The Health Behaviors of South Dakotans 2017

*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
Atlanta, Georgia

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Preface

The Health Behaviors of South Dakotans 2017 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.

For questions regarding *The Health Behaviors of South Dakotans 2017,* please contact:

> Office of Health Statistics
> 615 East 4th Street
> Pierre, South Dakota 57501-2536
> Phone: (605) 773-3361
> http://doh.sd.gov/Statistics/
> National web site: http://www.cdc.gov/brfss/

The following people were the main contributors to the development of this report:

Carrie Cushing   Policy Data Analyst
Mark Gildemaster   Coordinator of South Dakota Behavioral Risk Factor Surveillance System
Derrick Haskins   Communications Director
Virginia Peterson   Management Analyst

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History

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

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

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

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

Purpose

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

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

In December 2015, the South Dakota Department of Health released a strategic plan for the next five years. The plan includes goals that will be measured by key performance indicators. Six of these performance indicators use BRFSS data. They include:

- Increase the percent of South Dakota adults who have visited a doctor for a routine check-up within the past 2 years from 80% in 2014 to 84% by 2020

- Reduce the percentage of adults who currently smoke from 19% in 2014 to 14.5% by 2020
- Increase the percentage of adults who meet the recommended physical activity aerobic guidelines from 54% in 2013 to 59% by 2020
- Increase the percentage of adults age 50-75 who are up-to-date with recommended colorectal cancer screening from 67% in 2014 to 80% by 2020
- Increase the percent of Native Americans who report good to excellent health status from 77% in 2012-2014 to 87% by 2018-2020
- Reduce the percent of low-income South Dakotans who currently smoke from 32.7% in 2013-2014 to 31.5% by 2020.

In subsequent reports we will be highlighting these areas and tracking the progress toward 2020.

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 2017 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, 2017

Topic	Estimated %	Estimated Population
Body Mass Index - Overweight/Obese (BMI 25.0+)	68%	444,000
Body Mass Index - Obese Classes I-III (BMI 30.0+)	32%	209,000
Body Mass Index - Obese Classes II-III (BMI 35.0+)	13%	86,000
Leisure Time Physical Activity	75%	492,000
Meets Physical Activity Recommendations	51%	332,000
Three or More Servings of Vegetables per Day	13%	88,000
Two or More Servings of Fruit per Day	30%	196,000
Five or More Servings of Fruits and Vegetables per Day	15%	96,000
Cigarette Smoking	19%	126,000
Smokeless Tobacco Use	6%	40,000
E-Cigarette Use	4%	26,000
Tobacco Use (Cigarette, Smokeless, or E-Cig)	25%	163,000
Hypertension	31%	202,000
High Blood Cholesterol	29%	193,000
Diabetes	11%	73,000
No Health Insurance (18-64 Years Old)	8%	39,000
No Health Insurance (0-17 Years Old)	1%	1,000
No Health Insurance (0-64 Years Old)	5%	40,000
Routine Check-Up in Past Two Years	81%	532,000
Flu Shot in Past 12 months (65+ Years Old)	65%	92,000
Ever Had a Pneumonia Shot (65+ Years Old)	78%	110,000
Ever Had a Shingles Shot (50+ years old)	39%	120,000
Been to the Dentist in the Past Year (1-17 years old)	88%	179,000
Ever Had a Heart Attack	5%	32,000
Have Angina or Coronary Heart Disease	5%	31,000
Ever Had a Stroke	3%	18,000
Ever Been Diagnosed with Cancer (Excluding Skin Cancer)	7%	48,000
Ever Been Diagnosed with Skin Cancer	5%	34,000
Current Asthma	7%	48,000
Arthritis	22%	145,000
Chronic Obstructive Pulmonary Disease (COPD)	5%	30,000
Depressive Disorder	17%	114,000
Kidney Disease	3%	18,000
Severe Vision Impairment	4%	24,000
Hearing Difficulty	8%	52,000
Always or Almost Always Use Seat Belt	87%	570,000
Drank Alcohol in Past 30 Days	55%	361,000
Binge Drinking	17%	114,000
Heavy Drinking	6%	40,000
Advance Directive in Place	32%	209,000
Currently Using Birth Control (18-49 Females)	72%	119,000
Taken Prescription Pain Medication in Past 12 Months	15%	98,000
One or More Adverse Childhood Experiences	46%	298,000
Five or More Adverse Childhood Experiences	7%	47,000
Fair/Poor Health Status	14%	94,000
Physical Health Not Good for 30 of the Past 30 days	7%	45,000
Mental Health Not Good for 20-30 Days of the Past 30 days	6%	41,000
Professional Treatment for Mental Problem	12%	82,000
Professional Treatment for Substance Abuse	2%	12,000
Usual Activities Unattainable for 10-30 Days of the Past 30 Days	8%	49,000
Ever Been Tested for HIV (18-64 Years Old)	27%	139,000

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

Table 2 shows the topics covered on South Dakota's BRFSS each year from 2008 through 2017.

Topics	Year									
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Advanced Directive	X		X						X	
Adverse Childhood Experiences (ACE)	X									
Alcohol Consumption	X	X	X	X	X	X	X	X	X	X
Arthritis	X	X	X	X	X	X	X		X	
Asthma	X	X	X	X	X	X	X	X	X	X
Birth Control	X									
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	
Cancer Survivorship	X	X	X							
Cardiovascular Disease	X	X	X	X	X	X	X	X	X	X
Care Giving		X							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			
Cognitive Impairment			X	X	X					
Colorectal Cancer Screening		X		X		X		X		X
Depressive Disorder	X	X	X	X	X	X	X			
Diabetes	X	X	X	X	X	X	X	X	X	X
Diabetes – Children										X
Diabetes – Pre	X	X	X	X	X	X	X	X	X	X
Disability (Physical, Mental, or Emotional)			X	X	X	X	X	X	X	X
Emotional Support & Life Satisfaction								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		X		X
Hearing Difficulty	X	X								
Heart Attack - Knowledge of Signs and Symptoms				X		X		X		X
High Blood Pressure - Prevalence	X		X	X	X	X	X		X	
High Blood Pressure - Actions to Control	X			X		X				
HIV/AIDS	X	X	X	X	X	X	X	X	X	X
HPV		X								
Immunization – Children								X		X
Influenza Like Illness							X			
Influenza – Pandemic									X	
Kidney Disease	X	X	X	X	X	X	X			
Mental Health	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	X
Physical Activity - Type and Amount of Time	X		X		X		X		X	
Physical, Mental, or Emotional Limitations			X	X	X					
Pneumonia Shots	X	X	X	X	X	X	X	X	X	X
Preparedness										X
Prescription Pain Medication	X									
Prostate Cancer Screening		X		X		X		X		X
Salt Related Behavior				X						
Seat Belts	X	X	X	X	X	X	X	X		X

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Table 2
Topics Covered on the South Dakota BRFSS, 2008-2017

Topics	Year									
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
Sexual Violence				X				X	X	X
Shingles Shots	X			X						
Sleep		X		X	X			X	X	X
Special Health Conditions - Children								X	X	X
Stroke - Signs and Symptoms						X		X		X
Substance Abuse	X	X								
Sun Exposure / Skin Cancer		X		X		X	X	X		
Sweetened Beverages / Menu Labeling						X	X	X		
Tetanus Shot		X			X					
Tobacco - Cigarette Use	X	X	X	X	X	X	X	X	X	X
Tobacco - E-Cigarette Use	X	X	X							
Tobacco - Quitline Name Recognition		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		X
Vision Impairment	X	X	X	X	X	X	X			
Weight Control							X		X	

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2008-2017

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 Personal Group, 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 percent of all surveys were completed via cell phone in 2017 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 2017 survey (Appendix B), standard demographic questions were included along with sections on general health status, physical and mental health, health insurance, hypertension, cholesterol, chronic health conditions, cardiovascular disease, tobacco use, alcohol use, physical activity and nutrition, seat belt use, immunization, and HIV/AIDS. South Dakota also added several state-specific questions to the end of the core questionnaire including secondhand smoke, name recognition of the South Dakota *QuitLine*, cancer, advance directives, family planning, adverse childhood experiences, prescription pain medication, substance abuse, children's health insurance, and children's oral health.

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. "No Answers" and "Busy Signals" were re-dialed a minimum of three times on five different days at different times before they were removed.

Eligible respondents for the cell phone survey were individuals 18 years of age or over who did not also have a landline phone. 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 adult's household. Six attempts were made to complete a survey. After the sixth attempt the phone number was removed.

Data Collection Process

There were 7,012 interviews completed between January 1, 2017 and December 31, 2017, at an average of 584 interviews per month.

Data Processing

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

Weighting

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

Sample Description

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

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

Completion Rate

Table 3 shows the outcome of all telephone calls. The 7,012 completed interviews represented a completion rate of 2.9 percent. The refusal rate was 9.8 percent.

Table 3
Disposition of All Telephone Numbers in the Sample, 2017

Final Outcome	Number	Percent
Completed interview	7,012	2.9%
Refused interview	23,861	9.8%
Nonworking number	172,878	70.8%
Not a private residence	12,842	5.3%
Technological barrier	8,968	3.7%
Telephone answering service (Multiple times)	7,319	3.0%
No answer (Multiple times)	2,966	1.2%
Cell phone (Landline study)	1,430	0.6%
Fax line	1,173	0.5%
No eligible respondent at this number	706	0.3%
Interview terminated within questionnaire	421	0.2%
Respondent not available during the interviewing period	280	0.1%
Physical/mental impairment	168	0.1%
On never call list	144	0.1%
Landline phone (Cell phone study)	117	0.0%
Language barrier	113	0.0%
Other	3,785	1.6%
Total	**244,183**	**100.0%**

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

Overweight and Obese

OVERWEIGHT OR OBESE

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

Prevalence of Overweight or Obese

o South Dakota 68%
o Nationwide median 67%

Figure 1
Percentage of South Dakotans Who Are Overweight or Obese Based on Body Mass Index, 2011-2017
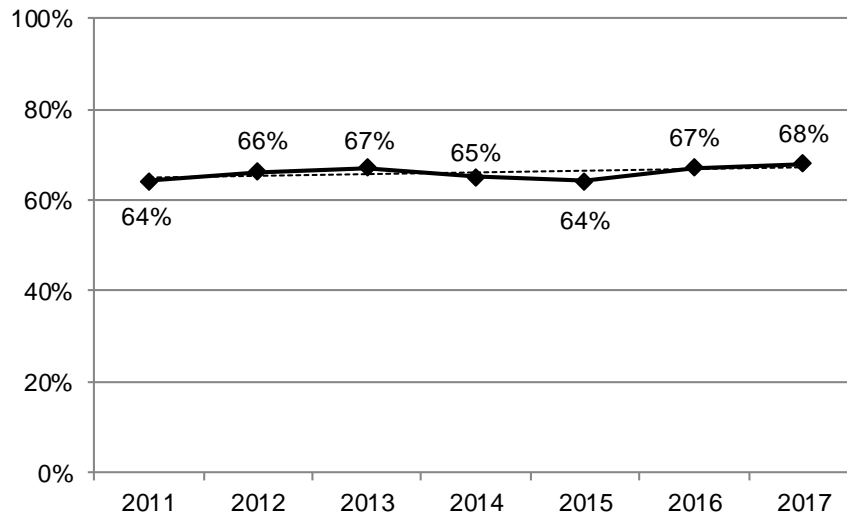
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
Table 4 **South Dakotans Who Are Overweight or Obese, 2013-2017**				
		2013-2017	**Low**	**High**
Gender	Male	73%	71.7%	74.3%
	Female	59%	57.6%	60.3%
Age	18-29	48%	45.8%	51.1%
	30-39	67%	64.3%	69.4%
	40-49	72%	69.3%	74.0%
	50-59	74%	72.2%	75.8%
	60-69	76%	73.8%	77.2%
	70-79	71%	68.3%	72.9%
	80+	59%	56.2%	62.7%
Race	White	66%	65.2%	67.2%
	American Indian	73%	69.3%	76.2%
Ethnicity	Hispanic	68%	59.5%	76.1%
	Non-Hispanic	66%	65.2%	67.1%
Household Income	Less than $35,000	66%	64.3%	68.0%
	$35,000-$74,999	70%	68.0%	71.2%
	$75,000+	68%	65.8%	69.3%
Education	Less than High School, G.E.D.	66%	61.8%	69.4%
	High School, G.E.D.	67%	65.7%	69.1%
	Some Post-High School	66%	64.6%	68.0%
	College Graduate	65%	63.3%	66.3%
Employment Status	Employed for Wages	67%	66.0%	68.7%
	Self-employed	69%	66.8%	71.9%
	Unemployed	64%	58.2%	69.0%
	Homemaker	56%	51.1%	60.3%
	Student	35%	30.4%	40.6%
	Retired	70%	68.3%	71.6%
	Unable to Work	76%	72.3%	79.7%
Marital Status	Married/Unmarried Couple	70%	69.2%	71.4%
	Divorced/Separated	69%	66.6%	71.6%
	Widowed	64%	60.9%	66.4%
	Never Married	54%	51.7%	56.7%
Home Ownership Status	Own Home	69%	68.0%	70.1%
	Rent Home	61%	59.2%	63.7%
Children Status	Children in Household (Ages 18-44)	62%	60.0%	64.2%
	No Children in Household (Ages 18-44)	55%	52.1%	57.6%
Phone Status	Landline	68%	66.9%	69.6%
	Cell Phone	65%	63.8%	66.4%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	53%	50.4%	55.3%
County	Minnehaha	64%	60.9%	66.1%
	Pennington	64%	60.8%	66.3%
	Lincoln	64%	59.9%	68.1%
	Brown	71%	67.7%	75.0%
	Brookings	63%	57.6%	67.7%
	Codington	65%	60.3%	68.9%
	Meade	64%	59.3%	68.9%
	Lawrence	61%	56.9%	64.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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 60s including a significant increase as the 30s are reached. After that, the prevalence of being overweight decreases as age increases with significant decreases as the 70s and 80s are reached.

Race   American Indians demonstrate a significantly higher prevalence of being overweight than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of being overweight.

Household Income   There seems to be no household income difference regarding the prevalence of being overweight.

Education   There seems to be no education level difference regarding the prevalence of being overweight.

Employment   Those who are unable to work demonstrate a very high prevalence of being overweight, while those who are students 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 with a landline phone exhibit a significantly higher prevalence of being overweight than those with a cell phone.

County   Brown county demonstrates a very high prevalence of being overweight, while Minnehaha, Pennington, and Lawrence counties show a very low prevalence.

OBESITY, CLASS I-III

Definition: Obesity, Class I-III 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, Class I-III

o South Dakota 32%
o Nationwide median 31%

**Figure 2
Percentage of South Dakotans Who Are Class I-III Obese Based on Body Mass Index, 2011-2017**
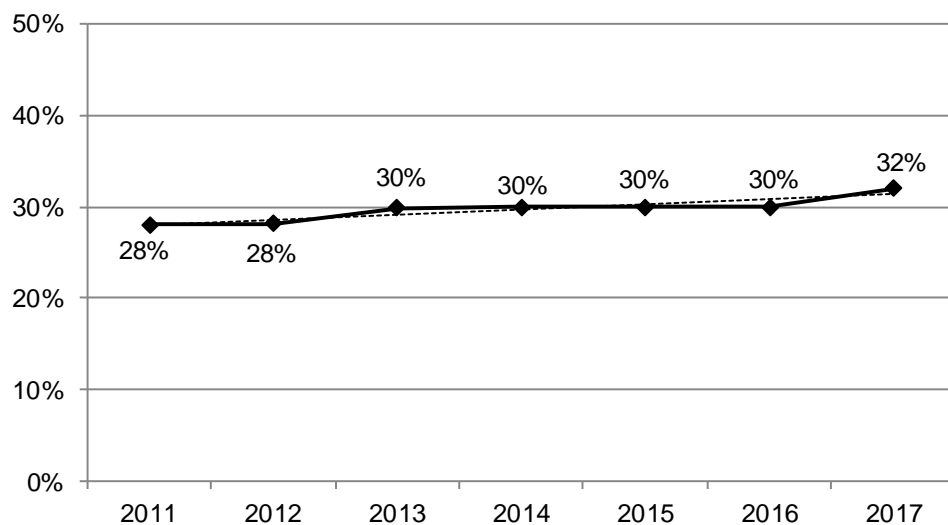
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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		Table 5		
		South Dakotans Who Are Class I-III Obese, 2013-2017		
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	32%	31.1%	33.7%
	Female	28%	26.9%	29.3%
Age	18-29	20%	18.1%	22.3%
	30-39	32%	29.2%	34.0%
	40-49	36%	33.3%	38.4%
	50-59	37%	34.7%	38.7%
	60-69	36%	34.0%	37.9%
	70-79	29%	26.9%	31.3%
	80+	18%	15.7%	20.7%
Race	White	30%	28.9%	30.7%
	American Indian	40%	36.9%	43.9%
Ethnicity	Hispanic	32%	24.3%	40.4%
	Non-Hispanic	30%	29.4%	31.2%
Household Income	Less than $35,000	32%	30.6%	34.0%
	$35,000-$74,999	32%	30.0%	33.2%
	$75,000+	30%	28.0%	31.5%
Education	Less than High School, G.E.D.	32%	28.5%	35.5%
	High School, G.E.D.	30%	28.6%	31.8%
	Some Post-High School	32%	30.1%	33.3%
	College Graduate	28%	26.6%	29.4%
Employment Status	Employed for Wages	32%	30.3%	32.9%
	Self-employed	31%	28.2%	33.4%
	Unemployed	31%	26.2%	35.9%
	Homemaker	23%	19.5%	26.8%
	Student	14%	11.1%	18.1%
	Retired	28%	26.6%	29.8%
	Unable to Work	48%	43.4%	51.7%
Marital Status	Married/Unmarried Couple	32%	30.9%	33.2%
	Divorced/Separated	33%	30.8%	35.8%
	Widowed	27%	24.3%	29.3%
	Never Married	25%	23.2%	27.1%
Home Ownership Status	Own Home	31%	30.1%	32.1%
	Rent Home	29%	27.4%	31.3%
Children Status	Children in Household (Ages 18-44)	28%	26.3%	30.2%
	No Children in Household (Ages 18-44)	25%	22.8%	27.3%
Phone Status	Landline	31%	29.9%	32.5%
	Cell Phone	30%	28.6%	31.0%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	26%	24.1%	28.4%
County	Minnehaha	29%	26.4%	31.0%
	Pennington	28%	25.8%	31.0%
	Lincoln	28%	24.2%	31.8%
	Brown	32%	28.7%	36.1%
	Brookings	25%	21.3%	29.3%
	Codington	30%	26.3%	33.8%
	Meade	28%	23.9%	31.6%
	Lawrence	25%	22.2%	27.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Males exhibit a significantly higher prevalence obesity than females.

Age   The prevalence of obesity increases as age increases with a peak in the 50s including a significant increase as the 30s are reached. After that, the prevalence of obesity decreases as age increases with significant decreases as the 70s and 80s are reached.

Race   American Indians demonstrate a significantly higher prevalence of obesity than whites.

Ethnicity There seems to be no Hispanic difference regarding the prevalence of obesity.

Household Income There seems to be no household income difference regarding the prevalence of obesity.

Education There seems to be no education level difference regarding the prevalence of obesity.

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 The prevalence of the adults being obese does not seem to change based on the presence of children in the household.

Phone Status The prevalence of obesity does not seem to change based on phone status.

County   Brown county demonstrates a very high prevalence of obesity, while Lawrence county shows a very low prevalence.

OBESITY, CLASSES **II-III**

Definition: Obesity, Classes II-III 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 Obesity, Classes II-III

o   South Dakota 13%
o   *There is no nationwide median for obese classes II-III*

Figure 3
Percentage of South Dakotans Who Are Class II-III Obese Based on Body Mass Index, 2011-2017
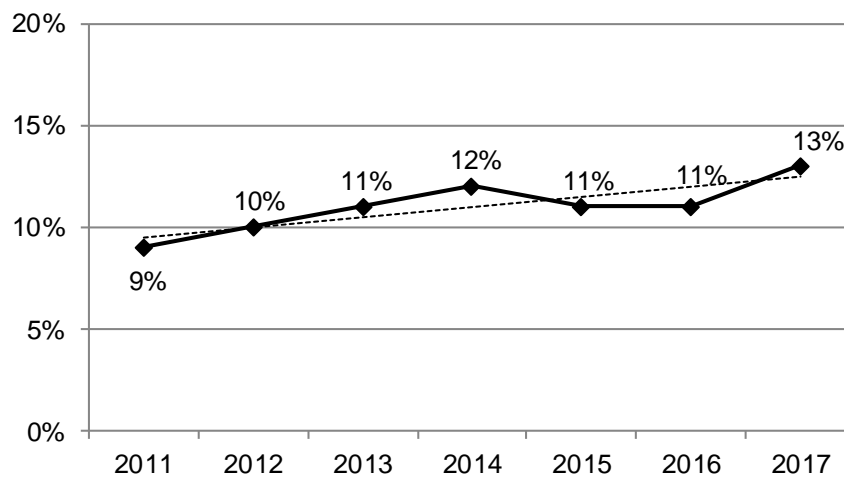
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
Table 6 **South Dakotans Who Are Class II-III Obese, 2013-2017**				
		2013-2017	**Low**	**High**
Gender	Male	11%	10.5%	12.2%
	Female	12%	11.3%	13.0%
Age	18-29	8%	7.1%	10.0%
	30-39	13%	11.0%	14.3%
	40-49	14%	12.6%	16.4%
	50-59	15%	13.1%	16.2%
	60-69	13%	11.9%	14.6%
	70-79	9%	8.1%	10.9%
	80+	5%	3.9%	7.1%
Race	White	11%	10.8%	12.1%
	American Indian	17%	14.2%	19.4%
Ethnicity	Hispanic	13%	8.8%	20.2%
	Non-Hispanic	12%	11.1%	12.3%
Household Income	Less than $35,000	14%	13.1%	15.6%
	$35,000-$74,999	12%	10.9%	13.1%
	$75,000+	10%	9.0%	11.3%
Education	Less than High School, G.E.D.	13%	10.2%	15.3%
	High School, G.E.D.	12%	10.7%	12.9%
	Some Post-High School	12%	11.2%	13.4%
	College Graduate	11%	9.6%	11.5%
Employment Status	Employed for Wages	12%	11.6%	13.4%
	Self-employed	11%	8.9%	12.5%
	Unemployed	13%	10.2%	16.5%
	Homemaker	10%	7.3%	12.4%
	Student	5%	2.9%	7.8%
	Retired	9%	8.4%	10.5%
	Unable to Work	24%	20.8%	27.6%
Marital Status	Married/Unmarried Couple	11%	10.6%	12.2%
	Divorced/Separated	14%	12.5%	16.1%
	Widowed	12%	9.9%	13.8%
	Never Married	11%	10.1%	12.8%
Home Ownership Status	Own Home	11%	10.5%	11.9%
	Rent Home	13%	12.0%	14.8%
Children Status	Children in Household (Ages 18-44)	12%	10.3%	13.1%
	No Children in Household (Ages 18-44)	10%	8.7%	11.5%
Phone Status	Landline	13%	11.8%	13.8%
	Cell Phone	11%	10.3%	11.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	12%	10.4%	13.4%
County	Minnehaha	10%	8.9%	11.9%
	Pennington	11%	9.5%	13.5%
	Lincoln	12%	9.1%	15.0%
	Brown	14%	11.6%	17.1%
	Brookings	9%	6.6%	12.1%
	Codington	12%	9.3%	14.6%
	Meade	11%	8.3%	14.0%
	Lawrence	7%	5.8%	8.6%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding being very obese.

Age   The prevalence of being very obese increases as age increases with a peak in the 50s including a significant increase as the 30s are reached. After that, the prevalence of being obese decreases as age increases with significant decreases as the 70s and 80s are reached.

Race   American Indians demonstrate a significantly higher prevalence of being very obese than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of being very obese.

Household Income   The prevalence of being very obese decreases as household income increases.

Education   The prevalence of being very obese decreases as education levels increase.

Employment   Those who are unable to work demonstrate a very high prevalence of being very obese, while those who are a homemaker or a student show a very low prevalence.

Marital Status   Those who are divorced exhibit a very high prevalence of being very obese, while those who are married show a very low prevalence.

Home Ownership   Those who rent their home show a significantly higher prevalence of being very obese than those who own their home.

Children Status   The prevalence of the adults being very obese does not seem to change based on the presence of children in the household.

Phone Status   The prevalence of being very obese does not seem to change based on phone status.

County   Minnehaha, Pennington, Lincoln, Brown, and Codington counties demonstrate a very high prevalence of being very obese, while Lawrence county shows a very low prevalence.

Physical Activity and Nutrition

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

o South Dakota 75%
o Nationwide median 74%

Figure 4
Percentage of South Dakotans Who Reported Leisure Time Physical Activity, 2011-2017
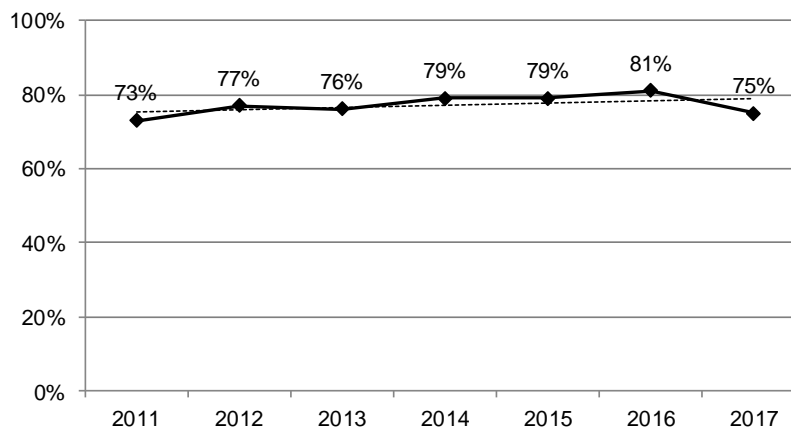
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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			95% Confidence Interval	
Table 7 **South Dakotans Who Reported Leisure Time Physical Activity, 2013-2017**				
		2013-2017	**Low**	**High**
Gender	Male	77%	76.0%	78.4%
	Female	79%	77.7%	79.7%
Age	18-29	86%	84.5%	88.1%
	30-39	82%	79.4%	83.6%
	40-49	78%	76.1%	80.4%
	50-59	75%	73.6%	77.3%
	60-69	73%	71.0%	74.7%
	70-79	73%	70.9%	75.4%
	80+	65%	62.2%	68.4%
Race	White	78%	77.1%	78.7%
	American Indian	77%	74.4%	80.2%
Ethnicity	Hispanic	83%	76.2%	88.1%
	Non-Hispanic	78%	77.1%	78.6%
Household Income	Less than $25,000	73%	71.5%	74.7%
	$25,000-$74,999	79%	77.1%	79.9%
	$75,000+	85%	83.3%	85.9%
Education	Less than High School, G.E.D.	65%	61.6%	68.7%
	High School, G.E.D.	74%	72.0%	75.0%
	Some Post-High School	80%	78.5%	81.1%
	College Graduate	87%	85.5%	87.5%
Employment Status	Employed for Wages	81%	79.6%	81.8%
	Self-employed	72%	69.9%	74.8%
	Unemployed	76%	70.7%	80.0%
	Homemaker	82%	78.5%	85.5%
	Student	91%	87.6%	93.6%
	Retired	74%	72.5%	75.7%
	Unable to Work	59%	54.9%	62.9%
Marital Status	Married/Unmarried Couple	79%	77.6%	79.6%
	Divorced/Separated	73%	70.7%	75.3%
	Widowed	69%	66.2%	71.5%
	Never Married	82%	80.1%	83.6%
Home Ownership Status	Own Home	78%	77.2%	79.0%
	Rent Home	77%	74.8%	78.4%
Children Status	Children in Household (Ages 18-44)	83%	80.9%	84.1%
	No Children in Household (Ages 18-44)	84%	82.3%	86.1%
Phone Status	Landline	75%	73.9%	76.4%
	Cell Phone	80%	78.6%	80.7%
Pregnancy Status	Pregnant (Ages 18-44)	82%	72.1%	88.5%
	Not Pregnant (Ages 18-44)	85%	83.4%	86.8%
County	Minnehaha	79%	76.6%	80.8%
	Pennington	80%	77.4%	81.9%
	Lincoln	82%	78.3%	84.6%
	Brown	77%	73.2%	80.2%
	Brookings	85%	81.4%	87.9%
	Codington	77%	73.4%	80.5%
	Meade	79%	75.7%	81.7%
	Lawrence	83%	80.7%	85.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There is no gender difference regarding leisure time physical activity.

Age   The prevalence of leisure time physical activity decreases as age increases. This includes significant decreases when the 30s and 80s are reached.

Race   There are no significant racial differences regarding leisure time physical activity.

Ethnicity   There is no significant Hispanic difference in the prevalence of leisure time physical activity.

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   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 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 with a cell phone show a significantly higher prevalence of leisure time physical activity than those with a landline phone.

Pregnancy Status   The prevalence of leisure time physical activity does not seem to change based on pregnancy status.

County   Residents of Brookings and Lawrence counties exhibit a very high prevalence of leisure time physical activity, while residents of Minnehaha, Brown, and Codington counties show a very low prevalence.

PHYSICAL ACTIVITY RECOMMENDATIONS

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

Prevalence of Meeting the Physical Activity Recommendations

o South Dakota 51%
o Nationwide median 51%

South Dakota Department of Health Strategic Plan

Increase the percent of adults who are physically active on a regular basis to 59 percent by 2020.

Figure 5
**Percentage of South Dakotans Who Met Physical Activity Recommendations,
2011-2017**
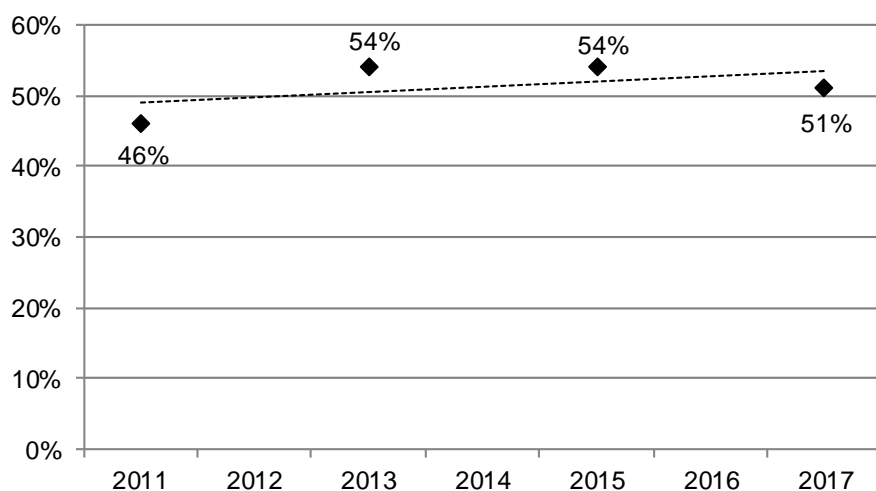
Note: This question was not asked in 2012, 2014, or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 8 South Dakotans Who Met Physical Activity Recommendations, 2013-2017			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	50%	47.8%	51.5%
	Female	56%	54.0%	57.4%
Age	18-29	54%	50.4%	57.1%
	30-39	52%	48.4%	55.3%
	40-49	48%	44.4%	51.2%
	50-59	52%	49.7%	55.0%
	60-69	55%	51.9%	57.1%
	70-79	58%	54.7%	61.0%
	80+	51%	46.9%	55.6%
Race	White	53%	51.3%	53.9%
	American Indian	56%	51.2%	60.6%
Ethnicity	Hispanic	53%	42.7%	62.8%
	Non-Hispanic	53%	51.4%	53.9%
Household Income	Less than $25,000	51%	48.4%	53.2%
	$25,000-$74,999	52%	50.2%	54.7%
	$75,000+	59%	56.3%	61.0%
Education	Less than High School, G.E.D.	42%	37.2%	46.9%
	High School, G.E.D.	51%	48.5%	53.1%
	Some Post-High School	54%	51.3%	55.8%
	College Graduate	58%	56.0%	60.1%
Employment Status	Employed for Wages	52%	49.7%	53.4%
	Self-employed	48%	44.3%	51.8%
	Unemployed	57%	50.1%	63.4%
	Homemaker	62%	55.4%	67.3%
	Student	56%	49.2%	63.2%
	Retired	58%	56.2%	60.8%
	Unable to Work	38%	33.2%	43.6%
Marital Status	Married/Unmarried Couple	55%	53.0%	56.1%
	Divorced/Separated	50%	46.2%	53.2%
	Widowed	52%	48.8%	56.0%
	Never Married	49%	45.8%	52.3%
Home Ownership Status	Own Home	54%	52.6%	55.4%
	Rent Home	48%	45.5%	51.3%
Children Status	Children in Household (Ages 18-44)	55%	51.7%	57.3%
	No Children in Household (Ages 18-44)	48%	44.7%	51.7%
Phone Status	Landline	53%	51.5%	55.1%
	Cell Phone	52%	50.5%	54.0%
Pregnancy Status	Pregnant (Ages 18-44)	51%	36.4%	65.6%
	Not Pregnant (Ages 18-44)	57%	54.1%	60.4%
County	Minnehaha	52%	48.6%	55.2%
	Pennington	57%	52.5%	60.7%
	Lincoln	51%	44.9%	56.8%
	Brown	52%	45.9%	57.3%
	Brookings	55%	47.1%	62.0%
	Codington	48%	41.5%	54.6%
	Meade	52%	46.4%	58.5%
	Lawrence	61%	54.8%	67.1%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Females exhibit a significantly higher prevalence of being physically active than males.

Age   The prevalence of being physically active does not seem to change as age changes.

Race   The prevalence of being physically active does not seem to change based on race.

Ethnicity   The prevalence of being physically active does not seem to change based on ethnicity.

Household Income   The prevalence of being physically active increases as household income increases. This includes a significant increase as the $75,000+ income group is reached.

Education   The prevalence of being physically active increases as education levels increase. This includes significant increases as the high school and college graduate levels are reached.

Employment   Those who are unemployed, a homemaker, a student, or retired demonstrate a very high prevalence of being physically active, while those who are unable to work show a very low prevalence.

Marital Status Those who are married exhibit a very high prevalence of being physically active, 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 physically active than those who rent their home.

Children Status The prevalence of being physically active does not seem to change based on the presence of children in the household.

Phone Status   The prevalence of being physically active does not seem to change based on phone status.

County   Lawrence county demonstrates a very high prevalence of being physically active, while Codington county shows a very low prevalence.

The following table shows the physical activity categories for South Dakotans in the past four years.

Table 9
Physical Activity Categories for South Dakotans, 2011-2017

	2011	2013	2015	2017
Highly Active	25%	35%	33%	30%
Active	21%	18%	21%	20%
Insufficiently Active	26%	21%	23%	22%
Inactive	28%	25%	23%	27%

Source: South Dakota Behavioral Risk Factor Surveillance System, 2011-2017

The following figure shows the percent of South Dakotans that meet muscle strengthening recommendations. For the past four years, less than one third of South Dakotans meet muscle strengthening recommendations.

Figure 6
Percentage of South Dakotans That Meet Muscle Strengthening Recommendations, 2011-2017
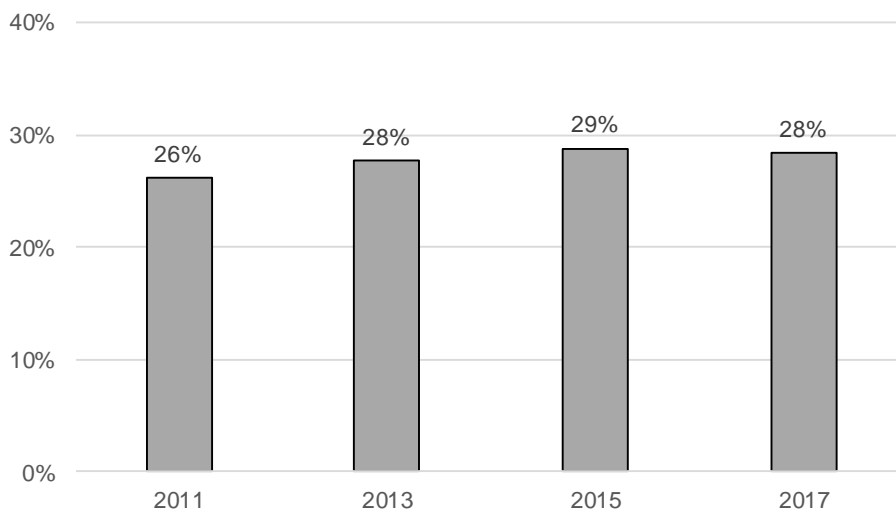
Source: South Dakota Behavioral Risk Factor Surveillance System, 2011-2017

The following figure shows the percent of South Dakotans that met both muscle strengthening and aerobic activity recommendations. For the past four years, less than 20 percent of South Dakotans met both recommendations.

Figure 7
Percentage of South Dakotans That Meet Both Muscle Strengthening and Aerobic Activity Recommendations, 2011-2017
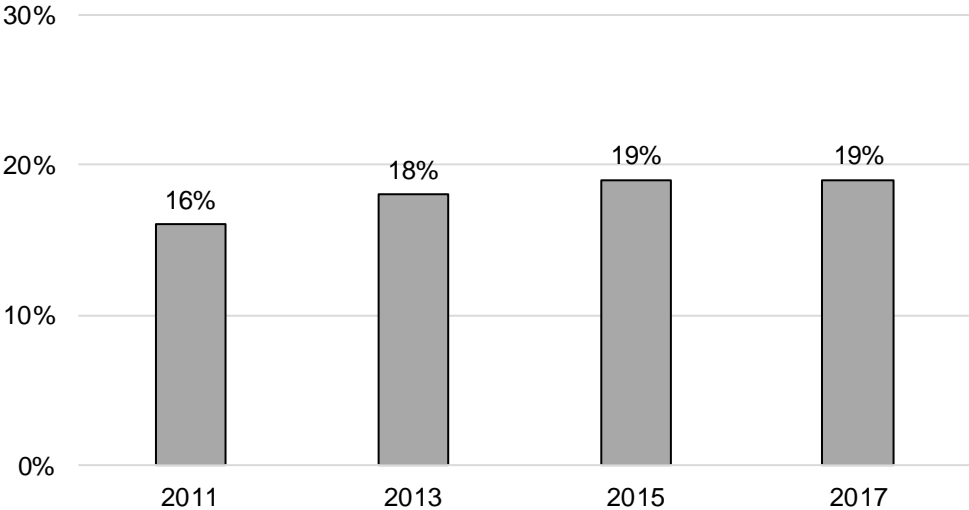
Source: South Dakota Behavioral Risk Factor Surveillance System, 2011-2017

FIVE SERVINGS OF FRUITS AND VEGETABLES

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

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

o South Dakota 15%
o *There is no nationwide median for consuming five fruits and vegetables per day*

Figure 8
Percentage of South Dakotans Who Reported Consuming at Least Five Servings of Fruits and Vegetables Per Day, 2011-2017

Note: This question was not asked in 2012, 2014, or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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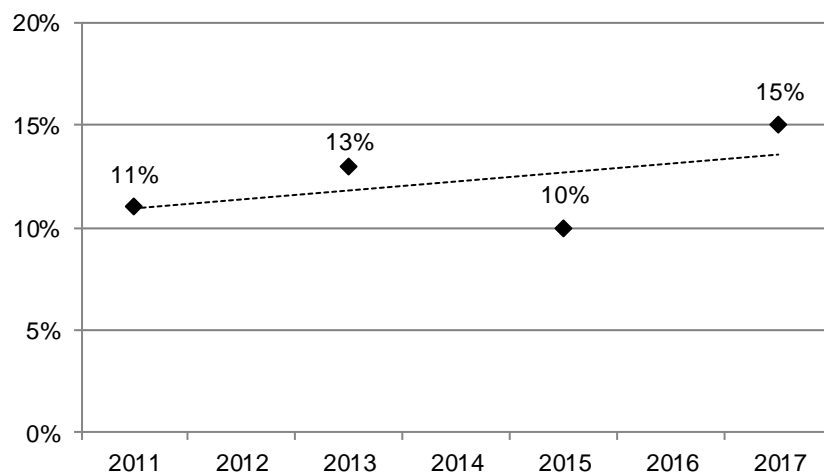
Table 10
South Dakotans Who Reported Consuming at Least Five Servings of Fruits and Vegetables Per Day, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	10%	8.8%	11.2%
	Female	15%	14.0%	16.4%
Age	18-29	11%	8.7%	12.9%
	30-39	14%	11.8%	17.0%
	40-49	13%	10.8%	15.8%
	50-59	14%	12.0%	15.7%
	60-69	12%	10.3%	13.4%
	70-79	12%	10.2%	14.1%
	80+	12%	9.5%	14.6%
Race	White	12%	11.5%	13.2%
	American Indian	13%	10.2%	16.2%
Ethnicity	Hispanic	14%	8.6%	22.9%
	Non-Hispanic	12%	11.7%	13.4%
Household Income	Less than $25,000	12%	10.1%	13.5%
	$25,000-$74,999	12%	11.0%	14.0%
	$75,000+	15%	13.2%	16.7%
Education	Less than High School, G.E.D.	11%	7.8%	15.9%
	High School, G.E.D.	9%	8.1%	10.7%
	Some Post-High School	13%	11.5%	14.6%
	College Graduate	17%	15.0%	18.2%
Employment Status	Employed for Wages	13%	11.6%	14.2%
	Self-employed	12%	10.2%	14.8%
	Unemployed	12%	8.5%	17.0%
	Homemaker	14%	10.8%	17.9%
	Student	13%	8.9%	18.4%
	Retired	12%	10.8%	13.6%
	Unable to Work	11%	7.8%	14.8%
Marital Status	Married/Unmarried Couple	13%	12.0%	14.1%
	Divorced/Separated	12%	10.0%	14.7%
	Widowed	13%	11.1%	15.5%
	Never Married	11%	9.2%	13.8%
Home Ownership Status	Own Home	13%	12.4%	14.4%
	Rent Home	11%	9.1%	13.0%
Children Status	Children in Household (Ages 18-44)	13%	11.6%	15.5%
	No Children in Household (Ages 18-44)	11%	8.9%	14.0%
Phone Status	Landline	12%	11.3%	13.8%
	Cell Phone	13%	11.5%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	12%	7.2%	19.7%
	Not Pregnant (Ages 18-44)	15%	12.7%	17.3%
County	Minnehaha	11%	9.5%	13.9%
	Pennington	14%	11.6%	17.2%
	Lincoln	10%	6.7%	14.0%
	Brown	12%	8.9%	16.4%
	Brookings	10%	6.8%	14.7%
	Codington	14%	10.4%	19.4%
	Meade	9%	6.6%	12.9%
	Lawrence	12%	7.9%	17.7%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender　　　　Females exhibit a significantly higher prevalence of eating five or more fruits and vegetables a day than males.

