	28%	21.6%	35.6%
Household Income	Less than $35,000	36%	33.6%	38.8%
	$35,000-$74,999	27%	24.5%	29.0%
	$75,000+	19%	16.7%	20.6%
Education	Less than High School, G.E.D.	44%	38.0%	49.3%
	High School, G.E.D.	33%	30.6%	35.0%
	Some Post-High School	26%	24.3%	28.2%
	College Graduate	12%	11.0%	13.9%
Employment Status	Employed for Wages	29%	27.6%	31.2%
	Self-employed	24%	21.0%	27.8%
	Unemployed	48%	40.6%	54.8%
	Homemaker	24%	17.4%	32.6%
	Student	30%	24.1%	37.4%
	Retired	13%	11.7%	14.7%
	Unable to Work	36%	31.0%	41.1%
Marital Status	Married/Unmarried Couple	20%	18.7%	21.5%
	Divorced/Separated	41%	37.8%	45.1%
	Widowed	18%	14.6%	21.7%
	Never Married	36%	32.9%	38.6%
Home Ownership Status	Own Home	21%	20.1%	22.7%
	Rent Home	40%	37.0%	42.7%
Children Status	Children in Household (Ages 18-44)	33%	30.4%	36.2%
	No Children in Household (Ages 18-44)	35%	31.9%	38.3%
Phone Status	Landline	17%	16.0%	18.7%
	Cell Phone	29%	27.8%	30.8%
Pregnancy Status	Pregnant (Ages 18-44)	15%	5.0%	35.6%
	Not Pregnant (Ages 18-44)	27%	23.9%	29.8%
County	Minnehaha	23%	20.6%	25.5%
	Pennington	27%	24.8%	29.6%
	Lincoln	17%	14.3%	20.2%
	Brown	25%	22.8%	27.4%
	Brookings	22%	19.0%	24.9%
	Codington	26%	23.7%	28.4%
	Meade	29%	24.7%	33.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

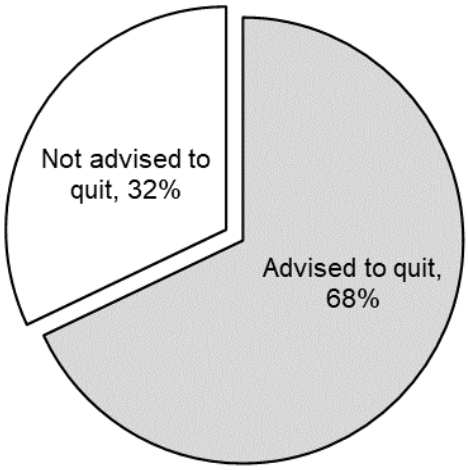
Demographics

Gender	Males exhibit a significantly higher prevalence of tobacco use than females.
Age	Tobacco use generally 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 adults 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 tobacco use than those who primarily use a landline phone.
Pregnancy Status	The prevalence of tobacco use does not seem to differ based on pregnancy status.
County	Residents of Minnehaha, Pennington, Brown, Codington, and Meade counties all exhibit a very high prevalence of tobacco use, while Lincoln county shows a very low prevalence.

Figure 13, below, shows the percentage of tobacco users who have been advised by a health professional to quit using tobacco in the past 12 months. In 2020-2022, 68 percent of South Dakotans were advised to quit using tobacco by a health professional.

Figure 13

Percentage of Tobacco Users Who Have Been Advised by a Doctor, Nurse, or Other Health Professional to Quit Using Tobacco in the Past 12 Months, 2020-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2020-2022

BREAST CANCER SCREENING

MAMMOGRAM

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

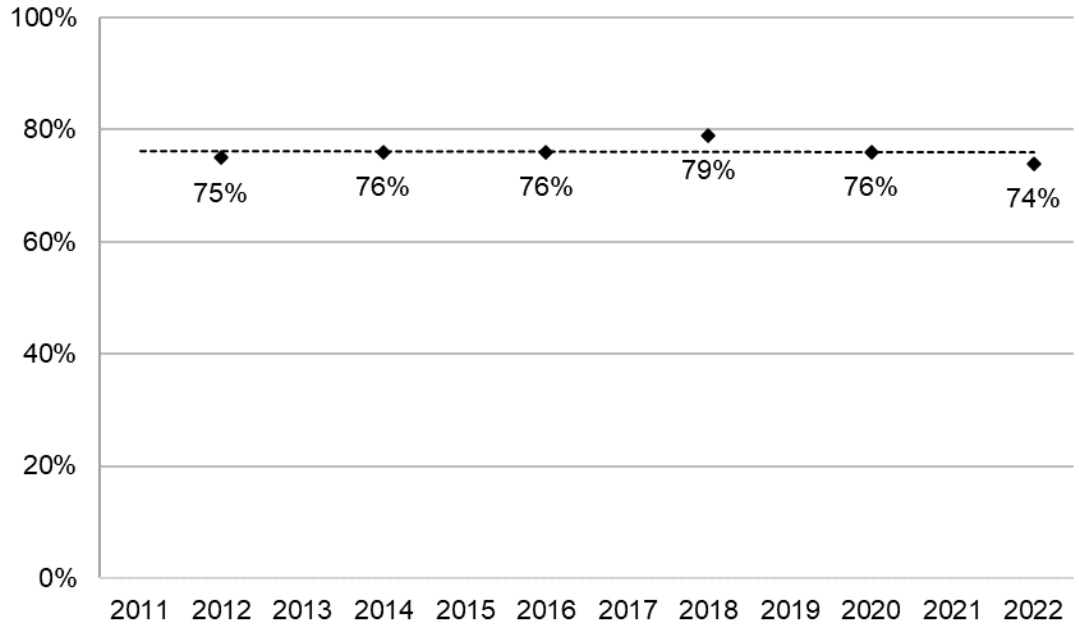
Prevalence of Mammogram

- South Dakota 74%
- *There is no nationwide median for mammograms*

Trend Analysis

The percentage of women aged 40-74 in South Dakota who have had a mammogram in the past two years has remained stable since 2011.

Figure 14
Percentage of Female South Dakotans, Ages 40-74, Who Have Had a Mammogram in the Past Two Years, 2012-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2022

Table 16
Female South Dakotans, Ages 40-74, Who Have Had a Mammogram in the Past Two Years, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	-		
	Female	76%	73.5%	78.9%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	71%	65.5%	76.3%
	50-59	79%	74.9%	82.9%
	60-69	77%	70.6%	81.9%
	70-79	80%	72.7%	85.1%
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	78%	75.5%	80.6%
	American Indian, Non-Hispanic	56%	39.4%	70.8%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	66%	42.5%	83.5%
Household Income	Less than $35,000	70%	65.0%	75.1%
	$35,000-$74,999	74%	67.8%	80.1%
	$75,000+	84%	79.9%	87.6%
Education	Less than High School, G.E.D.	70%	50.6%	84.2%
	High School, G.E.D.	74%	68.6%	79.4%
	Some Post-High School	75%	69.4%	79.1%
	College Graduate	81%	77.2%	84.0%
Employment Status	Employed for Wages	75%	70.1%	78.9%
	Self-employed	74%	65.5%	80.7%
	Unemployed	60%	46.3%	71.5%
	Homemaker	80%	71.5%	85.9%
	Student	*	*	*
	Retired	83%	78.7%	86.3%
	Unable to Work	68%	57.0%	76.8%
Marital Status	Married/Unmarried Couple	81%	78.0%	83.5%
	Divorced/Separated	65%	54.7%	73.3%
	Widowed	70%	61.0%	77.4%
	Never Married	62%	51.8%	70.6%
Home Ownership Status	Own Home	78%	74.9%	80.8%
	Rent Home	65%	58.0%	71.4%
Children Status	Children in Household (Ages 18-44)	72%	62.5%	79.2%
	No Children in Household (Ages 18-44)	56%	39.9%	70.9%
Phone Status	Landline	80%	76.7%	83.2%
	Cell Phone	74%	69.9%	77.6%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	69%	60.5%	75.8%
County	Minnehaha	76%	70.9%	81.1%
	Pennington	71%	65.8%	75.8%
	Lincoln	80%	72.8%	86.2%
	Brown	82%	77.5%	85.3%
	Brookings	81%	77.1%	84.7%
	Codington	84%	77.5%	88.3%
	Meade	69%	58.3%	77.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Age	Mammogram screening does not seem to consistently change as age increases.
Race/Ethnicity	Whites exhibit a very high prevalence of mammogram screening, while American Indians show a very low prevalence.
Household Income	Mammogram screening increases as household income increases.
Education	Mammogram screening increases as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of mammogram screening, while those who are unemployed or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a significantly higher prevalence of mammogram screening than all other types of marital status.
Home Ownership	Those who own their home show a significantly higher prevalence of mammogram screening than those who rent their home.
Children Status	The prevalence of mammogram screening does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of mammogram screening does not seem to differ based on phone status.
County	Those in Brown, Brookings, and Codington counties demonstrate a very high prevalence of mammogram screening, while those in Pennington and Meade counties show a very low prevalence.

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?"

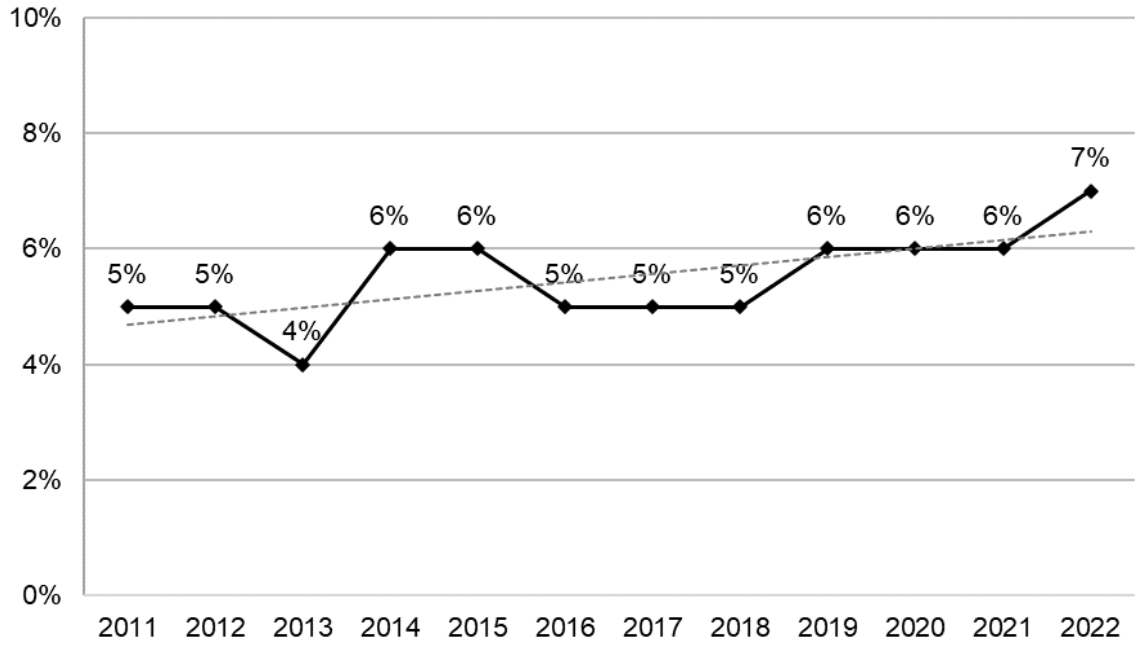
Prevalence of COPD

- South Dakota 7%
- Nationwide median 7%

Trend Analysis

Overall, the percentage of South Dakotans with COPD, emphysema, or chronic bronchitis has increased since 2011. In 2022, this percentage was the highest it had been in the past 12 years. South Dakota is the same as the nationwide median.

Figure 15
Percentage of South Dakotans Who Were Told They Have COPD, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 17
South Dakotans Who Have Been Told They Have COPD, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.0%	6.6%
	Female	6%	5.3%	7.1%
Age	18-29	2%	0.9%	2.6%
	30-39	3%	1.7%	5.2%
	40-49	3%	1.7%	4.1%
	50-59	6%	5.1%	7.8%
	60-69	11%	8.7%	12.9%
	70-79	13%	10.9%	15.1%
	80+	11%	9.0%	14.0%
Race/Ethnicity	White, Non-Hispanic	6%	5.2%	6.4%
	American Indian, Non-Hispanic	10%	6.0%	15.2%
	American Indian/White, Non-Hispanic	10%	3.6%	26.0%
	Hispanic	4%	1.8%	7.1%
Household Income	Less than $35,000	12%	10.0%	13.6%
	$35,000-$74,999	5%	4.2%	6.6%
	$75,000+	2%	1.6%	2.9%
Education	Less than High School, G.E.D.	11%	7.9%	14.0%
	High School, G.E.D.	7%	6.1%	8.6%
	Some Post-High School	6%	5.2%	7.5%
	College Graduate	2%	2.1%	2.9%
Employment Status	Employed for Wages	3%	2.4%	3.9%
	Self-employed	3%	1.9%	3.7%
	Unemployed	8%	4.6%	13.4%
	Homemaker	10%	4.8%	19.5%
	Student	0.3%	0.1%	0.7%
	Retired	12%	10.8%	13.8%
	Unable to Work	21%	17.0%	26.5%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.9%
	Divorced/Separated	11%	8.6%	13.6%
	Widowed	14%	11.4%	16.9%
	Never Married	3%	2.5%	4.6%
Home Ownership Status	Own Home	6%	5.0%	6.3%
	Rent Home	7%	5.9%	9.2%
Children Status	Children in Household (Ages 18-44)	3%	1.7%	4.5%
	No Children in Household (Ages 18-44)	2%	1.0%	2.7%
Phone Status	Landline	8%	6.9%	9.0%
	Cell Phone	5%	4.6%	6.1%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.5%
	Not Pregnant (Ages 18-44)	3%	1.9%	4.7%
County	Minnehaha	5%	3.9%	5.9%
	Pennington	7%	6.1%	8.6%
	Lincoln	4%	3.2%	5.3%
	Brown	6%	5.0%	8.4%
	Brookings	3%	2.3%	3.8%
	Codington	5%	4.2%	6.0%
	Meade	5%	3.9%	6.4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of COPD does not seem to differ based on gender.
Age	The prevalence of COPD generally increases as age increases. This includes significant increases as the 50s and 60s 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 a significant decrease as the college graduate level is reached.
Employment	Those who are a homemaker or unable to work demonstrate a very high prevalence of COPD, while those who are a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of COPD, while those who have never been married or are married show a very low prevalence.
Home Ownership	The prevalence of COPD does not seem to differ based on home ownership status.
Children Status	The prevalence of COPD among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of COPD than those who primarily use a cell phone.
Pregnancy Status	Females who are not pregnant demonstrate a significantly higher prevalence of COPD than females who are pregnant.
County	Pennington, Brown, and Meade counties exhibit a very high prevalence of COPD, while Lincoln and Brookings counties show a very low prevalence.

CANCER

CANCER

Definition: South Dakotans who report they have ever been diagnosed with cancer (excluding skin cancer other than melanoma).

Prevalence of Cancer

- South Dakota 7%
- Nationwide median 8%

Table 18
South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer Other Than Melanoma), 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	7%	5.6%	8.8%
	Female	7%	5.4%	8.5%
Age	18-29	0.5%	0.2%	1.1%
	30-39	1%	0.3%	1.9%
	40-49	3%	1.7%	4.5%
	50-59	6%	4.0%	8.2%
	60-69	15%	10.9%	19.3%
	70-79	15%	11.2%	19.4%
	80+	23%	15.1%	33.8%
Race/Ethnicity	White, Non-Hispanic	7%	6.3%	8.9%
	American Indian, Non-Hispanic	4%	2.5%	7.4%
	American Indian/White, Non-Hispanic	8%	2.8%	22.2%
	Hispanic	4%	1.9%	9.5%
Household Income	Less than $35,000	8%	6.0%	11.2%
	$35,000-$74,999	5%	4.0%	7.2%
	$75,000+	5%	3.8%	7.1%
Education	Less than High School, G.E.D.	5%	2.1%	12.9%
	High School, G.E.D.	6%	4.1%	7.9%
	Some Post-High School	8%	5.8%	9.8%
	College Graduate	8%	5.8%	9.7%
Employment Status	Employed for Wages	3%	2.3%	4.2%
	Self-employed	5%	3.1%	9.5%
	Unemployed	2%	0.7%	4.3%
	Homemaker	13%	4.9%	29.3%
	Student	1%	0.2%	7.9%
	Retired	17%	13.9%	20.9%
	Unable to Work	13%	6.9%	23.4%
Marital Status	Married/Unmarried Couple	7%	5.6%	8.8%
	Divorced/Separated	11%	7.7%	16.1%
	Widowed	14%	9.9%	19.9%
	Never Married	2%	1.3%	3.3%
Home Ownership Status	Own Home	8%	7.0%	10.0%
	Rent Home	4%	2.4%	5.2%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.7%
	No Children in Household (Ages 18-44)	1%	0.3%	1.3%
Phone Status	Landline	14%	11.0%	18.0%
	Cell Phone	5%	4.0%	6.0%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	1%	0.7%	2.3%
County	Minnehaha	7%	5.3%	9.4%
	Pennington	10%	7.4%	13.2%
	Lincoln	8%	5.8%	10.3%
	Brown	7%	5.6%	9.1%
	Brookings	5%	3.2%	8.4%
	Codington	8%	6.5%	10.4%

Note:*Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender The prevalence of cancer does not seem to differ by gender.

Age The prevalence of cancer increases as age increases. This includes a significant increase as the 60s are reached.

Race/ Ethnicity The prevalence of cancer does not seem to differ by race/ethnicity.

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

Education The prevalence of cancer increases as education levels increase.

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

Marital Status Those who are divorced or 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 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.

County The prevalence of cancer does not seem to differ among the six counties available for analysis.

Table 19, below, shows that in 2020-2022, most respondents diagnosed with cancer have had just one type of cancer while 16 percent have had two types of cancer. Five percent of respondents have had three or more types of cancer.

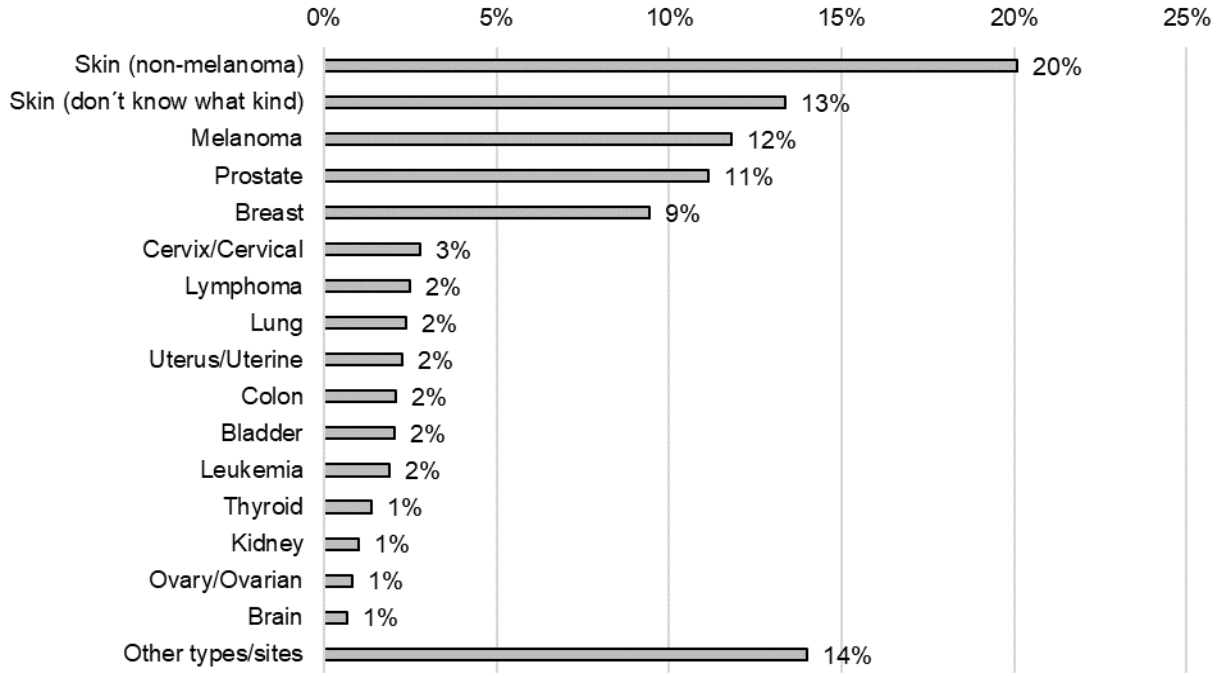
Table 19
Number of Cancers that South Dakotans Have Had, 2015-2022

Year	One Type of Cancer	Two Types of Cancer	Three or More Types of Cancer
2020-2022	79%	16%	5%
2018-2020	80%	16%	5%
2017-2018	80%	17%	4%
2016-2017	83%	15%	2%
2015-2016	84%	14%	2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2022

Figure 16, below, shows the type of cancer that South Dakotans had. The most common type of cancer for South Dakotans in 2022 was skin cancer other than melanoma at 20 percent followed by other types of skin cancer at 13 percent.

Figure 16
Type of Cancer South Dakotans Have Been Diagnosed With, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Table 20, below, shows the percentage of respondents with cancer and if they were currently seeking cancer treatments. Most respondents, 60 percent, stated they had completed cancer treatments, while 13 percent of respondents answered they were currently receiving cancer treatments. One percent stated they had refused cancer treatments.

Table 20
South Dakotans' Treatment for Cancer, 2020 and 2022

Treatment Status for Cancer	%
Yes, I'm currently receiving cancer treatment	13%
No, I've completed treatment	60%
No, I haven't started treatment	4%
No, I've refused treatment	1%
Treatment not necessary	22%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2020 and 2022

Table 21, on the following page, shows the type of doctor that provides most of the health care to South Dakotans with cancer. A majority of respondents, 50 percent, stated they see a family practitioner for their health care. Twenty-one percent stated they see a general practitioner, internist for most of their health care.

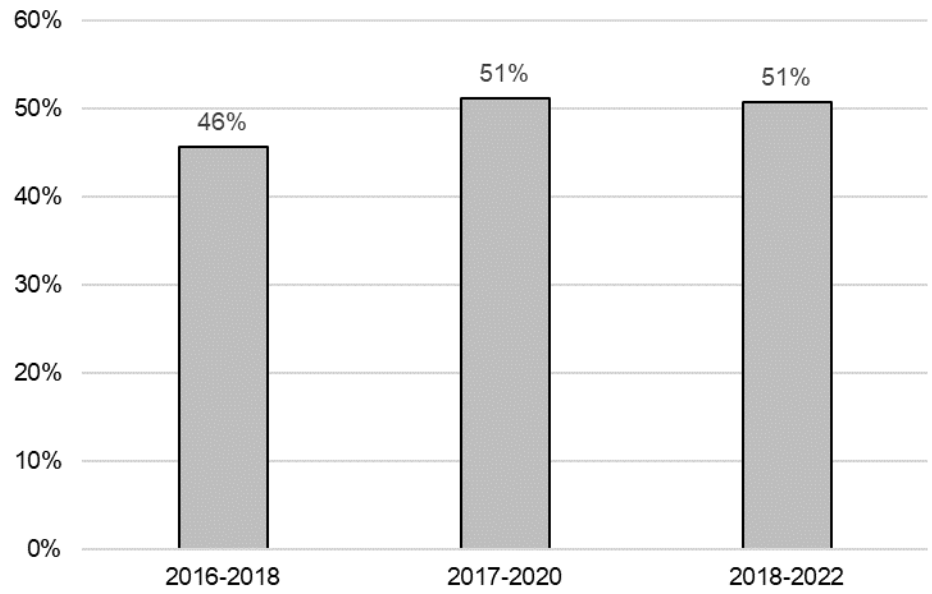
Table 21
Type of Doctor Providing a Majority of Health Care for South Dakotans With Cancer, 2016-2022

Physicians' Specialty	2016-2018	2017-2020	2018-2022
Family Practitioner	51%	51%	50%
General Practitioner, Internist	27%	25%	21%
Cancer Surgeon	2%	2%	4%
Medical Oncologist	3%	2%	3%
General Surgeon	3%	3%	3%
Gynecologic Oncologist	2%	2%	3%
Urologist	1%	1%	1%
Other	12%	13%	15%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Figure 17, below, shows that of the respondents who said they had cancer, 51 percent in recent years, received a written summary given to them by a doctor, nurse, or other health professional of all the cancer treatments they received.

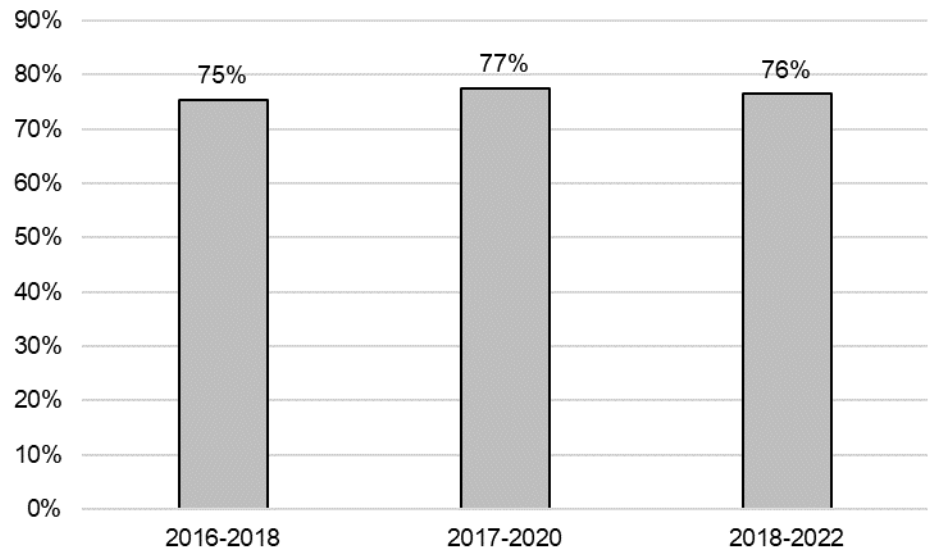
Figure 17
South Dakotans Who Received a Written Summary of All Cancer Treatments, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Figure 18, on the following page, shows that of the South Dakotans who said they had cancer, 76 percent in recent years, received instructions from a doctor, nurse, or other health professional about where they should return or who they should see for routine cancer check-ups after completing cancer treatments.

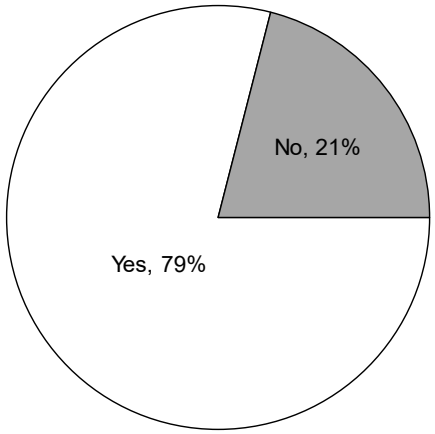
Figure 18
South Dakotans Who Received Instructions for Routine Cancer Check-ups, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Figure 19, below, shows that of the South Dakotans who received instructions from a doctor, nurse, or other health professional about routine cancer check-ups after their treatments, 79 percent said that these instructions were written down or printed on paper for them.

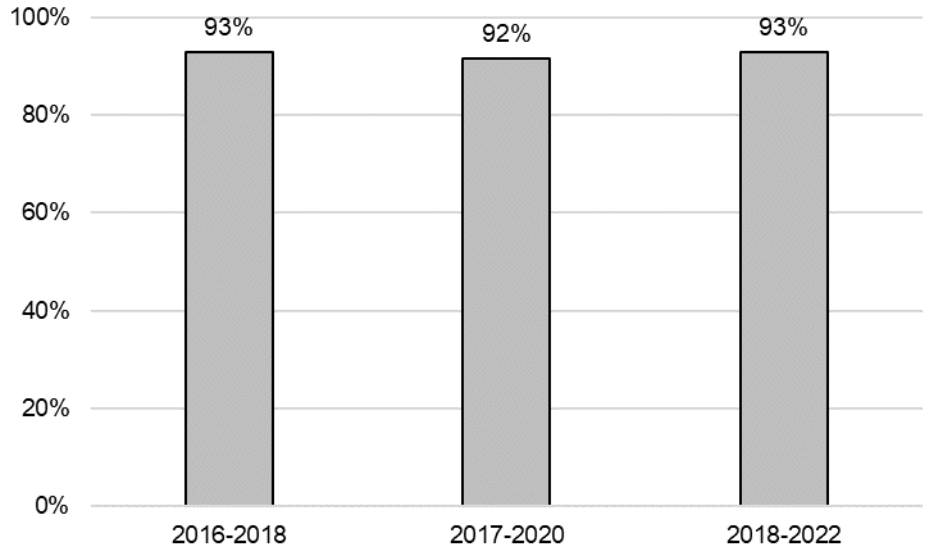
Figure 19
South Dakotans Who Received Written Instructions on Paper for Routine Cancer Check-ups, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Figure 20, on the next page, shows that of the respondent's most recent cancer diagnosis, 93 percent in recent years, said that they had health insurance that paid for all or part of their cancer treatments. This question included those on Medicare, Medicaid, and other types of state health programs.

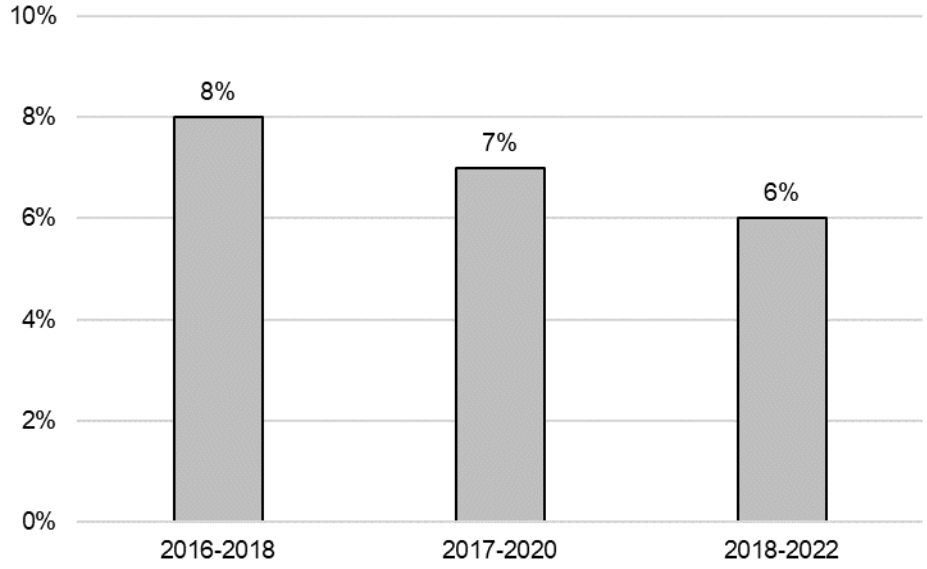
Figure 20
South Dakotans Whose Health Insurance Paid for Some or All of Cancer Treatments, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Figure 21, below, shows that six percent of South Dakotans diagnosed with cancer in recent years reported being denied health or life insurance due to their cancer diagnosis.

Figure 21
South Dakotans Denied Health Insurance or Life Insurance Due to Cancer Diagnosis, 2016-2022

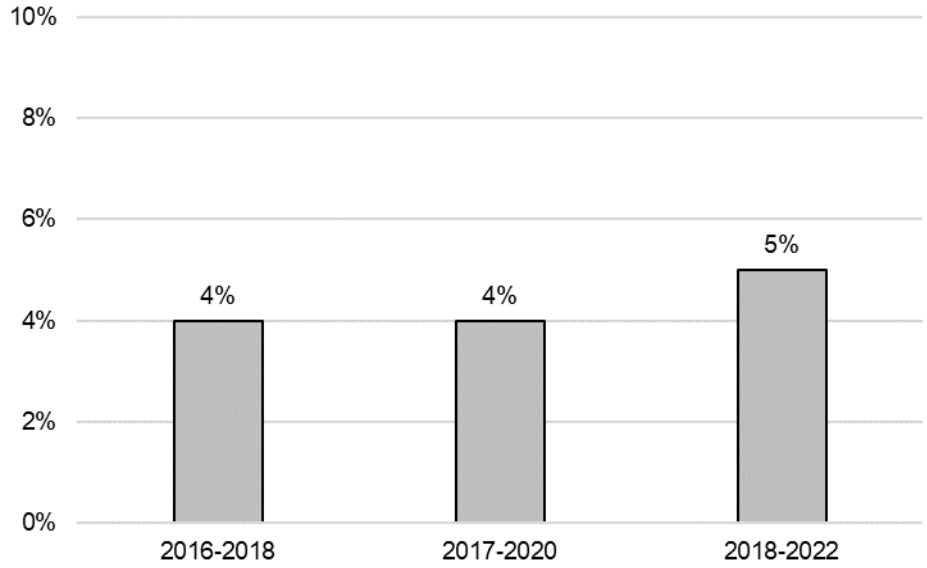


Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Figure 22, below, shows that of South Dakotans ever diagnosed with cancer, five percent stated they had participated in a clinical trial as part of their cancer treatment.

