2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Monument Health Service Area

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Prepared by
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment — a follow-up to similar studies conducted in 2012, 2015, 2018, and 2021 — is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Monument Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides 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 that historically have 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 Monument Health by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

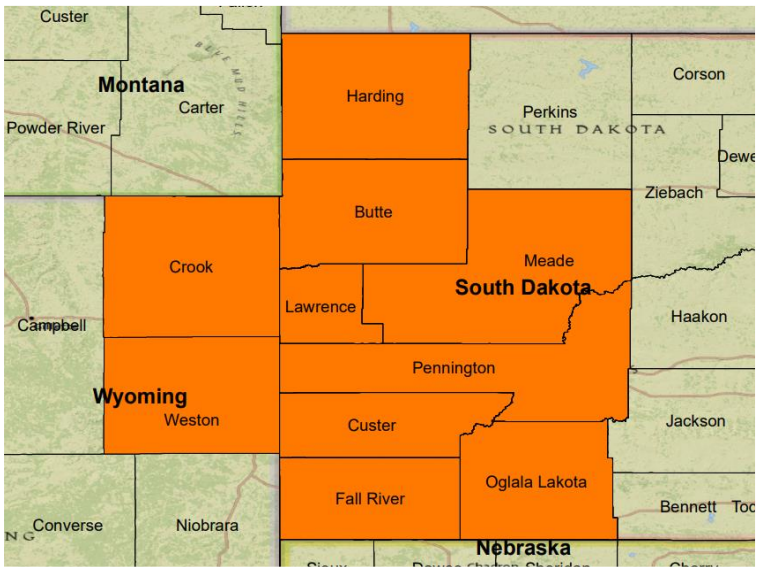
Survey Instrument

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 Monument Health and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Monument Health Service Area" or "MHSA" in this report) is comprised of Butte, Custer, Fall River, Harding, Lawrence, Meade, Oglala Lakota, and Pennington

counties in southwest South Dakota, and Crook and Weston counties in Wyoming. This community definition, which represents the hospital's primary service area and includes those ZIP Codes from which roughly 80% of Monument Health hospitals' admissions are derived, is illustrated in the following map.



Sample Approach & Design

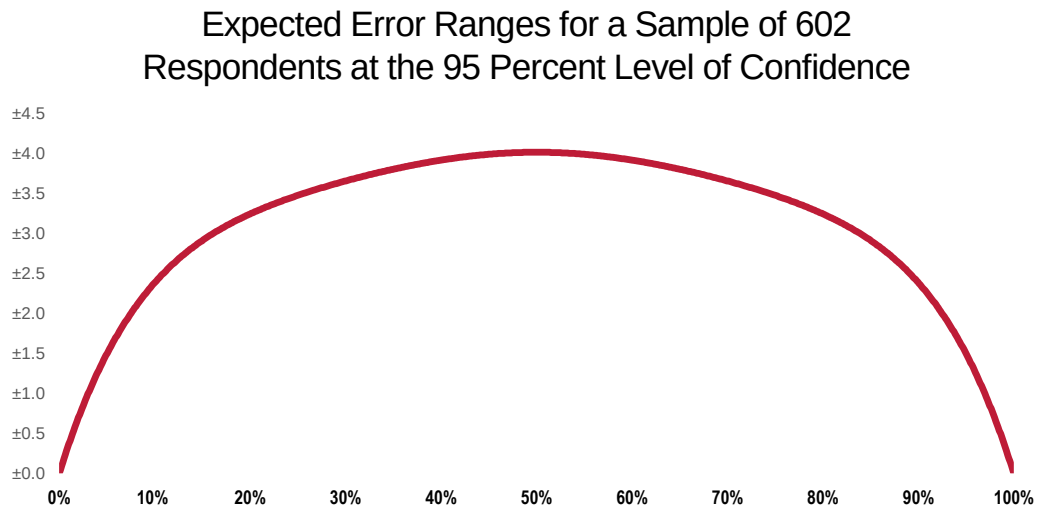
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 602 individuals age 18 and older in the Monument Health Service Area, stratified among the targeted counties as follows: Butte County (26 surveys), Custer County (27), Fall River County (24), Harding County (15), Lawrence County (81), Meade County (69), Oglala Lakota County (25), and Pennington County (276) in South Dakota, and Crook County (24) and Weston County (35) in Wyoming. All administration of the surveys, data collection, and data analysis was conducted by PRC. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Monument Health Service Area as a whole.

Results in the report are segmented by the (overlapping) service areas of individual Monument Health hospitals:

- **Monument Health Rapid City Hospital [MHRCH] / Same Day Surgery Center [SDSC] / Monument Health Orthopedic & Specialty Hospital [MHOSH]** — 528 surveys among Butte, Custer, Fall River, Lawrence, Meade, Oglala Lakota, and Pennington counties
- **Monument Health Spearfish Hospital [MHSpH]** — 526 surveys among Butte, Crook, Harding, Lawrence, Meade, Pennington, and Weston counties
- **Monument Health Sturgis Hospital [MHStH]** — 452 surveys among Butte, Lawrence, Meade, and Pennington counties
- **Monument Health Lead–Deadwood Hospital [MHLDH]** — 426 surveys among Lawrence, Meade, and Pennington counties
- **Monument Health Custer Hospital [MHCH]** — 327 surveys among Custer, Fall River, and Pennington counties

For statistical purposes, the maximum rate of error associated with a sample size of 602 respondents is ±4.0% at the 95 percent confidence level.



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.

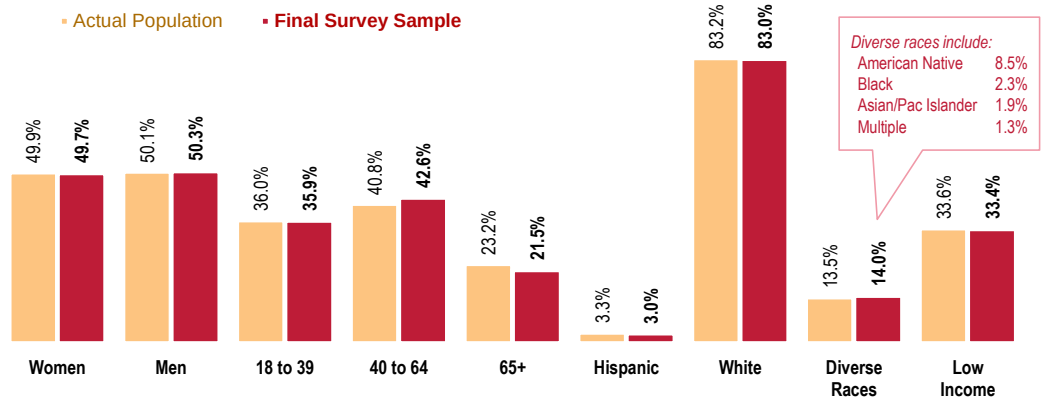
Examples:
- If 10% of the sample of 602 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% (10% ± 2.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.0% and 54.0% (50% ± 4.0%) 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. 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 sex, 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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Monument Health 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 health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Monument Health, 2024)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Monument Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 100 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	6
Public Health Representatives	1
Other Health Providers	23
Social Services Providers	22
Other Community Leaders	48

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Action for the Betterment of the Community
- Bad River Senior Citizens Center
- Bennett County Hospital
- Bethany Christian Services
- Big Brothers Big Sisters
- Black Hills Area Community Foundation
- Black Hills Powwow Association
- Black Hills Special Services Cooperative
- Box Elder City Government
- City of Hulett
- City of Kadoka
- City of Philip
- City of Rapid City
- Complete Health
- Cornerstone Apartments
- Cornerstone Rescue Mission
- CUH Advisory Council
- Custer County Library
- Fall River Auditor and Welfare Office
- Feeding South Dakota
- Indian Health Service - Kyle Health Center
- John T. Vucurevich Foundation
- LDH Advisory Council
- LDH Advisory Council & Foundation For Health
- LDH Advisory Council & Lawrence County Planning & Zoning
- Little Wound School
- Live Well Black Hills
- Monument Health Behavioral Health Center
- Monument Health Custer Clinic
- Monument Health Hot Springs Clinic
- Monument Health Lead-Deadwood Hospital & Sturgis Hospital
- Monument Health Rapid City Clinic, Flormann Street
- Monument Health Rapid City Hospital Family Medicine Residency Clinic
- Monument Health Rapid City Hospital
- Monument Health Spearfish Clinic
- Monument Health Spearfish Hospital
- Monument Health Sturgis Hospital
- Northern Plains Eye Foundation
- Oglala Sioux Lakota Housing
- One Heart
- Oyate Health Center
- Pennington County Health & Human Services
- Philip Ambulance Service
- Philip Chamber of Commerce
- Philip Health Services
- PHS Home Health
- PHS Providers
- Rapid City Advisory Council
- Rapid City Advisory Council & Central States Fair
- Rapid City Advisory Council & Coca-Cola
- Rapid City Advisory Council & Hegg Realtors
- Rapid City Advisory Council & Kahler Financial Group
- Rapid City Advisory Council & Midland Scientific
- Rapid City Advisory Council & South Dakota Department of Health
- Rapid City Advisory Council & United Capital
- Rapid City Advisory Council & United Way
- Rapid City Fire Department
- Red Cross
- Same Day Surgery Center
- South Dakota Community Foundation
- South Dakota Parent Connection
- SPH-BF Advisory Council
- SPH-BF Advisory Council & BankWest
- SPH-BF Advisory Council & Butte County Sheriff's Office
- SPH-BF Advisory Council & Century 21/Spearfish Realty
- SPH-BF Advisory Council & Prairie Hills Transit
- SPH-BF Advisory Council & Spearfish Schools
- STH Advisory Council
- Trask Family Dental
- Wall Chamber of Commerce
- Western South Dakota Community Action
- Working Against Violence, Inc.
- Youth & Family Services

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

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 for the Monument Health Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Trending

Similar surveys were administered in the Monument Health Service Area in 2012, 2015, 2018, and 2021 by PRC on behalf of Monument Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Note that 2012 survey data does not include Crook County; also note the addition of Harding and Weston counties beginning in 2021.

Historical data for secondary data indicators are also included for the purposes of trending.

South Dakota Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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 medical conditions that are not specifically addressed.

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SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Lack of Health Insurance ▪ Barriers to Access – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Difficulty Finding a Physician – Culture/Language ▪ Difficulty Accessing Children’s Health Care ▪ Lack of Financial Resilience ▪ Emergency Room Utilization ▪ Dental Insurance Coverage ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Prostate Cancer Deaths ▪ Cervical Cancer Screening
DIABETES	▪ Diabetes Deaths ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Sciatica/Chronic Back Pain ▪ Osteoporosis [Age 50+] ▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ Overall Cardiovascular Risk

— *continued on the following page* —

AREAS OF OPPORTUNITY (continued)	
HOUSING	▪ Housing Insecurity ▪ Housing Conditions ▪ Homelessness ▪ Key Informants: *Social Determinants of Health (especially Housing)* ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	▪ Motor Vehicle Crash Deaths ▪ Falls [Age 65+] Deaths ▪ Violent Crime Experience ▪ Intimate Partner Violence
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Low Food Access ▪ Overweight & Obesity [Adults]
RESPIRATORY DISEASE	▪ Asthma Prevalence [Adults]
SEXUAL HEALTH	▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Induced Deaths ▪ Illicit Drug Use ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Social Determinants of Health (e.g., Housing)
4. Diabetes
5. Tobacco Use
6. Disabling Conditions
7. Nutrition, Physical Activity & Weight
8. Heart Disease & Stroke
9. Infant Health & Family Planning
10. Sexual Health
11. Injury & Violence
12. Cancer
13. Access to Health Care Services
14. Respiratory Disease

Hospital Implementation Strategy

Monument Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Monument Health Service Area results are shown in the larger, gray column.
- The columns to the right of the Monument Health Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Monument Health Service Area compares favorably (☀), unfavorably (☁), or comparably (⛅) to these external data.
- The columns to the left of the Monument Health Service Area column provide comparisons between each hospital area and the national findings, identifying differences for each as "better than" (☀), "worse than" (☁), or "similar to" (⛅) the US figure.

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

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2012 (or earliest available data).

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

SOCIAL DETERMINANTS	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	0.3	0.3	0.3	0.3	0.3	0.3	1.0	3.9		
Population in Poverty (Percent)	14.2	10.9	11.0	11.2	12.4	13.9	12.3	12.5	8.0	
Children in Poverty (Percent)	19.3	13.0	13.7	14.4	17.5	18.3	15.5	16.7	8.0	
No High School Diploma (Age 25+, Percent)	6.9	5.8	5.7	5.4	6.0	6.9	7.3	10.9		
Unemployment Rate (Age 16+, Percent)	2.0	1.8	1.8	1.8	1.8	2.1	1.9	4.5		4.2
% Unable to Pay Cash for a $400 Emergency Expense	25.7	24.9	25.3	25.5	28.8	25.3		34.0		15.6
% Worry/Stress Over Rent/Mortgage in Past Year	33.2	31.6	32.2	32.6	35.9	32.6		45.8		27.0
% Unhealthy/Unsafe Housing Conditions	11.9	10.8	10.3	10.4	10.6	12.2		16.4		7.0
% Homeless in the Past Two Years	7.1	6.6	7.2	7.2	9.1	6.6				2.5
Population With Low Food Access (Percent)	27.1	29.2	28.7	27.8	33.0	27.7	29.1	22.2		
% Food Insecure	30.7	28.9	29.8	28.4	28.1	29.9		43.3		17.8

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

OVERALL HEALTH	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	19.8	19.3	19.0	19.4	20.3	20.0	15.0	15.7		14.5

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

ACCESS TO HEALTH CARE	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	16.9	16.4	17.4	17.3	14.2	16.1	8.6	8.1	7.6	14.5
% Difficulty Accessing Health Care in Past Year (Composite)	51.2	49.5	50.5	50.7	51.9	50.3		52.5		40.1
% Cost Prevented Physician Visit in Past Year	23.3	24.5	24.9	24.9	24.0	23.0	7.6	21.6		16.7
% Cost Prevented Getting Prescription in Past Year	15.9	16.0	15.8	15.9	15.7	16.1		20.2		11.1
% Difficulty Getting Appointment in Past Year	27.8	26.9	27.6	28.0	26.4	27.2		33.4		18.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.5	15.4	14.8	15.3	16.6	16.9		22.9		13.8
% Difficulty Finding Physician in Past Year	15.5	13.9	13.6	14.2	16.3	15.7		22.0		8.6
% Transportation Hindered Dr Visit in Past Year	12.0	10.3	10.6	10.7	12.3	11.7		18.3		9.5

ACCESS TO HEALTH CARE (continued)	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% Language/Culture Prevented Care in Past Year	2.0	1.9	1.6	1.7	2.6	2.2		5.0		0.1
% Stretched Prescription to Save Cost in Past Year	18.2	18.4	18.3	18.4	20.3	18.3		19.4		14.4
% Difficulty Getting Child's Health Care in Past Year	9.3	8.7	7.7	7.9	6.6	10.0		11.1		4.0
Primary Care Doctors per 100,000	89.9	91.8	96.9	101.1	106.6	86.0	79.9	74.9		
% Have a Specific Source of Ongoing Care	71.4	73.6	73.1	73.1	73.5	72.0		69.9	84.0	75.4
% Routine Checkup in Past Year	67.0	66.4	66.4	66.7	72.6	67.0	75.8	65.3		59.8
% [Child 0-17] Routine Checkup in Past Year	82.6	81.9	81.5	80.2	77.0	82.9		77.5		78.1
% Two or More ER Visits in Past Year	15.7	12.6	13.0	13.1	16.7	15.2		15.6		9.8
% Outmigration for Care	21.4	22.7	22.0	21.8	22.2	22.1				31.1
% Rate Local Health Care "Fair/Poor"	19.3	18.3	18.4	18.5	19.9	19.2		11.5		16.9

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

CANCER	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000 (Age-Adjusted)	153.8	149.4	149.0	147.1	153.7	153.7	148.9	146.5	122.7	166.3
Lung Cancer Deaths per 100,000 (Age-Adjusted)						35.2	34.5	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)						18.7	19.1	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)						22.0	18.7	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)						13.3	14.0	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	411.3	413.8	413.7	414.6	421.2	411.6	457.8	442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	54.0	55.0	54.1	54.0	54.8	54.8	55.9	54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	124.3	129.0	128.3	129.6	130.8	125.2	123.8	127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	86.8	86.4	85.7	87.1	86.5	87.3	123.2	110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	35.6	34.8	34.7	34.9	33.7	35.7	39.8	36.5		
% Cancer	10.0	9.9	9.8	10.0	11.5	10.0	10.6	7.4		11.2
% [Women 50-74] Breast Cancer Screening	83.8	83.2	83.1	83.2	82.1	83.8	72.9	64.0	80.5	75.0

CANCER (continued)	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% [Women 21-65] Cervical Cancer Screening	67.4	69.1	68.9	69.7	65.0	67.7		75.4	84.3	75.8
% [Age 45-75] Colorectal Cancer Screening	70.4	72.2	71.4	73.4	75.8	71.1	69.9	71.5	74.4	63.3

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

DIABETES	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)	26.7	19.9	20.3	19.7	19.9	25.9	26.4	22.6		19.7
% Diabetes/High Blood Sugar	10.3	8.9	8.8	8.7	11.4	10.2	9.1	12.8		11.7
% Borderline/Pre-Diabetes	13.3	12.5	13.1	13.3	13.2	12.8		15.0		7.2
Kidney Disease Deaths per 100,000 (Age-Adjusted)	4.9	4.5	3.9	4.0	4.3	5.4	6.0	12.8		4.4
% Kidney Disease	3.4	2.8	2.6	2.6	2.8	3.5	2.6	4.1	11.4	1.8

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

DISABLING CONDITIONS	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	51.2	48.6	48.9	49.6	52.6	50.8				38.5
% Activity Limitations	30.4	30.3	30.8	31.2	29.4	30.0		27.5		22.7
% High-Impact Chronic Pain	25.4	24.2	25.0	25.7	24.9	24.7		19.6	6.4	20.1
% Sciatica/Chronic Back Pain	27.7	27.6	27.5	28.9	31.9	27.8				22.4
% [50+] Arthritis/Rheumatism	38.8	40.0	40.4	40.3	40.5	38.6				38.4
% [50+] Osteoporosis	15.2	15.1	15.4	14.7	18.1	14.9			5.5	9.6
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	32.6	31.6	32.5	32.8	33.7	31.8	38.8	30.9		25.5
% Caregiver to a Friend/Family Member	22.5	22.7	22.1	22.4	23.1	23.0		22.8		28.3

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

HEART DISEASE & STROKE	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	155.1	150.8	149.6	148.6	160.1	155.7	156.5	164.4	127.4	149.6
% Heart Disease	9.5	9.2	9.0	8.3	9.1	9.6	7.2	10.3		7.9
Stroke Deaths per 100,000 (Age-Adjusted)	32.0	30.0	30.4	28.3	31.6	31.4	33.8	37.6	33.4	33.7
% Stroke	2.9	3.0	3.1	3.2	2.7	2.9	2.6	5.4		3.8
% High Blood Pressure	43.4	42.2	42.2	43.0	46.8	43.3	33.5	40.4	42.6	36.4
% High Cholesterol	35.4	33.1	33.9	34.6	37.8	34.6		32.4		31.6
% 1+ Cardiovascular Risk Factor	89.3	88.7	88.5	88.8	90.3	89.4		87.8		85.1

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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INFANT HEALTH & FAMILY PLANNING	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	26.4	23.2	23.4	23.5	28.9	26.0	20.0	16.6		
Low Birthweight (Percent of Births)	7.5	7.4	7.3	7.4	7.4	7.5	6.9	8.3		
Infant Deaths per 1,000 Births	8.2	6.7	6.9	7.0	6.5	8.0	6.4	5.5	5.0	7.6

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

INJURY & VIOLENCE	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	58.8	48.9	49.5	49.2	52.7	57.5	52.7	51.6	43.2	52.3
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	17.9	12.7	12.6	12.6	14.4	17.4	15.7	11.4	10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	115.2	107.7	108.9	107.8	122.4	113.7	105.9	67.1	63.4	
Homicide Deaths per 100,000 (Age-Adjusted)	5.3	4.0	4.2	4.4	5.0	5.1	3.8	5.9	5.5	
% Victim of Violent Crime in Past 5 Years	5.7	5.9	5.8	5.7	6.1	5.7		7.0		3.0
% Victim of Intimate Partner Violence	19.1	18.6	19.0	19.4	19.9	18.7		20.3		11.1

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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MENTAL HEALTH	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	22.8	23.1	24.2	25.4	25.4	22.0		24.4		6.6
% Diagnosed Depression	26.8	28.1	28.6	29.5	30.5	26.5	17.9	30.8		15.0
% Symptoms of Chronic Depression	41.4	40.3	41.0	41.8	41.6	40.7		46.7		21.2
% Typical Day Is "Extremely/Very" Stressful	18.3	18.0	18.9	19.0	20.0	17.5		21.1		7.9
Suicide Deaths per 100,000 (Age-Adjusted)	26.2	24.3	24.3	24.6	28.9	26.1	20.4	13.9	12.8	21.2
Mental Health Providers per 100,000	282.2	278.6	290.5	306.4	338.1	272.4	227.0	313.7		
% Receiving Mental Health Treatment	22.8	21.7	22.8	23.9	26.3	21.8		21.9		13.1
% Unable to Get Mental Health Services in Past Year	9.8	9.3	9.3	9.4	9.7	9.8		13.2		2.2

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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NUTRITION, PHYSICAL ACTIVITY & WEIGHT	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	29.1	28.3	28.1	27.2	29.1	29.2		30.0		25.3
% No Leisure-Time Physical Activity	26.3	26.1	26.2	25.3	25.3	26.1	23.5	30.2	21.8	21.9
% Meet Physical Activity Guidelines	28.3	27.0	27.5	28.3	28.8	27.7	21.7	30.3	29.7	19.4
% [Child 2-17] Physically Active 1+ Hours per Day	50.2	54.6	52.6	51.8	46.5	52.1		27.4		55.9
% Overweight (BMI 25+)	72.2	70.7	71.2	72.2	73.4	71.7	72.2	63.3		70.9
% Obese (BMI 30+)	46.5	44.7	44.2	45.3	46.1	46.8	36.8	33.9	36.0	27.0
% [Child 5-17] Overweight (85th Percentile)	28.2	27.4	26.5	25.5	25.6	28.9		31.8		32.3
% [Child 5-17] Obese (95th Percentile)	17.4	15.5	14.9	15.3	14.9	17.7		19.5	15.5	11.6

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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ORAL HEALTH	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% Have Dental Insurance	63.2	65.0	64.2	64.9	64.4	64.0		72.7	75.0	58.5
% Dental Visit in Past Year	64.0	63.3	63.7	65.2	65.7	63.6	69.7	56.5	45.0	59.0
% [Child 2-17] Dental Visit in Past Year	76.2	76.7	77.3	79.6	71.7	75.8		77.8	45.0	76.7

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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RESPIRATORY DISEASE	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)	39.5	40.0	39.9	38.2	33.7	39.7	41.9	38.1		49.3
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	13.1	12.7	11.9	12.0	12.6	13.7	16.3	13.4		15.7
% Asthma	14.6	13.3	13.4	13.2	15.4	14.4	8.3	17.9		10.3
% [Child 0-17] Asthma	7.2	7.0	7.5	8.0	8.8	6.8		16.7		10.0
% COPD (Lung Disease)	5.1	5.1	5.1	5.2	5.4	5.1	6.9	11.0		14.2

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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SEXUAL HEALTH	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Chlamydia Incidence per 100,000	650.6	507.6	540.6	558.7	637.4	614.4	567.1	495.0		
Gonorrhea Incidence per 100,000	494.7	352.1	381.1	400.3	499.1	461.8	337.1	194.4		

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

better similar worse

SUBSTANCE USE	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	32.9	22.7	23.6	24.0	26.0	31.4	20.8	11.9		21.1
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)	31.7	22.0	22.8	23.6	25.6	30.4	13.4	12.5	10.9	
% Excessive Drinking	17.3	16.9	17.0	16.8	17.0	17.2	20.3	34.3		19.2
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	7.6	6.9	7.4	7.2	6.8	7.2	7.6	21.0		5.5
% Used an Illicit Drug in Past Month	4.6	4.8	5.3	5.2	6.5	4.2		8.4		0.8
% Used a Prescription Opioid in Past Year	15.4	15.2	14.6	15.0	14.9	15.9		15.1		19.3

SUBSTANCE USE (continued)	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% Ever Sought Help for Alcohol or Drug Problem	7.0	6.4	6.7	6.5	7.2	6.7		6.8		5.1
% Personally Impacted by Substance Use	42.3	40.7	41.5	41.7	43.1	41.6		45.4		38.7

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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TOBACCO USE	SERVICE AREAS vs. US					Monument Health	MONUMENT HEALTH vs. BENCHMARKS			
	MHRCH/ SDSC/MHOSH	MHSpH	MHStH	MHLDH	MHCH		vs. SD	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	18.0	16.4	16.5	16.0	16.0	17.7	14.1	23.9	6.1	23.8
% Someone Smokes at Home	15.0	13.3	14.2	13.9	12.8	14.1		17.7		14.1
% Use Vaping Products	12.8	13.1	14.0	13.4	12.7	12.1	6.6	18.5		4.5

Note: In the section above, each service area is compared against the national benchmark at right. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator, that sample sizes are too small to provide meaningful results, or that national data are not available for comparison.

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COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Monument Health Service Area, the focus of this Community Health Needs Assessment, encompasses 22,612.25 square miles and houses a total population of 221,365 residents, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
MHRCH/SDSC/MHOSH	206,061	14,688.20	14
MHSpH	192,076	17,221.82	11
MHStH	176,772	9,297.76	19
MHLDH	166,403	7,047.75	24
MHCH	125,980	6,073.60	21
Monument Health Service Area	**221,365**	**22,612.25**	**10**
South Dakota	890,342	75,807.90	12
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Population Change 2010-2020

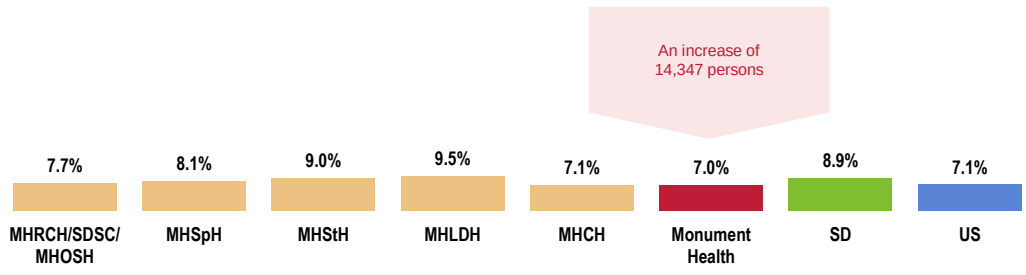
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Monument Health Service Area increased by 14,347 persons, or 7.0%.

BENCHMARK ► The population increase is proportionally lower than found statewide.

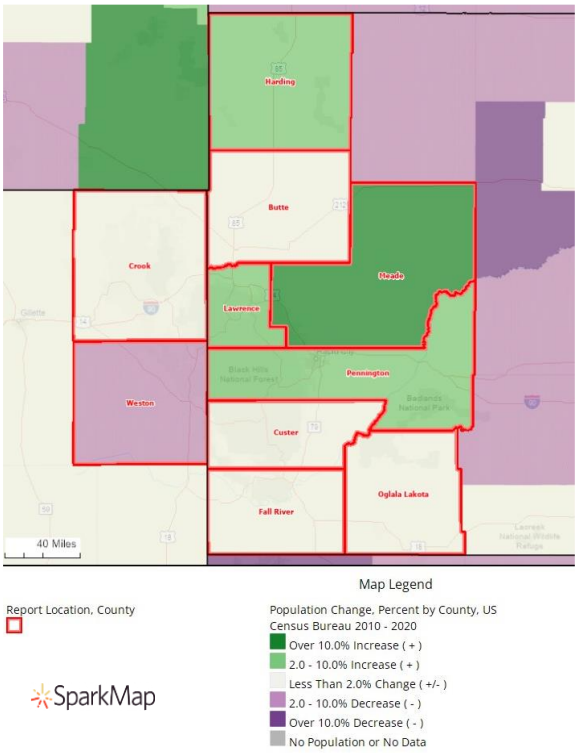
DISPARITY ► Among hospital areas, the increase is higher in the MHLDH area.

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



Urban/Rural Population

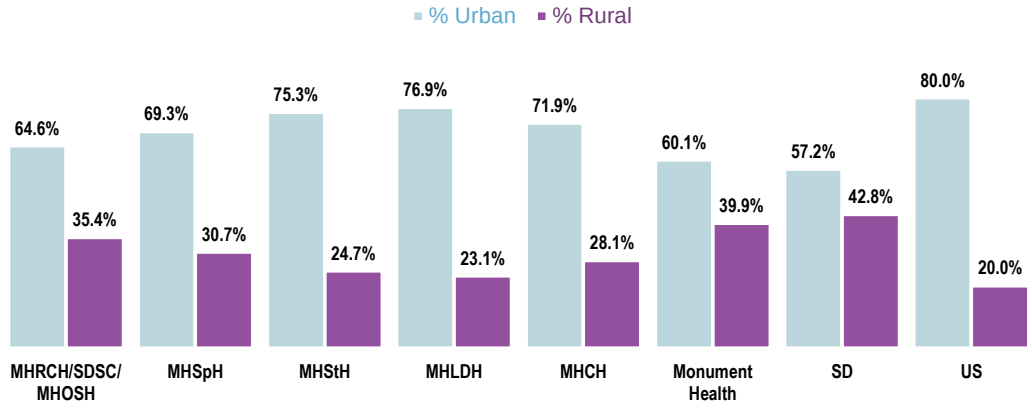
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Monument Health Service Area is predominantly urban, with 60.1% of the population living in areas designated as urban.

BENCHMARK ► Less urban than the US.

DISPARITY ► The MHRCH/SDSC/MHOSH area has a higher proportion of rural residents.

Urban and Rural Population
(2020)



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

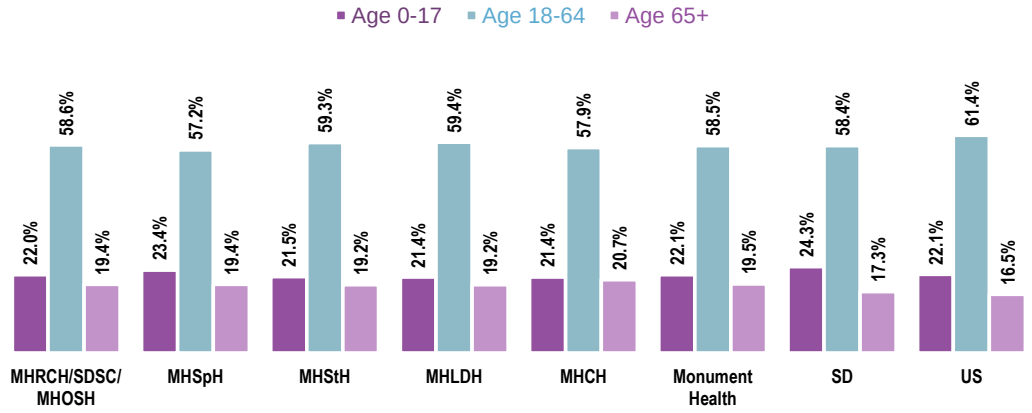
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Monument Health Service Area, 22.1% of the population are children age 0-17; another 58.5% are age 18 to 64, while 19.5% are age 65 and older.

BENCHMARK ► The service area has a higher proportion of adults age 65+ compared to South Dakota and the US.

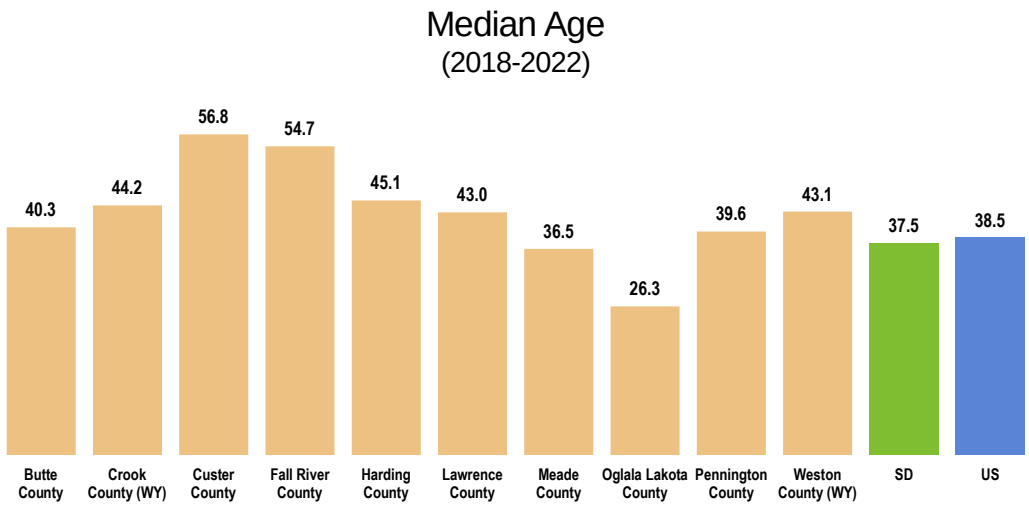
Total Population by Age Groups
(2018-2022)



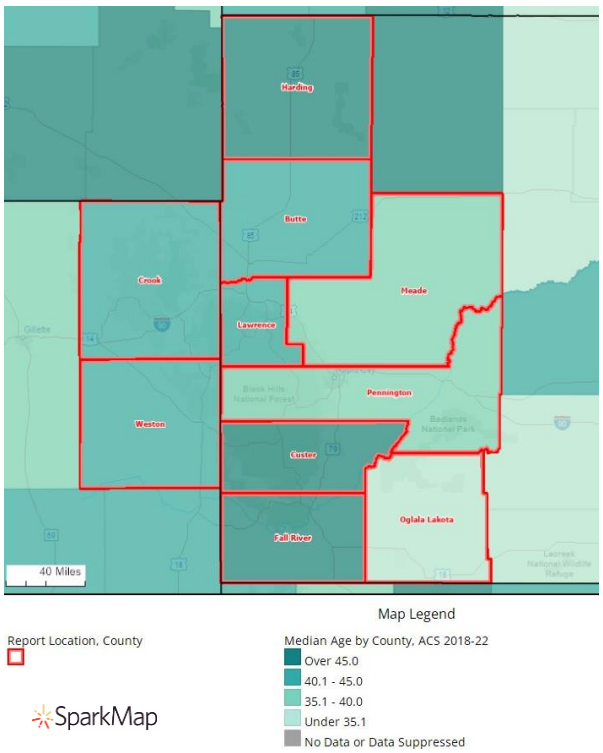
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Median Age

Most of the counties that make up the Monument Health Service Area are "older" than the state and the nation in that the median ages are higher. (A composite median is not available for the Monument Health Service Area as a whole.)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).



Race & Ethnicity

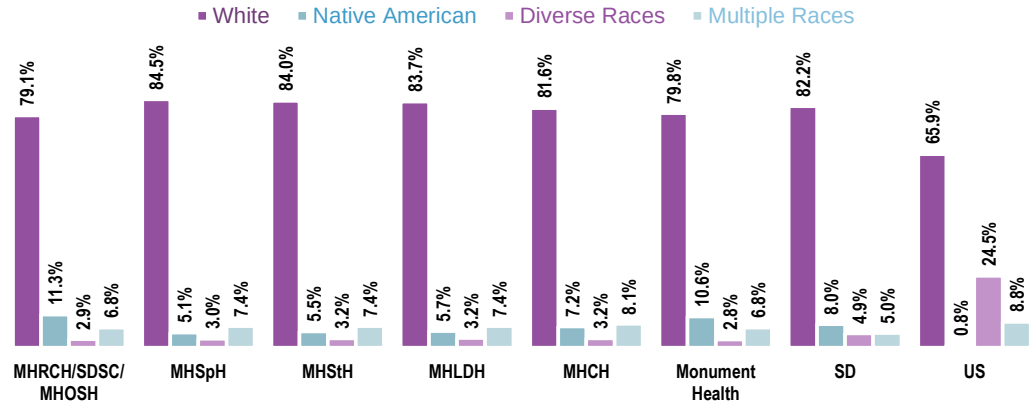
Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 79.8% of residents of the Monument Health Service Area are White and 10.6% are Native American.

BENCHMARK ► When compared to the US, the service area has a higher proportion of White and Native American residents.

Total Population by Race Alone
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

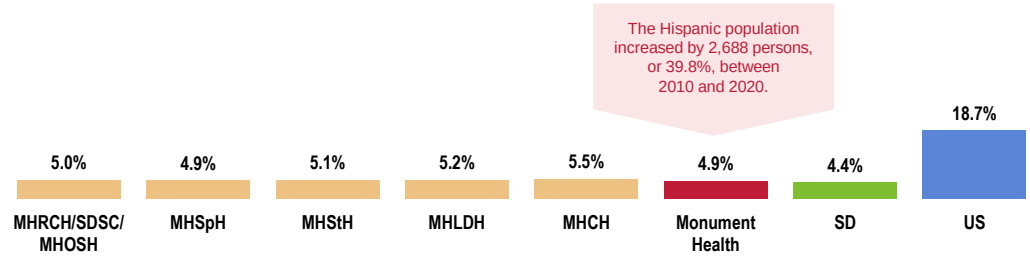
Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 4.9% of Monument Health Service Area residents are Hispanic or Latino.

BENCHMARK ► Much lower than found nationally.

Hispanic Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

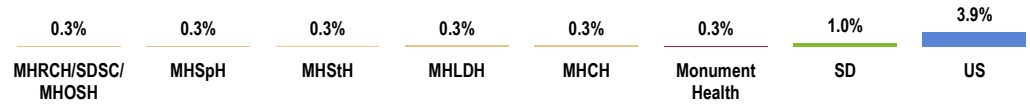
Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 0.3% of the Monument Health Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Lower than found across the state and nation.

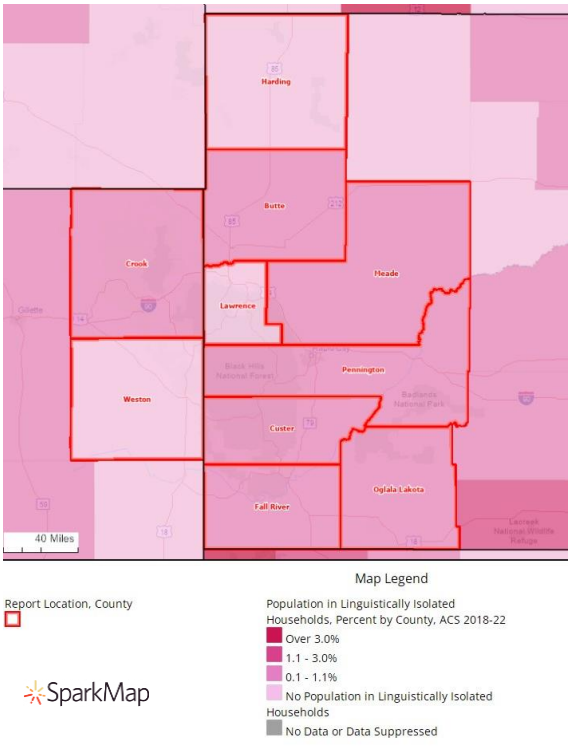
Linguistically Isolated Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the Monument Health Service Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 13.9% of the Monument Health Service Area total population living below the federal poverty level.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area.

