The Health Behaviors of South Dakotans 2020

A Report of the South Dakota Behavioral Risk Factor Surveillance System

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

In cooperation with
the Centers for Disease Control and Prevention
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Preface

The Health Behaviors of South Dakotans 2020 serves as a way to measure health risks of South Dakotans.

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

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

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

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

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History

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

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

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

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

Purpose

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

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

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

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

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

Report Description

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

- A definition of the indicator is given.

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

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

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

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

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

Table 1, on the next page, shows the estimated risk factor rates and the estimated number of persons in South Dakota who are at risk for the selected risk factors. The DOH based the estimated population at risk on 2020 population estimates from the U. S. Census Bureau.

Table 1
Estimated Percentage and Number of Persons at Risk Due to Selected Factors (Ages 18 and Older Unless Otherwise Specified): South Dakota BRFSS, 2020

Topic	Estimated %	Estimated Population
Body Mass Index - Overweight (BMI 25.0+)	70%	469,000
Body Mass Index - Obese (BMI 30.0+)	33%	224,000
Body Mass Index - Severely Obese (BMI 35.0+)	13%	85,000
Body Mass Index - Morbidly Obese (BMI 40.0+)	5%	32,000
No Leisure Time Physical Activity	22%	151,000
Cigarette Smoking	18%	120,000
Smokeless Tobacco Use	6%	38,000
E-Cigarette Use	4%	27,000
Tobacco Use (Cigarette, Smokeless, or E-Cig)	28%	190,000
Diabetes	8%	53,000
No Health Insurance (18-64 Years Old)	9%	45,000
No Health Insurance (0-17 Years Old)	3%	7,000
No Health Insurance (0-64 Years Old)	7%	52,000
No Routine Check-Up in Past Two Years	11%	77,000
No Flu Shot in Past 12 months (65+ Years Old)	28%	44,000
Never Had a Pneumonia Vaccination (65+ Years Old)	24%	37,000
No Shingles Shot (50+)	54%	175,000
Ever Had a Heart Attack	4%	29,000
Have Angina or Coronary Heart Disease	4%	29,000
Ever Had a Stroke	3%	18,000
Ever Been Diagnosed with Cancer (Excluding Skin Cancer)	8%	56,000
No Mammogram in Past 2 years (40-74 Years Old)	24%	42,000
Has Not Met Cervical Cancer Screening Recommendations (21-65 Years Old)	17%	40,000
Has Not Met Colorectal Cancer Screening Recommendations (50-75 Years Old)	24%	63,000
No PSA Test Within the Past 2 Years (40+ Years Old)	61%	125,000
Ever Been Diagnosed with Skin Cancer	8%	51,000
Does Not Use Sun Block Most or All of the Time	75%	503,000
Current Asthma	8%	54,000
Arthritis	25%	166,000
Chronic Obstructive Pulmonary Disease (COPD)	6%	42,000
Depressive Disorder	16%	109,000
Mental Health Not Good for 20-30 Days of the Past 30 days	6%	41,000
Haven't Been to the Dentist in the Past Year	30%	205,000
Haven't Been to the Dentist in the Past Year (6-17 Years Old)	10%	14,000
Kidney Disease	3%	17,000
Severe Vision Impairment	4%	28,000
Hearing Difficulty	8%	54,000
Lack of Seat Belt Use (Seldom Use or Less)	12%	81,000
Less Than Six Hours of Sleep per Day	8%	56,000
Drank Alcohol in Past 30 Days	56%	378,000
Binge Drinking	18%	121,000
Heavy Drinking	6%	42,000
Taken Prescription Pain Medication in Past 12 Months	15%	100,000
One or More Adverse Childhood Experiences	47%	315,000
Five or More Adverse Childhood Experiences	8%	56,000
Fair/Poor Health Status	11%	76,000
Physical Health Not Good for 30 of the Past 30 days	4%	29,000
Usual Activities Unattainable for 10-30 Days of the Past 30 Days	7%	46,000
Injured in a Fall in Past 12 Months (45+ Years Old)	9%	32,000
Never Been Tested for HIV	71%	482,000
Never Been Tested for Hepatitis C	66%	448,000

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

Table 2 shows the topics covered on South Dakota's BRFSS each year from 2011 through 2020.

Table 2
Topics Covered on the South Dakota BRFSS, 2011-2020

Topics	Year									
	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
Advanced Directive		X		X		X				
Adverse Childhood Experiences (ACE)	X		X	X						
Alcohol Consumption	X	X	X	X	X	X	X	X	X	X
Arthritis	X		X	X	X	X	X	X	X	X
Asthma	X	X	X	X	X	X	X	X	X	X
Birth Control		X		X						
Body Mass Index	X	X	X	X	X	X	X	X	X	X
Breast Cancer Screening	X		X		X		X		X	
Cancer	X	X	X	X	X	X	X	X	X	X
Cancer Survivorship	X		X	X	X	X				
Cardiovascular Disease	X	X	X	X	X	X	X	X	X	X
Care Giving					X					
Cervical Cancer Screening	X		X		X		X		X	
Cholesterol Awareness		X		X		X		X		X
Chronic Obstructive Pulmonary Disease (COPD)	X	X	X	X	X	X	X	X	X	X
Cognitive Impairment		X				X	X	X		
Colorectal Cancer Screening	X		X		X		X		X	
Depressive Disorder	X	X	X	X	X	X	X	X	X	X
Diabetes	X	X	X	X	X	X	X	X	X	X
Diabetes - Pre		X	X	X	X	X	X	X	X	X
Disability (Physical, Mental, or Emotional)						X	X	X	X	X
Falls	X		X		X		X		X	
Flu Shots	X	X	X	X	X	X	X	X	X	X
Health Care Coverage and Access	X	X	X	X	X	X	X	X	X	X
Health Care Coverage - Children	X	X	X	X	X	X	X	X	X	X
Health Status / Healthy Days	X	X	X	X	X	X	X	X	X	X
"Healthy South Dakota" - Name Recognition									X	
Hearing Difficulty	X	X	X	X	X					
Heart Attack - Knowledge of Signs and Symptoms						X		X		X
High Blood Pressure - Prevalence		X		X		X	X	X	X	X
Hepatitis C Testing	X									
High Blood Pressure - Actions to Control				X			X		X	
HIV/AIDS	X	X	X	X	X	X	X	X	X	X
HPV			X		X					
Influenza Like Illness										X
Kidney Disease	X	X	X	X	X	X	X	X	X	X
Lung Cancer Screening	X		X							
Mental Health Treatment		X		X	X					
Nutrition/Fruits & Vegetables		X		X		X		X		X
Oral Health	X		X		X		X		X	
Oral Health - Children	X			X		X		X		X
Physical Activity - Exercise Trips					X	X				
Physical Activity - Hours Sitting per Day					X	X				
Physical Activity - Leisure Time	X		X	X	X	X	X	X	X	X
Physical Activity - Type and Amount of Time		X		X		X		X		X
Physical, Mental, or Emotional Limitations						X	X	X		
Pneumonia Vaccination	X	X	X	X	X	X	X	X	X	X
Prescription Pain Medication Use	X	X	X	X						
Prostate Cancer Screening	X		X		X		X		X	
Salt Related Behavior							X			
Seat Belts	X		X	X	X	X	X	X	X	X
Sexual Violence							X			
Shingles Vaccination	X			X			X			

Table 2
Topics Covered on the South Dakota BRFSS, 2011-2020

Topics	Year									
	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
Sleep	X		X		X		X	X		
Stroke - Signs and Symptoms									X	
Substance Abuse Treatment		X		X	X					
Sun Exposure / Skin Cancer	X		X		X		X		X	X
Sweetened Beverages / Menu Labeling									X	X
Tetanus Shot		X			X			X		
Tobacco - Cigarette Use	X	X	X	X	X	X	X	X	X	X
Tobacco - E-Cigarette Use	X	X	X	X	X					
Tobacco - QuitLine Name Recognition		X			X	X	X	X		
Tobacco - Second Hand Smoke	X	X	X	X	X	X	X	X	X	X
Tobacco - Smokeless	X	X	X	X	X	X	X	X	X	X
TV Viewing								X		X
Vision Impairment	X	X	X	X	X	X	X	X	X	X
Weight Control										X

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Methodology

Participating Agencies

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

Method of Surveillance

This study uses a telephone survey rather than other survey methods because of its low cost, ease of administration in reaching respondents, and reliability. Telephone surveys are less representative of areas where a significant portion of the population does not have telephones. Cell phones were first called in 2011. Fifty-seven percent of all surveys were completed via cell phone in 2020 with the intent to continue to increase this percentage in the coming years.

Questionnaire Development

The BRFSS is designed to collect information on the health behaviors of adults over time. For the 2020 survey (Appendix B), standard demographic questions were included along with sections on general health status, physical and mental health, health insurance, breast cancer screening, cervical cancer screening, prostate cancer screening, lung cancer screening, cancer survivorship, oral health, chronic health conditions, cardiovascular disease, tobacco use, alcohol use, seat belt use, sleep, physical activity, immunization, adverse childhood experiences, and HIV/AIDS. South Dakota also added several state-specific questions to the end of the core questionnaire including secondhand smoke, colorectal cancer screening, sunscreen use, prescription pain medication, hepatitis C testing, children's oral health, and children's health insurance.

Accuracy of Survey Data

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

Eligible Respondent Selection

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

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

Data Collection Process

There were 6,931 interviews completed between January 1, 2020 and December 31, 2020, at an average of 578 interviews per month.

Data Processing

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

Weighting

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

Sample Description

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

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

Completion Rate

Table 3 shows the outcome of all telephone calls. The 6,931 completed interviews represented a completion rate of 3.5 percent. The refusal rate was 11.4 percent.

Table 3
Disposition of All Telephone Numbers in the Sample, 2020

Final Outcome	Number	Percent
Completed interview	6,931	3.5%
Refused interview	22,555	11.4%
Nonworking number	123,145	62.0%
No answer (Multiple times)	13,776	6.9%
Telephone answering service (Multiple times)	12,977	6.5%
Fast busy/Line busy (Multiple times)	5,338	2.7%
Not a private residence	4,611	2.3%
No eligible respondent at this number	2,202	1.1%
Fax line	1,113	0.6%
Language barrier	941	0.5%
Physical/mental impairment	738	0.4%
On never call list	716	0.4%
Interview terminated within questionnaire	396	0.2%
Landline phone (Cell phone study)	119	0.1%
Respondent not available during the interviewing period	23	0.0%
Other	2,951	1.5%
Total	**198,532**	**100.0%**

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

Overweight and Obese

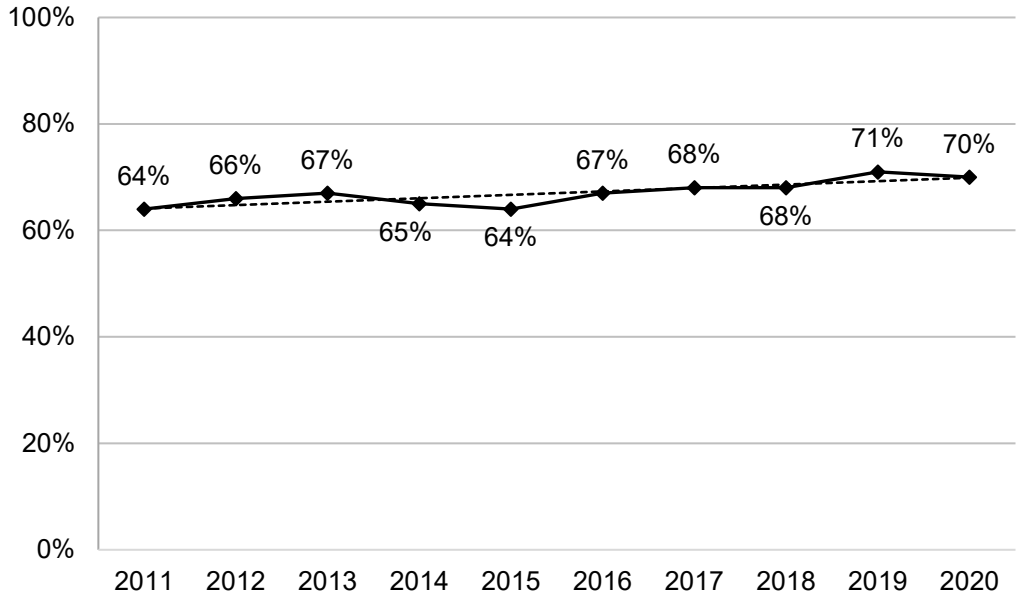
OVERWEIGHT

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

Prevalence of Overweight

- South Dakota 70%
- Nationwide median 67%

Figure 1
Percentage of South Dakotans Who Are Overweight Based on Body Mass Index, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 4 South Dakotans Who Are Overweight, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	74%	72.9%	75.7%
	Female	62%	60.8%	63.8%
Age	18-29	51%	48.3%	54.2%
	30-39	69%	66.1%	71.7%
	40-49	75%	72.5%	77.5%
	50-59	77%	74.7%	78.6%
	60-69	76%	74.5%	78.1%
	70-79	73%	71.0%	75.5%
	80+	59%	55.7%	63.1%
Race/Ethnicity	White, Non-Hispanic	69%	67.5%	69.6%
	American Indian, Non-Hispanic	77%	73.1%	79.8%
	American Indian/White, Non-Hispanic	77%	65.9%	85.0%
	Hispanic	69%	60.0%	76.1%
Household Income	Less than $35,000	67%	65.3%	69.5%
	$35,000-$74,999	72%	69.8%	73.5%
	$75,000+	70%	68.2%	71.9%
Education	Less than High School, G.E.D.	69%	64.8%	73.4%
	High School, G.E.D.	69%	66.9%	70.7%
	Some Post-High School	69%	67.2%	70.8%
	College Graduate	68%	65.8%	69.2%
Employment Status	Employed for Wages	69%	67.8%	70.8%
	Self-employed	73%	70.1%	75.7%
	Unemployed	65%	59.2%	70.9%
	Homemaker	62%	55.9%	67.5%
	Student	39%	33.4%	44.9%
	Retired	72%	70.0%	73.3%
	Unable to Work	75%	70.8%	79.0%
Marital Status	Married/Unmarried Couple	73%	71.4%	73.9%
	Divorced/Separated	73%	70.3%	75.4%
	Widowed	64%	61.1%	67.1%
	Never Married	57%	54.5%	60.0%
Home Ownership Status	Own Home	72%	70.5%	72.8%
	Rent Home	63%	60.3%	65.2%
Children Status	Children in Household (Ages 18-44)	67%	64.2%	69.0%
	No Children in Household (Ages 18-44)	56%	52.8%	58.8%
Phone Status	Landline	71%	69.6%	72.6%
	Cell Phone	68%	66.3%	69.0%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	58%	55.1%	60.7%
County	Minnehaha	67%	64.5%	69.8%
	Pennington	67%	64.1%	69.2%
	Lincoln	65%	57.3%	71.1%
	Brown	71%	68.1%	74.3%
	Brookings	62%	57.3%	66.5%
	Codington	71%	67.3%	74.2%
	Meade	65%	58.9%	70.5%
	Lawrence	62%	55.6%	67.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

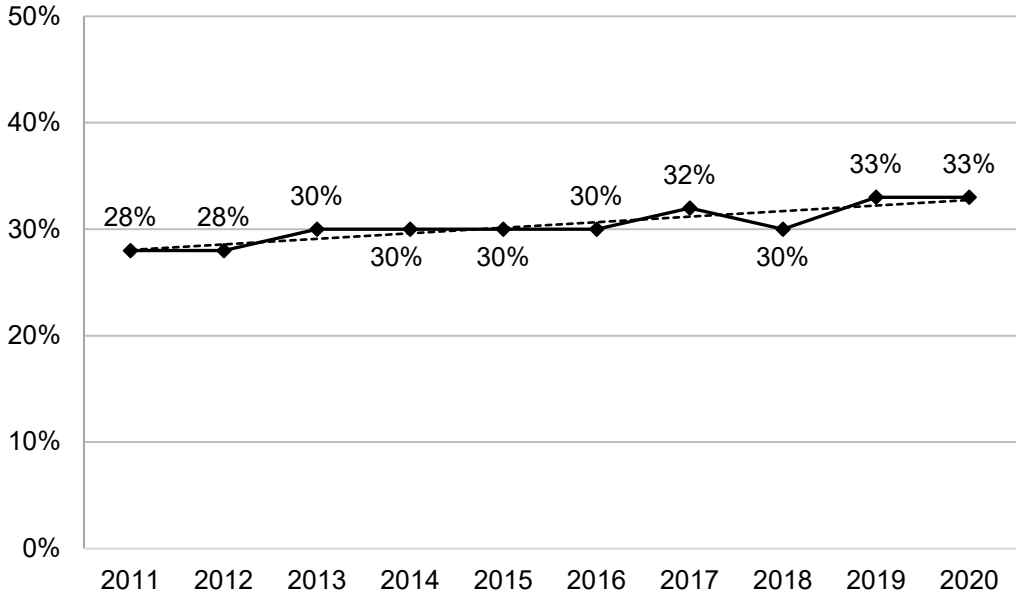
OBESE

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

Prevalence of Obesity

- South Dakota 33%
- Nationwide median 32%

Figure 2
Percentage of South Dakotans Who Are Obese Based on Body Mass Index, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 5 South Dakotans Who Are Obese, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	33%	31.3%	34.1%
	Female	30%	28.9%	31.7%
Age	18-29	20%	18.2%	22.8%
	30-39	33%	30.4%	36.3%
	40-49	37%	34.4%	40.1%
	50-59	38%	35.7%	40.4%
	60-69	36%	34.2%	38.3%
	70-79	31%	28.9%	33.6%
	80+	20%	17.4%	23.7%
Race/Ethnicity	White, Non-Hispanic	31%	29.5%	31.6%
	American Indian, Non-Hispanic	44%	39.8%	48.2%
	American Indian/White, Non-Hispanic	44%	33.3%	55.4%
	Hispanic	37%	29.6%	46.0%
Household Income	Less than $35,000	34%	31.9%	36.0%
	$35,000-$74,999	32%	30.3%	34.0%
	$75,000+	31%	28.7%	32.4%
Education	Less than High School, G.E.D.	35%	30.6%	39.5%
	High School, G.E.D.	32%	29.8%	33.5%
	Some Post-High School	32%	30.5%	34.0%
	College Graduate	29%	27.7%	30.9%
Employment Status	Employed for Wages	32%	30.6%	33.6%
	Self-employed	32%	29.5%	35.5%
	Unemployed	33%	28.1%	38.9%
	Homemaker	28%	23.1%	33.5%
	Student	15%	11.9%	19.7%
	Retired	30%	28.6%	32.1%
	Unable to Work	48%	43.2%	52.6%
Marital Status	Married/Unmarried Couple	33%	31.9%	34.5%
	Divorced/Separated	35%	32.3%	38.2%
	Widowed	26%	23.4%	28.5%
	Never Married	27%	24.8%	29.3%
Home Ownership Status	Own Home	32%	31.2%	33.5%
	Rent Home	31%	28.6%	33.1%
Children Status	Children in Household (Ages 18-44)	31%	28.8%	33.5%
	No Children in Household (Ages 18-44)	24%	21.5%	26.3%
Phone Status	Landline	33%	31.5%	34.6%
	Cell Phone	31%	29.7%	32.3%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	28%	25.8%	30.8%
County	Minnehaha	31%	28.9%	34.1%
	Pennington	29%	26.9%	31.7%
	Lincoln	26%	20.9%	32.6%
	Brown	35%	32.1%	38.6%
	Brookings	26%	22.8%	29.6%
	Codington	34%	30.2%	37.2%
	Meade	25%	21.2%	29.9%
	Lawrence	25%	20.5%	30.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

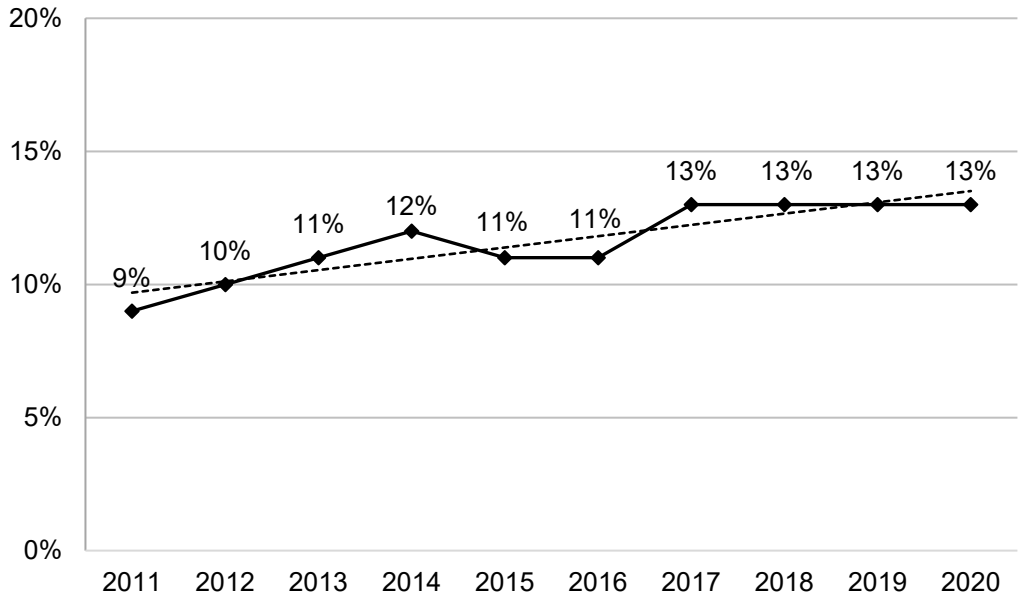
SEVERELY OBESE

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

Prevalence of Severe Obesity

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

Figure 3
Percentage of South Dakotans Who Are Severely Obese Based on Body Mass Index, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 6 South Dakotans Who Are Severely Obese, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	12%	11.4%	13.4%
	Female	13%	11.9%	13.8%
Age	18-29	9%	7.3%	10.5%
	30-39	14%	11.9%	15.9%
	40-49	15%	13.2%	17.2%
	50-59	15%	13.6%	17.0%
	60-69	14%	12.8%	16.0%
	70-79	11%	9.8%	12.9%
	80+	6%	4.3%	7.8%
Race/Ethnicity	White, Non-Hispanic	12%	11.4%	12.8%
	American Indian, Non-Hispanic	19%	16.1%	21.9%
	American Indian/White, Non-Hispanic	19%	11.2%	31.4%
	Hispanic	14%	9.5%	20.5%
Household Income	Less than $35,000	15%	13.8%	16.8%
	$35,000-$74,999	13%	12.0%	14.7%
	$75,000+	10%	8.9%	11.2%
Education	Less than High School, G.E.D.	14%	11.4%	17.7%
	High School, G.E.D.	13%	11.5%	14.0%
	Some Post-High School	13%	11.6%	14.0%
	College Graduate	12%	10.5%	12.8%
Employment Status	Employed for Wages	13%	12.0%	14.1%
	Self-employed	11%	9.5%	13.5%
	Unemployed	14%	10.9%	18.5%
	Homemaker	12%	8.8%	16.0%
	Student	6%	4.3%	9.6%
	Retired	11%	9.7%	12.0%
	Unable to Work	26%	22.1%	30.5%
Marital Status	Married/Unmarried Couple	12%	11.3%	13.1%
	Divorced/Separated	16%	13.5%	17.7%
	Widowed	11%	9.5%	13.4%
	Never Married	13%	11.1%	14.3%
Home Ownership Status	Own Home	12%	11.2%	12.8%
	Rent Home	15%	13.2%	16.5%
Children Status	Children in Household (Ages 18-44)	12%	10.8%	14.1%
	No Children in Household (Ages 18-44)	11%	9.0%	12.3%
Phone Status	Landline	14%	13.0%	15.4%
	Cell Phone	12%	11.2%	12.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	12%	10.3%	13.7%
County	Minnehaha	11%	9.8%	13.2%
	Pennington	12%	10.5%	14.2%
	Lincoln	10%	6.4%	14.3%
	Brown	14%	11.9%	16.4%
	Brookings	12%	9.4%	14.3%
	Codington	14%	12.1%	17.1%
	Meade	10%	7.7%	13.7%
	Lawrence	8%	5.6%	11.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

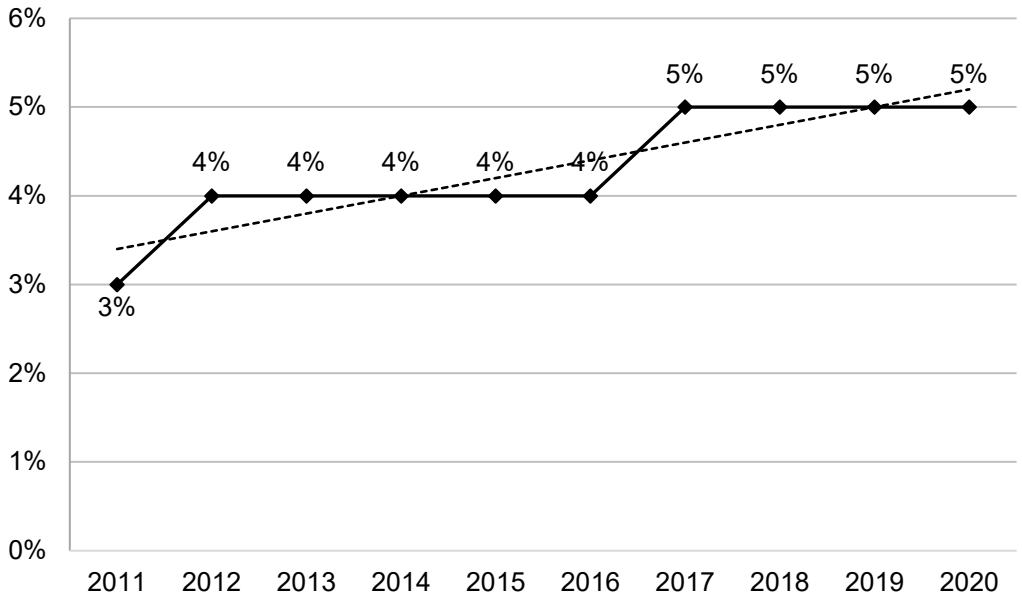
MORBIDLY OBESE

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

Prevalence of Morbid Obesity

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

Figure 4
Percent of South Dakotans Who are Morbidly Obese, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2020

Table 7 South Dakotans Who Are Morbidly Obese, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	4%	3.6%	4.8%
	Female	5%	4.4%	5.7%
Age	18-29	3%	2.4%	4.4%
	30-39	6%	4.8%	7.5%
	40-49	5%	4.2%	6.5%
	50-59	6%	4.6%	6.8%
	60-69	5%	4.2%	6.0%
	70-79	3%	2.5%	4.2%
	80+	1%	0.8%	2.0%
Race/Ethnicity	White, Non-Hispanic	4%	3.9%	4.7%
	American Indian, Non-Hispanic	7%	5.4%	9.2%
	American Indian/White, Non-Hispanic	7%	3.1%	14.4%
	Hispanic	8%	4.3%	13.1%
Household Income	Less than $35,000	6%	5.0%	6.8%
	$35,000-$74,999	5%	4.0%	5.6%
	$75,000+	3%	2.7%	3.9%
Education	Less than High School, G.E.D.	4%	2.9%	5.9%
	High School, G.E.D.	5%	4.1%	5.8%
	Some Post-High School	5%	3.9%	5.3%
	College Graduate	4%	3.8%	5.2%
Employment Status	Employed for Wages	5%	4.1%	5.4%
	Self-employed	4%	2.7%	5.2%
	Unemployed	6%	3.6%	8.4%
	Homemaker	5%	3.4%	8.4%
	Student	2%	0.8%	4.3%
	Retired	4%	3.0%	4.4%
	Unable to Work	12%	9.5%	15.0%
Marital Status	Married/Unmarried Couple	4%	3.7%	4.9%
	Divorced/Separated	6%	4.7%	7.3%
	Widowed	5%	3.6%	6.0%
	Never Married	5%	3.9%	5.8%
Home Ownership Status	Own Home	4%	3.7%	4.7%
	Rent Home	6%	4.9%	6.9%
Children Status	Children in Household (Ages 18-44)	5%	3.7%	5.6%
	No Children in Household (Ages 18-44)	5%	3.6%	5.7%
Phone Status	Landline	5%	4.7%	6.2%
	Cell Phone	4%	3.8%	4.8%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	5%	4.0%	6.2%
County	Minnehaha	5%	3.7%	6.0%
	Pennington	4%	2.9%	5.0%
	Lincoln	3%	1.3%	6.3%
	Brown	6%	4.6%	8.0%
	Brookings	5%	3.4%	6.6%
	Codington	5%	3.6%	6.5%
	Meade	4%	2.4%	5.9%
	Lawrence	2%	0.8%	2.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of morbid obesity does not seem to differ based on gender.
Age	The prevalence of morbid obesity does not seem to consistently change as age changes.
Race/ Ethnicity	American Indians exhibit a very high prevalence of morbid obesity, while whites show a very low prevalence.
Household Income	The prevalence of morbid obesity decreases as household income increases. This includes a significant decrease as the $75,000+ income group is reached.
Education	The prevalence of morbid obesity does not seem to change as education levels change.
Employment	Those who are unable to work demonstrate a significantly higher prevalence of morbid obesity than all other types of employment.
Marital Status	The prevalence of morbid obesity does not seem to differ based on marital status.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of morbid obesity than those who own their home.
Children Status	The prevalence of the adults being morbidly obese does not seem to change based on the presence of children in the household.
Phone Status	The prevalence of morbid obesity does not seem to change based on phone status.
County	Minnehaha, Pennington, Brown, Brookings, and Codington counties demonstrate a very high prevalence of morbid obesity, while Lawrence county shows a very low prevalence.

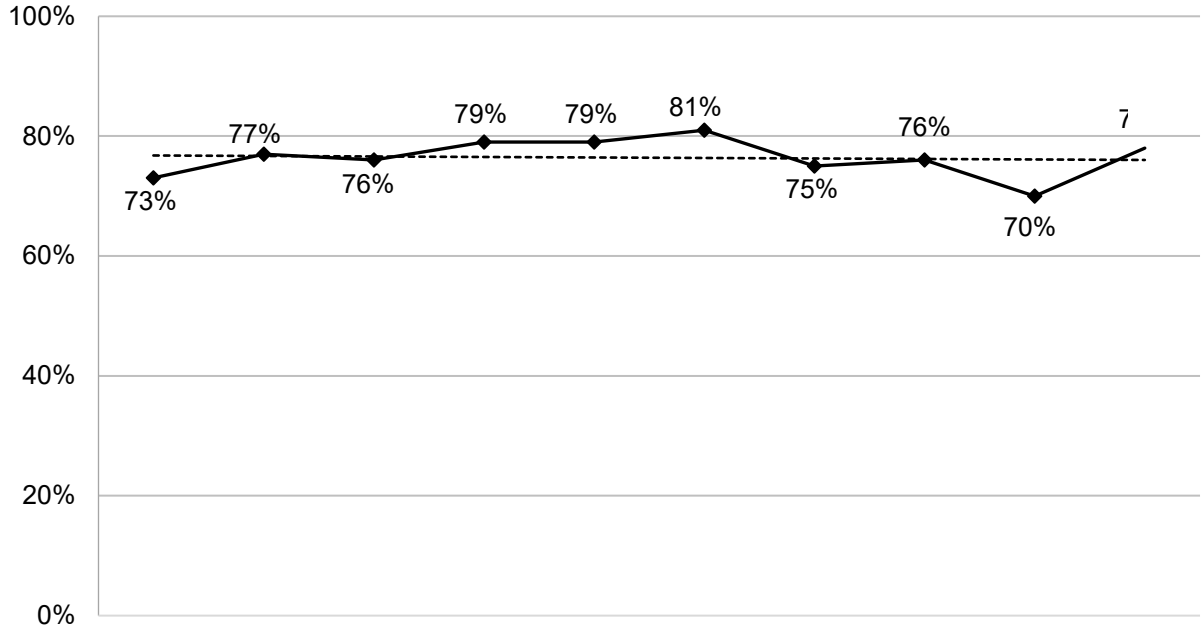
LEISURE TIME PHYSICAL ACTIVITY

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

Prevalence of Leisure Time Physical Activity

- South Dakota 78%
- Nationwide median 78%

Figure 5
Percentage of South Dakotans Who Reported Leisure Time Physical Activity, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 8 South Dakotans Who Reported Leisure Time Physical Activity, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	75%	74.0%	76.7%
	Female	77%	75.4%	77.8%
Age	18-29	84%	81.9%	86.1%
	30-39	82%	79.5%	84.0%
	40-49	78%	75.1%	79.9%
	50-59	72%	70.1%	74.4%
	60-69	70%	68.2%	72.2%
	70-79	68%	65.5%	70.5%
	80+	64%	61.0%	67.9%
Race/Ethnicity	White, Non-Hispanic	76%	75.2%	77.1%
	American Indian, Non-Hispanic	73%	69.2%	76.1%
	American Indian/White, Non-Hispanic	80%	72.3%	86.3%
	Hispanic	75%	67.7%	81.9%
Household Income	Less than $35,000	70%	67.6%	71.4%
	$35,000-$74,999	77%	75.3%	78.6%
	$75,000+	83%	81.9%	84.9%
Education	Less than High School, G.E.D.	62%	57.3%	66.1%
	High School, G.E.D.	71%	69.1%	72.5%
	Some Post-High School	77%	75.9%	78.9%
	College Graduate	85%	84.3%	86.5%
Employment Status	Employed for Wages	79%	78.2%	80.7%
	Self-employed	72%	69.2%	74.7%
	Unemployed	74%	67.8%	79.1%
	Homemaker	77%	72.4%	81.4%
	Student	89%	84.6%	92.2%
	Retired	71%	69.2%	72.7%
	Unable to Work	52%	47.8%	56.8%
Marital Status	Married/Unmarried Couple	77%	76.1%	78.4%
	Divorced/Separated	70%	66.8%	72.2%
	Widowed	66%	62.6%	68.5%
	Never Married	79%	76.6%	80.8%
Home Ownership Status	Own Home	76%	75.2%	77.2%
	Rent Home	75%	72.6%	76.8%
Children Status	Children in Household (Ages 18-44)	82%	80.0%	83.7%
	No Children in Household (Ages 18-44)	83%	81.0%	85.4%
Phone Status	Landline	70%	68.7%	71.8%
	Cell Phone	78%	77.0%	79.2%
Pregnancy Status	Pregnant (Ages 18-44)	85%	74.7%	91.1%
	Not Pregnant (Ages 18-44)	84%	82.2%	86.1%
County	Minnehaha	77%	74.3%	78.9%
	Pennington	77%	74.4%	78.6%
	Lincoln	81%	74.8%	85.9%
	Brown	73%	69.9%	75.5%
	Brookings	78%	74.7%	81.4%
	Codington	72%	68.7%	75.0%
	Meade	76%	72.0%	80.4%
	Lawrence	82%	77.3%	86.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of leisure time physical activity does not seem to differ based on gender.
Age	The prevalence of leisure time physical activity decreases as age increases. This includes a significant decrease when the 50s are reached.
Race/Ethnicity	The prevalence of leisure time physical activity does not seem to differ based on race/ethnicity.
Household Income	The prevalence of leisure time physical activity increases as household income increases. This includes significant increases when the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of leisure time physical activity increases as education increases. This includes significant increases as the high school graduate, some post-high school, and college graduate levels are reached.
Employment	Those who are students demonstrate a very high prevalence of leisure time physical activity, while those who are unable to work show a very low prevalence.
Marital Status	Those who are married or have never been married exhibit a very high prevalence of leisure time physical activity, while those who are divorced or widowed show a very low prevalence.
Home Ownership	The prevalence of leisure time physical activity does not seem to change based on home ownership.
Children Status	The prevalence of leisure time physical activity among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of leisure time physical activity than those who primarily use a landline phone.
Pregnancy Status	The prevalence of leisure time physical activity does not seem to change based on pregnancy status.
County	Residents of Lawrence county exhibit a very high prevalence of leisure time physical activity, while residents of Brown and Codington counties show a very low prevalence.

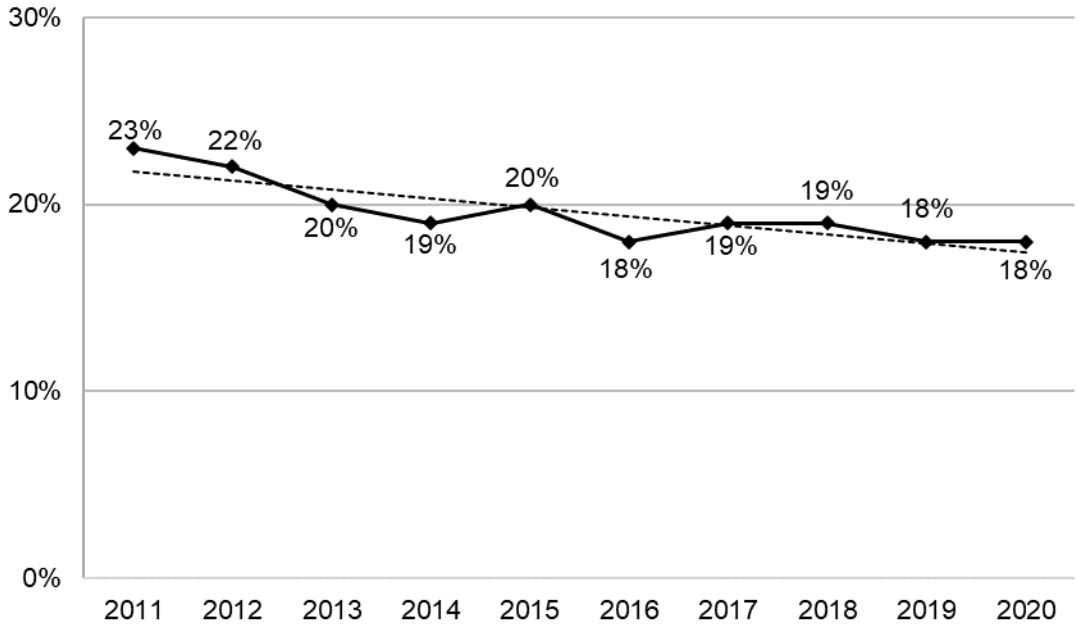
CIGARETTE SMOKING

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

Prevalence of Current Cigarette Smoking

- South Dakota 18%
- Nationwide median 16%

Figure 6
Percentage of South Dakotans Who Currently Smoke Cigarettes, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 9 South Dakotans Who Currently Smoke Cigarettes, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	20%	18.9%	21.7%
	Female	17%	15.6%	17.9%
Age	18-29	19%	16.5%	21.0%
	30-39	28%	25.0%	30.8%
	40-49	21%	18.7%	23.6%
	50-59	20%	18.1%	22.0%
	60-69	15%	13.8%	16.9%
	70-79	9%	7.8%	10.7%
	80+	3%	2.2%	4.1%
Race/Ethnicity	White, Non-Hispanic	16%	15.2%	16.9%
	American Indian, Non-Hispanic	41%	36.8%	45.6%
	American Indian/White, Non-Hispanic	44%	33.4%	55.5%
	Hispanic	20%	14.9%	27.3%
Household Income	Less than $35,000	28%	26.4%	30.5%
	$35,000-$74,999	18%	16.3%	19.5%
	$75,000+	10%	8.7%	11.3%
Education	Less than High School, G.E.D.	33%	28.9%	37.7%
	High School, G.E.D.	24%	21.8%	25.4%
	Some Post-High School	18%	16.7%	19.6%
	College Graduate	8%	6.7%	8.5%
Employment Status	Employed for Wages	21%	19.5%	22.2%
	Self-employed	15%	13.0%	17.8%
	Unemployed	36%	30.5%	42.1%
	Homemaker	25%	18.8%	31.4%
	Student	8%	5.6%	11.8%
	Retired	10%	8.6%	10.9%
	Unable to Work	32%	28.1%	36.5%
Marital Status	Married/Unmarried Couple	14%	12.8%	14.8%
	Divorced/Separated	34%	31.3%	37.2%
	Widowed	15%	12.2%	18.3%
	Never Married	23%	20.9%	25.4%
Home Ownership Status	Own Home	15%	14.0%	15.8%
	Rent Home	30%	28.0%	32.8%
Children Status	Children in Household (Ages 18-44)	25%	22.6%	27.0%
	No Children in Household (Ages 18-44)	20%	18.1%	23.1%
Phone Status	Landline	14%	13.0%	15.3%
	Cell Phone	20%	19.0%	21.3%
Pregnancy Status	Pregnant (Ages 18-44)	18%	7.8%	35.8%
	Not Pregnant (Ages 18-44)	20%	17.8%	22.2%
County	Minnehaha	18%	16.2%	20.9%
	Pennington	20%	17.6%	22.0%
	Lincoln	9%	6.3%	13.2%
	Brown	20%	17.0%	22.8%
	Brookings	13%	10.0%	16.8%
	Codington	20%	17.3%	23.7%
	Meade	19%	14.6%	23.2%
	Lawrence	19%	14.5%	23.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-20

Demographics

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

In 2019-2020, 52 percent of South Dakotans tried to stop smoking for one day or longer because they were trying to quit smoking as shown below in Table 10.

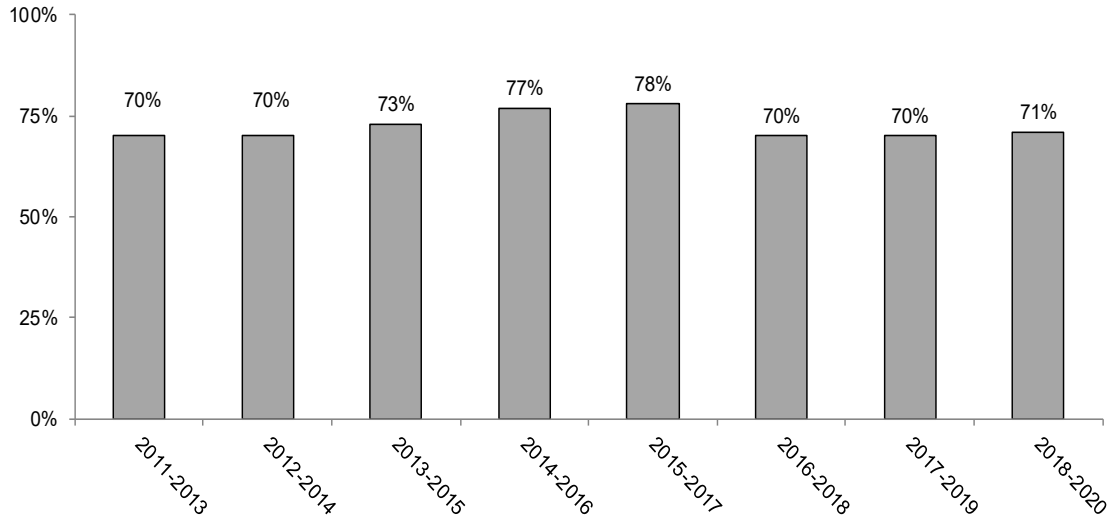
Table 10
South Dakotans Who Tried to Stop Smoking, Within the Past 12 Months, for One Day or Longer, Because They Were Trying to Quit Smoking, 2011-2020

Survey Year	Percent
2019-2020	52%
2018-2019	51%
2017-2018	54%
2016-2017	57%
2015-2016	57%
2014-2015	56%
2013-2014	56%
2012-2013	55%
2011-2012	56%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Figure 7, below, shows the percentage of smokers who have been advised to quit smoking in the past 12 months by a health professional. In 2018-2020, 71 percent of South Dakotans had been advised to quit smoking by a health professional.

