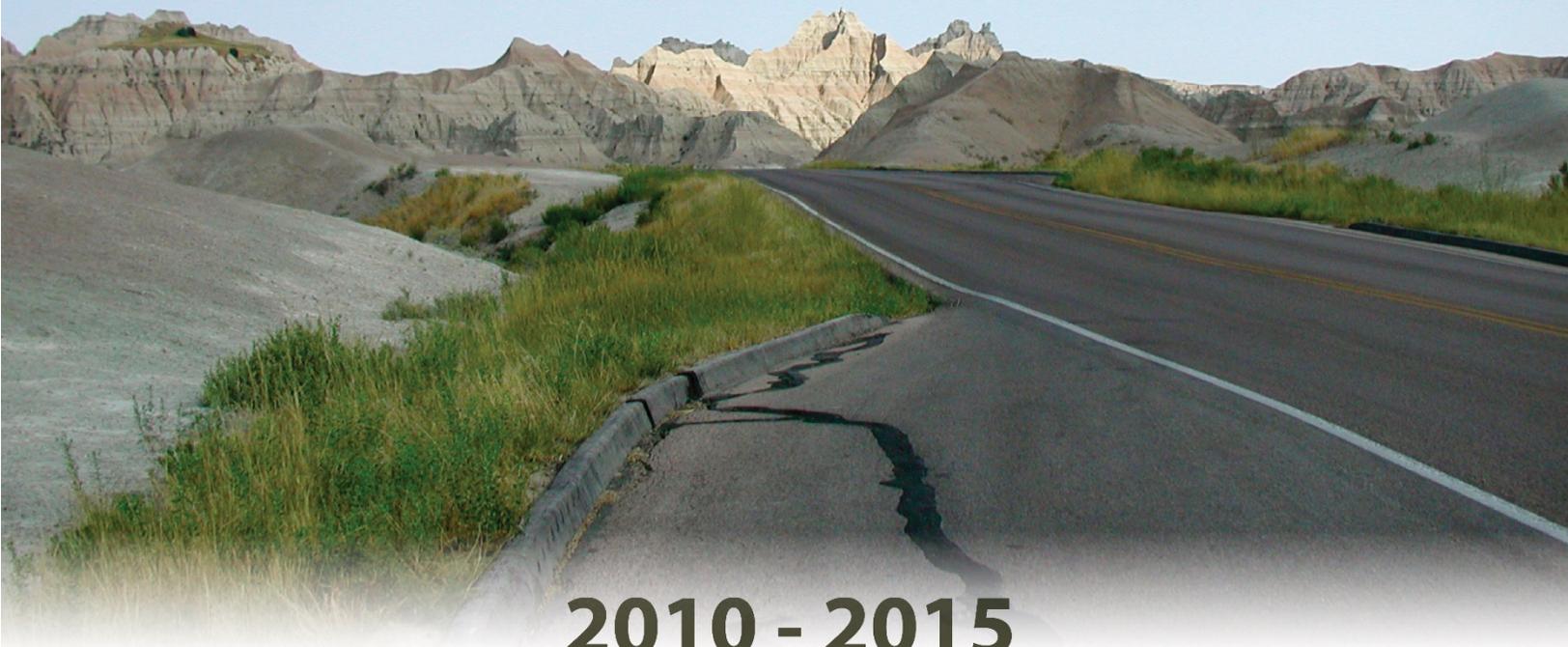


March 2016



2010 - 2015

South Dakota Primary Care Needs Assessment

Prepared for: 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
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
OHRP	Office of Rural Health Policy (Federal)
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 Sioux Falls-based consulting firm, in cooperation with the Office of Rural Health, South Dakota Department of Health. This needs assessment was completed in fulfillment of HRSA grant requirements (Grant #U68HP11439).



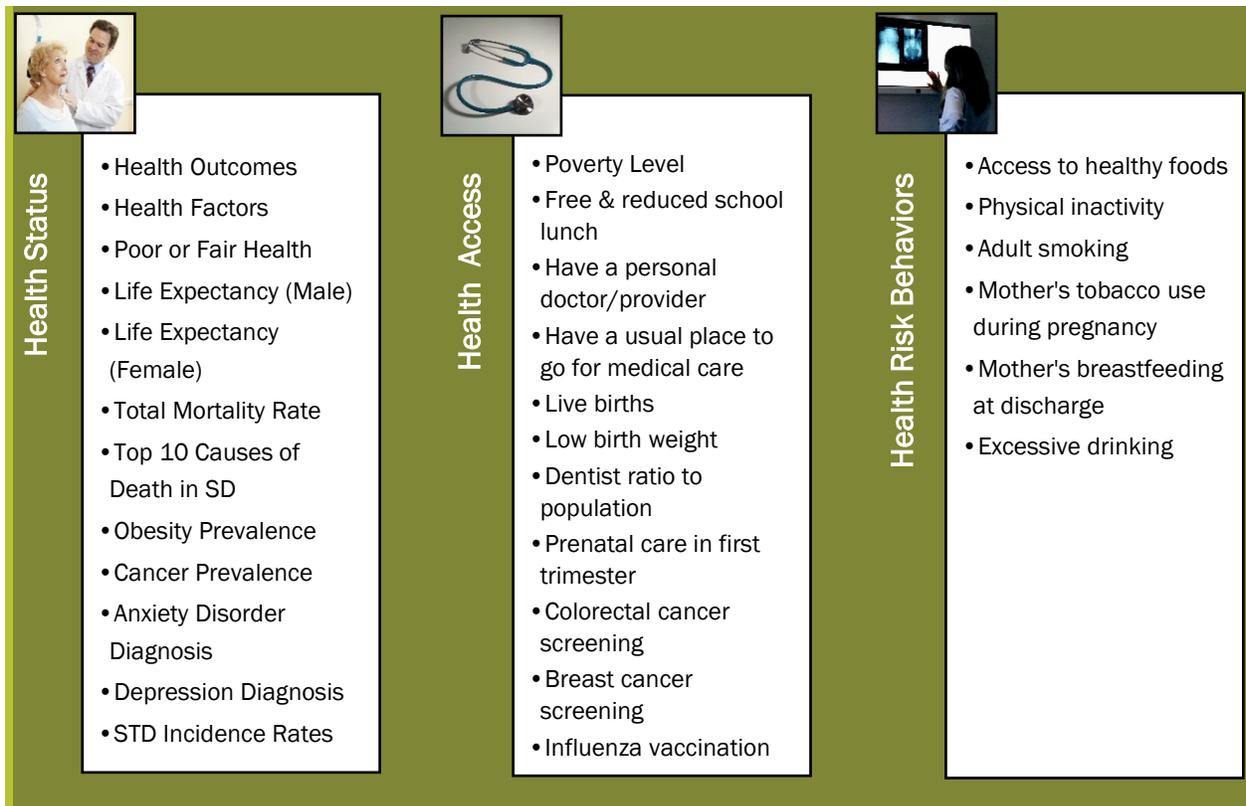
Executive Summary

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. Their 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, 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 Primary Care Services Resource Coordination and Development Grant 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 in number to report, this needs assessment has been conducted at a county level if and 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 SD PCO, but in no means are 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 by the PCO in consultation with external consultants and researchers (Sage Project Consultants, LLC, based out of Sioux Falls, SD) so as 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.



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 a better or worse direction of change over time. For this exercise, baseline rates were collected for 2011, and current rates (for comparison) were collected for 2014 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 the PCO to use as it manages its resources and directs its efforts over the coming years.

Finally, an assessment of ongoing efforts in South Dakota 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) in the State all the way to designated shortage areas of known priority.

Findings | Statewide Outcome Indicators

Health Status Indicators	Baseline Rate (2011 unless noted)	Current Rate (2014 unless noted)	Direction of Change ¹
Poor or Fair Health (County Health Rankings)	n.d.	11.1%	No comparison
Life Expectancy (Male) Institute for Health Metrics & Evaluation (IHME)	77.1 years	77.1 years (2013)	No change
Life Expectancy (Female) IHME	82.0 years	81.9 years (2013)	No change
Mortality Rate (Total) ² (SD DOH Vital Statistics, age-adjusted)	704.9 deaths ³	704.1 deaths ⁴	No change
Infant (SD DOH Vital Statistics)	7.0 deaths ³	6.9 deaths ⁴	No change
Heart Disease (SD DOH Vital Statistics, age-adjusted)	159.6 deaths ³	152.7 deaths ⁴	Better
Cancer (SD DOH Vital Statistics, age-adjusted)	166.1 deaths ³	163.2 deaths ⁴	Better
Chronic Lower Respiratory Disease (SD DOH Vital Statistics, age-adjusted)	46.6 deaths ³	43.6 deaths ⁴	Better
Alzheimer's (SD DOH Vital Statistics, age-adjusted)	34.9 deaths ³	36.7 deaths ⁴	Worse
Cerebrovascular Disease/Stroke (SD DOH Vital Statistics, age-adjusted)	39.3 deaths ³	39.0 deaths ⁴	No change
Accident (SD DOH Vital Statistics, age-adjusted)	42.4 deaths ³	46.3 deaths ⁴	Worse
Diabetes (SD DOH Vital Statistics, age-adjusted)	23.8 deaths ³	23.4 deaths ⁴	No change
Suicide (SD DOH Vital Statistics, age-adjusted)	15.3 deaths ³	16.7 deaths ⁴	Worse
Influenza/Pneumonia (SD DOH Vital Statistics, age-adjusted)	15.9 deaths ³	16.2 deaths ⁴	No change
Chronic Liver Disease (SD DOH Vital Statistics, age-adjusted)	10.5 deaths ³	12.7 deaths ⁴	Worse
Obesity Prevalence (CDC's BRFSS)	28.1% of South Dakotans	29.9% of South Dakotans	Worse
School-Aged Children BMI, Percent Obese or Overweight (School Height & Weight Report)	15.2%	15.8%	No change

Health Status Indicators	Baseline Rate (2011 unless noted)	Current Rate (2014 unless noted)	Direction of Change ¹
Diabetes Prevalence (CDC's BRFSS)	9.5% of South Dakotas	9.1% of South Dakotans (2013)	No change
Cancer Incidence Rates, all sites, age-adjusted ⁵ (SD Cancer Registry)	455.4 (2011)	395.9 (2013)	Better
Anxiety Disorder Diagnosis (Helmsley Foundation, A Picture of Health)	n.d.	7.5% surveyed	No comparison
Depression Diagnosis (Helmsley Foundation, A Picture of Health)	n.d.	5.5% surveyed	No comparison
STD Incidence Rates ⁶ (SD DOH, Disease Prevention)	3,889 avg. incidences	4,931 avg. incidences	Worse

Health Access Indicator	Baseline Rate (2011 unless noted)	Current Rate (2014 unless noted)	Direction of Change
Poverty level (US Census)	14.1% (2009 – 2013)	14.8% persons in poverty	No change
Free & reduced school lunch (KIDS COUNT Data Center)	41% of K-12 students	46% of K-12 students	Worse
Have a personal doctor/provider (Helmsley Foundation, A Picture of Health)	n.d.	77.4% surveyed	No comparison
Have a place to go for medical care (Helmsley Foundation, A Picture of Health)	n.d.	94.2% surveyed	No comparison
Dentists ratio to population (County Health Rankings, 2015)	n.d.	1 dentist to every 1,813 residents	No comparison
Live births (SD DOH, Data Query System)	11,834 live births	12,281 live births	Better
Low birth weight (SD DOH Vital Statistics, age-adjusted)	6.5% of infants ³	6.4% of infants ⁴	No change
Prenatal care in first trimester (SD DOH, Health Statistics)	69.4% of mothers ³	71.1% of mothers ⁴	Better
Colorectal cancer screening (BRFSS ⁷)	62.5% (2012)	66.7%	Better
Breast cancer screening (County Health Rankings, 2015)	n.d.	66.5% of Medicare enrollees	No comparison
Influenza vaccination, aged 65+ (cdc.gov/flu/fluview/)	51.1%	59.6%	Better
Pneumonia vaccination, aged 65+ (BRFSS)	67.1%	65.4% (2013)	Worse
Uninsured adults, aged 18 to 64 (US Census, SAHIE)	17.1%	15.7% (2013)	Better
Uninsured children, under 19 (US Census, SAHIE)	6.3%	6.3% (2013)	No change

Health Risk Behavior Indicators	Baseline Rate (2011 unless noted)	Current Rate (2014 unless noted)	Direction of Change
Access to healthy foods (County Health Rankings, 2015)	n.d.	11% of residents	No comparison
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	Better
Adult smoking ⁸ (BRFSS)	23.0% of South Dakotans	18.6% of South Dakotans	Better

Health Risk Behavior Indicators	Baseline Rate (2011 unless noted)	Current Rate (2014 unless noted)	Direction of Change
Mother's tobacco use during pregnancy (SD DOH Vital Statistics)	18.1% of mothers ³	16.1% of mothers ⁴	Better
Mothers breastfeeding at discharge (SD DOH Vital Statistics)	73.1% of mothers ³	75.4% of mothers ⁴	Better
Excessive drinking ⁹ (County Health Rankings, 2015)	n.d.	19.4% of South Dakotans	No comparison

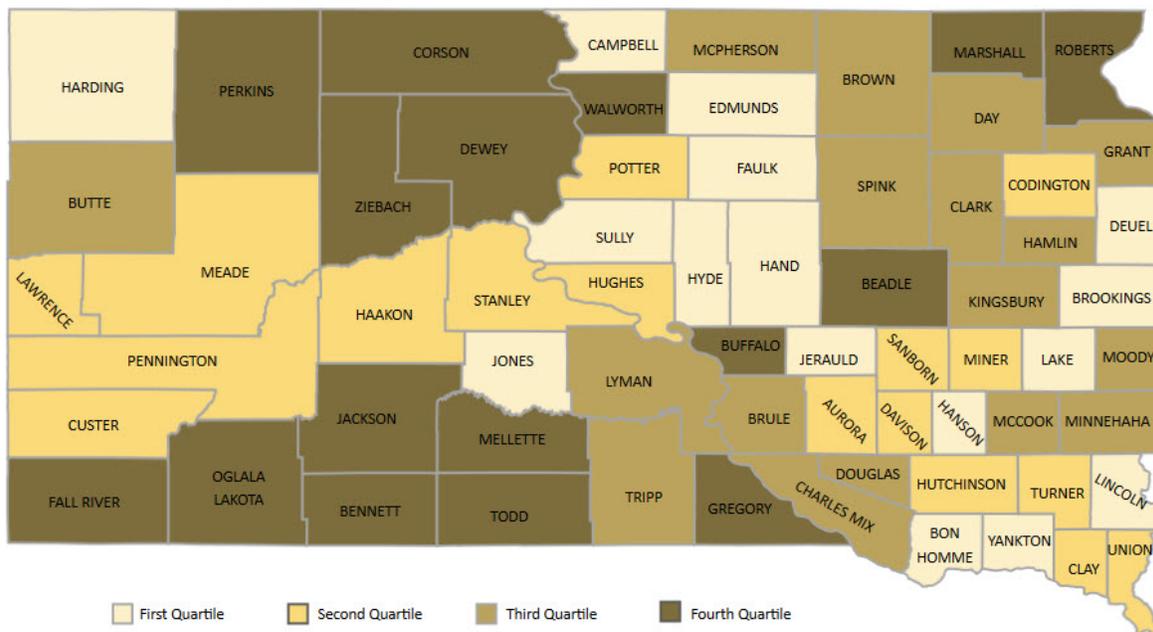
n.d. = no data

Findings | Quartile Ranking of Counties

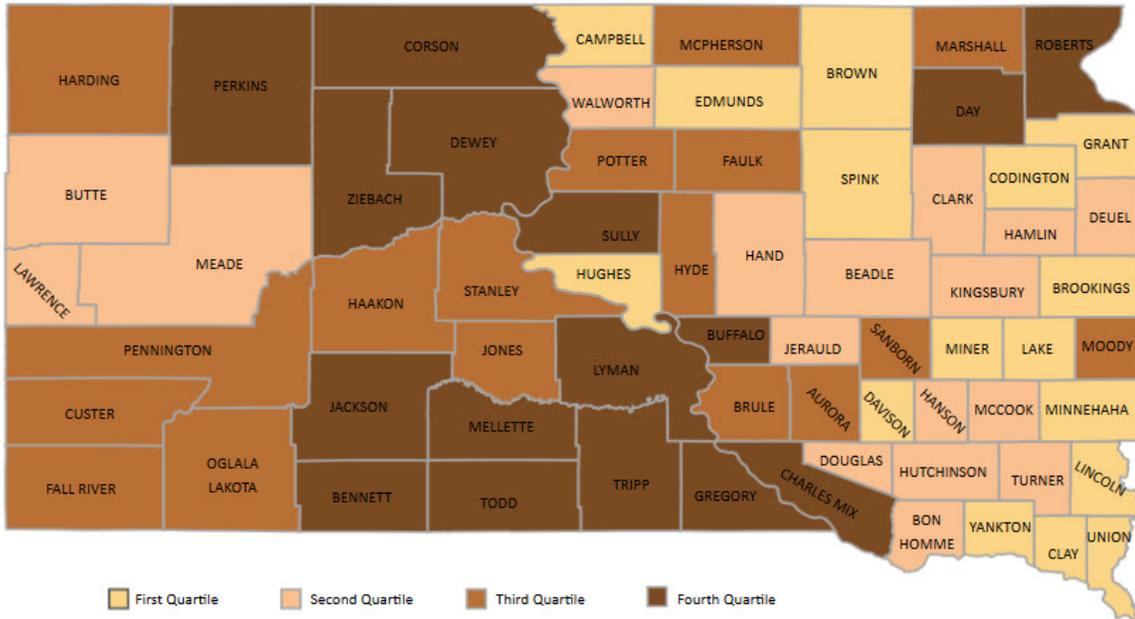
In order to rank all South Dakota counties in an objective manner, the methodology used by Idaho and Maryland in their Primary Care Needs Assessments was leveraged. To examine the 66 counties across a total of 44 different indicators county-level data was queried - when available - and data for each 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 E) 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 F). 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.

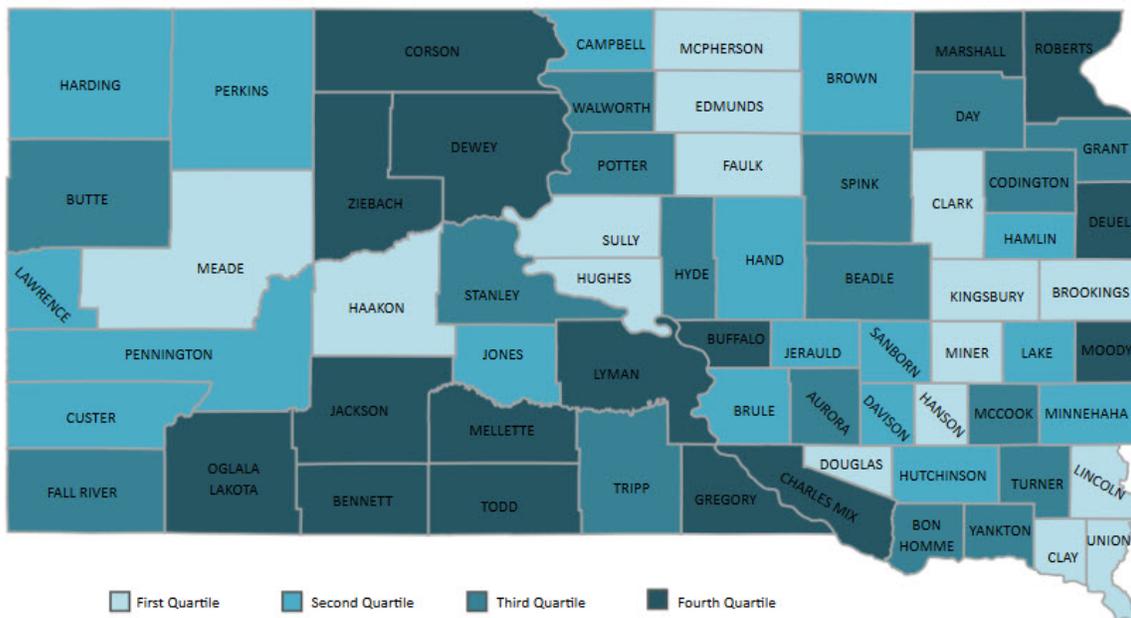
Health Status by County



Health Access by County



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 a number of counties repeated in each indicator area across the same quartile.

A total of ten counties were consistently in all Fourth Quartile rankings (bottom 25%).

- Buffalo
- Bennett
- Corson
- Dewey
- Gregory
- Jackson
- Mellette
- Roberts
- Todd
- Ziebach

Only three counties were consistently represented in the Top Quartile (top 25%).

- Brookings
- Edmunds
- Lincoln

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) 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% of the State's total population are Native American. The State is comprised of 66 counties, ranging in population from Jones County in central SD (1,006 residents) to Minnehaha in eastern SD (169,468 residents, with nearly 250,000 residents in the surrounding Sioux Falls MSA, the State's largest city). Only nine of the 66 South Dakota counties have more than 20,000 residents. The remaining counties are either rural (23 counties) or frontier (34 counties); 26% of the State's population lives in a frontier county.

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 within the State has increased 4.8% from 2010 to 2014.

Despite its vast geographic expanse, the State has a total population of 835,175 (2014 U.S. Census 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).

Nationwide, rural Americans "face a unique combination of factors that create disparities in health care not found in urban areas," as stated by the National Rural Health Association (2015). Generally speaking, rural residents tend to be poorer, rely more heavily on federal food assistance, and have a higher incidence rate and associated fatalities with serious injury accidents than those living in an urban community. Further, there is a major disparity associated with per capita distribution of physicians to deliver primary care; "only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas," (National Rural Health Association, 2015).

According to the 2014 US Census South Dakota is predominantly white (85.7%), with the next highest ethnic group being American Indian (8.9%).

In total there are 53 hospitals¹⁰ in South Dakota, with 38 of them identified as Critical Access Hospitals. There are 58 Rural Health Clinics, and services are provided by Federally Qualified Health Centers at 47 sites across the state.

South Dakota Health Indicator Analysis

Method of Analysis

A total of 44 indicators were selected by PCO that reflect three areas of primary care: health status, health access, and health risk behavior. These indicators were then 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 late 2014. Although some of the indicators used in South Dakota are different from those used in Idaho and other states, the approach is similar and credit is given to the Idaho PCO and their assessment/report contributors for providing an exemplary approach for SD to adapt.

Of the 44 indicators, 24 represent *health status*, 14 represent *health access*, and 6 represent *health risk behaviors*. Final selection of these indicators was based upon known issues impacting primary care delivery or access in the State, the aims of the South Dakota State Department of Health Strategic Plan 2015-2020, and availability of datasets at the county-level. While there were arguably other categories that would have been appropriate to include in this analysis, their absence is a direct result of not having county-level data available for those categories.

A number of mortality rate indicators are included in the health status category; the top ten causes of resident deaths in South Dakota were considered in this regard. A complete listing of indicators is available in Appendix D, 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 mentioned, the methodology for ranking the indicators was adapted from the Idaho Primary Care Needs Assessment. Per their own methodology description, “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, the counties were color-coded and then 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 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.

	Health Status	Health Care Access	Health Risk Behaviors
Top Quartile (top 25%)	Bon Homme	Brookings	Brookings
	Brookings	Brown	Clark
	Campbell	Campbell	Clay
	Deuel	Clay	Douglas
	Edmunds	Codington	Edmunds
	Faulk	Davison	Faulk
	Hand	Edmunds	Haakon
	Hanson	Grant	Hanson
	Harding	Hughes	Hughes
	Hyde	Lake	Kingsbury
	Jerauld	Lincoln	Lincoln
	Jones	Miner	McPherson
	Lake	Minnehaha	Meade
	Lincoln	Spink	Miner
	Sully	Union	Sully
	Yankton	Yankton	Union

Second Quartile

Health Status	Health Care Access	Health Risk Behaviors
Aurora	Beadle	Brown
Clay	Bon Homme	Brule
Codington	Butte	Campbell
Custer	Clark	Custer
Davison	Deuel	Davison
Haakon	Douglas	Hamlin
Hughes	Hamlin	Hand
Hutchinson	Hand	Harding
Lawrence	Hanson	Hutchinson
Meade	Hutchinson	Jerauld
Miner	Jerauld	Jones
Pennington	Kingsbury	Lake
Potter	Lawrence	Lawrence
Sanborn	McCook	Minnehaha
Stanley	Meade	Pennington
Turner	Turner	Perkins
Union	Walworth	Sanborn

Third Quartile

Health Status	Health Care Access	Health Risk Behaviors
Brown	Aurora	Aurora
Brule	Brule	Beadle
Butte	Custer	Bon Homme
Charles Mix	Fall River	Butte
Clark	Faulk	Codington
Day	Haakon	Day
Douglas	Harding	Fall River
Grant	Hyde	Grant
Hamlin	Jones	Hyde
Kingsbury	Marshall	McCook
Lyman	McPherson	Potter
McCook	Moody	Spink
McPherson	Oglala Lakota	Stanley
Minnehaha	Pennington	Tripp
Moody	Potter	Turner
Spink	Sanborn	Walworth
Tripp	Stanley	Yankton

**Bottom Quartile
(bottom 25%)**

Health Status	Health Care Access	Health Risk Behaviors
Beadle	Bennett	Bennett
Bennett	Buffalo	Buffalo
Buffalo	Charles Mix	Charles Mix
Corson	Corson	Corson
Dewey	Day	Deuel
Fall River	Dewey	Dewey
Gregory	Gregory	Gregory
Jackson	Jackson	Jackson
Marshall	Lyman	Lyman
Mellette	Mellette	Marshall
Oglala Lakota	Perkins	Mellette
Perkins	Roberts	Moody
Roberts	Sully	Oglala Lakota
Todd	Todd	Roberts
Walworth	Tripp	Todd
Ziebach	Ziebach	Ziebach

South Dakota Shortage Designations

Health Professional Shortage Area Designations (HPSAs)

Primary Medical Care Shortage Areas

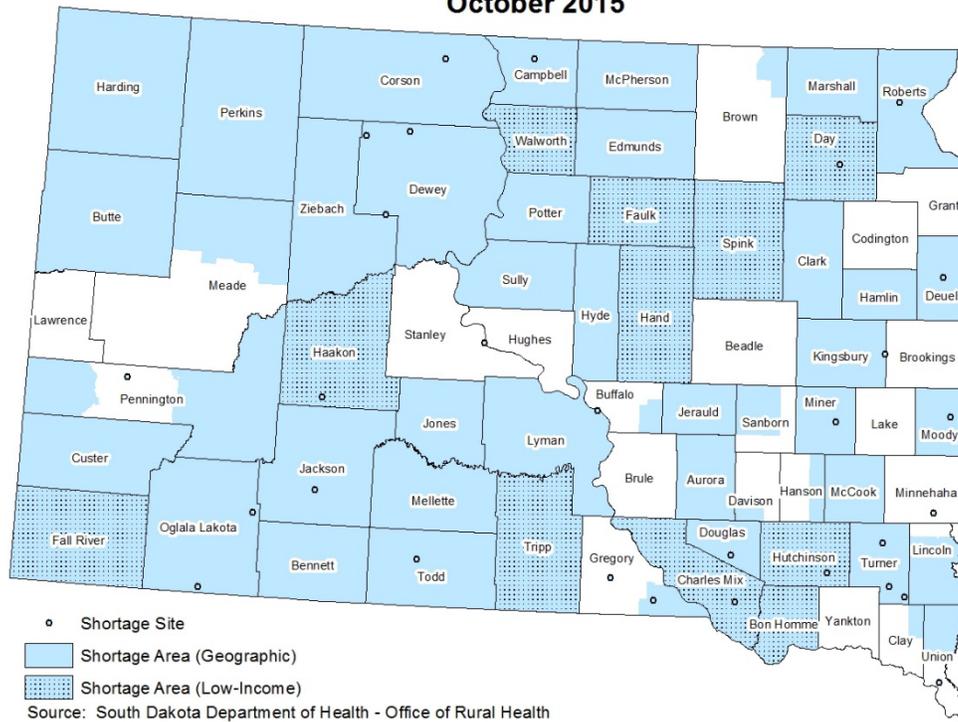
Primary medical care is assessed by HRSA to determine shortages and categorized into one of three designation types: geographic area, population groups, and facilities. Each category has its own criteria:

	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 (typically 3,500 to 1) Demonstrative that other primary care providers in contiguous areas are over utilized, too far away, or inaccessible 	<ul style="list-style-type: none"> 15 areas are designated as High Geographic Need: Bennett County, Corson County (specifically Lemmon, McLaughlin), Dewey County, Gregory County (specifically Fairfax service area), Harding County, Jackson County, McPherson County, Mellette County, Pennington County (specifically Custer/Hill City), Perkins County (specifically Lemmon), Roberts County (specifically Sisseton), 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 3,000:1 or worse Be a member of a federally recognized Native American tribe (automatic designation) 	<ul style="list-style-type: none"> 11 counties are designated for this category, notably for low income: Bon Homme, Charles Mix, Day, Fall River, Faulk, Haakon, Hand, Hutchinson, Spink, Tripp, and Walworth
Facilities	<ul style="list-style-type: none"> Be either a federal and/or state correctional institution or public and/or non-profit medical facility, with specific requirements Be a maximum or medium security facility, with specific requirements 	<ul style="list-style-type: none"> 11 Indian Health Service Facilities 14 rural health clinics 8 areas are designated as tribal population high need areas 6 FQHCs 2 Prison Facilities 2 State Mental Health Hospitals

As defined by HRSA, HPSA Scores “are developed for use by the National Health Service Corps 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. The higher the score, the greater the priority.

There are 86 primary care shortage area designations of various types (geographic areas, population groups, and facilities) across South Dakota; of those, 60 have a HPSA Score of 10 or higher. Three of the 60 scored designated areas have a HPSA Score greater than 20; all three are located on tribal land or are Indian Health Service Facilities.

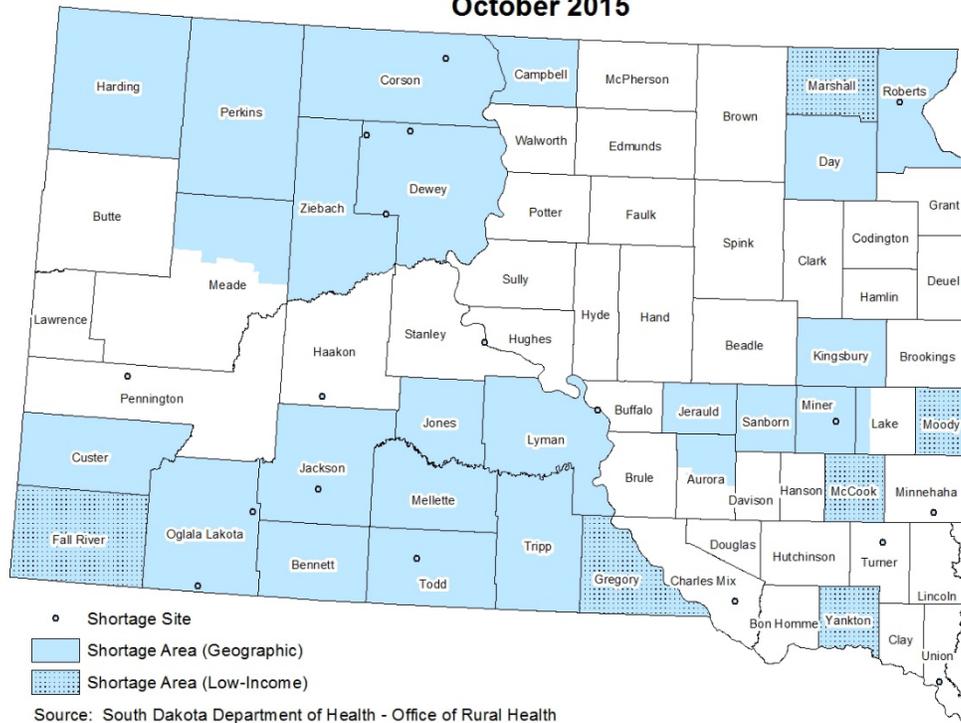
SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS PRIMARY MEDICAL CARE October 2015



Dental Health Professional Shortage Areas

A Dental HPSA Designation is similar to 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. Slightly improved from shortage designations in primary care, there are 28 of 66 counties that do not represent a dental shortage area or site. However, more than half of all counties in the state represent designated shortage areas based on geography or low-income.

**SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
DENTAL HEALTHCARE
October 2015**

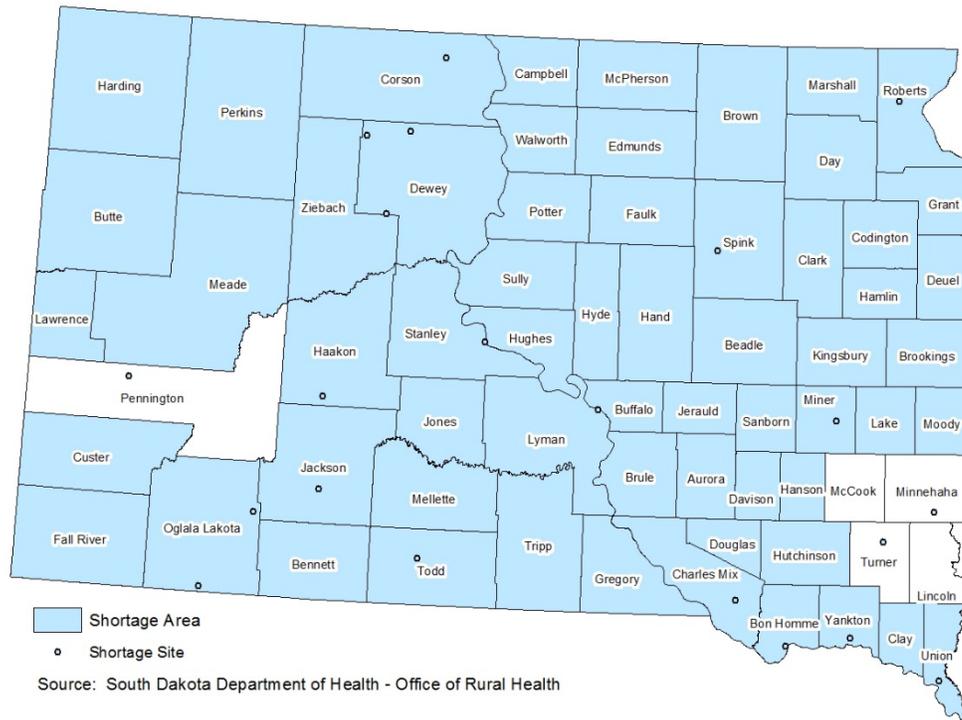


Aside from the designated dental shortage areas, it should be noted that there are a total of 459 professionally active dentists in the State at the time of this writing (Kaiser Family Foundation).

Mental Health Professional Shortage Areas

Mental HPSA designations must meet one of the following three population-to-provider ratios: 1) population-to-psychiatrist ratio greater than or equal to 30,000:1; 2) population-to-core mental health provider ratio greater than or equal to 9,000:1; or 3) population-to-core mental health provider ratio greater than or equal to 6,000:1 and population-to-psychiatrist ratio greater than or equal to 20,000:1. The population-to-psychiatrist ratio is used in South Dakota to determine HPSAs. Other shortage designation requirements apply. As such, it is not surprising that there are only two areas of the state, which correlate to the two largest metropolitan areas and major medical systems, that are not part of a mental healthcare HPSA.

