General Health Status
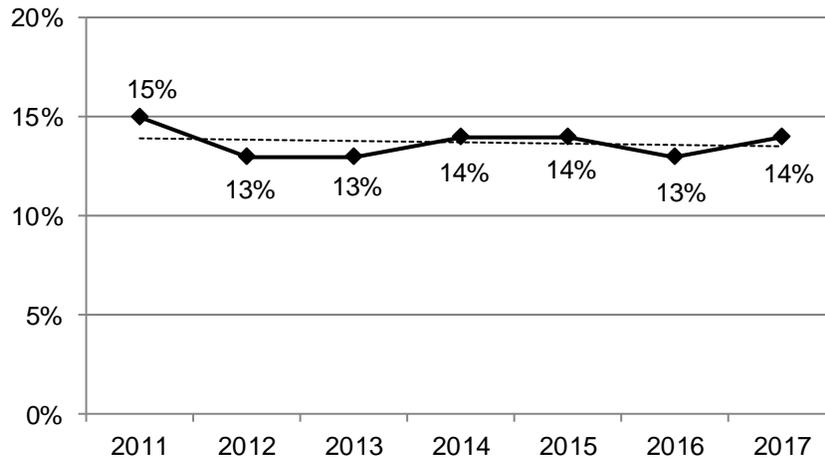
FAIR OR POOR HEALTH STATUS

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

o South Dakota 14%
o Nationwide median 18%

Figure 58
Percentage of South Dakotans Reporting Fair or Poor Health Status, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 51
South Dakotans Reporting Fair or Poor Health Status, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	13%	12.2%	14.0%
	Female	14%	13.2%	14.9%
Age	18-29	6%	5.3%	7.7%
	30-39	8%	6.8%	9.6%
	40-49	11%	9.9%	12.9%
	50-59	16%	14.3%	17.3%
	60-69	19%	17.4%	20.7%
	70-79	21%	19.1%	23.2%
	80+	28%	25.2%	31.1%
Race	White	13%	12.0%	13.3%
	American Indian	25%	22.2%	28.0%
Ethnicity	Hispanic	13%	8.6%	20.4%
	Non-Hispanic	14%	12.9%	14.2%
Household Income	Less than $35,000	23%	21.6%	24.4%
	$35,000-$74,999	10%	9.1%	11.1%
	$75,000+	5%	4.2%	5.8%
Education	Less than High School, G.E.D.	26%	22.7%	28.6%
	High School, G.E.D.	16%	14.9%	17.2%
	Some Post-High School	12%	11.5%	13.6%
	College Graduate	6%	5.8%	7.2%
Employment Status	Employed for Wages	8%	7.3%	8.8%
	Self-employed	9%	7.3%	10.2%
	Unemployed	19%	15.4%	23.9%
	Homemaker	14%	10.8%	17.0%
	Student	5%	3.0%	6.8%
	Retired	22%	20.4%	23.4%
	Unable to Work	61%	56.5%	64.6%
Marital Status	Married/Unmarried Couple	11%	10.5%	12.0%
	Divorced/Separated	22%	19.6%	23.6%
	Widowed	26%	23.9%	28.8%
	Never Married	11%	9.7%	12.5%
Home Ownership Status	Own Home	12%	11.6%	12.9%
	Rent Home	17%	15.6%	18.5%
Children Status	Children in Household (Ages 18-44)	8%	7.2%	9.5%
	No Children in Household (Ages 18-44)	7%	6.1%	8.6%
Phone Status	Landline	16%	15.4%	17.4%
	Cell Phone	12%	11.1%	12.6%
Pregnancy Status	Pregnant (Ages 18-44)	5%	2.0%	10.3%
	Not Pregnant (Ages 18-44)	9%	7.6%	10.2%
County	Minnehaha	11%	9.7%	12.7%
	Pennington	15%	13.5%	17.3%
	Lincoln	9%	7.5%	11.5%
	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, 2013-2017

Demographics

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, 60s, and 80s.

Race   American Indians exhibit a significantly higher prevalence of those in fair or poor health than do 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 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 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   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 with a landline phone show a significantly higher prevalence of fair or poor health than those with a cell phone.

Pregnancy Status   The prevalence of fair or poor health does not seem to differ based on pregnancy status.

