# Physicians: South Dakota 

## December 31, 1975

Health Manpower References

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Contract No. HRA 232-78-0163

[^0]DHEW Publication No. (HRA) 79-142

Budde, Norbert W., Martin, Beverly C., Warner, Judith S. Characteristics of Physicians: South Dakota. December 31, 1975. Chicago: American Medical Association. Prepared under Contract HRA 232-78-0163, Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration. DHEW Publication No. (HRA). 79-142, 119 pp., 1979

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## FOREWORD

Characteristics of Physicians represents an initiative by the American Medical Association's Center for Health Services Research and Development (AMACHSRD) to provide comprehensive, detailed and accurate data on the entire physician population in the United States. Characteristics of Physicians is related to two other AMA-CHSRD publications: Physician Distribution and Medical Licensure in the United States, and Medical School Alumni. This publication differs from these in that more characteristics are detailed for smaller geopolitical units of analysis. Comprehensiveness and detail do, however, have their cost. A total of fifty-one volumes, one for each of the States and the District of Columbia, are required in order to present these data.
Successful completion of this project has required cooperation between the AMA and the Bureau of Health Manpower of the Department of Health, Education, and Welfare (DHEW). The AMA Physician Masterfile is the data source and considerable resources have been utilized by the AMA in developing the computer programs and designing the volumes. Contract \#HRA-232-78-0163 with the Health Resources Administration of DHEW has provided the financial support needed to print and disseminate these volumes. In addition to the bound volumes, print tapes of the information contained in this report are available from the Bureau of Health Manpower. Howard V. Stambler, Director of the Division of Manpower Analysis of the Bureau of Health Manpower is the Contract Project Officer. Views or conclusions contained in this study should not be interpreted as representing the official opinion or policy of the Department of Health, Education, and Welfare.

Characteristics of Physicians was conceived by AMACHSRD partially in response to passage of the National Health Planning and Resources Development Act of 1974 (PL \#93-641). With passage of this legislation it became apparent that planning and regulation were to become integral components of the health care system in the United States.

The distribution of physicians also has been the object of Federal legislative action for several decades. Since 1965 , four separate pieces of legislation each attempting to effect a different distribution of health manpower resources have been enacted by the federal government. The most recent of these is the Health Pro-
fessions Educational Assistance Act of 1976 (PL \#94484). Specifically, this Act ties Federal capitation grants to the specialty distribution of first-year residencies. Further, the loan forgiveness program for physicians locating in designated shortage areas has been strengthened. Directly related to health manpower legislation is the designation of shortage areas. Are the criteria for designating shortage areas appropriate? Are those areas designated as such really experiencing shortages? These issues and related ones have not been resolved.
The Characteristics of Physicians series is an effort to meet some of the data requirements inherent in nonmarket approaches to resource distribution and allocation. Assessment of specialty and location maldistributions, determination of physician shortage areas, and planning to ensure that health care needs are met require detailed data on relevant characteristics of the physician population. Data in the COP Series are made available with the expressed hope that they will be coupled with intelligent analysis and careful policy formulation.
Use of these data, however, will not be restricted to policy makers. In addition, individual physicians may utilize Characteristics of Physicians for making location and migration decisions, and medical societies may consult Characteristics of Physicians to ascertain the types of continuing medical education programs likely to be of interest to a large proportion of physicians in the region. Researchers in health care and in the social sciences have also repeatedly expressed a need for the type of data provided. Therefore, Characteristics of Physicians is being widely distributed in an attempt to meet the repeatedly expressed needs of numerous groups.

The efficacy of the market as an allocative and distributive mechanism for health care resources again is gaining supporters. It will be some time, however, before the desired incentives can be reintroduced into the health care market. Until that time, the AMACHSRD is attempting to ensure that all decisions relating to health personnel are based on the best data available and, thus, introduce as few distortions as possible.

Lynn E. Jensen<br>Project Director and<br>Director, Center for Health<br>Services Research and Development

## ACKNOWLEDGEMENTS

Many persons within the American Medical Association have contributed to the success of this endeavor over its several years. The authors wish to thank Chris N. Theodore, Group Vice-President, Operations and Development Group, for his overall support of this project's goal from its conceptualization in 1976 to its completion. Special appreciation goes to Lynn E. Jensen, Director of the Center for Health Services Research and Development, and Project Director, for his efforts in making the project possible and in assuring the availablity of resources necessary to its successful completion. Gene Roback of the AMA Survey Data Center gave helpful advice and comments during conceptualization and throughout the term of this project. Gary Schneier and Raymond Healy, from the AMA Division of Computer and Information Services, provided the programming expertise needed to complete
this project. Jim Durczak designed and executed the artwork for the volumes.

Within the Center, numerous individuals played significant roles during the course of the project: Wayne Wendling and Glen Misek handled a number of tasks relating to verification, progress reports, and coordinating later phases of the preparation for publication; Arsenio Oloroso provided editorial advice through innumerable phases of publishing 50 seemingly indistinguishable state editions; Dorothy Pazur and Barnette Collins assumed day-to-day administrative tasks.

Finally, the authors also wish to thank Howard V. Stambler, Director, Division of Manpower Analysis, Bureau of Health Manpower, Department of Health, Education, and Welfare, and Project Officer, for his efforts to make publication and distribution of the volumes possible. Special appreciation goes to Lucy Kramer, Contract Liaison, for her work in coordinating publication and dissemination activities for the Bureau.
haracteristics of Physicians (COP) provides detailed formation on several key characteristics of physicians $y$ their geographic distribution in the United States as
December 31, 1975. This is the first American Iedical Association publication to present data for the 05 health service areas (HSA's) designated under the ational Health Planning and Resources Development ct of 1974 (PL \#93-641). There is a separate volume of OP for each of the fifty states and the District of Colmbia. Each presents state-specific detailed data for ealth service areas, demographic county groups, and ounties, as well as summary national data for comarative purposes. Thus, the series provides the only ompatible data base on physicians across all areas and nould be of significant use to practitioners and reearchers in the health care industry.
The data presented here are for the physician populaon practicing in the United States. Detailed charactertics are presented for all physicians with known adresses in a geographic region who are professionally ctive. In addition, counts of physicians who are inacve or are not classified are provided on each table. December 31, 1975 was selected as the point in time of iis report for the following reasons;

- PL \#93-641 was signed in January, 1975, and it was only during 1976 that significant activity was undertaken in response to this legislation. Thus, 1975 represents the last year in which the health care system was not affected by this major piece of legislation and, therefore, is the most appropriate base year for future analyses of the impact of this legislation.
- Because this represents the first statistical series of its scope, an exceptional amount of time had to be expended in the conceptualization of the project, preparation of data set, and writing of the necessary computer programs. However, plans are being developed for publication of these volumes on a more regular and current basis in the future.
The introductory material which follows provides efinitions and discussions of the geographic aggregaons and the specific physician characteristics tabulated. 'his publication's relationship to other AMA publicaons and to other data sources is detailed. In addition, ne American Medical Association Physician Masterfile described; a list of the health service areas covered in ais volume is given; and a sample of the questionnaire hich is sent to physicians for the purpose of updating ne $A M A$ Physician Masterfile is included. Twenty-one ables listed in the Table of Contents-six national ables, which are repeated in all 51 volumes, and 15 tate-specific tables providing: state, HSA, county roups and county data-follow immediately. An addional table which provides medical school data is inluded for states having medical schools.

The Characteristics of Physicians series provides tabulations on the geographic distribution of all physicians in the United States as of December 31, 1975. Physicians who were temporarily in foreign locations are excluded from all tabulations. All data presented in this publication were developed from the American Medical Association Physician Masterfile.

Because the primary concern of policy makers and planners, in most instances, is the adequacy of health care services to meet the needs of the civilian population, many tables report Federal and Non-Federal physicians separately. In some geographic regions, inclusion of Federal physicians in the tables would provide an upward bias to the real supply of physician services available to the general population.

## Geographical Units of Aggregation

Each volume of COP represents data for the United States as a whole; for the particular state; and the county groups, health service areas, and counties within that state. Each physician is allocated to a particular geographic location on the basis of his/her professional mailing address as recorded in the AMA Physician Masterfile.

The geographical subdivisions within the state require additional explanations. These follow immediately below.

## County Group

The county group tables (Tables 13-15) use the Demographic County Classification based on Sales \& Marketing Management, Inc.'s population estimates and Standard Metropolitan Statistical Areas (SMSA's) definitions. The SMSA's serving as the basis for county size groups 6 through 9 are based on the metropolitan area concept established by the United States Bureau of the Budget. ${ }^{1}$ An SMSA consists of the following: 1) a central city of 50,000 or more inhabitants; 2) the remainder of the county in which the central city is located; and 3) contiguous counties that are integrated economically and socially with the county containing the central city. The group 5 county classification includes "Potential SMSA's" as defined by Sales \& Marketing Management, Inc. and are considered future candidates for SMSA status. The county classifications 1 through 4 include counties in nonmetropolitan areas. Table A below summarizes the 9 demographic county classifications.

The independent cities of St. Louis, Missouri; Baltimore, Maryland; Alexandria, Virginia; Hampton, Virginia; and Chesapeake, Virginia are treated as individual counties and assigned to the appropriate county group on the basis of the city's population. All other

[^1]DEMOGRAPHIC COUNTY CLASSIFICATION

| Demographic County Classification | Definition | Number of SMSA's | Number of Counties | Resident Population (12-31-75) |
| :---: | :---: | :---: | :---: | :---: |
| Total 50 States and D.C. |  | 299 | 3,084 | 214,549,200 |
| 9 | Counties in SMSA's with $5,000,000$ or more inhabitants | 3 | 16 | 23,537,100 |
| 8 | Counties in SMSA's with 1,000,000 to 4,999,999 inhabitants | 34 | 170 | 66,156,800 |
| 7 | Counties in SMSA's with 500,000 to 999,999 inhabitants | 37 | 128 | 26,756,300 |
| 6 | Counties in SMSA's with 50,000 to 499,999 inhabitants | 184 | 330 | 40,550,400 |
| 5 | Counties considered potential SMSA's | 41 | 51 | 4,279,500 |
| 4 | Non-Metropolitan counties with over 50,000 inhabitants |  | 229 | 17,077,700 |
| 3 | Non-Metropolitan counties with 25,000 to 49,999 inhabitants |  | 484 | 16,787,900 |
| 2 | Non-Metropolitan counties with 10,000 to 24,999 inhabitants |  | 907 | 14,867,100 |
| 1 | Non-Metropclitan counties with under 9,999 inhabitants |  | 769 | 4,536,400 |

Note: Cities defined as independent are included in "number of counties" column.
Source: Louis J. Goodman, Physician Distribution and Medical Licensure in the U.S., 1976 (Chicago: American Medical Association, 1977), p. 32.
independent cities, largely those in Virginia, are incorporated into the county which encompasses it. For instance, Princess Anne County in Virginia is referred to as Virginia Beach city. In addition, Kalawao County in Hawaii is combined with Maui County and Alaska is divided into four judicial divisions with assignment into appropriate county group based on the population of the judicial division.

## Health Service Area

The National Health Planning and Resources Development Act of 1974 mandated the division of the U.S. into health service areas. One section of this publication, Tables 16-18, presents data on Non-Federal physicians in health service areas located entirely or partially within the state covered in this volume. States with more than one health service area within their boundaries have tables for each health service area. In states where the entire state is designated a health service area, there is, of course, only one health service area table.

The existing Masterfile data were converted into the health service area classifications based upon the listing of health service areas published in the September 2, 1975, Federal Register and incorporate revisions by the Secretary of the Department of Health, Education, and Welfare through July 1, 1976. In most states, HSA's
consist of an aggregation of counties. In some instances, however, (Alaska; Connecticut; Massachusetts; the city of Chicago; and the Navajo, Hopi, White Mountain, San Carlos, and Papago Indian Reservations) the health service areas were not composites of counties, but rather politico-legal boundaries. The exact political units used for each HSA are listed in Exhibit A

## County

Selected characteristics of physicians by county for a specific state are listed in Tables 19-21. If no physicians are located in a county, that county is not listed in these tables. For some states, noncounty geographic areas are treated as counties where the geographic subdivisions used differ. This usage parallels the usage in the county group tables. The independent cities of St. Louis, Missouri; Baltimore, Maryland; Alexandria, Virginia; Hampton, Virginia; and Chesapeake, Virginia are treated as individual counties. All other independent cities, largely those in Virginia, are incorporated into the county which encompasses it. Princes Anne County in Virginia is referred to as Virginia Beach city, and Kalawao County in Hawaii is combined with Maui County. The four judicial divisions of Alaska are treated as counties.

## GENERAL PRACTICE

GP General Practice (Includes Family Practice and General Practice)
MEDICAL SPECIALTIES

| A | Allergy |
| :--- | :--- |
| CD | Cardiovascular Diseases |
| D | Dermatology |
| GE | Gastroenterology |
| IM | Internal Medicine |

PD Pediatrics<br>PDA Pediatric Allergy<br>PDC Pediatric Cardiology<br>PUD Pulmonary Diseases

## SURGICAL SPECIALTIES

| GS | General Surgery |
| :--- | :--- |
| NS | Neurological Surgery |
| OBG | Obstetrics and Gynecology |
| OPH | Ophthalmology <br> ORS |
|  | Orthopedic Surgery |
|  |  |
| AM |  |
| AN | Anerospace Medicine |
| CHP | Child Psychiatry |
| DR | Diagnostic Radiology |
| FOP | Forensic Pathology |
| N | Neurology |
| OM | Occupational Medicine |
| P | Psychiatry |

OTO
PS
CRS
TS
U

OTO PS CRS
U

Otolaryngology<br>Plastic Surgery<br>Colon and Rectal Surgery<br>Thoracic Surgery<br>Urology

## OTHER SPECIALTIES

PTH
PM

GPM
PH
R
TR

OS
US

Pathology<br>Physical Medicine and<br>Rehabilitation<br>General Preventive Medicine<br>Public Health<br>Radiology<br>Therapeutic Radiology<br>Other Specialty<br>Unspecified

## Physician Characteristics

The distributions of physicians are described in this volume in terms of a number of professional characteristics, with some individual characteristics crosstabulated with others. Key characteristics include specialty, major professional activity, age, sex, board certification, Federal or Non-Federal employment, and state and county of graduation. The thirty-six specialty classifications used in this publication are the same as those used in other AMA publications such as the Physician Distribution and Medical Licensure in the U.S., 1976 and are presented in Table B. A physician's specialty classification is defined as that in which he/she reports spending the largest number of practice hours. A number of county tables utilize the classification system of primary care/non-primary care specialists. Primary care physicians, for the purposes of these tables, are physicians whose specialty is general practice, family practice, internal medicine, pediatrics, and obstetrics/gynecology. Another area of general interest is specialty board certification. Certification indicates that the physician has satisfactorily completed an examination in an area of specialization and has taken all
of the specific training requirements for certification by a specialty board. ${ }^{2}$ The licensed physician is free to practice any specialty regardless of whether the physician is board certified or not. Tables in this publication indicate board certification in some specialty but not necessarily the specialty in which the physician is classified. However, over 90 percent of the physicians reported as board certified are certified in the specialty in which he/she is classified. ${ }^{3}$

Physicians' professional activity by specialty is used to assess the availability of patient care. Therefore, professional activity is reported by patient care, and subgroups of patient care on the basis of "office based

[^2]practice" and hospital based practice, elther as a resident or full-time hospital staff. Non-patient care activities, such as administration, medical teaching, and medical research are also reported separately. Two of the activity categories-inactive and not classifiedmay need further clarification. Inactive physicians are those who have reported to the AMA via the Physician's Professional Activity questionnaire that they are either retired, semi-retired, permanently disabled, temporarily not in practice, or not active for other reasons. Physicians who are categorized as not classified are those for whom the AMA has not received any information as to their type of practice and present employment.

