2012 PRC Community Health Needs Assessment

CRH Service Area

Custer and Fall River Counties, South Dakota

Sponsored by

Custer Regional Hospital

Professional Research Consultants, Inc.
11326 "P" Street • Omaha, Nebraska 68137-2316
(800) 428-7455 • www.prconline.com • 2012-1244-02 •

Table Of Contents

INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Custer Regional Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Custer Regional Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered during a Key Informant Focus Group.

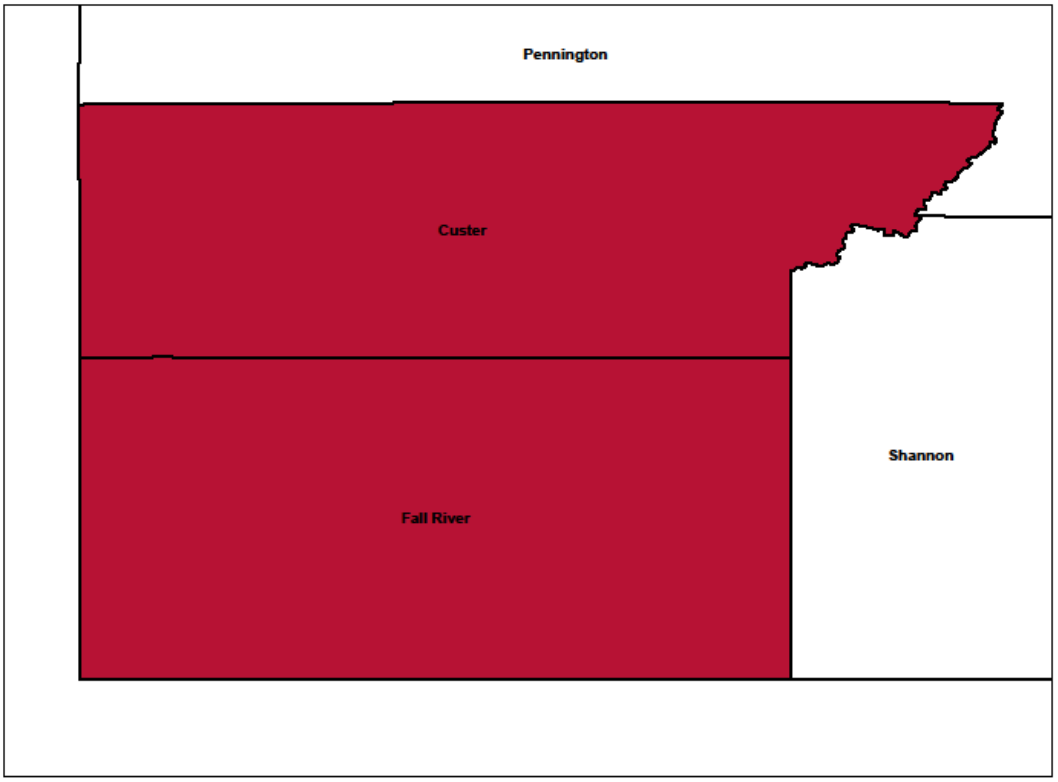
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Custer Regional Hospital and PRC.

Community Defined for This Assessment

The "community" defined for this project includes all residential ZIP Codes within the service area of Custer Regional Hospital (CRH Service Area).



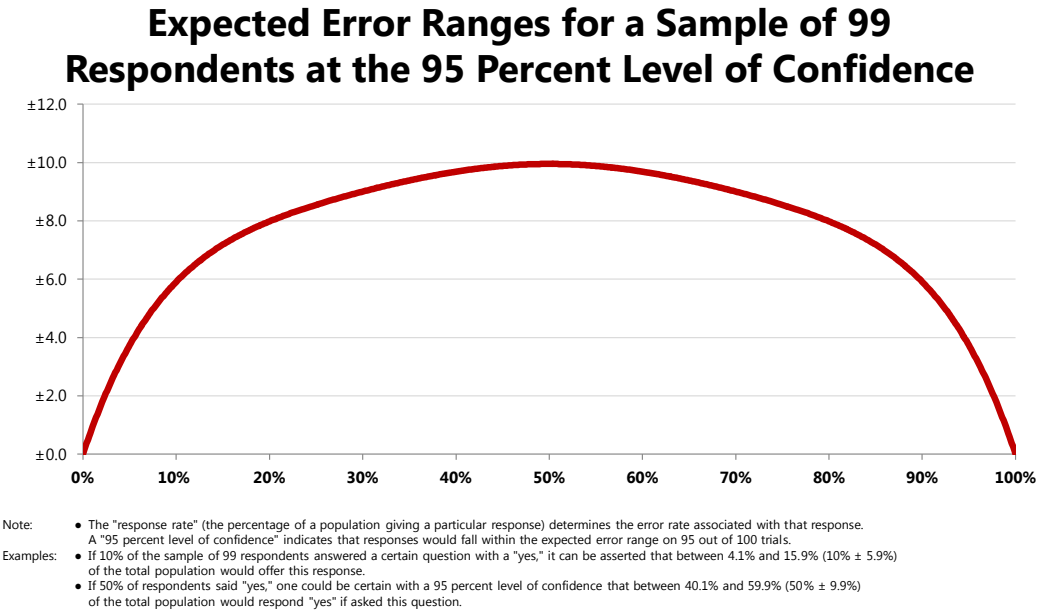
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 99 individuals age 18 and older in the Custer Regional Hospital Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 99 respondents is ±9.9% at the 95 percent level of confidence.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 99 respondents answered a certain question with a "yes," it can be asserted that between 4.1% and 15.9% (10% ± 5.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 40.1% and 59.9% (50% ± 9.9%) of the total population would respond "yes" if asked this question.

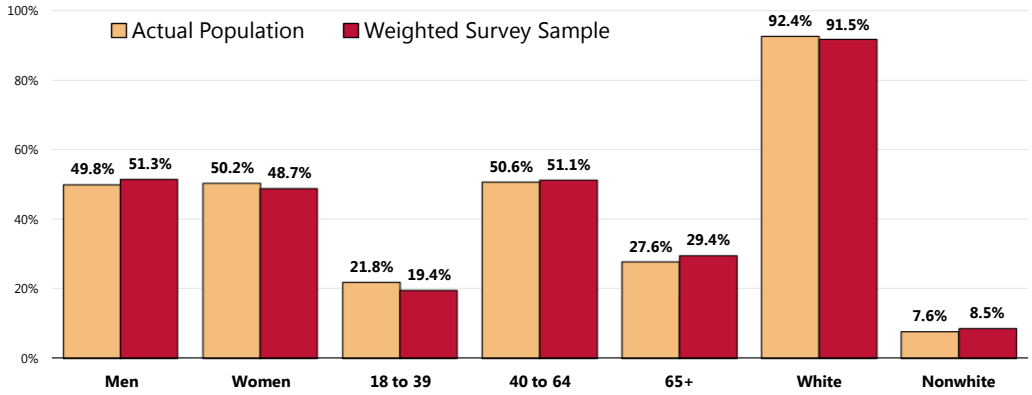
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of the Custer Regional Hospital Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Custer Regional Hospital Service Area, 2012)



Sources:
- 2008-2010 American Community Survey.
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Group

As part of the community health assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, physicians, other health professionals, social service providers, and other community leaders.

A list of recommended participants for the focus group was provided by the sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the week before the group was scheduled to insure a reasonable turnout.

Audio from the focus group session was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- South Dakota State Department of Health
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data (Custer and Fall River Counties, South Dakota).

Benchmark Data

South Dakota Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has

established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	

Access to Health Services	• Routine Checkups (Children)
	• Top Focus Group Concern
	  ○ *Barriers to Access: Insurance, Cost, Complex Healthcare System, and Distance/Lack of Transportation*
	  ○ *Overuse of the ER*

Cancer	• Cancer Deaths • Mammography Screening
Conditions of Aging	• Alzheimer's Deaths • Deafness or Trouble Hearing • Blindness or Trouble Seeing
Diabetes	• Diabetes Deaths
Heart Disease	• Heart Disease Prevalence • High Blood Pressure Prevalence
Injury & Violence Prevention	• Unintentional Injury Deaths (Including Motor Vehicle Crash Deaths) • Seat Belt Usage (Adults) • Car Seat/Seat Belt Usage (Children) • Bicycle Helmet Usage (Children) • Firearm-Related Deaths • Firearms in the Home (Including Homes With Children)

Mental Health & Mental Disorders	• Suicides
	• Top Focus Group Concern
	  ○ *Inadequate Number of Providers & Facilities*
	  ○ *Stigma*
	  ○ *Suicide*

Nutrition, Physical Activity & Weight Status	• Medical Advice on Weight, Nutrition and Physical Activity
	• Top Focus Group Concern
	  ○ *Hunger*
	  ○ *Need for Nutritional Education*

Oral Health	• Dental Insurance Coverage
	• Top Focus Group Concern
	  ○ *Preventive Care*
	  ○ *Dental Insurance*

— continued next page —

Areas of Opportunity (continued)	
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Pneumonia/Influenza Deaths • Chronic Lung Disease Prevalence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths

Top Community Health Concerns Among Community Key Informants

At the conclusion of the key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access to Healthcare Services, including Transportation

Mentioned resources available to address this issue: Health and Human Services; Community Health Center; Veterans Administration; Indian Health Services; Sioux San Indian Hospital; 211 Helpline; Community Services Connections; Dial-A-Ride; Rapid Transit System

2. Mental Health

Mentioned resources available to address this issue: Behavior Management Systems; Front Porch Coalition; 24-Hour Crisis Center; Rapid City Regional Health; Local Non-Profit Agencies; South Dakota State University Counseling Master's Program; Black Hills Mental Health Collaboration

3. Oral Health

Mentioned resources available to address this issue: Community Health Center; Sioux San Indian Hospital; Mobile Dental Van; 211 Helpline

4. Health Literacy & Prevention

Mentioned resources available to address this issue: School Systems; Local Colleges; Rural America Initiatives

5. Nutrition & Weight Status

Mentioned resources available to address this issue: SNAP Program; Community Health Center; Indian Health Services; Rapid City Regional Health; Providers; Care & Share Program; 211 Helpline; Food Bank; Feeding South Dakota Backpack Program; After-School Programs

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the HOSPITALSERVICEAREA. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

In the following charts, the Custer Regional Hospital Service Area results are shown in the larger, blue column.

