

2016 - 2020



South Dakota Primary Care Needs Assessment

Office of Rural Health
South Dakota
Department of Health



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COMMONLY USED ABBREVIATIONS OR TERMS

BRFSS	Behavioral Risk Factor Surveillance System
CAH	Critical Access Hospital
CHC	Community Health Center
DOH	Department of Health
FORHP	Federal Office of Rural Health Policy
FQHC	Federally Qualified Health Center
HLC	Higher Learning Commission
HPSA	Health Professional Shortage Area
HRSA	Health Resources & Services Administration
LNE	Low Number of Events
MUA	Medically Underserved Area
MUP	Medically Underserved Population
n.d.	no data
NHSC	National Health Service Corps
ORH	Office of Rural Health
PCO	Primary Care Office
pop.	population
RHC	Rural Health Clinic

The enclosed report reflects the findings of a comprehensive secondary analysis and needs assessment of South Dakota counties and their potential areas of need in primary health care. The assessment was conducted by external evaluators of Sage Project Consultants, LLC, a Vermillion-based consulting firm, in cooperation with the Office of Rural Health, South Dakota Department of Health.

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EXECUTIVE SUMMARY

The South Dakota Primary Care Office (PCO) is housed within the South Dakota Department of Health (DOH), Office of Rural Health (ORH). The mission of the ORH is to improve the delivery of health services to rural and medically underserved communities, emphasizing access. The ORH's efforts are largely aimed at the local level within South Dakota's communities, most of which are rural and/or frontier.

OBJECTIVES

The objective of the South Dakota Primary Care Needs Assessment (PCNA), sponsored and managed by the PCO, is to identify areas for priority attention in the coming years in the PCO's efforts to promote access to care. In addition, the completion of this needs assessment is being done in compliance with the Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices awarded to the PCO by the Health Resources and Services Administration (HRSA).

Despite South Dakota's broad geography and sparse population, making prevalence or incidence data often too few to report, this needs assessment has been conducted at a county level when possible. Each county was ordinarily ranked and scored on a series of **three health indicators – Health Status, Health Access, and Health Risk Behaviors**. The results of this ranking were used as one approach to highlighting potential areas for priority focus by the PCO, but in no means is meant to suggest that counties with a lower score are not in need of enhanced primary care delivery or physician placement. The scope was developed to provide sufficient breadth of factors relating to aspects of primary care delivery across the State, but also enough depth of content to provide reasonable estimates for the county rankings and subsequent priority areas of focus.

Figure 1 lists the data comprised of the three health indicators including Health Status, Health Access, and Health Risk Behaviors.

RECOMMENDATIONS

South Dakota has established several goals, objectives, and strategies to address the metrics discussed in this report. Appendix O outlines strategic plans by the Department of Health, Department of Social Services, and Department of Public Safety. In addition to state-wide plans, health care systems, non-profits, and several other organizations have active plans to address primary care, behavioral health, and access to care at a community level.

The PCNA report was reviewed with the Department of Social Services – Division of Behavioral Health, Great Plains Tribal Chairmen's Health Board, and South Dakota Association of Healthcare Organizations (SDAHO). Based on the analysis, the following recommendations were suggested:

- The counties that scored lower in health outcomes and health indicators overlap with South Dakota's tribal nations. There is an ongoing need to continue efforts to close the health equity gaps with Native American citizens living in South Dakota.
- The Medicaid data indicates there is significant room for improvement in child measures, particularly well child checkups for those served by the Children's Health Insurance Program (CHIP) system.
- The addition of the following components to the next PCNA report in 2025:
 - Examine all levels of healthcare workforce due to critical shortages on all levels.
 - Partner with South Dakota Health Link to conduct population health analytics.
 - Partner with the Department of Social Services – Division of Behavioral Health to outline more behavioral health metrics including workforce.

FIGURE 1: HEALTH STATUS, HEALTH ACCESS, AND HEALTH RISK BEHAVIORS INDICATORS



In addition to the chosen health indicators, several datasets limited to statewide data only were leveraged to provide insight into whether those key indicators were showing improvement over time. Baseline rates were collected for 2011, and current rates (for comparison) were collected for 2017 in nearly all instances except where noted. This exercise provides a high-level view of movement towards positive or negative change in the various health indicators and provides an additional longitudinal monitoring tool for use to manage resources and efforts over the coming years.

Finally, an assessment of ongoing efforts in the State to enhance the delivery of primary care is featured in this report. The study encompasses the full continuum of a care delivery model, ranging from a summary and assessment of educational offerings for medical professionals (e.g., nurses, advanced practice providers, and physicians) all the way to designated shortage areas of known priority.

FINDINGS | STATEWIDE OUTCOME INDICATORS

Health Status Indicators

Supplemental tables for the health status indicators can be found in Appendix A.

TABLE 1: HEALTH STATUS INDICATORS

Health Status Indicators	Baseline Rate (2011 unless noted)	(2014 unless noted)	Current Rate (2017 unless noted)	Direction of Change ¹
Poor or Fair Health (County Health Rankings)	n.d.	11.1%	13%	Not Improved
Life Expectancy (Male) Institute for Health Metrics & Evaluation (IHME)	77.1 years	77.1 years (2013)	77.2 years (2014)	Improved
Life Expectancy (Female) IHME	82.0 years	81.9 years (2013)	82 years (2014)	Improved
Mortality Rate (Total) ² (SD DOH Vital Statistics, age-adjusted)	704.9 deaths ³	704.1 deaths ⁴	711.5 deaths ⁵	Not Improved
Infant (SD DOH Vital Statistics)	7.0 deaths ³	6.9 deaths ⁴	6.5 deaths ⁵	Improved
Heart Disease (SD DOH Vital Statistics, age-adjusted)	159.6 deaths ³	152.7 deaths ⁴	151.4 deaths ⁵	Improved
Cancer (SD DOH Vital Statistics, age-adjusted)	166.1 deaths ³	163.2 deaths ⁴	156.6 deaths ⁵	Improved

Health Status Indicators	Baseline Rate <i>(2011 unless noted)</i>	<i>(2014 unless noted)</i>	Current Rate <i>(2017 unless noted)</i>	Direction of Change¹
Chronic Lower Respiratory Disease (SD DOH Vital Statistics, age-adjusted)	46.6 deaths ³	43.6 deaths ⁴	41.8 deaths⁵	Improved
Alzheimer's (SD DOH Vital Statistics, age-adjusted)	34.9 deaths ³	36.7 deaths ⁴	36.0 deaths⁵	Improved
Cerebrovascular Disease/Stroke (SD DOH Vital Statistics, age-adjusted)	39.3 deaths ³	39.0 deaths ⁴	36.3 deaths⁵	Improved
Accident (SD DOH Vital Statistics, age-adjusted)	42.4 deaths ³	46.3 deaths ⁴	50.9 deaths⁵	Not Improved
Diabetes (SD DOH Vital Statistics, age-adjusted)	23.8 deaths ³	23.4 deaths ⁴	23.8 deaths⁵	Not Improved
Suicide (SD DOH Vital Statistics, age-adjusted)	15.3 deaths ³	16.7 deaths ⁴	19.7 deaths⁵	Not Improved
Influenza/Pneumonia (SD DOH Vital Statistics, age-adjusted)	15.9 deaths ³	16.2 deaths ⁴	17.3 deaths⁵	Not Improved
Chronic Liver Disease (SD DOH Vital Statistics, age-adjusted)	10.5 deaths ³	12.7 deaths ⁴	15.7 deaths⁵	Not Improved
Obesity Prevalence (CDC's BRFSS)	28.1% of South Dakotans	29.9% of South Dakotans	32% of South Dakotans	Not Improved
School-Aged Children BMI, Percent Obese or Overweight (School Height & Weight Report)	15.2%	15.8%	16.6%	Not Improved
Diabetes Prevalence (CDC's BRFSS)	9.5% of South Dakotans	9.1% of South Dakotans (2013)	10% (2016) of South Dakotans	Not Improved

Health Status Indicators	Baseline Rate <i>(2011 unless noted)</i>	<i>(2014 unless noted)</i>	Current Rate <i>(2017 unless noted)</i>	Direction of Change¹
Cancer Prevalence Rates, all sites, age-adjusted⁶ (SD Cancer Registry)	455.4 (2011)	395.9 (2013)	449.6	Not Improved
Anxiety Disorder Diagnosis <i>(Helmsley Foundation, A Picture of Health)</i>	n.d.	7.5% surveyed	n.d.	No comparison
Depression Diagnosis <i>(Helmsley Foundation, A Picture of Health)</i>	n.d.	5.5% surveyed	n.d.	No comparison
STD Incidence Rates⁷ (SD DOH, Disease Prevention)	4,014 avg. incidences	5,009 avg. incidences	5,600 avg. incidences (2016)	Not Improved

Health Access Indicators

Supplemental tables for the health access indicators can be found in Appendix B.

TABLE 2: HEALTH ACCESS INDICATORS

Health Access Indicator	Baseline Rate (2011 unless noted)	(2014 unless noted)	Current Rate (2017 unless noted)	Direction of Change
Poverty level (US Census)	14.1% (2009 – 2013)	14.8% persons in poverty	13.1% (2019)	Improved
Free & reduced school lunch (KIDS COUNT Data Center)	41% of K-12 students	46% of K-12 students	38% (2019)	Improved
Have a personal doctor/provider (Helmsley Foundation, A Picture of Health)	n.d.	77.4% surveyed	n.d.	No comparison
Have a place to go for medical care (Helmsley Foundation, A Picture of Health)	n.d.	94.2% surveyed	n.d.	No comparison
Could not see a doctor due to cost (Percent, County Health Rankings)	n.d.	n.d.	8.7% (2015)	No comparison
Dentists ratio to population (County Health Rankings, 2015)	n.d.	1 dentist to every 1,813 residents	1 dentist to every 1,680 residents (2018)	Improved
Live births (SD DOH & KIDS COUNT data)	11,834 live births	12,281 live births	11,890 (2018)	Not Applicable
Low birth weight (SD DOH Vital Statistics, age-adjusted)	6.5% of infants ³	6.4% of infants ⁴	6.5%	Not Improved
Prenatal care in first trimester (SD DOH, Health Statistics)	69.4% of mothers ³	71.1% of mothers ⁴	72.4%	Improved
Colorectal cancer screening (BRFSS ⁸)	62.5% (2012)	66.7%	72.5%	Improved

Health Access Indicator	Baseline Rate (2011 unless noted)	(2014 unless noted)	Current Rate (2017 unless noted)	Direction of Change
Mammography screening (County Health Rankings, 2015)	77% (2012)	n.d.	49% of female Medicare enrollees age 65-74	Not Improved
Mammography screening, age 50+ (State Cancer Profiles)	77.1% (2012)	n.d.	82.0%	Improved
Mammography screening, age 40+ (State Cancer Profiles)	73.0% (2012)	n.d.	76.0%	Improved
Blood stool test (State Cancer Profiles)	13.5% (2012)	n.d.	8.3%	Not Improved
PAP screening in past 3 years (State Cancer Profiles)	79.1% (2012)	n.d.	67.1%	Not Improved
Influenza vaccination, aged 65+ (cdc.gov/flu/fluview/)	n.d.	40% (2015)	47% (2017)	Improved
Pneumonia vaccination, aged 65+ (BRFSS)	67.1%	65.4% (2013)	77% (2018)	Improved
Uninsured adults, aged 18 to 64 (US Census, SAHIE)	17.1%	15.7% (2013)	13%	Improved
Uninsured children, under 18 (US Census, SAHIE)	6%	6% (2013)	6%	No change
EMS Dispatch to Enroute Time	n.d.	n.d.	5.62 minutes (2015)	No comparison

Health Risk Behavior Indicators

Supplemental tables for the health risk behavior indicators can be found in Appendix C.

TABLE 3: HEALTH RISK BEHAVIORS

Health Risk Behavior Indicators	Baseline Rate <i>(2011 unless noted)</i>	<i>(2014 unless noted)</i>	Current Rate <i>(2017 unless noted)</i>	Direction of Change
Access to healthy foods (County Health Rankings, 2020)	n.d.	11% of residents (2015)	11%	No change
Physical inactivity (less than 150 min. of aerobic physical activity/week) (CDC, Diabetes Risk Factors)	53.9% of South Dakotans	46.3% (2013) of South Dakotans	21% of South Dakotans	Not Improved
Adult smoking ⁹ (County Health Rankings, 2020)	23.0% of South Dakotans	18.6% of South Dakotans	19%	Not Improved
Mother's tobacco use during pregnancy (SD DOH Vital Statistics)	18.1% of mothers ³	16.1% of mothers ⁴	14% of mothers⁵	Improved
Mothers breastfeeding at discharge (SD DOH Vital Statistics)	73.1% of mothers ³	75.4% of mothers ⁴	79.4% of mothers⁵	Improved
Excessive drinking ¹⁰ (County Health Rankings, 2015)	n.d.	19% of South Dakotans	19% of South Dakotans	No change

n.d. = no data

FINDINGS | QUARTILE RANKING OF COUNTIES

To rank all South Dakota counties in an objective manner, the methodology used by Idaho and Maryland in their Primary Care Needs Assessments was leveraged. This is the same methodology used in the 2015 South Dakota Primary Care Needs Assessment report. To examine the 66 counties across a total of 44 different indicators, county-level data was queried – when available – and data for each county informed the ranking. The rankings were applied for each indicator by assigning a numerical value (1-66) based upon actual data results (e.g., diabetes prevalence by county). A lower numerical value for a county represents a better health outcome for that county in comparison to other counties in the state, and a higher numerical value represents a poorer health outcome. A large grid was created to capture the rankings (see Appendix D) and the sum of each county’s rankings across the indicators was totaled.

The totals for each county were then transposed to a new grid and ordered from smallest to largest. The group of 66 counties was then assigned a quartile in that same order (see Appendix E). The result of this method is a series of three maps, color-coded in increased darkness and intensity for counties with higher indicator totals. The darker the color, the higher the sum of the rankings, and ultimately the poorer health outcomes. In contrast, the lighter the color, the lower the sum of rankings, and ultimately better health outcomes.

FIGURE 2: HEALTH STATUS BY COUNTY

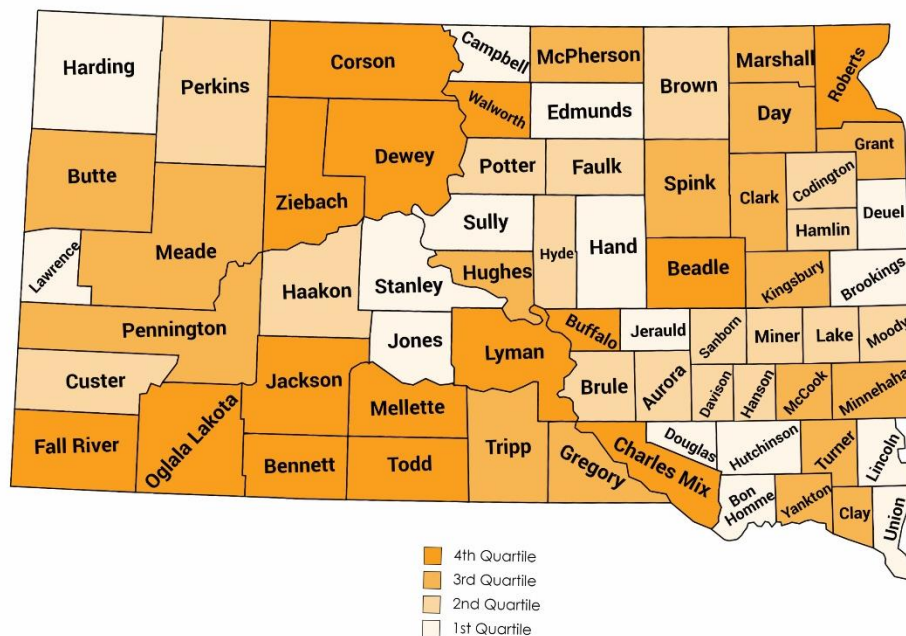


FIGURE 3: HEALTH ACCESS BY COUNTY

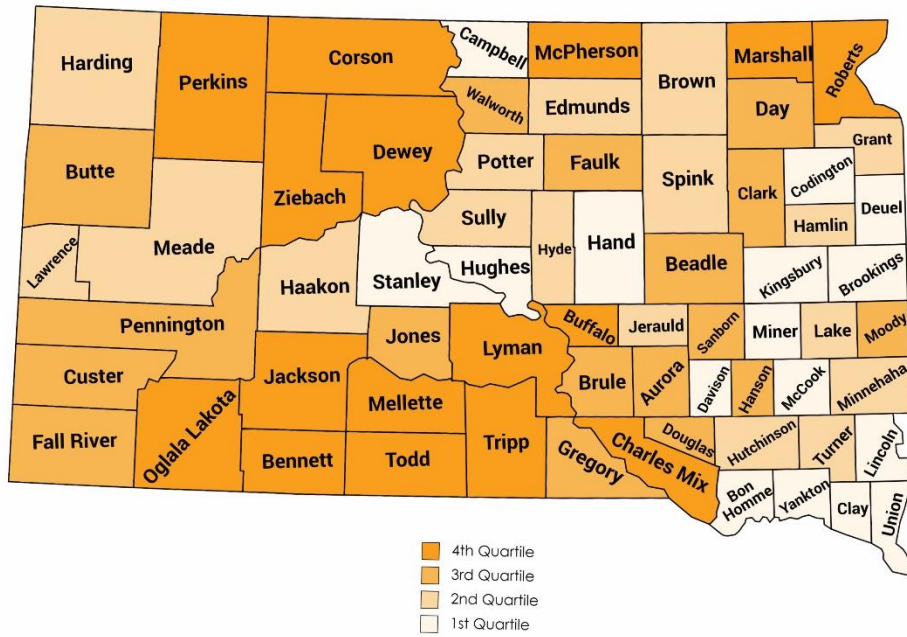
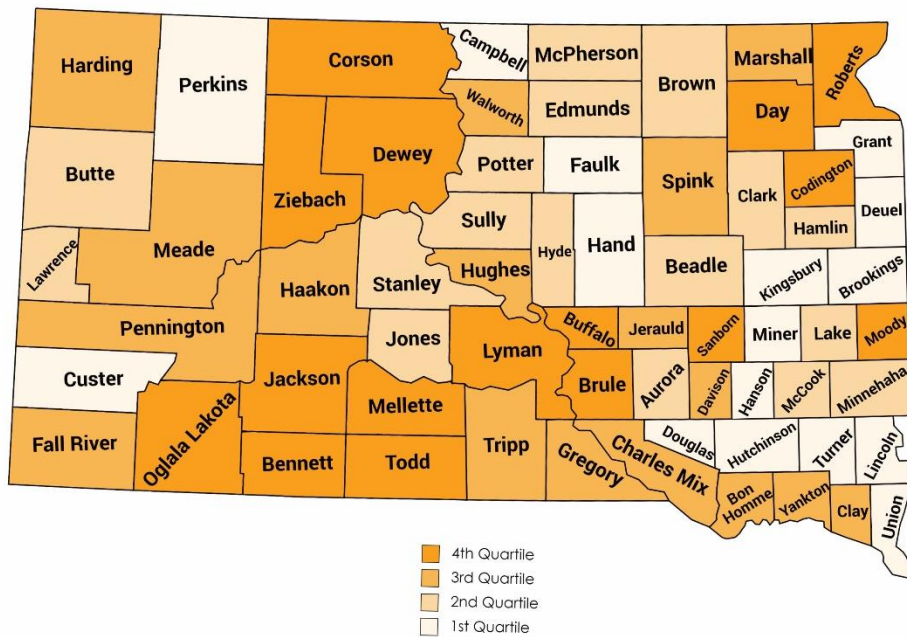


FIGURE 4: HEALTH RISK BEHAVIOR BY COUNTY



While the quartile ranking was conducted by analyzing each indicator area (Health Status, Health Access, and Health Risk Behaviors) separately, it is interesting to note that several counties repeated in each indicator area across the same quartile.

A TOTAL OF 11 COUNTIES WERE CONSISTENTLY IN ALL FOURTH QUARTILE RANKINGS (BOTTOM 25%).

- Bennett
- Dewey
- Mellette
- Todd
- Buffalo
- Jackson
- Oglala Lakota
- Ziebach
- Corson
- Lyman
- Roberts

6 COUNTIES WERE CONSISTENTLY REPRESENTED IN THE TOP QUARTILE (TOP 25%).

- Brookings
- Hand
- Campbell
- Lincoln
- Deuel
- Union

STATE OVERVIEW

South Dakota is the 16th largest state in terms of land area within the US with more than 75,000 square miles (US Census, 2010) in its territory. It lies in the Upper Midwest and is divided into east and west by the Missouri River. South Dakota is home to nine federally recognized Indian tribes, and more than 8.6%¹¹ of the State's total population is Native American. The State is comprised of 66 counties, ranging in population from 903¹² residents in Jones County in central SD to 193,134 residents¹¹ in Minnehaha in eastern SD, with nearly 278,000 residents in the surrounding Sioux Falls Metropolitan Area. Only nine of the 66 South Dakota counties have more than 20,000 residents. The remaining counties are either rural (26 counties) or frontier (31 counties); 9.8% of the State's population lives in a frontier county¹¹. South Dakota population demographics can be found in Appendix F.

Much like some of its surrounding states, South Dakota is experiencing 'rural flight', where despite falling populations in rural counties the overall population of the State is increasing. Percent change in population estimates within the State has increased 8.7% from 2010 to 2019 (U.S. Census Bureau-Quick Facts).

Despite its vast geographic expanse, the State has a total population of 884,659 (2019 U.S. Census population estimate) and ranks 46th in the nation in terms of overall population and 47th for overall population density. There are on average 10.7 persons per square mile (2010 US Census).

According to the 2019 US Census population estimates, South Dakota is predominantly white (85.7%), followed by American Indian (8.6%).

There are 58 hospitals in South Dakota consisting of 38 Critical Access Hospitals (25 beds or less), 11 Hospitals (26 beds or more) and nine (9) Specialized Hospitals.

TRIBAL POPULATIONS

Native Americans have treaty rights to federal healthcare services through a series of acts that resulted in the formation of the federal agency known today as the Indian Health Service. Healthcare services are provided to federally recognized tribes. South Dakota has nine federally recognized tribes.

TRIBAL HEALTHCARE FACILITIES

The Great Plains Area Indian Health Service (IHS) provides health services to approximately 122,000 American Indians who reside within nineteen service units. There are sixteen reservations: eight in South Dakota, four in North Dakota, three in Nebraska, and one in Iowa. There are also three non-reservation service units: Rapid City, South Dakota, Trenton Service Unit; North Dakota; and Northern Ponca Service Unit, Nebraska. The Great Plains Area IHS also provides health services to approximately 6,000 Native Americans who are not counted in the user population of the Area. This population does not reside within any service unit; however, they meet the IHS eligibility criteria for health services provided at IHS or Tribally operated direct care facilities. The largest concentrations of the non-service unit eligible are found in Aberdeen and Sioux Falls, South Dakota and Bismarck and Grand Forks, North Dakota¹³.

Indian Health Service Facilities located in South Dakota:

- Cheyenne River Service Unit
- Fort Thompson Service Unit
- Great Plains Youth Regional Treatment Center
- Flandreau Service Unit
- Lower Brule Service Unit
- Pine Ridge Service Unit
- Rapid City Service Unit
- Rosebud Service Unit
- Standing Rock Service Unit
- Yankton Service Unit

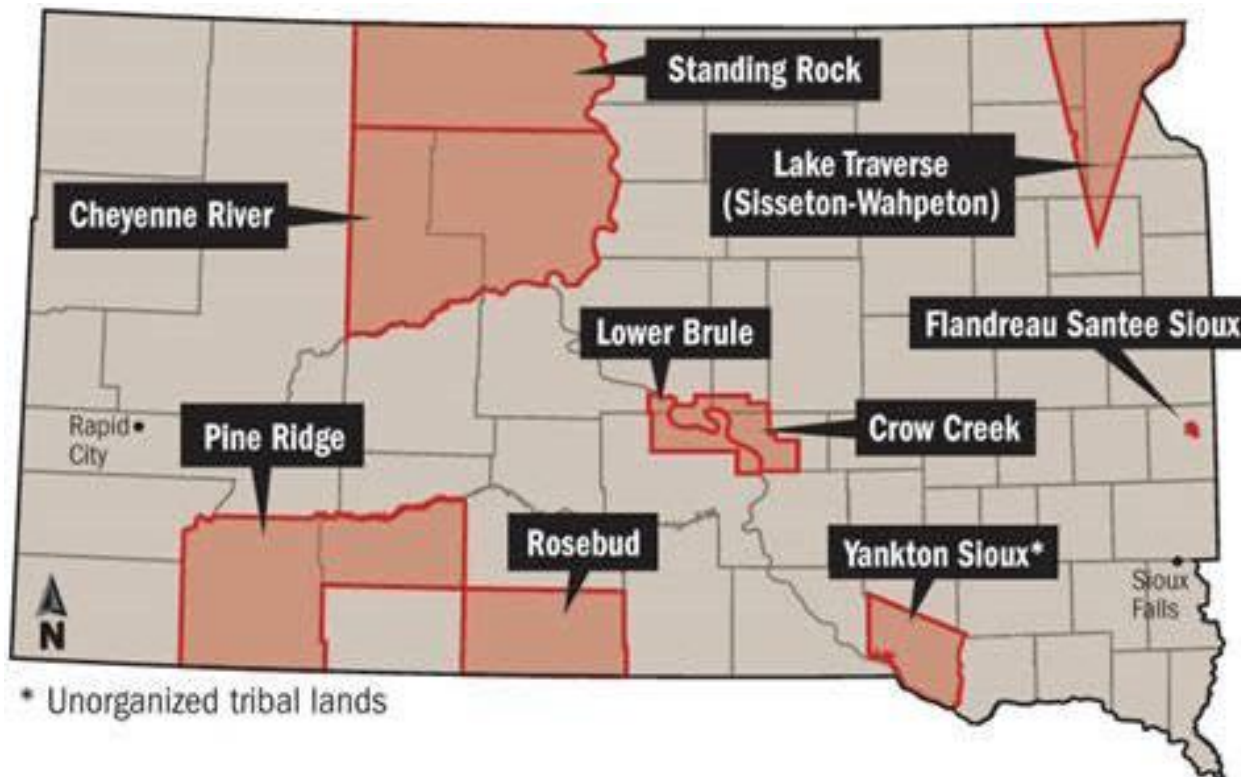
The eleven counties consistently in the bottom 25% of the rankings (see page 15) for Health Status, Health Access and Health Risk Behavior encompass all or part of seven of the nine Tribes in South Dakota.

Within the reservation boundaries, there are many facilities that qualify as automatic Health Professional Shortage Area site (See pages 23-24). In addition, most counties encompassing Tribal Lands show:

- Primary Medical Care - Geographic or Low-income shortage area
- Dental Healthcare - Geographic or Low-income shortage area
- Mental Healthcare - Geographic or Low-income shortage area
- Medically Underserved Areas – Medically Underserved Areas, Medically Underserved Population (low-income), Medically Underserved Communities

Figure 5 shows the tribal lands of each of the nine (9) tribes as overlapped with South Dakota Counties.

FIGURE 5: AMERICAN INDIAN TRIBAL RESERVATIONS



SOUTH DAKOTA MEDICAID ACCESS TO CARE

South Dakota's Medicaid program plays a vital role in the health care of many South Dakotans. South Dakota Medicaid provides healthcare coverage for low-income individuals, including children, pregnant women, and individuals with disabilities, elderly, low-income parents of young children, and other adults. Medicaid is one of the largest healthcare insurers in South Dakota. South Dakota's program has high rates of provider participation and engages key stakeholders regularly relative to program development and implementation. At the end of State Fiscal Year 2019, South Dakota Medicaid had over 16,500 providers enrolled and an average of 7,000 providing services each month.

South Dakota Medicaid's high rates of provider participation support access to needed healthcare services. In State Fiscal Year 2019, South Dakota Medicaid had participation from approximately¹⁴:

- 100% of all acute care hospitals
- 98% of all Rural Health Clinics
- 93% of all Federally Qualified Health Centers
- 99% of retail pharmacies
- 99% of all nursing homes
- 100% of all community mental health centers
- 79% of all home health agencies
- 71% of all dentists
- 63% of all physicians

See Appendix G for more information.

TELEHEALTH

Telehealth is one of South Dakota's strengths; a strong telehealth presence exists as a way for individuals in rural areas to access high quality health care in South Dakota. Several platforms for telehealth exist and each offers a unique way to connect individuals in remote locations to high quality health care. South Dakota Medicaid has expanded access to telehealth services at IHS facilities that support specialty and primary care and emergency department care through partnerships with non-IHS providers. These services were enacted through a gradual roll out and utilization of the services via telehealth is increasing.

Although telehealth is a strength for our state, there is still room for growth. Roughly 135,000 South Dakotans still do not have access to reliable broadband. During the last two years, the state has invested \$10 million and \$6.6 million respectively in CARES Act funding to improve broadband in South Dakota.¹⁵ This \$16.6 million has leveraged substantial federal and private investment, bringing the total investment in broadband in the state to \$88.2 million.

TRIBAL TELEHEALTH

Tribal telehealth is offered at the following locations for the following services¹⁶:

Standing Rock Service Unit, Fort Yates, ND

Telehealth services offered (** indicates Avera Health Telehealth Services*):

- *Rheumatology
- *Endocrinology
- *Psychiatry
- *Infectious Disease
- *Behavioral Health

Cheyenne River Health Center, Eagle Butte, SD

Telehealth services offered:

- E-care
- Cardiology
- Dermatology
- Endocrinology
- Nephrology
- Rheumatology

Fort Thompson IHS Health Center, Fort Thompson, SD

Telehealth services offered (** indicates Avera Health Telehealth Services*):

- Internal Medicine
- Rheumatology*
- Endocrinology*
- Psychiatry*
- Infectious Disease*
- Behavioral Health*

Flandreau Santee Sioux Tribal Health Center, Flandreau, SD

Telehealth services offered (** indicates Avera Health Telehealth Services*):

- Rheumatology*
- Endocrinology*
- Psychiatry*
- Infectious Disease*
- Behavioral Health*

Lower Brule Service Unit, Lower Brule, SD

Telehealth services offered (* indicates Avera Health Telehealth Services):

- Rheumatology*
- Endocrinology*
- Psychiatry*
- Infectious Disease*
- Behavioral Health*

Pine Ridge Service Unit: Pine Ridge Hospital, Pine Ridge, SD

Telehealth services offered:

- Telemedicine Clinic
- Counseling
- Dentistry
- Outpatient Pediatric
- Outpatient Adult
- Behavioral Health

Oyate Health Center, Rapid City, SD

Telehealth services offered:

- Telemedicine Clinic

Rosebud Service Unit, Rosebud, SD

Telehealth services offered (* indicates Avera Health Telehealth Services):

- Rheumatology*
- Endocrinology*
- Psychiatry*
- Infectious Disease*
- Behavioral Health*

Woodrow Wilson Keeble Memorial Health Care Center, Sisseton, SD

Telehealth services offered (* indicates contracted services with Great Plains Area):

- Behavioral Health*
- Pain management*
- RA*

Yankton Service Unit, Wagner, SD

Telehealth services pending

SOUTH DAKOTA HEALTH INDICATOR ANALYSIS

METHOD OF ANALYSIS

A total of 44 indicators were selected by the PCO that reflect three areas of primary care: health status, health access, and health risk behavior. These indicators were ranked by county to demonstrate areas of greater unmet needs in primary care delivery or access. This methodology was based largely off the Idaho Primary Care Needs Assessment completed in 2014 and adapted for use in South Dakota's Primary Care Needs Assessment in 2020.

Of the 44 indicators, 23 represent *health status*, 15 represent *health access*, and 6 represent *health risk behaviors*. Final selection of these indicators was based on known issues impacting primary care delivery or access in the State, the goals of the South Dakota State Department of Health Strategic Plan 2015-2020, and availability of datasets at the county-level. While there may have been other categories that

would have been appropriate to include in this analysis, lack of county-level data prevented their inclusion in this analysis.

Several mortality rate indicators are included in the health status category; the top ten causes of resident deaths were considered. A complete listing of indicators is available in Appendix H, along with an annotated description of the indicator’s data source and any assumptions/interpretations made in the analysis and assignment of quartile rankings.

As previously noted, the methodology for ranking the indicators was adapted from the Idaho Primary Care Needs Assessment. Idaho noted in its Primary Care Needs Assessment, “counties are ordinarily ranked for each indicator by assigning a numerical value based upon indicator results. A lower numerical value for a county represents a better health outcome for that county in comparison to other counties, whereas a higher numerical value for a given county represents a poorer health outcome in comparison to counties with lower values.” Following the ranking assignment, counties were color-coded and separated into quartiles for easier viewing.

This methodology does not imply any level of statistical significance. This is due to several factors, largely because not every indicator had data available at the county level; in these instances, statewide data was used. Similar to what Idaho did, counties in which insufficient data or only statewide results were available were assigned the median rank separating the upper half of the quartiles from the bottom half.

FINDINGS

The following tables reflect a listing of each quartile ranking, categorized by indicator type. Counties within each quartile are listed in alphabetical order.

TABLE 4: FIRST QUARTILE

	Health Status	Health Care Access	Health Risk Behaviors
Top Quartile (top 25%)	Bon Homme	Bon Homme	Brookings
	Brookings	Brookings	Campbell
	Campbell	Campbell	Custer
	Deuel	Clay	Deuel
	Douglas	Codington	Douglas
	Edmunds	Davison	Faulk
	Hand	Deuel	Grant
	Harding	Hand	Hand
	Hutchinson	Hughes	Hanson
	Jerauld	Kingsbury	Hutchinson
	Jones	Lincoln	Kingsbury
	Lawrence	McCook	Lincoln
	Lincoln	Miner	Miner
	Stanley	Stanley	Perkins
	Sully	Union	Turner
	Union	Yankton	Union

TABLE 5: SECOND QUARTILE

	Health Status	Health Care Access	Health Risk Behaviors
<i>Second</i>	Aurora	Brown	Aurora
	Brown	Edmunds	Beadle
	Brule	Grant	Brown
	Codington	Haakon	Butte
	Custer	Hamlin	Clark
	Davison	Harding	Edmunds
	Faulk	Hutchinson	Hamlin
	Haakon	Hyde	Hyde
	Hamlin	Jerauld	Jones
	Hanson	Lake	Lake
	Hyde	Lawrence	Lawrence
	Lake	Meade	McCook
	Miner	Minnehaha	McPherson
	Moody	Potter	Minnehaha
	Perkins	Spink	Potter
	Potter	Sully	Stanley
	Sanborn	Turner	Sully

TABLE 6: THIRD QUARTILE

	Health Status	Health Care Access	Health Risk Behaviors
<i>Third</i>	Butte	Aurora	Bon Homme
	Clark	Beadle	Charles Mix
	Clay	Brule	Clay
	Day	Butte	Davison
	Grant	Clark	Fall River
	Gregory	Custer	Gregory
	Hughes	Day	Haakon
	Kingsbury	Douglas	Harding
	Marshall	Fall River	Hughes
	McCook	Faulk	Jerauld
	McPherson	Gregory	Marshall
	Meade	Hanson	Meade
	Minnehaha	Jones	Pennington
	Pennington	Moody	Spink
	Spink	Pennington	Tripp
	Tripp	Sanborn	Walworth
	Turner	Walworth	Yankton

TABLE 7: FOURTH QUARTILE

	Health Status	Health Care Access	Health Risk Behaviors
Bottom Quartile (bottom 25%)	Beadle	Bennett	Bennett
	Bennett	Buffalo	Brule
	Buffalo	Charles Mix	Buffalo
	Charles Mix	Corson	Codington
	Corson	Dewey	Corson
	Dewey	Jackson	Day
	Fall River	Lyman	Dewey
	Jackson	Marshall	Jackson
	Lyman	McPherson	Lyman
	Mellette	Mellette	Mellette
	Oglala Lakota	Oglala Lakota	Moody
	Roberts	Perkins	Oglala Lakota
	Todd	Roberts	Roberts
	Walworth	Todd	Sanborn
	Ziebach	Tripp	Todd
	Ziebach	Ziebach	

SOUTH DAKOTA SHORTAGE DESIGNATIONS

HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATIONS (HPSA)

PRIMARY MEDICAL CARE SHORTAGE AREAS

Primary medical care is assessed by HRSA to determine shortages and categorized into one of three designation types: geographic area, population groups, and facilities. Each category has its own criteria:

TABLE 8: HPSA CRITERIA

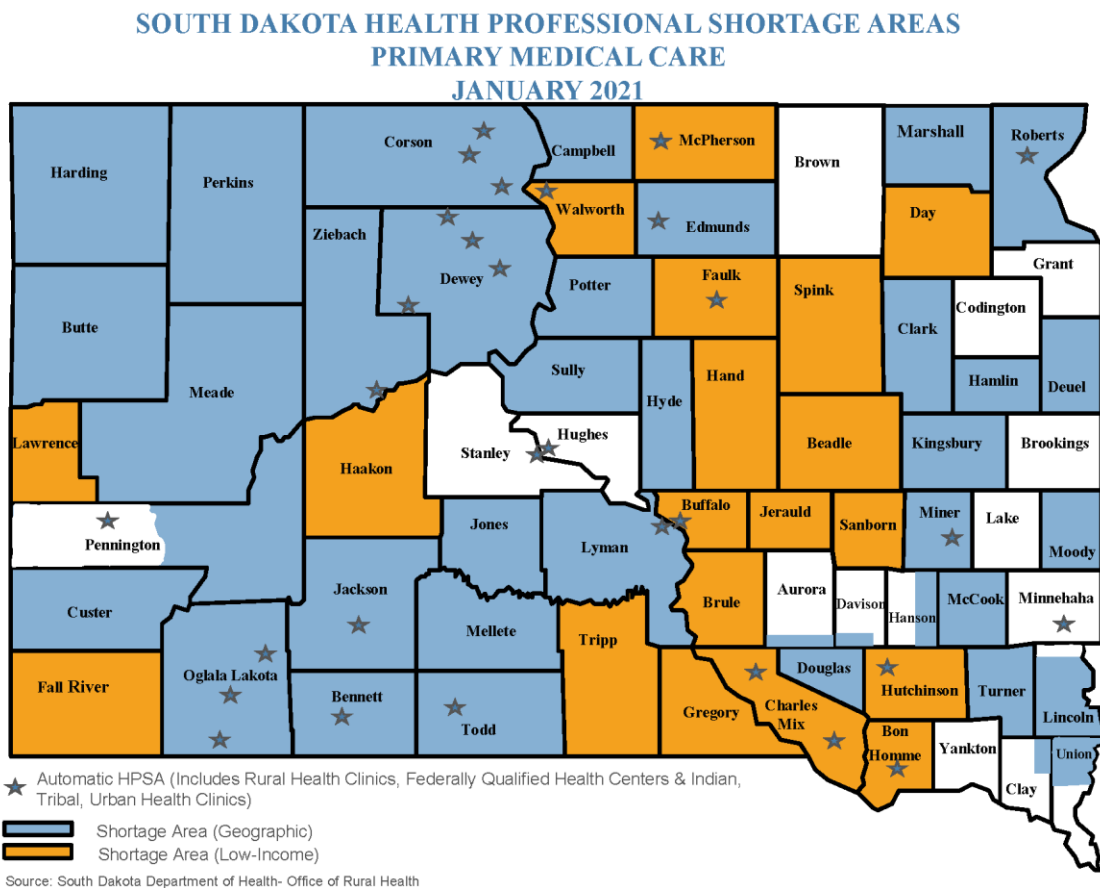
	Criteria	Impact on South Dakota
Geographic Area	<ul style="list-style-type: none"> Be a rational area for the delivery of primary medical care services. Meet certain conditions around population to full-time-equivalent primary care physician ratios of a minimum of 3,500:1. Geographic High Needs is 3,000:1. Demonstrative that other primary care providers in contiguous areas are over utilized, too far away, or inaccessible. 	<ul style="list-style-type: none"> 38 counties are fully or partially designated as Primary Care Geographic (3,500:1) HPSAs in South Dakota. 8 of the 38, areas are designated as Geographic High Need (3,000 to 1): Bennett County, Harding County, Jackson County, Mellette County, Roberts County Oglala Lakota County, Todd County, Ziebach County.
Population Groups	<ul style="list-style-type: none"> Reside in an area that is rational for the delivery of primary care medical services. Have access barriers to providers. Have a ratio of persons in the population group to number of primary care physicians of a minimum of 3,000:1. Have a shortage of providers for a specific group of people within a defined geographic area. 	<ul style="list-style-type: none"> 19 counties are designated for this category, notably for low income: Beadle, Bon Homme, Brule, Buffalo, Charles Mix, Day, Fall River, Faulk, Gregory, Haakon, Hand, Hutchinson, Jerauld, Lawrence, McPherson, Sanborn, Spink, Tripp, Walworth.

	Criteria	Impact on South Dakota
Facilities	<ul style="list-style-type: none"> ▪ Be a public and/or non-profit medical facility, with specific requirements. ▪ Be either a federal and/or state maximum or medium correctional institution. ▪ Be a state or county hospital with a shortage of mental health providers. ▪ Be a facility that is automatically designated based on statute or through regulation. 	<ul style="list-style-type: none"> ▪ 26 Indian Health Service Facilities. ▪ 10 Rural Health Clinics. ▪ 4 FQHCs, which have a total of 45 clinic sites. ▪ 3 Correctional Facilities. ▪ 2 Mental Hospitals.

As defined by HRSA, HPSA Scores “are developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians” and range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. The higher the score, the greater the priority. The HRSA Health Workforce Site Directory can be found in Appendix J.

There are 93 primary care shortage area designations of various types (geographic areas, population groups, and facilities) across South Dakota; of those, 81 have a HPSA Score of 10 or higher. Six of the 81 scored designated areas have a HPSA Score greater than 20.

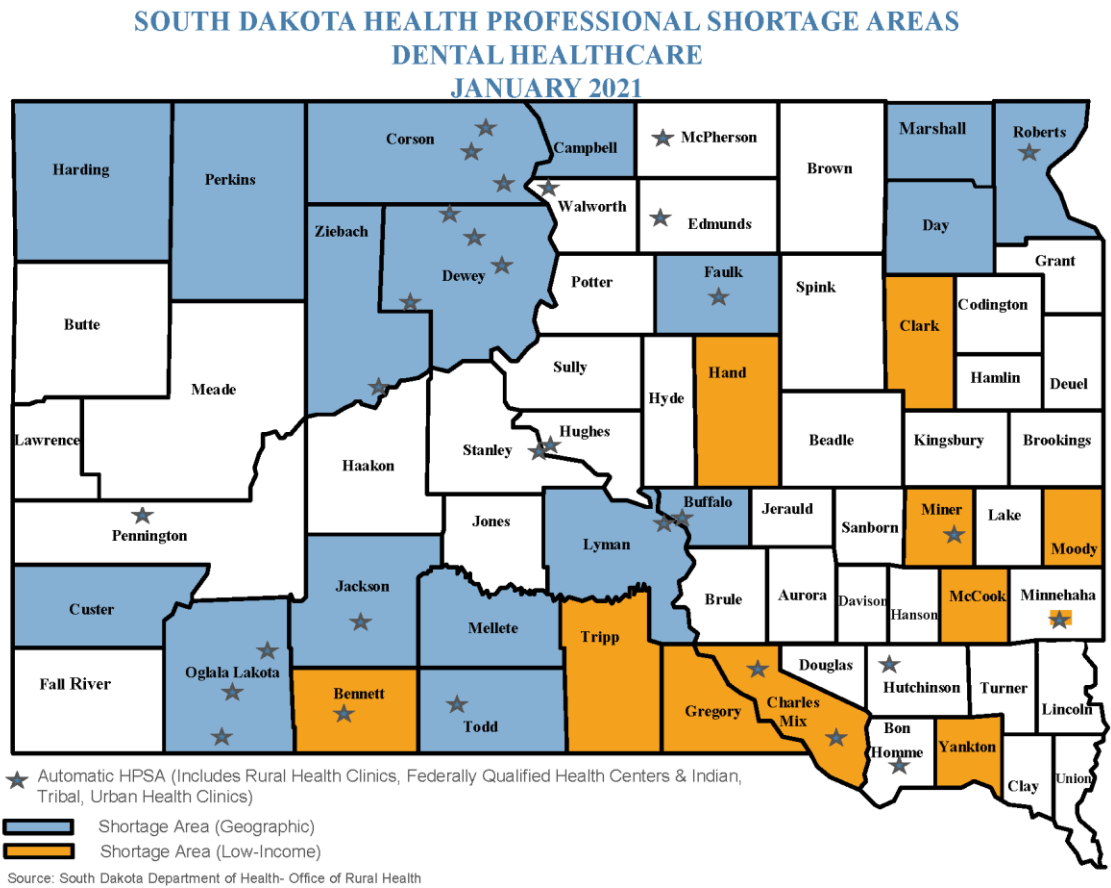
FIGURE 6: HPSA – PRIMARY MEDICAL CARE



DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

A Dental HPSA Designation is like Primary Care in its criteria; all areas are designated as either a geographic area, a population group, or a facility. The requirements are largely the same, the primary exception being that the area must meet a population to full-time-equivalent dentist ratio of at least 5,000:1 for geographic, and 4,000:1 for geographic high needs and population. Slightly improved from shortage designations in primary care, there are 38 of 66 counties that do not represent a full or partial dental shortage area. However, more than one-third of all counties in the state represent designated shortage areas based on geography or low-income.

FIGURE 7: HPSA – DENTAL HEALTHCARE



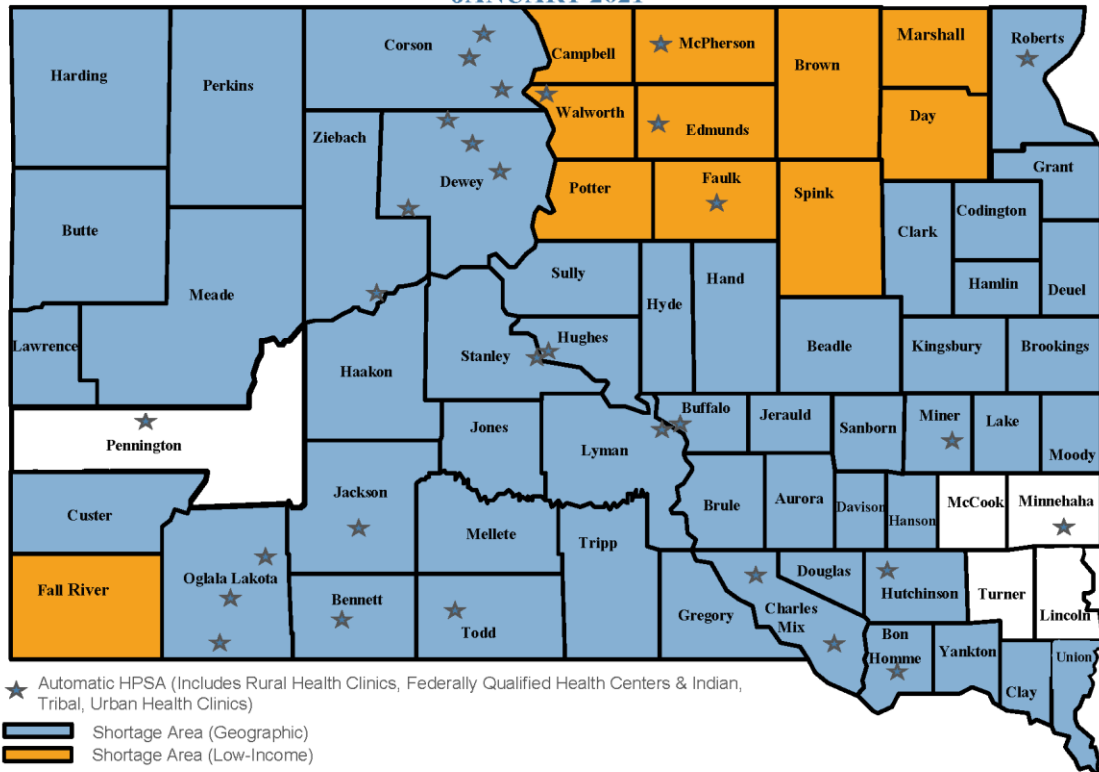
MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

Mental Health HPSA designations must meet a population to full-time-equivalent psychiatrist ratio of at least 30,000:1. Geographic high needs is 20,000:1 and population is 20,000:1. All areas are designated as either a geographic area, a population group, or a facility. Only 5 of the 66 counties do not represent a mental health shortage area.

FIGURE 8: HPSA – MENTAL HEALTHCARE

SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS MENTAL HEALTHCARE

JANUARY 2021

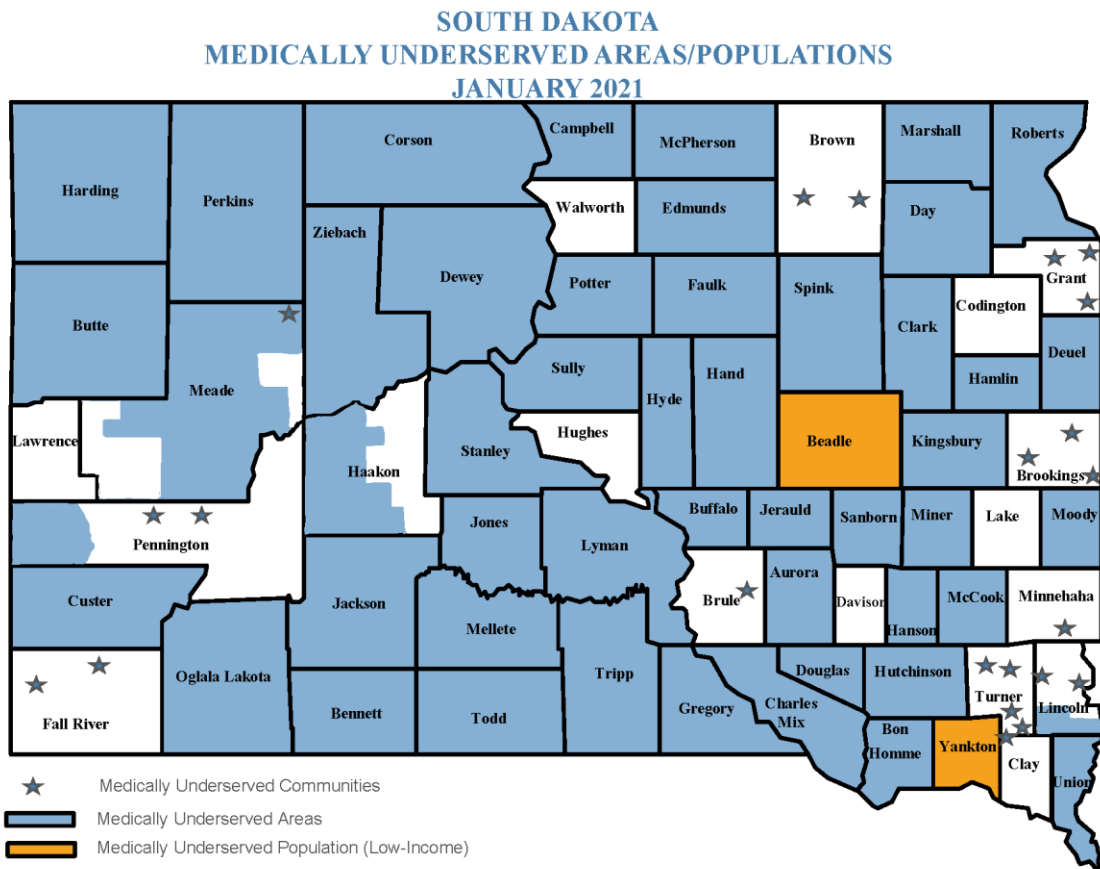


Source: South Dakota Department of Health- Office of Rural Health

MEDICALLY UNDERSERVED AREAS AND POPULATIONS (MUA/MUP)

Medically Underserved Areas/Populations are “areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or high elderly population.” Most counties in South Dakota are designated or have areas/communities that are designated within their jurisdictions as medically underserved; only 6 of 66 total counties are not designated as such.

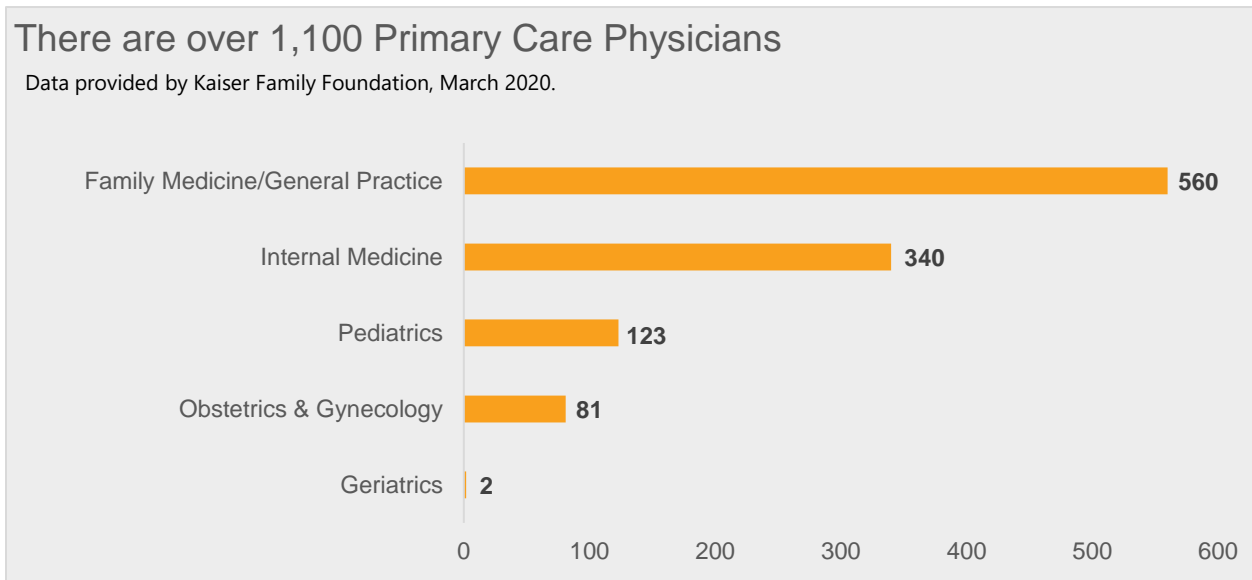
FIGURE 9: MEDICALLY UNDERSERVED AREAS



PRIMARY CARE DELIVERY SYSTEMS

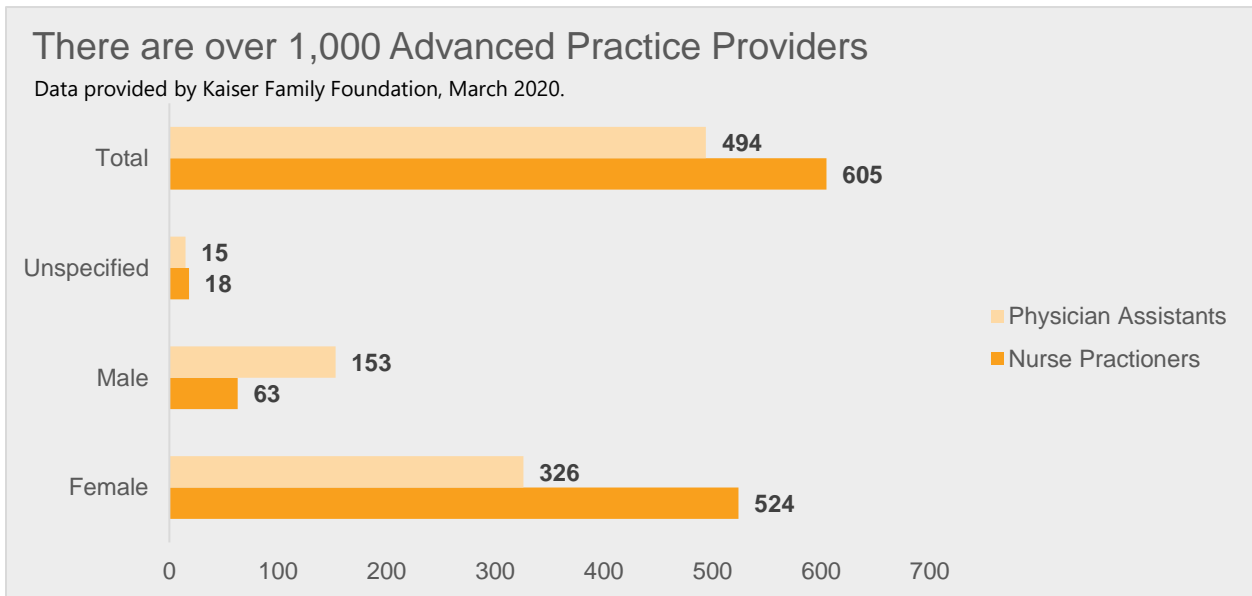
One of the recommendations from the Governor’s Primary Care Task Force (2018) was directed towards innovative primary care models. The Task Force noted, “Strengthening the primary care infrastructure and maintaining access to quality primary healthcare services will require a cooperative effort between both public and private entities”. Inter-professional collaborative practice, telehealth, and the use of hospitalists as well as PAs and NPs in the hospital setting to support rural healthcare providers were key areas identified by the Task Force.