Definitions of the two other classifications used in describing physician characteristics are: Age as defined in terms of intervals of under 35,35 to 44,45 to 54,55 to 64,65 to 75 , and 75 and over; Federal employment as defined as employment by the Veterans Administration, Military Services, the U.S. Public Health Service, and other Federal Service.

The medical education background of physicians is presented in several forms. Physicians who graduated from United States medical schools are categorized by the school of graduation and the state in which they currently are practicing medicine. In addition, physicians located in a particular county group or county within a state are cross-categorized either as having graduated from a medical school in the state, in a contiguous state, in some other state, in Canada, or outside the United States and Canada.

## RELATIONSHIP TO OTHER AMERICAN MEDICAL ASSOCIATION PUBLICATIONS AND TO THE COOPERATIVE HEALTH STATISTICS SYSTEM (CHSS)

Although previous AMA publications, Physician Distribution and Medical Licensure in the U.S., and Medical School Alumni, have reported similar information, Characteristics of Physicians provides more detailed information than previously available in published form.

The publication has two key features: greater detail of physicians' characteristics and greater detail with respect to geographic units. More detail is provided for age distributions, sex, and specialty board certificaunty groups, individual counties, rvice areas. Thus, this publication extensive set of data needs not in series.
to provide information 1 Characteristics of Physithe Cooperative Health though this system even-ate-by-state basis for thir1s, reports published as a tained the level of detail
available in the Characteristics of Physicians. For instance, Characteristics of Physicians provides more detailed analysis of the major professional activity of physicians. In addition, it provides board certification statistics for individual HSA's and counties, age and specialty distributions by county, and specialty and age distributions for Federal physicians. Further, because the CHSS collection effort relies on 50 separate agencies, uniformity in quality and effort is not assured. And indeed the CHSS is collecting physician data in only a limited number of states at this time.

## INTERPRETATION OF TABLES

Because of the complexity and detail of the data presented in these volumes, care must be exercised in their interpretation. A few explanatory words are necessary about the treatment of the physician classifications used in these tabulations.
As mentioned previously, it was felt that data on professionally active physicians would be most useful for research and planning purposes. At the same time, however, it was felt that the total pool of physician manpower should be represented in these volumes. This dual purpose caused some problem in the design of certain tables because of the inactive and not classified activity categories. These two categories are included in the tabulations but are treated differently depending on the type of cross-tabulation involved. Generally, in tables in which specialty is cross-tabulated with major professional activity, the inactive and not classified physicians are included in the total value but are not distributed by specialty. Instead, these two values are provided at the bottom of the specialty column under "Inactive," '"Non-classified," and "Address Unknown'. To arrive at the total value, the inactive and not classified values should be added to the sum of the other major professional activity categories. This applies to Tables $1,3,6,9,16$, and 19 .

## Address Unknown

Physicians with unknown addresses are included only in Table 1 for informational purposes. Again, this value is not distributed throughout the table but is included in the grand total. Physicians with unknown addresses are excluded from all other national tables; therefore the grand total value on Table 1 exceeds the total value of Table 2 plus the total in Table 3, and the total reported in Table 4.

## Availablity of Data

This concludes the description of data contained in the COP series. Every effort has been made to provide the most frequently requested information in a manner meaningful to most users. These data are also being made available in the form of print tapes from the Bureau of Health Manpower. In addition, plans are also underway to publish the COP series on a regular basis.

[^3]The section that follows provides a brief overview of the AMA Physician Masterfile on which this publication is based.

## AMA PHYSICIAN MASTERFILE ${ }^{5}$

While data collection has been an AMA activity for many years, the objectives, collection techniques, and use of the data undergo constant review and have undergone considerable changes each year. A masterfile of physicians has been maintained by the Association since 1906. However, in the early days of its existence, the Masterfile was primarily a listing of physicians maintained as a record-keeping device for membership and mailing purposes. Decisions were made on a day-today basis without a unified approach and without regard as to what these decisions would mean in terms of statistical methods and interpretation of the data.
As research activities within the Association became more sophisticated, the complexity of data requirements increased. The Masterfile was, therefore, expanded and improved to meet these requirements. Today, the $A M A$ Physician Masterfile is the most comprehensive and complete source of physician data in the United States. It includes information on every physician in the country, members and non-members of the Association, on graduates of American medical schools who are temporarily practicing overseas, and graduates of foreign medical schools who are in the United States and meet U.S. education standards for primary recognition as physicians. Thus, all physicians comprising the total physician manpower pool are included on the $A M A$ Physician Masterfile. ${ }^{6}$
A file is started on each individual upon entry into medical school or, in the case of foreign and Canadian graduates, upon entry into the U.S. As a physician's training and career develops, additional information is added to the file-e.g., internship and residency training, licensure board certification, professional affiliations, and other characteristics. Although such characteristics change over time, they are not subject to constant change. These types of characteristics are included in the "historical" portion of the Masterfile. In addition, there is the "current professional activities" portion of each physician's record that identifies his current address, professional activity, specialties, and employment status. By definition, this current portion of the Masterfile is subject to constant change and must be updated through intense monitoring techniques.

Prior to 1966, physician classification by specialty, activity, and employment was made through the Classification of Professional Activities (CPA) system, which was based upon a "private practice/not in private practice" concept. Data were collected under this system via a short postcard-type questionnaire en-

[^4]titled Verification of Physicians' Professional Activities. Several problems were inherent in this systema major one being that the system reflected a physician's financial practice arrangement more so than his actual professional activity. The United States National Committee on Vital and Health Statistics stated in 1964 that:

The ongoing series on physician characteristics being conducted by the American Medical Association meets the need for data on...geographic location, age, sex, and specialty. For principal activity, however, the AMA inquires about major activity without specifying as to direct care of patients. Until queries relating to the number of patients seen or hours worked in each activity are made, physician manpower cannot be properly allocated among different activities.

This recommendation gained extensive consideration in 1966 when the then AMA Department of Survey Research, which has been replaced by the Department of Statistical Analysis and is now a part of the AMA Center for Health Services Research and Development, began its efforts to update, improve, and expand the AMA Physician Masterfile. In its evaluation of the data base, it identified four major limitations in the CPA classification system:

1. Existence of categories which were not mutually exclusive, resulting in confusion and duplication between and within activity, specialty, and employer categories.
2. Lack of a criterion upon which to base classification.
3. Lack of information on the most recent update of each individual record.
4. Unavailability of information on response rates for the annual verification questionnaire.
These deficiencies were of sufficient concern to warrant major revisions in both the structure of the file and the data collection procedures. Therefore, a four-year project (the Reclassification of Physicians Project) was initiated to redesign the classification system. AMA undertook the Reclassification Project in cooperation with the National Center for Health Statistics of the United States Public Health Service, the Branch of Demographic Surveys of the U.S. Bureau of the Census, and knowledgeable researchers in academia.

The first step in reclassification was the restructuring of the format of the 1966 edition of the Distribution of Physicians, Hospitals, and Hospital Beds, a publication of the AMA Center for Health Services Research and Development. Through a series of computer programs, the old Masterfile category "private practice/nonprivate practice" was converted to the more functional "patient care/other professional activity." While the 1966 format changes constituted a step in the right direction, an important deficiency in the published profile of the physician population remained: data were still being collected under the old classification method. It became obvious that the data collection procedures had to be revised to correlate with the new classification
system. This facet of the Reclassification Project was implemented in 1968, with the adoption of a new ques-tionnaire-Record of Physicians' Professional Activities.
The new questionnaire was first used in 1968 in the census survey of 317,000 physicians. Each physician was asked to indicate the average number of hours worked per typical week in several areas within three categories-Professional Activities, Specialization, and Present Employment Status. The use of a "time spent" device gave the physician a criterion upon which to classify his practice, and the confusion between and within the activity and employer categories was eliminated. After five mailings a usable response of 87.4 percent was attained.

All returned questionnaires were passed through a series of clerical editing procedures and a quality control checkpoint. They were then keypunched and the data processed through a series of computer programs which assigned the activity, specialty, and employment classification to each physician record.

A complete census was scheduled to be conducted every three years. However, in order to verify the information gathered in 1968 under the new system, a complete census of 325,000 physicians was made again in 1969. The questionnaire, structurally the same as that of 1968, contained the physician's 1968 response with a column provided for corrections or changes. A usable response rate of 86.8 percent was attained. Analysis of the two sets of data revealed that the data collected in 1969 were consistent with that of 1968 , therefore, confirming that the questionnaire used to gather the datu was a reliable survey instrument. The most recent complete census, for the purpose of this project, was conducted in 1973. The 1973 questionnaire is identical to that used in 1969 except for the addition of a section requesting address and other general information. The usable response rate was consistent at 86.8 percent. A copy of the questionnaire used in the 1973 census is presented in Exhibit B.

Between census years, a comprehensive computerized weekly updating system keeps the Masterfile current. Each physician's record is dated to reflect the most recent change, which may be obtained for AMA mailings or publications, company mailings, physician correspondence, or hospitals, government agencies, medical schools, medical agencies, medical societies, specialty boards, and licensing agencies. Any indication of a change in professional status or address triggers a questionnaire similar to the one used in the 1973 census. The physician is placed on.a "change" file while follow-up mailings are made to raise the response rate. In 1975, approximately 3,500 weekly change questionnaires were mailed per week.

As an additional check on the Masterfile between census years, the AMA's Center for Health Services Research and Development conducts year-end computer audits. A comparison of 1972 and 1973 year-end data shows the same consistency as the complete census data of 1968 and 1969. A similar comparison was conducted at the completion of the 1977 census. The reliability of the Masterfile was evaluated when the Center prepared
its annual and periodic series of statistical tabulations. These include the publications Distribution of Physicians, Selected Characteristics of the Physician Population, Medical School Alumni, Foreign Medical Graduates, as well as reports on AMA membership, physician manpower, women physicians, and specialty society statistics.

While the data collected for the Record of Physicians' Professional-Activities questionnaire represent a major input to the AMA Physician Masterfile, data from other sources are also incorporated. These other sources include:

- Medical Schools-Provides data on school and year of graduation, birthplace, birthdate, and professional appointments.
- State Licensing Boards-Provides licensure status of physicians.
- Hospitals-Provides information on interns and residents, birthplace, and foreign medical graduates in training.
- Department of Defense-Provides data annually on physicians in government service.
- American Specialty Boards-Provides data on board certification of physicians.
- Medical Societies-Provides data on membership in specialty, state, and county societies.
- Educational Council for Foreign Medical Graduates-Provides data on foreign medical graduates.

While many sources provide data for inclusion into the Masterfile, data are also often extracted from the Masterfile for use by these agencies. In addition, the Masterfile is used by the National Center for Health Statistics; the Office of Emergency Preparedness in the Office of the President of the U.S.; the Office of the Secretary of DHEW; the National Institutes of Health; various other federal, state, and local government agencies; numerous universities and medical schools; state, county, and specialty medical societies; the pharmaceutical industry; and ten addressing companies.

## EXHIBIT A:

## HEALTH SERVICE AREA DESIGNATIONS JULY 1, 1976

The National Health Planning and Resources Development Act of 1974 (PL \#93-641) mandated that health service areas be established throughout the United States. The legislation specified that each health service area meet the following requirements: ${ }^{7}$

1. The area must be a rational geographic region, containing a comprehensive range of health services, and of a character suitable for the effective planning and development of health services.

[^5]2. To the extent practicable, the area must include at least one center for the provision of highly specialized health services.
3. Upon establishment, the area must have a population between 500,000 and three million, with the following exceptions: the population may exceed three million if the area includes a standard metropolitan statistical area (as determined by the Office of Management and Budget) with a population of more than three million persons; and the population of an area may be less than 500,000 in unusual circumstances, but not less than 200,000 except in highly unusual circumstances if the Governor of each state in which the area is located determines, with the approval of the Secretary, that the area meets the other requirements of this subsection. "Unusual'" and 'highly unusual"' circumstances are to be defined by the Secretary in regulations.
4. To the maximum extent feasible, the boundaries of the health service area must be coordinated with the boundaries of Professional Standards Review Organizations, existing regional planning areas, and State planning and administrative areas.

Each standard metropolitan statistical area (SMSA) must be entirely contained within the boundaries of one health service area unless the Governor of each State in which a SMSA is located determines, with the approval of the Secretary, that a health service area should contain only part of the SMSA in order to meet the other requirements of this subsection.
The 205 Health Service Areas designated in July 1976* are the definitions used in this publication. A listing of the HSA's and the counties, towns, or cities comprising them for the state treated in this volume follows below.

## SOUTH DAKOTA

The State of South Dakota is designated as a single Health Service Area.

[^6]
## RECORD OF PHYSICIANS' PROFESSIONAL ACTIVITIES

## DIRECTORY OF PHYSICIANS

## AMERICAN MEDICAL ASSOCIATION

535 N. Dearborn Street
Chicago, Illinois 60610

## Dear Doctor:

Please complete this questionnaire as soon as possible so that your official record is up-to-date with correct and current information for printing of the 1973 AMA DIRECTORY. Data obtained from this questionnaire will be aggregated and used to describe the distribution of physicians and to analyze health manpower. However, $N O$ information from your record will be released to any organization for the purpose of developing independent physician data files.

Thank you.

## Instructions

1. Please answer every question on the basis of your current activities.
2. Indicate any changes. Information which you provided previously has been printed in this form. Please complete unanswered sections and make discrete changes where applicable.
3. Upon completion, return the questionnaire at your earliest possible convenience, using the preaddressed envelope.

## Contents

The questionnaire is divided into four sections:

1. Professional Activities - the types of activities in which each physician spends the most time during an average week.
II. Specialization-the time physicians spend in their major fields of specialization.
III. Present Employment Status - the number of hours per average week spent under various practice arrangements, by type of practice organization or employer.
IV. Address and General Information

## I. PROFESSIONAL ACTIVITIES

Please describe your PRESENT professional activities by indicating the average number of hours spent during a typical week. Please answer EVERY question 1-8. If you do not spend any hours on any particular activity below, so indicate by entering zero $(0)$ hours in appropriate spacing.

1. How many hours per week do you currently spend in a full-time TRAINING program as an intern or resident? Indicate whether you are a(n)


2. How many hours per week do you spend in PRACTICE INVOLVING DIRECT CARE OF PATIENTS? Direct care means seeing patients; however, it also includes patient services by such physicians as pathologists and radiologists.
Exclude time spent in training, teaching, or research. Include travel time and time spent on record $\overline{k e e p i n g}$ and other office work connected with your patients.

HRS.