Figure 22

South Dakotans Who Participated in a Clinical Trial as Part of Their Cancer Treatment, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

SKIN CANCER

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

Prevalence of Skin Cancer

- South Dakota 5%
- Nationwide median 8%

Table 22
South Dakotans Who Have Ever Been Diagnosed With Skin Cancer (Excluding Melanoma), 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.0%	6.9%
	Female	6%	4.2%	7.3%
Age	18-29	0.2%	0.1%	0.6%
	30-39	0.3%	0.1%	1.1%
	40-49	3%	1.0%	6.8%
	50-59	5%	3.1%	7.2%
	60-69	11%	7.3%	15.0%
	70-79	13%	9.5%	18.0%
	80+	16%	10.5%	24.6%
Race/Ethnicity	White, Non-Hispanic	6%	5.2%	7.7%
	American Indian, Non-Hispanic	1%	0.4%	3.0%
	American Indian/White, Non-Hispanic	0.1%	0.0%	0.6%
	Hispanic	2%	0.4%	7.3%
Household Income	Less than $35,000	4%	3.0%	6.6%
	$35,000-$74,999	6%	4.2%	7.9%
	$75,000+	6%	4.3%	8.9%
Education	Less than High School, G.E.D.	3%	1.0%	8.6%
	High School, G.E.D.	5%	3.4%	8.0%
	Some Post-High School	5%	3.4%	6.1%
	College Graduate	7%	5.3%	9.9%
Employment Status	Employed for Wages	3%	1.8%	4.6%
	Self-employed	6%	3.7%	11.1%
	Unemployed	1%	0.2%	1.6%
	Homemaker	7%	2.8%	14.5%
	Student	0.4%	0.1%	2.8%
	Retired	12%	9.5%	15.0%
	Unable to Work	9%	3.9%	19.6%
Marital Status	Married/Unmarried Couple	6%	4.3%	7.1%
	Divorced/Separated	5%	2.6%	7.9%
	Widowed	14%	9.6%	21.2%
	Never Married	2%	1.1%	5.4%
Home Ownership Status	Own Home	7%	5.6%	8.4%
	Rent Home	1%	0.8%	2.7%
Children Status	Children in Household (Ages 18-44)	0.3%	0.1%	0.9%
	No Children in Household (Ages 18-44)	0.3%	0.1%	0.8%
Phone Status	Landline	10%	7.3%	12.6%
	Cell Phone	4%	3.2%	5.5%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	0.5%	0.2%	1.2%
County	Minnehaha	4%	3.0%	6.6%
	Pennington	9%	6.8%	12.2%
	Lincoln	5%	3.8%	6.5%
	Brown	5%	3.4%	6.2%
	Brookings	5%	3.2%	8.4%
	Codington	5%	3.6%	6.2%

Note: *Results based on sample sizes less than 100 have been suppressed. Source:
The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

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 a significant increase as the 60s are reached.
Race/ Ethnicity	Whites demonstrate a very high prevalence of skin cancer, while American Indians and American Indian/whites show a very low prevalence.
Household Income	The prevalence of skin cancer does not seem to consistently change as household income increases.
Education	The prevalence of skin cancer increases as education levels increase.
Employment	Those who are self-employed, a homemaker, retired, or unable to work demonstrate a very high prevalence of skin cancer, while those who are unemployed or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a significantly higher prevalence of skin cancer than all other types of marital status.
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 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 skin cancer than those who primarily use a cell phone.
County	Residents of Pennington county exhibit a very high prevalence of skin cancer, while residents of Minnehaha, Lincoln, Brown, and Codington counties show a very low prevalence.

COLORECTAL CANCER SCREENING

MET COLORECTAL CANCER SCREENING RECOMMENDATIONS

Definition: South Dakotans, ages 45 to 75, that met colorectal cancer screening recommendations.

Prevalence of Meeting Colorectal Cancer Screening Recommendations

- South Dakota 66%
- Nationwide median 67%

Table 23
South Dakotans, Ages 45-75, Who Met Colorectal Cancer Screening Recommendations, 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	66%	58.6%	72.0%
	Female	65%	58.4%	71.9%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	24%	15.4%	36.7%
	50-59	61%	53.5%	68.3%
	60-69	74%	64.9%	81.2%
	70-79	85%	78.2%	90.3%
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	69%	64.2%	73.3%
	American Indian, Non-Hispanic	36%	18.7%	57.5%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	63%	51.8%	73.3%
	$35,000-$74,999	59%	48.5%	69.4%
	$75,000+	73%	66.0%	79.1%
Education	Less than High School, G.E.D.	58%	34.9%	78.3%
	High School, G.E.D.	62%	52.7%	71.2%
	Some Post-High School	62%	53.2%	70.7%
	College Graduate	75%	68.7%	80.0%
Employment Status	Employed for Wages	58%	50.0%	64.8%
	Self-employed	59%	43.5%	72.9%
	Unemployed	54%	31.2%	75.2%
	Homemaker	*	*	*
	Student	*	*	*
	Retired	84%	79.1%	88.2%
	Unable to Work	57%	37.9%	73.5%
Marital Status	Married/Unmarried Couple	69%	63.1%	74.0%
	Divorced/Separated	60%	46.7%	72.3%
	Widowed	74%	62.2%	82.4%
	Never Married	45%	29.4%	62.3%
Home Ownership Status	Own Home	68%	62.5%	72.5%
	Rent Home	46%	32.9%	60.6%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	72%	65.4%	78.0%
	Cell Phone	63%	56.8%	68.8%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	68%	60.9%	74.0%
	Pennington	68%	60.8%	74.3%
	Lincoln	69%	63.7%	73.6%
	Brown	69%	63.3%	74.2%
	Brookings	69%	63.3%	73.9%
	Codington	73%	68.5%	76.8%

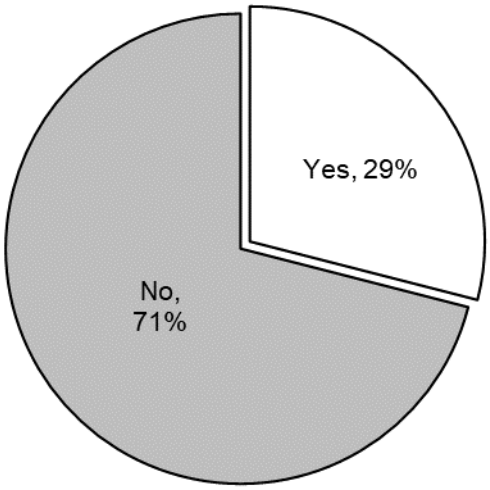
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of meeting colorectal cancer screening recommendations does not seem to differ based on gender.
Age	The prevalence of meeting colorectal cancer screening recommendations increases as age increases with a significant increase as the 50s are reached.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than American Indians.
Household Income	The prevalence of meeting colorectal cancer screening recommendations does not seem to change as household income changes.
Education	The prevalence of meeting colorectal cancer screening recommendations increases as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of meeting colorectal cancer screening recommendations, while those who are employed for wages, self-employed, unemployed, or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a very high prevalence of meeting colorectal cancer screening recommendations, 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 meeting colorectal cancer screening recommendations than those who rent their home.
Phone Status	The prevalence of meeting colorectal cancer screening recommendations does not seem to differ based on phone status.
County	The prevalence of meeting colorectal cancer screening recommendations does not seem to differ among the six counties available for analysis.

Figure 23, below, shows the percentage of South Dakotans, ages 45-75, who report that a doctor, nurse, or other health professional recommended that they be tested for colorectal or colon cancer. In 2022, 29 percent of South Dakotans stated a health professional recommended a colorectal or colon cancer test.

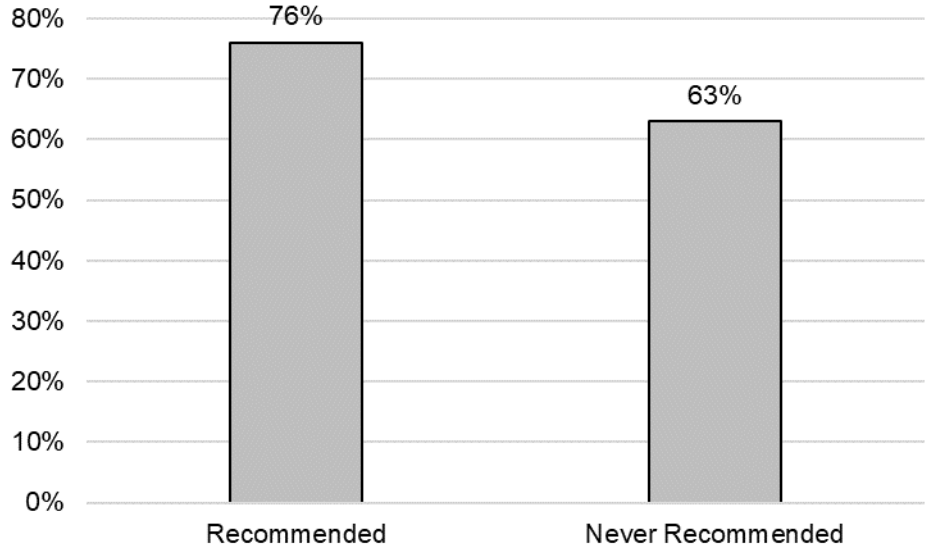
Figure 23
Percentage of South Dakotans, Ages 45-75, Recommended by a Doctor, Nurse, or Other Health Professional to be Tested for Colorectal or Colon Cancer, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Figure 24, below, shows the percentage of South Dakotans, ages 45-75, who met colorectal cancer screening recommendations and whether a health professional had recommended they be screened. In 2022, 76 percent of South Dakotans had met the colorectal cancer screening recommendations after a health professional recommended a colorectal or colon cancer test.

Table 24
South Dakotans, Ages 45-75, and Whether They Had Met the Colorectal Cancer Screening Recommendations, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

DIABETES

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

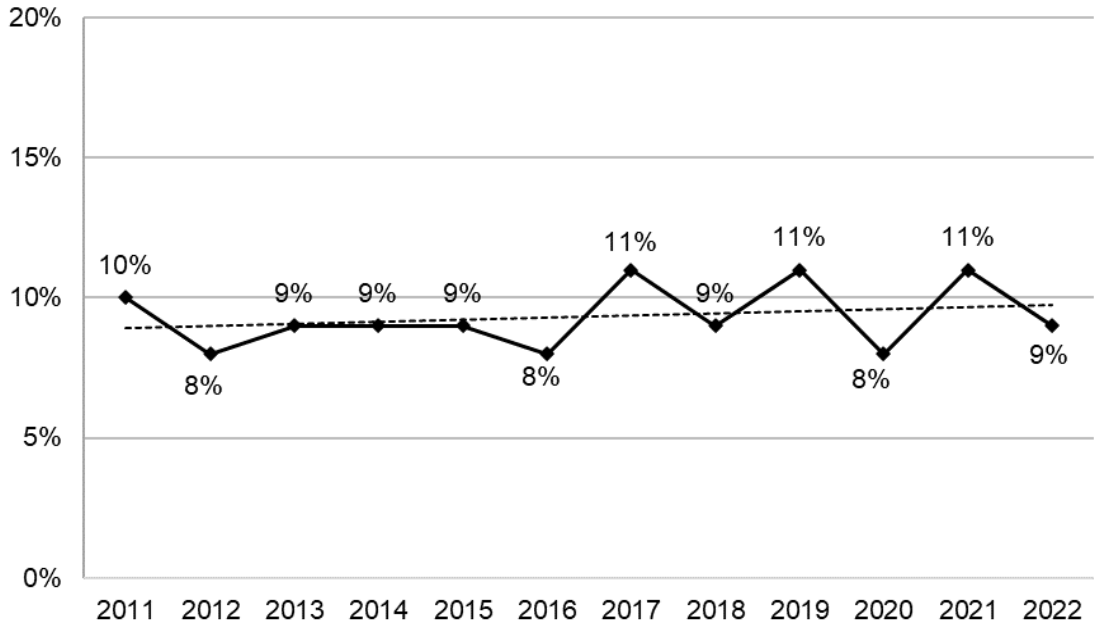
Prevalence of Diabetes

- South Dakota 9%
- Nationwide median 12%

Trend Analysis

Overall, the trend of South Dakotans who have been told they have diabetes has been slowly increasing since 2011. South Dakota is lower than the nationwide median of 12 percent.

Figure 25
Percentage of South Dakotans Who Were Told They Have Diabetes, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 24
South Dakotans Who Were Told They Have Diabetes, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	10%	9.5%	11.3%
	Female	9%	7.9%	9.6%
Age	18-29	1%	0.9%	2.4%
	30-39	3%	2.2%	4.2%
	40-49	6%	4.9%	7.6%
	50-59	12%	10.2%	13.7%
	60-69	17%	14.9%	18.8%
	70-79	20%	17.5%	22.0%
	80+	21%	17.5%	24.9%
Race/Ethnicity	White, Non-Hispanic	9%	8.6%	9.9%
	American Indian, Non-Hispanic	16%	13.1%	18.5%
	American Indian/White, Non-Hispanic	14%	6.7%	28.0%
	Hispanic	8%	4.8%	12.2%
Household Income	Less than $35,000	14%	12.1%	15.1%
	$35,000-$74,999	9%	8.1%	10.5%
	$75,000+	6%	5.4%	7.3%
Education	Less than High School, G.E.D.	13%	9.9%	16.5%
	High School, G.E.D.	11%	9.7%	12.2%
	Some Post-High School	9%	7.7%	9.6%
	College Graduate	8%	7.1%	9.0%
Employment Status	Employed for Wages	6%	5.4%	7.0%
	Self-employed	5%	3.9%	6.2%
	Unemployed	9%	6.3%	12.3%
	Homemaker	9%	5.3%	14.6%
	Student	2%	0.8%	4.4%
	Retired	20%	18.5%	22.0%
	Unable to Work	24%	20.0%	28.0%
Marital Status	Married/Unmarried Couple	9%	8.6%	10.3%
	Divorced/Separated	14%	12.2%	16.3%
	Widowed	18%	15.3%	20.7%
	Never Married	5%	4.1%	6.0%
Home Ownership Status	Own Home	11%	9.8%	11.4%
	Rent Home	8%	6.8%	9.0%
Children Status	Children in Household (Ages 18-44)	3%	2.2%	3.8%
	No Children in Household (Ages 18-44)	2%	1.7%	3.5%
Phone Status	Landline	14%	12.8%	15.4%
	Cell Phone	8%	7.3%	8.8%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.4%	4.6%
	Not Pregnant (Ages 18-44)	3%	2.1%	3.9%
County	Minnehaha	9%	7.7%	10.4%
	Pennington	9%	7.6%	10.1%
	Lincoln	8%	6.7%	10.8%
	Brown	9%	8.4%	10.7%
	Brookings	7%	5.8%	7.8%
	Codington	10%	9.2%	11.9%
	Meade	8%	6.6%	10.2%

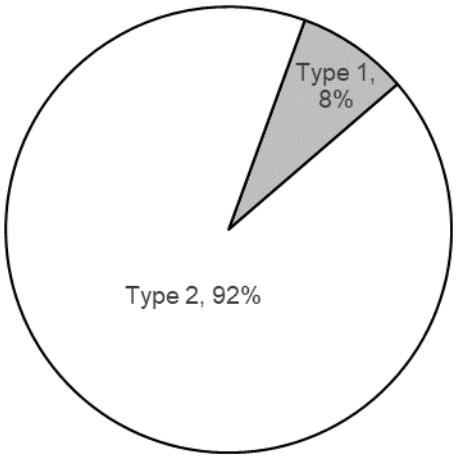
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of diabetes does not seem to differ based on gender.
Age	The prevalence of diabetes increases as age increases. This includes significant increases as the 40s, 50s, and 60s are reached.
Race/Ethnicity	American Indians demonstrate a very high prevalence of diabetes, while whites and Hispanics show a very low prevalence.
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 some post-high school level is reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of diabetes, while those who are self-employed or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of diabetes, 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 diabetes than those who rent their home.
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	Brown and Codington counties demonstrate a very high prevalence of diabetes, while Brookings county shows a very low prevalence.

Figure 26, below, shows the percentage of diabetic South Dakotans with either type 1 or 2 diabetes. Most of those with diabetes (92%) have Type 2.

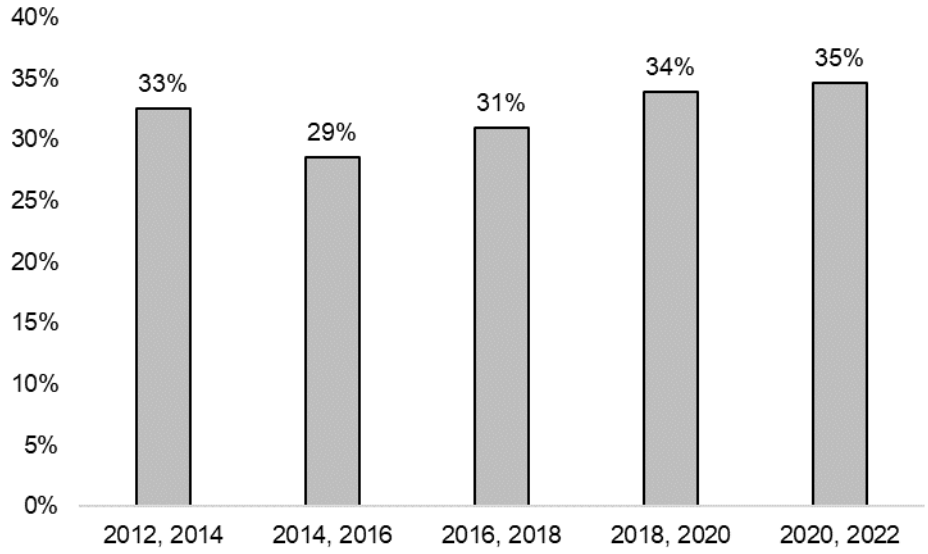
Figure 26
South Dakotans' Type of Diabetes, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Figure 27, below, shows the percentage of South Dakotans taking insulin for their diabetes. In 2020 and 2022, a little over one-third of South Dakotans with diabetes indicated they were taking insulin.

Figure 27
South Dakotans With Diabetes Who Use Insulin, 2012-2022

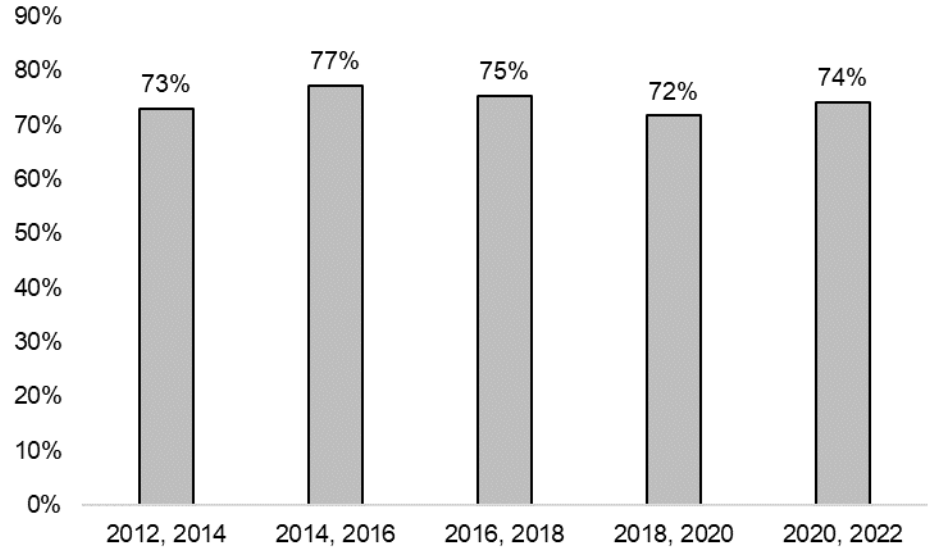


Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2022

Figure 28, below, shows the percentage of diabetic South Dakotans that had hemoglobin A1c checked two or more times in the past 12 months by a doctor, nurse, or other health professional. In 2020 and 2022, 74 percent of diabetic South Dakotans reported having their hemoglobin A1c checked by a doctor, nurse, or other health professional two or more times in the past 12 months.

Figure 28

South Dakotans With Diabetes That Had Hemoglobin A1c Checked by a Doctor, Nurse, or Other Health Professional Two or More Times in the Past 12 Months, 2012-2022

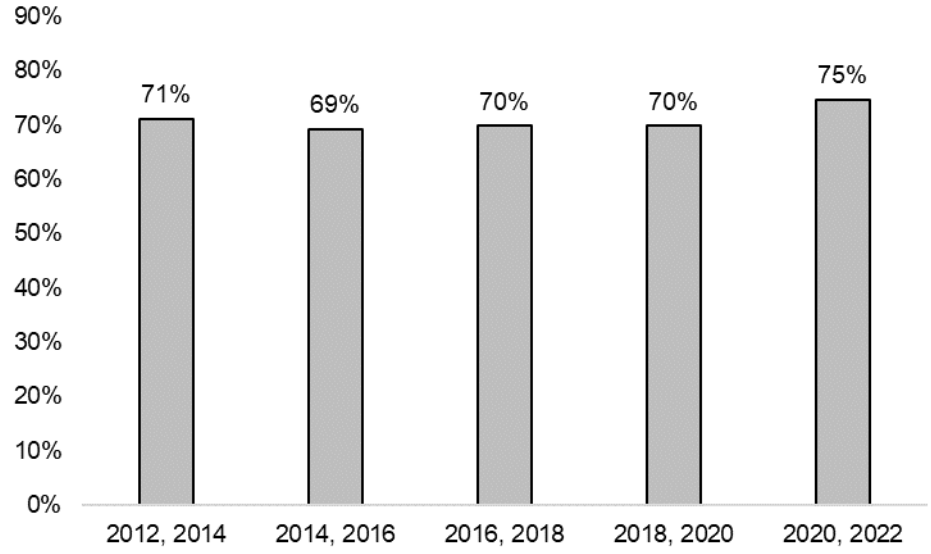


Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2022

Figure 29, below, shows the percentage of diabetic South Dakotans that had an eye exam in the past year in which the pupils were dilated. In 2020 and 2022, 75 percent of diabetic South Dakotans indicated that they had an eye exam in the past year in which their pupils were dilated.

Figure 29

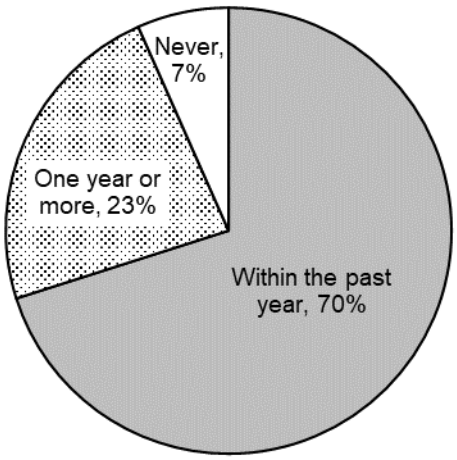
South Dakotans With Diabetes Who Had an Eye Exam in the Past Year in Which the Pupils Were Dilated, 2012-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2022

Figure 30, below, shows the percentage of diabetic South Dakotans that had a picture taken of the back of their eye. In 2022, 70 percent of diabetic South Dakotans indicated that they had a picture taken of the back of their eye. Twenty-three percent said they had this done one year or more ago, while seven percent had never had this done.

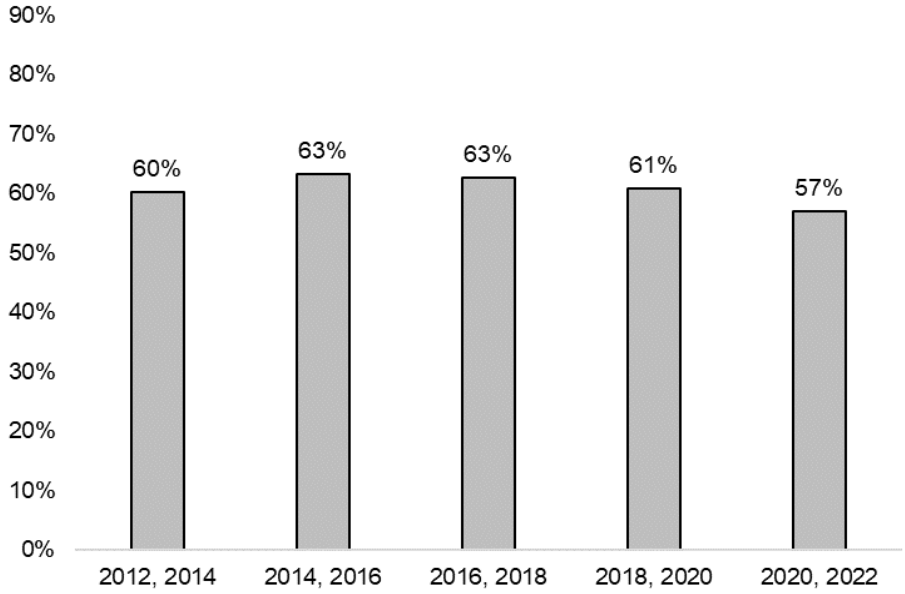
Figure 30
South Dakotans With Diabetes Who Have Had a Photo Taken of the Back of Their Eye, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Figure 31, below, shows the percentage of diabetic South Dakotans who have ever taken a course or class in how to manage diabetes. In 2020 and 2022, 57 percent of diabetic South Dakotans indicated that they have taken a course or class to manage their diabetes.

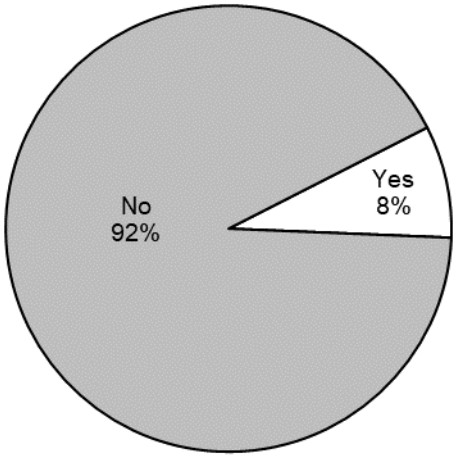
Figure 31
South Dakotans With Diabetes Who Have Ever Taken a Course or Class in How to Manage Diabetes, 2012-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2022

Figure 32, below, shows the percentage of diabetic South Dakotans with foot sores or irritations that took more than four weeks to heal. In 2022, eight percent of diabetic South Dakotans reported they had foot sores or irritations that took more than four weeks to heal.

Figure 32
South Dakotans With Diabetes Who Had Foot Sores or Irritations That Took More Than Four Weeks to Heal, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

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?"

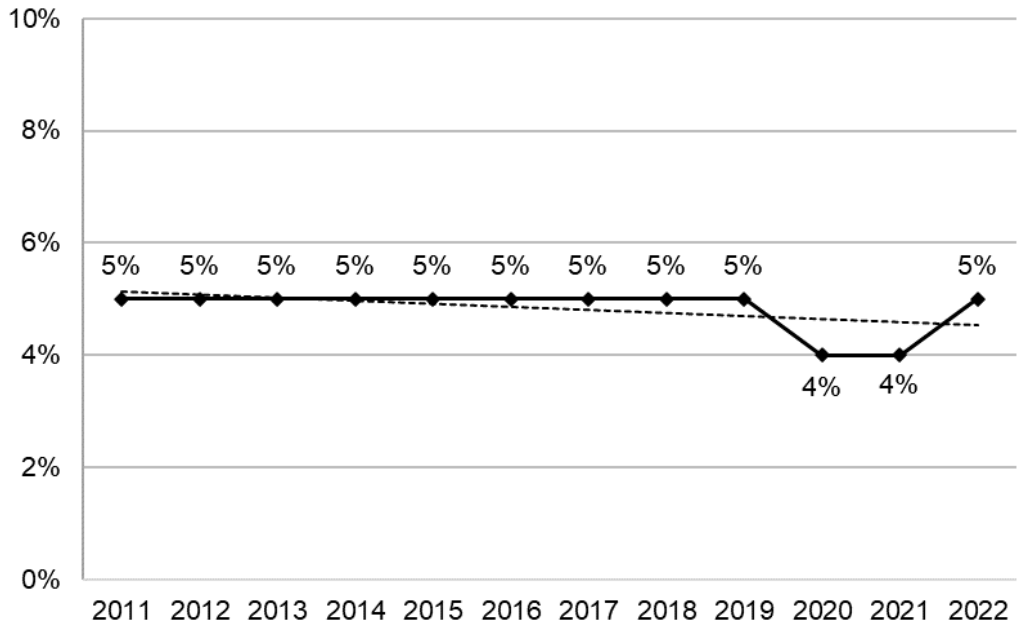
Prevalence of Previous Heart Attack

- South Dakota 5%
- Nationwide median 5%

Trend Analysis

Overall, the percentage of South Dakotans who have been told they have ever had a heart attack has remained steady since 2011. South Dakota is the same as the nationwide median.

Figure 33
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 25
South Dakotans Who Previously Had a Heart Attack, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.6%	7.1%
	Female	3%	2.6%	3.4%
Age	18-29	1%	0.3%	1.0%
	30-39	1%	0.5%	1.3%
	40-49	3%	1.7%	4.5%
	50-59	5%	3.6%	5.8%
	60-69	7%	6.2%	8.6%
	70-79	13%	11.0%	15.1%
	80+	13%	10.7%	16.1%
Race/ Ethnicity	White, Non-Hispanic	5%	4.2%	5.1%
	American Indian, Non-Hispanic	8%	5.6%	10.4%
	American Indian/White, Non-Hispanic	3%	1.3%	5.0%
	Hispanic	3%	1.2%	6.3%
Household Income	Less than $35,000	6%	5.5%	7.5%
	$35,000-$74,999	5%	3.9%	5.5%
	$75,000+	3%	2.4%	3.9%
Education	Less than High School, G.E.D.	6%	4.5%	8.4%
	High School, G.E.D.	6%	4.7%	6.6%
	Some Post-High School	4%	3.8%	5.1%
	College Graduate	4%	2.9%	4.3%
Employment Status	Employed for Wages	2%	1.9%	2.8%
	Self-employed	4%	2.7%	6.0%
	Unemployed	3%	1.8%	4.6%
	Homemaker	3%	1.8%	5.1%
	Student	0.3%	0.1%	1.3%
	Retired	11%	10.1%	12.8%
	Unable to Work	12%	9.2%	15.3%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.6%
	Divorced/Separated	6%	5.1%	7.8%
	Widowed	11%	8.5%	13.1%
	Never Married	2%	1.3%	2.2%
Home Ownership Status	Own Home	5%	4.7%	5.8%
	Rent Home	4%	2.9%	4.5%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.6%
	No Children in Household (Ages 18-44)	1%	0.4%	1.2%
Phone Status	Landline	7%	6.3%	8.0%
	Cell Phone	4%	3.4%	4.4%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.6%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.0%
County	Minnehaha	4%	3.6%	5.3%
	Pennington	5%	3.9%	5.8%
	Lincoln	4%	2.4%	5.9%
	Brown	4%	3.3%	4.8%
	Brookings	3%	2.4%	3.9%
	Codington	5%	4.4%	6.6%
	Meade	4%	3.0%	5.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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 and American Indian/whites show a very low prevalence.
Household Income	The prevalence of a previous heart attack decreases as household income increases.
Education	The prevalence of a previous heart attack does not seem to consistently change as education levels change.
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	Those who own their home demonstrate a significantly higher prevalence of a previous heart attack than those who rent their home.
Children Status	The prevalence of a previous heart attack 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 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 differ based on pregnancy status.
County	Residents of Codington county demonstrate a very high prevalence of a previous heart attack, while residents of Brookings county show a very low prevalence.

ANGINA OR CORONARY HEART DISEASE

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

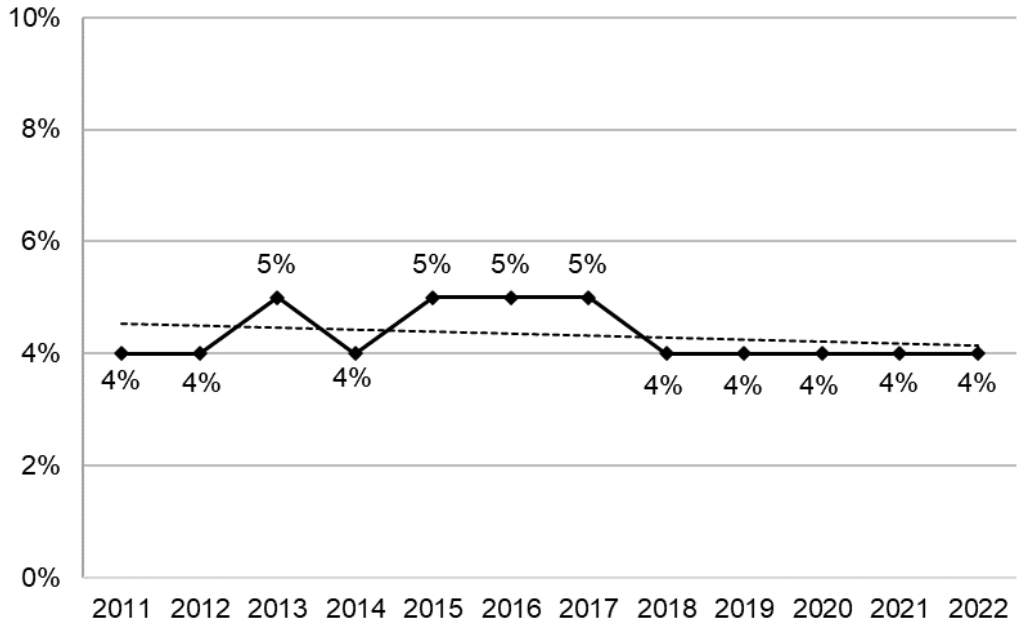
Prevalence of Angina or Coronary Heart Disease

- South Dakota 4%
- Nationwide median 4%

Trend Analysis

Overall, the percentage of South Dakotans who have been told they have angina or coronary heart disease has remained steady since 2011. In recent years this has been at four percent. South Dakota is the same as the nationwide median.

Figure 34
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 26
South Dakotans Who Have Angina or Coronary Heart Disease, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.8%	6.1%
	Female	3%	2.8%	3.7%
Age	18-29	0.3%	0.2%	0.7%
	30-39	0.4%	0.2%	0.8%
	40-49	2%	1.1%	3.1%
	50-59	5%	3.5%	5.9%
	60-69	8%	6.3%	9.0%
	70-79	12%	10.5%	14.1%
	80+	12%	10.2%	14.6%
Race/ Ethnicity	White, Non-Hispanic	4%	4.1%	4.9%
	American Indian, Non-Hispanic	4%	2.9%	6.8%
	American Indian/White, Non-Hispanic	2%	0.9%	3.9%
	Hispanic	2%	1.1%	3.1%
Household Income	Less than $35,000	6%	4.8%	6.8%
	$35,000-$74,999	4%	3.6%	5.2%
	$75,000+	3%	2.7%	4.2%
Education	Less than High School, G.E.D.	5%	3.1%	6.6%
	High School, G.E.D.	5%	4.3%	6.0%
	Some Post-High School	4%	3.4%	4.7%
	College Graduate	4%	3.2%	4.4%
Employment Status	Employed for Wages	2%	1.7%	2.5%
	Self-employed	3%	2.1%	4.5%
	Unemployed	3%	1.4%	8.1%
	Homemaker	3%	1.4%	4.6%
	Student	0.003%	0.0%	0.0%
	Retired	11%	10.1%	12.6%
	Unable to Work	10%	7.1%	14.0%
Marital Status	Married/Unmarried Couple	5%	4.0%	5.1%
	Divorced/Separated	6%	4.6%	7.6%
	Widowed	10%	8.2%	11.9%
	Never Married	1%	0.9%	2.1%
Home Ownership Status	Own Home	5%	4.5%	5.6%
	Rent Home	3%	2.1%	3.6%
Children Status	Children in Household (Ages 18-44)	0.4%	0.3%	0.8%
	No Children in Household (Ages 18-44)	0.3%	0.2%	0.6%
Phone Status	Landline	7%	6.3%	7.8%
	Cell Phone	3%	3.0%	3.9%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.5%
	Not Pregnant (Ages 18-44)	0.4%	0.3%	0.7%
County	Minnehaha	4%	3.4%	5.2%
	Pennington	5%	3.8%	5.6%
	Lincoln	3%	2.2%	4.1%
	Brown	4%	3.6%	5.4%
	Brookings	2%	1.9%	3.1%
	Codington	5%	4.0%	5.7%
	Meade	3%	2.4%	4.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Males exhibit a significantly higher prevalence of heart disease than females.
Age	The prevalence of heart disease increases as age increases with significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	Whites exhibit a very high prevalence of heart disease, while American Indian/whites and Hispanics show a very low prevalence.
Household Income	The prevalence of heart disease decreases as household income increases.
Education	The prevalence of heart disease does not seem to consistently change 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 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 heart disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of heart disease does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, Brown, and Codington 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?"

