

General Health Status

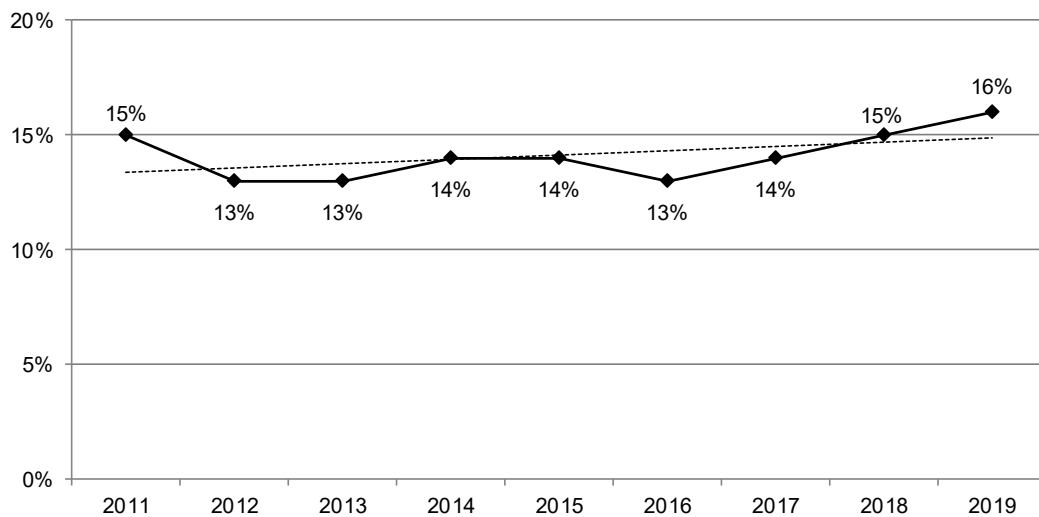
FAIR OR POOR HEALTH STATUS

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

Prevalence of Fair or Poor Health Status

- South Dakota 16%
- Nationwide median 18%

Figure 49
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 46
South Dakotans Reporting Fair or Poor Health Status, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	14%	12.7%	14.7%
	Female	15%	14.1%	16.0%
Age	18-29	8%	6.8%	9.9%
	30-39	10%	8.1%	11.4%
	40-49	11%	9.4%	12.9%
	50-59	17%	15.2%	18.5%
	60-69	20%	18.3%	21.6%
	70-79	20%	18.5%	22.6%
	80+	27%	23.8%	29.8%
Race/Ethnicity	White, Non-Hispanic	13%	12.8%	14.2%
	American Indian, Non-Hispanic	27%	24.1%	31.0%
	American Indian/White, Non-Hispanic	16%	11.1%	23.3%
	Hispanic	13%	8.5%	18.6%
Household Income	Less than \$35,000	25%	23.5%	26.8%
	\$35,000-\$74,999	11%	9.6%	11.8%
	\$75,000+	6%	5.0%	7.0%
Education	Less than High School, G.E.D.	27%	23.2%	30.3%
	High School, G.E.D.	17%	16.2%	18.8%
	Some Post-High School	13%	11.9%	14.1%
	College Graduate	8%	6.8%	8.5%
Employment Status	Employed for Wages	9%	8.0%	9.8%
	Self-employed	9%	7.1%	10.6%
	Unemployed	26%	20.5%	31.4%
	Homemaker	14%	10.8%	17.8%
	Student	6%	3.7%	8.5%
	Retired	22%	20.4%	23.5%
	Unable to Work	62%	57.7%	66.0%
Marital Status	Married/Unmarried Couple	11%	10.7%	12.3%
	Divorced/Separated	24%	21.8%	26.3%
	Widowed	26%	23.3%	28.4%
	Never Married	13%	11.6%	15.0%
Home Ownership Status	Own Home	13%	12.2%	13.7%
	Rent Home	19%	16.9%	20.3%
Children Status	Children in Household (Ages 18-44)	8%	7.2%	9.7%
	No Children in Household (Ages 18-44)	10%	8.2%	11.6%
Phone Status	Landline	18%	16.6%	18.9%
	Cell Phone	13%	12.1%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	13%	6.0%	26.2%
	Not Pregnant (Ages 18-44)	9%	8.0%	11.1%
County	Minnehaha	12%	10.2%	13.5%
	Pennington	16%	14.5%	18.0%
	Lincoln	11%	8.2%	14.5%
	Brown	15%	12.6%	17.1%
	Brookings	11%	8.5%	13.4%
	Codington	14%	11.5%	16.6%
	Meade	15%	11.7%	18.4%
	Lawrence	13%	10.1%	16.1%

Note: *Results based on small sample sizes have been suppressed.