Age　　　　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day as age changes.

Race　　　　　There seems to be no racial difference in the prevalence of eating five or more fruits and vegetables a day.

Ethnicity　　　The prevalence of eating five or more fruits and vegetables a day does not seem to change based on ethnicity.

Household Income　　The prevalence of eating five or more fruits and vegetables a day does not seem to change as household income changes.

Education　　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding education level.

Employment　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding employment status.

Marital Status　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding marital status.

Home Ownership　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding home ownership.

Children Status　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding the presence of children in the household.

Phone Status　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding phone status.

Pregnancy Status　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding pregnancy status.

County　　　　There seems to be no difference in the prevalence of eating five or more fruits and vegetables a day regarding the eight available counties.

TWO SERVINGS OF FRUITS PER DAY

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

Prevalence of Consuming at Least Two Servings of Fruits Per Day

o   South Dakota 30%
o   *There is no nationwide median for two servings of fruits per day*

Figure 9
Percentage of South Dakotans Who Reported Consuming at Least Two Servings of Fruit Per Day, 2011-2017
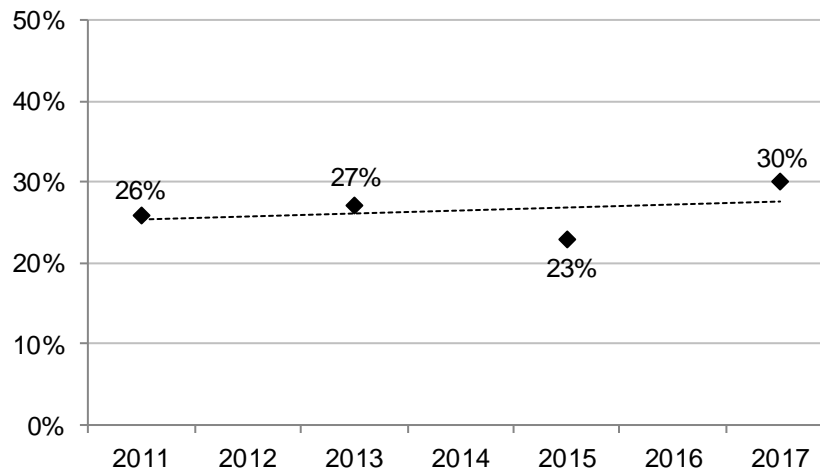
Note: This question was not asked in 2012, 2014, or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 11
South Dakotans Who Reported Consuming at Least Two Servings of Fruits Per Day, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	21%	19.8%	22.8%
	Female	31%	29.9%	32.9%
Age	18-29	23%	20.3%	26.0%
	30-39	25%	22.5%	28.5%
	40-49	24%	21.4%	27.3%
	50-59	24%	22.4%	26.7%
	60-69	27%	24.9%	29.3%
	70-79	33%	30.0%	35.7%
	80+	39%	35.0%	43.1%
Race	White	26%	25.3%	27.6%
	American Indian	27%	23.5%	31.3%
Ethnicity	Hispanic	26%	17.9%	36.6%
	Non-Hispanic	26%	25.3%	27.4%
Household Income	Less than $25,000	26%	24.1%	28.4%
	$25,000-$74,999	26%	24.3%	28.1%
	$75,000+	27%	24.8%	28.9%
Education	Less than High School, G.E.D.	23%	19.2%	28.0%
	High School, G.E.D.	22%	20.5%	24.0%
	Some Post-High School	27%	25.1%	29.0%
	College Graduate	32%	30.1%	33.9%
Employment Status	Employed for Wages	25%	23.4%	26.5%
	Self-employed	23%	20.3%	26.2%
	Unemployed	23%	18.4%	29.2%
	Homemaker	33%	27.6%	37.9%
	Student	21%	16.4%	26.9%
	Retired	33%	31.2%	35.4%
	Unable to Work	26%	21.3%	30.6%
Marital Status	Married/Unmarried Couple	27%	25.4%	28.0%
	Divorced/Separated	24%	21.0%	26.8%
	Widowed	36%	33.0%	39.6%
	Never Married	24%	21.1%	26.7%
Home Ownership Status	Own Home	28%	26.3%	28.7%
	Rent Home	23%	21.1%	26.1%
Children Status	Children in Household (Ages 18-44)	25%	23.0%	27.7%
	No Children in Household (Ages 18-44)	23%	19.9%	26.0%
Phone Status	Landline	29%	27.0%	30.1%
	Cell Phone	25%	23.6%	26.5%
Pregnancy Status	Pregnant (Ages 18-44)	28%	18.7%	39.9%
	Not Pregnant (Ages 18-44)	28%	25.3%	30.8%
County	Minnehaha	25%	22.7%	28.3%
	Pennington	27%	23.6%	30.5%
	Lincoln	27%	21.9%	32.3%
	Brown	27%	21.9%	32.0%
	Brookings	26%	20.1%	32.4%
	Codington	27%	21.8%	33.8%
	Meade	20%	16.0%	25.3%
	Lawrence	23%	17.8%	28.5%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Females exhibit a significantly higher prevalence of eating at least two servings of fruit per day than males.

Age   The prevalence of eating at least two servings of fruit per day generally increases as age increases. This includes a significant increase as the 70s are reached.

Race   The prevalence of eating at least two servings of fruit per day does not seem to differ based on race.

Ethnicity   The prevalence of eating at least two servings of fruit per day does not seem to differ based on ethnicity.

Household Income   The prevalence of eating at least two servings of fruit per day does not seem to differ based on household income.

Education   The prevalence of eating at least two servings of fruit per day does not seem to differ based on education.

Employment   Those who are a homemaker or retired demonstrate a significantly higher prevalence of eating at least two servings of fruit per day than all other types of employment.

Marital Status   Those who are widowed exhibit a significantly higher prevalence of eating at least two servings of fruit per day than all other types of marital status.

Home Ownership   Those who own their home show a significantly higher prevalence of eating at least two servings of fruit per day than those who rent their home.

Children Status   The prevalence of eating at least two servings of fruit per day does not seem to differ based on the presence of children in the household.

Phone Status   Those who use a landline phone demonstrate a significantly higher prevalence of eating at least two servings of fruit per day than those who use a cell phone.

Pregnancy Status   The prevalence of eating at least two servings of fruit per day does not seem to differ based on pregnancy status.

County   There seems to be no county difference regarding eating at least two servings of fruit per day.

THREE SERVINGS OF VEGETABLES PER DAY

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

Prevalence of Consuming at Least Three Servings of Vegetables Per Day

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

Figure 10
Percentage of South Dakotans Who Reported Consuming at Least Three Servings of Vegetables Per Day, 2011-2017

Note: This question was not asked in 2012, 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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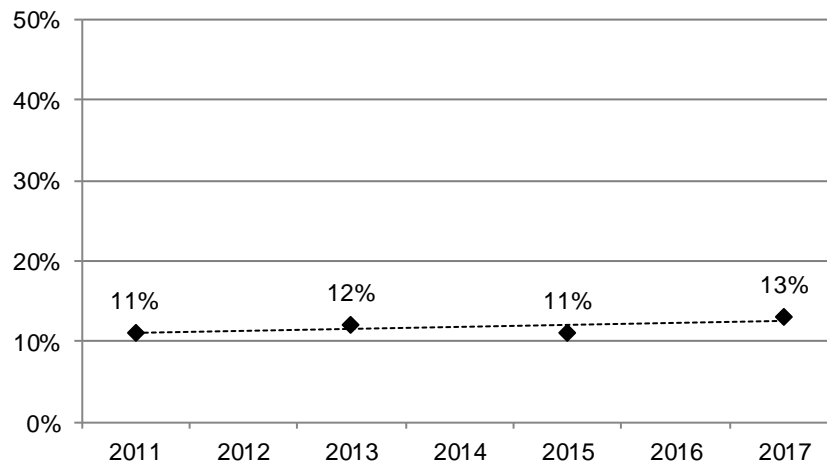
Table 12
South Dakotans Who Reported Consuming at Least Three Servings of Vegetables Per Day, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	11%	9.3%	11.9%
	Female	14%	12.5%	14.8%
Age	18-29	10%	8.0%	12.0%
	30-39	15%	12.7%	18.3%
	40-49	13%	10.8%	15.4%
	50-59	13%	11.1%	14.7%
	60-69	12%	10.2%	13.4%
	70-79	11%	8.5%	13.1%
	80+	9%	6.9%	11.4%
Race	White	12%	10.9%	12.6%
	American Indian	12%	9.0%	15.6%
Ethnicity	Hispanic	11%	6.4%	19.0%
	Non-Hispanic	12%	11.2%	12.9%
Household Income	Less than $25,000	11%	9.2%	12.7%
	$25,000-$74,999	12%	10.4%	13.3%
	$75,000+	15%	13.5%	17.1%
Education	Less than High School, G.E.D.	11%	7.6%	16.0%
	High School, G.E.D.	10%	8.4%	11.0%
	Some Post-High School	12%	10.8%	13.8%
	College Graduate	15%	13.8%	16.8%
Employment Status	Employed for Wages	12%	11.0%	13.5%
	Self-employed	13%	10.3%	15.3%
	Unemployed	11%	7.8%	16.0%
	Homemaker	16%	12.2%	21.1%
	Student	12%	7.9%	16.8%
	Retired	11%	9.2%	12.3%
	Unable to Work	12%	8.0%	16.8%
Marital Status	Married/Unmarried Couple	13%	11.8%	13.9%
	Divorced/Separated	11%	9.5%	13.8%
	Widowed	11%	8.9%	13.5%
	Never Married	11%	8.6%	13.1%
Home Ownership Status	Own Home	13%	11.7%	13.6%
	Rent Home	11%	9.2%	13.3%
Children Status	Children in Household (Ages 18-44)	13%	10.8%	14.5%
	No Children in Household (Ages 18-44)	12%	9.8%	15.0%
Phone Status	Landline	11%	10.1%	12.5%
	Cell Phone	13%	11.4%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	9%	4.0%	17.7%
	Not Pregnant (Ages 18-44)	14%	11.9%	16.3%
County	Minnehaha	13%	10.4%	15.1%
	Pennington	13%	10.8%	16.5%
	Lincoln	9%	6.4%	12.9%
	Brown	12%	8.9%	16.2%
	Brookings	8%	5.4%	12.1%
	Codington	12%	8.9%	17.0%
	Meade	11%	8.2%	15.9%
	Lawrence	11%	7.7%	14.8%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Females exhibit a significantly higher prevalence of eating at least three servings of vegetables per day than males.

Age   The prevalence of eating at least three servings of vegetables per day peaks with those in their 30s. The prevalence then decreases as age increases.

Race   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on race.

Ethnicity   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on ethnicity.

Household Income   The prevalence of eating at least three servings of vegetables increases as household income increases. This includes a significant increase as the $75,000+ income group is reached.

Education   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on education.

Employment   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on employment.

Marital Status   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on marital status.

Home Ownership   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on home ownership.

Children Status   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on the presence of children in the household.

Phone Status   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on phone status.

Pregnancy Status   The prevalence of eating at least three servings of vegetables per day does not seem to differ based on pregnancy status.

County   There seems to be no difference regarding eating at least three servings of vegetables per day among the eight counties with sufficient sample size.

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Tobacco Use

CIGARETTE SMOKING

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

Prevalence of Current Cigarette Smoking

o South Dakota 19%
o Nationwide median 17%

South Dakota Department of Health Strategic Plan

Reduce the percent of adults who smoke cigarettes to 14.5 percent by 2020.

Figure 11
Percentage of South Dakotans Who Currently Smoke Cigarettes, 2011-2017
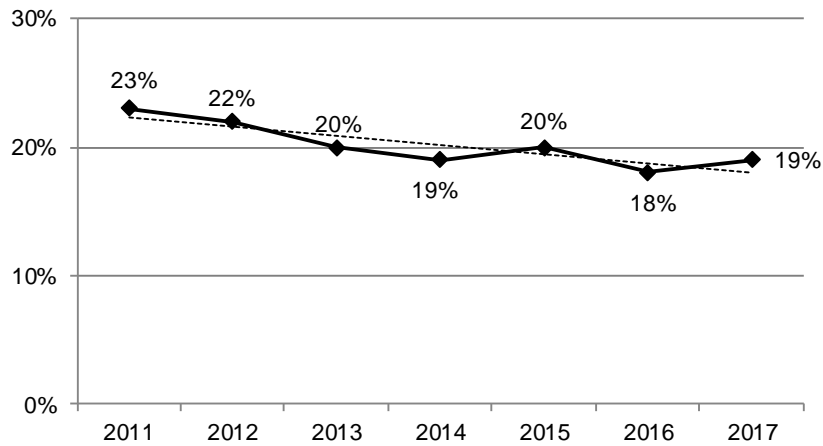
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 13 South Dakotans Who Currently Smoke Cigarettes, 2013-2017				
			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	20%	19.1%	21.5%
	Female	18%	17.0%	19.1%
Age	18-29	22%	19.7%	23.8%
	30-39	26%	23.8%	28.7%
	40-49	22%	19.9%	24.3%
	50-59	21%	19.3%	22.7%
	60-69	16%	14.2%	17.3%
	70-79	8%	6.8%	9.2%
	80+	4%	2.6%	5.2%
Race	White	17%	16.1%	17.6%
	American Indian	43%	39.2%	46.3%
Ethnicity	Hispanic	18%	13.1%	23.8%
	Non-Hispanic	19%	18.4%	20.0%
Household Income	Less than $35,000	29%	27.2%	30.6%
	$35,000-$74,999	18%	16.5%	19.3%
	$75,000+	10%	8.5%	10.9%
Education	Less than High School, G.E.D.	34%	30.1%	37.3%
	High School, G.E.D.	23%	21.6%	24.5%
	Some Post-High School	19%	18.0%	20.7%
	College Graduate	8%	6.8%	8.5%
Employment Status	Employed for Wages	21%	19.5%	21.9%
	Self-employed	15%	13.5%	17.6%
	Unemployed	44%	38.5%	49.1%
	Homemaker	21%	17.2%	25.6%
	Student	9%	6.8%	11.9%
	Retired	9%	7.9%	9.8%
	Unable to Work	40%	35.8%	43.8%
Marital Status	Married/Unmarried Couple	15%	13.7%	15.5%
	Divorced/Separated	33%	30.6%	35.7%
	Widowed	13%	11.5%	15.7%
	Never Married	26%	23.6%	27.8%
Home Ownership Status	Own Home	15%	14.6%	16.3%
	Rent Home	31%	28.6%	32.7%
Children Status	Children in Household (Ages 18-44)	25%	23.3%	27.0%
	No Children in Household (Ages 18-44)	22%	19.5%	23.8%
Phone Status	Landline	15%	14.0%	16.1%
	Cell Phone	22%	20.5%	22.7%
Pregnancy Status	Pregnant (Ages 18-44)	18%	10.6%	28.7%
	Not Pregnant (Ages 18-44)	23%	21.2%	25.2%
County	Minnehaha	19%	16.8%	21.2%
	Pennington	21%	18.2%	23.1%
	Lincoln	17%	14.4%	21.1%
	Brown	17%	13.5%	20.7%
	Brookings	17%	13.0%	21.4%
	Codington	21%	17.3%	25.1%
	Meade	19%	16.4%	22.8%
	Lawrence	18%	15.6%	21.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding the prevalence of cigarette smoking.

Age   The prevalence of cigarette smoking generally decreases as age increases including significant decreases as the 60s, 70s, and 80s are reached.

Race   American Indians exhibit a significantly higher prevalence of cigarette smoking than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of cigarette smoking.

Household Income   The prevalence of cigarette smoking decreases as household income increases with significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.

Education   The prevalence of cigarette smoking decreases as education levels increase with significant decreases at each level.

Employment   Those who are unemployed or unable to work demonstrate a very high prevalence of cigarette smoking, while those who are a student or retired show a very low prevalence.

Marital Status   Those who are divorced exhibit a very high prevalence of cigarette smoking, while those who are married or widowed show a very low prevalence.

Home Ownership   Those who rent their home show a significantly higher prevalence of cigarette smoking than those who own their home.

Children Status   The prevalence of cigarette smoking in the adults does not seem to differ based on the presence of children in the household.

Phone Status   Those with a cell phone show a significantly higher prevalence of cigarette smoking than those with a landline phone.

Pregnancy Status   The prevalence of cigarette smoking does not seem to differ based on pregnancy status.

County   There seems to be no county differences regarding the prevalence of cigarette smoking.

In 2016-2017, 57 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 14.

Table 14 South Dakotans Who Tried to Stop Smoking, Within the Past 12 Months, for One Day or Longer Because They Were Trying to Quit Smoking, 2011-2017	
Survey Year	Percent
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, 2011-2017

Table 15, below, shows the percentage of current cigarette smokers for 2011-2017 by the type of health insurance they have. Those with Indian Health Service coverage had the highest percentage of current smokers with 50 percent. This was followed by Medicaid or medical assistance with 45 percent and Medicare with 36 percent.

Table 15 Percentage of Current Cigarette Smoking by Type of Health Insurance, Ages 18-64, 2011-2017	
Type of Health Insurance	2011-2017
The Indian Health Service	50%
Medicaid or Medical Assistance	45%
Medicare	36%
The Military, CHAMPUS, TriCare, or the VA	26%
Employer Based Coverage	17%
Private Health Insurance Plan	12%
None	46%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Figure 12, below, shows the percentage of smokers who have been advised to quit smoking in the past 12 months by a health professional. In 2015-2017, 78 percent of South Dakotans had been advised to quit smoking by a health professional.

Figure 12
Percentage of Smokers Who Have Been Advised by a Doctor, Nurse, or Other Health Professional to Quit Smoking in the Past 12 Months, 2011-2017
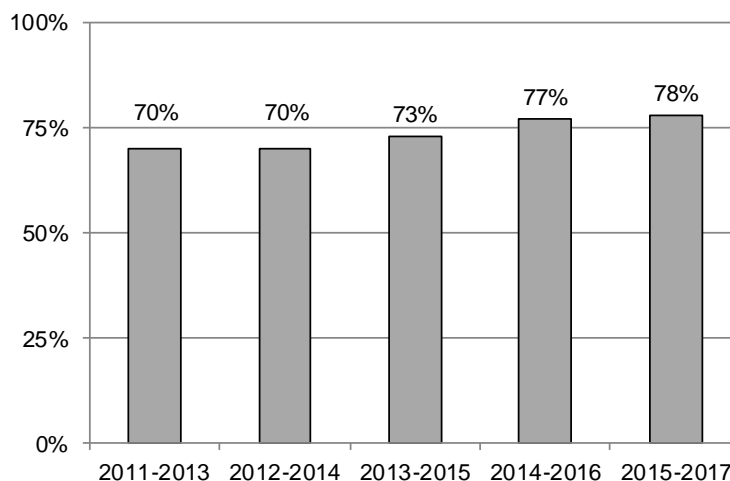
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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Figure 13, 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 13
South Dakotans' Place of Work Smoking Policy, 2013-2017
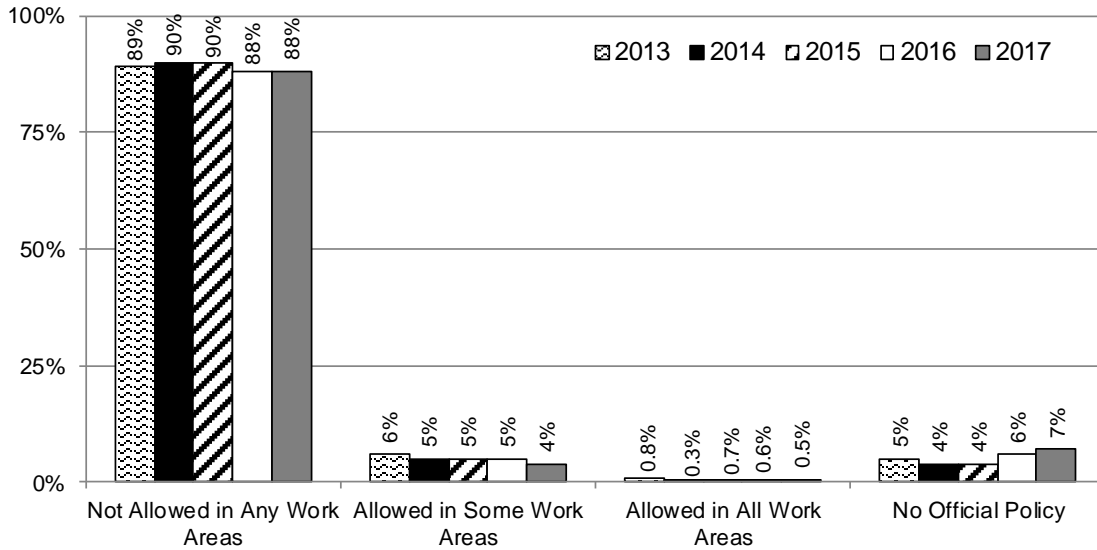
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Figure 14, 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 14
South Dakotans' Rules About Smoking Inside the Home, 2013-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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SMOKELESS TOBACCO

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

Prevalence of Smokeless Tobacco

o   South Dakota 6%
o   Nationwide median 4%

Figure 15
Percentage of South Dakotans Who Use Smokeless Tobacco,
2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	11%	10.4%	12.2%
	Female	1%	0.7%	1.2%
Age	18-29	10%	8.1%	11.1%
	30-39	8%	6.5%	9.0%
	40-49	8%	6.6%	9.3%
	50-59	5%	4.6%	6.5%
	60-69	3%	2.4%	3.9%
	70-79	2%	1.5%	3.6%
	80+	1%	0.5%	2.4%
Race	White	6%	5.4%	6.4%
	American Indian	9%	7.4%	12.0%
Ethnicity	Hispanic	5%	2.6%	9.3%
	Non-Hispanic	6%	5.6%	6.6%
Household Income	Less than $35,000	5%	4.6%	6.3%
	$35,000-$74,999	7%	6.1%	8.0%
	$75,000+	7%	5.8%	7.8%
Education	Less than High School, G.E.D.	8%	6.6%	10.7%
	High School, G.E.D.	7%	5.7%	7.5%
	Some Post-High School	6%	5.6%	7.2%
	College Graduate	4%	3.4%	4.8%
Employment Status	Employed for Wages	7%	6.6%	8.0%
	Self-employed	9%	7.5%	10.6%
	Unemployed	7%	4.7%	10.2%
	Homemaker	1%	0.3%	1.1%
	Student	6%	4.0%	9.0%
	Retired	2%	1.7%	3.2%
	Unable to Work	5%	3.3%	6.3%
Marital Status	Married/Unmarried Couple	6%	5.0%	6.1%
	Divorced/Separated	8%	6.7%	9.7%
	Widowed	2%	1.3%	4.0%
	Never Married	8%	6.7%	9.1%
Home Ownership Status	Own Home	5%	5.0%	6.0%
	Rent Home	8%	6.8%	9.1%
Children Status	Children in Household (Ages 18-44)	8%	7.2%	9.5%
	No Children in Household (Ages 18-44)	9%	7.9%	10.7%
Phone Status	Landline	4%	3.8%	5.1%
	Cell Phone	7%	6.4%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.0%	2.4%
	Not Pregnant (Ages 18-44)	2%	1.2%	2.3%
County	Minnehaha	4%	2.8%	4.9%
	Pennington	5%	4.1%	6.9%
	Lincoln	7%	4.6%	9.7%
	Brown	5%	3.5%	8.0%
	Brookings	6%	3.6%	9.4%
	Codington	6%	3.9%	8.4%
	Meade	9%	7.0%	11.7%
	Lawrence	7%	5.0%	8.5%

Table 16
South Dakotans Who Use Smokeless Tobacco, 2013-2017

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Males exhibit a significantly higher prevalence of smokeless tobacco use than females.

Age   The prevalence of smokeless tobacco use decreases as age increases including significant decreases as the 50s and 60s are reached.

Race   American Indians exhibit a significantly higher prevalence of smokeless tobacco use than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of smokeless tobacco use.

Household Income   There seems to be no household income difference regarding the prevalence of smokeless tobacco use.

Education   The prevalence of smokeless tobacco use decreases as education levels increase with a significant decrease as the college graduate level is reached.

Employment   Those who are employed for wages, self-employed, unemployed, or a student demonstrate a very high prevalence of smokeless tobacco use, while those who are a homemaker 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   Those who rent their home show a significantly higher prevalence of smokeless tobacco use than those who own their home.

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 with a cell phone show a significantly higher prevalence of smokeless tobacco use than those with a landline phone.

Pregnancy Status   The prevalence of smokeless tobacco use does not seem to change based on pregnancy status.

County   Meade and Lawrence counties exhibit a very high prevalence of smokeless tobacco use, while Minnehaha and Pennington counties show a very low prevalence.

Figure 16 shows the percentage of South Dakotans whose doctor, nurse, or other health professional advised them to stop using smokeless tobacco. Less than half, 48 percent, of South Dakotans stated they were advised to quit using smokeless tobacco by a health professional.

Figure 16
Percentage of South Dakotans Advised to Quit Using Smokeless Tobacco by a Doctor, Nurse, or Other Health Professional, 2011-2017
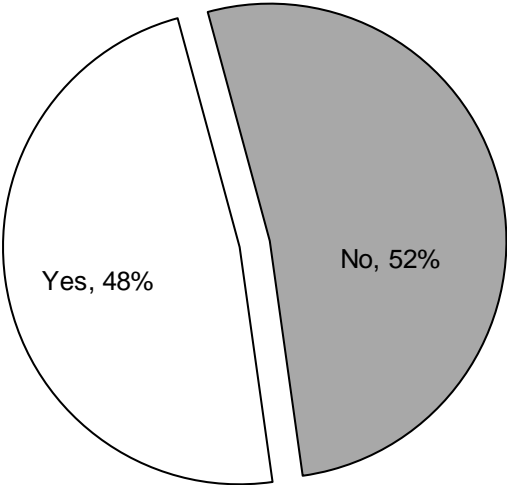
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

E-CIGARETTE SMOKING

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

Prevalence of E-Cigarette Use

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

Figure 17
Percentage of South Dakotans Who Currently Smoke E-Cigarettes, 2016-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

			95% Confidence Interval	
Table 17 **South Dakotans Who Currently Smoke E-Cigarettes, 2016-2017**				
		2016-2017	**Low**	**High**
Gender	Male	4%	3.1%	5.6%
	Female	3%	2.0%	3.6%
Age	18-29	6%	4.4%	8.6%
	30-39	6%	3.5%	9.0%
	40-49	3%	2.1%	5.6%
	50-59	3%	1.7%	4.4%
	60-69	1%	0.7%	2.0%
	70-79	1%	0.2%	1.5%
	80+	0.03%	0.0%	0.2%
Race	White	3%	2.4%	3.8%
	American Indian	5%	2.7%	8.4%
Ethnicity	Hispanic	5%	1.8%	15.8%
	Non-Hispanic	3%	2.7%	4.2%
Household Income	Less than $35,000	5%	3.2%	6.9%
	$35,000-$74,999	3%	2.2%	4.6%
	$75,000+	3%	1.7%	3.9%
Education	Less than High School, G.E.D.	5%	2.3%	11.6%
	High School, G.E.D.	4%	3.1%	5.8%
	Some Post-High School	4%	2.6%	4.9%
	College Graduate	1%	0.9%	2.2%
Employment Status	Employed for Wages	4%	3.0%	5.4%
	Self-employed	4%	2.6%	7.5%
	Unemployed	3%	1.5%	6.3%
	Homemaker	3%	0.8%	10.4%
	Student	3%	1.5%	7.3%
	Retired	0.4%	0.2%	0.7%
	Unable to Work	6%	3.1%	10.0%
Marital Status	Married/Unmarried Couple	3%	2.1%	3.8%
	Divorced/Separated	4%	2.4%	5.4%
	Widowed	1%	0.3%	1.4%
	Never Married	6%	3.9%	8.7%
Home Ownership Status	Own Home	3%	2.0%	3.4%
	Rent Home	6%	4.2%	8.6%
Children Status	Children in Household (Ages 18-44)	5%	3.5%	7.1%
	No Children in Household (Ages 18-44)	6%	4.3%	9.5%
Phone Status	Landline	2%	1.2%	2.8%
	Cell Phone	4%	3.1%	5.0%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	4%	3.0%	6.4%
County	Minnehaha	3%	1.6%	6.2%
	Pennington	5%	3.0%	7.2%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	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, 2016-2017

Demographics

Gender   There seems to be no gender difference regarding e-cigarette use.

Age   E-cigarette use decreases as age increases.

Race   There seems to be no racial difference regarding e-cigarette use.

Household Income There seems to be no household income difference regarding e-cigarette use.

Education   E-cigarette use decreases as education increases. This includes a significant decrease as the college graduate level is reached.

Employment   Those who are retired show a significantly lower prevalence of e-cigarette use than all other employment statuses.

Marital Status Those who are divorced or 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 E-cigarette use by adults does not seem to differ based on the presence of children in the household.

Phone Status   Those who use a cell phone demonstrate a significantly higher prevalence of e-cigarette use than those who use a landline.

County   The prevalence of e-cigarette use does not seem to differ among the available counties.

TOBACCO USE

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

Prevalence of Tobacco Use

o   South Dakota 25%
o   *There is no nationwide median for tobacco use*

Figure 18
Percentage of South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017
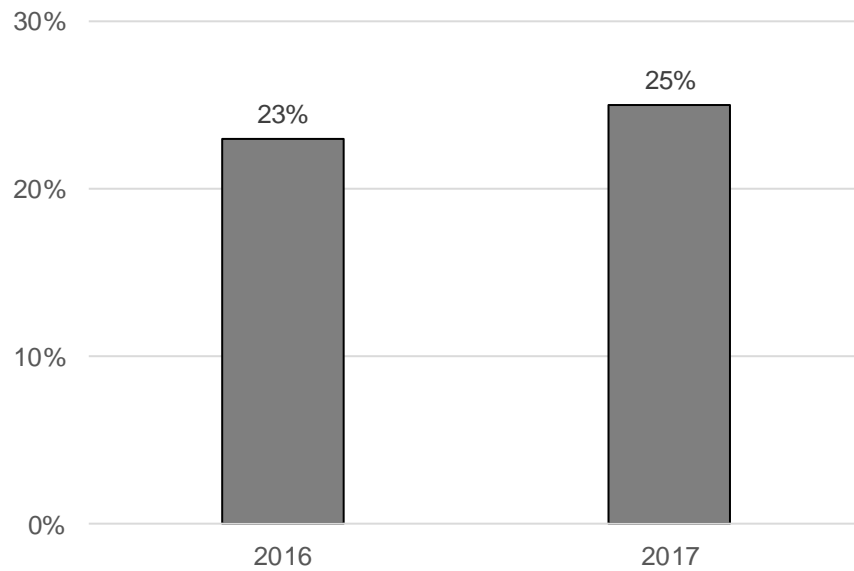
			95% Confidence Interval	
Table 18 **South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2017**				
		2016-2017	**Low**	**High**
Gender	Male	31%	28.8%	33.4%
	Female	17%	15.6%	18.9%
Age	18-29	27%	23.3%	30.8%
	30-39	34%	30.1%	38.7%
	40-49	28%	24.5%	32.7%
	50-59	25%	22.3%	28.4%
	60-69	18%	15.9%	21.0%
	70-79	12%	9.4%	15.2%
	80+	5%	3.2%	8.7%
Race	White	22%	20.3%	23.2%
	American Indian	49%	43.4%	54.9%
Ethnicity	Hispanic	19%	11.9%	30.0%
	Non-Hispanic	24%	22.8%	25.8%
Household Income	Less than $35,000	32%	28.6%	34.6%
	$35,000-$74,999	25%	22.6%	28.0%
	$75,000+	16%	14.1%	18.8%
Education	Less than High School, G.E.D.	37%	30.5%	43.3%
	High School, G.E.D.	29%	26.4%	32.0%
	Some Post-High School	25%	22.3%	27.2%
	College Graduate	12%	10.4%	13.8%
Employment Status	Employed for Wages	27%	25.0%	29.4%
	Self-employed	24%	20.6%	28.5%
	Unemployed	36%	27.8%	44.9%
	Homemaker	25%	18.2%	33.5%
	Student	13%	8.1%	19.3%
	Retired	12%	10.0%	14.1%
	Unable to Work	39%	33.2%	46.0%
Marital Status	Married/Unmarried Couple	20%	18.0%	21.5%
	Divorced/Separated	39%	34.8%	43.4%
	Widowed	17%	12.7%	21.6%
	Never Married	30%	26.5%	33.9%
Home Ownership Status	Own Home	21%	19.1%	22.2%
	Rent Home	36%	32.5%	39.7%
Children Status	Children in Household (Ages 18-44)	33%	29.1%	36.2%
	No Children in Household (Ages 18-44)	28%	24.2%	32.0%
Phone Status	Landline	19%	16.8%	21.2%
	Cell Phone	26%	24.1%	27.7%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	21%	18.4%	24.8%
County	Minnehaha	24%	20.0%	28.1%
	Pennington	24%	20.5%	28.3%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	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, 2016-2017

Demographics

Gender   Males exhibit a significantly higher prevalence of tobacco use than females.

Age   Tobacco use peaks with those in their 30s and then decreases as age increases. This includes significant decreases as the 60s, 70s, and 80s are reached.

Race   American Indians demonstrate a significantly higher prevalence of tobacco use than whites.

Ethnicity   The prevalence of tobacco use does not seem to change based on ethnicity.

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 a significant decrease as the college graduate level is reached.

Employment   Those who are unemployed, a homemaker, or unable to work demonstrate a very high prevalence of tobacco use, 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 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 use a cell phone demonstrate a significantly higher prevalence of tobacco use than those who use a landline phone.

County   There seems to be no difference regarding the prevalence of tobacco use among the three counties with sufficient sample size.

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

o   South Dakota 11%
o   Nationwide median 11%

Figure 19
Percentage of South Dakotans Who Were Told They Have Diabetes, 2011-2017
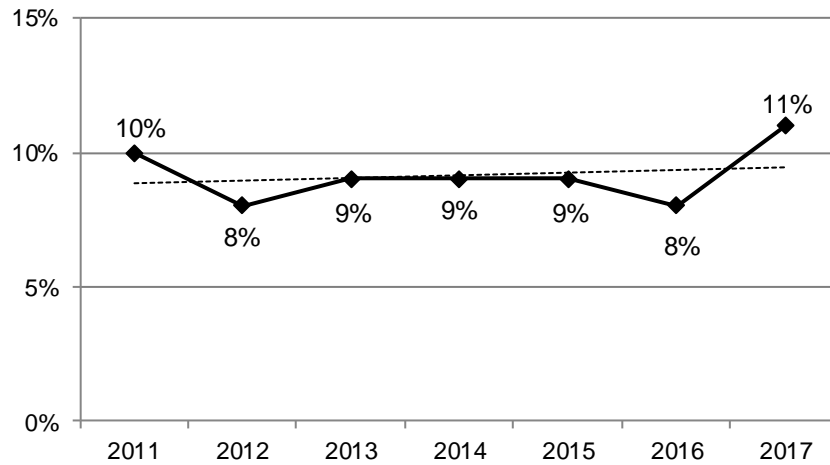
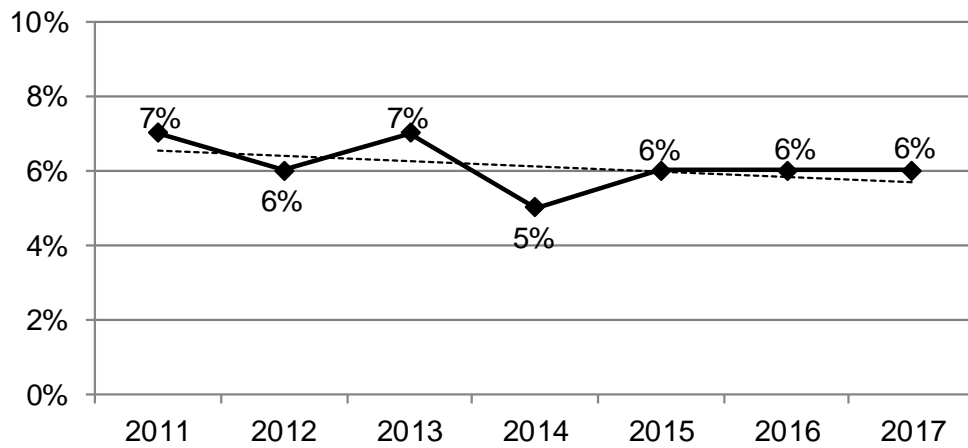Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 19 — South Dakotans Who Were Told They Have Diabetes, 2013-2017				
			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	10%	9.1%	10.7%
	Female	9%	8.1%	9.4%
Age	18-29	1%	0.9%	2.3%
	30-39	3%	2.0%	3.8%
	40-49	7%	5.9%	8.6%
	50-59	10%	9.3%	11.7%
	60-69	17%	15.9%	18.9%
	70-79	22%	19.8%	23.9%
	80+	18%	15.7%	21.2%
Race	White	9%	8.3%	9.3%
	American Indian	17%	14.6%	19.0%
Ethnicity	Hispanic	10%	6.0%	14.8%
	Non-Hispanic	9%	8.8%	9.8%
Household Income	Less than $35,000	13%	11.8%	13.9%
	$35,000-$74,999	8%	7.6%	9.3%
	$75,000+	7%	5.7%	7.6%
Education	Less than High School, G.E.D.	14%	11.8%	16.6%
	High School, G.E.D.	10%	9.3%	11.1%
	Some Post-High School	9%	8.0%	9.7%
	College Graduate	7%	6.2%	7.5%
Employment Status	Employed for Wages	6%	5.5%	6.7%
	Self-employed	6%	5.1%	7.4%
	Unemployed	8%	5.6%	11.3%
	Homemaker	8%	6.1%	10.8%
	Student	1%	0.3%	2.1%
	Retired	20%	18.4%	21.3%
	Unable to Work	25%	22.0%	28.4%
Marital Status	Married/Unmarried Couple	9%	8.5%	9.8%
	Divorced/Separated	12%	11.0%	14.0%
	Widowed	19%	17.0%	21.3%
	Never Married	5%	4.1%	5.7%
Home Ownership Status	Own Home	10%	9.2%	10.4%
	Rent Home	9%	8.1%	10.2%
Children Status	Children in Household (Ages 18-44)	3%	2.5%	4.2%
	No Children in Household (Ages 18-44)	2%	1.7%	3.0%
Phone Status	Landline	13%	12.0%	13.8%
	Cell Phone	7%	6.6%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.9%	14.9%
	Not Pregnant (Ages 18-44)	3%	2.2%	3.9%
County	Minnehaha	8%	7.0%	9.5%
	Pennington	10%	8.3%	11.2%
	Lincoln	7%	5.1%	8.9%
	Brown	8%	6.1%	9.4%
	Brookings	5%	3.7%	6.6%
	Codington	7%	5.5%	8.8%
	Meade	9%	7.3%	11.6%
	Lawrence	8%	6.7%	9.6%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding the prevalence of diabetes.