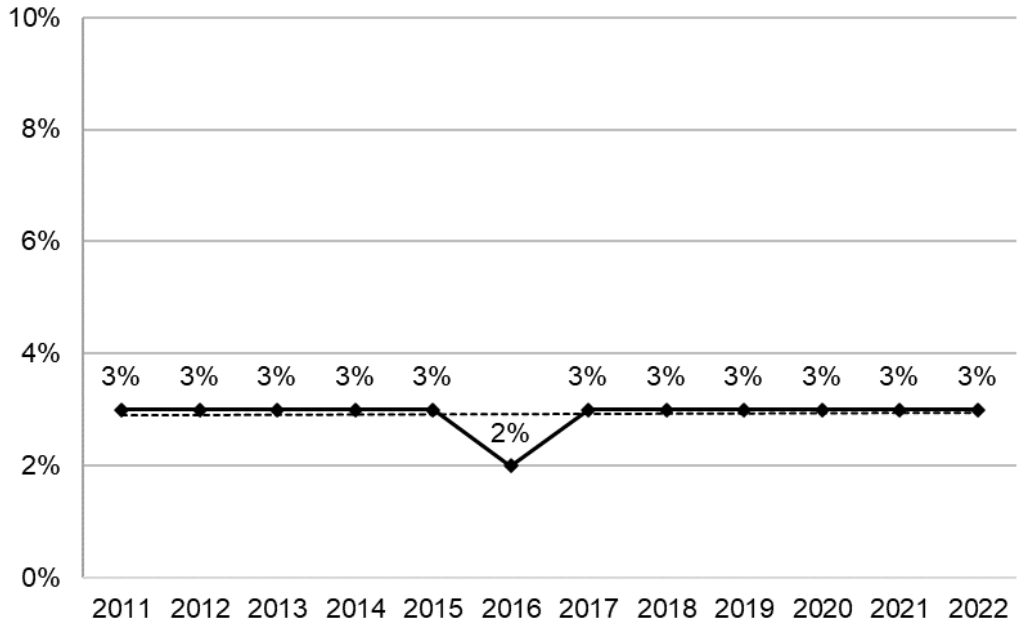
Prevalence of Previous Stroke

- South Dakota 3%
- Nationwide median 3%

Trend Analysis

Overall, the percentage of South Dakotans who have been told they have had a stroke has remained steady since 2011. For most of the years surveyed, this has been at three percent. South Dakota is the same as the nationwide median.

Figure 35
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 27
South Dakotans Who Previously Had a Stroke, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.3%	3.2%
	Female	3%	2.3%	3.2%
Age	18-29	0.3%	0.1%	0.5%
	30-39	1%	0.4%	1.1%
	40-49	1%	0.9%	2.5%
	50-59	3%	2.3%	4.3%
	60-69	4%	3.2%	5.2%
	70-79	6%	4.9%	7.4%
	80+	9%	7.5%	11.9%
Race/ Ethnicity	White, Non-Hispanic	3%	2.3%	3.0%
	American Indian, Non-Hispanic	4%	2.9%	5.2%
	American Indian/White, Non-Hispanic	2%	0.6%	4.9%
	Hispanic	3%	1.0%	6.0%
Household Income	Less than $35,000	5%	3.8%	5.7%
	$35,000-$74,999	2%	1.3%	2.1%
	$75,000+	1%	1.1%	2.0%
Education	Less than High School, G.E.D.	4%	2.5%	6.2%
	High School, G.E.D.	3%	2.5%	3.7%
	Some Post-High School	3%	2.2%	3.2%
	College Graduate	2%	1.5%	2.4%
Employment Status	Employed for Wages	1%	0.8%	1.4%
	Self-employed	1%	0.9%	2.0%
	Unemployed	2%	1.3%	3.1%
	Homemaker	4%	2.0%	8.5%
	Student	0.2%	0.1%	0.6%
	Retired	6%	5.5%	7.4%
	Unable to Work	11%	8.2%	15.4%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.7%
	Divorced/Separated	4%	3.3%	5.5%
	Widowed	8%	6.2%	10.4%
	Never Married	1%	0.8%	1.9%
Home Ownership Status	Own Home	3%	2.3%	3.0%
	Rent Home	3%	2.2%	3.7%
Children Status	Children in Household (Ages 18-44)	1%	0.4%	0.9%
	No Children in Household (Ages 18-44)	1%	0.3%	0.9%
Phone Status	Landline	4%	3.7%	4.9%
	Cell Phone	2%	1.8%	2.6%
Pregnancy Status	Pregnant (Ages 18-44)	0.2%	0.0%	0.5%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.1%
County	Minnehaha	2%	1.4%	2.5%
	Pennington	3%	2.7%	4.3%
	Lincoln	3%	1.6%	4.9%
	Brown	3%	2.3%	3.7%
	Brookings	2%	1.6%	2.7%
	Codington	3%	2.7%	4.1%
	Meade	2%	1.7%	2.9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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. This includes a significant increase as the 80s are reached.
Race/ Ethnicity	The prevalence of a previous stroke does not seem to differ by race/ethnicity.
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 levels increase.
Employment	Those who are a homemaker or unable to work demonstrate a very high prevalence of a previous stroke, while those who are 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 differ based on home ownership status.
Children Status	The prevalence of a previous stroke 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 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 differ based on pregnancy status.
County	Residents of Pennington and Codington counties demonstrate a very high prevalence of a previous stroke, while residents of Minnehaha county 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.

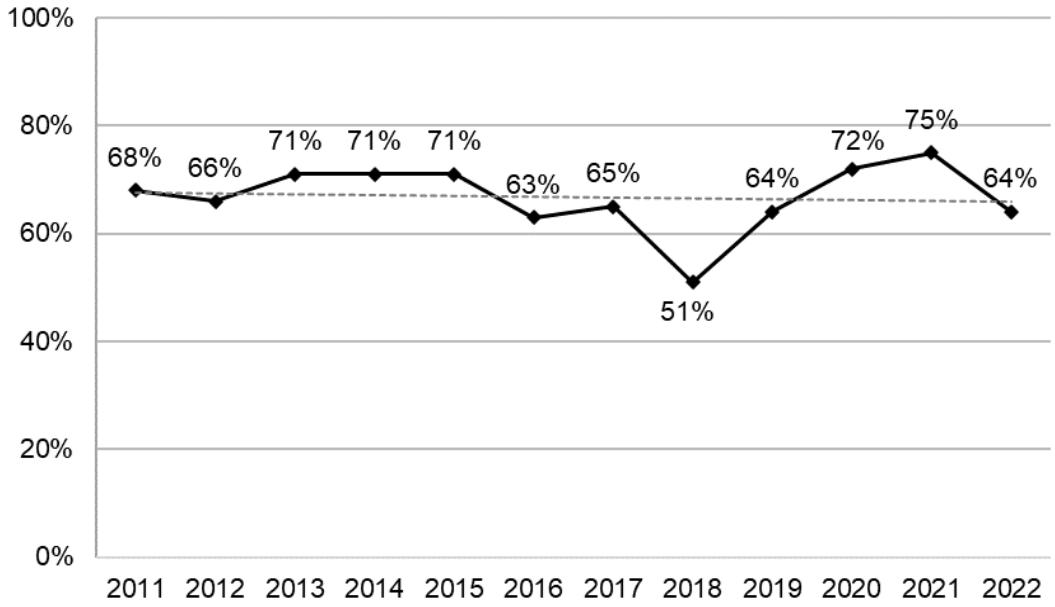
Prevalence of Flu Shot

- South Dakota 75%
- Nationwide median 68%

Trend Analysis

Since 2018 the percentage of South Dakotans aged 65 and older who received a flu vaccine within the last 12 months has fluctuated significantly. In 2021, the percentage increased to a high of 75 percent, but in 2022 it decreased to 64 percent. It is worth noting that South Dakota has a higher percentage (75%) than the nationwide median of 68 percent.

Figure 36
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 28
South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	64%	60.9%	66.7%
	Female	67%	64.5%	69.2%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	62%	59.0%	65.4%
	70-79	66%	62.9%	68.6%
	80+	69%	65.6%	72.9%
Race Ethnicity	White, Non-Hispanic	65%	63.4%	67.2%
	American Indian, Non-Hispanic	56%	46.1%	65.3%
	American Indian/White, Non-Hispanic	74%	40.9%	92.3%
	Hispanic	85%	74.0%	92.4%
Household Income	Less than $35,000	59%	55.2%	62.6%
	$35,000-$74,999	70%	67.2%	73.2%
	$75,000+	69%	63.8%	73.0%
Education	Less than High School, G.E.D.	64%	55.8%	72.2%
	High School, G.E.D.	64%	60.6%	67.1%
	Some Post-High School	65%	61.5%	68.0%
	College Graduate	69%	66.1%	72.0%
Employment Status	Employed for Wages	64%	58.2%	68.6%
	Self-employed	46%	39.2%	53.0%
	Unemployed	62%	44.7%	77.1%
	Homemaker	65%	53.4%	75.4%
	Student	*	*	*
	Retired	68%	66.3%	70.4%
	Unable to Work	65%	52.7%	75.6%
Marital Status	Married/Unmarried Couple	67%	64.2%	69.1%
	Divorced/Separated	59%	53.4%	63.9%
	Widowed	65%	61.8%	68.8%
	Never Married	66%	56.8%	73.7%
Home Ownership Status	Own Home	66%	63.9%	67.9%
	Rent Home	62%	56.3%	66.9%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	68%	65.2%	69.7%
	Cell Phone	63%	60.0%	66.0%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	70%	66.5%	73.8%
	Pennington	65%	60.7%	68.1%
	Lincoln	71%	65.8%	76.1%
	Brown	67%	63.5%	70.1%
	Brookings	70%	66.5%	74.0%
	Codington	70%	66.6%	73.2%
	Meade	57%	51.7%	62.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of getting a flu shot does not seem to differ by gender.
Age	The prevalence of getting a flu shot increases as age increases.
Race/ Ethnicity	Hispanics demonstrate a very high prevalence of getting a flu shot, while whites and American Indians show a very low prevalence.
Household Income	The prevalence of getting a flu shot does not seem to change as household income changes.
Education	The prevalence of getting a flu shot increases as education levels increase.
Employment	Those who are employed for wages, a homemaker, or retired demonstrate a very high prevalence of getting a flu shot, while those who are self-employed show a very low prevalence.
Marital Status	Those who are married 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	The prevalence of getting a flu shot does not seem to differ based on phone status.
County	Minnehaha, Lincoln, Brown, Brookings, and Codington counties all demonstrate a very high prevalence of getting a flu shot, while Meade county shows a very low prevalence.

PNEUMONIA SHOT

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

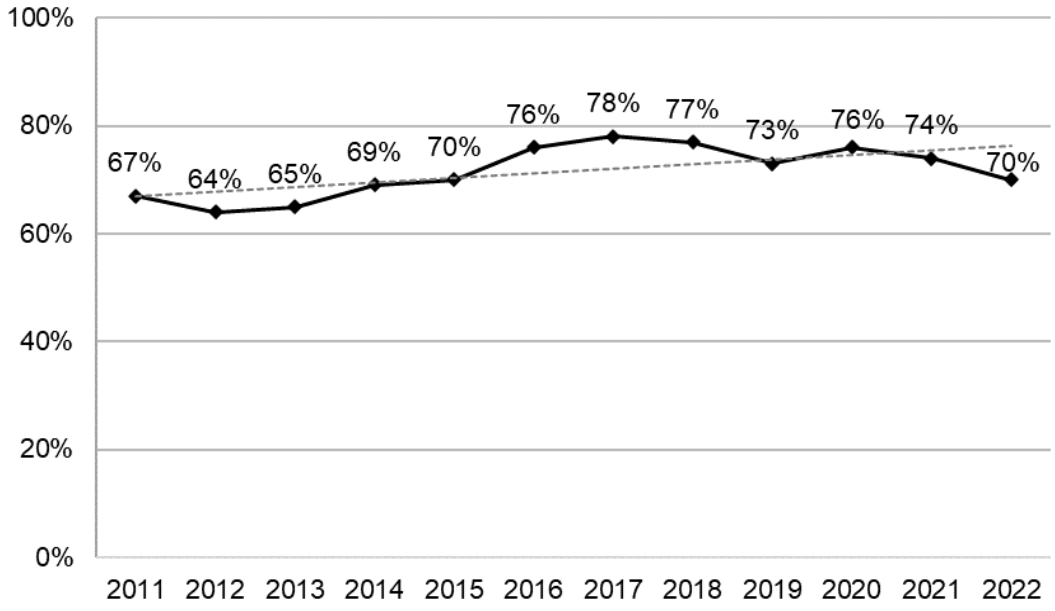
Prevalence of Pneumonia Shot

- South Dakota 70%
- Nationwide median 72%

Trend Analysis

The percentage of South Dakotans aged 65 and older who have received a pneumonia vaccine has been on the rise since 2011. However, in 2022, this percentage fell slightly to 70 percent. South Dakota has a lower rate of pneumonia vaccination among those 65 and older compared to the national median.

Figure 37
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 29
South Dakotans, Ages 65 and Older, Who Have Ever Had a Pneumonia Shot, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	69%	66.2%	71.9%
	Female	78%	76.1%	80.3%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	65%	62.2%	68.6%
	70-79	78%	75.8%	80.9%
	80+	77%	73.5%	80.3%
Race/Ethnicity	White, Non-Hispanic	74%	72.4%	76.0%
	American Indian, Non-Hispanic	65%	53.8%	74.4%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	83%	65.3%	92.7%
Household Income	Less than $35,000	73%	69.1%	75.9%
	$35,000-$74,999	77%	73.8%	79.7%
	$75,000+	73%	69.1%	77.3%
Education	Less than High School, G.E.D.	74%	66.2%	79.9%
	High School, G.E.D.	72%	68.7%	75.1%
	Some Post-High School	75%	71.6%	77.6%
	College Graduate	76%	73.0%	78.7%
Employment Status	Employed for Wages	64%	58.7%	69.4%
	Self-employed	60%	52.4%	66.3%
	Unemployed	68%	50.0%	82.5%
	Homemaker	82%	71.3%	88.7%
	Student	*	*	*
	Retired	77%	75.5%	79.4%
	Unable to Work	72%	59.4%	81.2%
Marital Status	Married/Unmarried Couple	75%	72.6%	77.1%
	Divorced/Separated	69%	63.6%	74.0%
	Widowed	74%	70.2%	77.2%
	Never Married	79%	72.7%	84.0%
Home Ownership Status	Own Home	75%	72.7%	76.4%
	Rent Home	70%	64.4%	75.1%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	77%	74.7%	78.8%
	Cell Phone	71%	67.8%	73.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	77%	73.3%	80.3%
	Pennington	73%	69.7%	76.8%
	Lincoln	76%	69.8%	80.4%
	Brown	77%	74.4%	80.3%
	Brookings	75%	71.9%	78.7%
	Codington	77%	73.2%	79.8%
	Meade	70%	65.4%	75.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females demonstrate a significantly higher prevalence of getting a pneumonia shot than males.
Age	The prevalence of getting a pneumonia shot peaks with people in their 70's.
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 consistently change as household income increases.
Education	The prevalence of getting a pneumonia shot does not seem to consistently change as education levels increase.
Employment	Those who are a homemaker or retired 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	The prevalence of getting a pneumonia shot does not seem to differ based on marital status.
Home Ownership	The prevalence of getting a pneumonia 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 pneumonia shot than those who primarily use a cell phone.
County	The prevalence of getting a pneumonia shot does not seem to differ among the available counties.

TETANUS SHOT

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

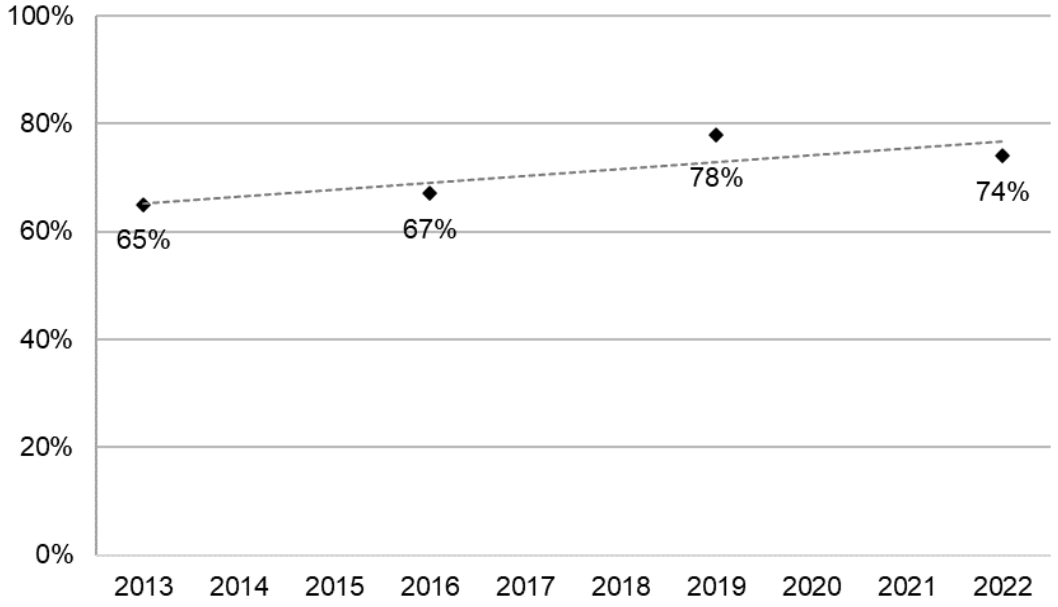
Prevalence of Tetanus Shot

- South Dakota 74%
- *There is no nationwide median for tetanus* shot

Trend Analysis

The percentage of South Dakotans who have received a tetanus shot in the last 10 years has been increasing since 2013; however, in 2022, this percentage decreased slightly to 74 percent.

Figure 38
Percentage of South Dakotans Who Have Had a Tetanus Shot in the Past Ten Years, 2013-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

Table 30
South Dakotans Who Have Had a Tetanus Shot in the Past Ten Years, 2019-2022

			95% Confidence Interval	
		2019-2022	Low	High
Gender	Male	75%	72.0%	78.0%
	Female	77%	73.9%	79.0%
Age	18-29	75%	69.0%	79.8%
	30-39	77%	70.9%	81.8%
	40-49	80%	73.6%	85.0%
	50-59	78%	73.5%	81.6%
	60-69	76%	72.3%	79.5%
	70-79	71%	66.5%	75.8%
	80+	67%	60.4%	72.6%
Race/Ethnicity	White, Non-Hispanic	77%	74.9%	79.0%
	American Indian, Non-Hispanic	74%	64.3%	81.4%
	American Indian/White, Non-Hispanic	80%	61.8%	90.8%
	Hispanic	71%	56.0%	82.7%
Household Income	Less than $35,000	72%	67.7%	76.2%
	$35,000-$74,999	79%	76.1%	82.4%
	$75,000+	78%	74.5%	81.7%
Education	Less than High School, G.E.D.	69%	59.3%	78.0%
	High School, G.E.D.	73%	68.5%	76.2%
	Some Post-High School	79%	75.5%	81.7%
	College Graduate	78%	74.7%	80.8%
Employment Status	Employed for Wages	78%	75.0%	80.3%
	Self-employed	73%	64.8%	79.7%
	Unemployed	77%	65.3%	85.4%
	Homemaker	80%	66.3%	89.1%
	Student	75%	61.3%	85.5%
	Retired	73%	69.3%	75.8%
	Unable to Work	73%	64.1%	80.3%
Marital Status	Married/Unmarried Couple	78%	75.7%	80.7%
	Divorced/Separated	78%	73.0%	82.0%
	Widowed	63%	56.6%	68.3%
	Never Married	73%	67.9%	77.5%
Home Ownership Status	Own Home	77%	75.1%	79.4%
	Rent Home	74%	69.4%	78.4%
Children Status	Children in Household (Ages 18-44)	81%	76.5%	85.1%
	No Children in Household (Ages 18-44)	74%	68.2%	78.6%
Phone Status	Landline	75%	72.0%	78.1%
	Cell Phone	76%	73.6%	78.3%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	81%	76.0%	85.0%
County	Minnehaha	75%	71.2%	78.9%
	Pennington	75%	71.1%	78.1%
	Lincoln	79%	74.6%	83.5%
	Brown	77%	73.8%	80.1%
	Brookings	80%	76.2%	83.1%
	Codington	78%	73.9%	81.5%
	Meade	75%	64.4%	83.4%
	Lawrence	75%	72.0%	78.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019-2022

Demographics

Gender	The prevalence of getting a tetanus shot does not seem to differ by gender.
Age	The prevalence of getting a tetanus shot peaks with people in their 40s.
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 does not seem to consistently change as household income increases.
Education	The prevalence of getting a tetanus shot does not seem to consistently change as education levels increase.
Employment	The prevalence of getting a tetanus shot does not seem to differ among the different types of employment status.
Marital Status	Those who are married or divorced exhibit a very high prevalence of getting a tetanus shot, while those who are widowed show a very low prevalence.
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	The prevalence of getting a tetanus shot does not seem to differ by phone status.
County	The prevalence of getting a tetanus shot does not seem to differ among the available counties.

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

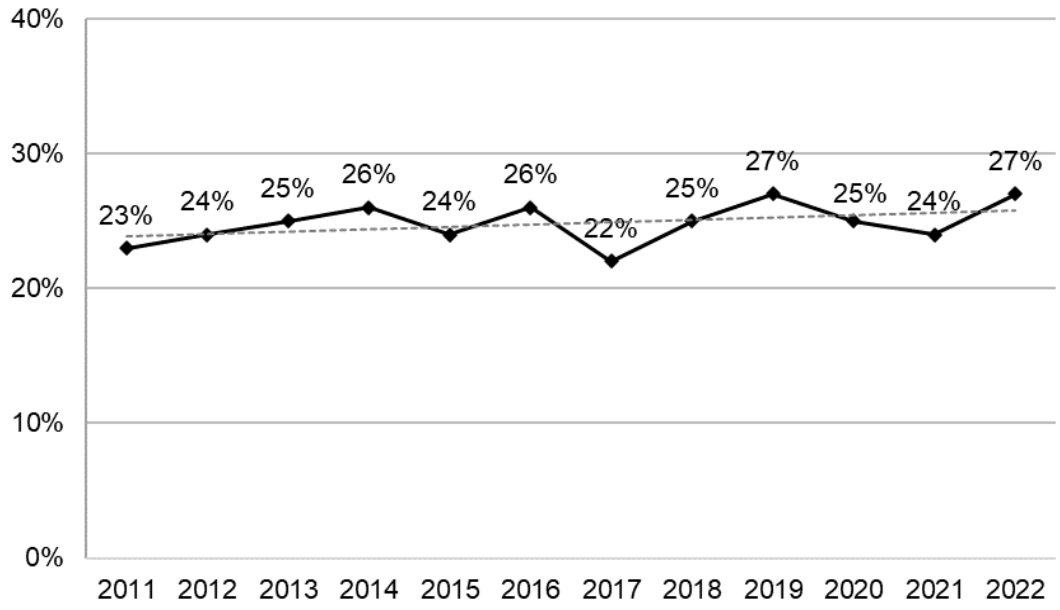
- South Dakota 27%
- Nationwide median 28%

Trend Analysis

Overall, the percentage of South Dakotans who have ever been told they have arthritis has increased slightly since 2011. From 2021 to 2022, this went from 24 to 27 percent. South Dakota is lower than the nationwide median of 28 percent with arthritis.

Figure 39

Percentage of South Dakotans Who Were Told They Have Arthritis, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 31
South Dakotans Who Were Told They Have Arthritis, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	22%	20.8%	23.6%
	Female	29%	27.4%	30.3%
Age	18-29	5%	3.7%	6.3%
	30-39	12%	9.4%	14.1%
	40-49	18%	15.2%	20.9%
	50-59	30%	27.9%	33.0%
	60-69	43%	40.5%	45.4%
	70-79	48%	45.0%	50.7%
	80+	57%	52.8%	60.7%
Race/Ethnicity	White, Non-Hispanic	26%	25.4%	27.5%
	American Indian, Non-Hispanic	27%	22.4%	32.2%
	American Indian/White, Non-Hispanic	22%	14.6%	32.6%
	Hispanic	16%	11.7%	21.9%
Household Income	Less than $35,000	34%	31.3%	36.1%
	$35,000-$74,999	25%	23.0%	26.7%
	$75,000+	19%	17.3%	20.5%
Education	Less than High School, G.E.D.	29%	24.5%	33.7%
	High School, G.E.D.	27%	25.6%	29.5%
	Some Post-High School	26%	24.3%	27.8%
	College Graduate	22%	20.1%	23.0%
Employment Status	Employed for Wages	16%	15.1%	17.6%
	Self-employed	24%	21.1%	27.5%
	Unemployed	23%	17.7%	28.4%
	Homemaker	26%	19.0%	33.4%
	Student	3%	1.5%	5.1%
	Retired	50%	47.8%	52.0%
	Unable to Work	56%	50.9%	61.6%
Marital Status	Married/Unmarried Couple	26%	25.0%	27.7%
	Divorced/Separated	34%	30.9%	37.2%
	Widowed	51%	47.8%	55.1%
	Never Married	12%	10.1%	13.8%
Home Ownership Status	Own Home	28%	27.2%	29.5%
	Rent Home	20%	17.9%	22.2%
Children Status	Children in Household (Ages 18-44)	11%	9.0%	13.0%
	No Children in Household (Ages 18-44)	7%	6.0%	9.0%
Phone Status	Landline	37%	35.6%	39.1%
	Cell Phone	22%	20.3%	22.7%
Pregnancy Status	Pregnant (Ages 18-44)	15%	5.3%	34.8%
	Not Pregnant (Ages 18-44)	11%	9.0%	12.8%
County	Minnehaha	23%	21.1%	25.1%
	Pennington	28%	25.8%	29.9%
	Lincoln	24%	20.9%	27.5%
	Brown	26%	24.5%	28.4%
	Brookings	17%	15.0%	18.3%
	Codington	27%	25.0%	29.1%
	Meade	28%	24.3%	31.2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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 all age groups are reached except for the 70s.
Race/ Ethnicity	Whites and American Indians demonstrate a very high prevalence of arthritis, while Hispanics show a very low prevalence.
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 retired or 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	Brookings county exhibits a very low prevalence of arthritis, while Pennington, Lincoln, Brown, Codington, and Meade counties all show a very high prevalence.

ASTHMA

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

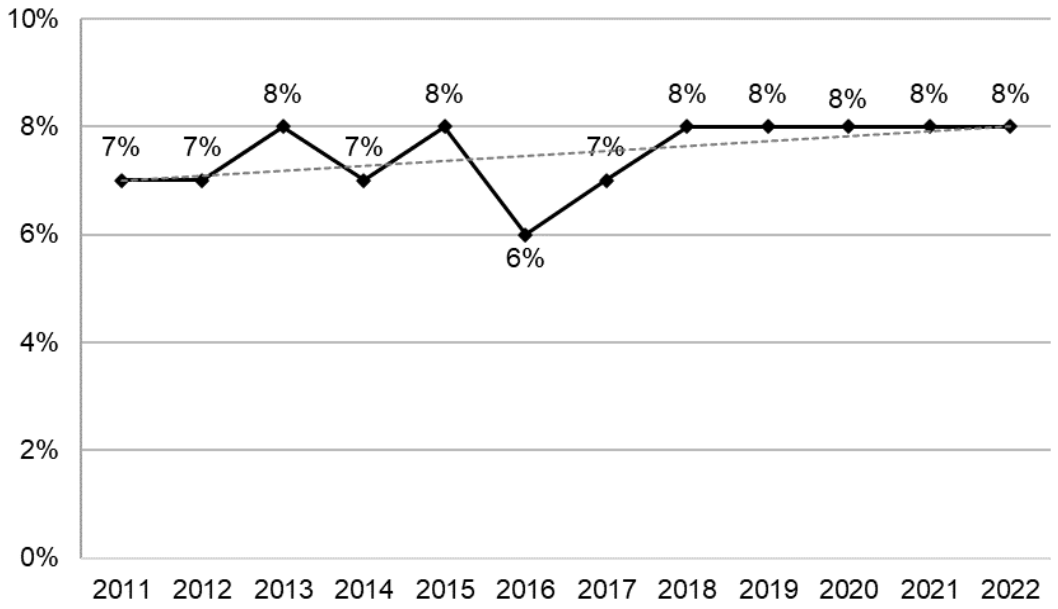
Prevalence of Asthma

- South Dakota 8%
- Nationwide median 10%

Trend Analysis

Overall, the percentage of South Dakotans who currently have asthma has remained steady since 2011. South Dakota has a lower percentage than the nationwide median of 10 percent with asthma.

Figure 40
Percentage of South Dakotans Who Currently Have Asthma, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 32
South Dakotans Who Were Told They Have Asthma, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.4%	7.0%
	Female	10%	9.4%	11.3%
Age	18-29	10%	8.5%	12.1%
	30-39	7%	5.8%	8.9%
	40-49	7%	5.7%	8.8%
	50-59	9%	7.6%	10.5%
	60-69	9%	7.4%	10.3%
	70-79	7%	5.5%	8.0%
	80+	6%	4.7%	8.8%
Race/Ethnicity	White, Non-Hispanic	8%	7.5%	8.9%
	American Indian, Non-Hispanic	10%	8.2%	12.2%
	American Indian/White, Non-Hispanic	15%	9.0%	24.2%
	Hispanic	7%	4.5%	11.2%
Household Income	Less than $35,000	11%	9.8%	12.9%
	$35,000-$74,999	7%	6.1%	8.5%
	$75,000+	7%	5.6%	7.6%
Education	Less than High School, G.E.D.	11%	8.2%	14.3%
	High School, G.E.D.	8%	6.9%	9.1%
	Some Post-High School	8%	7.1%	9.2%
	College Graduate	8%	6.9%	9.0%
Employment Status	Employed for Wages	8%	6.9%	8.6%
	Self-employed	6%	4.7%	8.5%
	Unemployed	12%	8.3%	17.5%
	Homemaker	8%	5.0%	12.0%
	Student	10%	6.9%	14.1%
	Retired	7%	6.1%	8.2%
	Unable to Work	20%	16.2%	25.0%
Marital Status	Married/Unmarried Couple	8%	6.9%	8.4%
	Divorced/Separated	10%	8.2%	12.1%
	Widowed	7%	5.4%	9.5%
	Never Married	9%	7.8%	10.9%
Home Ownership Status	Own Home	7%	6.5%	7.8%
	Rent Home	12%	10.1%	13.4%
Children Status	Children in Household (Ages 18-44)	8%	6.7%	9.5%
	No Children in Household (Ages 18-44)	10%	7.9%	11.4%
Phone Status	Landline	7%	6.5%	8.3%
	Cell Phone	8%	7.7%	9.3%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.5%	11.5%
	Not Pregnant (Ages 18-44)	11%	9.4%	13.0%
County	Minnehaha	9%	8.0%	11.0%
	Pennington	8%	6.6%	9.2%
	Lincoln	10%	7.3%	12.3%
	Brown	8%	6.6%	10.4%
	Brookings	9%	6.9%	10.5%
	Codington	7%	6.0%	8.4%
	Meade	8%	5.9%	12.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of asthma than males.
Age	The prevalence of asthma does not seem to consistently change as age increases.
Race/ Ethnicity	American Indian/whites demonstrate a very high prevalence of asthma, while whites show a very low prevalence.
Household Income	The prevalence of asthma does not seem to consistently change as household income changes.
Education	The prevalence of asthma does not seem to consistently change as education levels change.
Employment	Those who are unable to work or unemployed 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 by 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.

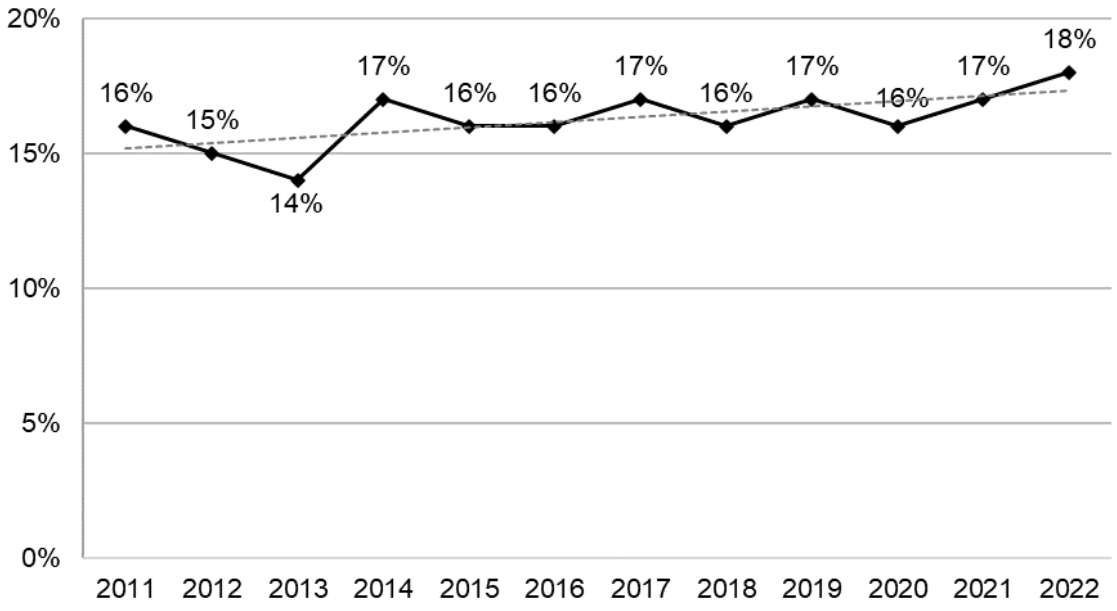
Prevalence of Depression

- South Dakota 18%
- Nationwide median 22%

Trend Analysis

Overall, the percentage of South Dakotans who have ever been told they have some form of depression has remained steady since 2011. South Dakota has a depression rate lower than the national median of 22 percent. However, in 2022, the percentage of South Dakotans with some form of depression reached its highest at 18 percent.

