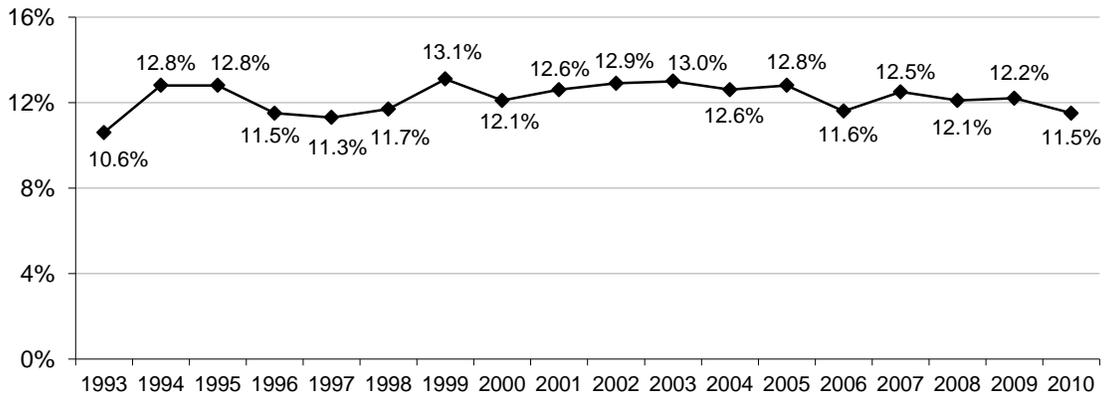# General Health Status

FAIR OR POOR HEALTH STATUS

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

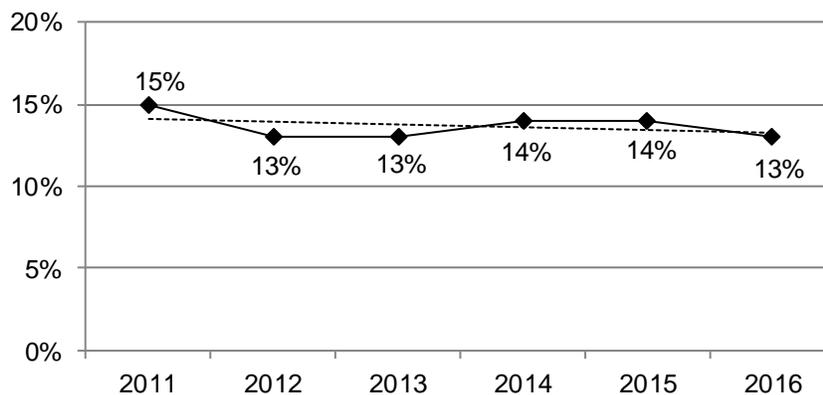### Prevalence of Fair or Poor Health Status

o South Dakota 13%
o Nationwide median 16%

Figure 90
Percent of Respondents Reporting Fair or Poor Health Status, 1993-2010

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 1993-2010

Figure 91
Percent of Respondents Reporting Fair or Poor Health Status, 2011-2016

Note: Beginning in 2011, the CDC began using a different methodology to weight the data; therefore, data prior to 2011 cannot be compared to data since 2011.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016

