2017 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators

Kim Malsam-Rysdon, Secretary
Department of Health

Preface

2017 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators was prepared by the South Dakota Department of Health.

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

Race Allocation

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

- White
- American Indian
- Black
- Asian
- Pacific Islander
- Two or more races

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

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

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

For specific information or questions on Infectious Disease contact:

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

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

Derrick Haskins   Communications Director
Carrie Cushing   Policy Analyst
Mark Gildemaster   Director, Office of Health Statistics
Dustin Ortbahn   Infectious Disease Surveillance

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OVERVIEW

NATALITY

INFANT MORTALITY

MORTALITY

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Overview

<table>
<tr><td colspan="2"><u>Resident Live Births</u></td></tr>
<tr><td>Number of Live Births</td><td>12,128</td></tr>
<tr><td>Rate per 1,000 Population</td><td>13.9</td></tr>
<tr><td colspan="2"><u>Infant Deaths</u></td></tr>
<tr><td>Number of Infant Deaths</td><td>94</td></tr>
<tr><td>Rate per 1,000 Live Births</td><td>7.75</td></tr>
<tr><td colspan="2"><u>Resident Deaths</u></td></tr>
<tr><td>Number of Resident Deaths</td><td>7,991</td></tr>
<tr><td>Rate per 100,000 Population</td><td>918.9</td></tr>
<tr><td colspan="2"><u>Fetal Deaths</u></td></tr>
<tr><td>Number of Fetal Deaths</td><td>71</td></tr>
<tr><td>Rate per 1,000 Live Births + Fetal Deaths</td><td>5.82</td></tr>
<tr><td colspan="2"><u>Marriages</u></td></tr>
<tr><td>Number of Marriages</td><td>5,862</td></tr>
<tr><td>Rate per 1,000 Population</td><td>6.7</td></tr>
<tr><td colspan="2"><u>Divorces</u></td></tr>
<tr><td>Number of Divorces</td><td>2,340</td></tr>
<tr><td>Rate per 1,000 Population</td><td>2.7</td></tr>
</table>

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

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

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

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

Table 1
South Dakota Vital Statistics by County, 2017

	Births		Deaths		Infant Deaths		Fetal Deaths		Marriages		Divorces	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
South Dakota	12,128	13.9	7,991	918.9	94	7.75	71	5.82	5,862	6.7	2,340	2.7
County												
Aurora	36	13.1	31	1,132.2	*	*	*	*	12	4.4	7	2.6
Beadle	273	15.0	177	974.8	3	10.99	*	*	90	5.0	51	2.8
Bennett	61	17.7	42	1,216.0	*	*	*	*	14	4.1	4	1.2
Bon Homme	64	9.2	88	1,260.0	*	*	*	*	32	4.6	15	2.1
Brookings	451	13.2	177	516.7	3	6.65	*	*	227	6.6	66	1.9
Brown	510	13.0	364	929.1	*	*	3	5.85	252	6.4	125	3.2
Brule	78	14.7	45	847.1	*	*	*	*	40	7.5	14	2.6
Buffalo	47	23.5	20	1,000.5	*	*	*	*	4	2.0	*	*
Butte	131	13.0	121	1,197.2	*	*	*	*	68	6.7	35	3.5
Campbell	14	10.2	19	1,377.8	*	*	*	*	5	3.6	*	*
Charles Mix	168	17.8	111	1,177.3	*	*	*	*	41	4.3	10	1.1
Clark	66	18.0	40	1,090.5	*	*	*	*	23	6.3	5	1.4
Clay	155	11.1	110	786.3	*	*	*	*	110	7.9	27	1.9
Codington	336	12.0	248	882.6	*	*	3	8.85	180	6.4	87	3.1
Corson	101	24.0	52	1,237.2	*	*	*	*	11	2.6	4	1.0
Custer	78	9.0	96	1,104.6	*	*	*	*	174	20.0	31	3.6
Davison	227	11.5	217	1,101.3	3	13.22	*	*	115	5.8	51	2.6
Day	62	11.2	86	1,557.7	*	*	*	*	29	5.3	13	2.4
Deuel	53	12.4	53	1,238.0	*	*	*	*	34	7.9	10	2.3
Dewey	154	26.4	59	1,011.1	*	*	*	*	15	2.6	*	*
Douglas	44	15.0	36	1,228.2	*	*	*	*	17	5.8	*	*
Edmunds	43	11.0	45	1,148.3	*	*	*	*	21	5.4	6	1.5
Fall River	51	7.6	122	1,824.4	*	*	*	*	55	8.2	25	3.7
Faulk	38	16.3	27	1,159.3	*	*	*	*	9	3.9	5	2.1
Grant	87	12.3	87	1,232.1	*	*	*	*	40	5.7	10	1.4
Gregory	52	12.3	56	1,325.1	*	*	*	*	31	7.3	13	3.1
Haakon	26	13.4	30	1,544.0	*	*	*	*	11	5.7	*	*
Hamlin	110	18.5	55	924.7	*	*	*	*	25	4.2	13	2.2
Hand	44	13.4	41	1,251.1	*	*	*	*	13	4.0	*	*
Hanson	42	12.3	33	964.1	*	*	*	*	20	5.8	3	0.9
Harding	15	12.1	12	966.2	*	*	*	*	8	6.4	6	4.8
Hughes	221	12.5	163	922.7	*	*	*	*	122	6.9	62	3.5
Hutchinson	117	15.9	110	1,495.0	*	*	*	^	30	4.1	11	1.5

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Table 1 (continued)
South Dakota Vital Statistics by County, 2017

County	Births Number	Births Rate	Deaths Number	Deaths Rate	Infant Deaths Number	Infant Deaths Rate	Fetal Deaths Number	Fetal Deaths Rate	Marriages Number	Marriages Rate	Divorces Number	Divorces Rate
Hyde	18	13.7	29	2,200.3	*	*	*	*	7	5.3	*	*
Jackson	92	28.0	44	1,337.8	*	*	*	*	13	4.0	7	2.1
Jerauld	18	8.9	30	1,479.3	*	*	*	*	*	*	7	3.5
Jones	9	9.6	16	1,709.4	*	*	*	*	3	3.2	*	*
Kingsbury	67	13.5	68	1,373.2	*	*	*	*	10	2.0	12	2.4
Lake	131	10.2	129	1,007.1	3	22.90	*	*	71	5.5	39	3.0
Lawrence	241	9.5	249	979.2	6	24.90	*	*	459	18.1	77	3.0
Lincoln	846	14.9	279	492.4	10	11.82	6	7.04	287	5.1	129	2.3
Lyman	63	16.1	31	794.1	*	*	*	*	14	3.6	4	1.0
McCook	90	16.4	63	1,145.7	*	*	*	*	31	5.6	12	2.2
McPherson	18	7.4	33	1,360.3	*	*	*	*	14	5.8	5	2.1
Marshall	73	15.2	39	811.8	*	*	*	*	25	5.2	7	1.5
Meade	258	9.2	222	792.3	*	*	*	*	253	9.0	84	3.0
Mellette	45	21.6	38	1,819.9	*	*	*	*	23	11.0	*	*
Miner	27	12.1	30	1,346.5	*	*	*	*	13	5.8	*	*
Minnehaha	2,908	15.4	1,437	761.9	19	6.53	16	5.47	1,373	7.3	611	3.2
Moody	87	13.2	62	942.4	*	*	*	*	29	4.4	12	1.8
Oglala Lakota	321	22.4	164	1,142.5	4	12.46	*	*	5	0.3	*	*
Pennington	1,466	13.3	972	882.5	9	6.14	6	4.08	737	6.7	432	3.9
Perkins	37	12.4	44	1,479.5	*	*	*	*	11	3.7	*	*
Potter	15	6.7	34	1,524.0	*	*	*	*	8	3.6	5	2.2
Roberts	164	16.0	113	1,099.4	*	*	*	*	86	8.4	20	1.9
Sanborn	33	13.5	22	898.0	*	*	*	*	10	4.1	*	*
Spink	82	12.8	76	1,185.6	*	*	*	*	32	5.0	14	2.2
Stanley	29	9.6	22	730.7	*	*	*	*	27	9.0	12	4.0
Sully	24	17.1	12	852.9	*	*	*	*	5	3.6	*	*
Todd	256	25.4	89	884.3	7	27.34	3	11.58	22	2.2	3	0.3
Tripp	84	15.4	78	1,428.6	*	*	*	*	30	5.5	6	1.1
Turner	103	12.4	119	1,431.1	4	38.83	*	*	43	5.2	17	2.0
Union	191	12.7	138	918.2	*	*	*	*	130	8.6	40	2.7
Walworth	88	15.9	68	1,226.8	*	*	*	*	31	5.6	3	0.5
Yankton	269	11.9	249	1,098.8	*	*	*	*	181	8.0	52	2.3
Ziebach	19	6.9	19	689.4	*	*	*	*	*	*	*	*

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

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Table 2
Selected Records in Vital Statistics,
South Dakota, 2017

NATALITY

Oldest Father:	71	Oldest Mother:	49
Youngest Father:	15	Youngest Mother:	13
Smallest Live Birth:	1 lb. 2 oz.		
Largest Live Birth:	11 lbs. 15 oz.		

Most Popular Names for Infants

Boy's Names	Number	Girl's Names	Number
Oliver	63	Harper	47
Lincoln	56	Olivia	47
Owen	56	Emma	46
Liam	54	Evelyn	44
William	48	Ava	43
Henry	47	Amelia	37
Logan	43	Nora	35
Benjamin	40	Ella	33
Noah	38	Charlotte	31
Carter	37	Abigail	29
Hudson	37	Piper	29

MORTALITY

Oldest Male Decedent:	103	Oldest Female Decedent:	109

DIVORCE

Longest Duration of a Marriage Ending in a Divorce:	56 Years

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

Figure 1
Birth, Death, Marriage, and Divorce Rates for
South Dakota, 1906-2017

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

Table 3
South Dakota Resident Births by Resident County and Year of Birth, 2008-2017

	Year of Birth									
	2017	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**
Total	**12,128**	**12,270**	**12,323**	**12,281**	**12,243**	**12,092**	**11,834**	**11,795**	**11,930**	**12,074**
County										
Aurora	36	49	33	42	40	30	39	29	34	36
Beadle	273	347	297	366	337	327	294	274	268	277
Bennett	61	65	71	72	69	69	76	70	65	67
Bon Homme	64	68	76	56	57	77	62	67	53	73
Brookings	451	414	471	406	430	404	385	379	383	401
Brown	510	557	492	482	512	476	485	467	475	483
Brule	78	71	69	77	70	84	69	74	68	75
Buffalo	47	52	42	53	58	47	57	49	46	52
Butte	131	135	100	142	133	120	136	114	141	152
Campbell	14	8	13	15	12	9	8	16	18	17
Charles Mix	168	164	156	174	151	161	157	156	162	168
Clark	66	65	61	67	51	43	52	48	57	42
Clay	155	147	145	143	166	151	152	138	175	163
Codington	336	370	381	372	410	376	372	375	399	380
Corson	101	101	89	86	93	87	84	78	74	89
Custer	78	69	86	65	71	66	77	85	62	78
Davison	227	257	242	271	263	264	262	258	296	276
Day	62	50	73	56	52	76	59	68	65	60
Deuel	53	64	44	47	46	46	48	51	47	61
Dewey	154	163	148	153	148	151	144	118	119	155
Douglas	44	46	43	40	33	37	36	30	31	29
Edmunds	43	46	48	53	46	46	47	34	46	55
Fall River	51	60	76	55	63	61	49	55	46	55
Faulk	38	31	32	38	23	28	28	24	29	20
Grant	87	84	74	97	80	83	69	81	81	69
Gregory	52	58	50	62	45	44	42	50	43	40
Haakon	26	19	26	17	20	18	23	23	26	21
Hamlin	110	111	121	118	124	127	107	102	104	109
Hand	44	39	24	42	38	28	36	46	27	36
Hanson	42	39	36	49	56	51	44	55	44	48
Harding	15	16	21	20	17	14	9	15	10	17
Hughes	221	233	249	229	255	230	237	225	250	225
Hutchinson	117	120	120	102	107	86	72	81	80	85

Table 3 (continued)
South Dakota Resident Births by Resident County and Year of Birth, 2008-2017

County	Year of Birth									
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Hyde	18	20	15	14	19	9	15	12	12	7
Jackson	92	81	67	71	78	69	68	75	71	74
Jerauld	18	20	16	32	24	23	24	29	29	24
Jones	9	13	11	9	10	10	11	10	14	13
Kingsbury	67	67	64	66	61	54	71	51	63	77
Lake	131	133	134	122	140	128	133	128	130	103
Lawrence	241	241	220	245	230	240	213	252	257	257
Lincoln	846	810	751	766	753	852	781	808	825	763
Lyman	63	82	74	71	69	60	76	72	53	60
McCook	90	68	80	81	75	74	66	80	84	64
McPherson	18	27	22	30	24	25	24	18	18	14
Marshall	73	74	70	72	62	56	60	50	59	47
Meade	258	269	304	318	320	327	314	334	312	372
Mellette	45	44	40	35	37	27	27	38	35	36
Miner	27	21	32	22	28	20	24	19	28	30
Minnehaha	2,908	2,936	3,046	2,947	2,863	2,811	2,779	2,749	2,761	2,841
Moody	87	91	93	93	93	93	86	89	90	79
Oglala Lakota	321	284	337	312	352	350	344	370	344	367
Pennington	1,466	1,470	1,536	1,540	1,596	1,532	1,502	1,549	1,564	1,563
Perkins	37	40	33	35	40	30	29	32	28	40
Potter	15	28	24	24	20	25	27	24	21	24
Roberts	164	168	181	177	201	176	187	159	169	172
Sanborn	33	39	39	37	35	34	28	24	24	25
Spink	82	85	67	69	80	91	72	78	60	93
Stanley	29	42	45	39	35	36	43	41	39	36
Sully	24	16	11	15	17	13	18	18	19	12
Todd	256	260	274	279	250	288	313	242	274	298
Tripp	84	79	71	71	65	66	70	61	66	70
Turner	103	75	104	81	86	89	89	101	86	96
Union	191	163	169	140	150	178	169	179	181	159
Walworth	88	61	86	85	70	66	69	56	73	53
Yankton	269	318	266	281	253	275	246	258	261	254
Ziebach	19	27	32	35	31	48	38	54	56	37

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

Table 4
South Dakota Resident Deaths by Resident County and Year of Death, 2008-2017

	Year of Death									
	2017	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**
Total	**7,991**	**7,838**	**7,724**	**7,500**	**7,079**	**7,283**	**7,271**	**7,087**	**6,913**	**7,056**
County										
Aurora	31	20	24	28	32	29	29	26	31	30
Beadle	177	195	205	196	175	182	201	187	205	189
Bennett	42	45	34	32	29	30	31	37	30	25
Bon Homme	88	75	71	77	78	71	69	69	83	71
Brookings	177	202	182	202	183	230	182	165	203	213
Brown	364	376	362	393	399	378	355	396	336	350
Brule	45	60	57	53	50	69	56	47	54	43
Buffalo	20	33	21	17	16	18	18	16	24	20
Butte	121	98	112	102	93	110	123	100	92	102
Campbell	19	13	19	11	10	17	21	11	14	14
Charles Mix	111	113	129	95	83	82	98	99	122	91
Clark	40	47	41	45	50	40	62	56	52	42
Clay	110	105	101	100	101	101	89	105	90	67
Codington	248	241	235	264	224	229	239	237	238	242
Corson	52	51	47	37	52	43	44	40	52	36
Custer	96	110	92	85	77	88	82	82	73	62
Davison	217	224	210	241	179	213	205	190	157	207
Day	86	76	69	66	73	76	86	65	95	69
Deuel	53	47	48	37	39	38	43	36	42	62
Dewey	59	52	72	68	68	65	48	56	48	53
Douglas	36	42	45	47	38	39	58	50	41	44
Edmunds	45	43	40	39	44	55	50	45	50	47
Fall River	122	113	120	130	118	111	113	104	110	104
Faulk	27	31	40	28	34	27	23	28	20	34
Grant	87	91	89	86	106	66	72	66	89	80
Gregory	56	59	64	64	63	72	58	74	56	89
Haakon	30	22	29	23	35	26	27	22	15	23
Hamlin	55	73	59	61	68	76	78	60	73	71
Hand	41	48	49	41	55	38	41	43	28	42
Hanson	33	22	20	34	21	11	24	22	19	25
Harding	12	8	*	11	4	8	11	12	8	8
Hughes	163	148	154	137	135	124	147	136	164	143
Hutchinson	110	115	119	118	106	106	111	113	105	123

Table 4 (continued)
South Dakota Resident Deaths by Resident County and Year of Death, 2008-2017

County	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Hyde	29	28	21	15	14	27	15	20	18	22
Jackson	44	37	37	34	34	34	35	35	29	30
Jerauld	30	26	25	28	18	38	32	27	28	27
Jones	16	8	10	9	9	10	16	5	7	6
Kingsbury	68	68	75	69	77	58	73	79	68	89
Lake	129	126	118	110	105	110	101	113	107	105
Lawrence	249	235	240	225	226	240	201	208	203	196
Lincoln	279	259	230	207	181	201	216	181	166	203
Lyman	31	39	41	32	24	42	46	28	34	21
McCook	63	73	85	83	73	80	68	74	83	71
McPherson	33	40	35	43	41	34	37	33	25	35
Marshall	39	63	39	49	47	56	59	73	65	46
Meade	222	193	185	200	190	180	165	157	178	220
Mellette	38	28	26	19	19	24	25	25	22	24
Miner	30	38	34	28	34	27	37	38	33	37
Minnehaha	1,437	1,382	1,408	1,277	1,256	1,232	1,301	1,273	1,228	1,233
Moody	62	48	54	58	53	53	49	57	54	46
Oglala Lakota	164	163	149	112	124	130	109	131	108	112
Pennington	972	902	883	832	743	796	795	758	699	716
Perkins	44	41	39	51	39	38	57	48	32	43
Potter	34	39	40	34	29	44	42	28	40	47
Roberts	113	112	106	126	104	141	103	113	105	125
Sanborn	22	29	25	33	35	32	34	18	21	17
Spink	76	83	76	67	84	84	73	72	89	77
Stanley	22	23	19	27	14	17	22	18	13	26
Sully	12	6	11	5	13	13	8	10	9	8
Todd	89	94	85	87	101	98	81	68	87	82
Tripp	78	82	73	73	67	72	66	81	79	66
Turner	119	108	109	124	92	95	105	90	92	97
Union	138	121	116	137	92	119	107	120	106	113
Walworth	68	89	94	92	79	79	77	76	60	71
Yankton	249	240	254	221	207	199	211	211	189	206
Ziebach	19	17	20	12	12	11	11	24	17	18

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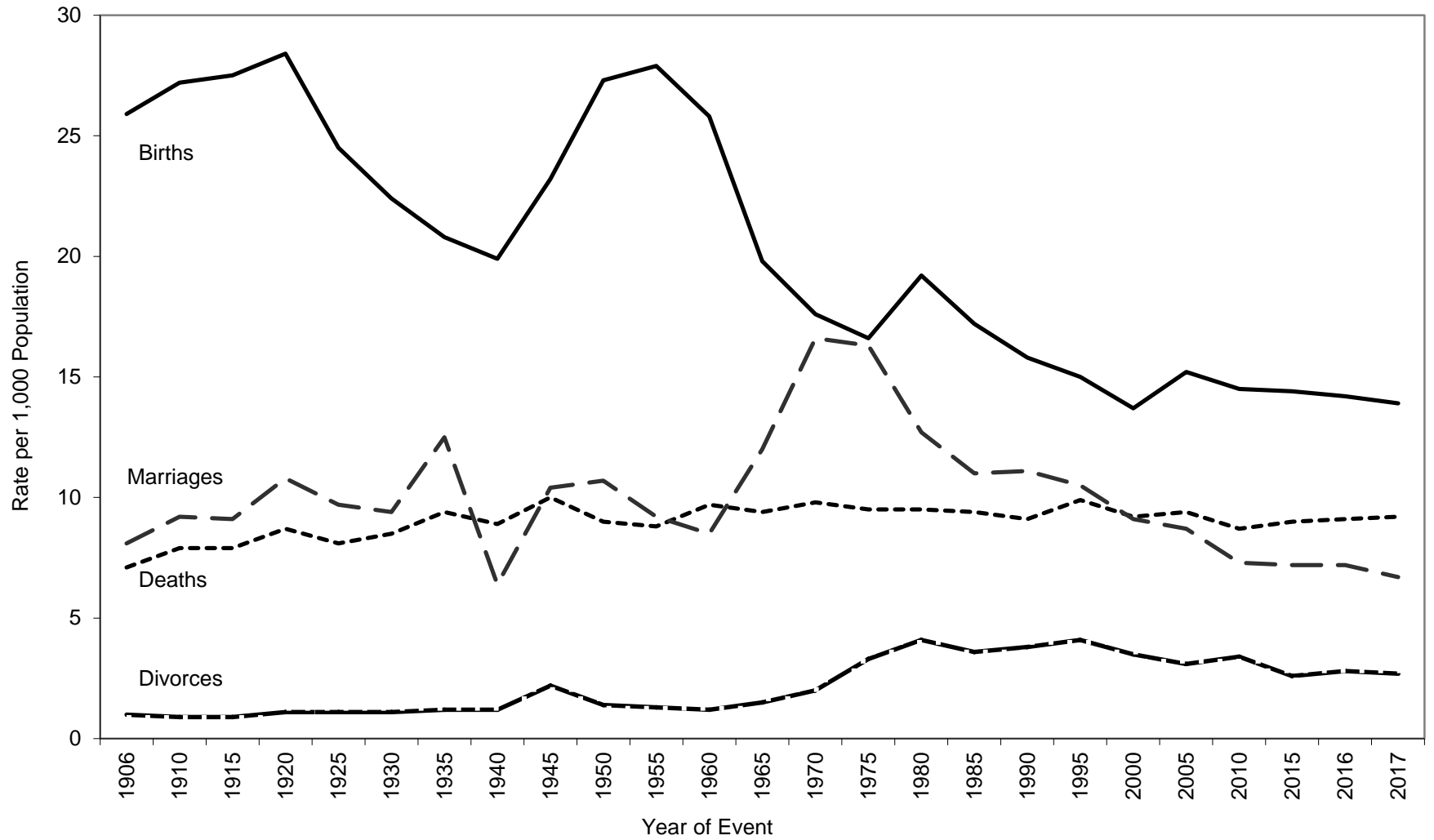Source: South Dakota Department of Health, Office of Health Statistics

Table 5
Marriages Occurring in South Dakota by County of Occurrence and Year of Marriage, 2008-2017

	Year of Marriage									
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Total	**5,862**	**6,271**	**6,195**	**6,040**	**5,919**	**6,236**	**6,145**	**5,939**	**5,887**	**6,148**
County										
Aurora	12	15	19	10	9	18	17	8	13	16
Beadle	90	120	117	143	135	148	147	138	128	137
Bennett	14	22	21	16	18	21	33	23	17	16
Bon Homme	32	36	34	36	35	54	47	51	30	54
Brookings	227	228	217	240	227	210	178	194	209	195
Brown	252	271	273	238	221	239	239	224	231	225
Brule	40	34	56	45	54	57	46	48	48	52
Buffalo	4	3	7	4	3	6	*	3	3	4
Butte	68	66	78	90	81	80	89	77	60	55
Campbell	5	4	6	8	6	8	6	7	9	7
Charles Mix	41	52	47	36	42	46	58	42	50	54
Clark	23	23	20	27	22	18	21	12	23	16
Clay	110	79	61	71	67	77	86	75	74	90
Codington	180	203	200	207	219	224	268	236	228	245
Corson	11	17	25	25	20	22	30	19	30	21
Custer	174	156	194	181	162	152	137	131	115	123
Davison	115	133	136	120	127	139	156	153	138	153
Day	29	26	34	34	31	40	29	26	36	40
Deuel	34	45	31	38	36	36	31	31	27	39
Dewey	15	24	19	15	15	18	15	7	17	21
Douglas	17	23	20	21	18	20	20	21	25	20
Edmunds	21	24	18	12	19	16	20	17	20	25
Fall River	55	53	66	68	63	60	62	52	51	75
Faulk	9	8	6	15	13	12	20	11	13	8
Grant	40	46	49	52	60	60	67	58	78	88
Gregory	31	41	19	26	19	16	36	30	24	23
Haakon	11	8	9	9	10	17	8	5	9	18
Hamlin	25	33	32	33	31	40	25	37	33	32
Hand	13	19	22	28	12	13	24	20	21	8
Hanson	20	21	15	17	15	6	12	15	14	8
Harding	8	10	7	7	3	9	5	11	8	*
Hughes	122	116	123	122	116	106	109	98	124	137
Hutchinson	30	36	23	39	29	39	33	34	34	31

Table 5 (continued)
Marriages Occurring in South Dakota by County of Occurrence and Year of Marriage, 2008-2017

County	Year of Marriage									
	2017	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**
Hyde	7	4	3	3	3	9	7	6	*	5
Jackson	13	11	11	15	14	11	14	18	9	8
Jerauld	*	6	5	10	15	7	10	10	10	10
Jones	3	6	5	*	6	3	6	5	6	6
Kingsbury	10	28	19	14	22	22	27	31	34	36
Lake	71	83	74	76	83	89	64	81	93	71
Lawrence	459	450	474	448	482	487	466	454	461	485
Lincoln	287	218	167	178	196	155	147	168	149	173
Lyman	14	22	22	17	19	14	16	21	15	17
McCook	31	24	30	31	21	36	24	24	23	31
McPherson	14	8	11	10	7	9	9	7	7	10
Marshall	25	37	28	23	31	33	20	33	27	31
Meade	253	261	321	238	264	204	216	218	208	188
Mellette	23	29	30	19	17	29	21	30	21	18
Miner	13	9	6	9	11	9	14	16	13	8
Minnehaha	1,373	1,522	1,529	1,494	1,367	1,492	1,398	1,321	1,333	1,324
Moody	29	22	36	26	40	46	43	37	43	49
Oglala Lakota	5	6	10	13	8	4	6	6	5	7
Pennington	737	832	786	774	768	863	893	891	850	932
Perkins	11	19	20	19	20	22	16	13	11	17
Potter	8	17	7	18	18	12	18	8	18	11
Roberts	86	91	91	77	85	116	100	104	104	113
Sanborn	10	13	10	10	8	13	7	8	6	9
Spink	32	29	32	29	20	22	33	24	24	22
Stanley	27	24	14	13	18	24	25	20	28	16
Sully	5	6	5	6	4	3	5	*	*	6
Todd	22	14	12	11	13	11	15	19	22	24
Tripp	30	34	28	33	28	36	25	34	31	35
Turner	43	47	45	55	51	34	38	44	36	37
Union	130	175	157	148	146	169	151	189	176	185
Walworth	31	39	26	37	30	32	50	26	16	30
Yankton	181	183	171	149	162	184	180	155	162	190
Ziebach	*	7	6	*	4	9	5	3	*	6

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

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Table 6
Divorces Occurring in South Dakota by County of Occurrence and Year of Divorce, 2008-2017

	Year of Divorce									
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Total	**2,340**	**2,400**	**2,252**	**2,374**	**2,450**	**2,550**	**2,694**	**2,774**	**2,686**	**2,459**
County										
Aurora	7	3	4	5	5	7	6	4	9	6
Beadle	51	48	55	67	52	57	70	78	61	57
Bennett	4	4	3	3	*	4	*	*	5	*
Bon Homme	15	15	15	16	9	15	10	14	18	17
Brookings	66	66	83	57	79	85	93	91	75	75
Brown	125	108	86	86	119	127	138	146	116	103
Brule	14	14	16	19	21	13	17	10	19	13
Buffalo	*	*	*	*	*	*	*	*	*	*
Butte	35	38	35	42	35	35	31	40	51	39
Campbell	*	*	*	*	4	5	*	5	*	*
Charles Mix	10	7	12	11	5	11	12	13	9	9
Clark	5	10	8	9	9	*	8	17	7	6
Clay	27	32	38	40	39	50	36	35	44	34
Codington	87	91	73	92	103	79	96	125	93	109
Corson	4	4	5	*	3	3	*	5	*	*
Custer	31	29	30	21	20	13	32	31	33	23
Davison	51	60	47	58	49	63	68	68	56	69
Day	13	12	11	11	8	11	10	12	16	11
Deuel	10	10	4	13	15	12	13	12	9	13
Dewey	*	*	4	*	4	3	6	4	*	*
Douglas	*	5	7	5	*	9	5	5	6	6
Edmunds	6	15	6	10	8	12	12	8	13	5
Fall River	25	29	23	23	35	36	20	30	25	39
Faulk	5	4	*	5	*	5	3	3	6	3
Grant	10	14	16	17	20	19	22	10	18	16
Gregory	13	10	11	8	10	6	6	5	6	5
Haakon	*	10	*	*	5	6	3	6	7	*
Hamlin	13	13	4	3	12	8	14	14	10	5
Hand	*	11	6	5	10	4	10	8	12	9
Hanson	3	*	5	*	4	*	5	*	4	5
Harding	6	*	3	*	4	3	4	*	*	5
Hughes	62	54	49	43	62	58	64	61	62	42
Hutchinson	11	17	9	18	10	9	16	15	10	12

Table 6 (continued)
Divorces Occurring in South Dakota by County of Occurrence and Year of Divorce, 2008-2017

	Year of Divorce									
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
County										
Hyde	*	*	4	4	4	5	3	3	*	*
Jackson	7	3	3	3	*	5	3	3	6	5
Jerauld	7	3	6	3	8	10	14	6	5	*
Jones	*	*	*	5	5	*	5	*	5	*
Kingsbury	12	13	14	7	12	17	10	16	17	8
Lake	39	29	31	21	32	28	22	36	28	28
Lawrence	77	85	74	90	80	94	109	95	82	68
Lincoln	129	139	111	147	143	142	156	128	115	139
Lyman	4	*	3	3	4	6	4	4	10	7
McCook	12	16	15	21	11	17	7	15	16	15
McPherson	5	4	3	5	*	5	6	10	4	5
Marshall	7	13	8	10	11	11	10	13	8	8
Meade	84	77	99	65	83	90	107	83	128	93
Mellette	*	4	4	*	*	3	*	4	*	*
Miner	*	4	4	8	6	5	3	7	7	6
Minnehaha	611	634	586	610	593	591	662	693	619	637
Moody	12	9	15	13	10	16	16	14	16	17
Oglala Lakota	*	*	*	*	*	*	*	*	3	*
Pennington	432	432	406	452	442	481	478	515	548	463
Perkins	*	*	*	*	3	7	*	*	*	*
Potter	5	4	3	5	3	7	*	4	7	8
Roberts	20	9	11	11	18	20	19	18	11	18
Sanborn	*	3	4	5	6	12	7	9	8	5
Spink	14	18	17	23	17	16	17	15	23	11
Stanley	12	14	7	*	5	10	7	14	9	4
Sully	*	8	4	3	*	*	5	5	5	*
Todd	3	5	3	*	*	*	*	3	3	*
Tripp	6	10	11	11	7	20	10	9	18	7
Turner	17	13	20	17	31	27	36	21	28	24
Union	40	35	38	51	61	46	46	46	53	53
Walworth	3	12	8	10	14	9	15	14	21	12
Yankton	52	60	62	65	69	71	73	89	72	65
Ziebach	*	*	*	*	*	*	*	*	*	*

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

Natality

An Overview: 2017	
Total Resident Live Births	12,128
Crude Birth Rate per 1,000 Population	13.9
Median Live Birth Weight (Grams)	3,374
Low Weight Births (Less than 2,500 grams)	841
Percent Low Birth Weight	6.9%
Mean Age of Mother	28
No Prenatal Care	1.1%

Resident births decreased by less than one percent from 2016 when there were 12,270 births. In 2017, 50.4 percent of the babies born were male and 49.6 percent were female. Racially, white births were 50.5 percent male and 49.5 percent female; American Indian births were 50.1 percent male, 49.9 percent female.

The low birth weight rate per 1,000 live births increased from 67.6 in 2016 to 69.3 in 2017. This was a 2.5 percent increase from the 2016 low birth weight rate.

There were 12,128 births to South Dakota residents in 2017, for a crude birth rate of 13.9 per 1,000 South Dakota resident population.

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

Table 7
Resident Live Births and Crude Birth Rates,
South Dakota and United States, 2003-2017

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2017	*3,853,472	*11.8	12,128	13.9
2016	3,945,875	12.2	12,270	14.2
2015	3,978,497	12.4	12,323	14.4
2014	3,988,076	12.5	12,281	14.4
2013	3,932,181	12.4	12,243	14.5
2012	3,952,841	12.6	12,092	14.5
2011	3,953,590	12.7	11,834	14.4
2010	3,999,386	13.0	11,795	14.5
2009	4,130,665	13.5	11,930	14.7
2008	4,247,694	14.0	12,074	15.0
2007	4,316,223	14.3	12,253	15.4
2006	4,265,555	14.2	11,914	15.1
2005	4,138,349	14.0	11,466	14.7
2004	4,112,052	14.0	11,339	14.6
2003	4,089,950	14.1	11,022	14.4

Note: *U.S. 2017 data are provisional.
       Crude birth rates are per 1,000 population.
Sources: National Center for Health Statistics
          South Dakota Department of Health, Office of Health Statistics

Births by Race

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

Single-race white
Single-race American Indian
Single-race black
Two or more races

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

Table 8, below, shows the number and percent of resident births by mother's race since 2008. In 2017, the number of births to whites decreased by 2.5 percent, the number of births to American Indians increased by 0.7 percent, the number of births to blacks increased 11.4 percent and the number of births to two or more races increased by 10.6 percent.

Table 8
South Dakota Resident Live Births by Mother's Race, 2008-2017

Births		White		American Indian		Black		Two or More Races		Other		Not Stated	
Year	Num	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	12,128	9,002	74.2	1,859	15.5	410	3.4	440	3.7	265	2.2	152	-
2016	12,270	9,230	75.2	1,846	15.0	368	3.0	398	3.2	279	2.3	149	-
2015	12,323	9,065	75.2	1,988	16.5	270	2.2	442	3.7	287	2.3	271	-
2014	12,281	9,175	76.4	1,889	15.7	299	2.5	412	3.4	236	1.9	270	-
2013	12,243	9,142	76.2	1,956	16.3	283	2.4	365	3.0	258	2.1	239	-
2012	12,092	9,111	76.5	1,936	16.3	278	2.3	399	3.3	187	1.5	181	-
2011	11,834	8,921	76.5	1,953	16.8	240	2.1	340	2.9	204	1.7	176	-
2010	11,795	9,245	78.5	1,835	15.6	228	1.9	326	2.8	146	1.2	15	-
2009	11,930	9,330	78.3	1,885	15.8	218	1.8	341	2.9	141	1.2	15	-
2008	12,074	9,432	78.2	1,992	16.5	185	1.5	302	2.5	145	1.2	18	-

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

Multiple Births

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

Table 9
South Dakota Resident Multiple Live Births, 2008-2017

Year of Birth	Twins	Triplets or More
2017	208	4
2016	212	7
2015	187	4
2014	192	4
2013	178	5
2012	175	2
2011	166	2
2010	176	6
2009	144	4
2008	208	3

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

Marital Status

In 2017, the majority of women who gave birth, 62.8 percent, were married as displayed in Table 10 below. When looking at the data by race, American Indian women have consistently had the highest percent of births out of wedlock with 83.9 percent in 2017.

Table 10
South Dakota Resident Births Out of Wedlock by Year of Birth and Race, 2008-2017

Year	All Races Num	All Races %	White Num	White %	American Indian Num	American Indian %	Black Num	Black %	Two or More Races Num	Two or More Races %	Other Num	Other %
2017	4,506	37.2	2,351	26.1	1,559	83.9	179	43.7	289	65.7	52	19.6
2016	4,519	36.8	2,418	26.2	1,566	84.9	163	44.3	251	63.1	59	21.1
2015	4,571	37.1	2,336	25.8	1,658	83.6	108	40.0	281	63.6	48	16.7
2014	4,623	37.7	2,440	26.6	1,583	84.1	138	46.2	274	66.5	54	22.9
2013	4,669	38.1	2,483	27.2	1,653	84.5	125	44.2	245	67.1	42	16.3
2012	4,671	38.6	2,530	27.8	1,631	84.2	131	47.2	251	62.9	36	19.3
2011	4,597	38.8	2,461	27.6	1,662	85.1	109	45.4	226	66.5	48	23.5
2010	4,427	37.5	2,570	27.8	1,522	82.9	91	39.9	205	62.9	34	23.3
2009	4,573	38.3	2,644	28.3	1,543	81.9	115	52.8	238	69.8	28	19.9
2008	4,633	38.4	2,647	28.1	1,650	82.8	93	50.3	195	64.6	34	23.4

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

Birth Weight

Table 11, below, indicates that in 2017 the majority of births fell into the 3,000 to 3,499 gram range. This is consistent with data from the past several years. There were 841 low weight births or 6.9 percent of all South Dakota resident live births in 2017. When looking at race, 6.7 percent of white babies, 7.8 percent of American Indian babies, and 9.0 percent of black babies were low birth weight in 2017. In 2016, white, American Indian, and black low birth weight births were 6.2, 8.1, and 10.3 percent, respectively. Table 12, on the next page, compares the birth weights of infants for the past 10 years.

Table 11
South Dakota Resident Live Births by Birth Weight and Mother's Race, 2017

Birth Weight (in Grams)	Total Num	Total %	White Num	White %	American Indian Num	American Indian %	Black Num	Black %	Two or More Races Num	Two or More Races %	Other Num	Other %
<2,000	313	2.6	218	2.4	61	3.3	17	4.1	6	1.4	8	3.0
2,000-2,499	528	4.4	381	4.2	84	4.5	20	4.9	19	4.3	21	7.9
2,500-2,999	1,908	15.7	1,367	15.2	267	14.4	80	19.5	88	20.0	73	27.5
3,000-3,499	4,569	37.7	3,439	38.2	642	34.6	166	40.5	151	34.3	102	38.5
3,500-3,999	3,620	29.9	2,730	30.3	572	30.8	102	24.9	131	29.8	51	19.2
4,000-4,499	1,006	8.3	752	8.4	177	9.5	21	5.1	40	9.1	9	3.4
4,500+	183	1.5	115	1.3	55	3.0	4	1.0	5	1.1	1	0.4
Not Stated	1	-	0	-	1	-	0	-	0	-	0	-
Total	**12,128**	**100**	**9,002**	**100**	**1,859**	**100**	**410**	**100**	**440**	**100**	**265**	**100**
Median birth weight in grams	3,374		3,380		3,420		3,238		3,355		3,150	
Mean birth weight in grams	3,333		3,339		3,369		3,196		3,337		3,113	
Modal birth weight in grams	3,430		3,220		3,430		3,180		2,920		3,070	

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

Table 12
South Dakota Resident Births by Birth Weight and Year of Birth, 2008-2017

Year	Total Births		< 2500 Grams		2500 + Grams		Not Stated	
	Num	%	Num	%	Num	%	Num	%
2017	12,128	100	841	6.9	11,286	93.1	1	-
2016	12,270	100	830	6.8	11,440	93.2	0	-
2015	12,323	100	759	6.2	11,563	93.8	1	-
2014	12,281	100	805	6.6	11,474	93.4	2	-
2013	12,243	100	770	6.3	11,468	93.7	5	-
2012	12,092	100	751	6.2	11,338	93.8	3	-
2011	11,834	100	746	6.3	11,084	93.7	4	-
2010	11,795	100	811	6.9	10,981	93.1	3	-
2009	11,930	100	700	5.9	11,228	94.1	2	-
2008	12,074	100	783	6.5	11,283	93.5	8	-

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

Table 13, below, compares the low birth weight babies by race of mother. In 2017, there were 599 (6.7%) low birth weight babies born to white women. For American Indian women there were 145 (7.8%) low birth weight babies and for black women there were 37 (9.0%) low birth weight babies. In 2017, there was an 8.1 percent increase in white low birth weight babies, a 3.7 percent decrease in American Indian low birth weight babies, and a 12.6 percent decrease in black low birth weight babies.

Table 13
South Dakota Resident Low Birth Weight Births by Race of Mother, 2008-2017

Year	Mother's Race					
	Total	White	American Indian	Black	Two or More Races	Other
2017	6.9%	6.7%	7.8%	9.0%	5.7%	10.9%
2016	6.8%	6.2%	8.1%	10.3%	7.5%	7.9%
2015	6.2%	5.7%	7.2%	5.9%	8.6%	8.7%
2014	6.6%	6.3%	7.0%	10.4%	6.3%	6.8%
2013	6.3%	5.9%	6.8%	8.1%	6.3%	8.9%
2012	6.2%	5.7%	7.8%	10.4%	6.5%	8.0%
2011	6.3%	5.8%	6.8%	12.5%	7.9%	10.3%
2010	6.9%	6.9%	6.1%	10.1%	6.7%	9.6%
2009	5.9%	5.6%	5.9%	13.8%	6.2%	9.2%
2008	6.5%	6.2%	6.7%	11.9%	7.0%	10.3%

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

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

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

Figure 2
South Dakota Resident Live Births by Gestation and Median Birth Weight, 2013-2017
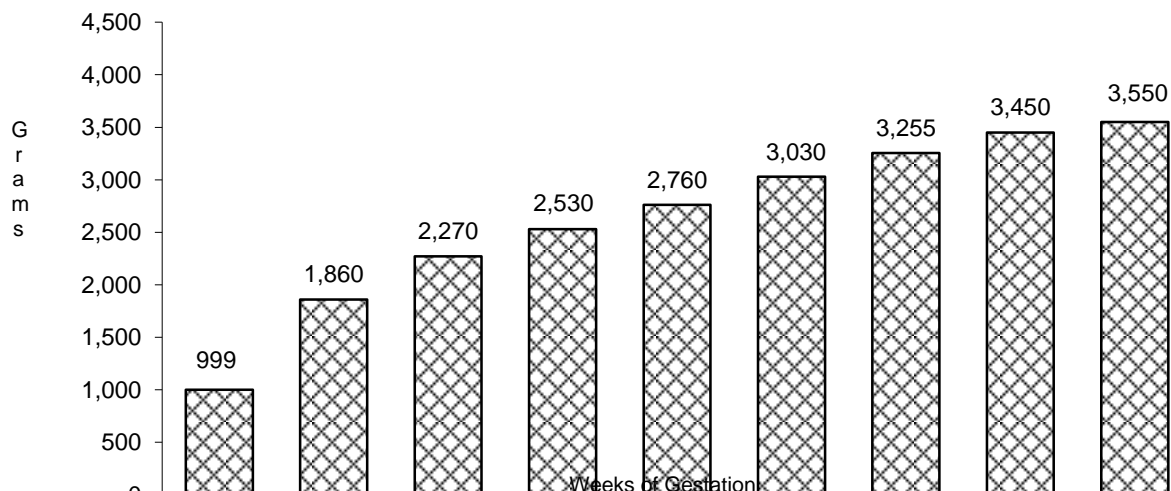
Source: South Dakota Department of Health, Office of Health Statistics

Table 14, below, displays resident births by year of birth and weeks of gestation. In 2017, the majority of births, 60.5 percent, occurred between 37 to 39 weeks of gestation. This is consistent with the past several years.

Table 14
South Dakota Resident Births by Year of Birth and Weeks of Gestation, 2008-2017

Year	Total		<35		35-36		37-39		40+		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	12,128	100	432	3.6	693	5.7	7,333	60.5	3,657	30.2	13	-
2016	12,270	100	399	3.3	699	5.7	7,366	60.1	3,796	31.0	10	-
2015	12,323	100	385	3.1	665	5.4	7,268	59.1	3,990	32.4	15	-
2014	12,281	100	416	3.4	622	5.1	7,310	59.7	3,894	31.8	39	-
2013	12,243	100	373	3.1	618	5.1	7,069	57.9	4,157	34.0	26	-
2012	12,092	100	373	3.1	572	4.7	6,734	55.8	4,393	36.4	20	-
2011	11,834	100	379	3.2	561	4.7	6,730	56.9	4,151	35.1	13	-
2010	11,795	100	412	3.5	600	5.1	6,764	57.5	3,996	33.9	23	-
2009	11,930	100	335	2.8	608	5.1	6,787	57.0	4,177	35.1	23	-
2008	12,074	100	382	3.2	660	5.5	7,031	58.4	3,971	33.0	30	-

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

Tobacco Use

Table 15, below, displays the percent of mothers who smoked during the past 10 years. In 2017, 18.1 percent stated they smoked three months prior to pregnancy, and 12.6 percent smoked anytime during their pregnancy.

Table 15
South Dakota Resident Live Births by Cigarette Smoking Status, 2008-2017

Year	Mother's Smoking Status				
	Three Months Prior to Pregnancy	First Trimester	Second Trimester	Third Trimester	Anytime During Pregnancy
2017	18.1%	12.2%	9.7%	8.8%	12.6%
2016	19.5%	13.2%	10.1%	9.2%	13.6%
2015	20.9%	13.6%	10.4%	9.5%	14.0%
2014	21.7%	14.4%	11.1%	10.2%	14.8%
2013	22.5%	14.6%	11.4%	10.5%	15.1%
2012	24.0%	16.0%	12.5%	11.4%	16.5%
2011	24.4%	16.1%	12.5%	11.5%	16.9%
2010	24.5%	16.4%	12.8%	11.9%	17.1%
2009	26.2%	17.7%	13.7%	13.0%	18.5%
2008	25.9%	17.7%	14.0%	13.2%	18.5%

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

Table 16, on the next page, displays the percent of mothers who smoked prior to pregnancy by their smoking status during pregnancy since 2008.

The largest percentage of women stated they never quit smoking during their pregnancy with 45.8 percent in 2017.

Table 16
South Dakota Resident Births to Mothers Who Smoked Prior to Pregnancy by Smoking Status During Pregnancy, 2008-2017

Year	Quit before becoming pregnant	Quit before second trimester	Quit before third trimester	Never quit	Stopped at some point during pregnancy, but started again before giving birth
2017	32.0%	13.5%	6.4%	45.8%	2.2%
2016	31.5%	15.8%	6.4%	44.3%	2.1%
2015	33.9%	15.0%	6.1%	42.9%	2.2%
2014	32.3%	15.5%	5.5%	44.4%	2.3%
2013	33.8%	14.0%	5.9%	43.5%	2.8%
2012	32.3%	14.4%	6.1%	44.6%	2.6%
2011	32.5%	15.0%	6.0%	43.6%	3.0%
2010	31.2%	14.7%	5.6%	45.1%	3.4%
2009	31.0%	15.0%	5.0%	46.0%	3.0%
2008	31.0%	13.4%	5.4%	47.2%	3.0%

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

Mother's Age and Race

Table 17, below, displays that women aged 25 to 29 accounted for the largest percentage of South Dakota resident births in 2017, at 33.2 percent. Women less than 20 years of age comprised 5.1 percent of the total resident births.

The median ages for white, American Indian, and black mothers were 29, 25, and 29 years of age, respectively. The modal ages for the same race groups were 28, 24, and 28 years of age, respectively.

Table 17
South Dakota Resident Live Births by Mother's Age and Race, 2017

Age of Mother	Total		White		American Indian		Black		Two or More Races		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Less than 18	155	1.3	51	0.6	85	4.6	1	0.2	11	2.5	2	0.8
18-19 Years	467	3.9	242	2.7	162	8.7	11	2.7	30	6.8	7	2.6
20-24 Years	2,493	20.6	1,571	17.5	593	31.9	86	21.0	155	35.2	53	20.0
25-29 Years	4,023	33.2	3,090	34.3	546	29.4	126	30.7	140	31.8	82	30.9
30-34 Years	3,401	28.0	2,785	30.9	309	16.6	126	30.7	67	15.2	75	28.3
35-39 Years	1,342	11.1	1,078	12.0	131	7.0	45	11.0	32	7.3	37	14.0
40 & over	247	2.0	185	2.1	33	1.8	15	3.7	5	1.1	9	3.4
Total	**12,128**	**100**	**9,002**	**100**	**1,859**	**100**	**410**	**100**	**440**	**100**	**265**	**100**

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

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

Table 18
South Dakota Resident Live Births by Mother's Age and Year of Birth, 2008-2017

Year	Total Births		< 18		18-19		20-24		25-29		30-34		35-39		40+	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	12,128	100	155	1.3	467	3.9	2,493	20.6	4,023	33.2	3,401	28.0	1,342	11.1	247	2.0
2016	12,270	100	208	1.7	481	3.9	2,615	21.3	4,166	34.0	3,312	27.0	1,255	10.2	233	1.9
2015	12,323	100	161	1.3	565	4.6	2,746	22.3	4,172	33.9	3,331	27.0	1,130	9.2	218	1.8
2014	12,281	100	223	1.8	519	4.2	2,778	22.6	4,161	33.9	3,251	26.5	1,148	9.3	201	1.6
2013	12,243	100	224	1.8	598	4.9	2,885	23.6	4,184	34.2	3,027	24.7	1,123	9.2	202	1.6
2012	12,092	100	272	2.2	665	5.5	2,950	24.4	4,105	33.9	2,905	24.0	1,001	8.3	194	1.6
2011	11,834	100	256	2.2	718	6.1	2,877	24.3	4,023	34.0	2,740	23.2	988	8.3	232	2.0
2010	11,795	100	269	2.3	714	6.1	2,989	25.3	4,033	34.2	2,638	22.4	959	8.1	193	1.6
2009	11,930	100	313	2.6	789	6.6	3,151	26.4	3,903	32.7	2,599	21.8	960	8.0	215	1.8
2008	12,074	100	358	3.0	772	6.4	3,250	26.9	3,988	33.0	2,551	21.1	956	7.9	198	1.6

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

Figure 3, below, displays the percent of South Dakota resident live births on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for the past 10 years. In 2017, 31.0 percent of mothers were on WIC during their pregnancy.

Figure 3
South Dakota Resident Live Births by WIC Status, 2008-2017
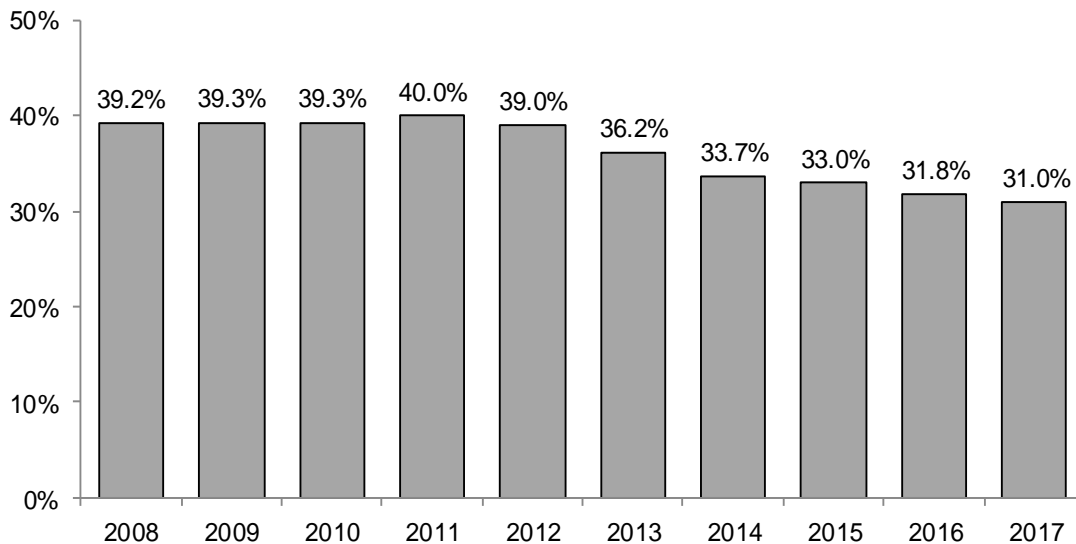
Source: South Dakota Department of Health, Office of Health Statistics

Figure 4, below, displays the percent of mothers breastfeeding at time of hospital discharge. The percent of women who were breastfeeding at time of discharge increased slightly from 80.0 percent in 2016 to 80.1 percent in 2017.

Figure 4
South Dakota Resident Live Births by Breastfeeding Status at Time of Discharge, 2008-2017
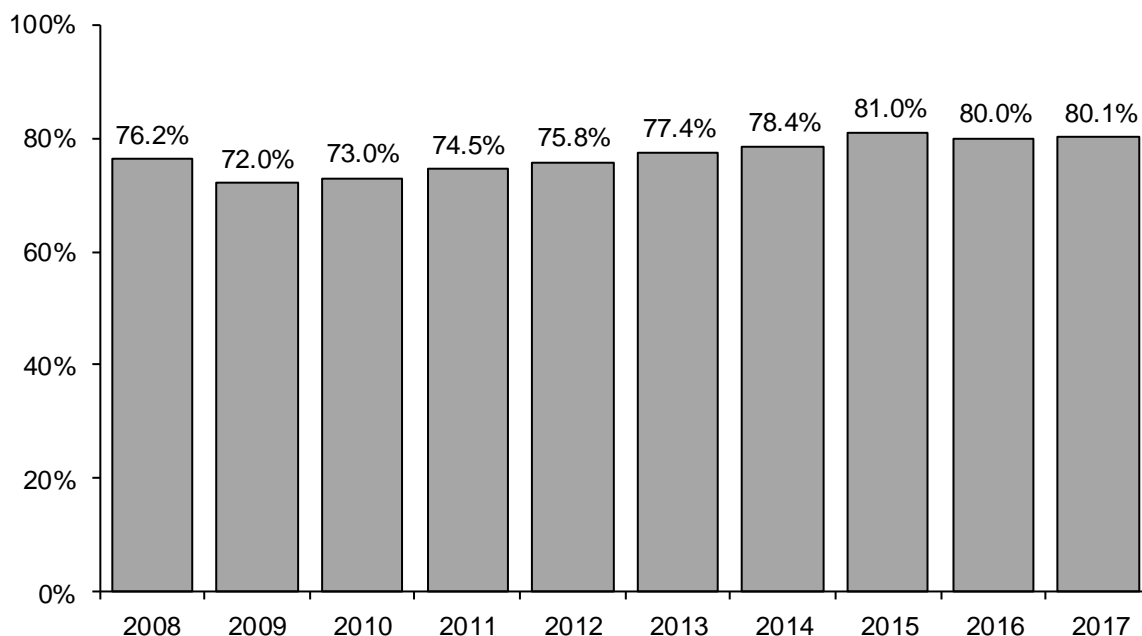
Source: South Dakota Department of Health, Office of Health Statistics

Table 19, below, displays South Dakota resident teen births (15 to 17 years old) by race from 2008 to 2017. In 2017, the teen birth rate was 9.1, down from the 2016 rate of 12.5. When looking at race, the white teen birth rate was 3.8 compared to a teen birth rate of 35.0 for American Indians in 2017.

Table 19
South Dakota Resident Teen Births and Rates by Year and Mother's Race, 2008-2017

Year	Total		White		American Indian		Black		Two or More Races		Other	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2017	147	9.1	48	3.8	80	35.0	1	3.0	11	16.5	2	6.6
2016	200	12.5	74	5.9	97	43.8	4	13.0	16	24.2	5	16.2
2015	153	9.5	52	4.1	78	34.9	2	6.8	10	15.0	4	13.2
2014	216	13.2	95	7.4	88	40.2	8	19.3	15	23.1	1	3.8
2013	214	13.2	84	6.5	96	43.3	5	13.8	19	31.0	2	9.0
2012	264	16.4	117	9.2	105	48.6	6	17.8	28	47.0	2	9.0
2011	245	15.2	103	8.0	112	52.2	4	15.5	19	32.9	1	4.5
2010	259	15.8	130	9.9	112	50.1	2	7.7	14	23.6	1	4.9
2009	303	18.5	147	11.1	114	48.9	15	56.4	26	64.0	1	8.0
2008	345	20.7	151	11.2	158	67.7	5	20.5	27	64.6	2	17.2

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

Prenatal Care

Table 20, below, shows the number of South Dakota resident live births by when the mothers started prenatal care in 2017. Just over 72.0 percent of mothers started care in the first trimester – 78.5 percent of white mothers, 48.1 percent of American Indian mothers, and 61.1 percent of black mothers. Overall, 1.1 percent failed to obtain prenatal care at all (0.5 percent of white mothers, 4.4 percent of American Indian mothers, and 0.5 percent of black mothers).

Table 20
South Dakota Resident Live Births by Trimester Prenatal Care Began and Mother's Race, 2017

Trimester Prenatal Care Began	Total		Race of Mother									
			White		American Indian		Black		Two or More Races		Other	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
First	8,632	72.2	7,007	78.5	853	48.1	248	61.1	285	66.3	147	55.9
Second	2,531	21.2	1,571	17.6	586	33.0	119	29.3	110	25.6	100	38.0
Third	657	5.5	301	3.4	258	14.5	37	9.1	31	7.2	16	6.1
None	129	1.1	45	0.5	78	4.4	2	0.5	4	0.9	0	0.0
Not Stated	179	-	78	-	84	-	4	-	10	-	2	-
Total	**12,128**	**100**	**9,002**	**100**	**1,859**	**100**	**410**	**100**	**440**	**100**	**265**	**100**

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

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

The majority of mothers in all years began prenatal care in their first trimester.

Table 21
South Dakota Resident Live Births by Trimester Prenatal Care Began, 2008-2017

Year	Total		First		Second		Third		No Prenatal Care		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	12,128	100	8,632	72.2	2,531	21.2	657	5.5	129	1.1	179	-
2016	12,270	100	8,812	72.7	2,566	21.2	647	5.3	98	0.8	147	-
2015	12,323	100	8,813	72.8	2,579	21.3	610	5.0	107	0.9	214	-
2014	12,281	100	8,725	72.2	2,611	21.6	653	5.4	98	0.8	194	-
2013	12,243	100	8,645	72.0	2,676	22.3	609	5.1	73	0.6	240	-
2012	12,092	100	8,332	70.5	2,756	23.3	650	5.5	78	0.7	276	-
2011	11,834	100	8,085	69.7	2,805	24.2	632	5.5	75	0.6	237	-
2010	11,795	100	8,208	70.9	2,684	23.2	594	5.1	79	0.7	230	-
2009	11,930	100	7,841	66.9	3,076	26.2	719	6.1	88	0.8	206	-
2008	12,074	100	8,179	68.9	2,948	24.8	641	5.4	96	0.8	210	-

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

Payment Type

Table 22, below, displays the number of births by payment type for the past five years. In 2017 the majority of births, 59.3 percent, were paid by private insurance. The second highest payment type was Medicaid with 32.1 percent.

Table 22
South Dakota Resident Live Births by Payment Type, 2013-2017

Payment Type	Year									
	2013		2014		2015		2016		2017	
	Num	%	Num	%	Num	%	Num	%	Num	%
Private Insurance	6,850	56.2	6,975	57.1	7,259	59.0	7,431	60.7	7,160	59.3
Medicaid	4,078	33.5	3,906	32.0	3,831	31.2	3,806	31.1	3,867	32.1
Champus/Tricare	334	2.7	396	3.2	348	2.8	377	3.1	369	3.1
Self-Pay	348	2.9	359	2.9	379	3.1	348	2.8	360	3.0
Indian Health Service	382	3.1	408	3.3	386	3.1	204	1.7	246	2.0
Other Government	113	0.9	82	0.7	42	0.3	36	0.3	33	0.3
Other	80	0.7	82	0.7	48	0.4	34	0.3	30	0.2
Not Stated	58	-	73	-	30	-	34	-	63	-

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

Home Births

Figure 5, below, displays the number of intended home births for South Dakota residents in the past 10 years. In 2017, intended home births constituted less than one percent (0.7 percent) of South Dakota resident births.

Figure 5
South Dakota Resident Intended Home Births, 2008-2017
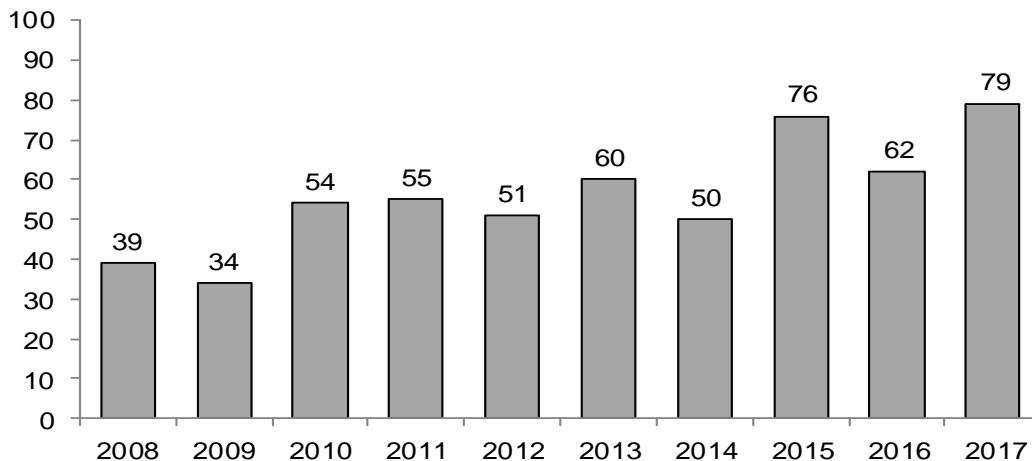
Source: South Dakota Department of Health, Office of Health Statistics

<u>Attendant at Birth</u>

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

Table 23
South Dakota Resident Live Births by Attendant at Birth, 2008-2017

Year	Total		Physician (MD, Resident, Intern)		Doctor of Osteopathy (DO)		Certified Nurse Midwife (CNM)		Nurse (RN, LPN, NC)		Licensed Certified Nurse Midwife		Other		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	12,128	100	9,928	81.9	1,145	9.4	857	7.1	71	0.6	46	0.4	77	0.6	4	-
2016	12,270	100	10,400	84.8	904	7.4	811	6.6	55	0.4	35	0.3	47	0.4	3	-
2015	12,323	100	10,630	86.3	669	5.4	844	6.8	66	0.5	53	0.4	52	0.4	0	-
2014	12,281	100	10,604	86.4	687	5.6	792	6.5	59	0.5	55	0.4	43	0.4	2	-
2013	12,243	100	10,560	87.3	569	4.7	770	6.4	60	0.5	63	0.5	81	0.7	140	-
2012	12,092	100	10,573	88.5	491	4.1	755	6.3	42	0.4	32	0.3	57	0.5	142	-
2011	11,834	100	10,471	88.5	423	3.6	699	5.9	148	1.3	29	0.2	60	0.5	4	-
2010	11,795	100	10,342	87.7	617	5.2	711	6.0	39	0.3	24	0.2	53	0.4	9	-
2009	11,930	100	10,603	89.1	418	3.5	759	6.4	50	0.4	12	0.1	62	0.5	26	-
2008	12,074	100	10,717	88.8	449	3.7	770	6.4	68	0.6	8	0.1	54	0.4	5	-

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

<u>Infections Present and/or Treated</u>

Table 24, below, displays resident births by infections present and/or treated during mother's pregnancy for the past five years. The majority of births, 95.4 percent in 2017, had no infections present or treated.

For all five years, chlamydia was the main infection present and/or treated during pregnancy. In 2017, chlamydia infections were present or treated in 2.5 percent of births.

Table 24
South Dakota Resident Live Births by Infections Present and/or Treated
During This Pregnancy and Year of Birth, 2013-2017

	Year of Birth									
	2013		2014		2015		2016		2017	
	Num	%	Num	%	Num	%	Num	%	Num	%
Chlamydia	310	2.5	299	2.4	324	2.6	312	2.5	306	2.5
Genital herpes*	156	1.3	165	1.3	178	1.4	190	1.5	166	1.4
Gonorrhea	38	0.3	38	0.3	54	0.4	52	0.4	64	0.5
Hepatitis C	19	0.2	22	0.2	43	0.3	32	0.3	37	0.3
Hepatitis B	15	0.1	16	0.1	19	0.2	22	0.2	23	0.2
Syphilis	4	0.0	12	0.1	5	0.0	6	0.0	15	0.1
Cytomegolovirus (CMV)	2	0.0	5	0.0	4	0.0	4	0.0	5	0.0
Rubella	5	0.0	4	0.0	0	0.0	2	0.0	2	0.0
Toxoplasmosis	0	0.0	3	0.0	5	0.0	1	0.0	1	0.0
No infections	11,707	95.8	11,710	95.6	11,712	95.3	11,688	95.3	11,565	95.4

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

Medical History Factors

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

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

Table 25
South Dakota Resident Live Births by Mother's Medical History Factors
and Year of Birth, 2013-2017

	Year of Birth									
	2013		2014		2015		2016		2017	
	Num	%	Num	%	Num	%	Num	%	Num	%
Mother had a previous cesarean delivery	1,673	13.7	1,655	13.5	1,864	15.2	1,739	14.2	1,680	13.9
Diabetes, gestational	775	6.3	904	7.4	962	7.8	954	7.8	951	7.8
Hypertension, gestational	493	4.0	578	4.7	619	5.1	724	5.9	749	6.2
Other previous poor pregnancy outcomes	438	3.6	519	4.2	481	3.9	573	4.7	552	4.6
Previous preterm births	370	3.0	322	2.6	370	3.0	403	3.3	381	3.2
Fertility-enhancing drugs, artificial insemination or intrauterine insemination	143	1.2	181	1.5	132	1.1	177	1.5	178	1.5
Hypertension, pre-pregnancy*	169	1.4	158	1.3	169	1.3	154	1.3	155	1.3
Diabetes, pre-existing	109	0.9	113	0.9	104	0.8	119	1.0	141	1.2
Hypertension, eclampsia	37	0.3	36	0.3	36	0.3	72	0.6	75	0.6
Assisted reproductive technology	53	0.4	45	0.4	40	0.3	70	0.6	72	0.6
No medical risk factors for this pregnancy	8,727	71.4	8,521	69.6	8,299	68.0	8,204	67.3	8,125	67.5

Note: *According to the National Center for Health Statistics, hypertension, pre-pregnancy is comparable with data prior to 2006.
Percentages may sum to more than 100 percent because multiple factors may be reported for a single birth.
Source: South Dakota Department of Health, Office of Health Statistics

Apgar Score

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

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

In 2017, 2.1 percent of South Dakota resident infants received five minute Apgar scores less than seven.

Considering race, 2.1 percent of white infants, 2.1 percent of American Indian infants, and 3.9 percent of black infants received a five-minute Apgar score less than seven in 2017.

Characteristics of Labor and Delivery

Table 26, below, lists the characteristics of labor and delivery for the past five years reported on South Dakota resident birth certificates. The four most prevalent characteristics in 2017 were epidural or spinal anesthesia with 55.4 percent, augmentation of labor with 31.0 percent, induction of labor with 30.3 percent, and antibiotics during labor with 27.9 percent. Overall characteristics of labor and delivery were present in 80.8 percent of resident births in 2017.

Table 26
South Dakota Resident Live Births by Characteristics of Labor and
Delivery and Year of Birth, 2013-2017

	Year of Birth									
	2013		2014		2015		2016		2017	
	Num	%	Num	%	Num	%	Num	%	Num	%
Epidural or spinal anesthesia	6,429	52.5	6,577	53.6	6,594	53.5	6,861	55.9	6,730	55.4
Augmentation of labor	3,435	28.1	3,693	30.1	3,712	30.2	3,754	30.7	3,755	31.0
Induction of labor*	3,240	26.5	3,158	25.7	3,219	26.1	3,553	28.9	3,680	30.3
Antibiotics during labor	3,403	27.8	3,420	27.9	3,394	27.6	3,334	27.2	3,383	27.9
Meconium staining of the amniotic fluid	1,020	8.3	1,009	8.2	1,125	9.2	835	6.8	1,023	8.5
Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	204	1.7	206	1.7	369	3.0	643	5.3	769	6.3
Fetal intolerance	615	5.0	449	3.7	583	4.8	686	5.6	660	5.5
Non-vertex presentation	488	4.0	490	4.0	500	4.1	568	4.7	545	4.5
Chorioamnioitis diagnosed during labor	113	0.9	132	1.1	158	1.3	144	1.2	149	1.2
None of the above	2,623	21.4	2,569	20.9	2,487	20.4	2,410	19.8	2,316	19.2

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

Obstetric Procedures

Table 27, below, shows obstetric procedures by year of birth for the past five years.

Tocolysis was the top obstetric procedure used for all years.

Table 27
South Dakota Resident Live Births by Obstetric Procedures and Year of Birth, 2013-2017

	Year of Birth									
	2013		2014		2015		2016		2017	
	Num	%	Num	%	Num	%	Num	%	Num	%
Tocolysis*	172	1.4	143	1.2	160	1.3	118	1.0	141	1.2
Cervical cerclage	51	0.4	34	0.3	26	0.2	40	0.3	42	0.3
External cephalic version-failed	24	0.2	29	0.2	36	0.3	38	0.3	33	0.3
External cephalic version-successful	25	0.2	17	0.1	26	0.2	40	0.3	28	0.2
No obstetric procedures	11,961	97.8	12,035	97.3	12,052	98.0	12,040	98.1	11,894	98.1

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

Onset of Labor

Table 28, below, displays the complications associated with the onset of labor for the past five years. The primary complication associated with onset of labor for mothers in 2017 was precipitous labor (< 3 hours). In 2017, 13.0 percent of births had a complication associated with the onset of labor.

Table 28
South Dakota Resident Live Births by Onset of Labor and Year of Birth, 2013-2017

	Year of Birth									
	2013		**2014**		**2015**		**2016**		**2017**	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
Precipitous labor (< 3 hours)*	613	5.0	664	5.4	653	5.3	676	5.5	812	6.7
Premature rupture of membranes	300	2.5	274	2.2	365	3.0	422	3.4	458	3.8
Prolonged labor (20 + hours)	359	2.9	508	4.1	459	3.7	469	3.8	359	3.0
None of the above	10,998	89.9	10,857	88.4	10,852	88.2	10,751	87.6	10,543	87.0

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

Maternal Complications

Table 29, below, illustrates the maternal complications for the past five years. The highest maternal complication in 2017 was third or fourth degree perineal laceration with 0.9 percent of births. Overall, maternal complications were present in 1.6 percent of resident births in 2017.

Table 29
South Dakota Resident Live Births by Maternal Complications and Year of Birth, 2013-2017

	Year of Birth									
	2013		**2014**		**2015**		**2016**		**2017**	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
Third or fourth degree perineal laceration	128	1.0	112	0.9	115	0.9	119	1.0	111	0.9
Maternal transfusion	58	0.5	55	0.4	42	0.3	43	0.4	48	0.4
Unplanned operating procedure following delivery	31	0.3	40	0.3	45	0.4	38	0.3	38	0.3
Admitted to intensive care	11	0.1	10	0.1	10	0.1	6	0.0	7	0.1
Ruptured uterus	4	0.0	4	0.0	4	0.0	3	0.0	7	0.1
Unplanned hysterectomy	5	0.0	6	0.0	7	0.1	3	0.0	4	0.0
None of the above	12,024	98.3	12,073	98.4	12,112	98.3	12,079	98.5	11,930	98.4

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

Methods of Delivery

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

Table 30
South Dakota Resident Births by Method of Delivery and Year of Birth, 2013-2017

	2013		2014		2015		2016		2017	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
Vaginal (Total)	**9,115**	**74.5**	**9,242**	**75.3**	**9,157**	**74.3**	**9,162**	**74.7**	**9,155**	**75.5**
Vaginal with no previous C-section	8,837	72.2	8,912	72.6	8,791	71.3	8,820	71.9	8,787	72.5
Vaginal after previous C-section	267	2.2	313	2.5	338	2.7	334	2.7	363	3.0
Vaginal (unknown previous types)	11	0.1	17	0.1	28	0.2	8	0.1	5	0.0
C-Section (Total)	**3,128**	**25.5**	**3,039**	**24.7**	**3,166**	**25.7**	**3,108**	**25.3**	**2,973**	**24.5**
Primary C-section	1,722	14.1	1,694	13.8	1,637	13.3	1,700	13.9	1,656	13.7
Repeat C-section	1,406	11.5	1,342	10.9	1,526	12.4	1,405	11.5	1,317	10.9
C-section (unknown previous types)	0	-	3	-	3	-	3	-	0	-

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

Table 31, below, displays the method of delivery by fetal presentation. The majority of births, 94.6 percent, were cephalic while 4.0 percent were breech.

When looking at primary C-section births, 22.1 percent were breech while 72.9 percent were cephalic.

Table 31
South Dakota Resident Births by Method of Delivery and Fetal Presentation, 2017

	Total		Cephalic		Breech		Other		Not Stated	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
Total	**12,128**	**100**	**11,473**	**94.6**	**486**	**4.0**	**167**	**1.4**	**2**	**-**
Vaginal (Total)	**9,155**	**100**	**9,076**	**99.1**	**43**	**0.5**	**34**	**0.4**	**2**	**-**
Vaginal with no previous C-section	8,787	100	8,711	99.2	41	0.5	33	0.4	2	-
Vaginal after previous C-section	363	100	360	99.2	2	0.6	1	0.3	0	-
Vaginal (unknown previous types)	5	100	5	100	0	-	0	-	0	-
C-Section (Total)	**2,973**	**100**	**2,397**	**80.6**	**443**	**14.9**	**133**	**4.5**		**-**
Primary C-section	1,656	100	1,207	72.9	366	22.1	83	5.0	0	-
Repeat C-section	1,317	100	1,190	90.4	77	5.8	50	3.8	0	-

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

<u>Abnormal Conditions of the Newborn</u>

Table 32, on the next page, shows abnormal conditions in newborns for the past five years. In 2017, 13.2 percent of South Dakota resident live birth certificates reported abnormal conditions of the newborn. Overall, NICU admission was the most frequently reported condition in 2017 followed by assisted ventilation required immediately following delivery.

Table 32
South Dakota Resident Live Births by Abnormal Conditions of Newborn and Year of Birth, 2013-2017

	Year of Birth									
	2013		**2014**		**2015**		**2016**		**2017**	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
NICU admission	1,189	9.7	1,245	10.1	1,224	9.9	1,241	10.1	1,243	10.3
Assisted ventilation required immediately following delivery	770	6.3	806	6.6	797	6.5	802	6.5	804	6.6
Antibiotics received by the newborn for suspected neonatal sepsis	644	5.3	621	5.1	628	5.1	596	4.9	580	4.8
Assisted ventilation required for more than 6 hrs	290	2.4	258	2.1	281	2.3	296	2.4	315	2.6
Newborn given surfactant replacement therapy	91	0.7	86	0.7	87	0.7	92	0.7	95	0.8
Significant birth injury	15	0.1	13	0.1	13	0.1	12	0.1	13	0.1
Seizure or serious neurologic dysfunction	9	0.1	11	0.1	9	0.1	11	0.1	9	0.1
None of the above	10,725	87.6	10,650	86.7	10,724	87.0	10,666	86.9	10,520	86.8

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

Congenital Anomalies

Table 33, below, displays congenital anomalies for the past five years. In 2017 the most prevalent congenital anomaly was chromosomal disorder followed by Down syndrome (Trisomy 21).

Table 33
South Dakota Resident Births with Reported Congenital Anomalies and Year of Birth, 2013-2017

	Year of Birth									
	2013		**2014**		**2015**		**2016**		**2017**	
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**
Chromosomal disorder	14	0.1	13	0.1	20	0.2	21	0.2	21	0.2
Down syndrome (Trisomy 21)*	15	0.1	17	0.1	8	0.1	15	0.1	20	0.2
Cyanotic congenital heart disease	13	0.1	16	0.1	8	0.1	15	0.1	13	0.1
Cleft palate alone	9	0.1	13	0.1	2	0.0	12	0.1	13	0.1
Hypospadias	16	0.1	10	0.1	6	0.0	17	0.1	12	0.1
Cleft lip with or without a cleft palate	16	0.1	14	0.1	11	0.1	25	0.2	11	0.1
Other craniofacial abnormality	22	0.2	16	0.1	13	0.1	17	0.1	10	0.1
Meningomyelocele/Spina bifida*	1	0.0	3	0.0	5	0.0	6	0.0	5	0.0
Gastroschisis	5	0.0	4	0.0	5	0.0	10	0.1	4	0.0
Limb reduction defect	1	0.0	4	0.0	6	0.0	8	0.1	4	0.0
Congenital diaphragmatic hernia	4	0.0	5	0.0	5	0.0	1	0.0	3	0.0
Omphalacele	1	0.0	2	0.0	2	0.0	1	0.0	2	0.0
Anencephaly*	1	0.0	2	0.0	0	0.0	1	0.0	0	0.0
At least one anomaly	98	0.8	97	0.8	79	0.6	121	1.0	96	0.8
None of the above	12,139	99.2	12,178	99.2	12,236	99.4	12,149	99.0	12,029	99.2

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

Infant Mortality

An Overview: 2017

Infant Deaths	
Number	94
Rate per 1,000 Live Births	7.75
Neonatal Deaths	
Number	67
Rate per 1,000 Live Births	5.52
Postneonatal Death	
Number	27
Rate per 1,000 Live Births	2.23

During 2017, there were 94 South Dakota resident infant deaths reported for an infant mortality rate of 7.75 per 1,000 live births. In comparison, there were 59 infant deaths in 2016, with the infant mortality rate of 4.81 per 1,000 live births.

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

Table 34
Resident Infant Deaths and Infant Mortality Rates,
South Dakota and United States, 1996-2017

Year	United States		South Dakota	
	Number	**Mortality Rate**	**Number**	**Mortality Rate**
2017	*NA	*NA	94	7.75
2016	23,161	5.87	59	4.81
2015	23,455	5.90	90	7.30
2014	23,215	5.82	73	5.94
2013	23,446	5.96	80	6.53
2012	23,629	5.98	104	8.60
2011	23,985	6.07	75	6.34
2010	24,586	6.15	83	7.04
2009	26,412	6.39	80	6.71
2008	28,059	6.61	100	8.28
2007	29,138	6.75	79	6.45
2006	28,527	6.69	82	6.88
2005	28,440	6.87	82	7.15
2004	27,936	6.79	93	8.20
2003	28,025	6.85	73	6.62
2002	28,034	6.97	70	6.54
2001	27,568	6.85	78	7.45
2000	27,200	6.70	57	5.51
1999	27,937	7.06	94	8.94
1998	28,371	7.20	92	8.95
1997	28,045	7.21	78	7.67
1996	28,487	7.32	60	5.73

Note: *U.S. 2017 data was not available at time of publication.
          Infant mortality rates are per 1,000 live births.
Source: National Center for Health Statistics
          South Dakota Department of Health, Office of Health Statistics

Figure 6
Resident Infant Mortality Rates, South Dakota and United States, 1996-2017
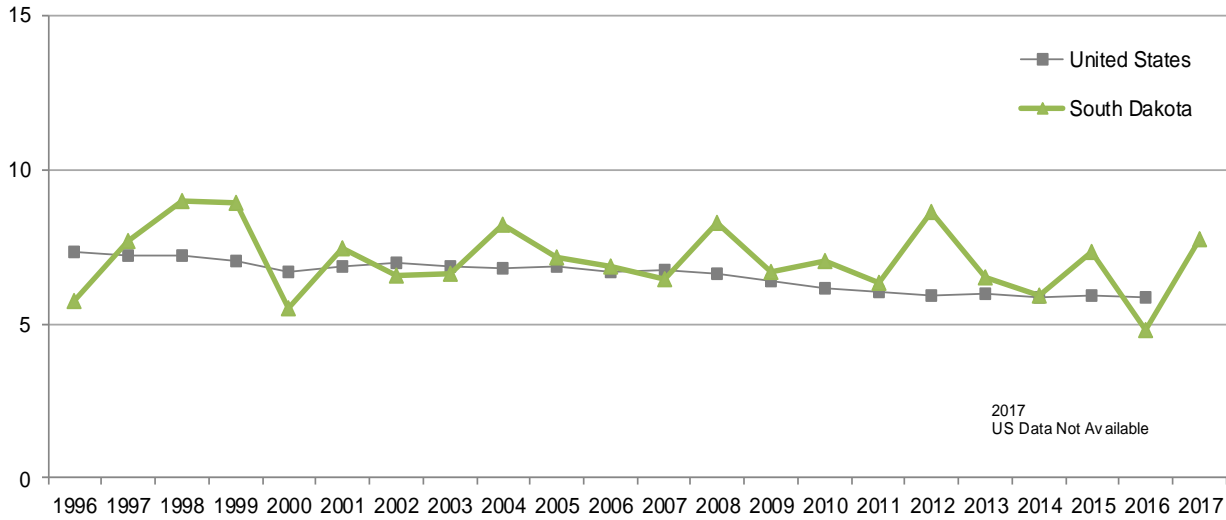
Note: Rate Per 1,000 Live Births. U.S. 2017 data is not available.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

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

Figure 7
Resident Infant Mortality Rates for South Dakota, 1996-2017
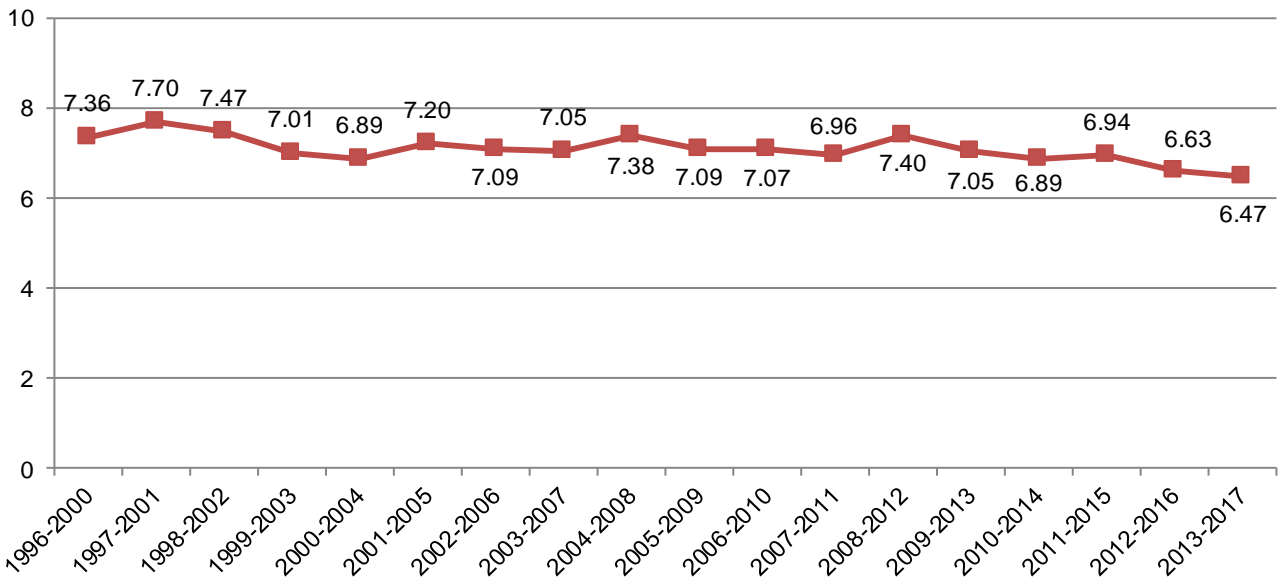
Note: Rate Per 1,000 Live Births.
Source: South Dakota Department of Health, Office of Health Statistics

Table 35, below, lists the overall leading causes of infant death in 2013-2017. The leading causes of infant death in 2017 can be broken down as follows: congenital malformations, 26.6 percent, extreme immaturity with 20.2 percent, and accidents with 10.6 percent.