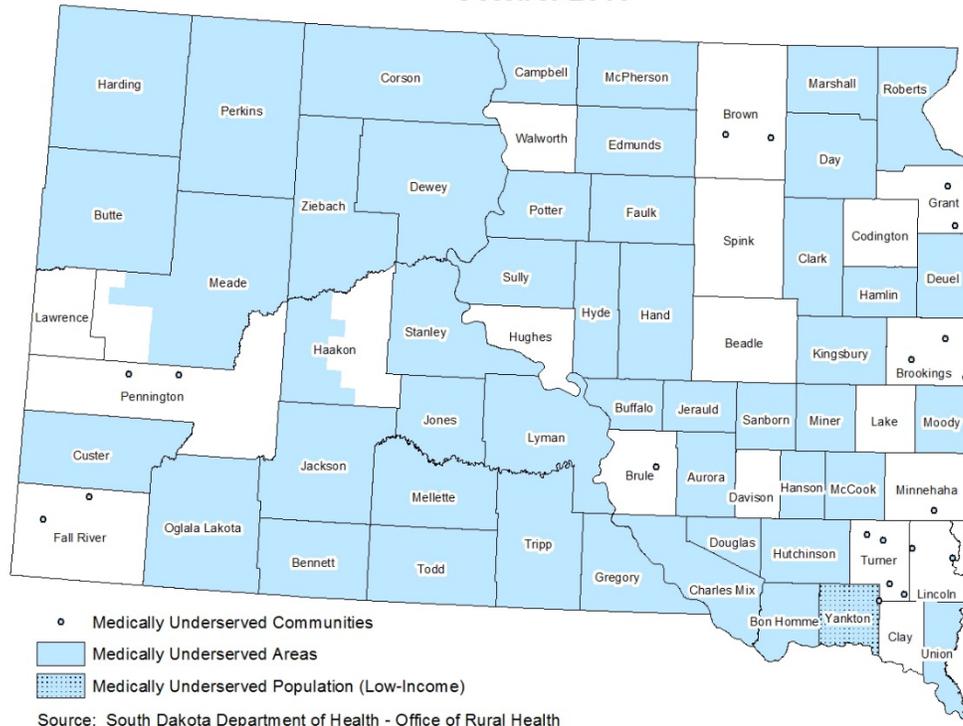
SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS MENTAL HEALTHCARE October 2015



Medically Underserved Areas and Populations (MUAs/MUPs)

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.” The majority of counties in South Dakota are designated or have areas/communities that are designated within their jurisdictions that are medically underserved; only 8 of 66 total counties are not designated as such.

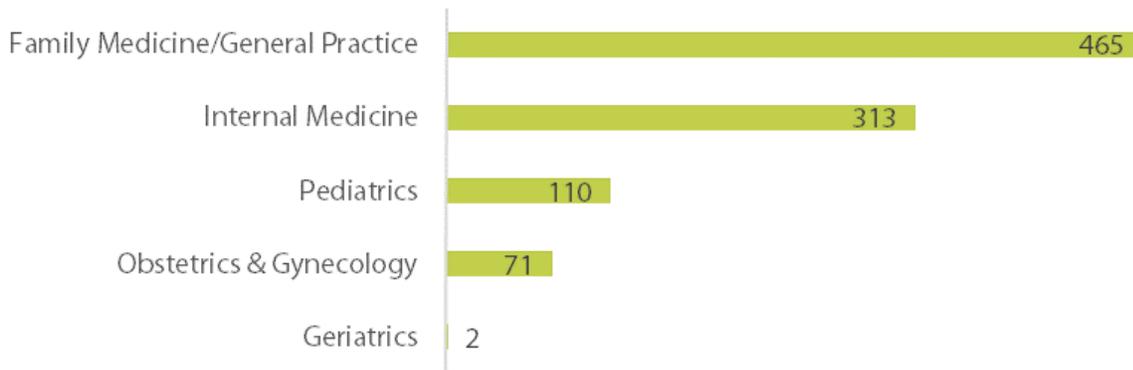
**SOUTH DAKOTA MEDICALLY UNDERSERVED AREAS/POPULATIONS
October 2015**



Primary Care Delivery Systems

One of the recommendations from the Governor's Primary Care Task Force was directed towards innovative primary care models. "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 identified as key areas by the Task Force."

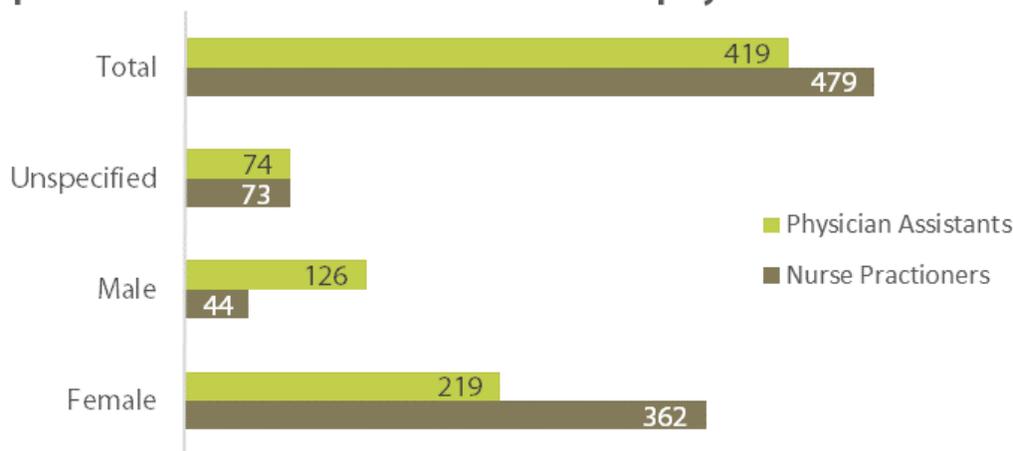
Of the nearly 1000 physicians practicing in South Dakota, most are family medicine/general practice.



Data provided by Kaiser Family Foundation, January 2016.

From the same source (Kaiser Family Foundation) there are just short of 900 advanced practice providers in South Dakota at the time of this writing, roughly 50% comprised of physician assistants and the other 50% comprised of nurse practitioners.

There are nearly as many advanced practice providers in South Dakota as there are physicians.



Data provided by Kaiser Family Foundation, January 2016.

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 14,920 professionally active (licensed) nurses in the State, of which the vast majority (85%) are registered nurses.

Nearly 15,000 professionally active nurses practice in South Dakota, an estimated ratio of 57 persons to every nurse in the State.



Data provided by Kaiser Family Foundation, January 2016. Ratio calculated using 2014 US Census population estimates.

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 Regional 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. There are a total of 53 community hospitals across the State, 38 of which are designated as Critical Access Hospitals.

Community Health Centers

Community Health Centers (CHCs) are “non-profit community-driven clinics” that provide primary and preventative care to all individuals without regard for that individuals’ 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 five CHC organizations in South Dakota; each CHC organization is comprised of the sites as listed below:

- **allPOINTS Health Services**, with clinics located in Alcester, Elk Point, and Yankton;
- **Community Health Center of the Black Hills, Inc.**, with four locations in Rapid City providing medical, dental, and school-based care;
- **Falls Community Health**, which provides medical, 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 24 clinics¹¹ across 18 communities, four of which have dental services as well as medical services. These communities include: Aberdeen, Bison, Bryant, De Smet, Eagle Butte, Faith, Fort Thompson, Howard, Huron, Isabel, Lake Preston, Martin, McIntosh, Mission, Plankinton, Wessington Springs, White River, and Woonsocket.
- **Rural Health Care, Inc.** provides primary care delivery at eight different communities in South Dakota (Chamberlain, Fort Pierre, Gettysburg, Highmore, Murdo, Onida, Presho, and Kennebec).

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

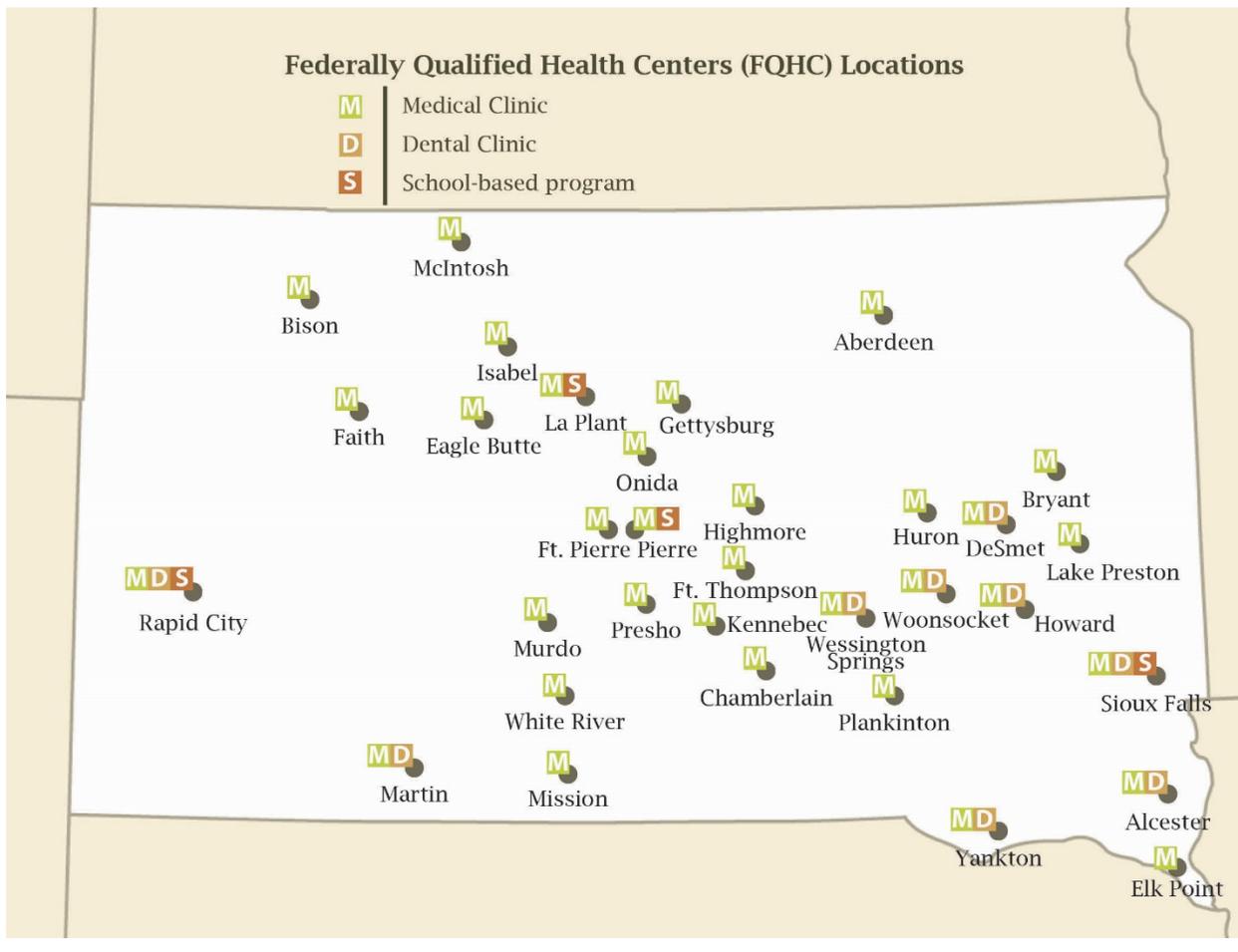
- Medical and behavioral/mental health services are offered at every site
- Medicaid, Medicare, private insurance, and uninsured patients are all accepted
- Health care patients must be the majority on the governing Board of Directors
- CHCs must report on and meet numerous requirements for need, service, governance, finance and management¹²

The advantage to having CHCs in rural America is that 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 than otherwise afforded.

Federally Qualified Health Centers. A total of 47 sites for Federally Qualified Health Centers (FQHCs) deliver primary care to an estimated average of 57,325¹³ South Dakotans each year. These health centers, medical and dental clinics are in most cases free-standing. However, some FQHCs in South Dakota are unique in that they are co-located with either a community center or a K-12 school.

As defined by HRSA¹⁴, an FQHC is an organization receiving grants under Section 330 of the Public Health Service Act (PHS) and qualify for enhanced reimbursement from Medicare and Medicaid for its delivered services. FQHCs must “serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.”

In 2007, HRSA recorded a total of 51,287 patients seen at 36 delivery sites in South Dakota¹⁵, representing 186,782 patient encounters. Nearly 40% of those patients were uninsured. Since then (2013), it is estimated that services have grown to an estimated 195,695 patient encounters¹⁶, an increase of 4.8% over the 7-year period.



- 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

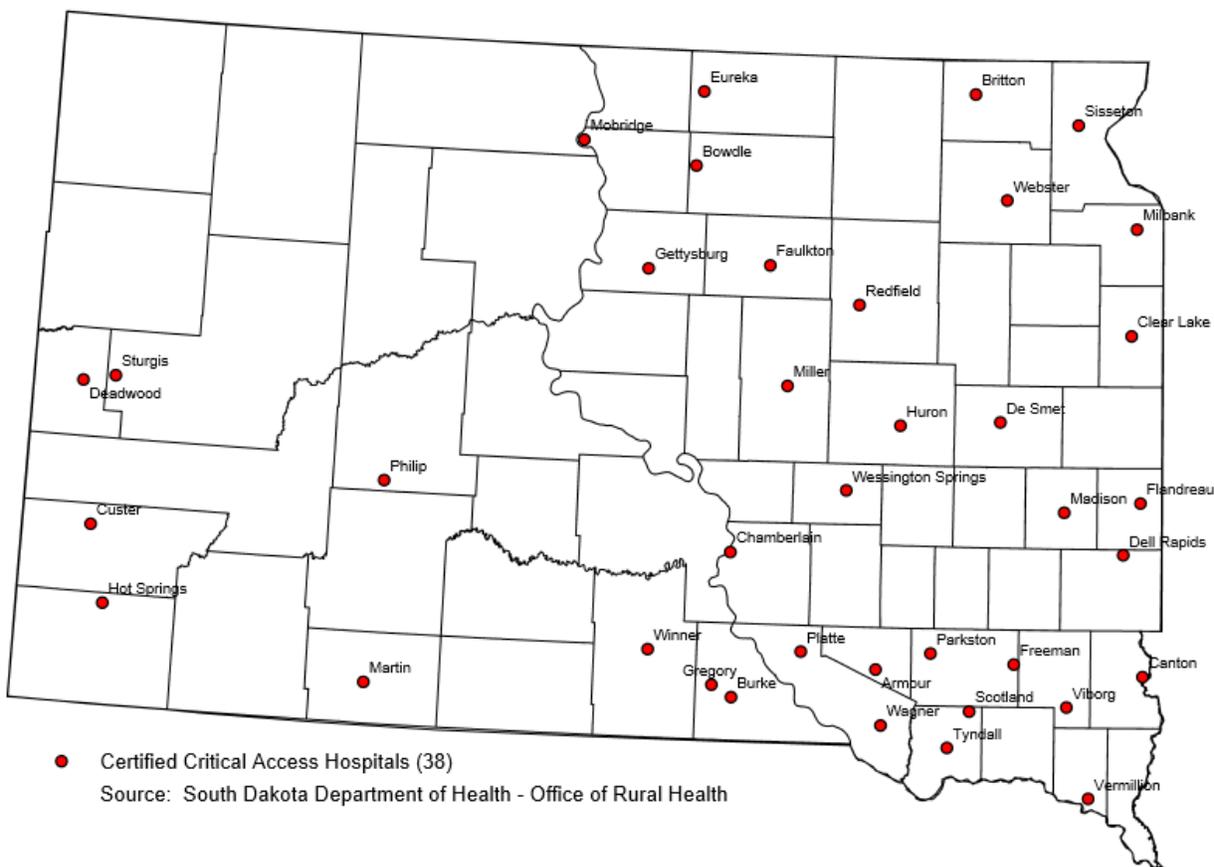
Critical Access Hospitals

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 Office of Rural Health Policy (ORHP). In South Dakota, the state program is administered by the SD DOH ORH. South Dakota has successfully received funding through ORHP for the development and implementation of its State Rural Health Plan (SRHP), used 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. Currently, 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. A hospital must meet the following criteria to be designated as a CAH:

- 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; and
- 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.

According to information provided by the SD ORH (December 2015) there are 38 certified CAHs in South Dakota. A table of these hospitals is located in Appendix J for reference.



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 adjacent to or east of the Missouri River. It is also noteworthy to mention that approximately 70% of the state’s total population also lives east river.

The presence of CAHs west river is much more broadly distributed. Despite the fact that people are also more sparsely settled in that area of the state, the distances one must travel to access a CAH are extraordinary in some circumstances. For example, 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 (Buffalo, SD to Sturgis, SD is 89 miles one-way; Bison, SD east to Mobridge, SD is 120 miles one-way; and Faith, SD south to Philip, SD 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, travel can and typically is treacherous on these roads despite best efforts from state and county officials to keep those roadways clear and ice-free. These factors all heavily impact the ability for residents in South Dakota, particularly in western rural and frontier counties, to access emergency or 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 improvement organization. Beyond these statutory requirements, 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, the South Dakota Association of Healthcare Organizations (SDAHO), the quality improvement organization (QIO), the major health systems (Avera Health, Sanford Health, and Regional Health), Emergency Medical Services (EMS), and other state and federal agencies. Several examples of this work include:

- Improving quality of care through an established patient safety network and benchmarking project, managed by the SD DOH OHR;
- 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.

16 of the 38 existing CAHs also have a co-located primary care clinic.

Primary Care Programs and Resources

The Legislature, Governor, Primary Care Task Force, amongst 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 get them to stay as practicing physicians. Further, the Recruitment Assistance Program and the Rural Healthcare Facility Recruitment Assistance Program were developed via the Governor's South Dakota Workforce Initiative (SD WINS); both programs are designed to help small, rural communities (defined as less than 10,000 in population) to fill healthcare professional vacancies.

According to the Department of Health's website, the Department is committed "to assuring that all South Dakotans have access to quality, affordable health care." To do so, the state has a number of 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

Established in 1988 as the Physician Tuition Reimbursement Program and revised in 2012, the Recruitment Assistance Program for Physicians serves to support family practice, pediatrics, internal medicine and obstetrics/gynecology physicians as they live and practice in a number of rural communities across the state. A maximum of 15 physicians can participate at a given time. In total, as of February 2016, 53 contracts have been initiated since the program's inception. Of those 27 have been completed (51%), 13 have defaulted, and 13 are currently under contract. The program was revised in 2012 to increase the number of slots, eligible providers, and eligible communities. Fourteen (14) of the physicians remain in practice in their original communities they were recruited to through this program.

The program "provides qualifying physicians, dentists, physician assistants, nurse practitioners or nurse midwives an incentive payment in return for three continuous years of practice in an eligible rural community," according to the SD Department of Health website. The incentive payment for physicians and dentists is tied to the cost of attending the University of South Dakota School of Medicine; it is equal to twice the resident tuition rate for the four most recently completed academic years. This equates to a current incentive payment amount of \$186,750, as of February 2016. The

amount for non-physicians (e.g. nurse practitioners, physician assistants, nurse midwives) is equal to twice the University of South Dakota resident tuition for physician assistant studies for the three most recently completed academic years, or approximately \$42,838, as of February 2016.

The eligibility criteria for each track – physician, dentist, or physician assistant, nurse practitioner, or nurse midwife – is relatively similar.

- Be licensed in their respective area of practice in South Dakota.
- Have completed an accredited residency program in family medicine, pediatrics, internal medicine, or obstetrics/gynecology (physicians only).
- Agree to practice full time in a community deemed eligible by the PCO for at least three consecutive years.
- Provide services to Medicaid, Medicare, and State Children’s Health Insurance Program patients.
- Agree to be a participating South Dakota medical assistance provider, and treat all patients despite income limitations or ability to pay.
- Not have previously participated in this or similar programs.

Communities must also meet certain criteria in order to participate in the program; the incentive for the community is great in that it provides them with a greater likelihood of physician, dentist, physician assistant, nurse practitioner, or nurse midwife delivering care in their communities.

To be eligible a community must:

- Have a population of 10,000 or less;
- 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; and
- Agree to pay a pro-rated portion of the total amount of the incentive payment depending on the size of the community.

Rural Healthcare Facility Recruitment Assistance Program

In addition to its Recruitment Assistance Program for Physicians, Dentists, Physician Assistants, Nurse Practitioners, and Nurse Midwives, the State of South Dakota has taken additional steps to support other health professionals should they be willing to work in a rural community as deemed eligible by the ORH. 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 in an eligible community.

Eligible occupations include: dietitian or nutritionist, nurse (LPN or RN), occupational therapist, respiratory therapist, laboratory technologist, pharmacist, physical therapist, paramedic, medical technologist, radiologic technologist, speech therapists, and healthcare social workers.

Eligible facilities must be South Dakota licensed and can be 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, and ambulance services.

As of February 2016, a total of 239 individuals have participated in this program since its inception in 2012. Of those individuals, 31 have completed their three-year service commitment. The remaining individuals are still working under their service commitment or have defaulted on their service commitment.

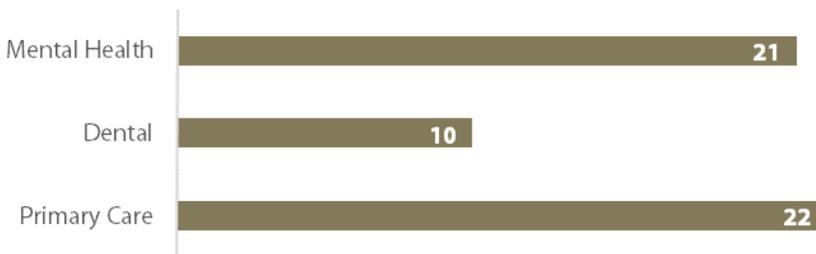
National Health Service Corps

Through its Loan Repayment Program, the National Health Service Corps (NHSC) provides primary care medical, dental, and mental/behavioral health clinicians up to \$50,000 to repay their profession student loans in exchange for a two-year commitment of work at approved NHSC sites 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.

There are 200+ NHSC sites across South Dakota in primary care, dental care and mental care.

NHSC sites are all located in HPSAs and: provide primary medical care, dental care, or mental and behavioral 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, organized by type, are featured in the Appendices L, M and N. There are 91 primary care, 35 dental care, and 78 mental care sites.

53 current NHSC participants in South Dakota; 42% are working in primary medical care.



South Dakota J-1 Visa Waiver Program

The State of South Dakota has established a J-1 Visa Waiver Program in 2001 (federal fiscal year 2002) to help rural communities recruit foreign or international medical graduate physicians. The ORH is responsible for the issuance and facilitation of these waiver requests. A J-1 Physician is defined as, "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," as designated by HRSA. The J-1 physician must work full time, spend a minimum of 128 hours every four weeks seeing patients on an ambulatory or in-patient basis and 32 hours of administrative work for at least 48 weeks per year.

To date, the ORH has facilitated 116 completed or continuing J-1 Visa Waivers, placing physicians through this program in 28 counties¹⁸ throughout South Dakota.

Primary Care Workforce

Improving health care access across South Dakota must include efforts to expanding 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 52%¹⁹ 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 4 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.

A number of healthcare occupations are projected to have a high increase in change/need for new workers by 2022; these include registered nurses (1,490 more registered nurses needed), nursing assistants (575 more assistants needed), and licensed practical nurses (245 more LPNs needed) at the top of the list²⁰. As a result, it is helpful to note that a number of nursing education programs are available throughout the state with existing capacity to teach/train more nursing professionals to fill this gap.

Nursing Education Programs

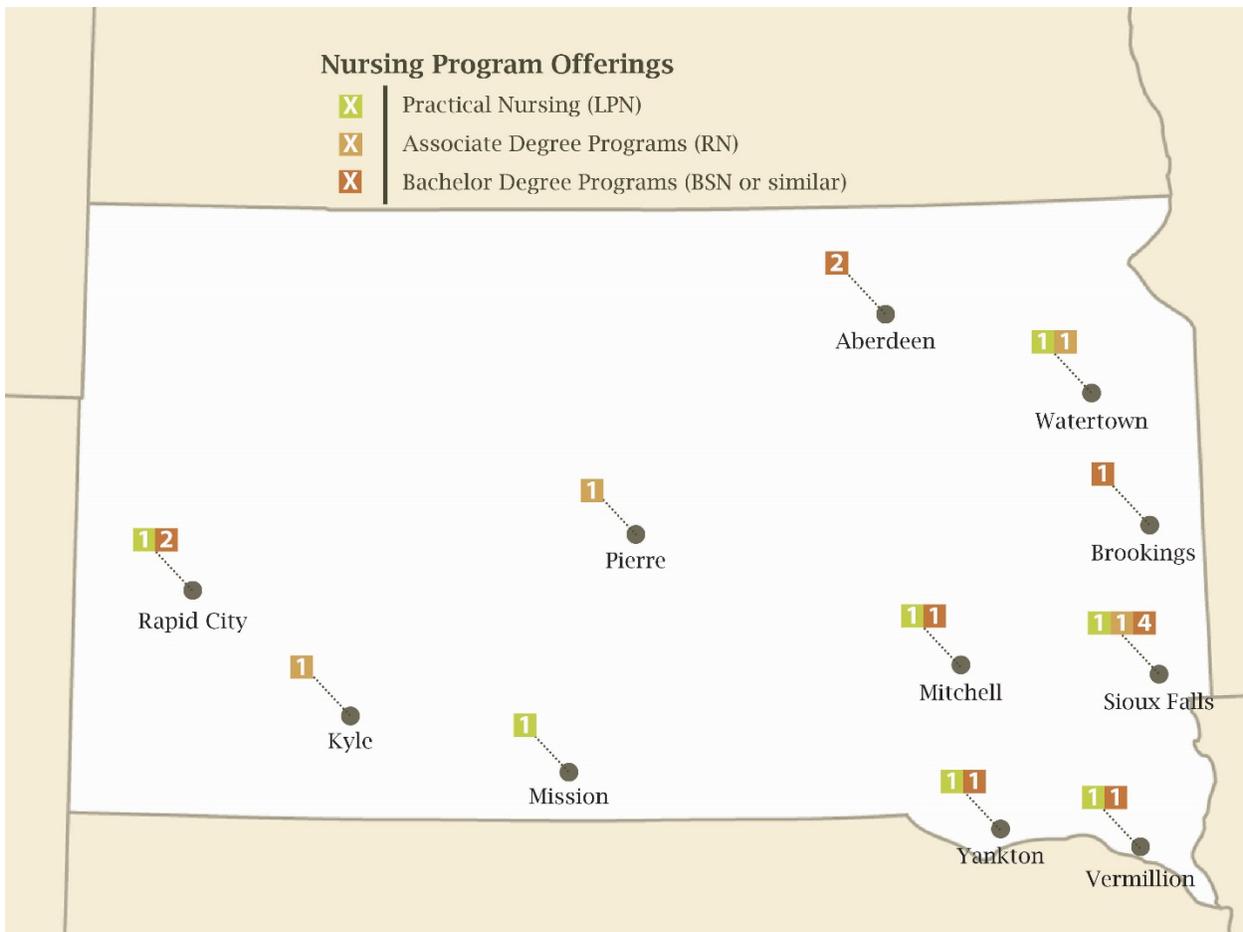
As advocated by HRSA, understanding the supply and distribution of nurses is “key to ensuring access to care and an effective health care system.” According to its 2013 national report²¹ on nursing workforce trends, there were 2.8 million RNs (including advanced practice RNs) and nearly 700,000 LPNs 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's 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)¹⁹.

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, 2014²², the following trends have been observed.

- ***None of the baccalaureate and associate degree programs that lead to RN licensure in the State are operating at capacity;*** the closest programs to do so include Augustana University (91% of capacity), Presentation College (90% of capacity), and South Dakota State University (SDSU) (93% of capacity). These programs arguably could be operating at capacity had it not been for last minute drops (pre-census count) or students that were accepted and declined, particularly evident at SDSU. Mount Marty College and University of Sioux Falls (USF) both offer unlimited nursing student capacity, but collectively represented a modest percentage (9.8% of 890 total students) of all accepted and enrolled students in 2014.
- ***The nursing programs that lead to LPN licensure operate at a lower capacity than the RN programs;*** Sinte Gleska University operated at full capacity (13 students), while Western Dakota Technical only had 65% of its capacity filled in 2014. Again, Mount Marty College does not limit its capacity but only represented 3.6% of the 274 total students accepted and enrolled statewide.

- **Flexible programs offered.** All nursing program learning options are offered at both a part- and full-time status, giving options to students with limited availability due to family or employment obligations.
- **Interest in upward mobility continues to grow.** Enrollment in upward mobility programs (LPN to RN) has significantly increased over the years, approximately 12% more enrollment in 2014 than the preceding year.
- Total graduates continue to increase over time; 487 students graduated from a nursing education program in 2014, a 2% increase from 2013.
- South Dakota's pass rate for both baccalaureate and associate degree nursing programs was 84.6%, higher than the national pass rate.
- 7 out of every 10 graduates from nursing programs are staying to practice in South Dakota. 69% of graduates from baccalaureate and associate registered nurse programs and 79% of graduates from practical nurse programs (October 2013-September 2014) are licensed in South Dakota.



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

Practical Nursing Programs

There are two fully accredited **Practical Nursing Programs** in South Dakota, both located east of the Missouri River (Watertown and Sioux Falls). Fully accredited is defined as having both commission or

professional organization accreditation (e.g. HLC) and also having full approval through the South Dakota Board of Nursing.

Lake Area Technical Institute's²³

11-month *Practical Nursing Program* serves as background information to support a student's ambitions to test for and become a Licensed Practical Nurse (LPN), or to build upon that with a second year of study to become a Registered Nurse (RN). Lake Area Technical Institute partners with the University of South Dakota (USD) to offer the second year of training, allowing its students to remain in Watertown versus relocating to Vermillion, home of USD, for that education. Lake Area Technical Institute admits up to 48 students each fall term pending their successful completion of an entrance exam, minimum GPA requirement, and recommended completion of five general education courses. The program also serves as a pipeline for existing Certified Nursing Assistants to pursue additional education, offering them two credits for prior learning. Barriers to entry are reduced via three

options for course completion (online, part-time online, or full-time on campus) and an existing articulation agreement with USD to transition students into more advanced degrees in the field of nursing. Lake Area Technical Institute has also made recent investments in its anatomy lab, and maintains a passage rate on the licensure exam above state and national levels every year.

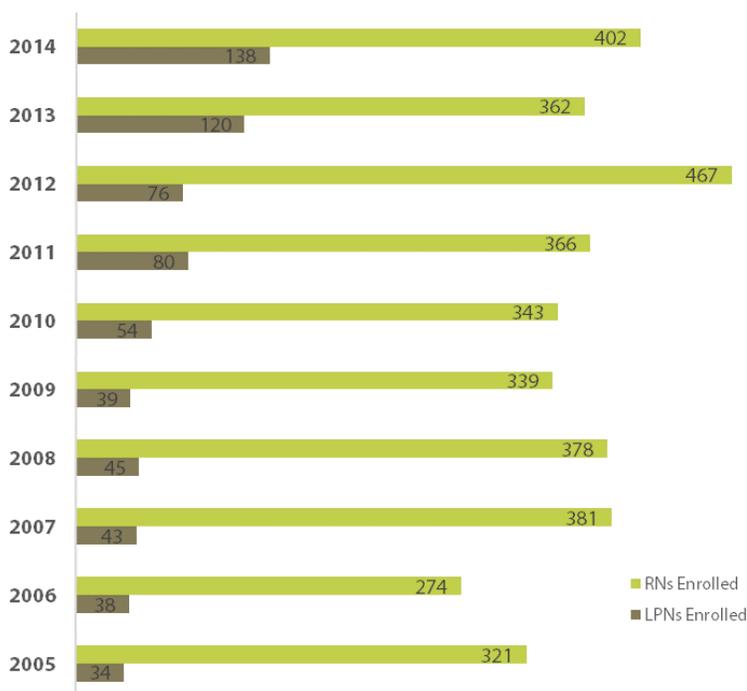
Lake Area Technical Institute also offers a Practical Nursing E-Degree program, but enrollment is limited to residents of South Dakota, North Dakota, Minnesota, Iowa and Nebraska. The program is classified as a hybrid, blending distance and on-campus learning. The program is the same length (11 months full time) as the traditional Practical Nursing Program offered on the campus of Lake Area Technical Institute.

Southeast Technical Institute in Sioux Falls also offers a *Practical Nursing Program*²⁴. The 1-year diploma program is offered during traditional classroom hours or as an evening program either with a fall or spring start. Graduates are then eligible to sit for the licensure exam and practice as LPNs upon approval from the State's Board of Nursing.

There are four additional Practical Nursing Programs recognized in South Dakota. At the time of this writing all four were listed as on probation on the SD Board of Nursing website or on notice from the Higher Learning Commission.

- **Sinte Gleska University** is listed on the Board of Nursing website as on probation, they received formal notice from HLC of being at risk of non-compliance with several HLC criteria in November 2015.

LPNs and RNs enrolled in RN Baccalaureate upward mobility programs continues to increase



Original data obtained from the SD Board of Nursing Annual Report of Education Programs: 2014; chart was re-created for this report only.

- **Sisseton Wahpeton College** is a tribal-controlled school that offers a certificate practical nursing program; the school is listed on the Board of Nursing website as on probation. HLC records obtained on January 8, 2016 indicate the college was based on notice in June 2014 but that the notice has since removed.
- **Western Dakota Tech (WDT)** offers the only certificate practical nursing program offered by a technical school on the west side of the state. The school is listed on the Board of Nursing website as on probation. The school is listed by HLC as fully accredited. WDT also states that more than 87 percent of its graduates actually stay and live/work in South Dakota.
- **Mount Marty College** (Yankton, SD) is also listed as accredited by HLC, but as interim approval via the SD Board of Nursing website. The College offers a Certificate in Practical Nursing and advocates on its recruitment materials that this serves as an “entry into the nursing career ladder program.” Unlike the other programs mentioned, Mount Marty advocates a 2-year completion timeframe.

Associate Degree Programs

There are a total of four associate degree RN programs approved by the SD Board of Nursing: Dakota Wesleyan University (Mitchell, SD), Oglala Lakota College (Pine Ridge, SD), Southeast Technical Institute (Sioux Falls, SD), University of South Dakota (Vermillion, SD) and Lake Area Technical Institute via USD Outreach (Watertown, SD).