Table 52			
Respondents Reporting Fair or Poor Health Status, 2012-2016			
		95% Confidence Interval	
	2012-2016	**Low**	**High**
Gender			
Male	13%	12.0%	13.7%
Female	14%	12.9%	14.6%
Age			
18-29	6%	5.3%	7.6%
30-39	8%	6.7%	9.4%
40-49	11%	9.7%	12.4%
50-59	16%	14.2%	17.1%
60-69	18%	16.6%	19.8%
70-79	21%	19.4%	23.5%
80+	28%	25.3%	31.0%
Race			
White	12%	11.8%	13.0%
American Indian	23%	20.7%	26.1%
Ethnicity			
Hispanic	14%	8.8%	20.7%
Non-Hispanic	13%	12.7%	13.9%
Household Income			
Less than $35,000	23%	21.3%	24.0%
$35,000-$74,999	9%	8.6%	10.4%
$75,000+	5%	4.3%	6.0%
Education			
Less than High School, G.E.D.	27%	23.8%	29.5%
High School, G.E.D.	15%	14.4%	16.6%
Some Post-High School	12%	10.9%	12.9%
College Graduate	6%	5.7%	7.1%
Employment Status			
Employed for Wages	8%	7.1%	8.5%
Self-employed	9%	7.4%	10.5%
Unemployed	19%	15.6%	23.3%
Homemaker	14%	11.4%	17.4%
Student	4%	2.8%	6.2%
Retired	22%	20.3%	23.2%
Unable to Work	61%	57.1%	65.0%
Marital Status			
Married/Unmarried Couple	11%	10.5%	11.9%
Divorced/Separated	20%	18.5%	22.3%
Widowed	27%	24.4%	29.2%
Never Married	11%	9.5%	12.1%
Home Ownership Status			
Own Home	12%	11.3%	12.6%
Rent Home	17%	15.6%	18.4%
Children Status			
Children in Household (Ages 18-44)	8%	6.9%	9.1%
No Children in Household (Ages 18-44)	7%	6.3%	8.8%
Phone Status			
Landline	15%	14.6%	16.4%
Cell Phone	12%	10.8%	12.4%
Pregnancy Status			
Pregnant (Ages 18-44)	6%	3.2%	12.1%
Not Pregnant (Ages 18-44)	9%	7.7%	10.2%
County			
Minnehaha	11%	9.9%	12.8%
Pennington	15%	13.0%	16.7%
Lincoln	9%	7.6%	11.3%
Brown	14%	11.1%	16.3%
Brookings	11%	8.6%	15.1%
Codington	11%	8.8%	13.1%
Meade	14%	11.8%	17.1%
Lawrence	12%	10.4%	14.9%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2016

Gender   There is no significant gender difference in the prevalence of those in fair or poor health.

Age   The prevalence of fair or poor health increases as age increases. This includes significant increases when people reach their 40s, 50s, and 80s.

Race   American Indians exhibit a significantly higher prevalence of those with fair or poor health than whites.

Ethnicity   There is no significant Hispanic difference in the prevalence of those in fair or poor health.

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

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

Employment   Those who are unable to work demonstrate a very high prevalence of those in fair or poor health while students show a very low prevalence.

Marital Status   Those who are widowed exhibit a very high prevalence of those in fair or poor health, while those who are married or have never been married show a very low prevalence.

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

Children Status   Children in the household do not seem to affect the prevalence of fair or poor health of the adults.

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

Pregnancy Status   Pregnancy does not seem to affect the prevalence of fair or poor health.

County   Pennington and Meade counties exhibit a very high prevalence of those with fair or poor health, while those in Minnehaha and Lincoln counties show a very low prevalence.
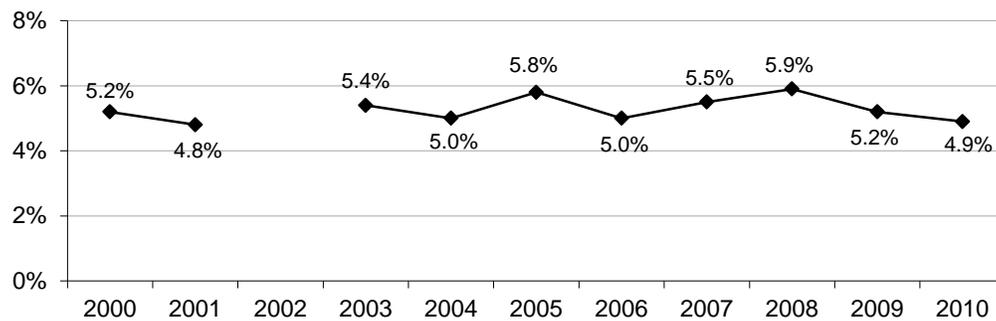
PHYSICAL HEALTH NOT GOOD

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

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

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

Figure 92
**Percent of Respondents Reporting Physical Health Not Good for
30 Days of the Past 30, 2000-2001, and 2003-2010**

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health,
2000-2001, and 2003-2010