Table 35
South Dakota Resident Leading Causes of Infant Death, 2013-2017

	Total	2013	2014	2015	2016	2017
Total Deaths	**396**	**80**	**73**	**90**	**59**	**94**
Congenital Malformations, Deformations, & Chromosomal Abnormalities (Q00-Q99)	**96**	**18**	**21**	**19**	**13**	**25**
Chromosomal abnormalities (Q90-Q99)	27	3	6	6	5	7
Edward's syndrome (Q91.0-Q91.3)	15	2	3	4	2	4
Patau's syndrome (Q91.4-Q91.7)	5	1	1	1	1	1
Congenital malformations of the nervous system (Q00-Q07)	19	3	7	2	3	4
Congenital malformations of the heart (Q20-Q24)	13	3	3	2	3	2
Congenital malformations and deformations of the musculoskeletal system (Q65-Q79)	13	4	1	4	1	3
Congenital diaphragmatic hernia (Q79.0)	8	2	1	3	0	2
Congenital malformations of the urinary system (Q60-Q64)	5	2	0	0	0	3
Multiple congenital anomalies (Q89.7)	5	0	2	1	0	2
Extreme immaturity and other preterm infants (Less than 37 comp wks of gestation) (P07.2-P07.3)	**63**	**16**	**10**	**11**	**7**	**19**
Accidents (V01-X59, Y85-Y86)	**44**	**8**	**7**	**11**	**8**	**10**
Accidental suffocation and strangulation in bed (W75)	29	1	5	10	6	7
Unspecified threat to breathing (W84)	9	4	2	0	1	2
Sudden Infant Death Syndrome (R95)	**34**	**9**	**5**	**11**	**6**	**3**
Ill-Defined and Unknown Causes of Mortality (R96-R99)	**21**	**2**	**4**	**7**	**5**	**3**
Newborn affected by other forms of placental separation and hemorrhage (P02.1)	**9**	**1**	**2**	**4**	**0**	**2**
Assault (homicide) (X85-Y09, Y87.1)	**9**	**1**	**2**	**2**	**2**	**2**
Primary atelectasis of newborn (P28.0)	**9**	**2**	**2**	**2**	**0**	**3**
Neonatal cardiac dysrhythmia (P29.1)	**8**	**1**	**1**	**3**	**2**	**1**
Influenza and Pneumonia (J09-J18)	**6**	**1**	**2**	**1**	**0**	**2**
Bacterial Sepsis of newborn, unspecified (P36.9)	**5**	**3**	**1**	**0**	**0**	**1**
All Other Causes	**92**	**18**	**16**	**19**	**16**	**23**

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

There were 67 neonatal deaths (deaths occurring to infants from birth through 27 days old) for a rate of 5.52 deaths per 1,000 live births. There were 27 postneonatal deaths (deaths occurring to infants 28 days to 1 year of age) for a rate of 2.23 deaths per 1,000 live births. In comparison, in 2016 neonatal and postneonatal rates were 2.53 and 2.28 per 1,000 live births, respectively.

Infant Mortality by Race

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

Single-race white
Single-race American Indian
Single-race black
Two or more races

The remaining single-race categories (Asian and Pacific Islander) are included in the totals but are not shown specifically in any tables.

Table 36a, below, indicates that from 2016 to 2017, the number of South Dakota resident infant deaths decreased for American Indians yet increased for white and black races. Table 36b, below, displays infant mortality grouped by five-year increments.

Table 36a
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, 2008-2017

Year	Race of Infant								Total	
	White		American Indian		Black		Two or more races			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2017	63	7.00	16	8.61	7	17.07	6	13.64	94	7.75
2016	33	3.58	21	11.38	3	8.15	2	5.03	59	4.81
2015	54	5.96	25	12.58	3	11.11	7	15.84	90	7.30
2014	40	4.36	23	12.18	3	10.03	7	16.99	73	5.94
2013	48	5.25	22	11.25	4	14.13	5	13.70	80	6.53
2012	58	6.37	26	13.43	3	10.79	10	25.06	104	8.60
2011	43	4.82	24	12.29	3	12.50	4	11.76	75	6.34
2010	54	5.84	19	10.35	1	4.39	8	24.54	83	7.04
2009	56	6.00	19	10.08	3	16.22	2	5.87	80	6.71
2008	60	6.36	29	14.56	2	10.36	9	29.80	100	8.28

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

Table 36b
South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2005-2017

Year	Race of Infant								Total	
	White		American Indian		Black		Two or more races			
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2013-2017	238	5.22	107	11.22	20	12.27	27	13.13	396	6.47
2012-2016	233	5.10	117	12.17	16	10.68	31	15.38	406	6.63
2011-2015	243	5.35	120	12.34	16	11.68	33	16.85	422	6.94
2010-2014	243	5.33	114	11.91	14	10.31	34	18.46	415	6.89
2009-2013	259	5.66	110	11.50	14	11.23	29	16.37	422	7.05
2008-2012	271	5.89	117	12.19	15	13.05	33	19.32	442	7.40
2007-2011	264	5.68	112	11.52	10	9.40	29	18.25	417	6.96
2006-2010	271	5.77	114	11.73	11	10.99	27	17.77	424	7.07
2005-2009	272	5.83	120	12.47	11	12.17	20	11.94	423	7.09

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

When analyzed by race, Table 37a, below, indicates that the South Dakota resident neonatal mortality rate per 1,000 live births increased for whites, American Indians, blacks, and two or more races from 2016 to 2017. The American Indian neonatal mortality rate has consistently been higher than white neonatal mortality rates for each year since 2008. In Table 37b, below, neonatal mortality is grouped in five-year increments. The neonatal mortality rate has shown little change since 2005.

Table 37a
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, 2008-2017

| Year | Race of Infant | | | | | | | | Total | |
| | White | | American Indian | | Black | | Two or more races | | | |
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Rate	Rate
2017	48	5.33	10	5.38	6	14.63	2	4.55	67	5.52
2016	22	2.38	8	4.33	0	0.00	1	2.51	31	2.53
2015	38	4.19	15	7.55	3	11.11	2	4.52	59	4.79
2014	29	3.16	8	4.24	1	3.34	4	9.71	42	3.42
2013	32	3.50	9	4.60	4	14.13	2	5.48	48	3.92
2012	43	4.72	15	7.75	1	3.60	6	15.04	69	5.71
2011	30	3.36	10	5.12	2	8.33	3	8.82	46	3.89
2010	37	4.00	14	7.63	0	0.00	4	12.27	56	4.75
2009	34	3.64	7	3.71	2	9.17	2	5.87	45	3.77
2008	40	4.24	12	6.02	2	10.81	7	23.18	61	5.05

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

Table 37b
South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, Five-Year Increments, 2005-2017

| Year | Race of Infant | | | | | | | | Total | |
| | White | | American Indian | | Black | | Two or more races | | | |
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Rate	Rate
2013-2017	169	3.71	50	5.24	14	8.59	11	5.35	247	4.03
2012-2016	164	3.59	55	5.72	9	6.01	15	7.44	249	4.07
2011-2015	172	3.79	57	5.86	11	8.03	17	8.68	264	4.34
2010-2014	171	3.75	56	5.85	8	6.02	19	10.31	261	4.33
2009-2013	176	3.85	55	5.75	9	7.22	17	9.60	264	4.41
2008-2012	184	4.00	58	6.04	7	6.09	22	12.88	277	4.64
2007-2011	178	3.83	52	5.35	7	6.58	20	12.59	259	4.32
2006-2010	178	3.79	52	5.35	7	6.99	18	11.85	256	4.27
2005-2009	182	3.90	47	4.88	8	8.85	15	8.96	252	4.23

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

Table 38a, below, indicates that the postneonatal mortality rate per 1,000 live births increased for white infants and infants of two or more races from 2016 to 2017. The black and American Indian postneonatal mortality rate decreased from 2016 to 2017. The American Indian postneonatal mortality rate has been consistently higher than white for each year since 2008. When looking at the data in five-year increments as shown in Table 38b, below, the postneonatal mortality has remained steady.

Table 38a
South Dakota Resident Postneonatal Deaths and Mortality Rates by
Infant's Race, 2008-2017

| Year | Race of Infant | | | | | | | | Total | |
| | White | | American Indian | | Black | | Two or more races | | | |
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2017	15	1.67	6	3.23	1	2.44	4	9.09	27	2.23
2016	11	1.19	13	7.04	3	8.15	1	2.51	28	2.28
2015	16	1.77	10	5.03	0	0.0	5	11.31	31	2.52
2014	11	1.20	15	7.94	2	6.69	3	7.28	31	2.52
2013	16	1.75	13	6.65	0	0.0	3	8.22	32	2.61
2012	15	1.65	11	5.68	2	7.19	4	10.03	35	2.89
2011	13	1.46	14	7.17	1	4.17	1	2.94	29	2.45
2010	17	1.84	5	2.72	1	4.39	4	12.27	27	2.29
2009	22	2.36	12	6.37	1	4.59	0	0.00	35	2.93
2008	20	2.12	17	8.53	0	0.0	2	6.62	39	3.23

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

Table 38b
South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race,
Five-Year Increments, 2005-2017

| Year | Race of Infant | | | | | | | | Total | |
| | White | | American Indian | | Black | | Two or more races | | | |
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Rate	Rate
2013-2017	69	1.51	57	5.98	6	3.68	16	7.78	149	2.43
2012-2016	69	1.51	62	6.45	7	4.67	16	7.94	157	2.56
2011-2015	71	1.56	63	6.48	5	3.65	16	8.17	158	2.60
2010-2014	72	1.58	58	6.06	6	4.52	15	8.14	154	2.56
2009-2013	83	1.81	55	5.75	5	4.01	12	6.78	158	2.64
2008-2012	87	1.89	59	6.15	5	4.35	11	6.44	165	2.76
2007-2011	86	1.85	60	6.17	3	2.82	9	5.66	158	2.64
2006-2010	93	1.98	62	6.38	4	4.00	9	5.92	168	2.80
2005-2009	90	1.93	73	7.59	3	3.32	5	2.99	171	2.87

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

Table 39, below, shows the leading causes of infant death from 2013 to 2017. The overall leading cause of infant death for South Dakota residents was congenital malformations, deformations, and chromosomal abnormalities, which accounted for 24.2 percent of all infant deaths in South Dakota from 2013 to 2017. The second leading cause of death was extreme immaturity with 15.9 percent.

When analyzed by race, the leading cause of death for white infants was congenital malformations, deformations, and chromosomal abnormalities with 31.1 percent of all white infant deaths. The leading cause of death for American Indian infants was a tie with accidents and sudden infant death syndrome each with 15.9 percent of all American Indian infant deaths. The leading cause of death for black infants was extreme immaturity with 35.0 percent of all black infant deaths.

Table 39
South Dakota Resident Infant Deaths by Cause of Death and Race, 2013-2017

	Total		Race							
			White		American Indian		Black		Two or More Races	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Total Deaths	396	6.47	238	5.22	107	11.22	20	12.27	27	13.13
Congenital Malformations, Deformations, & Chromosomal Abnormality (Q00-Q99)	96	1.57	74	1.62	13	1.36	4	2.45	3	1.46
Chromosomal abnormalities (Q90-Q99)	27	0.44	24	0.53	0	0.00	1	0.61	1	0.49
Edward's syndrome (Q91.0-Q91.3)	15	0.24	13	0.29	0	0.00	1	0.61	1	0.49
Patau's syndrome (Q91.4-Q91.7)	5	0.08	5	0.11	0	0.00	0	0.00	0	0.00
Congenital malformations of the nervous system (Q00-Q07)	19	0.31	10	0.22	7	0.73	1	0.61	1	0.49
Congenital malformations of the heart (Q20-Q24)	13	0.21	9	0.20	2	0.21	1	0.61	0	0.00
Congenital malformations and deformations of the musculoskeletal system (Q65-Q79)	13	0.21	12	0.26	0	0.00	0	0.00	1	0.49
Congenital diaphragmatic hernia (Q79.0)	8	0.13	7	0.15	0	0.00	0	0.00	1	0.49
Congenital malformations of the urinary system (Q60-Q64)	5	0.08	3	0.07	2	0.21	0	0.00	0	0.00
Multiple congenital anomalies (Q89.7)	5	0.08	5	0.11	0	0.00	0	0.00	0	0.00
Extreme immaturity and other preterm infants (Less than 37 comp wks of gestation) (P07.2-P07.3)	63	1.03	40	0.88	12	1.26	7	4.29	3	1.46
Accidents (V01-X59, Y85-Y86)	44	0.72	22	0.48	17	1.78	0	0.00	5	2.43
Accidental suffocation and strangulation in bed (W75)	29	0.47	15	0.33	12	1.26	0	0.00	2	0.97
Unspecified threat to breathing (W84)	9	0.15	6	0.13	2	0.21	0	0.00	1	0.49
Sudden Infant Death Syndrome (R95)	34	0.56	13	0.29	17	1.78	1	0.61	3	1.46
Ill-Defined and Unknown Causes of Mortality (R96-R99)	21	0.34	10	0.22	9	0.94	1	0.61	1	0.49
Newborn affected by other forms of placental separation and hemorrhage (P02.1)	9	0.15	4	0.09	5	0.52	0	0.00	0	0.00
Assault (homicide) (X85-Y09, Y87.1)	9	0.15	2	0.04	5	0.52	0	0.00	2	0.97
Primary atelectasis of newborn (P28.0)	9	0.15	4	0.09	5	0.52	0	0.00	0	0.00
Neonatal cardiac dysrhythmia (P29.1)	8	0.13	6	0.13	1	0.10	1	0.61	0	0.00
Influenza and Pneumonia (J09-J18)	6	0.10	2	0.04	2	0.21	1	0.61	1	0.49
Bacterial sepsis of newborn, unspecified (P36.9)	5	0.08	3	0.07	0	0.00	0	0.00	2	0.97
All Other Causes	92	1.50	58	1.27	21	2.20	5	3.07	7	3.40

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

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Infant Mortality and Birth Weight

Table 40, below, displays infant mortality rates by birth weight. The highest mortality rate was for babies born who weighed less than 1,000 grams with an infant mortality rate of 459.46, a neonatal mortality rate of 435.81, and a postneonatal mortality rate of 23.65. The highest rates occurred below 2,500 grams, which is considered low birth weight babies. The lowest infant mortality rate occurred in the 4,000-4,499 gram group with 1.48.

Table 40
South Dakota Resident Infant Mortality Rates by Birth Weight, 2013-2017

Birth Weight (in Grams)	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	61,245	396	6.47	4.03	2.43
<1,000	296	136	459.46	435.81	23.65
1,000-1,499	359	30	83.57	66.85	16.71
1,500-1,999	781	23	29.45	25.61	3.84
2,000-2,499	2,569	34	13.23	7.40	5.84
2,500-2,999	9,579	50	5.22	1.57	3.65
3,000-3,499	22,817	73	3.20	1.05	2.15
3,500-3,999	18,616	36	1.93	0.64	1.29
4,000-4,499	5,391	8	1.48	0.19	1.30
4,500+	828	2	2.42	0.00	2.42

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

Infant Mortality and Prenatal Care

Table 41, below, displays infant mortality rates by prenatal care. The highest infant mortality rate, 27.72, occurred when mothers did not have prenatal care. This is true for neonatal and postneonatal mortality rates. In comparison, when mothers received prenatal care in the first trimester the infant mortality rate was only 5.09.

Table 41
South Dakota Resident Infant Mortality Rates by Prenatal Care, 2013-2017

Trimester Prenatal Care Began	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	61,245	396	6.47	4.03	2.43
First Trimester	43,627	222	5.09	3.25	1.83
Second Trimester	12,963	113	8.72	5.01	3.70
Third Trimester	3,176	22	6.93	3.78	3.15
No Prenatal Care	505	14	27.72	23.76	3.96

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

Infant Mortality and Gestation Period

Table 42, below, displays infant mortality rates by gestation period. The highest infant mortality rate occurred to those with less than 25 weeks gestation with a rate of 762.24.

The highest neonatal mortality rate and postneonatal mortality rate both occurred at less than 25 weeks with a rate of 734.27 and 27.97, respectively.

Table 42
South Dakota Resident Infant Mortality Rates by Gestation Period, 2013-2017

Weeks of Gestation	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	61,245	396	6.47	4.03	2.43
<25 Weeks	143	109	762.24	734.27	27.97
25-29 Weeks	322	46	142.86	121.12	21.74
30-31 Weeks	271	7	25.83	22.14	3.69
32 Weeks	234	12	51.28	47.01	4.27
33 Weeks	316	11	34.81	25.32	9.49
34 Weeks	719	8	11.13	6.95	4.17
35 Weeks	1,077	12	11.14	7.43	3.71
36 Weeks	2,220	21	9.46	4.05	5.41
37 Weeks	5,038	35	6.95	2.58	4.37
38 Weeks	9,696	42	4.33	1.34	2.99
39 Weeks	21,612	58	2.68	0.93	1.76
40 Weeks	14,228	21	1.48	0.49	0.98
41 Weeks	4,791	11	2.30	0.42	1.88
42+ Weeks	475	2	4.21	2.11	2.11

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

Infant Mortality and Tobacco Use

Table 43, below, displays infant mortality rates by tobacco use of the mother. Mothers who reported they used tobacco while pregnant had an infant mortality rate

of 11.35 while mothers who reported they did not use tobacco while pregnant had an infant mortality rate of 5.61.

Table 43
South Dakota Resident Infant Mortality Rates by Tobacco Use of Mother, 2013-2017

Tobacco Use of Mother	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Total	61,245	396	6.46	4.03	2.43
Yes	8,545	97	11.35	6.20	5.15
No	52,420	294	5.61	3.64	1.96

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

<u>Infant Mortality and Mother Demographics</u>

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

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

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

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

Table 44a
South Dakota Resident Infant Mortality Rates by Demographics of Mother, 2013-2017

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Education					
11 years or less	7,862	74	9.41*	5.37*	4.09*
12+ years	51,268	275	5.34*	3.76*	1.62*
Marital Status					
Single	22,885	189	8.26*	5.16*	3.10*
Married	38,317	182	4.75*	3.37*	1.38*
Mother's WIC Status					
No WIC	40,640	214	5.27*	3.84	1.43*
WIC	20,135	152	7.55*	4.32	3.23*
Age					
<20	3,600	26	7.22*	4.44	2.78
20-24	13,517	101	7.47*	4.66	2.81
25-29	20,701	126	6.09*	4.25	1.84
30-34	16,316	74	4.54*	3.19	1.35
35+	7,099	45	6.34*	4.09	2.25
BMI					
Underweight (<18.5)	1,949	16	8.21*	6.16*	2.05
Recommended (18.5-24.9)	28,398	142	5.00*	3.35*	1.66
Overweight (25.0-29.9)	15,500	96	6.19*	4.39*	1.81
Obese (30.0-34.9)	8,095	47	5.81*	2.96*	2.84
Very Obese (35.0-39.9)	4,073	38	9.33*	6.38*	2.95
Morbidly Obese (40.0+)	2,580	26	10.08*	7.36*	2.71
Diabetes					
No Pre-Existing Diabetes	60,545	362	5.98*	4.03	1.95*
Pre-Existing Diabetes	586	9	15.36*	5.12	10.24*
Hepatitis C					
No Hepatitis C	60,988	366	6.00*	4.00*	2.00
Hepatitis C	153	4	26.14*	19.61*	6.54
Chlamydia					
No Chlamydia	59,590	349	5.86*	3.94*	1.91*
Chlamydia	1,551	21	13.54*	7.74*	5.80*
Hypertension - Pre-Pregnancy					
No Hypertension	60,326	363	6.01	3.98*	2.18
Hypertension	805	8	9.94	8.70*	1.24

Table 44a (continued)
South Dakota Resident Infant Mortality Rates by Demographics of Mother, 2013-2017

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Hypertension - Eclampsia					
No Hypertension	60,876	369	6.06	4.06	2.00*
Hypertension	255	2	7.84	0.00	7.84*
Payment Source					
Medicaid	19,486	167	8.57*	4.82*	3.75
Private Insurance	35,666	164	4.60*	3.50*	1.09
Self-Pay	1,793	14	7.81*	5.58*	2.23
Indian Health Service	1,626	15	9.23*	5.54*	3.69
Champus/Tricare	1,824	4	2.19*	1.64*	0.55
Other Government	306	1	3.27*	3.27*	0.00
Other	274	2	7.30*	7.30*	0.00

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

Table 44b
South Dakota Resident Infant Mortality Rates by Previous Pregnancy History, 2013-2017

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Number of Living Children					
0	20,626	115	5.58*	4.22	1.36*
1	18,991	98	5.16*	3.74	1.42*
2	11,752	76	6.47*	3.74	2.72*
3	5,402	43	7.96*	4.63	3.33*
4+	4,449	40	8.99*	4.72	4.27*
Number of Dead Children					
0	60,383	346	5.73*	3.71*	2.02
1+	826	26	31.48*	29.06*	2.42
Number of Previous Terminations					
0	43,985	234	5.32*	3.41*	1.91
1	11,674	82	7.02*	4.97*	2.06
2+	5,542	54	9.74*	7.04*	2.71
Number of Previous Pregnancies					
0	16,962	74	4.36*	2.89*	1.47*
1	16,373	94	5.74*	4.40*	1.34*
2	11,954	67	5.60*	3.68*	1.92*
3	7,131	55	7.71*	4.77*	2.94*
4	3,969	33	8.31*	5.04*	3.28*
5+	4,802	47	9.79*	5.83*	3.96*
Previous Pre-Term Infant					
No	59,285	349	5.89*	3.91*	1.97
Yes	1,846	22	11.92*	8.13*	3.79
Other Poor Previous Pregnancy Outcomes					
No	58,336	331	5.67*	3.65*	2.02
Yes	2,562	40	15.61*	13.27*	2.34
Infertility Treatment					
No	60,072	358	5.96*	3.90*	2.06
Yes	1,059	13	12.28*	12.28*	0.00
Infertility Treatment – Drugs, Insemination					
No	60,320	362	6.00	3.96*	2.06
Yes	811	9	11.10	11.10*	0.00
Infertility Treatment – Assisted Reproductive Technology					
No	60,851	365	6.00*	3.96*	2.04
Yes	280	6	21.43*	21.43*	0.00

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

Table 44c
South Dakota Resident Infant Mortality Rates by Labor and Delivery, 2013-2017

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Tocolysis					
No	60,415	347	5.74*	3.81*	1.94*
Yes	733	23	31.38*	23.19*	8.19*
Cervical Cerclage					
No	60,954	356	5.84*	3.82*	2.02
Yes	194	14	72.16*	72.16*	0.00
Premature Rupture of Membranes					
No	59,369	303	5.10*	3.12*	1.99
Yes	1,818	68	37.40*	34.10*	3.30
Antibiotics Received by the Mother During Labor					
No	44,261	223	5.04*	3.30*	1.74*
Yes	16,932	149	8.80*	6.02*	2.78*
Precipitous Labor					
No	57,772	339	5.87*	3.76*	2.11
Yes	3,415	32	9.37*	8.78*	0.59
Induction of Labor					
No	44,347	302	6.81*	4.74*	2.07
Yes	16,846	70	4.15*	2.26*	1.90
Augmentation of Labor					
No	42,846	316	7.38*	5.20*	2.17
Yes	18,347	56	3.05*	1.36*	1.69
Non-Vertex Presentation					
No	58,371	291	4.99*	2.98*	2.00
Yes	2,591	81	31.26*	28.56*	2.70
Steroids for Fetal Lung Maturation Received by the Mother Prior to Delivery					
No	59.002	317	5.37*	3.53*	1.85*
Yes	2,191	55	25.10*	18.26*	6.85*
Clinical Chorioamnionitis Diagnosed During Labor – Maternal Temp >=38°C					
No	60,497	361	5.97*	3.92*	2.05
Yes	696	11	15.80*	15.80*	0.00
Epidural or Spinal Anesthesia During Labor					
No	17,602	160	9.09*	7.10*	1.99
Yes	33,143	112	3.38*	1.63*	1.75
Fetal Presentation					
Cephalic	58,052	273	4.70*	2.76*	1.95
Breech	2,318	79	34.08*	31.49*	2.59
Method of Delivery					
Vaginal	44,140	232	5.26*	3.44*	1.81
Vaginal after previous C-section	1,615	16	9.91*	7.43*	2.48
Primary C-section	8,405	83	9.88*	7.14*	2.74
Repeat C-section	6,996	40	5.72*	3.29*	2.43
Maternal Transfusion					
No	60,960	365	5.99*	4.00*	1.98*
Yes	245	7	28.57*	16.33*	12.24*
Unplanned Operating Procedure Following Delivery					
No	61,013	361	5.92*	3.88*	2.03
Yes	192	11	57.29*	57.29*	0.00

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

Table 44d
South Dakota Resident Infant Mortality Rates by Post Delivery Conditions, 2013-2017

	Births	Infant Deaths	Infant Mortality Rate	Neonatal Mortality Rate	Postneonatal Mortality Rate
Five Minute APGAR Score					
0-7	2,421	213	87.98*	82.20*	5.78*
8	5,640	38	6.74*	3.19*	3.55*
9	49,354	106	2.15*	0.47*	1.68*
10	3,605	7	1.94*	0.28*	1.66*
Ten Minute APGAR Score					
0-2	135	115	851.85*	851.85*	0.00
3-7	327	35	107.03*	100.92*	6.12
8-10	201	3	14.93*	9.95*	4.98
Plurality					
1	59,179	328	5.54*	3.57*	1.98
2+	2,054	44	21.42*	18.01*	3.41
Breastfeeding at the Time of Discharge					
No	12,397	90	7.26*	3.71*	3.55*
Yes	48,421	104	2.15*	0.54*	1.61*
Assisted Ventilation Required Immediately Following Delivery					
No	57,241	255	4.45*	2.66*	1.80*
Yes	3,979	116	29.15*	23.88*	5.28*
Assisted Ventilation for More than Six Hours					
No	59,780	303	5.07*	3.28*	1.79*
Yes	1,440	68	47.22*	35.42*	11.81*
Neonatal Intensive Care Unit Admission					
No	55,082	242	4.39*	2.94*	1.45*
Yes	6,138	129	21.02*	13..85*	7.17*
Newborn Given Surfactant Replacement Therapy					
No	60,769	325	5.35*	3.44*	1.91*
Yes	451	46	102.00*	84.26*	17.74*
Antibiotics Received by the Newborn for Suspected Neonatal Sepsis					
No	58,152	303	5.21*	3.42*	1.79*
Yes	3,068	68	22.16*	15.65*	6.52*

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

Mortality

An Overview: 2017

Total South Dakota Resident Deaths   7,991

Crude Death Rates per 100,000 Population

    South Dakota   918.9
    United States (2016)   849.3

Age-Adjusted Death Rates per 100,000 Population

    South Dakota   736.1
    United States (2016)   728.8

The remaining categories (Single-race Black, Single-race Asian, Single-race Pacific Islander, and Two or more races) are included in the totals, but are not shown specifically in any tables.

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

The total number of South Dakota resident deaths in 2017, (7,991 deaths) is the highest number of deaths in the past 17 years.

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

Single-race white
Single-race American Indian

Table 45
Resident Deaths, Crude Death Rates, and Age-Adjusted Death Rates,
South Dakota and United States, 2001-2017

Year	United States			South Dakota		
	Number	Crude Rate	Age-Adjusted Rate	Number	Crude Rate	Age-Adjusted Rate
2017	NA*	NA*	NA*	7,991	918.9	736.1
2016	2,744,248	849.3	728.8	7,838	905.7	718.6
2015	2,712,630	844.0	733.1	7,724	899.7	714.9
2014	2,626,418	823.7	724.6	7,500	879.1	709.9
2013	2,596,993	821.5	731.9	7,079	837.9	677.4
2012	2,543,279	810.2	732.8	7,283	873.9	706.8
2011	2,515,458	807.3	741.3	7,271	882.3	716.1
2010	2,468,435	799.5	747.0	7,087	870.4	713.4
2009	2,437,163	794.5	749.6	6,913	851.1	688.6
2008	2,471,984	813.0	758.3	7,056	877.0	712.1
2007	2,423,712	803.6	760.2	6,800	853.2	695.1
2006	2,426,264	810.4	776.5	7,038	892.6	732.6
2005	2,448,017	825.9	798.8	7,074	906.8	758.0
2004	2,397,615	816.5	800.8	6,811	879.7	742.3
2003	2,448,288	841.9	832.7	7,109	926.9	787.1
2002	2,443,387	847.3	845.3	6,886	903.5	771.8
2001	2,416,425	848.5	854.5	6,915	911.1	786.2

Note: *U.S. 2017 data were not available at publication time.
           Crude death rates are per 100,000 population.
           Age-adjusted rates are computed with the 2000 standard.
Source: National Center of Health Statistics
           South Dakota Department of Health, Office of Health Statistics

Leading Causes of Death

The five leading causes of death in 2017 for South Dakota residents were cancer, heart disease, accidents, chronic lower respiratory diseases, and Alzheimer's disease.

Cancer took over the leading cause of death in South Dakota accounting for 21.5 percent of South Dakota's 2017 resident deaths. Cancer was the leading cause of death for females in 2017.

Heart disease was the second leading cause of death in 2017 and accounted for 21.4 percent of South Dakota resident deaths, a 3.2 percent decrease from 2016. Heart disease was the leading cause of death for whites and for males in 2017.

Acute myocardial infarction was the leading cause of heart disease deaths during the year, accounting for 33.4 percent of heart disease deaths.

Figure 8
South Dakota Resident Crude Death Rate Due to Malignant Neoplasms and Heart Disease by Year of Death, 2001-2017
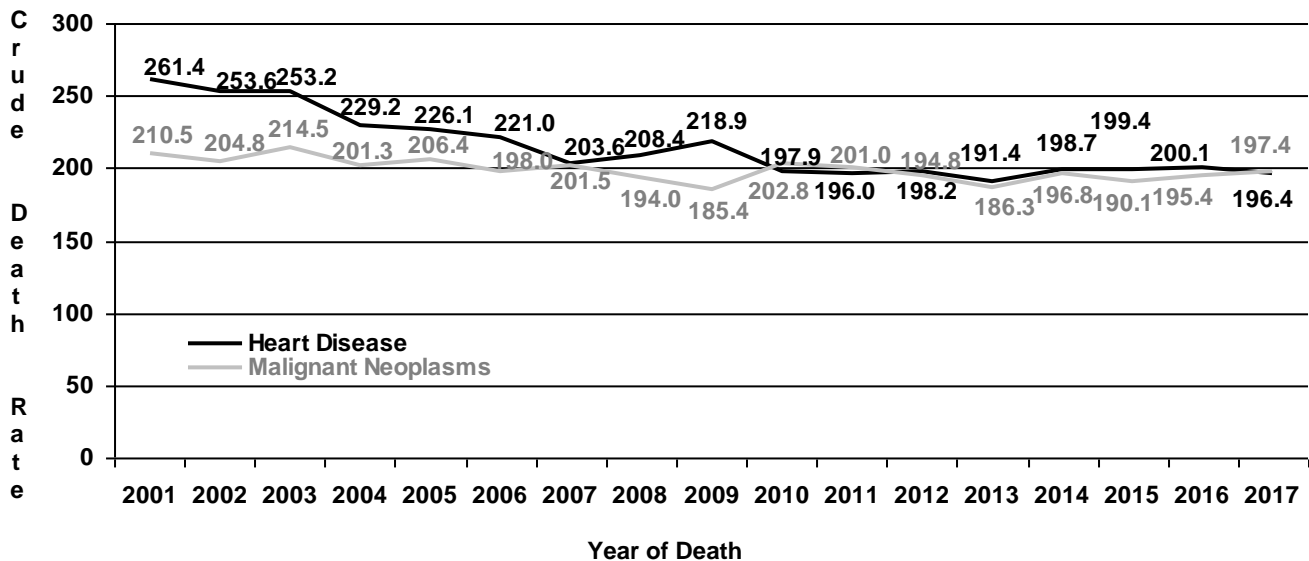
Note: The crude death rate is calculated using yearly U.S. Census Bureau population estimates for that year.
Source: South Dakota Department of Health, Office of Health Statistics

Figure 8, above, compares the crude death rates of South Dakota resident heart disease and cancer since 2001. From 2016 to 2017 there was an increase in the cancer rate and a decrease in the heart disease rate.

Accidents were the third leading cause of death and accounted for 6.7 percent of 2017 South Dakota resident deaths and a 4.7 percent increase from 2016. Motor vehicle accidents accounted for 30.9 percent of accidental deaths.

Chronic lower respiratory disease accounted for 6.3 percent of South Dakota resident deaths and rose from the fifth leading cause of death in 2016 to fourth leading cause of death in 2017.

Alzheimer's disease was the fifth leading cause of death accounting for 5.6 percent of all South Dakota resident deaths in 2017.

Table 46, below, displays the breakdown of accidental deaths, which were the third leading cause of deaths among South Dakotans. In 2017, 537 or 6.7 percent of deaths were due to accidents.

The highest type of motor vehicle death in 2017 was car occupant with 64 deaths. The highest death in the other causes of accidental death in 2017 was falls with 196 deaths.

Table 46
South Dakota Resident Leading Causes of Death Due to Accidents, 2013-2017

	Total	Year of Death				
		2013	2014	2015	2016	2017
Total Deaths	**2,392**	**424**	**461**	**467**	**503**	**537**
Motor Vehicle Accidents	**744**	**149**	**151**	**143**	**135**	**166**
Car Occupant (V40-V49)	332	76	74	70	48	64
Occupant of Pick-Up Truck or Van (V50-V59)	134	25	31	25	28	25
Pedestrian (V01-V09)	69	16	12	10	15	16
Motorcycle Rider (V20-V29)	61	14	9	11	14	13
Occupant of Special All-Terrain Vehicle (V86)	33	5	5	9	9	5
Occupant of Heavy Transport Vehicle (V60-V69)	12	1	2	0	3	6
All Other Motor Vehicle Accidents	103	12	18	18	18	37
Other Causes of Accidental Death	**1,648**	**275**	**310**	**324**	**368**	**371**
Falls (W00-W19)	878	146	170	181	185	196
Accidental Poisoning (X40-X49)	296	44	58	57	67	70
Accidental Threats to Breathing (excl. drowning) (W75-W84)	128	29	24	20	27	28
Exposure to Smoke, Fire, and Flames (X00-X09)	53	10	5	9	10	19
Accidental Drowning and Submersion (W65-W74, V90, V92)	50	11	8	13	10	8
Exposure to Excessive Natural Cold (X31)	49	9	8	5	14	13
Accidental Discharge of Firearms (W32-W34)	15	1	2	5	5	2
Air Transport Accidents (V95.0-V95.3, V95.8-V95.9, & V96-V97)	11	1	5	1	3	1
Contact with Agricultural Machinery (W30)	11	2	1	3	2	3
Struck by Thrown, Projected, or Falling Object (W20)	11	1	5	2	2	1
Explosion (W35-W40)	8	0	1	0	7	0
Exposure to Excessive Natural Heat (X30)	6	1	1	1	1	2
All Other Causes of Accidents	132	20	22	27	35	28

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

Table 47, on the next page, lists South Dakota resident leading causes of death for the last five years. Cancer and heart disease were the leading causes of death in 2017 and for each of the five prior years.

Accidents took the third place leading cause of death followed by chronic lower respiratory disease and Alzheimer's disease round out the top 5 causes in 2017.

In 2017, causes six through ten were cerebrovascular disease, diabetes mellitus, influenza and pneumonia, suicide, and chronic liver disease and cirrhosis.

Table 47
South Dakota Resident Leading Causes of Death, 2013-2017

Cause of Death	Total			2013			2014			2015			2016			2017		
	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%	Rank	Deaths	%
South Dakota (All Deaths)		38,132	100		7,079	100		7,500	100		7,724	100		7,838	100		7,991	100
Heart Disease (I00-I09, I11, I13, I20-I51)	1	8,464	22.2	1	1,617	22.8	1	1,695	22.6	1	1,712	22.1	1	1,732	22.1	2	1,708	21.4
Malignant Neoplasms (Cancer) (C00-C97)	2	8,293	21.7	2	1,574	22.2	2	1,679	22.4	2	1,632	21.1	2	1,691	21.6	1	1,717	21.5
Accidents (V01-X59, Y85-Y86)	3	2,392	6.3	3	424	6.0	3	461	6.1	4	467	6.0	3	503	6.4	3	537	6.7
Chronic Lower Respiratory Diseases (J40-J47)	4	2,285	6.0	6	413	5.8	4	440	5.9	3	500	6.5	5	427	5.4	4	505	6.3
Alzheimer's Disease (G30)	5	2,167	5.7	4	420	5.9	6	433	5.8	5	421	5.5	4	449	5.7	5	444	5.6
Cerebrovascular Diseases (I60-I69)	6	2,064	5.4	5	414	5.8	5	439	5.9	6	381	4.9	6	420	5.4	6	410	5.1
Diabetes Mellitus (E10-E14)	7	1,259	3.3	7	239	3.4	7	223	3.0	7	282	3.7	7	253	3.2	7	262	3.3
Influenza and Pneumonia (J09-J18)	8	991	2.6	8	186	2.6	8	180	2.4	8	213	2.8	8	195	2.5	8	217	2.7
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	9	814	2.1	9	147	2.1	9	141	1.9	9	173	2.2	9	161	2.1	9	192	2.4
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	10	696	1.8	10	121	1.7	10	128	1.7	10	137	1.8	10	158	2.0	10	152	1.9
All Other Causes	-	8,707	22.8	-	1,524	21.5	-	1,681	22.4	-	1,806	23.4	-	1,849	23.6	-	1,847	23.1

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

Table 48
South Dakota Resident Leading Causes of Death by Race, 2017

Cause of Death	All Races					White					American Indian				
	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate
South Dakota (All Deaths)		**7,991**	**100**	**918.9**	**736.1**		**7,124**	**100**	**964.6**	**684.4**		**721**	**100**	**918.9**	**1,477.5**
Malignant Neoplasms (Cancer) (C00-C97)	1	1,717	21.5	197.4	157.0	2	1,589	22.3	215.2	154.3	3	98	13.6	124.9	213.4
Heart Disease (I00-I09, I11, I13, I20-I51)	2	1,708	21.4	196.4	150.0	1	1,591	22.3	215.4	145.1	2	103	14.3	131.3	241.4
Accidents (V01-X59, Y85-Y86)	3	537	6.7	61.7	56.2	5	405	5.7	54.8	45.1	1	111	15.4	141.4	174.4
Chronic Lower Respiratory Diseases (J40-J47)	4	505	6.3	58.1	45.4	3	463	6.5	62.7	43.5	7	31	4.3	39.5	79.8
Alzheimer's Disease (G30)	5	444	5.6	51.1	36.9	4	436	6.1	59.0	37.4	*	-	-	-	-
Cerebrovascular Diseases (I60-I69)	6	410	5.1	47.1	36.3	6	382	5.4	51.7	34.8	8	21	2.9	26.8	48.2
Diabetes Mellitus (E10-E14)	7	262	3.3	30.1	24.8	7	199	2.8	26.9	19.2	5	56	7.8	71.4	128.9
Influenza and Pneumonia (J09-J18)	8	217	2.7	25.0	19.0	8	197	2.8	26.7	17.6	9	18	2.5	22.9	44.7
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	9	192	2.4	22.1	22.7	9	142	2.0	19.2	19.1	6	44	6.1	56.1	55.6
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	10	152	1.9	17.5	17.0	*	-	-	-	-	4	63	8.7	80.3	112.4
Unspecified Dementia (F03)	*	-	-	-	-	10	102	1.4	13.8	8.6	*	-	-	-	-
Assault (homicide) (X85-Y09, Y87.1)	*	-	-	-	-	*	-	-	-	-	10	13	1.8	16.6	15.6
All Other Causes	-	1,847	23.1	212.4	-	*	1,618	22.7	219.1	-	-	163	22.6	207.8	-

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

Race

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

In 2017, patterns for the 10 leading causes of death varied by race. Eight of the 10 leading causes were the same for whites and American Indians, but they differed by rank. For example, accidents were the fifth leading cause of death at 5.7 percent for the white population, but was the first leading cause of death for the American Indian population at 15.4 percent.

Heart disease deaths ranked second place for American Indians in 2017 while cancer ranked third.

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

Gender

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

In 2017, patterns for the 10 leading causes of death in South Dakota also varied by gender. Nine of the 10 leading causes were the same for South Dakota's men and women, but they differed in rank. Intentional self-harm (suicide) was among the 10 leading causes of death for South Dakota's men, but not for women. Likewise, unspecified dementia was among the 10 leading causes of death for women, but not for men. Men were also more likely to die in accidents than women, while women were more likely to die from Alzheimer's disease than men.

Table 49
South Dakota Resident Leading Causes of Death by Gender, 2017

Cause of Death		Total					Male					Female			
	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate	Rank	Deaths	%	Crude Rate	Age-Adjusted Rate
South Dakota (All Deaths)		**7,991**	**100**	**918.9**	**736.1**		**4,110**	**100**	**936.3**	**873.3**		**3,881**	**100**	**901.1**	**618.3**
Malignant Neoplasms (Cancer) (C00-C97)	1	1,717	21.5	197.4	157.0	2	885	21.5	201.6	179.5	1	832	21.4	193.2	140.8
Heart Disease (I00-I09, I11, I13, I20-I51)	2	1,708	21.4	196.4	150.0	1	920	22.4	209.6	190.7	2	788	20.3	183.0	115.8
Accidents (V01-X59, Y85-Y86)	3	537	6.7	61.7	56.2	3	322	7.8	73.4	72.1	6	215	5.5	49.9	40.6
Chronic Lower Respiratory Diseases (J40-J47)	4	505	6.3	58.1	45.4	4	252	6.1	57.4	52.7	4	253	6.5	58.7	40.3
Alzheimer's Disease (G30)	5	444	5.6	51.1	36.9	8	143	3.5	32.6	32.1	3	301	7.8	69.9	39.5
Cerebrovascular Diseases (I60-I69)	6	410	5.1	47.1	36.3	5	176	4.3	40.1	38.3	5	234	6.0	54.3	33.6
Diabetes Mellitus (E10-E14)	7	262	3.3	30.1	24.8	6	156	3.8	35.5	33.2	8	106	2.7	24.6	18.7
Influenza and Pneumonia (J09-J18)	8	217	2.7	25.0	19.0	9	95	2.3	21.6	21.0	7	122	3.1	28.3	17.1
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	9	192	2.4	22.1	22.7	7	154	3.7	35.1	35.5	*	-	-	-	-
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	10	152	1.9	17.5	17.0	10	92	2.2	21.0	20.3	10	60	1.5	13.9	13.9
Unspecified Dementia (F03)	*	-	-	-	-	*	-	-	-	-	9	67	1.7	15.6	8.7
All Other Causes	-	1,847	23.1	212.4	-	-	915	22.3	208.4		-	903	23.3	209.7	-

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

Table 50
South Dakota Resident Five Leading Causes of Death by Age Group, 2013-2017

Rank	All Ages	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90 & over
1	Heart Disease 8,464	Accidents 61	Accidents 115	Accidents 274	Accidents 239	Malignant Neoplasms (Cancer) 235	Malignant Neoplasms (Cancer) 986	Malignant Neoplasms (Cancer) 1,803	Malignant Neoplasms (Cancer) 2,280	Heart Disease 2,532	Heart Disease 2,328
2	Malignant Neoplasms (Cancer) 8,293	Assault (Homicide) 17	Intentional Self-harm (Suicide) 103	Intentional Self-harm (Suicide) 175	Intentional Self-Harm (Suicide) 133	Heart Disease 211	Heart Disease 644	Heart Disease 1,194	Heart Disease 1,463	Malignant Neoplasms (Cancer) 2,135	Alzheimer's Disease 993
3	Accidents 2,392	Malignant Neoplasms (Cancer) 14	Assault (Homicide) 16	Assault (Homicide) 35	Chronic Liver Disease and Cirrhosis 79	Accidents 207	Accidents 286	Chronic Lower Respiratory Disease 347	Chronic Lower Respiratory Disease 635	Alzheimer's Disease 928	Malignant Neoplasms (Cancer) 734
4	Chronic Lower Respiratory Diseases 2,285	Congenital Malformations, Deformations, and Chromosomal Anomalies 11	Malignant Neoplasms (Cancer) 12	Malignant Neoplasms (Cancer) 22	Malignant Neoplasms (Cancer) 71	Chronic Liver Disease and Cirrhosis 152	Chronic Liver Disease and Cirrhosis 209	Diabetes Mellitus 235	Cerebrovascular Disease 307	Cerebrovascular Disease 801	Cerebrovascular Disease 642
5	Alzheimer's Disease 2,167	Influenza and Pneumonia 4	Heart Disease 5	Heart Disease 16	Heart Disease 70	Intentional Self-Harm (Suicide) 144	Diabetes Mellitus 130	Accidents 218	Diabetes Mellitus 276	Chronic Lower Respiratory Disease 797	Chronic Lower Respiratory Disease 386

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

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<u>Age</u>

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

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

<u>Median Age</u>

Figure 9, below, presents data on the median age at death for the 10 leading causes of death for South Dakota residents in 2017. The median age for the 10 leading causes of death in 2017 remained quite similar to the median ages of death in 2016.

Figure 9
Median Age at Death for South Dakota Residents for the Leading Causes of Death, 2017
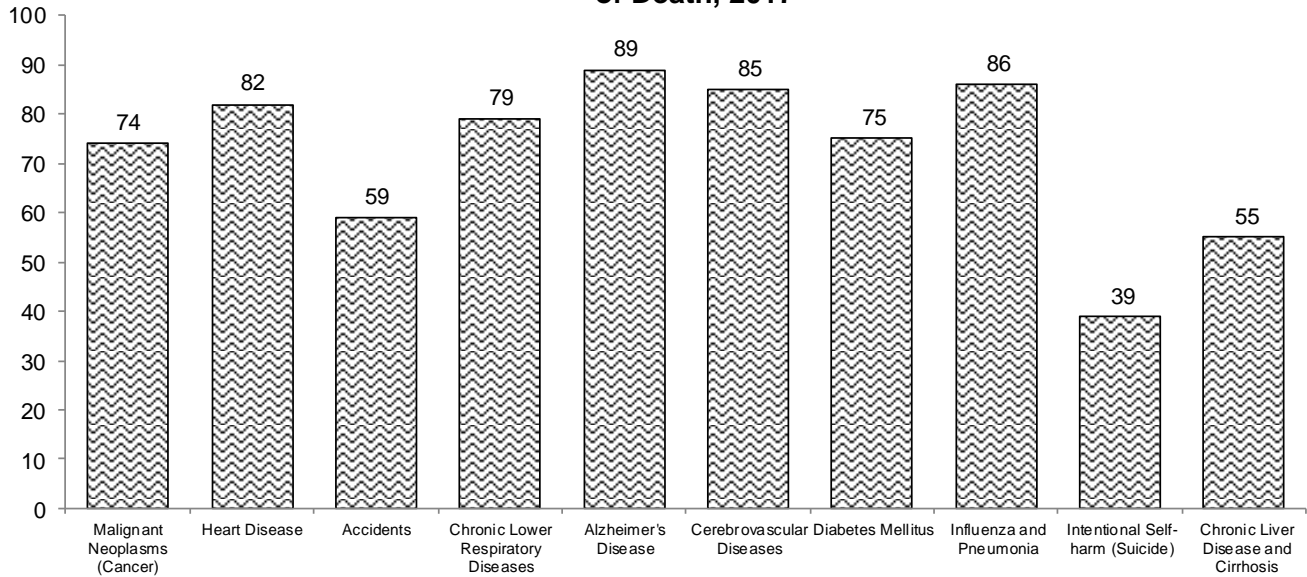
Source: South Dakota Department of Health, Office of Health Statistics

Table 51, below, shows the median age at death for each of the past five years by race and gender. When looking at race, American Indians have the lowest median age at death at 57, while whites have the highest at 81. Males' median age at death is 75, while females is 83.

Table 51
Median Age at Death for South Dakota Residents by Race, Gender and Year of Death, 2013-2017

Year of Death	Total Median Age	White	American Indian	Male	Female
2017	79	81	57	75	83
2016	79	81	58	75	83
2015	80	81	56	76	83
2014	80	81	58	76	83
2013	80	81	59	75	83

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

Table 52, below, shows the median age at death for South Dakota residents for the leading causes of death by race and gender. In 2017, the median age at death was 79 for all South Dakotans; for white residents the median age was 81, compared to 57 for American Indians. The overall median age at death remained the same for whites and decreased for American Indians when compared to their overall median age at death in 2017. The median age at death in 2017 for South Dakota resident males and females was 75 and 83, respectively. The median age at death for both males and females remained the same from 2016 to 2017.

Table 52
Median Age at Death for South Dakota Residents for the Leading Causes of Death by Race and Gender, 2017

| | Median Age at Death in Years | | | | |
| | All | Race | | Gender | |
Cause of Death	Total Deaths	White	American Indian	Male	Female
South Dakota (All Deaths)	**79**	**81**	**57**	**75**	**83**
Malignant Neoplasms (Cancer) (C00-C97)	74	74	67	74	74
Heart Disease (I00-I09, I11, I13, I20-I51)	82	83	66	77	87
Accidents (V01-X59, Y85-Y86)	59	68	36	56	71
Chronic Lower Respiratory Diseases (J40-J47)	79	80	70	78	80
Alzheimer's Disease (G30)	89	89	*	87	90
Cerebrovascular Diseases (I60-I69)	85	86	62	81	88
Diabetes Mellitus (E10-E14)	75	79	62	75	75
Influenza and Pneumonia (J09-J18)	86	87	71	82	88
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	39	46	26	41	*
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	55	*	48	57	52
Assault (homicide) (X85-Y019, Y87.1)	*	*	30	*	*
Unspecified Dementia (F03)	*	90	*	*	92

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

Years of Potential Life Lost

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

In 2017, accidents led in YPLL with 11,589 followed by cancer with 10,870 years of potential life lost.

Figure 10
South Dakota Resident Years of Potential Life Lost (YPLL)
Before Age 75 for the Leading Causes of Death, 2017
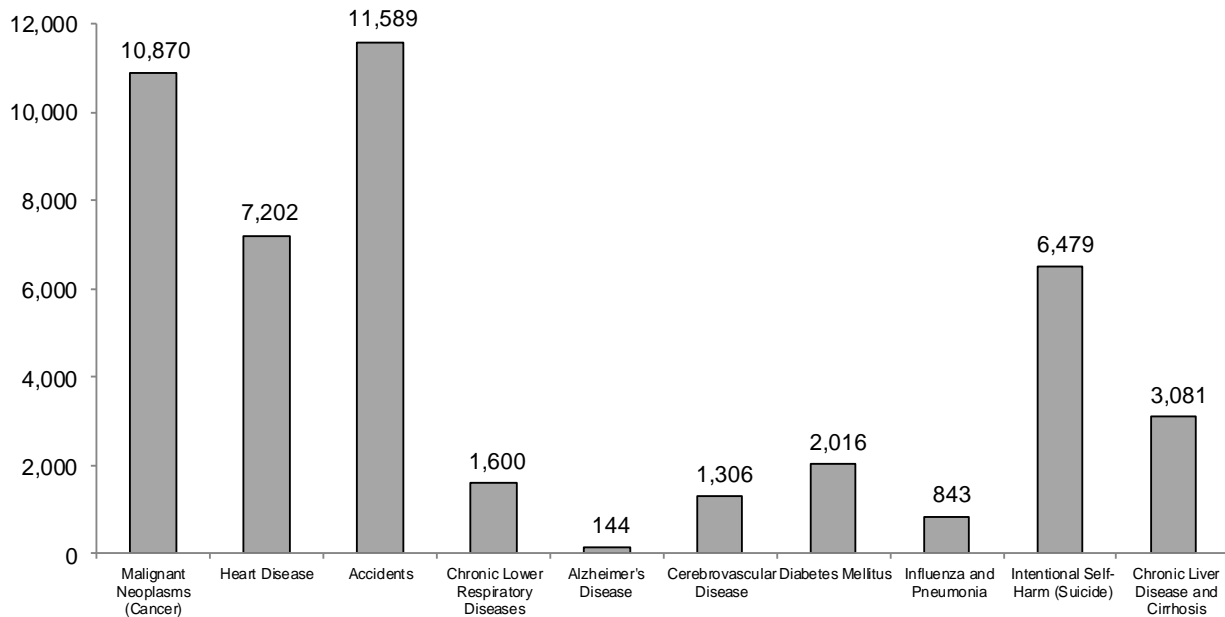
Note: This data is not comparable to the age-adjusted data in Figure 11 on the next page.
Source: South Dakota Department of Health, Office of Health Statistics

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

Accidents, cancer, and heart disease led in the most YPLL in South Dakota for 2017. This is the second year accidents surpassed cancer for the most YPLL.

Figure 10a
South Dakota Resident Years of Potential Life Lost (YPLL)
Before Age 75 for the Leading Causes of Death (in Descending Order), 2017
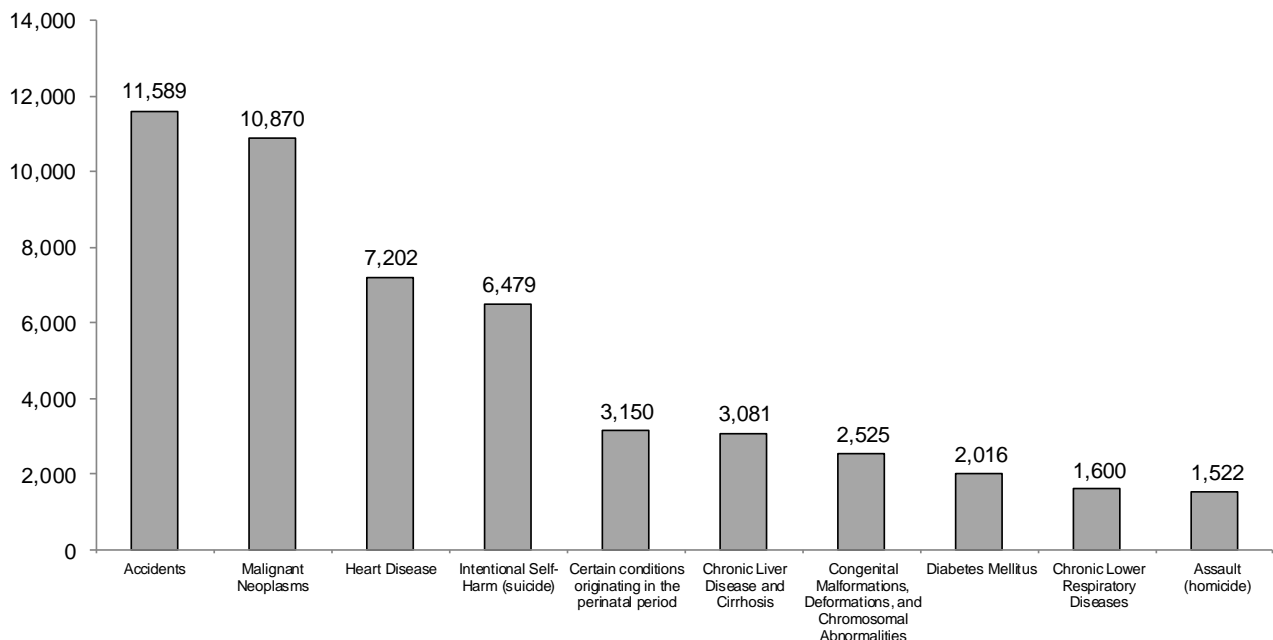
Note: This data is not comparable to the age-adjusted data in Figure 11 on the next page.
Source: South Dakota Department of Health, Office of Health Statistics

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

American Indians' largest YPLL was accidents with 5,537 years while whites' largest YPLL was cancer with 1,087 years.

Whites' second largest YPLL was accidents with 1,040 years while American Indians' second largest YPLL was chronic liver disease and cirrhosis with 3,045 years.

American Indians' and whites' third largest YPLL was suicide with 2,606 years and 664 years, respectively. Suicide was the third largest YPLL for American Indians, which still exceeded whites' largest YPLL (cancer with 1,087 years).

Figure 11
Age-Adjusted Years of Potential Life Lost (YPLL) Before Age 75 for the Leading Causes of Death by Race, 2017
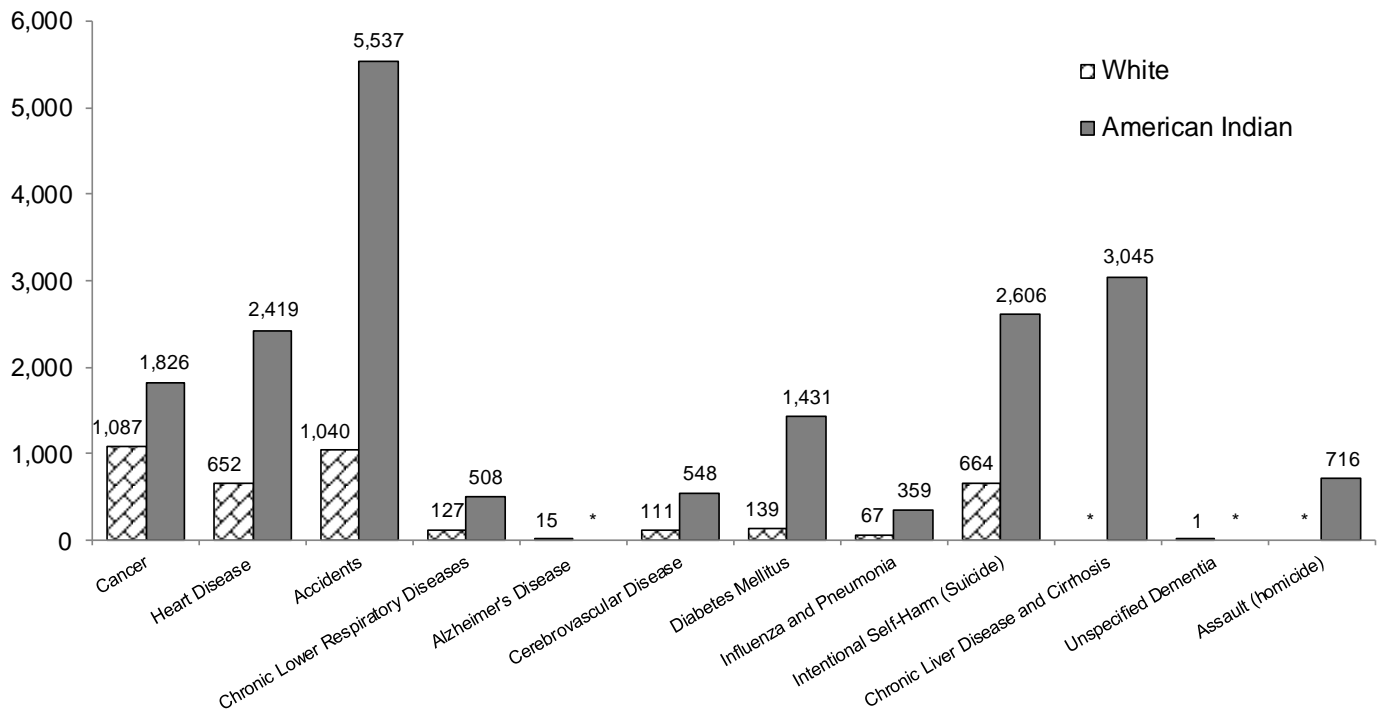
Note: Years of potential life lost are age-adjusted per 100,000 population.
*This cause was not one of the 10 leading causes of death for this race group.
Source: South Dakota Department of Health, Office of Health Statistics

Place of Death

Table 53, on the next page, displays the 10 leading causes of death by place where death occurred in 2017.

Overall, nursing home, long term care, and hospice facility had the highest occurrence of deaths with 39.7 percent. Hospital followed closely with 34.2 percent.

Table 53
South Dakota Resident Deaths by Cause of Death and Place of Death, 2017

Cause of Death	Total		Hospital		Nursing Home/Long Term Care/Hospice Facility		Residence		All Other Reported Entries	
	Num	%	Num	%	Num	%	Num	%	Num	%
South Dakota (All Deaths)	**7,991**	**100**	**2,736**	**34.2**	**3,169**	**39.7**	**1,717**	**21.5**	**368**	**4.6**
Malignant Neoplasms (Cancer) (C00-C97)	1,717	100	460	26.8	703	40.9	508	29.6	46	2.7
Heart Disease (I00-I09, I11, I13, I20-I51)	1,708	100	572	33.5	596	34.9	485	28.4	55	3.2
Accidents (V01-X59, Y85-Y86)	537	100	209	38.9	90	16.8	85	15.8	152	28.3
Chronic Lower Resiratory Diseases (J40-J47)	505	100	173	34.3	195	38.6	127	25.1	10	2.0
Alzheimer's Disease (G30)	444	100	19	4.3	396	89.2	23	5.2	6	1.4
Cerebrovascular Diseases (I60-I69)	410	100	160	39.0	212	51.7	35	8.5	3	0.7
Diabetes Mellitus (E10-E14)	262	100	88	33.6	106	40.5	61	23.3	7	2.7
Influenza and Pneumonia (J09-J18)	217	100	127	58.5	77	35.5	13	6.0	0	0.0
Intentional Self-Harm (Suicide) (*U03, X60-X84, Y87.0)	192	100	32	16.7	1	0.5	113	58.9	46	24.0
Chronic Liver Disease and Cirrhosis (K70 & K73-K74)	152	100	79	52.0	45	29.6	27	17.8	1	0.7
All Other Causes	1,847	100	817	44.2	748	40.5	240	13.0	42	2.3

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

Tobacco Use

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

On 1,346 deaths, or 16.8 percent, the certifier indicated "yes" or "probably" that tobacco use contributed to the death. Conversely, on 4,892 deaths, or 61.2 percent, the certifier indicated that tobacco use did not contribute to the death.

In the remaining 1,753 deaths, or 21.9 percent, the certifier was unsure if tobacco use contributed to the death.

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

Tobacco use contributed to death in 71.0 percent, or 299 out of the 421 trachea, bronchus, and lung cancer deaths in 2017. In 63.4 percent, or 320 chronic lower respiratory disease deaths the certifier said "yes" or "probably" that tobacco use contributed to the death.

Table 54
South Dakota Resident Leading Causes of Death as They Relate to Tobacco Use, 2017
(Did Tobacco Use Contribute to Death)

Cause of Death	Yes/Probably		Total Deaths	
	Number	Percent	Number	Percent
Total	**1,346**	**16.8**	**7,991**	**100**
Malignant neoplasms (C00-C97)	**452**	**26.3**	**1,717**	**100**
Malignant neoplasm of trachea, bronchus, and lung (C33-C34)	299	71.0	421	100
Malignant neoplasm of esophagus (C15)	24	40.0	60	100
Malignant neoplasm, without specification of site (C80)	19	22.6	84	100
Malignant neoplasm of bladder (C67)	14	29.2	48	100
Malignant neoplasm of lip, oral cavity, and pharynx (C00-C14)	12	42.9	28	100
Malignant neoplasms of colon, rectum, and anus (C18-C21)	12	7.6	158	100
Malignant neoplasm of pancreas (C25)	11	8.9	124	100
Chronic lower respiratory diseases (J40-J47)	**320**	**63.4**	**505**	**100**
Chronic obstructive pulmonary disease, unspecified (J44.9)	231	64.3	359	100
Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)	52	64.2	81	100
Chronic obstructive pulmonary disease with acute exacerbation (J44.1)	16	69.6	23	100
Emphysema (J43)	16	84.2	19	100
Heart disease (I00-I09, I11, I13, I20-I51)	**250**	**14.6**	**1,708**	**100**
Acute myocardial infarction (I21-I22)	92	16.1	570	100
Atherosclerotic heart disease (I25.1)	69	16.9	409	100
Hypertensive Heart Disease (I11)	17	12.1	140	100
Cerebrovascular diseases (I60-I69)	**49**	**12.0**	**410**	**100**
Diabetes mellitus (E10-E14)	**41**	**15.6**	**262**	**100**
Accidents (V01-X59, Y85-Y86)	**28**	**5.2**	**537**	**100**
Chronic liver disease and cirrhosis (K70 & K73-K74)	**21**	**13.8**	**152**	**100**
Alcoholic liver disease (K70)	20	15.6	128	100
Influenza and pneumonia (J09-J18)	**20**	**9.2**	**217**	**100**
Pneumonia (J12-J18)	16	8.8	181	100
Septicemia (A40-A41)	**14**	**14.0**	**100**	**100**
Pneumonitis due to solids and liquids (J69)	**9**	**16.4**	**55**	**100**

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

Drug Overdose Deaths

Figures 12-17 And Tables 55-62 on the following pages break down the drug overdose deaths for South Dakota residents for the past 14 years by the manner of death, year of death, and type of drug.

As shown in Figure 12 , there were 74 drug overdose deaths in 2017, up from 67 drug overdose deaths in 2016. Table 55, below that, shows that of the 74 drug overdose deaths in 2017, 54 deaths were unintentional, 18 deaths were suicides, and two deaths were undetermined intent. The definition of drug overdose deaths is located in the back of this report within the Technical Notes section.

Figure 12
South Dakota Resident Deaths Due to Drug Overdoses, 2004-2017
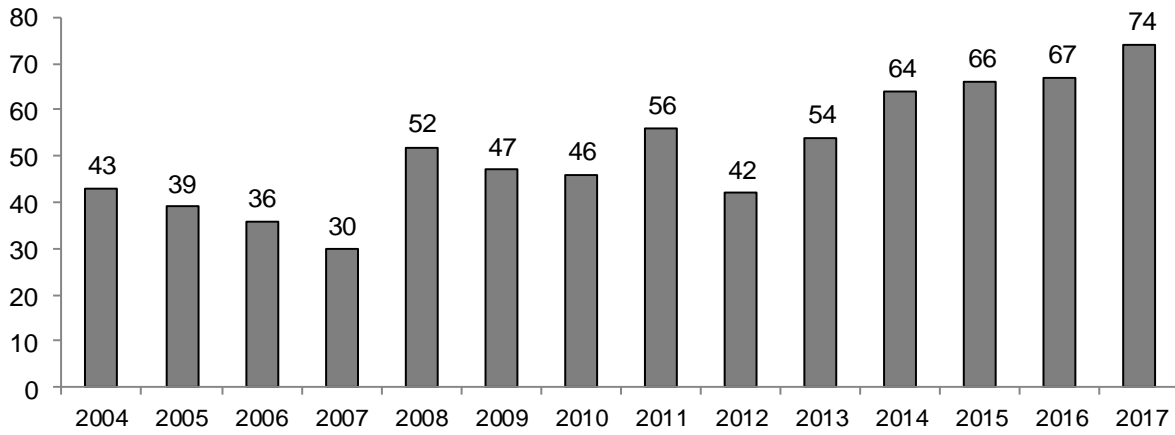
Source: South Dakota Department of Health, Office of Health Statistics

Table 55
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Drugs, 2004-2017

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

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

Figure 13
South Dakota Resident Deaths Due to All Opioid Poisoning, 2004-2017
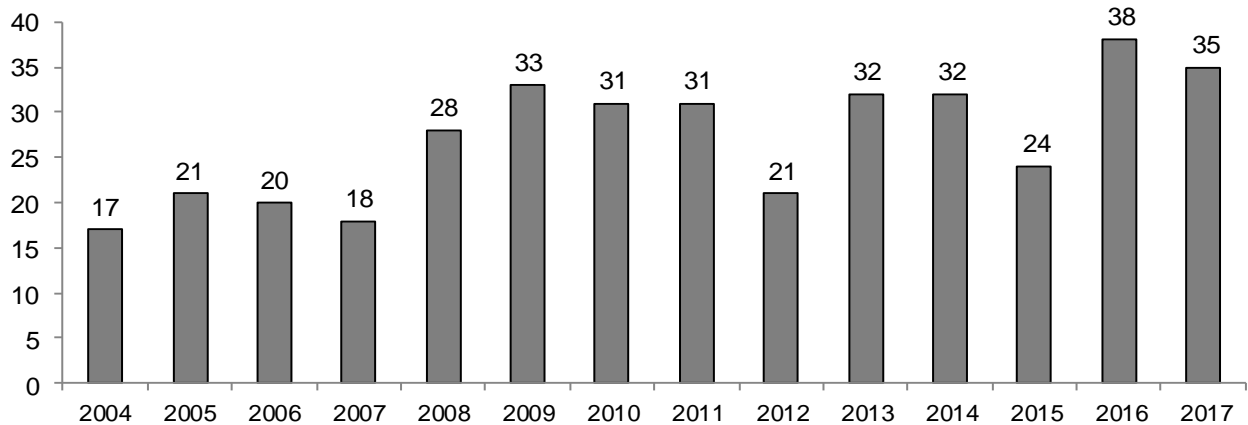
Source: South Dakota Department of Health, Office of Health Statistics

Table 56
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Opioid Poisoning, 2004-2017

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

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

Figure 14
South Dakota Resident Deaths Due to Prescription Opioid
Poisoning, 2004-2017
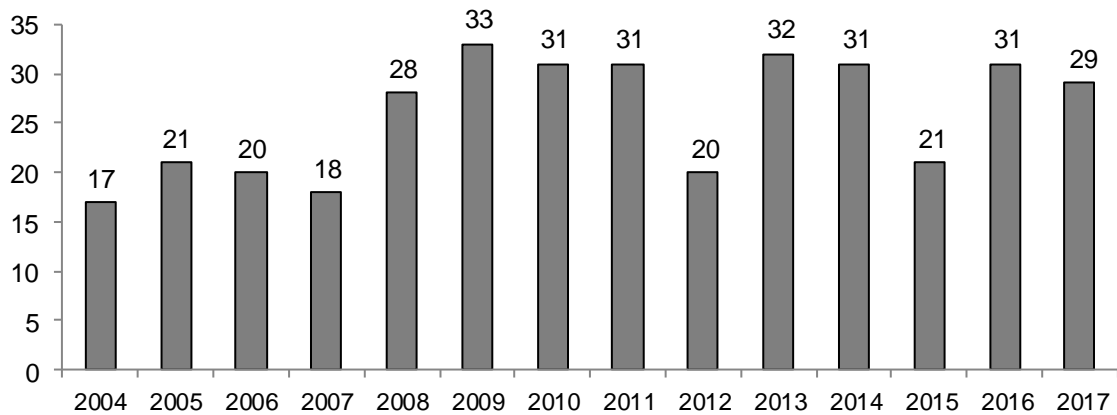
Source: South Dakota Department of Health, Office of Health Statistics

Table 57
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of
Death for Prescription Opioid Poisoning, 2004-2017

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

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

Figure 15
South Dakota Resident Deaths Due to Illicit Opioid Poisoning,
2004-2017
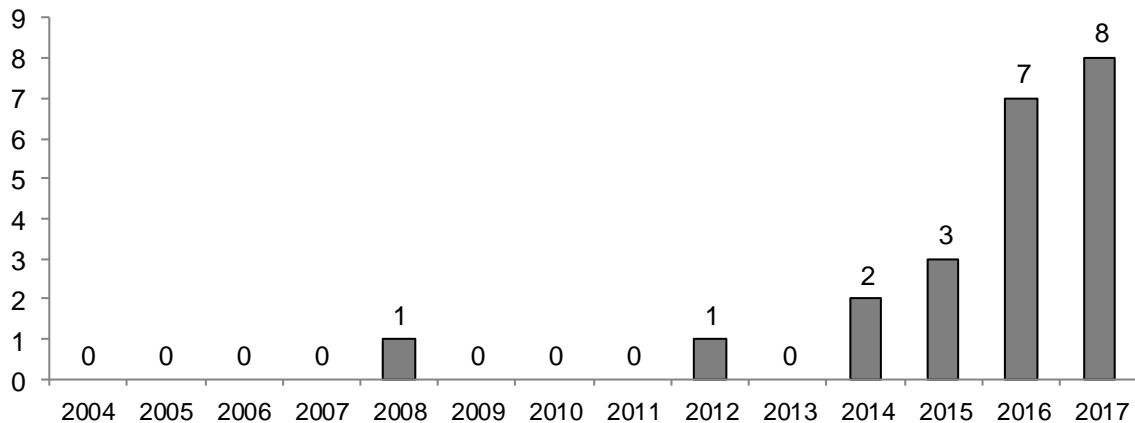
Source: South Dakota Department of Health, Office of Health Statistics

Table 58
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of
Death for Illicit Opioid Poisoning, 2004-2017

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

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

Figure 16
South Dakota Resident Deaths Due to All Pharmaceutical Drug Poisoning, 2004-2017

33 28 27 24 35 41 40 47 33 38 48 39 43 48
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017
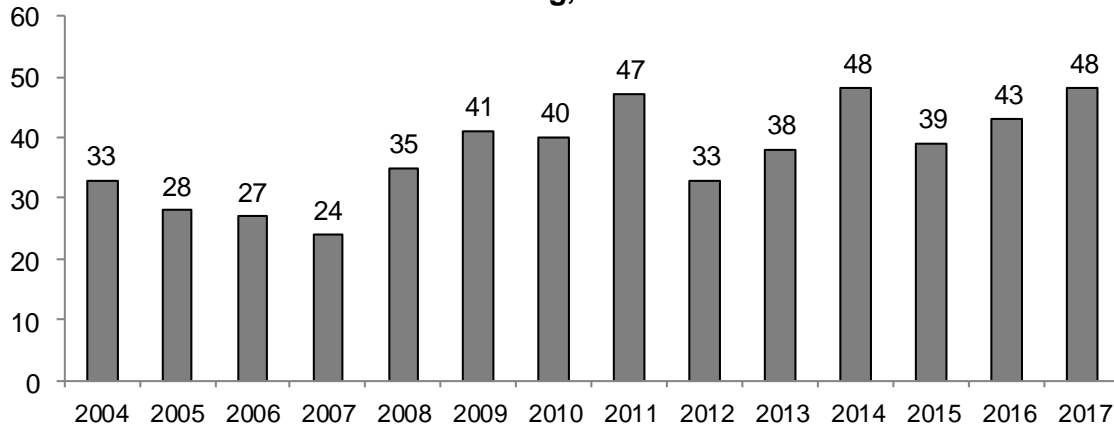
Source: South Dakota Department of Health, Office of Health Statistics

Table 59
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for All Pharmaceutical Drug Poisoning, 2004-2017

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

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

Figure 17
South Dakota Resident Deaths Due to Illicit Drug Poisoning, 2004-2017

2 5 1 5 4 1 2 8 4 8 15 16 23 33
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017
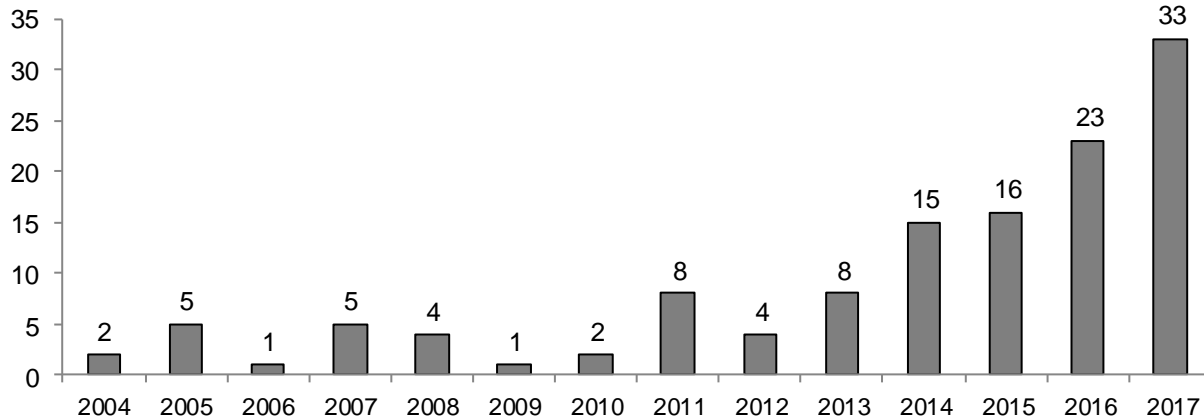
Source: South Dakota Department of Health, Office of Health Statistics

Table 60
South Dakota Resident Deaths Due to Drug Overdose by Manner of Death and Year of Death for Illicit Drug Poisoning, 2004-2017

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

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

The following tables (61 and 62) show the specific drugs involved in drug overdose deaths for 2017 and for the past 10 years. Out of the 74 total drug deaths in 2017, 22 of those involved methamphetamine. Of those 22 deaths, 12 deaths listed methamphetamine as the only drug while 10 other deaths involved two or more drugs.

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

- Please note that just because a drug is involved in a drug overdose death doesn't necessarily mean the overdose was due to that specific drug. It just means that drug was mentioned on the death certificate of a drug overdose

death. Sometimes we have no way of knowing which drug actually caused the overdose in cases where multiple drugs are listed.