Among just children (ages 0 to 17), this percentage in the Monument Health Service Area is 18.3% (representing an estimated 8,777 children).

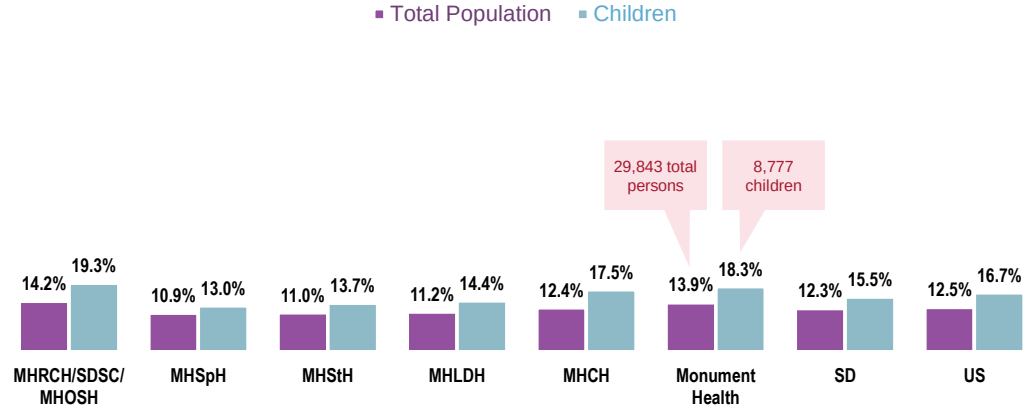
BENCHMARK ► Higher than found statewide. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH and MHCH areas.

Percent of Population in Poverty

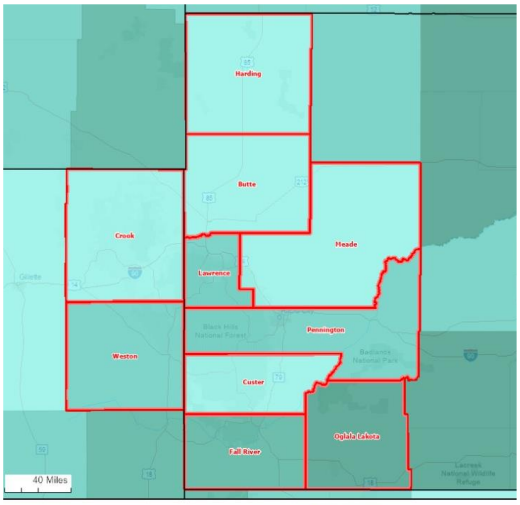
(2018-2022)

Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level (particularly high in Oglala Lakota County).

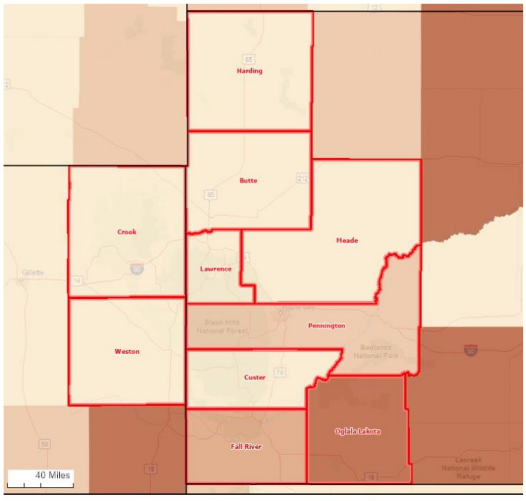


Map Legend

Report Location, County

Population Below the Poverty Level, Percent by County, ACS 2018-22
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

SparkMap



Map Legend

Report Location, County

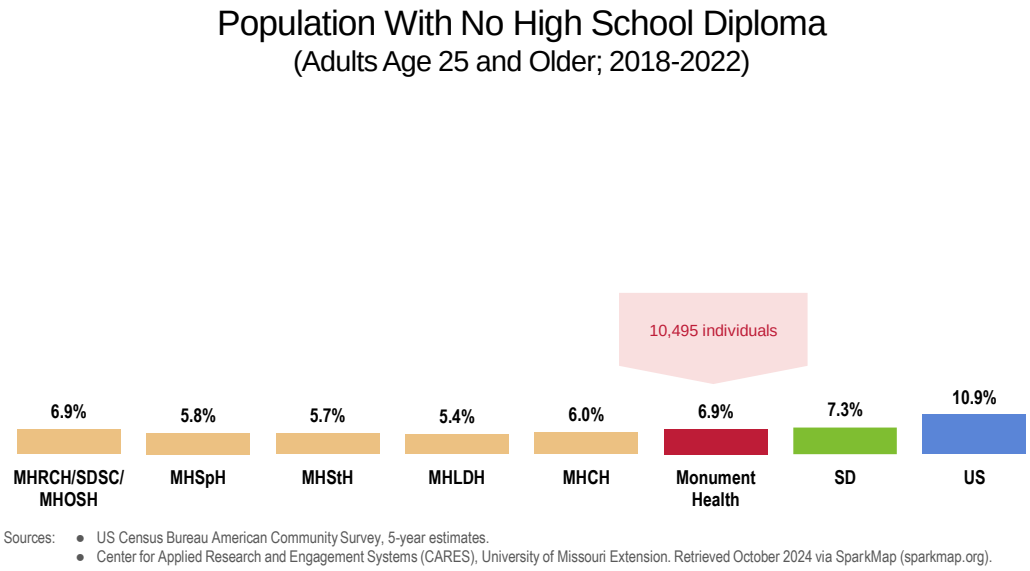
Population Below the Poverty Level, Children (Age 0-17), Percent by County, ACS 2018-22
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

SparkMap

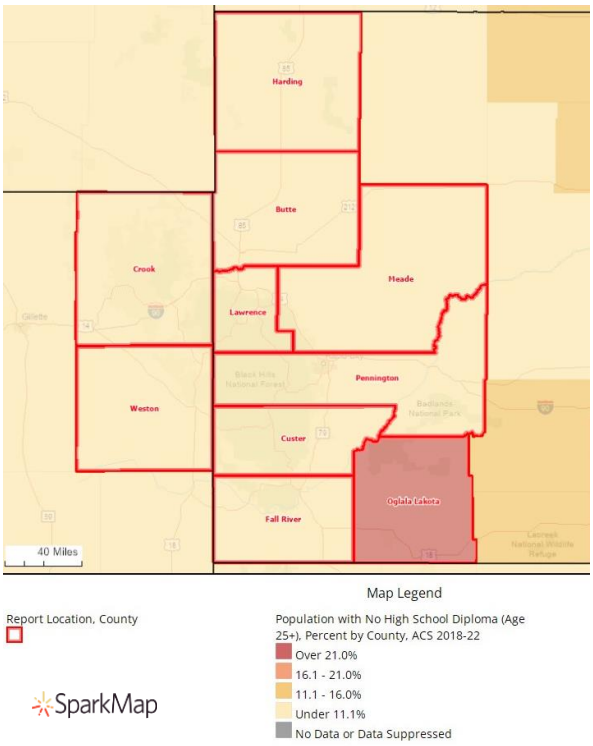
Education

Among the Monument Health Service Area population age 25 and older, an estimated 6.9% (over 10,000 people) do not have a high school education.

BENCHMARK ► Lower than the US percentage.



Note the particularly high percentage in Oglala Lakota County.

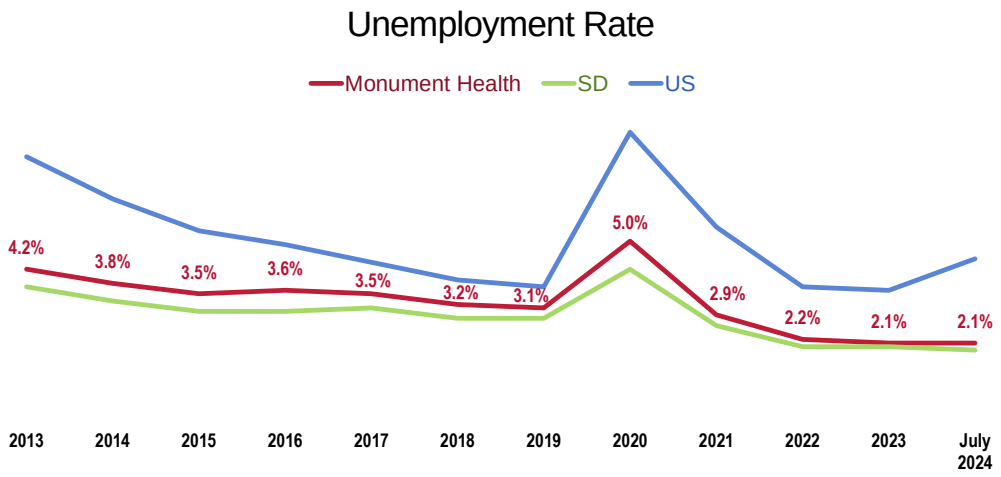


Employment

According to data derived from the US Department of Labor, the unemployment rate in the Monument Health Service Area as of July 2024 was 2.1%.

BENCHMARK ► Lower than the national unemployment rate.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and much lower than found a decade ago.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 25.3% of Monument Health Service Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ► Lower than found nationally.

TREND ► Represents a significant increase from the previous survey.

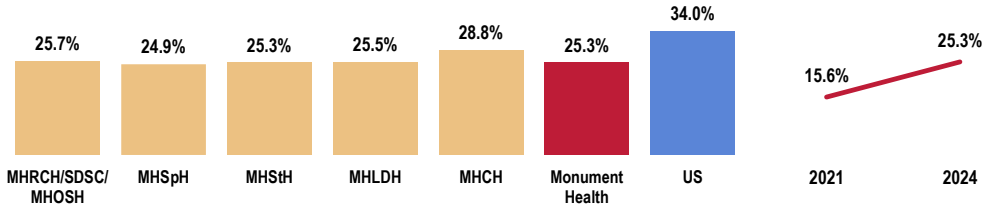
DISPARITY ► Higher in the MHCH area. Highly correlated with age and income and more often reported among Native American residents and LGBTQ+ respondents.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

Monument Health

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

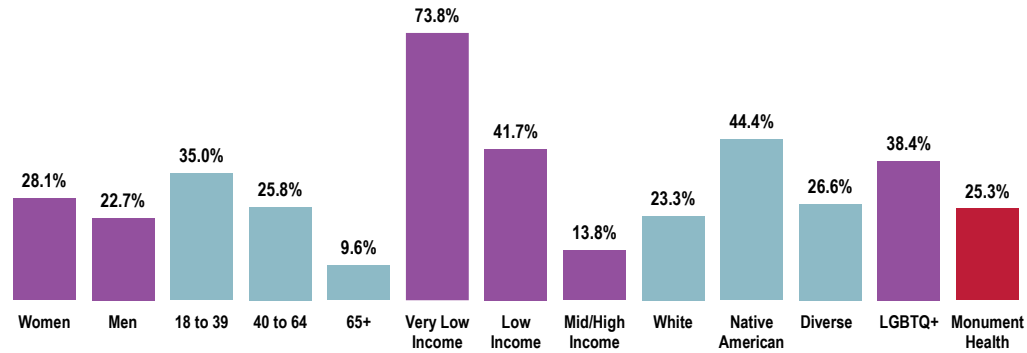
Differences noted among individual hospital service areas represent differences against all Monument Health Service counties <u>outside</u> that hospital's service area (a value not shown in the charts).



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2023 guidelines place the poverty threshold for a family of four at $30,000 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

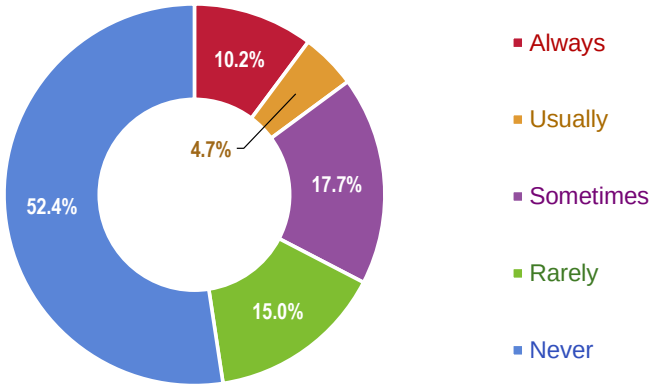
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects those who identify as White alone, without Hispanic origin. “Native American” reflects those who identify as Native American alone, without Hispanic origin. “Diverse” includes those who identify as Hispanic, Black or African American, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

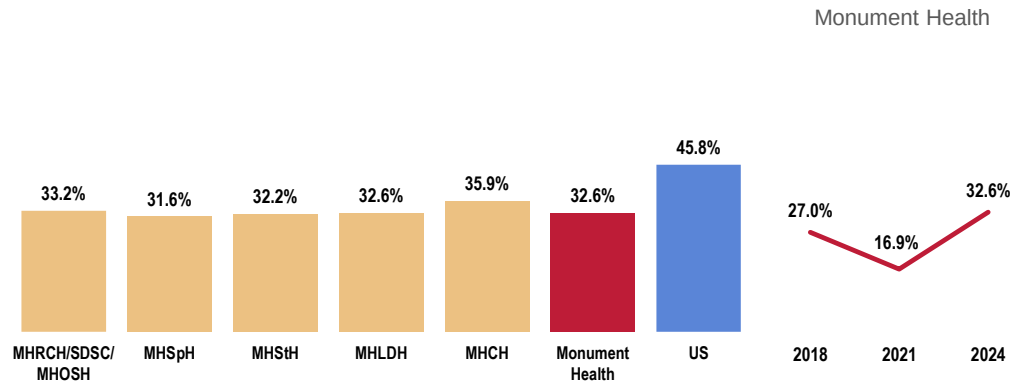
However, a considerable share (32.6%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Lower than the US percentage.

TREND ► Marks a significant increase from previous surveys.

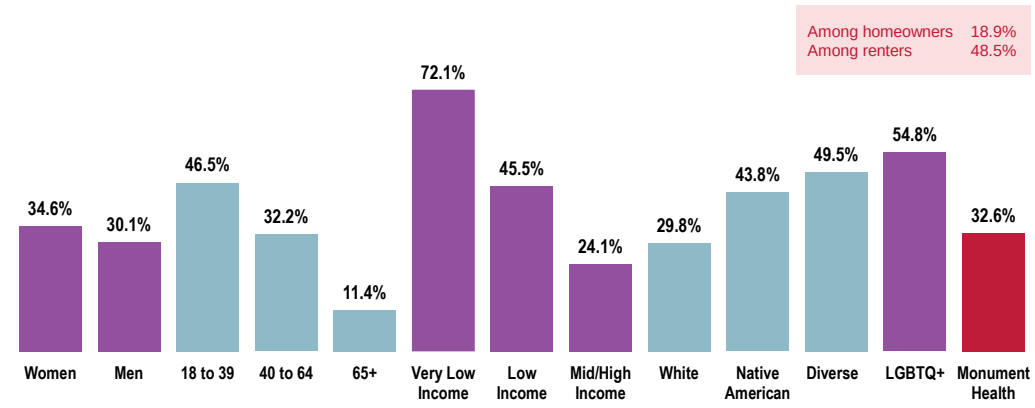
DISPARITY ► Higher in the MHCH area. Highly correlated with age and income and more often reported among residents of diverse race/ethnicity, LGBTQ+ respondents, and renters.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Homelessness

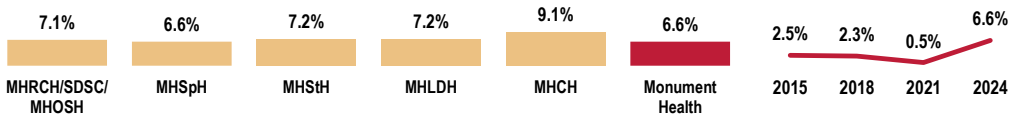
A total of 6.6% of survey respondents have lived on the street, in a car, or in a temporary shelter at some point in the past two years.

TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► Based on sample size, significantly higher in the MHRCH/SDSC/MHOSH and MHCH areas. More often reported among adults younger than 65, those with lower incomes, White residents, and renters.

Lived On the Street, In a Car, or In a Temporary Shelter at Some Point in the Past Two Years

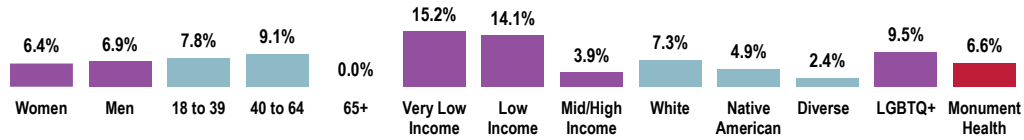
Monument Health



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

Lived On the Street, In a Car, or In a Temporary Shelter at Some Point in the Past Two Years
(Monument Health, 2024)

Among homeowners	1.1%
Among renters	10.8%



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

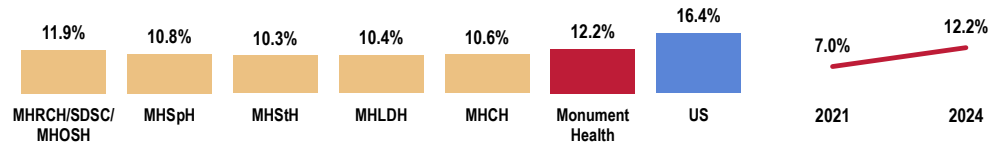
A total of 12.2% of Monument Health Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Lower than found nationwide.

TREND ► Marks a significant increase from the previous survey.

DISPARITY ► Lower in the MHSpH, MHStH, and MHLDH areas. Higher among adults younger than 65, those with lower incomes (especially those living at or below the federal poverty level), and Native American residents.

Unhealthy or Unsafe Housing Conditions in the Past Year

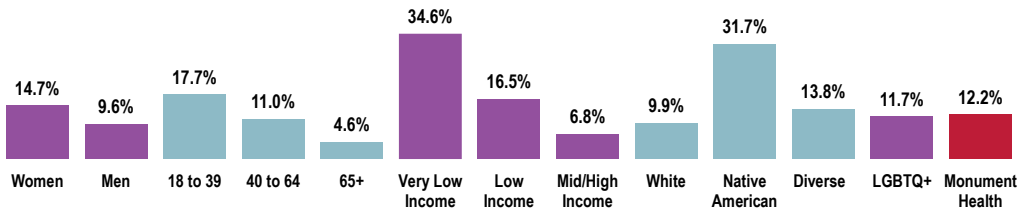


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Monument Health, 2024)

Among homeowners	8.1%
Among renters	14.2%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

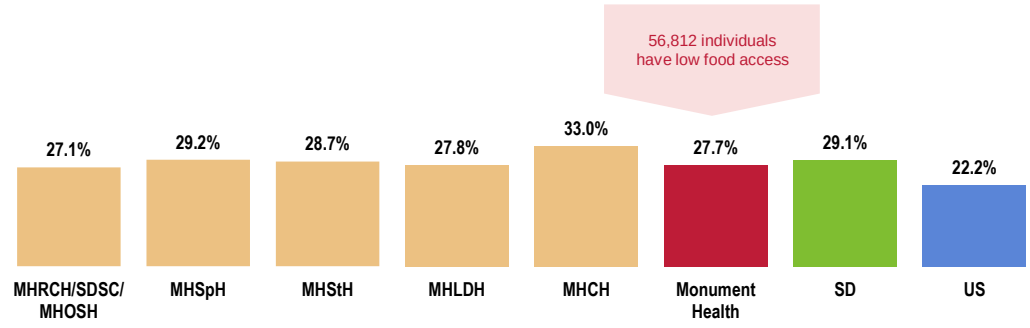
Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition*, *Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 27.7% of the Monument Health Service Area population (representing over 56,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

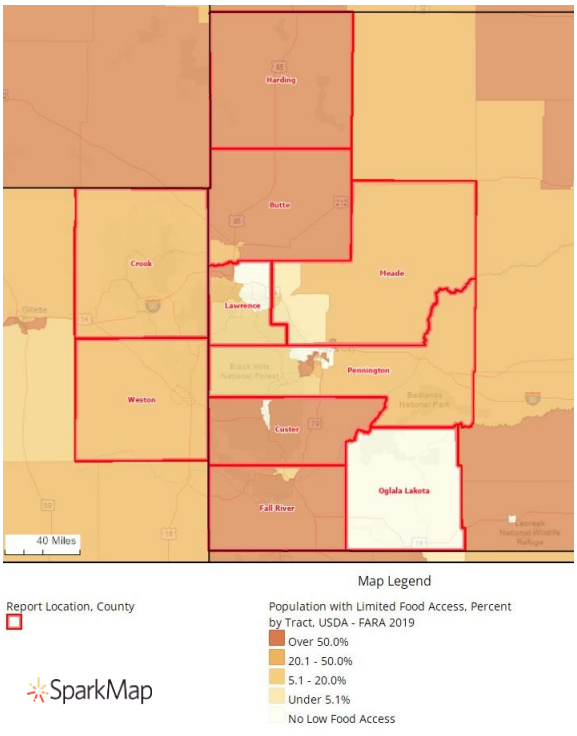
BENCHMARK ► Higher than the US finding.

Population With Low Food Access
(2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

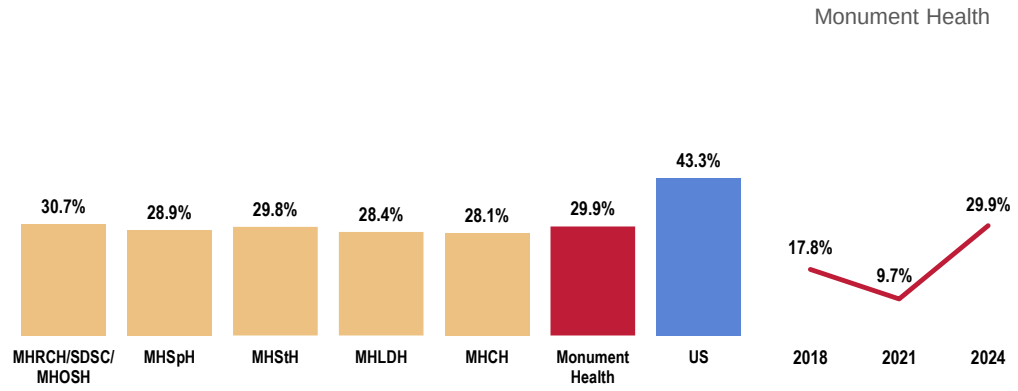
Overall, 29.9% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Lower than found across the US.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area. Highly correlated with age and income and more often reported among Native American residents, residents of diverse race/ethnicity, and LGBTQ+ respondents.

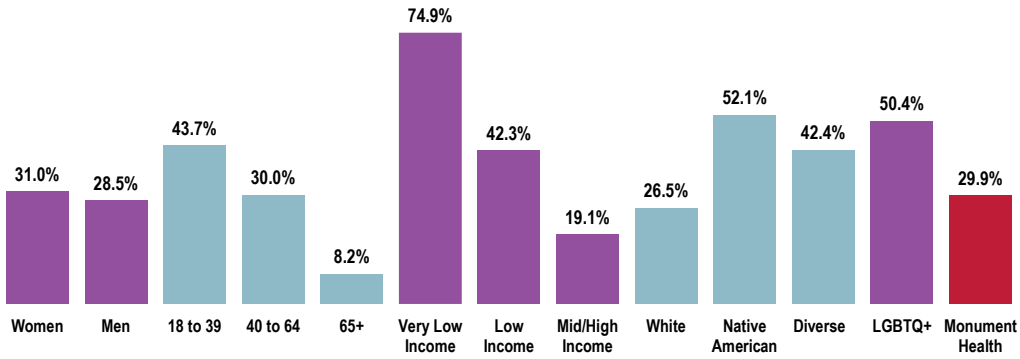
Food Insecurity



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Monument Health, 2024)

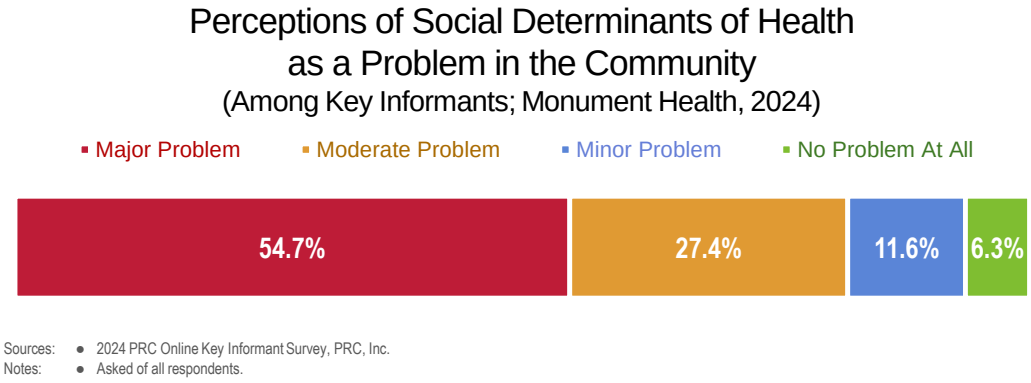


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Housing

High rent, low availability, clients with no rental history or consistent income. Case management to help with all of it, MLB housing is wonderful but lists for them are long and hard to continue programming with vouchers and needs. – Community Leader

Housing costs and food costs are extremely high, and average wages earned are low because most positions are minimum-wage jobs, which doesn't cover the cost of living. The expense of providing for basic needs doesn't allow for many to have the opportunity for higher education of some sort. – Community Leader

Housing is a huge issue in Spearfish and surrounding areas due to the high cost of housing. – Other Health Provider

Lack of housing, lack of motivation to break the cycle, lack of desire to get a job because of social programs. – Community Leader

Systemic barriers to people struggling with access to affordable housing, mental health, healthy food, and transportation are getting more difficult in light of inflation. – Social Services Provider

Lack of housing, poverty, and toxic environment allow for negative impacts on people. – Other Health Provider

The cost of housing in the Rapid City area is extremely high compared to the wages people receive. Even low-income housing is expensive for many and also very difficult to get into. – Other Health Provider

Housing is a major barrier, and it makes it hard for individuals/families to obtain other goals when they do not have stable housing. – Social Services Provider

Housing is expensive. The dropout rate in Rapid City is too high. DEI efforts in the state are lagging, although Monument has embraced DEI strongly. There are food deserts throughout our communities. Income in South Dakota lags behind other states, but the cost of living is steadily increasing. – Physician

Lack of low-income/affordable housing. Limited opportunities for yearlong employment – many summer, seasonal jobs. Living-wage jobs year-round are limited. Limited opportunities for workforce or entry-level housing. Lack of transportation for those without a personal vehicle. – Physician

The housing cluster in any of the communities on the reservation is a den of social issues. No work income, instead grey income with selling drugs; poor attendance or high dropout due to home and community environment not caring. – Community Leader

The challenges of finding affordable housing that is clean and safe are becoming harder and harder to find. The challenge of finding suitable housing increases the stress of taking care of families, which is hindered by income constraints and limited assets. – Community Leader

Huge lack of affordable housing in this area – we need thousands of units of low-income housing for people to live in. Many do not make enough money to provide for their families, much less an apartment that costs $1,500 a month, and a house is out of the question. Deciding between food and medicine is difficult enough, and that is even for people who are forced to live in their cars. – Social Services Provider

My patients are spending a high percentage of their fixed income on rent. Food insecurity is high, and the lack of transportation limits where people can shop. Medications are out of reach for some people due to cost. Drug assistance is great, but paperwork is very time-consuming for caregivers. – Other Health Provider

High cost of housing and low wages. Some in our community do not attend or pursue higher education. – Social Services Provider

Low-income housing availability continues to be an issue with the increasing costs of housing. Transportation (and the challenges in the rural area of South Dakota) is limited. Long-standing challenges related to Native American discrimination issues. Substance use adds to the problem. – Other Health Provider

Severe shortage of affordable housing, minimum wage increases that are less than the rate of inflation, the need for parents to hold multiple jobs to make ends meet for their families, low-income census tracts in Rapid City and Box Elder, and counties in the service area that are among the 10 poorest in the U.S., affordability of secondary education, poverty stigma, prevalent racial discrimination, bias against LGBTQIA+ individuals, lack of adequate public transportation for low-income individuals/families. – Social Services Provider

Housing is too expensive, as well as gas and food. Our day care systems are a so lacking and a mess. – Community Leader

The extensive costs of housing, which have worsened in the last year, has increased the houseless population. Many are couch surfing or living in unhealthy living conditions. This then affects their ability to maintain employment, compounding the income issues. – Social Services Provider

Income/Poverty

Significantly high rate of low- to no-income households. Lack of education and opportunities. Proximity to one of the poorest counties in the United States, and a lack of services and opportunities on the reservations. – Social Services Provider

Low-paying jobs/low-income populations. Shortage of affordable housing. Lack of child care. Scarceness of public transportation (into broader Rapid City area). – Social Services Provider

People that are struggling financially many times eliminate health appointments and prescriptions from their budget. – Community Leader

Many low-income people with limited resources. Some don't have the mental or social capacity to apply for help that they may have access to. Not a lot of support for higher education or the importance of quality education. We do have low-income housing but still lack affordable housing for the working poor to middle-income. Many don't pay for health care because of the cost and too much out of their income. Ranching communities have a lack of liquid assets. Transportation limitations due to distance and cost are a large issue here. Due to lack of education, many have to work multiple low-paying jobs. Lack of day care for working parents. Lack of housing overall to help draw more professionals to support the community. – Physician

We have a large population of low-income households. I believe that those households often lack knowledge and access to a better life. – Community Leader

Poverty, housing, child care, food. – Community Leader

Lower-paying jobs, poor affordable housing choices, few child care options. – Community Leader

Homelessness

We have more unhoused people than ever, based on people in our downtown and parks. With our Native American population, the discrimination is seen in our schools, health care, and income. – Other Health Provider

Homeless population is way out of control. – Social Services Provider

Homelessness, decreased wages, cost of living, not enough affordable housing, food insecurity. – Other Health Provider

Number of homeless people in town. Physical violence causing women and children to seek shelter. – Other Health Provider

There is a huge homeless population in Pennington County, as well as other counties. The lack of affordable housing in our community is very high. There are a lot of apartments being built in Rapid City, but they are not affordable. Single mothers end up living in unsafe areas, or two people working hard to pay rent and go without food, fuel, utilities, etc. – Social Services Provider

There continue to be unhoused people who go to the hospital for care and have no place to go upon discharge. – Other Health Provider

Incidence/Prevalence

Just look around downtown and North Rapid; it's everywhere. – Social Services Provider

All of these areas need to be addressed in a comprehensive way. Although this is nothing new, these issues have existed for years – we seem to always be in analysis paralysis. Our community has spent a significant amount of time assessing issues but not as much time on problem-solving. There are definitely some of these areas that are being slowly chipped away at, but for every year that these needs go unaddressed, the harder it is to turn the ship around, and what is lost sometimes cannot be recovered – an unhealthy child usually becomes an unhealthy adult. – Community Leader

These are major problems everywhere. Our community is no exception. There is a lack of mental health services in our community. – Community Leader

Impact on Quality of Life

> I consider myself fairly well-informed as to what is going on in the world, and that includes locally, nationally, and internationally. It is my understanding that the experts who study these things have made it pretty clear that social determinants are key to successfully living in a society. – Community Leader
>
> Social determents of health. They affect multiple medical conditions but keep patients from being able to focus on their health. – Physician

Affordable Care/Services

> The overall cost of health care, housing, and child care does not match the overall income for many families in the area. Recent studies have shown this, resulting in individuals putting off health care needs to meet the current costs of other basic needs. – Social Services Provider

Disease Management

> Lack of compliance, lack of transportation, missing appointments, not getting needed medications, drug and alcohol problems, housing difficulties, food insecurity. – Social Services Provider

Racism

> There are diverse ethnicities within the community. There are areas of prejudice. – Community Leader

Transportation

> Lack of transportation and safe housing. – Public Health Representative

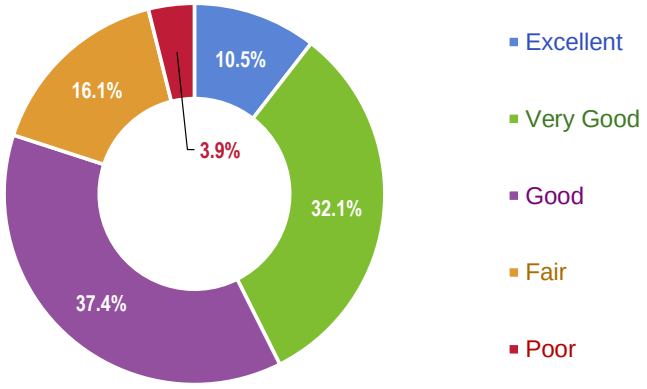
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that, in general, your health is excellent, very good, good, fair, or poor?"

Most Monument Health Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Monument Health, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

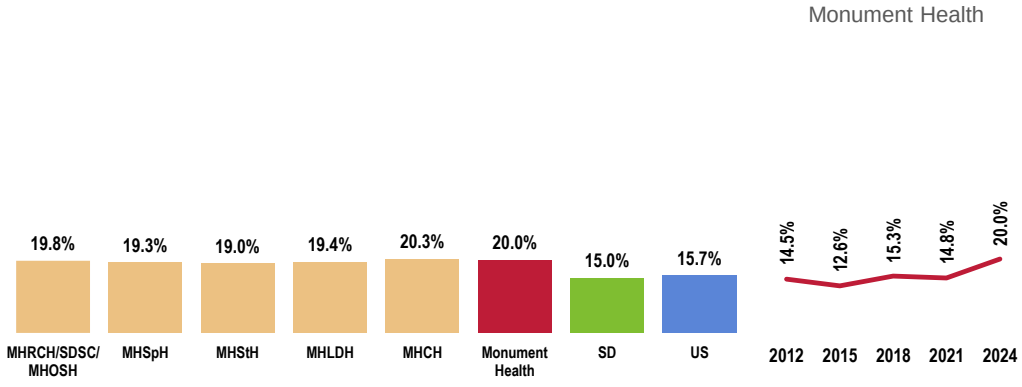
However, 20.0% of Monument Health Service Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Higher than the South Dakota and US findings.

TREND ► Represents a significant increase over time.

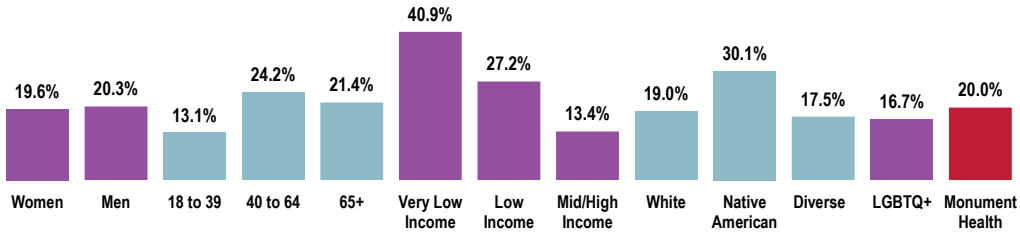
DISPARITY ► More often reported among adults age 40+ and those with lower incomes (especially those living at or below the federal poverty level).

Experience "Fair" or "Poor" Overall Health



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Monument Health, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

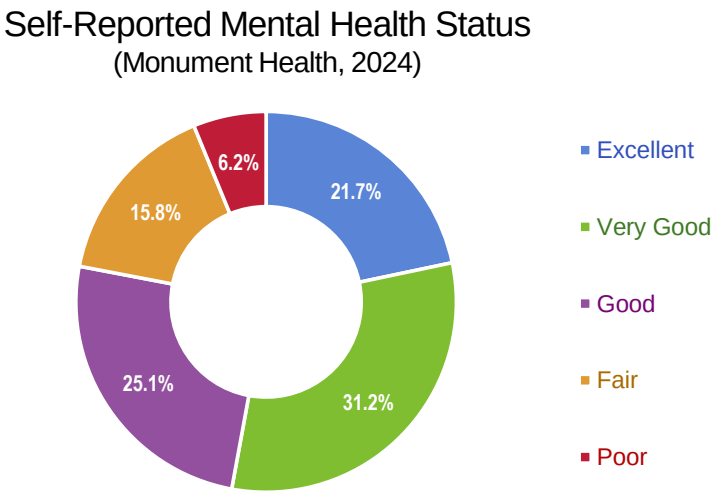
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"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?"

Most Monument Health Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").



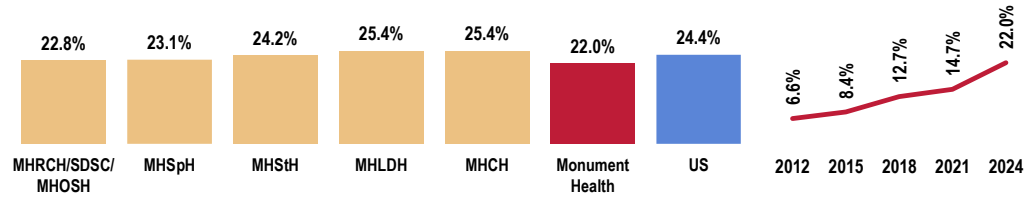
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

However, 22.0% believe that their overall mental health is "fair" or "poor."

TREND ► Increasing over time.

Experience "Fair" or "Poor" Mental Health

Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

A total of 26.5% of Monument Health Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

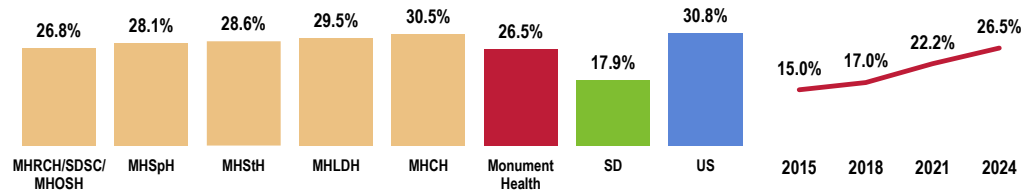
BENCHMARK ► Higher than found across South Dakota.

TREND ► Trending significantly higher over time.

DISPARITY ► Higher in the MHSpH, MHStH, MHLDH, and MHCH areas.

Have Been Diagnosed With a Depressive Disorder

Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

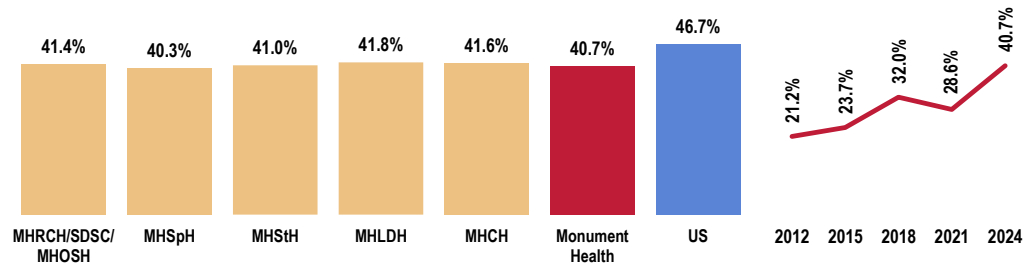
A total of 40.7% of Monument Health Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Lower than found nationally.