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	There seems to be no significant gender difference in the prevalence of those in fair or poor health.
Age	The prevalence of fair or poor health increases as age increases. This includes significant increases when people reach their 50s and 80s.
Race/ Ethnicity	American Indians exhibit a significantly higher prevalence of those in fair or poor health than all other races/ethnicities.
Household Income	The prevalence of fair or poor health decreases as household income increases. This includes significant decreases when the \$35,000-\$74,999 and \$75,000+ household incomes are reached.
Education	The prevalence of fair or poor health decreases as education increases. This includes significant decreases as the high school graduate, some college, and college graduate levels are reached.
Employment	Those who are unable to work demonstrate a very high prevalence of those in fair or poor health while those who are employed for wages, self-employed, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of those in fair or poor health, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of fair or poor health than those who own their home.
Children Status	The prevalence of fair or poor health of adults does not seem to differ based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone show a significantly higher prevalence of fair or poor health than those who primarily use a cell phone.
Pregnancy Status	The prevalence of fair or poor health does not seem to differ based on pregnancy status.
County	Pennington county exhibits a very high prevalence of those in fair or poor health, while those in Minnehaha and Brookings counties show a very low prevalence.

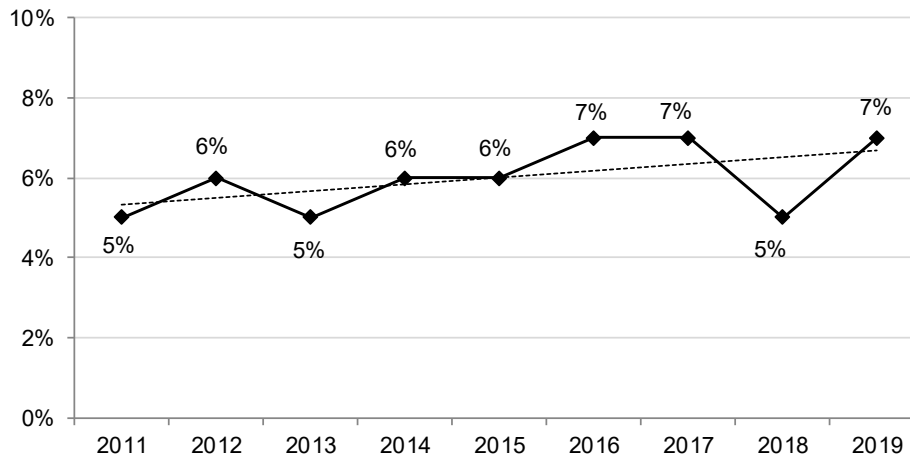
PHYSICAL HEALTH NOT GOOD

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

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

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

