The Health Behaviors of South Dakotans 2021

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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the Centers for Disease Control and Prevention.

Preface

The Health Behaviors of South Dakotans 2021 serves as a way to measure health risks of South Dakotans.

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

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

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

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

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History

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

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

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

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

Purpose

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

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

The South Dakota Department of Health strategic plan includes a goal that will be measured by a key performance indicator using BRFSS data. It's shown below:

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

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 2021 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, 2021

Topic	Estimated %	Estimated Population
Body Mass Index - Overweight (BMI 25.0+)	72%	487,000
Body Mass Index - Obese (BMI 30.0+)	38%	259,000
Body Mass Index - Severely Obese (BMI 35.0+)	16%	106,000
Body Mass Index - Morbidly Obese (BMI 40.0+)	7%	50,000
No Leisure Time Physical Activity	23%	156,000
Cigarette Smoking	15%	103,000
Smokeless Tobacco Use	6%	44,000
E-Cigarette Use	6%	41,000
Tobacco Use (Cigarette, Smokeless, or E-Cig)	24%	164,000
Diabetes	11%	73,000
No Health Insurance (18-64 Years Old)	7%	39,000
No Health Insurance (0-17 Years Old)	1%	2,000
No Health Insurance (0-64 Years Old)	6%	41,000
No Routine Check-Up in Past Two Years	12%	82,000
High Blood Pressure	33%	226,000
High Cholesterol	37%	248,000
No Flu Shot in Past 12 months (65+ Years Old)	25%	39,000
Never Had a Pneumonia Vaccination (65+ Years Old)	26%	40,000
Ever Had a Heart Attack	4%	29,000
Have Angina or Coronary Heart Disease	4%	30,000
Ever Had a Stroke	3%	19,000
Ever Been Diagnosed with Cancer (Excluding Skin Cancer)	8%	53,000
Ever Been Diagnosed with Skin Cancer	8%	53,000
Current Asthma	8%	56,000
Arthritis	24%	161,000
Chronic Obstructive Pulmonary Disease (COPD)	6%	40,000
Depressive Disorder	17%	112,000
Professional Treatment for Mental Problem	14%	93,000
Mental Health Not Good for 20-30 Days of the Past 30 days	8%	54,000
Kidney Disease	3%	17,000
Severe Vision Impairment	3%	22,000
Hearing Difficulty	7%	49,000
Caregiver	17%	117,000
Caregiver (6+ Months & 9+ hours per week)	6%	38,000
Drank Alcohol in Past 30 Days	57%	386,000
Binge Drinking	20%	132,000
Heavy Drinking	7%	45,000
Taken Prescription Pain Medication in Past 12 Months	12%	78,000
Professional Treatment for Substance Abuse	2%	15,000
Not Currently Using Birth Control (18-49 Females)	17%	30,000
Fair/Poor Health Status	14%	92,000
Physical Health Not Good for 30 of the Past 30 days	5%	35,000
Usual Activities Unattainable for 10-30 Days of the Past 30 Days	8%	51,000
Less Than Two Servings of Fruit per Day	75%	504,000
Less Than Three Servings of Vegetables per Day	88%	594,000
Less than Five Servings of Fruits and Vegetables per Day	88%	596,000
Three or more sugar sweetened beverages per day	6%	38,000
No Advance Directive in Place	72%	487,000
Victim of Sexual Violence	3%	17,000
Never Been Tested for HIV	71%	482,000

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Table 2 shows the topics covered on South Dakota's BRFSS each year from 2012 through 2021.

Table 2
Topics Covered on the South Dakota BRFSS, 2012-2021

Topics	Year									
	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Fair/Poor Health Status	14%	11%	16%	15%	14%	13%	14%	14%	13%	13%
Physical Health Not Good for 30 out of 30 days	5%	4%	7%	5%	7%	7%	6%	6%	5%	6%
Mental Health Not Good for 20-30 out of 30 days	8%	6%	8%	6%	6%	6%	5%	6%	5%	6%
Poor Phys. Or Mental Health kept from doing usual activities for 10-30 out of 30 days	8%	7%	8%	7%	8%	7%	6%	7%	6%	7%
Routine Check-Up in Past Two Years	88%	89%	85%	86%	81%	80%	81%	80%	80%	79%
No Health Insurance (18-64 years old)	7%	9%	10%	10%	8%	8%	8%	9%	10%	10%
No Health Insurance (0-17 years old)	1%	3%	2%	3%	1%	2%	2%	1%	2%	2%
No Health Insurance (0-64 years old)	6%	7%	7%	8%	5%	6%	6%	7%	7%	8%
Leisure Time Physical Activity	77%	78%	70%	76%	75%	81%	79%	79%	76%	77%
Diabetes	11%	8%	11%	9%	11%	8%	9%	9%	9%	8%
High Blood Pressure	33%		31%		31%		30%	29%	31%	30%
High Cholesterol	37%		28%		29%		33%		37%	
Two+ Servings of Fruit per Day	25%		28%		30%		23%		27%	
Three+ Servings of Vegetables per Day	12%		13%		13%		11%		12%	
Five+ Servings of Fruits and Vegetables per Day	12%		13%		15%		10%		13%	
Asthma	8%	8%	8%	8%	7%	6%	8%	7%	8%	7%
Flu Shot (65+ years old)	75%	72%	64%	51%	65%	63%	71%	71%	71%	66%
Pneumonia Shot (65+ years old)	74%	76%	73%	77%	78%	76%	70%	69%	65%	64%
Shingles Shot (50+ years old)		46%			39%			27%		
Tetanus Shot in Past Ten Years			78%			67%			65%	
Cigarette Smoking	15%	18%	18%	19%	19%	18%	20%	19%	20%	22%
Smokeless Tobacco Use	6%	6%	6%	7%	6%	6%	6%	5%	7%	6%
E-Cigarette Use	6%	4%	5%	5%	4%	3%				
Any Tobacco (Cigarette, Smokeless, E-Cig)	24%	28%	29%	28%	25%	23%				
Drank Alcohol in Past 30 Days	57%	56%	59%	58%	55%	59%	56%	56%	58%	58%
Binge Drinking	20%	18%	21%	21%	17%	19%	17%	17%	19%	21%
Heavy Drinking	7%	6%	7%	9%	6%	5%	5%	5%	5%	6%
Use Sun Block Most of the Time		25%		24%		25%		24%		
Skin Cancer	8%	8%	7%	6%	5%	6%	6%	6%	6%	6%
Arthritis	24%	25%	27%	25%	22%	26%	24%	26%	25%	24%
Injured in a Fall (45+ years old)		9%		8%		9%		11%		10%
Disability - Limited							21%	20%	19%	20%
Disability – Special Equipment Needed							8%	8%	8%	7%
Meets Physical Activity Recommendations			46%		51%		54%		54%	
One or More Exercise Trips per Day						10%	7%			
Sit for at Least 12 Hours per Day						5%	6%			
Mammogram in Past 2 years (40-74 years old)		76%		79%		76%		76%		75%
Met Cervical Cancer Screening Recommendations (21-65 years old)		83%		77%		84%				
Ever had HPV Vaccination (18-49 years old)						7%				
Body Mass Index - Overweight (BMI 25+)	72%	70%	71%	68%	68%	67%	64%	65%	67%	66%
Body Mass Index - Obese (BMI 30+)	38%	33%	33%	30%	32%	30%	30%	30%	30%	28%
Body Mass Index - Severely Obese (BMI 35+)	16%	13%	13%	13%	13%	11%	11%	12%	11%	10%
Body Mass Index - Morbidly Obese (BMI 40+)	7%	5%	5%	5%	5%	4%	4%	4%	4%	4%

Table 2
Topics Covered on the South Dakota BRFSS, 2012-2021

Topics	Year									
	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Been to the Dentist in the Past Year (18+ years old)		70%		68%		70%		71%		71%
Been to the Dentist in the Past Year (6-17 years old)		90%			92%		94%		93%	
PSA Test within the past 2 years (40+ years old)		39%		34%		41%		44%		45%
Met colorectal cancer screening recommendations (50-75 years old)		76%		69%		66%		67%		62%
Currently Using Birth Control (18-49 year old females)	83%		80%		79%					
Ever been tested for HIV	29%	29%	32%	27%	27%	25%	25%	22%	26%	25%
Heart Attack	4%	4%	5%	5%	5%	5%	5%	5%	5%	5%
Knows Symptoms of a Heart Attack							15%		16%	
Angina / Coronary Heart Disease	4%	4%	4%	4%	5%	5%	5%	4%	5%	4%
Stroke	3%	3%	3%	3%	3%	2%	3%	3%	3%	3%
Chronic Obstructive Pulmonary Disease (COPD)	6%	6%	6%	5%	5%	5%	6%	6%	4%	5%
Depressive Disorder	17%	16%	17%	16%	17%	16%	16%	17%	14%	15%
Kidney Disease	3%	3%	3%	3%	3%	2%	2%	2%	3%	2%
Severe Vision Impairment	3%	4%	4%	4%	4%	4%	3%	4%	3%	
Hearing Difficulty	7%	8%	8%	8%	8%	8%				
Increased Confusion/Memory Loss (45+ years old)			10%				6%	4%	6%	
Heard About South Dakota Quitline			87%			81%	85%	78%	80%	
Ever Been Diagnosed with Cancer (Excluding Skin Cancer)	8%	8%	7%	8%	7%	7%	7%	7%	7%	7%
Seat Belt Use (Almost Always or Always)		88%		85%	87%	85%	85%	82%	83%	83%
Sexual Violence Victim in Past 12 months	3%							2%		
Less Than Six Hours of Sleep per Day		8%		8%		8%		8%	8%	
Caregiver	17%					15%				
Caregiver (6+ Months & 9+ hours per week)	6%					5%				
Sweetened beverages (3 or more per day)	6%									6%
Advance Directive in Place	28%		28%		32%		31%			
Professional Treatment for Mental Problem	14%		12%		12%	12%				
Professional Treatment for Substance Abuse	2%		2%		2%	2%				
One or More Adverse Childhood Experiences		47%		49%	46%					
Five or More Adverse Childhood Experiences		8%		9%	7%					
Taken Prescription Pain Medication in Past 12 Months	12%	15%	15%	16%	15%					

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2021

Methodology

Participating Agencies

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

Method of Surveillance

This study uses a telephone survey rather than other survey methods because of its low cost, ease of administration in reaching respondents, and reliability. Telephone surveys are less representative of areas where a significant portion of the population does not have telephones. Cell phones were first called in 2011. Sixty-seven percent of all surveys were completed via cell phone in 2021 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 2021 survey (Appendix B), standard demographic questions were included along with sections on general health status, physical and mental health, health insurance, hypertension, cholesterol, chronic health conditions, cardiovascular disease, tobacco use, alcohol use, physical activity and nutrition, immunization, and HIV/AIDS. South Dakota also added several state-specific questions to the end of the core questionnaire including secondhand smoke, advance directives, family planning, prescription pain medication, substance abuse, sugar sweetened beverages, children's health insurance, and sexual violence.

Accuracy of Survey Data

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

Eligible Respondent Selection

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

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

Data Collection Process

There were 7,290 interviews completed between January 1, 2021 and December 31, 2021, at an average of 608 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 7,290 completed interviews represented a completion rate of 1.8 percent. The refusal rate was 11.1 percent.

Table 3
Disposition of All Telephone Numbers in the Sample, 2021

Final Outcome	Number	Percent
Completed interview	7,290	1.8%
Refused interview	46,209	11.1%
Nonworking number	255,704	61.6%
No answer (Multiple times)	50,687	12.2%
Telephone answering service (Multiple times)	28,855	7.0%
Not a private residence	10,418	2.5%
Fast busy/Line busy (Multiple times)	4,986	1.2%
No eligible respondent at this number	3,033	0.7%
Fax line	1,623	0.4%
Language barrier	822	0.2%
On never call list	792	0.2%
Physical/mental impairment	502	0.1%
Interview terminated within questionnaire	371	0.1%
Landline phone (Cell phone study)	176	0.0%
Respondent not available during the interviewing period	5	0.0%
Other	3,607	0.9%
Total	**415,080**	**100.0%**

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Overweight and Obese

OVERWEIGHT

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

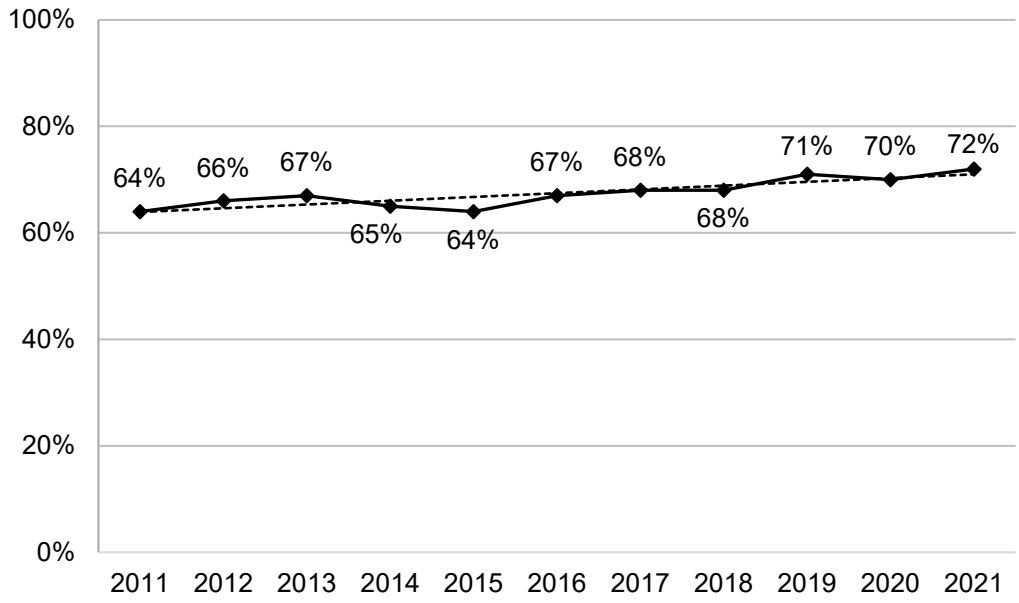
Prevalence of Overweight

- South Dakota 72%
- Nationwide median 68%

Trend Analysis

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

Figure 1
Percentage of South Dakotans Who Are Overweight Based on Body Mass Index, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 4 South Dakotans Who Are Overweight, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	75%	73.2%	76.2%
	Female	64%	62.5%	65.5%
Age	18-29	53%	49.5%	55.6%
	30-39	69%	66.5%	72.2%
	40-49	77%	74.3%	79.4%
	50-59	78%	75.9%	80.0%
	60-69	77%	74.9%	78.7%
	70-79	73%	70.9%	75.4%
	80+	61%	57.5%	65.0%
Race/Ethnicity	White, Non-Hispanic	69%	68.4%	70.6%
	American Indian, Non-Hispanic	78%	74.5%	81.0%
	American Indian/White, Non-Hispanic	75%	63.7%	84.2%
	Hispanic	71%	62.9%	78.0%
Household Income	Less than $35,000	68%	66.2%	70.6%
	$35,000-$74,999	72%	70.4%	74.2%
	$75,000+	71%	69.3%	73.0%
Education	Less than High School, G.E.D.	72%	66.9%	75.9%
	High School, G.E.D.	70%	67.5%	71.4%
	Some Post-High School	70%	68.1%	71.8%
	College Graduate	69%	66.8%	70.3%
Employment Status	Employed for Wages	71%	69.0%	72.1%
	Self-employed	74%	71.3%	77.1%
	Unemployed	69%	62.9%	74.3%
	Homemaker	63%	56.8%	69.6%
	Student	42%	35.8%	47.8%
	Retired	72%	70.2%	73.6%
	Unable to Work	73%	68.3%	77.6%
Marital Status	Married/Unmarried Couple	73%	71.9%	74.5%
	Divorced/Separated	75%	71.9%	77.1%
	Widowed	65%	61.7%	68.1%
	Never Married	60%	56.7%	62.2%
Home Ownership Status	Own Home	73%	71.6%	73.9%
	Rent Home	63%	60.9%	65.9%
Children Status	Children in Household (Ages 18-44)	67%	64.7%	69.7%
	No Children in Household (Ages 18-44)	58%	54.7%	60.7%
Phone Status	Landline	72%	70.2%	73.2%
	Cell Phone	69%	67.6%	70.2%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	59%	56.5%	62.2%
County	Minnehaha	69%	66.3%	71.4%
	Pennington	69%	66.8%	71.6%
	Lincoln	66%	60.5%	70.7%
	Brown	72%	69.4%	74.8%
	Brookings	61%	57.1%	65.2%
	Codington	71%	68.5%	74.1%
	Meade	64%	59.5%	69.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

OBESE

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

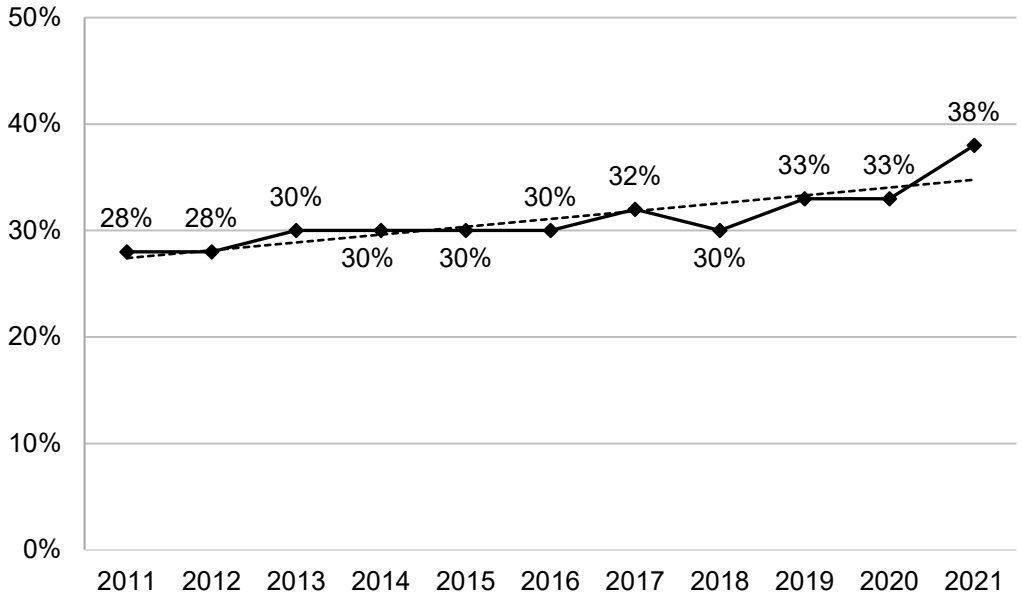
Prevalence of Obesity

- South Dakota 38%
- Nationwide median 34%

Trend Analysis

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

Figure 2
Percentage of South Dakotans Who Are Obese Based on Body Mass Index, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 5 South Dakotans Who Are Obese, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	34%	32.7%	35.7%
	Female	32%	30.8%	33.9%
Age	18-29	23%	20.3%	25.2%
	30-39	35%	31.7%	38.0%
	40-49	38%	35.4%	41.7%
	50-59	39%	36.9%	42.0%
	60-69	38%	36.1%	40.6%
	70-79	33%	30.9%	36.0%
	80+	21%	18.0%	24.9%
Race/Ethnicity	White, Non-Hispanic	32%	30.9%	33.1%
	American Indian, Non-Hispanic	47%	42.4%	51.5%
	American Indian/White, Non-Hispanic	44%	33.2%	56.3%
	Hispanic	42%	33.8%	49.8%
Household Income	Less than $35,000	36%	34.2%	38.8%
	$35,000-$74,999	34%	31.8%	35.7%
	$75,000+	32%	29.9%	33.9%
Education	Less than High School, G.E.D.	39%	33.7%	44.0%
	High School, G.E.D.	34%	31.9%	35.9%
	Some Post-High School	33%	31.6%	35.2%
	College Graduate	31%	29.1%	32.5%
Employment Status	Employed for Wages	34%	32.1%	35.4%
	Self-employed	35%	31.6%	38.1%
	Unemployed	36%	30.4%	41.8%
	Homemaker	33%	26.0%	40.1%
	Student	17%	13.4%	22.2%
	Retired	32%	30.1%	33.9%
	Unable to Work	48%	42.8%	52.9%
Marital Status	Married/Unmarried Couple	35%	33.3%	36.1%
	Divorced/Separated	36%	33.2%	39.4%
	Widowed	28%	25.4%	31.6%
	Never Married	30%	27.3%	32.3%
Home Ownership Status	Own Home	34%	32.7%	35.2%
	Rent Home	33%	30.1%	35.0%
Children Status	Children in Household (Ages 18-44)	32%	30.0%	35.0%
	No Children in Household (Ages 18-44)	26%	23.9%	29.2%
Phone Status	Landline	34%	32.2%	35.4%
	Cell Phone	33%	31.8%	34.5%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	30%	27.5%	33.0%
County	Minnehaha	33%	30.5%	35.7%
	Pennington	33%	30.2%	35.2%
	Lincoln	29%	24.6%	33.5%
	Brown	36%	33.0%	38.7%
	Brookings	26%	22.7%	28.5%
	Codington	34%	31.5%	37.2%
	Meade	26%	22.9%	30.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

SEVERELY OBESE

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

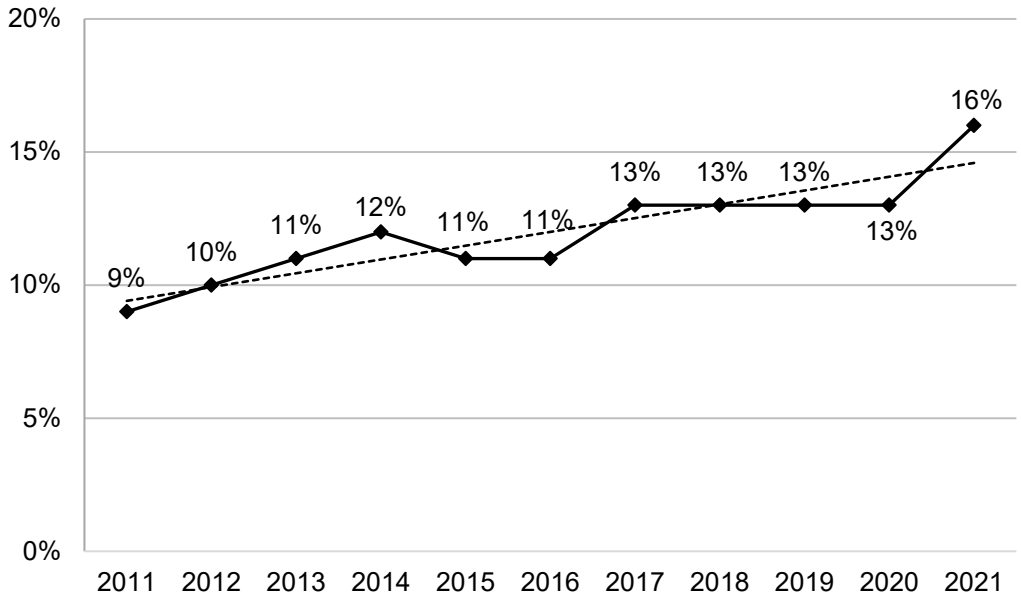
Prevalence of Severe Obesity

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

Trend Analysis

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

Figure 3
Percentage of South Dakotans Who Are Severely Obese Based on Body Mass Index, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 6 South Dakotans Who Are Severely Obese, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	13%	11.7%	13.8%
	Female	14%	13.2%	15.4%
Age	18-29	10%	8.3%	11.8%
	30-39	14%	11.9%	16.1%
	40-49	17%	14.4%	19.7%
	50-59	17%	14.8%	18.6%
	60-69	15%	13.3%	16.7%
	70-79	12%	10.1%	13.3%
	80+	6%	4.3%	8.5%
Race/Ethnicity	White, Non-Hispanic	13%	12.1%	13.8%
	American Indian, Non-Hispanic	19%	16.0%	22.0%
	American Indian/White, Non-Hispanic	19%	10.3%	31.7%
	Hispanic	17%	12.1%	24.5%
Household Income	Less than $35,000	17%	15.1%	18.6%
	$35,000-$74,999	14%	12.5%	15.3%
	$75,000+	11%	9.6%	12.3%
Education	Less than High School, G.E.D.	17%	13.4%	21.6%
	High School, G.E.D.	14%	12.5%	15.3%
	Some Post-High School	13%	12.1%	14.6%
	College Graduate	12%	10.9%	13.3%
Employment Status	Employed for Wages	14%	12.7%	15.0%
	Self-employed	12%	10.2%	14.5%
	Unemployed	16%	12.6%	21.3%
	Homemaker	15%	9.8%	22.2%
	Student	8%	5.0%	11.5%
	Retired	11%	9.8%	12.3%
	Unable to Work	28%	24.0%	33.4%
Marital Status	Married/Unmarried Couple	13%	12.2%	14.3%
	Divorced/Separated	15%	13.3%	17.6%
	Widowed	12%	9.6%	14.5%
	Never Married	14%	12.0%	15.4%
Home Ownership Status	Own Home	13%	12.2%	14.0%
	Rent Home	15%	13.3%	16.8%
Children Status	Children in Household (Ages 18-44)	13%	11.2%	14.6%
	No Children in Household (Ages 18-44)	12%	10.1%	13.9%
Phone Status	Landline	14%	12.8%	15.3%
	Cell Phone	13%	12.3%	14.3%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	13%	11.6%	15.4%
County	Minnehaha	13%	10.9%	14.5%
	Pennington	14%	11.8%	15.6%
	Lincoln	11%	8.1%	13.9%
	Brown	14%	12.4%	16.3%
	Brookings	12%	9.7%	13.7%
	Codington	14%	12.4%	16.4%
	Meade	10%	8.3%	13.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of severe obesity does not seem to differ based on gender.
Age	The prevalence of being severely obese peaks in the 40s and 50s. This includes a significant increase as the 30s are reached. After that, the prevalence of being severely obese decreases as age increases with a significant decrease as the 80s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of being severely obese, while whites show a very low prevalence.
Household Income	The prevalence of being severely obese decreases as household income increases. This includes a significant decrease as the $75,000+ income group is reached.
Education	The prevalence of being severely obese decreases as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of being severely obese, while those who are self-employed, a homemaker, a student, or retired show a very low prevalence.
Marital Status	The prevalence of being severely obese does not seem to differ based on marital status.
Home Ownership	The prevalence of being severely obese does not seem to differ based on home ownership status.
Children Status	The prevalence of the adults being severely obese does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of being severely obese does not seem to differ based on phone status.
County	The prevalence of being severely obese does not seem to differ among the available counties.

MORBIDLY OBESE

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

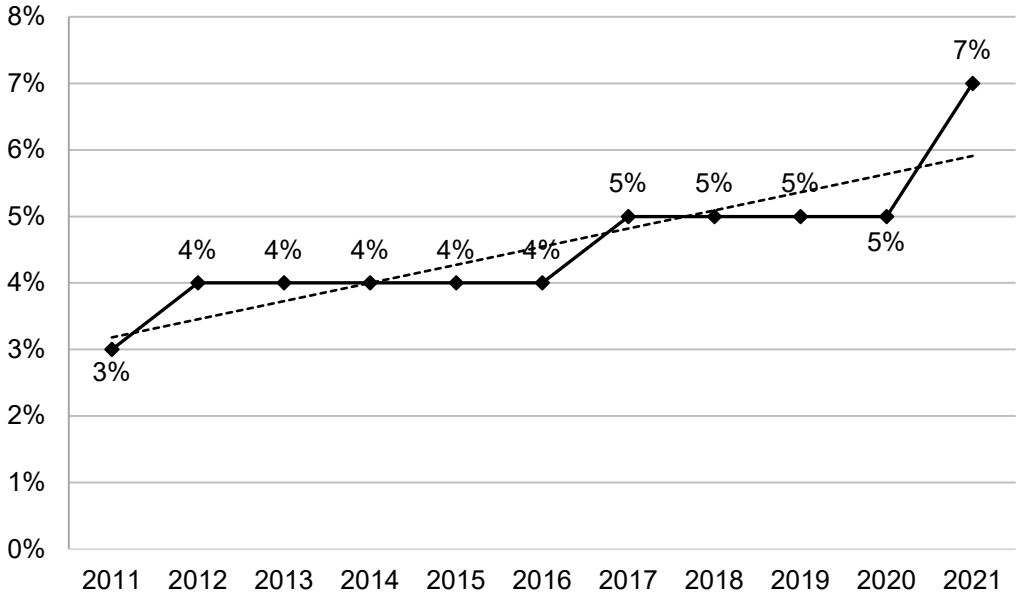
Prevalence of Morbid Obesity

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

Trend Analysis

The percent of South Dakotans who are morbidly obese has been increasing since 2011. From 2020 to 2021, this percent increased from 5 percent to 7 percent.

Figure 4
Percent of South Dakotans Who are Morbidly Obese, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 7 South Dakotans Who Are Morbidly Obese, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	5%	4.1%	5.5%
	Female	6%	5.2%	6.9%
Age	18-29	4%	2.8%	5.2%
	30-39	7%	5.7%	8.7%
	40-49	7%	5.2%	9.6%
	50-59	6%	5.2%	7.8%
	60-69	5%	4.4%	6.4%
	70-79	3%	2.6%	4.3%
	80+	2%	0.8%	3.5%
Race/Ethnicity	White, Non-Hispanic	5%	4.5%	5.6%
	American Indian, Non-Hispanic	7%	5.7%	9.5%
	American Indian/White, Non-Hispanic	6%	2.3%	14.2%
	Hispanic	10%	5.7%	16.3%
Household Income	Less than $35,000	7%	6.0%	8.6%
	$35,000-$74,999	5%	4.1%	5.8%
	$75,000+	4%	3.2%	5.2%
Education	Less than High School, G.E.D.	7%	4.4%	11.1%
	High School, G.E.D.	6%	5.0%	7.0%
	Some Post-High School	5%	4.1%	5.7%
	College Graduate	5%	3.9%	5.5%
Employment Status	Employed for Wages	5%	4.7%	6.3%
	Self-employed	4%	2.9%	5.5%
	Unemployed	8%	5.1%	11.5%
	Homemaker	8%	4.3%	15.3%
	Student	3%	1.5%	6.9%
	Retired	4%	2.9%	4.4%
	Unable to Work	15%	11.6%	19.0%
Marital Status	Married/Unmarried Couple	5%	4.3%	5.9%
	Divorced/Separated	6%	5.0%	7.9%
	Widowed	4%	3.0%	5.2%
	Never Married	6%	5.0%	7.2%
Home Ownership Status	Own Home	5%	4.3%	5.6%
	Rent Home	6%	5.3%	7.7%
Children Status	Children in Household (Ages 18-44)	5%	4.2%	6.5%
	No Children in Household (Ages 18-44)	6%	4.3%	7.3%
Phone Status	Landline	5%	4.7%	6.4%
	Cell Phone	5%	4.6%	6.0%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	6%	4.9%	7.5%
County	Minnehaha	5%	4.3%	6.8%
	Pennington	5%	4.2%	6.7%
	Lincoln	4%	2.7%	6.6%
	Brown	6%	4.8%	7.8%
	Brookings	5%	3.8%	6.5%
	Codington	5%	4.1%	6.4%
	Meade	4%	3.1%	6.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of morbid obesity does not seem to differ based on gender.
Age	The prevalence of morbid obesity peaks with those in their 30s and 40s. This includes a significant increase as the 30s are reached and a significant decrease as the 70s are reached.
Race/ Ethnicity	American Indians and Hispanics exhibit a very high prevalence of morbid obesity, while whites show a very low prevalence.
Household Income	The prevalence of morbid obesity decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of morbid obesity decreases as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of morbid obesity, while those who are self-employed, a student, or retired show a very low prevalence.
Marital Status	The prevalence of morbid obesity does not seem to differ based on marital status.
Home Ownership	The prevalence of morbid obesity does not seem to differ based on home ownership status.
Children Status	The prevalence of the adults being morbidly obese does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of morbid obesity does not seem to differ based on phone status.
County	The prevalence of morbid obesity does not seem to differ among the available counties.

LEISURE TIME PHYSICAL ACTIVITY

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

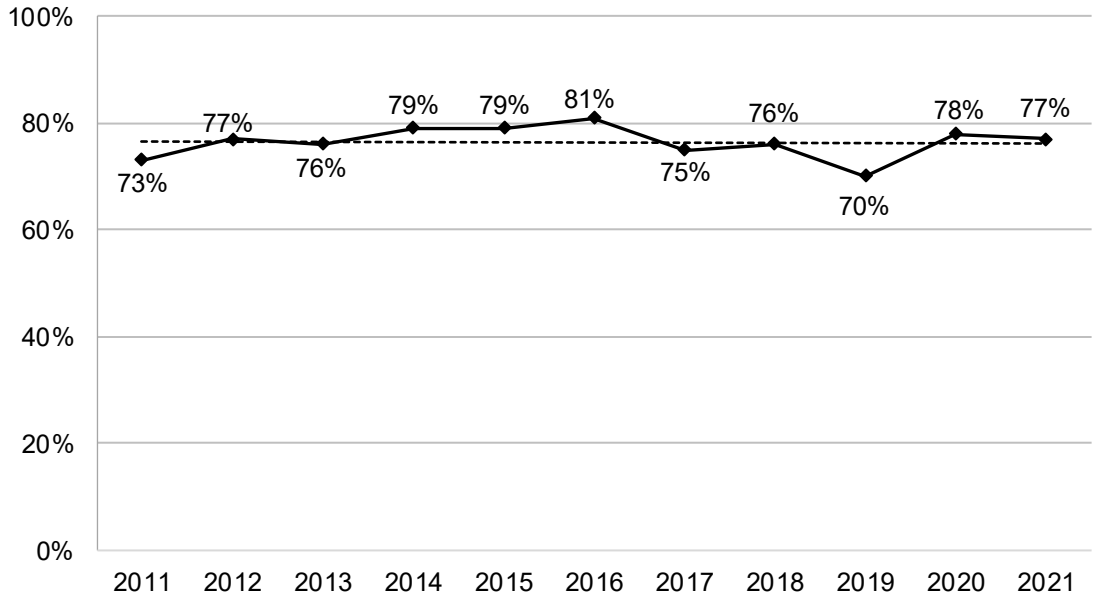
Prevalence of Leisure Time Physical Activity

- South Dakota 77%
- Nationwide median 76%

Trend Analysis

Overall, the percent of South Dakotans who reported leisure-time physical activity has been steady since 2011. In 2021, the percent of leisure time physical activity fell to 77 percent from 78 percent the previous year.

Figure 5
Percentage of South Dakotans Who Reported Leisure Time Physical Activity, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 8 South Dakotans Who Reported Leisure Time Physical Activity, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	75%	73.2%	76.0%
	Female	76%	74.3%	76.9%
Age	18-29	83%	80.6%	85.0%
	30-39	82%	79.5%	84.1%
	40-49	76%	73.3%	78.8%
	50-59	72%	70.1%	74.6%
	60-69	70%	67.6%	71.7%
	70-79	67%	64.4%	69.4%
	80+	61%	57.4%	64.9%
Race/Ethnicity	White, Non-Hispanic	75%	74.1%	76.1%
	American Indian, Non-Hispanic	73%	69.8%	76.6%
	American Indian/White, Non-Hispanic	83%	74.8%	88.3%
	Hispanic	75%	67.7%	81.5%
Household Income	Less than $35,000	69%	66.9%	71.0%
	$35,000-$74,999	76%	73.9%	77.4%
	$75,000+	83%	81.6%	84.7%
Education	Less than High School, G.E.D.	60%	55.5%	65.2%
	High School, G.E.D.	70%	68.3%	71.9%
	Some Post-High School	76%	74.3%	77.4%
	College Graduate	85%	83.7%	86.0%
Employment Status	Employed for Wages	79%	77.2%	79.8%
	Self-employed	71%	68.3%	74.1%
	Unemployed	75%	69.2%	80.1%
	Homemaker	75%	69.7%	80.3%
	Student	88%	83.8%	91.5%
	Retired	70%	67.7%	71.4%
	Unable to Work	53%	48.0%	57.9%
Marital Status	Married/Unmarried Couple	76%	75.0%	77.5%
	Divorced/Separated	70%	66.9%	72.4%
	Widowed	65%	61.7%	67.8%
	Never Married	78%	75.6%	79.9%
Home Ownership Status	Own Home	75%	74.3%	76.4%
	Rent Home	74%	72.1%	76.4%
Children Status	Children in Household (Ages 18-44)	81%	79.1%	83.0%
	No Children in Household (Ages 18-44)	82%	79.6%	84.3%
Phone Status	Landline	69%	67.0%	70.1%
	Cell Phone	77%	76.3%	78.6%
Pregnancy Status	Pregnant (Ages 18-44)	86%	75.7%	92.3%
	Not Pregnant (Ages 18-44)	83%	81.1%	85.2%
County	Minnehaha	77%	74.3%	78.8%
	Pennington	76%	73.5%	77.8%
	Lincoln	81%	76.9%	84.7%
	Brown	74%	71.3%	76.1%
	Brookings	79%	76.6%	82.1%
	Codington	73%	69.9%	75.1%
	Meade	76%	72.3%	79.3%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

FIVE SERVINGS OF FRUITS AND VEGETABLES

Definition: South Dakotans who report consuming at least five servings of fruits and vegetables daily.

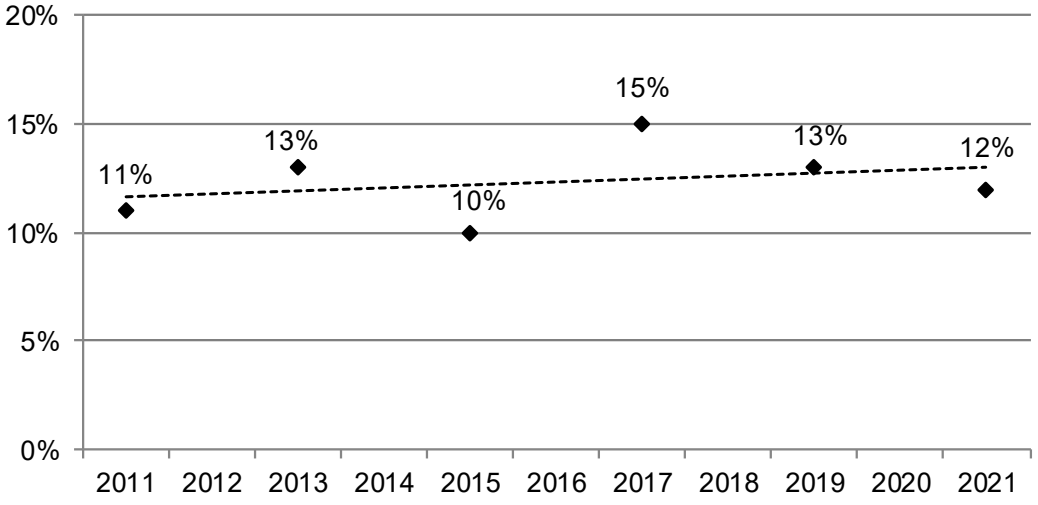
Prevalence of Consuming at Least Five Servings of Fruits and Vegetables Per Day

- South Dakota 12%
- *There is no nationwide median for consuming five fruits and vegetables per day*

Trend Analysis

Overall, the percent of South Dakotans who consumed five or more fruits and vegetables a day has been fairly consistent since 2011. In 2021, the percent of consuming at least five fruits and vegetables a day was 12 percent, down slightly from 13 percent in 2019.

Figure 6
Percentage of South Dakotans Who Reported Consuming at Least Five Servings of Fruits and Vegetables Per Day, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 9 South Dakotans Who Reported Consuming at Least Five Servings of Fruits and Vegetables Per Day, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	11%	9.8%	12.7%
	Female	15%	13.8%	16.7%
Age	18-29	11%	8.6%	13.6%
	30-39	17%	14.2%	20.7%
	40-49	14%	11.0%	16.6%
	50-59	13%	10.9%	15.1%
	60-69	11%	9.5%	13.0%
	70-79	13%	10.9%	15.5%
	80+	15%	12.1%	19.4%
Race/Ethnicity	White, Non-Hispanic	13%	11.6%	13.6%
	American Indian, Non-Hispanic	13%	10.0%	17.3%
	American Indian/White, Non-Hispanic	17%	7.2%	35.0%
	Hispanic	19%	12.1%	29.2%
Household Income	Less than $35,000	14%	12.2%	16.8%
	$35,000-$74,999	12%	10.1%	13.6%
	$75,000+	14%	12.0%	15.8%
Education	Less than High School, G.E.D.	17%	11.5%	23.7%
	High School, G.E.D.	11%	9.2%	12.6%
	Some Post-High School	12%	10.6%	13.9%
	College Graduate	16%	14.6%	18.1%
Employment Status	Employed for Wages	12%	10.9%	13.7%
	Self-employed	14%	10.9%	17.6%
	Unemployed	14%	9.2%	20.6%
	Homemaker	22%	15.4%	29.5%
	Student	15%	10.0%	20.9%
	Retired	13%	11.7%	15.1%
	Unable to Work	13%	9.0%	18.4%
Marital Status	Married/Unmarried Couple	14%	12.6%	15.2%
	Divorced/Separated	12%	9.7%	15.0%
	Widowed	12%	10.0%	15.1%
	Never Married	13%	10.1%	15.4%
Home Ownership Status	Own Home	13%	12.2%	14.5%
	Rent Home	13%	10.8%	15.8%
Children Status	Children in Household (Ages 18-44)	16%	13.2%	18.6%
	No Children in Household (Ages 18-44)	12%	9.4%	14.7%
Phone Status	Landline	13%	11.7%	14.8%
	Cell Phone	13%	12.0%	14.5%
Pregnancy Status	Pregnant (Ages 18-44)	16%	7.5%	29.4%
	Not Pregnant (Ages 18-44)	16%	13.3%	18.9%
County	Minnehaha	12%	9.4%	14.5%
	Pennington	13%	11.1%	15.7%
	Lincoln	11%	7.9%	15.9%
	Brown	16%	12.4%	19.4%
	Brookings	13%	10.1%	17.9%
	Codington	10%	7.6%	12.4%
	Meade	16%	10.6%	23.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Gender	Females exhibit a significantly higher prevalence of eating five or more fruits and vegetables a day than males.
Age	The prevalence of eating five or more fruits and vegetables a day does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of eating five or more fruits and vegetables a day does not seem to differ based on race/ethnicity.
Household Income	The prevalence of eating five or more fruits and vegetables a day does not seem to change as household income increases.
Education	The prevalence of eating five or more fruits and vegetables a day does not seem to change as education levels increase.
Employment	Those who are a homemaker exhibit a very high prevalence of eating five or more fruits and vegetables a day, while those who are employed for wages or retired show a very low prevalence.
Marital Status	The prevalence of eating five or more fruits and vegetables a day does not seem to differ based on marital status.
Home Ownership	The prevalence of eating five or more fruits and vegetables a day does not seem to differ based on home ownership status.
Children Status	The prevalence of eating five or more fruits and vegetables a day does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of eating five or more fruits and vegetables a day does not seem to differ based on phone status.
County	The prevalence of eating five or more fruits and vegetables a day does not seem to differ among the available counties.