3. How many hours per week do you spend on ADMINISTRATIVE ACTIVITIES, AS A SALARIED STAFF MEMBER OR EXECUTIVE OF AN ORGANIZATION?
Exclude time spent on record keeping and office work connected with management of your own practice. Include activities connected with the administration or staff committees of a hospital or other health facility or agency, clinic or group, or any other organization by which you may be salaried as an executive or staff member.

HRS.
4. How many hours per week do you spend on MEDICAL TEACHING?

Include hours spent in teaching as well as in preparation for subjects taught in medical schools. nursing schools, other hospital schools, hospitals, colleges, universities, or any other educational institutions.
a. OF THESE HOURS how many do you spend on direct care of patients?

Exclude time devoted to patient care by house staff under your supervision.
In view of possible overlap of hours spent in teaching and research, please do not doublecount such hours, but report them instead in the most applicable category.
5. How many hours per week do you spend on MEDICAL RESEARCH?

All phases of investigating medical problems regardless of source of funds for such research.
a. OF THESE HOURS how many do you spend on direct care of patients?

Exclude time devoted to patient care by house staff under your supervision.
RS.
hrs.
HRS.
 above) INVOLVING DIRECT CARE of patients?
7. How many hours per week do you spend on any OTHER medical activities (not listed above) NOT INVOLVING direct care of patients?
8. About how many hours per week do you spend in ALL PROFESSIONAL ACTIVITIES? Total of questions 1 through 7 (exclude $4 a$ and 5a)

If you indicated "zero" on question 8, or if none of the above categories apply to you, please answer question 9.


Please cross out any prior information which is not applicable.

## II. SPECIALIZATION

The specialty(ies) which you designated previously as your primary, secondary, and/or third are listed below along with the number of hours you spent per typical week. Please indicate any changes in your spechailization (See other side of this questionnaire for list of designated specialties.)

|  | Prior Census <br> Specialty Hours |  |
| :--- | :--- | :--- |
| Primary |  | Changes If Any <br> Specialty |
| Secondary |  |  |
| Third |  |  |

## III. PRESENT EMPLOYMENT STATUS

Please indicate the current number of hours spent per week for the following types of employers. (Note: employer should NOT be confused with the physical location of where your hours are spent.) Please answer EVERY question 1-10. If you do not spend any hours for any one of the following employers, so indicate by entering zero (0) hours.

| HOURS PER WEEK |
| :--- |
| Prior Changes |
| Census If Any $\downarrow$ |

1. Self: "solo" practice

HRS. $1 \xrightarrow[\text { HRS. }]{ }$
2. Self: partnership practice

3. Arrangement with other physician(s): non-group
4. Group practice

HRS. 4 HRS.
5. MEDICAL SCHOOL (or parent university)

| HRS. | HRS. |
| :---: | :---: |
| HRS | HRS |
| HRS. | HRS. |
| HRS. | HRS |
| HRS. | HRS. |

b. OTHER than hospital

| HRS. | 10 |
| :--- | :--- | :--- |
| HRS. | $11 \frac{\text { HRS. }}{}$ |

9. U.S. government
a. HOSPITAL
b. OTHER than hospital
mas.
$12 \longrightarrow$ HRS. Indicate Federal Agency:

|  | Army | 4 | Public Health Service (C.C. \& C.S.) |
| :---: | :---: | :---: | :---: |
|  | Navy | 5 | Veterans' Administration |
| 3 | Air Force | 6 | Other |

10. OTHER ORGANIZATION-Not listed above
(all types of insurance carriers, pharmaceutical companies, corporations, voluntary organizations, medical societies,
associations, grants, foreign countries, etc.) . . . . . . . HRs. $14 \frac{\text { HRS. }}{\text { Hen }}$
If the address printed at right is NOT correct, please make appropriate changes in space provided.

## Iv. ADDRESS AND GENERAL

 INFORMATION1. Is the machine printed address BELOW:
a. Both your Professional and Home Address? $\qquad$
$\square$ 13 (If so, proceed directly to Question 3.)
b. Your Professional Address only ?. . . (If so, please enter your HOME address in
space following (c) below and proceed to Question 2.)
c. Your Home Address only ?. . . . . . . . (If so, please enter your PROFESSIONAL address in following space.)

2. Please indicate at which address you wish to receive medically related material:
Professional Address. . . . . . . . $\square$ is
Home Address: . . . . . . . . . . . $\square$ i4
3. Please indicate below the county and state of your HIGH SCHOOL graduation if in the United States or Possessions.
(County) (State) $^{15.17} \quad$ 20.21

If already provided, please verify following:

> (County)
(State)
$\left\{\begin{array}{l}\text { GROUP NAME } \\ \text { ADDRESS } \\ \text { CITY-STATE-ZIP }\end{array}\right.$


| AM | Aerospace Medicine | PA | Pharmacology, Clinical |
| :---: | :---: | :---: | :---: |
| A | Allergy | PM | Physical Medicine and Rehabilitation |
| AN | Anesthesiology | P | Psychiatry |
| BE | Broncho-Esophagology | CHP | Psychiatry, Child |
| CD | Cardiovascular Diseases | PYA | Psychoanalysis |
| D | Dermatology | PYM | Psychosomatic Medicine |
| DIA | Diabetes | PH | Public Health |
| EM | Emergency Medicine | PUD | Pulmonary Diseases |
| END | Endocrinology | R | Radiology |
| FP | Family Practice | DR | Radiology, Diagnostic |
| GE | Gastroenterology | PDR | Radiology, Pediatric |
| GP | General Practice | TR | Radiology. Therapeutic |
| GPM | General Preventive Medicine | RHU | Rheumatology |
| GER | Geriatrics | RHI | Rhinology |
| GYN | Gynecology | ABS | Surgery, Abdominal |
| HEM | Hematology | CDS | Surgery, Cardiovascular |
| HYP | Hypnosis | CRS | Surgery, Colon and Rectal |
| ID | Infectious Diseases | GS | Surgery, General |
| IM | Internal Medicine | HS | Surgery, Hand |
| LAR | Laryngology | HNS | Surgery, Head and Neck |
| LM | Legal Medicine | NS | Surgery, Neurological |
| ND | Neoplastic Diseases | ORS | Surgery, Orthopedic |
| NEP | Nephrology | PDS | Surgery, Pediatric |
| N | Neurology | PS | Surgery, Plastic |
| CHN | Neurology, Child | TS | Surgery, Thoracic |
| NA | Neuropathology | TRS | Surgery, Traumatic |
| NM | Nuclear Medicine | U | Surgery, Urological |
| NTR | Nutrition |  |  |
| OBS | Obstetrics |  |  |
| OBG | Obstetrics and Gynecology | In addition to the above specialties the following designations are also used: |  |
| OM | Occupational Medicine |  |  |
| OPH | Ophthalmology | OS | Other, i.e., physician designated a specialty other than those appearing above. |
| OT | Otology |  |  |
| OTO | Otorhinolaryngology |  |  |
| PTH | Pathology |  |  |
| CLP | Pathology, Clinical | US | Unspecified, i.e., physician did not specify a specialty. |
| FOP | Pathology, Forensic |  |  |
| PD | Pediatrics |  |  |
| PDA | Pediatrics, Allergy |  |  |
| PDC | Pediatrics, Cardiology |  |  |


table 2 federal physicians in the U.S. by specialty and activity, december 31, 1975

TABLE 3 NON-FEDERAL PHYSICIANS IN THE U.S. BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31,1975

TABLE 3 NON-FEJERAL PHYSICIANS IN THE L.S. BY SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31,1975
CCNTINUED



CCNT INUED

TABLE 4

TABLE 5


TABLE SNUED

table 6 federal and non-federal physicians by specialty, activity, anl sex, jecember 31, 1975
south dakota


South Dakota 12
TABLE 6 FECERAL AND NON-FEDERAL PHYこIC:AN: ©Y SPECIALTY, ACTIVITY, ANE EEX, DECEMBER 31, 1975 (CGNTINUEC)

AND NON-FEDERAL PGYSiCiANz EY SPECIALTY, ACTIVITY, AAL :EX, LECEMEEK 31, 1975 (CONTINULu)


South Dakota 14
TABLF 7 FEDERAL AND NON-FEDERAL PHYSICIANS \&Y SPECIMLTY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMEER $3 I, 1975$
SOUTH DAKOTA

TOTAL PHYSICIANS
TABLE 7 FEDERAL AND NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY BOARU CERTIFICATION, AND SEX, DECEMBER 31, I975

SOUTH DAKOTA

TABLE 8 federal physicians by specialty, activity, and branch of service, december 31, 1975

TABLE 8 FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND ERANCH OF SERVICE, DECEMBER 31, 1975 (CONTINUED)
VETERANS ADMINISTRATION
SOUTH DAKOTA

|  | 1 |  |  |  | JOR PROEESSI | IONAL ACIIYII |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | I total | total |  | PAIIENI CARE | I | -OT | HER PROEES | IONAL ACIIV |  |
| SPECIALTY | \| PHYSICIANS | PATIENT | OFFICE | HOSPITAL BAS | Eİ PRACIICE | ADMINISTRA-1 | MEDICAL | 1 MEDICAL | I |
|  | 1 | CARE | BASED | 1 RESIDENTS | FULL-TIME | TION | TEACHING | RESEARCH | OTHER |
|  |  |  |  | , | SIAFE |  |  |  | 1 |
| TOTAL PHYSICIANS | 1 47 | 45 |  | 1 \| | 45 | 2 |  | 1 | 1 |
|  | 1 |  |  | 1 |  | - 1 |  | 1 | 1 |
| GEN PRACTICE | 112 \| | 12 |  | 1 | 12 | 1 |  | 1 | 1 |
|  | 1 |  |  | 1 |  | 1 |  |  | 1 |
| MEOICAL SPEC. | 112 | 10 |  | 1 | 10 | 21 |  | 1 | 1 |
| CD | 12 | 2 |  | 1 | 2 | I |  | 1 | 1 |
| IM | 1101 | 8 |  | 1 | 8 | 21 |  | I | 1 |
|  | 1 |  |  | 1 |  | 1 |  | 1 | 1 |
| SURGICAL SPEC. | 112 | 12 |  | 1 | 12 | I |  | 1 | , |
| GS | \| 101 | 10 |  | I | 10 | I |  | 1 | 1 |
| ORS | 121 | 2 |  | 1 | 2 | I |  | 1 | , |
|  | 1 |  |  | 1 |  | 1 |  | 1 | 1 |
| OTHER SPEC. | 1111 | 11 |  | 1 | 11 | -1 |  | I | 1 |
| AN | 11 1 | 1 |  | 1 | 1 | - 1 |  | I | 1 |
| P | 181 | 8 |  | 1 | 8 | I |  | 1 | 1 |
| PM | 11 | 1 |  | 1 | 1 | I |  | 1 | 1 |
| R | 111 | 1 |  | 1 | 1 | I | - | 1 | 1 |
|  | 1 |  |  | 1 |  |  |  |  | 1 |

ICIANS BY SPECIALTY, ACTIVITY, AND BRANCH OF SERVICE, DECEMBER 31, 1975

| SPECIALTY | TOTAL | MAJOR PROEESSIONAL ACTIVIIY |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \text { TDTAL } \\ & \text { PATIENT } \\ & \text { CARE } \end{aligned}$ | PAIIENT CARE |  |  | OTHER PROEESSIONAL ACIIVIIY |  |  |  |
|  |  |  | OFFICE | I HOEPIIAL BAS | ED PBACIICE | ADMINISTRA-1 | MEDICAL | 1 MEDICAL |  |
|  | 1 |  | BASED | ! RESIDENTS | FULL-TIME | TION | TEACHING | ( RESEARCH | OTHER |
| TOTAL PHYSICIANS | 1221 | 22 | 3 | I | 19 | I |  |  |  |
|  | 1 1 |  |  | , |  | I |  | I |  |
| gen practice | 111 | 11 | 1 | 1 | 10 | 1 |  | 1 |  |
|  | 12 |  |  | 1 |  | I |  | , |  |
| $\underset{\text { MEDICAL }}{\text { IM }}$ SPEC. | $1 \begin{array}{ll}1 & 2 \\ 1\end{array}$ | 2 |  | 1 | 2 | 1 |  | I |  |
| $\begin{aligned} & \text { IM } \\ & \text { PUO } \end{aligned}$ | 111 | 1 |  | 1 | 1 | 1 |  | I |  |
| PUD | 111 | 1 |  | I | 1 | I |  | , |  |
| SURGICAL SPEC. | 11 | 1 |  | 1 | 1 | 1 |  | , |  |
| GS | 121 | 1 |  | 1 | 1 | 1 |  | 1 |  |
|  | 1 - 1 |  |  | 1 |  | 1 |  | 1 |  |
| OTHER SPEC. | $1{ }^{8} 1$ | 8 | 2 | 1 | 61 | 1 |  | 1 |  |
| PH | 111 | 1 | 1 | 1 | I | 1 |  | 1 |  |
| UNSPECIFIES | 171 | 7 | 1 | 1 | 61 | 1 |  | 1 |  |
|  | 1 |  |  | 1 |  | 1 |  | 1 |  |

TABLE 8 FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, ANO BRANCH OF SERVICE; DECEMBER 31; 1975

| SPECIALTY | \|TOTAL | TOTALPATIENTCARE | PAT MEMT MAIOR PROEESSIONAL ACIIYIIY - |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | OFFICE BASED | HOSPIIAL BAS | ED PRACTICE | ADHINISTRA- | MEDICAL | MEDICAL |  |
|  |  |  |  |  | STAFF | TION | TEACHING | RESEARCH | OTHER |
| TOTAL PHYSICIANS |  | 1 | 1 | 1 |  |  |  |  |  |
|  | ! ! 1 |  |  | 1 |  |  |  |  |  |
| MEDICAL SPEC. | $1 \quad 1 \begin{array}{lll}1 & ! \\ 1 & !\end{array}$ | 1 | 1 | 1 i |  |  |  |  |  |
| MED | $1 \quad 1$ | 1 | 2 | 1 |  |  |  |  |  |
|  |  |  |  | 1 |  |  |  |  |  |