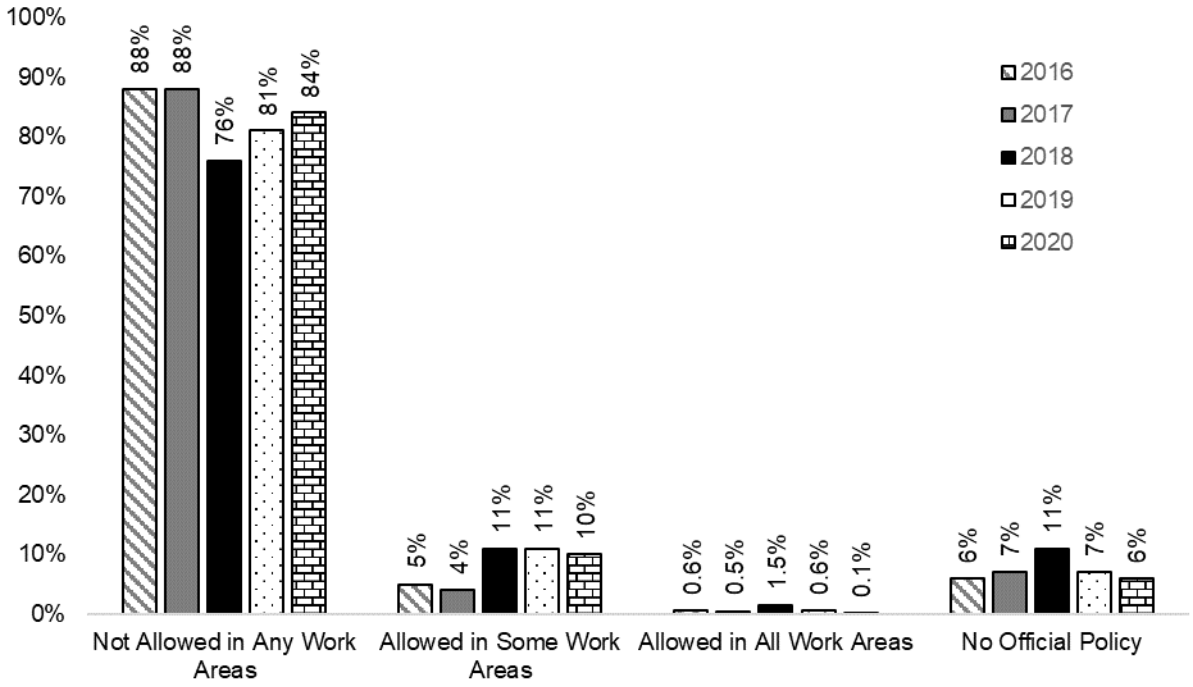
Figure 7
Percentage of Smokers Who Have Been Advised by a Doctor, Nurse, or Other Health Professional to Quit Smoking in the Past 12 Months, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Figure 8, below, shows South Dakotans' place of work official smoking policy for work areas. The majority of South Dakotans for all five years stated that smoking was not allowed in any work areas.

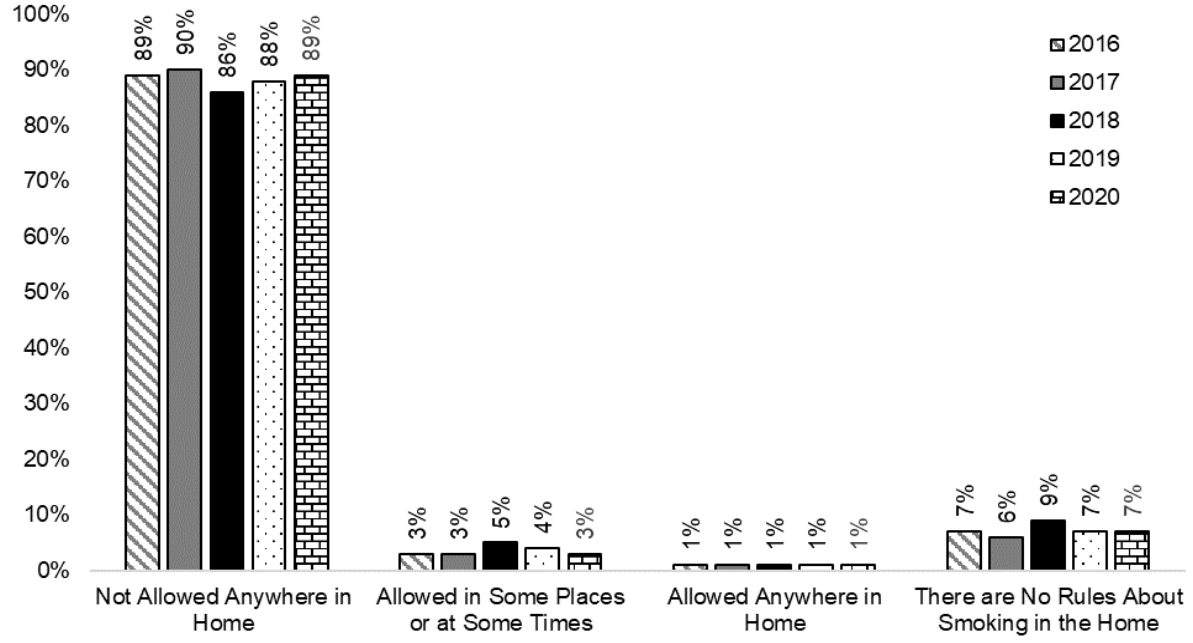
Figure 8
South Dakotans' Place of Work Smoking Policy, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

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

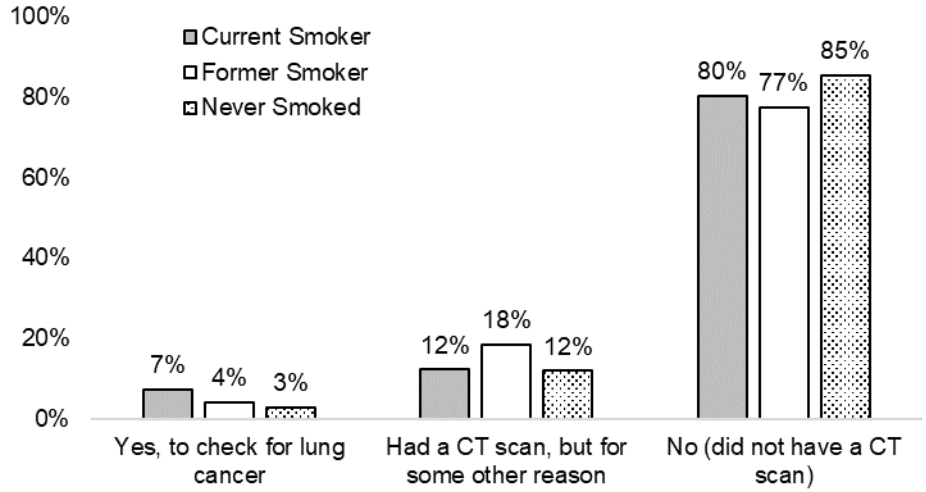
Figure 9
South Dakotans' Rules About Smoking Inside the Home, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 10, below, shows the percent of South Dakotans that had a CT or CAT scan in the past 12 months and the reason for the scan. The majority of South Dakotans did not have a CT or CAT scan, while seven percent of current smokers did have a scan to check for lung cancer.

Figure 10
Percentage of South Dakotans Who Had a CT or CAT Scan in the Past 12 Months, 2018-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2020

In 2012-2020, 47 percent of South Dakotans who use Indian Health services are current smokers, while 45 percent of South Dakotans who use Medicaid are current smokers. This compares to 13 percent of South Dakotans who use a private health insurance plan are current smokers.

Table 11
South Dakotans, Ages 18-64, Cigarette Smoking Status by Type of Health Insurance, 2011-2020

Insurance Type	2011-2019	2012-2020
	Current Smoker	Current Smokers
Indian Health Service	48%	47%
Medicaid	45%	45%
Medicare	32%	31%
Military	25%	25%
Employer based coverage	16%	16%
Private Health Insurance Plan	13%	13%
None	47%	46%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

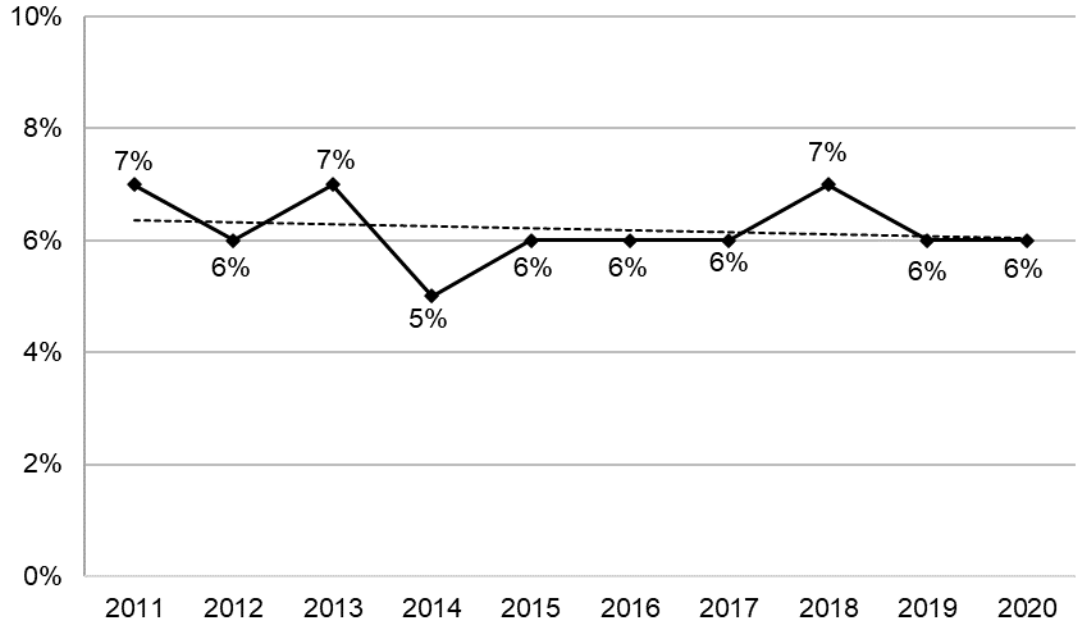
SMOKELESS TOBACCO

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

Prevalence of Smokeless Tobacco

- South Dakota 6%
- Nationwide median 4%

Figure 11
Percentage of South Dakotans Who Use Smokeless Tobacco, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 12 South Dakotans Who Use Smokeless Tobacco, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	11%	10.5%	12.5%
	Female	1%	0.7%	1.2%
Age	18-29	9%	7.2%	10.4%
	30-39	8%	6.4%	9.3%
	40-49	9%	7.0%	10.4%
	50-59	6%	5.1%	7.3%
	60-69	3%	2.1%	3.5%
	70-79	3%	2.2%	4.7%
	80+	2%	1.3%	3.8%
Race/Ethnicity	White, Non-Hispanic	6%	5.4%	6.5%
	American Indian, Non-Hispanic	10%	7.4%	12.2%
	American Indian/White, Non-Hispanic	8%	3.9%	17.6%
	Hispanic	4%	1.8%	8.7%
Household Income	Less than $35,000	5%	4.4%	6.3%
	$35,000-$74,999	8%	6.5%	8.9%
	$75,000+	7%	5.7%	7.8%
Education	Less than High School, G.E.D.	7%	5.4%	9.9%
	High School, G.E.D.	8%	6.6%	8.7%
	Some Post-High School	6%	5.6%	7.5%
	College Graduate	4%	3.1%	4.5%
Employment Status	Employed for Wages	7%	6.4%	8.0%
	Self-employed	10%	7.7%	11.7%
	Unemployed	8%	5.2%	11.5%
	Homemaker	2%	0.7%	3.5%
	Student	5%	2.8%	7.3%
	Retired	3%	2.2%	3.8%
	Unable to Work	4%	2.8%	6.2%
Marital Status	Married/Unmarried Couple	6%	5.1%	6.4%
	Divorced/Separated	7%	6.0%	9.1%
	Widowed	3%	1.9%	5.0%
	Never Married	8%	6.5%	9.2%
Home Ownership Status	Own Home	6%	5.4%	6.6%
	Rent Home	7%	5.8%	8.1%
Children Status	Children in Household (Ages 18-44)	8%	6.8%	9.5%
	No Children in Household (Ages 18-44)	9%	7.4%	10.5%
Phone Status	Landline	5%	3.9%	5.4%
	Cell Phone	7%	6.1%	7.5%
Pregnancy Status	Pregnant (Ages 18-44)	0.4%	0.1%	2.6%
	Not Pregnant (Ages 18-44)	1%	0.9%	1.9%
County	Minnehaha	4%	3.1%	5.3%
	Pennington	5%	4.4%	6.8%
	Lincoln	4%	1.9%	9.0%
	Brown	5%	3.8%	6.6%
	Brookings	5%	3.6%	7.7%
	Codington	6%	4.3%	8.0%
	Meade	9%	6.4%	13.1%
	Lawrence	4%	2.5%	7.6%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

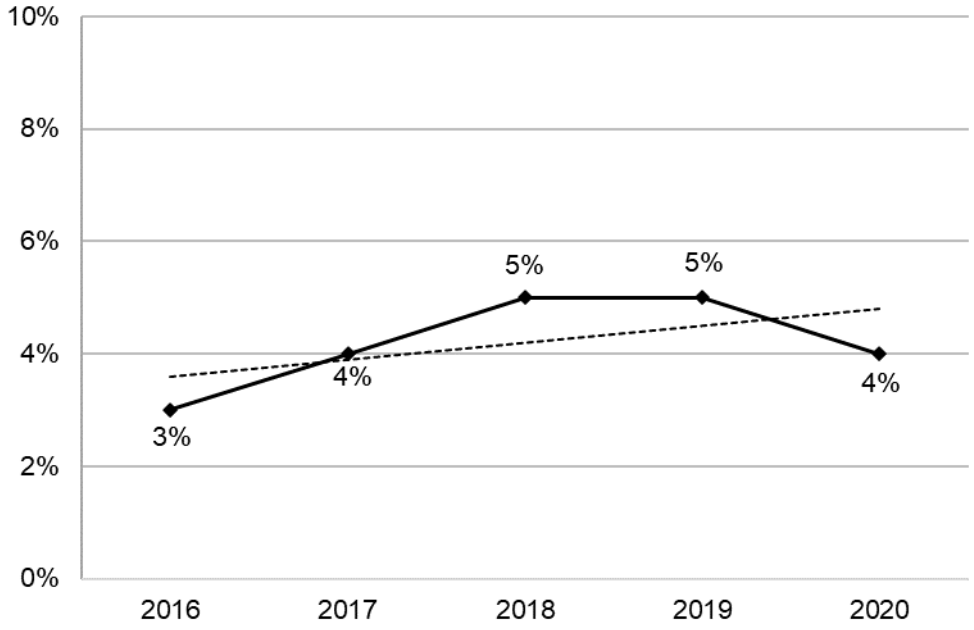
E-CIGARETTE SMOKING

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

Prevalence of E-Cigarette Use

- South Dakota 4%
- *There is no nationwide median for electronic cigarette use*

Figure 12
Percentage of South Dakotans Who Currently Smoke E-Cigarettes, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Table 13 South Dakotans Who Currently Smoke E-Cigarettes, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	5%	4.0%	5.6%
	Female	3%	2.6%	4.0%
Age	18-29	11%	9.0%	13.0%
	30-39	5%	3.4%	6.3%
	40-49	3%	2.1%	4.2%
	50-59	2%	1.8%	3.4%
	60-69	1%	0.7%	1.5%
	70-79	1%	0.3%	1.0%
	80+	0.1%	0.0%	0.4%
Race/Ethnicity	White, Non-Hispanic	4%	3.2%	4.2%
	American Indian, Non-Hispanic	6%	3.5%	8.7%
	American Indian/White, Non-Hispanic	8%	3.6%	18.2%
	Hispanic	6%	3.2%	11.4%
Household Income	Less than $35,000	6%	4.5%	6.9%
	$35,000-$74,999	4%	3.0%	4.9%
	$75,000+	2%	1.9%	3.2%
Education	Less than High School, G.E.D.	7%	4.5%	10.3%
	High School, G.E.D.	5%	3.9%	6.0%
	Some Post-High School	4%	3.3%	4.9%
	College Graduate	2%	1.3%	2.4%
Employment Status	Employed for Wages	5%	3.8%	5.5%
	Self-employed	3%	2.2%	4.8%
	Unemployed	8%	5.1%	12.4%
	Homemaker	2%	0.7%	5.3%
	Student	11%	7.2%	15.8%
	Retired	1%	0.4%	0.9%
	Unable to Work	6%	4.0%	9.0%
Marital Status	Married/Unmarried Couple	3%	2.1%	3.1%
	Divorced/Separated	4%	3.1%	5.4%
	Widowed	1%	0.5%	1.9%
	Never Married	9%	7.2%	10.7%
Home Ownership Status	Own Home	3%	2.2%	3.1%
	Rent Home	7%	5.9%	8.9%
Children Status	Children in Household (Ages 18-44)	5%	3.7%	5.9%
	No Children in Household (Ages 18-44)	11%	8.6%	12.8%
Phone Status	Landline	2%	1.2%	2.2%
	Cell Phone	5%	4.3%	5.7%
Pregnancy Status	Pregnant (Ages 18-44)	5%	0.8%	23.8%
	Not Pregnant (Ages 18-44)	6%	4.4%	7.4%
County	Minnehaha	5%	3.3%	6.3%
	Pennington	4%	3.3%	5.9%
	Lincoln	3%	1.4%	8.0%
	Brown	5%	3.5%	6.7%
	Brookings	7%	4.6%	10.6%
	Codington	5%	3.3%	7.5%
	Meade	4%	2.7%	6.7%
	Lawrence	4%	2.1%	7.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

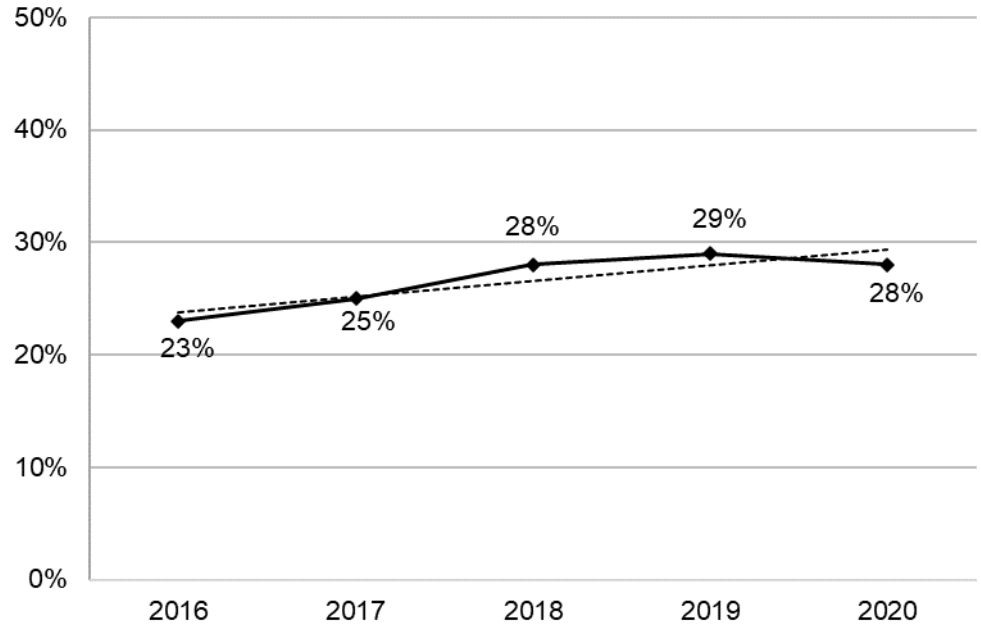
TOBACCO USE

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

Prevalence of Tobacco Use

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

Figure 13
Percentage of South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Table 14 South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	33%	31.6%	34.8%
	Female	20%	18.6%	21.2%
Age	18-29	33%	30.5%	36.2%
	30-39	37%	34.0%	40.2%
	40-49	30%	27.0%	32.5%
	50-59	27%	25.3%	29.7%
	60-69	19%	17.0%	20.4%
	70-79	13%	11.4%	15.2%
	80+	6%	4.2%	7.4%
Race/Ethnicity	White, Non-Hispanic	24%	22.8%	24.8%
	American Indian, Non-Hispanic	51%	46.5%	54.9%
	American Indian/White, Non-Hispanic	57%	46.1%	66.5%
	Hispanic	30%	22.9%	38.3%
Household Income	Less than $35,000	36%	33.9%	38.3%
	$35,000-$74,999	27%	25.5%	29.4%
	$75,000+	18%	16.0%	19.3%
Education	Less than High School, G.E.D.	41%	36.6%	45.8%
	High School, G.E.D.	33%	30.9%	34.8%
	Some Post-High School	27%	25.3%	28.7%
	College Graduate	13%	11.3%	13.8%
Employment Status	Employed for Wages	30%	28.3%	31.3%
	Self-employed	25%	22.6%	28.4%
	Unemployed	46%	39.5%	51.6%
	Homemaker	27%	21.3%	34.4%
	Student	23%	18.4%	29.2%
	Retired	13%	11.9%	14.8%
	Unable to Work	38%	33.4%	42.1%
Marital Status	Married/Unmarried Couple	21%	19.5%	22.0%
	Divorced/Separated	42%	39.3%	45.4%
	Widowed	18%	15.2%	21.8%
	Never Married	35%	32.8%	38.0%
Home Ownership Status	Own Home	22%	20.7%	22.9%
	Rent Home	41%	38.4%	43.5%
Children Status	Children in Household (Ages 18-44)	34%	31.9%	36.8%
	No Children in Household (Ages 18-44)	35%	31.9%	37.8%
Phone Status	Landline	19%	17.8%	20.5%
	Cell Phone	29%	28.1%	30.8%
Pregnancy Status	Pregnant (Ages 18-44)	20%	8.9%	38.5%
	Not Pregnant (Ages 18-44)	25%	22.8%	27.7%
County	Minnehaha	25%	22.6%	28.0%
	Pennington	27%	24.8%	29.8%
	Lincoln	16%	11.6%	22.3%
	Brown	26%	23.5%	29.8%
	Brookings	23%	18.6%	27.0%
	Codington	26%	22.8%	29.7%
	Meade	29%	23.8%	34.0%
	Lawrence	23%	18.7%	28.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

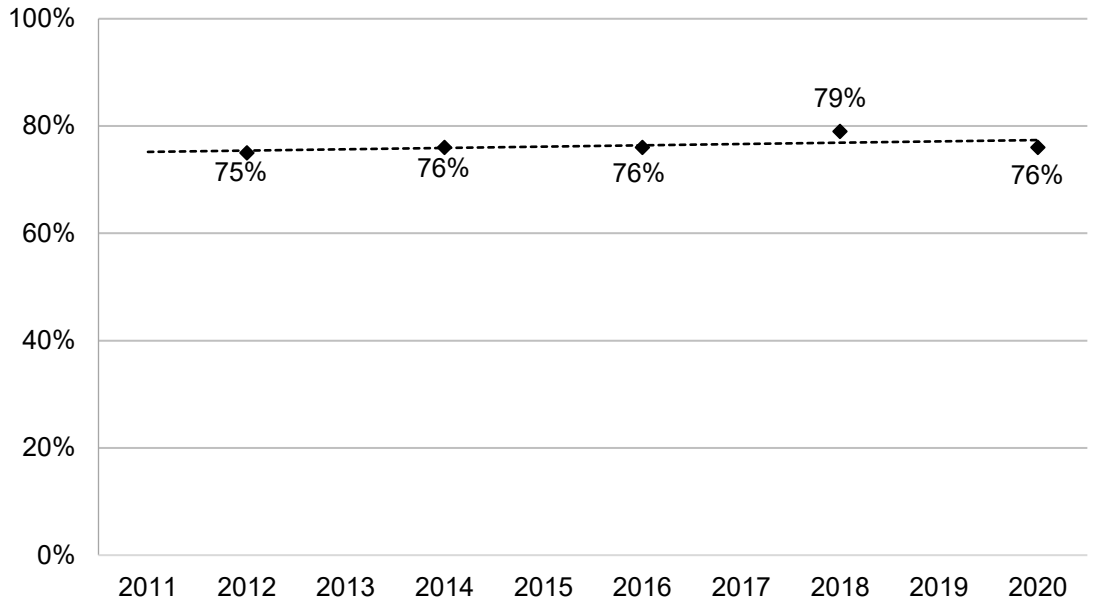
MAMMOGRAM

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

Prevalence of Mammogram

- South Dakota 76%
- *There is no nationwide median for mammograms*

Figure 14
Percentage of Female South Dakotans, Ages 40-74, Who Have Had a Mammogram in the Past Two Years, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Table 15 Female South Dakotans, Ages 40-74, Who Have Had a Mammogram in the Past Two Years, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	-	-	-
	Female	77%	74.9%	78.9%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	68%	62.5%	72.3%
	50-59	79%	76.2%	82.5%
	60-69	81%	77.9%	83.8%
	70-79	80%	75.0%	84.6%
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	78%	76.1%	80.1%
	American Indian, Non-Hispanic	67%	59.6%	74.0%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	69%	64.6%	73.6%
	$35,000-$74,999	78%	75.0%	81.4%
	$75,000+	84%	80.6%	86.8%
Education	Less than High School, G.E.D.	75%	64.0%	83.3%
	High School, G.E.D.	78%	73.2%	81.3%
	Some Post-High School	75%	71.9%	78.6%
	College Graduate	79%	75.7%	81.7%
Employment Status	Employed for Wages	76%	73.2%	79.1%
	Self-employed	77%	70.8%	82.5%
	Unemployed	62%	48.2%	73.4%
	Homemaker	74%	65.2%	81.3%
	Student	*	*	*
	Retired	84%	80.3%	86.5%
	Unable to Work	65%	56.4%	73.1%
Marital Status	Married/Unmarried Couple	81%	78.5%	82.7%
	Divorced/Separated	65%	59.0%	70.9%
	Widowed	73%	64.8%	80.3%
	Never Married	65%	55.3%	73.4%
Home Ownership Status	Own Home	79%	77.4%	81.4%
	Rent Home	63%	55.6%	68.9%
Children Status	Children in Household (Ages 18-44)	64%	55.8%	70.8%
	No Children in Household (Ages 18-44)	55%	38.6%	71.0%
Phone Status	Landline	80%	77.1%	82.6%
	Cell Phone	75%	72.3%	77.7%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	62%	55.0%	68.9%
County	Minnehaha	78%	72.5%	82.3%
	Pennington	73%	67.7%	77.5%
	Lincoln	81%	65.0%	91.2%
	Brown	81%	75.7%	85.9%
	Brookings	82%	76.4%	86.2%
	Codington	84%	75.5%	90.5%
	Meade	69%	58.3%	77.3%
	Lawrence	75%	67.2%	81.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Age	Mammogram screening generally increases as age increases. This includes a significant increase as the 50s are reached.
Race/Ethnicity	Whites exhibit significantly higher prevalence mammogram screening than American Indians.
Household Income	Mammogram screening increases as household income increases. This includes a significant increase as the $35,000-$74,999 income group is reached.
Education	Mammogram screening does not seem to change as education changes.
Employment	Those who are retired demonstrate a very high prevalence of mammogram screening, while those who are unemployed or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit very high prevalence of mammogram screening, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of mammogram screening than those who rent their home.
Children Status	The prevalence of mammogram screening does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of mammogram screening does not seem to differ based on phone status.
County	The prevalence of mammogram screening does not seem to differ among the eight available counties.

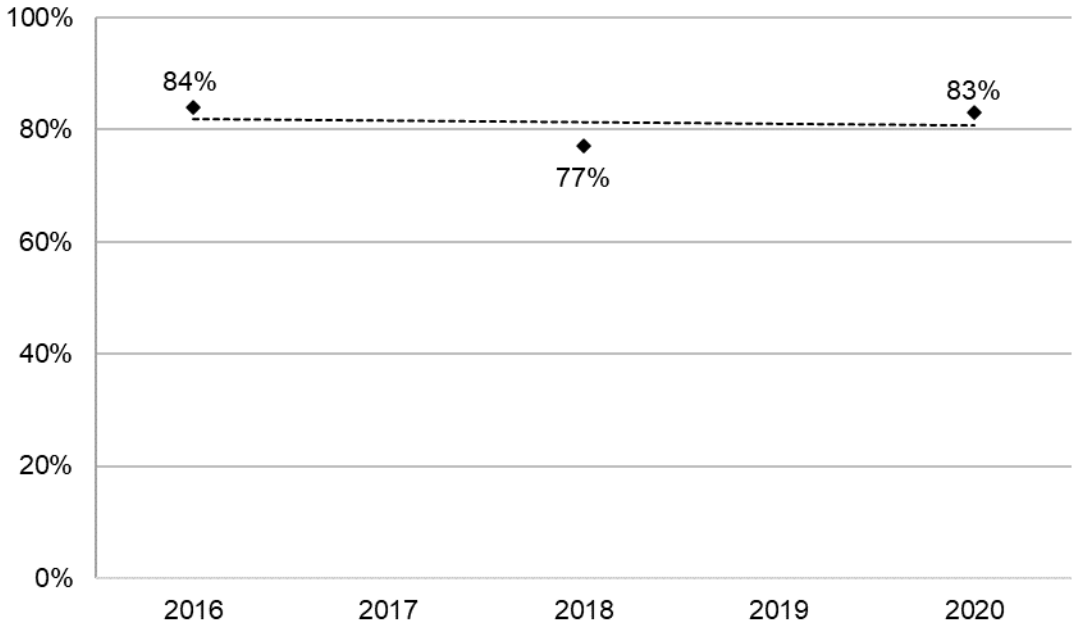
CERVICAL CANCER SCREENING

Definition: Female South Dakotans, ages 21 to 65 years old, who have met cervical cancer screening recommendations within the past three years.

Prevalence of Cervical Cancer Screening

- South Dakota 83%
- *There is no nationwide median for cervical cancer screening recommendations*

Figure 15
Percentage of Female South Dakotans, Ages 21-65, Who Met Cervical Cancer Screening Recommendations Within the Past Three Years, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Table 16 Female South Dakotans, Ages 21-65, Who Met Cervical Cancer Screening Recommendations Within the Past Three Years, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	-	-	-
	Female	81%	78.9%	83.5%
Age	18-29	71%	64.4%	77.0%
	30-39	87%	82.0%	90.5%
	40-49	84%	78.9%	88.7%
	50-59	82%	78.0%	85.7%
	60-69	84%	79.2%	87.4%
	70-79	-	-	-
	80+	-	-	-
Race/ Ethnicity	White, Non-Hispanic	82%	80.0%	84.7%
	American Indian, Non-Hispanic	85%	80.2%	89.5%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	79%	60.4%	89.8%
Household Income	Less than $35,000	71%	65.1%	76.4%
	$35,000-$74,999	87%	83.1%	90.0%
	$75,000+	90%	86.5%	92.3%
Education	Less than High School, G.E.D.	70%	54.8%	81.4%
	High School, G.E.D.	73%	67.6%	78.7%
	Some Post-High School	80%	75.1%	83.3%
	College Graduate	90%	87.1%	91.9%
Employment Status	Employed for Wages	83%	80.1%	85.8%
	Self-employed	85%	77.4%	90.4%
	Unemployed	68%	52.5%	80.1%
	Homemaker	86%	78.9%	90.4%
	Student	53%	37.7%	68.1%
	Retired	82%	73.0%	88.1%
	Unable to Work	69%	58.0%	78.3%
Marital Status	Married/Unmarried Couple	86%	82.9%	87.9%
	Divorced/Separated	80%	72.3%	85.7%
	Widowed	75%	54.8%	88.0%
	Never Married	71%	64.1%	76.6%
Home Ownership Status	Own Home	85%	83.0%	87.6%
	Rent Home	73%	66.6%	77.8%
Children Status	Children in Household (Ages 18-44)	87%	83.7%	89.9%
	No Children in Household (Ages 18-44)	67%	59.4%	73.5%
Phone Status	Landline	81%	76.7%	84.2%
	Cell Phone	81%	78.5%	84.1%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	80%	76.0%	82.8%
County	Minnehaha	80%	73.9%	84.8%
	Pennington	80%	73.9%	85.5%
	Lincoln	83%	65.5%	93.1%
	Brown	85%	77.9%	90.3%
	Brookings	70%	55.4%	81.2%
	Codington	88%	80.8%	92.6%
	Meade	77%	60.6%	87.6%
	Lawrence	77%	65.4%	85.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Age	The prevalence of cervical cancer screening does not seem to consistently change as age changes.
Race/Ethnicity	The prevalence of cervical cancer screening does not seem to differ based on race/ethnicity.
Household Income	The prevalence of cervical cancer screening increases as household income increases. This includes a significant increase as the $35,000-$74,999 income group is reached.
Education	The prevalence of cervical cancer screening increases as education levels increase. This includes a significant increase as the college graduate level is reached.
Employment	Those who are employed for wages, self-employed, a homemaker, or retired demonstrate a very high prevalence of cervical cancer screening, while those who are a student or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a very high prevalence of cervical cancer screening, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of cervical cancer screening than those who rent their home.
Children Status	Those who have children in the household demonstrate a significantly higher prevalence of cervical cancer screening than those who do not have children.
Phone Status	The prevalence of cervical cancer screening does not seem to differ by phone status.
County	The prevalence of cervical cancer screening does not seem to differ among the eight available counties.

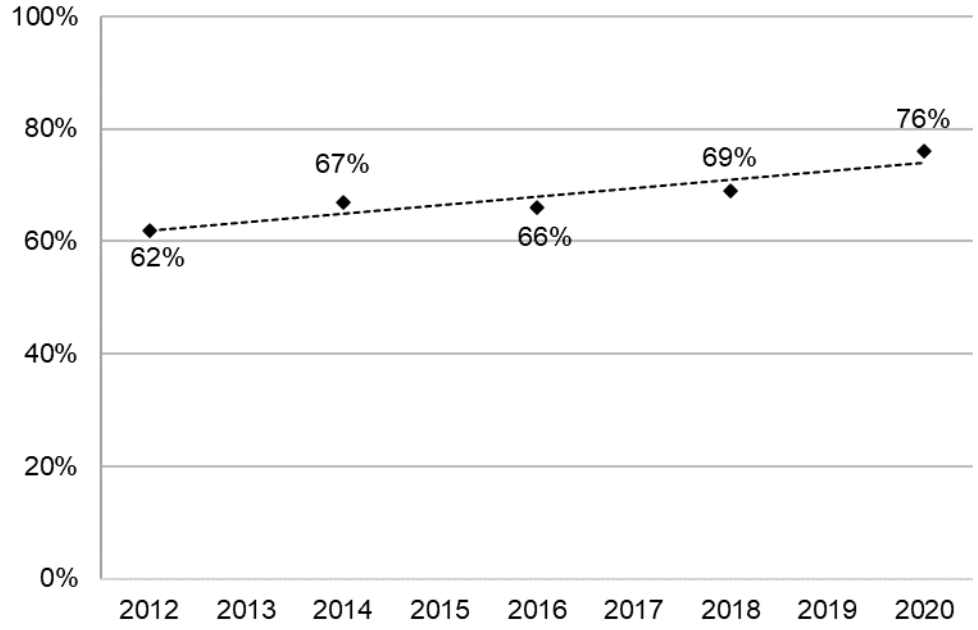
MET COLORECTAL CANCER SCREENING RECOMMENDATIONS

Definition: South Dakotans, ages 50 to 75, that met colorectal cancer screening recommendations.

Prevalence of Meeting Colorectal Cancer Screening Recommendations

- South Dakota 76%
- Nationwide median 74%

Figure 16
Percentage of South Dakotans, Ages 50-75, Who Met Colorectal Cancer Screening Recommendations, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Table 17 South Dakotans, Ages 50-75, Who Met Colorectal Cancer Screening Recommendations, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	67%	64.6%	70.0%
	Female	73%	71.2%	75.7%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	61%	57.6%	63.7%
	60-69	76%	73.1%	78.0%
	70-79	81%	77.2%	84.2%
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	71%	69.6%	73.2%
	American Indian, Non-Hispanic	57%	50.0%	64.6%
	American Indian/White, Non-Hispanic	71%	50.1%	86.2%
	Hispanic	53%	31.1%	74.5%
Household Income	Less than $35,000	64%	60.1%	67.7%
	$35,000-$74,999	71%	67.8%	74.0%
	$75,000+	76%	73.1%	79.1%
Education	Less than High School, G.E.D.	53%	43.6%	62.3%
	High School, G.E.D.	66%	62.9%	69.5%
	Some Post-High School	71%	68.1%	73.9%
	College Graduate	80%	76.9%	81.9%
Employment Status	Employed for Wages	68%	64.7%	70.4%
	Self-employed	63%	57.9%	67.5%
	Unemployed	57%	45.0%	68.5%
	Homemaker	64%	52.6%	74.2%
	Student	*	*	*
	Retired	80%	77.1%	82.5%
	Unable to Work	69%	62.1%	74.8%
Marital Status	Married/Unmarried Couple	73%	70.8%	74.9%
	Divorced/Separated	63%	58.2%	67.6%
	Widowed	74%	67.2%	80.2%
	Never Married	60%	52.8%	66.7%
Home Ownership Status	Own Home	72%	70.4%	74.1%
	Rent Home	57%	51.3%	62.8%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	73%	70.9%	75.8%
	Cell Phone	68%	66.0%	70.8%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	76%	71.6%	79.9%
	Pennington	72%	67.2%	75.5%
	Lincoln	79%	68.6%	86.7%
	Brown	74%	68.9%	78.1%
	Brookings	78%	73.7%	81.8%
	Codington	80%	75.3%	83.7%
	Meade	64%	55.3%	71.9%
	Lawrence	64%	56.9%	69.7%

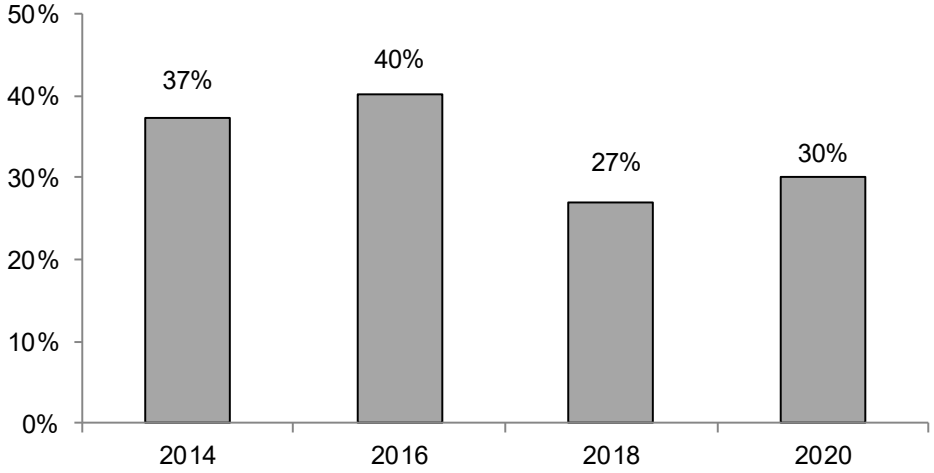
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Females demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than males.
Age	The prevalence of meeting colorectal cancer screening recommendations increases as age increases with a significant increase as the 60s are reached.
Race/Ethnicity	Whites demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than American Indians.
Household Income	The prevalence of meeting colorectal cancer screening recommendations increases as household income increases. This includes a significant increase as the $35,000-$74,999 income group is reached.
Education	The prevalence of meeting colorectal cancer screening recommendations increases as education levels increase with significant increases as the high school and college graduate levels are reached.
Employment	Those who are retired demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than all other types of employment.
Marital Status	Those who are married or widowed exhibit a very high prevalence of meeting colorectal cancer screening recommendations, while those who have never been married or divorced show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of meeting colorectal cancer screening recommendations than those who rent their home.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of meeting colorectal cancer screening recommendations than those who primarily use a cell phone.
County	Minnehaha, Brookings, and Codington counties exhibit a very high prevalence of meeting colorectal cancer screening recommendations, while Meade and Lawrence counties show a very low prevalence.

Figure 17, below, shows the percent of South Dakotans, ages 50-75, who report that a doctor, nurse, or other health professional recommended that they be tested for colorectal or colon cancer. In 2020, 30 percent of South Dakotans stated a health professional recommended a colorectal or colon cancer test.

Figure 17
Percent of South Dakotans, Ages 50-75, Recommended by a Doctor, Nurse, or Other Health Professional to be Tested for Colorectal or Colon Cancer, 2014-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2020

Table 18 shows the percent of South Dakotans, ages 50-75, who met colorectal cancer screening recommendations and whether a health profession had recommended they be screened. In 2018 and 2020, 78 percent of South Dakotans had met the colorectal cancer screening recommendations after a health professional recommended a colorectal or colon cancer test.