TWO SERVINGS OF FRUITS PER DAY

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

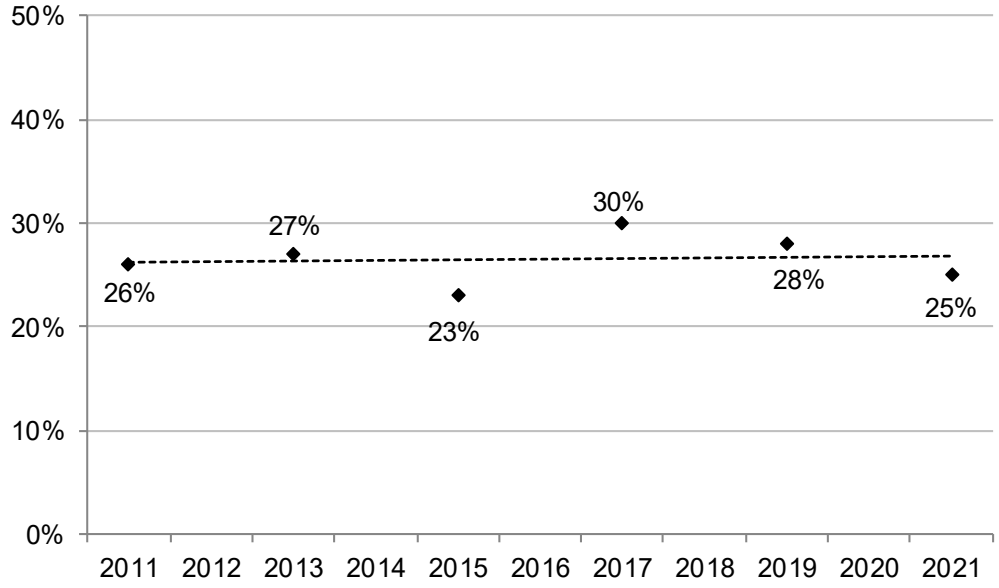
Prevalence of Consuming at Least Two Servings of Fruits Per Day

- South Dakota 25%
- *There is no nationwide median for two servings of fruits per day*

Trend Analysis

Overall, the percent of South Dakotans who consumed at least two servings of fruits a day has remained steady since 2011. In 2021, the percent of consuming at least two servings of fruits a day was 25 percent, down from 28 percent in 2019.

Figure 7
Percentage of South Dakotans Who Reported Consuming at Least Two Servings of Fruits Per Day, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 10 South Dakotans Who Reported Consuming at Least Two Servings of Fruits Per Day, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	25%	22.9%	26.7%
	Female	31%	29.2%	32.9%
Age	18-29	25%	21.8%	28.9%
	30-39	28%	24.4%	31.7%
	40-49	26%	22.7%	29.9%
	50-59	27%	24.6%	30.5%
	60-69	27%	24.3%	29.2%
	70-79	32%	28.8%	35.1%
	80+	41%	35.9%	46.2%
Race/Ethnicity	White, Non-Hispanic	28%	26.3%	29.0%
	American Indian, Non-Hispanic	26%	21.6%	30.2%
	American Indian/White, Non-Hispanic	20%	10.1%	35.7%
	Hispanic	37%	27.2%	47.3%
Household Income	Less than $35,000	30%	27.2%	32.9%
	$35,000-$74,999	26%	23.7%	28.2%
	$75,000+	28%	26.0%	31.0%
Education	Less than High School, G.E.D.	29%	22.8%	36.1%
	High School, G.E.D.	24%	21.5%	26.0%
	Some Post-High School	27%	25.1%	29.6%
	College Graduate	33%	30.7%	35.2%
Employment Status	Employed for Wages	25%	23.4%	27.0%
	Self-employed	29%	25.3%	34.0%
	Unemployed	29%	21.9%	38.1%
	Homemaker	34%	26.6%	41.8%
	Student	29%	22.1%	36.9%
	Retired	33%	30.4%	35.2%
	Unable to Work	26%	21.1%	32.3%
Marital Status	Married/Unmarried Couple	29%	27.0%	30.4%
	Divorced/Separated	25%	21.5%	28.2%
	Widowed	34%	30.2%	38.3%
	Never Married	26%	22.8%	29.1%
Home Ownership Status	Own Home	29%	27.1%	30.1%
	Rent Home	26%	23.4%	29.4%
Children Status	Children in Household (Ages 18-44)	28%	24.9%	31.1%
	No Children in Household (Ages 18-44)	25%	21.4%	28.1%
Phone Status	Landline	31%	29.0%	33.4%
	Cell Phone	27%	25.4%	28.5%
Pregnancy Status	Pregnant (Ages 18-44)	31%	19.0%	46.2%
	Not Pregnant (Ages 18-44)	29%	25.9%	32.6%
County	Minnehaha	28%	25.4%	31.7%
	Pennington	25%	22.1%	27.8%
	Lincoln	28%	22.7%	34.4%
	Brown	27%	23.3%	30.9%
	Brookings	27%	22.3%	32.4%
	Codington	26%	22.4%	29.6%
	Meade	29%	23.1%	36.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

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 80's are reached.
Race/ Ethnicity	The prevalence of eating at least two servings of fruit per day does not seem to differ based on race/ethnicity.
Household Income	The prevalence of eating at least two servings of fruit per day does not seem to consistently change as household income increases.
Education	The prevalence of eating at least two servings of fruit per day does not seem to consistently change as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of eating at least two servings of fruit per day, while those who are employed for wages show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of eating at least two servings of fruit per day, while those who are divorced or have never been married show a very low prevalence.
Home Ownership	The prevalence of eating at least two servings of fruit per day does not seem to differ based on home ownership status.
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 primarily use a landline phone demonstrate a significantly higher prevalence of eating at least two servings of fruit per day than those who primarily 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	The prevalence of eating at least two servings of fruit per day does not seem to differ among the available counties.

THREE SERVINGS OF VEGETABLES PER DAY

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

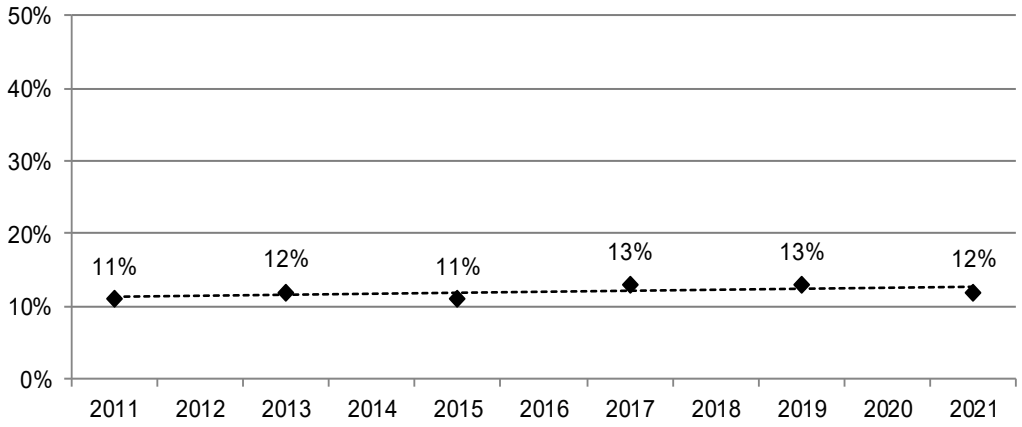
Prevalence of Consuming at Least Three Servings of Vegetables Per Day

- South Dakota 12%
- *There is no nationwide median for consuming three servings of vegetables per day*

Trend Analysis

Overall, the percent of South Dakotans who consumed at least three servings of vegetables a day has remained steady since 2011. In 2021, the percent of consuming at least three servings of vegetables a day was 12 percent, down slightly from 13 percent in 2019.

Figure 8
Percentage of South Dakotans Who Reported Consuming at Least Three Servings of Vegetables Per Day, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 11 South Dakotans Who Reported Consuming at Least Three Servings of Vegetables Per Day, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	12%	10.0%	13.2%
	Female	14%	12.7%	15.6%
Age	18-29	11%	8.7%	13.7%
	30-39	16%	13.4%	20.0%
	40-49	16%	13.1%	19.9%
	50-59	11%	9.6%	13.7%
	60-69	11%	9.3%	13.0%
	70-79	10%	8.5%	12.8%
	80+	12%	9.0%	16.2%
Race/Ethnicity	White, Non-Hispanic	12%	11.2%	13.4%
	American Indian, Non-Hispanic	14%	10.4%	19.8%
	American Indian/White, Non-Hispanic	21%	10.3%	38.5%
	Hispanic	14%	8.2%	22.8%
Household Income	Less than $35,000	13%	10.9%	15.9%
	$35,000-$74,999	10%	8.9%	12.2%
	$75,000+	14%	12.5%	16.5%
Education	Less than High School, G.E.D.	18%	12.4%	25.3%
	High School, G.E.D.	11%	9.7%	13.4%
	Some Post-High School	12%	10.1%	13.4%
	College Graduate	14%	12.7%	16.1%
Employment Status	Employed for Wages	12%	10.6%	13.5%
	Self-employed	14%	11.0%	17.9%
	Unemployed	16%	9.9%	25.8%
	Homemaker	22%	15.6%	30.1%
	Student	15%	10.4%	22.4%
	Retired	11%	9.5%	12.8%
	Unable to Work	14%	9.5%	20.8%
Marital Status	Married/Unmarried Couple	14%	12.3%	15.1%
	Divorced/Separated	11%	8.1%	13.5%
	Widowed	11%	8.7%	15.1%
	Never Married	12%	10.1%	15.3%
Home Ownership Status	Own Home	13%	11.8%	14.3%
	Rent Home	13%	10.5%	15.4%
Children Status	Children in Household (Ages 18-44)	15%	12.2%	17.3%
	No Children in Household (Ages 18-44)	13%	10.6%	16.5%
Phone Status	Landline	13%	11.1%	14.2%
	Cell Phone	13%	11.6%	14.3%
Pregnancy Status	Pregnant (Ages 18-44)	8%	2.5%	21.1%
	Not Pregnant (Ages 18-44)	15%	12.4%	17.8%
County	Minnehaha	10%	8.2%	13.0%
	Pennington	13%	10.5%	15.1%
	Lincoln	10%	6.8%	13.7%
	Brown	12%	9.5%	15.9%
	Brookings	11%	8.2%	15.5%
	Codington	10%	7.6%	13.6%
	Meade	16%	10.5%	23.2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Gender	The prevalence of eating at least three servings of vegetables per day does not seem to differ by gender.
Age	The prevalence of eating at least three servings of vegetables per day does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of eating at least three servings of vegetables per day does not seem to differ based on race/ethnicity.
Household Income	The prevalence of eating at least three servings of vegetables per day does not seem to consistently change as household income increases.
Education	The prevalence of eating at least three servings of vegetables per day does not seem to consistently change as education increases.
Employment	Those who are a homemaker exhibit a very high prevalence of eating at least three servings of vegetables per day, while those who are employed for wages or retired show a very low prevalence.
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 status.
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	The prevalence of eating at least three servings of vegetables per day does not seem to differ among the available counties.

CIGARETTE SMOKING

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

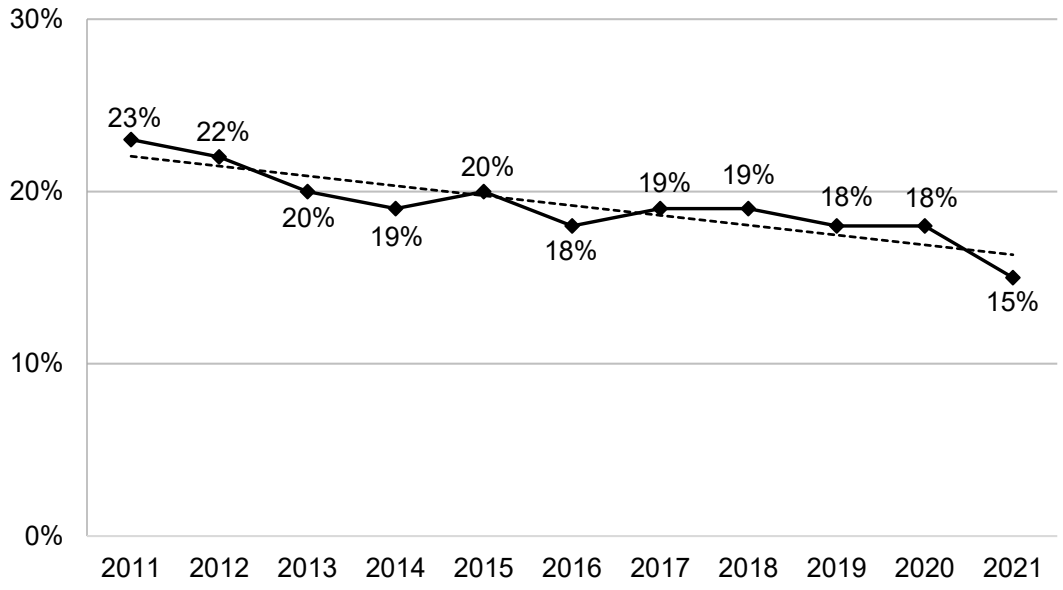
Prevalence of Current Cigarette Smoking

- South Dakota 15%
- Nationwide median 14%

Trend Analysis

Overall, the percent of South Dakotans who report smoking at least 100 cigarettes in their lifetime and now smoke every day or some days has been steadily decreasing since 2011. In 2021, the percent of current cigarette smoking fell to 15 percent from 18 percent in 2020.

Figure 9
Percentage of South Dakotans Who Currently Smoke Cigarettes, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 12 South Dakotans Who Currently Smoke Cigarettes, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	19%	17.9%	20.6%
	Female	17%	15.4%	17.9%
Age	18-29	17%	15.2%	19.6%
	30-39	27%	24.1%	30.2%
	40-49	22%	19.8%	25.3%
	50-59	19%	17.5%	21.6%
	60-69	14%	12.8%	15.9%
	70-79	9%	7.6%	10.3%
	80+	3%	2.0%	3.8%
Race/Ethnicity	White, Non-Hispanic	16%	14.7%	16.5%
	American Indian, Non-Hispanic	40%	35.5%	44.9%
	American Indian/White, Non-Hispanic	44%	33.1%	55.8%
	Hispanic	20%	14.6%	26.9%
Household Income	Less than $35,000	28%	25.3%	29.8%
	$35,000-$74,999	17%	15.6%	18.8%
	$75,000+	10%	8.8%	11.6%
Education	Less than High School, G.E.D.	36%	31.3%	41.3%
	High School, G.E.D.	23%	20.9%	24.5%
	Some Post-High School	17%	15.9%	18.7%
	College Graduate	7%	6.2%	8.1%
Employment Status	Employed for Wages	20%	18.9%	21.8%
	Self-employed	15%	12.2%	17.2%
	Unemployed	38%	31.8%	44.1%
	Homemaker	21%	15.2%	27.8%
	Student	7%	5.0%	10.9%
	Retired	9%	8.2%	10.5%
	Unable to Work	33%	28.2%	37.4%
Marital Status	Married/Unmarried Couple	13%	12.0%	14.0%
	Divorced/Separated	33%	30.0%	36.3%
	Widowed	16%	13.3%	20.0%
	Never Married	22%	20.2%	24.9%
Home Ownership Status	Own Home	14%	13.6%	15.4%
	Rent Home	29%	26.7%	31.7%
Children Status	Children in Household (Ages 18-44)	25%	22.6%	27.4%
	No Children in Household (Ages 18-44)	19%	16.4%	21.2%
Phone Status	Landline	13%	12.2%	14.4%
	Cell Phone	20%	18.4%	20.8%
Pregnancy Status	Pregnant (Ages 18-44)	15%	5.7%	35.5%
	Not Pregnant (Ages 18-44)	20%	17.7%	22.5%
County	Minnehaha	17%	15.1%	19.7%
	Pennington	20%	17.7%	22.2%
	Lincoln	8%	6.4%	11.1%
	Brown	19%	16.3%	21.1%
	Brookings	13%	10.4%	15.9%
	Codington	20%	17.4%	22.7%
	Meade	18%	15.0%	22.1%

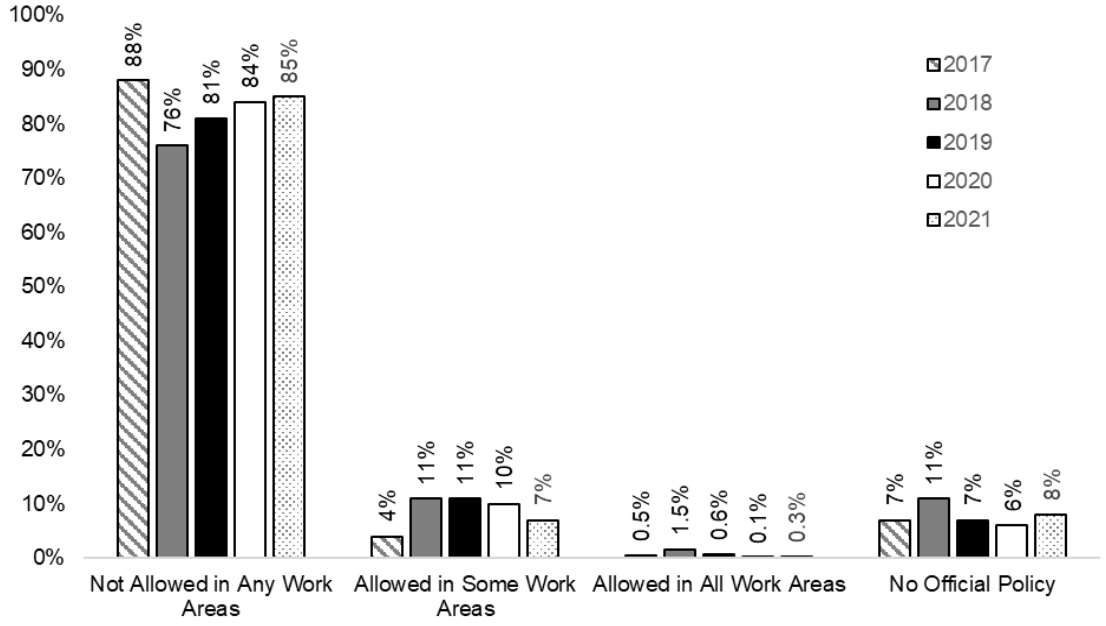
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of cigarette smoking does not seem to differ based on gender.
Age	The prevalence of cigarette smoking generally decreases as age increases including significant decreases as the 60s, 70s, and 80s are reached. However, it should be noted that those under 30 demonstrate a significantly lower prevalence of cigarette smoking than those in their 30s.
Race/ Ethnicity	American Indians and American Indian/whites exhibit a very high prevalence of cigarette smoking, while whites and Hispanics show a very low prevalence.
Household Income	The prevalence of cigarette smoking decreases as household income increases with significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of cigarette smoking decreases as education levels increase with significant decreases at each level.
Employment	Those who are unemployed, or unable to work demonstrate a very high prevalence of cigarette smoking, while those who are a student or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of cigarette smoking, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of cigarette smoking than those who own their home.
Children Status	Those who have children in their household demonstrate a significantly higher prevalence of cigarette smoking than those with no children in their household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of cigarette smoking than those who primarily use a landline phone.
Pregnancy Status	The prevalence of cigarette smoking does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, Brown, Codington, and Meade counties demonstrate a very high prevalence of cigarette smoking, while Lincoln and Brookings counties show a very low prevalence.

Figure 10, 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.

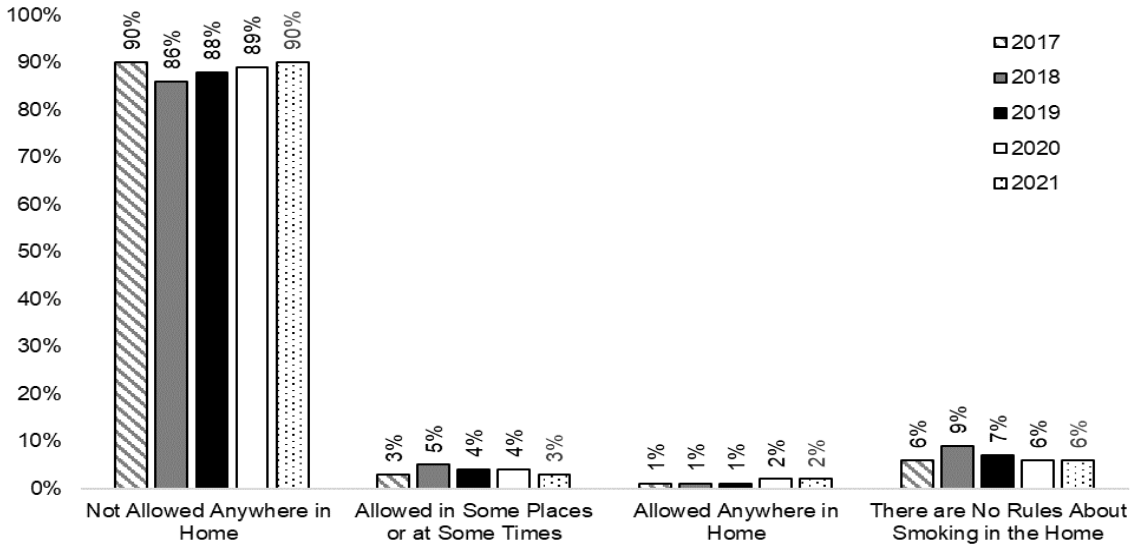
Figure 10
South Dakotans' Place of Work Smoking Policy, 2017-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Figure 11, 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 11
South Dakotans' Rules About Smoking Inside the Home, 2017-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

From 2013-2021, 45 percent of South Dakotans who use Indian Health Services were current smokers, while 44 percent of South Dakotans who use Medicaid were current smokers. This compares to 14 percent of South Dakotans who use a private health insurance plan and are current smokers.

Table 13
South Dakotans, Ages 18-64, Cigarette Smoking Status by Type of Health Insurance, 2011-2021

Insurance Type	Current Smokers		
	2011-2019	2012-2020	2013-2021
Indian Health Service	48%	47%	45%
Medicaid	45%	45%	44%
Medicare	32%	31%	29%
Military	25%	25%	24%
Employer based coverage	16%	16%	16%
Private Health Insurance Plan	13%	13%	14%
None	47%	46%	44%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

SMOKELESS TOBACCO

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

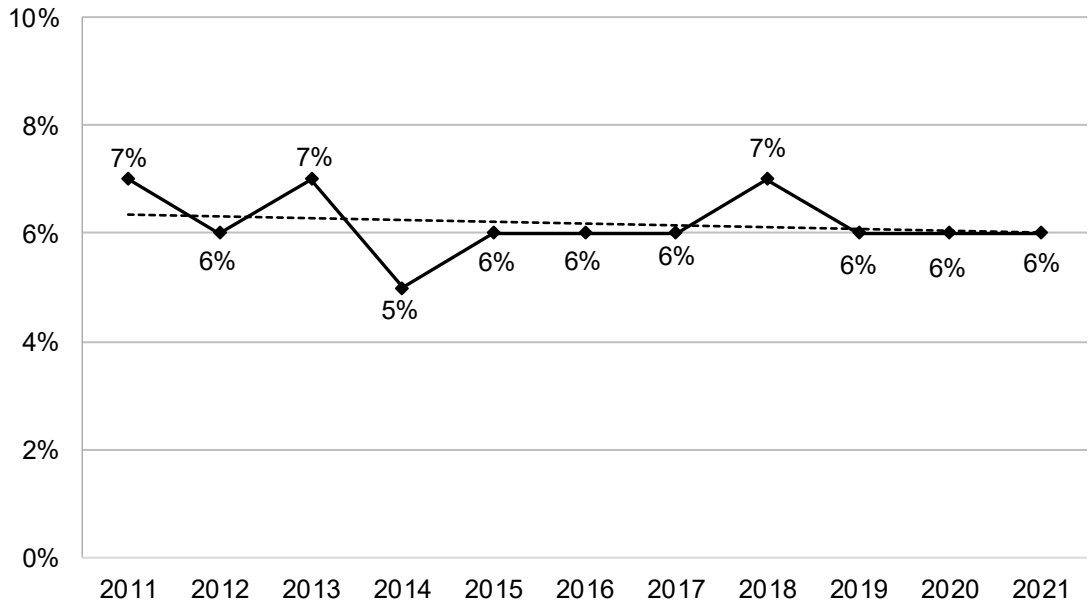
Prevalence of Smokeless Tobacco

- South Dakota 6%
- Nationwide median 4%

Trend Analysis

Overall, the percent of South Dakotans who use chewing tobacco or snuff every day or some days has remained steady since 2011. The percent of those using chewing tobacco or snuff every day or some days has not changed from the previous two years. South Dakota remains higher than the nationwide median of four percent who use smokeless tobacco.

Figure 12
Percentage of South Dakotans Who Use Smokeless Tobacco, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 14 South Dakotans Who Use Smokeless Tobacco, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	12%	10.6%	12.9%
	Female	1%	0.7%	1.2%
Age	18-29	8%	6.6%	9.6%
	30-39	8%	6.4%	9.7%
	40-49	9%	7.0%	11.2%
	50-59	6%	5.3%	7.8%
	60-69	3%	2.6%	4.3%
	70-79	4%	2.5%	5.2%
	80+	2%	1.2%	3.7%
Race/Ethnicity	White, Non-Hispanic	6%	5.5%	6.8%
	American Indian, Non-Hispanic	9%	7.0%	10.6%
	American Indian/White, Non-Hispanic	8%	3.7%	17.9%
	Hispanic	4%	2.2%	8.6%
Household Income	Less than $35,000	6%	4.6%	6.9%
	$35,000-$74,999	8%	6.6%	9.0%
	$75,000+	6%	5.4%	7.6%
Education	Less than High School, G.E.D.	8%	5.9%	11.7%
	High School, G.E.D.	8%	6.8%	9.1%
	Some Post-High School	7%	5.6%	7.6%
	College Graduate	4%	2.9%	4.3%
Employment Status	Employed for Wages	7%	6.4%	8.2%
	Self-employed	10%	8.0%	12.3%
	Unemployed	7%	5.0%	11.1%
	Homemaker	2%	0.7%	3.6%
	Student	4%	2.7%	7.3%
	Retired	3%	2.4%	4.1%
	Unable to Work	5%	3.1%	8.2%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.7%
	Divorced/Separated	8%	6.2%	10.1%
	Widowed	3%	2.0%	4.7%
	Never Married	7%	6.1%	8.7%
Home Ownership Status	Own Home	6%	5.6%	7.1%
	Rent Home	6%	5.4%	7.6%
Children Status	Children in Household (Ages 18-44)	8%	6.6%	9.3%
	No Children in Household (Ages 18-44)	9%	7.3%	10.9%
Phone Status	Landline	4%	3.6%	5.0%
	Cell Phone	7%	6.3%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	0.4%	0.1%	2.8%
	Not Pregnant (Ages 18-44)	1%	0.9%	1.7%
County	Minnehaha	5%	3.5%	5.8%
	Pennington	6%	4.5%	7.0%
	Lincoln	4%	2.3%	6.9%
	Brown	5%	3.8%	6.1%
	Brookings	5%	3.7%	7.2%
	Codington	6%	4.6%	7.6%
	Meade	9%	6.4%	11.7%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Males exhibit a significantly higher prevalence of smokeless tobacco use than females.
Age	The prevalence of smokeless tobacco use does not consistently change as age increases.
Race/ Ethnicity	American Indians exhibit a very high prevalence of smokeless tobacco use, while whites show a very low prevalence.
Household Income	The prevalence of smokeless tobacco use does not seem to change as household income increases.
Education	The prevalence of smokeless tobacco uses decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are employed for wages, self-employed, or unemployed demonstrate a very high prevalence of smokeless tobacco use, while those who are a homemaker, a student, or retired show a very low prevalence.
Marital Status	Those who are widowed exhibit a significantly lower prevalence of smokeless tobacco uses than all other forms of marital status.
Home Ownership	The prevalence of smokeless tobacco use does not seem to differ by home ownership status.
Children Status	The prevalence of smokeless tobacco use in adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of smokeless tobacco use than those who primarily use a landline phone.
Pregnancy Status	The prevalence of smokeless tobacco use does not seem to differ based on pregnancy status.
County	Residents of Meade county exhibit a very high prevalence of smokeless tobacco use, while residents of Minnehaha and Brown counties show a very low prevalence.

E-CIGARETTE SMOKING

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

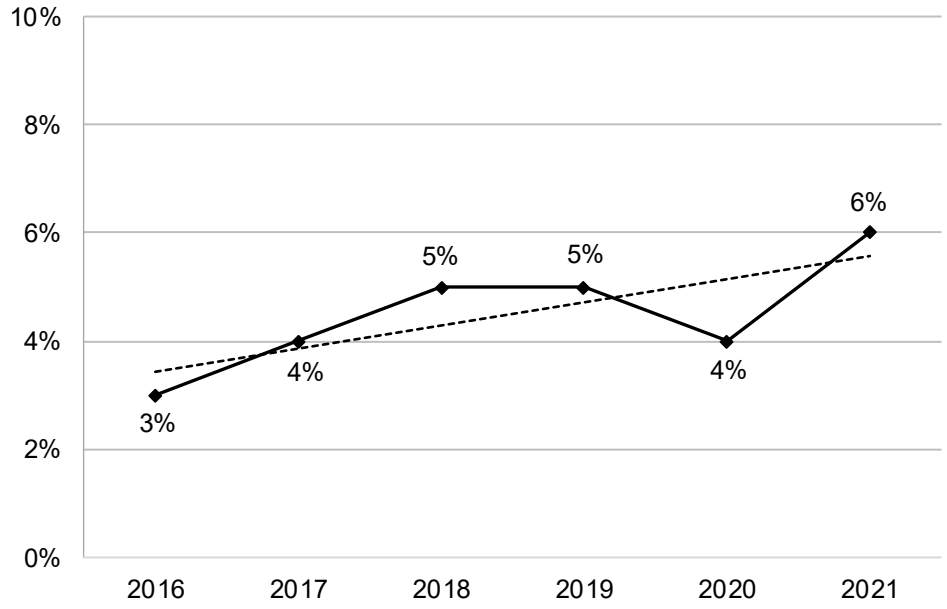
Prevalence of E-Cigarette Use

- South Dakota 6%
- Nationwide median 7%

Trend Analysis

Overall, the percent of South Dakotans who use e-cigarettes has been increasing since 2016. The percent of those who use e-cigarettes increased from four percent in 2020 to six percent in 2021. South Dakota is lower than the nationwide median of seven percent e-cigarette use.

Figure 13
Percentage of South Dakotans Who Currently Smoke E-Cigarettes, 2016-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 15 South Dakotans Who Currently Smoke E-Cigarettes, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	6%	4.7%	6.5%
	Female	4%	3.2%	4.7%
Age	18-29	14%	11.8%	16.3%
	30-39	5%	3.4%	6.2%
	40-49	3%	2.4%	5.0%
	50-59	3%	1.9%	3.9%
	60-69	1%	0.6%	1.7%
	70-79	1%	0.4%	1.3%
	80+	0.1%	0.0%	0.4%
Race/Ethnicity	White, Non-Hispanic	4%	3.8%	5.0%
	American Indian, Non-Hispanic	5%	3.5%	8.5%
	American Indian/White, Non-Hispanic	8%	3.1%	17.8%
	Hispanic	8%	4.4%	12.7%
Household Income	Less than $35,000	6%	4.9%	7.4%
	$35,000-$74,999	5%	3.7%	5.9%
	$75,000+	3%	2.1%	3.7%
Education	Less than High School, G.E.D.	7%	4.8%	10.7%
	High School, G.E.D.	6%	4.7%	6.9%
	Some Post-High School	5%	4.3%	6.3%
	College Graduate	2%	1.4%	2.6%
Employment Status	Employed for Wages	5%	4.6%	6.4%
	Self-employed	3%	2.0%	4.4%
	Unemployed	9%	5.6%	12.9%
	Homemaker	3%	1.2%	6.3%
	Student	15%	11.0%	20.9%
	Retired	1%	0.5%	1.1%
	Unable to Work	6%	4.2%	9.1%
Marital Status	Married/Unmarried Couple	3%	2.1%	3.2%
	Divorced/Separated	5%	4.0%	7.2%
	Widowed	1%	0.6%	2.1%
	Never Married	11%	9.1%	12.9%
Home Ownership Status	Own Home	3%	2.4%	3.5%
	Rent Home	9%	7.5%	10.8%
Children Status	Children in Household (Ages 18-44)	6%	4.4%	6.9%
	No Children in Household (Ages 18-44)	13%	10.6%	15.0%
Phone Status	Landline	1%	1.0%	2.0%
	Cell Phone	6%	5.2%	6.7%
Pregnancy Status	Pregnant (Ages 18-44)	5%	0.9%	24.2%
	Not Pregnant (Ages 18-44)	7%	5.7%	9.0%
County	Minnehaha	6%	4.5%	7.7%
	Pennington	4%	3.2%	5.7%
	Lincoln	4%	2.3%	7.2%
	Brown	5%	3.5%	6.3%
	Brookings	7%	4.8%	9.5%
	Codington	5%	3.8%	7.1%
	Meade	5%	3.6%	7.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

TOBACCO USE

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

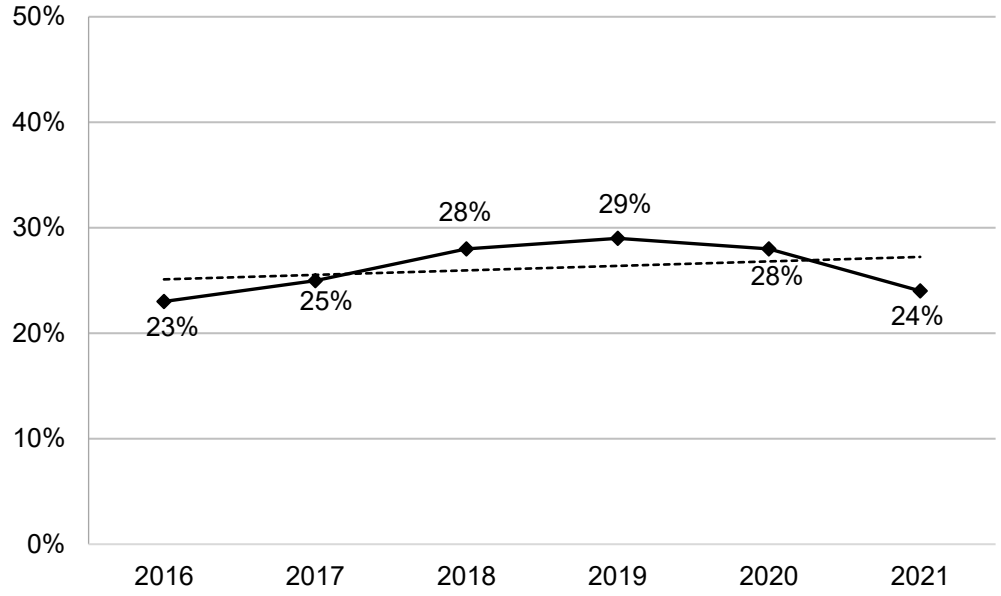
Prevalence of Tobacco Use

- South Dakota 24%
- *There is no nationwide median for tobacco use*

Trend Analysis

Overall, the percent of South Dakotans who currently smoke cigarettes, use smokeless tobacco, or use e-cigarettes had been gradually increasing since 2016, however, this trend decreased from 28 percent in 2020 to 24 percent in 2021.

Figure 14
Percentage of South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2016-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 16 South Dakotans Who Currently Smoke Cigarettes, Use Smokeless Tobacco, or Use E-Cigarettes, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	33%	31.4%	34.7%
	Female	20%	19.1%	21.9%
Age	18-29	34%	31.2%	37.1%
	30-39	36%	33.1%	39.6%
	40-49	32%	28.6%	34.8%
	50-59	28%	25.3%	30.0%
	60-69	18%	16.6%	20.1%
	70-79	13%	11.5%	15.3%
	80+	5%	3.8%	7.1%
Race/Ethnicity	White, Non-Hispanic	24%	23.1%	25.3%
	American Indian, Non-Hispanic	49%	44.9%	54.0%
	American Indian/White, Non-Hispanic	55%	44.5%	65.8%
	Hispanic	31%	24.2%	39.2%
Household Income	Less than $35,000	36%	33.9%	38.7%
	$35,000-$74,999	28%	25.6%	29.6%
	$75,000+	18%	16.1%	19.7%
Education	Less than High School, G.E.D.	45%	40.3%	50.7%
	High School, G.E.D.	33%	30.9%	34.9%
	Some Post-High School	27%	25.5%	29.0%
	College Graduate	12%	10.8%	13.3%
Employment Status	Employed for Wages	30%	28.5%	31.8%
	Self-employed	25%	22.4%	28.5%
	Unemployed	48%	41.4%	53.8%
	Homemaker	24%	18.1%	31.3%
	Student	27%	21.5%	32.9%
	Retired	13%	11.8%	14.7%
	Unable to Work	38%	33.6%	43.2%
Marital Status	Married/Unmarried Couple	20%	19.2%	21.7%
	Divorced/Separated	42%	38.9%	45.5%
	Widowed	19%	16.1%	23.1%
	Never Married	36%	33.5%	39.0%
Home Ownership Status	Own Home	22%	20.8%	23.1%
	Rent Home	41%	38.5%	43.8%
Children Status	Children in Household (Ages 18-44)	35%	32.1%	37.3%
	No Children in Household (Ages 18-44)	35%	32.4%	38.4%
Phone Status	Landline	18%	16.6%	19.3%
	Cell Phone	30%	28.6%	31.4%
Pregnancy Status	Pregnant (Ages 18-44)	17%	6.7%	38.2%
	Not Pregnant (Ages 18-44)	27%	24.2%	29.6%
County	Minnehaha	25%	22.8%	28.0%
	Pennington	28%	25.3%	30.4%
	Lincoln	16%	12.2%	19.9%
	Brown	25%	22.5%	27.8%
	Brookings	22%	18.5%	25.3%
	Codington	26%	23.5%	29.1%
	Meade	29%	24.7%	33.0%

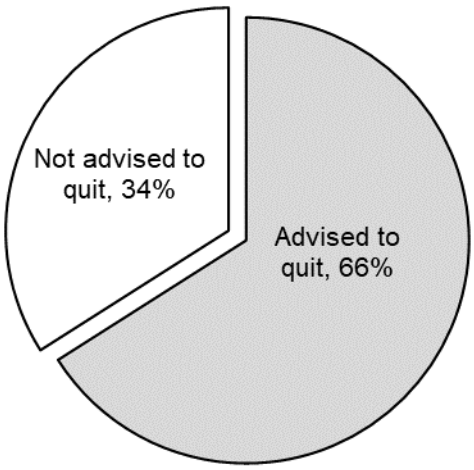
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

Figure 15, below, shows the percentage of tobacco users who have been advised by a health professional to quit using tobacco in the past 12 months. In 2020-2021, 66 percent of South Dakotans were advised to quit using tobacco by a health professional.

Figure 15
Percentage of Tobacco Users Who Have Been Advised by a Doctor, Nurse, or Other Health Professional to Quit Using Tobacco in the Past 12 Months, 2020-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2020-2021

Chronic Obstructive Pulmonary Disease

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

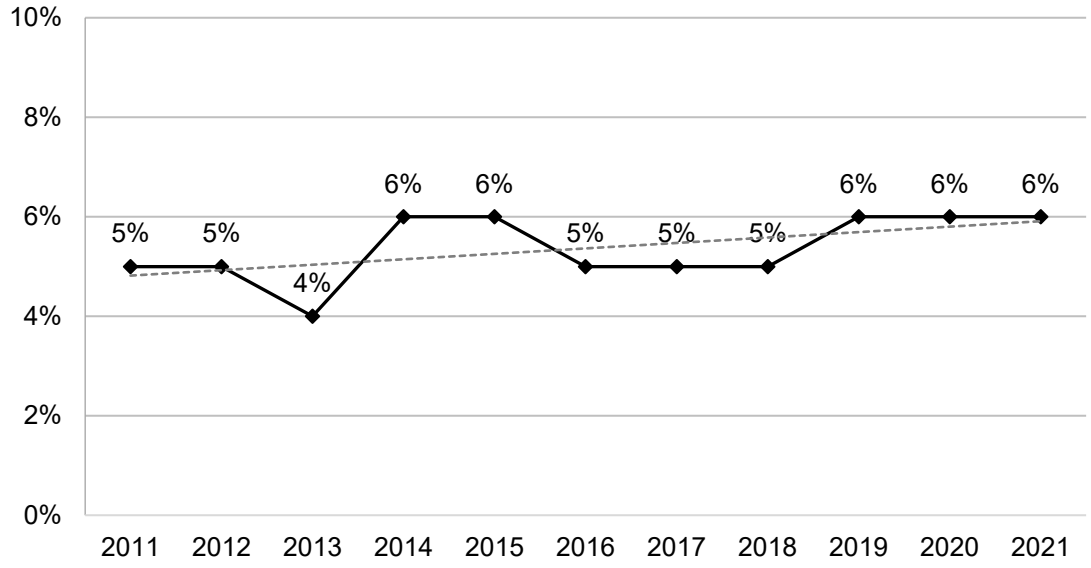
Prevalence of COPD

- South Dakota 6%
- Nationwide median 6%

Trend Analysis

Overall, the percent of South Dakotans with COPD, emphysema, or chronic bronchitis has remained steady since 2011. The past three years have remained unchanged at six percent. South Dakota is the same as the nationwide median.