FIGURE 10: PRIMARY CARE PHYSICIANS BY FIELD IN SOUTH DAKOTA



From the same source (Kaiser Family Foundation) there are 494 physician assistants and 605 nurse practitioners in South Dakota at the time of this writing.

FIGURE 11: ADVANCED PRACTICE PROVIDERS IN SOUTH DAKOTA



A vital link in providing primary care is through professional nursing staff at the various clinics and hospitals across the State. According to the Kaiser Family Foundation there are 21,114 professionally active (licensed) nurses in the State, of which the vast majority (88%) are registered nurses.

FIGURE 12: ESTIMATED RATIO OF 42 PERSONS TO EVERY NURSE



Primary care is delivered through an extensive network of large medical systems (e.g., Avera Health and Sanford Health, each based out of Sioux Falls, SD; and Monument Health based out of Rapid City, SD) and independent hospitals, but also through an even more extensive network of community health centers and rural clinics. Across the State there are 38 Critical Access Hospitals (25 beds or less), 11 Hospitals (26 beds or more) and nine (9) Specialized Hospitals.

COMMUNITY HEALTH CENTERS

Community Health Centers (CHCs) are “non-profit community-driven clinics” that provide primary and preventative care to all individuals regardless of ability to pay. Each CHC provides both medical and behavioral/mental health services, and some include dental and/or substance abuse services as well. There are four CHC organizations in South Dakota; each CHC organization is comprised of the sites as listed below¹⁷:

- *Community Health Center of the Black Hills, Inc.*, with four locations in Rapid City providing medical, behavioral/mental, dental, and oral care, diabetes case management, homeless healthcare outreach, and school-based care.
- *Falls Community Health*, which provides medical, behavioral/mental, dental and eye care (in partnership with the Lion’s Eye Clinic) at its downtown Sioux Falls location in addition to three school-based sites.
- *Horizon Health Care, Inc.*, represents the largest network of CHCs in South Dakota in terms of service area with 29 clinics across 22 communities, eight of which have dental services as well as medical and behavioral/mental, services. These communities include Aberdeen, Alcester, Bison, Bryant, De Smet, Eagle Butte, Elk Point, Faith, Fort Thompson, Howard, Huron, Isabel, Lake Preston, LaPlant, Martin, McIntosh, Mission, Plankinton, Wessington Springs, White River, Woonsocket, and Yankton.
- *Rural Health Care, Inc.*, provides primary care and behavioral/mental, delivery at eight communities in South Dakota including Chamberlain, Fort Pierre, Highmore, Kennebec, Murdo, Onida, Mitchell and Presho.

According to the Community Healthcare Association of the Dakotas (CHAD), there are five main ways a CHC is different from other primary care providers:

- CHCs are only located in communities with a high need for health care.
- Medical and behavioral/mental health services are offered at every site.
- Medicaid, Medicare, private insurance, and uninsured patients are accepted.
- Health care patients must be the majority on the governing Board of Directors.
- CHCs must report on and meet numerous requirements for need, service, governance, finance, and management.

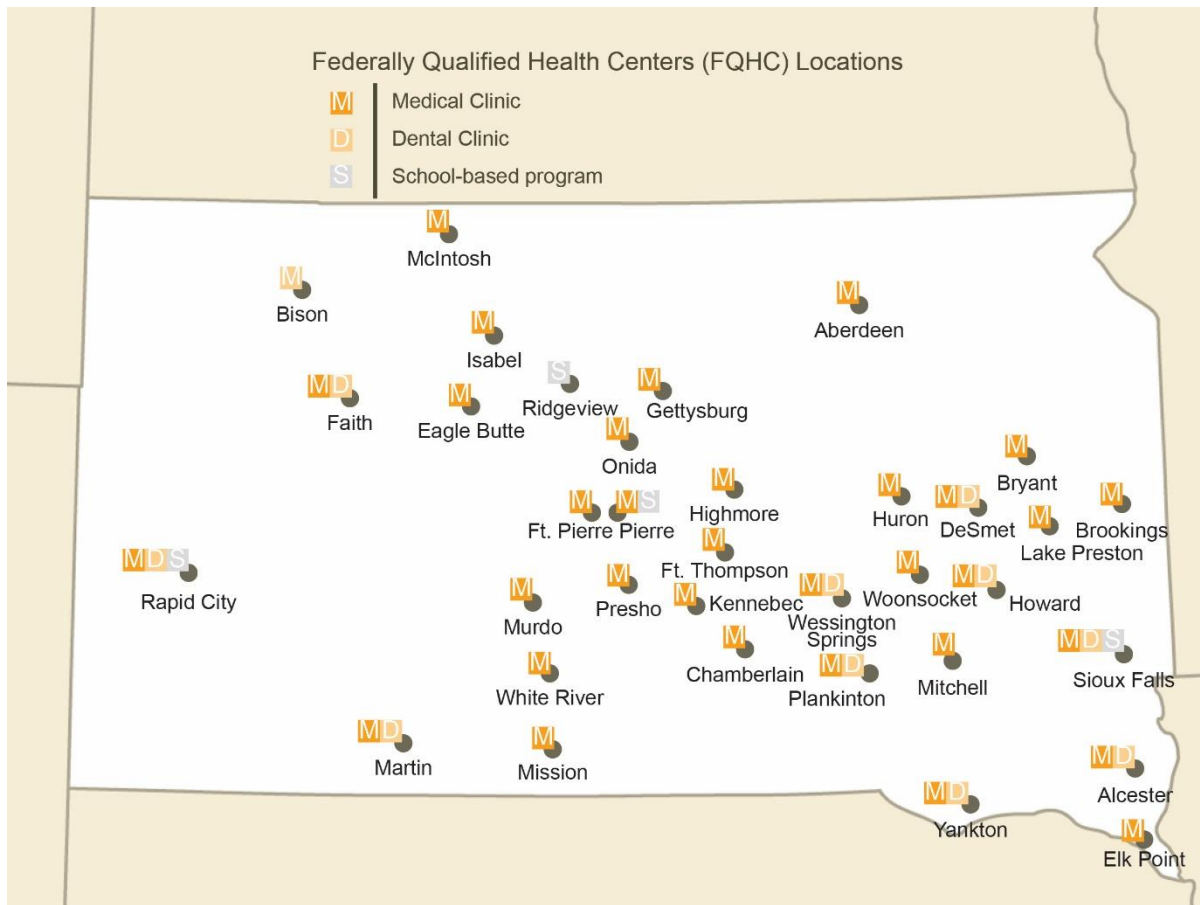
CHCs in rural America play a critical role in access as they are designed to provide medical and dental care to all individuals, regardless of their ability to pay, and they serve as a more-local solution to health care.

Federally Qualified Health Centers. As defined by HRSA¹⁸, an FQHC is a Medicare/Medicaid designation administered by Centers for Medicare and Medicaid Services (CMS). Eligible organizations include organizations receiving grants under section 330 of the PHS Act, look-alikes, and certain tribal organizations. (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the SSA).

A total of 51 sites for Federally Qualified Health Centers¹⁹ (FQHCs) deliver primary care. These health centers, medical clinics and dental clinics are in most cases free-standing. Some FQHCs in South Dakota are unique in that they are co-located with either a community center or a K-12 school. A listing of FQHCs can be found in Appendix I.

Community Health Centers (CHC) in South Dakota make up a majority of the FQHCs. In 2020, the National Association of Community Health Centers²⁰ recorded a total of 79,460 patients seen at 46 CHC delivery sites in South Dakota. There were 19% of patients uninsured and 24% were covered by Medicaid. There has been a 30% growth in patients since 2010.²¹

FIGURE 13: FEDERALLY QUALIFIED HEALTH CENTERS



Six School-Based Health Centers Statewide. Of the 51 total FQHCs in the State, six are school based: Rapid City (Community Health Center of the Black Hills, General Beadle School Based Center), Pierre (Eastside Neighborhood Center), Ridgeview (Horizon Health Care, Tiospaye Topa School) and Sioux Falls (Falls Community Health at Hawthorne, Hayward, and Terry Redlin Elementary Schools). School based health centers serve as an important health care delivery model by providing school-aged youth with comprehensive physical, mental, and preventative health care services delivered by medical professionals in a school setting. These centers offer care to students in a way that eliminates barriers due to lack of insurance or difficulty in accessing traditional venues of health care.

The City of Sioux Falls (Falls Community Health) and Sioux Falls School District have partnered and have medical clinics at Hayward, Hawthorne, and Terry Redlin Elementary.

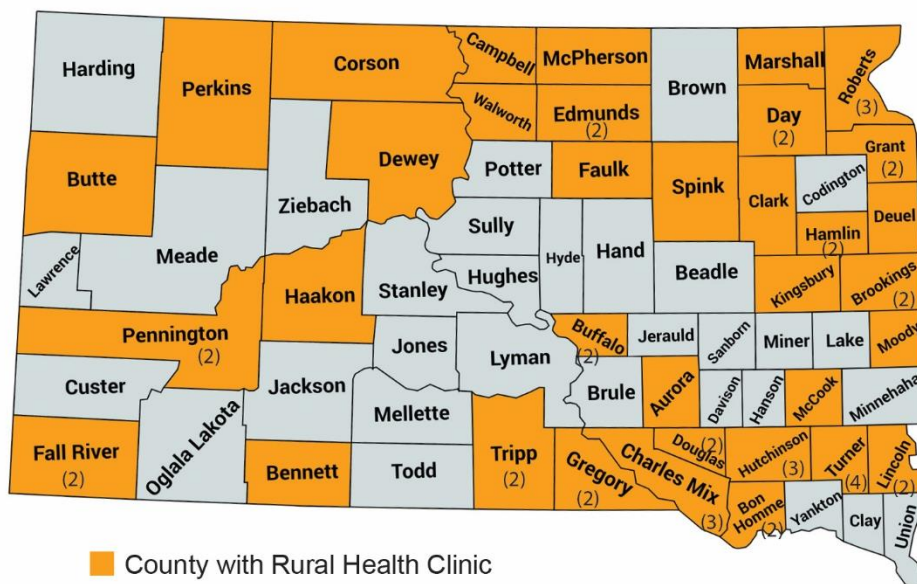
Falls Community Health (FCH) School Based Clinics are designed to:

- Serve all students.
- Help students stay in school to receive needed care rather than leaving campus.
- Remove barriers such as lack of transportation or insurance.
- Be accessible with a convenient location in a familiar setting.
- Provide high-quality primary care with a strong emphasis on prevention.
- Provide Chronic Disease Management with an effort to decrease student absences.
- Connect students with community providers when diagnosis is beyond the scope of FCH.
- Address student success by collaborating with school nurses, teachers, parent's, counselors, principals, and other school staff to reduce health related barriers and promote healthy childhood development.²²

RURAL HEALTH CLINICS

There is a total of 57 Rural Health Clinics across South Dakota. These clinics are located across 35 counties in 55 cities in South Dakota. A listing of rural health clinics in South Dakota can be found in Appendix K.

FIGURE 14: RURAL HEALTH CLINICS



According to CMS²³, the Rural Health Clinic Services Act of 1977 was “enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners in those same areas”. Approximately 4,000 Rural Health Clinics exist nationwide; there are a total of 57 Rural Health Clinics across South Dakota.

CMS defines a Rural Health Clinic as meeting several requirements, notably those listed below:

- Must be located in a non-urbanized area as defined by the US Census Bureau.
- Must be located in an area currently designated or certified by HRSA as a shortage area.
- Must employ a nurse practitioner or physician assistant, and have that provider working at the clinic at least 50 percent of the time it is open under the supervision of a physician (MD or DO).
- Must directly provide diagnostic and laboratory services.
- Must have arrangements with one or more hospitals to furnish medically necessary services that are not available at the clinic.
- Must have available drugs and biologicals necessary for the treatment of emergencies.

CRITICAL ACCESS HOSPITALS

Efforts to sustain and improve medical services in rural America have been supported through the Medicare Rural Hospital Flexibility Grant Program (Flex Program) since 1997, authorized originally through the Balanced Budget Act of 1997 and later reauthorized through Section 405 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The program is administered by HRSA’s Federal Office of Rural Health Policy (FORHP). In South Dakota, the state program is administered by the SD DOH ORH. The State Rural Health Plan (SRHP) was developed to guide the state’s efforts in critical access care delivery in its vast rural and frontier landscape. The most recent edition of the Plan was

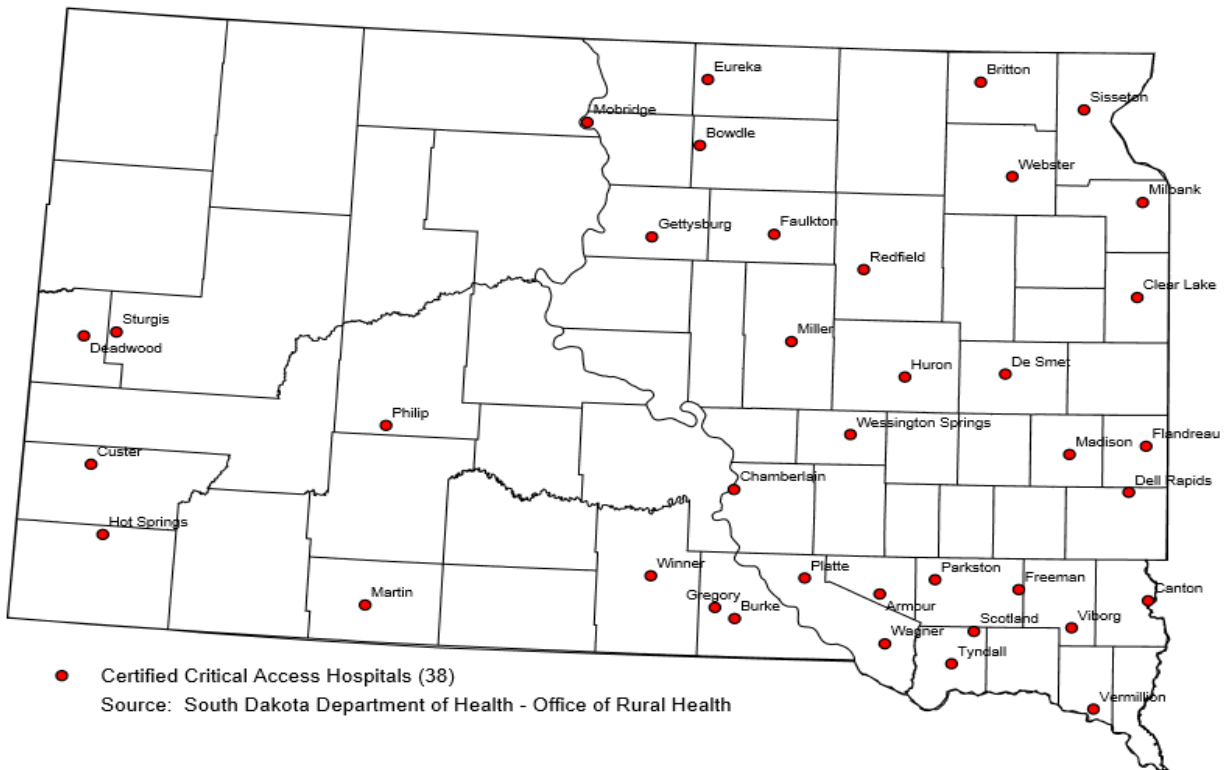
published in 2008 and remains in use to date. The summary information provided in this section is largely adapted from that 2008 plan.

Designation of Critical Access Hospitals. If certified as a Critical Access Hospital (CAH) the hospital can receive 101 percent reimbursement for acute inpatient and outpatient services, it provides to all Medicare beneficiaries. To be designated as a CAH a hospital must meet the following:

- Be located in a state that has an established Flex Program, which South Dakota has maintained since 1999.
- Be located in a rural area.
- Furnish 24-hour emergency care services, using either on-site or on-call staff.
- Provide no more than 25 inpatient acute care beds, and no more than 15 of those can be classified as a swing bed.
- Have an average annual length of stay of 96 hours or less.
- Be located either more than 35 miles from the nearest hospital or other CAH, or more than 15 miles from areas of mountainous terrain or access via secondary roads only, or be State certified as of December 31, 2005, as a “necessary provider” of health care services to residents in the area.

There are 38 certified CAHs (August 1, 2020) in South Dakota. A listing of critical access hospitals in South Dakota can be found in Appendix L.

FIGURE 15: CERTIFIED CRITICAL ACCESS HOSPITALS



Of note, the distribution and presence of CAHs across South Dakota varies greatly from east to west of the Missouri River. Of the 38 CAHs in the state, 29 (76% of total) are located east of the Missouri River. It should be noted that approximately 70% of the State's total population lives east river.

The presence of CAHs west river is much more broadly distributed. Even though people are more sparsely settled in that area of the state, the distances one must travel to access a CAH are great in some circumstances. Several communities in the northwestern corner of the state each have more than an 80-mile drive one way to access a CAH for care. For example, Buffalo to Sturgis is 89 miles one-way; Bison east to Mobridge is 120 miles one-way; and Faith south to Philip is 81 miles one-way. If traveling 55 mph on a clear roadway, it can take 90 minutes to get from these remote communities to one that has a CAH. Roads available for travel in this area are typically limited to one or two, at most, state, or county paved highways from town to town. In winter months, weather can make travel very difficult, especially in rural areas. These factors all heavily impact the ability for residents in South Dakota, particularly in western rural and frontier counties, to access emergency or even acute health care.

To mitigate these barriers, in part, the state's CAHs all have referral, transfer, transportation and communication agreements with larger acute care hospitals. The state's CAHs also have credentialing and quality assurance agreements with the state's quality innovation network. Additionally, the South Dakota Flex Program also works to develop rural health networks in all areas of the program by, for example, funding projects at the local level that create new or enhanced networks of care delivery.

State Flex Program funds are also used to implement and/or support collaborative projects with key partners, including but not limited to the CAHs, SDAHO, the Great Plains Quality Innovation Network (QIN), the major health systems (Avera Health, Sanford Health, and Monument Health), Emergency Medical Services (EMS), and other state and federal agencies. Several examples of this work include:

- Improving quality of care through the Medicare Beneficiary Quality Improvement Project (MBQIP), managed by the SD DOH ORH;
- Improving and integrating EMS services through the establishment of a statewide trauma system; and
- Improving revenue cycle management and implementing activities designed to increase profitability within a hospital or a group of hospitals.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

To provide care for patients in the primary care setting, it is important for providers to understand the basics of behavioral health and substance abuse. Screenings are often used to assist healthcare providers in understanding their patient's use and abuse of substances, as well as possible behavioral health needs.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Screening, Brief Intervention, and Referral to Treatment, (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

SBIRT focuses on:

- Screening to quickly assess the severity of substance use and identify the appropriate level of treatment.
- Brief intervention services that focus on increasing insight and awareness of an individual's substance use and motivation toward behavioral change.
- Referral to treatment to provide those identified as needing more extensive treatment with access to specialty care.

To better understand the level to which SBIRT components were implemented in state, the South Dakota Department of Social Services, Division of Behavioral Health (DBH) surveyed primary care clinics and emergency departments in 2019. A total of 28 emergency departments and 44 primary care clinics in South Dakota responded.

See more information in Appendix M.

EMERGENCY DEPARTMENT SCREENINGS

Of the 28 responding emergency departments, the majority of responses indicated that both large and small emergency departments already utilize some sort of screening for patients. Large emergency departments were defined as departments with five (5) or more physicians, while small emergency departments were those with four (4) or less physicians. All large emergency departments responding (100%) indicated having screening processes in place for alcohol use, drug use, and emotional or mental health symptoms. Additionally, 3 out of 4 (76%) of small emergency departments indicated having similar screenings in place for alcohol use, drug use, and emotional or mental health symptoms. The larger emergency departments reported having more experience with validated screening instruments as did the smaller emergency departments.

PRIMARY CARE SCREENINGS

The majority of the 44 responding primary care clinics indicated having a screening protocol in place. Of those responding, 80% indicated that they were currently screening for alcohol use issues, and 73% indicated that they were currently screening for drug use. Nearly all clinics (91%) indicated that they currently screen patients for emotional or mental health symptoms.

PRIMARY CARE PROGRAMS AND RESOURCES

The Governor, Legislature and other key stakeholders have worked to increase educational program capacity and remove barriers to practice. In addition to the incentives and capacity building efforts for medical students, physician assistant students, and nurse practitioner students, support has been provided to recruitment programs and reduced licensure barriers. Beginning in 2013, a law was passed to establish a medical resident license which not only provides additional practice opportunities for medical residents during their training but allows South Dakota communities to develop relationships with those training residents as part of their recruiting process to support efforts to have residents remain in those communities as practicing physicians. Further, the Recruitment Assistance Program and the Rural Healthcare Facility Recruitment Assistance Program were developed to help small, rural communities (defined as less than 10,000 in population) to fill healthcare professional vacancies.

The mission of the Department of Health, Office of Rural Health is to improve the delivery of health services to rural and medically underserved communities, emphasizing access and work primarily at the local level. To do so, the state has several incentive programs aimed at reducing the financial barrier for providers to attain their education and incentivize them to practice in rural, underserved communities in the State.

RECRUITMENT ASSISTANCE PROGRAM

Since this program began 56 physicians, 17 dentists and 37 physician assistants, nurse practitioners and nurse midwives have completed or are currently participating in the Recruitment Assistance Program.

The program provides qualifying physicians, dentists, physician assistants, nurse practitioners and nurse midwives an incentive payment in return for three continuous years of practice in an eligible rural community. Requests for participation in this recruitment program are reviewed on a first come first-served basis. A community or facility representative must contact the Office of Rural Health to request an assessment to determine eligibility. The amount of the incentive payment beginning July 1, 2020 for a qualifying physician or dentist is \$243,634. The amount of the incentive payment beginning July 1, 2020 for a qualifying physician assistant, nurse practitioner or nurse midwife is \$69,108. This payment is evaluated and updated annually on July 1st.

To be eligible a physician must:

- Be licensed as a physician in South Dakota.
- Have completed an accredited residency program in family practice, pediatrics, internal medicine, or obstetrics/gynecology.
- Be a United States citizen.
- Agree to practice full time as a physician in an eligible community for at least three consecutive years.
- Agree to be a participating South Dakota medical assistance provider and to serve any individual eligible under SDCL 28-6 and may not refuse treatment to any such individual while participating in the program.
- Provide services to Medicaid, Medicare, and State Children's Health Insurance Program patients.

- Not have previously participated in such a program, or any other state or federal scholarship, loan repayment or tuition reimbursement program which obligates the person to provide medical services within an underserved area.
- Be recruited to a community and be on-site and practicing for less than four months.

To be eligible a dentist must:

- Be licensed as a dentist in South Dakota.
- Be a United States citizen.
- Agree to practice full time as a general or pediatric dentist in an eligible community for at least three consecutive years.
- Agree to be a participating South Dakota medical assistance provider and to serve any individual eligible under SDCL 28-6 and may not refuse treatment to any such individual while participating in the program.
- Provide services to Medicaid, Medicare, and State Children's Health Insurance Program patients.
- Not have previously participated in such a program, or any other state or federal scholarship, loan repayment or tuition reimbursement program which obligates the person to provide medical services within an underserved area.
- Be recruited to a community and be on-site and practicing for less than four months.

To be eligible a physician assistant, nurse practitioner or nurse midwife must:

- Be licensed in South Dakota as a physician assistant, nurse practitioner, or nurse midwife.
- Be a United States citizen.
- Agree to practice full-time in an eligible community for at least three consecutive years.
- Agree to be a participating South Dakota medical assistance provider and to serve any individual eligible under SDCL 28-6 and may not refuse treatment to any such individual while participating in the program.
- Provide services to Medicaid, Medicare, and State Children's Health Insurance Program patients.
- Not have previously participated in such a program, or any other state or federal scholarship, loan repayment or tuition reimbursement program which obligates the person to provide medical services within an underserved area.
- Be recruited to a community and be on-site and practicing for less than four months.

To be eligible a community must:

- Have a population of 10,000 or less and must not be located within a 20-mile radius extending from the city center of a city of 50,000 people or more.
- Have an unmet provider need > 0.25 FTE.
- Agree to pay a pro-rated portion of the total amount of the incentive payment. Payment to provider must be made during the contract time frame.

TABLE 9: PROVIDERS - RECRUITMENT ASSISTANCE PROGRAM

PHYSICIAN OR DENTIST			
Population	Percentage	Community Payment	State Payment
0 – 2,500	25%	\$60,908.50	\$182,725.50
2,501 – 4,999	50%	\$121,817.00	\$121,817.00
5,000 – 10,000	75%	\$182,725.50	\$60,908.50
PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR NURSE MIDWIFE			
Population	Percentage	Community Payment	State Payment
0 – 2,500	25%	\$17,277.10	\$51,831.30
2,501 – 4,999	50%	\$34,554.20	\$34,554.20
5,000 – 10,000	75%	\$51,831.30	\$17,277.10

Source: South Dakota Department of Health, Rural Health, Recruitment Assistance.
<https://doh.sd.gov/providers/ruralhealth/Recruitment/RAP.aspx>

- Be assessed by the Department of Health to evaluate the community's need for eligible providers and its ability to sustain and support additional providers and be found eligible for participation. In determining eligibility, the DOH office reviews information such as:
 - Number of provider full-time equivalent (FTE) in the community.
 - Population of the community and surrounding area.
 - Ratio of 1 provider FTE per 1,500 people to determine need for an additional physician, physician assistant, nurse practitioner, or nurse midwife.
 - Ratio of 1 provider FTE per 3,000 people to determine need for an additional dentist.

RURAL HEALTHCARE FACILITY RECRUITMENT ASSISTANCE PROGRAM

The Rural Healthcare Facility Recruitment Assistance Program provides a \$10,000 payment to eligible health professionals who complete a three-year, full-time service commitment. The health professional must enter a three-way contract between the employing facility and the state. Eligible facilities must be in a community with a population of 10,000 or less. Applications must be submitted by employing facility with a limit of 3 participants per employing facility.

Eligible occupations

Dietitian or Nutritionist
 Nurse (LPN or RN)
 Occupational therapist
 Respiratory therapist
 Laboratory technologist
 Pharmacist
 Physical therapist
 Paramedic
 Medical technologist
 Radiologic technologist
 Speech therapist
 Healthcare social worker

Eligible facilities

South Dakota licensed:
 Hospitals
 Nursing homes
 Federally certified home health agencies
 Chemical dependency treatment facilities
 Intermediate care facilities for individuals with intellectual disabilities
 Community support providers
 Community mental health centers
 ESRD facilities
 Community health centers (FQHCs)
 Ambulance services

As of December 2020, a total of 598 individuals have participated in this program since its inception. Of those individuals, 455 have completed their three-year service commitment. The remaining individuals are still working under their service commitment or have defaulted on their service commitment.

NATIONAL HEALTH SERVICE CORPS²⁴

The National Health Service Corps (NHSC) provides underserved communities with healthcare professionals necessary to provide adequate health and mental health services through their three-year loan

repayment programs; Loan Repayment Program, Substance Use Disorder Workforce Loan Repayment Program (SUD Workforce LRP), and Rural Community Loan Repayment Program (LRP).

Through the Loan Repayment Program, NHSC provides primary care, dental health, and mental health clinicians up to \$50,000 to repay their student loans in exchange for a two-year commitment of work at an approved NHSC site in high-need, underserved areas across the United States. After completing the initial service commitment, participants can apply to extend their service and in turn receive additional loan repayment assistance.

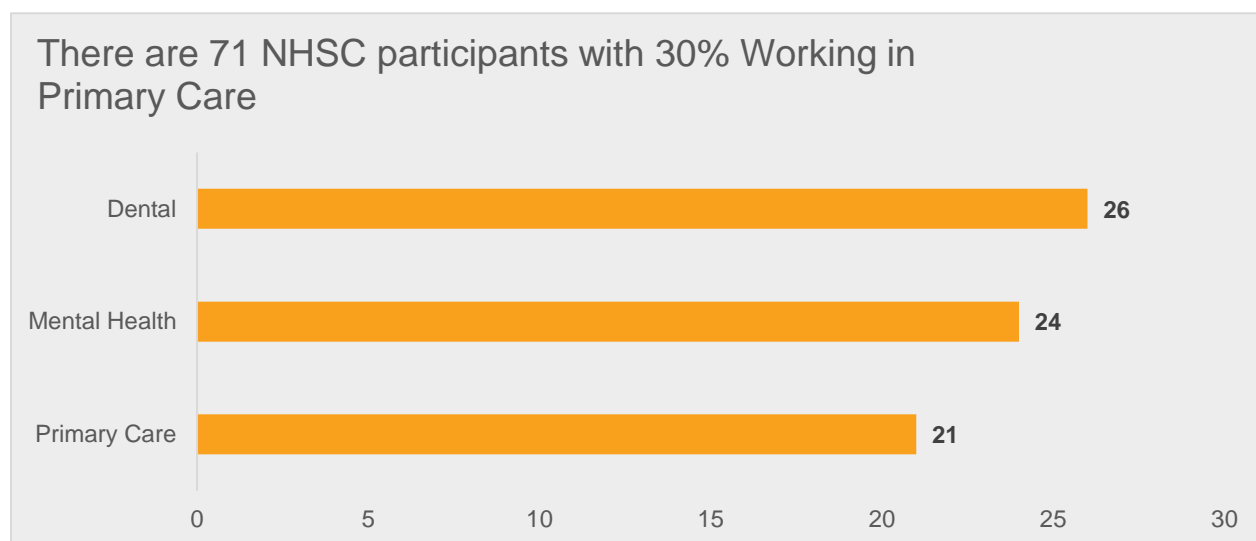
To combat the nation’s opioid crisis, HRSA launched the NHSC Substance Use Disorder Workforce Loan Repayment Program (SUD Workforce LRP). The program supports the recruitment and retention of health professionals needed in underserved areas to expand access to SUD treatment and prevent overdose deaths. This program provides up to \$75,000 to repay eligible providers student loans in exchange for a three-year commitment of work at an approved NHSC site.

The Rural Community Loan Repayment Program (LRP) is for providers working to combat the opioid epidemic in the nation’s rural communities. This program provides up to \$100,000 to repay eligible providers student loans in exchange for a three-year commitment of work at an approved NHSC site.

THERE ARE 186 NHSC SITES ACROSS SOUTH DAKOTA IN PRIMARY CARE, DENTAL CARE, AND MENTAL CARE.

NHSC sites are all located in HPSAs and provide primary care, dental health, or mental health services; provide services regardless of a patient’s ability to pay; offer discounted fees to patients who qualify; and accept patients covered by Medicare, Medicaid, and Children’s Health Insurance Programs. A full listing of all sites, are featured in the Appendix J. There are 186 health care sites in South Dakota.

FIGURE 16: NHSC PARTICIPANTS IN SOUTH DAKOTA



Source: <https://nhsc.hrsa.gov/>

SOUTH DAKOTA J-1 VISA WAIVER PROGRAM

The South Dakota Department of Health is committed to assuring that all South Dakotans have access to quality, affordable health care. The state has established the J-1 Visa Waiver Program to help rural communities recruit foreign or international medical graduate physicians. The Office of Rural Health supports and facilitates waiver requests.

*Applications for a waiver request must be submitted by the **employing facility** on behalf of a J-1 physician seeking waiver, not by the J-1 physician or the physician's representative. The employing facility must be in or serving residents of a shortage area as determined by the Department of Health and designated by the federal government. The facility must have made a bona fide employment offer to a J-1 physician and have submitted a J-1 visa waiver request in the form of an application to the Department of Health.*

The J-1 Physician is a physician in possession of a temporary Exchange Visitor (J-1) Visa to pursue a graduate medical education in the United States and seeking waiver of their J-1 visa home country residency requirement through the practice of medicine full-time within a shortage area. A shortage area is a geographic area that is designated by the federal government as a Medically Underserved Area or Health Professional Shortage Area. Such designation must be in effect at the time of the application.

The J-1 physician must work "full time" (an average of 40 hours of medical practice per week, meaning a four-week minimum of 128 hours seeing patients on an ambulatory or in-patient basis and 32 hours administrative work for at least 48 weeks per year).

To date, the ORH has facilitated 183 completed or continuing J-1 Visa Waivers, placing physicians through this program in 29 counties²⁵ throughout South Dakota.

PRIMARY CARE WORKFORCE

Improving health care access across South Dakota must include efforts to expand the workforce that supports quality health care delivery, with focus given towards rural communities that remain a high if not critical need area among the 51%²⁶ of South Dakotans that call a rural community, farm, ranch, or acreage home.

EDUCATIONAL OPPORTUNITIES

According to its most recent healthcare workforce report, the State of South Dakota has seen proof of substantial and steady growth in its healthcare industry for at least the last four decades. Trends indicate that growth in healthcare both in terms of jobs and services will be one of South Dakota's largest growth industries over the next decade. This growth is driven in part by several factors, including an aging patient population, an expanding general population, technological advances in the workplace requiring additional staff, a growing emphasis on disease management, and an aging healthcare workforce who must be replaced as they retire.

Healthcare occupations that provide direct health care services are among the fastest growing professions in South Dakota and are projected to make up approximately 10% of the state's projected new jobs between 2016 and 2026; these include registered nurses (1,718 more registered nurses needed), nursing assistants (472 more assistants needed), and medical assistants (194 more medical assistants needed) at the top of the list. As a result, it is helpful to note that several nursing education programs are available throughout the state with existing capacity to teach/train more nursing professionals to fill this gap.

NURSING EDUCATION PROGRAMS

Note: Nursing acronyms - LPN-Licensed Practical Nurse; RN-Registered Nurse; AD – Associate Degree RN; BSN – Baccalaureate of Science Degree- Nursing (Registered Nurse); RN-BSN – Registered Nurse Bachelor Degree-Nursing; MSN - Master of Science-Nursing.

As advocated by HRSA, understanding the supply and distribution of nurses is “key to ensuring access to care and an effective health care system.” According to its 2013 national report²⁷ on nursing workforce trends, there were 2.8 million Registered Nurses (RNs) (including advanced practice RNs) and nearly 700,000 Licensed Practical Nurses (LPNs) in the nursing workforce. However, only 16 percent of the RN workforce and 24 percent of the LPN workforce live in a rural area, which presents an element of concern for a State such as South Dakota with such a vast rural and frontier population.

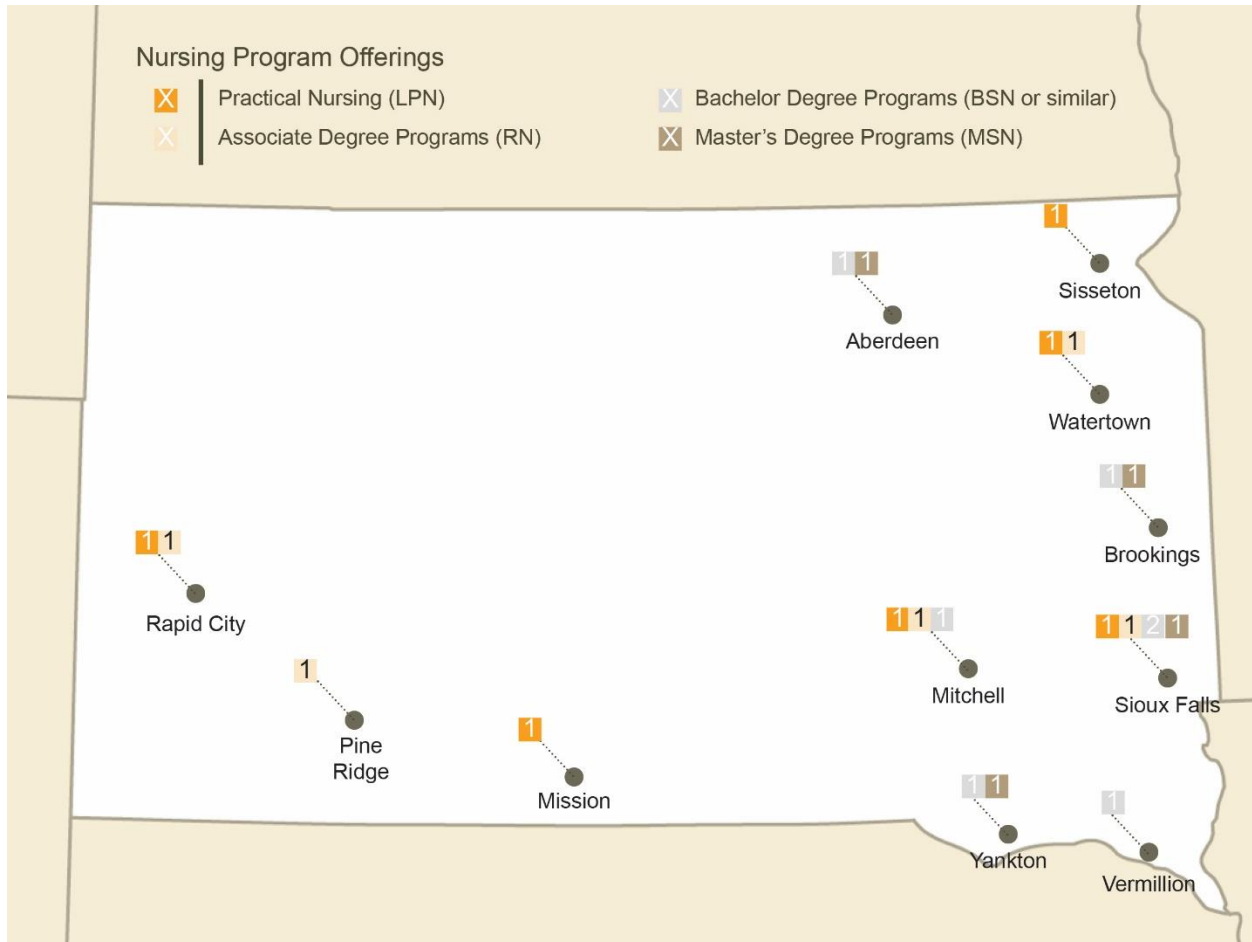
- *Number of practicing nurses is growing nationally.* The workforce has grown substantially since 2000, with growth rates of 24.1 and 15.5 percent for RNs and LPNs respectively, a rate that outpaces the growth in US population. Per capita rates have also increased, 14 and 6 percent for RNs and LPNs, respectively.
- *Aging cohort of nurses causes some concern as their retirement approaches.* Despite growth in new entrants, about one-third of the nursing workforce today is older than 50, with the largest age cohort being 41 to 50 years of age as of 2000.
- *Nurses are pursuing more advanced training.* Just over half of the RN workforce on a national scale holds a bachelor’s or higher degree, with the associate degree being the first nursing degree for many of these nurses. The number of nurses with bachelor’s level training has also increased slightly (50 to 55 percent) over recent years. Notably, nearly 28,000 RNs were awarded a post-licensure bachelor’s degree in nursing (RN-BSN) in 2011 alone, contributing to an estimated 86.3 percent increase in the annual number of RN-BSN graduates over the preceding four years (2008-2011).

South Dakota is no exception to the national averages highlighted above. According to the South Dakota Board of Nursing Annual Report of Nursing Education Programs, 2019²⁸, the following trends have been observed.

- In 2019 there were 193 LPNs enrolled in AD RN or baccalaureate (Baccalaureate of Science Degree- Nursing [Registered Nurse]) upward mobility programs, 59 fewer or a change of -23.4% from 2018. In 2019 there were 111 RNs enrolled in baccalaureate upward mobility nursing programs, 23 fewer or a change of -17.2% from 2018.
- A total of 811 students graduated from the pre-licensure AD RN and BSN programs. This was 115 more than in 2018. South Dakota’s pass rate for both baccalaureate and associate degree nursing programs in 2019 was 93% compared to a national rate of 88%.

FIGURE 17: NURSING PROGRAMS

The majority, 65%, of graduates produced by SD's RN programs were licensed in SD in 2019, compared to 72.3% in 2018.



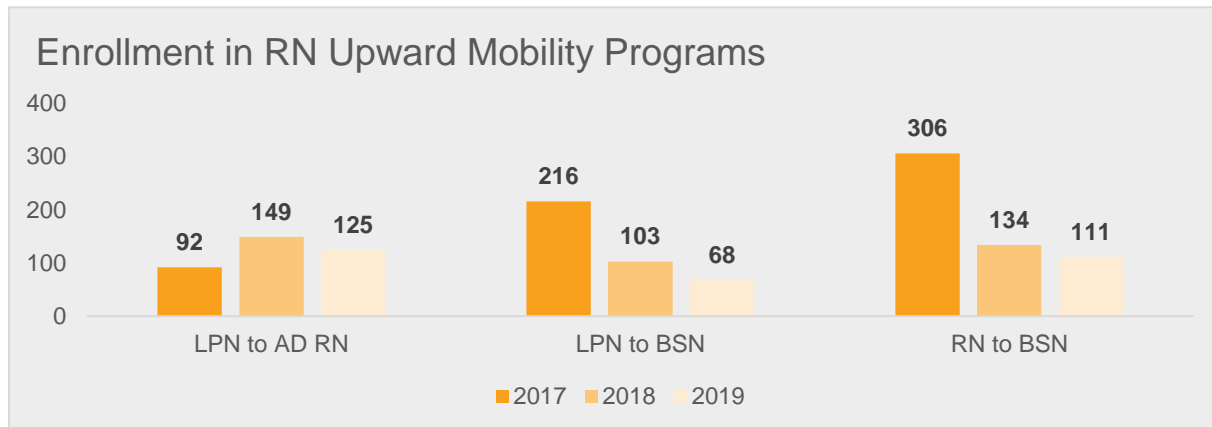
The map above highlights the location of nursing education programs in South Dakota, including practical nursing, associate degree programs, bachelor's degree, and master's degree programs.

Nursing education programs in South Dakota can be found in Appendix N.

PRACTICAL NURSING PROGRAMS

There are six fully accredited Practical Nursing Programs in South Dakota, located in Mitchell, Mission, Rapid City, Sioux Falls, Sisseton, and Watertown. Fully accredited is defined as having both commission or professional organization accreditation (e.g., HLC) and having full approval through the South Dakota Board of Nursing.

FIGURE 18: NURSING ENROLLMENT TRENDS



Data obtained from the SD Board of Nursing Annual Report of Education Program, 2019; chart was re-created for this report only.

ASSOCIATE DEGREE PROGRAMS

There are a total of three associate degree RN programs approved by the SD Board of Nursing: Dakota Oglala Lakota College (Pine Ridge, SD), Southeast Technical Institute (Sioux Falls, SD), and Lake Area Technical Institute (Watertown, SD). One program, Western Dakota Technical Institute (Rapid City) is currently at an interim approval.

BACHELOR'S DEGREE PROGRAMS

There are seven South Dakota Board of Nursing approved RN programs in South Dakota that offer traditional baccalaureate degree program options, RN-to-BSN options, or accelerated degree options.

- **Augustana University** offers Generic RN and Accelerated RN programs
- **Dakota Wesleyan** Offers Generic RN, LPN to BSN and RN to BSN
- **Mount Marty College** Offers Generic RN, LPN to BSN and RN to BSN
- **Presentation College** Offers Generic RN, LPN to BSN and RN to BSN
- **South Dakota State University** Offers Generic RN, Accelerated RN, and RN to BSN
- **University of South Dakota (USD)** Offers Generic RN, LPN to BSN and RN to BSN
- **University of Sioux Falls** Offers Generic RN, Accelerated RN, and RN to BSN

MASTER'S DEGREE PROGRAMS

There are three South Dakota Board of Nursing approved Master of Science in Nursing (MSN) programs in South Dakota that are state approved and have national accreditation.

- **Mount Marty College**
 - Family Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner
 - Postgraduate Certification (Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Doctor of Nurse Anesthesia Practice (DNAP)
- **Presentation College**
 - Family Nurse Practitioner
- **South Dakota State University**
 - Nurse Administrator
 - Clinical Nurse Leader

- Nurse Educator
- Family Nurse Practitioner
- Postgraduate Certification (Family Nurse Practitioner, Clinical Nurse leader, Nurse Educator)
- DNP (Family Nurse Practitioner)
- PhD

DOCTORAL DEGREE PROGRAMS

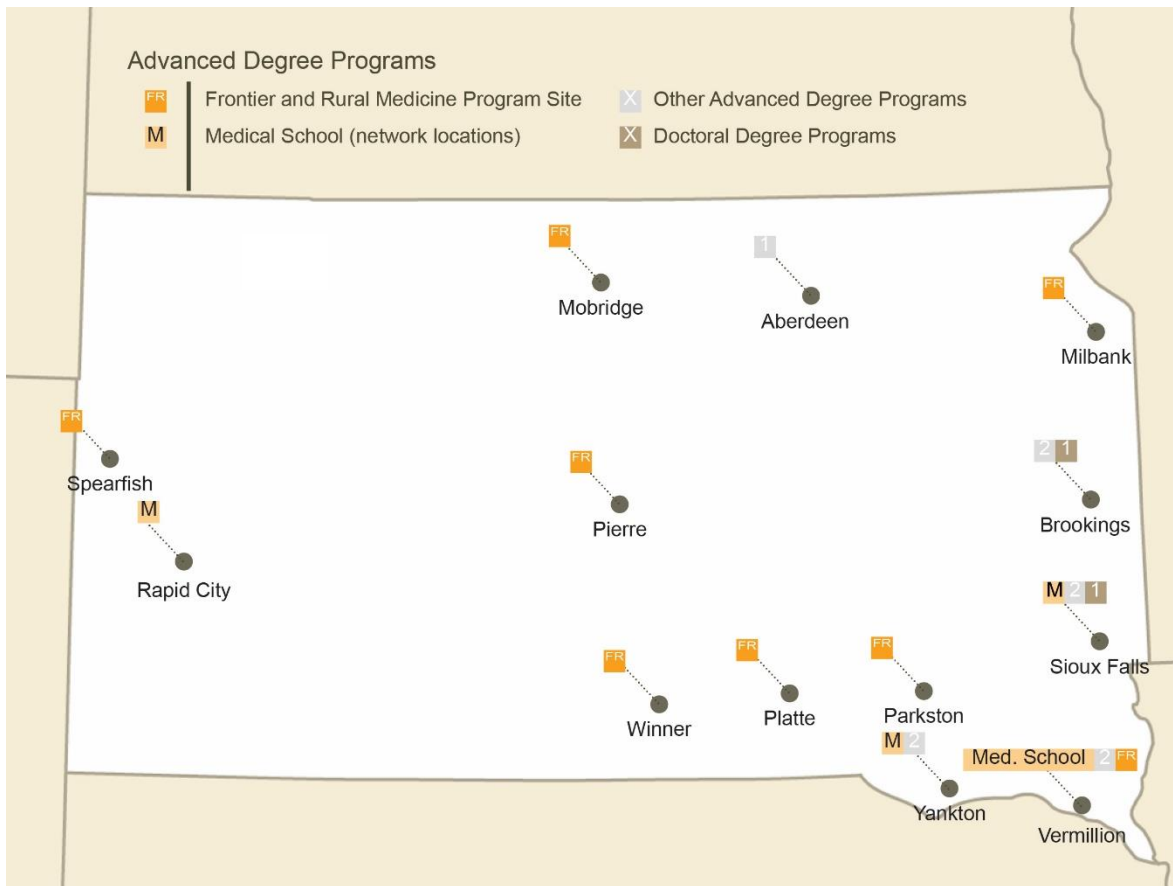
There are two South Dakota Board of Nursing approved Doctoral Degree programs in South Dakota that have national accreditation. Both programs are offered by South Dakota State University.

ADVANCED DEGREE PROGRAMS

South Dakota fortunately is home to several professional programs for advanced training of nurses and ultimately physicians. In addition to the State’s flagship medical school at USD, and a Physician Assistant (PA) program also at USD, there are opportunities for advanced training in nursing.

ADVANCED DEGREE PROGRAMS ARE OFFERED ACROSS 13 COMMUNITIES IN THE STATE OF SOUTH DAKOTA, RANGING FROM APPLIED RURAL MEDICINE TRAINING FOR PHYSICIANS TO ADVANCED PRACTITIONER PROGRAMS.

FIGURE 19: ADVANCED DEGREE PROGRAMS



STATE EFFORTS ARE BEING DIRECTED AT INCREASING THE NUMBER OF MEDICAL SCHOOL GRADUATES THAT PRACTICE IN SOUTH DAKOTA POST-RESIDENCY.

The Sanford School of Medicine (SSOM) at USD is primarily housed out of its flagship location in Vermillion but offers a network of campus locations in Sioux Falls, Yankton, Vermillion, and Rapid City.

Further, SSOM has, with support from state government, implemented several experiences aimed at providing its students with quality rural health experiences aimed to motivate those students to practice in those communities after they complete their training. SSOM has a Frontier and Rural Medicine Program (FARM) that allows its students to experience rural medicine while living and learning across the State, with sites including Milbank, Mobridge, Parkston, Platte, Pierre, Winner, Spearfish and Vermillion. This program has been nationally recognized, as has SSOM, for its continued focus on training physicians that have direct clinical experience in and familiarity with rural communities, making them more apt to settle and practice there as licensed professionals. Two-degree paths are available: M.D. Program (Sanford School of Medicine) and Physician Scientist (M.D./Ph.D.) Program (Sanford School of Medicine).

University of South Dakota offers a Physician Assistant (Master of Science) program. USD's Physician Assistant program is the only one of its kind in South Dakota. USD offers pre-physician assistant training at the undergraduate level, and a MS in Physician Assistant Studies at the graduate level. Physician Assistants are ranked by U.S. News and World Report as #2 in best health care jobs, #3 in top 100 jobs in all fields, and #3 in Best STEM Jobs making the program placement in South Dakota vital to supporting its educational priorities in training medical professionals in all continuums of care.

RESIDENCY AND FELLOWSHIP PROGRAMS

A total of nine residency programs and four fellowship programs are housed in South Dakota, most of which are headquartered and have residents' practice in one of the two major medical hubs – Rapid City and Sioux Falls. The first program to be established and still in operation is the Sioux Falls Family Medicine Residency, touting nearly 350 graduates of its 3-year program to date.

TABLE 10: RESIDENCY PROGRAMS

Residencies	Affiliation	Est.	Features
Family Medicine Sioux Falls	Sioux Falls Family Medicine Residency, affiliated with the Sanford School of Medicine	1973	<ul style="list-style-type: none"> ▪ 3-year program. ▪ Graduated nearly 350 residents to date. ▪ The Sioux Falls Family Medicine Residency is devoted to providing an excellent education that prepares physicians for practice in South Dakota and other areas of the mostly rural upper Midwest.
Family Medicine Rapid City	Rapid City Regional Hospital Family Medicine Residency Program, affiliated with the Sanford School of Medicine. Jointly sponsored by Avera McKennan and Sanford Health Hospitals.	1995	<ul style="list-style-type: none"> ▪ 3-year program. ▪ Only residency program in Rapid City. ▪ 6-6-6 community-based program. ▪ Includes obstetrics, with most residents delivering more than 100 babies during their residency. ▪ Nearly 100 residents have graduated to date.
Pierre Rural Family Medicine	Center for Family Medicine and Sanford School of Medicine	2017	<ul style="list-style-type: none"> ▪ 3-year program. <ul style="list-style-type: none"> ▪ Year 1 completed in Sioux Falls. ▪ Year 2 and 3 completed in Pierre. ▪ 2 residents per year. ▪ Joint project of Avera St. Mary's and Sanford Clinic Pierre. ▪ The mission is to train and prepare family physicians for practice in the rural communities of South Dakota and the upper Midwest.
Internal Medicine	Internist training provided by Sanford School of Medicine	1975	<ul style="list-style-type: none"> ▪ 3-year program. ▪ 8 new categorical and 2 preliminary residents accepted each year. ▪ 24 total categorical residents in three-year program. ▪ Over half of the graduates enter general internal medicine careers.
General Surgery	Residents spend 52 months of their training, including the majority of subspecialty rotations, at Sanford USD Medical Center in Sioux Falls. In addition, residents rotate through Avera Sacred Heart Hospital in Yankton for their rural experience for four months; the Sioux Falls Veterans Affairs Health Care System for two months; and an optional elective at John H. Stroger Jr. Hospital of Cook County in Chicago for two months for management of penetrative and operative traumas.	2014	<ul style="list-style-type: none"> ▪ Accreditation for 15 residents in five-year program (three per year). ▪ Emphasis on compassion, integrity, responsiveness, accountability, and respect for diversity. ▪ Faculty consists of general surgeons with extensive experience and expert specialists in an array of surgical fields. ▪ Wide range of hands-on experience and training, with rotations in general surgery (including rural surgery and trauma) at community-based, federal, and urban teaching hospital systems. ▪ During the five-year program, residents do clinical and/or outcome-based research and present at regional or national conferences.

Pathology	Pathology Residency at Sanford School of Medicine; residents' practice at Sanford Health in Sioux Falls	2008	<ul style="list-style-type: none"> ▪ 4-year program. <ul style="list-style-type: none"> ▪ Two residents accepted each year. ▪ Extensive interaction with teaching staff. ▪ Teaching opportunities with medical technologists, medical students, and residents from other specialties. ▪ Hands-on experience in diagnostic pathology. ▪ Clinical and basic science research encouraged. ▪ Excellent placement rate in competitive fellowship programs across the nation. ▪ Faculty consists of experts in hematopathology, cytopathology, blood banking, dermatopathology, breast pathology and forensic pathology.
Pediatrics	Pediatrics Residency Program at Sanford Children's Hospital	2011	<ul style="list-style-type: none"> ▪ 3-year program.
Psychiatry	University Psychiatry Associates: Residents train primarily at the Avera Behavioral Health Center	2008	<ul style="list-style-type: none"> ▪ 4-year program. <ul style="list-style-type: none"> ▪ Psychiatry residents offer comprehensive mental health services at three university clinic outpatient facilities in Sioux Falls and at numerous outreach sites throughout the region. ▪ Clinical training sites have been established in the following diverse settings: <ul style="list-style-type: none"> ▪ Non-profit and VA hospitals. ▪ Private and public residential treatment programs. ▪ University clinics and community mental health centers. ▪ Forensic settings. ▪ Chemical dependency programs.
Transitional Year	Sanford School of Medicine	2011	<ul style="list-style-type: none"> ▪ Up to seven elective blocks with a schedule designed specifically for each resident. ▪ Flexible scheduling allows each resident to pursue his or her interests. ▪ Great faculty-to-resident ratio in both a traditional medical education setting and a one-on-one model.

TABLE 11: FELLOWSHIP PROGRAMS

Fellowships	Affiliation	Est.	Features
Cardiovascular Disease	Sanford School of Medicine, with practice at the Sanford Heart Hospital	2012	<ul style="list-style-type: none"> ▪ 3-year program. ▪ Accredited for 2 fellows per year, for a total of six fellows. ▪ Education delivered at a newly constructed, state-of-the-art Sanford Heart Hospital. <ul style="list-style-type: none"> ▪ Research at the Sanford Cardiovascular Health Resource Center.
Child & Adolescent Psychiatry	Avera Behavioral Health Center, Sanford School of Medicine	1992	<ul style="list-style-type: none"> ▪ Fellows trained for careers in private, academic, or institutional-based practices. ▪ Fellows generally enter the program after completion of the general psychiatry program but may be considered after PGY1. ▪ Applicants may be accepted into both general and child and adolescent psychiatry if they desire to become child psychiatrists.
Geriatrics	Avera McKennan Hospital & University Health Center, Sanford USD Medical Center, and the Sioux Falls VA Medical Center.	2011	<ul style="list-style-type: none"> ▪ 1-year program ▪ Training at <ul style="list-style-type: none"> ▪ Avera McKennan Hospital and University Health Center. ▪ Sanford USD Medical Center. ▪ Sioux Falls VA Medical Center. ▪ Variety of Local Nursing Homes.
Interventional Cardiology	USD Sanford School of Medicine		<ul style="list-style-type: none"> ▪ The program trains one fellow per year at the six-floor Sanford Heart Hospital, a state-of-the-art facility located in Sioux Falls, South Dakota. ▪ Fellows have access to all Food and Drug Administration-approved devices in the cath labs, many of which are bi-plane, and are expected to participate in and perform more than 1,000 procedures, including angioplasty and structural heart disease procedures, during the year of training. ▪ Program faculty consists of high-volume operators with experience and motivation to teach, develop and publish interventional techniques. This institution is the regional leader in innovation and education in the field of cardiovascular disease.