Age   The prevalence of diabetes generally increases as age increases. This includes significant increases as the 40s, 50s, and 60s are reached with it peaking in the 70s.

Race   American Indians demonstrate a significantly higher prevalence of diabetes than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of diabetes.

Household Income   The prevalence of diabetes decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.

Education   The prevalence of diabetes decreases as education levels increase. This includes a significant decrease as the high school graduate and college graduate levels are reached.

Employment   Those who are unable to work demonstrate a very high prevalence of diabetes, while those who are a student show a very low prevalence.

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

Home Ownership   There seems to be no difference in the prevalence of diabetes regarding home ownership.

Children Status   The prevalence of diabetes among adults does not seem to differ based on the presence of children in the household.

Phone Status   Those with a landline phone exhibit a significantly higher prevalence of diabetes than those with a cell phone.

Pregnancy Status   The prevalence of diabetes does not seem to differ based on pregnancy status.

County   Minnehaha, Pennington, Meade, and Lawrence counties all demonstrate a very high prevalence of diabetes, while Brookings county shows a very low prevalence.

Figure 20, below, displays the percentage of South Dakotans who had a test for high blood sugar or diabetes within the past three years. Most respondents stated that they had a blood sugar or diabetes test within the past three years.

Figure 20
South Dakotans Who Have Had a Test for High Blood Sugar
or Diabetes Within the Past Three Years, 2011-2017
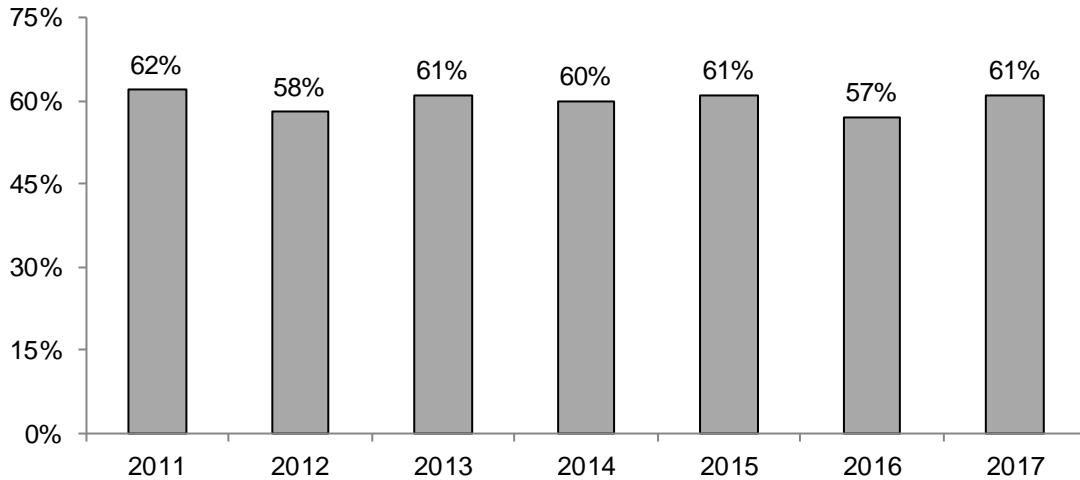
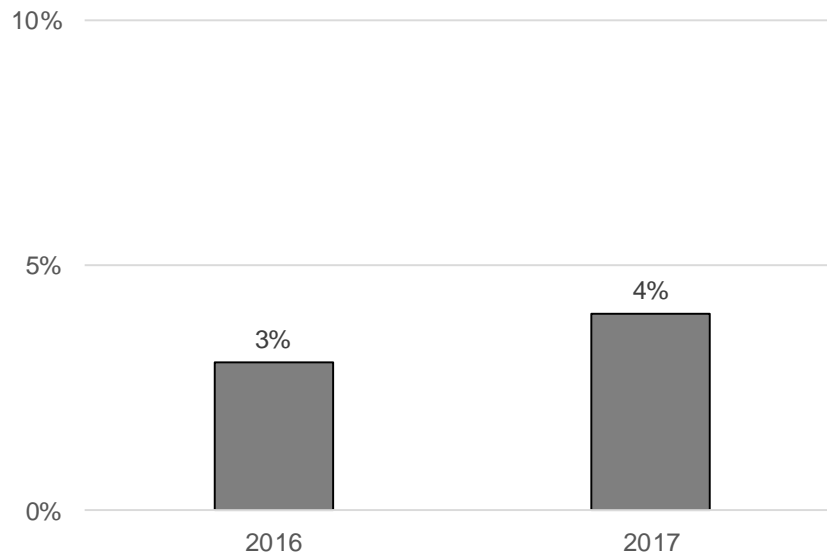Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Figure 21, below, displays the diabetic status of all South Dakotans for the past five years. Most respondents for all years stated that they have never been diagnosed with any type of diabetes.

Figure 21
South Dakotans' Diabetic Status, 2013-2017
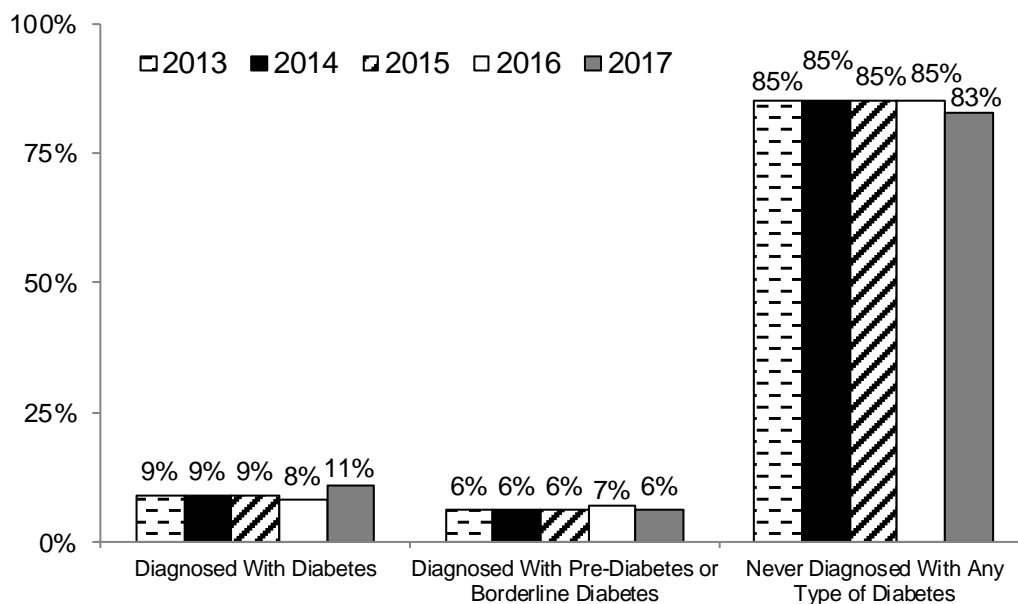
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Health Insurance

HEALTH INSURANCE (ADULT)

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

Prevalence of No Health Insurance

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

Figure 22
Percentage of South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2011-2017
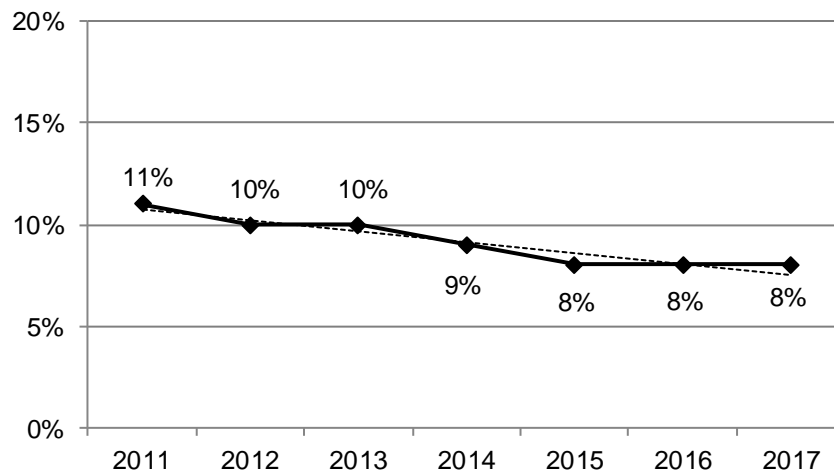
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
Table 20 South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2013-2017				
		2013-2017	**Low**	**High**
Gender	Male	9%	8.1%	10.2%
	Female	8%	6.8%	8.9%
Age	18-29	12%	10.1%	14.0%
	30-39	10%	8.0%	11.4%
	40-49	8%	6.5%	9.8%
	50-59	6%	5.3%	7.8%
	60-69	4%	3.3%	5.6%
	70-79	-	-	-
	80+	-	-	-
Race	White	8%	7.2%	8.6%
	American Indian	2%	1.3%	2.9%
Ethnicity	Hispanic	26%	18.4%	35.8%
	Non-Hispanic	8%	7.3%	8.7%
Household Income	Less than $35,000	18%	16.2%	20.2%
	$35,000-$74,999	5%	4.3%	6.2%
	$75,000+	2%	1.1%	2.5%
Education	Less than High School, G.E.D.	17%	13.3%	21.6%
	High School, G.E.D.	12%	10.4%	13.5%
	Some Post-High School	7%	6.3%	8.6%
	College Graduate	3%	2.4%	4.0%
Employment Status	Employed for Wages	7%	6.3%	8.1%
	Self-employed	11%	9.2%	13.3%
	Unemployed	27%	21.8%	33.6%
	Homemaker	10%	6.2%	14.3%
	Student	5%	3.5%	8.2%
	Retired	3%	2.0%	6.0%
	Unable to Work	8%	5.9%	11.6%
Marital Status	Married/Unmarried Couple	5%	4.7%	6.3%
	Divorced/Separated	13%	10.6%	15.4%
	Widowed	11%	7.0%	15.8%
	Never Married	14%	11.8%	15.6%
Home Ownership Status	Own Home	5%	4.8%	6.2%
	Rent Home	16%	13.9%	17.9%
Children Status	Children in Household (Ages 18-44)	9%	7.3%	10.1%
	No Children in Household (Ages 18-44)	13%	11.4%	15.4%
Phone Status	Landline	6%	5.0%	7.3%
	Cell Phone	10%	8.7%	10.6%
Pregnancy Status	Pregnant (Ages 18-44)	3%	1.1%	8.5%
	Not Pregnant (Ages 18-44)	10%	8.3%	11.8%
County	Minnehaha	9%	7.2%	11.2%
	Pennington	10%	8.2%	13.1%
	Lincoln	6%	3.7%	9.5%
	Brown	9%	5.4%	13.5%
	Brookings	4%	2.7%	6.8%
	Codington	8%	5.5%	11.6%
	Meade	12%	8.9%	15.6%
	Lawrence	14%	10.8%	17.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding health insurance status.

Age   The prevalence of being uninsured decreases as age increases.

Race   Whites demonstrate a significantly higher prevalence of being uninsured than American Indians.

Ethnicity   Hispanics exhibit a significantly higher prevalence of being uninsured than non-Hispanics.

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 as some post-high school, and college graduate levels are reached.

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

Marital Status   Those who are married exhibit a significantly lower prevalence of being uninsured than all other types of marital status.

Home Ownership   Those who rent their home show a significantly higher prevalence of being uninsured than those who own their home.

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

Phone Status   Those with a cell phone demonstrate a significantly higher prevalence of being uninsured than those with a landline.

Pregnancy Status   The prevalence of being uninsured does not seem to change based on pregnancy status.

County   Minnehaha, Pennington, Meade, and Lawrence counties all demonstrate a very high prevalence of being uninsured, while Lincoln and Brookings counties show a very low prevalence.

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

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 22, below, displays how long it has been since the respondents had a routine checkup and whether the respondent had health insurance. The majority of insured respondents, 68 percent, stated they had a routine checkup within the past year.

When comparing insured respondents to uninsured respondents, 68 percent of respondents who had health insurance had a routine checkup within the past year while only 32 percent of respondents without health insurance had a routine checkup within the past year.

The percent of uninsured respondents who stated that they had a routine checkup five or more years ago was 33 percent while only 10 percent of those respondents with health insurance had a routine checkup five or more years ago.

Table 22 How Long Since South Dakotans Last Visited a Doctor for a Routine Checkup, 2012-2017		
	Health Insurance	**No Health Insurance**
Within the past year	68%	32%
Within the past 2 years	13%	17%
Within the past 5 years	8%	15%
5 or more years ago	10%	33%
Never	2%	4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota of Department Health, 2012-2017

Figure 23, below, shows the percentage of respondents, 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-one percent of respondents without health insurance answered yes to this question.

Figure 23
Percentage of South Dakotans, Ages 18-64, Who Needed to See a Doctor
But Could Not Because of the Cost, 2012-2017
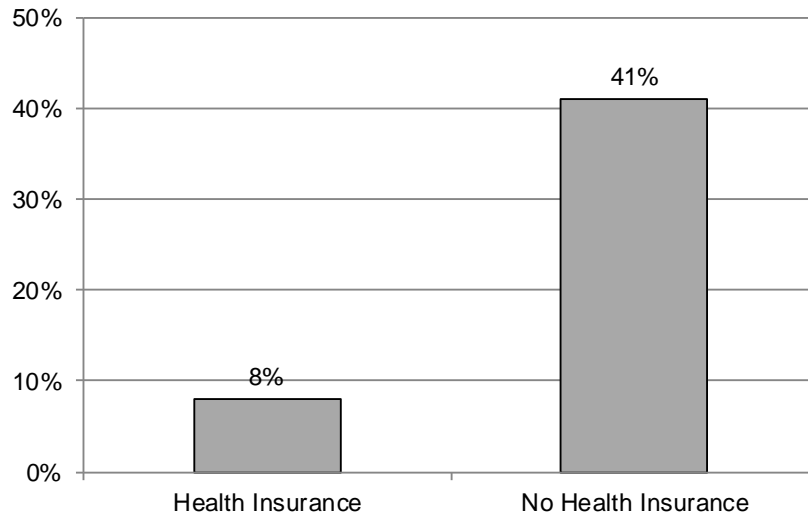
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2017

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

o   South Dakota 1%
o   *There is no nationwide median for no children's health insurance*

Figure 24
Percentage of South Dakota Children, Ages 0-17, Who Do
Not Have Health Insurance, 2011-2017
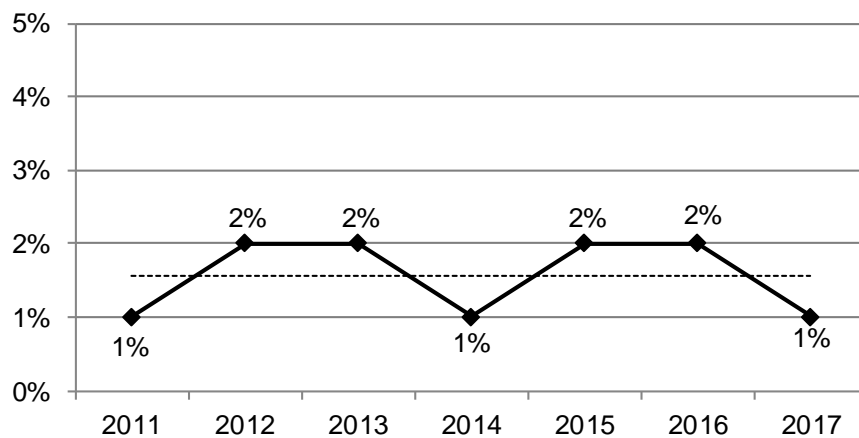
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 23				
South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2013-2017				
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	1%	0.9%	1.8%
	Female	1%	0.9%	2.2%
Age	0-6	1%	0.5%	1.8%
	7-12	1%	0.6%	1.7%
	13-17	2%	1.3%	2.9%
Race	White	1%	1.0%	1.9%
	American Indian	0.3%	0.1%	0.7%
Ethnicity	Hispanic	1%	0.3%	3.0%
	Non-Hispanic	1%	1.0%	1.9%
Household Income	Less than $35,000	1%	0.8%	2.1%
	$35,000-$74,999	2%	1.4%	3.5%
	$75,000+	1%	0.4%	1.4%
Home Ownership Status	Own home	1%	0.9%	1.9%
	Rent home	1%	0.9%	2.4%
Phone Status	Landline	1%	0.9%	2.5%
	Cell phone	1%	0.9%	1.7%
County	Minnehaha	1%	0.6%	2.7%
	Pennington	1%	0.5%	2.3%
	Lincoln	0.3%	0.1%	1.0%
	Brown	1%	0.4%	4.7%
	Brookings	0.3%	0.0%	2.3%
	Codington	1%	0.3%	2.2%
	Meade	2%	1.0%	4.7%
	Lawrence	3%	1.7%	6.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding health insurance status for children.

Age   There seem to be no age differences regarding health insurance status for children.

Race   White children demonstrate a significantly higher prevalence of being uninsured than American Indian children.

Ethnicity   There seems to be no Hispanic difference regarding health insurance status for children.

Household Income   There seems to be no difference in health insurance status for children regarding household income.

Home Ownership	There seems to be no difference in health insurance status for children regarding adult home ownership status.	
Phone Status	The health insurance status of children does not seem to change based on phone status.	
County	Lawrence county demonstrates a very high prevalence of children being uninsured, while Lincoln county shows a very low prevalence.	

Table 24, below, shows the different types of health coverage for children, ages 0-17. The main type of health care coverage for the past seven years was employer based coverage. Medicaid, CHIP, or medical assistance coverage was the second most common type of health coverage.

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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

o   South Dakota 81%
o   *There is no nationwide median for routine checkups*

South Dakota Department of Health Strategic Plan

Increase the percent of South Dakotans who have had a routine checkup within the past two years to 84 percent by 2020.

Figure 25
Percentage of South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2011-2017
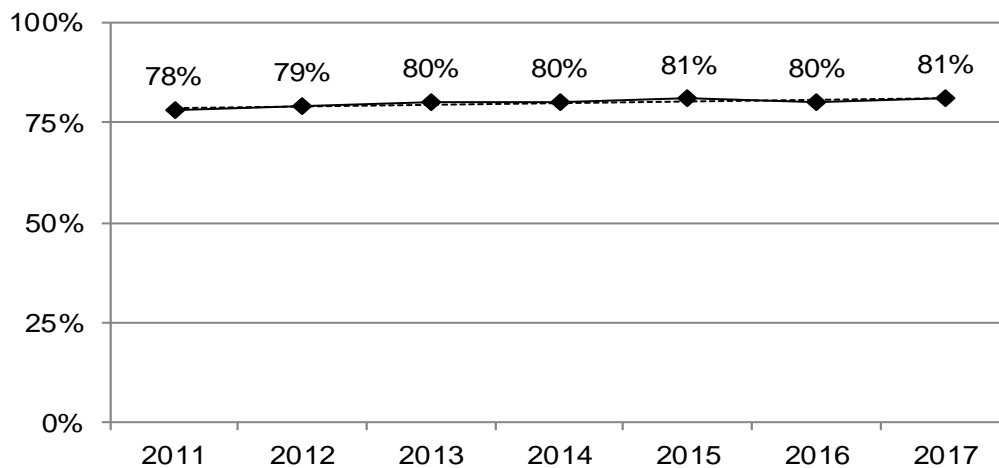
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 25 South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2013-2017				
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	75%	73.3%	75.9%
	Female	86%	85.3%	87.2%
Age	18-29	73%	71.0%	75.7%
	30-39	72%	69.1%	73.9%
	40-49	78%	75.9%	80.3%
	50-59	82%	80.5%	83.7%
	60-69	89%	87.1%	89.8%
	70-79	93%	91.4%	94.5%
	80+	92%	90.2%	94.2%

70

			95% Confidence Interval	
Table 25 (continued) **South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2013-2017**				
		2013-2017	**Low**	**High**
Race	White	81%	80.4%	82.0%
	American Indian	81%	77.4%	83.5%
Ethnicity	Hispanic	71%	62.4%	78.2%
	Non-Hispanic	81%	79.9%	81.6%
Household Income	Less than $35,000	78%	76.6%	79.8%
	$35,000-$74,999	80%	78.4%	81.4%
	$75,000+	84%	82.6%	85.3%
Education	Less than High School, G.E.D.	77%	73.8%	80.6%
	High School, G.E.D.	79%	77.5%	80.6%
	Some Post-High School	81%	79.5%	82.3%
	College Graduate	83%	81.8%	84.2%
Employment Status	Employed for Wages	78%	77.1%	79.4%
	Self-employed	71%	68.6%	73.9%
	Unemployed	73%	67.7%	77.6%
	Homemaker	81%	76.8%	84.5%
	Student	80%	75.3%	84.8%
	Retired	93%	91.7%	93.9%
	Unable to Work	88%	85.1%	90.1%
Marital Status	Married/Unmarried Couple	83%	81.5%	83.5%
	Divorced/Separated	77%	74.6%	79.5%
	Widowed	90%	88.3%	92.3%
	Never Married	74%	71.9%	76.1%
Home Ownership Status	Own Home	83%	81.8%	83.6%
	Rent Home	75%	73.0%	76.9%
Children Status	Children in Household (Ages 18-44)	75%	73.0%	76.8%
	No Children in Household (Ages 18-44)	71%	68.9%	73.7%
Phone Status	Landline	85%	83.5%	85.8%
	Cell Phone	78%	76.9%	79.1%
Pregnancy Status	Pregnant (Ages 18-44)	85%	75.8%	90.6%
	Not Pregnant (Ages 18-44)	82%	79.7%	83.6%
County	Minnehaha	82%	79.3%	83.7%
	Pennington	78%	75.6%	80.6%
	Lincoln	83%	79.4%	85.8%
	Brown	79%	75.1%	82.8%
	Brookings	79%	74.8%	83.1%
	Codington	81%	77.5%	84.5%
	Meade	76%	72.6%	79.8%
	Lawrence	77%	74.4%	80.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Females exhibit a significantly higher prevalence of obtaining a routine checkup than males.

Age   The prevalence of obtaining a routine checkup generally increases as age increases.

Race   There are no significant racial differences regarding obtaining routine checkups.

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Ethnicity	Non-Hispanics demonstrate a significantly higher prevalence of obtaining a routine checkup than Hispanics.
Household Income	The prevalence of obtaining routine checkups increases as household income increases. This includes a significant increase when the $75,000+ household income is reached.
Education	The prevalence of obtaining routine checkups increases as education increases.
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 are divorced or have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of obtaining a routine checkup than those who rent their home.
Children Status	The prevalence of obtaining a routine checkup does not seem to change based on the presence of children in the household.
Phone Status	Those with a landline phone show a significantly higher prevalence of obtaining a routine checkup than those with a cell phone.
Pregnancy Status	The prevalence of obtaining a routine checkup does not seem to change based on pregnancy status.
County	The prevalence of obtaining a routine checkup does not seem to differ among the eight available counties.

Hypertension and Cholesterol

HYPERTENSION

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

Prevalence of Hypertension

o   South Dakota 31%
o   Nationwide median 32%

Figure 26
Percentage of South Dakotans Who Were Told They Have Hypertension, 2011-
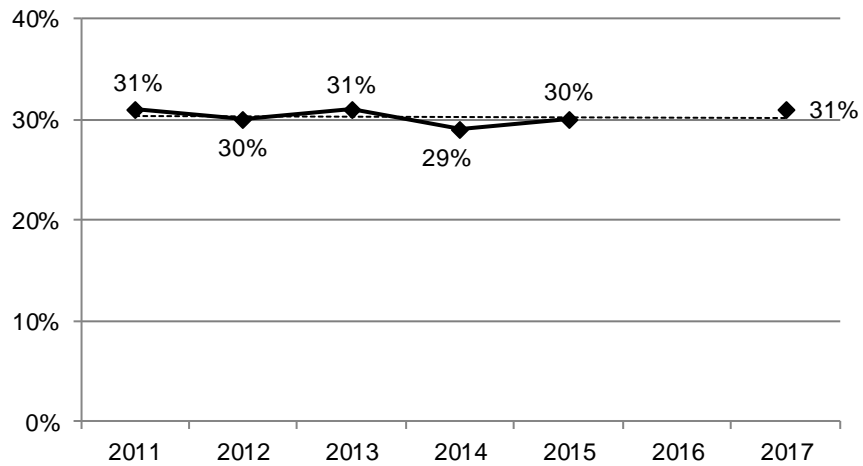
Note: This question was not asked in 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 26
South Dakotans Who Were Told They Have Hypertension, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	32%	30.8%	33.5%
	Female	28%	26.9%	29.3%
Age	18-29	8%	6.2%	9.2%
	30-39	14%	11.7%	15.5%
	40-49	24%	21.2%	26.0%
	50-59	35%	32.9%	37.1%
	60-69	49%	46.9%	51.3%
	70-79	60%	57.7%	63.0%
	80+	62%	58.8%	65.7%
Race	White	31%	29.7%	31.6%
	American Indian	32%	28.6%	35.1%
Ethnicity	Hispanic	18%	11.8%	25.6%
	Non-Hispanic	30%	29.5%	31.3%
Household Income	Less than $25,000	34%	32.0%	35.5%
	$25,000-$74,999	31%	29.5%	32.7%
	$75,000+	25%	23.0%	26.4%
Education	Less than High School, G.E.D.	35%	31.0%	38.2%
	High School, G.E.D.	33%	31.2%	34.5%
	Some Post-High School	29%	27.5%	30.7%
	College Graduate	26%	24.6%	27.4%
Employment Status	Employed for Wages	23%	22.0%	24.5%
	Self-employed	26%	23.8%	28.7%
	Unemployed	23%	18.8%	27.4%
	Homemaker	24%	19.9%	27.7%
	Student	6%	3.5%	10.0%
	Retired	58%	56.5%	60.3%
	Unable to Work	46%	41.7%	50.5%
Marital Status	Married/Unmarried Couple	31%	30.1%	32.4%
	Divorced/Separated	34%	31.6%	36.8%
	Widowed	58%	55.4%	61.3%
	Never Married	15%	13.6%	16.9%
Home Ownership Status	Own Home	33%	32.4%	34.5%
	Rent Home	23%	21.5%	25.1%
Children Status	Children in Household (Ages 18-44)	13%	11.6%	14.9%
	No Children in Household (Ages 18-44)	11%	9.1%	12.2%
Phone Status	Landline	38%	37.0%	39.8%
	Cell Phone	24%	23.3%	25.6%
Pregnancy Status	Pregnant (Ages 18-44)	4%	1.5%	8.3%
	Not Pregnant (Ages 18-44)	9%	7.3%	10.3%
County	Minnehaha	27%	25.0%	29.7%
	Pennington	32%	29.1%	34.7%
	Lincoln	25%	21.7%	28.5%
	Brown	29%	26.1%	32.4%
	Brookings	20%	17.0%	23.1%
	Codington	28%	24.9%	31.5%
	Meade	32%	28.6%	36.5%
	Lawrence	30%	26.9%	34.0%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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

The following table shows the percent of South Dakotans with high blood pressure who were taking medicine for it. In 2017, 79 percent of respondents were taking medicine for high blood pressure.

Table 27
Percentage of South Dakotans With High Blood Pressure
Who Were Taking Medicine for It, 2011-2017

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

The following figures show what types of actions South Dakotans do to help lower or control high blood pressure. In 2017, 67 percent of South Dakotans changed their eating habits to help lower or control blood pressure (Figure 27).

Figure 27
Percentage of South Dakotans Who Have Changed Their Eating Habits to Help Lower or Control Their High Blood Pressure, 2012-2017
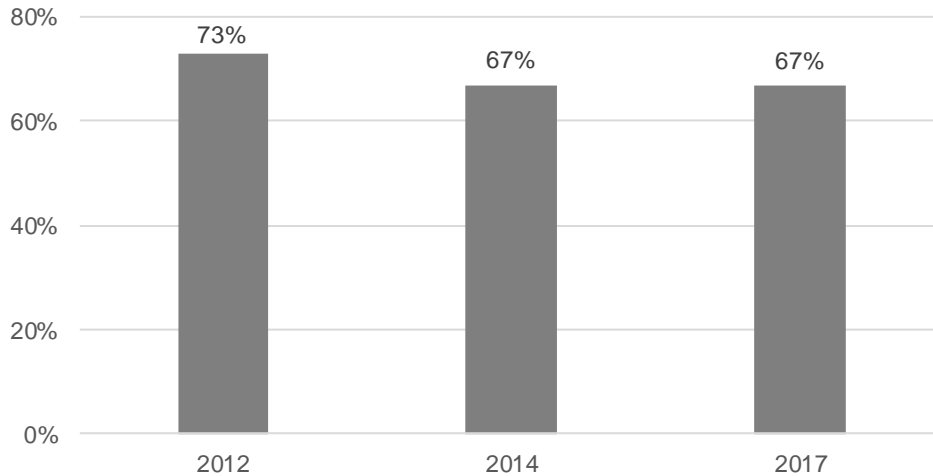
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2017

In 2017, 49 percent of South Dakotans reduced alcohol use to help lower or control their blood pressure (Figure 28).

Figure 28
Percentage of South Dakotans (Current Drinkers) Who Are Reducing Alcohol Use to Help Lower or Control Their High Blood Pressure, 2012-2017
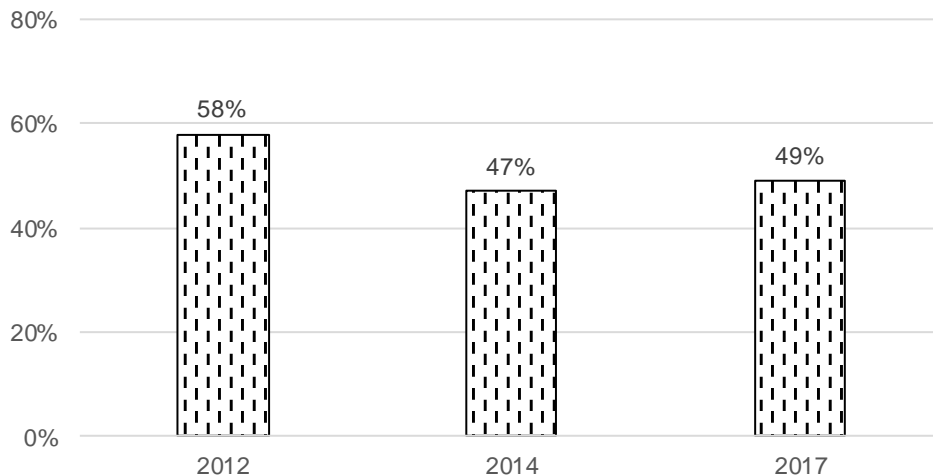
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2017

In 2017, 55 percent of South Dakotans exercised to help lower or control their blood pressure (Figure 29).

Figure 29
Percentage of South Dakotans Who Are Exercising to Help Lower or Control Their High Blood Pressure, 2012-2017
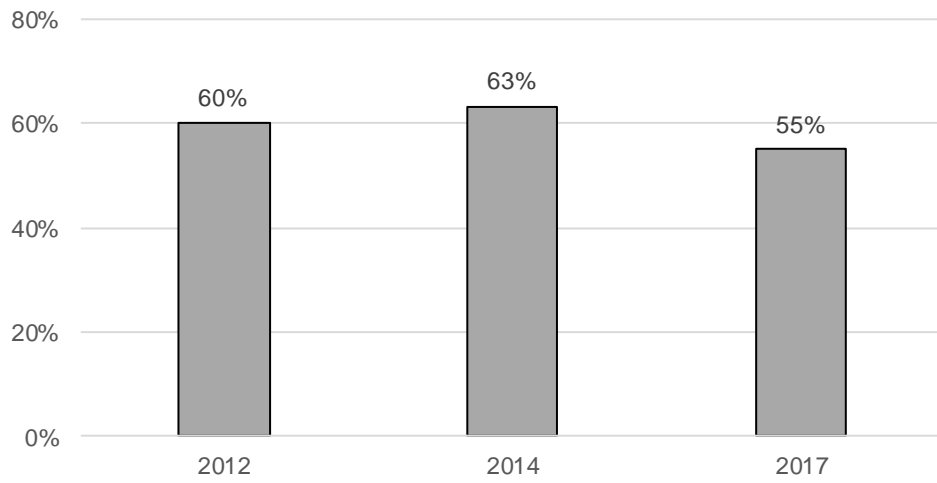
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2017

HIGH BLOOD CHOLESTEROL

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

Prevalence of High Blood Cholesterol

o   South Dakota 29%
o   Nationwide median 33%

Figure 30
Percentage of South Dakotans Who Were Told They Have High Blood Cholesterol, 2011-2017
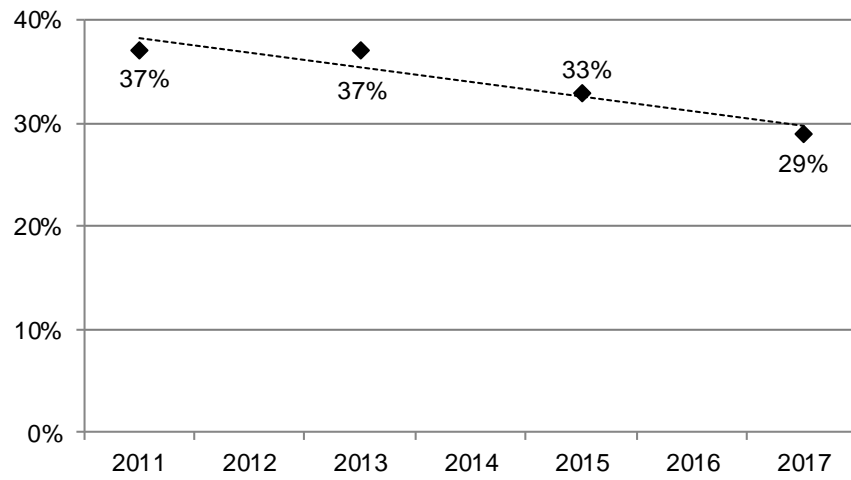
Note: This question was not asked in 2012, 2014, or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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		Table 28		
	South Dakotans Who Were Told They Have High Blood Cholesterol, 2013-2017			
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	35%	33.1%	36.7%
	Female	31%	29.8%	32.9%
Age	18-29	6%	4.0%	7.6%
	30-39	16%	13.6%	19.1%
	40-49	24%	21.4%	27.2%
	50-59	37%	34.6%	39.9%
	60-69	48%	45.0%	50.1%
	70-79	53%	49.9%	55.9%
	80+	50%	45.9%	54.7%
Race	White	34%	32.9%	35.4%
	American Indian	31%	26.1%	35.3%
Ethnicity	Hispanic	22%	14.6%	31.2%
	Non-Hispanic	33%	32.1%	34.5%
Household Income	Less than $25,000	35%	32.3%	36.9%
	$25,000-$74,999	33%	31.1%	35.4%
	$75,000+	30%	27.9%	32.3%
Education	Less than High School, G.E.D.	40%	34.5%	44.7%
	High School, G.E.D.	33%	31.3%	35.6%
	Some Post-High School	33%	30.9%	35.1%
	College Graduate	31%	28.8%	32.5%
Employment Status	Employed for Wages	27%	25.8%	29.1%
	Self-employed	30%	26.3%	33.1%
	Unemployed	22%	16.6%	28.3%
	Homemaker	28%	23.8%	33.7%
	Student	6%	3.5%	9.9%
	Retired	51%	48.3%	52.8%
	Unable to Work	46%	40.7%	51.7%
Marital Status	Married/Unmarried Couple	34%	32.5%	35.5%
	Divorced/Separated	34%	30.4%	37.0%
	Widowed	50%	45.9%	53.2%
	Never Married	19%	16.9%	22.3%
Home Ownership Status	Own Home	36%	34.3%	37.1%
	Rent Home	24%	22.0%	26.9%
Children Status	Children in Household (Ages 18-44)	14%	12.1%	16.3%
	No Children in Household (Ages 18-44)	12%	10.0%	15.1%
Phone Status	Landline	41%	38.8%	42.4%
	Cell Phone	27%	25.9%	29.0%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	11%	9.5%	13.8%
County	Minnehaha	31%	28.0%	34.0%
	Pennington	32%	28.5%	36.0%
	Lincoln	29%	24.0%	34.1%
	Brown	28%	24.0%	33.3%
	Brookings	22%	18.0%	27.5%
	Codington	31%	26.0%	37.2%
	Meade	35%	29.5%	41.1%
	Lawrence	37%	31.0%	42.9%

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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

Figure 31, below, shows the percent of South Dakotans with high cholesterol who take medication it. In 2017, 63 percent of South Dakotans took medication for high cholesterol.

Figure 31
Percentage of South Dakotans With High Cholesterol Who Take Medicine for It, 2017
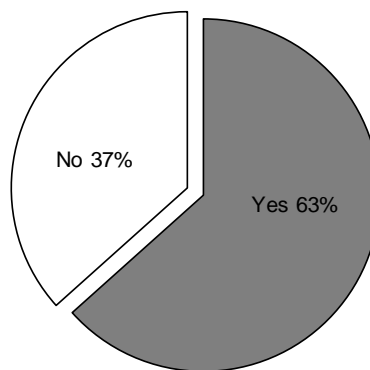
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

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Cardiovascular Disease

PREVIOUSLY HAD A HEART ATTACK

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

Prevalence of Previous Heart Attack

o South Dakota 5%
o Nationwide median 4%

Figure 32
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2017
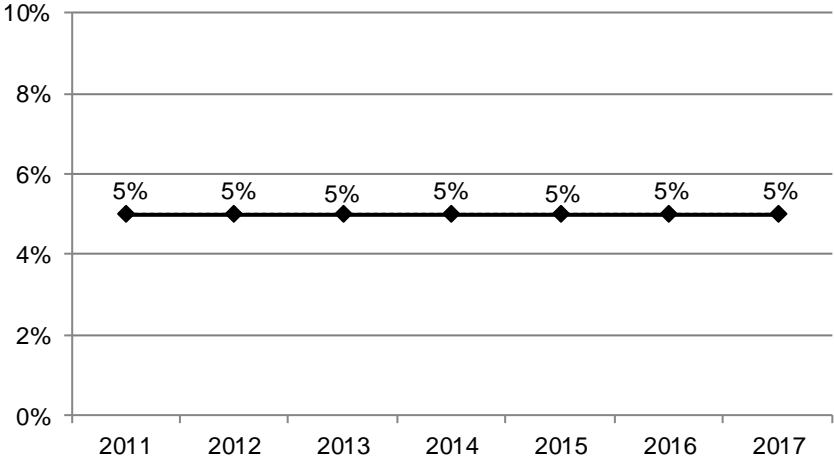
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

		Table 29		
		South Dakotans Who Previously Had a Heart Attack, 2013-2017		
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	7%	6.0%	7.2%
	Female	3%	2.8%	3.6%
Age	18-29	1%	0.4%	1.5%
	30-39	1%	0.5%	1.6%
	40-49	2%	1.5%	2.9%
	50-59	5%	3.7%	5.4%
	60-69	9%	7.5%	9.7%
	70-79	13%	11.7%	15.3%
	80+	17%	14.3%	19.0%
Race	White	5%	4.5%	5.3%
	American Indian	6%	4.8%	7.4%
Ethnicity	Hispanic	5%	2.5%	10.2%
	Non-Hispanic	5%	4.5%	5.2%
Household Income	Less than $35,000	7%	6.3%	7.9%
	$35,000-$74,999	5%	4.0%	5.2%
	$75,000+	2%	2.0%	3.0%
Education	Less than High School, G.E.D.	8%	6.6%	9.9%
	High School, G.E.D.	6%	5.5%	7.1%
	Some Post-High School	4%	3.4%	4.4%
	College Graduate	3%	2.6%	3.6%
Employment Status	Employed for Wages	2%	2.0%	2.7%
	Self-employed	3%	2.8%	4.3%
	Unemployed	4%	2.8%	6.9%
	Homemaker	3%	2.0%	5.8%
	Student	0.3%	0.1%	1.2%
	Retired	13%	11.6%	14.1%
	Unable to Work	14%	11.3%	16.4%
Marital Status	Married/Unmarried Couple	5%	4.4%	5.4%
	Divorced/Separated	6%	5.3%	7.5%
	Widowed	12%	10.5%	14.1%
	Never Married	2%	1.5%	2.4%
Home Ownership Status	Own Home	5%	4.7%	5.6%
	Rent Home	4%	3.8%	5.2%
Children Status	Children in Household (Ages 18-44)	1%	0.7%	1.8%
	No Children in Household (Ages 18-44)	1%	0.5%	1.2%
Phone Status	Landline	7%	6.1%	7.4%
	Cell Phone	4%	3.4%	4.2%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.3%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.3%
County	Minnehaha	4%	3.2%	4.9%
	Pennington	5%	3.9%	6.0%
	Lincoln	3%	2.2%	4.5%
	Brown	5%	3.5%	6.0%
	Brookings	4%	2.7%	5.9%
	Codington	7%	5.8%	9.2%
	Meade	4%	3.0%	5.5%
	Lawrence	5%	3.7%	6.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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 50s, 60s, and 70s are reached.

