


Strategic Analysis of South Dakota's Rural Healthcare Programs



Overview

The Office of Rural Health's Strategic Analysis of Rural Healthcare programs used a **five-step process** to assess South Dakota's (SD) rural healthcare access needs, current state programming, and its adequacy to meet those access needs.

57% 

Of South Dakotans live in rural areas, which have fewer care sites relative to population and distance and an imbalance in the distribution of providers, with deficits seen across all provider types.¹



Environmental Scan

Developed an understanding of the current rural healthcare landscape in SD and identified areas for additional analysis and exploration



Data Analysis

Conducted an analysis of provider supply and demand, healthcare patterns, and access across the State including by patients and providers to identify challenges and opportunities



Stakeholder Engagement

Facilitated interviews and focus groups with key internal and external stakeholders to further understand rural health challenges and opportunities in SD



Leading Practice Identification

Conducted leading practice research and interviews with national and international rural healthcare experts to identify innovative solutions to enhance rural healthcare delivery in SD



Recommendation Development

Developed actionable, evidence-based recommendations that reflect findings from all strategic analysis phases

Core Issues

The Strategic Analysis highlighted four core issues related to access to healthcare in rural SD.

1. Lack of access to serve current population

4. Limited partnerships to solve for access, demand, and social factors



2. Increased demand for care

3. Social factors that impact access to care and health services



About **one in five providers** and clinicians working in South Dakota plan to retire or leave the workforce in the next five years.²



South Dakota's population is growing, with the compounding annual **statewide growth rate (0.6%)** outpacing the national average (0.4%). Rural areas also have a greater proportion of the 65+ population, who use healthcare services at higher rates.³



Rural areas in South Dakota tend to have higher rates of poverty and suicide, lower average incomes, less access to public transportation, and less broadband access compared to urban areas.⁴



Limited formal collaboration exists between healthcare organizations, the State, and communities to address rural health needs and better understand community needs.⁵

¹ ORH's definition of rural includes HRSA's definition of rurality, the USDA's RUCAs codes, and other demographic data such as population density. Rural / urban classifications include urban, rural, small rural, and very rural.

² Source/Notes: Survey responses from SD Rural Strategic Analysis - Board of Medical Osteopathic Examiners and Board of Nursing Survey (1,726 total responses). The analysis is based on responses from providers working in the Strategic Analysis Geography for physicians, physician assistants, graduate nurses, and nurses. Excluded responses with insufficient information about physician education and non-nursing degrees. 1) Graduate Nurses = Masters and Doctoral recipients, 2) Nurses = Bachelors, Associate, Diploma and Certificate recipients.

³ U.S. Census data are accessed via Claritas 2023 population data and 2023-2028 population estimates and projections. The Strategic Analysis Geography definition includes all zip codes in SD and zip codes shared with states bordering SD; it is based on a combination of HRSA's definition of rural areas, RUCAs data, and evaluation of demographic factors such as population density. U.S. Department of Health and Human Services, "Social Determinants of Health and Older Adults," <https://health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

⁴ Source / Notes: United States Census Bureau. "American Community Survey Table - Poverty Status in the Past 12 Months," <https://data.bts.gov/stories/s/Rural-Access-to-Intercity-Transportation/gr9y-9gjq/>, Federal Communications Commission, "Connect 2 Health," https://www.fcc.gov/reports-research/maps/connect2health/map.html#l=31.54109,-96.459961&w=4&t=broadband&hmt=health&bbm=fixed_access&dmf=none&hmm=none&z=county

⁵ Compiled during stakeholder engagement activities in April - June 2024.

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Recommendations

1

Expand access to health services, providers, and care sites.

Evaluate opportunities to build capacity to add additional physicians, clinicians, and other healthcare professionals to communities to close the gap in accessing physical care sites relative to distance and population, improve access to care, utilization, and overall health, and meet patients where they are.



Assess Physical Care Sites. Assess and explore expansion of services available at physical care sites across South Dakota, targeting seniors, rural residents including Small Rural and Very Rural, Tribal communities, and urban underserved communities.



Bring Healthcare to the Patient. Optimize healthcare services, including telehealth and mobile clinics, to bring healthcare services to the patient.

2

Bolster the healthcare workforce pipeline in South Dakota to build the supply of providers and healthcare professionals (e.g., nurses, physician assistants, behavioral health specialists) to meet the growing health needs in rural areas.

Education and career exploration will inspire students and individuals to pursue various healthcare careers. Bolstered training and learning for students and healthcare professionals will enhance capabilities to promote a competent and skilled healthcare workforce. Supplying areas with providers and healthcare professionals in underserved communities will support their health needs.



Create Interest in Healthcare Careers. Create awareness of and build interest in healthcare careers through career fairs, job shadowing, and college programs.



Build the Pipeline. Train and upskill the healthcare workforce and partner with colleges to build the future healthcare workforce.



Deploy the Pipeline. Increase the supply of providers and clinicians, especially within underserved communities.

3

Strengthen strategic collaboration, internal operations, and management to address healthcare challenges in rural South Dakota.

Engaging a diverse set of rural partners can encourage collaborative solution-building to address rural health challenges across the State. Introducing new processes and refining ORH's mission can streamline operations and promote equitable approaches to collaboration, data collection, and partnerships.



Engage & Convene Stakeholders. Leverage and bolster partnerships and collaboration points to enhance coordination and optimize resources.



Optimize ORH Management and Operations. Optimize internal operations and management to drive efficiencies and better align ORH to achieve its goal to address rural health access challenges.

*The information contained in this report reflects the health needs of rural communities across the state of South Dakota. Please note that not all recommendations or actions outlined within this report fall under the purview or authority of the Department of Health, Office of Rural Health. The Office of Rural Health may not have direct control or responsibility over all suggested measures and their implementation.