SOURCES

- ¹ No comparison: data not available for baseline or current rate. No change: difference between baseline and current rate is less than 1.0.
- ² All mortality rates are age-adjusted and per 100,000 pop.
- ³ 2011 represents 2007-2011 data.
- ⁴ 2014 represents 2010-2014 data.
- ⁵ 2017 represents 2013-2017 data.
- ⁶ Age-adjusted rate per 100,000 pop. obtained from South Dakota Cancer Registry, Cancer in South Dakota Reports (2011, 2013, and 2017)
- ⁷ Average annual incidence (cases per 100,000 pop. per year) totals reflect chlamydia and gonorrhea only; syphilis is reported as a cumulative incidence rate from 2007-2016 and thus is not included in the performance metrics.
- ⁸ Rates adhere to US Preventative Task Force (USPSTF) recommendations for colorectal screening amongst persons aged 50-75.
- ⁹ Percentage of adults reporting that they smoke cigarettes on BRFSS.
- ¹⁰ Percentage of adults reporting binge or heavy drinking on BRFSS.
- ¹¹ U.S. Census Bureau (2019) Table: DP05 2019 American Community Survey 1-Year Estimates. Retrieved from <https://data.census.gov/cedsci/profile?g=0400000US46>.
- ¹² U.S. Census Bureau, Population Division (2020) Annual Estimates of the Resident Population for Counties in South Dakota: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-46). Release Date: March 2020. Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html>.
- ¹³ Indian Health Service website, <https://www.ihs.gov/greatplains/healthcarefacilities/> accessed 19 February 2021.
- ¹⁴ South Dakota Department of Social Services, Division of Medical Services. South Dakota Access Monitoring Review Plan 2020. Accessed at https://dss.sd.gov/docs/medicaid/reports/Access_Monitoring_Review_Plan_2020.pdf on February 22, 2021
- ¹⁵ Steve Westra. Op-Ed to the Rapid City Journal. February 1, 2021. Accessed at https://rapidcityjournal.com/opinion/westra-broadband-for-the-next-generation/article_d285e9fb-0064-5c4d-8d64-ce96d5795edd.html?utm_campaign=snd-autopilot on February 22, 2021
- ¹⁶ Great Plains Area Health Care Sites/Telehealth. Great Plains Tribal Chairmen's Health Board. Document from email dated February 22, 2021.
- ¹⁷ "Where are Community Health Centers Located" document from email dated December 1, 2020.
- ¹⁸ Information accessed from: <https://bphc.hrsa.gov/programrequirements/compliancemanual/glossary.html#volunteer-health-professional> on October 7, 2020.
- ¹⁹ Data from NPI accessed at https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/sd/ on December 7, 2020.
- ²⁰ National Association of Community Health Centers, https://www.nachc.org/wp-content/uploads/2019/03/South-Dakota_21.pdf
- ²¹ What is a Community Health Center? Accessed from CHAD on October 6, 2020 at <http://www.communityhealthcare.net/health-centers>
- ²² City of Sioux Falls, Community Health Clinic, Accessed at <https://www.siouxfalls.org/health/falls-community-health/school-based/about> on October 8, 2020.
- ²³ Rural Health Fact Sheet Series, Rural Health Clinic. Accessed January 17, 2016 from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsh.pdf>
- ²⁴ National Health Service Corps Repayment Programs. Website: <https://nhsc.hrsa.gov/loan-repayment/nhsc-all-loan-repayment-programs-comparison> Accessed December 18, 2020.
- ²⁵ Counties include Bon Homme, Brookings, Brown, Charles Mix, Clay, Codington, Davison, Day, Deuel, Edmunds, Faulk, Hand, Hughes, Jerauld, Jones, Kingsbury, Lincoln, Lyman, McCook, McPherson, Minnehaha, Potter, Roberts, Spink, Sully, Tripp, Turner, Union, and Yankton.
- ²⁶ South Dakota Health Care Workforce Needs Assessment 2018, p3.
- ²⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration. 2013. *The U.S. Nursing Workforce: Trends in Supply and Education*. Pages vii-ix.
- ²⁸ South Dakota Board of Nursing. 2019. South Dakota Annual Report of Nursing Education Programs: 2020.

APPENDIX A | SUPPLEMENTAL TABLES FOR HEALTH STATUS INDICATORS

Table 1: Health Outcomes Ranking by County, South Dakota, 2016-2018

Table 2: Health Factors Ranking by County, South Dakota, 2016-2018

Table 3: Percent of South Dakotans with Fair or Poor Health by County, 2017

Table 4: Life Expectancy at Birth by County of Residence, 2017

Table 5: Infant Mortality by County, 2011, 2014, and 2017

Table 6: Resident Deaths (Mortality), All Causes by County, 2011, 2014, and 2017

Table 7: Heart Disease Mortality by County, 2011, 2014, and 2017

Table 8: Cancer Mortality by County, 2011, 2014, and 2017

Table 9: Chronic Lower Respiratory Disease Mortality by County, 2011, 2014, and 2017

Table 10: Alzheimer's Disease Mortality by County, 2011, 2014, and 2017

Table 11: Cerebrovascular Disease Mortality by County, 2011, 2014, and 2017

Table 12: Accidents Mortality by County, 2011, 2014, and 2017

Table 13: Diabetes Mortality by County, 2011, 2014, and 2017

Table 14: Suicide by County, 2011, 2014, and 2017

Table 15: Influenza and Pneumonia Mortality by County, 2011, 2014, and 2017

Table 16: Chronic Liver Disease and Cirrhosis Mortality, 2011, 2014, and 2017

Table 17: Diabetes Prevalence by County, 2016

Table 18: South Dakota K-12 School BMI for Academic Years 2010-11 and 2013-18

Table 19: Adult Obesity by County, 2016

Table 20: Age-Adjusted Cancer Incidence and Death Rates in South Dakota, 2015-2017

Table 21: Cancer Prevalence by County, 2017

Table 22: Cases of HIV and AIDS, 2005-2017

Table 23: South Dakotans Who Self-Identified as having Depression, 2014

Table 24: South Dakotans Who Self-Identified as having Anxiety, 2014

Table 25: Reported Sexually Transmitted Diseases, 2012-2016

Table 1: Health Outcomes Ranking by County, South Dakota, 2016-2018

Methodology: Health outcome ranking is based off an equal weighting of length and quality of life. All data used in the measures was obtained for years 2016-2018.

County	Rank
Hamlin	1
Grant	2
Lincoln	3
Brookings	4
Lake	5
Bon Homme	6
Union	7
Deuel	8
Moody	9
Turner	10
McCook	11
Hutchinson	12
Brown	13
Clay	14
Brule	15
Spink	16
Hughes	17
Sanborn	18
Hanson	19
Codington	20
Davison	21
Minnehaha	22
Stanley	23
Gregory	24
Aurora	25
Hand	26
Miner	27
Walworth	28
Edmunds	29
Campbell	30
Kingsbury	31
Meade	32
Jerauld	33

County	Rank
Marshall	34
Yankton	35
Clark	36
Custer	37
Butte	38
Potter	39
Pennington	40
Day	41
Beadle	42
Perkins	43
Roberts	44
Haakon	45
Faulk	46
Lawrence	47
Fall River	48
Tripp	49
Charles Mix	50
McPherson	51
Lyman	52
Bennett	53
Jackson	54
Ziebach	55
Dewey	56
Mellette	57
Todd	58
Corson	59
Oglala Lakota	60
Buffalo	61
Douglas	NR
Harding	NR
Hyde	NR
Jones	NR
Sully	NR

NR: Not Ranked **Source:** University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

	<i>Measure</i>	<i>Data Source</i>
Length of Life	Premature death	National Center for Health Statistics - Mortality files 2016-2018
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System 2017
	Poor physical health days	Behavioral Risk Factor Surveillance System 2017
	Poor mental health days	Behavioral Risk Factor Surveillance System 2017
	Low birthweight	National Center for Health Statistics - Natality files 2012-2018

Table 2: Health Factors Ranking by County, South Dakota, 2016-2018

Methodology: Health factors are based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

County	Rank
Lincoln	1
Hand	2
Brookings	3
Stanley	4
Jerauld	5
Lawrence	6
Davison	7
Grant	8
Kingsbury	9
Miner	10
Union	11
Brown	12
Hughes	13
Perkins	14
Lake	15
Hanson	16
Hutchinson	17
Edmunds	18
Codington	19
Hamlin	20
Minnehaha	21
Potter	22
Haakon	23
Aurora	24
Yankton	25
Turner	26
Meade	27
Campbell	28
Clay	29
Brule	30
Custer	31
McCook	32
Clark	33
McPherson	34

County	Rank
Bon Homme	35
Deuel	36
Butte	37
Pennington	38
Marshall	39
Walworth	40
Fall River	41
Sanborn	42
Faulk	43
Day	44
Gregory	45
Beadle	46
Spink	47
Tripp	48
Moody	49
Robert	50
Charles Mix	51
Lyman	52
Jackson	53
Ziebach	54
Bennett	55
Mellette	56
Dewey	57
Corson	58
Buffalo	59
Oglala Lakota	60
Todd	61
Douglas	NR
Harding	NR
Hyde	NR
Jones	NR
Sully	NR

NR: Not Ranked

Continued, Table 2: Health Factors Ranking by County, South Dakota

Health Behaviors	Measure	Data Source
Tobacco Use	Adult smoking	The Behavioral Risk Factor Surveillance System (BRFSS)
Diet/Exercise	Adult obesity	United States Diabetes Surveillance System
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America
	Physical inactivity	United States Diabetes Surveillance System
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files
Alcohol and Drug Use	Excessive drinking	The Behavioral Risk Factor Surveillance System (BRFSS)
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	Teen births	National Center for Health Statistics - Natality files
Clinical Care	Measure	Data Source
Access to Care	Uninsured	Small Area Health Insurance Estimates, 2017
	Primary care physicians	Area Health Resource File/American Medical Association, 2017
	Dentists	Area Health Resource File/National Provider Identification File, 2018
	Mental health providers	CMS, National Provider Identification File, 2019
Quality of Care	Preventable hospital stays	Mapping Medicare Disparities Tool 2017
	Flu vaccinations	Mapping Medicare Disparities Tool 2017
	Mammography screening	Mapping Medicare Disparities Tool 2017
Social & Economic	Measure	Data Source
Education	High school graduation	South Dakota Department of Education 2017-2018
	Some college	American Community Survey, 2014-2018
Employment	Unemployment	Bureau of Labor Statistics, 2018
	Children in poverty	Small Area Income and Poverty Estimates, 2018
	Income inequality	American Community Survey, 2014-2018
Family & Social Support	Children in single-parent household	American Community Survey, 2014-2018
	Social associations	County Business Patterns, 2017
Community Safety	Violent crime	Uniform Crime Reporting – FBI, 2014 & 2016
	Injury deaths	National Center for Health Statistics - Mortality Files 2014-2018
Physical Environment	Measure	Data Source
Air and water quality	Air pollution – particulate	Environmental Public Health Tracking Network 2014
	Drinking water violations	Safe Drinking Water Information System, 2018

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 3: Percent of South Dakotans with Fair or Poor Health by County, 2017

State of South Dakota	
% Fair/Poor	% Range (Min-Max)
13%	9-32%

County	% Fair/Poor	% Error Margin
Aurora	10%	9-10%
Beadle	13%	12-13%
Bennett	21%	20-21%
Bon Homme	12%	11-12%
Brookings	11%	10-11%
Brown	12%	11-12%
Brule	12%	11-13%
Buffalo	30%	29-31%
Butte	13%	12-13%
Campbell	13%	9-10%
Charles Mix	17%	17-18%
Clark	12%	11-12%
Clay	13%	13-14%
Codington	12%	12-13%
Corson	27%	26-28%
Custer	11%	11-12%
Davison	12%	11-13%
Day	13%	13-14%
Deuel	11%	10-11%
Dewey	24%	24-25%
Douglas	10%	10-11%
Edmunds	10%	9-10%
Fall River	13%	12-13%
Faulk	11%	10-11%
Grant	11%	10-11%
Gregory	13%	13-14%
Haakon	13%	13-14%
Hamlin	10%	9-10%
Hand	10%	9-10%
Hanson	10%	10-11%
Harding	11%	11-12%
Hughes	12%	11-12%
Hutchinson	11%	11-12%

County	% Fair/Poor	% Error Margin
Hyde	12%	11-12%
Jackson	23%	23-24%
Jerauld	10%	10-11%
Jones	11%	10-11%
Kingsbury	11%	10-11%
Lake	11%	11-12%
Lawrence	10%	10-11%
Lincoln	9%	9-10%
Lyman	17%	17-18%
Marshall	11%	11-12%
McCook	11%	10-11%
McPherson	12%	11-13%
Meade	12%	12-13%
Mellette	26%	26-27%
Miner	11%	10-11%
Minnehaha	12%	11-12%
Moody	13%	12-13%
Oglala Lakota	23%	31-32%
Pennington	14%	13-14%
Perkins	12%	11-12%
Potter	10%	9-10%
Roberts	17%	16-17%
Sanborn	10%	10-11%
Spink	11%	10-11%
Stanley	10%	9-10%
Sully	10%	9-10%
Todd	29%	28-30%
Tripp	14%	14-15%
Turner	11%	10-11%
Union	10%	9-10%
Walworth	11%	11-12%
Yankton	12%	11-12%
Ziebach	29%	28-30%

Source: University of Wisconsin Population Health Institute. County Health Rankings. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 4: Life Expectancy at Birth by County of Residence, 2017

State of South Dakota	
Life Expectancy at Birth	
Male (in years)	77.2
Female (in years)	82.0

County	FEMALE (in years)	MALE (in years)
Aurora	82.2	78.0
Beadle	82.3	76.7
Bennett	78.4	71.2
Bon Homme	84.0	79.1
Brookings	83.2	79.3
Brown	82.5	77.7
Brule	82.4	77.6
Buffalo	73.1	65.3
Butte	80.8	76.0
Campbell	86.1	78.5
Charles Mix	81.6	75.6
Clark	83.2	77.1
Clay	82.7	77.7
Codington	82.1	78.0
Corson	77.3	68.0
Custer	82.4	77.7
Davison	82.4	77.4
Day	81.8	76.4
Deuel	83.3	78.0
Dewey	74.5	67.7
Douglas	83.5	78.7
Edmunds	83.3	78.4
Fall River	80.9	72.5
Faulk	83.4	79.0
Grant	82.0	77.2
Gregory	81.4	77.0
Haakon	81.8	77.5
Hamlin	81.9	76.8
Hand	83.9	79.4
Hanson	84.1	78.9
Harding	83.6	77.0
Hughes	81.3	78.6
Hutchinson	83.3	78.3

County	FEMALE (in years)	MALE (in years)
Hyde	81.7	77.7
Jackson	78.1	72.3
Jerauld	84.3	78.1
Jones	82.9	77.5
Kingsbury	81.9	76.8
Lake	83.4	78.5
Lawrence	82.4	79.0
Lincoln	84.6	81.3
Lyman	79.8	75.5
Marshall	82.6	78.0
McCook	82.2	76.3
McPherson	83.9	78.6
Meade	82.2	76.5
Mellette	77.5	71.1
Miner	83.1	77.7
Minnehaha	82.1	77.2
Moody	84.0	77.0
Oglala Lakota	71.0	62.8
Pennington	82.5	78.3
Perkins	81.7	77.0
Potter	82.4	77.2
Roberts	80.0	75.0
Sanborn	83.2	77.6
Spink	82.3	77.4
Stanley	82.3	77.0
Sully	84.9	78.8
Todd	72.5	64.7
Tripp	82.2	76.2
Turner	82.9	77.7
Union	83.1	78.5
Walworth	80.9	75.5
Yankton	82.7	78.4
Ziebach	79.2	74.0

Source: Institute for Health Metrics and Evaluation (IHME), US County Profile: Counties, South Dakota, Life Expectancy. Retrieved July 13, 2020, from <http://www.healthdata.org/us-county-profiles>

Table 5: Infant Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Infant Mortality	Number of infant (less than one year) deaths per 1,000 live births
2011	7.0
2014	6.9
2017	6.47

County	Number of infant (less than one year) deaths per 1,000 live births			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	LNE	LNE	LNE	→	→
Beadle	8.7	11.9	7.41	↑	↓
Bennett	15.0	25.3	23.67	↑	↓
Bon Homme	LNE	9.4	9.35	↑	→
Brookings	6.8	7.5	6.45	→	↓
Brown	4.9	5.8	3.92	→	↓
Brule	13.5	16.0	8.22	↑	↓
Buffalo	14.9	18.9	11.90	↑	↓
Butte	10.2	9.3	7.80	→	↓
Campbell	LNE	LNE	LNE	→	→
Charles Mix	7.6	5.0	3.69	↓	↓
Clark	LNE	LNE	9.68	→	↑
Clay	LNE	8.0	LNE	↑	↓
Codington	5.1	5.3	2.68	→	↓
Corson	11.8	7.0	8.51	↓	↑
Custer	LNE	LNE	LNE	→	→
Davison	5.8	5.3	6.35	→	↑
Day	LNE	LNE	LNE	→	→
Deuel	LNE	LNE	LNE	→	→
Dewey	LNE	11.2	10.44	↑	→
Douglas	LNE	LNE	LNE	→	→
Edmunds	LNE	LNE	LNE	→	→
Fall River	11.6	LNE	LNE	↓	→
Faulk	LNE	LNE	LNE	→	→
Grant	LNE	LNE	LNE	→	→
Gregory	LNE	16.5	11.24	↑	↓
Haakon	LNE	LNE	LNE	→	→
Hamlin	LNE	LNE	5.14	→	↑
Hand	LNE	LNE	LNE	→	→
Hanson	LNE	23.5	22.52	↑	→
Harding	LNE	LNE	LNE	→	→
Hughes	6.8	6.8	9.27	→	↑
Hutchinson	LNE	LNE	LNE	→	→
Hyde	LNE	LNE	LNE	→	→

Continued, Table 5: Infant Mortality by County, 2011, 2014, and 2017

County	Number of infant (less than one year) deaths per 1,000 live births			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	13.6	16.6	10.28	↑	↓
Jerauld	LNE	LNE	LNE	→	→
Jones	LNE	LNE	LNE	→	→
Kingsbury	9.5	13.2	LNE	↑	↓
Lake	4.7	7.7	9.09	↑	↑
Lawrence	4.7	5.1	9.35	→	↑
Lincoln	4.3	4.6	6.37	→	↑
Lyman	LNE	LNE	LNE	→	→
Marshall	18.5	16.7	8.55	↓	↓
McCook	LNE	LNE	LNE	→	→
McPherson	32.6	LNE	LNE	↓	→
Meade	8.9	4.3	3.40	↓	→
Mellette	LNE	LNE	LNE	→	→
Miner	LNE	LNE	LNE	→	→
Minnehaha	6.3	4.5	5.03	↓	→
Moody	6.9	8.8	6.56	↑	↓
Oglala Lakota	14.8	15.1	15.57	→	→
Pennington	7.1	7.6	6.18	→	↓
Perkins	LNE	LNE	LNE	→	→
Potter	LNE	LNE	LNE	→	→
Roberts	16.3	7.8	5.61	↓	↓
Sanborn	LNE	LNE	LNE	→	→
Spink	10.6	LNE	LNE	↓	→
Stanley	LNE	LNE	LNE	→	→
Sully	LNE	LNE	LNE	→	→
Todd	15.0	14.6	15.92	→	↑
Tripp	LNE	9.0	LNE	↑	↓
Turner	LNE	LNE	13.36	→	↑
Union	LNE	3.7	3.69	↑	→
Walworth	9.6	8.7	LNE	→	↓
Yankton	6.9	6.9	9.37	→	↑
Ziebach	17.9	14.6	LNE	↓	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events; → indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 6: Resident Deaths (Mortality), All Causes by County, 2011, 2014, and 2017

State of South Dakota	
Mortality Rates, All Causes	Mortality rates, age-adjusted per 100,000 population
2011	704.9
2014	704.1
2017	711.5

County	Mortality rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	589.4	648.1	600.7	↑	↓
Beadle	741.3	716.4	727.0	↓	↑
Bennett	971.0	939.7	1,072.6	↓	↑
Bon Homme	635.8	580.4	613.1	↓	↑
Brookings	634.9	660.4	622.6	↑	↓
Brown	685.8	718.3	695.2	↑	↓
Brule	652.8	685.0	675.9	↑	↓
Buffalo	1,329.1	1,243.7	1,552.9	↓	↑
Butte	853.9	768.2	735.5	↓	↓
Campbell	485.6	595.3	601.1	↑	↑
Charles Mix	764.4	709.5	857.9	↓	↑
Clark	716.9	743.1	697.7	↑	↓
Clay	701.6	769.1	785.7	↑	↑
Codington	703.4	667.9	649.8	↓	↓
Corson	1,213.7	1,213.8	1,292.0	→	↑
Custer	662.7	627.0	644.9	↓	↑
Davison	687.1	685.1	708.1	↓	↑
Day	729.1	656.6	702.1	↓	↑
Deuel	704.3	566.3	620.1	↓	↑
Dewey	1,176.0	1,331.7	1,353.3	↑	↑
Douglas	691.9	716.4	627.8	↑	↓
Edmunds	661.7	614.1	598.8	↓	↓
Fall River	828.2	909.5	974.4	↑	↑
Faulk	574.2	555.8	697.8	↓	↑
Grant	663.7	666.0	767.5	↑	↑
Gregory	773.6	821.6	800.1	↑	↓
Haakon	648.4	742.0	727.0	↑	↓
Hamlin	814.6	760.5	732.4	↓	↓
Hand	555.0	568.9	645.3	↑	↑
Hanson	672.9	683.7	920.3	↑	↑
Harding	611.0	612.4	448.2	↑	↓
Hughes	685.3	649.2	660.7	↓	↑
Hutchinson	652.9	665.8	698.7	↑	↑
Hyde	790.8	657.8	747.3	↓	↑

Continued, Table 6: Resident Deaths (Mortality), All Causes by County, 2011, 2014, and 2017

County	Mortality rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	1,126.9	1,016.9	1,072.3	↓	↑
Jerauld	627.4	621.9	565.3	↓	↓
Jones	563.5	591.0	635.6	↑	↑
Kingsbury	767.4	765.7	796.5	↓	↑
Lake	619.2	627.3	644.6	↑	↑
Lawrence	630.3	639.5	664.8	↑	↑
Lincoln	631.3	479.4	476.8	↓	↓
Lyman	757.6	850.6	822.5	↑	↓
Marshall	1,070.1	780.3	655.4	↓	↓
McCook	1,001.9	847.3	860.9	↓	↑
McPherson	339.0	669.3	717.6	↑	↑
Meade	778.9	678.4	695.3	↓	↑
Mellette	1,067.0	978.5	1,161.9	↓	↑
Miner	678.4	697.2	820.7	↑	↑
Minnehaha	686.0	713.5	713.0	↑	→
Moody	645.7	643.5	633.1	↓	↓
Oglala Lakota	1,471.1	1,302.7	1,447.1	↓	↑
Pennington	642.8	645.2	653.3	↑	↑
Perkins	782.0	819.6	750.3	↑	↓
Potter	690.6	614.6	701.4	↓	↑
Roberts	805.1	858.4	815.3	↑	↓
Sanborn	607.4	753.4	753.9	↑	→
Spink	736.4	709.7	727.5	↓	↑
Stanley	536.5	585.0	561.7	↑	↓
Sully	487.9	480.9	409.9	↓	↓
Todd	1,204.2	1,288.9	1,270.3	↑	↓
Tripp	704.3	716.6	741.3	↑	↑
Turner	673.6	724.6	789.1	↑	↑
Union	646.8	650.5	633.9	↑	↓
Walworth	699.1	794.0	809.8	↑	↑
Yankton	655.0	642.4	701.4	↓	↑
Ziebach	1,028.7	784.6	778.4	↓	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 7: Heart Disease Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Heart Disease Mortality	Mortality rates, age-adjusted per 100,000 population
2011	159.6
2014	152.7
2017	151.4

County	Heart Disease Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	164.1	163.5	150.6	→	↓
Beadle	167.8	154.4	134.0	↓	↓
Bennett	171.5	197.9	199.0	↑	↑
Bon Homme	168.8	115.5	111.1	↓	↓
Brookings	136.3	138.4	145.5	↑	↑
Brown	170.9	160.4	139.8	↓	↓
Brule	150.8	150.7	163.2	→	↑
Buffalo	347.7	146.5	208.8	↓	↑
Butte	173.9	199.4	185.6	↑	↓
Campbell	156.0	179.0	119.2	↑	↓
Charles Mix	186.8	181.1	183.1	↓	↑
Clark	187.7	159.2	128.0	↓	↓
Clay	188.2	236.8	240.6	↑	↑
Codington	166.9	143.1	149.9	↓	↑
Corson	279.6	244.4	315.3	↓	↑
Custer	134.7	119.1	134.2	↓	↑
Davison	177.2	186.1	174.0	↑	↓
Day	197.2	162.8	155.2	↓	↓
Deuel	141.4	141.2	123.8	→	↓
Dewey	261.3	252.5	206.6	↓	↓
Douglas	144.0	147.5	102.0	↑	↓
Edmunds	166.0	127.3	126.7	↓	→
Fall River	213.6	205.0	216.9	↓	↑
Faulk	84.3	110.3	128.3	↑	↑
Grant	151.1	143.5	176.3	↓	↑
Gregory	207.2	207.5	165.9	→	↓
Haakon	117.4	183.6	140.6	↑	↓
Hamlin	170.9	147.4	118.5	↓	↓
Hand	115.8	103.9	115.6	↓	↑
Hanson	178.9	188.3	207.0	↑	↑
Harding	192.4	132.0	99.0	↓	↓
Hughes	158.6	134.5	139.2	↓	↑
Hutchinson	150.6	149.9	158.6	→	↑
Hyde	310.0	257.9	220.0	↓	↓

Continued, Table 7: Heart Disease Mortality by County, 2011, 2014, and 2017

County	Heart Disease Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	205.6	171.1	229.5	↓	↑
Jerauld	101.1	117.1	97.8	↑	↓
Jones	84.9	81.0	94.4	↓	↑
Kingsbury	180.6	180.9	172.1	→	↓
Lake	154.9	135.9	152.0	↓	↑
Lawrence	138.5	132.5	126.5	↓	↓
Lincoln	140.4	100.5	101.0	↓	→
Lyman	173.9	201.8	159.1	↑	↓
Marshall	201.0	161.4	134.6	↓	↓
McCook	258.0	213.8	197.1	↓	↓
McPherson	108.9	214.3	232.8	↑	↑
Meade	169.9	143.8	142.7	↓	↓
Mellette	172.5	117.5	203.8	↓	↑
Miner	174.2	178.0	183.8	↑	↑
Minnehaha	146.4	143.3	150.5	↓	↑
Moody	177.0	152.7	154.1	↓	↑
Oglala Lakota	222.1	154.1	187.1	↓	↑
Pennington	143.7	147.2	149.9	↑	↑
Perkins	151.2	132.9	144.1	↓	↑
Potter	119.2	124.5	116.5	↑	↓
Roberts	198.3	179.1	144.3	↓	↓
Sanborn	122.5	116.5	125.2	↓	↑
Spink	167.8	136.0	153.5	↓	↑
Stanley	81.5	89.6	86.6	↑	↓
Sully	124.1	117.7	66.0	↓	↓
Todd	182.9	206.4	202.5	↑	↓
Tripp	176.3	149.8	187.1	↓	↑
Turner	176.4	161.1	168.3	↓	↑
Union	144.1	167.8	138.5	↑	↓
Walworth	119.6	151.9	150.1	↑	↓
Yankton	155.0	155.4	166.5	→	↑
Ziebach	211.1	228.4	171.8	↑	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 8: Cancer Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Cancer Mortality	Mortality rates, age-adjusted per 100,000 population
2011	166.1
2014	163.2
2017	156.6

County	Cancer Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	134.5	162.7	126.8	↑	↓
Beadle	178.8	164.9	173.3	↓	↑
Bennett	199.2	179.6	204.8	↓	↑
Bon Homme	158.4	135.4	143.1	↓	↑
Brookings	152.4	169.1	147.7	↑	↓
Brown	165.5	167.1	165.3	↑	↓
Brule	147.8	154.7	141.5	↑	↓
Buffalo	277.2	271.8	281.2	↓	↑
Butte	224.6	174.7	170.6	↓	↓
Campbell	107.9	104.3	110.7	↓	↑
Charles Mix	180.8	161.0	172.9	↓	↑
Clark	148.2	170.6	153.7	↑	↓
Clay	150.5	175.0	178.0	↑	↑
Codington	175.7	175.1	176.0	→	→
Corson	215.7	210.0	209.3	↓	→
Custer	184.0	147.9	120.6	↓	↓
Davison	164.9	172.8	163.0	↑	↓
Day	170.2	124.4	131.1	↓	↑
Deuel	129.6	106.5	156.1	↓	↑
Dewey	207.1	230.3	191.2	↑	↓
Douglas	183.7	185.5	150.5	↑	↓
Edmunds	143.5	142.1	128.0	↓	↓
Fall River	200.2	188.6	185.9	↓	↓
Faulk	122.0	161.1	159.4	↑	↓
Grant	145.8	129.4	141.4	↓	↑
Gregory	182.1	170.6	176.6	↓	↑
Haakon	160.4	174.2	166.4	↑	↓
Hamlin	158.5	138.9	149.9	↓	↑
Hand	125.9	132.7	147.3	↑	↑
Hanson	172.0	179.3	279.2	↑	↑
Harding	94.7	66.8	91.1	↓	↑
Hughes	160.3	155.6	144.7	↓	↓
Hutchinson	164.1	127.6	126.2	↓	↓
Hyde	149.2	118.8	117.6	↓	↓

Continued, Table 8: Cancer Mortality by County, 2011, 2014, and 2017

County	Cancer Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	178.2	178.5	200.3	→	↑
Jerauld	229.3	173.9	165.9	↓	↓
Jones	165.5	128.6	149.7	↓	↑
Kingsbury	177.7	167.7	202.0	↓	↑
Lake	151.9	151.2	121.6	→	↓
Lawrence	165.0	162.6	140.6	↓	↓
Lincoln	148.6	122.4	114.9	↓	↓
Lyman	133.6	139.6	160.9	↑	↑
Marshall	242.8	174.6	135.4	↓	↓
McCook	252.2	206.7	230.9	↓	↑
McPherson	44.5	114.8	146.2	↑	↑
Meade	178.7	152.2	161.1	↓	↑
Mellette	222.8	228.0	148.8	↑	↓
Miner	194.6	147.7	197.9	↓	↑
Minnehaha	170.6	179.5	165.9	↑	↓
Moody	160.9	171.5	136.8	↑	↓
Oglala Lakota	221.3	216.8	213.2	↓	↓
Pennington	162.9	160.6	152.3	↓	↓
Perkins	192.3	212.1	154.3	↑	↓
Potter	198.5	124.3	118.1	↓	↓
Roberts	197.2	199.1	172.5	↑	↓
Sanborn	115.4	183.9	167.5	↑	↓
Spink	138.3	148.5	167.1	↑	↑
Stanley	172.3	158.7	179.4	↓	↑
Sully	125.7	167.3	133.1	↑	↓
Todd	208.8	206.9	211.9	↓	↑
Tripp	135.7	149.6	144.9	↑	↓
Turner	146.8	166.3	161.6	↑	↓
Union	183.8	159.3	154.3	↓	↓
Walworth	134.8	175.3	147.6	↑	↓
Yankton	145.1	145.0	137.3	→	↓
Ziebach	178.9	57.1	64.9	↓	↑

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 9: Chronic Lower Respiratory Disease Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Chronic Lower Respiratory Mortality	Mortality rates, age-adjusted per 100,000 population
2011	46.6
2014	43.6
2017	41.8

County	Chronic Lower Respiratory Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	54.9	21.5	21.5	↓	→
Beadle	41.0	37.3	32.1	↓	↓
Bennett	47.4	39.3	63.9	↓	↑
Bon Homme	38.5	37.9	44.0	→	↑
Brookings	36.1	30.9	27.8	↓	↓
Brown	40.4	42.8	36.3	↑	↓
Brule	40.5	28.1	34.6	↓	↑
Buffalo	55.0	LNE	49.4	↓	↑
Butte	53.3	43.4	62.9	↓	↑
Campbell	LNE	LNE	25.0	→	↑
Charles Mix	49.0	29.9	39.7	↓	↑
Clark	46.1	39.7	33.6	↓	↓
Clay	53.0	37.8	45.9	↓	↑
Codington	40.6	45.7	39.7	↑	↓
Corson	61.6	46.5	38.8	↓	↓
Custer	23.4	41.1	27.4	↑	↓
Davison	45.3	31.5	35.6	↓	↑
Day	44.1	48.0	30.8	↑	↓
Deuel	71.0	45.3	41.2	↓	↓
Dewey	50.8	42.6	44.8	↓	↑
Douglas	42.3	57.1	54.2	↑	↓
Edmunds	62.4	47.0	31.5	↓	↓
Fall River	62.8	93.6	84.5	↑	↓
Faulk	41.8	49.0	49.5	↑	→
Grant	43.2	48.7	56.0	↑	↑
Gregory	58.6	60.5	54.4	↑	↓
Haakon	26.5	54.1	76.0	↑	↑
Hamlin	54.4	46.7	31.2	↓	↓
Hand	34.4	50.8	55.5	↑	↑
Hanson	17.7	12.6	LNE	↓	↓
Harding	53.6	42.3	LNE	↓	↓
Hughes	54.2	45.8	49.5	↓	↑
Hutchinson	38.6	39.0	32.2	→	↓

Continued, Table 9: Chronic Lower Respiratory Disease Mortality by County, 2011, 2014, and 2017

County	Chronic Lower Respiratory Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Hyde	19.2	LNE	28.3	↓	↑
Jackson	78.7	84.2	54.3	↑	↓
Jerauld	48.8	42.0	14.5	↓	↓
Jones	56.4	45.2	57.5	↓	↑
Kingsbury	33.3	29.9	36.3	↓	↑
Lake	48.2	41.6	45.3	↓	↑
Lawrence	51.4	62.1	54.8	↑	↓
Lincoln	40.8	28.1	25.8	↓	↓
Lyman	52.4	55.1	40.2	↑	↓
Marshall	69.1	52.8	50.5	↓	↓
McCook	76.1	26.9	13.9	↓	↓
McPherson	9.9	29.0	22.7	↑	↓
Meade	57.1	52.9	64.5	↓	↑
Mellette	92.4	58.3	98.9	↓	↑
Miner	49.8	46.3	34.0	↓	↓
Minnehaha	50.7	47.1	43.8	↓	↓
Moody	26.0	21.9	21.4	↓	→
Oglala Lakota	91.4	57.2	49.1	↓	↓
Pennington	44.1	35.2	31.4	↓	↓
Perkins	56.4	28.6	59.4	↓	↑
Potter	37.8	34.8	41.8	↓	↑
Roberts	30.0	38.3	47.5	↑	↑
Sanborn	20.6	41.0	34.1	↑	↓
Spink	60.4	62.4	39.2	↑	↓
Stanley	53.0	109.3	84.9	↑	↓
Sully	LNE	LNE	34.7	→	↑
Todd	74.7	83.1	66.9	↑	↓
Tripp	46.5	37.9	44.2	↓	↑
Turner	41.6	64.8	61.1	↑	↓
Union	50.4	46.8	52.9	↓	↑
Walworth	49.5	43.0	59.4	↓	↑
Yankton	48.1	48.9	53.3	→	↑
Ziebach	63.4	68.5	69.2	↑	↑

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 10: Alzheimer's Disease Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Alzheimer's Disease Mortality	Mortality rates, age-adjusted per 100,000 population
2011	34.9
2014	36.7
2017	36.0

County	Alzheimer's Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	24.5	26.0	42.5	↑	↑
Beadle	29.3	39.9	44.6	↑	↑
Bennett	LNE	LNE	17.7	→	↑
Bon Homme	24.0	30.5	22.1	↑	↓
Brookings	36.8	38.8	25.8	↑	↓
Brown	37.2	48.5	37.7	↑	↓
Brule	32.4	30.4	31.3	↓	→
Buffalo	LNE	63.1	LNE	↑	↓
Butte	28.6	33.1	29.2	↑	↓
Campbell	19.1	19.2	18.5	→	→
Charles Mix	27.3	51.5	49.9	↑	↓
Clark	27.8	35.1	32.8	↑	↓
Clay	25.5	19.6	24.2	↓	↑
Codington	34.8	37.1	30.5	↑	↓
Corson	35.6	40.2	LNE	↑	↓
Custer	29.3	24.6	23.5	↓	↓
Davison	29.6	23.5	25.1	↓	↑
Day	42.5	27.0	37.8	↓	↑
Deuel	42.7	23.4	27.8	↓	↑
Dewey	42.4	22.6	14.6	↓	↓
Douglas	38.1	47.0	47.5	↑	→
Edmunds	33.9	24.6	27.3	↓	↑
Fall River	21.8	25.1	36.8	↑	↑
Faulk	62.6	39.1	40.1	↓	→
Grant	41.3	41.9	50.3	→	↑
Gregory	22.0	22.6	27.1	→	↑
Haakon	LNE	LNE	LNE	→	→
Hamlin	101.6	105.8	72.3	↑	↓
Hand	10.3	9.8	18.8	→	↑
Hanson	LNE	24.7	41.7	↑	↑
Harding	LNE	LNE	LNE	→	→
Hughes	37.9	32.8	24.6	↓	↓
Hutchinson	27.4	31.0	48.2	↑	↑
Hyde	20.2	22.1	26.0	↑	↑

Continued, Table 10: Alzheimer's Disease Mortality by County, 2011, 2014, and 2017

County	Alzheimer's Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	30.5	19.1	LNE	↓	↓
Jerauld	69.5	77.1	85.6	↑	↑
Jones	LNE	26.6	LNE	↑	↓
Kingsbury	37.5	32.8	28.9	↓	↓
Lake	49.3	49.5	36.9	→	↓
Lawrence	24.3	25.6	29.0	↑	↑
Lincoln	39.4	32.9	40.7	↓	↑
Lyman	43.5	55.8	42.3	↑	↓
Marshall	48.5	29.2	26.7	↓	↓
McCook	52.2	67.2	63.9	↑	↓
McPherson	13.0	21.4	29.2	↑	↑
Meade	26.2	20.2	20.7	↓	→
Mellette	23.8	23.7	47.4	→	↑
Miner	70.8	70.3	38.9	→	↓
Minnehaha	39.8	43.7	44.7	↑	→
Moody	64.0	63.6	46.2	→	↓
Oglala Lakota	LNE	15.3	14.7	↑	→
Pennington	30.2	27.7	27.8	↓	→
Perkins	33.8	36.9	40.4	↑	↑
Potter	28.5	31.1	42.3	↑	↑
Roberts	19.6	27.2	27.6	↑	→
Sanborn	50.6	98.5	114.0	↑	↑
Spink	44.8	47.8	39.7	↑	↓
Stanley	LNE	LNE	LNE	→	→
Sully	LNE	LNE	LNE	→	→
Todd	18.5	13.1	23.9	↓	↑
Tripp	38.2	53.1	62.9	↑	↑
Turner	51.0	64.3	68.9	↑	↑
Union	28.0	31.3	25.4	↑	↓
Walworth	58.7	66.3	68.9	↑	↑
Yankton	35.8	32.7	33.1	↓	→
Ziebach	LNE	LNE	LNE	→	→

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 11: Cerebrovascular Disease Mortality by County, 2011, 2014, and 2017

State of South Dakota	
<i>Cerebrovascular Disease Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	39.3
2014	39.0
2017	36.3

County	Cerebrovascular Disease Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	26.4	61.4	62.1	↑	→
Beadle	45.7	43.5	46.5	↓	↑
Bennett	43.2	44.9	22.8	↑	↓
Bon Homme	47.1	37.5	41.1	↓	↑
Brookings	39.9	48.5	45.7	↑	↓
Brown	38.4	39.7	39.6	↑	→
Brule	22.1	27.9	15.8	↑	↓
Buffalo	45.6	LNE	44.2	↓	↑
Butte	36.5	31.1	34.1	↓	↑
Campbell	44.6	52.4	31.0	↑	↓
Charles Mix	23.7	26.3	41.3	↑	↑
Clark	43.4	56.7	51.1	↑	↓
Clay	54.3	42.7	42.5	↓	→
Codington	38.6	33.2	32.5	↓	→
Corson	32.8	32.2	26.3	→	↓
Custer	45.8	40.4	36.8	↓	↓
Davison	46.7	41.1	38.8	↓	↓
Day	66.9	55.7	49.6	↓	↓
Deuel	35.1	36.7	48.2	↑	↑
Dewey	26.3	36.3	32.3	↑	↓
Douglas	43.6	38.6	20.8	↓	↓
Edmunds	29.0	17.5	26.5	↓	↑
Fall River	29.9	31.3	42.5	↑	↑
Faulk	35.3	23.6	33.2	↓	↑
Grant	48.2	48.8	59.5	→	↑
Gregory	28.1	40.6	39.0	↑	↓
Haakon	36.8	43.2	36.2	↑	↓
Hamlin	67.0	47.1	46.7	↓	→
Hand	31.4	38.4	53.3	↑	↑
Hanson	62.6	28.3	32.7	↓	↑
Harding	57.3	67.4	51.3	↑	↓
Hughes	48.0	53.6	44.9	↑	↓
Hutchinson	32.6	47.8	57.1	↑	↑

Continued, Table 11: Cerebrovascular Disease Mortality by County, 2011, 2014, and 2017

County	Cerebrovascular Disease Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	Change	Change
Hyde	25.2	69.0	49.8	↑	↓
Jackson	LNE	LNE	26.3	→	↑
Jerauld	50.8	64.5	34.6	↑	↓
Jones	LNE	LNE	LNE	→	→
Kingsbury	62.8	41.2	41.0	↓	→
Lake	43.0	54.5	54.2	↑	→
Lawrence	35.4	33.1	27.8	↓	↓
Lincoln	37.2	31.3	26.7	↓	↓
Lyman	28.6	44.4	42.5	↑	↓
Marshall	75.3	72.6	68.9	↓	↓
McCook	74.8	55.1	51.7	↓	↓
McPherson	40.7	60.6	38.4	↑	↓
Meade	47.0	43.0	32.1	↓	↓
Mellette	58.7	62.3	31.6	↑	↓
Miner	39.8	48.3	44.0	↑	↓
Minnehaha	40.7	42.1	37.2	↑	↓
Moody	37.5	41.4	31.8	↑	↓
Oglala Lakota	74.7	53.6	44.0	↓	↓
Pennington	27.7	29.5	26.4	↑	↓
Perkins	33.4	33.2	32.9	→	→
Potter	28.8	21.0	14.0	↓	↓
Roberts	44.5	49.9	43.5	↑	↓
Sanborn	33.0	34.9	22.2	↑	↓
Spink	39.4	31.3	26.7	↓	↓
Stanley	42.5	30.8	14.5	↓	↓
Sully	28.4	LNE	LNE	↓	→
Todd	59.3	75.4	36.9	↑	↓
Tripp	42.3	28.9	27.5	↓	↓
Turner	35.2	20.7	23.6	↓	↑
Union	30.3	22.4	25.1	↓	↑
Walworth	40.4	55.5	36.5	↑	↓
Yankton	34.4	26.9	34.9	↓	↑
Ziebach	35.7	44.6	LNE	↑	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 12: Accidents Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Accidents Mortality	Mortality rates, age-adjusted per 100,000 population
2011	42.4
2014	46.3
2017	50.9

County	Accidents Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	28.0	49.5	51.4	↑	↑
Beadle	37.6	42.1	47.7	↑	↑
Bennett	70.0	78.1	115.1	↑	↑
Bon Homme	34.7	31.1	43.2	↓	↑
Brookings	32.0	31.8	36.6	→	↑
Brown	29.3	35.6	40.2	↑	↑
Brule	46.9	57.2	41.2	↑	↓
Buffalo	119.1	88.6	141.5	↓	↑
Butte	44.7	47.7	50.2	↑	↑
Campbell	33.9	103.9	123.0	↑	↑
Charles Mix	58.8	52.1	79.7	↓	↑
Clark	46.8	78.9	64.2	↑	↓
Clay	39.2	33.7	29.2	↓	↓
Codington	39.8	39.4	40.2	→	→
Corson	138.6	131.0	132.3	↓	↑
Custer	52.1	52.3	66.6	→	↑
Davison	24.3	36.4	43.6	↑	↑
Day	48.4	51.5	76.9	↑	↑
Deuel	54.6	42.6	25.8	↓	↓
Dewey	115.2	155.3	175.8	↑	↑
Douglas	37.9	42.1	55.6	↑	↑
Edmunds	29.2	40.2	55.7	↑	↑
Fall River	60.0	55.0	72.3	↓	↑
Faulk	28.3	8.7	42.4	↓	↑
Grant	47.1	33.0	45.7	↓	↑
Gregory	64.9	91.8	85.5	↑	↓
Haakon	66.3	29.7	23.7	↓	↓
Hamlin	42.9	47.2	45.6	↑	↓
Hand	45.2	33.0	48.3	↓	↑
Hanson	46.5	47.2	53.6	→	↑
Harding	86.4	108.9	43.3	↑	↓
Hughes	25.4	38.5	43.0	↑	↑
Hutchinson	46.1	52.1	69.8	↑	↑
Hyde	121.8	LNE	71.3	↓	↑

Continued, Table 12: Accidents Mortality by County, 2011, 2014, and 2017

County	Accidents Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	164.2	106.5	151.3	↓	↑
Jerauld	30.5	38.9	59.5	↑	↑
Jones	LNE	LNE	LNE	→	→
Kingsbury	58.4	65.5	73.3	↑	↑
Lake	21.5	31.9	33.0	↑	↑
Lawrence	32.0	34.0	53.2	↑	↑
Lincoln	33.0	24.4	23.2	↓	↓
Lyman	138.4	129.5	83.6	↓	↓
Marshall	86.3	63.6	55.3	↓	↓
McCook	25.0	54.2	47.0	↑	↓
McPherson	21.9	56.3	46.7	↑	↓
Meade	56.0	36.7	39.9	↓	↑
Mellette	133.6	65.7	101.0	↓	↑
Miner	28.4	62.0	73.5	↑	↑
Minnehaha	31.5	40.4	44.9	↑	↑
Moody	36.4	40.5	36.9	↑	↓
Oglala Lakota	153.3	144.4	169.6	↓	↑
Pennington	40.6	44.0	46.1	↑	↑
Perkins	72.0	70.3	36.8	↓	↓
Potter	42.2	58.5	82.8	↑	↑
Roberts	56.6	78.5	76.5	↑	↓
Sanborn	82.7	61.2	38.1	↓	↓
Spink	70.6	90.5	78.0	↑	↓
Stanley	31.9	18.8	17.2	↓	↓
Sully	54.2	28.1	LNE	↓	↓
Todd	137.3	135.0	146.0	↓	↑
Tripp	47.5	55.8	40.7	↑	↓
Turner	40.1	48.1	54.7	↑	↑
Union	40.7	32.6	28.5	↓	↓
Walworth	43.7	39.9	84.0	↓	↑
Yankton	39.4	43.4	53.0	↑	↑
Ziebach	124.6	105.8	120.8	↓	↑

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 13: Diabetes Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Diabetes Mortality	Mortality rates, age-adjusted per 100,000 population
2011	23.8
2014	23.4
2017	23.8

County	Diabetes Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	28.7	31.9	20.1	↑	↓
Beadle	40.4	37.4	34.6	↓	↓
Bennett	47.8	47.0	93.1	→	↑
Bon Homme	23.4	20.3	22.9	↓	↑
Brookings	13.3	15.4	22.7	↑	↑
Brown	20.3	29.2	26.6	↑	↓
Brule	48.9	34.6	27.7	↓	↓
Buffalo	60.6	66.3	124.6	↑	↑
Butte	25.2	29.6	15.0	↑	↓
Campbell	19.9	29.8	37.1	↑	↑
Charles Mix	43.7	33.2	45.2	↓	↑
Clark	22.2	21.4	35.7	→	↑
Clay	30.1	31.2	20.2	↑	↓
Codington	21.5	24.7	23.7	↑	→
Corson	97.6	65.4	64.6	↓	→
Custer	13.4	11.3	16.1	↓	↑
Davison	12.2	18.3	26.2	↑	↑
Day	14.6	23.5	26.5	↑	↑
Deuel	21.8	12.1	13.8	↓	↑
Dewey	82.7	99.9	101.5	↑	↑
Douglas	26.7	15.5	25.3	↓	↑
Edmunds	50.5	52.8	25.7	↑	↓
Fall River	41.0	47.6	37.1	↑	↓
Faulk	15.7	34.8	26.5	↑	↓
Grant	27.6	35.2	28.9	↑	↓
Gregory	44.9	41.4	27.3	↓	↓
Haakon	17.3	LNE	LNE	↓	→
Hamlin	30.0	22.1	22.2	↓	→
Hand	17.9	33.3	27.2	↑	↓
Hanson	LNE	LNE	29.8	→	↑
Harding	LNE	51.4	65.1	↑	↑
Hughes	25.5	20.5	34.0	↓	↑
Hutchinson	19.6	19.4	15.2	→	↓
Hyde	23.8	LNE	22.3	↓	↑

Continued, Table 13: Diabetes Mortality by County, 2011, 2014, and 2017

County	Diabetes Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	45.0	44.3	49.0	→	↑
Jerauld	LNE	LNE	LNE	→	→
Jones	LNE	LNE	LNE	→	→
Kingsbury	17.9	23.8	19.7	↑	↓
Lake	14.3	17.5	30.4	↑	↑
Lawrence	22.9	25.0	22.2	↑	↓
Lincoln	26.4	9.4	10.1	↓	→
Lyman	13.2	22.5	39.3	↑	↑
Marshall	51.4	34.8	14.1	↓	↓
McCook	22.8	25.4	35.0	↑	↑
McPherson	16.0	25.3	32.7	↑	↑
Meade	27.1	20.2	15.3	↓	↓
Mellette	34.8	79.2	66.5	↑	↓
Miner	LNE	11.0	46.9	↑	↑
Minnehaha	15.9	17.2	15.5	↑	↓
Moody	30.5	32.8	27.1	↑	↓
Oglala Lakota	124.2	91.2	139.3	↓	↑
Pennington	11.7	10.5	13.4	↓	↑
Perkins	20.8	16.7	22.9	↓	↑
Potter	40.3	34.9	39.6	↓	↑
Roberts	29.8	37.9	26.4	↑	↓
Sanborn	26.9	19.0	18.1	↓	→
Spink	26.8	27.6	30.9	→	↑
Stanley	25.5	20.2	26.5	↓	↑
Sully	28.4	LNE	LNE	↓	→
Todd	101.9	100.1	103.7	↓	↑
Tripp	32.0	16.9	17.1	↓	→
Turner	21.9	21.0	13.2	→	↓
Union	22.7	11.4	14.0	↓	↑
Walworth	28.6	31.7	27.9	↑	↓
Yankton	34.6	25.1	27.9	↓	↑
Ziebach	88.0	54.6	40.0	↓	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 14: Suicide by County, 2011, 2014, and 2017

State of South Dakota	
Suicides	Mortality rates, age-adjusted per 100,000 population
2011	15.3
2014	16.7
2017	19.7

County	Suicides, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	LNE	LNE	LNE	→	→
Beadle	8.4	7.9	18.5	→	↑
Bennett	22.2	22.0	30.7	→	↑
Bon Homme	13.0	12.7	11.6	→	↓
Brookings	6.8	8.6	14.0	↑	↑
Brown	10.3	11.6	15.2	↑	↑
Brule	LNE	17.0	18.1	↑	↑
Buffalo	63.5	36.6	110.9	↓	↑
Butte	20.3	23.8	6.6	↑	↓
Campbell	LNE	LNE	LNE	→	→
Charles Mix	15.4	19.5	44.4	↑	↑
Clark	LNE	LNE	LNE	→	→
Clay	8.9	16.5	7.7	↑	↓
Codington	19.4	14.8	9.7	↓	↓
Corson	63.4	64.0	58.5	→	↓
Custer	9.6	11.5	22.3	↑	↑
Davison	16.2	18.6	13.2	↑	↓
Day	LNE	10.7	13.0	↑	↑
Deuel	21.9	19.8	LNE	↓	↓
Dewey	60.2	41.8	46.6	↓	↑
Douglas	18.5	LNE	LNE	↓	→
Edmunds	16.0	LNE	LNE	↓	→
Fall River	12.9	17.0	23.3	↑	↑
Faulk	LNE	LNE	26.3	→	↑
Grant	14.0	9.4	24.7	↓	↑
Gregory	21.5	LNE	13.0	↓	↑
Haakon	LNE	LNE	33.4	→	↑
Hamlin	LNE	13.1	14.1	↑	→
Hand	LNE	LNE	23.8	→	↑
Hanson	LNE	LNE	18.9	→	↑
Harding	LNE	LNE	LNE	→	→
Hughes	18.6	16.6	15.6	↓	→
Hutchinson	LNE	LNE	LNE	→	→
Hyde	LNE	LNE	LNE	→	→

Continued, Table 14: Suicide by County, 2011, 2014, and 2017

County	Suicides, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	45.0	31.9	42.2	↓	↑
Jerauld	LNE	LNE	LNE	→	→
Jones	LNE	LNE	LNE	→	→
Kingsbury	17.6	27.8	34.8	↑	↑
Lake	12.9	16.0	24.0	↑	↑
Lawrence	16.0	17.1	21.2	↑	↑
Lincoln	7.6	8.9	8.4	↑	→
Lyman	LNE	LNE	68.0	→	↑
Marshall	LNE	18.4	21.7	↑	↑
McCook	13.0	13.3	15.5	→	↑
McPherson	LNE	LNE	52.1	→	↑
Meade	20.9	29.8	24.5	↑	↓
Mellette	LNE	31.2	34.4	↑	↑
Miner	LNE	LNE	LNE	→	→
Minnehaha	13.5	16.7	18.9	↑	↑
Moody	14.3	22.2	22.5	↑	→
Oglala Lakota	28.2	37.7	49.1	↑	↑
Pennington	17.8	16.7	20.4	↓	↑
Perkins	LNE	24.1	LNE	↑	↓
Potter	13.9	LNE	31.6	↓	↑
Roberts	22.5	23.4	42.6	→	↑
Sanborn	LNE	LNE	LNE	→	→
Spink	9.5	LNE	LNE	↓	→
Stanley	LNE	41.3	50.2	↑	↑
Sully	LNE	LNE	LNE	→	→
Todd	76.4	52.7	60.4	↓	↑
Tripp	11.5	LNE	LNE	↓	→
Turner	8.3	18.3	21.1	↑	↑
Union	6.9	8.8	11.2	↑	↑
Walworth	LNE	13.1	31.9	↑	↑
Yankton	15.3	18.4	15.5	↑	↓
Ziebach	LNE	LNE	34.2	→	↑

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 15: Influenza & Pneumonia Mortality by County, 2011, 2014, and 2017

State of South Dakota	
Influenza & Pneumonia Mortality	Mortality rates, age-adjusted per 100,000 population
2011	15.9
2014	16.2
2017	17.3

County	Influenza & Pneumonia Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	13.6	21.3	21.2	↑	→
Beadle	18.9	23.8	35.5	↑	↑
Bennett	60.4	48.6	26.5	↓	↓
Bon Homme	7.9	11.1	22.1	↑	↑
Brookings	16.1	13.6	10.7	↓	↓
Brown	20.2	17.4	18.9	↓	↑
Brule	12.7	20.7	18.7	↑	↓
Buffalo	33.1	LNE	56.4	↓	↑
Butte	34.2	22.0	7.2	↓	↓
Campbell	LNE	LNE	LNE	→	→
Charles Mix	18.7	19.3	21.6	→	↑
Clark	21.4	22.9	16.6	↑	↓
Clay	15.2	19.3	28.8	↑	↑
Codington	18.4	14.7	11.4	↓	↓
Corson	18.1	26.3	33.6	↑	↑
Custer	15.3	14.7	28.8	→	↑
Davison	19.9	24.0	21.5	↑	↓
Day	15.0	11.7	13.6	↓	↑
Deuel	10.1	18.4	17.1	↑	↓
Dewey	40.3	54.2	65.7	↑	↑
Douglas	27.8	14.4	12.8	↓	↓
Edmunds	8.2	18.7	19.8	↑	↑
Fall River	13.1	21.3	21.9	↑	→
Faulk	41.1	11.5	10.2	↓	↓
Grant	8.2	17.0	24.5	↑	↑
Gregory	4.4	7.4	5.8	↑	↓
Haakon	49.7	46.7	31.2	↓	↓
Hamlin	24.2	20.3	19.7	↓	→
Hand	LNE	7.9	18.9	↑	↑
Hanson	LNE	16.8	23.7	↑	↑
Harding	LNE	LNE	LNE	→	→
Hughes	8.4	14.6	29.7	↑	↑
Hutchinson	16.5	20.5	17.8	↑	↓

Continued, Table 15: Influenza & Pneumonia Mortality by County, 2011, 2014, and 2017

County	Influenza & Pneumonia Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Hyde	LNE	LNE	28.5	→	↑
Hyde	LNE	LNE	28.5	→	↑
Jerauld	8.4	LNE	19.6	↓	↑
Jones	26.0	LNE	LNE	↓	→
Kingsbury	23.7	26.5	25.2	↑	↓
Lake	6.4	7.2	10.6	→	↑
Lawrence	7.6	9.6	17.3	↑	↑
Lincoln	8.8	10.3	10.0	↑	→
Lyman	18.0	17.5	17.8	→	→
Marshall	14.0	22.8	10.0	↑	↓
McCook	32.3	17.0	12.2	↓	↓
McPherson	8.0	8.6	LNE	↑	↓
Meade	20.1	13.7	17.8	↓	↑
Mellette	LNE	LNE	22.5	→	↑
Miner	9.8	17.1	LNE	↑	↓
Minnehaha	12.7	12.4	13.2	→	→
Moody	LNE	LNE	LNE	→	→
Oglala Lakota	52.8	49.2	36.0	↓	↓
Pennington	16.3	15.9	12.1	→	↓
Perkins	LNE	22.1	18.5	↑	↓
Potter	30.8	18.7	20.7	↓	↑
Roberts	7.8	14.0	19.5	↑	↑
Sanborn	18.4	19.7	17.0	↑	↓
Spink	17.5	24.9	30.9	↑	↑
Stanley	LNE	LNE	LNE	→	→
Sully	LNE	LNE	LNE	→	→
Todd	17.5	29.7	51.3	↑	↑
Tripp	22.3	23.5	19.7	↑	↓
Turner	16.5	9.8	10.7	↓	→
Union	11.1	16.1	21.1	↑	↑
Walworth	30.6	14.7	30.8	↓	↑
Yankton	13.9	15.3	19.9	↑	↑
Ziebach	LNE	LNE	23.0	→	↑

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 16: Chronic Liver Disease and Cirrhosis Mortality, 2011, 2014, and 2017

State of South Dakota	
Chronic Liver Disease/Cirrhosis	Mortality rates, age-adjusted per 100,000 population
2011	10.5
2014	12.7
2017	15.7

County	Chronic Liver Disease and Cirrhosis Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	LNE	LNE	LNE	→	→
Beadle	6.8	10.0	15.4	↑	↑
Bennett	36.7	44.4	43.2	↑	↓
Bon Homme	LNE	LNE	LNE	→	→
Brookings	2.9	4.1	8.6	↑	↑
Brown	9.6	7.5	8.8	↓	↑
Brule	10.3	LNE	8.2	↓	↑
Buffalo	85.5	96.3	113.6	↑	↑
Butte	7.4	11.9	17.3	↑	↑
Campbell	LNE	LNE	LNE	→	→
Charles Mix	22.3	8.9	31.1	↓	↑
Clark	17.0	LNE	LNE	↓	→
Clay	10.1	7.4	9.9	↓	↑
Codington	6.6	5.1	5.5	↓	→
Corson	19.1	58.8	64.9	↑	↑
Custer	8.5	10.0	18.6	↑	↑
Davison	9.4	5.3	10.4	↓	↑
Day	9.1	7.8	18.8	↓	↑
Deuel	LNE	LNE	LNE	→	→
Dewey	60.4	98.0	95.0	↑	↓
Douglas	LNE	24.3	29.1	↑	↑
Edmunds	11.9	LNE	LNE	↓	→
Fall River	20.1	12.9	19.5	↓	↑
Faulk	LNE	LNE	28.6	→	↑
Grant	LNE	LNE	5.0	→	↑
Gregory	LNE	24.7	31.3	↑	↑
Haakon	LNE	LNE	LNE	→	→
Hamlin	LNE	LNE	13.5	→	↑
Hand	16.6	12.7	12.3	↓	→
Hanson	LNE	LNE	LNE	→	→
Harding	LNE	LNE	LNE	→	→
Hughes	8.9	11.8	8.0	↑	↓
Hutchinson	LNE	LNE	LNE	→	→

Continued, Table 16: Chronic Liver Disease and Cirrhosis Mortality, 2011, 2014, and 2017

County	Chronic Liver Disease and Cirrhosis Mortality Rate, age-adjusted per 100,000 population			Change	
	2011	2014	2017	2011-2014	2014-2017
Hyde	LNE	LNE	LNE	→	→
Jackson	64.2	66.2	58.2	↑	↓
Jerauld	LNE	LNE	LNE	→	→
Jones	LNE	LNE	LNE	→	→
Kingsbury	LNE	12.3	20.1	↑	↑
Lake	7.9	11.8	10.7	↑	↓
Lawrence	8.3	9.7	11.5	↑	↑
Lincoln	2.9	2.4	2.9	→	→
Lyman	18.0	19.0	30.5	→	↑
Marshall	LNE	10.2	7.3	↑	↓
McCook	LNE	LNE	LNE	→	→
McPherson	LNE	LNE	19.1	→	↑
Meade	10.2	11.6	11.1	↑	→
Mellette	79.8	79.0	146.3	→	↑
Miner	13.9	LNE	LNE	↓	→
Minnehaha	9.8	10.4	10.7	→	→
Moody	10.7	LNE	8.1	↓	↑
Oglala Lakota	93.5	120.4	164.2	↑	↑
Pennington	6.0	12.0	15.8	↑	↑
Perkins	LNE	LNE	15.2	→	↑
Potter	LNE	LNE	LNE	→	→
Roberts	22.7	28.9	24.1	↑	↓
Sanborn	LNE	LNE	22.0	→	↑
Spink	15.8	15.7	7.3	→	↓
Stanley	LNE	LNE	28.1	→	↑
Sully	LNE	LNE	LNE	→	→
Todd	50.2	70.8	75.1	↑	↑
Tripp	11.7	33.7	21.9	↑	↓
Turner	LNE	LNE	19.6	→	↑
Union	6.4	9.3	13.9	↑	↑
Walworth	18.0	26.0	18.2	↑	↓
Yankton	7.2	4.8	7.0	↓	↑
Ziebach	LNE	49.6	44.5	↑	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data. LNE: Low Number of Events. → Indicates the difference between 2011 and 2014 or 2014 and 2017 is 1.0 or less.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 17: Diabetes Prevalence: The percentage of adults aged 20 and above with diagnosed diabetes in a given County, 2016

Methodology: The Method for Calculating Diabetes Prevalence - Data for Diabetes Prevalence are provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates. Diabetes Prevalence survey estimates include both landline and cell phone users. Previously, only landline users were included in the data. This change was implemented in order to provide users with the most accurate estimates of health in their community as possible.