Figure 93
**Percent of Respondents Reporting Physical Health Not Good for
30 Days of the Past 30, 2011-2016**
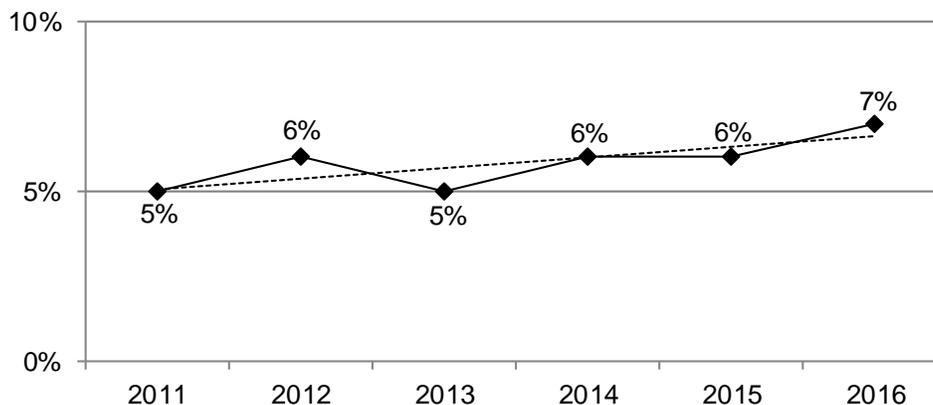
Note: Beginning in 2011, the CDC began using a different methodology to weight the data; therefore, data
prior to 2011 cannot be compared to data since 2011.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016

Table 53
Respondents Who Reported Physical Health Not Good for 30 Days of the Past 30, 2012-2016

			95% Confidence Interval	
		2012-2016	Low	High
Gender	Male	6%	5.0%	6.1%
	Female	7%	6.0%	7.1%
Age	18-29	2%	1.5%	3.0%
	30-39	3%	2.6%	4.6%
	40-49	5%	4.3%	6.2%
	50-59	7%	6.4%	8.4%
	60-69	9%	8.1%	10.3%
	70-79	10%	8.7%	11.7%
	80+	12%	10.2%	14.1%
Race	White	6%	5.3%	6.2%
	American Indian	10%	8.3%	12.5%
Ethnicity	Hispanic	6%	2.8%	11.9%
	Non-Hispanic	6%	5.6%	6.4%
Household Income	Less than $35,000	10%	9.2%	11.0%
	$35,000-$74,999	4%	3.8%	5.2%
	$75,000+	2%	1.9%	2.9%
Education	Less than High School, G.E.D.	11%	8.9%	12.6%
	High School, G.E.D.	7%	6.3%	7.9%
	Some Post-High School	6%	5.0%	6.3%
	College Graduate	3%	2.8%	3.8%
Employment Status	Employed for Wages	3%	2.5%	3.3%
	Self-employed	3%	2.5%	4.3%
	Unemployed	7%	5.2%	9.4%
	Homemaker	8%	5.6%	10.2%
	Student	3%	1.5%	6.3%
	Retired	9%	8.4%	10.3%
	Unable to Work	39%	35.4%	43.1%
Marital Status	Married/Unmarried Couple	5%	4.8%	5.8%
	Divorced/Separated	10%	8.7%	11.4%
	Widowed	13%	11.2%	14.8%
	Never Married	4%	3.1%	4.6%
Home Ownership Status	Own Home	6%	5.1%	6.0%
	Rent Home	8%	6.5%	8.7%
Children Status	Children in Household (Ages 18-44)	3%	2.6%	4.2%
	No Children in Household (Ages 18-44)	2%	1.8%	3.1%
Phone Status	Landline	7%	6.5%	7.7%
	Cell Phone	5%	4.7%	5.8%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.4%	3.6%
	Not Pregnant (Ages 18-44)	3%	2.7%	4.2%
County	Minnehaha	5%	4.2%	6.3%
	Pennington	8%	6.4%	9.2%
	Lincoln	4%	2.9%	5.0%
	Brown	7%	5.5%	9.4%
	Brookings	4%	3.0%	6.2%
	Codington	6%	4.6%	7.8%
	Meade	8%	6.1%	9.9%
	Lawrence	7%	5.4%	8.8%

Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2016

Demographics

Gender There is no significant gender difference in the prevalence of poor physical health.

Age The prevalence of poor physical health increases as age increases. This includes a significant increase when people reach their 50s.

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

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

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

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

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

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

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

Children Status Children in the household do not seem to affect the prevalence of poor physical health of the adults.

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

Pregnancy Status Pregnancy does not seem to affect the prevalence of poor physical health.

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

Figure 94, below, shows the average number of days all respondents stated their physical health was not good for the past 30 days. For the past six years the average number of days has remained steady.

