

General Health Status

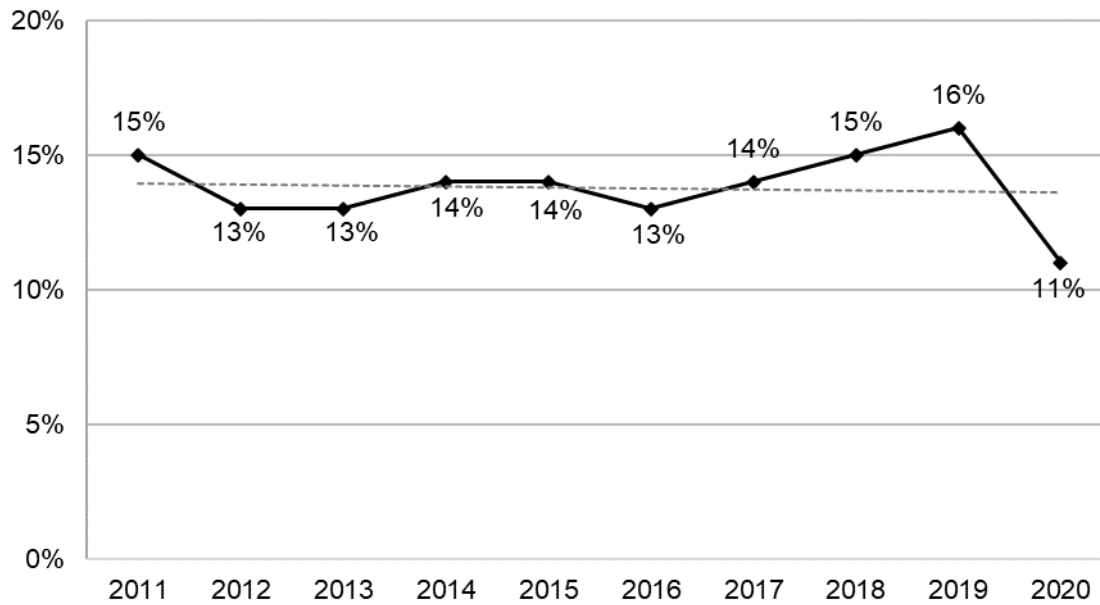
FAIR OR POOR HEALTH STATUS

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 11%
- Nationwide median 13%

Figure 57
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 42
South Dakotans Reporting Fair or Poor Health Status, 2016-2020

		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	14%	12.5%	14.5%
	Female	14%	13.2%	15.2%
Age	18-29	8%	6.7%	10.0%
	30-39	9%	7.7%	11.1%
	40-49	11%	9.1%	12.7%
	50-59	16%	14.2%	17.5%
	60-69	19%	17.8%	21.2%
	70-79	20%	18.2%	22.4%
	80+	24%	20.9%	27.0%
Race/Ethnicity	White, Non-Hispanic	13%	12.4%	13.8%
	American Indian, Non-Hispanic	28%	24.3%	32.0%
	American Indian/White, Non-Hispanic	14%	9.1%	21.1%
	Hispanic	11%	7.2%	16.3%
Household Income	Less than \$35,000	25%	23.2%	26.7%
	\$35,000-\$74,999	10%	9.4%	11.6%
	\$75,000+	6%	4.8%	6.7%
Education	Less than High School, G.E.D.	24%	20.7%	27.9%
	High School, G.E.D.	17%	15.8%	18.7%
	Some Post-High School	12%	11.3%	13.5%
	College Graduate	8%	7.1%	8.8%
Employment Status	Employed for Wages	9%	8.0%	9.8%
	Self-employed	8%	6.6%	9.9%
	Unemployed	25%	19.9%	31.1%
	Homemaker	12%	8.9%	15.1%
	Student	6%	3.6%	8.7%
	Retired	21%	19.3%	22.4%
	Unable to Work	61%	56.8%	65.7%
Marital Status	Married/Unmarried Couple	11%	10.2%	11.8%
	Divorced/Separated	23%	21.1%	25.7%
	Widowed	25%	22.3%	28.3%
	Never Married	13%	11.3%	14.6%
Home Ownership Status	Own Home	12%	11.7%	13.2%
	Rent Home	18%	16.6%	20.2%
Children Status	Children in Household (Ages 18-44)	8%	7.1%	9.7%
	No Children in Household (Ages 18-44)	9%	7.7%	11.1%
Phone Status	Landline	17%	15.7%	18.0%
	Cell Phone	13%	11.9%	13.6%
Pregnancy Status	Pregnant (Ages 18-44)	19%	8.3%	37.8%
	Not Pregnant (Ages 18-44)	9%	7.4%	10.5%
County	Minnehaha	11%	9.4%	12.6%
	Pennington	16%	14.0%	17.6%
	Lincoln	11%	7.8%	16.5%
	Brown	15%	12.4%	16.9%
	Brookings	10%	7.8%	11.9%
	Codington	15%	12.2%	17.3%
	Meade	12%	9.6%	16.0%
	Lawrence	10%	7.2%	13.2%