Table 18
South Dakotans, Ages 50-75, and Whether They Had Met the Colorectal Cancer Screening Recommendations, 2016-2020

		Met Recommendation
2018 & 2020	Recommended	78%
	Never Recommended	71%
2016 & 2018	Recommended	73%
	Never Recommended	65%
2014 & 2016	Recommended	75%
	Never Recommended	61%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

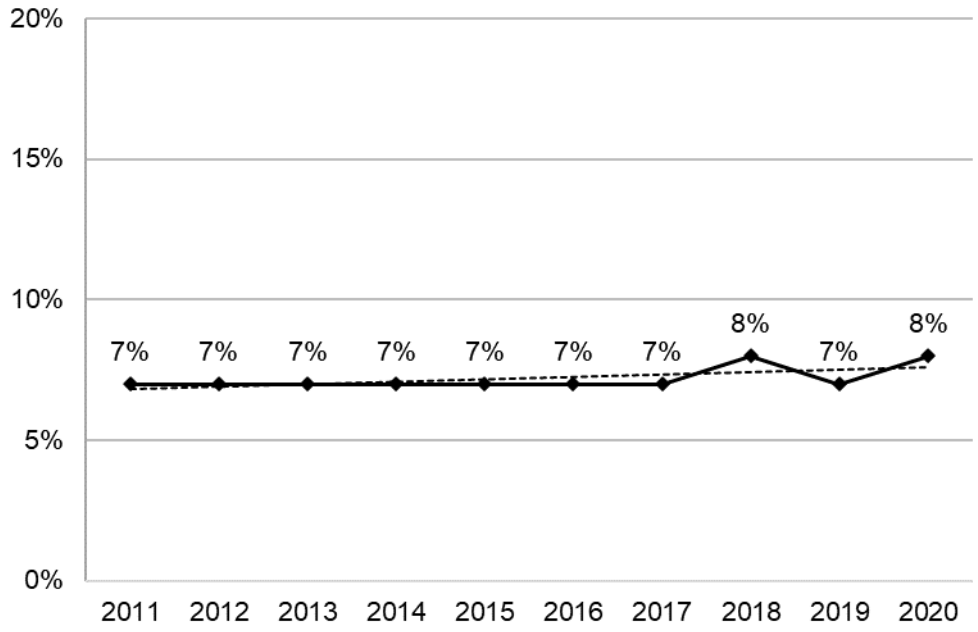
CANCER

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

Prevalence of Cancer

- South Dakota 8%
- Nationwide median 7%

Figure 18
Percentage of South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 19 South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	7%	5.8%	7.3%
	Female	9%	8.1%	9.4%
Age	18-29	1%	0.3%	1.1%
	30-39	3%	1.5%	4.2%
	40-49	3%	2.6%	4.7%
	50-59	7%	5.7%	8.1%
	60-69	13%	12.0%	14.8%
	70-79	20%	18.2%	22.1%
	80+	24%	20.8%	27.1%
Race/Ethnicity	White, Non-Hispanic	8%	7.6%	8.6%
	American Indian, Non-Hispanic	6%	3.3%	9.8%
	American Indian/White, Non-Hispanic	4%	1.9%	7.6%
	Hispanic	5%	2.5%	8.8%
Household Income	Less than $35,000	9%	7.5%	9.9%
	$35,000-$74,999	8%	7.1%	8.9%
	$75,000+	6%	5.3%	6.9%
Education	Less than High School, G.E.D.	7%	5.6%	9.5%
	High School, G.E.D.	8%	7.1%	9.2%
	Some Post-High School	7%	6.3%	7.9%
	College Graduate	8%	7.2%	8.8%
Employment Status	Employed for Wages	4%	3.9%	4.9%
	Self-employed	5%	4.1%	6.4%
	Unemployed	6%	3.8%	8.8%
	Homemaker	10%	5.9%	16.8%
	Student	0.2%	0.1%	0.5%
	Retired	18%	17.1%	19.9%
	Unable to Work	15%	11.9%	18.7%
Marital Status	Married/Unmarried Couple	8%	7.7%	9.1%
	Divorced/Separated	9%	7.5%	10.4%
	Widowed	17%	15.2%	19.4%
	Never Married	2%	1.8%	3.0%
Home Ownership Status	Own Home	9%	8.5%	9.7%
	Rent Home	4%	3.5%	5.6%
Children Status	Children in Household (Ages 18-44)	3%	1.7%	3.8%
	No Children in Household (Ages 18-44)	1%	0.6%	1.4%
Phone Status	Landline	12%	11.3%	13.3%
	Cell Phone	6%	5.3%	6.5%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	1.0%
	Not Pregnant (Ages 18-44)	2%	1.8%	3.2%
County	Minnehaha	6%	5.3%	7.3%
	Pennington	8%	7.0%	9.2%
	Lincoln	8%	5.0%	11.9%
	Brown	8%	6.6%	9.4%
	Brookings	5%	4.3%	6.4%
	Codington	7%	5.9%	8.8%
	Meade	6%	4.3%	7.6%
	Lawrence	5%	3.5%	7.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

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

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

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

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

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

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

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

Children Status Those with children in the household exhibit a significantly higher prevalence of cancer than those without children.

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

Pregnancy Status The prevalence of cancer among females who are not pregnant is significantly higher than those who are pregnant.

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

Table 20, below, shows that in 2018-2020, most respondents diagnosed with cancer have had just one type of cancer while 16 percent have had two types of cancer. Five percent of respondents have had three or more types of cancer.

Table 20
Number of Cancers that South Dakotans Have Had, 2015-2020

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2020

Table 21, below, shows the type of cancer that South Dakotans had. The most common type of cancer for South Dakotans in 2018 and 2020 was skin cancer other than melanoma at 23 percent followed by breast cancer and melanoma both at 14 percent.

Table 21
Type of Cancer South Dakotans Have Been Diagnosed With, 2015-2020

Cancer Type	2015-2016	2016-2017	2017-2018	2018-2020
Skin cancer other than melanoma	30%	27%	23%	23%
Breast	14%	13%	14%	14%
Melanoma	16%	14%	13%	14%
Prostate	9%	11%	12%	12%
Colon (intestine)	4%	3%	4%	4%
Cervical	5%	4%	4%	3%
Stomach	1%	0.4%	0.3%	3%
Renal (kidney)	3%	2%	2%	2%
Endometrial	2%	2%	2%	2%
Lung	2%	1%	1%	2%
Ovarian	2%	2%	2%	2%
Thyroid	2%	2%	3%	2%
Bladder	2%	4%	4%	2%
Leukemia (blood)	1%	1%	1%	2%
Non-Hodgkin's Lymphoma	2%	1%	1%	1%
Other	7%	12%	16%	14%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2020

Table 22, below, shows the percent of respondents with cancer and if they were currently seeking cancer treatments. Most respondents, 59 percent, stated they have completed cancer treatments, while 14 percent of respondents answered they were currently receiving cancer treatments. Less than one percent said that they had refused cancer treatments.

Table 22
South Dakotans' Treatment for Cancer, 2020

Treatment Status for Cancer	%
Yes, I'm currently receiving cancer treatment	14%
No, I've completed treatment	59%
No, I haven't started treatment	4%
No, I've refused treatment	0.1%
Treatment not necessary	23%

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

Table 23, below, shows the type of doctor that provides the majority of health care to South Dakotans with cancer. Most respondents, 51 percent, in recent years stated they see a family practitioner for their health care. Twenty-five percent stated they see a general practitioner, internist for the majority of their health care.

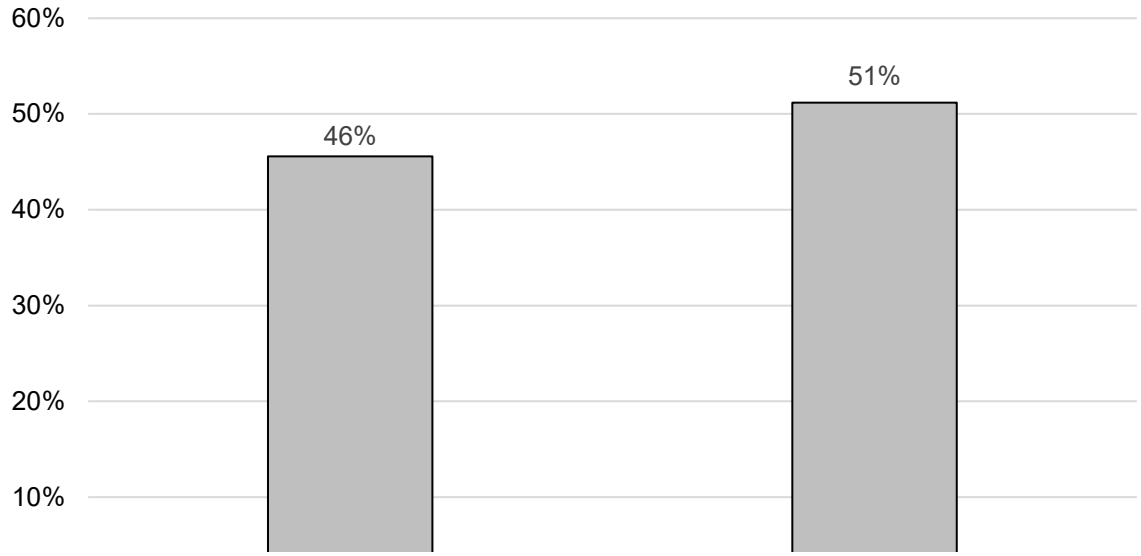
Table 23
Type of Doctor Providing a Majority of Health Care for South Dakotans With Cancer, 2016-2020

Physicians' Specialty	2016-2018	2017, 2018, 2020
Family Practitioner	51%	51%
General Practitioner, Internist	27%	25%
General Surgeon	3%	3%
Medical Oncologist	3%	2%
Cancer Surgeon	2%	2%
Gynecologic Oncologist	2%	2%
Other	13%	14%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 19, below, shows that of the respondents who said they had cancer, 51 percent in recent years, received a written summary given to them by a doctor, nurse, or other health professional of all the cancer treatments they received.

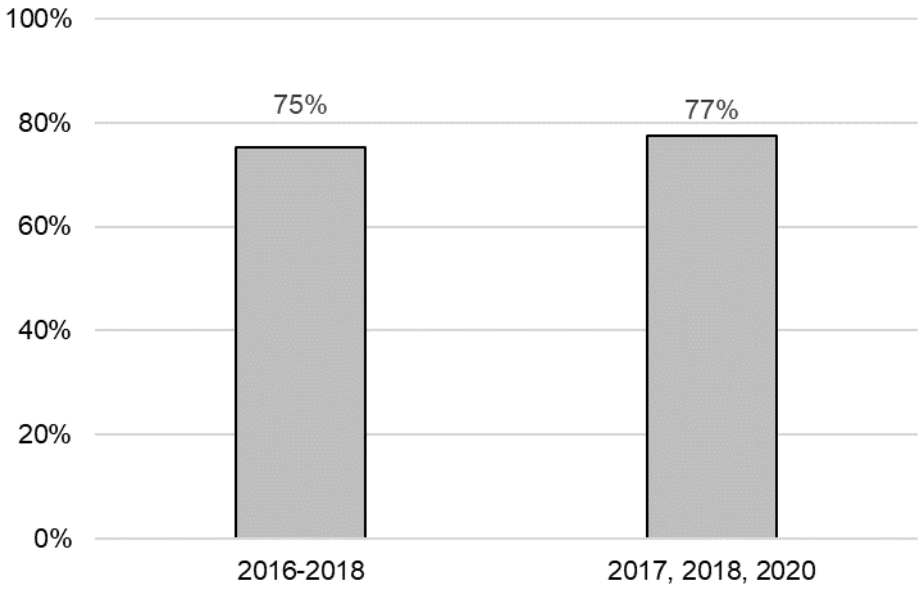
Figure 19
South Dakotans Who Received a Written Summary of All Cancer Treatments, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 20, below, shows that of the South Dakotans who said they had cancer, 77 percent in recent years, received instructions from a doctor, nurse, or other health professional about where they should return or who they should see for routine cancer check-ups after completing cancer treatments.

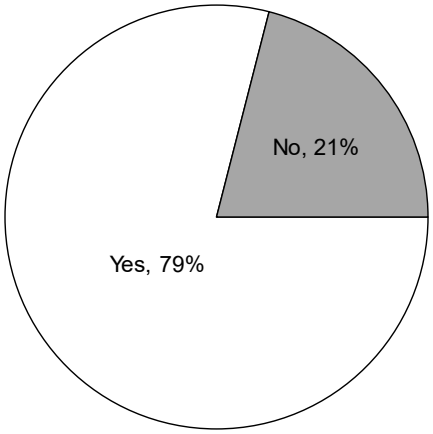
Figure 20
South Dakotans Who Received Instructions for Routine Cancer Check-ups, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 21, below, shows that of the South Dakotans who received instructions from a doctor, nurse, or other health professional about routine cancer check-ups after their treatments, 79 percent said that these instructions were written down or printed on paper for them.

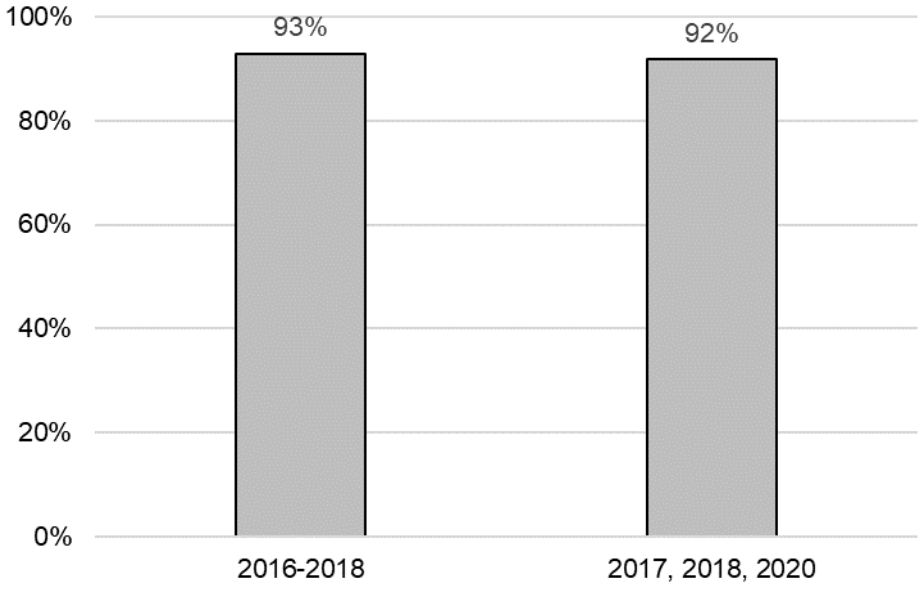
Figure 21
South Dakotans Who Received Written Instructions on Paper for Routine Cancer Check-ups, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 22, below, shows that of the respondent's most recent cancer diagnosis, 92 percent in recent years, said that they had health insurance that paid for all or part of their cancer treatments. This question included those on Medicare, Medicaid, and other types of state health programs.

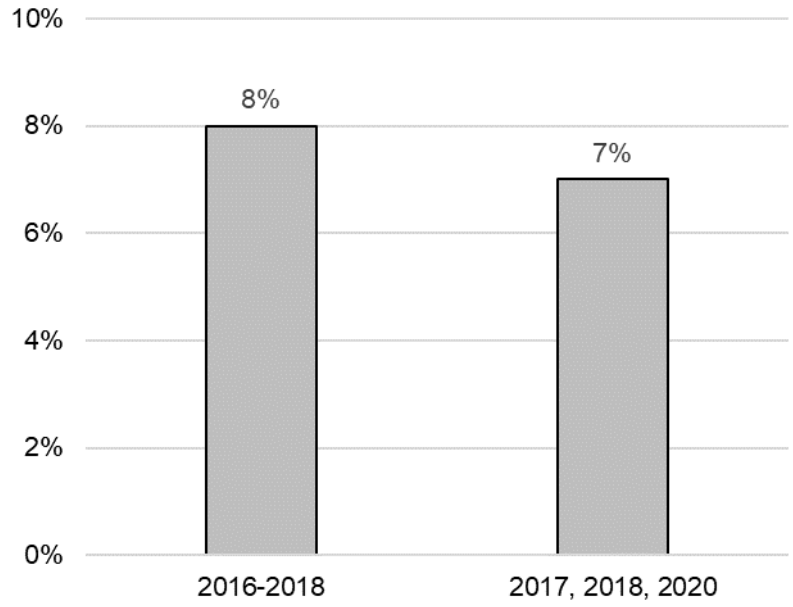
Figure 22
South Dakotans Whose Health Insurance Paid for Some or All of Cancer Treatments, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 23, below, shows that of South Dakotans ever diagnosed with cancer, seven percent in recent years stated they had been denied health insurance or life insurance coverage because of their cancer.

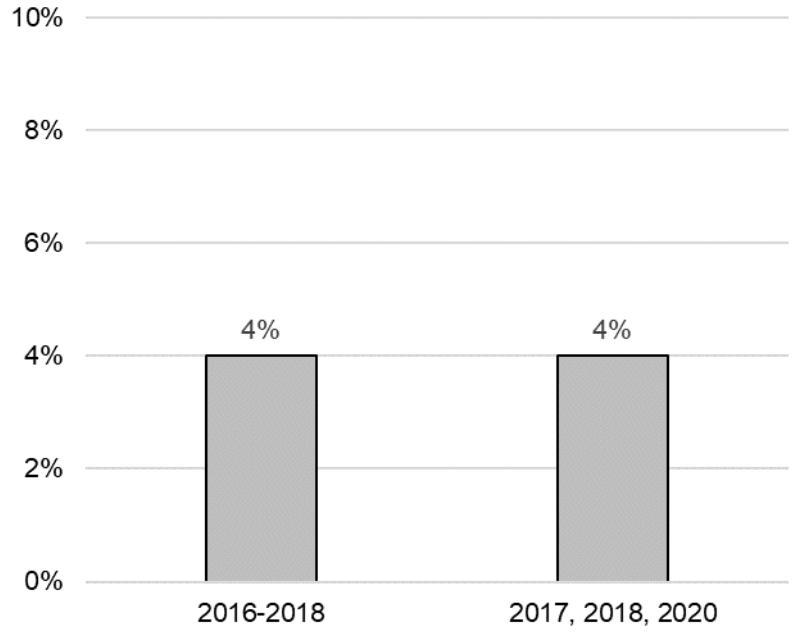
Figure 23
South Dakotans Denied Health Insurance or Life Insurance Due to Cancer Diagnosis, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Figure 24, below, shows that of South Dakotans ever diagnosed with cancer, four percent stated they had participated in a clinical trial as part of their cancer treatment.

Figure 24
South Dakotans Who Participated in a Clinical Trial as Part of Their Cancer Treatment, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

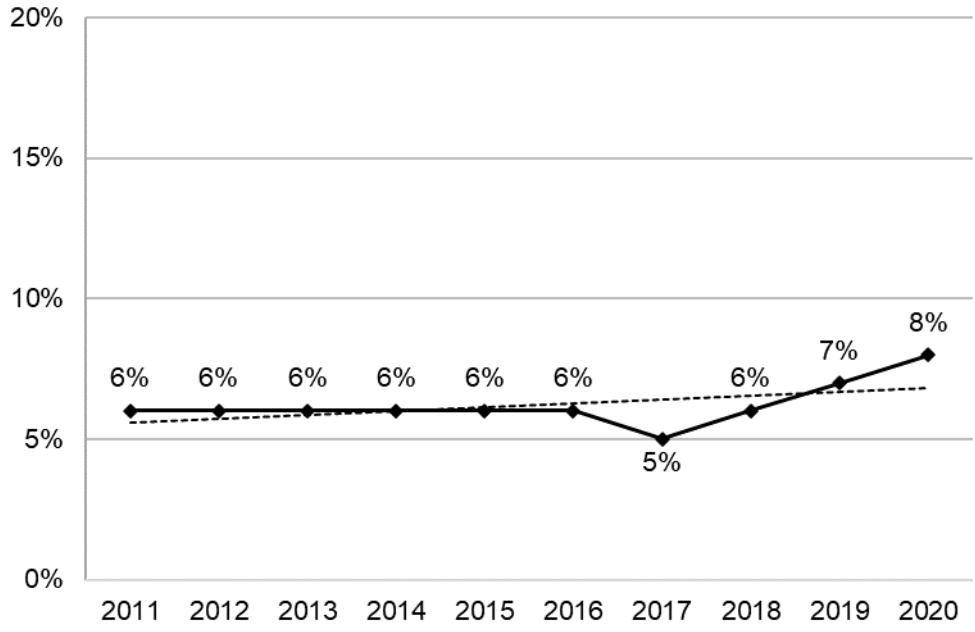
SKIN CANCER

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

Prevalence of Skin Cancer

- South Dakota 8%
- Nationwide median 6%

Figure 25
Percentage of South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 24 South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	6%	5.5%	6.7%
	Female	7%	6.2%	7.4%
Age	18-29	1%	0.4%	1.5%
	30-39	1%	0.6%	1.7%
	40-49	3%	2.4%	4.3%
	50-59	6%	5.3%	7.5%
	60-69	10%	8.9%	11.2%
	70-79	19%	16.9%	20.8%
	80+	21%	18.4%	24.0%
Race/Ethnicity	White, Non-Hispanic	7%	6.8%	7.8%
	American Indian, Non-Hispanic	1%	0.5%	1.1%
	American Indian/White, Non-Hispanic	1%	0.5%	2.4%
	Hispanic	3%	1.4%	7.5%
Household Income	Less than $35,000	6%	5.0%	6.4%
	$35,000-$74,999	6%	5.8%	7.3%
	$75,000+	7%	5.9%	7.7%
Education	Less than High School, G.E.D.	5%	3.8%	7.0%
	High School, G.E.D.	6%	5.3%	6.6%
	Some Post-High School	6%	5.5%	7.0%
	College Graduate	8%	7.2%	8.8%
Employment Status	Employed for Wages	4%	3.4%	4.4%
	Self-employed	6%	5.1%	7.5%
	Unemployed	3%	1.4%	5.0%
	Homemaker	5%	3.8%	7.1%
	Student	1%	0.1%	3.7%
	Retired	16%	15.1%	17.7%
	Unable to Work	6%	4.2%	7.7%
Marital Status	Married/Unmarried Couple	8%	6.9%	8.1%
	Divorced/Separated	6%	5.0%	7.4%
	Widowed	15%	13.1%	17.1%
	Never Married	1%	1.1%	2.1%
Home Ownership Status	Own Home	8%	7.7%	8.8%
	Rent Home	2%	1.9%	2.8%
Children Status	Children in Household (Ages 18-44)	1%	1.0%	2.0%
	No Children in Household (Ages 18-44)	1%	0.6%	1.7%
Phone Status	Landline	11%	9.7%	11.4%
	Cell Phone	5%	4.5%	5.4%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.4%
	Not Pregnant (Ages 18-44)	2%	1.4%	2.8%
County	Minnehaha	5%	4.3%	6.1%
	Pennington	9%	8.1%	10.5%
	Lincoln	6%	4.1%	9.7%
	Brown	6%	5.0%	7.3%
	Brookings	4%	3.6%	5.3%
	Codington	5%	4.4%	6.7%
	Meade	8%	6.2%	10.3%
	Lawrence	9%	6.8%	11.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of skin cancer does not seem to differ by gender.
Age	The prevalence of skin cancer increases as age increases. This includes significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	Whites and Hispanics demonstrate a very high prevalence of skin cancer, while American Indians and American Indian/whites show a very low prevalence.
Household Income	The prevalence of skin cancer does not seem to consistently change as household income changes.
Education	The prevalence of skin cancer increases as education levels increase. This includes a significant increase as the college graduate level is reached.
Employment	Those who are retired demonstrate a very high prevalence of skin cancer, while those who are employed for wages, unemployed, or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of skin cancer, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of skin cancer than those who rent their home.
Children Status	The prevalence of adult skin cancer does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of skin cancer than those who primarily use a cell phone.
Pregnancy Status	Those who are not pregnant demonstrate a significantly higher prevalence of skin cancer than those who are pregnant.
County	Residents of Pennington, Meade, and Lawrence counties exhibit a very high prevalence of skin cancer, while residents of Minnehaha, Brown, Brookings, and Codington counties show a very low prevalence.

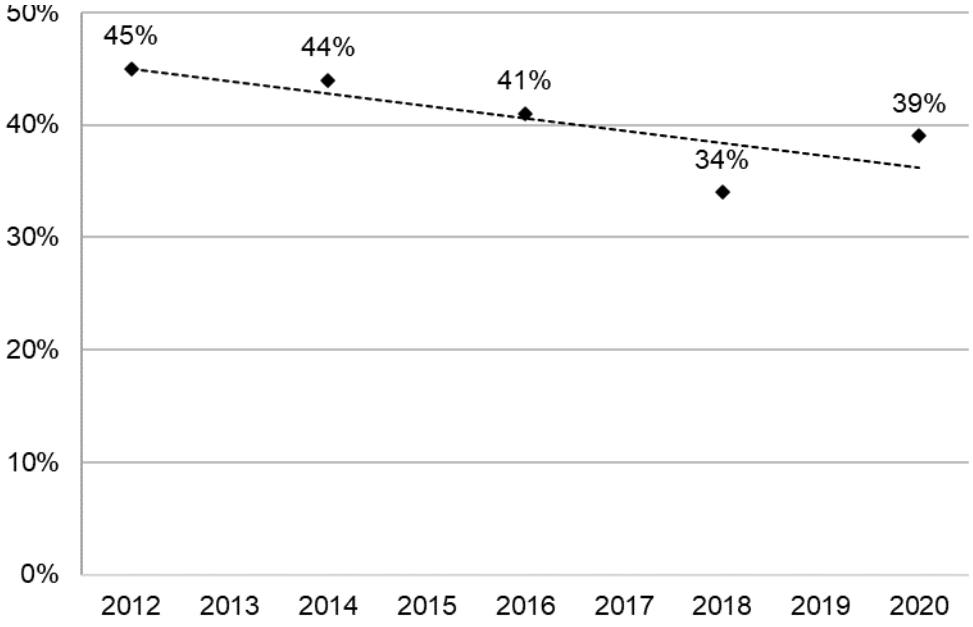
PROSTATE-SPECIFIC ANTIGEN (PSA) TEST

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

Prevalence of PSA Test

- South Dakota 39%
- Nationwide median 32%

Figure 26
Percentage of Male South Dakotans, Ages 40 and Older, Who Have Had a PSA Test Within the Past Two Years, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Table 25 Male South Dakotans, Ages 40 and Older, Who Have Had a PSA Test Within the Past Two Years, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	38%	35.7%	40.3%
	Female	-	-	-
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	9%	6.0%	12.1%
	50-59	31%	27.0%	35.5%
	60-69	52%	47.6%	56.2%
	70-79	64%	58.6%	68.7%
	80+	50%	41.0%	59.4%
Race/ Ethnicity	White, Non-Hispanic	40%	37.7%	42.4%
	American Indian, Non-Hispanic	26%	17.0%	36.7%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	36%	31.0%	40.8%
	$35,000-$74,999	40%	36.2%	44.5%
	$75,000+	37%	33.3%	40.7%
Education	Less than High School, G.E.D.	28%	19.9%	38.2%
	High School, G.E.D.	36%	31.8%	39.8%
	Some Post-High School	37%	33.0%	40.9%
	College Graduate	47%	43.3%	50.7%
Employment Status	Employed for Wages	27%	23.6%	29.9%
	Self-employed	36%	30.9%	40.8%
	Unemployed	24%	13.9%	39.2%
	Homemaker	*	*	*
	Student	*	*	*
	Retired	58%	54.0%	62.2%
	Unable to Work	42%	31.0%	53.3%
Marital Status	Married/Unmarried Couple	42%	39.4%	44.9%
	Divorced/Separated	25%	20.7%	30.4%
	Widowed	43%	34.1%	52.6%
	Never Married	29%	22.0%	37.7%
Home Ownership Status	Own Home	40%	38.0%	42.9%
	Rent Home	26%	19.6%	32.7%
Children Status	Children in Household (Ages 18-44)	7%	3.6%	14.3%
	No Children in Household (Ages 18-44)	7%	2.5%	18.8%
Phone Status	Landline	45%	41.8%	48.9%
	Cell Phone	34%	31.5%	37.2%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	35%	30.1%	41.0%
	Pennington	36%	31.1%	41.4%
	Lincoln	42%	27.9%	56.5%
	Brown	33%	27.7%	39.2%
	Brookings	32%	26.6%	37.4%
	Codington	38%	32.1%	43.9%
	Meade	31%	22.9%	39.5%
	Lawrence	42%	34.1%	49.8%

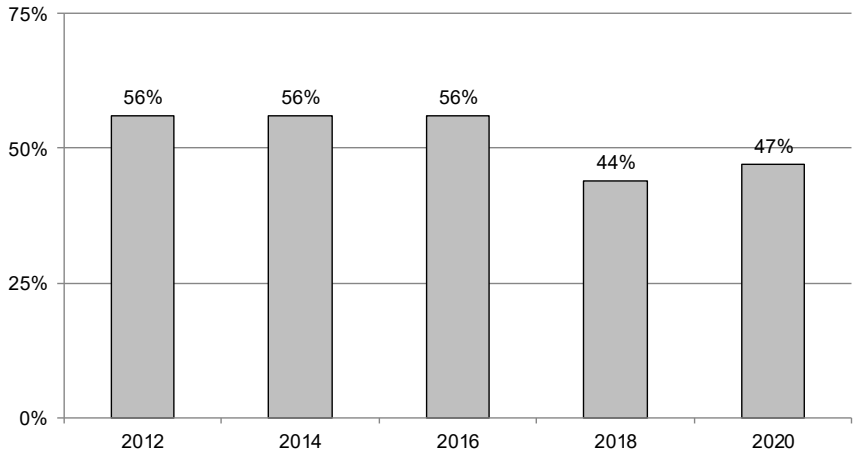
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Figure 27, below, shows the percent of male South Dakotans, ages 40 and older, who stated that a doctor, nurse or other health professional talked with them about the advantages of the PSA test. In 2020, 47 percent said that they had been informed of the advantages.

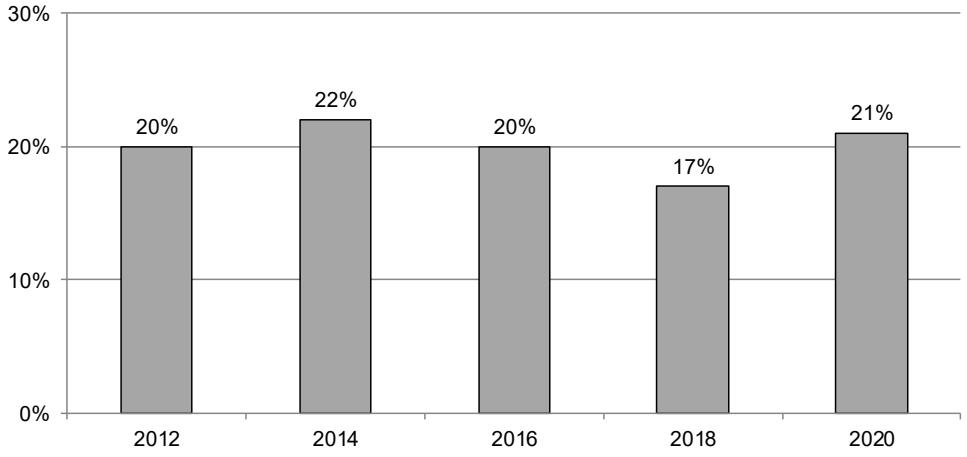
Figure 27
Percentage of Male South Dakotans, Ages 40 and Older, Who Stated That a Doctor, Nurse, or Other Health Professional Talked With Them About the Advantages of the PSA Test, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 28, below, shows the percent of male South Dakotans, ages 40 and older, who stated that a doctor, nurse or other health professional talked with them about the disadvantages of the PSA test. In 2020, 21 percent stated that a health professional talked with them about the disadvantages.

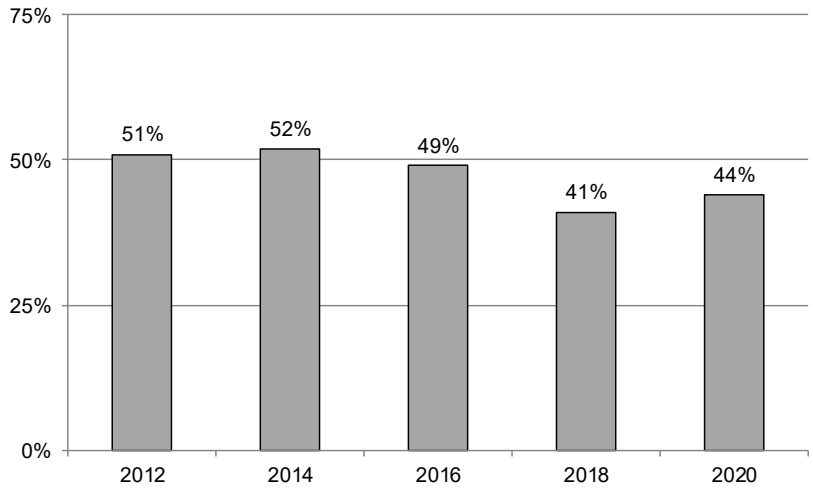
Figure 28
Percentage of Male South Dakotans, Ages 40 and Older, Who Stated That a Doctor, Nurse, or Other Health Professional Talked With Them About the Disadvantages of the PSA Test, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 29, below, shows the percent of male South Dakotans, ages 40 and older, who stated that a doctor, nurse or other health professional ever recommended that they have a PSA test. Less than half of respondents in 2020 stated that they were recommended to have a PSA test.

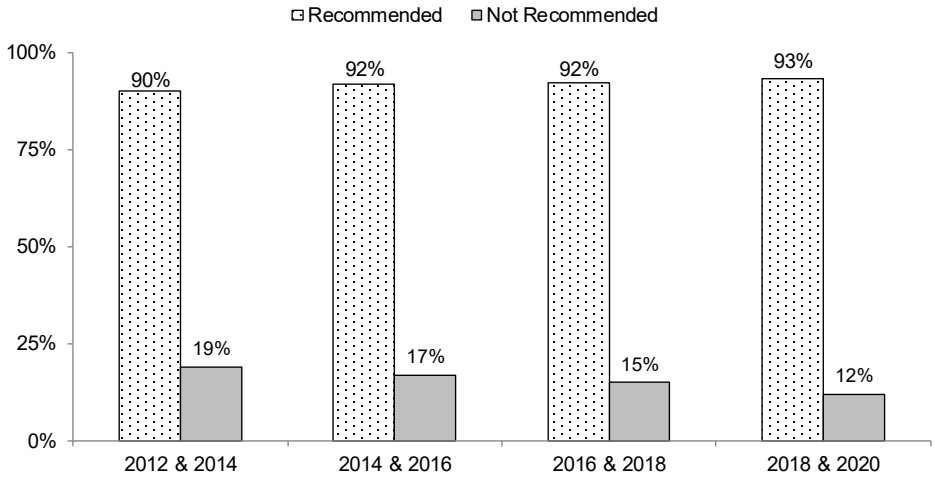
Figure 29
Percentage of Male South Dakotans, Ages 40 and Older, Who Were Recommended by a Doctor, Nurse, or Other Health Professional to Have a PSA Test, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 30, below, shows the percent of male South Dakotans, ages 40 and older, who had a PSA test when their health professional recommended it. Most respondents for all years stated that they had the PSA test that was recommended.

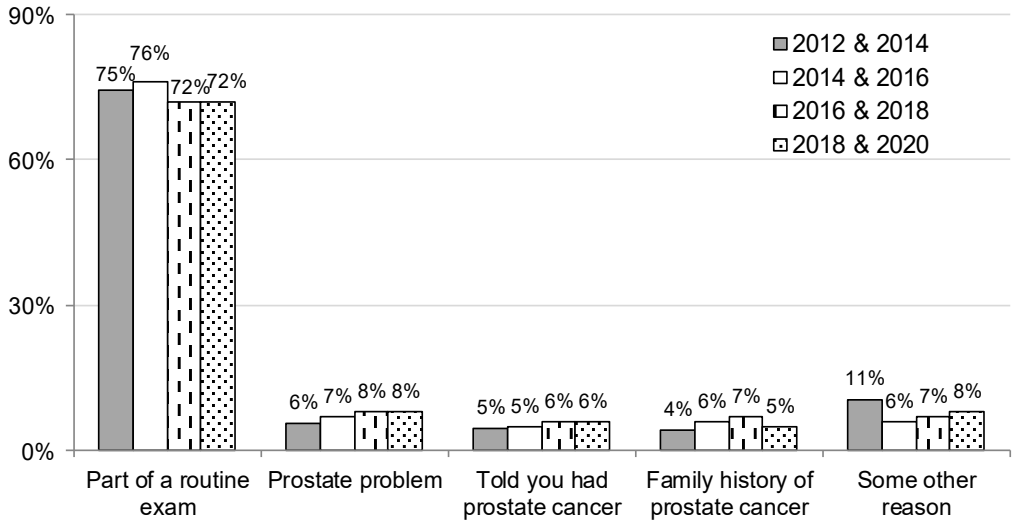
Figure 30
Male South Dakotans, Ages 40 and Older, Who Had a PSA Test When a Health Professional Recommended It, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 31, below, shows the main reason male South Dakotans, ages 40 and older, gave for having their last PSA test. The majority of respondents for all years stated the main reason they had their last PSA test was because it was part of a routine exam.

Figure 31
Male South Dakotans', Ages 40 and Older, Main Reason for Last PSA Test, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

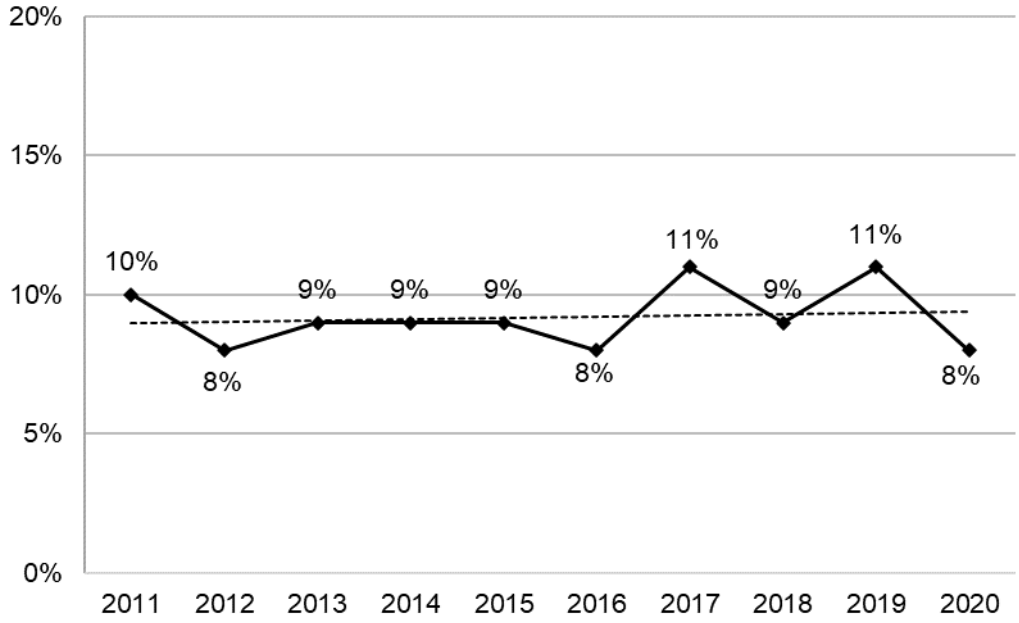
Diabetes

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

Prevalence of Diabetes

- South Dakota 8%
- Nationwide median 11%

Figure 32
Percentage of South Dakotans Who Were Told They Have Diabetes, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 26 South Dakotans Who Were Told They Have Diabetes, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	10%	9.2%	10.9%
	Female	9%	8.0%	9.5%
Age	18-29	2%	1.0%	2.6%
	30-39	3%	2.3%	4.4%
	40-49	7%	5.3%	8.3%
	50-59	11%	9.2%	12.0%
	60-69	16%	14.7%	17.6%
	70-79	22%	19.9%	24.0%
	80+	19%	16.5%	22.7%
Race/Ethnicity	White, Non-Hispanic	9%	8.4%	9.6%
	American Indian, Non-Hispanic	17%	14.3%	19.4%
	American Indian/White, Non-Hispanic	7%	3.7%	11.4%
	Hispanic	9%	5.5%	14.4%
Household Income	Less than $35,000	14%	12.6%	15.1%
	$35,000-$74,999	8%	7.3%	9.2%
	$75,000+	6%	5.3%	7.1%
Education	Less than High School, G.E.D.	14%	11.2%	16.9%
	High School, G.E.D.	10%	9.4%	11.4%
	Some Post-High School	9%	7.8%	9.6%
	College Graduate	7%	6.7%	8.2%
Employment Status	Employed for Wages	6%	5.3%	6.7%
	Self-employed	6%	4.6%	7.0%
	Unemployed	10%	6.9%	13.1%
	Homemaker	9%	6.5%	13.1%
	Student	2%	1.0%	4.8%
	Retired	20%	18.2%	21.2%
	Unable to Work	24%	20.6%	27.4%
Marital Status	Married/Unmarried Couple	9%	8.4%	9.9%
	Divorced/Separated	14%	12.0%	15.5%
	Widowed	18%	16.1%	20.5%
	Never Married	5%	4.1%	6.0%
Home Ownership Status	Own Home	10%	9.5%	10.9%
	Rent Home	8%	7.2%	9.4%
Children Status	Children in Household (Ages 18-44)	3%	2.3%	4.0%
	No Children in Household (Ages 18-44)	3%	1.9%	3.9%
Phone Status	Landline	14%	13.1%	15.3%
	Cell Phone	8%	7.0%	8.2%
Pregnancy Status	Pregnant (Ages 18-44)	0.2%	0.0%	0.9%
	Not Pregnant (Ages 18-44)	3%	2.3%	4.3%
County	Minnehaha	8%	7.0%	9.7%
	Pennington	9%	7.7%	10.1%
	Lincoln	8%	4.6%	12.5%
	Brown	10%	8.0%	11.3%
	Brookings	6%	5.1%	7.9%
	Codington	10%	8.4%	12.3%
	Meade	8%	6.3%	10.8%
	Lawrence	9%	6.8%	11.9%

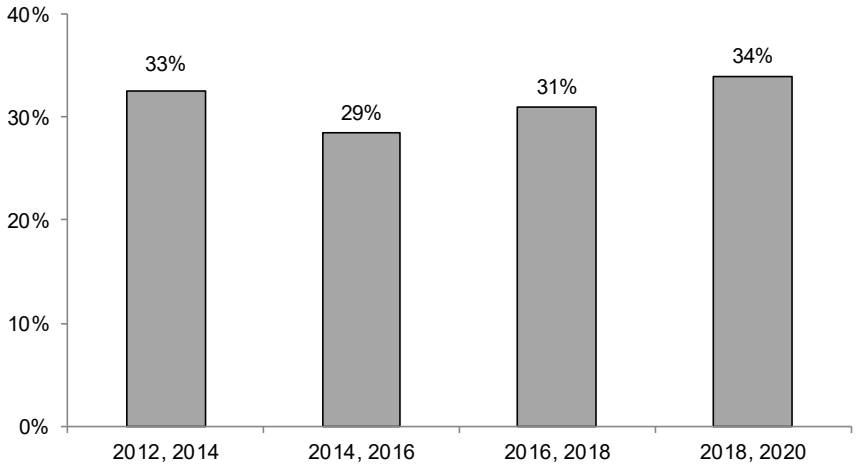
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Figure 33, below, shows the percent of South Dakotans who are taking insulin for their diabetes. In 2018 and 2020, a little over one third of South Dakotans with diabetes indicated they were taking insulin for their diabetes.

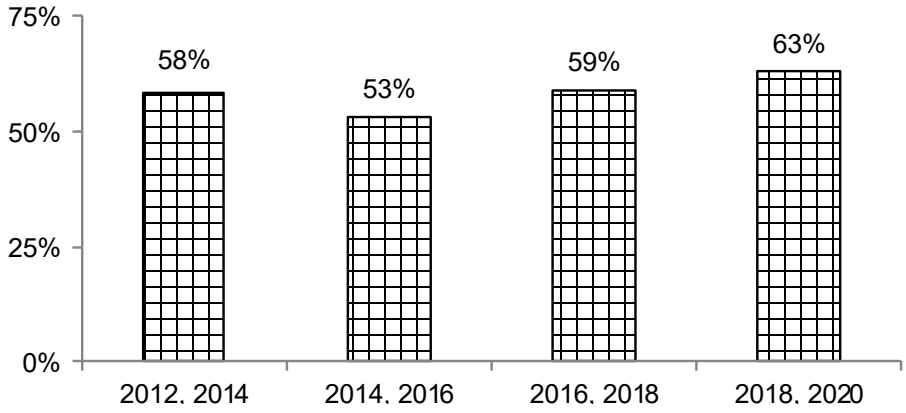
Figure 33
South Dakotans Who Use Insulin for Diabetes, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 34, below, shows the percent of South Dakotans who check their blood for glucose or sugar one or more times per day. In 2018 and 2020, 63 percent of South Dakotans stated they check their blood for glucose or sugar one or more times per day.