State of South Dakota	2016
% diabetes prevalence	10% of South Dakotans

County	%
Aurora	26%
Beadle	9%
Bennett	14%
Bon Homme	13%
Brookings	6%
Brown	10%
Brule	5%
Buffalo	16%
Butte	11%
Campbell	4%
Charles Mix	10%
Clark	10%
Clay	8%
Codington	10%
Corson	17%
Custer	16%
Davison	8%
Day	11%
Deuel	11%
Dewey	18%
Douglas	13%
Edmunds	10%
Fall River	11%
Faulk	8%
Grant	8%
Gregory	9%
Haakon	11%
Hamlin	9%
Hand	7%
Hanson	12%
Harding	8%
Hughes	9%
Hutchinson	10%

County	%
Hyde	6%
Jackson	13%
Jerauld	18%
Jones	11%
Kingsbury	9%
Lake	9%
Lawrence	9%
Lincoln	8%
Lyman	12%
Marshall	11%
McCook	9%
McPherson	12%
Meade	9%
Mellette	14%
Miner	13%
Minnehaha	9%
Moody	13%
Oglala Lakota	19%
Pennington	10%
Perkins	10%
Potter	10%
Roberts	17%
Sanborn	13%
Spink	14%
Stanley	11%
Sully	6%
Todd	14%
Tripp	11%
Turner	10%
Union	13%
Walworth	14%
Yankton	9%
Ziebach	18%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 18: South Dakota K-12 School Body Mass Index (BMI) for Academic Years 2010-11 and 2013-2018

BMI: Obese - All Age Groups

	2010-2011	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
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BMI: Below 5th Percentile

Age Group	2010-2011	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
5-8 years	3.8%	3.4%	14.9%	15.0%	14.8%	15.3%
9-11 years	3.5%	3.1%	16.6%	15.6%	15.7%	16.0%
12-14 years	3.2%	2.6%	17.7%	17.4%	17.3%	17.4%
15-19 years	2.0%	2.3%	17.0%	17.8%	15.3%	17.3%

BMI: Obese

Age Group	2010-2011	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
5-8 years	13.0%	13.1%	12.9%	12.9%	12.8%	13.2%
9-11 years	16.3%	17.9%	17.9%	17.9%	17.4%	18.7%
12-14 years	17.0%	17.4%	18.3%	17.6%	17.9%	18.7%
15-19 years	16.3%	18.2%	18.4%	19.2%	19.8%	19.8%

Sources:

School Height and Weight Report; South Dakota Students 2013 – 2014 School Year (Figure 2, Page 6 for Below 5th Percentile data; Figures 3-6, Page 8 for Obese data); South Dakota Department of Health; February 2015.

School Height and Weight Report; South Dakota Students 2014 – 2015 School Year (Figure 2, Page 6 for Below 5th Percentile data; Figures 3-6, Page 8 for Obese data); South Dakota Department of Health; November 2015.

School Height and Weight Report; South Dakota Students 2015 – 2016 School Year (Figure 2, Page 6 for Below 5th Percentile data; Figures 3-6, Page 8 for Obese data); South Dakota Department of Health; November 2016.

School Height and Weight Report; South Dakota Students 2016 – 2017 School Year (Figure 2, Page 6 for Below 5th Percentile data; Figures 3-6, Page 8 for Obese data); South Dakota Department of Health; December 2017.

School Height and Weight Report; South Dakota Students 2017 – 2018 School Year (Figure 2, Page 6 for Below 5th Percentile data; Figures 3-6, Page 8 for Obese data); South Dakota Department of Health; December 2018.

Note: The data reported here was obtained from the afore-mentioned source. Note that the reported values in the original 2010-2011 School Year Report from the South Dakota Department of Health included slightly different values.

Citation: South Dakota Department of Health (various years). School Height and Weight Report South Dakota Students. Retrieved August 2020, from <https://doh.sd.gov/statistics/school-height-weight.aspx>

Table 19: Adult Obesity by County, 2016

Methodology: Adult Obesity is based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m². Participants are asked to self-report their height and weight. From these reported values, BMIs for the participants are calculated.

Data for Adult Obesity are provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates. Beginning with the 2015 County Health Rankings, Adult Obesity estimates include both landline and cell phone users. Previously, only landline users were included in the data. This change was implemented in order to provide users with the most accurate estimates of health in their community as possible.

State of South Dakota	2016
% obese (BMI 30.0 or higher)	32%

County	%
Aurora	37%
Beadle	36%
Bennett	42%
Bon Homme	40%
Brookings	28%
Brown	32%
Brule	29%
Buffalo	48%
Butte	32%
Campbell	31%
Charles Mix	42%
Clark	31%
Clay	30%
Codington	32%
Corson	39%
Custer	31%
Davison	27%
Day	36%
Deuel	36%
Dewey	39%
Douglas	29%
Edmunds	31%
Fall River	33%
Faulk	37%
Grant	27%
Gregory	30%
Haakon	26%
Hamlin	29%
Hand	31%
Hanson	28%
Harding	40%
Hughes	33%
Hutchinson	33%

County	%
Hyde	25%
Jackson	35%
Jerauld	23%
Jones	27%
Kingsbury	30%
Lake	32%
Lawrence	26%
Lincoln	30%
Lyman	38%
Marshall	30%
McCook	36%
McPherson	31%
Meade	29%
Mellette	36%
Miner	24%
Minnehaha	32%
Moody	37%
Oglala Lakota	40%
Pennington	29%
Perkins	30%
Potter	28%
Roberts	37%
Sanborn	39%
Spink	40%
Stanley	28%
Sully	28%
Todd	39%
Tripp	36%
Turner	38%
Union	30%
Walworth	32%
Yankton	38%
Ziebach	52%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 20: Age-Adjusted Cancer Incidence and Death Rates in South Dakota

Disease Site	Age-Adjusted Cancer Incidence Rates			Age-Adjusted Cancer Mortality Rates		
	2015	2016	2017	2015	2016	2017
All sites	432.6	448.3	449.6	153.0	160.4	160.5
Female breast	127.2	110.9	125.0	18.6	19.3	17.5
Prostate	113.2	112.3	116.5	19.9	23.3	15.6
Lung and bronchus	55.9	57.9	56.0	39.9	38.5	38.4
Colorectal	40.0	39.3	39.9	15.7	15.3	14.1
Corpus and uterus, NOS	27.9	27.4	29.3	3.8	3.7	6.0
Bladder	19.3	20.5	17.3	3.5	4.3	4.3
Melanomas of the skin	24.4	24.1	27.8	2.4	1.8	2.5
Non-Hodgkin lymphoma	14.9	18.7	18.3	5.1	5.4	6.4
Kidney and renal pelvis	13.9	18.8	16.8	3.4	4.5	3.9
Thyroid	13.9	15.1	12.6	13.9	0.8	0.3

Source: Cancer in South Dakota, (2015, 2016, 2017). Retrieved August 2020 from <http://getscreened.sd.gov/documents/Cancer2017.pdf>

Incidence Rates

2015: getscreened.sd.gov/documents/2015/incidence.pdf (Table 3)

2016: getscreened.sd.gov/documents/2016/incidence.pdf (Table 3)

2017: getscreened.sd.gov/documents/2017/incidence.pdf (Table 3)

Mortality Rates

2015: <https://getscreened.sd.gov/documents/2015/Mortality.pdf>(Table 9)

2016: <https://getscreened.sd.gov/documents/2016/Mortality.pdf> (Table 9)

2017: <https://getscreened.sd.gov/documents/2017/Mortality.pdf> (Table 9)

Table 21: Cancer Prevalence by County

State of South Dakota					
Year	2013	2014	2015	2016	2017
Age-adjusted incidence rate	450.0	451.5	432.6	448.3	449.6

County	2017 Cancer Prevalence Age Adjusted Incidence Rate
Aurora	477.9
Beadle	436.1
Bennett	271.8
Bon Homme	484.7
Brookings	432.2
Brown	385.9
Brule	644.9
Buffalo	441.6
Butte	412.1
Campbell	311.3
Charles Mix	458.8
Clark	626.8
Clay	535.6
Codington	457.4
Corson	376.7
Custer	285.4
Davison	517.6
Day	474.9
Deuel	479.0
Dewey	504.0
Douglas	639.3
Edmunds	568.8
Fall River	337.1
Faulk	464.4
Grant	501.2
Gregory	377.8
Haakon	328.1
Hamlin	552.2
Hand	516.7
Hanson	286.6
Harding	111.9
Hughes	471.3
Hutchinson	563.5

County	2017 Cancer Prevalence Age Adjusted Incidence Rate
Hyde	565.5
Jackson	412.6
Jerauld	381.1
Jones	288.0
Kingsbury	545.9
Lake	477.2
Lawrence	449.8
Lincoln	453.6
Lyman	362.2
Marshall	180.7
McCook	502.5
McPherson	730.0
Meade	365.8
Mellette	148.3
Miner	442.1
Minnehaha	508.7
Moody	309.2
Oglala Lakota	464.6
Pennington	426.6
Perkins	278.4
Potter	576.7
Roberts	416.4
Sanborn	581.1
Spink	471.0
Stanley	363.5
Sully	107.6
Todd	575.4
Tripp	503.1
Turner	500.7
Union	464.5
Walworth	442.8
Yankton	406.0
Ziebach	115.0

Source: Cancer in South Dakota, (various years). Retrieved August 2020 from <http://getscreened.sd.gov/documents/Cancer2017.pdf>

Table 22: Cases of HIV and AIDS, 2005-2017

Methodology: Cases of HIV/AIDS by year.

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
HIV/AIDS, Average Annual Incidence	33	34	25	34	21	35	21	29	36	31	25	47	41

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Table 23: South Dakotans Who Self-Identified as having Depression, 2014

Methodology: Multiple modes of data collection were used including mail, telephone and in-person surveys. A representative sample of US Postal addresses were selected, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and test addresses, which was followed by two waves of survey mailings and automated reminder calls to prompt respondents to complete the survey on paper or online.

State of South Dakota	
% of residents reporting being screened positive with depression	5.5%

County	% “yes”
Aurora	7.3%
Beadle	4.8%
Bennett	n.d.
Bon Homme	4.1%
Brookings	2.4%
Brown	6.1%
Brule	4.7%
Buffalo	16.7%
Butte	1.3%
Campbell	1.0%
Charles Mix	6.6%
Clark	4.0%
Clay	2.8%
Codington	6.6%
Corson	n.d.
Custer	6.4%
Davison	2.6%
Day	5.2%
Deuel	2.2%
Dewey	n.d.
Douglas	4.9%
Edmunds	4.2%
Fall River	3.0%
Faulk	4.3%
Grant	9.1%
Gregory	2.9%
Haakon	4.3%
Hamlin	3.2%
Hand	4.9%
Hanson	2.6%
Harding	7.0%
Hughes	5.8%
Hutchinson	3.6%

County	% “yes”
Hyde	4.0%
Jackson	n.d.
Jerauld	1.7%
Jones	1.9%
Kingsbury	5.6%
Lake	0.0%
Lawrence	3.0%
Lincoln	4.2%
Lyman	3.0%
Marshall	8.2%
McCook	8.3%
McPherson	4.4%
Meade	6.4%
Mellette	n.d.
Miner	4.7%
Minnehaha	5.3%
Moody	8.1%
Oglala Lakota	n.d.
Pennington	9.1%
Perkins	4.4%
Potter	8.4%
Roberts	10.4%
Sanborn	1.8%
Spink	7.2%
Stanley	8.6%
Sully	4.7%
Todd	n.d.
Tripp	n.d.
Turner	8.7%
Union	4.6%
Walworth	3.9%
Yankton	1.6%
Ziebach	n.d.

n.d.: no data

Source: Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A Picture of Health. Report Findings from the South Dakota Health Survey.* May 2015.

Table 24: South Dakotans Who Self-Identified as having Anxiety, 2014

Methodology: Multiple modes of data collection were used including mail, telephone and in-person surveys. A representative sample of US Postal addresses were selected, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and test addresses, which was followed by two waves of survey mailings and automated reminder calls to prompt respondents to complete the survey on paper or online.

State of South Dakota	
% of residents reporting being screened positive with anxiety	7.5%

County	% “yes”
Aurora	3.5%
Beadle	4.8%
Bennett	n.d.
Bon Homme	3.6%
Brookings	19.3%
Brown	6.3%
Brule	5.5%
Buffalo	16.9%
Butte	6.1%
Campbell	2.3%
Charles Mix	8.4%
Clark	4.1%
Clay	3.4%
Codington	11.7%
Corson	n.d.
Custer	5.3%
Davison	3.0%
Day	5.3%
Deuel	2.2%
Dewey	n.d.
Douglas	1.8%
Edmunds	3.4%
Fall River	7.8%
Faulk	4.3%
Grant	8.5%
Gregory	2.9%
Haakon	3.4%
Hamlin	3.4%
Hand	7.4%
Hanson	4.6%
Harding	7.0%
Hughes	2.2%
Hutchinson	3.8%

County	% “yes”
Hyde	4.0%
Jackson	n.d.
Jerauld	6.8%
Jones	1.9%
Kingsbury	4.6%
Lake	6.7%
Lawrence	10.5%
Lincoln	2.2%
Lyman	2.4%
Marshall	9.1%
McCook	17.2%
McPherson	5.2%
Meade	4.8%
Mellette	n.d.
Miner	3.3%
Minnehaha	8.9%
Moody	4.0%
Oglala Lakota	n.d.
Pennington	8.9%
Perkins	8.5%
Potter	8.0%
Roberts	3.7%
Sanborn	0.0%
Spink	4.4%
Stanley	13.6%
Sully	4.7%
Todd	n.d.
Tripp	n.d.
Turner	5.5%
Union	7.9%
Walworth	4.5%
Yankton	3.1%
Ziebach	n.d.

n.d.: no data

Source: Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A Picture of Health. Report Findings from the South Dakota Health Survey.* May 2015.

Table 25: Reported Sexually Transmitted Diseases, 2012-2016

Methodology: Number of reported sexually transmitted cases. Individual counties events of 1 or 2 in a single year are published as ≤2.

Sexually transmitted disease cases reported in South Dakota, 2007-2016						
South Dakota	2012	2013	2014	2015	2016	Total
Gonorrhea	707	789	880	1,055	1,269	6,750
Chlamydia	3,925	3,947	4,129	3,877	4,331	35,354
Syphilis*	21	49	79	48	40	258

*Early syphilis (primary, secondary, and early latent) and congenital syphilis

STD cases and average annual rates* by county, South Dakota 2012-2016						
*Rate = cases per 100,000 population per year. Counties with 1 or 2 cases are shown as ≤ 2.						
County	Gonorrhea		Chlamydia		Syphilis	
	Cases	Rate*	Cases	Rate*	Cases	Rate*
Aurora	4	29.1	19	138.4	0	0
Beadle	20	22	344	378.7	0	0
Bennett	59	344	164	956.3	0	0
Bon Homme	3	8.5	59	168	0	0
Brookings	26	15.6	568	341	3	1.8
Brown	58	30.2	639	332.7	≤2	1
Brule	13	49	59	222.3	≤2	3.8
Buffalo	38	365.9	161	1,550.30	0	0
Butte	13	25.2	150	291.3	0	0
Campbell	0	0	5	72.2	0	0
Charles Mix	126	271.3	408	878.6	4	8.6
Clark	≤2	11	34	186.6	0	0
Clay	32	45.9	276	396.2	4	5.7
Codington	38	27.2	467	334.3	4	2.9
Corson	140	669.5	415	1,984.70	74	353.9
Custer	11	26.1	128	303.1	0	0
Davison	66	66.4	357	359.1	5	5
Day	10	35.8	62	221.9	0	0
Deuel	0	0	26	120.6	0	0
Dewey	295	1,042.00	682	2,409.00	16	56.5
Douglas	≤2	13.5	7	47.1	3	20.2
Edmunds	≤2	5	15	75.3	0	0
Fall River	15	43.8	82	239.6	0	0
Faulk	≤2	17	7	59.4	0	0
Grant	8	22.1	51	140.9	≤2	2.8
Gregory	≤2	9.5	32	151.8	0	0
Haakon	5	54.1	11	119.1	0	0
Hamlin	3	10	37	123.6	0	0
Hand	0	0	16	95.7	0	0
Hanson	0	0	13	76	0	0
Harding	0	0	6	96	0	0
Hughes	74	83.9	373	422.9	≤2	1.1
Hutchinson	5	13.9	43	119.4	0	0
Hyde	0	0	9	128.9	0	0
Jackson	33	201.6	131	800.2	0	0
Jerauld	≤2	10	11	109.6	0	0
Jones	3	61.5	15	307.7	0	0

Continued, Table 25: Reported Sexually Transmitted Diseases, 2012-2016

STD cases and average annual rates* by county, South Dakota 2012-2016						
*Rate = cases per 100,000 population per year. Counties with 1 or 2 cases are shown as ≤ 2.						
County	Gonorrhea		Chlamydia		Syphilis	
	Cases	Rate*	Cases	County	Cases	Rate*
Kingsbury	7	27.6	43	169.5	0	0
Lake	3	4.9	108	174.6	≤2	1.6
Lawrence	28	22.7	503	408	0	0
Lincoln	64	24.8	477	185.1	5	1.9
Lyman	60	309.5	149	768.6	≤2	5.2
Marshall	6	25.6	37	158	3	12.8
McCook	12	42.5	39	138.1	0	0
McPherson	0	0	6	49.4	0	0
Meade	44	32.7	450	333.9	≤2	1.5
Mellette	24	228.6	72	685.7	0	0
Miner	≤2	17.3	13	112.3	0	0
Minnehaha	1,248	136.5	5,046	551.8	118	12.9
Moody	17	53.4	95	298.4	0	0
Oglala Lakota	520	731.5	1,647	2,316.80	8	11.3
Pennington	913	168.7	3,021	558.2	6	1.1
Perkins	0	0	10	65.9	0	0
Potter	1	8.5	15	128.2	0	0
Roberts	39	75.2	529	1,019.90	3	5.8
Sanborn	≤2	8.6	22	188.4	0	0
Spink	4	12.1	53	160.7	0	0
Stanley	5	33.5	55	368.8	0	0
Sully	≤2	13.9	6	83.4	0	0
Todd	350	708.4	985	1,993.50	≤2	4
Tripp	7	25.4	74	268.5	0	0
Turner	5	12.1	51	123.3	≤2	4.8
Union	30	39.9	119	158.4	≤2	2.7
Walworth	25	90.7	130	471.8	8	29
Yankton	42	37	349	307.7	≤2	0.9
Ziebach	57	403.4	117	828	0	0
South Dakota	4,623	108.1	20,103	470.1	280	6.5

Source: Sexually Transmitted Disease Surveillance in South Dakota. (2017). Retrieved August 2020, from <https://doh.sd.gov/diseases/infectious/std/Reports.aspx>

* Syphilis is a sexually transmitted disease. Syphilis manifests as primary, secondary, latent and tertiary stages in adults or children. Congenital syphilis may cause stillbirth or developmental anomalies in infected infants. The primary, secondary and early latent stages are infectious to others.

APPENDIX B | SUPPLEMENTAL TABLES FOR HEALTH ACCESS INDICATORS

Table 26: Ratio of Population to Dentists in South Dakota, 2018

Table 27: South Dakotans in Poverty by County, 2019

Table 28: Percent of South Dakota Students (K-12) Eligible to Receive Free or Reduced-Price School Lunch, 2011, 2014, and 2019

Table 29: South Dakotans who Self-Identified as having a Usual Place to go for Care by County, 2014

Table 30: South Dakotans who Self-Identified as having a Personal Doctor or Provider by County, 2014

Table 31: Percent of South Dakotans who could not see a doctor due to cost by County, 2014

Table 32: Live Births by County, 2010-2018

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Table 34: Percent of Mothers Receiving Prenatal Care in their First Trimester by County, 2011, 2014, and 2017

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Table 37: Percent of Female Medicare Enrollees (Aged 67-69) in South Dakota who have had a Mammography Screening by County, 2018

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Table 39: Uninsured Adults, Aged 18 to 64 by County

Table 40: Uninsured Children, Under 19 by County

Table 41: Average EMS Dispatch to Enroute Time (in minutes) by County

Table 26: Ratio of Population to Dentists in South Dakota by County, 2018

Methodology: Ratio of population to dentists compiled using information from the Area Health Resource File/National Provider for year 2018.

Note that shaded counties in the table represent those with no dentist.

County	Ratio
Aurora	2,800:0
Beadle	1,890:1
Bennett	1,730:1
Bon Homme	2,330:1
Brookings	2,350:1
Brown	1,790:1
Brule	2,610:1
Buffalo	510:1
Butte	1,700:1
Campbell	1,380:0
Charles Mix	1,870:1
Clark	1,870:1
Clay	1,400:1
Codington	1,120:1
Corson	2,080:1
Custer	8,730:1
Davison	1,100:1
Day	5,510:1
Deuel	4,340:1
Dewey	1,480:1
Douglas	2,940:1
Edmunds	3,880:0
Fall River	1,350:1
Faulk	2,330:0
Grant	1,430:1
Gregory	2,110:1
Haakon	1,920:1
Hamlin	n.d.
Hand	1,630:1
Hanson	3,380:0
Harding	1,250:0
Hughes	1,770:1
Hutchinson	3,690:1

County	Ratio
Hyde	1,280:0
Jackson	3,310:1
Jerauld	680:1
Jones	460:1
Kingsbury	1,230:1
Lake	2,180:1
Lawrence	1,610:1
Lincoln	1,110:1
Lyman	3,820:0
Marshall	5,110:1
McCook	5,550:1
McPherson	2,410:1
Meade	1,660:1
Mellette	2,040:0
Miner	440:1
Minnehaha	1,870:1
Moody	3,290:1
Oglala Lakota	3,580:1
Pennington	1,200:1
Perkins	2,920:1
Potter	2,210:1
Roberts	1,310:1
Sanborn	2,430:0
Spink	1,620:1
Stanley	3,020:1
Sully	1,390:0
Todd	5,140:1
Tripp	1,100:1
Turner	4,210:1
Union	1,120:1
Walworth	1,860:1
Yankton	1,910:1
Ziebach	2,740:0

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 27: South Dakotans in Poverty by County, 2019

State of South Dakota	2011 ¹	2014	2019
Persons in poverty, %	14.1%	14.8%	13.1%

County	Persons in poverty (%)
Aurora	10.2%
Beadle	12.9%
Bennett	32.5%
Bon Homme	15.7%
Brookings	11.8%
Brown	11.0%
Brule	15.8%
Buffalo	45.7%
Butte	14.3%
Campbell	10.9%
Charles Mix	20.9%
Clark	12.6%
Clay	19.5%
Codington	11.3%
Corson	33.6%
Custer	10.1%
Davison	12.0%
Day	15.3%
Deuel	9.1%
Dewey	25.8%
Douglas	12.1%
Edmunds	11.5%
Fall River	13.0%
Faulk	15.6%
Grant	9.9%
Gregory	16.5%
Haakon	11.0%
Hamlin	9.3%
Hand	9.8%
Hanson	8.8%
Harding	10.7%
Hughes	9.4%
Hutchinson	11.5%

County	Persons in poverty (%)
Hyde	10.3%
Jackson	32.7%
Jerauld	14.5%
Jones	13.2%
Kingsbury	9.0%
Lake	10.2%
Lawrence	12.7%
Lincoln	4.4%
Lyman	21.1%
Marshall	12.0%
McCook	9.6%
McPherson	17.1%
Meade	8.4%
Mellette	35.2%
Miner	11.5%
Minnehaha	9.6%
Moody	9.9%
Oglala Lakota	54.0%
Pennington	13.3%
Perkins	13.7%
Potter	10.2%
Roberts	21.3%
Sanborn	12.9%
Spink	12.6%
Stanley	7.8%
Sully	8.8%
Todd	48.4%
Tripp	19.9%
Turner	9.4%
Union	5.9%
Walworth	15.0%
Yankton	11.0%
Ziebach	43.9%

Source: U. S. Census Bureau (2020). QuickFacts: United States. Retrieved August 2020, from <https://www.census.gov/quickfacts/fact/table/US/PST045219>

¹ Reported 2009-2013

Table 28: Percent of South Dakota Students (K-12) eligible to receive Free or Reduced-Price School Lunch, 2011, 2014, and 2019

State of South Dakota	
Year	Percent of K-12 Students Eligible to Receive Free or Reduced-Price School Lunch
2011	41% of students
2014	46% of students
2019	38% of students

County	Percent of K-12 Students Eligible to Receive Free or Reduced-Price School Lunch			Change	
	2011	2014	2019	2011-2014	2014-2019
Aurora	39%	47%	44%	↑	↓
Beadle	52%	55%	46%	↑	↓
Bennett	80%	84%	n.d.	↑	n.d.
Bon Homme	41%	38%	31%	↓	↓
Brookings	27%	26%	25%	↓	↓
Brown	30%	34%	25%	↑	↓
Brule	55%	58%	51%	↑	↓
Buffalo	10%	83%	n.d.	↑	n.d.
Butte	46%	45%	47%	↓	↑
Campbell	29%	25%	26%	↓	↑
Charles Mix	64%	80%	66%	↑	↓
Clark	49%	42%	43%	↓	↑
Clay	39%	38%	31%	↓	↓
Codington	31%	35%	37%	↑	↑
Corson	88%	86%	n.d.	↓	n.d.
Custer	37%	36%	44%	↓	↑
Davison	37%	40%	35%	↑	↓
Day	48%	48%	43%	→	↓
Deuel	29%	33%	31%	↑	↓
Dewey	78%	81%	43%	↑	↓
Douglas	35%	27%	32%	↓	↑
Edmunds	41%	35%	35%	↓	→
Fall River	49%	45%	60%	↓	↑
Faulk	35%	32%	22%	↓	↓
Grant	34%	40%	42%	↑	↑
Gregory	61%	57%	53%	↓	↓
Haakon	38%	41%	26%	↑	↓
Hamlin	43%	38%	34%	↓	↓
Hand	30%	19%	17%	↓	↓
Hanson	25%	25%	23%	→	↓
Harding	37%	30%	26%	↓	↓
Hughes	32%	30%	30%	↓	→
Hutchinson	37%	35%	41%	↓	↑

Continued, Table 28: Percent of South Dakota Students (K-12) Eligible to Receive Free or Reduced-Price School Lunch, 2011, 2014, and 2019

County	Percent of K-12 Students Eligible to Receive Free or Reduced-Price School Lunch			Change	
	2011	2014	2019	2011-2014	2014-2019
Hyde	31%	32%	28%	↑	↓
Jackson	80%	72%	56%	↓	↓
Jerauld	41%	41%	28%	→	↓
Jones	46%	46%	43%	→	↓
Kingsbury	29%	24%	27%	↓	↑
Lake	34%	29%	33%	↓	↑
Lawrence	39%	36%	36%	↓	→
Lincoln	21%	18%	19%	↓	↑
Lyman	72%	76%	50%	↑	↓
Marshall	46%	42%	42%	↓	→
McCook	36%	26%	25%	↓	↓
McPherson	59%	56%	53%	↓	↓
Meade	39%	39%	38%	→	↓
Mellette	69%	71%	n.d.	↑	n.d.
Miner	31%	26%	26%	↓	→
Minnehaha	36%	37%	23%	↑	↓
Moody	54%	48%	38%	↓	↓
Oglala Lakota	79%	n.d.	n.d.	n.d.	n.d.
Pennington	41%	44%	37%	↑	↓
Perkins	50%	44%	36%	↓	↓
Potter	30%	28%	34%	↓	↑
Roberts	56%	61%	54%	↑	↓
Sanborn	47%	42%	38%	↓	↓
Spink	36%	33%	31%	↓	↓
Stanley	48%	46%	27%	↓	↓
Sully	34%	25%	25%	↓	→
Todd	84%	n.d.	n.d.	n.d.	n.d.
Tripp	52%	52%	54%	→	↑
Turner	33%	33%	29%	→	↓
Union	28%	24%	23%	↓	↓
Walworth	42%	40%	34%	↓	↓
Yankton	37%	36%	39%	↓	↑
Ziebach	75%	75%	68%	→	↓

→ indicates the difference between 2011 and 2014 or 2014 and 2019 is less than 1%.

n.d. - data is not available or data is suppressed if 20 or fewer children are enrolled in the district or county.

Source: KIDS COUNT Data Center, Accessed July 20, 2020 at <https://datacenter.kidscount.org/data/tables/10643-eligible-recipients-of-free-or-reduced-price-lunch?loc=43&loct=2#detailed/2/any/false/1965,1750,1686/any/20417>

Table 29: South Dakotans who Self-Identified as having a Usual Place to go for Care by County, 2014

Methodology: Multiple modes of data collection were used including mail, telephone and in-person surveys. A representative sample of US Postal addresses were selected, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and test addresses, which was followed by survey mailings and automated reminder calls.

State of South Dakota	2014
Percent of residents who have a usual place to go for care	94.2%

County	Percent of residents who have a usual place to go for care
Aurora	95.4%
Beadle	95.7%
Bennett	n.d.
Bon Homme	94.3%
Brookings	86.7%
Brown	98.6%
Brule	98.5%
Buffalo	98.4%
Butte	92.3%
Campbell	96.6%
Charles Mix	98.1%
Clark	94.8%
Clay	87.9%
Codington	93.5%
Corson	n.d.
Custer	91.8%
Davison	99.3%
Day	98.7%
Deuel	91.4%
Dewey	n.d.
Douglas	93.9%
Edmunds	94.4%
Fall River	96.9%
Faulk	99.2%
Grant	99.0%
Gregory	97.2%
Haakon	93.7%
Hamlin	94.6%
Hand	95.9%
Hanson	96.0%
Harding	93.6%
Hughes	98.1%
Hutchinson	91.4%

n.d.: no data County	Percent of residents who have a usual place to go for care
Hyde	91.3%
Jackson	n.d.
Jerauld	96.7%
Jones	85.7%
Kingsbury	91.4%
Lake	99.2%
Lawrence	87.7%
Lincoln	97.6%
Lyman	97.1%
Marshall	94.6%
McCook	92.2%
McPherson	99.1%
Meade	89.8%
Mellette	n.d.
Miner	92.0%
Minnehaha	94.1%
Moody	99.4%
Oglala Lakota	n.d.
Pennington	92.2%
Perkins	94.8%
Potter	92.2%
Roberts	99.4%
Sanborn	95.5%
Spink	98.2%
Stanley	89.9%
Sully	91.5%
Todd	n.d.
Tripp	n.d.
Turner	92.6%
Union	95.0%
Walworth	94.1%
Yankton	97.0%
Ziebach	n.d.

n.d. = no data

Source: Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A Picture of Health. Report Findings from the South Dakota Health Survey.* May 2015.

Table 30: South Dakotans who Self-Identified as having a Personal Doctor or Provider by County, 2014

Methodology: Multiple modes of data collection were used including mail, telephone and in-person surveys. A representative sample of US Postal addresses were selected, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and test addresses, which was followed by survey mailings and automated reminder calls.

State of South Dakota	2014
Percent of residents who have a personal doctor or provider	77.4%

County	Percent of residents who have a personal doctor/provider
Aurora	84.4%
Beadle	80.3%
Bennett	n.d.
Bon Homme	73.6%
Brookings	70.4%
Brown	92.0%
Brule	60.3%
Buffalo	48.3%
Butte	82.3%
Campbell	83.5%
Charles Mix	73.7%
Clark	82.9%
Clay	77.2%
Codington	78.8%
Corson	n.d.
Custer	69.4%
Davison	86.3%
Day	58.6%
Deuel	76.8%
Dewey	n.d.
Douglas	80.0%
Edmunds	85.3%
Fall River	70.9%
Faulk	78.5%
Grant	89.6%
Gregory	74.7%
Haakon	72.2%
Hamlin	79.6%
Hand	77.4%
Hanson	92.0%
Harding	71.2%
Hughes	78.5%
Hutchinson	64.6%

County	Percent of residents who have a personal doctor/provider
Hyde	64.6%
Jackson	n.d.
Jerauld	79.3%
Jones	75.8%
Kingsbury	75.9%
Lake	91.2%
Lawrence	75.9%
Lincoln	88.5%
Lyman	45.4%
Marshall	73.9%
McCook	83.6%
McPherson	94.2%
Meade	70.2%
Mellette	n.d.
Miner	76.8%
Minnehaha	84.4%
Moody	47.0%
Oglala Lakota	n.d.
Pennington	67.3%
Perkins	74.2%
Potter	60.3%
Roberts	61.2%
Sanborn	76.5%
Spink	81.8%
Stanley	66.7%
Sully	78.3%
Todd	n.d.
Tripp	n.d.
Turner	73.7%
Union	87.6%
Walworth	81.0%
Yankton	85.2%
Ziebach	n.d.

n.d.: no data

Source: Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A Picture of Health. Report Findings from the South Dakota Health Survey.* May 2015.

Table 31: Percent of South Dakotans who could not see a doctor due to cost by County, 2014

Methodology: “Could not see a doctor due to cost” was measured using data from the Behavioral Risk Factor Surveillance System, program years 2006-2012.

State of South Dakota	2014
Percent of population who could not see a doctor due to cost	8.7%

County	Percent of population who could not see a doctor due to cost
Aurora	n.d.
Beadle	5.2%
Bennett	9.3%
Bon Homme	6.9%
Brookings	7.3%
Brown	7.1%
Brule	7.6%
Buffalo	14.9%
Butte	11.3%
Campbell	n.d.
Charles Mix	8.3%
Clark	n.d.
Clay	9.3%
Codington	7.8%
Corson	18.5%
Custer	9.6%
Davison	6.5%
Day	6.0%
Deuel	15.8%
Dewey	8.1%
Douglas	8.0%
Edmunds	n.d.
Fall River	14.2%
Faulk	n.d.
Grant	n.d.
Gregory	n.d.
Haakon	5.4%
Hamlin	n.d.
Hand	4.6%
Hanson	n.d.
Harding	n.d.
Hughes	6.6%
Hutchinson	n.d.

County	Percent of population who could not see a doctor due to cost
Hyde	n.d.
Jackson	14.6%
Jerauld	n.d.
Jones	n.d.
Kingsbury	4.4%
Lake	9.1%
Lawrence	11.6%
Lincoln	5.5%
Lyman	4.9%
Marshall	8.2%
McCook	n.d.
McPherson	n.d.
Meade	9.8%
Mellette	n.d.
Miner	n.d.
Minnehaha	8.6%
Moody	n.d.
Oglala Lakota	13.2%
Pennington	11.7%
Perkins	n.d.
Potter	n.d.
Roberts	7.2%
Sanborn	14.0%
Spink	n.d.
Stanley	6.1%
Sully	n.d.
Todd	14.0%
Tripp	7.5%
Turner	n.d.
Union	4.3%
Walworth	7.7%
Yankton	7.3%
Ziebach	17.4%

n.d.: no data

Source: University of Wisconsin Population Health Institute. County Health Rankings 2015.

Table 32: Live Births by County, 2010-2018

State of South Dakota					
Year	2010	2011	2012	2013	2014
Births	11,795	11,834	12,092	12,243	12,281

State of South Dakota				
Year	2015	2016	2017	2018
Births	12,323	12,270	12,128	11,890

County	2010	2011	2012	2013	2014
Aurora	29	39	30	40	42
Beadle	274	294	327	337	366
Bennett	70	76	69	69	72
Bon Homme	67	62	77	57	56
Brookings	379	385	404	430	406
Brown	467	485	476	512	482
Brule	74	69	84	70	77
Buffalo	49	57	47	58	53
Butte	114	136	120	133	142
Campbell	16	8	9	12	15
Charles Mix	156	157	161	151	174
Clark	48	52	43	51	67
Clay	138	152	151	166	143
Codington	375	372	376	410	372
Corson	78	84	87	93	86
Custer	85	77	66	71	65
Davison	258	262	264	263	271
Day	68	59	76	52	56
Deuel	51	48	46	46	47
Dewey	118	144	151	148	153
Douglas	30	36	37	33	40
Edmunds	34	47	46	46	53
Fall River	55	49	61	63	55
Faulk	24	28	28	23	38
Grant	81	69	83	80	97
Gregory	50	42	44	45	62
Haakon	23	23	18	20	17
Hamlin	102	107	127	124	118
Hand	46	36	28	38	42
Hanson	55	44	51	56	49
Harding	15	9	14	17	20
Hughes	225	237	230	255	229
Hutchinson	81	72	86	107	102
Hyde	12	15	9	19	14
Jackson	75	68	69	78	71
Jerauld	29	24	23	24	32
Jones	10	11	10	10	9

Continued, Table 32: Live Births by County, 2010-2018

County	2010	2011	2012	2013	2014
Kingsbury	51	71	54	61	66
Lake	128	133	128	140	122
Lawrence	252	213	240	230	245
Lincoln	808	781	852	753	766
Lyman	72	76	60	69	71
Marshall	50	60	56	62	72
McCook	80	66	74	75	81
McPherson	18	24	25	24	30
Meade	334	314	327	320	318
Mellette	38	27	27	37	35
Miner	19	24	20	28	22
Minnehaha	2749	2779	2811	2863	2947
Moody	89	86	93	93	93
Oglala Lakota	370	344	350	352	312
Pennington	1549	1502	1532	1596	1540
Perkins	32	29	30	40	35
Potter	24	27	25	20	24
Roberts	159	187	176	201	177
Sanborn	24	28	34	35	37
Spink	78	72	91	80	69
Stanley	41	43	36	35	39
Sully	18	18	13	17	15
Todd	242	313	288	250	279
Tripp	61	70	66	65	71
Turner	101	89	89	86	81
Union	179	169	178	150	140
Walworth	56	69	66	70	85
Yankton	258	246	275	253	281
Ziebach	54	38	48	31	35

County	2015	2016	2017	2018
Aurora	33	49	36	41
Beadle	297	347	273	284
Bennett	71	65	61	55
Bon Homme	76	68	64	77
Brookings	471	414	451	435
Brown	492	557	510	508
Brule	69	71	78	62
Buffalo	42	52	47	22
Butte	100	135	131	146
Campbell	13	8	14	14
Charles Mix	156	164	168	156
Clark	61	65	66	66
Clay	145	147	155	114
Codington	381	370	336	326
Corson	89	101	101	91
Custer	86	69	78	63
Davison	242	257	227	263
Day	73	50	62	72

Continued, Table 32: Live Births by County, 2010-2018

County	2015	2016	2017	2018
Deuel	44	64	53	53
Dewey	148	163	154	138
Douglas	43	46	44	41
Edmunds	48	46	43	34
Fall River	76	60	51	44
Faulk	32	31	38	32
Grant	74	84	87	80
Gregory	50	58	52	50
Haakon	26	19	26	14
Hamlin	121	111	110	125
Hand	24	39	44	35
Hanson	36	39	42	38
Harding	21	16	15	19
Hughes	249	233	221	246
Hutchinson	120	120	117	115
Hyde	15	20	18	14
Jackson	67	81	92	73
Jerauld	16	20	18	24
Jones	11	13	9	17
Kingsbury	64	67	67	71
Lake	134	133	131	128
Lawrence	220	241	241	202
Lincoln	751	810	846	829
Lyman	74	82	63	74
Marshall	80	68	90	85
McCook	22	27	18	24
McPherson	70	74	73	66
Meade	304	269	258	261
Mellette	40	44	45	33
Miner	32	21	27	29
Minnehaha	3,046	2,936	2,908	2,890
Moody	93	91	87	81
Oglala Lakota	337	284	321	261
Pennington	1,536	1,470	1,466	1,541
Perkins	33	40	37	33
Potter	24	28	15	24
Roberts	181	168	164	167
Sanborn	39	39	33	32
Spink	67	85	82	84
Stanley	45	42	29	44
Sully	11	16	24	16
Todd	274	260	256	230
Tripp	71	79	84	88
Turner	104	75	103	101
Union	169	163	191	166
Walworth	86	61	88	66
Yankton	299	318	269	253
Ziebach	32	27	19	24

Source: SD DOH, Vital Statistics accessed July 20, 2020 at <https://doh.sd.gov/statistics/> county data: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Table 33: Percent of Infants with Low Birth Weight by County, 2011, 2014, and 2017

State of South Dakota	
Year	Percent of Infants with Low Birth Weight
2011	6.5%
2014	6.4%
2017	6.5%

County	Percent of Infants with Low Birth Weight			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	8.9%	5.6%	8.0%	↓	↑
Beadle	7.7%	7.5%	6.8%	↓	↓
Bennett	7.2%	3.9%	5.6%	↓	↑
Bon Homme	6.2%	6.6%	5.0%	↑	↓
Brookings	4.7%	4.9%	5.5%	↑	↑
Brown	5.9%	5.7%	6.5%	↓	↑
Brule	6.2%	6.4%	5.8%	↑	↓
Buffalo	6.3%	7.2%	8.4%	↑	↑
Butte	4.4%	5.9%	7.2%	↑	↑
Campbell	4.4%	LNE	LNE	↓	→
Charles Mix	5.0%	6.3%	5.9%	↑	↓
Clark	4.1%	5.0%	6.5%	↑	↑
Clay	6.3%	5.5%	5.4%	↓	↓
Codington	5.5%	6.2%	7.2%	↑	↑
Corson	6.4%	6.8%	9.4%	↑	↑
Custer	6.6%	8.2%	8.1%	↑	↓
Davison	6.4%	5.0%	6.6%	↓	↑
Day	4.9%	6.8%	5.1%	↑	↓
Deuel	6.4%	2.9%	4.3%	↓	↑
Dewey	6.7%	6.6%	9.4%	↓	↑
Douglas	3.8%	6.3%	5.8%	↑	↓
Edmunds	4.6%	2.7%	3.8%	↓	↑
Fall River	7.7%	8.1%	7.5%	↑	↓
Faulk	2.5%	5.0%	8.0%	↑	↑
Grant	4.1%	4.9%	5.0%	↑	↑
Gregory	5.4%	3.7%	3.4%	↓	↓
Haakon	LNE	3.0%	2.8%	↑	↓
Hamlin	4.2%	4.5%	4.1%	↑	↓
Hand	8.6%	8.9%	7.0%	↑	↓
Hanson	9.0%	7.5%	7.2%	↓	↓
Harding	LNE	LNE	3.4%	→	↑
Hughes	4.5%	4.8%	6.0%	↑	↑
Hutchinson	3.4%	4.3%	5.3%	↑	↑
Hyde	LNE	LNE	7.0%	→	↑

Continued, Table 33: Percent of Infants with Low Birth Weight by County, 2011, 2014, and 2017

County	Percent of Infants with Low Birth Weight			Change	
	2011	2014	2017	2011-2014	2014-2017
Jackson	9.2%	8.0%	7.2%	↓	↓
Jerauld	6.4%	4.5%	5.5%	↓	↑
Jones	8.1%	6.0%	5.8%	↓	↓
Kingsbury	3.5%	5.3%	5.8%	↑	↑
Lake	5.8%	4.9%	5.8%	↓	↑
Lawrence	7.3%	8.8%	8.9%	↑	↑
Lincoln	6.3%	5.9%	5.8%	↓	↓
Lyman	5.3%	4.9%	8.4%	↓	↑
Marshall	5.9%	6.7%	5.4%	↑	↓
McCook	6.7%	6.9%	4.8%	↑	↓
McPherson	8.7%	6.6%	7.4%	↓	↑
Meade	6.7%	6.9%	7.7%	↑	↑
Mellette	7.0%	5.5%	5.0%	↓	↓
Miner	LNE	4.4%	7.7%	↑	↑
Minnehaha	7.1%	7.0%	6.6%	↓	↓
Moody	6.7%	6.4%	5.7%	↓	↓
Oglala Lakota	6.2%	7.5%	7.5%	↑	→
Pennington	7.1%	6.9%	6.9%	↓	→
Perkins	3.3%	6.0%	5.9%	↑	↓
Potter	3.9%	5.0%	6.3%	↑	↑
Roberts	6.8%	5.7%	3.9%	↓	↓
Sanborn	6.5%	5.7%	4.9%	↓	↓
Spink	10.8%	7.7%	4.4%	↓	↓
Stanley	7.7%	4.6%	5.3%	↓	↑
Sully	7.8%	8.6%	4.8%	↑	↓
Todd	8.0%	7.3%	8.4%	↓	↑
Tripp	8.1%	7.2%	6.8%	↓	↓
Turner	6.8%	3.8%	5.1%	↓	↑
Union	8.1%	7.4%	6.4%	↓	↓
Walworth	3.8%	3.8%	5.9%	→	↑
Yankton	6.1%	7.5%	7.6%	↑	↑
Ziebach	6.7%	9.2%	6.9%	↑	↓

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data.

→ indicates the difference between 2011 and 2014 or 2014 and 2017 is less than 0.1%.

LNE: Low Number of Events

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from <https://doh.sd.gov/statistics/>

Table 34: Percent of Mothers Receiving Prenatal Care in their First Trimester by County, 2011, 2014, and 2017

State of South Dakota	
Year	Percent of women who reported receiving prenatal care in the first trimester
2011	69.4%
2014	71.1%
2017	72.4%

County	Percent of women who reported receiving prenatal care in the first trimester			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	73.8%	68.0%	72.0%	↓	↑
Beadle	58.5%	55.0%	56.8%	↓	↑
Bennett	41.8%	43.2%	56.1%	↑	↑
Bon Homme	79.4%	79.5%	78.3%	→	↓
Brookings	75.7%	77.4%	80.6%	↑	↑
Brown	77.2%	75.5%	69.8%	↓	↓
Brule	66.4%	67.8%	64.6%	↑	↓
Buffalo	46.2%	36.3%	29.5%	↓	↓
Butte	77.2%	78.6%	77.9%	↑	→
Campbell	73.5%	78.3%	79.0%	↑	→
Charles Mix	62.3%	65.1%	64.6%	↑	→
Clark	57.3%	59.9%	65.9%	↑	↑
Clay	77.7%	79.1%	80.7%	↑	↑
Codington	77.1%	79.4%	79.9%	↑	→
Corson	48.7%	46.0%	42.9%	↓	↓
Custer	70.6%	72.1%	72.1%	↑	→
Davison	76.8%	78.0%	80.3%	↑	↑
Day	69.1%	65.3%	72.6%	↓	↑
Deuel	84.4%	81.0%	80.7%	↓	→
Dewey	53.4%	49.3%	50.6%	↓	↑
Douglas	70.1%	71.6%	76.1%	↑	↑
Edmunds	71.2%	69.6%	64.3%	↓	↓
Fall River	55.7%	64.3%	68.2%	↑	↑
Faulk	56.3%	57.9%	56.8%	↑	↓
Grant	74.0%	78.1%	78.7%	↑	→
Gregory	63.8%	60.5%	65.3%	↓	↑
Haakon	68.7%	68.3%	73.8%	→	↑
Hamlin	68.5%	71.9%	73.5%	↑	↑
Hand	71.9%	61.0%	54.3%	↓	↓
Hanson	66.5%	62.2%	69.2%	↓	↑
Harding	77.4%	74.3%	79.5%	↓	↑
Hughes	70.7%	60.9%	50.1%	↓	↓
Hutchinson	62.4%	67.0%	68.6%	↑	↑

Continued, Table 34: Percent of Mothers Receiving Prenatal Care in their First Trimester by County, 2011, 2014, and 2017

County	Percent of women who reported receiving prenatal care in the first trimester			Change	
	2011	2014	2017	2011-2014	2014-2017
Hyde	75.9%	68.1%	61.2%	↓	↓
Jackson	47.9%	49.4%	54.3%	↑	↑
Jerauld	66.4%	68.2%	77.1%	↑	↑
Jones	80.6%	74.0%	55.8%	↓	↓
Kingsbury	71.1%	72.9%	80.1%	↑	↑
Lake	73.4%	73.1%	73.8%	→	→
Lawrence	79.7%	81.1%	79.5%	↑	↓
Lincoln	78.3%	83.7%	85.5%	↑	↑
Lyman	52.0%	48.1%	45.9%	↓	↓
Marshall	61.8%	60.5%	56.4%	↓	↓
McCook	69.1%	73.0%	75.0%	↑	↑
McPherson	65.2%	61.9%	53.3%	↓	↓
Meade	77.7%	77.9%	78.4%	→	↓
Mellette	44.4%	50.3%	48.2%	↑	↓
Miner	71.4%	69.6%	65.6%	↓	↓
Minnehaha	68.5%	74.4%	77.0%	↑	↑
Moody	60.6%	65.1%	73.8%	↑	↑
Oglala Lakota	51.6%	53.9%	59.3%	↑	↑
Pennington	72.2%	72.3%	73.6%	→	↑
Perkins	66.4%	65.9%	72.4%	→	↑
Potter	74.2%	61.7%	56.8%	↓	↓
Roberts	52.7%	54.5%	59.1%	↑	↑
Sanborn	72.6%	69.4%	73.6%	↓	↑
Spink	68.5%	69.7%	68.2%	↑	↓
Stanley	72.3%	62.8%	56.7%	↓	↓
Sully	73.0%	53.8%	49.4%	↓	↓
Todd	39.1%	40.1%	39.5%	→	→
Tripp	65.1%	66.8%	71.4%	↑	↑
Turner	73.1%	78.4%	81.6%	↑	↑
Union	83.7%	86.7%	86.4%	↑	→
Walworth	64.4%	62.6%	65.2%	↓	↑
Yankton	83.4%	83.4%	84.8%	→	↑
Ziebach	46.0%	48.5%	53.2%	↑	↑

Note: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017 data.