- **Dakota Wesleyan** accepted its last class of nursing students into its Associate of Science LPN to RN program in the fall of 2015 with slated graduation in spring 2016; it is replacing this program with a *LPN to BSN program* that will begin fall of 2016.
- **Oglala Lakota College** (tribal controlled) offers an *Associate of Arts in Nursing*. Unique to Oglala Lakota is their transportation program, designed to remove the barrier of transportation to and from the College for degree seeking students. The College is located at Piya Wiconi on the Pine Ridge Indian Reservation (southwestern SD). All programs are delivered on campus.
- In addition to its Practical Nursing Program, **Southeast Technical Institute** also offers a campus-based *AAS Degree* program that starts both in the spring and fall terms. The program is marketed towards those that have already achieved a LPN or have some clinical exposure as a building block towards future career advancement as a nurse.
- **University of South Dakota (USD)** offers two tracts for students to obtain an *Associate of Science in Nursing*: 1) a two-year program, offered on its campus in Vermillion, and 2) a hybrid LPN-RN program that is offered in Pierre and Watertown. The Watertown program is conducted in partnership with Lake Area Technical Institute as previously described.

Bachelor Degree Programs

There are eight 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.

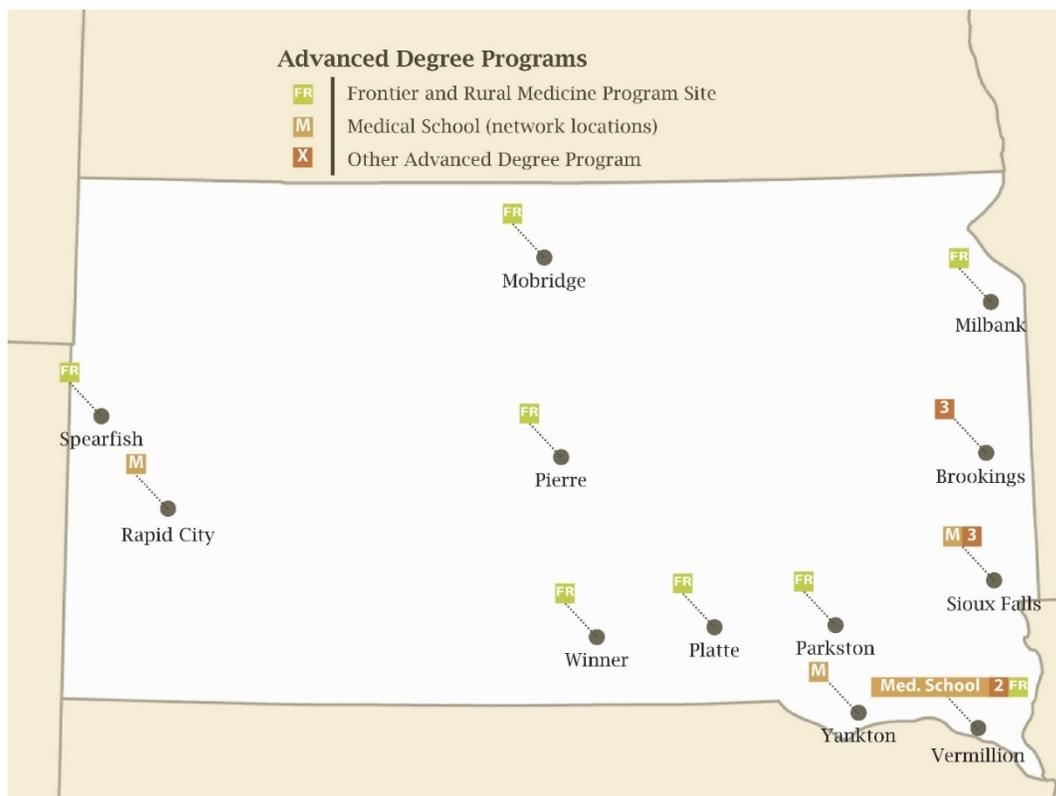
- **Augustana University** has a long-standing program (70+ years) and is the only four-year professional nursing program in the region that is part of a liberal arts college/university. Augustana offers a four-year traditional campus-based *baccalaureate nursing* degree, and recently initiated an *accelerated track program* for students who have a college degree and have completed the prerequisite courses but wish to now become a RN. The accelerated program can be completed in 16 months. Both programs are only offered on campus.
- **Dakota Wesleyan** also offers a *BSN* at its Mitchell campus. It also offers a *RN to BSN*, self-described as an “upward mobility program designed to provide professional development for licensed registered nurses who have graduated from an accredited associate degree or diploma nursing program” and complete their bachelor’s degree. The latter program is offered entirely online, making it accessible to South Dakota residents anywhere in the state.

- **Mount Marty College** in Yankton offers two tracts for students to obtain their BSN: 1) traditional four-year *BSN* offered on campus in Yankton, and 2) a *LPN & ADN to BSN Bridge Program*, available to registered and licensed practical nurses who desire a baccalaureate degree in nursing. The second option is offered as a hybrid (online and face to face).
- **National American University** offers both a pre-licensure *BSN* program (Rapid City and Sioux Falls campuses) and an *online RN to BSN* program.
- **Presentation College** offers a *baccalaureate nursing* program on its campus in Aberdeen.
- **South Dakota State University** (Brookings) offers the only College of Nursing infrastructure in the State. Of note, a *BSN* is offered on campus as well as a host of refresher courses to help inactive RNs and LPNs review and update their nursing skills and knowledge. They offer programs in Brookings, Rapid City, Sioux Falls, Aberdeen and online.
- Similar to its A.S. programs, **USD** also offers two tracts for students to obtain their BSN: 1) traditional four-year *BSN* offered on campus in Vermillion, and 2) a *RN-BSN online-only* program that is designed for students that already have a A.S. degree and seek to continue their studies. A BSN can also be obtained at the Capital University Center (CUC) in Pierre.
- An additional Sioux Falls-based traditional baccalaureate nursing program is offered by **University of Sioux Falls**. USF also offers an online only *RN to BSN* program and a 15-month *accelerated nursing program* on campus.

Advanced Degree Programs

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

Advanced degree programs offered in campus-based programs across 12 communities in the State of South Dakota, ranging from applied rural medicine training for physicians to advanced practitioner 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, however offers a network of campus locations: Sioux Falls (Wegner Health Science Information Center, as well as numerous medical school administration and clinical departments), Yankton (ambulatory program training), Vermillion (basic biomedical sciences and location of students first two years of medical school training), and Rapid City (training for third and fourth year medical students).

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, Winner, Pierre, Spearfish and Vermillion.

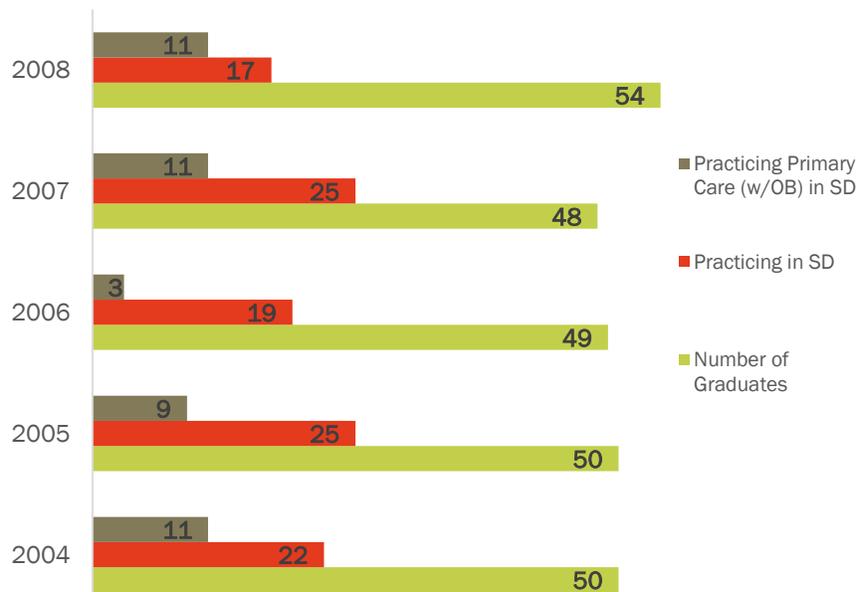
This program has been nationally recognized, as has SSOM, for its continued focus on training physicians that have direct clinical experience in and familiarity with rural communities, making them more apt to settle and practice there as licensed professionals. Two degree paths are available: *M.D. Program (Sanford School of Medicine)* and *Physician Scientist (M.D./Ph.D.) Program (Sanford School of Medicine)*.

As reported in the South Dakota Primary Care Task Force Report (November 2013), USD SSOM has already taken steps to meet demand for physicians in South Dakota by expanding its SSOM class size from 52 to 56 students, beginning in 2012. According to the 2015

Report issued by the same body, SSOM has included the additional 11 students in 2015, the first year authorized for expansion per the FY15 budget. The report notes that once fully implemented, the expansion of SSOM class size will be complete with the Fall 2018 class, which will provide for 60 more medical students being trained in the State (November 2015).

The Primary Care Task Force continues to work towards its goals as articulated in the initial 2013 report, and provides annual updates as to its progress in efforts, including promotion of the aforementioned programs, assistance with student pipeline activities, community promotion programming to develop “recruit-able” communities, and develop resources to improve quality of life for rural health practitioners.

Nearly half of all Sanford School of Medicine (University of South Dakota) graduates practice in SD post-residency (2004-2008)



Original data obtained from Primary Care Task Force 2013 Oversight Report; chart was re-created for this report only.

South Dakota is home to 5 Masters degrees or Post-Masters certificates for nursing professionals.

Mount Marty College offers a *Family Nurse Practitioner (Masters of Science)* as well as an *Advanced Public Health Nurse Leader* program at its location in Sioux Falls, SD. These programs are both accredited by the Higher Learning Commission and Commission on Collegiate Nursing Education. A Family Nurse Practitioner (FNP) degree can be obtained via a 6-semester program when enrolled full-time; the College offers a FNP Post-Graduate Certificate Program whereby students can obtain a certificate in FNP if they already hold a master's degree in nursing. In addition, a Nurse Anesthesia (CRNA) degree can be obtained via a 30-month program. This program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council for Higher Education (CHEA), and the U.S. Department of Education (USDE).

South Dakota State University offers two-campus based programs for advanced training in nursing. The programs both have similar objectives, but meet students where they are in terms of academic preparation. The *Family Nurse Practitioner (Masters of Science)* program is designed for students without a Master's of Science in Nursing (MSN), and the *Family Nurse Practitioner Certificate (Post-Masters)* is for students that have already obtained a general MSN and seek to specialize further as FNP.

SDSU also offers the State's only doctoral nursing education programs. They are nationally accredited by CCNE to offer both a *Doctor of Nursing Practice (DNP)* for Advanced Practice Registered Nurses and a *PhD in Nursing*.

University of South Dakota offers a *Physician Assistant (Masters of Science)* program at its campus in Vermillion. 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 one of the best health care jobs as well as one of their top 100 jobs in all fields, making the program placement in South Dakota vital to supporting its educational priorities in training medical professionals in all continuums of care.

Similar to needs identified by SSOM, the SD legislature also authorized additional budget expenditure to allow the USD PA program to expand its capacity from 20 students to 25 students, specifically increasing the number of SD-residents eligible for the program beginning in 2013. Further, funds were authorized in 2014 to give payments to SD providers serving as preceptors of PA students which yielded a 38.5% increase in the number of SD providers serving as PA preceptors. The Board of Regents also included funds to support payments to SD providers serving as preceptors to nurse practitioner students.

Residency and Fellowship Programs

A total of eight residency programs and three 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 (west side of the state) and Sioux Falls (east side of the state). The first program to be established and still in operation is the Sioux Falls Family Medicine Residency, touting nearly 300 graduates of its 3-year program to date.

<u>Residencies</u>	<u>Affiliation</u>	<u>Est.</u>	<u>Features</u>
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 300 residents to date. ▪ Model clinic located at Center for Family Medicine (Sioux Falls) but residents also provide care to patients at Falls Community Health Center
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.	1997	<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 60 babies during their residency ▪ Nearly 100 residents have graduated to date.
Internal Medicine	Internist training provided by Sanford School of Medicine	2009	<ul style="list-style-type: none"> ▪ 3-year program ▪ 8 new categorical and 2 preliminary residents accepted each year
General Surgery	General Surgery Residency at the Sanford School of Medicine; residents train at three sites: Sanford USD Medical Center, Sioux Falls VA Health Care System, and Yankton Medical Clinic/Avera Sacred Heart	2012	<ul style="list-style-type: none"> ▪ 5-year program ▪ Program in its early stages with three program years completed to date with 8 total residents in training
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 ▪ 2 residents accepted each year
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 ▪ Residents deliver care at four clinics; Sanford Clinic, Avera Health, Children's Home Society, and the Minnehaha County Regional Juvenile Detention Center, all in Sioux Falls.
Transitional Year	Sanford School of Medicine	2011	<ul style="list-style-type: none"> ▪ Up to seven elective blocks over the course of the 1-year program

<u>Fellowships</u>	<u>Affiliation</u>	<u>Est.</u>	<u>Features</u>
Cardiovascular Disease	Sanford School of Medicine, with practice at the Sanford Heart Hospital	2012	<ul style="list-style-type: none"> ▪ 3-year program ▪ Education delivered at a nearly new (opened March 2012) heart hospital ▪ Research at the Sanford Cardiovascular Health Resource Center
Child & Adolescent Psychiatry	Avera Behavioral Health Center, Sanford School of Medicine		<ul style="list-style-type: none"> ▪ Fellows in most cases enter the program after they've completed the general psychiatry program
Geriatrics	Sanford School of Medicine	2011	<ul style="list-style-type: none"> ▪ 1-year program ▪ Training at The Evangelical Lutheran Good Samaritan Society and affiliated care facilities

Endnotes

- 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 Age-adjusted rate per 100,000 pop. obtained from South Dakota Cancer Registry, Cancer in South Dakota Reports (2011, 2012, and 2013)
- ⁶ 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 2005-2014 and thus is not included in the performance metrics.
- ⁷ Rates adhere to US Preventative Task Force (USPSTF) recommendations for colorectal screening amongst persons aged 50-75.
- ⁸ Percentage of adults reporting that they smoke cigarettes on BRFSS
- ⁹ Percentage of adults reporting binge or heavy drinking on BRFSS
- ¹⁰ Data provided by The Henry J. Kaiser Family Foundation, accessed January 17, 2016, from <http://kff.org/other/state-indicator/total-hospitals/>.
- ¹¹ Horizon Health Care, Inc. and Prairie Community Health, Inc. merged at the end of 2015; all former Prairie Community Health sites are now managed by Horizon Health Care. <http://www.horizonhealthcare.org/horizon-health-care-inc-prairie-community-health-inc-merge/>
- ¹² What is a Community Health Center? Accessed from CHAD on January 17, 2016 at <http://www.communityhealthcare.net/health-centers>
- ¹³ Estimate provided reflects a 5-year average (2010-2014) sourced from the HRSA at <http://bphc.hrsa.gov/>
- ¹⁴ Information accessed from <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html> on January 17, 2016.
- ¹⁵ Data provided by NACHC, 2008, accessed at http://www.nachc.com/client/documents/state_X_key_facts_2007v3.pdf on January 17, 2016.
- ¹⁶ Data queried from <http://www.nachc.com/client/2013%20Key%20facts%20by%20state%20data.pdf>
- ¹⁷ 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/RuralHlthClinfctsht.pdf>
- ¹⁸ 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, and Union.
- ¹⁹ Data queried from Rural Health Info, accessed at ruralhealthinfo.org/states/south-dakota
- ²⁰ South Dakota Health Care Workforce Needs Assessment 2015, p3.
- ²¹ 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.
- ²² South Dakota Board of Nursing. 2015. South Dakota Annual Report of Nursing Education Programs: 2014.
- ²³ Information obtained from Lake Area Technical Institute Nursing Program Description and Brochure, accessed from <http://www.lakeareatech.edu/academics/programs/distinct/nursing.html> in January 2016
- ²⁴ Information obtained from Southeast Technical Institute's Licensed Practice Nurse Program Description accessed from <http://www.southeasttech.edu/programs/ViewProgram.aspx?id=32&ContentID=0> in January 2016.

Appendix A | Supplemental Tables for Health Status Indicators

Table 1: Health Outcomes Ranking by County, South Dakota, 2006-2012

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Table 1: Health Outcomes Ranking by County, South Dakota, 2006-2012

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 2006-2012.

County	Rank	County	Rank
Edmunds	1	Brule	34
Lincoln	2	Lyman	35
Hutchinson	3	Hanson	36
Brookings	4	Faulk	37
Clark	5	Jerauld	38
Hamlin	6	Douglas	39
Hughes	7	Sanborn	40
Bon Homme	8	Pennington	41
Codington	9	Roberts	42
Kingsbury	10	Marshall	43
Davison	11	Perkins	44
Charles Mix	12	Custer	45
Day	13	Beadle	46
Union	14	Aurora	47
Turner	15	McPherson	48
Clay	16	Fall River	49
McCook	17	Spink	50
Brown	18	Tripp	51
Yankton	19	Ziebach	52
Deuel	20	Bennett	53
Gregory	21	Mellette	54
Potter	22	Jackson	55
Butte	23	Dewey	56
Hand	24	Todd	57
Grant	25	Corson	58
Lake	26	Buffalo	59
Moody	27	Oglala Lakota	60
Minnehaha	28	Campbell	NR
Meade	29	Haakon	NR
Stanley	30	Harding	NR
Walworth	31	Hyde	NR
Lawrence	32	Jones	NR
Miner	33	Sully	NR

NR: Not Ranked

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

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

Table 2: Health Factors Ranking by County, South Dakota

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

County	Rank	County	Rank
Lincoln	1	Pennington	35
Union	2	Spink	36
Brookings	3	Bon Homme	37
Hughes	4	Faulk	38
Brown	5	Perkins	39
Edmunds	6	Tripp	40
Hand	7	Grant	41
Davison	8	Deuel	42
Jerauld	9	Moody	43
Hanson	10	Gregory	44
Hutchinson	11	Sanborn	45
Lake	12	Day	46
McPherson	13	Fall River	47
Yankton	14	Marshall	48
Potter	15	Charles Mix	49
Kingsbury	16	Lyman	50
Douglas	17	Roberts	51
McCook	18	Jackson	52
Aurora	19	Mellette	53
Meade	20	Bennett	54
Miner	21	Ziebach	55
Minnehaha	22	Corson	56
Codington	23	Dewey	57
Lawrence	24	Buffalo	58
Custer	25	Todd	59
Clay	26	Oglala Lakota	60
Walworth	27	Campbell	NR
Hamlin	28	Haakon	NR
Butte	29	Harding	NR
Turner	30	Hyde	NR
Clark	31	Jones	NR
Brule	32	Sully	NR
Stanley	33		
Beadle	34		

NR: Not Ranked

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

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

	<i>Measure</i>	<i>Data Source</i>
Health Behavior		
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System, 2006-2012
Diet/Exercise	Adult obesity	CDC Diabetes Interactive Atlas, 2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap, 2012
	Physical inactivity	CDC Diabetes Interactive Atlas, 2011
	Access to exercise opportunities	Business Analyst, Delorme Map Data, ESRI & US Census Tigerline Files, 2010 & 2013
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System, 2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System, 2009-2013
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2012
	Teen births	National Center for Health Statistics - Natality Files, 2006-2012
Access to Care	Uninsured	Small Area Health Insurance Estimates, 2012
	Primary care physicians	Area Health Resource File/American Medical Association
	Dentists	Area Health Resource File/National Provider Identification File
	Mental health providers	CMS, National Provider Identification file
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care, 2012
	Diabetic monitoring	Dartmouth Atlas of Health Care, 2012
	Mammography screening	Dartmouth Atlas of Health Care, 2012
Education	High school graduation	data.gov, supplemented w/National Center for Education Statistics, 2011-2012
	Some college	American Community Survey
Employment	Unemployment	Bureau of Labor Statistics, 2013
	Children in poverty	Small Area Income and Poverty Estimates, 2013
	Income inequality	American Community Survey, 2009-2013
Family & Social Support	Children in single-parent household	American Community Survey, 2009-2013
	Social associations	County Business Partners, 2012
Community Safety	Violent crime	Uniform Crime Reporting - FBI, 2010-2012
	Injury deaths	CDC WONDER mortality data, 2008-2012
Air and water quality	Air pollution - particulate	CDC WONDER Environmental data, 2011
	Drinking water violations	Safe Drinking Water Information System, FY2013-14

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

State of South Dakota		
Sample Size	% Fair/Poor	
46,901	11.15%	

County	Sample Size	% Fair/Poor	County	Sample Size	% Fair/Poor
Aurora	275	13.4%	Hyde	150	9.0%
Beadle	1097	11.9%	Jackson	636	18.8%
Bennett	794	14.5%	Jerauld	232	7.5%
Bon Homme	228	8.3%	Jones	135	8.0%
Brookings	1817	8.2%	Kingsbury	n.d.	n.d.
Brown	2281	11.3%	Lake	332	14.4%
Brule	470	12.5%	Lawrence	1834	10.1%
Buffalo	348	21.4%	Lincoln	1545	8.2%
Butte	485	11.8%	Lyman	298	12.2%
Campbell	188	10.0%	Marshall	224	15.2%
Charles Mix	688	7.8%	McCook	185	8.5%
Clark	212	12.0%	McPherson	135	7.3%
Clay	298	5.2%	Meade	1807	10.4%
Codington	1941	10.8%	Mellette	529	13.3%
Corson	873	20.8%	Miner	94	7.3%
Custer	510	11.7%	Minnehaha	4161	9.8%
Davison	1185	11.1%	Moody	214	19.0%
Day	324	9.2%	Oglala Lakota	1336	19.6%
Deuel	263	13.4%	Pennington	4644	11.0%
Dewey	1402	23.3%	Perkins	n.d.	n.d.
Douglas	338	19.9%	Potter	278	10.3%
Edmunds	236	8.3%	Roberts	458	9.0%
Fall River	432	19.1%	Sanborn	95	12.7%
Faulk	n.d.	n.d.	Spink	347	12.3%
Grant	360	17.8%	Stanley	311	13.7%
Gregory	489	9.3%	Sully	176	6.5%
Haakon	230	12.8%	Todd	1202	20.2%
Hamlin	n.d.	n.d.	Tripp	599	9.9%
Hand	382	5.7%	Turner	319	8.9%
Hanson	n.d.	n.d.	Union	409	10.4%
Harding	n.d.	n.d.	Walworth	584	18.4%
Hughes	2252	11.4%	Yankton	1252	11.4%
Hutchinson	266	10.7%	Ziebach	601	16.3%

n.d.: no data

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

Table 4: Life Expectancy at Birth by County of Residence, 2013

State of South Dakota					
<i>Life Expectancy at Birth</i>					
Male (in years)			77.1		
Female (in years)			81.9		

County	FEMALE (in years)	MALE (in years)	County	FEMALE (in years)	MALE (in years)
Aurora	82.4	77.6	Hyde	82.1	77.6
Beadle	81.3	76.3	Jackson	80.6	75.0
Bennett	79.9	73.3	Jerauld	82.3	76.6
Bon Homme	82.4	78.3	Jones	82.2	77.4
Brookings	81.8	78.1	Kingsbury	81.5	78.0
Brown	81.8	76.4	Lake	82.0	77.8
Brule	81.8	76.6	Lawrence	81.9	78.1
Buffalo	81.3	76.4	Lincoln	84.6	81.2
Butte	80.8	75.5	Lyman	82.4	77.7
Campbell	82.0	76.7	Marshall	81.2	77.0
Charles Mix	82.2	76.9	McCook	81.2	76.5
Clark	82.1	76.6	McPherson	81.4	75.3
Clay	82.0	76.9	Meade	81.8	78.2
Codington	81.9	78.4	Mellette	81.3	76.3
Corson	81.2	75.6	Miner	82.4	77.2
Custer	81.4	76.4	Minnehaha	81.9	77.0
Davison	81.5	77.5	Moody	83.6	78.2
Day	81.7	77.1	Oglala Lakota	78.2	65.2
Deuel	82.3	77.4	Pennington	82.0	77.5
Dewey	81.3	74.2	Perkins	80.5	75.9
Douglas	81.2	77.0	Potter	82.5	77.7
Edmunds	82.6	77.2	Roberts	81.2	76.7
Fall River	80.3	73.7	Sanborn	81.6	77.1
Faulk	82.1	77.6	Spink	82.2	77.2
Grant	81.7	76.4	Stanley	82.0	77.5
Gregory	81.2	75.7	Sully	83.1	78.4
Haakon	81.8	77.4	Todd	80.5	72.3
Hamlin	80.8	76.9	Tripp	81.2	75.8
Hand	82.8	77.3	Turner	81.8	77.7
Hanson	82.5	78.0	Union	83.7	78.6
Harding	82.0	77.5	Walworth	81.4	75.9
Hughes	81.4	78.8	Yankton	82.2	77.4
Hutchinson	82.2	77.7	Ziebach	81.0	76.3

Source: Institute for Health Metrics and Evaluation (IHME), US County Profile: Counties, South Dakota, Life Expectancy. <http://www.healthdata.org/us-county-profiles>. 2013. Accessed 12.30.2015.

Table 5: Infant Mortality by County, 2011 and 2014

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

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

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

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

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

LNE: Low Number of Events

→ indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

State of South Dakota	
<i>Mortality Rates, All Causes</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	704.9
2014	704.1

County	Mortality rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	589.4	648.1	↑
Beadle	741.3	716.4	↓
Bennett	971.0	939.7	↓
Bon Homme	635.8	580.4	↓
Brookings	634.9	660.4	↑
Brown	685.8	718.3	↑
Brule	652.8	685.0	↑
Buffalo	1,329.1	1,243.7	↓
Butte	853.9	768.2	↓
Campbell	485.6	595.3	↑
Charles Mix	764.4	709.5	↓
Clark	716.9	743.1	↑
Clay	701.6	769.1	↑
Codington	703.4	667.9	↓
Corson	1,213.7	1,213.8	→
Custer	662.7	627.0	↓
Davison	687.1	685.1	↓
Day	729.1	656.6	↓
Deuel	704.3	566.3	↓
Dewey	1,176.0	1,331.7	↑
Douglas	691.9	716.4	↑
Edmunds	661.7	614.1	↓
Fall River	828.2	909.5	↑
Faulk	574.2	555.8	↓
Grant	663.7	666.0	↑
Gregory	773.6	821.6	↑
Haakon	648.4	742.0	↑
Hamlin	814.6	760.5	↓
Hand	555.0	568.9	↑
Hanson	672.9	683.7	↑
Harding	611.0	612.4	↑
Hughes	685.3	649.2	↓
Hutchinson	652.9	665.8	↑
Hyde	790.8	657.8	↓

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

County	Mortality rate, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	1,126.9	1,016.9	↓
Jerauld	627.4	621.9	↓
Jones	563.5	591.0	↑
Kingsbury	767.4	765.7	↓
Lake	619.2	627.3	↑
Lawrence	630.3	639.5	↑
Lincoln	631.3	479.4	↓
Lyman	757.6	850.6	↑
Marshall	1,070.1	780.3	↓
McCook	1,001.9	847.3	↓
McPherson	339.0	669.3	↑
Meade	778.9	678.4	↓
Mellette	1,067.0	978.5	↓
Miner	678.4	697.2	↑
Minnehaha	686.0	713.5	↑
Moody	645.7	643.5	↓
Oglala Lakota	1,471.1	1,302.7	↓
Pennington	642.8	645.2	↑
Perkins	782.0	819.6	↑
Potter	690.6	614.6	↓
Roberts	805.1	858.4	↑
Sanborn	607.4	753.4	↑
Spink	736.4	709.7	↓
Stanley	536.5	585.0	↑
Sully	487.9	480.9	↓
Todd	1,204.2	1,288.9	↑
Tripp	704.3	716.6	↑
Turner	673.6	724.6	↑
Union	646.8	650.5	↑
Walworth	699.1	794.0	↑
Yankton	655.0	642.4	↓
Ziebach	1,028.7	784.6	↓

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

State of South Dakota	
<i>Heart Disease Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	159.6
2014	152.7

County	Heart Disease Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	164.1	163.5	→
Beadle	167.8	154.4	↓
Bennett	171.5	197.9	↑
Bon Homme	168.8	115.5	↓
Brookings	136.3	138.4	↑
Brown	170.9	160.4	↓
Brule	150.8	150.7	→
Buffalo	347.7	146.5	↓
Butte	173.9	199.4	↑
Campbell	156.0	179.0	↑
Charles Mix	186.8	181.1	↓
Clark	187.7	159.2	↓
Clay	188.2	236.8	↑
Codington	166.9	143.1	↓
Corson	279.6	244.4	↓
Custer	134.7	119.1	↓
Davison	177.2	186.1	↑
Day	197.2	162.8	↓
Deuel	141.4	141.2	→
Dewey	261.3	252.5	↓
Douglas	144.0	147.5	↑
Edmunds	166.0	127.3	↓
Fall River	213.6	205.0	↓
Faulk	84.3	110.3	↑
Grant	151.1	143.5	↓
Gregory	207.2	207.5	→
Haakon	117.4	183.6	↑
Hamlin	170.9	147.4	↓
Hand	115.8	103.9	↓
Hanson	178.9	188.3	↑
Harding	192.4	132.0	↓
Hughes	158.6	134.5	↓
Hutchinson	150.6	149.9	→
Hyde	310.0	257.9	↓

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

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

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

Table 8: Cancer Mortality by County, 2011 and 2014

State of South Dakota	
<i>Cancer Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	166.1
2014	163.2

County	Cancer Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	134.5	162.7	↑
Beadle	178.8	164.9	↓
Bennett	199.2	179.6	↓
Bon Homme	158.4	135.4	↓
Brookings	152.4	169.1	↑
Brown	165.5	167.1	↑
Brule	147.8	154.7	↑
Buffalo	277.2	271.8	↓
Butte	224.6	174.7	↓
Campbell	107.9	104.3	↓
Charles Mix	180.8	161.0	↓
Clark	148.2	170.6	↑
Clay	150.5	175.0	↑
Codington	175.7	175.1	→
Corson	215.7	210.0	↓
Custer	184.0	147.9	↓
Davison	164.9	172.8	↑
Day	170.2	124.4	↓
Deuel	129.6	106.5	↓
Dewey	207.1	230.3	↑
Douglas	183.7	185.5	↑
Edmunds	143.5	142.1	↓
Fall River	200.2	188.6	↓
Faulk	122.0	161.1	↑
Grant	145.8	129.4	↓
Gregory	182.1	170.6	↓
Haakon	160.4	174.2	↑
Hamlin	158.5	138.9	↓
Hand	125.9	132.7	↑
Hanson	172.0	179.3	↑
Harding	94.7	66.8	↓
Hughes	160.3	155.6	↓
Hutchinson	164.1	127.6	↓
Hyde	149.2	118.8	↓

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

County	Cancer Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	178.2	178.5	→
Jerauld	229.3	173.9	↓
Jones	165.5	128.6	↓
Kingsbury	177.7	167.7	↓
Lake	151.9	151.2	→
Lawrence	165.0	162.6	↓
Lincoln	148.6	122.4	↓
Lyman	133.6	139.6	↑
Marshall	242.8	174.6	↓
McCook	252.2	206.7	↓
McPherson	44.5	114.8	↑
Meade	178.7	152.2	↓
Mellette	222.8	228.0	↑
Miner	194.6	147.7	↓
Minnehaha	170.6	179.5	↑
Moody	160.9	171.5	↑
Oglala Lakota	221.3	216.8	↓
Pennington	162.9	160.6	↓
Perkins	192.3	212.1	↑
Potter	198.5	124.3	↓
Roberts	197.2	199.1	↑
Sanborn	115.4	183.9	↑
Spink	138.3	148.5	↑
Stanley	172.3	158.7	↓
Sully	125.7	167.3	↑
Todd	208.8	206.9	↓
Tripp	135.7	149.6	↑
Turner	146.8	166.3	↑
Union	183.8	159.3	↓
Walworth	134.8	175.3	↑
Yankton	145.1	145.0	→
Ziebach	178.9	57.1	↓

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

State of South Dakota			
<i>Chronic Lower Respiratory Mortality</i>		<i>Mortality rates, age-adjusted per 100,000 population</i>	
2011		46.6	
2014		43.6	
County	Chronic Lower Respiratory Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	54.9	21.5	↓
Beadle	41.0	37.3	↓
Bennett	47.4	39.3	↓
Bon Homme	38.5	37.9	→
Brookings	36.1	30.9	↓
Brown	40.4	42.8	↑
Brule	40.5	28.1	↓
Buffalo	55.0	LNE	↓
Butte	53.3	43.4	↓
Campbell	LNE	LNE	→
Charles Mix	49.0	29.9	↓
Clark	46.1	39.7	↓
Clay	53.0	37.8	↓
Codington	40.6	45.7	↑
Corson	61.6	46.5	↓
Custer	23.4	41.1	↑
Davison	45.3	31.5	↓
Day	44.1	48.0	↑
Deuel	71.0	45.3	↓
Dewey	50.8	42.6	↓
Douglas	42.3	57.1	↑
Edmunds	62.4	47.0	↓
Fall River	62.8	93.6	↑
Faulk	41.8	49.0	↑
Grant	43.2	48.7	↑
Gregory	58.6	60.5	↑
Haakon	26.5	54.1	↑
Hamlin	54.4	46.7	↓
Hand	34.4	50.8	↑
Hanson	17.7	12.6	↓
Harding	53.6	42.3	↓
Hughes	54.2	45.8	↓
Hutchinson	38.6	39.0	→
Hyde	19.2	LNE	↓

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

County	Chronic Lower Respiratory Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	78.7	84.2	↑
Jerauld	48.8	42.0	↓
Jones	56.4	45.2	↓
Kingsbury	33.3	29.9	↓
Lake	48.2	41.6	↓
Lawrence	51.4	62.1	↑
Lincoln	40.8	28.1	↓
Lyman	52.4	55.1	↑
Marshall	69.1	52.8	↓
McCook	76.1	26.9	↓
McPherson	9.9	29.0	↑
Meade	57.1	52.9	↓
Mellette	92.4	58.3	↓
Miner	49.8	46.3	↓
Minnehaha	50.7	47.1	↓
Moody	26.0	21.9	↓
Oglala Lakota	91.4	57.2	↓
Pennington	44.1	35.2	↓
Perkins	56.4	28.6	↓
Potter	37.8	34.8	↓
Roberts	30.0	38.3	↑
Sanborn	20.6	41.0	↑
Spink	60.4	62.4	↑
Stanley	53.0	109.3	↑
Sully	LNE	LNE	→
Todd	74.7	83.1	↑
Tripp	46.5	37.9	↓
Turner	41.6	64.8	↑
Union	50.4	46.8	↓
Walworth	49.5	43.0	↓
Yankton	48.1	48.9	→
Ziebach	63.4	68.5	↑

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

State of South Dakota	
<i>Alzheimer’s Disease Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	34.9
2014	36.7