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

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

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 60s.
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 at each education level.
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, Brown, and Codington counties exhibit a very high prevalence of those in fair or poor health, while those in Minnehaha, Brookings, and Lawrence counties show a very low prevalence.

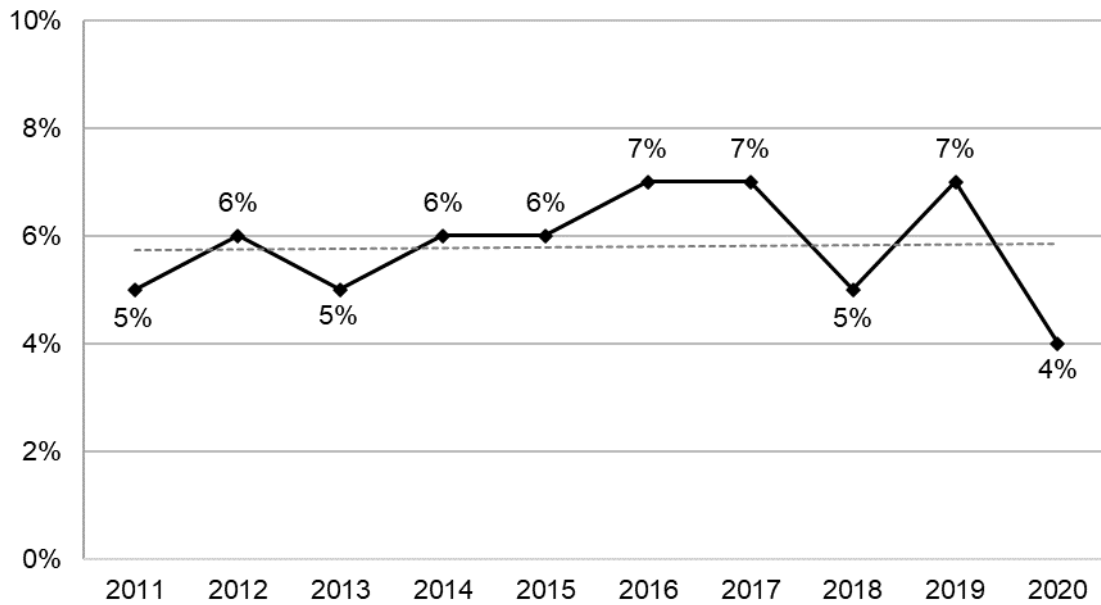
PHYSICAL HEALTH NOT GOOD

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 4%
- There is no nationwide median for physical health not good

Figure 58
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 43
South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2016-2020