TREND ► Trending significantly higher over time.

DISPARITY ► More often reported among adults younger than 65 (especially those age 18 to 39), those with very low incomes, residents of diverse race/ethnicity, and LGBTQ+ respondents.

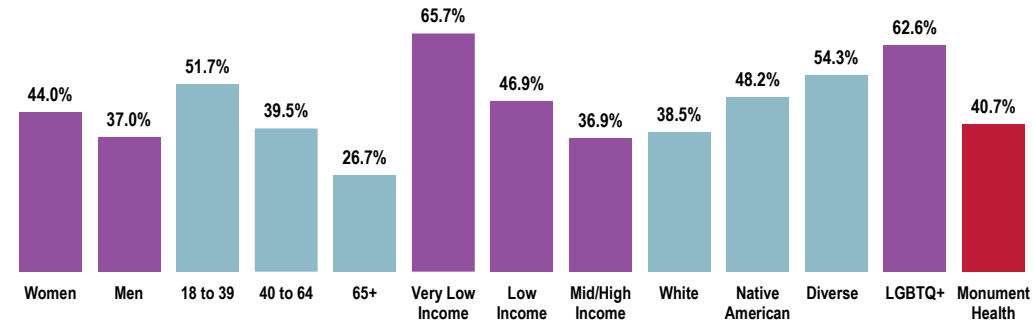
Have Experienced Symptoms of Chronic Depression



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Monument Health, 2024)

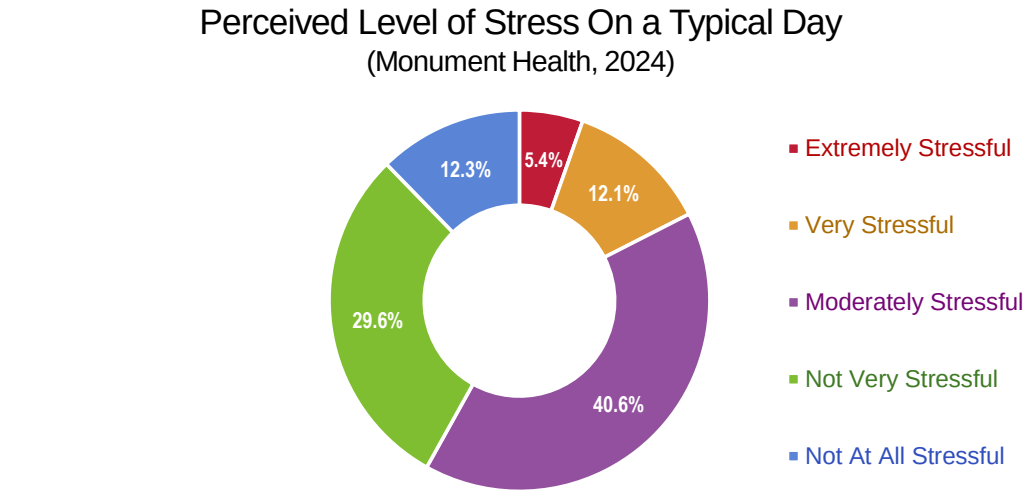


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

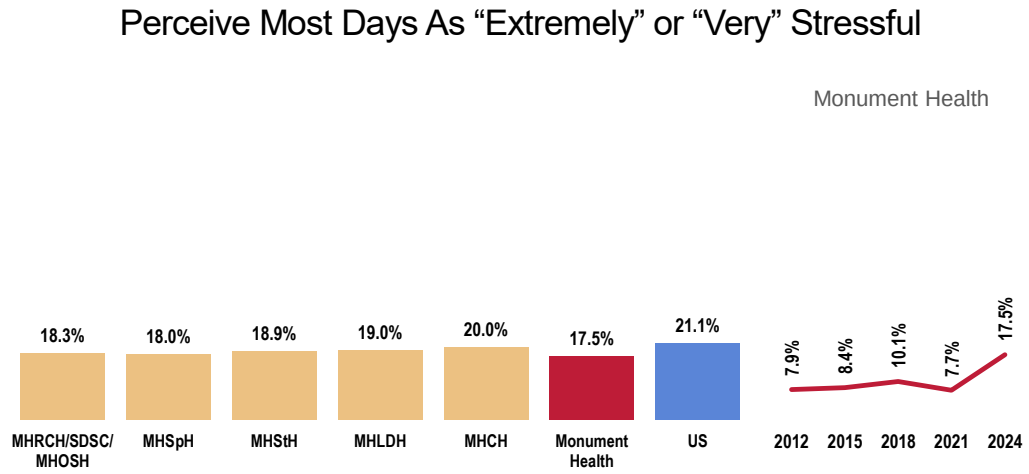


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 17.5% of Monument Health Service Area adults feel that most days for them are "very" or "extremely" stressful.

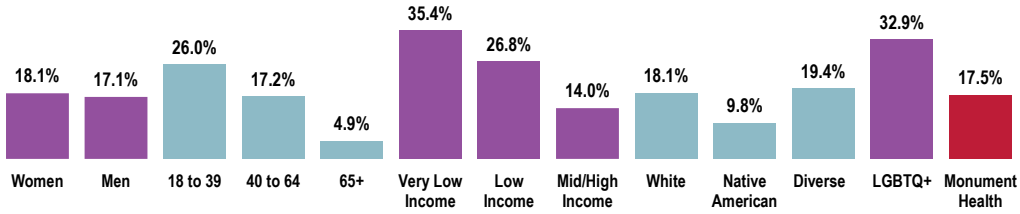
TREND ► Marks a significant increase from previous surveys.

DISPARITY ► Based on sample size, significantly higher in the MHRCH/SDSC/MHOSH, MHStH, and MHLDH areas. More often reported among adults younger than 65, those with lower incomes, and LGBTQ+ respondents.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

Suicide

Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

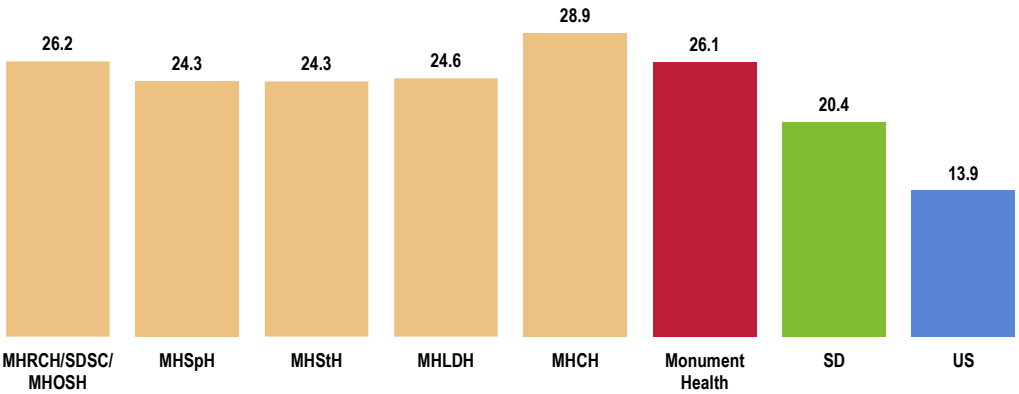
In the Monument Health Service Area, there were 26.1 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending significantly higher over time.

DISPARITY ► Considerably higher among Native American residents.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

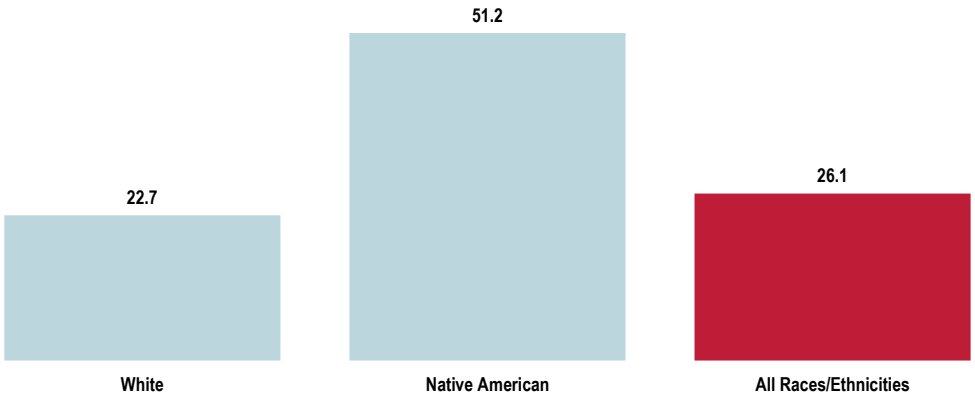


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)

Healthy People 2030 = 12.8 or Lower



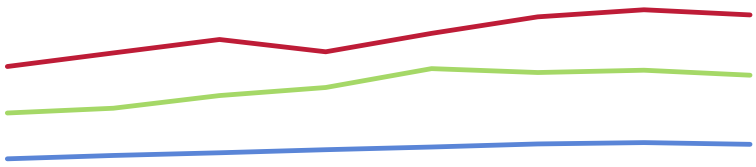
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	21.2	22.5	23.8	22.6	24.4	25.9	26.6	26.1
SD	16.8	17.3	18.5	19.2	21.0	20.7	20.9	20.4
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

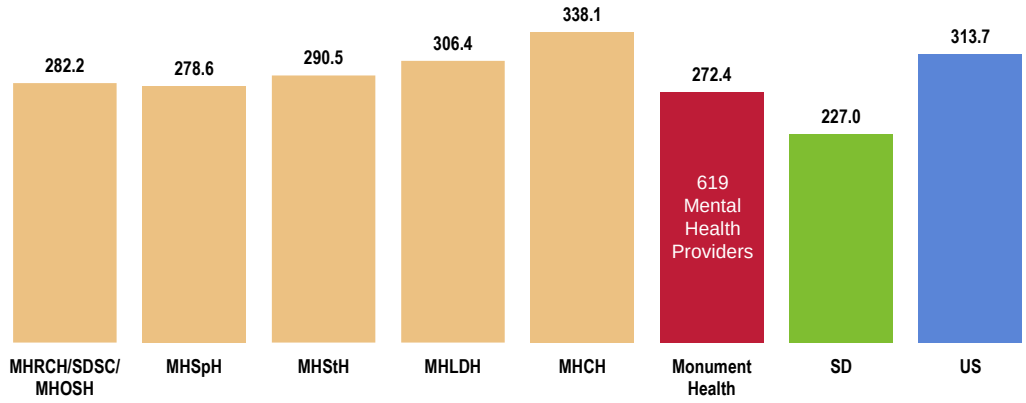
Mental Health Providers

Note that this indicator only reflects providers practicing in the Monument Health Service Area and residents in the Monument Health Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In the Monument Health Service Area in 2023, there were 272.4 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► More favorable ratio than found statewide but less favorable than found nationwide.

Number of Mental Health Providers per 100,000 Population
(2023)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

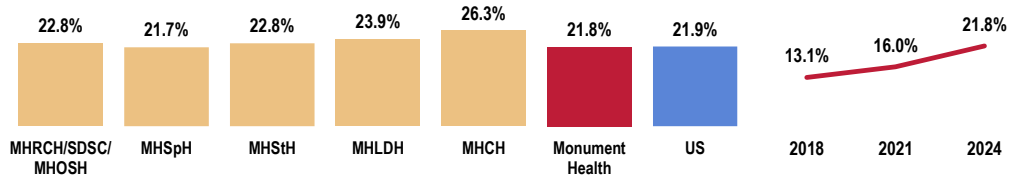
A total of 21.8% of area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

TREND ► Rising significantly over time.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH, MHLDH, and MHCH areas.

Currently Receiving Mental Health Treatment

Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

A total of 9.8% of Monument Health Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

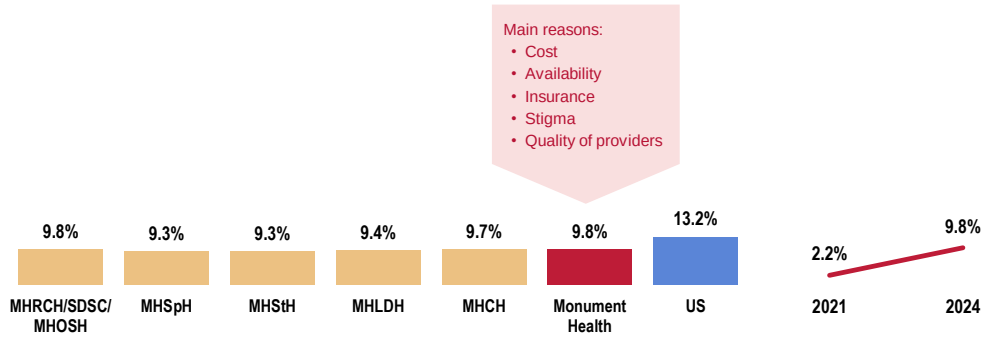
BENCHMARK ► Lower than found nationally.

TREND ► Denotes a significant increase from the previous survey.

DISPARITY ► More often reported among women, adults younger than 65 (especially those age 18 to 39), and those with very low incomes.

Unable to Get Mental Health Services When Needed in the Past Year

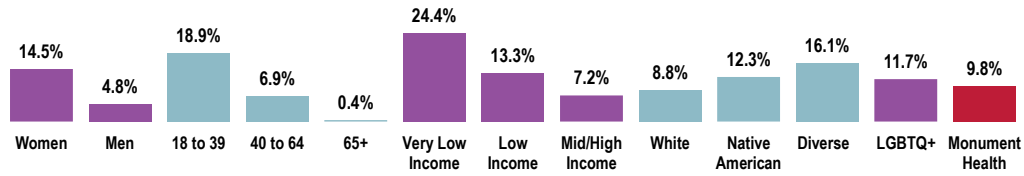
Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 82, 319]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Monument Health, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of
Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Monument Health, 2024)

Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Not enough counseling services in town. Limited mental health case management. West River Mental Health has an office in Hot Springs and Rapid City but not in Custer. So, although they are helpful in helping patients access meds and sliding scale cost for counseling, patients have to travel, and patients with mental health services are often limited in funds or vehicles. – Physician
>
> Mental health facilities are few and far apart. Hospitals do not like to admit mental health patients, leaving them with few options. – Community Leader
>
> Access to quality care and treatment. – Community Leader
>
> Timelines for initial appointments and follow-up care appointments are sometimes scheduled far out. – Community Leader
>
> Access to mental health services. Even when there has been access, families have a hard time managing to get to appointments. – Physician
>
> It's a huge issue with not enough local support. – Community Leader
>
> Little to no regular access to mental health services. What is available is virtual. – Other Health Provider
>
> Lack of access to qualified mental health providers. – Other Health Provider

Access, cost, and maintenance – with the continual rise in anxiety, depression, and suicide (especially for our young people), we are clearly missing something. The social determinants of health should speak to many of the issues that cause people stress, from low-level stress events to severe trauma – we have a cowboy-up mentality in our area, and it makes it that much more challenging for people to seek help. Cost, too many unknowns for the cost of mental health resources, or it is just too expensive. Access – we have a shortage of qualified people who could be providing these services. We too often rely on nonprofits to meet that need, but most of them have staff shortages, leading to spreading everyone thin, leading to burnout. All of this leads to many people self-medicating with drugs, alcohol, or other risky behaviors, because being in pain, either physically or mentally, is too much, but we all know that those easy escapes amplify those issues. – Community Leader

I suspect many people with mental health issues can't find a place to be seen. Also, I assume there are payment issues. – Community Leader

Access to care, such as therapy services, that are local and consistent. Pediatric medical management services, as well as counseling services. – Community Leader

Adequate mental health professionals to provide help. – Community Leader

There is a need for service for inpatient services. Affordable care. The negative stigma of people feeling they shouldn't seek help. – Social Services Provider

Access to qualified providers. We have a significant issue with the number of providers in relation to the number of individuals that are in need of mental health care. – Community Leader

The lack of resources. Poverty, hopelessness, and substance abuse. Lack of quality mental health providers, or it takes weeks to see a provider. – Social Services Provider

Accessing mental health providers. Waiting lists are too long. – Social Services Provider

Access to care. There is a shortage of trained mental health providers in the area, and the future outlook is bleak with the numbers of people going into the field. This includes master's-prepared professionals, along with PhD and psychiatrists. – Social Services Provider

Many families are strained for one reason or another, albeit financial, dysfunction, chaos in the home, substance abuse, or a myriad of other things. I see it in schools, in children, in adults in my daily life, and in the news. The biggest challenge is that people do not know when they need help before they are too far into the mental crisis. Secondly, the access for mental health is very limited. Third, the cost of taking care of your mental health is sometimes overbearing. Next is the stigma. Next is the fact that people think they can fix it alone. This all fractures and strains the family unit ... and if you have a mental issue, how are you going to have the wherewithal and strength to get over all these barriers to help yourself or your loved one? – Community Leader

Access to care and local inpatient support. – Other Health Provider

Access to appointments. The wait time. Medication management. Lack of psychiatrists. – Social Services Provider

Not enough help for mental health. – Social Services Provider

Availability, affordability, and stigma attached to mental health. – Community Leader

Long waiting lists for counseling. Expensive, very short inpatient stays at Behavioral Health. – Social Services Provider

The geography is so expansive. It is logistically very challenging to take health care to the patients. – Community Leader

Access, affordability, lengthy wait lists, unreliable transportation to appointments or lack of technology in the home to access telehealth services, stigma, and extreme lack of licensed mental health professionals in most of Western South Dakota. – Social Services Provider

No immediate 24-hour placement resources and not enough treatment facilities, particularly in Western South Dakota. – Social Services Provider

Lack of Providers

We don't even have half of the mental health providers we need in this community. The families our organization serve s... some kids and families are desperate for help, and they're on one- to two-year waiting lists. My own daughter was on a waiting list for 1.5 years for anxiety and depression. That's a massive disservice to our community members. – Social Services Provider

No doctors or proper facilities. – Community Leader

Lack of providers, especially for those without insurance, or those with Medicaid. Lack of care management for these patients on a communitywide level. – Other Health Provider

Not enough counselors, resources, safe houses, or real-time meetings with those in crisis. – Social Services Provider

Lack of providers. – Social Services Provider

There is a lack of mental health professionals, and there is such a need for more immediate access to a mental health professional. – Community Leader

Lack of providers. – Other Health Provider

> There are not enough providers to manage the high number of patients who need mental health care. Primary care is frequently managing many of these patients, but they are time-consuming in an environment where physicians need to turn patients over quickly to meet production requirements. – Physician
>
> Lack of therapists. Lack of places to put them when they need help. Lack of community help. – Community Leader
>
> Not enough providers. – Other Health Provider
>
> There is a shortage of mental health providers in the community and very limited access to behavioral health inpatient care. Staffing at the receiving facility or patient acuity is often a barrier to getting patients in acute crisis transferred from our emergency room. – Other Health Provider
>
> There is a shortage of licensed mental health providers who accept Title XIX and who have sliding fee scales, especially for our rural communities. – Social Services Provider
>
> Lack of providers. Difficulty in getting screened and seeing providers, particularly for low-income and homeless patients. – Social Services Provider

Follow Up/Support

> Inability to navigate a complex system without case management and family support. Need more marketing on the utilization of Pivot Point to engage individuals into accessing service providers in the community vs. constantly using the emergency room, with limited referrals to community resources, reducing bed space for individuals in need of medical emergencies. – Social Services Provider
>
> There's not a lot of support for people dealing with mental health problems in our community. Even if the case is severe, the only option seems to be to send them to Yankton, where they usually send them back before the issue is resolved. Some people seem to self-medicate. Some people have severe mental health issues, where they are paranoid and hear voices. They end up having no options besides hanging out at the library. Some people with mental health issues run away often, requiring search and rescue and law enforcement's help to find them. – Community Leader
>
> Social work and counseling. We don't have social support for high need patients. We have one psychiatrist and a few counselors in town. Primary care has to do a majority of treatment, and we don't have enough providers overall. – Physician

Homeless Population

> The homeless population has a huge instance of mental health issues. The native population that uses drugs and alcohol is terrible. – Community Leader
>
> Many of the homeless population here have an underlying mental health issue. With better care and medication compliance, these folks could work, have a home, and feel like they are part of the community. – Other Health Provider

Vulnerable Populations

> Health care, mental and physical, on the reservations. So many health issues that need to be addressed. Not sure of the solution. – Community Leader
>
> Adolescent/children's health and mental health services. – Social Services Provider

Incidence/Prevalence

> Depression and anxiety attitudes. – Other Health Provider
>
> High rates of mental health issues. Low volume of providers and facilities to address these needs. – Other Health Provider

Access to Care for Uninsured/Underinsured

> Access to mental health care for all patients, especially patients with no insurance or Medicaid. Also, there are not enough providers for the need. – Physician

Affordable Medications/Supplies

> Getting care. Having money for medications. Remembering to take medications when they are homeless or "couch surfing." – Other Health Provider

Denial/Stigma

> The stigma surrounding mental health may be the biggest challenge. Behind stigma is access to care. The community does not have enough providers to accommodate the people that need services. – Other Health Provider

Disease Management

> Behavior management. – Community Leader

Due to COVID-19

> This issue has only worsened since the COVID lockdowns. And mental health needs to be addressed beyond the IHS clinics. There are very compromised folks in our communities, families, and schools. They need help; they need appropriate support to get wholesome once again. – Community Leader

Family Support

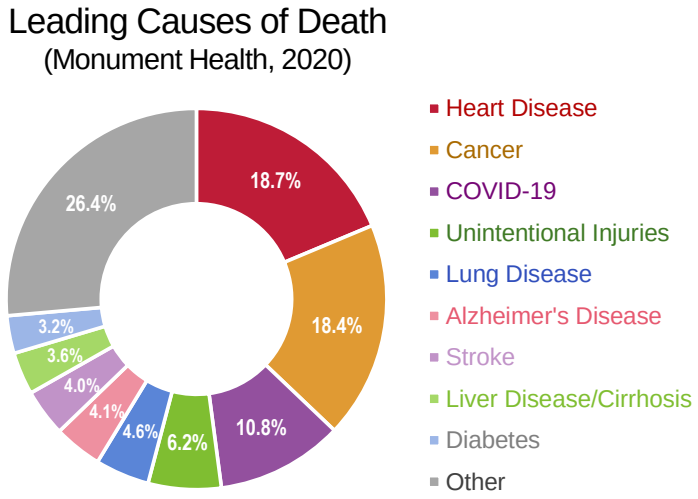
> Some don't have family in the area and are left to fend for themselves, which exacerbates the problem. They become homeless or end up incarcerated. There is no inpatient facility in Fall River County for mental illness. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than one-third of all deaths in the Monument Health Service Area in 2020.



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 2024.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, STATENAME and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Monument Health Service Area.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

(2018-2020 Deaths per 100,000 Population)

	Monument Health	South Dakota	US	Healthy People 2030
Heart Disease	155.7	156.5	164.4	127.4*
Cancers (Malignant Neoplasms)	153.7	148.9	146.5	122.7
Falls [Age 65+]	113.7	105.9	67.1	63.4
COVID-19 (Coronavirus Disease) [2020]	90.1	127.0	85.0	—
Unintentional Injuries	57.5	52.7	51.6	43.2
Lung Disease (Chronic Lower Respiratory Disease)	39.7	41.9	38.1	—
Alzheimer's Disease	31.8	38.8	30.9	—
Stroke (Cerebrovascular Disease)	31.4	33.8	37.6	33.4
Alcohol-Induced Deaths	31.4	20.8	11.9	—
Cirrhosis/Liver Disease	30.4	13.4	12.5	10.9
Suicide	26.1	20.4	13.9	12.8
Diabetes	25.9	26.4	22.6	—
Motor Vehicle Deaths	17.4	15.7	11.4	10.1
Pneumonia/Influenza	13.7	16.3	13.4	—
Unintentional Drug-Induced Deaths	7.2	7.6	21.0	—
Kidney Disease	5.4	6.0	12.8	—
Homicide [2011-2020]	5.1	3.8	5.9	5.5

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

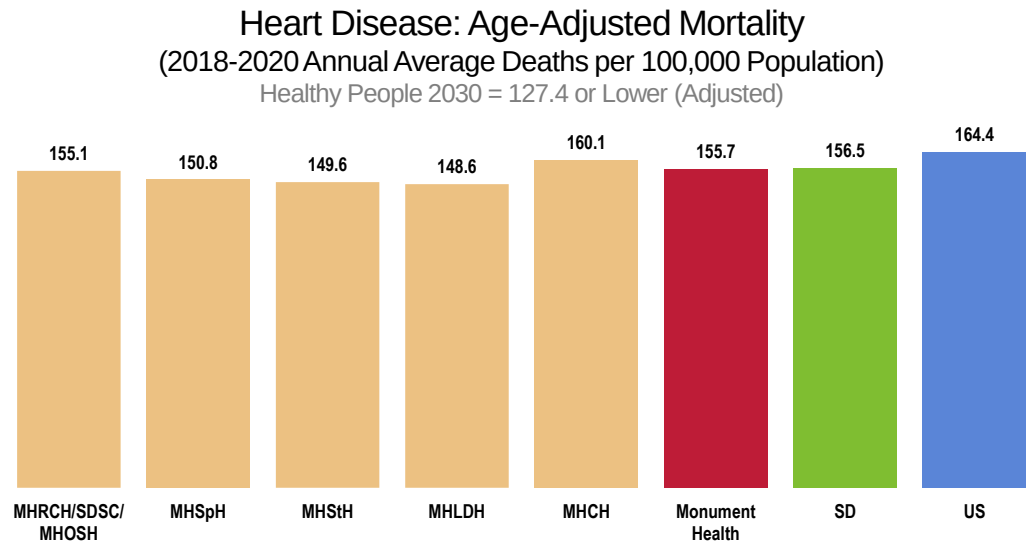
Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 155.7 deaths per 100,000 population in the Monument Health Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among Native American residents.



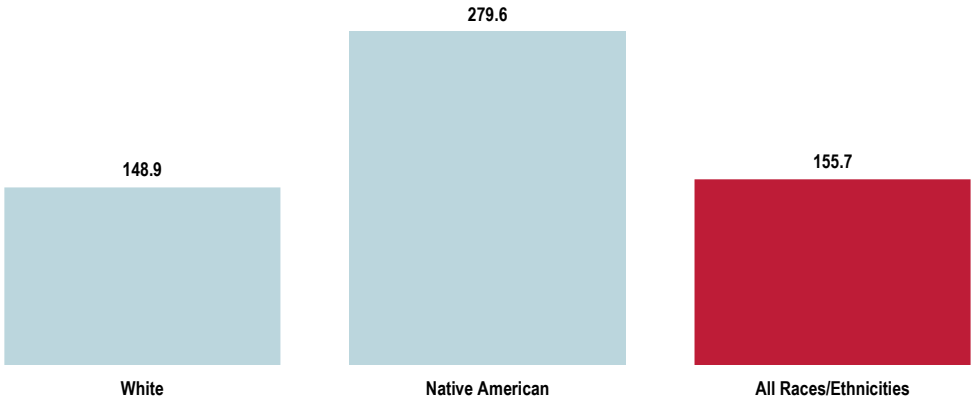
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Heart Disease: Age-Adjusted Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)

Healthy People 2030 = 127.4 or Lower (Adjusted)



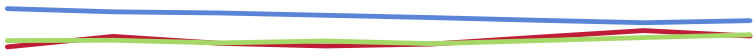
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	149.6	155.6	151.6	150.1	151.3	155.1	158.9	155.7
SD	153.2	153.4	151.9	153.0	151.5	153.3	154.8	156.5
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 31.4 deaths per 100,000 population in the Monument Health Service Area.

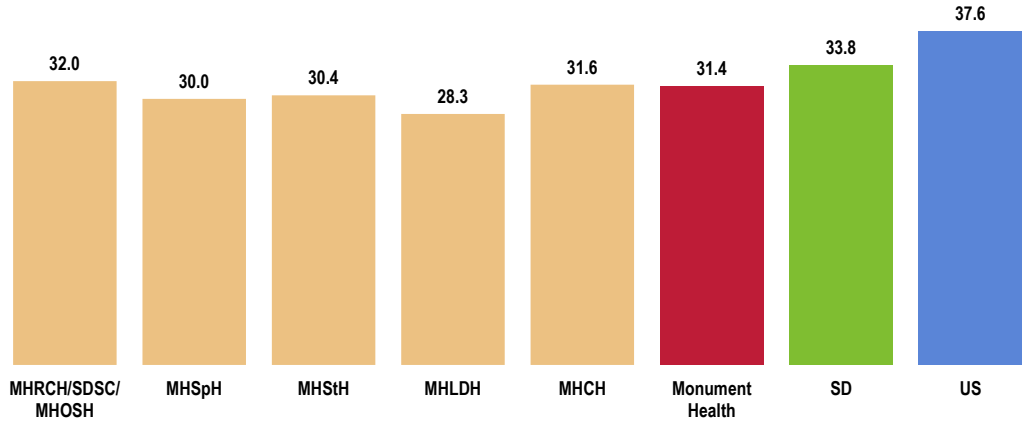
BENCHMARK ► Lower than the US rate.

DISPARITY ► Higher among Native American residents.

Stroke: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)

Healthy People 2030 = 33.4 or Lower

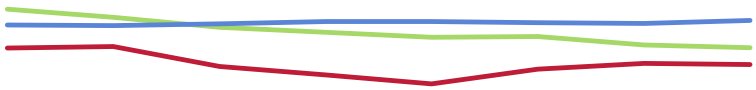
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	33.7	33.9	31.1	29.9	28.6	30.7	31.5	31.4
SD	39.2	38.1	36.7	35.9	35.2	35.4	34.2	33.8
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

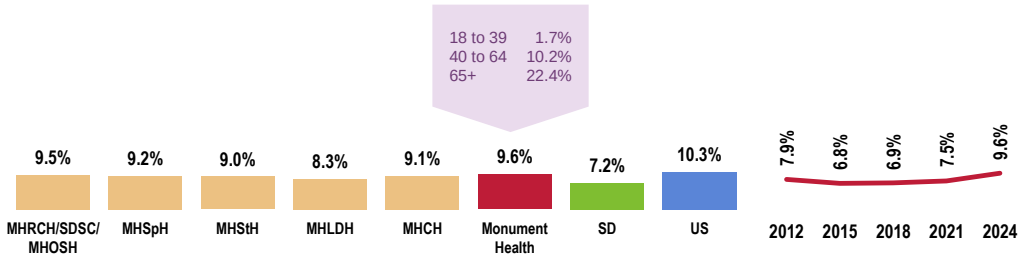
Prevalence of Heart Disease

A total of 9.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► More often reported among adults age 40+ (especially those 65+).

Prevalence of Heart Disease

Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

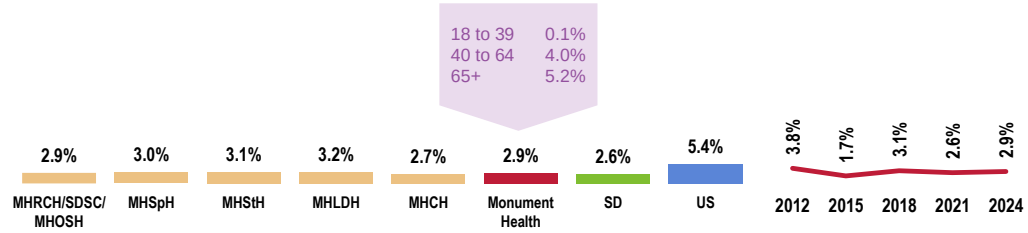
A total of 2.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the national percentage.

DISPARITY ► More often reported among adults age 40+.

Prevalence of Stroke

Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 43.3% of Monument Health Service Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Higher than found statewide.

TREND ► Rising significantly higher over time.

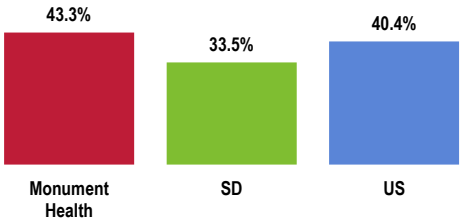
DISPARITY ► Higher in the MHCH area (not shown).

A total of 34.6% of adults have been told by a health professional that their cholesterol level was high.

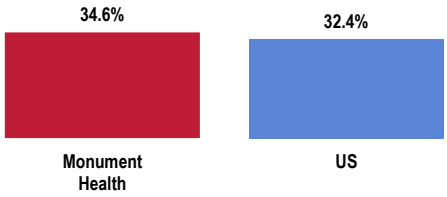
DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area (not shown).

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

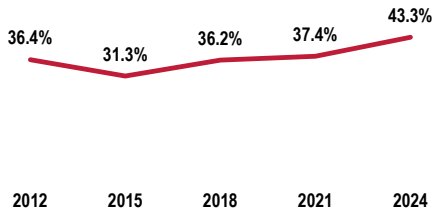


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

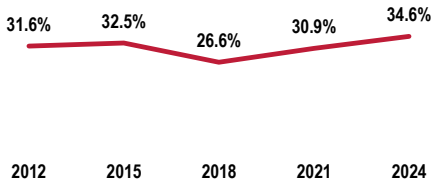
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Monument Health)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Monument Health)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

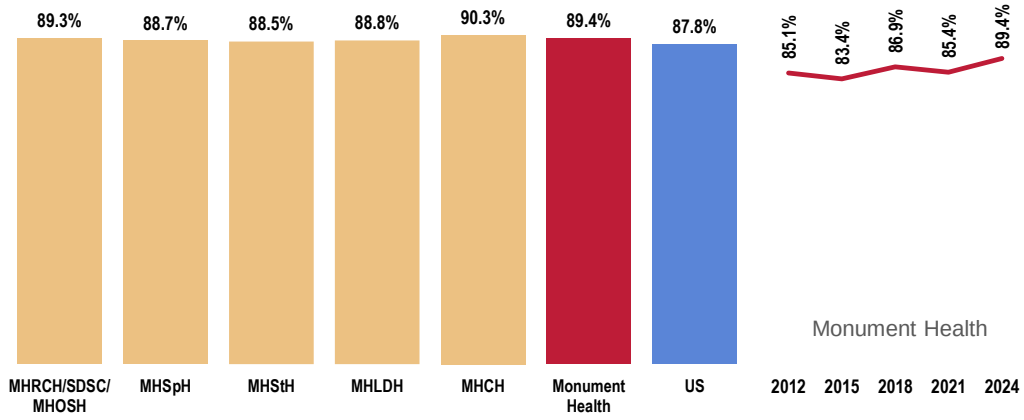
A total of 89.4% of Monument Health Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

RELATED ISSUE
See also *Nutrition*, *Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

TREND ► Marks a significant increase from the 2012 baseline.

DISPARITY ► Based on sample size, significantly lower in the MHSpH area. Higher among adults age 40+.

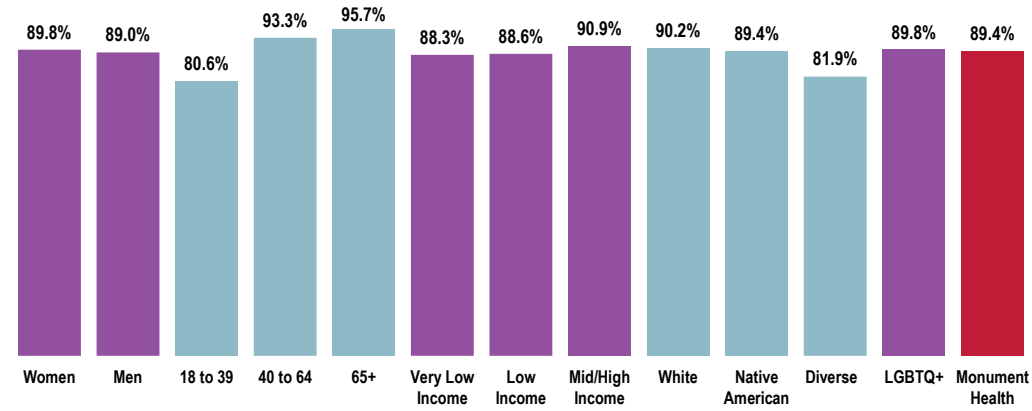
Exhibit One or More Cardiovascular Risks or Behaviors



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors
(Monument Health, 2024)

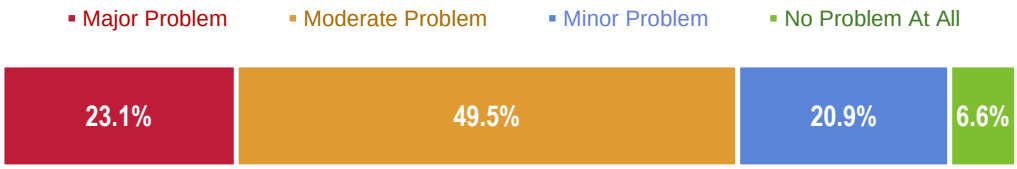


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Monument Health, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> These are increasing problems everywhere. – Community Leader
>
> It impacts a large number of people. – Community Leader
>
> In general, many of the people in groups I am involved with have issues with cholesterol, are currently on a plan for prevention, or are receiving treatments or surgeries to directly "fix" a heart anomaly. Interestingly, these same groups have so many that are seemingly living a "healthy" lifestyle but still have issues. – Community Leader
>
> The number of people in the community that voice problems with heart conditions and those that had strokes. It appears the patients are young in their 30s and 40s, along with the aging population. Again, healthy eating and lifestyle is a barrier for most. – Social Services Provider

Access to Care/Services

> Expanded immediate or emergency care is lacking. Fall River Health Services does not provide emergency surgery, so they have to transfer to Rapid City. – Community Leader

> We are about 60 miles from the nearest cath lab and neuro-intervention facility. It can be very difficult to be in the window of opportunity to help people maintain as much brain or cardiac tissue. There is distance to the critical access hospital, some lack of trained EMS in the rural locations, and then distance to Rapid City if they are not on diversion. Worse is when Rapid City is overloaded and we have to fly patients routinely to Scottsbluff, Nebraska; Wyoming; Denver; Sioux Falls; Mayo; or Omaha, Nebraska, to have access to higher-level care. – Physician
>
> No rehab unit in town. Have to travel to Rapid City. – Social Services Provider

Awareness/Education

> Being aware or associates, friends, and relatives who frequently report problems in these areas. – Community Leader
>
> Lack of education and exercise. – Community Leader
>
> People don't see routine health care as important and also can't afford food that is good to prevent heart disease. – Other Health Provider

Prevention/Screenings

> People do not visit their primary care doctor regularly, and they do not take care of themselves. – Other Health Provider
>
> We have not prioritized preventive care – it seems like people are having more major diseases earlier and earlier, and it seems like some preventative screenings would be beneficial in the long run. Much like Planet Heart through Avera – pay a base fee for several screening tools so people can have a baseline idea of health before it gets to a point when an artery is severely blocked. Cost of care and prevention is scary for many people who live on fixed incomes – this leads to people waiting for services until something drastic happens. – Community Leader

Aging Population

> Aging population, poor nutrition in general, and demographics of the area contribute. Oyate doesn't offer cardiology services, limiting access for a significantly at-risk portion of the population. – Other Health Provider
>
> We have an aging population who are more at risk for stroke and heart issues. Also, due to the lifestyle choices, many people are at risk for developing heart disease or stroke. – Social Services Provider

Lifestyle

> Inadequate physical activity and poor diet due to food insecurity among low-income individuals. – Social Services Provider
>
> Poor diet and exercise. Lack of quality food. – Social Services Provider

Impact on Quality of Life

> There are immediate, debilitating results. – Community Leader

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

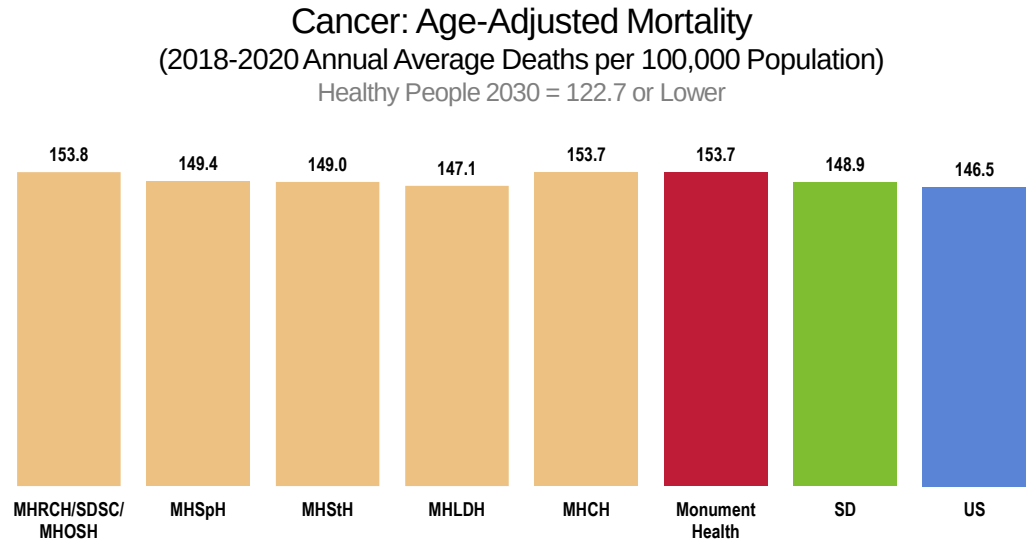
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 153.7 deaths per 100,000 population in the Monument Health Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among Native American residents.