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

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

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

Table 61
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved, 2017

Drugs Involved	Number of Deaths	Number of Specific Drugs Listed on Death Certificate	
		Only Drug	Two or More Drugs
Methamphetamine	22	12	10
Fentanyl (Acrylfentanyl, Furanylfentanyl, Methoxyacetylfentanyl)	12	5	7
Heroin	8	3	5
Oxycodone (Oxycontin, Percocet, Percodan)	5	2	3
Hydrocodone (Vicodin)	4	2	2
Methadone (Methadose)	4	1	3
Quetiapine (Seroquel)	4	1	3
Amitriptyline	3	1	2
Amphetamine (Adderall)	3	1	2
Bupropion (Wellbutrin)	3	1	2
Cocaine (Benzoylecgonine)	3	1	2
Morphine	3	1	2
Nortriptyline (Pamelor)	3	0	3

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

Table 62
South Dakota Resident Deaths Due to Drug Overdose by Drugs Involved and Year of Death, 2008-2017

Drugs Involved and Number of Specific Drugs on Death Certificate	Total	Year of Death									
		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Methamphetamine	**86**	**1**	**0**	**2**	**4**	**3**	**9**	**14**	**13**	**18**	**22**
1 Drug	55	1	0	1	2	3	6	10	10	10	12
2+ Drugs	31	0	0	1	2	0	3	4	3	8	10
Oxycodone (Oxycontin, Percocet, Percodan)	**75**	**7**	**13**	**9**	**9**	**3**	**10**	**8**	**2**	**9**	**5**
1 Drug	38	4	9	4	2	2	6	5	2	2	2
2+ Drugs	37	3	4	5	7	1	4	3	0	7	3
Morphine	**63**	**6**	**3**	**9**	**7**	**6**	**10**	**11**	**1**	**7**	**3**
1 Drug	37	5	2	7	4	5	5	6	0	2	1
2+ Drugs	26	1	1	2	3	1	5	5	1	5	2
Fentanyl (Acrylfentanyl, Furanylfentanyl, Methoxyacetylfentanyl)	**55**	**3**	**7**	**4**	**4**	**2**	**2**	**7**	**7**	**7**	**12**
1 Drug	33	1	5	4	3	2	1	4	6	2	5
2+ Drugs	22	2	2	0	1	0	1	3	1	5	7
Hydrocodone (Vicodin)	**55**	**3**	**3**	**5**	**4**	**5**	**9**	**5**	**7**	**10**	**4**
1 Drug	25	1	1	2	2	3	4	2	3	5	2
2+ Drugs	30	2	2	3	2	2	5	3	4	5	2
Methadone (Methadose)	**52**	**10**	**4**	**8**	**9**	**1**	**2**	**6**	**4**	**4**	**4**
1 Drug	30	6	3	7	4	1	1	3	3	1	1
2+ Drugs	22	4	1	1	5	0	1	3	1	3	3
Heroin	**24**	**0**	**1**	**0**	**1**	**1**	**0**	**2**	**3**	**8**	**8**
1 Drug	10	0	1	0	0	1	0	0	1	4	3
2+ Drugs	14	0	0	0	1	0	0	2	2	4	5
Amitriptyline	**22**	**1**	**1**	**2**	**2**	**4**	**3**	**1**	**1**	**4**	**3**
1 Drug	8	1	1	0	2	2	1	0	0	0	1
2+ Drugs	14	0	0	2	0	2	2	1	1	4	2
Tramadol	**21**	**5**	**1**	**2**	**2**	**3**	**2**	**0**	**2**	**3**	**1**
1 Drug	8	1	1	1	1	2	1	0	1	0	0
2+ Drugs	13	4	0	1	1	1	1	0	1	3	1
Acetaminophen (Darvocet, Excedrin, Percocet, Tylenol, Vicodin)	**20**	**3**	**3**	**1**	**4**	**0**	**1**	**2**	**3**	**2**	**1**
1 Drug	6	0	1	0	1	0	0	2	2	0	0
2+ Drugs	14	3	2	1	3	0	1	0	1	2	1
Diphenhydramine	**16**	**1**	**2**	**1**	**1**	**1**	**1**	**2**	**4**	**2**	**1**
1 Drug	10	0	2	0	1	0	1	2	2	1	1
2+ Drugs	6	1	0	1	0	1	0	0	2	1	0
Quetiapine (Seroquel)	**15**	**1**	**1**	**5**	**0**	**1**	**0**	**0**	**0**	**3**	**4**
1 Drug	5	0	1	1	0	1	0	0	0	1	1
2+ Drugs	10	1	0	4	0	0	0	0	0	2	3
Cocaine (Benzoylecgonine)	**14**	**2**	**0**	**0**	**3**	**0**	**0**	**0**	**3**	**3**	**3**
1 Drug	4	2	0	0	1	0	0	0	0	0	1
2+ Drugs	10	0	0	0	2	0	0	0	3	3	2
Alprazolam (Xanax)	**12**	**0**	**2**	**1**	**3**	**2**	**2**	**1**	**0**	**1**	**0**
1 Drug	3	0	0	0	0	1	1	1	0	0	0
2+ Drugs	9	0	2	1	3	1	1	0	0	1	0
Citalopram (Celexa)	**11**	**1**	**0**	**1**	**1**	**1**	**2**	**3**	**0**	**0**	**2**
1 Drug	2	1	0	0	0	1	0	0	0	0	0
2+ Drugs	9	0	0	1	1	0	2	3	0	0	2
Codeine	**10**	**1**	**0**	**0**	**1**	**1**	**2**	**0**	**0**	**3**	**2**
1 Drug	2	1	0	0	0	1	0	0	0	0	0
2+ Drugs	8	0	0	0	1	0	2	0	0	3	2
Propoxyphene (Darvocet)	**10**	**4**	**4**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**
1 Drug	6	3	3	0	0	0	0	0	0	0	0
2+ Drugs	4	1	1	0	1	0	1	0	0	0	0

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

Alcohol-Induced Deaths

Figure 18, below, shows the alcohol-induced deaths for South Dakota residents for the past 10 years. The definition of alcohol-induced deaths is located in the back of this report within the Technical Notes section.

Figure 18
South Dakota Resident Alcohol-Induced Deaths, 2008-2017
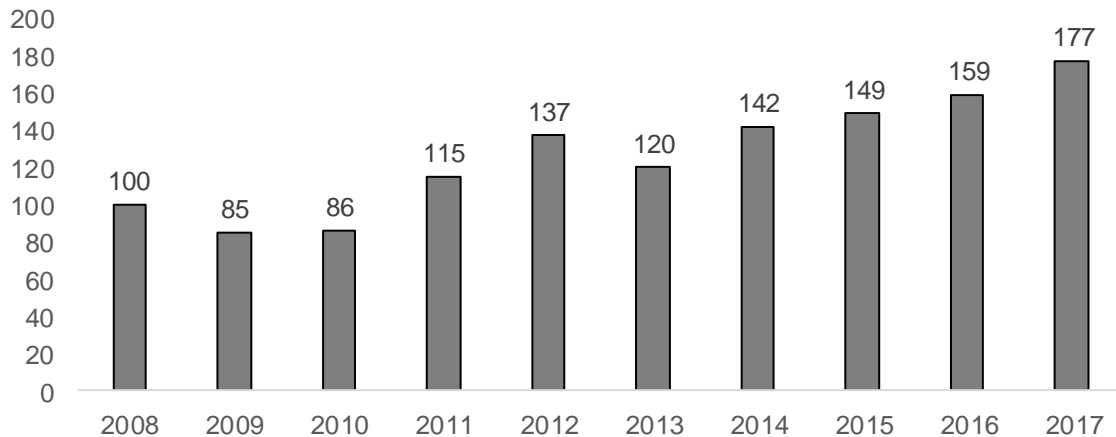
Source: South Dakota Department of Health, Office of Health Statistics

Farm Accident Deaths

Figure 19, below, shows the number of South Dakota resident deaths due to farm accidents for the past 12 years. The definition of farm accident deaths is located in the back of this report within the Technical Notes section.

Figure 19
South Dakota Resident Deaths Due to Farm Accidents, 2006-2017
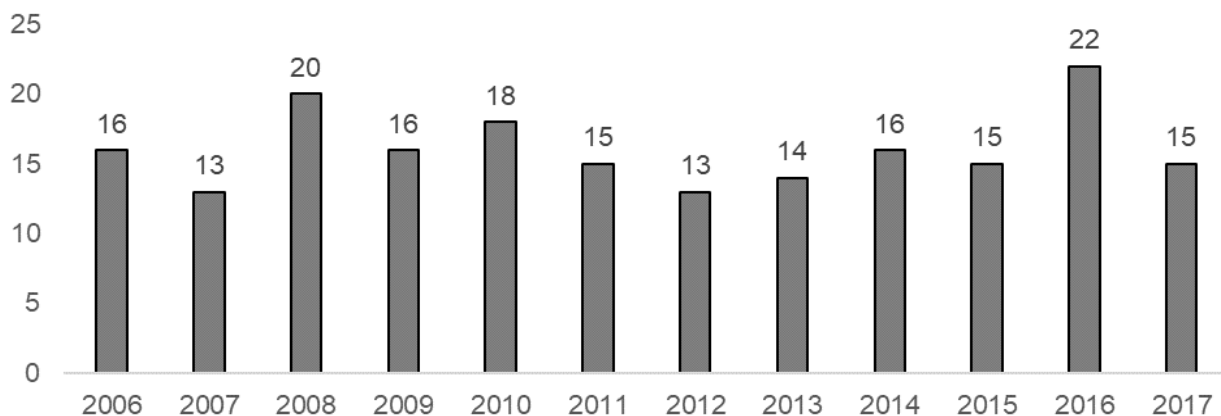
Source: South Dakota Department of Health, Office of Health Statistics

Maternal Mortality

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

Table 63
Deaths Occurring in South Dakota to Women Who Were Pregnant at the Time of Death or Within One Year After Delivery, 2011-2017

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

Source: South Dakota Department of Health, Office of Health Statistics
Note: <u>Pregnancy-related</u>: Death resulting from: 1) complications of the pregnancy itself, or 2) the chain of events initiated by the pregnancy that led to death, or 3) aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that subsequently caused death during pregnancy or within one calendar year of termination of pregnancy, regardless of the duration or anatomical site of pregnancy. This designation comes from the CDC as part of the Pregnancy Mortality Surveillance System (PMSS). *--The latest year they have reviewed for South Dakota is 2014.

<u>Pregnancy-associated, but not pregnancy-related</u>: Death of a woman from any cause, while she is pregnant or within one calendar year of termination of pregnancy, regardless of the duration or anatomical site of pregnancy, but not pregnancy related (see above). This designation comes from the CDC as part of the Pregnancy Mortality Surveillance System (PMSS). *--The latest year they have reviewed for South Dakota is 2014.

Firearm Deaths

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

Table 64
South Dakota Resident Deaths Due to Firearms, 2008-2017

Year	Total Firearm Deaths	Manner of Death		
		Accident	Suicide	Homicide
2017	102	1	83	16
2016	107	5	84	18
2015	95	5	73	16
2014	90	2	76	12
2013	79	1	71	7
2012	84	2	76	6
2011	71	1	60	10
2010	75	3	65	5
2009	75	4	61	10
2008	83	4	68	10

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

Method of Disposition

Table 65, below, displays the different methods of disposition for the last 12 years. The top disposition in 2017 was burial with 4,106 deaths. The second highest method of disposition in 2017 was cremation with 3,315 deaths. Since 2006, cremation has increased from 20.5 percent of all dispositions to 41.5 percent in 2017.

Table 65
South Dakota Resident Deaths by Disposition, 2006-2017

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

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

Leading Causes and Selected Components

Tables 66a-66c, on pages 75 through 77, display South Dakota resident deaths, the crude death rate, and the age-adjusted death rate for 15 leading causes and selected components from 2008 to 2017.

The crude and age-adjusted rates for all causes in 2017 were 918.9 and 736.1 respectively, which are up from the crude and age-adjusted rates in 2016 of 905.7 and 718.6, respectively.

Table 66a
South Dakota Resident Deaths for 15 Leading Causes and Selected Components, 2008-2017

Cause of Death	Number of Deaths									
	2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
All Causes	**7,056**	**6,913**	**7,087**	**7,271**	**7,283**	**7,079**	**7,500**	**7,724**	**7,838**	**7,991**
Malignant Neoplasms (Cancer)	1,561	1,506	1,651	1,656	1,623	1,574	1,679	1,632	1,691	1,717
Trachea, Bronchus, and Lung	445	387	434	457	434	416	439	424	420	421
Colon, Rectum, and Anus	152	157	168	137	166	169	186	168	163	158
Pancreas	87	110	98	95	105	109	118	109	128	124
Female Breast	118	95	103	122	107	108	100	104	109	102
Prostate	78	84	96	88	75	76	75	90	107	71
Non-Hodgkin's Lymphoma	68	47	63	62	63	59	52	55	55	71
Heart Disease	1,677	1,778	1,611	1,615	1,652	1,617	1,695	1,712	1,732	1,708
Accidents	372	348	391	407	417	424	461	467	503	537
Motor Vehicle Accidents	125	133	141	99	142	149	151	143	135	166
Chronic Lower Respiratory Diseases	486	440	451	485	479	413	440	500	427	505
Alzheimer's Disease	401	402	401	423	462	420	433	421	449	444
Cerebrovascular Diseases	391	417	411	442	410	414	439	381	420	410
Diabetes Mellitus	216	200	241	267	219	239	223	282	253	262
Influenza and Pneumonia	186	135	166	178	188	186	180	213	195	217
Intentional Self-Harm (Suicide)	123	128	139	125	135	147	141	173	161	192
Chronic Liver Disease and Cirrhosis	100	79	83	98	113	121	128	137	158	152
Unspecified Dementia	80	90	91	117	111	99	120	126	121	105
Essential (Primary) Hypertension and Hypertensive Renal Disease	65	52	93	94	78	72	95	103	92	102
Septicemia	54	63	66	69	64	74	81	119	81	100
Parkinson's Disease	69	65	85	73	53	78	63	80	86	89
Vascular Dementia	50	42	60	67	72	46	68	72	71	78

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

South Dakota Resident Crude Death Rates for 15 Leading Causes and Selected Components, 2008-2017

Cause of Death	Crude Death Rates									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All Causes	877.0	851.0	870.4	882.3	873.9	837.9	879.1	899.7	905.7	918.9
Malignant Neoplasms (Cancer)	194.0	185.4	202.8	201.0	194.8	186.3	196.8	190.1	195.4	197.4
Trachea, Bronchus, and Lung	55.3	47.6	53.3	55.5	52.1	49.2	51.5	49.4	48.5	48.4
Colon, Rectum, and Anus	18.9	19.3	20.6	16.6	19.9	20.0	21.8	19.6	18.8	18.2
Pancreas	10.8	13.5	12.0	11.5	12.6	12.9	13.8	12.7	14.8	14.3
Female Breast	29.3	23.4	25.3	29.7	25.8	25.7	23.6	24.4	25.4	23.7
Prostate	19.4	20.7	23.6	21.3	17.9	17.9	17.5	20.8	24.5	16.2
Non-Hodgkin's Lymphoma	8.5	5.8	7.7	7.5	7.6	7.0	6.1	6.4	6.4	8.2
Heart Disease	208.4	218.9	197.9	196.0	198.2	191.4	198.7	199.4	200.1	196.4
Accidents	46.2	42.8	48.0	49.4	50.0	50.2	54.0	54.4	58.1	61.7
Motor Vehicle Accidents	15.5	16.4	17.3	12.0	17.0	17.6	17.7	16.7	15.6	19.1
Chronic Lower Respiratory Diseases	60.4	54.2	55.4	58.9	57.5	48.9	51.6	58.2	49.3	58.1
Alzheimer's Disease	49.8	49.5	49.3	51.3	55.4	49.7	50.8	49.0	51.9	51.1
Cerebrovascular Diseases	48.6	51.3	50.5	53.6	49.2	49.0	51.5	44.4	48.5	47.1
Diabetes Mellitus	26.8	24.6	29.6	32.4	26.3	28.3	26.1	32.8	29.2	30.1
Influenza and Pneumonia	23.1	16.6	20.4	21.6	22.6	22.0	21.1	24.8	22.5	25.0
Intentional Self-Harm (Suicide)	15.3	15.8	17.1	15.2	16.2	17.4	16.5	20.2	18.6	22.1
Chronic Liver Disease and Cirrhosis	12.4	9.7	10.2	11.9	13.6	14.3	15.0	16.0	18.3	17.5
Unspecified Dementia	9.9	11.1	11.2	14.2	13.3	11.7	14.1	14.7	14.0	12.1
Essential (Primary) Hypertension and Hypertensive Renal Disease	8.1	6.4	11.4	11.4	9.4	8.5	11.1	12.0	10.6	11.7
Septicemia	6.7	7.8	8.1	8.4	7.7	8.8	9.5	13.9	9.4	11.5
Parkinson's Disease	8.6	8.0	10.4	8.9	6.4	9.2	7.4	9.3	9.9	10.2
Vascular Dementia	6.2	5.2	7.4	8.1	8.6	5.4	8.0	8.4	8.2	9.0

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

Table 66c
South Dakota Resident Age-Adjusted Death Rates for 15 Leading Causes and Selected Components, 2008-2017

Cause of Death	Age-Adjusted Death Rates									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All Causes	**712.1**	**688.6**	**713.4**	**716.1**	**706.8**	**677.4**	**709.9**	**714.9**	**718.6**	**736.1**
Malignant Neoplasms (Cancer)	164.8	156.5	170.6	168.6	162.2	154.3	161.4	153.3	156.6	157.0
Trachea, Bronchus, and Lung	47.3	40.7	45.4	47.2	43.5	41.0	41.8	39.7	38.2	38.2
Colon, Rectum, and Anus	15.9	15.8	17.0	13.9	16.4	16.7	17.6	15.7	15.2	14.2
Pancreas	8.9	11.3	10.2	9.5	10.6	10.7	11.1	10.3	11.6	11.5
Female Breast	23.3	17.6	19.7	23.7	19.5	19.3	17.9	18.7	19.3	17.3
Prostate	19.2	20.3	23.7	20.9	17.7	17.0	16.7	19.6	23.1	15.7
Non-Hodgkin's Lymphoma	7.0	4.7	6.3	6.2	6.3	5.5	4.8	5.2	5.4	6.4
Heart Disease	162.2	168.3	154.9	153.0	153.8	148.8	153.6	151.0	153.7	150.0
Accidents	41.8	40.0	44.3	44.8	46.6	46.4	49.2	49.3	53.1	56.2
Motor Vehicle Accidents	15.1	16.6	17.0	11.8	17.1	17.4	17.5	16.3	15.8	19.0
Chronic Lower Respiratory Diseases	49.0	43.9	46.0	47.4	45.4	39.1	40.7	45.1	38.5	45.4
Alzheimer's Disease	35.9	35.2	36.2	36.6	39.6	35.1	36.1	34.8	37.1	36.9
Cerebrovascular Diseases	37.6	38.8	39.2	42.0	37.6	37.5	38.8	33.0	35.8	36.3
Diabetes Mellitus	21.8	20.4	24.6	26.8	21.6	22.9	21.2	26.3	23.6	24.8
Influenza and Pneumonia	17.3	12.6	15.5	16.3	16.9	16.4	16.1	18.3	16.7	19.0
Intentional Self-Harm (Suicide)	15.4	16.0	17.3	15.3	16.1	18.0	17.1	20.4	19.9	22.7
Chronic Liver Disease and Cirrhosis	11.6	8.7	9.7	11.1	13.3	13.3	16.0	15.9	16.4	17.0
Unspecified Dementia	6.9	7.9	8.3	10.2	9.4	8.4	10.1	10.5	9.6	8.6
Essential (Primary) Hypertension and Hypertensive Renal Disease	6.2	4.8	8.8	8.5	6.8	6.3	8.1	8.7	7.9	8.7
Septicemia	5.5	6.4	6.7	7.0	6.2	7.2	8.1	11.0	7.5	9.4
Parkinson's Disease	6.7	6.2	8.2	7.0	5.1	7.3	6.3	7.2	7.6	8.1
Vascular Dementia	4.2	3.7	5.3	5.9	6.3	3.9	5.7	5.7	5.4	6.4

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

The following figures on the next several pages display 10 year trends for crude death rates for the 15 leading causes of death in 2017. Note: The crude death rate is calculated using yearly U.S. Census Bureau population estimates for that year.

Figure 20
South Dakota Resident Crude Death Rate Due to Malignant Neoplasms by Year of Death, 2008-2017
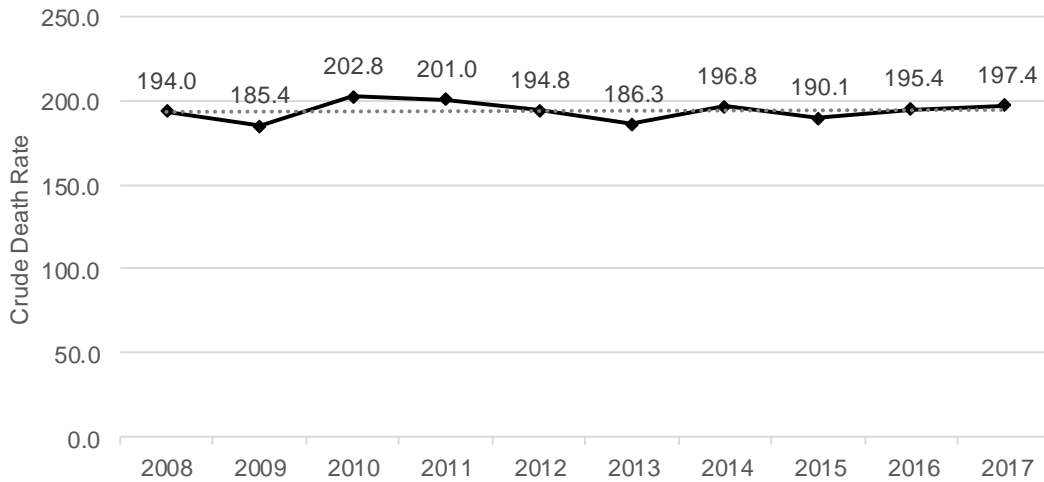
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20a
South Dakota Resident Crude Death Rate Due to Trachea, Bronchus, and Lung Cancer by Year of Death, 2008-2017
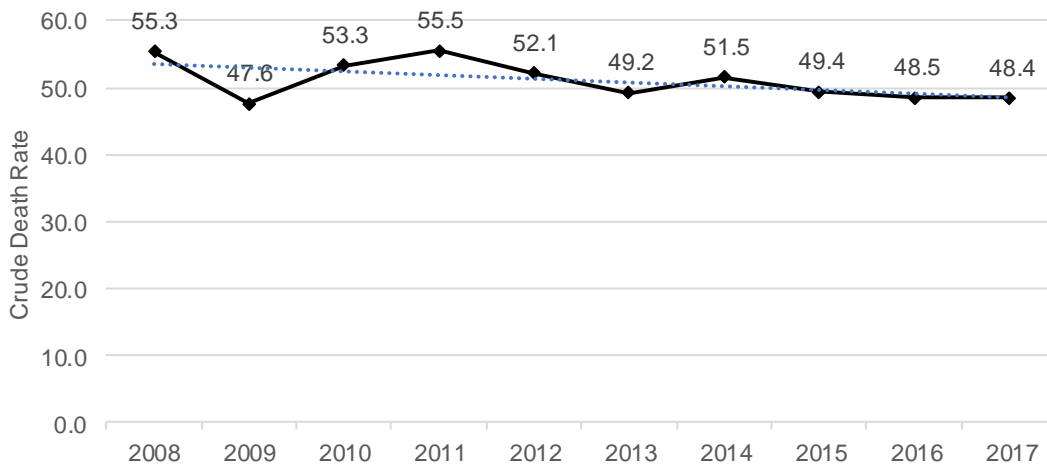
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20b
South Dakota Resident Crude Death Rate Due to Colon, Rectum, and Anus Cancer by Year of Death, 2008-2017
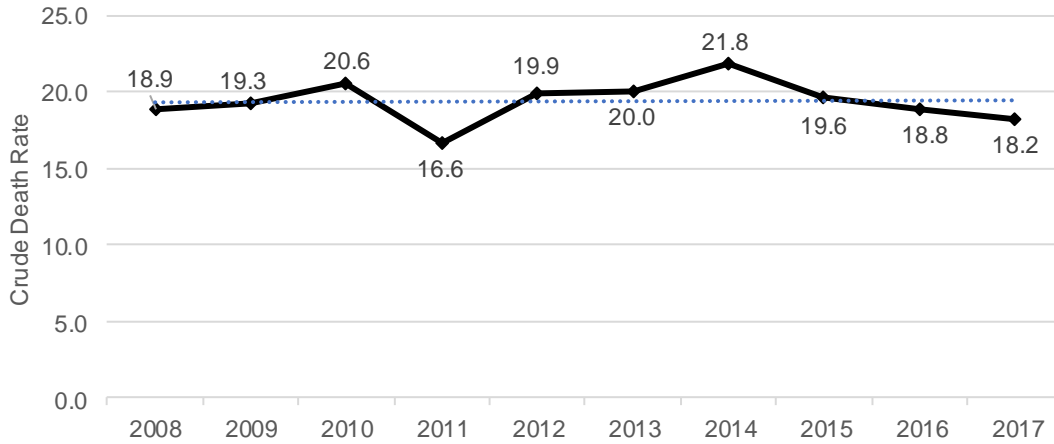
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20c
South Dakota Resident Crude Death Rate Due to Pancreas Cancer by Year of Death, 2008-2017
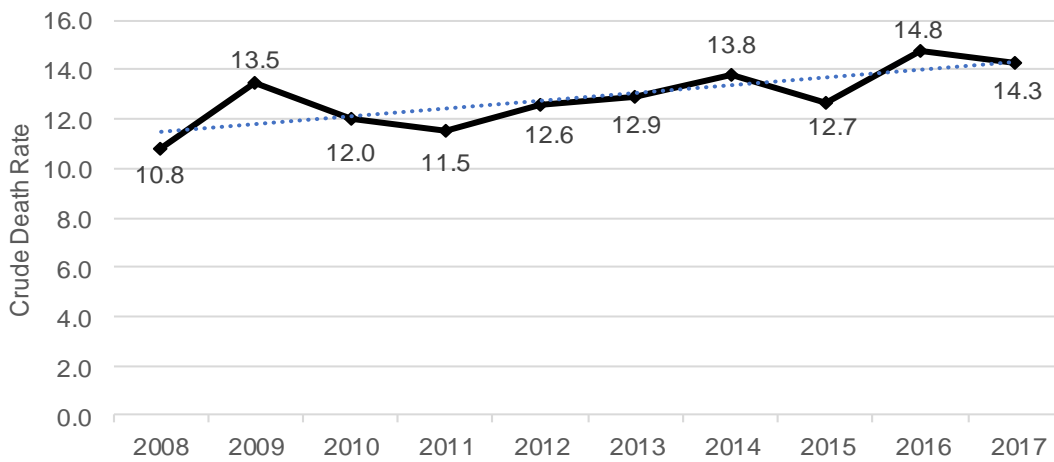
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20d
South Dakota Resident Crude Death Rate Due to Female Breast Cancer by Year of Death, 2008-2017
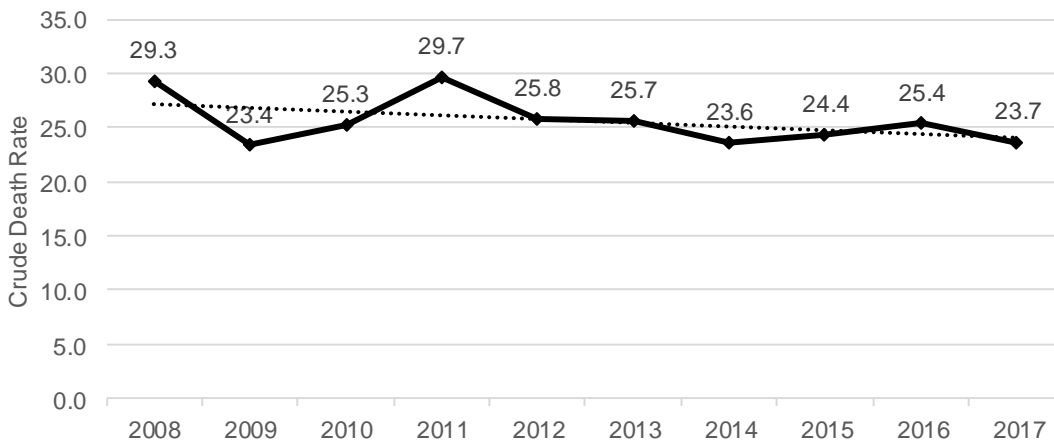
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20e
South Dakota Resident Crude Death Rate Due to Prostate Cancer by Year of Death, 2008-2017
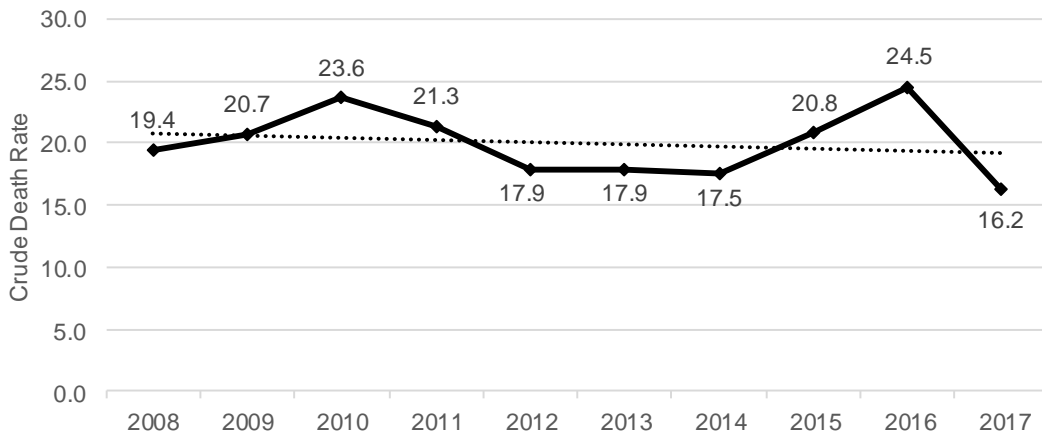
Source: South Dakota Department of Health, Office of Health Statistics

Figure 20f
South Dakota Resident Crude Death Rate Due to Non-Hodgkin's Lymphoma by Year of Death, 2008-2017
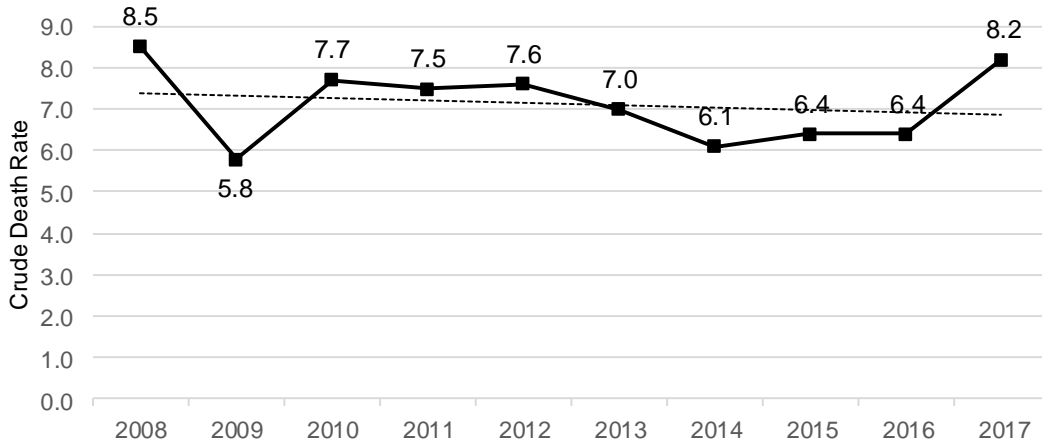
Source: South Dakota Department of Health, Office of Health Statistics

Figure 21
South Dakota Resident Crude Death Rate Due to Heart Disease by Year of Death, 2008-2017
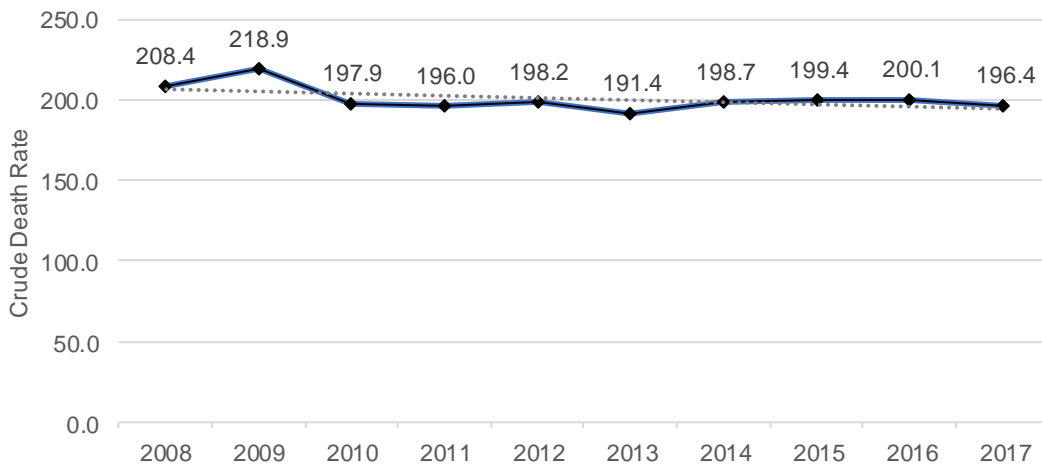
Source: South Dakota Department of Health, Office of Health Statistics

Figure 22
**South Dakota Resident Crude Death Rate Due to Accidents by Year
of Death, 2008-2017**

Crude Death Rate

2008: 46.2
2009: 42.8
2010: 48.0
2011: 49.4
2012: 50.0
2013: 50.2
2014: 54.0
2015: 54.4
2016: 58.1
2017: 61.7
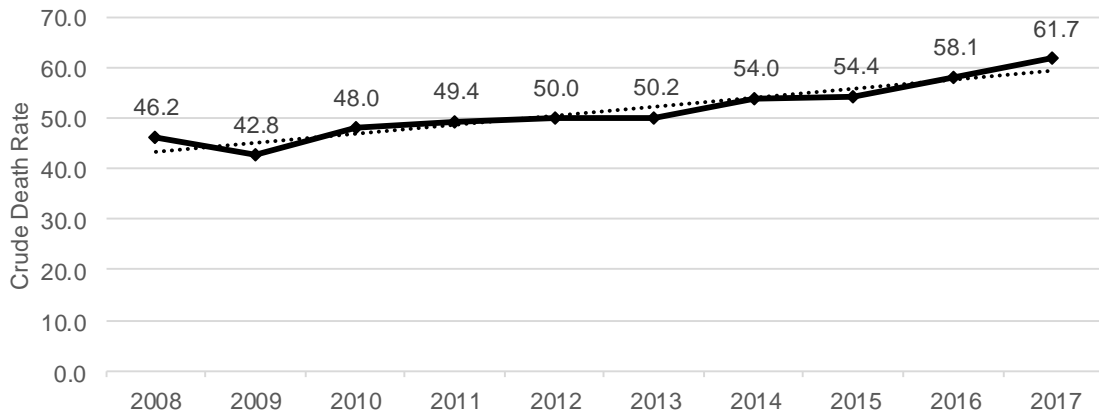
Source: South Dakota Department of Health, Office of Health Statistics

Figure 22a
**South Dakota Resident Crude Death Rate Due to Motor Vehicle
Accidents by Year of Death, 2008-2017**

Crude Death Rate

2008: 15.5
2009: 16.4
2010: 17.3
2011: 12.0
2012: 17.0
2013: 17.6
2014: 17.7
2015: 16.7
2016: 15.6
2017: 19.1
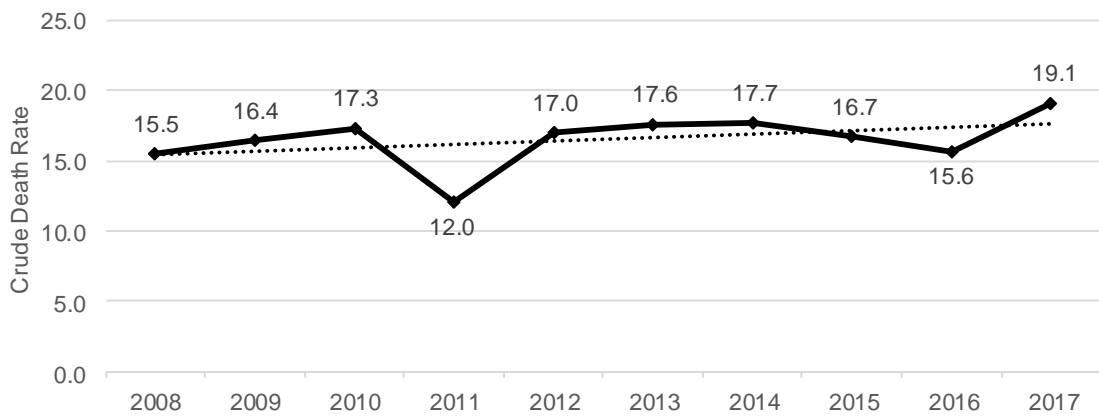
Source: South Dakota Department of Health, Office of Health Statistics

Figure 23
**South Dakota Resident Crude Death Rate Due to Chronic Lower
Respiratory Disease by Year of Death, 2008-2017**

Crude Death Rate

2008: 60.4
2009: 54.2
2010: 55.4
2011: 58.9
2012: 57.5
2013: 48.9
2014: 51.6
2015: 58.2
2016: 49.3
2017: 58.1
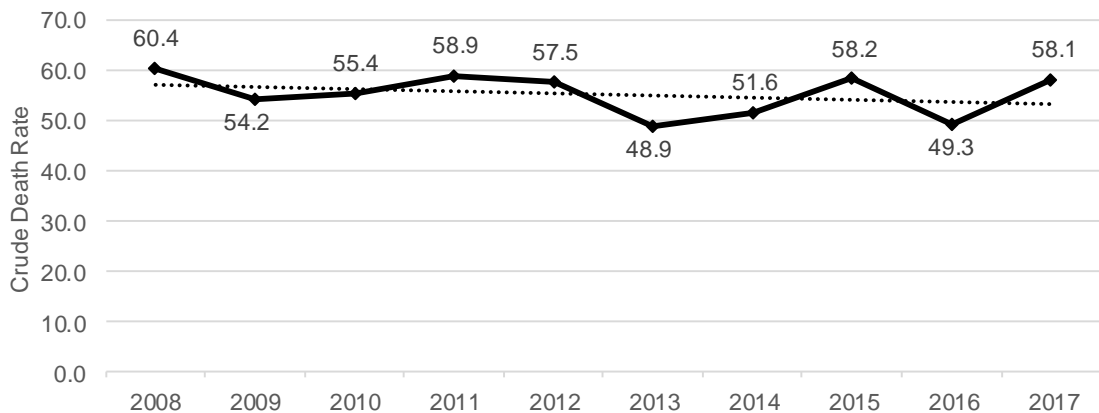
Source: South Dakota Department of Health, Office of Health Statistics

Figure 24
South Dakota Resident Crude Death Rate Due to Alzheimer's Disease by Year of Death, 2008-2017
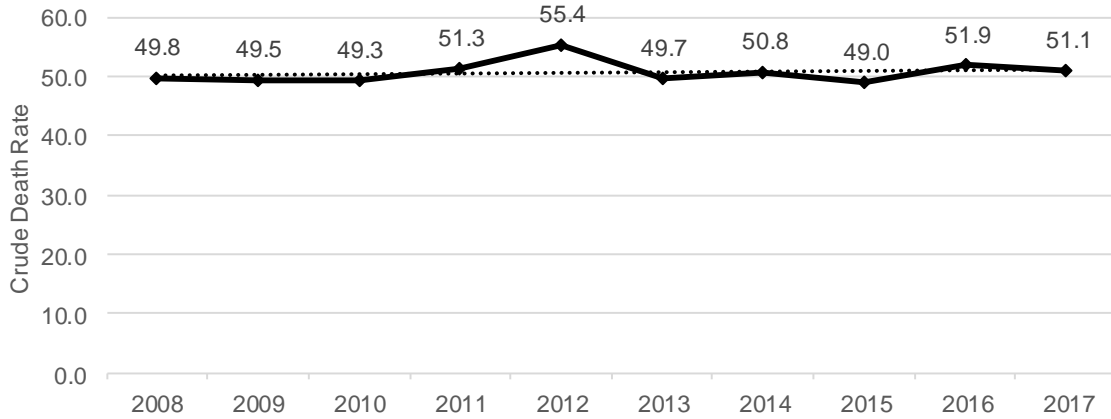
Source: South Dakota Department of Health, Office of Health Statistics

Figure 25
South Dakota Resident Crude Death Rate Due to Cerebrovascular Disease by Year of Death, 2008-2017
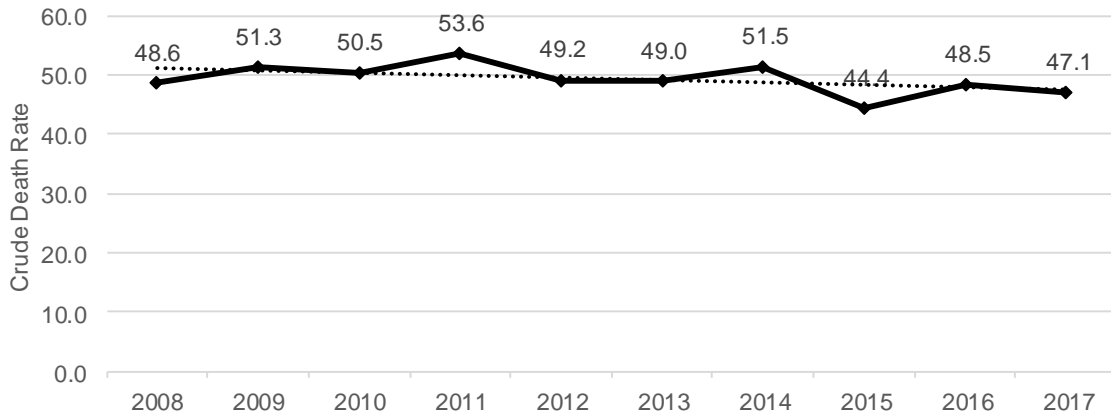
Source: South Dakota Department of Health, Office of Health Statistics

Figure 26
South Dakota Resident Crude Death Rate Due to Diabetes Mellitis by Year of Death, 2008-2017
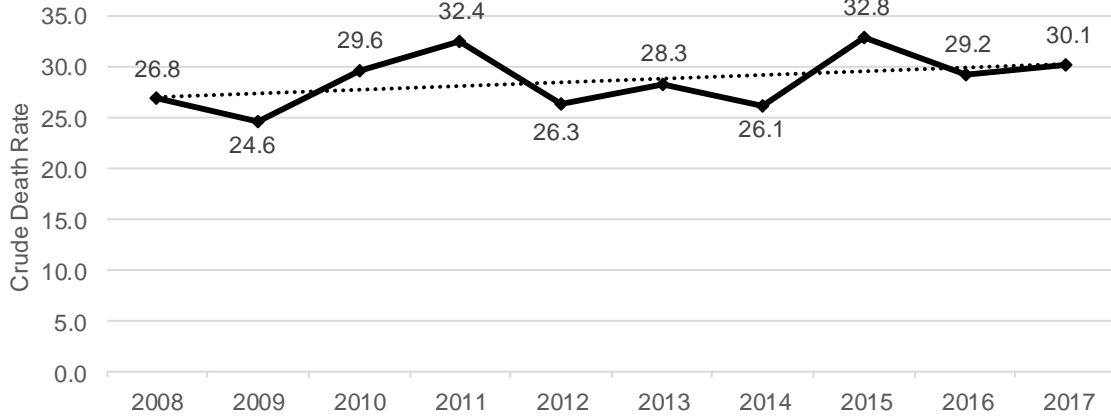
Source: South Dakota Department of Health, Office of Health Statistics

Figure 27
South Dakota Resident Crude Death Rate Due to Influenza and Pneumonia by Year of Death, 2008-2017
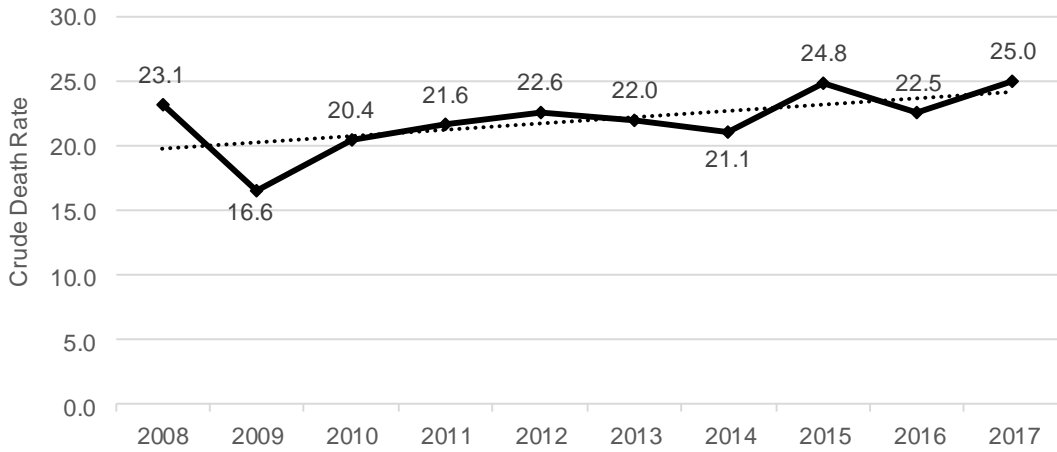
Source: South Dakota Department of Health, Office of Health Statistics

Figure 28
South Dakota Resident Crude Death Rate Due to Intentional Self Harm (Suicide) by Year of Death, 2008-2017
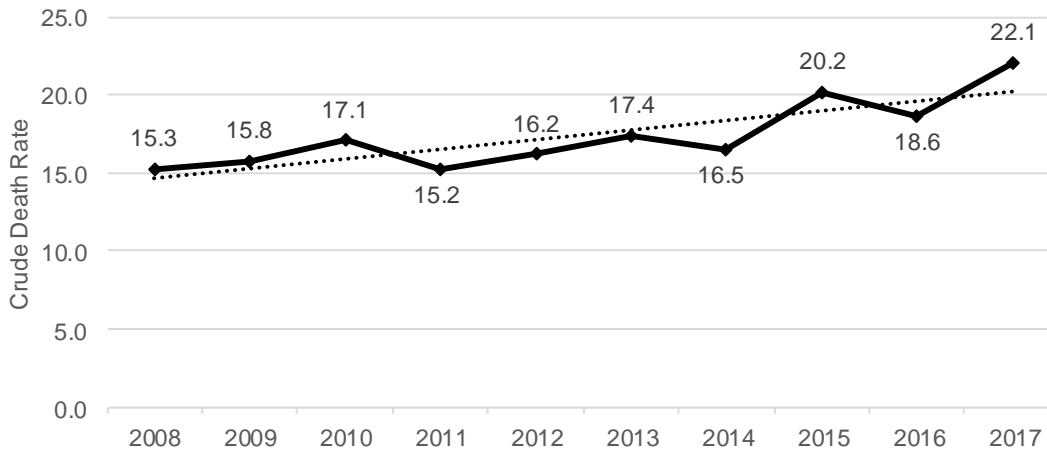
Source: South Dakota Department of Health, Office of Health Statistics

Figure 29
South Dakota Resident Crude Death Rate Due to Chronic Liver Disease and Cirrhosis by Year of Death, 2008-2017
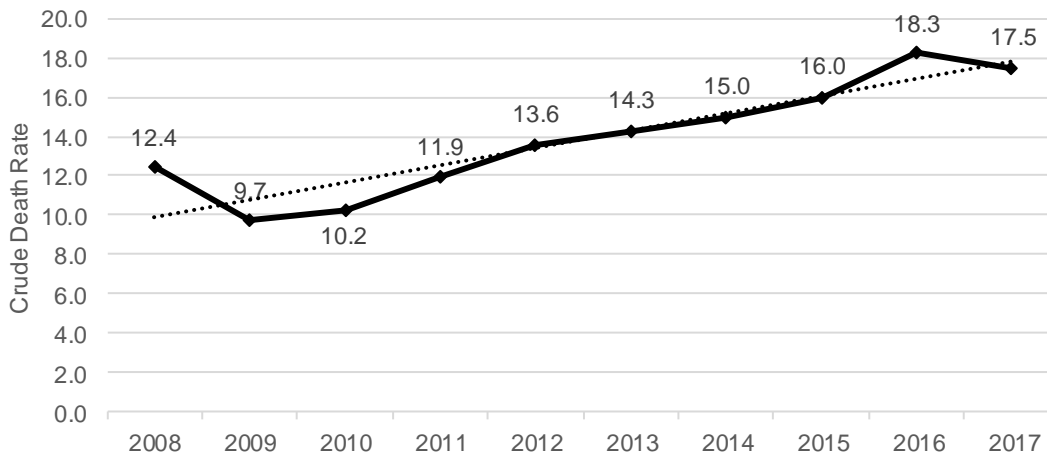
Source: South Dakota Department of Health, Office of Health Statistics

Figure 30
South Dakota Resident Crude Death Rate Due to Unspecified Dementia by Year of Death, 2008-2017

Source: South Dakota Department of Health, Office of Health Statistics
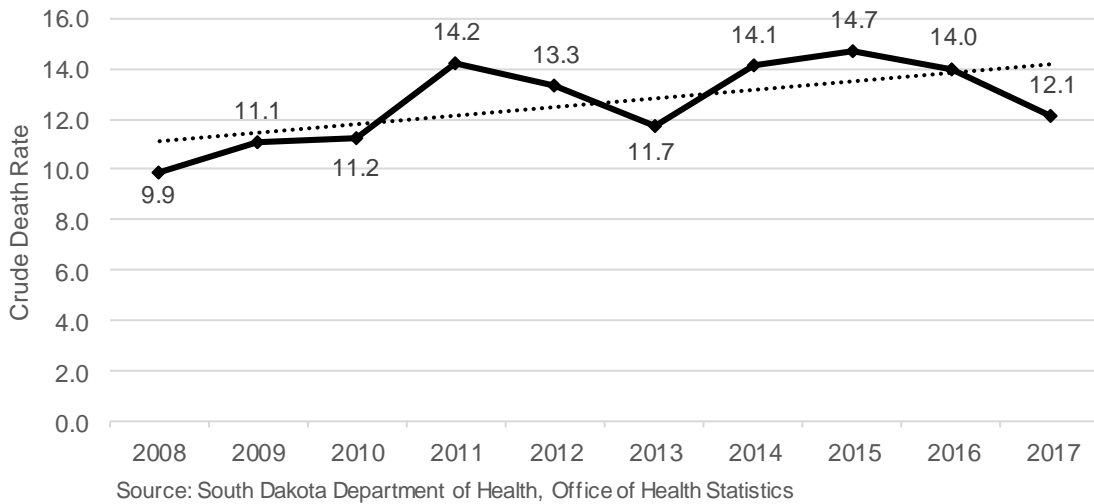
Figure 31
South Dakota Resident Crude Death Rate Due to Essential (Primary) Hypertension and Hypertensive Renal Disease by Year of Death, 2008-2017

Source: South Dakota Department of Health, Office of Health Statistics
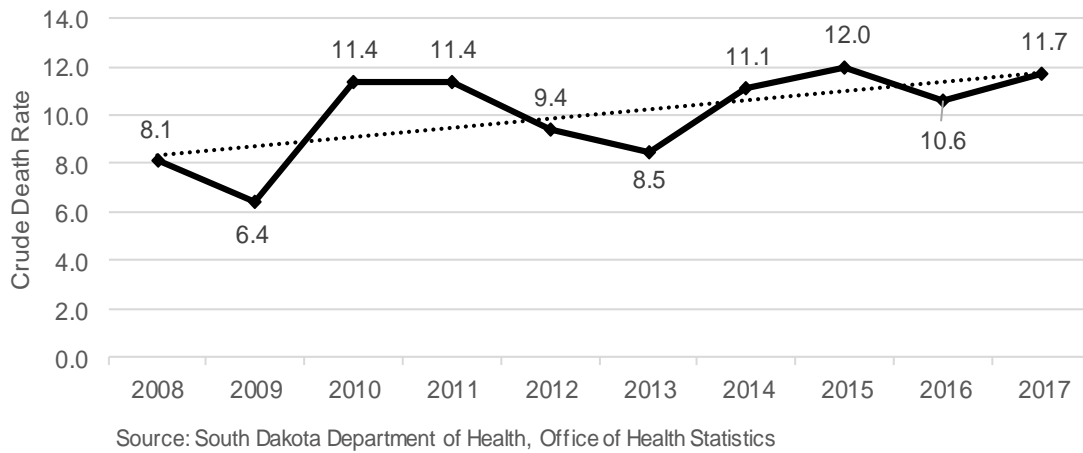
Figure 32
South Dakota Resident Crude Death Rate Due toSepticemia by Year of Death, 2008-2017

Source: South Dakota Department of Health, Office of Health Statistics
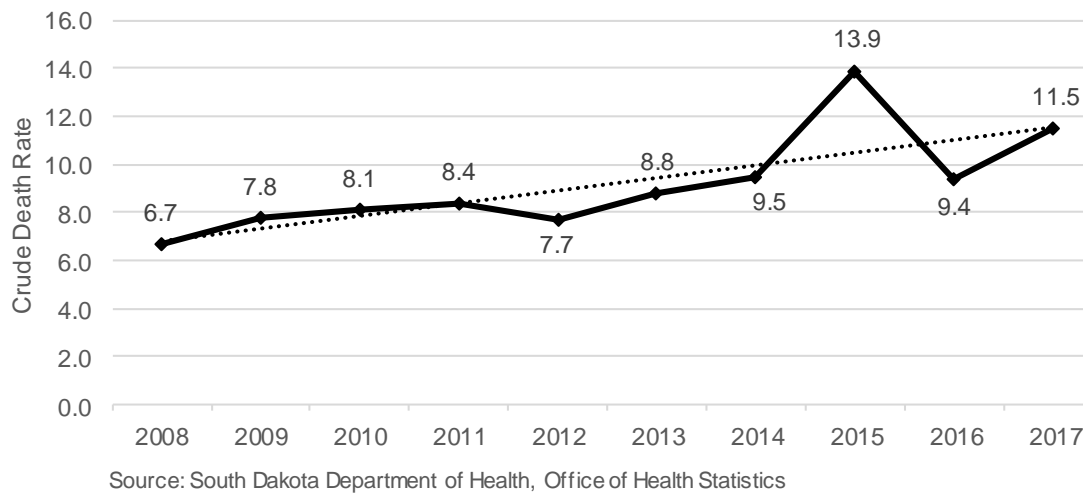
Figure 33
South Dakota Resident Crude Death Rate Due to Parkinson's Disease by Year of Death, 2008-2017
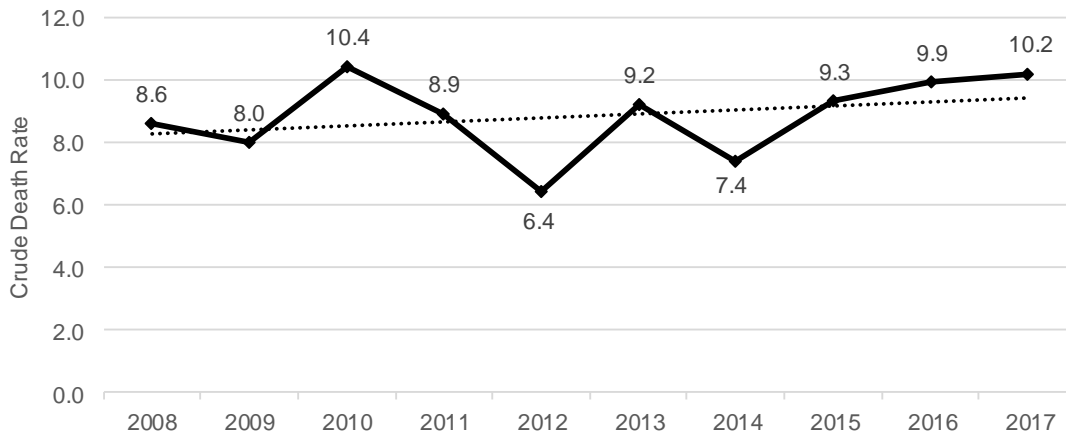
Source: South Dakota Department of Health, Office of Health Statistics

Figure 34
South Dakota Resident Crude Death Rate Due to Vascular Dementia by Year of Death, 2008-2017
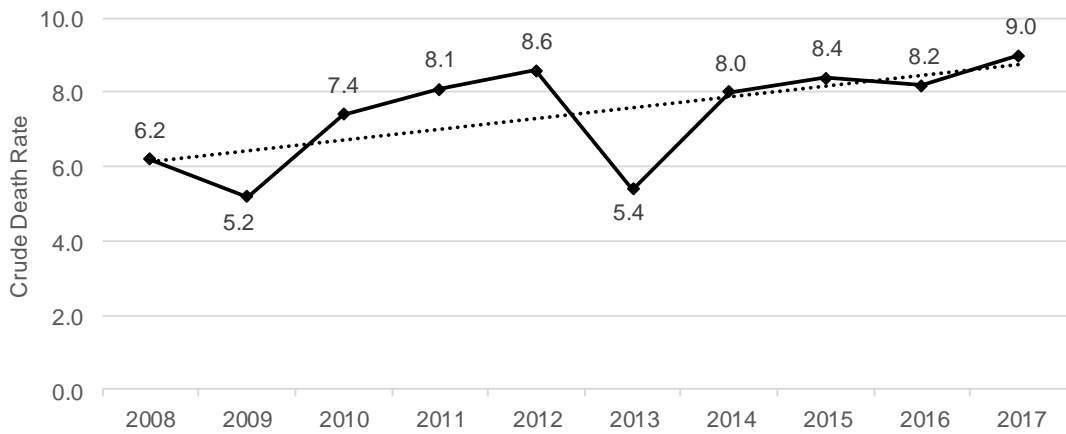
Source: South Dakota Department of Health, Office of Health Statistics

Induced Abortion

According to South Dakota Codified Law chapter 34-23A, physicians are required to submit to the Department of Health the Report of Induced Abortion Form, a Voluntary and Informed Consent Form for all abortions, and a Parental Notice Form where applicable. The forms are provided in Appendix A at the end of the report.