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

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

County	Cancer Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	30.5	19.1	↓
Jerauld	69.5	77.1	↑
Jones	LNE	26.6	↑
Kingsbury	37.5	32.8	↓
Lake	49.3	49.5	→
Lawrence	24.3	25.6	↑
Lincoln	39.4	32.9	↓
Lyman	43.5	55.8	↑
Marshall	48.5	29.2	↓
McCook	52.2	67.2	↑
McPherson	13.0	21.4	↑
Meade	26.2	20.2	↓
Mellette	23.8	23.7	→
Miner	70.8	70.3	→
Minnehaha	39.8	43.7	↑
Moody	64.0	63.6	→
Oglala Lakota	LNE	15.3	↑
Pennington	30.2	27.7	↓
Perkins	33.8	36.9	↑
Potter	28.5	31.1	↑
Roberts	19.6	27.2	↑
Sanborn	50.6	98.5	↑
Spink	44.8	47.8	↑
Stanley	LNE	LNE	→
Sully	LNE	LNE	→
Todd	18.5	13.1	↓
Tripp	38.2	53.1	↑
Turner	51.0	64.3	↑
Union	28.0	31.3	↑
Walworth	58.7	66.3	↑
Yankton	35.8	32.7	↓
Ziebach	LNE	LNE	→

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

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	
County	Cerebrovascular Disease Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	26.4	61.4	↑
Beadle	45.7	43.5	↓
Bennett	43.2	44.9	↑
Bon Homme	47.1	37.5	↓
Brookings	39.9	48.5	↑
Brown	38.4	39.7	↑
Brule	22.1	27.9	↑
Buffalo	45.6	LNE	↓
Butte	36.5	31.1	↓
Campbell	44.6	52.4	↑
Charles Mix	23.7	26.3	↑
Clark	43.4	56.7	↑
Clay	54.3	42.7	↓
Codington	38.6	33.2	↓
Corson	32.8	32.2	→
Custer	45.8	40.4	↓
Davison	46.7	41.1	↓
Day	66.9	55.7	↓
Deuel	35.1	36.7	↑
Dewey	26.3	36.3	↑
Douglas	43.6	38.6	↓
Edmunds	29.0	17.5	↓
Fall River	29.9	31.3	↑
Faulk	35.3	23.6	↓
Grant	48.2	48.8	→
Gregory	28.1	40.6	↑
Haakon	36.8	43.2	↑
Hamlin	67.0	47.1	↓
Hand	31.4	38.4	↑
Hanson	62.6	28.3	↓
Harding	57.3	67.4	↑
Hughes	48.0	53.6	↑
Hutchinson	32.6	47.8	↑
Hyde	25.2	69.0	↑

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

County	Cerebrovascular Disease Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	LNE	LNE	→
Jerauld	50.8	64.5	↑
Jones	LNE	LNE	→
Kingsbury	62.8	41.2	↓
Lake	43.0	54.5	↑
Lawrence	35.4	33.1	↓
Lincoln	37.2	31.3	↓
Lyman	28.6	44.4	↑
Marshall	75.3	72.6	↓
McCook	74.8	55.1	↓
McPherson	40.7	60.6	↑
Meade	47.0	43.0	↓
Mellette	58.7	62.3	↑
Miner	39.8	48.3	↑
Minnehaha	40.7	42.1	↑
Moody	37.5	41.4	↑
Oglala Lakota	74.7	53.6	↓
Pennington	27.7	29.5	↑
Perkins	33.4	33.2	→
Potter	28.8	21.0	↓
Roberts	44.5	49.9	↑
Sanborn	33.0	34.9	↑
Spink	39.4	31.3	↓
Stanley	42.5	30.8	↓
Sully	28.4	LNE	↓
Todd	59.3	75.4	↑
Tripp	42.3	28.9	↓
Turner	35.2	20.7	↓
Union	30.3	22.4	↓
Walworth	40.4	55.5	↑
Yankton	34.4	26.9	↓
Ziebach	35.7	44.6	↑

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

Table 12: Accidents Mortality by County, 2011 and 2014

State of South Dakota	
<i>Accidents Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	42.4
2014	46.3

County	Accidents Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	28.0	49.5	↑
Beadle	37.6	42.1	↑
Bennett	70.0	78.1	↑
Bon Homme	34.7	31.1	↓
Brookings	32.0	31.8	→
Brown	29.3	35.6	↑
Brule	46.9	57.2	↑
Buffalo	119.1	88.6	↓
Butte	44.7	47.7	↑
Campbell	33.9	103.9	↑
Charles Mix	58.8	52.1	↓
Clark	46.8	78.9	↑
Clay	39.2	33.7	↓
Codington	39.8	39.4	→
Corson	138.6	131.0	↓
Custer	52.1	52.3	→
Davison	24.3	36.4	↑
Day	48.4	51.5	↑
Deuel	54.6	42.6	↓
Dewey	115.2	155.3	↑
Douglas	37.9	42.1	↑
Edmunds	29.2	40.2	↑
Fall River	60.0	55.0	↓
Faulk	28.3	8.7	↓
Grant	47.1	33.0	↓
Gregory	64.9	91.8	↑
Haakon	66.3	29.7	↓
Hamlin	42.9	47.2	↑
Hand	45.2	33.0	↓
Hanson	46.5	47.2	→
Harding	86.4	108.9	↑
Hughes	25.4	38.5	↑
Hutchinson	46.1	52.1	↑
Hyde	121.8	LNE	↓

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

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

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

Table 13: Diabetes Mortality by County, 2011 and 2014

State of South Dakota	
<i>Diabetes Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	23.8
2014	23.4

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

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

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

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

Table 14: Suicide by County, 2011 and 2014

State of South Dakota	
<i>Suicides</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	15.3
2014	16.7

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

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

County	Suicides, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	45.0	31.9	↓
Jerauld	LNE	LNE	→
Jones	LNE	LNE	→
Kingsbury	17.6	27.8	↑
Lake	12.9	16.0	↑
Lawrence	16.0	17.1	↑
Lincoln	7.6	8.9	↑
Lyman	LNE	LNE	→
Marshall	LNE	18.4	↑
McCook	13.0	13.3	→
McPherson	LNE	LNE	→
Meade	20.9	29.8	↑
Mellette	LNE	31.2	↑
Miner	LNE	LNE	→
Minnehaha	13.5	16.7	↑
Moody	14.3	22.2	↑
Oglala Lakota	28.2	37.7	↑
Pennington	17.8	16.7	↓
Perkins	LNE	24.1	↑
Potter	13.9	LNE	↓
Roberts	22.5	23.4	→
Sanborn	LNE	LNE	→
Spink	9.5	LNE	↓
Stanley	LNE	41.3	↑
Sully	LNE	LNE	→
Todd	76.4	52.7	↓
Tripp	11.5	LNE	↓
Turner	8.3	18.3	↑
Union	6.9	8.8	↑
Walworth	LNE	13.1	↑
Yankton	15.3	18.4	↑
Ziebach	LNE	LNE	→

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

State of South Dakota	
<i>Influenza & Pneumonia Mortality</i>	<i>Mortality rates, age-adjusted per 100,000 population</i>
2011	15.9
2014	16.2

County	Influenza & Pneumonia Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	13.6	21.3	↑
Beadle	18.9	23.8	↑
Bennett	60.4	48.6	↓
Bon Homme	7.9	11.1	↑
Brookings	16.1	13.6	↓
Brown	20.2	17.4	↓
Brule	12.7	20.7	↑
Buffalo	33.1	LNE	↓
Butte	34.2	22.0	↓
Campbell	LNE	LNE	→
Charles Mix	18.7	19.3	→
Clark	21.4	22.9	↑
Clay	15.2	19.3	↑
Codington	18.4	14.7	↓
Corson	18.1	26.3	↑
Custer	15.3	14.7	→
Davison	19.9	24.0	↑
Day	15.0	11.7	↓
Deuel	10.1	18.4	↑
Dewey	40.3	54.2	↑
Douglas	27.8	14.4	↓
Edmunds	8.2	18.7	↑
Fall River	13.1	21.3	↑
Faulk	41.1	11.5	↓
Grant	8.2	17.0	↑
Gregory	4.4	7.4	↑
Haakon	49.7	46.7	↓
Hamlin	24.2	20.3	↓
Hand	LNE	7.9	↑
Hanson	LNE	16.8	↑
Harding	LNE	LNE	→
Hughes	8.4	14.6	↑
Hutchinson	16.5	20.5	↑
Hyde	LNE	LNE	→

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

County	Influenza & Pneumonia Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Jackson	29.2	21.2	↓
Jerauld	8.4	LNE	↓
Jones	26.0	LNE	↓
Kingsbury	23.7	26.5	↑
Lake	6.4	7.2	→
Lawrence	7.6	9.6	↑
Lincoln	8.8	10.3	↑
Lyman	18.0	17.5	→
Marshall	14.0	22.8	↑
McCook	32.3	17.0	↓
McPherson	8.0	8.6	↑
Meade	20.1	13.7	↓
Mellette	LNE	LNE	→
Miner	9.8	17.1	↑
Minnehaha	12.7	12.4	→
Moody	LNE	LNE	→
Oglala Lakota	52.8	49.2	↓
Pennington	16.3	15.9	→
Perkins	LNE	22.1	↑
Potter	30.8	18.7	↓
Roberts	7.8	14.0	↑
Sanborn	18.4	19.7	↑
Spink	17.5	24.9	↑
Stanley	LNE	LNE	→
Sully	LNE	LNE	→
Todd	17.5	29.7	↑
Tripp	22.3	23.5	↑
Turner	16.5	9.8	↓
Union	11.1	16.1	↑
Walworth	30.6	14.7	↓
Yankton	13.9	15.3	↑
Ziebach	LNE	LNE	→

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

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

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

County	Chronic Liver Disease and Cirrhosis Mortality Rate, age-adjusted per 100,000 population		Change
	2011	2014	
Aurora	LNE	LNE	→
Beadle	6.8	10.0	↑
Bennett	36.7	44.4	↑
Bon Homme	LNE	LNE	→
Brookings	2.9	4.1	↑
Brown	9.6	7.5	↓
Brule	10.3	LNE	↓
Buffalo	85.5	96.3	↑
Butte	7.4	11.9	↑
Campbell	LNE	LNE	→
Charles Mix	22.3	8.9	↓
Clark	17.0	LNE	↓
Clay	10.1	7.4	↓
Codington	6.6	5.1	↓
Corson	19.1	58.8	↑
Custer	8.5	10.0	↑
Davison	9.4	5.3	↓
Day	9.1	7.8	↓
Deuel	LNE	LNE	→
Dewey	60.4	98.0	↑
Douglas	LNE	24.3	↑
Edmunds	11.9	LNE	↓
Fall River	20.1	12.9	↓
Faulk	LNE	LNE	→
Grant	LNE	LNE	→
Gregory	LNE	24.7	↑
Haakon	LNE	LNE	→
Hamlin	LNE	LNE	→
Hand	16.6	12.7	↓
Hanson	LNE	LNE	→
Harding	LNE	LNE	→
Hughes	8.9	11.8	↑
Hutchinson	LNE	LNE	→
Hyde	LNE	LNE	→

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

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

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

LNE: Low Number of Events

→ Indicates the difference between 2011 and 2014 is 1.0 or less.

Source: South Dakota Department of Health, Office of Health Statistics, 2011 and 2014 County Profiles

Table 17: Diabetes Prevalence by County, 2012

Methodology: The prevalence of diagnosed diabetes and selected risk factors by county was estimated using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau's Population Estimates Program. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were asked, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes.

State of South Dakota		2011	2013
% diabetes prevalence		9.5% of South Dakotans	9.1% of South Dakotans

County	% "yes"	County	% "yes"
Aurora	9.2%	Hyde	11.0%
Beadle	9.6%	Jackson	12.1%
Bennett	15.1%	Jerauld	10.2%
Bon Homme	9.1%	Jones	10.6%
Brookings	6.2%	Kingsbury	10.1%
Brown	8.7%	Lake	8.8%
Brule	10.8%	Lawrence	7.8%
Buffalo	17.8%	Lincoln	6.6%
Butte	8.4%	Lyman	11.8%
Campbell	10.5%	Marshall	9.9%
Charles Mix	12.3%	McCook	9.4%
Clark	9.6%	McPherson	12.2%
Clay	7.8%	Meade	8.2%
Codington	8.4%	Mellette	12.7%
Corson	15.4%	Miner	10.3%
Custer	10.8%	Minnehaha	8.7%
Davison	9.4%	Moody	10.3%
Day	11.7%	Oglala Lakota	17.6%
Deuel	9.7%	Pennington	8.7%
Dewey	15.4%	Perkins	9.9%
Douglas	11.0%	Potter	11.0%
Edmunds	8.8%	Roberts	12.7%
Fall River	11.2%	Sanborn	10.0%
Faulk	10.4%	Spink	9.8%
Grant	9.2%	Stanley	10.7%
Gregory	10.6%	Sully	10.0%
Haakon	10.2%	Todd	17.5%
Hamlin	9.3%	Tripp	11.0%
Hand	11.4%	Turner	9.2%
Hanson	8.6%	Union	9.5%
Harding	8.7%	Walworth	11.4%
Hughes	9.4%	Yankton	8.0%
Hutchinson	10.7%	Ziebach	16.1%

Source: Centers of Disease Control, Behavioral Risk Factor Surveillance System (BRFSS)

Table 18: South Dakota K-12 School BMI for Academic Years 2010-11 and 2013-14

	2010-2011 Body Mass Index Obese	2013-2014 Body Mass Index Obese
All age groups	15.2%	15.8%

Age Group	2010-2011 Body Mass Index Below 5 th Percentile	2013-2014 Body Mass Index Below 5 th Percentile
5-8 years	3.8%	3.4%
9-11 years	3.5%	3.1%
12-14 years	3.2%	2.6%
15-19 years	2.0%	2.3%

Age Group	2010-2011 Body Mass Index Obese	2013-2014 Body Mass Index Obese
5-8 years	13.0%	13.1%
9-11 years	16.3%	17.9%
12-14 years	17.0%	17.4%
15-19 years	16.3%	18.2%

Source: 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.

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.

Table 19: Obesity age-adjusted percentage by County, 2012

Methodology: The *county data* was estimated using responses to CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau’s Population Estimates Program. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. This particular question is included in the Diabetes BRFSS module. Respondents considered their self-report of height and weight; to be obese their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]²). *State data* is provided by the 2015 County Health Rankings report.

State of South Dakota	2011	2014
% obese (BMI 30.0 or higher)	28.1%	29.9%

County	Age-adjusted %	County	Age-adjusted %
Aurora	30.4%	Hyde	31.4%
Beadle	31.3%	Jackson	33.5%
Bennett	36.3%	Jerault	28.6%
Bon Homme	33.0%	Jones	30.0%
Brookings	28.2%	Kingsbury	33.4%
Brown	30.2%	Lake	28.7%
Brule	35.3%	Lawrence	24.8%
Buffalo	41.4%	Lincoln	28.2%
Butte	25.8%	Lyman	32.6%
Campbell	32.1%	Marshall	31.2%
Charles Mix	35.3%	McCook	27.1%
Clark	33.7%	McPherson	30.5%
Clay	29.2%	Meade	27.8%
Codington	29.8%	Mellette	32.0%
Corson	39.0%	Miner	31.0%
Custer	28.1%	Minnehaha	27.6%
Davison	35.2%	Moody	33.3%
Day	31.7%	Oglala Lakota	44.0%
Deuel	32.6%	Pennington	27.5%
Dewey	39.4%	Perkins	34.0%
Douglas	29.0%	Potter	29.5%
Edmunds	29.3%	Roberts	34.1%
Fall River	30.2%	Sanborn	29.9%
Faulk	29.6%	Spink	30.2%
Grant	31.6%	Stanley	32.6%
Gregory	32.8%	Sully	31.6%
Haakon	33.4%	Todd	37.2%
Hamlin	32.0%	Tripp	30.1%
Hand	30.1%	Turner	32.6%
Hanson	27.2%	Union	29.9%
Harding	30.7%	Walworth	28.4%
Hughes	28.8%	Yankton	28.4%
Hutchinson	31.7%	Ziebach	42.6%

Sources:

Centers of Disease Control. County-Level Data.
<http://www.cdc.gov/diabetes/atlas/countdata/atlas.html>

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

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

Disease Site	Age-Adjusted Cancer Incidence Rates			Age-Adjusted Cancer Mortality Rates	
	2011	2012	2013	2011	2012
All sites	455.4	435.1	395.9	167.3	161.2
Female breast	129.3	141.4	136.5	23.5	19.2
Prostate	127.1	102.4	74.2	20.9	17.9
Lung and bronchus	55.1	54.6	55.3	47.3	43.6
Colorectal	44.6	40.1	36.0	n.d.	n.d.
Corpus and uterus, NOS	28.2	23.7	26.1	3.5	3.3
Bladder	23.3	19.3	16.7	3.2	4.0
Melanomas of the skin	20.1	22.6	12.0	2.7	1.9
Non-Hodgkin lymphoma	19.3	19.0	16.1	6.0	6.2
Kidney and renal pelvis	14.2	14.0	16.0	5.3	5.2
Thyroid	12.8	12.1	13.5	0.7	0.0

Source: South Dakota Cancer Registry, Data & Publications, Cancer in South Dakota Cancer Registry Reports (2013, 2012, and 2011)

Incidence Rates

2011: getscreened.sd.gov/documents/2011/incidence.pdf (Table 3)

2012: getscreened.sd.gov/documents/2012/incidence.pdf (Table 3)

2013: getscreened.sd.gov/documents/2013_SDCR_Preliminary_Report.pdf (Table 1)

Mortality Rates

South Dakota Department of Health Data Query (accessed 2-25-2016) for years 2011 and 2012

Table 21: Cancer Prevalence by County, 2008-2012

Methodology: Data was queried through the South Dakota Department of Health data query system by choosing “age-adjusted”, “cancer”, and “all.”

State of South Dakota

Year	2008	2009	2010	2011	2012
Age-adjusted incidence rate	443.0	454.3	443.7	464.8	435.3

County	2012 Cancer Prevalence Age Adjusted Incidence Rate	County	2012 Cancer Prevalence Age Adjusted Incidence Rate
Aurora	513.3	Hyde	607.6
Beadle	435.0	Jackson	178.6
Bennett	546.0	Jerauld	251.4
Bon Homme	411.1	Jones	174.6
Brookings	465.5	Kingsbury	457.2
Brown	432.7	Lake	311.5
Brule	249.5	Lawrence	384.8
Buffalo	361.9	Lincoln	349.2
Butte	429.5	Lyman	399.6
Campbell	273.8	Marshall	543.6
Charles Mix	443.2	McCook	594.1
Clark	399.7	McPherson	403.2
Clay	377.4	Meade	387.2
Codington	478.3	Mellette	630.3
Corson	242.9	Miner	454.3
Custer	306.8	Minnehaha	510.1
Davison	516.7	Moody	449.8
Day	397.5	Oglala Lakota	375.5
Deuel	308.1	Pennington	403.2
Dewey	673.1	Perkins	411.5
Douglas	302.1	Potter	698.3
Edmunds	590.8	Roberts	351.1
Fall River	411.4	Sanborn	350.0
Faulk	461.7	Spink	346.4
Grant	393.3	Stanley	538.9
Gregory	537.2	Sully	525.6
Haakon	722.0	Todd	390.4
Hamlin	382.5	Tripp	431.7
Hand	219.4	Turner	373.3
Hanson	554.8	Union	637.8
Harding	193.1	Walworth	348.6
Hughes	496.4	Yankton	387.2
Hutchinson	515.6	Ziebach	248.7

Source: SD Department of Health, Data Query System, Cancer Dataset (accessed January 2, 2016)

Table 22: Average Annual Incidence of HIV and AIDS, 2005-2014

Methodology: Average annual incidence (cases per 100,000 population per year). Individual counties events of 1-5 in a single year are published as ≤ 5 .

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

Source: SD Department of Health, Office of Health 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”	County	% “yes”
Aurora	7.3%	Hyde	4.0%
Beadle	4.8%	Jackson	n.d.
Bennett	n.d.	Jerauld	1.7%
Bon Homme	4.1%	Jones	1.9%
Brookings	2.4%	Kingsbury	5.6%
Brown	6.1%	Lake	0.0%
Brule	4.7%	Lawrence	3.0%
Buffalo	16.7%	Lincoln	4.2%
Butte	1.3%	Lyman	3.0%
Campbell	1.0%	Marshall	8.2%
Charles Mix	6.6%	McCook	8.3%
Clark	4.0%	McPherson	4.4%
Clay	2.8%	Meade	6.4%
Codington	6.6%	Mellette	n.d.
Corson	n.d.	Miner	4.7%
Custer	6.4%	Minnehaha	5.3%
Davison	2.6%	Moody	8.1%
Day	5.2%	Oglala Lakota	n.d.
Deuel	2.2%	Pennington	9.1%
Dewey	n.d.	Perkins	4.4%
Douglas	4.9%	Potter	8.4%
Edmunds	4.2%	Roberts	10.4%
Fall River	3.0%	Sanborn	1.8%
Faulk	4.3%	Spink	7.2%
Grant	9.1%	Stanley	8.6%
Gregory	2.9%	Sully	4.7%
Haakon	4.3%	Todd	n.d.
Hamlin	3.2%	Tripp	n.d.
Hand	4.9%	Turner	8.7%
Hanson	2.6%	Union	4.6%
Harding	7.0%	Walworth	3.9%
Hughes	5.8%	Yankton	1.6%
Hutchinson	3.6%	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”	County	% “yes”
Aurora	3.5%	Hyde	4.0%
Beadle	4.8%	Jackson	n.d.
Bennett	n.d.	Jerauld	6.8%
Bon Homme	3.6%	Jones	1.9%
Brookings	19.3%	Kingsbury	4.6%
Brown	6.3%	Lake	6.7%
Brule	5.5%	Lawrence	10.5%
Buffalo	16.9%	Lincoln	2.2%
Butte	6.1%	Lyman	2.4%
Campbell	2.3%	Marshall	9.1%
Charles Mix	8.4%	McCook	17.2%
Clark	4.1%	McPherson	5.2%
Clay	3.4%	Meade	4.8%
Codington	11.7%	Mellette	n.d.
Corson	n.d.	Miner	3.3%
Custer	5.3%	Minnehaha	8.9%
Davison	3.0%	Moody	4.0%
Day	5.3%	Oglala Lakota	n.d.
Deuel	2.2%	Pennington	8.9%
Dewey	n.d.	Perkins	8.5%
Douglas	1.8%	Potter	8.0%
Edmunds	3.4%	Roberts	3.7%
Fall River	7.8%	Sanborn	0.0%
Faulk	4.3%	Spink	4.4%
Grant	8.5%	Stanley	13.6%
Gregory	2.9%	Sully	4.7%
Haakon	3.4%	Todd	n.d.
Hamlin	3.4%	Tripp	n.d.
Hand	7.4%	Turner	5.5%
Hanson	4.6%	Union	7.9%
Harding	7.0%	Walworth	4.5%
Hughes	2.2%	Yankton	3.1%
Hutchinson	3.8%	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 by Year, 2005-2014

Methodology: Average annual incidence (cases per 100,000 population per year). Individual counties events of 1-5 in a single year are published as ≤5.

State of South Dakota	2011	2014
<i>Cases per 100,000 pop. per year</i>		
Chlamydia	3,348	4,085
Gonorrhea	541	846
Syphilis	N/A	164

County	2011	2014	2011	2014	2005-2014
	Chlamydia		Gonorrhea		Syphilis
Aurora	≤5	≤5	0	0	0
Beadle	75	70	≤5	≤5	0
Bennett	24	29	8	9	0
Bon Homme	≤5	15	0	0	0
Brookings	75	116	≤5	≤5	≤5
Brown	128	107	9	10	0
Brule	15	12	≤5	≤5	0
Buffalo	24	32	≤5	8	0
Butte	22	17	≤5	≤5	0
Campbell	≤5	≤5	0	0	0
Charles Mix	61	102	6	46	≤5
Clark	≤5	≤5	0	0	0
Clay	63	45	≤5	≤5	0
Codington	118	92	21	10	≤5
Corson	81	113	44	35	53
Custer	33	34	≤5	≤5	0
Davison	62	66	≤5	7	≤5
Day	9	14	≤5	0	≤5
Deuel	≤5	≤5	0	0	0
Dewey	116	147	26	39	9
Douglas	≤5	0	0	0	≤5
Edmunds	≤5	≤5	0	0	0
Fall River	12	16	≤5	0	0
Faulk	≤5	≤5	0	0	0
Grant	13	9	≤5	0	0
Gregory	7	7	0	≤5	0
Haakon	0	≤5	0	≤5	0
Hamlin	≤5	7	0	0	0
Hand	≤5	≤5	0	0	0
Hanson	≤5	0	0	0	0
Harding	≤5	≤5	0	0	0
Hughes	69	67	6	23	0
Hutchinson	≤5	13	≤5	0	0
Hyde	≤5	≤5	0	0	0

Continued, Table 25: Reported Sexually Transmitted Diseases by Year, 2005-2014

County	2011	2014	2011	2014	2005-2014
	Chlamydia		Gonorrhea		Syphilis
Jackson	23	32	≤5	10	0
Jerauld	≤5	≤5	0	≤5	≤5
Jones	0	6	0	≤5	0
Kingsbury	≤5	9	≤5	≤5	0
Lake	27	20	≤5	0	0
Lawrence	59	88	≤5	8	≤5
Lincoln	72	97	≤5	10	≤5
Lyman	26	29	9	8	≤5
Marshall	8	6	0	0	≤5
McCook	9	11	0	≤5	0
McPherson	≤5	≤5	0	0	0
Meade	59	83	≤5	8	≤5
Mellette	6	14	≤5	7	0
Miner	≤5	≤5	0	0	0
Minnehaha	780	1038	86	257	80
Moody	18	23	≤5	6	0
Oglala Lakota	277	380	137	118	9
Pennington	548	573	148	121	6
Perkins	0	≤5	0	0	0
Potter	0	≤5	0	0	0
Roberts	54	95	≤5	≤5	0
Sanborn	≤5	7	0	≤5	0
Spink	15	13	≤5	≤5	0
Stanley	18	7	≤5	≤5	0
Sully	≤5	≤5	0	0	0
Todd	185	229	31	79	≤5
Tripp	18	17	≤5	0	0
Turner	≤5	7	0	≤5	≤5
Union	20	30	≤5	8	≤5
Walworth	29	37	10	≤5	7
Yankton	74	80	≤5	8	≤5
Ziebach	17	24	≤5	11	0

Source: South Dakota Department of Health, Office of Disease Prevention

Appendix B | Supplemental Tables for Health Access Indicators

Table 26: Ratio of Population to Dentists in South Dakota, 2013

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Table 26: Ratio of Population to Dentists in South Dakota by County, 2013

Methodology: Ratio of population to dentists compiled using information from the Area Health Resource File/National Provider for year 2013.

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

County	Rank	County	Rank
Aurora	2720:0	Hyde	1391:0
Beadle	1808:1	Jackson	3216:1
Bennett	1726:1	Jerauld	517:1
Bon Homme	2349:1	Jones	501:1
Brookings	2536:1	Kingsbury	2533:1
Brown	1805:1	Lake	3014:1
Brule	5366:1	Lawrence	1557:1
Buffalo	675:1	Lincoln	1108:1
Butte	2066:1	Lyman	3892:0
Campbell	1334:0	Marshall	4763:1
Charles Mix	2310:1	McCook	5654:1
Clark	1805:1	McPherson	2457:1
Clay	1742:1	Meade	1360:1
Codington	1211:1	Mellette	2081:0
Corson	4215:1	Miner	467:1
Custer	4234:1	Minnehaha	1932:1
Davison	1416:1	Moody	2135:1
Day	5596:1	Oglala Lakota	2824:1
Deuel	4320:1	Pennington	1356:1
Dewey	1397:1	Perkins	3037:1
Douglas	3023:1	Potter	2394:1
Edmunds	n.d.	Roberts	1709:1
Fall River	1368:1	Sanborn	2324:0
Faulk	2386:0	Spink	1653:1
Grant	1820:1	Stanley	2981:1
Gregory	2121:1	Sully	1437:0
Haakon	1894:1	Todd	3327:1
Hamlin	n.d.	Tripp	2749:1
Hand	3391:1	Turner	8361:1
Hanson	3405:0	Union	2118:1
Harding	1262:0	Walworth	1841:1
Hughes	1751:1	Yankton	2063:1
Hutchinson	2382:1	Ziebach	2834:0

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

Table 27: South Dakotans in Poverty by County, 2014

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

County	Persons in poverty (%)	County	Persons in poverty (%)
Aurora	10.8%	Hyde	10.1%
Beadle	15.1%	Jackson	33.9%
Bennett	34.8%	Jerauld	14.9%
Bon Homme	15.2%	Jones	13.1%
Brookings	14.1%	Kingsbury	10.1%
Brown	11.8%	Lake	9.5%
Brule	14.8%	Lawrence	13.6%
Buffalo	40.7%	Lincoln	4.3%
Butte	15.8%	Lyman	24.9%
Campbell	9.4%	Marshall	12.0%
Charles Mix	24.0%	McCook	10.0%
Clark	13.8%	McPherson	17.0%
Clay	24.9%	Meade	10.4%
Codington	10.3%	Mellette	33.2%
Corson	38.6%	Miner	12.4%
Custer	10.7%	Minnehaha	11.5%
Davison	12.3%	Moody	12.3%
Day	16.3%	Oglala Lakota	52.2%
Deuel	10.1%	Pennington	14.1%
Dewey	27.2%	Perkins	15.2%
Douglas	11.6%	Potter	11.0%
Edmunds	10.5%	Roberts	20.4%
Fall River	17.0%	Sanborn	14.7%
Faulk	13.2%	Spink	11.7%
Grant	10.0%	Stanley	8.8%
Gregory	18.3%	Sully	6.3%
Haakon	12.0%	Todd	47.4%
Hamlin	10.4%	Tripp	19.9%
Hand	10.0%	Turner	10.2%
Hanson	8.1%	Union	6.3%
Harding	11.2%	Walworth	15.9%
Hughes	11.0%	Yankton	13.8%
Hutchinson	13.2%	Ziebach	44.6%

Source: US Census Bureau Quick Facts, 2014 Census Estimates

¹ Reported 2009-2013

Table 28: Percent of South Dakota Students (K-12) enrolled in Free or Reduced Price School Lunch Program, 2011 and 2014

State of South Dakota

Year	Percent of K-12 Students Participating in the Free or Reduced Price School Lunch Program
2011	41% of students
2014	46% of students

County	Percent of K-12 Students Participating in the Free or Reduced Price School Lunch Program		Change
	2011	2014	
Aurora	39%	47%	↑
Beadle	52%	55%	↑
Bennett	80%	84%	↑
Bon Homme	41%	38%	↓
Brookings	27%	26%	↓
Brown	30%	34%	↑
Brule	55%	58%	↑
Buffalo	10%	83%	↑
Butte	46%	45%	↓
Campbell	29%	25%	↓
Charles Mix	64%	80%	↑
Clark	49%	42%	↓
Clay	39%	38%	↓
Codington	31%	35%	↑
Corson	88%	86%	↓
Custer	37%	36%	↓
Davison	37%	40%	↑
Day	48%	48%	→
Deuel	29%	33%	↑
Dewey	78%	81%	↑
Douglas	35%	27%	↓
Edmunds	41%	35%	↓
Fall River	49%	45%	↓
Faulk	35%	32%	↓
Grant	34%	40%	↑
Gregory	61%	57%	↓
Haakon	38%	41%	↑
Hamlin	43%	38%	↓
Hand	30%	19%	↓
Hanson	25%	25%	→
Harding	37%	30%	↓
Hughes	32%	30%	↓
Hutchinson	37%	35%	↓
Hyde	31%	32%	↑
Jackson	80%	72%	↓
Jerauld	41%	41%	→

Continued, Table 28: Percent of South Dakota Students (K-12) enrolled in Free or Reduced Price School Lunch Program, 2011 and 2014

County	Percent of K-12 Students Participating in the Free or Reduced Price School Lunch Program		Change
	2011	2014	
Jones	46%	46%	→
Kingsbury	29%	24%	↓
Lake	34%	29%	↓
Lawrence	39%	36%	↓
Lincoln	21%	18%	↓
Lyman	72%	76%	↑
Marshall	46%	42%	↓
McCook	36%	26%	↓
McPherson	59%	56%	↓
Meade	39%	39%	→
Mellette	69%	71%	↑
Miner	31%	26%	↓
Minnehaha	36%	37%	↑
Moody	54%	48%	↓
Oglala Lakota	79%	N/A	N/A
Pennington	41%	44%	↑
Perkins	50%	44%	↓
Potter	30%	28%	↓
Roberts	56%	61%	↑
Sanborn	47%	42%	↓
Spink	36%	33%	↓
Stanley	48%	46%	↓
Sully	34%	25%	↓
Todd	84%	N/A	N/A
Tripp	52%	52%	→
Turner	33%	33%	→
Union	28%	24%	↓
Walworth	42%	40%	↓
Yankton	37%	36%	↓
Ziebach	75%	75%	→

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

Note: Oglala Lakota and Todd County data for 2014 was not available.