Race　　　　There are no significant racial differences regarding a previous heart attack.

Ethnicity　　　　There is no significant Hispanic difference in the prevalence of a previous heart attack.

Household Income　　　　The prevalence of a previous heart attack decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.

Education　　　　The prevalence of a previous heart attack decreases as education increases. This includes a significant decrease as some post-high school level is 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 with a landline phone show a significantly higher prevalence of a previous heart attack than those with a cell phone.

Pregnancy Status　　　　The prevalence of a previous heart attack does not seem to change based on pregnancy status.

County　　　　Codington county demonstrates a very high prevalence of a previous heart attack, while Minnehaha, Lincoln, and Meade counties show a very low prevalence.

ANGINA OR CORONARY HEART DISEASE

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

Prevalence of Angina or Coronary Heart Disease

o South Dakota 5%
o Nationwide median 4%

Figure 33
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2017
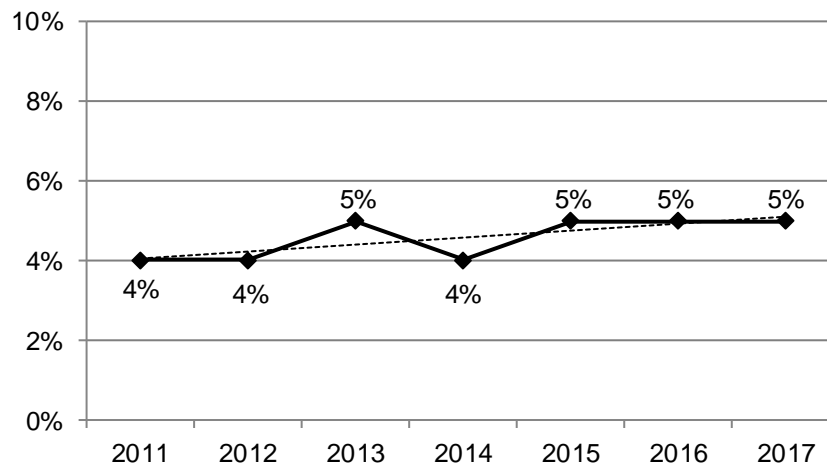
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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			95% Confidence Interval	
		2013-2017	Low	High
Table 30				
South Dakotans Who Have Angina or Coronary Heart Disease, 2013-2017				

|		2013-2017	Low	High
Gender	Male	6%	5.2%	6.3%
	Female	4%	3.1%	4.0%
Age	18-29	1%	0.5%	1.6%
	30-39	0.4%	0.2%	0.8%
	40-49	1%	0.7%	1.7%
	50-59	4%	3.6%	5.2%
	60-69	8%	7.2%	9.3%
	70-79	14%	11.9%	15.6%
	80+	17%	14.9%	20.3%
Race	White	5%	4.4%	5.1%
	American Indian	4%	3.3%	6.1%
Ethnicity	Hispanic	5%	2.5%	9.7%
	Non-Hispanic	5%	4.3%	5.0%
Household Income	Less than $35,000	6%	5.7%	7.3%
	$35,000-$74,999	4%	3.8%	4.9%
	$75,000+	3%	2.2%	3.4%
Education	Less than High School, G.E.D.	6%	5.1%	8.2%
	High School, G.E.D.	6%	4.9%	6.4%
	Some Post-High School	4%	3.7%	4.9%
	College Graduate	3%	2.7%	3.5%
Employment Status	Employed for Wages	2%	1.7%	2.4%
	Self-employed	3%	2.0%	3.6%
	Unemployed	4%	2.0%	6.5%
	Homemaker	2%	1.4%	3.1%
	Student	0.2%	0.1%	0.9%
	Retired	14%	13.1%	15.8%
	Unable to Work	10%	8.2%	12.8%
Marital Status	Married/Unmarried Couple	5%	4.2%	5.1%
	Divorced/Separated	6%	4.7%	6.8%
	Widowed	12%	10.6%	14.5%
	Never Married	2%	1.2%	2.2%
Home Ownership Status	Own Home	5%	4.6%	5.5%
	Rent Home	4%	3.4%	4.8%
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%	6.0%	7.3%
	Cell Phone	3%	3.1%	3.9%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.3%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.3%
County	Minnehaha	4%	2.9%	4.3%
	Pennington	5%	4.1%	6.1%
	Lincoln	3%	2.1%	4.2%
	Brown	6%	4.3%	7.1%
	Brookings	3%	2.2%	4.2%
	Codington	6%	4.4%	7.1%
	Meade	4%	2.9%	5.1%
	Lawrence	4%	3.4%	5.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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 50s, 60s, and 70s are reached.

Race   There are no significant racial differences regarding heart disease.

Ethnicity   There is no significant Hispanic difference in the prevalence of heart disease.

Household Income   The prevalence of heart disease decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.

Education   The prevalence of heart disease decreases as education increases. This includes a significant decrease as the college graduate level is reached.

Employment   Those who are retired 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   The prevalence of heart disease does not seem to change based on home ownership status.

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 with a landline phone show a significantly higher prevalence of heart disease than those with a cell phone.

Pregnancy Status   The prevalence of heart disease does not seem to change based on pregnancy status.

County   Brown and Codington counties demonstrate a very high prevalence of heart disease, while Minnehaha, Lincoln, and Brookings counties show 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

o South Dakota 3%
o Nationwide median 3%

Figure 34
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2017
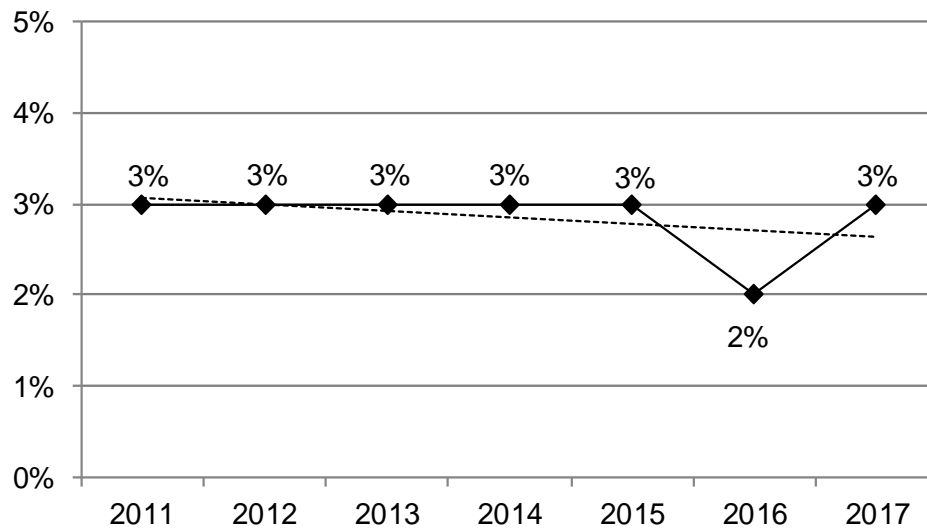
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 31				
South Dakotans Who Previously Had a Stroke, 2013-2017				
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	3%	2.4%	3.1%
	Female	3%	2.2%	2.9%
Age	18-29	1%	0.3%	1.1%
	30-39	1%	0.4%	1.4%
	40-49	1%	1.0%	2.1%
	50-59	2%	1.6%	2.5%
	60-69	4%	3.2%	4.6%
	70-79	7%	6.1%	8.8%
	80+	11%	8.9%	12.8%
Race	White	3%	2.4%	2.9%
	American Indian	4%	2.8%	4.5%
Ethnicity	Hispanic	3%	1.3%	8.9%
	Non-Hispanic	3%	2.4%	2.9%
Household Income	Less than $35,000	4%	3.7%	4.9%
	$35,000-$74,999	2%	1.5%	2.2%
	$75,000+	1%	0.9%	1.4%
Education	Less than High School, G.E.D.	6%	4.4%	7.3%
	High School, G.E.D.	3%	2.4%	3.4%
	Some Post-High School	2%	1.8%	2.6%
	College Graduate	2%	1.4%	2.1%
Employment Status	Employed for Wages	1%	0.8%	1.3%
	Self-employed	1%	0.9%	1.7%
	Unemployed	2%	1.0%	2.5%
	Homemaker	3%	1.9%	4.9%
	Student	0.3%	0.1%	1.5%
	Retired	7%	6.3%	8.1%
	Unable to Work	11%	8.6%	12.9%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.7%
	Divorced/Separated	4%	3.0%	4.5%
	Widowed	8%	6.8%	9.7%
	Never Married	1%	0.8%	1.5%
Home Ownership Status	Own Home	3%	2.3%	3.0%
	Rent Home	3%	2.5%	3.4%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.4%
	No Children in Household (Ages 18-44)	1%	0.4%	1.1%
Phone Status	Landline	4%	3.5%	4.4%
	Cell Phone	2%	1.6%	2.2%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.3%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.2%
County	Minnehaha	2%	1.5%	2.7%
	Pennington	3%	2.1%	3.4%
	Lincoln	2%	1.4%	3.1%
	Brown	4%	2.6%	5.2%
	Brookings	2%	1.4%	3.1%
	Codington	3%	1.7%	3.7%
	Meade	3%	1.9%	4.1%
	Lawrence	2%	1.8%	3.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There is no significant gender difference regarding the prevalence of a previous stroke.

Age   The prevalence of a previous stroke increases as age increases with significant increases as the 60s, 70s, and 80s are reached.

Race   There are no significant racial differences regarding the prevalence of a previous stroke.

Ethnicity   There is no significant Hispanic difference in the prevalence of a previous stroke.

Household Income   The prevalence of a previous stroke decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.

Education   The prevalence of a previous stroke decreases as education increases. This includes a significant decrease as the high school graduate level is reached.

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

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

Home Ownership   The prevalence of a previous stroke does not seem to change based on home ownership status.

Children Status   The prevalence of a previous stroke among adults does not seem to change based on the presence of children in the household.

Phone Status   Those with a landline phone show a significantly higher prevalence of a previous stroke than those with a cell phone.

Pregnancy Status   The prevalence of a previous stroke does not seem to change based on pregnancy status.

County   There are no significant differences among the eight counties regarding the prevalence of a previous stroke.

Immunization

FLU SHOT

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

Prevalence of Flu Shot

o South Dakota 65%
o Nationwide median 61%

Figure 35
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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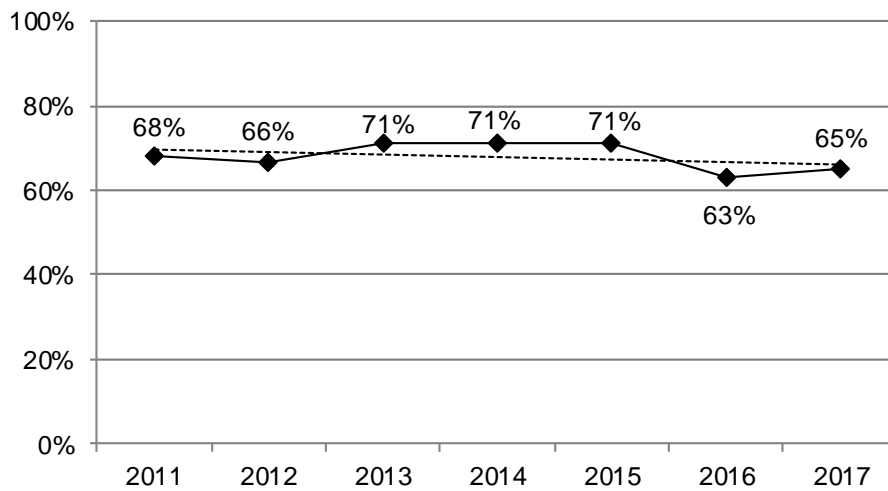
Table 32 South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2013-2017				
			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	68%	65.2%	70.2%
	Female	68%	66.4%	70.3%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	62%	59.3%	64.8%
	70-79	69%	66.6%	71.4%
	80+	73%	70.1%	76.2%
Race	White	68%	66.9%	70.1%
	American Indian	57%	47.3%	65.6%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	68%	66.6%	69.7%
Household Income	Less than $35,000	67%	63.7%	69.2%
	$35,000-$74,999	71%	68.2%	73.9%
	$75,000+	69%	65.4%	73.2%
Education	Less than High School, G.E.D.	59%	53.4%	64.9%
	High School, G.E.D.	69%	66.1%	71.2%
	Some Post-High School	69%	66.3%	71.6%
	College Graduate	72%	69.5%	74.6%
Employment Status	Employed for Wages	65%	60.3%	69.4%
	Self-employed	54%	48.2%	59.3%
	Unemployed	41%	26.2%	58.1%
	Homemaker	69%	61.8%	75.1%
	Student	*	*	*
	Retired	71%	69.0%	72.7%
	Unable to Work	58%	49.2%	66.3%
Marital Status	Married/Unmarried Couple	69%	67.2%	71.3%
	Divorced/Separated	59%	54.1%	63.4%
	Widowed	69%	65.9%	72.0%
	Never Married	69%	60.6%	75.7%
Home Ownership Status	Own Home	68%	66.5%	69.9%
	Rent Home	68%	64.4%	72.1%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	71%	68.7%	72.5%
	Cell Phone	63%	60.5%	65.9%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	73%	69.2%	76.8%
	Pennington	69%	65.0%	72.6%
	Lincoln	75%	69.6%	80.2%
	Brown	71%	65.3%	75.5%
	Brookings	73%	66.9%	77.6%
	Codington	77%	71.2%	81.3%
	Meade	71%	65.0%	75.8%
	Lawrence	66%	61.7%	70.7%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding getting a flu shot.

Age   The prevalence of getting a flu shot increases as age increases. This includes a significant increase as the 70s are reached.

Race   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. This includes a significant increase when the high school graduate level is reached.

Employment   Those who are employed for wages, a homemaker, or retired demonstrate a very high prevalence of getting a flu shot, while those who are self-employed, unemployed, 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 flu shot, while those who are divorced show a very low prevalence.

Home Ownership The prevalence of getting a flu shot does not seem to differ based on home ownership status.

Phone Status   Those who use a landline phone demonstrate a significantly higher prevalence of getting a flu shot than those who use a cell phone.

County   Codington county exhibits a very high prevalence of getting a flu shot, while Lawrence county shows a very low prevalence.

PNEUMONIA SHOT

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

Prevalence of Pneumonia Shot

o South Dakota 78%
o Nationwide median 75%

Figure 36
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2011-2017
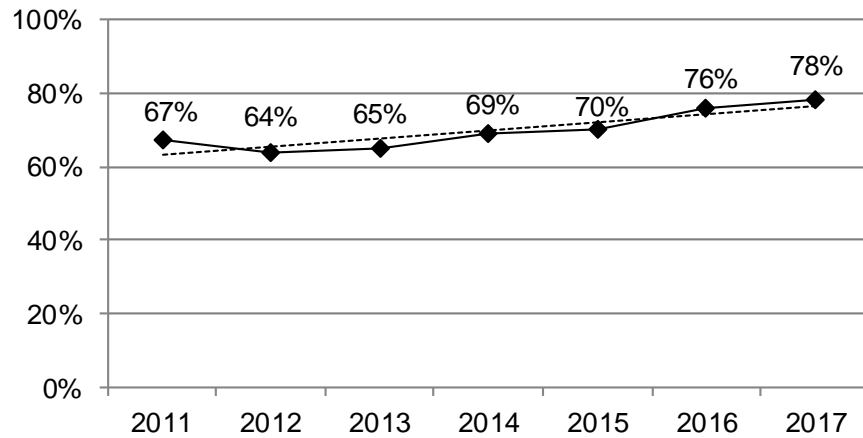
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 33
South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2013-2017

			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	71%	68.6%	73.4%
	Female	73%	70.6%	74.4%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	63%	60.0%	65.5%
	70-79	75%	72.5%	77.0%
	80+	77%	74.1%	79.9%
Race	White	72%	70.4%	73.5%
	American Indian	75%	66.9%	81.2%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	72%	70.4%	73.4%
Household Income	Less than $35,000	73%	70.0%	75.1%
	$35,000-$74,999	74%	71.0%	76.4%
	$75,000+	71%	66.7%	74.4%
Education	Less than High School, G.E.D.	70%	64.5%	75.1%
	High School, G.E.D.	72%	69.9%	74.8%
	Some Post-High School	70%	66.8%	72.3%
	College Graduate	75%	72.9%	77.7%
Employment Status	Employed for Wages	62%	57.6%	66.6%
	Self-employed	56%	50.8%	62.0%
	Unemployed	*	*	*
	Homemaker	73%	65.8%	78.7%
	Student	*	*	*
	Retired	75%	73.1%	76.6%
	Unable to Work	82%	73.9%	87.3%
Marital Status	Married/Unmarried Couple	71%	69.3%	73.3%
	Divorced/Separated	65%	59.8%	68.9%
	Widowed	76%	73.3%	78.7%
	Never Married	70%	61.6%	77.5%
Home Ownership Status	Own Home	71%	69.6%	72.9%
	Rent Home	77%	73.0%	79.9%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	73%	70.6%	74.3%
	Cell Phone	71%	68.0%	73.1%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	71%	67.3%	75.0%
	Pennington	78%	74.4%	81.0%
	Lincoln	70%	64.2%	75.8%
	Brown	67%	61.5%	72.4%
	Brookings	73%	67.3%	77.9%
	Codington	80%	74.7%	83.8%
	Meade	69%	63.1%	74.3%
	Lawrence	72%	67.6%	76.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender There seems to be no gender difference regarding getting a pneumonia shot.

Age The prevalence of pneumonia shot attainment increases as age increases. This includes a significant increase as the 70s are reached.

Race There seems to be no racial difference regarding getting a pneumonia shot.

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 levels change.

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

Marital Status Those who are married or widowed exhibit a very high prevalence of getting a pneumonia shot, while those who are divorced show a very low prevalence.

Home Ownership Those who rent their home show a significantly higher prevalence of getting a pneumonia shot than those who own their home.

Phone Status The prevalence of getting a pneumonia shot does not seem to change based on phone status.

County Pennington and Codington counties exhibit a very high prevalence of getting a pneumonia shot, while Brown and Meade counties show a very low prevalence.

SHINGLES SHOT

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

Prevalence of Shingles Shot

o South Dakota 39%
o Nationwide median 29%

Figure 37
Percentage of South Dakotans, Ages 50 and Older, Who Have Had a Shingles Shot, 2014 and 2017
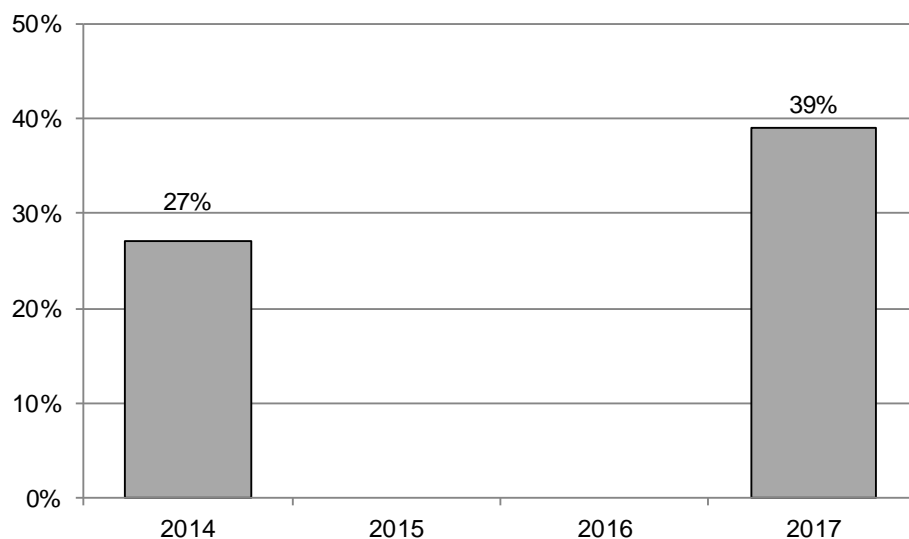
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2017

Table 34 South Dakotans, Ages 50 and Older, Who Have Had a Shingles Shot, 2014-2017				
			95% Confidence Interval	
		2014-2017	**Low**	**High**
Gender	Male	31%	28.9%	34.1%
	Female	35%	32.4%	36.8%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	10%	8.6%	12.7%
	60-69	41%	37.8%	44.0%
	70-79	54%	50.3%	57.7%
	80+	47%	42.0%	52.7%
Race	White	34%	32.4%	35.9%
	American Indian	26%	18.5%	34.2%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	33%	31.7%	35.1%
Household Income	Less than $35,000	29%	26.5%	32.4%
	$35,000-$74,999	39%	35.4%	41.9%
	$75,000+	30%	26.8%	33.3%
Education	Less than High School, G.E.D.	27%	20.9%	34.2%
	High School, G.E.D.	33%	29.7%	35.6%
	Some Post-High School	32%	29.3%	35.1%
	College Graduate	38%	35.3%	41.1%

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Table 34 (continued) South Dakotans, Ages 50 and Older, Who Have Had a Shingles Shot, 2014-2017				
			95% Confidence Interval	
		2014-2017	Low	High
Employment Status	Employed for Wages	20%	17.7%	22.6%
	Self-employed	24%	19.7%	28.7%
	Unemployed	17%	10.5%	26.6%
	Homemaker	36%	28.2%	45.2%
	Student	*	*	*
	Retired	51%	48.1%	53.6%
	Unable to Work	26%	19.2%	34.2%
Marital Status	Married/Unmarried Couple	34%	32.3%	36.6%
	Divorced/Separated	22%	18.3%	26.2%
	Widowed	43%	38.9%	47.5%
	Never Married	23%	17.6%	28.6%
Home Ownership Status	Own Home	35%	32.7%	36.4%
	Rent Home	25%	21.3%	29.8%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	35%	33.0%	37.6%
	Cell Phone	31%	28.5%	33.4%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	34%	29.9%	38.8%
	Pennington	33%	29.5%	37.6%
	Lincoln	28%	22.8%	33.8%
	Brown	32%	26.8%	36.8%
	Brookings	31%	25.9%	36.2%
	Codington	31%	26.0%	36.7%
	Meade	25%	20.4%	29.4%
	Lawrence	32%	27.5%	36.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2017

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 generally increases as age increases. This includes significant increases as the 60s and 70s are reached.

Race   The prevalence of getting a shingles vaccination does not seem to change based on race.

Ethnicity 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 does not seem to change as education levels change.

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, or unable to work show a very low prevalence.

Marital Status Those who are 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.

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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	The prevalence of getting a shingles vaccination does not seem to change based on phone status.
County	Minnehaha and Pennington counties exhibit a very high prevalence of getting a shingles vaccination, while Meade county shows a very low prevalence.

Cancer

CANCER

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

Prevalence of Cancer

o South Dakota 7%
o Nationwide median 7%

Figure 38
Percentage of South Dakotans Who Have Ever Been
Diagnosed With Cancer (Excluding Skin Cancer), 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 35 South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2013-2017				
			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	6%	5.2%	6.3%
	Female	8%	7.6%	8.9%
Age	18-29	1%	0.7%	2.0%
	30-39	2%	1.5%	2.9%
	40-49	3%	2.6%	4.4%
	50-59	7%	5.9%	8.0%
	60-69	12%	10.7%	13.1%
	70-79	19%	17.5%	21.1%
	80+	21%	18.2%	23.6%
Race	White	7%	7.1%	8.0%
	American Indian	4%	3.3%	5.5%
Ethnicity	Hispanic	2%	0.9%	6.8%
	Non-Hispanic	7%	6.7%	7.6%
Household Income	Less than $35,000	8%	7.2%	9.0%
	$35,000-$74,999	7%	5.9%	7.4%
	$75,000+	6%	5.1%	6.6%

		2013-2017	95% Confidence Interval	
			Low	High
Education	Less than High School, G.E.D.	8%	6.2%	9.8%
	High School, G.E.D.	8%	6.8%	8.3%
	Some Post-High School	7%	6.1%	7.6%
	College Graduate	6%	5.7%	6.9%
Employment Status	Employed for Wages	4%	3.6%	4.5%
	Self-employed	4%	3.5%	5.4%
	Unemployed	6%	4.0%	8.9%
	Homemaker	7%	5.4%	9.5%
	Student	0.4%	0.2%	1.0%
	Retired	18%	16.5%	19.2%
	Unable to Work	14%	11.2%	16.7%
Marital Status	Married/Unmarried Couple	7%	6.8%	8.0%
	Divorced/Separated	8%	6.9%	9.5%
	Widowed	16%	14.7%	18.5%
	Never Married	2%	1.8%	3.0%
Home Ownership Status	Own Home	8%	7.6%	8.6%
	Rent Home	5%	3.9%	5.4%
Children Status	Children in Household (Ages 18-44)	2%	1.5%	2.8%
	No Children in Household (Ages 18-44)	2%	1.1%	2.1%
Phone Status	Landline	10%	9.2%	10.7%
	Cell Phone	5%	4.8%	5.8%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.3%	2.6%
	Not Pregnant (Ages 18-44)	3%	2.1%	3.7%
County	Minnehaha	7%	5.6%	7.8%
	Pennington	7%	6.0%	8.2%
	Lincoln	8%	6.2%	9.9%
	Brown	7%	5.3%	8.2%
	Brookings	4%	3.2%	5.2%
	Codington	8%	6.4%	10.2%
	Meade	7%	5.2%	8.4%
	Lawrence	7%	6.0%	8.5%

**Table 35 (continued)
South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2013-2017**

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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 50s, 60s, and 70s are reached.

Race   Whites demonstrate a significantly higher prevalence of cancer than American Indians.

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

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

Education   The prevalence of cancer decreases as education levels increase.

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

Marital Status	Those who are widowed exhibit a very high prevalence of cancer, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of cancer than those who rent their home.
Children Status	The prevalence of cancer among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those with a landline phone exhibit a significantly higher prevalence of cancer than those with a cell phone.
Pregnancy Status	The prevalence of cancer does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, Lincoln, Brown, Codington, and Lawrence counties exhibit a very high prevalence of cancer, while Brookings county shows a very low prevalence.

Table 36, below, shows that in 2016-2017, most respondents diagnosed with cancer have had just one type of cancer while 15 percent have had two or more types of cancer. Two percent of respondents have had three or more types of cancer.

Table 36 Number of Cancers that South Dakotans Have Had, 2015-2017			
Year	**One Type of Cancer**	**Two Types of Cancer**	**Three or More Types of Cancer**
2016-2017	83%	15%	2%
2015-2016	84%	14%	2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2017

Table 37, below, shows the type of cancer that respondents had. The most common type of cancer for respondents in 2016-2017 was skin cancer other than melanoma at 27 percent followed by melanoma at 14 percent.

Table 37		
Type of Cancer South Dakotans Have Been Diagnosed With, 2015-2017		
Cancer Type	2015-2016	2016-2017
Skin cancer other than melanoma	30%	27%
Melanoma	16%	14%
Breast	14%	13%
Prostate	9%	11%
Cervical	5%	4%
Bladder	2%	4%
Colon (intestine)	4%	3%
Renal (kidney)	3%	2%
Thyroid	2%	2%
Endometrial	2%	2%
Ovarian	2%	2%
Non-Hodgkin's Lymphoma	2%	1%
Lung	2%	1%
Other	7%	12%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2017

Table 38, below, shows the percent of respondents with cancer and if they were currently seeking cancer treatments. Most respondents, 73 percent, stated they have completed cancer treatments, while 11 percent of respondents answered they were currently receiving cancer treatments. One percent said that they had refused cancer treatments.

Table 38	
South Dakotans' Treatment for Cancer, 2017	
Current Treatment for Cancer	%
Yes	11%
No, I've completed treatment	73%
No, I haven't started treatment	1%
No, I've refused treatment	1%
Treatment was not needed	15%

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

Table 39, below, shows the type of doctor that provides the majority of health care to respondents with cancer. Most respondents, 53 percent, stated they see a family practitioner for their health care. Twenty-eight percent of respondents stated they see a general practitioner, internist for the majority of their health care.

Table 39	
Type of Doctor Providing a Majority of Health Care for South Dakotans With Cancer, 2017	
Physicians' Specialty	%
Family Practitioner	53%
General Practitioner, Internist	28%
Medical Oncologist	3%
Urologist	2%
Gynecologic Oncologist	2%
General Surgeon	2%
Other	11%

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

Figure 39, below, shows that of the respondents who said they had cancer, 43 percent received a written summary given to them by a doctor, nurse, or other health professional of all the cancer treatments they received.

Figure 39
South Dakotans Who Received a Written Summary of All Cancer Treatments, 2017
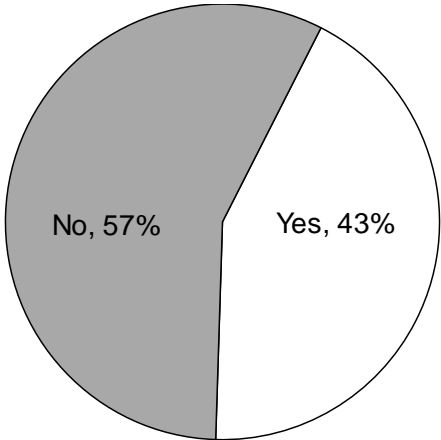
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

Figure 40, below, shows that of the respondents who said they had cancer, 75 percent 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 40
South Dakotans Who Received Instructions for Routine Cancer Check-ups, 2017
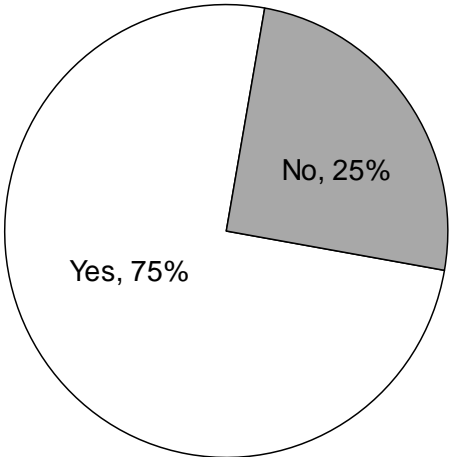
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

Figure 41, below, shows that of the respondents who received instructions from a doctor, nurse, or other health professional about routine cancer check-ups after their treatments, 77 percent said that these instructions were written down or printed on paper for them.

Figure 41
South Dakotans Who Received Written Instructions on Paper for Routine Cancer Check-ups, 2017
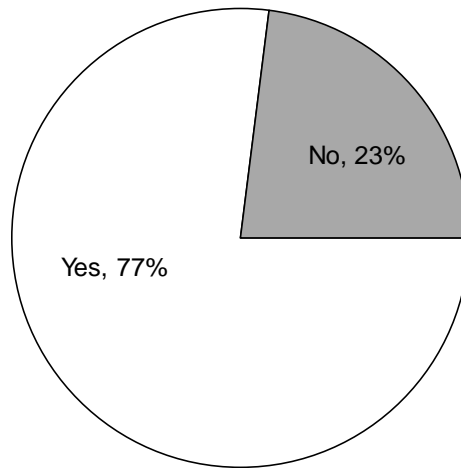
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

Figure 42, below, shows that of the respondent's most recent cancer diagnosis, 93 percent 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 42
South Dakotans Whose Health Insurance Paid for Some or All of Cancer Treatments, 2017
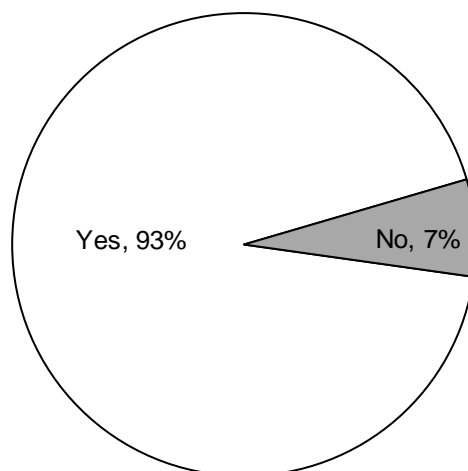
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

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Figure 43, below, shows that of the respondents ever diagnosed with cancer, 91 percent stated they had never been denied health insurance or life insurance coverage because of their cancer.

Figure 43
South Dakotans Denied Health Insurance or Life Insurance Due to Cancer Diagnosis, 2017
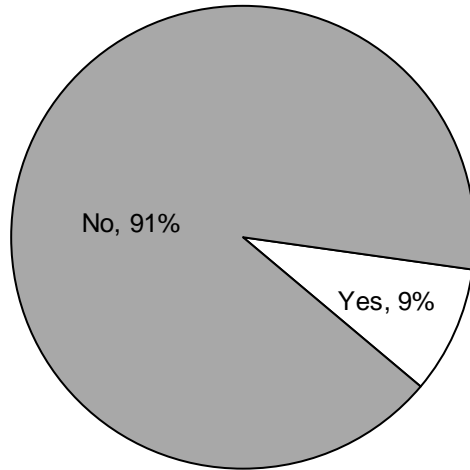
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

Figure 44, below, shows that of the respondents ever diagnosed with cancer, four percent stated they had participated in a clinical trial as part of their cancer treatment.

Figure 44
South Dakotans Who Participated in a Clinical Trial as Part of Their Cancer Treatment, 2017
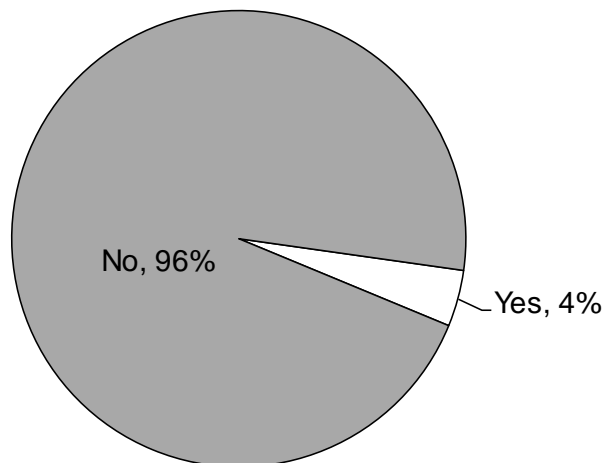
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

Figure 45, below, shows that of the respondents ever diagnosed with cancer, seven percent stated they currently have physical pain caused by their cancer or cancer treatments.

Figure 45
South Dakotans Who Have Physical Pain Caused by Cancer or Cancer Treatments, 2017

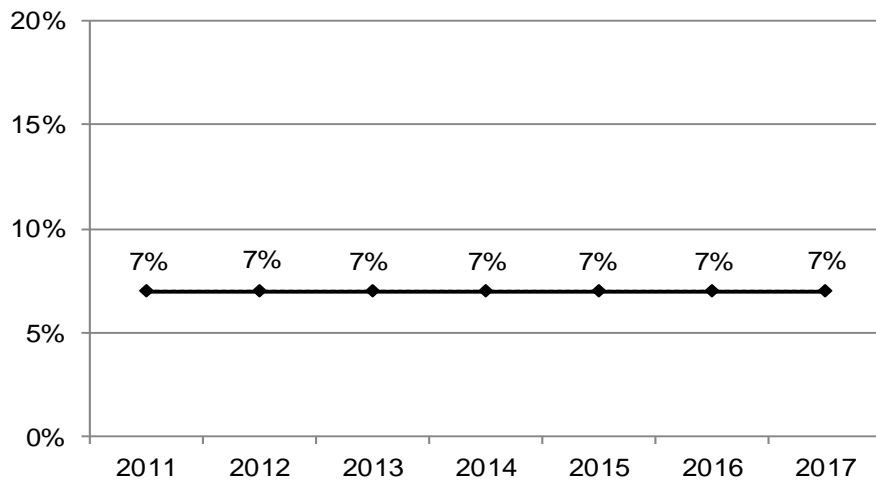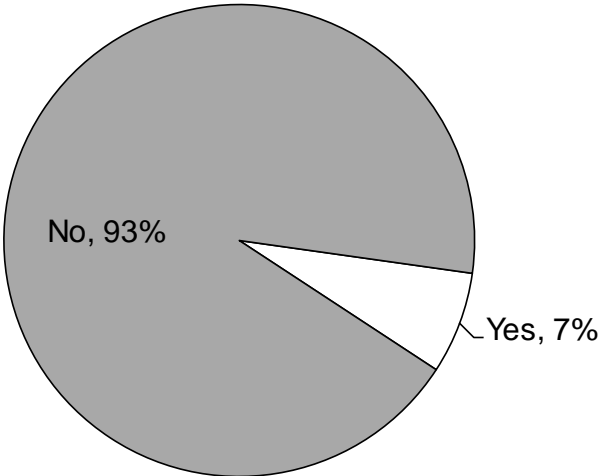Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017

SKIN CANCER

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

Prevalence of Skin Cancer

o South Dakota 5%
o Nationwide median 6%

Figure 46
Percentage of South Dakotans Who Have Ever Been
Diagnosed With Skin Cancer, 2011-2017
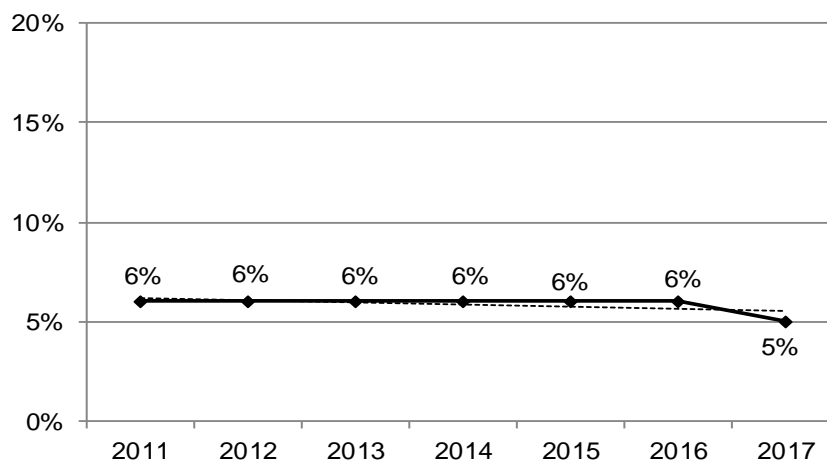
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 40			
South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2013-2017			
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	6%	5.5%	6.6%
	Female	6%	5.6%	6.6%
Age	18-29	1%	0.3%	1.2%
	30-39	1%	0.7%	1.7%
	40-49	3%	2.0%	3.4%
	50-59	6%	5.4%	7.4%
	60-69	9%	8.3%	10.4%
	70-79	17%	15.8%	19.3%
	80+	22%	19.4%	24.4%
Race	White	7%	6.5%	7.3%
	American Indian	1%	0.6%	1.9%
Ethnicity	Hispanic	2%	0.4%	6.4%
	Non-Hispanic	6%	5.8%	6.5%
Household Income	Less than $25,000	6%	5.0%	6.3%
	$25,000-$74,999	6%	5.6%	7.0%
	$75,000+	6%	5.6%	7.1%
Education	Less than High School, G.E.D.	7%	5.4%	8.6%
	High School, G.E.D.	6%	5.4%	6.7%
	Some Post-High School	6%	5.0%	6.2%
	College Graduate	6%	5.7%	6.9%

			95% Confidence Interval	
Table 40 (continued) **South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2013-2017**				
		2013-2017	**Low**	**High**
Employment Status	Employed for Wages	4%	3.2%	4.1%
	Self-employed	6%	5.4%	7.6%
	Unemployed	3%	1.8%	5.9%
	Homemaker	6%	4.5%	7.8%
	Student	0.3%	0.1%	0.9%
	Retired	15%	14.3%	16.6%
	Unable to Work	5%	3.9%	7.1%
Marital Status	Married/Unmarried Couple	7%	6.2%	7.2%
	Divorced/Separated	6%	5.0%	7.1%
	Widowed	15%	12.8%	16.6%
	Never Married	2%	1.3%	2.3%
Home Ownership Status	Own Home	7%	7.0%	7.9%
	Rent Home	3%	2.4%	3.5%
Children Status	Children in Household (Ages 18-44)	1%	0.7%	1.4%
	No Children in Household (Ages 18-44)	1%	0.8%	1.9%
Phone Status	Landline	9%	8.5%	9.8%
	Cell Phone	4%	3.8%	4.7%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.0%	2.0%
	Not Pregnant (Ages 18-44)	1%	1.0%	1.9%
County	Minnehaha	5%	3.9%	5.5%
	Pennington	9%	8.0%	10.5%
	Lincoln	6%	4.5%	7.3%
	Brown	6%	4.8%	7.7%
	Brookings	4%	3.0%	5.2%
	Codington	5%	3.4%	6.2%
	Meade	9%	6.9%	10.4%
	Lawrence	9%	8.0%	10.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There is no significant gender difference in the prevalence of skin cancer.