Figure 50
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 47
South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.3%	6.6%
	Female	7%	6.2%	7.6%
Age	18-29	3%	1.8%	3.6%
	30-39	4%	3.2%	5.9%
	40-49	5%	4.1%	6.3%
	50-59	8%	7.0%	9.3%
	60-69	10%	8.5%	10.8%
	70-79	10%	8.3%	11.4%
	80+	10%	8.6%	12.4%
Race/ Ethnicity	White, Non-Hispanic	6%	5.7%	6.7%
	American Indian, Non-Hispanic	10%	8.1%	12.4%
	American Indian/White, Non-Hispanic	7%	4.3%	11.4%
	Hispanic	3%	1.8%	6.0%
Household Income	Less than \$35,000	11%	9.7%	11.9%
	\$35,000-\$74,999	5%	4.5%	6.1%
	\$75,000+	3%	2.5%	4.0%
Education	Less than High School, G.E.D.	11%	8.9%	13.8%
	High School, G.E.D.	7%	6.5%	8.3%
	Some Post-High School	6%	5.4%	6.9%
	College Graduate	4%	3.1%	4.3%
Employment Status	Employed for Wages	3%	2.9%	4.0%
	Self-employed	3%	2.5%	4.4%
	Unemployed	11%	7.3%	15.8%
	Homemaker	7%	4.4%	10.1%
	Student	2%	1.2%	4.2%
	Retired	9%	8.1%	10.1%
	Unable to Work	39%	35.3%	43.5%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.5%
	Divorced/Separated	11%	9.5%	12.7%
	Widowed	11%	9.0%	12.4%
	Never Married	4%	3.4%	5.2%
Home Ownership Status	Own Home	6%	5.4%	6.4%
	Rent Home	8%	6.8%	9.2%
Children Status	Children in Household (Ages 18-44)	4%	3.2%	5.2%
	No Children in Household (Ages 18-44)	3%	2.0%	3.9%
Phone Status	Landline	8%	7.0%	8.6%
	Cell Phone	6%	5.3%	6.4%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.7%	18.0%
	Not Pregnant (Ages 18-44)	4%	3.3%	5.5%
County	Minnehaha	6%	4.5%	6.9%
	Pennington	7%	6.0%	8.4%
	Lincoln	5%	3.4%	7.8%
	Brown	7%	5.3%	8.6%
	Brookings	4%	3.2%	6.1%
	Codington	6%	4.8%	8.6%
	Meade	8%	5.9%	11.8%
Lawrence	7%	5.4%	10.1%	

Note: *Results based on small sample sizes have been suppressed.

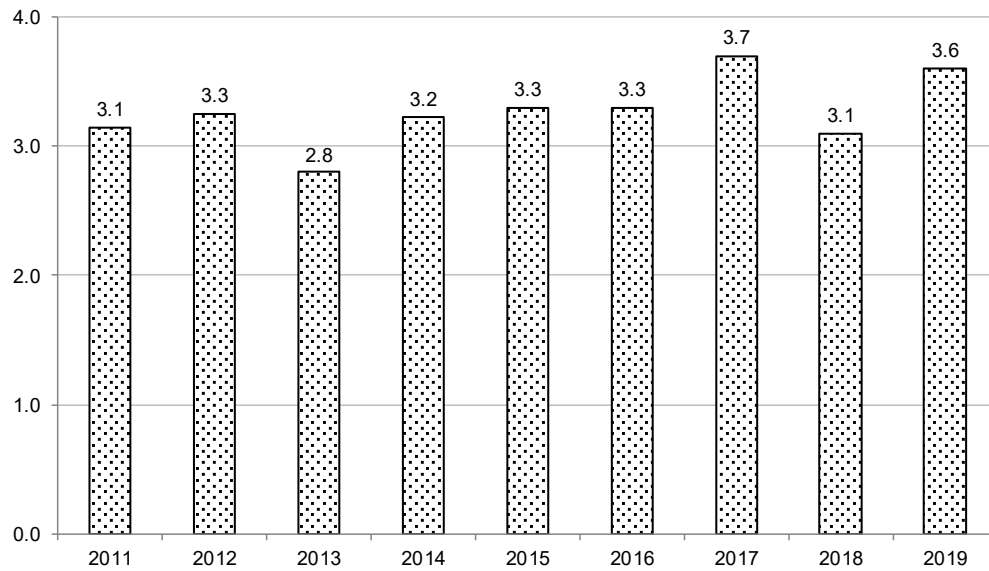
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Figure 51, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. For the past nine years the average number of days has remained steady.