Figure 41
Percentage of South Dakotans Who Were Told They Have Depression, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 33
South Dakotans Who Were Told They Have Depression, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	12%	10.6%	13.0%
	Female	22%	20.5%	23.4%
Age	18-29	22%	19.4%	24.8%
	30-39	18%	15.9%	21.0%
	40-49	16%	13.7%	18.7%
	50-59	18%	16.1%	20.6%
	60-69	16%	13.6%	17.8%
	70-79	11%	9.2%	12.7%
	80+	6%	4.5%	7.8%
Race/ Ethnicity	White, Non-Hispanic	16%	15.4%	17.3%
	American Indian, Non-Hispanic	21%	16.1%	26.3%
	American Indian/White, Non-Hispanic	28%	19.5%	39.1%
	Hispanic	16%	11.8%	22.1%
Household Income	Less than $35,000	24%	22.3%	26.7%
	$35,000-$74,999	17%	15.0%	19.0%
	$75,000+	11%	9.9%	12.5%
Education	Less than High School, G.E.D.	19%	14.8%	23.1%
	High School, G.E.D.	16%	14.6%	18.1%
	Some Post-High School	18%	16.5%	20.0%
	College Graduate	15%	13.9%	16.7%
Employment Status	Employed for Wages	17%	15.8%	18.7%
	Self-employed	10%	8.1%	12.4%
	Unemployed	27%	22.1%	33.5%
	Homemaker	18%	12.1%	25.1%
	Student	18%	13.9%	23.3%
	Retired	12%	10.6%	13.3%
	Unable to Work	46%	40.5%	51.4%
Marital Status	Married/Unmarried Couple	14%	12.8%	15.0%
	Divorced/Separated	26%	23.2%	29.8%
	Widowed	14%	11.6%	17.8%
	Never Married	20%	18.1%	22.6%
Home Ownership Status	Own Home	13%	12.5%	14.4%
	Rent Home	26%	23.9%	28.9%
Children Status	Children in Household (Ages 18-44)	18%	16.1%	20.4%
	No Children in Household (Ages 18-44)	22%	19.7%	25.1%
Phone Status	Landline	12%	11.3%	13.7%
	Cell Phone	18%	17.1%	19.5%
Pregnancy Status	Pregnant (Ages 18-44)	20%	9.5%	37.1%
	Not Pregnant (Ages 18-44)	27%	24.2%	29.4%
County	Minnehaha	18%	16.3%	20.4%
	Pennington	19%	17.1%	20.9%
	Lincoln	17%	14.2%	20.4%
	Brown	20%	17.4%	22.1%
	Brookings	19%	16.3%	21.5%
	Codington	18%	15.7%	19.6%
	Meade	19%	15.5%	23.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of depression than males.
Age	The prevalence of depression generally decreases as age increases. This includes significant decreases as the 70s and 80s are reached.
Race/ Ethnicity	American Indian/whites demonstrate a very high prevalence of depression, while whites 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	The prevalence of depression does not seem to consistently change 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 homemaker, 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 among the counties available for analysis.

KIDNEY DISEASE

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

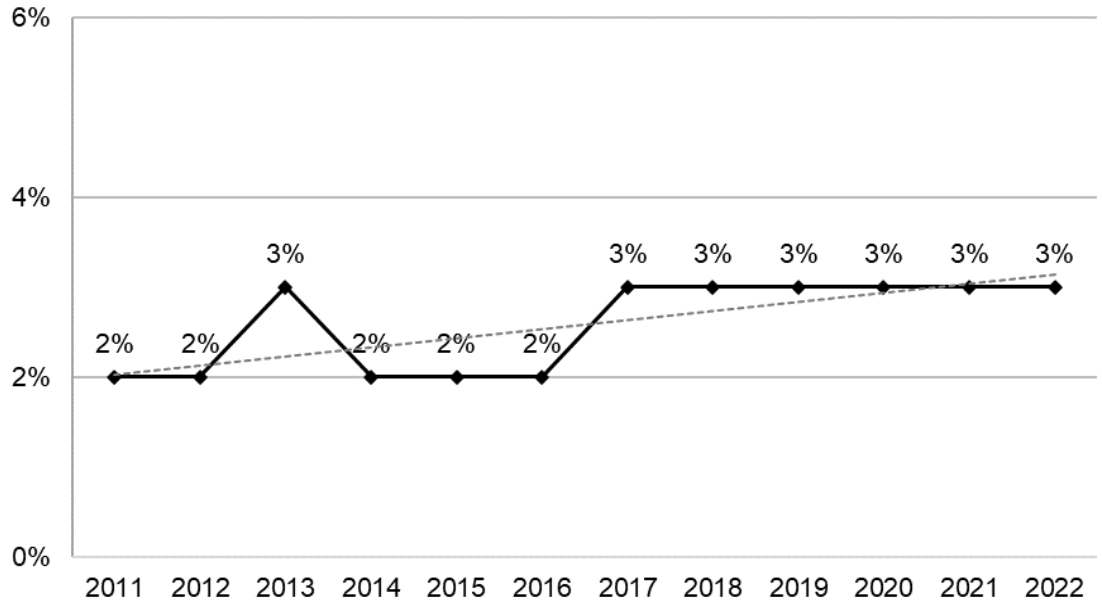
Prevalence of Kidney Disease

- South Dakota 3%
- Nationwide median 4%

Trend Analysis

Overall, the percentage of South Dakotans who have ever been told they had kidney disease has remained steady since 2011. South Dakota is lower than the nationwide median of four percent of those with kidney disease.

Figure 42
Percentage of South Dakotans Who Have Been Told They Have Kidney Disease, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 34
South Dakotans Who Have Been Told They Have Kidney Disease, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	2%	2.0%	2.9%
	Female	3%	2.5%	3.3%
Age	18-29	0.4%	0.2%	0.7%
	30-39	1%	0.6%	1.7%
	40-49	2%	1.3%	2.7%
	50-59	2%	1.8%	3.2%
	60-69	5%	3.7%	5.8%
	70-79	6%	4.7%	6.9%
	80+	7%	5.3%	9.4%
Race/ Ethnicity	White, Non-Hispanic	3%	2.4%	3.0%
	American Indian, Non-Hispanic	3%	2.3%	3.6%
	American Indian/White, Non-Hispanic	2%	0.5%	4.9%
	Hispanic	1%	0.8%	2.7%
Household Income	Less than $35,000	4%	3.4%	5.0%
	$35,000-$74,999	3%	2.0%	3.1%
	$75,000+	2%	1.2%	2.2%
Education	Less than High School, G.E.D.	3%	1.9%	4.1%
	High School, G.E.D.	3%	2.1%	3.1%
	Some Post-High School	3%	2.3%	3.4%
	College Graduate	3%	2.2%	3.1%
Employment Status	Employed for Wages	1%	1.1%	1.7%
	Self-employed	1%	0.7%	1.4%
	Unemployed	4%	1.5%	8.3%
	Homemaker	3%	1.3%	4.9%
	Student	0.2%	0.1%	0.5%
	Retired	6%	5.2%	7.0%
	Unable to Work	9%	7.2%	12.2%
Marital Status	Married/Unmarried Couple	2%	2.1%	2.8%
	Divorced/Separated	4%	2.6%	4.9%
	Widowed	6%	4.9%	7.6%
	Never Married	2%	1.4%	2.4%
Home Ownership Status	Own Home	3%	2.5%	3.2%
	Rent Home	2%	1.9%	3.0%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.2%
	No Children in Household (Ages 18-44)	1%	0.4%	1.2%
Phone Status	Landline	4%	3.6%	4.8%
	Cell Phone	2%	1.8%	2.5%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.5%
	Not Pregnant (Ages 18-44)	1%	0.6%	1.4%
County	Minnehaha	3%	2.1%	3.5%
	Pennington	3%	2.0%	3.4%
	Lincoln	3%	1.8%	3.6%
	Brown	3%	2.6%	4.0%
	Brookings	2%	1.5%	2.8%
	Codington	3%	2.6%	4.2%
	Meade	2%	1.1%	3.4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of kidney disease does not seem to differ based on gender.
Age	The prevalence of kidney disease increases as age increases. This includes a significant increase as the 60s are reached.
Race/ Ethnicity	The prevalence of kidney disease does not seem to differ based on race/ethnicity.
Household Income	The prevalence of kidney disease decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of kidney disease does not seem to change as education levels increase.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of kidney disease, while those who are a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of kidney disease while those who are married or have never been married show a very low prevalence.
Home Ownership	The prevalence of kidney disease does not seem to differ based on home ownership status.
Children Status	The prevalence of kidney disease 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 kidney disease than those who primarily use a cell phone.
Pregnancy Status	Those who are not pregnant demonstrate a significantly higher prevalence of kidney disease than those who are pregnant.
County	The prevalence of kidney disease does not seem to differ among the available counties.

VISION IMPAIRMENT

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

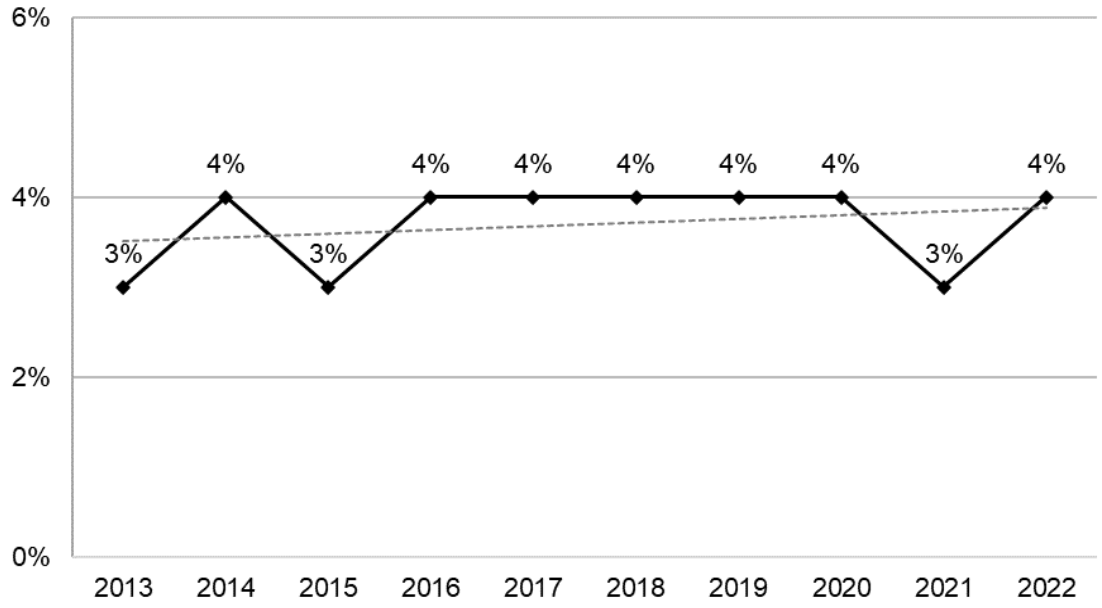
Prevalence of Severe Vision Impairment

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

Trend Analysis

Overall, the percentage of South Dakotans who have a severe vision impairment has remained steady since 2011.

Figure 43
Percentage of South Dakotans Who Have a Severe Vision Impairment, 2013-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

Table 35
South Dakotans Who Have a Vision Impairment, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	4%	3.1%	4.5%
	Female	4%	3.4%	4.4%
Age	18-29	3%	2.4%	4.5%
	30-39	3%	1.4%	4.5%
	40-49	3%	2.3%	4.1%
	50-59	4%	3.3%	5.4%
	60-69	3%	2.6%	3.9%
	70-79	5%	3.7%	5.5%
	80+	11%	8.8%	14.3%
Race/Ethnicity	White, Non-Hispanic	3%	2.8%	3.5%
	American Indian, Non-Hispanic	10%	7.4%	14.6%
	American Indian/White, Non-Hispanic	4%	1.4%	8.8%
	Hispanic	5%	2.7%	10.3%
Household Income	Less than $35,000	8%	6.4%	9.1%
	$35,000-$74,999	3%	2.3%	3.7%
	$75,000+	1%	0.8%	1.6%
Education	Less than High School, G.E.D.	9%	6.6%	11.5%
	High School, G.E.D.	5%	3.8%	5.7%
	Some Post-High School	3%	2.5%	3.8%
	College Graduate	2%	1.7%	2.6%
Employment Status	Employed for Wages	2%	1.8%	2.7%
	Self-employed	2%	1.1%	2.7%
	Unemployed	7%	4.6%	10.3%
	Homemaker	7%	2.8%	14.8%
	Student	3%	1.3%	5.9%
	Retired	6%	4.9%	6.7%
	Unable to Work	15%	11.7%	18.5%
Marital Status	Married/Unmarried Couple	3%	2.3%	3.5%
	Divorced/Separated	5%	3.8%	6.1%
	Widowed	9%	7.4%	11.2%
	Never Married	4%	3.1%	5.1%
Home Ownership Status	Own Home	3%	2.6%	3.4%
	Rent Home	6%	4.4%	7.0%
Children Status	Children in Household (Ages 18-44)	3%	1.8%	4.0%
	No Children in Household (Ages 18-44)	3%	2.0%	4.1%
Phone Status	Landline	5%	4.5%	6.2%
	Cell Phone	3%	2.8%	3.8%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.3%	8.5%
	Not Pregnant (Ages 18-44)	3%	1.8%	3.5%
County	Minnehaha	3%	2.6%	4.5%
	Pennington	4%	3.3%	5.2%
	Lincoln	3%	1.9%	5.2%
	Brown	4%	3.2%	4.8%
	Brookings	3%	2.2%	4.0%
	Codington	4%	3.4%	5.0%
	Meade	5%	3.4%	6.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of severe vision impairment does not seem to differ by gender.
Age	The prevalence of severe vision impairment does not seem to consistently change as age increases.
Race/ Ethnicity	American Indians 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 a significant decrease as the high school graduate level is reached.
Employment	Those who are a homemaker or 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 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 severe vision impairment than those who primarily use a cell phone.
Pregnancy Status	The prevalence of severe vision impairment does not seem to differ based on pregnancy status.
County	The prevalence of severe vision impairment does not seem to differ among the available counties.

ALCOHOL USE

DRANK IN PAST 30 DAYS

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

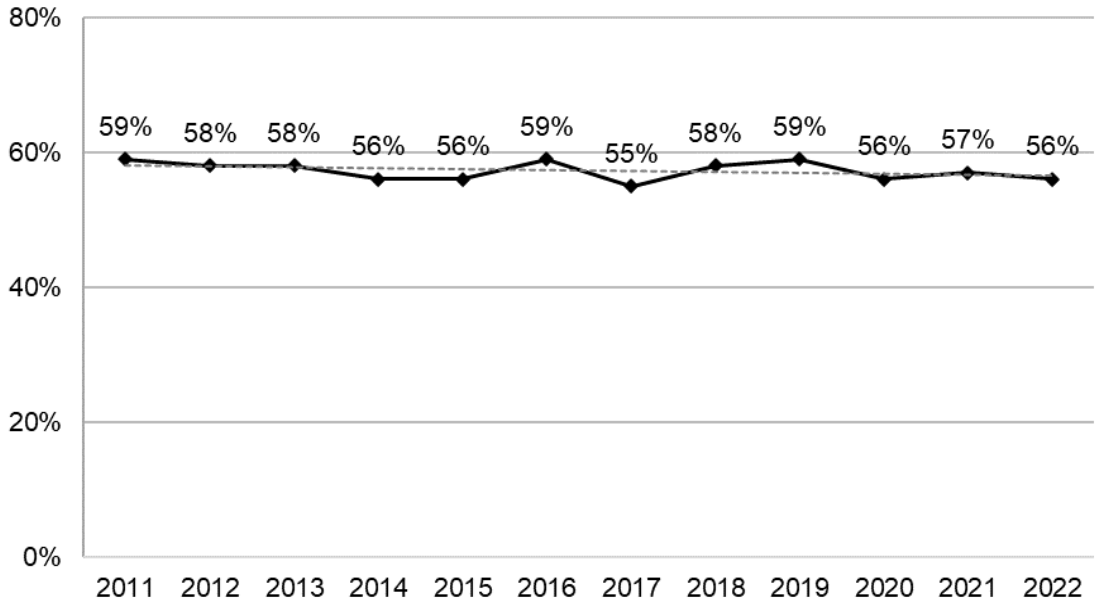
Prevalence of Drinking in Past 30 Days

- South Dakota 56%
- Nationwide median 54%

Trend Analysis

Overall, the percentage of South Dakotans who report drinking alcohol in the past 30 days has remained steady since 2011. South Dakota has a higher percentage of people who have consumed alcohol in the past 30 days compared to the national median of 54 percent.

Figure 44
Percentage of South Dakotans Who Drank Alcohol in the Past 30 Days, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 36
South Dakotans Who Drank Alcohol in Past 30 Days, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	64%	62.0%	65.4%
	Female	50%	48.7%	52.2%
Age	18-29	58%	54.1%	60.9%
	30-39	65%	61.4%	67.9%
	40-49	64%	60.6%	67.6%
	50-59	58%	55.1%	60.5%
	60-69	56%	53.7%	58.7%
	70-79	47%	44.2%	50.0%
	80+	32%	28.9%	36.3%
Race/Ethnicity	White, Non-Hispanic	60%	58.3%	60.8%
	American Indian, Non-Hispanic	34%	29.8%	39.3%
	American Indian/White, Non-Hispanic	50%	38.5%	62.0%
	Hispanic	52%	44.4%	60.5%
Household Income	Less than $35,000	45%	42.5%	47.6%
	$35,000-$74,999	60%	57.2%	62.0%
	$75,000+	72%	69.5%	73.8%
Education	Less than High School, G.E.D.	42%	36.2%	47.4%
	High School, G.E.D.	50%	48.1%	52.7%
	Some Post-High School	60%	57.6%	61.9%
	College Graduate	67%	64.9%	68.5%
Employment Status	Employed for Wages	64%	62.3%	65.8%
	Self-employed	63%	59.2%	66.7%
	Unemployed	49%	42.5%	56.6%
	Homemaker	34%	27.4%	41.3%
	Student	58%	51.3%	63.7%
	Retired	48%	45.8%	50.1%
	Unable to Work	31%	26.2%	36.5%
Marital Status	Married/Unmarried Couple	61%	59.3%	62.5%
	Divorced/Separated	54%	50.1%	57.1%
	Widowed	37%	33.9%	41.2%
	Never Married	56%	52.9%	58.7%
Home Ownership Status	Own Home	60%	58.4%	61.2%
	Rent Home	53%	50.3%	55.9%
Children Status	Children in Household (Ages 18-44)	58%	55.4%	61.3%
	No Children in Household (Ages 18-44)	66%	62.5%	68.8%
Phone Status	Landline	49%	47.0%	50.8%
	Cell Phone	60%	58.3%	61.4%
Pregnancy Status	Pregnant (Ages 18-44)	10%	4.0%	22.2%
	Not Pregnant (Ages 18-44)	57%	53.8%	60.0%
County	Minnehaha	59%	56.6%	61.8%
	Pennington	56%	53.3%	58.3%
	Lincoln	61%	57.4%	65.1%
	Brown	55%	52.6%	57.6%
	Brookings	62%	58.6%	64.5%
	Codington	57%	54.8%	59.8%
	Meade	54%	49.0%	58.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Males exhibit a significantly higher prevalence of drinking alcohol than females.
Age	Alcohol use peaks with those in their 30s. This is followed by significant decreases as the 50s, 70s, and 80s are reached.
Race/ Ethnicity	Whites and Hispanics demonstrate a very high prevalence of drinking alcohol, while American Indians show a very low prevalence.
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 at every level of education.
Employment	Those who are employed for wages, self-employed, or a student 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 use 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	Brookings county demonstrates a very high prevalence of alcohol use, while Pennington, Brown, and Meade counties 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.

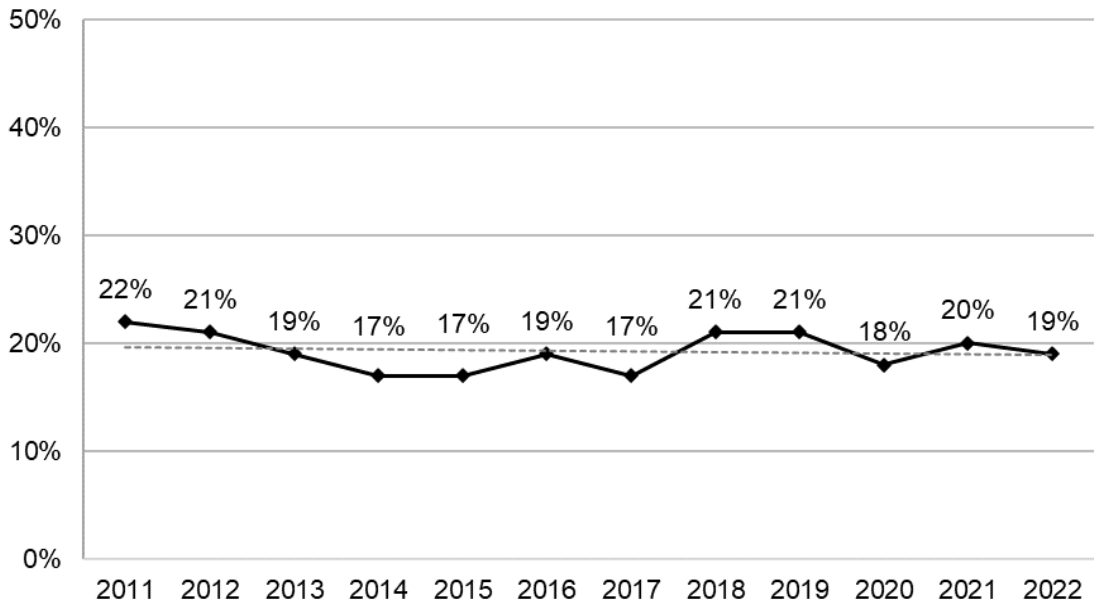
Prevalence of Binge Drinking

- South Dakota 19%
- Nationwide median 17%

Trend Analysis

Overall, the percentage of South Dakotans who report binge drinking alcohol in the past 30 days has remained steady since 2011. South Dakota is higher than the nationwide median of 17 percent that binge drink.

Figure 45
Percentage of South Dakotans Who Engage in Binge Drinking, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 37
South Dakotans Who Engage in Binge Drinking, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	26%	24.0%	27.3%
	Female	14%	13.0%	15.4%
Age	18-29	31%	27.7%	33.7%
	30-39	27%	23.8%	30.1%
	40-49	26%	22.7%	28.9%
	50-59	18%	16.4%	20.7%
	60-69	12%	10.0%	13.2%
	70-79	4%	3.3%	5.8%
	80+	2%	1.5%	4.0%
Race/Ethnicity	White, Non-Hispanic	20%	19.0%	21.3%
	American Indian, Non-Hispanic	18%	14.7%	20.9%
	American Indian/White, Non-Hispanic	27%	17.9%	39.0%
	Hispanic	20%	14.8%	27.7%
Household Income	Less than $35,000	19%	16.7%	20.7%
	$35,000-$74,999	20%	18.0%	22.1%
	$75,000+	24%	22.5%	26.5%
Education	Less than High School, G.E.D.	18%	13.9%	22.7%
	High School, G.E.D.	19%	17.3%	21.2%
	Some Post-High School	22%	20.0%	23.8%
	College Graduate	19%	17.3%	20.6%
Employment Status	Employed for Wages	25%	23.9%	27.1%
	Self-employed	21%	17.4%	24.2%
	Unemployed	23%	17.8%	29.6%
	Homemaker	5%	3.4%	7.2%
	Student	31%	25.1%	37.7%
	Retired	7%	5.4%	8.0%
	Unable to Work	13%	9.3%	17.1%
Marital Status	Married/Unmarried Couple	18%	16.7%	19.3%
	Divorced/Separated	21%	17.8%	23.5%
	Widowed	8%	5.4%	11.0%
	Never Married	28%	25.6%	30.9%
Home Ownership Status	Own Home	18%	17.0%	19.4%
	Rent Home	25%	22.8%	27.5%
Children Status	Children in Household (Ages 18-44)	22%	19.6%	24.2%
	No Children in Household (Ages 18-44)	36%	32.7%	39.0%
Phone Status	Landline	11%	9.9%	12.4%
	Cell Phone	23%	21.6%	24.2%
Pregnancy Status	Pregnant (Ages 18-44)	6%	1.8%	19.4%
	Not Pregnant (Ages 18-44)	22%	19.5%	24.5%
County	Minnehaha	20%	17.7%	22.1%
	Pennington	16%	14.4%	18.4%
	Lincoln	19%	16.4%	23.0%
	Brown	20%	17.6%	21.6%
	Brookings	25%	21.8%	28.2%
	Codington	21%	18.6%	22.9%
	Meade	16%	12.8%	19.9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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 50s, 60s, and 70s are reached.
Race/ Ethnicity	The prevalence of binge drinking does not seem to differ by race.
Household Income	Binge drinking increases as household income increases. This includes a significant increase as the $75,000+ income group is reached.
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	Those who are not pregnant show a significantly higher prevalence of binge drinking than those who are pregnant.
County	Brookings and Codington counties exhibit a very high prevalence of binge drinking, while Pennington, Brown, 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.

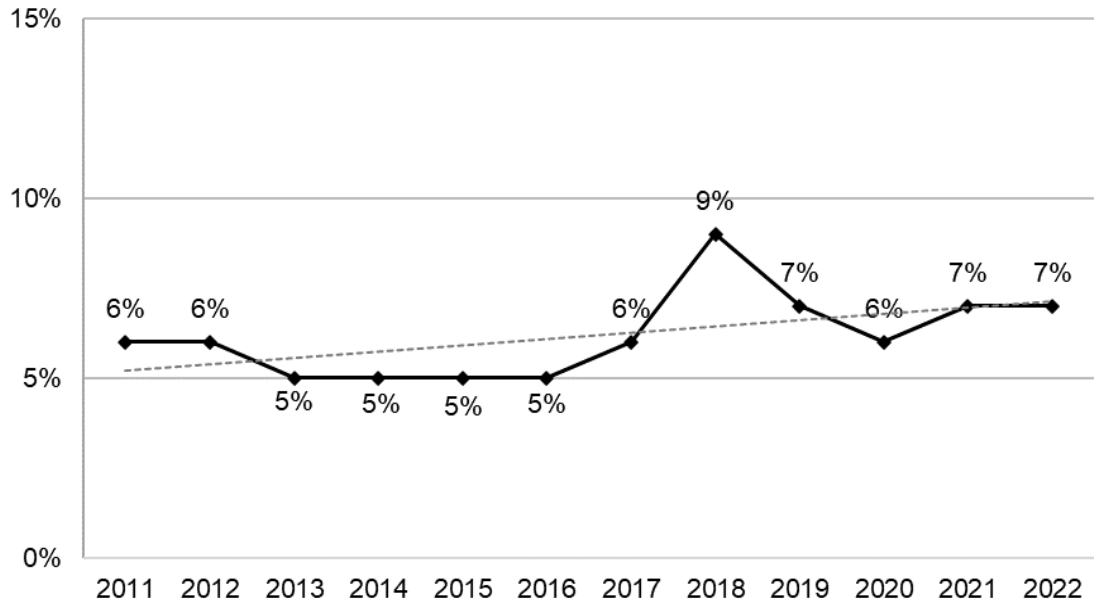
Prevalence of Heavy Drinking

- South Dakota 7%
- Nationwide median 7%

Trend Analysis

Overall, the percentage of South Dakotans who report heavy drinking has remained steady since 2011. South Dakota is the same as the nationwide median of seven percent heavy drinking.

Figure 46
Percentage of South Dakotans Who Engage in Heavy Drinking, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 38
South Dakotans Who Engage in Heavy Drinking, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	8%	7.3%	9.5%
	Female	6%	4.9%	6.6%
Age	18-29	8%	6.8%	10.4%
	30-39	8%	6.3%	10.7%
	40-49	9%	7.0%	11.5%
	50-59	7%	5.3%	8.1%
	60-69	7%	5.4%	8.1%
	70-79	3%	2.4%	4.1%
	80+	2%	1.3%	4.0%
Race/Ethnicity	White, Non-Hispanic	7%	6.4%	7.9%
	American Indian, Non-Hispanic	6%	3.8%	8.8%
	American Indian/White, Non-Hispanic	8%	4.3%	15.9%
	Hispanic	5%	2.8%	9.2%
Household Income	Less than $35,000	7%	5.5%	7.8%
	$35,000-$74,999	6%	5.1%	7.5%
	$75,000+	8%	7.0%	9.8%
Education	Less than High School, G.E.D.	9%	6.4%	12.0%
	High School, G.E.D.	8%	6.6%	9.4%
	Some Post-High School	7%	6.2%	8.9%
	College Graduate	5%	4.1%	5.7%
Employment Status	Employed for Wages	8%	7.0%	9.1%
	Self-employed	9%	6.4%	12.0%
	Unemployed	8%	5.5%	12.0%
	Homemaker	3%	1.4%	5.1%
	Student	6%	3.1%	10.0%
	Retired	5%	3.8%	5.7%
	Unable to Work	6%	4.0%	8.8%
Marital Status	Married/Unmarried Couple	7%	5.7%	7.6%
	Divorced/Separated	9%	7.1%	11.2%
	Widowed	5%	3.1%	6.8%
	Never Married	8%	6.3%	9.4%
Home Ownership Status	Own Home	7%	6.1%	7.8%
	Rent Home	8%	6.4%	9.4%
Children Status	Children in Household (Ages 18-44)	7%	5.6%	8.7%
	No Children in Household (Ages 18-44)	10%	8.3%	12.5%
Phone Status	Landline	5%	4.4%	6.2%
	Cell Phone	8%	6.8%	8.5%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.4%	4.3%
	Not Pregnant (Ages 18-44)	7%	5.6%	9.1%
County	Minnehaha	7%	5.5%	8.5%
	Pennington	6%	4.9%	7.4%
	Lincoln	6%	4.1%	7.9%
	Brown	7%	5.6%	8.3%
	Brookings	7%	5.8%	8.9%
	Codington	8%	6.8%	9.8%
	Meade	9%	6.2%	11.9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Males exhibit a significantly higher prevalence of heavy drinking than females.
Age	Heavy drinking peaks with people in their 40s. This then includes a significant decrease as the 70s are reached.
Race/ Ethnicity	The prevalence of heavy drinking does not seem to differ based on race/ethnicity.
Household Income	The prevalence of heavy drinking does not seem to change as household income changes.
Education	The prevalence of heavy drinking decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are employed for wages or self-employed 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 exhibit a very high prevalence of heavy drinking, while those who are widowed show a very low prevalence.
Home Ownership	The prevalence of heavy drinking does not seem to differ based on home ownership status.
Children Status	The prevalence of heavy drinking 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 heavy drinking than those who use primarily use a landline phone.
Pregnancy Status	Those who are not pregnant exhibit a significantly higher prevalence of heavy drinking than those who are pregnant.
County	The prevalence of heavy drinking does not seem to differ 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".

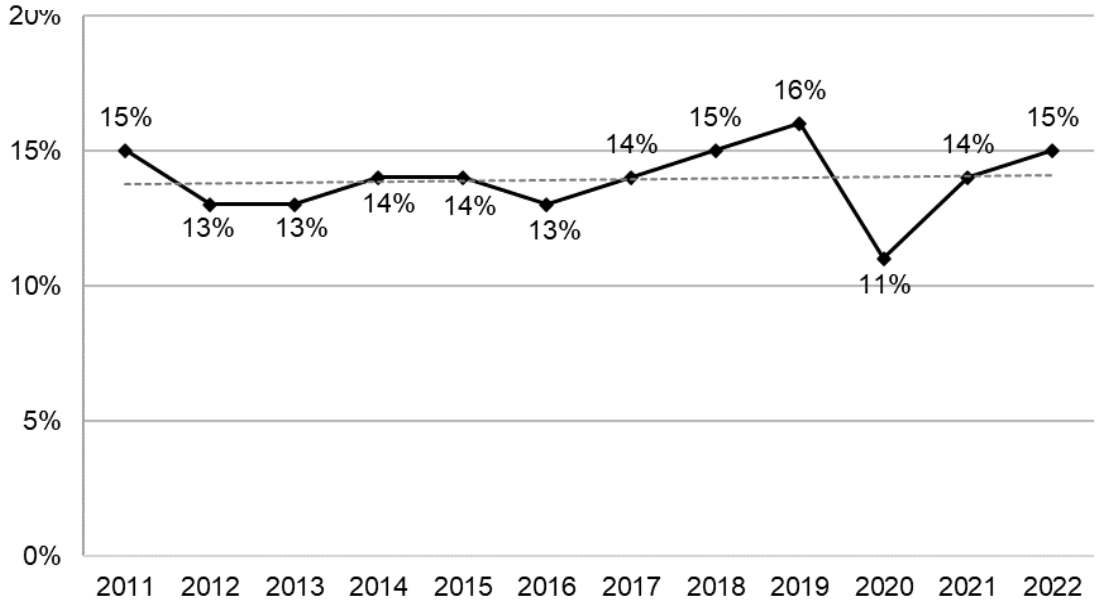
Prevalence of Fair or Poor Health Status

- South Dakota 15%
- Nationwide median 17%

Trend Analysis

Overall, the percentage of South Dakotans with fair or poor health has remained steady since 2011. From 2020 to 2022, the percentage of those with fair or poor health went from 11 to 15 percent. South Dakota is lower than the nationwide median of 17 percent who report fair or poor health.