Figure 16
Percentage of South Dakotans Who Were Told They Have COPD, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 17 South Dakotans Who Have Been Told They Have COPD, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	5%	4.7%	6.3%
	Female	6%	4.9%	6.2%
Age	18-29	2%	0.9%	2.8%
	30-39	3%	1.7%	4.6%
	40-49	3%	1.7%	4.1%
	50-59	6%	4.8%	7.1%
	60-69	9%	7.6%	10.4%
	70-79	13%	11.0%	14.6%
	80+	11%	8.9%	14.0%
Race/Ethnicity	White, Non-Hispanic	5%	4.9%	6.0%
	American Indian, Non-Hispanic	8%	5.4%	11.9%
	American Indian/White, Non-Hispanic	3%	1.5%	7.1%
	Hispanic	5%	2.5%	9.1%
Household Income	Less than $35,000	10%	9.1%	12.0%
	$35,000-$74,999	4%	3.7%	5.4%
	$75,000+	2%	1.4%	2.4%
Education	Less than High School, G.E.D.	11%	8.4%	14.6%
	High School, G.E.D.	7%	6.1%	8.3%
	Some Post-High School	5%	4.3%	5.7%
	College Graduate	2%	1.9%	2.7%
Employment Status	Employed for Wages	3%	2.3%	3.3%
	Self-employed	2%	1.8%	3.4%
	Unemployed	9%	5.1%	14.3%
	Homemaker	6%	2.6%	14.2%
	Student	0.4%	0.2%	1.0%
	Retired	12%	10.4%	13.2%
	Unable to Work	20%	16.5%	25.0%
Marital Status	Married/Unmarried Couple	4%	3.9%	5.1%
	Divorced/Separated	10%	8.8%	12.3%
	Widowed	13%	10.9%	16.1%
	Never Married	3%	2.4%	4.6%
Home Ownership Status	Own Home	5%	4.6%	5.6%
	Rent Home	7%	5.7%	8.7%
Children Status	Children in Household (Ages 18-44)	3%	1.6%	4.1%
	No Children in Household (Ages 18-44)	2%	1.2%	2.9%
Phone Status	Landline	7%	6.6%	8.3%
	Cell Phone	5%	4.2%	5.5%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.6%
	Not Pregnant (Ages 18-44)	3%	1.8%	4.1%
County	Minnehaha	4%	3.6%	5.5%
	Pennington	7%	5.5%	7.9%
	Lincoln	4%	2.8%	5.4%
	Brown	7%	4.9%	9.1%
	Brookings	3%	2.1%	3.7%
	Codington	5%	3.9%	5.9%
	Meade	5%	3.9%	6.4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of COPD does not seem to differ based on gender.
Age	The prevalence of COPD generally increases as age increases. This includes significant increases as the 50s, 60s, and 70s are reached.
Race/Ethnicity	The prevalence of COPD does not seem to differ based on race/ethnicity.
Household Income	The prevalence of COPD decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of COPD decreases as education levels increase. This includes significant decreases at every education level.
Employment	Those who are unable to work demonstrate a very high prevalence of COPD, while those who are a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of COPD, while those who 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 COPD than those who own their home.
Children Status	The prevalence of COPD among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of COPD than those who primarily use a cell phone.
Pregnancy Status	Females who are not pregnant demonstrate a significantly higher prevalence of COPD than females who are pregnant.
County	Pennington, Brown, Codington, and Meade counties exhibit a very high prevalence of COPD, while Lincoln and Brookings counties show a very low prevalence.

CANCER

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

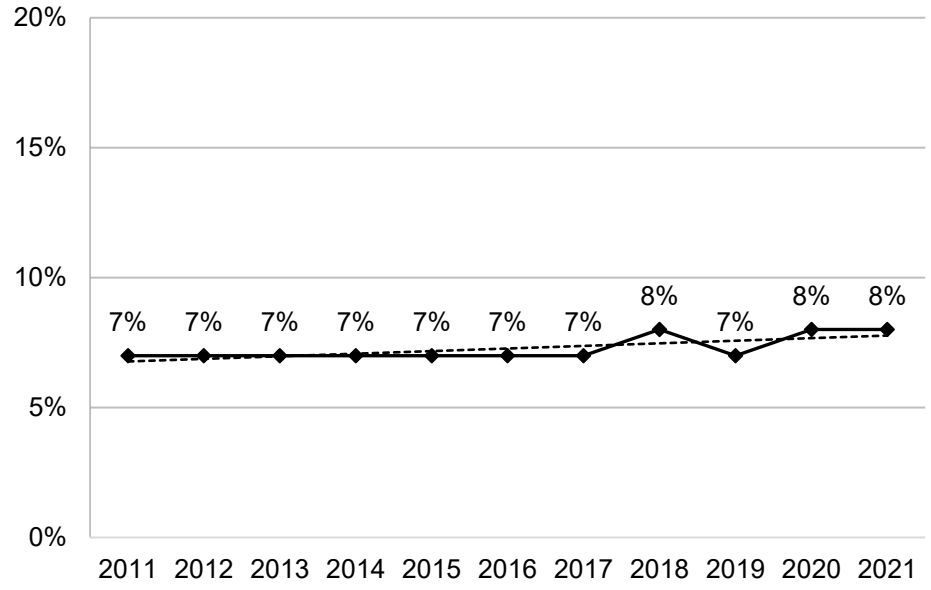
Prevalence of Cancer

- South Dakota 8%
- Nationwide median 8%

Trend Analysis

The percent of South Dakotans who have ever been diagnosed with cancer (excluding skin cancer) has remained virtually unchanged since 2011. South Dakota is the same as the nationwide median of eight percent.

Figure 17
Percentage of South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 18 South Dakotans Who Have Ever Been Diagnosed With Cancer (Excluding Skin Cancer), 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	7%	6.1%	7.7%
	Female	9%	8.1%	9.5%
Age	18-29	1%	0.3%	1.2%
	30-39	3%	1.6%	4.3%
	40-49	4%	3.0%	5.5%
	50-59	7%	6.2%	8.8%
	60-69	13%	11.4%	14.2%
	70-79	20%	17.9%	21.8%
	80+	25%	21.7%	28.4%
Race/Ethnicity	White, Non-Hispanic	8%	7.8%	8.9%
	American Indian, Non-Hispanic	6%	3.3%	9.6%
	American Indian/White, Non-Hispanic	3%	1.5%	6.3%
	Hispanic	5%	2.7%	8.5%
Household Income	Less than $35,000	9%	7.7%	10.1%
	$35,000-$74,999	8%	7.2%	9.1%
	$75,000+	6%	5.3%	6.8%
Education	Less than High School, G.E.D.	8%	6.4%	11.0%
	High School, G.E.D.	8%	6.9%	9.0%
	Some Post-High School	7%	6.7%	8.4%
	College Graduate	8%	7.2%	8.8%
Employment Status	Employed for Wages	4%	3.8%	4.9%
	Self-employed	6%	5.0%	8.1%
	Unemployed	7%	4.4%	9.8%
	Homemaker	9%	5.0%	16.1%
	Student	0.1%	0.0%	0.5%
	Retired	18%	16.9%	19.8%
	Unable to Work	15%	11.8%	19.0%
Marital Status	Married/Unmarried Couple	9%	7.9%	9.3%
	Divorced/Separated	9%	7.6%	11.0%
	Widowed	18%	15.5%	19.9%
	Never Married	3%	1.9%	3.3%
Home Ownership Status	Own Home	9%	8.6%	9.8%
	Rent Home	5%	3.9%	6.1%
Children Status	Children in Household (Ages 18-44)	3%	2.0%	4.2%
	No Children in Household (Ages 18-44)	1%	0.5%	1.4%
Phone Status	Landline	13%	12.1%	14.3%
	Cell Phone	6%	5.3%	6.5%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.6%
	Not Pregnant (Ages 18-44)	2%	1.8%	3.3%
County	Minnehaha	7%	5.8%	7.8%
	Pennington	8%	7.2%	9.6%
	Lincoln	7%	5.5%	10.2%
	Brown	8%	7.1%	9.7%
	Brookings	5%	4.3%	6.2%
	Codington	8%	6.4%	8.8%
	Meade	6%	4.9%	7.5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females exhibit a significantly higher prevalence of cancer than males.
Age	The prevalence of cancer increases as age increases. This includes significant increases as the 30s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	Whites exhibit a very high prevalence of cancer, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of cancer decreases as household income increases. This includes a significant decrease as the $75,000+ income group is reached.
Education	The prevalence of cancer does not seem to differ as education levels change.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of cancer, while those who are students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of cancer, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of cancer than those who rent their home.
Children Status	Those with children in the household exhibit a significantly higher prevalence of cancer than those without children.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of cancer than those who primarily use a cell phone.
Pregnancy Status	The prevalence of cancer among females who are not pregnant is significantly higher than those who are pregnant.
County	Pennington, Brown, and Codington counties exhibit a very high prevalence of cancer, while Brookings county shows a very low prevalence.

SKIN CANCER

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

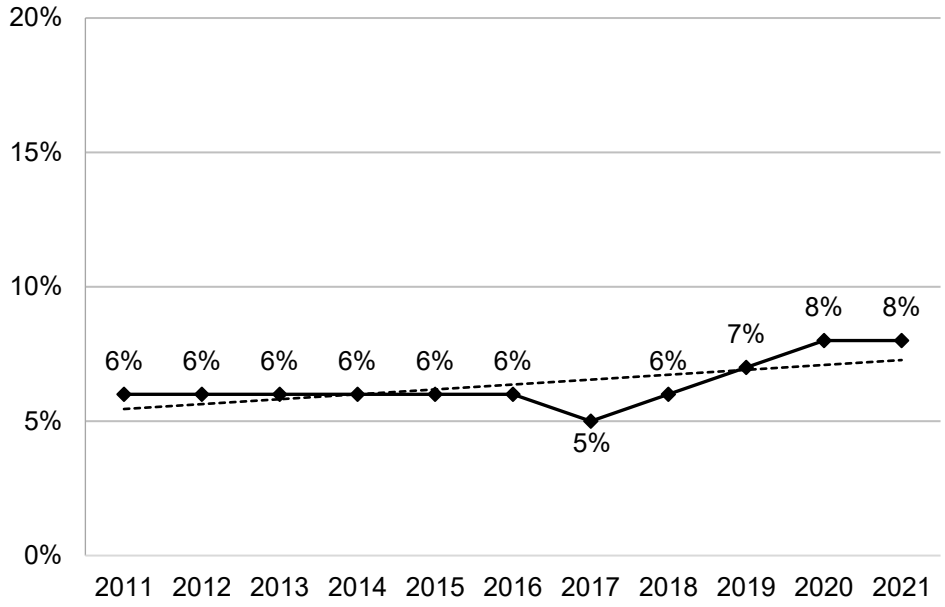
Prevalence of Skin Cancer

- South Dakota 8%
- Nationwide median 7%

Trend Analysis

The percent of South Dakotans who have ever been diagnosed with skin cancer has been increasing since 2017 with eight percent of South Dakotans reporting a skin cancer diagnosis in 2021. South Dakota is higher than the nationwide median of seven percent.

Figure 18
Percentage of South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 19 South Dakotans Who Have Ever Been Diagnosed With Skin Cancer, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	6%	5.7%	6.9%
	Female	7%	6.6%	7.9%
Age	18-29	1%	0.4%	1.4%
	30-39	1%	0.6%	1.6%
	40-49	4%	2.7%	5.5%
	50-59	7%	5.6%	8.1%
	60-69	10%	9.2%	11.8%
	70-79	18%	16.6%	20.3%
	80+	22%	19.4%	25.5%
Race/Ethnicity	White, Non-Hispanic	8%	7.1%	8.1%
	American Indian, Non-Hispanic	1%	0.6%	1.9%
	American Indian/White, Non-Hispanic	1%	0.4%	2.4%
	Hispanic	4%	2.0%	8.0%
Household Income	Less than $35,000	6%	5.1%	6.8%
	$35,000-$74,999	7%	5.9%	7.5%
	$75,000+	7%	6.1%	8.0%
Education	Less than High School, G.E.D.	5%	3.4%	6.3%
	High School, G.E.D.	6%	5.5%	7.1%
	Some Post-High School	7%	6.1%	7.8%
	College Graduate	8%	7.1%	8.8%
Employment Status	Employed for Wages	4%	3.4%	4.6%
	Self-employed	7%	5.7%	8.8%
	Unemployed	4%	2.1%	6.8%
	Homemaker	4%	2.7%	5.5%
	Student	1%	0.1%	3.7%
	Retired	17%	15.3%	18.0%
	Unable to Work	6%	4.6%	8.6%
Marital Status	Married/Unmarried Couple	8%	7.0%	8.3%
	Divorced/Separated	7%	5.8%	9.3%
	Widowed	16%	14.0%	18.2%
	Never Married	2%	1.1%	2.1%
Home Ownership Status	Own Home	9%	8.0%	9.2%
	Rent Home	2%	2.0%	2.9%
Children Status	Children in Household (Ages 18-44)	2%	1.2%	2.7%
	No Children in Household (Ages 18-44)	1%	0.5%	1.5%
Phone Status	Landline	11%	10.4%	12.3%
	Cell Phone	5%	4.6%	5.7%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.6%
	Not Pregnant (Ages 18-44)	2%	1.4%	3.0%
County	Minnehaha	5%	4.3%	6.1%
	Pennington	10%	8.5%	11.0%
	Lincoln	7%	4.9%	8.8%
	Brown	6%	5.2%	7.3%
	Brookings	5%	3.8%	5.4%
	Codington	5%	4.4%	6.3%
	Meade	8%	6.8%	10.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

HYPERTENSION

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

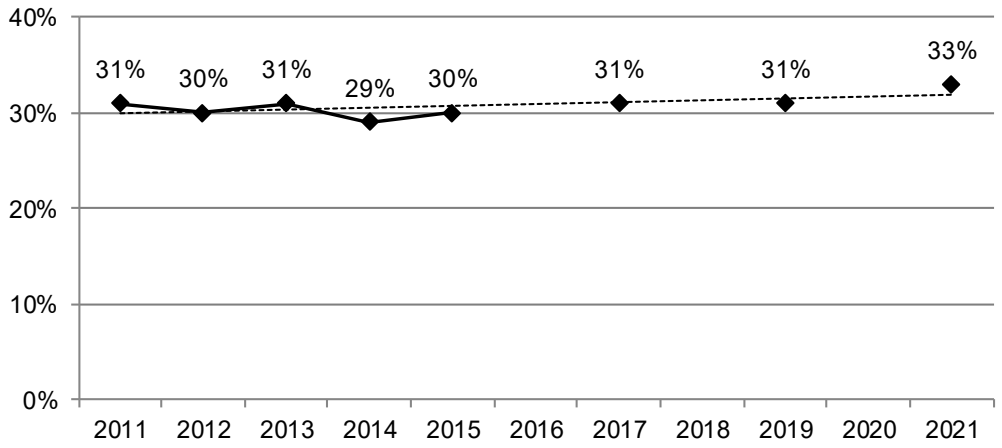
Prevalence of Hypertension

- South Dakota 33%
- Nationwide median 32%

Trend Analysis

Overall, the percent of South Dakotans who have been told they have high blood pressure has remained steady since 2011, however this went from 31 percent in 2019 to 33 percent in 2021. South Dakota is higher than the nationwide median of 32 percent.

Figure 19
Percentage of South Dakotans Who Were Told They Have Hypertension, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 20 South Dakotans Who Were Told They Have Hypertension, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	36%	34.0%	37.9%
	Female	28%	26.0%	29.2%
Age	18-29	9%	7.2%	11.5%
	30-39	15%	12.8%	18.3%
	40-49	24%	20.8%	28.0%
	50-59	37%	33.9%	40.2%
	60-69	51%	48.1%	53.9%
	70-79	61%	57.3%	63.9%
	80+	60%	55.3%	65.4%
Race/Ethnicity	White, Non-Hispanic	33%	31.3%	34.1%
	American Indian, Non-Hispanic	33%	28.7%	37.9%
	American Indian/White, Non-Hispanic	25%	15.6%	37.9%
	Hispanic	22%	14.8%	30.7%
Household Income	Less than $35,000	36%	32.8%	38.3%
	$35,000-$74,999	34%	31.3%	36.2%
	$75,000+	27%	24.8%	29.4%
Education	Less than High School, G.E.D.	38%	32.4%	44.5%
	High School, G.E.D.	35%	32.4%	37.3%
	Some Post-High School	31%	28.6%	32.9%
	College Graduate	28%	25.7%	29.7%
Employment Status	Employed for Wages	24%	22.7%	26.2%
	Self-employed	29%	25.7%	33.4%
	Unemployed	31%	23.9%	38.0%
	Homemaker	21%	15.8%	28.2%
	Student	5%	2.5%	10.6%
	Retired	58%	55.7%	60.8%
	Unable to Work	48%	41.7%	54.1%
Marital Status	Married/Unmarried Couple	33%	31.6%	35.0%
	Divorced/Separated	38%	34.3%	42.0%
	Widowed	57%	52.2%	60.9%
	Never Married	18%	15.5%	20.1%
Home Ownership Status	Own Home	36%	34.4%	37.6%
	Rent Home	23%	20.5%	25.3%
Children Status	Children in Household (Ages 18-44)	14%	12.2%	17.0%
	No Children in Household (Ages 18-44)	13%	10.8%	16.1%
Phone Status	Landline	45%	43.2%	47.8%
	Cell Phone	27%	26.0%	29.0%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.2%	14.2%
	Not Pregnant (Ages 18-44)	7%	5.8%	9.1%
County	Minnehaha	29%	26.0%	31.8%
	Pennington	34%	30.7%	36.7%
	Lincoln	29%	23.6%	34.5%
	Brown	32%	28.3%	35.4%
	Brookings	23%	19.7%	26.4%
	Codington	31%	27.3%	34.2%
	Meade	32%	27.1%	37.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Males exhibit a significantly higher prevalence of high blood pressure than females.
Age	The prevalence of high blood pressure generally increases as age increases. This includes significant increases as the 30s, 40s, 50s, 60s, and 70s are reached.
Race/ Ethnicity	Whites demonstrate a very high prevalence of high blood pressure, while Hispanics show a very low prevalence.
Household Income	The prevalence of high blood pressure decreases as household income increases. This includes a significant decrease as the $75,000+ income group is reached.
Education	The prevalence of high blood pressure decreases as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of high blood pressure, while those who are a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of high blood pressure, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of high blood pressure than those who rent their home.
Children Status	The prevalence of high blood pressure does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of high blood pressure than those who primarily use a cell phone.
Pregnancy Status	The prevalence of high blood pressure does not seem to differ based on pregnancy status.
County	Pennington, Brown, Codington, and Meade counties all exhibit a very high prevalence of high blood pressure, while Brookings county shows a very low prevalence.

The following table shows the percent of South Dakotans who were taking medicine for high blood pressure. In 2021, 78% percent were taking medicine for high blood pressure.

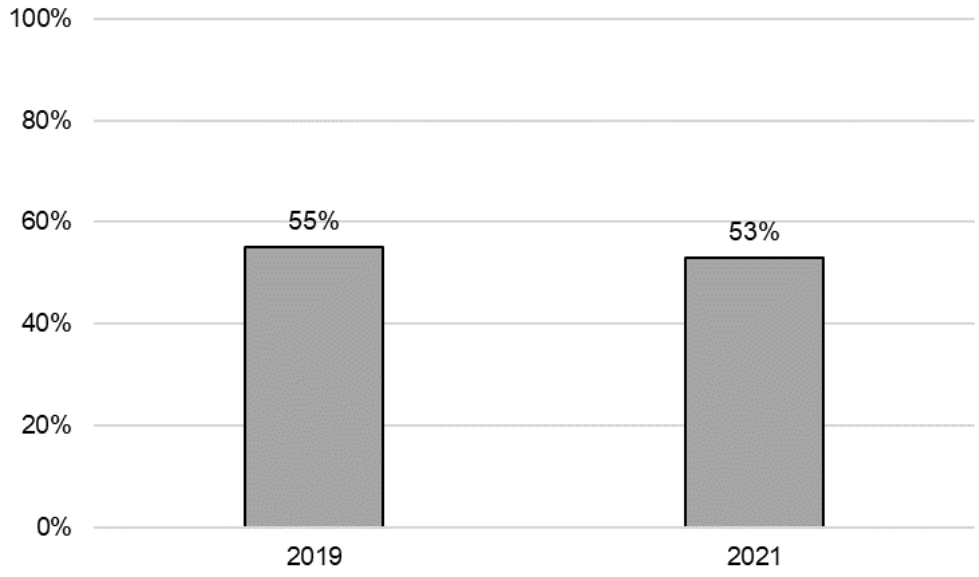
Table 21
Percentage of South Dakotans Who Were Taking Medicine for High Blood Pressure, 2011-2021

Year	%
2021	78%
2019	77%
2017	79%
2015	79%
2013	81%
2011	78%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

In 2021, 53 percent of South Dakotans with high blood pressure were told by a doctor, nurse, or another health professional to check their own blood pressure outside of the doctor's office.

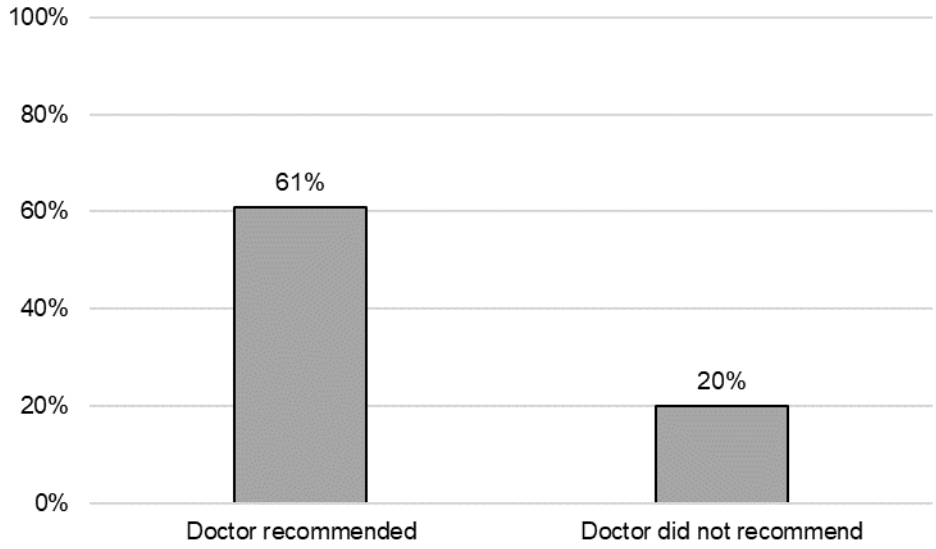
Figure 20
Percentage of Those With High Blood Pressure Who Have Been Told by Health Professional to Check Their Blood Pressure Outside of the Doctor's Office, 2019-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019-2021

Of those with high blood pressure, 61 percent regularly check their blood pressure outside of the doctor's office because of the doctor's recommendation.

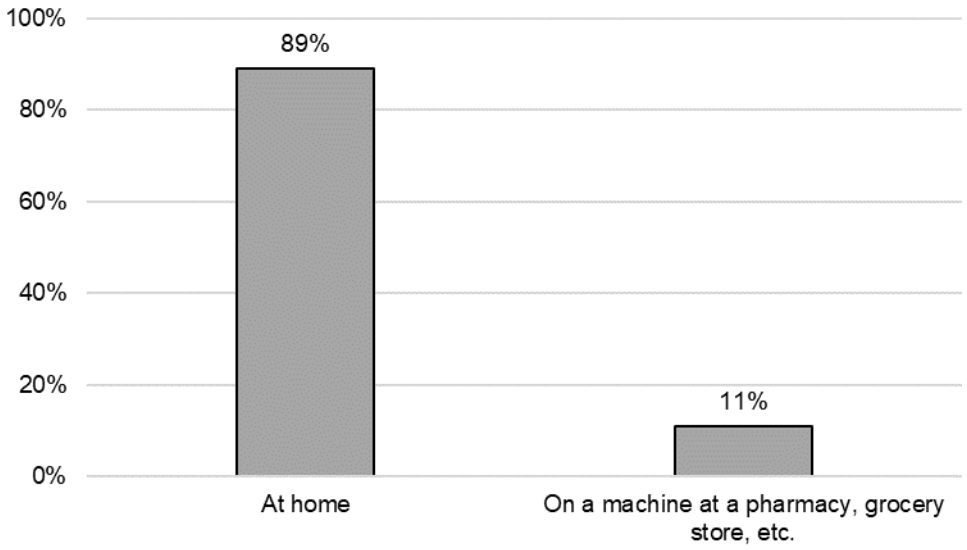
Figure 21
Percentage of Those With High Blood Pressure Who Regularly Check Their Blood Pressure Outside of the Doctor's Office by Doctor's Recommendation, 2019-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019-2021

Of those who regularly check their high blood pressure outside of the doctor's office, 89 percent check their blood pressure at home compared to 11 percent of respondents who use another place such as a machine at the pharmacy or a grocery store.

Figure 22
Percentage of Those With High Blood Pressure Who Regularly Check Their Blood Pressure Outside of the Doctor's Office by Location, 2019-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019-2021

HIGH CHOLESTEROL

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

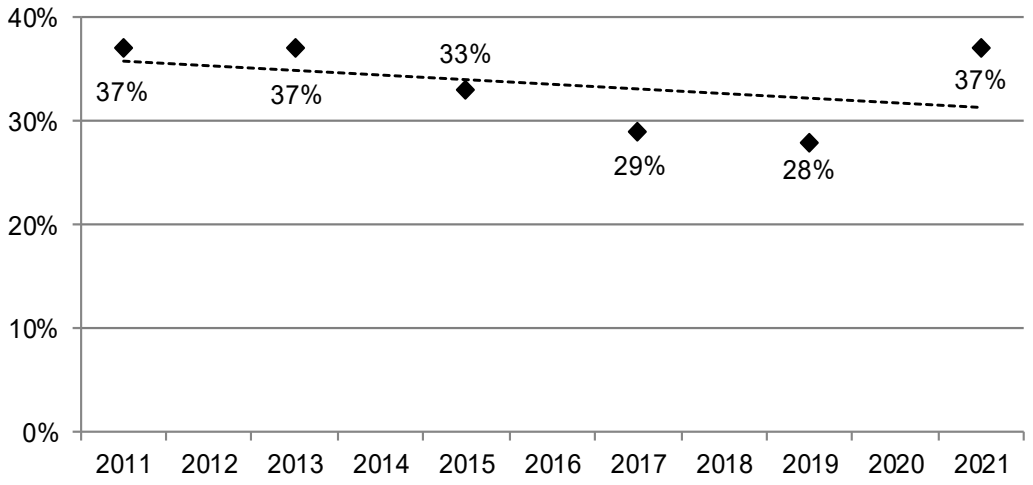
Prevalence of High Cholesterol

- South Dakota 37%
- Nationwide median 36%

Trend Analysis

Overall, the percent of South Dakotans who have been told they have high cholesterol had been decreasing since 2011, however, 2021 saw an increase to 37 percent from 28 percent in 2019. South Dakota is slightly higher than the nationwide median.

Figure 23
Percentage of South Dakotans Who Were Told They Have High Cholesterol, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 22 South Dakotans Who Were Told They Have High Cholesterol, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	33%	31.3%	35.6%
	Female	29%	27.5%	31.1%
Age	18-29	5%	3.1%	7.0%
	30-39	13%	10.6%	16.6%
	40-49	26%	22.1%	30.0%
	50-59	38%	35.0%	41.6%
	60-69	46%	43.5%	49.4%
	70-79	51%	47.8%	54.8%
	80+	44%	38.4%	49.2%
Race/Ethnicity	White, Non-Hispanic	33%	31.1%	34.1%
	American Indian, Non-Hispanic	27%	22.4%	32.5%
	American Indian/White, Non-Hispanic	24%	14.5%	37.8%
	Hispanic	23%	15.0%	32.5%
Household Income	Less than $35,000	32%	29.3%	35.3%
	$35,000-$74,999	35%	31.9%	37.3%
	$75,000+	28%	25.8%	30.6%
Education	Less than High School, G.E.D.	31%	25.0%	37.9%
	High School, G.E.D.	34%	30.9%	36.3%
	Some Post-High School	31%	28.4%	33.1%
	College Graduate	30%	27.6%	31.9%
Employment Status	Employed for Wages	25%	22.8%	26.6%
	Self-employed	30%	26.3%	34.8%
	Unemployed	25%	18.2%	32.6%
	Homemaker	25%	17.9%	32.8%
	Student	6%	2.6%	12.5%
	Retired	50%	47.0%	52.3%
	Unable to Work	41%	34.4%	47.1%
Marital Status	Married/Unmarried Couple	34%	31.9%	35.6%
	Divorced/Separated	35%	30.9%	38.9%
	Widowed	44%	39.5%	48.6%
	Never Married	15%	12.2%	17.2%
Home Ownership Status	Own Home	34%	32.9%	36.1%
	Rent Home	22%	19.3%	24.8%
Children Status	Children in Household (Ages 18-44)	12%	10.1%	15.2%
	No Children in Household (Ages 18-44)	11%	8.5%	14.9%
Phone Status	Landline	39%	37.2%	41.8%
	Cell Phone	28%	26.7%	30.1%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	10%	8.2%	12.6%
County	Minnehaha	29%	26.2%	32.3%
	Pennington	34%	30.7%	37.3%
	Lincoln	30%	24.4%	35.7%
	Brown	34%	30.5%	38.6%
	Brookings	25%	21.3%	29.4%
	Codington	29%	25.8%	32.8%
	Meade	25%	20.9%	30.2%

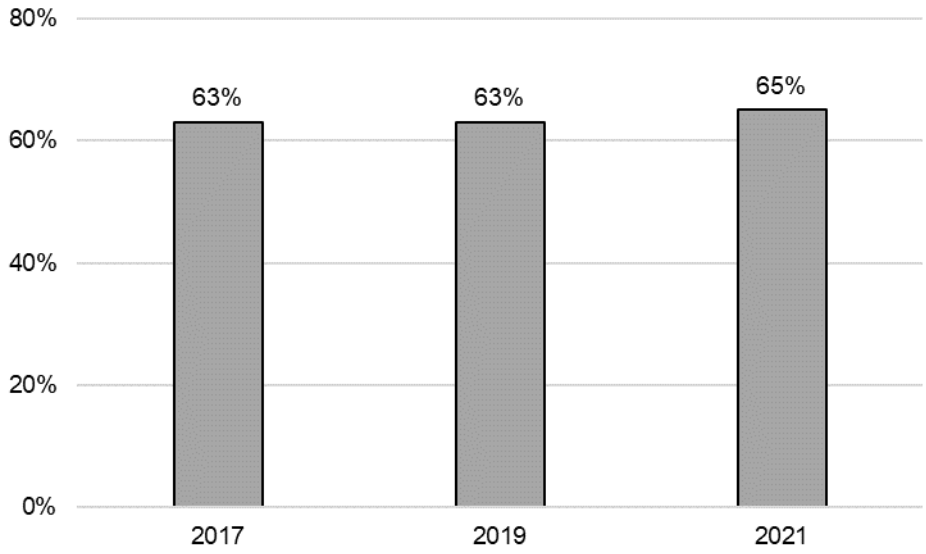
Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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 30's, 40's, 50's, and 60's are reached.
Race/Ethnicity	The prevalence of high cholesterol does not seem to differ based on race/ethnicity.
Household Income	The prevalence of high cholesterol does not seem to change as household income increases.
Education	The prevalence of high cholesterol does not seem to change 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 differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of high cholesterol than those who primarily use a cell phone.
County	Those in Pennington and Brown counties exhibit a very high prevalence of high cholesterol, while those in Brookings and Meade counties show a very low prevalence.

Figure 24, below, shows the percentage of South Dakotans with high cholesterol who take medication for it. In 2021, 65 percent of those with high cholesterol took medication for it.

Figure 24
Percentage of South Dakotans Who Take Medicine for Their High Cholesterol, 2017-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Diabetes

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

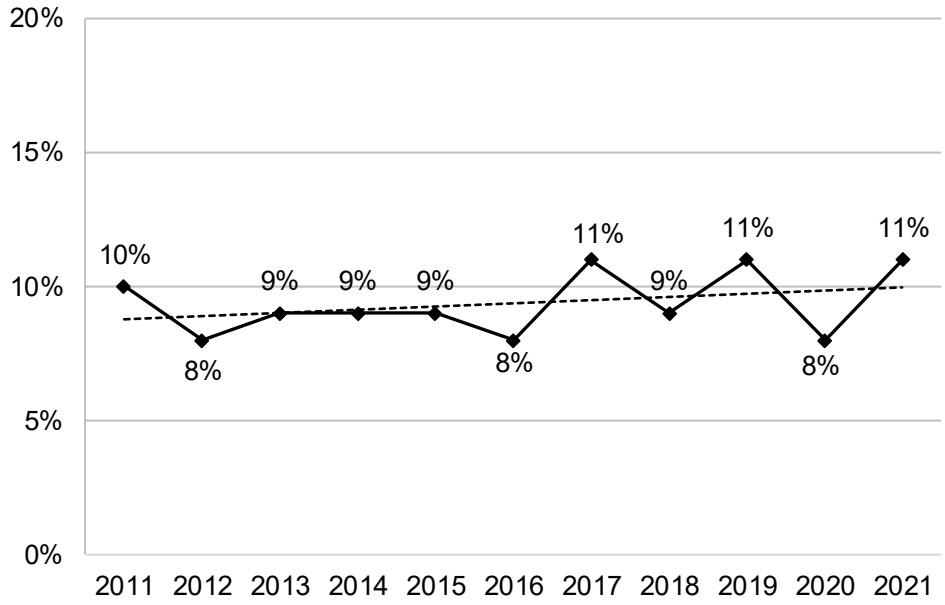
Prevalence of Diabetes

- South Dakota 11%
- Nationwide median 11%

Trend Analysis

Overall, the percent of South Dakotans who have been told they have diabetes has been slowly increasing since 2011. South Dakota is the same as the nationwide median.

Figure 25
Percentage of South Dakotans Who Were Told They Have Diabetes, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 23 South Dakotans Who Were Told They Have Diabetes, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	11%	9.8%	11.6%
	Female	9%	8.4%	10.0%
Age	18-29	2%	1.1%	2.7%
	30-39	3%	2.5%	4.7%
	40-49	7%	5.5%	8.5%
	50-59	12%	10.3%	13.6%
	60-69	16%	14.8%	18.1%
	70-79	22%	19.5%	23.7%
	80+	23%	19.2%	26.6%
Race/Ethnicity	White, Non-Hispanic	10%	8.9%	10.2%
	American Indian, Non-Hispanic	18%	15.1%	20.7%
	American Indian/White, Non-Hispanic	8%	4.6%	13.8%
	Hispanic	9%	5.3%	13.7%
Household Income	Less than $35,000	14%	12.9%	15.7%
	$35,000-$74,999	9%	8.4%	10.6%
	$75,000+	6%	5.4%	7.2%
Education	Less than High School, G.E.D.	14%	11.1%	17.2%
	High School, G.E.D.	11%	10.2%	12.6%
	Some Post-High School	9%	8.2%	10.0%
	College Graduate	8%	7.1%	8.9%
Employment Status	Employed for Wages	6%	5.6%	7.1%
	Self-employed	5%	4.4%	6.8%
	Unemployed	10%	7.0%	13.2%
	Homemaker	9%	5.6%	13.5%
	Student	2%	0.9%	4.5%
	Retired	21%	19.5%	22.9%
	Unable to Work	24%	20.7%	28.3%
Marital Status	Married/Unmarried Couple	10%	9.0%	10.6%
	Divorced/Separated	14%	12.5%	16.2%
	Widowed	20%	17.3%	22.7%
	Never Married	5%	4.3%	6.2%
Home Ownership Status	Own Home	11%	10.1%	11.6%
	Rent Home	9%	7.6%	9.8%
Children Status	Children in Household (Ages 18-44)	3%	2.5%	4.4%
	No Children in Household (Ages 18-44)	3%	2.0%	3.9%
Phone Status	Landline	15%	13.6%	16.0%
	Cell Phone	8%	7.6%	8.9%
Pregnancy Status	Pregnant (Ages 18-44)	0.3%	0.1%	1.0%
	Not Pregnant (Ages 18-44)	3%	2.3%	4.4%
County	Minnehaha	9%	7.6%	10.4%
	Pennington	9%	8.1%	10.7%
	Lincoln	8%	5.7%	11.1%
	Brown	10%	8.5%	11.2%
	Brookings	7%	5.5%	7.8%
	Codington	10%	8.7%	11.9%
	Meade	8%	6.6%	10.2%

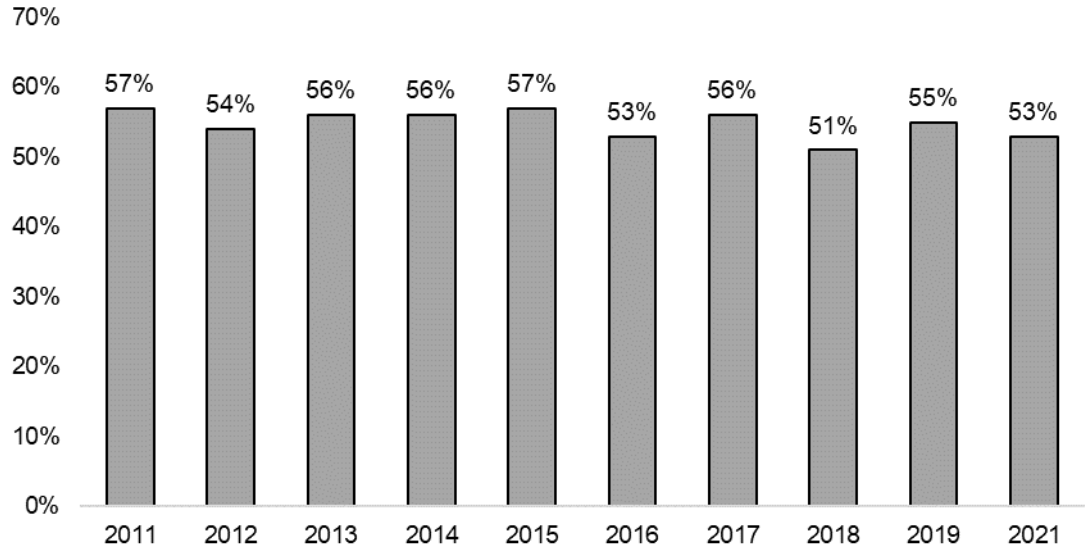
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of diabetes does not seem to differ based on gender.
Age	The prevalence of diabetes increases as age increases. This includes significant increases as the 40s, 50s, 60s, and 70s are reached.
Race/Ethnicity	American Indians demonstrate a significantly higher prevalence of diabetes than all other races/ethnicities.
Household Income	The prevalence of diabetes decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of diabetes decreases as education levels increase. This includes a significant decrease as the some post-high school level is reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of diabetes, while those who are self-employed or a student show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of diabetes, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of diabetes than those who rent their home.
Children Status	The prevalence of diabetes among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of diabetes than those who primarily use a cell phone.
Pregnancy Status	Females who are not pregnant demonstrate a significantly higher prevalence of diabetes than those who are pregnant.
County	Pennington, Brown, and Codington counties demonstrate a very high prevalence of diabetes, while Brookings county shows a very low prevalence.

Figure 26, below, shows the percent of South Dakotans without diabetes who had a test for high blood sugar or diabetes within the past three years.

Figure 26
South Dakotans Without Diabetes Who Had a Test for High Blood Sugar or Diabetes Within the Past Three Years, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 24, below, shows the diabetic status of South Dakotans for the past five years. In 2021, 11 percent of those surveyed had been diagnosed with diabetes, seven percent had been diagnosed with pre-diabetes or borderline diabetes while 82 percent had not been diagnosed with any type of diabetes.