Figure 51
Average Number of Days South Dakotans' Physical Health Was Not Good In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

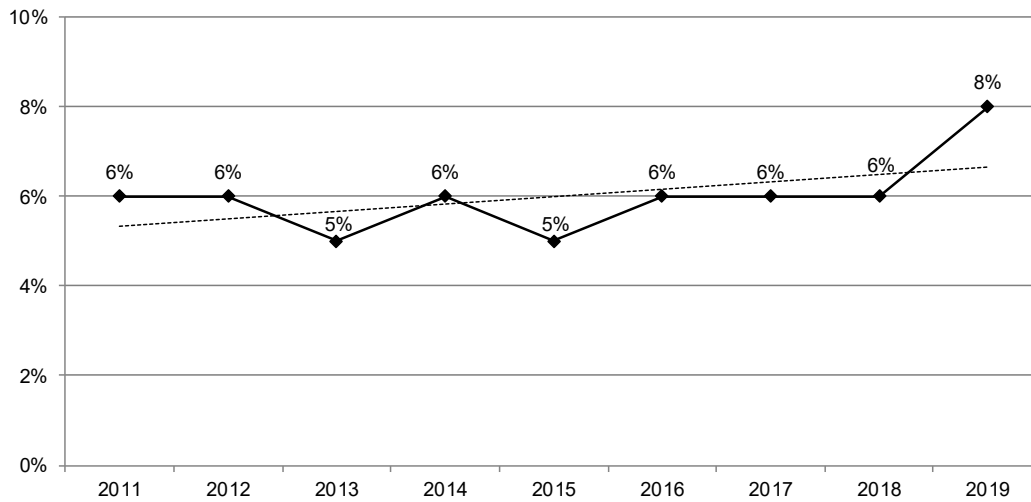
MENTAL HEALTH NOT GOOD

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

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

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

Figure 52
Percentage of South Dakotans Stating Mental Health Not Good
for 20-30 Days of the Past 30, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 48
South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.4%	5.7%
	Female	8%	6.7%	8.4%
Age	18-29	9%	7.1%	10.4%
	30-39	7%	6.1%	9.1%
	40-49	6%	5.1%	7.7%
	50-59	6%	5.1%	7.1%
	60-69	5%	3.8%	5.4%
	70-79	4%	2.6%	4.8%
	80+	4%	2.7%	5.4%
Race/Ethnicity	White, Non-Hispanic	6%	5.4%	6.4%
	American Indian, Non-Hispanic	9%	7.2%	11.6%
	American Indian/White, Non-Hispanic	14%	8.6%	22.5%
	Hispanic	5%	2.2%	9.2%
Household Income	Less than \$35,000	10%	9.2%	11.7%
	\$35,000-\$74,999	5%	4.4%	6.1%
	\$75,000+	3%	2.2%	3.7%
Education	Less than High School, G.E.D.	11%	8.6%	14.2%
	High School, G.E.D.	7%	5.7%	7.6%
	Some Post-High School	6%	5.5%	7.2%
	College Graduate	4%	3.2%	4.5%
Employment Status	Employed for Wages	5%	4.6%	6.0%
	Self-employed	4%	3.1%	5.8%
	Unemployed	15%	11.0%	21.2%
	Homemaker	5%	2.7%	7.6%
	Student	8%	5.2%	11.4%
	Retired	3%	2.8%	4.3%
	Unable to Work	27%	23.5%	30.8%
Marital Status	Married/Unmarried Couple	4%	3.7%	4.8%
	Divorced/Separated	10%	8.7%	12.1%
	Widowed	8%	5.7%	9.8%
	Never Married	9%	7.5%	10.6%
Home Ownership Status	Own Home	5%	4.1%	5.1%
	Rent Home	10%	8.7%	11.6%
Children Status	Children in Household (Ages 18-44)	7%	6.2%	8.8%
	No Children in Household (Ages 18-44)	8%	6.7%	9.8%
Phone Status	Landline	5%	4.4%	5.9%
	Cell Phone	7%	6.1%	7.4%
Pregnancy Status	Pregnant (Ages 18-44)	9%	3.8%	22.0%
	Not Pregnant (Ages 18-44)	9%	7.8%	11.0%
County	Minnehaha	7%	5.4%	8.4%
	Pennington	8%	6.4%	9.3%
	Lincoln	5%	3.1%	7.3%
	Brown	6%	4.4%	7.7%
	Brookings	5%	3.7%	7.8%
	Codington	7%	5.3%	9.3%
	Meade	7%	4.9%	9.6%
	Lawrence	5%	3.8%	7.5%

Note: *Results based on small sample sizes have been suppressed.