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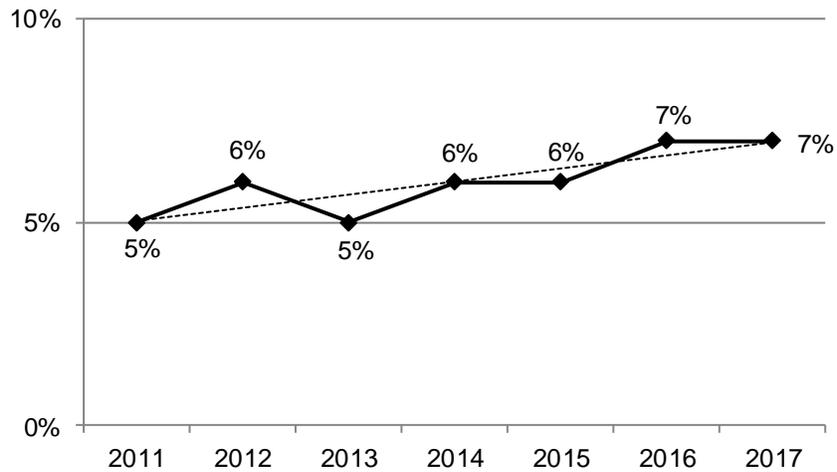
PHYSICAL HEALTH NOT GOOD

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

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

Figure 59
Percentage of South Dakotans Reporting Physical Health Not Good for 30 Days of the Past 30, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 52
South Dakotans Who Reported Physical Health Not Good for 30 Days of the Past 30, 2013-2017

			95% Confidence Interval	
		2013-2017	Low	High
Gender	Male	6%	5.1%	6.3%
	Female	7%	6.1%	7.3%
Age	18-29	2%	1.7%	3.4%
	30-39	3%	2.5%	4.6%
	40-49	5%	4.5%	6.7%
	50-59	7%	6.4%	8.5%
	60-69	10%	8.4%	10.7%
	70-79	10%	8.9%	11.8%
	80+	11%	9.6%	13.2%
Race	White	6%	5.5%	6.3%
	American Indian	11%	8.6%	13.0%
Ethnicity	Hispanic	5%	2.3%	11.1%
	Non-Hispanic	6%	5.8%	6.6%
Household Income	Less than $35,000	10%	9.3%	11.2%
	$35,000-$74,999	5%	4.1%	5.6%
	$75,000+	3%	2.1%	3.1%
Education	Less than High School, G.E.D.	11%	8.9%	12.9%
	High School, G.E.D.	7%	6.5%	8.2%
	Some Post-High School	6%	5.2%	6.6%
	College Graduate	3%	2.7%	3.6%
Employment Status	Employed for Wages	3%	2.6%	3.5%
	Self-employed	3%	2.5%	4.2%
	Unemployed	6%	4.5%	8.7%
	Homemaker	8%	5.6%	11.3%
	Student	3%	1.4%	6.2%
	Retired	9%	8.5%	10.4%
	Unable to Work	39%	35.2%	43.1%
Marital Status	Married/Unmarried Couple	5%	4.9%	6.0%
	Divorced/Separated	11%	9.4%	12.4%
	Widowed	12%	10.2%	13.7%
	Never Married	4%	3.1%	4.8%
Home Ownership Status	Own Home	6%	5.2%	6.1%
	Rent Home	8%	6.8%	9.0%
Children Status	Children in Household (Ages 18-44)	4%	2.8%	4.5%
	No Children in Household (Ages 18-44)	3%	1.9%	3.4%
Phone Status	Landline	7%	6.8%	8.2%
	Cell Phone	5%	4.9%	6.0%
Pregnancy Status	Pregnant (Ages 18-44)	1%	0.2%	1.9%
	Not Pregnant (Ages 18-44)	4%	3.0%	4.8%
County	Minnehaha	5%	4.1%	6.3%
	Pennington	7%	6.0%	8.7%
	Lincoln	4%	2.9%	5.4%
	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, 2013-2017

Demographics

Gender There seems to be no significant gender difference in the prevalence of poor physical health.

Age The prevalence of poor physical health increases as age increases.

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

Ethnicity There seems to be 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 The prevalence of poor physical health of the adults does not seem to change based on the presence of children in the household.

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

Pregnancy Status Those who are not pregnant demonstrate a significantly higher prevalence of poor physical health than those who are pregnant.

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

Figure 60, below, shows the average number of days all respondents stated their physical health was not good for the past 30 days. For the past seven years the average number of days has remained steady.