→ indicates the difference between 2011 and 2014 or 2014 and 2017 is less than 1%.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from <https://doh.sd.gov/statistics/>

Table 35: Rates of Cancer Screening Tests for Age-Eligible Populations in South Dakota, 2012 and 2018

Screening Tests	2012	2018
Sigmoidoscopy or Colonoscopy	65.6%	72.4%
Blood stool test	13.5%	8.3%
PAP screening in past 3 years	79.1%	67.1%
Mammogram, age 50+	77.1%	82.0%
Mammogram, age 40+	73.0%	76.0%

Source: State Cancer Profiles. (2020). Retrieved August 2020, from <https://statecancerprofiles.cancer.gov/risk/>

Table 36: Screening and Risk Factors Report for South Dakota by County. Ever Had Colorectal Endoscopy (Sigmoidoscopy or Colonoscopy) All Races (includes Hispanic), Both Sexes, Ages 50+

Methodology: 2008-2010 County Level Modeled Estimate combining BRFSS and NHIS. Data reflects individuals who self-reported if they had ever had a colorectal endoscopy (sigmoidoscopy or colonoscopy). Data is reported for all races, both sexes, ages 50+. These county estimates were updated May 16, 2017, using a new methodology. See <https://sae.cancer.gov/> for more details.

State of South Dakota	2017
Screening and Risk Factors Report for South Dakota (Directly Estimated 2018 BRFSS Data)	72.4%

County	2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS
Aurora	65.2%
Beadle	58.2%
Bennett	49.7%
Bon Homme	63.7%
Brookings	61.2%
Brown	64.1%
Brule	70.6%
Buffalo	30.8%
Butte	60.5%
Campbell	61.4%
Charles Mix	55.6%
Clark	66.7%
Clay	57.1%
Codington	60.2%
Corson	45.7%
Custer	59.0%
Davison	63.3%
Day	55.1%
Deuel	44.7%
Dewey	36.5%
Douglas	50.9%
Edmunds	53.9%
Fall River	62.0%
Faulk	39.1%
Grant	59.8%
Gregory	54.9%
Haakon	61.3%
Hamlin	54.8%
Hand	61.1%
Hanson	41.5%
Harding	52.0%
Hughes	67.2%
Hutchinson	57.8%

County	2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS
Hyde	72.5%
Jackson	47.4%
Jerauld	42.9%
Jones	60.2%
Kingsbury	59.4%
Lake	56.6%
Lawrence	56.1%
Lincoln	61.4%
Lyman	49.0%
Marshall	53.6%
McCook	65.6%
McPherson	42.1%
Meade	56.2%
Mellette	48.5%
Miner	71.6%
Minnehaha	64.1%
Moody	56.1%
Oglala Lakota	38.3%
Pennington	55.2%
Perkins	52.2%
Potter	66.9%
Roberts	52.4%
Sanborn	57.3%
Spink	58.3%
Stanley	54.3%
Sully	51.8%
Todd	33.5%
Tripp	58.3%
Turner	56.4%
Union	68.9%
Walworth	59.5%
Yankton	63.6%
Ziebach	39.8%

Source: State Cancer Profiles. (2020). Retrieved September 10, 2020, from statecancerprofiles.cancer.gov/risk/

Table 37: Percent of Female Medicare Enrollees (Aged 65-74) in South Dakota who have had a Mammography Screening by County, 2018

Methodology: Mammography Screening is the percentage of female fee-for-service (FFS) Medicare enrollees, ages 65-74, that receive an annual mammogram.

State of South Dakota	2012	2017
Percentage of female Medicare enrollees in SD aged 65-74 who received mammography screening	77%	49%

County	Percentage of female Medicare enrollees aged 67-69
Aurora	51%
Beadle	50%
Bennett	29%
Bon Homme	59%
Brookings	52%
Brown	61%
Brule	54%
Buffalo	26%
Butte	40%
Campbell	58%
Charles Mix	47%
Clark	52%
Clay	46%
Codington	59%
Corson	18%
Custer	40%
Davison	55%
Day	54%
Deuel	51%
Dewey	19%
Douglas	50%
Edmunds	52%
Fall River	32%
Faulk	57%
Grant	51%
Gregory	48%
Haakon	38%
Hamlin	55%
Hand	53%
Hanson	48%
Harding	31%
Hughes	53%
Hutchinson	48%

County	Percentage of female Medicare enrollees aged 67-69
Hyde	57%
Jackson	39%
Jerauld	47%
Jones	43%
Kingsbury	53%
Lake	50%
Lawrence	47%
Lincoln	55%
Lyman	52%
Marshall	55%
McCook	48%
McPherson	51%
Meade	46%
Mellette	31%
Miner	56%
Minnehaha	54%
Moody	48%
Oglala Lakota	19%
Pennington	46%
Perkins	40%
Potter	45%
Roberts	52%
Sanborn	49%
Spink	56%
Stanley	48%
Sully	48%
Todd	15%
Tripp	45%
Turner	44%
Union	56%
Walworth	47%
Yankton	51%
Ziebach	13%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 38: Flu Vaccinations of Medicare Beneficiaries in South Dakota as of 2017, By County

Methodology: Flu Vaccinations is the percentage of fee-for-service Medicare enrollees that had a reimbursed flu vaccination during the year. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. An age-adjusted rate is reported in order to fairly compare counties with differing age structures.

State of South Dakota	2016	2017
Percent of South Dakotan Medicare Beneficiaries who have received a flu vaccination	45%	47%

County	Percentage of Medicare beneficiaries that have had the flu vaccine in 2017
Aurora	39%
Beadle	53%
Bennett	7%
Bon Homme	33%
Brookings	59%
Brown	52%
Brule	42%
Buffalo	37%
Butte	32%
Campbell	33%
Charles Mix	27%
Clark	33%
Clay	60%
Codington	58%
Corson	8%
Custer	41%
Davison	61%
Day	21%
Deuel	48%
Dewey	26%
Douglas	42%
Edmunds	42%
Fall River	20%
Faulk	22%
Grant	35%
Gregory	32%
Haakon	19%
Hamlin	41%
Hand	57%
Hanson	49%
Harding	33%
Hughes	56%
Hutchinson	29%

County	Percentage of Medicare beneficiaries that have had the flu vaccine in 2017
Hyde	23%
Jackson	11%
Jerauld	22%
Jones	16%
Kingsbury	42%
Lake	55%
Lawrence	50%
Lincoln	54%
Lyman	27%
Marshall	20%
McCook	45%
McPherson	49%
Meade	43%
Mellette	20%
Miner	26%
Minnehaha	59%
Moody	35%
Oglala Lakota	15%
Pennington	48%
Perkins	14%
Potter	28%
Roberts	25%
Sanborn	45%
Spink	27%
Stanley	52%
Sully	33%
Todd	20%
Tripp	20%
Turner	39%
Union	50%
Walworth	17%
Yankton	58%
Ziebach	19%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 39: Uninsured Adults, Aged 18 to 64 by County

State of South Dakota	2011	2013	2017
Percentage of uninsured adults aged 18 to 64	17%	16%	13%

County	Percentage Uninsured		
	2011	2013	2017
Aurora	20%	17%	17%
Beadle	19%	19%	17%
Bennett	29%	26%	28%
Bon Homme	16%	17%	12%
Brookings	17%	15%	10%
Brown	13%	12%	13%
Brule	19%	20%	20%
Buffalo	31 %	28%	27%
Butte	22%	20%	14%
Campbell	15%	15%	12%
Charles Mix	23%	24%	21%
Clark	19%	16%	16%
Clay	20%	17%	12%
Codington	16%	14%	10%
Corson	27%	28%	28%
Custer	15%	16%	13%
Davison	16%	14%	10%
Day	21%	19%	16%
Deuel	17%	15%	11%
Dewey	34%	29%	27%
Douglas	19%	18%	14%
Edmunds	16%	13%	12%
Fall River	19%	17%	12%
Faulk	18%	14%	11%
Grant	17%	16%	12%
Gregory	23%	20%	17%
Haakon	20%	17%	13%
Hamlin	18%	17%	13%
Hand	16%	14%	11%
Hanson	18%	17%	13%
Harding	22%	18%	14%
Hughes	15%	13%	11%
Hutchinson	16%	16%	13%

County	Percentage Uninsured		
	2011	2013	2017
Hyde	18%	19%	13%
Jackson	29%	29%	31%
Jerauld	15%	17%	12%
Jones	24%	22%	17%
Kingsbury	15%	14%	11%
Lake	14%	13%	9%
Lawrence	19%	15%	11%
Lincoln	11%	9%	7%
Lyman	27%	27%	23%
Marshall	16%	13%	19%
McCook	20%	18%	12%
McPherson	20%	20%	15%
Meade	19%	17%	12%
Mellette	28%	27%	29%
Miner	16%	13%	11%
Minnehaha	16%	15%	10%
Moody	18%	17%	17%
Oglala Lakota	25%	25%	24%
Pennington	18%	16%	14%
Perkins	24%	22%	17%
Potter	15%	15%	12%
Roberts	23%	22%	23%
Sanborn	19%	18%	14%
Spink	16%	14%	12%
Stanley	18%	18%	12%
Sully	15%	17%	13%
Todd	23%	23%	25%
Tripp	22%	22%	20%
Turner	15%	15%	11%
Union	9%	10%	9%
Walworth	19%	17%	16%
Yankton	17%	14%	11%
Ziebach	29%	28%	28%

Source: U. S. Census Bureau. (2020). Small Area Health Insurance Estimates (SAHIE) Program. Retrieved August 2020, from <https://www.census.gov/programs-surveys/sahie.html>

Table 40: Uninsured Children, Under 18 by County

State of South Dakota	2011	2013	2017
Percentage of uninsured children under age 18	6%	6%	6%

County	Percentage Uninsured		
	2011	2013	2017
Aurora	11%	9%	12%
Beadle	7%	8%	7%
Bennett	8%	8%	10%
Bon Homme	8%	9%	9%
Brookings	6%	6%	5%
Brown	5%	5%	6%
Brule	9%	10%	14%
Buffalo	9%	7%	7%
Butte	8%	7%	6%
Campbell	8%	9%	11%
Charles Mix	10%	11%	10%
Clark	9%	9%	11%
Clay	6%	7%	6%
Codington	5%	5%	5%
Corson	9%	9%	11%
Custer	8%	9%	8%
Davison	5%	5%	5%
Day	10%	9%	12%
Deuel	9%	8%	7%
Dewey	12%	8%	9%
Douglas	9%	9%	12%
Edmunds	7%	7%	11%
Fall River	7%	8%	6%
Faulk	8%	8%	8%
Grant	7%	7%	7%
Gregory	11%	10%	11%
Haakon	12%	11%	13%
Hamlin	8%	9%	8%
Hand	9%	8%	11%
Hanson	8%	8%	8%
Harding	11%	11%	10%
Hughes	6%	6%	6%
Hutchinson	7%	8%	10%

County	Percentage Uninsured		
	2011	2013	2017
Hyde	9%	11%	10%
Jackson	11%	10%	14%
Jerauld	7%	10%	12%
Jones	12%	12%	14%
Kingsbury	8%	8%	8%
Lake	5%	6%	5%
Lawrence	6%	6%	5%
Lincoln	4%	4%	4%
Lyman	11%	11%	11%
Marshall	7%	8%	15%
McCook	9%	9%	7%
McPherson	11%	11%	13%
Meade	6%	7%	6%
Mellette	10%	10%	12%
Miner	7%	8%	8%
Minnehaha	5%	5%	5%
Moody	10%	9%	12%
Oglala Lakota	7%	6%	6%
Pennington	6%	6%	6%
Perkins	13%	13%	15%
Potter	8%	9%	9%
Roberts	10%	10%	13%
Sanborn	9%	10%	10%
Spink	7%	7%	8%
Stanley	8%	8%	7%
Sully	8%	11%	11%
Todd	6%	6%	7%
Tripp	9%	10%	12%
Turner	7%	7%	7%
Union	4%	5%	6%
Walworth	7%	7%	8%
Yankton	6%	6%	5%
Ziebach	9%	8%	12%

Source: U. S. Census Bureau. (2020). Small Area Health Insurance Estimates (SAHIE) Program. Retrieved August 2020, from <https://www.census.gov/programs-surveys/sahie.html>

Table 41: Average EMS Dispatch to Enroute Time (in minutes) by County

Methodology: Data was queried through the South Dakota Department of Health Med-Media WebCUR System. Emergency Medical Services reported data from 2013 – 2015. Calculations are based on the difference between time of dispatch and time of enroute of EMS. County average times were calculated by averaging EMS reported data for each county.

State of South Dakota	2015
State average EMS dispatch to enroute time in minutes	5.62

County	Average Time (in minutes)
Aurora	n.d.
Beadle	6.29
Bennett	9.33
Bon Homme	4.47
Brookings	2.43
Brown	3.62
Brule	5.89
Buffalo	1.24
Butte	6.42
Campbell	4.22
Charles Mix	5.73
Clark	4.60
Clay	6.08
Codington	0.71
Corson	n.d.
Custer	6.03
Davison	1.75
Day	7.00
Deuel	4.87
Dewey	7.84
Douglas	5.75
Edmunds	4.99
Fall River	5.02
Faulk	5.24
Grant	4.49
Gregory	12.43
Haakon	10.19
Hamlin	7.72
Hand	6.55
Hanson	n.d.
Harding	5.04
Hughes	0.56
Hutchinson	5.63

County	Average Time (in minutes)
Hyde	4.42
Jackson	4.99
Jerauld	3.51
Jones	4.15
Kingsbury	6.31
Lake	11.21
Lawrence	2.99
Lincoln	5.81
Lyman	2.47
Marshall	7.10
McCook	3.94
McPherson	4.32
Meade	3.08
Mellette	7.49
Miner	10.65
Minnehaha	12.59
Moody	6.23
Oglala Lakota	3.46
Pennington	6.08
Perkins	6.58
Potter	15.37
Roberts	6.37
Sanborn	7.26
Spink	3.68
Stanley	n.d.
Sully	2.44
Todd	4.60
Tripp	20.73
Turner	8.58
Union	6.81
Walworth	4.81
Yankton	2.82
Ziebach	n.d.

n.d.: no data

Source: South Dakota Department of Health, Med-Media WebCUR System.

APPENDIX C | SUPPLEMENTAL TABLES FOR HEALTH RISK BEHAVIOR INDICATORS

Table 42: Percent of South Dakotans who Lack Adequate Access to Food by County, 2017

Table 43: Percent of South Dakotans that are Physically Inactive by County, 2016

Table 44: Percent of Adults in South Dakota that Smoke by County, 2017

Table 45: Percent of Mothers Who Used Tobacco while Pregnant, 2011, 2014, 2017

Table 46: Percent of Mothers who were Breastfeeding at Discharge, 2011, 2014, 2017

Table 47: Percent of South Dakotans who Report to be Excessive Drinkers, 2014, 2017

Table 42: Percent of South Dakotans who Lack Adequate Access to Food by County, 2017

Methodology Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. The numerator is the population with a lack of access, at times, to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods. The denominator is the total county population.

State of South Dakota	2017
Percent who lack adequate access to food	11%

County	Percent who lack adequate access to food
Aurora	8%
Beadle	13%
Bennett	18%
Bon Homme	10%
Brookings	13%
Brown	11%
Brule	12%
Buffalo	23%
Butte	11%
Campbell	8%
Charles Mix	14%
Clark	11%
Clay	16%
Codington	12%
Corson	22%
Custer	11%
Davison	12%
Day	12%
Deuel	10%
Dewey	21%
Douglas	10%
Edmunds	8%
Fall River	12%
Faulk	10%
Grant	9%
Gregory	12%
Haakon	12%
Hamlin	8%
Hand	10%
Hanson	9%
Harding	11%
Hughes	11%
Hutchinson	11%

County	Percent who lack adequate access to food
Hyde	11%
Jackson	21%
Jerauld	10%
Jones	11%
Kingsbury	9%
Lake	12%
Lawrence	12%
Lincoln	7%
Lyman	14%
Marshall	10%
McCook	9%
McPherson	12%
Meade	10%
Mellette	20%
Miner	10%
Minnehaha	11%
Moody	11%
Oglala Lakota	27%
Pennington	12%
Perkins	11%
Potter	9%
Roberts	14%
Sanborn	10%
Spink	10%
Stanley	9%
Sully	8%
Todd	25%
Tripp	13%
Turner	10%
Union	9%
Walworth	12%
Yankton	12%
Ziebach	22%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 43: Percent of South Dakotans that are Physically Inactive by County, 2016

Methodology: Physical Inactivity is based on responses to the Behavioral Risk Factor Surveillance Survey and is the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates. Beginning with the 2015 County Health Rankings, Physical Inactivity estimates include both landline and cell phone users. Previously, only landline users were included in the data. This change was implemented in order to provide users with the most accurate estimates of health in their community as possible.

County	Percent of population that are physically inactive
Aurora	19%
Beadle	19%
Bennett	23%
Bon Homme	27%
Brookings	15%
Brown	21%
Brule	25%
Buffalo	24%
Butte	22%
Campbell	22%
Charles Mix	23%
Clark	28%
Clay	20%
Codington	21%
Corson	26%
Custer	24%
Davison	22%
Day	30%
Deuel	27%
Dewey	27%
Douglas	23%
Edmunds	31%
Fall River	20%
Faulk	37%
Grant	25%
Gregory	36%
Haakon	30%
Hamlin	21%
Hand	21%
Hanson	22%
Harding	29%
Hughes	20%
Hutchinson	20%

County	Percent of population that are physically inactive
Hyde	19%
Jackson	26%
Jerauld	26%
Jones	22%
Kingsbury	24%
Lake	23%
Lawrence	18%
Lincoln	20%
Lyman	32%
Marshall	19%
McCook	27%
McPherson	26%
Meade	21%
Mellette	28%
Miner	24%
Minnehaha	19%
Moody	30%
Oglala Lakota	27%
Pennington	19%
Perkins	21%
Potter	30%
Roberts	33%
Sanborn	29%
Spink	30%
Stanley	23%
Sully	23%
Todd	28%
Tripp	28%
Turner	22%
Union	24%
Walworth	25%
Yankton	19%
Ziebach	27%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 44: Percent of Adults in South Dakota that Smoke by County, 2017

Methodology: Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime.

State of South Dakota	2017
Percent of adult population that are current smokers	19%

County	Percent of adult population that smoke
Aurora	12%
Beadle	16%
Bennett	27%
Bon Homme	15%
Brookings	13%
Brown	14%
Brule	16%
Buffalo	36%
Butte	16%
Campbell	12%
Charles Mix	20%
Clark	14%
Clay	16%
Codington	16%
Corson	32%
Custer	14%
Davison	15%
Day	15%
Deuel	13%
Dewey	31%
Douglas	13%
Edmunds	13%
Fall River	16%
Faulk	13%
Grant	13%
Gregory	16%
Haakon	15%
Hamlin	13%
Hand	13%
Hanson	14%
Harding	15%
Hughes	15%
Hutchinson	13%

County	Percent of adult population that smoke
Hyde	14%
Jackson	28%
Jerauld	12%
Jones	14%
Kingsbury	13%
Lake	14%
Lawrence	15%
Lincoln	13%
Lyman	21%
Marshall	14%
McCook	14%
McPherson	14%
Meade	16%
Mellette	29%
Miner	14%
Minnehaha	15%
Moody	17%
Oglala Lakota	38%
Pennington	16%
Perkins	14%
Potter	12%
Roberts	21%
Sanborn	14%
Spink	14%
Stanley	13%
Sully	13%
Todd	41%
Tripp	17%
Turner	14%
Union	13%
Walworth	15%
Yankton	15%
Ziebach	32%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Table 45: Percent of Mothers Who Used Tobacco while Pregnant, 2011, 2014, 2017

State of South Dakota	
Year	Percent of mothers who used tobacco while pregnant
2011	18.1%
2014	16.1%
2017	14.0%

County	Percent of mothers who used tobacco while pregnant			Change	
	2011	2014	2017	2011-2014	2014-2017
Aurora	14.8%	13.3%	10.6%	↓	↓
Beadle	19.9%	15.5%	12.8%	↓	↓
Bennett	21.9%	22.9%	25.5%	↑	↑
Bon Homme	16.1%	10.3%	10.9%	↓	→
Brookings	12.2%	11.5%	9.1%	→	↓
Brown	16.2%	18.3%	16.0%	↑	↓
Brule	18.7%	17.3%	15.2%	↓	↓
Buffalo	35.7%	33.5%	29.8%	↓	↓
Butte	23.8%	26.0%	20.7%	↑	↓
Campbell	LNE	LNE	4.8%	→	↑
Charles Mix	25.6%	23.4%	21.6%	↓	↓
Clark	15.0%	10.4%	9.4%	↓	↓
Clay	11.0%	10.0%	9.9%	↓	→
Codington	24.7%	23.2%	20.5%	↓	↓
Corson	24.8%	20.9%	25.2%	↓	↑
Custer	18.2%	19.2%	18.8%	→	→
Davison	22.3%	19.1%	19.3%	↓	→
Day	28.5%	29.6%	24.0%	↑	↓
Deuel	17.8%	15.7%	9.5%	↓	↓
Dewey	28.9%	26.9%	20.5%	↓	↓
Douglas	15.0%	9.1%	9.8%	↓	→
Edmunds	10.8%	10.6%	7.7%	→	↓
Fall River	28.7%	20.6%	17.5%	↓	↓
Faulk	7.4%	2.9%	2.5%	↓	→
Grant	16.4%	12.3%	12.8%	↓	→
Gregory	19.7%	16.5%	11.3%	↓	↓
Haakon	10.5%	11.0%	15.7%	→	↑
Hamlin	15.6%	14.9%	13.2%	→	↓
Hand	8.2%	8.4%	8.6%	→	→
Hanson	7.8%	7.1%	6.8%	→	→
Harding	8.2%	5.3%	6.7%	↓	↑

Continued, Table 45: Percent of Mothers Who Used Tobacco while Pregnant, 2011, 2014, 2017

County	Percent of mothers who used tobacco while pregnant			Change	
	2011	2014	2017	2011-2014	2014-2017
Hughes	20.7%	18.8%	18.2%	↓	→
Hutchinson	8.0%	8.5%	7.7%	→	→
Hyde	16.4%	13.0%	10.5%	↓	↓
Jackson	25.5%	19.4%	21.0%	↓	↑
Jerauld	12.1%	15.9%	14.5%	↓	↓
Jones	16.1%	20.0%	15.4%	↑	↓
Kingsbury	15.9%	13.9%	10.5%	↓	↓
Lake	17.5%	11.7%	11.2%	↓	→
Lawrence	20.8%	19.2%	16.2%	↓	↓
Lincoln	8.1%	6.4%	5.4%	↓	↓
Lyman	24.8%	28.1%	25.2%	↑	↓
Marshall	18.4%	17.7%	14.0%	→	↓
McCook	11.6%	10.9%	8.9%	→	↓
McPherson	12.1%	14.0%	9.1%	↑	↓
Meade	15.9%	15.0%	15.0%	→	→
Mellette	21.5%	20.8%	19.3%	→	↓
Miner	12.6%	10.6%	7.7%	↓	↓
Minnehaha	16.3%	13.5%	10.8%	↓	↓
Moody	20.8%	20.7%	15.1%	→	↓
Oglala Lakota	24.0%	20.1%	17.3%	↓	↓
Pennington	19.9%	17.5%	16.1%	↓	↓
Perkins	10.2%	12.0%	13.0%	↑	↑
Potter	9.4%	15.0%	9.9%	↑	↓
Roberts	28.8%	27.3%	29.2%	↓	↑

Continued, Table 45: Percent of Mothers Who Used Tobacco while Pregnant, 2011, 2014, 2017

County	Percent of mothers who used tobacco while pregnant			Change	
	2011	2014	2017	2011-2014	2014-2017
Sanborn	13.9%	15.2%	16.9%	↑	↑
Spink	16.1%	16.5%	13.6%	→	↓
Stanley	26.0%	17.5%	10.0%	↓	↓
Sully	11.2%	8.6%	10.8%	↓	↑
Todd	26.4%	25.3%	21.1%	↓	↓
Tripp	25.6%	21.7%	14.7%	↓	↓
Turner	13.0%	10.8%	8.9%	↓	↓
Union	13.8%	11.2%	7.6%	↓	↓
Walworth	23.2%	20.3%	17.0%	↓	↓
Yankton	22.2%	21.0%	19.8%	↓	↓
Ziebach	22.3%	22.1%	20.1%	→	↓

Note 1: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 represents 2013-2017

Note 2: Data for mothers who used tobacco are self-reported.

→ indicates the difference between 2011 and 2014 or between 2017 and 2017 is less than 1%.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from <https://doh.sd.gov/statistics/>

Table 46: Percent of Mothers who were Breastfeeding at Discharge, 2011, 2014, 2017

State of South Dakota	
Year	Percent of mothers who were breastfeeding at discharge
2011	73.1%
2014	75.9%
2017	79.4

County	Percent of mothers who were breastfeeding at discharge			Change	
	2011	2014	2017	2011-2014	2014-2018
Aurora	75.1%	74.4%	74.5%	→	→
Beadle	71.8%	73.9%	77.2%	↑	↑
Bennett	48.6%	50.4%	51.2%	↑	→
Bon Homme	74.5%	76.3%	82.2%	↑	↑
Brookings	81.3%	84.0%	86.9%	↑	↑
Brown	77.4%	80.3%	82.3%	↑	↑
Brule	70.4%	70.8%	69.9%	→	→
Buffalo	44.8%	43.1%	38.8%	↓	↓
Butte	78.5%	81.8%	85.4%	↑	↑
Campbell	82.6%	88.1%	86.9%	↑	↓
Charles Mix	66.8%	67.0%	68.5%	→	↑
Clark	84.3%	86.8%	88.0%	↑	↑
Clay	80.0%	79.4%	81.0%	→	↑
Codington	73.8%	75.4%	77.8%	↑	↑
Corson	49.2%	56.9%	52.7%	↑	↓
Custer	82.6%	80.6%	87.2%	↓	↑
Davison	66.5%	71.8%	73.7%	↑	↑
Day	69.8%	70.7%	76.5%	→	↑
Deuel	71.4%	84.6%	85.8%	↑	↑
Dewey	49.3%	50.2%	54.0%	→	↑
Douglas	83.1%	87.4%	89.7%	↑	↑
Edmunds	78.0%	83.0%	89.4%	↑	↑
Fall River	78.8%	78.8%	80.7%	→	↑
Faulk	82.0%	90.7%	90.7%	↑	→
Grant	62.2%	78.4%	83.2%	↑	↑
Gregory	68.9%	74.1%	78.9%	↑	↑
Haakon	90.4%	84.0%	84.3%	↓	→
Hamlin	86.3%	86.8%	88.4%	→	↑
Hand	77.3%	78.1%	86.6%	→	↑
Hanson	77.7%	83.5%	85.6%	↑	↑

Continued, Table 46: Percent of Mothers who were Breastfeeding at Discharge, 2011, 2014, 2017

County	Percent of mothers who were breastfeeding at discharge			Change	
	2011	2014	2017	2011-2014	2014-2018
Harding	87.3%	89.2%	94.2%	↑	↑
Hughes	71.7%	75.3%	77.2%	↑	↑
Hutchinson	79.1%	81.5%	83.5%	↑	↑
Hyde	72.7%	73.1%	80.2%	→	↑
Jackson	49.1%	56.5%	61.9%	↑	↑
Jerauld	83.2%	83.3%	79.1%	→	↓
Jones	79.0%	88.0%	88.5%	↑	→
Kingsbury	78.5%	82.7%	88.0%	↑	↑
Lake	78.4%	79.7%	82.5%	→	↑
Lawrence	80.0%	82.0%	85.0%	↑	↑
Lincoln	78.6%	80.6%	85.1%	↑	↑
Lyman	62.5%	59.4%	62.5%	↓	↑
Marshall	73.3%	76.3%	81.0%	↑	↑
McCook	76.7%	75.9%	83.5%	→	↑
McPherson	80.4%	84.2%	84.3%	↑	→
Meade	82.5%	85.1%	87.8%	↑	↑
Mellette	69.4%	74.4%	67.8%	↑	↓
Miner	75.8%	82.1%	83.1%	↑	↑
Minnehaha	73.6%	76.3%	80.9%	↑	↑
Moody	70.8%	75.1%	78.9%	↑	↑
Oglala Lakota	49.9%	51.4%	56.8%	↑	↑
Pennington	78.2%	80.8%	84.2%	↑	↑
Perkins	79.7%	80.6%	86.2%	→	↑
Potter	66.7%	80.7%	87.4%	↑	↑
Roberts	62.0%	68.1%	68.9%	↑	→

Continued, Table 46: Percent of Mothers who were Breastfeeding at Discharge, 2011, 2014, 2017

County	Percent of mothers who were breastfeeding at discharge			Change	
	2011	2014	2017	2011-2014	2014-2018
Sanborn	78.3%	81.6%	83.0%	↑	↑
Spink	74.9%	80.8%	84.0%	↑	↑
Stanley	75.0%	76.3%	85.2%	↑	↑
Sully	75.6%	77.8%	77.1%	↑	→
Todd	55.6%	60.6%	60.8%	↑	→
Tripp	65.9%	67.5%	74.9%	↑	↑
Turner	76.3%	78.4%	81.0%	↑	↑
Union	77.2%	80.9%	83.1%	↑	↑
Walworth	63.4%	71.8%	72.6%	↑	→
Yankton	68.7%	69.7%	76.1%	→	↑
Ziebach	52.5%	55.7%	66.9%	↑	↑

Note 1: 2011 represents 2007-2011 data. 2014 represents 2010-2014 data. 2017 data represent 2013-2017.

Note 2: Data for mothers who breastfed are self-supported.

→ indicates the difference between 2011 and 2014 and between 2014 and 2017 is less than 1%.

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from <https://doh.sd.gov/statistics/>

Table 47: Percent of South Dakotans who Report to be Excessive Drinkers, 2017

Methodology: Excessive Drinking measures the percentage of a county’s adult population that reports binge or heavy drinking in the past 30 days.

State of South Dakota	2017
Percent of adult population that excessively drinks	19%

County	Percent of population who drink excessively
Aurora	19%
Beadle	17%
Bennett	16%
Bon Homme	20%
Brookings	20%
Brown	18%
Brule	17%
Buffalo	17%
Butte	16%
Campbell	18%
Charles Mix	16%
Clark	19%
Clay	23%
Codington	19%
Corson	15%
Custer	16%
Davison	18%
Day	16%
Deuel	19%
Dewey	19%
Douglas	18%
Edmunds	18%
Fall River	16%
Faulk	17%
Grant	18%
Gregory	16%
Haakon	16%
Hamlin	19%
Hand	18%
Hanson	20%
Harding	19%
Hughes	19%
Hutchinson	17%

County	Percent of population who drink excessively
Hyde	17%
Jackson	16%
Jerauld	17%
Jones	17%
Kingsbury	18%
Lake	18%
Lawrence	20%
Lincoln	21%
Lyman	17%
Marshall	19%
McCook	19%
McPherson	16%
Meade	20%
Mellette	14%
Miner	18%
Minnehaha	19%
Moody	18%
Oglala Lakota	16%
Pennington	18%
Perkins	17%
Potter	17%
Roberts	18%
Sanborn	20%
Spink	19%
Stanley	20%
Sully	19%
Todd	18%
Tripp	16%
Turner	17%
Union	20%
Walworth	18%
Yankton	20%
Ziebach	15%

Source: University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

APPENDIX D | HEALTH INDICATORS RANKING BY COUNTY, FULL LIST

	HEALTH STATUS																				TOTAL					
	Health Outcomes		Health Factors		Poor or Fair Health	Life Expectancy (Male)		Life Expectancy (Female)		Total Mortality Rate	Infant Mortality Rate	Heart Disease Mortality Rate	Cancer Mortality Rate	Chronic Lower Respiratory Disease Mortality Rate	Alzheimer's Mortality Rate	Stroke Mortality Rate	Accident Mortality Rate	Diabetes Mortality Rate	Suicide	Influenza/Pneumonia Mortality Rate		Chronic Liver Disease Mortality Rate	Adult Obesity	Diabetes Prevalence	Cancer Prevalence	Anxiety Disorder Diagnosis
Aurora	25	24	2	20	37	7	1	34	10	6	51	65	33	19	1	43	1	48	66	43	17	47	19	619		
Beadle	42	46	44	47	34	36	47	19	50	17	52	53	30	48	34	62	39	42	13	28	30	33	25	871		
Bennett	53	55	58	60	59	60	66	55	60	59	12	9	58	62	49	53	58	63	53	6	33	33	40	1114		
Bon Homme	6	35	31	4	6	9	54	8	20	35	16	42	21	25	23	47	1	59	46	45	18	22	13	586		
Brookings	4	3	15	3	17	11	45	29	26	11	23	52	10	24	27	15	27	9	3	27	57	9	38	485		
Brown	13	12	31	24	27	25	38	24	41	25	41	40	15	35	29	33	28	32	24	21	38	40	40	676		
Brule	15	30	31	30	29	24	49	41	19	22	36	6	18	39	33	32	26	14	2	65	35	30	44	670		
Buffalo	61	59	66	64	64	66	61	60	66	42	1	50	62	65	66	65	64	65	58	29	55	57	41	1287		
Butte	38	37	44	52	55	40	48	51	47	58	33	29	32	11	18	10	41	32	34	23	37	3	23	796		
Campbell	30	28	44	12	1	8	1	12	3	8	13	20	60	51	1	1	1	26	1	12	7	2	2	344		
Charles Mix	50	51	55	53	50	55	36	49	49	29	58	43	52	56	58	45	56	63	24	35	46	43	59	1115		
Clark	36	33	31	39	17	27	57	17	32	19	37	58	42	50	1	24	1	26	24	63	23	20	16	693		
Clay	14	29	44	24	24	47	1	65	53	39	19	44	8	20	19	55	29	19	7	54	13	12	50	689		
Codington	20	19	31	20	41	19	34	30	51	29	35	25	15	27	21	17	20	32	24	34	53	44	43	684		
Corson	59	58	63	62	62	63	50	66	61	27	1	12	61	59	63	61	61	55	60	18	33	33	64	1152		
Custer	37	31	15	24	29	17	1	20	7	10	17	34	43	15	41	55	43	26	58	8	33	41	24	629		
Davison	21	7	31	34	29	33	43	47	40	24	21	38	23	30	26	44	30	6	7	53	10	10	50	657		
Day	41	44	44	49	46	32	1	38	12	13	42	56	50	32	24	22	44	42	34	41	34	36	25	802		
Deuel	8	36	15	20	14	10	1	13	35	32	29	55	6	8	1	26	1	42	34	44	4	8	6	448		
Dewey	56	57	61	63	63	64	59	58	56	37	10	24	66	63	59	66	63	55	62	50	33	33	66	1224		
Douglas	33	33	2	9	11	12	1	7	30	48	56	7	39	28	1	20	54	14	46	64	2	34	28	579		
Edmunds	29	18	2	15	14	6	1	16	11	16	27	15	40	29	1	39	1	26	24	59	14	23	6	432		
Fall River	48	41	44	58	53	58	1	61	55	64	39	44	46	51	43	46	46	38	34	14	43	14	27	968		
Faulk	46	43	15	5	12	28	1	18	36	43	45	28	19	32	48	13	53	48	7	36	24	25	9	634		
Grant	2	8	15	36	43	45	1	48	18	53	59	64	26	42	47	51	19	6	7	47	47	54	33	771		
Gregory	24	45	44	40	51	50	60	42	52	50	26	39	56	38	24	9	57	19	13	19	9	13	13	793		
Haakon	45	23	44	32	46	36	1	25	44	63	1	32	5	1	52	60	1	4	34	13	15	26	21	624		
Hamlin	1	20	2	45	44	39	40	11	29	14	64	54	25	21	28	37	36	14	13	56	16	17	11	637		
Hand	26	2	2	2	8	18	1	9	24	52	14	61	31	37	44	33	35	26	6	52	42	35	4	564		
Hanson	19	16	2	7	5	57	65	59	65	1	48	26	36	43	35	50	1	9	43	9	27	11	3	637		
Harding	33	33	15	40	10	2	1	5	2	1	1	59	22	60	1	1	1	59	7	2	41	45	4	445		
Hughes	17	13	31	10	52	22	53	23	21	43	20	51	20	47	32	57	24	38	13	40	5	39	49	720		
Hutchinson	12	17	15	17	14	29	1	39	9	18	57	63	44	12	1	28	1	38	24	57	20	18	12	546		
Hyde	33	33	31	24	48	42	1	62	5	12	24	57	45	23	1	54	1	3	3	58	21	21	7	609		
Jackson	54	53	59	59	60	59	58	63	58	49	1	12	64	58	56	23	60	41	46	24	33	33	38	1061		
Jerauld	33	5	2	19	4	5	1	4	42	4	65	30	41	1	1	36	1	1	62	20	40	5	9	431		
Jones	33	33	15	32	22	15	1	3	28	54	1	1	1	1	1	1	1	6	34	10	3	7	30	333		
Kingsbury	31	9	15	45	44	49	1	46	59	25	31	41	47	18	55	52	48	19	13	55	28	38	21	790		
Lake	5	15	15	12	12	16	52	35	8	38	40	62	9	44	45	14	31	32	13	42	39	1	28	608		
Lawrence	47	6	2	5	29	23	54	15	17	51	32	19	35	21	39	27	34	4	13	32	52	15	26	598		
Lincoln	3	1	1	1	3	3	44	6	4	9	47	16	4	5	20	11	18	19	7	33	6	24	36	321		
Lyman	52	52	55	54	57	54	1	40	37	31	49	44	54	53	65	28	55	52	43	15	8	16	57	972		
Marshall	34	39	15	20	26	21	51	21	14	45	25	66	38	10	40	11	22	19	34	5	51	49	39	695		
McCook	11	32	15	50	37	56	1	54	64	3	61	60	29	49	30	19	1	42	13	48	56	50	21	802		
McPherson	51	34	31	10	8	35	1	64	23	7	33	37	28	46	62	1	45	26	43	66	32	27	1	711		

APPENDIX D | HEALTH INDICATORS RANKING BY COUNTY, FULL LIST

	HEALTH STATUS																							
	Health Outcomes	Health Factors	Poor or Fair Health	Life Expectancy (Male)	Life Expentancy (Female)	Total Mortality Rate	Infant Mortality Rate	Heart Disease Mortality Rate	Cancer Mortality Rate	Chronic Lower Respiratory Disease Mortality Rate	Alzheimer's Mortality Rate	Stroke Mortality Rate	Accident Mortality Rate	Diabetes Mortality Rate	Suicide	Influenza/Pneumonia Mortality Rate	Chronic Liver Disease Mortality Rate	Adult Obesity	Diabetes Prevalence	Cancer Prevalence	Anxiety Disorder Diagnosis	Depression Diagnosis	STD Incidence Rates	TOTAL
Meade	32	27	31	48	37	26	35	26	38	60	15	23	14	13	46	28	33	14	13	17	31	42	42	691
Mellette	57	56	62	61	61	61	1	57	27	66	55	21	57	61	54	48	65	42	53	4	33	33	38	1073
Miner	27	10	15	24	20	53	1	50	57	20	43	48	48	57	1	1	2	46	30	12	31	13	610	
Minnehaha	22	21	31	36	41	34	39	33	42	34	53	36	24	14	35	21	31	32	13	51	49	37	56	785
Moody	9	49	44	40	6	13	46	37	15	5	54	22	12	36	42	1	25	48	46	11	22	48	29	660
Oglala Lakota	60	60	59	66	66	65	63	52	63	41	11	48	65	66	60	63	66	59	65	38	33	33	63	1265
Pennington	40	38	53	17	27	20	42	30	31	15	29	14	27	7	37	18	40	14	24	26	50	55	51	705
Perkins	43	14	31	40	48	43	1	27	33	55	46	27	11	25	1	31	38	19	24	7	48	28	2	642
Potter	39	22	2	36	29	30	1	10	6	33	49	4	53	54	50	41	1	9	24	61	45	51	10	660
Roberts	44	50	55	56	56	52	41	28	48	40	28	47	49	31	57	35	51	48	60	25	19	56	57	1033
Sanborn	18	42	2	30	17	44	1	14	46	21	66	8	13	17	1	25	50	55	46	62	1	6	15	600
Spink	16	47	15	34	34	38	1	36	45	28	44	16	51	45	1	59	22	59	53	39	25	46	15	769
Stanley	23	4	2	40	34	4	1	2	54	65	1	5	3	32	61	1	52	9	34	16	54	52	29	578
Sully	33	33	2	8	2	1	1	1	13	23	1	1	1	1	1	1	1	9	3	1	29	32	10	208
Todd	58	61	64	65	65	62	64	56	62	61	18	35	63	64	64	64	62	55	53	60	33	33	60	1282
Tripp	49	48	53	51	37	41	1	52	22	36	60	18	17	16	1	37	49	42	34	49	33	33	23	802
Turner	10	26	15	24	22	48	62	44	39	57	62	10	37	6	38	15	47	52	24	46	36	53	29	802
Union	7	11	2	12	20	14	36	22	33	46	22	11	7	9	22	42	37	19	46	37	44	29	39	567
Walworth	28	40	15	54	53	51	1	32	25	55	62	33	55	40	51	58	42	32	53	31	26	19	56	912
Yankton	35	25	31	15	24	30	56	43	16	47	38	31	34	40	30	40	21	52	13	22	11	4	41	699
Ziebach	55	54	64	57	58	46	1	45	1	62	1	1	59	55	53	49	59	66	62	3	33	33	40	957

APPENDIX D | HEALTH INDICATORS RANKING BY COUNTY, FULL LIST

	HEALTH ACCESS															
	Dentists ratio to population	Poverty Level	Free & reduced school lunch	Have a personal doctor/provider	Have a usual place to go for medical care	Could not see a doctor due to cost	Live birth rate	Low birth weight	Prenatal care in first trimester	Colorectal cancer screening	Breast cancer screening	Infuenza vaccination	Uninsured adults, aged 18 to 64	Uninsured children, under 18	EMS, average dispatch to enroute	TOTAL
Aurora	55	18	47	46	32	33	20	58	31	9	25	29	46	51	33	533
Beadle	29	38	49	39	34	5	60	42	48	30	30	11	46	18	40	519
Bennett	22	59	33	33	33	26	26	24	53	51	60	66	62	37	54	639
Bon Homme	37	49	21	18	25	12	36	13	16	10	2	34	17	34	20	344
Brookings	38	31	7	14	2	15	62	22	7	19	20	3	4	2	5	251
Brown	24	24	7	55	49	13	63	38	33	13	1	12	29	9	13	383
Brule	40	50	52	5	48	18	27	26	42	3	14	23	53	62	35	498
Buffalo	3	64	33	3	47	38	7	61	66	65	61	31	60	18	3	560
Butte	21	44	50	42	17	30	49	48	17	20	52	39	37	9	43	518
Campbell	55	23	11	44	37	33	1	1	13	14	4	34	17	43	17	347
Charles Mix	26	55	59	19	44	23	50	32	42	36	41	43	55	37	32	594
Clark	26	35	43	43	29	33	29	38	38	6	20	34	43	43	22	482
Clay	14	53	21	30	4	26	44	20	5	31	45	2	17	9	37	358
Codington	8	27	34	35	19	20	61	48	10	22	2	5	4	2	2	299
Corson	32	61	33	33	33	41	42	65	64	55	64	65	62	43	33	726
Custer	54	17	47	12	12	28	28	60	30	26	52	27	29	26	36	484
Davison	5	32	30	50	55	10	59	40	8	12	10	1	4	2	4	322
Day	52	47	43	4	50	8	33	16	28	40	14	52	43	51	47	528
Deuel	49	8	21	28	8	39	25	8	5	56	25	18	8	18	25	341
Dewey	16	58	43	33	33	22	48	65	59	63	62	46	60	34	52	694
Douglas	42	34	25	38	22	21	20	26	20	49	30	23	37	51	33	471
Edmunds	55	28	30	49	26	33	17	5	44	43	20	23	17	43	26	459
Fall River	13	40	58	15	39	36	22	53	36	16	57	53	17	9	28	492
Faulk	55	48	3	33	53	33	13	58	49	61	5	50	8	26	30	525
Grant	15	15	41	53	51	33	37	13	14	21	25	32	17	18	21	406
Gregory	33	51	53	23	42	33	24	3	40	37	34	39	46	43	58	559
Haakon	31	24	11	17	21	6	1	2	22	15	56	58	29	59	55	407
Hamlin	33	9	27	37	27	33	46	7	27	41	10	27	29	26	51	430
Hand	19	14	1	31	35	3	18	46	55	17	17	7	8	43	44	358
Hanson	55	5	4	55	36	33	19	48	34	59	34	16	29	26	33	486
Harding	55	22	11	16	20	33	6	3	11	45	58	34	37	37	29	417
Hughes	23	10	20	33	44	11	55	35	60	7	17	8	8	9	1	341
Hutchinson	47	28	40	8	8	33	45	18	35	31	34	41	29	37	31	465
Hyde	55	21	17	9	7	33	1	46	45	1	5	49	29	37	19	374
Jackson	45	60	57	33	33	37	34	48	55	54	55	64	66	62	26	729
Jerauld	4	45	17	36	38	33	8	22	18	57	41	50	17	51	12	449
Jones	2	41	43	24	1	33	5	26	54	18	51	61	46	62	16	483
Kingsbury	11	7	15	25	8	2	32	26	9	25	17	23	8	26	41	275
Lake	35	18	26	54	53	25	47	26	22	32	30	9	2	2	57	438
Lawrence	17	37	32	25	3	31	53	64	11	38	41	14	8	2	9	385
Lincoln	7	1	2	52	43	7	64	26	2	23	10	10	1	1	34	283
Lyman	55	56	51	1	41	4	35	61	63	52	20	43	56	43	7	588
Marshall	50	32	41	21	27	42	40	20	52	44	10	53	52	65	48	597
McCook	53	12	7	45	14	33	8	10	21	8	34	20	17	18	15	315
McPherson	39	52	53	57	52	33	29	52	55	58	25	16	42	59	18	640

APPENDIX D | HEALTH INDICATORS RANKING BY COUNTY, FULL LIST

	HEALTH ACCESS															
	Dentists ratio to population	Poverty Level	Free & reduced school lunch	Have a personal doctor/provider	Have a usual place to go for medical care	Could not see a doctor due to cost	Live birth rate	Low birth weight	Prenatal care in first trimester	Colorectal cancer screening	Breast cancer screening	Infulenza vaccination	Uninsured adults, aged 18 to 64	Uninsured children, under 18	EMS, average dispatch to enroute	TOTAL
Meade	20	4	36	13	5	29	57	56	15	39	45	22	17	9	10	377
Mellette	55	62	33	33	33	33	15	13	62	53	58	53	65	51	50	669
Miner	1	28	11	28	13	33	12	56	39	2	7	46	8	26	56	366
Minnehaha	26	12	4	46	23	24	66	40	19	33	14	3	4	2	59	375
Moody	44	15	36	2	56	33	38	25	22	34	34	32	46	51	39	507
Oglala Lakota	46	66	33	33	33	33	57	53	46	62	62	62	58	9	11	664
Pennington	10	42	34	11	14	32	65	44	25	50	45	18	37	9	37	473
Perkins	41	43	32	22	29	33	15	32	29	46	52	63	46	65	45	593
Potter	36	18	27	5	14	33	8	36	49	5	48	42	17	34	60	432
Roberts	12	57	55	7	56	14	52	6	47	48	20	48	56	59	42	579
Sanborn	55	39	36	27	33	34	13	12	25	29	33	20	37	37	49	479
Spink	18	35	21	41	46	33	39	9	36	27	7	43	17	26	14	412
Stanley	43	3	15	10	6	9	22	18	51	42	34	12	17	18	33	333
Sully	55	5	7	32	11	33	4	10	61	47	34	34	29	43	6	411
Todd	51	65	33	33	33	34	54	61	65	64	65	53	59	18	22	710
Tripp	5	54	55	33	33	17	41	42	32	28	48	53	53	51	61	606
Turner	48	10	19	19	18	33	43	16	4	35	50	29	8	18	53	403
Union	8	2	4	51	31	1	51	37	1	4	7	14	2	9	46	268
Walworth	25	46	27	40	23	19	29	32	41	24	41	60	43	26	24	500
Yankton	30	24	39	48	40	15	56	55	3	11	25	5	8	2	8	369
Ziebach	55	63	60	33	33	40	8	44	58	60	66	58	62	51	33	724

APPENDIX D | HEALTH INDICATORS RANKING BY COUNTY, FULL LIST

	HEALTH RISK BEHAVIORS						
	Access to healthy foods	Physical inactivity	Adult Smoking	Mother's tobacco use during pregnancy	Mother's breastfeeding at discharge	Excessive drinking	TOTAL
Aurora	47	13	1	23	51	43	178
Beadle	15	8	44	29	45	16	157
Bennett	64	44	58	64	65	4	299
Bon Homme	6	38	34	26	34	56	194
Brookings	37	3	5	13	12	56	126
Brown	15	29	19	42	33	28	166
Brule	30	45	44	39	54	16	228
Buffalo	66	57	64	66	66	16	335
Butte	19	21	44	57	18	4	163
Campbell	55	9	1	2	12	28	107
Charles Mix	6	2	55	60	56	4	183
Clark	36	51	19	15	7	43	171
Clay	28	28	44	18	35	66	219
Codington	23	35	44	55	44	43	244
Corson	63	56	62	62	64	2	309
Custer	15	43	19	50	11	4	142
Davison	11	39	34	51	52	28	215
Day	39	48	34	61	48	4	234
Deuel	48	15	5	16	16	43	143
Dewey	45	64	61	55	63	43	331
Douglas	51	29	5	17	3	28	133
Edmunds	39	63	5	7	4	28	146
Fall River	30	23	44	48	39	4	188
Faulk	46	46	5	1	2	16	116
Grant	8	11	5	29	28	28	109
Gregory	30	59	44	28	42	4	207
Haakon	38	48	34	41	22	4	187
Hamlin	56	21	5	32	6	43	163
Hand	30	31	5	10	14	28	118
Hanson	11	5	19	5	17	56	113
Harding	56	41	34	4	1	43	179
Hughes	8	32	34	49	45	43	211
Hutchinson	5	6	5	7	26	16	65
Hyde	43	12	19	21	40	16	151
Jackson	61	60	59	58	60	4	302
Jerauld	53	40	1	35	41	16	186
Jones	56	32	19	40	5	16	168
Kingsbury	34	50	5	21	7	28	145
Lake	3	37	19	27	32	28	146
Lawrence	11	4	34	44	21	56	170
Lincoln	1	14	5	3	20	65	108
Lyman	60	61	56	63	59	16	315
Marshall	43	26	19	34	35	43	200
McCook	23	26	19	11	26	43	148
McPherson	48	47	19	13	22	4	153

	HEALTH RISK BEHAVIORS						
	Access to healthy foods	Physical inactivity	Adult Smoking	Mother's tobacco use during pregnancy	Mother's breastfeeding at discharge	Excessive drinking	TOTAL
Meade	19	16	44	37	9	56	181
Mellette	62	62	60	51	57	1	293
Miner	23	7	19	7	29	28	113
Minnehaha	8	23	34	24	38	43	170
Moody	53	54	53	38	42	28	268
Oglala Lakota	65	53	65	47	62	4	296
Pennington	15	25	44	43	24	28	179
Perkins	39	18	19	31	15	16	138
Potter	56	58	1	18	10	16	159
Roberts	23	66	56	65	55	28	293
Sanborn	51	65	19	45	31	56	267
Spink	29	34	19	33	25	43	183
Stanley	11	42	5	20	19	56	153
Sully	39	18	5	24	47	43	176
Todd	34	52	66	59	61	28	300
Tripp	19	36	53	36	50	4	198
Turner	1	20	19	11	35	16	102
Union	3	1	5	6	29	56	100
Walworth	19	16	34	46	53	28	196
Yankton	23	9	34	53	49	56	224
Ziebach	48	55	63	54	58	2	280

APPENDIX E | QUARTILE RANKINGS, ALL COUNTIES

	HEALTH STATUS (Sum)		HEALTH ACCESS (Sum)		HEALTH RISK BEHAVIORS (Sum)	
FIRST QUARTILE	Sully	208	Brookings	251	Hutchinson	65
	Lincoln	321	Union	268	Union	100
	Jones	333	Kingsbury	275	Turner	102
	Campbell	344	Lincoln	283	Campbell	107
	Jerauld	431	Codington	299	Lincoln	108
	Edmunds	432	McCook	315	Grant	109
	Harding	445	Davison	322	Hanson	113
	Deuel	448	Stanley	333	Miner	113
	Brookings	485	Deuel	341	Faulk	116
	Hutchinson	546	Hughes	341	Hand	118
	Hand	564	Bon Homme	344	Brookings	126
	Union	567	Campbell	347	Douglas	133
	Stanley	578	Clay	358	Perkins	138
	Douglas	579	Hand	358	Custer	142
	Bon Homme	586	Miner	366	Deuel	143
	Lawrence	598	Yankton	369	Kingsbury	145
SECOND QUARTILE	Sanborn	600	Hyde	374	Edmunds	146
	Lake	608	Minnehaha	375	Lake	146
	Hyde	609	Meade	377	McCook	148
	Miner	610	Brown	383	Hyde	151
	Aurora	619	Lawrence	385	McPherson	153
	Haakon	624	Turner	403	Stanley	153
	Custer	629	Grant	406	Beadle	157
	Faulk	634	Haakon	407	Potter	159
	Hamlin	637	Sully	411	Butte	163
	Hanson	637	Spink	412	Hamlin	163
	Perkins	642	Harding	417	Brown	166
	Davison	657	Hamlin	430	Jones	168
	Moody	660	Potter	432	Lawrence	170
	Potter	660	Lake	438	Minnehaha	170
	Brule	670	Jerauld	449	Clark	171
	Brown	676	Edmunds	459	Sully	176
Codington	684	Hutchinson	465	Aurora	178	

	HEALTH STATUS (Sum)		HEALTH ACCESS (Sum)		HEALTH RISK BEHAVIORS (Sum)	
THIRD QUARTILE	Clay	689	Douglas	471	Harding	179
	Meade	691	Pennington	473	Pennington	179
	Clark	693	Sanborn	479	Meade	181
	Marshall	695	Clark	482	Charles Mix	183
	Yankton	699	Jones	483	Spink	183
	Pennington	705	Custer	484	Jerauld	186
	McPherson	711	Hanson	486	Haakon	187
	Hughes	720	Fall River	492	Fall River	188
	Spink	769	Brule	498	Bon Homme	194
	Grant	771	Walworth	500	Walworth	196
	Minnehaha	785	Moody	507	Tripp	198
	Kingsbury	790	Butte	518	Marshall	200
	Gregory	793	Beadle	519	Gregory	207
	Butte	796	Faulk	525	Hughes	211
	Day	802	Day	528	Davison	215
	Tripp	802	Aurora	533	Clay	219
	McCook	802	Gregory	559	Yankton	224
FOURTH QUARTILE	Turner*	802	Buffalo	560	Brule	228
	Beadle	871	Roberts	579	Day	234
	Walworth	912	Lyman	588	Codington	244
	Ziebach	957	Perkins	593	Sanborn	267
	Fall River	968	Charles Mix	594	Moody	268
	Lyman	972	Marshall	597	Ziebach	280
	Roberts	1033	Tripp	606	Mellette	293
	Jackson	1061	Bennett	639	Roberts	293
	Mellette	1073	McPherson	640	Oglala Lakota	296
	Bennett	1114	Oglala Lakota	664	Bennett	299
	Charles Mix	1115	Mellette	669	Todd	300
	Corson	1152	Dewey	694	Jackson	302
	Dewey	1224	Todd	710	Corson	309
	Oglala Lakota	1265	Ziebach	724	Lyman	315
	Todd	1282	Corson	726	Dewey	331
	Buffalo	1287	Jackson	729	Buffalo	335

*Turner County is in the Third Quartile with a sum of 802.