Table 24
South Dakotans' Diabetic Status, 2016-2021

Year	Diabetes	Pre-diabetes or borderline diabetes	No Diabetes
2021	11%	7%	82%
2019	11%	7%	82%
2018	9%	7%	84%
2017	11%	6%	83%
2016	8%	7%	85%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

PREVIOUSLY HAD A HEART ATTACK

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

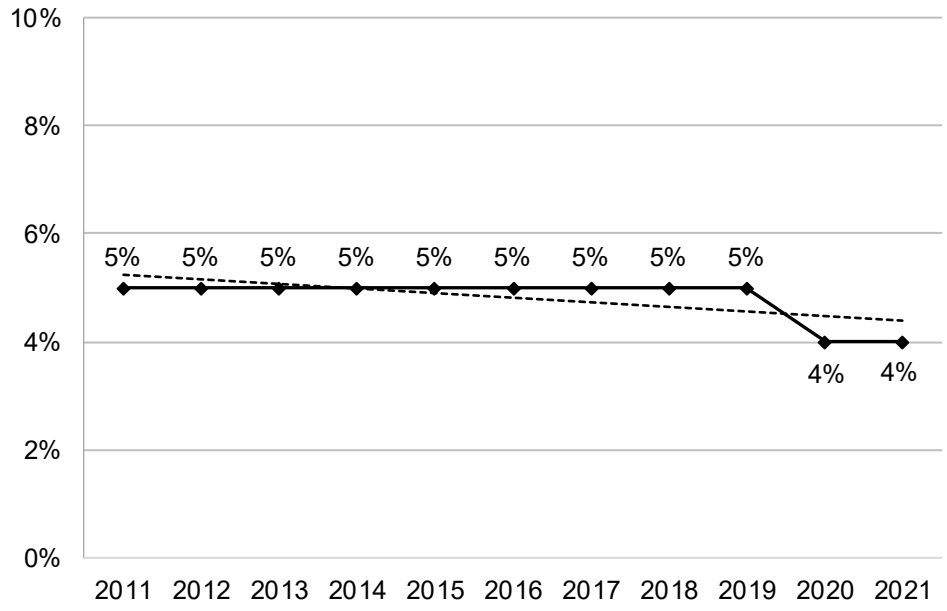
Prevalence of Previous Heart Attack

- South Dakota 4%
- Nationwide median 4%

Trend Analysis

Overall, the percent of South Dakotans who have been told they have ever had a heart attack has remained steady since 2011. In more recent years this percent has dropped to four percent. South Dakota is the same as the nationwide median.

Figure 27
Percentage of South Dakotans Who Previously Had a Heart Attack, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 25 South Dakotans Who Previously Had a Heart Attack, 2017-2021				
		2017-2021	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.6%	7.0%
	Female	3%	2.7%	3.5%
Age	18-29	1%	0.5%	1.6%
	30-39	1%	0.6%	1.5%
	40-49	3%	1.7%	4.1%
	50-59	4%	3.5%	5.6%
	60-69	8%	6.5%	8.9%
	70-79	12%	10.5%	14.1%
	80+	14%	11.5%	16.8%
Race/ Ethnicity	White, Non-Hispanic	5%	4.2%	5.1%
	American Indian, Non-Hispanic	7%	5.2%	9.2%
	American Indian/White, Non-Hispanic	2%	1.0%	5.4%
	Hispanic	4%	2.0%	8.5%
Household Income	Less than $35,000	6%	5.6%	7.4%
	$35,000-$74,999	5%	3.9%	5.5%
	$75,000+	3%	2.3%	3.8%
Education	Less than High School, G.E.D.	7%	5.1%	9.2%
	High School, G.E.D.	6%	4.9%	6.7%
	Some Post-High School	4%	3.7%	5.1%
	College Graduate	3%	2.6%	3.6%
Employment Status	Employed for Wages	3%	2.1%	3.0%
	Self-employed	3%	2.4%	4.9%
	Unemployed	3%	2.2%	5.4%
	Homemaker	4%	2.1%	6.8%
	Student	0.3%	0.1%	1.2%
	Retired	11%	10.0%	12.5%
	Unable to Work	12%	9.0%	14.7%
Marital Status	Married/Unmarried Couple	5%	4.4%	5.7%
	Divorced/Separated	6%	4.8%	7.3%
	Widowed	10%	8.6%	12.2%
	Never Married	2%	1.2%	2.1%
Home Ownership Status	Own Home	5%	4.6%	5.6%
	Rent Home	4%	3.1%	4.7%
Children Status	Children in Household (Ages 18-44)	1%	0.6%	1.6%
	No Children in Household (Ages 18-44)	1%	0.4%	1.2%
Phone Status	Landline	7%	6.0%	7.5%
	Cell Phone	4%	3.5%	4.5%
Pregnancy Status	Pregnant (Ages 18-44)	0%	0.0%	1.6%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.4%
County	Minnehaha	4%	3.3%	5.0%
	Pennington	5%	3.7%	5.5%
	Lincoln	4%	2.2%	7.0%
	Brown	4%	3.4%	5.1%
	Brookings	3%	2.2%	3.8%
	Codington	5%	4.1%	6.5%
	Meade	4%	3.0%	5.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Males exhibit a significantly higher prevalence of a previous heart attack than females.
Age	The prevalence of a previous heart attack increases as age increases with significant increases as the 40s, 60s, and 70s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of a previous heart attack, while whites show a very low prevalence.
Household Income	The prevalence of a previous heart attack decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income levels are reached.
Education	The prevalence of a previous heart attack decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are retired or unable to work demonstrate a very high prevalence of 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 differ based on home ownership status.
Children Status	The prevalence of a previous heart attack among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous heart attack than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous heart attack does not seem to differ based on pregnancy status.
County	Residents of Codington county demonstrate a very high prevalence of a previous heart attack, while residents of Brookings county show a very low prevalence.

ANGINA OR CORONARY HEART DISEASE

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

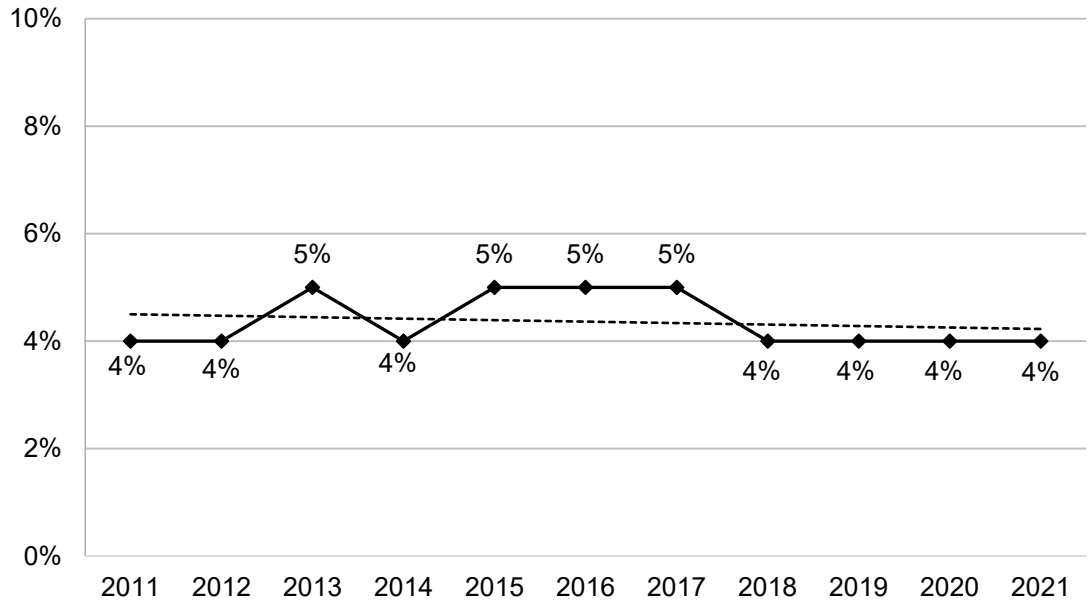
Prevalence of Angina or Coronary Heart Disease

- South Dakota 4%
- Nationwide median 4%

Trend Analysis

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

Figure 28
Percentage of South Dakotans Who Have Angina or Coronary Heart Disease, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 26 South Dakotans Who Have Angina or Coronary Heart Disease, 2017-2021				
		2017-2021	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.0%	6.4%
	Female	3%	2.8%	3.6%
Age	18-29	1%	0.3%	1.0%
	30-39	0.4%	0.2%	0.8%
	40-49	2%	1.0%	3.1%
	50-59	5%	3.5%	5.7%
	60-69	8%	6.4%	9.0%
	70-79	13%	11.4%	15.0%
	80+	13%	11.0%	15.9%
Race/ Ethnicity	White, Non-Hispanic	5%	4.1%	5.0%
	American Indian, Non-Hispanic	5%	3.3%	7.3%
	American Indian/White, Non-Hispanic	2%	0.9%	4.7%
	Hispanic	3%	1.5%	5.7%
Household Income	Less than $35,000	6%	5.0%	6.9%
	$35,000-$74,999	4%	3.8%	5.3%
	$75,000+	3%	2.5%	3.9%
Education	Less than High School, G.E.D.	5%	3.5%	7.2%
	High School, G.E.D.	6%	4.9%	6.7%
	Some Post-High School	4%	3.2%	4.4%
	College Graduate	4%	3.0%	4.2%
Employment Status	Employed for Wages	2%	1.6%	2.4%
	Self-employed	3%	2.3%	4.9%
	Unemployed	3%	1.5%	5.8%
	Homemaker	3%	1.6%	4.7%
	Student	0.04%	0.0%	0.3%
	Retired	12%	10.8%	13.3%
	Unable to Work	10%	7.2%	13.9%
Marital Status	Married/Unmarried Couple	5%	4.1%	5.2%
	Divorced/Separated	6%	4.7%	7.3%
	Widowed	10%	8.8%	12.3%
	Never Married	2%	1.0%	2.2%
Home Ownership Status	Own Home	5%	4.6%	5.6%
	Rent Home	3%	2.5%	4.0%
Children Status	Children in Household (Ages 18-44)	1%	0.3%	1.0%
	No Children in Household (Ages 18-44)	0.3%	0.2%	0.7%
Phone Status	Landline	7%	6.2%	7.8%
	Cell Phone	4%	3.1%	4.0%
Pregnancy Status	Pregnant (Ages 18-44)	0.1%	0.0%	0.5%
	Not Pregnant (Ages 18-44)	0.5%	0.3%	0.9%
County	Minnehaha	4%	3.2%	4.9%
	Pennington	5%	3.8%	5.6%
	Lincoln	3%	2.0%	4.6%
	Brown	4%	3.2%	5.3%
	Brookings	2%	1.7%	2.7%
	Codington	4%	3.3%	5.0%
	Meade	3%	2.4%	4.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

PREVIOUSLY HAD A STROKE

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

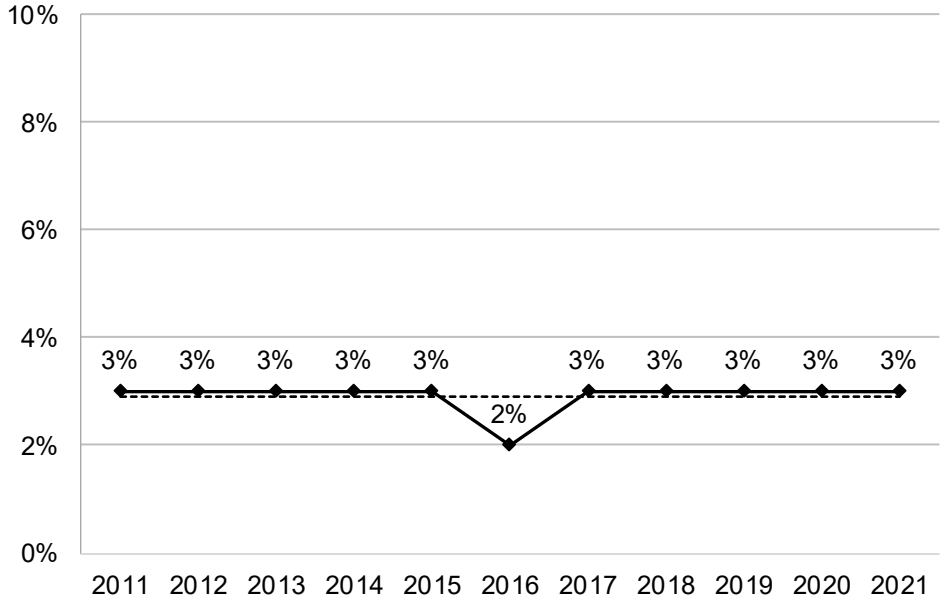
Prevalence of Previous Stroke

- South Dakota 3%
- Nationwide median 3%

Trend Analysis

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

Figure 29
Percentage of South Dakotans Who Have Previously Had a Stroke, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 27 South Dakotans Who Previously Had a Stroke, 2017-2021				
		2017-2021	95% Confidence Interval	
			Low	High
Gender	Male	3%	2.4%	3.3%
	Female	3%	2.2%	3.1%
Age	18-29	0.4%	0.2%	0.9%
	30-39	1%	0.4%	1.0%
	40-49	2%	1.0%	2.8%
	50-59	3%	2.1%	4.1%
	60-69	4%	3.2%	5.1%
	70-79	6%	5.2%	7.7%
	80+	9%	7.4%	11.6%
Race/ Ethnicity	White, Non-Hispanic	3%	2.3%	3.0%
	American Indian, Non-Hispanic	4%	3.2%	5.5%
	American Indian/White, Non-Hispanic	1%	0.5%	1.9%
	Hispanic	4%	1.6%	8.0%
Household Income	Less than $35,000	4%	3.6%	5.3%
	$35,000-$74,999	2%	1.3%	2.0%
	$75,000+	1%	1.1%	2.0%
Education	Less than High School, G.E.D.	5%	3.3%	7.3%
	High School, G.E.D.	3%	2.4%	3.6%
	Some Post-High School	3%	2.1%	3.1%
	College Graduate	2%	1.5%	2.4%
Employment Status	Employed for Wages	1%	0.8%	1.4%
	Self-employed	1%	0.8%	1.8%
	Unemployed	2%	1.2%	3.0%
	Homemaker	4%	2.0%	8.4%
	Student	0.4%	0.1%	1.4%
	Retired	6%	5.6%	7.5%
	Unable to Work	12%	9.0%	16.2%
Marital Status	Married/Unmarried Couple	2%	2.0%	2.8%
	Divorced/Separated	4%	2.9%	4.8%
	Widowed	9%	7.0%	11.4%
	Never Married	1%	0.8%	1.9%
Home Ownership Status	Own Home	3%	2.3%	3.1%
	Rent Home	3%	2.3%	3.8%
Children Status	Children in Household (Ages 18-44)	1%	0.5%	1.3%
	No Children in Household (Ages 18-44)	0.5%	0.3%	0.8%
Phone Status	Landline	4%	3.6%	4.7%
	Cell Phone	2%	1.9%	2.6%
Pregnancy Status	Pregnant (Ages 18-44)	0.2%	0.1%	0.6%
	Not Pregnant (Ages 18-44)	1%	0.4%	1.2%
County	Minnehaha	2%	1.4%	2.4%
	Pennington	3%	2.3%	3.8%
	Lincoln	3%	1.5%	6.2%
	Brown	3%	2.1%	3.7%
	Brookings	2%	1.5%	2.8%
	Codington	3%	2.5%	4.2%
	Meade	2%	1.7%	2.9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of a previous stroke does not seem to differ by gender.
Age	The prevalence of a previous stroke increases as age increases. This includes a significant increase as the 70s are reached.
Race/ Ethnicity	American Indians demonstrate a very high prevalence of a previous stroke, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of a previous stroke decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 household income level is reached.
Education	The prevalence of a previous stroke decreases as education levels increase.
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 differ based on home ownership status.
Children Status	The prevalence of a previous stroke among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of a previous stroke than those who primarily use a cell phone.
Pregnancy Status	The prevalence of a previous stroke does not seem to differ based on pregnancy status.
County	Residents of Codington county demonstrate a very high prevalence of a previous stroke, while residents of Minnehaha county show a very low prevalence.

FLU SHOT

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

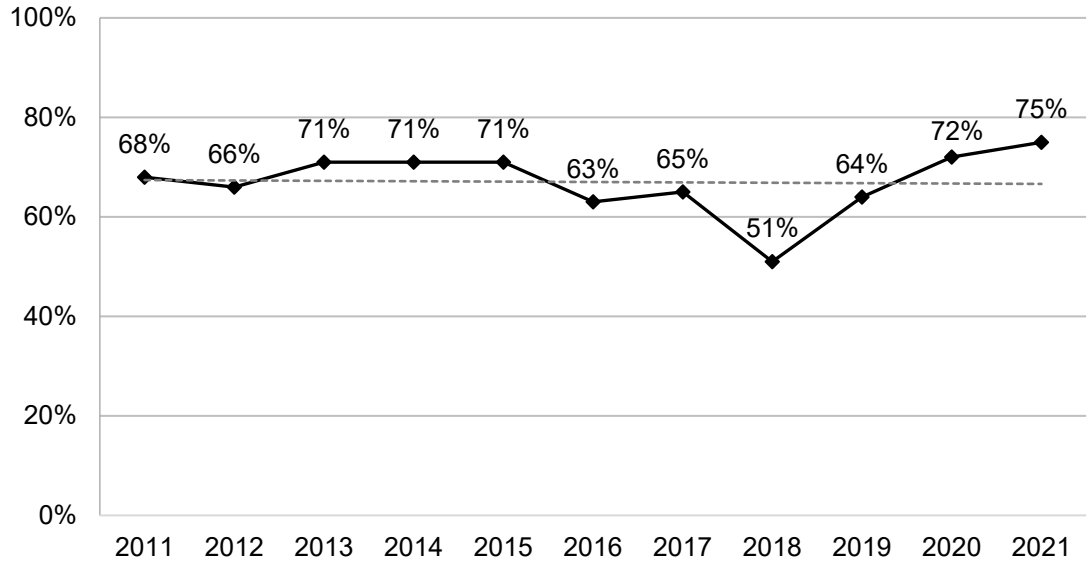
Prevalence of Flu Shot

- South Dakota 75%
- Nationwide median 69%

Trend Analysis

Overall, the percent of South Dakotans ages 65 and older who have had a flu vaccine within the past 12 months has fluctuated quite a bit the past five years. It dropped to a low of 51 percent in 2018, but has rebounded the past few years to a high of 75 percent in 2021. South Dakota has a higher percentage than the nationwide median of 69 percent.

Figure 30
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 28
South Dakotans, Ages 65 and Older, Who Have Had a Flu Shot Within the Past 12 Months, 2017-2021

			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	65%	62.8%	67.9%
	Female	66%	63.7%	68.0%
Age	18-29	-		
	30-39	-		
	40-49	-		
	50-59	-		
	60-69	61%	57.6%	63.7%
	70-79	67%	64.6%	69.3%
	80+	70%	66.6%	73.4%
Race Ethnicity	White, Non-Hispanic	66%	64.0%	67.4%
	American Indian, Non-Hispanic	56%	48.0%	64.2%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	84%	69.7%	92.2%
Household Income	Less than $35,000	60%	56.6%	63.0%
	$35,000-$74,999	70%	67.2%	72.9%
	$75,000+	69%	64.7%	72.2%
Education	Less than High School, G.E.D.	65%	58.7%	71.7%
	High School, G.E.D.	63%	59.9%	65.8%
	Some Post-High School	66%	62.9%	68.8%
	College Graduate	70%	66.8%	72.1%
Employment Status	Employed for Wages	61%	56.1%	66.3%
	Self-employed	51%	44.9%	56.9%
	Unemployed	64%	46.6%	78.6%
	Homemaker	65%	55.9%	73.5%
	Student	*	*	*
	Retired	68%	66.3%	70.1%
	Unable to Work	69%	58.4%	77.2%
Marital Status	Married/Unmarried Couple	66%	64.2%	68.6%
	Divorced/Separated	55%	50.0%	60.1%
	Widowed	69%	65.8%	71.7%
	Never Married	67%	59.8%	73.8%
Home Ownership Status	Own Home	66%	64.3%	67.9%
	Rent Home	62%	57.7%	67.0%
Children Status	Children in Household (Ages 18-44)	-		
	No Children in Household (Ages 18-44)	-		
Phone Status	Landline	68%	65.6%	69.6%
	Cell Phone	63%	60.6%	66.1%
Pregnancy Status	Pregnant (Ages 18-44)	-		
	Not Pregnant (Ages 18-44)	-		
County	Minnehaha	70%	65.6%	73.3%
	Pennington	63%	58.9%	66.4%
	Lincoln	71%	63.3%	76.9%
	Brown	66%	61.9%	69.5%
	Brookings	72%	67.7%	75.2%
	Codington	69%	65.1%	72.7%
	Meade	57%	51.7%	62.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

PNEUMONIA SHOT

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

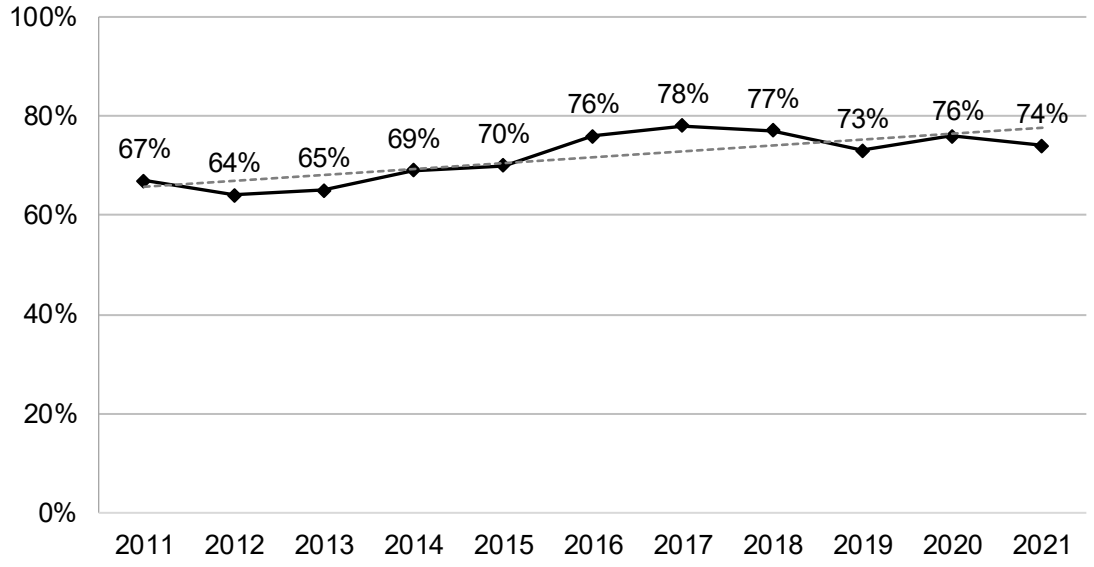
Prevalence of Pneumonia Shot

- South Dakota 74%
- Nationwide median 71%

Trend Analysis

Overall, the percent of South Dakotans ages 65 and older who have ever had a pneumonia vaccine has been increasing since 2011, however in 2021 this fell slightly to 74 percent. South Dakota has a higher percentage than the nationwide median of 71 percent.

Figure 31
Percentage of South Dakotans, Ages 65 and Older, Who Have Had a Pneumonia Shot, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 29 South Dakotans, Ages 65 and Older, Who Have Ever Had a Pneumonia Shot, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	72%	69.5%	74.5%
	Female	79%	76.8%	80.5%
Age	18-29	-	-	-
	30-39	-	-	-
	40-49	-	-	-
	50-59	-	-	-
	60-69	66%	63.0%	69.1%
	70-79	81%	78.6%	82.6%
	80+	79%	75.9%	82.2%
Race/Ethnicity	White, Non-Hispanic	76%	74.2%	77.4%
	American Indian, Non-Hispanic	71%	63.0%	78.2%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	81%	60.0%	92.4%
Household Income	Less than $35,000	74%	71.1%	76.9%
	$35,000-$74,999	78%	75.5%	81.0%
	$75,000+	75%	71.5%	78.8%
Education	Less than High School, G.E.D.	75%	68.2%	80.4%
	High School, G.E.D.	75%	71.9%	77.2%
	Some Post-High School	75%	72.4%	78.0%
	College Graduate	78%	75.4%	80.5%
Employment Status	Employed for Wages	66%	61.0%	71.1%
	Self-employed	62%	56.1%	67.7%
	Unemployed	70%	51.4%	83.7%
	Homemaker	75%	64.8%	82.9%
	Student	*	*	*
	Retired	79%	77.3%	80.8%
	Unable to Work	76%	65.7%	84.1%
Marital Status	Married/Unmarried Couple	76%	73.8%	77.9%
	Divorced/Separated	69%	63.9%	73.8%
	Widowed	78%	75.0%	80.8%
	Never Married	80%	74.3%	85.1%
Home Ownership Status	Own Home	76%	74.5%	77.8%
	Rent Home	71%	66.6%	75.6%
Children Status	Children in Household (Ages 18-44)	-	-	-
	No Children in Household (Ages 18-44)	-	-	-
Phone Status	Landline	78%	75.9%	79.6%
	Cell Phone	73%	70.5%	75.6%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	-	-	-
County	Minnehaha	77%	73.0%	80.5%
	Pennington	77%	73.2%	80.0%
	Lincoln	76%	69.0%	82.6%
	Brown	78%	74.3%	81.0%
	Brookings	77%	73.6%	80.8%
	Codington	78%	73.7%	81.3%
	Meade	70%	65.4%	75.1%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females demonstrate a significantly higher prevalence of getting a pneumonia shot than males.
Age	The prevalence of getting a pneumonia shot peaks with people in their 70s.
Race/ Ethnicity	The prevalence of getting a pneumonia shot does not seem to differ based on race/ethnicity.
Household Income	The prevalence of getting a pneumonia shot does not seem to consistently change as household income increases.
Education	The prevalence of getting a pneumonia shot does not seem to consistently change as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of getting a pneumonia shot, while those who are employed for wages or self-employed show a very low prevalence.
Marital Status	Those who are widowed or have never been married exhibit a very high prevalence of getting a pneumonia shot, while those who are divorced show a very low prevalence.
Home Ownership	The prevalence of getting a pneumonia shot does not seem to differ based on home ownership status.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of getting a pneumonia shot than those who primarily use a cell phone.
County	The prevalence of getting a pneumonia shot does not seem to differ among the available counties.

Arthritis

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

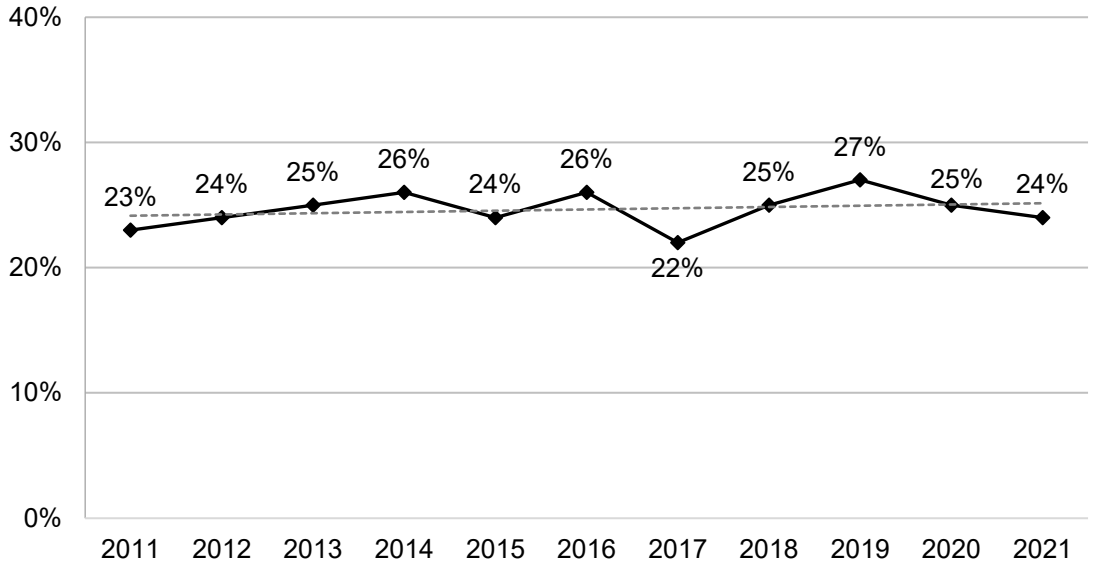
Prevalence of Arthritis

- South Dakota 24%
- Nationwide median 26%

Trend Analysis

Overall, the percent of South Dakotans who have ever been told they have arthritis has remained steady since 2011, however in 2021 this fell slightly to 24 percent. South Dakota is lower than the nationwide median of 26 percent with arthritis.

Figure 32
Percentage of South Dakotans Who Were Told They Have Arthritis, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 30 South Dakotans Who Were Told They Have Arthritis, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	22%	20.3%	22.8%
	Female	28%	26.3%	28.9%
Age	18-29	5%	3.6%	6.2%
	30-39	11%	8.9%	13.1%
	40-49	17%	14.7%	19.3%
	50-59	28%	26.2%	30.6%
	60-69	42%	39.9%	44.2%
	70-79	48%	45.1%	50.1%
	80+	55%	51.2%	58.8%
Race/Ethnicity	White, Non-Hispanic	25%	24.3%	26.2%
	American Indian, Non-Hispanic	27%	22.7%	31.2%
	American Indian/White, Non-Hispanic	21%	13.3%	31.5%
	Hispanic	17%	12.2%	23.3%
Household Income	Less than $35,000	31%	29.1%	33.2%
	$35,000-$74,999	24%	22.7%	25.9%
	$75,000+	18%	16.3%	19.2%
Education	Less than High School, G.E.D.	29%	25.0%	33.3%
	High School, G.E.D.	26%	24.6%	28.0%
	Some Post-High School	25%	23.6%	26.5%
	College Graduate	20%	19.0%	21.6%
Employment Status	Employed for Wages	16%	14.6%	16.8%
	Self-employed	22%	19.9%	25.0%
	Unemployed	22%	17.8%	27.8%
	Homemaker	23%	17.9%	29.9%
	Student	4%	2.2%	6.1%
	Retired	48%	46.5%	50.3%
	Unable to Work	56%	50.6%	60.4%
Marital Status	Married/Unmarried Couple	26%	24.4%	26.7%
	Divorced/Separated	33%	30.0%	35.6%
	Widowed	49%	45.7%	52.4%
	Never Married	11%	9.5%	12.5%
Home Ownership Status	Own Home	27%	26.1%	28.2%
	Rent Home	20%	17.7%	21.5%
Children Status	Children in Household (Ages 18-44)	10%	8.6%	11.9%
	No Children in Household (Ages 18-44)	7%	5.7%	8.6%
Phone Status	Landline	36%	34.6%	37.7%
	Cell Phone	20%	19.4%	21.5%
Pregnancy Status	Pregnant (Ages 18-44)	14%	4.7%	33.1%
	Not Pregnant (Ages 18-44)	10%	8.6%	12.0%
County	Minnehaha	22%	19.7%	23.6%
	Pennington	27%	25.2%	29.3%
	Lincoln	25%	20.8%	29.6%
	Brown	25%	23.3%	27.7%
	Brookings	16%	14.7%	18.5%
	Codington	26%	24.1%	28.9%
	Meade	28%	24.3%	31.2%

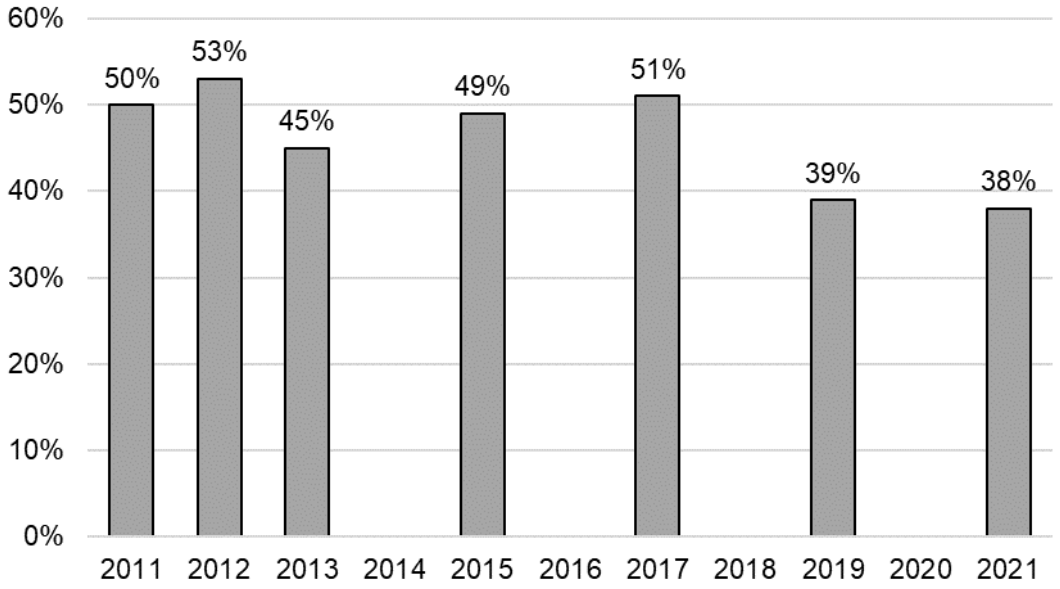
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

Figure 33 shows the percentage of those with arthritis who are now limited in any way in any usual activities because of arthritis or joint symptoms. In 2021, 38 percent of those with arthritis are limited in their usual activities because of symptoms related to arthritis.

Figure 33
Percentage of South Dakotans With Arthritis Who are Limited in Any Way in Any Usual Activities Due to Arthritis or Joint Symptoms, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Asthma

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

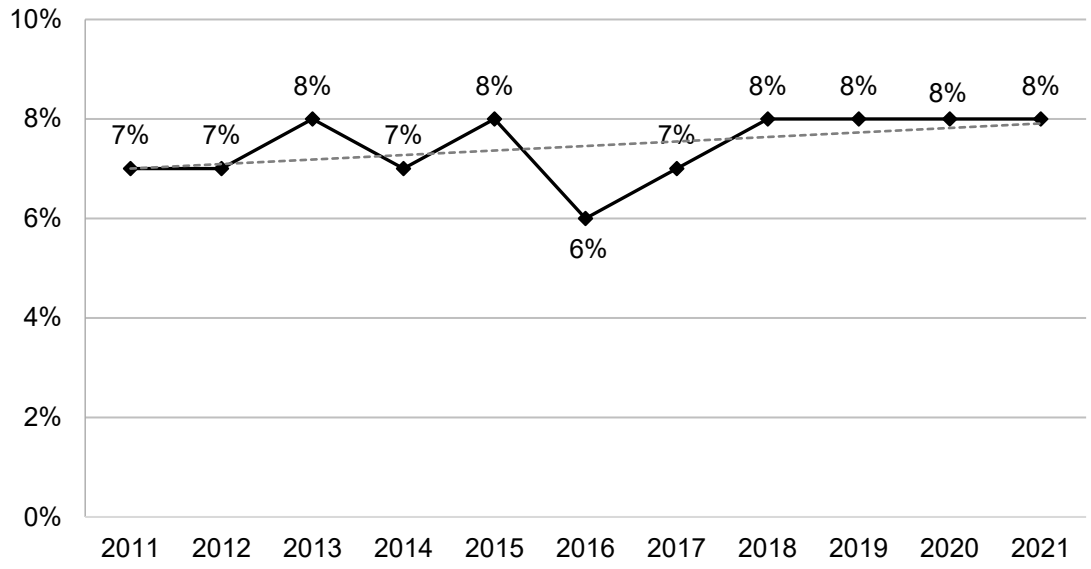
Prevalence of Asthma

- South Dakota 8%
- Nationwide median 10%

Trend Analysis

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

Figure 34
Percentage of South Dakotans Who Currently Have Asthma, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 31 South Dakotans Who Were Told They Have Asthma, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	6%	5.3%	6.9%
	Female	10%	9.1%	10.9%
Age	18-29	10%	8.0%	11.5%
	30-39	7%	5.6%	8.6%
	40-49	7%	5.5%	8.3%
	50-59	9%	7.5%	10.2%
	60-69	8%	7.1%	9.6%
	70-79	7%	6.2%	8.9%
	80+	7%	4.7%	9.1%
Race/Ethnicity	White, Non-Hispanic	8%	7.4%	8.7%
	American Indian, Non-Hispanic	10%	8.5%	12.5%
	American Indian/White, Non-Hispanic	12%	7.3%	20.2%
	Hispanic	7%	4.1%	11.3%
Household Income	Less than $35,000	10%	9.1%	11.8%
	$35,000-$74,999	7%	6.2%	8.5%
	$75,000+	6%	5.3%	7.3%
Education	Less than High School, G.E.D.	12%	9.2%	15.4%
	High School, G.E.D.	8%	7.2%	9.5%
	Some Post-High School	7%	6.5%	8.4%
	College Graduate	7%	6.3%	8.0%
Employment Status	Employed for Wages	7%	6.7%	8.4%
	Self-employed	6%	4.4%	7.5%
	Unemployed	12%	8.0%	17.3%
	Homemaker	7%	4.5%	9.7%
	Student	10%	6.7%	13.8%
	Retired	7%	6.4%	8.5%
	Unable to Work	19%	15.8%	23.5%
Marital Status	Married/Unmarried Couple	7%	6.7%	8.2%
	Divorced/Separated	10%	8.5%	12.4%
	Widowed	8%	6.0%	10.0%
	Never Married	9%	7.2%	10.2%
Home Ownership Status	Own Home	7%	6.4%	7.7%
	Rent Home	11%	9.5%	12.6%
Children Status	Children in Household (Ages 18-44)	8%	6.5%	9.2%
	No Children in Household (Ages 18-44)	9%	7.4%	10.9%
Phone Status	Landline	8%	6.8%	8.5%
	Cell Phone	8%	7.4%	9.0%
Pregnancy Status	Pregnant (Ages 18-44)	7%	3.0%	14.3%
	Not Pregnant (Ages 18-44)	11%	8.9%	12.4%
County	Minnehaha	9%	7.3%	10.3%
	Pennington	8%	6.4%	9.1%
	Lincoln	9%	6.7%	13.2%
	Brown	8%	6.4%	10.9%
	Brookings	8%	6.3%	10.1%
	Codington	7%	5.6%	8.4%
	Meade	8%	5.9%	12.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females exhibit a significantly higher prevalence of asthma than males.
Age	The prevalence of asthma does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of asthma does not seem to differ based on race/ethnicity.
Household Income	The prevalence of asthma decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of asthma decreases as education levels increase.
Employment	Those who are unable to work or unemployed demonstrate a very high prevalence of asthma, while those who are employed for wages, self-employed, a homemaker, a student, or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of asthma, while those who are married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of asthma than those who own their home.
Children Status	The prevalence of asthma does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of asthma does not seem to differ based on phone status.
Pregnancy Status	The prevalence of asthma does not seem to differ based on pregnancy status.
County	The prevalence of asthma does not seem to differ among the available counties.

Depression

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

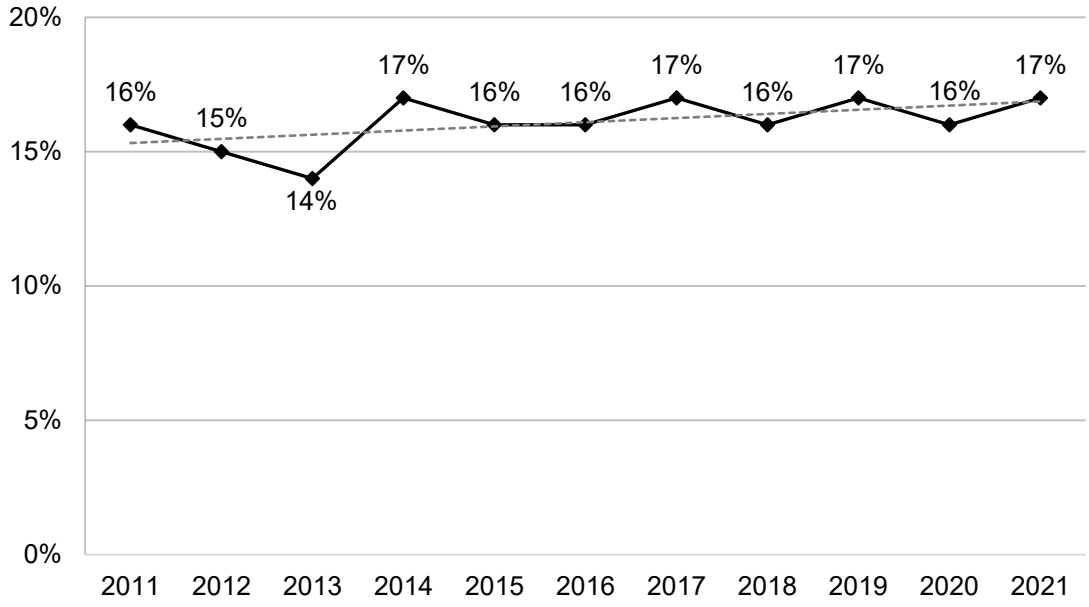
Prevalence of Depression

- South Dakota 17%
- Nationwide median 21%

Trend Analysis

Overall, the percent of South Dakotans who have ever been told they have some form of depression has remained steady since 2011. South Dakota is lower than the nationwide median of 21 percent with some form of depression.