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An Overview: 2017

    Total Induced Abortions
       Performed in South Dakota          497

    Total Induced Abortions
       Performed in South Dakota
       on South Dakota Residents          423
```

Patient Information

There were 497 abortions performed in South Dakota in 2017, up from 472 abortions performed in 2016. Of the 497 abortions performed in South Dakota, 423 or 85.1 percent were performed on South Dakota residents. Table 67, below, provides the residence and age breakdown for the abortions performed in South Dakota.

Table 67
Induced Abortions Occurring in South Dakota by Patient's State of Residence and Age, 2017

	Total	Age of Patient					
		0-17	18-19	20-24	25-29	30-34	35 +
Number	497	24	39	150	130	77	77
Percent	100	4.8	7.8	30.2	26.2	15.5	15.5
State of Residence							
South Dakota	423	20	29	125	118	65	66
Minnesota	41	1	5	13	7	6	9
Iowa	28	2	3	11	5	5	2
Other	5	1	2	1	0	1	0

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

Table 68, below, shows the breakdown of abortions by county of residence and Table 69, on the next page, shows the breakdown of abortions by city of residence for 2017.

NOTE: To protect the privacy of the patient, only counties or cities with at least 10 events are included in each table.

Table 68
South Dakota Resident Induced Abortions Occurring in South Dakota by Patient's Resident County, 2017

County	Induced Abortions	County	Induced Abortions
Brookings	26	Lincoln	29
Brown	15	Minnehaha	218
Codington	10	Pennington	18
Davison	10	Todd	11

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

Table 69
South Dakota Resident Induced Abortions Occurring
in South Dakota by Patient's Resident City, 2017

Resident City	Number	Resident City	Number
Aberdeen	13	Rapid City	11
Brookings	22	Sioux Falls	215
Mitchell	10	Watertown	10

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

Table 70, below, indicates that patients ages 20-24 comprised the largest percentage of the induced abortions which occurred in South Dakota with 30.2 percent. Patients ages 25-29 comprised the next largest percentage with 26.2 percent of abortions occurring in South Dakota. This was also true for South Dakota residents where patients ages 20-24 received 29.6 percent and patients ages 25-29 received 27.9 percent of the induced abortions performed in South Dakota on state residents.

Table 70
Induced Abortions Occurring in South Dakota by Age and
South Dakota Resident Induced Abortions by Age, 2017

Patients' Age	Occurring in South Dakota		South Dakota Residents	
	Number	Percent	Number	Percent
0-17	24	4.8	20	4.7
18-19	39	7.8	29	6.9
20-24	150	30.2	125	29.6
25-29	130	26.2	118	27.9
30-34	77	15.5	65	15.4
35-39	63	12.7	53	12.5
40+	14	2.8	13	3.1
Total	497	100	423	100

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

Table 71, below, indicates that of the abortions that occurred in South Dakota, 72.3 percent were white, 11.3 percent black, 10.3 percent American Indian, and 1.4 percent were of some other race.

Table 71
Induced Abortions Occurring in South Dakota by Patient's Age and Race, 2017

Patients' Age	Patients' Race				
	White	Black	American Indian	Asian	Other
Number	357	56	51	23	7
Percent	72.3	11.3	10.3	4.7	1.4
0-17	17	4	2	0	0
18-19	33	1	3	1	1
20-24	105	17	21	4	2
25-29	87	16	11	12	4
30-34	57	8	8	3	0
35-39	48	8	4	3	0
40 +	10	2	2	0	0

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

Figure 35, to the right, illustrates that most of the patients, 91.3 percent, were non-Hispanic. South Dakota's population consists of 4.1 percent Hispanic women age 15 to 44 based on the 2017 U.S. Census estimates.

Table 72, below, shows the education and marital status of the induced abortion patients. Considering marital status, 81.9 percent of the 497 patients who received induced abortions in South Dakota were not married.

Figure 35
Induced Abortions Occurring in South Dakota by Ethnicity of Patient, 2017

Hispanic, 8.7%

Non-Hispanic, 91.3%

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

Table 72
Induced Abortions Occurring in South Dakota
by Patient's Education and Marital Status, 2017

	Marital Status					
	Total		Single		Married	
	Number	%	Number	%	Number	%
Education of Patient	**497**	**100**	**407**	**81.9**	**90**	**18.1**
High School Graduate or Less	219	100	185	84.5	34	15.5
Some College, but No Degree	146	100	126	86.3	20	13.7
Vo-Tech, Teacher's Certificate, Associate Degree/Bachelor's Degree/Master's Degree/Doctorate	132	100	96	72.7	36	27.3

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

Payment Information

The Report of Induced Abortion Form asks questions about how much the abortion cost and who paid for the abortion. Table 73, on the next page, indicates that in 2017, 89.1 percent of all abortions performed in South Dakota were self-pay while 8.0 percent were paid by private insurance and 2.8 percent were paid by public health plans. Of the 54 abortions paid by private insurance or a public health plan, 38 were paid by a fee-for-service insurance company, and 16 were paid by a managed care insurance company.

Table 73
Induced Abortions Occurring in South Dakota
by Payment and Insurance Coverage Type, 2017

Payment Source	Total	Fee-for-service Insurance Co.	Managed Care Company	No Insurance Used
Private Insurance	40	38	2	0
Public Health Plan	14	0	14	0
Self	443	0	0	443
Total	**497**	**38**	**16**	**443**

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

In 2017, the majority of abortions, 79.7 percent, cost between $600 and $699.

Figure 36, below, displays a comparison of the fees for abortions for each year from 2013 to 2017.

Figure 36
Percent of Induced Abortions Occurring in South Dakota
by Fee Collected for Abortion, 2013-2017
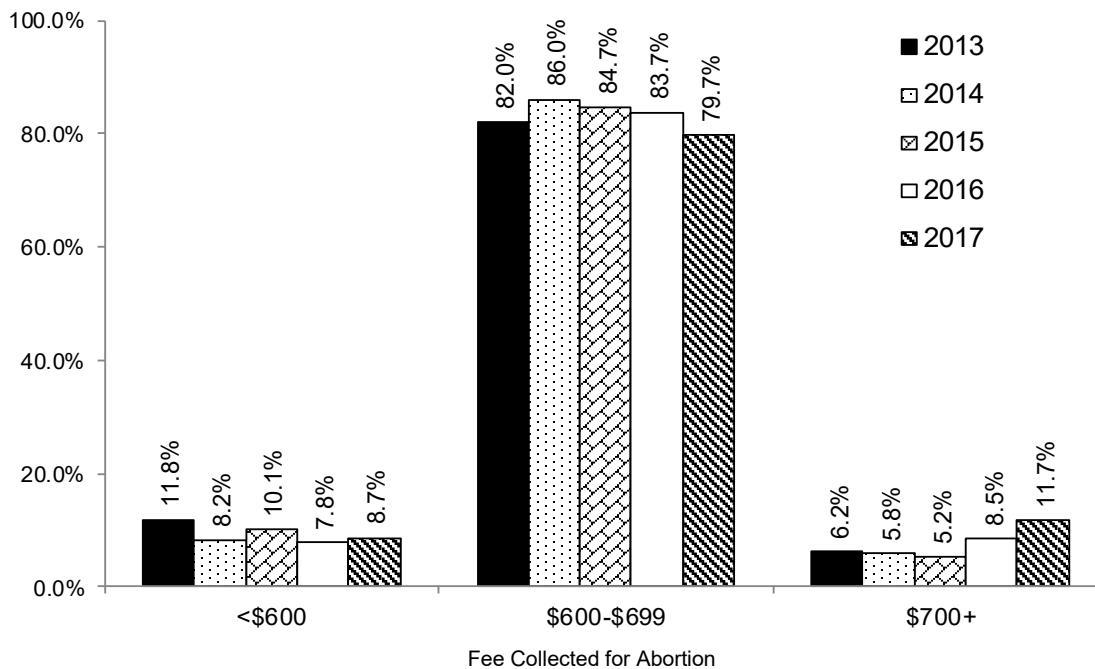
Source: South Dakota Department of Health, Office of Health Statistics

<u>Previous Pregnancies</u>

The Report of Induced Abortion Form also includes a series of questions about previous pregnancies. Figure 37, on the next page, illustrates the number of children now living reported by the patients who received abortions in South Dakota for the past five years.

Of the patients reporting in 2017, 41.4 percent reported having no living children. Less than two percent had one or more live births that are now deceased.

Figure 37
Percent of Induced Abortions Occurring in South Dakota by the Number of Patient's Children Who are Now Living, 2013-2017
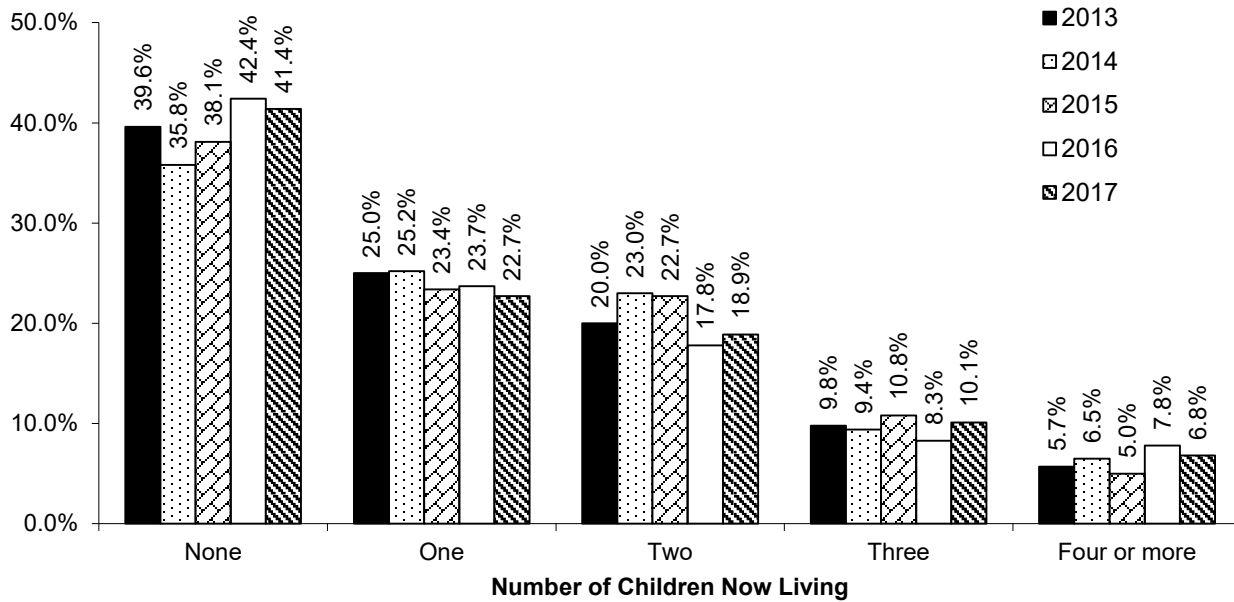
Source: South Dakota Department of Health, Office of Health Statistics

Figure 38, below, indicates that 18.3 percent of patients had a spontaneous termination in the past. For this report, a spontaneous termination is defined as a termination in which the process starts of its own accord through natural causes. The majority of the patients, 81.7 percent, who obtained induced abortions in 2017 reported they had never had a spontaneous termination.

Figure 38
Percent of Induced Abortions Occurring in South Dakota by Previous Spontaneous Terminations, 2013-2017
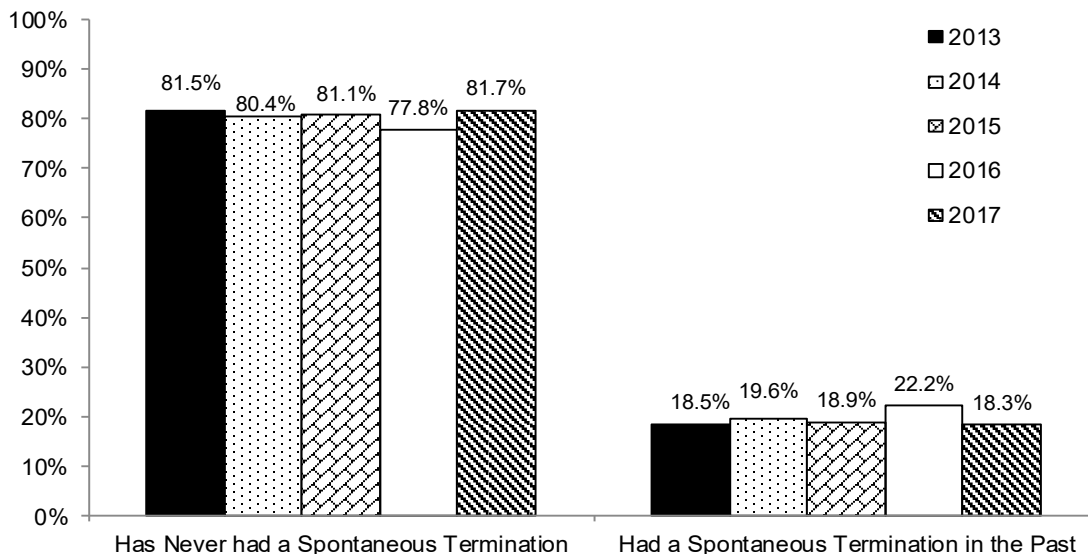
Source: South Dakota Department of Health, Office of Health Statistics

Figure 39, below, illustrates the number of previous induced abortions reported by the patients. An induced abortion is statutorily defined as the use of any means to intentionally terminate the pregnancy of a patient known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the fetus.

Figure 39
Induced Abortions Occurring in South Dakota by Previous Induced Abortions, 2013-2017
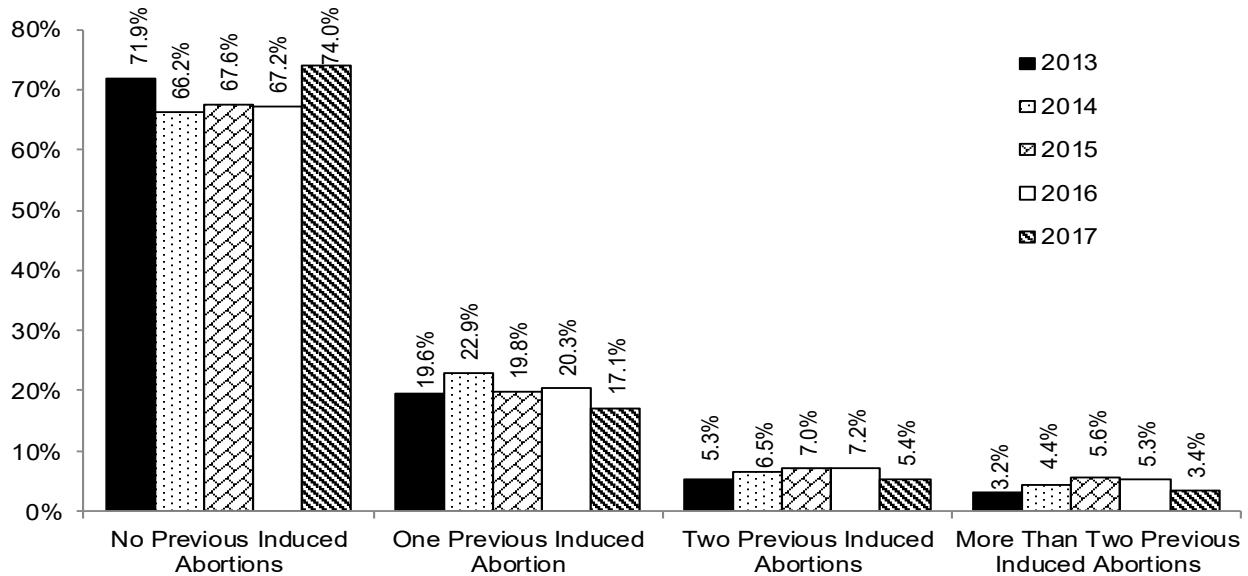
Source: South Dakota Department of Health, Office of Health Statistics

As seen in Figure 39, above, the majority of patients, 74.0 percent, reported that they had no previous induced abortions. In 2017, 17.1 percent had obtained one previous induced abortion and 8.9 percent had obtained more than one previous induced abortion. In 2016, 20.3 percent had one previous induced abortion while 12.5 percent had more than one previous induced abortion.

Medical Information

The Report of Induced Abortion Form also asked a series of questions aimed at obtaining medical information. Figure 40, on the next page, lists the number of induced abortions performed in South Dakota during 2017 by month of occurrence. The fewest numbers of abortions were performed in October while the greatest occurred in July.

Figure 40
Induced Abortions Occurring in South Dakota by Month of Abortion, 2017
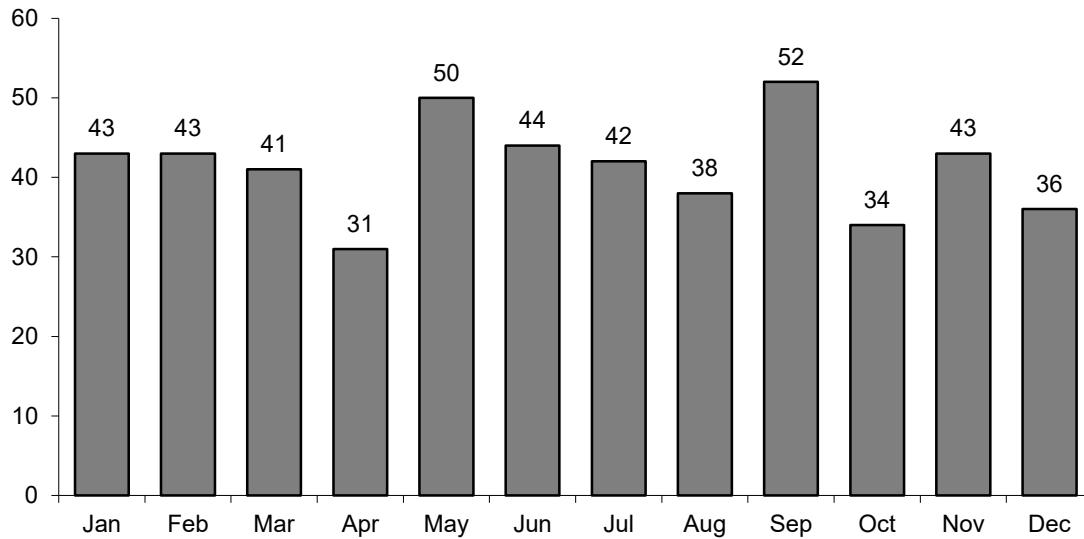
Source: South Dakota Department of Health, Office of Health Statistics

Figure 41, below, shows the number of weeks between the date the last normal menses began and the abortion date. Most of the patients, 405, reported that their last normal menses began within 10 weeks prior to the induced abortion date.

Figure 41
Induced Abortions Occurring in South Dakota
by Number of Weeks Since Last Normal Menses Began, 2017
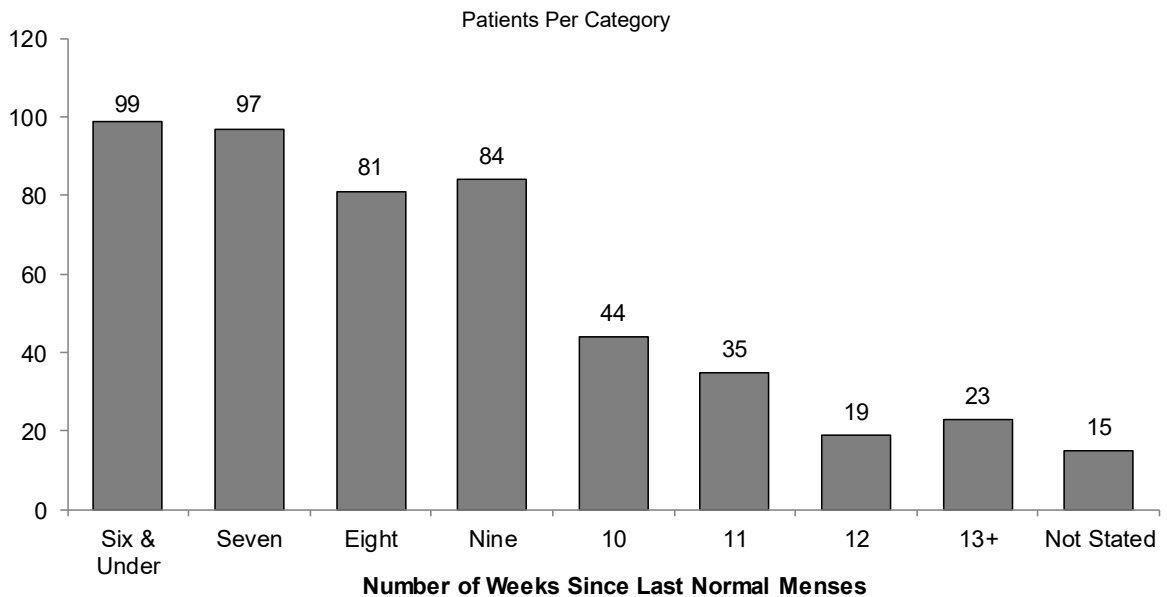
Source: South Dakota Department of Health, Office of Health Statistics

Figure 42, below, shows the number of induced abortions occurring in South Dakota from 2013 to 2017 by the clinical estimated weeks of gestation.

The largest percentage of patients in 2017, 37.5 percent, received abortions at seven to eight weeks of estimated gestation.

Figure 42
Induced Abortions Occurring in South Dakota by Approximate Gestational Age, 2013-2017
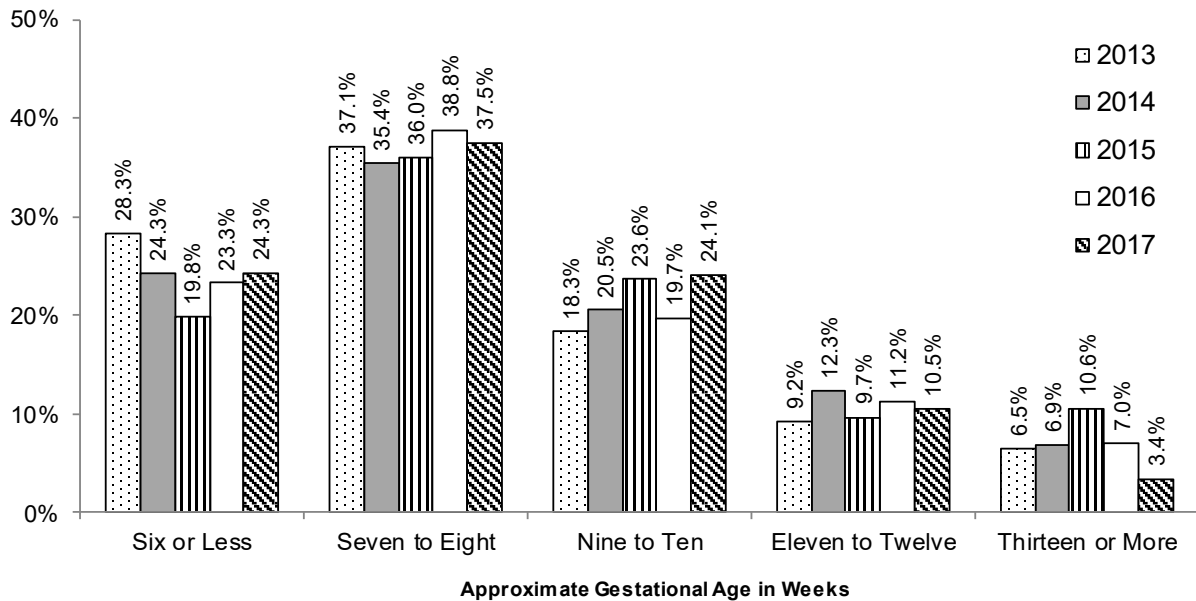
Source: South Dakota Department of Health, Office of Health Statistics

Figure 43, below, lists the number of induced abortions occurring in South Dakota by the weight of the fetus. The category with the largest number of occurrences was the 50 to 74 gram category with 58 induced abortions. That is equivalent to approximately 1.8 to 2.6 ounces.

Figure 43
Induced Abortions Occurring in South Dakota by Weight of Fetus, 2017
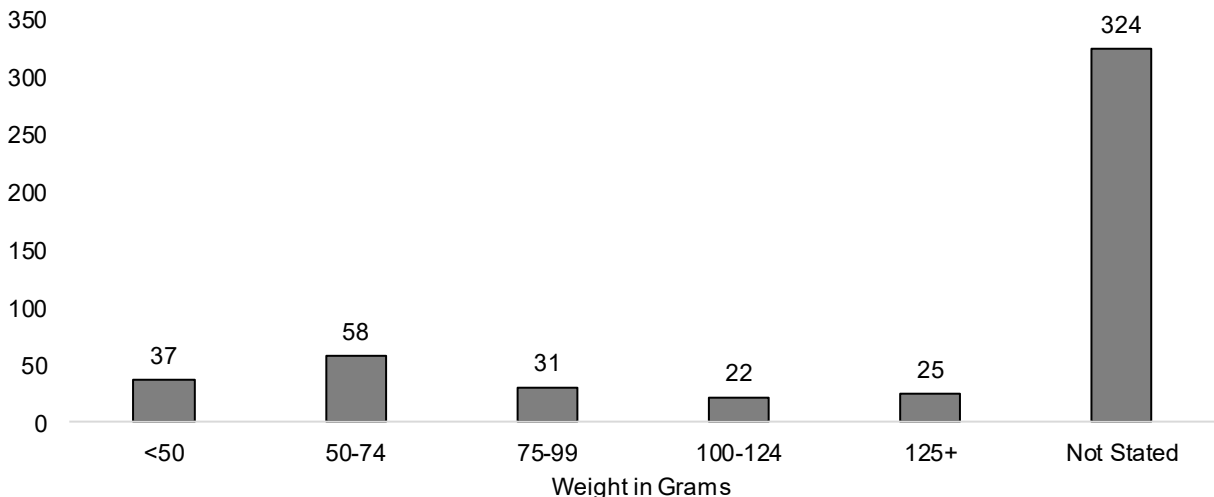
Note: One gram equals approximately 0.0353 ounces or one ounce equals approximately 28.3 grams.
Source: South Dakota Department of Health, Office of Health Statistics

Table 74, to the right, illustrates the number of abortions that were performed with the knowledge that a fetal abnormality existed. Of the abortions performed in 2017, two of the forms indicated that there was a fetal abnormality present at the time of the abortion. A majority of the forms indicated that it was unknown if a fetal abnormality was present at the time of the abortion.

Table 74
Induced Abortions Occurring in South Dakota by Fetal Abnormality, 2017

Presence of Fetal Abnormality	Number	Percentage
Yes	2	0.4%
Unknown	495	99.6%
Total	**497**	**100%**

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

Table 75
Induced Abortions Occurring in South Dakota by Method of Disposal, 2017

Method of Disposal	Number	Percentage
Incineration	263	52.9%
Burial	3	0.6%
Unknown/ Medical	231	46.5%
Total	**497**	**100%**

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

Table 75, to the left, indicates the method used to dispose of the fetus in 2017. The main method of disposal in 2017 was incineration with 263 or 52.9 percent.

Termination Procedure

The Report of Induced Abortion Form also asked questions about the termination procedure. Figure 44, to the right, illustrates the primary procedures used to perform induced abortions in South Dakota in 2017.

In 2017, medical/non-surgical was used for 46.7 percent of the abortions while dilation and evacuation was used for less than one percent of abortions. The majority used suction in 2017 with an overall percentage of 52.9 percent.

Figure 44
Induced Abortions Occurring in South Dakota by Primary Procedure Used, 2017

Medical/Non-Surgical 46.7%
Dilation and Evacuation 0.2%
Suction 52.9%
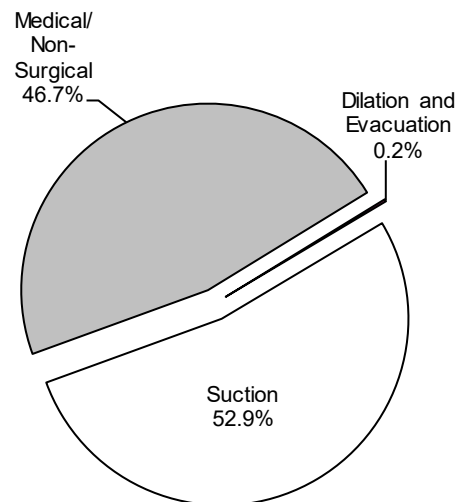
Source: South Dakota Department of Health, Office of Health Statistics

Table 76, to the right, indicates additional procedures that were used to terminate the pregnancy in 2017. The majority of abortions, 96.0 percent, did not require an additional procedure. There were four cases of maternal complications reported to the Department of Health in 2017.

Table 76
Induced Abortions Occurring in South Dakota by Any Additional Procedures Used, 2017

Additional Procedures Used	Number	Percentage
No Additional Procedure	477	96.0%
Sharp Curettage	20	4.0%

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

Figure 45
Induced Abortions Occurring in South Dakota by Type of Anesthetic Used, 2017
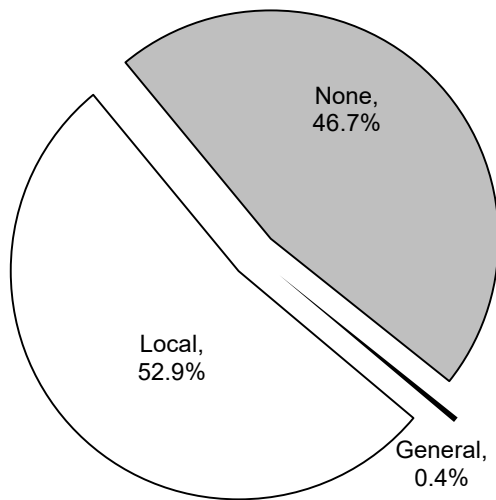
Source: South Dakota Department of Health, Office of Health Statistics

Figure 45, to the left, illustrates the type of anesthetic used for abortions performed in South Dakota. In 2017, 52.9 percent of patients were given a local anesthetic, and 0.4 percent were given a general anesthetic. Patients who received no anesthetic made up 46.7 percent.

Reason for the Induced Abortion

The Report of Induced Abortion Form asked a question about the reason for the induced abortion. Table 77, on the next page, illustrates the reasons that patients had induced abortions from 2013 to 2017. The patient did not desire to have the child has been the highest response for all five years.

The patient could not afford the child has been the second highest response for all five years. In 2017, 35.4 percent of patients gave more than one response while in 2016, 38.3 percent of patients gave more than one response.

Table 77
Induced Abortions Occurring in South Dakota by Reason for Abortion, 2013-2017

Reason for Induced Abortion	2013		2014		2015		2016		2017	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
The mother did not desire to have the child	393	65.4%	345	62.6%	280	63.1%	301	63.8%	324	65.2%
The mother could not afford the child	290	48.3%	263	47.7%	210	47.3%	211	44.7%	221	44.5%
The mother's emotional health was at risk	53	8.8%	64	11.6%	53	11.9%	74	15.7%	72	14.5%
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued	20	3.3%	34	6.2%	13	2.9%	31	6.6%	17	3.4%
The pregnancy was a result of rape or incest	7	1.2%	4	0.7%	5	1.1%	4	0.8%	8	1.6%
Other	117	19.5%	115	20.9%	108	24.3%	91	19.3%	79	15.9%
Refused to answer	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Note: Percents do not add to 100 because multiple reasons can be given.
Source: South Dakota Department of Health, Office of Health Statistics

Physician Specialty Information

Figure 46, to the right, illustrate the specialty of the physicians who performed abortions in South Dakota in 2017. The majority of abortions were performed by an obstetrician/gynecologist. During the 2017 reporting period, none of the physicians who performed induced abortions in South Dakota had their license revoked or suspended or had been subject to other professional sanctions.

Voluntary and Informed Consent Form

Of the 497 report forms received by the South Dakota Department of Health for induced abortions performed in 2017, 494 indicated that patients received the required disclosures.

Figure 46
Induced Abortions Occurring in South Dakota by Physician's Specialty, 2017

OB/GYN, 77.5%

Physician specializing in Family Medicine, 22.5%
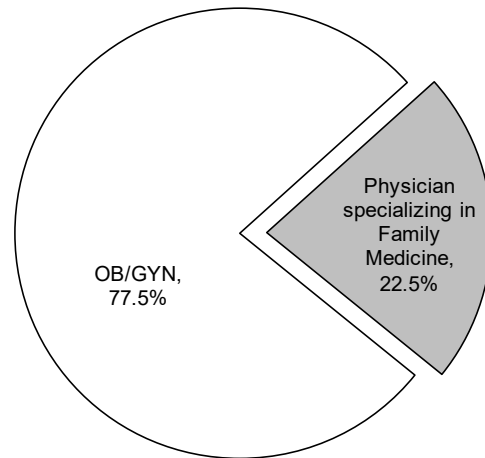
Source: South Dakota Department of Health, Office of Health Statistics

The Voluntary and Informed Consent form is used to collect data regarding informed consent information supplied to abortion patients.

There were a total of 542 Voluntary and Informed Consent forms received. Of those, 497 indicated that the patient went on to obtain the induced abortion while 45 did not have the procedure.

Three patients obtained an induced abortion and were not provided information. All three were because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function.

The data showed that of the 542 Voluntary and Informed Consent forms received, 510 received the medical information in person. Of the 542 forms that were received, 510 indicated that the medical information was provided by the physician performing the induced abortion.

Physicians performing the abortion supplied 538 of the patients with the resource information. One reported receiving the information from a referring physician. A total of 537 patients reported receiving the resource information by telephone and two reported receiving the information in person.

Of the 542 forms received, 539 indicated that the patient was offered the printed materials on public and private assistance agencies. It was reported that 14 patients accepted this information, while 525 did not accept the information.

Of the 542 forms received, 539 indicated that the patient was offered the Fetal Growth and Development Booklet. It was reported that 11 patients accepted this information, while 528 did not accept the information.

Of the 542 forms received, 539 indicated that the patient was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption". It was reported that 17 patients accepted this information, while 522 did not accept the information.

Of the 542 forms received, 538 indicated that the patient was offered the opportunity to view the sonogram. Of these, 235 accepted the opportunity to view the sonogram, while 303 did not accept the opportunity to view the sonogram.

Parental Notice

Of the 24 Parental Consent forms received, 24 indicated the patient was an unemancipated minor. Twenty-one forms indicated notice was given to the patient's parent. One form indicated notice was given to the patient's guardian. Two forms indicated that notice was not given to the patient's parent because a judge of a circuit court, after an appropriate hearing, authorized a physician to perform the induced abortion without prior notice. All 24 minor patients went on to have the induced abortion.

Marriage & Divorce

An Overview: 2017	
Marriages:	
Number Occurring in S.D.	5,862
S.D. Rate per 1,000 Population	6.7
U.S. Rate per 1,000 Population	6.9*
**Divorces:	
Number Occurring in S.D.	2,340
S.D. Rate Per 1,000 Population	2.7
U.S. Rate per 1,000 Population	3.2*
Years Married Before Termination in S.D.	
Mean	11
Median	8
Mode	3
Range	
Lower	Less Than 1
Upper	56

Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics
Note: The U.S. marriage and divorce rates are provisional from 2016.
  * The U.S. divorce rate only includes 45 reporting states and the District of Columbia.
  ** Divorces include annulments.

Marriages in South Dakota

In 2017, the South Dakota marriage rate decreased to 6.7, down from 7.2 in 2016. The number of marriages in 2017 (5,862) is the lowest in over 14 years.

Table 78, below, provides the United States and South Dakota marriage rates from 2003 through 2017.

Table 78
Marriages and Marriage Rates by Occurrence,
South Dakota and United States, 2003-2017

Year	United States*		South Dakota	
	Number	**Crude Rate**	**Number**	**Crude Rate**
2017	NA**	NA**	5,862	6.7
2016	2,245,404	6.9	6,271	7.2
2015	2,221,579	6.9	6,195	7.2
2014	2,140,272	6.9	6,040	7.1
2013	2,081,301	6.8	5,919	7.0
2012	2,131,000	6.8	6,236	7.5
2011	2,118,000	6.8	6,145	7.5
2010	2,096,000	6.8	5,939	7.3
2009	2,080,000	6.8	5,887	7.2
2008	2,157,000	7.1	6,148	7.6
2007	2,197,000	7.3	6,138	7.7
2006	2,193,000	7.5	6,303	8.0
2005	2,249,000	7.6	6,551	8.4
2004	2,279,000	7.8	6,485	8.4
2003	2,245,000	7.7	6,427	8.4

Note: *The marriage data for the United States is provisional for all years. **2017 data is not available at the time of publication. Crude marriage rates are per 1,000 population. The 2006 U.S. number and rate excludes data from Louisiana. The 2013 and 2014 U.S. number and rate excludes data from Georgia.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

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

Table 79
Month of Marriages for Marriages Occurring in South Dakota, 2013-2017

Year	2013 Num	2013 %	2014 Num	2014 %	2015 Num	2015 %	2016 Num	2016 %	2017 Num	2017 %
Total	5,919	100	6,040	100	6,195	100	6,271	100	5,862	100
January	201	3.4	221	3.7	199	3.2	239	3.8	211	3.6
February	237	4.0	267	4.4	232	3.7	247	3.9	220	3.8
March	282	4.8	259	4.3	250	4.0	215	3.4	288	4.9
April	310	5.2	307	5.1	334	5.4	372	5.9	340	5.8
May	517	8.7	592	9.8	585	9.4	546	8.7	493	8.4
June	925	15.6	879	14.6	866	14.0	875	14.0	805	13.7
July	703	11.9	716	11.9	816	13.2	845	13.5	761	13.0
August	857	14.5	891	14.8	972	15.7	805	12.8	685	11.7
September	735	12.4	753	12.5	770	12.4	830	13.2	903	15.4
October	517	8.7	531	8.8	569	9.2	673	10.7	548	9.3
November	335	5.7	258	4.3	283	4.6	290	4.6	263	4.5
December	300	5.1	363	6.0	319	5.1	334	5.3	345	5.9

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

Divorces in South Dakota

Table 80, below, lists the divorce rates for South Dakota and the United States. The 2017 South Dakota divorce rate was 2.7 divorces per 1,000 population, which decreased slightly from 2.8 in 2016.

Table 80
Number and Rate of Divorces by Occurrence,
South Dakota and United States, 2003-2017

Year	United States* Number	United States* Crude Rate	South Dakota Number	South Dakota Crude Rate
2017	NA**	NA**	2,340	2.7
2016	827,261	3.2	2,400	2.8
2015	800,909	3.1	2,252	2.6
2014	813,862	3.2	2,374	2.8
2013	832,157	3.3	2,450	2.9
2012	851,000	3.4	2,550	3.1
2011	877,000	3.6	2,694	3.3
2010	872,000	3.6	2,774	3.4
2009	840,000	3.5	2,686	3.3
2008	844,000	3.5	2,459	3.1
2007	856,000	3.6	2,438	3.1
2006	872,000	3.7	2,465	3.1
2005	847,000	3.6	2,354	3.0
2004	879,000	3.7	2,358	3.0
2003	927,000	3.8	2,502	3.3

Note: *The U.S. data is provisional for all years. Crude divorce rates are per 1,000 population. The year 2016 excludes data for California, Georgia, Hawaii, Indiana, Minnesota, and New Mexico. The years 2013-2015 exclude California, Georgia, Hawaii, Indiana, and Minnesota. The years 2005-2012 exclude data for California, Georgia, Hawaii, Indiana, Louisiana, and Minnesota. The year 2004 excludes data for California, Georgia, Hawaii, Indiana, and Louisiana and 2003 excludes data from California, Hawaii, Indiana, and Oklahoma.
**2017 data are not available at time of publication.
Source: National Center for Health Statistics and South Dakota Department of Health, Office of Health Statistics

For South Dakota, the mean or average duration of the marriages ending in divorce during 2017 was 11 years, the median duration was eight years, and the modal duration was three years. The length of time before terminating the marriage ranged from less than one year to 56 years for South Dakota divorces in 2017.

Table 81, below, displays the duration of marriages ending in divorce for the past 10 years. In 2017, zero to four years and five to nine years is the length most marriages lasted with 30.8 and 23.2 percent, respectively.

Table 81
Duration of Marriage Ending in Divorces by Year for Divorces Occurring
in South Dakota, 2008-2017

Year	0-4 Years		5-9 Years		10-14 Years		15-19 Years		20-24 Years		25-29 Years		30+ Years	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	719	30.8	543	23.2	374	16.0	278	11.9	178	7.6	115	4.9	131	5.6
2016	791	33.0	553	23.0	386	16.1	253	10.5	175	7.3	105	4.4	137	5.7
2015	735	32.6	528	23.4	355	15.8	231	10.3	182	8.1	94	4.2	127	5.6
2014	755	31.8	591	24.9	359	15.1	235	9.9	193	8.1	114	4.8	127	5.3
2013	783	32.0	626	25.6	389	15.9	266	10.9	167	6.8	109	4.4	110	4.5
2012	845	33.0	648	25.4	387	15.2	235	9.2	198	7.8	119	4.7	121	4.7
2011	884	32.8	686	25.5	415	15.4	285	10.6	184	6.8	119	4.4	121	4.5
2010	951	34.3	703	25.3	431	15.5	281	10.1	178	6.4	106	3.8	124	4.5
2009	916	34.1	693	25.8	384	14.3	261	9.7	194	7.2	114	4.2	124	4.6
2008	858	34.9	618	25.1	368	15.0	214	8.7	165	6.7	110	4.5	126	5.1

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

Table 82, below, displays the number of children involved in divorces for the past 10 years. Slightly over half of all divorces in 2017 did not involve children.

Table 82
Number of Children Involved in Divorce by Year for Divorces Occurring
in South Dakota, 2008-2017

Year	Total		No Children Involved		1 Child Involved		2 Children Involved		3 Children Involved		4 or More Children Involved		Not Stated	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
2017	2,340	100	1,227	52.4	410	17.5	485	20.7	159	6.8	59	2.5	0	-
2016	2,400	100	1,298	54.1	459	19.1	432	18.0	166	6.9	43	1.8	2	-
2015	2,252	100	1,190	52.8	444	19.7	404	17.9	166	7.4	48	2.1	0	-
2014	2,374	100	1,256	52.9	502	21.2	414	17.4	156	6.6	45	1.9	1	-
2013	2,450	100	1,220	49.8	484	19.8	494	20.2	199	8.1	53	2.2	0	-
2012	2,550	100	1,290	50.6	503	19.7	523	20.5	181	7.1	52	2.0	1	-
2011	2,694	100	1,348	50.0	535	19.9	562	20.9	180	6.7	69	2.6	0	-
2010	2,774	100	1,370	49.4	596	21.5	562	20.3	197	7.1	49	1.8	0	-
2009	2,686	100	1,381	51.4	549	20.4	520	19.4	174	6.5	62	2.3	0	-
2008	2,459	100	1,251	50.9	474	19.3	529	21.5	161	6.5	44	1.8	0	-

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

Figure 47, on the next page, displays causes for the divorce. The majority of divorces in 2017 stated irreconcilable differences with 97.2 percent.

Figure 47
Causes for Divorce for Divorces Occurring in South Dakota, 2017
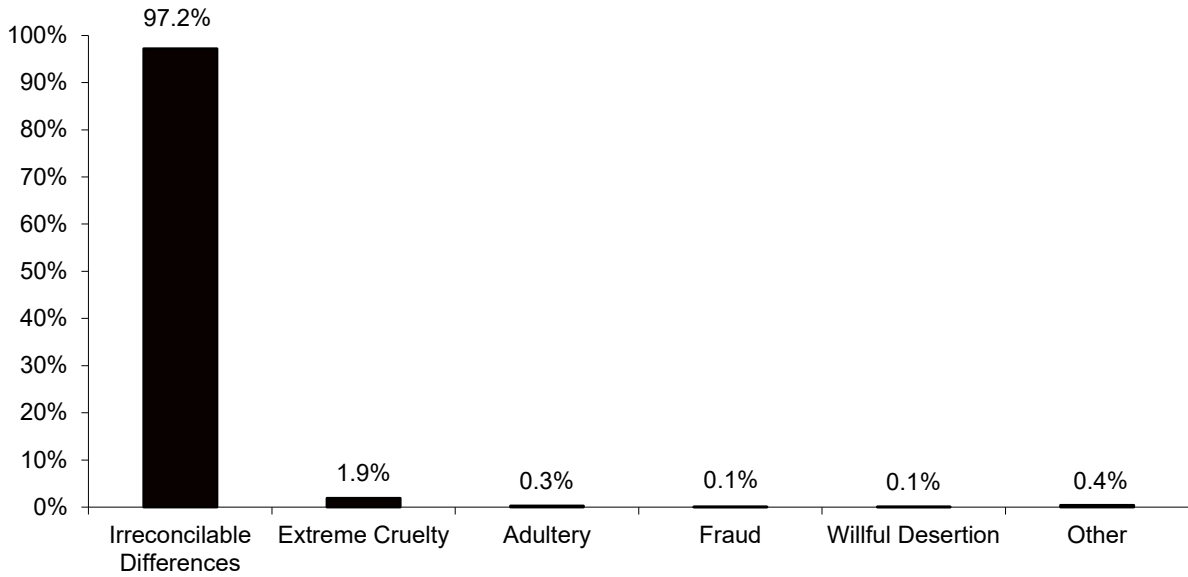
Source: South Dakota Department of Health, Office of Health Statistics

Infectious Diseases in South Dakota, 2017

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

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

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

This report provides an overview of disease surveillance conducted by SDDOH in 2017. It highlights important statistics and shows key trends on selected reportable diseases in the state.

Table 83 Reportable Diseases in South Dakota, 2008-2017 (Calendar years)

Reportable diseases	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Babesiosis	0	0	0	0	0	1	1	0	0	0	2
Botulism	0	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	1	0	0	0	1	2
Campylobacteriosis	262	300	297	301	276	296	307	346	450	395	3230
Carbapenem-resistant *Enterobacteriaceae* (CRE)	NR	NR	NR	NR	NR	12	3	37	58	64	110
Chicken Pox (Varicella)	55	53	62	67	32	43	23	27	32	24	418
Chlamydia	2919	3015	3187	3412	3925	3947	4129	3967	4336	4439	37276
Coccidioidomycosis	NR	NR	NR	NR	NR	NR	NR	NR	5	6	11
Cryptosporidiosis	88	137	108	143	113	175	151	248	158	163	1484
Cyclosporiasis	1	0	0	0	0	1	0	0	3	4	9
Ehrlichiosis and Anaplasmosis	1	0	0	4	1	1	0	0	1	1	9
Giardiasis	137	113	102	110	144	111	131	129	116	104	1197
Gonorrhea	382	345	467	602	707	789	880	1055	1271	1291	7789
Hantavirus pulmonary syndrome	0	0	0	1	1	0	0	0	0	1	3
Hepatitis A	3	3	1	2	0	4	3	2	1	1	20
Hepatitis B, chronic	48	33	51	51	51	80	58	52	60	52	536
Hepatitis B, acute	0	4	2	2	2	5	3	2	2	2	24
Hepatitis C, chronic	364	384	350	356	392	406	516	570	714	563	4615
Hepatitis C, acute	0	1	0	0	4	1	0	0	22	20	48
Haemophilus influenzae type b	0	0	0	1	0	3	0	1	1	1	7
Hemolytic uremic syndrome	3	3	2	0	0	0	1	1	1	0	11
HIV and AIDS	34	21	35	21	29	36	31	25	47	41	279
Legionellosis	3	2	9	2	9	8	9	10	9	15	76
Leprosy	1	0	0	0	0	0	0	0	0	0	1
Listeriosis	1	1	3	1	0	0	0	0	0	2	8
Lyme disease	3	1	1	4	4	4	2	5	11	12	47

Reportable diseases	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Malaria	0	1	3	2	5	7	5	4	4	**8**	**39**
Measles	0	0	0	0	0	0	8	2	0	**0**	**10**
Meningococcal disease	3	5	0	3	0	4	2	1	1	**0**	**19**
Mumps	1	2	2	0	0	0	0	0	2	**0**	**7**
Pertussis	67	56	32	37	71	67	109	16	15	**9**	**479**
Q fever	1	9	4	1	2	4	5	5	4	**5**	**40**
Rabies, animal	24	53	32	40	60	28	21	29	27	**22**	**336**
Salmonellosis	154	197	186	162	170	183	164	230	305	**226**	**1977**
Shiga toxin-producing *E. coli*	53	71	35	41	48	42	41	62	84	**91**	**568**
Shigellosis	76	4	7	6	11	190	616	285	28	**29**	**1252**
Spotted fever rickettsiosis	3	0	0	1	1	7	3	2	6	**13**	**36**
Methicillin-resistant *Staph aureus* (MRSA), invasive	77	94	98	91	89	94	124	159	144	**115**	**1085**
Strep. pneumoniae, invasive	NR	NR	NR	42	97	99	88	110	129	**135**	**700**
Syphilis (primary, secondary and early latent)	4	2	4	0	21	49	76	48	41	**52**	**297**
Syphilis, congenital	0	0	0	0	0	0	3	0	2	**3**	**8**
Toxic shock syndrome	1	0	0	0	0	0	0	3	1	**0**	**5**
Tularemia	10	5	11	8	5	7	5	25	14	**13**	**103**
Tuberculosis	16	18	15	15	19	9	8	17	12	**14**	**129**
Typhoid fever	2	2	1	0	0	3	0	1	2	**0**	**11**
West Nile fever	28	15	16	2	141	92	45	29	117	**46**	**531**
West Nile neuroinvasive	11	6	4	0	62	57	12	11	35	**27**	**225**
Vibriosis	NR	NR	NR	NR	NR	NR	NR	NR	5	**12**	**17**

*NR = not reportable

Source: South Dakota Department of Health, Office of Disease Prevention Services, Maven report by calendar year. Minor variances from past reports reflect differences between MMWR year and calendar year, cross-year deduplication and recategorization.

Table 84 Reportable Diseases by County of Residence, South Dakota, 2017 (Calendar years)

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	*Strep. pneumo*, invasive	Shiga Toxin-Prod *E. coli*	Tularemia	Varicella (Chicken pox)	West Nile disease
TOTAL	**395**	**4439**	**163**	**104**	**1291**	**52**	**563**	**15**	**115**	**9**	**226**	**29**	**135**	**91**	**13**	**24**	**73**
Incidence*	45.4	510.4	18.7	12.0	148.4	6.0	64.7	1.7	13.2	1.0	26.0	3.3	15.5	10.5	1.5	2.8	8.4
Aurora	5	<5	<5	0	0	0	<5	0	0	0	<5	0	0	0	0	0	<5
Beadle	5	57	5	0	7	<5	8	0	0	0	5	0	0	<5	0	<5	<5
Bennett	<5	30	0	0	11	0	<5	0	<5	0	0	0	0	<5	0	0	0
Bon Homme	<5	9	5	<5	<5	0	7	0	0	0	<5	0	<5	0	0	<5	<5
Brookings	10	121	10	<5	9	<5	8	<5	<5	0	12	0	<5	<5	0	<5	5
Brown	18	175	<5	<5	16	<5	12	0	<5	0	5	0	5	<5	0	0	<5
Brule	6	27	0	<5	<5	0	<5	0	<5	0	0	0	<5	0	0	0	<5
Buffalo	0	32	0	0	11	0	7	0	0	0	<5	0	<5	0	0	0	0
Butte	5	41	<5	<5	<5	0	7	<5	0	0	5	<5	0	<5	0	0	0
Campbell	5	<5	0	0	<5	0	0	0	<5	0	0	0	<5	0	0	0	<5
Charles Mix	14	70	<5	<5	19	0	21	0	6	0	5	0	<5	<5	<5	0	<5
Clark	<5	<5	0	<5	0	0	0	0	0	0	<5	0	<5	0	0	0	<5
Clay	11	60	<5	<5	11	0	5	0	<5	0	<5	<5	<5	10	0	0	<5
Codington	8	108	<5	5	<5	0	7	0	0	0	8	0	<5	5	0	0	<5
Corson	6	61	0	0	15	0	19	0	<5	0	<5	0	<5	0	0	0	0
Custer	<5	26	<5	0	5	0	5	0	0	0	0	0	<5	0	<5	0	0
Davison	16	99	5	<5	27	<5	8	0	<5	0	8	0	7	<5	0	<5	<5
Day	<5	12	<5	<5	<5	0	<5	0	0	0	0	0	<5	6	0	0	<5
Deuel	5	<5	<5	0	<5	0	<5	0	0	0	<5	<5	0	<5	0	0	<5

County of residence	Campylobacteriosis	Chlamydia	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	Legionellosis	MRSA, invasive	Pertussis	Salmonella	Shigellosis	Strep. pneumo, invasive	Shiga Toxin-Prod E. coli	Tularemia	Varicella (Chicken pox)	West Nile disease
Dewey	<5	136	0	0	57	0	19	0	<5	0	<5	0	0	<5	0	0	0
Douglas	5	<5	<5	<5	<5	0	<5	0	0	0	<5	0	0	<5	0	0	<5
Edmunds	6	<5	<5	0	<5	0	0	0	0	0	<5	0	<5	<5	0	0	0
Fall River	<5	14	<5	<5	<5	<5	<5	0	<5	0	7	0	0	0	0	0	0
Faulk	6	<5	0	0	0	0	0	0	0	0	<5	0	0	0	0	<5	<5
Grant	<5	14	<5	<5	<5	0	<5	<5	<5	0	8	0	0	0	0	0	<5
Gregory	7	12	<5	<5	<5	0	<5	0	<5	<5	<5	0	0	<5	0	0	0
Haakon	0	0	0	0	0	0	0	0	<5	0	<5	0	0	<5	0	0	0
Hamlin	6	15	<5	<5	<5	<5	0	0	0	0	<5	<5	0	<5	0	0	<5
Hand	<5	<5	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0
Hanson	<5	<5	<5	0	0	<5	<5	0	<5	0	0	0	0	<5	0	0	0
Harding	8	5	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0
Hughes	<5	93	<5	0	21	<5	17	0	<5	0	<5	<5	7	0	<5	<5	<5
Hutchinson	5	7	5	<5	<5	0	<5	0	<5	0	<5	0	<5	0	0	0	<5
Hyde	0	<5	0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	<5	39	0	0	11	0	<5	0	0	0	<5	0	<5	<5	<5	0	<5
Jerauld	<5	<5	<5	0	<5	0	0	0	0	0	0	0	<5	0	0	0	0
Jones	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsbury	8	11	<5	<5	<5	0	<5	0	0	0	5	0	0	<5	0	0	<5
Lake	5	26	0	<5	<5	<5	<5	0	<5	<5	0	0	<5	0	0	<5	<5
Lawrence	14	121	<5	<5	17	0	5	<5	0	0	<5	0	5	<5	0	0	0
Lincoln	9	125	7	9	22	<5	13	0	<5	<5	12	<5	5	<5	0	<5	<5
Lyman	<5	34	0	<5	5	0	14	0	<5	0	<5	0	<5	0	0	0	<5
Marshall	6	9	0	0	<5	0	0	0	0	0	8	0	0	0	0	0	0
McCook	<5	7	<5	0	<5	0	0	0	<5	0	<5	0	<5	<5	0	0	<5
McPherson	<5	<5	0	0	0	0	0	0	<5	0	0	0	<5	0	0	0	<5
Meade	15	95	<5	<5	15	0	7	0	<5	0	<5	0	<5	<5	0	0	<5
Mellette	0	16	0	0	8	0	<5	0	0	0	<5	0	0	0	0	0	0
Miner	<5	<5	<5	0	0	0	<5	0	0	0	<5	0	0	<5	0	0	0
Minnehaha	38	1104	26	28	372	35	162	<5	26	<5	51	5	26	10	<5	6	<5
Moody	<5	21	<5	<5	<5	0	<5	0	<5	0	<5	0	<5	0	0	0	<5
Oglala Lakota	5	292	0	<5	121	<5	32	<5	8	0	<5	5	7	0	<5	<5	<5
Pennington	41	727	15	11	316	<5	88	6	12	<5	17	<5	16	11	<5	<5	7
Perkins	6	7	0	0	0	0	0	0	0	0	<5	0	0	<5	0	0	0
Potter	0	5	0	<5	0	0	0	0	0	0	<5	0	0	0	0	0	0
Roberts	9	86	<5	0	10	0	9	0	5	0	<5	0	<5	0	0	<5	0
Sanborn	<5	9	0	0	0	0	<5	0	0	0	<5	0	<5	<5	<5	0	0
Spink	<5	12	<5	0	0	0	0	0	<5	0	0	0	0	<5	0	0	0
Stanley	<5	6	0	0	<5	0	<5	0	<5	0	<5	0	0	0	0	0	0
Sully	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Todd	<5	247	0	<5	106	0	19	0	8	0	<5	10	<5	0	<5	0	0
Tripp	6	11	0	0	<5	0	<5	<5	0	0	<5	<5	<5	5	0	0	<5
Turner	<5	11	<5	0	<5	0	<5	0	0	0	<5	0	<5	<5	0	0	0
Union	<5	37	11	0	10	<5	<5	0	0	0	<5	0	<5	<5	0	0	0
Walworth	<5	31	0	0	6	0	<5	0	0	0	<5	0	<5	0	0	0	<5
Yankton	13	63	22	6	12	0	12	0	5	<5	<5	0	<5	5	0	0	6
Ziebach	0	24	0	0	5	0	<5	0	0	0	<5	0	0	0	0	<5	0

*Incidence: cases per 100,000 population

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

Table 85 Reportable Diseases by Gender, Race and Age, South Dakota, 2017 (Calendar years)

	Campylobacteriosis	Chlamydia	CRE	Cryptosporidiosis	Giardiasis	Gonorrhea	Hepatitis B, chronic	Hepatitis C, chronic	HIV and AIDS	MRSA, invasive	Pertussis	Salmonellosis	Shiga Toxin Producing E. coli	Shigellosis	Strep. pneumo, invasive	Syphilis (P, S, EL)	Tuberculosis	Tularemia	Varicella (Chicken pox)	West Nile Disease
Total	**395**	**4439**	**64**	**163**	**104**	**1291**	**52**	**563**	**41**	**115**	**9**	**226**	**91**	**29**	**135**	**52**	**14**	**13**	**24**	**73**
Incidence*	45.4	510.4	7.4	18.7	12.0	148.4	6.0	64.7	4.7	13.2	1.0	26.0	10.5	3.3	15.5	6.0	1.6	1.5	2.8	8.4
Gender																				
Female	140	3105	43	83	34	726	18	244	8	55	5	117	52	22	65	6	6	8	11	34
Male	255	1334	21	80	70	565	34	319	33	60	4	109	39	7	70	46	8	5	13	39
Race																				
White	348	1892	51	154	92	355	8	248	18	69	9	189	79	8	83	37	1	4	18	65
Am.Indian	31	1792	12	4	6	753	1	246	11	42	0	23	8	17	42	8	7	8	5	6
Black	5	234	1	1	4	137	25	20	7	2	0	4	1	2	4	5	3	0	0	0
Asian	1	26	0	0	0	6	13	0	2	0	0	1	0	0	0	0	3	1	1	0
Other	6	174	0	4	1	28	2	19	3	1	0	7	2	2	4	2	0	0	0	2
Unknown	4	321	0	0	1	12	3	30	0	1	0	2	1	0	2	0	0	0	0	0
Age group																				
<1 yr	6	1	1	2	2	2	0	0	0	1	1	13	1	1	3	0	0	0	4	0
1-4 yrs	44	0	1	29	28	0	1	1	0	0	0	21	24	5	6	0	0	3	10	1
5-14 yrs	32	40	1	26	13	10	2	0	0	0	1	25	13	3	4	0	0	3	6	1
15-24 yrs	69	2763	0	24	8	610	5	70	7	6	1	21	14	1	4	17	1	0	3	3
25-39 yrs	84	1481	6	39	18	563	27	191	23	8	1	46	15	5	17	24	2	2	1	13
40-64 yrs	109	150	19	29	23	102	15	267	11	44	4	73	13	10	52	10	5	3	0	40
≥65 yrs	49	4	36	14	12	4	2	34	0	56	1	26	11	4	49	1	6	2	0	15

*Incidence: cases per 100,000 population

Campylobacteriosis

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

Campylobacteriosis has been the most commonly reported enteric bacterial pathogen in South Dakota since 2001. In 2017, there were 395 cases of *Campylobacter* infection, slightly lower than the record high of 450 cases reported in 2016. Counties with the highest incidence (cases per 100,000 population) included Harding (644), Campbell (363), Faulk (258), and Perkins (202). Children less than five years old had the highest rate of disease. South Dakota's rate of campylobacteriosis ranks high nationally, usually double the rate of states receiving enhanced funding for conducting active surveillance for foodborne disease (FoodNet).

Figure 48
Incidence of Campylobacteriosis by County of Residence: South Dakota, 2017
(cases per 100,000)

| No cases | ≤25 | 26-50 | 51-100 | 101-200 | >200 |
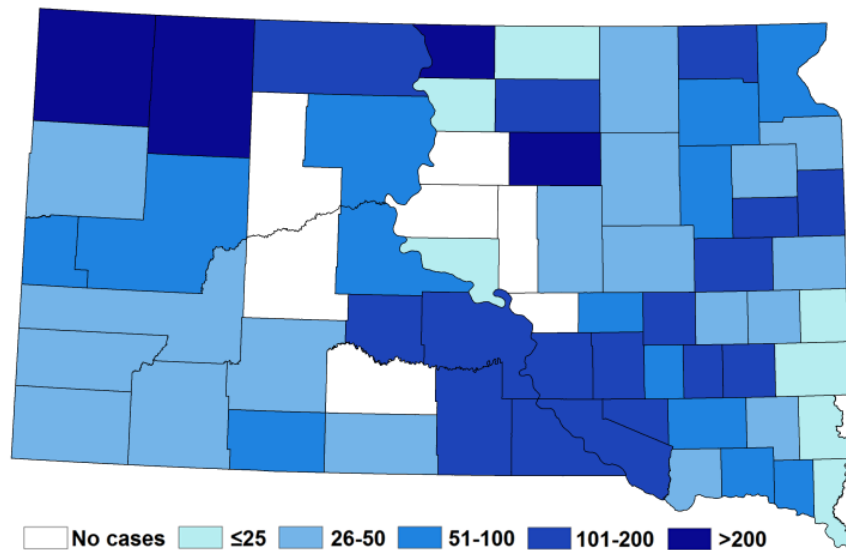
Figure 49
Campylobacteriosis Incidence, South Dakota & U.S. (FoodNet States*) 2008-2017
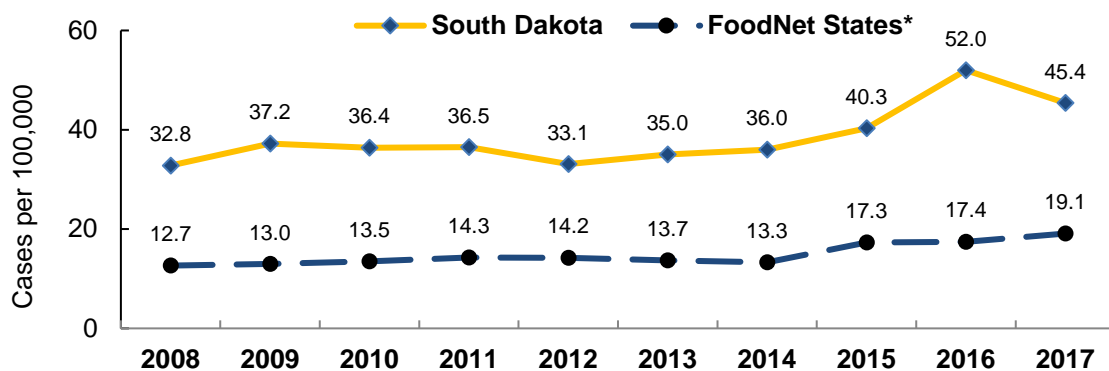
*FoodNet states include CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN.

Carbapenem-resistant *Enterobacteriaceae* (CRE)

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

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

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

In South Dakota, 64 cases of CRE were reported in 2017. The statewide incidence was 7.4 cases per 100,000 population.

Figure 50
Incidence of CRE by County of Residence: South Dakota, 2017
(cases per 100,000)

| No cases | ≤10 | 11-30 | 31-60 | >60 |
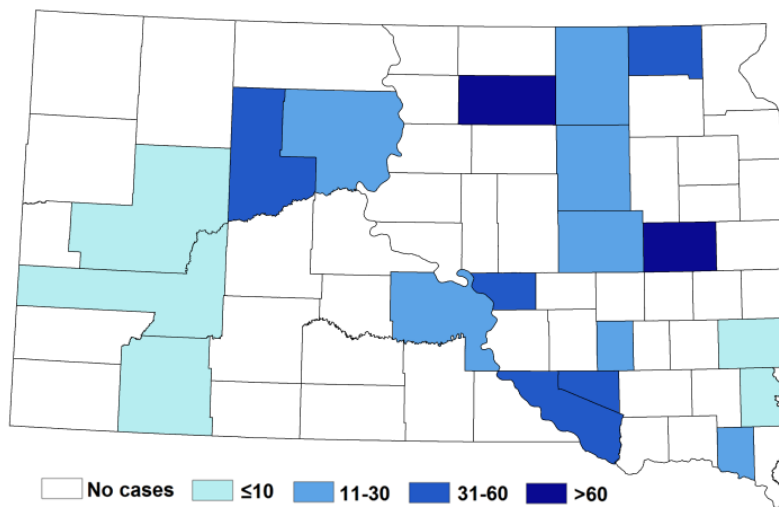
Chlamydia

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium *Chlamydia trachomatis* that can infect both men and women. Chlamydia transmission occurs during contact with mucus membrane secretions of infected individuals – almost always during sexual activity. Neonatal transmission occurs when an infant is born to an infected mother, and may then cause pneumonia or conjunctivitis in the newborn. Most female infections are asymptomatic or mild, but can cause mucus-pus discharges, pelvic inflammatory disease, infertility and ectopic pregnancy. Men experience urethral discharge, epididymal pain and sexually reactive arthritis. The number of chlamydia cases has been increasing over the past decade in South Dakota. In calendar year 2017, there were 4,439 cases reported. Youth in 15-24 year age group had the highest rate.

Figure 51
Chlamydia Incidence, South Dakota & United States 2008-2017
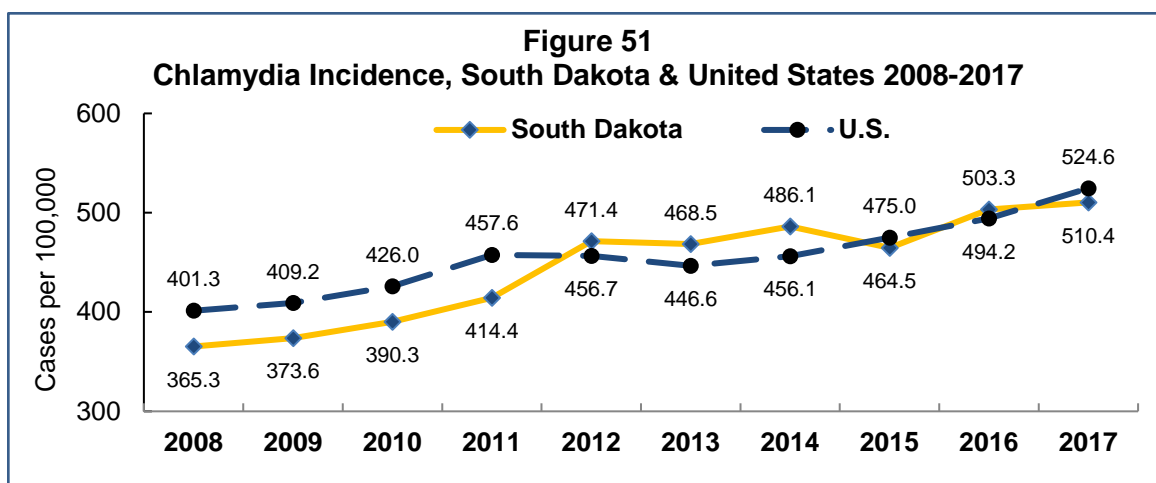
Figure 52
Incidence of Chlamydia by County of Residence: South Dakota, 2017
(cases per 100,000)

No cases ☐ ≤100 ☐ 101-300 ☐ 301-600 ☐ 601-1200 ☐ >1200 ■
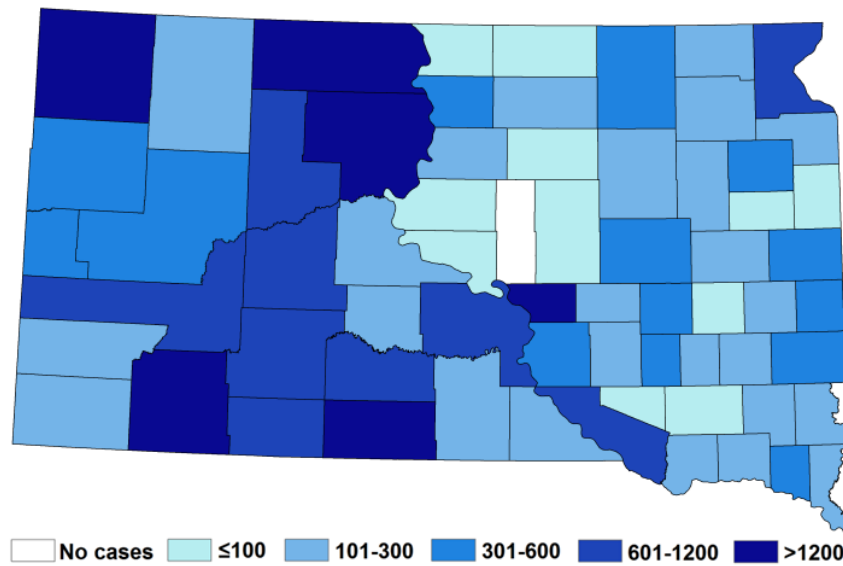
Cryptosporidiosis

Cryptosporidiosis is a diarrheal disease caused by a chlorine-tolerant protozoan parasite that is transmitted by cattle or human feces through contaminated food or water or by direct person-to-person or animal-to-person contact. In 2017, there were 163 cases (18.7 cases per 100,000 population) reported in South Dakota. Children less than 5 years old had the highest rate of disease. South Dakota's cryptosporidiosis rate has been consistently higher than the national rate over the past decade.

Figure 53
Cryptosporidiosis Incidence, South Dakota & United States 2008-2017
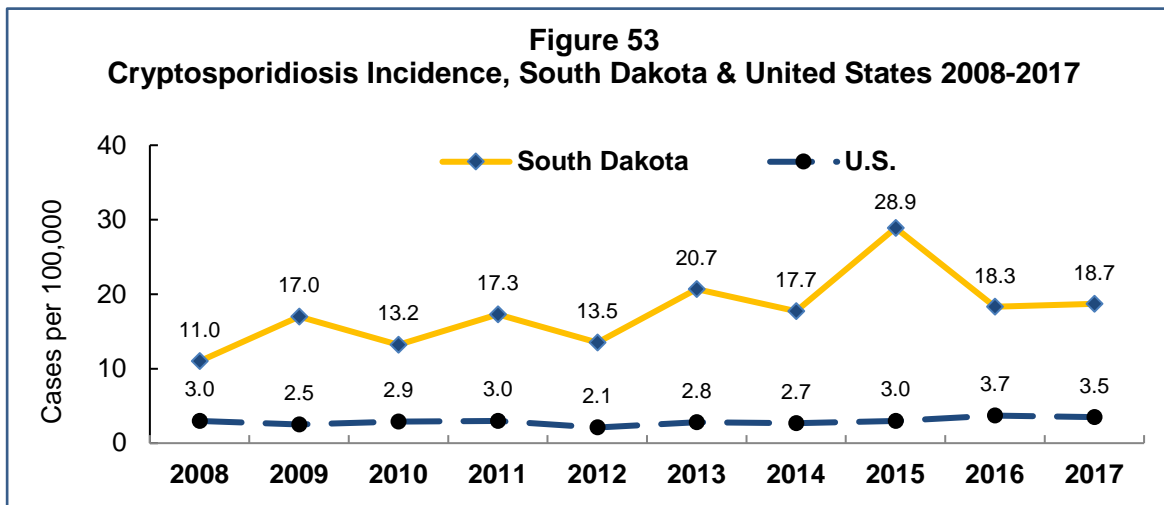
Figure 54
Incidence of Cryptosporidiosis by County of Residence: South Dakota, 2017
(cases per 100,000)
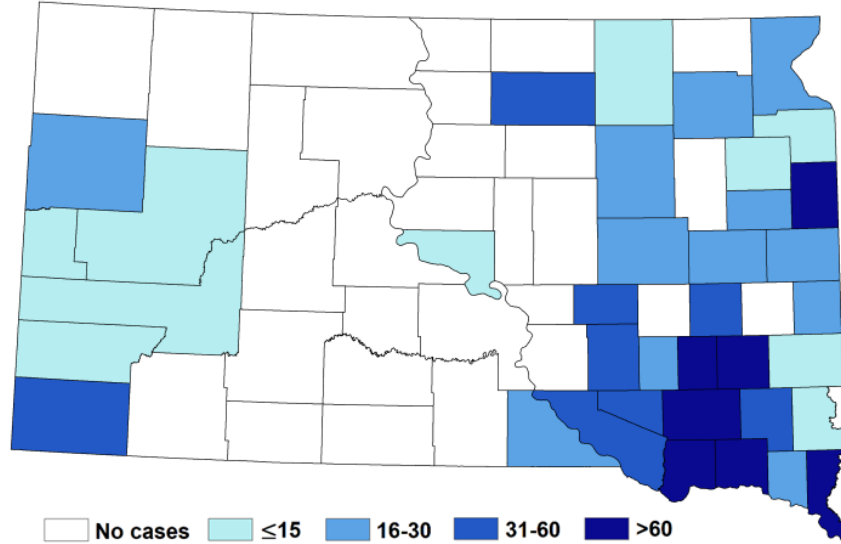
Escherichia coli, shiga toxin-producing (STEC)

Shiga-toxin producing *E. coli* (STEC) often causes severe bloody diarrhea and abdominal pain. The illness usually resolves in five to 10 days. In some individuals, however, complications may involve severe hemorrhagic colitis, hemolytic uremic syndrome, thrombotic thrombocytopenic purpura, and even death. STEC is transmitted by meat, water, fresh vegetables or other foods contaminated by feces of cattle, sheep, deer, and other animals. Person-to-person transmission can also occur. Human infection can be prevented by proper slaughtering and processing methods, adequate cooking of meats, proper kitchen hygiene, pasteurization of dairy products and fruit juices, and hand-washing after contact with cattle or their feces. Individuals with STEC infections are restricted from commercial food handling, child day care, or patient health care until two successive negative fecal samples are produced.

In 2017, 91 cases of STEC were reported, representing an 89 percent increase above the five-year median (median: 48). The incidence rate was 10.5 cases per 100,000 population. South Dakota's STEC rate has been greater than two times the national rate over the past decade. There were 38 cases (42%) that occurred in children less than 15 years of age. Three cases of hemolytic uremic syndrome (HUS) associated with STEC infection were reported.

In addition to *E. coli* O157:H7, there are several other STEC serotypes. The following serotypes were identified in South Dakota cases in 2017: 34 cases of O157:H7, 14 cases of O103, nine cases of O111, eight cases of O26, five cases of O121, three cases of O145, two cases of O5:NM, and one case each of O91, O172, and O159:H19.

Figure 55
Incidence of STEC by County of Residence: South Dakota, 2017
(cases per 100,000)

| No cases | ≤10 | 11-30 | 31-60 | >60 |

Figure 56
STEC Incidence, South Dakota & United States 2008-2017
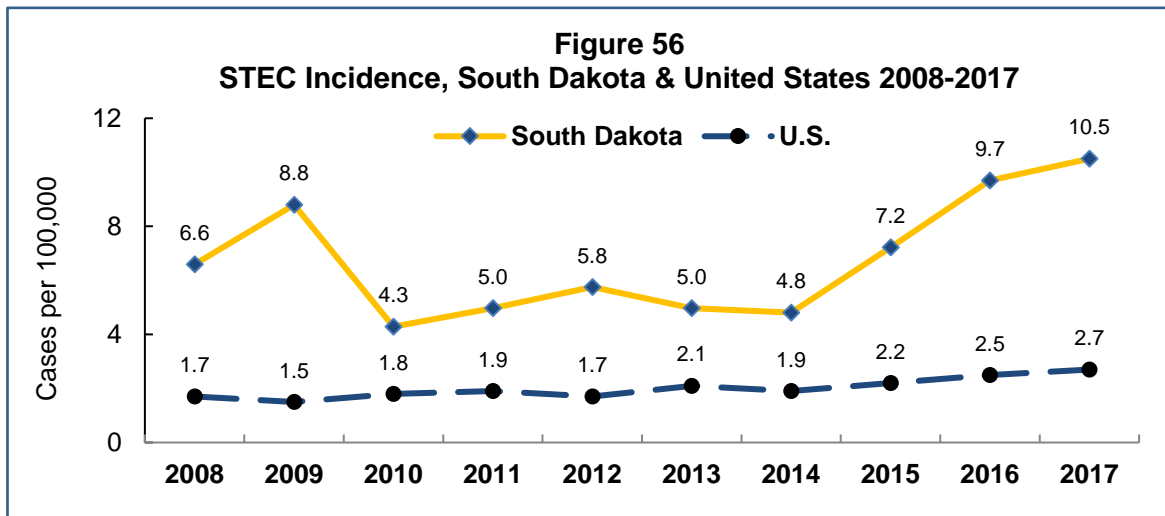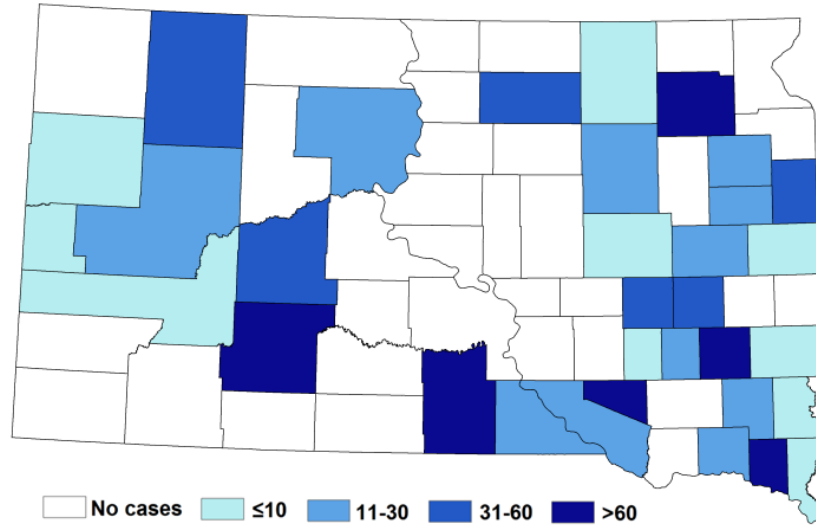
Giardiasis

Giardiasis is a gastrointestinal disease involving diarrhea and abdominal cramps that is caused by a protozoan parasite called *Giardia lamblia* (*G. intestinalis*, *G. doudenalis*). Giardiasis is transmitted person-to-person or by contaminated water, or in some cases animal-to-human. In 2017, 104 cases of *Giardia* infection were reported in South Dakota residents (12.0 cases per 100,000 population). This represented a 20 percent decrease from the five-year median (median: 129). South Dakota's giardiasis rate has been more than double the national rate over the past decade.

Figure 57
Incidence of Giardiasis by County of Residence: South Dakota, 2017
(cases per 100,000)

| | No cases | ≤15 | 16-30 | 31-60 | >60 |
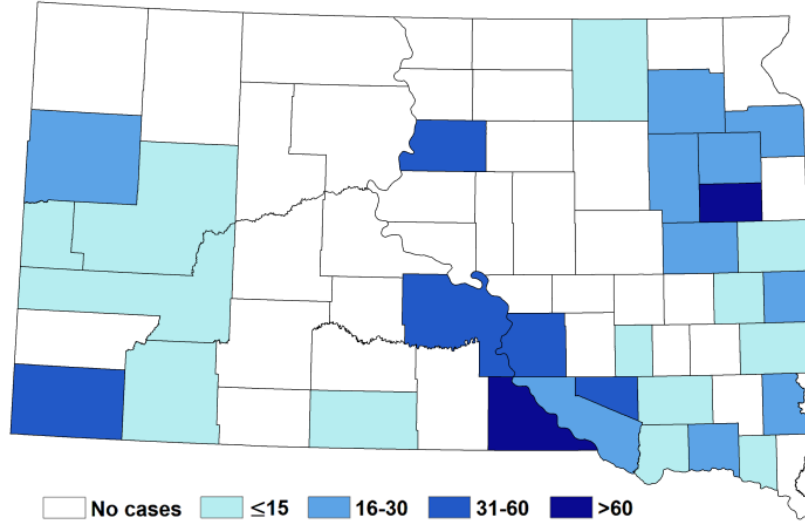
Figure 58
Giardiasis Incidence, South Dakota & United States 2008-2017

South Dakota: 17.1, 14.0, 12.5, 13.3, 17.3, 13.1, 15.4, 15.0, 13.4, 12.0

U.S.: 6.1, 6.3, 6.5, 5.3, 4.0, 4.7, 4.5, 4.5, 5.0, 4.7

Years: 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

Cases per 100,000
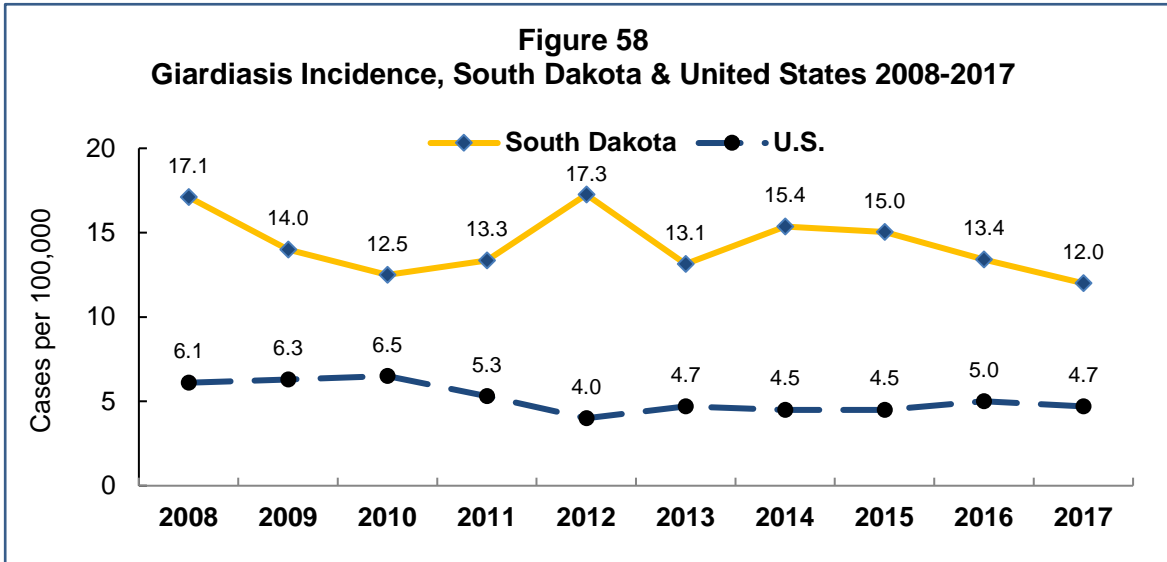
Gonorrhea

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

Gonorrhea has been increasing over the past decade in South Dakota. In 2017, there were 1,291 cases, which is a rate of 148.4 cases per 100,000 population. The median age for gonorrhea cases was 25 years old (range: 0 to 80). Females accounted for 56 percent of cases.

Figure 59
Incidence of Gonorrhea by County of Residence: South Dakota, 2017
(cases per 100,000)

No cases   ≤50   51-100   101-250   256-500   >500
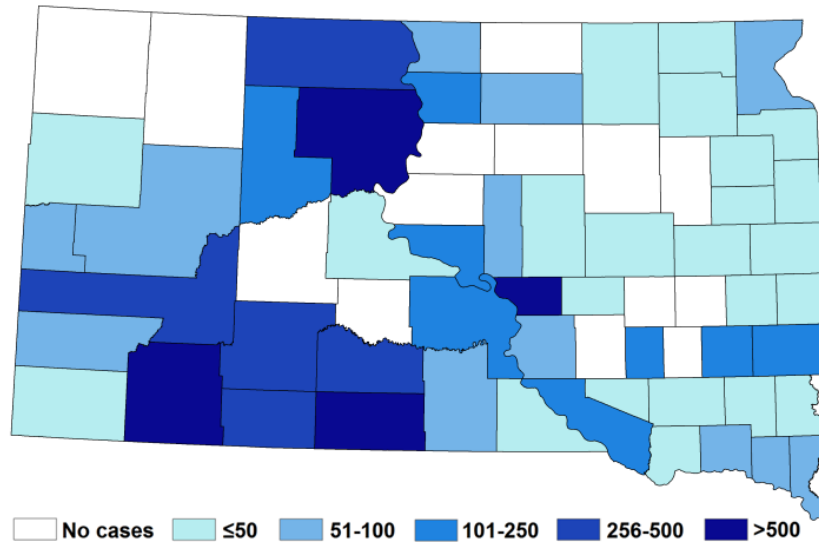
Figure 60
Gonorrhea Incidence, South Dakota & United States 2008-2017

U.S.: 110.7 (2008), 98.1 (2009), 100.2 (2010), 103.3 (2011), 106.7 (2012), 105.3 (2013), 109.8 (2014), 123.9 (2015), 146.9 (2016), 170.6 (2017)

South Dakota: 47.6 (2008), 42.7 (2009), 57.4 (2010), 73.1 (2011), 84.8 (2012), 92.8 (2013), 105.6 (2014), 122.8 (2015), 144.9 (2016), 148.4 (2017)
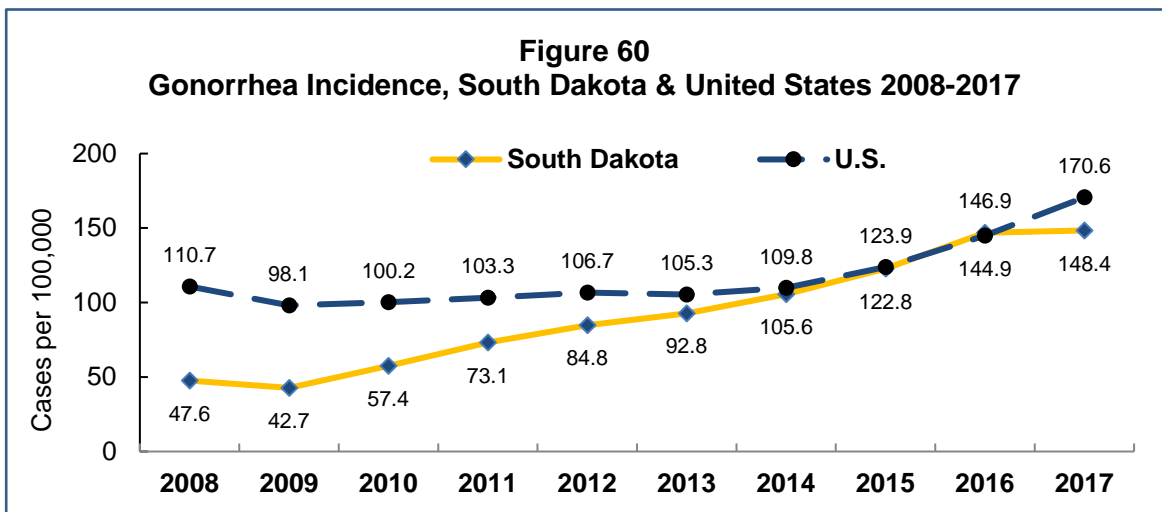
Hepatitis A, acute
Hepatitis A is a liver disease caused by the hepatitis A virus (HAV), which infects humans through fecal-oral transmission. Since the licensure of the hepatitis A vaccine in 1995–1996, rates of infection have declined significantly. In South Dakota, one case of hepatitis A was reported in 2017.

Figure 61
Hepatitis A Incidence, South Dakota & United States 2008-2017
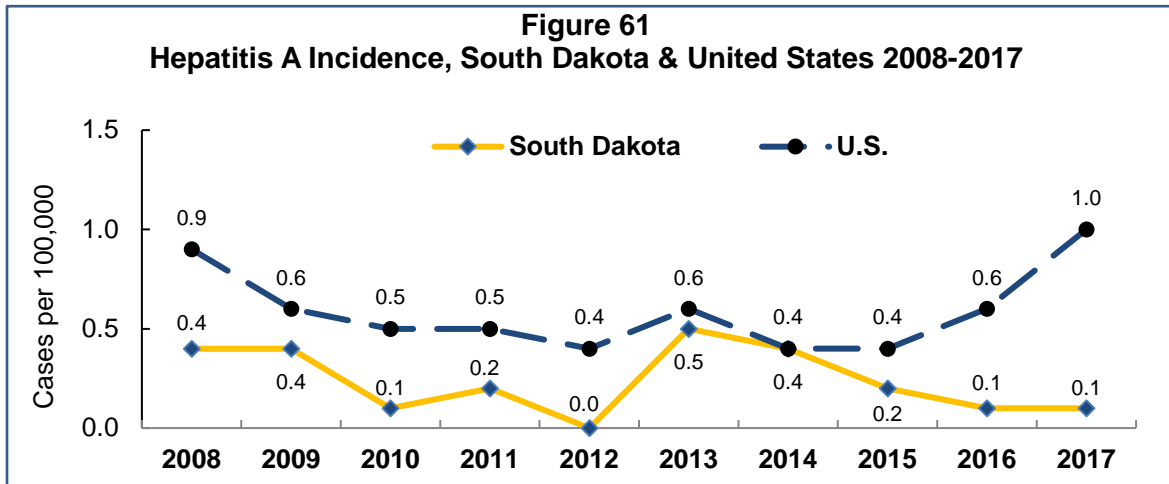
Hepatitis B, acute and chronic

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

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

In South Dakota, there were two cases of acute hepatitis B and 52 cases of chronic hepatitis B reported in 2017. The median age of cases was 34 years old (range: 4 to 71) and 65 percent were male.

Figure 62
Hepatitis B, Acute and Chronic, by Year: South Dakota, 2008-2017
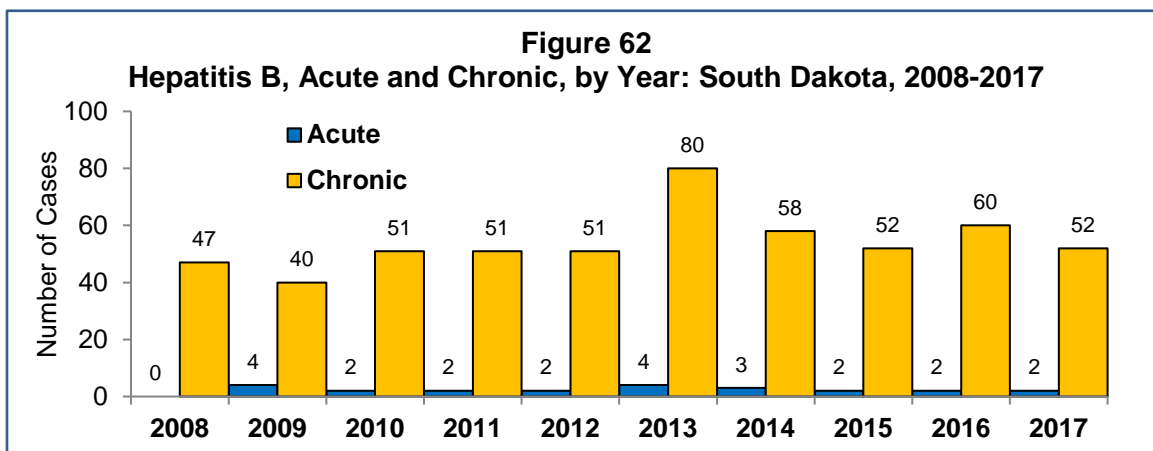
Figure 63
Incidence of Hepatitis B, Chronic, by County of Residence: South Dakota, 2017
(cases per 100,000)

Legend: No cases | ≤5 | 6-10 | 11-20 | >20
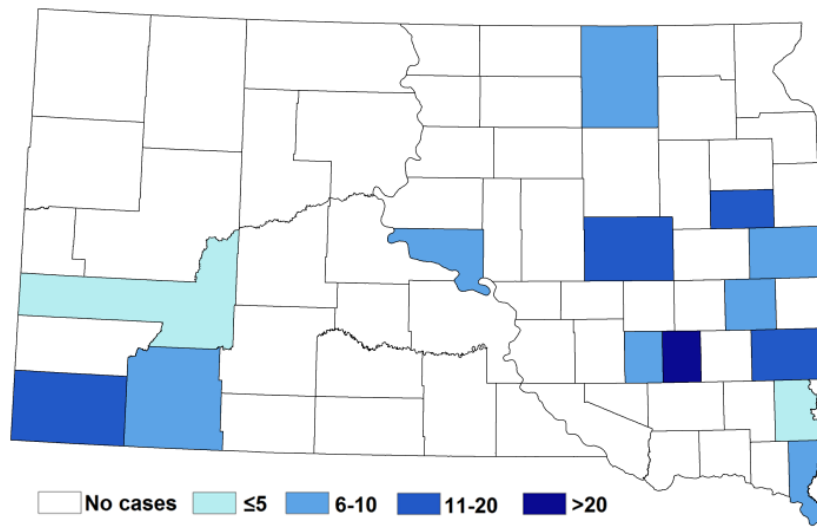
Hepatitis C, Acute and Chronic

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

There were 583 cases of hepatitis C (20 acute, 563 chronic) reported during 2017 in South Dakota. The counties with the highest incidence (cases per 100,00 population) were Corson (452), Lyman (359), Buffalo (350), Dewey (326), and Oglala Lakota (223).

Figure 64
Hepatitis C, Acute and Chronic, by Year: South Dakota, 2008-2017
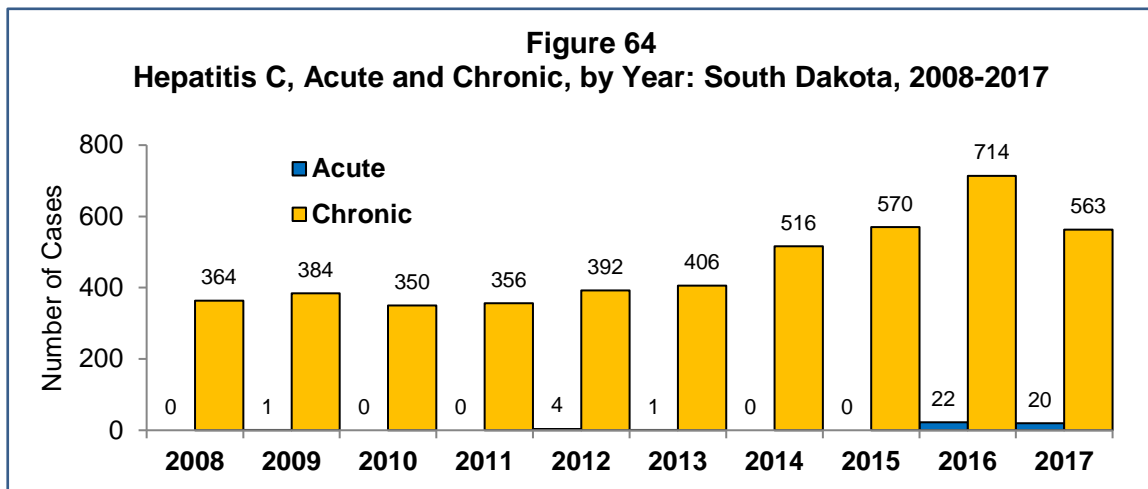
Figure 65
Incidence of Hepatitis C, Chronic, by County of Residence: South Dakota, 2017
(cases per 100,000)
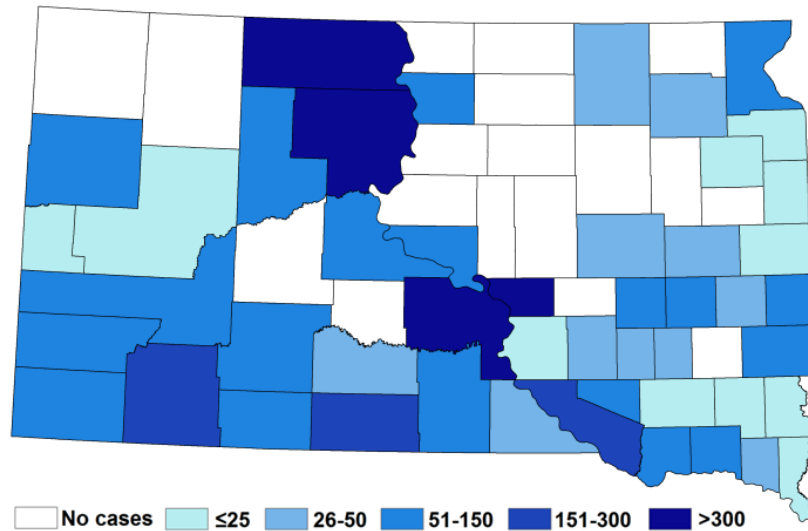
HIV and AIDS

Human immunodeficiency virus (HIV) infection may lead to acquired immunodeficiency syndrome, or AIDS. HIV is spread mainly by having sex with or sharing drug injection needles and syringes with someone who is already infected with HIV. The only way to know for sure if you have HIV infection is to get tested. In 2017, 41 new HIV/AIDS cases were reported in South Dakota.

Figure 66
Cumulative Cases of HIV/AIDS, by County of Residence: South Dakota, 1985-2017
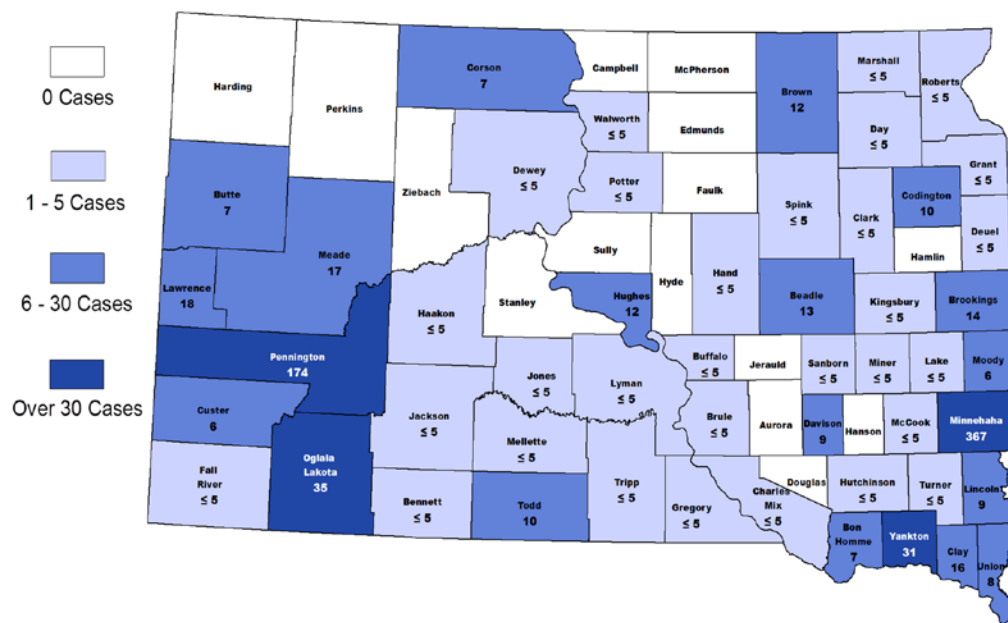
Influenza

During the 2017-2018 influenza season, the predominant virus was influenza A(H3N2). In South Dakota, there were 5,978 confirmed influenza cases reported to SDDOH, including 607 (10%) A(H3N2), 75 (1%) A(H1N1), 3,717 (62%) A-not subtyped, and 1,448 (24%) influenza B. Additionally, 51,761 rapid antigen influenza tests were performed with 10,282 positive (20%) results; 7,141 (69%) positive for influenza A and 3,141 (31%) positive for influenza B.

The first confirmed case of influenza was reported the first week of October 2017 and the last case reported early September 2018.

Table 86
South Dakota Influenza Cases by Age group, 2017-2018

Lab Confirmed Influenza Cases (by DFA, PCR, or culture)		Influenza Associated Hospitalizations		Influenza Associated Deaths	
Age Group	# Cases (%)	# Hosp (%)		Deaths (%)	
0-4	1244 (21%)	62	(7%)	0	-
5-18	1635 (27%)	33	(4%)	1	(1%)
19-49	1222 (20%)	97	(11%)	1	(1%)
50-64	732 (12%)	139	(16%)	5	(5%)
> 64	1145 (19%)	547	(62%)	93	(93%)
Total	**5978**	**878**		**100**	

The peak of the season was the third week in February 2018 with A(H1N1), A(H3N2) and influenza B viruses all circulating at the same time.

There were 878 individuals reported hospitalized during the 2017-2018 influenza season and 100 influenza-associated deaths reported.

Figure 67
2017-2018 Influenza Season Lab Confirmed Influenza Cases*,
% Rapid Antigen Positive, & % School Absenteeism SD
* Confirmed by Culture, PCR, or DFA
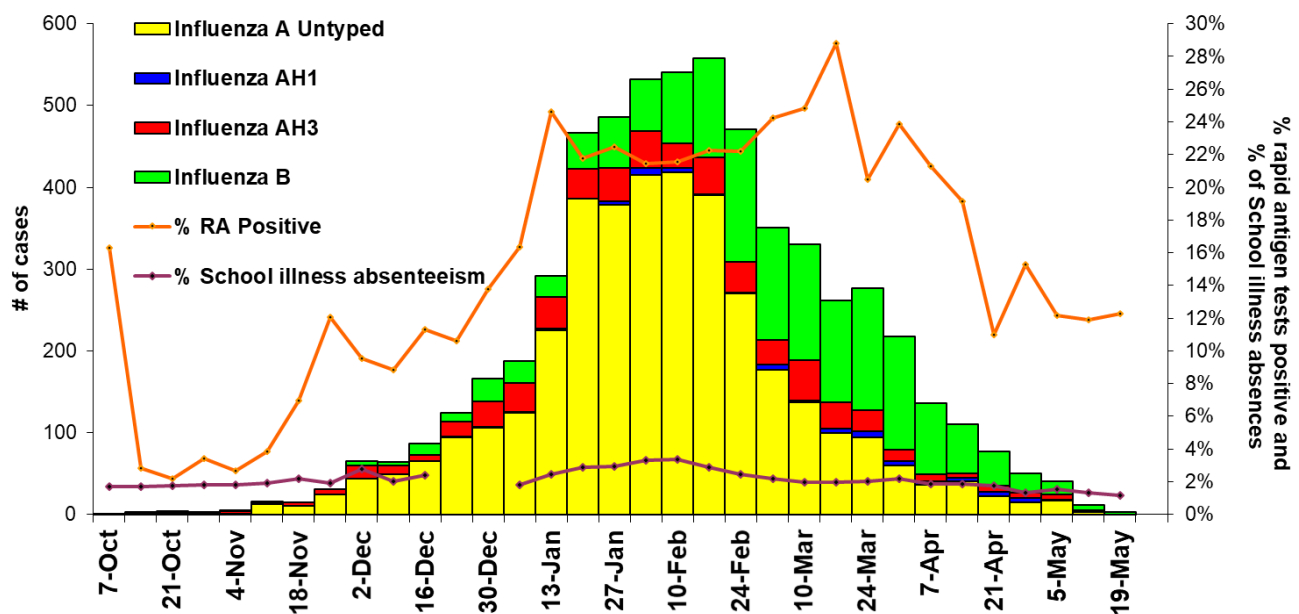
Lyme disease

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

In 2017, 12 cases of Lyme disease were reported in South Dakota residents. Ten (83%) cases reported recent travel to other states in the Midwest and Northeast where they were likely exposed to blacklegged ticks.

Methicillin-resistant *Staphylococcus aureus* (MRSA), invasive

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

In 2017, there were 115 cases of invasive MRSA reported in South Dakota, a 7 percent decrease from the five-year median (median: 124). The highest rate of disease was among the elderly, ages 65 years and older.

Pertussis (whooping cough)

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

In 2017, nine cases of pertussis were reported in South Dakota. Two (22%) cases were less than 15 years old.

Figure 68
Pertussis Incidence, South Dakota & United States 2008-2017
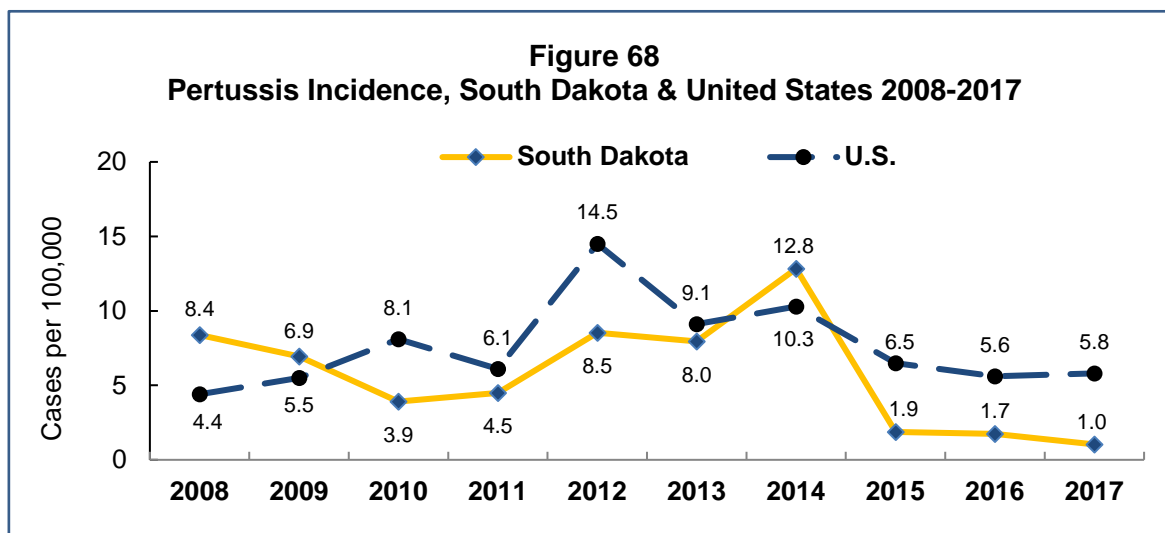
Rabies, animal

Rabies is a viral disease affecting the central nervous system. All mammals, including humans, are susceptible to the rabies virus. In humans, rabies causes a rapidly progressive and fatal encephalomyelitis (infection of the brain and spinal cord). Bites from infected animals constitute the primary route of transmission. Skunks (*Memphitis mephitis)* are the primary rabies reservoir in South Dakota. Over the past decade 48 percent of skunks tested have been rabid. Bat rabies is also enzootic in South Dakota with three percent of bats tested being positive.

Figure 69
Animal Rabies in South Dakota, 2017
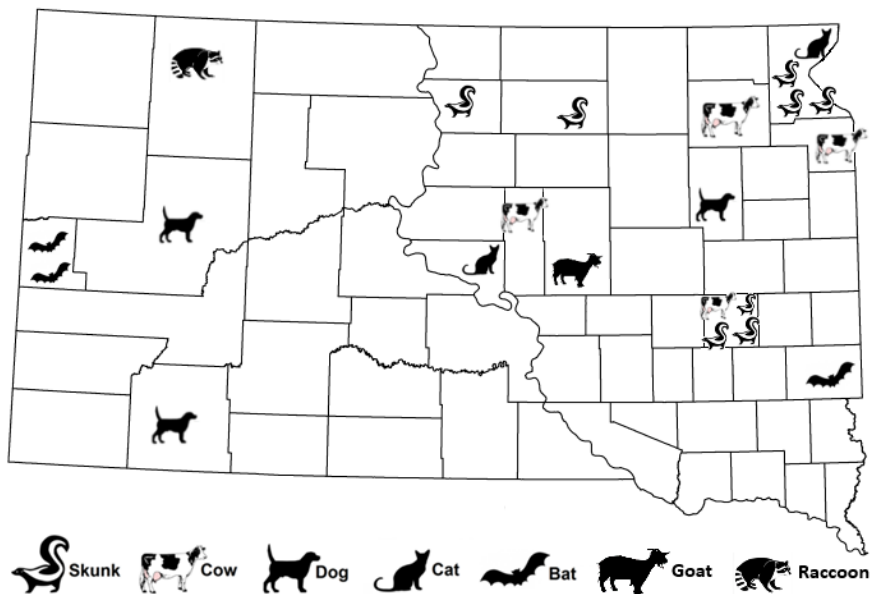
A total of 22 animals tested positive for rabies in 2017, a 19 percent decrease from the previous year. The 22 rabid animals included nine domestic animals (4 cattle, 3 dogs, 2 cats) and 13 wild animals (8 striped skunks, 3 bats, 1 raccoon). No human rabies was reported. South Dakota's last human rabies case was in 1970.

Rabid animals during 2017 were from the following counties: Clark 1, Day 1, Edmunds 1, Grant 1, Hand 1, Hughes 1, Hyde 1, Lawrence 2, Mead 1, Miner 4, Minnehaha 1, Oglala Lakota 1, Perkins 1, Roberts 4, and Walworth 1.

Figure 70
Animal Rabies, by Year: South Dakota, 1960 - 2017
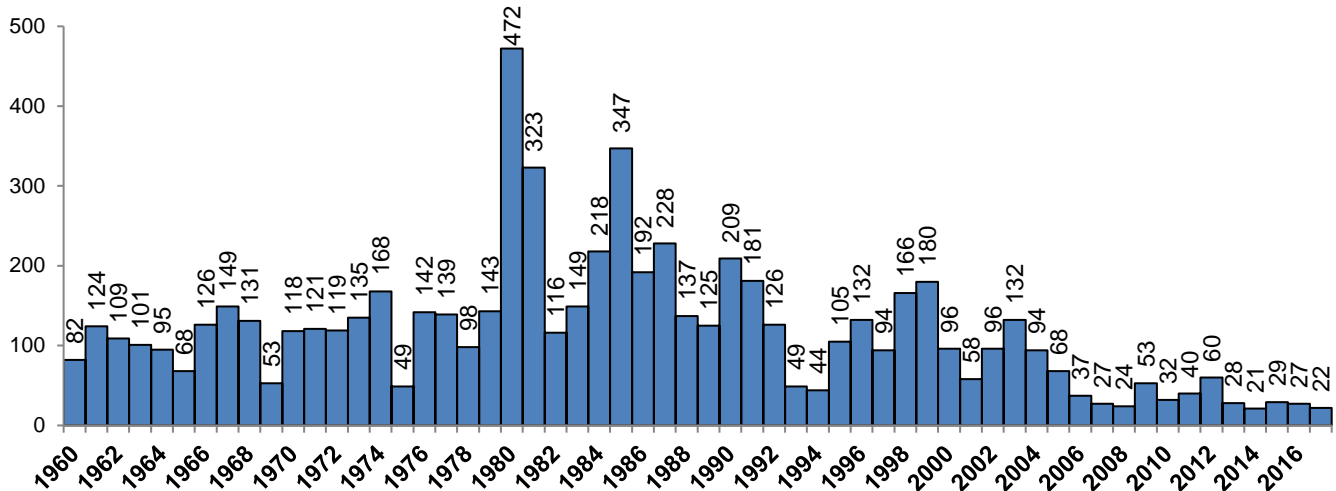
Salmonellosis

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

In 2017, 226 cases of salmonellosis were reported in South Dakota (incidence of 26.0 cases per 100,000 population). This represented a 23 percent increase over the five-year median (median: 183). The *Salmonella* serotypes most commonly identified were *S.* Typhimurium (59 cases) and *S.* Enteritidis (38 cases), accounting for 51 percent of cases with available serotype information.

Figure 71
Salmonellosis Incidence, South Dakota & United States 2008-2017
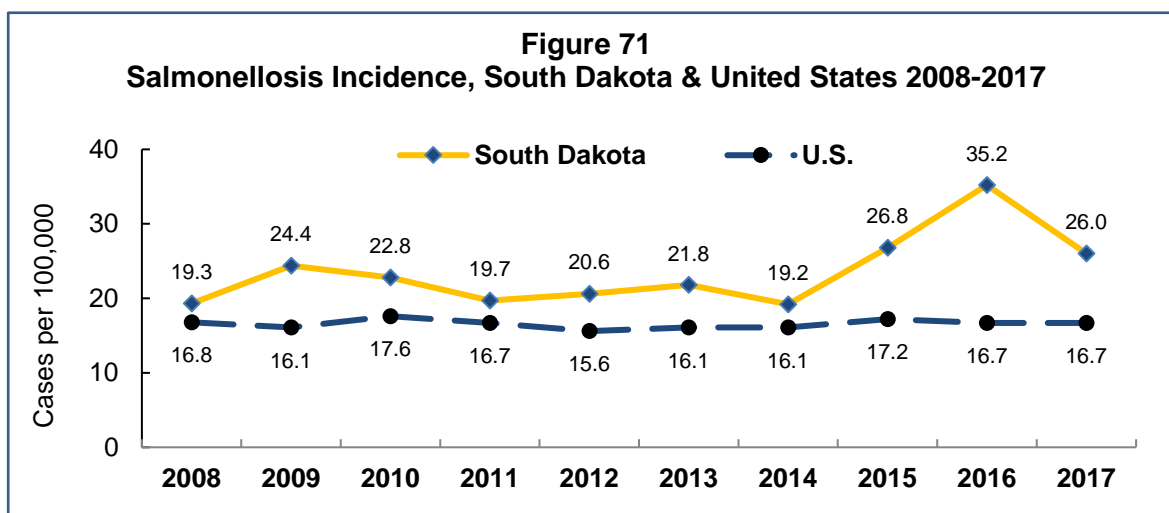
Figure 72
Incidence of Salmonellosis by County of Residence: South Dakota, 2017
(cases per 100,000)
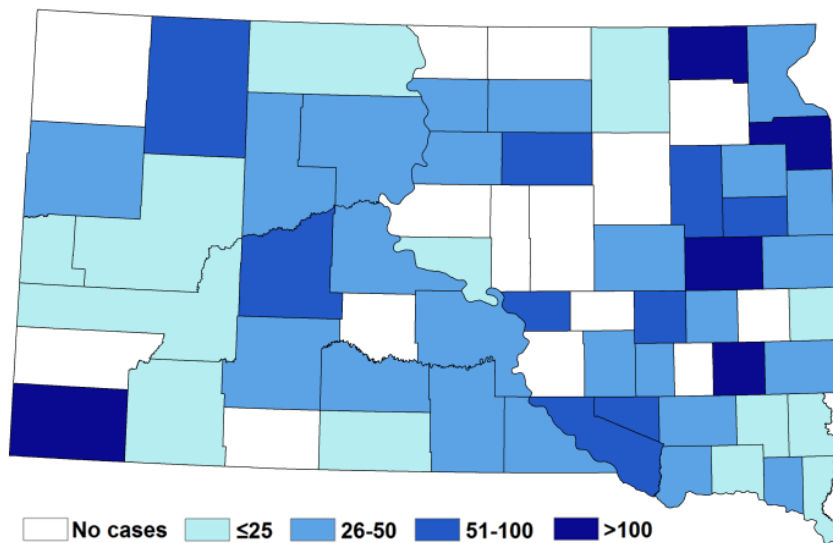
Shigellosis

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

In 2017, there were 29 cases of shigellosis reported in South Dakota – an 85 percent decrease from the five-year median (median: 190). The median age of cases was 36 years (range: 0 to 88). South Dakota experienced a protracted multi-county outbreak from October 2013 to November 2015, largely in child care settings.

Figure 73
Shigellosis Incidence, South Dakota & United States 2008-2017
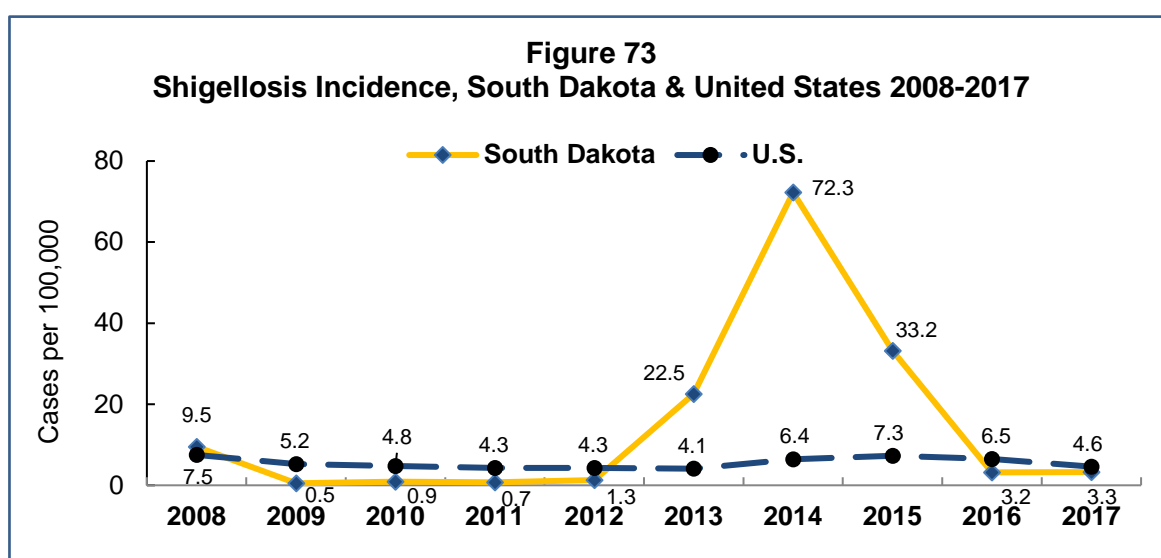
Streptococcus pneumoniae, invasive

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*, also referred to as pneumococcus. Invasive *Streptococcus pneumoniae* can cause many types of illnesses, including ear infections and meningitis. There are vaccines to prevent pneumococcal disease in children and adults. In 2017, 135 cases of invasive pneumococcal disease were reported in South Dakota.

Syphilis, Primary and Secondary, Early Latent (P, S, EL) and Congenital

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

In South Dakota, there were 52 cases of early syphilis (primary and secondary, early latent) and three congenital syphilis cases reported in 2017. During the five-year period, 2013-2017, 30 of South

Dakota's 66 counties reported cases of primary, secondary or congenital syphilis. Three counties (Minnehaha, Corson and Dewey) accounted for 72 percent of the state's cases.

Tuberculosis

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

There were 14 cases of TB reported in South Dakota in 2017. The median age of cases was 54 years (range: 23 to 82). American Indians have historically reported the highest percentage of TB cases by race. This trend continued in 2017 as American Indians contributed 50 percent of the total TB cases. In addition, 43 percent of the TB cases were foreign-born.

Tularemia

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

There were 13 cases of tularemia reported in South Dakota in 2017 (4 oropharyngeal, 3 ulceroglandular, 2 glandular, 2 typhoidal, and 2 pneumonic). Sanborn County had the highest incidence at 81.6 cases per 100,000 population.

Figure 74
Incidence of Tularemia by County of Residence: South Dakota, 2017
(cases per 100,000)
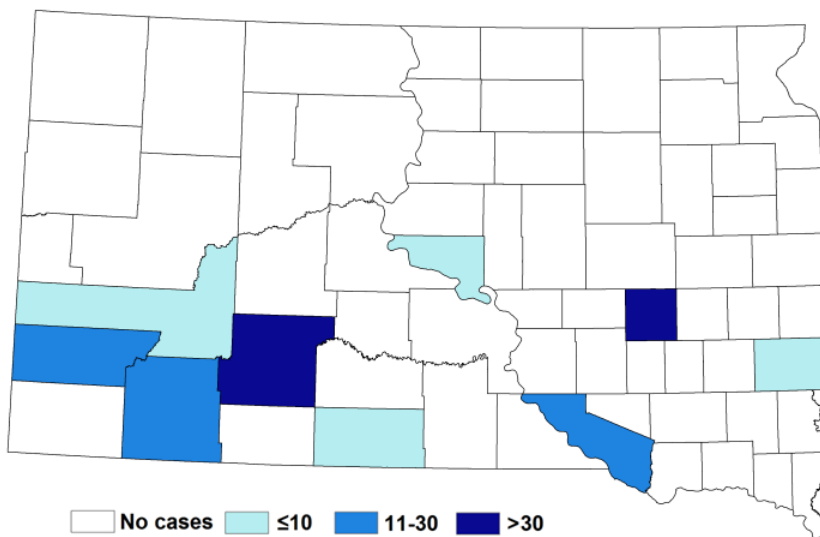
Varicella (chicken pox)

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

In 2017, 24 cases of chicken pox were reported in South Dakota with 46 percent of cases being unvaccinated. The median age was 3 years old (range: 0 to 34).

West Nile Virus (WNV)