The columns to the right of the Custer Regional Hospital Service Area column provide comparisons between the county and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Service Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	12.0	15.4	14.9	0.0
% [65+] With Medicare Supplement Insurance	55.1		75.5	
% [Insured] Insurance Covers Prescriptions	93.2		93.9	
% [Insured] Went Without Coverage in Past Year	7.3		4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	28.1		37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	8.1		14.3	
% Cost Prevented Getting Prescription in Past Year	3.6		15.0	
% Cost Prevented Physician Visit in Past Year	14.4		14.0	
% Difficulty Getting Appointment in Past Year	12.1		16.5	
% Difficulty Finding Physician in Past Year	2.0		10.7	
% Transportation Hindered Dr Visit in Past Year	6.5		7.7	
% Skipped Prescription Doses to Save Costs	9.1		14.8	
% Difficulty Getting Child's Healthcare in Past Year	0.0		1.9	
% [Age 18+] Have a Specific Source of Ongoing Care	77.3		76.3	95.0
% Have Had Routine Checkup in Past Year	68.8		67.3	
% Child Has Had Checkup in Past Year	68.2		87.0	

Access to Health Services (continued)	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Two or More ER Visits in Past Year	9.7		6.5	
% Rate Local Healthcare "Fair/Poor"	10.0		15.3	
		better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	44.5		35.4	
% [50+] Osteoporosis	20.7		11.4	5.3
% Sciatica/Chronic Back Pain	23.6		21.5	
% Migraine/Severe Headaches	16.7		16.9	
% Chronic Neck Pain	20.3		8.3	
		better	similar	worse

Cancer	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	193.6	168.9	176.7	160.6
% Skin Cancer	10.2	5.9	8.1	
% Cancer (Other Than Skin)	4.4	7.1	5.5	
% [Men 50+] Prostate Exam in Past 2 Years	53.6		70.5	

Cancer (continued)	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [Women 50-74] Mammogram in Past 2 Years	59.6	78.7	79.9	81.1
% [Women 21-65] Pap Smear in Past 3 Years	70.6	80.9	84.7	93.0
% [Age 50-75] Colorectal Cancer Screening	69.9			70.5
		better	similar	worse

Diabetes	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	25.8	24.3	22.0	19.6
% Diabetes/High Blood Sugar	10.4	9.5	10.1	
		better	similar	worse

Dementias, Including Alzheimer's Disease	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	26.9	34.7	24.5	
		better	similar	worse

Educational & Community-Based Programs	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Attended Health Event in Past Year	13.0		22.2	
		better	similar	worse

General Health Status	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	17.6	14.6	16.8	
% Activity Limitations	23.0	24.4	17.0	
		better	similar	worse

Hearing & Other Sensory or Communication Disorders	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Deafness/Trouble Hearing	20.8		9.6	
		better	similar	worse

Heart Disease & Stroke	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	188.4	168.2	190.9	152.7
Stroke (Age-Adjusted Death Rate)	38.9	40.7	41.8	33.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	15.5		6.1	
% Stroke	7.3	2.6	2.7	
% Blood Pressure Checked in Past 2 Years	94.1		94.7	94.9
% Told Have High Blood Pressure (Ever)	46.0	31.0	34.3	26.9
% [HBP] Taking Action to Control High Blood Pressure	94.8		89.1	
% Cholesterol Checked in Past 5 Years	91.3	72.3	90.7	82.1
% Told Have High Cholesterol (Ever)	40.1	36.6	31.4	13.5

Heart Disease & Stroke (continued)	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [HBC] Taking Action to Control High Blood Cholesterol	94.5		89.1	
% 1+ Cardiovascular Risk Factor	85.4		86.3	
		better	similar	worse

Immunization & Infectious Diseases	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [Age 65+] Flu Shot in Past Year	66.7	68.3	71.6	90.0
% [Age 65+] Pneumonia Vaccine Ever	63.8	67.1	68.1	90.0
% Ever Vaccinated for Hepatitis B	31.9		38.4	
		better	similar	worse

Injury & Violence Prevention	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	61.2	44.8	39.1	36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	25.5	18.6	13.0	12.4
% "Always" Wear Seat Belt	68.0	82.1	85.3	92.4
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	60.8		91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	13.5		35.3	
Firearm-Related Deaths (Age-Adjusted Death Rate)	12.6	9.0	10.2	9.2
% Firearm in Home	64.9		37.9	
% [Homes With Children] Firearm in Home	67.1		34.4	

Injury & Violence Prevention (continued)	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	24.3		16.9	
% Victim of Violent Crime in Past 5 Years	0.0		1.6	
% Ever Threatened With Violence by Intimate Partner	16.9		11.7	
% Victim of Domestic Violence (Ever)	16.9		13.5	
		better	similar	worse

Maternal, Infant & Child Health	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	32.1	32.1		22.1
		better	similar	worse

Mental Health & Mental Disorders	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	9.1		11.7	
% Major Depression	11.3		11.7	
% Symptoms of Chronic Depression (2+ Years)	22.7		26.5	
Suicide (Age-Adjusted Death Rate)	20.0	15.6	11.6	10.2
% Typical Day Is "Extremely/Very" Stressful	12.0		11.5	
% Child [Age 5-17] Takes Prescription for ADD/ADHD	16.3		6.5	
		better	similar	worse

Nutrition & Weight Status	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	**49.8**		48.8	
% Medical Advice on Nutrition in Past Year	**23.8**		41.9	
% Healthy Weight (BMI 18.5-24.9)	**36.1**		31.7	33.9
% Overweight	**63.9**	64.4	66.9	
% Obese	**21.5**	28.1	28.5	30.6
% Medical Advice on Weight in Past Year	**13.5**		25.7	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	**37.6**		38.6	
% Children [Age 5-17] Obese	**37.0**		18.9	14.6
		better	similar	worse

Oral Health	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	**64.4**	73.5	66.9	49.0
% Child [Age 2-17] Dental Visit in Past Year	**70.8**		79.2	49.0
% Have Dental Insurance	**47.1**		60.8	
		better	similar	worse

Physical Activity	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	50.0		63.2	
% No Leisure-Time Physical Activity	29.8	27.0	28.7	32.6
% Meeting Physical Activity Guidelines	45.4		42.7	
% Medical Advice on Physical Activity in Past Year	34.2		47.8	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	28.0		43.4	
		better	similar	worse

Respiratory Diseases	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	48.7	44.3	42.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)	17.9	16.2	16.9	
% Nasal/Hay Fever Allergies	33.5		27.3	
% Sinusitis	20.0		19.4	
% Chronic Lung Disease	17.4		8.4	
% [Adult] Currently Has Asthma	7.2	6.9	7.5	
% [Child 0-17] Currently Has Asthma	19.8		6.8	
		better	similar	worse

Substance Abuse	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	**11.1**	10.4	9.1	8.2
% Current Drinker	**51.9**	58.8	58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	**7.4**	5.9	5.6	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	**10.5**	22.1	16.7	24.3
% Drinking & Driving in Past Month	**3.3**		3.5	
% Driving Drunk or Riding with Drunk Driver	**4.2**		5.5	
Drug-Induced Deaths (Age-Adjusted Death Rate)	**14.6**	6.2	12.7	11.3
% Illicit Drug Use in Past Month	**0.0**		1.7	7.1
% Ever Sought Help for Alcohol or Drug Problem	**4.8**		3.9	
		better	similar	worse

Tobacco Use	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Current Smoker	**16.6**	23.1	16.6	12.0
% Someone Smokes at Home	**7.4**		13.6	
% [Non-Smokers] Someone Smokes in the Home	**3.5**		5.7	
% [Household With Children] Someone Smokes in the Home	**6.5**		12.1	
% [Smokers] Received Advice to Quit Smoking	**84.3**		63.7	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	**67.1**		56.2	80.0

Tobacco Use (continued)	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Smoke Cigars	2.4		4.2	0.2
% Use Smokeless Tobacco	5.0		2.8	0.3
		better	similar	worse

Vision	Custer Regional Hospital	Custer Regional Hospital vs. Benchmarks		
		vs. SD	vs. US	vs. HP2020
% Blindness/Trouble Seeing	14.5		6.9	
% Eye Exam in Past 2 Years	66.8		57.5	
		better	similar	worse

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

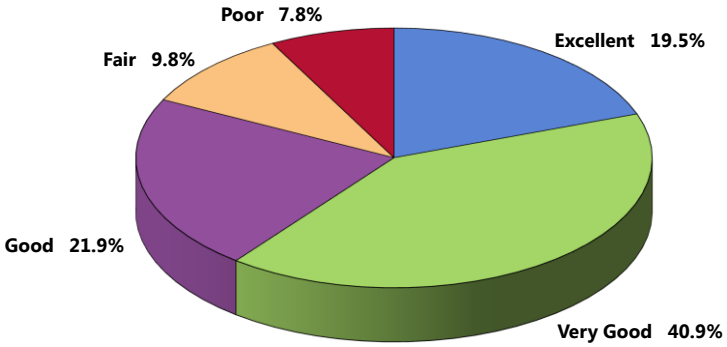
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 60.4% of Custer Regional Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 21.9% gave "good" ratings of their overall health.

Self-Reported Health Status
(Custer Regional Hospital Service Area, 2012)

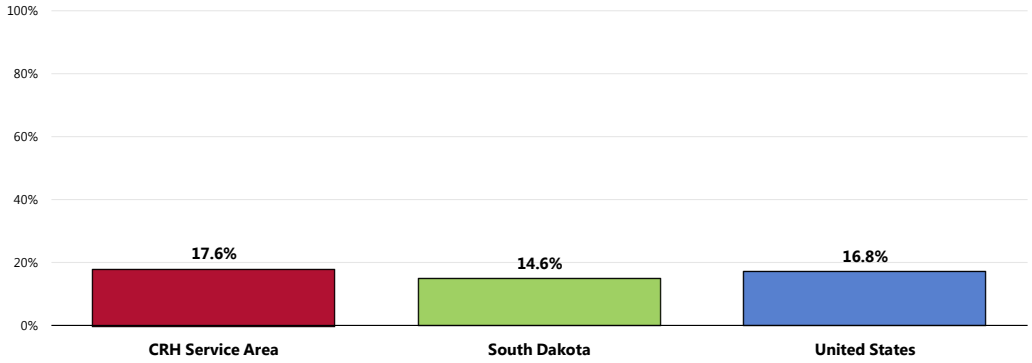


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

However, 17.6% of Custer Regional Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Similar to the statewide findings.
- Similar to the national percentage.

Experience "Fair" or "Poor" Overall Health



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-level data are provided.

Activity Limitations

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Are you **limited in any way in any activities** because of physical, mental or emotional problems?	*All respondents*	*Yes*	**23.0%**	17.0%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Age-Adjusted Suicides

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Suicides	*2001-2010*	*Age-adjusted deaths per 100,000 population*	**20.0**	11.6	11.1

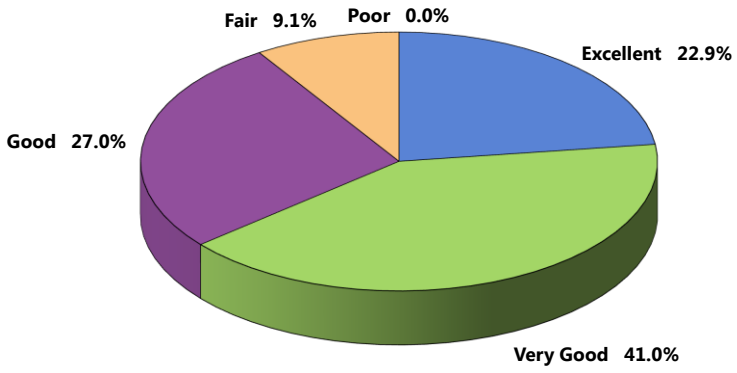
Mental Health Status

Self-Reported Mental Health Status

A total of 63.9% of Custer Regional Hospital Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 27.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Custer Regional Hospital Service Area Service Area, 2012)

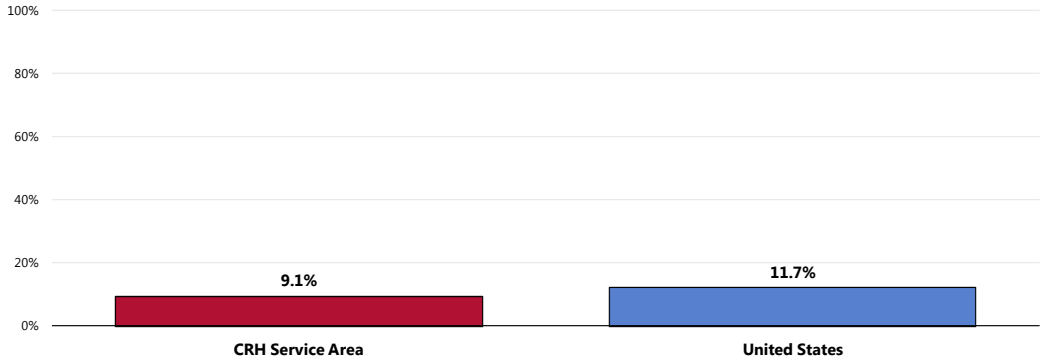


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

A total of 9.1% of Custer Regional Hospital Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Other Mental Health Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **major depression diagnosed by a doctor**?	*All respondents*	*Yes*	**11.3%**	11.7%
Have you had **two years or more in your life when you felt depressed** or sad most days, even if you felt okay sometimes?	*All respondents*	*Yes*	**22.7%**	26.5%
Thinking about the amount of **stress** in your life, would you say that most days are:	*All respondents*	*Extremely stressful* *Very stressful* *Moderately stressful* *Not very stressful* *Not at all stressful*	**2.0%** **10.0%** **38.8%** **34.2%** **15.0%**	1.7% 9.8% 42.1% 31.3% 15.1%
Have you ever **sought help from a professional** for a mental or emotional problem?	*All respondents*	*Yes*	**19.1%**	24.4%
Does this child currently take medication for Attention-Deficit/ Hyperactivity Disorder or Attention-Deficit Disorder, also called **ADHD or ADD**?	*Parents of children age 5-17*	*Yes*	**16.3%**	6.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Mental Health

Concerns surrounding mental health arose often during focus group discussion, with emphasis on these issues:

- Inadequate number of psychiatrists and treatment facilities
- Suicide
- Stigma

During the focus group, the topic of behavioral healthcare came up several times. The Black Hills community recently came together to address mental health gaps, subsequently developing a crisis center and creating a mental health collaborative. Overall, participants believe that the community still suffers due to an **inadequate number of psychiatrists and treatment facilities** available to address residents' behavioral health needs. The local inpatient facility serves both children and adults, but remains overwhelmed.