Figure 60
Average Number of Days South Dakotans' Physical Health Was Not Good in the Past 30 Days, 2011-2017
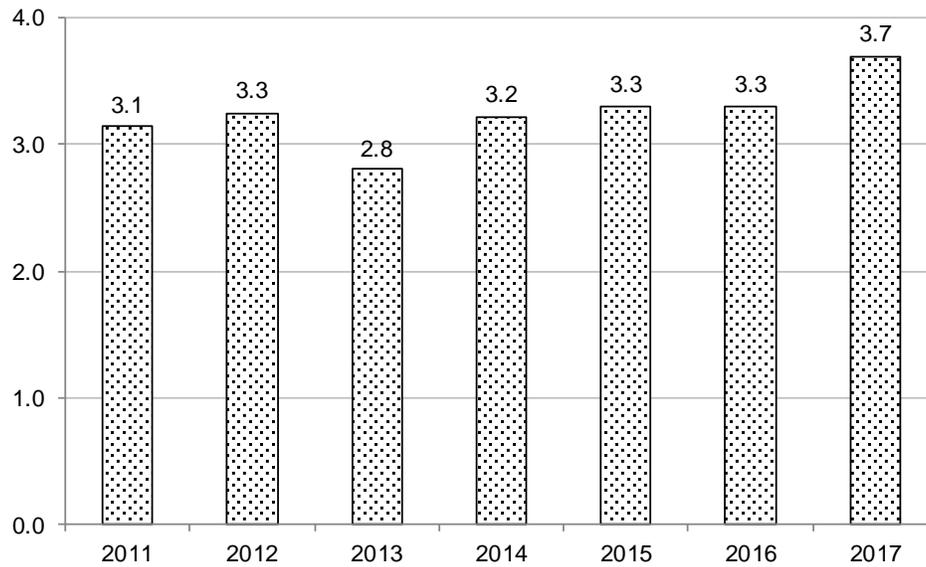
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017
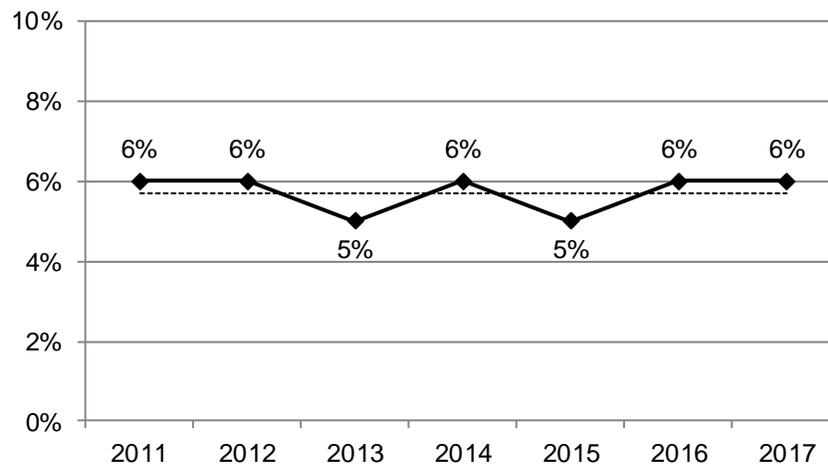
MENTAL HEALTH NOT GOOD

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

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

Figure 61
Percentage of South Dakotans Stating Mental Health Not Good
for 20-30 Days of the Past 30, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

148

Table 53
South Dakotans Who Stated Mental Health Not Good for 20-30 Days of the Past 30, 2013-2017