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

In South Dakota, 73 human cases of WNV disease (27 neuroinvasive and 46 non-neuroinvasive) were reported in 2017. The overall incidence of WNV was 8.4 cases per 100,000 population. Thirty-three (45%) WNV cases were hospitalized, and there were four deaths. Additionally, two persons were identified to have WNV infection through blood donation screening.

Figure 75
Incidence of WNV by County of Residence: South Dakota, 2017
(cases per 100,000)
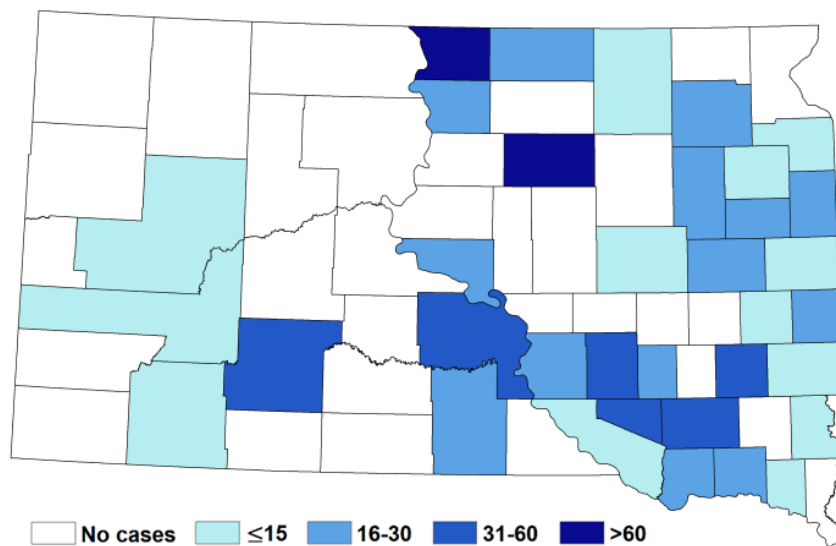
Other Infectious Diseases

Other infectious diseases reported in South Dakota during 2017 include: 15 cases of legionellosis, 13 cases of spotted fever rickettsiosis, 12 cases of vibriosis, eight cases of malaria, six cases of coccidioidomycosis, five cases of Q fever, four cases of cyclosporiasis, two cases of listeriosis, and one case each of anaplasmosis, brucellosis, hantavirus pulmonary infection, and invasive *Haemophilus influenzae* Type B. Additionally, there were two Zika virus infections reported in pregnant women who had recently spent time outside of the United States.

United States

Demographic Information	Health Status Indicators[1]

2017 Population Information

Subject	Number	Percent
Total population	325,719,178	100
White	249,619,493	76.6
Black or African American	43,499,874	13.4
American Indian & Alaska Native	4,104,295	1.3
Asian	18,989,059	5.8
Native Hawaiian & Other Pacific Islander	785,471	0.2
Two or More Races	8,720,986	2.7
Under 5 years	19,938,860	6.1
Under 18 years	73,655,378	22.6
65 years and over	50,858,679	15.6

Natality – 2016

Percent of Low Birth Weight Infants	8.2
Percent of Mothers Receiving Care in 1st Trimester	77.1
Percent of Mothers Who Used Tobacco While Pregnant[2]	7.2
Percent of Births Less Than 37 Wks. of Gestation	9.8
Average Age of Mother	28.7
Teenage Birth Rate[3]	8.8
Percent White Births (2015)	75.7
Percent American Indian Births (2015)	1.1
Percent Unmarried	39.8
Percent WIC births	39.6
Percent Breastfeeding at discharge	83.1
Percent Payment-Private Insurance	49.4
Percent Payment-Medicaid	42.6
Percent C-Section	31.9

Mortality[4] - 2016

All Causes	728.8
Heart Disease	165.5
Malignant Neoplasms (Cancer)	155.8
Trachea, Bronchus, & Lung	38.4
Colon, Rectum, & Anus	13.9
Female Breast	20.1
Pancreas	11.1
Prostate	19.3
Leukemia	6.2
Chronic Lower Respiratory Diseases	40.6
Alzheimer's Disease	30.3
Cerebrovascular Disease	37.3
Accidents	47.4
Motor Vehicle Accidents	12.1
Diabetes	21.0
Influenza and Pneumonia	13.5
Intentional Self-Harm (Suicide)	13.5
Chronic Liver Disease and Cirrhosis	10.7
Infant Mortality	5.87

Leading Causes of Death	Total Deaths
1. Heart Disease	635,260
2. Malignant Neoplasms (Cancer)	598,038
3. Accidents	161,374
4. Chronic Lower Respiratory Disease	154,596
5. Cerebrovascular Disease	142,142
6. Alzheimer's Disease	116,103
7. Diabetes	80,058
8. Influenza and Pneumonia	51,537
9. Nephritis, Nephrotic Syndrome, and Nephrosis	50,046
10. Intentional Self-Harm (Suicide)	44,965

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

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

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

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Source: United States Census Bureau, 2017 Population Estimates

South Dakota

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

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

2017 Population Information

Subject	Number	Percent
Total population	869,666	100.0
White	738,554	84.9
Black or African American	18,479	2.1
American Indian & Alaska Native	78,456	9.0
Asian	12,901	1.5
Native Hawaiian & Other Pacific Islander	719	0.1
Two or More Races	20,557	2.4
Under 5 years	61,759	7.1
Under 18 years	214,856	24.7
65 years and over	141,624	16.3

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

● Percent of Low Birth Weight Infants	6.5
● Percent of Mothers Receiving Care in 1st Trimester	72.4
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	14.0
● Percent of Births Less Than 37 Wks. of Gestation	8.7
Average Age of Mother	27.9
○ Teenage Birth Rate[2]	11.5
Percent White Births	74.5
Percent American Indian Births	15.6
● Percent Unmarried	37.4
● Percent WIC births	33.1
● Percent Breastfeeding at discharge	79.4
○ Percent Payment-Private Insurance	58.5
● Percent Payment-Medicaid	32.0
● Percent C-Section	25.2

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

Mortality[3]

● All Causes	711.5
● Heart Disease	151.4
Malignant Neoplasms (Cancer)	156.6
Trachea, Bronchus, & Lung	39.8
○ Colon, Rectum, & Anus	15.9
Female Breast	18.5
Pancreas	11.0
Prostate	18.4
Leukemia	7.0
Chronic Lower Respiratory Diseases	41.8
○ Alzheimer's Disease	36.0
Cerebrovascular Disease	36.3
○ Accidents	50.9
○ Motor Vehicle Accidents	17.2
○ Diabetes	23.8
○ Influenza and Pneumonia	17.3
○ Intentional Self-Harm (Suicide)	19.7
○ Chronic Liver Disease and Cirrhosis	15.7
Infant Mortality	6.47

Leading Causes of Death	Total Deaths
1. Heart Disease	8,464
2. Malignant Neoplasms (Cancer)	8,293
3. Accidents	2,392
4. Chronic Lower Respiratory Diseases	2,285
5. Alzheimer's Disease	2,167
6. Cerebrovascular Disease	2,064
7. Diabetes	1,259
8. Influenza and Pneumonia	991
9. Intentional Self-Harm (Suicide)	814
10. Chronic Liver Disease and Cirrhosis	696

Percent of Deaths due to tobacco use	17.1
Median age at death	79

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

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

Aurora County

Demographic Information	Health Status Indicators 2013-2017

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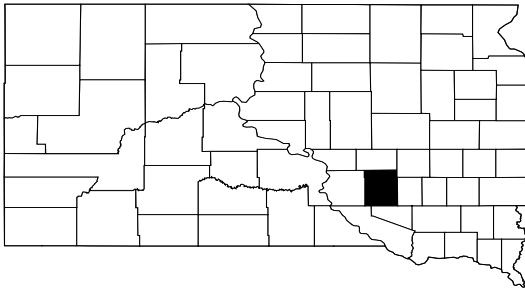
Aurora County is located in the south central portion of the state and averages 3.8 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,738	100.0
White	2,595	94.8
Black or African American	22	0.8
American Indian & Alaska Native	72	2.6
Asian	20	0.7
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	29	1.1
Under 5 years	168	6.1
Under 18 years	690	25.2
65 years and over	581	21.2

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	8.0
Percent of Mothers Receiving Care in 1st Trimester	72.0
Percent of Mothers Who Used Tobacco While Pregnant[1]	10.6
Percent of Births Less Than 37 Wks. of Gestation	10.0
Average Age of Mother	28.1
Teenage Birth Rate[2]	9.4
Percent White Births	99.0
Percent American Indian Births	LNE
● Percent Unmarried	28.0
Percent WIC births	38.5
Percent Breastfeeding at discharge	74.5
○ Percent Payment-Private Insurance	74.4
● Percent Payment-Medicaid	16.6
Percent C-Section	30.0

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

Mortality[3]

● All Causes	600.7
Heart Disease	150.6
Malignant Neoplasms (Cancer)	126.8
Trachea, Bronchus, & Lung	35.0
Colon, Rectum, & Anus	LNE
Female Breast	43.2
Pancreas	LNE
Prostate	38.3
Leukemia	LNE
Chronic Lower Respiratory Diseases	21.5
Alzheimer's Disease	42.5
Cerebrovascular Disease	62.1
Accidents	51.4
Motor Vehicle Accidents	33.1
Diabetes	20.1
Influenza and Pneumonia	21.2
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	35
2. Malignant Neoplasms (Cancer)	28
3. Cerebrovascular Disease	14
4. Alzheimer's Disease	11
5. Accidents	8
6. Influenza and Pneumonia	6
T7. Chronic Lower Respiratory Diseases	5
T7. Diabetes	5

Percent of Deaths due to tobacco use	14.1
Median age at death	83

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

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

Beadle County

Demographic Information
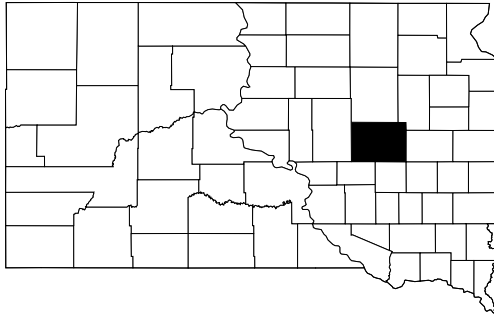
Beadle County is located in the center of eastern South Dakota and averages 13.8 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	18,157	100.0
White	15,561	85.7
Black or African American	232	1.3
American Indian & Alaska Native	259	1.4
Asian	1,702	9.4
Native Hawaiian & Other Pacific Islander	48	0.3
Two or More Races	355	2.0
Under 5 years	1,666	9.2
Under 18 years	4,990	27.5
65 years and over	3,155	17.4

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.8
● Percent of Mothers Receiving Care in 1st Trimester	56.8
Percent of Mothers Who Used Tobacco While Pregnant[1]	12.8
Percent of Births Less Than 37 Wks. of Gestation	8.8
● Average Age of Mother	26.8
○ Teenage Birth Rate[2]	22.4
Percent White Births	75.1
Percent American Indian Births	1.4
Percent Unmarried	39.0
○ Percent WIC births	48.5
Percent Breastfeeding at discharge	77.2
● Percent Payment-Private Insurance	50.3
○ Percent Payment-Medicaid	39.2
○ Percent C-Section	31.2

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

Mortality[3]

All Causes	727.0
Heart Disease	134.0
Malignant Neoplasms (Cancer)	173.3
Trachea, Bronchus, & Lung	41.3
Colon, Rectum, & Anus	10.7
Female Breast	18.0
Pancreas	13.2
Prostate	19.8
Leukemia	5.8
Chronic Lower Respiratory Diseases	32.1
Alzheimer's Disease	44.6
Cerebrovascular Disease	46.5
Accidents	47.7
Motor Vehicle Accidents	13.9
Diabetes	34.6
○ Influenza and Pneumonia	35.5
Intentional Self-Harm (Suicide)	18.5
Chronic Liver Disease and Cirrhosis	15.4
Infant Mortality	7.41

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	214
2. Heart Disease	187
3. Alzheimer's Disease	73
4. Cerebrovascular Disease	69
5. Influenza and Pneumonia	52
6. Accidents	51
7. Diabetes	46
8. Chronic Lower Respiratory Diseases	42
9. Intentional Self-Harm (Suicide)	15
10. Chronic Liver Disease and Cirrhosis	14
Percent of Deaths due to tobacco use	19.8
Median age at death	82

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

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

Bennett County

Demographic Information	Health Status Indicators 2013-2017
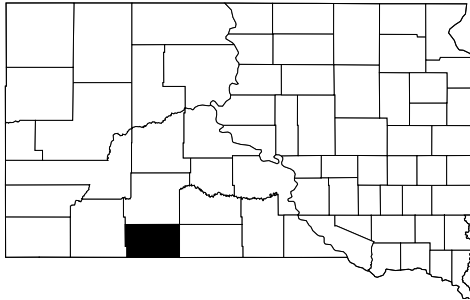
Bennett County is located on the southern border in western South Dakota and averages 2.9 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,454	100.0
White	1,204	34.9
Black or African American	19	0.6
American Indian & Alaska Native	2,038	59.0
Asian	15	0.4
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	177	5.1
Under 5 years	328	9.5
Under 18 years	1,151	33.3
65 years and over	431	12.5

Natality

Percent of Low Birth Weight Infants	5.6
● Percent of Mothers Receiving Care in 1st Trimester	56.1
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	25.5
Percent of Births Less Than 37 Wks. of Gestation	9.5
● Average Age of Mother	25.5
○ Teenage Birth Rate[2]	36.7
Percent White Births	15.1
Percent American Indian Births	77.8
○ Percent Unmarried	74.3
○ Percent WIC births	65.6
● Percent Breastfeeding at discharge	51.2
● Percent Payment-Private Insurance	15.2
○ Percent Payment-Medicaid	56.3
Percent C-Section	21.3

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

Mortality[3]

○ All Causes	1,072.6
Heart Disease	199.0
Malignant Neoplasms (Cancer)	204.8
Trachea, Bronchus, & Lung	28.3
Colon, Rectum, & Anus	24.1
Female Breast	LNE
Pancreas	LNE
Prostate	34.9
Leukemia	LNE
Chronic Lower Respiratory Diseases	63.9
Alzheimer's Disease	17.7
Cerebrovascular Disease	22.8
○ Accidents	115.1
Motor Vehicle Accidents	41.7
○ Diabetes	93.1
Influenza and Pneumonia	26.5
Intentional Self-Harm (Suicide)	30.7
Chronic Liver Disease and Cirrhosis	43.2
○ Infant Mortality	23.67

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	35
2. Heart Disease	34
3. Accidents	19
4. Diabetes	15
5. Chronic Lower Respiratory Diseases	11
6. Chronic Liver Disease and Cirrhosis	7
7. Septicemia	6
T8. Influenza and Pneumonia	5
T8. Intentional Self-Harm (Suicide)	5
Percent of Deaths due to tobacco use	22.0
Median age at death	72

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

See technical notes for more information.

Bon Homme County

Demographic Information	Health Status Indicators 2013-2017

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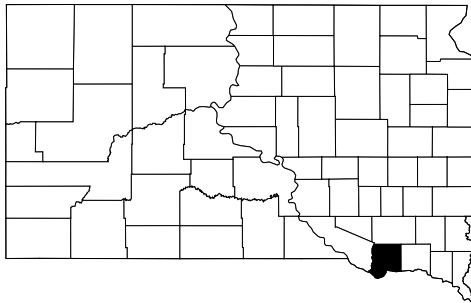
Bon Homme County is located on the Nebraska border in eastern South Dakota and averages 12.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	6,984	100.0
White	6,218	89.0
Black or African American	84	1.2
American Indian & Alaska Native	566	8.1
Asian	12	0.2
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	103	1.5
Under 5 years	374	5.4
Under 18 years	1,367	19.6
65 years and over	1,432	20.5

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.0
Percent of Mothers Receiving Care in 1st Trimester	78.3
Percent of Mothers Who Used Tobacco While Pregnant[1]	10.9
Percent of Births Less Than 37 Wks. of Gestation	7.5
Average Age of Mother	28.4
Teenage Birth Rate[2]	LNE
Percent White Births	96.0
Percent American Indian Births	1.9
● Percent Unmarried	21.2
Percent WIC births	30.9
Percent Breastfeeding at discharge	82.2
○ Percent Payment-Private Insurance	74.7
● Percent Payment-Medicaid	19.7
Percent C-Section	26.8

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

Mortality[3]

● All Causes	613.1
● Heart Disease	111.1
Malignant Neoplasms (Cancer)	143.1
● Trachea, Bronchus, & Lung	22.9
Colon, Rectum, & Anus	14.6
Female Breast	32.4
Pancreas	13.7
Prostate	12.6
Leukemia	14.1
Chronic Lower Respiratory Diseases	44.0
● Alzheimer's Disease	22.1
Cerebrovascular Disease	41.1
Accidents	43.2
Motor Vehicle Accidents	15.6
Diabetes	22.9
Influenza and Pneumonia	22.1
Intentional Self-Harm (Suicide)	11.6
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	9.35

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	84
2. Heart Disease	76
3. Cerebrovascular Disease	29
4. Chronic Lower Respiratory Diseases	27
5. Accidents	19
6. Influenza and Pneumonia	18
7. Alzheimer's Disease	16
8. Essential (Primary) Hypertension and Hypertensive Renal Disease	15
9. Diabetes	14
10. Unspecified Dementia	12

Percent of Deaths due to tobacco use	11.1
Median age at death	85

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

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

Brookings County

Demographic Information	Health Status Indicators 2013-2017

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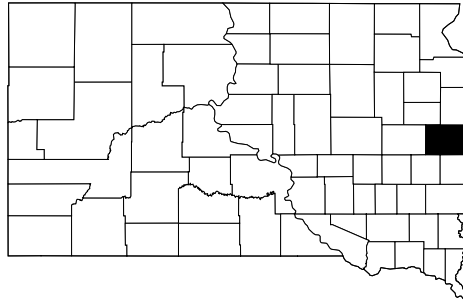
Brookings County is located on the eastern border of the state and averages 40.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	34,255	100.0
White	31,883	93.1
Black or African American	535	1.6
American Indian & Alaska Native	397	1.2
Asian	884	2.6
Native Hawaiian & Other Pacific Islander	28	0.1
Two or More Races	528	1.5
Under 5 years	2,226	6.5
Under 18 years	7,013	20.5
65 years and over	4,000	11.7

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.5
○ Percent of Mothers Receiving Care in 1st Trimester	80.6
● Percent of Mothers Who Used Tobacco While Pregnant[1]	9.1
● Percent of Births Less Than 37 Wks. of Gestation	6.9
○ Average Age of Mother	28.7
● Teenage Birth Rate[2]	4.8
Percent White Births	86.2
Percent American Indian Births	2.1
● Percent Unmarried	21.6
● Percent WIC births	21.2
○ Percent Breastfeeding at discharge	86.9
○ Percent Payment-Private Insurance	76.3
● Percent Payment-Medicaid	16.9
● Percent C-Section	20.4

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

Mortality[3]

● All Causes	622.6
Heart Disease	145.5
Malignant Neoplasms (Cancer)	147.7
Trachea, Bronchus, & Lung	31.2
Colon, Rectum, & Anus	17.2
Female Breast	14.4
Pancreas	10.8
Prostate	17.1
Leukemia	7.9
● Chronic Lower Respiratory Diseases	27.8
● Alzheimer's Disease	25.8
Cerebrovascular Disease	45.7
● Accidents	36.6
● Motor Vehicle Accidents	8.7
Diabetes	22.7
● Influenza and Pneumonia	10.7
Intentional Self-Harm (Suicide)	14.0
● Chronic Liver Disease and Cirrhosis	8.6
Infant Mortality	6.45

Leading Causes of Death	Total Deaths
1. Heart Disease	223
2. Malignant Neoplasms (Cancer)	217
3. Cerebrovascular Disease	71
4. Accidents	58
T5. Chronic Lower Respiratory Diseases	42
T5. Alzheimer's Disease	42
7. Diabetes	34
8. Intentional Self-Harm (Suicide)	21
9. Influenza and Pneumonia	17
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	14
Percent of Deaths due to tobacco use	14.6
Median age at death	82

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

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

Brown County

Demographic Information	Health Status Indicators 2013-2017

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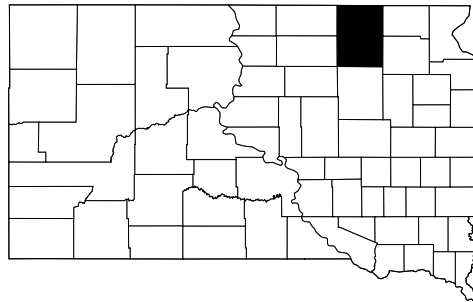
Brown County is located on the North Dakota border in the eastern part of the state and averages 21.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	39,178	100.0
White	34,890	89.1
Black or African American	862	2.2
American Indian & Alaska Native	1,381	3.5
Asian	1,148	2.9
Native Hawaiian & Other Pacific Islander	80	0.2
Two or More Races	817	2.1
Under 5 years	2,635	6.7
Under 18 years	9,469	24.2
65 years and over	6,522	16.6

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.5
Percent of Mothers Receiving Care in 1st Trimester	69.8
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	16.0
Percent of Births Less Than 37 Wks. of Gestation	7.7
Average Age of Mother	28.0
● Teenage Birth Rate[2]	6.3
Percent White Births	84.4
Percent American Indian Births	5.3
● Percent Unmarried	33.0
● Percent WIC births	29.3
Percent Breastfeeding at discharge	82.3
○ Percent Payment-Private Insurance	67.1
● Percent Payment-Medicaid	28.2
Percent C-Section	27.6

Mortality[3]

All Causes	695.2
Heart Disease	139.8
Malignant Neoplasms (Cancer)	165.3
Trachea, Bronchus, & Lung	46.8
Colon, Rectum, & Anus	18.0
Female Breast	25.2
Pancreas	10.8
Prostate	17.3
Leukemia	5.6
Chronic Lower Respiratory Diseases	36.3
Alzheimer's Disease	37.7
Cerebrovascular Disease	39.6
● Accidents	40.2
● Motor Vehicle Accidents	9.3
Diabetes	26.6
Influenza and Pneumonia	18.9
Intentional Self-Harm (Suicide)	15.2
● Chronic Liver Disease and Cirrhosis	8.8
Infant Mortality	3.92

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	418
2. Heart Disease	411
3. Alzheimer's Disease	120
4. Cerebrovascular Disease	112
5. Chronic Lower Respiratory Diseases	100
6. Accidents	95
7. Diabetes	70
8. Influenza and Pneumonia	55
9. Unspecified Dementia	30
10. Intentional Self-Harm (Suicide)	29

Percent of Deaths due to tobacco use	14.7
Median age at death	82

Brule County

Demographic Information	Health Status Indicators 2013-2017
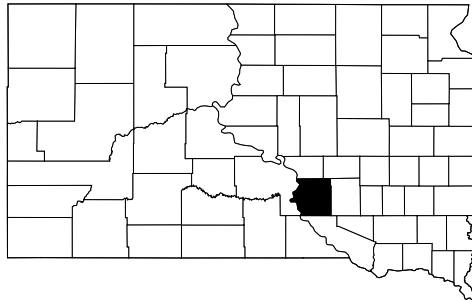
Brule County is located in the south central part of the state and averages 6.4 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,312	100.0
White	4,528	85.2
Black or African American	23	0.4
American Indian & Alaska Native	548	10.3
Asian	21	0.4
Native Hawaiian & Other Pacific Islander	2	0.0
Two or More Races	190	3.6
Under 5 years	335	6.3
Under 18 years	1,410	26.5
65 years and over	956	18.0

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Source: United States Census Bureau, 2017 Population Estimates

Natality

Percent of Low Birth Weight Infants	5.8
Percent of Mothers Receiving Care in 1st Trimester	64.6
Percent of Mothers Who Used Tobacco While Pregnant[1]	15.2
Percent of Births Less Than 37 Wks. of Gestation	9.1
Average Age of Mother	27.7
● Teenage Birth Rate[2]	4.9
Percent White Births	76.2
Percent American Indian Births	19.5
Percent Unmarried	35.3
Percent WIC births	35.9
● Percent Breastfeeding at discharge	69.9
Percent Payment-Private Insurance	63.1
Percent Payment-Medicaid	32.0
○ Percent C-Section	34.2

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

Mortality[3]

All Causes	675.9
Heart Disease	163.2
Malignant Neoplasms (Cancer)	141.5
Trachea, Bronchus, & Lung	24.2
Colon, Rectum, & Anus	19.2
Female Breast	20.8
Pancreas	9.9
Prostate	41.1
Leukemia	10.6
Chronic Lower Respiratory Diseases	34.6
Alzheimer's Disease	31.3
● Cerebrovascular Disease	15.8
Accidents	41.2
Motor Vehicle Accidents	11.4
Diabetes	27.7
Influenza and Pneumonia	18.7
Intentional Self-Harm (Suicide)	18.1
Chronic Liver Disease and Cirrhosis	8.2
Infant Mortality	8.22

Leading Causes of Death	Total Deaths
1. Heart Disease	68
2. Malignant Neoplasms (Cancer)	55
3. Alzheimer's Disease	15
T4. Accidents	14
T4. Chronic Lower Respiratory Diseases	14
6. Diabetes	10
7. Influenza and Pneumonia	8
8. Cerebrovascular Disease	7
T9. Intentional Self-Harm (Suicide)	5
T9. Pneumonitis Due to Solids and Liquids	5

Percent of Deaths due to tobacco use	13.2
Median age at death	79

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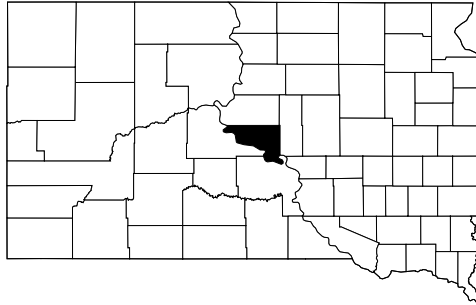[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

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

Buffalo County

Demographic Information	Health Status Indicators 2013-2017

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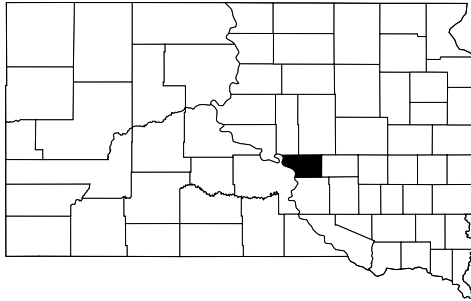
Buffalo County is located in the central portion of the state and averages 4.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	1,999	100.0
White	317	15.9
Black or African American	15	0.8
American Indian & Alaska Native	1,626	81.3
Asian	1	0.1
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	40	2.0
Under 5 years	226	11.3
Under 18 years	767	38.4
65 years and over	145	7.3

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	8.4
● Percent of Mothers Receiving Care in 1st Trimester	29.5
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	29.8
Percent of Births Less Than 37 Wks. of Gestation	10.8
● Average Age of Mother	25.7
○ Teenage Birth Rate[2]	64.4
Percent White Births	13.5
Percent American Indian Births	82.9
○ Percent Unmarried	74.6
○ Percent WIC births	65.3
● Percent Breastfeeding at discharge	38.8
● Percent Payment-Private Insurance	12.7
○ Percent Payment-Medicaid	75.0
Percent C-Section	22.2

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

Mortality[3]

○ All Causes	1,552.9
Heart Disease	208.8
Malignant Neoplasms (Cancer)	281.2
○ Trachea, Bronchus, & Lung	140.7
Colon, Rectum, & Anus	69.0
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	49.4
Alzheimer's Disease	LNE
Cerebrovascular Disease	44.2
○ Accidents	141.5
Motor Vehicle Accidents	38.2
○ Diabetes	124.6
Influenza and Pneumonia	56.4
○ Intentional Self-Harm (Suicide)	110.9
○ Chronic Liver Disease and Cirrhosis	113.6
Infant Mortality	11.90

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	19
2. Heart Disease	15
3. Accidents	10
T4. Intentional Self-Harm (Suicide)	9
T4. Chronic Liver Disease and Cirrhosis	9
6. Diabetes	8
Percent of Deaths due to tobacco use	19.6
Median age at death	61

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

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

Butte County

Demographic Information	Health Status Indicators 2013-2017

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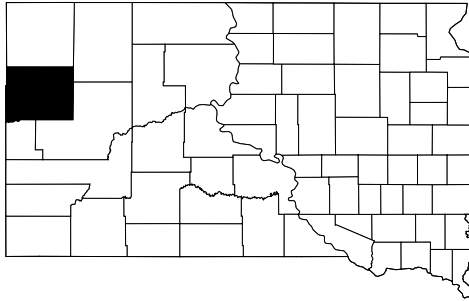
Butte County is located on the western border of the state and averages 4.5 people per square mile.

2017 Population Information

Subject	Number	Percent
Total population	10,107	100.0
White	9,521	94.2
Black or African American	57	0.6
American Indian & Alaska Native	231	2.3
Asian	44	0.4
Native Hawaiian & Other Pacific Islander	9	0.1
Two or More Races	245	2.4
Under 5 years	612	6.1
Under 18 years	2,441	24.2
65 years and over	1,974	19.5

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.2
Percent of Mothers Receiving Care in 1st Trimester	77.9
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	20.7
Percent of Births Less Than 37 Wks. of Gestation	9.2
● Average Age of Mother	27.1
Teenage Birth Rate[2]	11.8
Percent White Births	93.6
Percent American Indian Births	2.7
Percent Unmarried	35.9
○ Percent WIC births	45.2
Percent Breastfeeding at discharge	85.4
Percent Payment-Private Insurance	54.9
○ Percent Payment-Medicaid	39.7
Percent C-Section	22.9

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

Mortality[3]

All Causes	735.5
○ Heart Disease	185.6
Malignant Neoplasms (Cancer)	170.6
Trachea, Bronchus, & Lung	48.8
Colon, Rectum, & Anus	23.5
Female Breast	13.7
Pancreas	7.4
Prostate	16.7
Leukemia	3.4
○ Chronic Lower Respiratory Diseases	62.9
Alzheimer's Disease	29.2
Cerebrovascular Disease	34.1
Accidents	50.2
Motor Vehicle Accidents	22.0
Diabetes	15.0
● Influenza and Pneumonia	7.2
● Intentional Self-Harm (Suicide)	6.6
Chronic Liver Disease and Cirrhosis	17.3
Infant Mortality	7.80

Leading Causes of Death	Total Deaths
1. Heart Disease	140
2. Malignant Neoplasms (Cancer)	124
3. Chronic Lower Respiratory Diseases	46
4. Accidents	28
5. Cerebrovascular Disease	24
6. Alzheimer's Disease	23
7. Diabetes	12
8. Chronic Liver Disease and Cirrhosis	10
9. Septicemia	8
T10. Unspecified Dementia	6
T10. Parkinson's Disease	6

Percent of Deaths due to tobacco use	20.0
Median age at death	79

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

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

Campbell County

Demographic Information	Health Status Indicators 2013-2017
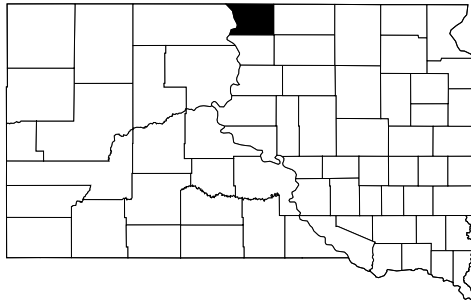
Campbell County is located in the north central portion of the state and averages 2.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	1,379	100.0
White	1,348	97.8
Black or African American	3	0.2
American Indian & Alaska Native	13	0.9
Asian	6	0.4
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	9	0.7
Under 5 years	56	4.1
Under 18 years	211	15.3
65 years and over	379	27.5

Natality

Percent of Low Birth Weight Infants	LNE
Percent of Mothers Receiving	
Care in 1st Trimester	79.0
● Percent of Mothers Who	
Used Tobacco While Pregnant[1]	4.8
Percent of Births Less Than 37 Wks. of Gestation	9.7
Average Age of Mother	29.1
Teenage Birth Rate[2]	LNE
Percent White Births	90.3
Percent American Indian Births	LNE
● Percent Unmarried	16.1
● Percent WIC births	17.7
Percent Breastfeeding at discharge	86.9
Percent Payment-Private Insurance	72.9
● Percent Payment-Medicaid	16.9
Percent C-Section	29.0

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

Mortality[3]

All Causes	601.1
Heart Disease	119.2
Malignant Neoplasms (Cancer)	110.7
Trachea, Bronchus, & Lung	40.8
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	25.0
Alzheimer's Disease	18.5
Cerebrovascular Disease	31.0
Accidents	123.0
Motor Vehicle Accidents	LNE
Diabetes	37.1
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	18
2. Malignant Neoplasms (Cancer)	15
3. Accidents	8
T4. Cerebrovascular Disease	5
T4. Diabetes	5
Percent of Deaths due to tobacco use	20.8
Median age at death	77

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

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

Charles Mix County

Demographic Information	Health Status Indicators 2013-2017

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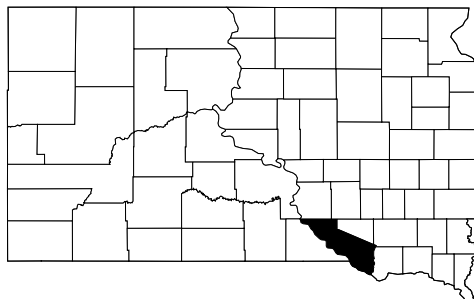
Charles Mix County is located in the south central area of the state and averages 8.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	9,428	100.0
White	6,025	63.9
Black or African American	54	0.6
American Indian & Alaska Native	3,012	31.9
Asian	25	0.3
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	311	3.3
Under 5 years	829	8.8
Under 18 years	2,782	29.5
65 years and over	1,713	18.2

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.9
● Percent of Mothers Receiving Care in 1st Trimester	64.6
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	21.6
Percent of Births Less Than 37 Wks. of Gestation	8.4
● Average Age of Mother	26.6
○ Teenage Birth Rate[2]	24.8
Percent White Births	43.2
Percent American Indian Births	50.6
○ Percent Unmarried	54.4
○ Percent WIC births	58.1
● Percent Breastfeeding at discharge	68.5
● Percent Payment-Private Insurance	37.3
○ Percent Payment-Medicaid	52.1
○ Percent C-Section	30.8

Mortality[3]

○ All Causes	857.9
Heart Disease	183.1
Malignant Neoplasms (Cancer)	172.9
Trachea, Bronchus, & Lung	49.3
Colon, Rectum, & Anus	17.8
Female Breast	26.3
Pancreas	7.3
Prostate	28.5
Leukemia	4.3
Chronic Lower Respiratory Diseases	39.7
Alzheimer's Disease	49.9
Cerebrovascular Disease	41.3
○ Accidents	79.7
Motor Vehicle Accidents	22.2
○ Diabetes	45.2
Influenza and Pneumonia	21.6
○ Intentional Self-Harm (Suicide)	44.4
Chronic Liver Disease and Cirrhosis	31.1
Infant Mortality	3.69

Leading Causes of Death	Total Deaths
1. Heart Disease	120
2. Malignant Neoplasms (Cancer)	116
3. Alzheimer's Disease	41
4. Accidents	40
5. Cerebrovascular Disease	29
6. Chronic Lower Respiratory Diseases	27
7. Diabetes	24
8. Influenza and Pneumonia	18
9. Intentional Self-Harm (Suicide)	16
10. Chronic Liver Disease and Cirrhosis	12
Percent of Deaths due to tobacco use	15.6
Median age at death	77

Clark County

Health Status Indicators 2013-2017
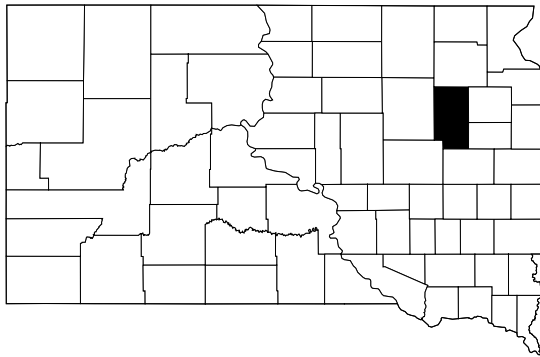
Clark County is located in east central South Dakota and averages 3.9 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,668	100.0
White	3,539	96.5
Black or African American	63	1.7
American Indian & Alaska Native	12	0.3
Asian	18	0.5
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	36	1.0
Under 5 years	372	10.1
Under 18 years	938	25.6
65 years and over	778	21.2

Natality

Percent of Low Birth Weight Infants	6.5
Percent of Mothers Receiving Care in 1st Trimester	65.9
● Percent of Mothers Who Used Tobacco While Pregnant[1]	9.4
Percent of Births Less Than 37 Wks. of Gestation	6.1
Average Age of Mother	28.4
Teenage Birth Rate[2]	9.6
Percent White Births	94.2
Percent American Indian Births	1.6
● Percent Unmarried	15.2
● Percent WIC births	21.0
Percent Breastfeeding at discharge	88.0
○ Percent Payment-Private Insurance	82.3
● Percent Payment-Medicaid	14.5
Percent C-Section	21.9

Mortality[3]

All Causes	697.7
Heart Disease	128.0
Malignant Neoplasms (Cancer)	153.7
Trachea, Bronchus, & Lung	34.7
Colon, Rectum, & Anus	14.0
Female Breast	13.8
Pancreas	19.2
Prostate	20.8
Leukemia	16.5
Chronic Lower Respiratory Diseases	33.6
Alzheimer's Disease	32.8
Cerebrovascular Disease	51.1
Accidents	64.2
Motor Vehicle Accidents	18.8
Diabetes	35.7
Influenza and Pneumonia	16.6
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	9.68

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	51
2. Heart Disease	39
3. Accidents	19
4. Cerebrovascular Disease	17
5. Alzheimer's Disease	13
6. Chronic Lower Respiratory Diseases	12
7. Diabetes	10
8. Influenza and Pneumonia	6
9. Unspecified Dementia	5
Percent of Deaths due to tobacco use	14.3
Median age at death	83

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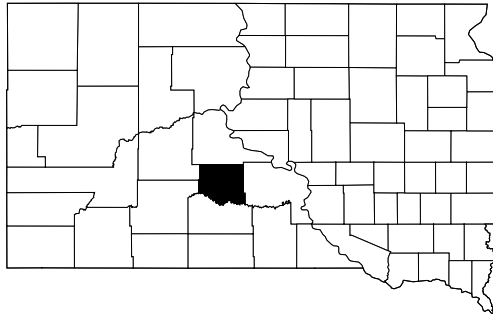○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

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

Clay County

Demographic Information	Health Status Indicators 2013-2017

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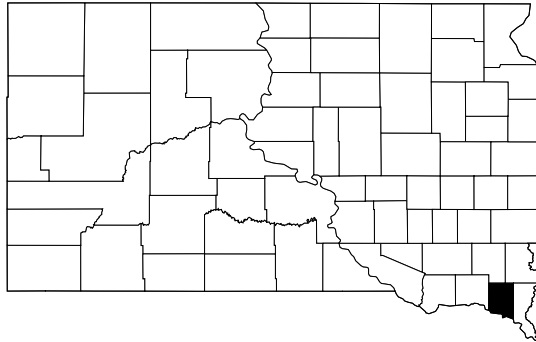
Clay County is located in the southeastern part of the state and averages 33.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	13,990	100.0
White	12,540	89.6
Black or African American	244	1.7
American Indian & Alaska Native	495	3.5
Asian	361	2.6
Native Hawaiian & Other Pacific Islander	10	0.1
Two or More Races	340	2.4
Under 5 years	756	5.4
Under 18 years	2,479	17.7
65 years and over	1,645	11.8

_____

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.4
○ Percent of Mothers Receiving Care in 1st Trimester	80.7
● Percent of Mothers Who Used Tobacco While Pregnant[1]	9.9
Percent of Births Less Than 37 Wks. of Gestation	7.0
○ Average Age of Mother	28.7
● Teenage Birth Rate[2]	5.9
Percent White Births	84.3
Percent American Indian Births	6.9
● Percent Unmarried	29.1
Percent WIC births	29.2
Percent Breastfeeding at discharge	81.0
○ Percent Payment-Private Insurance	68.2
Percent Payment-Medicaid	28.2
○ Percent C-Section	31.7

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

Mortality[3]

All Causes	785.7
○ Heart Disease	240.6
Malignant Neoplasms (Cancer)	178.0
Trachea, Bronchus, & Lung	43.0
Colon, Rectum, & Anus	12.0
Female Breast	17.6
Pancreas	13.0
Prostate	26.4
Leukemia	9.8
Chronic Lower Respiratory Diseases	45.9
Alzheimer's Disease	24.2
Cerebrovascular Disease	42.5
● Accidents	29.2
Motor Vehicle Accidents	16.5
Diabetes	20.2
Influenza and Pneumonia	28.8
● Intentional Self-Harm (Suicide)	7.7
Chronic Liver Disease and Cirrhosis	9.9
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	167
2. Malignant Neoplasms (Cancer)	113
T3. Chronic Lower Respiratory Diseases	29
T3. Cerebrovascular Disease	29
5. Influenza and Pneumonia	20
6. Accidents	18
7. Alzheimer's Disease	17
8. Diabetes	14
T9. Unspecified Dementia	7
T9. Nephritis, Nephrotic Syndrome, and Nephrosis	7

Percent of Deaths due to tobacco use	15.9
Median age at death	80

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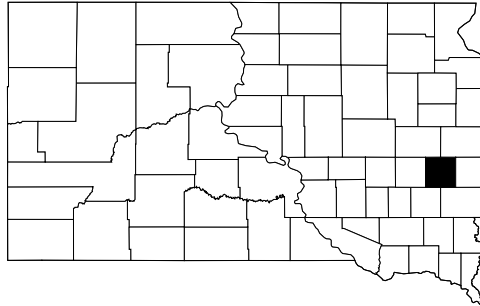○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

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

Codington County

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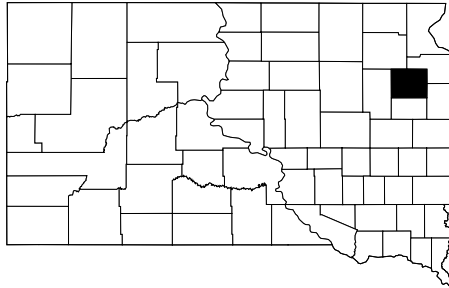
Codington County is located in eastern South Dakota and averages 39.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	28,099	100.0
White	26,556	94.5
Black or African American	199	0.7
American Indian & Alaska Native	712	2.5
Asian	193	0.7
Native Hawaiian & Other Pacific Islander	3	0.0
Two or More Races	436	1.6
Under 5 years	1,833	6.5
Under 18 years	6,808	24.2
65 years and over	4,787	17.0

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.2
○ Percent of Mothers Receiving Care in 1st Trimester	79.9
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	20.5
Percent of Births Less Than 37 Wks. of Gestation	7.9
● Average Age of Mother	27.5
Teenage Birth Rate[2]	7.4
Percent White Births	89.1
Percent American Indian Births	5.1
Percent Unmarried	37.5
Percent WIC births	35.1
Percent Breastfeeding at discharge	77.8
○ Percent Payment-Private Insurance	67.1
Percent Payment-Medicaid	29.8
Percent C-Section	23.5

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

Mortality[3]

● All Causes	649.8
Heart Disease	149.9
Malignant Neoplasms (Cancer)	176.0
Trachea, Bronchus, & Lung	45.7
Colon, Rectum, & Anus	20.4
Female Breast	28.7
Pancreas	15.0
Prostate	17.7
Leukemia	7.0
Chronic Lower Respiratory Diseases	39.7
Alzheimer's Disease	30.5
Cerebrovascular Disease	32.5
Accidents	40.2
Motor Vehicle Accidents	16.2
Diabetes	23.7
● Influenza and Pneumonia	11.4
● Intentional Self-Harm (Suicide)	9.7
● Chronic Liver Disease and Cirrhosis	5.5
● Infant Mortality	2.68

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	319
2. Heart Disease	292
3. Chronic Lower Respiratory Diseases	73
4. Cerebrovascular Disease	64
5. Accidents	63
6. Alzheimer's Disease	62
7. Diabetes	44
8. Influenza and Pneumonia	23
9. Unspecified Dementia	19
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	15
Percent of Deaths due to tobacco use	21.1
Median age at death	81

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

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

Corson County

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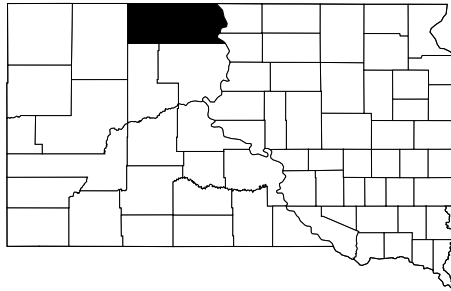
Corson County is located in the north central portion of the state and averages 1.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	4,203	100.0
White	1,279	30.4
Black or African American	20	0.5
American Indian & Alaska Native	2,738	65.1
Asian	21	0.5
Native Hawaiian & Other Pacific Islander	2	0.0
Two or More Races	143	3.4
Under 5 years	439	10.4
Under 18 years	1,532	36.5
65 years and over	455	10.8

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	9.4
● Percent of Mothers Receiving Care in 1st Trimester	42.9
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	25.2
○ Percent of Births Less Than 37 Wks. of Gestation	14.0
● Average Age of Mother	26.7
Teenage Birth Rate[2]	17.6
Percent White Births	19.1
Percent American Indian Births	73.6
○ Percent Unmarried	71.2
○ Percent WIC births	62.7
● Percent Breastfeeding at discharge	52.7
● Percent Payment-Private Insurance	17.5
○ Percent Payment-Medicaid	74.2
Percent C-Section	28.5

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

Mortality[3]

○ All Causes	1,292.0
○ Heart Disease	315.3
Malignant Neoplasms (Cancer)	209.3
Trachea, Bronchus, & Lung	31.2
Colon, Rectum, & Anus	31.4
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	38.8
Alzheimer's Disease	LNE
Cerebrovascular Disease	26.3
○ Accidents	132.3
Motor Vehicle Accidents	23.2
○ Diabetes	64.6
Influenza and Pneumonia	33.6
○ Intentional Self-Harm (Suicide)	58.5
○ Chronic Liver Disease and Cirrhosis	64.9
Infant Mortality	8.51

Leading Causes of Death	Total Deaths
1. Heart Disease	57
2. Malignant Neoplasms (Cancer)	40
3. Accidents	25
4. Chronic Liver Disease and Cirrhosis	13
T5. Diabetes	12
T5. Intentional Self-Harm (Suicide)	12
7. Chronic Lower Respiratory Diseases	7
T8. Influenza and Pneumonia	6
T8. Nephritis, Nephrotic Syndrome, and Nephrosis	6
T8. Ill-Defined and Unknown Causes of Mortality	6

Percent of Deaths due to tobacco use	16.3
Median age at death	63

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

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

Custer County

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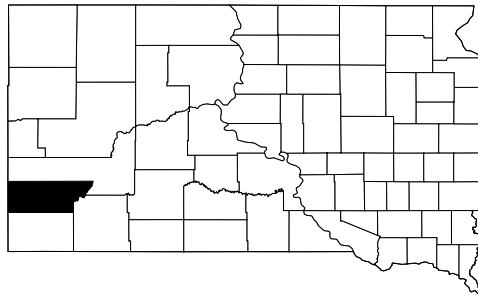
Custer County is located in the southern Black Hills and averages 5.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	8,691	100.0
White	8,067	92.8
Black or African American	52	0.6
American Indian & Alaska Native	338	3.9
Asian	50	0.6
Native Hawaiian & Other Pacific Islander	2	0.0
Two or More Races	182	2.1
Under 5 years	350	4.0
Under 18 years	1,369	15.8
65 years and over	2,487	28.6

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	8.1
Percent of Mothers Receiving Care in 1st Trimester	72.1
Percent of Mothers Who Used Tobacco While Pregnant[1]	18.8
Percent of Births Less Than 37 Wks. of Gestation	8.4
○ Average Age of Mother	28.7
Teenage Birth Rate[2]	LNE
Percent White Births	85.4
Percent American Indian Births	7.3
Percent Unmarried	35.1
Percent WIC births	31.9
Percent Breastfeeding at discharge	87.2
Percent Payment-Private Insurance	52.4
Percent Payment-Medicaid	36.4
Percent C-Section	20.6

Mortality[3]

● All Causes	644.9
Heart Disease	134.2
● Malignant Neoplasms (Cancer)	120.6
● Trachea, Bronchus, & Lung	26.2
Colon, Rectum, & Anus	13.5
Female Breast	18.7
Pancreas	8.9
Prostate	10.1
Leukemia	9.4
● Chronic Lower Respiratory Diseases	27.4
Alzheimer's Disease	23.5
Cerebrovascular Disease	36.8
Accidents	66.6
Motor Vehicle Accidents	18.2
Diabetes	16.1
Influenza and Pneumonia	28.8
Intentional Self-Harm (Suicide)	22.3
Chronic Liver Disease and Cirrhosis	18.6
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	106
2. Malignant Neoplasms (Cancer)	98
3. Accidents	35
4. Cerebrovascular Disease	27
5. Chronic Lower Respiratory Diseases	21
6. Influenza and Pneumonia	19
7. Alzheimer's Disease	17
T8. Diabetes	12
T8. Intentional Self-Harm (Suicide)	12
T8. Chronic Liver Disease and Cirrhosis	12

Percent of Deaths due to tobacco use	15.9
Median age at death	77

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

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

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

Davison County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Davison County is located in eastern South Dakota and averages 44.8 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	19,704	100.0
White	18,354	93.1
Black or African American	186	0.9
American Indian & Alaska Native	648	3.3
Asian	127	0.6
Native Hawaiian & Other Pacific Islander	17	0.1
Two or More Races	372	1.9
Under 5 years	1,238	6.3
Under 18 years	4,586	23.3
65 years and over	3,645	18.5

————

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.6
○ Percent of Mothers Receiving Care in 1st Trimester	80.3
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	19.3
Percent of Births Less Than 37 Wks. of Gestation	9.6
● Average Age of Mother	27.4
Teenage Birth Rate[2]	9.5
Percent White Births	86.0
Percent American Indian Births	8.9
○ Percent Unmarried	41.6
Percent WIC births	36.0
● Percent Breastfeeding at discharge	73.7
○ Percent Payment-Private Insurance	64.2
Percent Payment-Medicaid	30.8
○ Percent C-Section	29.2

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

Mortality[3]

All Causes	708.1
Heart Disease	174.0
Malignant Neoplasms (Cancer)	163.0
Trachea, Bronchus, & Lung	47.1
Colon, Rectum, & Anus	17.6
Female Breast	12.0
Pancreas	10.2
Prostate	11.5
Leukemia	9.3
Chronic Lower Respiratory Diseases	35.6
● Alzheimer's Disease	25.1
Cerebrovascular Disease	38.8
Accidents	43.6
● Motor Vehicle Accidents	7.0
Diabetes	26.2
Influenza and Pneumonia	21.5
Intentional Self-Harm (Suicide)	13.2
Chronic Liver Disease and Cirrhosis	10.4
Infant Mortality	6.35

Leading Causes of Death	Total Deaths
1. Heart Disease	269
2. Malignant Neoplasms (Cancer)	237
3. Cerebrovascular Disease	70
4. Accidents	54
5. Chronic Lower Respiratory Diseases	51
6. Alzheimer's Disease	49
7. Influenza and Pneumonia	38
8. Unspecified Dementia	37
9. Diabetes	35
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	22

Percent of Deaths due to tobacco use	17.4
Median age at death	82

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

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

Day County

Demographic Information	**Health Status Indicators 2013-2017**

Demographic Information
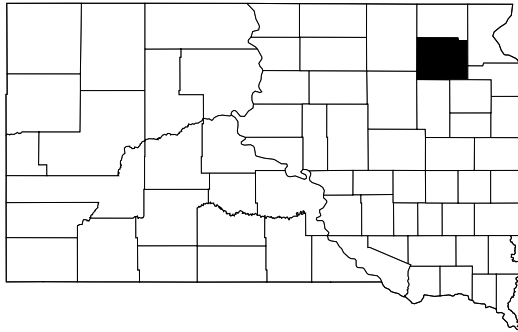
Day County is located in the northeastern part of the state and averages 5.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,521	100.0
White	4,831	87.5
Black or African American	21	0.4
American Indian & Alaska Native	531	9.6
Asian	39	0.7
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	99	1.8
Under 5 years	306	5.5
Under 18 years	1,237	22.4
65 years and over	1,386	25.1

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.1
Percent of Mothers Receiving Care in 1st Trimester	72.6
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	24.0
Percent of Births Less Than 37 Wks. of Gestation	5.8
Average Age of Mother	28.0
Teenage Birth Rate[2]	13.8
Percent White Births	75.4
Percent American Indian Births	19.1
Percent Unmarried	36.0
Percent WIC births	40.4
Percent Breastfeeding at discharge	76.5
Percent Payment-Private Insurance	62.1
Percent Payment-Medicaid	33.8
Percent C-Section	28.0

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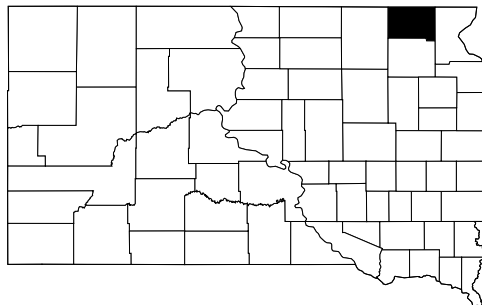[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	702.1
Heart Disease	155.2
Malignant Neoplasms (Cancer)	131.1
Trachea, Bronchus, & Lung	33.3
Colon, Rectum, & Anus	14.5
Female Breast	16.5
Pancreas	12.1
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	30.8
Alzheimer's Disease	37.8
Cerebrovascular Disease	49.6
Accidents	76.9
Motor Vehicle Accidents	33.5
Diabetes	26.5
Influenza and Pneumonia	13.6
Intentional Self-Harm (Suicide)	13.0
Chronic Liver Disease and Cirrhosis	18.8
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	91
2. Malignant Neoplasms (Cancer)	62
3. Cerebrovascular Disease	32
4. Accidents	26
5. Alzheimer's Disease	25
6. Chronic Lower Respiratory Diseases	18
7. Diabetes	14
T8. Influenza and Pneumonia	9
T8. Parkinson's Disease	9
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	7

Percent of Deaths due to tobacco use	15.1
Median age at death	83

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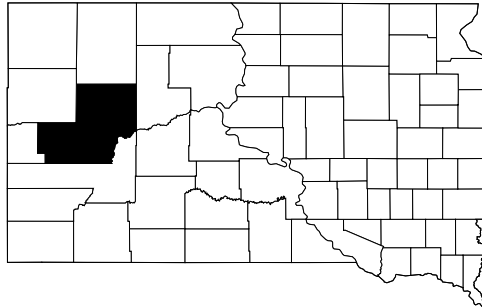[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See technical notes for more information.

Deuel County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
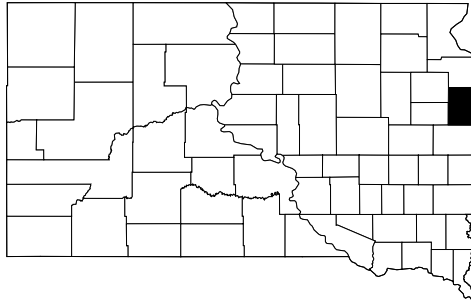
Deuel County borders Minnesota and averages 7.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	4,281	100.0
White	4,169	97.4
Black or African American	37	0.9
American Indian & Alaska Native	21	0.5
Asian	8	0.2
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	46	1.1
Under 5 years	266	6.2
Under 18 years	996	23.3
65 years and over	948	22.1

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	4.3
Percent of Mothers Receiving	
Care in 1st Trimester	80.7
● Percent of Mothers Who	
Used Tobacco While Pregnant[1]	9.5
Percent of Births Less Than 37 Wks. of Gestation	6.3
Average Age of Mother	28.3
Teenage Birth Rate[2]	LNE
Percent White Births	97.2
Percent American Indian Births	LNE
● Percent Unmarried	20.1
● Percent WIC births	25.6
Percent Breastfeeding at discharge	85.8
○ Percent Payment-Private Insurance	73.7
● Percent Payment-Medicaid	17.1
Percent C-Section	21.3

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

Mortality[3]

● All Causes	620.1
Heart Disease	123.8
Malignant Neoplasms (Cancer)	156.1
Trachea, Bronchus, & Lung	36.5
Colon, Rectum, & Anus	8.0
Female Breast	LNE
Pancreas	11.4
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	41.2
Alzheimer's Disease	27.8
Cerebrovascular Disease	48.2
● Accidents	25.8
Motor Vehicle Accidents	13.0
Diabetes	13.8
Influenza and Pneumonia	17.1
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	55
2. Heart Disease	44
3. Cerebrovascular Disease	18
4. Chronic Lower Respiratory Diseases	17
5. Alzheimer's Disease	11
T6. Accidents	8
T6. Influenza and Pneumonia	8
T8. Essential (Primary) Hypertension and Hypertensive Renal Disease	6
T8. Septicemia	6
T8. Pneumonitis due to Solids and Liquids	6
Percent of Deaths due to tobacco use	17.4
Median age at death	82

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

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

Dewey County

Demographic Information	Health Status Indicators 2013-2017

Natality
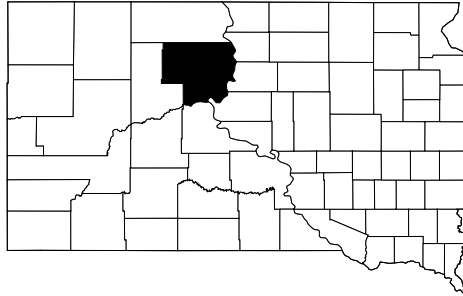
Dewey County is located in the north central region of the state and averages 2.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,835	100.0
White	1,222	20.9
Black or African American	23	0.4
American Indian & Alaska Native	4,320	74.0
Asian	14	0.2
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	255	4.4
Under 5 years	726	12.4
Under 18 years	2,154	36.9
65 years and over	559	9.6

Natality

○ Percent of Low Birth Weight Infants	9.4
● Percent of Mothers Receiving Care in 1st Trimester	50.6
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	20.5
○ Percent of Births Less Than 37 Wks. of Gestation	15.7
● Average Age of Mother	26.1
○ Teenage Birth Rate[2]	49.4
Percent White Births	10.2
Percent American Indian Births	83.7
○ Percent Unmarried	68.4
○ Percent WIC births	78.0
● Percent Breastfeeding at discharge	54.0
● Percent Payment-Private Insurance	16.5
○ Percent Payment-Medicaid	71.9
○ Percent C-Section	33.2

Mortality[3]

○ All Causes	1,353.3
Heart Disease	206.6
Malignant Neoplasms (Cancer)	191.2
Trachea, Bronchus, & Lung	47.4
Colon, Rectum, & Anus	21.8
Female Breast	26.6
Pancreas	11.6
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	44.8
● Alzheimer's Disease	14.6
Cerebrovascular Disease	32.3
○ Accidents	175.8
○ Motor Vehicle Accidents	79.1
○ Diabetes	101.5
○ Influenza and Pneumonia	65.7
Intentional Self-Harm (Suicide)	46.6
○ Chronic Liver Disease and Cirrhosis	95.0
Infant Mortality	10.44

Leading Causes of Death	Total Deaths
T1. Heart Disease	46
T1. Accidents	46
3. Malignant Neoplasms (Cancer)	45
T4. Diabetes	22
T4. Chronic Liver Disease and Cirrhosis	22
6. Influenza and Pneumonia	15
7. Intentional Self-Harm (Suicide)	12
T8. Chronic Lower Respiratory Diseases	10
T8. Nephritis, Nephrotic Syndrome, and Nephrosis	10
10. Cerebrovascular Disease	8
Percent of Deaths due to tobacco use	13.5
Median age at death	65

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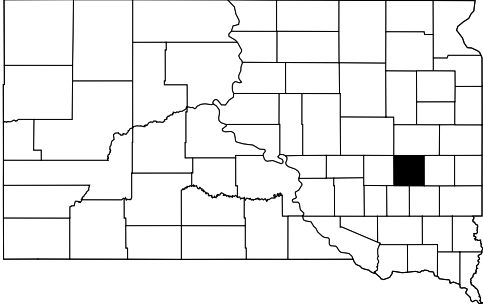○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

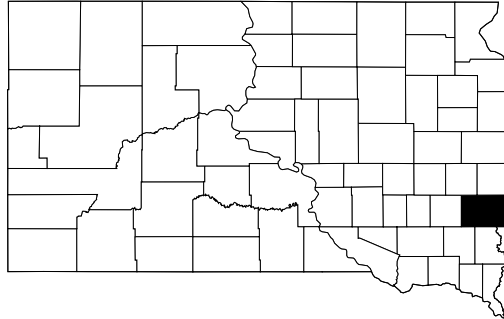See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

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

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Douglas County

Demographic Information	Health Status Indicators 2013-2017

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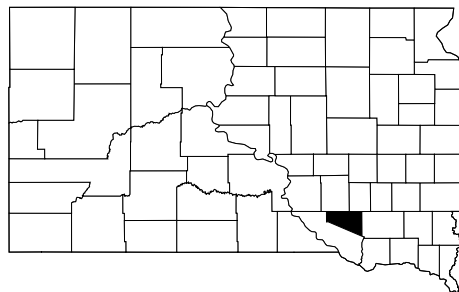
Douglas County is located in south central South Dakota and averages 7.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,931	100.0
White	2,805	95.7
Black or African American	16	0.5
American Indian & Alaska Native	67	2.3
Asian	3	0.1
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	40	1.4
Under 5 years	214	7.3
Under 18 years	729	24.9
65 years and over	707	24.1

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.8
Percent of Mothers Receiving Care in 1st Trimester	76.1
Percent of Mothers Who Used Tobacco While Pregnant[1]	9.8
Percent of Births Less Than 37 Wks. of Gestation	7.3
Average Age of Mother	27.8
Teenage Birth Rate[2]	LNE
Percent White Births	97.1
Percent American Indian Births	LNE
● Percent Unmarried	12.1
● Percent WIC births	21.0
Percent Breastfeeding at discharge	89.7
○ Percent Payment-Private Insurance	71.4
● Percent Payment-Medicaid	15.3
Percent C-Section	28.6

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

Mortality[3]

All Causes	627.8
● Heart Disease	102.0
Malignant Neoplasms (Cancer)	150.5
Trachea, Bronchus, & Lung	34.3
Colon, Rectum, & Anus	21.3
Female Breast	51.3
Pancreas	11.4
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	54.2
Alzheimer's Disease	47.5
Cerebrovascular Disease	20.8
Accidents	55.6
Motor Vehicle Accidents	LNE
Diabetes	25.3
Influenza and Pneumonia	12.8
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	29.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	43
2. Malignant Neoplasms (Cancer)	41
3. Alzheimer's Disease	22
4. Accidents	18
5. Chronic Lower Respiratory Diseases	16
T6. Cerebrovascular Disease	8
T6. Diabetes	8
8. Influenza and Pneumonia	6
9. Essential (Primary) Hypertension and Hypertensive Renal Disease	5

Percent of Deaths due to tobacco use	16.3
Median age at death	86

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

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

Edmunds County

Demographic Information	Health Status Indicators 2013-2017
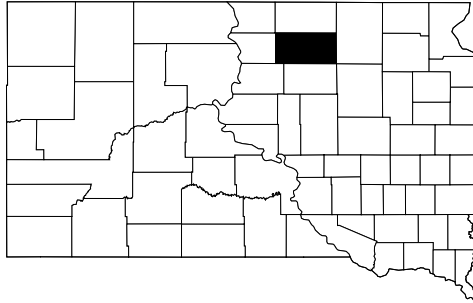
Edmunds County is located in the north central region of the state and averages 3.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,919	100.0
White	3,796	96.9
Black or African American	16	0.4
American Indian & Alaska Native	39	1.0
Asian	28	0.7
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	40	1.0
Under 5 years	279	7.1
Under 18 years	909	23.2
65 years and over	840	21.4

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Source: United States Census Bureau, 2017 Population Estimates

Natality

Percent of Low Birth Weight Infants	3.8
Percent of Mothers Receiving	
Care in 1st Trimester	64.3
● Percent of Mothers Who	
Used Tobacco While Pregnant[1]	7.7
Percent of Births Less Than 37 Wks. of Gestation	5.5
○ Average Age of Mother	28.6
Teenage Birth Rate[2]	LNE
Percent White Births	95.8
Percent American Indian Births	1.7
● Percent Unmarried	14.8
● Percent WIC births	16.1
Percent Breastfeeding at discharge	89.4
○ Percent Payment-Private Insurance	84.3
● Percent Payment-Medicaid	13.6
Percent C-Section	20.3

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

Mortality[3]

● All Causes	598.8
Heart Disease	126.7
Malignant Neoplasms (Cancer)	128.0
Trachea, Bronchus, & Lung	41.6
Colon, Rectum, & Anus	8.1
Female Breast	LNE
Pancreas	17.3
Prostate	18.3
Leukemia	LNE
Chronic Lower Respiratory Diseases	31.5
Alzheimer's Disease	27.3
Cerebrovascular Disease	26.5
Accidents	55.7
Motor Vehicle Accidents	18.0
Diabetes	25.7
Influenza and Pneumonia	19.8
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	47
2. Malignant Neoplasms (Cancer)	40
3. Accidents	16
T4. Chronic Lower Respiratory Diseases	12
T4. Alzheimer's Disease	12
6. Cerebrovascular Disease	10
7. Influenza and Pneumonia	9
T8. Diabetes	7
T8. Unspecified Dementia	7
T8. Essential (Primary) Hypertension and Hypertensive Renal Disease	7

Percent of Deaths due to tobacco use	17.5
Median age at death	83