TABLE 9 NON-FEDERAL PHYSICIANS BY SPECIALTY, ACTIVITY, AND SEX; DECEMBER 3L, 1975 (CONTINUED)

| SPECIALTY | FEMALE IPHYSICIANS $\qquad$ | MANDR_RROEESSIONAL_ACILYIIY |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | TOTAL PATIENT CARE | RAIIENI CARE |  |  | ---OIHER RRQEESSIONAL ACIIVIIY |  |  |  |
|  |  |  | OFFICE | IHOSPITAL BAS | ED_PRACTICE | ADMINISTRA-1 | MEDICAL | MEDICAL | R |
|  |  |  | BASED | I RESIDENTS | FULL-TIME | TION | TEACHING | RE SEARCH | OTHER |
|  |  |  |  | I | SLACE |  |  | 1 |  |
| FEMALE PHYSICIANS | 21 | 16 | 10 | 11 | 5 | 1 |  | 1 |  |
| FEMALE PHISICIANS | 21 |  |  | 1 |  | 1 |  | ! |  |
| GENERAL PRACTICE | 3 | 3 | 3 | 1 |  | 1 |  | 1 |  |
|  | 3 |  |  | , |  | 1 |  | 1 |  |
| MEOICAL SPEC. | 5 | 5 | 5 | 1 |  | 1 |  | 1 |  |
| M ${ }_{\text {D }}$ | 3 | 3 | 3 | 1 |  | 1 |  | 1 |  |
| IM | 2 | 2 | 2 | 1 |  | 1 |  | 1 |  |
| $1 H$ | 2 | 2 |  | 1 |  | 1 |  | 1 |  |
| SURGICAL SPEC. | 1 | 1 |  | 1 | 1 | 1 |  | 1 |  |
| OBG | 1 | 1 |  | 1 | 1 | 1 |  | 1 |  |
| OBG | 1 | 1 |  | 1 |  |  |  | 1 |  |
| OTHER SPEC. | 7 | 7 | 2 | 11 | 4 | , |  | 1 |  |
| AN | 1 | 1 |  | 1 | 1 | 1 |  | 1 |  |
| PN | 2 | 2 |  | 1 | 2 |  |  | 1 |  |
|  | 1 | 1 | 1 | 1 |  |  |  | 1 |  |
| UNSPECIFIED | 13 | 3 | 1 | 11 | 1 |  |  | 1 |  |
|  | 3 |  |  | 1 |  |  |  | 1 |  |
| INACTIVE | 4 |  | - | 1 |  |  |  | 1 |  |
| NOT CLASSIFIED | 1 |  |  | 1 |  | 1 |  | 1 |  |

TABLE 10 NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATIDN, AND SEX, DECEMBER 31 , 1975

TABLE 10 NON-FEDERAL PHYSICIANS BY SPECIALTY, AGE, SPECIALTY BOARD CERTIFICATION. AND SEX, DECEMBER 3LI I975 (CONTINUED)


TABLE 11 NON-fEDERAL PHYSICIANS BY ACTIVITY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 1975

TABLE 11 NON-FEDERAL PHYSICIANS BY ACTIVITY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 31, 1975

| PROFESSIONAL ACTIVITY | TOTAL PHYSI CIANS | I_AGE - |  |  |  |  |  |  |  |  |  | SPECIALTY BOARDCERIIFICAIION |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\text { IUNDER } 35$ | - | T0 4 | 1 | $\text { TO } 54$ |  | $\text { ТО } 64$ |  | 1074 | $\begin{aligned} & 75 \text { AND } \\ & \text { OVER } \end{aligned}$ |  |  |  |  |  |
|  |  |  |  |  | 4145 |  |  |  |  |  |  | 1 | 1 BOARD | I2 BOARDS \| |  | NONE |
|  |  | 1 | I |  | 1 |  |  |  | 1 | I |  | 1 |  | 1 | - |  |
|  |  |  |  |  | 1 |  | I |  | 1 | 1 |  | 1 |  | 1 | 1 |  |
| MALE PHYSICIANS | 587 | 110 |  | 138 | 1 | 153 |  | 110 | 1 | 451 | 31 | , | 239 | , | 61 | 342 |
|  |  | 83 |  |  | 1 |  |  |  | I | I |  | I |  | 1 | 1 |  |
| PATIENT CARE | 506 | 83 |  | 127 | 1 | 144 |  | 106 | , | 311 | 15 | 1 | 212 | 1 | 5 | 289 |
|  |  |  |  |  | ! |  |  |  | I | 1 |  | 1 |  | 1 | 1 |  |
| OFFICE BASED PRACTICE PRIMARY CARE | 454 240 | 45 | 1 | 122 63 | 1 | 141 |  | 103 | 1 | 301 | 13 | 1 | 205 | 1 | 51 | 244 |
| NOT PRIMARY CARE | 240 | 20 |  | 63 59 |  | 78 63 |  | 50 53 | I | 21 | 8 5 | 1 | 78 127 | 1 | 2 | 160 |
|  |  | 25 |  | 59 | , | 63 |  | 53 | , | 9 | 5 |  | 127 |  | 3 | 84 |
| HOSPITAL BASED PRACTICE | 52 | 38 |  | 5 | 1 | 3 |  | 3 | 1 | 11 | 2 | 1 | 7 | 1 | 1 | 45 |
| RESIDENTS | 35 | 35 |  |  | 1 | 1 |  |  | 1 | 1 |  |  | 1 | 1 | , | 45 |
| FULL-TIME STAFF | 17 | 1 3 |  | 5 | 1 | 3 |  | 3 | 1 | 11 | 2 | 1 | 6 | 1 | , | 11 |
|  |  | 1 1 |  |  | 1 | 1 |  |  | 1 |  |  | 1 |  | 1 | 1 | 12 |
| OTHER PROFESSIONAL ACTIVITY | 10 | 1 |  | 2 | 1 | 6 |  |  | 1 | 11 |  | 1 | 7 |  | 1 | 2 |
|  |  |  |  |  | I | 3 |  |  | 1 |  |  | 1 |  |  | 1 |  |
| INACTIVE | 33 |  |  |  | 1 | 31 |  | 2 |  | 12 1 | 16 | 1 | 8 | 1 |  | 25 |
|  |  | 26 |  |  | 1 |  |  |  | 1 |  |  | 1 |  | 1 | 1 |  |
| NOT CLASSIFIED | 38 | 26 |  | 9 |  | 1 |  | 2 | 1 | 11 |  | 1 | 12 |  | 1 | 26 |
|  |  |  | L |  | 1 | 1 |  |  | 1 |  |  |  |  |  |  |  |

TABLE 11 NON-FEDERAL PHYSICIANS BY ACTIVITY, AGE, SPECIALTY BOARD CERTIFICATION, AND SEX, DECEMBER 3I, 1975 (CONTINUED)
SOUTH DAKOTA

TAGLE 12 NON-FEDERAL PHYSICIANS EY ©TATE AND COUNTRY OF GRADUATION ANC ACTIVITY, DECEMBER 31, 1975

| ©TATE AND CQUNTRY OF GRADUATION | 1 | MANOR PKOFESSLONAL ACTIVITY |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 TOTAL | TOTAL | PAIIENI CABE |  |  | OTHER <br> PROFESSIO- |  | NOT |
|  | IPHYSICIANS | PATIENT | OFFICE | 1 HOSPIIAL BA | SED PRACIICEI |  | INACTIVE | ICLASSIFIED |
|  | 1 \| | CARE | BASED | 1 RESILENTS | \| FULL-TIME | | NAL |  | 1 |
|  | 1 |  |  | 1 | 1 SIAEF | ACIIVIIY |  | 1 |
|  | 1 |  |  | 1 | 1 1 |  |  | 1 |
| TOTAL PHYSICIANS | $1 \quad 608$ | 522 | 464 | 136 | 122 | 10 | 37 | 139 |
|  | 1 |  |  | 1 | 1 |  |  | 1 |
| UNITED STATES | 152 C | 445 | 402 | 134 | 19 | 9 | 35 | $1 \ldots$ |
| ARIZONA | 11 | 1 |  | 1 i | 1 |  |  | 1 |
| ARKKANSAS | 13 | 3. | 3 | 1 | 1 |  |  | 1 |
| CALİFORNIA | 14 | 3 | 3 | 1 | 1 |  |  | 11 |
| COLORADO | 113 | 10 | 10 | 1 | I |  |  | 13 |
| D.C. | 17 | 7 | 7 | 1 | 1 |  |  | 1 |
| GEORGIA | 12 | 2 |  | 12 | 1 |  |  | 1 |
| ILLINOIS | 199 | 84 | 79 | 12 | 13 | 1 | 9 | 15 |
| INCIANA | 15 | 3 | 3 | 1 | 1 |  |  | 12 |
| IOWA | 143 | 34 | 27 | 17 | 1 | 1 | 4 | 14 |
| KANSAS | 115 | 13 | 12 | 11 | 1 |  | 1 | 11 |
| KENTUCKY | 15 | 4 | 4 | 1 | 1 |  | 1 | 1 |
| LCUISIANA | 12 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| MARYYLAND | 15 | 5 | 5 | I | 1 |  |  | 1 |
| MASSACHUSETTS | 112 | 9 | - 7 | 12 | 1 | 1 |  | 12 |
| MICHIGAN | 19 | 7 | 7 | 1 | 1 |  | 2 | 1 |
| MINNE SOTA | 154 | - 45 | 44 | 11 | 1 |  | 4 | 15 |
| MI SSOURI | 115 | 12 | 12 | 1 | 1 |  | 2 | 11 |
| NEBRASKA | 199 | 90 | 80 | 18 | 12 |  | 7 | 12 |
| NEW YORK | 111 | 8 | 7 | 1 | 11 | 1 | 1 | 11 |
| NORTH CAROLINA | 12 | 2 | 2 | 1 | 1 | I |  | 1 |
| OHIO | 15 | 5 | 5 | 1 | 1 |  |  | 1 |
| OK L AHOMA | 11 | 1 | 1 | 1 | 1 |  |  | 1 |
| OREGON | 16 | 5 | 1 | 12 | 12 | 1 |  | 1 |
| PENNS YLVANIA | 141 | 37 | 34 | 12 | 11 | 2 | 2 | 1 |
| RHODE ISLAND | 11 | 1 |  | 11 | 1 |  |  | 1 |
| TENNESSEE | 17 | 6 | 6 | 1 | 1 | 1 |  | 1 |
| TEXAS | 117 | 14 | 11 | 13 | 1 |  |  | 13 |
| VERMONT | 12 | 1 | 1 | 1 | 1 |  |  | 11 |
| VIRGINIA | 12 | 1 | 1 | 1. | 1 |  | 1 | 1 |
| WASHINGTON | 16 | 6 | 6 | 1 | 1 |  |  | 1 |
| WEST VIRGINIA | 12 | 1 |  | 11 | 1 | 1 |  | 1 |
| WISCONSIN | 124 | 24 | 23 | 11 | 1 |  |  | 1 |
| CANADA | 19 | 8 | 7 | 1 | 11 |  |  | 11 |
| CUTSIDE U.S. $\%$ CANADA | 179 | 69 | 55 | 12 | 112 | 1 | 2 | 17 |
|  | 1 |  |  | 1 | 1 |  |  | , |

South Dakota 31
HYS ICIANS BY COUNTY GROUP, ACTIVITY, AND SEX, DECEMBER 31, 1975

| COUNTY GROUP | TOTAL | Itotal patient <br> CARE | $\qquad$ | PBOEESSIONALAC PAIIENI CABE HOSPIIAL BAS | IVYIIY | OTHER PROFESSIINAL ACTIVITY | INACTIVE | $\begin{gathered} \text { NOT } \\ \text { CLASSIFIED } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 - 1 | 1 - 1 |  | 1 - | ---SİEE---\| | I |  | 139 |
| TOTAL PHYSICIANS | 16081 | 1522 | 464 | 36 1 | 122 | 101 | 37 | 39 |
| 1 | 1851 | 167 1 | 66 | 1 1 | 11 | 1 | 9 | 9 |
| 2 | 1207 \| | \| 182 | | 157 | 111 | 114 | 51 | 11 | 19 |
| 3 | 1471 | 1421 | - 40 | 1 | 121 | I | 3 | 12 |
| 5 | 1951 | 1791 | - 77 | 11 | 11 | 1 I | 7 | 8 |
| 6 | I 174 | 1152 \| | 124 | 124 1 | 14 | 41 | 7 | 11 |
|  | 1 I |  |  | 1 |  | I |  |  |
|  | I | 1 1 |  |  |  | I |  | 1 30 |
| Male physicians | 1587 | \| 506 | | 454 | 135 | 17 | 10 \| | 33 | 38 |
| 1 WALE | 181 | \| 64 | | I 64 | 1 | I | - 1 | 8 | 19 |
| 2 | \| 199 | | 1176 \| | 155 | 111 | 10 | 15 | 9 | 19 |
| 3 | 145 \| | 140 1 | 38 | 1 | 1.2 | 1 | 3 | 12 |
| 5 | 192 1 | \| 77 : | 175 | 11 | 1.1 | 11 | 7 | 17 |
| 6 | 1170 \| | \| 149 - | 122 | 123 | 41 | 41 | 6 | 111 |
|  | 1 i | - 1 |  | 1 |  | I |  | 1 |
|  | 1 1 | f |  | I |  | I |  |  |
| female physicians | 121 | 116 \| | 10 | 11 | 15 | 1 | 4 | 11 |
| 1 1 | $1 \quad 4$ | 13 | 12 | 1 | 11 | 1 | 1 | 1 |
| 2 | 181 | 166 | 12 | 1 | 14 | 1 | 2 | 1 |
| 3 | 121 | 121 | 12 | 1 | I | 1 |  | 1 |
| 5 | 131 | 121 | 2 | 1 | , | 1 |  | 11 |
| 6 | 14 | 13 | 12 | 11 | I | 1 | 1 | 1 |

TABLE 14 NON-FEDERAL PHYSICIANS BY COUNTY GROUP, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION, DECEMBER 31 , 1975

-FEDERAL PHYSICIANS BY COUNTY GROUP AND COUNTRY OF GRADUATION. DECEMBER 31. 1975


TABLE 16 NON-FEDERAL PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31, 1975 (CONTINUED)

TABLE 16 NON-FEDERAL PHYSICIANS BY HEALTH SERVICE AREA, SPECIALTY, ACTIVITY, AND SEX, DECEMBER 31 , 1975 (CONTINUED)



TABLE 17 NON-FEDERAL

> SOUTH DAKOTA

table 17 NON-FEDERAL PhYSICIANS by health service area, specialty, age, specialty board gertificationg and sex, december 3i. ig f5
(CONTINUED)