Figure 47
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 39
South Dakotans Reporting Fair or Poor Health Status, 2018-2022

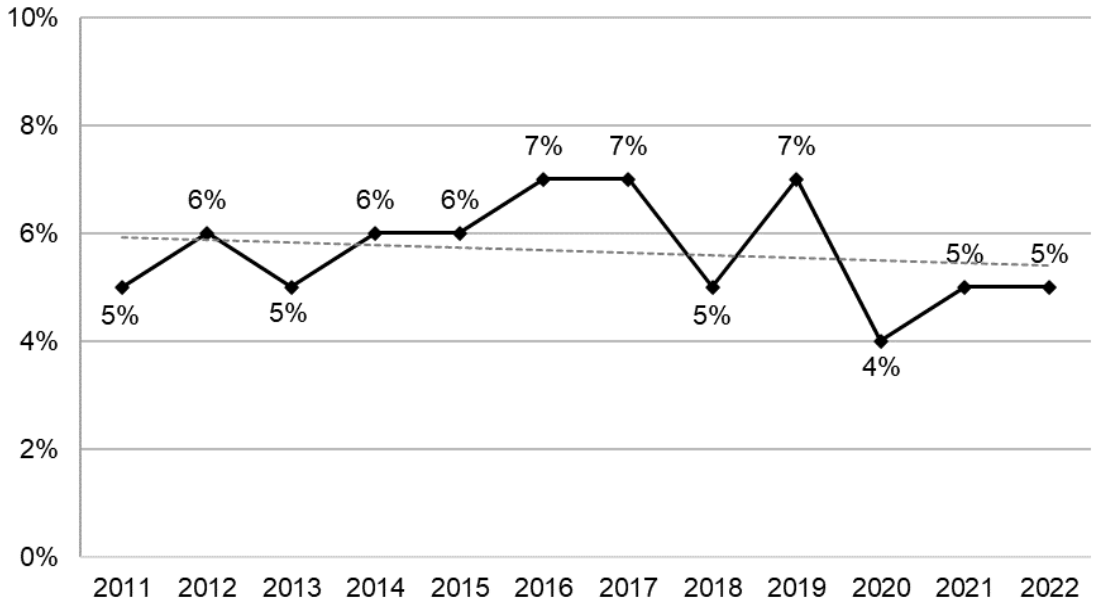
		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	14%	12.9%	15.4%
	Female	14%	13.0%	15.2%
Age	18-29	10%	8.2%	12.6%
	30-39	9%	7.6%	11.3%
	40-49	10%	8.4%	12.3%
	50-59	16%	14.3%	18.5%
	60-69	19%	17.3%	21.5%
	70-79	20%	17.4%	21.9%
	80+	21%	18.2%	24.2%
Race/Ethnicity	White, Non-Hispanic	13%	12.4%	14.1%
	American Indian, Non-Hispanic	24%	20.8%	28.6%
	American Indian/White, Non-Hispanic	16%	10.7%	24.5%
	Hispanic	14%	8.6%	21.1%
Household Income	Less than $35,000	25%	23.0%	27.2%
	$35,000-$74,999	12%	10.5%	13.6%
	$75,000+	6%	4.9%	7.0%
Education	Less than High School, G.E.D.	25%	20.9%	30.1%
	High School, G.E.D.	17%	15.8%	19.0%
	Some Post-High School	13%	11.5%	14.0%
	College Graduate	8%	7.2%	9.1%
Employment Status	Employed for Wages	10%	8.6%	10.8%
	Self-employed	7%	5.8%	9.2%
	Unemployed	27%	21.3%	33.3%
	Homemaker	11%	7.9%	15.4%
	Student	6%	3.7%	9.1%
	Retired	20%	18.4%	21.7%
	Unable to Work	60%	54.7%	65.2%
Marital Status	Married/Unmarried Couple	11%	10.4%	12.4%
	Divorced/Separated	24%	21.0%	26.7%
	Widowed	25%	21.3%	28.1%
	Never Married	12%	10.7%	14.2%
Home Ownership Status	Own Home	12%	11.4%	13.1%
	Rent Home	19%	16.9%	21.1%
Children Status	Children in Household (Ages 18-44)	9%	7.4%	10.9%
	No Children in Household (Ages 18-44)	11%	8.7%	12.7%
Phone Status	Landline	16%	15.2%	17.7%
	Cell Phone	13%	12.3%	14.4%
Pregnancy Status	Pregnant (Ages 18-44)	18%	7.5%	37.7%
	Not Pregnant (Ages 18-44)	10%	8.0%	11.3%
County	Minnehaha	12%	10.5%	13.9%
	Pennington	15%	13.7%	17.1%
	Lincoln	12%	9.4%	14.4%
	Brown	14%	12.6%	15.9%
	Brookings	10%	8.2%	11.2%
	Codington	14%	12.5%	15.9%
	Meade	13%	10.3%	15.5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of those in fair or poor health does not seem to differ based on gender.
Age	The prevalence of fair or poor health generally increases as age increases. This includes a significant increase when people reach their 50s.
Race/ Ethnicity	American Indians exhibit a very high prevalence of those in fair or poor health, while whites show a very low prevalence.
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 levels increase. This includes significant decreases at each education level.
Employment	Those who are unable to work demonstrate a very high prevalence of fair or poor health 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 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 in 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, Brown, and Codington counties exhibit a very high prevalence of those in fair or poor health, while those in Brookings county show a very low prevalence.

Figure 48
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 40
South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	5%	4.4%	5.8%
	Female	5%	4.8%	6.2%
Age	18-29	2%	1.4%	3.4%
	30-39	4%	2.9%	5.5%
	40-49	4%	3.2%	5.8%
	50-59	6%	5.1%	7.2%
	60-69	8%	6.7%	9.1%
	70-79	8%	6.5%	9.6%
	80+	8%	6.3%	10.5%
Race/ Ethnicity	White, Non-Hispanic	5%	4.8%	5.9%
	American Indian, Non-Hispanic	7%	5.4%	8.1%
	American Indian/White, Non-Hispanic	4%	2.0%	6.9%
	Hispanic	2%	1.3%	3.7%
Household Income	Less than $35,000	9%	8.0%	10.5%
	$35,000-$74,999	4%	3.7%	5.4%
	$75,000+	3%	2.3%	3.8%
Education	Less than High School, G.E.D.	9%	6.9%	12.5%
	High School, G.E.D.	6%	5.1%	7.0%
	Some Post-High School	5%	4.2%	5.6%
	College Graduate	4%	3.0%	4.3%
Employment Status	Employed for Wages	3%	2.3%	3.5%
	Self-employed	3%	2.3%	4.8%
	Unemployed	11%	7.0%	15.7%
	Homemaker	3%	1.8%	5.1%
	Student	2%	1.0%	4.6%
	Retired	7%	6.4%	8.4%
	Unable to Work	34%	29.6%	39.2%
Marital Status	Married/Unmarried Couple	4%	3.9%	5.0%
	Divorced/Separated	10%	8.1%	11.7%
	Widowed	10%	7.6%	12.5%
	Never Married	4%	2.9%	4.9%
Home Ownership Status	Own Home	5%	4.3%	5.3%
	Rent Home	6%	5.3%	7.6%
Children Status	Children in Household (Ages 18-44)	4%	3.1%	5.5%
	No Children in Household (Ages 18-44)	2%	1.7%	3.4%
Phone Status	Landline	6%	5.4%	7.0%
	Cell Phone	5%	4.4%	5.6%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.6%	20.0%
	Not Pregnant (Ages 18-44)	4%	2.6%	4.8%
County	Minnehaha	5%	4.3%	6.6%
	Pennington	6%	4.7%	6.8%
	Lincoln	5%	3.3%	6.6%
	Brown	7%	5.5%	8.0%
	Brookings	4%	3.1%	5.2%
	Codington	6%	4.5%	7.0%
	Meade	7%	5.0%	9.8%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

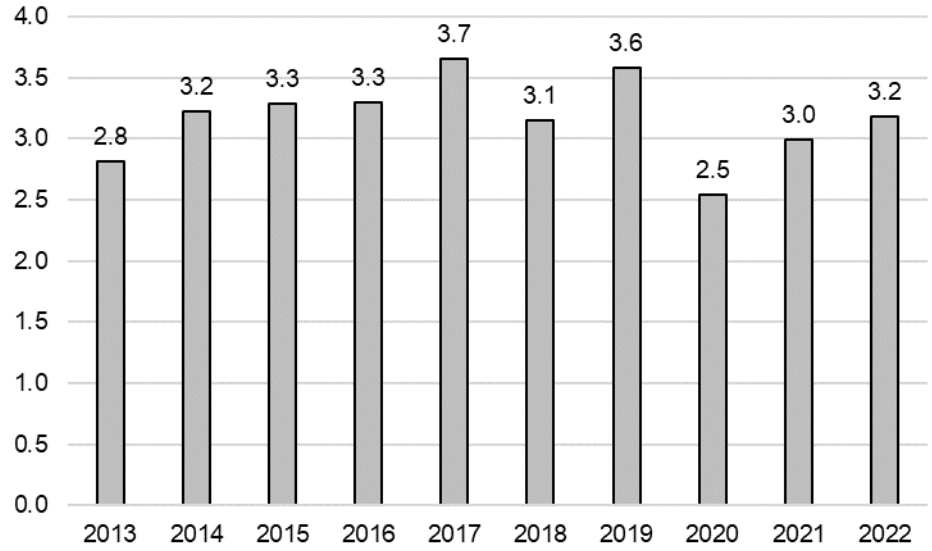
Demographics

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.
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 a significant decrease when the $35,000-$74,999 household income is reached.
Education	The prevalence of poor physical health decreases as education increases.
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, 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 physical health, while those who are married or have never been married show a very low prevalence.
Home Ownership	The prevalence of poor physical health does not seem to differ based on home ownership status.
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	The prevalence of poor physical health does not seem to differ based on phone status.
Pregnancy Status	The prevalence of poor physical health does not seem to differ based on pregnancy status.
County	Brown county demonstrates a very high prevalence of poor physical health, while Brookings county shows a very low prevalence.

Figure 49, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. In 2022, the number of days their physical health was not good was 3.2, up slightly from the previous year.

Figure 49

Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2013-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

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.

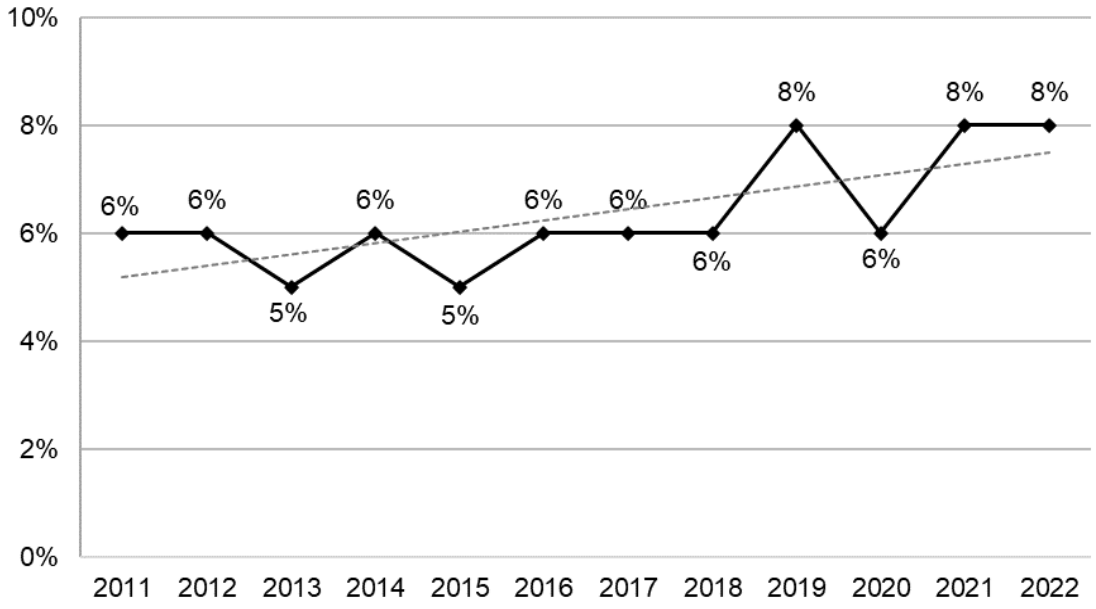
Prevalence of Mental Health Not Good for 20-30 Days of the Past 30

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

Trend Analysis

Overall, the percentage of South Dakotans who have poor mental health has increased since 2011. From 2020 to 2022, the percentage of those with poor mental health went from six to eight percent.

Figure 50
Percentage of South Dakotans Stating Mental Health Not Good for 20-30 Days of the Past 30, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 41
South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	6%	5.0%	6.6%
	Female	9%	7.8%	9.9%
Age	18-29	11%	9.1%	12.9%
	30-39	8%	6.7%	10.2%
	40-49	6%	5.0%	8.1%
	50-59	7%	5.9%	8.6%
	60-69	6%	4.1%	7.6%
	70-79	4%	3.2%	5.6%
	80+	4%	2.8%	6.8%
Race/Ethnicity	White, Non-Hispanic	7%	6.3%	7.7%
	American Indian, Non-Hispanic	10%	7.0%	14.8%
	American Indian/White, Non-Hispanic	15%	8.9%	23.5%
	Hispanic	6%	3.4%	9.1%
Household Income	Less than $35,000	12%	10.3%	13.4%
	$35,000-$74,999	7%	5.5%	8.2%
	$75,000+	4%	2.8%	4.5%
Education	Less than High School, G.E.D.	10%	7.7%	13.6%
	High School, G.E.D.	8%	7.1%	9.6%
	Some Post-High School	8%	6.7%	9.2%
	College Graduate	5%	3.9%	5.4%
Employment Status	Employed for Wages	7%	6.1%	8.1%
	Self-employed	4%	3.1%	6.1%
	Unemployed	17%	12.0%	23.1%
	Homemaker	4%	2.3%	6.1%
	Student	11%	7.5%	14.9%
	Retired	4%	3.1%	4.8%
	Unable to Work	26%	21.5%	30.3%
Marital Status	Married/Unmarried Couple	5%	4.2%	5.5%
	Divorced/Separated	12%	9.3%	15.1%
	Widowed	7%	5.0%	8.9%
	Never Married	11%	9.8%	13.2%
Home Ownership Status	Own Home	5%	4.7%	6.0%
	Rent Home	13%	11.2%	14.7%
Children Status	Children in Household (Ages 18-44)	7%	6.1%	8.7%
	No Children in Household (Ages 18-44)	11%	9.7%	13.6%
Phone Status	Landline	5%	4.5%	6.2%
	Cell Phone	8%	7.2%	8.8%
Pregnancy Status	Pregnant (Ages 18-44)	8%	3.0%	20.1%
	Not Pregnant (Ages 18-44)	11%	9.4%	13.1%
County	Minnehaha	8%	6.2%	9.3%
	Pennington	9%	7.5%	10.4%
	Lincoln	6%	4.1%	8.1%
	Brown	7%	6.2%	8.9%
	Brookings	7%	5.7%	9.0%
	Codington	8%	6.4%	9.1%
	Meade	7%	5.4%	9.7%

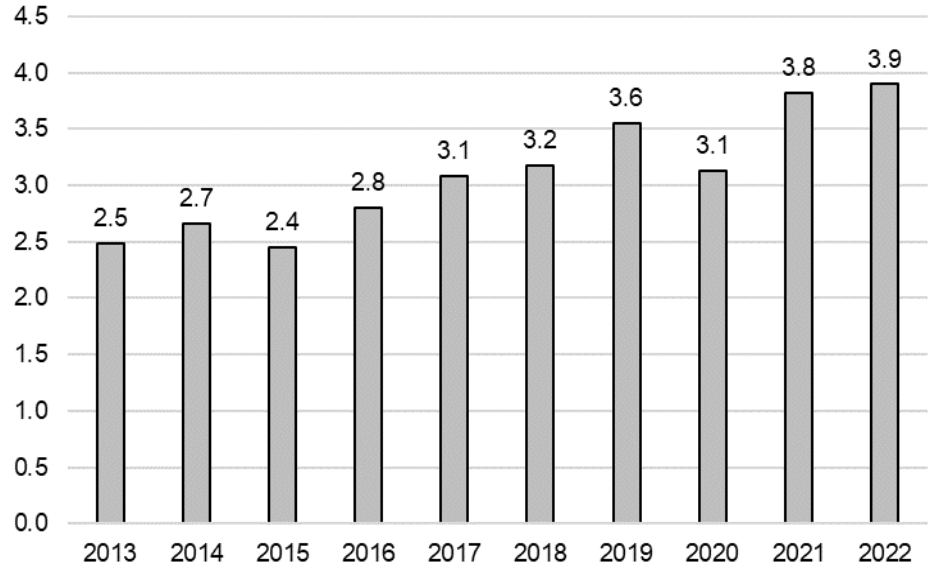
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of poor mental health than males.
Age	The prevalence of poor mental health generally decreases as age increases.
Race/ Ethnicity	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 levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of poor mental health, while those who are self-employed, 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 poor mental health, 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 poor mental health than those who own their home.
Children Status	Those who do not have children in the household show a significantly higher prevalence of poor mental health than those who have children.
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 differ based on pregnancy status.
County	The prevalence of poor mental health does not seem to differ among the available counties.

Figure 51, below, shows the average number of days South Dakotans stated their mental health was not good for the past 30 days. In 2022, the average number of days was 3.9, up from 3.8 days in 2021 and also the highest average number of days over the past 10 years.

Figure 51
Average Number of Days Respondents' Mental Health Was Not Good in the Past 30 Days, 2013-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

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.

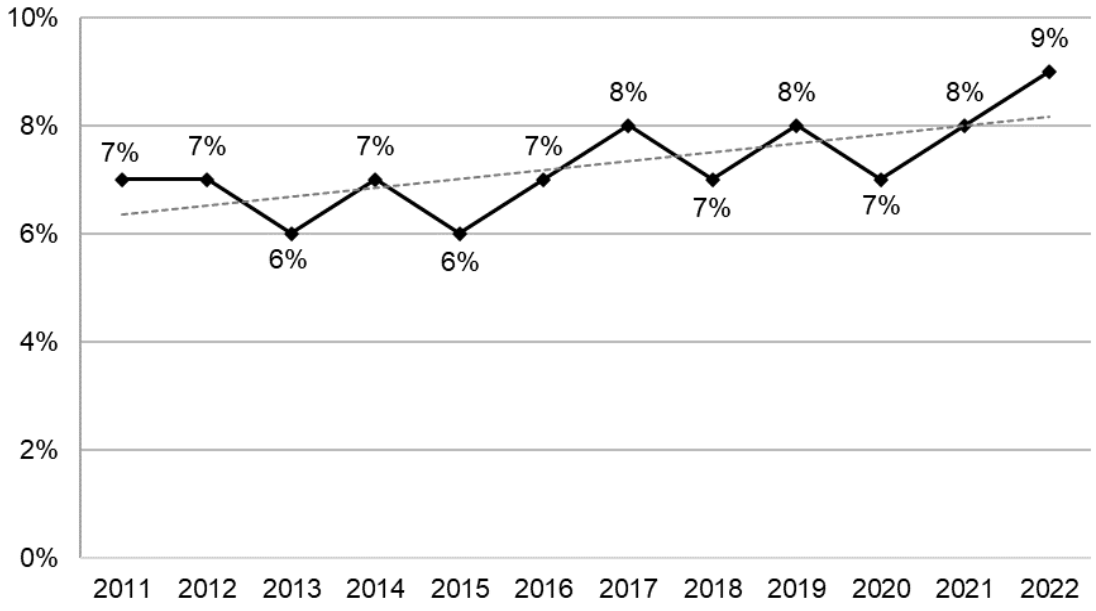
Prevalence of Usual Activities Unattainable for 10-30 Days of the Past 30

- South Dakota 9%
- *There is no national median for usual activities unattainable*

Trend Analysis

Overall, the percentage of South Dakotans with poor physical or mental health keeping them from their usual activities has been slowly increasing since 2011. From 2021 to 2022, the percentage of those reporting their usual activities were unattainable increased from eight to nine percent.

Figure 52
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 42
South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	7%	5.9%	7.7%
	Female	9%	7.8%	9.6%
Age	18-29	7%	5.8%	9.2%
	30-39	7%	5.7%	9.4%
	40-49	6%	5.1%	8.0%
	50-59	9%	7.1%	10.3%
	60-69	9%	7.5%	10.1%
	70-79	8%	6.2%	9.2%
	80+	9%	6.6%	11.3%
Race/Ethnicity	White, Non-Hispanic	7%	6.7%	8.1%
	American Indian, Non-Hispanic	10%	8.1%	13.0%
	American Indian/White, Non-Hispanic	9%	5.0%	14.8%
	Hispanic	10%	6.3%	15.2%
Household Income	Less than $35,000	13%	11.8%	15.1%
	$35,000-$74,999	7%	5.8%	8.0%
	$75,000+	3%	2.5%	4.0%
Education	Less than High School, G.E.D.	12%	8.9%	15.8%
	High School, G.E.D.	9%	7.5%	9.9%
	Some Post-High School	8%	7.0%	9.2%
	College Graduate	5%	4.2%	5.7%
Employment Status	Employed for Wages	5%	4.0%	5.7%
	Self-employed	5%	3.4%	6.4%
	Unemployed	20%	14.7%	25.7%
	Homemaker	5%	3.1%	7.2%
	Student	7%	4.4%	10.2%
	Retired	9%	7.5%	10.2%
	Unable to Work	43%	37.6%	47.9%
Marital Status	Married/Unmarried Couple	6%	5.4%	6.9%
	Divorced/Separated	13%	11.1%	15.2%
	Widowed	11%	8.5%	15.1%
	Never Married	8%	6.7%	9.4%
Home Ownership Status	Own Home	6%	5.4%	6.7%
	Rent Home	12%	10.7%	14.4%
Children Status	Children in Household (Ages 18-44)	7%	5.3%	8.1%
	No Children in Household (Ages 18-44)	8%	6.3%	9.8%
Phone Status	Landline	8%	6.9%	8.8%
	Cell Phone	8%	7.0%	8.5%
Pregnancy Status	Pregnant (Ages 18-44)	11%	3.3%	32.1%
	Not Pregnant (Ages 18-44)	8%	6.6%	9.6%
County	Minnehaha	8%	6.7%	9.9%
	Pennington	9%	7.4%	10.1%
	Lincoln	6%	4.8%	8.4%
	Brown	9%	7.9%	10.8%
	Brookings	7%	5.4%	8.7%
	Codington	8%	7.1%	9.8%
	Meade	7%	5.7%	9.3%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

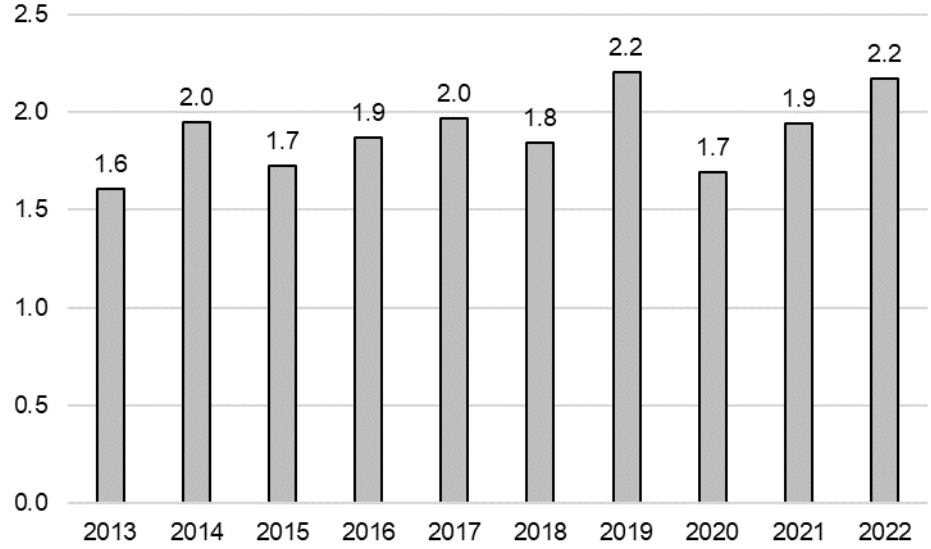
Demographics

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 does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of poor health keeping someone from usual activities does not seem to differ based on race/ethnicity.
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 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 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 differ based on the presence of children in the household.
Phone Status	The prevalence of poor health keeping someone from usual activities does not seem to differ based on phone status.
Pregnancy Status	The prevalence of poor health keeping someone from usual activities does not seem to differ based on pregnancy status.
County	The prevalence of poor health keeping someone from usual activities does not seem to differ among the available counties.

Figure 53, 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 10 years the average number of days has ranged from 1.6 to 2.2 days.

Figure 53

Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities In the Past 30 Days, 2013-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

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.

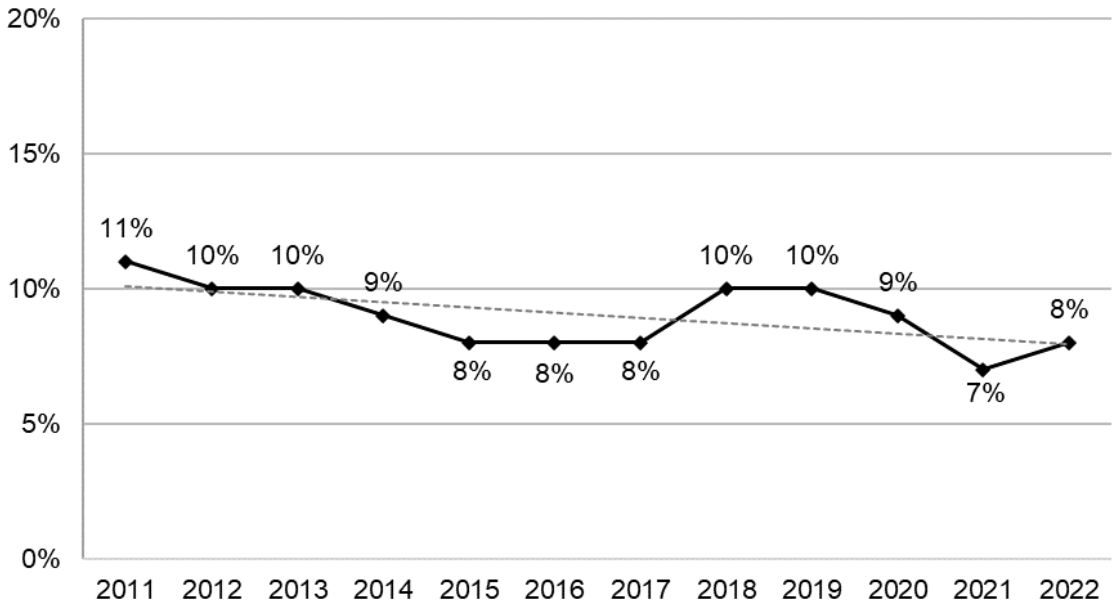
Prevalence of No Health Insurance

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

Trend Analysis

Overall, the percentage of South Dakotans, ages 18-64, who do not have health insurance has decreased since 2011. From 2021 to 2022, the percentage of those without health insurance went from seven to eight percent.

Figure 54
Percentage of South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 43
South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	10%	8.7%	11.9%
	Female	7%	5.8%	8.2%
Age	18-29	13%	10.1%	15.7%
	30-39	9%	7.4%	11.6%
	40-49	9%	6.8%	11.1%
	50-59	6%	4.5%	7.0%
	60-69	4%	3.0%	5.8%
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	8%	6.9%	8.9%
	American Indian, Non-Hispanic	6%	3.7%	9.0%
	American Indian/White, Non-Hispanic	21%	11.3%	34.5%
	Hispanic	19%	12.1%	28.1%
Household Income	Less than $35,000	15%	13.1%	17.8%
	$35,000-$74,999	10%	7.9%	12.8%
	$75,000+	2%	1.3%	2.6%
Education	Less than High School, G.E.D.	22%	16.2%	28.9%
	High School, G.E.D.	12%	10.4%	14.2%
	Some Post-High School	7%	5.5%	8.8%
	College Graduate	3%	2.0%	3.7%
Employment Status	Employed for Wages	7%	5.7%	8.1%
	Self-employed	14%	10.8%	17.1%
	Unemployed	32%	24.6%	39.9%
	Homemaker	12%	6.4%	20.7%
	Student	4%	1.9%	7.0%
	Retired	3%	1.8%	5.7%
	Unable to Work	4%	2.5%	6.6%
Marital Status	Married/Unmarried Couple	5%	3.9%	5.6%
	Divorced/Separated	16%	12.7%	19.7%
	Widowed	7%	3.9%	13.0%
	Never Married	14%	11.3%	16.6%
Home Ownership Status	Own Home	5%	4.5%	6.3%
	Rent Home	16%	13.7%	19.1%
Children Status	Children in Household (Ages 18-44)	9%	6.9%	10.5%
	No Children in Household (Ages 18-44)	13%	10.7%	16.2%
Phone Status	Landline	5%	4.1%	6.7%
	Cell Phone	9%	8.2%	10.5%
Pregnancy Status	Pregnant (Ages 18-44)	7%	1.8%	23.1%
	Not Pregnant (Ages 18-44)	9%	6.8%	10.7%
County	Minnehaha	10%	8.1%	12.4%
	Pennington	10%	7.9%	11.9%
	Lincoln	3%	2.0%	5.1%
	Brown	8%	6.0%	9.8%
	Brookings	5%	3.6%	7.2%
	Codington	6%	4.4%	8.0%
	Meade	11%	8.0%	16.2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Males exhibit a significantly higher prevalence of being uninsured than females.
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 whites and 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 employed for wages, a student, retired, or unable to work show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of being uninsured, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of being uninsured than those who own their home.
Children Status	Those with no children in their household show a significantly higher prevalence of being uninsured than those with children in their 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, Brown, and Meade 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 44, below, employer-based coverage was the most common type of health insurance reported by South Dakotans for the past 10 years. The second most common was insurance through a private plan.

Table 44
Type of Health Insurance, Ages 18-64, 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number of Respondents	4,216	4,387	4,043	3,258	3,772	3,806	3,443	3,559	4,199	4,470
Type of Health Insurance										
Employer-Based Coverage	59%	59%	60%	58%	59%	56%	57%	57%	59%	56%
Private Plan	12%	13%	13%	15%	14%	12%	14%	13%	13%	15%
Medicaid or Medical Assistance	5%	4%	6%	4%	4%	5%	3%	7%	4%	5%
Military, CHAMPUS, Tricare, or VA	5%	4%	5%	5%	5%	5%	5%	4%	4%	5%
Medicare	3%	3%	3%	4%	5%	4%	4%	3%	4%	4%
The Indian Health Service	5%	5%	5%	5%	4%	5%	4%	5%	3%	4%
Some Other Source	1%	2%	2%	2%	2%	3%	3%	2%	5%	4%
None	10%	9%	8%	8%	8%	10%	10%	9%	7%	8%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

Table 45, 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, 72 percent, stated they had a routine checkup within the past year. In comparison, 37 percent of uninsured South Dakotans had a routine checkup within the past year.

The percentage of uninsured South Dakotans who stated they had a routine checkup five or more years ago was 28 percent. In comparison, only seven percent of South Dakotans with health insurance had a routine checkup five or more years ago.

Table 45
How Long Since South Dakotans Last Visited a Doctor for a Routine Checkup, 2015-2022

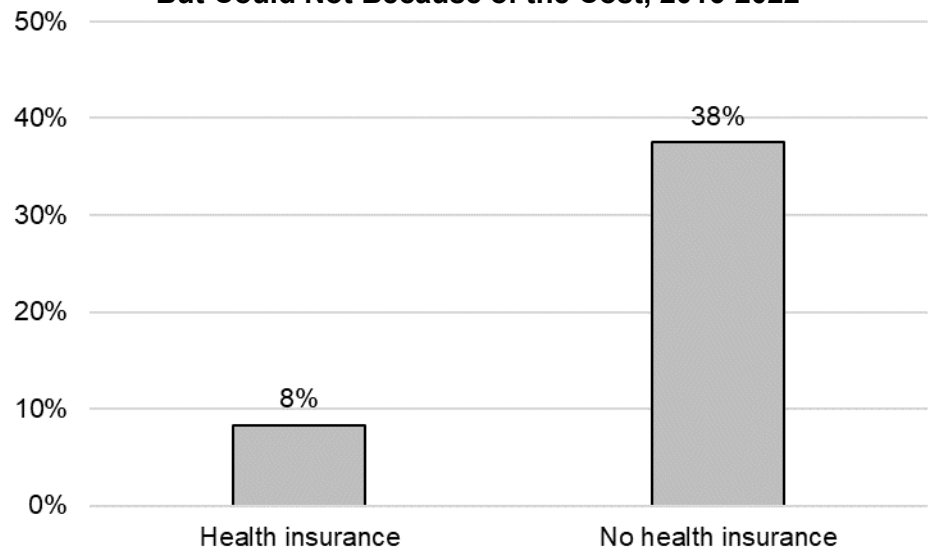
	Health Insurance	No Health Insurance
Within the past year	72%	37%
Within the past 2 years	12%	13%
Within the past 5 years	8%	16%
5 or more years ago	7%	28%
Never	1%	5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota of Department Health, 2015-2022

Figure 55, 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. Thirty-eight percent of South Dakotans without health insurance answered yes to this question.

Figure 55

Percentage of South Dakotans, Ages 18-64, Who Needed to See a Doctor But Could Not Because of the Cost, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

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).

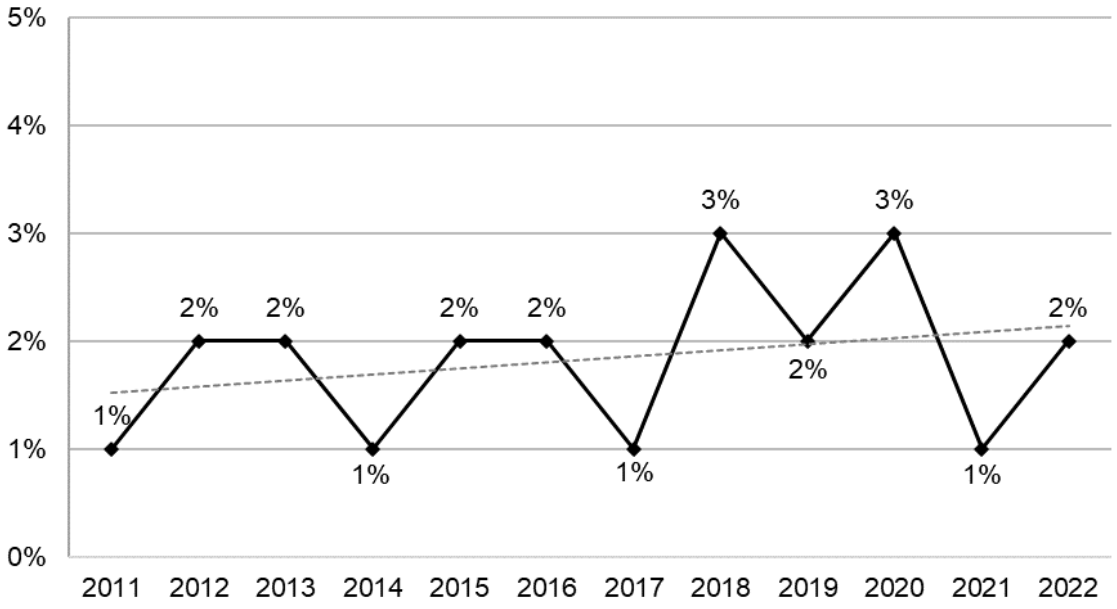
Prevalence of No Health Insurance

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

Trend Analysis

Overall, the percentage of South Dakotan children, ages 0-17, with no health insurance has increased slightly since 2011.