		2013-2017	95% Confidence Interval	
			Low	High
Gender	Male	4%	3.8%	4.9%
	Female	7%	5.9%	7.3%
Age	18-29	6%	5.3%	7.9%
	30-39	6%	5.0%	7.4%
	40-49	6%	5.2%	7.6%
	50-59	5%	4.4%	6.2%
	60-69	5%	3.9%	5.5%
	70-79	4%	2.7%	4.7%
	80+	3%	2.2%	4.8%
Race	White	5%	4.7%	5.6%
	American Indian	8%	6.3%	9.4%
Ethnicity	Hispanic	4%	1.7%	9.6%
	Non-Hispanic	5%	5.0%	5.9%
Household Income	Less than $35,000	9%	8.0%	10.2%
	$35,000-$74,999	4%	3.4%	4.7%
	$75,000+	2%	1.9%	3.1%
Education	Less than High School, G.E.D.	9%	7.1%	11.3%
	High School, G.E.D.	6%	5.1%	6.6%
	Some Post-High School	6%	5.0%	6.7%
	College Graduate	3%	2.5%	3.5%
Employment Status	Employed for Wages	4%	3.8%	4.9%
	Self-employed	3%	2.4%	4.3%
	Unemployed	12%	9.0%	16.5%
	Homemaker	6%	3.7%	9.2%
	Student	6%	3.8%	9.1%
	Retired	4%	2.9%	4.4%
	Unable to Work	24%	20.9%	27.7%
Marital Status	Married/Unmarried Couple	4%	3.6%	4.6%
	Divorced/Separated	9%	8.0%	11.1%
	Widowed	6%	4.9%	8.1%
	Never Married	7%	5.5%	7.8%
Home Ownership Status	Own Home	4%	3.7%	4.5%
	Rent Home	8%	6.7%	8.9%
Children Status	Children in Household (Ages 18-44)	7%	5.5%	7.7%
	No Children in Household (Ages 18-44)	6%	5.0%	7.3%
Phone Status	Landline	5%	4.3%	5.5%
	Cell Phone	6%	5.2%	6.4%
Pregnancy Status	Pregnant (Ages 18-44)	7%	2.7%	16.0%
	Not Pregnant (Ages 18-44)	8%	6.6%	9.1%
County	Minnehaha	5%	4.4%	6.9%
	Pennington	6%	4.8%	7.7%
	Lincoln	4%	3.1%	5.9%
	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.
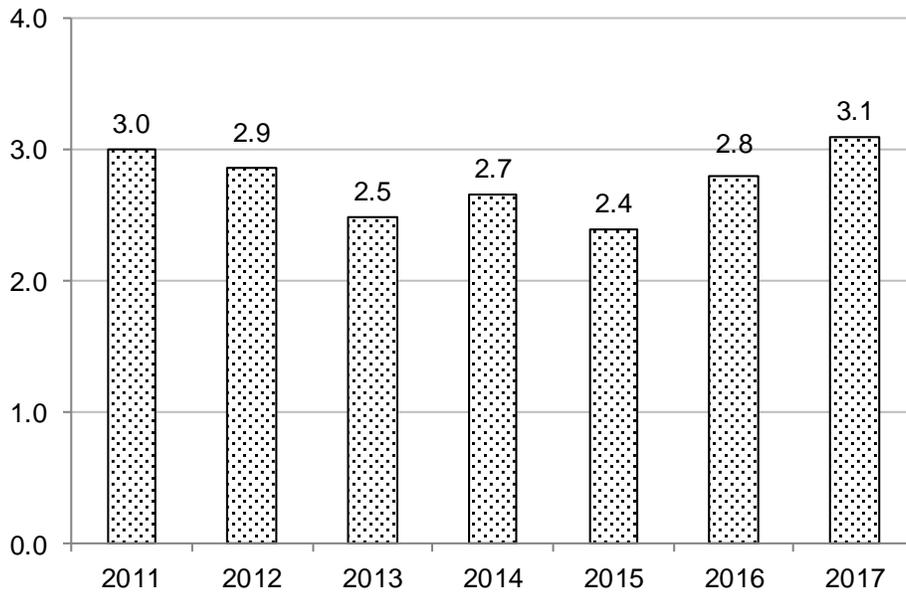Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2013-2017

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
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 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 employed for wages, self-employed, homemakers, students, or retired show a very low prevalence.

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

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

Children Status
The prevalence of poor mental health of the adults does not seem to change based on the presence of children in the household.

Phone Status
The prevalence of poor mental health does not seem to change based on phone status.

Pregnancy Status
The prevalence of poor mental health does not seem to change based on pregnancy status.

County
Meade county exhibits a very high prevalence of poor mental health, while Lincoln county shows a very low prevalence.