TABLE 19 NON-FEDERAL PHYSICIANS BY COUNTV, SPECIALTY, ANL ACTIVITY, UECEMBER 31,1975


TABLE 19 NON-FEDERAL PHYSICIANS GY CUUNTY, SPECIALTY, ANU ACTLVITY LECEMBER SI. IGTS
SOUTH GAKGTA - CONTINUED

TABLE 19 NON-FEOERAL PHYSICIANS EY CUUNTY, SPECIALTY, ANU ACTIVITY, DECEMBER 31,1975
SOUTH DAKUTA - CUNTINUED


South Dakota 45
Y COUNTY, SPECIALTV, AND ACTIVITY, DECEMEER 31, 1975

TABLE 19 NUN-FEUEKAL PHYSICIANS GY COUNTY, SPECIALIY, ANU ACTIVITY, OECEMBER 31, 1975


South Dakota 47
PHYSIGIANS EY CUUNTY, SPECIALTY, ANL ACTIVATY, UEGEMBER 31, 1975

|  |  | MALOR PROFESSIONAL AGTUYITY |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{aligned} & \text { TOTAL } \\ & \text { IPHYSICIANSi } \end{aligned}$ | TGTAL PATIENT CARE | PATLENT CABt |  |  | GTHER PROEESSIGNAL ALIUYIX |  |  |  |  |
|  |  |  | OFFICE BASED | I HUSRLIA BASEU PISACILCE I |  | ADMINISTKA-1 | MEDICALTEACHING | MEDICAL RESEARCH | 1 |  |
|  | 1 |  |  | I KESIOENTS | \| FULL-TIME | - TLON I |  |  | 1 | UTHER |
|  | 1 |  |  | 1 | 1 SIAEF |  |  |  | 1 |  |
|  | 1 |  |  | 1 | I | 1 |  | 1 | 1 |  |
| GREGORY I | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |  |
|  | 1 |  |  | 1 : | 1 | 1 |  | 1 | 1 |  |
| TOTAL PHYSICIANS I | 31 | 3 | 3 | 1 | 1 | I |  | 1 | 1 |  |
|  | 11 |  |  | 1 | 1 | I |  | 1 | 1 |  |
| - GENEKAL PKACTICEI | 131 | 3 | 3 | 1 | 1 | I |  | 1 | 1 |  |
|  | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |  |
| HAAKON I | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |  |
|  | 1 |  |  | 1 |  |  |  | 1 | 1 |  |
| TUTAL PHYSICIANS I | 11 | 1 | 1 | $11^{\prime}$ | 1 | 1 |  | 1 | , |  |
|  | 1 |  |  | $1!$ | 1 | 1 |  | 1 | , |  |
| GENERAL PRACTICEI | 11 | 1 | 1 | $1^{\prime \prime}$ | 1 | I |  | 1 | 1 |  |
|  | 1 |  |  | 1 | , |  |  | 1 | 1 |  |
| HAMLIN I | 11 |  |  | 1 |  | 1 |  | 1 | 1 |  |
|  | 11 |  |  | 1 |  |  |  | 1 | , |  |
| TOTAL PHYSICIANS I | 111 | 1 | 1 | 1 | , |  |  | 1 | 1 |  |
|  | 11 |  |  | 1 | 1 |  |  | 1 | 1 |  |
| GENERAL PRACTICEI | 11 | 1 | 1 | 1 |  | 1 |  | 1 | 1 |  |
|  | 1 |  |  | 1 |  |  |  | 1 | 1 |  |
| HAND I | 1 |  |  | 1 |  |  |  | 1 | , |  |
|  | 1 |  |  | 1 |  |  |  | 1 | I |  |
| TOTAL PHYSICIANS | 21 | 2 | 2 | $\\|^{\prime}$ | 1 |  |  | 1 | , |  |
|  | 1 |  |  | 1. |  | 1 |  | 1 | 1 |  |
| GENERAL PRACTICEI | 121 | 2 | 2 | 1 |  | 1 |  | 1 | 1 |  |
| 1 | 11 |  |  | 1 | 1 | , |  | 1 | 1 |  |
| HUGHES I | 11 |  |  | 1 |  |  |  | 1 | 1 |  |
|  | 11 |  |  | 1 |  |  |  | 1 | 1 |  |
| TOTAL PHYSICIANS | 161 | 14 | 13 | 1 | 11 | 1 |  | 1 | 1 |  |
| $1$ |  |  |  | 1 |  |  |  | 1 | 1 |  |
| GENERAL PRACTICEI | 171 | 7 | 7 | 1 |  |  |  | 1 | 1 |  |
| $1$ | $i$ |  |  | 1 |  |  |  | 1 | 1 |  |
| MEDICAL SPEC. | 11 | 1 | 1 | 1 |  |  |  | 1 | 1 |  |
| IM | 111 | 1 | 1 | 1 |  |  |  | 1 | 1 |  |
|  | 1 |  |  | 1 |  |  |  | 1 | 1 |  |
| SURGICAL SPEC. I | 131 | 3 | 2 | 1 | 11 |  |  | 1 | 1 |  |
| 6S I | 131 | 3 | 2 | 1 | 1 |  |  | 1 | 1 |  |
| $i$ | 11 |  |  | 1 | 1 |  |  | 1 | 1 |  |
| OTHER SPEC. \| | 141 | 3 | 3 | 1 | 1 | 1 |  | 1 | 1 |  |
| $\mathrm{PH}$ | 11 |  |  | 1 | , | 1 |  | 1 | , |  |
| R I | 121 | 2 | 2 | 1 | 1 |  |  | 1 | , |  |
| OTHER I | 111 | 1 | 1 |  | 1 | I |  | 1 | 1 |  |
|  | 1 |  |  | , | 1 | 1 |  | 1 | , |  |
| INACTIVE I | 11 |  |  | 1 | , |  |  | 1 | , |  |
|  |  |  |  |  |  |  |  |  |  |  |

South Dakota 48
SOUTH DAKGTA - CONTINUED

TABLE 19 NUN-FEDERAL PHYSICIANS OY CUUOTY, SHLCIALTY, ANU ACTIVITY, UEGEMBEK 31, 1975


South Dakota 50
TABLE 19 NUN-FEUERAL PHYSICIANS BY CUUNTY, SPECIALTY. ANU ACTIVITY, UECEMBER 31, 1975


South Dakota 51
TABLE 19 NON-FEUERAL PHYSICIANS BY COUNTY, SPECIALTY, AND ACTIVITY, DECEMBER 31, 1975

| SPECIALTY | TUTAL \|PHYSICIANS| | * MAIGK PRGEESSIUNAL ACTIVITY |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | TOTAL PATIENT CARE | PATLENT GAKE |  |  | OTHER PRGEESSLONA ACTMYITY |  |  |  |
|  |  |  | $\begin{aligned} & \text { UFFICE } \\ & \text { BASED } \end{aligned}$ | I HUSPITAL BASED PRACTICEI |  | \| ADMINI STRA - | MEDICAL TEACHING | MEDICAL RESEARCH |  |
|  |  |  |  | 1 KESIOENTS | 1 FULL-TIME | TION I |  |  | \| OTHER |
|  |  |  |  | 1 | 1 SIAEF | 1 1 |  |  | - OTHER |
|  | 1 |  |  | 1 | I | I |  | 1 | 1 |
| minnehaha | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
|  | 11 |  |  | 1 | 1 | 11 |  | I | I |
| $k$ | 1.51 | 5 | 5 | 1 | 1 | 1 |  | I |  |
| UNSPECIFIED | 1131 | 13 | 2 | 111 | I | 1 |  | 1 | 1 |
|  | 11 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| INACTIVE | 171 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| NOT CLASSIFIED | 111 |  |  | 1 | 1 | 1 |  | 1 | 1 |
|  | 1 I |  |  | 1 | 1 | 1 |  | 1 | 1 |
| MOCDY | 1 I |  |  | 1 | 1 | 1 |  | 1 | 1 |
|  | 11 |  |  | 1 | 1 | 1 |  | 1 | , |
| TUTAL PHYSICIANS | 121 | 2 | 2 | 1 | 1 | 1 |  | 1 | 1 |
|  | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| GENERAL PRACTICE | 11 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |
|  | 1 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| SURGICAL SPEC. | 111 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| GS | 11 | 1 | 1 | 1 | 1 | 1 |  | I | 1 |
|  | 11 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| PENNINGTON | 11 |  |  | 1 | 1 | 1 |  | 1 | 1 |
|  | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| TOTAL PHYSICIANS | 1881 | 75 | 73 | 11 | 11 | 1 | 1 | I | 1 |
|  | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| gentral practice | 1 o 1 | 8 | 6 | 1 | 1 | 1 |  | 1 | 1 |
| MEDICAL SPEC. | 11 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| MEDICAL SPEC. | 121 | 21 | 19 | 11 | 11 | 1 |  | 1 | 1 |
| A | 11 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| CD | 121 | 2 | 2 | 1 | 1 | 1 |  | 1 | 1 |
| D | 131 | 3 | 3 | 1 | 1 | 1 |  | 1 | 1 |
| IM | 1111 | 11 | 10 | 11 | 1 | 1 |  | 1 | 1 |
| PL | 141 | 4 | 3 | 1 | 11 | 1 |  | 1 | 1 |
|  | 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| SURGICAL SPEC. | 1321 | 31 | 31 | 1 | 1 | 1 | 1 | 1 | 1 |
| GS | 1101 | 10 | 10 | 1 | 1 | 1 |  | 1 | 1 |
| NS | 111 | 1 | 1 | 1 | 1 | 1,1 |  | 1 | 1 |
| OEG | 151 | 5 | 5 | 1 | 1 | $1 \times 1$ |  | 1 | 1 |
| UPH | 131 | 3 | 3 | 1 | 1 | 1 |  | 1 | 1 |
| ORS | 151 | 5 | 5 | 1 | 1 | 1 |  | 1 | 1 |
| UTG | 131 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| U | 151 | 5 | 3 | 1 | 1 | 1 |  | 1 | 1 |
|  | 1 1 |  |  | 1 | 1 | 1 |  | 1 | 1 |
| OTHER SPĖC. | 1151 | 13 | 15 | 1 | 1 | 1 |  | 1 | 1 |
| AN | 121 | 2 | 2 | 1 | 1 | 1 |  | 1 | 1 |
| $N$ | 11 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| PTH | 14 | 4 | 4 | 1 | 1 | 1 |  | 1 | 1 |
| R | 161 | 6 | 6 | 1 | 1 | 1 |  | 1 | 1 |
|  | 1 1 |  |  | 1. | 1. | 1 |  | 1. | 1 |

South Dakota 52
TABLE 19 NUN-FEUERAL PHYSIGIANS BY COUNTY, SPECIALTY, ANO ACTIVITY, UECEMBEK 31, 1975
SOUTH dakuta - Cuntinued


South Dakota 53
IL PHYSLCIANS BY COUNTY, SPECIALTY, ANL ACTIVITY, UECEMBEK 31, 1975


South Dakota 54
TABLE 19 NUN-FEUEKAL PHYSICIANS GY CGUNTY, SPEGIALTY, ANC ACTIVITY, OECEMBER 31, 1975

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975
SOUTH DAKOTA

|  | TOTAL | --SES | X | --MDER-1 | - | - 4 - $A$ | E |  |  |  | ABD CER | IIEICAIIO | 2N |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SPECIALTY IP | PHYSICIANS | MALE | FEMALE | $\begin{gathered} \text { UNDER } \\ 35 \\ \hline \end{gathered}$ | $\begin{aligned} & 35 \\ & -44 \\ & \hline \end{aligned}$ | $\begin{array}{ll} 45 \\ -54 & 1 \end{array}$ | $\begin{aligned} & 55 \\ & -64 \\ & \hline \end{aligned}$ | $\begin{aligned} & 65 \\ & -\quad-74 \end{aligned}$ | $\begin{gathered} 75 \\ 18 \text { OVER } \\ \hline \end{gathered}$ | $\begin{gathered} 1 \\ \text { BOABD_ } \\ \hline \end{gathered}$ | $\begin{aligned} & 2 \\ & 1 / B O A B D \\ & \hline \end{aligned}$ | $\begin{gathered} 3 \\ 1 \\ 1 \\ \hline \text { BOABD } \end{gathered}$ | NONE |
|  |  |  |  | 1 | 1 | I |  |  |  |  |  | 1 |  |
| BEADLE | - | 1 | 1 | 1 | 1 | 1 | 1 | I | 1 | 1 |  | 1 |  |
|  |  | -1 |  | 1 | 1 | 1 | 1 | I | 1 1 |  |  | 1 |  |
| TOTAL PHYSICIANS | 19 | 181 | 11 | 11 | 11 | 41 | 71 | 4 | 121 | 41 |  | I | 15 |
|  |  |  |  | 1 | I | 1 | 1 | 1 | 11 | 1 |  | 1 |  |
| general practicel | 9 | 191 | I | I | 1 | 21 | 31 | 21 | 121 | 11 |  | 1 | 8 |
|  |  |  | 1 |  | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 |  |
| MEDICAL SPEC. | 3 | 31 | 1 | I | 1 | 1 | 21 | 11 | 1 | 1 |  | 1 | 3 |
| IM | 2 | 21 | 1 | 1 | 1 | 1 | 11 | 11 | 1 | 1 | , | I | 2 |
| PD | 1 | 11 | 1 | 1 | $!$ | I | 11 | I | 1 | 1 | 1 | 1 | 1 |
|  |  | 1 | , | 1 | 1 | 1 | 1 | I | 1 | 1 |  | , |  |
| SURGICAL SPEC. | 2 | 21 | 1 | 1 | 1 | 11 | 11 | 1 | 1 | 11 |  | I | 1 |
| GS | 2 | 21 | I | 1 | 1 | 11 | 11 | 1 | 1 | 11 |  | 1 | 1 |
|  |  | I | 1 | 1 | 1 | 1 | 1 | I | 1 | 1 |  | 1 |  |
| OTHER SPEC. I | 3 | 21 | 11 | 1 | 11 | 11 | 11 | 1 | 1 | 21 |  | I | 1 |
| AN | 1 | I | 11 | 1 | 11 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| PTH | 1 | 11 | I | 1 | 1 | 1 | 11 | 1 | 1 | 11 |  | 1 |  |
| R I | 1 | . 11 | 1 | 1 | 1 | 11 | ! | 1 | 1 | 11 |  | 1 |  |
| NOT CLASSIFIED I | 2 | - 21 | I | 11 | I | 1 | I | 11 | 1 | 1 |  | 1 | 2 |
| 1 |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | I |  | , |  |
| bon homme \| |  | 1 | I | 1 | 1 | 1 | I | 1 | 1 | 1 | I | 1 |  |
| 1 | - 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |  | 1 |  |
| total physicians i | 6 | 51 | 11 | 11 | 21 | 11 | 1 |  | 21 | 11 |  | 1 | 5 |
|  |  | , | 1 | I | 1 | 1 | I | 1 | 1 | 1 |  | I |  |
| GENERAL PRACTICEI | 2 | 21 | 1 | 1 | 11 | 11 | I | 1 | 1 | 11 |  |  | 1 |
|  |  | 1 | 1 | 1 | 1 | 1 | , | 1 | 1 |  |  | 1 |  |
| OTHER SPEC. | 2 | 11 | 11 | 11 | 11 | 1 | 1 | 1 | 1 | 1 |  | \| | 2 |
| P | 11 | 1 | 11 | 1 | 11 | 1 | I | 1 | 1 | 1 |  | 1 | 1 |
| UNSPECIFIED | 11 | 11 | 1 | 11 | 1 | 1 | 1 | I | 1 | I |  | 1 | 1 |
| 1 |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 |  |
| INACTIVE I | 2 | 21 | 1 | 1 | 1 | 1 | 1 | 1 | 21 |  |  | 1 | 2 |
| 1 |  | I | 1 | 1 | 1 | 1 | 1 | 1 | 1 1 | 1 |  | 1 |  |
| BROOKINGS I | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |  | 1 |  |
| 1 |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 |  |
| total physicians i | 17 | 171 | 1 | 31 | 41 | 31 | 21 | 41 | 11 | 61 |  | 1 | 11 |
| - |  | 1 | 1 | 1 | 1 | I | , | 1 | 1 | 1 |  | 1 |  |
| GENERAL PRACTICEI | 81 | 81 | 1 | 11 | 41 | 1 | 1 | 31 | 1 | 31 |  | 1 | 5 |
| medical spec ! |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 |  |
| MEDICAL SPEC. I | 21 | 21 | 1 | ! | 1 | 21 | I | 1 | 1 | 1 |  | 1 | 2 |
| IM I | 1 | 11 | 1 | 1 | 1 | 11 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| PD I | 1 | 11 | 1 | 1 | I | 11 | 1 | 1 | 1 | 1 |  | 1 | 1 |
| 1 |  | 1 | 1 | 1 | 1 | I | 1 | 1 | 1 | 1 |  | I |  |
| SURGICAL SPEC. \| | 41 | 41 | 1 | 21 | 1 | 1 | 11 | 1 | 11 | 21 |  | 1 | 2 |
| GS I | 21 | 21 | 1 | 11 | I | 1 | 11 | 1 | 1 | 11 |  | 1 | 1 |
| OPH I | 21 | 21 | 1 | 11 | 1 | 1 | 1 | 1 | 11 | 11 |  | I | 1 |
|  |  | 3i | 1 | ! | I | 11 | 1 | 1 | 1 | 1 |  | I |  |
| OTHER SPEC. I | 31 | 31 | , | 1 | 1 | 11 | 11 | 11 | 1 | 11 |  | , | $2$ |