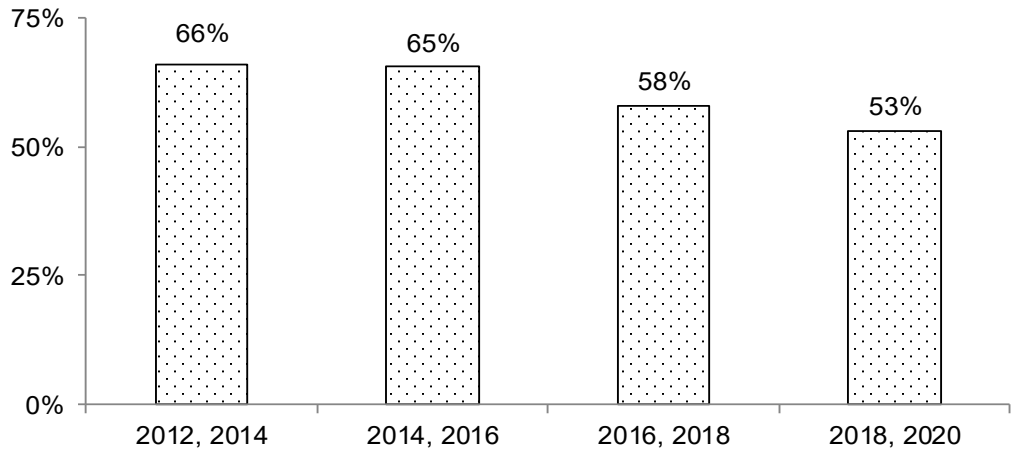
Figure 34
South Dakotans Who Check Their Blood for Glucose or Sugar One or More Times Per Day, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 35, below, shows the percent of South Dakotans who check their feet for any sores or irritations one or more times per day. In 2018 and 2020, 53 percent of South Dakotans stated that they check their feet for any sores or irritations one or more times per day.

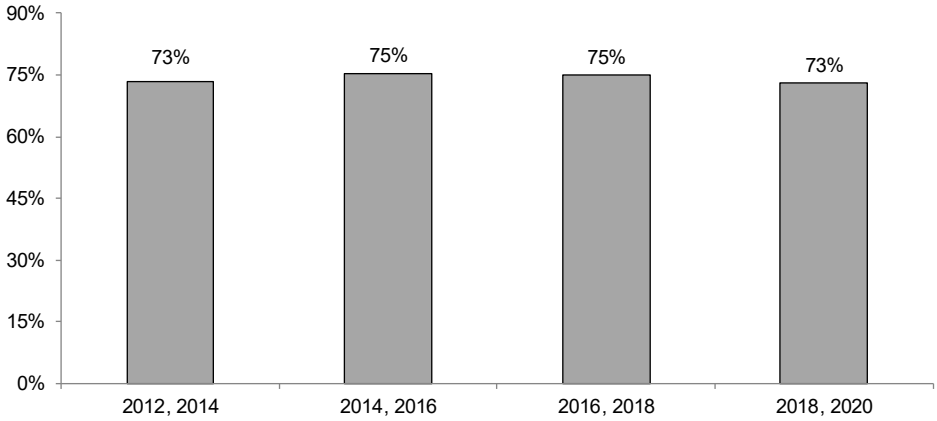
Figure 35
South Dakotans Who Check Their Feet for Sores or Irritations One or More Times Per Day, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 36, below, shows the percent of South Dakotans that have seen a doctor, nurse, or other health professional two or more times in the past 12 months for their diabetes. In 2018 and 2020, 73 percent of South Dakotans indicated that they have seen a doctor, nurse, or other health professional two or more times in the past 12 months for their diabetes.

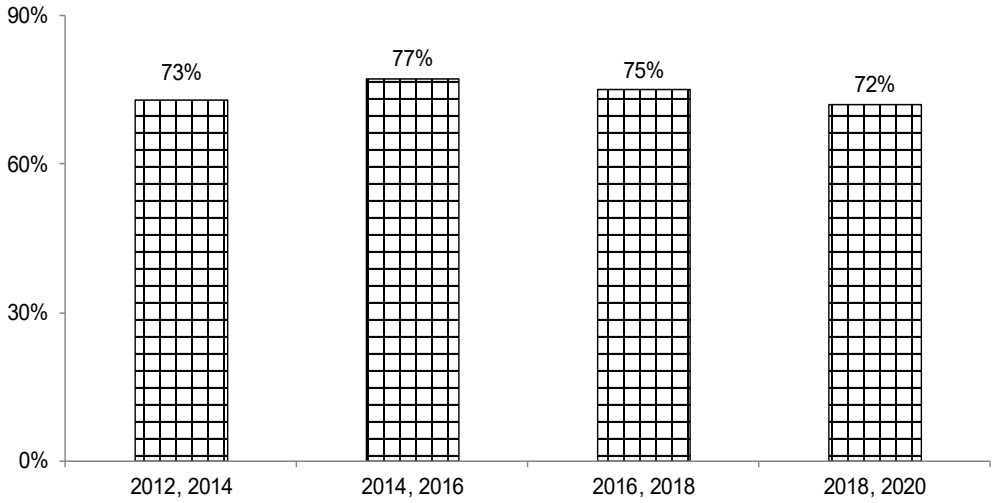
Figure 36
South Dakotans Who Have Seen a Doctor, Nurse, or Other Health Professional for Their Diabetes Two or More Times in the Past 12 Months, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 37, below, shows the percent of South Dakotans that had hemoglobin A1c checked two or more times in the past 12 months by a doctor, nurse, or other health professional. In 2018 and 2020, 72 percent of South Dakotans indicated that they have had hemoglobin A1c checked two or more times by a doctor, nurse, or other health professional.

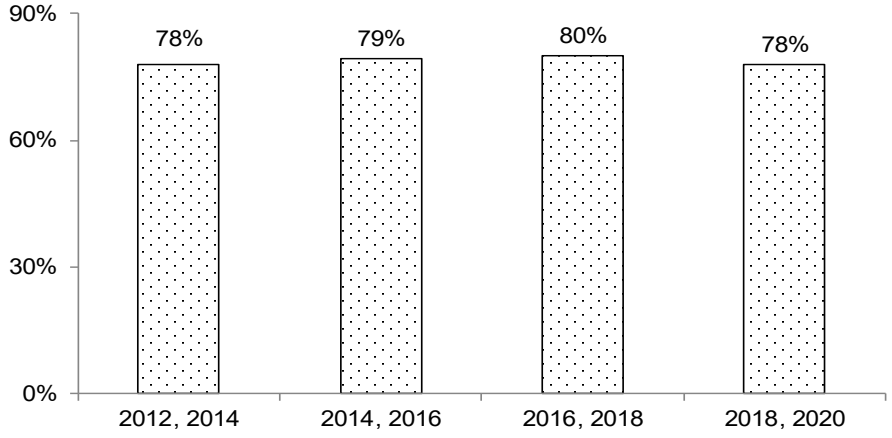
Figure 37
South Dakotans That Had Hemoglobin A1c Checked by a Doctor, Nurse, or Other Health Professional Two or More Times in the Past 12 Months, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 38, below, shows the percent of South Dakotans that stated they had a health professional check their feet for sores or irritations at least once in the past year. In 2018 and 2020, 78 percent of South Dakotans indicated that they have had their feet checked by a health professional at least once in the past year.

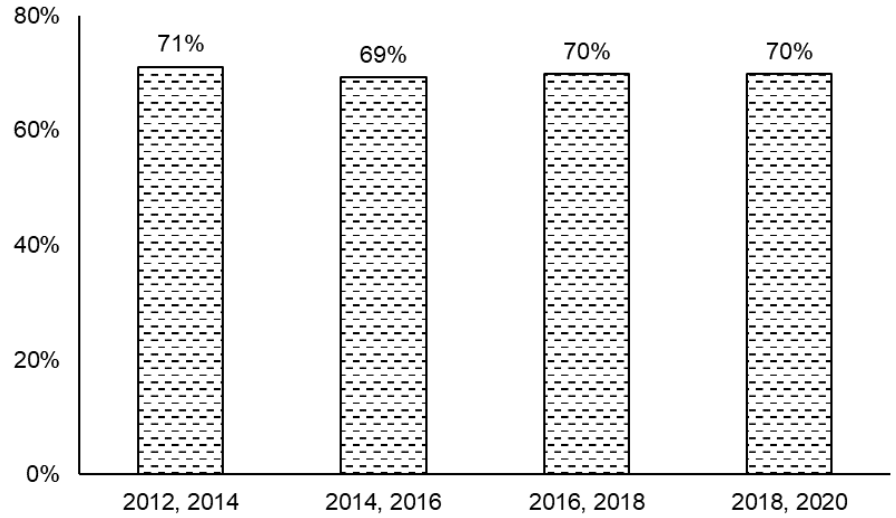
Figure 38
South Dakotans Who Had a Health Professional Check Their Feet for Any Sores or Irritations at Least Once in the Past Year, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 39, below, shows the percent of South Dakotans that had an eye exam in the past year in which the pupils were dilated. In 2018 and 2020, 70 percent of South Dakotans indicated that they had an eye exam in the past year in which their pupils were dilated.

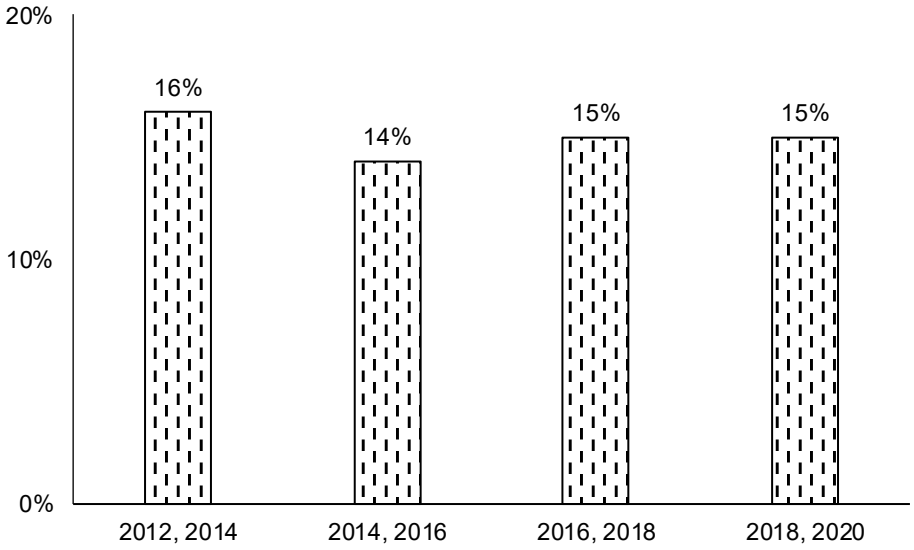
Figure 39
South Dakotans Who Had an Eye Exam in the Past Year in Which the Pupils Were Dilated, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 40, below, shows the percent of South Dakotans who were told by a doctor that diabetes has affected their eyes or that they have retinopathy. In 2018 and 2020, 15 percent of South Dakotans indicated that diabetes has affected their eyes or that they had retinopathy.

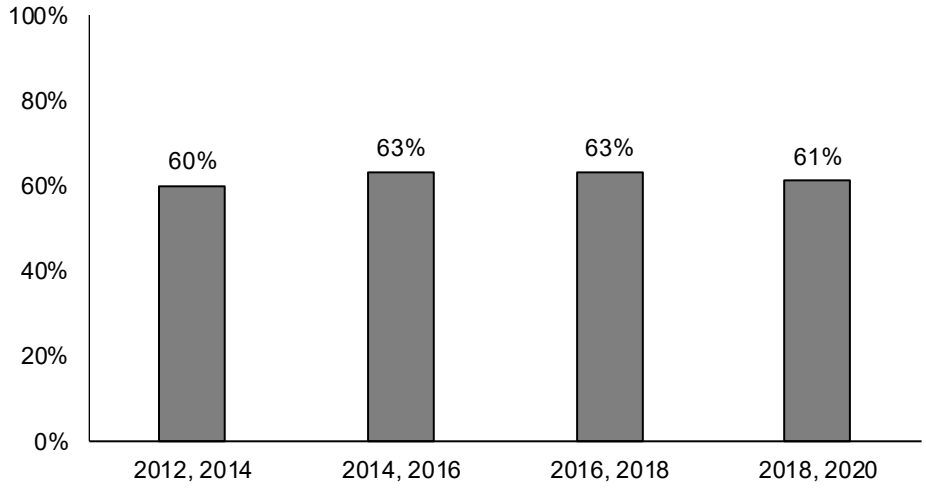
Figure 40
South Dakotans Told by a Doctor That Diabetes Has Affected Their Eyes or They Have Retinopathy, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Figure 41, below, shows the percent of South Dakotans who have ever taken a course or class in how to manage diabetes. In 2018 and 2020, 61 percent of South Dakotans indicated that they have taken a course or class to manage diabetes.

Figure 41
South Dakotans Who Have Ever Taken a Course or Class in How to Manage Diabetes, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

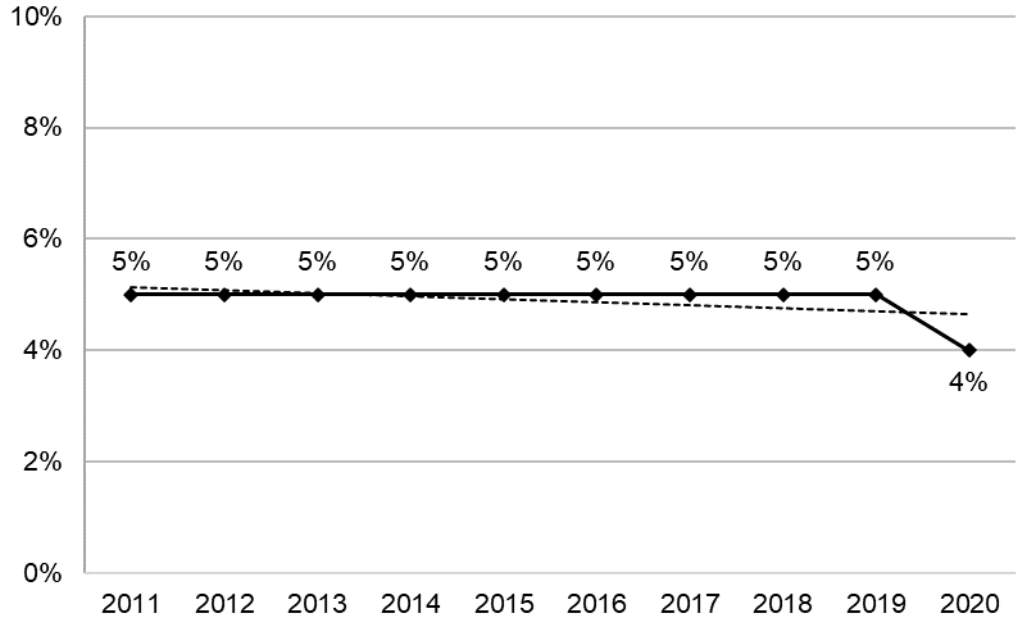
PREVIOUSLY HAD A HEART ATTACK

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

Prevalence of Previous Heart Attack

- South Dakota 4%
- Nationwide median 4%

Figure 42
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 27 South Dakotans Who Previously Had a Heart Attack, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.7%	7.1%
	Female	3%	2.7%	3.5%
Age	18-29	1%	0.5%	1.5%
	30-39	1%	0.6%	1.5%
	40-49	3%	1.8%	4.3%
	50-59	5%	3.7%	5.6%
	60-69	7%	6.4%	8.6%
	70-79	13%	11.0%	14.5%
	80+	15%	12.4%	17.8%
Race/ Ethnicity	White, Non-Hispanic	5%	4.3%	5.1%
	American Indian, Non-Hispanic	7%	5.5%	9.7%
	American Indian/White, Non-Hispanic	3%	1.5%	6.7%
	Hispanic	4%	1.8%	8.9%
Household Income	Less than $35,000	7%	6.0%	7.8%
	$35,000-$74,999	4%	3.7%	5.0%
	$75,000+	3%	2.3%	3.8%
Education	Less than High School, G.E.D.	7%	5.1%	8.8%
	High School, G.E.D.	6%	5.1%	6.8%
	Some Post-High School	4%	3.8%	5.0%
	College Graduate	3%	2.6%	3.6%
Employment Status	Employed for Wages	2%	2.1%	2.9%
	Self-employed	4%	2.7%	5.1%
	Unemployed	4%	2.4%	6.1%
	Homemaker	4%	2.5%	7.2%
	Student	0.3%	0.1%	1.2%
	Retired	12%	10.3%	12.8%
	Unable to Work	12%	9.4%	14.2%
Marital Status	Married/Unmarried Couple	5%	4.4%	5.5%
	Divorced/Separated	7%	5.5%	8.2%
	Widowed	11%	9.1%	12.7%
	Never Married	1%	1.1%	2.0%
Home Ownership Status	Own Home	5%	4.6%	5.6%
	Rent Home	4%	3.4%	4.9%
Children Status	Children in Household (Ages 18-44)	1%	0.6%	1.6%
	No Children in Household (Ages 18-44)	1%	0.5%	1.3%
Phone Status	Landline	7%	6.1%	7.7%
	Cell Phone	4%	3.5%	4.4%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.7%
	Not Pregnant (Ages 18-44)	1%	0.5%	1.4%
County	Minnehaha	4%	3.1%	4.8%
	Pennington	5%	3.7%	5.5%
	Lincoln	4%	2.0%	9.5%
	Brown	4%	3.3%	5.3%
	Brookings	3%	2.2%	4.1%
	Codington	5%	3.6%	6.1%
	Meade	4%	2.7%	6.0%
	Lawrence	5%	3.0%	6.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

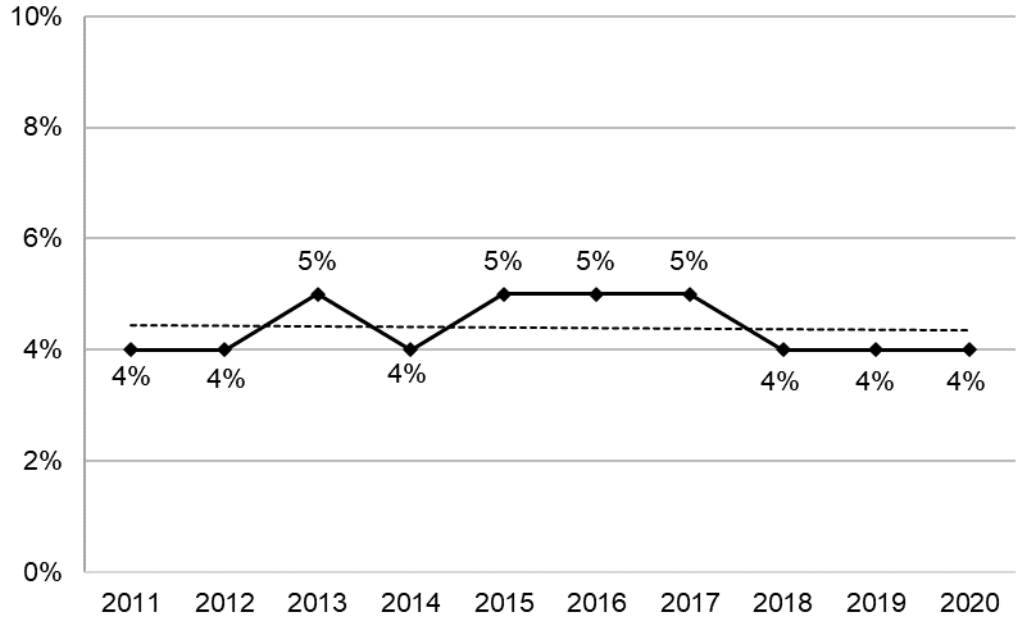
ANGINA OR CORONARY HEART DISEASE

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

Prevalence of Angina or Coronary Heart Disease

- South Dakota 4%
- Nationwide median 4%

Figure 43
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 28 South Dakotans Who Have Angina or Coronary Heart Disease, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.0%	6.3%
	Female	3%	2.9%	3.8%
Age	18-29	1%	0.6%	1.7%
	30-39	0.4%	0.2%	0.8%
	40-49	2%	1.0%	3.0%
	50-59	5%	3.9%	5.9%
	60-69	7%	6.3%	8.6%
	70-79	13%	11.2%	14.8%
	80+	14%	12.0%	17.1%
Race/ Ethnicity	White, Non-Hispanic	5%	4.2%	5.0%
	American Indian, Non-Hispanic	5%	3.6%	7.8%
	American Indian/White, Non-Hispanic	2%	1.1%	4.7%
	Hispanic	4%	2.0%	6.9%
Household Income	Less than $35,000	6%	5.4%	7.3%
	$35,000-$74,999	4%	3.5%	4.8%
	$75,000+	3%	2.6%	4.0%
Education	Less than High School, G.E.D.	6%	4.1%	7.8%
	High School, G.E.D.	6%	5.0%	6.7%
	Some Post-High School	4%	3.3%	4.5%
	College Graduate	3%	3.0%	4.0%
Employment Status	Employed for Wages	2%	1.8%	2.6%
	Self-employed	4%	2.5%	5.0%
	Unemployed	3%	1.6%	5.9%
	Homemaker	3%	1.8%	4.9%
	Student	0.04%	0.0%	0.3%
	Retired	12%	10.9%	13.4%
	Unable to Work	11%	7.8%	14.4%
Marital Status	Married/Unmarried Couple	5%	4.0%	5.1%
	Divorced/Separated	6%	5.0%	7.7%
	Widowed	11%	9.6%	13.6%
	Never Married	2%	1.1%	2.4%
Home Ownership Status	Own Home	5%	4.6%	5.5%
	Rent Home	3%	2.8%	4.4%
Children Status	Children in Household (Ages 18-44)	1%	0.3%	1.1%
	No Children in Household (Ages 18-44)	1%	0.4%	1.4%
Phone Status	Landline	7%	6.3%	7.9%
	Cell Phone	4%	3.1%	4.0%
Pregnancy Status	Pregnant (Ages 18-44)	0.03%	0.0%	0.2%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.3%
County	Minnehaha	4%	3.1%	4.7%
	Pennington	5%	4.1%	5.9%
	Lincoln	3%	1.7%	5.6%
	Brown	4%	3.1%	5.1%
	Brookings	2%	1.5%	2.8%
	Codington	4%	3.1%	5.3%
	Meade	4%	2.4%	5.2%
	Lawrence	6%	4.0%	8.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Males exhibit a significantly higher prevalence of heart disease than females.
Age	The prevalence of heart disease generally increases as age increases with significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	The prevalence of heart disease does not seem to differ based on race/ethnicity.
Household Income	The prevalence of heart disease decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income level is reached.
Education	The prevalence of heart disease decreases as education levels increase. This includes a significant decrease as the some post-high school level is reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of heart disease, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of heart disease, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of heart disease than those who rent their home.
Children Status	The prevalence of heart disease among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of heart disease than those who primarily use a cell phone.
Pregnancy Status	Those who are not pregnant exhibit a significantly higher prevalence of heart disease than those who are pregnant.
County	Minnehaha, Pennington, Brown, Codington, and Lawrence counties demonstrate a very high prevalence of heart disease, while Brookings county shows a very low prevalence.

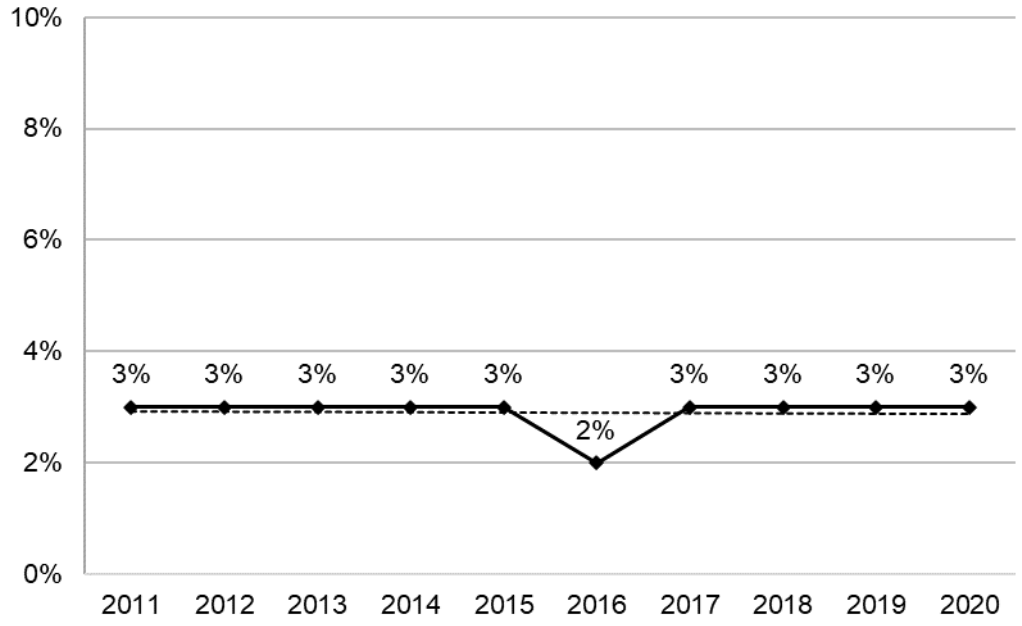
PREVIOUSLY HAD A STROKE

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

Prevalence of Previous Stroke

- South Dakota 3%
- Nationwide median 3%

Figure 44
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 29 South Dakotans Who Previously Had a Stroke, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.3%	3.2%
	Female	2%	2.2%	2.8%
Age	18-29	0.4%	0.2%	0.9%
	30-39	1%	0.4%	0.9%
	40-49	1%	0.8%	2.5%
	50-59	3%	2.0%	3.3%
	60-69	4%	3.3%	5.2%
	70-79	6%	5.2%	7.7%
	80+	9%	7.5%	11.5%
Race/ Ethnicity	White, Non-Hispanic	3%	2.3%	2.9%
	American Indian, Non-Hispanic	4%	3.1%	5.2%
	American Indian/White, Non-Hispanic	1%	0.5%	1.9%
	Hispanic	4%	1.8%	9.0%
Household Income	Less than $35,000	4%	3.7%	5.2%
	$35,000-$74,999	2%	1.2%	1.9%
	$75,000+	1%	1.0%	1.8%
Education	Less than High School, G.E.D.	5%	3.3%	7.2%
	High School, G.E.D.	3%	2.3%	3.2%
	Some Post-High School	3%	2.1%	3.0%
	College Graduate	2%	1.4%	2.0%
Employment Status	Employed for Wages	1%	0.8%	1.3%
	Self-employed	1%	0.7%	1.5%
	Unemployed	2%	1.1%	2.9%
	Homemaker	3%	1.6%	4.6%
	Student	0.4%	0.1%	1.4%
	Retired	7%	5.7%	7.5%
	Unable to Work	12%	9.1%	15.5%
Marital Status	Married/Unmarried Couple	2%	1.9%	2.7%
	Divorced/Separated	4%	3.0%	4.8%
	Widowed	8%	6.6%	9.6%
	Never Married	1%	0.8%	1.9%
Home Ownership Status	Own Home	2%	2.1%	2.8%
	Rent Home	3%	2.5%	3.9%
Children Status	Children in Household (Ages 18-44)	1%	0.4%	1.1%
	No Children in Household (Ages 18-44)	0.4%	0.3%	0.7%
Phone Status	Landline	4%	3.5%	4.5%
	Cell Phone	2%	1.8%	2.5%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.4%
	Not Pregnant (Ages 18-44)	1%	0.3%	0.9%
County	Minnehaha	2%	1.3%	2.4%
	Pennington	3%	2.2%	3.5%
	Lincoln	4%	1.5%	8.8%
	Brown	3%	2.2%	4.2%
	Brookings	2%	1.5%	3.1%
	Codington	3%	2.5%	4.6%
	Meade	2%	1.5%	3.0%
	Lawrence	3%	1.7%	4.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

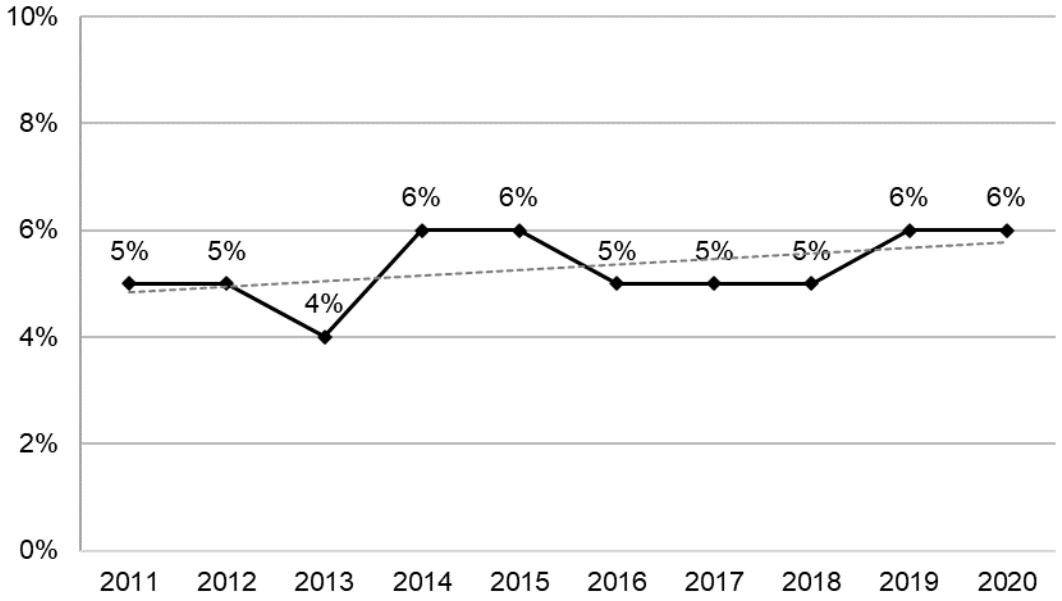
Chronic Obstructive Pulmonary Disease

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

Prevalence of COPD

- South Dakota 6%
- Nationwide median 6%

Figure 45
Percentage of South Dakotans Who Were Told They Have COPD, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 30 South Dakotans Who Have Been Told They Have COPD, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	5%	4.6%	6.0%
	Female	5%	4.8%	6.1%
Age	18-29	2%	1.0%	3.0%
	30-39	3%	1.6%	4.5%
	40-49	2%	1.5%	3.1%
	50-59	6%	4.8%	6.9%
	60-69	9%	7.7%	10.3%
	70-79	12%	10.7%	14.1%
	80+	11%	8.7%	13.5%
Race/Ethnicity	White, Non-Hispanic	5%	4.8%	5.8%
	American Indian, Non-Hispanic	9%	5.8%	12.4%
	American Indian/White, Non-Hispanic	4%	2.0%	6.8%
	Hispanic	5%	2.4%	9.6%
Household Income	Less than $35,000	11%	9.3%	12.2%
	$35,000-$74,999	4%	3.4%	4.8%
	$75,000+	2%	1.2%	2.0%
Education	Less than High School, G.E.D.	9%	7.0%	12.0%
	High School, G.E.D.	7%	6.0%	8.1%
	Some Post-High School	5%	4.3%	5.8%
	College Graduate	2%	2.0%	2.8%
Employment Status	Employed for Wages	3%	2.2%	3.2%
	Self-employed	3%	2.1%	3.8%
	Unemployed	8%	4.7%	14.2%
	Homemaker	7%	3.5%	14.7%
	Student	1%	0.3%	1.9%
	Retired	11%	9.9%	12.3%
	Unable to Work	21%	17.4%	25.3%
Marital Status	Married/Unmarried Couple	4%	3.8%	5.0%
	Divorced/Separated	11%	9.3%	12.8%
	Widowed	11%	9.6%	13.2%
	Never Married	3%	2.4%	4.5%
Home Ownership Status	Own Home	5%	4.3%	5.3%
	Rent Home	7%	5.8%	8.7%
Children Status	Children in Household (Ages 18-44)	2%	1.4%	3.6%
	No Children in Household (Ages 18-44)	2%	1.2%	3.1%
Phone Status	Landline	7%	6.4%	8.0%
	Cell Phone	5%	4.1%	5.3%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.6%
	Not Pregnant (Ages 18-44)	3%	1.7%	3.8%
County	Minnehaha	5%	3.7%	5.7%
	Pennington	6%	5.3%	7.5%
	Lincoln	4%	2.2%	5.9%
	Brown	6%	4.5%	7.3%
	Brookings	3%	2.0%	3.9%
	Codington	5%	3.5%	6.1%
	Meade	5%	3.8%	6.8%
	Lawrence	6%	4.2%	9.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

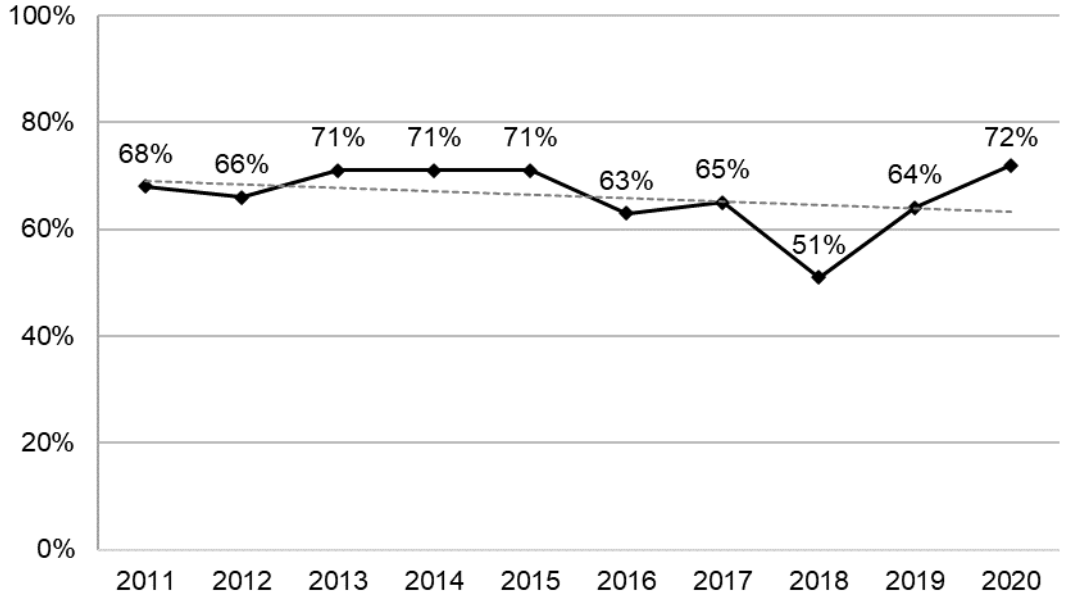
FLU SHOT

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

Prevalence of Flu Shot

- South Dakota 72%
- Nationwide median 68%

Figure 46
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 31 South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	62%	59.7%	64.9%
	Female	64%	61.8%	66.0%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	58%	54.9%	60.6%
	70-79	65%	62.4%	67.2%
	80+	67%	63.8%	70.8%
Race Ethnicity	White, Non-Hispanic	63%	61.6%	65.0%
	American Indian, Non-Hispanic	52%	43.6%	60.5%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	58%	54.7%	60.8%
	$35,000-$74,999	67%	63.7%	69.6%
	$75,000+	66%	62.2%	69.8%
Education	Less than High School, G.E.D.	57%	50.2%	63.8%
	High School, G.E.D.	61%	58.5%	64.2%
	Some Post-High School	64%	60.9%	66.6%
	College Graduate	68%	65.5%	70.7%
Employment Status	Employed for Wages	60%	54.7%	64.5%
	Self-employed	50%	44.3%	55.7%
	Unemployed	66%	47.7%	80.3%
	Homemaker	66%	57.0%	73.3%
	Student	*	*	*
	Retired	65%	63.5%	67.3%
	Unable to Work	61%	51.5%	70.4%
Marital Status	Married/Unmarried Couple	64%	61.8%	66.2%
	Divorced/Separated	54%	48.7%	58.5%
	Widowed	65%	62.0%	68.5%
	Never Married	65%	58.5%	71.8%
Home Ownership Status	Own Home	64%	61.8%	65.4%
	Rent Home	60%	55.4%	64.6%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	65%	62.9%	67.0%
	Cell Phone	61%	58.4%	63.6%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	67%	63.1%	71.1%
	Pennington	62%	58.6%	65.9%
	Lincoln	66%	55.8%	75.7%
	Brown	64%	59.0%	68.0%
	Brookings	69%	64.6%	73.2%
	Codington	69%	64.7%	72.9%
	Meade	57%	50.0%	62.8%
	Lawrence	63%	54.1%	70.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of getting a flu shot does not seem to differ by gender.
Age	The prevalence of getting a flu shot increases as age increases. This includes a significant increase as the 70s are reached.
Race/ Ethnicity	Whites demonstrate a significantly higher prevalence of getting a flu shot than American Indians.
Household Income	The prevalence of getting a flu shot does not seem to differ based on household income.
Education	The prevalence of getting a flu shot increases as education levels increase.
Employment	Those who are a homemaker or retired demonstrate a very high prevalence of getting a flu shot, while those who are self-employed show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of getting a flu shot, while those who are divorced show a very low prevalence.
Home Ownership	The prevalence of getting a flu shot does not seem to differ based on home ownership status.
Phone Status	The prevalence of getting a flu shot does not seem to differ based on phone status.
County	Minnehaha, Brookings, and Codington counties all demonstrate a very high prevalence of getting a flu shot, while Meade county shows a very low prevalence.

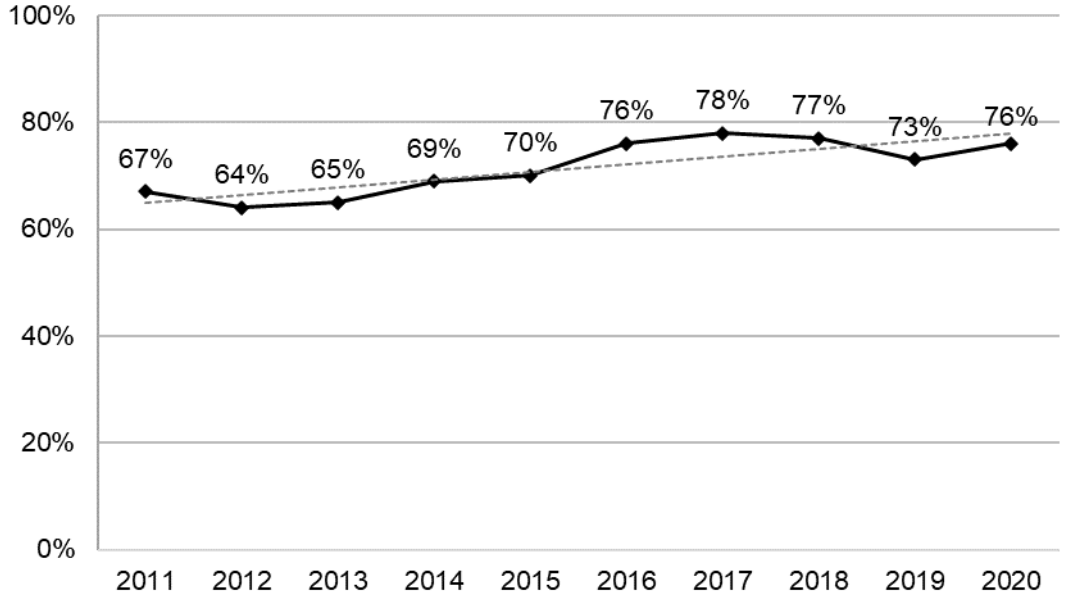
PNEUMONIA SHOT

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

Prevalence of Pneumonia Shot

- South Dakota 76%
- Nationwide median 72%

Figure 47
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 32 South Dakotans, Ages 65 and Older, Who Have Ever Had a Pneumonia Shot, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	74%	71.5%	76.3%
	Female	78%	75.8%	79.6%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	68%	65.1%	70.7%
	70-79	81%	78.8%	82.8%
	80+	78%	74.3%	80.8%
Race/Ethnicity	White, Non-Hispanic	76%	74.4%	77.5%
	American Indian, Non-Hispanic	75%	66.3%	81.4%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	75%	72.4%	77.9%
	$35,000-$74,999	78%	75.4%	80.9%
	$75,000+	77%	73.0%	79.8%
Education	Less than High School, G.E.D.	75%	68.4%	80.2%
	High School, G.E.D.	75%	72.7%	77.8%
	Some Post-High School	74%	71.6%	77.1%
	College Graduate	80%	77.7%	82.1%
Employment Status	Employed for Wages	66%	61.3%	71.1%
	Self-employed	63%	57.8%	68.6%
	Unemployed	68%	49.5%	82.8%
	Homemaker	77%	68.0%	84.1%
	Student	*	*	*
	Retired	79%	77.5%	80.9%
	Unable to Work	79%	69.2%	85.9%
Marital Status	Married/Unmarried Couple	77%	74.8%	78.6%
	Divorced/Separated	69%	64.6%	74.0%
	Widowed	77%	74.0%	80.0%
	Never Married	78%	71.8%	83.6%
Home Ownership Status	Own Home	76%	74.8%	78.0%
	Rent Home	73%	68.1%	77.1%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	78%	75.8%	79.4%
	Cell Phone	74%	71.5%	76.4%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	79%	74.5%	82.1%
	Pennington	77%	73.8%	80.5%
	Lincoln	77%	65.8%	85.4%
	Brown	78%	73.7%	81.7%
	Brookings	79%	74.7%	82.2%
	Codington	80%	76.3%	83.8%
	Meade	71%	64.7%	76.9%
	Lawrence	72%	63.8%	79.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of getting a pneumonia shot does not seem to differ based on gender.
Age	The prevalence of getting a pneumonia shot peaks with people in their 70s.
Race/ Ethnicity	The prevalence of getting a pneumonia shot does not seem to differ based on race/ethnicity.
Household Income	The prevalence of getting a pneumonia shot does not seem to change as household income changes.
Education	The prevalence of getting a pneumonia shot does not seem to change as education changes.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of getting a pneumonia shot, while those who are employed for wages or self-employed show a very low prevalence.
Marital Status	Those who are married exhibit a very high prevalence of getting a pneumonia shot, while those who are divorced show a very low prevalence.
Home Ownership	The prevalence of getting a pneumonia shot does not seem to differ based on home ownership.
Phone Status	The prevalence of getting a pneumonia shot does not seem to differ based on phone status.
County	The prevalence of getting a pneumonia shot does not seem to differ among the eight available counties.

