

# 2016 Community Health Status Report



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# Section 1

Project Partners



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## Welcome

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Dear Sioux Falls Residents,

The Sioux Falls Health Department, Avera McKennan Hospital & University Health Center, Avera Heart Hospital of South Dakota, and Sanford USD Medical Center are pleased to present this 2016 Community Health Status Report.

As part of a comprehensive, collaborative Community Health Needs Assessment (CHNA), we sought input from area residents and stakeholders to gain a better understanding of the health status of our community. We are grateful to everyone who contributed to this important endeavor. In particular, we would like to acknowledge the support of the South Dakota Department of Health for providing guidance through the Good and Healthy Community Health Needs Assessment process.

This report focuses on framing community assets and needs as they relate to physical activity, nutrition, tobacco use, chronic disease management, mental health, and other social determinants of health such as economics, transportation, education, public safety, and housing.

A broad range of community partners—both public and private—are working together to develop strategies using health promotion and prevention, policy and systems changes, and population-based interventions.

We are committed to strategies that are sustainable, positively impact our environment, and mobilize community action that supports healthy people and healthy communities.

As you read this report, take pride in our community assets, embrace community needs, and engage in becoming part of the process to achieve our vision of living well as a community.

Together, we will create a healthier place to live, work, learn, and play.

Sincerely,

Jill Franken  
Director  
Sioux Falls Health Department

David Kapaska, DO  
Regional President & CEO  
Avera McKennan Hospital  
& University Health Center

Paul Hanson  
President  
Sanford USD  
Medical Center

## Avera McKennan Hospital & University Health Center and the Avera Heart Hospital of South Dakota



Avera McKennan Hospital & University Health Center is a 545-bed hospital in Sioux Falls. It is the flagship hospital of Avera Health, a system comprised of 345 locations in 100



communities across a five-state region. Avera is home to innovative programs that include the world's

most robust telemedicine program of its kind – Avera eCARE™, and the Avera Cancer Institute Center for Precision Oncology, which collaborates with partners across the nation and world to offer cutting-edge, personalized cancer care.

Avera McKennan provides a complete continuum of care in more than 60 medical specialties, including oncology, cardiology, critical care, emergency medicine and trauma, air ambulance services, behavioral health, gastroenterology, endocrinology and diabetes care, hospice, imaging, medical education and research, brain and spine care, women's health care, pediatrics, neonatology, orthopedics, rehabilitation, and a full range of wellness services. Avera McKennan is home to the region's only bone marrow transplant program, longest-standing kidney transplant program and region's only liver and pancreas transplant programs.

Avera, headquartered in Sioux Falls, S.D., employs more than 16,000 individuals, which includes more than 6,700 in the Sioux Falls region and 900 physicians.

Avera McKennan is accredited by The Joint Commission, and has been designated as a Magnet® hospital by the American Nurses Credentialing Center since 2001.

Sponsored by the Benedictine and Presentation Sisters, Avera is distinguished by its mission. Avera Health is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. Avera employees are guided by Avera's gospel values of compassion, hospitality, and stewardship. Avera McKennan, founded in 1911, has a century-long history of health ministry.

### Avera Heart Hospital

Founded in 2001, Avera Heart Hospital in Sioux Falls is the region's first hospital dedicated to cardiac and vascular care.

As the region's first Accredited Chest Pain Center, Avera Heart Hospital has the lowest risk-adjusted heart attack mortality and readmission rates in the region.

Specialized services include cardiac catheterization, electrophysiology, surgery, and a full range of diagnostic and rehabilitation services.





## Avera Behavioral Health Center

Avera is home to the region's largest team of behavioral health specialists and the region's largest private psychiatric inpatient care facility, with specialized units for children, adolescents, adults, and seniors; outpatient care and counseling; and the latest technology, including a state-of-the-art electroconvulsive therapy (ECT) suite, and transcranial magnetic stimulation (TMS).