Figure 94
Average Number of Days Respondents' Physical Health Was Not Good in the Past 30 Days, 2011-2016
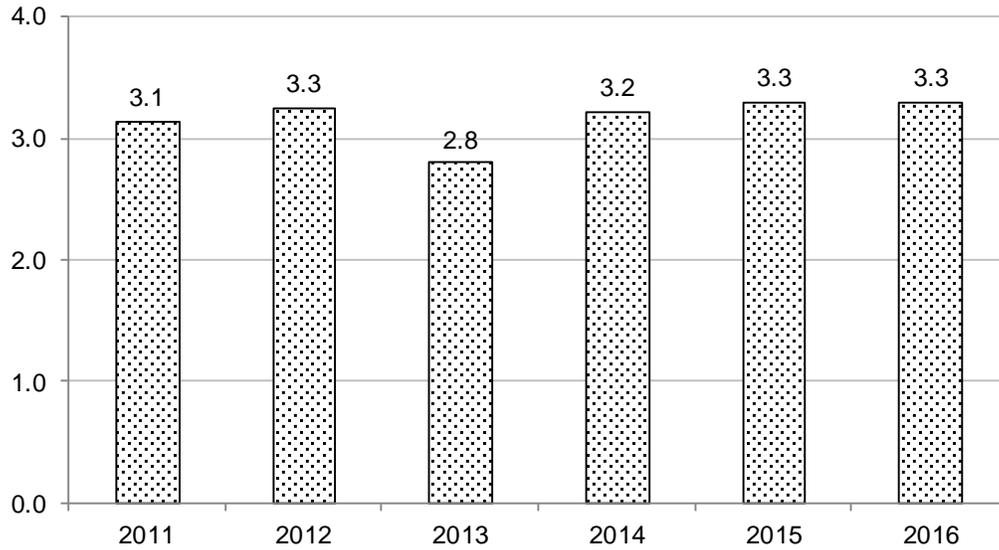
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016
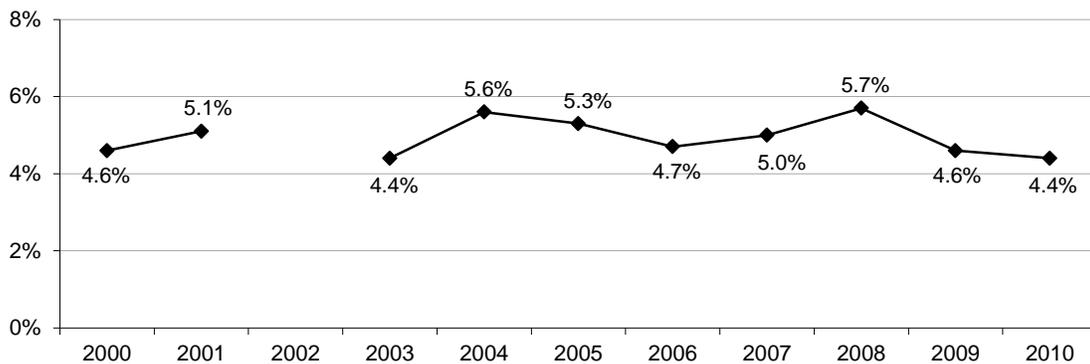
MENTAL HEALTH NOT GOOD

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

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

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

Figure 95
Percent of Respondents Stating Mental Health Not Good for 20-30 Days of the Past 30, 2000-2001, and 2003-2010

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2000-2001, and 2003-2010

Figure 96
Percent of Respondents Stating Mental Health Not Good for 20-30 Days of the Past 30, 2011-2016
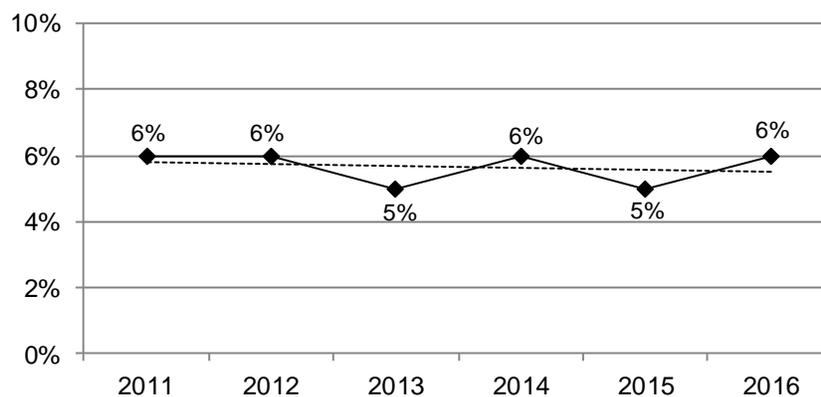
Note: Beginning in 2011, the CDC began using a different methodology to weight the data; therefore, data prior to 2011 cannot be compared to data since 2011.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016