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975
SOUTH DAKOTA - CONTINUED

| SPECIALTY | TOTAL |  |  |  | AG |  |  |  |  | ABD CER | IEICAIIO |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | male fremale | $\begin{aligned} & \text { UNDER } \\ & 35 \end{aligned}$ | $\begin{array}{cc} 35 \\ -44 & 1 \end{array}$ | $\begin{aligned} & 45 \\ & -54 \end{aligned}$ | $\begin{aligned} & 55 \\ & -64 \end{aligned}$ | $\begin{aligned} & 65 \\ & -74 \end{aligned}$ | $\begin{aligned} & 75 \\ & \text { OvFR } \end{aligned}$ | 1 | $2{ }^{2}$ | $3^{3}$ | NONE |
|  | I | 1 | - |  |  |  |  | 18-OVER | _BOABD | BDARD | BOARD |  |
| BROOKINGS | 1 | 1 | - | 1 | 1 | 1 |  | 1 |  |  |  |  |
|  | , | 1 | 1 | 1 | I | 1 |  | 11 | 1 |  |  |  |
| AN | 11 | 11 | I | I | I | 1 | 11 | 1 | I |  |  | 1 |
| R ${ }_{\text {R }}$ | 11 | 11 | I | 1 | 1 | 11 | 1 | I | 11 |  |  | 1 |
| OTHER | 11 | 11 | I | 1 | 11 | 1 |  | , |  | . |  | 1 |
|  |  | I | 1 | I | 1 | I |  | 1 | 1 |  |  | 1 |
| BROWN | 1 | 1 | I | 1 | 1 | 1 |  | 11 |  |  |  |  |
|  |  | 451 | 4 | 131 | 171 | 1 |  | , | 1 | 1 |  |  |
| TOTAL PHYSICIANS | 471 | 4512 | 41 | 131 | 171 | 91 | 21 | 21 | 211 | 11 |  | 25 |
| general practicel | 61 | 61 |  |  |  | 41 | 1 | 1 | 1 | , |  |  |
|  |  | 6 | 1 | 1 | 1 | 41 | 11 | 1 | 11 | 1 |  | 5 |
| MEDICAL SPEC. I | 71 | 512 | 1 | 31 | 31 | 11 |  | 1 | 21 | 1 |  | 5 |
| CD I | 11 | 11 |  | 11 | 1 | 1 |  | , | 21 |  |  | 5 |
| 0 | 11 | 11 | 1 | 1 | 11 | 1 |  | 1 | - 1 | 1 |  | 1 |
| IM I | 41 | 311 | 1 | 11 | 21 | 11 |  | , | 21 | 1 | 1 | 2 |
| PD I | 11 | 11 | 1 | 11 | 1 | 1 |  | 1 | 2 | - |  | 2 |
|  |  | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | I | 1 |
| SURGICAL SPEC. I | 19 I | 191 | 11 | 71 | 91 | 21 | 1 | 1 | 81 | 11 |  |  |
| GS I | 71 | 71 | 1 | 21 | 41 | 11 |  | 1 | 41 | 1 |  | 10 |
| OBG I | 21 | 21 | 1 | 11 | 1 | 11 | 1 | , | 41 |  |  | 3 |
| OPH I | 21 | 21 | 11 | 1 | 11 | 1 | 1 | - | 11 | 1 |  | 2 |
| ORS I | 21 | 21 | 1 | 11 | 11 | 1 | 1 | - | 11 | 1 |  | 1 |
| OTO I | 21 | 21 | 1 | 11 | 11 | 1 |  | 1 | 1 | 1 |  | 1 |
| TS I | 11 | 11 | 1 | 1 | 11 | 1 | 1 | 1 | 1 | 11 |  | 2 |
| $u$ I | 31 | 31 | 1 | 21 | 11 | 1 | 1 | - 1 | 21 | 1 |  | 1 |
|  |  | 101 | 1 | 31 | 1 | 1 |  | , | 1 | 1 |  | 1 |
| OTHER SPEC. \| | 10 | 101 | 11 | 31 | 41 | 21 | I | , | 61 | 1 |  | 4 |
| ${ }_{P}^{\text {AN }}$ | 1 | 11 | 1 | 21 | , | I | I | 1 | 1 |  |  | 2 |
| PTH I | 21 | 21 | 1 | 1 | I | 21 |  | . | 11 |  |  |  |
| R I | 41 | 41 | 11 | 1 | 31 | 2 | i | - | 31 | , | I | 1 |
| TR I | 11 | 11 | 1 | 1 | 11 | 1 | - 1 | - | 11 |  |  | 1 |
| ! | , | 1 | 1 | 1 | I | 1 | 1 | 1 | 1 | , |  |  |
| INACTIVE | 31 | 31 | 1 | 1 | 1 | 1 | 11 | 21 | 31 | , | , |  |
| NOT CLASSIfied I | 21 | 21 | 21 | 1 | 1 | 1 | 1 | 2 | 11 |  | , | 1 |
|  |  | 1 | 1 | 1 | 1 | 1 | , | - 1 | 1 | I | 1 | 1 |
| BRULE I | - 1 | 1 | 1 | 1 | 1 | 1 |  | - | , |  |  |  |
| 1 | - 1 | 1 | , | 1 | 1 | 1 | I | - | 1 | , |  |  |
| TOTAL PHYSICIANS 1 | 31 | 31 | , | 11 | 1 | 21 |  | - | 11 | , |  |  |
|  |  | 1 | 1 | 1 | 1 | 1 | 1 | - 1 | 1 | I |  | 2 |
| GENERAL PRACTICEI | 1 I | 11 | 1 | 1 | 1 | 11 | I | - | 11 | , | , |  |
|  | 1 | 1 | 1 | 1 | 1 | 1 |  | - | 1 | 1 | 1 |  |
| SURGICAL SPEC. 1 | 11 | 11 1 | I | 1 | I | 11 | 1 | - 1 | 1 | 1 | , | 1 |
| GS ! | 11 | 11 \| | 1 | 1 | 1 | 11 | ; | 1 | , | 1 | , | 1 |
| NOT CLASSIFIED \| | 11 | 11 | 1 | 11 | I | 1 | 1 | 1 | - 1 | \| |  | 1 |
|  | 1 | 1 - |  | 1 | , | 1 | 1 | 1 | 1 | , | - | 1 |

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TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

| SPECIALTY | TOTAL |  |  |  |  |  |  |  | --BDABD CERIEEICAIION |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | MALE \|FEMALE | $\begin{aligned} & \text { UNDER } \\ & 35 \end{aligned}$ | $\begin{aligned} & 35 \\ & -44 \end{aligned}$ | $\begin{gathered} 45 \\ -54 \end{gathered}$ | $\begin{gathered} 55 \\ -64 . \end{gathered}$ | $\begin{aligned} & 65 \\ & -74 \end{aligned}$ | $\begin{gathered} 75 \\ \text { QYER } \end{gathered}$ | $\begin{gathered} 1 \\ B O A B D \\ \hline \end{gathered}$ | 2 3  <br> $B D A B D$ $B O A B D$ 1 |  |  | NONE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | 1 |  |  | I |  |  |  | 1 |  | 1 | 1 | - |
| BUTTE I | 1.1 | 1 | 1 | 1 | 1 | 1 | , | 1 | 1 |  | 1 | 1 |  |
|  | 11 | 1 | 1 | 1 | 1 | , | , | I | 1 | . | 1 | 1 |  |
| TOTAL PHYSICIANS I | 14 | 41 | 1 | 21 | 11 | 1 |  | 11 | 21 |  | 1 | 1 | 2 |
|  | 1 1 | 1 | 1 | I | 1 |  | 1 | 1 | 1 |  | I | 1 |  |
| GENERAL PRACTICEI | 14 | 411 | 1 | 21 | 11 | 1 | , | 11 | 21 |  | I | 1 | 2 |
|  | 1 | 1 I | 1 | , | 1 | I | 1 | 1 | I |  | 1 | 1 |  |
| CHARLES MIX i | 1 | 1 | 1 | 1 | 1 | 1 |  | , | 1 |  |  | 1 |  |
|  | 11 | 1 | 1 |  | I | 1 | 1 | 1 | 1 |  | I | 1 |  |
| TOTAL PHYSICIANS I | 141 | 41 | 1 |  | 11 | 21 | I | 11 | 1 |  | I | 1 | 4 |
|  | 1 | 1 | 1 |  | 1 | 1 |  | 1 | 1 |  |  | , |  |
| GENERAL PRACTICEI | \| 3 | 31 | 1 | 1 | 11 | 21 | 1 | 1 | 1 |  | 1 | 1 | 3 |
|  | 1 | 1 | I |  | 1 | 1 | 1 | 1 | 1 |  |  | 1 |  |
| INACTIVE I | 11 | 11 | 1 | 1 | 1 | 1 | 1 | 11 | 1 |  |  | , | 1 |
|  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |  | 1 |  |
| CLAY I | 11 | 1 | 1 |  | 1 | , | 1 | , | 1 |  |  | 1 |  |
|  | 1 | 1 | 1 |  | 1 |  | 1 | 1 | 1 |  |  | I |  |
| TOTAL PHYSICIANS \| | 171 | 6111 | 1 | 31 | 11 | 21 | , | 11 | 1 |  |  | , | 7 |
| ! |  | 1 | 1 | , | 1 | 1 |  | 1 | 1 |  |  | 1 |  |
| GENERAL PRACTICEI | 141 | 41 | 1 | 21 | 11 | 11 | 1 | 1 | 1 |  |  | 1 | 4 |
|  | 11 | 1 | 1 | , | 1 | 1 |  | 1 | 1 |  |  | 1 |  |
| SURGICAL SPEC. | 11 | 11 | , |  | 1 | 11 | , | I | 1 |  |  | 1 | 1 |
| GS | 11 | 11 | 1 | - 1 | 1 | 11 | 1 | 1 | 1 |  |  | 1 | 1 |
| - \| | 1 1 | 11 | 1 | , | 1 | 1 | 1 | 1 | 1 |  |  | 1 |  |
| OTHER SPEC. I | 11 \| | 111 | 1 | 11 | 1 | 1 | 1 | 1 | 1 |  |  | 1 | 1 |
| OTHER | 11 | 111 | I | 11 | 1 | , |  | , | 1 |  |  | 1 | 1 |
|  | 1.1 | 1 | , | 1 | 1 | 1 |  | 1 | 1 |  |  | 1 |  |
| INACTIVE \| | . 1 | 11 | 1 | , | 1 | 1 |  | 11 | 1 |  |  | 1 | 1 |
|  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | I | 1 |  |  | 1 |  |
| CODINGTON \| | 1 | 1 | 1 |  | 1 | , |  | 1 | 1 |  |  | 1 |  |
|  |  | 1 | 1 |  | 1 |  |  |  | 1 |  |  | , |  |
| TOTAL PHYSICIANS I | 1291 | 291 | 41 | 41 | 141 | 51 | 21 |  | 111 |  |  | 1 | 18 |
|  | i | 1 | 1 | 1 | 1 | 1 | I |  | 1 |  |  | I |  |
| GENERAL PRACTICEI | 4 1 | 41 | 1 | 1 | 21 | 11 | 11 | 1 | 11 |  |  | 1 | 3 |
| $1$ | 1 | 1 | 1 |  | 1 | 1 | 1 | 1 | 1 |  |  | 1 |  |
| MEDICAL SPEC. \| | 171 | 71 | 11 | 11 | 31 | 21 | , 1 | I | 31 |  |  | 1 | 4 |
| A I | 1 | 11 | 1 |  | 1 | 11 |  | 1 | 1 |  |  | 1 | 1 |
| IM | \| 3 | | 31 | 11 | 1 | 11 | 11 | 1 | 1 | 11 |  |  | 1 | 2 |
| PD I | 131 | 31 | 1 | 11 | 21 | 1 | 1 | 1 | 21 |  |  | 1 | 1 |
|  | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 |  |  | 1 |  |
| SURGICAL SPEC. \| | 91 | 91 | 1 | 21 | 41 | 21 | 11 | 1 | 31 |  |  | 1 | 6 |
| GS I | 15 | 51 | 1 | 11 | 31 | 1 | 11 | 1 | 11 |  |  | 1 | 4 |
| OBG \| | \| 21 | $21 \quad 1$ | 1 | 1 | 11 | 11 | 1 | 1 | 11 |  |  | 1 | 1 |
| OPH . I | 11 | 11 \| | 1 | 11 | 1 | 1 | 1 | 1 | 11 |  |  | 1 |  |
| ORS I | 11 | 11 \| | 1 | , | 1 | 11 | 1 | 1 | 1 |  |  | I | 1 |
|  | 1 | 11 | 1 |  | 1 | 1 |  | 1 | 1 |  |  | 1 |  |
| OTHER SPEC. | 1. 5 | 51 | 11 |  | 41 | I |  |  | 21 |  |  | 1 | 3 |

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TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION OECEMBER 31, 1975
SOUTH DAKOTA - CONTINUED

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BNARD CERTIFICATION DECEMBER $31, ~ 19 T 5$