APPENDIX F | SOUTH DAKOTA POPULATION DEMOGRAPHICS

- Table 48: Total Population by County, 2011, 2014, and 2017
- Table 49: White Population by County, 2011, 2014, and 2017
- Table 50: Non-White Population by County, 2011, 2014, and 2017
- Table 51: Population by Age, by County, 2011, 2014, and 2017
- Table 52: Unintentional Drug Overdose – Fatal per 100,000
- Table 53: Unintentional Drug Overdose - Non-Fatal per 100,000
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- Table 72: Per Capita Income

Table 48: Total Population by County, 2011, 2014, and 2017

State of South Dakota	2011	2014	2017
Total population	824,082	853,175	869,666

County	Total population		
	2011	2014	2017
Aurora	2,694	2,745	2,738
Beadle	17,550	18,169	18,157
Bennett	3,441	3,430	3,454
Bon Homme	6,983	7,023	6,984
Brookings	32,226	33,314	34,255
Brown	36,822	38,408	39,178
Brule	5,283	5,309	5,312
Buffalo	1,988	2,077	1,999
Butte	10,259	10,298	10,107
Campbell	1,427	1,386	1,379
Charles Mix	9,208	9,287	9,428
Clark	3,628	3,645	3,668
Clay	14,051	13,932	13,990
Codington	27,442	27,938	28,099
Corson	4,022	4,182	4,203
Custer	8,338	8,445	8,691
Davison	19,651	19,885	19,704
Day	5,741	5,588	5,521
Deuel	4,359	4,312	4,281
Dewey	5,421	5,662	5,835
Douglas	2,972	2,973	2,931
Edmunds	4,056	3,983	3,919
Fall River	6,981	6,845	6,687
Faulk	2,367	2,357	2,329
Grant	7,250	7,241	7,061
Gregory	4,216	4,217	4,226
Haakon	1,907	1,847	1,943
Hamlin	5,978	5,989	5,948
Hand	3,423	3,345	3,277
Hanson	3,376	3,419	3,423
Harding	1,269	1,250	1,242
Hughes	17,292	17,642	17,666
Hutchinson	7,257	7,200	7,358

County	Total population		
	2011	2014	2017
Hyde	1,394	1,396	1,318
Jackson	3,169	3,274	3,289
Jerauld	2,085	2,007	2,028
Jones	1,003	975	936
Kingsbury	5,179	5,075	4,952
Lake	11,567	12,368	12,809
Lawrence	24,312	24,657	25,429
Lincoln	46,793	51,548	56,664
Lyman	3,806	3,877	3,904
Marshall	4,597	4,683	4,804
McCook	5,556	5,649	5,499
McPherson	2,452	2,429	2,426
Meade	25,546	26,951	28,018
Mellette	2,067	2,100	2,088
Miner	2,359	2,316	2,228
Minnehaha	171,752	182,882	188,616
Moody	6,475	6,367	6,579
Oglala Lakota	13,928	14,218	14,354
Pennington	102,815	108,242	110,141
Perkins	3,001	3,033	2,974
Potter	2,364	2,340	2,231
Roberts	10,286	10,374	10,278
Sanborn	2,392	2,336	2,450
Spink	6,470	6,598	6,410
Stanley	3,002	2,983	3,011
Sully	1,375	1,438	1,407
Todd	9,822	9,882	10,065
Tripp	5,615	5,512	5,460
Turner	8,332	8,272	8,315
Union	14,651	15,029	15,029
Walworth	5,575	5,511	5,543
Yankton	22,612	22,684	22,662
Ziebach	2,852	2,826	2,756

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators.

<https://doh.sd.gov/statistics/>

Table 49: White Population by County, 2011, 2014, and 2017

State	White		
	2011	2014	2017
South Dakota	713,655	731,359	738,554

County	White		
	2011	2014	2017
Aurora	2,597	2,635	2,595
Beadle	16,041	16,107	15,561
Bennett	1,197	1,192	1,204
Bon Homme	6,285	6,303	6,218
Brookings	30,228	30,970	31,883
Brown	34,465	35,019	34,890
Brule	4,670	4,617	4,528
Buffalo	350	383	317
Butte	9,715	9,723	9,521
Campbell	1,406	1,346	1,348
Charles Mix	5,994	5,940	6,025
Clark	3,577	3,550	3,539
Clay	12,800	12,665	12,540
Codington	26,235	26,499	26,556
Corson	1,239	1,348	1,279
Custer	7,846	7,879	8,067
Davison	18,590	18,715	18,354
Day	5,069	4,926	4,831
Deuel	4,285	4,926	4,169
Dewey	1,241	1,292	1,222
Douglas	2,874	2,856	2,805
Edmunds	3,971	3,902	3,796
Fall River	6,199	6,003	5,866
Faulk	2,336	2,318	2,282
Grant	7,112	6,998	6,799
Gregory	3,794	3,746	3,757
Haakon	1,800	1,719	1,822
Hamlin	5,888	5,864	5,803
Hand	3,372	3,288	3,209
Hanson	3,322	3,366	3,343
Harding	1,227	1,189	1,180
Hughes	14,785	14,983	14,847
Hutchinson	7,083	6,968	7,079

County	White		
	2011	2014	2017
Hyde	1,252	1,231	1,155
Jackson	1,360	1,393	1,387
Jerauld	2,047	1,967	1,984
Jones	949	899	857
Kingsbury	5,070	4,930	4,762
Lake	11,162	11,858	12,196
Lawrence	22,902	23,148	23,862
Lincoln	44,921	49,165	53,660
Lyman	2,253	2,254	2,201
Marshall	4,064	4,113	4,232
McCook	5,456	5,532	5,3018
McPherson	2,420	2,386	2,368
Meade	23,553	24,646	25,432
Mellette	821	873	840
Miner	2,319	2,255	2,147
Minnehaha	154,062	161,484	163,780
Moody	5,303	5,189	5,189
Oglala Lakota	752	835	746
Pennington	86,673	90,415	91,949
Perkins	2,905	2,935	2,843
Potter	2,303	2,252	2,109
Roberts	6,346	6,158	5,950
Sanborn	2,344	2,281	2,395
Spink	6,302	6,349	6,177
Stanley	2,705	2,642	2,691
Sully	1,330	1,367	1,337
Todd	1,080	1,072	882
Tripp	4,683	4,553	4,501
Turner	8,124	8,029	8,083
Union	14,094	14,362	14,284
Walworth	4,622	4,538	4,440
Yankton	21,165	21,044	20,873
Ziebach	673	690	689

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. <https://doh.sd.gov/statistics/>

Table 50: Non-White Population by County, 2011, 2014, and 2017

State	Black			American Indian		
	2011	2014	2017	2011	2014	2017
South Dakota	11,537	15,971	18,479	73,343	75,879	78,456

County	Black			American Indian		
	2011	2014	2017	2011	2014	2017
Aurora	11	13	22	43	54	72
Beadle	228	315	232	228	231	259
Bennett	7	15	19	2,071	2,016	2,038
Bon Homme	70	91	84	517	522	566
Brookings	290	505	535	354	441	397
Brown	221	617	862	1,141	1,267	1,381
Brule	16	20	23	449	489	548
Buffalo	6	12	15	1,600	1,634	1,626
Butte	41	73	57	215	209	231
Campbell	1	4	3	6	11	13
Charles Mix	18	36	54	2,901	3,013	3,012
Clark	15	52	63	4	8	12
Clay	197	229	244	464	423	495
Codington	137	214	199	576	631	712
Corson	8	10	20	2,655	2,675	2,738
Custer	42	58	52	258	283	338
Davison	138	202	186	511	551	648
Day	17	35	21	540	490	531
Deuel	17	43	37	22	16	21
Dewey	11	21	23	3,963	4,120	4,320
Douglas	15	17	16	59	72	67
Edmunds	4	9	16	24	23	39
Fall River	63	77	90	489	479	471
Faulk	2	9	9	5	4	11
Grant	15	69	50	44	63	85
Gregory	8	16	15	312	322	306
Haakon	4	16	5	38	38	45
Hamlin	12	32	25	24	29	47
Hand	3	4	5	10	13	17
Hanson	3	7	16	20	12	14
Harding	1	7	7	20	27	26
Hughes	156	181	138	1,850	1,945	2,057
Hutchinson	36	53	76	73	98	99
Hyde	1	6	5	107	129	123
Jackson	16	20	35	1,629	1,700	1,694
Jerauld	4	4	3	8	10	12
Jones	2	3	3	24	35	35
Kingsbury	10	27	24	31	35	57
Lake	81	125	132	93	103	159
Lawrence	170	245	209	559	570	600
Lincoln	374	653	837	328	280	406
Lyman	8	19	22	1,427	1,484	1,532
Marshall	18	57	35	437	434	437

Continued, Table 50: Non-White Population by County, 2011, 2014, and 2017

County	Black			American Indian		
	2011	2014	2017	2011	2014	2017
McCook	17	25	32	33	37	65
McPherson	-	10	15	2	9	6
Meade	434	519	583	639	744	781
Mellette	4	7	6	1,110	1,100	1,123
Miner	2	15	22	5	12	15
Minnehaha	6,527	8,482	10,644	4,809	4,988	5,256
Moody	39	57	131	900	856	890
Oglala Lakota	42	32	52	12,869	13,109	13,291
Pennington	1,337	1,704	1,477	9,973	10,812	11,105
Perkins	9	10	15	45	51	65
Potter	5	10	10	21	42	49
Roberts	31	63	76	3,559	3,798	3,888
Sanborn	-	3	5	12	9	10
Spink	19	47	43	91	127	112
Stanley	9	27	23	198	230	212
Sully	3	12	6	17	28	33
Todd	29	28	50	8,506	8,523	8,855
Tripp	11	22	32	780	774	776
Turner	25	42	42	92	86	84
Union	117	160	164	103	108	133
Walworth	11	29	29	775	747	791
Yankton	384	437	485	633	689	686
Ziebach	9	9	13	2,085	2,011	1,933

State	Asian			2 or More Races		
	2011	2014	2017	2011	2014	2017
South Dakota	8,241	10,739	12,901	16,482	18,602	20,557

County	Asian			2 or More Races		
	2011	2014	2017	2011	2014	2017
Aurora	19	17	20	24	26	29
Beadle	772	1,153	1,702	281	329	355
Bennett	17	22	15	145	184	177
Bon Homme	14	13	12	98	94	103
Brookings	902	941	884	451	430	528
Brown	368	735	1,148	552	702	817
Brule	11	16	21	137	166	190
Buffalo	4	2	1	30	46	40
Butte	31	33	44	256	251	245
Campbell	7	7	6	7	18	9
Charles Mix	18	22	25	276	275	311
Clark	4	3	18	29	32	36
Clay	267	299	361	309	308	340
Codington	137	221	193	357	371	436
Corson	16	15	21	101	130	143

Continued, Table 50: Non-White Population by County, 2011, 2014, and 2017

County	Asian			2 or More Races		
	2011	2014	2017	2011	2014	2017
Custer	33	42	50	158	179	182
Davison	98	109	127	295	287	372
Day	11	34	39	103	103	99
Deuel	4	6	8	31	42	46
Dewey	11	10	14	201	219	255
Douglas	3	7	3	21	21	40
Edmunds	4	7	28	49	42	40
Fall River	28	60	42	195	222	216
Faulk	2	5	10	21	21	17
Grant	22	28	28	51	80	94
Gregory	13	18	19	80	101	125
Haakon	11	13	5	53	60	64
Hamlin	18	19	23	36	44	49
Hand	10	12	12	27	26	33
Hanson	14	12	12	17	21	37
Harding	1	3	3	20	24	26
Hughes	104	115	136	398	415	482
Hutchinson	15	15	19	58	65	82
Hyde	3	4	3	28	25	30
Jackson	3	2	6	162	155	166
Jerauld	4	5	4	17	18	23
Jones	1	8	1	25	26	33
Kingsbury	16	21	33	52	62	75
Lake	81	120	137	150	160	178
Lawrence	170	178	238	486	499	504
Lincoln	515	684	765	655	752	965
Lyman	11	11	12	107	108	135
Marshall	14	12	11	60	67	89
McCook	11	10	13	39	43	67
McPherson	5	4	12	20	17	23
Meade	204	252	348	715	771	840
Mellette	6	6	5	126	114	114
Miner	9	9	10	24	25	34
Minnehaha	2,576	3,495	4,142	3,607	4,234	4,564
Moody	71	81	151	162	184	218
Oglala Lakota	56	16	19	195	23	238
Pennington	1,131	1,314	1,299	3,599	3,882	4,203
Perkins	6	8	8	36	29	41
Potter	9	11	23	26	25	39
Roberts	31	33	24	319	322	339
Sanborn	7	5	7	31	37	32
Spink	6	7	7	45	68	70
Stanley	3	8	10	84	76	75
Sully	-	1	2	26	30	29
Todd	29	25	20	187	234	258
Tripp	11	28	18	129	134	133
Turner	17	20	22	75	91	79
Union	147	159	193	176	227	245

Continued, Table 50: Non-White Population by County, 2011, 2014, and 2017

Walworth	17	20	104	151	177	178
Yankton	136	157	195	294	348	412
Ziebach	9	10	10	77	105	110

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. <https://doh.sd.gov/statistics/>

Table 51: Population by Age, by County, 2011, 2014, and 2017

State	Under 5 Years			Under 18 Years		
	2011	2014	2017	2011	2014	2017
South Dakota	59,334	60,610	61,759	203,548	210,407	214,856

County	Under 5 Years			Under 18 Years		
	2011	2014	2017	2011	2014	2017
Aurora	183	178	168	714	722	690
Beadle	1,351	1,521	1,666	4,300	4,690	4,990
Bennett	358	328	328	1,180	1,151	1,151
Bon Homme	328	319	374	1,355	1,364	1,367
Brookings	1,901	2,023	2,226	6,026	6,551	7,013
Brown	2,541	2,609	2,635	8,506	9,113	9,469
Brule	365	373	335	1,337	1,351	1,410
Buffalo	249	276	226	805	842	767
Butte	728	647	612	2,544	2,488	2,441
Campbell	56	52	56	247	230	211
Charles Mix	792	800	829	2,735	2,739	2,782
Clark	268	304	372	856	871	938
Clay	759	794	756	2,431	2,518	2,479
Codington	2,058	1,966	1,833	6,751	6,805	6,808
Corson	370	392	439	1,392	1,445	1,532
Custer	375	331	350	1,601	1,428	1,369
Davison	1,376	1,243	1,238	4,539	4,569	4,586
Day	344	319	306	1,246	1,230	1,237
Deuel	270	239	266	1,011	993	996
Dewey	526	665	726	1,838	1,988	2,154
Douglas	158	186	214	669	679	729
Edmunds	227	219	279	965	904	909
Fall River	265	226	304	1,201	1,225	1,171
Faulk	142	143	182	552	528	566
Grant	428	412	440	1,639	1,624	1,598
Gregory	249	240	269	944	959	981
Haakon	128	117	118	441	413	462
Hamlin	538	568	545	1,793	1,874	1,892
Hand	181	173	182	705	701	698

Continued, Table 51: Population by Age, by County, 2011, 2014, and 2017

County	Under 5 Years			Under 18 Years		
	2011	2011	2014	2011	2011	2014
Hanson	297	332	273	1,080	1,129	1,057
Harding	71	97	85	291	280	284
Hughes	1,193	1,229	1,226	4,115	4,191	4,249
Hutchinson	435	490	611	1,720	1,697	1,821
Hyde	82	70	75	309	299	279
Jackson	292	358	349	1,033	1,118	1,064
Jerauld	148	135	125	450	465	474
Jones	63	50	53	226	206	205
Kingsbury	321	320	324	1,145	1,121	1,120
Lake	636	682	688	2,394	2,441	2,557
Lawrence	1,337	1,151	1,159	4,644	4,517	4,614
Lincoln	4,399	4,275	4,206	13,664	15,035	16,009
Lyman	263	323	348	1,085	1,113	1,148
Marshall	285	290	361	1,011	1,002	1,111
McCook	406	394	425	1,422	1,480	1,516
McPherson	130	139	172	535	539	587
Meade	1,865	1,701	1,599	6,208	6,479	6,509
Mellette	192	197	197	666	646	631
Miner	151	130	143	552	550	547
Minnehaha	12,881	14,060	14,635	42,766	45,888	47,882
Moody	473	478	499	1,671	1,622	1,722
Oglala Lakota	1,588	1,664	1,519	5,446	5,420	5,391
Pennington	7,505	7,547	7,355	24,984	25,953	25,591
Perkins	159	159	182	636	652	637
Potter	132	127	113	478	483	475
Roberts	854	906	906	2,942	2,953	2,896
Sanborn	134	149	219	500	518	638
Spink	382	390	382	1,598	1,583	1,503
Stanley	183	176	194	693	713	734
Sully	87	71	84	298	311	295
Todd	1,306	1,285	1,309	4,027	3,991	4,151
Tripp	331	341	375	1,297	1,237	1,254
Turner	508	495	514	1,966	1,923	1,989
Union	952	912	860	3,736	3,817	3,608
Walworth	351	330	384	1,232	1,244	1,298
Yankton	1,289	1,317	1,368	4,862	4,786	4,784
Ziebach	317	177	166	1,104	1,010	830

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. <https://doh.sd.gov/statistics/>

Continued, Table 51: Population by Age, by County, 2011, 2014, and 2017

	65 Years and Over		
State	2011	2014	2017
South Dakota	118,668	130,223	141,624

	65 Years and Over		
County	2011	2014	2017
Aurora	525	541	581
Beadle	2,948	3,034	3,155
Bennett	379	422	431
Bon Homme	1,327	1,403	1,432
Brookings	3,255	3,482	4,000
Brown	5,855	6,151	6,522
Brule	888	916	956
Buffalo	137	149	145
Butte	1,621	1,902	1,974
Campbell	375	343	379
Charles Mix	1,602	1,667	1,713
Clark	798	745	778
Clay	1,419	1,557	1,645
Codington	4,061	4,339	4,787
Corson	418	439	455
Custer	1,843	2,162	2,487
Davison	3,341	3,455	3,341
Day	1,320	1,363	1,320
Deuel	850	904	850
Dewey	515	565	515
Douglas	713	736	707
Edmunds	868	852	840
Fall River	1,668	1,786	1,896
Faulk	554	551	540
Grant	1,370	1,445	1,480
Gregory	1,003	1,018	1,046
Haakon	406	429	460
Hamlin	1,046	1,048	935
Hand	849	820	824
Hanson	469	466	523
Harding	183	196	209
Hughes	2,317	2,657	2,954
Hutchinson	1,800	1,708	1,672
Hyde	308	334	332
Jackson	421	437	446
Jerauld	517	499	542
Jones	203	211	220
Kingsbury	1,113	1,092	1,126
Lake	1,978	2,445	2,705

	65 Years and Over		
County	2011	2014	2017
Lawrence	4,060	4,571	5,293
Lincoln	4,305	5,347	7,025
Lyman	563	589	610
Marshall	878	929	997
McCook	1,056	1,104	1,019
McPherson	733	684	679
Meade	3,168	3,698	4,107
Mellette	539	328	328
Miner	526	505	452
Minnehaha	19,408	22,271	24,161
Moody	991	1,086	1,208
Oglala Lakota	864	965	1,007
Pennington	14,291	16,684	19,101
Perkins	672	697	716
Potter	610	664	639
Roberts	1,759	1,881	1,976
Sanborn	500	442	452
Spink	1,275	1,291	1,299
Stanley	498	511	607
Sully	254	270	332
Todd	599	717	727
Tripp	1,179	1,189	1,223
Turner	1,566	1,698	1,733
Union	2,110	2,330	2,714
Walworth	1,310	1,337	1,311
Yankton	3,708	3,977	4,212
Ziebach	197	189	261

Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. <https://doh.sd.gov/statistics/>

Table 52: Unintentional Drug Overdose - Fatal per 100,000

	Unintentional Drug Overdose – Fatal per 100,000
State	2016-2018
South Dakota	5.6

Unintentional Drug Overdose – Fatal per 100,000	
County	2016-2018
Aurora	0
Beadle	9.2
Bennett	0
Bon Homme	0
Brookings	3.9
Brown	4.3
Brule	6.3
Buffalo	33.4
Butte	6.6
Campbell	24.2
Charles Mix	3.5
Clark	0
Clay	4.8
Codington	2.4
Corson	23.8
Custer	15.3
Davison	6.8
Day	0
Deuel	0
Dewey	0
Douglas	11.4
Edmunds	0
Fall River	5.0
Faulk	0
Grant	4.7
Gregory	7.9
Haakon	17.2
Hamlin	0
Hand	0
Hanson	0
Harding	0
Hughes	5.7
Hutchinson	0

Unintentional Drug Overdose – Fatal per 100,000	
County	2016-2018
Hyde	0
Jackson	0
Jerauld	0
Jones	0
Kingsbury	0
Lake	2.6
Lawrence	6.6
Lincoln	4.7
Lyman	0
Marshall	0
McCook	0
McPherson	0
Meade	1.2
Mellette	0
Miner	15.0
Minnehaha	8.5
Moody	0
Oglala Lakota	7.0
Pennington	6.7
Perkins	0
Potter	14.9
Roberts	3.2
Sanborn	0
Spink	5.2
Stanley	0
Sully	0
Todd	6.6
Tripp	0
Turner	4.0
Union	2.2
Walworth	6.0
Yankton	7.4
Ziebach	0

Source: SD DOH, Hospital Discharge, 2016-2018.

Table 53: Unintentional Drug Overdose - Non-Fatal per 100,000

	Unintentional Drug Overdose – Non-Fatal per 100,000
State	2016-2018
South Dakota	9.2

Unintentional Drug Overdose – Non-Fatal per 100,000	
County	2016-2018
Aurora	18.3
Beadle	0
Bennett	14.5
Bon Homme	7.2
Brookings	11.7
Brown	2.6
Brule	0
Buffalo	50.0
Butte	14.8
Campbell	0
Charles Mix	15.9
Clark	0
Clay	28.6
Codington	10.7
Corson	11.9
Custer	28.8
Davison	5.1
Day	0
Deuel	0
Dewey	0
Douglas	0
Edmunds	0
Fall River	15.0
Faulk	0
Grant	7.1
Gregory	0
Haakon	0
Hamlin	0
Hand	0
Hanson	0
Harding	40.3
Hughes	2.8
Hutchinson	6.8

Unintentional Drug Overdose – Non-Fatal per 100,000	
County	2016-2018
Hyde	0
Jackson	0
Jerauld	0
Jones	0
Kingsbury	30.3
Lake	11.7
Lawrence	15.7
Lincoln	2.6
Lyman	12.8
Marshall	0
McCook	0
McPherson	0
Meade	7.1
Mellette	23.9
Miner	0
Minnehaha	10.6
Moody	15.2
Oglala Lakota	3.5
Pennington	11.3
Perkins	0
Potter	0
Roberts	34.1
Sanborn	20.4
Spink	7.8
Stanley	0
Sully	0
Todd	9.9
Tripp	9.2
Turner	6.0
Union	0
Walworth	9.0
Yankton	13.2
Ziebach	0

Source: SD DOH, Hospital Discharge, 2016-2018.

Table 54: Opioid Prescriptions per 100

	Opioid Prescriptions per 100
State	2016-2018
South Dakota	59.3

Opioid Prescriptions per 100	
County	2016-2018
Aurora	64.5
Beadle	57.8
Bennett	58.3
Bon Homme	60.4
Brookings	42
Brown	60.2
Brule	70.1
Buffalo	99.3
Butte	68.1
Campbell	33.4
Charles Mix	80.9
Clark	44.4
Clay	40.9
Codington	52.2
Corson	39.8
Custer	89.6
Davison	58.3
Day	71.7
Deuel	60.9
Dewey	80
Douglas	64.9
Edmunds	67.6
Fall River	109.4
Faulk	52.4
Grant	60.2
Gregory	62.1
Haakon	71.1
Hamlin	43.2
Hand	35.4
Hanson	28.6
Harding	29
Hughes	65.3
Hutchinson	71.8
Hyde	49.3

Opioid Prescriptions per 100	
County	2016-2018
Jackson	67.5
Jerauld	104.3
Jones	69
Kingsbury	70.9
Lake	41.6
Lawrence	57.3
Lincoln	38.9
Lyman	70.6
Marshall	43.6
McCook	67.6
McPherson	52.2
Meade	57.3
Mellette	65
Miner	58
Minnehaha	56.2
Moody	67.8
Oglala Lakota	117.2
Pennington	60.2
Perkins	59.6
Potter	77.9
Roberts	76.4
Sanborn	56.8
Spink	74.4
Stanley	63.7
Sully	40.4
Todd	95.8
Tripp	65.4
Turner	66.5
Union	45.5
Walworth	71.4
Yankton	76
Ziebach	36.1

Source: SD DOH, South Dakota Prescription Drug Monitoring Program, 2016-2018.

Table 55: Naloxone Administration per 10,000

	Naloxone Administration per 10,000
State	2018
South Dakota	3.8

Naloxone Administration per 10,000	
County	2018
Aurora	3.7
Beadle	0
Bennett	0
Bon Homme	1.4
Brookings	1.5
Brown	1.8
Brule	7.5
Buffalo	5.0
Butte	3.0
Campbell	0
Charles Mix	0
Clark	0
Clay	2.1
Codington	1.4
Corson	0
Custer	1.2
Davison	1.0
Day	1.8
Deuel	0
Dewey	3.4
Douglas	3.4
Edmunds	2.6
Fall River	4.5
Faulk	0
Grant	0
Gregory	2.4
Haakon	0
Hamlin	0
Hand	0
Hanson	0
Harding	0
Hughes	10.2
Hutchinson	0
Hyde	0

Naloxone Administration per 10,000	
County	2018
Jackson	9.1
Jerauld	0
Jones	10.7
Kingsbury	0
Lake	0
Lawrence	3.9
Lincoln	3.0
Lyman	12.8
Marshall	0
McCook	2.1
McPherson	1.8
Meade	3.6
Mellette	4.8
Miner	0
Minnehaha	7
Moody	4.6
Oglala Lakota	11.1
Pennington	4.8
Perkins	0
Potter	4.5
Roberts	1.9
Sanborn	0
Spink	1.6
Stanley	0
Sully	0
Todd	7.0
Tripp	1.8
Turner	1.2
Union	0.7
Walworth	5.4
Yankton	0.4
Ziebach	3.6

Source: SD DOH, Emergency Medical Services, 2018.

Table 56: Drug Related Hospital Discharges per 100,000

	Drug Related Hospital Discharges per 100,000
State	2017-2018
South Dakota	31.0

Drug Related Hospital Discharges per 100,000	
County	2017-2018
Aurora	0
Beadle	55.1
Bennett	0
Bon Homme	14.3
Brookings	116.8
Brown	38.3
Brule	18.8
Buffalo	0
Butte	9.9
Campbell	0
Charles Mix	42.4
Clark	27.3
Clay	14.3
Codington	24.9
Corson	47.6
Custer	23.0
Davison	40.6
Day	54.3
Deuel	0
Dewey	17.1
Douglas	102.4
Edmunds	0
Fall River	29.9
Faulk	0
Grant	0
Gregory	23.7
Haakon	0
Hamlin	16.8
Hand	61.0
Hanson	29.2
Harding	0
Hughes	79.2
Hutchinson	13.6

Drug Related Hospital Discharges per 100,000	
County	2017-2018
Hyde	0
Jackson	0
Jerauld	0
Jones	0
Kingsbury	60.6
Lake	0
Lawrence	11.8
Lincoln	26.5
Lyman	0
Marshall	41.6
McCook	18.2
McPherson	41.2
Meade	21.4
Mellette	0
Miner	0
Minnehaha	38.2
Moody	76.0
Oglala Lakota	7.0
Pennington	13.6
Perkins	0
Potter	0
Roberts	19.5
Sanborn	0
Spink	62.4
Stanley	0
Sully	71.1
Todd	19.9
Tripp	0
Turner	24.1
Union	6.7
Walworth	54.1
Yankton	35.3
Ziebach	0

Source: SD DOH, Syndromic Surveillance, July 2017-December 2018.

Table 57: Substance Use Treatment Admissions per 10,000

	Substance Use Treatment Admissions per 10,000
State	2016-2018
South Dakota	119.5

Substance Use Treatment Admissions per 10,000	
County	2016-2018
Aurora	49.9
Beadle	89.4
Bennett	148.6
Bon Homme	36.3
Brookings	51.8
Brown	152.4
Brule	110.4
Buffalo	190.1
Butte	110.2
Campbell	19.3
Charles Mix	180.7
Clark	52.7
Clay	77.9
Codington	139.4
Corson	46.8
Custer	57.5
Davison	203.2
Day	89.4
Deuel	28.0
Dewey	71.4
Douglas	35.3
Edmunds	23.8
Fall River	137.6
Faulk	32.9
Grant	59.5
Gregory	60.7
Haakon	32.6
Hamlin	41.5
Hand	32.6
Hanson	36.0
Harding	13.4
Hughes	222.3
Hutchinson	24.9

Substance Use Treatment Admissions per 10,000	
County	2016-2018
Hyde	22.8
Jackson	37.5
Jerauld	18.1
Jones	46.3
Kingsbury	38.4
Lake	65.1
Lawrence	114
Lincoln	25.5
Lyman	130.6
Marshall	64.5
McCook	44.3
McPherson	44
Meade	91.8
Mellette	71.8
Miner	47.9
Minnehaha	183.6
Moody	84.6
Oglala Lakota	61.5
Pennington	162.9
Perkins	26.9
Potter	71.7
Roberts	145
Sanborn	44.9
Spink	64.5
Stanley	135.1
Sully	56.9
Todd	33.4
Tripp	107.4
Turner	39.7
Union	38.8
Walworth	55.9
Yankton	166.9
Ziebach	30.2

Source: South Dakota Department of Social Services, Treatment Episode Data, 2016-2018.

Table 58: High Intensity Drug Trafficking Area

	High Intensity Drug Trafficking Area
State	2018
South Dakota	N/A

High Intensity Drug Trafficking Area	
County	2018
Aurora	No
Beadle	Yes
Bennett	No
Bon Homme	No
Brookings	Yes
Brown	Yes
Brule	No
Buffalo	No
Butte	No
Campbell	No
Charles Mix	No
Clark	No
Clay	Yes
Codington	Yes
Corson	No
Custer	Yes
Davison	No
Day	No
Deuel	No
Dewey	No
Douglas	No
Edmunds	No
Fall River	No
Faulk	No
Grant	No
Gregory	No
Haakon	No
Hamlin	No
Hand	No
Hanson	No
Harding	No
Hughes	No
Hutchinson	No

High Intensity Drug Trafficking Area	
County	County
Hyde	No
Jackson	No
Jerauld	No
Jones	No
Kingsbury	No
Lake	No
Lawrence	Yes
Lincoln	Yes
Lyman	No
Marshall	No
McCook	No
McPherson	No
Meade	Yes
Mellette	No
Miner	No
Minnehaha	Yes
Moody	No
Oglala Lakota	No
Pennington	Yes
Perkins	No
Potter	No
Roberts	No
Sanborn	No
Spink	No
Stanley	No
Sully	No
Todd	No
Tripp	No
Turner	No
Union	Yes
Walworth	No
Yankton	Yes
Ziebach	No

Source: U.S. Drug Enforcement Administration, High Intensity Drug Trafficking Area (HITDA) Programs County Data, May 2018.

Table 59: Poverty

	Poverty
State	2012-2016
South Dakota	13.9%

Poverty	
County	2012-2016
Aurora	6.2%
Beadle	23.7%
Bennett	38.1%
Bon Homme	10.3%
Brookings	15.9%
Brown	11%
Brule	14.6%
Buffalo	40.5%
Butte	11.1%
Campbell	4.7%
Charles Mix	21.4%
Clark	13.3%
Clay	24.7%
Codington	11.7%
Corson	47.9%
Custer	13.2%
Davison	12.6%
Day	16.5%
Deuel	10%
Dewey	31.4%
Douglas	8.2%
Edmunds	5.9%
Fall River	15%
Faulk	10.9%
Grant	7.6%
Gregory	15.3%
Haakon	17.2%
Hamlin	5.6%
Hand	8.2%
Hanson	6.5%
Harding	12.9%
Hughes	11.3%
Hutchinson	13%

Poverty	
County	2012-2016
Hyde	14.2%
Jackson	44.8%
Jerauld	8.9%
Jones	10.8%
Kingsbury	9.5%
Lake	15.5%
Lawrence	12.4%
Lincoln	3%
Lyman	21.7%
Marshall	8.3%
McCook	9.3%
McPherson	17%
Meade	8.8%
Mellette	42.6%
Miner	11.6%
Minnehaha	11%
Moody	15.9%
Oglala Lakota	51.9%
Pennington	14%
Perkins	12%
Potter	6.5%
Roberts	18.8%
Sanborn	9.7%
Spink	9.9%
Stanley	5.8%
Sully	3.3%
Todd	52%
Tripp	19.7%
Turner	10.6%
Union	7.3%
Walworth	10.2%
Yankton	13.1%
Ziebach	43.1%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 60: No High School Diploma

No High School Diploma	
State	2012-2016
South Dakota	8.6%

No High School Diploma	
County	2012-2016
Aurora	12.4%
Beadle	16.8%
Bennett	20.5%
Bon Homme	11.2%
Brookings	3.9%
Brown	7.9%
Brule	13.4%
Buffalo	21.6%
Butte	9.7%
Campbell	9.2%
Charles Mix	12.7%
Clark	9.4%
Clay	5%
Codington	8.3%
Corson	18.1%
Custer	6.2%
Davison	9.1%
Day	9.2%
Deuel	9.7%
Dewey	15.4%
Douglas	13.3%
Edmunds	9.3%
Fall River	6.5%
Faulk	7.9%
Grant	9.6%
Gregory	12.5%
Haakon	9.6%
Hamlin	7.4%
Hand	7.6%
Hanson	7.6%
Harding	6.1%
Hughes	9.2%
Hutchinson	12.9%

No High School Diploma	
County	2012-2016
Hyde	7.3%
Jackson	15.3%
Jerauld	10.3%
Jones	7.7%
Kingsbury	9.3%
Lake	6.8%
Lawrence	6.2%
Lincoln	5%
Lyman	10.4%
Marshall	8.7%
McCook	11.7%
McPherson	18.4%
Meade	5.3%
Mellette	18.3%
Miner	10.5%
Minnehaha	8.1%
Moody	10.1%
Oglala Lakota	24.4%
Pennington	6.5%
Perkins	8.3%
Potter	7.6%
Roberts	11.8%
Sanborn	9%
Spink	8%
Stanley	6.9%
Sully	5%
Todd	22%
Tripp	10.6%
Turner	7.1%
Union	8.6%
Walworth	11.4%
Yankton	8.9%
Ziebach	16.6%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 61: Unemployed

	Unemployed
State	2012-2016
South Dakota	2.6%

Unemployed	
County	2012-2016
Aurora	1%
Beadle	1.4%
Bennett	8%
Bon Homme	0.6%
Brookings	2.4%
Brown	1.2%
Brule	1.3%
Buffalo	9.1%
Butte	1.8%
Campbell	0.7%
Charles Mix	3%
Clark	2.6%
Clay	4.5%
Codington	1.8%
Corson	17.9%
Custer	2.3%
Davison	2.7%
Day	0.9%
Deuel	1.3%
Dewey	17.7%
Douglas	0.6%
Edmunds	1%
Fall River	1.5%
Faulk	0.2%
Grant	2.2%
Gregory	0.5%
Haakon	1.3%
Hamlin	1.2%
Hand	1%
Hanson	0.3%
Harding	1%
Hughes	1.4%
Hutchinson	3.5%

Unemployed	
County	2012-2016
Hyde	1.8%
Jackson	6.3%
Jerauld	0.1%
Jones	2%
Kingsbury	1.2%
Lake	2.7%
Lawrence	2%
Lincoln	1.6%
Lyman	4.1%
Marshall	1.1%
McCook	1.8%
McPherson	3.8%
Meade	0.9%
Mellette	3.3%
Miner	1.3%
Minnehaha	2.5%
Moody	3.4%
Oglala Lakota	9.9%
Pennington	2.8%
Perkins	2.5%
Potter	0.5%
Roberts	4.5%
Sanborn	2.1%
Spink	1.2%
Stanley	0.8%
Sully	0.4%
Todd	7.8%
Tripp	1.2%
Turner	1.5%
Union	1.4%
Walworth	2.4%
Yankton	1.8%
Ziebach	18%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 62: Single Parent Households

Single Parent Households	
State	2012-2016
South Dakota	8.7%

Single Parent Households	
County	2012-2016
Aurora	6%
Beadle	7.7%
Bennett	18.4%
Bon Homme	5.9%
Brookings	5.8%
Brown	8.3%
Brule	11.2%
Buffalo	20.9%
Butte	9%
Campbell	0.6%
Charles Mix	8.6%
Clark	3.5%
Clay	6.5%
Codington	9%
Corson	17.8%
Custer	4.5%
Davison	8.8%
Day	8.9%
Deuel	4.5%
Dewey	13.2%
Douglas	3.2%
Edmunds	4.8%
Fall River	5.8%
Faulk	4.3%
Grant	6.2%
Gregory	10.6%
Haakon	5.2%
Hamlin	6.5%
Hand	5.3%
Hanson	3.2%
Harding	1.7%
Hughes	6.1%
Hutchinson	5.3%

Single Parent Households	
County	2012-2016
Hyde	5%
Jackson	13.1%
Jerauld	5.8%
Jones	3.5%
Kingsbury	6.6%
Lake	7%
Lawrence	5.8%
Lincoln	8%
Lyman	12.9%
Marshall	7.8%
McCook	6.8%
McPherson	3%
Meade	8.9%
Mellette	12.3%
Miner	3.6%
Minnehaha	9.9%
Moody	9.7%
Oglala Lakota	24.8%
Pennington	9.8%
Perkins	4.9%
Potter	5%
Roberts	13.2%
Sanborn	5.9%
Spink	8.1%
Stanley	10.3%
Sully	4.5%
Todd	27.1%
Tripp	7.9%
Turner	7.3%
Union	7.7%
Walworth	3.6%
Yankton	8%
Ziebach	18.1%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 63: Persons 65 and Older

Persons 65 and Older	
State	2012-2016
South Dakota	15.5%

Persons 65 and Older	
County	2012-2016
Aurora	20.1%
Beadle	16.5%
Bennett	11.8%
Bon Homme	20.7%
Brookings	10.8%
Brown	16.2%
Brule	17%
Buffalo	7.8%
Butte	18.6%
Campbell	22.9%
Charles Mix	18.1%
Clark	20.5%
Clay	11.1%
Codington	16%
Corson	10.5%
Custer	26.9%
Davison	17.5%
Day	24.9%
Deuel	21.1%
Dewey	9.6%
Douglas	24%
Edmunds	20.5%
Fall River	25.6%
Faulk	24.2%
Grant	20%
Gregory	24.1%
Haakon	23%
Hamlin	16.3%
Hand	25%
Hanson	14.5%
Harding	18.7%
Hughes	15.6%
Hutchinson	23.2%

Persons 65 and Older	
County	2012-2016
Hyde	24%
Jackson	14.2%
Jerauld	25.9%
Jones	22.8%
Kingsbury	22.2%
Lake	19.3%
Lawrence	19%
Lincoln	11.1%
Lyman	15.1%
Marshall	20%
McCook	18.5%
McPherson	30.5%
Meade	13.9%
Mellette	15.2%
Miner	20.2%
Minnehaha	12.1%
Moody	17.5%
Oglala Lakota	6.3%
Pennington	16%
Perkins	21.6%
Potter	28.6%
Roberts	18.7%
Sanborn	19.6%
Spink	20.4%
Stanley	18.7%
Sully	19.8%
Todd	6.9%
Tripp	21.4%
Turner	20.1%
Union	16.6%
Walworth	23.3%
Yankton	17.6%
Ziebach	8.7%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 64: Persons 17 or Younger

	Persons 17 or Younger
State	2012-2016
South Dakota	24.7%

Persons 17 or Younger	
County	2012-2016
Aurora	26.1%
Beadle	26.6%
Bennett	35.4%
Bon Homme	18%
Brookings	20.2%
Brown	23.8%
Brule	25.6%
Buffalo	38.5%
Butte	24.2%
Campbell	21.5%
Charles Mix	29.5%
Clark	24.5%
Clay	17.2%
Codington	24.3%
Corson	35.3%
Custer	16.6%
Davison	22.7%
Day	21.4%
Deuel	23.1%
Dewey	35.7%
Douglas	23.8%
Edmunds	23.8%
Fall River	18%
Faulk	21%
Grant	22.6%
Gregory	23.6%
Haakon	25.4%
Hamlin	31.7%
Hand	21.2%
Hanson	31.9%
Harding	23.8%
Hughes	23.9%
Hutchinson	23.7%

Persons 17 or Younger	
County	2012-2016
Hyde	21%
Jackson	30.7%
Jerauld	22.9%
Jones	15.8%
Kingsbury	21.3%
Lake	21.9%
Lawrence	18.2%
Lincoln	28.8%
Lyman	28.3%
Marshall	24.3%
McCook	27.2%
McPherson	19.5%
Meade	23.9%
Mellette	30.6%
Miner	25.9%
Minnehaha	25.2%
Moody	25.1%
Oglala Lakota	37.3%
Pennington	23.6%
Perkins	21.2%
Potter	20.4%
Roberts	28.2%
Sanborn	20.7%
Spink	23.7%
Stanley	23%
Sully	23.8%
Todd	40.1%
Tripp	22.6%
Turner	23.6%
Union	24.6%
Walworth	23%
Yankton	21.3%
Ziebach	33.7%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 65: Minority

	Minority
State	2012-2016
South Dakota	17.3%

Minority	
County	2012-2016
Aurora	11.2%
Beadle	20.5%
Bennett	69%
Bon Homme	12.6%
Brookings	9%
Brown	11.4%
Brule	15.2%
Buffalo	88.2%
Butte	8.2%
Campbell	2.8%
Charles Mix	36.7%
Clark	5.2%
Clay	11.8%
Codington	6.8%
Corson	70.7%
Custer	9.4%
Davison	8.3%
Day	13.7%
Deuel	3.2%
Dewey	79.6%
Douglas	5.1%
Edmunds	2.6%
Fall River	14.8%
Faulk	5.3%
Grant	6.1%
Gregory	11.6%
Haakon	11.3%
Hamlin	5.5%
Hand	2.1%
Hanson	6.1%
Harding	6.2%
Hughes	16.9%
Hutchinson	4.9%

Minority	
County	2012-2016
Hyde	14.4%
Jackson	57.1%
Jerauld	3.7%
Jones	0%
Kingsbury	4.9%
Lake	6.2%
Lawrence	8.6%
Lincoln	6.4%
Lyman	43.6%
Marshall	16.2%
McCook	5.4%
McPherson	10.2%
Meade	12%
Mellette	58.9%
Miner	4.8%
Minnehaha	16.4%
Moody	22.4%
Oglala Lakota	95.9%
Pennington	19.5%
Perkins	5.3%
Potter	6.9%
Roberts	42.3%
Sanborn	4.8%
Spink	5%
Stanley	12.2%
Sully	4.5%
Todd	91.5%
Tripp	17.9%
Turner	4.3%
Union	7.2%
Walworth	20.2%
Yankton	10.6%
Ziebach	76.6%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 66: Housing Unit with More People than Rooms

	Housing Unit with More People than Rooms
State	2012-2016
South Dakota	2.3%

Housing Unit with More People than Rooms	
County	2012-2016
Aurora	1.1%
Beadle	6.7%
Bennett	11.9%
Bon Homme	1.3%
Brookings	0.9%
Brown	1.3%
Brule	2.6%
Buffalo	14.1%
Butte	1.2%
Campbell	0.6%
Charles Mix	2.8%
Clark	1.4%
Clay	0.4%
Codington	2.4%
Corson	9.9%
Custer	1.9%
Davison	0.7%
Day	0.3%
Deuel	1.8%
Dewey	10.6%
Douglas	1.7%
Edmunds	0.3%
Fall River	1%
Faulk	0.5%
Grant	0.4%
Gregory	2%
Haakon	0.6%
Hamlin	2.1%
Hand	0%
Hanson	0.7%
Harding	0.4%
Hughes	2.5%
Hutchinson	1.2%

Housing Unit with More People than Rooms	
County	2012-2016
Hyde	2.6%
Jackson	12.8%
Jerauld	1.3%
Jones	0%
Kingsbury	1.4%
Lake	0.4%
Lawrence	0.9%
Lincoln	1%
Lyman	6.8%
Marshall	1.6%
McCook	1%
McPherson	0%
Meade	3.2%
Mellette	8.8%
Miner	1.8%
Minnehaha	2.2%
Moody	1.9%
Oglala Lakota	31.5%
Pennington	2.1%
Perkins	0.4%
Potter	0%
Roberts	2.6%
Sanborn	0.5%
Spink	1.1%
Stanley	2%
Sully	0%
Todd	14.6%
Tripp	0.4%
Turner	0.8%
Union	1%
Walworth	1.5%
Yankton	0.4%
Ziebach	14%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 67: Household with No Vehicle

	Household with No Vehicle
State	2012-2016
South Dakota	5.2%

Household with No Vehicle	
County	2012-2016
Aurora	1.3%
Beadle	6.5%
Bennett	4.3%
Bon Homme	4.6%
Brookings	4.3%
Brown	7.3%
Brule	7.5%
Buffalo	10.2%
Butte	4.9%
Campbell	0.9%
Charles Mix	6.3%
Clark	5.4%
Clay	4.3%
Codington	5.4%
Corson	13.4%
Custer	3%
Davison	4.5%
Day	3.5%
Deuel	1.7%
Dewey	10%
Douglas	3.9%
Edmunds	4.9%
Fall River	7.7%
Faulk	3.7%
Grant	2.9%
Gregory	5.5%
Haakon	2.5%
Hamlin	3%
Hand	3.8%
Hanson	0.8%
Harding	0.9%
Hughes	7%
Hutchinson	4.8%

Household with No Vehicle	
County	2012-2016
Hyde	3.3%
Jackson	9%
Jerauld	2.9%
Jones	2.2%
Kingsbury	3.5%
Lake	4.7%
Lawrence	8.6%
Lincoln	1.8%
Lyman	6.4%
Marshall	3.8%
McCook	2.8%
McPherson	3.7%
Meade	2%
Mellette	12%
Miner	1.5%
Minnehaha	5.5%
Moody	4.4%
Oglala Lakota	14.4%
Pennington	5.1%
Perkins	5.6%
Potter	0.8%
Roberts	4.4%
Sanborn	0.7%
Spink	2.8%
Stanley	1.5%
Sully	2.2%
Todd	20.7%
Tripp	4.9%
Turner	3.7%
Union	3.2%
Walworth	3.7%
Yankton	5.6%
Ziebach	13.7%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 68: Uninsured

	Uninsured
State	2012-2016
South Dakota	9.7%

Uninsured	
County	2012-2016
Aurora	5%
Beadle	7.1%
Bennett	20.6%
Bon Homme	5.7%
Brookings	6.4%
Brown	7.8%
Brule	9.7%
Buffalo	47.1%
Butte	14%
Campbell	4.4%
Charles Mix	20.7%
Clark	7.5%
Clay	9%
Codington	6.3%
Corson	23.9%
Custer	10.4%
Davison	7.1%
Day	10.8%
Deuel	6.1%
Dewey	29.9%
Douglas	12.7%
Edmunds	5.8%
Fall River	9.3%
Faulk	10.6%
Grant	3.7%
Gregory	10.9%
Haakon	8.1%
Hamlin	5.9%
Hand	4.6%
Hanson	5.3%
Harding	7.6%
Hughes	7.7%
Hutchinson	7.1%

Uninsured	
County	2012-2016
Hyde	6.6%
Jackson	24.7%
Jerauld	7.2%
Jones	15%
Kingsbury	4.5%
Lake	6.4%
Lawrence	10.3%
Lincoln	4.6%
Lyman	18.9%
Marshall	8.1%
McCook	7.1%
McPherson	11.7%
Meade	10.8%
Mellette	33%
Miner	9.1%
Minnehaha	7.9%
Moody	10.6%
Oglala Lakota	34.4%
Pennington	11.3%
Perkins	10%
Potter	5.9%
Roberts	20.8%
Sanborn	6.2%
Spink	7.5%
Stanley	6.4%
Sully	9%
Todd	30.1%
Tripp	9.8%
Turner	6.7%
Union	7.3%
Walworth	10%
Yankton	6.3%
Ziebach	23%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 69: Mobile Homes

Mobile Homes	
State	2012-2016
South Dakota	8.7%

Mobile Homes	
County	2012-2016
Aurora	8.8%
Beadle	4.3%
Bennett	14%
Bon Homme	5.4%
Brookings	6.8%
Brown	7.1%
Brule	14.2%
Buffalo	16.3%
Butte	21.6%
Campbell	14.3%
Charles Mix	7.3%
Clark	4.7%
Clay	10.7%
Codington	8.1%
Corson	16.7%
Custer	19.2%
Davison	5.6%
Day	8.7%
Deuel	3.6%
Dewey	21%
Douglas	5.3%
Edmunds	7.5%
Fall River	18.6%
Faulk	8.4%
Grant	5.1%
Gregory	8.5%
Haakon	20.1%
Hamlin	4.6%
Hand	9%
Hanson	3.1%
Harding	29.1%
Hughes	11.5%
Hutchinson	1.4%

Mobile Homes	
County	2012-2016
Hyde	11.4%
Jackson	24.3%
Jerauld	8.8%
Jones	19.8%
Kingsbury	4.7%
Lake	5.6%
Lawrence	11.9%
Lincoln	1.7%
Lyman	13.2%
Marshall	9.5%
McCook	4.4%
McPherson	5.6%
Meade	17.4%
Mellette	22%
Miner	2.3%
Minnehaha	3.8%
Moody	6.7%
Oglala Lakota	32.2%
Pennington	11.9%
Perkins	15.1%
Potter	30%
Roberts	9.1%
Sanborn	10.2%
Spink	7.6%
Stanley	28.6%
Sully	16.1%
Todd	18.3%
Tripp	16.1%
Turner	4.6%
Union	3.9%
Walworth	14.4%
Yankton	5.3%
Ziebach	25.8%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 70: People with Disability

People with Disability	
State	2012-2016
South Dakota	12.1%

People with Disability	
County	2012-2016
Aurora	12.8%
Beadle	11.4%
Bennett	12.6%
Bon Homme	13%
Brookings	9%
Brown	10.6%
Brule	16.2%
Buffalo	18.4%
Butte	14.8%
Campbell	12.5%
Charles Mix	15.5%
Clark	15.4%
Clay	10.1%
Codington	13.4%
Corson	13.6%
Custer	15.5%
Davison	15.8%
Day	12.1%
Deuel	13.3%
Dewey	10.5%
Douglas	13%
Edmunds	11.9%
Fall River	21.5%
Faulk	11.6%
Grant	14.6%
Gregory	14%
Haakon	13.3%
Hamlin	10.3%
Hand	12.6%
Hanson	12.4%
Harding	9%
Hughes	11.6%
Hutchinson	15.1%

People with Disability	
County	2012-2016
Hyde	10.9%
Jackson	14.9%
Jerauld	12.5%
Jones	12.8%
Kingsbury	12.7%
Lake	12.8%
Lawrence	15.5%
Lincoln	7.3%
Lyman	10.2%
Marshall	10%
McCook	11.9%
McPherson	18.6%
Meade	13.2%
Mellette	12.4%
Miner	13%
Minnehaha	10.4%
Moody	11.3%
Oglala Lakota	15.9%
Pennington	13.8%
Perkins	16.5%
Potter	14.4%
Roberts	11.8%
Sanborn	12.3%
Spink	13.8%
Stanley	8.6%
Sully	8.8%
Todd	11.9%
Tripp	10%
Turner	14%
Union	11.2%
Walworth	15.6%
Yankton	14.5%
Ziebach	11.9%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 71: Speak Limited English

Speak Limited English	
State	2012-2016
South Dakota	1.0%

Speak Limited English	
County	2012-2016
Aurora	2.2%
Beadle	7.7%
Bennett	0.5%
Bon Homme	0.3%
Brookings	0.8%
Brown	1.4%
Brule	0.1%
Buffalo	0%
Butte	0.1%
Campbell	0%
Charles Mix	0.1%
Clark	0.4%
Clay	0.7%
Codington	0.3%
Corson	0%
Custer	1.2%
Davison	1%
Day	0%
Deuel	0.8%
Dewey	0.1%
Douglas	0%
Edmunds	0.2%
Fall River	0.9%
Faulk	0%
Grant	0%
Gregory	0%
Haakon	0%
Hamlin	0.8%
Hand	0%
Hanson	0.1%
Harding	0.4%
Hughes	0.9%
Hutchinson	0.3%
Hyde	0.9%

Speak Limited English	
County	2012-2016
Jackson	0%
Jerauld	0.4%
Jones	0%
Kingsbury	0.2%
Lake	0.4%
Lawrence	0.5%
Lincoln	0.6%
Lyman	0%
Marshall	2.8%
McCook	1%
McPherson	0.3%
Meade	0.1%
Mellette	0.2%
Miner	0.2%
Minnehaha	1.8%
Moody	1%
Oglala Lakota	1.3%
Pennington	0.4%
Perkins	0.1%
Potter	0%
Roberts	0.2%
Sanborn	0.8%
Spink	0.4%
Stanley	0%
Sully	0%
Todd	0.4%
Tripp	0%
Turner	0.6%
Union	0.5%
Walworth	0.5%
Yankton	0.6%
Ziebach	0.7%

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

Table 72: Per Capita Income

Per Capita Income	
State	2012-2016
South Dakota	\$28,761

Per Capita Income	
County	2012-2016
Aurora	\$30,872
Beadle	\$24,950
Bennett	\$15,287
Bon Homme	\$24,858
Brookings	\$27,197
Brown	\$31,493
Brule	\$26,074
Buffalo	\$10,960
Butte	\$26,178
Campbell	\$36,158
Charles Mix	\$21,805
Clark	\$26,759
Clay	\$24,541
Codington	\$29,249
Corson	\$15,160
Custer	\$31,015
Davison	\$28,086
Day	\$30,841
Deuel	\$29,204
Dewey	\$17,267
Douglas	\$27,603
Edmunds	\$31,836
Fall River	\$26,584
Faulk	\$29,714
Grant	\$29,363
Gregory	\$26,169
Haakon	\$22,863
Hamlin	\$27,060
Hand	\$33,109
Hanson	\$24,805
Harding	\$30,464
Hughes	\$32,000
Hutchinson	\$29,869

Per Capita Income	
County	2012-2016
Hyde	\$30,277
Jackson	\$16,939
Jerauld	\$38,776
Jones	\$26,526
Kingsbury	\$33,333
Lake	\$31,145
Lawrence	\$28,606
Lincoln	\$39,404
Lyman	\$21,155
Marshall	\$28,861
McCook	\$29,254
McPherson	\$25,975
Meade	\$26,896
Mellette	\$14,264
Miner	\$28,633
Minnehaha	\$29,551
Moody	\$27,774
Oglala Lakota	\$9,334
Pennington	\$28,910
Perkins	\$30,120
Potter	\$32,853
Roberts	\$25,767
Sanborn	\$31,965
Spink	\$31,957
Stanley	\$32,862
Sully	\$39,888
Todd	\$11,665
Tripp	\$27,613
Turner	\$27,844
Union	\$37,093
Walworth	\$29,457
Yankton	\$30,395
Ziebach	\$13,461

Source: Census, American Community Survey (ACS), 2012-2016, Table B19301.