		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.0%	6.3%
	Female	6%	5.7%	7.1%
Age	18-29	2%	1.5%	3.1%
	30-39	4%	2.9%	5.5%
	40-49	4%	3.5%	5.6%
	50-59	7%	6.3%	8.6%
	60-69	10%	8.4%	10.9%
	70-79	10%	8.2%	11.3%
	80+	9%	7.3%	11.0%
Race/ Ethnicity	White, Non-Hispanic	6%	5.4%	6.4%
	American Indian, Non-Hispanic	9%	7.1%	11.2%
	American Indian/White, Non-Hispanic	6%	3.6%	10.6%
	Hispanic	2%	1.4%	4.2%
Household Income	Less than \$35,000	10%	9.2%	11.5%
	\$35,000-\$74,999	5%	4.1%	5.7%
	\$75,000+	3%	2.5%	4.0%
Education	Less than High School, G.E.D.	10%	8.0%	12.8%
	High School, G.E.D.	7%	6.1%	7.8%
	Some Post-High School	6%	5.0%	6.5%
	College Graduate	4%	3.1%	4.2%
Employment Status	Employed for Wages	3%	2.7%	3.8%
	Self-employed	3%	2.4%	4.4%
	Unemployed	10%	6.5%	15.1%
	Homemaker	5%	3.1%	8.7%
	Student	2%	0.9%	3.5%
	Retired	9%	7.8%	9.9%
	Unable to Work	38%	33.7%	42.3%
Marital Status	Married/Unmarried Couple	5%	4.8%	6.0%
	Divorced/Separated	11%	9.6%	13.1%
	Widowed	10%	8.5%	12.1%
	Never Married	4%	2.9%	4.7%
Home Ownership Status	Own Home	6%	5.1%	6.2%
	Rent Home	7%	6.0%	8.2%
Children Status	Children in Household (Ages 18-44)	4%	2.8%	4.7%
	No Children in Household (Ages 18-44)	3%	1.8%	3.5%
Phone Status	Landline	7%	6.3%	7.8%
	Cell Phone	6%	5.1%	6.2%
Pregnancy Status	Pregnant (Ages 18-44)	4%	0.7%	21.1%
	Not Pregnant (Ages 18-44)	4%	2.7%	4.8%
County	Minnehaha	5%	4.3%	6.6%
	Pennington	6%	5.2%	7.4%
	Lincoln	5%	3.1%	9.3%
	Brown	6%	4.7%	7.9%
	Brookings	4%	2.8%	5.3%
	Codington	6%	4.5%	8.4%
	Meade	7%	4.3%	9.9%
Lawrence	6%	4.3%	9.1%	

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

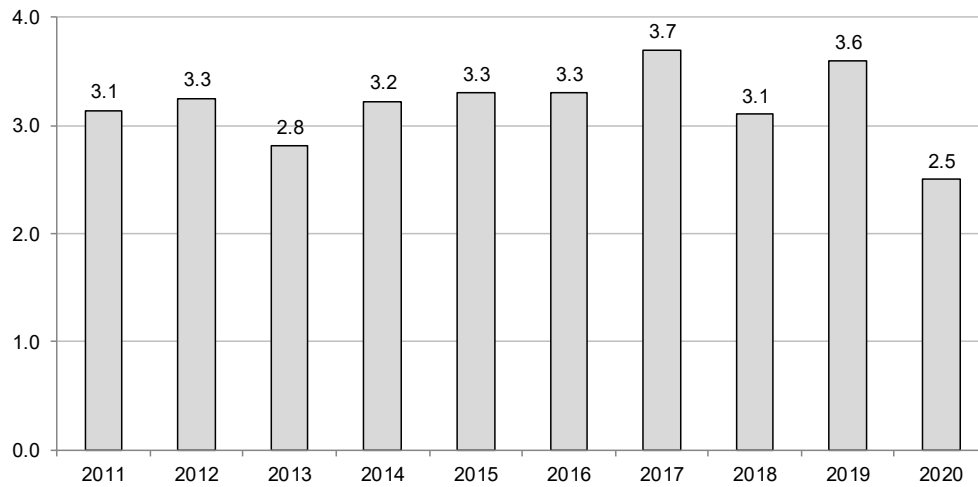
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	The prevalence of poor physical health does not seem to differ based on gender.
Age	The prevalence of poor physical health generally increases as age increases. This includes a significant increase as the 50s are reached.
Race/ Ethnicity	American Indians exhibit a very high prevalence of poor physical health, while Hispanics show a very low prevalence.
Household Income	The prevalence of poor physical health decreases as household income increases. This includes 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, a homemaker, or a student show a very low prevalence.
Marital Status	Those who are divorced or widowed exhibit a very high prevalence of poor physical health, while those who have never been married show a very low prevalence.
Home Ownership	The prevalence of poor physical health does not seem to differ based on home ownership.
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 59, below, shows the average number of days South Dakotans stated their physical health was not good for the past 30 days. In 2020, the number of days their physical health was not good was 2.5, which is the lowest number of days in the past ten years.