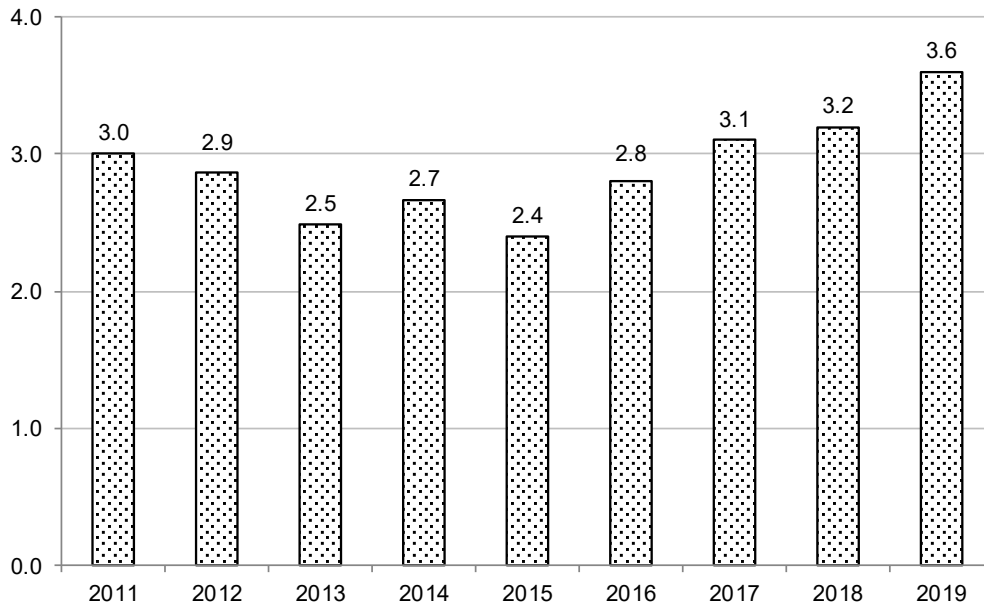
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

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

Figure 53, below, shows the average number of days all respondents stated their mental health was not good for the past 30 days. In 2019, the average number of days was 3.6 which is the highest for the past nine years.

Figure 53
Average Number of Days Respondents' Mental Health Was Not Good
In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

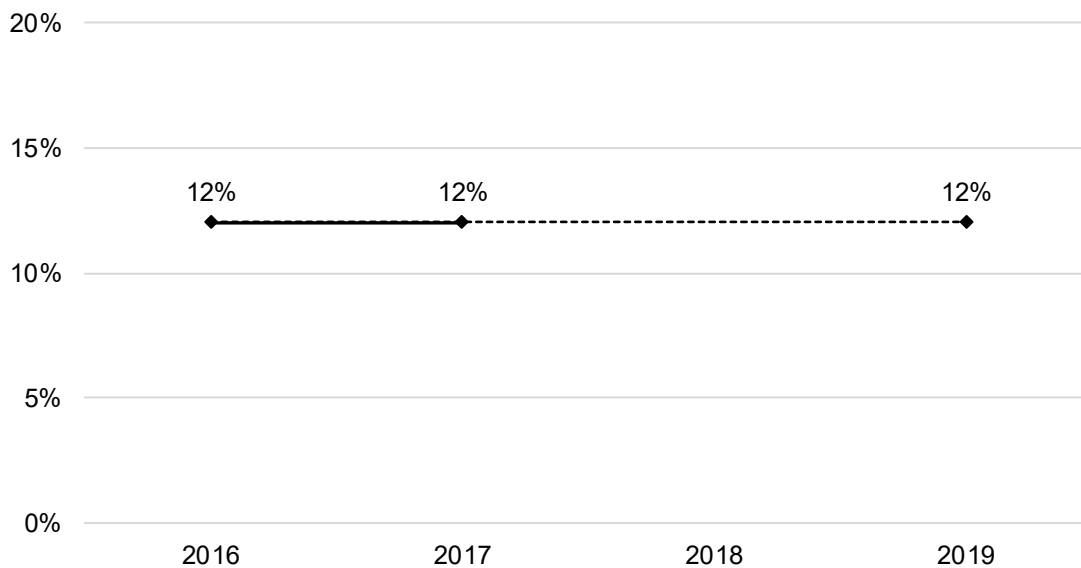
MENTAL HEALTH TREATMENT

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

Prevalence of Mental Health Treatment

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

Figure 54
Percentage of South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2019