Figure 56
Percentage of South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 46 South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2018-2022				
			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	2%	1.4%	3.4%
	Female	2%	1.4%	3.9%
Age	0-5	3%	1.4%	4.7%
	6-11	2%	1.2%	4.3%
	12-17	2%	0.9%	3.1%
Race/ Ethnicity	White, Non-Hispanic	2%	1.5%	3.4%
	American Indian, Non-Hispanic	2%	0.8%	4.2%
	American Indian/White, Non-Hispanic	1%	0.1%	2.1%
	Hispanic	3%	1.2%	8.8%
Household Income	Less than $35,000	3%	1.8%	6.2%
	$35,000-$74,999	4%	2.3%	6.1%
	$75,000+	1%	0.5%	2.1%
Home Ownership Status	Own home	2%	1.1%	2.7%
	Rent home	4%	2.4%	6.7%
Phone Status	Landline	2%	0.8%	3.5%
	Cell phone	2%	1.7%	3.6%
County	Minnehaha	2%	0.9%	4.2%
	Pennington	2%	1.0%	5.0%
	Lincoln	1%	0.2%	3.9%
	Brown	1%	0.3%	1.8%
	Brookings	2%	0.8%	4.0%
	Codington	1%	0.4%	2.2%
	Meade	2%	1.0%	4.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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 consistently change as household income increases.

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 The prevalence of uninsured children does not seem to differ among the available counties.

Table 47, below, shows the different types of health coverage for children, ages 0-17. The main type of health care coverage for the past 12 years was employer-based coverage. Medicaid or CHIP was the second most common type of health coverage.

Table 47
Different Types of Health Coverage for South Dakota Children, Ages 0-17, 2011-2022

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2022
Type of Coverage										
Employer Based Coverage	57%	55%	55%	55%	54%	53%	53%	57%	58%	53%
Medicaid or CHIP	23%	24%	24%	24%	25%	26%	24%	21%	22%	27%
Private Plan	10%	10%	11%	12%	11%	11%	10%	9%	8%	7%
The Indian Health Service	4%	3%	4%	3%	3%	4%	5%	5%	5%	5%
The Military, CHAMPUS, Tricare, VA	3%	3%	3%	3%	3%	3%	2%	2%	2%	2%
Some Other Source	2%	2%	2%	2%	1%	2%	4%	4%	3%	3%
None	2%	2%	1%	1%	2%	1%	2%	3%	3%	1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

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.

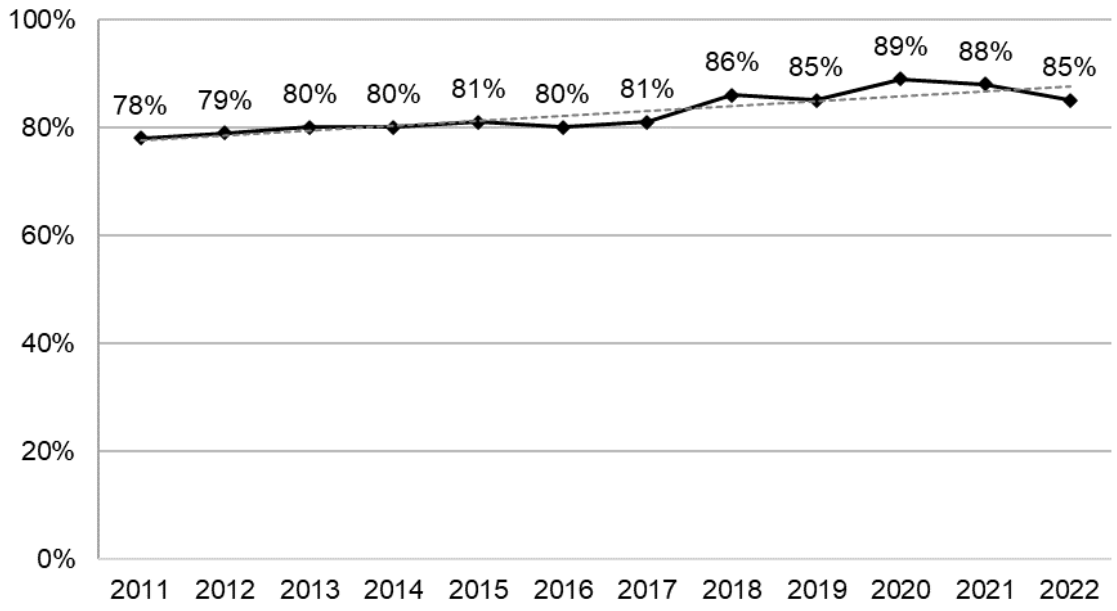
Prevalence of Routine Checkup

- South Dakota 85%
- Nationwide median 88%

Trend Analysis

Overall, the percentage of South Dakotans who have had a routine checkup within the past two years has been increasing since 2011, however from 2021 to 2022, the percentage of those who have had a routine checkup went from 88 to 85 percent. South Dakota is lower than the nationwide median of 88 percent that had a routine checkup.

Figure 57
Percentage of South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 48
South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	82%	80.3%	83.2%
	Female	91%	89.8%	92.5%
Age	18-29	79%	75.5%	81.8%
	30-39	80%	76.8%	82.1%
	40-49	84%	80.4%	86.6%
	50-59	90%	88.1%	91.2%
	60-69	92%	90.1%	93.8%
	70-79	96%	94.3%	97.2%
	80+	98%	97.0%	98.6%
Race/Ethnicity	White, Non-Hispanic	87%	86.0%	88.1%
	American Indian, Non-Hispanic	87%	82.0%	90.5%
	American Indian/White, Non-Hispanic	76%	63.8%	84.7%
	Hispanic	81%	73.9%	87.3%
Household Income	Less than $35,000	86%	83.8%	87.5%
	$35,000-$74,999	85%	82.1%	86.8%
	$75,000+	89%	86.6%	90.1%
Education	Less than High School, G.E.D.	82%	76.3%	86.2%
	High School, G.E.D.	85%	83.2%	86.8%
	Some Post-High School	87%	84.7%	88.5%
	College Graduate	89%	88.0%	90.7%
Employment Status	Employed for Wages	83%	81.6%	84.9%
	Self-employed	82%	78.4%	84.3%
	Unemployed	81%	73.8%	86.1%
	Homemaker	87%	79.1%	92.1%
	Student	88%	83.1%	91.4%
	Retired	96%	95.4%	97.1%
	Unable to Work	94%	91.0%	95.6%
Marital Status	Married/Unmarried Couple	88%	86.6%	89.2%
	Divorced/Separated	86%	82.4%	88.2%
	Widowed	95%	92.1%	96.4%
	Never Married	81%	78.3%	83.1%
Home Ownership Status	Own Home	88%	87.3%	89.6%
	Rent Home	81%	78.6%	83.3%
Children Status	Children in Household (Ages 18-44)	82%	79.2%	83.9%
	No Children in Household (Ages 18-44)	77%	73.9%	80.1%
Phone Status	Landline	92%	90.7%	93.1%
	Cell Phone	85%	83.3%	85.9%
Pregnancy Status	Pregnant (Ages 18-44)	71%	40.8%	89.6%
	Not Pregnant (Ages 18-44)	88%	85.5%	90.0%
County	Minnehaha	88%	85.8%	89.5%
	Pennington	84%	81.8%	85.7%
	Lincoln	90%	87.8%	92.6%
	Brown	88%	86.1%	89.5%
	Brookings	87%	84.9%	89.4%
	Codington	86%	84.2%	88.0%
	Meade	83%	78.8%	86.5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of obtaining a routine checkup than males.
Age	The prevalence of obtaining a routine checkup increases as age increases. This includes significant increases as the 50s and 70s are reached.
Race/ Ethnicity	Whites demonstrate a very high prevalence of obtaining routine checkups, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of obtaining a routine checkup does not seem to change as household income changes.
Education	The prevalence of obtaining a routine checkup increases as education levels increase.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of obtaining a routine checkup, 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 widowed exhibit a very high prevalence of obtaining a routine checkup, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of obtaining a routine checkup than those who rent their home.
Children Status	The prevalence of obtaining a routine checkup does not seem to 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 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 differ based on pregnancy status.
County	Residents of Minnehaha, Lincoln, and Brown counties exhibit a very high prevalence of obtaining a routine checkup, while those in Pennington and Meade counties show a very low prevalence.

HEARING DIFFICULTY

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

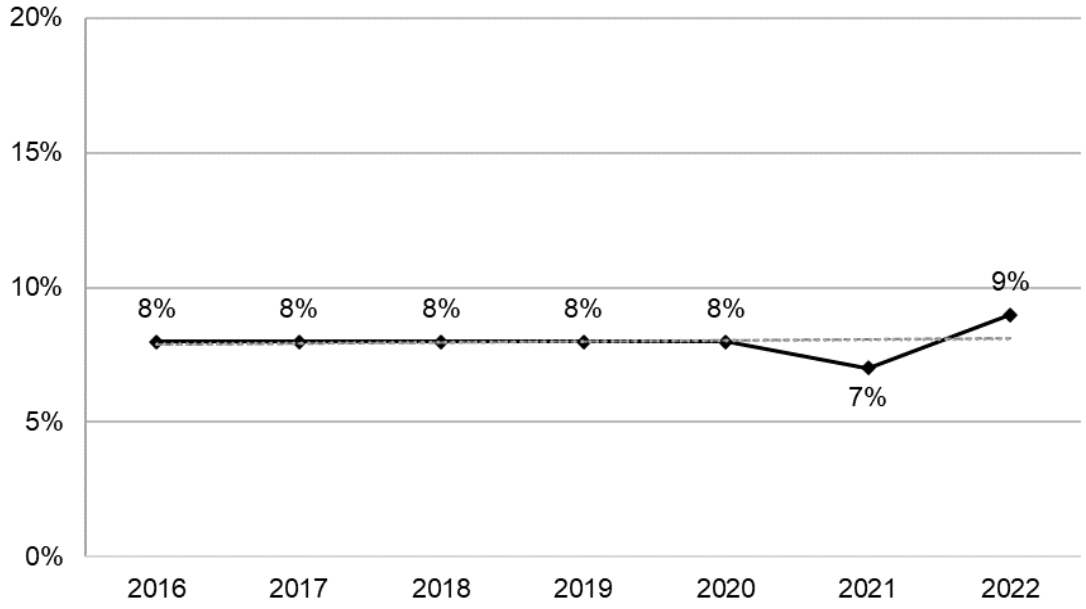
Prevalence of Hearing Difficulty

- South Dakota 9%
- *There is no nationwide median for hearing difficulty*

Trend Analysis

Overall, the percentage of South Dakotans who are deaf or have serious difficulty hearing has remained steady since 2016. From 2021 to 2022, the percentage in South Dakota increased from seven to nine percent.

Figure 58
Percentage of South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2022

Table 49
South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	10%	9.4%	11.4%
	Female	5%	4.7%	5.9%
Age	18-29	2%	1.5%	3.9%
	30-39	4%	2.5%	4.9%
	40-49	4%	2.6%	5.2%
	50-59	7%	5.5%	8.1%
	60-69	10%	8.8%	11.6%
	70-79	18%	16.3%	20.9%
	80+	28%	24.7%	32.3%
Race/Ethnicity	White, Non-Hispanic	8%	7.3%	8.6%
	American Indian, Non-Hispanic	9%	7.3%	11.9%
	American Indian/White, Non-Hispanic	10%	4.6%	19.1%
	Hispanic	4%	2.4%	6.8%
Household Income	Less than $35,000	10%	9.0%	11.5%
	$35,000-$74,999	7%	6.5%	8.5%
	$75,000+	5%	4.4%	6.5%
Education	Less than High School, G.E.D.	13%	9.5%	16.5%
	High School, G.E.D.	9%	7.6%	9.8%
	Some Post-High School	7%	6.5%	8.3%
	College Graduate	6%	5.0%	6.5%
Employment Status	Employed for Wages	4%	3.5%	4.9%
	Self-employed	8%	6.2%	10.2%
	Unemployed	8%	5.5%	11.4%
	Homemaker	7%	4.2%	10.4%
	Student	1%	0.7%	3.1%
	Retired	17%	15.6%	18.6%
	Unable to Work	15%	12.1%	19.4%
Marital Status	Married/Unmarried Couple	8%	7.2%	8.9%
	Divorced/Separated	10%	8.2%	11.8%
	Widowed	17%	15.0%	19.8%
	Never Married	3%	2.7%	4.4%
Home Ownership Status	Own Home	8%	7.7%	9.1%
	Rent Home	7%	5.5%	8.1%
Children Status	Children in Household (Ages 18-44)	3%	2.4%	4.2%
	No Children in Household (Ages 18-44)	3%	1.6%	4.0%
Phone Status	Landline	12%	11.3%	13.7%
	Cell Phone	6%	5.6%	6.9%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.4%	8.2%
	Not Pregnant (Ages 18-44)	2%	1.3%	2.8%
County	Minnehaha	7%	5.5%	7.7%
	Pennington	7%	6.3%	8.8%
	Lincoln	5%	4.1%	6.7%
	Brown	8%	7.2%	9.5%
	Brookings	5%	4.5%	6.2%
	Codington	10%	8.4%	10.8%
	Meade	9%	7.3%	11.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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	Whites and American Indians exhibit a very high prevalence of hearing difficulty, while Hispanics show a very low prevalence.
Household Income	The prevalence of hearing difficulty decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income group is reached.
Education	The prevalence of hearing difficulty decreases as education levels increase.
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 by home ownership status.
Children Status	The prevalence of hearing difficulty 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 hearing difficulty than those who primarily use a cell phone.
Pregnancy Status	The prevalence of hearing difficulty does not seem to differ based on pregnancy status.
County	Pennington, Brown, Codington, and Meade counties all exhibit a very high prevalence of hearing difficulty, while those in Minnehaha, Lincoln, and Brookings counties show a very low prevalence.

ORAL HEALTH

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

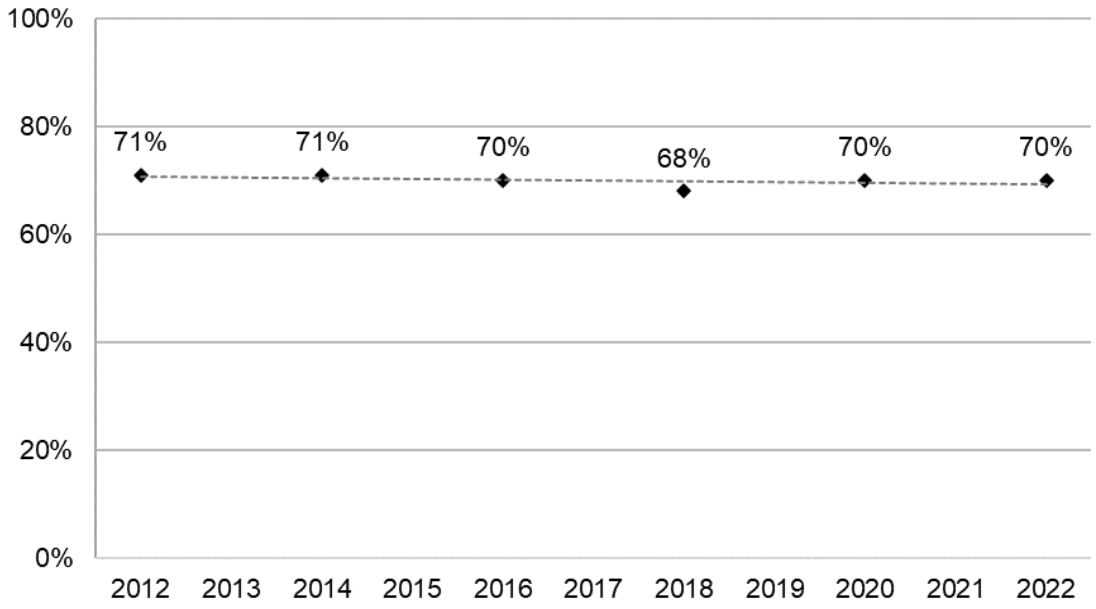
Prevalence of Oral Health

- South Dakota 70%
- Nationwide median 66%

Trend Analysis

Overall, the percentage of South Dakotans who have visited a dentist of dental clinic for any reason within the past year has remained steady since 2012. South Dakota is higher than the nationwide median of 66 percent.

Figure 59
Percentage of South Dakotans Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2012-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2022

Table 50
South Dakotans Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	65%	62.3%	66.8%
	Female	74%	71.5%	75.6%
Age	18-29	65%	61.2%	69.3%
	30-39	68%	63.3%	71.6%
	40-49	72%	67.5%	75.6%
	50-59	71%	67.8%	74.0%
	60-69	72%	68.7%	75.5%
	70-79	69%	65.0%	72.3%
	80+	66%	61.1%	71.0%
Race/Ethnicity	White, Non-Hispanic	71%	69.5%	72.6%
	American Indian, Non-Hispanic	55%	48.5%	61.4%
	American Indian/White, Non-Hispanic	56%	42.0%	69.9%
	Hispanic	67%	57.1%	74.9%
Household Income	Less than $35,000	55%	51.5%	57.9%
	$35,000-$74,999	68%	64.9%	71.1%
	$75,000+	84%	81.7%	85.8%
Education	Less than High School, G.E.D.	56%	48.7%	62.2%
	High School, G.E.D.	60%	56.8%	62.6%
	Some Post-High School	71%	68.5%	73.8%
	College Graduate	81%	79.4%	83.3%
Employment Status	Employed for Wages	70%	67.9%	72.3%
	Self-employed	66%	60.8%	70.6%
	Unemployed	50%	40.9%	59.4%
	Homemaker	77%	69.2%	82.8%
	Student	75%	66.8%	81.6%
	Retired	72%	69.1%	74.0%
	Unable to Work	55%	48.0%	62.0%
Marital Status	Married/Unmarried Couple	75%	73.4%	77.1%
	Divorced/Separated	54%	49.8%	59.1%
	Widowed	64%	59.4%	68.5%
	Never Married	62%	58.3%	65.4%
Home Ownership Status	Own Home	74%	72.1%	75.5%
	Rent Home	56%	52.0%	59.1%
Children Status	Children in Household (Ages 18-44)	70%	66.1%	72.9%
	No Children in Household (Ages 18-44)	65%	61.2%	69.1%
Phone Status	Landline	72%	70.3%	74.3%
	Cell Phone	68%	65.9%	69.8%
Pregnancy Status	Pregnant (Ages 18-44)	83%	64.8%	92.7%
	Not Pregnant (Ages 18-44)	72%	68.4%	75.4%
County	Minnehaha	73%	69.6%	75.6%
	Pennington	64%	61.1%	67.3%
	Lincoln	76%	71.7%	80.2%
	Brown	69%	66.3%	71.9%
	Brookings	72%	68.9%	75.7%
	Codington	74%	71.1%	76.6%
	Meade	60%	53.3%	66.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of visiting the dentist in the past year than males.
Age	The prevalence of visiting a dentist in the past year does not seem to consistently change as age changes.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of visiting the dentist in the past year than American Indians.
Household Income	The prevalence of visiting the dentist in the past year increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of visiting the dentist in the past year increases as education levels increase. This includes significant increases as the some post-high school and college graduate levels are reached.
Employment	Those who are unable to work or unemployed demonstrate a very low prevalence of visiting the dentist in the past year, while those who are employed for wages, self-employed, a homemaker, a student, or retired show a very high prevalence.
Marital Status	Those who are married exhibit a very high prevalence of visiting the dentist in the past year, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly lower prevalence of visiting the dentist in the past year than those who own their home.
Children Status	The prevalence of visiting the dentist in the past year among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of visiting the dentist in the past year than those who primarily use a cell phone.
County	Pennington and Meade counties demonstrate a very low prevalence of visiting the dentist in the past year, while Minnehaha, Lincoln, Brookings, and Codington counties show a very high prevalence.

HIV/AIDS

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

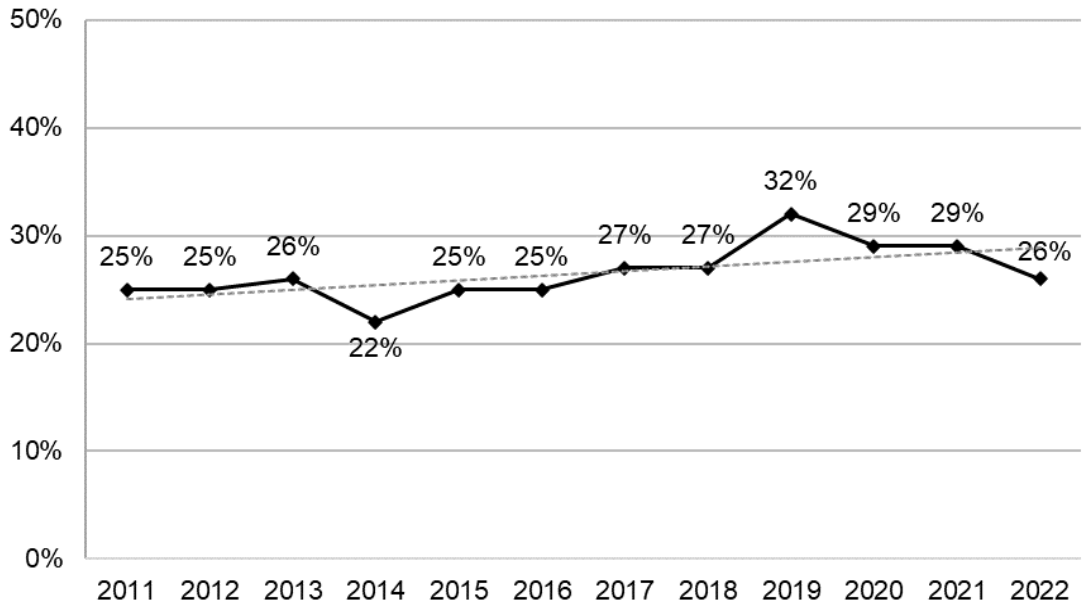
Prevalence of HIV Test

- South Dakota 26%
- Nationwide median 36%

Trend Analysis

Overall, the percentage of South Dakotans who have ever been tested for HIV has increased slightly since 2011, however, this percentage decreased from 29 percent in 2021 to 26 percent in 2022. South Dakota is much lower than the nationwide median of 36 percent who have been tested for HIV.

Figure 60
Percentage of South Dakotans Who Have Ever Been Tested for HIV, 2011-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2022

Table 51
South Dakotans Who Have Ever Been Tested for HIV, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	28%	26.3%	29.7%
	Female	29%	27.3%	30.6%
Age	18-29	27%	24.1%	29.9%
	30-39	43%	39.5%	46.3%
	40-49	43%	39.4%	46.3%
	50-59	30%	27.2%	32.5%
	60-69	19%	16.5%	21.3%
	70-79	13%	11.2%	15.6%
	80+	5%	3.3%	6.7%
Race/Ethnicity	White, Non-Hispanic	25%	23.9%	26.3%
	American Indian, Non-Hispanic	49%	44.2%	54.5%
	American Indian/White, Non-Hispanic	62%	50.9%	72.6%
	Hispanic	42%	34.6%	50.8%
Household Income	Less than $35,000	34%	31.8%	36.9%
	$35,000-$74,999	28%	25.9%	30.6%
	$75,000+	29%	26.7%	31.0%
Education	Less than High School, G.E.D.	29%	23.7%	34.0%
	High School, G.E.D.	26%	24.1%	28.5%
	Some Post-High School	30%	27.6%	31.9%
	College Graduate	29%	27.2%	30.9%
Employment Status	Employed for Wages	33%	30.9%	34.4%
	Self-employed	26%	22.5%	29.8%
	Unemployed	44%	36.7%	50.9%
	Homemaker	33%	25.4%	42.1%
	Student	19%	14.7%	24.0%
	Retired	13%	12.0%	15.1%
	Unable to Work	46%	40.7%	52.2%
Marital Status	Married/Unmarried Couple	26%	24.9%	27.9%
	Divorced/Separated	44%	40.3%	47.7%
	Widowed	11%	8.3%	13.9%
	Never Married	30%	27.6%	32.8%
Home Ownership Status	Own Home	26%	24.3%	27.0%
	Rent Home	38%	35.1%	40.6%
Children Status	Children in Household (Ages 18-44)	42%	39.0%	44.8%
	No Children in Household (Ages 18-44)	30%	26.8%	32.7%
Phone Status	Landline	18%	16.4%	19.5%
	Cell Phone	32%	30.5%	33.5%
Pregnancy Status	Pregnant (Ages 18-44)	45%	25.6%	65.8%
	Not Pregnant (Ages 18-44)	40%	36.6%	42.6%
County	Minnehaha	29%	26.9%	32.1%
	Pennington	33%	30.3%	35.3%
	Lincoln	29%	24.9%	32.5%
	Brown	23%	21.3%	25.8%
	Brookings	22%	19.2%	24.4%
	Codington	23%	20.6%	25.3%
	Meade	34%	29.8%	39.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

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 40s including a significant increase as the 30s are reached. It then decreases as age increases with significant decreases as the 50s, 60s, 70s, and 80s are reached.
Race/ Ethnicity	American Indians and American Indian/whites exhibit a very high prevalence of HIV testing, while whites show a very low prevalence.
Household Income	The prevalence of HIV testing does not seem to consistently change as household income increases.
Education	The prevalence of HIV testing does not seem to consistently change as education levels increase.
Employment	Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of HIV testing, 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 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	The prevalence of HIV testing does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, Lincoln, and Meade counties exhibit a very high prevalence of HIV testing, while Brown, Brookings, and Codington counties all show a very low prevalence.

SLEEP

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

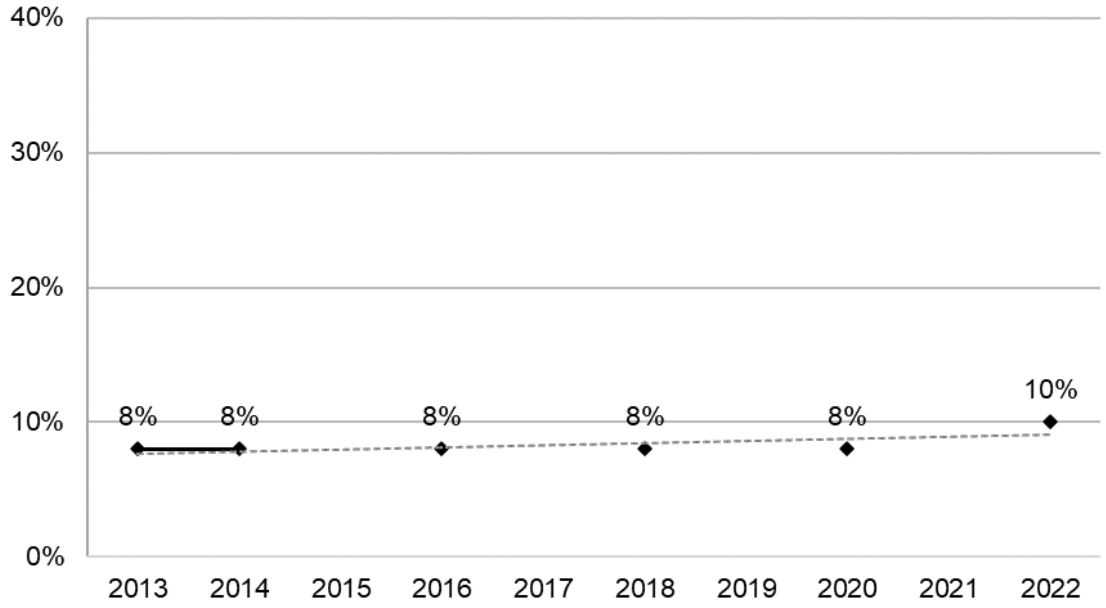
Prevalence of Inadequate Sleep

- South Dakota 10%
- *There is no nationwide median for inadequate sleep*

Trend Analysis

Overall, the percentage of South Dakotans who report getting less than six hours of sleep in a 24-hour period has been steady at 8 percent since 2013, however, in 2022 this increased to 10 percent.

Figure 61
Percentage of South Dakotans Who Get Less Than Six Hours of Sleep in an Average 24-Hour Period, 2013-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2022

Table 52
South Dakotans Who Get Less Than Six Hours of Sleep in a 24-Hour Period, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	10%	8.1%	11.4%
	Female	8%	6.9%	9.7%
Age	18-29	11%	8.6%	14.2%
	30-39	11%	8.6%	14.5%
	40-49	11%	6.8%	16.0%
	50-59	9%	7.2%	10.9%
	60-69	7%	5.3%	8.6%
	70-79	5%	3.6%	5.9%
	80+	4%	2.8%	5.7%
Race/Ethnicity	White, Non-Hispanic	8%	7.2%	9.4%
	American Indian, Non-Hispanic	12%	7.1%	18.1%
	American Indian/White, Non-Hispanic	12%	6.7%	19.6%
	Hispanic	13%	7.4%	21.3%
Household Income	Less than $35,000	13%	10.6%	15.7%
	$35,000-$74,999	8%	6.4%	10.3%
	$75,000+	6%	4.2%	8.4%
Education	Less than High School, G.E.D.	14%	9.5%	19.1%
	High School, G.E.D.	10%	8.2%	13.2%
	Some Post-High School	9%	7.2%	10.2%
	College Graduate	6%	4.8%	7.4%
Employment Status	Employed for Wages	9%	7.7%	11.0%
	Self-employed	10%	6.5%	15.2%
	Unemployed	12%	6.9%	18.7%
	Homemaker	6%	3.4%	9.3%
	Student	10%	5.7%	17.2%
	Retired	4%	3.7%	5.4%
	Unable to Work	20%	15.4%	25.5%
Marital Status	Married/Unmarried Couple	7%	5.7%	8.2%
	Divorced/Separated	10%	8.3%	12.9%
	Widowed	9%	6.6%	12.1%
	Never Married	13%	10.0%	16.2%
Home Ownership Status	Own Home	7%	5.9%	8.1%
	Rent Home	13%	10.9%	16.3%
Children Status	Children in Household (Ages 18-44)	11%	8.3%	13.6%
	No Children in Household (Ages 18-44)	11%	8.7%	14.6%
Phone Status	Landline	6%	5.2%	7.4%
	Cell Phone	10%	8.5%	11.4%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.4%	10.5%
	Not Pregnant (Ages 18-44)	10%	7.8%	13.8%
County	Minnehaha	8%	6.0%	9.7%
	Pennington	8%	6.4%	9.8%
	Lincoln	5%	3.4%	6.4%
	Brown	9%	7.8%	11.5%
	Brookings	7%	5.1%	9.9%
	Codington	10%	7.6%	12.1%
	Meade	9%	6.3%	13.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Lack of sleep does not seem to differ based on gender.
Age	Lack of sleep decreases as age increases.
Race/Ethnicity	Lack of sleep does not seem to differ based on race/ethnicity.
Household Income	The prevalence of lack of sleep decreases as household income increases. This includes a significant decrease when the $35,000-$74,999 household income level is reached.
Education	The prevalence of lack of sleep decreases as education increases.
Employment	Those who are unemployed, a student, or unable to work demonstrate a very high prevalence of lack of sleep, 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 lack of sleep, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of lack of sleep than those who own their home.
Children Status	The prevalence of lack of sleep among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of lack of sleep than those who primarily use a landline phone.
Pregnancy Status	The prevalence of lack of sleep does not seem to differ based on pregnancy status.
County	Brown and Codington counties demonstrate a very high prevalence for lack of sleep, while Lincoln county shows a very low prevalence.

SUNBLOCK

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

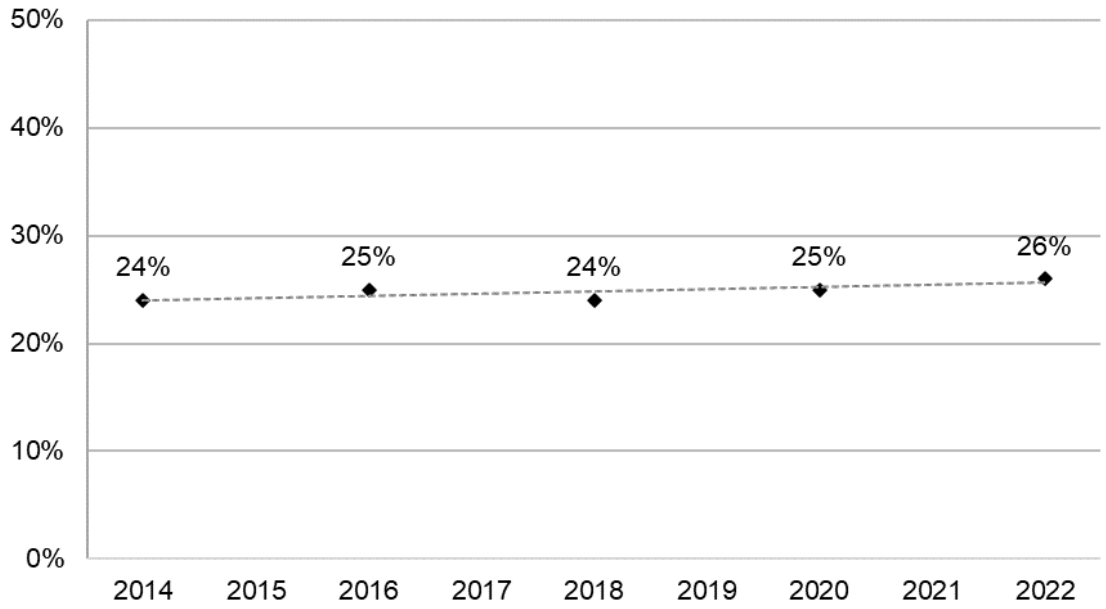
Prevalence of Sunblock Use

- South Dakota 25%
- *There is no nationwide median for sunblock use*

Trend Analysis

Overall, the percentage of South Dakotans who always or nearly always wear sunscreen most of the time has increased since 2014.