Figure 59
Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

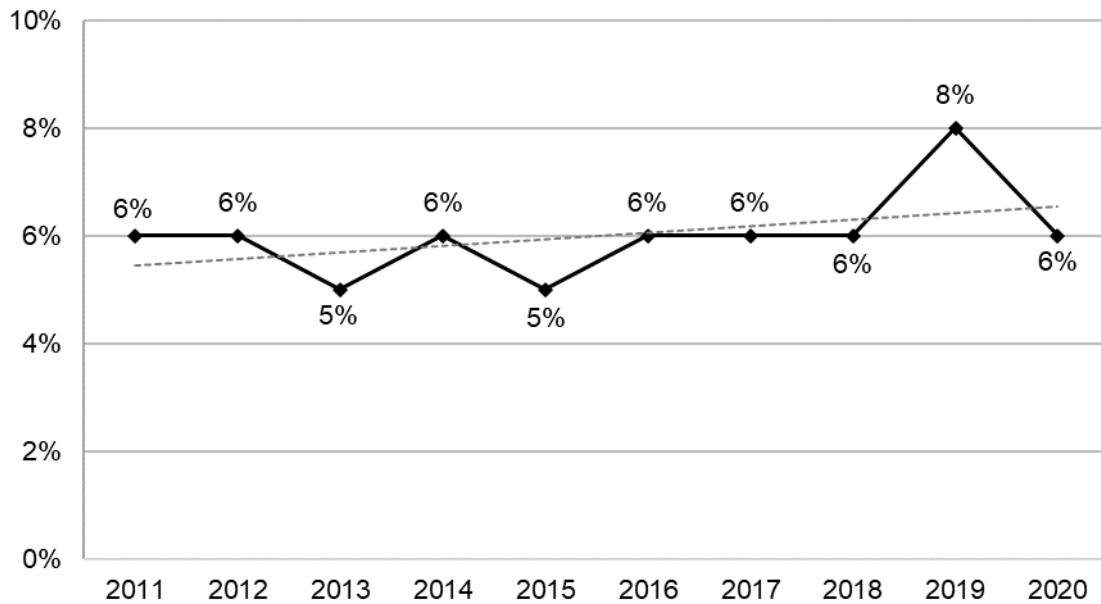
MENTAL HEALTH NOT GOOD

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 6%
- There is no nationwide median for poor mental health

Figure 60
Percentage of South Dakotans Stating Mental Health Not Good
for 20-30 Days of the Past 30, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 44
South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2016-2020