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SOUTH DAKOTA - CONTINUED

|  | TOTAL | SEX |  |  | -AG |  |  |  |  | ABD CERT | IEICAILO |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SPECIALTY \| | PHYSICIANS | MALE \|FEMALE | UNDER | 35 | 45 | 55 | 65 | $175$ | $1$ | $2$ | $3$ | NONE |
|  |  | 1 | 35 | - $=44$ | -54 | $=64$ | - 74 | 18_OYER | BOARD | BOARD 1 | BOARD |  |
|  |  | 1 |  |  |  |  |  | 1 |  |  |  |  |
| FALL RIVER |  | 1 |  | 1 1 |  | 1 |  | 1 | 1 | 1 |  |  |
|  |  | 1 |  | $1 \cdot 1$ | 1 |  |  | 1 |  | 1 |  |  |
| GENERAL PRACTICEI | 2 | 21 |  | 11 | 21 | 1 |  | 1 | 11 | 1 |  | 1 |
|  |  | , |  | $1 \quad 1$ |  | , |  | 1 |  | 1 |  |  |
| MEDICAL SPEC. | 1 | 11 |  | 1 I | 1 | I | 11 | 1 |  | 1 |  | 1 |
| IM I | 1 | 11 |  | 11 | 1 | , | 11 | 1 | 1 | 1 |  | 1 |
|  |  | 1 |  | 11 | 1 | 1 |  | 1 |  | 1 |  |  |
| SURGICAL SPEC. I | 2 | 21 | 1 | 11 | 11 | 1 |  | 1 |  | 1 |  | 2 |
| GS | 1 | 11 |  | 11 | 11 | 1 |  | 1 |  | 1 |  |  |
| U | 1 | 11 | 1 | 11 | 1 | 1 |  | 1 |  | 1 |  |  |
|  |  | 1 |  | 11 | 1 |  |  | 1 |  | 1 |  |  |
| INACTIVE | 3 | 211 |  | 1 | 11 | 1 | 11 | 111 |  | 1 |  | 3 |
|  |  | 1 |  | 1 |  | 1 |  | 11 |  | 1 |  |  |
| FAULK I |  | 1 |  | 11 | 1 | 1 |  | 11 |  | 1 |  |  |
|  |  | 1 |  | 11 |  |  |  | 1 |  | 1 |  |  |
| TOTAL PHYSICIANS | 1 | 11 |  | 11 | . | I |  | 111 |  | 1 |  |  |
|  |  | 1 |  | $1-1$ |  | 1 |  | , |  | 1 |  |  |
| GENERAL PRACTICEI | 1 | 11 |  | 1.1 | - 1 | - 1 |  | 111 |  | 1 |  | 1 |
|  |  | 1 |  | 1 |  |  |  | 11 | , | 1 |  |  |
| GRANT I |  | 1 |  | 11 |  |  |  | 1 |  | 1 |  |  |
|  |  | 1 |  | 11 | 1 | 1 |  | , |  | 1 |  |  |
| TOTAL PHYSICIANS | 3 | 31 |  | 111 | 11 | 11 |  | 1 |  | 1 |  | 3 |
|  |  | 1 |  | 11 | , | 1 |  | 1 |  | 1 |  |  |
| GENERAL. PRACTICEI | 2 | 21 |  | 11 | 11 | 11 |  | 1 |  | 1 |  | 2 |
|  |  | 1 |  | 11 |  |  |  | 1 |  | 1 |  |  |
| SURGICAL SPEC. | 1 | 11 |  | 111 |  | 1 |  | I |  | 1 |  |  |
| GS | 1 | 11 |  | 111 |  | 1 |  | 1 |  | 1 |  |  |
|  |  | 1 |  | 11 |  |  |  | 1 |  | I |  |  |
| GREGORY |  | 1 |  | 11 |  |  |  | 1 |  | 1 |  |  |
|  |  | 1 |  | 11 |  |  |  |  | 1 | 1 |  |  |
| TOTAL PHYSICIANS | 3 | 31 |  | 121 | 11 |  |  |  | 11 | 1 |  | 2 |
|  |  | 1 |  | 11 | I |  |  | 1 | 1 | 1 |  |  |
| GENERAL PRACTICEI | 3 | 31 |  | 121 | 11 |  |  | 1 | 11 | 1 |  | 2 |
|  |  | 1 |  | 1 | , |  |  | 1 | 1 | 1 |  |  |
| HAAKON I |  | 1 |  | 11 |  |  |  | 1 | I | 1 |  |  |
|  |  | I |  | 11 |  |  |  | 1 | 1 | 1 |  |  |
| TOTAL PHYSICIANS | 1 | 11 |  | 1 | 11 |  |  | 1 | 1 | 1 |  | 1 |
| I |  | 1 |  | 11 | 1 |  |  | 1 |  | 1 |  |  |
| GENERAL PRACTICEI | 1 | 11 |  | 11 | 11 |  |  | 1 |  | 1 |  | 1 |
|  |  | 1 |  | 1 |  | 1 |  | 1 | , | I |  |  |
| HAMLIN |  | 1 |  | 11 |  | , |  | 1 | 1 | 1 | 1 |  |
| HAMLIN |  | 1 |  | 11 |  | 1 |  | 1 | 1 | 1 |  |  |
| TOTAL PHYSICIANS I | 11 | 11 |  | 11 | 11 | , |  | 1 |  | 1 | 1 | 1 |
| $i$ |  | 1 |  | 11 |  |  |  | 1 |  | 1 |  |  |
| GENERAL PRACTICEI | 1 | 11 | 1 | 11 | 11 | 1 |  | 1 | 1 | 1 |  | 1 |
|  |  | 1 |  | 1 |  | -1 |  | 1 |  |  |  |  |

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TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

| SPECIALTY | $\begin{aligned} & \text { TOTAL } \\ & \text { \|PHYSICIANS } \end{aligned}$ | SEX |  | AGE |  |  |  |  |  | BOABD CERIIEICAIION |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | MALE I | IFEMALE | $\begin{gathered} \text { UNDER } \\ 35 \\ \hline \end{gathered}$ | $\begin{array}{r} 35 \\ -=44 \end{array}$ | $\begin{array}{r} 45 \\ -54 \end{array}$ | $\begin{aligned} & 55 \\ & -64 \\ & \hline \end{aligned}$ | $\begin{gathered} 165 \\ 1 \\ \hline \end{gathered}$ | $\begin{aligned} & 75 \\ & \text { I\& OVER } \end{aligned}$ | 1 BOABD$\qquad$ |  |  |  | NONE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | 1 | 1 |  |  |  |  | 1 |  |  |  |  | 1 |  |
| KINGSBURY I | 1 | - 1 | 11 | 1 |  |  | , | 1 | 1 |  | 1 |  | 1 |  |
|  |  |  | 11 | 1 | 1 |  |  |  | 1 |  | , |  | , |  |
| TOTAL PHYSICIANS I | 15 | 41 | 11 | 11 | 21 | 11 | 11 | , | 1 |  | 1 |  | 1 | 5 |
|  |  |  | 11 | 1 | 1 |  | , |  | 1 |  | 1 |  | , |  |
| GENERAL PRACTICEI | 5 | 41 | 11 | 11 | 21 | 11 | 11 | 1 | 1 |  | 1 |  | 1 | 5 |
|  |  | , | 11 | 1 | 1 |  |  |  | 1 |  | 1 |  | 1 |  |
| LAKE I |  | 1 | 11 | 1 | 1 |  | , | 1 | 1 |  | 1 |  | 1 |  |
|  |  | 1 | 11 | 1 | 1 |  |  |  | 1 |  | 1 | , | 1 |  |
| TOTAL PHYSICIANS 1 | 19 | 91 | 1 i | 11 | 11 | 31 | 1 | 21 | 21 |  | 1 |  | 1 | 9 |
|  |  |  | 1 | 1 | 1 | , |  |  | 1 |  | 1 |  | 1 |  |
| GENERAL PRACTICEI | 14 | 41 | 1 | 11 | 11 | 21 | , | 1 | 1 |  | 1 |  | 1 | 4 |
|  | 1 | 1 | 1 | 1 | 1 | , |  | , | 1 |  | 1 |  | 1 |  |
| SURGICAL SPEC. | 12 | 21 | 11 | 1 | 1 | 11 |  | 11 | 1 |  | 1 |  | 1 | 2 |
| , GS 1 | 12 | 21 | 1 1 | , | 1 | 11 | , | 11 | 1 |  | 1 |  | 1 | 2 |
|  |  |  | , | , |  | 1 | 1 | 1 | 1 |  | 1 |  | 1 |  |
| INACTIVE I | 13 | 31 | 1 | 1 | 1 | 1 |  | 11 | 21 |  | 1 |  | 1 | 3 |
|  | 1 |  | 1 | 1 | 1 | 1 |  | , | 1 |  | 1 |  | 1 |  |
| LAWRENCE i | 1 | 1 | 11 | 1 | , |  | 1 | 1 | 1 |  | 1 |  | 1 |  |
|  |  |  | 11 | 1 |  |  |  |  |  |  | 1 |  | 1 |  |
| TOTAL PHYSICIANS I | 15 | 141 | 11 | 61 | 41 | 31 |  | 21 | 1 | 1 | 1 |  | 1 | 14 |
|  |  |  | 11 | 1 | 1 | 1 |  | , | 1 |  | 1 |  | 1 |  |
| GENERAL PRACTICEI | 111 | 111 | 11 | 41 | 41 | 31 | 1 | 1 | 1 | 1 | 1 |  | 1 | 0 |
|  | 1 |  | 11 | 1 | 1 | 1 | 1 | 1 | 1 | , | 1 |  | 1 |  |
| SURGICAL SPEC. | 11 | 11 | 11 | 11 | 1 | 1 | 1 | 1 |  |  | 1 |  | 1 | 1 |
| GS I | 11 | 11 | 11 | 11 | 1 |  | 1 | 1 | 1 |  | 1 |  | 1 | 1 |
|  |  |  | 11 | , | 1 | 1 |  | 1 | 1 |  | 1 |  | 1 |  |
| INACTIVE f | 121 | 11 | 111 | 1 |  | 1 | 1 | 1 21 | 1 |  | 1 |  | 1 | 2 |
| NOT CLASSIFIED I | 11 | 11 | 11 | 11 | 1 |  |  | - | 1 |  | 1 |  | 1 | 1 |
|  |  |  | 1 | 1 |  | 1 |  |  | 1 |  | 1 |  | 1 |  |
| LINCCLN \| |  | 1 | 1 | 1 | 1 |  |  | 1 | 1 |  | 1 |  | 1 |  |
|  |  | 1 | 1 | 1 | 1 |  | - 1 |  |  |  | 1 |  | 1 |  |
| TOTAL PHYSICIANS | 12 | 21 | 1 | 1 | 11 | 11 |  |  | 1 |  | 1 |  | 1 | 2 |
| \| | 1 | 1 | 1 1 | 1 | 1 | 1 |  | 1 | I |  | 1 |  | 1 |  |
| GENERAL PRACTICEI | 12 | 21 | 1 | 1 | 11 | 11 | 1 | , |  |  | 1 |  | 1 | 2 |
|  | 1 | 1 | 1 | , | 1 | 1 | 1 | - | 1 |  | 1 |  | 1 |  |
| LYMAN I |  | 1 | 1 | , |  |  | 1 | - | , |  | 1 |  | 1 |  |
|  | 1 |  | 11 | 1 | , |  | 1 | - | , |  | 1 |  | 1 |  |
| TOTAL PHYSICIANS | 1 | 1 | 111 | I | 1 | 1 | 1 | 11 | 1 |  | 1 |  | 1 | 1 |
|  |  |  | 1 | I |  |  | 1 | 1 | , |  | 1 |  | 1 |  |
| 1 | 1 |  | 11 | , | , | 1 | 1 | 11 | , |  | 1 |  | 1 |  |
| OTHER SPEC. \| | 11 |  | 111 | , |  |  | 1 | 111 | 1 |  | 1 |  | 1 | 1 |
| UNSPECIFIED | 11 | 1 | 1.11 | , | 1 |  | 1 | 111 | 1 |  | 1 |  | 1 | 1 |
|  |  |  | 11 | , | , |  |  | 1 | 1 |  | 1 |  | 1 |  |
| MC COOK I |  |  | 1 I | 1 | 1 | 1 | , | 1 | 1 |  | 1 |  | 1 |  |
| M 1 | 1 |  | 11 | 1 |  |  |  | 1 |  |  | 1 |  | 1 |  |
| TOTAL PHYSICIANS I | 121 | 21 | 1 | , |  |  |  | 121 | 1 |  | 1 |  | 1 | 2 |
|  |  |  |  |  |  |  |  | 1 | - |  | 1 |  | 1 |  |

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TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, IGT5


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TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

| SPECIALTY | $\square$ | SEX 1 |  |  |  |  |  |  | -BMARD CERTIEICAIION |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | MALE \|FEMALE| | UNDER I | 135 | $45 \quad 1$ | 55 - | 65 | 75 | 11 | 21 | 31 | 1 NONE |
|  |  | 1 -_1 | 35-1 | $1-=44-1$ | -54-1 | - 64 - 1 | -74 | I\& QYER I | BOARD 1 | BOARD 1 | BDARD |  |
|  | 1 | 11 |  |  |  | I |  | 1 1 |  |  |  | 1 |
| PENNINGTON \| | 11 | 11 | 1 | 11 |  | 1 |  | 11 | 1 | 1 | 1 | 1 |
|  | 11 | 11 | 1 | 11 | 1 | 1 |  | 11 | 1 | 1 |  | 1 |
| D 1 | 131 | 2111 | 11 | 11 | 11 | 11 |  | 11 | 21 | 1 |  | 11 |
| IM I | 1111 | 10111 | 31 | 131 | 41 | 1 | 11 | 11 | 61 | 11 |  | 14 |
| PD I | 141 | 411 | 11 | 11 | 21 | 1 | 11 | 11 | 31 | 1 |  | 11 |
|  | 1 1 | 11 | 1 | 11 |  | 1 |  | 1 I | 1 | 1 |  |  |
| SURGICAL SPEC. 1 | 1321 | 3211 | 11 | 191 | 121 | 81 | 21 | 11 | 261 | 1 |  | 1 |
| GS . 1 | 1101 | 101 | 1 | 121 | 41 | 31 | 11 | 1 i | 91 | 1 |  | 11 |
| NS I | 11 | 11 \| | 1 | 111 | 1 | 1 |  | 11 | 1 | 1 |  |  |
| OBG - 1 | 151 | 51.1 | 1 | 111 | 31 | 11 |  | 11 | 51 | 1 |  | I |
| OPH I | 131 | 311 | 1 | 11 | 21 | 11 |  | 11 | 21 | 1 |  | 1 |
| ORS \| | 15 | 511 | 11 | 11 | 21 | 1 | 11 | 11 | 41 | 1 |  | , |
| OTO \| | 131 | 311 | 1 | 121 | 1 | 11 |  | 11 | 31 | 1 |  | 1 |
| U I | 151 | 511 | 1 | 121 | 11 | 21 | , | 11 | 31 | 1 |  | 12 |
|  | 1 | 11 | 1 | 11 | 1 | 1 |  | 1 1 | 1 | 1 |  | I |
| OTHER SPEC. I | 1151 | 151 \| | 31 | 161 | 31 | 31 |  | 11 | 131 | 1 |  | 2 |
| AN I | 121 | 211 | 1 | 111 | 1 | 11 |  | 11 | 21 | 1 |  |  |
| N I | 111 | 11 \| | 1 | 111 | 1 | 1 |  | 11 | 1 | 1 |  | 1 |
| PTH \| | 141 | 411 | 11 | 11 | 11 | 11 |  | 11 | 41 | 1 |  | 1 |
| R I | 161 | 61 1 | 1 | 131 | 21 | 11 |  | 11 | 61 | 1 | . 1 | 1 |
| - TR I | 11 | 111 | 11 | 11 | , | 1 |  | 11 | 11 | 1 |  |  |
| UNSPECIFIED \| | 11 | 11 \| | 11 | 1 | 1 | 1 |  | 11 | 1 | 1 |  | 1 |
|  | 1 1 | 11 | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  | 1 |
| INACTIVE I | 1.61 | 61 1 | 1 | 1 | 11 | 11 | 21 | 121 | 11 | 1 |  |  |
| NOT CLASSIFIED I | 161 | 5111 | 51 | 11 |  | 1 |  | 11 | 21 | 1 |  | I |
|  | 1 | 11 | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  |  |
| PERKTNS \| | 1 | 11 | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  |  |
|  | 11 | 11 | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  |  |
| TOTAL PHYSICIANS | 121 | 211 | 1 | 11 | 1 | 21 |  | 11 | 21 | 1 |  | , |
| $!$ | 11 | 11 | , | 1 | 1 | 1 |  | 11 | , | 1 |  |  |
| GENEPAL PRACTICE | 11 | 111 | 1 | 11 | 1 | 11 |  | 11 | 11 | 1 |  |  |
| NOT CLASSIFIED \| | 1 1 1 | 111 | 1 | 1 | 1 | 11 |  | 11 | 11 | 1 |  |  |
|  | 11 | 11 | 1 | 1 |  | 1 |  | 1 1 | 1 | 1 |  |  |
| POTTER \| | 11 | 11 | 1 | 11 | , | 1 |  | 1 - 1 | , | 1 |  | 1 |
|  | 1 | 11 | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  |  |
| TOTAL PHYSICIANS I | 131 | 311 | 1 | 21 | , | 1 | 11 | 11 | 21 | 1 |  | 11 |
| 1 | 1 1 | 11 | 1 | 11 | , | 1 |  | 11 | 1 | 1 |  |  |
| GENERAL PRACTICEI | 31 | 311 | 1 | 121 |  | I | 11 | 1 I | 21 | 1 |  | 1 |
|  | 1 | 11 | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  |  |
| RDBERTS I | 1 | 1 I | 1 | 1 | 1 | 1 |  | 11 | 1 | 1 |  |  |
|  | 11 | 11 | 1 | 11 | 1 | 1 |  | 11 | 1 | 1 |  |  |
| TOTAL PHYSICIANS 1 | 131 | 311 | 1 | 1 | 21 | 1 |  | 111 | 11 | 1 |  | 12 |
| $i$ | 1 1 | 11 | 1 | 11 | I | 1 |  | 11 | 1 | 1 |  |  |
| GENERAL PRACTICEI | 131 | 311 | 1 | 1 | 21 | 1 |  | 111 | 11 | 1 |  | 1 |
|  |  | 1 |  |  |  |  |  |  |  |  |  |  |