> *"My office is over there and probably the past couple months most of the staff have shared with me that they're just overwhelmed. They're just way beyond overwhelmed, constantly have patients overflowing to the main unit, and those people in there have already at least made a serious attempt or have some serious ideation and have expressed that they really want to die. So it's not the general depression."*

According to focus group participations, a limited number of outpatient treatment options exist. Few psychiatrists practice in the Black Hills region and those who do are generally located in Rapid City. Participants worry about the future availability of psychiatrists as current physicians reach retirement age. The Behavior Management System serves the population with severe emotional and behavioral disorders and offers counseling and transportation. The Crisis Center, 2-11 listening services, and South

Dakota State University's Master's Program also provide counseling services. Attendees worry for the residents who do not qualify for these services:

> *"The farther you're spread out, the fewer behavioral healthcare services become. You get down into the southern hills and it becomes very small. Northern hills are actually growing their capacity through private practitioners out there, but that's primarily outpatient counseling… The person that just has general depression that works, doesn't have insurance, and makes $15,000.00 a year is really the folks that I think fall through the cracks because there's really no funding mechanism there for those individuals."*

Participants report that **suicide** affects the entire region. The Front Porch Coalition conducts suicide prevention education, but **stigma** in the community really impacts the organizations' ability to make headway. People must be willing to access behavioral healthcare services, but the cultural ideas surrounding mental health may hamper an individual's desire to access services. Residents lack coping skills and may use drugs or alcohol to self-medicate. Beyond the self-medication, the current mentality is to "pull yourself up by your boots" and handle it, as one participant explains:

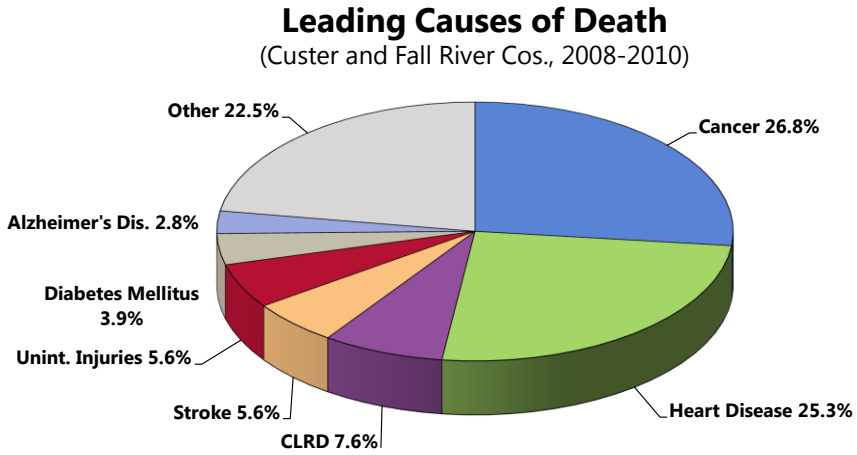
> *"We also live in a state, a community, where we just pull ourselves up by our bootstraps, and it's normal to go to the bar and have a drink when you've had a bad day because that's how you deal with things, and some people will just flat out tell me, 'That's the way we used to do it in the old days. That's the way we do it now.'"*

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly one-half of all deaths in Custer and Fall River Cos. in 2008-2010.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates

	Custer and Fall River Cos.	South Dakota	United States	Healthy People 2020
Malignant Neoplasms (Cancers)	**193.6**	168.9	176.7	160.6
Diseases of the Heart	**188.4**	168.2	190.9	152.7*
Unintentional Injuries	**61.2**	44.8	39.1	36.0
Chronic Lower Respiratory Disease (CLRD)	**48.7**	44.3	42.4	n/a
Cerebrovascular Disease (Stroke)	**38.9**	40.7	41.8	33.8
Alzheimer's Disease	**26.9**	34.7	24.5	n/a
Diabetes Mellitus	**25.8**	24.3	22.0	19.6*
Motor Vehicle Crashes	**25.5**	18.6	13.0	12.4
Intentional Self-Harm (Suicide)	**20.0**	15.6	11.6	10.2
Pneumonia/Influenza	**17.9**	16.2	16.9	n/a
Drug-Induced	**14.6**	6.2	12.7	11.3
Firearm-Related	**12.6**	9.0	10.2	9.2
Cirrhosis/Liver Disease	**11.1**	10.4	9.1	8.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Heart Disease Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**188.4**	168.2	190.9
Stroke Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**38.9**	40.7	41.8

Prevalence of Heart Disease & Stroke

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Has a doctor, nurse or other health professional ever told you that you had a **heart attack**? Has a doctor, nurse or other health professional ever told you that you had **angina**? Has a doctor, nurse or other health professional ever told you that you had **coronary disease**?	*All respondents*	***Diagnosed With Heart Disease*** *(calculated response): heart attack, angina, and/or coronary heart disease*	**15.5%**	6.1%
Has a doctor, nurse or other health professional ever told you that you had a **stroke**?	*All respondents*	*Yes*	**7.3%**	2.7%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

High Blood Pressure & Cholesterol

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood pressure**?	*All respondents*	*Yes*	**46.0%**	34.3%
About how long has it been since you had your **blood pressure taken** by a doctor, nurse or other health professional?	*All respondents*	*Within the past 2 years*	**94.1%**	94.7%
Are you currently **taking any action to control your high blood pressure**, such as taking medication, changing your diet or exercising?	*Respondents with high blood pressure*	*Yes*	**94.8%**	89.1%
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood cholesterol**?	*All respondents*	*Yes*	**40.1%**	31.4%
About how long has it been since you had your **blood cholesterol checked**?	*All respondents*	*Within the past 5 years*	**91.2%**	90.7%
Are you currently **taking any action to control your high blood cholesterol**, such as taking medication, changing your diet or exercising?	*Respondents with high blood cholesterol*	*Yes*	**94.5%**	89.1%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include: high blood pressure; high blood cholesterol; tobacco use; physical inactivity; poor nutrition; overweight/obesity; and diabetes.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

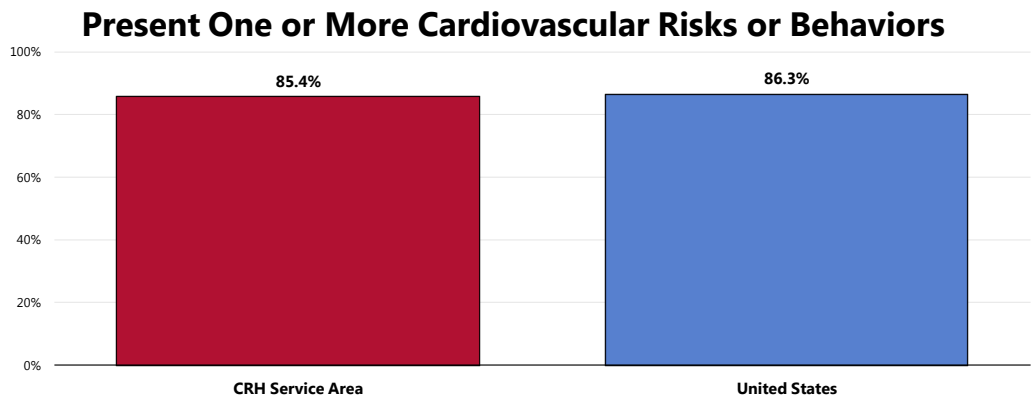
Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 85.4% of Custer Regional Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to the national findings.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Cancer Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**193.6**	168.9	176.7

Prevalence of Cancer

A total of 10.2% of surveyed Custer Regional Hospital Service Area adults report having been diagnosed with skin cancer.

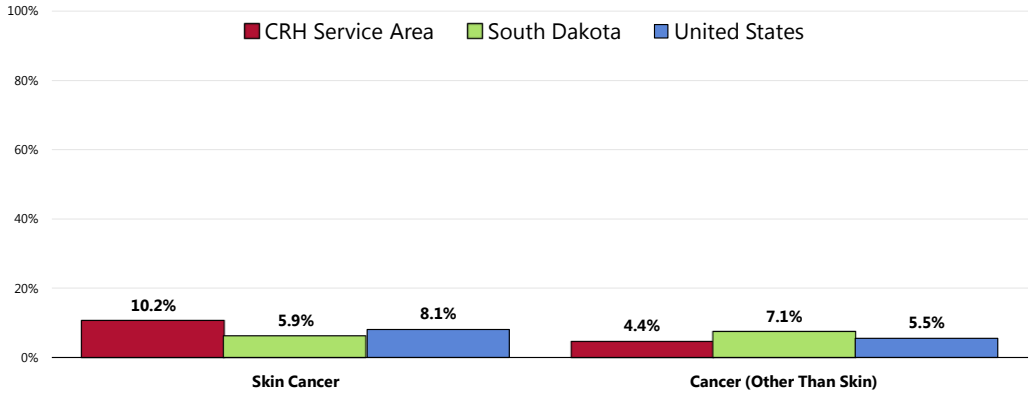
- Similar to the state average.
- Similar to the national average.

A total of 4.4% of respondents have been diagnosed with some type of (non-skin) cancer.

- Comparable to the state prevalence.
- Comparable to the national prevalence.

Prevalence of Cancer

(Custer Regional Hospital Service Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Question	*Asked of:*	*Response:*	CRH Service Area	United States
How long has it been since you had your last **Pap test**?	*Women age 21-65*	*Within the past 3 years*	**70.6%**	84.7%
How long has it been since your last **mammogram**?	*Women age 50-74*	*Within the past 2 years*	**59.6%**	79.9%
How long has it been since your last **PSA test**? How long has it been since your last **digital rectal exam**?	*Men age 50+*	***Prostate Cancer Screening*** *(calculated response): PSA or DRE within the past 2 years*	**53.6%**	70.5%
How long has it been since you had your last **blood stool test**? How long has it been since your last **sigmoidoscopy** or **colonoscopy**?	*Respondents age 50-75*	***Colorectal Cancer Screening*** *(calculated response): blood stool test in past year and/or lower endoscopy in past 10 years*	**69.9%**	N/A

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Respiratory Disease

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

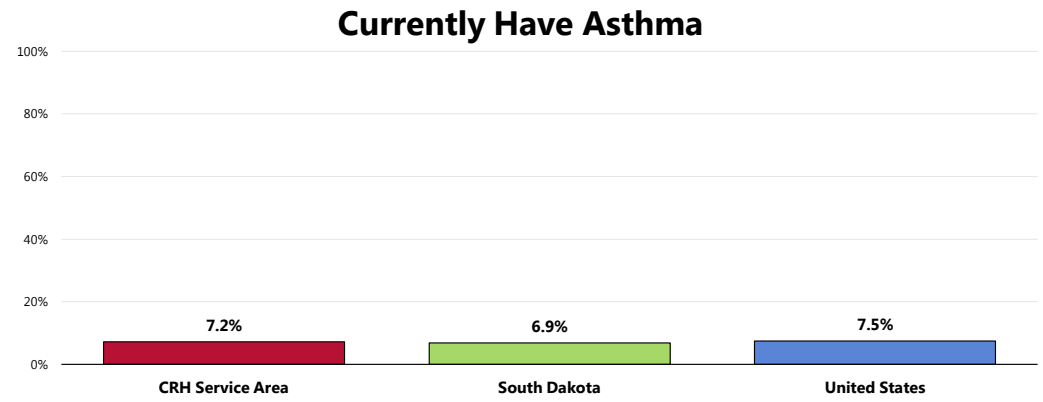
Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Chronic Lower Respiratory Disease Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**48.7**	44.3	42.4
Pneumonia/Influenza Deaths	*2001-2010*	*Age-adjusted deaths per 100,000 population*	**17.9**	16.2	16.9

Asthma

Adults

A total of 7.2% of Custer Regional Hospital Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.