Figure 35
Percentage of South Dakotans Who Were Told They Have Depression, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 32 South Dakotans Who Were Told They Have Depression, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	12%	10.7%	12.8%
	Female	22%	20.4%	23.0%
Age	18-29	22%	19.4%	24.3%
	30-39	18%	15.9%	20.7%
	40-49	17%	14.9%	19.4%
	50-59	17%	15.1%	18.8%
	60-69	15%	13.6%	16.7%
	70-79	11%	10.0%	13.2%
	80+	6%	5.0%	8.4%
Race/ Ethnicity	White, Non-Hispanic	16%	15.5%	17.3%
	American Indian, Non-Hispanic	20%	16.5%	25.0%
	American Indian/White, Non-Hispanic	28%	19.4%	38.9%
	Hispanic	17%	12.0%	22.7%
Household Income	Less than $35,000	24%	22.5%	26.5%
	$35,000-$74,999	16%	14.0%	17.1%
	$75,000+	11%	9.8%	12.3%
Education	Less than High School, G.E.D.	17%	14.1%	21.0%
	High School, G.E.D.	17%	15.6%	19.0%
	Some Post-High School	18%	16.4%	19.2%
	College Graduate	15%	13.4%	15.9%
Employment Status	Employed for Wages	17%	15.5%	17.9%
	Self-employed	10%	8.2%	12.2%
	Unemployed	29%	24.2%	34.8%
	Homemaker	17%	11.9%	24.1%
	Student	19%	14.6%	24.1%
	Retired	12%	10.6%	13.0%
	Unable to Work	47%	42.6%	52.3%
Marital Status	Married/Unmarried Couple	14%	12.8%	14.7%
	Divorced/Separated	26%	23.3%	28.8%
	Widowed	15%	12.6%	18.6%
	Never Married	20%	18.0%	22.1%
Home Ownership Status	Own Home	14%	12.8%	14.5%
	Rent Home	25%	22.7%	27.0%
Children Status	Children in Household (Ages 18-44)	19%	16.8%	21.0%
	No Children in Household (Ages 18-44)	21%	18.8%	23.5%
Phone Status	Landline	13%	12.0%	14.3%
	Cell Phone	18%	16.9%	19.1%
Pregnancy Status	Pregnant (Ages 18-44)	23%	11.8%	38.8%
	Not Pregnant (Ages 18-44)	27%	24.6%	29.5%
County	Minnehaha	19%	16.8%	21.0%
	Pennington	19%	16.8%	20.7%
	Lincoln	18%	14.0%	22.1%
	Brown	20%	17.0%	22.5%
	Brookings	19%	16.0%	22.2%
	Codington	16%	14.1%	18.5%
	Meade	19%	15.5%	23.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females exhibit a significantly higher prevalence of depression than males.
Age	The prevalence of depression decreases as age increases. This includes significant decreases as the 70s and 80s are reached.
Race/ Ethnicity	American Indian/whites demonstrate a very high prevalence of depression, while whites show a very low prevalence.
Household Income	The prevalence of depression decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of depression does not seem to consistently change as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of depression, while those who are self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of depression, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of depression than those who own their home.
Children Status	The prevalence of depression among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone exhibit a significantly higher prevalence of depression than those who primarily use a landline phone.
Pregnancy Status	The prevalence of depression does not seem to differ based on pregnancy status.
County	The prevalence of depression does not seem to differ among the counties available for analysis.

Kidney Disease

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

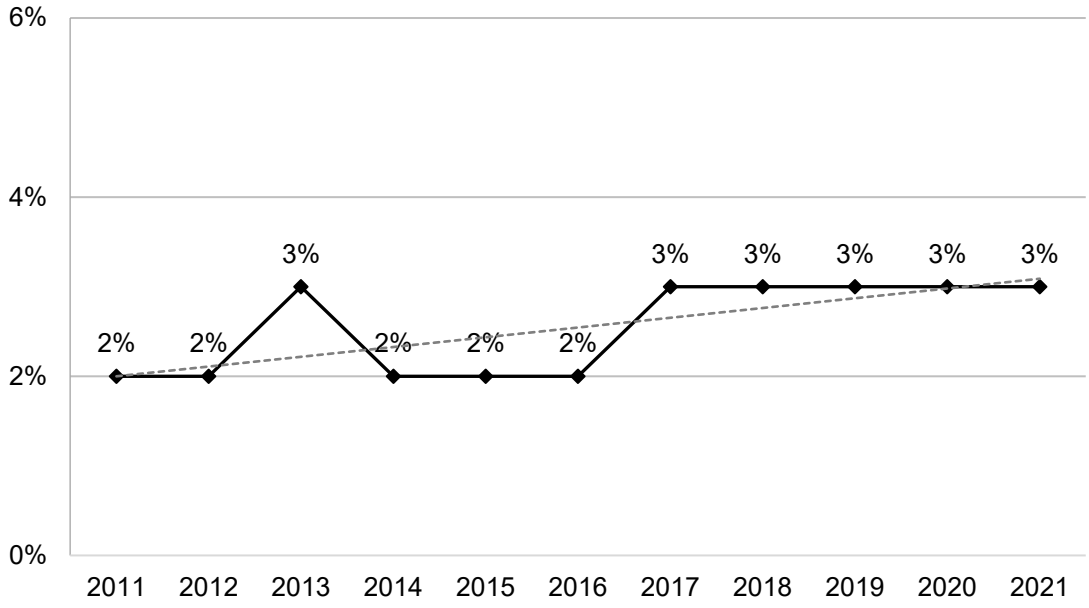
Prevalence of Kidney Disease

- South Dakota 3%
- Nationwide median 3%

Trend Analysis

Overall, the percent of South Dakotans who have ever been told they have kidney disease has remained steady since 2011. South Dakota is the same as the nationwide median of three percent of those with kidney disease.

Figure 36
Percentage of South Dakotans Who Have Been Told They Have Kidney Disease, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 33 South Dakotans Who Have Been Told They Have Kidney Disease, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	3%	2.1%	3.0%
	Female	3%	2.5%	3.3%
Age	18-29	1%	0.5%	1.5%
	30-39	1%	0.5%	1.5%
	40-49	2%	1.4%	3.3%
	50-59	2%	1.8%	3.1%
	60-69	4%	3.4%	5.1%
	70-79	6%	4.8%	6.9%
	80+	8%	6.0%	10.5%
Race/ Ethnicity	White, Non-Hispanic	3%	2.4%	3.0%
	American Indian, Non-Hispanic	3%	2.6%	3.9%
	American Indian/White, Non-Hispanic	0.4%	0.2%	0.8%
	Hispanic	2%	1.1%	5.2%
Household Income	Less than $35,000	4%	3.4%	4.9%
	$35,000-$74,999	3%	2.1%	3.2%
	$75,000+	2%	1.2%	2.2%
Education	Less than High School, G.E.D.	4%	2.5%	5.6%
	High School, G.E.D.	3%	2.2%	3.3%
	Some Post-High School	3%	2.2%	3.3%
	College Graduate	2%	2.0%	2.8%
Employment Status	Employed for Wages	2%	1.2%	1.9%
	Self-employed	1%	0.7%	1.6%
	Unemployed	2%	1.1%	5.3%
	Homemaker	3%	1.6%	5.2%
	Student	1%	0.2%	3.0%
	Retired	6%	5.1%	6.8%
	Unable to Work	9%	7.2%	11.9%
Marital Status	Married/Unmarried Couple	2%	2.1%	2.9%
	Divorced/Separated	3%	2.5%	4.4%
	Widowed	6%	5.1%	7.9%
	Never Married	2%	1.5%	2.7%
Home Ownership Status	Own Home	3%	2.5%	3.3%
	Rent Home	3%	2.1%	3.2%
Children Status	Children in Household (Ages 18-44)	1%	0.7%	1.8%
	No Children in Household (Ages 18-44)	1%	0.4%	1.4%
Phone Status	Landline	4%	3.7%	5.1%
	Cell Phone	2%	1.8%	2.5%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.4%	11.6%
	Not Pregnant (Ages 18-44)	1%	0.6%	1.4%
County	Minnehaha	2%	1.8%	3.1%
	Pennington	3%	1.9%	3.3%
	Lincoln	3%	1.7%	4.0%
	Brown	3%	2.4%	4.1%
	Brookings	2%	1.6%	3.2%
	Codington	3%	2.5%	4.1%
	Meade	2%	1.1%	3.4%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of kidney disease does not seem to differ based on gender.
Age	The prevalence of kidney disease increases as age increases. This includes a significant increase as the 60s are reached.
Race/ Ethnicity	American Indian/whites demonstrate a significantly lower prevalence of kidney disease than all other races/ethnicities.
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 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 widowed exhibit a significantly higher prevalence of kidney disease than all other types of marital status.
Home Ownership	The prevalence of kidney disease does not seem to differ based on home ownership status.
Children Status	The prevalence of kidney disease among adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of kidney disease than those who primarily use a cell phone.
Pregnancy Status	The prevalence of kidney disease does not seem to differ based on pregnancy status.
County	The prevalence of kidney disease does not seem to differ among the available counties.

Vision Impairment

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

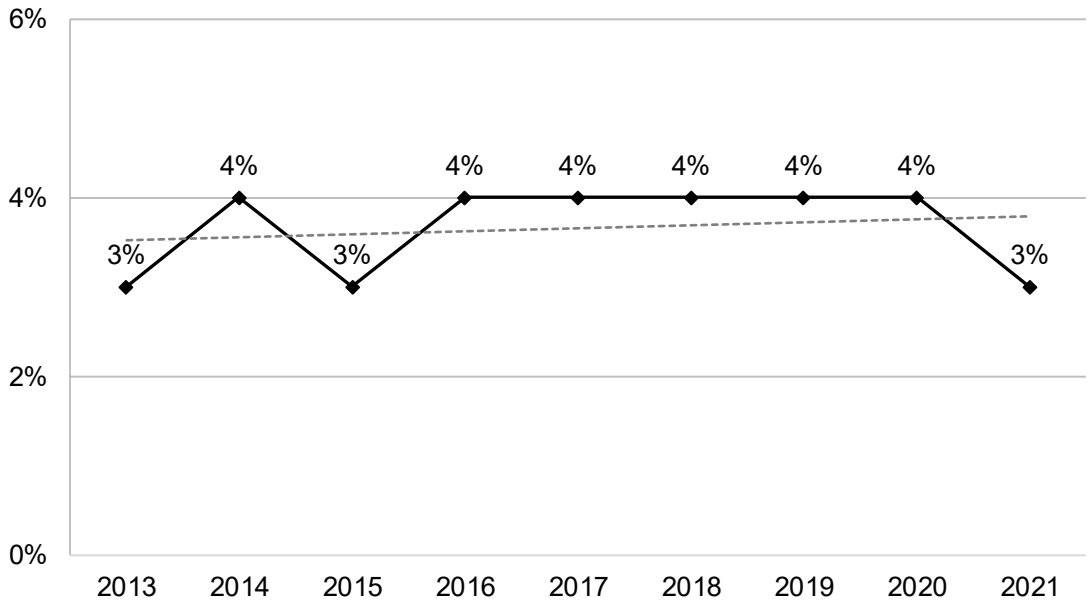
Prevalence of Severe Vision Impairment

- South Dakota 3%
- Nationwide median 5%

Trend Analysis

Overall, the percent of South Dakotans who have a severe vision impairment has remained steady since 2011, however, from 2020 to 2021 this went down from four percent to three percent. South Dakota is lower than the nationwide median of five percent with a vision impairment.

Figure 37
Percentage of South Dakotans Who Have a Severe Vision Impairment, 2013-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2021

Table 34 South Dakotans Who Have a Vision Impairment, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	4%	3.2%	4.7%
	Female	4%	3.3%	4.3%
Age	18-29	3%	2.4%	4.5%
	30-39	2%	1.3%	4.4%
	40-49	4%	2.7%	4.9%
	50-59	4%	3.1%	4.9%
	60-69	4%	2.9%	4.4%
	70-79	5%	3.8%	5.7%
	80+	10%	8.1%	12.7%
Race/Ethnicity	White, Non-Hispanic	3%	2.7%	3.4%
	American Indian, Non-Hispanic	11%	7.8%	15.0%
	American Indian/White, Non-Hispanic	6%	2.6%	11.2%
	Hispanic	7%	3.5%	12.5%
Household Income	Less than $35,000	7%	6.2%	8.7%
	$35,000-$74,999	3%	2.2%	3.5%
	$75,000+	1%	0.7%	1.5%
Education	Less than High School, G.E.D.	9%	7.2%	12.4%
	High School, G.E.D.	5%	4.0%	6.0%
	Some Post-High School	3%	2.4%	3.6%
	College Graduate	2%	1.5%	2.3%
Employment Status	Employed for Wages	2%	1.9%	2.9%
	Self-employed	2%	1.0%	2.7%
	Unemployed	7%	4.7%	10.4%
	Homemaker	7%	3.4%	15.1%
	Student	2%	0.9%	5.4%
	Retired	6%	4.9%	6.7%
	Unable to Work	14%	11.6%	17.9%
Marital Status	Married/Unmarried Couple	3%	2.4%	3.5%
	Divorced/Separated	5%	4.1%	6.5%
	Widowed	9%	7.2%	10.7%
	Never Married	4%	3.0%	5.1%
Home Ownership Status	Own Home	3%	2.7%	3.5%
	Rent Home	6%	4.7%	7.3%
Children Status	Children in Household (Ages 18-44)	3%	1.8%	4.1%
	No Children in Household (Ages 18-44)	3%	1.9%	3.9%
Phone Status	Landline	5%	4.4%	5.9%
	Cell Phone	3%	2.9%	4.0%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.8%	11.0%
	Not Pregnant (Ages 18-44)	2%	1.6%	3.2%
County	Minnehaha	3%	2.5%	4.5%
	Pennington	5%	3.6%	5.8%
	Lincoln	3%	1.6%	6.1%
	Brown	4%	2.8%	4.6%
	Brookings	3%	2.1%	4.0%
	Codington	4%	3.4%	5.4%
	Meade	5%	3.4%	6.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

DRANK IN PAST 30 DAYS

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

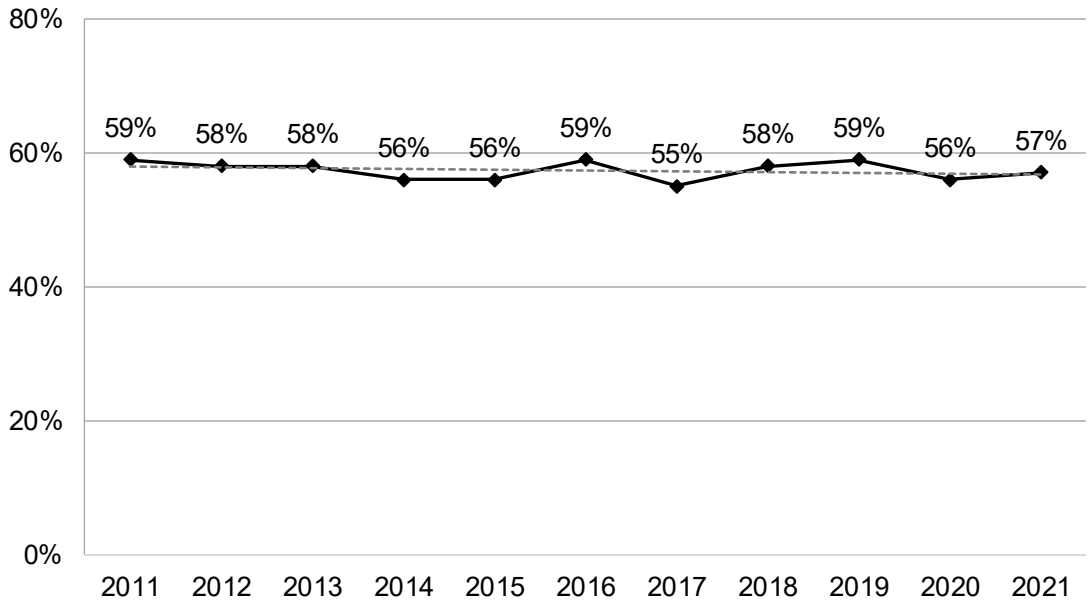
Prevalence of Drinking in Past 30 Days

- South Dakota 57%
- Nationwide median 53%

Trend Analysis

Overall, the percent of South Dakotans who report drinking alcohol in the past 30 days has remained steady since 2011. South Dakota is higher than the nationwide median of 53 percent who have drank alcohol in the past 30 days.

Figure 38
Percentage of South Dakotans Who Drank Alcohol in the Past 30 Days, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 35 South Dakotans Who Drank Alcohol in Past 30 Days, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	64%	62.1%	65.3%
	Female	50%	48.8%	51.9%
Age	18-29	59%	56.0%	61.9%
	30-39	62%	58.9%	65.3%
	40-49	64%	60.5%	66.5%
	50-59	58%	55.7%	60.6%
	60-69	57%	54.3%	58.7%
	70-79	47%	44.2%	49.4%
	80+	33%	29.6%	36.7%
Race/Ethnicity	White, Non-Hispanic	59%	58.2%	60.5%
	American Indian, Non-Hispanic	35%	30.7%	38.8%
	American Indian/White, Non-Hispanic	49%	37.8%	59.8%
	Hispanic	54%	45.7%	61.3%
Household Income	Less than $35,000	45%	42.8%	47.4%
	$35,000-$74,999	60%	57.7%	61.7%
	$75,000+	72%	69.8%	73.6%
Education	Less than High School, G.E.D.	40%	35.1%	45.3%
	High School, G.E.D.	50%	47.7%	51.8%
	Some Post-High School	61%	58.6%	62.3%
	College Graduate	67%	65.4%	68.8%
Employment Status	Employed for Wages	64%	61.9%	65.1%
	Self-employed	65%	61.4%	67.7%
	Unemployed	51%	45.1%	57.7%
	Homemaker	35%	29.6%	41.4%
	Student	56%	50.1%	62.2%
	Retired	47%	45.4%	49.3%
	Unable to Work	32%	27.6%	37.1%
Marital Status	Married/Unmarried Couple	61%	59.9%	62.7%
	Divorced/Separated	52%	48.4%	54.8%
	Widowed	37%	33.3%	39.8%
	Never Married	56%	53.0%	58.4%
Home Ownership Status	Own Home	60%	58.4%	60.9%
	Rent Home	53%	50.3%	55.5%
Children Status	Children in Household (Ages 18-44)	58%	55.4%	60.7%
	No Children in Household (Ages 18-44)	65%	62.1%	67.8%
Phone Status	Landline	49%	47.1%	50.4%
	Cell Phone	60%	58.6%	61.3%
Pregnancy Status	Pregnant (Ages 18-44)	10%	4.0%	23.0%
	Not Pregnant (Ages 18-44)	56%	53.1%	58.9%
County	Minnehaha	59%	55.9%	61.2%
	Pennington	55%	52.7%	57.9%
	Lincoln	62%	56.4%	66.5%
	Brown	55%	51.9%	57.7%
	Brookings	62%	57.9%	65.0%
	Codington	57%	54.5%	60.3%
	Meade	54%	49.0%	58.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Males exhibit a significantly higher prevalence of drinking alcohol than females.
Age	Alcohol use peaks with those in their 40s. This is followed by significant decreases as the 70s and 80s are reached.
Race/ Ethnicity	Whites and Hispanics demonstrate a very high prevalence of drinking alcohol, while American Indians show a very low prevalence.
Household Income	Alcohol use increases as household income increases. This includes significant increases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	Alcohol use increases as education levels increase. This includes significant increases at every level of education.
Employment	Those who are employed for wages, self-employed, or a student demonstrate a very high prevalence of alcohol use, while those who are a homemaker or unable to work show a very low prevalence.
Marital Status	Those who are married exhibit a very high prevalence of alcohol use, while those who are widowed show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of alcohol use than those who rent their home.
Children Status	Those with no children in the household exhibit a significantly higher prevalence of alcohol use than those with children in the household.
Phone Status	Those who use primarily use a cell phone demonstrate a significantly higher prevalence of alcohol use than those who primarily use a landline phone.
Pregnancy Status	Females who are not pregnant exhibit a significantly higher prevalence of alcohol use than those who are pregnant.
County	Brookings county demonstrates a very high prevalence of alcohol use, while Brown county shows a very low prevalence.

BINGE DRINKING

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

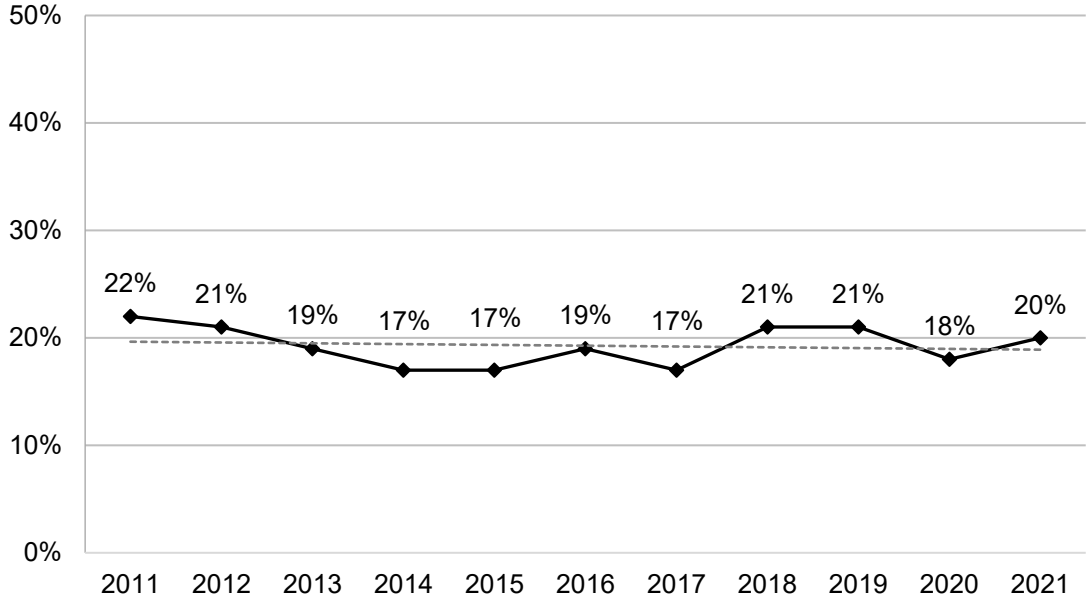
Prevalence of Binge Drinking

- South Dakota 20%
- Nationwide median 15%

Trend Analysis

Overall, the percent of South Dakotans who report binge drinking alcohol in the past 30 days has remained fairly steady since 2011, however, this percent rose from 18 percent in 2020 to 20 percent in 2021. South Dakota is higher than the nationwide median of 15 percent that binge drink.

Figure 39
Percentage of South Dakotans Who Engage in Binge Drinking, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 36 South Dakotans Who Engage in Binge Drinking, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	25%	23.8%	26.8%
	Female	14%	12.7%	15.0%
Age	18-29	31%	28.1%	33.7%
	30-39	25%	22.4%	27.9%
	40-49	25%	22.3%	28.0%
	50-59	19%	16.8%	20.9%
	60-69	11%	9.5%	12.6%
	70-79	4%	3.2%	5.5%
	80+	2%	1.3%	3.6%
Race/Ethnicity	White, Non-Hispanic	20%	18.5%	20.6%
	American Indian, Non-Hispanic	18%	15.2%	21.5%
	American Indian/White, Non-Hispanic	27%	17.8%	38.3%
	Hispanic	21%	15.0%	28.7%
Household Income	Less than $35,000	18%	16.5%	20.3%
	$35,000-$74,999	20%	18.0%	21.8%
	$75,000+	24%	22.0%	25.7%
Education	Less than High School, G.E.D.	18%	14.6%	23.0%
	High School, G.E.D.	19%	17.1%	20.7%
	Some Post-High School	21%	19.3%	22.7%
	College Graduate	19%	17.3%	20.4%
Employment Status	Employed for Wages	25%	23.5%	26.5%
	Self-employed	20%	17.7%	23.6%
	Unemployed	21%	16.6%	26.4%
	Homemaker	5%	3.5%	7.4%
	Student	29%	24.0%	35.2%
	Retired	6%	4.9%	7.1%
	Unable to Work	14%	10.5%	18.3%
Marital Status	Married/Unmarried Couple	18%	16.4%	18.8%
	Divorced/Separated	20%	17.3%	22.8%
	Widowed	6%	4.2%	8.2%
	Never Married	28%	25.8%	30.8%
Home Ownership Status	Own Home	18%	16.7%	18.8%
	Rent Home	25%	22.8%	27.3%
Children Status	Children in Household (Ages 18-44)	22%	20.1%	24.4%
	No Children in Household (Ages 18-44)	34%	31.6%	37.4%
Phone Status	Landline	11%	10.3%	12.6%
	Cell Phone	22%	21.1%	23.6%
Pregnancy Status	Pregnant (Ages 18-44)	6%	1.6%	21.2%
	Not Pregnant (Ages 18-44)	21%	18.9%	23.5%
County	Minnehaha	20%	17.8%	22.2%
	Pennington	16%	14.0%	18.0%
	Lincoln	19%	15.1%	23.8%
	Brown	19%	16.6%	21.2%
	Brookings	24%	20.5%	28.0%
	Codington	21%	18.6%	23.7%
	Meade	16%	12.8%	19.9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

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, and 70s are reached.
Race/ Ethnicity	The prevalence of binge drinking does not seem to differ by race/ethnicity.
Household Income	Binge drinking increases as household income increases. This includes a significant increase as the $75,000+ income group is reached.
Education	The prevalence of binge drinking does not seem to change as education levels change.
Employment	Those who are employed for wages, unemployed, or a student demonstrate a very high prevalence of binge drinking, while those who are a homemaker or retired show a very low prevalence.
Marital Status	Those who have never been married exhibit a very high prevalence of binge drinking, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of binge drinking than those who own their home.
Children Status	Those who have no children in the household demonstrate a significantly higher prevalence of binge drinking than those who have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of binge drinking than those who primarily use a landline phone.
Pregnancy Status	The prevalence of binge drinking does not seem to differ based on pregnancy status.
County	Brookings and Codington counties exhibit a very high prevalence of binge drinking, while Pennington and Meade counties show a very low prevalence.

HEAVY DRINKING

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

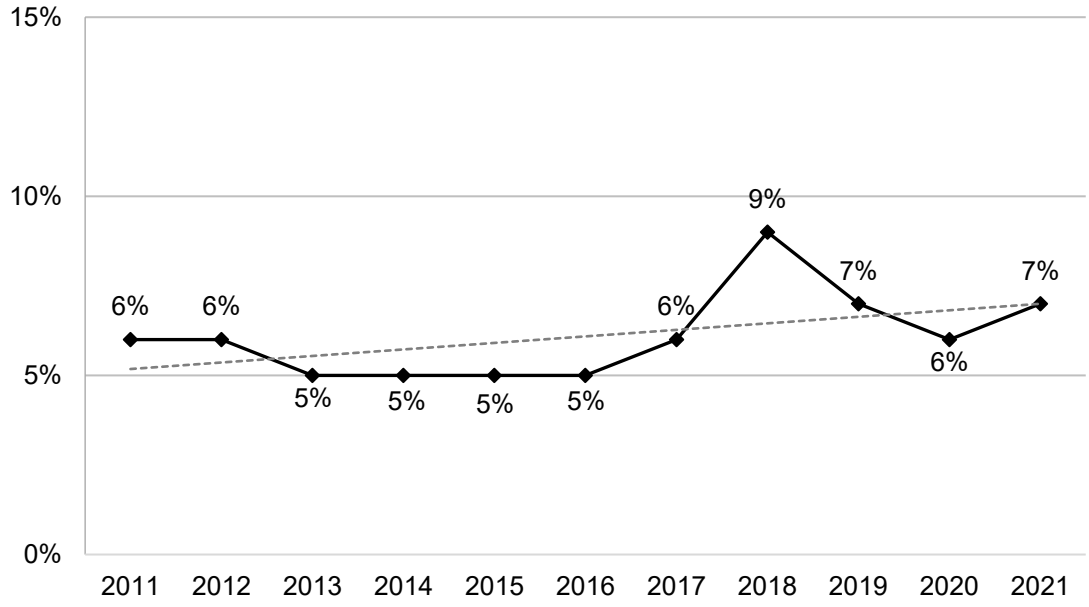
Prevalence of Heavy Drinking

- South Dakota 7%
- Nationwide median 6%

Trend Analysis

Overall, the percent of South Dakotans who report heavy drinking has been slightly increasing since 2011. This percent rose from six percent in 2020 to seven percent in 2021. South Dakota is higher than the nationwide median of six percent heavy drinking.

Figure 40
Percentage of South Dakotans Who Engage in Heavy Drinking, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 37 South Dakotans Who Engage in Heavy Drinking, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	8%	7.3%	9.3%
	Female	6%	4.9%	6.4%
Age	18-29	9%	7.1%	10.7%
	30-39	7%	5.8%	9.2%
	40-49	9%	6.8%	10.9%
	50-59	7%	5.8%	8.7%
	60-69	6%	5.3%	7.8%
	70-79	3%	2.4%	4.0%
	80+	2%	1.2%	4.0%
Race/Ethnicity	White, Non-Hispanic	7%	6.3%	7.6%
	American Indian, Non-Hispanic	6%	3.6%	8.8%
	American Indian/White, Non-Hispanic	9%	4.4%	16.5%
	Hispanic	6%	3.2%	10.7%
Household Income	Less than $35,000	7%	5.5%	7.9%
	$35,000-$74,999	7%	5.7%	8.0%
	$75,000+	8%	6.9%	9.5%
Education	Less than High School, G.E.D.	9%	6.7%	12.4%
	High School, G.E.D.	8%	6.9%	9.6%
	Some Post-High School	7%	5.9%	8.1%
	College Graduate	5%	4.1%	5.5%
Employment Status	Employed for Wages	8%	6.8%	8.7%
	Self-employed	8%	6.2%	10.5%
	Unemployed	8%	5.6%	12.3%
	Homemaker	3%	1.8%	5.7%
	Student	7%	4.2%	11.3%
	Retired	5%	3.8%	5.6%
	Unable to Work	7%	4.5%	9.6%
Marital Status	Married/Unmarried Couple	6%	5.3%	6.9%
	Divorced/Separated	9%	7.6%	11.8%
	Widowed	5%	3.1%	6.8%
	Never Married	8%	6.9%	10.0%
Home Ownership Status	Own Home	7%	6.0%	7.4%
	Rent Home	8%	6.7%	9.6%
Children Status	Children in Household (Ages 18-44)	7%	5.5%	8.2%
	No Children in Household (Ages 18-44)	10%	8.4%	12.3%
Phone Status	Landline	5%	4.5%	6.3%
	Cell Phone	7%	6.7%	8.3%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.2%	1.5%
	Not Pregnant (Ages 18-44)	7%	5.3%	8.2%
County	Minnehaha	7%	5.8%	9.0%
	Pennington	6%	4.8%	7.4%
	Lincoln	5%	3.4%	8.3%
	Brown	7%	5.2%	8.3%
	Brookings	7%	5.3%	8.5%
	Codington	8%	6.7%	10.4%
	Meade	9%	6.2%	11.9%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

Advance Directive

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

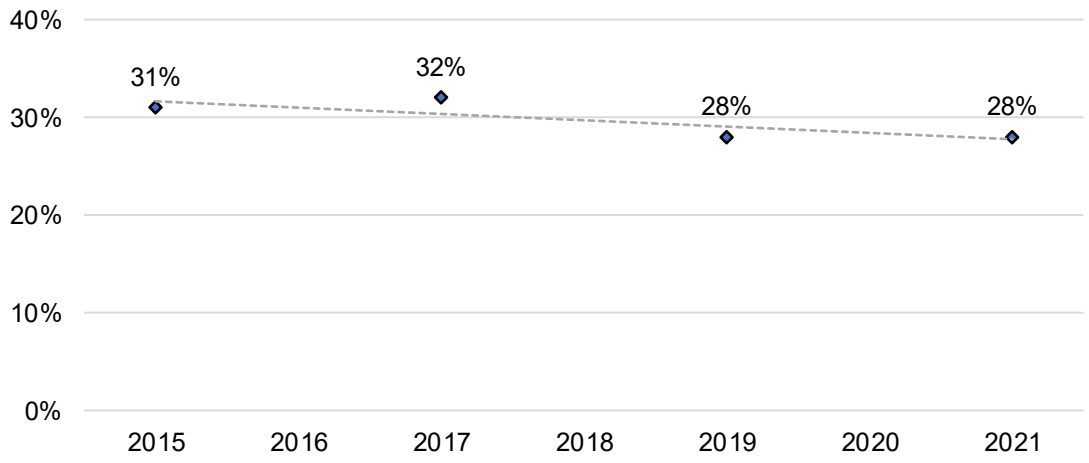
Prevalence of Advance Directive

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

Trend Analysis

The percent of South Dakotans who report they have an advance directive seems to be slowly decreasing since 2011.

Figure 41
Percentage of South Dakotans Who Have an Advance Directive, 2015-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2021

Table 38 South Dakotans Who Have an Advance Directive, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	26%	24.1%	27.7%
	Female	33%	31.1%	34.7%
Age	18-29	6%	4.3%	7.7%
	30-39	18%	15.2%	21.3%
	40-49	23%	19.9%	26.3%
	50-59	28%	25.4%	31.4%
	60-69	41%	38.4%	44.2%
	70-79	57%	53.9%	60.9%
	80+	64%	58.4%	68.7%
Race/Ethnicity	White, Non-Hispanic	31%	30.0%	32.8%
	American Indian, Non-Hispanic	16%	12.9%	20.4%
	American Indian/White, Non-Hispanic	9%	5.2%	15.9%
	Hispanic	21%	13.1%	32.4%
Household Income	Less than $35,000	25%	23.1%	27.9%
	$35,000-$74,999	29%	26.4%	31.1%
	$75,000+	33%	30.6%	35.7%
Education	Less than High School, G.E.D.	20%	15.9%	25.9%
	High School, G.E.D.	27%	24.8%	29.4%
	Some Post-High School	30%	27.9%	32.4%
	College Graduate	35%	32.5%	36.9%
Employment Status	Employed for Wages	21%	19.3%	22.6%
	Self-employed	29%	25.7%	33.5%
	Unemployed	14%	9.9%	19.8%
	Homemaker	31%	24.5%	38.8%
	Student	4%	2.2%	8.0%
	Retired	57%	54.1%	59.5%
	Unable to Work	33%	26.8%	38.8%
Marital Status	Married/Unmarried Couple	33%	31.3%	34.8%
	Divorced/Separated	28%	24.3%	31.2%
	Widowed	58%	53.9%	62.8%
	Never Married	11%	9.3%	13.3%
Home Ownership Status	Own Home	34%	32.6%	35.7%
	Rent Home	18%	15.5%	20.1%
Children Status	Children in Household (Ages 18-44)	17%	14.7%	19.7%
	No Children in Household (Ages 18-44)	9%	7.5%	11.9%
Phone Status	Landline	41%	38.9%	43.6%
	Cell Phone	25%	23.6%	26.6%
Pregnancy Status	Pregnant (Ages 18-44)	3%	0.8%	9.2%
	Not Pregnant (Ages 18-44)	16%	13.3%	18.5%
County	Minnehaha	28%	24.8%	30.8%
	Pennington	32%	28.9%	35.1%
	Lincoln	32%	26.4%	38.1%
	Brown	30%	26.3%	33.8%
	Brookings	23%	19.2%	26.3%
	Codington	29%	25.7%	32.4%
	Meade	30%	24.7%	35.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

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/ Ethnicity	Whites demonstrate a very high prevalence of having an advance directive in place, while American Indians and American Indian/Whites have a very low prevalence.
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 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 students show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of having an advance directive in place, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home show a significantly higher prevalence of having an advance directive in place than those who rent their home.
Children Status	Those with children in the household exhibit a significantly higher prevalence of having an advance directive in place than those with no children.
Phone Status	Those who primarily use a landline phone demonstrate a significantly higher prevalence of having an advance directive in place than those who primarily use a cell phone.
County	Residents of Pennington and Lincoln counties show a very high prevalence of having an advance directive in place, while residents of Brookings county show a very low prevalence.

FAIR OR POOR HEALTH STATUS

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

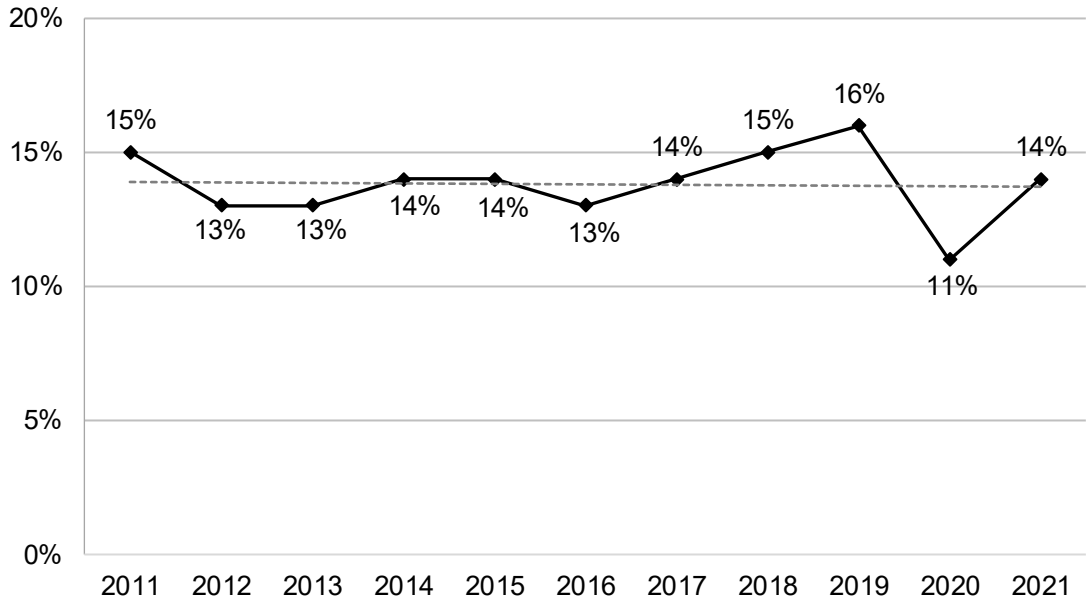
Prevalence of Fair or Poor Health Status

- South Dakota 14%
- Nationwide median 15%

Trend Analysis

Overall, the percent of South Dakotans who have fair or poor health has remained steady since 2011. From 2020 to 2021, the percent of those with fair or poor health went from 11 percent to 14 percent. South Dakota is lower than the nationwide median of 15 percent who report fair or poor health.

Figure 42
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 39 South Dakotans Reporting Fair or Poor Health Status, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	14%	12.9%	15.1%
	Female	14%	12.9%	15.0%
Age	18-29	9%	7.1%	10.9%
	30-39	9%	7.4%	10.9%
	40-49	11%	9.6%	13.7%
	50-59	15%	13.8%	17.3%
	60-69	20%	17.8%	21.4%
	70-79	20%	17.8%	22.0%
	80+	23%	20.1%	26.5%
Race/Ethnicity	White, Non-Hispanic	13%	12.5%	14.0%
	American Indian, Non-Hispanic	26%	22.2%	29.8%
	American Indian/White, Non-Hispanic	15%	9.5%	23.2%
	Hispanic	13%	8.1%	21.2%
Household Income	Less than $35,000	24%	22.6%	26.3%
	$35,000-$74,999	11%	9.7%	12.2%
	$75,000+	6%	5.0%	7.1%
Education	Less than High School, G.E.D.	24%	20.0%	27.6%
	High School, G.E.D.	18%	16.1%	19.1%
	Some Post-High School	12%	11.3%	13.6%
	College Graduate	8%	7.2%	9.0%
Employment Status	Employed for Wages	9%	8.2%	10.1%
	Self-employed	8%	6.3%	9.8%
	Unemployed	27%	21.6%	33.0%
	Homemaker	10%	7.4%	13.1%
	Student	6%	3.8%	9.0%
	Retired	20%	18.9%	22.1%
	Unable to Work	60%	55.0%	64.6%
Marital Status	Married/Unmarried Couple	11%	10.4%	12.1%
	Divorced/Separated	24%	21.4%	26.4%
	Widowed	24%	21.4%	27.7%
	Never Married	12%	10.7%	13.9%
Home Ownership Status	Own Home	12%	11.6%	13.2%
	Rent Home	18%	16.4%	20.2%
Children Status	Children in Household (Ages 18-44)	9%	7.3%	10.6%
	No Children in Household (Ages 18-44)	10%	8.0%	11.4%
Phone Status	Landline	17%	15.9%	18.4%
	Cell Phone	13%	11.9%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	20%	9.1%	39.5%
	Not Pregnant (Ages 18-44)	9%	7.6%	10.8%
County	Minnehaha	12%	10.0%	13.3%
	Pennington	15%	13.7%	17.3%
	Lincoln	11%	8.4%	15.1%
	Brown	14%	12.3%	16.1%
	Brookings	9%	7.6%	10.9%
	Codington	14%	12.1%	16.1%
	Meade	13%	10.3%	15.5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of those in fair or poor health does not seem to differ based on gender.
Age	The prevalence of fair or poor health increases as age increases. This includes significant increases when people reach their 50s and 60s.
Race/ Ethnicity	American Indians exhibit a very high prevalence of those in fair or poor health, while whites and Hispanics show a very low prevalence.
Household Income	The prevalence of fair or poor health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of fair or poor health decreases as education levels increase. This includes significant decreases at each education level.
Employment	Those who are unable to work demonstrate a very high prevalence of fair or poor health while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of those in fair or poor health, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of fair or poor health than those who own their home.
Children Status	The prevalence of fair or poor health of adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of fair or poor health than those who primarily use a cell phone.
Pregnancy Status	The prevalence of fair or poor health does not seem to differ based on pregnancy status.
County	Pennington, Brown, and Codington counties exhibit a very high prevalence of those in fair or poor health, while those in Minnehaha and Brookings counties show a very low prevalence.