Table 54
Respondents Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2012-2016

		2012-2016	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.0%	5.1%
	Female	6%	5.6%	6.9%
Age	18-29	6%	4.8%	7.1%
	30-39	6%	4.7%	6.9%
	40-49	7%	5.5%	7.7%
	50-59	6%	5.2%	7.2%
	60-69	4%	3.8%	5.3%
	70-79	4%	2.6%	4.9%
	80+	3%	1.8%	3.5%
Race	White	5%	4.7%	5.5%
	American Indian	7%	6.0%	8.8%
Ethnicity	Hispanic	6%	2.7%	10.9%
	Non-Hispanic	5%	5.0%	5.8%
Household Income	Less than $35,000	9%	8.1%	10.1%
	$35,000-$74,999	4%	3.1%	4.2%
	$75,000+	3%	2.0%	3.3%
Education	Less than High School, G.E.D.	10%	7.8%	11.9%
	High School, G.E.D.	5%	4.8%	6.2%
	Some Post-High School	6%	4.8%	6.3%
	College Graduate	3%	2.6%	3.7%
Employment Status	Employed for Wages	4%	3.6%	4.6%
	Self-employed	4%	3.0%	5.2%
	Unemployed	11%	8.5%	15.2%
	Homemaker	6%	3.6%	8.7%
	Student	6%	4.1%	8.6%
	Retired	3%	2.8%	4.2%
	Unable to Work	25%	22.2%	29.1%
Marital Status	Married/Unmarried Couple	4%	3.7%	4.6%
	Divorced/Separated	10%	8.5%	11.5%
	Widowed	6%	4.8%	8.1%
	Never Married	6%	5.2%	7.4%
Home Ownership Status	Own Home	4%	3.6%	4.5%
	Rent Home	8%	7.0%	9.0%
Children Status	Children in Household (Ages 18-44)	6%	4.9%	6.8%
	No Children in Household (Ages 18-44)	6%	5.1%	7.3%
Phone Status	Landline	5%	4.4%	5.5%
	Cell Phone	6%	5.2%	6.3%
Pregnancy Status	Pregnant (Ages 18-44)	7%	2.8%	15.7%
	Not Pregnant (Ages 18-44)	7%	5.9%	8.1%
County	Minnehaha	5%	4.3%	6.6%
	Pennington	6%	4.9%	7.7%
	Lincoln	5%	3.6%	6.6%
	Brown	5%	3.3%	6.5%
	Brookings	5%	3.5%	7.8%
	Codington	6%	4.1%	8.7%
	Meade	8%	6.0%	10.3%
	Lawrence	5%	4.1%	6.9%

Note: *Results based on small sample sizes have been suppressed.
 Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2016

Demographics

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

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

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

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

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

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

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

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

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

Children Status   Children in the household do not seem to affect the prevalence of poor mental health of the adults.

Phone Status   Phone status does not seem to affect the prevalence of poor mental health.

Pregnancy Status   Pregnancy does not seem to affect the prevalence of poor mental health.

County   There is no significant difference among the eight counties with regard to poor mental health.

Figure 97, below, shows the average number of days all respondents stated their mental health was not good for the past 30 days. For the past six years the average number of days has been steady.