Figure 62
Percentage of South Dakotans Who Use Sunblock Most of the Time, 2014-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2022

Table 53
South Dakotans Who Use Sunblock Most of the Time, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	15%	13.8%	16.9%
	Female	35%	33.1%	37.5%
Age	18-29	19%	16.3%	22.8%
	30-39	26%	22.2%	29.7%
	40-49	31%	26.2%	35.5%
	50-59	26%	23.1%	29.4%
	60-69	28%	25.2%	30.9%
	70-79	23%	20.7%	26.3%
	80+	24%	20.1%	29.4%
Race/Ethnicity	White, Non-Hispanic	27%	25.4%	28.5%
	American Indian, Non-Hispanic	16%	12.5%	19.7%
	American Indian/White, Non-Hispanic	12%	7.0%	20.3%
	Hispanic	20%	12.9%	28.4%
Household Income	Less than $35,000	17%	15.3%	19.8%
	$35,000-$74,999	25%	22.2%	27.2%
	$75,000+	34%	31.0%	36.9%
Education	Less than High School, G.E.D.	8%	5.2%	11.1%
	High School, G.E.D.	20%	17.5%	22.8%
	Some Post-High School	26%	23.4%	28.0%
	College Graduate	37%	34.4%	39.6%
Employment Status	Employed for Wages	27%	24.9%	29.1%
	Self-employed	23%	19.6%	27.4%
	Unemployed	16%	10.4%	24.9%
	Homemaker	30%	21.6%	39.0%
	Student	23%	16.6%	30.6%
	Retired	26%	24.0%	28.7%
	Unable to Work	18%	13.1%	23.2%
Marital Status	Married/Unmarried Couple	30%	27.6%	31.5%
	Divorced/Separated	22%	18.5%	25.5%
	Widowed	24%	19.9%	27.6%
	Never Married	16%	14.0%	19.3%
Home Ownership Status	Own Home	28%	26.5%	29.9%
	Rent Home	19%	16.3%	21.4%
Children Status	Children in Household (Ages 18-44)	29%	25.0%	32.3%
	No Children in Household (Ages 18-44)	20%	16.6%	22.9%
Phone Status	Landline	26%	24.0%	28.1%
	Cell Phone	25%	23.4%	26.9%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	34%	30.5%	38.7%
County	Minnehaha	27%	24.5%	30.7%
	Pennington	29%	26.2%	31.9%
	Lincoln	37%	31.6%	41.7%
	Brown	22%	19.4%	24.2%
	Brookings	25%	21.9%	29.0%
	Codington	21%	18.7%	24.0%
	Meade	30%	23.8%	36.3%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of sunblock use than males.
Age	The prevalence of sunblock use does not seem to consistently change as age changes.
Race/Ethnicity	Whites demonstrate a very high prevalence of sunblock use, while American Indians and American Indian/whites show a very low prevalence.
Household Income	The prevalence of sunblock use increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of sunblock use increases as education levels increase. This includes significant increases as each new education level is reached.
Employment	Those who are employed for wages or retired demonstrate a very high prevalence of sunblock use, while those who are unable to work show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of sunblock use, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of sunblock use than those who rent their home.
Children Status	Adults with children in the household exhibit a significantly higher prevalence of sunblock use than those adults with no children in their household.
Phone Status	The prevalence of sunblock use does not seem to differ based on phone status.
County	Pennington and Lincoln counties demonstrate a very high prevalence of sunblock use, while Brown, Brookings, and Codington counties show a very low prevalence.

ADVERSE CHILDHOOD EXPERIENCES

ONE OR MORE ADVERSE CHILDHOOD EXPERIENCES

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

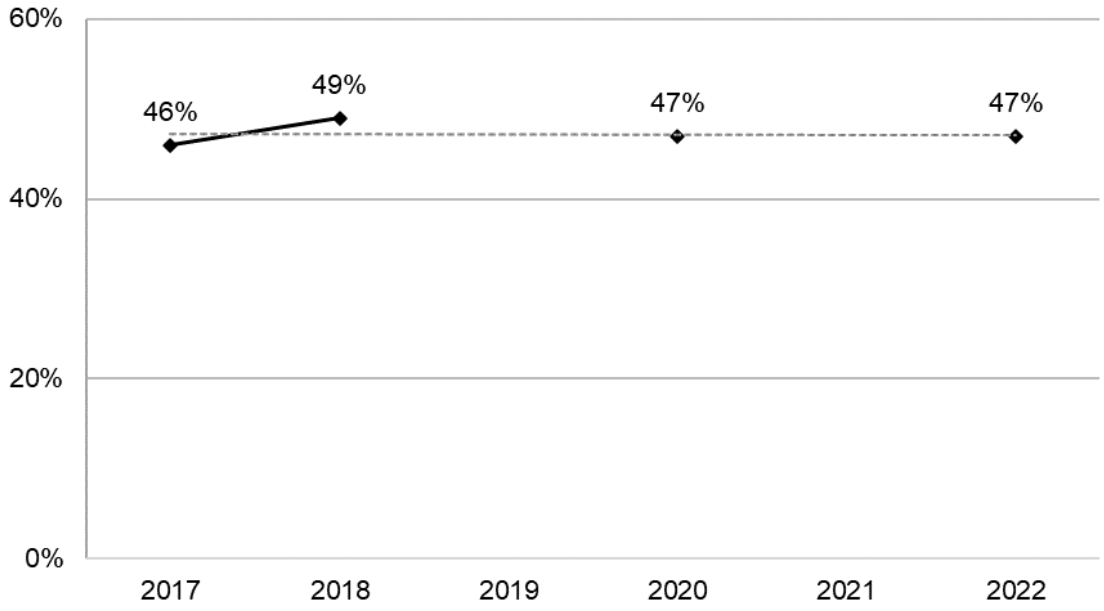
Prevalence of One or More Adverse Childhood Experiences

- South Dakota 47%
- *There was no nationwide median for having adverse childhood experiences*

Trend Analysis

Overall, the percentage of South Dakotans who report they have had one or more adverse childhood experiences has remained steady since 2017.

Figure 63
Percentage of South Dakotans Who Had One or More Adverse Childhood Experiences, 2017-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2022

Table 54
South Dakotans Who Had One or More Adverse Childhood Experiences, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	45%	43.0%	47.6%
	Female	50%	47.3%	51.9%
Age	18-29	51%	46.5%	55.4%
	30-39	55%	50.1%	59.1%
	40-49	50%	44.9%	54.4%
	50-59	47%	43.8%	50.7%
	60-69	44%	41.0%	47.5%
	70-79	40%	36.7%	44.2%
	80+	30%	25.8%	34.6%
Race/Ethnicity	White, Non-Hispanic	46%	44.7%	48.1%
	American Indian, Non-Hispanic	59%	52.2%	66.2%
	American Indian/White, Non-Hispanic	84%	74.7%	89.9%
	Hispanic	43%	33.3%	53.2%
Household Income	Less than $35,000	54%	50.9%	57.5%
	$35,000-$74,999	48%	44.5%	51.0%
	$75,000+	47%	43.7%	49.7%
Education	Less than High School, G.E.D.	53%	45.5%	59.6%
	High School, G.E.D.	47%	43.7%	49.7%
	Some Post-High School	50%	46.6%	52.6%
	College Graduate	44%	41.9%	46.9%
Employment Status	Employed for Wages	50%	47.7%	52.5%
	Self-employed	45%	40.3%	50.6%
	Unemployed	58%	47.8%	67.2%
	Homemaker	46%	35.7%	57.5%
	Student	45%	36.9%	53.4%
	Retired	41%	37.9%	43.3%
	Unable to Work	55%	47.9%	62.6%
Marital Status	Married/Unmarried Couple	46%	43.8%	48.0%
	Divorced/Separated	54%	49.0%	58.4%
	Widowed	38%	33.2%	42.2%
	Never Married	52%	47.8%	55.4%
Home Ownership Status	Own Home	45%	43.6%	47.3%
	Rent Home	53%	49.5%	57.0%
Children Status	Children in Household (Ages 18-44)	53%	49.2%	57.0%
	No Children in Household (Ages 18-44)	52%	47.3%	56.1%
Phone Status	Landline	46%	43.7%	48.4%
	Cell Phone	48%	45.9%	50.0%
Pregnancy Status	Pregnant (Ages 18-44)	38%	18.1%	62.0%
	Not Pregnant (Ages 18-44)	58%	53.9%	62.2%
County	Minnehaha	51%	47.7%	54.3%
	Pennington	54%	50.6%	56.8%
	Lincoln	54%	49.4%	58.8%
	Brown	52%	48.9%	54.9%
	Brookings	52%	48.2%	55.8%
	Codington	52%	48.4%	54.8%
	Meade	59%	52.5%	64.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	The prevalence of having faced at least one adverse childhood experience does not seem to differ by gender.
Age	The prevalence of having faced at least one adverse childhood experience generally decreases as adult age increases. This includes a significant decrease as the 80s are reached.
Race/Ethnicity	American Indian/Whites demonstrate a very high prevalence of having faced at least one adverse childhood experience, while whites and Hispanics show a very low prevalence.
Household Income	The prevalence of having faced at least one adverse childhood experience decreases as adult household income increases.
Education	The prevalence of having faced at least one adverse childhood experience doesn't seem to consistently change as education levels change.
Employment	Those who are employed for wages, unemployed, or unable to work demonstrate a very high prevalence of having faced at least one adverse childhood experience, while those who are retired show a very low prevalence.
Marital Status	Those who have never been married or are divorced exhibit a very high prevalence of having faced at least one adverse childhood experience, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of having faced at least one adverse childhood experience than those who own their home.
Children Status	The prevalence of having faced at least one adverse childhood experience does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of having faced at least one adverse childhood experience does not seem to differ based on phone status.
Pregnancy Status	The prevalence of having faced at least one adverse childhood experience does not seem to differ based on pregnancy status.
County	The prevalence of having faced at least one adverse childhood experience does not seem to differ among the seven counties with enough sample size to analyze.

FIVE OR MORE ADVERSE CHILDHOOD EXPERIENCES

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

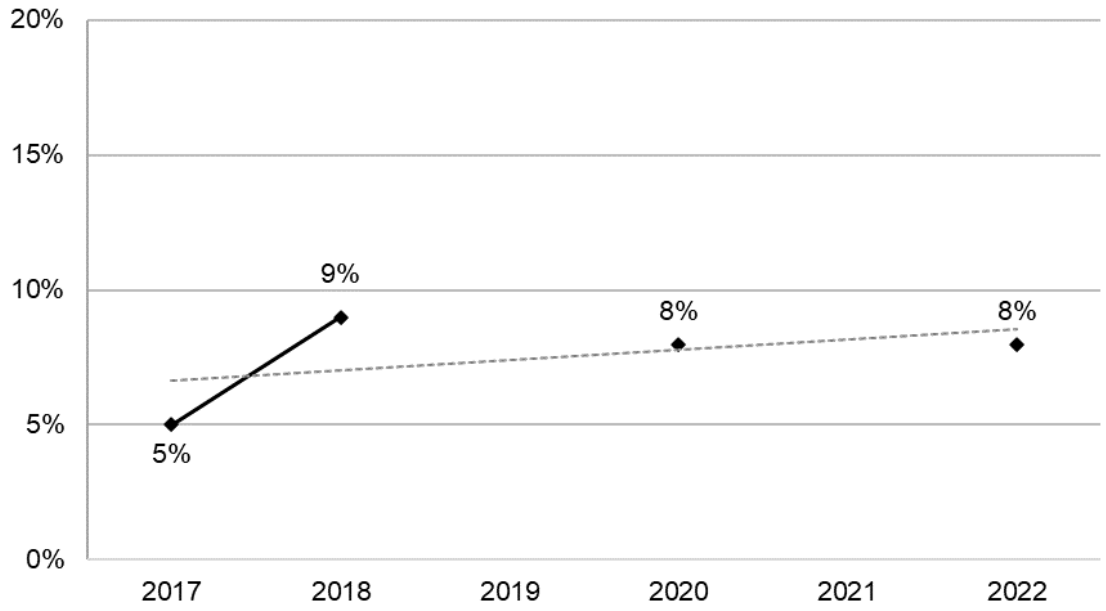
Prevalence of Five or More Adverse Childhood Experiences

- South Dakota 8%
- *There was no nationwide median for having adverse childhood experiences*

Trend Analysis

Overall, the percentage of South Dakotans who report they have had five or more adverse childhood experiences has increased since 2017.

Figure 64
Percentage of South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2022

Table 55
South Dakotans Who Had Five or More Adverse Childhood Experiences, 2018-2022

			95% Confidence Interval	
		2018-2022	Low	High
Gender	Male	6%	5.5%	7.5%
	Female	11%	9.5%	12.1%
Age	18-29	14%	11.4%	16.8%
	30-39	12%	10.1%	14.8%
	40-49	9%	7.2%	11.2%
	50-59	8%	6.5%	10.1%
	60-69	5%	4.0%	6.3%
	70-79	2%	1.5%	2.9%
	80+	1%	0.3%	1.1%
Race/Ethnicity	White, Non-Hispanic	7%	6.6%	8.3%
	American Indian, Non-Hispanic	17%	14.0%	21.4%
	American Indian/White, Non-Hispanic	26%	15.9%	38.8%
	Hispanic	14%	9.3%	19.9%
Household Income	Less than $35,000	14%	12.1%	16.4%
	$35,000-$74,999	8%	6.8%	9.9%
	$75,000+	6%	4.6%	6.9%
Education	Less than High School, G.E.D.	14%	10.3%	18.6%
	High School, G.E.D.	9%	7.6%	10.9%
	Some Post-High School	9%	7.4%	10.0%
	College Graduate	6%	5.1%	7.5%
Employment Status	Employed for Wages	10%	8.5%	11.0%
	Self-employed	7%	5.1%	9.1%
	Unemployed	17%	10.8%	25.5%
	Homemaker	11%	7.3%	16.5%
	Student	8%	5.1%	11.8%
	Retired	3%	2.3%	4.1%
	Unable to Work	17%	12.8%	21.2%
Marital Status	Married/Unmarried Couple	7%	6.3%	8.4%
	Divorced/Separated	13%	10.4%	15.6%
	Widowed	3%	2.3%	5.2%
	Never Married	12%	9.6%	13.7%
Home Ownership Status	Own Home	6%	5.4%	6.9%
	Rent Home	16%	13.6%	18.4%
Children Status	Children in Household (Ages 18-44)	13%	10.6%	14.9%
	No Children in Household (Ages 18-44)	13%	10.5%	15.3%
Phone Status	Landline	5%	4.0%	5.8%
	Cell Phone	10%	8.9%	11.0%
Pregnancy Status	Pregnant (Ages 18-44)	11%	3.2%	30.8%
	Not Pregnant (Ages 18-44)	17%	14.3%	19.7%
County	Minnehaha	9%	7.1%	10.8%
	Pennington	12%	10.1%	14.2%
	Lincoln	11%	8.1%	15.5%
	Brown	12%	9.5%	14.2%
	Brookings	10%	8.0%	13.2%
	Codington	9%	6.8%	11.0%
	Meade	16%	10.3%	22.8%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of having faced at least five adverse childhood experiences than males.
Age	The prevalence of having faced at least five adverse childhood experiences decreases as adult age increases. This includes significant decreases as the 40s, 60s, 70s, and 80s are reached.
Race/Ethnicity	American Indians, American Indian/whites, and Hispanics all demonstrate a significantly higher prevalence of having faced at least five adverse childhood experiences than whites.
Household Income	The prevalence of having faced at least five adverse childhood experiences decreases as adult household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of having faced at least five adverse childhood experiences decreases as adult education levels increase.
Employment	Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of having faced at least five adverse childhood experiences, while those who are retired show a very low prevalence.
Marital Status	Those who have never been married or are divorced exhibit a significantly higher prevalence of having faced at least five adverse childhood experiences than those who are widowed.
Home Ownership	Those who rent their home show a significantly higher prevalence of having faced at least five adverse childhood experiences than those who own their home.
Children Status	The prevalence of having faced at least five adverse childhood experiences does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of having faced at least five adverse childhood experiences than those who primarily use a landline phone.
Pregnancy Status	There seems to be no difference in the prevalence of having faced at least five adverse childhood experiences regarding pregnancy status.
County	The prevalence of having faced at least five adverse childhood experiences does not seem to differ among the seven counties with enough sample size to analyze.

UNSAFE CHILDHOOD

Definition: South Dakotans who report they did not feel safe and protected as a child by an adult living in their household most or all of the time.

Prevalence of Unsafe Childhood

- South Dakota 6%
- *There was no nationwide median for having an unsafe childhood*

Table 56
South Dakotans Who Did Not Feel Safe and Protected as a Child, 2022

			95% Confidence Interval	
		2022	Low	High
Gender	Male	5%	3.9%	7.3%
	Female	6%	3.9%	8.3%
Age	18-29	7%	4.4%	10.6%
	30-39	5%	2.6%	7.6%
	40-49	7%	4.3%	11.0%
	50-59	8%	3.2%	16.7%
	60-69	5%	2.7%	7.9%
	70-79	3%	1.9%	6.2%
	80+	3%	1.4%	5.0%
Race/Ethnicity	White, Non-Hispanic	4%	3.1%	6.0%
	American Indian, Non-Hispanic	9%	6.3%	13.0%
	American Indian/White, Non-Hispanic	3%	0.6%	13.9%
	Hispanic	8%	2.8%	20.0%
Household Income	Less than $35,000	9%	5.6%	15.5%
	$35,000-$74,999	5%	3.5%	7.2%
	$75,000+	3%	2.0%	4.9%
Education	Less than High School, G.E.D.	15%	6.3%	31.2%
	High School, G.E.D.	5%	3.9%	7.5%
	Some Post-High School	4%	2.9%	5.9%
	College Graduate	4%	2.8%	6.2%
Employment Status	Employed for Wages	4%	3.1%	5.6%
	Self-employed	3%	1.9%	6.2%
	Unemployed	9%	3.8%	21.3%
	Homemaker	6%	2.1%	14.3%
	Student	9%	2.8%	24.2%
	Retired	3%	1.6%	4.1%
	Unable to Work	29%	15.1%	49.2%
Marital Status	Married/Unmarried Couple	4%	2.7%	5.0%
	Divorced/Separated	14%	7.3%	24.9%
	Widowed	3%	1.3%	5.5%
	Never Married	7%	4.9%	10.5%
Home Ownership Status	Own Home	4%	3.1%	5.1%
	Rent Home	7%	5.1%	10.0%
Children Status	Children in Household (Ages 18-44)	7%	4.4%	10.4%
	No Children in Household (Ages 18-44)	5%	3.5%	8.1%
Phone Status	Landline	4%	2.2%	6.0%
	Cell Phone	6%	4.7%	8.2%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	6%	3.9%	8.5%
County	Minnehaha	7%	4.5%	10.5%
	Pennington	7%	4.2%	10.4%
	Lincoln	6%	4.2%	9.7%
	Brown	5%	3.4%	7.8%
	Brookings	5%	3.4%	8.0%
	Codington	5%	3.4%	7.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of not feeling safe and protected as a child does not seem to differ by gender.
Age	The prevalence of not feeling safe and protected as a child does not seem to change as age changes.
Race/Ethnicity	American Indians exhibit a very high prevalence of not feeling safe as a child, while whites show a very low prevalence.
Household Income	The prevalence of not feeling safe as a child decreases as household income increases.
Education	The prevalence of not feeling safe as a child decreases as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of not feeling safe as a child, while those who are employed for wages, self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of not feeling safe as a child, while those who are married or widowed show a very low prevalence.
Home Ownership	The prevalence of not feeling safe as a child does not seem to differ by home ownership status.
Children Status	The prevalence of not feeling safe as a child does not seem to differ based on children in the household.
Phone Status	The prevalence of not feeling safe as a child does not seem to differ by phone status.
County	The prevalence of not feeling safe as a child does not seem to differ among the six available counties.

NEEDS NOT MET AS A CHILD

Definition: South Dakotans who report they did not have their basic needs met as a child by an adult living in their household most or all of the time.

Prevalence of Not Having Basic Needs Met as a Child

- South Dakota 5%
- *There was no nationwide median for having unmet childhood needs*

Table 57
South Dakotans Who Did Not Have Their Needs Met as a Child by an Adult, 2022

			95% Confidence Interval	
		2022	Low	High
Gender	Male	5%	4.0%	7.5%
	Female	5%	3.7%	6.6%
Age	18-29	7%	4.7%	10.9%
	30-39	5%	2.7%	10.7%
	40-49	7%	4.5%	11.5%
	50-59	4%	2.6%	6.9%
	60-69	5%	2.8%	8.0%
	70-79	2%	1.2%	3.7%
	80+	4%	1.8%	7.4%
Race/Ethnicity	White, Non-Hispanic	4%	2.9%	5.0%
	American Indian, Non-Hispanic	10%	6.9%	13.4%
	American Indian/White, Non-Hispanic	10%	3.5%	24.3%
	Hispanic	9%	3.3%	21.0%
Household Income	Less than $35,000	8%	5.5%	10.5%
	$35,000-$74,999	5%	3.3%	8.4%
	$75,000+	3%	1.8%	4.6%
Education	Less than High School, G.E.D.	10%	5.4%	18.2%
	High School, G.E.D.	7%	5.0%	9.2%
	Some Post-High School	4%	2.7%	6.7%
	College Graduate	3%	1.9%	4.4%
Employment Status	Employed for Wages	5%	3.7%	7.0%
	Self-employed	3%	1.5%	6.2%
	Unemployed	11%	4.4%	24.0%
	Homemaker	6%	2.5%	14.8%
	Student	10%	3.5%	25.0%
	Retired	3%	1.8%	3.9%
	Unable to Work	12%	6.3%	22.9%
Marital Status	Married/Unmarried Couple	4%	2.6%	5.4%
	Divorced/Separated	9%	6.0%	13.6%
	Widowed	3%	1.6%	5.8%
	Never Married	8%	5.4%	11.0%
Home Ownership Status	Own Home	4%	2.9%	5.3%
	Rent Home	8%	5.6%	10.4%
Children Status	Children in Household (Ages 18-44)	7%	4.3%	10.2%
	No Children in Household (Ages 18-44)	7%	4.3%	11.2%
Phone Status	Landline	3%	2.1%	5.5%
	Cell Phone	6%	4.6%	7.4%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	7%	4.5%	11.0%
County	Minnehaha	8%	5.2%	12.4%
	Pennington	4%	2.5%	7.5%
	Lincoln	5%	2.9%	8.2%
	Brown	5%	3.5%	8.2%
	Brookings	6%	3.8%	10.7%
	Codington	6%	3.7%	9.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of not having needs met as a child does not seem to differ by gender.
Age	The prevalence of not having needs met as a child does not seem to change as age changes.
Race/Ethnicity	American Indians exhibit a very high prevalence of not having needs met as a child, while whites show a very low prevalence.
Household Income	The prevalence of not having needs met as a child decreases as household income increases.
Education	The prevalence of not having needs met as a child decreases as education levels increase.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of not having needs met as a child, while those who are self-employed or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of not having needs met as a child, 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 not having needs met as a child than those who own their home.
Children Status	The prevalence of not having needs met as a child does not seem to differ based on children in the household.
Phone Status	The prevalence of not having needs met as a child does not seem to differ by phone status.
County	The prevalence of not having needs met as a child does not seem to differ among the six available counties.

PRESCRIPTION PAIN MEDICATION

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

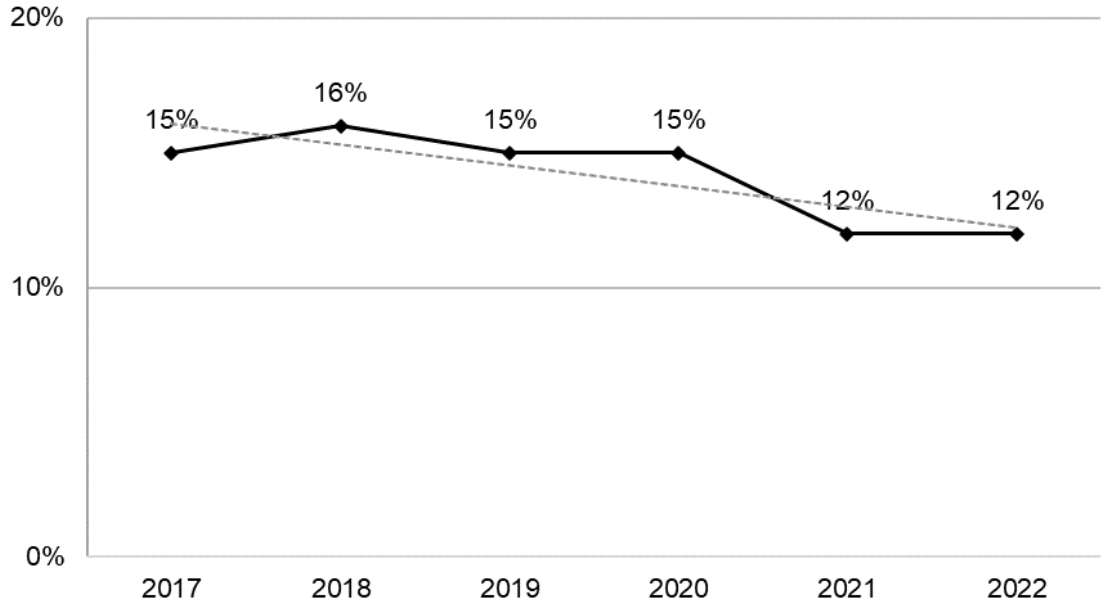
Prevalence of Prescription Pain Medication

- South Dakota 12%
- *There is no nationwide median for prescription pain medication*

Trend Analysis

Overall, the percentage of South Dakotans who have taken prescription pain medication in the past twelve months has decreased since 2017. From 2021 to 2022 however, this remained unchanged at 12 percent.

Figure 65
Percentage of South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2022

Table 58
South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2018-2022

		2018-2022	95% Confidence Interval	
			Low	High
Gender	Male	12%	11.3%	13.7%
	Female	15%	14.0%	16.4%
Age	18-29	11%	9.3%	13.8%
	30-39	13%	10.4%	15.6%
	40-49	11%	9.5%	13.4%
	50-59	16%	14.4%	18.2%
	60-69	17%	15.5%	19.2%
	70-79	15%	12.8%	16.5%
	80+	13%	10.1%	15.5%
Race/Ethnicity	White, Non-Hispanic	14%	12.9%	14.7%
	American Indian, Non-Hispanic	14%	10.8%	18.2%
	American Indian/White, Non-Hispanic	22%	14.1%	32.9%
	Hispanic	13%	8.8%	17.7%
Household Income	Less than $35,000	18%	15.8%	19.8%
	$35,000-$74,999	13%	11.8%	14.8%
	$75,000+	12%	10.6%	13.4%
Education	Less than High School, G.E.D.	15%	11.5%	18.8%
	High School, G.E.D.	13%	11.3%	14.4%
	Some Post-High School	15%	13.8%	16.8%
	College Graduate	13%	11.8%	14.3%
Employment Status	Employed for Wages	12%	11.1%	13.4%
	Self-employed	11%	9.0%	13.3%
	Unemployed	13%	9.5%	18.5%
	Homemaker	17%	10.6%	25.7%
	Student	12%	7.9%	17.2%
	Retired	15%	13.8%	16.7%
	Unable to Work	36%	31.1%	41.6%
Marital Status	Married/Unmarried Couple	14%	12.5%	14.7%
	Divorced/Separated	18%	15.4%	20.4%
	Widowed	14%	12.0%	16.4%
	Never Married	13%	10.7%	14.6%
Home Ownership Status	Own Home	13%	12.5%	14.4%
	Rent Home	16%	13.5%	17.7%
Children Status	Children in Household (Ages 18-44)	13%	10.9%	15.4%
	No Children in Household (Ages 18-44)	11%	9.0%	12.7%
Phone Status	Landline	13%	12.2%	14.6%
	Cell Phone	14%	13.0%	15.2%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.4%	12.3%
	Not Pregnant (Ages 18-44)	15%	12.4%	17.1%
County	Minnehaha	13%	11.7%	15.4%
	Pennington	15%	13.5%	17.3%
	Lincoln	14%	11.7%	17.8%
	Brown	15%	12.6%	17.0%
	Brookings	12%	9.7%	13.6%
	Codington	12%	10.7%	13.8%
	Meade	16%	13.1%	19.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2022

Demographics

Gender	Females exhibit a significantly higher prevalence of taking prescription pain medication than males.
Age	The prevalence of taking prescription pain medication does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of taking prescription pain medication does not seem to differ based on race/ethnicity.
Household Income	The prevalence of taking prescription pain medication decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of taking prescription pain medication does not seem to consistently change as education levels increase.
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, unemployed, 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 are married or 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 status.
Children Status	The prevalence of taking prescription pain medication does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of taking prescription pain medication does not seem to differ based on phone status.
County	The prevalence of taking prescription pain medication does not seem to differ among the seven counties available for analysis.

COVID

Definition: South Dakotans who answered "yes" to the question: "Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19"

Prevalence of Testing Positive for COVID-19

- South Dakota 36%
- *There is no nationwide median for testing positive for COVID-19*

Table 59
South Dakotans Who Reported They Were Ever Positive for COVID-19, 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	37%	31.9%	41.7%
	Female	35%	30.5%	40.5%
Age	18-29	42%	32.3%	51.7%
	30-39	42%	33.8%	51.3%
	40-49	51%	40.5%	60.6%
	50-59	33%	26.4%	39.5%
	60-69	29%	22.8%	35.1%
	70-79	22%	15.7%	29.1%
	80+	20%	13.2%	30.4%
Race/Ethnicity	White, Non-Hispanic	36%	32.1%	39.7%
	American Indian, Non-Hispanic	35%	23.6%	49.3%
	American Indian/White, Non-Hispanic	39%	18.1%	64.4%
	Hispanic	32%	17.6%	51.8%
Household Income	Less than $35,000	30%	23.5%	36.4%
	$35,000-$74,999	43%	35.3%	50.3%
	$75,000+	41%	34.7%	47.0%
Education	Less than High School, G.E.D.	17%	9.4%	28.1%
	High School, G.E.D.	37%	30.6%	43.6%
	Some Post-High School	42%	35.7%	49.2%
	College Graduate	33%	28.7%	37.7%
Employment Status	Employed for Wages	42%	37.3%	47.6%
	Self-employed	36%	25.1%	49.2%
	Unemployed	43%	24.2%	63.1%
	Homemaker	47%	26.7%	68.5%
	Student	25%	16.1%	37.2%
	Retired	22%	17.9%	27.3%
	Unable to Work	22%	14.0%	33.2%
Marital Status	Married/Unmarried Couple	38%	33.2%	42.9%
	Divorced/Separated	34%	26.0%	42.6%
	Widowed	27%	18.4%	36.7%
	Never Married	36%	28.6%	43.6%
Home Ownership Status	Own Home	35%	31.0%	39.4%
	Rent Home	43%	35.6%	50.5%
Children Status	Children in Household (Ages 18-44)	45%	36.3%	53.5%
	No Children in Household (Ages 18-44)	43%	34.4%	51.6%
Phone Status	Landline	23%	19.1%	27.9%
	Cell Phone	40%	35.5%	43.9%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	45%	36.6%	53.5%
County	Minnehaha	34%	29.1%	39.7%
	Pennington	42%	36.9%	47.0%
	Lincoln	35%	31.1%	39.6%
	Brown	35%	30.4%	39.1%
	Brookings	36%	31.1%	41.3%
	Codington	44%	39.3%	48.7%

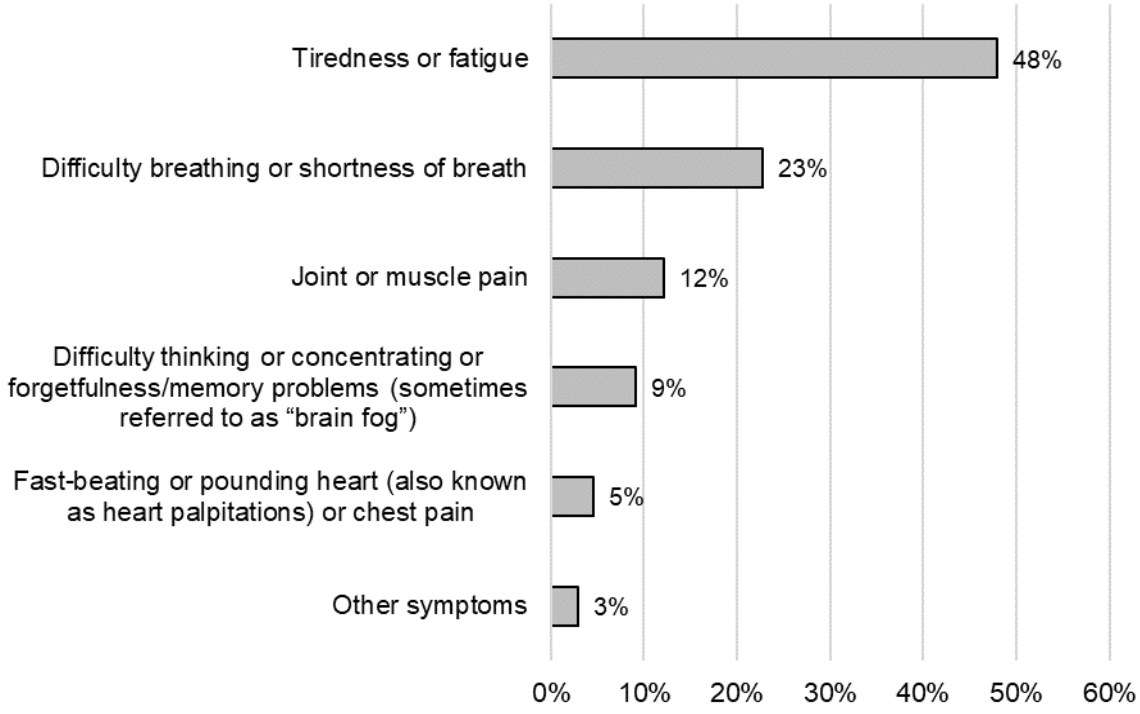
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of testing positive for COVID-19 does not seem to differ based on gender.
Age	The prevalence of testing positive for COVID-19 seems to peak for people in their 40s and then shows a significant decrease as the 50s are reached.
Race/Ethnicity	The prevalence of testing positive for COVID-19 does not seem to differ based on race/ethnicity.
Household Income	The prevalence of testing positive for COVID-19 does not seem to change as household income changes.
Education	The prevalence of testing positive for COVID-19 does not seem to change as education levels change.
Employment	Those who are employed for wages demonstrate a very high prevalence of testing positive for COVID-19, while those who are a student, retired, or unable to work show a very low prevalence.
Marital Status	The prevalence of testing positive for COVID-19 does not seem to differ based on marital status.
Home Ownership	The prevalence of testing positive for COVID-19 does not seem to differ based on home ownership status.
Children Status	The prevalence of testing positive for COVID-19 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 testing positive for COVID-19 than those who primarily use a landline phone.
County	Codington county exhibits a very high prevalence of testing positive for COVID-19, while Brown county shows a very low prevalence.