Figure 62, 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 62
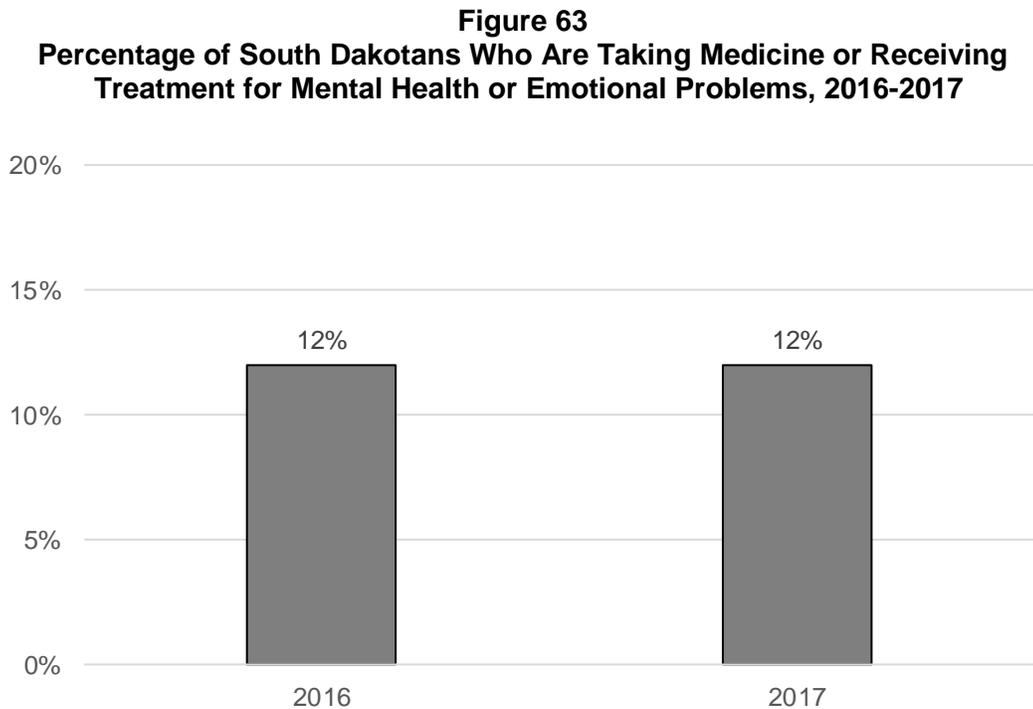**Average Number of Days Respondents' Mental Health Was Not Good in the Past 30 Days, 2011-2017**

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

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

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

Figure 63
Percentage of South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2016-2017

Table 54
South Dakotans Who Are Taking Medicine or Receiving Treatment for Mental Health or Emotional Problems, 2016-2017

		2016-2017	95% Confidence Interval	
			Low	High
Gender	Male	8%	6.6%	9.0%
	Female	16%	14.6%	18.0%
Age	18-29	13%	9.7%	16.4%
	30-39	11%	8.5%	13.5%
	40-49	16%	13.4%	19.8%
	50-59	14%	11.6%	16.7%
	60-69	13%	11.3%	15.5%
	70-79	7%	5.6%	9.0%
	80+	3%	1.6%	4.8%
Race	White	13%	11.4%	13.7%
	American Indian	11%	7.9%	14.2%
Ethnicity	Hispanic	6%	2.8%	12.2%
	Non-Hispanic	12%	11.1%	13.2%
Household Income	Less than $35,000	17%	14.9%	19.7%
	$35,000-$74,999	10%	8.8%	12.0%
	$75,000+	9%	7.5%	11.0%
Education	Less than High School, G.E.D.	9%	6.6%	13.4%
	High School, G.E.D.	12%	9.7%	13.8%
	Some Post-High School	13%	11.5%	15.4%
	College Graduate	12%	10.2%	13.4%
Employment Status	Employed for Wages	11%	9.9%	12.9%
	Self-employed	6%	4.0%	7.7%
	Unemployed	19%	12.0%	28.0%
	Homemaker	11%	7.4%	16.1%
	Student	15%	8.2%	26.1%
	Retired	8%	6.9%	9.7%
	Unable to Work	45%	38.1%	51.9%
Marital Status	Married/Unmarried Couple	11%	9.4%	11.9%
	Divorced/Separated	20%	17.0%	24.0%
	Widowed	12%	9.0%	15.3%
	Never Married	12%	9.4%	14.9%
Home Ownership Status	Own Home	11%	9.5%	11.8%
	Rent Home	16%	13.7%	19.4%
Children Status	Children in Household (Ages 18-44)	10%	8.4%	12.5%
	No Children in Household (Ages 18-44)	15%	11.7%	18.6%
Phone Status	Landline	10%	9.1%	12.0%
	Cell Phone	13%	11.3%	14.0%
Pregnancy Status	Pregnant (Ages 18-44)	*	*	*
	Not Pregnant (Ages 18-44)	17%	14.1%	20.7%
County	Minnehaha	14%	11.4%	17.5%
	Pennington	15%	11.9%	18.2%
	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, 2016-2017

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.

Ethnicity   The prevalence of seeking professional help for mental health issues does not seem to change based on ethnicity.

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 level.