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

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

Fall River County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
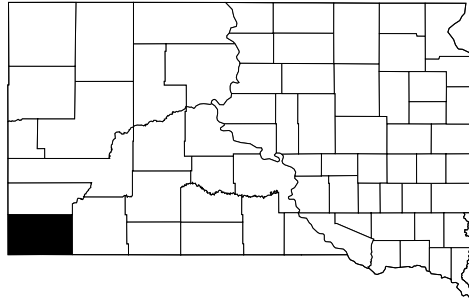
Fall River County is located in the southwestern corner of the state and averages 4.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	6,687	100.0
White	5,866	87.7
Black or African American	90	1.3
American Indian & Alaska Native	471	7.0
Asian	42	0.6
Native Hawaiian & Other Pacific Islander	2	0.0
Two or More Races	216	3.2
Under 5 years	304	4.5
Under 18 years	1,171	17.5
65 years and over	1,896	28.4

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.5
Percent of Mothers Receiving Care in 1st Trimester	68.2
Percent of Mothers Who Used Tobacco While Pregnant[1]	17.5
Percent of Births Less Than 37 Wks. of Gestation	8.2
Average Age of Mother	27.3
Teenage Birth Rate[2]	10.5
Percent White Births	80.7
Percent American Indian Births	8.9
Percent Unmarried	42.3
○ Percent WIC births	41.1
Percent Breastfeeding at discharge	80.7
● Percent Payment-Private Insurance	46.8
Percent Payment-Medicaid	38.5
● Percent C-Section	17.4

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

Mortality[3]

○ All Causes	974.4
○ Heart Disease	216.9
Malignant Neoplasms (Cancer)	185.9
Trachea, Bronchus, & Lung	35.5
Colon, Rectum, & Anus	24.5
Female Breast	24.9
Pancreas	8.1
Prostate	22.7
Leukemia	7.0
○ Chronic Lower Respiratory Diseases	84.5
Alzheimer's Disease	36.8
Cerebrovascular Disease	42.5
Accidents	72.3
Motor Vehicle Accidents	26.9
Diabetes	37.1
Influenza and Pneumonia	21.9
Intentional Self-Harm (Suicide)	23.3
Chronic Liver Disease and Cirrhosis	19.5
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	138
2. Malignant Neoplasms (Cancer)	120
3. Chronic Lower Respiratory Diseases	59
4. Accidents	32
5. Cerebrovascular Disease	28
6. Alzheimer's Disease	26
7. Diabetes	24
8. Influenza and Pneumonia	13
9. Unspecified Dementia	12
10. Intentional Self-Harm (Suicide)	10

Percent of Deaths due to tobacco use	23.7
Median age at death	79

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

See technical notes for more information.

Faulk County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
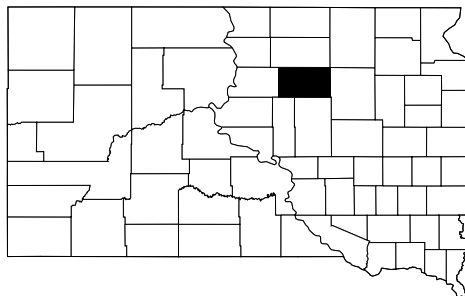
Faulk County is located in north central South Dakota and averages 2.4 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,329	100.0
White	2,282	98.0
Black or African American	9	0.4
American Indian & Alaska Native	11	0.5
Asian	10	0.4
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	17	0.7
Under 5 years	182	7.8
Under 18 years	566	24.3
65 years and over	540	23.2

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	8.0
● Percent of Mothers Receiving Care in 1st Trimester	56.8
● Percent of Mothers Who Used Tobacco While Pregnant[1]	2.5
Percent of Births Less Than 37 Wks. of Gestation	5.6
○ Average Age of Mother	29.2
Teenage Birth Rate[2]	LNE
Percent White Births	99.4
Percent American Indian Births	LNE
● Percent Unmarried	6.8
● Percent WIC births	13.7
Percent Breastfeeding at discharge	90.7
○ Percent Payment-Private Insurance	87.7
● Percent Payment-Medicaid	7.4
Percent C-Section	22.2

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

Mortality[3]

All Causes	697.8
Heart Disease	128.3
Malignant Neoplasms (Cancer)	159.4
Trachea, Bronchus, & Lung	21.3
Colon, Rectum, & Anus	LNE
Female Breast	36.8
Pancreas	16.5
Prostate	26.4
Leukemia	LNE
Chronic Lower Respiratory Diseases	49.5
Alzheimer's Disease	40.1
Cerebrovascular Disease	33.2
Accidents	42.4
Motor Vehicle Accidents	LNE
Diabetes	26.5
Influenza and Pneumonia	10.2
Intentional Self-Harm (Suicide)	26.3
Chronic Liver Disease and Cirrhosis	28.6
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
T1. Heart Disease	34
T1. Malignant Neoplasms (Cancer)	34
3. Alzheimer's Disease	13
4. Chronic Lower Respiratory Diseases	12
5. Accidents	10
6. Cerebrovascular Disease	9
7. Diabetes	5

Percent of Deaths due to tobacco use	11.3
Median age at death	83

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

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

Grant County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
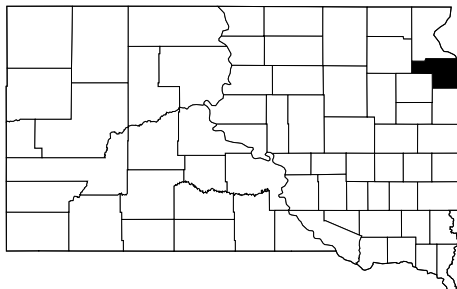
Grant County borders Minnesota in northeastern South Dakota and averages 10.8 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	7,061	100.0
White	6,799	96.3
Black or African American	50	0.7
American Indian & Alaska Native	85	1.2
Asian	28	0.4
Native Hawaiian & Other Pacific Islander	5	0.1
Two or More Races	94	1.3
Under 5 years	440	6.2
Under 18 years	1,598	22.6
65 years and over	1,480	21.0

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.0
Percent of Mothers Receiving Care in 1st Trimester	78.7
Percent of Mothers Who Used Tobacco While Pregnant[1]	12.8
Percent of Births Less Than 37 Wks. of Gestation	6.7
Average Age of Mother	28.0
Teenage Birth Rate[2]	LNE
Percent White Births	91.2
Percent American Indian Births	1.4
● Percent Unmarried	25.1
Percent WIC births	28.7
Percent Breastfeeding at discharge	83.2
○ Percent Payment-Private Insurance	69.9
● Percent Payment-Medicaid	20.4
Percent C-Section	26.1

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

Mortality[3]

All Causes	767.5
Heart Disease	176.3
Malignant Neoplasms (Cancer)	141.4
Trachea, Bronchus, & Lung	42.4
Colon, Rectum, & Anus	8.1
Female Breast	17.9
Pancreas	8.1
Prostate	15.6
Leukemia	6.9
Chronic Lower Respiratory Diseases	56.0
Alzheimer's Disease	50.3
○ Cerebrovascular Disease	59.5
Accidents	45.7
Motor Vehicle Accidents	24.1
Diabetes	28.9
Influenza and Pneumonia	24.5
Intentional Self-Harm (Suicide)	24.7
● Chronic Liver Disease and Cirrhosis	5.0
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	110
2. Malignant Neoplasms (Cancer)	81
3. Cerebrovascular Disease	39
4. Chronic Lower Respiratory Diseases	35
5. Alzheimer's Disease	34
6. Accidents	22
7. Diabetes	17
8. Influenza and Pneumonia	15
9. Intentional Self-Harm (Suicide)	9
T10. Essential (Primary) Hypertension and Hypertensive Renal Disease	7
T10. Nephritis, Nephrotic Syndrome, and Nephrosis	7
Percent of Deaths due to tobacco use	15.7
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
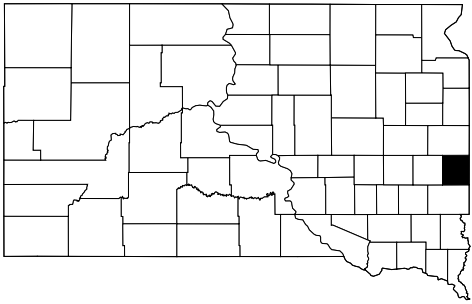○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
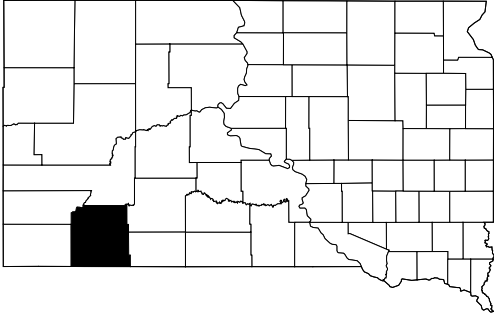
See technical notes for more information.
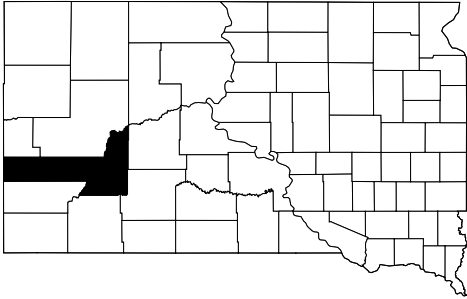Source: South Dakota Department of Health, Office of Health Statistics

Gregory County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
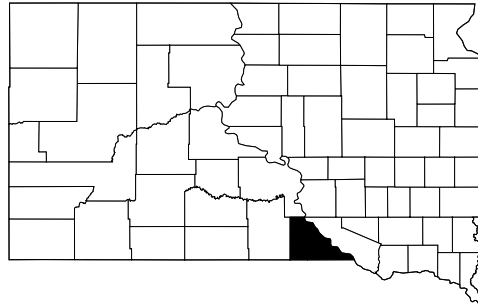
Gregory County borders the west bank of the Missouri River and the state of Nebraska and averages 4.2 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	4,226	100.0
White	3,757	88.9
Black or African American	15	0.4
American Indian & Alaska Native	306	7.2
Asian	19	0.4
Native Hawaiian & Other Pacific Islander	4	0.1
Two or More Races	125	3.0
Under 5 years	269	6.4
Under 18 years	981	23.2
65 years and over	1,046	24.8

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

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

● Percent of Low Birth Weight Infants	3.4
Percent of Mothers Receiving Care in 1st Trimester	65.3
Percent of Mothers Who Used Tobacco While Pregnant[1]	11.3
Percent of Births Less Than 37 Wks. of Gestation	6.4
Average Age of Mother	28.0
Teenage Birth Rate[2]	16.0
Percent White Births	77.2
Percent American Indian Births	15.7
Percent Unmarried	34.5
○ Percent WIC births	41.7
Percent Breastfeeding at discharge	78.9
Percent Payment-Private Insurance	57.7
Percent Payment-Medicaid	38.6
Percent C-Section	27.3

Mortality[3]

All Causes	800.1
Heart Disease	165.9
Malignant Neoplasms (Cancer)	176.6
Trachea, Bronchus, & Lung	42.6
Colon, Rectum, & Anus	13.9
Female Breast	20.4
Pancreas	21.0
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	54.4
Alzheimer's Disease	27.1
Cerebrovascular Disease	39.0
Accidents	85.5
○ Motor Vehicle Accidents	59.6
Diabetes	27.3
● Influenza and Pneumonia	5.8
Intentional Self-Harm (Suicide)	13.0
Chronic Liver Disease and Cirrhosis	31.3
Infant Mortality	11.24

Leading Causes of Death	Total Deaths
1. Heart Disease	69
2. Malignant Neoplasms (Cancer)	68
3. Chronic Lower Respiratory Diseases	26
T4. Accidents	19
T4. Cerebrovascular Disease	19
6. Alzheimer's Disease	15
7. Diabetes	11
8. Disorders of Lipoprotein Metabolism and Other Lipidemias	8
9. Chronic Liver Disease and Cirrhosis	7
Percent of Deaths due to tobacco use	19.9
Median age at death	82

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

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

Haakon County

Demographic Information	Health Status Indicators 2013-2017

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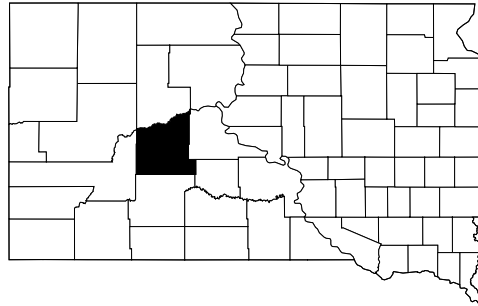
Haakon County is located in the west central region of the state and averages 1.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	1,943	100.0
White	1,822	93.8
Black or African American	5	0.3
American Indian & Alaska Native	45	2.3
Asian	5	0.3
Native Hawaiian & Other Pacific Islander	2	0.1
Two or More Races	64	3.3
Under 5 years	118	6.1
Under 18 years	462	23.8
65 years and over	460	23.7

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Health Status Indicators 2013-2017

Natality

● Percent of Low Birth Weight Infants	2.8
Percent of Mothers Receiving Care in 1st Trimester	73.8
Percent of Mothers Who Used Tobacco While Pregnant[1]	15.7
Percent of Births Less Than 37 Wks. of Gestation	5.6
Average Age of Mother	28.4
Teenage Birth Rate[2]	LNE
Percent White Births	86.1
Percent American Indian Births	2.8
● Percent Unmarried	24.1
Percent WIC births	30.8
Percent Breastfeeding at discharge	84.3
Percent Payment-Private Insurance	72.2
Percent Payment-Medicaid	25.0
Percent C-Section	21.3

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

Mortality[3]

All Causes	727.0
Heart Disease	140.6
Malignant Neoplasms (Cancer)	166.4
Trachea, Bronchus, & Lung	47.4
Colon, Rectum, & Anus	26.2
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	33.0
Chronic Lower Respiratory Diseases	76.0
Alzheimer's Disease	LNE
Cerebrovascular Disease	36.2
● Accidents	23.7
Motor Vehicle Accidents	LNE
Diabetes	LNE
Influenza and Pneumonia	31.2
Intentional Self-Harm (Suicide)	33.4
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	27
2. Heart Disease	25
3. Chronic Lower Respiratory Diseases	16
4. Cerebrovascular Disease	9
5. Influenza and Pneumonia	7
T6. Pneumonitis Due to Solids and Liquids	5
T6. Urinary Tract Infection, Site Not Specified	5
Percent of Deaths due to tobacco use	12.2
Median age at death	84

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

See technical notes for more information.

Hamlin County

Demographic Information	Health Status Indicators 2013-2017
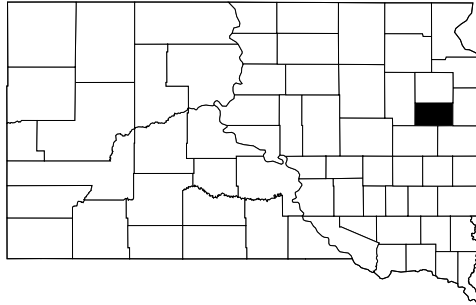
Hamlin County is located in the northeastern region of the state and averages 11.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,948	100.0
White	5,803	97.6
Black or African American	25	0.4
American Indian & Alaska Native	47	0.8
Asian	23	0.4
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	49	0.8
Under 5 years	545	9.2
Under 18 years	1,892	31.8
65 years and over	935	15.7

Natality

● Percent of Low Birth Weight Infants	4.1
Percent of Mothers Receiving Care in 1st Trimester	73.5
Percent of Mothers Who Used Tobacco While Pregnant[1]	13.2
Percent of Births Less Than 37 Wks. of Gestation	6.4
Average Age of Mother	27.6
● Teenage Birth Rate[2]	4.2
Percent White Births	96.2
Percent American Indian Births	0.5
● Percent Unmarried	13.7
Percent WIC births	30.4
○ Percent Breastfeeding at discharge	88.4
○ Percent Payment-Private Insurance	76.6
● Percent Payment-Medicaid	16.7
● Percent C-Section	16.3

Mortality[3]

All Causes	732.4
Heart Disease	118.5
Malignant Neoplasms (Cancer)	149.9
Trachea, Bronchus, & Lung	52.1
Colon, Rectum, & Anus	13.4
Female Breast	15.4
Pancreas	10.5
Prostate	16.9
Leukemia	7.5
Chronic Lower Respiratory Diseases	31.2
○ Alzheimer's Disease	72.3
Cerebrovascular Disease	46.7
Accidents	45.6
Motor Vehicle Accidents	15.6
Diabetes	22.2
Influenza and Pneumonia	19.7
Intentional Self-Harm (Suicide)	14.1
Chronic Liver Disease and Cirrhosis	13.5
Infant Mortality	5.14

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	61
2. Heart Disease	51
3. Alzheimer's Disease	37
4. Cerebrovascular Disease	20
5. Accidents	15
6. Chronic Lower Respiratory Diseases	13
7. Vascular Dementia	12
T8. Diabetes	10
T8. Influenza and Pneumonia	10
10. Unspecified Dementia	6

Percent of Deaths due to tobacco use	13.6
Median age at death	84

Hand County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
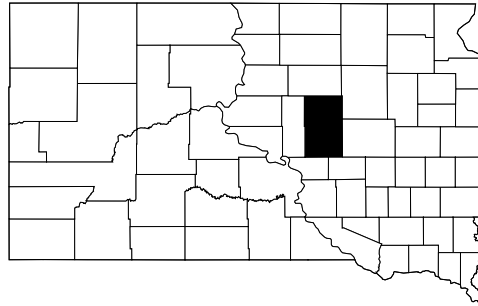
Hand County is located in central South Dakota and averages 2.4 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,277	100.0
White	3,209	97.9
Black or African American	5	0.2
American Indian & Alaska Native	17	0.5
Asian	12	0.4
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	33	1.0
Under 5 years	182	5.6
Under 18 years	698	21.3
65 years and over	824	25.1

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.0
● Percent of Mothers Receiving Care in 1st Trimester	54.3
● Percent of Mothers Who Used Tobacco While Pregnant[1]	8.6
Percent of Births Less Than 37 Wks. of Gestation	9.6
Average Age of Mother	28.4
Teenage Birth Rate[2]	LNE
Percent White Births	97.9
Percent American Indian Births	LNE
● Percent Unmarried	16.6
● Percent WIC births	14.4
Percent Breastfeeding at discharge	86.6
○ Percent Payment-Private Insurance	84.5
● Percent Payment-Medicaid	11.8
Percent C-Section	33.7

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[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	645.3
Heart Disease	115.6
Malignant Neoplasms (Cancer)	147.3
● Trachea, Bronchus, & Lung	21.8
Colon, Rectum, & Anus	22.1
Female Breast	LNE
Pancreas	18.5
Prostate	40.8
Leukemia	LNE
Chronic Lower Respiratory Diseases	55.5
● Alzheimer's Disease	18.8
Cerebrovascular Disease	53.3
Accidents	48.3
● Motor Vehicle Accidents	6.6
Diabetes	27.2
Influenza and Pneumonia	18.9
Intentional Self-Harm (Suicide)	23.8
Chronic Liver Disease and Cirrhosis	12.3
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	47
2. Heart Disease	46
3. Cerebrovascular Disease	23
4. Chronic Lower Respiratory Diseases	20
5. Accidents	13
6. Diabetes	10
T7. Alzheimer's Disease	9
T7. Essential (Primary) Hypertension and Hypertensive Renal Disease	9
T9. Influenza and Pneumonia	6
T9. Atherosclerosis	6
Percent of Deaths due to tobacco use	27.4
Median age at death	84

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See technical notes for more information.

Hanson County

Demographic Information	Health Status Indicators 2013-2017
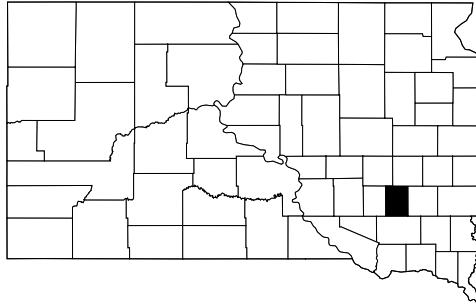
Hanson County is located in southeastern South Dakota and averages 7.7 people per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,423	100.0
White	3,343	97.7
Black or African American	16	0.5
American Indian & Alaska Native	14	0.4
Asian	12	0.4
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	37	1.1
Under 5 years	273	8.0
Under 18 years	1,057	30.9
65 years and over	523	15.3

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Source: United States Census Bureau, 2017 Population Estimates

Natality

Percent of Low Birth Weight Infants	7.2
Percent of Mothers Receiving Care in 1st Trimester	69.2
● Percent of Mothers Who Used Tobacco While Pregnant[1]	6.8
Percent of Births Less Than 37 Wks. of Gestation	7.2
○ Average Age of Mother	29.7
Teenage Birth Rate[2]	LNE
Percent White Births	99.1
Percent American Indian Births	LNE
● Percent Unmarried	12.6
● Percent WIC births	11.4
Percent Breastfeeding at discharge	85.6
○ Percent Payment-Private Insurance	81.1
● Percent Payment-Medicaid	6.8
Percent C-Section	24.3

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[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

○ All Causes	920.3
Heart Disease	207.0
○ Malignant Neoplasms (Cancer)	279.2
Trachea, Bronchus, & Lung	60.4
○ Colon, Rectum, & Anus	75.9
Female Breast	LNE
Pancreas	24.6
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	LNE
Alzheimer's Disease	41.7
Cerebrovascular Disease	32.7
Accidents	53.6
Motor Vehicle Accidents	34.7
Diabetes	29.8
Influenza and Pneumonia	23.7
Intentional Self-Harm (Suicide)	18.9
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	22.52

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	40
2. Heart Disease	29
3. Accidents	8
T4. Alzheimer's Disease	5
T4. Certain Conditions Originating in the Perinatal Period	5
Percent of Deaths due to tobacco use	13.1
Median age at death	76

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

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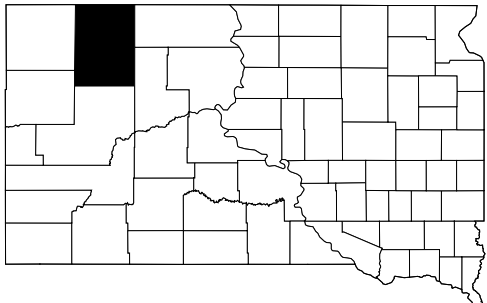Source: South Dakota Department of Health, Office of Health Statistics

Harding County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
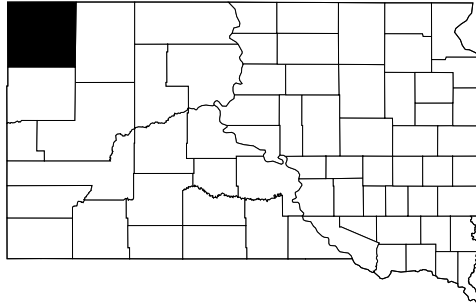
Harding County is located in the northwestern corner of the state and averages 0.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	1,242	100.0
White	1,180	95.0
Black or African American	7	0.6
American Indian & Alaska Native	26	2.1
Asian	3	0.2
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	26	2.1
Under 5 years	85	6.8
Under 18 years	284	22.9
65 years and over	209	16.8

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	3.4
Percent of Mothers Receiving Care in 1st Trimester	79.5
● Percent of Mothers Who Used Tobacco While Pregnant[1]	6.7
● Percent of Births Less Than 37 Wks. of Gestation	3.4
Average Age of Mother	28.8
Teenage Birth Rate[2]	LNE
Percent White Births	92.1
Percent American Indian Births	LNE
● Percent Unmarried	15.9
● Percent WIC births	10.1
Percent Breastfeeding at discharge	94.2
○ Percent Payment-Private Insurance	81.6
● Percent Payment-Medicaid	11.5
Percent C-Section	19.1

Mortality[3]

● All Causes	448.2
Heart Disease	99.0
Malignant Neoplasms (Cancer)	91.1
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	LNE
Alzheimer's Disease	LNE
Cerebrovascular Disease	51.3
Accidents	43.3
Motor Vehicle Accidents	LNE
Diabetes	65.1
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
T1. Heart Disease	8
T1. Malignant Neoplasms (Cancer)	8
3. Diabetes	5
Percent of Deaths due to tobacco use	13.5
Median age at death	75

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See technical notes for more information.

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

Hughes County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Hughes County is located in the center of the state and averages 23.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	17,666	100.0
White	14,847	84.0
Black or African American	138	0.8
American Indian & Alaska Native	2,057	11.6
Asian	136	0.8
Native Hawaiian & Other Pacific Islander	6	0.0
Two or More Races	482	2.7
Under 5 years	1,226	6.9
Under 18 years	4,249	24.1
65 years and over	2,954	16.7

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.0
● Percent of Mothers Receiving Care in 1st Trimester	50.1
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	18.2
Percent of Births Less Than 37 Wks. of Gestation	9.4
Average Age of Mother	27.8
Teenage Birth Rate[2]	9.7
Percent White Births	72.7
Percent American Indian Births	20.1
○ Percent Unmarried	41.7
Percent WIC births	34.4
Percent Breastfeeding at discharge	77.2
Percent Payment-Private Insurance	58.1
○ Percent Payment-Medicaid	37.6
○ Percent C-Section	29.2

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

Mortality[3]

All Causes	660.7
Heart Disease	139.2
Malignant Neoplasms (Cancer)	144.7
Trachea, Bronchus, & Lung	38.8
Colon, Rectum, & Anus	26.6
Female Breast	21.5
Pancreas	9.9
● Prostate	7.2
● Leukemia	2.7
Chronic Lower Respiratory Diseases	49.5
● Alzheimer's Disease	24.6
Cerebrovascular Disease	44.9
Accidents	43.0
Motor Vehicle Accidents	14.6
Diabetes	34.0
○ Influenza and Pneumonia	29.7
Intentional Self-Harm (Suicide)	15.6
● Chronic Liver Disease and Cirrhosis	8.0
Infant Mortality	9.27

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	160
2. Heart Disease	158
3. Chronic Lower Respiratory Diseases	56
4. Cerebrovascular Disease	53
5. Accidents	43
6. Diabetes	38
7. Influenza and Pneumonia	35
8. Alzheimer's Disease	30
9. Intentional Self-Harm (Suicide)	14
10. Unspecified Dementia	9
Percent of Deaths due to tobacco use	18.3
Median age at death	80

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

See technical notes for more information.

Hutchinson County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
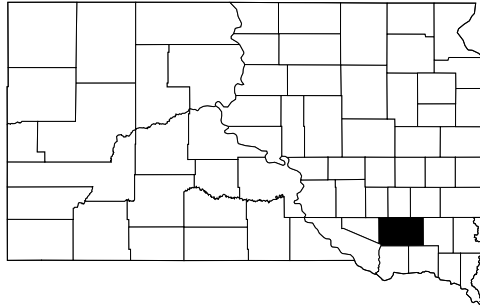
Hutchinson County is located in the southeastern region of the state and averages 9.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	7,358	100.0
White	7,079	96.2
Black or African American	76	1.0
American Indian & Alaska Native	99	1.3
Asian	19	0.3
Native Hawaiian & Other Pacific Islander	3	0.0
Two or More Races	82	1.1
Under 5 years	611	8.3
Under 18 years	1,821	24.7
65 years and over	1,672	22.7

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.3
Percent of Mothers Receiving Care in 1st Trimester	68.6
● Percent of Mothers Who Used Tobacco While Pregnant[1]	7.7
Percent of Births Less Than 37 Wks. of Gestation	7.9
○ Average Age of Mother	28.5
● Teenage Birth Rate[2]	4.9
Percent White Births	96.6
Percent American Indian Births	0.9
● Percent Unmarried	18.6
● Percent WIC births	19.5
Percent Breastfeeding at discharge	83.5
○ Percent Payment-Private Insurance	78.3
● Percent Payment-Medicaid	15.3
Percent C-Section	23.9

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[1]Data for mothers who used tobacco are self-reported.
[2]Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality[3]

All Causes	698.7
Heart Disease	158.6
● Malignant Neoplasms (Cancer)	126.2
● Trachea, Bronchus, & Lung	24.8
Colon, Rectum, & Anus	14.4
Female Breast	13.0
● Pancreas	5.3
Prostate	24.3
Leukemia	LNE
Chronic Lower Respiratory Diseases	32.2
Alzheimer's Disease	48.2
○ Cerebrovascular Disease	57.1
Accidents	69.8
Motor Vehicle Accidents	31.1
Diabetes	15.2
Influenza and Pneumonia	17.8
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	141
2. Malignant Neoplasms (Cancer)	89
3. Alzheimer's Disease	55
4. Cerebrovascular Disease	52
5. Accidents	37
6. Chronic Lower Respiratory Diseases	23
7. Influenza and Pneumonia	16
T8. Diabetes	13
T8. Unspecified Dementia	13
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	12

Percent of Deaths due to tobacco use	8.5
Median age at death	86

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

See technical notes for more information.

Hyde County

Demographic Information	Health Status Indicators 2013-2017
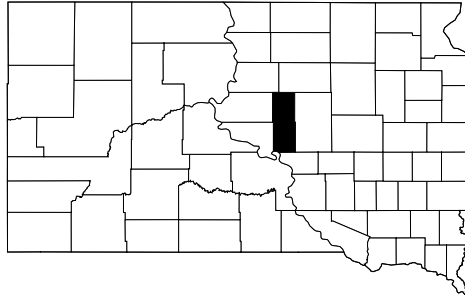
Hyde County is located in the central region of the state and averages 1.7 people per square mile.

2017 Population Information

Subject	Number	Percent
Total population	1,318	100.0
White	1,155	87.6
Black or African American	5	0.4
American Indian & Alaska Native	123	9.3
Asian	3	0.2
Native Hawaiian & Other Pacific Islander	2	0.2
Two or More Races	30	2.3
Under 5 years	75	5.7
Under 18 years	279	21.2
65 years and over	332	25.2

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Natality

Percent of Low Birth Weight Infants	7.0
Percent of Mothers Receiving Care in 1st Trimester	61.2
Percent of Mothers Who Used Tobacco While Pregnant[1]	10.5
Percent of Births Less Than 37 Wks. of Gestation	9.3
Average Age of Mother	27.4
Teenage Birth Rate[2]	LNE
Percent White Births	86.0
Percent American Indian Births	11.6
Percent Unmarried	29.1
Percent WIC births	23.5
Percent Breastfeeding at discharge	80.2
Percent Payment-Private Insurance	74.4
Percent Payment-Medicaid	23.3
Percent C-Section	20.9

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

Mortality[3]

All Causes	747.3
Heart Disease	220.0
Malignant Neoplasms (Cancer)	117.6
Trachea, Bronchus, & Lung	24.2
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	28.3
Alzheimer's Disease	26.0
Cerebrovascular Disease	49.8
Accidents	71.3
Motor Vehicle Accidents	42.8
Diabetes	22.3
Influenza and Pneumonia	28.5
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	31
2. Malignant Neoplasms (Cancer)	17
3. Cerebrovascular Disease	9
4. Accidents	8
T5. Alzheimer's Disease	5
T5. Influenza and Pneumonia	5
Percent of Deaths due to tobacco use	11.2
Median age at death	86

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

See technical notes for more information.

Jackson County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
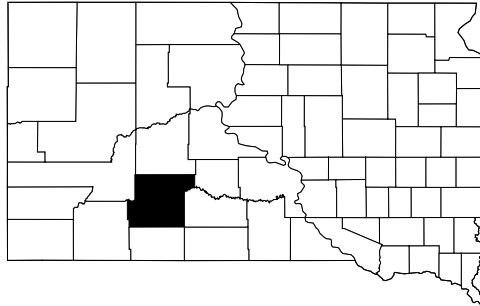
Jackson County is located in western South Dakota and averages 1.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,289	100.0
White	1,387	42.2
Black or African American	35	1.1
American Indian & Alaska Native	1,694	51.5
Asian	6	0.2
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	166	5.0
Under 5 years	349	10.6
Under 18 years	1,064	32.4
65 years and over	446	13.6

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.2
● Percent of Mothers Receiving Care in 1st Trimester	54.3
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	21.0
○ Percent of Births Less Than 37 Wks. of Gestation	12.5
● Average Age of Mother	26.2
○ Teenage Birth Rate[2]	46.8
Percent White Births	17.5
Percent American Indian Births	78.4
○ Percent Unmarried	74.8
○ Percent WIC births	67.6
● Percent Breastfeeding at discharge	61.9
● Percent Payment-Private Insurance	14.8
○ Percent Payment-Medicaid	61.9
Percent C-Section	23.9

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

Mortality[3]

○ All Causes	1,072.3
○ Heart Disease	229.5
Malignant Neoplasms (Cancer)	200.3
Trachea, Bronchus, & Lung	60.5
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	30.6
Leukemia	LNE
Chronic Lower Respiratory Diseases	54.3
Alzheimer's Disease	LNE
Cerebrovascular Disease	26.3
○ Accidents	151.3
○ Motor Vehicle Accidents	108.7
Diabetes	49.0
Influenza and Pneumonia	14.9
Intentional Self-Harm (Suicide)	42.2
○ Chronic Liver Disease and Cirrhosis	58.2
Infant Mortality	10.28

Leading Causes of Death	Total Deaths
1. Heart Disease	41
2. Malignant Neoplasms (Cancer)	38
3. Accidents	23
4. Chronic Lower Respiratory Diseases	10
T5. Diabetes	8
T5. Chronic Liver Disease and Cirrhosis	8
7. Intentional Self-Harm (Suicide)	7
T8. Cerebrovascular Disease	5
T8. Aortic Aneurysm and Dissection	5
Percent of Deaths due to tobacco use	10.2
Median age at death	69

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

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

Jerauld County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
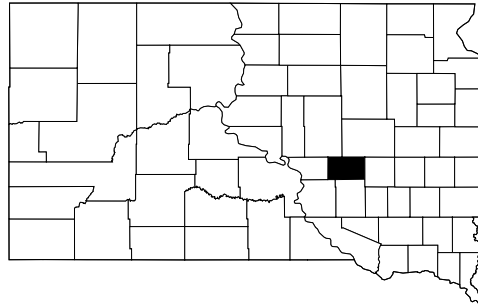
Jerauld County is located in the central region of the state and averages 3.9 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,028	100.0
White	1,984	97.8
Black or African American	3	0.1
American Indian & Alaska Native	12	0.6
Asian	4	0.2
Native Hawaiian & Other Pacific Islander	2	0.1
Two or More Races	23	1.1
Under 5 years	125	6.2
Under 18 years	474	23.4
65 years and over	542	26.7

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.5
Percent of Mothers Receiving Care in 1st Trimester	77.1
Percent of Mothers Who Used Tobacco While Pregnant[1]	14.5
Percent of Births Less Than 37 Wks. of Gestation	8.2
○ Average Age of Mother	29.1
Teenage Birth Rate[2]	LNE
Percent White Births	97.3
Percent American Indian Births	LNE
● Percent Unmarried	25.5
● Percent WIC births	21.1
Percent Breastfeeding at discharge	79.1
○ Percent Payment-Private Insurance	81.8
● Percent Payment-Medicaid	12.7
Percent C-Section	22.7

Mortality[3]

● All Causes	565.3
● Heart Disease	97.8
Malignant Neoplasms (Cancer)	165.9
Trachea, Bronchus, & Lung	30.7
Colon, Rectum, & Anus	19.3
Female Breast	LNE
Pancreas	32.3
Prostate	LNE
Leukemia	13.7
● Chronic Lower Respiratory Diseases	14.5
○ Alzheimer's Disease	85.6
Cerebrovascular Disease	34.6
Accidents	59.5
Motor Vehicle Accidents	47.9
Diabetes	LNE
Influenza and Pneumonia	19.6
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	34
2. Alzheimer's Disease	27
3. Heart Disease	21
4. Cerebrovascular Disease	9
5. Accidents	7
Percent of Deaths due to tobacco use	14.2
Median age at death	86

Jones County

Demographic Information

Jones County is located in western South Dakota and averages 1.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	936	100.0
White	857	91.6
Black or African American	3	0.3
American Indian & Alaska Native	35	3.7
Asian	1	0.1
Native Hawaiian & Other Pacific Islander	7	0.7
Two or More Races	33	3.5
Under 5 years	53	5.7
Under 18 years	205	21.9
65 years and over	220	23.5

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.8
Percent of Mothers Receiving Care in 1st Trimester	55.8
Percent of Mothers Who Used Tobacco While Pregnant[1]	15.4
Percent of Births Less Than 37 Wks. of Gestation	11.5
Average Age of Mother	27.7
Teenage Birth Rate[2]	LNE
Percent White Births	90.4
Percent American Indian Births	7.7
Percent Unmarried	28.8
Percent WIC births	26.9
Percent Breastfeeding at discharge	88.5
Percent Payment-Private Insurance	69.2
Percent Payment-Medicaid	26.9
● Percent C-Section	13.5

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

Mortality[3]

All Causes	635.6
Heart Disease	94.4
Malignant Neoplasms (Cancer)	149.7
Trachea, Bronchus, & Lung	47.4
Colon, Rectum, & Anus	31.0
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	57.5
Alzheimer's Disease	LNE
Cerebrovascular Disease	LNE
Accidents	LNE
Motor Vehicle Accidents	LNE
Diabetes	LNE
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	13
2. Heart Disease	9
3. Chronic Lower Respiratory Diseases	5
Percent of Deaths due to tobacco use	25.0
Median age at death	78

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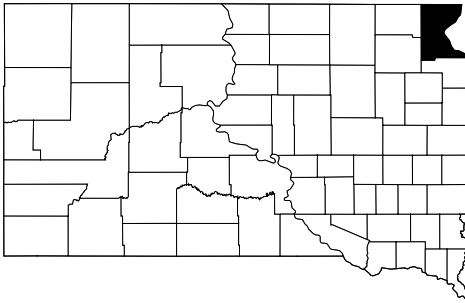●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
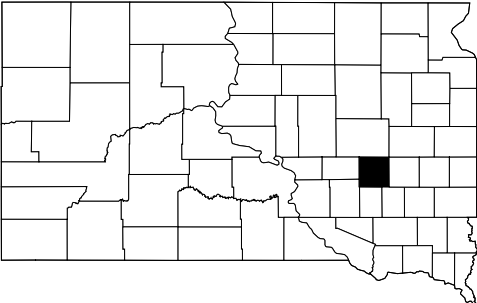
See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Kingsbury County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
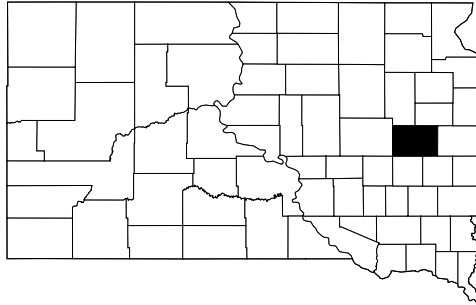
Kingsbury County is located in east central South Dakota and averages 6.2 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	4,952	100.0
White	4,762	96.2
Black or African American	24	0.5
American Indian & Alaska Native	57	1.2
Asian	33	0.7
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	75	1.5
Under 5 years	324	6.5
Under 18 years	1,120	22.6
65 years and over	1,126	22.7

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.8
Percent of Mothers Receiving Care in 1st Trimester	80.1
Percent of Mothers Who Used Tobacco While Pregnant[1]	10.5
Percent of Births Less Than 37 Wks. of Gestation	6.2
○ Average Age of Mother	28.6
Teenage Birth Rate[2]	6.5
Percent White Births	96.3
Percent American Indian Births	LNE
● Percent Unmarried	21.8
● Percent WIC births	22.2
Percent Breastfeeding at discharge	88.0
○ Percent Payment-Private Insurance	80.2
● Percent Payment-Medicaid	16.7
● Percent C-Section	18.5

Mortality[3]

All Causes	796.5
Heart Disease	172.1
Malignant Neoplasms (Cancer)	202.0
Trachea, Bronchus, & Lung	46.3
Colon, Rectum, & Anus	19.1
Female Breast	29.7
○ Pancreas	29.4
Prostate	LNE
Leukemia	18.7
Chronic Lower Respiratory Diseases	36.3
Alzheimer's Disease	28.9
Cerebrovascular Disease	41.0
Accidents	73.3
○ Motor Vehicle Accidents	50.9
Diabetes	19.7
Influenza and Pneumonia	25.2
Intentional Self-Harm (Suicide)	34.8
Chronic Liver Disease and Cirrhosis	20.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	89
2. Malignant Neoplasms (Cancer)	85
T3. Accidents	21
T3. Cerebrovascular Disease	21
5. Chronic Lower Respiratory Diseases	18
6. Alzheimer's Disease	16
7. Influenza and Pneumonia	11
8. Diabetes	9
T9. Intentional Self-Harm (Suicide)	8
T9. Parkinson's Disease	8
Percent of Deaths due to tobacco use	11.2
Median age at death	83

Lake County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Lake County is located in the east central region of the state and averages 19.9 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	12,809	100.0
White	12,196	95.2
Black or African American	132	1.0
American Indian & Alaska Native	159	1.2
Asian	137	1.1
Native Hawaiian & Other Pacific Islander	7	0.1
Two or More Races	178	1.4
Under 5 years	688	5.4
Under 18 years	2,557	20.0
65 years and over	2,705	21.1

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.8
Percent of Mothers Receiving Care in 1st Trimester	73.8
Percent of Mothers Who Used Tobacco While Pregnant[1]	11.2
Percent of Births Less Than 37 Wks. of Gestation	8.5
○ Average Age of Mother	28.4
● Teenage Birth Rate[2]	4.8
Percent White Births	92.7
Percent American Indian Births	2.7
● Percent Unmarried	25.9
● Percent WIC births	25.2
Percent Breastfeeding at discharge	82.5
○ Percent Payment-Private Insurance	72.0
● Percent Payment-Medicaid	20.3
Percent C-Section	23.8

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

Mortality[3]

● All Causes	644.6
Heart Disease	152.0
● Malignant Neoplasms (Cancer)	121.6
Trachea, Bronchus, & Lung	36.3
Colon, Rectum, & Anus	18.4
● Female Breast	8.5
Pancreas	9.2
Prostate	14.7
Leukemia	6.0
Chronic Lower Respiratory Diseases	45.3
Alzheimer's Disease	36.9
○ Cerebrovascular Disease	54.2
● Accidents	33.0
Motor Vehicle Accidents	11.7
Diabetes	30.4
Influenza and Pneumonia	10.6
Intentional Self-Harm (Suicide)	24.0
Chronic Liver Disease and Cirrhosis	10.7
Infant Mortality	9.09

Leading Causes of Death	Total Deaths
1. Heart Disease	149
2. Malignant Neoplasms (Cancer)	121
3. Cerebrovascular Disease	50
4. Chronic Lower Respiratory Diseases	41
5. Alzheimer's Disease	34
6. Diabetes	28
7. Accidents	26
8. Unspecified Dementia	22
9. Intentional Self-Harm (Suicide)	12
10. Influenza and Pneumonia	10

Percent of Deaths due to tobacco use	22.3
Median age at death	80

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

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

Lawrence County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
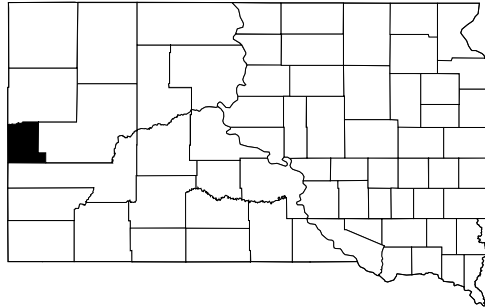
Lawrence County is located along the Wyoming border and averages 30.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	25,429	100.0
White	23,862	93.8
Black or African American	209	0.8
American Indian & Alaska Native	600	2.4
Asian	238	0.9
Native Hawaiian & Other Pacific Islander	16	0.1
Two or More Races	504	2.0
Under 5 years	1,159	4.6
Under 18 years	4,614	18.1
65 years and over	5,293	20.8

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

○ Percent of Low Birth Weight Infants	8.9
○ Percent of Mothers Receiving Care in 1st Trimester	79.5
Percent of Mothers Who Used Tobacco While Pregnant[1]	16.2
○ Percent of Births Less Than 37 Wks. of Gestation	11.9
Average Age of Mother	28.1
● Teenage Birth Rate[2]	4.8
Percent White Births	91.6
Percent American Indian Births	2.7
Percent Unmarried	37.6
Percent WIC births	30.1
Percent Breastfeeding at discharge	85.0
Percent Payment-Private Insurance	61.0
Percent Payment-Medicaid	31.8
● Percent C-Section	20.5

Mortality[3]

● All Causes	664.8
● Heart Disease	126.5
Malignant Neoplasms (Cancer)	140.6
● Trachea, Bronchus, & Lung	28.7
Colon, Rectum, & Anus	19.0
Female Breast	21.0
Pancreas	8.7
Prostate	16.6
● Leukemia	3.1
○ Chronic Lower Respiratory Diseases	54.8
Alzheimer's Disease	29.0
Cerebrovascular Disease	27.8
Accidents	53.2
Motor Vehicle Accidents	19.0
Diabetes	22.2
Influenza and Pneumonia	17.3
Intentional Self-Harm (Suicide)	21.2
Chronic Liver Disease and Cirrhosis	11.5
Infant Mortality	9.35

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	247
2. Heart Disease	233
3. Chronic Lower Respiratory Diseases	104
4. Accidents	73
5. Alzheimer's Disease	57
6. Cerebrovascular Disease	52
7. Diabetes	42
8. Influenza and Pneumonia	31
9. Intentional Self-Harm (Suicide)	28
10. Vascular Dementia	25

Percent of Deaths due to tobacco use	21.7
Median age at death	81

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

Lincoln County

Demographic Information	Health Status Indicators 2013-2017
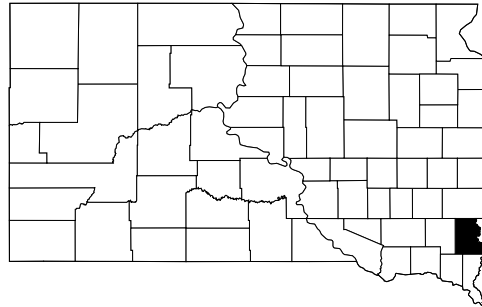
Lincoln County is located in southeastern South Dakota and averages 77.7 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	56,664	100.0
White	53,660	94.7
Black or African American	837	1.5
American Indian & Alaska Native	406	0.7
Asian	765	1.4
Native Hawaiian & Other Pacific Islander	31	0.1
Two or More Races	965	1.7
Under 5 years	4,206	7.4
Under 18 years	16,009	28.3
65 years and over	7,025	12.4

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Source: United States Census Bureau, 2017 Population Estimates

Natality

Percent of Low Birth Weight Infants	5.8
○ Percent of Mothers Receiving Care in 1st Trimester	85.5
● Percent of Mothers Who Used Tobacco While Pregnant[1]	5.4
Percent of Births Less Than 37 Wks. of Gestation	7.6
○ Average Age of Mother	29.6
● Teenage Birth Rate[2]	3.4
Percent White Births	95.4
Percent American Indian Births	0.5
● Percent Unmarried	17.0
● Percent WIC births	8.7
○ Percent Breastfeeding at discharge	85.1
○ Percent Payment-Private Insurance	84.5
● Percent Payment-Medicaid	10.5
Percent C-Section	25.2

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

Mortality[3]

● All Causes	476.8
● Heart Disease	101.0
● Malignant Neoplasms (Cancer)	114.9
● Trachea, Bronchus, & Lung	29.7
● Colon, Rectum, & Anus	9.4
Female Breast	13.0
Pancreas	14.0
Prostate	20.3
● Leukemia	3.7
● Chronic Lower Respiratory Diseases	25.8
Alzheimer's Disease	40.7
● Cerebrovascular Disease	26.7
● Accidents	23.2
● Motor Vehicle Accidents	6.8
● Diabetes	10.1
● Influenza and Pneumonia	10.0
● Intentional Self-Harm (Suicide)	8.4
● Chronic Liver Disease and Cirrhosis	2.9
Infant Mortality	6.37

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	277
2. Heart Disease	247
3. Alzheimer's Disease	94
4. Cerebrovascular Disease	65
5. Chronic Lower Respiratory Diseases	63
6. Accidents	61
7. Unspecified Dementia	25
T8. Diabetes	24
T8. Influenza and Pneumonia	24
10. Intentional Self-Harm (Suicide)	20
Percent of Deaths due to tobacco use	16.9
Median age at death	80

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

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

Lyman County

Demographic Information
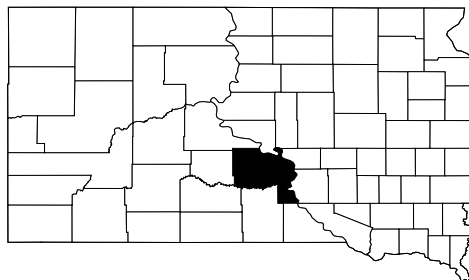
Lyman County is located in central South Dakota and averages 2.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,904	100.0
White	2,201	56.4
Black or African American	22	0.6
American Indian & Alaska Native	1,532	39.2
Asian	12	0.3
Native Hawaiian & Other Pacific Islander	2	0.1
Two or More Races	135	3.5
Under 5 years	348	8.9
Under 18 years	1,148	29.4
65 years and over	610	15.6

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	8.4
● Percent of Mothers Receiving Care in 1st Trimester	45.9
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	25.2
Percent of Births Less Than 37 Wks. of Gestation	11.8
● Average Age of Mother	26.5
○ Teenage Birth Rate[2]	39.0
Percent White Births	38.7
Percent American Indian Births	56.0
○ Percent Unmarried	62.7
○ Percent WIC births	59.1
● Percent Breastfeeding at discharge	62.5
● Percent Payment-Private Insurance	34.9
○ Percent Payment-Medicaid	57.8
Percent C-Section	29.8

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

Mortality[3]

All Causes	822.5
Heart Disease	159.1
Malignant Neoplasms (Cancer)	160.9
Trachea, Bronchus, & Lung	42.9
Colon, Rectum, & Anus	16.5
Female Breast	40.9
Pancreas	LNE
Prostate	55.4
Leukemia	LNE
Chronic Lower Respiratory Diseases	40.2
Alzheimer's Disease	42.3
Cerebrovascular Disease	42.5
Accidents	83.6
Motor Vehicle Accidents	33.7
Diabetes	39.3
Influenza and Pneumonia	17.8
○ Intentional Self-Harm (Suicide)	68.0
Chronic Liver Disease and Cirrhosis	30.5
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	36
2. Heart Disease	33
3. Accidents	14
4. Intentional Self-Harm (Suicide)	11
T5. Chronic Lower Respiratory Diseases	9
T5. Cerebrovascular Disease	9
T5. Diabetes	9
8. Alzheimer's Disease	8
Percent of Deaths due to tobacco use	24.6
Median age at death	71

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

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

McCook County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
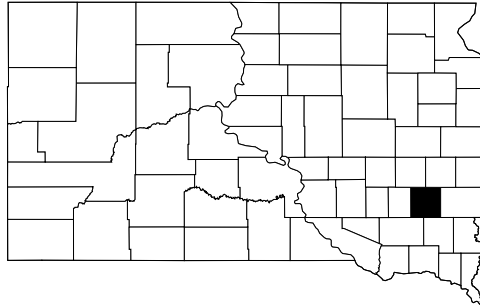
McCook County is located in eastern South Dakota and averages 9.8 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,499	100.0
White	5,318	96.7
Black or African American	32	0.6
American Indian & Alaska Native	65	1.2
Asian	13	0.2
Native Hawaiian & Other Pacific Islander	4	0.1
Two or More Races	67	1.2
Under 5 years	425	7.7
Under 18 years	1,516	27.6
65 years and over	1,019	18.5

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	4.8
Percent of Mothers Receiving Care in 1st Trimester	75.0
● Percent of Mothers Who Used Tobacco While Pregnant[1]	8.9
Percent of Births Less Than 37 Wks. of Gestation	7.4
○ Average Age of Mother	28.7
Teenage Birth Rate[2]	6.8
Percent White Births	95.2
Percent American Indian Births	0.8
● Percent Unmarried	23.1
● Percent WIC births	26.7
Percent Breastfeeding at discharge	81.0
○ Percent Payment-Private Insurance	74.8
● Percent Payment-Medicaid	17.6
Percent C-Section	23.9

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

Mortality[3]

○ All Causes	860.9
○ Heart Disease	197.1
○ Malignant Neoplasms (Cancer)	230.9
Trachea, Bronchus, & Lung	50.3
Colon, Rectum, & Anus	31.9
Female Breast	27.3
Pancreas	16.2
Prostate	47.0
Leukemia	LNE
● Chronic Lower Respiratory Diseases	13.9
○ Alzheimer's Disease	63.9
Cerebrovascular Disease	51.7
Accidents	47.0
Motor Vehicle Accidents	20.3
Diabetes	35.0
Influenza and Pneumonia	12.2
Intentional Self-Harm (Suicide)	15.5
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	94
2. Heart Disease	91
3. Alzheimer's Disease	34
4. Cerebrovascular Disease	25
5. Accidents	15
6. Diabetes	14
7. Septicemia	9
8. Influenza and Pneumonia	7
9. Chronic Lower Respiratory Diseases	6
10. Parkinson's Disease	5

Percent of Deaths due to tobacco use	11.4
Median age at death	82

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

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

McPherson County

Demographic Information	Health Status Indicators 2013-2017
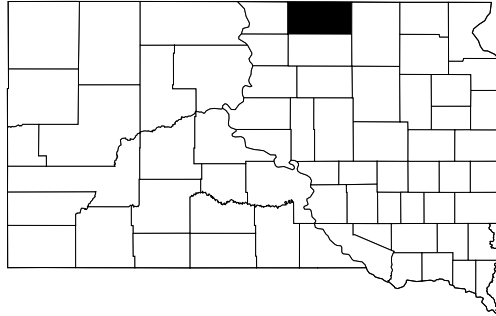
McPherson County is located in the north central region of the state and averages 2.2 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,426	100.0
White	2,368	97.6
Black or African American	15	0.6
American Indian & Alaska Native	6	0.2
Asian	12	0.5
Native Hawaiian & Other Pacific Islander	2	0.1
Two or More Races	23	0.9
Under 5 years	172	7.1
Under 18 years	587	24.2
65 years and over	679	28.0

Natality

Percent of Low Birth Weight Infants	7.4
● Percent of Mothers Receiving Care in 1st Trimester	53.3
Percent of Mothers Who Used Tobacco While Pregnant[1]	9.1
Percent of Births Less Than 37 Wks. of Gestation	9.1
○ Average Age of Mother	28.9
Teenage Birth Rate[2]	LNE
Percent White Births	98.3
Percent American Indian Births	LNE
● Percent Unmarried	18.2
Percent WIC births	24.2
Percent Breastfeeding at discharge	83.5
Percent Payment-Private Insurance	73.3
● Percent Payment-Medicaid	20.0
Percent C-Section	25.6

Mortality[3]

All Causes	717.6
○ Heart Disease	232.8
Malignant Neoplasms (Cancer)	146.2
Trachea, Bronchus, & Lung	30.3
Colon, Rectum, & Anus	12.4
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
● Chronic Lower Respiratory Diseases	22.7
Alzheimer's Disease	29.2
Cerebrovascular Disease	38.4
Accidents	46.7
Motor Vehicle Accidents	18.7
Diabetes	32.7
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	52.1
Chronic Liver Disease and Cirrhosis	19.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	66
2. Malignant Neoplasms (Cancer)	36
3. Cerebrovascular Disease	15
4. Accidents	13
5. Alzheimer's Disease	12
6. Chronic Lower Respiratory Diseases	8
7. Diabetes	7
Percent of Deaths due to tobacco use	9.9
Median age at death	85

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

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

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

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Marshall County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Marshall County is located in the northeastern part of the state and averages 5.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	4,804	100.0
White	4,232	88.1
Black or African American	35	0.7
American Indian & Alaska Native	437	9.1
Asian	11	0.2
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	89	1.9
Under 5 years	361	7.5
Under 18 years	1,111	23.1
65 years and over	997	20.8

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.4
● Percent of Mothers Receiving Care in 1st Trimester	56.4
Percent of Mothers Who Used Tobacco While Pregnant[1]	14.0
Percent of Births Less Than 37 Wks. of Gestation	6.8
○ Average Age of Mother	28.7
Teenage Birth Rate[2]	LNE
Percent White Births	79.2
Percent American Indian Births	10.8
● Percent Unmarried	28.2
● Percent WIC births	24.8
Percent Breastfeeding at discharge	84.3
○ Percent Payment-Private Insurance	70.5
● Percent Payment-Medicaid	20.6
Percent C-Section	24.5

Mortality[3]

All Causes	655.4
Heart Disease	134.6
Malignant Neoplasms (Cancer)	135.4
Trachea, Bronchus, & Lung	35.8
Colon, Rectum, & Anus	7.9
Female Breast	23.5
Pancreas	20.0
Prostate	25.2
Leukemia	7.1
Chronic Lower Respiratory Diseases	50.5
Alzheimer's Disease	26.7
○ Cerebrovascular Disease	68.9
Accidents	55.3
Motor Vehicle Accidents	18.6
Diabetes	14.1
Influenza and Pneumonia	10.0
Intentional Self-Harm (suicide)	21.7
Chronic Liver Disease and Cirrhosis	7.3
Infant Mortality	8.55

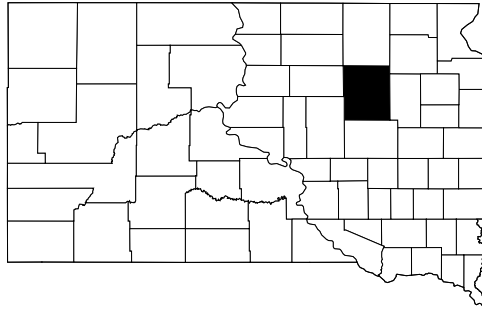| Leading Causes of Death	Total Deaths
1. Heart Disease	53
2. Malignant Neoplasms (Cancer)	48
3. Cerebrovascular Disease	25
4. Chronic Lower Respiratory Diseases	20
5. Accidents	15
6. Alzheimer's Disease	11
7. Intentional Self-Harm (Suicide)	6
Percent of Deaths due to tobacco use	18.6
Median age at death	80

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

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

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

Meade County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Meade County is located in west central South Dakota and averages 7.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	28,018	100.0
White	25,432	90.8
Black or African American	583	2.1
American Indian & Alaska Native	781	2.8
Asian	348	1.2
Native Hawaiian & Other Pacific Islander	34	0.1
Two or More Races	840	3.0
Under 5 years	1,599	5.7
Under 18 years	6,509	23.2
65 years and over	4,107	14.7

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.7
○ Percent of Mothers Receiving Care in 1st Trimester	78.4
Percent of Mothers Who Used Tobacco While Pregnant[1]	15.0
Percent of Births Less Than 37 Wks. of Gestation	9.7
Average Age of Mother	28.1
● Teenage Birth Rate[2]	5.5
Percent White Births	90.3
Percent American Indian Births	3.8
● Percent Unmarried	28.5
● Percent WIC births	28.9
○ Percent Breastfeeding at discharge	87.8
Percent Payment-Private Insurance	57.5
● Percent Payment-Medicaid	26.1
● Percent C-Section	21.0

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

Mortality[3]

All Causes	695.3
Heart Disease	142.7
Malignant Neoplasms (Cancer)	161.1
Trachea, Bronchus, & Lung	47.5
Colon, Rectum, & Anus	13.6
Female Breast	14.4
Pancreas	11.9
Prostate	25.8
Leukemia	5.8
○ Chronic Lower Respiratory Diseases	64.5
● Alzheimer's Disease	20.7
Cerebrovascular Disease	32.1
Accidents	39.9
Motor Vehicle Accidents	14.2
● Diabetes	15.3
Influenza and Pneumonia	17.8
Intentional Self-Harm (suicide)	24.5
Chronic Liver Disease and Cirrhosis	11.1
Infant Mortality	3.40

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	240
2. Heart Disease	203
3. Chronic Lower Respiratory Diseases	92
4. Accidents	54
5. Cerebrovascular Disease	44
6. Intentional Self-Harm (Suicide)	33
7. Alzheimer's Disease	28
8. Influenza and Pneumonia	25
9. Diabetes	24
10. Unspecified Dementia	23
Percent of Deaths due to tobacco use	19.6
Median age at death	77

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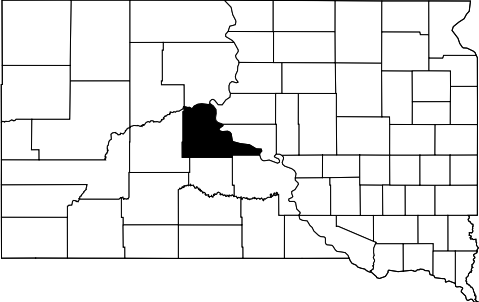●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the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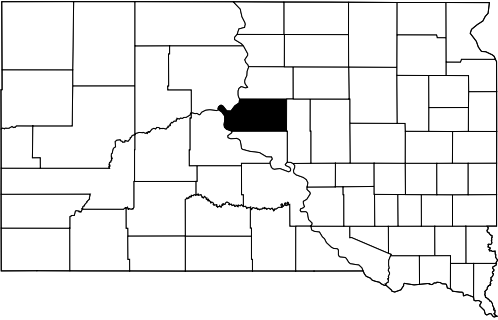
See technical notes for more information.

Mellette County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information
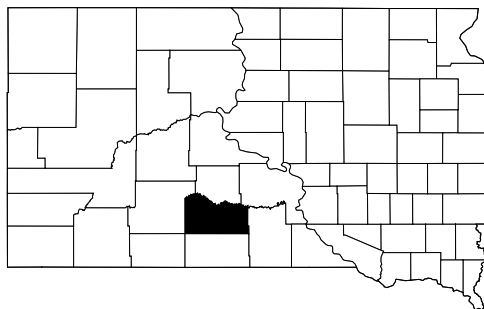
Mellette County is located in the south central region of the state and averages 1.6 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,088	100.0
White	840	40.2
Black or African American	6	0.3
American Indian & Alaska Native	1,123	53.8
Asian	5	0.2
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	114	5.5
Under 5 years	197	9.4
Under 18 years	631	30.2
65 years and over	328	15.7

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.0
● Percent of Mothers Receiving Care in 1st Trimester	48.2
Percent of Mothers Who Used Tobacco While Pregnant[1]	19.3
Percent of Births Less Than 37 Wks. of Gestation	7.5
● Average Age of Mother	25.6
○ Teenage Birth Rate[2]	37.8
Percent White Births	19.9
Percent American Indian Births	66.7
○ Percent Unmarried	72.1
○ Percent WIC births	61.1
Percent Breastfeeding at discharge	67.8
● Percent Payment-Private Insurance	15.5
○ Percent Payment-Medicaid	64.5
○ Percent C-Section	40.8

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

Mortality[3]

○ All Causes	1,161.9
Heart Disease	203.8
Malignant Neoplasms (Cancer)	148.8
Trachea, Bronchus, & Lung	30.2
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	98.9
Alzheimer's Disease	47.4
Cerebrovascular Disease	31.6
Accidents	101.0
Motor Vehicle Accidents	56.6
Diabetes	66.5
Influenza and Pneumonia	22.5
Intentional Self-Harm (suicide)	34.4
○ Chronic Liver Disease and Cirrhosis	146.3
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	26
2. Malignant Neoplasms (Cancer)	19
3. Chronic Lower Respiratory Diseases	12
4. Chronic Liver Disease and Cirrhosis	11
5. Accidents	10
6. Diabetes	7
7. Alzheimer's Disease	6
Percent of Deaths due to tobacco use	17.7
Median age at death	75

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

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

Miner County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Miner County is a located in the east central region of the state and averages 4.2 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,228	100.0
White	2,147	96.4
Black or African American	22	1.0
American Indian & Alaska Native	15	0.7
Asian	10	0.4
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	34	1.5
Under 5 years	143	6.4
Under 18 years	547	24.6
65 years and over	452	20.3

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.7
Percent of Mothers Receiving Care in 1st Trimester	65.6
● Percent of Mothers Who Used Tobacco While Pregnant[1]	7.7
Percent of Births Less Than 37 Wks. of Gestation	6.9
○ Average Age of Mother	29.4
Teenage Birth Rate[2]	LNE
Percent White Births	95.4
Percent American Indian Births	LNE
● Percent Unmarried	16.2
● Percent WIC births	14.6
Percent Breastfeeding at discharge	83.1
○ Percent Payment-Private Insurance	77.5
● Percent Payment-Medicaid	18.6
Percent C-Section	30.8

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

Mortality[3]

All Causes	820.7
Heart Disease	183.8
Malignant Neoplasms (Cancer)	197.9
Trachea, Bronchus, & Lung	62.4
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	17.9
Prostate	LNE
Leukemia	13.5