Age   The prevalence of skin cancer increases as age increases. This includes significant increases as the 40s, 50s, 60s, 70s, and 80s are reached.

Race   Whites demonstrate a significantly higher prevalence of skin cancer than American Indians.

Ethnicity   The prevalence of skin cancer does not seem to change based on ethnicity.

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

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

Employment   Those who are retired demonstrate a very high prevalence of skin cancer, while those who are a student show a very low prevalence.

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

Home Ownership	Those who own their home demonstrate a significantly higher prevalence of skin cancer than those who rent their home.
Children Status	The prevalence of skin cancer does not seem to change based on the presence of children in the household.
Phone Status	Those with a landline phone exhibit a significantly higher prevalence of skin cancer than those with a cell phone.
Pregnancy Status	The prevalence of skin cancer does not seem to change based on pregnancy status.
County	Pennington, Meade, and Lawrence counties exhibit a very high prevalence of skin cancer, while Minnehaha, Lincoln, Brown, Brookings, and Codington counties show a very low prevalence.

Asthma

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

Prevalence of Asthma

o South Dakota 7%
o Nationwide median 9%

Figure 47
Percentage of South Dakotans Who Were Told They Have Asthma, 2011-2017
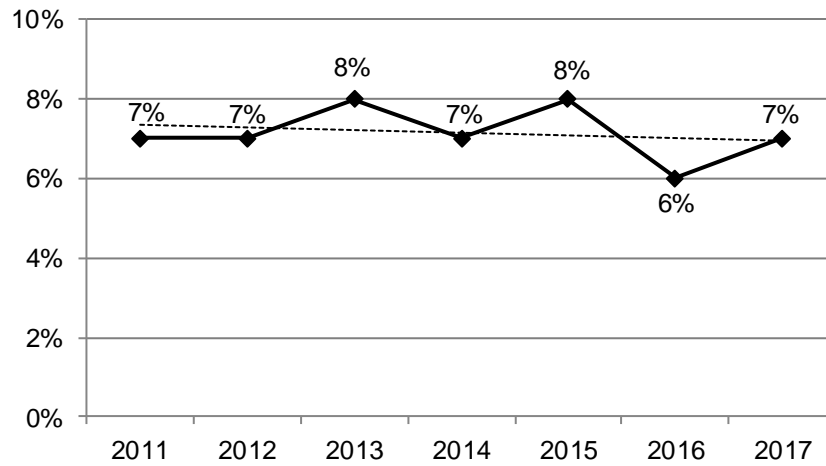
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

		Table 41		
		South Dakotans Who Were Told They Have Asthma, 2013-2017		
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	6%	5.4%	6.7%
	Female	9%	8.1%	9.7%
Age	18-29	8%	6.7%	9.4%
	30-39	7%	5.9%	8.6%
	40-49	6%	5.3%	7.8%
	50-59	8%	7.1%	9.4%
	60-69	7%	6.1%	8.0%
	70-79	8%	6.9%	9.4%
	80+	7%	5.5%	9.6%
Race	White	7%	6.7%	7.7%
	American Indian	11%	9.2%	13.0%
Ethnicity	Hispanic	9%	4.5%	15.3%
	Non-Hispanic	7%	7.0%	7.9%
Household Income	Less than $35,000	10%	8.8%	10.9%
	$35,000-$74,999	7%	5.7%	7.5%
	$75,000+	6%	4.9%	6.6%
Education	Less than High School, G.E.D.	12%	9.6%	14.4%
	High School, G.E.D.	8%	6.9%	8.6%
	Some Post-High School	7%	6.3%	8.1%
	College Graduate	6%	5.1%	6.4%
Employment Status	Employed for Wages	7%	6.0%	7.3%
	Self-employed	5%	4.0%	6.4%
	Unemployed	10%	7.3%	13.5%
	Homemaker	10%	6.9%	13.2%
	Student	6%	4.5%	8.8%
	Retired	7%	6.5%	8.4%
	Unable to Work	20%	17.0%	23.5%
Marital Status	Married/Unmarried Couple	7%	6.2%	7.4%
	Divorced/Separated	10%	8.3%	11.3%
	Widowed	8%	6.7%	9.5%
	Never Married	8%	6.8%	9.3%
Home Ownership Status	Own Home	7%	6.1%	7.2%
	Rent Home	10%	8.3%	10.9%
Children Status	Children in Household (Ages 18-44)	8%	6.5%	8.7%
	No Children in Household (Ages 18-44)	7%	5.9%	8.6%
Phone Status	Landline	8%	7.1%	8.7%
	Cell Phone	7%	6.6%	7.9%
Pregnancy Status	Pregnant (Ages 18-44)	14%	6.6%	27.2%
	Not Pregnant (Ages 18-44)	9%	7.4%	10.1%
County	Minnehaha	7%	5.7%	8.3%
	Pennington	8%	6.8%	9.7%
	Lincoln	7%	4.9%	9.1%
	Brown	7%	5.4%	9.6%
	Brookings	6%	4.1%	8.6%
	Codington	6%	4.1%	8.0%
	Meade	7%	5.4%	9.9%
	Lawrence	10%	7.7%	12.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

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

Age   The prevalence of asthma does not seem to change as age increases.

Race   American Indians demonstrate a significantly higher prevalence of asthma than whites.

Ethnicity   There is no significant Hispanic difference in the prevalence of asthma.

Household Income   The prevalence of asthma 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 asthma decreases as education increases. This includes a significant decrease as the high school graduate level is reached.

Employment   Those who are unable to work demonstrate a very high prevalence of asthma, while those who are employed for wages, self-employed, or a student 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   Children in the household do not seem to affect the prevalence of asthma among adults.

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.

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

o   South Dakota 22%
o   Nationwide median 25%

Figure 48
Percentage of South Dakotans Who Were Told They Have Arthritis, 2011-2017
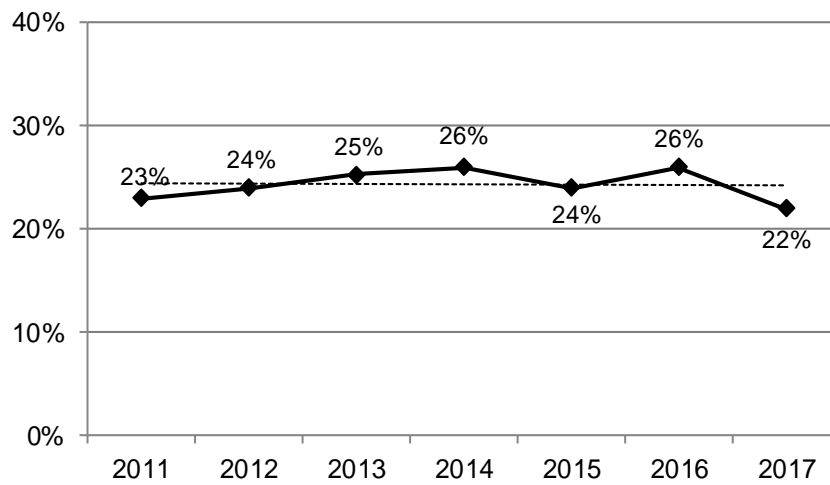
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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Table 42
South Dakotans Who Were Told They Have Arthritis, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	22%	20.9%	23.0%
	Female	28%	26.5%	28.6%
Age	18-29	4%	3.3%	5.2%
	30-39	10%	8.2%	11.3%
	40-49	17%	15.3%	19.0%
	50-59	30%	28.0%	31.7%
	60-69	42%	40.4%	44.2%
	70-79	53%	50.1%	55.0%
	80+	58%	54.3%	60.7%
Race	White	26%	24.7%	26.3%
	American Indian	26%	22.9%	28.8%
Ethnicity	Hispanic	16%	11.6%	22.8%
	Non-Hispanic	25%	24.2%	25.7%
Household Income	Less than $35,000	31%	29.5%	32.5%
	$35,000-$74,999	23%	22.0%	24.7%
	$75,000+	18%	16.7%	19.4%
Education	Less than High School, G.E.D.	32%	29.2%	35.7%
	High School, G.E.D.	27%	26.0%	28.8%
	Some Post-High School	24%	23.0%	25.6%
	College Graduate	18%	17.3%	19.4%
Employment Status	Employed for Wages	16%	14.7%	16.5%
	Self-employed	22%	19.7%	23.9%
	Unemployed	23%	19.2%	27.5%
	Homemaker	25%	21.7%	29.2%
	Student	4%	2.5%	5.4%
	Retired	51%	48.9%	52.4%
	Unable to Work	61%	56.8%	64.8%
Marital Status	Married/Unmarried Couple	25%	24.4%	26.4%
	Divorced/Separated	30%	28.0%	32.5%
	Widowed	54%	51.4%	56.8%
	Never Married	11%	9.4%	11.9%
Home Ownership Status	Own Home	27%	26.4%	28.3%
	Rent Home	19%	17.9%	20.9%
Children Status	Children in Household (Ages 18-44)	9%	8.2%	10.6%
	No Children in Household (Ages 18-44)	6%	4.9%	7.1%
Phone Status	Landline	34%	32.4%	34.9%
	Cell Phone	19%	18.6%	20.4%
Pregnancy Status	Pregnant (Ages 18-44)	4%	1.6%	8.4%
	Not Pregnant (Ages 18-44)	9%	8.1%	10.9%
County	Minnehaha	21%	19.4%	23.1%
	Pennington	28%	25.4%	29.8%
	Lincoln	20%	17.1%	22.4%
	Brown	29%	26.1%	33.0%
	Brookings	16%	13.3%	18.7%
	Codington	25%	22.4%	28.6%
	Meade	25%	22.1%	28.7%
	Lawrence	29%	26.4%	32.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

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

Age The prevalence of arthritis increases as age increases. This includes significant increases as the 30s, 40s, 50s, 60s, and 70s are reached.

Race There are no racial differences regarding the prevalence of arthritis.

Ethnicity Non-Hispanics demonstrate a significantly higher prevalence of arthritis than Hispanics.

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 significant decreases as the high school graduate, some post-high school, and college graduate levels are 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 show a significantly higher prevalence of arthritis than those with no children in the household.

Phone Status Those with a landline phone exhibit a significantly higher prevalence of arthritis than those with a cell phone.

Pregnancy Status Pregnancy status does not seem to affect the prevalence of arthritis.

County Pennington, Brown, Codington, Meade, and Lawrence counties exhibit a very high prevalence of arthritis, while Lincoln and Brookings counties show a very low prevalence.

Figure 49, below, displays the percentage of South Dakotans with arthritis who are limited in their usual activities because of arthritis or joint symptoms. In 2017, 51 percent of respondents were limited because of arthritis or joint symptoms.

Figure 49
Percentage of Those With Arthritis Who Are Limited in Their
Usual Activities, 2011-2017

Note: This question was not asked in 2014 or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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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

o South Dakota 5%
o Nationwide median 7%

Figure 50
Percentage of South Dakotans Who Were Told They Have COPD, 2011-2017
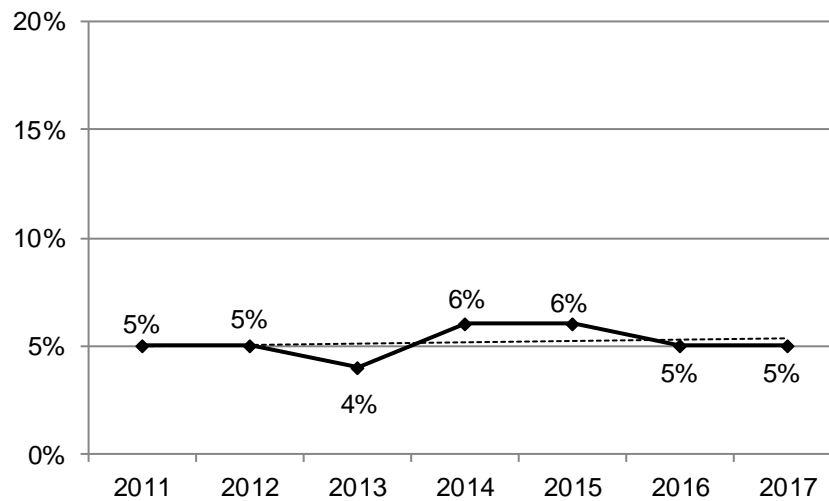
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
		2013-2017	**Low**	**High**

Table 43
South Dakotans Who Have Been Told They Have COPD, 2013-2017

		2013-2017	Low	High
Gender	Male	5%	4.3%	5.4%
	Female	5%	4.9%	6.0%
Age	18-29	2%	1.2%	2.6%
	30-39	2%	1.5%	3.0%
	40-49	3%	2.2%	3.8%
	50-59	6%	5.3%	7.4%
	60-69	8%	7.1%	9.2%
	70-79	11%	9.6%	12.5%
	80+	11%	9.0%	13.6%
Race	White	5%	4.8%	5.6%
	American Indian	6%	4.7%	7.6%
Ethnicity	Hispanic	4%	1.7%	10.7%
	Non-Hispanic	5%	4.8%	5.5%
Household Income	Less than $35,000	9%	8.3%	10.2%
	$35,000-$74,999	4%	3.6%	4.9%
	$75,000+	1%	1.1%	1.7%
Education	Less than High School, G.E.D.	10%	8.1%	12.2%
	High School, G.E.D.	6%	5.7%	7.2%
	Some Post-High School	4%	3.8%	5.0%
	College Graduate	2%	2.0%	2.8%
Employment Status	Employed for Wages	3%	2.3%	3.1%
	Self-employed	3%	2.3%	4.2%
	Unemployed	6%	4.3%	9.5%
	Homemaker	4%	2.8%	5.8%
	Student	1%	0.6%	2.6%
	Retired	10%	9.3%	11.5%
	Unable to Work	22%	18.7%	25.6%
Marital Status	Married/Unmarried Couple	4%	3.8%	4.8%
	Divorced/Separated	9%	8.1%	11.0%
	Widowed	11%	9.3%	12.6%
	Never Married	3%	2.5%	4.0%
Home Ownership Status	Own Home	5%	4.3%	5.2%
	Rent Home	6%	5.6%	7.4%
Children Status	Children in Household (Ages 18-44)	2%	1.3%	2.4%
	No Children in Household (Ages 18-44)	2%	1.8%	3.4%
Phone Status	Landline	7%	5.9%	7.3%
	Cell Phone	4%	3.8%	4.7%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.2%	5.3%
	Not Pregnant (Ages 18-44)	2%	1.8%	3.4%
County	Minnehaha	4%	3.5%	5.1%
	Pennington	6%	4.6%	6.7%
	Lincoln	4%	3.1%	6.1%
	Brown	6%	4.0%	9.1%
	Brookings	3%	1.8%	4.2%
	Codington	5%	3.8%	7.1%
	Meade	5%	4.3%	7.1%
	Lawrence	5%	4.0%	6.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There is no significant gender difference regarding the prevalence of COPD.

Age   The prevalence of COPD increases as age increases. This includes significant increases as the 50s and 70s are reached.

Race   There are no racial differences regarding the prevalence of COPD.

Ethnicity   There is no Hispanic difference regarding the prevalence of COPD.

Household Income   The prevalence of COPD decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.

Education   The prevalence of COPD decreases as education levels increase. This includes significant decreases at each level.

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

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

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

Children Status   The prevalence of COPD among adults does not seem to differ based on the presence of children in the household.

Phone Status   Those with a landline phone exhibit a significantly higher prevalence of COPD than those with a cell phone.

Pregnancy Status   The prevalence of COPD does not seem to differ based on pregnancy status.

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

Depression

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

Prevalence of Depression

o   South Dakota 17%
o   Nationwide median 21%

Figure 51
Percentage of South Dakotans Who Were Told They Have Depression, 2011-2017
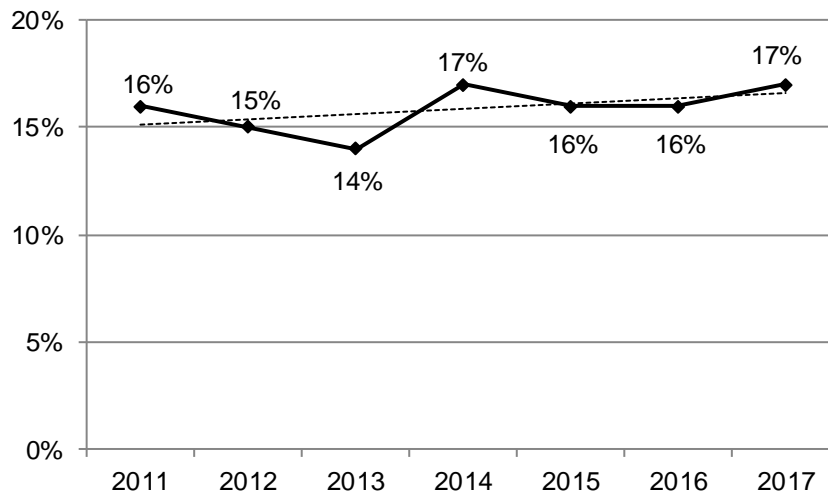
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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		Table 44		
		South Dakotans Who Were Told They Have Depression, 2013-2017		
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	11%	10.3%	12.1%
	Female	21%	19.9%	22.0%
Age	18-29	17%	15.6%	19.4%
	30-39	18%	16.3%	20.1%
	40-49	17%	15.6%	19.4%
	50-59	17%	15.6%	18.6%
	60-69	15%	13.9%	16.6%
	70-79	11%	9.8%	12.8%
	80+	9%	7.5%	10.7%
Race	White	16%	15.0%	16.5%
	American Indian	21%	18.2%	23.9%
Ethnicity	Hispanic	18%	12.5%	24.8%
	Non-Hispanic	16%	15.3%	16.7%
Household Income	Less than $35,000	23%	21.6%	24.6%
	$35,000-$74,999	14%	12.9%	15.2%
	$75,000+	10%	8.7%	10.8%
Education	Less than High School, G.E.D.	17%	14.5%	19.5%
	High School, G.E.D.	16%	14.5%	17.0%
	Some Post-High School	18%	16.7%	19.3%
	College Graduate	13%	12.5%	14.6%
Employment Status	Employed for Wages	15%	13.8%	15.8%
	Self-employed	9%	7.9%	10.8%
	Unemployed	28%	23.9%	33.2%
	Homemaker	21%	16.9%	24.9%
	Student	15%	12.0%	19.7%
	Retired	12%	11.1%	13.2%
	Unable to Work	50%	45.6%	53.7%
Marital Status	Married/Unmarried Couple	14%	12.8%	14.4%
	Divorced/Separated	25%	23.3%	27.8%
	Widowed	17%	14.6%	18.8%
	Never Married	18%	15.9%	19.4%
Home Ownership Status	Own Home	14%	12.9%	14.3%
	Rent Home	22%	20.5%	23.9%
Children Status	Children in Household (Ages 18-44)	18%	16.1%	19.3%
	No Children in Household (Ages 18-44)	18%	15.9%	19.8%
Phone Status	Landline	14%	13.0%	14.9%
	Cell Phone	17%	16.4%	18.3%
Pregnancy Status	Pregnant (Ages 18-44)	23%	14.4%	33.3%
	Not Pregnant (Ages 18-44)	23%	21.5%	25.4%
County	Minnehaha	18%	16.0%	19.9%
	Pennington	20%	17.5%	22.1%
	Lincoln	13%	10.5%	15.4%
	Brown	17%	13.5%	20.4%
	Brookings	15%	12.3%	18.9%
	Codington	16%	13.4%	19.5%
	Meade	17%	14.0%	20.1%
	Lawrence	18%	15.2%	20.2%

Note: *Results based on small sample sizes have been suppressed.
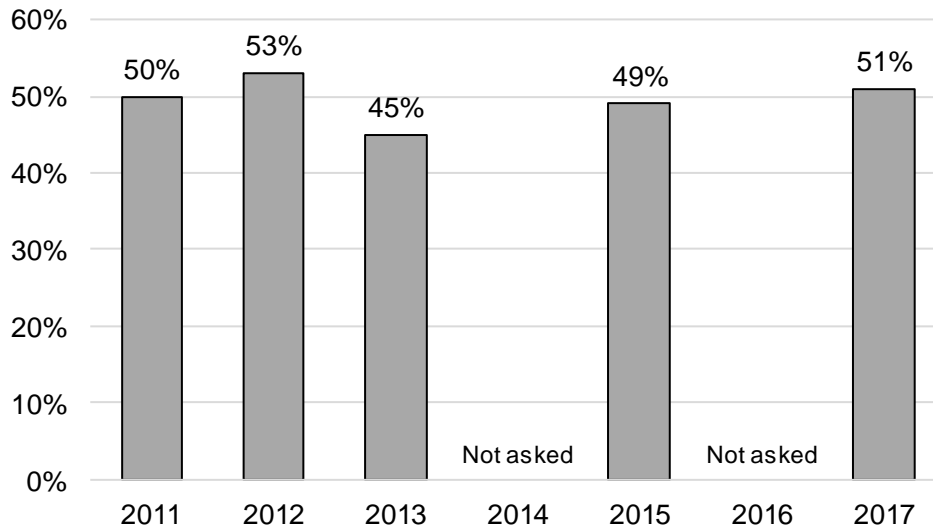Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

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

Age   The prevalence of depression seems to peak in the 30s and then decreases as age increases including a significant decrease as the 70s are reached.

Race   American Indians demonstrate a significantly higher prevalence of depression than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of depression.

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 show a very low prevalence.

Marital Status   Those who are divorced exhibit a very high prevalence of depression, while those who are married 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 with a cell phone exhibit a significantly higher prevalence of depression than those with a landline phone.

Pregnancy Status   The prevalence of depression does not seem to differ based on pregnancy status.

County   Minnehaha and Pennington counties exhibit a very high prevalence of depression, while Lincoln county shows a very low prevalence.

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

o   South Dakota 3%
o   Nationwide median 3%

Figure 52
Percentage of South Dakotans Who Have Been
Told They Have Kidney Disease, 2011-2017
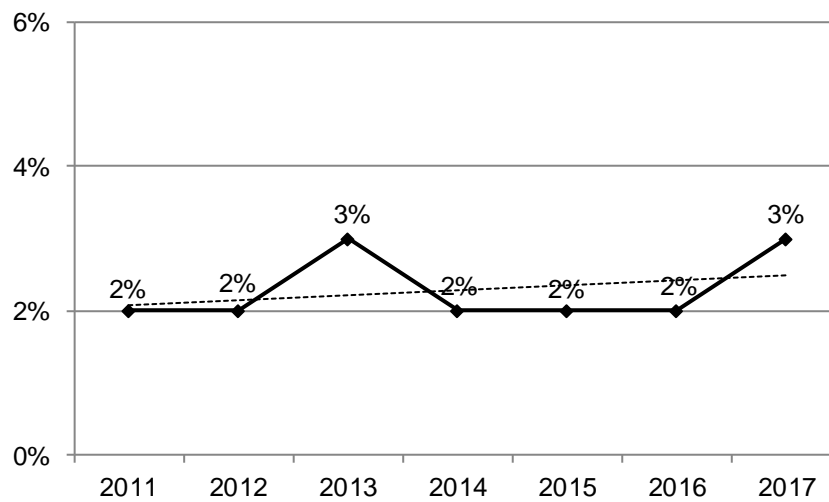
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 45
South Dakotans Who Have Been Told They Have Kidney Disease, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	2%	2.0%	2.8%
	Female	2%	2.1%	2.8%
Age	18-29	1%	0.8%	2.2%
	30-39	1%	0.4%	1.2%
	40-49	2%	1.2%	2.9%
	50-59	2%	1.9%	3.1%
	60-69	3%	2.7%	4.0%
	70-79	5%	4.5%	6.6%
	80+	5%	4.1%	7.2%
Race	White	2%	2.1%	2.7%
	American Indian	3%	2.4%	4.1%
Ethnicity	Hispanic	2%	0.6%	6.2%
	Non-Hispanic	2%	2.1%	2.7%
Household Income	Less than $35,000	4%	3.1%	4.4%
	$35,000-$74,999	2%	1.8%	2.7%
	$75,000+	1%	1.0%	2.0%
Education	Less than High School, G.E.D.	4%	2.4%	5.4%
	High School, G.E.D.	3%	2.2%	3.3%
	Some Post-High School	2%	1.7%	2.5%
	College Graduate	2%	1.5%	2.3%
Employment Status	Employed for Wages	1%	1.1%	1.8%
	Self-employed	2%	1.0%	2.4%
	Unemployed	1%	0.5%	3.3%
	Homemaker	2%	1.2%	3.4%
	Student	1%	0.4%	3.2%
	Retired	5%	4.4%	5.9%
	Unable to Work	8%	5.8%	10.1%
Marital Status	Married/Unmarried Couple	2%	2.1%	2.8%
	Divorced/Separated	3%	2.4%	4.3%
	Widowed	4%	3.4%	5.2%
	Never Married	1%	0.9%	1.9%
Home Ownership Status	Own Home	2%	2.1%	2.8%
	Rent Home	3%	2.1%	3.2%
Children Status	Children in Household (Ages 18-44)	1%	1.0%	2.2%
	No Children in Household (Ages 18-44)	1%	0.7%	1.8%
Phone Status	Landline	3%	2.8%	3.9%
	Cell Phone	2%	1.6%	2.2%
Pregnancy Status	Pregnant (Ages 18-44)	6%	1.7%	17.6%
	Not Pregnant (Ages 18-44)	1%	0.8%	1.7%
County	Minnehaha	2%	1.2%	2.1%
	Pennington	3%	1.9%	3.5%
	Lincoln	2%	1.2%	3.2%
	Brown	3%	1.8%	3.6%
	Brookings	2%	1.1%	4.4%
	Codington	3%	1.5%	4.8%
	Meade	2%	1.4%	3.1%
	Lawrence	2%	1.2%	2.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding the prevalence of kidney disease.

Age   The prevalence of kidney disease increases as age increases. This includes a significant increase as the 70s are reached.

Race   The prevalence of kidney disease does not seem to change based on race.

Ethnicity   The prevalence of kidney disease does not seem to change based on ethnicity.

Household Income   The prevalence of kidney disease decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.

Education   The prevalence of kidney disease decreases as education levels increase.

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

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

Home Ownership   There seems to be no difference in the prevalence of kidney disease regarding home ownership.

Children Status   The prevalence of kidney disease among adults does not seem to change based on the presence of children in the household.

Phone Status   Those with a landline phone exhibit a significantly higher prevalence of kidney disease than those with a cell phone.

Pregnancy Status   The prevalence of kidney disease does not seem to change based on pregnancy status.

County   There seems to be no difference in the prevalence of kidney disease regarding 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

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

Figure 53
Percent of South Dakotans Who Have a Vision Impairment, 2013-2017
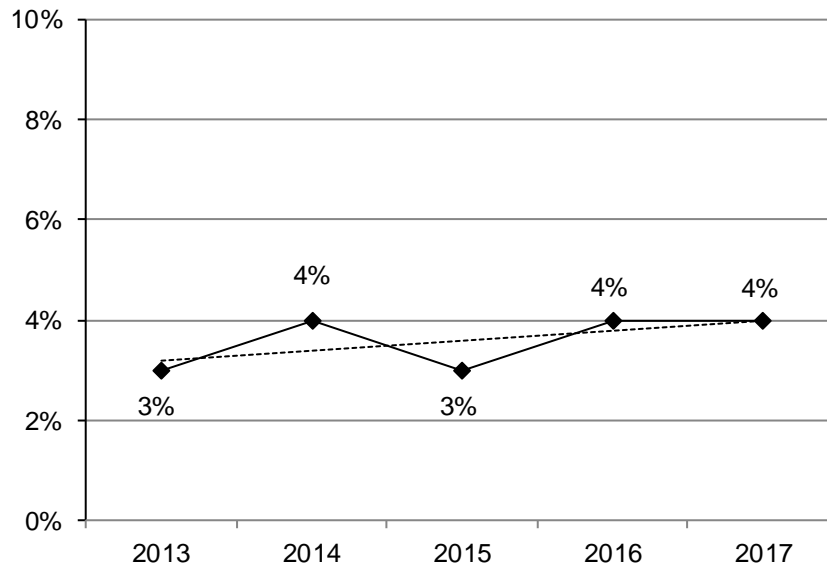
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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Table 46 South Dakotans Who Have a Vision Impairment, 2013-2017				
			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	3%	2.8%	3.7%
	Female	4%	3.5%	4.4%
Age	18-29	2%	1.3%	2.8%
	30-39	2%	1.1%	2.4%
	40-49	3%	1.9%	3.7%
	50-59	4%	3.3%	4.9%
	60-69	4%	3.0%	4.4%
	70-79	6%	4.7%	7.6%
	80+	12%	10.3%	14.5%
Race	White	3%	2.9%	3.6%
	American Indian	7%	5.5%	8.1%
Ethnicity	Hispanic	6%	2.5%	11.8%
	Non-Hispanic	4%	3.2%	3.9%
Household Income	Less than $35,000	6%	5.5%	7.2%
	$35,000-$74,999	2%	1.6%	2.5%
	$75,000+	1%	0.9%	1.6%
Education	Less than High School, G.E.D.	8%	6.5%	10.4%
	High School, G.E.D.	4%	3.6%	4.8%
	Some Post-High School	3%	2.3%	3.3%
	College Graduate	2%	1.5%	2.3%
Employment Status	Employed for Wages	2%	1.5%	2.3%
	Self-employed	2%	1.3%	2.8%
	Unemployed	6%	3.7%	8.6%
	Homemaker	5%	3.5%	7.5%
	Student	1%	0.3%	1.7%
	Retired	7%	5.9%	7.8%
	Unable to Work	14%	12.1%	17.2%
Marital Status	Married/Unmarried Couple	3%	2.3%	3.1%
	Divorced/Separated	5%	4.1%	6.2%
	Widowed	11%	9.3%	13.0%
	Never Married	3%	2.1%	3.7%
Home Ownership Status	Own Home	3%	2.8%	3.5%
	Rent Home	5%	4.2%	5.9%
Children Status	Children in Household (Ages 18-44)	2%	1.5%	2.7%
	No Children in Household (Ages 18-44)	2%	1.1%	2.4%
Phone Status	Landline	5%	4.4%	5.5%
	Cell Phone	3%	2.4%	3.2%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.2%	8.0%
	Not Pregnant (Ages 18-44)	2%	1.3%	2.6%
County	Minnehaha	3%	2.2%	3.8%
	Pennington	4%	3.2%	5.3%
	Lincoln	3%	2.1%	4.5%
	Brown	4%	3.0%	5.8%
	Brookings	3%	1.4%	4.6%
	Codington	3%	2.3%	4.8%
	Meade	5%	3.6%	6.3%
	Lawrence	3%	2.5%	4.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding the prevalence of severe vision impairment.

Age   The prevalence of severe vision impairment increases as age increases including significant increases as the 70s and 80s are reached.

Race   American Indians exhibit a significantly higher prevalence of severe vision impairment than whites.

Ethnicity   There seems to be no Hispanic difference regarding the prevalence of severe vision impairment.

Household Income   The prevalence of severe vision impairment decreases as household income increases with a significant decrease as the $35,000-$74,999 income group is reached.

Education   The prevalence of severe vision impairment decreases as education levels increase with significant decreases as the high school and some post-high school levels are reached.

Employment   Those who are unable to work demonstrate a very high prevalence of severe vision impairment, while those who are employed for wages, self-employed, or a student show a very low prevalence.

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

Home Ownership   Those who rent their home show a significantly higher prevalence of severe vision impairment than those who own their home.

Children Status   The prevalence of severe vision impairment in the adults does not seem to change based on the presence of children in the household.

Phone Status   Those with a landline phone show a significantly higher prevalence of severe vision impairment than those with a cell phone.

Pregnancy Status   The prevalence of severe vision impairment does not seem to change based on pregnancy status.

County   There seems to be no difference regarding the prevalence of severe vision impairment among the eight counties with sufficient sample size.

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

o South Dakota 87%
o Nationwide median 94%

Figure 54
Percentage of South Dakotans Who Always or Nearly Always Wear a Seat Belt, 2011-2017
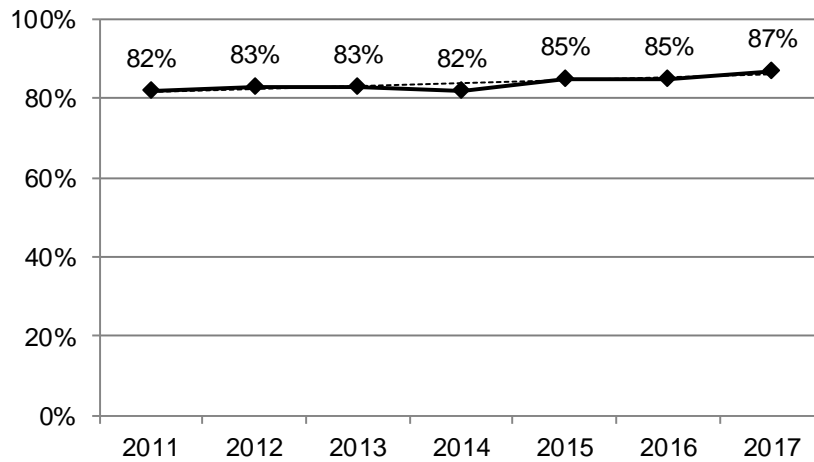
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

		Table 47		
		South Dakotans Who Always or Nearly Always Wear a Seat Belt, 2013-2017		
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	78%	76.8%	79.3%
	Female	91%	90.1%	91.6%
Age	18-29	82%	79.9%	83.8%
	30-39	83%	80.8%	84.8%
	40-49	85%	82.9%	86.7%
	50-59	83%	81.3%	84.8%
	60-69	87%	85.5%	88.4%
	70-79	87%	85.4%	89.2%
	80+	91%	89.1%	92.8%
Race	White	84%	83.7%	85.2%
	American Indian	84%	80.6%	86.2%
Ethnicity	Hispanic	90%	83.8%	94.0%
	Non-Hispanic	84%	83.6%	85.1%
Household Income	Less than $35,000	81%	79.2%	82.3%
	$35,000-$74,999	84%	82.3%	85.1%
	$75,000+	89%	87.8%	90.2%
Education	Less than High School, G.E.D.	75%	71.5%	78.3%
	High School, G.E.D.	81%	80.1%	82.8%
	Some Post-High School	85%	83.8%	86.3%
	College Graduate	92%	90.7%	92.5%
Employment Status	Employed for Wages	85%	83.8%	85.9%
	Self-employed	74%	71.0%	76.0%
	Unemployed	77%	71.2%	81.5%
	Homemaker	93%	90.3%	95.0%
	Student	89%	84.7%	92.2%
	Retired	90%	89.2%	91.5%
	Unable to Work	78%	73.6%	81.0%
Marital Status	Married/Unmarried Couple	87%	85.6%	87.4%
	Divorced/Separated	79%	76.8%	81.2%
	Widowed	90%	87.8%	91.5%
	Never Married	80%	78.4%	82.2%
Home Ownership Status	Own Home	85%	84.5%	86.1%
	Rent Home	82%	80.4%	83.8%
Children Status	Children in Household (Ages 18-44)	84%	82.1%	85.4%
	No Children in Household (Ages 18-44)	81%	79.0%	83.1%
Phone Status	Landline	86%	85.3%	87.5%
	Cell Phone	83%	82.4%	84.3%
Pregnancy Status	Pregnant (Ages 18-44)	90%	80.6%	94.7%
	Not Pregnant (Ages 18-44)	90%	87.9%	90.9%
County	Minnehaha	88%	86.4%	89.9%
	Pennington	89%	86.7%	90.5%
	Lincoln	87%	83.8%	90.3%
	Brown	80%	76.5%	84.0%
	Brookings	85%	81.0%	88.8%
	Codington	79%	74.8%	82.3%
	Meade	80%	76.5%	83.6%
	Lawrence	86%	83.6%	88.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

<u>Demographics</u>

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   There seems to be no racial difference regarding seat belt use.

Ethnicity   There seems to be no Hispanic difference regarding seat belt use.

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 at each education level.

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 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 use a landline phone demonstrate a significantly higher prevalence of seat belt use than those who use a cell phone.

Pregnancy Status   There seems to be no difference in seat belt use regarding pregnancy status.

County   Minnehaha, Pennington, Lincoln, 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.

Alcohol Use

DRANK IN PAST 30 DAYS

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

Prevalence of Drinking in Past 30 Days

o   South Dakota 55%
o   Nationwide median 55%

Figure 55
Percentage of South Dakotans Who Drank Alcohol in the Past 30 Days,
2011-2017
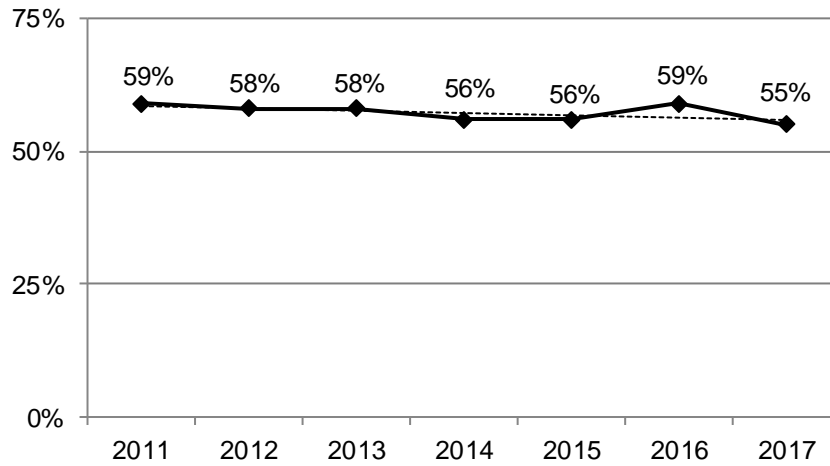
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
Table 48 South Dakotans Who Drank Alcohol in Past 30 Days, 2013-2017				
		2013-2017	**Low**	**High**
Gender	Male	63%	62.0%	64.8%
	Female	50%	48.9%	51.5%
Age	18-29	59%	56.7%	61.9%
	30-39	63%	60.8%	66.0%
	40-49	64%	61.3%	66.3%
	50-59	60%	58.4%	62.4%
	60-69	54%	51.9%	55.8%
	70-79	42%	39.8%	44.6%
	80+	31%	28.1%	34.2%
Race	White	59%	58.0%	60.0%
	American Indian	40%	36.5%	43.6%
Ethnicity	Hispanic	44%	36.0%	52.7%
	Non-Hispanic	57%	56.1%	58.0%
Household Income	Less than $35,000	47%	44.8%	48.5%
	$35,000-$74,999	62%	60.1%	63.5%
	$75,000+	73%	71.7%	75.0%
Education	Less than High School, G.E.D.	37%	33.5%	40.9%
	High School, G.E.D.	50%	47.9%	51.5%
	Some Post-High School	61%	59.4%	62.7%
	College Graduate	68%	66.6%	69.5%
Employment Status	Employed for Wages	64%	62.8%	65.5%
	Self-employed	66%	62.9%	68.1%
	Unemployed	48%	42.6%	53.4%
	Homemaker	40%	36.2%	44.9%
	Student	50%	44.2%	55.5%
	Retired	45%	43.5%	47.0%
	Unable to Work	27%	23.5%	30.5%
Marital Status	Married/Unmarried Couple	61%	60.2%	62.5%
	Divorced/Separated	52%	49.2%	54.5%
	Widowed	35%	32.4%	37.6%
	Never Married	54%	51.8%	56.7%
Home Ownership Status	Own Home	59%	58.3%	60.4%
	Rent Home	52%	50.0%	54.4%
Children Status	Children in Household (Ages 18-44)	60%	58.4%	62.6%
	No Children in Household (Ages 18-44)	63%	60.0%	65.4%
Phone Status	Landline	49%	47.3%	50.1%
	Cell Phone	62%	60.3%	62.9%
Pregnancy Status	Pregnant (Ages 18-44)	10%	4.5%	19.5%
	Not Pregnant (Ages 18-44)	57%	55.0%	59.8%
County	Minnehaha	58%	55.8%	60.9%
	Pennington	57%	54.2%	59.8%
	Lincoln	60%	55.7%	63.9%
	Brown	60%	56.1%	64.0%
	Brookings	60%	55.6%	65.2%
	Codington	57%	52.5%	60.8%
	Meade	56%	52.3%	60.3%
	Lawrence	61%	57.6%	64.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Males exhibit a significantly higher prevalence of drinking alcohol than females.

Age   Alcohol use increases with age until the 40s when it peaks. After that, it decreases as age increases with significant decreases as the 60s, 70s, and 80s are reached.

Race   Whites demonstrate a significantly higher prevalence of drinking alcohol than American Indians.

Ethnicity   Non-Hispanics show a significantly higher prevalence of drinking alcohol than Hispanics.