Source: KIDS COUNT Data Center, Accessed December 26, 2015 at <http://datacenter.kidscount.org/data/tables/6185-free-or-reduced-price-school-lunch-participation?loc=43&loct=5#detailed/5/6354-6419/false/869,36,868,867,133/any/12903>

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	County	Percent of residents who have a usual place to go for care
Aurora	95.4%	Hyde	91.3%
Beadle	95.7%	Jackson	n.d.
Bennett	n.d.	Jerauld	96.7%
Bon Homme	94.3%	Jones	85.7%
Brookings	86.7%	Kingsbury	91.4%
Brown	98.6%	Lake	99.2%
Brule	98.5%	Lawrence	87.7%
Buffalo	98.4%	Lincoln	97.6%
Butte	92.3%	Lyman	97.1%
Campbell	96.6%	Marshall	94.6%
Charles Mix	98.1%	McCook	92.2%
Clark	94.8%	McPherson	99.1%
Clay	87.9%	Meade	89.8%
Codington	93.5%	Mellette	n.d.
Corson	n.d.	Miner	92.0%
Custer	91.8%	Minnehaha	94.1%
Davison	99.3%	Moody	99.4%
Day	98.7%	Oglala Lakota	n.d.
Deuel	91.4%	Pennington	92.2%
Dewey	n.d.	Perkins	94.8%
Douglas	93.9%	Potter	92.2%
Edmunds	94.4%	Roberts	99.4%
Fall River	96.9%	Sanborn	95.5%
Faulk	99.2%	Spink	98.2%
Grant	99.0%	Stanley	89.9%
Gregory	97.2%	Sully	91.5%
Haakon	93.7%	Todd	n.d.
Hamlin	94.6%	Tripp	n.d.
Hand	95.9%	Turner	92.6%
Hanson	96.0%	Union	95.0%
Harding	93.6%	Walworth	94.1%
Hughes	98.1%	Yankton	97.0%
Hutchinson	91.4%	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	County	Percent of residents who have a personal doctor/provider
Aurora	84.4%	Hyde	64.6%
Beadle	80.3%	Jackson	n.d.
Bennett	n.d.	Jerauld	79.3%
Bon Homme	73.6%	Jones	75.8%
Brookings	70.4%	Kingsbury	75.9%
Brown	92.0%	Lake	91.2%
Brule	60.3%	Lawrence	75.9%
Buffalo	48.3%	Lincoln	88.5%
Butte	82.3%	Lyman	45.4%
Campbell	83.5%	Marshall	73.9%
Charles Mix	73.7%	McCook	83.6%
Clark	82.9%	McPherson	94.2%
Clay	77.2%	Meade	70.2%
Codington	78.8%	Mellette	n.d.
Corson	n.d.	Miner	76.8%
Custer	69.4%	Minnehaha	84.4%
Davison	86.3%	Moody	47.0%
Day	58.6%	Oglala Lakota	n.d.
Deuel	76.8%	Pennington	67.3%
Dewey	n.d.	Perkins	74.2%
Douglas	80.0%	Potter	60.3%
Edmunds	85.3%	Roberts	61.2%
Fall River	70.9%	Sanborn	76.5%
Faulk	78.5%	Spink	81.8%
Grant	89.6%	Stanley	66.7%
Gregory	74.7%	Sully	78.3%
Haakon	72.2%	Todd	n.d.
Hamlin	79.6%	Tripp	n.d.
Hand	77.4%	Turner	73.7%
Hanson	92.0%	Union	87.6%
Harding	71.2%	Walworth	81.0%
Hughes	78.5%	Yankton	85.2%
Hutchinson	64.6%	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 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	County	Percent of population who could not see a doctor due to cost
Aurora	no data	Hyde	n.d.
Beadle	5.2%	Jackson	14.6%
Bennett	9.3%	Jerauld	n.d.
Bon Homme	6.9%	Jones	n.d.
Brookings	7.3%	Kingsbury	4.4%
Brown	7.1%	Lake	9.1%
Brule	7.6%	Lawrence	11.6%
Buffalo	14.9%	Lincoln	5.5%
Butte	11.3%	Lyman	4.9%
Campbell	n.d.	Marshall	8.2%
Charles Mix	8.3%	McCook	n.d.
Clark	n.d.	McPherson	n.d.
Clay	9.3%	Meade	9.8%
Codington	7.8%	Mellette	n.d.
Corson	18.5%	Miner	n.d.
Custer	9.6%	Minnehaha	8.6%
Davison	6.5%	Moody	n.d.
Day	6.0%	Oglala Lakota	13.2%
Deuel	15.8%	Pennington	11.7%
Dewey	8.1%	Perkins	n.d.
Douglas	8.0%	Potter	n.d.
Edmunds	n.d.	Roberts	7.2%
Fall River	14.2%	Sanborn	14.0%
Faulk	n.d.	Spink	n.d.
Grant	n.d.	Stanley	6.1%
Gregory	n.d.	Sully	n.d.
Haakon	5.4%	Todd	14.0%
Hamlin	n.d.	Tripp	7.5%
Hand	4.6%	Turner	n.d.
Hanson	n.d.	Union	4.3%
Harding	n.d.	Walworth	7.7%
Hughes	6.6%	Yankton	7.3%
Hutchinson	n.d.	Ziebach	17.4%

n.d.: no data

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

Table 32: Live Births by County, 2010-2014

Methodology: Data was queried through the South Dakota Department of Health Vital Statistics using the following fields: birth year (last 5 years), birth county (all), mother’s resident county (all), age (all years), mother’s race (all), ethnicity (all), month prenatal care started (all), payment type (all), tobacco use during pregnancy (all), marital status (all), maternal education (all), gender (all), birth weight (all) and gestational age (all).

State of South Dakota					
Year	2010	2011	2012	2013	2014
Births	11,795	11,834	12,092	12,243	12,281
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
Jerard	29	24	23	24	32
Jones	10	11	10	10	9
Kingsbury	51	71	54	61	66
Lake	128	133	128	140	122

Continued, Table 32: Live Births by County, 2010-2014

County	2010	2011	2012	2013	2014
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

n.d.: no data

Source: SD DOH, Vital Statistics accessed December 26, 2015 at <http://dqs.sd.gov/webApp1/Births.aspx>

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

State of South Dakota

<i>Year</i>	<i>Percent of Infants with Low Birth Weight</i>
2011	6.5%
2014	6.4%

County	Percent of Infants with Low Birth Weight		Change
	2011	2014	
Aurora	8.9%	5.6%	↓
Beadle	7.7%	7.5%	↓
Bennett	7.2%	3.9%	↓
Bon Homme	6.2%	6.6%	↑
Brookings	4.7%	4.9%	↑
Brown	5.9%	5.7%	↓
Brule	6.2%	6.4%	↑
Buffalo	6.3%	7.2%	↑
Butte	4.4%	5.9%	↑
Campbell	4.4%	LNE	↓
Charles Mix	5.0%	6.3%	↑
Clark	4.1%	5.0%	↑
Clay	6.3%	5.5%	↓
Codington	5.5%	6.2%	↑
Corson	6.4%	6.8%	↑
Custer	6.6%	8.2%	↑
Davison	6.4%	5.0%	↓
Day	4.9%	6.8%	↑
Deuel	6.4%	2.9%	↓
Dewey	6.7%	6.6%	↓
Douglas	3.8%	6.3%	↑
Edmunds	4.6%	2.7%	↓
Fall River	7.7%	8.1%	↑
Faulk	2.5%	5.0%	↑
Grant	4.1%	4.9%	↑
Gregory	5.4%	3.7%	↓
Haakon	LNE	3.0%	↑
Hamlin	4.2%	4.5%	↑
Hand	8.6%	8.9%	↑
Hanson	9.0%	7.5%	↓
Harding	LNE	LNE	→
Hughes	4.5%	4.8%	↑
Hutchinson	3.4%	4.3%	↑
Hyde	LNE	LNE	→
Jackson	9.2%	8.0%	↓

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

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

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

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

LNE: Low Number of Events

Source: SD Department of Health, Office of Health Statistics, County Profiles

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

State of South Dakota

Year	Percent of women who reported receiving prenatal care in the first trimester
2011	69.4%
2014	71.1%

County	Percent of women who reported receiving prenatal care in the first trimester		Change
	2011	2014	
Aurora	73.8%	68.0%	↓
Beadle	58.5%	55.0%	↓
Bennett	41.8%	43.2%	↑
Bon Homme	79.4%	79.5%	→
Brookings	75.7%	77.4%	↑
Brown	77.2%	75.5%	↓
Brule	66.4%	67.8%	↑
Buffalo	46.2%	36.3%	↓
Butte	77.2%	78.6%	↑
Campbell	73.5%	78.3%	↑
Charles Mix	62.3%	65.1%	↑
Clark	57.3%	59.9%	↑
Clay	77.7%	79.1%	↑
Codington	77.1%	79.4%	↑
Corson	48.7%	46.0%	↓
Custer	70.6%	72.1%	↑
Davison	76.8%	78.0%	↑
Day	69.1%	65.3%	↓
Deuel	84.4%	81.0%	↓
Dewey	53.4%	49.3%	↓
Douglas	70.1%	71.6%	↑
Edmunds	71.2%	69.6%	↓
Fall River	55.7%	64.3%	↑
Faulk	56.3%	57.9%	↑
Grant	74.0%	78.1%	↑
Gregory	63.8%	60.5%	↓
Haakon	68.7%	68.3%	→
Hamlin	68.5%	71.9%	↑
Hand	71.9%	61.0%	↓
Hanson	66.5%	62.2%	↓
Harding	77.4%	74.3%	↓
Hughes	70.7%	60.9%	↓
Hutchinson	62.4%	67.0%	↑
Hyde	75.9%	68.1%	↓

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

County	Percent of women who reported receiving prenatal care in the first trimester		Change
	2011	2014	
Jackson	47.9%	49.4%	↑
Jerauld	66.4%	68.2%	↑
Jones	80.6%	74.0%	↓
Kingsbury	71.1%	72.9%	↑
Lake	73.4%	73.1%	→
Lawrence	79.7%	81.1%	↑
Lincoln	78.3%	83.7%	↑
Lyman	52.0%	48.1%	↓
Marshall	61.8%	60.5%	↓
McCook	69.1%	73.0%	↑
McPherson	65.2%	61.9%	↓
Meade	77.7%	77.9%	→
Mellette	44.4%	50.3%	↑
Miner	71.4%	69.6%	↓
Minnehaha	68.5%	74.4%	↑
Moody	60.6%	65.1%	↑
Oglala Lakota	51.6%	53.9%	↑
Pennington	72.2%	72.3%	→
Perkins	66.4%	65.9%	→
Potter	74.2%	61.7%	↓
Roberts	52.7%	54.5%	↑
Sanborn	72.6%	69.4%	↓
Spink	68.5%	69.7%	↑
Stanley	72.3%	62.8%	↓
Sully	73.0%	53.8%	↓
Todd	39.1%	40.1%	→
Tripp	65.1%	66.8%	↑
Turner	73.1%	78.4%	↑
Union	83.7%	86.7%	↑
Walworth	64.4%	62.6%	↓
Yankton	83.4%	83.4%	→
Ziebach	46.0%	48.5%	↑

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

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

LNE: Low Number of Events

Source: SD Department of Health, Office of Health Statistics, Health Status Indicators 2010-2014

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

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

Source: Centers for Disease Control and Prevention (2011-2013). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from www.cdc.gov/brfss.

Table 36: Model-Based Percent of South Dakotans who have ever had a Colorectal Endoscopy (Sigmoidoscopy or Colonoscopy) and are 50+ by County, 2008-2010

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+.

State of South Dakota		2010
Model-based % of individuals who have ever had a colorectal endoscopy		56.1%

County	Model-based % of individuals who have ever had a colorectal endoscopy	County	Model-based % of individuals who have ever had a colorectal endoscopy
Aurora	64.9%	Hyde	72.2%
Beadle	56.8%	Jackson	47.0%
Bennett	49.2%	Jerauld	42.5%
Bon Homme	62.9%	Jones	60.0%
Brookings	59.5%	Kingsbury	58.7%
Brown	61.7%	Lake	55.6%
Brule	69.9%	Lawrence	54.4%
Buffalo	30.5%	Lincoln	59.0%
Butte	59.5%	Lyman	48.5%
Campbell	61.1%	Marshall	53.2%
Charles Mix	54.8%	McCook	65.0%
Clark	66.3%	McPherson	41.5%
Clay	55.9%	Meade	54.4%
Codington	59.0%	Mellette	48.3%
Corson	45.3%	Miner	71.2%
Custer	57.9%	Minnehaha	55.6%
Davison	61.8%	Moody	55.5%
Day	54.3%	Oglala Lakota	36.7%
Deuel	44.0%	Pennington	49.9%
Dewey	36.1%	Perkins	51.7%
Douglas	50.5%	Potter	66.5%
Edmunds	53.3%	Roberts	51.5%
Fall River	60.6%	Sanborn	57.0%
Faulk	38.7%	Spink	57.7%
Grant	59.1%	Stanley	53.9%
Gregory	54.4%	Sully	51.6%
Haakon	61.0%	Todd	32.6%
Hamlin	54.2%	Tripp	57.6%
Hand	60.6%	Turner	55.5%
Hanson	40.9%	Union	67.5%
Harding	51.8%	Walworth	58.9%
Hughes	65.9%	Yankton	62.0%
Hutchinson	56.8%	Ziebach	39.5%

Source: Screening and Risk Factors for South Dakota, State Cancer Profiles, Cancer.gov

Table 37: Percent of Female Medicare Enrollees (Aged 67-69) in South Dakota who have had a Mammography Screening by County, 2012

Methodology: Percentage of female Medicare enrollees aged 67-69 that receive mammography screening. Original data provided by the Dartmouth Atlas of Health Care, 2012.

State of South Dakota		2012
Percentage of female Medicare enrollees in SD aged 67-69 who received mammography screening		77.1%

County	Percentage of female Medicare enrollees aged 67-69	County	Percentage of female Medicare enrollees aged 67-69
Aurora	63.0%	Hyde	n.d.
Beadle	70.0%	Jackson	n.d.
Bennett	n.d.	Jerauld	69.2%
Bon Homme	73.4%	Jones	n.d.
Brookings	75.5%	Kingsbury	66.7%
Brown	72.4%	Lake	74.0%
Brule	59.3%	Lawrence	64.3%
Buffalo	n.d.	Lincoln	71.0%
Butte	66.2%	Lyman	67.9%
Campbell	68.2%	Marshall	66.1%
Charles Mix	59.4%	McCook	61.2%
Clark	71.4%	McPherson	69.0%
Clay	68.8%	Meade	65.1%
Codington	68.1%	Mellette	n.d.
Corson	57.6%	Miner	71.4%
Custer	59.7%	Minnehaha	69.8%
Davison	63.8%	Moody	70.0%
Day	79.3%	Oglala Lakota	35.8%
Deuel	75.0%	Pennington	63.8%
Dewey	61.1%	Perkins	53.6%
Douglas	76.1%	Potter	52.6%
Edmunds	66.7%	Roberts	61.5%
Fall River	42.6%	Sanborn	72.7%
Faulk	79.2%	Spink	55.7%
Grant	66.3%	Stanley	67.3%
Gregory	53.2%	Sully	n.d.
Haakon	n.d.	Todd	27.3%
Hamlin	70.2%	Tripp	61.6%
Hand	71.7%	Turner	67.7%
Hanson	83.3%	Union	63.3%
Harding	n.d.	Walworth	73.3%
Hughes	73.9%	Yankton	67.5%
Hutchinson	68.8%	Ziebach	n.d.

n.d.: no data

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

Table 38: Flu Vaccinations of Medicare Beneficiaries in South Dakota as of December 21, 2015, By County

Methodology: The rate of flu vaccinations of Medicare beneficiaries was obtained on January 1, 2016 online, data last updated December 21, 2015. Locations with < 25 claims submitted did not display a result. The mapping tool queries claims data for only those covered by Medicare Fee-for-Service, which includes two-thirds of Americans aged 65+ as well as disabled Americans under age 65. Some vaccines given may not be recorded due to administration at alternate sites or lags in claims submissions.

State of South Dakota	2015
Percent of South Dakotan Medicare Beneficiaries who have received a flu vaccination in 2015 through 12/21/2015	40.28%

County	Percentage of Medicare beneficiaries that have had the flu vaccine in 2015	County	Percentage of Medicare beneficiaries that have had the flu vaccine in 2015
Aurora	< 25 claims	Hyde	< 25 claims
Beadle	40.1%	Jackson	< 25 claims
Bennett	< 25 claims	Jerauld	< 25 claims
Bon Homme	29.8%	Jones	< 25 claims
Brookings	45.9%	Kingsbury	32.4%
Brown	48.1%	Lake	52.4%
Brule	38.0%	Lawrence	26.8%
Buffalo	43.4%	Lincoln	59.2%
Butte	21.4%	Lyman	< 25 claims
Campbell	< 25 claims	Marshall	< 25 claims
Charles Mix	26.0%	McCook	32.8%
Clark	< 25 claims	McPherson	52.8%
Clay	45.6%	Meade	32.5%
Codington	59.5%	Mellette	< 25 claims
Corson	< 25 claims	Miner	< 25 claims
Custer	33.2%	Minnehaha	56.1%
Davison	54.8%	Moody	25.7%
Day	19.4%	Oglala Lakota	9.3%
Deuel	4.9%	Pennington	38.4%
Dewey	9.9%	Perkins	< 25 claims
Douglas	33.5%	Potter	< 25 claims
Edmunds	33.8%	Roberts	27.7%
Fall River	16.9%	Sanborn	< 25 claims
Faulk	< 25 claims	Spink	20.6%
Grant	27.7%	Stanley	< 25 claims
Gregory	31.2%	Sully	< 25 claims
Haakon	< 25 claims	Todd	12.5%
Hamlin	36.9%	Tripp	24.8%
Hand	< 25 claims	Turner	25.0%
Hanson	< 25 claims	Union	43.5%
Harding	< 25 claims	Walworth	13.5%
Hughes	51.4%	Yankton	57.5%
Hutchinson	21.6%	Ziebach	< 25 claims

Source: Centers for Medicare & Medicaid Services

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

State of South Dakota			2011	2013
Percentage of uninsured adults aged 18 to 64			17.1%	15.7%

County	Percentage Uninsured		County	Percentage Uninsured	
	2011	2013		2011	2013
Aurora	19.7%	17.1%	Hyde	18.4%	19.3%
Beadle	18.9%	19.2%	Jackson	29.3%	28.6%
Bennett	28.8%	25.8%	Jerauld	14.9%	16.7%
Bon Homme	16.0%	16.6%	Jones	23.6%	22.2%
Brookings	16.9%	14.8%	Kingsbury	14.7%	13.9%
Brown	13.3%	12.1%	Lake	14.1%	12.6%
Brule	18.9%	19.9%	Lawrence	18.6%	14.8%
Buffalo	31.3%	28.1%	Lincoln	10.8%	8.5%
Butte	21.8%	20.0%	Lyman	27.2%	27.1%
Campbell	15.4%	15.0%	Marshall	16.1%	13.0%
Charles Mix	23.1%	24.1%	McCook	20.0%	18.0%
Clark	19.4%	16.2%	McPherson	19.6%	20.1%
Clay	19.5%	16.6%	Meade	18.6%	17.0%
Codington	16.3%	14.0%	Mellette	28.2%	27.2%
Corson	27.0%	27.7%	Miner	15.5%	13.4%
Custer	15.2%	16.0%	Minnehaha	15.7%	14.7%
Davison	16.1%	13.9%	Moody	18.3%	17.0%
Day	21.4%	18.7%	Oglala Lakota	25.0%	24.7%
Deuel	16.5%	14.5%	Pennington	18.1%	16.4%
Dewey	33.9%	29.4%	Perkins	24.4%	21.6%
Douglas	18.8%	17.8%	Potter	15.0%	15.3%
Edmunds	15.8%	12.9%	Roberts	23.2%	21.5%
Fall River	18.5%	17.3%	Sanborn	19.1%	18.4%
Faulk	17.7%	13.6%	Spink	15.6%	13.5%
Grant	17.2%	15.6%	Stanley	18.4%	18.1%
Gregory	22.6%	20.1%	Sully	15.3%	16.9%
Haakon	20.2%	17.1%	Todd	22.5%	23%
Hamlin	17.6%	16.8%	Tripp	22.2%	22%
Hand	15.5%	13.6%	Turner	15.1%	15.2%
Hanson	17.6%	16.5%	Union	9.4%	9.8%
Harding	21.6%	18.2%	Walworth	19.3%	17.4%
Hughes	15.1%	13.1%	Yankton	17.2%	14.3%
Hutchinson	16.4%	16.1%	Ziebach	29.3%	27.8%

Source: United States Census Bureau. Small Area Health Insurance Estimates (SAHIE). http://www.census.gov/did/www/sahie/data/interactive/sahie.html?s_appName=sahie&menu=grid_proxy&s_statefips=46&s_year=2013. 2015. Accessed 01.04.2016.

Table 40: Uninsured Children, Under 18 by County

State of South Dakota			2011	2013
Percentage of uninsured children under age 18			6.3%	6.3%

Percentage Uninsured			Percentage Uninsured		
County	2011	2013	County	2011	2013
Aurora	11.8%	9.1%	Hyde	9.4%	10.5%
Beadle	6.5%	7.5%	Jackson	10.8%	10.2%
Bennett	8.4%	7.7%	Jerauld	7.3%	10.3%
Bon Homme	7.7%	8.7%	Jones	12.3%	12.3%
Brookings	5.6%	6.2%	Kingsbury	7.5%	8.4%
Brown	4.7%	4.6%	Lake	5.3%	6.1%
Brule	9.2%	9.8%	Lawrence	6.1%	6.4%
Buffalo	8.6%	6.9%	Lincoln	3.7%	3.8%
Butte	7.5%	7.3%	Lyman	11.1%	10.6%
Campbell	8.3%	8.8%	Marshall	7.3%	7.7%
Charles Mix	9.9%	11.4%	McCook	9.4%	9.3%
Clark	8.9%	9.2%	McPherson	10.6%	10.8%
Clay	6.3%	7.1%	Meade	5.9%	6.7%
Codington	5.1%	5.2%	Mellette	10.4%	9.7%
Corson	9.2%	9.1%	Miner	7.4%	7.7%
Custer	8.3%	9.2%	Minnehaha	5.3%	5.3%
Davison	4.9%	5.2%	Moody	9.8%	8.7%
Day	10.4%	9.1%	Oglala Lakota	6.5%	5.7%
Deuel	8.5%	8.4%	Pennington	6.0%	5.8%
Dewey	11.8%	8.3%	Perkins	12.8%	13.0%
Douglas	9.1%	9.0%	Potter	8.0%	9.1%
Edmunds	7.4%	7.1%	Roberts	9.8%	10.0%
Fall River	6.9%	7.8%	Sanborn	9.1%	10.1%
Faulk	7.7%	8.2%	Spink	7.1%	6.6%
Grant	6.7%	6.7%	Stanley	7.7%	8.0%
Gregory	11.1%	9.8%	Sully	8.3%	10.6%
Haakon	12.0%	11.1%	Todd	6.1%	5.5%
Hamlin	8.0%	8.6%	Tripp	8.8%	9.5%
Hand	8.7%	8.4%	Turner	7.2%	7.3%
Hanson	7.8%	8.2%	Union	3.8%	4.5%
Harding	11.2%	10.6%	Walworth	7.2%	7.1%
Hughes	5.8%	6.2%	Yankton	5.7%	5.7%
Hutchinson	7.1%	7.9%	Ziebach	9.0%	7.8%

Source: United States Census Bureau. Small Area Health Insurance Estimates (SAHIE). http://www.census.gov/did/www/sahie/data/interactive/sahie.html?s_appName=sahie&menu=grid_proxy&s_statefips=46&s_year=2013. 2015. Accessed 01.04.2016.

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)	County	Average Time (in minutes)
Aurora	n.d.	Hyde	4.42
Beadle	6.29	Jackson	4.99
Bennett	9.33	Jerauld	3.51
Bon Homme	4.47	Jones	4.15
Brookings	2.43	Kingsbury	6.31
Brown	3.62	Lake	11.21
Brule	5.89	Lawrence	2.99
Buffalo	1.24	Lincoln	5.81
Butte	6.42	Lyman	2.47
Campbell	4.22	Marshall	7.10
Charles Mix	5.73	McCook	3.94
Clark	4.60	McPherson	4.32
Clay	6.08	Meade	3.08
Codington	0.71	Mellette	7.49
Corson	n.d.	Miner	10.65
Custer	6.03	Minnehaha	12.59
Davison	1.75	Moody	6.23
Day	7.00	Oglala Lakota	3.46
Deuel	4.87	Pennington	6.08
Dewey	7.84	Perkins	6.58
Douglas	5.75	Potter	15.37
Edmunds	4.99	Roberts	6.37
Fall River	5.02	Sanborn	7.26
Faulk	5.24	Spink	3.68
Grant	4.49	Stanley	n.d.
Gregory	12.43	Sully	2.44
Haakon	10.19	Todd	4.60
Hamlin	7.72	Tripp	20.73
Hand	6.55	Turner	8.58
Hanson	n.d.	Union	6.81
Harding	5.04	Walworth	4.81
Hughes	0.56	Yankton	2.82
Hutchinson	5.63	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 with Limited Access to Healthy Foods by County, 2014

Table 43: Percent of South Dakotans that are Physically Inactive by County, 2012

Table 44: Percent of Adults in South Dakota that Smoke by County, 2014

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

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

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

Table 42: Percent of South Dakotans with Limited Access to Healthy Foods by County, 2014

Methodology: “Limited access to healthy foods” was measured using data the USDA Food Environment Atlas for year(s) 2010.

State of South Dakota		2010
Percent with limited access to healthy foods		10.6%

County	Percent with limited access to healthy foods	County	Percent with limited access to healthy foods
Aurora	33.6%	Hyde	29.1%
Beadle	7.6%	Jackson	46.3%
Bennett	49.4%	Jerauld	42.3%
Bon Homme	29.9%	Jones	27.3%
Brookings	15.7%	Kingsbury	15.0%
Brown	6.6%	Lake	2.7%
Brule	10.6%	Lawrence	4.9%
Buffalo	11.6%	Lincoln	2.1%
Butte	12.0%	Lyman	21.0%
Campbell	28.4%	Marshall	22.7%
Charles Mix	16.9%	McCook	25.2%
Clark	13.3%	McPherson	24.6%
Clay	5.4%	Meade	4.1%
Codington	7.3%	Mellette	48.3%
Corson	62.9%	Miner	5.4%
Custer	7.2%	Minnehaha	4.8%
Davison	6.2%	Moody	24.5%
Day	19.3%	Oglala Lakota	37.5%
Deuel	26.6%	Pennington	8.1%
Dewey	19.0%	Perkins	20.8%
Douglas	33.6%	Potter	32.1%
Edmunds	17.4%	Roberts	18.4%
Fall River	14.6%	Sanborn	29.8%
Faulk	43.5%	Spink	14.3%
Grant	5.7%	Stanley	7.2%
Gregory	15.5%	Sully	23.1%
Haakon	11.0%	Todd	13.1%
Hamlin	35.9%	Tripp	10.5%
Hand	13.1%	Turner	8.9%
Hanson	7.0%	Union	3.4%
Harding	39.8%	Walworth	9.6%
Hughes	6.9%	Yankton	11.1%
Hutchinson	14.5%	Ziebach	45.9%

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

Table 43: Percent of South Dakotans that are Physically Inactive by County, 2012

Methodology: The prevalence of selected risk factors by county was estimated using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau's Population Estimates Program. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. To be physically inactive, they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

County	Percent of population that are physically inactive	County	Percent of population that are physically inactive
Aurora	31.4%	Hyde	28.7%
Beadle	26.3%	Jackson	29.5%
Bennett	26.9%	Jerauld	28.2%
Bon Homme	26.6%	Jones	28.0%
Brookings	19.6%	Kingsbury	28.6%
Brown	22.9%	Lake	24.9%
Brule	24.3%	Lawrence	22.6%
Buffalo	31.4%	Lincoln	21.9%
Butte	24.1%	Lyman	23.9%
Campbell	30.1%	Marshall	27.4%
Charles Mix	25.8%	McCook	27.9%
Clark	26.7%	McPherson	27.7%
Clay	22.3%	Meade	25.3%
Codington	23.1%	Mellette	29.7%
Corson	29.2%	Miner	27.0%
Custer	23.4%	Minnehaha	23.0%
Davison	24.1%	Moody	26.2%
Day	25.9%	Oglala Lakota	23.8%
Deuel	30.4%	Pennington	21.4%
Dewey	30.7%	Perkins	32.5%
Douglas	25.8%	Potter	31.8%
Edmunds	26.0%	Roberts	25.4%
Fall River	24.6%	Sanborn	28.3%
Faulk	30.8%	Spink	25.1%
Grant	30.3%	Stanley	26.7%
Gregory	29.7%	Sully	28.5%
Haakon	27.7%	Todd	28.5%
Hamlin	24.1%	Tripp	26.4%
Hand	29.0%	Turner	33.5%
Hanson	26.0%	Union	24.9%
Harding	27.8%	Walworth	29.7%
Hughes	21.9%	Yankton	20.9%
Hutchinson	31.4%	Ziebach	27.9%

Source: CDC, County Level Data accessed on January 10, 2016 from <http://www.cdc.gov/diabetes/data/county.html>.

Table 44: Percent of Adults in South Dakota that Smoke by County, 2014

Methodology: BRFSS data derived from 2006-2012, in response to being asked if they (as an adult) currently smoke.

State of South Dakota	2014
Percent of adult population that are current smokers	18.1%

County	Percent of adult population that smoke	County	Percent of adult population that smoke
Aurora	13.3%	Hyde	n.d.
Beadle	17.2%	Jackson	20.5%
Bennett	21.5%	Jerauld	10.2%
Bon Homme	20.7%	Jones	n.d.
Brookings	13.2%	Kingsbury	10.8%
Brown	17.5%	Lake	18.8%
Brule	14.3%	Lawrence	21.5%
Buffalo	41.7%	Lincoln	10.6%
Butte	22.2%	Lyman	20.6%
Campbell	14.1%	Marshall	23.0%
Charles Mix	17.4%	McCook	n.d.
Clark	18.2%	McPherson	12.8%
Clay	15.5%	Meade	17.8%
Codington	18.6%	Mellette	22.8%
Corson	32.1%	Miner	n.d.
Custer	18.7%	Minnehaha	17.9%
Davison	14.2%	Moody	12.7%
Day	16.9%	Oglala Lakota	43.5%
Deuel	19.2%	Pennington	21.2%
Dewey	33.4%	Perkins	12.8%
Douglas	12.6%	Potter	7.9%
Edmunds	13.1%	Roberts	23.6%
Fall River	23.7%	Sanborn	n.d.
Faulk	n.d.	Spink	17.1%
Grant	23.5%	Stanley	17.3%
Gregory	12.1%	Sully	n.d.
Haakon	n.d.	Todd	39.4%
Hamlin	17.9%	Tripp	13.3%
Hand	13.1%	Turner	17.2%
Hanson	17.7%	Union	14.9%
Harding	n.d.	Walworth	19.8%
Hughes	14.1%	Yankton	13.2%
Hutchinson	10.1%	Ziebach	33.1%

n.d.: no data

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

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

State of South Dakota

<i>Year</i>	<i>Percent of mothers who used tobacco while pregnant</i>
2011	18.1%
2014	16.1%

County	Percent of mothers who used tobacco while pregnant		Change
	2011	2014	
Aurora	14.8%	13.3%	↓
Beadle	19.9%	15.5%	↓
Bennett	21.9%	22.9%	↑
Bon Homme	16.1%	10.3%	↓
Brookings	12.2%	11.5%	→
Brown	16.2%	18.3%	↑
Brule	18.7%	17.3%	↓
Buffalo	35.7%	33.5%	↓
Butte	23.8%	26.0%	↑
Campbell	LNE	LNE	→
Charles Mix	25.6%	23.4%	↓
Clark	15.0%	10.4%	↓
Clay	11.0%	10.0%	↓
Codington	24.7%	23.2%	↓
Corson	24.8%	20.9%	↓
Custer	18.2%	19.2%	→
Davison	22.3%	19.1%	↓
Day	28.5%	29.6%	↑
Deuel	17.8%	15.7%	↓
Dewey	28.9%	26.9%	↓
Douglas	15.0%	9.1%	↓
Edmunds	10.8%	10.6%	→
Fall River	28.7%	20.6%	↓
Faulk	7.4%	2.9%	↓
Grant	16.4%	12.3%	↓
Gregory	19.7%	16.5%	↓
Haakon	10.5%	11.0%	→
Hamlin	15.6%	14.9%	→
Hand	8.2%	8.4%	→
Hanson	7.8%	7.1%	→
Harding	8.2%	5.3%	↓
Hughes	20.7%	18.8%	↓
Hutchinson	8.0%	8.5%	→
Hyde	16.4%	13.0%	↓
Jackson	25.5%	19.4%	↓
Jerauld	12.1%	15.9%	↓

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

County	Percent of mothers who used tobacco while pregnant		Change
	2011	2014	
Jones	16.1%	20.0%	↑
Kingsbury	15.9%	13.9%	↓
Lake	17.5%	11.7%	↓
Lawrence	20.8%	19.2%	↓
Lincoln	8.1%	6.4%	↓
Lyman	24.8%	28.1%	↑
Marshall	18.4%	17.7%	→
McCook	11.6%	10.9%	→
McPherson	12.1%	14.0%	↑
Meade	15.9%	15.0%	→
Mellette	21.5%	20.8%	→
Miner	12.6%	10.6%	↓
Minnehaha	16.3%	13.5%	↓
Moody	20.8%	20.7%	→
Oglala Lakota	24.0%	20.1%	↓
Pennington	19.9%	17.5%	↓
Perkins	10.2%	12.0%	↑
Potter	9.4%	15.0%	↑
Roberts	28.8%	27.3%	↓
Sanborn	13.9%	15.2%	↑
Spink	16.1%	16.5%	→
Stanley	26.0%	17.5%	↓
Sully	11.2%	8.6%	↓
Todd	26.4%	25.3%	↓
Tripp	25.6%	21.7%	↓
Turner	13.0%	10.8%	↓
Union	13.8%	11.2%	↓
Walworth	23.2%	20.3%	↓
Yankton	22.2%	21.0%	↓
Ziebach	22.3%	22.1%	→

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

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

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

LNE: Low Number of Events

Source: SD Department of Health, Office of Health Statistics, County Profiles

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

State of South Dakota

Year	Percent of mothers who were breastfeeding at discharge
2011	73.1%
2014	75.9%

County	Percent of mothers who were breastfeeding at discharge		Change
	2011	2014	
Aurora	75.1%	74.4%	→
Beadle	71.8%	73.9%	↑
Bennett	48.6%	50.4%	↑
Bon Homme	74.5%	76.3%	↑
Brookings	81.3%	84.0%	↑
Brown	77.4%	80.3%	↑
Brule	70.4%	70.8%	→
Buffalo	44.8%	43.1%	↓
Butte	78.5%	81.8%	↑
Campbell	82.6%	88.1%	↑
Charles Mix	66.8%	67.0%	→
Clark	84.3%	86.8%	↑
Clay	80.0%	79.4%	→
Codington	73.8%	75.4%	↑
Corson	49.2%	56.9%	↑
Custer	82.6%	80.6%	↓
Davison	66.5%	71.8%	↑
Day	69.8%	70.7%	→
Deuel	71.4%	84.6%	↑
Dewey	49.3%	50.2%	→
Douglas	83.1%	87.4%	↑
Edmunds	78.0%	83.0%	↑
Fall River	78.8%	78.8%	→
Faulk	82.0%	90.7%	↑
Grant	62.2%	78.4%	↑
Gregory	68.9%	74.1%	↑
Haakon	90.4%	84.0%	↓
Hamlin	86.3%	86.8%	→
Hand	77.3%	78.1%	→
Hanson	77.7%	83.5%	↑
Harding	87.3%	89.2%	↑
Hughes	71.7%	75.3%	↑
Hutchinson	79.1%	81.5%	↑
Hyde	72.7%	73.1%	→
Jackson	49.1%	56.5%	↑
Jerauld	83.2%	83.3%	→

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

County	Percent of mothers who were breastfeeding at discharge		Change
	2011	2014	
Jones	79.0%	88.0%	↑
Kingsbury	78.5%	82.7%	↑
Lake	78.4%	79.7%	→
Lawrence	80.0%	82.0%	↑
Lincoln	78.6%	80.6%	↑
Lyman	62.5%	59.4%	↓
Marshall	73.3%	76.3%	↑
McCook	76.7%	75.9%	→
McPherson	80.4%	84.2%	↑
Meade	82.5%	85.1%	↑
Mellette	69.4%	74.4%	↑
Miner	75.8%	82.1%	↑
Minnehaha	73.6%	76.3%	↑
Moody	70.8%	75.1%	↑
Oglala Lakota	49.9%	51.4%	↑
Pennington	78.2%	80.8%	↑
Perkins	79.7%	80.6%	→
Potter	66.7%	80.7%	↑
Roberts	62.0%	68.1%	↑
Sanborn	78.3%	81.6%	↑
Spink	74.9%	80.8%	↑
Stanley	75.0%	76.3%	↑
Sully	75.6%	77.8%	↑
Todd	55.6%	60.6%	↑
Tripp	65.9%	67.5%	↑
Turner	76.3%	78.4%	↑
Union	77.2%	80.9%	↑
Walworth	63.4%	71.8%	↑
Yankton	68.7%	69.7%	→
Ziebach	52.5%	55.7%	↑

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

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

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

Source: SD Department of Health, Office of Health Statistics, County Profiles

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

Methodology: BRFSS data derived from 2006-2012, in response to being asked if they reported binge or heavy drinking.