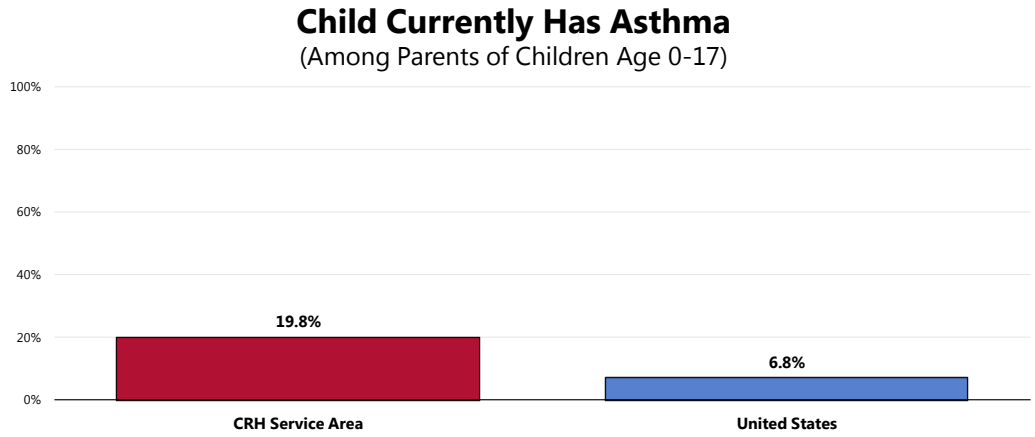


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.

Notes:
- Asked of all respondents.

Among Custer Regional Hospital Service Area children under age 18, 19.8% currently have asthma.

- Statistically similar to national findings.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Other Respiratory Disease Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **nasal or hay fever allergies**?	*All respondents*	*Yes*	**33.5%**	27.3%
Would you please tell me if you have ever suffered from or been diagnosed with **sinusitis**?	*All respondents*	*Yes*	**20.0%**	19.4%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic lung disease**?	*All respondents*	*Yes*	**17.4%**	8.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

Question	*Asked of:*	*Response:*	CRH Service Area	United States
A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a **seasonal flu shot**? During the past 12 months, have you had a **seasonal flu vaccine** that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.	*Respondents age 65+*	***Senior Flu Vaccination*** *(calculated response): Yes*	**66.7%**	71.6%
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you **ever had a pneumonia shot**?	*Respondents age 65+*	*Yes*	**63.8%**	68.1%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Injury Deaths

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Unintentional Injury Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**61.2**	44.8	39.1
Motor Vehicle Crash Deaths (also included in Unintentional Injuries above)	*2001-2010*	*Age-adjusted deaths per 100,000 population*	**25.5**	18.6	13.0
Firearm-Related Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**12.6**	9.0	10.2

Other Injury Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
How often do you use **seat belts** when driving or riding in a car?	*All respondents*	*"Always"*	**68.0%**	85.3%
Does your child (0-17) always wear a **child restraint** or seat belt when riding in a car?	*Parents of children age 0-17*	*Yes*	**60.8%**	91.6%
In the past year, how often has this **child worn a bicycle helmet** when riding a bicycle?	*Parents of children age 5-17*	*"Always"*	**13.5%**	35.3%
Are there any **firearms** now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?	*All respondents* *Parents of children 0-17*	*Yes* *Yes*	**64.9%** **67.1%**	37.9% 34.4%
Is your **firearm kept unlocked and loaded**?	*Respondents with firearms*	*Yes*	**24.3%**	16.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Other Violence Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Have you been the **victim of a violent crime** in your area in the past five years?	*All respondents*	*Yes*	**0.0%**	1.6%
Has an **intimate partner ever threatened** you with physical violence?	*All respondents*	*Yes*	**16.9%**	11.7%
Has an **intimate partner ever hit, slapped, pushed, kicked or hurt you** in any way?	*All respondents*	*Yes*	**16.9%**	13.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

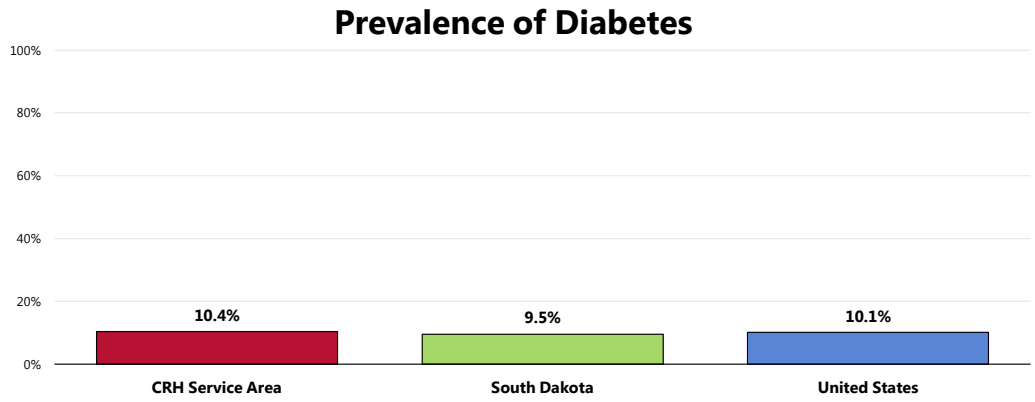
Age-Adjusted Diabetes Deaths

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Diabetes Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**25.8**	24.3	22.0

Prevalence of Diabetes

A total of 10.4% of Custer Regional Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.
- Similar to the national proportion.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Are you now **taking insulin or other medication** for your diabetes?	*Diabetic respondents*	*Yes*	**100.0%**	n/a

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Alzheimer's Disease Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**26.9**	34.7	24.5

Kidney Disease

Age-Adjusted Kidney Disease Deaths

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Chronic Pain Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **arthritis or rheumatism**?	*Respondents age 50+*	*Yes*	**44.5%**	35.4%
Would you please tell me if you have ever suffered from or been diagnosed with **osteoporosis**?	*Respondents age 50+*	*Yes*	**20.7%**	11.4%
Would you please tell me if you have ever suffered from or been diagnosed with sciatica or **chronic back pain**?	*All respondents*	*Yes*	**23.6%**	21.5%
Would you please tell me if you have ever suffered from or been diagnosed with **migraines or severe headaches**?	*All respondents*	*Yes*	**16.7%**	16.9%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic neck pain**?	*All respondents*	*Yes*	**20.3%**	8.3%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Vision & Hearing

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Would you please tell me if you have ever suffered from or been diagnosed with **blindness or trouble seeing**, even when wearing glasses?	*All respondents*	*Yes*	**14.5%**	6.9%
Would you please tell me if you have ever suffered from or been diagnosed with **deafness or trouble hearing**?	*All respondents*	*Yes*	**20.8%**	9.6%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

Sexual Health

Sexual Health Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
During the past 12 months, **with how many people have you had sexual intercourse**?	*Unmarried respondents age 18-64*	*3+*	**0.0%**	7.1%
Was a **condom used** the last time you had sexual intercourse?	*Unmarried respondents age 18-64*	*Yes*	**35.7%**	18.9%
Have you been **tested for HIV** in the past year?	*Respondents age 18-44*	*Yes*	**0.0%**	19.9%
Have you ever been **vaccinated for hepatitis B**?	*All respondents*	*Yes*	**31.9%**	38.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

BIRTHS

Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

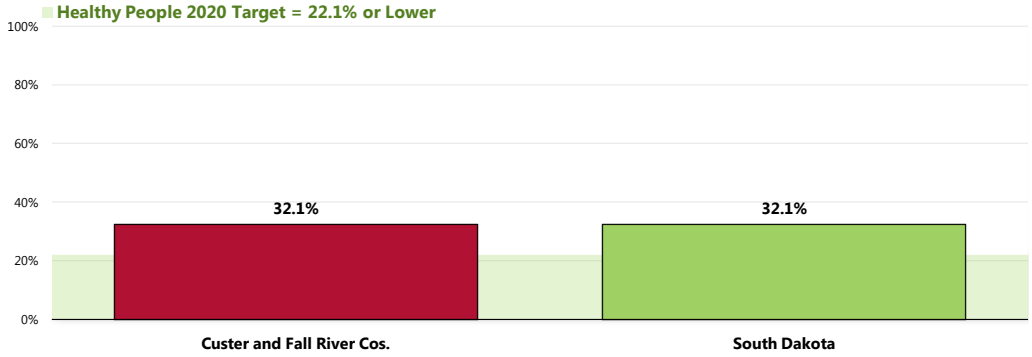
Early and continuous prenatal care is the best assurance of infant health.

Between 2009 and 2011, 32.1% of all Custer and Fall River Cos. births did not receive prenatal care in the first trimester of pregnancy.

- Similar to the South Dakota proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2009-2011)



Sources:
- South Dakota Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- Numbers are a percentage of all live births within each population.

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

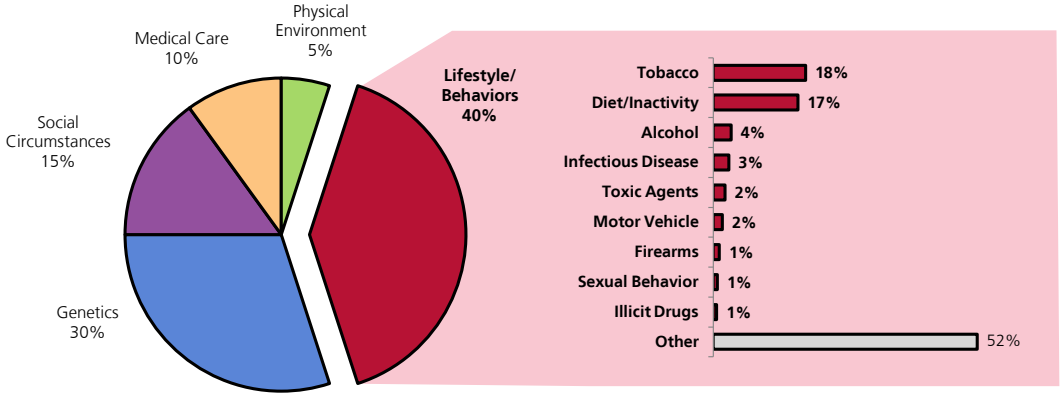
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.
"Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

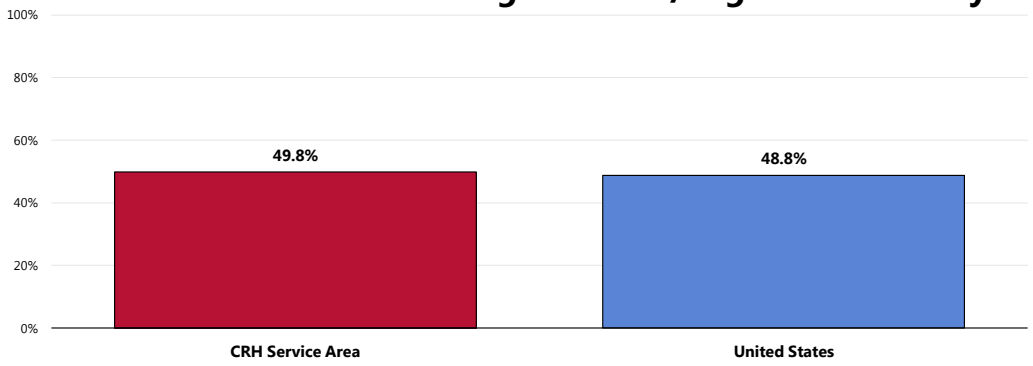
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 49.8% of Custer Regional Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Physician Advice About Diet & Nutrition

Question	*Asked of:*	*Response:*	CRH Service Area	United States
During the past 12 months, has a doctor asked you about or given you **advice regarding diet and nutrition**?	*All respondents*	*Yes*	**23.8%**	41.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Nutrition

Many group participants discussed poor nutrition in the Black Hills region, with the primary focus including:

- Level of hunger
- Nutrition education

Participants believe that Black Hills region residents have poor nutrition because of limited access to nutritious food options. Attendees have specific concern about the **level of hunger** in the community: participants worry about the ability of low income residents to provide healthy options for themselves and their families due to the high cost of fresh produce. Some residents are even without kitchen tables, cooking utensils, or ovens in their homes. For some community members, their primary residence is a hotel room; these people do not have access to any kitchen items. Other contributors to the poor eating habits of community members include the convenience and inexpensive nature of bulk, processed foods. An attendee describes:

> *"If you have a hungry teen you just cannot beat ramen noodles. You have free water, you cook it up, and you've got a couple of pounds of food as opposed to buying apples. The reality is you can't feed that teen. So some of the drivers of meals and nutrition, fresh fruits and things are great, but when you've got hungry bellies to feed and limited time, you're going to have to count on the bulk kinds of stuff that tends to be the cheap white products, cheese and those kinds of things."*

Another attendee describes how the food distributed by the Food Bank does not complement the message about healthy eating and instead perpetuates the high prevalence of chronic diseases:

> *"We're serving a population with a lot of chronic diseases foods that are only leading to those chronic diseases. So if we are going to be spending money to help people with their health and to feed them and to feed their hunger, I think they should be nutritious choices, and I also feel like for example the Y, the Y will buy their snack food items from the food bank and they get it in bulk, and it's really hard to compete with 16 cents for a pound of Doritos, but at some point somebody has to say what we're doing is creating a nation of obese kids who become obese adults."*

Focus group attendees believe **nutrition education** needs to occur more frequently in the community because many households lack basic knowledge on preparing nutritious meals and/or making healthy food choices. Utilizing a multi-pronged approach may prove the most successful, and attendees describe the South Dakota Discovery Program as an organization with a captive young audience who would welcome an outside agency to conduct nutrition education.