Figure 97
Average Number of Days Respondents' Mental Health Was Not Good
in the Past 30 Days, 2011-2016
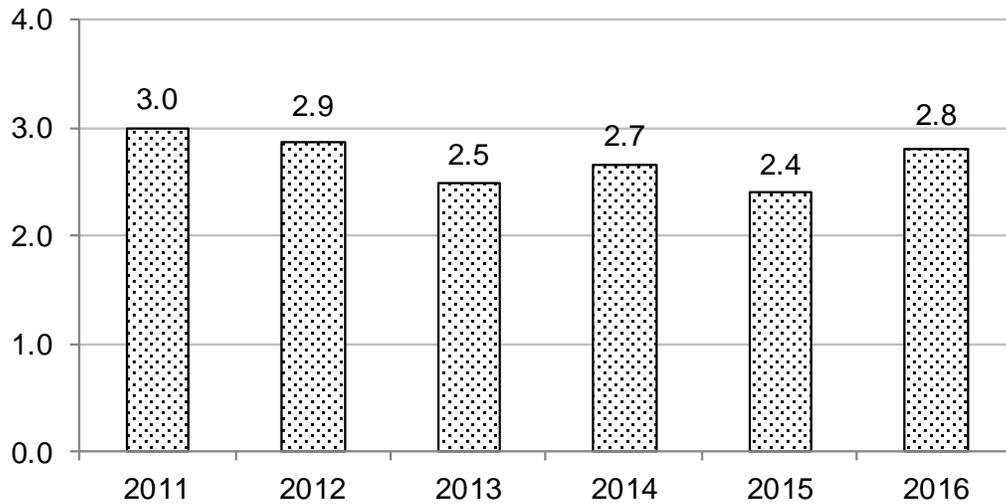
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016

MENTAL HEALTH TREATMENT

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

Prevalence of Mental Health Treatment

o South Dakota 12%
o *There is no nationwide median for mental health treatment*

			95% Confidence Interval	
Table 55 **Respondents Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016**				
		2016	**Low**	**High**
Gender	Male	7%	6.0%	9.1%
	Female	16%	13.4%	18.3%
Age	18-29	13%	8.5%	18.4%
	30-39	9%	6.0%	12.1%
	40-49	15%	11.3%	19.8%
	50-59	14%	10.5%	17.6%
	60-69	14%	11.3%	17.6%
	70-79	6%	4.6%	9.0%
	80+	4%	1.7%	7.3%
Race	White	12%	10.6%	13.9%
	American Indian	9%	5.6%	14.2%
Ethnicity	Hispanic	*	*	*
	Non-Hispanic	12%	10.2%	13.2%
Household Income	Less than $35,000	16%	12.9%	19.4%
	$35,000-$74,999	10%	8.2%	12.8%
	$75,000+	8%	6.3%	10.7%
Education	Less than High School, G.E.D.	11%	7.3%	17.4%
	High School, G.E.D.	11%	8.1%	13.6%
	Some Post-High School	13%	10.4%	16.0%
	College Graduate	11%	8.9%	13.4%
Employment Status	Employed for Wages	10%	8.6%	12.7%
	Self-employed	7%	4.5%	10.6%
	Unemployed	16%	7.4%	31.5%
	Homemaker	12%	7.6%	19.4%
	Student	11%	3.2%	31.5%
	Retired	8%	6.1%	10.0%
	Unable to Work	49%	40.0%	58.9%
Marital Status	Married/Unmarried Couple	10%	8.6%	12.2%
	Divorced/Separated	19%	14.5%	24.2%
	Widowed	13%	9.2%	19.1%
	Never Married	11%	7.8%	15.5%
Home Ownership Status	Own Home	10%	8.2%	11.1%
	Rent Home	18%	14.0%	22.8%
Children Status	Children in Household (Ages 18-44)	10%	7.4%	13.0%
	No Children in Household (Ages 18-44)	12%	7.9%	17.8%

Table 55 (continued) Respondents Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016				
			95% Confidence Interval	
		2016	Low	High
Phone Status	Landline	10%	8.1%	12.3%
	Cell Phone	12%	10.4%	14.2%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	16%	11.7%	21.3%
County	Minnehaha	14%	9.8%	18.7%
	Pennington	14%	10.1%	18.8%
	Lincoln	*	*	*
	Brown	*	*	*
	Brookings	*	*	*
	Codington	*	*	*
	Meade	*	*	*
	Lawrence	13%	9.6%	18.4%

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

Demographics

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

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

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

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

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

Employment Those who are unable to work exhibit a significantly higher prevalence of seeking help for mental health issues than all other types of employment.

Marital Status Those who are divorced demonstrate a very high prevalence of seeking help for mental health issues, while those are married show a very low prevalence.