Table 49
South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2019

		2016-2019	95% Confidence Interval	
			Low	High
Gender	Male	8%	7.1%	9.2%
	Female	16%	14.4%	17.3%
Age	18-29	13%	10.7%	16.1%
	30-39	11%	9.4%	13.8%
	40-49	16%	13.2%	18.4%
	50-59	13%	11.2%	15.3%
	60-69	13%	11.1%	14.7%
	70-79	8%	5.8%	10.1%
	80+	3%	1.8%	4.0%
Race/Ethnicity	White, Non-Hispanic	12%	11.3%	13.2%
	American Indian, Non-Hispanic	9%	7.2%	12.3%
	American Indian/White, Non-Hispanic	14%	6.7%	26.0%
	Hispanic	14%	7.0%	26.7%
Household Income	Less than \$35,000	17%	15.0%	19.0%
	\$35,000-\$74,999	11%	9.5%	12.6%
	\$75,000+	9%	7.5%	10.5%
Education	Less than High School, G.E.D.	9%	6.7%	12.1%
	High School, G.E.D.	12%	10.0%	13.4%
	Some Post-High School	13%	11.7%	15.0%
	College Graduate	12%	10.4%	13.4%
Employment Status	Employed for Wages	12%	10.4%	12.9%
	Self-employed	6%	4.2%	7.9%
	Unemployed	20%	13.7%	27.0%
	Homemaker	11%	7.7%	15.6%
	Student	14%	8.3%	22.1%
	Retired	8%	6.8%	9.6%
	Unable to Work	43%	37.8%	49.3%
Marital Status	Married/Unmarried Couple	10%	9.4%	11.6%
	Divorced/Separated	19%	16.7%	22.5%
	Widowed	11%	8.8%	13.9%
	Never Married	13%	10.5%	15.0%
Home Ownership Status	Own Home	10%	9.5%	11.4%
	Rent Home	17%	14.4%	19.1%
Children Status	Children in Household (Ages 18-44)	11%	9.1%	12.8%
	No Children in Household (Ages 18-44)	15%	12.6%	18.3%
Phone Status	Landline	10%	9.0%	11.7%
	Cell Phone	13%	11.5%	13.8%
Pregnancy Status	Pregnant (Ages 18-44)	21%	10.2%	38.3%
	Not Pregnant (Ages 18-44)	16%	14.0%	19.3%
County	Minnehaha	13%	10.6%	15.4%
	Pennington	14%	11.5%	16.3%
	Lincoln	13%	6.7%	23.0%
	Brown	13%	9.2%	18.2%
	Brookings	13%	9.2%	19.2%
	Codington	16%	11.5%	22.2%
	Meade	12%	6.1%	20.9%
	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, 2016-2019

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 from 18-69, but it decreases significantly as the 70s and 80s are reached.
Race/ Ethnicity	There seems to be no racial/ethnicity 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 regarding education levels.
Employment	Those who are unable to work exhibit very high prevalence of seeking help for mental health issues, while those who are self-employed, a homemaker, or retired show a very low prevalence.
Marital Status	Those who are divorced demonstrate a significantly higher prevalence of seeking help for mental health issues than all other types of marital status.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of seeking help for mental health issues than those who own their home.
Children Status	There seems to be no difference in the prevalence of seeking help for mental health issues regarding the presence of children in the household.
Phone Status	There seems to be no difference in the prevalence of seeking help for mental health issues regarding phone status.
County	There seems to be no difference in the prevalence of seeking help for mental health issues among the eight counties with sufficient sample size.