Currently, the Community Health Center offers cooking classes, but these classes do not enjoy a large attendance. Rapid City Area Schools also offers nutrition education and cooking classes to the elementary and middle school students, but some attendees believe the school system can do more to promote nutrition:

> *"I don't think there's enough going on in the schools to promote cooking and to promote that as a value. I think a generation ago when we were growing up that was such a value as a role for a woman or even for a man, shopping and cooking is really good use of your time."*

Indian Health Services also has several nutrition programs scheduled this year, as one representative explains:

> *"We are launching in October celebrating our culinary heritage. We're doing cooking classes at the Center, which just got remodeled or revamped, and that's at the Lakota Homes. It's focusing initially on traditional foods and I'm going to do something different in the springtime."*

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

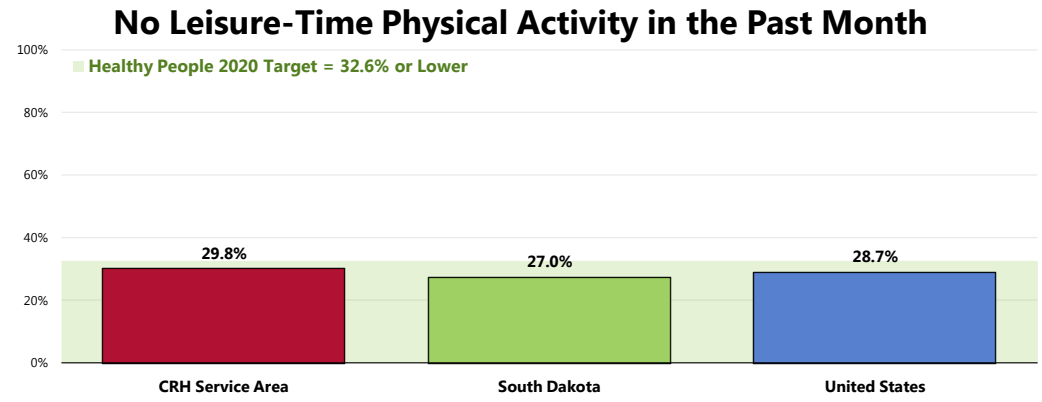
– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 29.8% of Custer Regional Hospital Service Area adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Other Physical Activity Indicators

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Question	*Asked of:*	*Response:*	CRH Service Area	United States
When you are **at work**, which of the following best describes what you do?	*Employed respondents*	*Sitting or standing*	**50.0%**	63.2%
Now, thinking about when you are not working, how many days per week or per month do you do: ...**vigorous activities** for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate? ...**moderate activities** for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	*All respondents*	***Meets Physical Activity Recommendations*** *(calculated response): vigorous physical activity (3+ times per week for 20+ minutes) or moderate physical activity (5+ times per week for 30+ minutes)*	**45.4%**	42.7%
During the past 12 months, has a doctor asked you about or given you **advice regarding physical activity** or exercise?	*All respondents*	*Yes*	**34.2%**	47.8%
On an average school day, how many hours or minutes does this **child spend watching TV**? Including video games and computer or Internet, how many hours or **minutes of screen time** does this child use for entertainment on an average school day?	*Parents of children age 5-17*	***Total Screen Time*** *(calculated response): 3+ hours per day of TV and other screen time combined*	**28.0%**	43.4%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Physical Activity

Many focus group participants discussed physical activity in the community, with discussion centered on:

- Sedentary lifestyle
- Safety concerns on Native American reservations

Focus group attendees believe that the Black Hills region offers many opportunities for residents to participate in physical activity, but the number of residents who do not exercise remains high. The amount of time spent in front of the television, computer, or video games may contribute to many residents leading **sedentary lifestyles**. While respondents agree that the Black Hills region contains many safe spaces for physical activity, participants did note that additional street lighting would enhance the walking trails experience.

However, the infrastructure for physical activity remains poor on the **Native American reservations**. Limited bike paths and **safety concerns** make it difficult for outdoor activity. Outside of the reservations, the opportunities to exercise include a wonderful park system, city recreation, YMCA, Rapid City sports, and school programs. The Deadwood School District's gym class involves a variety of seasonal outdoor activities:

> *"In the Deadwood schools for gym class during the spring and the fall the students bring their bicycles to the school. If they don't have a bicycle there are bicycles provided for them through different programs, but for gym class they ride bikes. Then during the wintertime they go snowshoeing, skiing, and the entire communities get involved with those programs, providing equipment, providing shuttle service. They also hold a triathlon every spring for those students. That's a community that's doing really well in getting that captive audience and getting children engaged in those types of activities."*

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of • □30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of • □30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Obesity

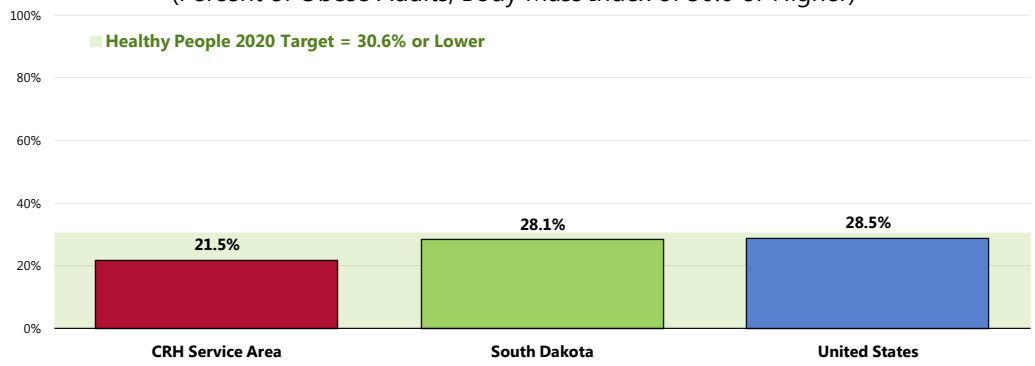
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

A total of 21.5% of Custer Regional Hospital Service Area adults are obese.

- Similar to South Dakota findings.
- Similar to US findings.
- Satisfies the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Other Body Weight Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Now I would like to ask, about how much do you **weigh** without shoes? About how **tall** are you without shoes? *Weight and height are used to calculate a Body Mass Index (BMI) for each respondent.*	*All respondents*	***Healthy Weight*** *(BMI 18.5-24.9)*	**36.1%**	31.7%
		Overweight/Obese *(BMI 25.0+)*	**63.9%**	66.9%
		Obese *(BMI 30.0+)*	**21.5%**	28.5%
How would you **describe your own personal weight**?	*All respondents*	*"About The Right Weight"*	**47.2%**	
During the past 12 months, has a doctor asked you about or given you **advice about your weight**?	*All respondents*	*Yes*	**13.5%**	25.7%
	Overweight respondents	*Yes*	**19.4%**	30.9%
	Obese respondents	*Yes*	**23.4%**	47.4%
Are you currently **trying to lose weight** by both exercising and eating fewer calories or less fat?	*Overweight respondents*	*Yes*	**37.6%**	38.6%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Child Obesity

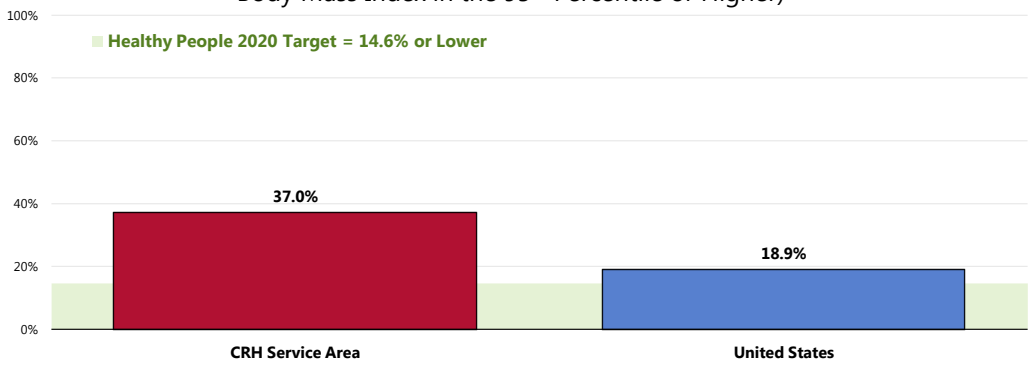
Obesity among school-age children is determined by children's BMI status equal or above the 95th percentile of US growth charts by gender and age.

A total of 37.0% of Custer Regional Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to meet the Healthy People 2020 target (14.6% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: teenage pregnancy; human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); other sexually transmitted diseases (STDs); domestic violence; child abuse; motor vehicle crashes; physical fights; crime; homicide; and suicide.

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

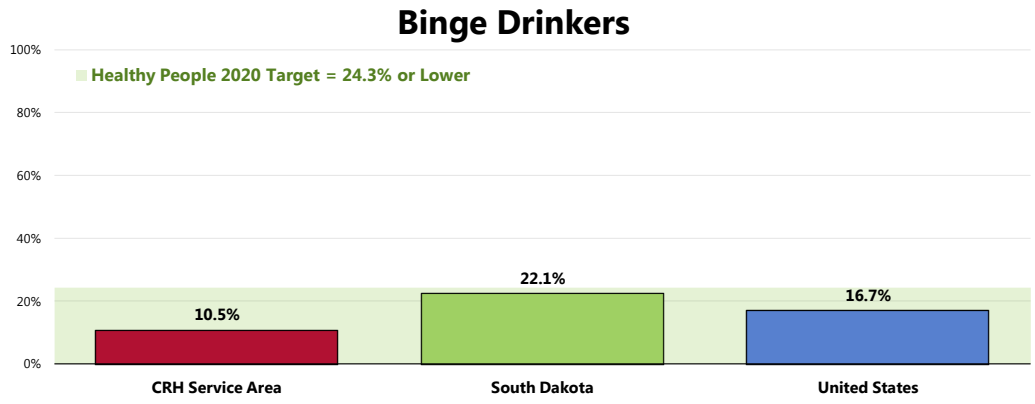
Age-Adjusted Cirrhosis/Liver Disease Deaths & Drug-Related Deaths

Indicator	*Data Years*	*Expressed as:*	Custer and Fall River Cos.	South Dakota	United States
Cirrhosis/Liver Disease Deaths	*2001-2010*	*Age-adjusted deaths per 100,000 population*	**11.1**	10.4	9.1
Drug-Induced Deaths	*2006-2010*	*Age-adjusted deaths per 100,000 population*	**14.6**	6.2	12.7

High-Risk Alcohol Use

A total of 10.5% of Custer Regional Hospital Service Area adults are binge drinkers.