Figure 65, below, shows the primary long-term COVID-19 symptoms people reported experiencing after having COVID-19. The most common symptom South Dakotans experienced was tiredness or fatigue followed by difficulty breathing or shortness of breath.

Figure 65
South Dakotans Who Tested Positive for COVID-19 Who Had Primary Long-Term Symptoms, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

MARIJUANA

Definition: South Dakotans who used marijuana or cannabis at least once in the past 30 days.

Prevalence of Marijuana Use

- South Dakota 9%
- *There is no nationwide median for marijuana use*

Table 60
South Dakotans Who Used Marijuana or Cannabis Within the Past 30 Days, 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	10%	8.3%	12.5%
	Female	8%	5.9%	9.6%
Age	18-29	16%	11.3%	21.0%
	30-39	10%	7.3%	14.2%
	40-49	13%	8.6%	18.3%
	50-59	5%	3.2%	7.3%
	60-69	9%	6.5%	13.3%
	70-79	1%	0.8%	2.9%
	80+	1%	0.1%	3.4%
Race/Ethnicity	White, Non-Hispanic	8%	6.4%	9.4%
	American Indian, Non-Hispanic	17%	12.5%	21.7%
	American Indian/White, Non-Hispanic	7%	2.7%	17.5%
	Hispanic	11%	5.1%	21.2%
Household Income	Less than $35,000	15%	11.2%	19.3%
	$35,000-$74,999	9%	6.8%	12.7%
	$75,000+	6%	4.7%	8.6%
Education	Less than High School, G.E.D.	14%	8.4%	21.2%
	High School, G.E.D.	11%	8.0%	14.6%
	Some Post-High School	9%	7.4%	11.8%
	College Graduate	5%	3.2%	7.0%
Employment Status	Employed for Wages	9%	7.2%	11.1%
	Self-employed	8%	5.0%	12.9%
	Unemployed	28%	13.5%	50.5%
	Homemaker	8%	3.3%	18.3%
	Student	13%	7.2%	21.5%
	Retired	4%	2.3%	5.7%
	Unable to Work	19%	12.0%	29.7%
Marital Status	Married/Unmarried Couple	7%	5.1%	8.8%
	Divorced/Separated	12%	8.3%	17.4%
	Widowed	3%	1.1%	5.9%
	Never Married	16%	12.9%	19.8%
Home Ownership Status	Own Home	6%	5.2%	7.8%
	Rent Home	17%	13.2%	22.5%
Children Status	Children in Household (Ages 18-44)	10%	6.9%	13.6%
	No Children in Household (Ages 18-44)	17%	12.9%	21.9%
Phone Status	Landline	3%	2.2%	4.8%
	Cell Phone	11%	9.0%	12.7%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	12%	8.9%	16.8%
County	Minnehaha	9%	6.1%	12.9%
	Pennington	13%	9.9%	16.9%
	Lincoln	10%	7.3%	13.9%
	Brown	10%	7.7%	13.8%
	Brookings	10%	7.4%	14.7%
	Codington	8%	5.7%	10.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

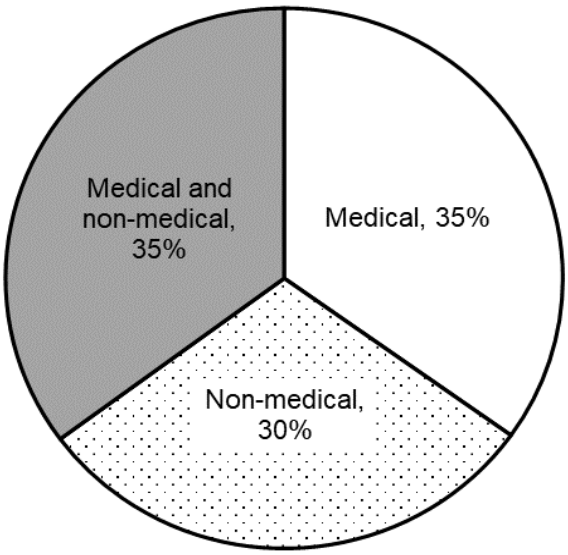
Demographics

Gender	The prevalence of marijuana use does not seem to differ by gender.
Age	The prevalence of marijuana use does not seem to consistently change as age increases.
Race/Ethnicity	American Indians exhibit a very high prevalence of marijuana use, while whites show a very low prevalence.
Household Income	The prevalence of marijuana use decreases as household income increases.
Education	The prevalence of marijuana use decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed, a student, or unable to work demonstrate a very high prevalence of marijuana use, while those who are self-employed or retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of marijuana use, 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 marijuana use than those who own their home.
Children Status	The prevalence of marijuana use 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 marijuana use than those who primarily use a landline phone.
County	The prevalence of marijuana use does not seem to differ among the available counties.

Figure 66, below, shows the percentage of South Dakotans who have used marijuana in the past 30 days and the type of marijuana used. Of those who used marijuana, 30 percent used it for non-medical reasons.

Figure 66

South Dakotans Who Used Marijuana or Cannabis Within the Past 30 Days and Whether Using Was for Medical or Non-Medical Reasons, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

SOCIAL DETERMINANTS

Definition: South Dakotans who answered "yes or always" to any of the following questions:
"During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?"
"During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?"
"During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?"
"During the last 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?"

Prevalence of Having Dealt With at Least One Social Determinant

- South Dakota 21%
- *There is no nationwide median for social determinants*

Table 61
South Dakotans Who Reported They Have Dealt With at Least One Social Determinant, 2022

		2022	95% Confidence Interval	
			Low	High
Gender	Male	20%	16.6%	23.6%
	Female	22%	18.3%	26.5%
Age	18-29	29%	23.1%	36.5%
	30-39	25%	19.0%	31.4%
	40-49	24%	15.7%	35.5%
	50-59	22%	16.0%	29.7%
	60-69	12%	8.9%	16.8%
	70-79	19%	12.6%	28.2%
	80+	7%	4.4%	11.6%
Race/Ethnicity	White, Non-Hispanic	15%	12.7%	18.4%
	American Indian, Non-Hispanic	59%	51.4%	65.7%
	American Indian/White, Non-Hispanic	65%	40.2%	83.9%
	Hispanic	40%	26.2%	54.8%
Household Income	Less than $35,000	47%	40.8%	53.7%
	$35,000-$74,999	17%	13.7%	21.4%
	$75,000+	7%	2.9%	14.0%
Education	Less than High School, G.E.D.	39%	26.7%	52.5%
	High School, G.E.D.	33%	27.1%	40.0%
	Some Post-High School	16%	13.5%	19.9%
	College Graduate	9%	6.6%	12.2%
Employment Status	Employed for Wages	18%	14.9%	22.5%
	Self-employed	8%	5.9%	11.6%
	Unemployed	69%	54.8%	80.4%
	Homemaker	23%	12.1%	39.9%
	Student	36%	21.1%	53.9%
	Retired	15%	10.6%	20.3%
	Unable to Work	57%	41.8%	70.8%
Marital Status	Married/Unmarried Couple	14%	10.9%	18.2%
	Divorced/Separated	39%	31.0%	48.2%
	Widowed	18%	11.8%	26.6%
	Never Married	32%	27.2%	37.4%
Home Ownership Status	Own Home	14%	11.0%	16.9%
	Rent Home	42%	35.8%	47.5%
Children Status	Children in Household (Ages 18-44)	27%	19.7%	35.2%
	No Children in Household (Ages 18-44)	28%	22.8%	34.3%
Phone Status	Landline	16%	12.0%	20.3%
	Cell Phone	23%	19.8%	26.4%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	31%	23.3%	39.2%
County	Minnehaha	16%	12.5%	21.3%
	Pennington	28%	23.1%	33.1%
	Lincoln	12%	8.7%	15.7%
	Brown	22%	17.7%	26.1%
	Brookings	19%	14.2%	24.1%
	Codington	17%	13.3%	20.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Demographics

Gender	The prevalence of those who deal with at least one social determinant of health does not seem to differ by gender.
Age	The prevalence of those who deal with at least one social determinant of health generally decreases as age increases. This includes a significant decrease as the 80s are reached.
Race/Ethnicity	Whites show a significantly lower prevalence of those who deal with at least one social determinant of health than all other races/ethnicities.
Household Income	The prevalence of those who deal with at least one social determinant of health decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income group is reached.
Education	The prevalence of those who deal with at least one social determinant of health decreases as education levels increase. This includes significant decreases as the some post-high school and college graduate levels are reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of dealing with at least one social determinant of health, while those who are self-employed or retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of dealing with at least one social determinant of health, 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 those who deal with at least one social determinant of health than those who own their home.
Phone Status	The prevalence of those who deal with at least one social determinant of health does not seem to differ based on phone status.
County	Pennington and Brown counties show a very high prevalence of those who deal with at least one social determinant of health, while Minnehaha, Lincoln, and Codington counties show a very low prevalence.

Table 62, below, shows the various social determinants of health and the percentage of South Dakotans who experienced them within the past year. The most common issue South Dakotans experienced was not being able to pay mortgage, rent, or utility bills with ten percent.

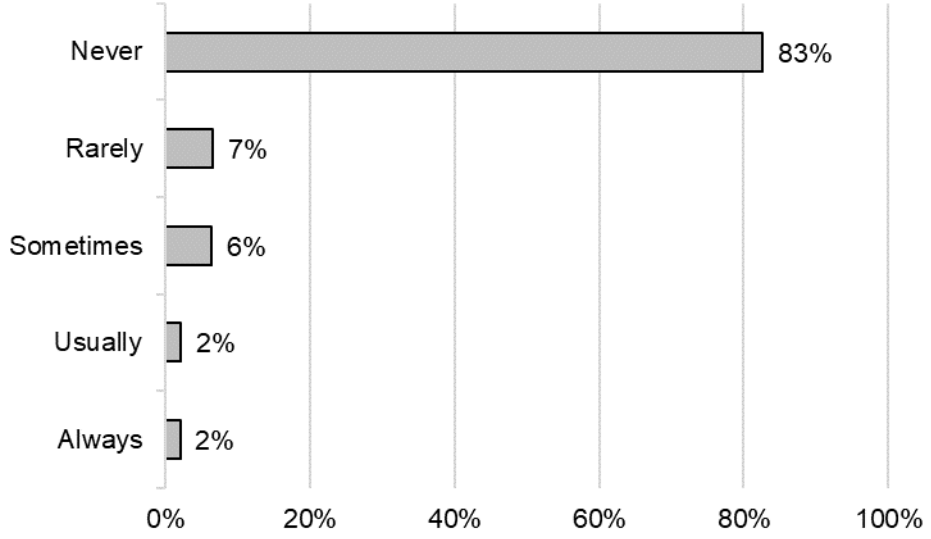
Table 62
The Percentage of South Dakotans Who Experienced Social Determinants of Health Within the Past 12 Months, 2022

Not able to pay mortgage, rent, or utility bills	10%
Received food stamps, also called, SNAP, the Supplemental Nutrition Assistance Program on an EBT card	8%
Lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things you needed for daily living	6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Figure 67, below, shows the percentage of South Dakotans that were asked how often the food that they bought didn't last and they didn't have enough money to get more food within the past year. Eighty-three percent of South Dakotans indicated that they never ran out of food, nor did they lack enough money to buy more food.

Figure 67
South Dakotans Who Were Asked How Often the Food They Bought Did Not Last and They Did Not Have Money to Get More, 2022



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

APPENDIX A: DEMOGRAPHICS

Table 63
Demographics of Survey Respondents, 2022

		Total		Male		Female	
		# Resp.	Col %	# Resp.	Col %	# Resp.	Col %
Total		7,424	100%	3,655	100%	3,769	100%
Age	18-29	777	10%	447	12%	330	9%
	30-39	860	12%	451	12%	409	11%
	40-49	1,005	14%	503	14%	502	13%
	50-59	1,342	18%	671	18%	671	18%
	60-69	1,593	21%	778	21%	815	22%
	70-79	1,251	17%	573	16%	678	18%
	80+	596	8%	232	6%	364	10%
Race/Ethnicity	White, Non-Hispanic	5,846	79%	2,912	80%	2,934	78%
	American Indian, Non-Hispanic	1,082	15%	481	13%	601	16%
	American Indian/White, Non-Hispanic	115	2%	53	1%	62	2%
	Hispanic	198	3%	96	3%	102	3%
	Other	183	2%	113	3%	70	2%
Household Income	Less than $10,000	131	2%	51	1%	80	2%
	$10,000-$14,999	131	2%	74	2%	57	2%
	$15,000-$19,999	207	3%	96	3%	111	3%
	$20,000-$24,999	328	4%	134	4%	194	5%
	$25,000-$34,999	788	11%	373	10%	415	11%
	$35,000-$49,999	1,008	14%	475	13%	533	14%
	$50,000-$74,999	1,142	15%	592	16%	550	15%
	$75,000-$99,999	868	12%	461	13%	407	11%
	$100,000-$149,999	706	10%	391	11%	315	8%
	$150,000-$199,999	285	4%	159	4%	126	3%
	$200,000+	271	4%	172	5%	99	3%
	Not Stated	1,532	21%	658	18%	874	23%
Education	8th Grade or Less	90	1%	55	2%	35	1%
	Some High School	250	3%	140	4%	110	3%
	High School or G.E.D.	2,027	27%	1,104	30%	923	24%
	Some Post-High School	2,322	31%	1,084	30%	1,238	33%
	College Graduate	2,691	36%	1,243	34%	1,448	38%
	Not Stated	44	1%	29	1%	15	0%
Employment Status	Employed for Wages	3,407	46%	1,766	48%	1,641	44%
	Self-employed	839	11%	543	15%	296	8%
	Unemployed	229	3%	113	3%	116	3%
	Homemaker	187	3%	9	0%	178	5%
	Student	160	2%	80	2%	80	2%
	Retired	2,190	30%	942	26%	1,248	33%
	Unable to Work	326	4%	151	4%	175	5%
	Not Stated	78	1%	45	1%	33	1%
Marital Status	Married/Unmarried Couple	4,141	56%	2,133	58%	2,008	53%
	Divorced/Separated	1,049	14%	482	13%	567	15%
	Widowed	832	11%	224	6%	608	16%
	Never Married	1,333	18%	780	21%	553	15%
	Not Stated	69	1%	36	1%	33	1%
Phone Status	Landline	1,620	22%	588	16%	1,032	27%
	Cell Phone	5,804	78%	3,067	84%	2,737	73%
Home Ownership	Own Home	5,476	78%	2,691	78%	2,785	77%
	Rent Home	1,584	22%	759	22%	825	23%
Children in Household	Yes	1,913	26%	878	24%	1,035	27%
	No	5,417	73%	2,716	75%	2,701	72%
	Not Stated	79	1%	50	1%	29	1%
Pregnant (18-44)	Yes	43	3%	0	0%	43	3%
	No	1,263	96%	0	0%	1,263	96%
	Not Stated	7	1%	0	0%	7	1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2022

Table 64
Surveys Completed by Resident County, 2022

Resident County	Surveys Completed	% of Total Surveys	Total Adult Population	% of Total Population	# Surveyed per 1,000 Population
Total	7,424	100.0%	690,659	100.0%	10.7
Aurora	18	0.2%	2,077	0.3%	8.7
Beadle	26	0.4%	14,036	2.0%	1.9
Bennett	226	3.0%	2,269	0.3%	99.6
Bon Homme	18	0.2%	5,711	0.8%	3.2
Brookings	810	10.9%	28,111	4.1%	28.8
Brown	783	10.5%	29,106	4.2%	26.9
Brule	15	0.2%	4,023	0.6%	3.7
Buffalo	46	0.6%	1,177	0.2%	39.1
Butte	30	0.4%	8,085	1.2%	3.7
Campbell	10	0.1%	1,106	0.2%	9.0
Charles Mix	13	0.2%	6,354	0.9%	2.0
Clark	44	0.6%	2,828	0.4%	15.6
Clay	30	0.4%	12,690	1.8%	2.4
Codington	965	13.0%	22,168	3.2%	43.5
Corson	134	1.8%	2,457	0.4%	54.5
Custer	25	0.3%	7,809	1.1%	3.2
Davison	24	0.3%	15,295	2.2%	1.6
Day	43	0.6%	4,270	0.6%	10.1
Deuel	48	0.6%	3,290	0.5%	14.6
Dewey	203	2.7%	3,177	0.5%	63.9
Douglas	4	0.1%	2,041	0.3%	2.0
Edmunds	21	0.3%	3,167	0.5%	6.6
Fall River	30	0.4%	6,153	0.9%	4.9
Faulk	7	0.1%	1,582	0.2%	4.4
Grant	27	0.4%	5,851	0.8%	4.6
Gregory	3	0.0%	3,005	0.4%	1.0
Haakon	31	0.4%	1,413	0.2%	21.9
Hamlin	71	1.0%	4,252	0.6%	16.7
Hand	11	0.1%	2,429	0.4%	4.5
Hanson	8	0.1%	2,499	0.4%	3.2
Harding	4	0.1%	1,026	0.1%	3.9
Hughes	35	0.5%	13,360	1.9%	2.6
Hutchinson	17	0.2%	5,447	0.8%	3.1
Hyde	3	0.0%	918	0.1%	3.3
Jackson	144	1.9%	1,780	0.3%	80.9
Jerauld	3	0.0%	1,279	0.2%	2.3
Jones	5	0.1%	677	0.1%	7.4
Kingsbury	16	0.2%	3,987	0.6%	4.0
Lake	19	0.3%	8,804	1.3%	2.2
Lawrence	30	0.4%	22,753	3.3%	1.3
Lincoln	904	12.2%	52,308	7.6%	17.3
Lyman	12	0.2%	2,651	0.4%	4.5
McCook	11	0.1%	4,150	0.6%	2.7
McPherson	23	0.3%	1,863	0.3%	12.3
Marshall	23	0.3%	3,314	0.5%	6.9
Meade	79	1.1%	24,320	3.5%	3.2
Mellette	110	1.5%	1,297	0.2%	84.8
Miner	16	0.2%	1,768	0.3%	9.0
Minnehaha	688	9.3%	152,690	22.1%	4.5
Moody	18	0.2%	4,709	0.7%	3.8
Oglala Lakota	293	3.9%	8,617	1.2%	34.0
Pennington	702	9.5%	89,468	13.0%	7.8
Perkins	19	0.3%	2,200	0.3%	8.6
Potter	6	0.1%	1,898	0.3%	3.2
Roberts	30	0.4%	7,208	1.0%	4.2
Sanborn	5	0.1%	1,812	0.3%	2.8
Spink	23	0.3%	4,850	0.7%	4.7

Table 64 (continued)
Surveys Completed by Resident County, 2022

Resident County	Surveys Completed	% of Total Surveys	Total Adult Population	% of Total Population	# Surveyed per 1,000 Population
Stanley	10	0.1%	2,306	0.3%	4.3
Sully	5	0.1%	1,174	0.2%	4.3
Todd	271	3.7%	5,401	0.8%	50.2
Tripp	15	0.2%	4,279	0.6%	3.5
Turner	22	0.3%	6,666	1.0%	3.3
Union	30	0.4%	13,050	1.9%	2.3
Walworth	10	0.1%	4,035	0.6%	2.5
Yankton	21	0.3%	18,393	2.7%	1.1
Ziebach	78	1.1%	1,770	0.3%	44.1

Source: South Dakota Behavioral Risk Factor Surveillance System, 2022
2022 Population Estimates, United States Census Bureau

APPENDIX B: BRFSS QUESTIONAIRE

Health Status

Would you say that in general your health is—

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

Healthy Days

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 (01-30)
None
Don't know/Not sure
Refused

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)
None
Don't know/Not sure
Refused

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)
None
Don't know/Not sure
Refused

Healthcare Access

What is the current primary source of your health care coverage?

01 A plan purchased through an employer or union (including plans purchased through another person's employer)
02 A private nongovernmental plan that you or another family member buys on your own
03 Medicare
04 Medigap
05 Medicaid
06 Children's Health Insurance Program (CHIP)
07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
08 Indian Health Service
09 State sponsored health plan
10 Other government program
No coverage of any type
Don't know/Not sure
Refused

NOTE: If respondent has multiple sources of insurance, ask for the one used most often.
If respondents give the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

Do you have one person (or a group of doctors) that you think of as your personal 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

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

1 Yes
2 No
Don’t know / Not sure
Refused

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

Exercise

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
Don't know / Not sure
Refused

Inadequate Sleep

On average, how many hours of sleep do you get in a 24-hour period?

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

Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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

Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

1 1 to 5
2 6 or more but not all
3 All
8 None
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."

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

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

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

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

(Ever told) (you had) a stroke?

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

(Ever told) (you had) asthma?

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

Do you still have asthma?

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

(Ever told) (you had) skin cancer that is not melanoma?

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

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

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

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

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

(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

Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? Read if necessary: Incontinence is not being able to control urine flow.

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

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

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

NOTE: Do not read: 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)

(Ever told) (you had) diabetes? If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

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

How old were you when you were first told you had diabetes?

_ _ Code age in years [97 = 97 and older]
Don't know / Not sure
Refused

Diabetes

According to your doctor or other health professional, what type of diabetes do you have?

1 Type 1
2 Type 2
Don't know/ not sure
Refused

Insulin can be taken by shot or pump. Are you now taking insulin?

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

About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

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

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

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

When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

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

When was the last time you took a course or class in how to manage your diabetes yourself?

1 Within the past year (anytime less than 12 months ago)
2 Within the last 2 years (1 year but less than 2 years ago)
3 Within the last 3 years (2 years but less than 3 years ago)
4 Within the last 5 years (3 to 4 years but less than 5 years ago)
5 Within the last 10 years (5 to 9 years but less than 10 years ago)
6 10 years ago or more
7 Don't know / Not sure
Never
Refused

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

Demographics

What is your age?

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

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
5 No
Don't know / Not sure
Refused

Which one or more of the following would you say is your race? Select all that apply.

NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.
If respondent indicates that they are Hispanic for race, please read the race choices.

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

77 Don't know / Not sure
99 Refused

Are you…

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

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

Do you own or rent your home?

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

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

In what county do you currently live?

_ _ _ ANSI County Code
888 County from another state
Don't know / Not sure
Refused

What is the ZIP Code where you currently live?

_ _ _ _ _
Do not know
Refused

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

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

How many of these landline telephone numbers are residential numbers?

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

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

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

Read if necessary: Do not include cell phones that are used exclusively by other members of your household. Include cell phones used for both business and personal use.

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?

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

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

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

NOTE: If more than one, say “select the category which best describes you”.

How many children less than 18 years of age live in your household?

_ _ Number of children
None
Refused

Is your annual household income from all sources—

If respondent refuses at ANY income level, code ‘99’ (Refused)

0 5 Less than $35,000 If “no,” ask 06; if “yes,” ask 04 ($25,000 to less than $35,000)
0 4 Less than $25,000 If “no,” code 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 6 Less than $50,000 If “no,” ask 07 ($35,000 to less than $50,000)
0 7 Less than $75,000 If “no,” ask 08 ($50,000 to less than $75,000)
0 8 Less than $100,000? If “no,” ask 09 ($75,000 to less than $100,000)
09 Less than $150,000? If “no,” ask 10 ($100,000 to less than $150,000)
10 Less than $200,000? If “no,” ask 11 ($150,000 to less than $200,000)
11 $200,000 or more?
Don’t know / Not sure
Refused

[If Male or Age >49 Go To WEIGHT]

To your knowledge, are you now pregnant?

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

About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put "9" in first column.
Round fractions up.
_ _ _ _ Weight (pounds/kilograms)
Don't know / Not sure
Refused

About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in first column.
Round fractions down.
_ _ / _ _ Height (ft / inches/meters/centimeters)
Don't know / Not sure
Refused

Disability

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

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

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

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

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

Do you have serious difficulty walking or climbing stairs?

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

Do you have difficulty dressing or bathing?

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

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

Breast and Cervical Cancer Screening

NOTE: If Male, Go To Next Section
The next questions are about breast and cervical cancer.
Have you ever had a mammogram?

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

How long has it been since you had your last mammogram?

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

Have you ever had a cervical cancer screening test?

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

How long has it been since you had your last cervical cancer screening test?

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

At your most recent cervical cancer screening, did you have a Pap test?

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

At your most recent cervical cancer screening, did you have an H.P.V. test?

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

If response to PREGNANT= 1 (is pregnant), then go to next section.

Have you had a hysterectomy?

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

Colorectal Cancer Screening

NOTE: If Age < 45, Go To Next Section

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

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

Have you had a colonoscopy, a sigmoidoscopy, or both?

1 Colonoscopy
2 Sigmoidoscopy
3 Both
Don't know / Not sure
Refused

How long has it been since your most recent colonoscopy?

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

How long has it been since your most recent sigmoidoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago
Don't know / Not sure
Refused

How long has it been since your most recent colonoscopy or sigmoidoscopy?

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 Within the past 10 years (5 years but less than 10 years ago) 5-10 or more years ago
Don't know / Not sure
Refused

Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

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

A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

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

When was your most recent CT colonography or virtual colonoscopy?

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

One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

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

How long has it been since you had this test?

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

Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

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

Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

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

How long has it been since you had this test?

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

Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?
NOTE: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana

NOTE: 5 packs = 100 cigarettes

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

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

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

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

Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

1 Never used e-cigarettes in your entire life
2 Use them every day
3 Use them some days
4 Do not use them at all, but used them in the past
Don't know / Not sure
Refused

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

Lung Cancer Screening

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

_ _ _ Age in years (001-100)
Don't know / Not sure
Refused
Never smoked cigarettes regularly

NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

How old were you when you last smoked cigarettes regularly?

_ _ _ Age in years (001-100)
Don't know / Not sure
Refused

On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

_ _ _ Number of cigarettes
Don't know / Not sure
Refused

NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of the number of cigarettes.

Below is a conversion table:
0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes

The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?

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

Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

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

When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

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

Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol 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, how many days per week or per month did you have at least one drink of any alcoholic beverage?

Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1 _ _ Days per week
2 _ _ Days in past 30 days
No drinks in past 30 days
Don't know / Not sure
Refused

During the past 30 days, on the days when you drank, about how many drinks per day did you drink on the average?
Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_ _ Number of drinks
None
Don't know / Not sure
Refused

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

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

Immunization

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

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

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

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

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

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

H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?

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

NOTE: Read if necessary: 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.

Not including blood donations, in what month and year was your last H.I.V. test?

_ _ /_ _ _ _ Code month and year
Don't know / Not sure
Refused

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

Long-term COVID Effects

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

1 Yes
2 No
3 Tested positive using home test without health professional
Don't know / Not sure
Refused

NOTE: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests .
Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

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

Which of the following was the primary symptom that you experienced? Was it….

1 Tiredness or fatigue
2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")
3 Difficulty breathing or shortness of breath
4 Joint or muscle pain
5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain
6 Dizziness on standing
7 Depression, anxiety, or mood changes
8 Symptoms that get worse after physical or mental activities
9 You did not have any long-term symptoms that limited your activities.
Don't know/Not sure
Refused

Cancer Survivorship: Type of Cancer

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

1 Only one
2 Two
3 Three or more
Don't know / Not sure
Refused

At what age were you told that you had cancer?/At what age were you first diagnosed with cancer?

_ _ Age in Years (97 = 97 and older)
Don't know/Not sure
Refused

What type of cancer was it? (Was it Melanoma or other skin cancer?)
(Note: for those with more than one type of cancer ask: With your most recent diagnosis of cancer, what type of cancer was it?)

0 1 Bladder
0 2 Blood
0 3 Bone
0 4 Brain
0 5 Breast
0 6 Cervix/Cervical
0 7 Colon
0 8 Esophagus/Esophageal
0 9 Gallbladder
1 0 Kidney
1 1 Larynx/trachea
1 2 Leukemia
1 3 Liver
1 4 Lung
1 5 Lymphoma
1 6 Melanoma
1 7 Mouth/tongue/lip
1 8 Ovary/Ovarian
1 9 Pancreas/Pancreatic
2 0 Prostate
2 1 Rectum/Rectal
2 2 Skin (non-melanoma)
2 3 Skin (don't know what kind)
2 4 Soft tissue (muscle or fat)
2 5 Stomach
2 6 Testis/Testicular
2 7 Throat - pharynx
2 8 Thyroid
2 9 Uterus/Uterine
3 0 Other
Don't know / Not sure
Refused

Cancer Survivorship: Course of Treatment

Are you currently receiving treatment for cancer?

1	Yes	[Go To Next Section]
2	No, I've completed treatment	
3	No, I've refused treatment	[Go To Next Section]
4	No, I haven't started treatment	[Go To Next Section]
5	Treatment was not necessary	[Go To Next Section]
Don't know / Not sure		[Go To Next Section]
Refused		[Go To Next Section]

What type of doctor provides the majority of your health care?

01	Cancer Surgeon
02	Family Practitioner
03	General Surgeon
04	Gynecologic Oncologist
05	General Practitioner, Internist
06	Plastic Surgeon, Reconstructive Surgeon
07	Medical Oncologist
08	Radiation Oncologist
09	Urologist
10	Other
Don't know / Not sure	
Refused	

Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

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

Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

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

Were these instructions written down or printed on paper for you?

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

With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

Were you ever denied health insurance or life insurance coverage because of your cancer?

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

Did you participate in a clinical trial as part of your cancer treatment?

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

Module 23: Random Child Selection

NOTE: If CHILDREN = No children under age 18 in the household, or Refused, go to next module.

If CHILDREN = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child."

If CHILDREN is >1 and Core Q8.16 does not equal Don't Know or Refused, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

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.

What is the birth month and year of the [Xth] child?

_ _ /_ _ _ _ Code month and year
Don't know / Not sure
Refused

Is the child a boy or a girl?

1 Boy
2 Girl
Nonbinary/other
Refused

What was the child's sex on their original birth certificate?

1 Boy
2 Girl

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

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

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

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

Don't know / Not sure
Refused

Which one of these groups would you say best represents the child's 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
- Don't know / Not sure
- Refused

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

South Dakota State-Added Questions

State-Added: Healthcare Coverage

(Only ask if the respondent answered 'none' to previous health insurance coverage question from earlier)

Earlier you indicated that you do 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 coverage from any of the following:

01 Your employer or someone else's employer
02 A Plan you or someone else buys on your own
03 Medicare
04 Medicaid
05 The Military
06 Indian Health Service
07 Some other source
None
Don't know/not sure
Refused

Tobacco

This question includes the use of combustibles, like cigarettes and cigars, smokeless tobacco, electronic cigarettes, and vaping products.
In the past 12 months, has a doctor, nurse, or other health professional advised you to quit using tobacco?

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

Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches or the use of electronic cigarettes or vaping products inside the home.

1 Smoking is not allowed anywhere inside your home
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

On how many of the past 7 days did someone smoke a combustible tobacco product, like a cigarette or cigar, in your home while you were there?

_ _ Number of days [range 1-7]
5 5 Not at home in the past 7 days
8 8 None
Don't know/not sure
Refused

Colorectal Cancer Screening

Note: If respondent is <45 years of age, go to next section

Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?

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

Sun Exposure

When you are outside for more than one hour on a sunny day, how often do you wear sunblock or sunscreen with an SPF of 15 or higher?

1 Always
2 Nearly Always
3 Sometimes
4 Seldom
5 Never
6 Don't stay out for more than an hour
Don't Know/Not Sure
Refused

Opioid Use

In the past 12 months, have you taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramodol, or Fentanyl?

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

Social Determinants of Health and Health Equity

The next four questions refer to the past 12 months.

During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

How often did the food that you bought not last, and you didn't have money to get more?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
Don't Know/Not Sure
Refused

Was there a time when you were not able to pay your mortgage, rent, or utility bills?

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

Has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things you needed for daily living?

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

State-Added: Physical Activity

How many trips per week do you walk or ride a bicycle to a destination such as to work or to the grocery store?

__ Trips
Don't Know/Not Sure
Refused

How many hours per day, on average, do you sit? Including in the car, at work and at home?

__ Hours
Don't Know/Not Sure
Refused

State-Added: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

During the past 30 days, on how many days did you use marijuana or cannabis?

__ Number of Days
None
Don't Know/Not Sure
Refused

When you used marijuana or cannabis during the last 30 days, was it usually…

1 For Medical Reasons
2 For non-Medical Reasons
3 For Medical and Non-Medical Reasons
Don't Know/Not Sure
Refused

Children's Health Insurance

NOTE: If the total number of children {ages 0-17) is equal to or greater than 1 continue. Otherwise skip.

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

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

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

01 Your employer or someone else's employer
02 A plan you or someone else buys on your own
03 Medicaid, or CHIP
04 The Military
05 The Indian Health Service
06 Some other source
None
Don't know/not sure
Refused

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 or someone else's employer
02 A plan you or someone else buys on your own
05 Medicaid, or CHIP
06 The Military
07 The Indian Health Service
08 Some other source
None
Don't know/not sure
Refused

Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Note: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

Now, looking back before you were 18 years of age… Did you live with anyone who was depressed, mentally ill, or suicidal?

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

Did you live with anyone who was a problem drinker or alcoholic?

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

Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

Were your parents separated or divorced?

1 Yes
2 No
8 Parents not married
Don't know / Not sure
Refused

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it…

1 Never
2 Once
3 More than once
Don't know/Not Sure
Refused

Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it…

1 Never
2 Once
3 More than once
Don't know/Not Sure
Refused

How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it…

1 Never
2 Once
3 More than once
Don't know/Not Sure
Refused

How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it…

1 Never
2 Once
3 More than once
Don't know/Not Sure
Refused

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it…

1 Never
2 Once
3 More than once
Don't know/Not Sure
Refused

How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it…

1 Never
2 Once
3 More than once
Don't know/Not Sure
Refused

For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

1 Never
2 A little of the time
3 Some of the time
4 Most of the time
5 All of the time
Don't know/Not Sure
Refused

For how much of your childhood was there an adult in your household who tried to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

1 Never
2 A little of the time
3 Some of the time
4 Most of the time
5 All of the time
Don't know/Not Sure
Refused

ACES Closing Statement:

We understand that answering questions about past sexual abuse may bring up emotions that some people will wish to discuss. The Rape, Abuse, & Incest National Network, (abbreviated R-A-I-N-N) is the country's largest anti-sexual violence organization. If you would like to speak with one of this organization's trained professionals, please call 800-656-HOPE (4673) or visit hotline.rainn.org. Would you like me to repeat this information?

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.