PHYSICAL HEALTH NOT GOOD

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

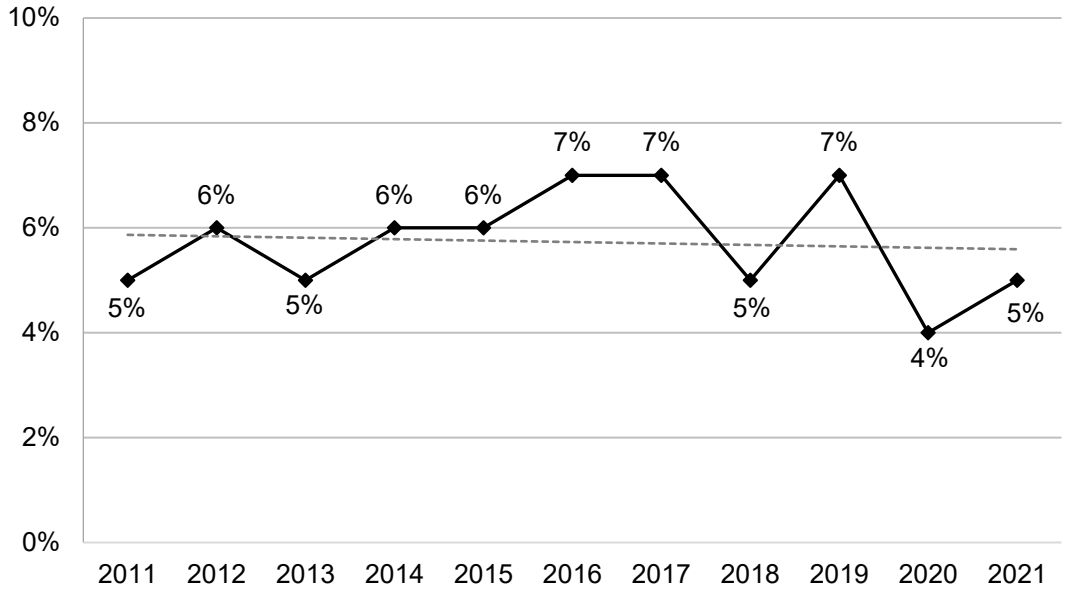
Prevalence of Physical Health Not Good for 30 Days of the Past 30

- South Dakota 5%
- *There is no nationwide median for physical health not good*

Trend Analysis

Overall, the percent of South Dakotans who report their physical health was not good has been slightly decreasing since 2011. From 2020 to 2021, the percent of those with poor physical health went from four percent to five percent.

Figure 43
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 40 South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	5%	4.9%	6.2%
	Female	6%	5.2%	6.5%
Age	18-29	2%	1.5%	3.2%
	30-39	4%	2.9%	5.5%
	40-49	5%	3.5%	6.1%
	50-59	6%	5.4%	7.5%
	60-69	9%	7.6%	10.1%
	70-79	9%	7.6%	10.8%
	80+	8%	6.6%	10.3%
Race/ Ethnicity	White, Non-Hispanic	6%	5.1%	6.2%
	American Indian, Non-Hispanic	8%	6.4%	9.7%
	American Indian/White, Non-Hispanic	4%	2.1%	7.4%
	Hispanic	2%	1.1%	3.4%
Household Income	Less than $35,000	9%	8.3%	10.6%
	$35,000-$74,999	5%	4.0%	5.8%
	$75,000+	3%	2.4%	4.0%
Education	Less than High School, G.E.D.	11%	8.1%	13.8%
	High School, G.E.D.	6%	5.4%	7.1%
	Some Post-High School	5%	4.7%	6.2%
	College Graduate	4%	3.0%	4.2%
Employment Status	Employed for Wages	3%	2.5%	3.6%
	Self-employed	3%	2.3%	4.2%
	Unemployed	10%	6.6%	15.2%
	Homemaker	5%	2.6%	7.7%
	Student	2%	0.7%	3.1%
	Retired	8%	7.2%	9.3%
	Unable to Work	36%	31.8%	41.1%
Marital Status	Married/Unmarried Couple	5%	4.4%	5.6%
	Divorced/Separated	10%	8.8%	12.1%
	Widowed	10%	7.9%	12.6%
	Never Married	4%	2.9%	4.8%
Home Ownership Status	Own Home	5%	4.7%	5.7%
	Rent Home	7%	5.8%	8.2%
Children Status	Children in Household (Ages 18-44)	4%	3.0%	5.2%
	No Children in Household (Ages 18-44)	2%	1.8%	3.5%
Phone Status	Landline	7%	6.2%	7.7%
	Cell Phone	5%	4.6%	5.8%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.7%	21.9%
	Not Pregnant (Ages 18-44)	4%	2.8%	5.1%
County	Minnehaha	5%	4.2%	6.5%
	Pennington	6%	4.6%	6.8%
	Lincoln	5%	3.3%	7.7%
	Brown	7%	5.5%	8.3%
	Brookings	4%	2.8%	5.0%
	Codington	6%	4.3%	7.3%
	Meade	7%	5.0%	9.8%

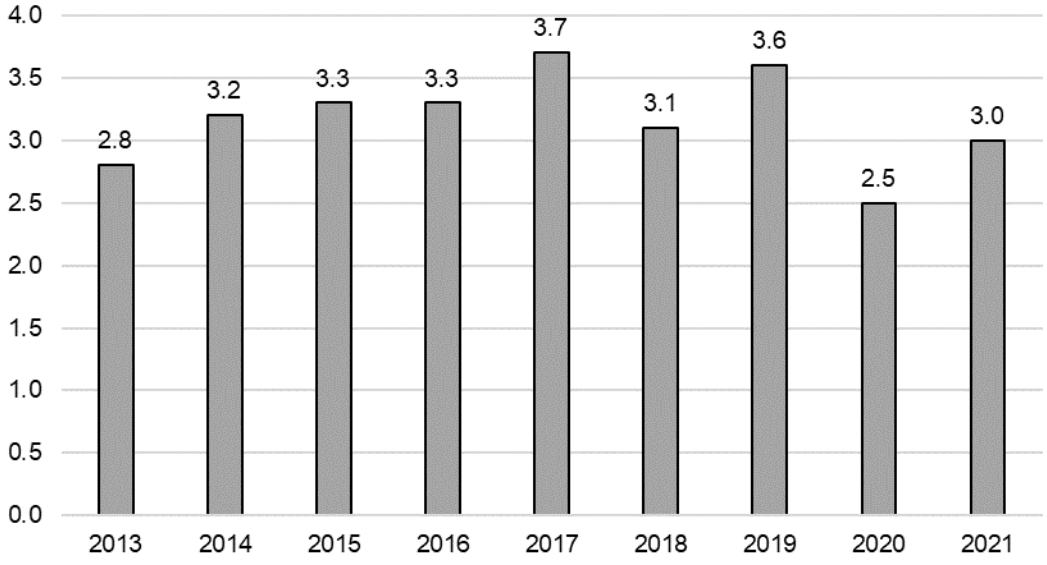
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of poor physical health does not seem to differ based on gender.
Age	The prevalence of poor physical health generally increases as age increases. This includes a significant increase as the 60s are reached.
Race/ Ethnicity	American Indians exhibit a very high prevalence of poor physical health, while Hispanics show a very low prevalence.
Household Income	The prevalence of poor physical health decreases as household income increases. This includes a significant decrease when the $35,000-$74,999 household income is reached.
Education	The prevalence of poor physical health decreases as education increases. This includes significant decreases as the high school and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of poor physical health while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of poor physical health, while those who 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 poor physical health than those who own their home.
Children Status	The prevalence of poor physical health of the adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of poor physical health than those who primarily use a cell phone.
Pregnancy Status	The prevalence of poor physical health does not seem to differ based on pregnancy status.
County	Brown county demonstrates a very high prevalence of poor physical health, while Brookings county shows a very low prevalence.

Figure 44, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. In 2021, the number of days their physical health was not good was three, which is up slightly from the previous year.

Figure 44
Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2013-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2021

MENTAL HEALTH NOT GOOD

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

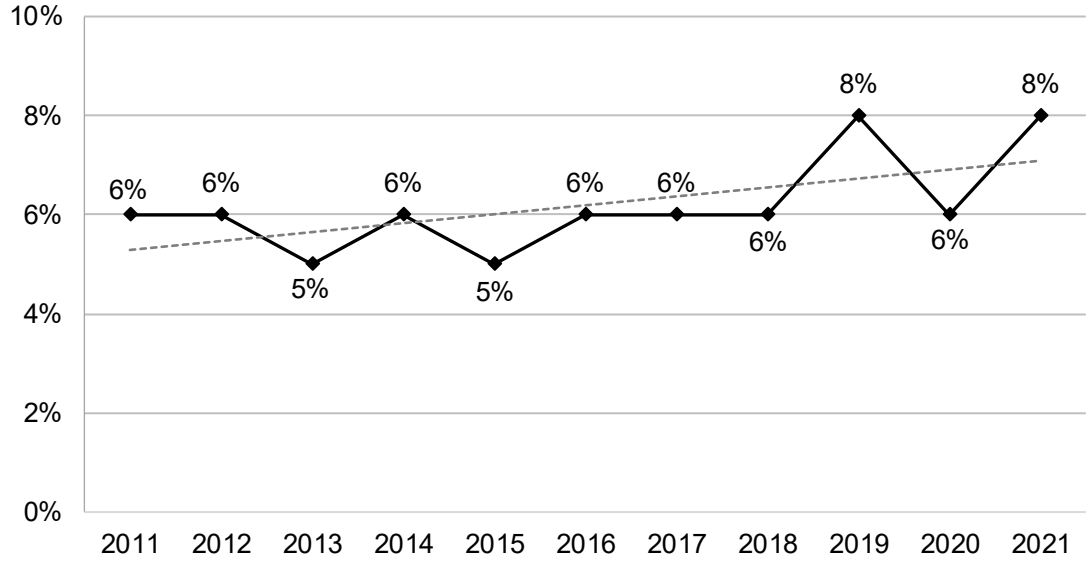
Prevalence of Mental Health Not Good for 20-30 Days of the Past 30

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

Trend Analysis

Overall, the percent of South Dakotans who have poor mental health has increased since 2011. From 2020 to 2021, the percent of those with poor mental health went from six percent to eight percent.

Figure 45
Percentage of South Dakotans Stating Mental Health Not Good for 20-30 Days of the Past 30, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 41 South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	6%	4.8%	6.4%
	Female	8%	7.5%	9.3%
Age	18-29	10%	8.7%	12.5%
	30-39	8%	6.7%	10.1%
	40-49	7%	5.4%	8.5%
	50-59	6%	5.0%	7.2%
	60-69	5%	3.9%	5.8%
	70-79	4%	3.1%	5.4%
	80+	5%	3.3%	7.5%
Race/Ethnicity	White, Non-Hispanic	7%	6.1%	7.4%
	American Indian, Non-Hispanic	9%	6.9%	11.3%
	American Indian/White, Non-Hispanic	12%	6.8%	18.9%
	Hispanic	4%	2.4%	8.1%
Household Income	Less than $35,000	11%	10.0%	12.9%
	$35,000-$74,999	6%	4.9%	6.9%
	$75,000+	3%	2.6%	4.4%
Education	Less than High School, G.E.D.	10%	7.5%	13.3%
	High School, G.E.D.	8%	7.0%	9.5%
	Some Post-High School	7%	6.3%	8.3%
	College Graduate	4%	3.4%	4.9%
Employment Status	Employed for Wages	6%	5.7%	7.4%
	Self-employed	5%	3.3%	6.4%
	Unemployed	16%	11.3%	21.8%
	Homemaker	4%	2.6%	6.4%
	Student	10%	6.7%	14.0%
	Retired	4%	3.1%	4.7%
	Unable to Work	25%	21.4%	29.9%
Marital Status	Married/Unmarried Couple	5%	4.2%	5.4%
	Divorced/Separated	10%	8.5%	12.7%
	Widowed	7%	5.3%	9.2%
	Never Married	11%	9.1%	12.5%
Home Ownership Status	Own Home	5%	4.5%	5.6%
	Rent Home	12%	10.2%	13.7%
Children Status	Children in Household (Ages 18-44)	8%	6.6%	9.4%
	No Children in Household (Ages 18-44)	10%	8.8%	12.5%
Phone Status	Landline	6%	4.8%	6.4%
	Cell Phone	7%	6.7%	8.3%
Pregnancy Status	Pregnant (Ages 18-44)	9%	3.2%	21.1%
	Not Pregnant (Ages 18-44)	11%	9.3%	12.9%
County	Minnehaha	7%	5.8%	8.9%
	Pennington	8%	6.7%	9.6%
	Lincoln	6%	3.8%	9.3%
	Brown	7%	5.5%	8.5%
	Brookings	6%	4.8%	8.5%
	Codington	7%	5.4%	8.3%
	Meade	7%	5.4%	9.7%

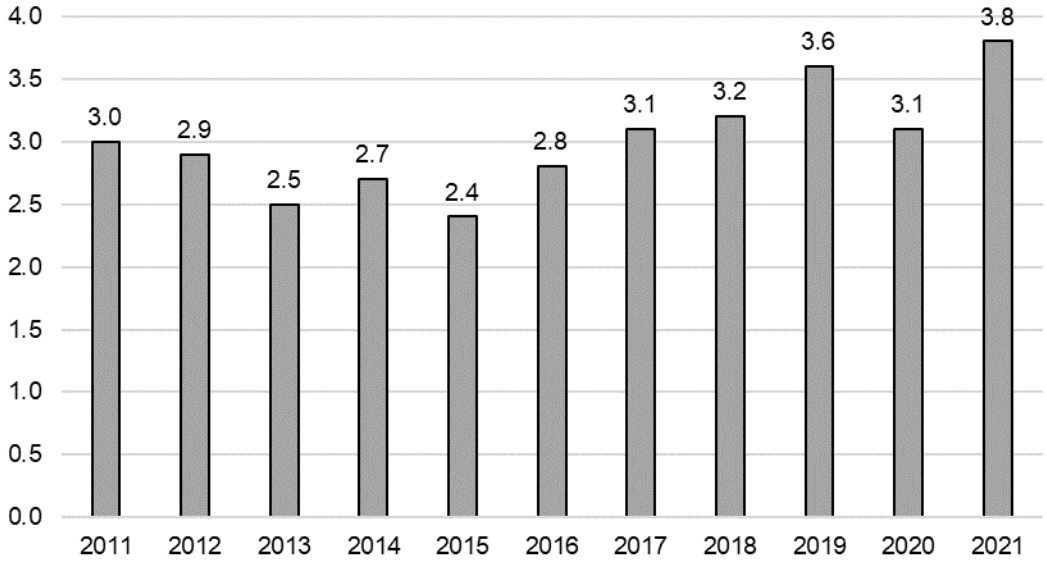
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females exhibit a significantly higher prevalence of poor mental health than males.
Age	The prevalence of poor mental health generally decreases as age increases.
Race/ Ethnicity	The prevalence of poor mental health does not seem to differ based on race/ethnicity.
Household Income	The prevalence of poor mental health decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household incomes are reached.
Education	The prevalence of poor mental health decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of poor mental health, while those who are self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of poor mental health, while those who are married 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 differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone exhibit a significantly higher prevalence of poor mental health than those who primarily use a landline phone.
Pregnancy Status	The prevalence of poor mental health does not seem to differ based on pregnancy status.
County	The prevalence of poor mental health does not seem to differ among the available counties.

Figure 46, below, shows the average number of days South Dakotans stated their mental health was not good for the past 30 days. In 2021, the average number of days was 3.8, up from 3.1 days in 2020 and also the highest average number of days over the past 11 years.

Figure 46
Average Number of Days Respondents' Mental Health Was Not Good in the Past 30 Days, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

MENTAL HEALTH TREATMENT

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

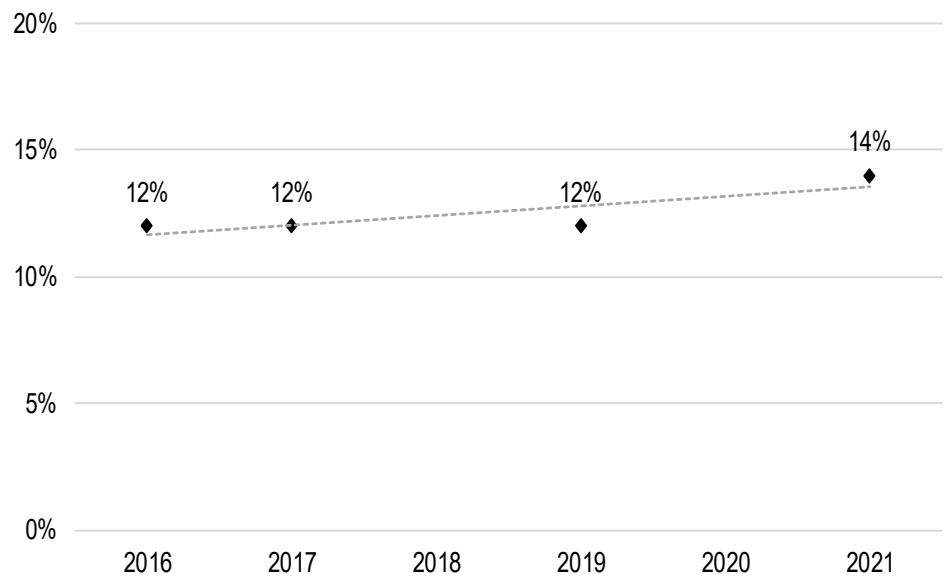
Prevalence of Mental Health Treatment

- South Dakota 14%
- *There is no nationwide median for mental health treatment*

Trend Analysis

Overall, the percent of South Dakotans currently taking medicine or receiving treatment for a mental health condition has remained steady since 2011, however from 2020 to 2021, the percent of those receiving mental health treatment increased from 12 percent to 14 percent.

Figure 47
Percentage of South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 42 South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	9%	7.5%	9.9%
	Female	17%	15.2%	18.2%
Age	18-29	15%	12.4%	18.5%
	30-39	13%	10.8%	15.7%
	40-49	15%	12.8%	18.6%
	50-59	13%	11.1%	15.3%
	60-69	13%	10.8%	14.9%
	70-79	9%	7.0%	11.7%
	80+	3%	2.2%	4.4%
Race/Ethnicity	White, Non-Hispanic	13%	11.9%	13.9%
	American Indian, Non-Hispanic	9%	7.0%	12.0%
	American Indian/White, Non-Hispanic	18%	9.6%	31.8%
	Hispanic	14%	7.0%	25.2%
Household Income	Less than $35,000	18%	15.8%	20.3%
	$35,000-$74,999	12%	10.2%	13.7%
	$75,000+	9%	8.0%	11.1%
Education	Less than High School, G.E.D.	8%	5.8%	12.0%
	High School, G.E.D.	13%	10.9%	14.7%
	Some Post-High School	14%	12.4%	15.8%
	College Graduate	12%	10.9%	14.0%
Employment Status	Employed for Wages	13%	11.2%	13.9%
	Self-employed	7%	4.4%	9.5%
	Unemployed	19%	13.7%	26.5%
	Homemaker	11%	6.9%	17.1%
	Student	17%	10.9%	24.8%
	Retired	8%	7.0%	9.9%
	Unable to Work	43%	36.5%	49.6%
Marital Status	Married/Unmarried Couple	11%	9.8%	12.2%
	Divorced/Separated	20%	17.1%	23.7%
	Widowed	10%	8.1%	13.1%
	Never Married	14%	11.6%	16.5%
Home Ownership Status	Own Home	11%	10.0%	12.2%
	Rent Home	17%	14.8%	19.6%
Children Status	Children in Household (Ages 18-44)	12%	10.2%	14.5%
	No Children in Household (Ages 18-44)	18%	14.9%	20.9%
Phone Status	Landline	10%	8.8%	11.6%
	Cell Phone	14%	12.5%	14.9%
Pregnancy Status	Pregnant (Ages 18-44)	21%	9.2%	39.7%
	Not Pregnant (Ages 18-44)	19%	15.9%	21.5%
County	Minnehaha	14%	11.7%	16.4%
	Pennington	14%	11.3%	16.1%
	Lincoln	16%	11.0%	21.6%
	Brown	15%	11.0%	19.7%
	Brookings	16%	12.2%	20.2%
	Codington	17%	14.3%	20.6%
	Meade	13%	9.1%	17.5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females exhibit a significantly higher prevalence of seeking professional help for mental health issues than males.
Age	The prevalence of seeking professional help for mental health issues generally decreases as age increases. This includes a significant decrease as the 80s are reached.
Race/ Ethnicity	The prevalence of seeking professional help for mental health issues does not seem to differ based on race/ethnicity.
Household Income	The prevalence of seeking professional 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	The prevalence of seeking professional help for mental health issues does not seem to consistently change as education levels increase.
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	Those with no children in the household exhibit a significantly higher prevalence of seeking professional help for mental health issues than those with children in the household.
Phone Status	Those who primarily use a cell phone show a significantly higher prevalence of seeking help for mental health issues than those who primarily use a landline phone.
County	The prevalence of seeking professional help for mental health issues does not seem to differ among the available counties.

USUAL ACTIVITIES UNATTAINABLE

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

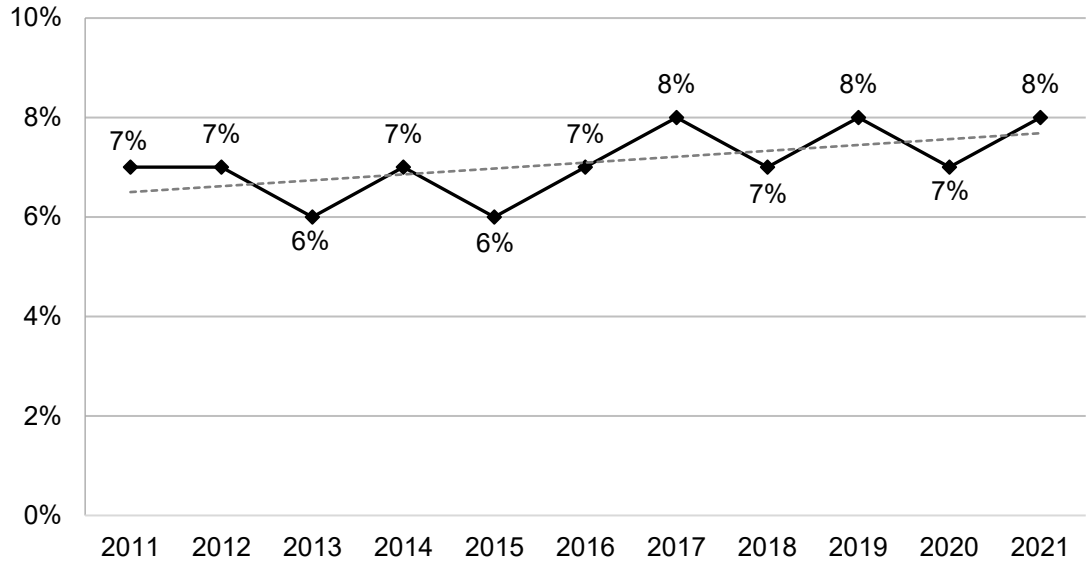
Prevalence of Usual Activities Unattainable for 10-30 Days of the Past 30

- South Dakota 8%
- *There is no national median for usual activities unattainable*

Trend Analysis

Overall, the percent of South Dakotans with poor physical or mental health keeping them from their usual activities has been slowly increasing since 2011. From 2020 to 2021, the percent of those reporting their usual activities were unattainable increased slightly from seven percent to eight percent.

Figure 48
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 43 South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	7%	5.9%	7.5%
	Female	8%	7.3%	9.0%
Age	18-29	6%	5.0%	7.9%
	30-39	6%	4.8%	8.0%
	40-49	7%	5.5%	8.4%
	50-59	8%	6.5%	8.9%
	60-69	10%	8.5%	11.0%
	70-79	8%	6.3%	9.2%
	80+	8%	6.3%	10.3%
Race/Ethnicity	White, Non-Hispanic	7%	6.4%	7.6%
	American Indian, Non-Hispanic	11%	8.8%	13.9%
	American Indian/White, Non-Hispanic	9%	5.4%	15.5%
	Hispanic	9%	5.2%	14.4%
Household Income	Less than $35,000	13%	11.3%	14.2%
	$35,000-$74,999	7%	5.6%	7.6%
	$75,000+	3%	2.2%	3.4%
Education	Less than High School, G.E.D.	11%	8.5%	14.0%
	High School, G.E.D.	9%	7.5%	9.9%
	Some Post-High School	7%	6.5%	8.3%
	College Graduate	5%	4.1%	5.5%
Employment Status	Employed for Wages	4%	3.7%	5.1%
	Self-employed	5%	3.4%	6.0%
	Unemployed	18%	13.3%	23.0%
	Homemaker	5%	3.3%	7.5%
	Student	6%	3.7%	9.2%
	Retired	9%	7.5%	9.7%
	Unable to Work	43%	38.0%	47.6%
Marital Status	Married/Unmarried Couple	6%	5.1%	6.3%
	Divorced/Separated	13%	11.6%	15.4%
	Widowed	11%	8.4%	14.1%
	Never Married	8%	6.3%	9.0%
Home Ownership Status	Own Home	6%	5.2%	6.3%
	Rent Home	12%	10.1%	13.3%
Children Status	Children in Household (Ages 18-44)	6%	5.0%	7.6%
	No Children in Household (Ages 18-44)	6%	5.1%	7.8%
Phone Status	Landline	8%	7.2%	9.0%
	Cell Phone	7%	6.5%	7.9%
Pregnancy Status	Pregnant (Ages 18-44)	12%	3.2%	34.4%
	Not Pregnant (Ages 18-44)	7%	5.6%	8.4%
County	Minnehaha	8%	6.3%	9.3%
	Pennington	8%	6.9%	9.5%
	Lincoln	6%	4.1%	8.8%
	Brown	9%	7.5%	10.9%
	Brookings	6%	4.7%	8.5%
	Codington	8%	6.2%	9.3%
	Meade	7%	5.7%	9.3%

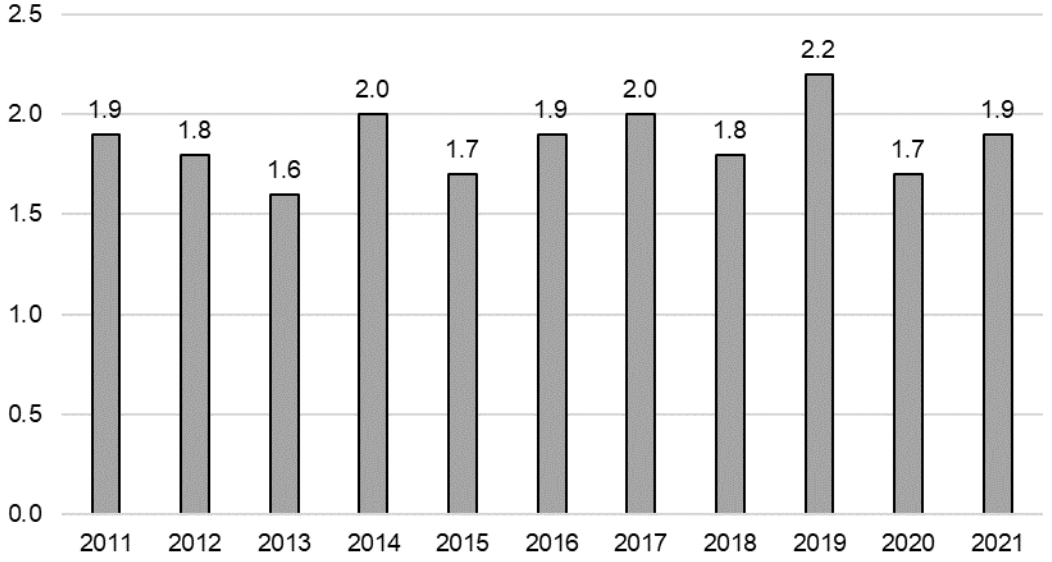
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of poor health keeping them from usual activities does not seem to differ by gender.
Age	The prevalence of poor health keeping someone from usual activities peaks for people in their 60s.
Race/ Ethnicity	American Indians exhibit a very high prevalence of poor health keeping them from usual activities, while whites show a low prevalence.
Household Income	The prevalence of poor health keeping someone from usual activities decreases as household income increases. This includes significant decreases when the $35,000-$74,999 and $75,000+ household income groups are reached.
Education	The prevalence of poor health keeping someone from usual activities decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of poor health keeping them from usual activities, while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of poor health keeping them from usual activities, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of poor health keeping them from usual activities than those who own their home.
Children Status	The prevalence of poor health keeping adults from usual activities does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of poor health keeping someone from usual activities does not seem to differ based on phone status.
Pregnancy Status	The prevalence of poor health keeping someone from usual activities does not seem to differ based on pregnancy status.
County	The prevalence of poor health keeping someone from usual activities does not seem to differ among the available counties.

Figure 49, below, shows the average number of days in the past 30 days where poor physical or mental health kept South Dakotans from doing their usual activities. For the past 11 years the average number of days has ranged from 1.6 to 2.2 days.

Figure 49
Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities In the Past 30 Days, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

HEALTH INSURANCE (ADULT)

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

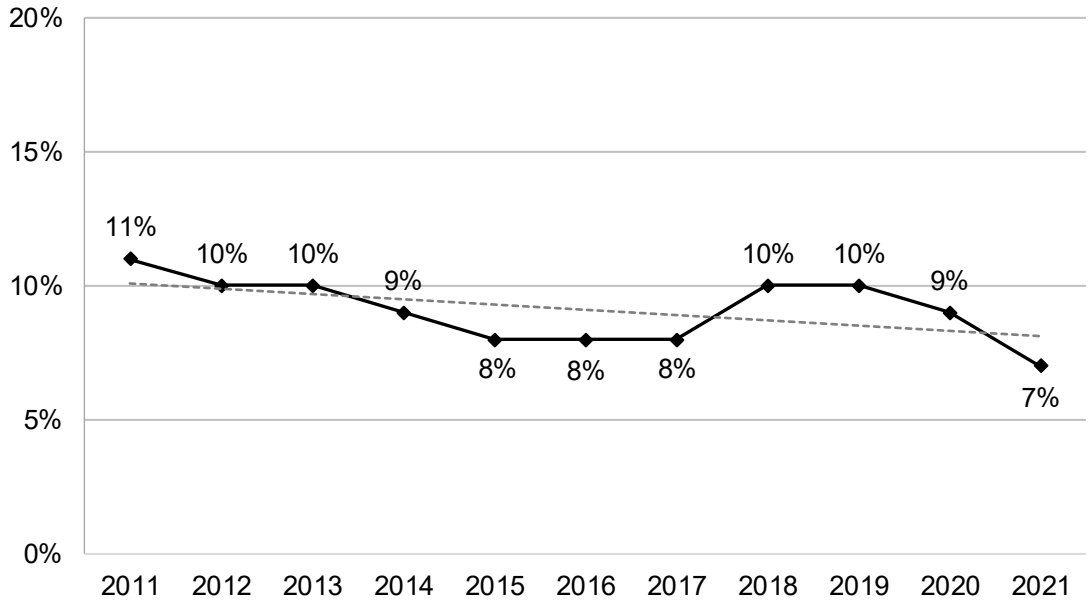
Prevalence of No Health Insurance

- South Dakota 7%
- *There is no nationwide median for no health insurance*

Trend Analysis

Overall, the percent of South Dakotans, ages 18-64, who do not have health insurance has been decreasing since 2011. From 2020 to 2021, the percent of those without health insurance went from nine percent to seven percent.

Figure 50
Percentage of South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 44 South Dakotans, Ages 18-64, Who Do Not Have Health Insurance, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	10%	8.4%	11.2%
	Female	7%	6.4%	8.7%
Age	18-29	11%	9.4%	13.9%
	30-39	10%	7.8%	12.2%
	40-49	9%	7.6%	11.7%
	50-59	6%	4.9%	7.5%
	60-69	4%	3.3%	5.8%
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	8%	7.4%	9.3%
	American Indian, Non-Hispanic	5%	3.3%	8.6%
	American Indian/White, Non-Hispanic	17%	8.7%	31.2%
	Hispanic	19%	13.0%	27.7%
Household Income	Less than $35,000	16%	13.3%	18.0%
	$35,000-$74,999	9%	7.4%	11.9%
	$75,000+	2%	1.2%	2.6%
Education	Less than High School, G.E.D.	20%	15.1%	27.0%
	High School, G.E.D.	12%	10.6%	14.2%
	Some Post-High School	7%	6.3%	9.0%
	College Graduate	2%	1.8%	3.0%
Employment Status	Employed for Wages	7%	6.0%	8.1%
	Self-employed	13%	10.8%	16.6%
	Unemployed	33%	26.5%	40.6%
	Homemaker	9%	5.6%	13.3%
	Student	4%	1.9%	7.0%
	Retired	3%	1.7%	6.0%
	Unable to Work	6%	3.8%	9.1%
Marital Status	Married/Unmarried Couple	5%	4.1%	5.7%
	Divorced/Separated	17%	13.8%	20.6%
	Widowed	8%	4.1%	13.5%
	Never Married	13%	11.0%	15.6%
Home Ownership Status	Own Home	5%	4.5%	6.3%
	Rent Home	16%	14.2%	19.0%
Children Status	Children in Household (Ages 18-44)	8%	7.0%	10.2%
	No Children in Household (Ages 18-44)	13%	10.9%	15.8%
Phone Status	Landline	6%	4.5%	6.9%
	Cell Phone	9%	8.3%	10.5%
Pregnancy Status	Pregnant (Ages 18-44)	8%	2.1%	26.3%
	Not Pregnant (Ages 18-44)	9%	7.4%	11.1%
County	Minnehaha	11%	9.2%	13.8%
	Pennington	9%	7.5%	11.7%
	Lincoln	3%	1.8%	6.0%
	Brown	8%	6.0%	10.7%
	Brookings	6%	4.0%	8.6%
	Codington	6%	4.3%	8.6%
	Meade	11%	8.0%	16.2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of being uninsured does not seem to differ by gender.
Age	The prevalence of being uninsured decreases as age increases. This includes a significant decrease as the 50s are reached.
Race/ Ethnicity	American Indian/whites and Hispanics demonstrate a very high prevalence of being uninsured, while whites and American Indians show a very low prevalence.
Household Income	The prevalence of being uninsured decreases as household income increases. This includes significant decreases as the $35,000-$74,999 and $75,000+ income groups are reached.
Education	The prevalence of being uninsured decreases as education levels increase. This includes significant decreases at each education level.
Employment	Those who are unemployed demonstrate a very high prevalence of being uninsured, while those who are employed for wages, a homemaker, a student, retired, or unable to work show a very low prevalence.
Marital Status	Those who are divorced or have never been married exhibit a very high prevalence of being uninsured, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home show a significantly higher prevalence of being uninsured than those who own their home.
Children Status	Those with no children in their household show a significantly higher prevalence of being uninsured than those with children in their household.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of being uninsured than those who primarily use a landline.
Pregnancy Status	The prevalence of being uninsured does not seem to differ based on pregnancy status.
County	Minnehaha, Pennington, and Meade counties all demonstrate a very high prevalence of being uninsured, while Lincoln, Brookings, and Codington counties show a very low prevalence.

As shown in Table 45, below, employer-based coverage was the most common type of health insurance reported by South Dakotans for the past 11 years. The second most common was insurance through a private plan.

Table 45
Type of Health Insurance, Ages 18-64, 2011-2021

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of Respondents	**4,332**	**5,147**	**4,216**	**4,387**	**4,043**	**3,258**	**3,772**	**3,806**	**3,443**	**3,559**	**4,199**
Type of Health Insurance											
Employer-Based Coverage	57%	59%	59%	59%	60%	58%	59%	56%	57%	57%	59%
Private Plan	12%	11%	12%	13%	13%	15%	14%	12%	14%	13%	13%
Medicaid or Medical Assistance	4%	4%	5%	4%	6%	4%	4%	5%	3%	7%	4%
Military, CHAMPUS, Tricare, or VA	6%	5%	5%	4%	5%	5%	5%	5%	5%	4%	4%
Medicare	4%	3%	3%	3%	3%	4%	5%	4%	4%	3%	4%
The Indian Health Service	5%	5%	5%	5%	5%	5%	4%	5%	4%	5%	3%
Some Other Source	2%	2%	1%	2%	2%	2%	2%	3%	3%	2%	5%
None	11%	10%	10%	9%	8%	8%	8%	10%	10%	9%	7%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 46, below, displays how long it has been since South Dakotans had a routine checkup and whether they had health insurance. The majority of insured South Dakotans, 71 percent, stated they had a routine checkup within the past year, while 38 percent of uninsured South Dakotans had a routine checkup within the past year.

The percent of uninsured South Dakotans who stated that they had a routine checkup five or more years ago was 29 percent while only eight percent of South Dakotans with health insurance had a routine checkup five or more years ago.

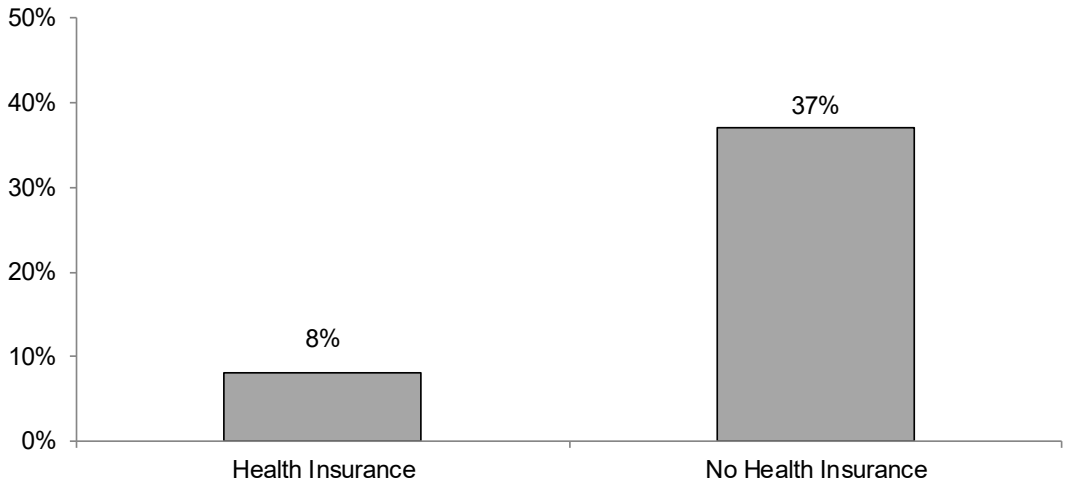
Table 46
How Long Since South Dakotans Last Visited a Doctor for a Routine Checkup, 2014-2021

	Health Insurance	No Health Insurance
Within the past year	71%	38%
Within the past 2 years	12%	13%
Within the past 5 years	8%	14%
5 or more years ago	8%	29%
Never	1%	5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota of Department Health, 2014-2021

Figure 51, below, shows the percentage of South Dakotans, ages 18-64, who were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of the cost. Thirty-seven percent of South Dakotans without health insurance answered yes to this question.

Figure 51
Percentage of South Dakotans, Ages 18-64, Who Needed to See a Doctor But Could Not Because of the Cost, 2015-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2021

Table 47, below, shows the percentage of South Dakota males who had not had a routine checkup in the past two years and the reason why. Fifty-two percent of South Dakota males, ages 18-39, reported they had not had a routine checkup in the past two years because they had not been sick, rarely get sick, or there was a low need to seek medical services.

Table 47
South Dakota Males, Ages 18-69, Who Have Not Had a Routine Health Checkup in the Past Two Years, 2018-2021

	Males Only		
Reason	**Total**	**18-39**	**40-69**
Not sick/Rarely get sick/Low perceived need to seek medical services	51%	52%	50%
Just haven't thought of it	10%	8%	13%
Other priorities/Too busy	8%	9%	6%
Can't afford it	7%	7%	8%
Do not have health insurance	6%	7%	5%
Other	18%	16%	17%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2018-2021

CHILDREN'S HEALTH INSURANCE

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

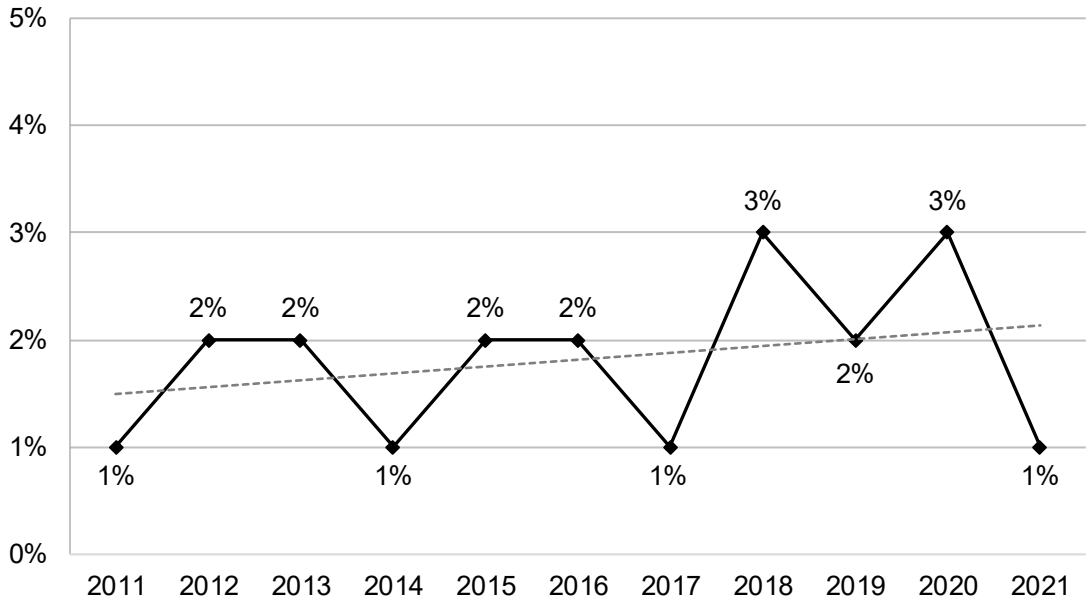
Prevalence of No Health Insurance

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

Trend Analysis

Overall, the percent of South Dakotan children with no health insurance has somewhat increased since 2011, however from 2020 to 2021, the percent of those with no health insurance went from three percent to one percent.