- More favorable than the South Dakota findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Other Substance Abuse Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	*All respondents*	***Current Drinker**: any alcohol in past 30 days*	**51.9%**	58.8%
On the day(s) when you drank, about how many drinks did you have on the average?		***Chronic Drinker** (calculated response): 60+ drinks of alcohol in past 30 days*	**7.4%**	5.6%
During the past 30 days, how many times have you **driven when you've had perhaps too much to drink**?	*All respondents*	***Drinking & Driving**: 1+ times in past 30 days*	**3.3%**	3.5%
During the past 30 days, how many times have you **ridden** with someone who had perhaps too much to drink?		***Driven or Ridden** (calculated response): drove drunk or rode with drunk driver 1+ times in past 30 days*	**4.2%**	5.5%
During the past 30 days, have you used an **illegal drug or taken a prescription drug that was not prescribed to you**?	*All respondents*	*Yes*	**0.0%**	1.7%
Have you ever **sought professional help** for an alcohol or drug-related problem?	*All respondents*	*Yes*	**4.8%**	3.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Substance Abuse

Substance abuse in the community is of concern to many focus group attendees. The main issues discussed surrounding substance abuse included:

- Prevalence of drug use
- Substance use perpetuates mental health issues
- Need additional treatment facilities

A number of focus group participants worry about the **prevalence of drug use** in the community, especially use of alcohol, methamphetamines, cocaine, heroin, marijuana, synthetic drugs, over-the-counter and prescription drugs. Respondents worry about the over-subscribing of prescription drugs coupled with the easy access in many homes. A state central database could track prescriptions and possibly eliminate "doctor shopping" for prescription drugs.

Overall, focus group members believe that substance abuse occurs across all demographics in the region; further, **substance abuse also perpetuates any mental health issues**. Attendees believe that over-indulging in substances has become a coping mechanism for some residents. Prompted by the pervasive alcohol industry's advertising, residents' substance use becomes abuse, as a participant describes:

> *"I think every one of us in this room has struggled with time and struggled with family and kids and everything, but not everybody goes to the bar to deal with it with a drink, and that leads to one more and one more and one more and addiction, and addiction leads to many, many, many other things…. Some people have that predisposition to addiction. Some people have that predisposition to not being able to cope with crisis, but when we see things on TV, when we see billboards, I know nobody in here works for Budweiser so I can say you really are praying on people when you put up a billboard that says, 'Every hour should be a happy one, so go buy a beer.'"*

Substance use among adolescents also concerns attendees, with online access to methods for intoxication available to many. One participant explains:

> *"These kids are getting ideas about drugs and alcohol on the Internet. They have access to their online sources of information. They go online. They can find out about all kinds of different things that they can do…People figure out ways to do this and it's not just alcohol and the rich man's drugs like coke and heroin."*

Attendees believe the Black Hills region **needs additional substance abuse treatment facilities**. Only a limited number of treatment facilities and other resources operate in the region, with many of these only offering outpatient treatment options. Several adult social detox programs operate in Rapid City: the Hope Center provides a day drop-in program for addicts, and the Safe Bed program provides a safe space for a resident to spend the night:

> *"A person that isn't interested in receiving help they can just go and be in a safe bed overnight and there are six beds I believe. It's not even a bed. It's a cot on the floor. It's a mat on the floor. They can be there for a night and they don't have to do anything, just sleep there, but it gets them off the street, out of detox, keeps them out of jail."*

Other participants feel that residents need to have more accountability with their choices and do not feel the current treatment options offer long-term solutions:

> *"What we do really well is put people under really high levels of care and they have no intention of doing the treatment, and so we spend lots of money on high levels of care for a person who's not motivated to make a change."*

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

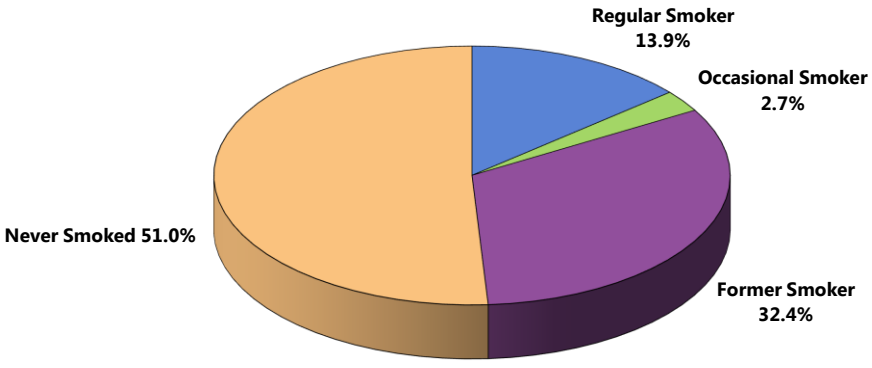
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

A total of 16.6% of Custer Regional Hospital Service Area adults currently smoke cigarettes, either regularly (13.9% every day) or occasionally (2.7% on some days).

Cigarette Smoking Prevalence
(Custer Regional Hospital Service Area, 2012)

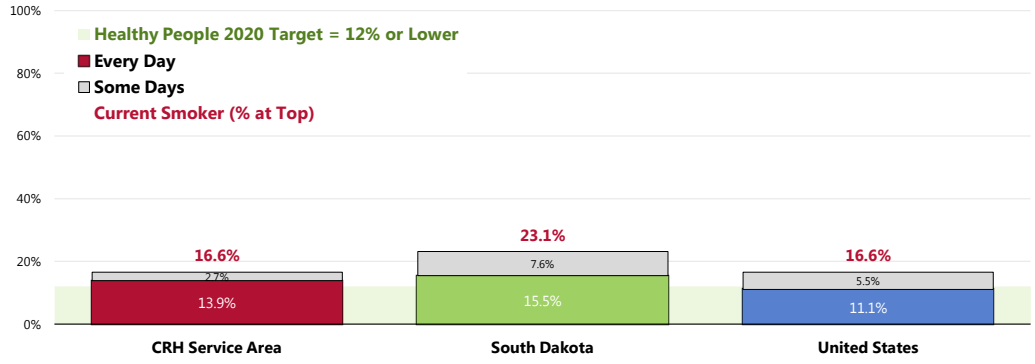


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Current Smokers



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Other Tobacco Use Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
During the past 12 months, have you stopped smoking for one day or longer because you were **trying to quit smoking**?	*Regular smokers*	*Yes*	**67.1%**	56.2%
In the past 12 months, has a doctor, nurse or other **health professional advised you to quit smoking**?	*Regular and occasional smokers*	*Yes*	**84.3%**	63.7%
In the past 30 days, has anyone (including yourself) **smoked cigarettes, cigars or pipes anywhere in your home** an average of 4 or more days per week?	*All respondents*	*Yes*	**7.4%**	13.6%
	Non-smokers	*Yes*	**3.5%**	5.7%
	Parents of children age 0-17	*Yes*	**6.5%**	12.1%
Do you smoke **cigars**?	*All respondents*	*Yes*	**2.4%**	4.2%
Do you use **chewing tobacco, snuff or snus**?	*All respondents*	*Yes*	**5.0%**	2.8%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community, especially among the Native American population. Group attendees worry about the consequences of tobacco use in the community and believe a high percentage of **Native American residents** use tobacco products (some participants estimate nearly half of the population). Participants feel that the overall rates of smoking have decreased because of the state helpline, which provides cessation programs and products at no fee.

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

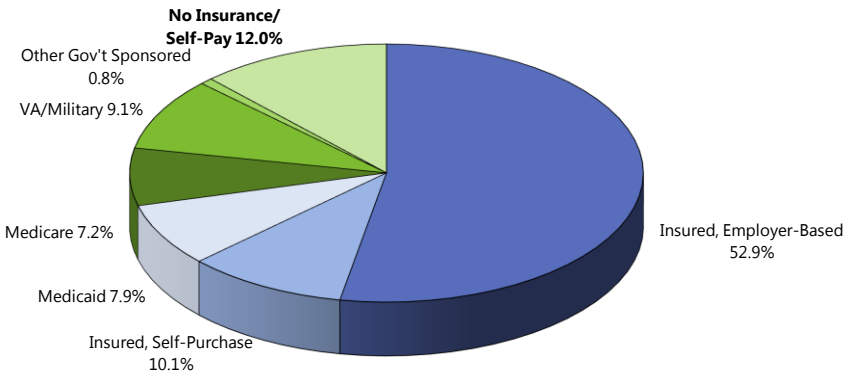
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 63.0% of Custer Regional Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 25.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults 18-64; Custer Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

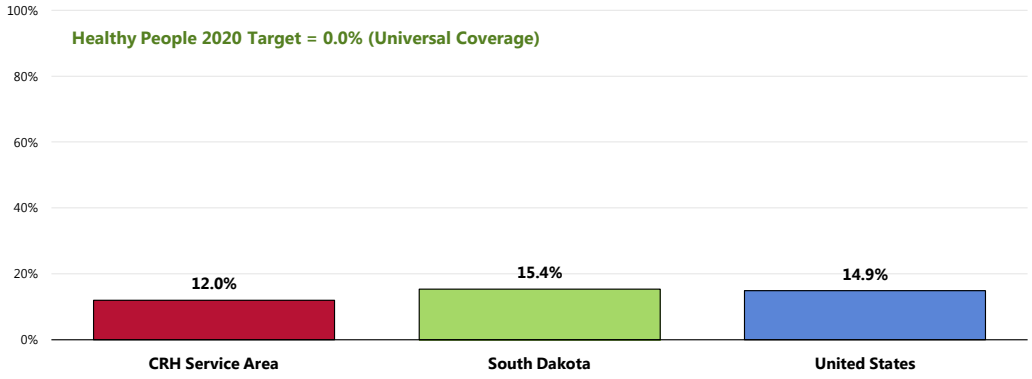
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 12.0% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 South Dakota data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: • Asked of all respondents under the age of 65.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 28.1% of Custer Regional Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.

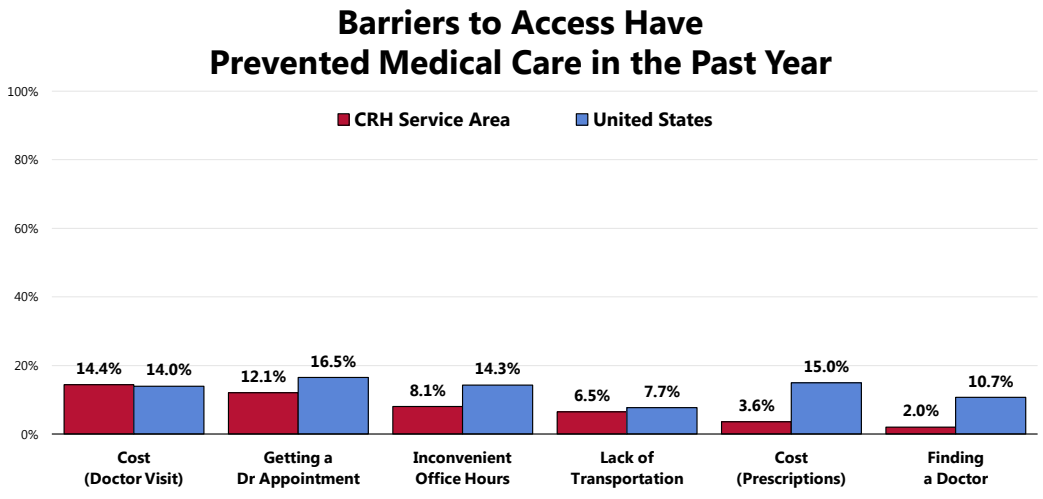
Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medications impacted the greatest share of Custer Regional Hospital Service Area adults (14.4% say that cost prevented them from obtaining a needed prescription in the past year).