APPENDIX G | SOUTH DAKOTA MEDICAID DATA

ENROLLMENT

South Dakota Medicaid & CHIP Enrollment as of September 2020

Total Medicaid & CHIP Enrollment (Preliminary) 118,950

Net Change in Enrollment July-September 2013 3,449

% Change in Enrollment July-September 2013 2.99%

Source: <https://www.medicaid.gov/state-overviews/stateprofile.html?state=south-dakota>

CHILD QUALITY MEASURE DATA

CHILDREN: PRIMARY CARE ACCESS AND PREVENTIVE CARE

Adolescent Well-Care Visits Ages 12 – 21 (FY 2019)

- Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 12 to 21

32.0% - South Dakota

41.7% - Bottom Quartile of 49 states reporting this measure

50.6% - Median of 49 States Reporting this measure

56.7% - Top quartile of 49 states reporting this measure

IMMUNIZATIONS FOR ADOLESCENTS: AGE 13 (FFY 2019)

- HPV Rate: Percentage completing the human papillomavirus (HPV) vaccine series by their 13th birthday
- Combination 1 rate: percentage receiving meningococcal conjugate and Tdap vaccines (combination 1) by their 13th birthday

37.6% - South Dakota

30.5% - Bottom Quartile of 45 states reporting this measure

34.4% - Median of 45 States Reporting this measure

39.5% - Top quartile of 45 states reporting this measure

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (FFY 2019)

- Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life

44.9% - South Dakota

57.3% - Bottom Quartile of 48 states reporting this measure

64.0% - Median of 48 States Reporting this measure

69.7% - Top quartile of 48 states reporting this measure

WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE (FFY 2019)

- Percentage who had 1 or More Well-Child Visits with a Primary Care Practitioner: Ages 3 to 6

42.6% - South Dakota

61.8% - Bottom Quartile of 49 states reporting this measure

69.0% - Median of 49 States Reporting this measure

74.3% - Top quartile of 49 states reporting this measure

CHILDREN: MATERNAL AND PERINATAL HEALTH

Contraceptive Care: Postpartum Women Ages 15 to 20 (FFY 2019)

- Percentage of postpartum women provided a most effective or moderately effective method of contraception within 3 days of delivery: Ages 15 – 20.
- Percentage of postpartum women provided a most effective or moderately effective method of contraception within 60 days of delivery: Ages 15 – 20
- Percentage of postpartum women provided a long-acting reversible method of contraception within 3 days of delivery: Ages 15 – 20
- Percentage of postpartum women provided a long-acting reversible method of contraception within 60 days of delivery: Ages 15 – 20

1.9% - South Dakota

0.8% - Bottom Quartile of 32 states reporting this measure

2.0% - Median of 32 States Reporting this measure

4.0% - Top quartile of 32 states reporting this measure

LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS (FFY 2019)

- Percentage of Live Births that Weighed Less Than 2,500 Grams

Note: Lower rates are better for this measure

8.3% - South Dakota

10.7% - Bottom Quartile of 51 states reporting this measure

9.5% - Median of 51 States Reporting this measure

8.0% - Top quartile of 51 states reporting this measure

PRENATAL AND POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE (FFY 2019)

- Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester or within 42 Days of Enrollment in Medicaid or CHIP

43.4% - South Dakota

68.1% - Bottom Quartile of 42 states reporting this measure

80.7% - Median of 42 States Reporting this measure

85.7% - Top quartile of 42 states reporting this measure

CHILDREN: BEHAVIORAL HEALTH CARE

Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FFY 2019)

- 7 day follow-up rate: percentage of hospitalizations for mental illness or intentional self-harm with a follow-up visit within 7 days after discharge: Ages 6 – 17
- 30 day follow-up rate: percentage of hospitalizations for mental illness or intentional self-harm with a follow-up visit within 7 days after discharge: Ages 6 – 17

19.1% - South Dakota

35.0% - Bottom Quartile of 44 states reporting this measure

41.9% - Median of 44 States Reporting this measure

58.8% - Top quartile of 44 states reporting this measure

USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS: AGES 1 TO 17(FFY 2019)

- Percentage on Two or More Concurrent Antipsychotic Medications: Ages 1 to 17

Note: Lower rates are better for this measure

3.3% - South Dakota

3.5% - Bottom Quartile of 42 states reporting this measure

2.6% - Median of 42 States Reporting this measure

1.7% - Top quartile of 42 states reporting this measure

2020 Primary Care Needs Assessment

SD Department of Health, Office of Rural Health

CHILDREN: DENTAL AND ORAL HEALTH SERVICES

Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk(FFY 2019)

- Percentage at Elevated Risk of Dental Caries (Moderate or High Risk) who Received a Sealant on a Permanent First Molar Tooth: Ages 6 to 9

28.6% - South Dakota

19.1% - Bottom Quartile of 35 states reporting this measure

22.7% - Median of 35 States Reporting this measure

25.3% - Top quartile of 35 states reporting this measure

PERCENTAGE OF ELIGIBLES WHO RECEIVED PREVENTIVE DENTAL SERVICES: AGES 1 TO 20(FFY 2019)

- Percentage Enrolled in Medicaid or Medicaid Expansion CHIP Programs for at least 90 Continuous Days with at Least 1 Preventive Dental Service: Ages 1 to 20

45.0% - South Dakota

44.1% - Bottom Quartile of 51 states reporting this measure

49.1% - Median of 51 States Reporting this measure

52.1% - Top quartile of 51 states reporting this measure

Source: <https://www.medicaid.gov/state-overviews/stateprofile.html?state=south-dakota>

ADULT MEASURES

ADULT: MATERNAL AND PERINATAL HEALTH

Contraceptive Care: Postpartum Women Ages 21 to 44(FFY 2019)

- Percentage of postpartum women provided a most effective or moderately effective method of contraception within 3 days of delivery: Ages 21 - 44.
- Percentage of postpartum women provided a most effective or moderately effective method of contraception within 60 days of delivery: Ages 21 - 44.
- Percentage of postpartum women provided a long-acting reversible method of contraception within 3 days of delivery: Ages 21 - 44.
- Percentage of postpartum women provided a long-acting reversible method of contraception within 60 days of delivery: Ages 21 - 44.

12.3% - South Dakota

9.1% - Bottom Quartile of 29 states reporting this measure

11.3% - Median of 29 States Reporting this measure

14.4% - Top quartile of 29 states reporting this measure

ADULT: BEHAVIORAL HEALTH CARE

Follow-Up After Hospitalization for Mental Illness: Age 18 and Older(FFY 2019)

- 7 day follow-up rate: percentage of hospitalizations for mental illness or intentional self-harm with a follow-up visit within 7 days after discharge: Ages 18 - 64
- 30 day follow-up rate: percentage of hospitalizations for mental illness or intentional self-harm with a follow-up visit within 7 days after discharge: Ages 18 - 64

34.2% - South Dakota

24.3% - Bottom Quartile of 42 states reporting this measure

32.3% - Median of 42 States Reporting this measure

46.7% - Top quartile of 42 states reporting this measure

USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER: AGE 18 AND OLDER (FFY 2019)

- Percentage of Adults Without Cancer with Two or More Opioid Prescription Claims with an Average Daily Dosage Greater than or Equal to 90 Morphine Milligram Equivalents Over 90 Consecutive Days or More: Ages 18 to 64

Note: Lower rates are better for this measure

8.8% - South Dakota
3.4% - Bottom Quartile of 26 states reporting this measure
6.4% - Median of 26 States Reporting this measure
10.7% - Top quartile of 26 states reporting this measure

Source: <https://www.medicaid.gov/state-overviews/stateprofile.html?state=south-dakota>

ADULTS: ADDITIONAL MEASURES

NUMBER OF HOSPITALIZATIONS PER 1,000 LONG-STAY NURSING HOME RESIDENT DAYS (CY 2019)

If a nursing home sends many residents to the hospital, it may indicate that the nursing home is not properly assessing or taking care of its residents.

This measure reports the number of unplanned hospitalizations, including observation stays, per 1,000 long-stay nursing home resident days in calendar year 2019. Long-stay resident days are all days after the 100th cumulative day in a nursing home.

1.4% - South Dakota
1.4% - Bottom Quartile of 51 states reporting this measure
1.5% - Median of 51 States Reporting this measure
1.8% - Top quartile of 51 states reporting this measure

PERCENTAGE OF LONG-STAY NURSING HOME RESIDENTS WHO GOT AN ANTIPSYCHOTIC MEDICATION (CY 2019)

Antipsychotic drugs are an important treatment for patients with certain mental health conditions, but they are associated with an increased risk of death when used in elderly patients with dementia. The medications also have side effects. If possible, nursing homes should try to address a resident's expressions of distress by first implementing person-centered approaches that do not involve medications. Addressing each resident's needs through approaches other than medications—like higher staffing ratios, non-pharmacological interventions, and regular assignment of nursing staff—may lower the use of medications in many cases.

This measure reports the percentage of long-stay nursing home residents who received antipsychotic drugs in calendar year 2019.

Note: Lower rates are better for this measure.

16.6% - South Dakota
12.5% - Bottom Quartile of 53 states reporting this measure
14.4% - Median of 53 States Reporting this measure
16.5% - Top quartile of 53 states reporting this measure

APPENDIX H | PRIMARY HEALTH INDICATORS AND ANNOTATED REFERENCES

Indicators Health Outcomes	Annotated References and Noted Assumptions
<p>Health Outcomes</p>	<p style="text-align: center;"><i>Health Status Indicators</i></p> <hr/> <p>University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from https://www.countyhealthrankings.org/app/south-dakota/2020/overview</p> <p>The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).</p> <p>Counties were ranked using the same ranking applied by County Health Rankings (University of Wisconsin). Counties were ranked 1-61; a total of 5 counties were not ranked by CHR. For the purpose of this assessment, those counties were assigned the median rank for the category (median rank = 31).</p>
	<hr/> <p>University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from https://www.countyhealthrankings.org/app/south-dakota/2020/overview</p> <p>The Health Factor ranking is based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Sources for original data include: BRFSS, Centers for Disease Control Interactive Atlas, USDA Food Environment Atlas, US Census, Fatality Analysis Reporting System, National Center for HIV/AIDS, National Center for Health Statistics, Small Area Health Insurance Estimates, Dartmouth Atlas of Health Care, Bureau of Labor Statistics, Small Area Income and Poverty Estimates, American Community Survey.</p> <p>Counties were ranked using the same ranking applied by CHR. Counties were ranked 1-61; a total of 5 counties were not ranked by CHR. For the purpose of this assessment, those counties were assigned the median rank for the category (median rank = 31).</p>
<p>Poor or Fair Health</p>	<hr/> <p>University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from https://www.countyhealthrankings.org/app/south-dakota/2020/overview</p> <p>Poor or Fair Health measures the percentage of adults in a county who consider themselves to be in poor or fair health (age-adjusted) via BRFSS. Years of Data Used, 2017.</p> <p>Counties were ranked from 1-66 (the lower the ranking, the lower the percent of residents indicating poor or fair health).</p>

Institute for Health Metrics and Evaluation (IHME), US County Profile: Counties, South Dakota, Life Expectancy. Retrieved 13 June 2020, from <http://www.healthdata.org/us-county-profiles>

The Global Burden of Disease Study 2017 (GBD 2017), coordinated by the Institute for Health Metrics and Evaluation (IHME), analyzed the performance of all 3,142 US counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence, and recommended physical activity, using novel small area estimation techniques and the most up-to-date county-level information.

Life Expectancy

Life expectancy is the number of years that the average member of a group can expect to live. Many things can affect a group's life expectancy, including things like death rates in children, income, access to health care, diet, and environment. Life expectancy in a group even changes over time as new life-saving technologies emerge, a civil war occurs, or other things happen. Since 1990 life expectancy at birth has increased in most places around the world.

Counties were ranked from 1-66 (the lower the ranking, the higher the life expectancy in years). Rankings were adjusted for counties that had the same reported life expectancy; in these cases, all counties with the same reported value were given the same rank score (e.g. Aurora, McCook, Meade, and Tripp Counties each reported 82.2 years of age for female life expectancy; all were given a ranking score of 37, instead of individual rankings of 37, 38, 39, and 40). Ranking continued at 41 for subsequent counties with lower life expectancy reported values.

South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2011, 2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Mortality Rates (includes Infant, Resident, Heart Disease, Cancer, Chronic Lower Respiratory, Alzheimer's, Cerebrovascular, Accidents, Diabetes, Suicide, Influenza & Pneumonia, Chronic Liver Disease & Cirrhosis)

Mortality rates are age-adjusted death rates per 100,000 population.

Infant mortality is the number of infant deaths (less than one year of age) per 1,000 live births. The 2011 infant mortality represents 2007 - 2011 data. The 2014 infant mortality represents 2010 - 2014 data. The 2017 infant mortality represents 2013-2017 data.

Counties were ranked 1-66 according to 2017 reported values for mortality, all causes. Counties that reported LNE (low number of events) were given a score of 1.

Infant mortality rate data had 33 counties with LNE or a low number of events; these counties were given a score of 1.

Diabetes Prevalence

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

The Method for Calculating Diabetes Prevalence - Data for Diabetes Prevalence are provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates. Diabetes Prevalence survey estimates include both landline and cell phone users. Previously, only landline users were included in the data. This change was implemented in order to provide users with the most accurate estimates of health in their community as possible.

The calculation of Diabetes Prevalence uses three years of survey data to create a single-year estimate using a complex statistical model. The estimate represents the middle year of the three years of data used.

Modeling generates more stable estimates for places with small numbers of residents or survey responses. There are also drawbacks to using modeled data. The smaller the population or sample size of a county, the more the estimates are derived from the model itself and the less they are based on survey responses. Models make statistical assumptions about relationships that may not hold in all cases. Finally, there is no perfect model and each model generally has limitations specific to their methods.

Counties were ranked 1-66 according to 2012 reported values. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

South Dakota Department of Health (various years). School Height and Weight Report South Dakota Students. Retrieved August 2020, from <https://doh.sd.gov/statistics/school-height-weight.aspx>

(Figure 2, Page 6 for Below 5th Percentile data; Figures 3-6, Page 8 for Obese data)

Note: Note that the reported values in the original 2010-2011 School Year Report from the South Dakota Department of Health included slightly different values.

**South Dakota K-12
School BMI for
Academic Years 2010-11
through 2017-18**

Data are analyzed for short stature, underweight, overweight and obesity using the current national standards. This document focuses on excess weight, as South Dakota students, as a whole, are neither short nor underweight. The DOH began using the definitions of overweight and obesity beginning with the 2006-2007 report to describe elevated body mass index (BMI)-for-age for children and adolescents. BMI-for-age is the preferred term to describe the weight status of children and adolescents. Children with a BMI-for-age between the 85th and 94th percentile are described as “overweight”. If a child is at or above the 95th percentile, the term to describe the child is “obese”.

Adult Obesity

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Data are for 2016

Adult Obesity is based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or

equal to 30 kg/m². Participants are asked to self-report their height and weight. From these reported values, BMIs for the participants are calculated.

Data for Adult Obesity are provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates. Beginning with the 2015 County Health Rankings, Adult Obesity estimates include both landline and cell phone users. Previously, only landline users were included in the data. This change was implemented in order to provide users with the most accurate estimates of health in their community as possible.

Adult Obesity estimates are produced from three years of survey data and created using a complex statistical model. Modeling generates more stable estimates for places with small numbers of residents or survey responses. There are also drawbacks to using modeled data. The smaller the population or sample size of a county, the more the estimates are derived from the model itself and the less they are based on survey responses. Models make statistical assumptions about relationships that may not hold in all cases. Finally, there is no perfect model and each model generally has limitations specific to their methods.

Counties were ranked 1-66 according to 2016 reported values. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Age adjusted Cancer Incidence and Death Rates in South Dakota

Cancer in South Dakota, (2015, 2016, 2017). Retrieved August 2020 from <http://getscreened.sd.gov/documents/Cancer2017.pdf>

Incidence rates - Table 3; Mortality rates - Table 9.

Cancer Prevalence

Cancer in South Dakota, (various years). Retrieved August 2020 from <http://getscreened.sd.gov/documents/Cancer2017.pdf>

Age-adjusted incidence rates are calculated using the direct method and standardized to the age distribution of the 2000 US standard population. Age adjustment allows rates for one geographic area to be compared with rates from other geographic areas that may have differences in age distributions. Any observed differences in age-adjusted incidence rates between populations are not due to different age structures. Reports prior to 1999 used the 1970 US standard population. In conformity with the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results (SEER) Program guidelines, the incidence rates for cancer sites exclude the following: In situ cases, except bladder; Basal and squamous cell skin cancers; Cases with unknown age; Cases with unknown gender.

Cancer prevalence data for all counties in South Dakota, all ages, all genders, all races, all stages, and all primary and subsites of disease. The counties were ordered from lowest to highest value, rankings of 1-66 applied.

Cases of HIV and AIDS, 2005-2017

South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. (2014, 2017). Retrieved August 2020, from <https://doh.sd.gov/statistics/>

Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A picture of Health. Report Findings from the South Dakota Health Survey.* May 2015. <https://helmsleytrust.org/publication/focus-south-dakota-picture-health>

Depression Diagnosis

Multiple modes of data collection, including mail, telephone, and in-person surveys were used to achieve high response rates and to engage underrepresented populations in the study. Using a list of addresses from the U.S. Postal Service, a representative random sample of households was selected in South Dakota, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and to test addresses. This was followed by two waves of survey mailings and automated reminder calls. Respondents could complete the survey on paper and return by prepaid mail or on a web-based survey. Households that did not respond to the mail survey received a series of telephone follow-up calls over a several week period. After the mail and telephone data collection, households in reservation areas that had not responded were advanced to an in-person follow-up. This approach was based on input from regional stakeholders, who indicated that in-person contacts would be more successful than mail and telephone attempts. Local research assistants were hired and trained to approach households in reservation communities and Rapid City with the survey. As research assistants completed the in-person follow-up, they also collected surveys from “housing insecure” respondents if the primary respondent indicated there were multiple families or additional adults outside of the primary household living in the residence. All respondents received a modest cash stipend for their time.

Counties were ranked 1-57 in this assessment; a total of 10 counties did not report data. These counties were given the median score for all rankings (median score = 29).

Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A picture of Health. Report Findings from the South Dakota Health Survey.* May 2015.

<https://helmsleytrust.org/publication/focus-south-dakota-picture-health>

Anxiety Disorder Diagnosis

Multiple modes of data collection, including mail, telephone, and in-person surveys were used to achieve high response rates and to engage underrepresented populations in the study. Using a list of addresses from the U.S. Postal Service, a representative random sample of households was selected in South Dakota, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and to test addresses. This was followed by two waves of survey mailings and automated reminder calls. Respondents could complete the survey on paper and return by prepaid mail or on a web-based survey. Households that did not respond to the mail survey received a series of telephone follow-up calls over a several week period. After the mail and telephone data collection, households in reservation areas that had not responded were advanced to an in-person follow-up. This approach was based on input from regional stakeholders, who indicated that in-person contacts would be more successful than mail and telephone attempts. Local research assistants were hired and trained to approach households in reservation communities and Rapid City with the survey. As research

assistants completed the in-person follow-up, they also collected surveys from “housing insecure” respondents if the primary respondent indicated there were multiple families or additional adults outside of the primary household living in the residence. All respondents received a modest cash stipend for their time.

Counties were ranked 1-57 in this assessment; a total of 10 counties did not report data. These counties were given the median score for all rankings (median score = 33).

Sexually Transmitted Diseases

Sexually Transmitted Disease Surveillance in South Dakota. (2017). Retrieved August 2020, from <https://doh.sd.gov/diseases/infectious/std/Reports.aspx>

Number (reported sexually transmitted cases) and Rate (cases per 100,000 population per year). Counties with 1-2 cases are published as ≤ 2 .

Counties were ranked based on their rate for each of reported STDs (Chlamydia, Gonorrhea, and Syphilis) in order from lowest (ranking of 1) to highest (ranking of 66) in disease prevalence. Counties having a rate of 0 (zero) were given a ranking of 1. The three disease-specific county rankings were then averaged, and the average rank is what is included in the quartile ranking exercise.

Health Access Indicators

Dentists in South Dakota

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Data are from 2018.

Dentists is the ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. For example, if a county has a population of 50,000 and has 20 dentists, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one dentist in the county, and zero indicates there are no registered dentists in the county.

The left side of the ratio is the total county population. The right side of the ratio is the number of dentists in a county. Registered dentists with a National Provider Identification are counted.

Poverty

U. S. Census Bureau (2020). QuickFacts: United States. Retrieved August 2020, from <https://www.census.gov/quickfacts/fact/table/US/PST045219>

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

Data at a county level - Small Area Income and Poverty Estimates (SAIPE)
The U.S. Census Bureau's SAIPE program provides annual estimates of income and poverty statistics for all school districts, counties, and states. The main objective of this program is to provide estimates of income and poverty for the administration of federal programs and the allocation of federal funds to local jurisdictions. In addition to these federal programs, state and local programs use the income and poverty estimates for distributing funds and managing programs. These estimates combine data from administrative records, postcensal population estimates, and the decennial census with direct estimates from the American Community Survey to provide consistent and reliable single-year estimates. Small Area Income and Poverty Estimates main page.

Person in poverty (percent) was collected for each county and ordered from lowest rate of poverty to highest rate of poverty, then ranked 1-66.

Free or Reduced-Price School Lunch

KIDS COUNT Data Center, Accessed July 20, 2020 at <https://datacenter.kidscount.org/data/tables/10643-eligible-recipients-of-free-or-reduced-price-lunch?loc=43&loct=2#detailed/2/any/false/1965,1750,1686/any/20417>

The number of children eligible to receive free or reduced-price lunch in public schools. Children may also be eligible to receive free or reduced-price breakfast and/or milk. To receive a free or reduced-price meal, households must meet income eligibility requirements. Children in food stamp or TANF families are automatically eligible for free school meals. Families who receive commodity assistance through food distribution programs in American Indian tribal areas are also automatically eligible for free meals. In the 2014/15 school year, a new lunch option was made

available to South Dakota schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP). The CEP was enacted as part of the Healthy, Hunger-Free Kids Act 2010 and provides universal meal service to students enrolled in schools with at least 40 percent of students who are directly certified for free meals. The denominator for the percentage is total public school enrollment in respective geographic areas. Data Source: State and District data: South Dakota Department of Education, Statistical Digest, <https://doe.sd.gov/ofm/statdigest.aspx> County data: Child and Adult Nutrition Services, South Dakota Department of Education. <https://doe.sd.gov/>

Counties were ordered from lowest percentage participation in free and reduced school lunch program to highest percentage participation and ranked 1-66. Six counties did not report data for 2014-2019 and were given the median rank score (33).

Usual place to go for Care

Source: Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A Picture of Health. Report Findings from the South Dakota Health Survey.* May 2015. <https://helmsleytrust.org/publication/focus-south-dakota-picture-health>

Multiple modes of data collection were used including mail, telephone and in-person surveys. A representative sample of US Postal addresses were selected, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and test addresses, which was followed by survey mailings and automated reminder calls.

Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Have a personal doctor/provider

Source: Spurlock M., Davis M.M., Dulacki K., Meath T., Li H.F., McCarty D., Knight-Richardson N., Wright B., Warne D., McConnell K.J. *Focus on South Dakota: A Picture of Health. Report Findings from the South Dakota Health Survey.* May 2015. <https://helmsleytrust.org/publication/focus-south-dakota-picture-health>

Multiple modes of data collection were used including mail, telephone and in-person surveys. A representative sample of US Postal addresses were selected, clustered by geography. Randomly selected households first received a postcard to raise awareness of the study and test addresses, which was followed by survey mailings and automated reminder calls.

Table 31: Percent of South Dakotans who could not see a doctor due to cost by County, 2014

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2014). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/>

The Behavioral Risk Factor Surveillance System (BRFSS) is a national random digit dial (RDD) telephone survey. Data obtained from the BRFSS are representative of the total non-institutionalized population over 18 years of age living in households with a land line telephone. For the County Health Rankings, data from the BRFSS are used to measure various health behaviors and health-related quality of life (HRQoL) indicators. All

	<p>data from the BRFSS are weighted by population and the HRQoL measures are age-adjusted. We obtained county-level measures, in almost all instances aggregated over seven years, from the National Center for Health Statistics (NCHS)/Centers for Disease Control and Prevention (CDC).</p> <p>The 2014 County Health Rankings used data from 2006-2012 for this measure.</p>
Live Births	<p>South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from https://doh.sd.gov/statistics/</p> <p>County data: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org</p> <p>Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).</p>
Low birth weight	<p>South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from https://doh.sd.gov/statistics/</p> <p>Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).</p>
Prenatal care in first trimester	<p>South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from https://doh.sd.gov/statistics/</p> <p>Counties were ranked according to the 2014 percent of mothers that received prenatal care in their first trimester as reported by the SD DOH and scored 1-66, lower scores indicating a lower percent of mothers receiving prenatal care in their first trimester and higher scores indicating a higher percent of mothers receiving prenatal care in their first trimester. The 2014 prenatal care in first trimester is Health Status Indicators 2010-2014.</p> <p>Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).</p>
Cancer screening tests	<p>State Cancer Profiles. (2020). Retrieved August 2020, from https://statecancerprofiles.cancer.gov/risk/</p> <p>Estimates are based on a statistical model which combines information from the Behavioral Risk Factor Surveillance System and the National Health Interview Survey to correct for nonresponse and under-coverage bias and are enhanced in small areas by borrowing information from similar areas across the nation. For more information, visit https://sae.cancer.gov/.</p>

Counties were ranked 1-66 based on the model-based percent derived from the combined BRFSS and NHIS data.

Screening and Risk Factors Report for South Dakota by County. Ever Had Colorectal Endoscopy (Sigmoidoscopy or Colonoscopy) All Races (includes Hispanic), Both Sexes, Ages 50+

State Cancer Profiles. (2020). Retrieved September 10, 2020, from <https://statecancerprofiles.cancer.gov/risk/>

Methodology: 2008-2010 County Level Modeled Estimate combining BRFSS and NHIS. Data reflects individuals who self-reported if they had ever had a colorectal endoscopy (sigmoidoscopy or colonoscopy). Data is reported for all races, both sexes, ages 50+. These county estimates were updated May 16, 2017, using a new methodology. See <https://sae.cancer.gov> for more details.

State data: Screening and Risk Factors Report for South Dakota (Directly Estimated 2018 BRFSS Data)

Breast cancer screening

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Data are from 2018.

Mammography Screening is the percentage of female fee-for-service (FFS) Medicare enrollees, ages 65-74, that receive an annual mammogram. In the 2019 County Health Rankings, the source for this measure switched from Dartmouth Atlas of Health Care to Mapping Medicare Disparities. The current measure now includes mammography screening for women between the ages of 65 and 74; the Dartmouth Atlas of Health Care measures only women ages 67 to 69.

Counties were ranked 1-66 based on the percent who have been screened for breast cancer.

Influenza vaccination

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

This measure includes only the percentage of Medicare fee-for-service enrollees who have received a flu vaccine and may potentially miss trends and disparities among younger age groups or people not enrolled in Medicare.

The numerator is the number of Medicare beneficiaries enrolled in fee-for-service Medicare Part B for at least one month of the selected year and who have received a covered influenza vaccine in the last year (Current Procedural Terminology/Healthcare Common Procedure Coding System codes: 90630, 90653-90657, 90660-90662, 90672-90674, 90685-90688, Q2035-Q2039, G0008).

The denominator includes Medicare beneficiaries enrolled in fee-for-service Medicare Part B for at least one month of the selected year.

Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Uninsured adults, aged 18 to 64

U. S. Census Bureau. (2020). Small Area Health Insurance Estimates (SAHIE) Program. Retrieved August 2020, from <https://www.census.gov/programs-surveys/sahie.html>

Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Uninsured children, under 18

U. S. Census Bureau. (2020). Small Area Health Insurance Estimates (SAHIE) Program. Retrieved August 2020, from <https://www.census.gov/programs-surveys/sahie.html>

Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

South Dakota Department of Health, Med-Media WebCUR System.

EMS, Average Dispatch to Enroute Time in Minutes

Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above). Five counties did not report data. These counties were given the median score for all rankings (median score = 33).

Health Risk Behavior Indicators

Food Insecurity

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Data are from 2017.

Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. The numerator is the population with a lack of access, at times, to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods. The denominator is the total county population.

Counties were ranked 1-66 based on the percent limited access reported by CHR. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Physical Inactivity

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Physical Inactivity is based on responses to the Behavioral Risk Factor Surveillance Survey and is the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month.

Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which uses BRFSS data to provide county-level estimates. Beginning with the 2015 County Health Rankings, Physical Inactivity estimates include both landline and cell phone users. Previously, only landline users were included in the data. This change was implemented in order to provide users with the most accurate estimates of health in their community as possible.

Physical inactivity estimates are produced from three years of survey data and created using a complex statistical model. Modeling generates more stable estimates for places with small numbers of residents or survey responses. There are also drawbacks to using modeled data. The smaller the population or sample size of a county, the more the estimates are derived from the model itself and the less they are based on survey responses. Models make statistical assumptions about relationships that may not hold in all cases. Finally, there is no perfect model and each model generally has limitations specific to their methods.

Counties were ranked 1-66 according to 2017 reported values. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Adult smoking

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Data are from 2017.

Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime. Beginning with the 2016 Rankings, the CDC provided single-year modeled county-level estimates that included both landline and cell phone users. These changes were implemented in order to provide users with the most accurate estimates of health in their community as possible.

Counties were ranked 1-66 based on the percent of reported adult smokers reported by CHR. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from <https://doh.sd.gov/statistics/>

Data for mothers who used tobacco are self-reported.

Mother's tobacco use during pregnancy

Counties were ranked 1-66 based on the percent of mothers who used tobacco while pregnant as reported in 2011, 2014, 2017. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above). The 2017 mother's tobacco use during pregnancy are Health Status Indicators 2014-2017.

South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. Retrieved July 20, 2020, from <https://doh.sd.gov/statistics/>

Mother's breastfeeding at discharge

Counties were ranked 1-66 based on the percent of mothers who were breastfeeding their newborn(s) at discharge as reported in 2014. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above). The 2017 mother's breastfeeding at discharge is Health Status Indicators 2014-2017.

University of Wisconsin Population Health Institute. County Health Rankings South Dakota. (2020). Retrieved August 2020, from <https://www.countyhealthrankings.org/app/south-dakota/2020/overview>

Data are from 2017.

Excessive drinking

Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days. Beginning with the 2016 Rankings, the CDC provided single-year modeled county-level estimates that included both landline and cell phone users. These changes were implemented in order to provide users with the most accurate estimates of health in their community as possible.

Counties were ranked 1-66 based on the percent of excessive drinkers per county reported by CHR. Rankings were adjusted for counties that had the same reported value, giving the lowest possible ranking associated with that value (see detailed description of ranking methodology in life expectancy description above).

Total Population by County, 2011, 2014, and 2017	Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. https://doh.sd.gov/statistics/
Table 49: White Population by County, 2011, 2014, and 2017	Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. https://doh.sd.gov/statistics/
Table 50: Non-White Population by County, 2011, 2014, and 2017	Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. https://doh.sd.gov/statistics/
Table 51: Population by Age, by County, 2011, 2014, and 2017	Source: South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators. https://doh.sd.gov/statistics/
South Dakota Critical Access Hospital Directory	Source: Flex Monitoring Team, Critical Access Hospital Locations, (2020) Retrieved on July 9, 2020 from https://www.flexmonitoring.org/data/critical-access-hospital-locations/ Data in the list updated April 28, 2020.
Federally Qualified Health Centers Directory	Source: National Database Look-up, (2020). Retrieved July 9, 2020, from https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/sd/ Source: Health Resources & Services Administration (HRSA) Data Explorer, (2020) Retrieved on December 7, 2020 from https://data.hrsa.gov/tools/data-explorer Addresses obtained from: Horizon Health Care (2020) Retrieved July 9, 2020, from https://www.horizonhealthcare.org/our-locations/ Rural Health Care, Inc. (2020) Retrieved July 9, 2020, from https://www.ruralhc.net/
Primary Care NHSC Sites Directory	Source: Health Resources & Services Administration (HRSA) Data Explorer, (2020) Retrieved on July 14, 2020 from https://data.hrsa.gov/tools/data-explorer
Dental Care NHSC Sites Directory	Source: Health Resources & Services Administration (HRSA) Data Explorer, (2020) Retrieved on July 14, 2020 from https://data.hrsa.gov/tools/data-explorer
Mental Health NHSC Sites Directory	Source: Health Resources & Services Administration (HRSA) Data Explorer, (2020) Retrieved on July 14, 2020 from https://data.hrsa.gov/tools/data-explorer
Rural Health Clinics Directory	Source: Centers for Medicare & Medicaid Services Health Center Facilities Report, (2020) Retrieved on July 14, 2020 from https://data.hrsa.gov/data/reports
Supplemental Figures for Shortage Areas and Designations	Source: South Dakota Department of Health, Office of Rural Health. Federally designated health professional shortage areas and medically underserved areas. (2020) Retrieved September 10, 2020, from https://doh.sd.gov/providers/ruralhealth/shortage.aspx
Nursing Education Programs in South Dakota	Source: South Dakota Department of Health, Licensing Boards, South Dakota Board of Nursing (2020) Retrieved on July 7, 2020 from https://doh.sd.gov/boards/nursing/education.aspx

APPENDIX I | FEDERALLY QUALIFIED HEALTH CENTERS DIRECTORY

Name	Address	City	County
Horizon Health Care Aberdeen Community Health Center	506 S. Wilson St.	Aberdeen	Brown
Horizon Health Care Alcester Community Health Center	104 West 2nd Street	Alcester	Union
Horizon Health Care Alcester Dental Clinic	111 Iowa Street	Alcester	Union
Horizon Health Care Bison Community Clinic	105 West Main Street	Bison	Perkins
Rural Health Care, Inc. Access Health-Brookings	400 22nd Ave Ste. 1	Brookings	Brookings
Horizon Health Care Bryant Community Health Center	110 West Main Street	Bryant	Hamlin
Rural Health Care, Inc. Dakota Family Medical Center	101 South Front Street	Chamberlain	Brule
Horizon Health Care DeSmet Community Health Center	401 Prairie Avenue SW	DeSmet	Kingsbury
Horizon Health Care De Smet Dental Services	401 Prairie Avenue SW	DeSmet	Kingsbury
Horizon Health Care Family Health Center of Eagle Butte	24337 U.S. Hwy 212	Eagle Butte	Dewey
Horizon Health Care Elk Point Community Health Center	204 East Main Street	Elk Point	Union
Horizon Health Care Union County Correctional Facility	300 East Main St	Elk Point	Union
Horizon Health Care Faith Community Health Center	112 North 2nd Avenue West	Faith	Meade
Horizon Health Care Faith Dental Clinic	112 North 2nd Avenue West	Faith	Meade
Rural Health Care, Inc. Oahe Valley Health Center	202 Island Drive; Suite 1	Fort Pierre	Stanley
Horizon Health Care Fort Thompson Community Health Center	125 SD Hwy 249	Fort Thompson	Buffalo
Rural Health Care, Inc. Community Care Clinic	608 E. Garfield	Gettysburg	Potter
Rural Health Care, Inc. Highmore Clinic	200 Commercial Avenue SE	Highmore	Hyde
Horizon Health Care Prairie Winds Dental	112 N Main St.	Howard	Miner
Horizon Health Care Howard Community Health Center	208 South Main Street	Howard	Miner
Horizon Health Care James Valley Community Health Center	1000 18th Street SW; Suite 27	Huron	Beadle
Horizon Health Care Isabel Community Clinic	118 North Main Street	Isabel	Dewey

Rural Health Care, Inc. Kennebec Clinic	120 South Main	Kennebec	Lyman
Horizon Health Care Martin Community Health Center	109 Pugh Street	Martin	Bennett
Horizon Health Care Lake Preston Community Health Center	709 4th Street SE	Lake Preston	Kingsbury
Horizon Health Care McIntosh Community Clinic	208 Main Street	McIntosh	Corson
Horizon Health Care Mission Community Health Center	161 South Main Street	Mission	Todd
Rural Health Care, Inc. Access Health-Mitchell	1900 Grassland Drive	Mitchell	Davison
Rural Health Care, Inc. Jones County Clinic	609 Garfield Avenue	Murdo	Jones
Rural Health Care, Inc. Onida Clinic	303 South Main Street	Onida	Sully
Eastside Neighborhood Center	2400 E Capitol Ave	Pierre	Hughes
South Dakota Urban Indian Health, Inc.	1714 Abbey Rd	Pierre	Hughes
Horizon Health Care Aurora County Community Health Center	106 South Main St	Plankinton	Aurora
Horizon Health Care Aurora County Dental Clinic	106 South Main St	Plankinton	Aurora
Rural Health Care, Inc. Stanley-Jones Memorial Clinic	116 North Main Street	Presho	Lyman
Community Health Center of the Black Hills Consolidated Community Health Center	350 Pine St	Rapid City	Pennington
Community Health Center of the Black Hills General Beadle School Based	10 Van Buren St	Rapid City	Pennington
Community Health Center of the Black Hills Cornerstone Rescue Mission-Men's Shelter	30 Main St	Rapid City	Pennington
Horizon Health Care Tiospaye Topa School	PO Box 300	Ridgeview	Dewey
Falls Community Health Clinic	521 North Main Avenue	Sioux Falls	Minnehaha
Falls Community Health Hawthorne Elementary School	601 North Spring Avenue	Sioux Falls	Minnehaha
Falls Community Health Hayward Elementary School	410 North Valley View Road	Sioux Falls	Minnehaha
Falls Community Health Terry Redlin Elementary School	1721 E Austin St	Sioux Falls	Minnehaha
South Dakota Urban Indian Health, Inc.	1200 N West Ave	Sioux Falls	Minnehaha
Horizon Health Care Jerauld County Community Health Center	602 1st Street NE; Suite 1	Wessington Springs	Jerauld

Horizon Health Care Jerauld County Dental Clinic	602 1st Street NE; Suite 2	Wessington Springs	Jerauld
Horizon Health Care Mellette County Community Health Center	309 East 4th Street	White River	Mellette
Horizon Health Care Woonsocket Community Health Center	302 S. Dumont Ave.	Woonsocket	Sanborn
Horizon Health Care Yankton Community Health Center	920 Broadway Ave Suite 2	Yankton	Yankton
Horizon Health Care Yankton Community Dental Services	920 Broadway Ave Suite 2	Yankton	Yankton

Source: National Database Look-up, (2020). Retrieved December 7, 2020, from https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/sd/ and Health Resources & Services Administration (HRSA) Data Explorer, (2020) Retrieved on December 7, 2020 from <https://data.hrsa.gov/tools/data-explorer>

Addresses obtained from:

Horizon Health Care (2020) Retrieved December 7, 2020, from <https://www.horizonhealthcare.org/our-locations/>

Rural Health Care, Inc. (2020) Retrieved December 7, 2020, from <https://www.ruralhc.net/>

APPENDIX J | HRSA HEALTH WORKFORCE SITES DIRECTORY

Source: Health Resources & Services Administration (HRSA) Health Workforce Connector, (2020) Retrieved on December 18, 2020 from <https://connector.hrsa.gov/connector/search>

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Rural Health Care, Inc - Stanley Jones Memorial Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	17	21	19	Active	Active	116 N. Main St.		Presho	SD	57568	(605) 895-2589
Delta Dental South Dakota - Rural Community Health/Dakota Smiles Mobile Dental Program	0	NHSC: Mobile Unit / Nurse Corps: Urgent Care Center	17	18	19	Active	Active	116 N. Main Street		Presho	SD	57568	(605) 224-7345
Lower Brule Sioux Tribe - Behavioral Health Clinic	0	NHSC/Nurse Corps: American Indian Health Facility	17	18	19	Active	Active	187 Oyate Circle		Lower Brule	SD	57548	(605) 473-5561
Lower Brule Service Unit - Lower Brule Indian Health Center	1	NHSC/Nurse Corps: American Indian Health Facility	19	18	19	Active	Active	601 Gall Street	PO Box 248	Lower Brule	SD	57548	(605) 473-8224
Horizon Health Care, Inc. - Fort Thompson Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	125 SD Hwy 249	PO Box 378	Fort Thompson	SD	57339	(605) 245-2700
Fort Thompson Service Unit - Fort Thompson Indian Health Center	1	NHSC/Nurse Corps: American Indian Health Facility	19	17	24	Active	Active	1323 BIA Route 4		Fort Thompson	SD	57339	(605) 245-1500
Rural Health Care, Inc - Dakota Family Medical Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	101 S Front Street		Chamberlain	SD	57325	(605) 234-6584
Dakota Mental Health Center - Chamberlain Clinic	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	14	19	0	Active	Active	200 Paul Gust Rd.	Suite 102	Chamberlain	SD	57325	(605) 734-6535
Dehon Health and Family Services Center	0	NHSC: School Based Clinic / Nurse Corps: Nurse Managed Health Clinic/Center	14	19	0	Active	Active	PO Box 89	1301 N. Main Street	Chamberlain	SD	57325	(605) 234-3321
Sanford Chamberlain Medical Center (CAH)	0	Nurse Corps: Critical Access Hospital (CAH)	14	19	0	Inactive	Active	300 S Bryon Blvd.		Chamberlain	SD	57325	(605) 234-5511
Sanford Chamberlain Clinic	0	NHSC: Community Outpatient Facility / Nurse Corps: Critical Access Hospital (CAH)	14	19	0	Inactive	Active	300 South Byron Blvd.	Primary Care Clinic	Chamberlain	SD	57325	(605) 234-6551
South Dakota Department of Corrections - South Dakota Women's Prison	0	NHSC: Correctional Facility	3	21	0	Active	Terminated	3200 East Highway 34		Pierre	SD	57501	(605) 773-6636
Rural Health Care, Inc - Buchanan Elementary School SBHC (Part-Time)	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	100 N Buchanan Ave.		Pierre	SD	57501-3004	(605) 773-7226
Missouri River Counseling	0	NHSC: Private Practice	0	18	0	Active	Inactive	1309 E. Wells Ave		Pierre	SD	57501	(605) 222-9130
St Mary's Healthcare Center	0	Nurse Corps: Residential Nursing Home	0	18	0	Inactive	Active	800 East Dakota Avenue		Pierre	SD	57501	
South Dakota Department of Corrections - Administration	0	NHSC: Correctional Facility	0	21	0	Active	Terminated	3200 East Highway 34	c/o 500 East Capitol Avenue	Pierre	SD	57501	(605) 773-3478
South Dakota Urban Indian Health - Pierre	0	NHSC/Nurse Corps: American Indian Health Facility	4	18	9	Active	Active	1714 Abbey Road		Pierre	SD	57501	(605) 339-0420

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Capital Area Counseling Service	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	0	18	0	Active	Active	2001 Eastgate Avenue		Pierre	SD	57501	(605) 224-5811
Oahe, Incorporated	0	Nurse Corps: State or Local Health Department	0	18	0	Inactive	Active	125 West Pleasant Drive		Pierre	SD	57501	(605) 224-4501
Capital Area Counseling Service - Main Site	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	0	18	0	Terminated	Active	803 E. Dakota Avenue	PO Box 148	Pierre	SD	57501	(605) 224-5811
Rural Health Care, Inc - Oahe Valley Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	202 Island Dr.	Ste. 1	Fort Pierre	SD	57532-7303	(605) 223-2200
Rural Health Care, Inc - Jones County Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	609 Garfield Ave.		Murdo	SD	57559-4100	(605) 669-2121
WINNER REGIONAL HEALTHCARE CENTER (DUPLICATE)	0	NHSC: Community Outpatient Facility / Nurse Corps: Critical Access Hospital (CAH)	15	20	15	Terminated	Active	745 East 8th Street		Winner	SD	57580	
Winner Regional Healthcare Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	20	15	Active	Active	745 East 8th Street		Winner	SD	57580	(605) 842-2626
Winner Regional Healthcare - Winner Regional Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Critical Access Hospital (CAH)	15	20	15	Inactive	Active	825 E. 8th Street		Winner	SD	57580	(605) 842-2626
Southern Plains Behavioral Health Services - Winner Clinic and Administration	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	15	20	0	Active	Active	500 East 9th Street		Winner	SD	57580	(605) 842-1465
Rural Health Care, Inc - Highmore Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	200 S. Commercial St.		Highmore	SD	57345	(605) 852-2238
Horizon Health Care, Inc. - Mellette County Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	309 East 4th Street	PO Box 281	White River	SD	57579	(605) 259-3121
Rural Health Care, Inc - Onida Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	303 S. Main St.		Onida	SD	57564-2160	(605) 258-2635
Avera Medical Group Gregory	0	NHSC: Community Outpatient Facility / Nurse Corps: Critical Access Hospital (CAH)	14	20	11	Inactive	Active	405 Whittecar		Gregory	SD	57533	(605) 835-9611
Avera Hand County Memorial Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	14	17	11	Inactive	Active	300 West 5th Street		Miller	SD	57362	(605) 853-2421
Horizon Health Care, Inc. - Mission Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	21	20	26	Active	Active	161 S Main St	PO Box 49	Mission	SD	57555	(605) 856-4703
Prairie Good Samaritan Center	0	Nurse Corps: Residential Nursing Home	14	17	11	Inactive	Active	421 East Fourth Street		Miller	SD	57362	
Community Memorial Hospital - Burke Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	14	20	11	Inactive	Active	814 Jackson Street	PO Box 358	Burke	SD	57523	(605) 775-2631

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Avera Platte Medical Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Urgent Care Center	16	18	19	Active	Active	601 E. 7th Street - Ste. 5	PO Box 818	Platte	SD	57369	(605) 337-3364
Horizon Health Care, Inc. - Jerauld County Dental Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	602 1st St., NE	Suite 2	Wessington Springs	SD	57382-2167	(605) 539-1381
Horizon Health Care, Inc. - Jerauld County Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	602 1st St., NE	Suite 1	Wessington Springs	SD	57382-2163	(605) 539-1767
AVERA WESKOTA HOSPITAL (DUPLICATE)	0	Nurse Corps: Critical Access Hospital (CAH)	0	17	0	Terminated	Active	604 First Street NE		Wessington Springs	SD	57382	
Avera Weskota Manor	0	Nurse Corps: Residential Nursing Home	16	17	0	Inactive	Active	608 1st Street NE		Wessington Springs	SD	57382	(605) 539-1621
Rosebud Service Unit - Rosebud Comprehensive Health Care Outpatient Clinics	1	NHSC/Nurse Corps: American Indian Health Facility	21	22	26	Active	Active	400 Soldier Creek Road	P.O. Box 400	Rosebud	SD	57570	(605) 747-2231
Rosebud Sioux Tribe - Health Administration	0	NHSC/Nurse Corps: American Indian Health Facility	21	22	26	Inactive	Active	P.O. Box 719		Rosebud	SD	57570	(605) 747-5100
Rosebud Service Unit - Rosebud Indian Hospital	1	NHSC/Nurse Corps: American Indian Health Facility	21	22	26	Active	Active	400 Soldier Creek Road		Rosebud	SD	57570-0070	(605) 747-2231
Rural Health Care, Inc. - Community Care Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	15	21	10	Active	Active	608 E. Garfield Ave.		Gettysburg	SD	57442-1325	(605) 765-2273
Avera Gettysburg Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	17	0	Inactive	Active	606 E Garfield		Gettysburg	SD	57442-1325	(605) 765-2480
Horizon Health Care, Inc. - Aurora County Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	106 S Main St	P.O. Box 250	Plankinton	SD	57368-2264	(605) 942-7711
Horizon Health Care, Inc. - Woonsocket Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	302 S. Dumont Ave.	PO Box 368	Woonsocket	SD	57385	(605) 796-4433
Faulkton Area Medical Center Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Critical Access Hospital (CAH)	15	17	15	Active	Active	1300 Oak Street		Faulkton	SD	57438	(605) 598-6262
Cheyenne River Sioux Tribe - East End White Horse Health Station (Part-Time)	0	NHSC: American Indian Health Facility	17	18	20	Active	Inactive	Cheyenne River Sioux Tribe Whitehorse Service Center		Ridgeview	SD	57652	(605) 733-2133
Horizon Health Care, Inc. - James Valley Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	0	Active	Active	1000 18th Street, SW	Suite 27	Huron	SD	57350	(605) 554-1015
Community Counseling Services - Huron	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	15	17	0	Active	Active	357 Kansas Avenue SE		Huron	SD	57350-4022	(605) 352-8596
Huron Regional Medical Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	17	0	Inactive	Active	172 Fourth Street SE		Huron	SD	57350	(605) 353-6200

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Philip Health Services (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	8	18	0	Inactive	Active	503 W. Pine Street		Philp	SD	57567	(605) 859-2511
Avera St. Benedict CRH Clinic Lake Andes	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	13	18	19	Inactive	Active	756 E. Lake Street	PO Box 279	Lake Andes	SD	57356	(605) 487-7878
Douglas County Memorial Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	7	18	0	Inactive	Active	708 8th Street		Amour	SD	57313	(605) 724-2159
South Dakota Development Center	0	Nurse Corps: Public Hospital	0	20	0	Inactive	Active	17267 W 3rd St		Redfield	SD	57469	
Community Memorial Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	17	0	Inactive	Active	111 West 10th Avenue		Redfield	SD	57469	(605) 472-1110
Mitchell and Avera Medical Group Family Health Center	0	Nurse Corps: Federally Qualified Health Centers (FQHC)	15	19	0	Inactive	Active	1900 Grassland Drive		Mitchell	SD	57301	
Dakota Mental Health Center - Administration and Mitchell Clinic	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	0	19	0	Active	Active	910 West Havens Street		Mitchell	SD	57301-3831	(605) 996-9686
SD Health Dept - Davison	0	Nurse Corps: State or Local Health Department	0	19	0	Inactive	Active	115 W. 12th Ave.		Mitchell	SD	57301	
Dakota Wesleyan University	0	Nurse Corps: Accredited School of Nursing	0	19	0	Inactive	Active	1200 W University Avenue		Mitchell	SD	57301	(800) 333-8506
Avera@Home -Hospice and Home Health	0	Nurse Corps: Hospice Program	0	19	0	Inactive	Active	525 North Foster Street		Mitchell	SD	57301	
Avera Queen of Peace Hospital	0	Nurse Corps: Disproportionate Share Hospital (DSH)	0	19	0	Inactive	Active	525 N. Foster		Mitchell	SD	57301	
Pine Ridge Service Unit - Wanblee Health Center	1	NHSC/Nurse Corps: American Indian Health Facility	20	23	26	Active	Active	100 Clinic Drive		Wanblee	SD	57577	(605) 462-6155
Cheyenne River Service Unit - Eagle Butte IHS Outpatient Clinic	1	NHSC/Nurse Corps: American Indian Health Facility	19	18	23	Active	Active	24276 166th St.	Box 1012	Eagle Butte	SD	57625	(605) 964-7724
Horizon Health Care, Inc. - Family Health Center of Eagle Butte	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	24337 US Highway 212	PO Box 860	Eagle Butte	SD	57625	(605) 964-8000
Cheyenne River Service Unit - Eagle Butte Indian Hospital	1	NHSC/Nurse Corps: American Indian Health Facility	19	19	21	Active	Active	24276 166th St.	Box 1012	Eagle Butte	SD	57625	(605) 964-3004
Cheyenne River Sioux Tribe - Tribal Dental Clinic	0	NHSC/Nurse Corps: American Indian Health Facility	21	19	23	Active	Active	24276 166th St. Airport Road	Dental Clinic	Eagle Butte	SD	57625	(605) 964-7830
Wagner Good Samaritan Center	0	Nurse Corps: Residential Nursing Home	13	18	19	Inactive	Active	515 West Highway 46		Wagner	SD	57380	

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Wagner Family Dental	0	NHSC: Private Practice	13	18	19	Active	Inactive	412 West SD Hwy 46		Wagner	SD	57380	(605) 384-3400
Avera Wagner Community Clinic	0	NHSC: Community Outpatient Facility / Nurse Corps: Critical Access Hospital (CAH)	13	18	19	Active	Active	513 3rd Street SW		Wagner	SD	57380	(605) 384-3418
Yankton Service Unit - Wagner Indian Health Center	1	NHSC/Nurse Corps: American Indian Health Facility	17	18	23	Active	Active	111 Washington St., NW		Wagner	SD	57380	(605) 384-3621
Avera Wagner Community Memorial Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	13	18	19	Active	Active	513 3rd Street SW	PO Box 280	Wagner	SD	57380	(605) 384-3611
Bowdle Healthcare Center - Bowdle Healthcare Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	15	17	11	Active	Active	8001 W. 5th Street		Bowdle	SD	57428	(605) 285-6146
Bowdle Healthcare Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	17	0	Active	Active	8001 5th Street		Bowdle	SD	57428	(605) 285-6146
Avera St. Benedict Health Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	18	0	Inactive	Active	401 West Glynn Drive		Parkston	SD	57366	(605) 928-3311
Avera St. Benedict Certified Rural Health Clinic Parkston	0	NHSC: Certified Rural Health Clinic (RHC)	15	18	15	Active	Inactive	401 West Glynn Drive		Parkston	SD	57366	(605) 928-3311
Horizon Health Care, Inc. - Martin Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	22	17	Active	Active	109 Pugh Street	PO Box 550	Martin	SD	57551	(605) 685-6868
Horizon Health Care, Inc. - Martin Dental Clinic	1	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	22	26	Active	Active	103 East Bennett		Martin	SD	57551	(605) 685-1046
Pine Ridge Service Unit - Lacreek District Clinic	0	NHSC: American Indian Health Facility	21	24	25	Active	Inactive	119 South 1st Avenue		Martin	SD	57551	(605) 685-2880
Bennett County Hospital - Bennett County Rural Health Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	19	23	24	Active	Active	302 S 1st Ave		Martin	SD	57551	(605) 685-1660
Bennett County Hospital and Nursing Home (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	18	22	17	Active	Active	102 Major Allen Road		Martin	SD	57751	(605) 685-6622
Standing Rock Service Unit - Wakpala Health Station (Part-Time)	0	NHSC: American Indian Health Facility	20	20	20	Active	Inactive	House #1 Prairie Avenue	PO Box 879	Wakpala	SD	57658	(605) 823-4458
Mobridge Regional Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	7	17	0	Active	Active	1401 10th Avenue West	PO Box 580	Mobridge	SD	57601	(605) 845-3692
Horizon Health Care, Inc. - Dupree School Clinic (Part-Time)	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	21	0	0	Inactive	Active	223 A Street		Dupree	SD	57623	
Mobridge Regional Hospital - Mobridge Medical Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	18	17	17	Active	Active	1309 10th Avenue West	Rural Health Clinic	Mobridge	SD	57601	(605) 845-8105

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Ogala Lakota College	0	Nurse Corps: Accredited School of Nursing	18	22	19	Inactive	Active	3 Mile creek Road		Kyle	SD	57752	(605) 455-6000
Mobridge Regional Hospital - West Dakota Health Center	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	19	0	21	Active	Active	906 Main Street		Timber Lake	SD	57656	(605) 865-3258
Cheyenne River Sioux Tribe - Chery Creek Health Station (Part-Time)	0	NHSC: American Indian Health Facility	19	18	14	Active	Inactive	Cheyenne River Sioux Tribe Offices		Dupree	SD	57623	(605) 538-4251
Cheyenne River Sioux Tribe - West End Red Scaffold Health Station (Part-Time)	0	NHSC: American Indian Health Facility	18	18	21	Active	Inactive	Cheyenne River Sioux Tribe Red Scaffold Health Station		Dupree	SD	57623	(605) 538-4241
Horizon Health Care, Inc. - Howard Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	12	Active	Active	208 S. Main St.		Howard	SD	57349	(605) 772-4574
Horizon Health Care, Inc. - Prairie Winds Dental Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	112 N. Main St.		Howard	SD	57349-9055	(605) 772-4703
Pine Ridge Service Unit - Kyle Health Center	1	NHSC/Nurse Corps: American Indian Health Facility	20	22	25	Active	Active	1000 Health Center Road		Kyle	SD	57752	(605) 455-2451
Horizon Health Care, Inc. - De Smet Community Health and Dental Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	401 Prairie Ave SW	PO Box 49	De Smet	SD	57231-2224	(605) 854-3455
De Smet Good Samaritan Center	0	Nurse Corps: Residential Nursing Home	15	17	0	Inactive	Active	411 Calumet Avenue NW	RR1 Box 15A	De Smet	SD	57231	
Good Samaritan Society Center-Tyndall	0	Nurse Corps: Residential Nursing Home	15	18	0	Inactive	Active	2304 Laurel Street		Tyndall	SD	57066	
Avera St. Michael's Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	18	0	Active	Active	410 West 16th Avenue		Tyndall	SD	57066	(605) 589-2100
Avera Bon Homme Family Practice Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Urgent Care Center	15	18	13	Active	Active	410 W 16th Avenue		Tyndall	SD	57066	(605) 589-2190
AVERA LANGMANN JUNGMAN MEMORIAL HOSPITAL (DUPLICATE)	0	Nurse Corps: Critical Access Hospital (CAH)	15	18	0	Terminated	Active	600 Billars St		Scotland	SD	29169	
Avera Landmann Jungman Memorial Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	18	0	Inactive	Active	600 Billars St		Scotland	SD	57059	(605) 583-2226
Horizon Health Care, Inc. - Isabel Community Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	118 N Main St		Isabel	SD	57633	(605) 466-2120
Sanford Health Clark Clinic	0	Nurse Corps: Urgent Care Center	14	17	15	Inactive	Active	211 N. Commercial St.		Clark	SD	57225	
South Dakota Department Of Health - Brown County	0	NHSC/Nurse Corps: State or Local Health Department	0	17	0	Inactive	Active	402 S. Main St.		Aberdeen	SD	57401	