State of South Dakota		2014	
Percent of adult population that excessively drinks		19.4%	
County	Percent of population that excessively drinks	County	Percent of population that excessively drinks
Aurora	15.2%	Hyde	no data
Beadle	19.3%	Jackson	17.3%
Bennett	25.6%	Jerauld	14.1%
Bon Homme	16.0%	Jones	n.d.
Brookings	19.8%	Kingsbury	13.2%
Brown	20.7%	Lake	20.8%
Brule	15.8%	Lawrence	19.2%
Buffalo	27.5%	Lincoln	23.1%
Butte	9.2%	Lyman	20.0%
Campbell	21.4%	Marshall	21.4%
Charles Mix	22.2%	McCook	19.0%
Clark	17.3%	McPherson	12.9%
Clay	20.1%	Meade	16.9%
Codington	21.8%	Mellette	21.0%
Corson	24.8%	Miner	n.d.
Custer	15.4%	Minnehaha	20.6%
Davison	13.3%	Moody	22.4%
Day	n.d.	Oglala Lakota	23.8%
Deuel	22.0%	Pennington	17.1%
Dewey	20.1%	Perkins	13.5%
Douglas	16.0%	Potter	n.d.
Edmunds	20.1%	Roberts	19.1%
Fall River	16.3%	Sanborn	n.d.
Faulk	n.d.	Spink	24.3%
Grant	22.9%	Stanley	20.2%
Gregory	23.8%	Sully	13.6%
Haakon	21.8%	Todd	20.2%
Hamlin	17.1%	Tripp	20.6%
Hand	17.3%	Turner	19.2%
Hanson	n.d.	Union	18.1%
Harding	29.8%	Walworth	14.3%
Hughes	16.6%	Yankton	21.9%
Hutchinson	18.4%	Ziebach	22.5%

n.d.: no data

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

Appendix D | Primary Health Indicators and Annotated References

The following indicators were researched with the intent of including them in the quartile ranking exercise, however county-level data was not available.

Indicators	Annotated References and Noted Assumptions
<i>Health Status</i>	
Health Outcomes	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</p> <p>The Health Outcome ranking is based is on an equal weighting of length and quality of life; length of life is defined as premature death (data provided by the National Center for Health Statistics, Mortality Files, 2010-2012), and quality of life is based on four equally weighted measures: poor or fair health, poor physical health days, and poor mental health days (all sourced from Behavioral Risk Factor Surveillance System (BRFSS) data, 2006-2012), and low birthweight (sourced from the National Center for Health Statistics, Natality files, 2006-2012).</p> <p>Counties were ranked using the same ranking applied by County Health Rankings (University of Wisconsin). Counties were ranked 1-60; a total of 6 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>
Health Factors	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</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 1-60; a total of 6 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>
Poor or Fair Health	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</p> <p>The Poor or Fair Health ranking is based on the percentage of adults that reported having fair or poor health (age-adjusted) via BRFSS, 2006-2012.</p> <p>Counties were ranked from 1-66 (the lower the ranking, the lower the percent of residents indicating poor or fair health).</p>

Life Expectancy (Male)

Institute for Health Metrics and Evaluation (IHME), US County Profile: Counties, South Dakota, Life Expectancy. <http://www.healthdata.org/us-county-profiles>. 2013. Accessed 12.30.2015.

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. Hutchinson, Lyman, Potter and Turner County each reported 77.7 years of age for male life expectancy; all were given a ranking score of 14, instead of individual rankings of 14, 15, 16, and 17). Ranking continued at 18 for subsequent counties with lower life expectancy reported values.

Life Expectancy (Female)

Institute for Health Metrics and Evaluation (IHME), US County Profile: Counties, South Dakota, Life Expectancy. <http://www.healthdata.org/us-county-profiles>. 2013. Accessed 12.30.2015.

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.

Mortality Rates (includes Infant and all Disease Specific Rates)

South Dakota Department of Health, Office of Health Statistics: County Profiles

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 is Health Status Indicators 2007 - 2011. The 2014 infant mortality is Health Status Indicators 2010 - 2014.

Counties were ranked 1-66 according to 2014 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 23 counties with no data reported; these counties were assigned the median rank score of 49.

Obesity Prevalence

Centers of Disease Control, County-Level Data.
<http://www.cdc.gov/diabetes/data/county.html>

The prevalence selected risk factors by county was estimated using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau's Population Estimates Program. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were asked to consider if they were obese, defined as their body mass index as 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight.

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).

Diabetes Prevalence

Centers of Disease Control, County-Level Data.
<http://www.cdc.gov/diabetes/data/county.html>

The prevalence of diabetes by county was estimated using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau's Population Estimates Program. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were asked "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes.

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).

Cancer Prevalence

South Dakota Department of Health, Data Query System (accessed February 2016)

Cancer prevalence data (age-adjusted incidence rate) was queried 2008-2012 (date of diagnosis) 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.

Anxiety Disorder Diagnosis

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.

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).

Depression Diagnosis 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.

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).

STD Incidence Rates South Dakota Department of Health, Office of Disease Prevention

Average annual incidence (cases per 100,000 population per year). Individual counties events of 1-5 in a single year are published as ≤5.

Counties were ranked for each of reported STDs (Chlamydia, Gonorrhea, and Syphilis) in order from lowest (ranking of 1) to highest (ranking of 66) in disease prevalence. All counties reported less than 5 events were given a score 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

Dentists ratio to population University of Wisconsin Population Health Institute. County Health Rankings, 2015.

Ratio of population to dentists was determined by CHR via data from the Area Health Resource File, National Provider directory for 2014. The ratios were then ranked in order of lowest (more dentists per capita) to highest (fewer dentists per capita) and assigned a score of 1-66. All counties with zero dentists were given a score of 66.

Poverty Level U.S. Census Quickfacts by County

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

Free and Reduced School Lunch Child and Adult Nutrition Services, South Dakota Department of Education. <http://doe.sd.gov/cans/nslp.asp> and KIDS COUNT Data Center, accessed December 2015 at <http://datacenter.kidscount.org/data/tables/6185-free-or-reduced-price-school-lunch-participation?loc=43&loct=5#detailed/5/6354-6419/false/869,36,868,867,133/any/12903>

Counties were ordered from lowest percentage participation in free and reduced school lunch program to highest percentage participation, and ranked 1-66. Two counties did not report data for 2014 and were given the median rank score (35).

Have a personal doctor/provider	<p>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.</p> <p>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 = 38).</p>
Have a usual place to go for medical care	<p>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.</p> <p>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 = 38).</p>
Live births	<p>South Dakota Department of Health, Data Query System (accessed January 2016)</p> <p>Births by year was queried 2010-2014 for all counties in South Dakota, all ages, all genders, all races, all stages, all methods of delivery, and all gestational ages. The 2011 population was used for the county rankings, and was per capita-adjusted using 2011 county-specific population data derived from the U.S. Census. The resulting per capita prevalence was ordered from lowest to highest value, rankings of 1-66 applied.</p>
Low birth weight	<p>South Dakota Department of Health, Office of Health Statistics</p> <p>Counties were ranked according to the 2014 percent of low birth weight infants reported by the SD DOH and scored 1-66, lower scores indicating a lower percent of babies born of low birth weight and higher scores indicating a higher percent of babies born of low birth weight. The 2014 low birth weight 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>

Prenatal care in first trimester	<p>South Dakota Department of Health, Office of Health 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>
Colorectal cancer screening	<p>Screening and Risk Factors for South Dakota, accessed at http://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=southdakota#t=1.</p> <p>Data was originally obtained using 2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS and represents people that have ever had a colorectal endoscopy (sigmoidoscopy or colonoscopy), all races, both sexes, aged 50+.</p> <p>Counties were ranked 1-66 based on the model-based percent derived from the combined BRFSS and NHIS data.</p>
Breast cancer screening	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</p> <p>Data reflects mammography screenings among Medicare enrollees for 2012, original data provided by the Dartmouth Atlas of Health Care. Counties were ranked 1-66 based on rate of mammography screenings, with higher rates scored a lower score.</p>
Influenza vaccination	<p>Centers for Medicare & Medicaid Services (CMS), Flu Vaccinations of Medicare Beneficiaries Mapping Tool. Data is updated weekly; last updated and queried on December 21, 2015.</p> <p>Locations with fewer than 25 claims were not reported. The mapping tool only shows claims for those covered by Medicare Fee-for-Service, which includes two-thirds of Americans aged 65 and over as well as disabled Americans under age 65. Data was not reported for some counties; those counties were given the highest score (42) as it had fewer than 25 claims reported; all other counties had higher flu vaccination rates and were scored 1-41 accordingly.</p>
Uninsured adults, aged 18 to 64	<p>United States Census Bureau. Small Area Health Insurance Estimates (SAHIE). Data queried January 4, 2016.</p>
Uninsured children, under 18	<p>United States Census Bureau. Small Area Health Insurance Estimates (SAHIE). Data queried January 4, 2016.</p>
EMS, Average Dispatch to Enroute Time in Minutes	<p>South Dakota Department of Health, Med-Media WebCUR System.</p>

Health Risk Behaviors

Access to healthy foods	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</p> <p>Data reflects limited access to healthy foods (percent of population) based on original data sourced from the USDA Food Environment Atlas for 2010.</p> <p>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).</p>
Physical inactivity	<p>Centers of Disease Control, County-Level Data on Inactivity Prevalence, 2012. Accessed from http://www.cdc.gov/diabetes/data/county.html. Original data provided through BRFSS.</p> <p>The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were asked “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” If the respondent answered “no” their response/activity was recorded as inactive.</p> <p>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).</p>
Adult smoking	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</p> <p>Data reflects adult smoking as the percentage of adults who are current smokers via original inquiry through BRFSS, 2011.</p> <p>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).</p>

Mother's tobacco use during pregnancy	<p>South Dakota Department of Health, Office of Health Statistics.</p> <p>Data for mothers who used tobacco are self-reported.</p> <p>Counties were ranked 1-66 based on the percent of mothers who used tobacco while pregnant 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 2014 mother's tobacco use during pregnancy is Health Status Indicators 2010-2014.</p>
Mother's breastfeeding at discharge	<p>South Dakota Department of Health, Office of Health Statistics.</p> <p>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 2014 mother's breastfeeding at discharge is Health Status Indicators 2010-2014.</p>
Excessive drinking	<p>University of Wisconsin Population Health Institute. County Health Rankings, 2015.</p> <p>Data reflects adult smoking as the percentage of adults who reported binge or heavy drinking via original inquiry through BRFSS, 2006-2012.</p> <p>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).</p>

Appendix E | Health Indicators Ranking by County, Full List

	HEALTH STATUS																																															
	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		Obesity Prevalence		Diabetes Incidence		Cancer Incidence		Anxiety Disorder Diagnosis		Depression Diagnosis		STD Incidence Rates		TOTAL	
Aurora	47	19	43	18	9	20	49	43	33	6	26	60	35	43	1	51	1	30	17	50	17	47	1	666																								
Beadle	46	34	35	51	47	39	55	36	34	19	47	41	27	52	25	57	40	35	25	40	30	33	18	866																								
Bennett	53	54	47	64	65	59	66	54	54	25	1	44	52	56	52	64	58	60	60	57	29	29	32	1135																								
Bon Homme	8	37	11	6	9	6	53	6	14	22	33	27	8	24	33	19	1	49	16	34	18	22	12	468																								
Brookings	4	3	9	9	32	25	44	20	39	15	45	48	9	13	26	23	29	9	1	46	57	9	21	536																								
Brown	18	5	30	47	32	41	40	39	36	33	53	31	16	38	32	38	34	27	10	39	38	40	38	755																								
Brule	34	32	39	43	32	32	60	32	25	10	32	11	44	47	44	48	1	58	44	7	35	30	10	750																								
Buffalo	59	58	59	47	47	63	64	26	66	1	58	1	55	62	61	1	64	64	66	19	55	57	31	1084																								
Butte	23	29	34	59	59	48	52	55	47	35	41	16	33	39	55	52	46	1	7	37	37	3	13	821																								
Campbell	31	31	21	41	23	9	49	47	3	1	11	51	58	40	1	1	1	43	39	9	7	2	1	520																								
Charles Mix	12	49	7	38	15	35	36	50	30	14	55	9	38	45	50	44	36	58	57	41	46	43	40	848																								
Clark	5	31	36	43	20	44	49	38	41	26	42	58	54	27	1	55	1	54	25	31	23	20	1	725																								
Clay	16	26	1	38	23	49	48	63	48	20	12	38	14	41	39	43	33	17	3	22	13	12	17	636																								
Codington	9	23	27	4	29	28	39	22	49	38	44	23	21	32	37	30	31	21	7	47	53	44	37	695																								
Corson	58	56	58	58	51	62	43	64	61	41	48	20	63	61	66	60	60	62	61	5	29	29	62	1178																								
Custer	45	25	33	47	43	14	49	11	20	28	22	32	39	10	31	29	39	8	44	11	33	41	16	670																								
Davison	11	8	29	21	41	33	38	52	43	16	19	34	17	19	49	58	32	57	21	52	10	10	32	702																								
Day	13	46	17	33	38	23	49	42	9	46	28	57	36	30	30	21	35	39	53	29	34	36	11	755																								
Deuel	20	42	43	25	13	4	49	21	4	37	18	26	28	12	51	40	1	44	27	12	4	8	1	530																								
Dewey	56	57	60	62	47	66	54	65	65	32	17	25	66	65	64	66	65	63	61	64	29	29	62	1240																								
Douglas	39	17	56	35	51	38	49	29	56	55	51	29	26	14	1	26	53	16	46	10	2	34	1	734																								
Edmunds	1	6	11	30	6	11	49	13	17	44	21	4	23	59	1	42	1	18	14	59	14	23	1	468																								
Fall River	49	47	54	63	64	58	49	57	57	65	24	19	41	57	43	50	50	27	50	35	43	14	12	1028																								
Faulk	37	38	31	18	20	3	49	5	31	49	46	8	3	49	1	20	1	20	38	45	24	25	1	562																								
Grant	25	41	50	47	38	27	49	24	12	47	49	49	13	51	29	36	1	37	17	28	47	54	9	780																								
Gregory	21	44	18	57	51	54	61	59	40	58	16	33	57	54	1	13	54	48	41	54	9	13	8	864																								
Haakon	31	31	41	25	32	43	49	51	45	53	1	40	7	1	1	63	1	51	34	66	15	26	1	708																								
Hamlin	6	28	31	38	59	46	49	28	15	42	66	45	32	28	35	46	1	41	20	23	16	17	8	720																								
Hand	24	7	2	29	5	5	49	4	13	50	7	28	12	46	1	14	49	25	51	4	42	35	1	503																								
Hanson	36	10	31	11	7	31	65	53	52	5	23	12	31	1	1	34	1	4	9	58	27	11	1	514																								
Harding	31	31	31	21	23	10	49	14	2	31	1	63	61	58	1	1	1	32	10	3	41	45	1	561																								
Hughes	7	4	31	2	43	21	41	17	26	39	39	53	19	25	40	27	45	15	21	48	5	39	37	644																								
Hutchinson	3	11	26	14	15	26	49	31	10	24	34	46	37	21	1	47	1	39	42	51	20	18	11	577																								
Hyde	31	31	15	18	20	24	49	66	6	1	15	64	1	1	1	1	1	36	46	61	21	21	1	531																								
Jackson	55	52	52	61	61	61	62	45	51	64	10	1	60	55	60	49	61	53	55	2	29	29	34	1062																								
Jerauld	38	9	6	43	13	13	49	8	44	30	64	62	20	1	1	1	1	13	34	8	40	5	1	504																								
Jones	31	31	8	25	15	8	49	1	11	36	27	1	1	1	1	1	1	24	40	1	3	7	7	330																								
Kingsbury	10	16	31	12	41	47	56	49	38	13	38	35	49	31	57	61	48	51	33	44	28	38	9	835																								
Lake	26	12	46	13	23	15	46	18	23	29	54	54	10	18	38	12	44	14	14	13	39	1	13	575																								
Lawrence	32	24	22	10	29	16	37	15	32	59	25	21	15	33	45	16	38	1	3	24	52	15	34	598																								
Lincoln	2	1	10	1	1	1	35	3	7	9	40	18	5	7	28	18	28	9	2	16	6	24	38	309																								
Lyman	35	50	37	14	9	56	49	56	16	54	57	42	62	29	1	39	52	44	54	30	8	16	30	840																								
Marshall	43	48	13	35	51	50	63	41	46	51	31	65	48	48	48	54	41	34	29	56	51	49	7	1002																								
McCook	17	18	4	46	51	55	49	60	59	8	62	55	40	36	36	35	1	3	21	60	56	50	10	832																								
McPherson	48	13	48	60	43	29	49	61	5	12	14	59	43	35	1	15	1	31	56	33	32	27	1	716																								

	HEALTH STATUS																									
	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	Obesity Prevalence	Diabetes Incidence	Cancer Incidence	Anxiety Disorder Diagnosis	Depression Diagnosis	STD Incidence Rates			
Meade	29	20	24	7	32	30	33	25	24	52	13	39	18	23	58	24	43	7	6	26	31	42	35	641		
Mellette	54	53	42	51	47	60	49	9	64	57	20	61	50	63	59	1	63	41	58	62	29	29	26	1048		
Miner	33	21	5	30	9	34	49	46	19	40	63	47	47	9	1	37	1	33	37	43	12	31	1	648		
Minnehaha	28	22	19	35	29	37	34	23	53	45	50	37	24	17	42	22	42	6	10	49	49	37	66	776		
Moody	27	43	53	8	3	18	50	34	42	7	59	36	25	44	53	1	1	50	36	42	22	48	28	730		
Oglala Lakota	60	60	55	66	66	65	59	35	63	56	9	52	65	64	62	65	66	66	65	21	29	29	64	1242		
Pennington	41	35	28	21	23	19	45	27	29	18	30	14	30	8	41	32	47	5	10	32	50	55	64	704		
Perkins	44	39	31	54	62	53	49	16	62	11	43	22	51	15	56	53	1	55	29	36	48	28	1	859		
Potter	22	15	23	14	7	12	49	12	8	17	35	6	45	50	1	41	1	19	46	65	45	51	1	585		
Roberts	42	51	15	41	51	57	47	48	58	23	29	50	53	53	54	25	56	56	58	18	19	56	19	979		
Sanborn	40	45	40	33	40	45	49	7	55	27	65	24	46	20	1	45	1	22	31	17	1	6	8	668		
Spink	50	36	38	30	15	36	49	19	21	60	52	17	56	37	1	59	51	27	28	14	25	46	11	778		
Stanley	30	33	45	21	23	7	49	2	27	66	1	15	4	22	63	1	1	44	42	55	54	52	8	665		
Sully	31	31	3	5	4	2	49	10	37	1	1	1	6	1	1	1	1	37	31	53	29	32	1	368		
Todd	57	59	57	65	62	64	58	58	60	63	8	66	64	66	65	62	62	61	64	27	29	29	42	1248		
Tripp	51	40	20	56	51	40	51	30	22	21	56	13	42	16	1	56	57	25	46	38	29	29	13	803		
Turner	15	30	14	14	32	42	49	40	35	61	60	5	34	26	46	17	1	44	17	20	36	53	8	699		
Union	14	2	24	3	2	22	32	44	28	43	36	7	11	11	27	33	37	33	24	63	44	29	32	601		
Walworth	31	27	51	54	43	52	49	33	50	34	61	56	22	42	34	28	55	11	51	15	26	19	37	881		
Yankton	19	14	31	25	15	17	42	37	18	48	37	10	29	34	47	31	30	11	5	25	11	4	35	575		
Ziebach	52	55	49	51	58	51	57	62	1	62	1	43	59	60	1	1	59	65	63	6	29	29	33	947		

	HEALTH ACCESS														TOTAL
	Dentists ratio to population	Poverty Level	Free & reduced school lunch	Have a personal doctor/provider	Have a usual place to go for medical care	Live birth rate	Low birth weight	Prenatal care in first trimester	Colorectal cancer screening	Breast cancer screening	Influenza vaccination	Uninsured adults, aged 18 to 64	Uninsured children, under 18	EMS, Average Dispatch to Enroute	
Aurora	66	20	49	21	35	48	28	34	9	42	42	36	43	31	504
Beadle	19	44	53	28	33	7	55	54	30	18	14	46	24	40	465
Bennett	14	61	65	38	38	31	10	64	51	29	42	59	25	54	581
Bon Homme	31	45	31	49	42	41	41	9	10	9	25	29	39	20	421
Brookings	36	40	10	53	65	5	17	17	19	5	10	18	12	5	312
Brown	17	27	23	12	18	4	29	18	13	12	9	3	3	13	201
Brule	50	42	56	62	19	30	39	35	3	49	16	48	52	35	536
Buffalo	4	63	64	64	20	44	51	66	65	29	13	64	18	3	568
Butte	25	47	45	25	50	19	32	11	20	35	34	49	22	43	457
Campbell	66	6	7	23	30	63	1	13	14	25	42	20	41	17	368
Charles Mix	29	55	62	48	23	16	37	41	36	48	29	57	64	32	577
Clark	18	37	40	24	38	37	21	52	6	14	42	26	47	22	424
Clay	15	56	31	37	63	18	26	1	31	23	11	30	19	37	398
Codington	6	15	24	32	48	6	36	10	22	26	1	14	4	2	246
Corson	46	62	66	38	38	26	45	63	55	50	42	62	44	31	668
Custer	47	19	27	55	55	39	62	25	26	47	20	24	48	36	530
Davison	11	30	35	17	12	12	21	15	12	39	5	12	5	4	230
Day	51	49	50	63	17	42	45	39	40	2	36	45	45	47	571
Deuel	48	11	20	39	59	47	5	8	56	6	42	16	35	25	417
Dewey	10	58	63	38	38	17	41	60	63	46	40	66	34	52	626
Douglas	41	25	13	29	45	50	37	27	49	4	19	40	42	33	454
Edmunds	66	18	24	18	41	45	4	3	43	31	18	5	20	26	362
Fall River	9	50	45	52	28	43	61	42	16	55	37	38	28	28	532
Faulk	66	34	18	34	14	52	21	53	61	3	42	10	32	30	470
Grant	20	8	35	14	16	24	17	14	21	34	27	23	16	21	290
Gregory	27	52	55	44	25	40	7	51	37	53	24	50	53	58	576
Haakon	22	28	38	50	46	62	6	31	15	29	42	37	63	55	524
Hamlin	66	17	31	30	40	22	13	26	41	17	17	32	38	51	441
Hand	45	8	4	36	32	49	65	48	17	13	42	11	36	44	450
Hanson	66	4	7	11	31	46	55	45	59	1	42	28	33	31	459
Harding	66	23	16	51	47	61	1	20	45	29	42	43	59	29	532
Hughes	16	21	16	33	22	14	16	49	7	8	8	7	13	1	231
Hutchinson	32	34	24	59	58	23	11	36	31	23	33	25	30	31	450
Hyde	66	11	18	58	60	65	1	33	1	29	42	47	58	19	508
Jackson	43	60	59	38	38	33	60	59	54	29	42	65	56	26	662
Jerauld	3	43	38	31	29	57	13	32	57	21	42	31	57	12	466
Jones	2	33	47	43	66	66	34	21	18	29	42	55	65	16	537
Kingsbury	35	11	5	42	57	38	25	23	25	31	23	13	37	41	406
Lake	40	7	15	13	13	21	17	2	32	7	7	4	11	57	246
Lawrence	12	36	27	41	64	13	64	7	38	38	28	19	14	9	410
Lincoln	5	1	3	15	24	3	32	5	23	16	2	1	1	34	165
Lyman	66	56	61	66	26	34	17	62	52	27	42	60	60	7	636
Marshall	49	28	40	46	39	32	44	50	44	36	42	6	26	48	530
McCook	52	8	10	22	53	28	47	22	8	45	21	41	49	15	421
McPherson	34	50	54	10	15	58	41	46	58	22	6	51	62	18	525

	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	Live birth rate	Low birth weight	Prenatal care in first trimester	Colorectal cancer screening	Breast cancer screening	Influenza vaccination	Uninsured adults, aged 18 to 64	Uninsured children, under 18	EMS, Average Dispatch to Enroute		
Meade	8	16	34	54	62	8	47	16	39	36	22	34	17	10	403	
Mellette	66	59	58	38	38	54	26	58	53	29	42	61	51	50	683	
Miner	1	32	10	38	54	60	12	29	2	14	42	8	27	56	385	
Minnehaha	23	24	30	20	44	1	50	19	33	20	4	17	6	59	350	
Moody	28	30	50	65	11	25	39	40	34	18	30	35	40	39	484	
Oglala Lakota	38	66	35	38	38	9	55	56	62	56	15	27	10	11	516	
Pennington	7	39	43	56	52	2	47	24	50	39	42	53	66	37	557	
Perkins	42	45	43	45	37	55	34	38	46	52	42	22	46	45	592	
Potter	33	21	14	61	51	59	21	47	5	54	26	52	54	60	558	
Roberts	66	54	57	60	10	15	29	55	48	44	42	44	55	42	621	
Sanborn	30	41	40	40	34	53	29	30	29	11	41	58	8	49	493	
Spink	13	26	20	26	21	36	59	28	27	51	35	9	15	14	380	
Stanley	39	5	47	57	61	51	15	43	42	30	42	42	31	31	536	
Sully	66	2	7	35	56	64	63	57	47	29	42	33	61	6	568	
Todd	44	65	35	38	38	11	53	65	64	57	39	56	7	22	594	
Tripp	37	53	52	38	38	35	51	37	28	43	32	54	50	61	609	
Turner	53	14	20	47	49	29	8	12	35	28	31	21	23	53	423	
Union	26	2	5	16	36	20	54	4	4	41	12	2	2	46	270	
Walworth	21	48	35	27	43	27	8	44	24	10	38	39	21	24	409	
Yankton	24	37	27	19	27	10	55	6	11	29	3	15	9	8	280	
Ziebach	66	64	60	38	38	56	66	61	60	29	42	63	29	31	703	

	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	51	61	15	24	45	9	205	
Beadle	15	30	25	32	48	28	178	
Bennett	60	35	44	57	64	56	316	
Bon Homme	49	32	42	11	37	12	183	
Brookings	32	1	13	19	11	29	105	
Brown	10	8	29	41	29	38	155	
Brule	20	17	20	37	52	11	157	
Buffalo	23	61	56	66	66	57	329	
Butte	24	14	46	61	19	1	165	
Campbell	46	56	17	1	3	41	164	
Charles Mix	33	24	28	59	57	47	248	
Clark	26	33	34	12	6	19	130	
Clay	7	6	22	10	31	31	107	
Codington	14	10	35	58	42	43	202	
Corson	61	51	52	53	60	55	332	
Custer	13	11	36	44	26	10	140	
Davison	9	14	19	43	50	4	139	
Day	37	26	23	65	53	1	205	
Deuel	44	58	38	33	9	46	228	
Dewey	36	59	54	62	65	31	307	
Douglas	51	24	7	9	5	12	108	
Edmunds	34	27	11	13	15	31	131	
Fall River	29	18	51	50	32	14	194	
Faulk	56	60	1	2	1	1	121	
Grant	8	57	49	22	33	50	219	
Gregory	31	53	6	36	47	52	225	
Haakon	21	38	1	17	11	43	131	
Hamlin	52	14	32	28	6	17	149	
Hand	25	50	11	6	35	19	146	
Hanson	12	27	30	5	13	1	88	
Harding	54	40	1	3	2	58	158	
Hughes	11	4	17	42	43	15	132	
Hutchinson	28	61	2	7	21	23	142	
Hyde	47	49	1	23	49	1	170	
Jackson	58	52	40	46	61	19	276	
Jerauld	55	44	3	34	14	7	157	
Jones	45	43	1	47	4	1	141	
Kingsbury	30	48	5	26	16	3	128	
Lake	2	19	37	20	30	39	147	
Lawrence	6	7	44	44	18	26	145	
Lincoln	1	4	4	4	26	51	90	
Lyman	38	13	41	64	59	30	245	
Marshall	39	37	48	40	37	42	243	
McCook	43	41	1	16	41	24	166	
McPherson	42	38	9	27	10	2	128	

	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	4	22	31	29	8	16	110	
Mellette	59	53	47	52	45	40	296	
Miner	7	36	1	13	17	1	75	
Minnehaha	5	9	32	25	37	36	144	
Moody	41	29	8	51	44	48	221	
Oglala Lakota	53	12	57	48	63	52	285	
Pennington	16	3	43	38	23	17	140	
Perkins	35	65	9	21	26	5	161	
Potter	50	64	1	29	25	1	170	
Roberts	35	23	50	63	55	25	251	
Sanborn	48	45	1	31	20	1	146	
Spink	27	21	24	35	23	54	184	
Stanley	13	33	27	38	37	34	182	
Sully	40	46	1	8	36	6	137	
Todd	25	46	55	60	58	34	278	
Tripp	19	31	15	55	56	36	212	
Turner	17	66	25	15	33	26	182	
Union	3	19	21	18	22	22	105	
Walworth	18	53	39	49	50	8	217	
Yankton	22	2	13	54	54	45	190	
Ziebach	57	41	53	56	62	49	318	

Appendix F | Quartile Rankings, All Counties

	HEALTH STATUS (Sum)		HEALTH ACCESS (Sum)		HEALTH RISK BEHAVIORS (Sum)	
FIRST QUARTILE	Lincoln	309	Lincoln	165	Miner	75
	Jones	330	Brown	201	Hanson	88
	Sully	368	Davison	230	Lincoln	90
	Bon Homme	468	Hughes	231	Brookings	105
	Edmunds	468	Codington	246	Union	105
	Hand	503	Lake	246	Clay	107
	Jerauld	504	Union	270	Douglas	108
	Hanson	514	Yankton	280	Meade	110
	Campbell	520	Grant	290	Faulk	121
	Deuel	530	Brookings	312	Kingsbury	128
	Hyde	531	Minnehaha	350	McPherson	128
	Brookings	536	Edmunds	362	Clark	130
	Harding	561	Campbell	368	Edmunds	131
	Faulk	562	Spink	380	Haakon	131
Yankton	575	Miner	385	Hughes	132	
Lake	575	Clay	398	Sully	137	
SECOND QUARTILE	Hutchinson	577	Meade	403	Davison	139
	Potter	585	Kingsbury	406	Custer	140
	Lawrence	598	Walworth	409	Pennington	140
	Union	601	Lawrence	410	Jones	141
	Clay	636	Deuel	417	Hutchinson	142
	Meade	641	Bon Homme	421	Minnehaha	144
	Hughes	644	McCook	421	Lawrence	145
	Miner	648	Turner	423	Hand	146
	Stanley	665	Clark	424	Sanborn	146
	Aurora	666	Hamlin	441	Lake	147
	Sanborn	668	Hand	450	Hamlin	149
	Custer	670	Hutchinson	450	Brown	155
	Codington	695	Douglas	454	Brule	157
	Turner	699	Butte	457	Jerauld	157
Davison	702	Hanson	459	Harding	158	
Pennington	704	Beadle	465	Perkins	161	
Haakon	708	Jerauld	466	Campbell	164	

	HEALTH STATUS (Sum)		HEALTH ACCESS (Sum)		HEALTH RISK BEHAVIORS (Sum)	
THIRD QUARTILE	McPherson	716	Faulk	470	Butte	165
	Hamlin	720	Moody	484	McCook	166
	Clark	725	Sanborn	493	Hyde	170
	Moody	730	Aurora	504	Potter	170
	Douglas	734	Hyde	508	Beadle	178
	Brule	750	Oglala Lakota	516	Stanley	182
	Brown	755	Haakon	524	Turner	182
	Day	755	McPherson	525	Bon Homme	183
	Minnehaha	776	Custer	530	Spink	184
	Spink	778	Marshall	530	Yankton	190
	Grant	780	Fall River	532	Fall River	194
	Tripp	803	Harding	532	Codington	202
	Butte	821	Brule	536	Aurora	205
	McCook	832	Stanley	536	Day	205
	Kingsbury	835	Jones	537	Tripp	212
	Lyman	840	Pennington	557	Walworth	217
	Charles Mix	848	Potter	558	Grant	219
	FOURTH QUARTILE	Perkins	859	Buffalo	568	Moody
Gregory		864	Sully	568	Gregory	225
Beadle		866	Day	571	Deuel	228
Walworth		881	Gregory	576	Marshall	243
Ziebach		947	Charles Mix	577	Lyman	245
Roberts		979	Bennett	581	Charles Mix	248
Marshall		1002	Perkins	592	Roberts	251
Fall River		1028	Todd	594	Jackson	276
Mellette		1048	Tripp	609	Todd	278
Jackson		1062	Roberts	621	Oglala Lakota	285
Buffalo		1084	Dewey	626	Mellette	296
Bennett		1135	Lyman	636	Dewey	307
Corson		1178	Jackson	662	Bennett	316
Dewey		1240	Corson	668	Ziebach	318
Oglala Lakota		1242	Mellette	683	Buffalo	329
Todd	1248	Ziebach	703	Corson	332	

Appendix G | South Dakota Population Demographics

Table 48: Total Population by County, 2011 and 2014

Table 49: White Population by County, 2011 and 2014

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

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

Table 48: Total Population by County, 2011 and 2014

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

	Total population			Total population	
County	2011	2014	County	2011	2014
Aurora	2,694	2,745	Hyde	1,394	1,396
Beadle	17,550	18,169	Jackson	3,169	3,274
Bennett	3,441	3,430	Jerauld	2,085	2,007
Bon Homme	6,983	7,023	Jones	1,003	975
Brookings	32,226	33,314	Kingsbury	5,179	5,075
Brown	36,822	38,408	Lake	11,567	12,368
Brule	5,283	5,309	Lawrence	24,312	24,657
Buffalo	1,988	2,077	Lincoln	46,793	51,548
Butte	10,259	10,298	Lyman	3,806	3,877
Campbell	1,427	1,386	Marshall	4,597	4,683
Charles Mix	9,208	9,287	McCook	5,556	5,649
Clark	3,628	3,645	McPherson	2,452	2,429
Clay	14,051	13,932	Meade	25,546	26,951
Codington	27,442	27,938	Mellette	2,067	2,100
Corson	4,022	4,182	Miner	2,359	2,316
Custer	8,338	8,445	Minnehaha	171,752	182,882
Davison	19,651	19,885	Moody	6,475	6,367
Day	5,741	5,588	Oglala Lakota	13,928	14,218
Deuel	4,359	4,312	Pennington	102,815	108,242
Dewey	5,421	5,662	Perkins	3,001	3,033
Douglas	2,972	2,973	Potter	2,364	2,340
Edmunds	4,056	3,983	Roberts	10,286	10,374
Fall River	6,981	6,845	Sanborn	2,392	2,336
Faulk	2,367	2,357	Spink	6,470	6,598
Grant	7,250	7,241	Stanley	3,002	2,983
Gregory	4,216	4,217	Sully	1,375	1,438
Haakon	1,907	1,847	Todd	9,822	9,882
Hamlin	5,978	5,989	Tripp	5,615	5,512
Hand	3,423	3,345	Turner	8,332	8,272
Hanson	3,376	3,419	Union	14,651	15,029
Harding	1,269	1,250	Walworth	5,575	5,511
Hughes	17,292	17,642	Yankton	22,612	22,684
Hutchinson	7,257	7,200	Ziebach	2,852	2,826