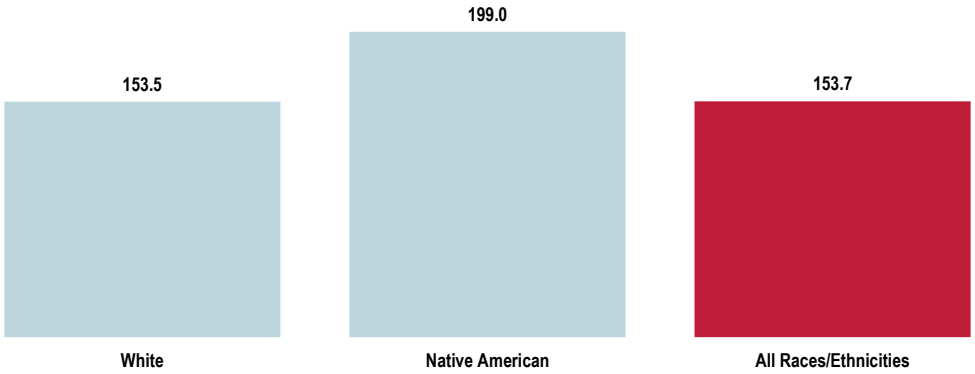
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)

Healthy People 2030 = 122.7 or Lower



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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	166.3	156.2	152.6	152.3	155.2	154.7	159.2	153.7
SD	162.4	160.3	157.3	158.0	155.9	152.9	151.8	148.9
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in the Monument Health Service Area.

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Monument Health	South Dakota	US	Healthy People 2030
ALL CANCERS	153.7	148.9	146.5	122.7
Lung Cancer	35.2	34.5	33.4	25.1
Prostate Cancer	22.0	18.7	18.5	16.9
Female Breast Cancer	18.7	19.1	19.4	15.3
Colorectal Cancer	13.3	14.0	13.1	8.9

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

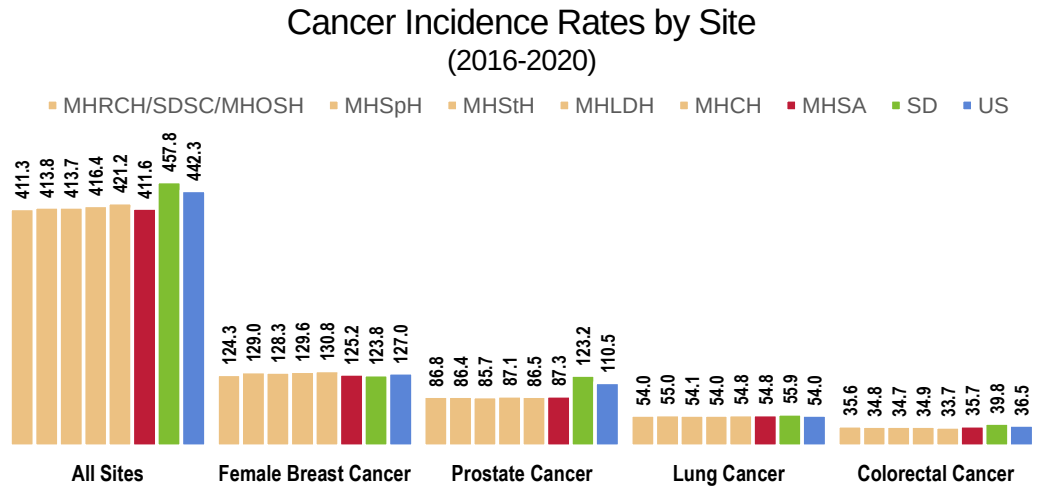
Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Prostate Cancer ► Lower than both state and national rates.



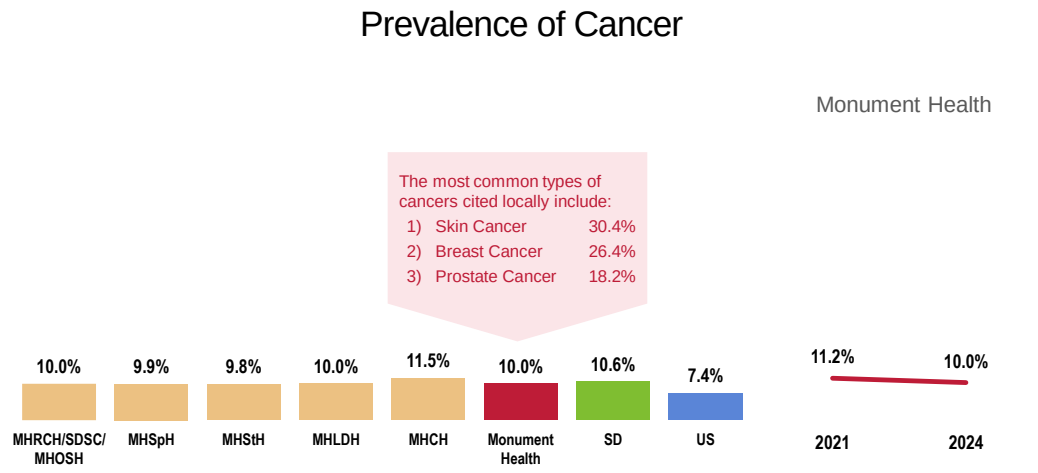
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

A total of 10.0% of surveyed Monument Health Service Area adults report having ever been diagnosed with cancer.

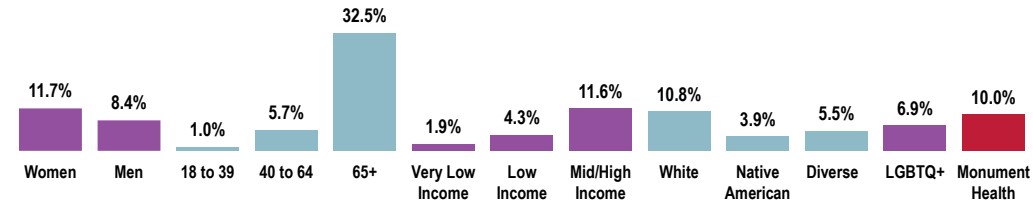
DISPARITY ► More often reported among adults age 40+ (especially those age 65+), those with higher incomes, and White residents.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Monument Health, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: • Asked of all respondents.

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 the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50 to 74, 83.8% have had a mammogram within the past 2 years.

BENCHMARK ► More favorable than statewide and US percentages.

TREND ► Trending significantly higher over time.

Among Monument Health Service Area women age 21 to 65, 67.7% have had appropriate cervical cancer screening.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

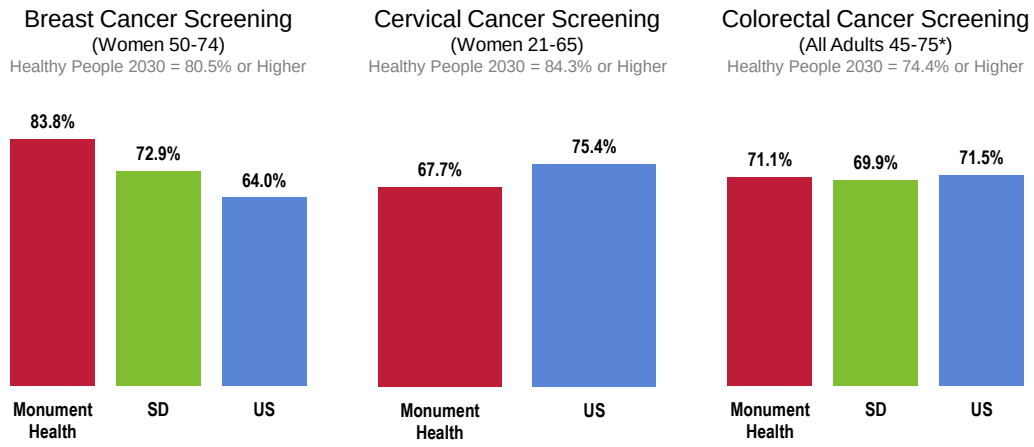
BENCHMARK ► Less favorable than the US percentage. Fails to satisfy the Healthy People 2030 objective.

Among all adults age 45 to 75, 73.0% have had appropriate colorectal cancer screening.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

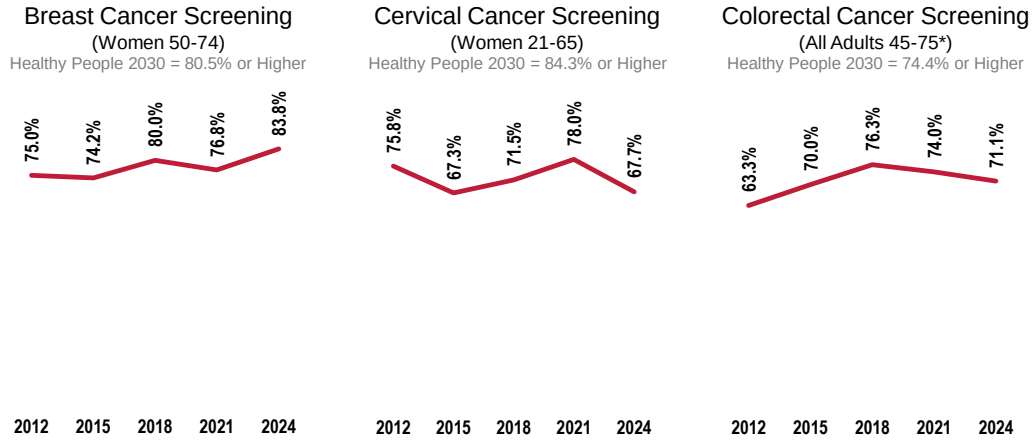
TREND ► Marks a significant increase from the 2012 baseline.

DISPARITY ► Higher in the MHCH area (not shown).



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- *Note that state and national data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

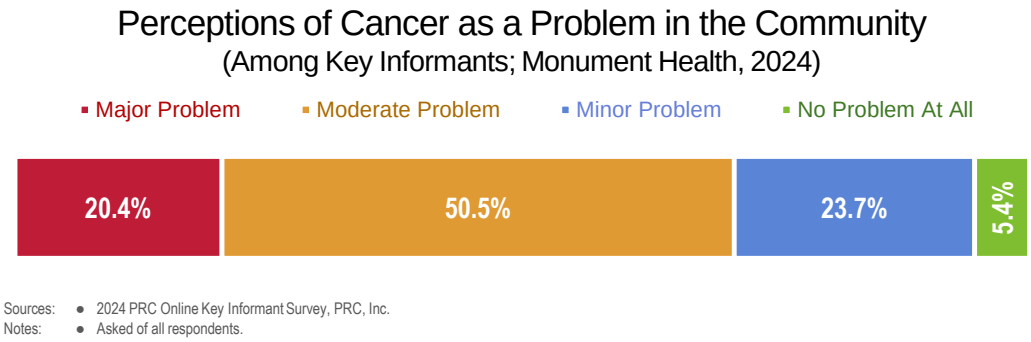


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- *Note that past data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

Key Informant Input: Cancer

One-half of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> It is increasingly common among residents in all demographics. – Community Leader
>
> It seems that there is a prevalence along with growing numbers across generations of many types of cancers. Regardless of the type, this causes strain in mental, emotional and lifestyle wellness for the patient and family. To add to this, easy access for the treatment(s) for the prognosis is reduced as rural areas are numerous. This lowers the ability for the patient and often family member (or caregiver) to bring in their income due to travel and time away from home, among other geographical complexities. Since cancer has more of a metered treatment plan, it seems to plague the family and patient for a longer-term, requiring support that is often not readily available. Lack of mental health options, increased needs financially, disruption of homelife, along with the unknown future of the disease and mortality, it seems to be there is someone in everyone's life who is dealing with cancer as a disease. – Community Leader
>
> Large number of cancer deaths and diagnosis. – Community Leader
>
> It seems like there are more diagnoses, which could be good because people are catching it sooner. It affects many people. – Community Leader
>
> There appears to be an increase in cancer, many that are considered rare in occurrence, but it is happening more frequently. – Community Leader
>
> Frequency of occurrence, lack of timely access to screening, distance from facilities with the ability to treat it with chemo and radiation, and associated expenses of travel and overnight housing. – Other Health Provider
>
> Many people are getting this diagnosis. – Other Health Provider
>
> Our community has lost a lot of young individuals to cancer as well as the older generation, and we hear about new cases on a regular basis. This takes a toll on the individuals, family members, and the community as a whole. In addition, our health care facility does not have the means to provide the needed cancer treatments, requiring individuals to travel miles to seek help. – Community Leader

Access to Care/Services

> Anyone in our community has to travel to Rapid City from Fall River County to participate in any sort of treatment for cancer. Women have to travel to Custer for a dense tissue mammogram. – Community Leader
>
> Accessing proper medical care is a long and arduous process. It takes so long for appointments and tests to be arranged and completed. – Other Health Provider
>
> Multiple cancer diagnoses with difficulty getting to Rapid City an hour away each direction for radiation and oncology treatments. Trying to do a full cancer workup prior to having the patient seen by oncologists can be difficult with getting appropriate labs done, imaging, and biopsies. Financial and transportation constraints limit optimal care. No mammography in town. No scopes available for screening or diagnostics. – Physician
>
> All patients have to drive to Rapid City to see an oncologist and for chemo and radiation. At one time, we had a visiting oncologist in Spearfish, and the hospital was able to provide chemo services. Those services were taken away. This was a huge benefit to our communities. – Other Health Provider

Affordable Care/Services

> Cancer seems to leave no family untouched. The costs of treatment can be debilitating for the families, especially if they don't have insurance. However, even with insurance, the costs are excessive. – Social Services Provider

Awareness/Education

> Not enough resources for education and information on ways to prevent cancer and what causes cancer. – Social Services Provider

Environmental Contributors

> We have a high occurrence of glioblastoma. There may be an environmental reason for this. – Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Note that this section also includes data relative to COVID-19 (coronavirus disease)

Age-Adjusted Respiratory Disease Deaths

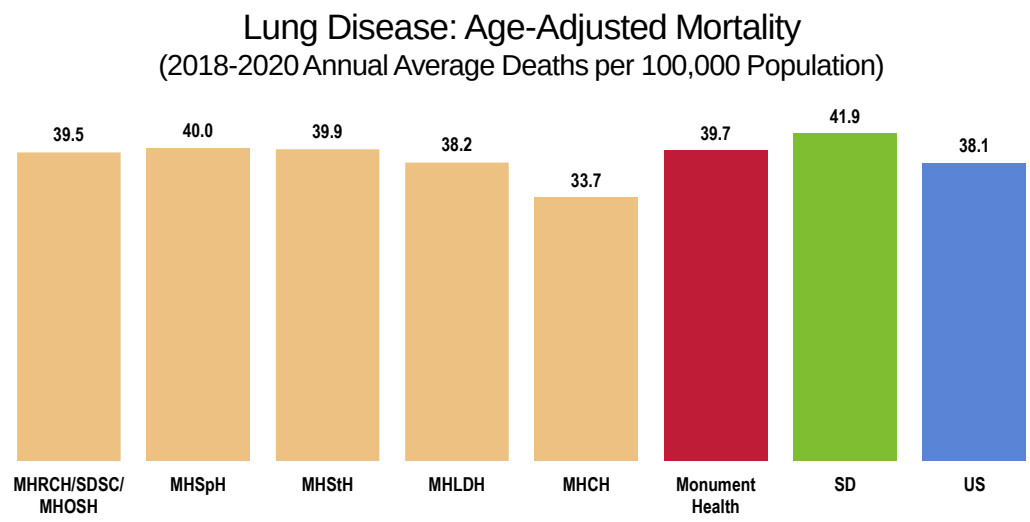
Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, the Monument Health Service Area reported an annual average age-adjusted lung disease mortality rate of 39.7 deaths per 100,000 population.

TREND ► Declining significantly to the lowest level recorded in the service area in a decade.

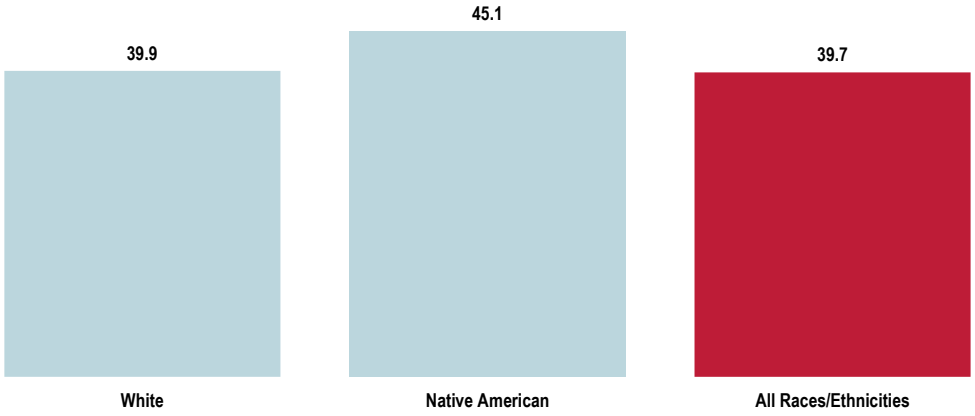
DISPARITY ► Lower in the MHCH area.



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 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Lung Disease: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)



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 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Lung Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	49.3	49.7	47.8	43.8	43.6	41.5	43.1	39.7
SD	44.1	41.9	41.8	41.5	43.0	42.4	44.7	41.9
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

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 2024.

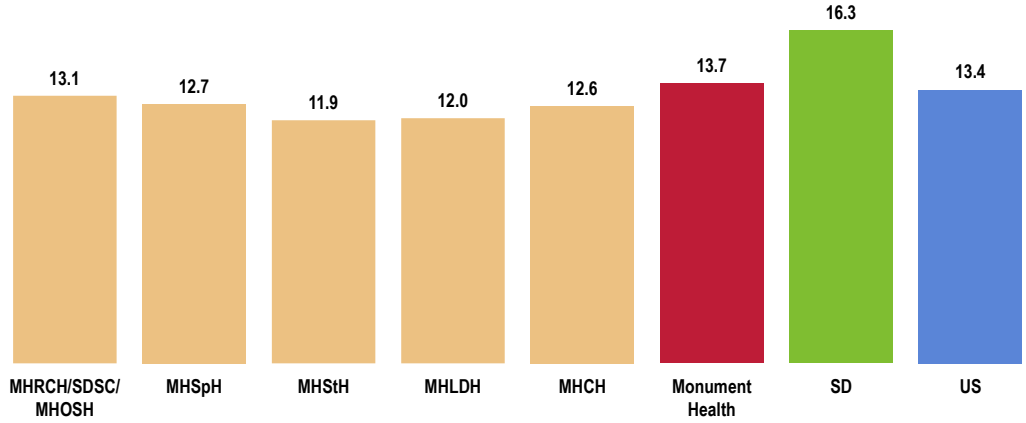
Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza Deaths

Between 2018 and 2020, the Monument Health Service Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 13.7 deaths per 100,000 population.

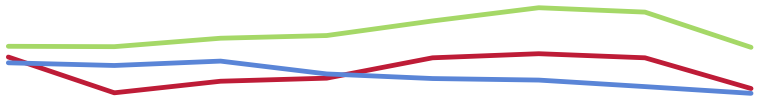
BENCHMARK ► Lower than the South Dakota rate.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	15.7	13.4	14.2	14.4	15.6	15.9	15.6	13.7
SD	16.4	16.3	16.9	17.0	18.0	18.8	18.5	16.3
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

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 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

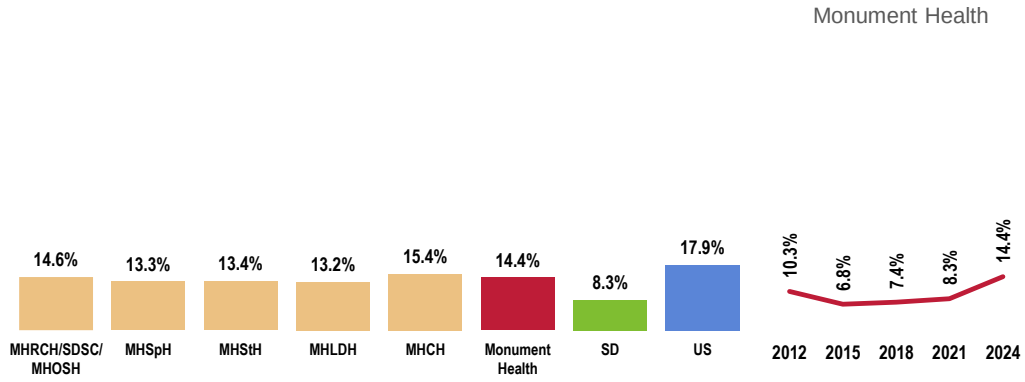
A total of 14.4% of Monument Health Service Area adults have asthma.

BENCHMARK ► Higher than found across South Dakota.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► More often reported among women, those with lower incomes, residents of diverse race/ethnicity, and LGBTQ+ respondents.

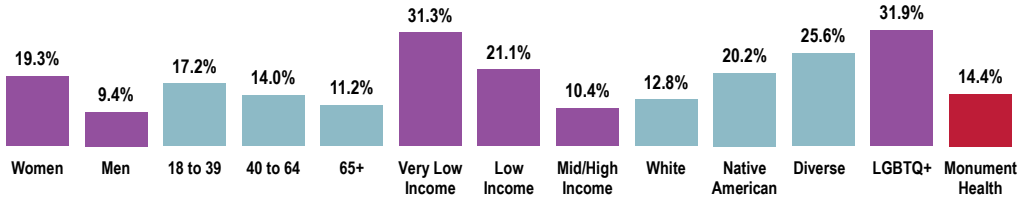
Prevalence of Asthma



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]

Notes:
- Asked of all respondents.

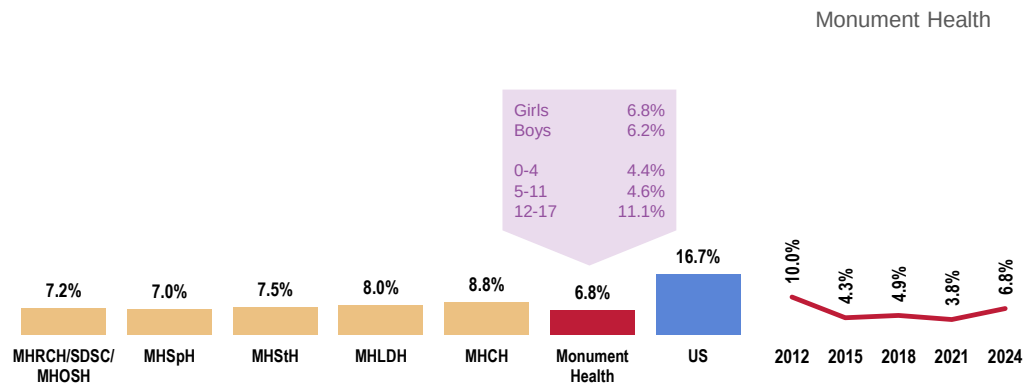
Children

Among Monument Health Service Area children under age 18, 6.8% have been diagnosed with asthma.

BENCHMARK ► Lower than found across the US.

DISPARITY ► Based on sample size, lower in the MHRCH/SDSC/MHOSH area.

Prevalence of Asthma in Children
(Children 0-17)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

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

Chronic Obstructive Pulmonary Disease (COPD)

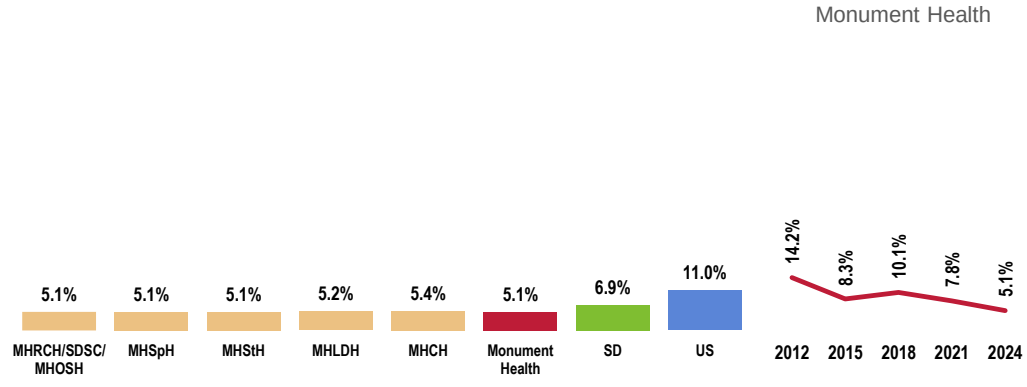
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 5.1% of Monument Health Service Area adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ► Lower than the national finding.

TREND ► Trending significantly lower over time.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

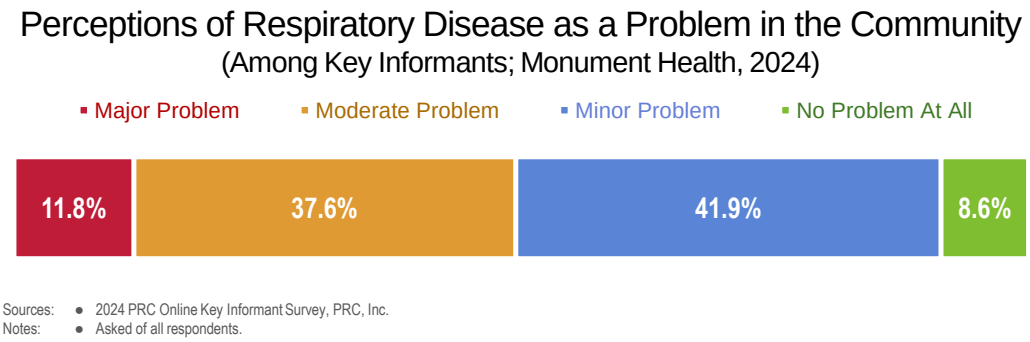


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey most often characterized *Respiratory Disease* as a "minor problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

> Smoking, drugs, and alcohol use have all made respiratory diseases increase without proper treatments. Not being able to have mobile oxygen packs to go about the day at work or school, instead having heavy tanks that are hard to manage. – Community Leader
>
> Smoking and drugs are rampant. The other problem is having enough respiratory specialists in town who can assist those in need. – Community Leader

Incidence/Prevalence

> Childhood asthma seems to be at an alarming rate. Also, COPD from grain dust and/or smoking. – Other Health Provider
>
> There appears to be a huge number of people with asthma, COPD, and other respiratory problems. Some were developed after COVID, making everyone in the community believe the illness was brought on by that disease. – Social Services Provider

Aging Population

> Age of people. – Community Leader

Awareness/Education

> People don't believe in staying home when they are ill. – Other Health Provider

Due to COVID-19

> An issue that is just coming to light: Long COVID. There are no Long COVID clinics in the communities, and few medical personnel are aware or believe that Long COVID exists. – Social Services Provider

Environmental Contributors

> High altitude is a problem for some people. – Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 57.5 deaths per 100,000 population in the Monument Health Service Area.

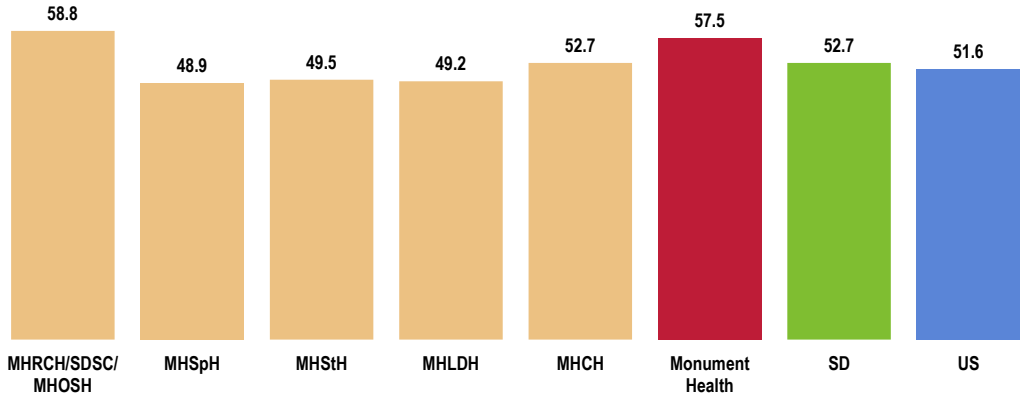
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area. Dramatically higher among Native American residents.

Unintentional Injuries: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



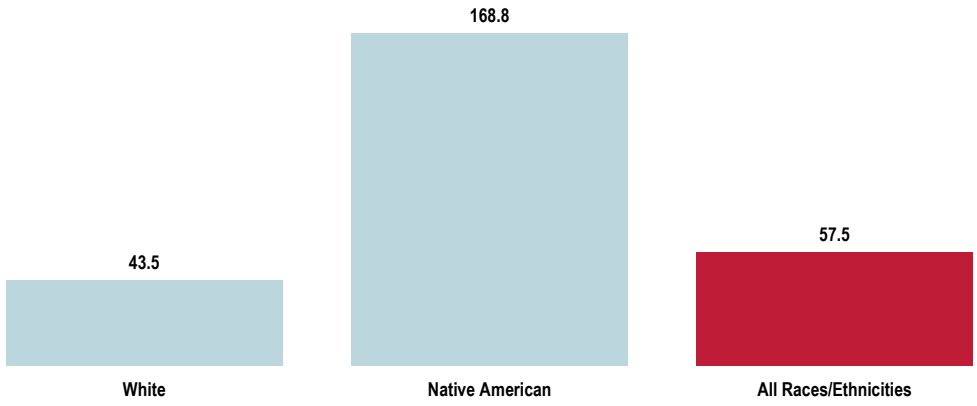
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)

Healthy People 2030 = 43.2 or Lower



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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	52.3	50.7	50.1	56.9	60.8	61.4	58.4	57.5
SD	46.4	47.8	48.5	50.7	53.0	52.0	51.9	52.7
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

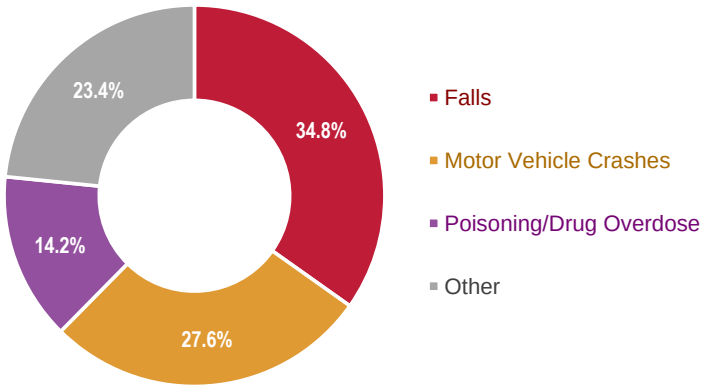
Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Falls, motor vehicle crashes, and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in the Monument Health Service Area between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths

(Monument Health, 2018-2020)



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 2024.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

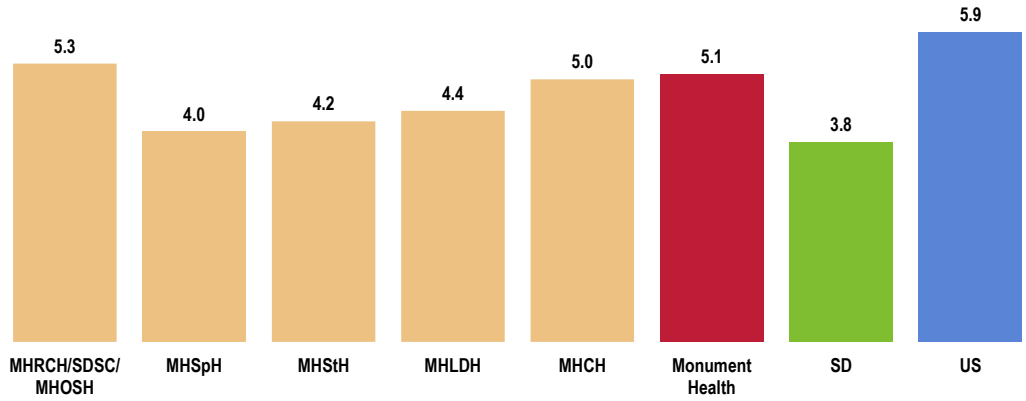
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

In the Monument Health Service Area, there were 5.1 homicides per 100,000 population (2011-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the statewide rate but lower than the national rate.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area. Considerably higher among the Native American population.

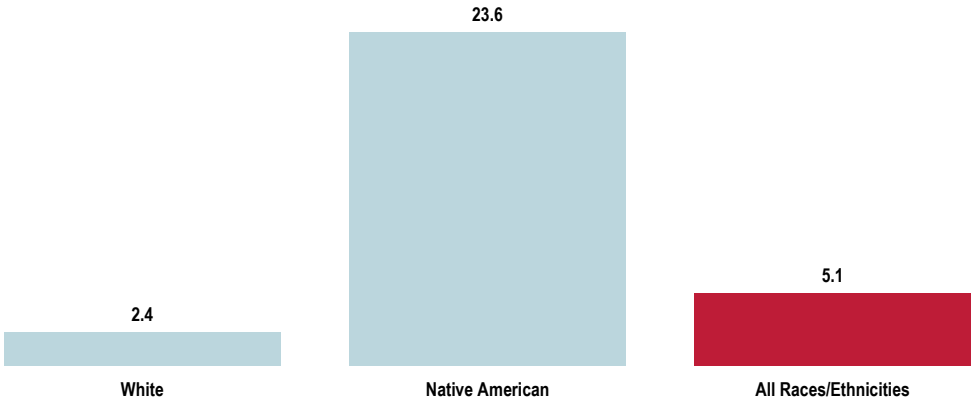
Homicide: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Homicide: Age-Adjusted Mortality by Race/Ethnicity
(2011-2020 Annual Average Deaths per 100,000 Population; Monument Health)
Healthy People 2030 = 5.5 or Lower



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 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Violent Crime

Community Violence

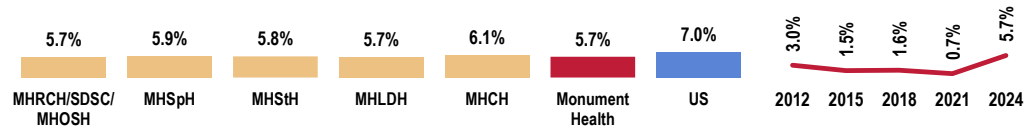
A total of 5.7% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► More often reported among adults younger than 65 (especially those age 18 to 39) and those with very low incomes.