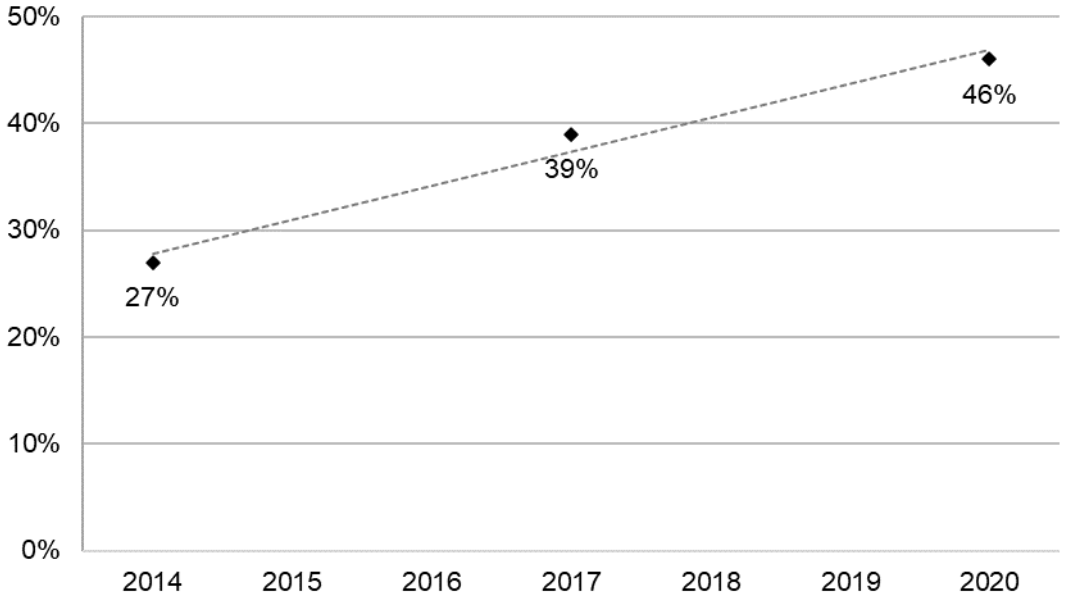
SHINGLES SHOT

Definition: South Dakotans, ages 50 and older, who have had a shingles vaccination.

Prevalence of Shingles Shot

- South Dakota 46%
- *There is no nationwide median for shingles shot*

Figure 48
Percentage of South Dakotans, Ages 50 and Older, Who Have Had a Shingles Shot, 2014-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2020

Table 33 South Dakotans, Ages 50 and Older, Who Have Had a Shingles Shot, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	40%	36.4%	42.7%
	Female	45%	42.3%	47.6%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	20%	17.0%	23.6%
	60-69	50%	46.9%	53.9%
	70-79	58%	53.7%	61.4%
	80+	52%	45.5%	57.9%
Race	White, Non-Hispanic	43%	41.3%	45.6%
	American Indian, Non-Hispanic	32%	24.6%	39.4%
	American Indian/White, Non-Hispanic	*	18.8%	69.7%
	Hispanic	*	11.8%	38.3%
Household Income	Less than $35,000	36%	32.3%	40.4%
	$35,000-$74,999	49%	44.9%	52.4%
	$75,000+	41%	36.9%	44.7%
Education	Less than High School, G.E.D.	33%	24.6%	42.4%
	High School, G.E.D.	40%	36.9%	44.0%
	Some Post-High School	44%	40.4%	47.8%
	College Graduate	46%	42.7%	49.3%
Employment Status	Employed for Wages	31%	28.1%	35.0%
	Self-employed	36%	30.7%	42.1%
	Unemployed	32%	20.2%	46.3%
	Homemaker	39%	29.2%	50.2%
	Student	*	*	*
	Retired	56%	53.1%	59.2%
	Unable to Work	33%	23.6%	42.9%
Marital Status	Married/Unmarried Couple	44%	41.3%	46.5%
	Divorced/Separated	31%	26.2%	36.4%
	Widowed	51%	46.4%	55.9%
	Never Married	34%	25.5%	43.4%
Home Ownership Status	Own Home	44%	41.8%	46.2%
	Rent Home	32%	26.3%	38.9%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	46%	43.1%	48.4%
	Cell Phone	40%	36.9%	42.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	44%	38.9%	49.2%
	Pennington	38%	33.8%	43.2%
	Brown	41%	35.1%	46.8%
	Brookings	45%	38.9%	50.3%
	Codington	53%	46.5%	59.5%
	Meade	42%	33.3%	51.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of getting a shingles vaccination does not seem to change based on gender.
Age	The prevalence of getting a shingles vaccination peaks for people in their 70s. This includes a significant increase as the 60s are reached.
Race/ Ethnicity	Whites exhibit a very high prevalence of getting a shingles vaccination, while American Indians show a very low prevalence.
Household Income	The prevalence of getting a shingles vaccination does not seem to change as household income changes.
Education	The prevalence of getting a shingles vaccination increases as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of getting a shingles vaccination, while those who are employed for wages, self-employed, unemployed, a homemaker, or unable to work show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of getting a shingles vaccination, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of getting a shingles vaccination than those who rent their home.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of getting a shingles vaccination than those who primarily use a cell phone.
County	Codington county exhibits a very high prevalence of getting a shingles vaccination, while Pennington county shows a very low prevalence.

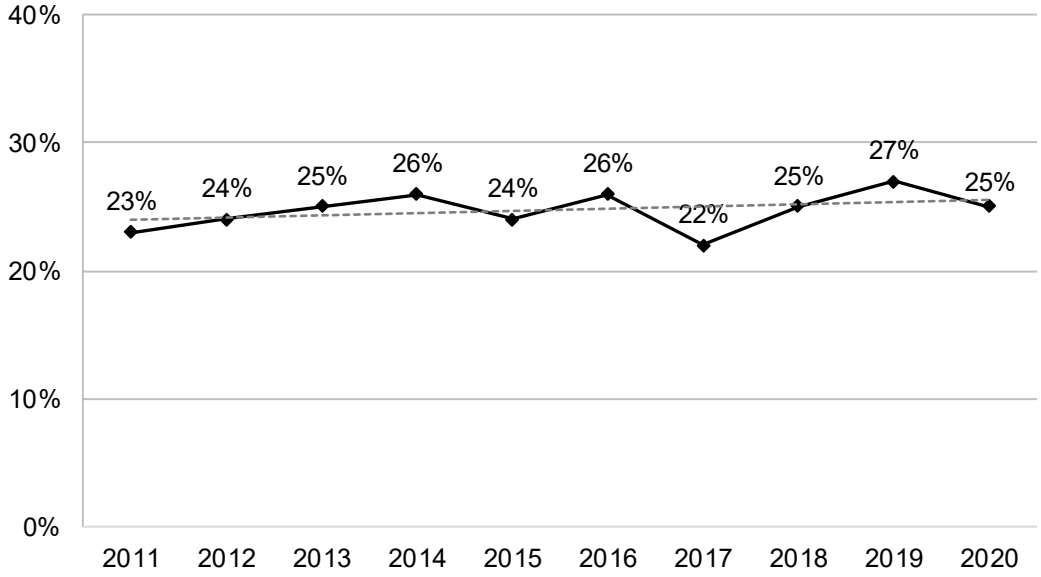
Arthritis

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

Prevalence of Arthritis

- South Dakota 25%
- Nationwide median 25%

Figure 49
Percentage of South Dakotans Who Were Told They Have Arthritis, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 34 South Dakotans Who Were Told They Have Arthritis, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	22%	21.0%	23.5%
	Female	28%	26.4%	28.8%
Age	18-29	5%	3.6%	6.2%
	30-39	11%	9.1%	13.4%
	40-49	17%	15.2%	19.6%
	50-59	29%	26.7%	30.9%
	60-69	42%	40.2%	44.3%
	70-79	50%	47.2%	52.1%
	80+	57%	53.6%	60.8%
Race/Ethnicity	White, Non-Hispanic	26%	24.8%	26.5%
	American Indian, Non-Hispanic	29%	24.7%	33.2%
	American Indian/White, Non-Hispanic	19%	12.1%	29.3%
	Hispanic	17%	12.0%	24.0%
Household Income	Less than $35,000	32%	30.5%	34.4%
	$35,000-$74,999	24%	22.7%	25.7%
	$75,000+	18%	16.2%	19.0%
Education	Less than High School, G.E.D.	31%	27.1%	35.0%
	High School, G.E.D.	27%	25.1%	28.4%
	Some Post-High School	25%	23.9%	26.8%
	College Graduate	20%	18.7%	21.1%
Employment Status	Employed for Wages	15%	14.5%	16.6%
	Self-employed	23%	20.5%	25.5%
	Unemployed	23%	18.5%	28.5%
	Homemaker	26%	20.9%	32.5%
	Student	4%	2.3%	6.4%
	Retired	50%	48.4%	52.1%
	Unable to Work	59%	54.1%	63.0%
Marital Status	Married/Unmarried Couple	26%	24.5%	26.7%
	Divorced/Separated	33%	30.2%	35.5%
	Widowed	53%	50.2%	56.5%
	Never Married	11%	9.6%	12.6%
Home Ownership Status	Own Home	28%	26.7%	28.7%
	Rent Home	19%	17.5%	21.3%
Children Status	Children in Household (Ages 18-44)	10%	8.7%	12.0%
	No Children in Household (Ages 18-44)	7%	5.6%	8.6%
Phone Status	Landline	36%	34.1%	37.1%
	Cell Phone	21%	20.0%	22.0%
Pregnancy Status	Pregnant (Ages 18-44)	12%	4.0%	31.4%
	Not Pregnant (Ages 18-44)	10%	8.6%	12.0%
County	Minnehaha	21%	19.1%	23.1%
	Pennington	28%	25.9%	30.1%
	Lincoln	27%	20.9%	33.5%
	Brown	25%	22.8%	27.9%
	Brookings	15%	13.3%	17.6%
	Codington	26%	23.4%	29.3%
	Meade	26%	22.2%	30.5%
	Lawrence	31%	26.6%	36.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Females exhibit a significantly higher prevalence of arthritis than males.
Age	The prevalence of arthritis increases as age increases. This includes significant increases in every age group.
Race/ Ethnicity	Whites and American Indians demonstrate a very high prevalence of arthritis, while Hispanics show a very low prevalence.
Household Income	The prevalence of arthritis decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of arthritis decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of arthritis, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of arthritis, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of arthritis than those who rent their home.
Children Status	Those with children in the household exhibit a significantly higher prevalence of arthritis than those without children.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of arthritis than those who primarily use a cell phone.
Pregnancy Status	The prevalence of arthritis does not seem to differ based on pregnancy status.
County	Brookings county exhibits a significantly lower prevalence of arthritis than the other seven available counties.

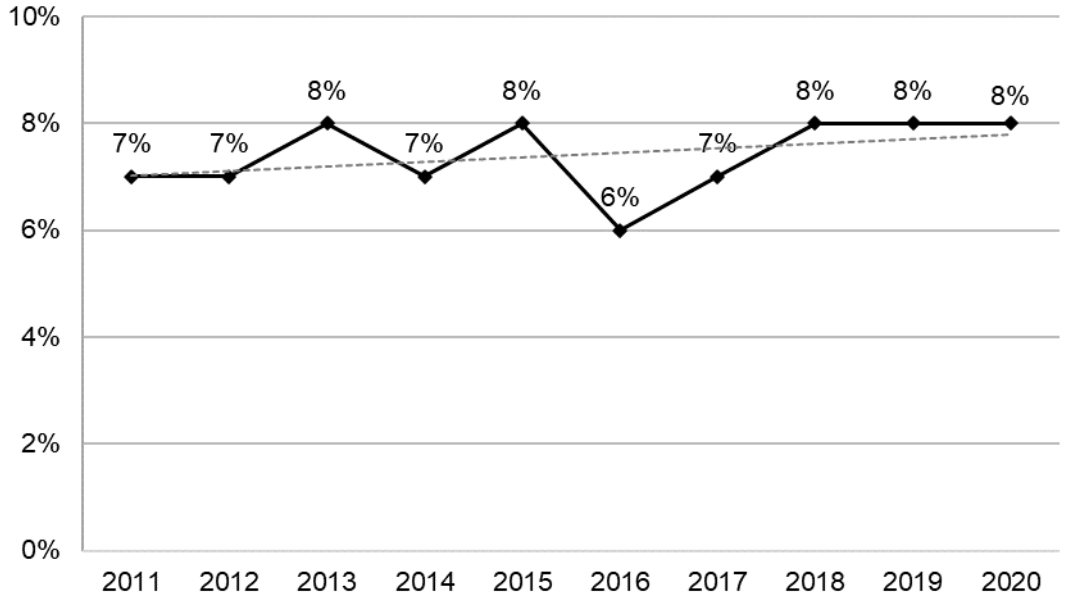
Asthma

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

Prevalence of Asthma

- South Dakota 8%
- Nationwide median 10%

Figure 50
Percentage of South Dakotans Who Were Told They Have Asthma, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 35 South Dakotans Who Were Told They Have Asthma, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	6%	5.2%	6.6%
	Female	9%	8.4%	10.2%
Age	18-29	10%	7.9%	11.4%
	30-39	7%	5.4%	8.1%
	40-49	6%	4.6%	6.9%
	50-59	9%	7.4%	9.9%
	60-69	7%	6.1%	8.2%
	70-79	8%	6.6%	9.1%
	80+	6%	4.4%	8.6%
Race/Ethnicity	White, Non-Hispanic	7%	6.9%	8.1%
	American Indian, Non-Hispanic	11%	9.2%	13.5%
	American Indian/White, Non-Hispanic	10%	5.8%	16.0%
	Hispanic	8%	4.4%	13.7%
Household Income	Less than $35,000	10%	8.8%	11.4%
	$35,000-$74,999	6%	5.5%	7.5%
	$75,000+	6%	5.3%	7.1%
Education	Less than High School, G.E.D.	11%	9.0%	14.6%
	High School, G.E.D.	7%	6.4%	8.4%
	Some Post-High School	7%	6.4%	8.2%
	College Graduate	7%	6.1%	7.8%
Employment Status	Employed for Wages	7%	6.3%	7.8%
	Self-employed	6%	4.3%	7.4%
	Unemployed	11%	7.0%	16.1%
	Homemaker	7%	4.7%	9.6%
	Student	10%	6.8%	14.0%
	Retired	7%	6.3%	8.2%
	Unable to Work	18%	14.5%	21.1%
Marital Status	Married/Unmarried Couple	7%	6.3%	7.6%
	Divorced/Separated	10%	8.0%	11.3%
	Widowed	7%	6.2%	9.0%
	Never Married	8%	7.1%	10.1%
Home Ownership Status	Own Home	7%	6.0%	7.2%
	Rent Home	10%	9.0%	12.0%
Children Status	Children in Household (Ages 18-44)	8%	6.5%	9.0%
	No Children in Household (Ages 18-44)	8%	6.7%	9.9%
Phone Status	Landline	7%	6.6%	8.2%
	Cell Phone	8%	7.0%	8.4%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.6%	13.1%
	Not Pregnant (Ages 18-44)	10%	8.2%	11.6%
County	Minnehaha	8%	6.6%	9.5%
	Pennington	8%	6.7%	9.5%
	Lincoln	10%	6.4%	15.1%
	Brown	8%	6.3%	10.0%
	Brookings	8%	5.7%	10.3%
	Codington	7%	5.3%	8.7%
	Meade	9%	5.4%	13.4%
	Lawrence	7%	4.3%	10.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

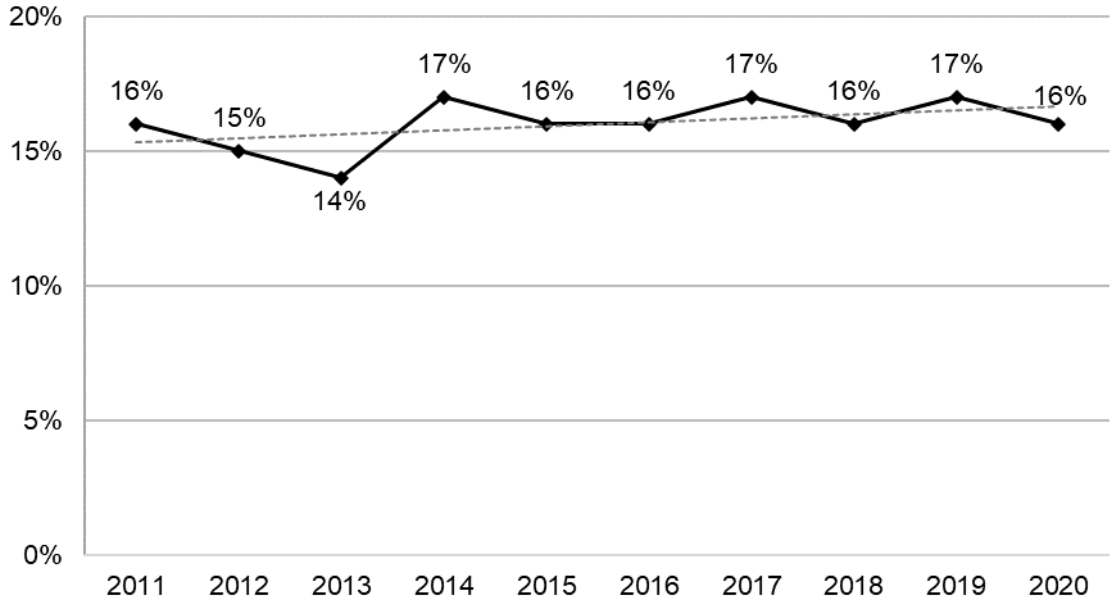
Depression

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

Prevalence of Depression

- South Dakota 16%
- Nationwide median 20%

Figure 51
Percentage of South Dakotans Who Were Told They Have Depression, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 36 South Dakotans Who Were Told They Have Depression, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	12%	11.0%	13.0%
	Female	21%	19.9%	22.4%
Age	18-29	20%	17.4%	21.9%
	30-39	19%	17.0%	21.8%
	40-49	17%	14.8%	18.9%
	50-59	17%	15.7%	19.3%
	60-69	15%	13.7%	16.6%
	70-79	11%	9.5%	12.5%
	80+	7%	5.7%	9.3%
Race/ Ethnicity	White, Non-Hispanic	16%	15.5%	17.1%
	American Indian, Non-Hispanic	22%	18.1%	26.6%
	American Indian/White, Non-Hispanic	25%	16.6%	35.7%
	Hispanic	14%	9.7%	18.5%
Household Income	Less than $35,000	24%	22.5%	26.2%
	$35,000-$74,999	15%	14.0%	16.8%
	$75,000+	11%	9.8%	12.2%
Education	Less than High School, G.E.D.	17%	14.4%	20.7%
	High School, G.E.D.	17%	15.3%	18.5%
	Some Post-High School	18%	16.2%	18.9%
	College Graduate	15%	13.5%	15.9%
Employment Status	Employed for Wages	16%	15.3%	17.6%
	Self-employed	9%	7.8%	11.3%
	Unemployed	29%	24.2%	35.0%
	Homemaker	19%	14.1%	26.1%
	Student	16%	12.3%	21.1%
	Retired	12%	10.8%	13.1%
	Unable to Work	48%	43.9%	52.9%
Marital Status	Married/Unmarried Couple	14%	12.9%	14.8%
	Divorced/Separated	26%	24.0%	29.2%
	Widowed	16%	13.2%	18.7%
	Never Married	19%	16.9%	20.9%
Home Ownership Status	Own Home	14%	13.1%	14.7%
	Rent Home	24%	21.8%	26.0%
Children Status	Children in Household (Ages 18-44)	18%	16.6%	20.5%
	No Children in Household (Ages 18-44)	20%	17.7%	22.2%
Phone Status	Landline	13%	12.3%	14.5%
	Cell Phone	18%	16.7%	18.8%
Pregnancy Status	Pregnant (Ages 18-44)	23%	12.4%	38.3%
	Not Pregnant (Ages 18-44)	25%	22.9%	27.6%
County	Minnehaha	18%	16.3%	20.4%
	Pennington	19%	17.5%	21.6%
	Lincoln	17%	12.6%	23.2%
	Brown	20%	17.0%	22.6%
	Brookings	19%	15.5%	22.8%
	Codington	15%	12.8%	18.1%
	Meade	18%	14.0%	23.4%
	Lawrence	16%	12.4%	21.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Females exhibit a significantly higher prevalence of depression than males.
Age	The prevalence of depression decreases as age increases. This includes significant decreases as the 70s and 80s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of depression, while whites show a very low prevalence.
Household Income	The prevalence of depression decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	There seems to be no difference in the prevalence of depression as education levels change.
Employment	Those who are unable to work demonstrate a very high prevalence of depression, while those who are self-employed or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of depression, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of depression than those who own their home.
Children Status	The prevalence of depression among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone exhibit a significantly higher prevalence of depression than those who primarily use a landline phone.
Pregnancy Status	The prevalence of depression does not seem to differ based on pregnancy status.
County	The prevalence of depression does not seem to differ for the counties available for analysis.

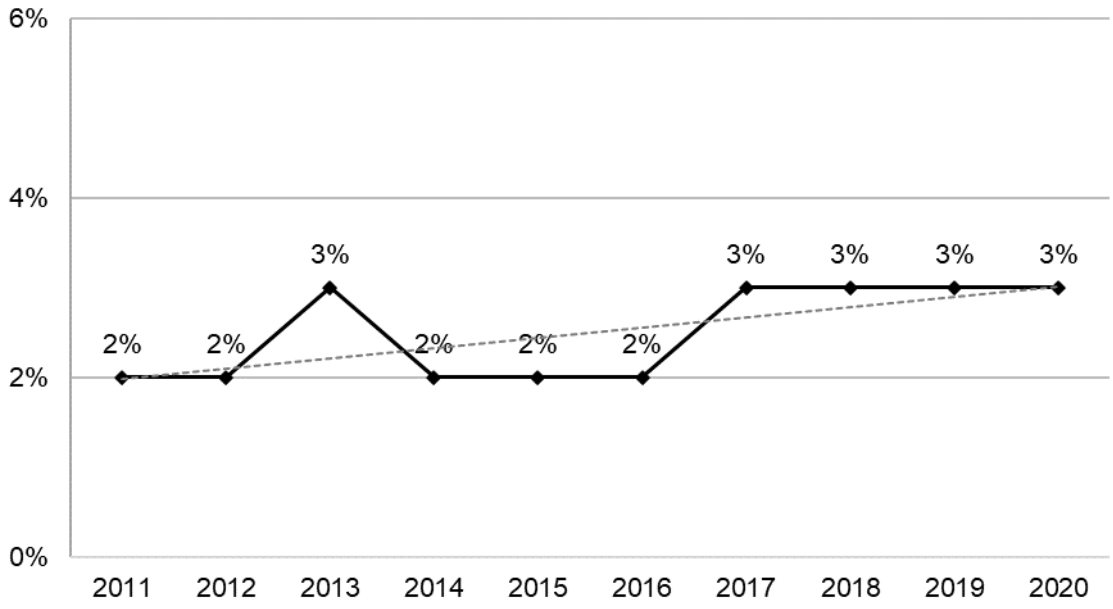
Kidney Disease

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

Prevalence of Kidney Disease

- South Dakota 3%
- Nationwide median 3%

Figure 52
Percentage of South Dakotans Who Have Been Told They Have Kidney Disease, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 37 South Dakotans Who Have Been Told They Have Kidney Disease, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	3%	2.2%	3.1%
	Female	3%	2.4%	3.3%
Age	18-29	1%	0.6%	1.9%
	30-39	1%	0.4%	1.3%
	40-49	2%	1.4%	3.3%
	50-59	2%	1.6%	2.8%
	60-69	4%	3.4%	5.1%
	70-79	6%	4.8%	7.1%
	80+	8%	5.9%	10.3%
Race/ Ethnicity	White, Non-Hispanic	3%	2.3%	3.0%
	American Indian, Non-Hispanic	3%	2.3%	3.6%
	American Indian/White, Non-Hispanic	1%	0.2%	2.0%
	Hispanic	2%	1.1%	5.7%
Household Income	Less than $35,000	4%	3.4%	4.9%
	$35,000-$74,999	2%	2.0%	3.1%
	$75,000+	2%	1.2%	2.3%
Education	Less than High School, G.E.D.	4%	2.5%	5.9%
	High School, G.E.D.	3%	2.1%	3.1%
	Some Post-High School	3%	2.3%	3.3%
	College Graduate	2%	2.0%	2.8%
Employment Status	Employed for Wages	2%	1.2%	2.0%
	Self-employed	1%	0.8%	1.9%
	Unemployed	2%	0.7%	3.7%
	Homemaker	2%	1.2%	4.3%
	Student	1%	0.2%	3.1%
	Retired	6%	5.2%	7.0%
	Unable to Work	9%	7.1%	11.7%
Marital Status	Married/Unmarried Couple	3%	2.2%	3.1%
	Divorced/Separated	3%	2.6%	4.5%
	Widowed	6%	4.5%	7.1%
	Never Married	2%	1.2%	2.3%
Home Ownership Status	Own Home	3%	2.6%	3.3%
	Rent Home	2%	1.9%	2.9%
Children Status	Children in Household (Ages 18-44)	1%	0.8%	2.1%
	No Children in Household (Ages 18-44)	1%	0.4%	1.4%
Phone Status	Landline	4%	3.7%	5.1%
	Cell Phone	2%	1.8%	2.4%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.3%	18.9%
	Not Pregnant (Ages 18-44)	1%	0.6%	1.4%
County	Minnehaha	2%	1.6%	2.9%
	Pennington	3%	1.9%	3.4%
	Lincoln	2%	1.1%	4.3%
	Brown	3%	2.2%	4.2%
	Brookings	2%	1.4%	2.6%
	Codington	3%	1.8%	3.6%
	Meade	2%	1.0%	4.1%
	Lawrence	1%	0.7%	2.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of kidney disease does not seem to differ based on gender.
Age	The prevalence of kidney disease increases as age increases. This includes significant increases as the 40s and 60s are reached.
Race/ Ethnicity	Whites and American Indians demonstrate a very high prevalence of kidney disease, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of kidney disease does not seem to change as household income changes.
Education	The prevalence of kidney disease decreases as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of kidney disease, while those who are employed for wages, self-employed, unemployed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of kidney disease, while those who are married or have never been married show a very low prevalence.
Home Ownership	There seems to be no difference in the prevalence of kidney disease regarding home ownership.
Children Status	The prevalence of kidney disease among adults does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of kidney disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of kidney disease does not seem to change based on pregnancy status.
County	The prevalence of kidney disease does not seem to differ among the eight available counties.

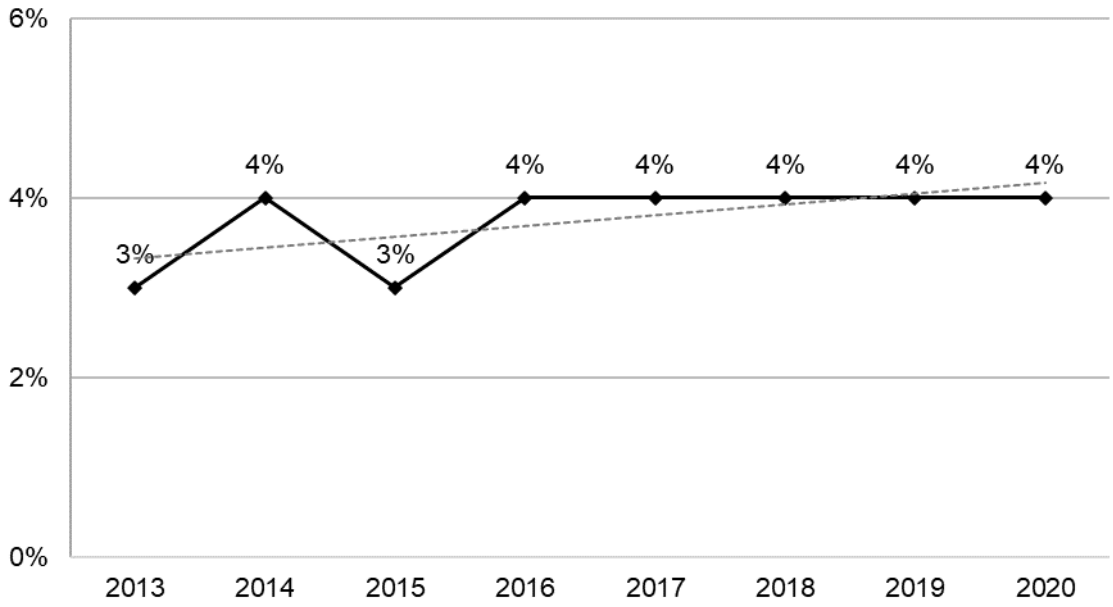
Vision Impairment

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

Prevalence of Vision Impairment

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

Figure 53
Percentage of South Dakotans Who Have a Vision Impairment, 2013-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2020

Table 38 South Dakotans Who Have a Vision Impairment, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	4%	3.3%	4.7%
	Female	4%	3.4%	4.4%
Age	18-29	3%	2.2%	4.4%
	30-39	3%	1.4%	4.5%
	40-49	4%	2.7%	4.9%
	50-59	4%	3.0%	4.8%
	60-69	4%	3.0%	4.4%
	70-79	5%	4.1%	6.7%
	80+	11%	8.5%	13.2%
Race/Ethnicity	White, Non-Hispanic	3%	2.8%	3.5%
	American Indian, Non-Hispanic	11%	8.2%	15.5%
	American Indian/White, Non-Hispanic	6%	3.3%	12.0%
	Hispanic	8%	4.0%	14.9%
Household Income	Less than $35,000	7%	6.1%	8.6%
	$35,000-$74,999	3%	2.1%	3.5%
	$75,000+	1%	0.8%	1.7%
Education	Less than High School, G.E.D.	10%	7.5%	12.6%
	High School, G.E.D.	5%	3.8%	5.7%
	Some Post-High School	3%	2.5%	3.8%
	College Graduate	2%	1.5%	2.4%
Employment Status	Employed for Wages	2%	1.9%	3.0%
	Self-employed	2%	1.1%	3.0%
	Unemployed	5%	3.5%	8.2%
	Homemaker	9%	4.5%	16.0%
	Student	2%	0.6%	5.3%
	Retired	6%	5.0%	6.8%
	Unable to Work	16%	12.6%	19.0%
Marital Status	Married/Unmarried Couple	3%	2.4%	3.6%
	Divorced/Separated	5%	4.1%	6.4%
	Widowed	9%	7.7%	11.6%
	Never Married	4%	2.9%	5.1%
Home Ownership Status	Own Home	3%	2.7%	3.6%
	Rent Home	6%	4.8%	7.4%
Children Status	Children in Household (Ages 18-44)	3%	1.8%	4.1%
	No Children in Household (Ages 18-44)	3%	1.9%	4.1%
Phone Status	Landline	5%	4.2%	5.8%
	Cell Phone	3%	3.0%	4.1%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.7%	10.5%
	Not Pregnant (Ages 18-44)	2%	1.5%	3.2%
County	Minnehaha	3%	2.5%	4.6%
	Pennington	4%	3.4%	5.5%
	Lincoln	3%	1.1%	8.2%
	Brown	3%	2.5%	4.5%
	Brookings	3%	2.0%	4.1%
	Codington	4%	3.4%	5.9%
	Meade	5%	3.2%	7.2%
	Lawrence	3%	2.1%	5.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

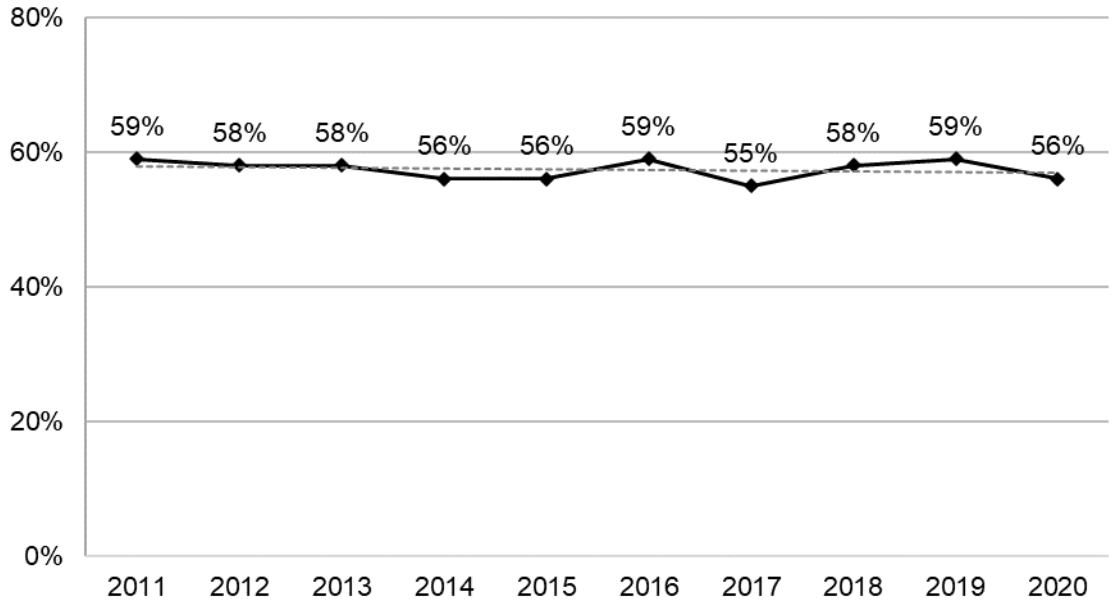
DRANK IN PAST 30 DAYS

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

Prevalence of Drinking in Past 30 Days

- South Dakota 56%
- Nationwide median 53%

Figure 54
Percentage of South Dakotans Who Drank Alcohol in the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 39 South Dakotans Who Drank Alcohol in Past 30 Days, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	64%	62.8%	65.8%
	Female	50%	49.0%	51.9%
Age	18-29	60%	57.1%	62.9%
	30-39	64%	60.5%	66.5%
	40-49	63%	60.6%	66.1%
	50-59	59%	56.5%	61.1%
	60-69	56%	53.8%	57.9%
	70-79	45%	42.4%	47.5%
	80+	35%	31.5%	38.6%
Race/Ethnicity	White, Non-Hispanic	60%	58.6%	60.8%
	American Indian, Non-Hispanic	37%	33.1%	41.2%
	American Indian/White, Non-Hispanic	52%	40.7%	62.3%
	Hispanic	52%	44.0%	60.4%
Household Income	Less than $35,000	46%	43.7%	48.1%
	$35,000-$74,999	60%	58.5%	62.4%
	$75,000+	73%	71.2%	74.7%
Education	Less than High School, G.E.D.	41%	36.7%	46.1%
	High School, G.E.D.	50%	47.7%	51.7%
	Some Post-High School	61%	59.2%	62.8%
	College Graduate	68%	66.1%	69.3%
Employment Status	Employed for Wages	64%	62.3%	65.3%
	Self-employed	65%	62.4%	68.3%
	Unemployed	53%	46.7%	59.1%
	Homemaker	36%	30.8%	41.4%
	Student	54%	48.2%	60.2%
	Retired	47%	45.3%	49.0%
	Unable to Work	32%	27.6%	36.2%
Marital Status	Married/Unmarried Couple	62%	60.6%	63.2%
	Divorced/Separated	51%	47.6%	53.6%
	Widowed	36%	33.3%	39.3%
	Never Married	57%	53.9%	59.2%
Home Ownership Status	Own Home	60%	58.8%	61.2%
	Rent Home	53%	50.8%	55.8%
Children Status	Children in Household (Ages 18-44)	59%	56.6%	61.6%
	No Children in Household (Ages 18-44)	65%	62.3%	68.1%
Phone Status	Landline	49%	47.6%	50.9%
	Cell Phone	60%	59.1%	61.7%
Pregnancy Status	Pregnant (Ages 18-44)	9%	3.4%	21.4%
	Not Pregnant (Ages 18-44)	57%	53.8%	59.4%
County	Minnehaha	59%	56.1%	61.5%
	Pennington	57%	54.5%	59.6%
	Lincoln	61%	54.0%	67.6%
	Brown	55%	51.7%	58.2%
	Brookings	61%	56.8%	64.9%
	Codington	59%	55.4%	62.5%
	Meade	53%	47.4%	58.5%
	Lawrence	59%	53.3%	64.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

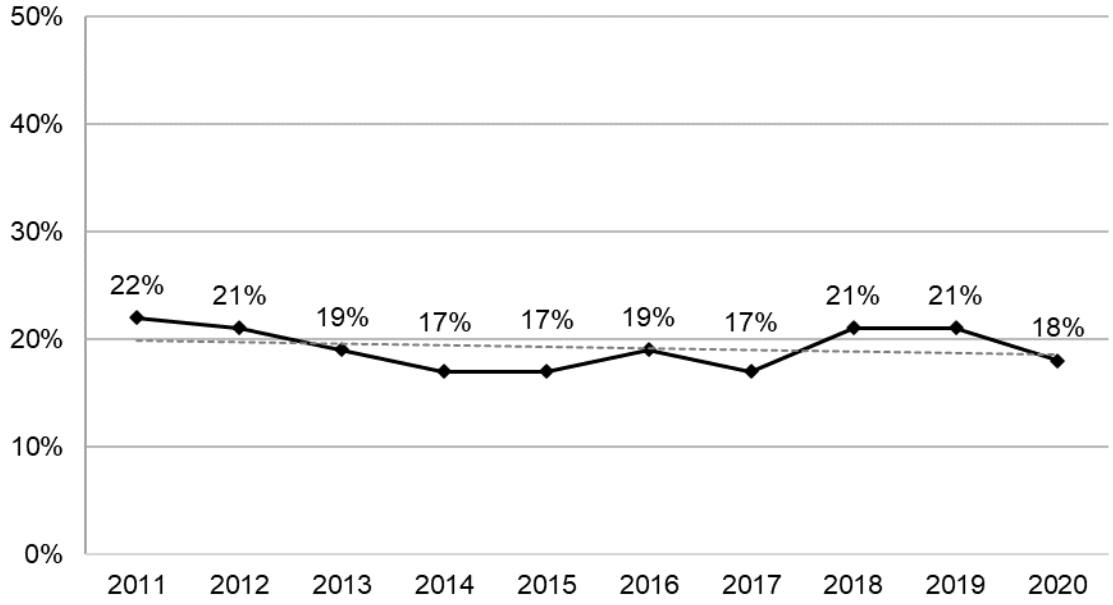
BINGE DRINKING

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

Prevalence of Binge Drinking

- South Dakota 18%
- Nationwide median 16%

Figure 55
Percentage of South Dakotans Who Engage in Binge Drinking, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 40 South Dakotans Who Engage in Binge Drinking, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	25%	23.8%	26.7%
	Female	14%	12.6%	14.8%
Age	18-29	31%	28.7%	34.0%
	30-39	26%	23.4%	28.7%
	40-49	24%	21.3%	26.4%
	50-59	18%	16.3%	20.1%
	60-69	11%	9.3%	12.2%
	70-79	4%	3.2%	5.0%
	80+	2%	1.0%	2.7%
Race/Ethnicity	White, Non-Hispanic	19%	18.3%	20.2%
	American Indian, Non-Hispanic	21%	17.4%	24.5%
	American Indian/White, Non-Hispanic	30%	20.2%	40.9%
	Hispanic	21%	14.4%	29.2%
Household Income	Less than $35,000	18%	16.4%	19.9%
	$35,000-$74,999	21%	18.8%	22.4%
	$75,000+	24%	22.0%	25.6%
Education	Less than High School, G.E.D.	18%	14.8%	22.8%
	High School, G.E.D.	18%	16.3%	19.6%
	Some Post-High School	21%	19.8%	23.1%
	College Graduate	19%	17.6%	20.6%
Employment Status	Employed for Wages	25%	23.4%	26.2%
	Self-employed	20%	17.0%	22.4%
	Unemployed	22%	17.5%	27.7%
	Homemaker	8%	5.3%	11.4%
	Student	29%	24.3%	35.1%
	Retired	6%	4.7%	6.6%
	Unable to Work	13%	10.2%	17.1%
Marital Status	Married/Unmarried Couple	18%	16.5%	18.7%
	Divorced/Separated	19%	16.6%	21.2%
	Widowed	6%	4.2%	8.0%
	Never Married	29%	26.6%	31.5%
Home Ownership Status	Own Home	17%	16.3%	18.4%
	Rent Home	26%	23.9%	28.4%
Children Status	Children in Household (Ages 18-44)	22%	20.5%	24.5%
	No Children in Household (Ages 18-44)	35%	32.1%	37.8%
Phone Status	Landline	11%	10.2%	12.5%
	Cell Phone	22%	21.3%	23.7%
Pregnancy Status	Pregnant (Ages 18-44)	6%	1.4%	20.4%
	Not Pregnant (Ages 18-44)	21%	19.2%	23.6%
County	Minnehaha	19%	17.1%	21.5%
	Pennington	17%	15.0%	19.2%
	Lincoln	20%	14.4%	26.6%
	Brown	19%	16.1%	21.3%
	Brookings	26%	21.2%	30.4%
	Codington	22%	19.3%	25.7%
	Meade	15%	11.4%	19.6%
	Lawrence	16%	12.0%	20.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

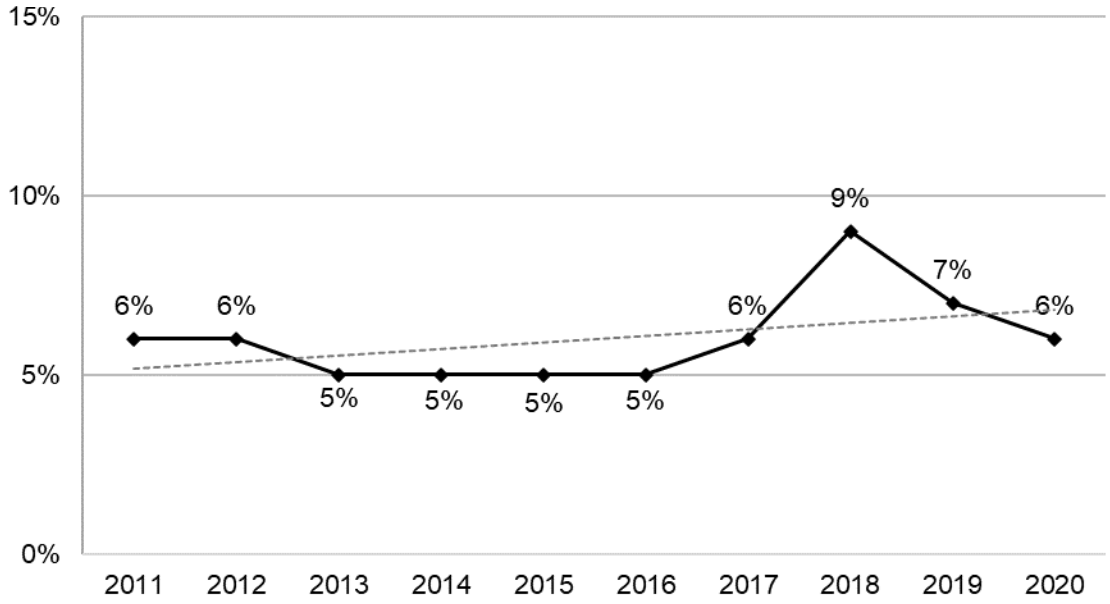
HEAVY DRINKING

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

Prevalence of Heavy Drinking

- South Dakota 6%
- Nationwide median 7%

Figure 56
Percentage of South Dakotans Who Engage in Heavy Drinking, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 41 South Dakotans Who Engage in Heavy Drinking, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	8%	7.0%	8.9%
	Female	5%	4.8%	6.2%
Age	18-29	8%	6.7%	10.1%
	30-39	7%	5.7%	8.8%
	40-49	8%	6.4%	10.1%
	50-59	7%	5.4%	8.0%
	60-69	7%	5.5%	8.0%
	70-79	3%	2.5%	4.2%
	80+	2%	1.1%	3.7%
Race/Ethnicity	White, Non-Hispanic	7%	6.0%	7.2%
	American Indian, Non-Hispanic	6%	4.0%	9.7%
	American Indian/White, Non-Hispanic	9%	4.6%	16.5%
	Hispanic	6%	2.8%	10.9%
Household Income	Less than $35,000	6%	5.1%	7.2%
	$35,000-$74,999	7%	6.1%	8.4%
	$75,000+	7%	6.3%	8.6%
Education	Less than High School, G.E.D.	8%	6.1%	11.5%
	High School, G.E.D.	8%	7.0%	9.5%
	Some Post-High School	6%	5.6%	7.5%
	College Graduate	5%	3.9%	5.3%
Employment Status	Employed for Wages	7%	6.5%	8.2%
	Self-employed	8%	5.8%	9.8%
	Unemployed	9%	5.8%	13.3%
	Homemaker	5%	2.8%	7.9%
	Student	6%	3.6%	8.9%
	Retired	4%	3.7%	5.4%
	Unable to Work	7%	4.6%	9.9%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.7%
	Divorced/Separated	8%	6.9%	10.2%
	Widowed	5%	3.1%	6.8%
	Never Married	8%	6.9%	10.0%
Home Ownership Status	Own Home	6%	5.7%	7.0%
	Rent Home	8%	6.7%	9.6%
Children Status	Children in Household (Ages 18-44)	6%	4.8%	7.1%
	No Children in Household (Ages 18-44)	10%	8.2%	12.0%
Phone Status	Landline	5%	4.2%	5.7%
	Cell Phone	7%	6.6%	8.1%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.1%	1.2%
	Not Pregnant (Ages 18-44)	7%	5.4%	8.1%
County	Minnehaha	7%	5.9%	9.1%
	Pennington	6%	5.2%	7.9%
	Lincoln	5%	2.7%	9.9%
	Brown	7%	5.1%	8.4%
	Brookings	6%	4.6%	8.2%
	Codington	9%	6.7%	11.4%
	Meade	8%	5.1%	11.7%
	Lawrence	3%	2.1%	5.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Males exhibit a significantly higher prevalence of heavy drinking than females.
Age	Heavy drinking generally decreases as age increases. This includes a significant decrease as the 70s are reached.
Race/ Ethnicity	The prevalence of heavy drinking does not seem to differ based on race/ethnicity.
Household Income	The prevalence of heavy drinking does not seem to change as household income changes.
Education	The prevalence of heavy drinking decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are employed for wages, self-employed, or unemployed demonstrate a very high prevalence of heavy drinking, while those who are retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of heavy drinking, while those who are married or widowed show a very low prevalence.
Home Ownership	The prevalence of heavy drinking does not seem to differ based on home ownership status.
Children Status	Those who have no children in the household demonstrate a significantly higher prevalence of heavy drinking than those who have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of heavy drinking than those who use primarily use a landline phone.
Pregnancy Status	Those who are not pregnant exhibit a significantly higher prevalence of heavy drinking than those who are pregnant.
County	Minnehaha and Codington counties demonstrate a very high prevalence of heavy drinking, while Lawrence county shows a very low prevalence.