Source: US Census Bureau

Table 49: White Population by County, 2011 and 2014

State	White	
	2011	2014
South Dakota	713,655	731,359

County	White	
	2011	2014
Aurora	2,597	2,635
Beadle	16,041	16,107
Bennett	1,197	1,192
Bon Homme	6,285	6,303
Brookings	30,228	30,970
Brown	34,465	35,019
Brule	4,670	4,617
Buffalo	350	383
Butte	9,715	9,723
Campbell	1,406	1,346
Charles Mix	5,994	5,940
Clark	3,577	3,550
Clay	12,800	12,665
Codington	26,235	26,499
Corson	1,239	1,348
Custer	7,846	7,879
Davison	18,590	18,715
Day	5,069	4,926
Deuel	4,285	4,926
Dewey	1,241	1,292
Douglas	2,874	2,856
Edmunds	3,971	3,902
Fall River	6,199	6,003
Faulk	2,336	2,318
Grant	7,112	6,998
Gregory	3,794	3,746
Haakon	1,800	1,719
Hamlin	5,888	5,864
Hand	3,372	3,288
Hanson	3,322	3,366
Harding	1,227	1,189
Hughes	14,785	14,983
Hutchinson	7,083	6,968

County	White	
	2011	2014
Hyde	1,252	1,231
Jackson	1,360	1,393
Jerauld	2,047	1,967
Jones	949	899
Kingsbury	5,070	4,930
Lake	11,162	11,858
Lawrence	22,902	23,148
Lincoln	44,921	49,165
Lyman	2,253	2,254
Marshall	4,064	4,113
McCook	5,456	5,532
McPherson	2,420	2,386
Meade	23,553	24,646
Mellette	821	873
Miner	2,319	2,255
Minnehaha	154,062	161,484
Moody	5,303	5,189
Oglala Lakota	752	835
Pennington	86,673	90,415
Perkins	2,905	2,935
Potter	2,303	2,252
Roberts	6,346	6,158
Sanborn	2,344	2,281
Spink	6,302	6,349
Stanley	2,705	2,642
Sully	1,330	1,367
Todd	1,080	1,072
Tripp	4,683	4,553
Turner	8,124	8,029
Union	14,094	14,362
Walworth	4,622	4,538
Yankton	21,165	21,044
Ziebach	673	690

Source: US Census Bureau

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

State	Black		American Indian		Asian		2 or More Races	
	2011	2014	2011	2014	2011	2014	2011	2014
South Dakota	11,537	15,971	73,343	75,879	8,241	10,739	16,482	18,602

County	Black		American Indian		Asian		2 or More Races	
	2011	2014	2011	2014	2011	2014	2011	2014
Aurora	11	13	43	54	19	17	24	26
Beadle	228	315	228	231	772	1,153	281	329
Bennett	7	15	2,071	2,016	17	22	145	184
Bon Homme	70	91	517	522	14	13	98	94
Brookings	290	505	354	441	902	941	451	430
Brown	221	617	1,141	1,267	368	735	552	702
Brule	16	20	449	489	11	16	137	166
Buffalo	6	12	1,600	1,634	4	2	30	46
Butte	41	73	215	209	31	33	256	251
Campbell	1	4	6	11	7	7	7	18
Charles Mix	18	36	2,901	3,013	18	22	276	275
Clark	15	52	4	8	4	3	29	32
Clay	197	229	464	423	267	299	309	308
Codington	137	214	576	631	137	221	357	371
Corson	8	10	2,655	2,675	16	15	101	130
Custer	42	58	258	283	33	42	158	179
Davison	138	202	511	551	98	109	295	287
Day	17	35	540	490	11	34	103	103
Deuel	17	43	22	16	4	6	31	42
Dewey	11	21	3,963	4,120	11	10	201	219
Douglas	15	17	59	72	3	7	21	21
Edmunds	4	9	24	23	4	7	49	42
Fall River	63	77	489	479	28	60	195	222
Faulk	2	9	5	4	2	5	21	21
Grant	15	69	44	63	22	28	51	80
Gregory	8	16	312	322	13	18	80	101
Haakon	4	16	38	38	11	13	53	60
Hamlin	12	32	24	29	18	19	36	44
Hand	3	4	10	13	10	12	27	26
Hanson	3	7	20	12	14	12	17	21
Harding	1	7	20	27	1	3	20	24
Hughes	156	181	1,850	1,945	104	115	398	415
Hutchinson	36	53	73	98	15	15	58	65
Hyde	1	6	107	129	3	4	28	25
Jackson	16	20	1,629	1,700	3	2	162	155
Jerauld	4	4	8	10	4	5	17	18
Jones	2	3	24	35	1	8	25	26
Kingsbury	10	27	31	35	16	21	52	62
Lake	81	125	93	103	81	120	150	160
Lawrence	170	245	559	570	170	178	486	499
Lincoln	374	653	328	280	515	684	655	752
Lyman	8	19	1,427	1,484	11	11	107	108
Marshall	18	57	437	434	14	12	60	67

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

County	Black		American Indian		Asian		2 or More Races	
	2011	2014	2011	2014	2011	2014	2011	2014
McCook	17	25	33	37	11	10	39	43
McPherson	-	10	2	9	5	4	20	17
Meade	434	519	639	744	204	252	715	771
Mellette	4	7	1,110	1,100	6	6	126	114
Miner	2	15	5	12	9	9	24	25
Minnehaha	6,527	8,482	4,809	4,988	2,576	3,495	3,607	4,234
Moody	39	57	900	856	71	81	162	184
Oglala Lakota	42	32	12,869	13,109	56	16	195	23
Pennington	1,337	1,704	9,973	10,812	1,131	1,314	3,599	3,882
Perkins	9	10	45	51	6	8	36	29
Potter	5	10	21	42	9	11	26	25
Roberts	31	63	3,559	3,798	31	33	319	322
Sanborn	-	3	12	9	7	5	31	37
Spink	19	47	91	127	6	7	45	68
Stanley	9	27	198	230	3	8	84	76
Sully	3	12	17	28	-	1	26	30
Todd	29	28	8,506	8,523	29	25	187	234
Tripp	11	22	780	774	11	28	129	134
Turner	25	42	92	86	17	20	75	91
Union	117	160	103	108	147	159	176	227
Walworth	11	29	775	747	17	20	151	177
Yankton	384	437	633	689	136	157	294	348
Ziebach	9	9	2,085	2,011	9	10	77	105

Source: US Census Bureau

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

State	Under 5 Years		Under 18 Years		65 Years and Over	
	2011	2014	2011	2014	2011	2014
South Dakota	59,334	60,610	203,548	210,407	118,668	130,223

County	Under 5 Years		Under 18 Years		65 Years and Over	
	2011	2014	2011	2014	2011	2014
Aurora	183	178	714	722	525	541
Beadle	1,351	1,521	4,300	4,690	2,948	3,034
Bennett	358	328	1,180	1,151	379	422
Bon Homme	328	319	1,355	1,364	1,327	1,403
Brookings	1,901	2,023	6,026	6,551	3,255	3,482
Brown	2,541	2,609	8,506	9,113	5,855	6,151
Brule	365	373	1,337	1,351	888	916
Buffalo	249	276	805	842	137	149
Butte	728	647	2,544	2,488	1,621	1,902
Campbell	56	52	247	230	375	343
Charles Mix	792	800	2,735	2,739	1,602	1,667
Clark	268	304	856	871	798	745
Clay	759	794	2,431	2,518	1,419	1,557
Codington	2,058	1,966	6,751	6,805	4,061	4,339
Corson	370	392	1,392	1,445	418	439
Custer	375	331	1,601	1,428	1,843	2,162
Davison	1,376	1,243	4,539	4,569	3,341	3,455
Day	344	319	1,246	1,230	1,320	1,363
Deuel	270	239	1,011	993	850	904
Dewey	526	665	1,838	1,988	515	565
Douglas	158	186	669	679	713	736
Edmunds	227	219	965	904	868	852
Fall River	265	226	1,201	1,225	1,668	1,786
Faulk	142	143	552	528	554	551
Grant	428	412	1,639	1,624	1,370	1,445
Gregory	249	240	944	959	1,003	1,018
Haakon	128	117	441	413	406	429
Hamlin	538	568	1,793	1,874	1,046	1,048
Hand	181	173	705	701	849	820
Hanson	297	332	1,080	1,129	469	466
Harding	71	97	291	280	183	196
Hughes	1,193	1,229	4,115	4,191	2,317	2,657
Hutchinson	435	490	1,720	1,697	1,800	1,708
Hyde	82	70	309	299	308	334
Jackson	292	358	1,033	1,118	421	437
Jerauld	148	135	450	465	517	499
Jones	63	50	226	206	203	211
Kingsbury	321	320	1,145	1,121	1,113	1,092
Lake	636	682	2,394	2,441	1,978	2,445
Lawrence	1,337	1,151	4,644	4,517	4,060	4,571
Lincoln	4,399	4,275	13,664	15,035	4,305	5,347
Lyman	263	323	1,085	1,113	563	589
Marshall	285	290	1,011	1,002	878	929

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

County	Under 5 Years		Under 18 Years		65 Years and Over	
	2011	2014	2011	2014	2011	2014
McCook	406	394	1,422	1,480	1,056	1,104
McPherson	130	139	535	539	733	684
Meade	1,865	1,701	6,208	6,479	3,168	3,698
Mellette	192	197	666	646	539	328
Miner	151	130	552	550	526	505
Minnehaha	12,881	14,060	42,766	45,888	19,408	22,271
Moody	473	478	1,671	1,622	991	1,086
Oglala Lakota	1,588	1,664	5,446	5,420	864	965
Pennington	7,505	7,547	24,984	25,953	14,291	16,684
Perkins	159	159	636	652	672	697
Potter	132	127	478	483	610	664
Roberts	854	906	2,942	2,953	1,759	1,881
Sanborn	134	149	500	518	500	442
Spink	382	390	1,598	1,583	1,275	1,291
Stanley	183	176	693	713	498	511
Sully	87	71	298	311	254	270
Todd	1,306	1,285	4,027	3,991	599	717
Tripp	331	341	1,297	1,237	1,179	1,189
Turner	508	495	1,966	1,923	1,566	1,698
Union	952	912	3,736	3,817	2,110	2,330
Walworth	351	330	1,232	1,244	1,310	1,337
Yankton	1,289	1,317	4,862	4,786	3,708	3,977
Ziebach	317	177	1,104	1,010	197	189

Source: US Census Bureau

General Health Status & Positive Behavior Measures

Table 52: Health Status of South Dakotans, 2011 and 2013

Table 53: General Health Rating of South Dakotans, 2011 and 2013

Table 54: Oral Health Measures, 2012

Table 55: Fruit and Vegetable Consumption, 2009 and 2013

Table 56: Physical Activity, 2011 and 2013

Behavioral Risks

Table 57: Alcohol Consumption, 2011 and 2013

Table 58: Risky Driving Behaviors, 2010 to 2013

Table 59: Current Adult Smokers, 2011 and 2013

Table 60: Smokeless Tobacco use in Adults, 2013

Table 61: Smoking Status, 2011 and 2013

Preventative Measures

Table 62: Cholesterol Awareness, 2011 and 2013

Table 63: Hypertension Awareness, 2011 and 2013

Table 64: BMI Categories, 2011 and 2014

Table 65: Colorectal Cancer Screenings, 2012

Table 66: Prostate Cancer Screening, 2012

Table 67: Women's Health Screenings, 2012

Table 68: Flu and Pneumonia Vaccinations in Adults Aged 65+, 2011 to 2013

Table 69: Tetanus Shot Incidence, 2013

Chronic Health Indicators

Table 70: Chronic Health Indicators - Arthritis, 2011 and 2013

Table 71: Effects of Having Arthritis, 2011 and 2013

Table 72: Chronic Health Indicators - Asthma, 2011 and 2013

Table 73: Chronic Health Indicators - Cardiovascular Disease, 2011 and 2013

Table 74: Chronic Health Indicators - COPD, 2011 and 2013

Table 75: Chronic Health Indicators - Diabetes, 2011 and 2013

Table 76: Chronic Health Indicators – Depression, 2011 and 2013

Table 77: Chronic Health Indicators – Kidney, 2011 and 2013

Table 78: Chronic Health Indicators – Other Cancer, 2011 and 2013

Table 79: Chronic Health Indicators – Skin Cancer, 2011 and 2013

Table 80: Chronic Health Indicators – Vision, 2011 and 2013

Table 81: HIV-AIDS Status, 2013

Health Care Access & Coverage

Table 82: Health Care Access & Coverage – Coverage, 2011 and 2013

Table 83: Time since last visit to a doctor for a routine check-up, 2013

Table 84: Percent of South Dakotans with a Personal Doctor/Health Care Provider, 2013

General Health Status and Positive Behavior Measures

Table 52: Health Status of South Dakotans, 2011 and 2013

	2011		2013	
	Good or Better Health	Fair or Poor Health	Good or Better Health	Fair or Poor Health
What is the status of your health?	85.4%	14.6%	87.4%	12.7%

Table 53: General Health Rating of South Dakotans, 2011 and 2013

How is your general health?	Excellent	Very good	Good	Fair	Poor
2011	19.0%	34.5%	31.8%	11.7%	3.0%
2013	20.2%	37.5%	29.7%	9.7%	3.0%

Table 54: Oral Health Measures, 2012

	2013	
	Yes	No
Adults aged 65+ who have had all their natural teeth extracted	19.4%	80.6%
Visited the dentist or dental clinic within the past year for any reason	70.9%	29.1%
Adults that have had any permanent teeth removed	44.5%	55.5%

Table 55: Fruit and Vegetable Consumption, 2009 and 2013

	2013	
	One or more times per day	Less than one time per day
Consumed fruit less than one time per day	60.7%	39.3%
Consumed vegetables less than one time per day	75.5%	24.5%

Table 56: Physical Activity, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Participated in enough aerobic and muscle strengthening exercises to meet guidelines	16.0%	84.0%	18.4%	81.6%
During the past month did you participate in any physical activities?	73.1%	27.0%	76.2%	23.9%
Participated in 150 minutes or more of aerobic physical activity per week	46.1%	53.9%	53.7%	46.3%
Participated muscle strengthening exercises more than twice per week	26.1%	73.9%	27.7%	72.3%

Behavioral Risks

Table 57: Alcohol Consumption, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Adults who have had at least one drink of alcohol within the past 30 days	58.80%	41.20%	57.80%	42.20%
Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	22.10%	77.90%	19.20%	80.80%
Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)	5.90%	94.10%	5.20%	94.80%

Table 58: Risky Driving Behaviors, 2010 to 2013

	2010/2011		2013	
	Yes	No	Yes	No
During the past month, have you driven at least once after having too much to drink?	2.5%	97.5%	No data	No data
Always wear a seat belt?	64.0%	36.0%	65.2%	34.8%

Table 59: Current Adult Smokers, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Adults who are current smokers	23.0%	77.0%	19.6%	80.4%

Table 60: Smokeless Tobacco Use in Adults, 2013

	2013		
	Every day	Some days	Not at all
Do you currently use chewing tobacco, snuff or snus?	4.3%	2.3%	93.4%

Table 61: Smoking Status, 2011 and 2013

Four Level Smoking Status	Smoke every day	Smoke some days	Former smoker	Never smoked
2011	15.5%	7.6%	25.5%	51.5%
2013	13.5%	6.1%	27.4%	53.1%

Preventative Measures

Table 62: Cholesterol Awareness, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Adults who have ever had their blood cholesterol checked	76.4%	23.6%	77.4%	22.7%
Adults who have had their blood cholesterol checked and have been told it was high	36.6%	63.4%	36.6%	63.4%

Table 63: Hypertension Awareness, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Adults who have been told they have high blood pressure	31.0%	69.0%	30.7%	69.3%

Table 64: BMI Categories, 2011 and 2014

Weight classification by Body Mass Index (BMI)	Obese (BMI 30.0-99.8)	Overweight (BMI 25.0-29.9)	Normal (BMI 18.5-24.9)	Underweight (BMI 12.0-18.4)
2011	28.1%	36.3%	34.3%	1.3%
2013	29.9%	37.1%	31.4%	1.7%

Table 65: Colorectal Cancer Screenings, 2012

	2012	
	Yes	No
Adults aged 50+ who have had a blood stool test within the past two years	13.5%	86.5%
Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy	65.6%	34.4%

Table 66: Prostate Cancer Screening, 2012

	2012	
	Yes	No
Men aged 40+ who have had a PSA test within the past two years	44.5%	55.5%

Table 67: Women’s Health Screenings, 2012

	2012	
	Yes	No
Women aged 50+ who have had a mammogram within the past two years	77.1%	23.0%
Women aged 40+ who have had a mammogram within the past two years	73.5%	26.5%
Women aged 18+ who have had a pap test within the past three years	79.1%	21.0%

Table 68: Flu and Pneumonia Vaccinations in Adults Aged 65+, 2011 to 2013

	2011		2013	
	Yes	No	Yes	No
Adults aged 65+ who have had a flu shot within the past year	68.3%	31.7%	66.4%	33.6%
Adults aged 65+ who ever had a pneumonia vaccination	67.1%	32.9%	65.4%	34.6%

Table 69: Tetanus Shot Incidence, 2013

	2013			
	Yes, Tdap	Yes, not Tdap	Yes, not sure what type	No
Since 2005, have you had a tetanus shot?	23.4%	6.0%	35.4%	35.2%

Chronic Health Indicators

Table 70: Chronic Health Indicators – Arthritis, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Adults who have been told they have arthritis	23.5%	76.5%	25.3%	74.7%

Table 71: Effects of Having Arthritis, 2011 and 2013

	2011			2013		
	Limited Usual Activities	No Limits to Usual Activities	Not been told they have arthritis	Limited Usual Activities	No Limits to Usual Activities	Not been told they have arthritis
Are you now limited in any way of your usual activities because of arthritis?	No data	No data	No data	10.8%	13.4%	75.8%
Do arthritis and joint symptoms affect whether you work?	No data	No data	No data	7.3%	16.7%	76.0%
Does arthritis or joint symptoms interfere with your normal social activities?	No data	No data	No data	3.0%	21.2%	75.8%

Table 72: Chronic Health Indicators – Asthma, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Adults who have been told they currently have asthma	6.9%	93.1%	7.9%	92.1%
Adults who have ever been told they have asthma	11.2%	88.8%	11.8%	88.2%

Table 73: Chronic Health Indicators – Cardiovascular Disease, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Ever told you had angina or coronary heart disease?	4.3%	95.7%	4.6%	95.4%
Ever told you had a heart attack (myocardial infarction?)	5.2%	94.8%	5.1%	94.9%
Ever told you had a stroke?	2.6%	97.4%	2.8%	97.2%

Table 74: Chronic Health Indicators – COPD, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Ever been told you have COPD?	no data	no data	4.5%	95.5%

Table 75: Chronic Health Indicators – Diabetes, 2011 and 2013

Have you ever been told by a doctor that you have diabetes?	Yes	Yes (Pregnancy-related)	No, pre-diabetes or borderline	No
2011	9.5%	0.0%	0.9%	88.6%
2013	9.1%	0.8%	1.1%	89.0%

Table 76: Chronic Health Indicators – Depression, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Ever told you that you have a form of depression?	16.4%	83.6%	14.5%	85.5%

Table 77: Chronic Health Indicators – Kidney, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Have you ever been told you have kidney disease?	2.0%	98.0%	2.5%	97.5%

Table 78: Chronic Health Indicators – Other Cancer, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Have you ever been told you had any other types of cancer?	7.1%	92.9%	6.7%	93.3%

Table 79: Chronic Health Indicators – Skin Cancer, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Ever told you had skin cancer?	5.9%	94.1%	6.5%	93.5%

Table 80: Chronic Health Indicators – Vision, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Ever told you have vision impairment?	17.1%	82.8%	14.9%	84.9%

Table 81: HIV-AIDS Status, 2013

	2013	
	Yes	No
Have you ever been tested for HIV?	26.3%	73.7%

Health Care Access & Coverage

Table 82: Health Care Access – Coverage, 2011 and 2013

	2011		2013	
	Yes	No	Yes	No
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	No data	No data	9.7%	90.3%
Do you have any kind of health care coverage?	87.2%	12.8%	87.8%	12.2%
Adults aged 18-64 who have any kind of health care coverage	84.6%	15.4%	85.1%	14.9%

Table 83: Time since last visit to a doctor for a routine check-up, 2013

	2013				
	Within the past year	Within the past 2 years	Within the past 5 years	5 or more years ago	Never
About how long has it been since you last visited a doctor for a routine checkup?	67.8%	12.7%	7.3%	10.4%	1.8%

Table 84: Percent of South Dakotans with a Personal Doctor/Health Care Provider, 2013

	2013		
	Yes, only one	More than one	No
Do you have one person you think of as your personal doctor or health care provider?	69.8%	6.4%	23.9%

Appendix I | Primary Care Task Force Performance Metrics

The following metrics were copied from the 2015 Oversight Report prepared by the South Dakota Governor-Appointed Primary Care Task Force. While these metrics were not integrated into the quartile ranking or indicator analysis for this needs assessment, the Task Force formulated a series of very appropriate metrics that pertain to the delivery of primary care statewide and physician recruitment. As such, it is recommended that the PCO continue its efforts in establishing current rates (2014 or 2015 if possible) so as to measure a direction of change in each metric category. This could then be used to inform subsequent needs assessments once more data is available and reported.

Metric	Baseline Rate <i>(2013 or FY2013 unless otherwise noted)</i>	Current Rate <i>(2015 or FY2015 unless otherwise noted)</i>
Capacity of Healthcare Education Programs		
# of preceptors for medical, PA and NP students in SD	Physicians - 624 PAs - 105 NPs - 85	Physicians - 827 PAs - 173 NPs - 199
Increased proportion of students in primary care education programs who are from SD	USD SSOM: 45 of 58 USD PA: 20 of 25 SDSU NP: 16 of 23	USD SSOM: 57 of 68 USD PA: 20 of 25 SDSU NP: 34 of 43
Increased proportion of SSOM graduates choosing a primary care residency	24 of 53 entering primary care residency; 5 of these doing so in SD	25 of 52 entering primary care residency; 5 of these doing so in SD
Increased proportion of SSOM graduates and/or medical residents intending to practice primary care in SD in a rural or underserved area	65.2% planning to practice in SD; 29.8% planning to practice in rural/underserved area	68.6% planning to practice in SD; 27.9% planning to practice in rural/underserved area
Increased number of PA and NP graduates practicing primary care in SD in a rural or underserved area	PAs: 4 of 20 practicing in SD; 1 of which is practicing in a community <10,000 people (2011) NPs: 22 of 23 graduates practicing in SD; 8 of which are practicing in a community <10,000 people (2011)	PAs: 4 of 22 practicing in SD; 2 of which is practicing in a community <10,000 people (2014) NPs: 5 of 5 graduates practicing in SD; 2 of which are practicing in a community <10,000 people (2014)
Quality Rural Health Experiences		
# of students participating in REHPS and FARM (SSOM programs)	REHPS: 18 students in 9 unique communities FARM: 6 students in 5 unique communities (2014)	REHPS: 30 students in 15 unique communities FARM: 7 students in 6 unique communities
# of FARM students choosing primary care residency	Data not available until 2016	Data not available until 2016
# of REHPS/FARM students ultimately practicing primary care in SD, particularly in a rural area	8 out of 9 graduates practicing in South Dakota of which 3 are practicing in a rural area	3 out of 5 graduates practicing in South Dakota of which none are practicing in rural SD
Recruitment and Retention		
# of practitioners participating in community and recruitment assistance programs	RHFRAP: 60 of 60 slots filled (2012) RAP: 5 physicians, 2 PAs, 3 NPs	RHFRAP: 60 of 60 slots filled (2014) RAP: 9 physicians, 5 PAs, 10 NPs
# of rural facilitates utilizing recruitment assistance programs	36 communities	46 communities

Metric	Baseline Rate <i>(2013 or FY2013 unless otherwise noted)</i>	Current Rate <i>(2015 or FY2015 unless otherwise noted)</i>
Increase percentage of incentive program participants remaining at practice site upon completion of commitment	Since 1997, 23 physicians have fulfilled their commitment and 14 (59%) are still practicing in their original community. Since 1996, 5 PAs/NPs have fulfilled their commitment and all are still practicing in their original community.	Since 1997, 27 physicians have fulfilled their commitment and 15 (56%) are still practicing in their original community. Since 1996, 6 PAs/NPs have fulfilled their commitment and all are still practicing in their original community
Increase # of SSOM students in out-of-state residency programs who return to SD to practice, particularly in a rural area	Data not available	Data not available
Legislation passed to remove potential barrier for medical residents to practice	SD 118 passed in 2013 legislative session; placement data not available.	
Innovative Primary Care Models		
Increase retention of existing PCPs in rural areas of SD	Data not available	Data not available
Increase use of technology and inter-professional collaborations in rural areas to support healthcare providers	Data not available	Data not available

Appendix J | South Dakota Critical Access Hospital Directory

This roster was obtained from the South Dakota Department of Health Office of Rural Health, dated October 29, 2015.

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
Lead-Deadwood Regional Hospital	Deadwood	Lawrence	18
Eureka Community Health Services	Eureka	McPherson	6
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
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 Hospital Webster	Webster	Day	25
Fall River Hospital	Hot Springs	Fall River	25
Custer Regional Hospital	Custer	Custer	11
Avera Weskota 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	Tyndall	Bon Homme	25
Madison Community Hospital	Madison	Lake	25
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

Appendix K | Federally Qualified Health Centers Directory

This roster was obtained from the South Dakota Department of Health Office of Rural Health, dated January 4, 2016.

Name	Physical Address	City	County
Horizon Health Care Aberdeen Community Health Center	422 5th Avenue SE; Suite 209	Aberdeen	Brown
allPOINTS Alcester Medical Clinic	104 West 2nd Street	Alcester	Union
allPOINTS Alcester Dental Clinic	111 Iowa Street	Alcester	Union
Horizon Health Care Bison Community Clinic	105 West Main Street P.O. Box 427	Bison	Perkins
Horizon Health Care Bryant Community Health Center	110 West Main Street P.O. Box 176	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 P.O. Box 49	DeSmet	Kingsbury
Horizon Health Care Family Health Center of Eagle Butte	8000 East Hwy 212 P.O. Box 860	Eagle Butte	Dewey
allPOINTS Elk Point Clinic	204 East Main Street	Elk Point	Union
Horizon Health Care Faith Community Clinic	112 North 2nd Avenue West P.O. Box 577	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 P.O. Box 378	Fort Thompson	Buffalo
Rural Health Care, Inc. Community Care Clinic	608 West Garfield Avenue	Gettysburg	Potter
Rural Health Care, Inc. Highmore Clinic	200 Commercial Avenue SE	Highmore	Hyde
Horizon Health Care Howard Community Health Center	208 South Main Street	Howard	Miner
Horizon Health Care Prairie Winds Dental	112 North Main Street P.O. Box 708	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 P.O. Box 97	Isabel	Dewey
Rural Health Care, Inc. Kennebec Clinic	120 South Main	Kennebec	Lyman
Horizon Health Care Lake Preston Community Health Center	709 4th Street SE	Lake Preston	Kingsbury
Horizon Health Care Martin Community Health Center	109 Pugh Street P.O. Box 550	Martin	Bennett
Horizon Health Care Martin Dental Clinic	103 East Bennett	Martin	Bennett
Horizon Health Care McIntosh Community Clinic	208 Main Street P.O. Box 195	McIntosh	Corson
Horizon Health Care Mission Medical Clinic	161 South Main Street P.O. Box 49	Mission	Todd

Name	Physical Address	City	County
Rural Health Care, Inc. Jones County Clinic	609 Garfield Avenue	Murdo	Jones
Rural Health Care, Inc. Onida Clinic	303 South Main Street	Onida	Sully
Rural Health Care, Inc. Buchanan Elementary	100 North Buchanan Avenue	Pierre	Hughes
Horizon Health Care Aurora County Community Health Center	106 South Main P.O. Box 250	Plankinton	Aurora
Rural Health Care, Inc. Stanley-Jones Memorial Clinic	116 North Main Street	Presho	Lyman
Community Health Center of the Black Hills Pediatric Center	725 Meade Street; Suite 200	Rapid City	Pennington
Community Health Center of the Black Hills General Beadle School Based Center	10 Van Buren Street	Rapid City	Pennington
Community Health Center of the Black Hills Cornerstone Rescue Mission	30 Main St	Rapid City	Pennington
Community Health Center of the Black Hills Cornerstone Rescue Mission - Women's and Children's	404 Columbus St	Rapid City	Pennington
Community Health Center of the Black Hills Oral Health Clinic	685 Lacrosse St Suites D and E	Rapid City	Pennington
Community Health Center of the Black Hills Salvation Army	405 N Cherry St	Rapid City	Pennington
Community Health Center of the Black Hills Working Against Violence	PO Box 3042	Rapid City	Pennington
Community Health Center of the Black Hills Consolidated Community Health Center	350 Pine St	Rapid City	Pennington
Tiospaye Topa School Clinic	PO Box 300	Ridgeview	Dewey
Falls Community Health	521 North Main Avenue	Sioux Falls	Minnehaha
Falls Community Health Hawthorne Elementary School	521 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	1722 East 8th Street	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 P.O. Box 281	White River	Mellette
Horizon Health Care Woonsocket Community Health Center	302 South Dumont Avenue P.O. Box 368	Woonsocket	Sanborn
allPOINTS Yankton Medical Clinic	409 West Summit Street	Yankton	Yankton

Appendix L | Primary Care NHSC Sites Directory

This roster was obtained from the South Dakota Department of Health Office of Rural Health, dated January 4, 2016.

Name	Address	City	County	HPSA Score
Horizon Health Care, Inc. – Aurora County Community Health Center	106 S Main St	Plankinton	Aurora	14
Prairie Health Clinic - Stickney	301 Main St	Stickney	Aurora	5
Horizon Health Care, Inc. – James Valley Community Health Clinic	1000 18th St SW Ste. 27	Huron	Beadle	14
Bennett County Hospital and Nursing Home (CAH)	102 Major Allen St	Martin	Bennett	10
Horizon Health Care, Inc. – Bennett County Community Health Center	2 S. 1 st Ave	Martin	Bennett	14
St. Michael's Hospital, Inc.	410 W 16th Ave	Tyndall	Bon Homme	9
Horizon Health Care, Inc. – Aberdeen	422 5 th Ave SE. Ste 209	Aberdeen	Brown	14
Rural Health Care, Inc. – Dakota Family Medical Center	101 S Front St	Chamberlain	Brule	10
PHS Fort Thompson Indian Health Center - Fort Thompson Service Unit	1323 Bia Route 4	Fort Thompson	Buffalo	21
Campbell County Clinic	208 Main St.	Herried	Campbell	16
Avera St. Benedict Certified Rural Health Clinic, Lake Andes	756 E. Lake St.	Lake Andes	Charles Mix	16
Platte Community Memorial Hospital – Avera	601 E. 7 th St	Platte	Charles Mix	16
Wagner Community Memorial Hospital – Avera	513 3 rd St. SW	Wagner	Charles Mix	16
Yankton Service Unit – Wagner Indian Health Center	111 Washington Ave NW	Wagner	Charles Mix	18
West River Health Clinic	103 1 st Ave E	McLaughlin	Corson	18
Horizon Health Care, Inc. – McIntosh Community Clinic	208 Main St.	McIntosh	Corson	15
Standing Rock Service Unit – McLaughlin Indian Health Center	701 E. 6 th St. Bldg. 001	McLaughlin	Corson	17
Cheyenne River Sioux Tribe – Swiftbird Clinic	Cheyenne E. Swiftbird Clinic	Ridgeview	Dewey	18
Cheyenne River Sioux Tribe – White Horse Clinic	Cheyenne River Sioux Tribe Whitehorse SE Ctr.	Ridgeview	Dewey	18
Horizon Health Care, Inc. – Family Health Center of Eagle	North Hwy 212	Eagle Butte	Dewey	17
Horizon Health Care, Inc. – Isabel Community Health	118 N. Main St.	Isabel	Dewey	17
Horizon Health Care, Inc. – Tiospaye Topa School	PO Box 300	Ridgeview	Dewey	17

Name	Address	City	County	HPSA Score
West Dakota Health Center	906 Main St.	Timber Lake	Dewey	17
Douglas County Memorial Hospital	708 8 th St.	Armour	Douglas	5
Prairie Health Clinic - Armour	708 8 th St.	Armour	Douglas	5
Prairie Health Clinic - Corsica	230 E. Main St.	Corsica	Douglas	5
Bowdle Healthcare Clinic	8001 W. 5 th St.	Bowdle	Edmunds	14
Bowdle Hospital	8001 W. 5 th St.	Bowdle	Edmunds	14
Faulkton Area Medical Center	1300 Oak St.	Faulkton	Faulk	10
Horizon Health Care, Inc. - Bryant Community Health Center	1300 Oak St.	Bryant	Hamlin	14
Buffalo Regional Medical Clinic	209 Ramsland St.	Buffalo	Harding	11
Rural Health Care, Inc. - Buchanan Elementary School	100 N. Buchanan	Pierre	Hughes	10
South Dakota Urban Indian Health Inc. - Pierre	1714 Abbey Rd.	Pierre	Hughes	15
Rural Health Care, Inc. - Highmore Clinic	200 S. Commercial Ave.	Highmore	Hyde	13
Pine Ridge Service Unit - Wanblee Health Center	100 Clinic Dr.	Wanblee	Jackson	18
Horizon Health Care, Inc - Jerauld County Community Health Center	602 1 st St. NE Ste. 1	Wessington Springs	Jerauld	14
Rural Health Care, Inc. - Jones County Clinic	609 Garfield Ave.	Murdo	Jones	10
Arlington Medical Center	104 W. Birth St.	Arlington	Kingsbury	8
Avera De Smet Memorial Hospital	PO Box 160	De Smet	Kingsbury	8
Horizon Health Care, Inc. - De Smet Community Health Center	801 3 rd St. SW	De Smet	Kingsbury	14
Horizon Health Care, Inc. - Lake Preston Community Health Center	709 4 th St. SE	Lake Preston	Kingsbury	14
Lower Brule Indian Health Center - Lower Brule Service Unit	601 Gall St.	Lower Brule	Lyman	19
Rural Health Care, Inc. - Stanley Jones Memorial Clinic	116 N. Main St.	Presho	Lyman	19
Horizon Health Care, Inc. - Faith Community Health Center	112 N. 2 nd Ave W.	Faith	Meade	9
Horizon Health Care, Inc. - Mellette County Community Health Center	301 E. 4 th St.	White River	Mellette	14
Mellette County Health Clinic	309 E. 4 th St.	White River	Mellette	14
Horizon Health Care, Inc. - Howard Community Health Center	208 S. Main St.	Howard	Miner	14
City of Sioux Falls	521 N. Main St.	Sioux Falls	Minnehaha	16

Name	Address	City	County	HPSA Score
City of Sioux Falls - Falls Community Health/Hawthorne Site	601 N. Spring Ave	Sioux Falls	Minnehaha	16
City of Sioux Falls - Falls Community Health School Based Health Services Hayward Clinic	410 N. Valley View Rd.	Sioux Falls	Minnehaha	16
City of Sioux Falls Terry Redlin Clinic	1722 E 8th St.	Sioux Falls	Minnehaha	16
South Dakota Urban Indian Health, Inc. - Sioux Falls	711 N. Lake Ave.	Sioux Falls	Minnehaha	15
Flandreau Santee Sioux Tribe - Counseling Center	1301 S. Veterans St.	Flandreau	Moody	18
Flandreau Santee Sioux Tribe - Tribal Health Clinic	701 W Broad Ave.	Flandreau	Moody	18
Community Health Center of the Black Hills	504 E. Monroe St.	Rapid City	Pennington	18
Community Health Center of the Black Hills - Flormann Health Center	640 Flormann St.	Rapid City	Pennington	18
Community Health Center of the Black Hills - General Beadle School Based CHC	10 Van Buren St.	Rapid City	Pennington	18
Community Health Center of the Black Hills Pediatrics	725 Meade St. Ste. 200	Rapid City	Pennington	18
Great Plains Area IHS - Mobile Women's Health Unit	17170 Rand Rd.	Rapid City	Pennington	16
Native Women's Health Care	640 Flormann St. Ste. 400	Rapid City	Pennington	22
Rapid City Indian Hospital - Rapid City Service Unit	3200 Canyon Lake Dr.	Rapid City	Pennington	16
Horizon Health Care, Inc. - Bison Community Clinic	105 W. Main St.	Bison	Perkins	15
West River Health Services - Lemmon Clinic	401 6 th Ave W.	Lemmon	Perkins	15
Rural Health Care, Inc. - Community Care Clinic	608 E. Garfield Ave.	Gettysburg	Potter	16
Woodrow Wilson Memorial Keeble Health Care Center	100 Lake Traverse Dr.	Sisseton	Roberts	18
Horizon Health Care, Inc. - Whiting Memorial Community Health Center	215 S. Dumont Ave.	Woonsocket	Sanborn	14
Pine Ridge Service Unit - Kyle Health Center	1000 Health Center Rd.	Kyle	Oglala Lakota	19
Pine Ridge Hospital - Pine Ridge Service Unit	East Highway 18	Pine Ridge	Oglala Lakota	19
Redfield Clinic	1010 W. 1 st St.	Redfield	Spink	15
Rural Health Care, Inc. - Oahe Valley	202 Island Dr. Ste. 1	Ft. Pierre	Stanley	10
Rural Health Care, Inc. - Onida	303 Main St.	Onida	Sully	16
Horizon Health Care, Inc. - Mission Community Health Center	161 S. Main St.	Mission	Todd	19

Name	Address	City	County	HPSA Score
Rosebud Indian Hospital - Rosebud Comprehensive Health Care Facility	400 Soldier Creek Rd.	Rosebud	Todd	21
Rosebud Sioux Tribe - Health Administration	PO Box 719	Rosebud	Todd	19
Rosebud Sioux Tribe - Mobile Clinic	PO Box 719	Rosebud	Todd	19
Winner Regional Clinic	745 E. 8 th St.	Winner	Tripp	9
Winner Regional Healthcare Center	745 E. 8 th St.	Winner	Tripp	9
Centerville Medical Clinic	512 Broadway	Centerville	Turner	9
Parker Medical Clinic	100 E. Sanborn St.	Parker	Turner	9
Viborg Medical Clinic	103 W. Pioneer	Viborg	Turner	9
Union County Health Foundation - Community Health Clinic	204 E. Main St.	Elk Point	Union	16
Union County Health Foundation - Alcester Medical Center	104 W. 2 nd St.	Alcester	Union	16
Union County Health Foundation - Union County Correctional Facility	300 E. Main St.	Elk Point	Union	16
Mobridge Medical Clinic	1309 10 th Ave W.	Mobridge	Walworth	8
Mobridge Regional Hospital	1401 10 th Ave W.	Mobridge	Walworth	8
Union County Health Foundation - Yankton Community Health Center	409 Summit St. Ste. 3400	Yankton	Yankton	16
Cheyenne River Sioux Tribe - Cherry Creek Clinic	Cheyenne River Sioux Tribe Offices	Dupree	Ziebach	18
Cheyenne River Sioux Tribe - Red Scaffold Clinic	Cheyenne River Sioux Tribe Red Scaffold Station	Dupree	Ziebach	18
Eagle Butte Indian Hospital - Cheyenne River Service Unit	317 Main St.	Eagle Butte	Ziebach	19
Horizon Health Care, Inc. - Dupree School Clinic	223 A. St.	Dupree	Ziebach	9

Appendix M | Dental Care NHSC Sites Directory

This roster was obtained from the South Dakota Department of Health Office of Rural Health, dated January 4, 2016.