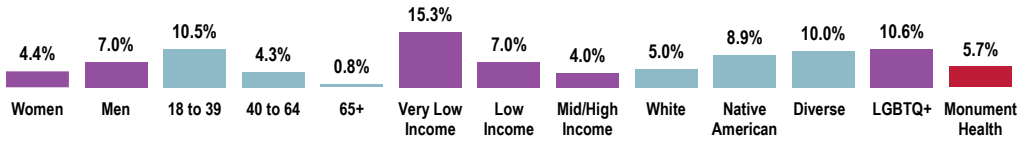
Victim of a Violent Crime in the Past Five Years

Monument Health



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

Intimate Partner Violence

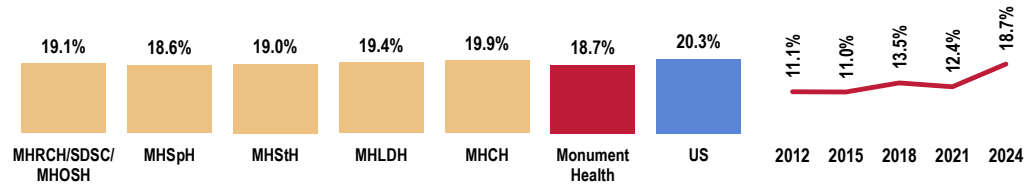
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 18.7% of Monument Health Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

TREND ► Marks a significant increase from previous surveys.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Monument Health

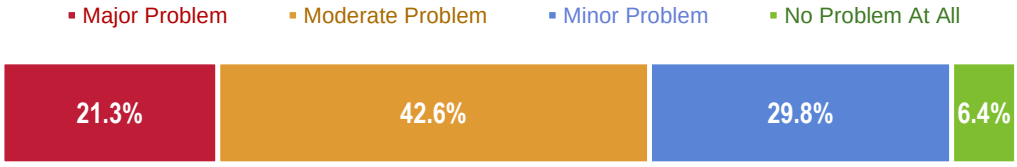


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey most often characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Monument Health, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Alcohol/Drug Use

> Violence is at a high level in Rapid City based on population, and much is drug- and gang-related. – Social Services Provider
>
> Substance abuse plays a large part in injury and violence. People under the influence will sometimes fight or drive. – Other Health Provider
>
> Increase in substance abuse, lack of adequate quality and quantity of housing, poverty, and driving under the influence. – Social Services Provider
>
> Because of substance abuse, I think there is violence, shame, and a lack of education on such problems. – Community Leader

> Drug and alcohol abuse and reluctant law enforcement to act in the fullest of the law. – Other Health Provider
>
> Domestic violence and violence due to drugs are not highly reported. There are not enough resources and support systems for victims, but there seems to be many for those causing the problems. – Community Leader

Incidence/Prevalence

> South Dakota, and especially the Black Hills area, have high incidences of violence, trauma, and injury. We have some of the highest per capita. – Social Services Provider
>
> There are reports at least weekly of violent activity, such as shootings, murders, or others. If you don't watch TV, listen to the news, or read the paper, you may think it is not a problem. The reports otherwise speak for themselves. – Other Health Provider
>
> Increase of injury and violence in the communities – and more so in the housing clusters within the reservation. Drugs are at the heart of it, and there is no sufficient police force to provide security to communities. No police resource officers on school campuses; lack of respect for authority by youth and adults who are using drugs and alcohol. Increase of rapes of young ones, increase of child abuse. – Community Leader

Income/Poverty

> Demographics and the challenges of social determinants of health, such as lower income, mental health, and substance use issues, result in injury and violence. Lack of resources for victims. – Other Health Provider
>
> For individuals and families in poverty, constantly in crisis mode, substandard housing conditions, addictions and other mental health issues, prevalent domestic violence, prevalent child neglect and abuse, etc. – Social Services Provider

Teen/Young Adult

> An increasing population of a younger generation addicted to drugs and alcohol. Lack of family support and early interactions with the judicial system. Lack of prevention in schools and elsewhere. – Social Services Provider

Stress

> Families come in and report stressful events that are significant. – Physician

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

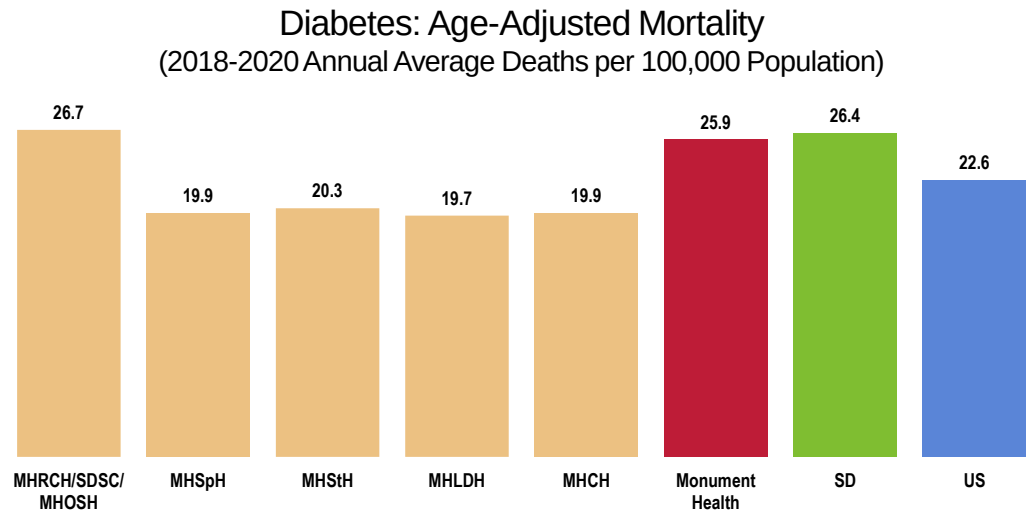
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 25.9 deaths per 100,000 population in the Monument Health Service Area.

TREND ► Rising significantly to the highest level recorded in the service area in a decade.

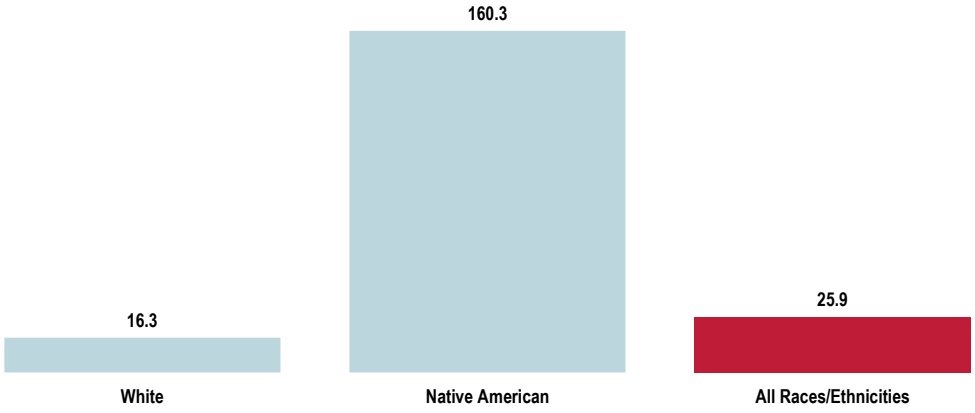
DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area. Dramatically higher among Native American residents.



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 2024.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Diabetes: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)



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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	19.7	17.5	18.5	20.8	23.9	23.4	25.2	25.9
SD	23.5	21.8	23.4	23.8	25.0	24.0	25.0	26.4
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

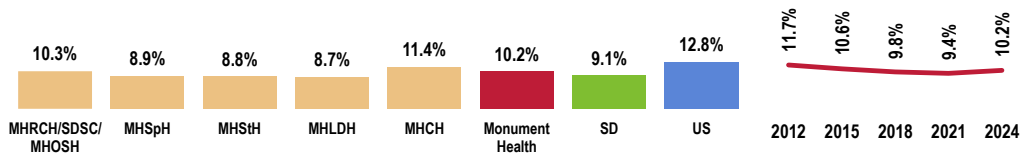
Prevalence of Diabetes

A total of 10.2% of Monument Health Service Area adults report having been diagnosed with diabetes.

DISPARITY ► Lower in the MHSpH, MHStH, and MHLDH areas. More often reported among adults age 40+ and those with very low incomes.

Prevalence of Diabetes

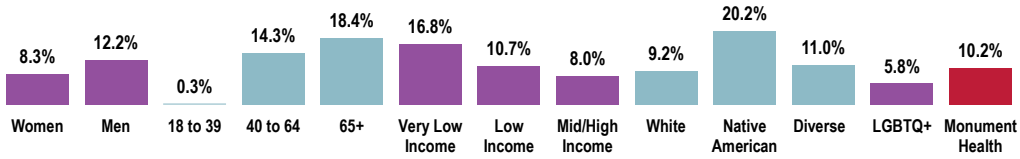
Another 12.8% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

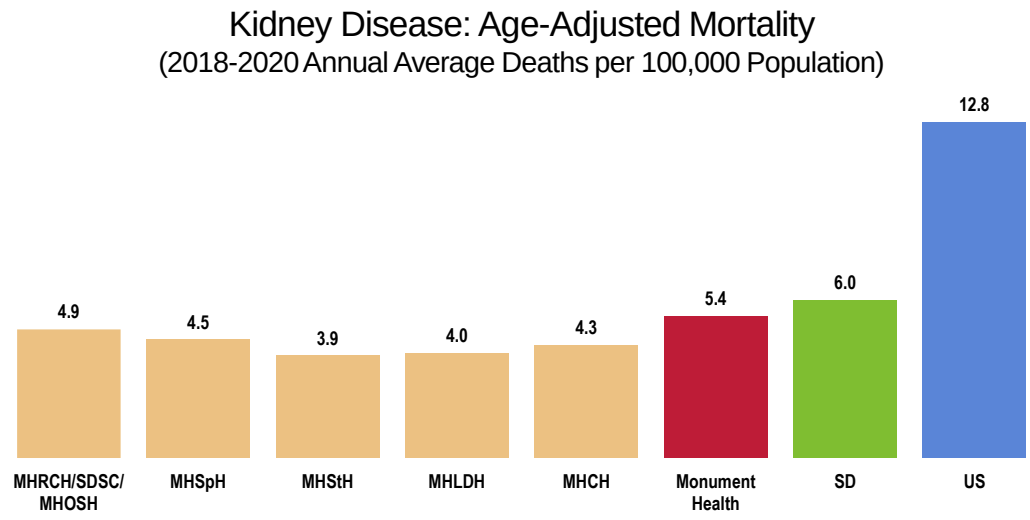
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 5.4 deaths per 100,000 population in the Monument Health Service Area.

BENCHMARK ► Much lower than the US rate.

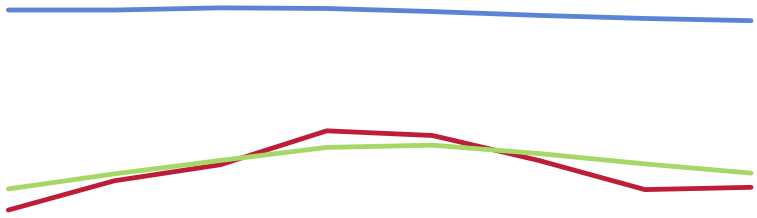
TREND ► Rising in the early 2010s, but declining since.



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 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	4.4	5.7	6.4	7.9	7.7	6.6	5.3	5.4
SD	5.3	6.0	6.6	7.2	7.3	6.9	6.4	6.0
US	13.2	13.2	13.3	13.3	13.2	13.0	12.9	12.8

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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

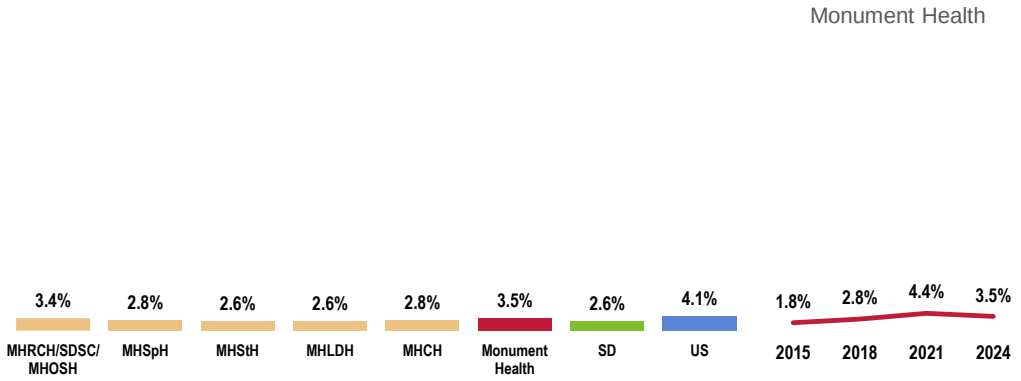
Prevalence of Kidney Disease

A total of 3.5% of Monument Health Service Area adults report having been diagnosed with kidney disease.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► Lower in the MHStH and MHLDH areas. Higher among residents age 65+ and those with very low incomes.

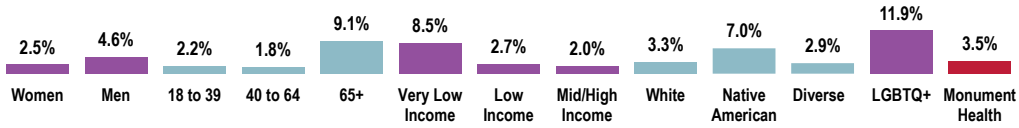
Prevalence of Kidney Disease
Healthy People 2030 = 11.4% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 316]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease
(Monument Health, 2024)
Healthy People 2030 = 11.4% or Lower

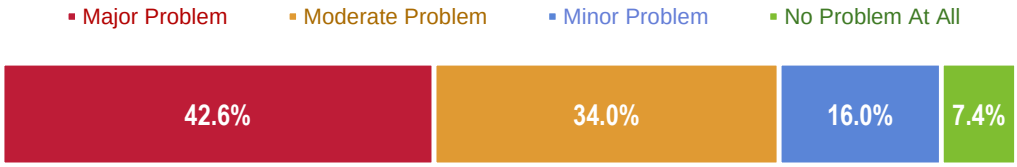


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 316]
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: • Asked of all respondents.

Key Informant Input: Diabetes

Key informants taking part in an online survey most often characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; Monument Health, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Education on proper diet and programs. – Other Health Provider
>
> Good education and resources. – Other Health Provider
>
> Patient education is not enough. Patients need help to refrain from making emotional decisions that affect their health. Mastering a mindset is entirely different than providing left-brain, intellectual information. – Community Leader
>
> Accurate information on the contributors to diabetes, fresh foods, lousy food for school-age children who are not being fed the right foods, too much processed food in the school, no exercise programs for all students to do daily, and commodity foods are insufficient for healthy selection. – Community Leader
>
> Need better education and support on the prevention side. – Community Leader
>
> Access to nutritional education and support services. – Other Health Provider
>
> Understanding the disease and what behaviors are needed to deal with the disease process, and then sticking with a treatment plan. – Community Leader
>
> Education regarding managing diabetes. Access to healthy food choices. – Other Health Provider
>
> Education in what foods are best for people with diabetes. Then the cost of these foods is a deterrent to changing their lifestyle. – Social Services Provider

> Education and support. – Community Leader

Affordable Medications/Supplies

> Cost of insulin. – Social Services Provider
>
> Cost of supplies and cost of good food when you are on a limited budget. – Other Health Provider
>
> When I used to work in a community service position, some members of the community would complain to me about being unable to afford their diabetes medicine, so they just weren't controlling their levels. Their health was deteriorating rapidly. I also think that our community could do a better job with education and outreach about diabetes and type 2 diabetes prevention. – Community Leader
>
> Access to affordable supplies and medications. – Other Health Provider
>
> Getting medicines. – Physician
>
> Access to medications, healthy whole foods, stress management, and their mental health. – Physician
>
> Getting medications and supplies, as well as a lack of following treatment plans. – Other Health Provider

Access to Affordable Healthy Food

> Access and affordability of nutritious food. Inadequate physical activity; gym memberships are not affordable for low-income individuals. Access to diabetic supplies due to lack of transportation, lack of insurance, distance to clinics or medical facilities. – Social Services Provider
>
> They do not have adequate quality fresh food options. The stores in the area are pricey and have limited quantities. Affordability of medications such as insulin and supplies. In-depth education opportunities with follow-up. Transportation. – Social Services Provider
>
> Costs associated with good nutrition, medication, and testing supplies. – Other Health Provider
>
> Access to affordable healthy foods. – Physician
>
> There is limited availability for people in poverty to afford healthy options. – Social Services Provider
>
> For low-income families, it is access to affording fresh fruits/veggies and other nutritious food for a healthy, well-balanced diet. Education on how to prepare food/cook less processed foods; also knowing that some people may not have working appliances or are living in hotels/substandard housing. – Social Services Provider

Access to Care/Services

> Access to regular health care, ability to afford medications, and education as to how to care for yourself. – Social Services Provider
>
> Patients lack access to services, medications, healthy food, and education regarding their disease state. The newer medications tend to be very expensive and often out of reach for the most vulnerable people. There tends to be a fatalism among many diabetics – they don't believe they can improve their condition and have lost many relatives to diabetes, so motivation to improve is lacking, because many people don't see the point in fighting it. There are many food deserts in the area where fast food and convenience stores are the only options within walking distance. Often, the food that people can afford on SNAP benefits are the worst foods for people with diabetes. In addition, primary care physicians don't have the time or resources to competently manage this very complex disease. It can be difficult to get the data out of EPIC that can help us identify patients who are falling out of compliance with diabetes recommendations. – Physician
>
> Access to specialist care, affordable medications, and social determinants of health are contributing factors. Those without insurance are often needing to be managed in the community health center through primary care because Monument is the only one with an endocrinologist (and they need to apply and be accepted, delaying access). Only one pediatric endocrinologist in town. And not enough for adults. More demand than services available overall. – Other Health Provider
>
> Access to treatment for those in more remote areas. – Social Services Provider

Disease Management

> Lack of care on the patient's part. People do not take the disease seriously. – Other Health Provider
>
> Patient noncompliance with medications, checking blood sugar, and going to appointments. – Social Services Provider

Incidence/Prevalence

> The rates of diabetes and pre-diabetes seem to be elevated in our region. Limited access to care in the more rural areas compounds this issue. Native American population is greatly impacted by diabetes. – Social Services Provider
>
> We have very high rates of diabetes, which is leading to large numbers of patients needing dialysis. – Public Health Representative

Diagnosis/Treatment

> Dialysis treatments. – Social Services Provider

Lack of Providers

> One of the biggest challenges is the lack of providers for the clinics. Wait times for specialties are also challenging. Motivation to care for themselves, such as taking medications, attending doctor appointments, and exercising, for some is another challenge. – Other Health Provider

Nutrition

> Proper nutrition and activity levels to help manage health before it becomes a serious issue. Increasing education and guidance for those diagnosed with the disease. – Community Leader

Vulnerable Populations

> We serve a large Native American population, and diabetes seems to overly affect this population. We have a large number of youth and adults who have poor eating habits and lifestyles that contribute to type 2 diabetes. – Social Services Provider

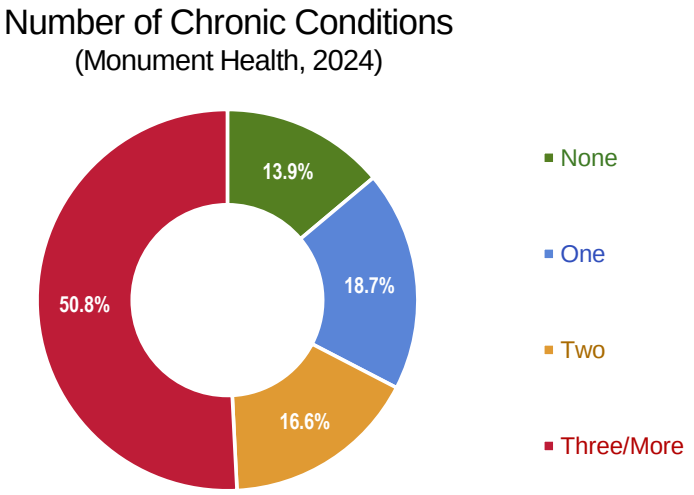
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Osteoporosis
- Sciatica
- Stroke

Among Monument Health Service Area survey respondents, most report having at least one chronic health condition.

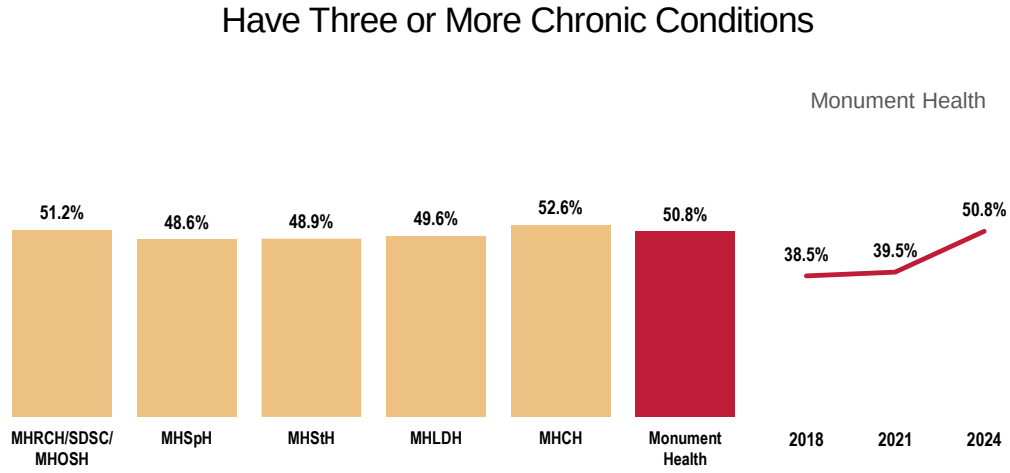


Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: Asked of all respondents.
In this case, chronic conditions include arthritis, asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, kidney disease, lung disease, obesity, osteoporosis, sciatica, and/or stroke.

In fact, 50.8% of Monument Health Service Area adults report having three or more chronic conditions.

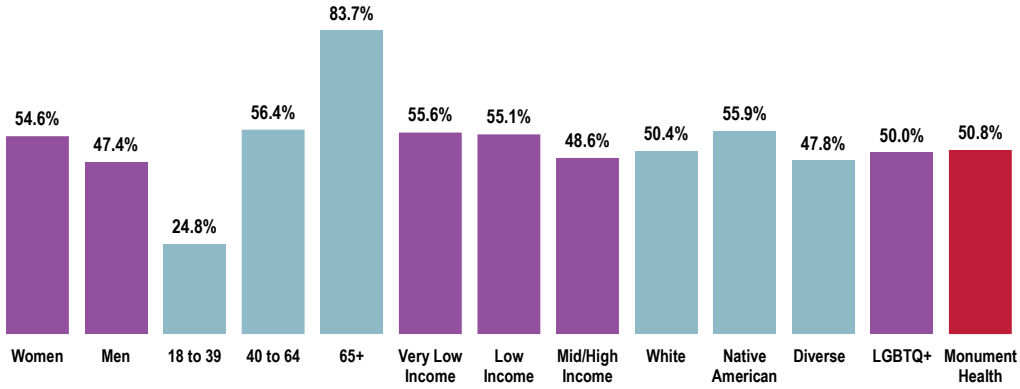
TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► Lower in the MHSpH and MHStH areas. Highly correlated with age.



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: Asked of all respondents.
In this case, chronic conditions include arthritis, asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, kidney disease, lung disease, obesity, osteoporosis, sciatica, and/or stroke.

Have Three or More Chronic Conditions
(Monument Health, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include arthritis, asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, kidney disease, lung disease, obesity, osteoporosis, sciatica, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

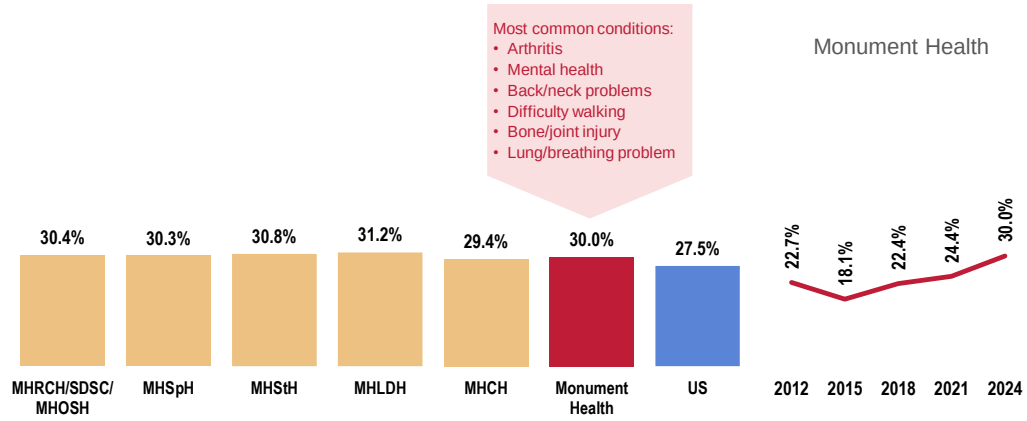
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 30.0% of Monument Health Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Trending significantly higher over time.

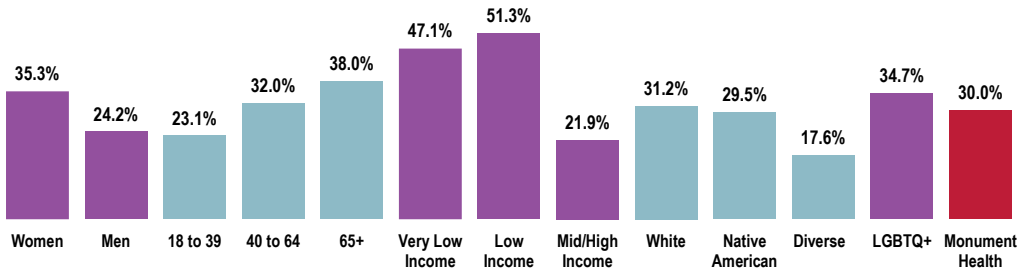
DISPARITY ► More often reported among women, adults age 40+, those with lower incomes, and White residents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Chronic Pain

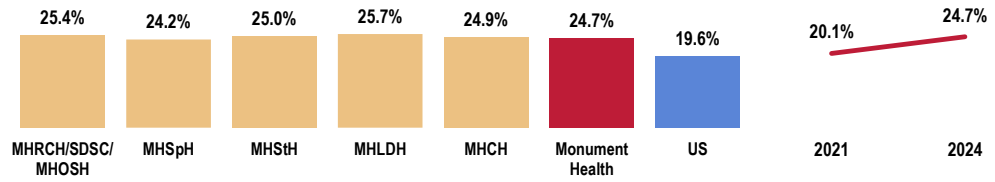
Nearly one-fourth (24.7%) of Monument Health Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Higher than found nationally. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► More often reported among adults age 40+, those with very low incomes, and Native American residents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



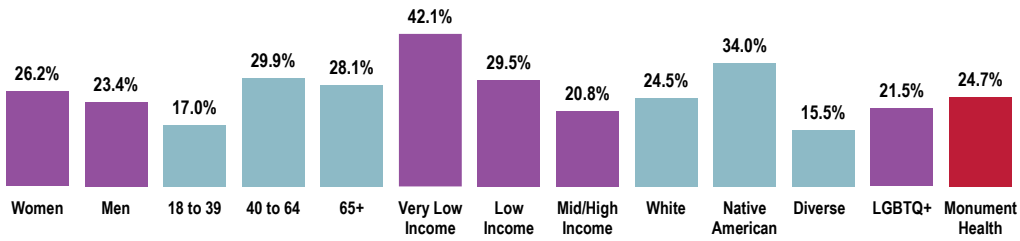
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Monument Health, 2024)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Arthritis, Osteoporosis & Chronic Back Conditions

A total of 38.6% of Monument Health Service Area adults age 50 and older report suffering from arthritis or rheumatism.

A total of 14.9% of area adults age 50 and older have osteoporosis.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

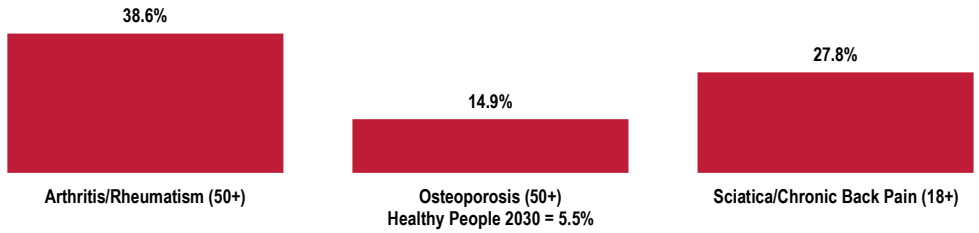
TREND ► Increasing significantly from the 2012 baseline (not shown).

A total of 27.8% of area adults (18 and older) suffer from chronic back pain or sciatica.

TREND ► Increasing significantly from the 2012 baseline (not shown).

DISPARITY ► Higher in the MHCH area (not shown).

Prevalence of Potentially Disabling Conditions
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 314, 322-323]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

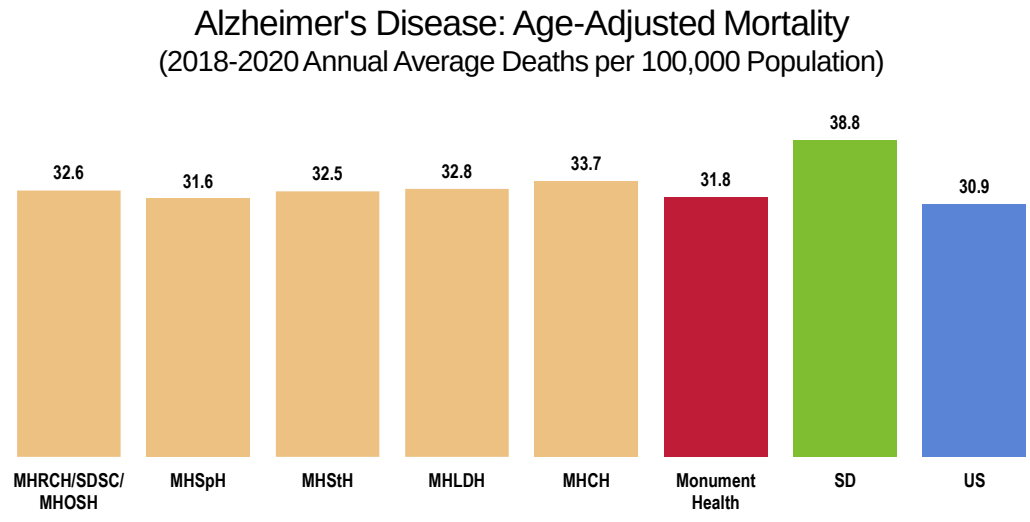
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 31.8 deaths per 100,000 population in the Monument Health Service Area.

BENCHMARK ► Lower than the statewide rate.

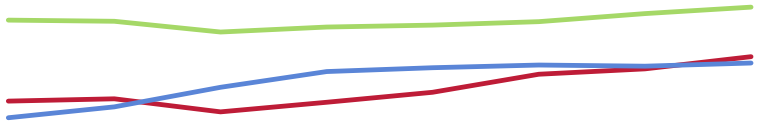
TREND ► Rising significantly to the highest level recorded in the service area in a decade.



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 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	25.5	25.8	24.0	25.3	26.7	29.3	30.1	31.8
SD	37.0	36.8	35.3	36.0	36.3	36.8	37.9	38.8
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

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 2024.

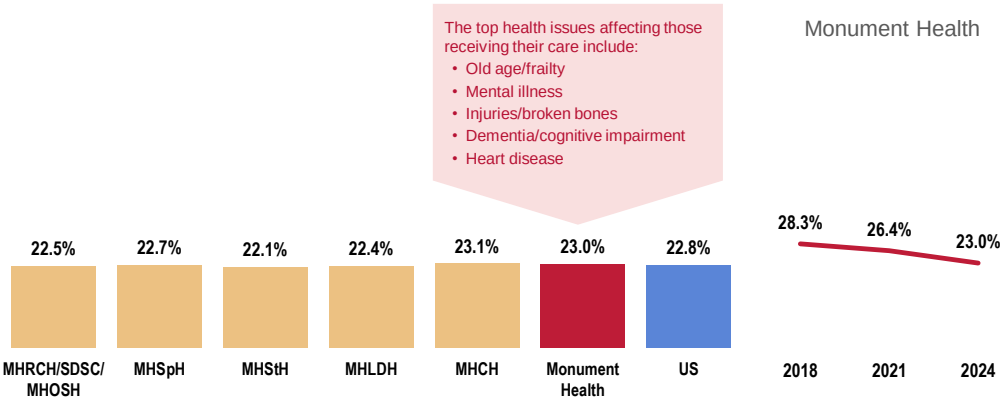
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Caregiving

A total of 23.0% of Monument Health Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

TREND ► Marks a significant decrease from the 2018 survey.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

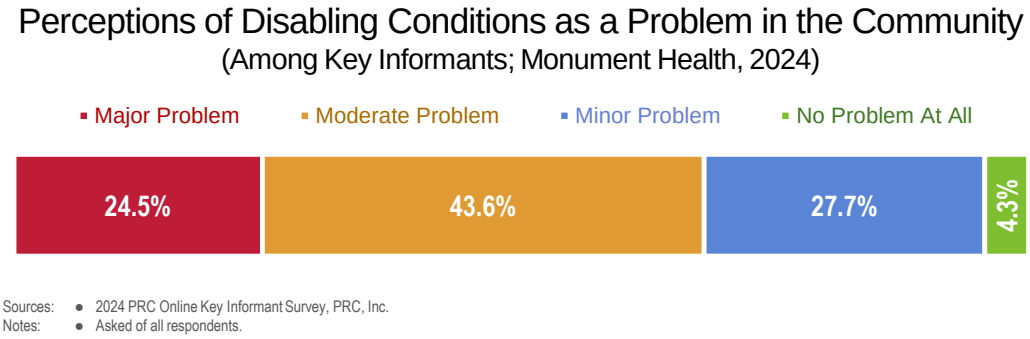


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.



Sources: 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> No chronic pain treatment is available other than medication through primary care. No specialty services for dementia or chronic pain. DME has to be brought to town or patient has to go to Rapid City. Optometry is available. No hearing evaluation available in town. – Physician
>
> They have nowhere to stay if they have chronic pain or limitations. We do have a dementia unit, so that's good. No vision or hearing in Philip, and getting a resident to an appointment is a burden on the elderly. We used to have an eye doctor, which was fabulous. – Social Services Provider
>
> We have limited hours of public transportation assistance. Limited access for home support services. No dementia caregiver support group in town. No adult day care for dementia patients so caregivers have respite. Limited counseling services in town for those with chronic pain. Crosswalks do not have audible signals for crossing for people with low vision. – Physician
>
> It is hard to get in to see many of the doctors who treat these types of patients. Many times, it is faster to go out of town, and the services provided are better if you are able to get out of Rapid City. – Community Leader
>
> I currently have a patient who has been in the hospital for eight months because we cannot find placement for her. I frequently have patients who are housed in the inpatient setting because they are not safe to live independently, but don't qualify for SNF or assisted living. Many patients live in suboptimal situations where home health can't go because it isn't safe, but then the patient cannot receive possible lifesaving or improving services. As the Baby Boom generation ages, we will see more and more of these cases. – Physician
>
> It takes months to see specialists for a lot of these issues – Alzheimer's, for example. It takes months to get into a neurologist, then to get a referral for testing, months to get into an individual who does the testing, then months to get back into a neurologist, etc. It's a horrible cycle for the patient and the caregiver while they are going through something completely scary. Then, once they get the diagnosis, the specialist doesn't even give any resources to the caregiver. People are fumbling around blind without resources and education. – Social Services Provider
>
> There are few resources available in our community to assist people with disabilities. – Community Leader
>
> I see a huge number of people in the community that appear to suffer from some neurological issue. They may walk with a cane, walker, or wheelchair, and there are not enough resources in the community to assist people in need, especially if they are homebound. Most, if not all, disabled people do not have the money to hire someone to come into the home to help with basic needs and hygiene on a daily basis. – Social Services Provider

Aging Population

> It seems a large population of those 55+ are suffering from disabling conditions. – Community Leader
>
> I think it is primarily because the median age of Custer County residents is so high. The last time I checked, it was the highest in the state. Since we have an older population, we have more community members dealing with dementia, hearing loss, and vision loss. – Community Leader
>
> Our community is aging. We need resources to address the health needs of an aging population, including affordable home health care, more transportation, and housing options. – Community Leader

> A significant aging and retired population in the community adds to this growing need, with limited access for individuals for these conditions, especially for the uninsured and low-income. Neuropsychic evaluations have very limited access. If you're uninsured, there is a long process that can be a hurdle. The result is that disabling conditions remain disabling at a higher level for those that are low-income and most disenfranchised in the community. – Other Health Provider

> Due to the age of the people in our community. – Community Leader

Built Environment

> There are no sidewalks in the community to permit those in wheelchairs to access the post office, the IHS clinic, the grocery store, or other services. There are no crosswalks with vision-/hearing-impaired signals for individuals to cross safely; many are homebound, without CHR services to go to appointments. – Community Leader

> Area infrastructure is not made to accommodate disabilities. It takes several attempts to apply for disability benefits. – Social Services Provider

Vision Care

> Resources are sorely missing for low-cost or no-cost vision care (basic eye exams and prescription eyeglasses) for socioeconomically disadvantaged adults who tend to be at greater risk for undiagnosed and uncorrected eye disorders and diseases. Medicare does not cover the costs of routine eye exams or eyeglasses for those 65+, even as a part of some otherwise covered exams, and while Medicaid provides for basic eye exams and eyeglasses for those under 18, it is not an option for those 18 and over; thus, many adults are held back from gaining employment, living independently, and providing for themselves and their family due to simply needing an eye exam and a pair of corrective eyeglasses. LifeSight, a Rapid City-based nonprofit, is the sole organization in the region with programming to mitigate this disability through a combination of education, access to medical care, and provision of eyeglasses; however, extra financial resources are greatly needed to support this outreach. – Social Services Provider

Work Related

> We have a lot of blue collar and physical labor jobs in our area, which inevitably leads to issues with pain. It may be small when it starts, but as people age, it certainly gets worse. This leads to less activity, which further contributes to the problem. Traditionally, pain meds are given, which can lead to other issues. I think there could be better pain management and solutions that could be pursued. – Community Leader

Follow Up/Support

> Many people with dementia and elderly people that cannot take care of themselves all alone. – Other Health Provider

Housing

> Not enough housing. – Social Services Provider

Incidence/Prevalence

> Dementia. Psych issues of all kinds. – Other Health Provider

BIRTHS

BIRTH OUTCOMES & RISKS

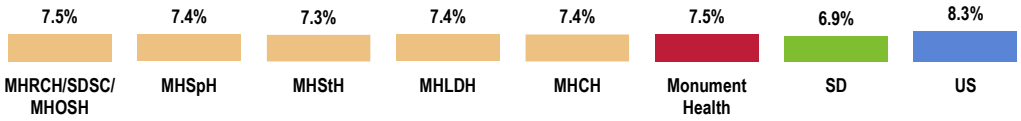
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.5% of 2016-2022 Monument Health Service Area births were low-weight.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

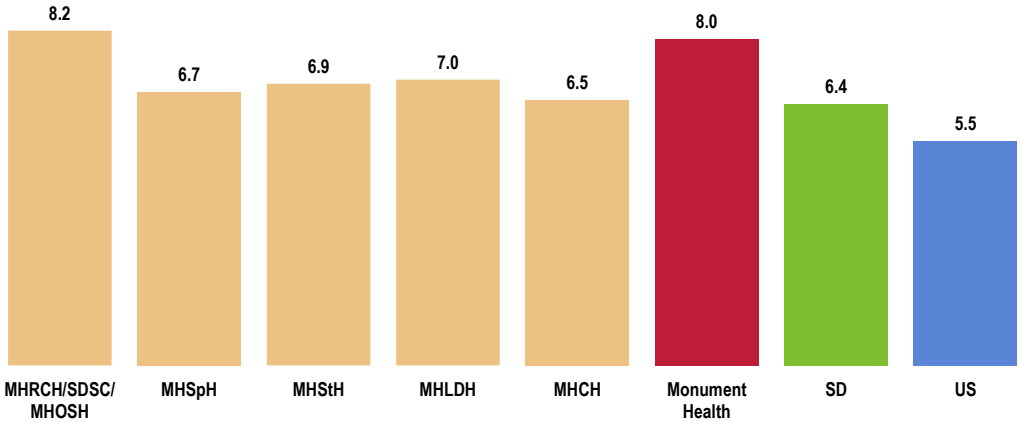
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 8.0 infant deaths per 1,000 live births.