Household Income   Alcohol use increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.

Education   Alcohol use increases as education levels increase. This includes significant increases as the high school graduate, some post-high school, and college graduate levels are reached.

Employment   Those who are employed for wages or self-employed demonstrate a very high prevalence of alcohol use, while those who are 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 Children in the household do not seem to affect alcohol use by the adults.

Phone Status   Those who use a cell phone demonstrate a significantly higher prevalence of alcohol use than those who 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 county difference 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

o South Dakota 17%
o Nationwide median 17%

Figure 56
Percentage of South Dakotans Who Engage in Binge Drinking, 2011-2017
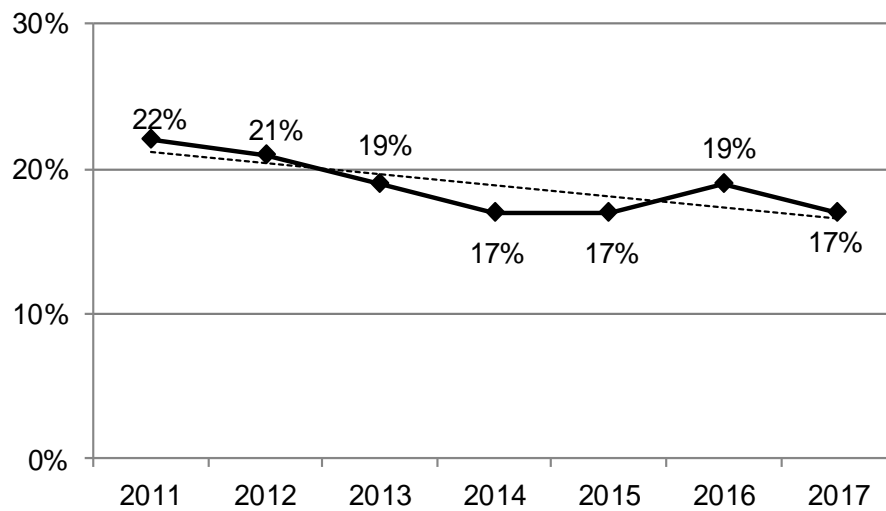
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 49			
South Dakotans Who Engage in Binge Drinking, 2013-2017			
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	24%	22.5%	24.9%
	Female	13%	11.6%	13.5%
Age	18-29	30%	28.1%	32.7%
	30-39	25%	22.7%	27.1%
	40-49	21%	18.7%	22.8%
	50-59	17%	15.1%	18.4%
	60-69	9%	7.7%	10.1%
	70-79	3%	2.4%	3.9%
	80+	1%	0.3%	1.0%
Race	White	18%	17.1%	18.7%
	American Indian	23%	19.8%	26.3%
Ethnicity	Hispanic	14%	8.6%	21.0%
	Non-Hispanic	18%	17.4%	19.0%
Household Income	Less than $35,000	18%	16.1%	19.0%
	$35,000-$74,999	19%	17.6%	20.5%
	$75,000+	21%	19.9%	23.0%
Education	Less than High School, G.E.D.	15%	12.3%	17.8%
	High School, G.E.D.	17%	15.6%	18.4%
	Some Post-High School	20%	18.3%	21.0%
	College Graduate	19%	17.3%	19.9%
Employment Status	Employed for Wages	23%	21.8%	24.2%
	Self-employed	20%	17.5%	22.0%
	Unemployed	22%	17.5%	26.3%
	Homemaker	9%	6.3%	12.0%
	Student	26%	21.9%	31.1%
	Retired	4%	3.8%	5.2%
	Unable to Work	9%	7.3%	11.9%
Marital Status	Married/Unmarried Couple	16%	15.2%	17.1%
	Divorced/Separated	19%	16.8%	21.1%
	Widowed	4%	2.9%	5.2%
	Never Married	28%	25.4%	29.7%
Home Ownership Status	Own Home	16%	15.0%	16.7%
	Rent Home	25%	23.0%	26.9%
Children Status	Children in Household (Ages 18-44)	23%	21.1%	24.6%
	No Children in Household (Ages 18-44)	32%	29.9%	34.8%
Phone Status	Landline	11%	9.9%	11.6%
	Cell Phone	22%	21.4%	23.6%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.5%	14.5%
	Not Pregnant (Ages 18-44)	20%	18.4%	22.2%
County	Minnehaha	19%	16.8%	20.9%
	Pennington	15%	13.3%	17.8%
	Lincoln	19%	15.5%	22.7%
	Brown	18%	15.3%	22.1%
	Brookings	21%	17.2%	25.8%
	Codington	17%	14.3%	20.8%
	Meade	15%	12.7%	18.6%
	Lawrence	19%	16.0%	21.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Males exhibit a significantly higher prevalence of binge drinking than females.

Age   Binge drinking decreases as age increases with significant decreases as the 30s, 50s, 60s, 70s, and 80s are reached.

Race   American Indians demonstrate a significantly higher prevalence of binge drinking than whites.

Ethnicity   There seems to be no Hispanic difference regarding binge drinking.

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, self-employed, unemployed, or a student demonstrate a very high prevalence of binge drinking, while those who are 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 use a cell phone demonstrate a significantly higher prevalence of binge drinking than those who use a landline phone.

Pregnancy Status Females who are not pregnant exhibit a significantly higher prevalence of binge drinking than those who are pregnant.

County   There seems to be no differences among the available counties regarding binge drinking.

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

o   South Dakota 6%
o   Nationwide median 6%

Figure 57
Percentage of South Dakotans Who Engage in Heavy Drinking, 2011-2017
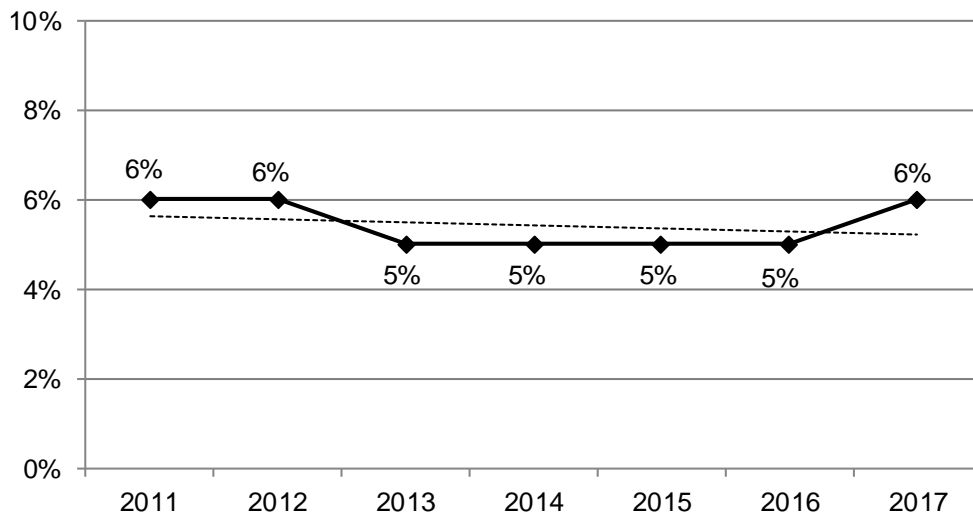
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
		2013-2017	**Low**	**High**

Table 50
South Dakotans Who Engage in Heavy Drinking, 2013-2017

		2013-2017	Low	High
Gender	Male	6%	5.4%	6.8%
	Female	4%	4.0%	5.0%
Age	18-29	7%	5.4%	7.9%
	30-39	5%	4.5%	6.8%
	40-49	6%	5.0%	7.3%
	50-59	7%	5.7%	8.0%
	60-69	4%	3.5%	5.1%
	70-79	3%	2.2%	3.8%
	80+	0.4%	0.3%	0.8%
Race	White	5%	4.9%	5.8%
	American Indian	5%	4.0%	7.4%
Ethnicity	Hispanic	4%	2.0%	7.4%
	Non-Hispanic	5%	4.9%	5.8%
Household Income	Less than $35,000	5%	4.3%	5.9%
	$35,000-$74,999	6%	5.3%	7.0%
	$75,000+	6%	5.0%	6.8%
Education	Less than High School, G.E.D.	5%	3.8%	7.4%
	High School, G.E.D.	6%	5.3%	7.1%
	Some Post-High School	5%	4.6%	6.0%
	College Graduate	4%	3.6%	4.9%
Employment Status	Employed for Wages	6%	5.1%	6.4%
	Self-employed	6%	5.1%	7.9%
	Unemployed	9%	5.8%	13.0%
	Homemaker	4%	2.4%	6.2%
	Student	6%	4.2%	9.0%
	Retired	3%	2.5%	3.7%
	Unable to Work	4%	2.5%	6.0%
Marital Status	Married/Unmarried Couple	4%	4.0%	5.0%
	Divorced/Separated	7%	5.5%	8.1%
	Widowed	3%	2.0%	4.2%
	Never Married	8%	6.4%	8.9%
Home Ownership Status	Own Home	5%	4.6%	5.6%
	Rent Home	6%	5.1%	7.3%
Children Status	Children in Household (Ages 18-44)	5%	4.1%	5.9%
	No Children in Household (Ages 18-44)	7%	6.0%	8.6%
Phone Status	Landline	4%	3.3%	4.3%
	Cell Phone	6%	5.6%	6.8%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.6%	15.6%
	Not Pregnant (Ages 18-44)	5%	4.4%	6.3%
County	Minnehaha	5%	4.3%	6.7%
	Pennington	6%	4.7%	7.5%
	Lincoln	4%	2.9%	6.2%
	Brown	5%	3.5%	7.1%
	Brookings	6%	4.0%	8.6%
	Codington	5%	3.1%	6.7%
	Meade	6%	4.2%	8.0%
	Lawrence	5%	3.7%	6.5%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Males exhibit a significantly higher prevalence of heavy drinking than females.

Age   Heavy drinking does not seem to change consistently as age increases.

Race   There seems to be no racial difference regarding heavy drinking.

Ethnicity   There seems to be no Hispanic difference regarding heavy drinking.

Household Income   There seems to be no household income difference regarding heavy drinking.

Education   There seems to be no education level difference regarding heavy drinking.

Employment   Those who are employed for wages, self-employed, unemployed, or a student 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   There seems to be no difference in heavy drinking regarding 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 use a cell phone demonstrate a significantly higher prevalence of heavy drinking than those who use a landline phone.

Pregnancy Status   There seems to be no difference in heavy drinking regarding pregnancy status.

County   There seems to be no difference in heavy drinking among the available counties.

General Health Status

FAIR OR POOR HEALTH STATUS

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

Prevalence of Fair or Poor Health Status

o South Dakota 14%
o Nationwide median 18%

Figure 58
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2017
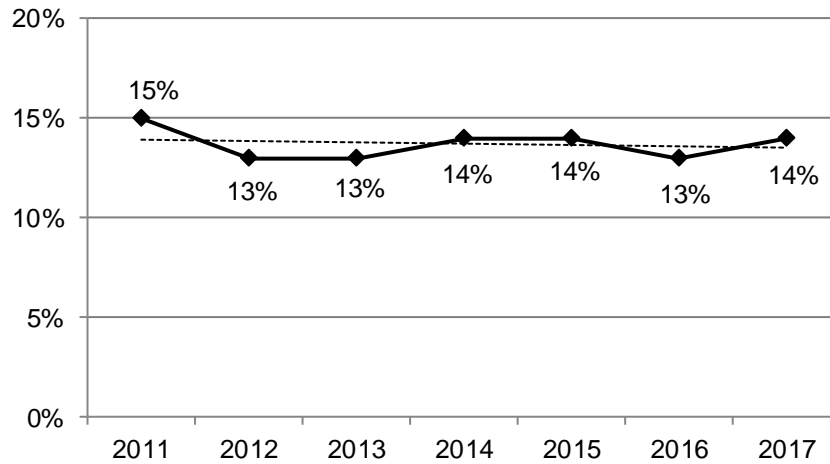
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 51			
South Dakotans Reporting Fair or Poor Health Status, 2013-2017			
		95% Confidence Interval	
	2013-2017	**Low**	**High**
Gender	Male	13%	12.2%	14.0%
	Female	14%	13.2%	14.9%
Age	18-29	6%	5.3%	7.7%
	30-39	8%	6.8%	9.6%
	40-49	11%	9.9%	12.9%
	50-59	16%	14.3%	17.3%
	60-69	19%	17.4%	20.7%
	70-79	21%	19.1%	23.2%
	80+	28%	25.2%	31.1%
Race	White	13%	12.0%	13.3%
	American Indian	25%	22.2%	28.0%
Ethnicity	Hispanic	13%	8.6%	20.4%
	Non-Hispanic	14%	12.9%	14.2%
Household Income	Less than $35,000	23%	21.6%	24.4%
	$35,000-$74,999	10%	9.1%	11.1%
	$75,000+	5%	4.2%	5.8%
Education	Less than High School, G.E.D.	26%	22.7%	28.6%
	High School, G.E.D.	16%	14.9%	17.2%
	Some Post-High School	12%	11.5%	13.6%
	College Graduate	6%	5.8%	7.2%
Employment Status	Employed for Wages	8%	7.3%	8.8%
	Self-employed	9%	7.3%	10.2%
	Unemployed	19%	15.4%	23.9%
	Homemaker	14%	10.8%	17.0%
	Student	5%	3.0%	6.8%
	Retired	22%	20.4%	23.4%
	Unable to Work	61%	56.5%	64.6%
Marital Status	Married/Unmarried Couple	11%	10.5%	12.0%
	Divorced/Separated	22%	19.6%	23.6%
	Widowed	26%	23.9%	28.8%
	Never Married	11%	9.7%	12.5%
Home Ownership Status	Own Home	12%	11.6%	12.9%
	Rent Home	17%	15.6%	18.5%
Children Status	Children in Household (Ages 18-44)	8%	7.2%	9.5%
	No Children in Household (Ages 18-44)	7%	6.1%	8.6%
Phone Status	Landline	16%	15.4%	17.4%
	Cell Phone	12%	11.1%	12.6%
Pregnancy Status	Pregnant (Ages 18-44)	5%	2.0%	10.3%
	Not Pregnant (Ages 18-44)	9%	7.6%	10.2%
County	Minnehaha	11%	9.7%	12.7%
	Pennington	15%	13.5%	17.3%
	Lincoln	9%	7.5%	11.5%
	Brown	14%	11.1%	16.3%
	Brookings	11%	8.6%	15.1%
	Codington	11%	8.8%	13.1%
	Meade	14%	11.8%	17.1%
	Lawrence	12%	10.4%	14.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Gender	There is 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 40s, 50s, 60s, and 80s.
Race	American Indians exhibit a significantly higher prevalence of those in fair or poor health than do whites.
Ethnicity	There is no significant Hispanic difference in the prevalence of those in fair or poor health.
Household Income	The prevalence of fair or poor health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of fair or poor health decreases as education increases. This includes significant decreases as the high school graduate, some college, and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of those in fair or poor health while those who are students show a very low prevalence.
Marital Status	Those who are 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 with a landline phone show a significantly higher prevalence of fair or poor health than those with a cell phone.
Pregnancy Status	The prevalence of fair or poor health does not seem to differ based on pregnancy status.
County	Pennington and Meade counties exhibit a very high prevalence of those in fair or poor health, while those in Minnehaha, Lincoln, and Codington 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

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

Figure 59
Percentage of South Dakotans Reporting Physical Health Not
Good for 30 Days of the Past 30, 2011-2017
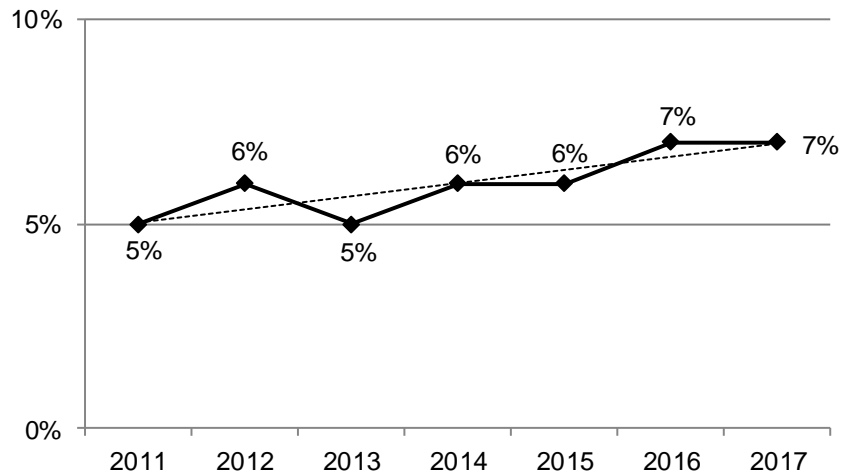
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 52 South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2013-2017				
			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	6%	5.1%	6.3%
	Female	7%	6.1%	7.3%
Age	18-29	2%	1.7%	3.4%
	30-39	3%	2.5%	4.6%
	40-49	5%	4.5%	6.7%
	50-59	7%	6.4%	8.5%
	60-69	10%	8.4%	10.7%
	70-79	10%	8.9%	11.8%
	80+	11%	9.6%	13.2%
Race	White	6%	5.5%	6.3%
	American Indian	11%	8.6%	13.0%
Ethnicity	Hispanic	5%	2.3%	11.1%
	Non-Hispanic	6%	5.8%	6.6%
Household Income	Less than $35,000	10%	9.3%	11.2%
	$35,000-$74,999	5%	4.1%	5.6%
	$75,000+	3%	2.1%	3.1%
Education	Less than High School, G.E.D.	11%	8.9%	12.9%
	High School, G.E.D.	7%	6.5%	8.2%
	Some Post-High School	6%	5.2%	6.6%
	College Graduate	3%	2.7%	3.6%
Employment Status	Employed for Wages	3%	2.6%	3.5%
	Self-employed	3%	2.5%	4.2%
	Unemployed	6%	4.5%	8.7%
	Homemaker	8%	5.6%	11.3%
	Student	3%	1.4%	6.2%
	Retired	9%	8.5%	10.4%
	Unable to Work	39%	35.2%	43.1%
Marital Status	Married/Unmarried Couple	5%	4.9%	6.0%
	Divorced/Separated	11%	9.4%	12.4%
	Widowed	12%	10.2%	13.7%
	Never Married	4%	3.1%	4.8%
Home Ownership Status	Own Home	6%	5.2%	6.1%
	Rent Home	8%	6.8%	9.0%
Children Status	Children in Household (Ages 18-44)	4%	2.8%	4.5%
	No Children in Household (Ages 18-44)	3%	1.9%	3.4%
Phone Status	Landline	7%	6.8%	8.2%
	Cell Phone	5%	4.9%	6.0%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.2%	1.9%
	Not Pregnant (Ages 18-44)	4%	3.0%	4.8%
County	Minnehaha	5%	4.1%	6.3%
	Pennington	7%	6.0%	8.7%
	Lincoln	4%	2.9%	5.4%
	Brown	7%	5.5%	9.4%
	Brookings	4%	3.0%	6.2%
	Codington	6%	4.6%	7.8%
	Meade	8%	6.1%	9.9%
	Lawrence	7%	5.4%	8.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no significant gender difference in the prevalence of poor physical health.

Age   The prevalence of poor physical health increases as age increases.

Race   American Indians exhibit a significantly higher prevalence of poor physical health than whites.

Ethnicity   There seems to be no significant Hispanic difference in the prevalence of poor physical health.

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, and students 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   Those who rent their home demonstrate a significantly higher prevalence of poor physical health than those who own their home.

Children Status   The prevalence of poor physical health of the adults does not seem to change based on the presence of children in the household.

Phone Status   Those with a landline phone show a significantly higher prevalence of poor physical health than those with a cell phone.

Pregnancy Status   Those who are not pregnant demonstrate a significantly higher prevalence of poor physical health than those who are pregnant.

County   Pennington, Brown, and Meade counties exhibit a very high prevalence of poor physical health, while those in Lincoln county show a very low prevalence.

Figure 60, below, shows the average number of days all respondents stated their physical health was not good for the past 30 days. For the past seven years the average number of days has remained steady.

Figure 60
Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2011-2017
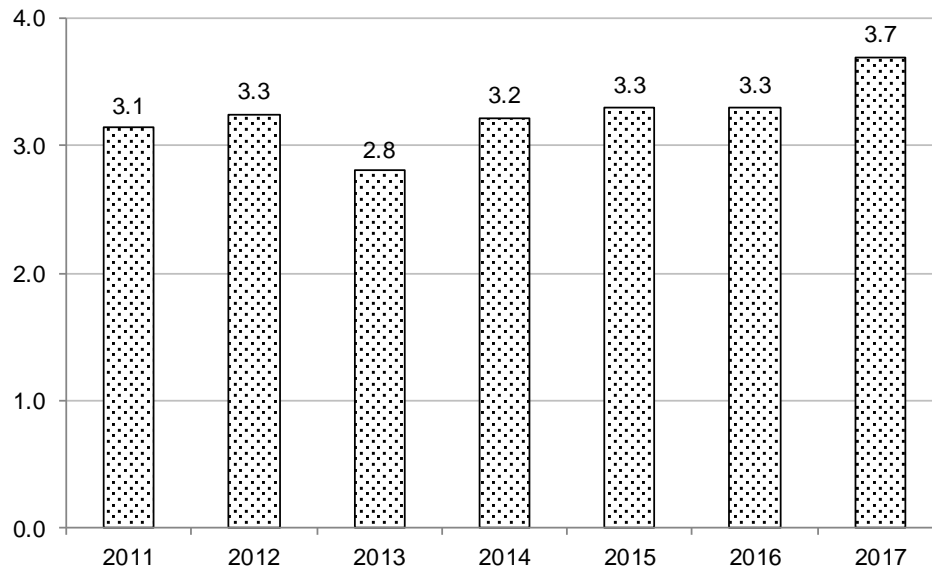
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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

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

Figure 61
Percentage of South Dakotans Stating Mental Health Not Good
for 20-30 Days of the Past 30, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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Table 53				
South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2013-2017				
			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	4%	3.8%	4.9%
	Female	7%	5.9%	7.3%
Age	18-29	6%	5.3%	7.9%
	30-39	6%	5.0%	7.4%
	40-49	6%	5.2%	7.6%
	50-59	5%	4.4%	6.2%
	60-69	5%	3.9%	5.5%
	70-79	4%	2.7%	4.7%
	80+	3%	2.2%	4.8%
Race	White	5%	4.7%	5.6%
	American Indian	8%	6.3%	9.4%
Ethnicity	Hispanic	4%	1.7%	9.6%
	Non-Hispanic	5%	5.0%	5.9%
Household Income	Less than $35,000	9%	8.0%	10.2%
	$35,000-$74,999	4%	3.4%	4.7%
	$75,000+	2%	1.9%	3.1%
Education	Less than High School, G.E.D.	9%	7.1%	11.3%
	High School, G.E.D.	6%	5.1%	6.6%
	Some Post-High School	6%	5.0%	6.7%
	College Graduate	3%	2.5%	3.5%
Employment Status	Employed for Wages	4%	3.8%	4.9%
	Self-employed	3%	2.4%	4.3%
	Unemployed	12%	9.0%	16.5%
	Homemaker	6%	3.7%	9.2%
	Student	6%	3.8%	9.1%
	Retired	4%	2.9%	4.4%
	Unable to Work	24%	20.9%	27.7%
Marital Status	Married/Unmarried Couple	4%	3.6%	4.6%
	Divorced/Separated	9%	8.0%	11.1%
	Widowed	6%	4.9%	8.1%
	Never Married	7%	5.5%	7.8%
Home Ownership Status	Own Home	4%	3.7%	4.5%
	Rent Home	8%	6.7%	8.9%
Children Status	Children in Household (Ages 18-44)	7%	5.5%	7.7%
	No Children in Household (Ages 18-44)	6%	5.0%	7.3%
Phone Status	Landline	5%	4.3%	5.5%
	Cell Phone	6%	5.2%	6.4%
Pregnancy Status	Pregnant (Ages 18-44)	7%	2.7%	16.0%
	Not Pregnant (Ages 18-44)	8%	6.6%	9.1%
County	Minnehaha	5%	4.4%	6.9%
	Pennington	6%	4.8%	7.7%
	Lincoln	4%	3.1%	5.9%
	Brown	5%	3.3%	6.5%
	Brookings	5%	3.5%	7.8%
	Codington	6%	4.1%	8.7%
	Meade	8%	6.0%	10.3%
	Lawrence	5%	4.1%	6.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Females exhibit a significantly higher prevalence of poor mental health than males.

Age   The prevalence of poor mental health decreases as age increases.

Race   American Indians exhibit a significantly higher prevalence of poor mental health than whites.

Ethnicity   There is no significant Hispanic difference in the prevalence of poor mental health.

Household Income   The prevalence of poor mental health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.

Education   The prevalence of poor mental health decreases as education increases. This includes significant decreases as the high school and college graduate levels are reached.

Employment   Those who are unable to work demonstrate a very high prevalence of poor mental health while those who are employed for wages, self-employed, homemakers, students, or retired show a very low prevalence.

Marital Status   Those who are divorced or widowed exhibit a very high prevalence of poor mental health, while those who are married show a very low prevalence.

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

Children Status   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   The prevalence of poor mental health does not seem to change based on phone status.

Pregnancy Status   The prevalence of poor mental health does not seem to change based on pregnancy status.

County   Meade county exhibits a very high prevalence of poor mental health, while Lincoln county shows a very low prevalence.

Figure 62, below, shows the average number of days all respondents stated their mental health was not good for the past 30 days. For the past six years the average number of days has been steady.

Figure 62
**Average Number of Days Respondents' Mental Health Was Not Good
in the Past 30 Days, 2011-2017**
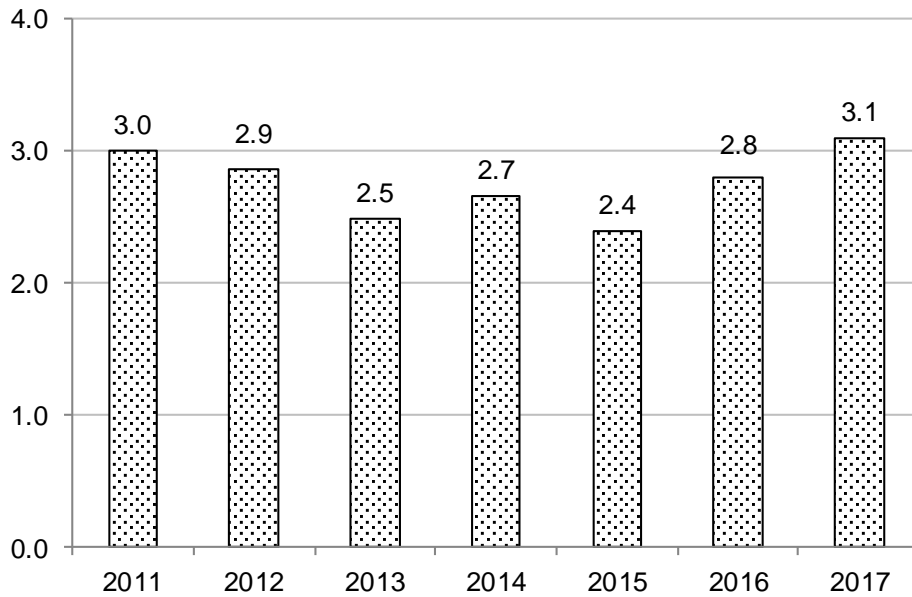
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

MENTAL HEALTH TREATMENT

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

Prevalence of Mental Health Treatment

o   South Dakota 12%
o   *There is no nationwide median for mental health treatment*
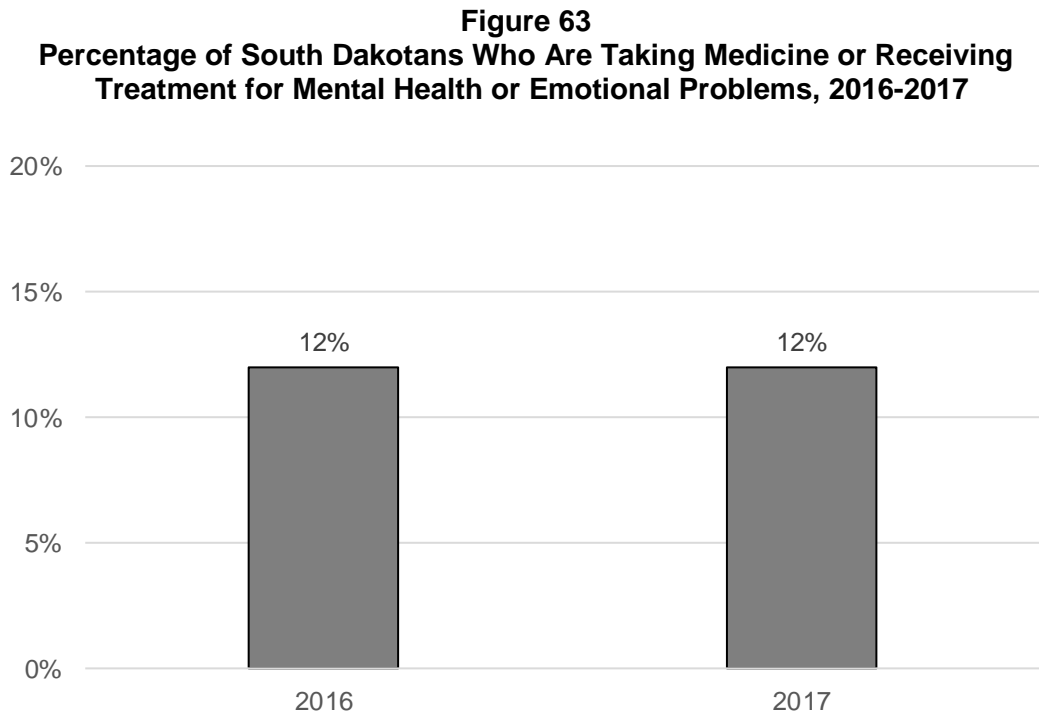
Figure 63
Percentage of South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

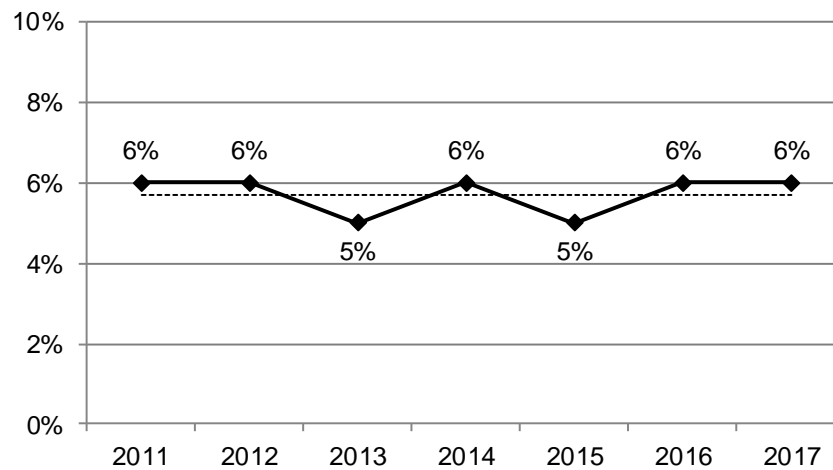| **Table 54** |||| |
South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2017				
			95% Confidence Interval	
		2016-2017	**Low**	**High**
Gender	Male	8%	6.6%	9.0%
	Female	16%	14.6%	18.0%
Age	18-29	13%	9.7%	16.4%
	30-39	11%	8.5%	13.5%
	40-49	16%	13.4%	19.8%
	50-59	14%	11.6%	16.7%
	60-69	13%	11.3%	15.5%
	70-79	7%	5.6%	9.0%
	80+	3%	1.6%	4.8%
Race	White	13%	11.4%	13.7%
	American Indian	11%	7.9%	14.2%
Ethnicity	Hispanic	6%	2.8%	12.2%
	Non-Hispanic	12%	11.1%	13.2%
Household Income	Less than $35,000	17%	14.9%	19.7%
	$35,000-$74,999	10%	8.8%	12.0%
	$75,000+	9%	7.5%	11.0%
Education	Less than High School, G.E.D.	9%	6.6%	13.4%
	High School, G.E.D.	12%	9.7%	13.8%
	Some Post-High School	13%	11.5%	15.4%
	College Graduate	12%	10.2%	13.4%
Employment Status	Employed for Wages	11%	9.9%	12.9%
	Self-employed	6%	4.0%	7.7%
	Unemployed	19%	12.0%	28.0%
	Homemaker	11%	7.4%	16.1%
	Student	15%	8.2%	26.1%
	Retired	8%	6.9%	9.7%
	Unable to Work	45%	38.1%	51.9%
Marital Status	Married/Unmarried Couple	11%	9.4%	11.9%
	Divorced/Separated	20%	17.0%	24.0%
	Widowed	12%	9.0%	15.3%
	Never Married	12%	9.4%	14.9%
Home Ownership Status	Own Home	11%	9.5%	11.8%
	Rent Home	16%	13.7%	19.4%
Children Status	Children in Household (Ages 18-44)	10%	8.4%	12.5%
	No Children in Household (Ages 18-44)	15%	11.7%	18.6%
Phone Status	Landline	10%	9.1%	12.0%
	Cell Phone	13%	11.3%	14.0%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	17%	14.1%	20.7%
County	Minnehaha	14%	11.4%	17.5%
	Pennington	15%	11.9%	18.2%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	13%	9.6%	18.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

Demographics

Gender
Females exhibit a significantly higher prevalence of seeking professional help for mental health issues than males.

Age
There seems to be no difference in the prevalence of seeking professional help for mental health issues as age changes.

Race
There seems to be no racial difference in the prevalence of seeking professional help for mental health issues.

Ethnicity
The prevalence of seeking professional help for mental health issues does not seem to change based on ethnicity.

Household Income
The prevalence of seeking help for mental health issues decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.

Education
There seems to be no difference in the prevalence of seeking help for mental health issues regarding education level.

Employment
Those who are unable to work exhibit very high prevalence of seeking help for mental health issues, while those who are self-employed, a homemaker, or retired show a very low prevalence.

Marital Status
Those who are divorced demonstrate a significantly higher prevalence of seeking help for mental health issues than all other types of marital status.

Home Ownership
Those who rent their home demonstrate a significantly higher prevalence of seeking help for mental health issues than those who own their home.

Children Status
There seems to be no difference in the prevalence of seeking help for mental health issues regarding the presence of children in the household.

Phone Status
There seems to be no difference in the prevalence of seeking help for mental health issues regarding phone status.

County
There seems to be no difference in the prevalence of seeking help for mental health issues among the three counties with sufficient sample size.

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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

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

Figure 64
Percentage of South Dakotans Reporting Usual Activities Unattainable
for 10-30 Days of the Past 30, 2011-2017
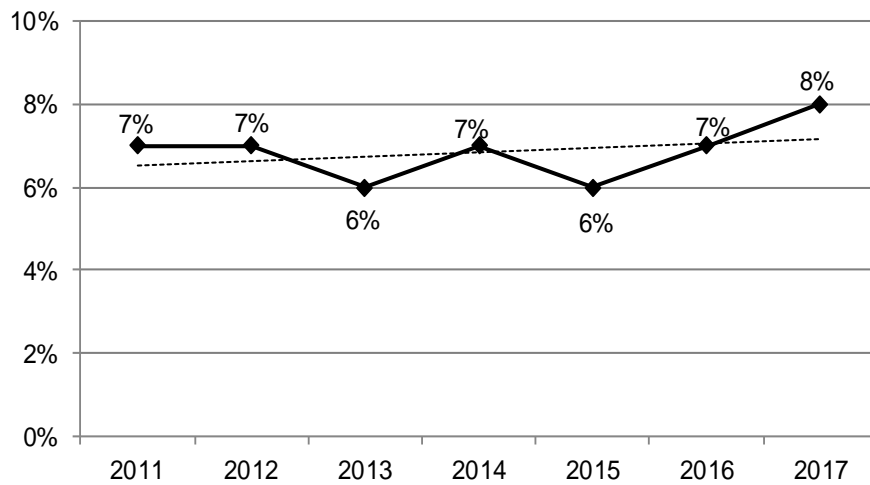
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
Table 55 **South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2013-2017**				
		2013-2017	**Low**	**High**
Gender	Male	6%	5.3%	6.6%
	Female	8%	7.1%	8.4%
Age	18-29	4%	3.0%	5.0%
	30-39	5%	3.9%	6.2%
	40-49	6%	5.4%	7.7%
	50-59	9%	7.8%	10.1%
	60-69	10%	9.0%	11.5%
	70-79	8%	6.7%	9.2%
	80+	7%	5.9%	8.6%
Race	White	6%	5.9%	6.8%
	American Indian	12%	10.0%	14.5%
Ethnicity	Hispanic	8%	4.1%	14.2%
	Non-Hispanic	7%	6.3%	7.2%
Household Income	Less than $35,000	12%	10.6%	12.7%
	$35,000-$74,999	5%	4.4%	5.9%
	$75,000+	3%	2.4%	3.5%
Education	Less than High School, G.E.D.	11%	9.1%	13.2%
	High School, G.E.D.	8%	7.0%	8.8%
	Some Post-High School	7%	5.9%	7.3%
	College Graduate	4%	3.5%	4.6%
Employment Status	Employed for Wages	3%	3.0%	4.0%
	Self-employed	4%	2.7%	4.6%
	Unemployed	12%	8.9%	15.4%
	Homemaker	6%	4.1%	8.8%
	Student	5%	3.0%	9.0%
	Retired	8%	7.1%	8.9%
	Unable to Work	47%	43.3%	51.3%
Marital Status	Married/Unmarried Couple	6%	5.3%	6.4%
	Divorced/Separated	12%	10.7%	13.9%
	Widowed	9%	7.7%	10.9%
	Never Married	6%	4.6%	6.7%
Home Ownership Status	Own Home	6%	5.5%	6.4%
	Rent Home	9%	7.5%	9.8%
Children Status	Children in Household (Ages 18-44)	5%	4.2%	6.1%
	No Children in Household (Ages 18-44)	4%	3.2%	5.0%
Phone Status	Landline	8%	6.9%	8.4%
	Cell Phone	6%	5.8%	7.0%
Pregnancy Status	Pregnant (Ages 18-44)	4%	1.0%	14.6%
	Not Pregnant (Ages 18-44)	6%	4.6%	6.6%
County	Minnehaha	6%	5.2%	7.7%
	Pennington	8%	6.9%	9.6%
	Lincoln	4%	3.0%	5.7%
	Brown	7%	4.9%	9.2%
	Brookings	6%	4.0%	8.0%
	Codington	5%	3.7%	6.5%
	Meade	8%	6.6%	10.6%
	Lawrence	8%	6.1%	9.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender
Females exhibit a significantly higher prevalence of poor health keeping them from usual activities than males.

Age
The prevalence of poor health keeping them from usual activities peaks in the 60s.

Race
American Indians exhibit a significantly higher prevalence of poor health keeping them from usual activities than whites.

Ethnicity
There is no significant Hispanic difference in the prevalence of poor health keeping them from usual activities.

Household Income
The prevalence of poor health keeping them from usual activities decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household income is reached.

Education
The prevalence of poor health keeping them from usual activities 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 health keeping them from usual activities, while those who are employed for wages, self-employed, or students 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 them from usual activities does not seem to change based on phone status.

Pregnancy Status
The prevalence of poor health keeping them from usual activities does not seem to change based on pregnancy status.

County
Residents of Pennington, Meade, and Lawrence counties exhibit a very high prevalence of poor health keeping them from usual activities, while residents of Lincoln and Codington counties show a very low prevalence.

Children's Oral Health

Definition: South Dakota children, ages 1-17, who have visited a dentist or dental clinic for any reason within the past year.