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

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

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

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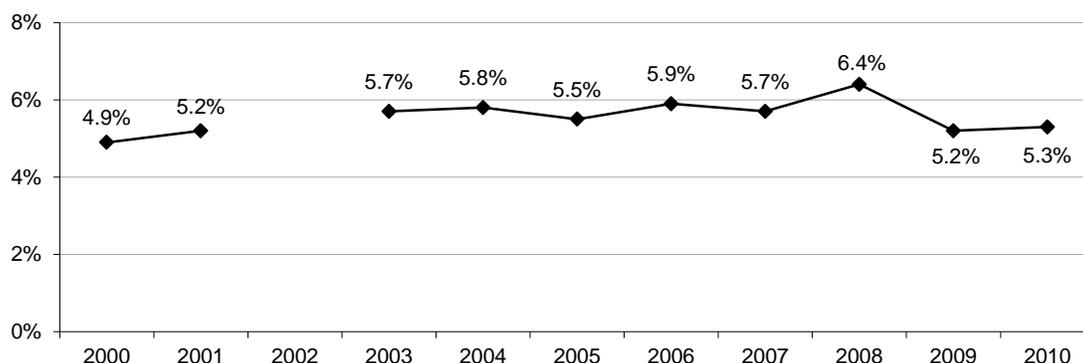
USUAL ACTIVITIES UNATTAINABLE

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

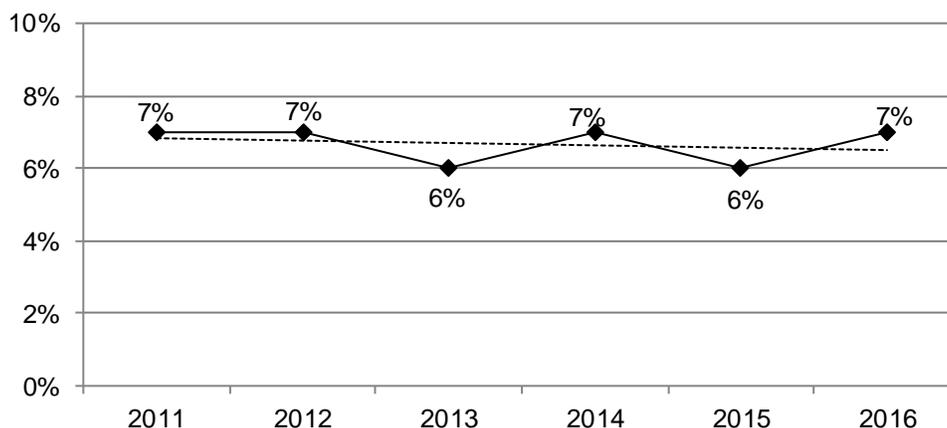### Prevalence of Usual Activities Unattainable for 10-30 Days of the Past 30

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

Figure 98
Percent of Respondents Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2001, and 2003-2010

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2000-2001, and 2003-2010

Figure 99
Percent of Respondents Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2016

Note: Beginning in 2011, the CDC began using a different methodology to weight the data; therefore, data prior to 2011 cannot be compared to data since 2011.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016

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Table 56
Respondents Who Stated Usual Activities Unattainable for 10-30 Days of the Past 30, 2012-2016