BENCHMARK ► Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area. Higher among Native American births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



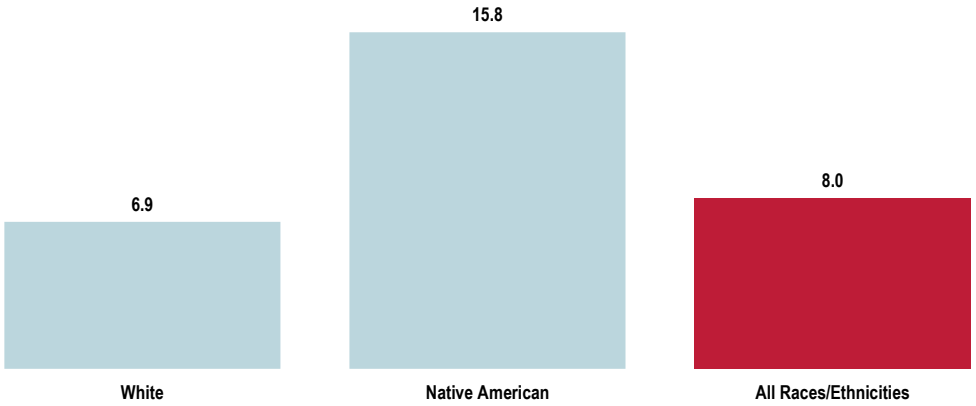
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Rate by Race/Ethnicity

(2018-2020 Annual Average Infant Deaths per 1,000 Live Births; Monument Health)

Healthy People 2030 = 5.0 or Lower



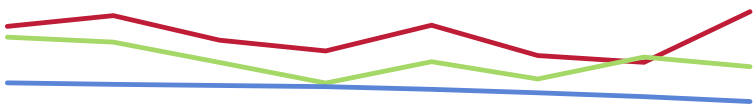
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.
- Race categories reflect individuals without Hispanic origin.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	7.6	7.9	7.2	6.9	7.6	6.8	6.6	8.0
SD	7.3	7.1	6.6	6.0	6.6	6.1	6.7	6.4
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

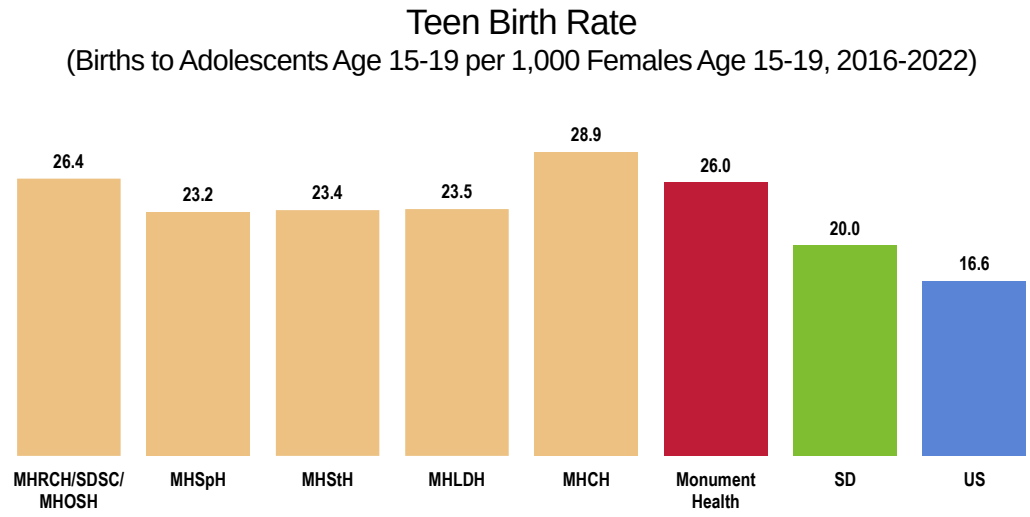
– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2016 and 2022, there were 26.0 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Monument Health Service Area.

BENCHMARK ► Higher than found across the state and nation.

DISPARITY ► Higher in the MHCH area. Much higher among Native American female adolescents.

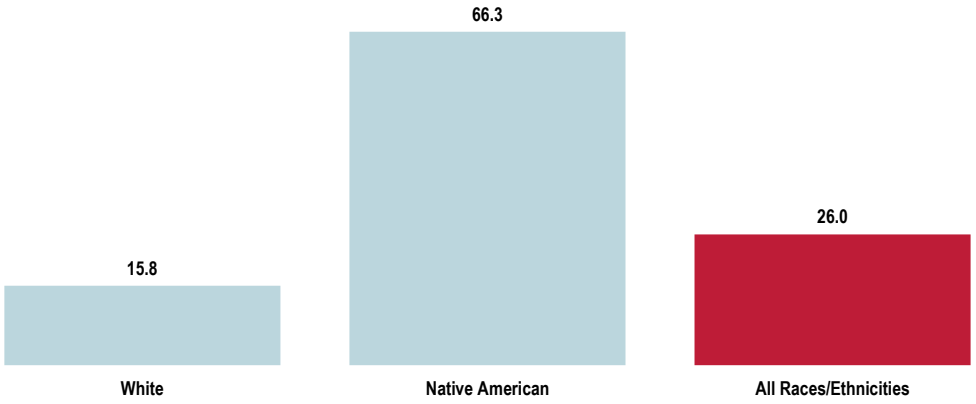


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Teen Birth Rate by Race/Ethnicity

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19; Monument Health, 2016-2022)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

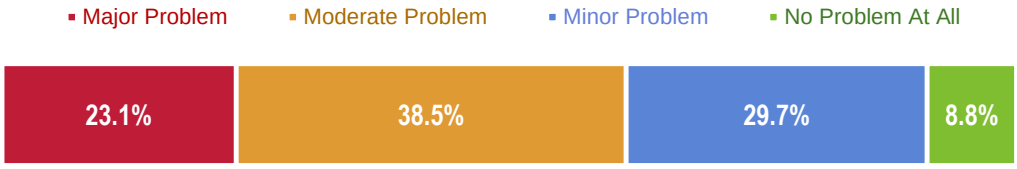
Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.
- Race categories reflect individuals without Hispanic origin.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health & Family Planning as a Problem in the Community

(Among Key Informants; Monument Health, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Limited access to health services, especially on the reservations. Limited care during the early stages of pregnancy. Substance use and other social determinants of health factors are high. – Other Health Provider
>
> There is a lack of prenatal care in our community. People must travel to go to their appointments. – Public Health Representative
>
> Access to care in rural areas. Driving distance and cost. – Community Leader
>
> Obstetric care in Rapid City is becoming very limited. With government changes and several of our physicians retiring, women's health care is lacking. – Other Health Provider
>
> With Medicaid covering child care for the first year, people can get health care for babies. The problem again is transportation. For family planning, transportation and getting appointments are issues. – Other Health Provider

> We have a high number of pregnant patients with late, limited, or no prenatal care. We see a lot of drug and alcohol use during pregnancy and a lot of untreated STDs. Women are sometimes uninsured, don't seek assistance, and/or struggle with transportation. – Social Services Provider
>
> Health deserts, disparities in health care, limited access to quality health care, and transportation issues. Lack of knowledge. – Social Services Provider

Awareness/Education

> Young women getting pregnant. No facilities with education. – Community Leader
>
> Public education and information have lost ground with the change of assignments and roles in Community Health Nurse. – Other Health Provider

Lack of Providers

> No OB and limited prenatal care in town. Community Health Nurse is spread thin and has difficulty interfacing with the systems. State programs are still on older computer systems or paper that don't work well with large EHRs. No OB outreach here and not enough health providers to take on this duty. We do see newborns and take care of children fairly well. – Physician

Alcohol/Drug Use

> The number of births occurring with mothers suffering from substance use disorders and untreated mental health conditions. – Social Services Provider

Incidence/Prevalence

> Just watching the media, reading, newspaper, and watching TV. People on the sidewalks in my own neighborhood involved with a women's shelter. – Community Leader

Need a Mentorship Program

> I would love to see a mentorship program for young families to teach cooking skills, personal finance, and connection within the community to support young families. – Physician

Infant Mortality

> South Dakota has one of the highest infant death rates in the nation, with the Native American population being at increased risk. – Social Services Provider

Noncompliance

> Noncompliance with prenatal care. – Social Services Provider

Immunizations

> Many children are not as immunized as they should be. Large numbers of delinquent children. There are large numbers of unplanned pregnancies. – Other Health Provider

Unplanned Pregnancies

> Rate of unplanned and single-parent pregnancies. Lack of prenatal care in large portions of the population. Very high rate for gestational and infant mortality. – Other Health Provider

Lack of Parenting Skills

> Lack of parenting skills. If children could learn at home the essentials and are fed properly, they can learn at school. – Community Leader

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

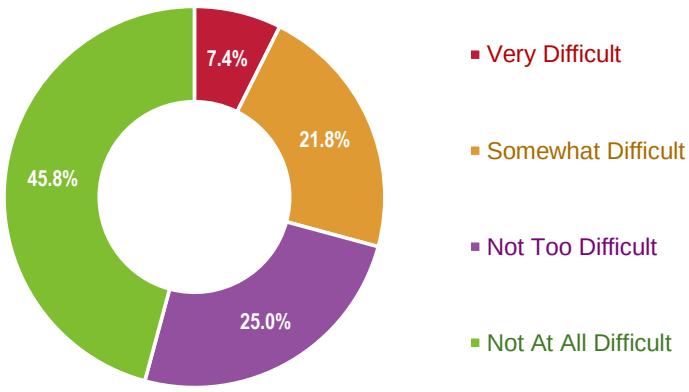
Difficulty Accessing Fresh Produce

Most Monument Health Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Monument Health, 2024)

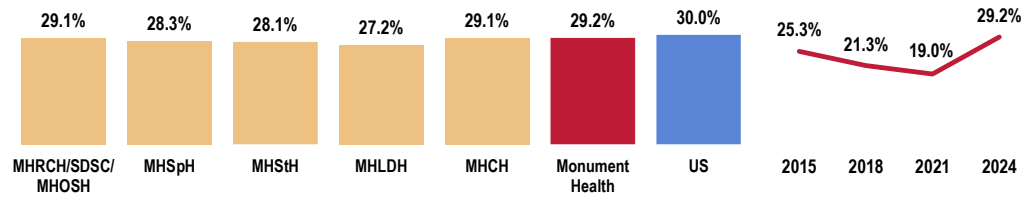


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 29.2% of Monument Health Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

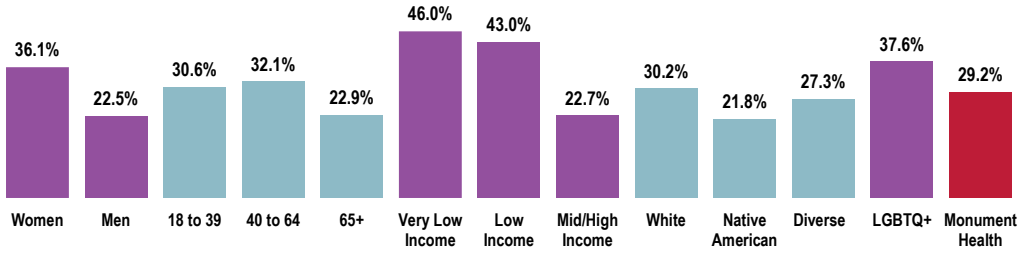
DISPARITY ► Difficulty affording produce is lower in the MHLDH area. Meanwhile, difficulty affording produce is higher among women, adults age 40 to 64, and those with lower incomes.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

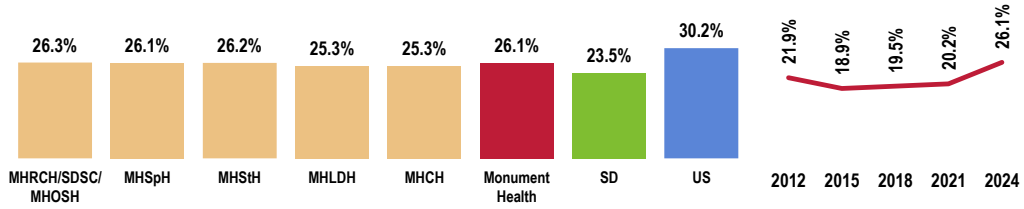
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 26.1% of Monument Health Service Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

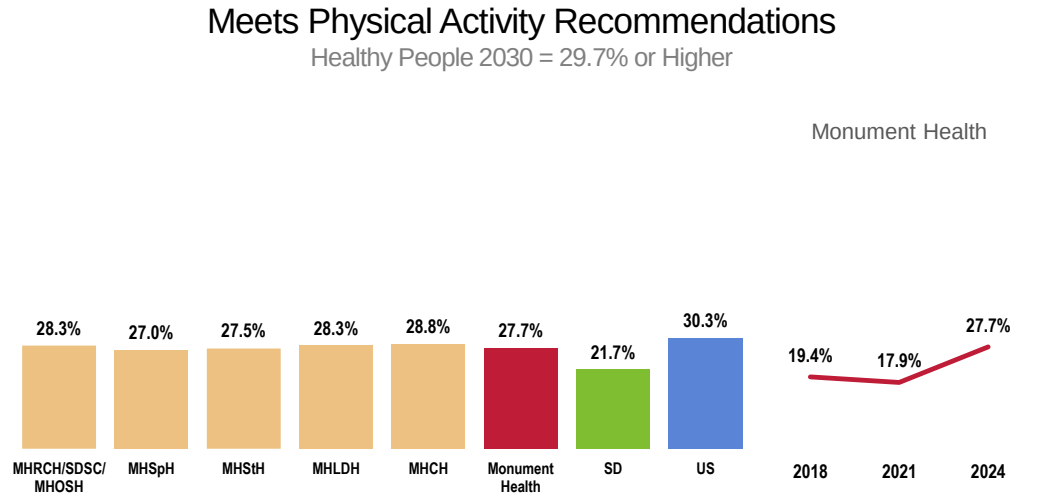
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 27.7% of Monument Health Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► More favorable than the South Dakota percentage.

TREND ► Marks a significant increase from previous surveys.

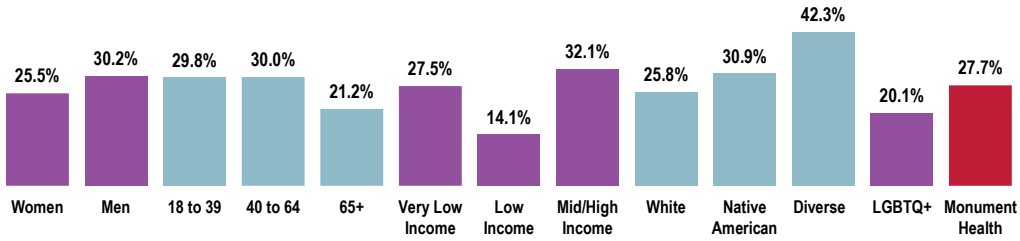
DISPARITY ► Less often reported among adults age 65+, those living just above the federal poverty level, and White residents.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations
(Monument Health, 2024)
Healthy People 2030 = 29.7% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

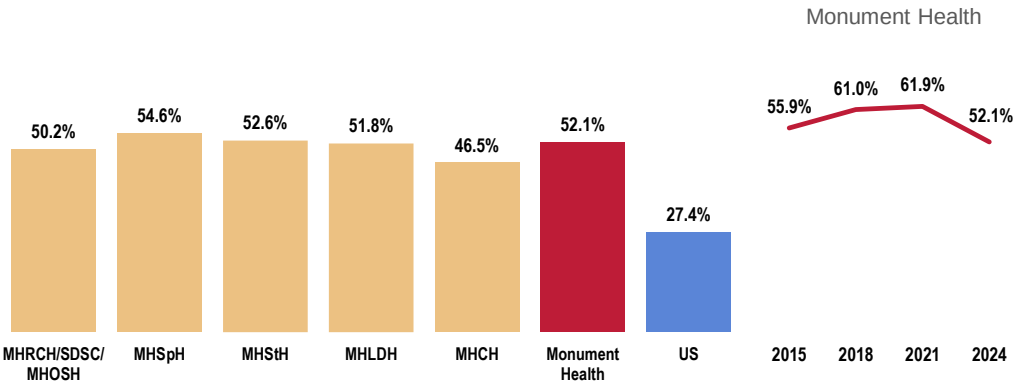
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among area children age 2 to 17, 52.1% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Much more favorable than the national percentage.

DISPARITY ► Based on sample size, significantly lower in the MHRCH/SDSC/MHOSH area.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

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 ≥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 ≥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.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	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.

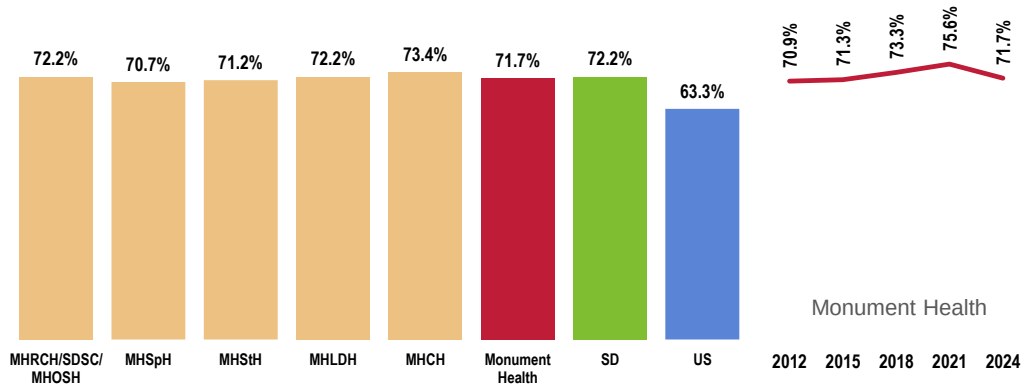
Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

More than 7 in 10 Monument Health Service Area adults (71.7%) are overweight.

BENCHMARK ► Higher than the US percentage.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

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

The overweight prevalence above includes 46.8% of Monument Health Service Area adults who are obese.

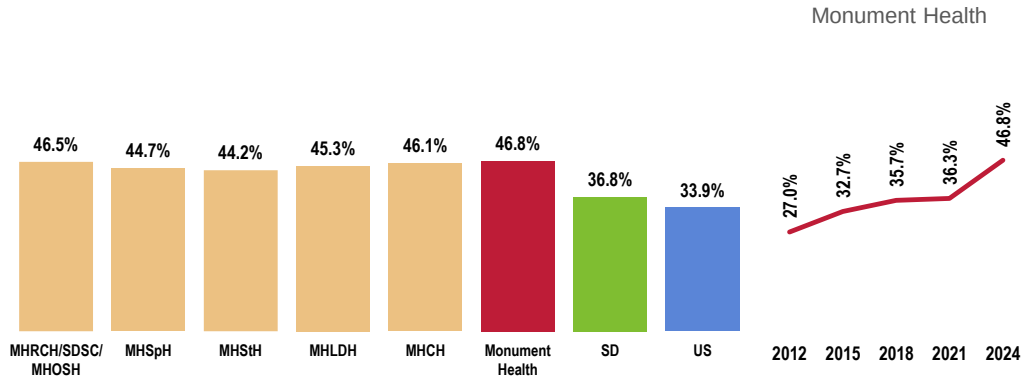
BENCHMARK ► Higher than the state and US percentages. Fails to satisfy the Healthy People 2030 objective.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► Lower in the MHSpH and MHStH areas. Higher among adults age 40 to 64 and Native American residents.

Prevalence of Obesity

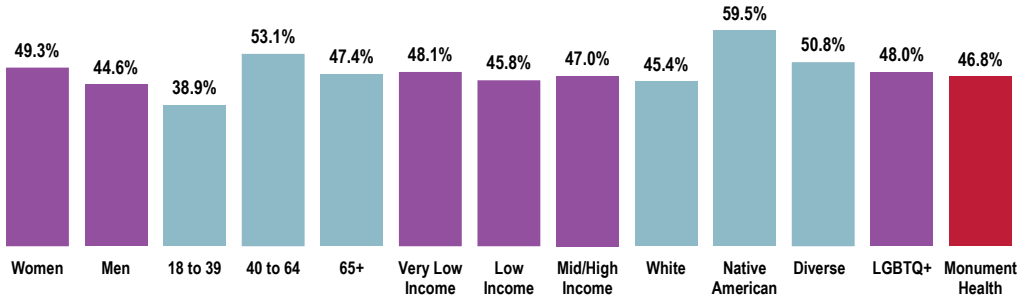
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Prevalence of Obesity
(Monument Health, 2024)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

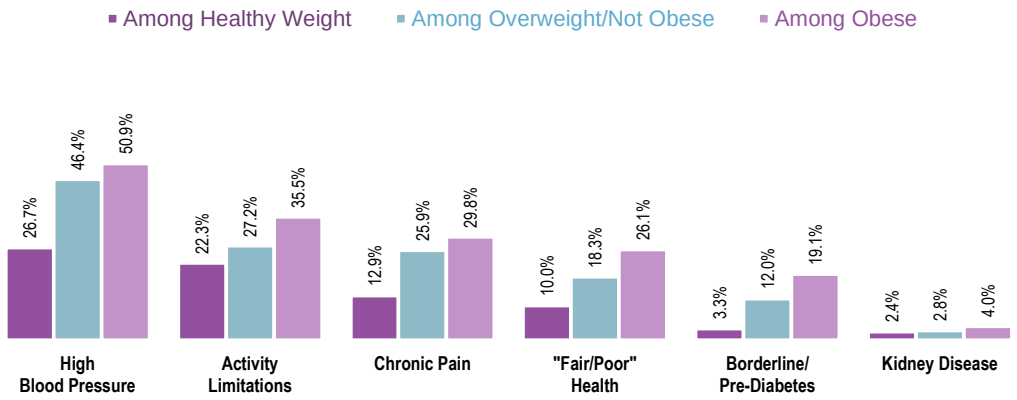
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

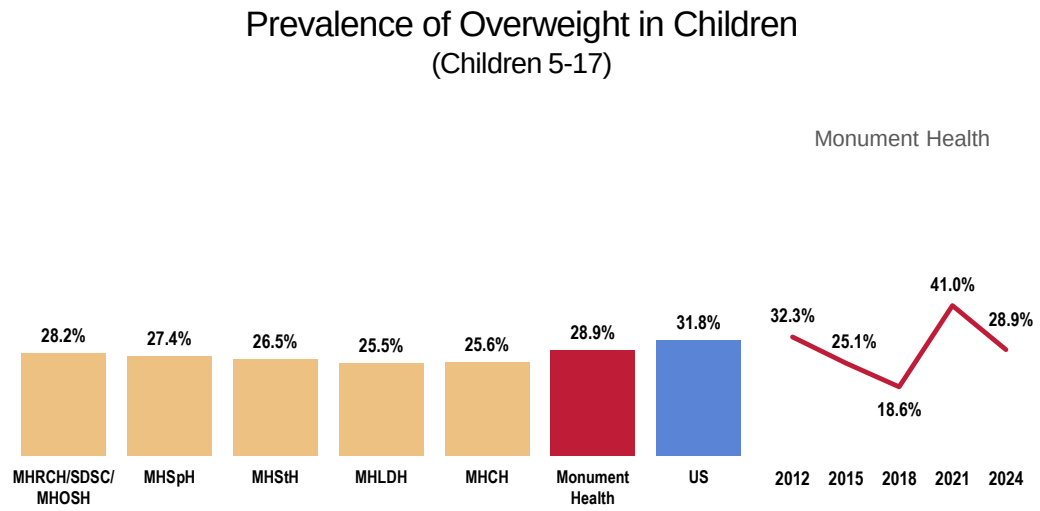
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 28.9% of Monument Health Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

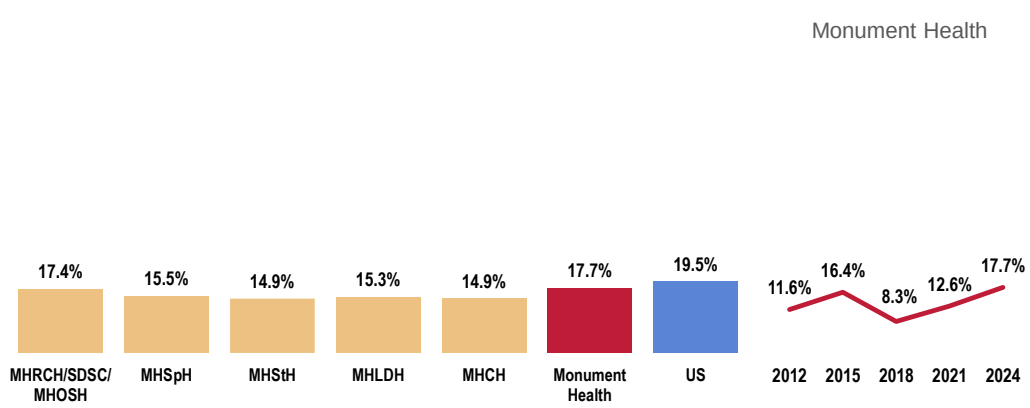


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 17.7% of area children age 5 to 17 who are obese (≥95th percentile).

Prevalence of Obesity in Children
(Children 5-17)
Healthy People 2030 = 15.5% or Lower



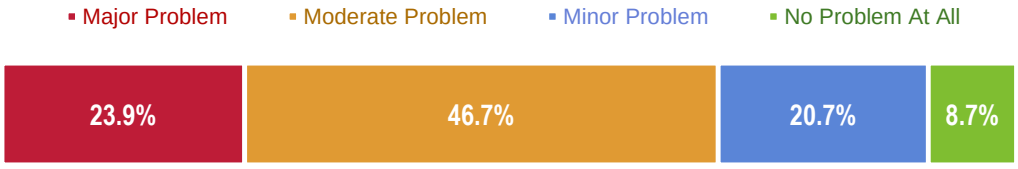
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey largely characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; Monument Health, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lifestyle

> People do not stay active or in shape. They also do not concentrate on nutrition. – Other Health Provider
>
> Food insecurity and poor nutrition choices. Low access to organized physical activities. Many outdoor options. Single parents working shifts, and households have less time and money for physical activity. – Community Leader

> Obesity, a lack of exercise, and a lack of healthy foods. Encouragement to get outside. People often spend great amounts of time indoors playing video games. – Social Services Provider
>
> Access, cost, and knowledge. We have limited resources for healthy food options when someone is living on a fixed income, and in rural areas, there are so many people who have no quick access to food. The same goes for physical activity – if you live in an area that has limited resources or facilities that cost too much, most people will have to rely on walking but living in an area with four seasons – this can be a deterrent or dangerous in some instances. Once you have an injury, that can really lead to a downward spiral for so many people, particularly our elderly population. Each of these subject areas are intertwined – once the scale is tipped on any of them, you will most likely have issues in all of them. – Community Leader
>
> People are sedentary, and quality food is expensive. – Community Leader
>
> Not enough activity. – Community Leader

Access to Affordable Healthy Food

> Affordable healthy food. – Physician
>
> Lack of options for lower-income individuals to access healthy foods, weight loss programming, and preventative care to reduce obesity. – Social Services Provider
>
> Limited access to healthy food choices. One small grocery store is unable to stock a variety of items. – Other Health Provider
>
> Cost of food that is appropriate for health and weight loss. Desire to work out. – Other Health Provider
>
> Access to affordable, healthy food choices. Food is expensive. Less healthy choices have to be made when there are families to feed on a budget. – Other Health Provider

Nutrition

> Bad nutrition habits. – Community Leader
>
> Food deserts are a real problem in rural areas and on the north side of Rapid City. If patients don't have reliable transportation, getting to stores with healthy food choices is nearly impossible. – Physician

Awareness/Education

> We need to have cooking classes for those getting food assistance. Schools need to return to basic home economics kinds of curricula so adolescents learn how to cook better meals. Physical education classes should include lifetime physical activities (vs. basketball and football always), as well as nutrition. Somehow, we need to "reset" so that obesity is not OK and is not the norm. – Community Leader

Lack of Providers

> No nutritionists are able to come to rural health clinics and bill for services. We have a dietician who comes to Monument Clinic on a few "Diabetes Days" per month. We have a lot of overweight people on low income who can't afford activities or ideal food. – Physician

Cultural/Personal Beliefs

> Cultural influences drive eating habits and physical activity habits. Cost and availability of food are also concerns. – Other Health Provider

Food Industry

> The food industry had a history of making food more addictive. Addiction to screen time. – Physician

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

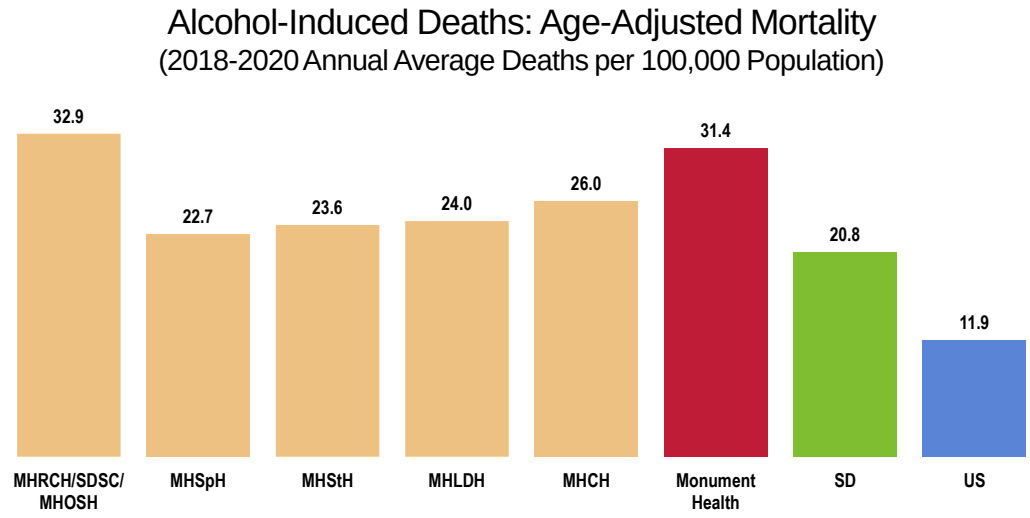
Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Monument Health Service Area reported an annual average age-adjusted mortality rate of 31.4 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Higher than state and national rates.

TREND ► Rising significantly to the highest level recorded in the service area in a decade.

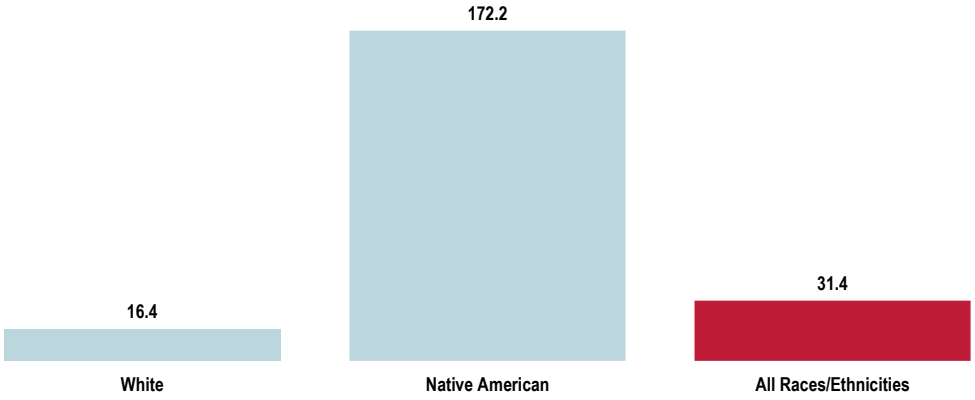
DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area. Considerably higher among the Native American population.



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 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

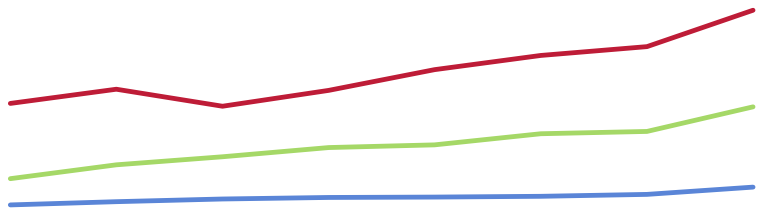
Alcohol-Induced Deaths: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Monument Health)



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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Race categories reflect individuals without Hispanic origin.

Alcohol-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	21.1	22.7	20.8	22.6	24.9	26.4	27.4	31.4
SD	12.8	14.4	15.3	16.3	16.6	17.8	18.0	20.8
US	9.9	10.3	10.6	10.8	10.8	10.9	11.1	11.9

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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

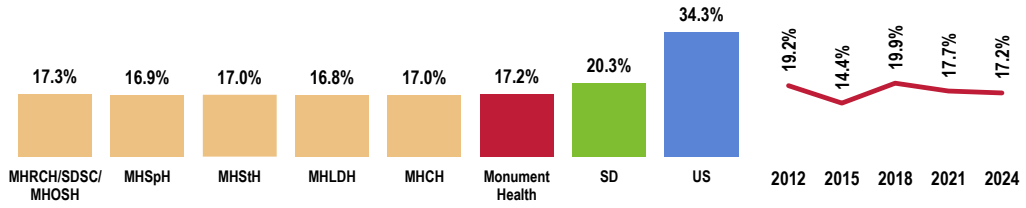
A total of 17.2% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Half the national percentage.

DISPARITY ► More often reported among adults younger than 65 (especially those age 18 to 39).

Engage in Excessive Drinking

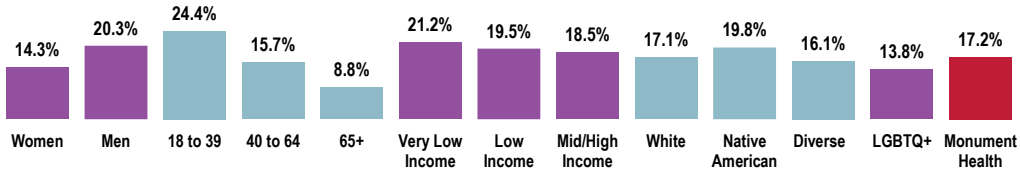
Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drug Use

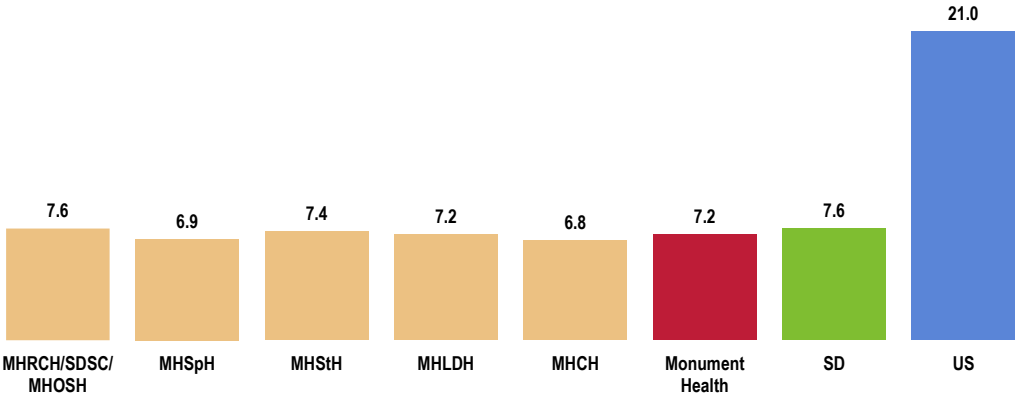
Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 7.2 unintentional drug-induced deaths per 100,000 population in the Monument Health Service Area.

BENCHMARK ► Much lower than the national rate.

TREND ► Trending significantly higher in the service area over time.

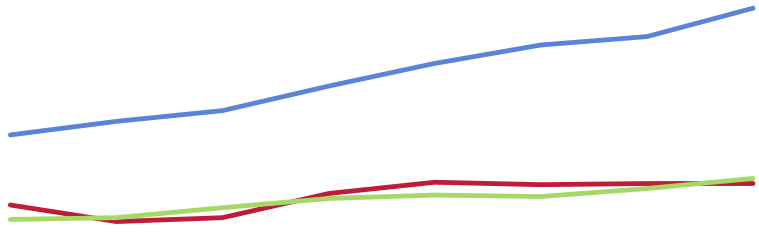
Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Monument Health	5.5	4.2	4.5	6.4	7.3	7.1	7.2	7.2
SD	4.4	4.5	5.3	6.0	6.3	6.2	6.8	7.6
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

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 2024.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

A total of 4.2% of Monument Health Service Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Half the national percentage.

TREND ► Marks a significant increase from previous surveys.

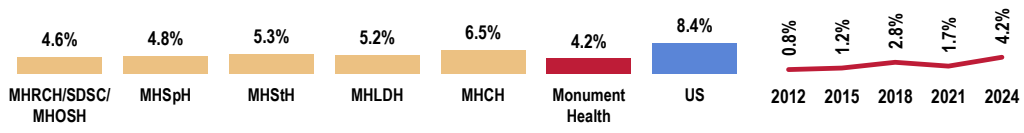
DISPARITY ► More often reported among adults younger than 65, those with very low incomes, and White residents.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

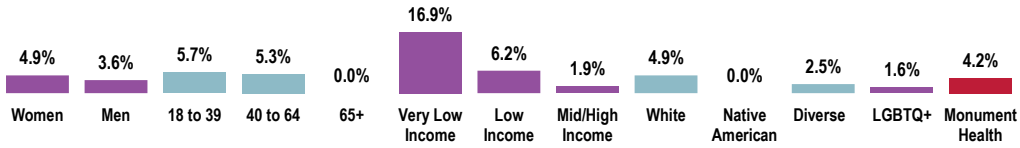
Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Monument Health, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Use of Prescription Opioids

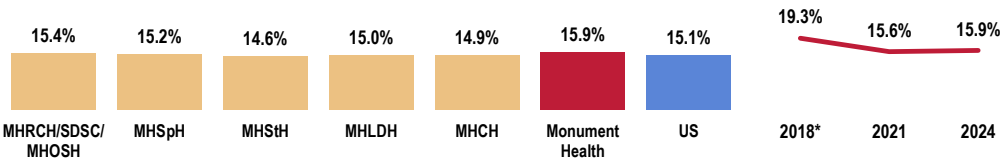
A total of 15.9% of Monument Health Service Area adults report using a prescription opioid drug in the past year.

DISPARITY ► More often reported among adults age 65+ and residents of diverse race/ethnicity.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

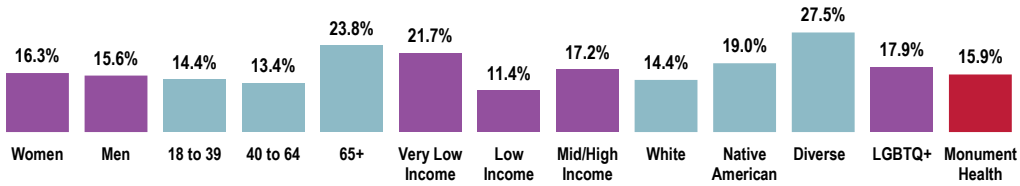
Used a Prescription Opioid in the Past Year

Monument Health



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• *The 2018 survey question specified that the prescription opioid did not need to have been prescribed by a physician.