Prevalence of Children's Oral Health

o   South Dakota 88%
o   *There is no nationwide median for children's oral health*

Figure 65
South Dakota Children, Ages 1-17, Who Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year, 2011-2017
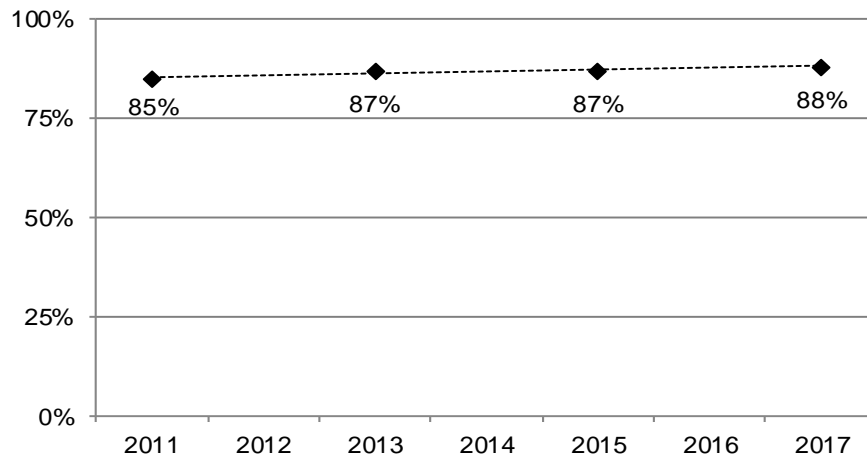
Note: These questions were not asked in 2012, 2014, or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

			95% Confidence Interval	
		2013-2017	**Low**	**High**

Table 56
South Dakota Children, Ages 1-17, Who Have Visited a Dentist or a Dental Clinic for Any Reason Within the Past Year, 2013-2017

		2013-2017	95% Confidence Interval Low	95% Confidence Interval High
Gender	Male	87%	83.9%	88.9%
	Female	88%	85.3%	90.1%
Age	1-6	75%	70.8%	78.7%
	7-12	95%	92.7%	96.5%
	13-17	92%	88.9%	94.1%
Race	White	87%	84.6%	88.7%
	American Indian	89%	85.5%	91.4%
Ethnicity	Hispanic	78%	64.2%	87.4%
	Non-Hispanic	88%	86.3%	89.6%
Household Income	Less than $35,000	85%	80.6%	88.3%
	$35,000-$74,999	85%	81.3%	88.2%
	$75,000+	92%	90.1%	94.1%
Home Ownership Status	Own Home	89%	87.2%	90.9%
	Rent Home	80%	74.9%	84.5%
Phone Status	Landline	91%	88.0%	92.8%
	Cell Phone	85%	82.1%	87.0%
County	Minnehaha	85%	79.4%	89.5%
	Pennington	82%	73.2%	88.7%
	Lincoln	84%	67.4%	92.7%
	Brown	83%	71.8%	89.9%
	Brookings	82%	68.3%	91.1%
	Codington	*	*	*
	Meade	85%	62.8%	94.7%
	Lawrence	*	*	*

Note: *Results based on small sample sizes have been suppressed. This question was not asked in 2012, 2014, or 2016.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   There seems to be no gender difference regarding oral health visits for children.

Age   The prevalence of children visiting the dentist regularly seems to peak with those from 7-12 years of age.

Race   The prevalence of children visiting the dentist regularly does not seem to differ based on race.

Ethnicity   The prevalence of children visiting the dentist regularly does not seem to differ based on ethnicity.

Household Income   The prevalence of children visiting the dentist regularly demonstrates a significant increase as the $75,000+ income group is reached.

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   Those who use a landline phone show a significantly higher prevalence of taking their children to the dentist regularly than those who use a cell phone.

County   The prevalence of children going to the dentist regularly does not seem to change among the six counties with available data.

Figure 66, below, shows the length of time since South Dakota children, ages 1 to 17 years old, had been to a dentist or a dental clinic. Most children from 2011-2017 had been to a dentist or dental clinic within the past year.

Figure 66
Length of Time Since Child Visited the Dentist or Dental Clinic, 2011-2017
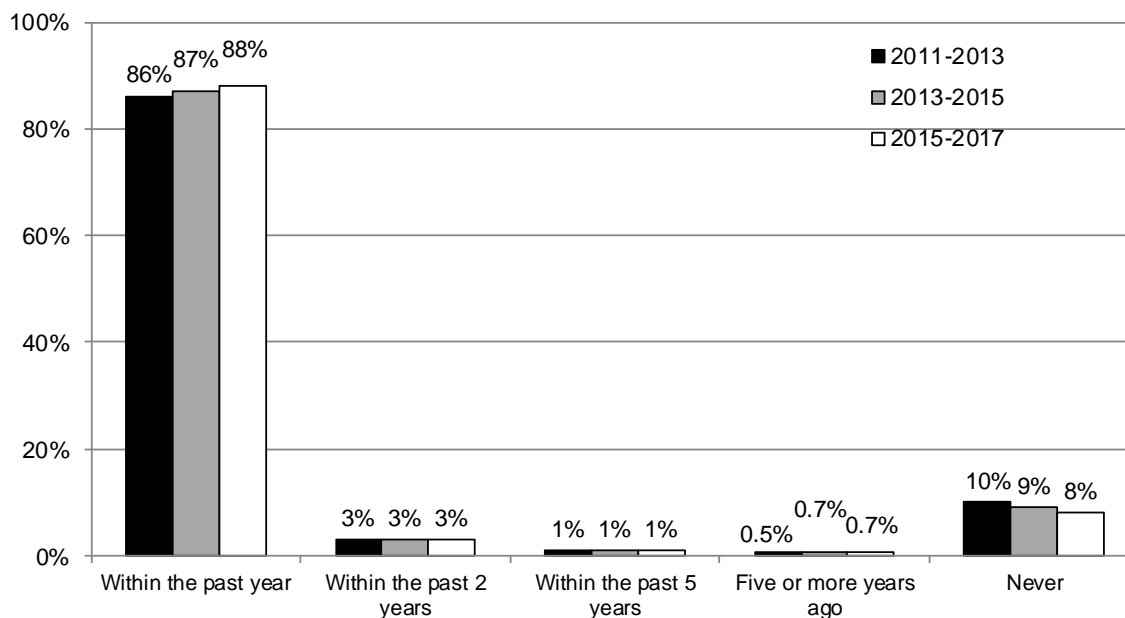
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Figure 67, below, displays the length of time since the child visited the dentist or dental clinic by age. When looking at the 1 to 4 year old age group, 34 percent have never been to the dentist compared to the three other age groups who all had fewer than three percent who had never seen a dentist.

Figure 67
Length of Time Since Child Visited the Dentist or Dental Clinic by Child's Age, 2011-2017
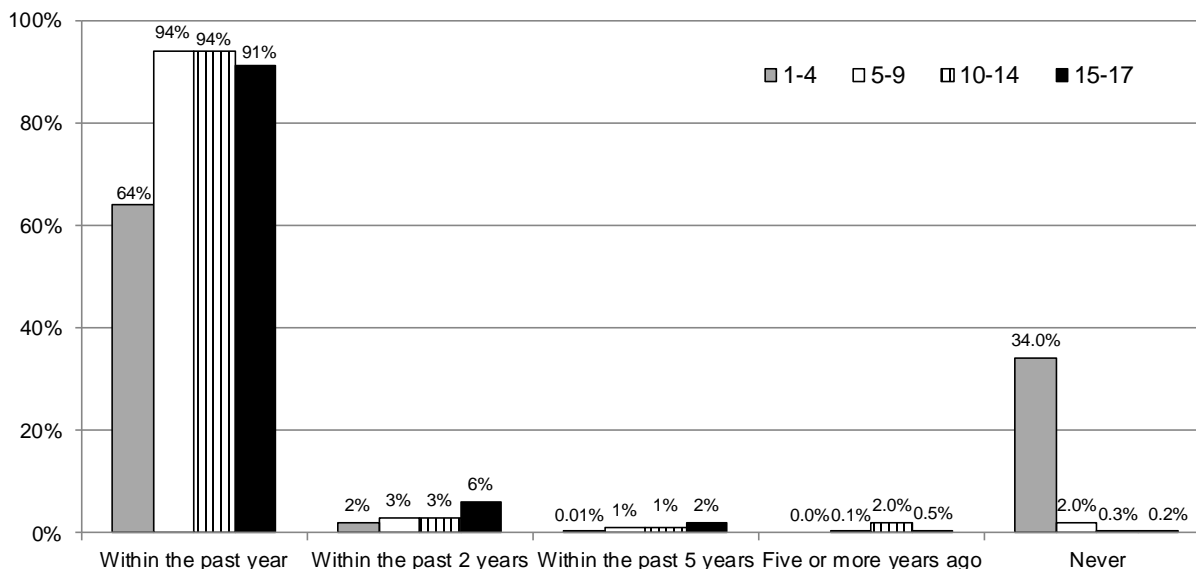
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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The main reason why South Dakota children ages 1 to 17 had not visited the dentist within the past year was because they had no reason to go, i.e. no problems, no teeth, as shown below in Table 57. Eight percent stated that cost was the main reason the child had not been to the dentist within the past year.

Table 57 Main Reason Child Has Not Visited Dentist in the Last Year, 2011-2017	
Number of Respondents	796
No reasons to go (no problems, no teeth)	62%
Cost	8%
Have not thought of it	4%
Other priorities	4%
Cannot get to the office/clinic	3%
Do not have/know a dentist	3%
Fear, apprehension, nervousness, pain, dislike going	2%
Other	13%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Figure 68, 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 in all years stated they have insurance coverage that pays for some or all of their child's routine dental care.

Figure 68
South Dakotans Who Have Any Kind of Insurance Coverage That Pays for Some or All of This Child's Routine Dental Care, 2011-2017
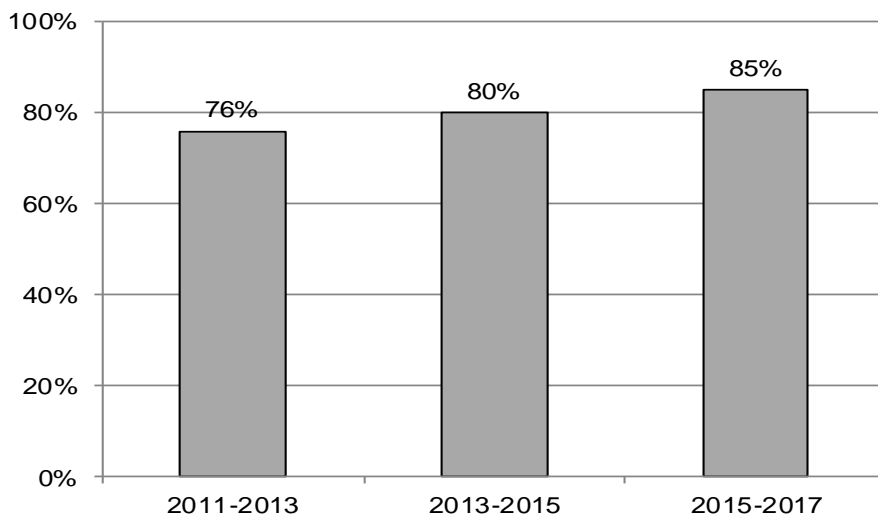
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Figure 69, below, displays the percentage of South Dakota children who had a toothache more than once when biting or chewing in the last six months. For all years, less than ten percent of children had a toothache more than once when biting or chewing in the last six months.

Figure 69
South Dakota Children Who Had Toothache More Than Once When Biting or Chewing in the Last Six Months, 2011-2017
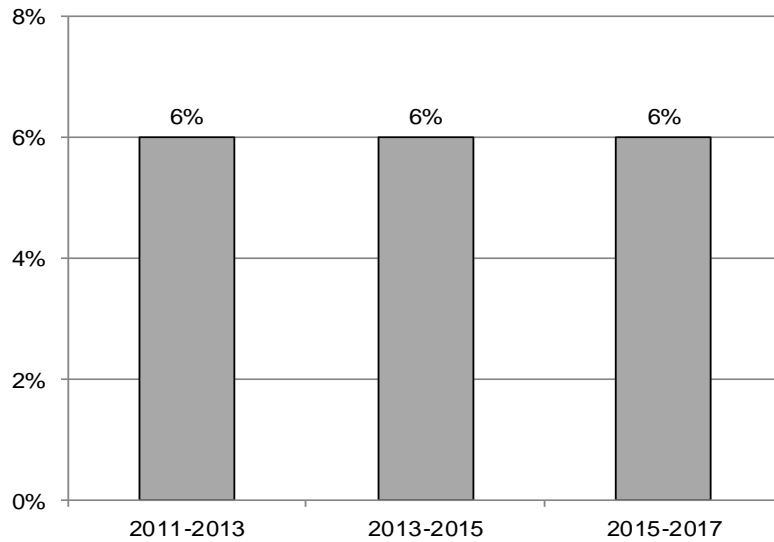
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Figure 70, below, displays the percentage of children who missed school one or more times in the past 12 months because of problems with their teeth or mouth. Fewer than seven percent for all years stated that the child missed school because of problems with their teeth or mouth.

Figure 70
South Dakota Children Who Missed School One or More Times Because of Problems With Their Teeth or Mouth Within the Past 12 Months, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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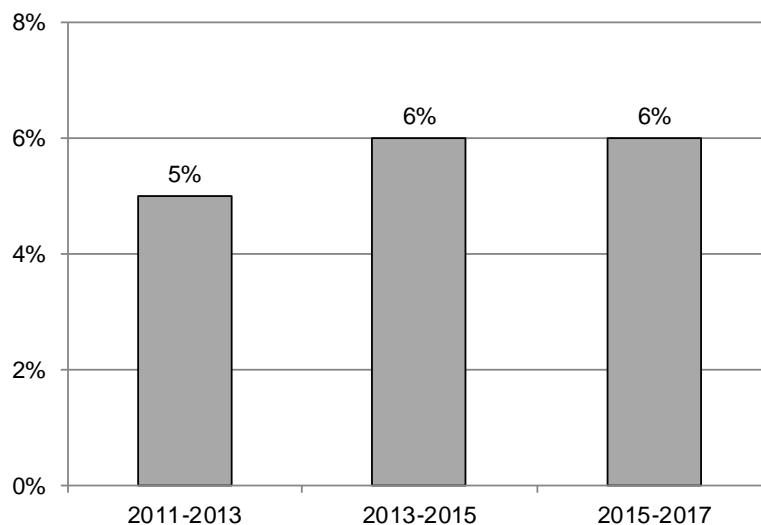
Figure 71, below, displays the percentage of children who visited a hospital emergency room one or more times during the past 12 months because of problems with their teeth or mouth. Fewer than three percent for all years stated that the child did not visit a hospital emergency room because of problems with their teeth or mouth.

Figure 71
South Dakota Children Who Visited a Hospital Emergency Room One or More Times Because of Problems With Their Teeth or Mouth Within the Past 12 Months, 2011-2017
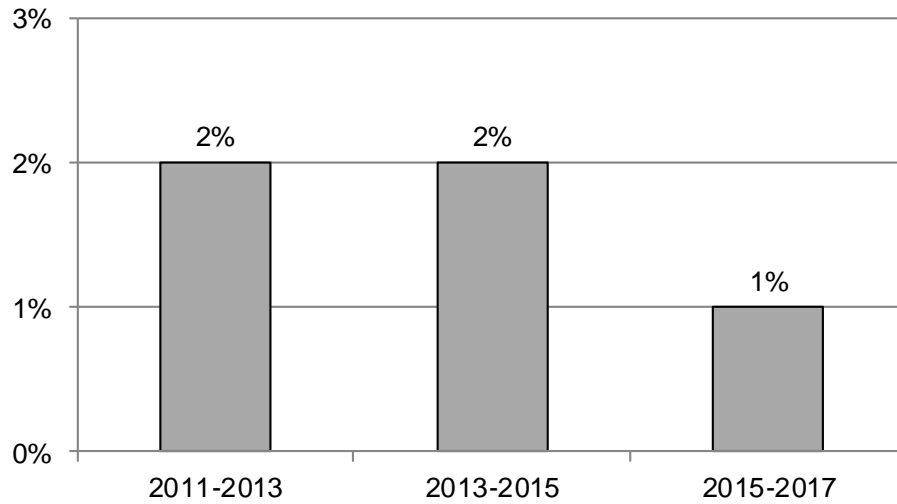
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

HIV/AIDS

Definition: South Dakotans, ages 18-64, that report they have had an HIV test.

Prevalence of HIV Test

o South Dakota 27%
o Nationwide median 36%

Figure 72
Percentage of South Dakotans, Ages 18-64, Who Have Been
Tested for HIV, 2011-2017
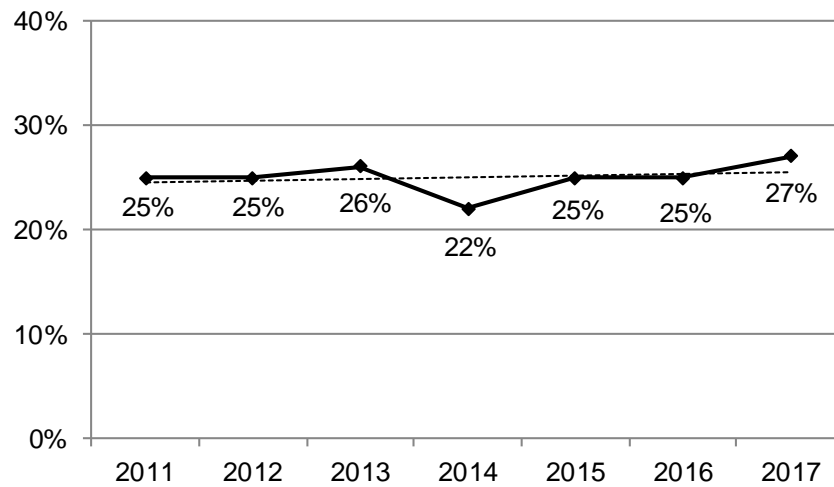
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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Table 58 South Dakotans, Ages 18-64, Who Have Been Tested for HIV, 2013-2017			95% Confidence Interval	
		2013-2017	**Low**	**High**
Gender	Male	24%	22.3%	24.8%
	Female	27%	25.5%	28.0%
Age	18-29	31%	28.5%	33.4%
	30-39	41%	38.1%	43.3%
	40-49	36%	33.2%	38.4%
	50-59	22%	20.3%	23.8%
	60-69	14%	12.4%	15.1%
	70-79	6%	5.3%	7.5%
	80+	3%	1.9%	4.2%
Race	White	22%	21.1%	22.9%
	American Indian	51%	47.8%	55.1%
Ethnicity	Hispanic	37%	29.7%	45.8%
	Non-Hispanic	25%	23.9%	25.7%
Household Income	Less than $35,000	30%	28.4%	32.0%
	$35,000-$74,999	25%	23.2%	26.3%
	$75,000+	24%	22.3%	25.7%
Education	Less than High School, G.E.D.	24%	20.5%	27.2%
	High School, G.E.D.	22%	20.3%	23.4%
	Some Post-High School	27%	25.5%	28.7%
	College Graduate	27%	25.8%	28.8%
Employment Status	Employed for Wages	29%	27.8%	30.4%
	Self-employed	20%	18.2%	22.7%
	Unemployed	43%	37.4%	48.3%
	Homemaker	33%	28.4%	38.2%
	Student	20%	16.4%	25.0%
	Retired	8%	7.1%	9.0%
	Unable to Work	41%	36.4%	44.8%
Marital Status	Married/Unmarried Couple	23%	21.9%	24.1%
	Divorced/Separated	38%	35.6%	41.1%
	Widowed	8%	6.6%	9.7%
	Never Married	30%	27.4%	31.9%
Home Ownership Status	Own Home	21%	20.2%	22.1%
	Rent Home	37%	34.7%	39.1%
Children Status	Children in Household (Ages 18-44)	39%	37.4%	41.6%
	No Children in Household (Ages 18-44)	30%	28.0%	33.0%
Phone Status	Landline	17%	16.1%	18.3%
	Cell Phone	30%	28.8%	31.2%
Pregnancy Status	Pregnant (Ages 18-44)	68%	57.3%	76.7%
	Not Pregnant (Ages 18-44)	42%	39.1%	44.0%
County	Minnehaha	29%	26.4%	31.3%
	Pennington	32%	28.9%	34.5%
	Lincoln	21%	17.7%	25.1%
	Brown	20%	16.4%	23.7%
	Brookings	16%	12.3%	19.8%
	Codington	21%	17.7%	25.5%
	Meade	24%	21.0%	28.2%
	Lawrence	22%	19.5%	25.2%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

Demographics

Gender   Females exhibit a significantly higher prevalence of HIV testing than males.

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   American Indians exhibit a significantly higher prevalence of HIV testing than do whites.

Ethnicity Hispanics demonstrate a significantly higher prevalence of HIV testing than do non-Hispanics.

Household Income   The prevalence of HIV testing decreases as household income increases with a significant decrease as the $35,000-$74,999 income group is reached.

Education There seems to be no difference in the prevalence of HIV testing regarding changing education levels.

Employment Those who are unemployed, a homemaker, 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 use a cell phone demonstrate a significantly higher prevalence of HIV testing than those who 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 and Pennington counties exhibit a very high prevalence of HIV testing, while Lincoln, Brown, Brookings, Codington, and Lawrence counties all show a very low prevalence.

Advance Directive

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

Prevalence of Advance Directive

o South Dakota 32%
o *There was no nationwide median for having an advance directive*

Figure 73
Percent of South Dakotans Who Have an Advance Directive, 2015-2017
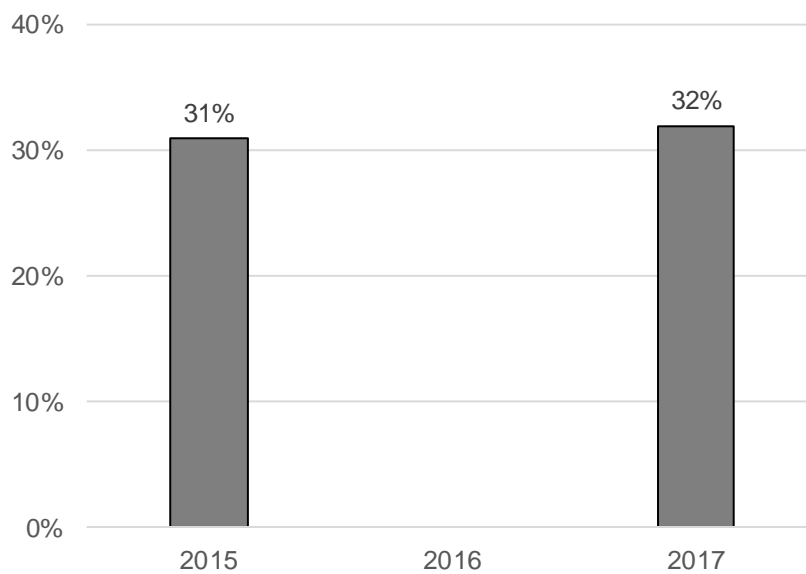
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2017

| Table 59 South Dakotans Who Have an Advance Directive, 2015-2017				
			95% Confidence Interval	
		2015-2017	**Low**	**High**
Gender	Male	30%	27.6%	31.7%
	Female	34%	31.8%	35.6%
Age	18-29	9%	6.8%	12.0%
	30-39	22%	18.5%	25.5%
	40-49	29%	24.9%	32.9%
	50-59	30%	27.3%	33.5%
	60-69	43%	39.8%	45.9%
	70-79	59%	54.7%	62.6%
	80+	65%	60.1%	70.3%
Race	White	33%	32.0%	35.0%
	American Indian	20%	15.2%	26.1%
Ethnicity	Hispanic	19%	11.2%	31.1%
	Non-Hispanic	32%	30.4%	33.3%
Household Income	Less than $25,000	29%	26.2%	31.4%
	$25,000-$74,999	31%	28.9%	34.0%
	$75,000+	35%	32.7%	38.2%
Education	Less than High School, G.E.D.	23%	18.2%	29.3%
	High School, G.E.D.	31%	28.4%	33.5%
	Some Post-High School	31%	28.7%	33.6%
	College Graduate	37%	34.5%	39.2%
Employment Status	Employed for Wages	24%	22.4%	26.3%
	Self-employed	33%	29.2%	37.7%
	Unemployed	15%	10.5%	21.5%
	Homemaker	33%	26.9%	40.6%
	Student	7%	3.7%	11.2%
	Retired	59%	55.7%	61.3%
	Unable to Work	35%	28.4%	41.6%
Marital Status	Married/Unmarried Couple	35%	33.2%	36.8%
	Divorced/Separated	30%	26.0%	33.9%
	Widowed	58%	53.9%	63.0%
	Never Married	14%	11.3%	16.6%
Home Ownership Status	Own Home	36%	34.2%	37.5%
	Rent Home	22%	19.3%	25.2%
Children Status	Children in Household (Ages 18-44)	20%	17.3%	22.9%
	No Children in Household (Ages 18-44)	14%	10.7%	17.0%
Phone Status	Landline	39%	36.7%	41.2%
	Cell Phone	28%	26.0%	29.6%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	18%	14.9%	20.9%
County	Minnehaha	31%	27.1%	34.4%
	Pennington	38%	34.0%	41.9%
	Lincoln	36%	30.4%	41.8%
	Brown	33%	28.2%	38.4%
	Brookings	22%	17.4%	26.5%
	Codington	31%	25.5%	36.7%
	Meade	32%	27.0%	37.1%
	Lawrence	33%	27.5%	38.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2017

Demographics

Gender
Females exhibit a significantly higher prevalence of having an advance directive in place than males.

Age
Having an advance directive in place increases as age increases. This includes significant increases as the 30s, 60s, and 70s are reached.

Race
Whites demonstrate a significantly higher prevalence of having an advance directive in place than American Indians.

Ethnicity
The prevalence of having an advance directive in place does not seem to differ based on ethnicity.

Household Income
The prevalence of having an advance directive in place increases as household income increases.

Education
The prevalence of having an advance directive in place generally 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 having an advance directive in place, while those who are unemployed or a student show a very low prevalence.

Marital Status
Those who are widowed exhibit a very high prevalence of having an advance directive in place, while those who have never been married show a very low prevalence.

Home Ownership
Those who own their home show a significantly higher prevalence of having an advance directive in place than those who rent their home.

Children Status
Those with children in the household exhibit a significantly higher prevalence of having an advance directive in place than those with no children.

Phone Status
Those who use a landline phone demonstrate a significantly higher prevalence of having an advance directive in place than those who have a cell phone only.

County
Residents of Minnehaha, Pennington, Lincoln, Brown, Meade, and Lawrence counties all show a very high prevalence of having an advance directive in place, while residents of Brookings county show a very low prevalence.

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

o   South Dakota 46%
o   *There was no nationwide median for having adverse childhood experiences*

Table 60 South Dakotans Who Had One or More Adverse Childhood Experiences, 2017				
			95% Confidence Interval	
		2017	Low	High
Gender	Male	46%	42.4%	49.2%
	Female	45%	42.2%	48.6%
Age	18-29	48%	41.9%	54.6%
	30-39	51%	44.5%	57.3%
	40-49	49%	42.9%	55.8%
	50-59	49%	43.8%	54.0%
	60-69	43%	38.3%	47.2%
	70-79	34%	29.1%	38.9%
	80+	29%	20.8%	38.7%
Race	White	45%	42.6%	47.5%
	American Indian	59%	50.9%	65.7%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	46%	43.2%	47.9%
Household Income	Less than $25,000	49%	44.3%	53.5%
	$25,000-$74,999	46%	41.9%	50.3%
	$75,000+	44%	39.7%	48.6%
Education	Less than High School, G.E.D.	52%	41.6%	61.5%
	High School, G.E.D.	47%	43.0%	51.6%
	Some Post-High School	47%	42.9%	51.0%
	College Graduate	40%	36.1%	43.2%
Employment Status	Employed for Wages	48%	44.7%	51.6%
	Self-employed	38%	31.4%	44.1%
	Unemployed	63%	50.4%	74.2%
	Homemaker	56%	45.2%	66.9%
	Student	47%	34.2%	60.3%
	Retired	36%	32.0%	40.0%
	Unable to Work	57%	47.7%	66.2%
Marital Status	Married/Unmarried Couple	43%	40.0%	45.9%
	Divorced/Separated	54%	48.0%	60.1%
	Widowed	39%	32.9%	46.3%
	Never Married	50%	44.0%	55.5%
Home Ownership Status	Own Home	44%	41.4%	46.7%
	Rent Home	49%	44.0%	54.7%
Children Status	Children in Household (Ages 18-44)	50%	45.0%	56.0%
	No Children in Household (Ages 18-44)	49%	43.2%	55.6%
Phone Status	Landline	42%	38.3%	45.6%
	Cell Phone	47%	43.9%	49.7%

Table 60 (continued) South Dakotans Who Had One or More Adverse Childhood Experiences, 2017				
			95% Confidence Interval	
		2017	Low	High
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	50%	43.8%	55.9%
County	Minnehaha	47%	41.1%	53.5%
	Pennington	50%	43.4%	55.9%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	*	*	*

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

Demographics

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

Age   The prevalence of having faced at least one adverse childhood experience generally decreases as adult age increases.

Race   American Indians demonstrate a significantly higher prevalence of having faced at least one adverse childhood experience than whites.

Household Income   The prevalence of having faced at least one adverse childhood experience decreases as adult household income increases.

Education   The prevalence of having faced at least one adverse childhood experience generally decreases as education levels increase.

Employment   Those who are employed for wages, 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 or retired show a very low prevalence.

Marital Status   Those who are divorced exhibit a very high prevalence of having faced at least one adverse childhood experience, while those who are married or widowed show a very low prevalence.

Home Ownership   Home ownership status does not seem to differ by having faced at least one adverse childhood experience.

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

Phone Status   The prevalence of having faced at least one adverse childhood experience does not seem to differ based on phone status.

County   There seems to be no difference between Minnehaha and Pennington county residents 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

o   South Dakota 5%
o   *There was no nationwide median for having adverse childhood experiences*

Table 61 South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017			95% Confidence Interval	
		2017	**Low**	**High**
Gender	Male	5%	3.9%	7.0%
	Female	9%	7.5%	11.2%
Age	18-29	10%	6.6%	13.7%
	30-39	9%	6.3%	13.1%
	40-49	8%	5.4%	11.2%
	50-59	8%	5.5%	11.6%
	60-69	6%	4.0%	8.1%
	70-79	2%	1.1%	3.8%
	80+	2%	0.5%	7.6%
Race	White	6%	5.1%	7.7%
	American Indian	17%	12.3%	23.6%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	7%	5.8%	8.2%
Household Income	Less than $25,000	11%	8.9%	14.7%
	$25,000-$74,999	6%	4.5%	8.1%
	$75,000+	4%	2.8%	6.5%
Education	Less than High School, G.E.D.	8%	5.0%	13.9%
	High School, G.E.D.	7%	5.6%	10.0%
	Some Post-High School	8%	6.2%	11.0%
	College Graduate	5%	3.7%	6.7%
Employment Status	Employed for Wages	8%	6.6%	10.4%
	Self-employed	4%	2.1%	7.1%
	Unemployed	16%	8.2%	27.6%
	Homemaker	3%	1.5%	7.7%
	Student	8%	4.4%	14.2%
	Retired	3%	1.6%	4.1%
	Unable to Work	20%	13.5%	28.4%
Marital Status	Married/Unmarried Couple	6%	4.8%	7.8%
	Divorced/Separated	11%	7.4%	14.9%
	Widowed	5%	2.9%	9.8%
	Never Married	9%	6.4%	12.0%
Home Ownership Status	Own Home	7%	5.4%	8.2%
	Rent Home	8%	6.1%	11.3%
Children Status	Children in Household (Ages 18-44)	9%	6.7%	12.9%
	No Children in Household (Ages 18-44)	9%	6.3%	12.7%
Phone Status	Landline	5%	4.1%	6.8%
	Cell Phone	8%	6.5%	9.5%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	12%	8.9%	16.1%

Table 61 (continued) South Dakotans Who Had Five or More Adverse Childhood Experiences, 2017				
			95% Confidence Interval	
		2017	Low	High
County	Minnehaha	6%	3.9%	10.0%
	Pennington	10%	6.4%	14.2%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	*	*	*

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

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 for those in their 70s.

Race American Indians 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 student, or unable to work demonstrate a very high prevalence of having faced at least five adverse childhood experiences, while those who are self-employed, a homemaker, or retired show a very low prevalence.

Marital Status The prevalence of having faced at least five adverse childhood experiences does not seem to differ based on adult marital status.

Home Ownership The prevalence of having faced at least five adverse childhood experiences does not seem to differ based on adult home ownership status.

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 The prevalence of having faced at least five adverse childhood experiences does not seem to differ based on phone status.

County There seems to be no difference between Minnehaha and Pennington county residents regarding having faced at least five adverse childhood experiences.

Hearing Difficulty

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

Prevalence of Hearing Difficulty

o   South Dakota 8%
o   Nationwide median 7%

Figure 74
Percentage of South Dakotans Who are Deaf or Have Serious
Difficulty Hearing, 2016-2017
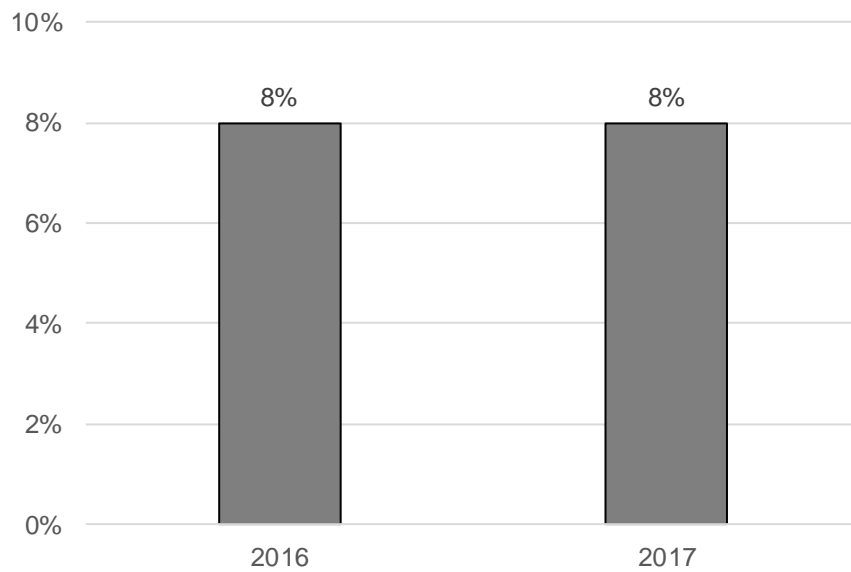
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

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			95% Confidence Interval	
		2016-2017	**Low**	**High**

Table 62
South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2017

		2016-2017	95% Confidence Interval Low	95% Confidence Interval High
Gender	Male	10%	9.2%	11.8%
	Female	5%	4.4%	6.0%
Age	18-29	3%	1.5%	4.6%
	30-39	3%	1.7%	4.1%
	40-49	5%	3.2%	6.7%
	50-59	7%	5.3%	8.7%
	60-69	10%	8.0%	11.6%
	70-79	19%	15.3%	22.4%
	80+	30%	25.2%	35.3%
Race	White	8%	6.9%	8.6%
	American Indian	10%	7.9%	13.7%
Ethnicity	Hispanic	7%	2.4%	16.9%
	Non-Hispanic	8%	7.1%	8.6%
Household Income	Less than $35,000	10%	8.3%	11.6%
	$35,000-$74,999	7%	6.0%	8.6%
	$75,000+	5%	3.8%	6.0%
Education	Less than High School, G.E.D.	12%	8.3%	16.2%
	High School, G.E.D.	9%	8.1%	11.1%
	Some Post-High School	7%	5.8%	8.2%
	College Graduate	5%	4.4%	6.4%
Employment Status	Employed for Wages	4%	3.5%	5.3%
	Self-employed	6%	4.2%	7.8%
	Unemployed	5%	2.7%	10.0%
	Homemaker	7%	4.0%	10.8%
	Student	1%	0.1%	2.7%
	Retired	19%	16.8%	21.7%
	Unable to Work	17%	12.6%	22.0%
Marital Status	Married/Unmarried Couple	7%	6.5%	8.5%
	Divorced/Separated	9%	7.2%	12.1%
	Widowed	22%	18.4%	26.8%
	Never Married	3%	2.4%	4.6%
Home Ownership Status	Own Home	9%	7.6%	9.5%
	Rent Home	6%	4.9%	7.7%
Children Status	Children in Household (Ages 18-44)	3%	1.8%	4.4%
	No Children in Household (Ages 18-44)	2%	1.5%	4.0%
Phone Status	Landline	12%	10.4%	13.8%
	Cell Phone	6%	5.5%	7.2%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	2%	0.9%	3.1%
County	Minnehaha	6%	4.4%	7.8%
	Pennington	10%	8.3%	13.1%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	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, 2016-2017

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 70s, and 80s.

Race   There seems to be no racial difference regarding hearing difficulty.

Ethnicity   There seems to be no Hispanic difference regarding hearing difficulty.

Household Income   The prevalence of hearing difficulty decreases as household income increases.

Education   The prevalence of hearing difficulty decreases as education increases.

Employment   Those who are retired or unable to work demonstrate a very high prevalence of hearing difficulty while those who are unemployed or 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 differ based on the presence of children in the household.

Phone Status   Those with a landline phone show a significantly higher prevalence of hearing difficulty than those with a cell phone.

County   Pennington county exhibits a very high prevalence of hearing difficulty, while those in Minnehaha county show a very low prevalence.

Prescription Pain Medication

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

Prevalence of Prescription Pain Medication

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

Table 66 South Dakotans That Have Taken Prescription Pain Medication in the Last 12 Months, 2017		2017	95% Confidence Interval	
			Low	High
Gender	Male	14%	12.1%	16.9%
	Female	16%	13.5%	17.9%
Age	18-29	12%	8.5%	17.9%
	30-39	13%	9.1%	16.9%
	40-49	17%	12.6%	22.2%
	50-59	17%	13.6%	21.5%
	60-69	17%	13.8%	20.4%
	70-79	15%	11.4%	18.9%
	80+	14%	8.7%	21.7%
Race	White	14%	12.7%	16.1%
	American Indian	19%	14.0%	24.7%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	15%	13.2%	16.4%
Household Income	Less than $35,000	17%	14.1%	20.8%
	$35,000-$74,999	16%	13.6%	19.4%
	$75,000+	14%	11.1%	17.2%
Education	Less than High School, G.E.D.	12%	7.0%	18.4%
	High School, G.E.D.	15%	12.6%	18.7%
	Some Post-High School	15%	12.1%	17.8%
	College Graduate	16%	13.4%	19.1%
Employment Status	Employed for Wages	15%	12.3%	17.2%
	Self-employed	8%	5.6%	12.7%
	Unemployed	32%	20.4%	45.5%
	Homemaker	11%	6.8%	16.6%
	Student	10%	4.2%	21.9%
	Retired	15%	12.2%	17.6%
	Unable to Work	34%	25.2%	43.9%
Marital Status	Married/Unmarried Couple	15%	13.3%	17.6%
	Divorced/Separated	18%	14.1%	23.3%
	Widowed	16%	11.2%	22.2%
	Never Married	12%	8.5%	15.6%
Home Ownership Status	Own Home	15%	13.4%	17.2%
	Rent Home	15%	12.0%	19.4%
Children Status	Children in Household (Ages 18-44)	14%	10.8%	18.5%
	No Children in Household (Ages 18-44)	12%	8.5%	16.8%
Phone Status	Landline	13%	10.8%	15.1%
	Cell Phone	16%	13.8%	18.0%

Table 66 (continued) South Dakotans That Have Taken Prescription Pain Medication in the Last 12 Months, 2017				
			95% Confidence Interval	
		2017	Low	High
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	13%	9.7%	17.6%
County	Minnehaha	13%	9.6%	17.7%
	Pennington	21%	16.5%	27.2%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	*	*	*

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

Demographics

Gender   The prevalence of taking prescription pain medication does not seem to change based on gender.

Age   The prevalence of taking prescription pain medication increases as age increases and peaks in the 40s, 50s, and 60s. After that, the prevalence decreases as age increases.

Race   The prevalence of taking prescription pain medication does not seem to change based on race.

Household Income   The prevalence of taking prescription pain medication decreases as household income increases.

Education   The prevalence of taking prescription pain medication increases as education levels increase.

Employment   Those who are unemployed or unable to work demonstrate a significantly higher prevalence of taking prescription pain medication than all other types of employment.

Marital Status   The prevalence of taking prescription pain medication does not seem to change based on marital status.

Home Ownership   The prevalence of taking prescription pain medication does not seem to change based on home ownership.

Children Status   The prevalence of taking prescription pain medication does not seem to change based on the presence of children in the household.

Phone Status   The prevalence of taking prescription pain medication does not seem to change based on phone status.

County   The prevalence of taking prescription pain medication does not seem to differ between Minnehaha and Pennington counties.