Chronic Lower Respiratory Diseases	34.0
Alzheimer's Disease	38.9
Cerebrovascular Disease	44.0
Accidents	73.5
Motor Vehicle Accidents	LNE
Diabetes	46.9
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	39
2. Malignant Neoplasms (Cancer)	38
3. Accidents	12
4. Cerebrovascular Disease	11
T5. Alzheimer's Disease	10
T5. Diabetes	10
7. Chronic Lower Respiratory Diseases	7
8. Unspecified Dementia	5

Percent of Deaths due to tobacco use	18.9
Median age at death	82

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

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

Minnehaha County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Minnehaha County is located in southeastern South Dakota and averages 210.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	188,616	100.0
White	163,780	86.8
Black or African American	10,644	5.6
American Indian & Alaska Native	5,256	2.8
Asian	4,142	2.2
Native Hawaiian & Other Pacific Islander	230	0.1
Two or More Races	4,564	2.4
Under 5 years	14,635	7.8
Under 18 years	47,882	25.4
65 years and over	24,161	12.8

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.6
○ Percent of Mothers Receiving Care in 1st Trimester	77.0
● Percent of Mothers Who Used Tobacco While Pregnant[1]	10.8
Percent of Births Less Than 37 Wks. of Gestation	8.0
○ Average Age of Mother	28.4
Teenage Birth Rate[2]	9.8
Percent White Births	77.7
Percent American Indian Births	4.5
● Percent Unmarried	33.6
● Percent WIC births	25.8
Percent Breastfeeding at discharge	80.9
○ Percent Payment-Private Insurance	65.8
● Percent Payment-Medicaid	29.0
Percent C-Section	25.1

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

Mortality[3]

All Causes	713.0
Heart Disease	150.5
Malignant Neoplasms (Cancer)	165.9
Trachea, Bronchus, & Lung	42.9
Colon, Rectum, & Anus	15.7
Female Breast	21.4
Pancreas	11.5
Prostate	20.0
Leukemia	7.0
Chronic Lower Respiratory Diseases	43.8
○ Alzheimer's Disease	44.7
Cerebrovascular Disease	37.2
Accidents	44.9
● Motor Vehicle Accidents	9.2
● Diabetes	15.5
● Influenza and Pneumonia	13.2
Intentional Self-Harm (Suicide)	18.9
● Chronic Liver Disease and Cirrhosis	10.7
Infant Mortality	5.03

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	1,566
2. Heart Disease	1,456
3. Alzheimer's Disease	434
4. Accidents	416
5. Chronic Lower Respiratory Diseases	409
6. Cerebrovascular Disease	353
7. Intentional Self-Harm (Suicide)	171
8. Diabetes	144
9. Influenza and Pneumonia	132
10. Chronic Liver Disease and Cirrhosis	101
Percent of Deaths due to tobacco use	17.5
Median age at death	78

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

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

Moody County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Moody County is located on the Minnesota border and averages 12.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	6,579	100.0
White	5,189	78.9
Black or African American	131	2.0
American Indian & Alaska Native	890	13.5
Asian	151	2.3
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	218	3.3
Under 5 years	499	7.6
Under 18 years	1,722	26.2
65 years and over	1,208	18.4

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.7
Percent of Mothers Receiving	
Care in 1st Trimester	73.8
Percent of Mothers Who	
Used Tobacco While Pregnant[1]	15.1
Percent of Births Less Than 37 Wks. of Gestation	9.2
Average Age of Mother	28.2
Teenage Birth Rate[2]	12.2
Percent White Births	68.9
Percent American Indian Births	21.9
Percent Unmarried	41.1
Percent WIC births	35.2
Percent Breastfeeding at discharge	78.9
Percent Payment-Private Insurance	60.0
Percent Payment-Medicaid	31.1
Percent C-Section	24.5

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

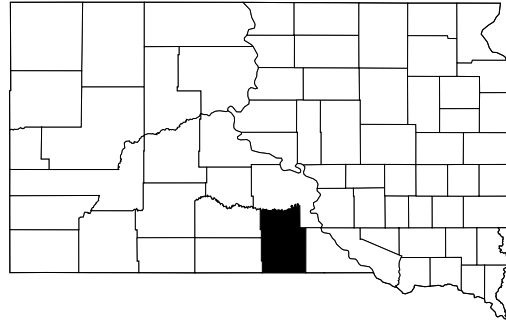### Mortality[3]

All Causes	633.1
Heart Disease	154.1
Malignant Neoplasms (Cancer)	136.8
● Trachea, Bronchus, & Lung	22.7
Colon, Rectum, & Anus	20.9
Female Breast	LNE
Pancreas	13.5
Prostate	28.1
Leukemia	LNE
● Chronic Lower Respiratory Diseases	21.4
Alzheimer's Disease	46.2
Cerebrovascular Disease	31.8
Accidents	36.9
Motor Vehicle Accidents	11.1
Diabetes	27.1
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	22.5
Chronic Liver Disease and Cirrhosis	8.1
Infant Mortality	6.56

Leading Causes of Death	Total Deaths
1. Heart Disease	69
2. Malignant Neoplasms (Cancer)	56
3. Alzheimer's Disease	23
4. Cerebrovascular Disease	15
5. Accidents	13
6. Diabetes	12
7. Vascular Dementia	11
8. Chronic Lower Respiratory Diseases	10
9. Peripheral Vascular Disease, Unspecified	8
10. Intentional Self-Harm (Suicide)	7
Percent of Deaths due to tobacco use	17.8
Median age at death	79

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

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

Oglala Lakota County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Oglala Lakota County (formerly known as Shannon County) is located in the southwestern part of the state, along the Nebraska border and averages 6.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	14,354	100.0
White	746	5.2
Black or African American	52	0.4
American Indian & Alaska Native	13,291	92.6
Asian	19	0.1
Native Hawaiian & Other Pacific Islander	8	0.1
Two or More Races	238	1.7
Under 5 years	1,519	10.6
Under 18 years	5,391	37.6
65 years and over	1,007	7.0

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.5
● Percent of Mothers Receiving Care in 1st Trimester	59.3
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	17.3
○ Percent of Births Less Than 37 Wks. of Gestation	11.5
● Average Age of Mother	25.3
○ Teenage Birth Rate[2]	38.6
Percent White Births	1.4
Percent American Indian Births	96.6
○ Percent Unmarried	88.1
○ Percent WIC births	71.6
● Percent Breastfeeding at discharge	56.8
● Percent Payment-Private Insurance	3.8
○ Percent Payment-Medicaid	62.5
Percent C-Section	23.1

Mortality[3]

○ All Causes	1,447.1
Heart Disease	187.1
○ Malignant Neoplasms (Cancer)	213.2
Trachea, Bronchus, & Lung	59.3
Colon, Rectum, & Anus	24.2
Female Breast	12.8
Pancreas	13.9
Prostate	28.8
Leukemia	LNE
Chronic Lower Respiratory Diseases	49.1
● Alzheimer's Disease	14.7
Cerebrovascular Disease	44.0
○ Accidents	169.6
○ Motor Vehicle Accidents	79.7
○ Diabetes	139.3
Influenza and Pneumonia	36.0
○ Intentional Self-Harm (Suicide)	49.1
○ Chronic Liver Disease and Cirrhosis	164.2
○ Infant Mortality	15.57

Leading Causes of Death	Total Deaths
1. Accidents	105
2. Malignant Neoplasms (Cancer)	92
3. Chronic Liver Disease and Cirrhosis	86
4. Heart Disease	79
5. Diabetes	64
6. Intentional Self-Harm (Suicide)	39
7. Cerebrovascular Disease	20
T8. Chronic Lower Respiratory Diseases	19
T8. Septicemia	19
10. Assault (Homicide)	16
Percent of Deaths due to tobacco use	11.1
Median age at death	55

Pennington County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Pennington County is located on the Wyoming border and averages 36.4 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	110,141	100.0
White	91,949	83.5
Black or African American	1,477	1.3
American Indian & Alaska Native	11,105	10.1
Asian	1,299	1.2
Native Hawaiian & Other Pacific Islander	108	0.1
Two or More Races	4,203	3.8
Under 5 years	7,355	6.7
Under 18 years	25,591	23.2
65 years and over	19,101	17.3

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.9
Percent of Mothers Receiving Care in 1st Trimester	73.6
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	16.1
Percent of Births Less Than 37 Wks. of Gestation	9.5
● Average Age of Mother	27.4
Teenage Birth Rate[2]	13.5
Percent White Births	71.0
Percent American Indian Births	18.1
○ Percent Unmarried	42.9
○ Percent WIC births	37.1
○ Percent Breastfeeding at discharge	84.2
● Percent Payment-Private Insurance	42.3
○ Percent Payment-Medicaid	37.6
● Percent C-Section	20.0

Mortality[3]

● All Causes	653.3
Heart Disease	149.9
Malignant Neoplasms (Cancer)	152.3
Trachea, Bronchus, & Lung	40.8
● Colon, Rectum, & Anus	11.2
Female Breast	13.6
Pancreas	11.2
Prostate	17.4
Leukemia	9.6
● Chronic Lower Respiratory Diseases	31.4
● Alzheimer's Disease	27.8
● Cerebrovascular Disease	26.4
Accidents	46.1
Motor Vehicle Accidents	13.8
● Diabetes	13.4
● Influenza and Pneumonia	12.1
Intentional Self-Harm (Suicide)	20.4
Chronic Liver Disease and Cirrhosis	15.8
Infant Mortality	6.18

Leading Causes of Death	Total Deaths
1. Heart Disease	1,035
2. Malignant Neoplasms (Cancer)	1,018
3. Accidents	268
4. Chronic Lower Respiratory Diseases	213
5. Alzheimer's Disease	198
6. Cerebrovascular Disease	182
7. Intentional Self-Harm (Suicide)	106
8. Unspecified Dementia	102
9. Chronic Liver Disease and Cirrhosis	91
10. Diabetes	88
Percent of Deaths due to tobacco use	17.4
Median age at death	77

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

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

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

Perkins County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Perkins County is located in northwestern South Dakota and averages 1.0 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,974	100.0
White	2,843	95.6
Black or African American	15	0.5
American Indian & Alaska Native	65	2.2
Asian	8	0.3
Native Hawaiian & Other Pacific Islander	2	0.1
Two or More Races	41	1.4
Under 5 years	182	6.1
Under 18 years	637	21.4
65 years and over	716	24.1

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.9
Percent of Mothers Receiving Care in 1st Trimester	72.4
Percent of Mothers Who Used Tobacco While Pregnant[1]	13.0
Percent of Births Less Than 37 Wks. of Gestation	6.5
○ Average Age of Mother	28.8
Teenage Birth Rate[2]	LNE
Percent White Births	94.1
Percent American Indian Births	2.7
● Percent Unmarried	23.2
Percent WIC births	36.7
Percent Breastfeeding at discharge	86.2
Percent Payment-Private Insurance	60.2
Percent Payment-Medicaid	25.0
Percent C-Section	25.9

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

Mortality[3]

All Causes	750.3
Heart Disease	144.1
Malignant Neoplasms (Cancer)	154.3
● Trachea, Bronchus, & Lung	18.1
Colon, Rectum, & Anus	18.4
Female Breast	48.4
Pancreas	LNE
Prostate	LNE
Leukemia	12.8
Chronic Lower Respiratory Diseases	59.4
Alzheimer's Disease	40.4
Cerebrovascular Disease	32.9
Accidents	36.8
Motor Vehicle Accidents	26.9
Diabetes	22.9
Influenza and Pneumonia	18.5
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	15.2
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	44
2. Malignant Neoplasms (Cancer)	43
3. Chronic Lower Respiratory Diseases	20
4. Alzheimer's Disease	16
5. Cerebrovascular Disease	11
6. Diabetes	7
7. Accidents	6
8. Aortic Aneurysm and Dissection	5

Percent of Deaths due to tobacco use	20.6
Median age at death	82

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

See technical notes for more information.

Potter County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Potter County is located in north central South Dakota and averages 2.7 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,231	100.0
White	2,109	94.5
Black or African American	10	0.4
American Indian & Alaska Native	49	2.2
Asian	23	1.0
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	39	1.7
Under 5 years	113	5.1
Under 18 years	475	21.3
65 years and over	639	28.6

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.3
● Percent of Mothers Receiving Care in 1st Trimester	56.8
Percent of Mothers Who Used Tobacco While Pregnant[1]	9.9
Percent of Births Less Than 37 Wks. of Gestation	8.1
Average Age of Mother	28.6
Teenage Birth Rate[2]	LNE
Percent White Births	90.1
Percent American Indian Births	9.0
● Percent Unmarried	21.6
● Percent WIC births	19.8
Percent Breastfeeding at discharge	87.4
○ Percent Payment-Private Insurance	75.7
● Percent Payment-Medicaid	20.7
Percent C-Section	22.5

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

Mortality[3]

All Causes	701.4
Heart Disease	116.5
Malignant Neoplasms (Cancer)	118.1
Trachea, Bronchus, & Lung	40.4
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	11.2
Prostate	33.4
Leukemia	LNE
Chronic Lower Respiratory Diseases	41.8
Alzheimer's Disease	42.3
● Cerebrovascular Disease	14.0
Accidents	82.8
Motor Vehicle Accidents	35.1
Diabetes	39.6
Influenza and Pneumonia	20.7
Intentional Self-Harm (Suicide)	31.6
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	35
2. Malignant Neoplasms (Cancer)	33
3. Alzheimer's Disease	16
T4. Accidents	12
T4. Chronic Lower Respiratory Diseases	12
6. Diabetes	10
7. Septicemia	7
T8. Cerebrovascular Disease	5
T8. Influenza and Pneumonia	5
T8. Essential (Primary) Hypertension and Hypertensive Renal Disease	5

Percent of Deaths due to tobacco use	15.9
Median age at death	85

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

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

Roberts County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Roberts County is located in the extreme northeastern corner of the state and averages 9.2 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	10,278	100.0
White	5,950	57.9
Black or African American	76	0.7
American Indian & Alaska Native	3,888	37.8
Asian	24	0.2
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	339	3.3
Under 5 years	906	8.8
Under 18 years	2,896	28.2
65 years and over	1,976	19.2

Health Status Indicators 2013-2017

Natality

● Percent of Low Birth Weight Infants	3.9
● Percent of Mothers Receiving Care in 1st Trimester	59.1
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	29.2
Percent of Births Less Than 37 Wks. of Gestation	10.3
● Average Age of Mother	26.3
○ Teenage Birth Rate[2]	28.9
Percent White Births	30.1
Percent American Indian Births	58.6
○ Percent Unmarried	63.7
○ Percent WIC births	57.8
● Percent Breastfeeding at discharge	68.9
● Percent Payment-Private Insurance	33.3
○ Percent Payment-Medicaid	57.5
Percent C-Section	25.0

Mortality[3]

○ All Causes	815.3
Heart Disease	144.3
Malignant Neoplasms (Cancer)	172.5
Trachea, Bronchus, & Lung	37.6
Colon, Rectum, & Anus	19.4
Female Breast	11.6
Pancreas	LNE
Prostate	22.7
Leukemia	10.1
Chronic Lower Respiratory Diseases	47.5
Alzheimer's Disease	27.6
Cerebrovascular Disease	43.5
○ Accidents	76.5
○ Motor Vehicle Accidents	38.6
Diabetes	26.4
Influenza and Pneumonia	19.5
○ Intentional Self-Harm (Suicide)	42.6
Chronic Liver Disease and Cirrhosis	24.1
Infant Mortality	5.61

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	123
2. Heart Disease	109
3. Accidents	44
4. Chronic Lower Respiratory Diseases	37
5. Cerebrovascular Disease	32
6. Alzheimer's Disease	23
T7. Diabetes	18
T7. Intentional Self-Harm (Suicide)	18
T9. Influenza and Pneumonia	13
T9. Chronic Liver Disease and Cirrhosis	13
Percent of Deaths due to tobacco use	17.3
Median age at death	77

Sanborn County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Sanborn County is located in east central South Dakota and averages 4.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,450	100.0
White	2,395	97.8
Black or African American	5	0.2
American Indian & Alaska Native	10	0.4
Asian	7	0.3
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	32	1.3
Under 5 years	219	8.9
Under 18 years	638	26.0
65 years and over	452	18.4

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	4.9
Percent of Mothers Receiving Care in 1st Trimester	73.6
Percent of Mothers Who Used Tobacco While Pregnant[1]	16.9
Percent of Births Less Than 37 Wks. of Gestation	7.1
Average Age of Mother	28.0
Teenage Birth Rate[2]	LNE
Percent White Births	99.5
Percent American Indian Births	LNE
● Percent Unmarried	23.5
● Percent WIC births	24.9
Percent Breastfeeding at discharge	83.0
○ Percent Payment-Private Insurance	79.8
● Percent Payment-Medicaid	19.1
○ Percent C-Section	34.4

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

Mortality[3]

All Causes	753.9
Heart Disease	125.2
Malignant Neoplasms (Cancer)	167.5
Trachea, Bronchus, & Lung	55.7
Colon, Rectum, & Anus	15.9
Female Breast	LNE
Pancreas	14.5
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	34.1
○ Alzheimer's Disease	114.0
Cerebrovascular Disease	22.2
Accidents	38.1
Motor Vehicle Accidents	LNE
Diabetes	18.1
Influenza and Pneumonia	17.0
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	22.0
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	29
T2. Heart Disease	26
T2. Alzheimer's Disease	26
4. Chronic Lower Respiratory Diseases	7
5. Accidents	6
6. Cerebrovascular Disease	5
Percent of Deaths due to tobacco use	12.5
Median age at death	84

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

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

Spink County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Spink County is located in the center of eastern South Dakota and averages 4.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	6,410	100.0
White	6,177	96.4
Black or African American	43	0.7
American Indian & Alaska Native	112	1.7
Asian	7	0.1
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	70	1.1
Under 5 years	382	6.0
Under 18 years	1,503	23.4
65 years and over	1,299	20.3

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	4.4
Percent of Mothers Receiving Care in 1st Trimester	68.2
Percent of Mothers Who Used Tobacco While Pregnant[1]	13.6
Percent of Births Less Than 37 Wks. of Gestation	7.8
○ Average Age of Mother	28.8
● Teenage Birth Rate[2]	4.6
Percent White Births	96.6
Percent American Indian Births	LNE
● Percent Unmarried	27.4
● Percent WIC births	21.6
Percent Breastfeeding at discharge	84.0
○ Percent Payment-Private Insurance	79.1
● Percent Payment-Medicaid	16.7
Percent C-Section	30.5

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

Mortality[3]

All Causes	727.5
Heart Disease	153.5
Malignant Neoplasms (Cancer)	167.1
Trachea, Bronchus, & Lung	36.9
Colon, Rectum, & Anus	22.2
Female Breast	34.4
Pancreas	13.4
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	39.2
Alzheimer's Disease	39.7
Cerebrovascular Disease	26.7
Accidents	78.0
Motor Vehicle Accidents	26.6
Diabetes	30.9
Influenza and Pneumonia	30.9
Intentional Self-Harm (Suicide)	LNE
● Chronic Liver Disease and Cirrhosis	7.3
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	91
2. Malignant Neoplasms (Cancer)	83
3. Accidents	28
4. Alzheimer's Disease	27
5. Chronic Lower Respiratory Diseases	22
6. Influenza and Pneumonia	21
7. Cerebrovascular Disease	17
8. Diabetes	14
9. Pneumonitis Due to Solids and Liquids	8
T10. Unspecified Dementia	6
T10. Septicemia	6
T10. Disorders of Lipoprotein Metabolism And Other Lipidemias	6

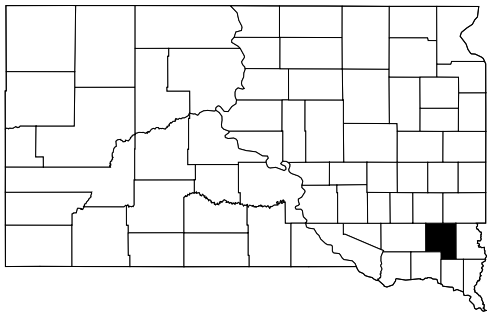|	
Percent of Deaths due to tobacco use	10.4
Median age at death	82

●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
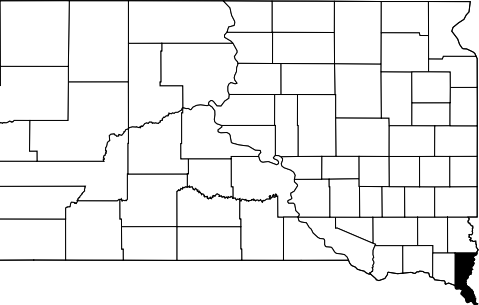[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
See technical notes for more information.
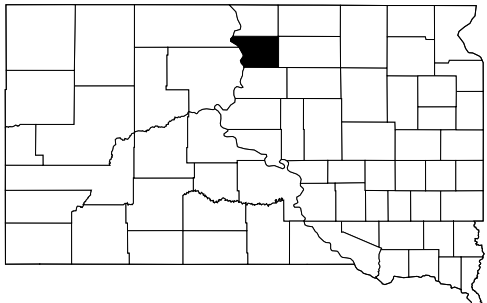Source: South Dakota Department of Health, Office of Health Statistics

Stanley County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Stanley County is located in the center of the state and averages 2.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	3,011	100.0
White	2,691	89.4
Black or African American	23	0.8
American Indian & Alaska Native	212	7.0
Asian	10	0.3
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	75	2.5
Under 5 years	196	6.5
Under 18 years	734	24.4
65 years and over	607	20.2

Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.3
● Percent of Mothers Receiving Care in 1st Trimester	56.7
Percent of Mothers Who Used Tobacco While Pregnant[1]	10.0
Percent of Births Less Than 37 Wks. of Gestation	7.9
○ Average Age of Mother	28.9
Teenage Birth Rate[2]	LNE
Percent White Births	84.7
Percent American Indian Births	9.5
Percent Unmarried	31.6
Percent WIC births	28.6
Percent Breastfeeding at discharge	85.2
○ Percent Payment-Private Insurance	72.5
● Percent Payment-Medicaid	23.3
○ Percent C-Section	38.4

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

Mortality[3]

● All Causes	561.7
● Heart Disease	86.6
Malignant Neoplasms (Cancer)	179.4
Trachea, Bronchus, & Lung	57.8
Colon, Rectum, & Anus	20.4
Female Breast	LNE
Pancreas	20.4
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	84.9
Alzheimer's Disease	LNE
● Cerebrovascular Disease	14.5
● Accidents	17.2
Motor Vehicle Accidents	LNE
Diabetes	26.5
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	50.2
Chronic Liver Disease and Cirrhosis	28.1
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	35
T2. Heart Disease	16
T2. Chronic Lower Respiratory Diseases	16
4. Intentional Self-Harm (Suicide)	8
T5. Diabetes	5
T5. Chronic Liver Disease and Cirrhosis	5
Percent of Deaths due to tobacco use	30.5
Median age at death	70

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

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

Sully County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Sully County is located in the central region of the state and averages 1.4 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	1,407	100.0
White	1,337	95.0
Black or African American	6	0.4
American Indian & Alaska Native	33	2.3
Asian	2	0.1
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	29	2.1
Under 5 years	84	6.0
Under 18 years	295	21.0
65 years and over	332	23.6

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	4.8
● Percent of Mothers Receiving Care in 1st Trimester	49.4
Percent of Mothers Who Used Tobacco While Pregnant[1]	10.8
Percent of Births Less Than 37 Wks. of Gestation	12.0
Average Age of Mother	26.9
Teenage Birth Rate[2]	LNE
Percent White Births	84.3
Percent American Indian Births	12.0
Percent Unmarried	28.9
Percent WIC births	24.4
Percent Breastfeeding at discharge	77.1
Percent Payment-Private Insurance	68.3
Percent Payment-Medicaid	30.5
Percent C-Section	19.3

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

Mortality[3]

● All Causes	409.9
● Heart Disease	66.0
Malignant Neoplasms (Cancer)	133.1
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	34.7
Alzheimer's Disease	LNE
Cerebrovascular Disease	LNE
Accidents	LNE
Motor Vehicle Accidents	LNE
Diabetes	LNE
Influenza and Pneumonia	LNE
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	16
2. Heart Disease	8
Percent of Deaths due to tobacco use	17.0
Median age at death	77

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

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

Todd County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Todd County is located in south central South Dakota, along the Nebraska border and averages 6.9 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	10,065	100.0
White	882	8.8
Black or African American	50	0.5
American Indian & Alaska Native	8,855	88.0
Asian	20	0.2
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	258	2.6
Under 5 years	1,309	13.0
Under 18 years	4,151	41.2
65 years and over	727	7.2

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

○ Percent of Low Birth Weight Infants	8.4
● Percent of Mothers Receiving Care in 1st Trimester	39.5
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	21.1
○ Percent of Births Less Than 37 Wks. of Gestation	11.5
● Average Age of Mother	25.1
○ Teenage Birth Rate[2]	55.6
Percent White Births	3.9
Percent American Indian Births	92.1
○ Percent Unmarried	85.6
○ Percent WIC births	69.2
● Percent Breastfeeding at discharge	60.8
● Percent Payment-Private Insurance	4.8
○ Percent Payment-Medicaid	60.8
○ Percent C-Section	36.7

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

Mortality[3]

○ All Causes	1,270.3
Heart Disease	202.5
○ Malignant Neoplasms (Cancer)	211.9
Trachea, Bronchus, & Lung	39.1
Colon, Rectum, & Anus	25.2
Female Breast	LNE
Pancreas	LNE
Prostate	46.9
Leukemia	24.6
Chronic Lower Respiratory Diseases	66.9
Alzheimer's Disease	23.9
Cerebrovascular Disease	36.9
○ Accidents	146.0
○ Motor Vehicle Accidents	80.9
○ Diabetes	103.7
○ Influenza and Pneumonia	51.3
○ Intentional Self-Harm (Suicide)	60.4
○ Chronic Liver Disease and Cirrhosis	75.1
○ Infant Mortality	15.92

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	69
2. Heart Disease	65
3. Accidents	64
4. Diabetes	34
5. Chronic Liver Disease and Cirrhosis	28
6. Intentional Self-Harm (Suicide)	27
7. Chronic Lower Respiratory Diseases	21
8. Influenza and Pneumonia	16
9. Mental and Behavioral Disorders Due to Use of Alcohol	13
10. Cerebrovascular Disease	12
Percent of Deaths due to tobacco use	13.4
Median age at death	58

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

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

Tripp County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Tripp County is located along the Nebraska border in south central South Dakota and averages 3.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,460	100.0
White	4,501	82.4
Black or African American	32	0.6
American Indian & Alaska Native	776	14.2
Asian	18	0.3
Native Hawaiian & Other Pacific Islander	0	0.0
Two or More Races	133	2.4
Under 5 years	375	6.9
Under 18 years	1,254	23.0
65 years and over	1,223	22.4

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.8
Percent of Mothers Receiving Care in 1st Trimester	71.4
Percent of Mothers Who Used Tobacco While Pregnant[1]	14.7
Percent of Births Less Than 37 Wks. of Gestation	10.0
● Average Age of Mother	27.0
Teenage Birth Rate[2]	9.0
Percent White Births	62.7
Percent American Indian Births	31.4
○ Percent Unmarried	44.9
○ Percent WIC births	44.5
Percent Breastfeeding at discharge	74.9
● Percent Payment-Private Insurance	49.5
○ Percent Payment-Medicaid	47.3
○ Percent C-Section	37.6

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

Mortality[3]

All Causes	741.3
Heart Disease	187.1
Malignant Neoplasms (Cancer)	144.9
Trachea, Bronchus, & Lung	32.0
Colon, Rectum, & Anus	20.5
Female Breast	LNE
Pancreas	9.5
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	44.2
○ Alzheimer's Disease	62.9
Cerebrovascular Disease	27.5
Accidents	40.7
Motor Vehicle Accidents	11.0
Diabetes	17.1
Influenza and Pneumonia	19.7
Intentional Self-Harm (Suicide)	LNE
Chronic Liver Disease and Cirrhosis	21.9
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	98
2. Malignant Neoplasms (Cancer)	72
3. Alzheimer's Disease	40
4. Chronic Lower Respiratory Diseases	23
5. Cerebrovascular Disease	17
6. Accidents	16
7. Influenza and Pneumonia	11
8. Diabetes	9
T9. Chronic Liver Disease and Cirrhosis	5
T9. Essential (Primary) Hypertension and Hypertensive Renal Disease	5
T9. Pneumonitis Due to Solids and Liquids	5

Percent of Deaths due to tobacco use	19.0
Median age at death	83

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Turner County

Demographic Information	**Health Status Indicators 2013-2017**

Demographic Information

Turner County is located in southeastern South Dakota and averages 13.5 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	8,315	100.0
White	8,083	97.2
Black or African American	42	0.5
American Indian & Alaska Native	84	1.0
Asian	22	0.3
Native Hawaiian & Other Pacific Islander	5	0.1
Two or More Races	79	1.0
Under 5 years	514	6.2
Under 18 years	1,989	23.9
65 years and over	1,733	20.8

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.1
○ Percent of Mothers Receiving Care in 1st Trimester	81.6
● Percent of Mothers Who Used Tobacco While Pregnant[1]	8.9
Percent of Births Less Than 37 Wks. of Gestation	7.3
○ Average Age of Mother	29.3
Teenage Birth Rate[2]	LNE
Percent White Births	98.0
Percent American Indian Births	0.7
● Percent Unmarried	19.4
● Percent WIC births	19.2
Percent Breastfeeding at discharge	81.0
○ Percent Payment-Private Insurance	75.7
● Percent Payment-Medicaid	18.3
Percent C-Section	23.8

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

Mortality[3]

○ All Causes	789.1
Heart Disease	168.3
Malignant Neoplasms (Cancer)	161.6
Trachea, Bronchus, & Lung	40.6
Colon, Rectum, & Anus	18.5
Female Breast	14.7
Pancreas	11.1
Prostate	12.7
Leukemia	11.0
Chronic Lower Respiratory Diseases	61.1
○ Alzheimer's Disease	68.9
● Cerebrovascular Disease	23.6
Accidents	54.7
Motor Vehicle Accidents	29.1
● Diabetes	13.2
Influenza and Pneumonia	10.7
Intentional Self-Harm (Suicide)	21.1
Chronic Liver Disease and Cirrhosis	19.6
Infant Mortality	13.36

Leading Causes of Death	Total Deaths
1. Heart Disease	126
2. Malignant Neoplasms (Cancer)	105
3. Alzheimer's Disease	57
4. Chronic Lower Respiratory Diseases	42
5. Accidents	31
6. Cerebrovascular Disease	19
T7. Diabetes	11
T7. Parkinson's Disease	11
T9. Influenza and Pneumonia	10
T9. Chronic Liver Disease and Cirrhosis	10

Percent of Deaths due to tobacco use	13.0
Median age at death	82

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

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

Union County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Union County is located in the southeastern corner of the state and averages 31.3 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	15,029	100.0
White	14,284	95.0
Black or African American	164	1.1
American Indian & Alaska Native	133	0.9
Asian	193	1.3
Native Hawaiian & Other Pacific Islander	10	0.1
Two or More Races	245	1.6
Under 5 years	860	5.7
Under 18 years	3,608	24.0
65 years and over	2,714	18.1

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	6.4
○ Percent of Mothers Receiving Care in 1st Trimester	86.4
● Percent of Mothers Who Used Tobacco While Pregnant[1]	7.6
Percent of Births Less Than 37 Wks. of Gestation	8.7
○ Average Age of Mother	29.1
Teenage Birth Rate[2]	LNE
Percent White Births	92.1
Percent American Indian Births	1.1
● Percent Unmarried	20.5
● Percent WIC births	13.6
Percent Breastfeeding at discharge	83.1
○ Percent Payment-Private Insurance	77.8
● Percent Payment-Medicaid	18.7
○ Percent C-Section	30.1

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

Mortality[3]

● All Causes	633.9
Heart Disease	138.5
Malignant Neoplasms (Cancer)	154.3
Trachea, Bronchus, & Lung	50.0
Colon, Rectum, & Anus	10.2
Female Breast	19.4
Pancreas	10.3
● Prostate	7.0
Leukemia	6.5
Chronic Lower Respiratory Diseases	52.9
Alzheimer's Disease	25.4
Cerebrovascular Disease	25.1
● Accidents	28.5
● Motor Vehicle Accidents	4.9
● Diabetes	14.0
Influenza and Pneumonia	21.1
Intentional Self-Harm (Suicide)	11.2
Chronic Liver Disease and Cirrhosis	13.9
Infant Mortality	3.69

Leading Causes of Death	Total Deaths
1. Malignant Neoplasms (Cancer)	147
2. Heart Disease	138
3. Chronic Lower Respiratory Diseases	49
4. Accidents	26
T5. Alzheimer's Disease	25
T5. Cerebrovascular Disease	25
7. Influenza and Pneumonia	20
8. Essential (Primary) Hypertension and Hypertensive Renal Disease	15
9. Diabetes	14
10. Chronic Liver Disease and Cirrhosis	11
Percent of Deaths due to tobacco use	18.7
Median age at death	79

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●Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
[3]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
See technical notes for more information.
Source: South Dakota Department of Health, Office of Health Statistics

Walworth County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Walworth County is located in north central South Dakota, near the North Dakota border and averages 7.7 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	5,543	100.0
White	4,440	80.1
Black or African American	29	0.5
American Indian & Alaska Native	791	14.3
Asian	104	1.9
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	178	3.2
Under 5 years	384	6.9
Under 18 years	1,298	23.4
65 years and over	1,311	23.7

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	5.9
Percent of Mothers Receiving Care in 1st Trimester	65.2
Percent of Mothers Who Used Tobacco While Pregnant[1]	17.0
Percent of Births Less Than 37 Wks. of Gestation	9.0
● Average Age of Mother	26.8
Teenage Birth Rate[2]	5.9
Percent White Births	67.9
Percent American Indian Births	23.1
Percent Unmarried	41.3
○ Percent WIC births	40.3
Percent Breastfeeding at discharge	72.6
● Percent Payment-Private Insurance	50.7
○ Percent Payment-Medicaid	40.4
Percent C-Section	27.9

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

Mortality[3]

○ All Causes	809.8
Heart Disease	150.1
Malignant Neoplasms (Cancer)	147.6
Trachea, Bronchus, & Lung	40.2
Colon, Rectum, & Anus	13.9
Female Breast	27.1
Pancreas	LNE
Prostate	LNE
Leukemia	6.2
Chronic Lower Respiratory Diseases	59.4
○ Alzheimer's Disease	68.9
Cerebrovascular Disease	36.5
Accidents	84.0
Motor Vehicle Accidents	39.3
Diabetes	27.9
Influenza and Pneumonia	30.8
Intentional Self-Harm (Suicide)	31.9
Chronic Liver Disease and Cirrhosis	18.2
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
1. Heart Disease	89
2. Malignant Neoplasms (Cancer)	72
3. Alzheimer's Disease	49
4. Chronic Lower Respiratory Diseases	31
5. Accidents	24
6. Influenza and Pneumonia	20
T7. Cerebrovascular Disease	18
T7. Diabetes	18
9. Unspecified Dementia	12
10. Nephritis, Nephrotic Syndrome, and Nephrosis	8

Percent of Deaths due to tobacco use	16.6
Median age at death	83

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

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

Yankton County

Demographic Information	Health Status Indicators 2013-2017

Demographic Information

Yankton County is located in southeastern South Dakota on the Nebraska border and averages 43.1 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	22,662	100.0
White	20,873	92.1
Black or African American	485	2.1
American Indian & Alaska Native	686	3.0
Asian	195	0.9
Native Hawaiian & Other Pacific Islander	11	0.0
Two or More Races	412	1.8
Under 5 years	1,368	6.0
Under 18 years	4,784	21.1
65 years and over	4,212	18.6

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Source: United States Census Bureau, 2017 Population Estimates

Health Status Indicators 2013-2017

Natality

Percent of Low Birth Weight Infants	7.6
○ Percent of Mothers Receiving Care in 1st Trimester	84.8
○ Percent of Mothers Who Used Tobacco While Pregnant[1]	19.8
Percent of Births Less Than 37 Wks. of Gestation	7.1
Average Age of Mother	27.5
Teenage Birth Rate[2]	10.5
Percent White Births	87.0
Percent American Indian Births	4.3
Percent Unmarried	40.2
Percent WIC births	33.9
Percent Breastfeeding at discharge	76.1
○ Percent Payment-Private Insurance	66.0
Percent Payment-Medicaid	32.3
○ Percent C-Section	28.9

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

Mortality[3]

All Causes	701.4
Heart Disease	166.5
Malignant Neoplasms (Cancer)	137.3
Trachea, Bronchus, & Lung	39.2
Colon, Rectum, & Anus	14.2
Female Breast	14.6
● Pancreas	3.3
Prostate	16.7
Leukemia	11.1
Chronic Lower Respiratory Diseases	53.3
Alzheimer's Disease	33.1
Cerebrovascular Disease	34.9
Accidents	53.0
Motor Vehicle Accidents	18.7
Diabetes	27.9
Influenza and Pneumonia	19.9
Intentional Self-Harm (Suicide)	15.5
● Chronic Liver Disease and Cirrhosis	7.0
Infant Mortality	9.37

Leading Causes of Death	Total Deaths
1. Heart Disease	295
2. Malignant Neoplasms (Cancer)	221
3. Chronic Lower Respiratory Diseases	93
4. Accidents	74
5. Alzheimer's Disease	70
6. Cerebrovascular Disease	67
7. Diabetes	47
8. Influenza and Pneumonia	37
9. Intentional Self-Harm (Suicide)	20
10. Essential (Primary) Hypertension and Hypertensive Renal Disease	19

Percent of Deaths due to tobacco use	20.8
Median age at death	80

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

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

Ziebach County

Demographic Information	Health Status Indicators 2013-2017
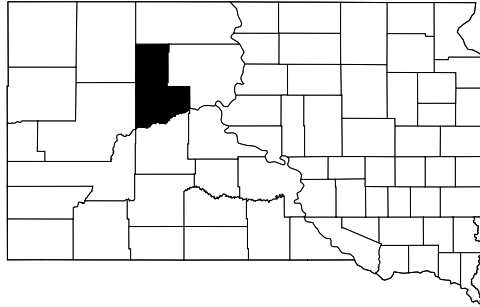
Ziebach County is located in north central South Dakota and averages 1.4 persons per square mile.

2017 Population Information

Subject	Number	Percent
Total population	2,756	100.0
White	689	25.0
Black or African American	13	0.5
American Indian & Alaska Native	1,933	70.1
Asian	10	0.4
Native Hawaiian & Other Pacific Islander	1	0.0
Two or More Races	110	4.0
Under 5 years	166	6.0
Under 18 years	830	30.1
65 years and over	261	9.5

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Natality

Percent of Low Birth Weight Infants	6.9
● Percent of Mothers Receiving Care in 1st Trimester	53.2
Percent of Mothers Who Used Tobacco While Pregnant[1]	20.1
Percent of Births Less Than 37 Wks. of Gestation	14.1
● Average Age of Mother	26.5
Teenage Birth Rate[2]	13.0
Percent White Births	11.8
Percent American Indian Births	81.3
○ Percent Unmarried	70.8
○ Percent WIC births	76.2
Percent Breastfeeding at discharge	66.9
● Percent Payment-Private Insurance	18.8
○ Percent Payment-Medicaid	68.1
Percent C-Section	24.3

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

Mortality[3]

All Causes	778.4
Heart Disease	171.8
● Malignant Neoplasms (Cancer)	64.9
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	25.4
Female Breast	LNE
Pancreas	LNE
Prostate	LNE
Leukemia	LNE
Chronic Lower Respiratory Diseases	69.2
Alzheimer's Disease	LNE
Cerebrovascular Disease	LNE
○ Accidents	120.8
Motor Vehicle Accidents	46.1
Diabetes	40.0
Influenza and Pneumonia	23.0
Intentional Self-Harm (Suicide)	34.2
Chronic Liver Disease and Cirrhosis	44.5
Infant Mortality	LNE

Leading Causes of Death	Total Deaths
T1. Heart Disease	15
T1. Accidents	15
3. Malignant Neoplasms (Cancer)	7
T4. Chronic Lower Respiratory Diseases	5
T4. Intentional Self-Harm (Suicide)	5
T4. Chronic Liver Disease and Cirrhosis	5
T4. Septicemia	5
Percent of Deaths due to tobacco use	10.0
Median age at death	59

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

See technical notes for more information.

Map 1
Percent of Low Birth Weight Infants by County, 2013-2017
U.S. = 8.2%   South Dakota = 6.5%

Harding 3.4%		
Perkins 5.9%		
Corson 9.4%		
Campbell L'NE	McPherson 7.4%	
Brown 6.5%		
Marshall 5.4%		
X Roberts 3.9%		

Walworth 5.9%
Edmunds 3.8%
Day 5.1%
Grant 5.0%

Butte 7.2%
Ziebach 6.9%
O Dewey 9.4%
Potter 6.3%
Faulk 8.0%
Spink 4.4%
Clark 6.5%
Codington 7.2%
Deuel 4.3%

Meade 7.7%
Sully 4.8%
Hyde 7.0%
Hand 7.0%
X Hamlin 4.1%

O Lawrence 8.9%
X Haakon 2.8%
Stanley 5.3%
Hughes 6.0%
Beadle 6.8%
Kingsbury 5.8%
Brookings 5.5%

Pennington 6.9%
Jones 5.8%
Lyman 8.4%
Buffalo 8.4%
Jerauld 5.5%
Sanborn 4.9%
Miner 7.7%
Lake 5.8%
Moody 5.7%

Custer 8.1%
Jackson 7.2%
Mellette 5.0%
Brule 5.8%
Aurora 8.0%
Davison 6.6%
Hanson 7.2%
McCook 4.8%
Minnehaha 6.6%

Fall River 7.5%
Oglala Lakota 7.5%
Bennett 5.6%
O Todd 8.4%
Tripp 6.8%
X Gregory 3.4%
Charles Mix 5.9%
Douglas 5.8%
Hutchinson 5.3%
Turner 5.1%
Lincoln 5.8%

Bon Homme 5.0%
Yankton 7.6%
Clay 5.4%
Union 6.4%

Legend:
- Less than or equal to 5.4
- 5.5-6.8
- Greater than or equal to 6.9
- Low Number Events

X Denotes that the county's percent is significantly lower than the state percent
O Denotes that the county's percent is significantly higher than the state percent
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. The percent of low birth weight infants is calculated based on the first weight of the newborn obtained after birth. Low birth weight infants are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces). The U.S. percent of low birth weight infants is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 2
Percent of Mothers Receiving Prenatal Care in the 1st Trimester by County, 2013-2017
U.S. = 77.1%*   South Dakota = 72.4%

Harding
79.5%

Perkins
72.4%

X
Corson
42.9%

Campbell
79.0%

X McPherson
53.3%

X
Marshall
56.4%

X
Roberts
59.1%

Brown
69.8%

Walworth
65.2%

Edmunds
64.3%

Day
72.6%

Grant
78.7%

Butte
77.9%

X Ziebach
53.2%

X Dewey
50.6%

X Potter
56.8%

X Faulk
56.8%

Spink
68.2%

Clark
65.9%

O Codington
79.9%

Deuel
80.7%

O Meade
78.4%

X Sully
49.4%

Hamlin
73.5%

O
Lawrence
79.5%

Haakon
73.8%

X Stanley
56.7%

X Hughes
50.1%

Hyde
61.2%

X Hand
54.3%

X Beadle
56.8%

Kingsbury
80.1%

O Brookings
80.6%

Pennington
73.6%

Jones
55.8%

X
Lyman
45.9%

X Buffalo
29.5%

Jerauld
77.1%

Sanborn
73.6%

Miner
65.6%

Lake
73.8%

Moody
73.8%

Custer
72.1%

X Jackson
54.3%

X
Mellette
48.2%

Brule
64.6%

Aurora
72.0%

O
Davison
80.3%

Hanson
69.2%

McCook
75.0%

O Minnehaha
77.0%

Fall River
68.2%

X Oglala Lakota
59.3%

Tripp
71.4%

Douglas
76.1%

Hutchinson
68.6%

O Turner
81.6%

O
Lincoln
85.5%

X Bennett
56.1%

X Todd
39.5%

Gregory
65.3%

X
Charles Mix
64.6%

Bon
Homme
78.3%

O Yankton
84.8%

O
Clay
80.7%

O
Union
86.4%

Legend:
- Less than or equal to 61.2
- 61.3-73.8
- Greater than or equal to 73.9

X Denotes that the county's percent is significantly lower than the state percent.
O Denotes that the county's percent is significantly higher than the state percent.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. See technical notes for more complete explanations.
*The U.S. percent of first trimester prenatal care is from 2016.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 3
Percent of Mothers Who Used Tobacco While Pregnant by County, 2013-2017
U.S. = 7.2%*   South Dakota = 14.0%

X Harding 6.7%	
Perkins 13.0%	O Corson 25.2%
O Butte 20.7%	Ziebach 20.1%
Meade 15.0%	O Dewey 20.5%
Lawrence 16.2%	Haakon 15.7%
O Pennington 16.1%	Stanley 10.0%

X Campbell 4.8%
McPherson 9.1%
Marshall 14.0%
O Roberts 29.2%
O Brown 16.0%
Walworth 17.0%
X Edmunds 7.7%
O Day 24.0%
Grant 12.8%
Potter 9.9%
X Faulk 2.5%
Spink 13.6%
O Codington 20.5%
X Clark 9.4%
X Deuel 9.5%
Sully 10.8%
X Hand 8.6%
Hamlin 13.2%
Hyde 10.5%
Beadle 12.8%
Kingsbury 10.5%
X Brookings 9.1%
O Hughes 18.2%
O Buffalo 29.8%
Jerauld 14.5%
Sanborn 16.9%
X Miner 7.7%
Lake 11.2%
Moody 15.1%
Jones 15.4%
O Lyman 25.2%
Custer 18.8%
O Jackson 21.0%
Mellette 19.3%
Brule 15.2%
Aurora 10.6%
O Davison 19.3%
X Hanson 6.8%
X McCook 8.9%
X Minnehaha 10.8%
O Oglala Lakota 17.3%
Tripp 14.7%
Douglas 9.8%
X Hutchinson 7.7%
X Turner 8.9%
X Lincoln 5.4%
Fall River 17.5%
O Bennett 25.5%
O Todd 21.1%
Gregory 11.3%
O Charles Mix 21.6%
Bon Homme 10.9%
O Yankton 19.8%
X Clay 9.9%
X Union 7.6%

Legend:
- Less than or equal to 10.5
- 10.6-16.2
- Greater than or equal to 16.3

X Denotes that the county's percent is significantly lower than the state percent.
O Denotes that the county's percent is significantly higher than the state percent.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. Data for mothers who used tobacco while pregnant are self-reported. See technical notes for more complete explanations. *The U.S. percent of tobacco use by pregnant mothers is from 2016.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 4
Percent of Births Less Than 37 Weeks Gestation by County, 2013-2017
U.S. = 9.8%   South Dakota = 8.7%

X Harding 3.4%

Perkins 6.5%

O Corson 14.0%

Campbell 9.7%

McPherson 9.1%

Marshall 6.8%

Roberts 10.3%

Brown 7.7%

Walworth 9.0%

Edmunds 5.5%

Day 5.8%

Butte 9.2%

Ziebach 14.1%

O Dewey 15.7%

Potter 8.1%

Faulk 5.6%

Spink 7.8%

Grant 6.7%

Codington 7.9%

Clark 6.1%

Deuel 6.3%

Hamlin 6.4%

Meade 9.7%

Sully 12.0%

Hyde 9.3%

Hand 9.6%

O Lawrence 11.9%

Stanley 7.9%

Hughes 9.4%

Beadle 8.8%

Kingsbury 6.2%

X Brookings 6.9%

Haakon 5.6%

Pennington 9.5%

Jones 11.5%

Lyman 11.8%

Buffalo 10.8%

Jerauld 8.2%

Sanborn 7.1%

Miner 6.9%

Lake 8.5%

Moody 9.2%

Custer 8.4%

O Jackson 12.5%

Mellette 7.5%

Brule 9.1%

Aurora 10.0%

Davison 9.6%

Hanson 7.2%

McCook 7.4%

Minnehaha 8.0%

O Oglala Lakota 11.5%

Tripp 10.0%

Douglas 7.3%

Hutchinson 7.9%

Turner 7.3%

Lincoln 7.6%

Fall River 8.2%

Bennett 9.5%

O Todd 11.5%

Gregory 6.4%

Charles Mix 8.4%

Bon Homme 7.5%

Yankton 7.1%

Clay 7.0%

Union 8.7%

Less than or equal to 7.4

7.5-9.2

Greater than or equal to 9.3

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual percent may be higher or lower than the state percent, the difference may not be statistically significant due to the small number of people in the county. See technical notes for more complete explanations. The U.S. percent of births less than 37 weeks gestation is from 2016.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 5
Average Age of Mother by Resident County, 2013-2017
U.S. = 28.7   South Dakota = 27.9

Harding 28.8

O Perkins 28.8

X Corson 26.7

Campbell 29.1

O McPherson 28.9

Brown 28.0

O Marshall 28.7

X Roberts 26.3

X Butte 27.1

X Ziebach 26.5

X Dewey 26.1

X Walworth 26.8

O Edmunds 28.6

Day 28.0

Grant 28.0

Potter 28.6

Faulk 29.2

O Spink 28.8

Clark 28.4

X Codington 27.5

Deuel 28.3

Meade 28.1

Sully 26.9

Hamlin 27.6

Lawrence 28.1

Haakon 28.4

O Stanley 28.9

Hughes 27.8

Hyde 27.4

Hand 28.4

X Beadle 26.8

O Kingsbury 28.6

O Brookings 28.7

X Pennington 27.4

Jones 27.7

X Lyman 26.5

X Buffalo 25.7

O Jerauld 29.1

Sanborn 28.0

O Miner 29.4

O Lake 28.4

Moody 28.2

O Custer 28.7

X Jackson 26.2

Brule 27.7

Aurora 28.1

X Davison 27.4

O Hanson 29.7

O McCook 28.7

O Minnehaha 28.4

X Oglala Lakota 25.3

X Mellette 25.6

Douglas 27.8

O Hutchinson 28.5

O Turner 29.3

O Lincoln 29.6

Fall River 27.3

X Bennett 25.5

X Todd 25.1

X Tripp 27.0

Gregory 28.0

X Charles Mix 26.6

Bon Homme 28.4

Yankton 27.5

O Clay 28.7

O Union 29.1

Legend:
- Less than or equal to 27.4
- 27.5-28.4
- Greater than or equal to 28.5

X Denotes that the county's age is significantly lower than the state age.
O Denotes that the county's age is significantly higher than the state age.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual age may be higher or lower than the state age, the difference may not be statistically significant due to the small number of people in the county. The U.S. average age of mother is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 6
Teenage Birth Rate by Resident County, 2013-2017
U.S. = 8.8   South Dakota = 11.5

Harding LNE

Perkins LNE

Corson 17.6

Campbell LNE

McPherson LNE

X Brown 6.3

Marshall LNE

O Roberts 28.9

Walworth 5.9

Edmunds LNE

Day 13.8

Butte 11.8

Ziebach 13.0

O Dewey 49.4

Potter LNE

Faulk LNE

X Spink 4.6

Clark 9.6

Codington 7.4

Grant LNE

Deuel LNE

X Lawrence 4.8

X Meade 5.5

Sully LNE

Hyde LNE

Hand LNE

O Beadle 22.4

Kingsbury 6.5

X Hamlin 4.2

X Brookings 4.8

Haakon LNE

Stanley LNE

Hughes 9.7

Pennington 13.5

Jones LNE

O Buffalo 64.4

Jerauld LNE

Sanborn LNE

Miner LNE

X Lake 4.8

Moody 12.2

Custer LNE

Jackson 46.8

O Lyman 39.0

X Brule 4.9

Aurora 9.4

Davison 9.5

Hanson LNE

McCook 6.8

Minnehaha 9.8

O Mellette 37.8

Fall River 10.5

O Oglala Lakota 38.6

Bennett 36.7

O Todd 55.6

Tripp 9.0

Gregory 16.0

O Charles Mix 24.8

Douglas LNE

X Hutchinson 4.9

Turner LNE

X Lincoln 3.4

Bon Homme LNE

Yankton 10.5

X Clay 5.9

Union LNE

Less than or equal to 6.5

6.6-13.5

Greater than or equal to 13.6

Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The teenage birth rate is live births per 1,000 females age 15-17. The U.S. teenage birth rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 7
Death Rate Due to All Causes by County, 2013-2017
U.S. = 728.8   South Dakota = 711.5

X Harding 448.2

Perkins 750.3

O Corson 1,292.0

Campbell 601.1

McPherson 717.6

Marshall 655.4

O Roberts 815.3

Brown 695.2

O Walworth 809.8

X Edmunds 598.8

Day 702.1

Grant 767.5

Butte 735.5

Ziebach 778.4

O Dewey 1,353.3

Potter 701.4

Faulk 697.8

Spink 727.5

X Codington 649.8

Clark 697.7

X Deuel 620.1

Hamlin 732.4

Meade 695.3

X Sully 409.9

Hyde 747.3

Hand 645.3

Beadle 727.0

Kingsbury 796.5

X Brookings 622.6

X Lawrence 664.8

X Stanley 561.7

Hughes 660.7

Haakon 727.0

X Pennington 653.3

Jones 635.6

Lyman 822.5

O Buffalo 1,552.9

X Jerauld 565.3

Sanborn 753.9

Miner 820.7

X Lake 644.6

Moody 633.1

X Custer 644.9

O Jackson 1,072.3

O Mellette 1,161.9

Brule 675.9

X Aurora 600.7

Davison 708.1

O Hanson 920.3

O McCook 860.9

Minnehaha 713.0

O Fall River 974.4

Oglala Lakota 1,447.1

O Bennett 1,072.6

Todd 1,270.3

Tripp 741.3

Douglas 627.8

Hutchinson 698.7

O Turner 789.1

X Lincoln 476.8

Gregory 800.1

O Charles Mix 857.9

X Bon Homme 613.1

Yankton 701.4

Clay 785.7

X Union 633.9

Less than or equal to 660.7

660.8-753.9

Greater than or equal to 754.0

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. The U.S. age-adjusted death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 8
Death Rate Due to Heart Disease by County, 2013-2017
U.S. = 165.5   South Dakota = 151.4

County	Rate
Harding	99.0
Perkins	144.1
O Corson	315.3
Campbell	119.2
O McPherson	232.8
Marshall	134.6
Roberts	144.3
Brown	139.8
Walworth	150.1
Edmunds	126.7
Day	155.2
O Butte	185.6
Dewey	206.6
Ziebach	171.8
Potter	116.5
Faulk	128.3
Spink	153.5
Codington	149.9
Grant	176.3
Clark	128.0
Deuel	123.8
Meade	142.7
X Sully	66.0
Hamlin	118.5
X Lawrence	126.5
Hyde	220.0
Hand	115.6
Beadle	134.0
Kingsbury	172.1
Brookings	145.5
Haakon	140.6
X Stanley	86.6
Hughes	139.2
Pennington	149.9
Buffalo	208.8
X Jerauld	97.8
Sanborn	125.2
Miner	183.8
Lake	152.0
Moody	154.1
Jones	94.4
Lyman	159.1
Custer	134.2
O Jackson	229.5
Mellette	203.8
Brule	163.2
Aurora	150.6
Davison	174.0
Hanson	207.0
O McCook	197.1
Minnehaha	150.5
O Fall River	216.9
Oglala Lakota	187.1
Tripp	187.1
X Douglas	102.0
Hutchinson	158.6
Turner	168.3
X Lincoln	101.0
Bennett	199.0
Todd	202.5
Gregory	165.9
Charles Mix	183.1
X Bon Homme	111.1
Yankton	166.5
O Clay	240.6
Union	138.5

Legend:
- Less than or equal to 138.5
- 138.6-168.3
- Greater than or equal to 168.4

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Heart disease is defined as ICD-10 codes I00-I09, I11, I13, and I20-I51. The U.S. age-adjusted Heart Disease death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 9
Death Rate Due to All Malignant Neoplasms (Cancer) by County, 2013-2017
U.S. = 155.8   South Dakota = 156.6

County	Rate
Harding	91.1
Perkins	154.3
Corson	209.3
Campbell	110.7
McPherson	146.2
Brown	165.3
Marshall	135.4
Roberts	172.5
Butte	170.6
X Ziebach	64.9
Dewey	191.2
Walworth	147.6
Edmunds	128.0
Day	131.1
Grant	141.4
Potter	118.1
Faulk	159.4
Spink	167.1
Clark	153.7
Codington	176.0
Deuel	156.1
Meade	161.1
Sully	133.1
Hamlin	149.9
Lawrence	140.6
Haakon	166.4
Stanley	179.4
Hughes	144.7
Hyde	117.6
Hand	147.3
Beadle	173.3
Kingsbury	202.0
Brookings	147.7
Pennington	152.3
Jones	149.7
Lyman	160.9
Buffalo	281.2
Jerauld	165.9
Sanborn	167.5
Miner	197.9
X Lake	121.6
Moody	136.8
X Custer	120.6
Jackson	200.3
Mellette	148.8
Brule	141.5
Aurora	126.8
Davison	163.0
O Hanson	279.2
O McCook	230.9
Minnehaha	165.9
O Oglala Lakota	213.2
Tripp	144.9
Douglas	150.5
X Hutchinson	126.2
Turner	161.6
X Lincoln	114.9
Fall River	185.9
Bennett	204.8
O Todd	211.9
Gregory	176.6
Charles Mix	172.9
Bon Homme	143.1
Yankton	137.3
Clay	178.0
Union	154.3

Legend:
- Less than or equal to 144.9
- 145.0-166.4
- Greater than or equal to 166.5

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Malignant Neoplasms (Cancer) are defined as ICD-10 codes C00-C97. The U.S. age-adjusted Malignant Neoplasms (Cancer) death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 10
Death Rate Due to Trachea, Bronchus, and Lung Cancer by County, 2013-2017
U.S. = 38.4   South Dakota = 39.8

County	Rate
Harding	LNE
Perkins	X 18.1
Corson	31.2
Campbell	40.8
McPherson	30.3
Brown	46.8
Marshall	35.8
Roberts	37.6
Butte	48.8
Ziebach	LNE
Dewey	47.4
Walworth	40.2
Edmunds	41.6
Day	33.3
Grant	42.4
Meade	47.5
Potter	40.4
Faulk	21.3
Spink	36.9
Clark	34.7
Codington	45.7
Deuel	36.5
Lawrence	X 28.7
Sully	LNE
Hyde	24.2
Hand	X 21.8
Hamlin	52.1
Haakon	47.4
Stanley	57.8
Hughes	38.8
Beadle	41.3
Kingsbury	46.3
Brookings	31.2
Pennington	40.8
Jones	47.4
Lyman	42.9
Buffalo	O 140.7
Jerauld	30.7
Sanborn	55.7
Miner	62.4
Lake	36.3
Moody	X 22.7
Custer	X 26.2
Jackson	60.5
Mellette	30.2
Brule	24.2
Aurora	35.0
Davison	47.1
Hanson	60.4
McCook	50.3
Minnehaha	42.9
Fall River	35.5
Oglala Lakota	59.3
Bennett	28.3
Todd	39.1
Tripp	32.0
Gregory	42.6