- The proportion of Custer Regional Hospital Service Area adults impacted was statistically comparable to or better than that found nationwide for **each** of the tested barriers.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Other Healthcare Access Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Do you have other **supplemental health insurance** in addition to your Medicare coverage?	*Medicare recipients*	*Yes*	**55.1%**	75.5%
Does your health coverage pay at least part of the cost of your **prescription medicines**?	*Insured respondents*	*Yes*	**93.2%**	93.9%
During the past 12 months, was there a **time when you did not have any health coverage**?	*Insured respondents*	*Yes*	**7.3%**	4.8%
Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescription last longer**?	*All respondents*	*Yes*	**9.1%**	14.8%
Was there a time in the past 12 months when you **needed medical care for this child but could not get it**?	*Parents of children age 0-17*	*Yes*	**0.0%**	1.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Access to Healthcare Services

Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- Barriers to accessing healthcare
  - *Insurance status*
  - *Cost*
  - *Complexity of healthcare system*
  - *Transportation*
- Emergency room overutilization

Focus group participants describe the overall Black Hills region as having many healthcare resources, but agree that the Native American reservations suffer from access barriers and worse health outcomes than the general population. Attendees believe that even with the considerable amount of healthcare options, residents encounter several **barriers** when trying to **access healthcare services** in the Black Hills region. Many times **insurance status and carrier** determine whether a resident can obtain routine medical treatment in a timely manner. Even residents with government insurance struggle to access care because of the limited number of physicians accepting new Medicaid patients due to low reimbursement rates.

In addition, focus group members describe many residents as under- or uninsured. The underinsured population includes the working poor: those individuals who may qualify for employer insurance but the deductibles are too high or the co-payment is too much, so they elect to go without. For under-insured residents, actually qualifying for health-care assistance programs may be the greatest barrier:

> *"People frequently tell me that there are so many different programs and each one has its requirements, its certain eligibility. There are some people that just don't seem to fit into any of them and they're usually the middle class or the lower middle class who still can't afford health*

insurance, and their income is just above being eligible for Medicaid or any of those other programs. People just get tired of filling out paperwork and they'd just rather not do anything more. It's just a lot of frustration that I get feedback on."

Within the Black Hills region, many jobs offer low wages. For low-income residents, **cost** of healthcare can become a barrier:

"We have a lot of services for people who don't have health insurance, but when they go through the system they get stuck with, 'Well you have to pay part of this and you have to pay part of that', and they can't afford that."

Another participant describes how the lack of well-paying jobs and benefitted positions negatively affects the community:

"I'm one of those people that we keep talking about that are kind of in the middle. I have good paying jobs and don't do too badly, however I don't quite do well enough. If I want to go up to that next level and be able to afford things like healthcare I have to move out of this community. So now this community loses also because I have an education and I'm contributing to that greater good and that potential, but I may have to leave because that's the only way I'm going to advance my position in life and be able to provide better for my family."

Several local options exist for under-insured and uninsured residents. These options include the Community Health Center, Indian Health Services, Veteran's Administration, hospitals and community health nurses. The Community Health Center is located in north Rapid City; it offers preventive care services and reduced (or free) prescription medication. Good Shepherd in Spearfish is another free clinic. Indian Health Services can be accessed by residents who can demonstrate a degree of Indian blood. However, participants agree that the paperwork and **complexity of the healthcare system** continue to deter residents from accessing care, as a participant explains:

"What we've seen in the last few years is you have those families who are really falling into poverty whether it's a temporary move or not, but they don't know those rules. They don't know how the system works and all the systems are fragmented and you're right, they all have their own rules. If you don't understand the rules of that game it is very, very frustrating for families who've never had to ask for assistance before and are trying to figure out all of these different systems to access and utilize."

Focus group attendees believe that some community members have turned their frustration with the healthcare system into complacency, as a participant describes:

"So in their mindset it's hopeless. They (the healthcare system) can't meet my needs right now, so they're not going to be able to meet any needs down the road. So they become complacent probably in their own right because of maybe one bad experience."

Participants also view transportation as an obstacle to accessing healthcare and other services. Medicaid recipients can utilize Medicaid cabs or Dial-A-Ride, but residents must provide a few days' notice and it may become an all-day experience. For residents with disabilities this option is not sufficient; one attendee recalls her father's experience:

> *"You have to call a few days in advance, you have to be ready two hours before your appointment, then you have to possibly wait two hours after your appointment and they're hoping that they're going to get you there on time. My dad's a double amputee and so it's not as easy you can get on and off very fast. Needless to say he doesn't do that."*

In addition, a public bus system also operates throughout Rapid City and certain populations (homeless) can qualify for free bus passes, but the bus serves limited routes. Another transportation option for residents in Shannon County includes a shuttle, which runs from Shannon to Pennington County and to the Indian Health Services hospital.

Respondents report that both Medicaid recipients and uninsured residents **over-utilize the emergency room**. Attendees describe the culture in the Black Hills region as one in which residents use the emergency room like a primary care provider office, but participants realize an emergency room does not represent the most appropriate setting for routine healthcare services. For those with Medicaid, the ER represents the no-cost option.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

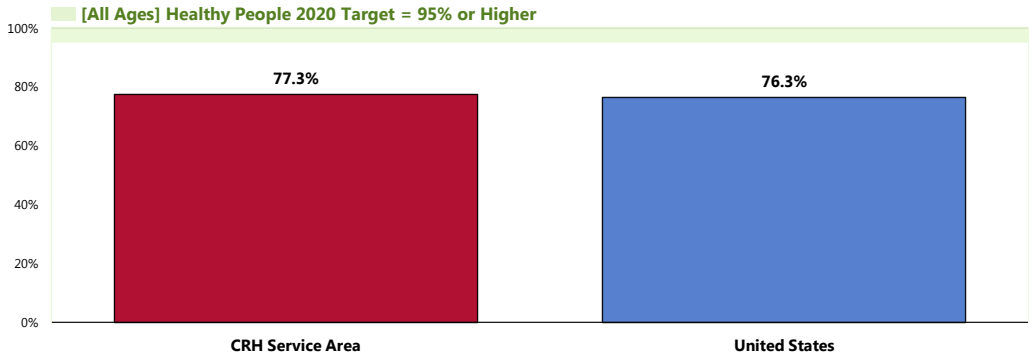
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 77.3% of Custer Regional Hospital Service Area adults were determined to have a specific source of ongoing medical care (a "medical home").

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Related Focus Group Findings: Specialists

Most of the focus group participants agree that the Black Hills region would benefit from **additional specialists**, including dentists, rheumatologists, pulmonologists, psychiatrists, psychologists, special needs pediatricians and geneticists.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

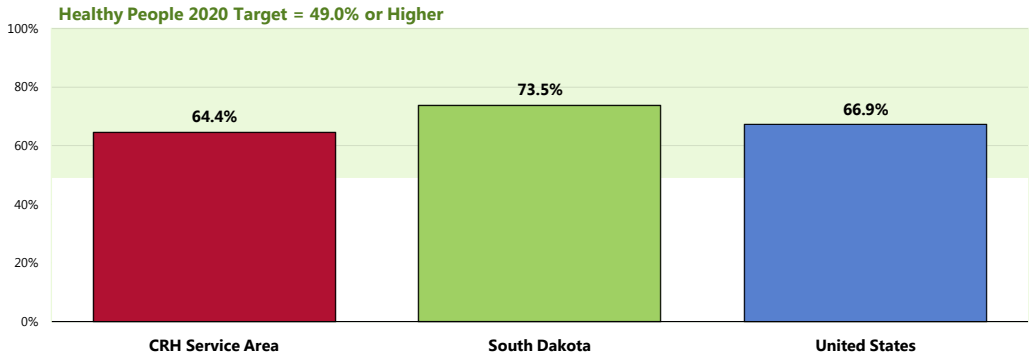
Recent Dental Care

Adults

A total of 6 in 10 Custer Regional Hospital Service Area adults (64.4%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 South Dakota data.

Notes:
- Asked of all respondents.

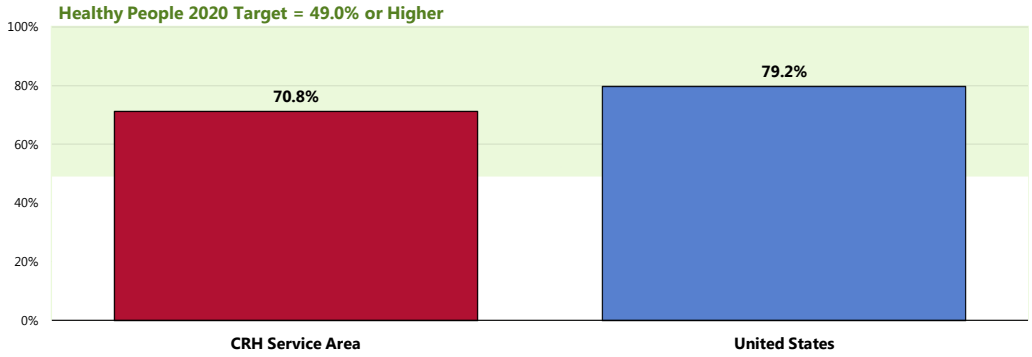
Children

Most (70.8%) Custer Regional Hospital Service Area parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children 2-17)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2-17 at home.

Other Oral Health Indicators

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Do you currently have any **dental insurance coverage** that pays for at least part of your dental care?	*All respondents*	*Yes*	**47.1%**	60.8%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed surrounding oral health included:

- Importance of regular preventative dental care
- Dental insurance

The effects of poor oral health are myriad: focus group participants agree that neglect of oral health can result in a significant decrease to a person's overall health. In children, the prevalence of poor oral health can even lead to low learning outcomes. Attendees recognize the **importance of regular preventative dental care**; however, many residents face barriers in accessing dental treatment.

Many dentists in the Black Hills Region are reaching retirement age, and currently the community does not employ many young dentists and there is no dental school to offer a system for replacement dentists. For Medicaid recipients, finding a provider to accept their insurance can prove troublesome due to the low reimbursement rates. An attendee explains the shortfalls of Medicaid coverage:

> *"I get on average two calls a week for people needing help with payment of dentures because they don't have the insurance. We pay Medicaid rates and I just did one this morning and what Medicaid pays is less than half of what the dentist costs are. Much less than half. The state has put some caps with Medicaid for adults- they'll only pay $1,000.00 now of dental work, so that wouldn't even pay for dentures."*

For other low-income residents without **dental insurance**, many cannot afford basic care and do not receive any dental care. The Community Health Center offers limited dental treatment, but it mainly provides emergency dental care. A dental van provides services to the rural communities every six months, but that service does not satisfy the need.

Vision Care

Eye Exams

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

Question	*Asked of:*	*Response:*	CRH Service Area	United States
Have you had an **eye exam** during which your eyes were dilated in the past two years?	*All respondents*	*Yes*	**66.7%**	57.5%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

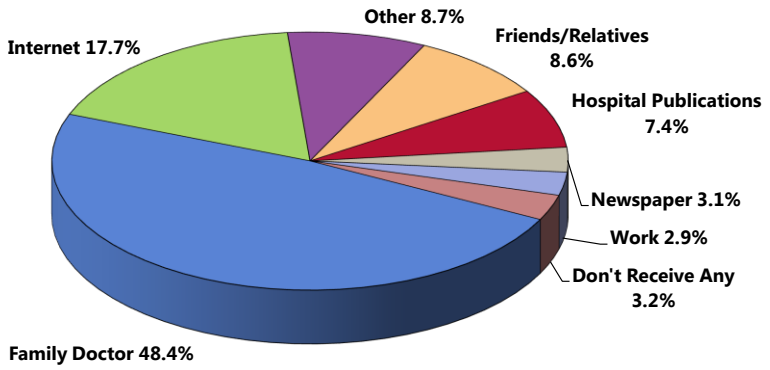
HEALTH EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 48.4% of Custer Regional Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 17.7%.
  - Other sources mentioned include friends and relatives (8.6%), hospital publications (7.4%), newspapers (3.1%) and work (2.9%).
- Just 3.2% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Custer Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Participation in Health Promotion Activities

Question	*Asked of:*	*Response:*	CRH Service Area	United States
In the past 12 month, have you participated in any **organized health promotion activities**, such as health fairs, health screenings, or seminars, either through your work, hospital, or community organizations?	*All respondents*	*Yes*	**13.0%**	22.2%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Collaboration

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The themes surrounding collaboration were:

- Excellent collaboration

- Challenges include:
    - *Funding*
    - *Schools*
    - *VA*
    - *Indian Health Services (IHS)*

Attendees report that **excellent collaboration** occurs in the Black Hills region and it has improved greatly in the past few years. Several participants spoke about the coordination occurring among non-profit organizations and the larger healthcare system in order to provide high quality healthcare to the community. The United Way also helps connect agencies and residents to meet their needs, as a participant describes:

> *"When someone calls United Way and says 'I need transportation to get my child to the doctor', then we're able to pull up every resource possible within a five-mile radius of where that person is calling from and let them know what is available. So the other piece of that awareness is also making sure that the organizations and agencies that offer those services know to update 2-11 so that we can get those services out there to people."*

For non-profit agencies, regular collaboration efforts help to discourage or eliminate duplicative services and maintain the most fiscally-responsible programs. The Community Service Connect represents a very successful collaborative effort. This coalition is comprised of a variety of agencies and it offers many networking opportunities for members.