Used a Prescription Opioid in the Past Year
(Monument Health, 2024)



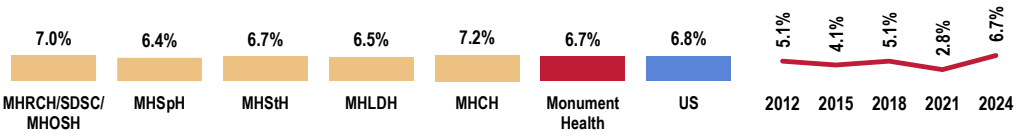
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 6.7% of Monument Health Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Monument Health



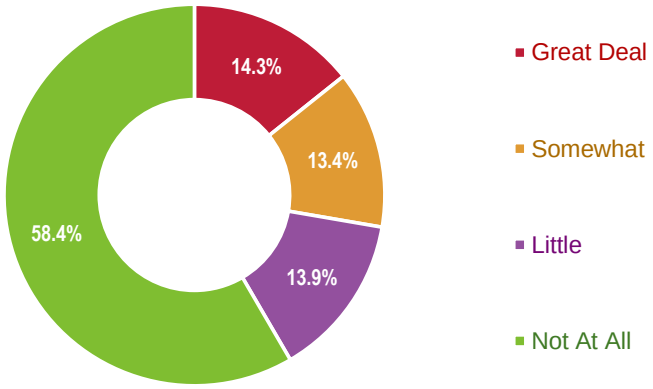
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Monument Health Service Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Monument Health, 2024)

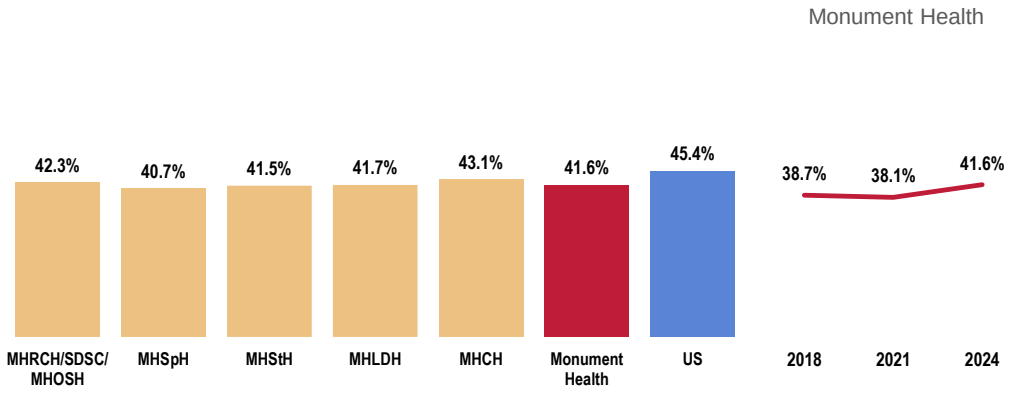


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

However, 41.6% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

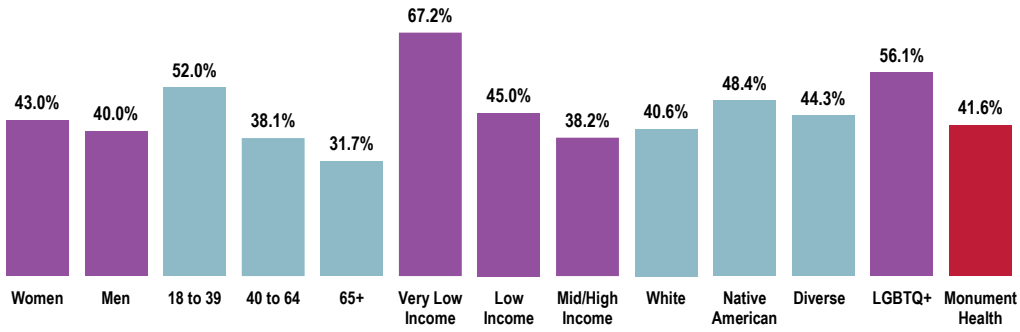
DISPARITY ► More often reported among adults age 18 to 39, those with very low incomes, and LGBTQ+ respondents.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Monument Health, 2024)

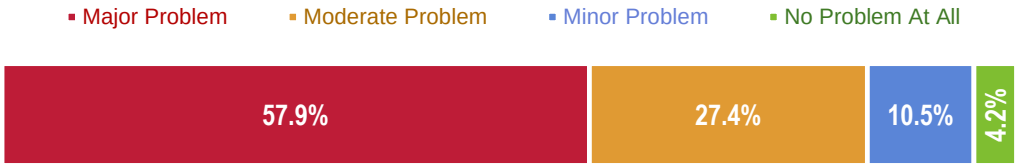


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized *Substance Use* as a "major problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Monument Health, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Wait times for assessments, long lists, and available beds. This is a statewide issue, and it is difficult even for those who are doing their very best to get people into programming. – Community Leader
>
> Treatment facilities, both inpatient and outpatient. – Community Leader
>
> Access, cost, and availability. We also do not invest enough in prevention. Many people with substance abuse disorders are usually also dealing with unmet mental health needs or a pervasive health issue, and that further complicates the issue. – Community Leader
>
> The lack of treatment facilities in this particular area poses a great barrier. Unwillingness to participate in treatment is a huge issue, as well. – Other Health Provider
>
> Lack of programs. Lack of insurance. – Other Health Provider
>
> There are not enough substance abuse treatment centers. – Community Leader
>
> Lack of space and providers who can focus on substance use treatment. We lack the support system of counseling, social work, and enough providers who can focus time and attention on this. – Physician

Lack of addiction services in town. – Physician

Inpatient counseling. Alcohol treatment centers are lacking in West River. – Community Leader

Lack of treatment facilities. – Community Leader

We need small local clinics in each district for this. In every community, mandatory treatment, if unable to make a successful recovery from nonresidential, have a residential treatment facility off-reservation that is a minimum of six months to one year. Include job skills and life skills training for those in treatment. Many may have dual diagnoses and need mental health support. – Community Leader

Access to enough services, and people's desire to seek services. – Community Leader

Lack of available treatment beds. – Social Services Provider

Lack of inpatient treatment centers or rehabs for detoxing and recovering patients. – Public Health Representative

Inpatient rehab facilities are not local. The distance to travel is quite far for those. – Community Leader

The amount of programs to help, the accessibility of the current programs, and the effectiveness of current treatment processes. – Community Leader

Availability of treatment facilities within the communities. – Social Services Provider

Shortage of addiction treatment facilities, shortage of addiction counselors, cost of services, distance to treatment facilities, and lack of aftercare services. – Social Services Provider

Access to and affordability of long-term treatment. Lack of treatment options, as few medications are effective in treating substance abuse and prolonging abstinence. Scarcity of treatment facilities in South Dakota. – Social Services Provider

Again, lack of resources and education. – Social Services Provider

There is not a resident care provider for substance treatment, except for pregnant mothers. – Other Health Provider

Stigma/Denial

Getting people to the point where they are ready for treatment services. Lack of follow-through by the patients and few resources available upon discharge from treatment facilities to avoid going back to the same households. – Social Services Provider

The denial of people that they have a problem. – Social Services Provider

Many people probably know they have a problem but are not motivated to get going and do something about it. Maybe raising awareness about what is available would help. – Community Leader

The addicts have to want treatment. It is a disease, which is a daily battle, and they have to want to go to battle against it. There are many facilities available to assist. – Community Leader

Patient readiness and follow-through. – Social Services Provider

Awareness/Education

Not knowing of treatment services available in our community. – Social Services Provider

Lack of knowledge regarding availability of resources. – Other Health Provider

Knowing where to go, probably for higher income earners. Stop the shame. Privacy. – Community Leader

Education starting in elementary school is about violence and drug abuse, and having their parents attend parenting classes of children who are tardy, absent, disruptive in class, or falling behind. – Community Leader

Lack of Providers

Staffing challenges in many programs, lack of services in rural communities, and types of treatment available to treat more recent substance issues, in particular methamphetamine. – Social Services Provider

We need more providers who are comfortable providing substance abuse treatment. We have seen some positive trends this year and with Project Recovery, but it is difficult to get long-term treatment for substance use. As far as I am aware, there are no local inpatient treatment centers in Western South Dakota, nor are there any sober living facilities. – Physician

There are limited providers in the West River area. Frequently, youth have to go across the state for residential treatment, and when released back to their communities, have no access to aftercare. There are also limited services for adults. – Social Services Provider

Diagnosis/Treatment

The challenges of substance use: It's incredibly difficult and expensive to adequately treat. – Other Health Provider

This is hard because it is so dependent on the person who is experiencing the SUD and what kind of support they have. They have to get a D/A assessment, and that means they have to make it to the appointment or make it to a walk-in clinic. Then they have to get a referral for a place to go. – Social Services Provider

> Treatment programs are too short to create lasting change for people, so recidivism is high and costly. – Social Services Provider

Incidence/Prevalence

> Illicit drug use and high incidence of emergency room visits linked to illicit drug use, such as methamphetamine. – Other Health Provider

> End-stage liver disease. I have worked at MH for 15 of the last 18 years, and I have personally cared for several dozen patients under the age of 40 who have died from liver disease, primarily attributable to alcohol use. We lack access to reliable substance abuse treatment, as well as access to transplant services. It is a critical need in our community. – Physician

Affordable Care/Services

> Long-term affordable care and treatment. – Social Services Provider

> Treatment is available but quite expensive. A bigger issue is our acceptance of those behaviors. – Community Leader

Easy Access

> Easy to get, and the community thrives on it. – Community Leader

Funding

> Funding for professionals to operate programs. – Other Health Provider

Social Norms/Community Attitude

> The attitude that "it is only beer." The difficulty law enforcement has in arresting drug dealers. – Other Health Provider

Transportation

> Transportation and shame/pride. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** and **methamphetamine/other amphetamines** as causing the most problems locally, followed by **marijuana** and **heroin/other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	30.4%
METHAMPHETAMINE OR OTHER AMPHETAMINES	30.4%
MARIJUANA	15.6%
HEROIN OR OTHER OPIOIDS	11.9%
PRESCRIPTION MEDICATIONS	4.5%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	2.4%
OVER-THE-COUNTER MEDICATIONS	1.6%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	1.6%
COCAINE OR CRACK	0.8%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	0.8%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

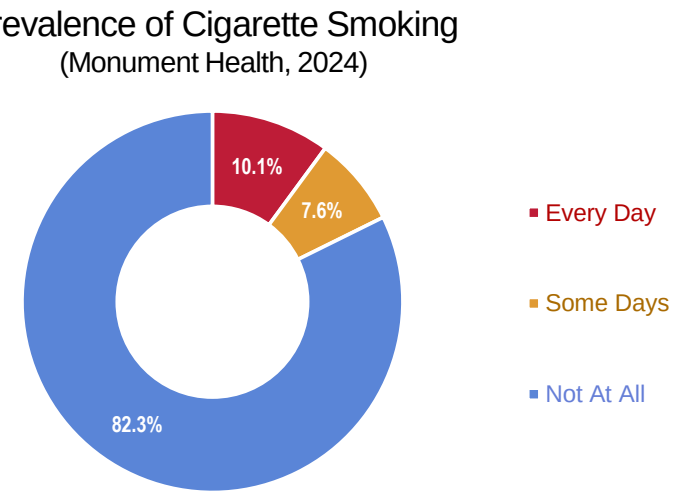
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 17.7% of Monument Health Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Monument Health Service Area.

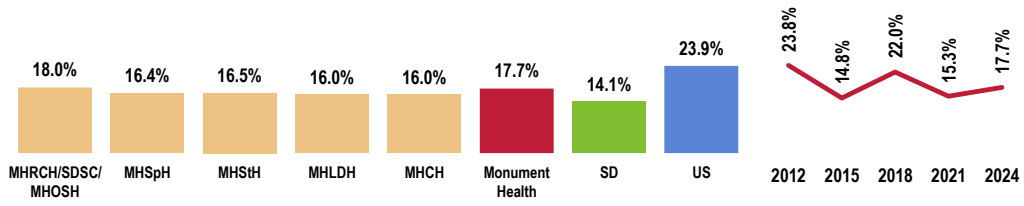
BENCHMARK ► Higher than found statewide but lower than found nationally. Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant decrease from the 2012 baseline.

DISPARITY ► Based on sample size, cigarette use is significantly lower in the MHSpH area. It is higher among adults younger than 65, those with lower incomes, and especially Native American residents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



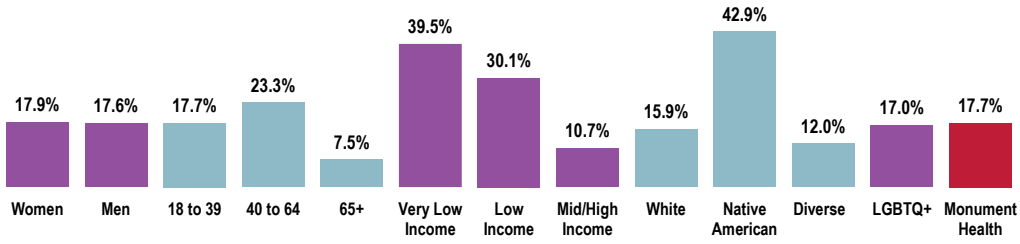
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Monument Health, 2024)

Healthy People 2030 = 6.1% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

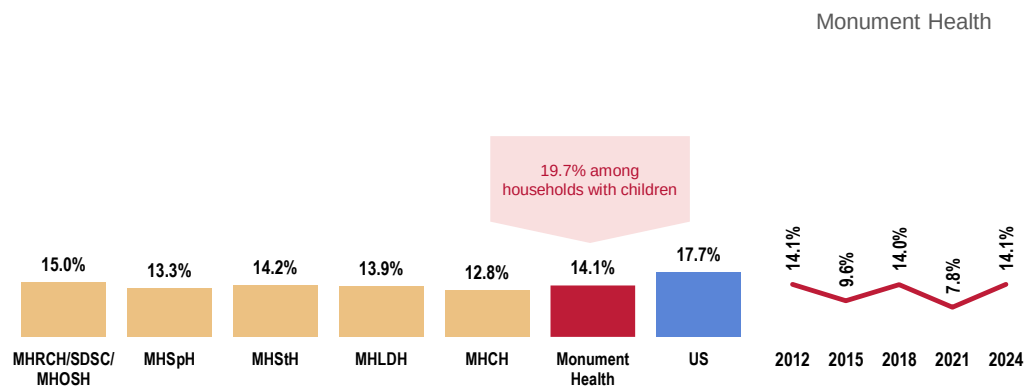
Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in the Monument Health Service Area, 14.1% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

DISPARITY ► Higher in the MHRCH/SDSC/MHOSH area.

Member of Household Smokes at Home



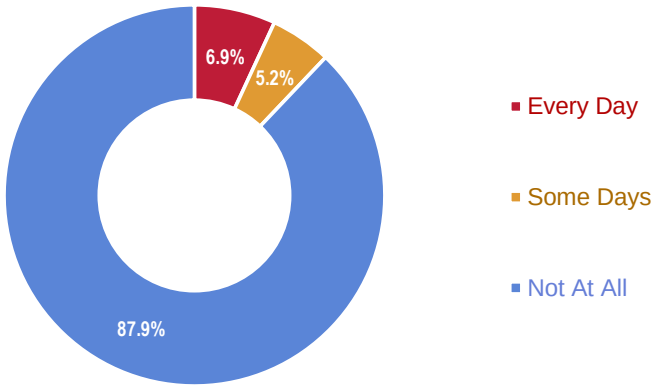
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Monument Health Service Area adults do not use electronic vaping products.

Use of Vaping Products
(Monument Health, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

However, 12.1% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

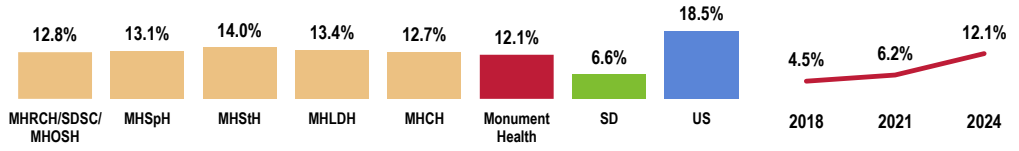
BENCHMARK ► Higher than the South Dakota percentage but lower than the US percentage.

TREND ► Marks a significant increase from previous surveys.

DISPARITY ► Highest in the MHStH area. More often reported among adults younger than 65 (especially those age 18 to 39), those with lower incomes, residents of diverse race/ethnicity, and LGBTQ+ respondents.

Currently Use Vaping Products
(Every Day or on Some Days)

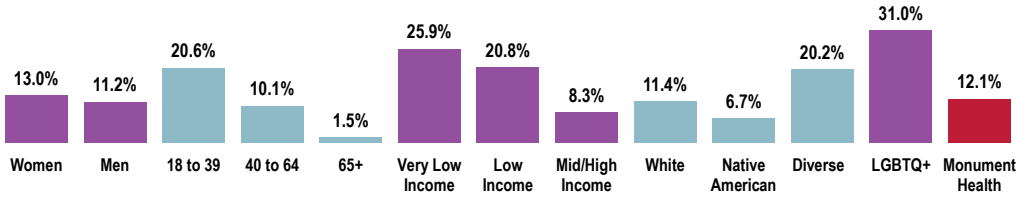
Monument Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Monument Health, 2024)

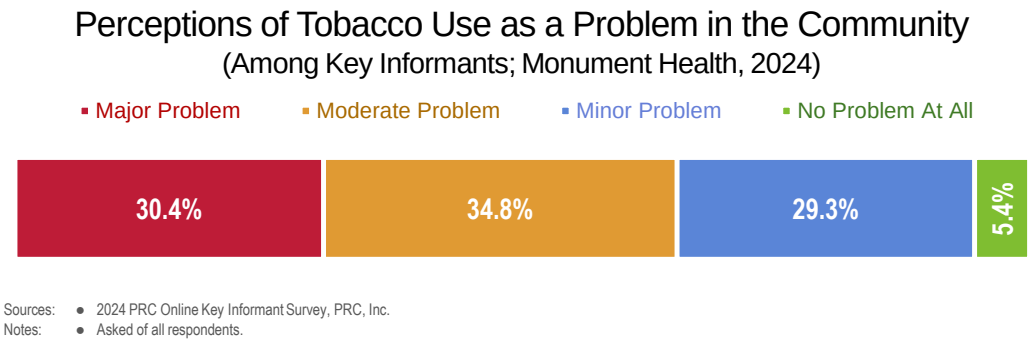


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey most often characterized *Tobacco Use* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Many people smoke regularly. – Community Leader
>
> The number of people you see smoking seems quite high compared to other areas traveled. – Community Leader
>
> High incidence of hospitalizations with pulmonary problems that are likely linked to smoking or smoking history. – Other Health Provider
>
> I am surprised by how many people still smoke. It seems like there was a time when it seemed like it was decreasing, but I feel like I am seeing more and more people picking the habit up. I know that for many people, smoking is a way to cope with depression and anxiety, and it is more accessible than conventional treatment. I think we still have a fair amount of people who use smokeless tobacco. Nicotine is a very challenging substance to break free without some good intervention like cessation medication. I have known so many people over the years who quit, only to take it back up years later. Again, I think that is directly tied to people needing alternative methods to cope with the stressors of life. – Community Leader
>
> Many people of all ages are still smoking, and lots of vape use by young people. – Physician
>
> Chewing tobacco is a serious problem, and so is smoking. – Other Health Provider
>
> Utilization is high. – Other Health Provider
>
> People are highly addicted. – Social Services Provider

E-Cigarettes

> I'm including vaping into the category of tobacco use. I believe there has become an acceptance of this as a less harmful method of tobacco use, and it has become more prevalent with middle and high school students. – Social Services Provider
>
> Addictive, new, and "exciting" ways to use through vaping. Access for underage smokers. – Social Services Provider

Impact on Quality of Life

> It is a waste of money and has many adverse effects health-wise. – Community Leader
>
> It warms individuals' health, along with the people around them. – Social Services Provider

Lifestyle

> Some people believe it has calming benefits. Both chewing tobacco and cigarettes are a problem. – Community Leader
>
> Many people use tobacco as a coping mechanism. – Social Services Provider

Social Norms/Community Attitude

> "Traditional" Midwest. Availability of products, maybe just nicotine, such as Zyn, Zimo, and others. – Community Leader

> Tobacco use is a common practice in Western culture, and this area of the country has more tobacco users than most other areas of the United States. Many tobacco users don't comprehend, or they ignore the health risks. – Social Services Provider

Child/Youth Use

> Gateway drugs lead to use of other substances and compromised health. Children and the youth see it and try it to be "grown-up." – Community Leader

Income/Poverty

> People in lower-income brackets lean heavily on tobacco, yet often lack adequate access to health care, compounding the issues caused by tobacco use. – Social Services Provider

Access to Care/Services

> There is currently no tobacco addiction programs in the area. – Community Leader

Addiction

> It is a highly addictive substance. – Other Health Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

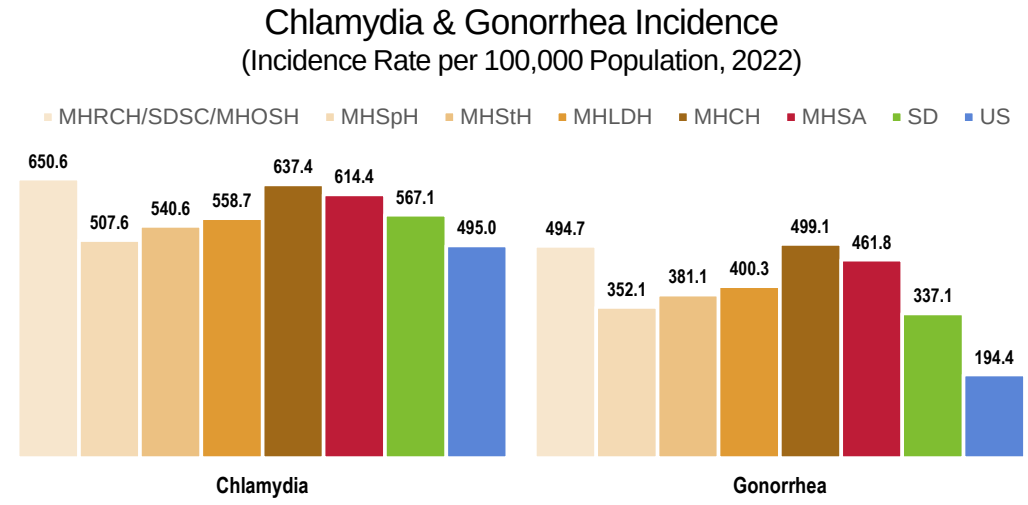
In 2022, the chlamydia incidence rate in the Monument Health Service Area was 614.4 cases per 100,000 population.

BENCHMARK ► Higher than the national rate.

The Monument Health Service Area gonorrhea incidence rate in 2022 was 461.8 cases per 100,000 population.

BENCHMARK ► Higher than the state and national rates.

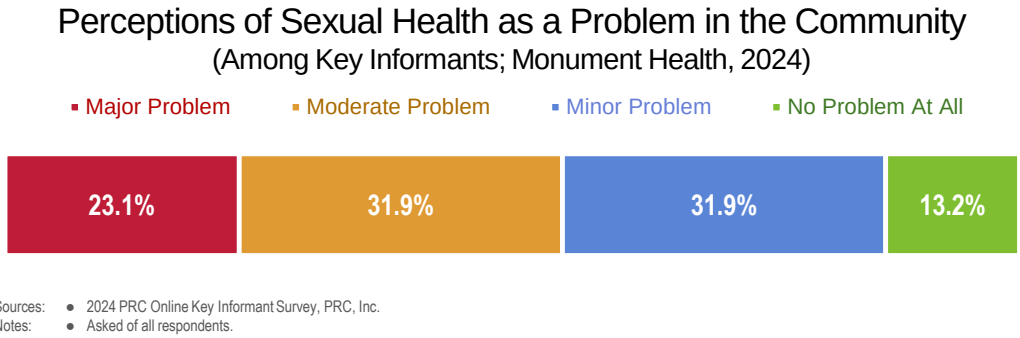
DISPARITY ► Higher in the MHRCH/SDSC/MHOSH and MHCH areas.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Key informants taking part in an online survey were equally likely to characterize *Sexual Health* as a "moderate" or "minor" problem in the community.



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Increase in STDs. – Other Health Provider
>
> Community discussions about how STDs are high in the community. – Social Services Provider
>
> Large number of STDs in our area. There is also a large number of people who do not complete their entire treatment plan. – Public Health Representative
>
> Congenital syphilis is on the rise. – Other Health Provider
>
> We have an extremely high rate of STDs and so many youths and adults who are not practicing safe sex. They also are not seeking out medical assistance when issues arise and continue to be irresponsible in their sexual activities. – Social Services Provider
>
> South Dakota is number one in syphilis. – Physician

Awareness/Education

> College community. Little education within schools regarding the topic. Limited resources for education and related health care. – Community Leader
>
> Lots of STIs. I have heard that the sexual health education at the school is lacking. No state family planning office in town – OCPS clinic used to get STI meds from the state to administer to exposed patients, no longer provided by the state. Cost of testing or clinic visits to get meds is a barrier. Would be great to have a county health nurse and state medications. – Physician
>
> Lack of education and prevention in schools and homes. – Social Services Provider

Prevention/Screenings

> Many of those who have STDs are young and don't have access to prevention or care without a parent's signature. Homeless and people who are "couch surfing" oftentimes have multiple partners and don't seem to know the health history of the partners they are having sex with. People using drugs "pay" for drugs with exchanging sex for drugs. – Other Health Provider

Vulnerable Populations

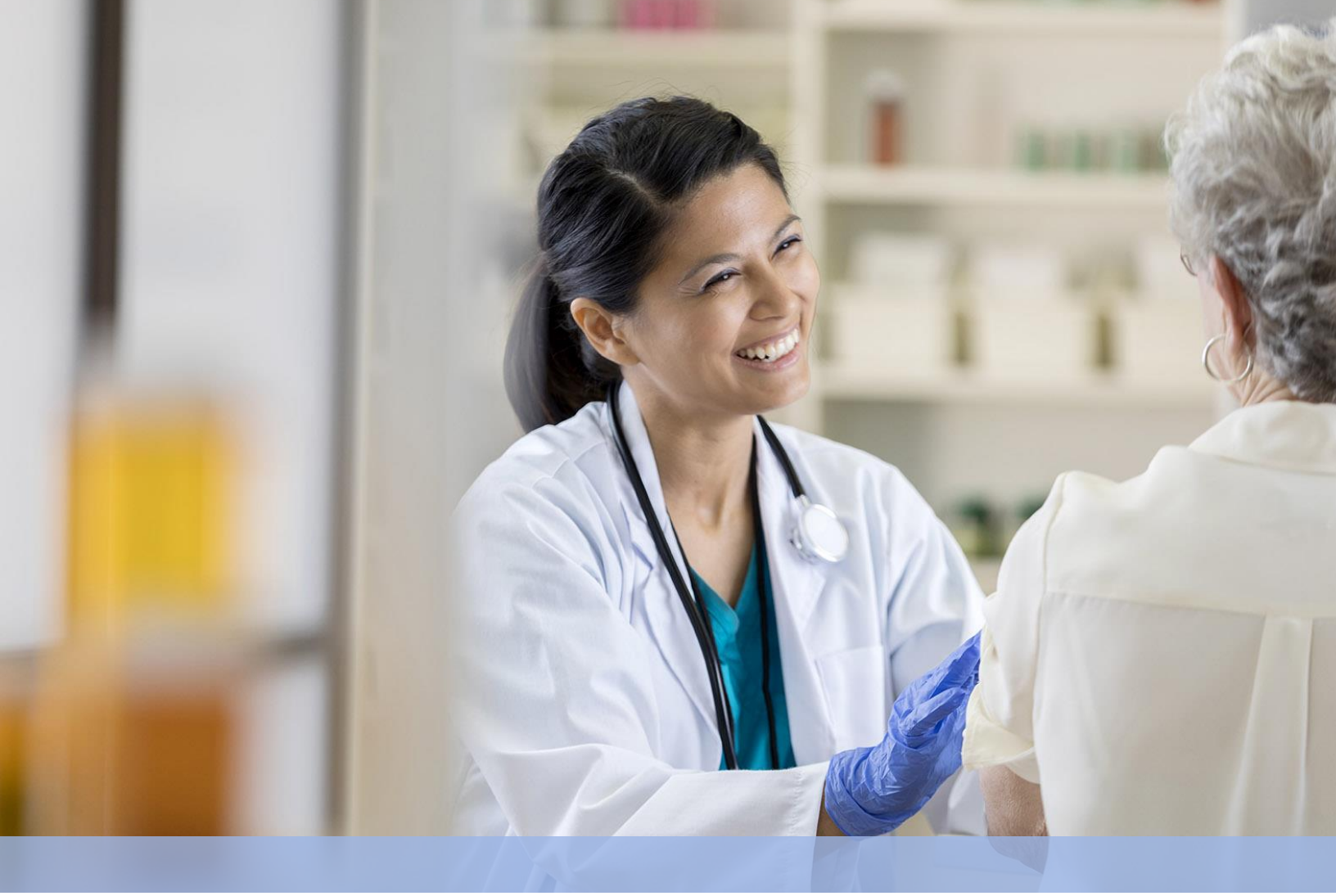
> One of the worst rates of syphilis in the United States; particularly rampant with Native American population. Lack of services and the remote nature of the reservation contributes to the problem. Substance use is a major contributing factor. Lack of resources – limited access for HIV care. Ongoing stigma related to sexual health issues, exacerbated by the conservative nature of Western South Dakota. – Other Health Provider

Alcohol/Drug Use

> Drugs, mental health issues, violence, and injury have all been part of the sexual health concerns. The rapes of young ladies and some boys. Child abuse. – Community Leader

Disease Management

> Noncompliance. Patients do not reach out to physicians, do not get treated, or get reexposed. – Social Services Provider



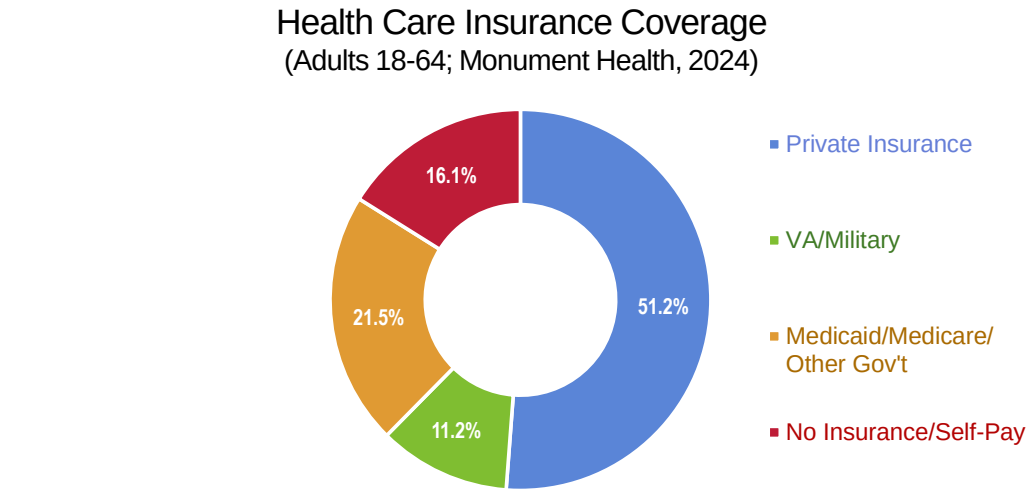
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 51.2% of Monument Health Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 32.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 16.1% report having no insurance coverage for health care expenses.

BENCHMARK ► Higher than found statewide and nationally. Fails to satisfy the Healthy People 2030 objective.

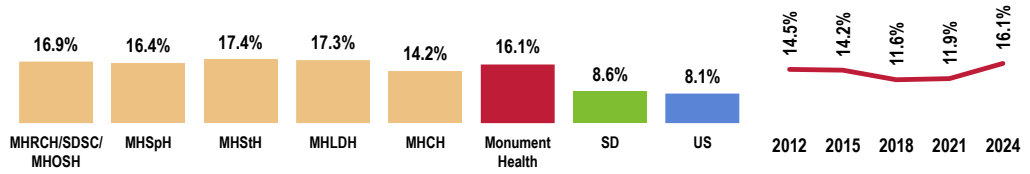
DISPARITY ► Based on sample size, significantly higher in the MHRCH/SDSC/MHOSH area. Those with lower incomes are more likely to report being without coverage.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

Monument Health



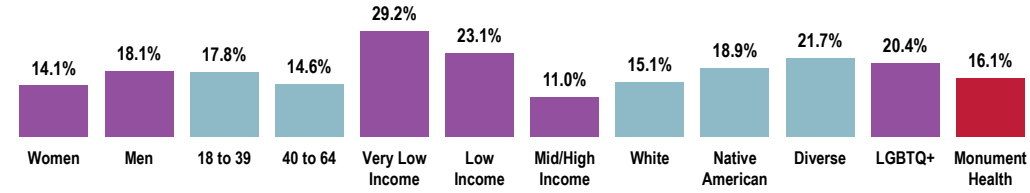
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Monument Health, 2024)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

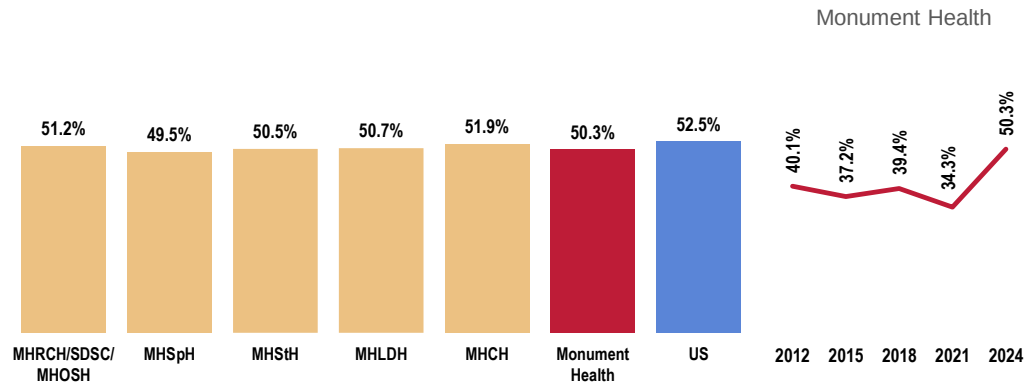
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 50.3% of Monument Health Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► Represents a significant increase from previous surveys.

DISPARITY ► Based on sample size, significantly higher in the MHRCH/SDSC/MHOSH area. More often reported among women, adults younger than 65, those with lower incomes, and especially LGBTQ+ respondents.

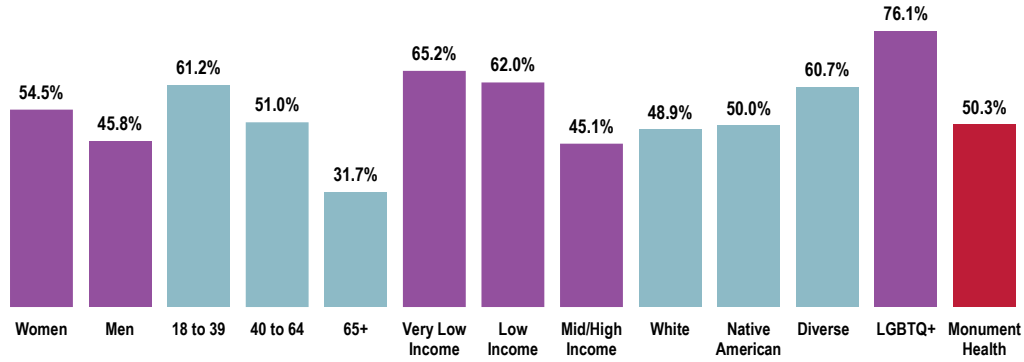
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Monument Health, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability and cost of a physician visit impacted the greatest shares of Monument Health Service Area adults.

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

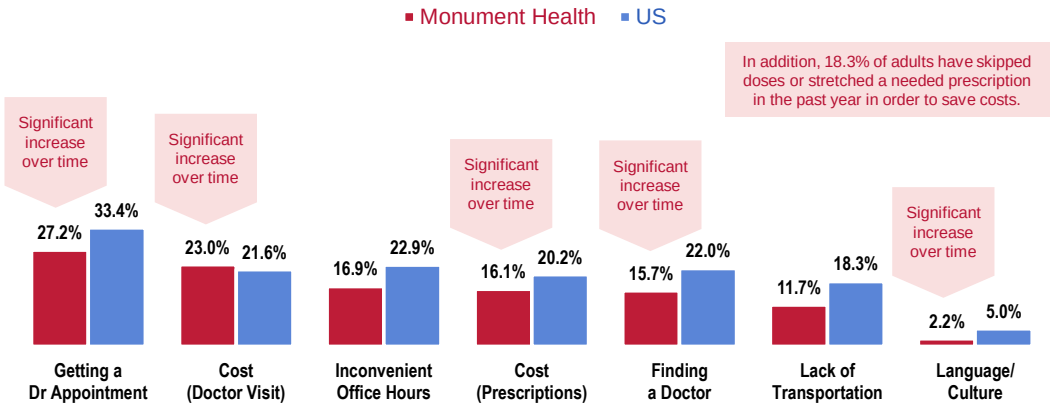
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► Six of the seven tested barriers are less prevalent in the service area than across the US: **appointment availability**, **inconvenient office hours**, **cost of prescriptions**, **finding a physician**, lack of **transportation**, and **language/culture**.

TREND ► Difficulty with five barriers has increased over time: **appointment availability**, **cost of a physician visit**, **cost of prescriptions**, **finding a physician**, and **language/culture**.