		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	5%	4.4%	5.8%
	Female	8%	7.1%	8.9%
Age	18-29	9%	7.6%	11.2%
	30-39	8%	6.3%	9.5%
	40-49	7%	5.3%	8.2%
	50-59	6%	5.0%	7.2%
	60-69	5%	4.0%	5.8%
	70-79	3%	2.5%	4.8%
	80+	4%	2.9%	6.1%
Race/Ethnicity	White, Non-Hispanic	6%	5.7%	6.9%
	American Indian, Non-Hispanic	9%	7.0%	11.5%
	American Indian/White, Non-Hispanic	11%	6.3%	19.8%
	Hispanic	5%	2.6%	9.2%
Household Income	Less than \$35,000	11%	9.7%	12.6%
	\$35,000-\$74,999	5%	4.5%	6.3%
	\$75,000+	3%	2.3%	3.7%
Education	Less than High School, G.E.D.	10%	7.9%	13.5%
	High School, G.E.D.	7%	6.3%	8.5%
	Some Post-High School	7%	5.8%	7.7%
	College Graduate	4%	3.3%	4.7%
Employment Status	Employed for Wages	6%	4.9%	6.5%
	Self-employed	4%	3.1%	5.8%
	Unemployed	18%	13.0%	24.3%
	Homemaker	5%	3.3%	9.0%
	Student	8%	5.3%	12.1%
	Retired	4%	2.9%	4.4%
	Unable to Work	27%	23.2%	31.1%
Marital Status	Married/Unmarried Couple	4%	3.9%	5.0%
	Divorced/Separated	11%	8.9%	12.5%
	Widowed	7%	5.6%	9.7%
	Never Married	10%	8.1%	11.3%
Home Ownership Status	Own Home	5%	4.4%	5.4%
	Rent Home	11%	9.1%	12.3%
Children Status	Children in Household (Ages 18-44)	8%	6.4%	9.0%
	No Children in Household (Ages 18-44)	9%	7.4%	10.9%
Phone Status	Landline	5%	4.5%	6.0%
	Cell Phone	7%	6.4%	7.8%
Pregnancy Status	Pregnant (Ages 18-44)	6%	2.0%	19.0%
	Not Pregnant (Ages 18-44)	10%	8.5%	12.1%
County	Minnehaha	7%	5.2%	8.2%
	Pennington	8%	6.5%	9.4%
	Lincoln	5%	2.9%	8.8%
	Brown	7%	5.1%	8.6%
	Brookings	7%	4.7%	9.3%
	Codington	7%	5.1%	8.6%
	Meade	7%	4.8%	10.3%
	Lawrence	4%	2.6%	6.9%

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

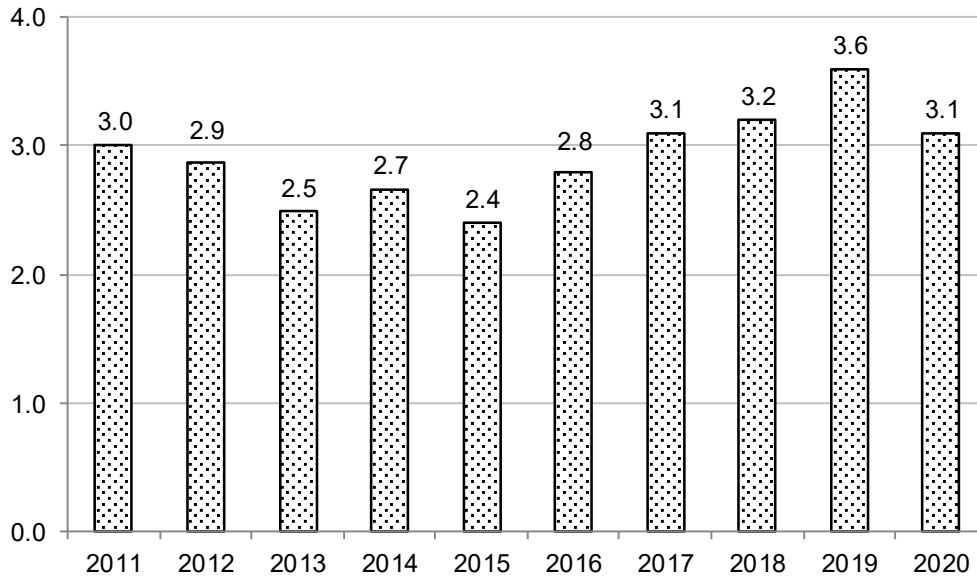
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

Demographics

Gender	Females exhibit a significantly higher prevalence of poor mental health than males.
Age	The prevalence of poor mental health generally decreases as age increases.
Race/ Ethnicity	American Indians 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 a significant decrease as the college graduate level is reached.
Employment	Those who are unemployed or unable to work demonstrate a very high prevalence of poor mental health, while those who are self-employed, 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 61, below, shows the average number of days all South Dakotans stated their mental health was not good for the past 30 days. In 2020, the average number of days was 3.1, down from 3.6 days in 2019.