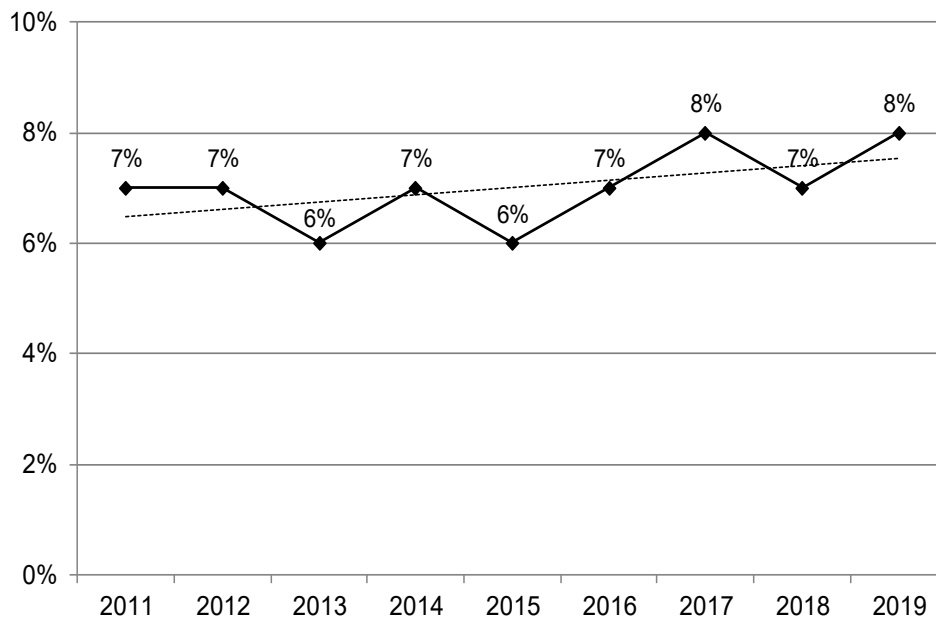
USUAL ACTIVITIES UNATTAINABLE

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

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

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

Figure 55
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019

Table 50
South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2015-2019

		2015-2019	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.7%	7.0%
	Female	8%	7.4%	8.9%
Age	18-29	5%	3.8%	6.2%
	30-39	6%	4.5%	7.2%
	40-49	6%	5.3%	7.9%
	50-59	9%	7.9%	10.2%
	60-69	10%	9.1%	11.5%
	70-79	8%	6.5%	9.1%
	80+	7%	5.8%	9.0%
Race/Ethnicity	White, Non-Hispanic	7%	6.4%	7.4%
	American Indian, Non-Hispanic	11%	9.2%	13.6%
	American Indian/White, Non-Hispanic	12%	8.1%	17.8%
	Hispanic	5%	2.9%	9.9%
Household Income	Less than \$35,000	12%	11.2%	13.6%
	\$35,000-\$74,999	6%	5.2%	7.0%
	\$75,000+	3%	2.1%	3.3%
Education	Less than High School, G.E.D.	12%	9.3%	14.3%
	High School, G.E.D.	8%	7.3%	9.3%
	Some Post-High School	7%	6.3%	8.0%
	College Graduate	4%	3.7%	4.9%
Employment Status	Employed for Wages	4%	3.3%	4.6%
	Self-employed	4%	3.2%	5.7%
	Unemployed	17%	12.5%	21.9%
	Homemaker	6%	3.8%	8.5%
	Student	4%	2.2%	6.4%
	Retired	8%	7.3%	9.2%
	Unable to Work	46%	42.3%	50.7%
Marital Status	Married/Unmarried Couple	6%	5.3%	6.4%
	Divorced/Separated	13%	11.5%	15.0%
	Widowed	10%	7.8%	11.7%
	Never Married	7%	5.7%	8.1%
Home Ownership Status	Own Home	6%	5.5%	6.5%
	Rent Home	10%	8.9%	11.6%
Children Status	Children in Household (Ages 18-44)	6%	4.6%	6.8%
	No Children in Household (Ages 18-44)	5%	3.9%	6.3%
Phone Status	Landline	8%	7.5%	9.2%
	Cell Phone	7%	6.1%	7.4%
Pregnancy Status	Pregnant (Ages 18-44)	7%	1.9%	20.3%
	Not Pregnant (Ages 18-44)	6%	5.1%	7.7%
County	Minnehaha	7%	5.8%	8.6%
	Pennington	8%	7.2%	9.8%
	Lincoln	5%	3.2%	6.8%
	Brown	8%	6.1%	9.8%
	Brookings	5%	3.6%	6.5%
	Codington	7%	5.2%	8.7%
	Meade	8%	5.8%	10.5%
	Lawrence	8%	6.1%	11.3%

Note: *Results based on small sample sizes have been suppressed.