Substance Abuse Treatment

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

Prevalence of Substance Abuse Treatment

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

Figure 75
Percent of South Dakotans Who Have Been or are Currently Being Treated for Substance Abuse, 2016-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

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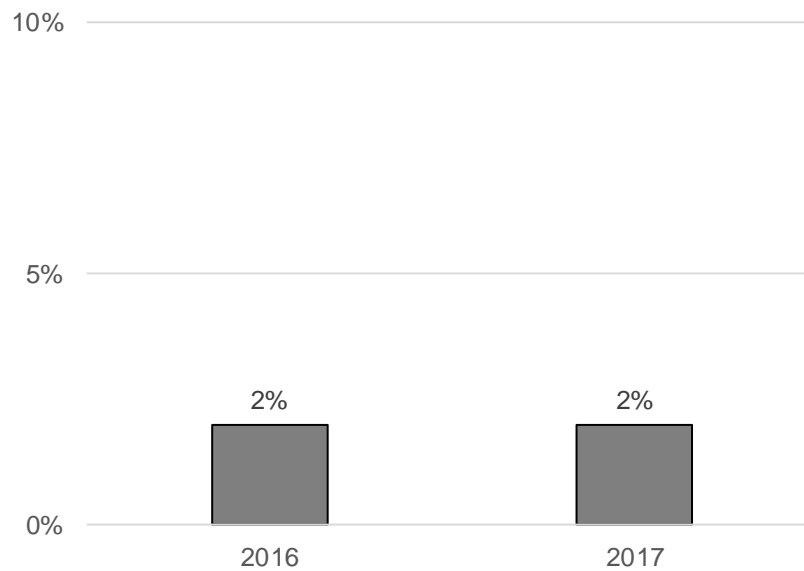
Table 67
South Dakotans Who Have Been or are Currently Being Treated for Substance Abuse, 2016-2017

| | | 2016-2017 | 95% Confidence Interval | |
			Low	High
Gender	Male	2%	1.7%	3.2%
	Female	1%	0.7%	1.8%
Age	18-29	2%	0.7%	3.1%
	30-39	3%	1.5%	4.3%
	40-49	3%	1.6%	5.5%
	50-59	2%	1.0%	2.8%
	60-69	1%	0.6%	2.1%
	70-79	1%	0.4%	2.4%
	80+	0.4%	0.1%	1.9%
Race	White	1%	1.1%	1.9%
	American Indian	6%	2.9%	10.8%
Ethnicity	Hispanic	2%	0.6%	6.5%
	Non-Hispanic	2%	1.3%	2.2%
Household Income	Less than $35,000	3%	1.8%	3.8%
	$35,000-$74,999	2%	1.1%	2.9%
	$75,000+	1%	0.3%	1.2%
Education	Less than High School, G.E.D.	2%	0.8%	4.0%
	High School, G.E.D.	2%	1.1%	3.3%
	Some Post-High School	2%	1.6%	3.3%
	College Graduate	1%	0.4%	1.1%
Employment Status	Employed for Wages	2%	1.3%	2.8%
	Self-employed	1%	0.4%	1.8%
	Unemployed	5%	1.9%	14.4%
	Homemaker	2%	0.4%	5.7%
	Student	0.5%	0.1%	1.9%
	Retired	1%	0.6%	1.7%
	Unable to Work	3%	1.2%	5.3%
Marital Status	Married/Unmarried Couple	1%	0.7%	1.5%
	Divorced/Separated	3%	2.0%	5.0%
	Widowed	1%	0.2%	1.5%
	Never Married	3%	2.1%	5.6%
Home Ownership Status	Own Home	1%	0.9%	1.8%
	Rent Home	3%	2.2%	4.9%
Children Status	Children in Household (Ages 18-44)	2%	1.2%	3.9%
	No Children in Household (Ages 18-44)	2%	1.4%	4.0%
Phone Status	Landline	1%	0.9%	2.0%
	Cell Phone	2%	1.4%	2.6%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	2%	0.9%	3.3%
County	Minnehaha	1%	0.5%	2.7%
	Pennington	3%	1.9%	5.7%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	2%	0.8%	3.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

Demographics

Gender
There seems to be no gender difference regarding the prevalence of seeking treatment for substance abuse.

Age
The prevalence of seeking treatment for substance abuse seems to peak in the 30s and 40s.

Race
American Indians exhibit a significantly higher prevalence of seeking treatment for substance abuse than whites.

Household Income
The prevalence of seeking treatment for substance abuse decreases as household income increases.

Education
There seems to be no difference in the prevalence of seeking treatment for substance abuse regarding education level.

Employment
Those who are unemployed exhibit a very high prevalence of seeking treatment for substance abuse, while those who are self-employed or retired show a very low prevalence.

Marital Status
Those who are divorced or have never been married demonstrate a very high prevalence of seeking treatment for substance abuse, while those who are married or widowed show a very low prevalence.

Home Ownership
Those who rent their home exhibit a significantly higher prevalence of seeking treatment for substance abuse than those who own their home.

Children Status
There seems to be no difference in the prevalence of seeking treatment for substance abuse regarding the presence of children in the household.

Phone Status
There seems to be no difference in the prevalence of seeking treatment for substance abuse regarding phone status.

County
There seems to be no difference in the prevalence of seeking treatment for substance abuse among the three counties with sufficient sample size.

Appendix A: Demographics

		Total		Male		Female	
Table 68 **Demographics of Survey Respondents, 2017**							
		# Resp.	Col %	# Resp.	Col %	# Resp.	Col %
Total		7,012	100%	3,060	100%	3,952	100%
Age	18-29	679	10%	353	12%	326	8%
	30-39	768	11%	358	12%	410	10%
	40-49	811	12%	373	12%	438	11%
	50-59	1,254	18%	556	18%	698	18%
	60-69	1,651	24%	712	23%	939	24%
	70-79	1,187	17%	467	15%	720	18%
	80+	616	9%	222	7%	394	10%
	Not Stated	46	1%	19	1%	27	1%
Race	White	5,349	76%	2,365	77%	2,984	76%
	American Indian	1,332	19%	527	17%	805	20%
	Other	278	4%	138	5%	140	4%
	Not Stated	53	1%	30	1%	23	1%
Hispanic	Yes	87	1%	38	1%	49	1%
	No	6,903	98%	3,010	98%	3,893	99%
	Not Stated	22	0.3%	12	0.4%	10	0.3%
Household Income	Less than $10,000	310	4%	114	4%	196	5%
	$10,000-$14,999	316	5%	125	4%	191	5%
	$15,000-$19,999	404	6%	164	5%	240	6%
	$20,000-$24,999	542	8%	206	7%	336	9%
	$25,000-$34,999	690	10%	281	9%	409	10%
	$35,000-$49,999	989	14%	457	15%	532	14%
	$50,000-$74,999	1,066	15%	505	17%	561	14%
	$75,000 +	1,542	22%	797	26%	745	19%
	Not Stated	1,134	16%	404	13%	730	19%
Education	8th Grade or Less	135	2%	73	2%	62	2%
	Some High School	363	5%	172	6%	191	5%
	High School or G.E.D.	2,032	29%	964	32%	1,068	27%
	Some Post-High School	2,138	30%	862	28%	1,276	32%
	College Graduate	2,334	33%	986	32%	1,348	34%
	Not Stated	10	0.1%	3	0.1%	7	0.2%
Employment Status	Employed for Wages	2,833	40%	1,280	42%	1,553	39%
	Self-employed	836	12%	534	17%	302	8%
	Unemployed	265	4%	115	4%	150	4%
	Homemaker	324	5%	12	0.4%	312	8%
	Student	152	2%	80	3%	72	2%
	Retired	2,114	30%	844	28%	1,270	32%
	Unable to Work	457	7%	174	6%	283	7%
	Not Stated	31	0.4%	21	1%	10	0.3%
Marital Status	Married/Unmarried Couple	3,819	54%	1,730	57%	2,089	53%
	Divorced/Separated	1,046	15%	460	15%	586	15%
	Widowed	955	14%	217	7%	738	19%
	Never Married	1,161	17%	637	21%	524	13%
	Not Stated	31	0.4%	16	1%	15	0.4%
Phone Status	Landline	3,484	50%	1,326	43%	2,158	55%
	Cell Phone	3,528	50%	1,734	57%	1,794	45%
Home Ownership	Own Home	5,158	77%	2,254	78%	2,904	76%
	Rent Home	1,544	23%	649	22%	895	24%
Children in Household	Yes	1,852	26%	738	24%	1,114	28%
	No	5,133	73%	2,312	76%	2,821	71%
	Not Stated	24	0.3%	9	0.3%	15	0.4%
Pregnant (18-44)	Yes	48	4%	-	-	48	4%
	No	1,138	95%	-	-	1,138	95%
	Not Stated	8	1%	-	-	8	1%

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

		Table 69			
	Surveys Completed by Resident County, 2017				
Resident County	Surveys Completed	% of Total Surveys	Total Adult Population	% of Total Population	# Surveyed per 1,000 Population
Total	7,012	100.0%	654,810	100.0%	10.7
Aurora	5	0.1%	2,048	0.3%	2.4
Beadle	48	0.7%	13,167	2.0%	3.6
Bennett	152	2.2%	2,303	0.4%	66.0
Bon Homme	19	0.3%	5,617	0.9%	3.4
Brookings	440	6.3%	27,242	4.2%	16.2
Brown	485	6.9%	29,709	4.5%	16.3
Brule	22	0.3%	3,902	0.6%	5.6
Buffalo	54	0.8%	1,232	0.2%	43.8
Butte	83	1.2%	7,666	1.2%	10.8
Campbell	8	0.1%	1,168	0.2%	6.8
Charles Mix	23	0.3%	6,646	1.0%	3.5
Clark	33	0.5%	2,730	0.4%	12.1
Clay	51	0.7%	11,511	1.8%	4.4
Codington	367	5.2%	21,291	3.3%	17.2
Corson	189	2.7%	2,671	0.4%	70.8
Custer	40	0.6%	7,322	1.1%	5.5
Davison	57	0.8%	15,118	2.3%	3.8
Day	37	0.5%	4,284	0.7%	8.6
Deuel	37	0.5%	3,285	0.5%	11.3
Dewey	276	3.9%	3,681	0.6%	75.0
Douglas	11	0.2%	2,202	0.3%	5.0
Edmunds	27	0.4%	3,010	0.5%	9.0
Fall River	34	0.5%	5,516	0.8%	6.2
Faulk	10	0.1%	1,763	0.3%	5.7
Grant	31	0.4%	5,463	0.8%	5.7
Gregory	17	0.2%	3,245	0.5%	5.2
Haakon	47	0.7%	1,481	0.2%	31.7
Hamlin	39	0.6%	4,056	0.6%	9.6
Hand	16	0.2%	2,579	0.4%	6.2
Hanson	14	0.2%	2,366	0.4%	5.9
Harding	9	0.1%	958	0.1%	9.4
Hughes	66	0.9%	13,417	2.0%	4.9
Hutchinson	30	0.4%	5,537	0.8%	5.4
Hyde	5	0.1%	1,039	0.2%	4.8
Jackson	144	2.1%	2,225	0.3%	64.7
Jerauld	5	0.1%	1,554	0.2%	3.2
Jones	10	0.1%	731	0.1%	13.7
Kingsbury	30	0.4%	3,832	0.6%	7.8
Lake	43	0.6%	10,252	1.6%	4.2
Lawrence	474	6.8%	20,815	3.2%	22.8
Lincoln	380	5.4%	40,655	6.2%	9.3
Lyman	14	0.2%	2,756	0.4%	5.1
McCook	23	0.3%	3,983	0.6%	5.8
McPherson	9	0.1%	1,839	0.3%	4.9
Marshall	17	0.2%	3,693	0.6%	4.6
Meade	435	6.2%	21,509	3.3%	20.2
Mellette	111	1.6%	1,457	0.2%	76.2
Miner	14	0.2%	1,681	0.3%	8.3
Minnehaha	635	9.1%	140,734	21.5%	4.5
Moody	20	0.3%	4,857	0.7%	4.1
Oglala Lakota	486	6.9%	8,963	1.4%	54.2
Pennington	593	8.5%	84,550	12.9%	7.0
Perkins	30	0.4%	2,337	0.4%	12.8
Potter	8	0.1%	1,756	0.3%	4.6
Roberts	37	0.5%	7,382	1.1%	5.0
Sanborn	9	0.1%	1,812	0.3%	5.0
Spink	27	0.4%	4,907	0.7%	5.5

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	Table 69 (continued)				
	Surveys Completed by Resident County, 2017				
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Stanley	14	0.2%	2,277	0.3%	6.1
Sully	10	0.1%	1,112	0.2%	9.0
Todd	335	4.8%	5,914	0.9%	56.6
Tripp	13	0.2%	4,206	0.6%	3.1
Turner	58	0.8%	6,326	1.0%	9.2
Union	51	0.7%	11,421	1.7%	4.5
Walworth	21	0.3%	4,245	0.6%	4.9
Yankton	65	0.9%	17,878	2.7%	3.6
Ziebach	109	1.6%	1,926	0.3%	56.6

Source: South Dakota Behavioral Risk Factor Surveillance System, 2017
2017 Population Estimates, United States Census Bureau

Appendix B: BRFSS Questionnaire

Section 1: Healthy Status

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

Section 2: Healthy Days — Health-Related Quality of Life

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   [IF Q2.1 AND Q2.2 = NONE, GO TO NEXT SECTION]
        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

Section 3: Health Care Access

3.1.1   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   A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
        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

Section 4: Hypertension Awareness

4.1   Have you EVER been told by a doctor, nurse, or other health professional that you have high blood
        pressure?

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or
some other licensed health professional.
If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
                1   Yes
                2   Yes, but female told only during pregnancy [GO TO NEXT SECTION]
                3   No   [GO TO NEXT SECTION]
                4   Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
                Don't know / Not sure   [GO TO NEXT SECTION]
                Refused   [GO TO NEXT SECTION]

4.2   Are you currently taking medicine for your high blood pressure?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

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Section 5: Cholesterol Awareness

5.1   Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?
   1   Never [GO TO NEXT SECTION]
   2   Within the past year (anytime less than 12 months ago)
   3   Within the past 2 years (1 year but less than 2 years ago)
   4   Within the past 5 years (2 years but less than 5 years ago)
   5   5 or more years ago
   Don't know / Not sure
   Refused [GO TO NEXT SECTION]

5.2   Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
   1   Yes
   2   No   [GO TO NEXT SECTION]
   Don't know / Not sure   [GO TO NEXT SECTION]
   Refused   [GO TO NEXT SECTION]

5.3   Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?
   1   Yes
   2   No
   Don't know / Not sure
   Refused

Section 6: 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 have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic
        bronchitis?
                        1   Yes
                        2   No
                        Don't know / Not sure
                        Refused

6.9   (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
                        1   Yes
                        2   No
                        Don't know / Not sure
                        Refused

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 have a depressive disorder, (including depression, major depression, dysthymia), or
        minor depression?
                        1   Yes
                        2   No
                        Don't know / Not sure
                        Refused

6.11   (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. [INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.]
                        1   Yes
                        2   No
                        Don't know / Not sure
                        Refused

6.12   (Ever told) you have 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
                        3   No
                        4   No, pre-diabetes or borderline diabetes
                        Don't know / Not sure
                        Refused

[IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.13   How old were you when you were told you have diabetes?
                _ _   Code age in years [97 = 97 and older]
                        Don't know / Not sure
                        Refused

[GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION]

Section 7: Arthritis Burden

[IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION]

Next, I will ask you about your arthritis.
Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

7.1   Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
                        1   Yes
                        2   No
                        Don't know / Not sure
                        Refused

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

[Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.]

7.2   In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
                        1   Yes
                        2   No
                        Don't know / Not sure
                        Refused

[IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."]

7.3   During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?
          1   A lot
          2   A little
          3   Not at all
          Don't know / Not sure
          Refused

[IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."]

7.4   Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?
          _ _   Enter number [00-10]
          Don't know / Not sure
          Refused

Section 8: Demographics

8.1 Are you …
          1   Male
          2   Female
          Refused

[THIS QUESTION MUST BE ASKED EVEN IF PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS. IT WILL NOT BE ASKED OF PERSONS WHO HAVE SELF-IDENTIFIED SEX IN LL HOUSEHOLD ENUMERATION.THIS QUESTION MAY BE POPULATED BY LANDLINE HOUSEHOLD ENUMERATION ONLY. IT MAY NOT BE POPULATED BY INTERVIEWER ASSIGNMENT OF SEX DURING THE SCREENING FOR CELL PHONE OR PERSONS LIVING IN COLLEGE HOUSING.]

8.2   What is your age?
          _ _   Code age in years
          Don't know / Not sure
          Refused

8.3   Are you Hispanic, Latino/a, or Spanish origin? If yes, ask: Are you…
          [One Or More Categories May Be Selected.]
          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

8.4   Which one or more of the following would you say is your race?
[SELECT ALL THAT APPLY. 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

[IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]

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

[IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH
MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO
SELECT A SINGLE RACE, CODE "REFUSED."]

    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

8.6   Are you…?
                1   Married
                2   Divorced
                3   Widowed
                4   Separated
                5   Never married, or
                6   A member of an unmarried couple
                Refused

8.7   What is the highest grade or year of school you completed?
                1   Never attended school or only attended kindergarten
                2   Grades 1 through 8 (Elementary)
                3   Grades 9 through 11 (Some high school)
                4   Grade 12 or GED (High school graduate)
                5   College 1 year to 3 years (Some college or technical school)
                6   College 4 years or more (College graduate)
                Refused

8.8   Do you own or rent your home?
                1   Own
                2   Rent
                3   Other arrangement
                Don't know / Not sure
                Refused

["OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT
PAYING RENT. HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY
OF THE YEAR. IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS
QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING
SITUATIONS.]

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

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

8.11   Do you have more than one telephone number in your household? Do not include cell phones or
        numbers that are only used by a computer or fax machine.
                1   Yes
                2   No   [GO TO Q8.13]
                Don't know / Not sure   [GO TO Q8.13]
                Refused   [GO TO Q8.13]

8.12   How many of these telephone numbers are residential numbers?
                _   Residential telephone numbers [6 = 6 or more]
                Don't know / Not sure
                Refused

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8.13 Including phones for business and personal use, do you have a cell phone for personal use?

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

8.14 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? [Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.]

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

8.15 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, or
      8   Unable to work
      Refused

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

      _ _   Number of children
      None
      Refused

8.17 Is your annual household income from all sources—

IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE REFUSED

      04   Less than $25,000   If "no," ask 05; if "yes," ask 03
            ($20,000 to less than $25,000)
      03   Less than $20,000   If "no," code 04; if "yes," ask 02
            ($15,000 to less than $20,000)
      02   Less than $15,000   If "no," code 03; if "yes," ask 01
            ($10,000 to less than $15,000)
      01   Less than $10,000   If "no," code 02
      05   Less than $35,000   If "no," ask 06
            ($25,000 to less than $35,000)
      06   Less than $50,000   If "no," ask 07
            ($35,000 to less than $50,000)
      07   Less than $75,000   If "no," code 08
            ($50,000 to less than $75,000)
      08      $75,000 or more
      Don't know / Not sure
      Refused

8.18   Have you used the internet in the past 30 days?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

8.19   About how much do you weigh without shoes? [IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN
        COLUMN 183. ROUND FRACTIONS UP]
                _ _ _ _   Weight
                (pounds/kilograms)
                Don't know / Not sure
                Refused

8.20   About how tall are you without shoes? [IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN
        COLUMN 187. ROUND FRACTIONS DOWN]
                _ _ / _ _   Height
                (f t / inches/meters/centimeters)
                Don't know / Not sure
                Refused

[IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]

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

The following questions are about health problems or impairments you may have. Some people who are deaf or
have serious difficulty hearing may or may not use equipment to communicate by phone.

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

8.23   Are you blind or do you have serious difficulty seeing, even when wearing glasses?
                1   Yes
                2   No
                Don't know / Not Sure
                Refused

8.24   Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating,
        remembering, or making decisions?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

8.25   Do you have serious difficulty walking or climbing stairs?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

8.26   Do you have difficulty dressing or bathing?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

8.27   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

Section 9: Tobacco Use

9.1   Have you smoked at least 100 cigarettes in your entire life? [5 PACKS = 100 CIGARETTES]
                1   Yes
                2   No   [GO TO Q9.5]
                Don't know / Not sure   [GO TO Q9.5]
                Refused   [GO TO Q9.5]

["FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."]

9.2   Do you now smoke cigarettes every day, some days, or not at all?
                1   Every day
                2   Some days
                3   Not at all   [GO TO Q9.4]
                Don't know / Not sure   [GO TO Q9.5]
                Refused   [GO TO Q9.5]

9.3   During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
                1   Yes   [GO TO Q9.5]
                2   No   [GO TO Q9.5]
                Don't know / Not sure   [GO TO Q9.5]
                Refused   [GO TO Q9.5]

9.4   How long has it been since you last smoked a cigarette, even one or two puffs?
                01   Within the past month (less than 1 month ago)
                02   Within the past 3 months (1 month but less than 3 months ago)
                03   Within the past 6 months (3 months but less than 6 months ago)
                04   Within the past year (6 months but less than 1 year ago)
                05   Within the past 5 years (1 year but less than 5 years ago)
                06   Within the past 10 years (5 years but less than 10 years ago)
                07   10 years or more
                08   Never smoked regularly
                Don't know / Not sure
                Refused

9.5   Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? [SNUS
(RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY
SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.]
                1   Every day
                2   Some days
                3   Not at all
                Don't know / Not sure
                Refused

Section 10: E-Cigarettes

"The next 2 questions are about electronic cigarettes and other electronic "vaping" products. These products
typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana."

[THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF
ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.]

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.

10.1   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 SECTION]
                Don't know / Not Sure   [GO TO NEXT SECTION]
                Refused   [GO TO NEXT SECTION]

10.2   Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?
                1 Every day
                2 Some days
                3 Not at all
                Don't know / Not sure
                Refused

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Section 11: Alcohol Consumption

11.1   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]

11.2   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? [A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.]

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

11.3   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
         88   None
         Don't know / Not sure
         Refused

11.4   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

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIME PER MONTH. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

12.1   Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"
READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.]

         1_ _   Day
         2_ _   Week
         3_ _   Month
         300   Less than once a month
         Never
         Don't Know
         Refused

12.2   Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"
READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."]

    1_ _ Day
    2_ _ Week
    3_ _ Month
    300 Less than once a month
    Never
    Don't Know
    Refused

12.3   How often did you eat a green leafy or lettuce salad, with or without other vegetables? [ENTER QUANTITY IN IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?
READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."]

    1_ _ Day
    2_ _ Week
    3_ _ Month
    300 Less than once a month
    Never
    Don't Know
    Refused

12.4   How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?
READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."]

    1_ _ Day
    2_ _ Week
    3_ _ Month
    300 Less than once a month
    Never
    Don't Know
    Refused

12.5   How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"
READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."]

    1_ _ Day
    2_ _ Week
    3_ _ Month
    300 Less than once a month
    Never
    Don't Know
    Refused

12.6   Not including lettuce salads and potatoes, how often did you eat other vegetables? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"
READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

      1_ _   Day
      2_ _   Week
      3_ _   Month
      300   Less than once a month
      Never
      Don't Know
      Refused

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.
[If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.]

13.1   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   [GO TO Q13.8]
      Don't know / Not sure   [GO TO Q13.8]
      Refused   [GO TO Q13.8]

13.2   What type of physical activity or exercise did you spend the most time doing during the past month?
      _ _   (Specify)   [See Physical Activity Coding List]
      Don't know / Not Sure   [GO TO Q13.8]
      Refused   [GO TO Q13.8]

[IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".]

13.3   How many times per week or per month did you take part in this activity during the past month?
      1_ _   Times per week
      2_ _   Times per month
      Don't know / Not sure
      Refused

13.4   And when you took part in this activity, for how many minutes or hours did you usually keep at it?
      _:_ _   Hours and minutes
      Don't know / Not sure
      Refused

13.5   What other type of physical activity gave you the next most exercise during the past month?
      _ _   (Specify)   [See Physical Activity Coding List]
      No other activity   [GO TO Q13.8]
      Don't know / Not Sure   [GO TO Q13.8]
      Refused   [GO TO Q13.8]

[IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".]

13.6   How many times per week or per month did you take part in this activity during the past month?
        1_ _   Times per week
        2_ _   Times per month
        Don't know / Not sure
        Refused

13.7   And when you took part in this activity, for how many minutes or hours did you usually keep at it?
        _:_ _   Hours and minutes
        Don't know / Not sure
        Refused

13.8   During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
        1_ _   Times per week
        2_ _   Times per month
        Never
        Don't know / Not sure
        Refused

Section 14: Seatbelt Use

14.1   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
        Refused

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

15.1   During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? [Read only if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.]
        1   Yes
        2   No   [GO TO Q15.3]
        Don't know / Not sure   [GO TO Q15.3]
        Refused   [GO TO Q15.3]

15.2   During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
 _ _ / _ _ _ _   Month / Year
Don't know / Not sure
Refused

15.3   A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
1   Yes
2   No
Don't know / Not sure
Refused

[IF RESPONDENT IS < 49 YEARS OF AGE, GO TO NEXT SECTION.]

15.4.   Have you ever had the shingles or zoster vaccine?
1   Yes
2   No
Don't know / Not sure
Refused

[READ IF NECESSARY: SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.]

Section 16: 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.

16.1   Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
1   Yes
2   No   [GO TO Q16.3]
Don't know /Not sure   [GO TO Q16.3]
Refused   [GO TO Q16.3]

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

[INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.]
 _ _ /_ _ _ _   Code month and year
Don't know / Not sure
Refused / Not sure

16.3   I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.
            You have injected any drug other than those prescribed for you in the past year.
            You have been treated for a sexually transmitted disease or STD in the past year.
            You have given or received money or drugs in exchange for sex in the past year.
            You had anal sex without a condom in the past year.
            You had four or more sex partners in the past year.
         Do any of these situations apply to you?
            1   Yes
            2   No
            Don't know / Not sure
            Refused

Module 1: Pre-Diabetes

[ONLY ASKED OF THOSE NOT RESPONDING "YES" (CODE = 1) TO CORE Q6.12 (DIABETES AWARENESS QUESTION).]

1.   Have you had a test for high blood sugar or diabetes within the past three years?
            1   Yes
            2   No
            Don't know / Not sure
            Refused

[IF CORE Q6.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 "YES" (CODE = 1).]

2.   Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? INSTRUCTIONS: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"
            1   Yes
            2   Yes, during pregnancy
            3   No
            Don't know / Not sure
            Refused

Module 12: Cancer Survivorship

[IF CORE Q6.6 OR Q6.7 = 1 (YES) CONTINUE, ELSE 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.

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 MODULE]
            Refused   [GO TO NEXT MODULE]

2.   At what age were you told that you had cancer?
            _ _   Code age in years   (97 = 97 and older)
            Don't know / Not sure
            Refused

[IF Q1= 2 (TWO) OR 3 (THREE OR MORE), ASK: "AT WHAT AGE WERE YOU FIRST DIAGNOSED WITH CANCER?]
THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.
[IF CORE Q6.6 = 1 (YES) AND Q1 = 1 (ONLY ONE): ASK "WAS IT "MELANOMA" OR "OTHER SKIN CANCER"?
THEN CODE 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER]

3.   What type of cancer was it?

[IF Q1 = 2 (TWO) OR 3 (THREE OR MORE), ASK: "WITH YOUR MOST RECENT DIAGNOSES OF CANCER, WHAT TYPE OF CANCER WAS IT?] PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-30]:
Breast
01   Breast cancer
Female reproductive (Gynecologic)
02   Cervical cancer (cancer of the cervix)
03   Endometrial cancer (cancer of the uterus)
04   Ovarian cancer (cancer of the ovary)
Head/Neck
05   Head and neck cancer
06   Oral cancer
07   Pharyngeal (throat) cancer
08   Thyroid
09   Larynx
Gastrointestinal
10   Colon (intestine) cancer
11   Esophageal (esophagus)
12   Liver cancer
13   Pancreatic (pancreas) cancer
14   Rectal (rectum) cancer
15   Stomach
Leukemia/Lymphoma (lymph nodes and bone marrow)
16   Hodgkin's Lymphoma (Hodgkin's disease)
17   Leukemia (blood) cancer
18   Non-Hodgkin's Lymphoma
Male reproductive
19   Prostate cancer
20   Testicular cancer
Skin
21   Melanoma
22   Other skin cancer
Thoracic
23   Heart
24   Lung
Urinary cancer:
25   Bladder cancer
26   Renal (kidney) cancer
Others
27   Bone
28   Brain
29   Neuroblastoma
30   Other
Don't know / Not sure
Refused

4.   Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.
     1   Yes   [GO TO NEXT MODULE]
     2   No, I've completed treatment
     3   No, I've refused treatment   [GO TO NEXT MODULE]
     4   No, I haven't started treatment   [GO TO NEXT MODULE]
     5   Treatment was not needed   [GO TO NEXT MODULE]
     Don't know / Not sure   [GO TO NEXT MODULE]
     Refused   [GO TO NEXT MODULE]

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

[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.)."]
     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

6.   Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."
     1   Yes
     2   No
     Don't know / Not sure
     Refused

7.   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 Q9]
     Don't know / Not sure   [GO TO Q9]
     Refused   [GO TO Q9]

8.   Were these instructions written down or printed on paper for you?
     1   Yes
     2   No
     Don't know / Not sure
     Refused

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?   ["HEALTH INSURANCE" ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.]
        1   Yes
        2   No
        Don't know / Not sure
        Refused

10. Were you EVER denied health insurance or life insurance coverage because of your cancer?
        1   Yes
        2   No
        Don't know / Not sure
        Refused

11. Did you participate in a clinical trial as part of your cancer treatment?
        1   Yes
        2   No
        Don't know / Not sure
        Refused

12. Do you currently have physical pain caused by your cancer or cancer treatment?
        1   Yes
        2   No   [GO TO NEXT MODULE]
        Don't know / Not sure   [GO TO NEXT MODULE]
        Refused   [GO TO NEXT MODULE]

13. Is your pain currently under control?
        1   Yes, with medication (or treatment)
        2   Yes, without medication (or treatment)
        3   No, with medication (or treatment)
        4   No, without medication (or treatment)
        Don't know / Not sure
        Refused

Module 16: Preconception Health/Family Planning

[IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?
        1   Yes
        2   No   [GO TO Q3]
        3   No partner/not sexually active   [GO TO NEXT MODULE]
        4   Same sex partner   [GO TO NEXT MODULE]
        5   Has had a Hysterectomy   [GO TO NEXT MODULE]
        Don't know/Not sure   [GO TO Q3]
        Refused   [GO TO Q3]

2.	What did you or your partner do the last time you had sex to keep you from getting pregnant?

[IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.]

	01	Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
	02	Male sterilization (vasectomy) [GO TO NEXT MODULE]
	03	Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
	04	Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
	05	Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
	06	IUD, type unknown [GO TO NEXT MODULE]
	07	Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
	08	Birth control pills, any kind [GO TO NEXT MODULE]
	09	Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
	10	Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
	11	Male condoms [GO TO NEXT MODULE]
	12	Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
	13	Female condoms [GO TO NEXT MODULE]
	14	Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
	15	Withdrawal (or pulling out) [GO TO NEXT MODULE]
	16	Foam, jelly, film, or cream [GO TO NEXT MODULE]
	17	Emergency contraception (morning after pill) [GO TO NEXT MODULE]
	18	Other method [GO TO NEXT MODULE]
	Don't know/Not sure
	Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3.	What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? [IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.]

	01	You didn't think you were going to have sex/no regular partner
	02	You just didn't think about it
	03	Don't care if you get pregnant
	04	You want a pregnancy
	05	You or your partner don't want to use birth control
	06	You or your partner don't like birth control/side effects
	07	You couldn't pay for birth control
	08	You had a problem getting birth control when you needed
	09	Religious reasons
	10	Lapse in use of a method

11   Don't think you or your partner can get pregnant (infertile or too old)
12   You had tubes tied (sterilization)
13   You had a hysterectomy
14   Your partner had a vasectomy (sterilization)
15   You are currently breast-feeding
16   You just had a baby/postpartum
17   You are pregnant now
18   Same sex partner
19   Other reasons
Don't know/Not sure
Refused

Module 28: Random Child Selection

IF CORE Q8.16 = NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED, GO TO NEXT MODULE.

IF CORE Q8.16 = 1, PLEASE READ: "PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD." [GO TO Q1]

IF CORE Q8.16 IS >1 AND CORE Q8.16 DOES NOT EQUAL 88 OR 99, PLEASE READ: "PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH."

RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE "XTH" CHILD. PLEASE SUBSTITUTE "XTH" CHILD'S NUMBER IN ALL QUESTIONS BELOW.

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.]

1.   What is the birth month and year of the "Xth" child?
            _ _ /_ _ _ _   Code month and year
            Don't know / Not sure
            Refused

CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS > 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

2.   Is the child a boy or a girl?
            1   Boy
            2   Girl
            Refused

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

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

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

SELECT ALL THAT APPLY. IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

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

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

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

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

SOUTH DAKOTA'S 2017 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1, continue. Otherwise go to SD01Q02.

SD01Q01.   Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

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

Go to Q. SD02Q01.
If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

SD01Q02.   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:

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

TOBACCO

If "1" to Q. 3.4, And If ("1" or "2" to Q. 9.2) or ("1" or "2" to Q. 9.5), continue. Otherwise, go to SD02Q02.

SD02Q01.   In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

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

If "1" or "2" to Q. 8.15, continue. Otherwise, go to SD02Q04.

SD02Q02.   While working at your job, are you indoors most of the time?
        1   Yes
        2   No   Go to SD02Q04
        Don't Know/Not Sure   Go to SD02Q04
        Refused   Go to SD02Q04

SD02Q03.   Which of the following best describes your place of work's official smoking policy for work areas?
        1   Not allowed in any work areas
        2   Allowed in some work areas
        3   Allowed in all work areas
        4   No official policy
        Don't know/Not sure
        Refused

SD02Q04.   Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
        1 Smoking is not allowed anywhere inside your home   Go to SD02Q06
        2 Smoking is allowed in some places or at some times
        3 Smoking is allowed anywhere inside your home
        4 There are no rules about smoking inside your home
        Don't know / Not sure
        Refused

SD02Q05.   On how many of the past 7 days did someone smoke in your home while you were there?
        _ _   Number of days
        5 5   Not at home in the past 7 days
        None
        Don't know / Not sure
        Refused

If "1" or "2" to Q. 10.2, continue. Otherwise, go to SD03Q01.

SD02Q06.   During the past 30 days on how many days did you use electronic cigarettes or E-cigarettes?
        _ _   Number of Days [Range 1-30]
        8 8   None
        Don't know/Not sure
        Refused

Actions to Control High Blood Pressure

If "1" to Q. 4.1 in Section 4, continue. Otherwise, go to Q. SD04Q01.

Are you now doing any of the following to help lower or control your high blood pressure?

SD03Q01.   (Are you) changing your eating habits (to help lower or control your high blood pressure)?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

SD03Q02.   (Are you) cutting down on salt (to help lower or control your high blood pressure)?
                1   Yes
                2   No
                3   Do not use salt
                Don't know / Not sure
                Refused

SD03Q03.   (Are you) reducing alcohol use (to help lower or control your high blood pressure)?
                1   Yes
                2   No
                3   Do not drink
                Don't know / Not sure
                Refused

If "1" to Q. 13.1 in Section 13, continue. Otherwise, go to SD04Q01.

SD03Q04.   (Are you) exercising (to help lower or control your high blood pressure)?
                1   Yes
                2   No
                Don't know / Not sure
                Refused

SUBSTANCE ABUSE AND MENTAL HEALTH

SD04Q01.   During the past 12 months, how many times have you taken a prescription pain medication such
                as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?
                _ _ Number of Times
                None
                Don't know/Not sure
                Refused

SD04Q02.   Are you now taking medicine or receiving treatment from a doctor or other health professionals
                for any type of mental health condition or emotional problem?
                1   Yes
                2   No
                Don't know/Not sure
                Refused

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SD04Q03. Have you ever been treated or are you currently being treated by a health care professional for substance abuse?
     1   Yes
     2   No
     Don't know/Not sure
     Refused

ADVANCE DIRECTIVE

SD05Q01. An advance directive is a document that states what kind of health care treatment you would want to receive, or not want to receive, if you could not speak for yourself. Have you completed an advance directive?
     1   Yes
     2   No
     Don't know/Not sure
     Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go to SD08Q01.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

SD06Q01. Does this child have health coverage?
     1   Yes
     2   No   Go to SD06Q03
     Don't Know/Not Sure   Go to SD07Q01
     Refused   Go to SD07Q01

SD06Q02. What type of health coverage do you use to pay for most of this child's medical care?
     01   Your employer
     02   Someone else's employer
     03   A plan that you or someone else buys on your own
     04   Medicare
     05   Medicaid, CHIP, or Medical Assistance
     06   The military, CHAMPUS, TriCare, or the VA
     07   The Indian Health Service (IHS)
     09   Community Health Services
     08   Some other source
     88   None
     Don't know/Not sure
     Refused

Go to SD07Q01.

SD06Q03. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.
     01   Your employer
     02   Someone else's employer
     03   A plan that you or someone else buys on your own
     04   Medicare

05   Medicaid, CHIP, or Medical Assistance
06   The military, CHAMPUS, TriCare, or the VA
07   The Indian Health Service
09   Community Health Services
08   Some other source
88   None
Don't know/Not sure
Refused

CHILDREN'S ORAL HEALTH

If child's age is greater than or equal to 1 continue.

SD07Q01.   How long has it been since this child last visited the dentist or a dental clinic?
    1   Within the past year (1 to 12 months ago)   Go to SD07Q03
    2   Within the past 2 years (1 to 2 years ago)
    3   Within the past 5 years (2 to 5 years ago)
    4   5 or more years ago
    7   Don't Know/Not Sure   Go to SD07Q03
    Never
    Refused   Go to SD07Q03

SD07Q02.   What is the main reason this child has not visited the dentist in the last year?
    01 Fear, apprehension, nervousness, pain, dislike going
    02 Cost
    03 Do not have/know a dentist
    04 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
    05 No reason to go (no problems, no teeth)
    06 Other priorities
    07 Have not thought of it
    08 Other
    Don't Know/Not Sure
    Refused

SD07Q03.   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

SD07Q04.   During the past 6 months, did this child have a toothache more than once, when biting or chewing?
    1 Yes
    2 No
    Don't Know/Not Sure
    Refused

SD07Q05.   During the past 12 months, how many times has this child missed school because of problems
            with their teeth or mouth?
            _ _ = Number of times   [76 = 76+ times]
            None
            Don't know/Not sure
            Refused

SD07Q06.   During the past 12 months, how many times has this child visited a hospital emergency room
            because of dental problems?
            _ _ = Number of times   [76 = 76+ times]
            None
            Don't know/Not sure
            Refused

Adverse Childhood Experiences

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

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18
years of age—

SD08Q01.   Did you live with anyone who was depressed, mentally ill, or suicidal?
            1 Yes
            2 No
            Don't Know/Not Sure
            Refused

SD08Q02.   Did you live with anyone who was a problem drinker or alcoholic?
            1 Yes
            2 No
            Don't Know/Not Sure
            Refused

SD08Q03.   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

SD08Q04.   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

SD08Q05.   Were your parents separated or divorced?
1 Yes
2 No
Don't Know/Not Sure
Refused

SD08Q06.   How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

SD08Q07.   Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

SD08Q08.   How often did a parent or adult in your home ever swear at you, insult you, or put you down?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

SD08Q09.   How often did anyone at least 5 years older than you or an adult touch you sexually?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

SD08Q10.   How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

SD08Q11.   How often did anyone at least 5 years older than you or an adult force you to have sex?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can call the National Hotline for child abuse at 1-800-422-4453 to reach a referral service to locate an agency in your area.

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.

**Activity List for Common Leisure Activities
(To be used for Section 12: Physical Activity)**

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
02 Aerobics video or class
03 Backpacking
04 Badminton
05 Basketball
06 Bicycling machine exercise
07 Bicycling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09 Bowling
10 Boxing
11 Calisthenics
12 Canoeing/rowing in competition
13 Carpentry
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
15 Elliptical/EFX machine exercise
16 Fishing from river bank or boat
17 Frisbee
18 Gardening (spading, weeding, digging, filling)
19 Golf (with motorized cart)
20 Golf (without motorized cart)
21 Handball
22 Hiking – cross-country
23 Hockey
24 Horseback riding
25 Hunting large game – deer, elk
26 Hunting small game – quail
27 Inline Skating
28 Jogging
29 Lacrosse
30 Mountain climbing
31 Mowing lawn
32 Paddleball
33 Painting/papering house
34 Pilates
35 Racquetball
36 Raking lawn/trimming hedges
37 Running
38 Rock climbing

39 Rope skipping
40 Rowing machine exercises
41 Rugby
42 Scuba diving
43 Skateboarding
44 Skating – ice or roller
45 Sledding, tobogganing
46 Snorkeling
47 Snow blowing
48 Snow shoveling by hand
49 Snow skiing
50 Snowshoeing
51 Soccer
52 Softball/Baseball
53 Squash
54 Stair climbing/Stair master
55 Stream fishing in waders
56 Surfing
57 Swimming
58 Swimming in laps
59 Table tennis
60 Tai Chi
61 Tennis
62 Touch football
63 Volleyball
64 Walking
66 Waterskiing
67 Weight lifting
68 Wrestling
69 Yoga
71 Childcare
72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
73 Household Activities (vacuuming, dusting, home repair, etc.)
74 Karate/Martial Arts
75 Upper Body Cycle (wheelchair sports, ergometer
76 Yard work (cutting/gathering wood, trimming, etc.)
98 Other_____
99 Refused