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 three counties with sufficient sample size.
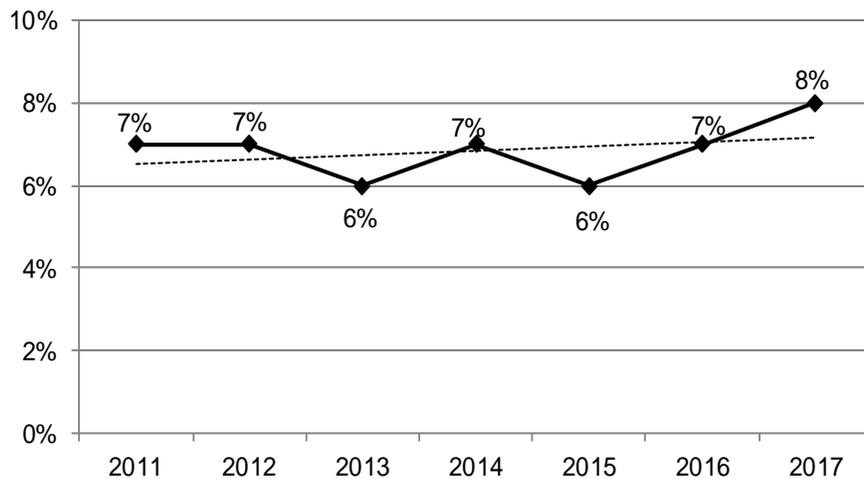
USUAL ACTIVITIES UNATTAINABLE

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

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

Figure 64
Percentage of South Dakotans Reporting Usual Activities Unattainable
for 10-30 Days of the Past 30, 2011-2017

Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2011-2017

Table 55
South Dakotans Who Stated Usual Activities Unattainable Due to Poor Physical or Mental Health for 10-30 Days of the Past 30, 2013-2017

| | | 2013-2017 | 95% Confidence Interval | |
			Low	High
Gender	Male	6%	5.3%	6.6%
	Female	8%	7.1%	8.4%
Age	18-29	4%	3.0%	5.0%
	30-39	5%	3.9%	6.2%
	40-49	6%	5.4%	7.7%
	50-59	9%	7.8%	10.1%
	60-69	10%	9.0%	11.5%
	70-79	8%	6.7%	9.2%
	80+	7%	5.9%	8.6%
Race	White	6%	5.9%	6.8%
	American Indian	12%	10.0%	14.5%
Ethnicity	Hispanic	8%	4.1%	14.2%
	Non-Hispanic	7%	6.3%	7.2%
Household Income	Less than $35,000	12%	10.6%	12.7%
	$35,000-$74,999	5%	4.4%	5.9%
	$75,000+	3%	2.4%	3.5%
Education	Less than High School, G.E.D.	11%	9.1%	13.2%
	High School, G.E.D.	8%	7.0%	8.8%
	Some Post-High School	7%	5.9%	7.3%
	College Graduate	4%	3.5%	4.6%
Employment Status	Employed for Wages	3%	3.0%	4.0%
	Self-employed	4%	2.7%	4.6%
	Unemployed	12%	8.9%	15.4%
	Homemaker	6%	4.1%	8.8%
	Student	5%	3.0%	9.0%
	Retired	8%	7.1%	8.9%
	Unable to Work	47%	43.3%	51.3%
Marital Status	Married/Unmarried Couple	6%	5.3%	6.4%
	Divorced/Separated	12%	10.7%	13.9%
	Widowed	9%	7.7%	10.9%
	Never Married	6%	4.6%	6.7%
Home Ownership Status	Own Home	6%	5.5%	6.4%
	Rent Home	9%	7.5%	9.8%
Children Status	Children in Household (Ages 18-44)	5%	4.2%	6.1%
	No Children in Household (Ages 18-44)	4%	3.2%	5.0%
Phone Status	Landline	8%	6.9%	8.4%
	Cell Phone	6%	5.8%	7.0%
Pregnancy Status	Pregnant (Ages 18-44)	4%	1.0%	14.6%
	Not Pregnant (Ages 18-44)	6%	4.6%	6.6%
County	Minnehaha	6%	5.2%	7.7%
	Pennington	8%	6.9%	9.6%
	Lincoln	4%	3.0%	5.7%
	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, 2013-2017

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 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 is 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 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 them from usual activities does not seem to change based on phone status.

Pregnancy Status The prevalence of poor health keeping them from usual activities does not seem to change based on pregnancy status.

County Residents of Pennington, 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.