Figure 52
Percentage of South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 48 South Dakota Children, Ages 0-17, Who Do Not Have Health Insurance, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	2%	1.2%	3.1%
	Female	2%	1.3%	3.5%
Age	0-5	2%	1.2%	4.3%
	6-11	2%	1.3%	4.2%
	12-17	1%	0.7%	2.1%
Race/ Ethnicity	White, Non-Hispanic	2%	1.5%	3.3%
	American Indian, Non-Hispanic	2%	0.8%	4.2%
	American Indian/White, Non-Hispanic	1%	0.2%	1.9%
	Hispanic	2%	0.6%	8.4%
Household Income	Less than $35,000	3%	1.3%	5.7%
	$35,000-$74,999	4%	2.4%	6.7%
	$75,000+	1%	0.3%	1.8%
Home Ownership Status	Own home	2%	1.0%	2.4%
	Rent home	4%	2.1%	6.2%
Phone Status	Landline	2%	0.8%	3.3%
	Cell phone	2%	1.5%	3.2%
County	Minnehaha	2%	0.9%	4.3%
	Pennington	2%	0.8%	4.0%
	Lincoln	1%	0.2%	5.8%
	Brown	1%	0.3%	2.3%
	Brookings	2%	0.8%	4.2%
	Codington	1%	0.3%	2.3%
	Meade	2%	1.0%	4.0%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

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

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

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

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

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

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

Table 49, below, shows the different types of health coverage for children, ages 0-17. The main type of health care coverage for the past 11 years was employer-based coverage. Medicaid or CHIP was the second most common type of health coverage.

Table 49
Different Types of Health Coverage for South Dakota Children, Ages 0-17, 2011-2021

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Type of Coverage										
Employer Based Coverage	57%	55%	55%	55%	54%	53%	53%	57%	58%	56%
Medicaid or CHIP	23%	24%	24%	24%	25%	26%	24%	21%	22%	25%
Private Plan	10%	10%	11%	12%	11%	11%	10%	9%	8%	7%
The Indian Health Service	4%	3%	4%	3%	3%	4%	5%	5%	5%	5%
The Military, CHAMPUS, Tricare, or VA	3%	3%	3%	3%	3%	3%	2%	2%	2%	2%
Some Other Source	2%	2%	2%	2%	1%	2%	4%	4%	3%	3%
None	2%	2%	1%	1%	2%	1%	2%	3%	3%	2%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

ROUTINE CHECKUP

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

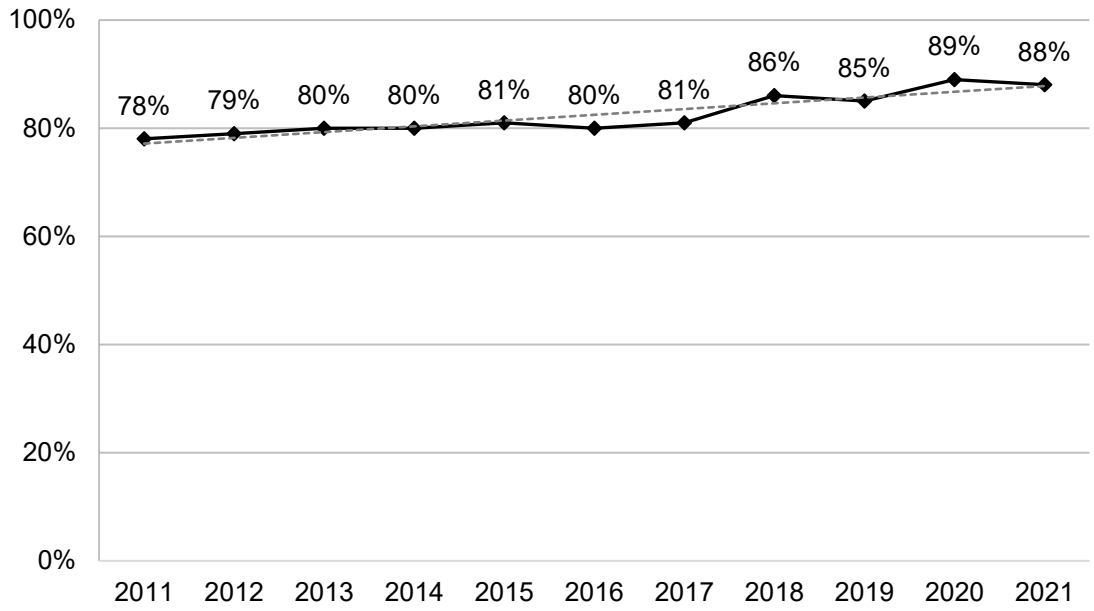
Prevalence of Routine Checkup

- South Dakota 88%
- Nationwide median 88%

Trend Analysis

Overall, the percent of South Dakotan's who have had a routine checkup within the past two years has been increasing since 2011, however from 2020 to 2021, the percent of those who have had a routine checkup went from 89 percent to 88 percent. South Dakota is the same as the nationwide median of 88 percent.

Figure 53
Percentage of South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 50 South Dakotans Who Have Had a Routine Checkup Within the Past Two Years, 2017-2021				
		2017-2021	95% Confidence Interval	
			Low	High
Gender	Male	81%	79.4%	82.2%
	Female	91%	89.6%	91.6%
Age	18-29	79%	76.5%	81.5%
	30-39	78%	75.1%	80.4%
	40-49	83%	80.4%	85.6%
	50-59	88%	86.0%	89.2%
	60-69	92%	90.9%	93.3%
	70-79	96%	95.2%	97.0%
	80+	97%	95.8%	97.8%
Race/Ethnicity	White, Non-Hispanic	86%	85.1%	86.9%
	American Indian, Non-Hispanic	88%	85.4%	90.5%
	American Indian/White, Non-Hispanic	72%	60.2%	81.6%
	Hispanic	80%	72.8%	85.4%
Household Income	Less than $35,000	84%	82.7%	86.2%
	$35,000-$74,999	84%	82.6%	86.0%
	$75,000+	88%	86.4%	89.5%
Education	Less than High School, G.E.D.	81%	75.7%	85.0%
	High School, G.E.D.	84%	82.9%	85.9%
	Some Post-High School	86%	84.4%	87.2%
	College Graduate	89%	87.5%	89.9%
Employment Status	Employed for Wages	83%	81.6%	84.2%
	Self-employed	79%	75.8%	81.5%
	Unemployed	78%	71.9%	83.7%
	Homemaker	87%	81.2%	91.8%
	Student	88%	83.4%	91.1%
	Retired	96%	95.2%	96.6%
	Unable to Work	91%	88.0%	93.4%
Marital Status	Married/Unmarried Couple	87%	86.3%	88.4%
	Divorced/Separated	85%	82.1%	86.8%
	Widowed	94%	92.0%	95.7%
	Never Married	80%	77.6%	82.0%
Home Ownership Status	Own Home	88%	86.7%	88.6%
	Rent Home	80%	77.9%	82.0%
Children Status	Children in Household (Ages 18-44)	81%	78.5%	82.6%
	No Children in Household (Ages 18-44)	77%	74.5%	79.7%
Phone Status	Landline	91%	89.6%	91.9%
	Cell Phone	84%	82.9%	85.0%
Pregnancy Status	Pregnant (Ages 18-44)	83%	68.3%	92.1%
	Not Pregnant (Ages 18-44)	87%	85.0%	88.8%
County	Minnehaha	86%	83.7%	87.7%
	Pennington	83%	80.4%	84.6%
	Lincoln	91%	87.7%	93.8%
	Brown	88%	85.5%	89.4%
	Brookings	87%	84.0%	89.4%
	Codington	86%	83.4%	88.0%
	Meade	83%	78.8%	86.5%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

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. This includes significant increases as the 50s, 60s, and 70s are reached.
Race/ Ethnicity	Whites and American Indians demonstrate a very high prevalence of obtaining routine checkups, while American Indian/whites show a very low prevalence.
Household Income	The prevalence of obtaining a routine checkup does not seem to change as household income increases.
Education	The prevalence of obtaining a routine checkup 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 obtaining a routine checkup, while those who are self-employed, unemployed, or a homemaker show a very low prevalence.
Marital Status	Those who are widowed exhibit a very high prevalence of obtaining a routine checkup, while those who have never been married show a very low prevalence.
Home Ownership	Those who own their home demonstrate a significantly higher prevalence of obtaining a routine checkup than those who rent their home.
Children Status	The prevalence of obtaining a routine checkup does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of obtaining a routine checkup than those who primarily use a cell phone.
Pregnancy Status	The prevalence of obtaining a routine checkup does not seem to differ based on pregnancy status.
County	Residents of Lincoln and Brown counties exhibit a very high prevalence of obtaining a routine checkup, while those in Pennington and Meade counties show a very low prevalence.

Hearing Difficulty

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

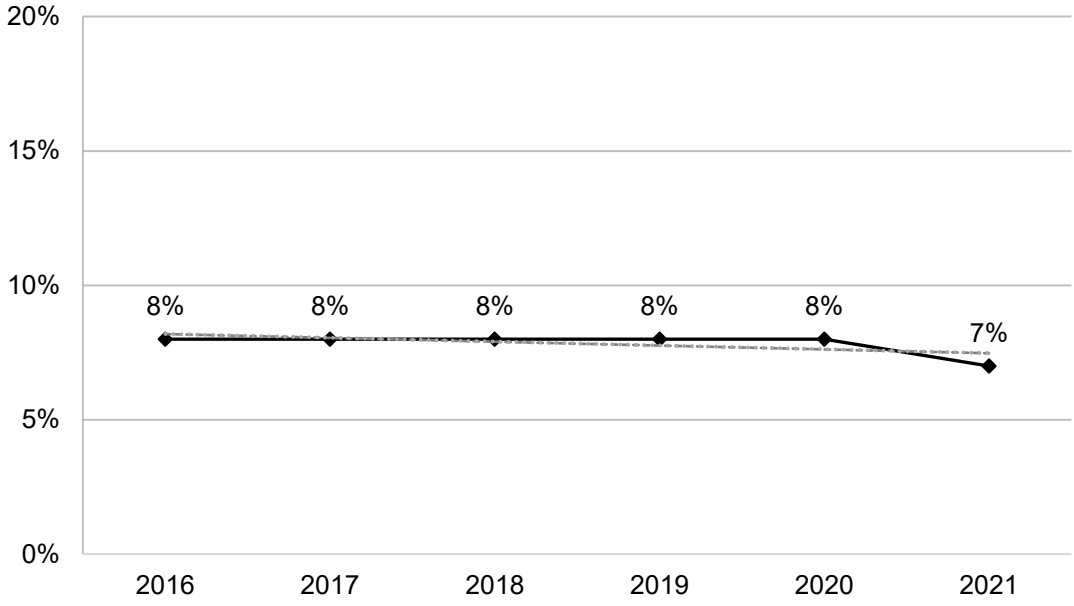
Prevalence of Hearing Difficulty

- South Dakota 7%
- Nationwide median 7%

Trend Analysis

Overall, the percent of South Dakotans who are deaf or have serious difficulty hearing had remained the same since 2016 until 2021 when the percent of those with hearing difficulties decreased from eight percent to seven percent. South Dakota is the same as the nationwide median of seven percent with a hearing difficulty.

Figure 54
Percentage of South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2016-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 51 South Dakotans Who Are Deaf or Have Serious Difficulty Hearing, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	10%	9.3%	11.1%
	Female	5%	4.6%	5.7%
Age	18-29	2%	1.3%	3.0%
	30-39	4%	2.7%	5.0%
	40-49	4%	2.6%	4.9%
	50-59	7%	5.9%	8.4%
	60-69	10%	8.7%	11.4%
	70-79	18%	16.2%	20.2%
	80+	28%	24.5%	31.4%
Race/Ethnicity	White, Non-Hispanic	8%	7.2%	8.3%
	American Indian, Non-Hispanic	9%	7.3%	11.8%
	American Indian/White, Non-Hispanic	10%	4.6%	19.8%
	Hispanic	5%	3.0%	8.9%
Household Income	Less than $35,000	10%	8.7%	11.0%
	$35,000-$74,999	7%	6.5%	8.4%
	$75,000+	5%	4.2%	5.9%
Education	Less than High School, G.E.D.	10%	8.2%	13.2%
	High School, G.E.D.	9%	7.9%	10.0%
	Some Post-High School	7%	6.5%	8.2%
	College Graduate	6%	4.9%	6.2%
Employment Status	Employed for Wages	4%	3.5%	4.8%
	Self-employed	7%	5.5%	8.7%
	Unemployed	9%	6.3%	12.6%
	Homemaker	6%	3.9%	8.4%
	Student	1%	0.4%	2.6%
	Retired	17%	16.1%	19.0%
	Unable to Work	15%	11.6%	18.1%
Marital Status	Married/Unmarried Couple	8%	7.3%	8.7%
	Divorced/Separated	9%	7.3%	10.4%
	Widowed	18%	15.9%	20.4%
	Never Married	3%	2.6%	4.3%
Home Ownership Status	Own Home	8%	7.7%	9.0%
	Rent Home	6%	5.3%	7.4%
Children Status	Children in Household (Ages 18-44)	3%	2.5%	4.4%
	No Children in Household (Ages 18-44)	2%	1.2%	2.8%
Phone Status	Landline	12%	10.6%	12.7%
	Cell Phone	6%	5.7%	6.9%
Pregnancy Status	Pregnant (Ages 18-44)	2%	0.3%	9.5%
	Not Pregnant (Ages 18-44)	2%	1.1%	2.6%
County	Minnehaha	6%	5.5%	7.7%
	Pennington	8%	6.5%	9.0%
	Lincoln	4%	3.1%	6.2%
	Brown	8%	6.8%	9.5%
	Brookings	5%	3.8%	5.5%
	Codington	9%	7.8%	10.5%
	Meade	9%	7.3%	11.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

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

Sweetened Beverage Consumption

Definition: Respondents who indicated they consumed at least three sweetened beverages per day based on the following question: "In the past 7 days, how many times did you drink a can, bottle, or glass of a sugar sweetened beverage?" (Including regular soda, sports drinks, energy drinks, flavored coffee, etc.)

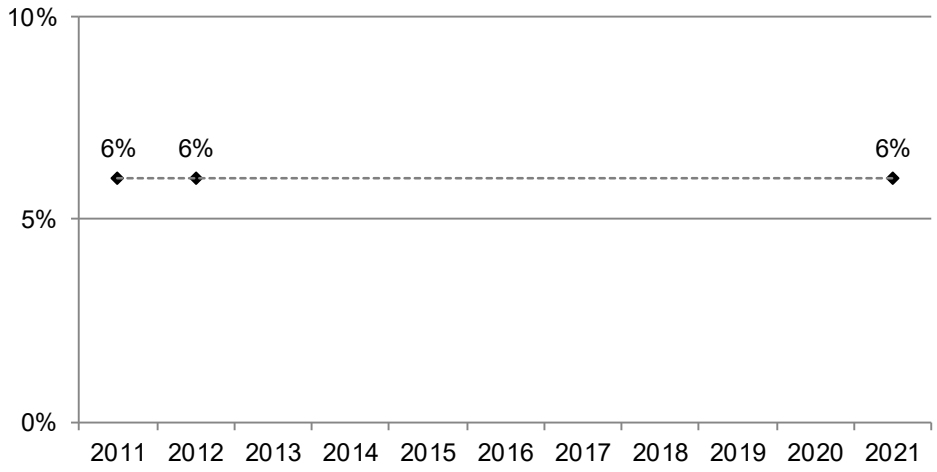
Prevalence of Sweetened Beverage Consumption

- South Dakota 6%
- *There is no nationwide median for sweetened beverage consumption*

Trend Analysis

Overall, the percent of South Dakotans who drink three or more sweetened beverages per day has remained the same since 2011.

Figure 55
Percentage of South Dakotans Who Consume 3 or More Sweetened Beverages Every Day, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 52 South Dakotans Who Consume 3 or More Sweetened Beverages Every Day, 2021				
			95% Confidence Interval	
		2021	Low	High
Gender	Male	7%	5.6%	9.4%
	Female	4%	3.1%	5.6%
Age	18-29	7%	4.3%	10.8%
	30-39	8%	5.1%	12.8%
	40-49	6%	3.7%	9.8%
	50-59	6%	3.5%	8.9%
	60-69	5%	3.1%	8.2%
	70-79	2%	1.3%	3.0%
	80+	4%	2.0%	7.9%
Race	White, Non-Hispanic	5%	3.8%	6.2%
	American Indian, Non-Hispanic	10%	6.5%	14.6%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	18%	8.8%	33.9%
Household Income	Less than $35,000	8%	5.8%	10.9%
	$35,000-$74,999	6%	4.4%	9.0%
	$75,000+	4%	2.5%	6.9%
Education	Less than High School, G.E.D.	11%	5.0%	21.2%
	High School, G.E.D.	7%	4.8%	9.1%
	Some Post-High School	6%	4.3%	8.3%
	College Graduate	3%	2.0%	4.2%
Employment Status	Employed for Wages	6%	4.5%	7.5%
	Self-employed	6%	3.3%	9.6%
	Unemployed	17%	8.2%	31.3%
	Homemaker	2%	0.6%	4.4%
	Student	6%	1.9%	17.3%
	Retired	3%	2.0%	4.1%
	Unable to Work	13%	5.2%	29.1%
Marital Status	Married/Unmarried Couple	5%	3.6%	6.4%
	Divorced/Separated	8%	5.1%	11.5%
	Widowed	4%	2.1%	7.2%
	Never Married	8%	5.1%	11.3%
Home Ownership Status	Own Home	4%	3.5%	5.6%
	Rent Home	9%	6.4%	13.9%
Children Status	Children in Household (Ages 18-44)	6%	3.6%	9.1%
	No Children in Household (Ages 18-44)	9%	5.9%	13.2%
Phone Status	Landline	4%	2.9%	6.0%
	Cell Phone	6%	4.9%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	4%	2.5%	6.4%
County	Minnehaha	7%	4.6%	11.7%
	Pennington	4%	2.1%	6.8%
	Lincoln	4%	2.7%	7.2%
	Brown	9%	5.9%	13.0%
	Brookings	7%	4.3%	12.1%
	Codington	8%	6.2%	11.5%
	Meade	6%	3.2%	9.3%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

DEMOGRAPHICS

Gender	The prevalence of consuming three or more sugar sweetened beverages a day does not seem to differ by gender.
Age	The prevalence of consuming three or more sugar sweetened beverages a day does not seem to consistently change as age increases.
Race/ Ethnicity	American Indians and Hispanics exhibit a very high prevalence of consuming three or more sugar sweetened beverages a day, while whites show a very low prevalence.
Household Income	The prevalence of consuming three or more sugar sweetened beverages a day decreases as household income increases.
Education	The prevalence of consuming three or more sugar sweetened beverages a day decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of consuming three or more sugar sweetened beverages a day, while those who are a homemaker or retired show a very low prevalence.
Marital Status	The prevalence of consuming three or more sugar sweetened beverages a day does not seem to differ by marital status.
Home Ownership	Those who rent their home show a significantly higher prevalence of consuming three or more sugar sweetened beverages a day than those who own their home.
Children Status	The prevalence of consuming three or more sugar sweetened beverages a day does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of consuming three or more sugar sweetened beverages a day does not seem to differ based on phone status.
County	The prevalence of consuming three or more sugar sweetened beverages a day does not seem to differ among the available counties.

CAREGIVERS

Definition: South Dakotans that answered yes to this question: "During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?"

Prevalence of Caregivers

- South Dakota 17%
- There is no median for caregivers

Trend Analysis

Overall, the percent of South Dakotans who provide regular care to a family member or friend within the past 30 days increased slightly since this question was first asked in 2016.

Figure 56
Percent of South Dakotans Who Provide Regular Care to a Family Member or Friend Within the Past 30 Days, 2016-2021

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 53 South Dakotans Who Provide Regular Care to a Friend or Family Member During the Past 30 Days, 2021				
			95% Confidence Interval	
		2021	Low	High
Gender	Male	15%	12.6%	18.6%
	Female	19%	16.6%	22.3%
Age	18-29	7%	5.1%	10.4%
	30-39	11%	7.2%	15.9%
	40-49	16%	10.7%	22.1%
	50-59	26%	19.9%	32.1%
	60-69	23%	18.4%	28.5%
	70-79	28%	21.8%	34.4%
	80+	9%	5.3%	14.9%
Race/Ethnicity	White, Non-Hispanic	17%	14.9%	19.3%
	American Indian, Non-Hispanic	26%	17.7%	36.9%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	11%	4.8%	22.0%
Household Income	Less than $35,000	17%	13.6%	21.4%
	$35,000-$74,999	17%	14.0%	21.5%
	$75,000+	19%	14.5%	23.3%
Education	Less than High School, G.E.D.	19%	10.4%	31.6%
	High School, G.E.D.	14%	11.1%	17.3%
	Some Post-High School	20%	16.8%	24.1%
	College Graduate	17%	13.9%	21.4%
Employment Status	Employed for Wages	15%	12.7%	18.6%
	Self-employed	14%	10.0%	19.5%
	Unemployed	22%	13.1%	35.8%
	Homemaker	17%	8.7%	30.3%
	Student	8%	3.7%	17.5%
	Retired	22%	17.9%	26.2%
	Unable to Work	28%	16.9%	43.3%
Marital Status	Married/Unmarried Couple	19%	16.8%	22.4%
	Divorced/Separated	23%	16.7%	30.6%
	Widowed	13%	8.3%	20.7%
	Never Married	10%	7.3%	13.5%
Home Ownership Status	Own Home	19%	16.2%	21.1%
	Rent Home	14%	10.6%	19.3%
Children Status	Children in Household (Ages 18-44)	13%	9.6%	17.3%
	No Children in Household (Ages 18-44)	7%	5.0%	10.6%
Phone Status	Landline	20%	16.8%	24.4%
	Cell Phone	16%	14.1%	18.9%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	13%	9.3%	16.9%
County	Minnehaha	16%	12.6%	20.8%
	Pennington	19%	14.4%	24.2%
	Lincoln	14%	9.9%	19.6%
	Brown	12%	9.3%	15.8%
	Brookings	10%	7.5%	14.4%
	Codington	15%	12.5%	18.7%
	Meade	13%	10.5%	17.0%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Demographics

Gender	The prevalence of being a caregiver does not seem to differ by gender.
Age	The prevalence of being a caregiver does not seem to consistently change as age increases.
Race/Ethnicity	The prevalence of being a caregiver does not seem to differ by race/ethnicity.
Household Income	The prevalence of being a caregiver does not seem to consistently change as household income increases.
Education	The prevalence of being a caregiver does not seem to consistently change as education levels increase.
Employment	Those who are retired demonstrate a very high prevalence of being a caregiver, while those who are a student show a very low prevalence.
Marital Status	Those who are married or divorced exhibit a very high prevalence of being a caregiver, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of being a caregiver does not seem to differ based on home ownership status.
Children Status	The prevalence of being a caregiver does not seem to differ based on whether children are present in the household.
Phone Status	The prevalence of being a caregiver does not seem to differ based on phone status.
County	The prevalence of being a caregiver does not seem to differ among the available counties.

Table 54, below, shows the type of relationship that the caregiver has with the person to which they provide care or assistance. The most common relationship was mother with 22 percent, and the second most common relationship type was child with 14 percent.

Table 54
Type of Relationship to the Caregiver, 2021

Relationship	%
Mother	22%
Child	14%
Wife	12%
Non-relative/family friend	10%
Husband	10%
Father	6%
Brother or brother-in-law	5%
Other relative	5%
All others	16%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Table 55, below, shows the length of time that care has been provided. The majority of respondents, 30 percent, indicated that they have been providing care for five years or more.

Table 55
Length of Time Care Has Been Provided, 2021

Length of Time	%
Less than 30 days	15%
1 month to less than 6 months	14%
6 months to less than 2 years	17%
2 years to less than 5 years	24%
5 years or more	30%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Table 56, below, shows the hours per week that care has been provided. Fifty-eight percent of respondents report that care is provided up to eight hours per week.

Table 56
Hours Per Week Care Has Been Provided, 2021

Hours Per Week	%
Up to 8 hours per week	58%
9 to 19 hours per week	14%
20 to 39 hours per week	8%
40 hours of more	20%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Table 57, below, shows the health conditions that the person receiving care has. Eighteen percent of respondents report that care is provided for Old Age/Infirmity/Frailty.

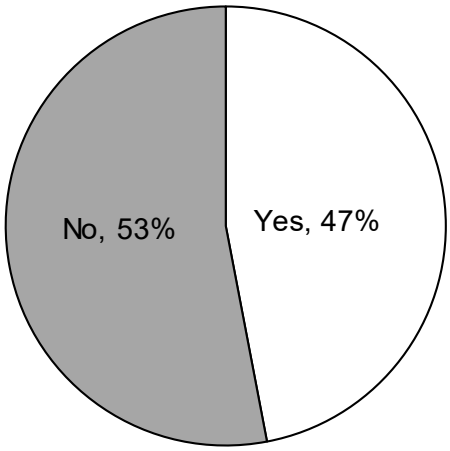
Table 57
Type of Health Condition, 2021

Health Condition	%
Old Age/Infirmity/Frailty	18%
Injuries, Including Broken Bones	8%
Cancer	8%
Diabetes	7%
Heart Disease, Hypertension, Stroke	7%
Dementia or other Cognitive Impairment Disorders	7%
Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida	5%
Other	39%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Figure 57, below, shows that of those South Dakotans who provided regular care to someone in the past 30 days, 47 percent gave personal care such as giving medications, feeding, dressing, or bathing.

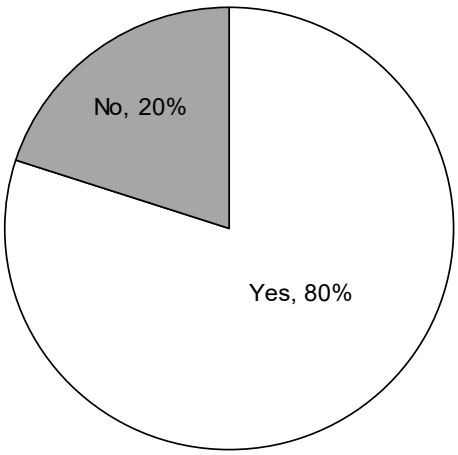
Figure 57
Caregivers Who Provided Personal Care, 2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Figure 58, below, shows that of those South Dakotans who provided regular care to someone in the past 30 days, 80 percent provided household tasks such as cleaning, managing money, or preparing meals.

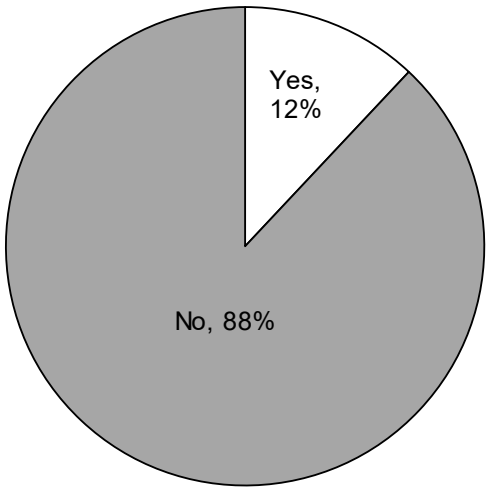
Figure 58
Caregivers Who Provided Household Tasks, 2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Figure 59, below, shows the percent of South Dakotans, not currently caregivers, that say they expect to provide care or assistance to a friend or family member who has a health problem or disability. The majority of respondents, 88 percent, report that they do not expect to provide caregiving assistance.

Figure 59
South Dakotans That Expect to Provide Caregiving Assistance to a Friend or Family Member Who Has a Health Problem or Disability, 2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

FULLTIME CAREGIVERS

Definition: Respondents that provide regular care or assistance lasting six months or more and for at least nine or more hours per week to a friend or family member who has a health problem or disability.

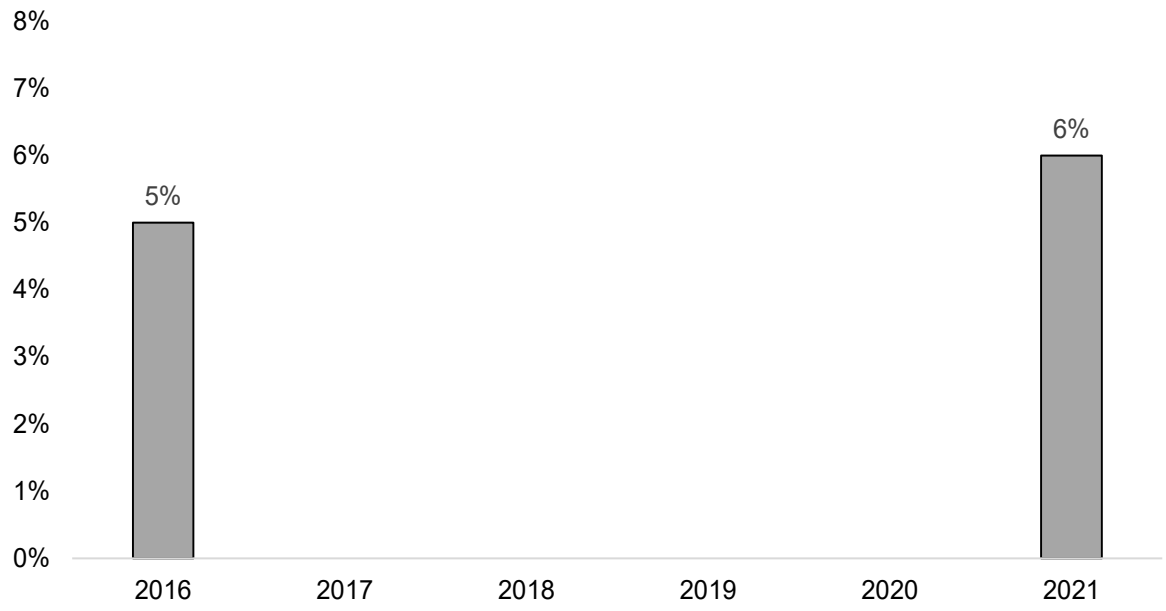
Prevalence of Fulltime Caregivers

- South Dakota 6%
- There is no nationwide median for fulltime caregivers

Trend Analysis

Overall, the percent of South Dakotans who provide fulltime, regular care to a family member or friend that has lasted for six months or more for at least nine hours per week has increased slightly since this question was first asked in 2016.

Figure 60
Percentage of South Dakotans Who Provide Fulltime, Regular Care to a Family Member or Friend, 2016-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 58 South Dakotans Who Provide Fulltime, Regular Care to a Friend or Family Member, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	4%	2.8%	6.2%
	Female	7%	5.3%	9.3%
Age	18-29	3%	1.5%	5.5%
	30-39	3%	1.4%	5.1%
	40-49	6%	3.4%	10.3%
	50-59	11%	6.6%	16.8%
	60-69	4%	2.4%	6.1%
	70-79	13%	7.7%	19.9%
	80+	1%	0.6%	2.2%
Race/Ethnicity	White, Non-Hispanic	5%	4.0%	6.9%
	American Indian, Non-Hispanic	12%	6.6%	19.4%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	3%	1.0%	9.1%
Household Income	Less than $35,000	6%	4.1%	8.5%
	$35,000-$74,999	5%	3.5%	8.3%
	$75,000+	6%	3.8%	9.9%
Education	Less than High School, G.E.D.	8%	2.8%	19.3%
	High School, G.E.D.	5%	3.4%	8.2%
	Some Post-High School	6%	3.9%	8.1%
	College Graduate	5%	3.5%	7.7%
Employment Status	Employed for Wages	5%	3.1%	6.7%
	Self-employed	5%	2.7%	9.7%
	Unemployed	5%	3.1%	9.1%
	Homemaker	6%	2.3%	16.1%
	Student	4%	1.0%	14.7%
	Retired	8%	4.9%	11.8%
	Unable to Work	9%	4.7%	18.2%
Marital Status	Married/Unmarried Couple	5%	4.1%	7.3%
	Divorced/Separated	12%	7.0%	20.6%
	Widowed	2%	0.9%	3.1%
	Never Married	4%	2.2%	6.3%
Home Ownership Status	Own Home	6%	4.7%	8.0%
	Rent Home	4%	2.2%	6.0%
Children Status	Children in Household (Ages 18-44)	5%	3.2%	7.7%
	No Children in Household (Ages 18-44)	1%	0.7%	2.4%
Phone Status	Landline	8%	5.5%	11.8%
	Cell Phone	5%	3.6%	6.4%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	5%	3.0%	7.9%
County	Minnehaha	4%	2.6%	7.2%
	Pennington	6%	3.9%	10.3%
	Lincoln	4%	2.1%	8.6%
	Brown	4%	2.6%	6.6%
	Brookings	3%	1.5%	5.5%
	Codington	4%	2.9%	6.3%
	Meade	4%	2.8%	6.4%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of being a full-time caregiver does not seem to differ based on gender.
Age	The prevalence of being a full-time caregiver does not seem to consistently change as age increases.
Race/Ethnicity	The prevalence of being a full-time caregiver does not seem to differ based on race/ethnicity.
Household Income	The prevalence of being a full-time caregiver does not seem to consistently change as household income increases.
Education	The prevalence of being a full-time caregiver does not seem to consistently change as education levels increase.
Employment	The prevalence of being a full-time caregiver does not seem to differ based on employment status.
Marital Status	Those who are married or divorced exhibit a very high prevalence of being a full-time caregiver, while those who are widowed or have never been married show a very low prevalence.
Home Ownership	The prevalence of being a full-time caregiver does not seem to differ based on home ownership status.
Children Status	Those who have children in the household demonstrate a significantly higher prevalence of being a full-time caregiver than those with no children in the household.
Phone Status	The prevalence of being a full-time caregiver does not seem to differ based on phone status.
County	The prevalence of being a full-time caregiver does not seem to differ among the available counties.

Substance Abuse Treatment

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

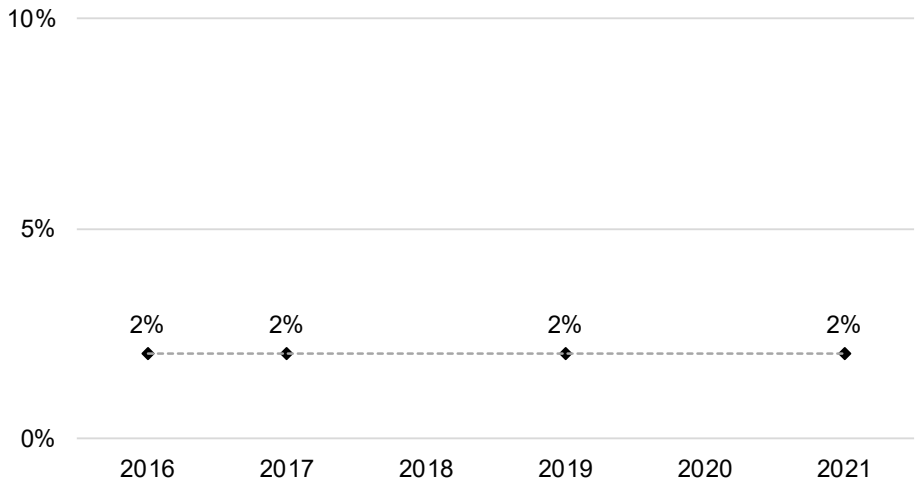
Prevalence of Substance Abuse Treatment

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

Trend Analysis

Overall, the percent of South Dakotans who have ever been treated or are currently being treated by a health care professional for substance abuse has remained the same since this question was first asked in 2016.

Figure 61
Percentage of South Dakotans Who Have Been or Are Currently Being Treated for Substance Abuse, 2016-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2021

Table 59 South Dakotans Who Have Been or Are Currently Being Treated for Substance Abuse, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	3%	2.1%	3.7%
	Female	1%	1.0%	2.0%
Age	18-29	2%	1.0%	3.1%
	30-39	3%	1.8%	4.8%
	40-49	4%	2.3%	5.5%
	50-59	2%	1.2%	3.6%
	60-69	1%	0.7%	2.4%
	70-79	2%	1.0%	3.4%
	80+	0.4%	0.1%	1.2%
Race/Ethnicity	White, Non-Hispanic	2%	1.5%	2.5%
	American Indian, Non-Hispanic	4%	2.4%	6.3%
	American Indian/White, Non-Hispanic	3%	0.9%	9.4%
	Hispanic	2%	1.0%	4.8%
Household Income	Less than $35,000	3%	2.3%	4.3%
	$35,000-$74,999	2%	1.4%	3.0%
	$75,000+	1%	0.6%	2.4%
Education	Less than High School, G.E.D.	4%	1.9%	7.5%
	High School, G.E.D.	3%	1.7%	3.6%
	Some Post-High School	2%	1.7%	3.3%
	College Graduate	1%	0.6%	1.3%
Employment Status	Employed for Wages	2%	1.3%	2.5%
	Self-employed	2%	0.9%	3.2%
	Unemployed	9%	5.0%	15.6%
	Homemaker	2%	0.5%	4.8%
	Student	0.3%	0.1%	0.8%
	Retired	1%	0.6%	1.5%
	Unable to Work	9%	4.6%	15.2%
Marital Status	Married/Unmarried Couple	2%	1.1%	2.2%
	Divorced/Separated	4%	2.3%	5.4%
	Widowed	1%	0.4%	1.7%
	Never Married	3%	2.3%	4.9%
Home Ownership Status	Own Home	2%	1.1%	2.0%
	Rent Home	4%	3.0%	6.0%
Children Status	Children in Household (Ages 18-44)	3%	1.8%	4.0%
	No Children in Household (Ages 18-44)	2%	1.5%	4.0%
Phone Status	Landline	2%	1.0%	2.3%
	Cell Phone	2%	1.8%	3.0%
Pregnancy Status	Pregnant (Ages 18-44)	4%	1.0%	13.1%
	Not Pregnant (Ages 18-44)	2%	1.2%	3.3%
County	Minnehaha	2%	1.0%	3.5%
	Pennington	3%	1.7%	4.1%
	Lincoln	1%	0.6%	2.1%
	Brown	2%	1.0%	3.7%
	Brookings	2%	0.9%	3.4%
	Codington	3%	1.6%	4.2%
	Meade	3%	1.5%	6.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Males exhibit a significantly higher prevalence of seeking treatment for substance abuse than females.
Age	The prevalence of seeking treatment for substance abuse does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of seeking treatment for substance abuse does not seem to differ based on race/ethnicity.
Household Income	The prevalence of seeking treatment for substance abuse decreases as household income increases.
Education	The prevalence of seeking treatment for substance abuse decreases as education levels increase. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or unable to work exhibit a very high prevalence of seeking treatment for substance abuse, while those who are a homemaker, a student, or retired show a very low prevalence.
Marital Status	Those who are divorced or have never been married demonstrate a very high prevalence of seeking treatment for substance abuse, while those who are married or widowed show a very low prevalence.
Home Ownership	Those who rent their home exhibit a significantly higher prevalence of seeking treatment for substance abuse than those who own their home.
Children Status	The prevalence of seeking treatment for substance abuse does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of seeking treatment for substance abuse does not seem to differ based on phone status.
Pregnancy Status	The prevalence of seeking treatment for substance abuse does not seem to differ based on pregnancy status.
County	The prevalence of seeking treatment for substance abuse does not seem to differ among the available counties.

Family Planning

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

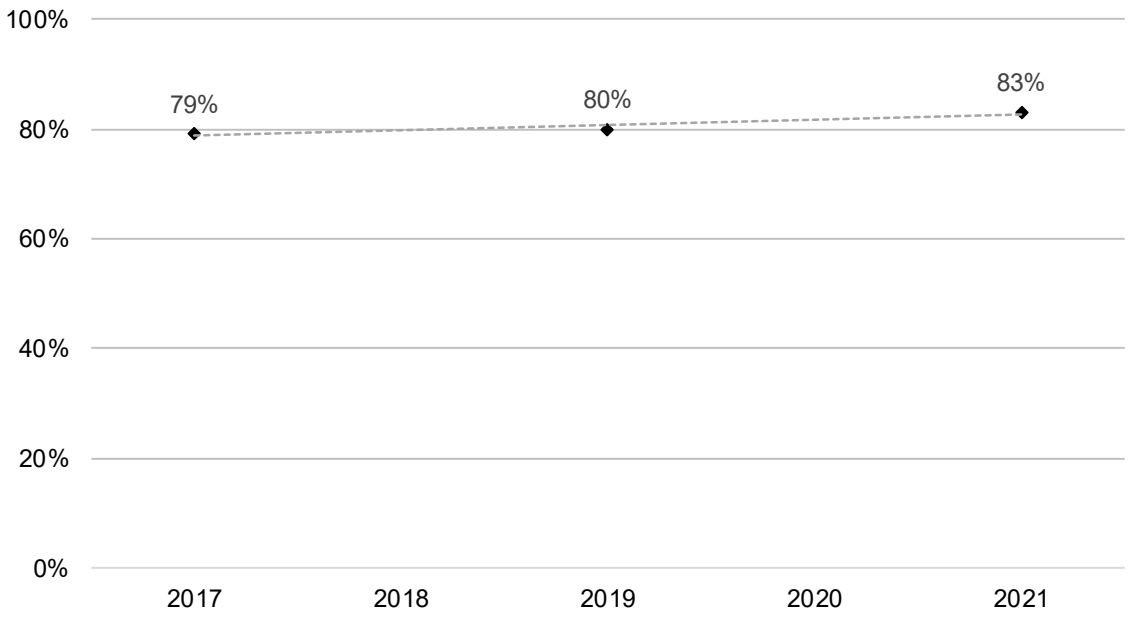
Prevalence of Birth Control Use

- South Dakota 83%
- *There is no nationwide median for using birth control*

Trend Analysis

Overall, the percent of South Dakota females, ages 18-49, who are currently using birth control has been slowly increasing since this question was first asked in 2017.