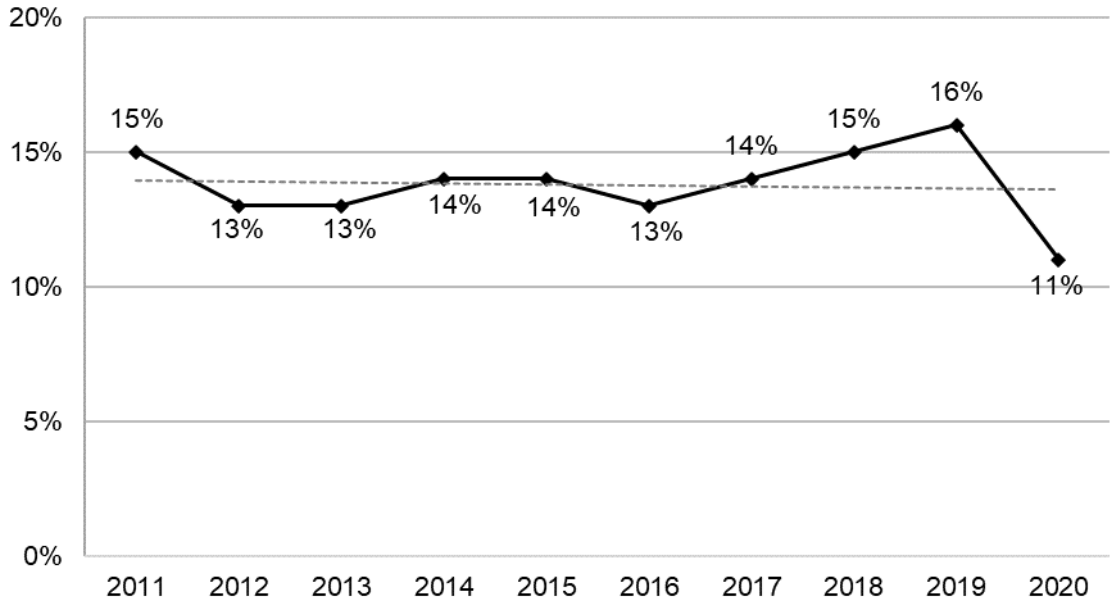
FAIR OR POOR HEALTH STATUS

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

Prevalence of Fair or Poor Health Status

- South Dakota 11%
- Nationwide median 13%

Figure 57
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 42 South Dakotans Reporting Fair or Poor Health Status, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	14%	12.5%	14.5%
	Female	14%	13.2%	15.2%
Age	18-29	8%	6.7%	10.0%
	30-39	9%	7.7%	11.1%
	40-49	11%	9.1%	12.7%
	50-59	16%	14.2%	17.5%
	60-69	19%	17.8%	21.2%
	70-79	20%	18.2%	22.4%
	80+	24%	20.9%	27.0%
Race/Ethnicity	White, Non-Hispanic	13%	12.4%	13.8%
	American Indian, Non-Hispanic	28%	24.3%	32.0%
	American Indian/White, Non-Hispanic	14%	9.1%	21.1%
	Hispanic	11%	7.2%	16.3%
Household Income	Less than $35,000	25%	23.2%	26.7%
	$35,000-$74,999	10%	9.4%	11.6%
	$75,000+	6%	4.8%	6.7%
Education	Less than High School, G.E.D.	24%	20.7%	27.9%
	High School, G.E.D.	17%	15.8%	18.7%
	Some Post-High School	12%	11.3%	13.5%
	College Graduate	8%	7.1%	8.8%
Employment Status	Employed for Wages	9%	8.0%	9.8%
	Self-employed	8%	6.6%	9.9%
	Unemployed	25%	19.9%	31.1%
	Homemaker	12%	8.9%	15.1%
	Student	6%	3.6%	8.7%
	Retired	21%	19.3%	22.4%
	Unable to Work	61%	56.8%	65.7%
Marital Status	Married/Unmarried Couple	11%	10.2%	11.8%
	Divorced/Separated	23%	21.1%	25.7%
	Widowed	25%	22.3%	28.3%
	Never Married	13%	11.3%	14.6%
Home Ownership Status	Own Home	12%	11.7%	13.2%
	Rent Home	18%	16.6%	20.2%
Children Status	Children in Household (Ages 18-44)	8%	7.1%	9.7%
	No Children in Household (Ages 18-44)	9%	7.7%	11.1%
Phone Status	Landline	17%	15.7%	18.0%
	Cell Phone	13%	11.9%	13.6%
Pregnancy Status	Pregnant (Ages 18-44)	19%	8.3%	37.8%
	Not Pregnant (Ages 18-44)	9%	7.4%	10.5%
County	Minnehaha	11%	9.4%	12.6%
	Pennington	16%	14.0%	17.6%
	Lincoln	11%	7.8%	16.5%
	Brown	15%	12.4%	16.9%
	Brookings	10%	7.8%	11.9%
	Codington	15%	12.2%	17.3%
	Meade	12%	9.6%	16.0%
	Lawrence	10%	7.2%	13.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	There seems to be no significant gender difference in the prevalence of those in fair or poor health.
Age	The prevalence of fair or poor health increases as age increases. This includes significant increases when people reach their 50s and 60s.
Race/ Ethnicity	American Indians exhibit a significantly higher prevalence of those in fair or poor health than all other races/ethnicities.
Household Income	The prevalence of fair or poor health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of fair or poor health decreases as education increases. This includes significant decreases at each education level.
Employment	Those who are unable to work demonstrate a very high prevalence of those in fair or poor health while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of those in fair or poor health, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of fair or poor health than those who own their home.
Children Status	The prevalence of fair or poor health of adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of fair or poor health than those who primarily use a cell phone.
Pregnancy Status	The prevalence of fair or poor health does not seem to differ based on pregnancy status.
County	Pennington, Brown, and Codington counties exhibit a very high prevalence of those in fair or poor health, while those in Minnehaha, Brookings, and Lawrence counties show a very low prevalence.

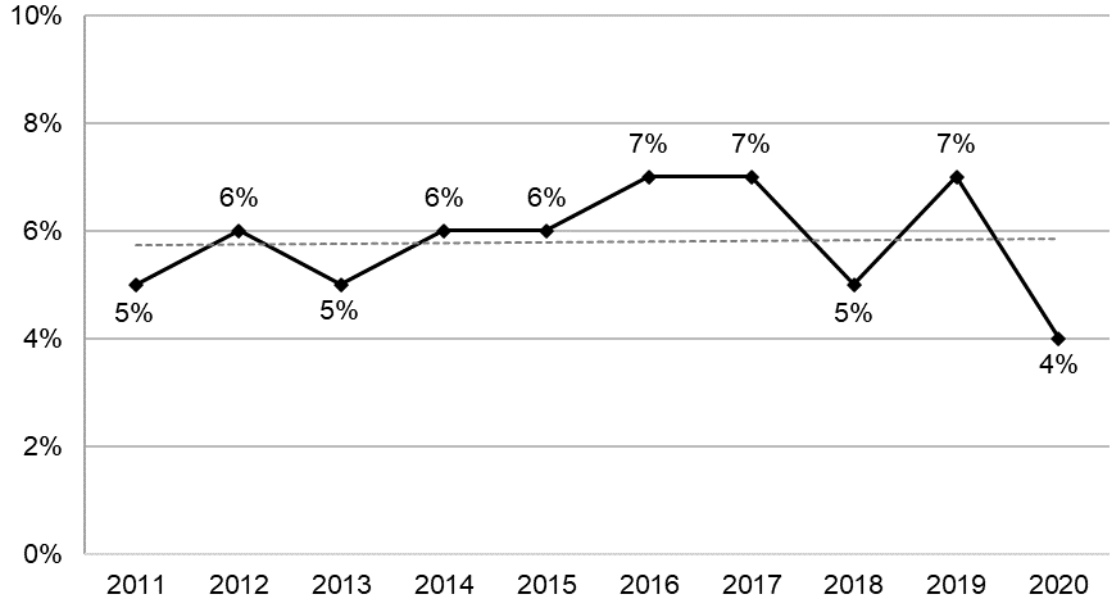
PHYSICAL HEALTH NOT GOOD

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

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

- South Dakota 4%
- *There is no nationwide median for physical health not good*

Figure 58
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 43 South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	6%	5.0%	6.3%
	Female	6%	5.7%	7.1%
Age	18-29	2%	1.5%	3.1%
	30-39	4%	2.9%	5.5%
	40-49	4%	3.5%	5.6%
	50-59	7%	6.3%	8.6%
	60-69	10%	8.4%	10.9%
	70-79	10%	8.2%	11.3%
	80+	9%	7.3%	11.0%
Race/ Ethnicity	White, Non-Hispanic	6%	5.4%	6.4%
	American Indian, Non-Hispanic	9%	7.1%	11.2%
	American Indian/White, Non-Hispanic	6%	3.6%	10.6%
	Hispanic	2%	1.4%	4.2%
Household Income	Less than $35,000	10%	9.2%	11.5%
	$35,000-$74,999	5%	4.1%	5.7%
	$75,000+	3%	2.5%	4.0%
Education	Less than High School, G.E.D.	10%	8.0%	12.8%
	High School, G.E.D.	7%	6.1%	7.8%
	Some Post-High School	6%	5.0%	6.5%
	College Graduate	4%	3.1%	4.2%
Employment Status	Employed for Wages	3%	2.7%	3.8%
	Self-employed	3%	2.4%	4.4%
	Unemployed	10%	6.5%	15.1%
	Homemaker	5%	3.1%	8.7%
	Student	2%	0.9%	3.5%
	Retired	9%	7.8%	9.9%
	Unable to Work	38%	33.7%	42.3%
Marital Status	Married/Unmarried Couple	5%	4.8%	6.0%
	Divorced/Separated	11%	9.6%	13.1%
	Widowed	10%	8.5%	12.1%
	Never Married	4%	2.9%	4.7%
Home Ownership Status	Own Home	6%	5.1%	6.2%
	Rent Home	7%	6.0%	8.2%
Children Status	Children in Household (Ages 18-44)	4%	2.8%	4.7%
	No Children in Household (Ages 18-44)	3%	1.8%	3.5%
Phone Status	Landline	7%	6.3%	7.8%
	Cell Phone	6%	5.1%	6.2%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.7%	21.1%
	Not Pregnant (Ages 18-44)	4%	2.7%	4.8%
County	Minnehaha	5%	4.3%	6.6%
	Pennington	6%	5.2%	7.4%
	Lincoln	5%	3.1%	9.3%
	Brown	6%	4.7%	7.9%
	Brookings	4%	2.8%	5.3%
	Codington	6%	4.5%	8.4%
	Meade	7%	4.3%	9.9%
	Lawrence	6%	4.3%	9.1%

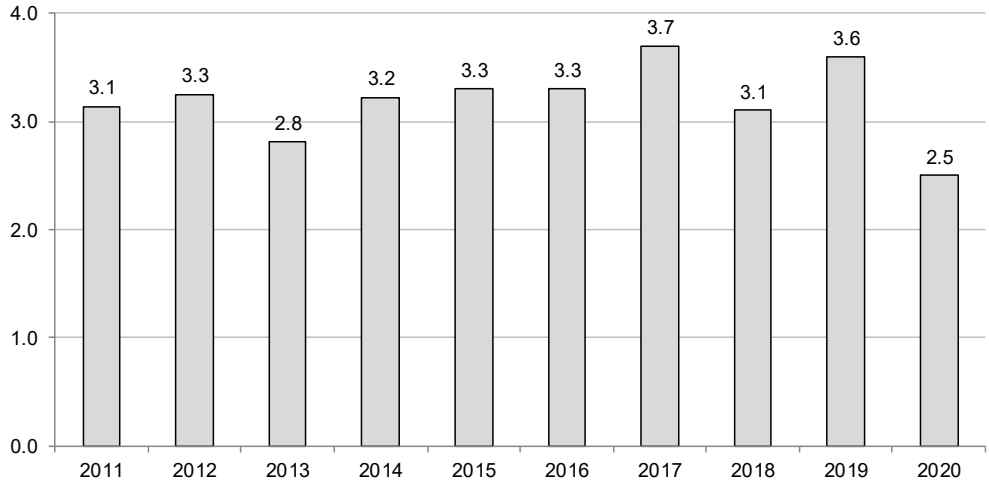
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Figure 59, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. In 2020, the number of days their physical health was not good was 2.5, which is the lowest number of days in the past ten years.

Figure 59
Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

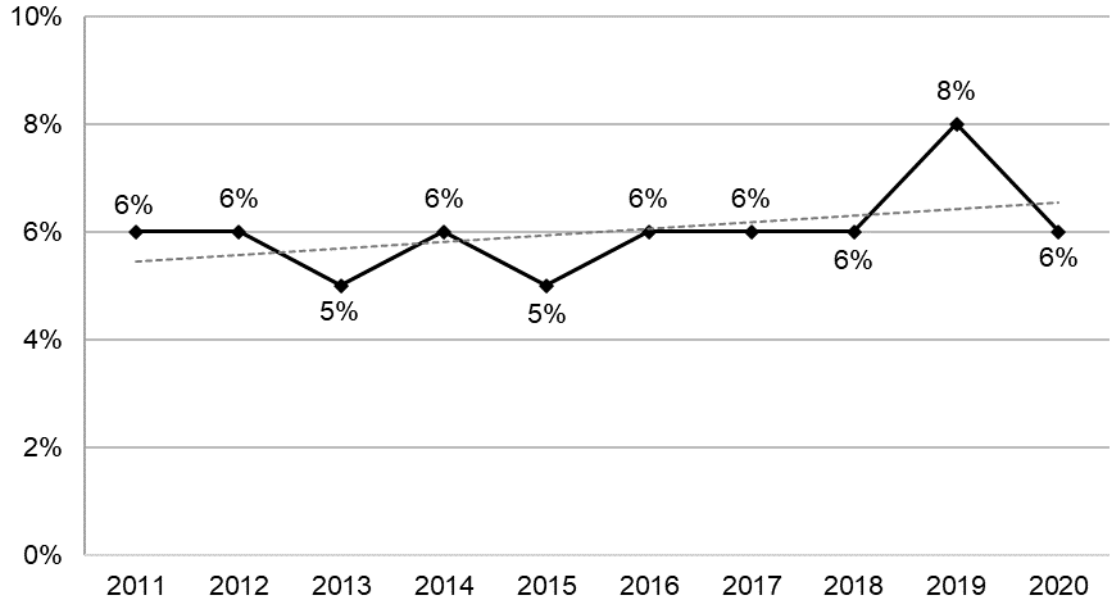
MENTAL HEALTH NOT GOOD

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

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

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

Figure 60
Percentage of South Dakotans Stating Mental Health Not Good for 20-30 Days of the Past 30, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 44 South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	5%	4.4%	5.8%
	Female	8%	7.1%	8.9%
Age	18-29	9%	7.6%	11.2%
	30-39	8%	6.3%	9.5%
	40-49	7%	5.3%	8.2%
	50-59	6%	5.0%	7.2%
	60-69	5%	4.0%	5.8%
	70-79	3%	2.5%	4.8%
	80+	4%	2.9%	6.1%
Race/Ethnicity	White, Non-Hispanic	6%	5.7%	6.9%
	American Indian, Non-Hispanic	9%	7.0%	11.5%
	American Indian/White, Non-Hispanic	11%	6.3%	19.8%
	Hispanic	5%	2.6%	9.2%
Household Income	Less than $35,000	11%	9.7%	12.6%
	$35,000-$74,999	5%	4.5%	6.3%
	$75,000+	3%	2.3%	3.7%
Education	Less than High School, G.E.D.	10%	7.9%	13.5%
	High School, G.E.D.	7%	6.3%	8.5%
	Some Post-High School	7%	5.8%	7.7%
	College Graduate	4%	3.3%	4.7%
Employment Status	Employed for Wages	6%	4.9%	6.5%
	Self-employed	4%	3.1%	5.8%
	Unemployed	18%	13.0%	24.3%
	Homemaker	5%	3.3%	9.0%
	Student	8%	5.3%	12.1%
	Retired	4%	2.9%	4.4%
	Unable to Work	27%	23.2%	31.1%
Marital Status	Married/Unmarried Couple	4%	3.9%	5.0%
	Divorced/Separated	11%	8.9%	12.5%
	Widowed	7%	5.6%	9.7%
	Never Married	10%	8.1%	11.3%
Home Ownership Status	Own Home	5%	4.4%	5.4%
	Rent Home	11%	9.1%	12.3%
Children Status	Children in Household (Ages 18-44)	8%	6.4%	9.0%
	No Children in Household (Ages 18-44)	9%	7.4%	10.9%
Phone Status	Landline	5%	4.5%	6.0%
	Cell Phone	7%	6.4%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.0%	19.0%
	Not Pregnant (Ages 18-44)	10%	8.5%	12.1%
County	Minnehaha	7%	5.2%	8.2%
	Pennington	8%	6.5%	9.4%
	Lincoln	5%	2.9%	8.8%
	Brown	7%	5.1%	8.6%
	Brookings	7%	4.7%	9.3%
	Codington	7%	5.1%	8.6%
	Meade	7%	4.8%	10.3%
	Lawrence	4%	2.6%	6.9%

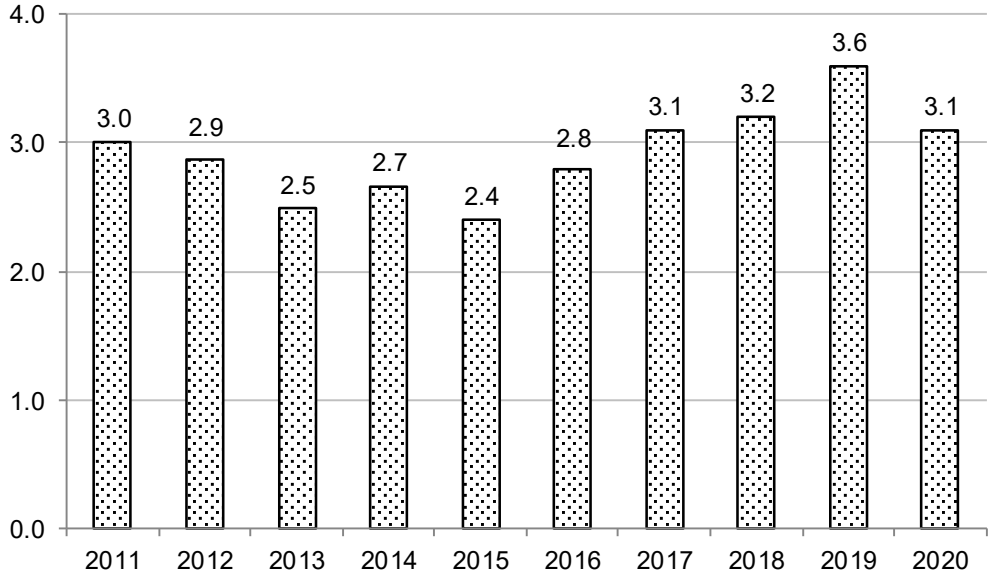
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Figure 61, below, shows the average number of days all South Dakotans stated their mental health was not good for the past 30 days. In 2020, the average number of days was 3.1, down from 3.6 days in 2019.

Figure 61
Average Number of Days Respondents' Mental Health Was Not Good in the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

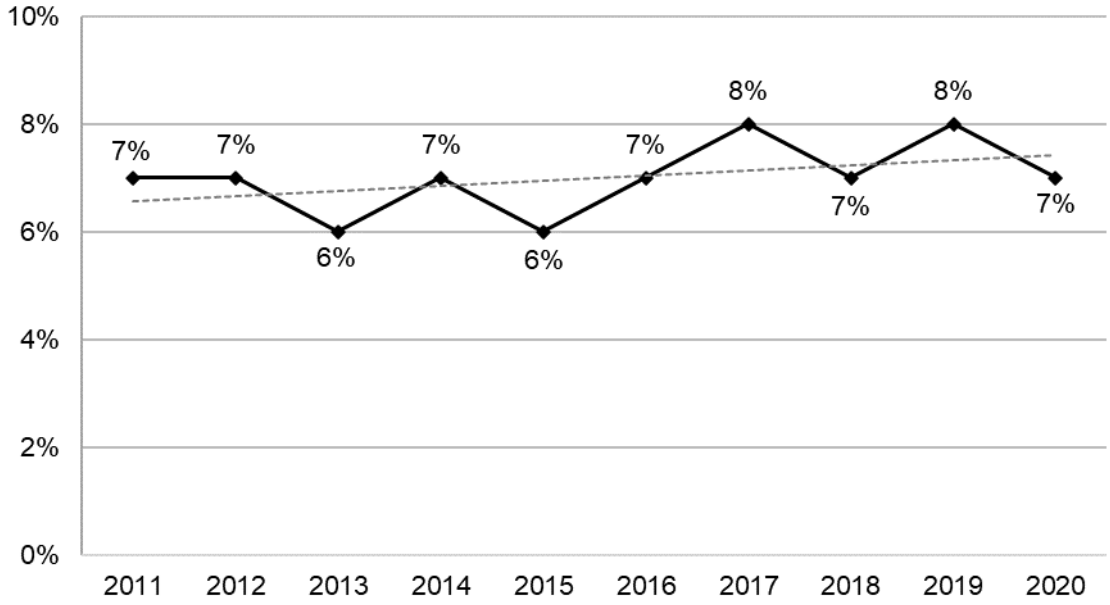
USUAL ACTIVITIES UNATTAINABLE

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

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

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

Figure 62
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 45 South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	6%	5.7%	7.1%
	Female	8%	7.4%	9.0%
Age	18-29	5%	4.0%	6.6%
	30-39	6%	5.0%	8.2%
	40-49	6%	5.3%	8.0%
	50-59	8%	7.0%	9.4%
	60-69	10%	9.2%	11.8%
	70-79	7%	6.1%	8.6%
	80+	8%	5.9%	9.6%
Race/Ethnicity	White, Non-Hispanic	7%	6.4%	7.5%
	American Indian, Non-Hispanic	12%	9.3%	15.0%
	American Indian/White, Non-Hispanic	9%	5.3%	13.7%
	Hispanic	8%	4.2%	13.6%
Household Income	Less than $35,000	13%	11.3%	14.1%
	$35,000-$74,999	6%	5.4%	7.3%
	$75,000+	3%	2.2%	3.4%
Education	Less than High School, G.E.D.	11%	8.9%	14.2%
	High School, G.E.D.	8%	7.3%	9.5%
	Some Post-High School	7%	6.3%	8.0%
	College Graduate	5%	4.0%	5.4%
Employment Status	Employed for Wages	4%	3.6%	5.0%
	Self-employed	4%	3.2%	5.7%
	Unemployed	16%	11.6%	20.8%
	Homemaker	5%	3.1%	7.4%
	Student	5%	2.8%	7.8%
	Retired	8%	7.3%	9.3%
	Unable to Work	47%	42.3%	51.3%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.4%
	Divorced/Separated	14%	11.8%	15.5%
	Widowed	10%	8.0%	13.4%
	Never Married	7%	5.8%	8.3%
Home Ownership Status	Own Home	6%	5.4%	6.4%
	Rent Home	11%	9.3%	12.4%
Children Status	Children in Household (Ages 18-44)	6%	5.1%	7.8%
	No Children in Household (Ages 18-44)	5%	4.0%	6.4%
Phone Status	Landline	8%	7.0%	8.8%
	Cell Phone	7%	6.4%	7.7%
Pregnancy Status	Pregnant (Ages 18-44)	11%	2.7%	33.2%
	Not Pregnant (Ages 18-44)	6%	5.3%	7.9%
County	Minnehaha	7%	6.0%	8.9%
	Pennington	8%	7.1%	9.7%
	Lincoln	5%	2.8%	7.7%
	Brown	9%	7.4%	11.5%
	Brookings	5%	4.0%	7.5%
	Codington	8%	6.1%	10.0%
	Meade	7%	4.7%	9.1%
	Lawrence	7%	4.6%	10.3%

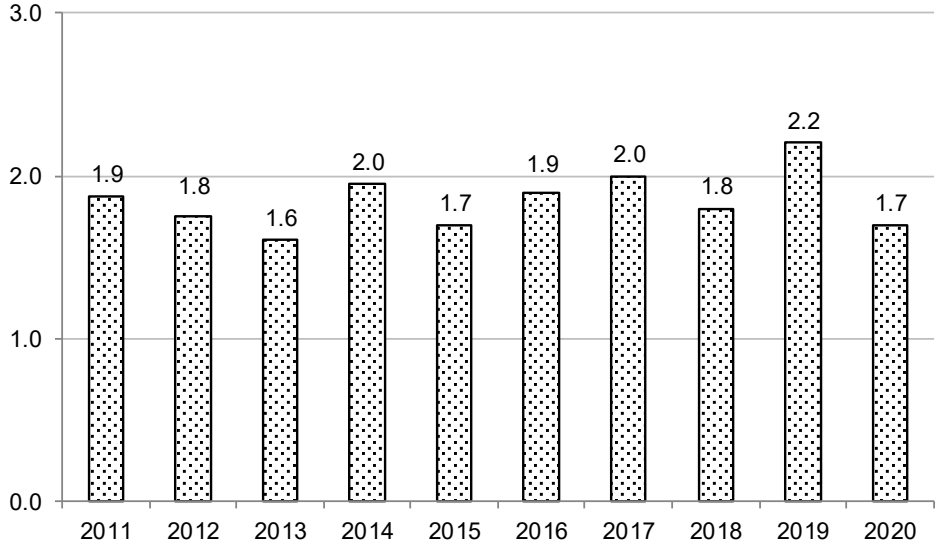
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Figure 63, below, shows the average number of days in the past 30 days where poor physical or mental health kept South Dakotans from doing their usual activities. For the past ten years the average number of days has remained steady.

Figure 63
Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities In the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

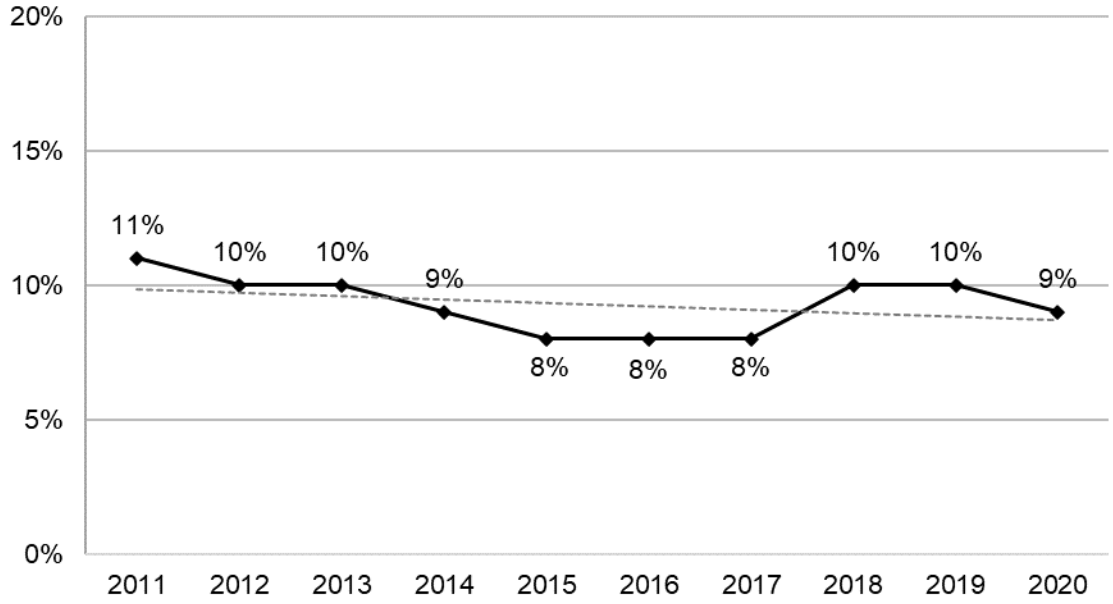
HEALTH INSURANCE (ADULT)

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

Prevalence of No Health Insurance

- South Dakota 9%
- *There is no nationwide median for no health insurance*

Figure 64
Percentage of South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 46 South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	10%	8.4%	11.1%
	Female	8%	6.8%	9.1%
Age	18-29	12%	9.9%	14.6%
	30-39	10%	8.2%	12.6%
	40-49	9%	7.3%	11.2%
	50-59	6%	4.8%	7.4%
	60-69	5%	3.3%	6.1%
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	8%	7.4%	9.3%
	American Indian, Non-Hispanic	4%	2.5%	7.5%
	American Indian/White, Non-Hispanic	18%	8.9%	31.9%
	Hispanic	25%	17.2%	34.5%
Household Income	Less than $35,000	16%	13.8%	18.0%
	$35,000-$74,999	8%	6.6%	10.3%
	$75,000+	2%	1.4%	2.9%
Education	Less than High School, G.E.D.	22%	17.0%	28.7%
	High School, G.E.D.	12%	10.8%	14.2%
	Some Post-High School	7%	6.1%	8.6%
	College Graduate	2%	1.8%	3.0%
Employment Status	Employed for Wages	7%	6.3%	8.5%
	Self-employed	12%	10.0%	15.2%
	Unemployed	30%	23.4%	36.4%
	Homemaker	12%	8.0%	17.7%
	Student	4%	2.1%	6.1%
	Retired	3%	1.6%	6.3%
	Unable to Work	8%	5.5%	11.6%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.9%
	Divorced/Separated	16%	13.0%	19.4%
	Widowed	10%	5.6%	16.1%
	Never Married	14%	11.5%	16.3%
Home Ownership Status	Own Home	6%	4.9%	6.7%
	Rent Home	16%	13.9%	18.5%
Children Status	Children in Household (Ages 18-44)	9%	7.3%	10.4%
	No Children in Household (Ages 18-44)	14%	11.3%	16.4%
Phone Status	Landline	6%	4.4%	6.8%
	Cell Phone	10%	8.6%	10.8%
Pregnancy Status	Pregnant (Ages 18-44)	9%	2.7%	25.1%
	Not Pregnant (Ages 18-44)	10%	7.8%	11.7%
County	Minnehaha	10%	8.2%	12.8%
	Pennington	9%	7.2%	11.4%
	Lincoln	4%	1.6%	8.1%
	Brown	10%	7.0%	13.0%
	Brookings	7%	4.3%	10.2%
	Codington	6%	3.6%	9.0%
	Meade	13%	8.2%	18.6%
	Lawrence	17%	11.8%	24.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

As shown in Table 47, below, employer based coverage was the most common type of health insurance reported by South Dakotans for the past ten years. The second most common was insurance through a private plan.

Table 47
Type of Health Insurance, Ages 18-64, 2011-2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Number of Respondents	**4,332**	**5,147**	**4,216**	**4,387**	**4,043**	**3,258**	**3,772**	**3,806**	**3,443**	**3,559**
Type of Health Insurance										
Employer Based Coverage	57%	59%	59%	59%	60%	58%	59%	56%	57%	57%
Private Plan	12%	11%	12%	13%	13%	15%	14%	12%	14%	13%
Medicaid or Medical Assistance	4%	4%	5%	4%	6%	4%	4%	5%	3%	7%
The Indian Health Service	5%	5%	5%	5%	5%	5%	4%	5%	4%	5%
Military, CHAMPUS, TriCare, or VA	6%	5%	5%	4%	5%	5%	5%	5%	5%	4%
Medicare	4%	3%	3%	3%	3%	4%	5%	4%	4%	3%
Some Other Source	2%	2%	1%	2%	2%	2%	2%	3%	3%	2%
None	11%	10%	10%	9%	8%	8%	8%	10%	10%	9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 48, below, displays how long it has been since South Dakotans had a routine checkup and whether they had health insurance. The majority of insured South Dakotans, 71 percent, stated they had a routine checkup within the past year, while 38 percent of uninsured South Dakotans had a routine checkup within the past year.

The percent of uninsured South Dakotans who stated that they had a routine checkup five or more years ago was 31 percent while only eight percent of South Dakotans with health insurance had a routine checkup five or more years ago.

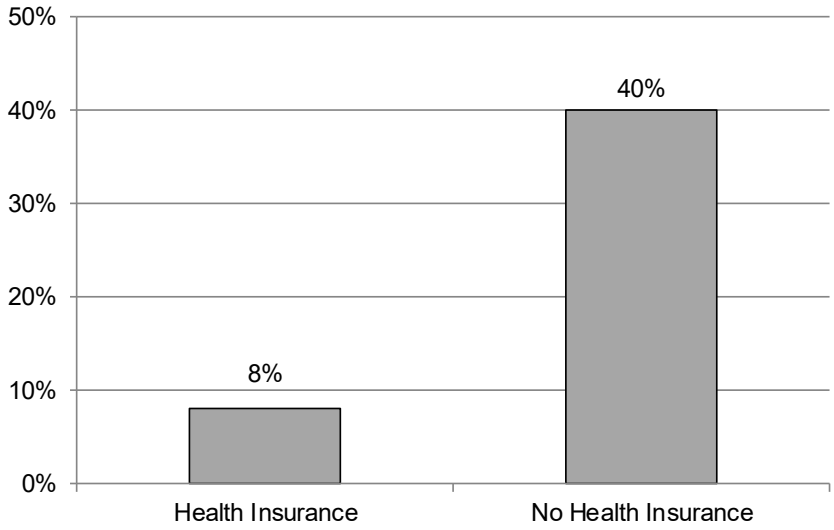
Table 48
How Long Since South Dakotans Last Visited a Doctor for a Routine Checkup, 2014-2020

	Health Insurance	No Health Insurance
Within the past year	71%	38%
Within the past 2 years	12%	13%
Within the past 5 years	8%	14%
5 or more years ago	8%	31%
Never	1%	4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota of Department Health, 2014-2020

Figure 65, below, shows the percentage of South Dakotans, ages 18-64, who were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of the cost. Forty percent of South Dakotans without health insurance answered yes to this question.

Figure 65
Percentage of South Dakotans, Ages 18-64, Who Needed to See a Doctor But Could Not Because of the Cost, 2014-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2020

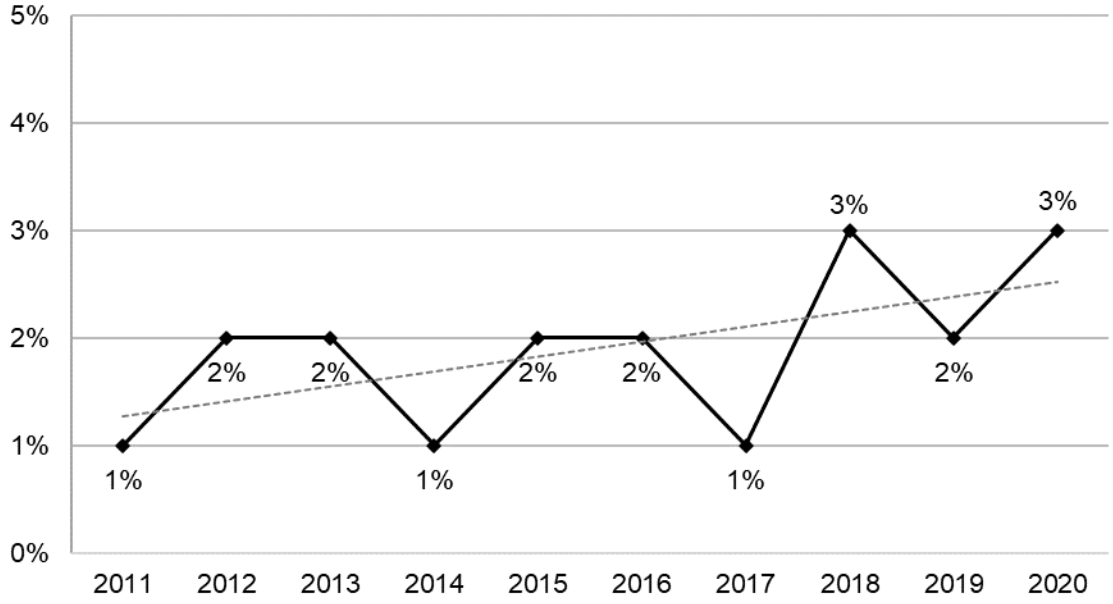
CHILDREN'S HEALTH INSURANCE

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

Prevalence of No Health Insurance

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

Figure 66
Percentage of South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 49 South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	2%	1.4%	3.3%
	Female	2%	1.3%	3.4%
Age	0-5	2%	1.1%	4.0%
	6-11	2%	1.4%	4.3%
	12-17	2%	0.9%	2.5%
Race/ Ethnicity	White, Non-Hispanic	2%	1.5%	3.2%
	American Indian, Non-Hispanic	2%	0.7%	4.2%
	American Indian/White, Non-Hispanic	1%	0.3%	2.2%
	Hispanic	3%	1.1%	9.0%
Household Income	Less than $35,000	3%	1.3%	4.9%
	$35,000-$74,999	4%	2.2%	5.7%
	$75,000+	1%	0.4%	1.8%
Home Ownership Status	Own home	2%	1.2%	2.6%
	Rent home	4%	2.1%	6.1%
Phone Status	Landline	2%	1.1%	3.5%
	Cell phone	2%	1.5%	3.2%
County	Minnehaha	2%	1.0%	4.2%
	Pennington	2%	0.9%	4.3%
	Lincoln	0.2%	0.0%	0.9%
	Brown	1%	0.3%	3.1%
	Brookings	2%	0.9%	5.6%
	Codington	1%	0.1%	2.8%
	Meade	3%	1.4%	5.8%
	Lawrence	3%	0.9%	9.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Age The prevalence of uninsured children does not seem to differ by age.

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

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

Home Ownership The prevalence of uninsured children does not seem to differ by home ownership status.

Phone Status The prevalence of uninsured children does not seem to differ by phone status.

County Minnehaha and Meade counties demonstrate a very high prevalence of uninsured children, while Lincoln county shows a very low prevalence.

Table 50, below, shows the different types of health coverage for children, ages 0-17. The main type of health care coverage for the past ten years was employer based coverage. Medicaid, CHIP, or medical assistance coverage was the second most common type of health coverage.