Figure 61
Average Number of Days Respondents' Mental Health Was Not Good in the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

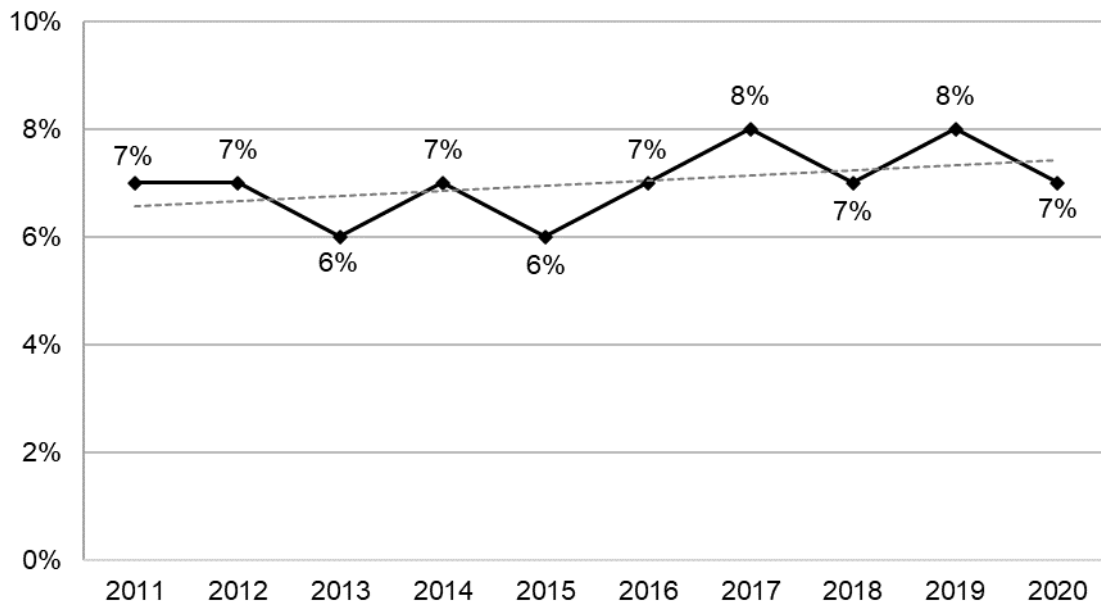
USUAL ACTIVITIES UNATTAINABLE

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

Figure 62
Percentage of South Dakotans Reporting Usual Activities Unattainable for 10-30 Days of the Past 30, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020

Table 45
South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2016-2020

		2016-2020	95% Confidence Interval	
			Low	High
Gender	Male	6%	5.7%	7.1%
	Female	8%	7.4%	9.0%
Age	18-29	5%	4.0%	6.6%
	30-39	6%	5.0%	8.2%
	40-49	6%	5.3%	8.0%
	50-59	8%	7.0%	9.4%
	60-69	10%	9.2%	11.8%
	70-79	7%	6.1%	8.6%
	80+	8%	5.9%	9.6%
Race/Ethnicity	White, Non-Hispanic	7%	6.4%	7.5%
	American Indian, Non-Hispanic	12%	9.3%	15.0%
	American Indian/White, Non-Hispanic	9%	5.3%	13.7%
	Hispanic	8%	4.2%	13.6%
Household Income	Less than \$35,000	13%	11.3%	14.1%
	\$35,000-\$74,999	6%	5.4%	7.3%
	\$75,000+	3%	2.2%	3.4%
Education	Less than High School, G.E.D.	11%	8.9%	14.2%
	High School, G.E.D.	8%	7.3%	9.5%
	Some Post-High School	7%	6.3%	8.0%
	College Graduate	5%	4.0%	5.4%
Employment Status	Employed for Wages	4%	3.6%	5.0%
	Self-employed	4%	3.2%	5.7%
	Unemployed	16%	11.6%	20.8%
	Homemaker	5%	3.1%	7.4%
	Student	5%	2.8%	7.8%
	Retired	8%	7.3%	9.3%
	Unable to Work	47%	42.3%	51.3%
Marital Status	Married/Unmarried Couple	6%	5.2%	6.4%
	Divorced/Separated	14%	11.8%	15.5%
	Widowed	10%	8.0%	13.4%
	Never Married	7%	5.8%	8.3%
Home Ownership Status	Own Home	6%	5.4%	6.4%
	Rent Home	11%	9.3%	12.4%
Children Status	Children in Household (Ages 18-44)	6%	5.1%	7.8%
	No Children in Household (Ages 18-44)	5%	4.0%	6.4%
Phone Status	Landline	8%	7.0%	8.8%
	Cell Phone	7%	6.4%	7.7%
Pregnancy Status	Pregnant (Ages 18-44)	11%	2.7%	33.2%
	Not Pregnant (Ages 18-44)	6%	5.3%	7.9%
County	Minnehaha	7%	6.0%	8.9%
	Pennington	8%	7.1%	9.7%
	Lincoln	5%	2.8%	7.7%
	Brown	9%	7.4%	11.5%
	Brookings	5%	4.0%	7.5%
	Codington	8%	6.1%	10.0%
	Meade	7%	4.7%	9.1%
	Lawrence	7%	4.6%	10.3%