Name	Address	City	County	HPSA Score
Horizon Health Care, Inc. - James Valley Community Health Clinic	1000 18 th St. SW. Ste. 27	Huron	Beadle	16
Horizon Health Care, Inc. - Bennett County Community Health Center	302 S. 1 st Ave	Martin	Bennett	19
PHS Fort Thompson Indian Health Center - Fort Thompson Service Unit	1323 BIA Route 4	Fort Thompson	Buffalo	22
Yankton Service Unit - Wagner Indian Health Center	111 Washington Ave NW	Wagner	Charles Mix	19
Standing Rock Service Unit - McLaughlin Indian Health Center	701 E. 6 th St. Bld. 001	McLaughlin	Corson	17
Delta Dental South Dakota - Prairie Community Health/Dakota Smiles Mobile Dental Program	118 N. Main St.	Isabel	Dewey	19
Buffalo Regional Medical Clinic	209 Ramsland St.	Buffalo	Harding	9
Pine Ridge Service Unit - Wanblee Health Center	100 Clinic Dr.	Wanblee	Jackson	19
Horizon Health Care, Inc. - Jerauld County Dental Clinic	602 1 st St. NE Ste. 3.	Wessington Springs	Jerauld	16
Horizon Health Care, Inc - De Smet Community Health Center	801 3 rd St. SW.	De Smet	Kingsbury	16
Delta Dental South Dakota - Rural Community Health/Dakota Smiles Mobile Dental Program	116 N. Main St.	Presho	Lyman	19
Rural Health Care Inc. - Stanley Jones Memorial Clinic	116 N. Main St.	Presho	Lyman	19
Lower Brule Indian Health Center - Lower Brule Service Unit	601 Gall St.	Lower Brule	Lyman	23
Horizon Health Care, Inc. - Prairie Winds Dental Clinic	112 N. Main St.	Howard	Miner	16
City of Sioux Falls	521 N. Main St.	Sioux Falls	Minnehaha	22
City of Sioux Falls - Falls Community Health/Hawthorne Site	601 N. Spring Ave.	Sioux Falls	Minnehaha	22
City of Sioux Falls - Falls Community Health Terry Redlin	1721 E. Austin St.	Sioux Falls	Minnehaha	12
Flandreau Santee Sioux Tribe - Tribal Health Clinic	701 W. Broad Ave.	Flandreau	Moody	18
Community Health Center of the Black Hills	504 E. Monroe St.	Rapid City	Pennington	23

Name	Address	City	County	HPSA Score
Community Health Center of the Black Hills - Flormann Health Center	640 Flormann St.	Rapid City	Pennington	23
Community Health Center of the Black Hills - General Beadle School Based CHC	10 Van Buren St.	Rapid City	Pennington	23
Community Health Center of the Black Hills Oral Health Center	685 N. Lacrosse St.	Rapid City	Pennington	23
Community Health Center of the Black Hills Pediatrics	725 Meade St. Ste. 200	Rapid City	Pennington	23
Rapid City Indian Hospital - Rapid City Service Unit	3200 Canyon Lake Dr.	Rapid City	Pennington	23
Woodrow Wilson Memorial Keeble Health Center	100 Lake Traverse Dr.	Sisseton	Roberts	19
Delta Dental South Dakota Pine Ridge/Dakota Smiles Mobile Dental Program	East Highway 18	Pine Ridge	Oglala Lakota	19
Pine Ridge Service Unit - Kyle Health Center	1000 Health Center Rd.	Kyle	Oglala Lakota	19
Pine Ridge Hospital - Pine Ridge Service Unit	East Highway 18	Pine Ridge	Oglala Lakota	19
Rosebud Indian Hospital - Rosebud Comprehensive Health Care Facility	400 Soldier Creek Rd.	Rosebud	Todd	23
Rosebud Sioux Tribe - Mobile Clinic	PO Box 719	Rosebud	Todd	17
St. Francis Mission Dental Clinic	350 S. Oak St.	Saint Francis	Todd	17
Union County Health Foundation - Community Health Clinic	204 E. Main St.	Elk Point	Union	15
Union County Health Foundation - Allpoints Alcester Dental Clinic	111 Iowa St.	Alcester	Union	15
Union County Health Foundation - Yankton Community Health Center	409 Summit St. Ste. 3400	Yankton	Yankton	15
Eagle Butte Indian Hospital - Cheyenne River Service Unit	317 Main St.	Eagle Butte	Ziebach	20

Appendix N | Mental Care NHSC Sites Directory

This roster was obtained from the South Dakota Department of Health Office of Rural Health, dated January 4, 2016.

Name	Address	City	County	HPSA Score
Horizon Health Care, Inc. – Aurora County Community Health Center	106 S. Main St.	Plankinton	Aurora	18
Prairie Health Clinic – Stickney Clinic	301 Main St.	Stickney	Aurora	18
Community Counseling Services	357 Kansas Ave SE	Huron	Beadle	18
Horizon Health Care, Inc. – James Valley Community Health Clinic	1000 18 th St. SW Ste. 27	Huron	Beadle	19
Bennett County Hospital and Nursing Home (CAH)	102 Major Allen St.	Martin	Bennett	20
St. Michael’s Hospital, Inc.	410 W. 16 th Ave.	Tyndall	Bon Homme	18
East Central Behavioral Health	211 4 th St.	Brookings	Brookings	16
Horizon Health Care, Inc. – Aberdeen Community Health Center	422 5 th Ave SE., Ste. 209	Aberdeen	Brown	19
Northeastern Mental Health Center	14 S. Main St. Ste. 1E	Aberdeen	Brown	17
Volunteers of America, Dakotas Northeast Regional Office	112 N. Main St.	Aberdeen	Brown	17
Dakota Counseling Institute, Inc.	200 Paul Gust Rd. Ste. 102	Chamberlain	Brule	18
PHS Fort Thompson Indian Health Center – Fort Thompson Service Unit	1323 BIA Route 4	Fort Thompson	Buffalo	21
Campbell County Clinic	208 Main St.	Herried	Campbell	17
Avera St. Benedict Certified Rural Health Clinic, Lake Andes	756 E. Lake St.	Lake Andes	Charles Mix	18
Wagner Community Memorial Hospital – Avera	513 3 rd St. SW.	Wagner	Charles Mix	18
Yankton Service Unit – Wagner Indian Health Center	111 Washington Ave. NW	Wagner	Charles Mix	25
Bridgeway Counseling Center, Inc.	600 4 th St. NE.	Watertown	Codington	18
Human Service Agency – Main	123 19 th St. NE	Watertown	Codington	18
Watertown Resource Center	504 2 nd Ave SE	Watertown	Codington	18
Standing Rock Service Unit – McLaughlin Indian Health Center	701 E. 6 th St. Bldg. 001	McLaughlin	Corson	20
West River Health Clinic	103 1 st Ave. E.	McLaughlin	Corson	17
Abbott House	909 Merrill	Mitchell	Davison	18
Avera Queen of Peace	2200 N. Kimball St. Ste. 400	Mitchell	Davison	18
Dakota Mental Health Center	910 W. Havens Ave.	Mitchell	Davison	18

Name	Address	City	County	HPSA Score
Cheyenne River Sioux Tribe - Swiftbird Clinic	Cheyenne E. Swiftbird Clinic	Ridgeview	Dewey	20
Cheyenne River Sioux Tribe- White Horse Clinic	Cheyenne River Sioux Tribe Whitehorse SE Ctr.	Ridgeview	Dewey	20
West Dakota Health Center	906 Main St.	Timber Lake	Dewey	19
Douglas County Memorial Hospital	708 8 th St.	Armour	Douglas	18
Prairie Health Clinic - Armour	708 8 th St.	Armour	Douglas	18
Prairie Health Clinic - Corsica	230 E. Main St.	Corsica	Douglas	18
Bowdle Healthcare Clinic	8001 W. 5 th St.	Bowdle	Edmunds	17
Bowdle Hospital	8001 W. 5 th St.	Bowdle	Edmunds	17
Behavior Management Systems	3 Canyon View Cr.	Hot Springs	Fall River	12
Falkton Area Medical Center	1300 Oak St.	Faulkton	Faulk	17
Buffalo Regional Medical Clinic	209 Ramsland St.	Buffalo	Harding	10
Capital Area Counseling Service	2510 E. Franklin St.	Pierre	Hughes	19
Capital Area Counseling Service	100 N. Buchanan Ave.	Pierre	Hughes	19
Rural Health Care, Inc. - Buchanan Elementary School	100 N. Buchanan Ave.	Pierre	Hughes	21
South Dakota Urban Indian Health, Inc. Pierre	1714 Abbey Rd.	Pierre	Hughes	19
South Dakota Women's Prison	3200 E. Highway 34	Pierre	Hughes	19
Pine Ridge Service Unit - Wanblee Health Center	100 Clinic Dr.	Wanblee	Jackson	17
Community Counseling Services	914 NE 3 rd St.	Madison	Lake	18
Behavior Management Systems	623 Dahl Rd.	Spearfish	Lawrence	15
Catholic Social Services - Spearfish	844 N. 5 th St.	Spearfish	Lawrence	15
Lower Brule Indian Health Center - Lower Brule Service Unit	116 N. Main St.	Lower Brule	Lyman	25
Rural Health Care Inc. - Stanley Jones Memorial Clinic	116 N. Main St.	Presho	Lyman	19
Catholic Social Services - Sturgis	1049 N. Main St.	Sturgis	Meade	15
City of Sioux Falls	521 N. Main Ave.	Sioux Falls	Minnehaha	19
City of Sioux Falls Terry Redlin Clinic	1722 E. 8 th St.	Sioux Falls	Minnehaha	19
South Dakota State Penitentiary & Jameson Annex	1600 N. North Dr.	Sioux Falls	Minnehaha	6
South Dakota Urban Indian Health, Inc. - Sioux Falls	711 N. Lake Ave.	Sioux Falls	Minnehaha	15
Flandreau Santee Sioux Tribe - Counseling Center	1301 S. Veterans St.	Flandreau	Moody	26

Name	Address	City	County	HPSA Score
Flandreau Santee Sioux Tribe - Tribal Health Clinic	701 W. Broad Ave.	Flandreau	Moody	26
Community Health Center of the Black Hills	504 E. Monroe St.	Rapid City	Pennington	21
Community Health Center of the Black Hills - General Beadle School Based CHC	10 Van Buren St.	Rapid City	Pennington	21
Native Women's Health Care	640 Flormann St. Ste. 400	Rapid City	Pennington	21
Rapid City Indian Hospital - Rapid City Service Unit	3200 Canyon Lake Dr.	Rapid City	Pennington	18
West River Health Services - Lemmon Clinic	401 6 th Ave W.	Lemmon	Perkins	17
Rural Health Care, Inc. - Community Care Clinic	608 Garfield Ave.	Gettysburg	Potter	21
Human Service Agency - Sisseton	301 Veterans Ave.	Sisseton	Roberts	18
Woodrow Wilson Memorial Keeble Health Care Center	100 Lake Traverse Dr.	Sisseton	Roberts	22
Catholic Social Services - Pine Ridge	40 E. Highway 18	Pine Ridge	Oglala Lakota	20
Pine Ridge Hospital - Pine Ridge Service Unit	East Highway 18	Pine Ridge	Oglala Lakota	20
Catholic Social Services - Porcupine	500 Lourdes Ln.	Porcupine	Oglala Lakota	20
Pine Ridge Service Unit - Kyle Health Center	1000 Health Center Rd.	Kyle	Oglala Lakota	21
Catholic Social Services - Ft. Pierre	206 W. Main Ave.	Ft. Pierre	Stanley	19
Rosebud Indian Hospital - Rosebud Comprehensive Health Care Facility	400 Soldier Creek Road	Rosebud	Todd	11
Rosebud Sioux Tribe - Health Administration	PO Box 719	Rosebud	Todd	19
Rosebud Sioux Tribe - Mobile Clinic	PO Box 719	Rosebud	Todd	19
Union County Health Foundation - Community Health Clinic	204 E. Main St.	Elk Point	Union	23
Mobridge Medical Clinic	1309 10 th Ave.	Mobridge	Walworth	17
Mobridge Regional Hospital	1401 10 th Ave. W.	Mobridge	Walworth	17
Family Education & Counseling Center, Inc.	1700 Burleigh St.	Yankton	Yankton	18
Lewis and Clark Behavioral Health Center	1028 Walnut St.	Yankton	Yankton	18
Catholic Social Services - Eagle Butte	317 N. Main St.	Eagle Butte	Ziebach	17
Cheyenne River Sioux Tribe - Cherry Creek Clinic	Cheyenne River Sioux Tribe Offices	Dupree	Ziebach	20
Cheyenne River Sioux Tribe - Red Scaffold Clinic	Cheyenne River Sioux Tribe Red Scaffold Station	Dupree	Ziebach	20
Eagle Butte Indian Hospital - Cheyenne River Service Unit	317 Main St.	Eagle Butte	Ziebach	22

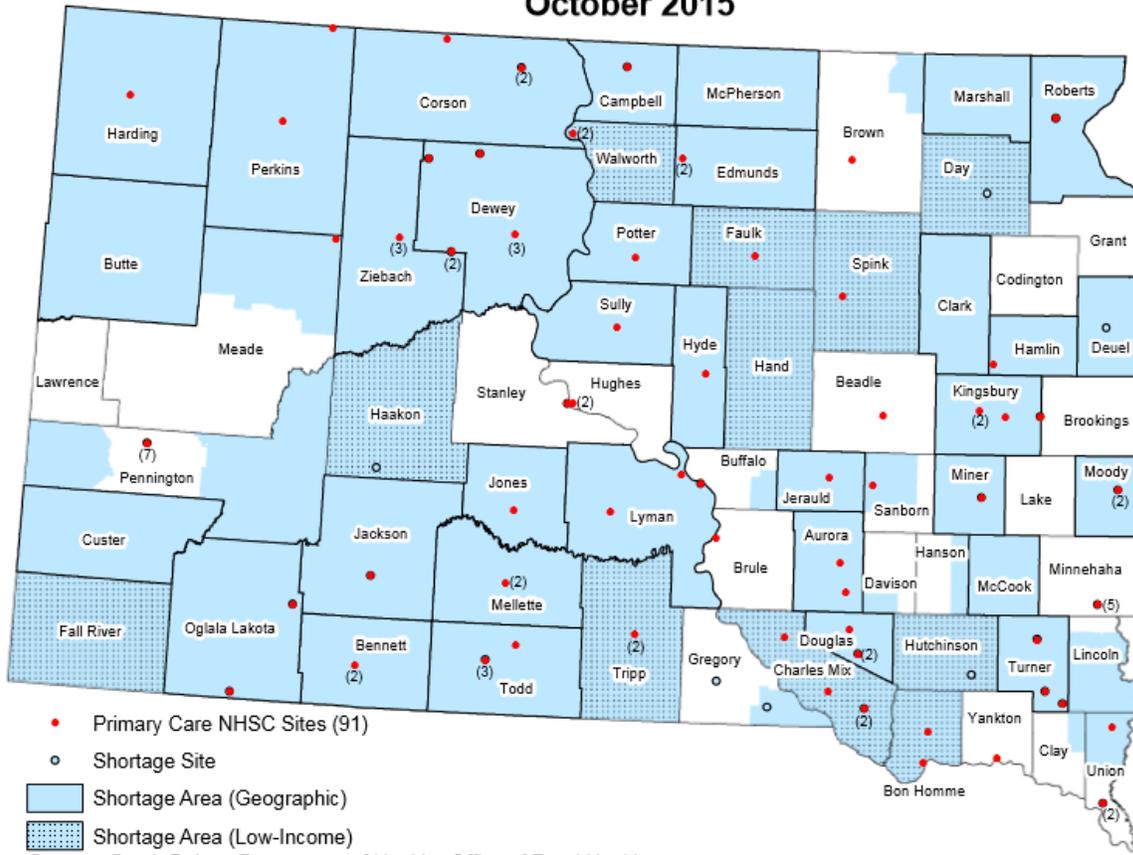
Appendix O | Rural Health Clinics Directory

This roster was obtained from the South Dakota Department of Health Office of Rural Health, dated January 4, 2016.

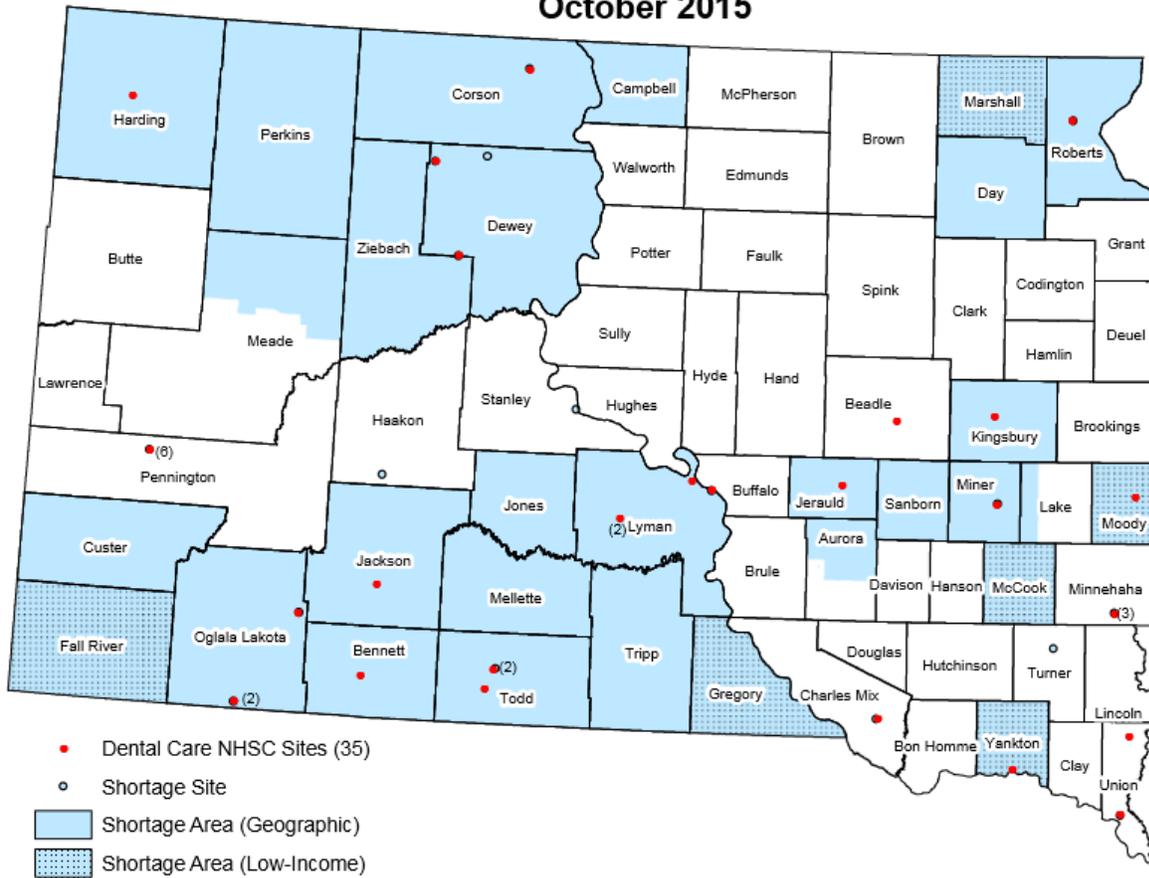
Name	Physical Address	City	County
Campbell County Clinic - Herreid	208 Main St. N	Herreid	Campbell
Avera St. Benedict CRHC - Lake Andes	756 E Lake	Lake Andes	Charles Mix
Sanford Clinic Lennox	108 S Main	Lennox	Lincoln
West River Health Clinic	103 1 st Ave East	McLaughlin	Corson
Wall Regional Medical Clinic	112 7 th Ave	Wall	Pennington
Sanford Beresford Clinic	600 W Cedar St	Beresford	Lincoln
Centerville Medical Clinic	512 Broadway	Centerville	Turner
Sanford Clinic Lake Norden	Main Street	Lake Norden	Hamlin
West River Health Clinic - Lemmon	401 6 th Ave	Lemmon	Perkins
Avera Medical Group Howard	213 S Main	Howard	Miner
Brookings Health System Arlington Medical Center	104 W Birch	Arlington	Kingsbury
Rural Medical Clinics	301 S High St	Menno	Hutchinson
Hill City Clinic	228 Elm St	Hill City	Pennington
Parker Medical Clinic	100 East Sanborn	Parker	Turner
Avera St. Benedict Cert Rh Clinic	401 W Glynn Dr	Parkston	Hutchinson
Bon Homme Family Practice - Tyndall	410 W 16 th St	Tyndall	Bon Homme
Sanford Clinic Clark	117 W 1 st Ave	Clark	Clark
Sanford Clinic Estelline	305 Hospital Dr	Estelline	Hamlin
Avera Medical Group Corsica	265 Main St	Corsica	Douglas
Burke Medical Clinic	814 Jackson St	Burke	Gregory
Rural Medical Clinics	370 State St	Marion	Turner
Bon Homme Family Practice - Avon	Main Street	Avon	Bon Homme
Platte Medical Clinic	612 E 7 th	Platte	Charles Mix
Philip Clinic	503 West Pine	Philip	Haakon
Redfield Clinic	1010 W 1 st St	Redfield	Spink
Belle Fourche Regional Medical Clinic	2200 13 th Ave	Belle Fourche	Butte
Geddes Medical Clinic	308 Main	Geddes	Charles Mix
Viborg Medical Clinic	103 W Pioneer	Viborg	Turner
Sanford Clinic Ipswich	110 5 th Ave	Ipswich	Edmunds
Avera Medical Group Wilmot	409 4 th St	Wilmot	Roberts
Avera St. Benedict CRHC - Tripp	306 S Main St	Tripp	Hutchinson
McGreevy Clinic Salem	740 South Hill	Salem	McCook
West Dakota Health Center	906 Main Street	Timber Lake	Dewey
Faulkton Area Medical Center	1300 Oak Street	Faulkton	Faulk
Prairie Health Clinic	708 8 th St	Armour	Douglas
Avera Medical Group Salem	741 S Hill St	Salem	McCook
Sanford Clear Lake Clinic	701 3 rd Ave S	Clear Lake	Deuel
Flandreau Medical Clinic Avera	212 N Prairie Ave	Flandreau	Moody
Avera Medical Group Waubay	542 Main St	Waubay	Day
Sanford Clinic Webster	101 Peabody Dr	Webster	Day
Avera Medical Group Revillo	103 E 3 rd St	Revillo	Grant
Bowdle Clinic	8001 W 5 th St	Bowdle	Edmunds
Coteau des Prairies Hospital - Sisseton Clinic	203 Orchard Drive	Sisseton	Roberts
Bonesteel Medical Clinic	314 Mellette	Bonesteel	Gregory
Fall River Clinic	1201 Hwy 71 S	Hot Springs	Fall River
Weber Medical Services P.C.	109 Pugh St	Martin	Bennett

Name	Physical Address	City	County
Black Hills Family Health Clinic P.C.	1100 Hwy 71 S	Hot Springs	Fall River
Kadoka Clinic	601 Chestnut St	Kadoka	Buffalo
Prairie Health Clinic - Stickney	301 Main Street	Stickney	Buffalo
Prairie Health Clinic - Corsica	230 Main Street	Corsica	Douglas
Rural Medical Clinics	208 N Main	Bridgewater	McCook
Avera Medical Group Milbank	803 E Milbank Ave	Milbank	Grant
Mobridge Medical Clinic	1390 10 th Ave W	Mobridge	Walworth
Winner Regional Clinic	8225 E 8 th St	Winner	Tripp
Brookings Health System White Medical Clinic	302 E 5 th St	White	Brookings
Avera Medical Group Volga	210 Kasan Ave	Volga	Brookings
White Lake Medical Clinic Avera	306 S Johnston St	White Lake	Aurora
Marshall County Medical Clinic	415 9 th St	Britton	Marshall

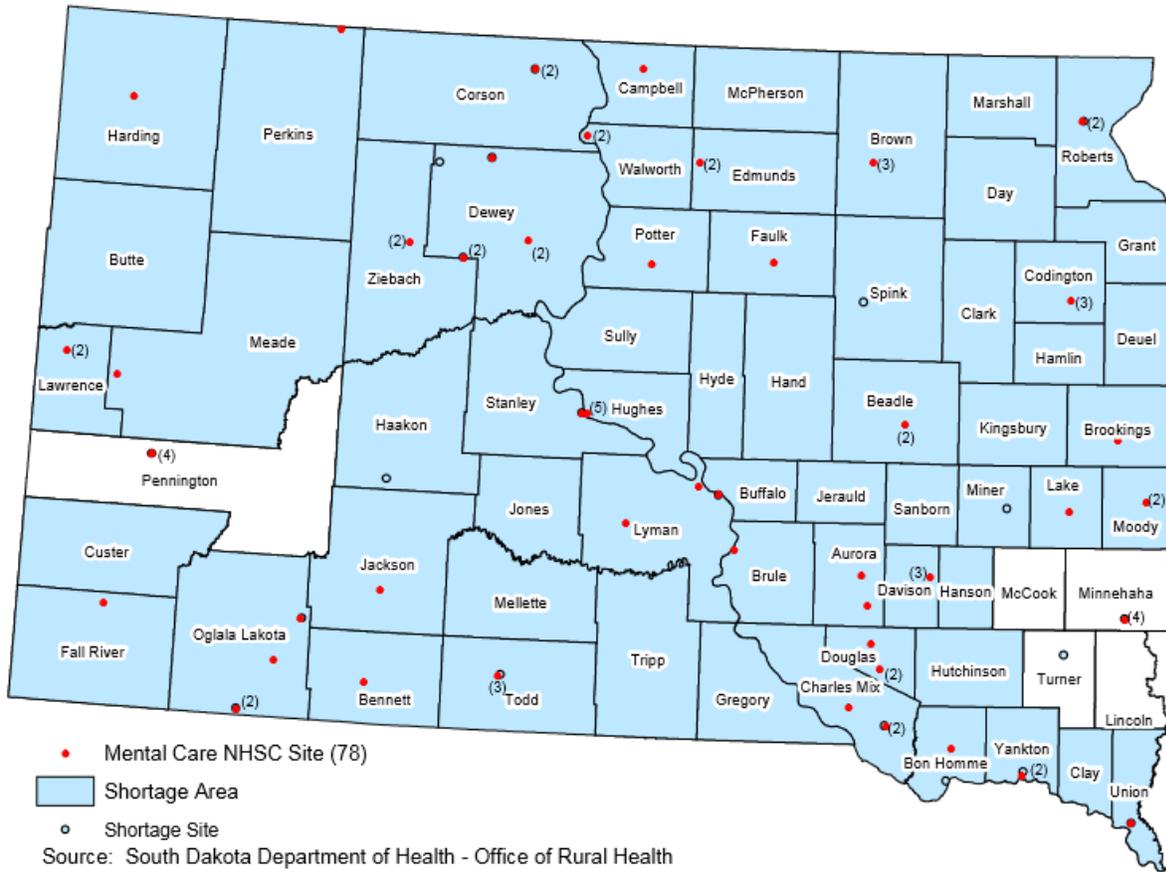
SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS PRIMARY MEDICAL CARE AND NHSC SITES October 2015



SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS DENTAL HEALTHCARE AND NHSC SITES October 2015



SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS MENTAL HEALTHCARE & NHSC SITES October 2015



Appendix Q | Nursing Education Programs in South Dakota

The following tables were developed using information available on the South Dakota Board of Nursing's website, accessed January 2016. Accrediting bodies for each program are provided in each table.

- ACEN – Accreditation Commission for Education in Nursing
- CCNE – American Association of Colleges of Nursing, Commission on Collegiate Nursing Education
- HLC – Higher Learning Commission
- NCA – North Central Association

Practical Programs

Program	State Approval (Board of Nursing)	Accreditation
Lake Area Technical Institute Watertown, SD	FULL	HLC ACEN
Mount Marty College Yankton, SD	INTERIM	HLC
Sinte Gleska University Mission, SD	PROBATION	HLC
Sissteton Wahpeton College Sissteton, SD	PROBATION	HLC
Southeast Technical Institute Sioux Falls, SD	FULL	HLC
Western Dakota Technical Institute Rapid City, SD	PROBATION	HLC

Associate Degree Programs

Program	State Approval (Board of Nursing)	Accreditation
Dakota Wesleyan University Mitchell, SD	FULL	HLC ACEN
Oglala Lakota College Pine Ridge, SD	FULL	HLC
Southeast Technical Institution (RN-AAS) Sioux Falls, SD	FULL	HLC ACEN
University of South Dakota Department of Nursing Vermillion, SD	FULL	HLC ACEN
Lake Area Technical Institute/USD Outreach Watertown, SD	FULL	ACEN

Baccalaureate Degree Programs

Program	State Approval (Board of Nursing)	Accreditation
Augustana University Sioux Falls, SD	FULL	HLC CCNE
Augustana University – Accelerated Option Sioux Falls, SD	FULL	HLC CCNE
Dakota Wesleyan University Mitchell, SD	FULL	NCA CCNE

Program	State Approval (Board of Nursing)	Accreditation
Mount Marty College Yankton, SD	FULL	HLC CCNE
National American University (RN-BSN Completion) Rapid City, SD	FULL	HLC CCNE
National American University (Generic BSN Program) Rapid City, SD	INTERIM	HLC CCNE
Presentation College Aberdeen, SD	FULL	HLC ACEN
South Dakota State University Brookings, SD	FULL	HLC CCNE
SDSU RN Upward Mobility (Internet Based) Brookings, SD	FULL	CCNE
SDSU Nursing (Generic BSN) Rapid City, SD	FULL	CCNE
SDSU Nursing (Generic BSN) Sioux Falls, SD	FULL	CCNE
SDSU (Accelerated Option) Aberdeen, SD and Sioux Falls, SD	FULL	CCNE
University of Sioux Falls (Traditional Option) Sioux Falls, SD	FULL	HLC CCNE
University of Sioux Falls (Accelerated Option) Sioux Falls, SD	FULL	HLC CCNE
University of Sioux Falls (RN to BSN Option) Sioux Falls, SD	FULL	HLC CCNE
University of South Dakota Department of Nursing Vermillion, SD	INTERIM	HLC CCNE
University of South Dakota (RN to BSN Completion Program) Vermillion, SD	INTERIM	HLC CCNE