Other participants recognize that collaboration does not occur without challenges, including **decreased funding levels** and the difficulties sometimes associated with **building relationships with the school system, Veteran's Administration (VA)** and **Indian Health Services.** Participants believe that the state budget cuts and the overall low level of funding affect agencies' ability to collaborate; however, as one participant recalls, real change in the behavioral healthcare realm could not have occurred without the efforts on behalf of many local agencies:

> *"We're always fighting the same thing: everybody is fighting with funding to keep our programs going, but we would not have a crisis care center in this community had we not collaborated as a mental health community. We would not have finally seen the rate of suicide finally come down for the first time ever had we not done a lot of those things."*

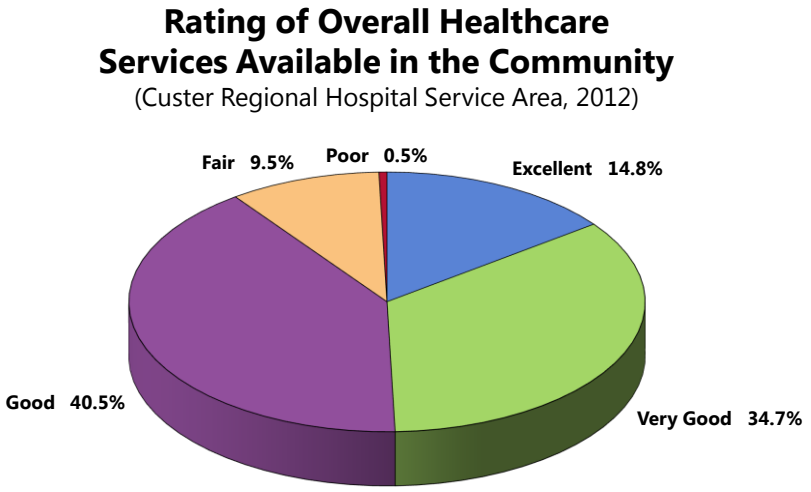
Participants report that collaboration with the school systems remains frustrating because the relationship between non-profit agencies and school systems depend greatly on individual administrations. The VA and IHS representatives are also not always present during coalition or collaboration meetings, so it can be difficult to facilitate coordination.

LOCAL HEALTHCARE

Perceptions of Local Healthcare Services

More than one-half of Custer Regional Hospital Service Area adults (49.5%) rate the overall healthcare services available in their community as "excellent" or "very good."

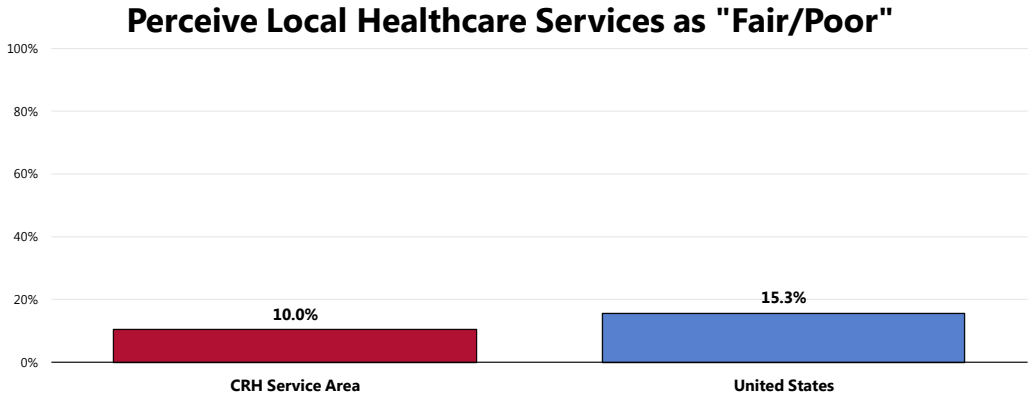
- Another 40.5% gave "good" ratings.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

However, 10.0% of residents characterize local healthcare services as "fair" or "poor."

- Comparable to that reported nationally.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Other Findings

Related Focus Group Findings: Elderly Residents

Many focus group participants discussed the limited number of services available to senior citizens, with emphasis on the following issues:

- Aging population
- Limited number of resources available for seniors
    - *Assisted living or nursing homes*
    - *Transportation*

According to focus group participants, the number of seniors in the community will continue to increase in the coming years and the Black Hills Region represents an already-**aging community**. Participants agree that the community will continue to lose a number of physicians and dentists as these professionals reach retirement age.

Group attendees report that only a **limited number of resources are available** to seniors. Many seniors have multiple healthcare needs, but do not know about the available services and are reluctant to ask for assistance. The few local nursing homes operate at-capacity, which means families may have to travel out of the community to find an available room for their loved one. A participant describes the negative effects this may have on families:

> *"The elderly have a unique situation too is that nursing home access isn't always available when needed because we've had a ban on building nursing homes for quite a while in this state, and I'll just speak personally 'cause that's what I know the best. My mother almost had to go to Canton, South Dakota to be in a nursing home because that was the only room in the state that was available. I visit and work with her every day, so it would be really hard for her to be in Canton."*

Respondents worry that limited **transportation** options also hinder senior citizens' ability to access healthcare facilities and other social service agencies. Many seniors rely heavily on Dial-A-Ride for their transportation needs.

Related Focus Group Findings: Housing & Homelessness

Many focus group participants discussed homelessness in the community, with a focus on this concern:

- Negative physical and mental health repercussions due to homelessness

Participants worry about Black Hills region residents because the area faces a housing crisis. Many families may live together in one home or apartment to save money because of the high cost of living. Participants believe that these families qualify as homeless; one participant explains further:

> *"How we count homeless is not on the street homelessness. That may be some of it, but it's a lot of living in a motel kind of homelessness. They have no permanent housing. That's that transient piece. Doubling up, living in a hotel, living in a car."*

Many low income residents who qualify for housing assistance remain on a long waiting list due to the high local demand. The homeless lifestyle has **negative physical and mental health repercussions**, with homeless residents less likely to receive care. In addition, children who do not have permanent housing may struggle in school.

Related Focus Group Findings: Native American Population

Many focus group participants are worried about the Native American population, with emphasis on the following concerns:

- Low health literacy
- Inadequate housing
- Difficulty to conduct outreach
- Violence
- High rates of tobacco use
- High rates of chronic disease

Focus group attendees believe that the Native American population in the Black Hills region experiences worse health outcomes than the general population, reporting that Native Americans in the region also have a lower life expectancy. These poor health outcomes occur due to **low health literacy, inadequate housing, difficulties conducting outreach, prevalence of violence, and high rates of tobacco use and chronic diseases.** The region's Native American population is also reported to over-utilize the emergency room for primary care.

Participants believe that many Native Americans have low health literacy due to limited health education and overall low educational levels. Due to low educational attainment, many Native American families cannot find jobs and are transient, which in turn affects the children's ability to have continuity in their education. This transient nature equates to multiple families sharing the same residence and a multi-year waiting list exists to obtain government subsidized housing. This reality creates a vicious cycle; as noted:

> *"Native American families go between the reservation and different communities, and I think that affects more than healthcare. It's affecting their education because they're not getting connected at an early age. At General Beetle School we have if you count up from the beginning of August to April/May in a school year we have about 110 percent turnover of students."*

Providing prevention education to this population can also prove difficult for social service agencies and providers. Attendees believe that the best avenue to reach this population is through the school systems. However, funding restrictions limit how much staff time organizations can commit. In addition, telephone and cell service remain low on the reservations, so agencies struggle with how to conduct the outreach, as a participant explains:

> *"Even if you choose to call the person they're only going to have the phone probably four to five days when they have the resources to pay for it. Three weeks out of the month you can't reach them, and Carey knows this because she works with families on the reservation. They'll have that cell for a weekend. Believe me; keeping up with the telephone number as it changes from month to month is another challenge too."*

Attendees also believe that Native American residents may be distrusting of assistance programs because programs often lose grant funding and cease to exist, as one participant describes:

> *"We've not had consistency at the IHS hospital in terms of psychiatric types of staff. It's there and then it's gone, it's there and then it's gone, and I think that leads to some people just not going and getting the help. Yeah. I think it's getting better, it's just I always honestly feel bad in Pine Ridge because you see programs start up and they're there for one or two years and then they're gone. It's like, how does a person count on that?"*

Focus group attendees also worry about the level of violence on the reservations and the high rates of chronic diseases, such as diabetes.

APPENDIX

Community Stakeholder Input

A focus group held as part of this Community Health Needs Assessment incorporated input from 13 local key informants (or community stakeholders), with special emphasis on persons who work with or have special knowledge about vulnerable populations in the community, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

A list of these participants is provided below.

Key Informant Focus Group Participants

Monday, September 24th, Noon to 2:00

Focus Group Participant	Title	Organization	Populations Served: Medically Underserved	Low-Income Residents	Minority Populations	Populations w/ Chronic Disease
Alan Solano	CEO	Behavior Management Systems	X	X	X	X
Brenda Dahlke	Medical Caseworker	Pennington County HHS	X	X		
Carrie Churchill	RN, Bright Start Coordinator, Community Health Services	S.D. Department of Health	X	X	X	
Andrea Barber		Volunteers of America	X	X	X	X
Kasondra Brooke	Black Hills Resource Development Specialist	2-11 Helpline	X	X	X	X
Kibbe Conti	Supervisory Dietician	IHS (Sioux San Hospital)	X	X	X	X
Linda Marchand	Former Regional Manager, S.D. Department of Health	S.D. Department of Health	X	X	X	X
Lisa Sanderson	Associate Director	South Dakota Parent Connection	X	X	X	X
Morgan VonHaden	North Rapid Community Coordinator	Rapid City Area Schools	X	X	X	
Sandy Diegel	Executive Director	John T. Vucurevich Foundation	X	X	X	X
Stephanie Schweitzer Dixon	Community Services Director	Front Porch Coalition	X	X	X	X
Susie Kelts	Health Services - R.N. at Gen Beadle, North	Rapid City Area Schools	X	X	X	X
Tanja Cutting	Diabetes Collaborative Coordinator	Community Health Center of the Black Hills	X	X	X	X

Expertise in Public Health

Note that three of these focus group participants have special knowledge of and expertise in public health; their credentials and experience include:

- **Carrie Churchill** is a Registered Nurse (RN) and the Bright Start Coordinator with the South Dakota Department of Health. Ms. Churchill attended Augustana College and received her nursing degree in 1998. Recently, Ms. Churchill was selected as an honoree for her "dedication to youth, families and the community" by Wellspring, an organization that works with teenagers who have chemical dependency and behavioral issues.
- **Brenda Dahlke** is a medical caseworker for Pennington County Health and Human Services. She received her degree from Black Hills State University in 1996.

- **Linda Marchand** is a former Regional Manager with the South Dakota Department of Health (retired). Linda held leadership roles in department programs ranging from breastfeeding peer counseling to the Bright Start nurse home visiting program. She is also an Advisory Committee member for South Dakota State University and the University of South Dakota Student Nursing Program.

  Linda Marchand recently received the Outstanding Contribution to Public Health Award from the South Dakota Department of Health in the agency's annual Secretary Awards Program (2012). The award is presented to a department employee who has made significant contributions to the state's public health over the course of a career.