Table 50
Different Types of Health Coverage for South Dakota Children, Ages 17 and Under, 2011-2020

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

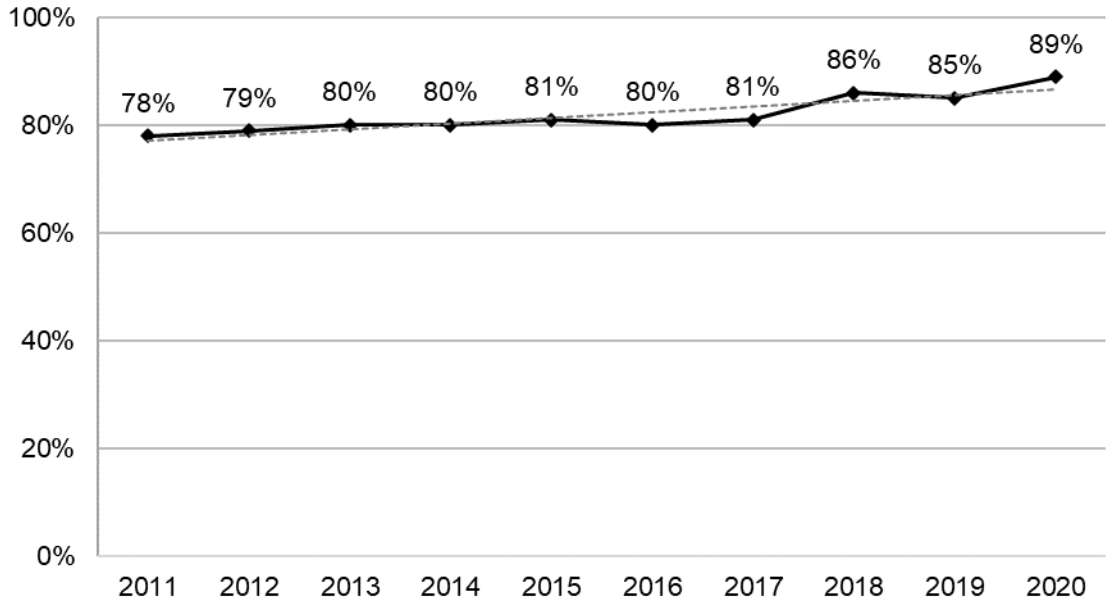
ROUTINE CHECKUP

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

Prevalence of Routine Checkup

- South Dakota 89%
- *There is no nationwide median for routine checkups*

Figure 67
Percentage of South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 51 South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	79%	77.4%	80.1%
	Female	89%	88.5%	90.4%
Age	18-29	77%	74.6%	79.6%
	30-39	74%	71.7%	77.0%
	40-49	83%	81.1%	85.6%
	50-59	86%	84.5%	87.7%
	60-69	91%	89.8%	92.3%
	70-79	96%	94.4%	96.7%
	80+	95%	93.3%	96.6%
Race/Ethnicity	White, Non-Hispanic	85%	83.8%	85.6%
	American Indian, Non-Hispanic	85%	82.3%	87.9%
	American Indian/White, Non-Hispanic	72%	60.5%	81.1%
	Hispanic	78%	70.2%	83.9%
Household Income	Less than $35,000	83%	81.3%	84.6%
	$35,000-$74,999	83%	80.9%	84.3%
	$75,000+	87%	85.3%	88.3%
Education	Less than High School, G.E.D.	80%	75.6%	83.8%
	High School, G.E.D.	83%	81.0%	84.2%
	Some Post-High School	84%	82.5%	85.3%
	College Graduate	88%	86.6%	88.9%
Employment Status	Employed for Wages	82%	80.2%	82.8%
	Self-employed	76%	73.2%	79.0%
	Unemployed	77%	71.6%	82.4%
	Homemaker	86%	81.2%	89.4%
	Student	86%	81.4%	89.9%
	Retired	95%	94.3%	96.0%
	Unable to Work	89%	86.3%	91.9%
Marital Status	Married/Unmarried Couple	86%	85.0%	87.0%
	Divorced/Separated	82%	79.9%	84.6%
	Widowed	93%	90.4%	94.6%
	Never Married	78%	75.6%	80.1%
Home Ownership Status	Own Home	86%	85.4%	87.2%
	Rent Home	78%	75.9%	80.1%
Children Status	Children in Household (Ages 18-44)	78%	75.9%	80.0%
	No Children in Household (Ages 18-44)	76%	72.8%	78.1%
Phone Status	Landline	89%	87.9%	90.4%
	Cell Phone	82%	81.2%	83.3%
Pregnancy Status	Pregnant (Ages 18-44)	84%	69.2%	92.0%
	Not Pregnant (Ages 18-44)	85%	83.3%	87.3%
County	Minnehaha	84%	82.1%	86.5%
	Pennington	81%	79.0%	83.4%
	Lincoln	90%	84.4%	93.4%
	Brown	87%	84.8%	89.3%
	Brookings	86%	82.4%	89.0%
	Codington	86%	83.1%	88.8%
	Meade	81%	76.0%	85.9%
	Lawrence	75%	69.4%	79.7%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

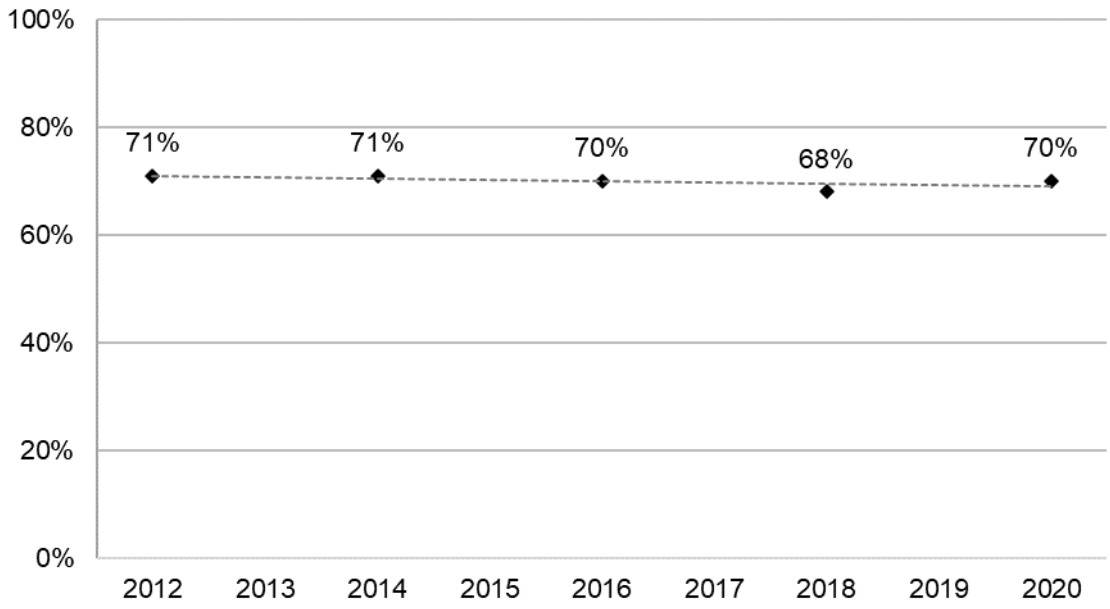
Oral Health

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

Prevalence of Oral Health

- South Dakota 70%
- Nationwide median 67%

Figure 68
Percentage of South Dakotans Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Table 52 South Dakotans Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	65%	63.0%	66.9%
	Female	74%	71.9%	75.2%
Age	18-29	67%	62.9%	70.0%
	30-39	68%	64.4%	71.4%
	40-49	73%	69.2%	76.0%
	50-59	71%	68.4%	73.9%
	60-69	72%	69.7%	74.9%
	70-79	68%	65.0%	71.4%
	80+	62%	57.1%	66.3%
Race/Ethnicity	White, Non-Hispanic	71%	70.0%	72.6%
	American Indian, Non-Hispanic	56%	50.4%	61.2%
	American Indian/White, Non-Hispanic	52%	37.7%	65.2%
	Hispanic	62%	51.3%	70.8%
Household Income	Less than $35,000	55%	52.1%	57.7%
	$35,000-$74,999	70%	67.3%	72.1%
	$75,000+	84%	81.7%	85.6%
Education	Less than High School, G.E.D.	53%	47.6%	59.2%
	High School, G.E.D.	61%	58.9%	63.9%
	Some Post-High School	71%	68.9%	73.3%
	College Graduate	82%	80.4%	83.7%
Employment Status	Employed for Wages	71%	69.5%	73.2%
	Self-employed	66%	62.2%	69.8%
	Unemployed	51%	43.6%	58.9%
	Homemaker	69%	61.2%	75.1%
	Student	80%	73.2%	85.3%
	Retired	70%	67.1%	71.8%
	Unable to Work	53%	47.3%	59.3%
Marital Status	Married/Unmarried Couple	76%	74.1%	77.1%
	Divorced/Separated	56%	51.8%	59.6%
	Widowed	63%	58.7%	66.9%
	Never Married	61%	58.1%	64.8%
Home Ownership Status	Own Home	74%	72.5%	75.3%
	Rent Home	55%	52.2%	58.5%
Children Status	Children in Household (Ages 18-44)	70%	67.1%	72.8%
	No Children in Household (Ages 18-44)	66%	61.9%	69.1%
Phone Status	Landline	70%	68.3%	72.1%
	Cell Phone	69%	67.3%	70.5%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	72%	68.8%	75.2%
County	Minnehaha	74%	70.4%	76.5%
	Pennington	66%	63.0%	69.4%
	Lincoln	77%	67.7%	83.6%
	Brown	70%	65.8%	73.0%
	Brookings	72%	67.5%	76.5%
	Codington	76%	72.2%	79.2%
	Meade	60%	53.3%	66.8%
	Lawrence	69%	63.7%	74.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Children's Oral Health

Definition: South Dakota children, ages 6-17, who have visited a dentist or dental clinic for routine care within the past year.

Prevalence of Children's Oral Health

- South Dakota 90%
- *There is no nationwide median for children's oral health*

Table 53
South Dakota Children, Ages 6-17, Who Have Visited a Dentist or a Dental Clinic for Routine Care Within the Past Year, 2020

			95% Confidence Interval	
		2020	Low	High
Gender	Male	85%	74.1%	91.7%
	Female	95%	90.7%	96.8%
Age	0-5	-	-	-
	6-11	95%	87.4%	98.0%
	12-17	85%	76.0%	91.2%
Race/Ethnicity	White, Non-Hispanic	94%	89.9%	96.9%
	American Indian, Non-Hispanic	86%	74.1%	92.6%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	85%	71.1%	92.5%
	$35,000-$74,999	85%	71.0%	92.9%
	$75,000+	97%	90.7%	98.8%
Home Ownership Status	Own Home	95%	89.8%	97.7%
	Rent Home	75%	58.1%	86.4%
Phone Status	Landline	93%	86.9%	96.6%
	Cell Phone	89%	81.0%	93.5%
County	Minnehaha	*	*	*
	Pennington	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*

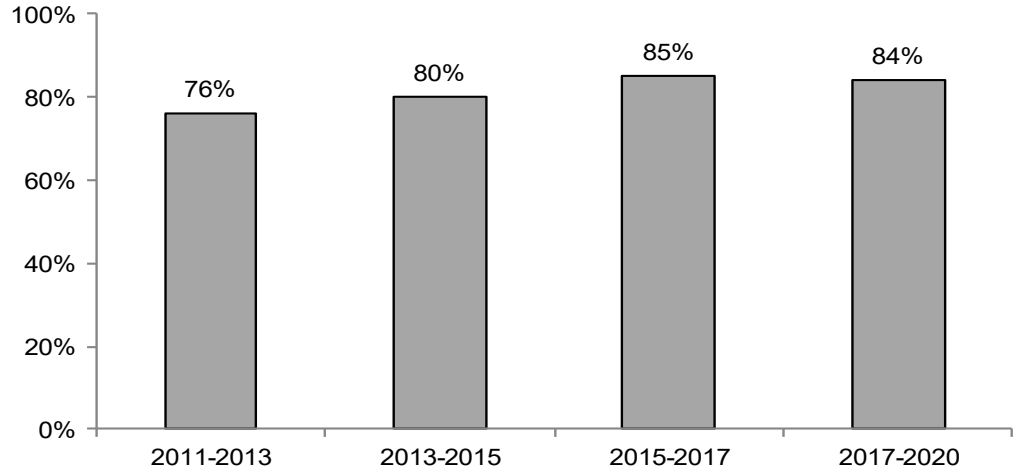
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2020

Demographics

Gender	There seems to be no gender difference regarding routine oral health visits for children.
Age	The prevalence of children visiting the dentist regularly does not seem to differ by age.
Race/Ethnicity	The prevalence of children visiting the dentist regularly does not seem to differ based on race/ethnicity.
Household Income	The prevalence of children visiting the dentist regularly does not seem to consistently change as household income changes.
Home Ownership	Those who own their home exhibit a significantly higher prevalence of taking their children to the dentist regularly than those who rent their homes.
Phone Status	The prevalence of children visiting the dentist regularly does not seem to differ based on phone status.

Figure 70, below, displays the majority of South Dakotans who stated that they have some kind of insurance that pays for some or all of their child's routine dental care. The majority for all years stated they have insurance coverage that pays for some or all of their child's routine dental care.

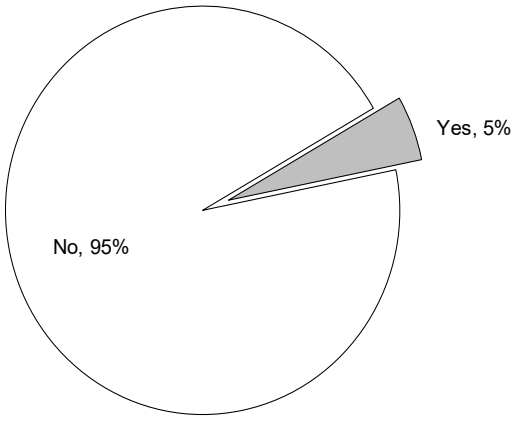
Figure 70
South Dakotans Who Have Any Kind of Insurance Coverage That Pays for Some or All of This Child's Routine Dental Care, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Figure 71, below, displays the percentage of South Dakota children, ages 6-17, who had a toothache, not caused by injury or trauma, on more than one occasion in the past 12 months. In 2020, 5 percent had a toothache not caused by injury or trauma in the past year.

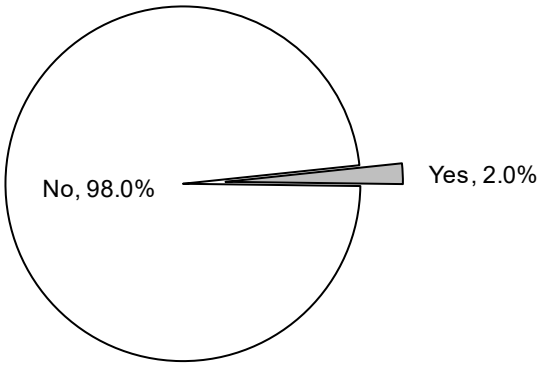
Figure 71
South Dakota Children, Ages 6-17, Who Had a Toothache, Not Caused by Injury or Trauma, on More Than One Occasion in the Past 12 Months, 2020



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

Figure 72, below, displays the percentage of children, ages 6-17, who had a toothache that caused the child to miss school in the past 12 months. In 2020, two percent of children missed school because of a toothache.

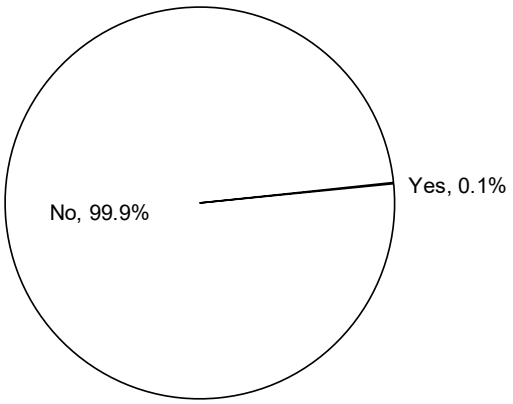
Figure 72
South Dakota Children, Ages 6-17, Who Had a Toothache That Caused the Child to Miss School Within the Past 12 Months, 2020



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

Figure 73, below, displays the percentage of children who visited a hospital emergency room in the past 12 months because of a toothache. Only 0.1 percent of children visited a hospital emergency room in the past 12 months because of a toothache.

Figure 73
South Dakota Children, Ages 6-17, Who Visited a Hospital Emergency Room Because of a Toothache Within the Past 12 Months, 2020



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

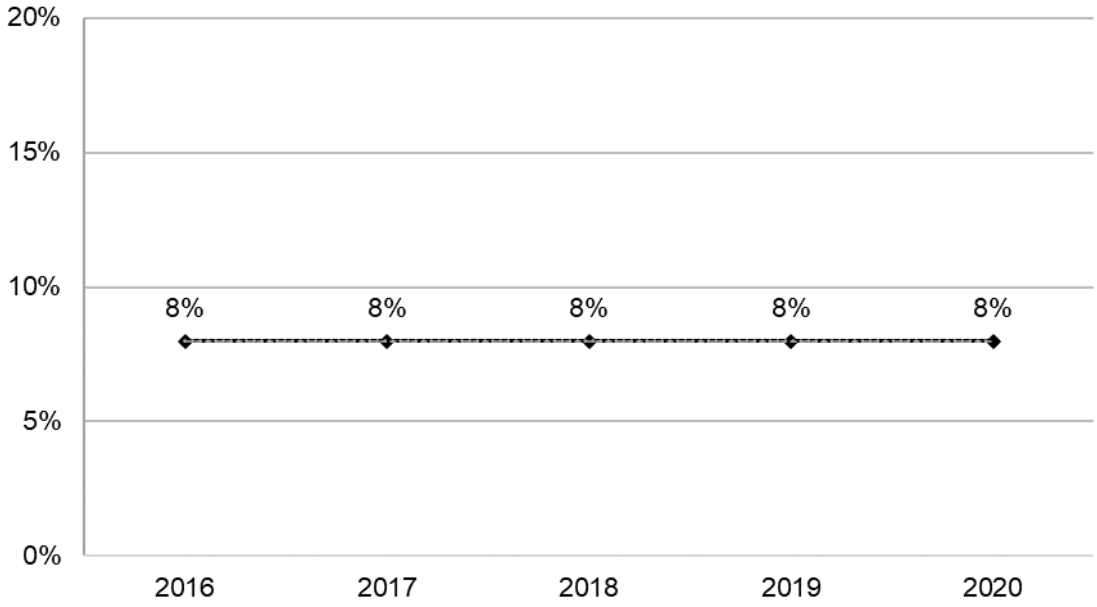
Hearing Difficulty

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

Prevalence of Hearing Difficulty

- South Dakota 8%
- Nationwide median 7%

Figure 74
Percentage of South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Table 54 South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	10%	9.4%	11.2%
	Female	5%	4.7%	5.8%
Age	18-29	2%	1.6%	3.4%
	30-39	4%	2.7%	5.0%
	40-49	4%	2.8%	5.2%
	50-59	7%	6.1%	8.5%
	60-69	10%	8.7%	11.1%
	70-79	18%	16.2%	20.2%
	80+	28%	25.0%	31.7%
Race/Ethnicity	White, Non-Hispanic	8%	7.1%	8.2%
	American Indian, Non-Hispanic	11%	8.3%	13.2%
	American Indian/White, Non-Hispanic	11%	5.4%	19.8%
	Hispanic	6%	3.5%	10.1%
Household Income	Less than $35,000	10%	8.9%	11.2%
	$35,000-$74,999	7%	6.3%	8.2%
	$75,000+	5%	4.1%	5.8%
Education	Less than High School, G.E.D.	12%	9.3%	14.4%
	High School, G.E.D.	9%	8.1%	10.1%
	Some Post-High School	7%	6.3%	8.0%
	College Graduate	5%	4.8%	6.1%
Employment Status	Employed for Wages	4%	3.8%	5.0%
	Self-employed	7%	5.2%	8.1%
	Unemployed	8%	5.6%	11.7%
	Homemaker	7%	4.9%	9.5%
	Student	1%	0.4%	2.6%
	Retired	18%	16.2%	19.2%
	Unable to Work	16%	12.8%	19.1%
Marital Status	Married/Unmarried Couple	8%	7.1%	8.5%
	Divorced/Separated	9%	8.0%	11.3%
	Widowed	19%	16.8%	21.6%
	Never Married	3%	2.7%	4.4%
Home Ownership Status	Own Home	8%	7.7%	9.0%
	Rent Home	7%	5.6%	7.7%
Children Status	Children in Household (Ages 18-44)	3%	2.6%	4.5%
	No Children in Household (Ages 18-44)	2%	1.4%	3.0%
Phone Status	Landline	12%	10.5%	12.5%
	Cell Phone	6%	5.8%	7.0%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.3%	8.8%
	Not Pregnant (Ages 18-44)	2%	1.1%	2.6%
County	Minnehaha	6%	5.1%	7.3%
	Pennington	9%	7.4%	10.1%
	Lincoln	4%	2.4%	6.9%
	Brown	8%	6.7%	10.0%
	Brookings	5%	3.7%	5.8%
	Codington	9%	7.9%	11.2%
	Meade	9%	7.0%	11.8%
	Lawrence	6%	4.6%	8.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

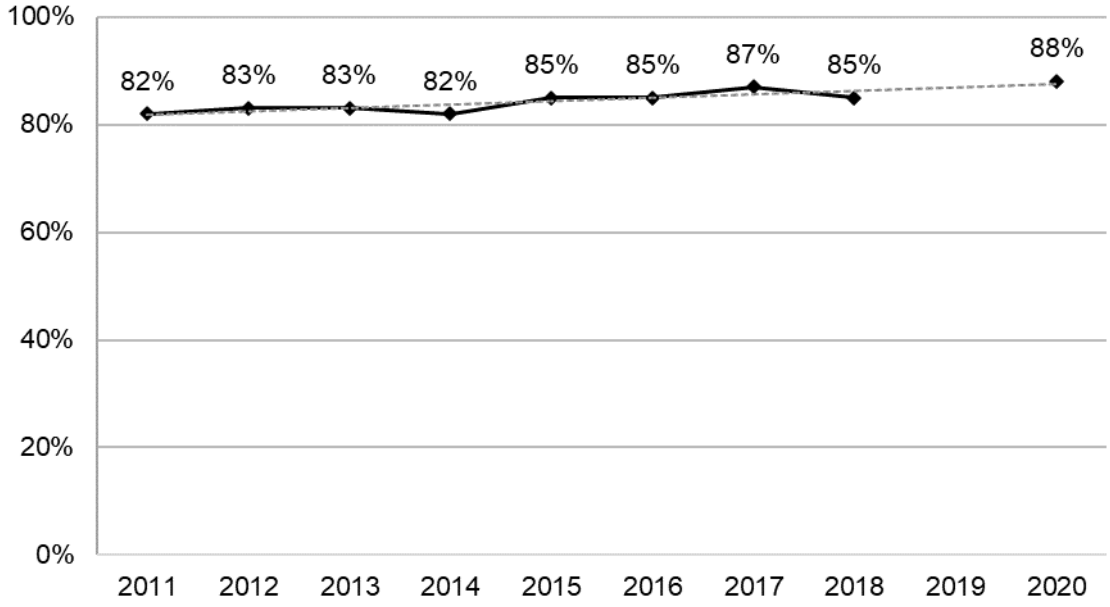
Seat Belt Use

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

Prevalence of Seat Belt Use

- South Dakota 88%
- Nationwide median 94%

Figure 75
Percentage of South Dakotans Who Always or Nearly Always Wear a Seat Belt, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 55 South Dakotans Who Always or Nearly Always Wear a Seat Belt, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	80%	79.0%	81.7%
	Female	92%	90.9%	92.7%
Age	18-29	84%	81.3%	86.0%
	30-39	84%	81.8%	86.5%
	40-49	86%	84.1%	88.6%
	50-59	85%	82.4%	86.5%
	60-69	89%	87.2%	90.1%
	70-79	89%	86.9%	90.6%
	80+	92%	89.4%	93.5%
Race/Ethnicity	White, Non-Hispanic	86%	85.3%	87.1%
	American Indian, Non-Hispanic	85%	81.2%	87.6%
	American Indian/White, Non-Hispanic	82%	73.8%	88.7%
	Hispanic	87%	77.9%	92.2%
Household Income	Less than $35,000	83%	80.9%	84.3%
	$35,000-$74,999	86%	84.1%	87.4%
	$75,000+	90%	88.2%	91.0%
Education	Less than High School, G.E.D.	78%	73.4%	81.4%
	High School, G.E.D.	83%	81.6%	84.8%
	Some Post-High School	86%	84.8%	87.7%
	College Graduate	92%	91.5%	93.4%
Employment Status	Employed for Wages	87%	85.6%	87.9%
	Self-employed	76%	73.3%	79.3%
	Unemployed	81%	75.2%	85.7%
	Homemaker	93%	86.9%	95.9%
	Student	88%	83.3%	91.9%
	Retired	90%	89.0%	91.6%
	Unable to Work	82%	77.4%	85.2%
Marital Status	Married/Unmarried Couple	88%	87.5%	89.5%
	Divorced/Separated	81%	78.2%	83.6%
	Widowed	89%	86.6%	91.5%
	Never Married	82%	79.7%	84.0%
Home Ownership Status	Own Home	87%	86.1%	88.0%
	Rent Home	83%	80.7%	84.7%
Children Status	Children in Household (Ages 18-44)	85%	82.4%	86.4%
	No Children in Household (Ages 18-44)	84%	82.0%	86.5%
Phone Status	Landline	88%	86.6%	89.1%
	Cell Phone	85%	84.4%	86.5%
Pregnancy Status	Pregnant (Ages 18-44)	89%	70.0%	96.6%
	Not Pregnant (Ages 18-44)	91%	89.0%	92.3%
County	Minnehaha	89%	87.1%	91.0%
	Pennington	89%	86.9%	90.7%
	Lincoln	94%	88.1%	96.8%
	Brown	80%	76.3%	82.7%
	Brookings	90%	86.6%	92.8%
	Codington	82%	77.3%	85.2%
	Meade	83%	76.4%	87.8%
	Lawrence	88%	83.7%	90.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

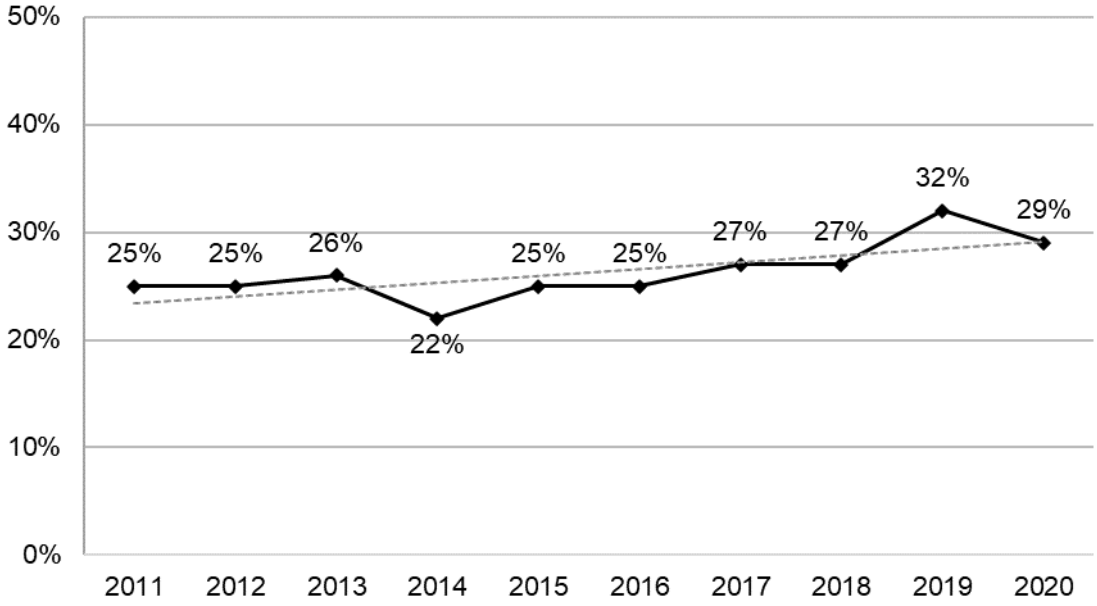
Gender	Females exhibit a significantly higher prevalence of seat belt use than males.
Age	Seat belt use generally increases as age increases with a significant increase as the 60s are reached.
Race/Ethnicity	The prevalence of seat belt use does not seem to differ based on race/ethnicity.
Household Income	Seat belt use increases as household income increases. This includes a significant increase as the $75,000+ income group is reached.
Education	Seat belt use increases as education levels increase. This includes significant increases as the high school and college graduate levels are reached.
Employment	Those who are a homemaker, a student, or retired demonstrate a very high prevalence of seat belt use, while those who are self-employed, unemployed, or unable to work show a very low prevalence.
Marital Status	Those who are married or widowed exhibit a very high prevalence of seat belt use, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of seat belt use than those who rent their home.
Children Status	The prevalence of seat belt use does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of seat belt use than those who primarily use a cell phone.
Pregnancy Status	The prevalence of seat belt use does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, Lincoln, Brookings, and Lawrence counties all exhibit a very high prevalence of seat belt use, while Brown, Codington, and Meade counties all show a very low prevalence.

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

Prevalence of HIV Test

- South Dakota 29%
- Nationwide median 37%

Figure 76
Percentage of South Dakotans Who Have Ever Been Tested for HIV, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 56 South Dakotans Who Have Ever Been Tested for HIV, 2016-2020				
			95% Confidence Interval	
		2016-2020	Low	High
Gender	Male	28%	26.1%	29.1%
	Female	28%	27.0%	29.9%
Age	18-29	29%	26.7%	32.3%
	30-39	44%	40.6%	46.7%
	40-49	41%	38.1%	43.9%
	50-59	28%	25.5%	29.9%
	60-69	17%	15.3%	18.6%
	70-79	11%	9.3%	12.6%
	80+	5%	3.3%	6.7%
Race/Ethnicity	White, Non-Hispanic	25%	23.6%	25.6%
	American Indian, Non-Hispanic	52%	47.5%	56.1%
	American Indian/White, Non-Hispanic	60%	48.8%	69.5%
	Hispanic	46%	37.8%	54.7%
Household Income	Less than $35,000	34%	31.7%	36.2%
	$35,000-$74,999	27%	25.4%	29.1%
	$75,000+	28%	26.3%	30.2%
Education	Less than High School, G.E.D.	26%	21.8%	30.5%
	High School, G.E.D.	26%	24.3%	28.3%
	Some Post-High School	29%	27.5%	31.1%
	College Graduate	29%	27.4%	30.8%
Employment Status	Employed for Wages	33%	31.2%	34.3%
	Self-employed	25%	22.4%	28.6%
	Unemployed	43%	37.0%	49.7%
	Homemaker	32%	25.7%	39.2%
	Student	19%	15.1%	24.4%
	Retired	11%	10.2%	12.5%
	Unable to Work	45%	40.7%	50.3%
Marital Status	Married/Unmarried Couple	26%	24.5%	27.1%
	Divorced/Separated	41%	37.7%	43.9%
	Widowed	11%	8.5%	14.1%
	Never Married	32%	29.4%	34.5%
Home Ownership Status	Own Home	24%	23.4%	25.6%
	Rent Home	40%	37.3%	42.4%
Children Status	Children in Household (Ages 18-44)	42%	39.1%	44.2%
	No Children in Household (Ages 18-44)	31%	28.6%	34.2%
Phone Status	Landline	18%	16.8%	19.5%
	Cell Phone	32%	30.4%	33.0%
Pregnancy Status	Pregnant (Ages 18-44)	64%	50.0%	76.1%
	Not Pregnant (Ages 18-44)	40%	37.3%	42.8%
County	Minnehaha	30%	27.4%	32.8%
	Pennington	34%	31.9%	37.1%
	Lincoln	32%	25.1%	38.7%
	Brown	24%	21.1%	27.3%
	Brookings	22%	18.7%	25.8%
	Codington	23%	19.8%	26.6%
	Meade	33%	28.0%	39.2%
	Lawrence	22%	17.7%	28.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

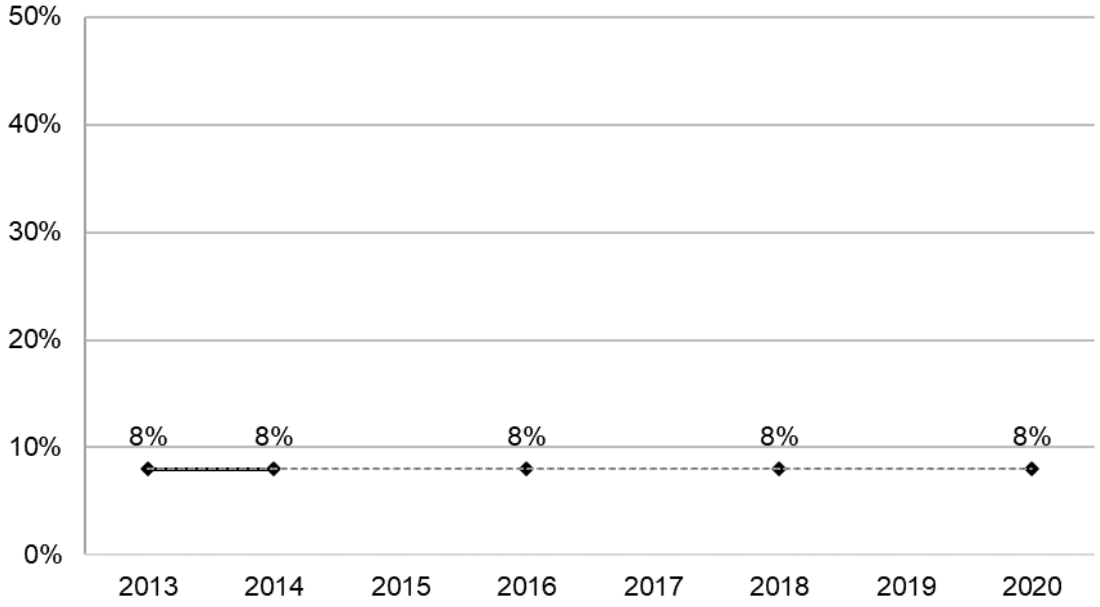
Sleep

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

Prevalence of Inadequate Sleep

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

Figure 77
Percentage of South Dakotans Who Get Less Than Six Hours of Sleep in an Average 24-Hour Period, 2013-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2020

Table 57 South Dakotans Who Get Less Than Six Hours of Sleep in a 24-Hour Period, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	9%	7.3%	9.9%
	Female	8%	6.9%	9.0%
Age	18-29	10%	7.5%	12.2%
	30-39	10%	7.9%	13.5%
	40-49	7%	5.6%	9.3%
	50-59	9%	7.5%	11.0%
	60-69	7%	5.6%	8.5%
	70-79	5%	4.1%	7.0%
	80+	5%	3.2%	6.7%
Race/Ethnicity	White, Non-Hispanic	8%	7.2%	9.0%
	American Indian, Non-Hispanic	9%	6.7%	11.1%
	American Indian/White, Non-Hispanic	8%	4.2%	15.3%
	Hispanic	13%	6.5%	22.9%
Household Income	Less than $35,000	12%	10.6%	14.5%
	$35,000-$74,999	8%	6.0%	9.6%
	$75,000+	5%	3.7%	5.7%
Education	Less than High School, G.E.D.	14%	9.7%	19.0%
	High School, G.E.D.	9%	7.5%	10.5%
	Some Post-High School	8%	7.0%	9.7%
	College Graduate	5%	4.3%	6.6%
Employment Status	Employed for Wages	8%	7.2%	9.8%
	Self-employed	7%	5.1%	10.1%
	Unemployed	15%	9.3%	22.6%
	Homemaker	7%	4.2%	12.3%
	Student	5%	3.1%	8.7%
	Retired	5%	3.7%	5.5%
	Unable to Work	24%	19.1%	29.0%
Marital Status	Married/Unmarried Couple	6%	5.6%	7.3%
	Divorced/Separated	13%	10.4%	15.5%
	Widowed	10%	7.2%	13.1%
	Never Married	10%	7.6%	12.5%
Home Ownership Status	Own Home	7%	6.0%	7.8%
	Rent Home	12%	9.7%	13.8%
Children Status	Children in Household (Ages 18-44)	9%	7.4%	11.0%
	No Children in Household (Ages 18-44)	10%	7.5%	13.1%
Phone Status	Landline	6%	5.2%	7.3%
	Cell Phone	9%	8.0%	10.2%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	9%	7.0%	11.2%
County	Minnehaha	7%	5.6%	9.2%
	Pennington	8%	6.1%	9.9%
	Lincoln	3%	1.9%	4.3%
	Brown	10%	7.4%	12.2%
	Brookings	7%	4.3%	10.1%
	Codington	9%	6.8%	12.9%
	Meade	9%	6.3%	13.6%
	Lawrence	10%	6.9%	13.9%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Lack of sleep does not seem to differ based on gender.
Age	Lack of sleep generally decreases as age increases.
Race/Ethnicity	Lack of sleep does not seem to differ based on race/ethnicity.
Household Income	The prevalence of lack of sleep decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of lack of sleep decreases as education increases. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of lack of sleep, while those who are self-employed, a homemaker, a student, or retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of lack of sleep, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of lack of sleep than those who own their home.
Children Status	The prevalence of lack of sleep among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of lack of sleep than those who primarily use a landline phone.
County	Minnehaha, Pennington, Brown, Codington, Meade, and Lawrence counties demonstrate a very high prevalence for lack of sleep, while Lincoln county shows a very low prevalence.

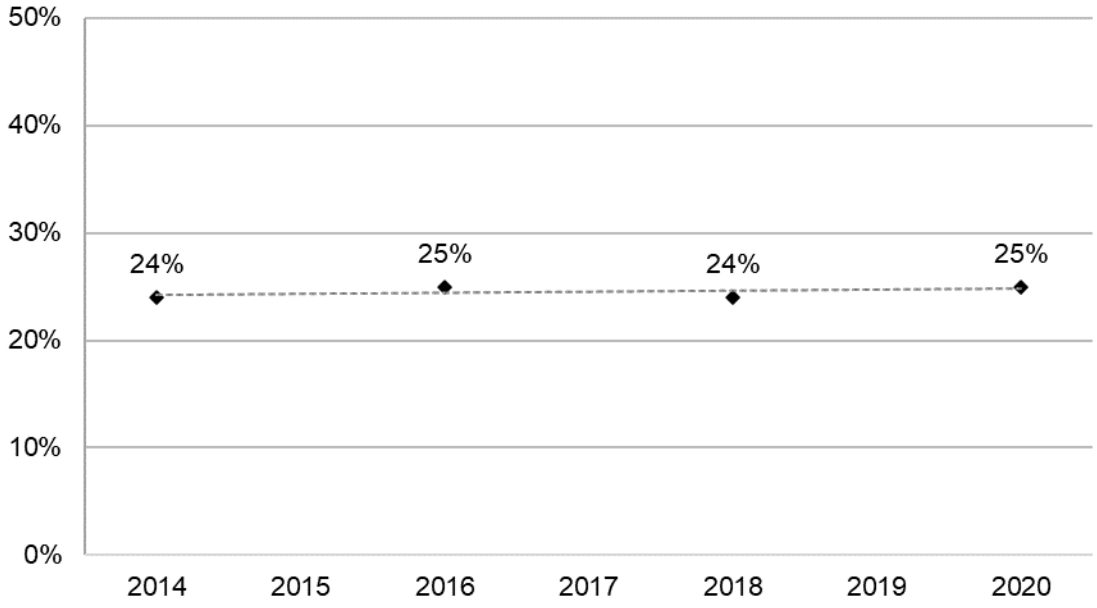
Sunblock Use

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

Prevalence of Sunblock Use

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

Figure 78
Percentage of South Dakotans Who Use Sunblock Most of the Time, 2014-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2020

Table 58 South Dakotans Who Use Sunblock Most of the Time, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	15%	13.6%	16.4%
	Female	36%	33.7%	37.5%
Age	18-29	18%	15.5%	21.8%
	30-39	26%	22.4%	29.3%
	40-49	29%	25.9%	32.8%
	50-59	26%	23.4%	28.8%
	60-69	27%	24.4%	29.3%
	70-79	28%	24.8%	30.7%
	80+	24%	19.8%	28.0%
Race/Ethnicity	White, Non-Hispanic	27%	25.3%	28.0%
	American Indian, Non-Hispanic	15%	11.6%	18.7%
	American Indian/White, Non-Hispanic	11%	5.9%	20.3%
	Hispanic	22%	14.2%	33.1%
Household Income	Less than $35,000	18%	16.0%	20.2%
	$35,000-$74,999	25%	23.0%	27.5%
	$75,000+	32%	30.0%	34.9%
Education	Less than High School, G.E.D.	9%	6.1%	12.1%
	High School, G.E.D.	20%	17.6%	21.9%
	Some Post-High School	26%	24.1%	28.4%
	College Graduate	36%	33.7%	38.3%
Employment Status	Employed for Wages	26%	24.0%	27.6%
	Self-employed	22%	19.2%	25.8%
	Unemployed	16%	10.4%	22.7%
	Homemaker	32%	25.1%	40.6%
	Student	21%	14.8%	29.5%
	Retired	27%	25.1%	29.4%
	Unable to Work	22%	17.3%	28.1%
Marital Status	Married/Unmarried Couple	29%	27.8%	31.1%
	Divorced/Separated	20%	17.2%	23.1%
	Widowed	25%	21.9%	29.4%
	Never Married	16%	13.5%	18.8%
Home Ownership Status	Own Home	28%	26.6%	29.5%
	Rent Home	18%	15.3%	20.3%
Children Status	Children in Household (Ages 18-44)	27%	23.8%	29.6%
	No Children in Household (Ages 18-44)	20%	16.6%	23.0%
Phone Status	Landline	26%	24.6%	28.2%
	Cell Phone	25%	23.0%	26.1%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	35%	31.6%	38.7%
County	Minnehaha	26%	23.4%	29.7%
	Pennington	29%	26.3%	32.4%
	Lincoln	40%	31.1%	49.8%
	Brown	21%	18.2%	24.3%
	Brookings	25%	20.9%	30.4%
	Codington	20%	16.4%	23.6%
	Meade	30%	23.8%	36.3%
	Lawrence	26%	21.1%	31.5%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Adverse Childhood Experiences

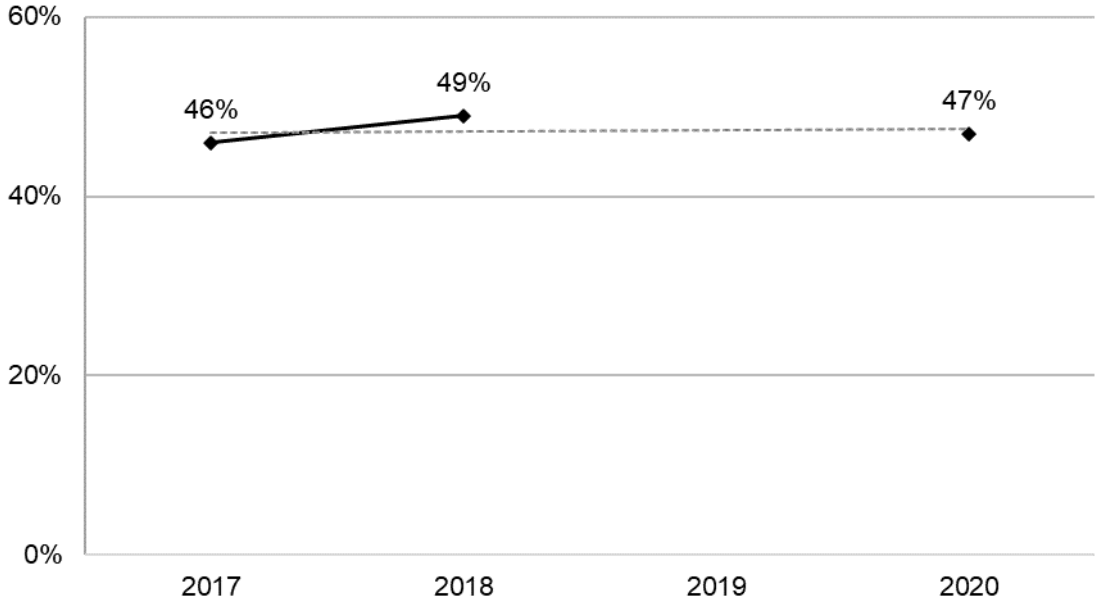
ONE OR MORE ADVERSE CHILDHOOD EXPERIENCES

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

Prevalence of One or More Adverse Childhood Experiences

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

Figure 79
Percentage of South Dakotans Who Had One or More Adverse Childhood Experiences, 2017-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

Table 59 South Dakotans Who Had One or More Adverse Childhood Experiences, 2017-2020				
			95% Confidence Interval	
		2017-2020	Low	High
Gender	Male	46%	43.8%	48.0%
	Female	48%	46.3%	50.2%
Age	18-29	52%	48.6%	56.2%
	30-39	55%	50.7%	58.7%
	40-49	51%	47.6%	55.1%
	50-59	46%	42.7%	48.8%
	60-69	42%	39.9%	45.2%
	70-79	36%	33.4%	39.1%
	80+	29%	24.7%	33.4%
Race/Ethnicity	White, Non-Hispanic	46%	44.5%	47.5%
	American Indian, Non-Hispanic	62%	56.8%	67.4%
	American Indian/White, Non-Hispanic	78%	65.7%	86.1%
	Hispanic	47%	36.5%	57.0%
Household Income	Less than $35,000	53%	50.5%	56.2%
	$35,000-$74,999	47%	44.7%	50.0%
	$75,000+	45%	42.3%	47.5%
Education	Less than High School, G.E.D.	58%	52.0%	63.9%
	High School, G.E.D.	48%	45.5%	50.8%
	Some Post-High School	48%	45.6%	50.4%
	College Graduate	41%	38.9%	43.3%
Employment Status	Employed for Wages	51%	48.5%	52.6%
	Self-employed	42%	38.4%	46.4%
	Unemployed	64%	56.1%	70.6%
	Homemaker	52%	43.7%	60.4%
	Student	44%	36.7%	52.2%
	Retired	37%	34.8%	39.3%
	Unable to Work	56%	50.1%	62.4%
Marital Status	Married/Unmarried Couple	45%	43.2%	46.8%
	Divorced/Separated	55%	50.8%	58.6%
	Widowed	35%	31.3%	38.8%
	Never Married	52%	48.8%	55.7%
Home Ownership Status	Own Home	44%	42.8%	46.0%
	Rent Home	54%	51.1%	57.6%
Children Status	Children in Household (Ages 18-44)	54%	51.1%	57.7%
	No Children in Household (Ages 18-44)	53%	48.6%	56.4%
Phone Status	Landline	44%	41.7%	45.6%
	Cell Phone	48%	46.6%	50.2%
Pregnancy Status	Pregnant (Ages 18-44)	45%	27.5%	63.9%
	Not Pregnant (Ages 18-44)	56%	52.8%	59.9%
County	Minnehaha	49%	45.9%	52.8%
	Pennington	50%	46.2%	53.0%
	Lincoln	56%	47.1%	64.5%
	Brown	51%	47.3%	55.1%
	Brookings	50%	45.3%	55.5%
	Codington	49%	44.7%	53.2%
	Meade	59%	52.5%	64.6%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

Demographics

Gender The prevalence of having faced at least one adverse childhood experience does not seem to differ by gender.