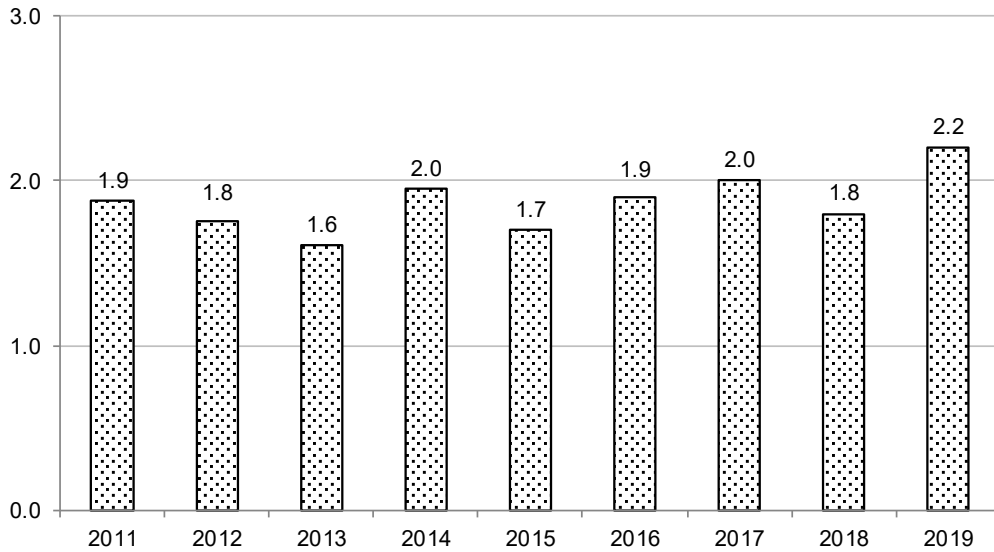
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2015-2019

Demographics

Gender	Females demonstrate a significantly higher prevalence of poor health keeping them from usual activities than males.
Age	The prevalence of poor health keeping someone from usual activities increases as age increases until it peaks in the 60s. After that, it decreases as age increases.
Race/ Ethnicity	American Indians and American Indian/whites exhibit a very high prevalence of poor health keeping them from usual activities, while whites show a low prevalence.
Household Income	The prevalence of poor health keeping someone from usual activities decreases as household income increases. This includes significant decreases when the \$35,000-\$74,999 and \$75,000+ household income groups are reached.
Education	The prevalence of poor health keeping someone from usual activities decreases as education increases. This includes a significant decrease as the college graduate level is reached.
Employment	Those who are unable to work demonstrate a very high prevalence of poor health keeping them from usual activities, while those who are employed for wages, self-employed, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of poor health keeping them from usual activities, while those who are married or have never been married show a very low prevalence.
Home Ownership	Those who rent their home demonstrate a significantly higher prevalence of poor health keeping them from usual activities than those who own their home.
Children Status	The prevalence of poor health keeping adults from usual activities does not seem to change based on the presence of children in the household.
Phone Status	Those who primarily use a landline phone exhibit a significantly higher prevalence of poor health keeping them from usual activities than those who primarily use a cell phone.
Pregnancy Status	The prevalence of poor health keeping them from usual activities does not seem to change based on pregnancy status.
County	Residents of Minnehaha county exhibit a very high prevalence of poor health keeping them from usual activities, while residents of Lincoln and Brookings counties show a very low prevalence.

Figure 56, below, shows the average number of days in the past 30 days where poor physical or mental health kept South Dakotans from doing their usual activities. For the past nine years the average number of days has remained steady.

Figure 56
Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities In the Past 30 Days, 2011-2019



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2019