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Horizon Health Care, Inc. - Aberdeen Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	422 5th Ave. SE	Suite 209	Aberdeen	SD	57401	(605) 725-3900
Northeastern Mental Health Center	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	0	17	0	Active	Active	14 S Main Street Suite 1E		Aberdeen	SD	57401-2615	(605) 225-1010
Avera St. Luke's	0	Nurse Corps: Private Hospital	0	17	0	Inactive	Active	305 South State St.		Aberdeen	SD	57401	
Aberdeen Medical Group	0	Nurse Corps: Urgent Care Center	0	17	0	Inactive	Active	105 S. State St.		Aberdeen	SD	57401	
HCR Manorcare	0	Nurse Corps: Nursing Home	0	17	0	Inactive	Active	400 NW 8th Ave.		Aberdeen	SD	57401	
Aberdeen Health and Rehab	0	Nurse Corps: Residential Nursing Home	0	17	0	Inactive	Active	1700 N Highway 281		Aberdeen	SD	57401	
Eureka Medical Clinic Avera	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Urgent Care Center	17	17	15	Active	Active	200 J Ave	Suite A	Eureka	SD	57437	(605) 284-2621
Avera Health - Mother Joseph Manor Retirement Community	0	Nurse Corps: Nursing Home	0	17	0	Inactive	Active	1002 N Jay St.		Aberdeen	SD	57401	
Presentation College	0	Nurse Corps: Accredited School of Nursing	0	17	0	Inactive	Active	1500 N Main Street		Aberdeen	SD	57401	
Sanford Aberdeen Medical Center	0	Nurse Corps: Private Hospital	0	17	0	Inactive	Active	2905 3rd Avenue SE		Aberdeen	SD	57402	
Avera Eureka Community Health Services (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	17	17	0	Active	Active	200 J Ave	PO Box 517	Eureka	SD	57437	(605) 284-2661
South Dakota Department of Corrections - Mike Durfee State Prison	0	NHSC: Correctional Facility	6	21	0	Active	Terminated	1412 Wood Street		Springfield	SD	57062	(605) 369-2201
Menno-Olivet Care Center	0	Nurse Corps: Residential Nursing Home	15	18	0	Inactive	Active	402 S. PINE POB 487		MENNO	SD	57045	
Horizon Health Care, Inc. - Lake Preston Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	709 4th St., SE		Lake Preston	SD	57249-2116	(605) 847-4484
Horizon Health Care, Inc. - Bryant Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	110 W Main St	PO Box 176	Bryant	SD	57221	(605) 628-2318
Freeman Regional Health Services (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	15	18	0	Inactive	Active	510 East 8th Street		Freeman	SD	57029	(605) 925-4000
Standing Rock Service Unit - McLaughlin Indian Health Clinic	2	NHSC/Nurse Corps: American Indian Health Facility	20	21	23	Active	Active	701 East 6th St - Bldg 001	PO Box 879	McLaughlin	SD	57642	(605) 823-4458

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Horizon Health Care, Inc. - Faith Community Health Center & Dental Clinic	1	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	112 N 2nd Ave. West	PO Box 577	Faith	SD	57626	(605) 967-2644
Mobridge Regional Hospital - West River Health Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	21	18	22	Active	Active	103 1st Ave East		McLaughlin	SD	57642	(605) 823-4253
Standing Rock Service Unit - Bullhead Health Station (Part-Time)	0	NHSC: American Indian Health Facility	21	19	26	Active	Inactive	102 Tasunka Street		Bullhead	SD	57621	(701) 854-8211
Tieszen Memorial Home	0	Nurse Corps: Residential Nursing Home	11	0	0	Inactive	Active	312 E State St,		Marion	SD	57043	
Madison Regional Health (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	0	17	0	Inactive	Active	323 10th Street SW		Madison	SD	57042	(605) 256-6551
Community Counseling Services - Madison	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	0	17	0	Active	Active	914 N.E. Third		Madison	SD	57042	(605) 256-9656
Brookings Health - Arlington Medical Center	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	15	17	0	Inactive	Active	104 West Birch Street		Arlington	SD	57212	(605) 983-3283
Avera Sister James Care Center	0	Nurse Corps: Residential Nursing Home	0	18	9	Inactive	Active	2111 W 11th St		Yankton	SD	57078	
South Dakota Human Services Center (State Mental Hospital)	0	NHSC: Correctional Facility / Nurse Corps: Public Hospital	0	16	0	Inactive	Active	3515 N. Broadway	PO Box 7600	Yankton	SD	57078	(605) 668-3100
Mount Marty College	0	Nurse Corps: Accredited School of Nursing	0	18	9	Inactive	Active	1105 West 8th Street			SD	57078-3724	
Avera Sacred Heart Hospital	0	Nurse Corps: Private Hospital	0	18	9	Inactive	Active	501 Summit		Yankton	SD	57078	(605) 668-8000
Horizon Health Care, Inc. - Yankton Community Health Center and Dental Services	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	409 W Summit Street	Suite 3400	Yankton	SD	57078-3735	(605) 260-0310
Lewis and Clark Behavioral Health Center	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Rural Health Clinic	0	18	9	Active	Active	1028 Walnut Street		Yankton	SD	57078-2910	(605) 665-4606
Family Education & Counseling Center Inc. (Part-Time)	0	NHSC: Private Practice / Nurse Corps: Urgent Care Center	0	18	9	Inactive	Active	1700 Burleigh Street		Yankton	SD	57078	(605) 260-9284
Oglala Lakota College of Nursing	0	Nurse Corps: Accredited School of Nursing	0	22	0	Inactive	Active	#1 Nursing Way		Pine Ridge	SD	57770	(605) 867-5856
Pioneer Memorial Hospital & Health Services (CAH)	0	NHSC: Critical Access Hospital (CAH) / Nurse Corps: Rural Health Clinic	11	0	0	Inactive	Active	315 North Washington Street	PO Box 368	Viborg	SD	57070	(605) 330-6582
Sanford Hospital Webster (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	17	17	15	Inactive	Active	1401 West 1st Street		Webster	SD	57274	(605) 345-3336

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Sunset Manor Avera	0	Nurse Corps: Residential Nursing Home	0	18	0	Inactive	Active	129 E Clay St.		Irene	SD	57037	(605) 263-3318
Sanford Health Watertown Clinic	0	NHSC: Community Outpatient Facility / Nurse Corps: Private Hospital	0	17	0	Inactive	Active	901 Fourth St. NW.		Watertown	SD	57201	(605) 886-1565
Prairie Lakes Healthcare System	0	Nurse Corps: Disproportionate Share Hospital (DSH)	0	17	0	Inactive	Active	401 9th Ave NW		Watertown	SD	57201	
Bridgeway Counseling Center, Inc.	0	NHSC: Private Practice	0	17	0	Active	Inactive	Medical Arts Building	600 4th St. NE	Watertown	SD	57201	(605) 886-5262
Horizon Health Care, Inc. - McIntosh Community Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	20	20	26	Active	Active	208 Main St		McIntosh	SD	57641	(605) 273-4335
Human Service Agency - Main	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	0	17	0	Active	Active	123 19th Street NE		Watertown	SD	57201	(605) 886-0123
Estelline Nursing and Care Center	0	Nurse Corps: Residential Nursing Home	15	17	0	Inactive	Active	205 Fjerestad Avenue		Estelline	SD	57234	
Pine Ridge Service Unit - Pine Ridge Indian Hospital	1	NHSC/Nurse Corps: American Indian Health Facility	20	24	26	Active	Active	East Hwy 18	P.O. Box 1201	Pine Ridge	SD	57770	(605) 867-3389
Sanford Health Lennox Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Urgent Care Center	8	0	0	Inactive	Active	108 S. Main St.		Lennox	SD	57039	(605) 647-2988
South Dakota State University - College of Nursing	0	Nurse Corps: Accredited School of Nursing	0	16	0	Inactive	Active	255 Rotunda Lane, South	Wagner Hall (SWG)	Brookings	SD	57007	(605) 688-5178
City of Sioux Falls - Falls Community Health Hayward Elementary SBHC (Part-Time)	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	18	21	Active	Active	410 N. Valley View Rd.		Sioux Falls	SD	57107	(605) 367-8793
Brookings Health System	0	Nurse Corps: Public Hospital	0	16	0	Inactive	Active	300 22nd Ave		Brookings	SD	57006	(605) 696-9000
Pine Ridge Service Unit - Pine Ridge IHS Outpatient Clinic	1	NHSC/Nurse Corps: American Indian Health Facility	20	24	26	Active	Active	East Highway 18	PO Box 1201	Pine Ridge	SD	57770	(605) 867-5131
South Dakota Urban Indian Health - Sioux Falls	0	NHSC/Nurse Corps: American Indian Health Facility	4	16	14	Active	Active	1200 N West Ave	SDUIH Sioux Falls Clinic	Sioux Falls	SD	57104	(605) 339-0420
City of Sioux Falls - Falls Community Health Hawthorne Elementary SBHC (Part-Time)	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	18	21	Active	Active	601 N. Spring Avenue		Sioux Falls	SD	57104-2721	(605) 367-8793
South Dakota Department of Corrections - South Dakota State Penitentiary & Jameson Annex	0	NHSC: Correctional Facility	6	12	6	Active	Terminated	1600 North Dr	P.O. Box 5911	Sioux Falls	SD	57117	(605) 367-5192
City of Sioux Falls - Falls Community Health	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	18	21	Active	Active	521 N. Main Avenue		Sioux Falls	SD	57104-5963	(605) 367-8793

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
Avera McKennan Hospital and University Health Center	0	Nurse Corps: Disproportionate Share Hospital (DSH)	0	0	14	Inactive	Active	1325 S. Cliff Avenue		Sioux Falls	SD	57105-5045	(605) 322-8000
City of Sioux Falls - Falls Community Health Terry Redlin SBHC (Part-Time)	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	18	14	Active	Active	1722 E 8th Street		Sioux Falls	SD	57103	(605) 367-8793
Horizon Health Care, Inc. - Bison Community Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	105 W Main St.	PO Box 427	Bison	SD	57620	(605) 244-5206
Flandreau Sante Sioux Tribe - Counseling Center	0	NHSC/Nurse Corps: American Indian Health Facility	13	17	11	Active	Active	1301 South Veterans Street	Old Bingo Hall	Flandreau	SD	57028	(605) 997-3891
Flandreau Sante Sioux Tribe - Tribal Health Clinic	0	NHSC/Nurse Corps: American Indian Health Facility	13	17	11	Active	Active	701 West Broad Avenue		Flandreau	SD	57028	(605) 573-4126
Community Health Center of the Black Hills	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	16	17	15	Active	Active	350 Pine Street		Rapid City	SD	57701-1669	(605) 721-8939
Community Health Center of the Black Hills Pediatrics	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	16	0	15	Active	Active	350 Pine Street		Rapid City	SD	57701	(605) 721-8813
Community Health Center of the Black Hills Oral Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	0	0	15	Active	Active	350 Pine Street		Rapid City	SD	57701	(605) 721-8853
Avera Flandreau Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	13	17	0	Inactive	Active	214 N. Prairie Street		Flandreau	SD	57028	(605) 997-2433
Avera Medical Group Flandreau	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Critical Access Hospital (CAH)	13	17	11	Inactive	Active	212 N. Prairie Street		Flandreau	SD	57028	(605) 997-2471
Community Health Center of the Black Hills - General Beadle SBHC (Part-Time)	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	16	17	15	Active	Active	10 Van Buren Street		Rapid City	SD	57701	(605) 721-8939
Community Health Center of the Black Hills - Flormann Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	16	0	15	Active	Active	640 Flormann St.		Rapid City	SD	57701-4600	(605) 394-5213
Rapid City Service Unit - Sioux San PHS Outpatient Clinic	1	NHSC/Nurse Corps: American Indian Health Facility	17	10	9	Active	Active	3200 Canyon Lake Drive	Rapid City Service Unit	Rapid City	SD	57702	(605) 355-2500
Oglala Native Women's Health Care	0	NHSC/Nurse Corps: American Indian Health Facility	17	10	9	Active	Active	3200 Canyon Lake Dr.	Native Women's Health Care Bldg.	Rapid City	SD	57702	(605) 342-7400
Deuel County Good Samaritan Nursing Home	0	Nurse Corps: Residential Nursing Home	11	17	0	Inactive	Active	913 Colonel Pete St.		Clear Lake	SD	57226	
Sanford Clear Lake Medical Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	11	17	0	Inactive	Active	701 3rd Avenue South		Clear Lake	SD	57226	(605) 874-2141
Oyate Health Center	0	NHSC/Nurse Corps: American Indian Health Facility	19	8	8	Active	Active	3200 Canyon Lake Drive		Rapid City	SD	57702	(605) 721-1922

Site Name	Open Positions	Site Type	Primary Care HPSA Score	Mental Health HPSA Score	Dental Health HPSA Score	NHSC Site Status	Nurse Corps Site Status	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number
University Of South Dakota - School of Health Sciences	0	Nurse Corps: Accredited School of Nursing	0	18	0	Inactive	Active	414 East Clark		Vermillion	SD	57069	(877) 269-6837
Sanford Health Vermillion Clinic	0	NHSC: Community Outpatient Facility / Nurse Corps: Critical Access Hospital (CAH)	0	18	0	Inactive	Active	20 S. Plum Street		Vermillion	SD	57069	(605) 677-3500
Sanford Vermillion Medical Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	0	18	0	Inactive	Active	20 S. Plum Street		Vermillion	SD	57069	(605) 677-3500
Sanford Vermillion Care Center	0	Nurse Corps: Residential Nursing Home	0	18	0	Inactive	Active	125 Walker Street		Vermillion	SD	57069	(605) 677-3500
Sanford Canton-Inwood Medical Center (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	8	0	0	Inactive	Active	440 North Hiawatha Drive		Canton	SD	57013	(605) 764-1400
Five Counties Nursing Home	0	Nurse Corps: Residential Nursing Home	15	19	0	Inactive	Active	405 6th Avenue West		Lemmon	SD	57638	
Horizon Health Care, Inc. - Alcester Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	104 W 2nd St.	PO Box 468	Alcester	SD	57001-2281	(605) 934-2122
Horizon Health Care, Inc. - Alcester Dental Clinic	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	111 Iowa Street		Alcester	SD	57001	(605) 772-4525
VA Black Hills Health Care System - Fort Meade Campus	0	NHSC: Community Outpatient Facility / Nurse Corps: Public Hospital	9	15	0	Inactive	Active	113 Comanche Road		Ft. Meade	SD	57741	(605) 347-2511
Massa Berry Regional Medical Clinic	0	NHSC: Private Practice / Nurse Corps: Urgent Care Center	9	15	0	Inactive	Active	890 Lazelle Street		Sturgis	SD	57785	
Regional Health - Sturgis Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	9	15	0	Inactive	Active	2140 Junction Avenue		Sturgis	SD	57785	(605) 720-2400
Coteau Health Care System - CDP Clinic Sisseton	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	17	17	15	Inactive	Active	205 Orchard Drive		Sisseton	SD	57262	(605) 698-7647
Human Service Agency - Sisseton	0	NHSC: Community Mental Health Center (CMHC) / Nurse Corps: Certified Community Behavioral Health Clinics	17	17	15	Active	Active	301 Veterans Avenue		Sisseton	SD	57262	(605) 698-7688
Sisseton Wahpeton Oyate of The Lake Traverse Reservation - Dakota Pride Center	0	NHSC/Nurse Corps: American Indian Health Facility	0	17	0	Active	Active	420 Dakota Avenue		Agency Village	SD	57262	(605) 698-3917
Fall River Health Services - Fall River Rural Health Clinic	0	NHSC: Certified Rural Health Clinic (RHC) / Nurse Corps: Rural Health Clinic	15	12	0	Inactive	Active	1201 Highway 71 South	Rural Health Clinic	Hot Springs	SD	57747	(605) 745-8928
Avera Milbank Area Hospital (CAH)	0	Nurse Corps: Critical Access Hospital (CAH)	0	17	0	Inactive	Active	301 Flynn Drive		Milbank	SD	57252	(605) 432-4538
Sisseton Service Unit - Woodrow Wilson Keeble Memorial Health Care Center	1	NHSC/Nurse Corps: American Indian Health Facility	18	17	15	Active	Active	100 Lake Traverse Drive		Sisseton	SD	57262	(605) 698-7606
Horizon Health Care, Inc. - Elk Point Community Health Center	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	18	20	26	Active	Active	204 E Main St		Elk Point	SD	57025-2334	(605) 356-3317
Union County Health Foundation - Union County Correctional Facility	0	NHSC/Nurse Corps: Federally Qualified Health Centers (FQHC)	0	18	0	Inactive	Active	300 E. Main St.		Elk Point	SD	57025-2160	(605) 356-3317
Monument Health - Lead Deadwood Regional Hospital (CAH)	0	NHSC/Nurse Corps: Critical Access Hospital (CAH)	16	15	0	Inactive	Active	61 Charles Street		Deadwood	SD	57732	(605) 717-6000
Spearfish Regional Hospital	0	NHSC: Other Health Facility / Nurse Corps: Disproportionate Share Hospital (DSH)	16	15	0	Inactive	Active	1440 North Main St		Spearfish	SD	57783	(605) 644-4000

APPENDIX K | RURAL HEALTH CLINICS DIRECTORY

Name	Physical Address	City	County
White Lake Medical Clinic Avera	306 S Johnston St	White Lake	Aurora
Bennett County Rural Health Clinic	102 Major Allen	Martin	Bennett
Bon Homme Family Practice-Avon	130 N Main Street	Avon	Bon Homme
Bon Homme Family Practice-Tyndall	410 West 16th Ave	Tyndall	Bon Homme
Avera Medical Group Volga	210 Kasan Ave	Volga	Brookings
Brookings Health System White Medical Clinic	302 East 5th Street	White	Brookings
Kadoka Clinic	601 Chestnut Street	Kadoka	Buffalo
Prairie Health Clinic - Stickney	301 Main Street	Stickney	Buffalo
Monument Health Belle Fourche Clinic	2200 13th Ave	Belle Fourche	Butte
Campbell County Clinic-Herreid	208 Main St. N.	Herreid	Campbell
Avera St. Benedict CRHC - Lake Andes	756 E Lake	Lake Andes	Charles Mix
Geddes Medical Clinic	308 Main	Geddes	Charles Mix
Platte Medical Clinic	601 E 7th St Suite 5	Platte	Charles Mix
Sanford Clinic Clark	117 W 1st Ave	Clark	Clark
West River Health Clinic	103 1st Ave East	McLaughlin	Corson
Avera Medical Group Waubay	542 Main Street	Waubay	Day
Sanford Clinic Webster	101 Peabody Drive	Webster	Day
Sanford Clear Lake Clinic	701 3rd Ave S	Clear Lake	Deuel
West Dakota Health Center	906 Main Street	Timber Lake	Dewey
Prairie Health Clinic	708 8th St	Armour	Douglas
Prairie Health Clinic - Corsica	265 Main Street	Corsica	Douglas
Bowdle Clinic	8001 W 5th St	Bowdle	Edmunds
Sanford Clinic Ipswich	110 5th Ave	Ipswich	Edmunds
Fall River Clinic	1201 Highway 71 South	Hot Springs	Fall River
Monument Health Medical Clinic	1100 Hwy 71 S, Suite 101	Hot Springs	Fall River
Faulkton Area Medical Center	1300 Oak Street	Faulkton	Faulk
Avera Medical Group Milbank	301 Flynn Dr	Milbank	Grant
Avera Medical Group Revillo	103 E 3rd St	Revillo	Grant
Bonesteel Medical Clinic	314 Mellette	Bonesteel	Gregory
Burke Medical Clinic	814 Jackson Street	Burke	Gregory
Philip Clinic	503 West Pine	Philip	Haakon
Sanford Clinic Estelline	305 Hospital Dr	Estelline	Hamlin

Name	Physical Address	City	County
Sanford Clinic Lake Norden	Main Street	Lake Norden	Hamlin
Avera St. Benedict Cert Rh Clinic	401 W Glynn Dr	Parkston	Hutchinson
Avera St. Benedict CRHC - Tripp	306 S Main St	Tripp	Hutchinson
Rural Medical Clinics	301 S High St	Menno	Hutchinson
Brookings Health System Arlington Medical Center	104 W Birch	Arlington	Kingsbury
Sanford Beresford Clinic	600 W Cedar St	Beresford	Lincoln
Sanford Clinic Lennox	108 S Main	Lennox	Lincoln
Marshall County Medical Clinic	415 9th St	Britton	Marshall
Rural Medical Clinics	208 N Main	Bridgewater	McCook
Eureka Medical Clinic Avera	200 J Ave Ste A	Eureka	McPherson
Flandreau Medical Clinic Avera	212 N Prairie Ave	Flandreau	Moody
Monument Health Hill City Clinic	228 Elm St PO Box 639	Hill City	Pennington
Monument Health Wall Clinic	112 7th Ave	Wall	Pennington
West River Health Services	411 Main Ave	Lemmon	Perkins
Avera Medical Group Wilmot	409 4th St	Wilmot	Roberts
Coteau Des Prairies Health Care System-Rosholt Clinic	1116 W Main St	Rosholt	Roberts
Coteau Des Prairies Hospital-Sisseton Clinic	203 Orchard Drive	Sisseton	Roberts
Redfield Clinic	1010 W 1st St	Redfield	Spink
Avera Medical Group Winner	660 W 2nd St	Winner	Tripp
Winner Regional Clinic	745 East 8th Street	Winner	Tripp
Centerville Medical Clinic	512 Broadway St	Centerville	Turner
Parker Medical Clinic	100 East Sanborn St	Parker	Turner
Rural Medical Clinics	370 State St	Marion	Turner
Viborg Medical Clinic	103 W Pioneer	Viborg	Turner
Mobridge Medical Clinic	1309 10th Avenue West	Mobridge	Walworth

Source: Centers for Medicare & Medicaid Services Health Center Facilities Report, (2020) Retrieved on July 14, 2020 from <https://data.hrsa.gov/data/reports>

APPENDIX L | SOUTH DAKOTA CRITICAL ACCESS HOSPITAL DIRECTORY

Name	City	County	Total Beds
Douglas County Memorial Hospital	Armour	Douglas	11
Bowdle Hospital	Bowdle	Edmunds	12
Marshall County Healthcare Center	Britton	Marshall	20
Community Memorial Hospital	Burke	Gregory	16
Sanford Clear Lake Medical Center	Clear Lake	Deuel	10
Monument Health Lead-Deadwood Hospital	Deadwood	Lawrence	18
Eureka Community Health Services	Eureka	McPherson	4
Faulkton Area Medical Center	Faulkton	Faulk	12
Avera Flandreau Hospital	Flandreau	Moody	18
Freeman Medical Center	Freeman	Hutchinson	25
Avera Gettysburg Hospital	Gettysburg	Potter	10
Bennett County Hospital and Nursing Home	Martin	Bennett	14
Hans P. Peterson Memorial Hospital	Philip	Haakon	18
Platte Health Center	Platte	Charles Mix	17
Redfield Community Memorial Hospital	Redfield	Spink	25
Landmann-Jungman Memorial Hospital	Scotland	Bon Homme	25
Sturgis Regional Hospital	Sturgis	Meade	25
Wagner Community Memorial Hospital	Wagner	Charles Mix	20
Sanford Webster Medical Center	Webster	Day	25
Fall River Hospital	Hot Springs	Fall River	25
Custer Regional Hospital	Custer	Custer	11
Avera Wesskota Memorial Medical Center	Wessington Springs	Jerauld	16
Mobridge Regional Hospital	Mobridge	Walworth	25
Milbank Area Hospital/Avera Health	Milbank	Grant	25
Pioneer Memorial Hospital	Viborg	Turner	12
St. Michael's Hospital - Avera	Tyndall	Bon Homme	25
Madison Regional Health Services	Madison	Lake	22
Sanford Chamberlain Medical Center	Chamberlain	Brule	25
Avera De Smet Memorial Hospital	De Smet	Kingsbury	6
Avera St. Benedict Health Center	Parkson	Hutchinson	25
Avera Dells Area Hospital	Dell Rapids	Minnehaha	23
Sanford Canton-Inwood Medical Center	Canton	Lincoln	11
Winner Regional Healthcare Center	Winner	Tripp	25
Huron Regional Medical Center	Huron	Beadle	25
Sanford Vermillion Hospital	Vermillion	Clay	25
Avera Hand County Memorial Hospital & Clinic	Miller	Hand	11
Avera Gregory Hospital	Gregory	Gregory	25
Coteau des Prairies Health Care System	Sisseton	Roberts	25

Source: Flex Monitoring Team, Critical Access Hospital Locations, (2020) Retrieved on July 9, 2020 from <https://www.flexmonitoring.org/data/critical-access-hospital-locations/>

Data in the list updated April 28, 2020.

South Dakota SBIRT
Screening, Brief Intervention,
and Referral to Treatment

Primary Care Clinic Survey Response Summary

44 Primary Care Clinics (PCCs) responded to the South Dakota Screening, Brief Intervention, and Referral to Treatment Survey

Familiarity With SBIRT

17%
Familiar

83%
Unfamiliar

Staff Trained on SBIRT

10%
Yes

19%
Unsure

71%
No

SBIRT Implementation

17%
Yes

83%
No

Partnerships With Community-Based Services

(mental health counselors, treatment providers)



86% Of PCCs indicated having established partnerships

Communication and Care Management

(between patients and other health care / community-based services)



86% Of PCCs have established communication

Routine Sharing of Medical Records With Other Providers

(to support care management)



83% of PCCs routinely share medical records

Integrated Mental Health Capacity

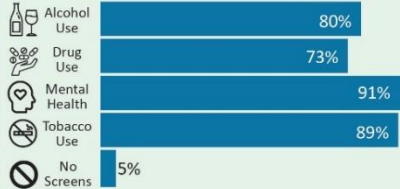
(within multidisciplinary team)



47% of PCCs have integrated mental health capacity

Screenings

Percentage of PCCs that screen for the following:



Screenings Used

Screenings used in PCCs:

Alcohol Use			
Other*:	AUDIT-C:	AUDIT:	CAGE:
50%	29%	25%	18%
Drug Use			
Other*:	DAST:		
80%	24%		
Mental Health			
PHQ-9:	GAD-7:	Other*:	MDQ*:
92%	42%	24%	5%

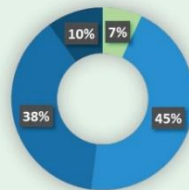
Screening Process

Patient Interview:	Paper Screening:	Other Method:	Portal Method:	Kiosk Method:
72%	28%	28%	9%	5%

*The majority of other responses indicated that screenings embedded within PCC's EMR system were used to screen patients.

Substance Use Referrals

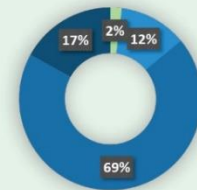
PCCs were asked to indicate how much experience their clinic has in referring patients to substance use treatment services.



■ Extensive Experience ■ Much Experience ■ Some Experience ■ Little Experience ■ No Experience

Mental Health Referrals

PCCs were asked to indicate how much experience their clinic has in referring patients to mental health services.



A simple conversation can make all the difference.

The South Dakota SBIRT Program is supported by grant number 1H79TI026657 through the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the South Dakota Department of Social Services (DSS), Division of Behavioral Health (DBH).

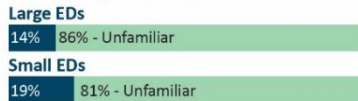
South Dakota SBIRT
Screening, Brief Intervention,
and Referral to Treatment

Emergency Department Survey Response Summary

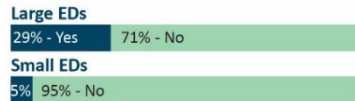
7 Responses from Emergency
Departments (large EDs) with
5 or more physicians

21 Responses from Emergency
Departments (small EDs) with
4 or less physicians

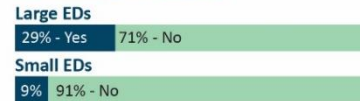
Familiarity With SBIRT



ED Staff Trained on SBIRT



SBIRT Implementation



Partnerships With Community-Based Services

(mental health counselors, treatment providers)



Communication and Care Management

(between patients and other health care / community-based services)



Routine Sharing of Medical Records With Other Providers

(to support care management)



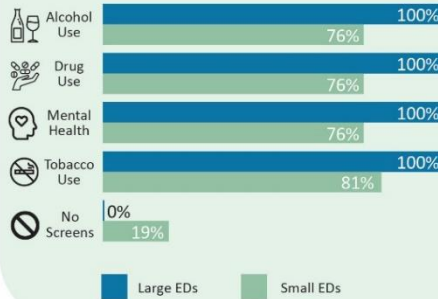
Integrated Mental Health Capacity

(within multidisciplinary team)



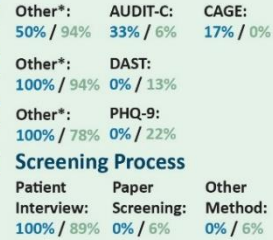
Screenings

Percentage of EDs that screen for the following:



Screenings Used

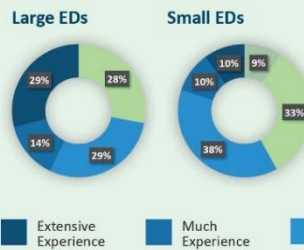
Screenings used in EDs:



*The majority of other responses indicated that screenings embedded within ED's EMR system were used to screen patients.

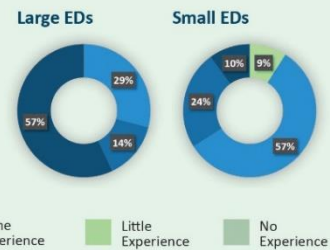
Substance Use Referrals

EDs were asked to indicate how much experience their ED has in referring patients to substance use treatment services.



Mental Health Referrals

EDs were asked to indicate how much experience their ED has in referring patients to mental health services.



A simple conversation can make all the difference.

The South Dakota SBIRT Program is supported by grant number 1H79TI026657 through the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the South Dakota Department of Social Services (DSS), Division of Behavioral Health (DBH).

APPENDIX N | NURSING EDUCATION PROGRAMS IN SOUTH DAKOTA

Accrediting bodies for each program are provided in each table.

- ACEN – Accreditation Commission for Education in Nursing
- CCNE – Commission on Collegiate Nursing Education
- HLC – Higher Learning Commission
- COA – Council on Accreditation of Nurse Anesthesia Educational Programs

Practical Programs

Practical Nurse Programs	State Approval	National Accreditation
Lake Area Technical Institute (LATI) Main Campus: Watertown, SD Website: www.lakeareatech.edu Dean/Director: Patricia Foley, MS, RN	Full	Higher Learning Commission (HLC) Accreditation Commission for Education in Nursing (ACEN)
Mitchell Technical Institute (MTI) Main Campus: Mitchell, SD Website: www.mitchelltech.edu Dean/Director: Carena Jarding, DNP, RN	Full	Higher Learning Commission (HLC)
Sinte Gleska University (SGU) Main Campus: Mission, SD Website: www.sintegleska.edu Dean/Director: DeAnn Eastman-Jansen, MS, RN	Full	Higher Learning Commission (HLC)
Sisseton Wahpeton College (SWC) Main Campus: Sisseton, SD Website: www.swc.tc Dean/Director: Nola Ragan, MS, RN	Full	Higher Learning Commission (HLC)
Southeast Technical Institute (STI) Main Campus: Sioux Falls, SD Website: www.southeasttech.edu Dean/Director: Kristin Possehl, MSN, MEd, RN	Full	Higher Learning Commission (HLC)
Western Dakota Technical Institute (WDT) Main Campus: Rapid City, SD Website: www.wdt.edu Dean/Director: Christi Keffeler, MS, RN	Full	Higher Learning Commission (HLC)

Associate Degree Programs

Associate Degree RN Programs	State Approval	National Accreditation
Lake Area Technical Institute (LATI) Main Campus: Watertown, SD Website: www.lakeareatech.edu Dean/Director: Patricia Foley, MS, RN <ul style="list-style-type: none"> • LPN to Associate Degree RN 	Full	Higher Learning Commission (HLC)
Oglala Lakota College (OLC) Main Campus: Pine Ridge, SD Website: www.olg.edu Interim Dean/Director: Michelle Bruns, MSN, RN <ul style="list-style-type: none"> • Generic Associate Degree RN 	Full	Higher Learning Commission (HLC)
Southeast Technical Institute (STI) Main Campus: Sioux Falls, SD Website: www.southeasttech.edu Dean/Director: Kristin Possehl, MSN, MEd, RN <ul style="list-style-type: none"> • LPN to Associate Degree RN 	Full	Higher Learning Commission (HLC) Accreditation Commission for Education in Nursing (ACEN)
Western Dakota Technical Institute (WDT) Main Campus: Rapid City, SD Website: www.wdt.edu Dean/Director: Christi Keffeler, MS, RN <ul style="list-style-type: none"> • LPN to Associate Degree RN 	Interim	Higher Learning Commission (HLC)

Baccalaureate Degree Programs

Baccalaureate Degree RN Programs	State Approval	National Accreditation
<p>Augustana University (AU) Main Campus: Sioux Falls, SD Website: www.augie.edu Dean/Director: Lynn White PhD, RN, ACNS-BC</p> <ul style="list-style-type: none"> • Generic RN • Accelerated RN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>Dakota Wesleyan University (DWU) Main Campus: Mitchell, SD Website: www.dwu.edu Dean/Director: Stacy Eden, DNP, APRN, FNP-C</p> <ul style="list-style-type: none"> • Generic RN • LPN to BSN • RN to BSN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>Mount Marty College (MMC) Main Campus: Yankton, SD Website: www.mtmc.edu Dean/Director: Kathy Magorian, EdD, MSN, RN</p> <ul style="list-style-type: none"> • Generic RN • LPN to BSN • RN to BSN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>Presentation College (PC) Main Campus: Aberdeen, SD Website: www.presentation.edu Dean/Director: Sandra Sexton Welling, PhD, RN, CCM</p> <ul style="list-style-type: none"> • Generic RN • LPN to BSN • RN to BSN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>South Dakota State University (SDSU) Main Campus: Brookings, SD Website: www.sdstate.edu Dean/Director: Mary Anne Krogh, PhD, APRN, CRNA, FAAN</p> <ul style="list-style-type: none"> • Generic RN • Accelerated RN • RN to BSN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>University of Sioux Falls (USF) Main Campus: Sioux Falls, SD Website: www.usiouxfalls.edu Dean/Director: Jessica Cherenegar, DNP, RN</p> <ul style="list-style-type: none"> • Generic RN • Accelerated RN • RN to BSN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>University of South Dakota (USD) Main Campus: Vermillion, SD Website: www.usd.edu Interim Dean/Director: Anne Pithan, DNP, RN, CMSRN, CNE</p> <ul style="list-style-type: none"> • Generic RN • LPN to RN • RN to BSN 	Full	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>

Master's Degree Programs

Master's Degree Programs	State Approval	National Accreditation
<p>Mount Marty College (MMC) Main Campus: Yankton, SD Website: www.mtmc.edu Dean/Director: Kathy Magorian, EdD, MSN, RN</p> <ul style="list-style-type: none"> • Family Nurse Practitioner • Psychiatric Mental Health Nurse Practitioner • Postgraduate Certification (Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner) 	<p>Accept National Accreditation</p>	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>Mount Marty College (MMC) Nurse Anesthesia Program Main Campus: Sioux Falls, SD Website: www.mtmc.edu Dean/Director: Larry Dahlen, PhD, CRNA</p> <ul style="list-style-type: none"> • CRNA 	<p>Accept National Accreditation</p>	<p>Higher Learning Commission (HLC) Council on Accreditation of Nurse Anesthesia Educational Programs (COA)</p>
<p>Presentation College (PC) Main Campus: Aberdeen, SD Website: www.presentation.edu Dean/Director: Sandra Sexton Welling, PhD, RN, CCM</p> <ul style="list-style-type: none"> • Family Nurse Practitioner 	<p>Accept National Accreditation</p>	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>
<p>South Dakota State University (SDSU) Main Campus: Brookings, SD Website: www.sdstate.edu Dean/Director: Mary Anne Krogh, PhD, APRN, CRNA, FAAN</p> <ul style="list-style-type: none"> • Nurse Administrator • Clinical Nurse Leader • Nurse Educator • Family Nurse Practitioner • Postgraduate Certification (Family Nurse Practitioner, Clinical Nurse leader, Nurse Educator) 	<p>Accept National Accreditation</p>	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>

Doctoral Degree Programs

Doctoral Degree Programs	State Approval	National Accreditation
<p>Mount Marty College (MMC) Nurse Anesthesia Program Main Campus: Sioux Falls, SD Website: www.mtmc.edu Dean/Director: Larry Dahlen, PhD, CRNA</p> <ul style="list-style-type: none"> • DNAP 	<p>Accept National Accreditation</p>	<p>Higher Learning Commission (HLC) Council on Accreditation of Nurse Anesthesia Educational Programs (COA)</p>
<p>South Dakota State University (SDSU) Main Campus: Brookings, SD Website: www.sdstate.edu Dean/Director: Mary Anne Krogh, PhD, APRN, CRNA, FAAN</p> <ul style="list-style-type: none"> • DNP (Family Nurse Practitioner) • PhD 	<p>Accept National Accreditation</p>	<p>Higher Learning Commission (HLC) Commission on Collegiate Nursing Education (CCNE)</p>

Source: South Dakota Department of Health, Licensing Boards, South Dakota Board of Nursing (2020) Retrieved on July 7, 2020 from <https://doh.sd.gov/boards/nursing/education.aspx>

APPENDIX O | RECOMMENDATIONS

The strategic plans developed by the South Dakota Department of Health, Department of Social Services, and Department of Public Safety along with their strategic partners and stakeholders address goals, objectives, and strategies to improve health outcomes for citizens of our state.

Below is a list of state plans and high-level goals that address the health outcomes and equity in South Dakota.

SOUTH DAKOTA DEPARTMENT OF HEALTH STRATEGIC PLAN 2020 – 2025

<https://doh.sd.gov/StrategicPlan/default.aspx>

- Goal 1: Enhance the accessibility, quality, and effective use of health resources.
- Goal 2: Provide services to improve public health.
- Goal 3: Plan, prepare, and respond to public health threats.
- Goal 4: Maximize partnerships to address underlying factors that determine overall health.
- Goal 5: Strengthen and support a qualified workforce.

SOUTH DAKOTA DEPARTMENT OF HEALTH | STRATEGIES FOR HEALTH EQUITY

<https://doh.sd.gov/healthequity/>

- Goal 1: Build organizational capacity. Organizations can engage in practices that influence their impact on health equity. Practices such as staff training, resource distribution, and staffing decisions impact public health.
- Goal 2: Community engagement. Involve community members in health initiatives to foster relationships, improve assessment efforts, build capacity to positively affect the community, and enhance sustainability.
- Goal 3: Establish and foster partnerships. Engage a diverse sector of partners to collectively achieve equitable outcomes by leveraging diverse skills and expertise.
- Goal 4: Understand health equity. Understand inequities that exist to establish baselines, monitor trends over time, inform partners where to focus resources, and ensure strategies address the needs of populations experiencing health inequities.
- Goal 5: Health equity focused evidence-based strategies. Ensure strategies have a deliberate focus on health equity and include supportive activities to address barriers or unintended outcomes underserved populations may face.
- Goal 6: Evaluation. Focus on health equity in evaluation efforts and use culturally appropriate tools and methodologies. Health equity-oriented evaluation can reveal trends in health inequities.

SOUTH DAKOTA STATE PLAN ON AGING 2017 -2021

<https://dhs.sd.gov/LTSS/docs/FINAL%20Signed%20South%20Dakota%202017-2021%20State%20Plan%20on%20Aging.pdf>

- Goal 1: Promote existing services.
- Goal 2: Improve Access to services.
- Goal 3: Enhance Quality of services.
- Goal 4: Empower workforce and local community supports.

STRATEGIC FRAMEWORK FOR THE CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION 2020

<https://doh.sd.gov/diseases/assets/OHP2020StrategicPlan.pdf>

- Goal A. Prevention and Health Promotion: Increase emphasis on promoting health and preventing risk factors, thereby reducing the onset of chronic health conditions.
- Goal B. Health Equity: Leverage program and policy activities, build partner capacities, and establish tailored interventions to help eliminate health disparities.
- Goal C. Policy/Systems/Environment Change: Transforming Communities by promoting social, environmental, policy, and systems approaches that support healthy living for individuals, families, and communities where they live work and play.

Strategies:

1. Reduce the burden of obesity.
2. Increase physical activity.
3. Increase consumption of fruits and vegetables.
4. Reduce the burden of commercial tobacco.
5. Reduce the burden of cardiovascular disease.
6. Reduce the burden of diabetes.
7. Reduce the burden of oral disease.
8. Reduce the burden of cancer.

GOOD AND HEALTHY RECOMMENDATIONS 2014

<https://goodandhealthysd.org/wp-content/uploads/2014/01/FinalCostSavingsWhitePaper.pdf>

- Goal 1: Preventing dental caries through school-based dental sealant delivery programs and Delta Dental's Dakota Smiles Mobile Dental Program.
- Goal 2: Reducing tobacco use and secondhand smoke exposure.
- Goal 3: Increasing appropriate vaccination through the South Dakota Immunization Program.
- Goal 4: Facilitating Flu-FIT Programs to screen for colorectal cancer.
- Goal 5: Offering Chronic Disease Self-Management Programs such as Better Choices, Better Health® South Dakota.
- Goal 6: Executing Diabetes Prevention and Control programming such as combined diet and physical activity promotion programs to prevent Type 2 diabetes among people at increased risk.

SOUTH DAKOTA STATE PLAN FOR NUTRITION AND PHYSICAL ACTIVITY TO PREVENT OBESITY AND OTHER CHRONIC DISEASES 2015 - 2020

<https://healthysd.gov/wp-content/uploads/2015/05/NPASTatePlan.pdf>

- Goal 1: Promote, support, and implement the adoption of food service guidelines/nutrition standards in priority settings Early Care and Education (ECE), Local Education Agencies (LEA), worksites, communities.
- Goal 2: Promote the adoption of physical education/physical activity policies in local education agencies.
- Goal 3: Promote and implement the adoption of physical activity in worksites.
- Goal 4: Increase access to healthy foods and beverages.
- Goal 5: Increase adoption of healthy community design principles and access to places and spaces to be physically active in communities.
- Goal 6: Implement high quality physical education and physical activity in K-12 schools.
- Goal 7: Improve physical activity and screen time policies and practices in Early Care and Education settings (ECEs).
- Goal 8: Improve nutrition quality of foods and beverages served or available in local education agencies.
- Goal 9: Increase access to breastfeeding friendly environments.

- Goal 10: Increase use of community health workers supporting self-management of chronic diseases.
Goal 11: Promote adoption of healthcare provider behaviors that lead to quality care improvement changes within health systems.
Goal 12: Gather, analyze, and disseminate data and information.

SOUTH DAKOTA CANCER PLAN 2021 - 2025

<https://www.cancersd.com/about-us/2021-2025-sd-cancer-plan/>

- Goal 1: Prevent cancer among South Dakotans.
Goal 2: Detect cancer in the earliest stages for all South Dakotans.
Goal 3: Ensure timely and appropriate access and treatment for all cancer patients in South Dakota.
Goal 4: Optimize quality of life for South Dakota cancer patients, survivors, and caregivers.
Goal 5: Promote health equity as it relates to cancer control in South Dakota.
Goal 6: Support collaboration among stakeholders in South Dakota to reduce duplication and maximize impact.

STATEWIDE CAPACITY FOR COLORECTAL CANCER SCREENING

<https://getscreened.sd.gov/documents/SummaryCapacityReport.pdf>

- Goal 1: Educate healthcare providers in the state of South Dakota about current clinical practice guidelines for CRC.
- Screening tests for CRC that follow the guidelines.
 - Screening tests that do not follow the current CRC screening guidelines.
 - Available resources to assist with CRC screening cost barriers.
- Goal 2: Develop CRC screening protocols and educational resources for healthcare facilities and providers. Disseminate these resources as part of a CRC screening tool kit.
Goal 3: Educate the people of SD on the importance of CRC screening and screening options using population-based media and other innovative approaches that reach large numbers of age eligible community members.
Goal 4: Educate healthcare providers and systems about colonoscopy quality measures in an effort to increase participation in these initiatives.

SOUTH DAKOTA CARDIOVASCULAR COLLABORATIVE STRATEGIC PLAN 2017 - 2021

https://doh.sd.gov/documents/diseases/chronic/CardiovascularCollaborativeStrategicPlan_Overview.pdf

- Goal 1: Improve Data Collection. Explore a process to collect, analyze and benchmark cardiovascular indicators available from the HIE and other data sources.
Goal 2: Priority Populations. Promote the different models of team-based, patient-centered care in South Dakota (health cooperative clinic, health homes, PCMH).
Goal 3: Continuum of Care. Develop pilot program for cardiac ready communities.
Goal 4: Prevention and Management. Encourage the implementation quality improvement processes in health systems.

SOUTH DAKOTA DIABETES STATE PLAN 2018 – 2020

<https://doh.sd.gov/prevention/assets/DiabetesStatePlan2018.pdf>

- Goal A: Prevent the onset of diabetes through evidence-based public health strategies.
Goal B: Provide appropriate prediabetes interventions in order to slow down the disease progression.
Goal C: Empower South Dakotans with diabetes to successfully manage their disease.
Goal D: Advocate on behalf of South Dakota citizens with diabetes and their caregivers.

SOUTH DAKOTA TOBACCO CONTROL STATE PLAN 2020-2025

<https://doh.sd.gov/prevention/assets/TobaccoControlStatePlan.pdf>

- Goal 1: Prevent tobacco use among youth and young adults.
- Goal 2: Promote quitting of all tobacco products.
- Goal 3: Eliminate all types of exposure to tobacco use.
- Goal 4: Strive to achieve health equity in tobacco control.

ORAL HEALTH SURVEY OF SOUTH DAKOTA CHILDREN 2014

<https://doh.sd.gov/prevention/assets/OralHealthSurvey2014.pdf>

- Goal 1: Develop an ongoing campaign to promote oral health as part of general health and well-being.
- Goal 2: Build capacity in dental public health.
- Goal 3: Increase private and public sector participation in mobilizing resources and developing policy to pursue and sustain these strategies.
- Goal 4: Expand comprehensive decay prevention to include pregnant women, infants and toddlers, through the lifespan.
- Goal 5: Provide anticipatory guidance to prevent dental disease to parents in health and social service settings.
- Goal 6: Teach parents how to use the dental health care system and advocate for oral health for themselves and their children.
- Goal 7: Promote annual dental exams as a minimum standard of dental care, particularly for high-risk children by one year of age.
- Goal 8: Increase the number of dental providers in underserved areas and the number that participate in public insurance programs.
- Goal 9: Educate medical care providers about the relationship between oral health and general health.
- Goal 10: Increase the provision of dental sealants in schools, safety nets and private dental practices.

INTEGRATED HIV PREVENTION AND CARE PLAN / STATEWIDE COORDINATED STATEMENT OF NEED

<https://doh.sd.gov/documents/diseases/infectious/Integrated-Prevention-care-plan.pdf>

- Goal 1: By the end of 2021, lower the number of newly diagnosed infections by 2%
- Goal 2: By the end of 2021, increase viral load suppression rate by 25%.
- Goal 3: By the end of 2021, increase the number of PLWH retained in care by 25%

SOUTH DAKOTA WIC (WOMEN, INFANTS, AND CHILDREN) PROGRAM 2017

https://sdwic.org/wp-content/uploads/WIC_GoalsObjectives2017_Final.pdf

- Goal 1: To ensure program benefits are provided to eligible persons.
- Goal 2: To expand and improve the quality of nutrition education to meet the specific nutritional needs of individual participants.
- Goal 3: To expand and improve the quality of nutrition education to meet the specific nutritional needs of individual participants and special populations.
- Goal 4: Electronic Benefit Transfer Implementation (eWIC): Move toward a more confidential and efficient means for the delivery of supplemental foods.
- Goal 5: Ensure appropriate management information systems are in place for collection and reporting of data and program operations to satisfy federal reporting requirements, to increase the operational efficiency of the program.

SOUTH DAKOTA DEPARTMENT OF HEALTH GOALS AND MATERNAL CHILD HEALTH MEASURES

<https://doh.sd.gov/documents/family/MaternalChildHealthPlan.pdf>

Goal 1: Improve the quality, accessibility, and effective use of health care.

- National Performance Measure 1: Percent of women ages 18-44 with a past year preventive medical visit.
- National Performance Measure 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
- National Performance Measure 11: Percent of children with and without special health care needs having a medical home.

Goal 2: Support life-long health for all South Dakotans.

- National Performance Measure 5: Percent of infants placed to sleep on their backs.
- National Performance Measure 6: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool.
- National Performance Measure 7: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19.
- National Performance Measure 13: (A) Percent of women who had a dental visit during pregnancy and (B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year.
- National Performance Measure 14: (A) Percent of women who smoke during pregnancy and (B) Percent of children who live in households where someone smokes.
- State Performance Measure 2: Percentage of children, ages 2 to 5 years, receiving WIC services with a BMI at or above the 85th percentile (overweight or obese).
- State Performance Measure 3: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent.

Goal 3: Prepare for, respond to, and prevent public health threats.

- Utilize Department of Health communications and social media platforms to enhance education and awareness.

Goal 4: Develop and strengthen strategic partnerships to improve public health.

- State Performance Measure 1: Reduce suicide attempts by adolescents ages 14 through 18.

Goal 5: Maximize the effectiveness and strengthen infrastructure of the Department of Health.

- State Performance Measure 4: MCH data is analyzed and disseminated.

SOUTH DAKOTA DEPARTMENT OF HEALTH GOALS AND BRIGHT START HOME VISITING PROGRAM GOALS

<https://doh.sd.gov/documents/family/BrightStartPlan.pdf>

Goal 1: Improve the quality, accessibility, and effective use of health care.

- HOME VISITING GOAL 1: Improve pregnancy related outcomes for first-time pregnant women served by the program in identified at-risk communities.

Goal 2: Support life-long health for all South Dakotans.

- HOME VISITING GOAL 1: Improve pregnancy related outcomes for first-time pregnant women served by the program in identified at-risk communities.
- HOME VISITING GOAL 2: Improve the health and development of infants and children enrolled in the program in identified at-risk communities.

Goal 3: Prepare for, respond to, and prevent public health threats.

- HOME VISITING GOAL 2: Improve the health and development of infants and children enrolled in the program in identified at-risk communities.

Goal 4: Develop and strengthen strategic partnerships to improve public health.

- HOME VISITING GOAL 3: Improve early childhood comprehensive system development.

Goal 5: Maximize the effectiveness and strengthen infrastructure of the Department of Health.

- The Bright Start Home Visiting Program is committed to providing high-quality services, with specially trained nurses who implement the evidence-based program with fidelity to the model.
- The Bright Start Home Visiting Program is also committed to improving program quality by using Continuous Quality Improvement.

EMS WORKFORCE SUMMIT RECOMMENDATIONS 2010

<https://doh.sd.gov/documents/EMS/2010Summit.pdf>

Goal 1: Develop a statewide promotion and marketing campaign.

Goal 2: Organize meetings with ambulance services and EMTs.

Goal 3: Increase number of test sites.

Goal 4: Host educational session for medical directors.

Goal 5: Provide ambulance service director training.

Goal 6: Provide networking opportunities.

SOUTH DAKOTA RAPE PREVENTION EDUCATION STATE ACTION PLAN 2019 - 2024

https://doh.sd.gov/documents/Prevention/RPE_SD_StateActionPlan.pdf

Goal 1: Addressing health disparities and disproportion.

Goal 2: Coordination with partners.

Goal 3: Leveraging partnerships and resources to increase primary prevention efforts.

Goal 4: Tracking and use of data.

Goal 5: Implement action plans.

Goal 6: Implement programs: Youth VIP, ACE Interface, The Hook-Up, Safe Bars, Network Programs

SOUTH DAKOTA DEPARTMENT OF HEALTH | SUICIDE PREVENTION

<https://doh.sd.gov/documents/DashboardSuicide.pdf>

Reduce the suicide crude death rate for South Dakota from 17.8 per 100,000 in 2012-2016 to 16.0 per 100,000 by 2016-2020

SOUTH DAKOTA SUICIDE PREVENTIONS STATE PLAN

https://sdsuicideprevention.org/wp-content/uploads/2021/01/SD_SuicidePreventionPlan_2020-2025.pdf

Goal 1: Prevention. Implement evidence-based interventions throughout multiple sectors to prevent suicides, suicide attempts, and other risky behavior.

Goal 2: Intervention. Increase awareness and access to services to intervene in time of crisis.

Goal 3: Postvention. Provide support for recovery services for survivors, their families, and the community to eliminate future suicides.

SOUTH DAKOTA OPIOID ABUSE STRATEGIC PLAN 2018

<https://www.avoidopioidsd.com/wp-content/uploads/2018/10/SDOpioidAbuseStrategicPlan.pdf>

- Goal 1: Develop and update guidelines for opioid prescribers in South Dakota.
- Goal 2: Promote and provide education and training for all opioid prescribers on the appropriate prescribing of opioids.
- Goal 3: Maximize the use and effectiveness of the South Dakota Prescription Drug Monitoring Program (PDMP).
- Goal 4: Raise public awareness about the dangers of prescription opioids.
- Goal 5: Improve treatment access via connection to resources and information through call center support.
- Goal 6: Increase professional competency in opioid use disorder (OUD) treatment and better connect treatment providers, prescribers, and recovery support services in complex case management and staffing of OUD cases.
- Goal 7: Expand access to medication-assisted treatments (MAT) across South Dakota through enhanced referral systems and linkages to in-person and virtual MAT clinics.
- Goal 8: Enhance awareness of treatment options and cost assistance available.
- Goal 9: Improve treatment retention and recovery through peer and family support services.
- Goal 10: Explore the potential for a comprehensive opioid management program within South Dakota Medicaid.
- Goal 11: Expand drug take-back programs to increase accessibility to safe disposal options for prescription opioids.
- Goal 12: Equip first responders and emergency departments with naloxone to increase statewide access.
- Goal 13: Offer training on available treatment options to jails statewide (which are independently operated).

SOUTH DAKOTA MEDICAID STATE PLAN

<https://dss.sd.gov/medicaid/medicaidstateplan.aspx>

SOUTH DAKOTA HIGHWAY SAFETY PLAN 2017

<https://dps.sd.gov/application/files/3315/0161/6746/2017-HSP.pdf>

- Goal 1: Maintain the traffic fatalities five-year average at 133.4 or less for 2012-2016. This equates to 130 fatalities or less for the calendar year 2016, a 2.3% reduction from the 2015 value of 133.
- Goal 2: Maintain the serious traffic injuries five-year average at 797 or less for 2012-2016, a 1% increase from the 2011-2015 average of 789.
 - (a) Maintain a five-year average fatalities/VMT at an average rate of 1.45 or less by December 31, 2016.
 - (b) Maintain a five-year average rural fatalities/VMT at an average rate of 1.76 or less by December 31, 2016.
 - (c) Decrease the five-year average urban fatalities/VMT rate under from .73 in 2011-2015 to .70 through December 31, 2016.
- Goal 3: Decrease the unrestrained passenger vehicle occupant fatalities five-year average by at least 1.9 percent from the 2011-2015 average of 62.8 to a five-year average for 2012-2016 of 62.0.
- Goal 4: Increase the alcohol impaired driving fatalities five-year average by only 0.5 percent from the 2011- 2015 annual average of 40.4 to a five-year annual average for 2012-2016 of 40.6.
- Goal 5: Decrease the speeding related fatalities five-year average by at least 4.6 percent from the 2011-2015 annual average of 30.4 to a five-year annual average for 2012-2016 of 29.

- Goal 6: Maintain and increase in the five-year average of no more than 10 percent from the 2011-2015 annual average of 21 to a five-year annual average for 2012-2016 of 23.2.
- Goal 7: Maintain the unhelmeted motorcyclist fatalities five-year average at 17.4 fatalities or less for 2012- 2016.
- Goal 8: Decrease the drivers age 20 or younger involved in fatal crashes five-year average by at least 1.2 percent from the 2011-2015 annual average of 17 to a five-year annual average for 2012-2016 of 16.8.
- Goal 9: Maintain a pedestrian fatalities five-year average of 7 fatalities or less for 2012-2016, despite expected increases in population.
- Goal 10: Maintain a bicyclist fatalities five-year average of 1 fatality or less for 2012-2016, despite expected increases in population.
- Goal 11: Increase statewide observed seat belt use of front seat outboard occupants in passenger vehicles .4 percentage points from the 2015 calendar year base year average usage rate of 73.6 percent to 74% percent by December 31, 2016. 13 COR