Charles Mix	49.3
Douglas	34.3
Hutchinson	X 24.8
Turner	40.6
Lincoln	X 29.7
Bon Homme	X 22.9
Yankton	39.2
Clay	43.0
Union	50.0

Legend:
- Less than or equal to 34.7
- 34.8-42.9
- Greater than or equal to 43.0
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Trachea, Bronchus, and Lung Cancer are defined as ICD-10 codes C33-C34. The U.S. age-adjusted Trachea, Bronchus, and Lung Cancer death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 11
Death Rate Due to Colorectal Cancer by County, 2013-2017

U.S. = 13.9   South Dakota = 15.9

Harding
LNE

Perkins
18.4

Corson
31.4

Campbell
LNE

McPherson
12.4

Marshall
7.9

Roberts
19.4

Brown
18.0

Butte
23.5

Ziebach
25.4

Dewey
21.8

Walworth
13.9

Edmunds
8.1

Day
14.5

Potter
LNE

Faulk
LNE

Spink
22.2

Clark
14.0

Codington
20.4

Grant
8.1

Meade
13.6

Sully
LNE

Deuel
8.0

Hamlin
13.4

Lawrence
19.0

Haakon
26.2

Stanley
20.4

Hughes
26.6

Hyde
LNE

Hand
22.1

Beadle
10.7

Kingsbury
19.1

Brookings
17.2

X Pennington
11.2

Jones
31.0

Lyman
16.5

Buffalo
69.0

Jerauld
19.3

Sanborn
15.9

Miner
LNE

Lake
18.4

Moody
20.9

Custer
13.5

Jackson
LNE

Brule
19.2

Aurora
LNE

Davison
17.6

O
Hanson
75.9

McCook
31.9

Minnehaha
15.7

Mellette
LNE

Fall River
24.5

Oglala Lakota
24.2

Bennett
24.1

Todd
25.2

Tripp
20.5

Gregory
13.9

Charles Mix
17.8

Douglas
21.3

Hutchinson
14.4

Turner
18.5

X
Lincoln
9.4

Bon
Homme
14.6

Yankton
14.2

Clay
12.0

Union
10.2

Legend:
- Less than or equal to 14.4
- 14.5-20.4
- Greater than or equal to 20.5
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Colorectal Cancer is defined as ICD-10 codes C18-C21. The U.S. age-adjusted Colorectal Cancer death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 12
Death Rate Due to Female Breast Cancer by County, 2013-2017

U.S. = 20.1   **South Dakota = 18.5**

Legend:
- Less than or equal to 14.7
- 14.8-24.9
- Greater than or equal to 25.0
- Low Number Events

County rates shown on map:

County	Rate
Harding	LNE
Perkins	48.4
Corson	LNE
Campbell	LNE
McPherson	LNE
Brown	25.2
Marshall	23.5
Roberts	11.6
Walworth	27.1
Edmunds	LNE
Day	16.5
Butte	13.7
Dewey	26.6
Ziebach	LNE
Potter	LNE
Faulk	36.8
Spink	34.4
Clark	13.8
Codington	28.7
Grant	17.9
Deuel	LNE
Meade	14.4
Sully	LNE
Hamlin	15.4
Lawrence	21.0
Haakon	LNE
Stanley	LNE
Hughes	21.5
Hyde	LNE
Hand	LNE
Beadle	18.0
Kingsbury	29.7
Brookings	14.4
Pennington	13.6
Jones	LNE
Lyman	40.9
Buffalo	LNE
Jerauld	LNE
Sanborn	LNE
Miner	LNE
Lake (X)	8.5
Moody	LNE
Custer	18.7
Jackson	LNE
Mellette	LNE
Brule	20.8
Aurora	43.2
Davison	12.0
Hanson	LNE
McCook	27.3
Minnehaha	21.4
Fall River	24.9
Oglala Lakota	12.8
Bennett	LNE
Todd	LNE
Tripp	LNE
Gregory	20.4
Charles Mix	26.3
Douglas	51.3
Hutchinson	13.0
Turner	14.7
Lincoln	13.0
Bon Homme	32.4
Yankton	14.6
Clay	17.6
Union	19.4

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Female Breast Cancer is defined as ICD-10 code C50. The U.S. age-adjusted Female Breast Cancer death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 13
Death Rate Due to Pancreatic Cancer by County, 2013-2017

U.S. = 11.1   **South Dakota = 11.0**

Harding LNE
Perkins LNE
Corson LNE
Campbell LNE
McPherson LNE
Marshall 20.0
Roberts LNE
Brown 10.8
Butte 7.4
Ziebach LNE
Dewey 11.6
Walworth LNE
Edmunds 17.3
Day 12.1
Grant 8.1
Potter 11.2
Faulk 16.5
Spink 13.4
Clark 19.2
Codington 15.0
Meade 11.9
Sully LNE
Hyde LNE
Hand 18.5
Hamlin 10.5
Deuel 11.4
Lawrence 8.7
Stanley 20.4
Hughes 9.9
Beadle 13.2
O Kingsbury 29.4
Brookings 10.8
Haakon LNE
Pennington 11.2
Jones LNE
Lyman LNE
Buffalo LNE
Jerauld 32.3
Sanborn 14.5
Miner 17.9
Lake 9.2
Moody 13.5
Custer 8.9
Jackson LNE
Mellette LNE
Brule 9.9
Aurora LNE
Davison 10.2
Hanson 24.6
McCook 16.2
Minnehaha 11.5
Fall River 8.1
Oglala Lakota 13.9
Bennett LNE
Todd LNE
Tripp 9.5
Gregory 21.0
Charles Mix 7.3
Douglas 11.4
X Hutchinson 5.3
Turner 11.1
Lincoln 14.0
Bon Homme 13.7
X Yankton 3.3
Clay 13.0
Union 10.3

Legend:
- Less than or equal to 10.5
- 10.6-13.7
- Greater than or equal to 13.8
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Pancreatic Cancer is defined as ICD-10 code C25. The U.S. age-adjusted Pancreatic Cancer death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 14
Death Rate Due to Accidents by County, 2013-2017
U.S. = 47.4   **South Dakota = 50.9**

County	Rate
Harding	43.3
Perkins	36.8
O Corson	132.3
Campbell	123.0
McPherson	46.7
X Brown	40.2
Marshall	55.3
O Roberts	76.5
Walworth	84.0
Edmunds	55.7
Day	76.9
Butte	50.2
O Ziebach	120.8
O Dewey	175.8
Potter	82.8
Faulk	42.4
Spink	78.0
Clark	64.2
Codington	40.2
Grant	45.7
X Deuel	25.8
Hamlin	45.6
Meade	39.9
Lawrence	53.2
X Haakon	23.7
X Stanley	17.2
Sully LNE	
Hughes	43.0
Hyde	71.3
Hand	48.3
Beadle	47.7
Kingsbury	73.3
X Brookings	36.6
Pennington	46.1
Jones LNE	
Lyman	83.6
O Buffalo	141.5
Jerauld	59.5
Sanborn	38.1
Miner	73.5
X Lake	33.0
Moody	36.9
Custer	66.6
O Jackson	151.3
Mellette	101.0
Brule	41.2
Aurora	51.4
Davison	43.6
Hanson	53.6
McCook	47.0
Minnehaha	44.9
Fall River	72.3
O Oglala Lakota	169.6
O Bennett	115.1
O Todd	146.0
Tripp	40.7
Gregory	85.5
O Charles Mix	79.7
Douglas	55.6
Hutchinson	69.8
Turner	54.7
X Lincoln	23.2
Bon Homme	43.2
Yankton	53.0
X Clay	29.2
X Union	28.5

Legend:
- Less than or equal to 43.6
- 43.7-71.3
- Greater than or equal to 71.4
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Accidents are defined as ICD-10 codes V01-X59, Y85-Y86. The U.S. age-adjusted Accident death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

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Map 15
Death Rate Due to Motor Vehicle Accidents by County, 2013-2017
U.S. = 12.1   South Dakota = 17.2

County	Rate
Harding	LNE
Perkins	26.9
Corson	23.2
Campbell	LNE
McPherson	18.7
X Brown	9.3
Marshall	18.6
O Roberts	38.6
Butte	22.0
Walworth	39.3
Edmunds	18.0
Day	33.5
Grant	24.1
O Dewey	79.1
Potter	35.1
Faulk	LNE
Ziebach	46.1
Spink	26.6
Clark	18.8
Codington	16.2
Deuel	13.0
Meade	14.2
Sully	LNE
Hamlin	15.6
Lawrence	19.0
Hyde	42.8
X Hand	6.6
Stanley	LNE
Hughes	14.6
Beadle	13.9
O Kingsbury	50.9
X Brookings	8.7
Haakon	LNE
Pennington	13.8
Buffalo	38.2
Jerauld	47.9
Sanborn	LNE
Miner	LNE
Lake	11.7
Moody	11.1
Jones	LNE
Lyman	33.7
Custer	18.2
O Jackson	108.7
Brule	11.4
Aurora	33.1
X Davison	7.0
Hanson	34.7
McCook	20.3
X Minnehaha	9.2
Mellette	56.6
O Oglala Lakota	79.7
Tripp	11.0
Douglas	LNE
Hutchinson	31.1
Turner	29.1
X Lincoln	6.8
Fall River	26.9
Bennett	41.7
O Todd	80.9
O Gregory	59.6
Charles Mix	22.2
Bon Homme	15.6
Yankton	18.7
Clay	16.5
X Union	4.9

Legend:
- Less than or equal to 15.6
- 15.7-31.1
- Greater than or equal to 31.2
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Motor Vehicle Accidents are defined as ICD-10 codes (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, and V89.2) The U.S. age-adjusted Motor Vehicle Accident death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 16
Death Rate Due to Chronic Lower Respiratory Diseases by County, 2013-2017
U.S. = 40.6   South Dakota = 41.8

County	Rate
Harding	LNE
Perkins	59.4
Corson	38.8
Campbell	25.0
X McPherson	22.7
Brown	36.3
Marshall	50.5
Roberts	47.5
Butte	62.9 (O)
Walworth	59.4
Edmunds	31.5
Day	30.8
Grant	56.0
Ziebach	69.2
Dewey	44.8
Potter	41.8
Faulk	49.5
Spink	39.2
Codington	39.7
Clark	33.6
Deuel	41.2
O Meade	64.5
Sully	34.7
Hamlin	31.2
O Lawrence	54.8
Stanley	84.9
Hughes	49.5
Hyde	28.3
Hand	55.5
Beadle	32.1
Kingsbury	36.3
X Brookings	27.8
Haakon	76.0
X Pennington	31.4
Buffalo	49.4
X Jerauld	14.5
Sanborn	34.1
Miner	34.0
Lake	45.3
X Moody	21.4
Jones	57.5
Lyman	40.2
X Custer	27.4
Jackson	54.3
Brule	34.6
Aurora	21.5
Davison	35.6
Hanson	LNE
X McCook	13.9
Minnehaha	43.8
Mellette	98.9
O Fall River	84.5
Oglala Lakota	49.1
Tripp	44.2
Douglas	54.2
Hutchinson	32.2
Turner	61.1
X Lincoln	25.8
Bennett	63.9
Todd	66.9
Gregory	54.4
Charles Mix	39.7
Bon Homme	44.0
Yankton	53.3
Clay	45.9
Union	52.9

Legend:
- Less than or equal to 34.7
- 34.8-50.5
- Greater than or equal to 50.6
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Chronic Lower Respiratory disease is defined as ICD-10 code J40-J47. The U.S. age-adjusted Chronic Lower Respiratory disease death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 17
Death Rate Due to Alzheimer's Disease by County, 2013-2017
U.S. = 30.3   South Dakota = 36.0

County	Rate
Harding	L'NE
Perkins	40.4
Corson	L'NE
Campbell	18.5
McPherson	29.2
Marshall	26.7
Roberts	27.6
Brown	37.7
O Walworth	68.9
Edmunds	27.3
Day	37.8
Grant	50.3
Butte	29.2
Ziebach	L'NE
X Dewey	14.6
Potter	42.3
Faulk	40.1
Spink	39.7
Clark	32.8
Codington	30.5
O Hamlin	72.3
Deuel	27.8
Lawrence	29.0
X Meade	20.7
Sully	L'NE
Hyde	26.0
X Hand	18.8
Haakon	L'NE
Stanley	L'NE
X Hughes	24.6
Beadle	44.6
Kingsbury	28.9
X Brookings	25.8
X Pennington	27.8
Jones	L'NE
Buffalo	L'NE
O Jerauld	85.6
O Sanborn	114.0
Miner	38.9
Lake	36.9
Moody	46.2
Custer	23.5
Jackson	L'NE
Lyman	42.3
Brule	31.3
Aurora	42.5
X Davison	25.1
Hanson	41.7
O McCook	63.9
O Minnehaha	44.7
X Oglala Lakota	14.7
Mellette	47.4
O Tripp	62.9
Douglas	47.5
Hutchinson	48.2
O Turner	68.9
Lincoln	40.7
Fall River	36.8
Bennett	17.7
Todd	23.9
Gregory	27.1
Charles Mix	49.9
X Bon Homme	22.1
Yankton	33.1
Clay	24.2
Union	25.4

Legend:
- Less than or equal to 27.6
- 27.7-40.7
- Greater than or equal to 40.8
- Low Number Events
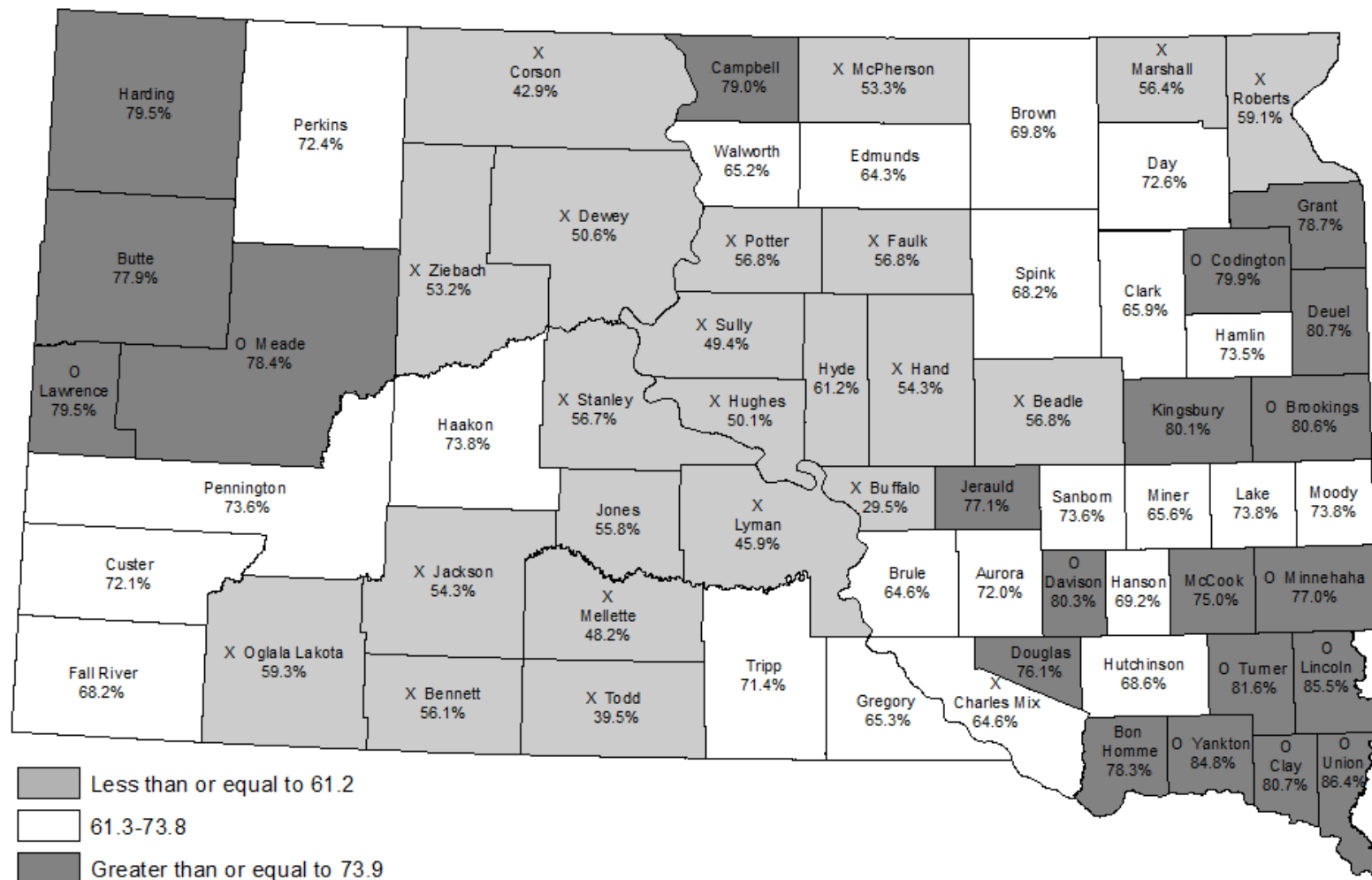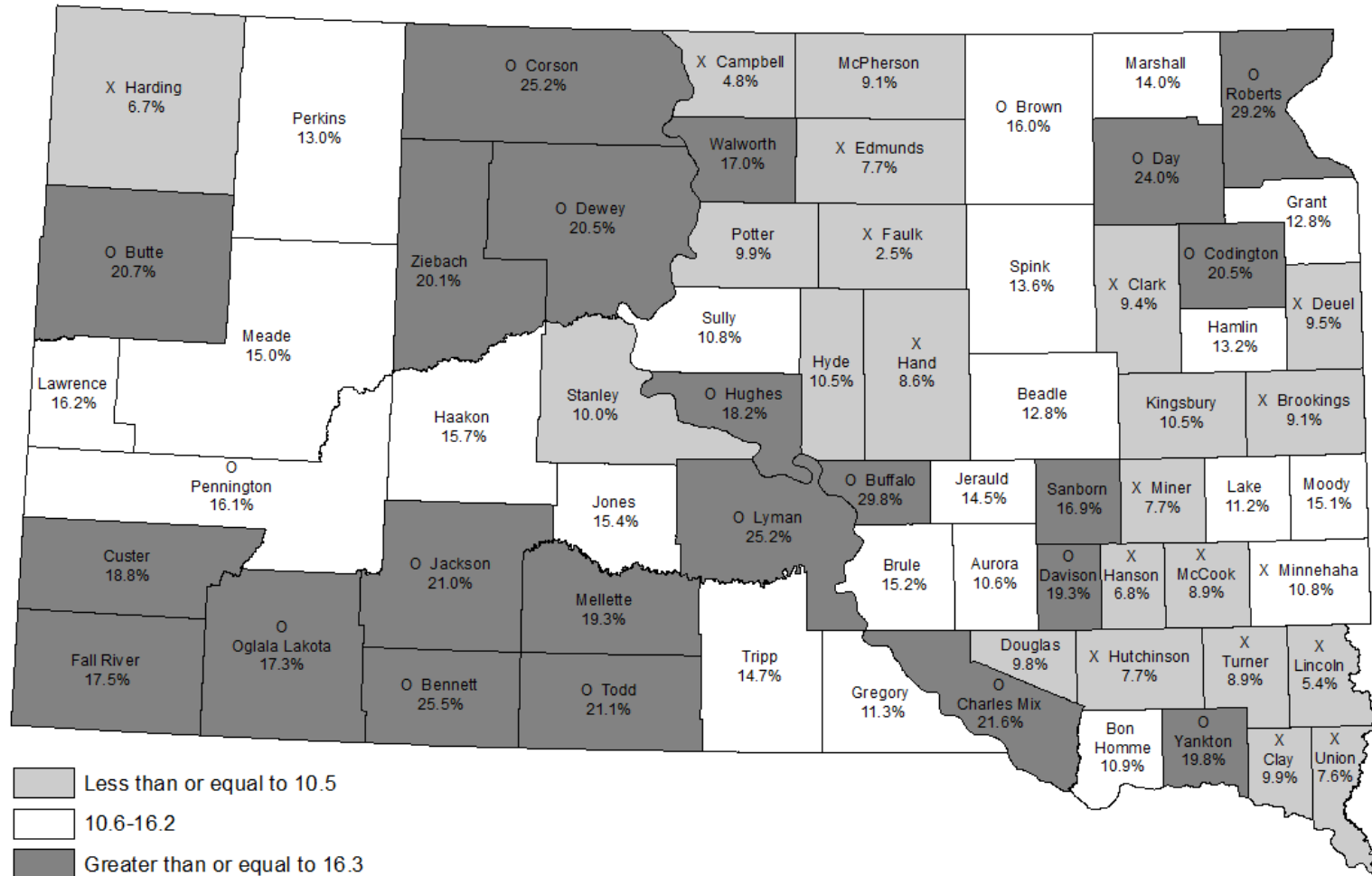
X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare.
Alzheimer's Disease is defined as ICD-10 code G30. The U.S. age-adjusted Alzheimer's Disease death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 18
Death Rate Due to Cerebrovascular Disease by County, 2013-2017
U.S. = 37.3   South Dakota = 36.3
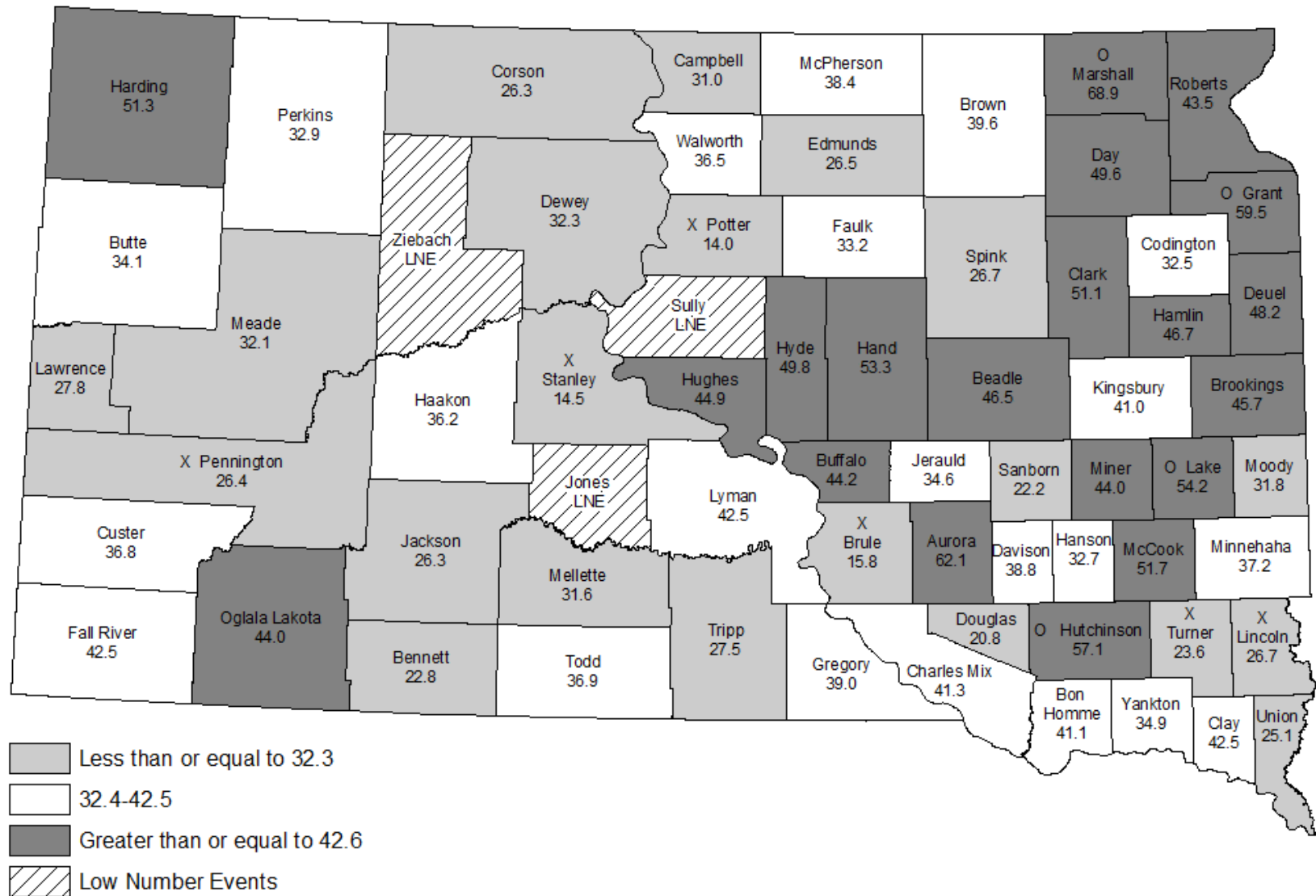
County	Rate
Harding	51.3
Perkins	32.9
Corson	26.3
Campbell	31.0
McPherson	38.4
Brown	39.6
O Marshall	68.9
Roberts	43.5
Butte	34.1
Walworth	36.5
Edmunds	26.5
Day	49.6
O Grant	59.5
Ziebach LNE	
Dewey	32.3
X Potter	14.0
Faulk	33.2
Spink	26.7
Codington	32.5
Clark	51.1
Deuel	48.2
Meade	32.1
Sully LNE	
Hamlin	46.7
Lawrence	27.8
X Stanley	14.5
Haakon	36.2
Hughes	44.9
Hyde	49.8
Hand	53.3
Beadle	46.5
Kingsbury	41.0
Brookings	45.7
X Pennington	26.4
Jones LNE	
Lyman	42.5
Buffalo	44.2
Jerauld	34.6
Sanborn	22.2
Miner	44.0
O Lake	54.2
Moody	31.8
Custer	36.8
Jackson	26.3
Mellette	31.6
X Brule	15.8
Aurora	62.1
Davison	38.8
Hanson	32.7
McCook	51.7
Minnehaha	37.2
Fall River	42.5
Oglala Lakota	44.0
Bennett	22.8
Todd	36.9
Tripp	27.5
Gregory	39.0
Charles Mix	41.3
Douglas	20.8
O Hutchinson	57.1
X Turner	23.6
X Lincoln	26.7
Bon Homme	41.1
Yankton	34.9
Clay	42.5
Union	25.1

Legend:
- Less than or equal to 32.3
- 32.4-42.5
- Greater than or equal to 42.6
- Low Number Events
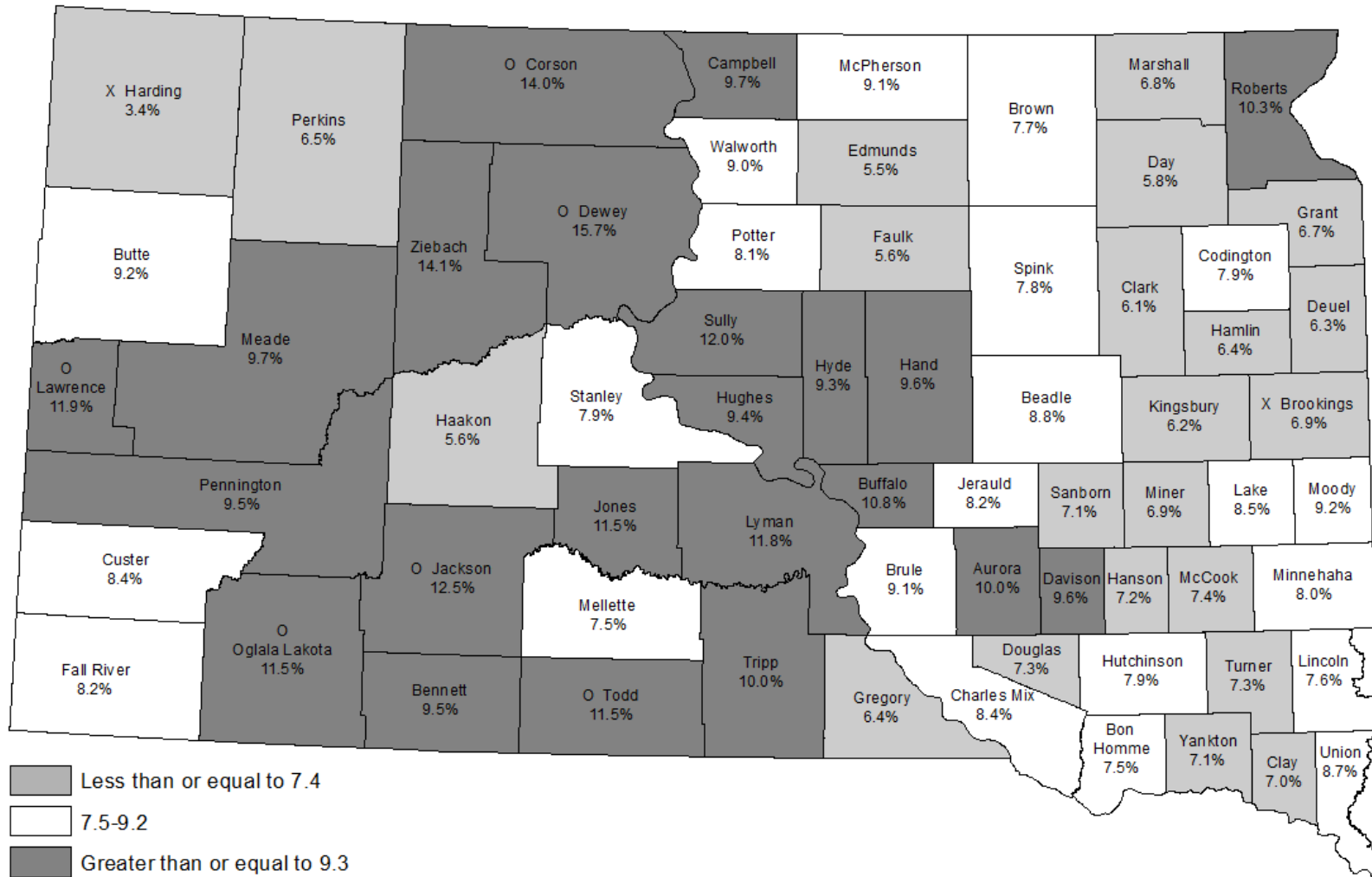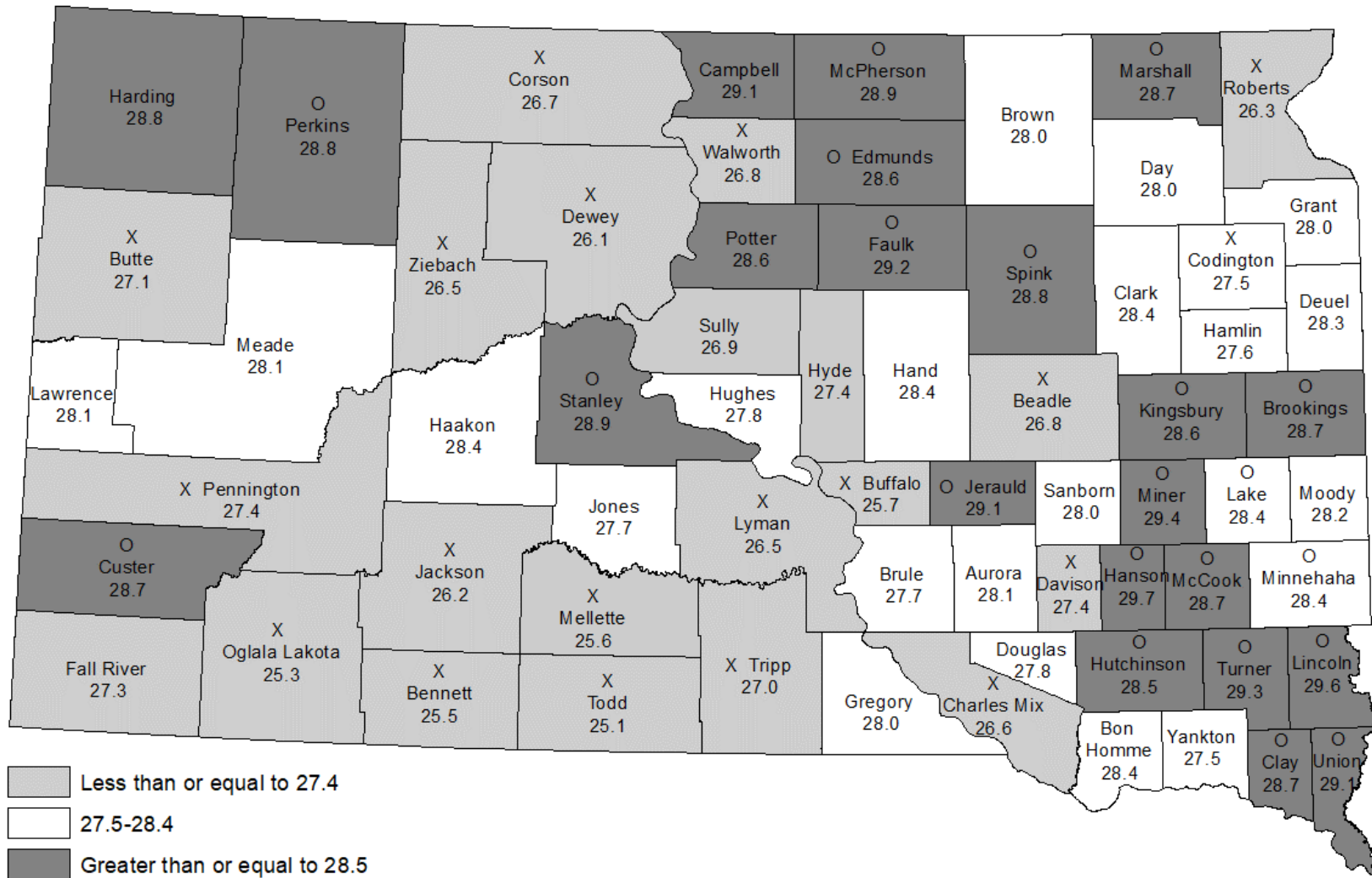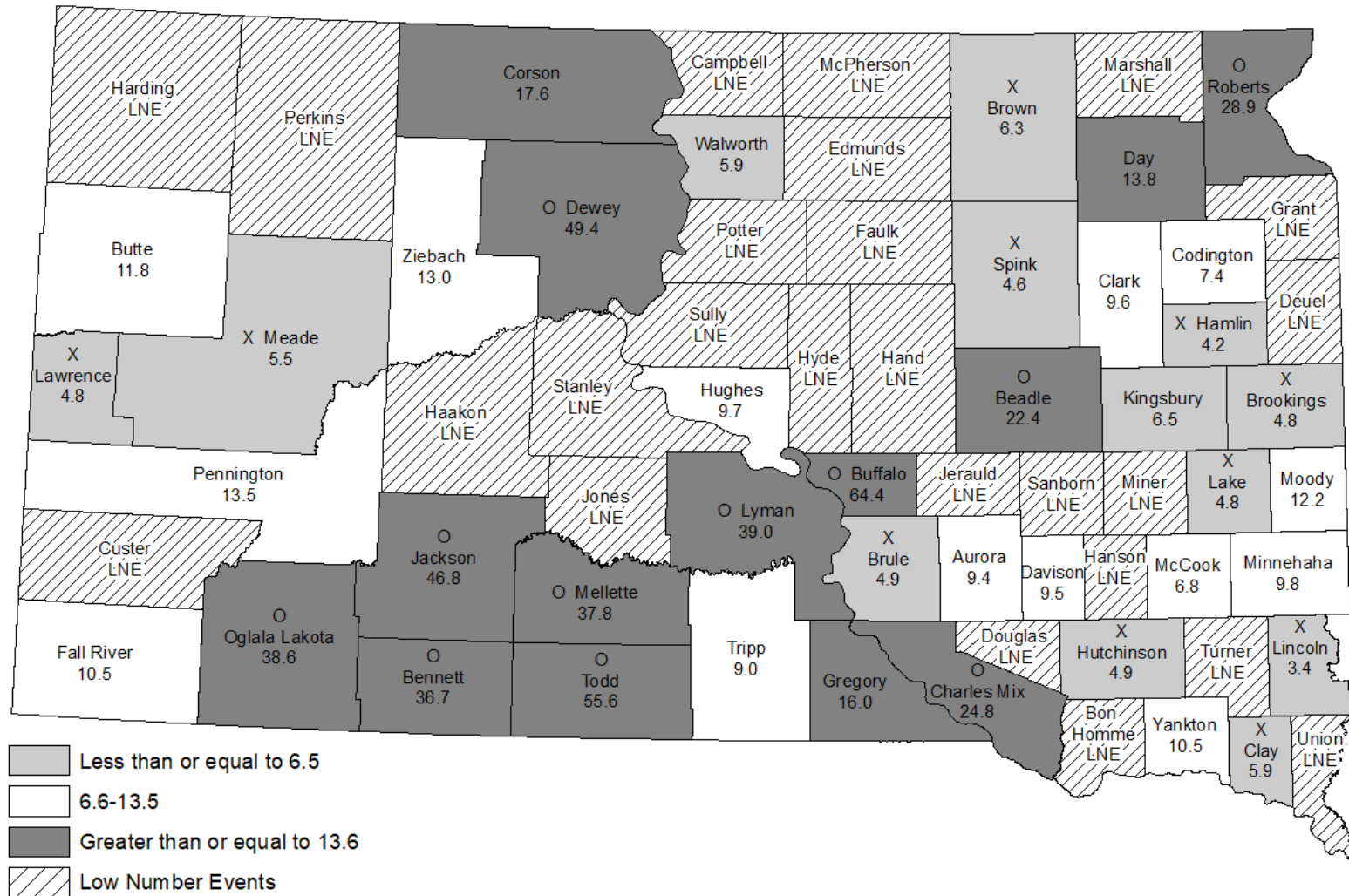
X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Cerebrovascular disease is defined as ICD-10 code I60-I69. The U.S. age-adjusted Cerebrovascular disease death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 19
Death Rate Due to Diabetes Mellitus by County, 2013-2017

U.S. = 21.0   **South Dakota = 23.8**

Harding 65.1

Perkins 22.9

O Corson 64.6

Campbell 37.1

McPherson 32.7

Marshall 14.1

Roberts 26.4

Brown 26.6

Butte 15.0

Ziebach 40.0

O Dewey 101.5

Walworth 27.9

Edmunds 25.7

Day 26.5

Grant 28.9

Potter 39.6

Faulk 26.5

Spink 30.9

Clark 35.7

Codington 23.7

Deuel 13.8

X Meade 15.3

Sully LNE

Hyde 22.3

Hand 27.2

Hamlin 22.2

Lawrence 22.2

Haakon LNE

Stanley 26.5

Hughes 34.0

Beadle 34.6

Kingsbury 19.7

Brookings 22.7

X Pennington 13.4

O Buffalo 124.6

Jerauld LNE

Sanborn 18.1

Miner 46.9

Lake 30.4

Moody 27.1

Custer 16.1

Jackson 49.0

Jones LNE

Lyman 39.3

Brule 27.7

Aurora 20.1

Davison 26.2

Hanson 29.8

McCook 35.0

X Minnehaha 15.5

Mellette 66.5

Douglas 25.3

X Turner 13.2

X Lincoln 10.1

Fall River 37.1

O Oglala Lakota 139.3

O Bennett 93.1

O Todd 103.7

Tripp 17.1

Gregory 27.3

O Charles Mix 45.2

Hutchinson 15.2

Bon Homme 22.9

Yankton 27.9

Clay 20.2

X Union 14.0

Legend:
- Less than or equal to 22.7
- 22.8-32.7
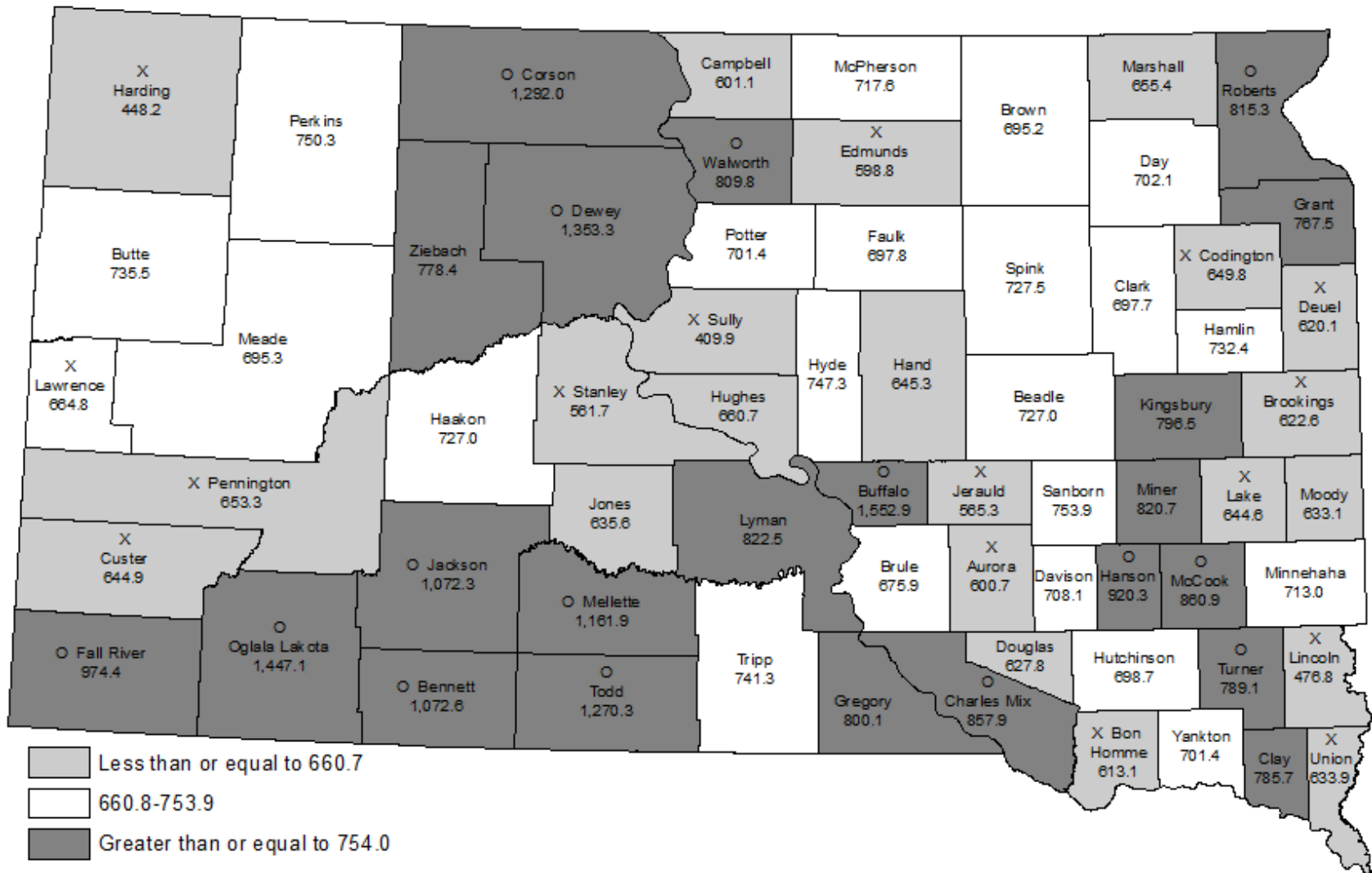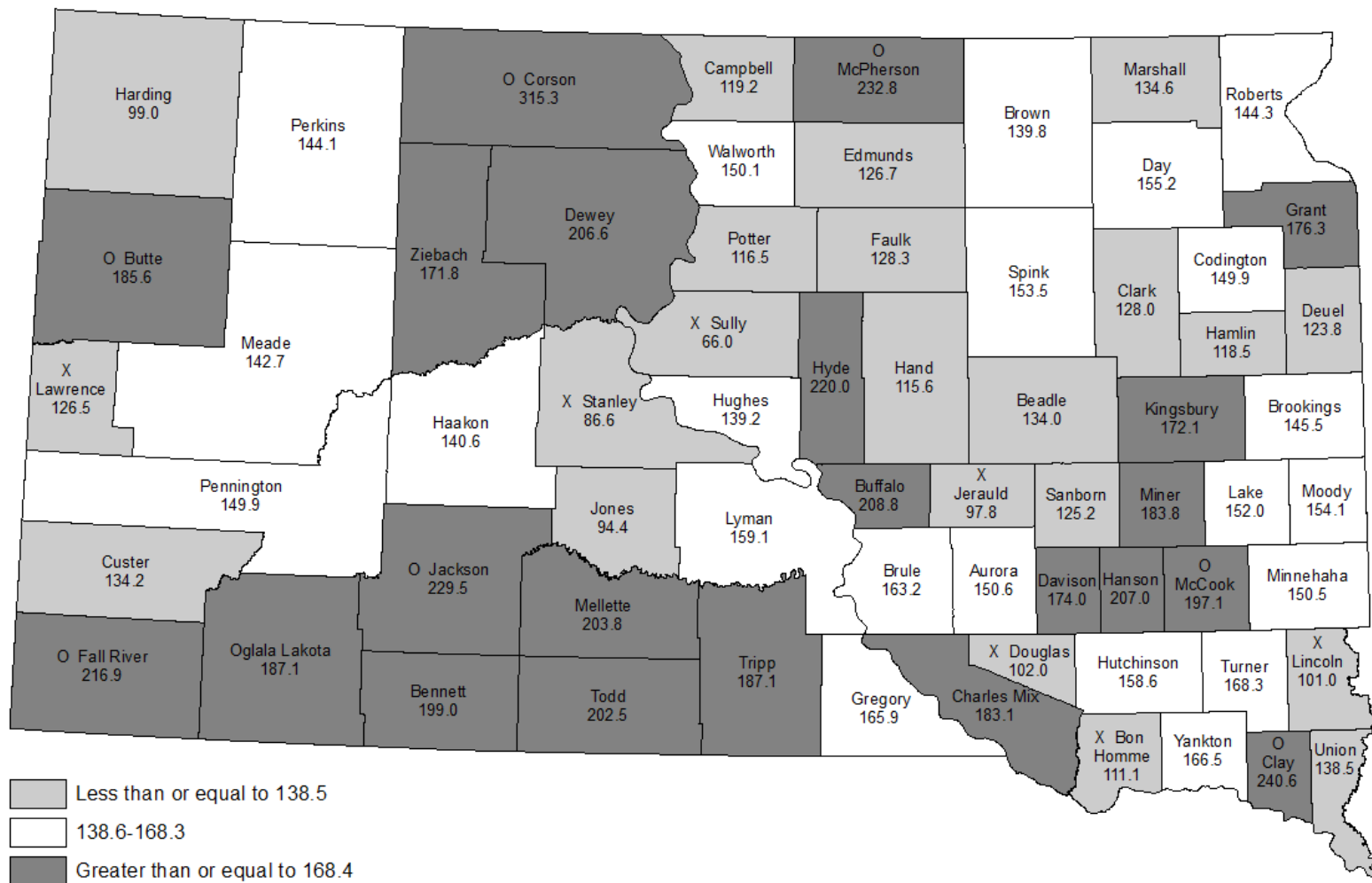- Greater than or equal to 32.8
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Diabetes Mellitus is defined as ICD-10 codes E10-E14. The U.S. age-adjusted Diabetes Mellitus death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 20
Death Rate Due to Influenza and Pneumonia by County, 2013-2017
U.S. = 13.5   South Dakota = 17.3

Harding
LNE

Perkins
18.5

Corson
33.6

Campbell
LNE

McPherson
LNE

Marshall
10.0

Roberts
19.5

Brown
18.9

Day
13.6

Grant
24.5

X
Butte
7.2

Walworth
30.8

Edmunds
19.8

Ziebach
23.0

O
Dewey
65.7

Potter
20.7

Faulk
10.2

Spink
30.9

X Codington
11.4

Clark
16.6

Deuel
17.1

Meade
17.8

Sully
LNE

Hyde
28.5

Hand
18.9

O
Beadle
35.5

Hamlin
19.7

Lawrence
17.3

Stanley
LNE

O
Hughes
29.7

Kingsbury
25.2

X Brookings
10.7

Haakon
31.2

X Pennington
12.1

Jones
LNE

Lyman
17.8

Buffalo
56.4

Jerauld
19.6

Sanborn
17.0

Miner
LNE

Lake
10.6

Moody
LNE

Custer
28.8

Jackson
14.9

Mellette
22.5

Brule
18.7

Aurora
21.2

Davison
21.5

Hanson
23.7

McCook
12.2

X
Minnehaha
13.2

Fall River
21.9

Oglala Lakota
36.0

Tripp
19.7

X
Gregory
5.8

Douglas
12.8

Hutchinson
17.8

Turner
10.7

X
Lincoln
10.0

Bennett
26.5

O Todd
51.3

Charles Mix
21.6

Bon
Homme
22.1

Yankton
19.9

Clay
28.8

Union
21.1

Legend:
- Less than or equal to 17.3
- 17.4-22.1
- Greater than or equal to 22.2
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
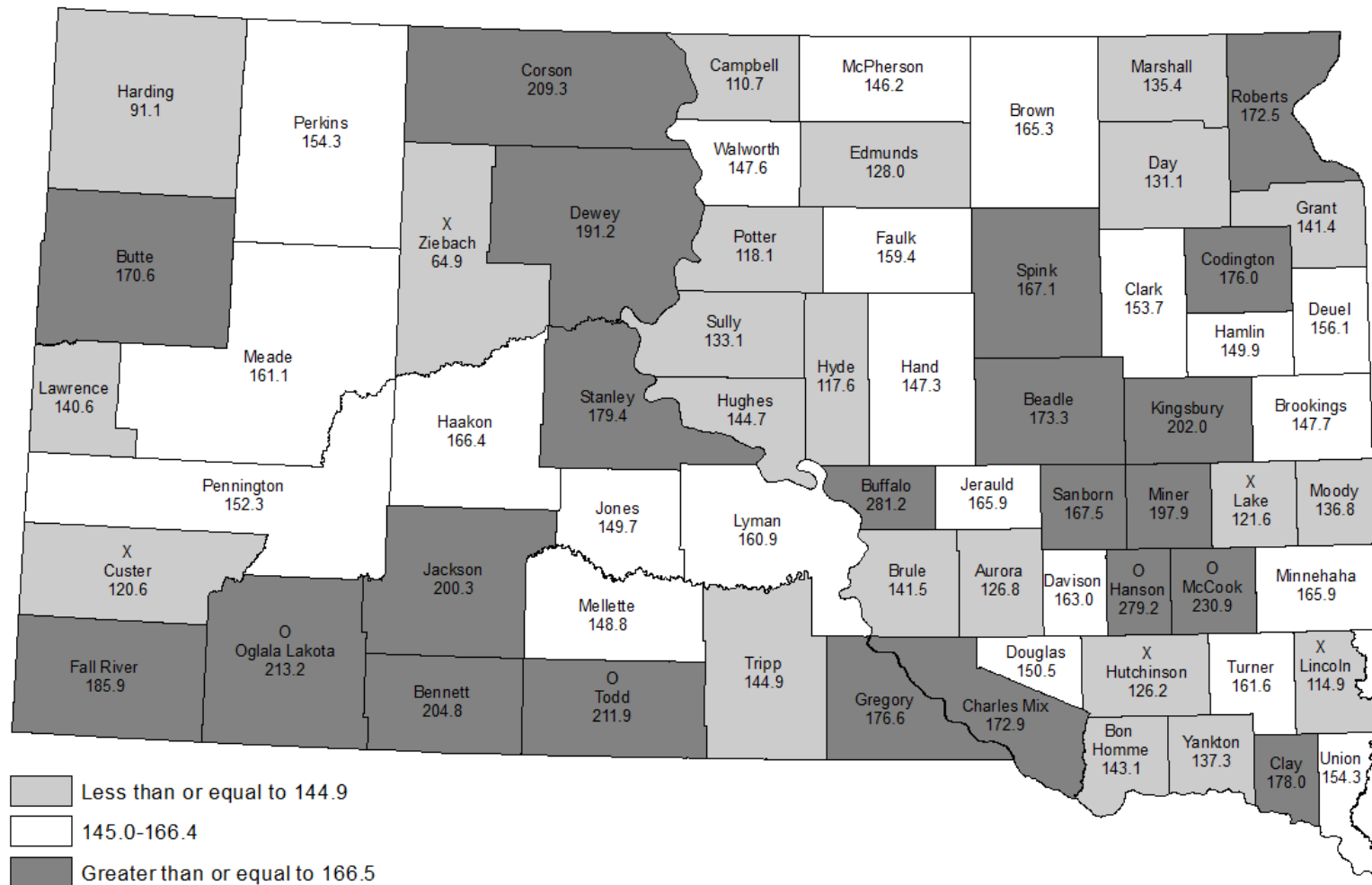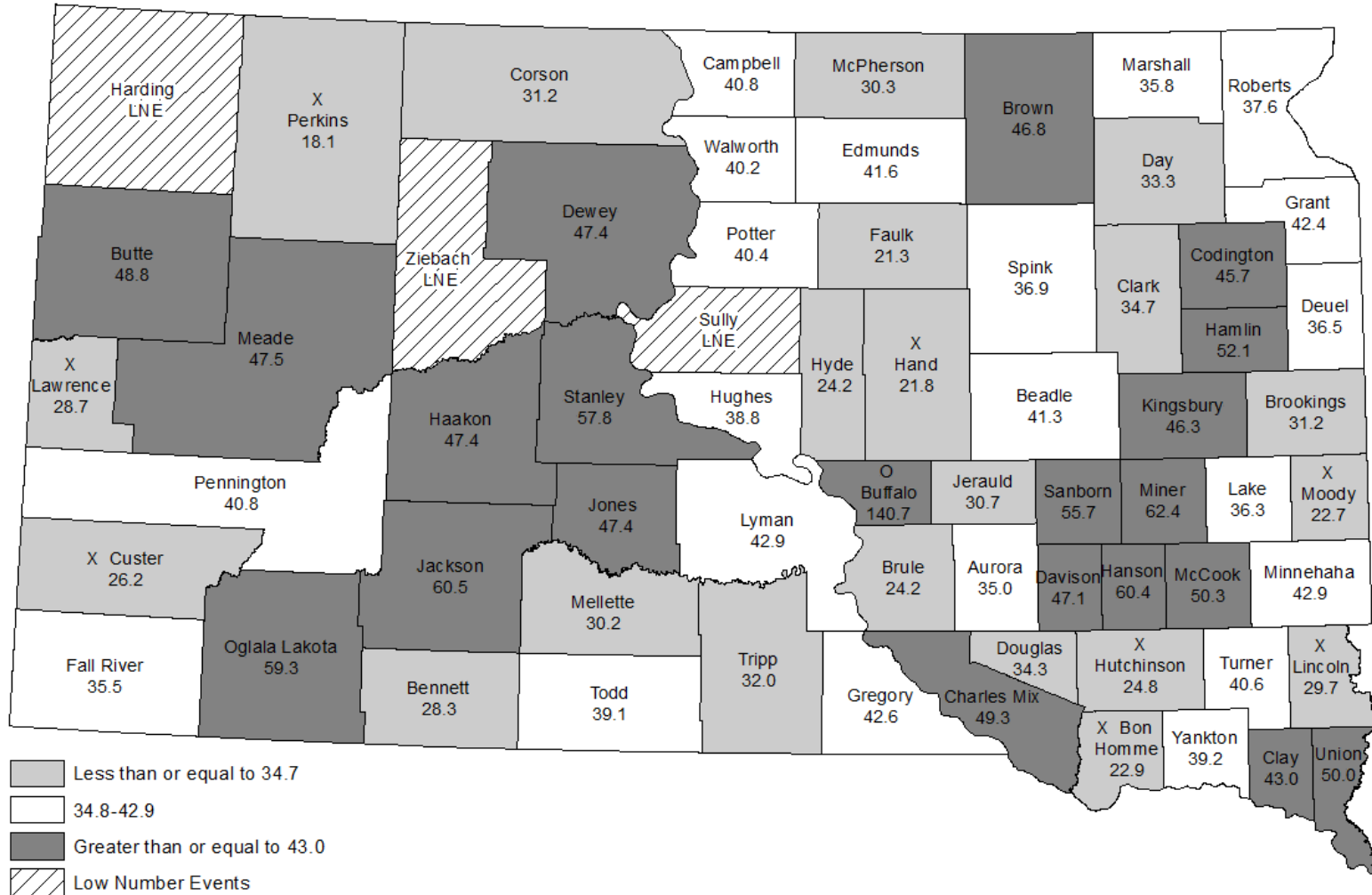Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Influenza and Pneumonia are defined as ICD-10 codes J09-J18. The U.S. age-adjusted Influenza and Pneumonia death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 21
Death Rate Due to Intentional Self-Harm (suicide) by County, 2013-2017
U.S. = 13.5
South Dakota = 19.7
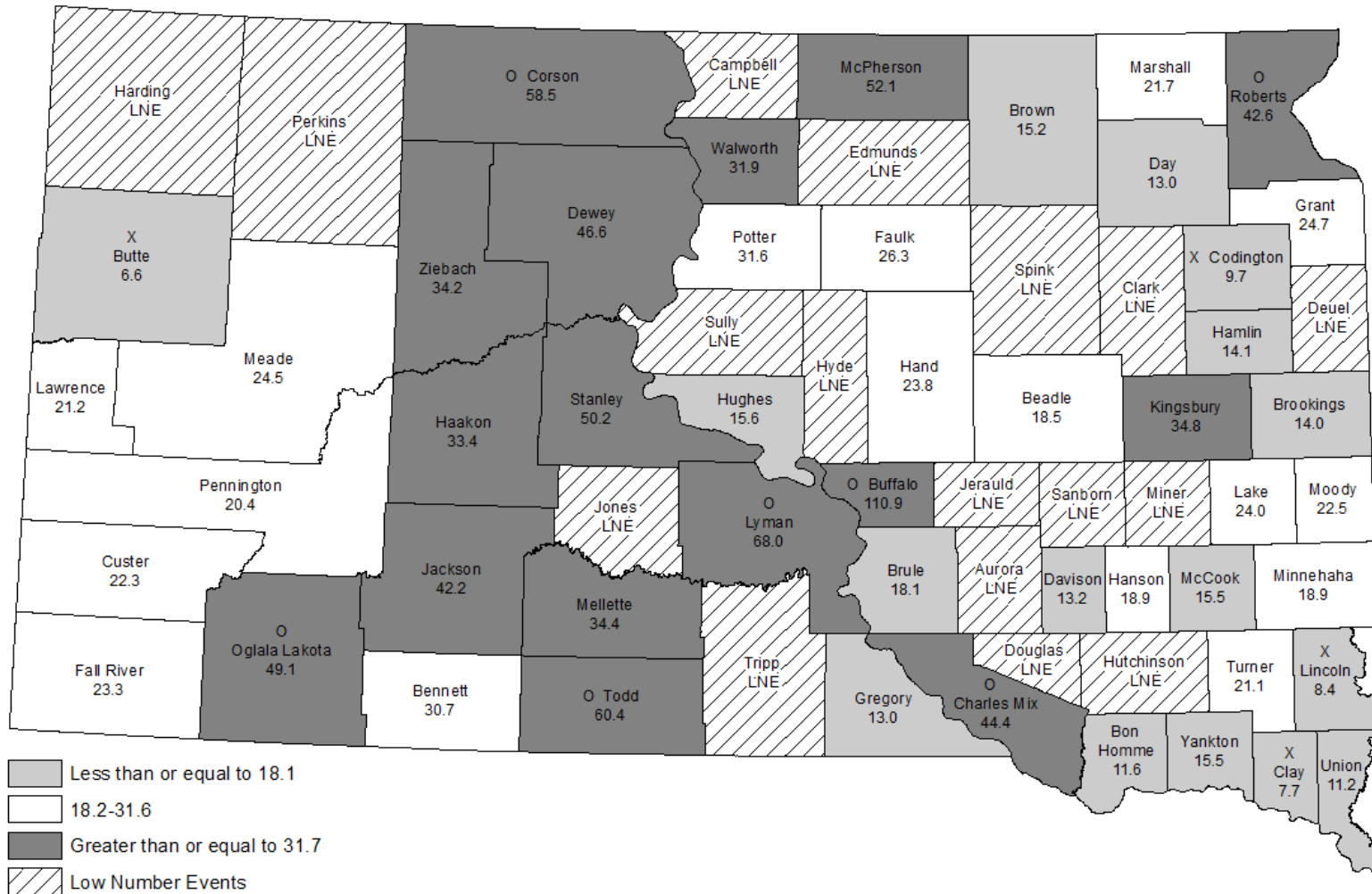
Harding LNE

Perkins LNE

O Corson 58.5

Campbell LNE

McPherson 52.1

Brown 15.2

Marshall 21.7

O Roberts 42.6

X Butte 6.6

Ziebach 34.2

Dewey 46.6

Walworth 31.9

Edmunds LNE

Day 13.0

Grant 24.7

Potter 31.6

Faulk 26.3

Spink LNE

Clark LNE

X Codington 9.7

Deuel LNE

Meade 24.5

Sully LNE

Hamlin 14.1

Lawrence 21.2

Haakon 33.4

Stanley 50.2

Hughes 15.6

Hyde LNE

Hand 23.8

Beadle 18.5

Kingsbury 34.8

Brookings 14.0

Pennington 20.4

Jones LNE

O Buffalo 110.9

Jerauld LNE

Sanborn LNE

Miner LNE

Lake 24.0

Moody 22.5

Custer 22.3

Jackson 42.2

O Lyman 68.0

Mellette 34.4

Brule 18.1

Aurora LNE

Davison 13.2

Hanson 18.9

McCook 15.5

Minnehaha 18.9

O Oglala Lakota 49.1

Bennett 30.7

O Todd 60.4

Tripp LNE

Gregory 13.0

O Charles Mix 44.4

Douglas LNE

Hutchinson LNE

Turner 21.1

X Lincoln 8.4

Fall River 23.3

Bon Homme 11.6

Yankton 15.5

X Clay 7.7

Union 11.2

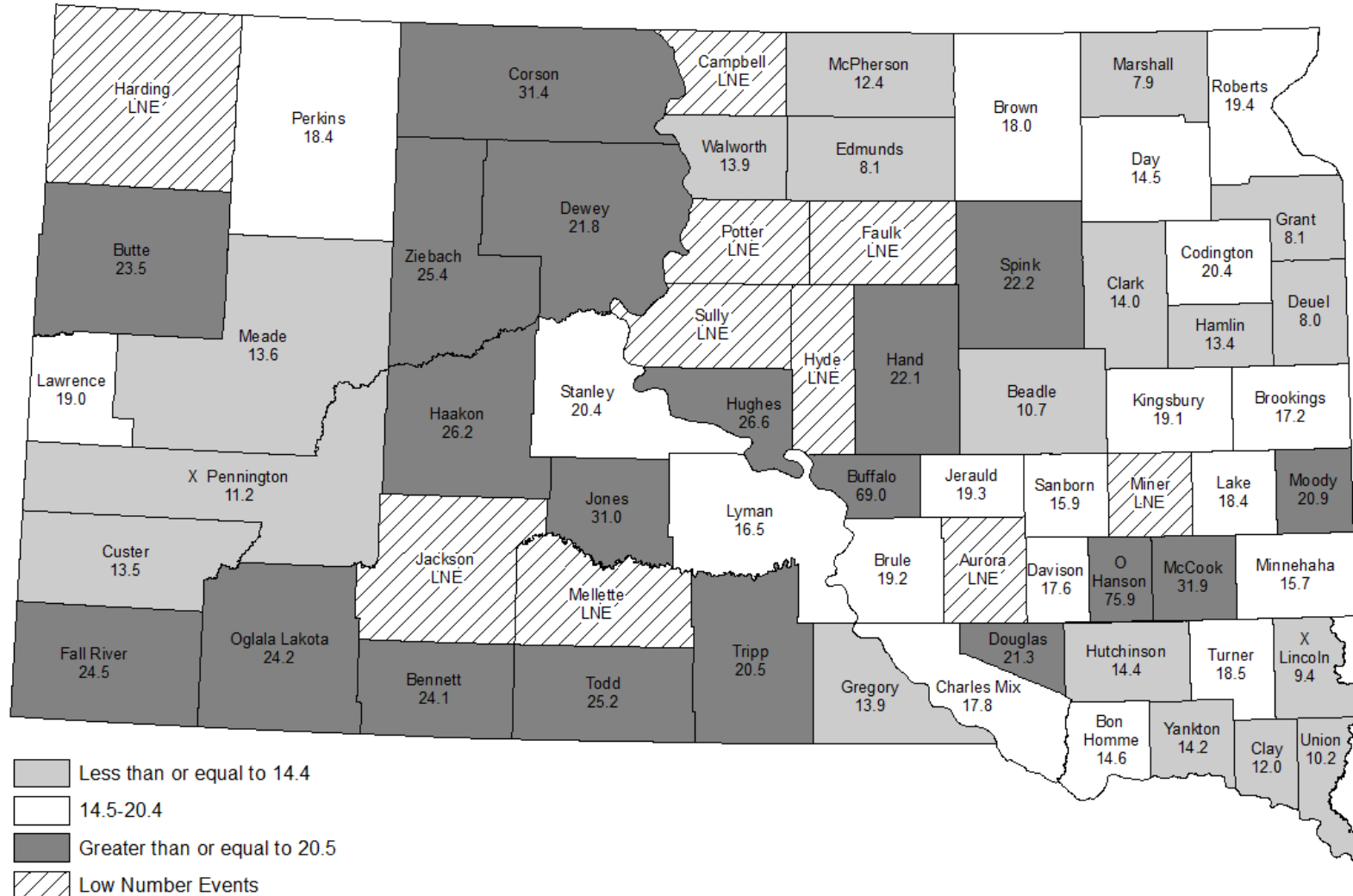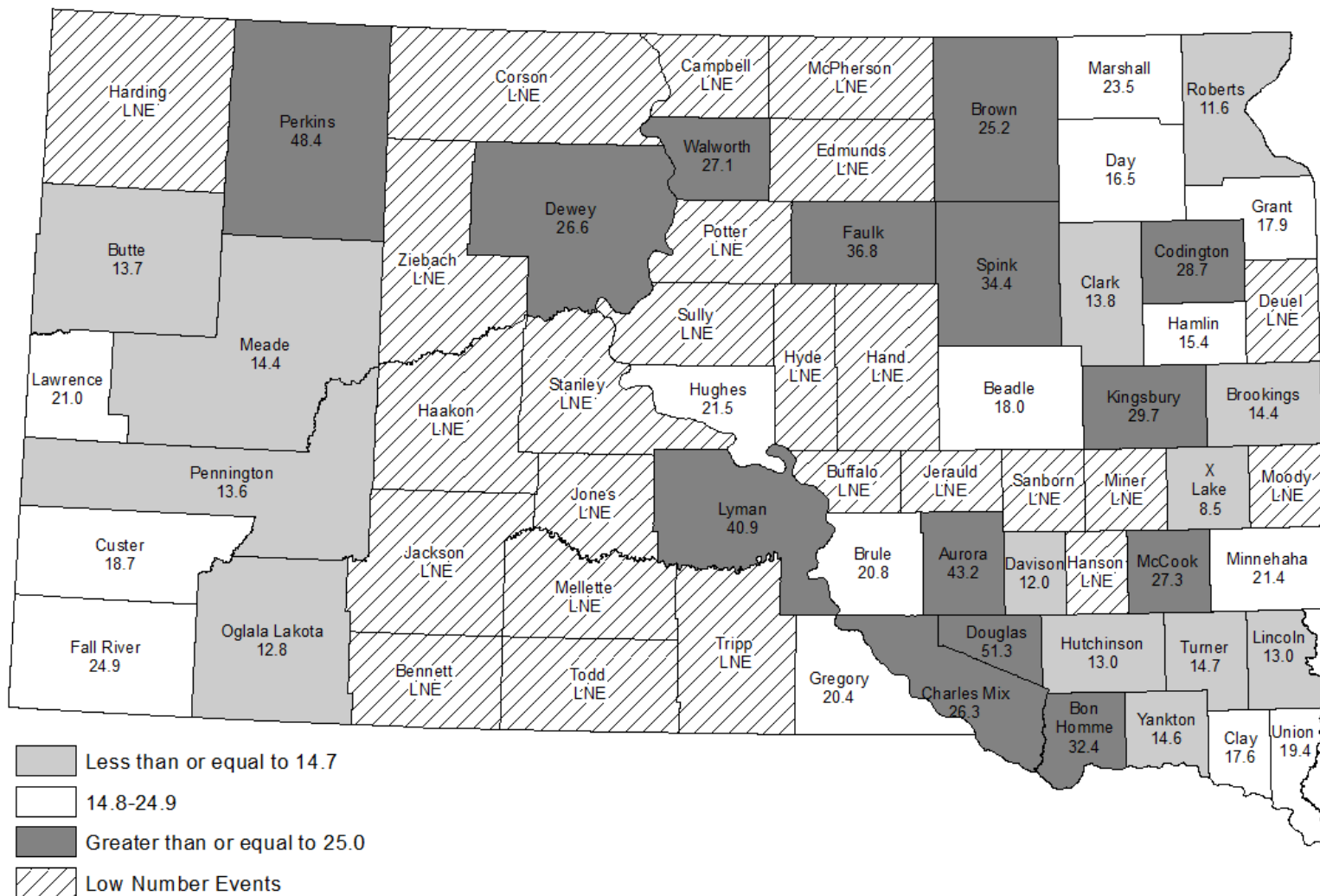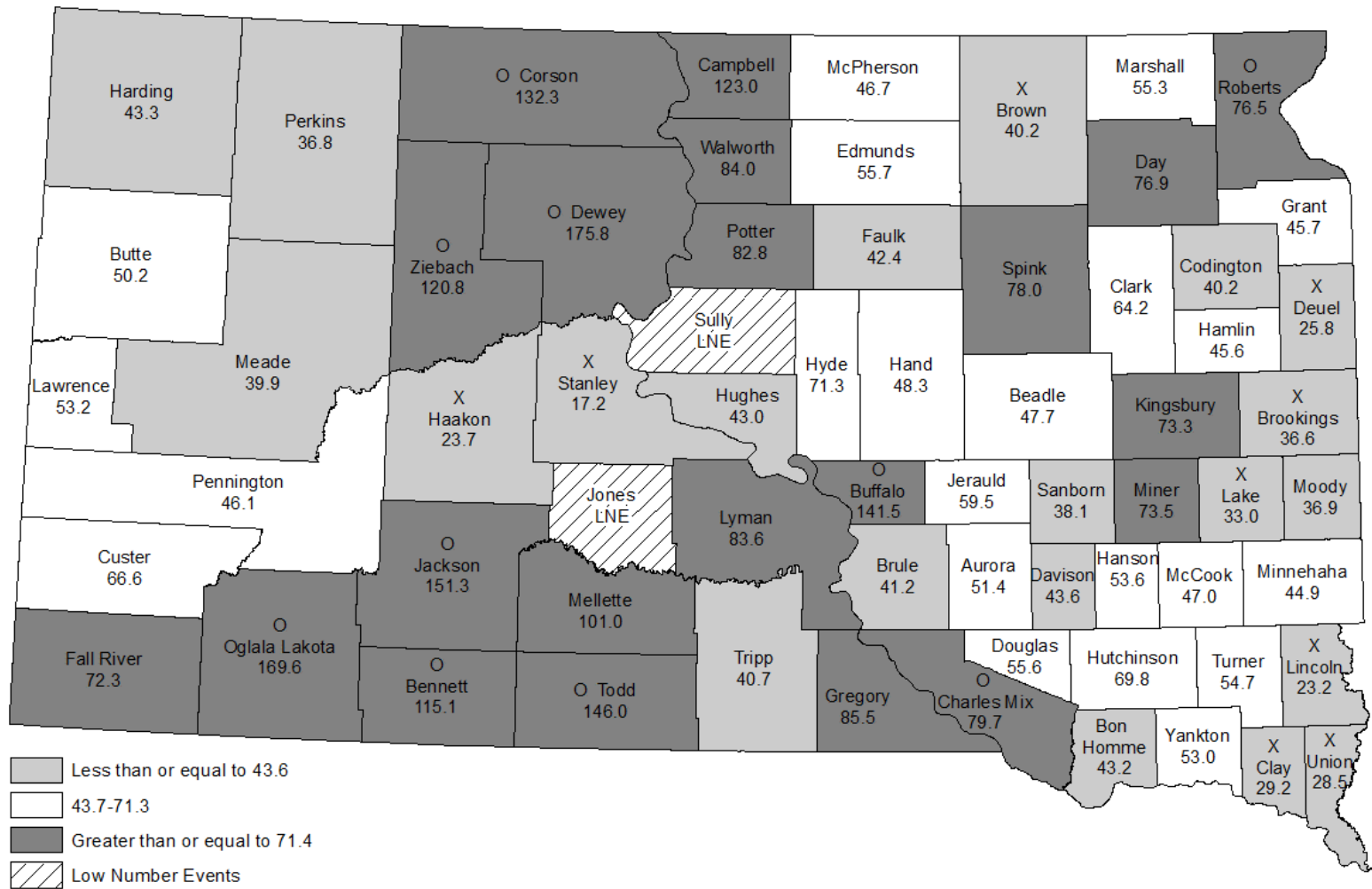|	
░	Less than or equal to 18.1
	18.2-31.6
▓	Greater than or equal to 31.7
▨	Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Intentional Self-Harm (suicide) is defined as ICD-10 codes *U03,X60-X84,Y87.0. The U.S. age-adjusted Intentional Self-Harm (suicide) death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

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Map 22
Death Rate Due to Chronic Liver Disease and Cirrhosis by County, 2013-2017

U.S. = 10.7   **South Dakota = 15.7**

Harding LNE
Perkins 15.2
Corson O 64.9
Campbell LNE
McPherson 19.1
Marshall 7.3
Brown X 8.8
Roberts 24.1
Walworth 18.2
Edmunds LNE
Day 18.8
Butte 17.3
Ziebach 44.5
Dewey O 95.0
Potter LNE
Faulk 28.6
Spink X 7.3
Clark LNE
Codington X 5.5
Grant X 5.0
Deuel LNE
Meade 11.1
Sully LNE
Hamlin 13.5
Lawrence 11.5
Haakon LNE
Stanley 28.1
Hyde LNE
Hand 12.3
Beadle 15.4
Kingsbury 20.1
Brookings X 8.6
Hughes X 8.0
Pennington 15.8
Jones LNE
Lyman 30.5
Buffalo O 113.6
Jerauld LNE
Sanborn 22.0
Miner LNE
Lake 10.7
Moody 8.1
Custer 18.6
Jackson O 58.2
Mellette O 146.3
Brule 8.2
Aurora LNE
Davison 10.4
Hanson LNE
McCook LNE
Minnehaha X 10.7
Fall River 19.5
Oglala Lakota O 164.2
Bennett 43.2
Todd O 75.1
Tripp 21.9
Douglas 29.1
Hutchinson LNE
Turner 19.6
Lincoln X 2.9
Gregory 31.3
Charles Mix 31.1
Bon Homme LNE
Yankton X 7.0
Clay 9.9
Union 13.9

Legend:
- Less than or equal to 11.1
- 11.2-22.0
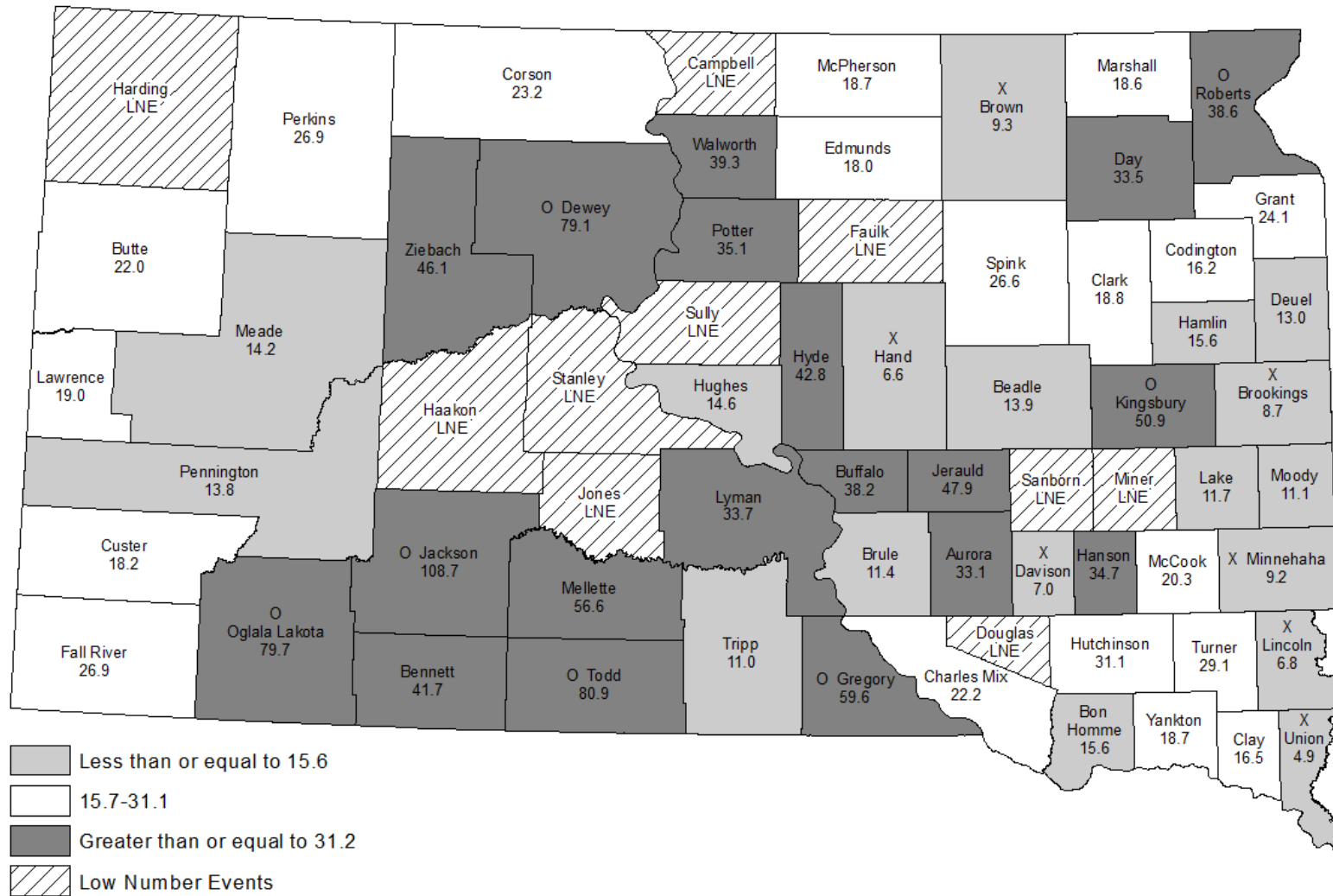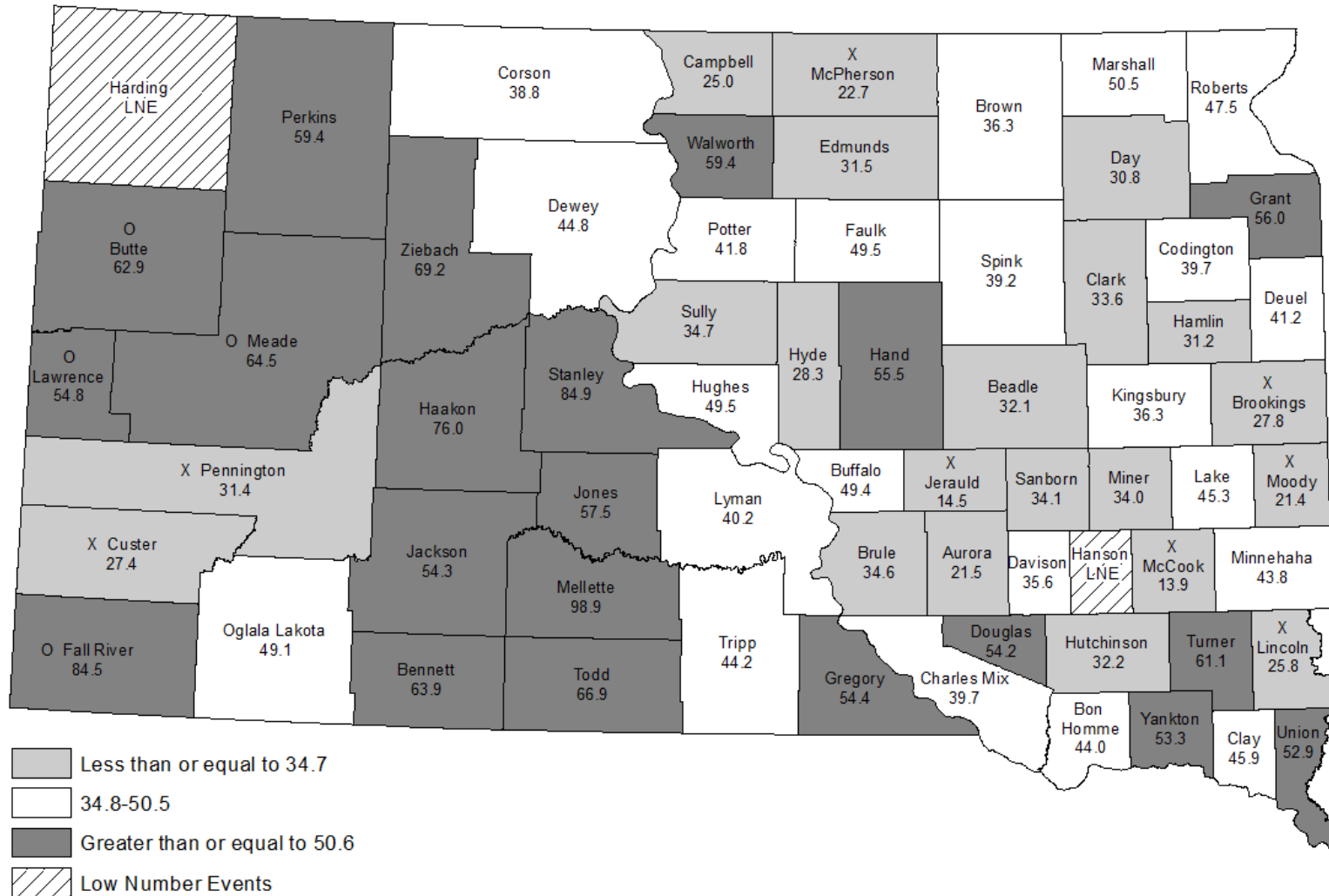- Greater than or equal to 22.1
- Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 population. This eliminates age difference between populations, making them easier to compare. Chronic Liver Disease and Cirrhosis are defined as ICD-10 codes K70, K73-K74. The U.S. age-adjusted Chronic Liver Disease and Cirrhosis death rate is from 2016. See technical notes for more complete explanations.
Source: South Dakota Department of Health, Office of Health Statistics.

Map 23
Infant Mortality Rate by County, 2013-2017

U.S. = 5.87   **South Dakota = 6.47**

Harding LNE

Perkins LNE

Corson 8.51

Campbell LNE

McPherson LNE

Marshall 8.55

Roberts 5.61

Brown 3.92

Butte 7.80

Walworth LNE

Edmunds LNE

Day LNE

Grant LNE

Dewey 10.44

Ziebach LNE

Potter LNE

Faulk LNE

Spink LNE

Clark 9.68

X Codington 2.68

Deuel LNE

Lawrence 9.35

Meade 3.40

Sully LNE

Hamlin 5.14

Haakon LNE

Stanley LNE

Hughes 9.27

Hyde LNE

Hand LNE

Beadle 7.41

Kingsbury LNE

Brookings 6.45

Pennington 6.18

Jones LNE

Lyman LNE

Buffalo 11.90

Jerauld LNE

Sanborn LNE

Miner LNE

Lake 9.09

Moody 6.56

Custer LNE

Jackson 10.28

Mellette LNE

Brule 8.22

Aurora LNE

Davison 6.35

Hanson 22.52

McCook LNE

Minnehaha 5.03

Fall River LNE

O Oglala Lakota 15.57

O Bennett 23.67

O Todd 15.92

Tripp LNE

Gregory 11.24

Charles Mix 3.69

Douglas LNE

Hutchinson LNE

Turner 13.36

Lincoln 6.37

Bon Homme 9.35

Yankton 9.37

Clay LNE

Union 3.69

Legend:
- ▢ Less than or equal to 6.37
- ▢ 6.38-9.35
- ▢ Greater than or equal to 9.36
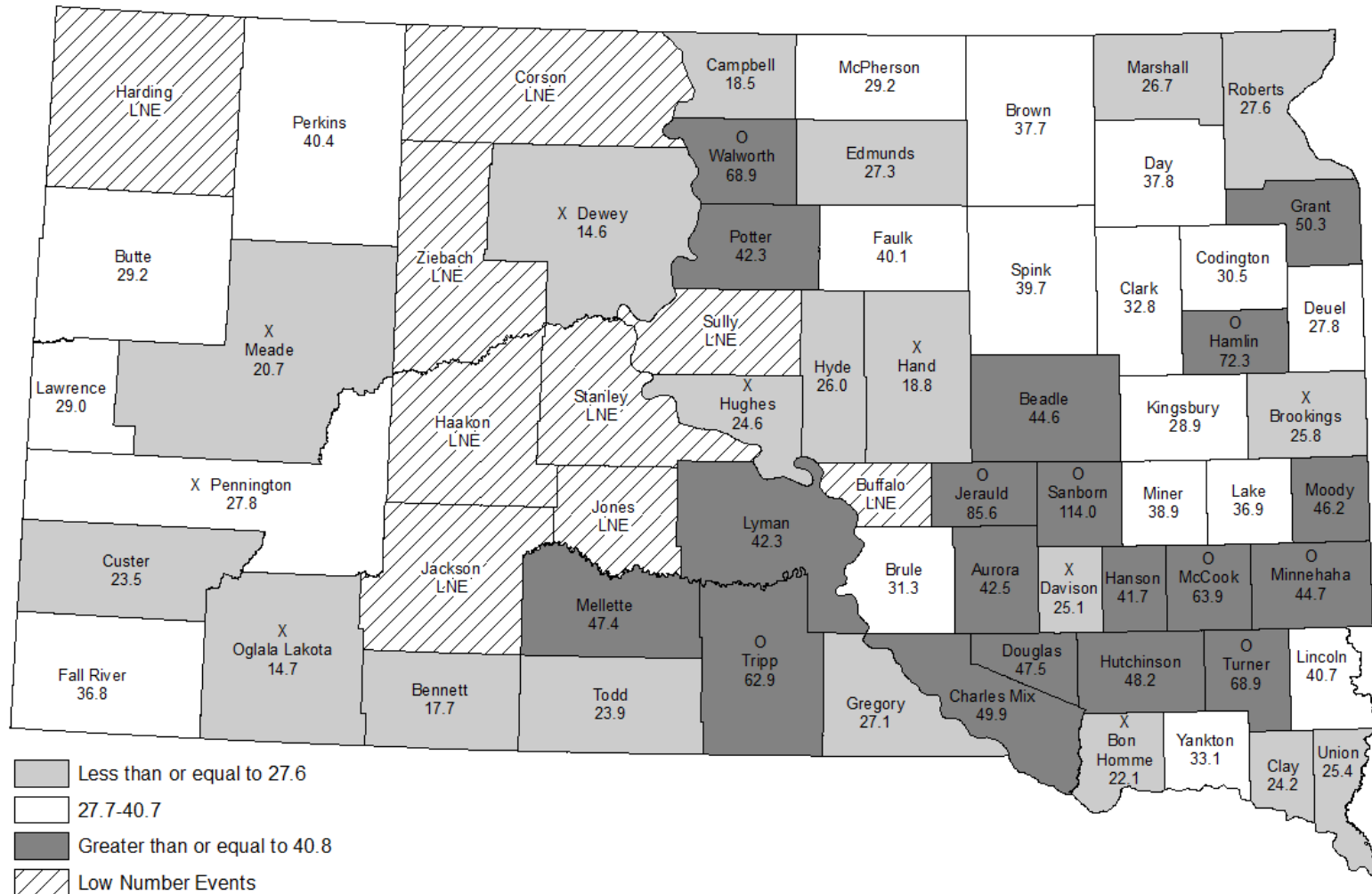- ▨ Low Number Events

X Denotes that the county's rate is significantly lower than the state rate.
O Denotes that the county's rate is significantly higher than the state rate.
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. Infant mortality is calculated as the number of deaths to babies (less than 1 year old) per 1,000 live births. The U.S. infant mortality rate is from 2016. See technical notes for more complete explanations. Source: South Dakota Department of Health, Office of Health Statistics.

Technical Notes for Vital Statistics

A. <u>SOURCES OF DATA</u>

<u>Vital Events</u>

Birth, death, and marriage certificates, reports of fetal deaths, and induced abortion reports were the source documents for data on vital events of South Dakota during the 2017 calendar year. Divorce data were compiled from transcripts that were received from each county.

The cut-off date for 2017 data in this report was May 31, 2018. Any data pertaining to a 2017 event for which a certificate was filed after May 31, 2018 were not included in this report. Because the number of records received after that date is so small, in most instances, it is of little significance for the purpose of analysis.

Births, deaths, and fetal deaths relating to South Dakota residents that occurred in another state were included in this report. The inclusion of these data is made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Birth and fetal death records are the responsibility of the person in attendance; however, the records are usually completed by medical records personnel who are not necessarily present at the delivery. Death records are the responsibility of the funeral director. The medical certification of the cause of death is completed by a physician or coroner.

Marriage records are created by the Register of Deeds using information provided from each spouse and completed with information provided by the individual solemnizing the record. Divorce records are submitted via a transcript from the Clerk of Courts.

United States data were obtained from publications produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

<u>Populations</u>

The populations used to develop the South Dakota rates were based on the given year's estimate. For example, rates for 2017 were calculated using the 2017 population estimate from the US Census Bureau. Each intercensal year's rates are based on the given year's population estimate, while the census years of 2000 and 2010 are based on the actual census totals for the given year.

<u>Rates</u>

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of population differences. These demographic differences include total number, age, and sex distributions, and ethnic or racial differentials. In order to assess the health status of a particular population at a specified time, the absolute number of events is converted to a relative number such as probability of living or dying, a rate, a ratio, or an index. This conversion is made by relating the crude number of events to the living population at risk in a particular area at a specified time.

<u>Reliability of Rates</u>

All rates are subject to variation, and this variation is inversely related to the number of events used to calculate the rate. The smaller the number of events, the higher the variability. Rates based on a small number of events over a specified time period or for small populations vary considerably and should be viewed with caution. South Dakota contains many counties with sparse or small populations. Therefore, when calculating health status indicators for these sparsely populated counties, there will always be the possibility that the rate is just a chance variation. For instance, in a five-year period a county with a small population

could have annual infant mortality rates of 0, 0, 0, 0, and 25. While rates for 4 of the years are 0, the fifth year rate of 25, taken alone, is probably not a true indicator of the county's health status.

To attempt to minimize chance variation the report uses five-year averages. Thus, in the example above the infant mortality rate would have been approximately five for the five-year period, which is probably a more accurate depiction of the county's health status. Despite these precautions, using five-year averages for the most sparsely populated counties will still not reduce chance variation significantly for some of the indicators due to the small number of events.

The standard error (SE) of a rate is used in health statistics when studying or comparing rates. The SE defines a rate's variability and can be used to calculate a confidence interval (CI) to determine the actual variance of a rate 95 percent of the time. Rates for two different populations are considered to be significantly different when their confidence intervals do not overlap.

The standard error and confidence intervals are calculated in the following manner. For example, County A's low birth weight rate is 5.3 percent. This was based on 122 low birth weight births from 2012 through 2016. The square root of 122 is roughly 11.0. By dividing the rate of 5.3 by 11.0, the estimated SE of approximately 0.48 is the result. The estimated SE can then be used to compute a 95 percent CI for the rate. The standard formula for determining the 95 percent CI of a rate is:

$$RATE \pm (1.96 * SE)$$

Following this formula produces an equation of 5.3 ± (1.96 * 0.48) and the result is 5.3 ± 0.9. From this the estimated 95 percent CI is from 4.4 to 6.2 percent. It could then be stated, with 95 percent certainty, that the actual low birth weight rate for County A is between 4.4 and 6.2 percent.

Therefore, County A's low birth weight rate would not be considered significantly

different from the state rate. This is because the confidence intervals for County A (4.4-6.2) and the state (5.2-5.6) overlap. Conversely, County B's low birth weight rate is considered significantly different from the state rate because their respective confidence intervals (5.8-6.9) and (5.2-5.6) do not overlap.

All national rates for the United States were taken from the publications produced by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

B. DATA LIMITATIONS

Quality

The quality of data presented in this report is directly related to the completeness and accuracy of the information contained on the certificates.

Medical Certification

Causes of death on death certificates are coded according to the tenth revision of the *International Classification of Disease* (ICD-10). This classification as adopted by the World Health Organization in 1999 is used throughout the world for selecting the underlying cause of death and classifying the cause.

Starting in 2001, the National Center for Health Statistics introduced categories *U01-*U03 for classifying and coding deaths caused by acts of terrorism. Please note *U01 was added to intentional self-harm (suicide) and *U02-*U03 was added to assault (homicide).

Race/Ethnicity

The race or ethnicity reported on the vital records reflects the opinion of the informant and does not follow any prescribed rules for the reporting of race or ethnicity.

Birth data were tabulated using the race or ethnicity of the mother. No attempt is made to determine the race or ethnicity of the

child from the race or ethnicity shown for the father and the mother.

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

Single-race White
Single-race American Indian
Single-race Black
Single-race Asian
Single-race Pacific Islander
and
Two or more races

If any of these categories is not shown in a given table, they are included in the "Other" category.

C. GEOGRAPHIC ALLOCATION

In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual state and county in which the birth or death took place. The second and more customary way is by place of residence, i.e., the state or county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn.

Fetal deaths and infant deaths, in cases where the child was never discharged from the hospital, are classified to the residence of the mother.

Occurrence statistics have administrative value and statistical significance, especially when calculating accident statistics. Residence statistics are useful in determining health indices for planning and evaluation purposes. The statistics provided in this report are residence data unless otherwise stated.

Allocation of vital events by place of residence is sometimes difficult, because classification depends entirely on the statement of the usual place of residence furnished by the informant at the time the original certificate is completed. For various reasons, this statement may be incorrect or incomplete. For example, mailing addresses very often differ from the actual geographic residence.

D. DEFINITIONS

Age-Adjusted Death Rate (Direct Method) – Age-specific death rates for a selected population are applied to a standard population in order to calculate what rate would be expected if the selected population had the same age distribution as the standard. The total of expected deaths divided by the total of the standard population and multiplied by 100,000 yields the age-adjusted death rate per 100,000. (It is important to use the same standard population in the computation of each age-adjusted rate to achieve comparability. Age-adjusted death rates should never be compared with any other types of death rate or be used as absolute measurements of mortality.)

Age-Adjusted Death Rate – Absolute counts of deaths or crude death rates do not readily lend themselves to analysis and comparison between years and various geographic areas. For example, the older a population, the more people die. Statistically, South Dakota has a high percentage of elderly; therefore, if crude rates of death, based on population, in South Dakota were compared with those of the United States, it would appear that South Dakota had a high rate of mortality. The comparison would be misleading.

Consequently, a mortality rate which has been adjusted for age has been devised to allow more refined measurement with which to compare deaths over geographic areas or time periods. This is referred to as an age-adjusted death rate.

Age-Adjusted Years of Potential Life Lost (YPLL) – Age-adjusted rates for years of potential life lost (YPLL) before age 75 years use the year 2000 standard population and are based on eight age

groups (< 1 year, 1-4, 5-14, and 10-year age groups through 65-74 years).

Age-Specific Birth Rate – Number of live births to women in a specific age group per 1,000 female population in that age group.

Age-Specific Death Rate – Number of deaths in a specific age group per 100,000 population in that age group.

Annulment – A judicial pronouncement declaring a marriage invalid.

Apgar Score – A standardized mechanism to assess the physical condition of newborns.

Birth Weight – The first weight of the fetus or newborn obtained after birth. This weight should be measured, preferably, within the first hour of delivery before significant postnatal weight loss has occurred. Low birth weight babies are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces).

Birth Weight in Grams – In order to provide data comparable to that published for the United States and other countries, birth weight is reported in grams for this report. The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less	= 1 lb. 1 oz. or less
500 - 999 grams	= 1 lb. 2 ozs. – 2 lbs. 3 ozs.
1,000 - 1,499 grams	= 2 lbs. 4 ozs. – 3 lbs. 4 ozs.
1,500 - 1,999 grams	= 3 lbs. 5 ozs. – 4 lbs. 6 ozs.
2,000 - 2,499 grams	= 4 lbs. 7 ozs. – 5 lbs. 8 ozs.
2,500 - 2,999 grams	= 5 lbs. 9 ozs. – 6 lbs. 9 ozs.
3,000 - 3,499 grams	= 6 lbs. 10 ozs. – 7 lbs. 11 ozs.
3,500 - 3,999 grams	= 7 lbs. 12 ozs. – 8 lbs. 12 ozs.
4,000 - 4,499 grams	= 8 lbs. 13 ozs. – 9 lbs. 14 ozs.
4,500 - 4,999 grams	= 9 lbs. 15 ozs. – 11 lbs. 0 ozs.
5,000 grams or more	= 11 lbs. 1 oz. or more

Cause Specific Death Rate – The number of resident deaths due to a specific cause divided by the total resident population X 100,000.

Chi-Square Test

The Chi-Square test is the most commonly used method for comparing frequencies or proportions. It is a statistical test used to determine if observed data deviate from those expected under a particular hypothesis. The Chi-Square test is also referred to as a test of a measure of fit or "goodness of fit" between data. Typically, the hypothesis tested is whether or not two samples are different enough in a particular characteristic to be considered members of different populations. Chi-Square analysis belongs to the family of univariate analysis, i.e., those tests that evaluate the *possible* effect of one variable (often called the independent variable) upon an outcome (often called the dependent variable). As with all non-parametric tests (that do not require normal distribution curves), Chi-Square tests only evaluate a single variable, thus they do not take into account the interaction among more than one variable upon the outcome.

Crude Birth Rate – The number of resident live births divided by the total resident population X 1,000.

Crude Death Rate – The number of resident deaths divided by the total resident population X 100,000.

Divorce – The legal dissolution of a marriage.

Fetal Death – Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. (South Dakota requires the reporting of any fetus of at least 20 weeks gestation).

Fetal Death Rate – The number of fetal deaths divided by the total number of live births and fetal deaths X 1,000.

Fertility Rate – The number of resident births divided by female population ages 15-44 X 1,000.

Gestation – Weeks of pregnancy as reported on the certificate of live birth. In

this report, the obstetric estimate of gestation is used to determine the length of gestation rather than the date of the last normal menstrual cycle. The obstetric estimate of gestation is determined by the physician certifying the birth.

Induced Abortion – The use of any means to intentionally terminate the pregnancy of a female known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the fetus.

Infant Death – Death of a live born infant less than one year (365 days) of age. Infant deaths equal the sum of neonatal plus postneonatal deaths.

Infant Mortality Rate – The number of infant deaths divided by the total number of live births X 1,000.

Live Birth – The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Low Birth Weight – A birth weight under 2,500 grams or 5 pounds, 9 ounces.

Marriage – The legal union of two people.

Mean – The arithmetic average of a set of values or the sum of all the values divided by the number of values in the group.

Median – The value or number that divides a population into two equal halves. The value that falls exactly in the middle of the entire range of values ranked in order from low to high such that 50 percent of the values fall above it and 50 percent fall below it. If the number of values is even, a value halfway between the two values nearest the middle is used.

Mode – The most frequently occurring value in a distribution.

Neonatal Mortality Rate – (Neonatal Death = Death occurring to infants from birth through 27 days old). The number of neonatal deaths divided by the total number of live births X 1,000.

Neonatal Period – The period of infancy from the first through the 27th day of life.

Place of Occurrence and Residence – In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual county in which the event took place. The second, and more customary way, is by place of residence, i.e., the county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn. Births and deaths relating to South Dakota residents which occurred in another state are included in this report. The inclusions of these data are made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Postneonatal Mortality Rate – (Postneonatal Death = Death occurring to infants 28 days to 1 year of age). The number of postneonatal deaths divided by the total number of live births X 1,000.

Postneonatal Period – The period of infancy from 28 days to less than one year old.

Significance – Most of the health status indicators in South Dakota's counties are not significantly different from the state's averages. This means that although a county's calculated rate may be higher or lower than the state average, the small number of events in the county makes the rate vary considerably from year to year. For example, if in 2015, County A had 100 babies born and none died, the infant mortality rate would be 0.0. But if in 2016, County A had another 100 babies born and one died, the infant mortality rate would be 10.0.

When there is a small number of events and the probability of such an event is small, a mathematical formula is used to calculate whether or not the difference in rates is statistically significant or due more to chance.

Years of Potential Life Lost before Age 75 (YPLL) – Based only on deaths before the age of 75. For example, if someone dies at 35 years of age, that is calculated as 40 years of potential life lost. Conversely, if someone dies at 75 years or older, that is calculated as zero years of potential life lost.

E. DEFINITIONS OF MEDICAL TERMS – The following definitions are for maternal and infant items reported on the South Dakota Certificate of Live Birth. The definitions below are based on those developed for the 2003 revision of the U.S. Standard Certificate of Live Birth. These definitions are similar to, but not the same as those developed for the 1989 revision of the U.S. Standard Certificate of Live Birth.

RISK FACTORS IN THIS PREGNANCY:

Diabetes – Glucose intolerance requiring treatment.

Hypertension, Pregnancy-Associated – Diagnosis in this pregnancy of elevation of blood pressure above normal for age, gender, and physiological condition.

Hypertension, Chronic – Diagnosis prior to the onset of this pregnancy of elevation of blood pressure above normal for age, gender, and physiological condition.

OBSTETRIC PROCEDURES AND CHARACTERISTICS OF LABOR AND DELIVERY:

Induction of Labor – Initiation of uterine contractions by medical or surgical means for the purpose of delivery before the spontaneous onset of labor (i.e., before labor has begun).

Tocolysis – Administration of any agent with the intent to inhibit preterm uterine contractions to extend the length of the pregnancy.

Meconium, moderate/heavy – Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery that is more than enough to cause a greenish color change of an otherwise clear fluid.

Breech/Malpresentation – Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Precipitous Labor – Labor lasting less than 3 hours.

CONGENITAL ANOMALIES:

Anencephaly – Partial or complete absence of the brain and skull.

Meningomyecele/Spina Bifida – Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure.

Omphalocele/Gastroschisis – Omphalocele is a defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. Gastroschisis is an abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity.

Cleft Lip/Palate – Cleft lip is incomplete closure of the lip. It may be unilateral, bilateral, or median. Cleft palate is incomplete fusion of the palatel shelves. It may be limited to the soft palate, or it may extend into the hard palate.

Down Syndrome – The most common chromosomal defect (trisomy 21).

F. MORTALITY CODING

Codes for alcohol-induced deaths - Causes of death attributable to alcohol-induced mortality include ICD–10 codes: E24.4, Alcohol-induced pseudo-Cushing's syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K85.2, Alcohol-induced acute pancreatitis; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use.

Codes for farm accident deaths - Causes of death attributable to farm accident mortality include ICD–10 code: W30, Contact with agricultural machinery; or if the decedent was doing agricultural work at the time of the injury; or if the location of the injury was on a farm. Farm accidents exclude suicides and homicides.

Codes for firearm deaths - Causes of death attributable to firearm mortality include ICD–10 codes *U01.4, Terrorism involving firearms (homicide); W32–W34, Accidental discharge of firearms; X72–X74, Intentional self-harm (suicide) by discharge of firearms; X93–X95, Assault (homicide) by discharge of firearms; Y22–Y24, Discharge of firearms, undetermined intent; and Y35.0, Legal intervention involving firearm discharge. Deaths from injury by firearms exclude deaths due to explosives and other causes indirectly related to firearms.

Codes for drug overdose deaths -

Category	ICD-10 Codes[1]	
	Underlying Cause	**Contributing Cause**
All Drug poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T36 T37 T38 T39 T40 T41 T42 T43 T44 T45 T46 T47 T48 T49 T50
Illicit drug poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.1 T40.5 T40.7 T40.8 T40.9 T43.6
Pharmaceutical poisoning[2]	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T36 T37 T38 T39 T40.2 T40.3 T40.4 T41 T42 T43.0 T43.1 T43.2. T43.3 T43.4 T43.5 T43.8 T43.9 T44 T45 T46 T47 T48 T49 T50.0 T50.1 T50.2 T50.3 T50.4 T50.5 T50.6 T50.7 T50.8
Prescription opioid poisoning	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.2 T40.3 T40.4
Illicit opioid poisoning (opium and heroin)	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.0 T40.1
All opioid poisoning (illicit and prescription)	X40 X41 X42 X43 X44 X60 X61 X62 X63 X64 X85 Y10 Y11 Y12 Y13 Y14	T40.0 T40.1 T40.2 T40.3 T40.4

[1] For ICD-10, the death must have an underlying cause code from among those shown. Contributing cause codes can then indicate the specific type of drug involved, but they do not specify intent.

[2] "Pharmaceutical" is used as opposed to "prescription" drugs because a small number of codes include both prescription and over-the-counter drugs.

Appendix A

ABORTION FORMS

Shown on the following pages are the abortion forms
physicians are required to use under South Dakota
Codified Law 34-23A-34 to 34-23A-45.

Physician's Induced Abortion Reporting Form
Parental Notice
South Dakota Codified Law §§ 34-23A-39 and 34-23A-7
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
615 East 4th Street
Pierre, South Dakota 57501-2536

SDCL 34-23A-43 (verification purposes)

Name of Hospital, Clinic or Physician's Office: Date of Report ____ / ____ / _____

_____   Patient ID Number:_____

The patient is (check one box): SDCL 34-23A-7

      Emancipated minor (if checked, please skip to letter C)

☐ Unemancipated minor, with parental notice required

☐ Unemancipated minor, with guardian notice required due to court-ordered guardianship or conservatorship

☐ Incompetent minor or adult, with guardian notice required due to court-ordered guardianship or conservatorship

Complete questions A or B and question C.

A. **Notice was provided**, per SDCL §§ 34-23A-39(1) and 34-23A-7, to patient's: ☐ Parent or ☐ Guardian/Conservator
(if checked, please skip to letter C).
      OR

B. **Notice was not provided**, per SDCL 34-23A-7, to patient's: ☐ Parent or ☐ Guardian/Conservator **because one of the following three notice exceptions applies** (check applicable exception):

  1. ☐ A **medical emergency** existed with insufficient time to provide the required notice. SDCL 34-23A-7(1).

     ☐ Verbal notice was provided to parent/guardian within 24 hours after the abortion. SDCL §§ 34-23A-39(2), 34-23A-39(4), and 34-23A-7(1).

     ☐ Mandatory written notice was provided to parent/guardian after the abortion. SDCL §§ 34-23A-39(2), 34-23A-39(4), 34-23A-7(1).
     OR

     ☐ Judge of circuit court authorizes waiver of required notice, per SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1), because:

        ☐ Judge determined patient is mature and capable of giving informed consent. SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1).
        OR

        ☐ Judge determined patient is not mature, or patient does not claim to be mature, and Judge determines performance of abortion without notification of parent would be in patient's best interests. SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1).

  2. ☐ The **parent or guardian entitled to notice certifies in writing that s/he was notified**, with the parent or guardian's signature notarized. SDCL §§ 34-23A-39(1) and 34-23A-7(2).

  3. ☐ Any **judge of a circuit court**, after an appropriate hearing, **authorizes a physician to perform the induced abortion without prior notice**. SDCL §§ 34-23A-39(3) and 34-23A-7(3).

C. Patient obtained induced abortion: ☐Yes ☐ No ☐ Unknown SDCL §§ 34-23A-39(1), 34-23A-39(2), 34-23A-39(3), and 34-23A-39(4).

Physician's Induced Abortion Reporting Form
Voluntary and Informed Consent
South Dakota Codified Law § 34-23A-37
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
615 East 4th Street
Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office: Date of Report ____ / ____ / _____

_____   Patient ID Number: _____

SDCL 34-23A-43 (verification purposes)

Complete the appropriate categories regarding informed consent information supplied to female patients. This includes information described in SDCL 34-23A-10.1(1), information described in SDCL 34-23A-10.1(2), printed educational materials described in SDCL 34-23A-10.3, and opportunity to view sonogram in SDCL 34-23A-37(3A).

☐ Patient was timely provided the information as described in **SDCL 34-23A-10.1(1).**
Information was provided:
  ☐ in person (face-to-face)   ☐ during telephone conversation

Information was provided by:
  ☐ referring physician   ☐ physician performing induced abortion

☐ Patient was timely provided the information as described in **SDCL 34-23A-10.1(2).**
Information was provided:
  ☐ in person (face-to-face)   ☐ during telephone conversation

Information was provided by:
  ☐ referring physician   ☐ physician performing induced abortion
  ☐ agent of referring physician   ☐ agent of physician performing induced abortion

☐ Patient was offered the printed materials as described in **SDCL §§ 34-23A-10.3**.

  ☐ Patient accepted the printed materials on public and private assistance agencies.
  ☐ Patient did not accept the printed materials on public and private assistance agencies.
   AND
  ☐ Patient accepted the Fetal Growth and Development booklet.
  ☐ Patient did not accept the Fetal Growth and Development booklet.

☐ Patient was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption."

  ☐ Patient accepted the DOH website address.
  ☐ Patient did not accept the DOH website address.

☐ Patient was offered the opportunity to view a **sonogram** of her unborn child prior to the procedure as described in **SDCL 34-23A-37(3A)** and **34-23A-52.**

  ☐ Patient accepted the opportunity to view a sonogram of her unborn child.
   OR
  ☐ Patient did not accept the opportunity to view a sonogram of her unborn child.

Patient obtained induced abortion: ☐*Yes* ☐*No* ☐*Unknown* *SDCL 34-23A-37(3), 34-23A-37(3A), and 34-23A-52.*

☐ Patient obtained induced abortion. **Patient was not provided the information** described in SDCL §§ 34-23A-10.1(1) or 34-23A-10.1(2) **because of a medical emergency** which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

☐ Patient obtained induced abortion. **Patient was not provided the information** described in SDCL §§ 34-23A-10.1(1) or 34-23A-10.1(2) **because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function,** in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536

PLACE OF OCCURRENCE		
Name of Hospital, Clinic or Physician's Office: State:_____County:_____ City:_____	Date of Report (Month/Day/Year) _____/_____/_____	Patient ID Number:

PATIENT INFORMATION

Residence: State:_____County:_____ City:_____	Residence Inside City Limits? □ Yes □ No	Marital Status: Married? □ Yes □ No

Zip Code:

Of Hispanic Origin? (**check the boxes** that best describe the patient's Hispanic Origin):
□ No, not Spanish/Hispanic/Latina
□ Yes, Mexican, Mexican American, Chicano
□ Yes, Puerto Rican   □ Yes, Cuban
□ Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)
(Specify:_____)

Race: (**check the boxes that best describe the patient's race**):
□ White   □ Black or African American   □ American Indian or Alaska Native
□ Asian Indian   □ Chinese   □ Filipino   Specify Tribe:_____
□ Japanese   □ Korean   □ Vietnamese   □ Other Asian: (specify)_____
□ Native Hawaiian   □ Guamanian or Chamarro   □ Samoan
□ Other Pacific Islander (specify)_____   □ Other (specify):_____

Education: (**check the box that best describe the patient's education level. If patient is currently enrolled, check the box that indicates the previous grade or highest degree recieved**):
□ 8th grade or less   □ Associate degree (AA, AS, etc.)   □ Teacher's Certificate
□ 9-12th grade, no diploma □ Bachelor's degree (BA, AB, BS, etc.) □ VoTech
□ High School Grad./GED □ Master's degree (MA, MS, MBA, etc.)
□ Some college, no degree □ Doctorate (PhD, etc.) or Professional degree (MD, DDS, etc.)

Age on Last Birthday:_____

Age, if known, of unborn child's father (if patient was younger than 16 years of age at conception) :

PAYMENT INFORMATION

Payment for this Procedure: □ Private Insurance □ Public Health Plan □ Other (Specify):_____	Insurance Coverage Type: □ Fee-for-service Insurance Co. □ Managed Care Company □ Other (Specify):_____	Fee Collected for Performing or Treating the Induced Abortion: $_____

PREVIOUS PREGNANCIES (complete each section)

Live Births		Other Terminations	
Now Living □ None Number_____	Now Dead □ None Number_____	Spontaneous □ None Number_____	Previous Induced □ None Number_____

MEDICAL INFORMATION

Date of Induced Abortion (Month/Day/Year) _____/_____/_____	Date Last Normal Menses Began (Month/Day/Year) _____/_____/_____	Patient Received Required Counseling? □ Yes □ No	Presence of Fetal Abnormality? □ Yes □ No □ Unknown
Approximate Gestational Age _____weeks	Measurement/Weight of Fetus _____ □ Unknown (refer to instructions)	Method of Disposal: □ Burial □ Cremation □ Incineration □ Unknown/Medical	

Rhesus factor (Rh) information: Patient received Rh test: □ Yes □ No
If no, why? □ Patient provided info from elsewhere □ Info is in patient's chart
Patient is positive or negative for Rh factor: □ Positive □ Negative □ Unknown
Patient received Rho (D) immune globulin injection: □ Yes   □ No

Sex of the unborn child: □ Male □ Female □ Unknown
If sex is known: Did mother use a sex-determining test? □ Yes   □ No
If Yes, what type of sex-determining test was used? _____
Approximate gestational age of unborn child, in weeks, when the test was taken:_____

Post-fertilization age: _____ weeks

How was the post-fertilization age determined?:_____

If post-fertilization age was not determined, what was the basis of the determination that an exception existed?_____
_____

Was an intra-fetal injection used in an attempt to induce fetal demise? □ Yes □ No
If the unborn child was deemed capable of experiencing pain, what was the basis of the determination that it was a medical emergency?_____
_____

-OVER-

REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536

If the unborn child was deemed capable of experiencing pain, did the method of abortion provide the best opportunity for the unborn child to survive? □ Yes □ No

If such a method was not used, what was the basis of the determination that termination in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including a psychological or emotional condition, of the woman than other available methods?_____

_____

MEDICAL PROCEDURES

Primary Procedure That Terminated Pregnancy *(check only one)*	Type of Termination Procedure	Any Additional Procedures Used *(check all that apply)*
□	Suction	□
□	Medical/Non-surgical	□
□	Dilation and Evacuation	□
□	Intra-uterine Instillation	□
□	Sharp Curettage	□
□	Hysterotomy/Hysterectomy	□
□	Other (Specify)_____	□

Type of Anesthetic Used:	Maternal Complications from the Abortion:
□ None	□ None
□ General	1._____
□ Regional □ Local	2._____
□ IV Conscious Sedation	3._____

REASON FOR INDUCED ABORTION

Check the boxes that best describe the patient's reason:
□ The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued
□ The pregnancy was the result of rape
□ The mother could not afford the child
□ The mother's emotional health was at risk
□ The pregnancy was a result of incest
□ The mother did not desire to have the child
□ Other, which shall be specified:_____

PHYSICIAN INFORMATION

Name of Physician and License Number:	Physician Has Been Subject To:
	License Revocation □ Yes □ No
	License Suspension □ Yes □ No
Physician's Specialty:_____	Other Professional Sanction □ Yes □ No

REFERENCES

Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2016. National vital statistics report; vol 67, no 1. Hyattsville, MD: National Center for Health Statistics. 2018.

Xu JQ, Murphy SL, Kochanek KD, Bastian B, Arias E. Deaths: Final data for 2016. National vital statistics reports; vol 67 no 5. Hyattsville, MD: National Center for Health Statistics. 2018.