DISPARITY ► The **cost of a physician visit** is more of a barrier in the MHSpH, MHStH, and MHLDH areas (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

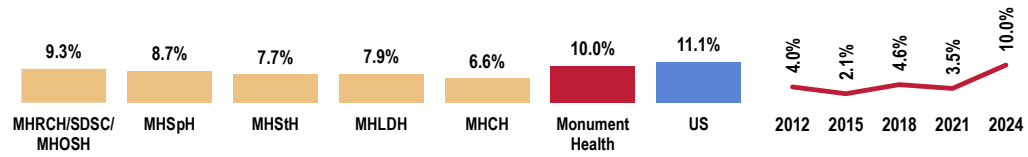
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 10.0% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► Represents a significant increase from previous surveys.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

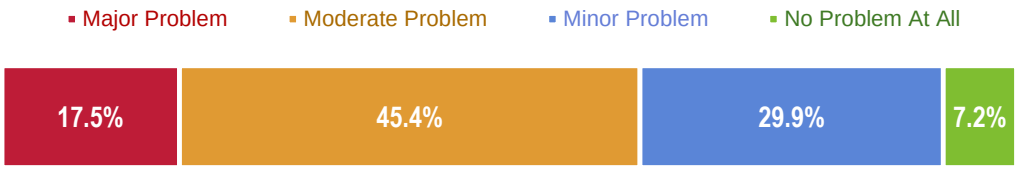


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Monument Health, 2024)



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Limited access to quality health care. The members of this community have to travel great distances, in upward of 45-minute commutes, to seek care. The care is at a lower level with long wait times. Oftentimes, families have limited access to means of transportation. – Social Services Provider

> The times clinics are open, the best times, especially in the summer, would be 7 to 10 p.m. The cost of urgent care and clinics when asking for payment at the time of registration before you can see a physician. The ED is used as a clinic for almost all persons in poverty because they don't demand money at the time of service, which causes a huge volume of patients that can be seen in a clinic setting. Mental health care is badly needed. There are so many people that have nowhere to turn for help; again, cost may deter most from seeking help. The communities need more facilities for emergency mental health situations, someone to address issues in real time and not wait for an appointment or until 8 a.m., when a counselor can be seen. – Social Services Provider
>
> Transportation. The cost and copays. For mental health, the long wait to get an appointment. – Social Services Provider
>
> Lack of transportation to get to services. The lack of having basic needs covered so they are worried about those and don't see routine health care and good nutrition as a priority. – Other Health Provider
>
> Lack of public transportation. High cost of living, including housing, food, health insurance, and health care. Lack of access to high-quality health information. – Community Leader
>
> Transportation is not always available for Native American community members to get to doctor appointments or to and from the hospital. – Other Health Provider
>
> Transportation, costs, perceived versus actual cultural barriers. – Other Health Provider
>
> Due to limited facilities, staff, and/or insurance. Need more prevention efforts and education or awareness of their importance. – Community Leader

Access to Care for Uninsured/Underinsured

> Not many have insurance. – Social Services Provider
>
> Uninsured or underinsured individuals and families. As a result, many do not seek out services preventively and instead end up in crisis. Those who have insurance frequently can't afford the copays. Also, so many don't have a primary physician who can follow them throughout. They receive services from urgent care and the ED. – Social Services Provider

Affordable Care/Services

> Lack of affordable health care, especially for specialty services. The churn of patients off Medicaid – and the complexity/confusion regarding eligibility and maintaining eligibility – leads to a lack of access, even when it's available. The result is the delay in accessing preventive care and exacerbation of health issues. The strain on those organizations with affordable access avenues (sliding scales, etc.) leads to long delays in getting in to see a provider, particularly in areas like dental care and mental health care. Areas of particular need are neurology, cardiology, rheumatology, endocrinology, obstetrics/gynecology for those on Medicaid and uninsured cash pay. – Other Health Provider
>
> Individuals of low socioeconomic status are unable to afford care, even at times with insurance, as costs and deductibles are too high and there are higher priorities, such as shelter, food, child care, etc. – Social Services Provider

Lack of Providers

> Not enough physicians. Having to wait weeks or months to get into appointments. The cost of health care is through the roof, and people will go without care instead of accruing the debt. – Social Services Provider
>
> Not enough providers of care. Few support people for the providers in town. Lack of social work support is very big. The logistics of providing high-quality care to many people with low incomes, limited transportation, and with a limited support system is extremely difficult. Nurses and physicians all take on the extra task of trying to help with these logistics, which then limits access to care overall. – Physician

Inequities

> Inequities in services across the region. Inequities in financing, needed services, and medical needs. – Social Services Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

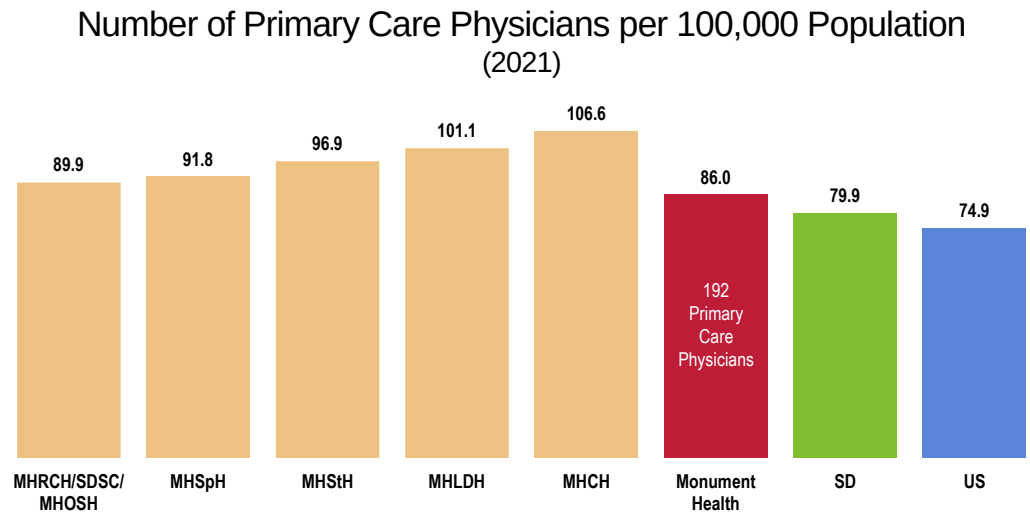
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2021, there were 192 primary care physicians in the Monument Health Service Area, translating to a rate of 86.0 primary care physicians per 100,000 population.



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2024 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

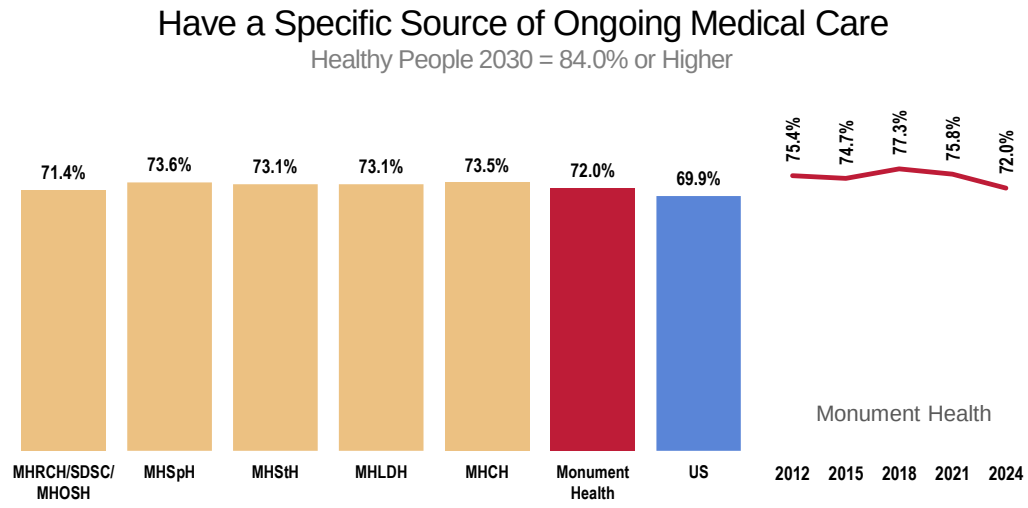
Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

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

A total of 72.0% of Monument Health Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in the MHSpH area.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

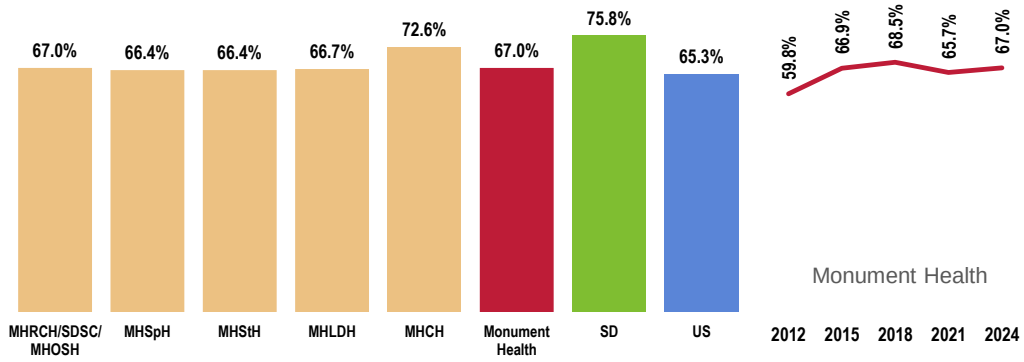
Two-thirds of adults (67.0%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Less favorable than found across South Dakota.

TREND ► Denotes a significant increase from the 2012 baseline.

DISPARITY ► Higher in the MHCH area. Lower among adults younger than 65 (especially those age 18 to 39) and those with very low incomes.

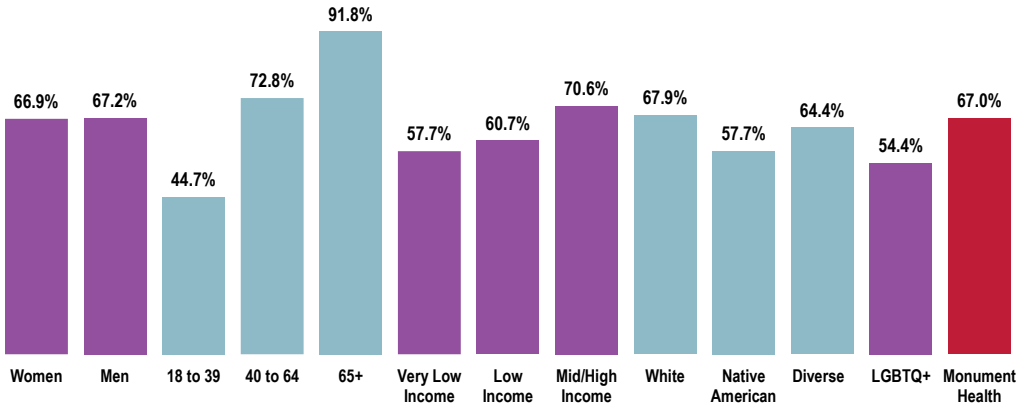
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Monument Health, 2024)



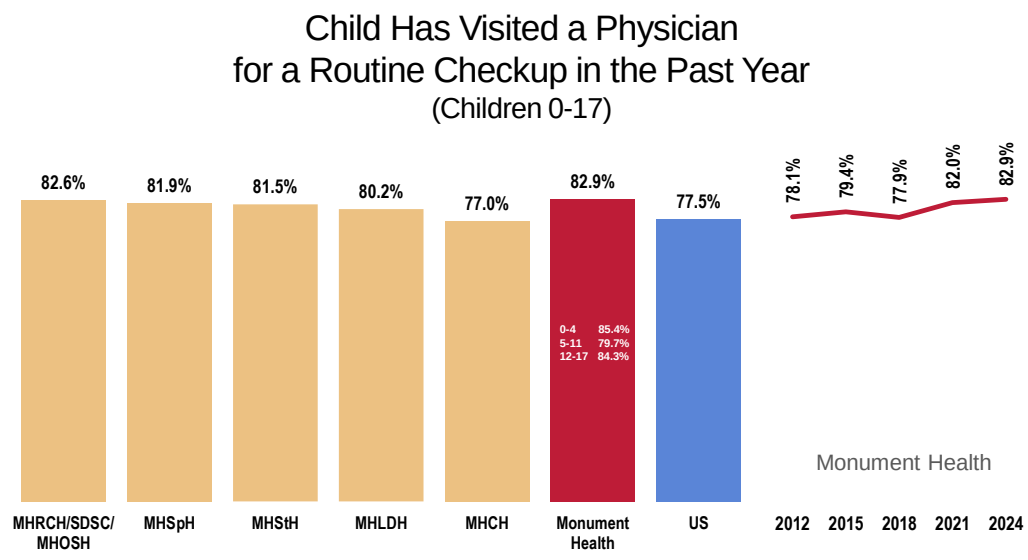
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 82.9% report that their child has had a routine checkup in the past year.

DISPARITY ► Lower in the MHCH area.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

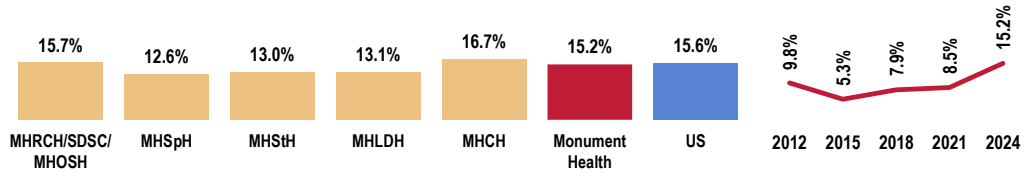
A total of 15.2% of Monument Health Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► Based on sample size, significantly higher in the MHRCH/SDSC/MHOSH area. Those with very low incomes and Native American residents are more likely to report using the emergency room.

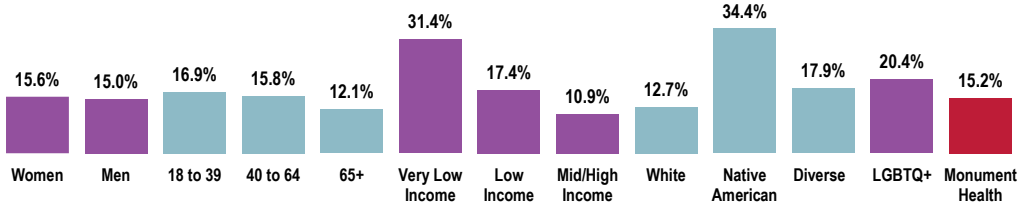
Have Used a Hospital Emergency Room More Than Once in the Past Year

Monument Health



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Monument Health, 2024)



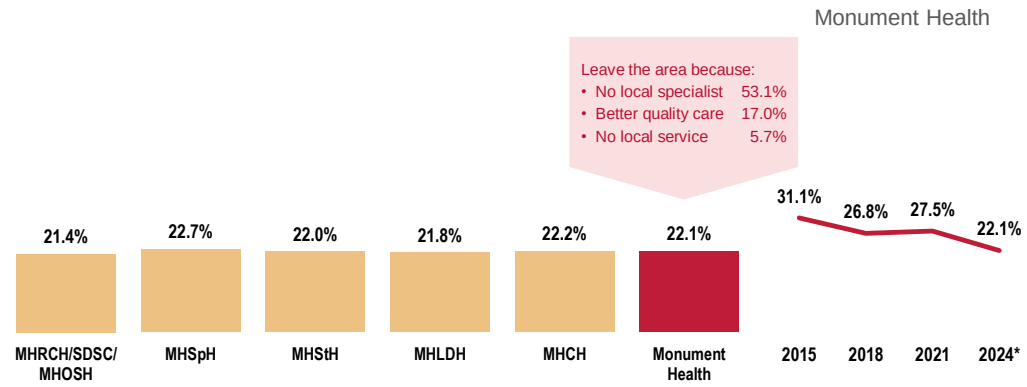
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

OUTMIGRATION FOR HEALTH CARE

A total of 22.1% of Monument Health Service Area adults report they feel the need to leave the Black Hills, Eastern Wyoming, and Western South Dakota area to receive medical care.

TREND ► Trending significantly lower over time.

Feel the Need to Leave the Area to Receive Medical Care



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 311-312]
Notes: ● Asked of all respondents.
● *Beginning in the 2024 survey, the area was specifically defined for respondents as the Black Hills, Eastern Wyoming, and Western South Dakota.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

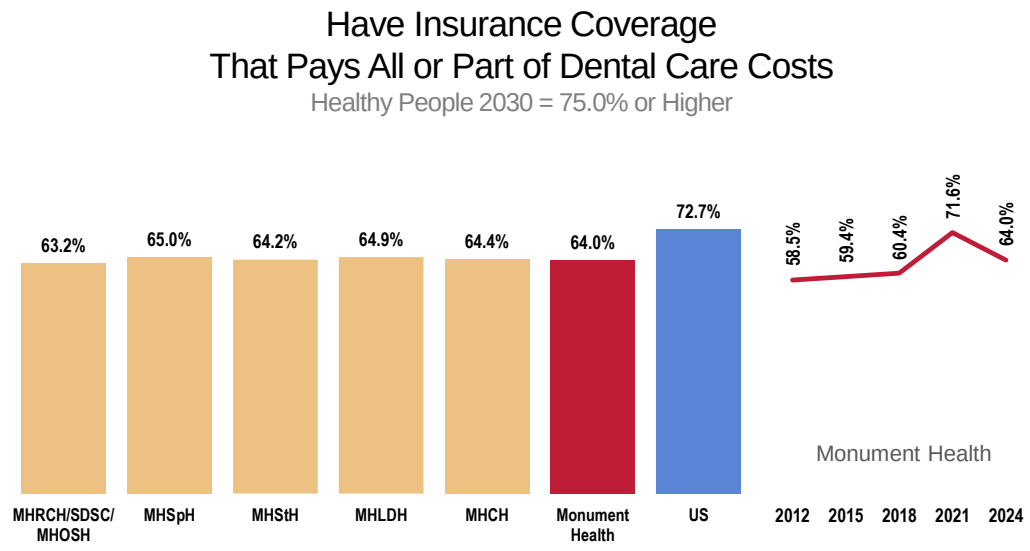
Dental Insurance

Nearly two-thirds (64.0%) of Monument Health Service Area adults have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Denotes a significant increase from the 2012 baseline (although it has dropped since the 2021 survey).

DISPARITY ► Lower in the MHRCH/SDSC/MHOSH area.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

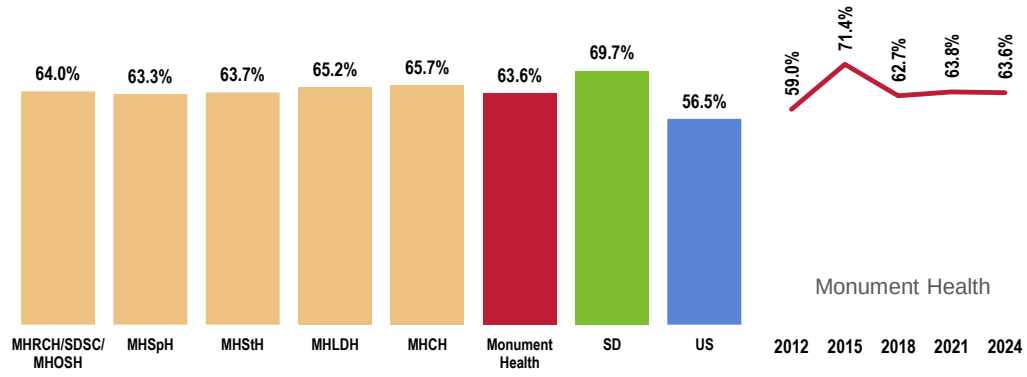
A total of 63.6% of Monument Health Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Less favorable than found statewide but more favorable than found nationally. Satisfies the Healthy People 2030 objective.

DISPARITY ► Those less likely to receive dental care include adults younger than 65, those with lower incomes, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



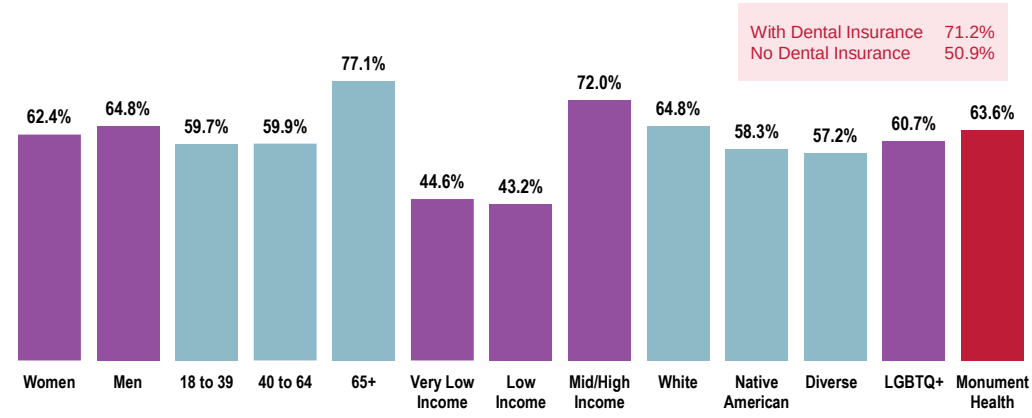
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 South Dakota data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Monument Health, 2024)

Healthy People 2030 = 45.0% or Higher



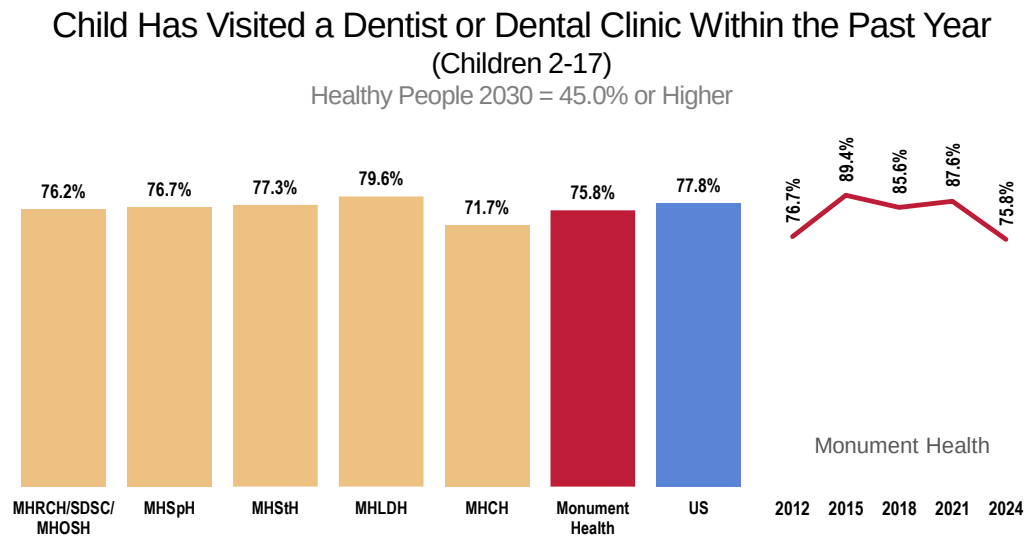
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 75.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

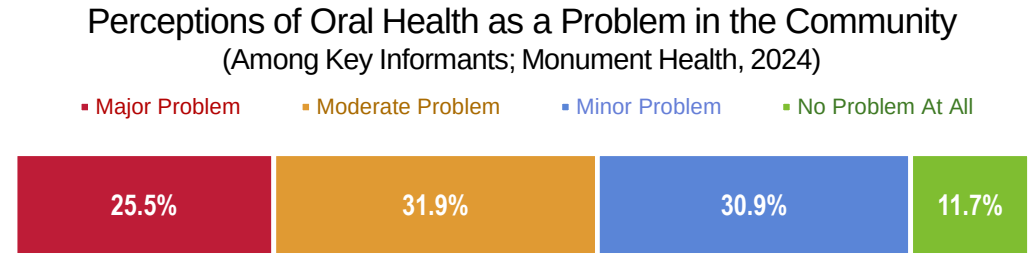
BENCHMARK ► Satisfies the Healthy People 2030 objective.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.



Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> Lack of affordable dental care for low-income. Complete Health has a wonderful program, but it takes months to get in, and if you have an abscessed tooth, you just have to live in pain. – Social Services Provider
>
> Lack of dental care for low-income individuals, which increases medical issues. – Social Services Provider

> Access and cost. Since Medicare doesn't cover dental, many of our seniors go without proper dental care. Although we have seen a steady increase in dental providers, there are still a limited number of people who will see kids and take Title XIX. This leaves our two most vulnerable population without dental care – with the ties to so many other health problems, dental care should be the first line of attack for disease prevention – but the dental community and medical community do not seem to collide. – Community Leader
>
> Cost prohibitive. – Other Health Provider
>
> Cost is prohibitive. There is a lack of insurance coverage, and private dentists do not accept Medicaid. – Other Health Provider
>
> Most people do not have dental insurance. Dental care is expensive. – Community Leader
>
> If you don't have insurance, you can't afford to get it, and most people don't have insurance. Those with low incomes avoid preventive health care as a result. – Other Health Provider
>
> My husband serves on a committee that awards free orthodontics to kids in Rapid City. There is a great need for it, and only a few kids get the care. – Other Health Provider

Access for Medicare/Medicaid Patients

> No one takes Medicaid for dental. – Social Services Provider
>
> If a patient has Medicaid, getting in to see a dentist for emergency care, much less preventative dental care, is nearly impossible. I have had patients with life-threatening dental problems whose only option is to sit at Community Health starting at 7 a.m. in hopes that they may get a walk-in appointment for treatment. Primary care does a poor job of including fluoride treatments for the pediatric population, and there needs to be more awareness among those providers. – Physician
>
> Dentists don't take very many patients who are on Medicaid. – Other Health Provider
>
> Not everyone has dental insurance, and dental care is expensive, so it doesn't become a priority. Lack of dentists that take Medicare/Medicaid. – Social Services Provider

Lack of Providers

> Many communities in the service area are Medically Underserved Areas or Health Professional Shortage Areas, which includes dental providers. A limited number of dental practices accept Title XIX patients, and many adults lack dental insurance. Barriers to oral health for individuals in poverty: transportation to appointments, availability of appointments, lack of education/awareness about the importance of oral health, etc. – Social Services Provider
>
> Lack of access to care in the dental department. There are not enough dentists to serve a population of this size. Good oral hygiene is another problem. – Other Health Provider
>
> One dentist. She is great, but only one. – Physician
>
> Lack of dentists in town. Many kids rely on the dental bus that comes if they qualify for free care. Many low-income adults do not get dental care. – Physician

Alcohol/Drug Use

> Due to drug use in part, and also for others extremely poor nutrition, we have many adults who have lost teeth, which leads to not eating well and compromised health. – Community Leader

Awareness/Education

> Education and lack of resources. – Community Leader

Lack of Preventative Care

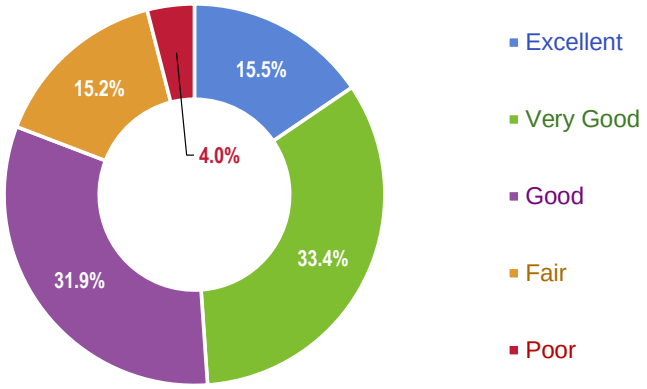
> For the most part, people do not access dental services until there is a serious problem. – Other Health Provider

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Nearly one-half of Monument Health Service Area adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Monument Health, 2024)



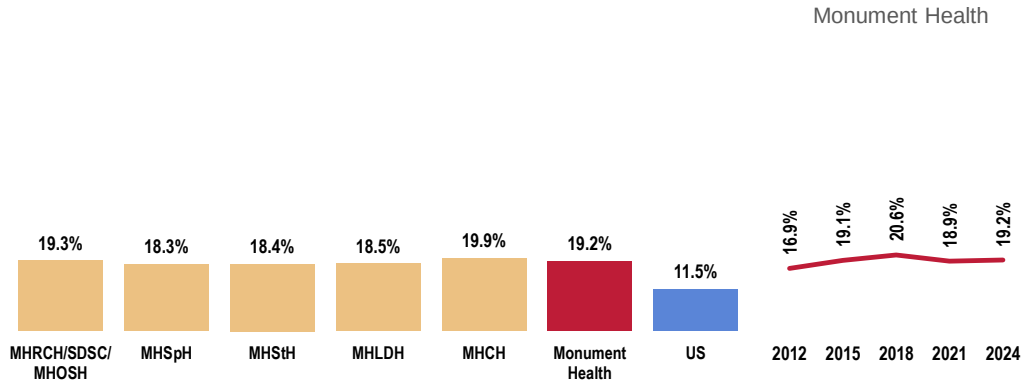
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 19.2% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Higher than the US finding.

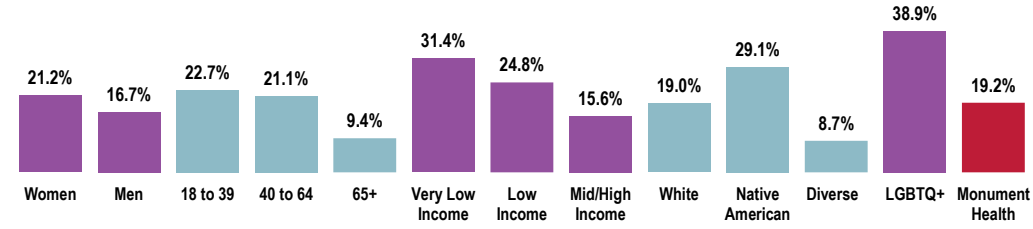
DISPARITY ► Adults younger than 65, those with very low incomes, White residents, Native American residents, LGBTQ+ respondents, and those with difficulty accessing services are more likely to give low ratings of local services.

Perceive Local Health Care Services as "Fair/Poor"



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Monument Health, 2024)

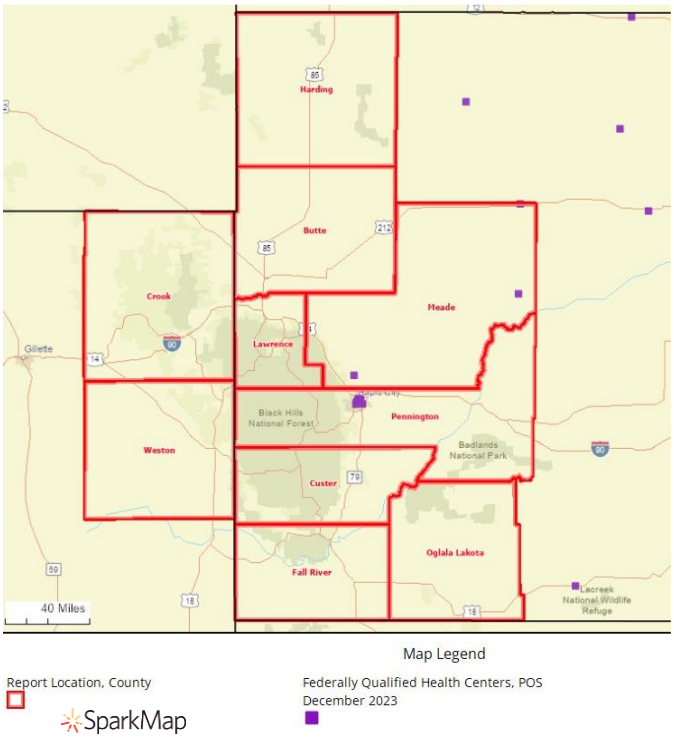


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Monument Health Service Area as of December 2023.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- 211
- Black Hills Surgical Hospital
- Care Campus
- Churches
- Complete Health
- Connect Health
- Crisis Care
- Doctors' Offices
- Fall River Health System
- Four Directions
- Full Circle
- Head Start Programs
- Horizons
- Journey On
- Kyle Health Center
- Lacreek
- Mommy's Closet
- Monument Health
- Monument Health Family Medicine Residency
- Monument Health Rural Health Clinic
- One Heart
- Oyate Health
- Pine Hills Independent and Assisted Living
- Pine Ridge Health Care Services
- Senior Center
- Social Services
- South Dakota State University Extension Office
- Tribal Transportation
- Veterans Affairs
- Volunteers of America
- Walk-In Clinics
- West River Mental Health
- Working Against Violence, Inc.

Cancer

- Black Hills Road Trip of Hope
- Breast Cancer Awareness
- Breast Cancer Survivor Group
- Cancer Care Institute
- Cancer Support
- Cancer Support Groups
- Doctors' Offices
- Fall River Health System
- Foundation for Health
- Fundraisers
- Home Health
- Hospitals
- Indian Health Services
- Lab Services
- Mayo Clinic
- Monument Health
- Monument Health Rural Health Clinic
- Nursing Homes
- Philip Health Services
- Philip Hospital Auxiliary
- Prairie Hills Transit
- Rapid City Medical Center
- Realtors for Kids
- South Dakota Special Funds
- Support Groups
- Transportation System
- Vucurevich Cancer Institute

Diabetes

- American Diabetes Association
- Caregiver Resources
- Complete Health
- Cosmopolitan Club
- Diabetes Awareness
- Diabetic Educators
- Dialysis Centers
- Doctors' Offices
- Family Medicine Residency Food Pantry
- Feeding South Dakota
- Flormann Clinic
- Food Assistance
- Food Pantry
- Kyle Health Center
- Meals on Wheels
- Medicaid Programs
- Medication Assistance Programs
- Monument Custer Hospital and Clinic

Monument Health
Monument Health Diabetes
Monument Health Family Medicine Residency
Oglala Sioux Tribe Diabetes Program
Oyate Health
Pharmacy
Philip Clinic
Rapid City Medical Center
School System
Senior Center
Service to the Blind and Visually Impaired
South Dakota Diabetes Coalition
Southern Hills Family Medicine
Women, Infants, and Children

Disabling Conditions

Black Hills Orthopedic
Black Hills Surgical Hospital
Chiropractic
Community Health
Custer County Library
Custer Senior Care Center
Department of Social Services
Doctors' Offices
Home Health
Hospitals
Housing for Low Income
Medical Facilities
Monument Health
Nursing Homes
Physical Therapy/Chiropractic
Prairie Hills Transit
Prairie Hills Transit
Premier Family Eye Care
Privately Hired People
Rapid City Medical Center
Silverleaf
Social Security Administration
South Dakota State University Extension Office
Southern Hills Family Medicine
Urgent Psych Care
Vision Source
Western Resources for the Disabled
YMCA

Heart Disease & Stroke

A Path to Renewal
American Heart Association
Community Health
Complete Health
Doctors' Offices
Fall River Health System
Good Shepherd Clinic
Google
Health Care System
Hospitals
Ignite
Mayo Clinic
Monument Custer Hospital and Clinic
Monument Health
Monument Health Heart and Vascular Institute
Oyate Health
Parks and Recreation
Philip Clinic
Physical Therapy/Chiropractic
Rapid City Medical Center
The Heart Doctors
YMCA

Infant Health & Family Planning

Birth to Three
Black Hills Pediatrics
Bright Start Home Nurse Visiting Program
Community Health
Complete Health
Deadwood Monument Health Clinic
Doctors' Offices
Fall River Health System
Four Directions
Indian Health Services
Kyle Health Center
Lacreek
Medicaid Programs
Midwives
Monument Health
Monument Health Family Medicine Residency
Native Women's Health Clinic
Oyate Health
Pine Ridge Clinic
South Dakota Department of Health
South Dakota Department of Health Bright Start
Spearfish Plan Title X Clinic
Women and Children's Center
Women, Infants, and Children
YMCA
Youth & Family Services

Injury & Violence

- Addiction Recovery Center
- Ambulance Services
- Bureau of Indian Affairs Police
- Care Campus
- Children's Home Society
- Community Health
- Counseling
- Detox
- Dometic Violence Organizations
- Hospitals
- Journey On
- Mission
- Monument Health
- Oglala Sioux Tribe Housing
- Oglala Sioux Tribe Tribal Police
- Oyate Health
- Pennington County Victims Assistance
- Police Department
- Public Safety
- Red Horse Healing
- Substance Abuse Treatment
- Urgent Care
- Volunteers of America
- West River Mental Health
- Working Against Violence, Inc.
- Youth & Family Services

Mental Health

- 211
- 988
- AA/NA
- Back Porch Coalition
- Behavior Management Systems
- Behavioral Health West
- Black Hills Counseling
- Black Hills Psychiatry
- Boys Club
- Care Campus
- Care Center
- Caregiver Resources
- Catholic Social Services
- Celebrate Recovery
- Churches
- Community Health
- Complete Health
- Cornerstone Rescue Mission
- Counseling
- Crisis Care
- Deadwood Monument Health Clinic
- Doctors' Offices
- East River Psychiatry Residency
- Enso
- Fall River Health System
- Good Shepherd Clinic
- Health Care System
- Hope Counseling
- Hospitals
- Indian Health Services
- Kyle Health Center
- Lutheran Social Services
- Manlove Psychiatric Clinic
- Mental Health Services
- Monument Custer Hospital and Clinic
- Monument Health
- Monument Health Behavioral Health
- Monument Health West
- Monument Sturgis Clinic
- National Alliance on Mental Illness
- Nonprofit Organizations
- One Heart
- Oyate Health
- Pivot Point
- Rapid City Mental Health
- School System
- Social Services
- Spearfish Counseling
- Suicide Hotline
- Therapists
- Urgent Psych Care
- Veterans Affairs
- Wellfully
- Wellspring
- West River Mental Health
- Yankton
- Youth & Family Services

Nutrition, Physical Activity, & Weight

- Adult Education Courses
- Bodies in Motion
- Community Health
- Deadwood Monument Health Clinic
- Doctors' Offices
- Evans Plunge
- Family Medicine Residency Food Pantry
- Farmer's Market
- Feeding South Dakota
- Food Pantry
- Health 4 Life
- Healthy Hometown
- Ignite
- Love INC
- Monument Health Diabetes

- Parks and Recreation
- Philip Clinic
- Rapid Ride
- School System
- Social Services
- Weight Watchers
- YMCA

Oral Health

- Black Hills Pediatric Dentistry
- Community Health
- Complete Health
- Connect Health
- Delta Dental
- Dental 4 Kids
- Dental Bus
- Dentists' Offices
- Indian Health Services
- Kyle Health Center
- Massa Dental
- Monument Health
- Oyate Health
- Ronald McDonald Care Mobile
- Southerland Dental
- Youth & Family Services

Respiratory Diseases

- Doctors' Offices
- Monument Custer Hospital and Clinic

Sexual Health

- 211
- Community Health
- Complete Health
- Deadwood Monument Health Clinic
- Doctors' Offices
- Great Plains Tribal Chairmans Board
- Indian Health Services
- Monument Health
- Monument Health Family Medicine Residency
- Oyate Health
- Rapid City Medical Center
- South Dakota Department of Health
- State-Funded Antibiotic Treatments
- Volunteers of America

Social Determinants of Health

- 211
- ABC
- Black Hills Homeless Coalition
- Black Hills Housing Trust
- Black Hills Special Services
- Boys and Girls Club
- Brookside
- CAP Office
- Care Campus
- Care-A-Ride
- Catholic Social Services
- Children's Home Society
- Churches
- City of Rapid City
- CommonBond Communities
- Community Action
- Community Health
- Complete Health
- Consumer Credit Counseling Services of the Black Hills
- Cornerstone Rescue Mission
- Department of Social Services
- Early Learning Rapid City
- Education
- Elevate Rapid City
- Family Medicine Residency Food Pantry
- Feeding South Dakota
- Food Pantry
- Government Programs
- Habitat for Humanity
- Health and Human Services
- Indian Health Services
- Lakota Lands Tour
- Local Charities
- Love INC
- Low Income Housing
- Metro Plains
- MLB Housing
- Neighbor Works Dakota Homes Resources
- Neighborhood Housing
- One Heart
- Oxford House
- Oyate Health
- Pennington County Housing
- Pennington County Human Services
- Poverty 101
- Prairie Hills Transit
- School System
- Section 8 Housing
- Social Services
- The Circle
- Tribal Resources

Volunteers of America
Vucurevich Cancer Institute
Western CAP Office
Western South Dakota Community Action
Women, Infants, and Children
Working Against Violence, Inc.
YMCA
Youth & Family Services

Substance Use

211
24/7 Program
AA/NA
Action For the Betterment of Our Community
Addiction Recovery Center
Addiction Treatment Services
Alcohol and Drug Treatment Center
Anpetu Luta Otipi
Behavior Management Systems
Care Campus
Churches
Community Health
Compass Point
Counseling
Crisis Care
Deadwood Monument Health Clinic
Doctors' Offices
Drug Court
Fall River County Jail
Full Circle
Health and Human Services
Hot Springs VA Substance Abuse Programming
Inpatient Drug Rehab and Detox
Lifeways
Medicaid Programs
Medical Air Rescue Company
Monument Health
Monument Health West
New Dawn
One Heart
Oyate Health
Pennington County Detox
Police Department
Project Recovery
ROADS Inc
School System
Social Services
Southern Hills Drug and Alcohol
Substance Abuse Treatment
Treatment Centers
Veterans Affairs
Volunteers of America
Wellfully
West River Mental Health

Tobacco Use

Addiction Providers
Alternatives to Help Quitting
Deadwood Monument Health Clinic
Doctors' Offices
Education
Helpline
Lifeways
Monument Health
School System
South Dakota Quit Line