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

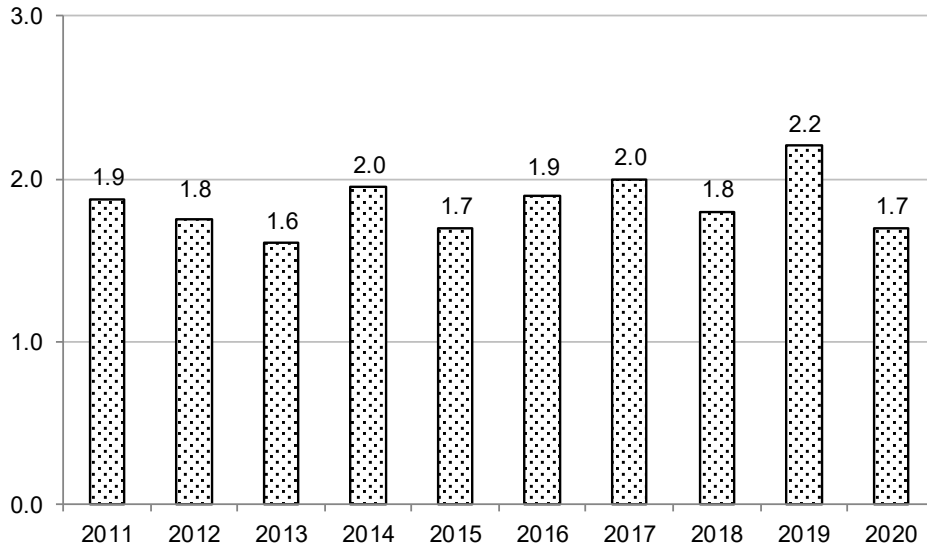
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2020

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 does not seem to consistently change as age changes.
Race/ Ethnicity	American Indians exhibit a very high prevalence of poor health keeping them from usual activities, while whites show a low prevalence.
Household Income	The prevalence of poor health keeping someone from usual activities decreases as household income increases. This includes significant decreases when the \$35,000-\$74,999 and \$75,000+ household income groups are reached.
Education	The prevalence of poor health keeping someone from usual activities decreases as education 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	The prevalence of poor health keeping someone from usual activities does not seem to differ based on phone status.
Pregnancy Status	The prevalence of poor health keeping someone from usual activities does not seem to change based on pregnancy status.
County	The prevalence of poor health keeping someone from usual activities does not seem to differ among the eight available counties.

Figure 63, 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 ten years the average number of days has remained steady.

Figure 63
Average Number of Days Poor Physical or Mental Health Kept South Dakotans From Doing Their Usual Activities In the Past 30 Days, 2011-2020



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2020