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TABLE 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

TABLF 20 NON-FEDERAL PHYSICIANS BY COUNTY, SPECIALTY, SEX, AGE, AND SPECIALTY BOARD CERTIFICATION DECEMBER 31, 1975

| SPECIALTY | TBTAL 1 | SEX |  | AGE |  |  |  |  |  | BOARD CERIIEICAIION |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | \|PHYSICIANS| | MALE 1 | FEMALE | UNDER I |  | 451 | 55 | 65 1 | 175 | 1 ! | 2 | $1{ }^{3}$ | NONE |
|  | 1 -1 |  |  | -35-1 | $-44-1$ | $=54-1$ | -64 1 | $-74$ | 18_OVER_1 | BOABD | L BOABD | 1 BCARD |  |
|  | 11 |  | 1 |  |  | 1 | I |  | 1 I | I |  | 1 | 1 |
| MAL HORTH | 11 | 1 | 1 | 1 | 1 | , | I |  | 11 | 1 |  | 1 | 1 |
|  | 11 | 1 | 11 | 1 | 1 | I | I | 1 | 11 | 1 |  | 1 | 1 |
| INACTIVE | 111 | 11 | 1 | 1 | 1 | I | 1 | 11 | 11 | 1 |  | 1 | 1 |
|  | 11 | 1 | 1 | 1 | 1 | 1 | 1 | I | 11 | 1 |  | I | 1 |
| YANKTON | 1 I | , | . 1 | 1 | 1 | 1 | 1 | I | 11 | 1 |  | 1 | 1 |
|  | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 11 | 1 |  | 1 | 1 |
| TOTAL PPHYSICIANS | 531 | 501 | . 31 | 171 | 81 | 131 | 81 | 51 | 121 | 211 |  | 1 | 132 |
|  | 11 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 1 |  | 1 | 1 |
| GENERAL PRACTICE | 141 | 41 |  | 1 | 21 | 21 | 1 | ! | 11 | 1 |  | 1 | 14 |
|  |  | 1 |  | 1 | 1 | 1 | 1 |  | 11 | 1 |  | 1 | 1 |
| MEDICAL SPEC. | 171 | 71 | 1 | 11 | 11 | 31 | 21 | I | 11 | 51 |  | 1 | 12 |
| IM | 161 | 61 | 1 | 11 | 11 | 21 | 21 |  | 11 | 41 |  | 1 | 12 |
| PD | 111 | 11 | 1 | I | 1 | 11 | I |  | 1 | 11 |  | 1 | 1 |
|  | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 i | 1 |  | 1 | 1 |
| SURGICAL SPEC. | 251 | 241 | 11 | 121 | 21 | 61 | 51 |  | 1 i | 101 |  | 1 | 15 |
| GS | 113 1 | 131 | 1 | 81 | 1 | 31 | 21 |  | 11 | 41 |  | 1 | 19 |
| OBG | 181 | 71 | 11 | 31 | 21 | 11 | 21 | 1 | 11 | 31 |  | 1 | 15 |
| DPH | 121 | 21 | 1 | 11 | 1 | 1 | 11 |  | 11 | 21 |  | 1 | 1 |
| ORS | 11 | 11 | 1 | 1 | 1 | 11 | 1 |  | 11 | 11 |  | 1 | , |
| U | 111 | 11 | 1 | 1 | 1 | 11 | 1 |  | 11 | 1 |  | 1 | 11 |
|  | 1 1 1 | 1 | 1 | 1 | I | 1 | 1 |  | 11 | 1 |  | 1 | 1 |
| OTHER SPEC. | 113.1 | 111 | 21 | 21 | 31 | 21 | 11 | 41 | 11 | 51 |  | 1 | 18 |
| N | 111 | 11 | 1 | 11 | 1 | 1 | 1 | 1 | 11 | 1 |  | 1 | 11 |
| P | 171 | 61 | 11 | 1 | 21 | 11 | 1 | 41 | 1 1 | 21 |  | 1 | 15 |
| PTH | 121 | 21 | 1 | 11 | 1 | 11 | 1 |  | 11 | 21 |  | 1 | 1 |
| R | 111 | 11 | 1 | 1 | 1 | 1 | 11 |  | 11 | 11 |  | 1 | , |
| UNSPECIFIED | 121 | 11 | 11 | 1 | 11 | 1 | 1 |  | 111 | 1 |  | 1 | 12 |
|  | 1 1 | 1 | 1 | 1 | 1 | , | 1 |  | 11 | 1 |  | 1 | 1 |
| inactive | 121 | 21 | 1 | 1 | 1 | 1 | 1 | 11 | 111 | 1 |  | 1 | 12 |
| NOT CLASSIFIED | 121 | 21 | 1 | 21 | 1 | I | 1 |  | 1 1 | 11 |  | , | 11 |
|  |  | 1 | - | 1 | 1 | 1 | 1 |  | 1 - 1 | ___1 |  | 1 | 1 |

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACYIVITY AND COUNTRY OF GRADUATION, DECEMBER 31,1975

| ACTIVITY | COUNIRY OF GRADUAIION |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | TPOAAL |  | UNIIE | SIAIES | - |  |  |
|  |  | TOTAL UNITED | WITHIN STATE | CONTIGUDUS STATE | OTHER STATE | CAMADA | OUTSIDE <br> U.S. \& CANADA |
|  |  | SIAIES |  |  |  |  | - U.S. ${ }^{\text {a Canada }}$ |
|  | , |  |  |  |  |  | 1 |
| BEADLE | 1 |  |  |  |  |  | 1 |
|  | 1 |  |  |  |  |  | 1 |
| TOTAL PHYSICIANS | 19 1 | 16 |  | 3 | 13 |  | 13 |
|  |  |  |  |  |  |  | 1 |
| PATIENT CARE | 16 I | 14 |  | 3 | 11 |  | 12 |
|  |  |  |  |  |  |  | 1 |
| OFFICE BASED | 15 ! | 14 |  | 3 | 11 |  | 11 |
| PRIMARY CARE | 12 I | 12 |  | 3 | 9 |  | 1 |
| NOT PRIMARY |  |  |  |  |  |  | 1 |
| CARE | 31 | 2 |  |  | 2 |  | 1 |
|  |  |  |  |  |  |  | 1 |
| HOSPITAL BASED | 1 |  |  |  |  |  | 1 |
| PRACTICE | . 1 \| |  |  |  |  |  | 11 |
| FULL-TIME | 1 |  |  |  |  |  | 1 |
| STAFF | 11 |  |  |  |  |  | 11 |
| OTHER PROFESSIONAL | 1 |  |  |  |  |  | 1 |
| ACTIVITY | 11 |  |  |  |  |  | 11 |
| NOT CLASSIFIED | 21 | 2 |  |  | 2 |  | - |
|  | 1 |  |  |  |  |  | , |
| BON HOMME | 1 |  |  |  |  |  | 1 |
|  | 1 |  |  |  |  |  | 1 |
| TOTAL PHYSICIANS | 61 | 4 |  | 2 | 2 |  | 2 |
|  | 141 |  |  |  |  |  | 1 |
| Patient care | 41 | 2 |  | 2 |  |  | 12 |
|  | 131 |  |  |  |  |  | 1 |
| OFFICE BASED | $3{ }^{3} 1$ | 2 |  | 2 |  |  | 11 |
| PRIMARY CARE | 21 | 1 |  | 1 |  |  | 11 |
| NOT PRIMARY CARE | 11 |  |  |  |  |  | 1 |
|  | 1 | 1 |  | 1 |  |  | , |
| HOSPITAL BASED | 11 |  |  |  |  |  | I |
| PRACTICE | 11 |  |  |  |  |  | 11 |
| FULL-TIME | 1 |  |  |  |  |  | 1 |
| STAFF | 11 |  |  |  |  |  | 11 |
|  | 1 ! |  |  |  |  |  | 1 |
| inactive | 21 | 2 |  |  | 2 |  | I |
|  | 1 1 |  |  |  |  |  | 1 |
| BROOK INGS | 1 |  |  |  |  |  | 1 |
|  | 171 |  |  |  |  |  | 1 |
| TOTAL PHYSICIANS | 171 | 15 |  | 5 | 10 | 1 | 11 |
|  | 171 |  |  | 5 |  |  | 1 |
| Patient care | 171 | 15 |  | 5 | 10 | 1 | 11 |
| OFFICE BASED | 16 | 15 |  | 5 | 10 |  | 11 |
|  | 1 - 1 |  |  |  |  |  | 1 - |

table 21 non-federal physicians ay county, activity ano country of graduation, december 31, 1975


South Dakota 70
table 21 non-federal physicians oy county, activity and country of graduation, december 31, 1975

| activity | COUNITRY OE GRADUALION |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | TOTAL UNITED SIAIES | MITHIN STATE | $\begin{aligned} & \text { CONTIGUOUS } \\ & \text { STATE } \end{aligned}$ | OTHER STATE | canada | OUTSIDE <br> u.s. $\varepsilon$ CANADA |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| BUTtE | 1 |  |  |  |  |  |  |
|  | 1 - |  |  |  |  |  |  |
| total physicians | 14 | 3 | . |  | 3 |  | 1 |
| patient care | 141 | 3 |  |  | 3 |  | 1 |
|  | 1 1 |  |  |  |  |  |  |
| OFFICE PASED | 14 | 3 |  |  | 3 |  | 1 |
| primary care | 14 | 3 |  |  | 3 |  | 1 |
| charles mix | , |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| total physicians | 14 | 4 |  | 2 | 2 |  |  |
| patient care - | 13 | 3 |  | 1 | 2 |  |  |
|  |  |  |  |  |  |  |  |
| OFFICE BASEO primary care | 1 3 | 3 3 |  | 1 | 2 |  |  |
|  |  |  |  |  |  |  |  |
| inactive | 11 | 1 |  | 1 |  |  |  |
| CLar . |  |  |  |  |  |  |  |
| total physictans | 171 |  |  |  |  |  |  |
| total physictans | 17 | 6 |  | 2 | 4 |  | 1 |
| patient care | 16.1 | 5 |  | 2 | 3 |  | 1 |
| Office based | 16 |  |  |  |  |  |  |
| PRIMARY CARE | 14 | 4 |  | 2 | 3 2 |  | 1 |
| Not Primary | 121 |  |  |  |  |  |  |
| CARE | 12 | 1 |  |  | 1 |  | 1 |
| inactive | 11 | 1 |  |  | 1 |  |  |
| codington | 1 |  |  |  |  |  |  |
|  | 1 1 |  |  |  |  |  |  |
| total physicians | 129 | 25 |  | 14 | 11 |  | 4 |
| patient care | 125 | 21 |  | 11 | 10 |  | 4 |
|  | 1 251 |  |  |  |  |  |  |
| primary care | \| 12 | 9 |  | 5 | 4 |  | 3 |
|  | \| 13 | | 12 |  | 6 | 6 |  | 1 |

SOUTH DAKOTA - CONTINUEO


South Dakota 72
TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975



South Dakota 74
SOUTH DAKOTA - CONTINUED

SOUTH DAKOTA - CONTINUED

table 21 NON-FEDERAL PhYSICIANS bY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975
south dakota - continued

TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31, 1975


South Dakota 78
TABLE 21 NON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION, DECEMBER 31. 1975

TABLE 21 nON-FEDERAL PHYSICIANS BY COUNTY, ACTIVITY AND COUNTRY OF GRADUATION: DECEMBER 31.1975


South Dakota 80
SOUTH DAKOTA - CONTINUED

SOUTH DAKOTA - CONTINUED



[^0]:    U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service
    Health Resources Administration
    Bureau of Health Manpower

[^1]:    ${ }^{1}$ Sales \& Marketing Management, Inc. and the Bureau of the Budget use identical SMSA definitions except for a few instances in New England where the former uses the county unit rather than the township as the geographic boundary. SMSA's are defined as of 1975

[^2]:    2 "The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, nor a license to practice medicine or a specialty. The boards do not in any way interfere with or limit the professional activities of a licensed physician, nor do they desire to interfere in the regular or legitimate duties of any practitioner of medicine." Liaison Committee on Graduate Medical Education, Directory of Accredited Residencies, 1977-78. (Chicago: American Medical Association, 1978), p. 367.
    ${ }^{3}$ AMA Physician Masterfile,. 1976. Special Tabulations. Division of Survey and Data Resources, American Medical Association.

[^3]:    ${ }^{4}$ These observations are based on a comparison of the Health Data Annual for Massachusetts and the Characteristics of Physicians: Massachusetts.

[^4]:    ${ }^{5}$ This section draws heavily from: Goodman, L.J. Physician Distribution and Medical Licensure in the U.S., 1976. Chicago: American Medical Association, 1977.
    ${ }^{6}$ For discussion of validation studies conducted on the AMA Physician Masterfile, see Goodman, L.J., and Eisenberg, B.S., "The Quality of Physician Data.' Public Data Use, 5 (May 1977): pp. 37-43.

[^5]:    'Committee on Interstate and Foreign Commerce, National Health Policy, Health, Planning and Resources Development Act of 1974. Report No. 93-1382. (Washington: Government Printing Office, 1974).

[^6]:    *Designated under the National Planning and Resources Development Act of 1974