Age The prevalence of having faced at least one adverse childhood experience generally decreases as adult age increases. This includes a significant decrease as the 70s are reached.

Race/Ethnicity American Indians and American Indian/Whites demonstrate a very high prevalence of having faced at least one adverse childhood experience, while whites and Hispanics show a very low prevalence.

Household Income The prevalence of having faced at least one adverse childhood experience decreases as adult household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.

Education The prevalence of having faced at least one adverse childhood experience decreases as their adult education levels increase. This includes significant decreases as the high school graduate and college graduate levels are reached.

Employment Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of having faced at least one adverse childhood experience, while those who are self-employed, a student, or retired show a very low prevalence.

Marital Status Those who have never been married or are divorced exhibit a very high prevalence of having faced at least one adverse childhood experience, while those who are widowed show a very low prevalence.

Home Ownership Those who rent their home demonstrate a significantly higher prevalence of having faced at least one adverse childhood experience than those who own their home.

Children Status The prevalence of having faced at least one adverse childhood experience does not seem to differ based on the presence of children in the household.

Phone Status Those who primarily use a cell phone exhibit a significantly higher prevalence of having faced at least one adverse childhood experience than those who primarily use a landline phone.

County There seems to be no difference among the seven counties with enough sample size to analyze regarding having faced at least one adverse childhood experience.

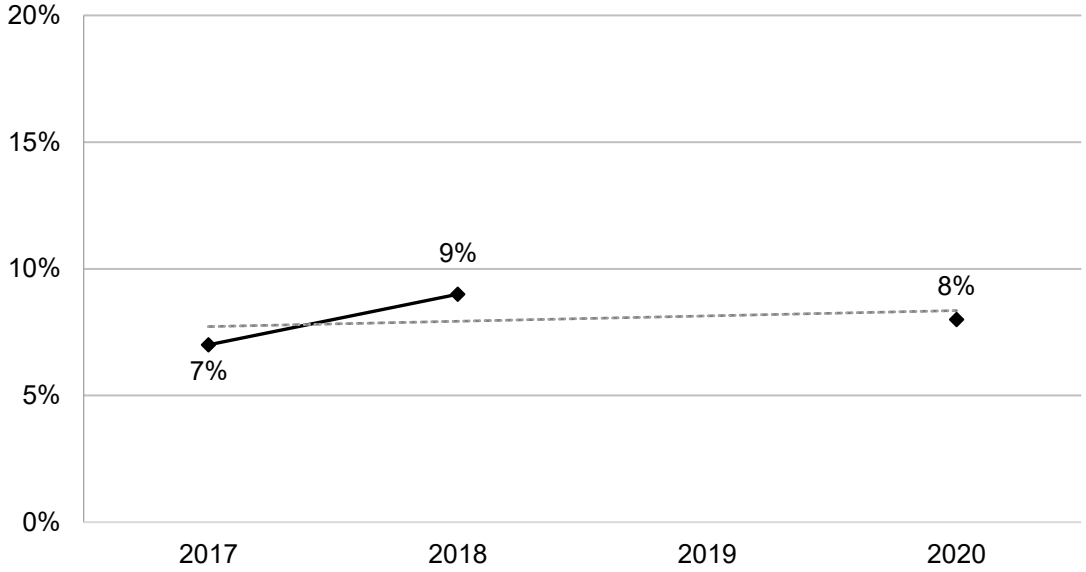
FIVE OR MORE ADVERSE CHILDHOOD EXPERIENCES

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

Prevalence of Five or More Adverse Childhood Experiences

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

Figure 80
Percentage of South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

Table 60 South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017-2020				
			95% Confidence Interval	
		2017-2020	Low	High
Gender	Male	6%	5.2%	7.1%
	Female	11%	9.3%	11.9%
Age	18-29	13%	10.5%	15.5%
	30-39	12%	9.7%	14.5%
	40-49	9%	7.0%	11.1%
	50-59	8%	6.3%	9.7%
	60-69	5%	4.1%	6.4%
	70-79	2%	1.3%	2.7%
	80+	1%	0.4%	2.5%
Race/Ethnicity	White, Non-Hispanic	7%	6.5%	8.1%
	American Indian, Non-Hispanic	17%	13.8%	21.5%
	American Indian/White, Non-Hispanic	26%	15.8%	39.5%
	Hispanic	15%	9.6%	21.6%
Household Income	Less than $35,000	13%	11.4%	15.4%
	$35,000-$74,999	8%	6.3%	9.1%
	$75,000+	5%	4.2%	6.5%
Education	Less than High School, G.E.D.	14%	10.3%	18.6%
	High School, G.E.D.	8%	7.0%	10.0%
	Some Post-High School	9%	7.5%	10.2%
	College Graduate	6%	4.7%	6.9%
Employment Status	Employed for Wages	10%	8.5%	11.0%
	Self-employed	6%	4.5%	8.5%
	Unemployed	16%	10.3%	23.5%
	Homemaker	9%	5.7%	13.8%
	Student	7%	4.7%	11.3%
	Retired	3%	2.0%	3.7%
	Unable to Work	17%	13.4%	21.5%
Marital Status	Married/Unmarried Couple	7%	6.4%	8.5%
	Divorced/Separated	12%	9.7%	14.9%
	Widowed	4%	2.4%	5.2%
	Never Married	10%	8.6%	12.4%
Home Ownership Status	Own Home	6%	5.6%	7.3%
	Rent Home	14%	11.9%	16.2%
Children Status	Children in Household (Ages 18-44)	12%	10.0%	14.2%
	No Children in Household (Ages 18-44)	12%	9.7%	14.4%
Phone Status	Landline	5%	4.4%	6.2%
	Cell Phone	9%	8.5%	10.6%
Pregnancy Status	Pregnant (Ages 18-44)	15%	5.4%	35.3%
	Not Pregnant (Ages 18-44)	16%	13.4%	18.6%
County	Minnehaha	9%	6.8%	10.8%
	Pennington	10%	8.1%	12.4%
	Lincoln	14%	7.9%	22.6%
	Brown	11%	7.9%	13.9%
	Brookings	11%	7.8%	14.9%
	Codington	8%	5.4%	11.1%
	Meade	16%	10.3%	22.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

Demographics

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

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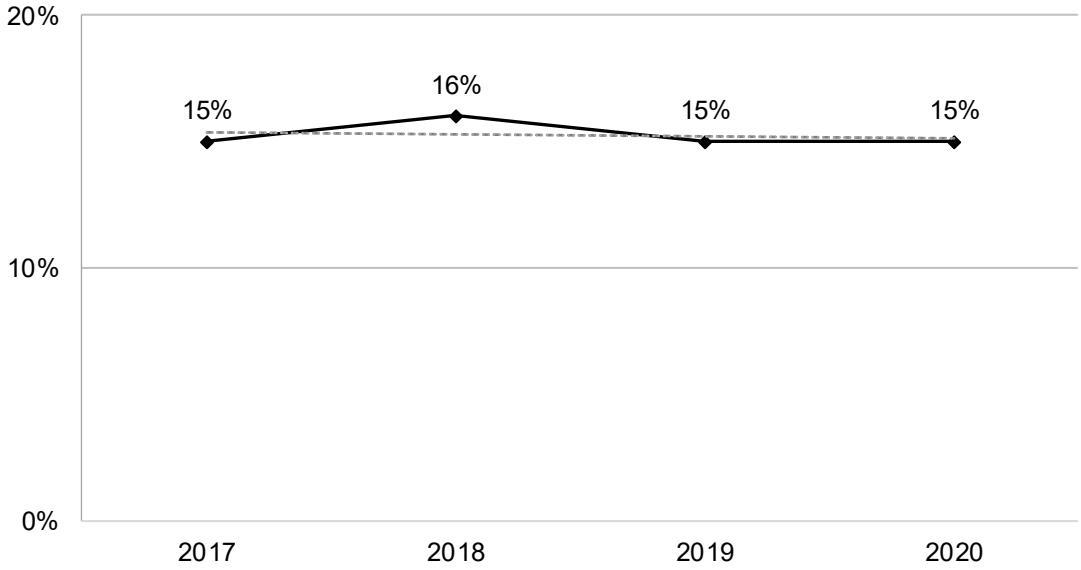
Prescription Pain Medication

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

Prevalence of Prescription Pain Medication

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

Figure 81
Percentage of South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

Table 61 South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2020				
			95% Confidence Interval	
		2017-2020	Low	High
Gender	Male	13%	12.2%	14.8%
	Female	17%	15.3%	17.8%
Age	18-29	12%	10.1%	14.9%
	30-39	14%	11.1%	16.5%
	40-49	13%	11.0%	15.4%
	50-59	18%	16.1%	20.4%
	60-69	18%	16.4%	20.2%
	70-79	15%	13.6%	17.5%
	80+	13%	10.5%	16.2%
Race/Ethnicity	White, Non-Hispanic	15%	14.0%	15.9%
	American Indian, Non-Hispanic	17%	13.0%	22.1%
	American Indian/White, Non-Hispanic	22%	13.2%	33.6%
	Hispanic	16%	10.4%	23.4%
Household Income	Less than $35,000	18%	16.5%	20.6%
	$35,000-$74,999	14%	12.3%	15.3%
	$75,000+	14%	12.2%	15.6%
Education	Less than High School, G.E.D.	16%	12.1%	19.7%
	High School, G.E.D.	14%	12.7%	16.1%
	Some Post-High School	16%	14.1%	17.1%
	College Graduate	15%	13.6%	16.6%
Employment Status	Employed for Wages	13%	12.2%	14.7%
	Self-employed	12%	9.7%	14.3%
	Unemployed	16%	12.3%	21.5%
	Homemaker	17%	10.8%	26.9%
	Student	13%	8.7%	19.3%
	Retired	16%	14.6%	17.7%
	Unable to Work	38%	33.2%	43.8%
Marital Status	Married/Unmarried Couple	15%	13.9%	16.3%
	Divorced/Separated	19%	16.2%	21.3%
	Widowed	16%	13.6%	18.7%
	Never Married	13%	10.8%	15.0%
Home Ownership Status	Own Home	15%	13.7%	15.7%
	Rent Home	16%	13.8%	18.3%
Children Status	Children in Household (Ages 18-44)	14%	11.9%	16.5%
	No Children in Household (Ages 18-44)	11%	9.2%	13.2%
Phone Status	Landline	14%	12.7%	15.1%
	Cell Phone	16%	14.4%	16.7%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.6%	14.2%
	Not Pregnant (Ages 18-44)	15%	12.5%	17.1%
County	Minnehaha	15%	12.7%	17.1%
	Pennington	18%	15.5%	20.2%
	Lincoln	16%	11.9%	22.1%
	Brown	15%	12.4%	17.2%
	Brookings	12%	9.6%	14.7%
	Codington	13%	10.5%	15.2%
	Meade	18%	13.9%	22.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2020

Demographics

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

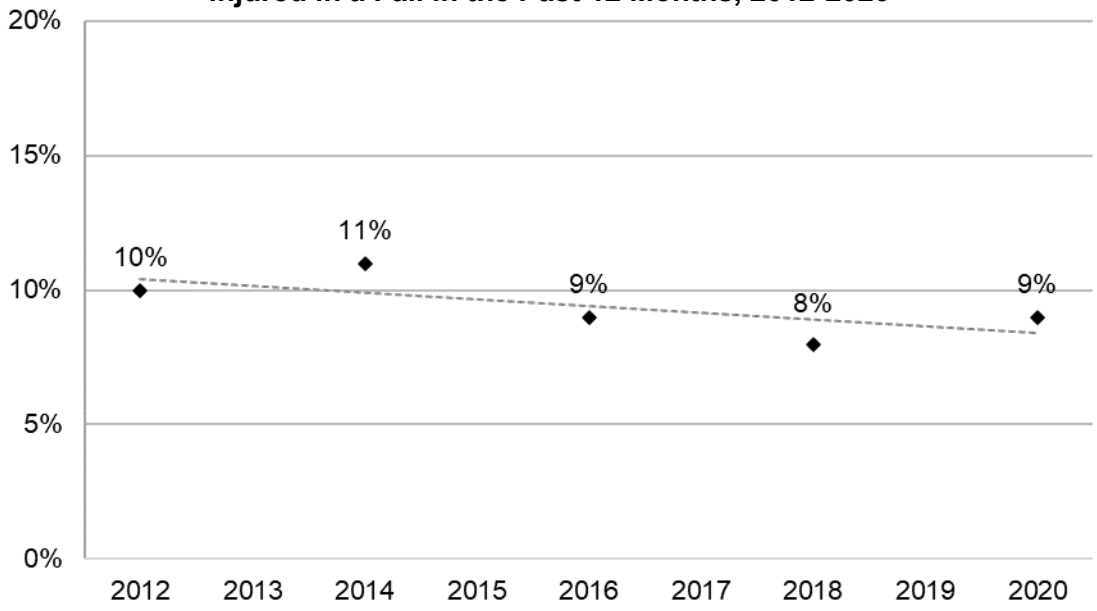
Falls

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

Prevalence of Injuries Due to a Fall

- South Dakota 9%
- *There is no nationwide median for injuries due to a fall*

Figure 82
Percentage of South Dakotans, Ages 45 or Older, Who Were Injured in a Fall in the Past 12 Months, 2012-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2020

Table 62 South Dakotans, Ages 45 and Older, Who Were Injured in a Fall in the Past 12 Months, 2016-2020				
		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	7%	6.0%	8.4%
	Female	10%	8.9%	11.4%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	8%	5.6%	10.9%
	50-59	10%	7.8%	11.6%
	60-69	8%	7.1%	9.9%
	70-79	8%	6.3%	9.6%
	80+	9%	7.2%	12.4%
Race/Ethnicity	White, Non-Hispanic	8%	7.3%	9.0%
	American Indian, Non-Hispanic	17%	12.0%	23.2%
	American Indian/White, Non-Hispanic	25%	9.5%	52.7%
	Hispanic	7%	2.9%	16.4%
Household Income	Less than $35,000	14%	11.7%	16.2%
	$35,000-$74,999	8%	6.7%	9.5%
	$75,000+	5%	3.6%	6.0%
Education	Less than High School, G.E.D.	11%	7.1%	16.1%
	High School, G.E.D.	9%	7.2%	10.2%
	Some Post-High School	9%	7.6%	10.6%
	College Graduate	8%	6.5%	9.1%
Employment Status	Employed for Wages	7%	5.7%	8.5%
	Self-employed	6%	4.3%	8.4%
	Unemployed	11%	6.3%	18.9%
	Homemaker	7%	4.2%	11.3%
	Student	*	*	*
	Retired	8%	7.1%	9.7%
	Unable to Work	26%	20.9%	32.6%
Marital Status	Married/Unmarried Couple	7%	6.4%	8.4%
	Divorced/Separated	13%	10.4%	16.3%
	Widowed	11%	8.6%	13.4%
	Never Married	8%	5.2%	12.5%
Home Ownership Status	Own Home	8%	6.8%	8.6%
	Rent Home	14%	11.3%	17.9%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	9%	7.5%	10.0%
	Cell Phone	9%	7.5%	9.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	8%	5.7%	10.2%
	Pennington	10%	7.7%	12.1%
	Lincoln	3%	1.9%	6.0%
	Brown	8%	5.9%	10.4%
	Brookings	7%	5.2%	9.4%
	Codington	9%	6.7%	11.3%
	Meade	7%	4.7%	9.5%
	Lawrence	11%	7.6%	14.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

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

Hepatitis C

Definition: South Dakotans who have ever been tested for Hepatitis C.

Prevalence of Hepatitis C Testing

- South Dakota 19%
- *There is no nationwide median for Hepatitis C testing*

Table 63
South Dakotans Who Have Ever Been Tested for Hepatitis C, 2020

		2020	95% Confidence Interval	
			Low	High
Gender	Male	22%	18.1%	25.5%
	Female	16%	13.6%	18.5%
Age	18-29	14%	9.0%	20.3%
	30-39	23%	15.7%	32.0%
	40-49	16%	11.9%	20.9%
	50-59	20%	15.3%	25.3%
	60-69	23%	19.0%	27.5%
	70-79	21%	16.6%	25.1%
	80+	8%	4.3%	15.9%
Race/Ethnicity	White, Non-Hispanic	16%	14.5%	18.6%
	American Indian, Non-Hispanic	34%	22.1%	48.7%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	28%	14.1%	48.1%
Household Income	Less than $35,000	24%	18.6%	30.3%
	$35,000-$74,999	18%	14.3%	21.5%
	$75,000+	17%	14.1%	21.1%
Education	Less than High School, G.E.D.	19%	11.3%	30.2%
	High School, G.E.D.	18%	13.7%	23.4%
	Some Post-High School	20%	16.5%	23.0%
	College Graduate	18%	14.9%	21.8%
Employment Status	Employed for Wages	17%	14.6%	20.5%
	Self-employed	13%	9.1%	17.7%
	Unemployed	27%	14.0%	45.0%
	Homemaker	41%	18.9%	67.2%
	Student	19%	9.4%	35.1%
	Retired	19%	16.3%	22.6%
	Unable to Work	28%	18.9%	39.2%
Marital Status	Married/Unmarried Couple	20%	17.0%	23.1%
	Divorced/Separated	25%	18.3%	32.5%
	Widowed	10%	7.0%	14.3%
	Never Married	15%	11.6%	20.0%
Home Ownership Status	Own Home	17%	15.4%	19.7%
	Rent Home	25%	18.9%	32.5%
Children Status	Children in Household (Ages 18-44)	22%	16.0%	28.8%
	No Children in Household (Ages 18-44)	12%	8.5%	17.3%
Phone Status	Landline	17%	14.7%	20.0%
	Cell Phone	19%	16.5%	22.6%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	13%	9.7%	18.0%
County	Minnehaha	21%	15.9%	26.7%
	Pennington	21%	16.5%	26.9%
	Brown	16%	12.1%	19.8%
	Brookings	13%	9.7%	17.0%
	Codington	17%	13.0%	22.8%
	Meade	22%	15.0%	30.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2020

Demographics

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

Appendix A: Demographics

Table 64
Demographics of Survey Respondents, 2020

		Total		Male		Female	
		# Resp.	Col %	# Resp.	Col %	# Resp.	Col %
Total		6,931	100%	3,076	100%	3,855	100%
Age	18-29	626	9%	337	11%	289	7%
	30-39	749	11%	391	13%	358	9%
	40-49	868	13%	418	14%	450	12%
	50-59	1,190	17%	533	17%	657	17%
	60-69	1,591	23%	690	22%	901	23%
	70-79	1,252	18%	515	17%	737	19%
	80+	655	9%	192	6%	463	12%
Race/Ethnicity	White, Non-Hispanic	5,609	81%	2,524	82%	3,085	80%
	American Indian, Non-Hispanic	929	13%	361	12%	568	15%
	American Indian/White, Non-Hispanic	95	1%	39	1%	56	1%
	Hispanic	150	2%	63	2%	87	2%
	Other	148	2%	89	3%	59	2%
Household Income	Less than $10,000	184	3%	66	2%	118	3%
	$10,000-$14,999	201	3%	72	2%	129	3%
	$15,000-$19,999	340	5%	137	5%	203	5%
	$20,000-$24,999	492	7%	189	6%	303	8%
	$25,000-$34,999	642	9%	260	9%	382	10%
	$35,000-$49,999	930	14%	385	13%	545	14%
	$50,000-$74,999	1,002	15%	464	15%	538	14%
	$75,000 +	1,720	25%	937	31%	783	20%
	Not Stated	1,353	20%	527	17%	826	22%
Education	8th Grade or Less	83	1%	47	2%	36	1%
	Some High School	245	4%	98	3%	147	4%
	High School or G.E.D.	2,009	29%	958	31%	1,051	27%
	Some Post-High School	2,138	31%	914	30%	1,224	32%
	College Graduate	2,427	35%	1,040	34%	1,387	36%
	Not Stated	29	0%	19	1%	10	0%
Employment Status	Employed for Wages	2,909	42%	1,359	45%	1,550	40%
	Self-employed	793	12%	499	16%	294	8%
	Unemployed	223	3%	91	3%	132	3%
	Homemaker	207	3%	7	0%	200	5%
	Student	142	2%	66	2%	76	2%
	Retired	2,194	32%	854	28%	1,340	35%
	Unable to Work	336	5%	133	4%	203	5%
	Not Stated	85	1%	41	1%	44	1%
Marital Status	Married/Unmarried Couple	3,904	56%	1,840	60%	2,064	54%
	Divorced/Separated	940	14%	418	14%	522	14%
	Widowed	945	14%	204	7%	741	19%
	Never Married	1,085	16%	590	19%	495	13%
	Not Stated	57	1%	24	1%	33	1%
Phone Status	Landline	2,948	43%	1,060	34%	1,888	49%
	Cell Phone	3,983	57%	2,016	66%	1,967	51%
Home Ownership	Own Home	5,256	79%	2,305	79%	2,951	79%
	Rent Home	1,377	21%	615	21%	762	21%
Children in Household	Yes	1,871	27%	804	26%	1,067	28%
	No	4,961	72%	2,218	73%	2,743	71%
	Not Stated	52	1%	24	1%	28	1%
Pregnant (18-44)	Yes	32	3%	0	0%	32	3%
	No	1,115	96%	0	0%	1,115	96%
	Not Stated	10	1%	0	0%	10	1%

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

Table 65 Surveys Completed by Resident County, 2020					
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Total	6,931	100.0%	674,238	100.0%	10.3
Aurora	24	0.3%	2,053	0.3%	11.7
Beadle	33	0.5%	13,413	2.0%	2.5
Bennett	396	5.7%	2,264	0.3%	174.9
Bon Homme	16	0.2%	5,507	0.8%	2.9
Brookings	713	10.3%	28,091	4.2%	25.4
Brown	582	8.4%	29,537	4.4%	19.7
Brule	23	0.3%	3,854	0.6%	6.0
Buffalo	29	0.4%	1,213	0.2%	23.9
Butte	48	0.7%	7,908	1.2%	6.1
Campbell	9	0.1%	1,139	0.2%	7.9
Charles Mix	26	0.4%	6,474	1.0%	4.0
Clark	26	0.4%	2,733	0.4%	9.5
Clay	27	0.4%	11,736	1.7%	2.3
Codington	568	8.2%	21,571	3.2%	26.3
Corson	113	1.6%	2,561	0.4%	44.1
Custer	37	0.5%	7,709	1.1%	4.8
Davison	28	0.4%	15,194	2.3%	1.8
Day	41	0.6%	4,164	0.6%	9.8
Deuel	63	0.9%	3,303	0.5%	19.1
Dewey	173	2.5%	3,597	0.5%	48.1
Douglas	8	0.1%	2,145	0.3%	3.7
Edmunds	46	0.7%	2,954	0.4%	15.6
Fall River	40	0.6%	5,582	0.8%	7.2
Faulk	26	0.4%	1,718	0.3%	15.1
Grant	44	0.6%	5,464	0.8%	8.1
Gregory	17	0.2%	3,218	0.5%	5.3
Haakon	41	0.6%	1,428	0.2%	28.7
Hamlin	70	1.0%	4,231	0.6%	16.5
Hand	9	0.1%	2,450	0.4%	3.7
Hanson	7	0.1%	2,454	0.4%	2.9
Harding	11	0.2%	1,013	0.2%	10.9
Hughes	49	0.7%	13,110	1.9%	3.7
Hutchinson	20	0.3%	5,402	0.8%	3.7
Hyde	5	0.1%	998	0.1%	5.0
Jackson	105	1.5%	2,163	0.3%	48.5
Jerauld	9	0.1%	1,521	0.2%	5.9
Jones	9	0.1%	721	0.1%	12.5
Kingsbury	23	0.3%	3,816	0.6%	6.0
Lake	29	0.4%	10,018	1.5%	2.9
Lawrence	120	1.7%	21,731	3.2%	5.5
Lincoln	498	7.2%	45,894	6.8%	10.9
Lyman	14	0.2%	2,707	0.4%	5.2
McCook	24	0.3%	3,989	0.6%	6.0
McPherson	22	0.3%	1,788	0.3%	12.3
Marshall	26	0.4%	3,740	0.6%	7.0
Meade	554	8.0%	22,315	3.3%	24.8
Mellette	73	1.1%	1,441	0.2%	50.7
Miner	6	0.1%	1,679	0.2%	3.6
Minnehaha	637	9.2%	147,109	21.8%	4.3
Moody	25	0.4%	4,804	0.7%	5.2
Oglala Lakota	121	1.7%	8,879	1.3%	13.6
Pennington	588	8.5%	89,782	13.3%	6.5
Perkins	44	0.6%	2,224	0.3%	19.8
Potter	9	0.1%	1,685	0.2%	5.3
Roberts	42	0.6%	7,289	1.1%	5.8
Sanborn	9	0.1%	1,750	0.3%	5.1
Spink	26	0.4%	4,868	0.7%	5.3

Table 65 (continued) Surveys Completed by Resident County, 2020					
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Stanley	14	0.2%	2,367	0.4%	5.9
Sully	6	0.1%	1,086	0.2%	5.5
Todd	241	3.5%	5,992	0.9%	40.2
Tripp	22	0.3%	4,112	0.6%	5.4
Turner	64	0.9%	6,294	0.9%	10.2
Union	62	0.9%	12,245	1.8%	5.1
Walworth	17	0.2%	4,102	0.6%	4.1
Yankton	44	0.6%	17,965	2.7%	2.4
Ziebach	80	1.2%	1,974	0.3%	40.5

Source: South Dakota Behavioral Risk Factor Surveillance System, 2020
2019 Population Estimates, United States Census Bureau

Appendix B: BRFSS Questionnaire

Health Status

1.1 Would you say that in general your health is—

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

Healthy Days

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

_ _Number of days
None
Don't know / Not sure
Refused

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

_ _Number of days
None
Don't know / Not sure
Refused

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

_ _Number of days
None
Don't know / Not sure
Refused

Health Care Access

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

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

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

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

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

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

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

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

Exercise

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

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

Inadequate Sleep

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

Note: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

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

Chronic Health Conditions

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

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

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

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

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

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

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

6.4 (Ever told) (you had) asthma?

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

6.5 Do you still have asthma?

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

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

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

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

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

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

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

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

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

Note: Arthritis diagnoses include:

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

- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

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

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

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

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

6.12 (Ever told) (you had) diabetes?
IF YES AND RESPONDENT IS FEMALE, ASK: WAS THIS ONLY WHEN YOU WERE PREGNANT? IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

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

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

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

Diabetes

7.1 Are you now taking insulin?

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

7.2 About how often do you check your blood for glucose or sugar?
Read if necessary: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

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

7.3 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

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

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

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

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

_ _ Number of times
None
Never heard of "A one C" test
Don't know / Not sure
Refused

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

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

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

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

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

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

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

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

Oral Health

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

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

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

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

Demographics

9.1 What is your age?

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

9.2 Are you Hispanic, Latino/a, or Spanish origin? If yes, ask: Are you…

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

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander
- Other
- No additional choices
- Don’t know / Not sure
- Refused

9.4 Which one of these groups would you say best represents your race? Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

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

9.5 Are you…?

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

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

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

9.7 Do you own or rent your home?

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

9.8 In what county do you currently live?

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

9.9 What is the ZIP Code where you currently live?

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

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

1 Yes
2 No [Go to Q9.12]
Don't know / Not sure [Go to Q9.12]
Refused [Go to Q9.12]

9.11 How many of these telephone numbers are residential numbers?

_ Residential telephone numbers
6 Six or more
Don't know / Not sure
None
Refused

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

__ Enter number
6 Six or more
Don't know / Not sure
None
Refused

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

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

9.14 Are you currently…?

1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
8 Unable to work
Refused

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

_ _Number of children
None
Refused

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

0 4 Less than $25,000 If no, ask 05; if yes, ask 03
($20,000 to less than $25,000)
0 3 Less than $20,000 If no, code 04; if yes, ask 02
($15,000 to less than $20,000)
0 2 Less than $15,000 If no, code 03; if yes, ask 01
($10,000 to less than $15,000)
0 1 Less than $10,000 If no, code 02
0 5 Less than $35,000 If no, ask 06
($25,000 to less than $35,000)
0 6 Less than $50,000 If no, ask 07
($35,000 to less than $50,000)
0 7 Less than $75,000 If no, code 08
($50,000 to less than $75,000)
0 8 $75,000 or more
Don’t know / Not sure
Refused

9.17 To your knowledge, are you now pregnant?

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

9.18 About how much do you weigh without shoes?

_ _ _ _ Weight (pounds/kilograms)
Don’t know / Not sure
Refused

9.19 About how tall are you without shoes?

_ _ / _ _ Height (f t / inches/meters/centimeters)
Don’t know / Not sure
Refused

Disability

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

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

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

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

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

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

10.4 Do you have serious difficulty walking or climbing stairs?

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

10.5 Do you have difficulty dressing or bathing?

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

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

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

Tobacco Use

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

1 Yes
2 No [Go to Q11.5]
Don't know / Not sure [Go to Q11.5]
Refused [Go to Q11.5]

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

1 Every day
2 Some days
3 Not at all [Go to Q11.4]
Don't know / Not sure [Go to Q11.5]
Refused [Go to Q11.5]

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

1 Yes [Go to Q11.5]
2 No [Go to Q11.5]
Don't know / Not sure [Go to Q11.5]
Refused [Go to Q11.5]

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

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

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

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

Alcohol Consumption

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

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

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

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

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

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

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

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

Immunization

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

1 Yes
2 No [Go to Q13.3]
Don't know / Not sure [Go to Q13.3]
Refused [Go to Q13.3]

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

_ _ / _ _ _ _ Month / Year
Don't know / Not sure
Refused

13.3 Have you received a tetanus shot in the past 10 years?
If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

1 Yes, received Tdap
2 Yes, received tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type
4 No, did not receive any tetanus shot in the past 10 years
Don't know/Not sure
Refused

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

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

Falls

14.1 In the past 12 months, how many times have you fallen? Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

_ _Number of times
None [Go to next section]
Don't know / Not sure [Go to next section]
Refused [Go to next section]

14.2 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or caused you to go to see a doctor.

_ _Number of falls
None
Don't know / Not sure
Refused

Seat Belt Use and Drinking and Driving

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

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
Don't know / Not sure
Never drive or ride in a car [Go to next section]
Refused

15.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

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

Breast and Cervical Cancer Screening

Note: If Male, Go to Next Section
The next questions are about breast and cervical cancer.

16.1 Have you ever had a mammogram? Note: A mammogram is an x-ray of each breast to look for breast cancer.

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

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

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

16.3 Have you ever had a Pap test? Note: A Pap test is a test for cancer of the cervix.

1 Yes
2 No [Go to Q16.5]
Don't know / Not sure [Go to Q16.5]
Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test?

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

16.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? Note: Human Papillomavirus (pap-ul-loh-muh-virus)

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

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

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

If response to Q9.17= 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy? Read if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Prostate Cancer Screening

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

17.1 Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? Read if necessary: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

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

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

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

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

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

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

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

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

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

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

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

Colorectal Cancer Screening

Note: If respondent is less than 45 years of age, go to next section.

The next questions are about the five different types of tests for colorectal cancer screening.

18.1 A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

Note: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

1 Yes
2 No [Go to Q18.3]
Don’t Know / Not sure [Go to Q18.3]
Refused [Go to Q18.3]

18.2 How long has it been since you had this test?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago
Don’t know / Not sure
Refused

18.3 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?
1 Yes
2 No [Go to Q18.5]
Don’t Know / Not sure [Go to Q18.5]
Refused [Go to Q18.5]

18.4 How long has it been since you had this test?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago
Don’t know / Not sure
Refused

18.5 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

Note: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.
1 Yes
2 No [Go to Q18.7]
Don’t Know / Not sure [Go to Q18.7]
Refused [Go to Q18.7]

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

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

Note: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

1 Yes
2 No [Go to Q18.9]
Don't Know / Not sure [Go to Q18.9]
Refused [Go to Q18.9]

18.8 How long has it been since you had this test?

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

18.9 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

Note: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

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

18.10 How long has it been since you had this test?

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

HIV/AIDS

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

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

1 Yes
2 No [Go to Q19.3]
Don't know / Not sure [Go to Q19.3]
Refused [Go to Q19.3]

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

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

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

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

19.3 Do any of these situations apply to you?

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

E-Cigarettes

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

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

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

Note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

20.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? Note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

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

Lung Cancer Screening

Note: [If Q11.1=1 (yes) and Q11.2 = 1, 2, or 3 (every day, some days, or not at all) continue, otherwise go to question Q21.4]

21.1 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer. How old were you when you first started to smoke cigarettes regularly?

Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicated age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

_ _ _Age in years
Don't know / Not sure
Never smoked cigarettes regularly [Go to Q21.4]
Refused

21.2 How old were you when you last smoked cigarettes regularly?

_ _ _Age in years
Don't know / Not sure
Refused

21.3 On average, when you [smoke/smoked] regularly, about how many cigarettes [do/did] you usually smoke each day? Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:
0.5 pack = 10 cigarettes
0.75 pack = 15 cigarettes
1 pack = 20 cigarettes
1.25 pack = 25 cigarettes
1.5 pack = 30 cigarettes
1.75 pack = 35 cigarettes
2 packs = 40 cigarettes
2.5 packs = 50 cigarettes
3 packs = 60 cigarettes

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

21.4 The next question is about CT or CAT scans. During this test, you lie flat on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

1 Yes, to check for lung cancer
2 No (did not have a CT scan)
3 Had a CT scan, but for some other reason
Don't know/not sure
Refused

Cancer Survivorship

Note: If Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, otherwise go to next module

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

22.1 How many different types of cancer have you had?

1 Only one
2 Two
3 Three or more
Don't know / Not sure [Go To Next Section]
Refused [Go To Next Section]

22.2 At what age were you told that you had cancer?
If Q23.1 = 2 or 3 ask: At what age were you first diagnosed with cancer?

_ _ Age in Years
Don't know/Not sure
Refused

22.3 What type of cancer was it?

If Q22.1 = 2 or 3 ask: With your most recent diagnosis of cancer, what type of cancer was it?

If Q6.7 = 1 (Yes) and Q22.1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code Q22.3 as a response of 21 if Melanoma or 22 if other skin cancer

Note: If Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q22.1 = 1 (Only one) then code Q22.3 as a response of 19.

Note: If respondent says skin cancer, ask: Was it melanoma or another skin cancer?

Note: Please read list only if respondent needs prompting for cancer type

Breast
0 1 Breast cancer
Female reproductive (Gynecologic)
0 2 Cervical cancer (cancer of the cervix)
0 3 Endometrial cancer (cancer of the uterus)
0 4 Ovarian cancer (cancer of the ovary)
Head/Neck
0 5 Head and neck cancer
0 6 Oral cancer
0 7 Pharyngeal (throat) cancer
0 8 Thyroid
0 9 larynx
Gastrointestinal
1 0 Colon (intestine) cancer
1 1 Esophageal (esophagus)
1 2 Liver cancer
1 3 Pancreatic (pancreas) cancer
1 4 Rectal (rectum) cancer
1 5 Stomach
Leukemia/Lymphoma (lymph nodes and bone marrow)
1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer
1 8 Non-Hodgkin's Lymphoma

Male reproductive

1 9 Prostate cancer
2 0 Testicular cancer

Skin

2 1 Melanoma
2 2 Other skin cancer

Thoracic

2 3 Heart
2 4 Lung

Urinary cancer:

2 5 Bladder cancer
2 6 Renal (kidney) cancer

Others

2 7 Bone
2 8 Brain
2 9 Neuroblastoma
3 0 Other

Don't know / Not sure
Refused

Cancer Treatment

Note: If Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, otherwise go to next module

23.1 Are you currently receiving treatment for cancer? Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

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

23.2 What type of doctor provides the majority of your health care? Is it a...

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

Note**:** If the respondent requests clarification of this question, say: “We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).”

Read if necessary: An oncologist is a medical doctor who manages a person’s care and treatment after a cancer diagnosis.

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

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

Read if necessary: By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

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

1 Yes
2 No [Go To Q23.6]
Don’t know/ not sure [Go To Q23.6]
Refused [Go To Q23.6]

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

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

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

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

Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.

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

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

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

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

Random Child Selection

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

24.1 What is the birth month and year of the Xth child?

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

24.2 Is the child a boy or a girl?

1 Boy
2 Girl
Refused

24.3 Is the child Hispanic, Latino/a, or Spanish origin?
If yes, ask: Are they…

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

24.4 Which one or more of the following would you say is the race of the child?
Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

60 Other

No additional choices
Don’t know / Not sure
Refused

24.5 Which one of these groups would you say best represents the child’s race?
Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

60 Other
Don’t know / Not sure
Refused

24.6 How are you related to the child? Are you a...

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

State-Added Questions

Health Care Coverage

If "1" to Q. 3.1, continue. Otherwise go to SD02.

SD01 Earlier you indicated that you have health care coverage. What type of coverage pays for most of your medical care? Is it coverage through:

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

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

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

Tobacco

This question includes the use of combustibles, like cigarettes and cigars, smokeless tobacco, electronic cigarettes, and vaping products.

Note: If respondent had a routine checkup in the past year AND they smoke everyday or some days, or use chewing tobacco or snuff every day or some days, or use E-cigarettes every day or some days, continue. Otherwise go to SD04.

SD03 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit using tobacco?

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

Note: If respondent is employed for wages or self-employed, continue. Otherwise, go to SD06

SD04 While working at your job, are you indoors most of the time?

1 Yes
2 No [Go to SD06]
Don't know / Not sure [Go to SD06]
Refused [Go to SD06]

SD05 Which of the following best describes your place of work's official smoking policy for work areas?

1 Not allowed in any work areas
2 Allowed in some work areas
3 Allowed in all work areas
4 No official policy

SD06 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches or the use of electronic cigarettes or vaping products inside the home.

1 Smoking is not allowed anywhere inside your home [Go to SD08]
2 Smoking is allowed in some places or at some times
3 Smoking is allowed anywhere inside your home
4 There are no rules about smoking inside your home
Don't know/not sure [Go to SD08]
Refused [Go to SD08]

SD07 On how many of the past 7 days did someone smoke a combustible tobacco product, like a cigarette or cigar, in your home while you were there?

_ _ Number of days
Not at home in the past 7 days
None
Don't know/not sure
Refused

Colorectal Cancer Screening

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

SD08 Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?

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

Sun Exposure

SD09 When you are outside for more than one hour on a sunny day, how often do you wear sunblock or sunscreen with an SPF of 15 or higher?

1 Always
2 Nearly Always
3 Sometimes
4 Seldom
5 Never
6 Don't stay out for more than an hour
Don't know/not sure
Refused

Opioid Use

SD10 In the past 12 months, have you taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?

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

Hepatitis C Testing

SD11 Have you ever been tested for Hepatitis C? Note: If respondent is hesitant or unsure, please do not push for yes or no response. Instead code 7 = don't know/not sure

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

Children's Health Insurance

Note: If the total number of children {ages 0-17) is equal to or greater than 1 continue. Otherwise go to ACE module.

SD12 I'm now going to ask you some more questions about the child in the household [Note: Insert "that we talked about earlier" if total number of children is greater than one]. Does this child have health coverage?

1 Yes [Go to SD13]
2 No [Go to SD14]
Don't know / Not sure [Go to SD15]
Refused [Go to SD15]

SD13 What type of health coverage do you use to pay for most of this child's medical care?
Note: Military coverage includes CHAMPUS, TriCare, and/or the VA
Note: Indian Health Service is also known as IHS

01 Your employer or someone else's employer
02 A plan you or someone else buys on your own
03 Medicaid, or CHIP

04
05 The Military
06 The Indian Health Service
07 Some other source
None
Don't know/not sure
Refused

SD14 There are some types of coverage you may not have considered. Please tell me if this child is covered by any of the following:
Note: Military coverage includes CHAMPUS, TriCare, and/or the VA
Note: Indian Health Service is also known as IHS

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

Children's Oral Health

Note: If child's age is greater than or equal to 6 in continue. Otherwise go to ACE Module.

SD15 In the past 12 months, has this child visited the dentist or a dental clinic for a routine check-up, exam, or teeth cleaning?

1 Yes [Go to SD17]
2 No [Go to SD16]
Don't know / Not sure [Go to SD17]
Refused [Go to SD17]

SD16 What is the main reason this child has not visited the dentist or a dental clinic for routine dental care in the past 12 months?

1 Fear
2 Cost
3 Do not have/know a dentist
4 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
5 No reason to go (no problems, no teeth)
6 Other priorities
7 Have not thought of it
8 Other Specify
Don't Know/not sure
Refused

SD17 Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

SD18 In the past 12 months, did this child have a toothache, not caused by injury or trauma, on more than one occasion?

1 Yes [Continue to SD19]
2 No [Go To SD21]
Don't know / Not sure [Go To SD21]
Refused [Go To SD21]

SD19 In the past 12 months, how many times did this toothache cause the child to miss school?

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

SD20 In the past 12 months, how many times did this child visit the hospital emergency room because of this toothache?

_ _Number of days
None
Don't know / Not sure
Refused

Adverse Childhood Experiences

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

SD21 Did you live with anyone who was depressed, mentally ill, or suicidal?

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

SD22 Did you live with anyone who was a problem drinker or alcoholic?

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

SD23 Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

SD24 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

SD25 Were your parents separated or divorced?

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

SD26 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it…

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

SD27 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it…

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

SD28 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it…

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

SD29 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it…

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

SD30 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it…

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

SD31 How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it…

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

ACES Closing Statement:

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

Closing Statement

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