			95% Confidence Interval	
		2012-2016	**Low**	**High**
Gender	Male	6%	5.1%	6.3%
	Female	8%	7.0%	8.3%
Age	18-29	4%	3.0%	4.9%
	30-39	5%	4.3%	6.7%
	40-49	6%	5.1%	7.1%
	50-59	9%	7.9%	10.2%
	60-69	9%	8.1%	10.3%
	70-79	8%	6.5%	9.1%
	80+	7%	5.4%	7.9%
Race	White	6%	5.7%	6.6%
	American Indian	12%	9.7%	14.0%
Ethnicity	Hispanic	9%	5.4%	15.8%
	Non-Hispanic	7%	6.1%	7.0%
Household Income	Less than $35,000	11%	10.4%	12.4%
	$35,000-$74,999	5%	3.9%	5.4%
	$75,000+	3%	2.4%	3.5%
Education	Less than High School, G.E.D.	11%	9.4%	13.4%
	High School, G.E.D.	8%	6.8%	8.4%
	Some Post-High School	6%	5.7%	7.1%
	College Graduate	4%	3.2%	4.3%
Employment Status	Employed for Wages	3%	2.9%	3.9%
	Self-employed	4%	2.9%	4.6%
	Unemployed	13%	10.3%	16.8%
	Homemaker	6%	4.5%	9.0%
	Student	5%	3.0%	8.6%
	Retired	7%	6.2%	7.8%
	Unable to Work	49%	44.8%	52.7%
Marital Status	Married/Unmarried Couple	6%	5.3%	6.4%
	Divorced/Separated	12%	10.2%	13.1%
	Widowed	9%	7.5%	10.6%
	Never Married	5%	4.4%	6.3%
Home Ownership Status	Own Home	6%	5.4%	6.3%
	Rent Home	8%	7.1%	9.2%
Children Status	Children in Household (Ages 18-44)	5%	4.3%	6.2%
	No Children in Household (Ages 18-44)	4%	3.2%	5.0%
Phone Status	Landline	7%	6.5%	7.7%
	Cell Phone	6%	5.7%	6.9%
Pregnancy Status	Pregnant (Ages 18-44)	5%	1.4%	14.0%
	Not Pregnant (Ages 18-44)	6%	4.8%	6.7%
County	Minnehaha	6%	5.3%	7.8%
	Pennington	8%	7.1%	9.8%
	Lincoln	4%	2.8%	4.8%
	Brown	7%	4.9%	9.2%
	Brookings	6%	4.0%	8.0%
	Codington	5%	3.7%	6.5%
	Meade	8%	6.6%	10.6%
	Lawrence	8%	6.1%	9.8%

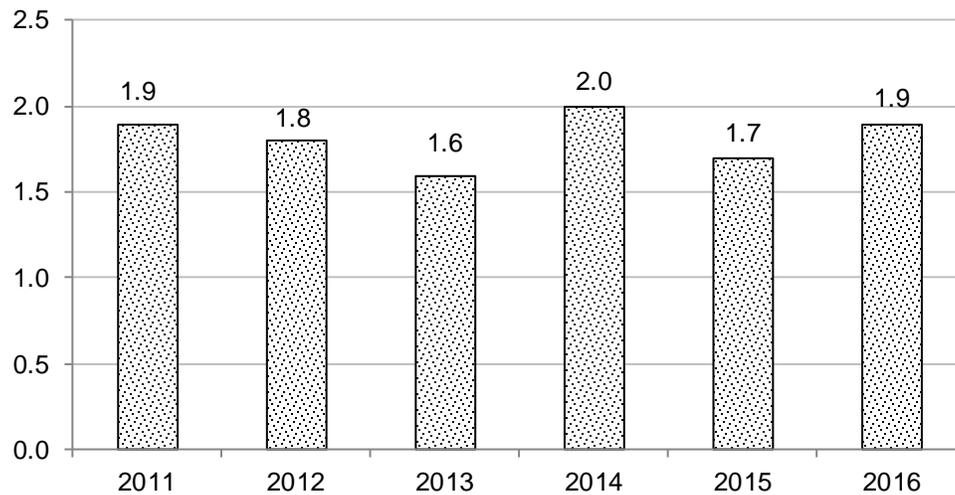Note: *Results based on small sample sizes have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2012-2016

Demographics

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

Age
The prevalence of poor health keeping them from usual activities peaks in the 50s and 60s.

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

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

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

Education
The prevalence of poor health keeping them from usual activities decreases as education increases. This includes significant decreases as the high school and college graduate levels are reached.

Employment
Those who are unable to work demonstrate a very high prevalence of poor health keeping them from usual activities, while those who are employed for wages, self-employed, or students show a very low prevalence.

Marital Status
Those who are divorced or widowed exhibit a very high prevalence of poor health keeping them from usual activities, while those who are married or have never been married show a very low prevalence.

Home Ownership
Those who rent their home demonstrate a significantly higher prevalence of poor health keeping them from usual activities than those who own their home.

Children Status
Children in the household do not seem to affect the prevalence of poor health keeping adults from usual activities.

Phone Status
Phone status does not seem to affect the prevalence of poor health keeping them from usual activities.

Pregnancy Status
Pregnancy does not seem to affect the prevalence of poor health keeping them from usual activities.

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

Figure 100, below, shows the average number of days all respondents stated poor physical or mental health kept them from doing their usual activities in the past 30 days. In 2016, the average number of days was 1.9.

Figure 100
Average Number of Days Poor Physical or Mental Health Kept
Respondents From Usual Activities in the Past 30 Days, 2011-2016

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2016