Figure 62
Percentage of Female South Dakotans, Ages 18-49, Who Are Currently Using Birth Control, 2017-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Table 60 Female South Dakotans, Ages 18-49, Who Are Currently Using Birth Control, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	-		
	Female	80%	77.0%	83.4%
Age	18-29	82%	75.7%	86.7%
	30-39	82%	76.1%	87.2%
	40-49	76%	70.4%	81.2%
	50-59	-	-	-
	60-69	-	-	-
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	82%	77.9%	84.9%
	American Indian, Non-Hispanic	81%	71.7%	87.3%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	77%	70.0%	83.0%
	$35,000-$74,999	82%	75.7%	86.9%
	$75,000+	85%	79.3%	89.9%
Education	Less than High School, G.E.D.	83%	70.0%	90.6%
	High School, G.E.D.	74%	64.8%	80.7%
	Some Post-High School	80%	74.3%	85.3%
	College Graduate	85%	80.5%	88.4%
Employment Status	Employed for Wages	81%	76.2%	84.3%
	Self-employed	76%	63.4%	84.6%
	Unemployed	66%	47.5%	80.8%
	Homemaker	81%	68.5%	88.7%
	Student	93%	84.1%	96.7%
	Retired	*	*	*
	Unable to Work	*	*	*
Marital Status	Married/Unmarried Couple	82%	77.7%	85.0%
	Divorced/Separated	76%	63.1%	85.3%
	Widowed	*	*	*
	Never Married	80%	73.2%	86.1%
Home Ownership Status	Own Home	81%	77.3%	85.0%
	Rent Home	78%	70.8%	83.2%
Children Status	Children in Household (Ages 18-44)	82%	77.5%	86.1%
	No Children in Household (Ages 18-44)	79%	71.9%	84.5%
Phone Status	Landline	79%	70.6%	84.7%
	Cell Phone	81%	76.9%	84.0%
Pregnancy Status	Pregnant (Ages 18-44)	-	-	-
	Not Pregnant (Ages 18-44)	81%	77.4%	84.5%
County	Minnehaha	75%	65.9%	82.4%
	Pennington	82%	72.5%	88.2%
	Lincoln	81%	65.8%	91.0%
	Brown	*	*	*
	Brookings	81%	69.7%	89.3%
	Codington	87%	75.9%	93.1%
	Meade	81%	65.6%	90.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Age	Birth control use does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of birth control use does not seem to differ based on race/ethnicity.
Household Income	Birth control use increases as household income increases.
Education	Birth control use does not seem to consistently change as education levels increase.
Employment	Those who are a student demonstrate a very high prevalence of birth control use, while those who are unemployed show a very low prevalence.
Marital Status	The prevalence of birth control use does not seem to differ based on marital status.
Home Ownership	Birth control use does not seem to differ based on home ownership status.
Children Status	Birth control use does not seem to differ based on presence of children in the household.
Phone Status	Birth control use does not seem to differ based on phone status.
County	The prevalence of birth control use does not seem to differ among the available counties.

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

Table 61
Type of Birth Control Used, 2017-2021

Female or male sterilization (ex. Tubal ligation, Essure, Adiana, male vasectomy)	31%
Birth control pills	26%
Male or female condoms	23%
IUD	13%
Other method	7%

Source: South Dakota Behavioral Risk Factor Surveillance System, 2017-2021

The following table shows the reasons for not using birth control when asked of women, ages 18-49. The most common reason for not using birth control was that the respondent did not think they or their partner could become pregnant (infertile or too old). The second most common response was they just did not think about it.

Table 62
Reason for Not Using Birth Control, 2017-2021

Don't think you or your partner can get pregnant (infertile or too old)	35%
Just didn't think about it	13%
Didn't think you were going to have sex/no regular partner	9%
Religious reasons	5%
Other reasons	38%

Source: South Dakota Behavioral Risk Factor Surveillance System, 2017-2021

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

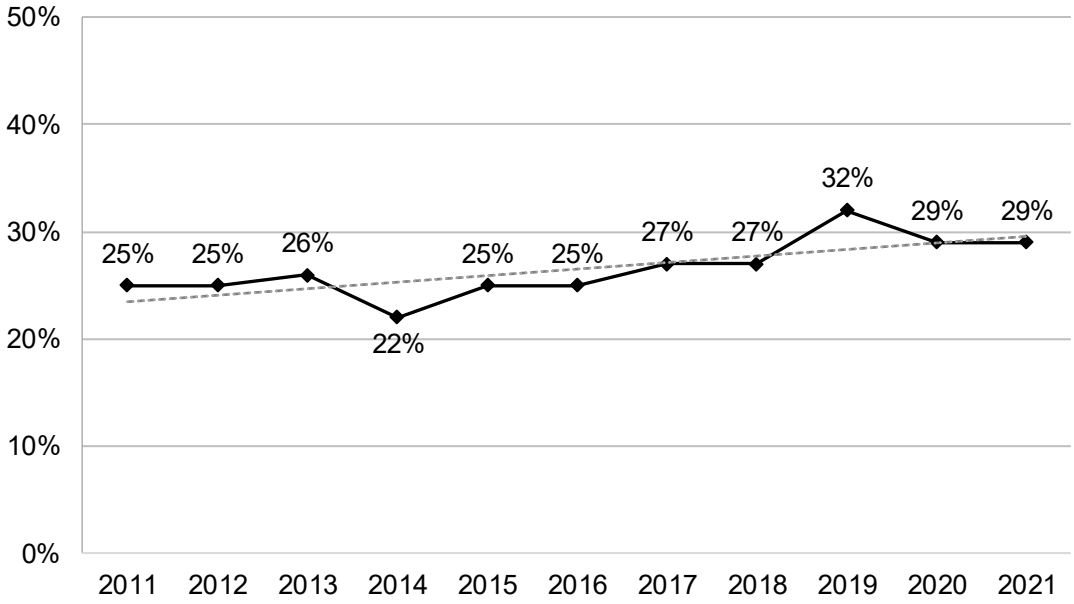
Prevalence of HIV Test

- South Dakota 29%
- Nationwide median 35%

Trend Analysis

Overall, the percent of South Dakotans who have ever been tested for HIV has slightly increased since 2011, however this percent remains unchanged from 2020 to 2021. South Dakota is lower than the nationwide median of 35 percent who have been tested for HIV.

Figure 63
Percentage of South Dakotans Who Have Ever Been Tested for HIV, 2011-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2021

Table 63 South Dakotans Who Have Ever Been Tested for HIV, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	28%	26.5%	29.7%
	Female	29%	27.8%	30.8%
Age	18-29	29%	26.4%	32.1%
	30-39	43%	39.6%	46.0%
	40-49	43%	39.6%	45.9%
	50-59	29%	27.0%	31.8%
	60-69	18%	16.1%	19.7%
	70-79	12%	10.6%	14.4%
	80+	5%	3.4%	6.8%
Race/Ethnicity	White, Non-Hispanic	25%	24.4%	26.6%
	American Indian, Non-Hispanic	50%	45.7%	55.0%
	American Indian/White, Non-Hispanic	60%	48.7%	70.0%
	Hispanic	44%	35.7%	51.7%
Household Income	Less than $35,000	34%	31.9%	36.6%
	$35,000-$74,999	27%	25.1%	29.0%
	$75,000+	30%	27.9%	32.1%
Education	Less than High School, G.E.D.	27%	23.0%	32.4%
	High School, G.E.D.	27%	25.4%	29.6%
	Some Post-High School	29%	27.6%	31.3%
	College Graduate	29%	27.8%	31.3%
Employment Status	Employed for Wages	33%	31.4%	34.7%
	Self-employed	27%	23.5%	30.1%
	Unemployed	46%	39.3%	52.2%
	Homemaker	33%	26.4%	40.9%
	Student	19%	15.2%	24.4%
	Retired	13%	11.4%	14.1%
	Unable to Work	47%	42.0%	52.4%
Marital Status	Married/Unmarried Couple	26%	25.0%	27.7%
	Divorced/Separated	44%	40.6%	47.2%
	Widowed	11%	8.6%	14.3%
	Never Married	31%	28.6%	33.7%
Home Ownership Status	Own Home	26%	24.4%	26.8%
	Rent Home	39%	36.1%	41.3%
Children Status	Children in Household (Ages 18-44)	43%	40.2%	45.6%
	No Children in Household (Ages 18-44)	30%	27.6%	33.3%
Phone Status	Landline	18%	17.1%	20.0%
	Cell Phone	32%	30.9%	33.6%
Pregnancy Status	Pregnant (Ages 18-44)	62%	47.3%	74.6%
	Not Pregnant (Ages 18-44)	41%	38.1%	43.8%
County	Minnehaha	31%	27.9%	33.2%
	Pennington	34%	31.1%	36.3%
	Lincoln	30%	25.3%	35.2%
	Brown	23%	20.7%	26.0%
	Brookings	21%	18.5%	24.6%
	Codington	22%	19.7%	25.1%
	Meade	34%	29.8%	39.1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	The prevalence of HIV testing does not seem to differ based on gender.
Age	HIV testing peaks with those in their 30s and 40s and then decreases as age increases with significant decreases as the 50s, 60s, 70s, and 80s are reached.
Race/ Ethnicity	Whites exhibit a significantly lower prevalence of HIV testing than all other races/ethnicities.
Household Income	The prevalence of HIV testing does not seem to consistently change as household income increases.
Education	The prevalence of HIV testing does not seem to consistently change as education levels increase.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of HIV testing, while those who are retired show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of HIV testing, while those who are widowed show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of HIV testing than those who own their home.
Children Status	Those who have children in the household demonstrate a significantly higher prevalence of HIV testing than those who do not have children.
Phone Status	Those who primarily use a cell phone demonstrate a significantly higher prevalence of HIV testing than those who primarily use a landline.
Pregnancy Status	Those who are pregnant exhibit a significantly higher prevalence of HIV testing than those who are not pregnant.
County	Minnehaha, Pennington, Lincoln, and Meade counties exhibit a very high prevalence of HIV testing, while Brown, Brookings, and Codington counties all show a very low prevalence.

Prescription Pain Medication

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

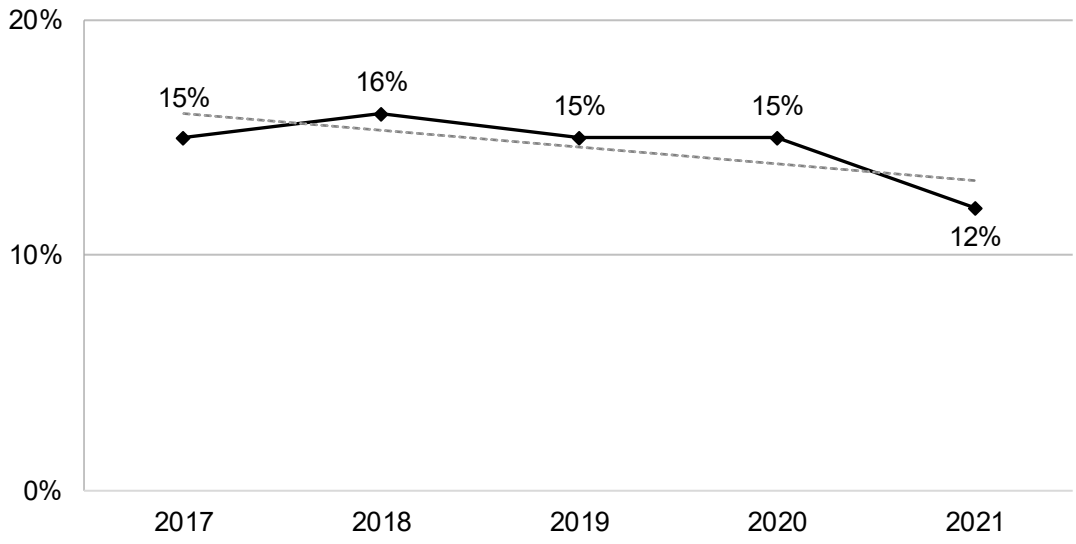
Prevalence of Prescription Pain Medication

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

Trend Analysis

Overall, the percent of South Dakotans who have taken prescription pain medication in the past twelve months has remained steady, however this percent fell from 15 percent in 2020 to 12 percent in 2021.

Figure 64
Percentage of South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2021



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Table 64 South Dakotans Who Have Taken Prescription Pain Medication in the Last 12 Months, 2017-2021				
			95% Confidence Interval	
		2017-2021	Low	High
Gender	Male	13%	12.0%	14.3%
	Female	16%	14.5%	16.7%
Age	18-29	12%	10.1%	14.5%
	30-39	13%	10.6%	15.3%
	40-49	12%	10.3%	14.0%
	50-59	17%	15.1%	18.9%
	60-69	18%	16.1%	19.6%
	70-79	15%	13.7%	17.4%
	80+	12%	9.7%	14.4%
Race/Ethnicity	White, Non-Hispanic	14%	13.4%	15.1%
	American Indian, Non-Hispanic	15%	11.7%	19.2%
	American Indian/White, Non-Hispanic	22%	13.8%	32.5%
	Hispanic	16%	11.5%	22.8%
Household Income	Less than $35,000	18%	15.9%	19.6%
	$35,000-$74,999	14%	13.0%	15.8%
	$75,000+	13%	11.6%	14.5%
Education	Less than High School, G.E.D.	15%	11.8%	18.7%
	High School, G.E.D.	14%	12.1%	15.1%
	Some Post-High School	15%	13.7%	16.4%
	College Graduate	14%	13.1%	15.8%
Employment Status	Employed for Wages	13%	11.8%	14.0%
	Self-employed	11%	8.8%	12.7%
	Unemployed	16%	11.9%	20.0%
	Homemaker	16%	9.9%	23.5%
	Student	12%	8.3%	17.7%
	Retired	16%	14.3%	17.2%
	Unable to Work	38%	32.7%	42.6%
Marital Status	Married/Unmarried Couple	14%	13.5%	15.5%
	Divorced/Separated	17%	14.9%	19.4%
	Widowed	15%	12.6%	16.9%
	Never Married	13%	10.8%	14.7%
Home Ownership Status	Own Home	14%	13.3%	15.0%
	Rent Home	15%	13.5%	17.5%
Children Status	Children in Household (Ages 18-44)	13%	11.2%	15.3%
	No Children in Household (Ages 18-44)	11%	9.6%	13.4%
Phone Status	Landline	13%	12.3%	14.5%
	Cell Phone	15%	13.8%	15.8%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.4%	12.4%
	Not Pregnant (Ages 18-44)	14%	12.3%	16.5%
County	Minnehaha	14%	12.1%	15.9%
	Pennington	17%	14.7%	18.7%
	Lincoln	15%	11.9%	19.9%
	Brown	16%	13.4%	18.7%
	Brookings	12%	10.0%	14.7%
	Codington	12%	10.2%	14.0%
	Meade	16%	13.1%	19.6%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2017-2021

Demographics

Gender	Females exhibit a significantly higher prevalence of taking prescription pain medication than males.
Age	The prevalence of taking prescription pain medication does not seem to consistently change as age increases.
Race/ Ethnicity	The prevalence of taking prescription pain medication does not seem to differ based on race/ethnicity.
Household Income	The prevalence of taking prescription pain medication decreases as household income increases. This includes a significant decrease as the $35,000-$74,999 income group is reached.
Education	The prevalence of taking prescription pain medication does not seem to consistently change as education levels increase.
Employment	Those who are unable to work demonstrate a very high prevalence of taking prescription pain medication, while those who are employed for wages, self-employed, unemployed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced exhibit a very high prevalence of taking prescription pain medication, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of taking prescription pain medication does not seem to differ based on home ownership status.
Children Status	The prevalence of taking prescription pain medication does not seem to differ based on the presence of children in the household.
Phone Status	The prevalence of taking prescription pain medication does not seem to differ based on phone status.
County	Residents of Pennington county demonstrate a very high prevalence of taking prescription pain medication, while residents of Codington county show a very low prevalence.

Sexual Violence

Definition: Respondents ages 18-69 who reported they had been a victim of unwanted sexual experiences in the past 12 months.

Prevalence of Sexual Violence

- South Dakota 3%
- *There is no nationwide median for sexual violence*

Trend Analysis

Overall, the percent of South Dakotans, ages 18-69, who reported they had been a victim of unwanted sexual experiences within the past 12 months increased slightly since 2014 when this question was last asked.

Figure 65
Percentage of South Dakotans, Ages 18-69, Who Have Been a Victim of Sexual Violence in the Past 12 Months, 2014-2021

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2014-2021

Table 65 South Dakotans, Ages 18-69, Who Have Been a Victim of Sexual Violence in the Past 12 Months, 2021				
			95% Confidence Interval	
		2021	Low	High
Gender	Male	1%	0.4%	1.7%
	Female	4%	2.6%	6.8%
Age	18-29	6%	3.5%	11.7%
	30-39	2%	1.0%	4.9%
	40-49	2%	0.7%	8.1%
	50-59	1%	0.3%	1.0%
	60-69	1%	0.4%	5.3%
	70-79	-	-	-
	80+	-	-	-
Race/Ethnicity	White, Non-Hispanic	3%	1.6%	4.3%
	American Indian, Non-Hispanic	2%	1.0%	3.4%
	American Indian/White, Non-Hispanic	*	*	*
	Hispanic	*	*	*
Household Income	Less than $35,000	5%	2.3%	9.1%
	$35,000-$74,999	3%	1.2%	7.4%
	$75,000+	1%	0.3%	2.0%
Education	Less than High School, G.E.D.	1%	0.5%	3.4%
	High School, G.E.D.	3%	1.1%	5.9%
	Some Post-High School	3%	1.9%	5.9%
	College Graduate	2%	0.8%	5.3%
Employment Status	Employed for Wages	3%	2.0%	5.7%
	Self-employed	1%	0.3%	1.4%
	Unemployed	3%	0.7%	8.7%
	Homemaker	1%	0.1%	1.9%
	Student	*	*	*
	Retired	0.4%	0.2%	1.2%
	Unable to Work	3%	1.2%	5.3%
Marital Status	Married/Unmarried Couple	1%	0.7%	3.0%
	Divorced/Separated	5%	1.9%	12.3%
	Widowed	1%	0.3%	2.9%
	Never Married	4%	2.0%	8.0%
Home Ownership Status	Own Home	1%	0.7%	2.9%
	Rent Home	6%	3.1%	10.4%
Children Status	Children in Household (Ages 18-44)	2%	0.8%	5.2%
	No Children in Household (Ages 18-44)	7%	3.8%	11.5%
Phone Status	Landline	1%	0.3%	1.1%
	Cell Phone	3%	1.9%	4.7%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	7%	3.8%	11.5%
County	Minnehaha	2%	0.8%	6.2%
	Pennington	2%	0.7%	5.1%
	Lincoln	4%	0.8%	15.5%
	Brown	5%	3.1%	9.4%
	Brookings	2%	0.5%	5.0%
	Codington	3%	1.5%	5.5%
	Meade	2%	0.7%	3.2%

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

DEMOGRAPHICS

Gender	Females exhibit a significantly higher prevalence of being a victim of sexual violence than males.
Age	The prevalence of being a victim of sexual violence decreases as age increases.
Race/ Ethnicity	The prevalence of being a victim of sexual violence does not seem to differ by race/ethnicity.
Household Income	The prevalence of being a victim of sexual violence decreases as household income increases.
Education	The prevalence of being a victim of sexual violence does not seem to consistently change as education levels increase.
Employment	Those who are employed for wages demonstrate a very high prevalence of being a victim of sexual violence, while those who are self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	The prevalence of being a victim of sexual violence does not seem to differ based on marital status.
Home Ownership	Those who rent their home show a significantly higher prevalence of being a victim of sexual violence than those who own their home.
Children Status	The prevalence of being a victim of sexual violence does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a cell phone exhibit a significantly higher prevalence of being a victim of sexual violence than those who primarily use a landline phone.
County	The prevalence of being a victim of sexual violence does not seem to differ among the available counties.

Appendix A: Demographics

Table 66
Demographics of Survey Respondents, 2021

		Total		Male		Female	
		# Resp.	Col %	# Resp.	Col %	# Resp.	Col %
Total		7,290	100%	3,403	100%	3,887	100%
Age	18-29	697	10%	365	11%	332	9%
	30-39	802	11%	404	12%	398	10%
	40-49	951	13%	455	13%	496	13%
	50-59	1,247	17%	617	18%	630	16%
	60-69	1,628	22%	764	22%	864	22%
	70-79	1,331	18%	570	17%	761	20%
	80+	634	9%	228	7%	406	10%
Race/Ethnicity	White, Non-Hispanic	5,777	79%	2,750	81%	3,027	78%
	American Indian, Non-Hispanic	1,093	15%	458	13%	635	16%
	American Indian/White, Non-Hispanic	87	1%	29	1%	58	1%
	Hispanic	164	2%	80	2%	84	2%
	Other	169	2%	86	3%	83	2%
Household Income	Less than $10,000	186	3%	70	2%	116	3%
	$10,000-$14,999	147	2%	52	2%	95	2%
	$15,000-$19,999	222	3%	94	3%	128	3%
	$20,000-$24,999	338	5%	128	4%	210	5%
	$25,000-$34,999	819	11%	355	10%	464	12%
	$35,000-$49,999	911	13%	403	12%	508	13%
	$50,000-$74,999	1,100	15%	540	16%	560	14%
	$75,000-$99,999	794	11%	428	13%	366	9%
	$100,000-$149,999	710	10%	406	12%	304	8%
	$150,000-$199,999	229	3%	121	4%	108	3%
	$200,000+	200	3%	120	4%	80	2%
	Not Stated	1,591	22%	665	20%	926	24%
Education	8th Grade or Less	77	1%	38	1%	39	1%
	Some High School	242	3%	120	4%	122	3%
	High School or G.E.D.	2,043	28%	1,050	31%	993	26%
	Some Post-High School	2,277	31%	1,019	30%	1,258	32%
	College Graduate	2,595	36%	1,149	34%	1,446	37%
	Not Stated	56	1%	27	1%	29	1%
Employment Status	Employed for Wages	3,063	42%	1,510	45%	1,553	40%
	Self-employed	875	12%	571	17%	304	8%
	Unemployed	219	3%	106	3%	113	3%
	Homemaker	220	3%	7	0%	213	5%
	Student	157	2%	70	2%	87	2%
	Retired	2,295	32%	950	28%	1,345	35%
	Unable to Work	334	5%	126	4%	208	5%
	Not Stated	106	1%	53	2%	53	1%
Marital Status	Married/Unmarried Couple	4,082	56%	2,026	60%	2,056	53%
	Divorced/Separated	1,018	14%	488	14%	530	14%
	Widowed	878	12%	188	6%	690	18%
	Never Married	1,224	17%	660	19%	564	15%
	Not Stated	88	1%	41	1%	47	1%
Phone Status	Landline	2,431	33%	890	26%	1,541	40%
	Cell Phone	4,859	67%	2,513	74%	2,346	60%
Home Ownership	Own Home	5,450	78%	2,574	79%	2,876	77%
	Rent Home	1,507	22%	664	21%	843	23%
Children in Household	Yes	1,887	26%	846	25%	1,041	27%
	No	5,296	73%	2,497	74%	2,799	72%
	Not Stated	81	1%	47	1%	34	1%
Pregnant (18-44)	Yes	31	2%	0	0%	31	2%
	No	1,226	97%	0	0%	1,226	97%
	Not Stated	10	1%	0	0%	10	1%

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2021

Table 67 Surveys Completed by Resident County, 2021					
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Total	7,290	100.0%	674,947	100.0%	10.8
Aurora	70	1.0%	2,065	0.3%	33.9
Beadle	27	0.4%	13,769	2.0%	2.0
Bennett	361	5.0%	2,271	0.3%	159.0
Bon Homme	20	0.3%	5,632	0.8%	3.6
Brookings	639	8.8%	27,303	4.0%	23.4
Brown	683	9.4%	29,033	4.3%	23.5
Brule	18	0.2%	3,840	0.6%	4.7
Buffalo	44	0.6%	1,205	0.2%	36.5
Butte	36	0.5%	7,827	1.2%	4.6
Campbell	12	0.2%	1,144	0.2%	10.5
Charles Mix	18	0.2%	6,371	0.9%	2.8
Clark	30	0.4%	2,738	0.4%	11.0
Clay	30	0.4%	12,440	1.8%	2.4
Codington	816	11.2%	21,702	3.2%	37.6
Corson	162	2.2%	2,443	0.4%	66.3
Custer	29	0.4%	7,354	1.1%	3.9
Davison	22	0.3%	15,175	2.2%	1.4
Day	33	0.5%	4,188	0.6%	7.9
Deuel	44	0.6%	3,238	0.5%	13.6
Dewey	206	2.8%	3,247	0.5%	63.4
Douglas	9	0.1%	2,070	0.3%	4.3
Edmunds	23	0.3%	3,099	0.5%	7.4
Fall River	38	0.5%	5,987	0.9%	6.3
Faulk	15	0.2%	1,579	0.2%	9.5
Grant	24	0.3%	5,836	0.9%	4.1
Gregory	7	0.1%	3,015	0.4%	2.3
Haakon	35	0.5%	1,415	0.2%	24.7
Hamlin	66	0.9%	4,193	0.6%	15.7
Hand	7	0.1%	2,422	0.4%	2.9
Hanson	8	0.1%	2,479	0.4%	3.2
Harding	4	0.1%	1,016	0.2%	3.9
Hughes	33	0.5%	13,342	2.0%	2.5
Hutchinson	10	0.1%	5,475	0.8%	1.8
Hyde	8	0.1%	954	0.1%	8.4
Jackson	141	1.9%	1,823	0.3%	77.3
Jerauld	6	0.1%	1,256	0.2%	4.8
Jones	6	0.1%	679	0.1%	8.8
Kingsbury	12	0.2%	3,929	0.6%	3.1
Lake	10	0.1%	8,708	1.3%	1.1
Lawrence	55	0.8%	21,687	3.2%	2.5
Lincoln	610	8.4%	49,566	7.3%	12.3
Lyman	9	0.1%	2,669	0.4%	3.4
McCook	21	0.3%	4,086	0.6%	5.1
McPherson	14	0.2%	1,826	0.3%	7.7
Marshall	12	0.2%	3,256	0.5%	3.7
Meade	671	9.2%	23,557	3.5%	28.5
Mellette	85	1.2%	1,285	0.2%	66.1
Miner	6	0.1%	1,757	0.3%	3.4
Minnehaha	630	8.6%	149,114	22.1%	4.2
Moody	15	0.2%	4,653	0.7%	3.2
Oglala Lakota	175	2.4%	8,515	1.3%	20.6
Pennington	555	7.6%	86,350	12.8%	6.4
Perkins	21	0.3%	2,221	0.3%	9.5
Potter	11	0.2%	1,919	0.3%	5.7
Roberts	34	0.5%	7,124	1.1%	4.8
Sanborn	13	0.2%	1,780	0.3%	7.3
Spink	12	0.2%	4,833	0.7%	2.5

Table 67 (continued) Surveys Completed by Resident County, 2021					
Resident County	**Surveys Completed**	**% of Total Surveys**	**Total Adult Population**	**% of Total Population**	**# Surveyed per 1,000 Population**
Stanley	9	0.1%	2,306	0.3%	3.9
Sully	3	0.0%	1,159	0.2%	2.6
Todd	320	4.4%	5,352	0.8%	59.8
Tripp	8	0.1%	4,217	0.6%	1.9
Turner	24	0.3%	6,552	1.0%	3.7
Union	58	0.8%	12,780	1.9%	4.5
Walworth	16	0.2%	4,036	0.6%	4.0
Yankton	41	0.6%	18,313	2.7%	2.2
Ziebach	100	1.4%	1,772	0.3%	56.4

Source: South Dakota Behavioral Risk Factor Surveillance System, 2021
2021 Population Estimates, United States Census Bureau

Appendix B: BRFSS Questionnaire

Health Status

1.1 Would you say that in general your health is—

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

Healthy Days

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

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

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

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

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

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

Health Care Access

3.1 What is the current primary source of your health insurance?

1 A plan purchased through an employer or union (including plans purchased through another person's employer)
2 A private nongovernmental plan that you or another family member buys on your own
3 Medicare
4 Medigap
5 Medicaid
6 Children's Health Insurance Program (CHIP)
7 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
8 Indian Health Service
9 State sponsored health plan
10 Other government program
No coverage of any type
Don't know/Not sure
Refused

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

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

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

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

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

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

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

Exercise

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

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

Hypertension Awareness

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

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

5.2 Are you currently taking prescription medicine for your high blood pressure?

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

Cholesterol Awareness

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

1 Never [Go to next section]
2 Within the past year (anytime less than one year ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 Within the past 3 years (2 years but less than 3 years ago)
5 Within the past 4 years (3 years but less than 4 years ago)
6 Within the past 5 years (4 years but less than 5 years ago)
8 5 or more years ago
Don't know / Not sure [Go to next section]
Refused [Go to next section]

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

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

6.3 Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

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

Chronic Health Conditions

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

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

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

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

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

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

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

7.4 (Ever told) (you had) asthma?

1 Yes
2 No [Go to Q7.6]
Don't know / Not sure [Go to Q7.6]
Refused [Go to Q7.6]

7.5 Do you still have asthma?

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

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

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

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

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

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

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

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

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

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

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

7.12 (Ever told) (you had) diabetes?

If Yes and respondent is female, ask: Was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use code 4.

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

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

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

Prediabetes

8.1 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

8.2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

1 Yes
2 Yes, during pregnancy
3 No
Don't know / Not sure
Refused

Arthritis

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

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

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

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

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

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

9.4 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

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

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

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

_ _ Enter number [00-10]
Don't know/ Not sure
Refused

Demographics

10.1 What is your age?

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

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

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

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

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

50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro

53 Samoan
54 Other Pacific Islander

Other
No additional choices
Don’t know / Not sure
Refused

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

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

Other
Don’t know / Not sure
Refused

10.5 Are you…?

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

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

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

10.7 Do you own or rent your home?

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

10.8 In what county do you currently live?

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

10.9 What is the ZIP Code where you currently live?

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

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

1 Yes
2 No [Go to Q10.12]
Don't know / Not sure [Go to Q10.12]
Refused [Go to Q10.12]

10.11 How many of these telephone numbers are residential numbers?

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

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

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

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

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

10.14 Are you currently…?

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

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

_ _Number of children
None
Refused

10.16 Is your annual household income from all sources—
If respondent refuses at ANY income level, code '99' (Refused)

0 5 Less than $35,000 If "no," ask 06; if "yes," ask 04
($25,000 to less than $35,000)

0 4 Less than $25,000 If "no," code 05; if "yes," ask 03
($20,000 to less than $25,000)

0 3 Less than $20,000 If "no," code 04; if "yes," ask 02
($15,000 to less than $20,000)

0 2 Less than $15,000 If "no," code 03; if "yes," ask 01
($10,000 to less than $15,000)

0 1 Less than $10,000 If "no," code 02

0 6 Less than $50,000 If "no," ask 07
($35,000 to less than $50,000)

0 7 Less than $75,000 If "no," ask 08
($50,000 to less than $75,000)

0 8 Less than $100,000? If "no," ask 09
($75,000 to less than $100,000)

09 Less than $150,000? If "no," ask 10
($100,000 to less than $150,000)

10 Less than $200,000? If "no," ask 11
($150,000 to less than $200,000)

11 $200,000 or more?

Don't know / Not sure

Refused

10.17 To your knowledge, are you now pregnant?

1 Yes

2 No

Don't know / Not sure

Refused

10.18 About how much do you weigh without shoes?

_ _ _ _ Weight (pounds/kilograms)

Don't know / Not sure

Refused

10.19 About how tall are you without shoes?

_ _ / _ _ Height (f t / inches/meters/centimeters)

Don't know / Not sure

Refused

Disability

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

1 Yes

2 No

Don't know / Not sure

Refused

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

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

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

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

11.4 Do you have serious difficulty walking or climbing stairs?

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

11.5 Do you have difficulty dressing or bathing?

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

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

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

Tobacco Use

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

1 Yes
2 No [Go to Q12.3]
Don't know / Not sure [Go to Q12.3]
Refused [Go to Q12.3]

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

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

12.3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Read if necessary: 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

12.4 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
4 Never smoked e-cigs
Don't know / Not sure
Refused

Alcohol Consumption

13.1 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]

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

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

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

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

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

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

Immunization

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

1 Yes
2 No [Go to Q14.4]
Don't know / Not sure [Go to Q14.4]
Refused [Go to Q14.4]

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

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

14.3 At what kind of place did you get your last flu shot or vaccine?
Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?

01 A doctor's office or health maintenance organization (HMO)
02 A health department
03 Another type of clinic or health center (a community health center)
04 A senior, recreation, or community center
05 A store (supermarket, drug store)
06 A hospital (inpatient)
07 An emergency room
08 Workplace
09 Some other kind of place
11 A school
12 A drive thru location at some other place than listed above
10 Received vaccination in Canada/Mexico
Don't know / Not sure
Refused

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

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

HIV/AIDS

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

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

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

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

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

Fruits and Vegetables

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

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

16.2 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?

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

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

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

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

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

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

1_ _ Times per day
2_ _ Times per week
3_ _ Times per month
300 Less than once a month

Never
Don't Know
Refused

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

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

Home/Self-measured Blood Pressure

17.1 Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

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

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

1 Yes
2 No [Go To next module]
Don't Know/Not Sure [Go To next module]
Refused [Go To next module]

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

1 At home
2 On a machine at a pharmacy, grocery, or similar location
3 Do not check it
Don't Know/Not Sure
Refused

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

1 Telephone
2 Other method such as email, internet portal or fax
3 In person
4 Do not share information
Don't Know/Not Sure
Refused

Caregiver

18.1 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

1 Yes
2 No [Go To Q18.9]
7 Don't Know/Not Sure [Go To Q18.9]
8 Caregiving recipient died in past 30 days [Go To Next Section]
Refused [Go To Q18.9]

18.2 What is his or her relationship to you?

01 Mother
02 Father
03 Mother-in-law
04 Father-in-law
05 Child
06 Husband
07 Wife
08 Live-in partner
09 Brother or brother-in-law
10 Sister or sister-in-law
11 Grandmother
12 Grandfather
13 Grandchild
14 Other relative
15 Non-relative/ Family friend
Don't know/Not sure
Refused

18.3 For how long have you provided care for that person?

1 Less than 30 days
2 1 month to less than 6 months
3 6 months to less than 2 years
4 2 years to less than 5 years
5 More than 5 years
Don't Know/ Not Sure
Refused

18.4 In an average week, how many hours do you provide care or assistance?

1 Up to 8 hours per week
2 9 to 19 hours per week
3 20 to 39 hours per week
4 40 hours or more
Don't know/Not sure
Refused

18.5 What is the main health problem, long-term illness, or disability that the person you care for has?

01 Arthritis/ rheumatism
02 Asthma
03 Cancer
04 Chronic respiratory conditions such as emphysema or COPD
05 Alzheimer's disease, dementia or other cognitive impairment disorder
06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida

07 Diabetes
08 Heart disease, hypertension, stroke
09 Human Immunodeficiency Virus Infection (H.I.V.)
10 Mental illnesses, such as anxiety, depression, or schizophrenia
11 Other organ failure or diseases such as kidney or liver problems
12 Substance abuse or addiction disorders
13 Injuries, including broken bones
14 Old age/ infirmity/frailty
15 Other
Don't know/Not sure
Refused

18.6 Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?
1 Yes
2 No
Don't Know/Not Sure
refused

18.7 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?
1 Yes
2 No
Don't Know/Not Sure
Refused

18.8 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?
1 Yes
2 No
Don't Know/Not Sure
Refused

18.9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?
1 Yes
2 No
Don't Know/Not Sure
Refused

Random Child Selection

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

19.1 What is the birth month and year of the Xth child?
_ _ /_ _ _ _ Code month and year
Don't know / Not sure
Refused

19.2 Is the child a boy or a girl?

1 Boy
2 Girl
Refused

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

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

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

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

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

60 Other
No additional choices
Don't know / Not sure
Refused

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

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

50 Pacific Islander
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
60 Other
Don’t know / Not sure
Refused

19.6 How are you related to the child? Are you a...
1 Parent (include biologic, step, or adoptive parent)
2 Grandparent
3 Foster parent or guardian
4 Sibling (include biologic, step, and adoptive sibling)
5 Other relative
6 Not related in any way
Don’t know / Not sure
Refuse

State-Added Questions

Health Care Coverage

SD01 Earlier you indicated that you have health care coverage. What type of coverage pays for most of your medical care? Is it coverage through:

01 Your employer or someone else's employer
02 A plan that you or someone else buys on your own
03 Medicare
04 Medicaid
06 The military
07 The Indian Health Service
08 Some other source
None
Don't know/Not sure
Refused

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

01 Your employer or someone else's employer
02 A plan that you or someone else buys on your own
03 Medicare
04 Medicaid
06 The military
07 The Indian Health Service
08 Some other source
None
Don't know/Not sure
Refused

Men's Health Check-up

Note: If (Gender=Male) AND (Q3.4= 3 or 4) AND (AGE < 70) continue. Otherwise go to SD04

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

01 Can't afford it
02 Do not have health insurance
03 Not sick/Rarely get sick/Low perceived need to seek medical
04 Clinic hours don't fit my schedule
05 Transportation difficulties
06 Distrust doctors
07 Waiting times are too long
08 Past negative experiences
09 Personal factors such as fear, guilt, embarrassment
10 Believe in alternative medicine
11 Clinic too far away
12 Do not have a personal doctor
13 Other Priorities/Too busy
14 Just haven't thought of it

97 Other (SPECIFY)
Don't know/Not sure
Refused

Sugar-Sweetened Beverages

SD04 In the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage? Include regular soda, sports drink like Gatorade, energy drinks like Red Bull, lemonade, tea, coffee, flavored milk, Snapple, and sugar-sweetened fruit juices like Sunny Delight. You can tell me times per day or times in the past seven days.

1__ times per day
2__ times in the last 7 days
Don't know/Not sure
None
Refused

Tobacco

This question includes the use of combustibles, like cigarettes and cigars, smokeless tobacco, electronic cigarettes, and vaping products.

SD05 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit using tobacco?

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

SD06 While working at your job, are you indoors most of the time?

1 Yes
2 No [Go to SD08]
Don't know / Not sure [Go to SD08]
Refused [Go to SD08]

SD07 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

SD08 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches or the use of electronic cigarettes or vaping products inside the home.

1 Smoking is not allowed anywhere inside your home [Go to SD10]
2 Smoking is allowed in some places or at some times
3 Smoking is allowed anywhere inside your home
4 There are no rules about smoking inside your home
Don't know/not sure [Go to SD10]
Refused [Go to SD10]

SD09 On how many of the past 7 days did someone smoke a combustible tobacco product, like a cigarette or cigar, in your home while you were there?

_ _ Number of days
Not at home in the past 7 days
None
Don't know/not sure
Refused

Substance Abuse and Mental Health

SD10 During the past 12 months, have you taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?

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

SD11 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

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

SD12 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

SD13 An advance directive is a document that states what kind of health care treatment you would like 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

Family Planning

NOTE: If (Gender=Male) OR (Gender=Female and Age is greater than or equal to 49) go to next section. If pregnant, skip this section.

SD14 The last time you had sex with a man, did you or your partner do anything to keep from getting pregnant?

1 Yes [Go to SD15]
2 No [Go to SD16]
3 No partner/not sexually active [Go to SD17]
Same sex partner [Go to SD17]
Refused [Go to SD17]

SD15 The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

01 Female or Male sterilization (i.e. Tubal Ligation, Essure, Adiana) Male Sterilization (Vasectomy)
02 Contraceptive implant (Nexplanon, Jadelle, Sino Implant, Implanon)
03 IUD (LNG), Mirena, Skyla, Liletta, Kylena, Paragard)
04 Shots (i.e. Depo-Provera or DMPA)
05 Birth Control Pills
06 Contraceptive Patch (i.e. Ortho Evra, Xulane)
07 Contraceptive Ring (i.e. NuvaRing)
08 Male or Female Condoms
09 Diaphragm, cervical cap, sponge
10 Rhythm or Natural Family Planning (Not having sex at certain times)
11 Withdrawal (or pulling out)
12 Foam, jelly, film, or cream
13 Emergency Contraception (morning after pill)
14 Other Method
Don't know/Not Sure
Refused

SD16 Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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

Children's Health Insurance

SD17 I'm now going to ask you some more questions about the child in the household [Note: Insert "that we talked about earlier" if total number of children is greater than one]. Does this child have health coverage?

1 Yes [Go to SD18]
2 No [Go to SD19]
Don't know / Not sure [Go to SD20]
Refused [Go to SD20]

SD18 What type of health coverage do you use to pay for most of this child's medical care?
Note: Military coverage includes CHAMPUS, TriCare, and/or the VA
Note: Indian Health Service is also known as IHS

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

SD19 There are some types of coverage you may not have considered. Please tell me if this child is covered by any of the following:
Note: Military coverage includes CHAMPUS, TriCare, and/or the VA
Note: Indian Health Service is also known as IHS

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

Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. 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 if you are not in a safe place you can ask me to skip any question you do not want to answer. If you are not in a safe place to answer these questions, I can skip these questions.

SD20 Are you in a safe place to answer these questions?

1 Yes [Continue]
2 No [Go to Sexual Violence closing statement]
Don't Know/Not Sure [Go to Sexual Violence closing statement]
Refused [Go to Sexual Violence closing statement]

SD21 These questions are about unwanted sexual experiences you may have had. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent – for example, being groped or fondled?

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

SD22 In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

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

Sexual Violence Closing Statement: We understand that answering questions about sexual abuse may bring up emotions that some people will wish to discuss. The Rape, Abuse, & Incest National Network (abbreviated R-A-I-N-N) is the country's largest anti-sexual violence organization. If you would like to speak with one of this organization's trained professionals, please call 1-800-656-HOPE (4673) or visit hotline.rainn.org. Would you like me to repeat this information?

Closing Statement

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