## Avera Cancer Institute

Avera Cancer Institute offers comprehensive services through six regional centers. In Sioux Falls, Avera Cancer Institute is located in the iconic Prairie Center on Cliff Avenue. Cutting-edge technology includes the Elekta Versa HD™ linear accelerator, electron-based intraoperative radiation therapy (IORT), gamma knife and brachytherapy suite. Distinctives of Avera's cancer program include multidisciplinary case conferences, a dedicated breast surgery team, genomic medicine, patient navigation center, clinical trials and genetic testing. Patients benefit from amenities such as private chemotherapy suites and a patient-centered environment. Survivorship care, spiritual care, and integrative medicine are ways in which Avera cares for the whole person throughout the cancer care journey.



## Avera eCARE

The most robust telemedicine program serving rural health care, Avera eCARE™ extends specialty care across the miles, keeping patients nearer to home. Through a full suite of applications that include eConsult, eICU® CARE™, eEmergency, eLongTermCare, ePharmacy and eCorrectional Health, eCARE is saving lives and lowering costs. Avera eCARE is connected to 250 locations in 10 states.

## Avera Medical Group

More than 875 physicians and allied health professionals collaborate to deliver comprehensive, seamless care at nearly 200 locations. Avera Medical Group offers 45 clinics in Sioux Falls, and the latest technology to reach patients where they live through AveraNow virtual visits as well as clinics in Sioux Falls Hy-Vee grocery stores. Coordinated care is a successful Avera model being used to help patients with complex or multiple conditions overcome barriers to better management of their health.



## Avera Health Insurance

Created in 1999, Avera Health Plans provide cost-effective, innovative health plans for employers, families, individuals and seniors. Through Avera Health Plans and DAKOTACARE, Avera insures nearly 200,000 people.

- Avera Health Plans coverage connects members to Avera Health and Avera Medical Group. Members have access to a provider network that includes more than 4,300 health care professionals and 92 hospitals. Avera Health Plans is the largest provider of plans for South Dakota at [healthcare.gov](http://healthcare.gov).
- DAKOTACARE's provider network includes 100 percent of South Dakota's hospitals and more than 98 percent of the state's physicians and pharmacies.

## Sanford USD Medical Center



Sanford USD Medical Center is 545-bed tertiary medical center in Sioux Falls. It provides comprehensive, multi-specialty care for patients from across the Midwest.



It is the largest hospital in South Dakota and a Level II

Trauma Center serviced by AirMed air ambulance that extensively covers the vast geographic region and offers four specialized transport teams including adult, pediatric, neonatal, and maternal.

As a provider of highly specialized services, Sanford offers Centers of Excellence in heart and vascular, children's services, cancer, neuroscience, trauma, orthopedics and sports medicine, and women's services. It serves as the primary teaching hospital for the Sanford School of Medicine, located at the University of South Dakota in Vermillion. Sanford employs more than 12,000 people in the Sioux Falls area, including 500 board-certified physicians and 350 advanced practice providers (APPs) in 80 medical specialties. Sanford USD Medical Center is accredited by The Joint Commission and is a designated Magnet® hospital by the American Nurses' Credentialing Center.

Through its mission, "dedicated to health and healing," and its vision to deliver a flawless experience that inspires, Sanford is making medical care accessible to the entire region.

### Children's Castle

Sanford Children's Castle of Care serves pediatric patients in a five-state area and through Sanford World Clinics in Duncan, Okla.; Oceanside, Calif.; and Klamath Falls, Ore. The model of CARE focuses on excellence in clinical services, advocacy, research, and education.






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## Heart Hospital

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Sanford Heart Hospital is a state-of-the-art hospital offering highly advanced, integrated, and personalized heart care. All services for heart patients are consolidated into one building attached to the medical center, allowing for easy access.




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## Orthopedics and Sports

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Orthopedic and Sports Medicine at Sanford takes a comprehensive approach to orthopedic care with multiple subspecialties and programs such as the Center for Joint Success, POWER Center, Sports Science Institute, Physical Medicine & Rehab, Spine Center, and dedicated orthopedic operating rooms designed to handle orthopedic outpatients in a friendly, efficient manner.

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## Cancer Center

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Sanford's Cancer Center participates in nationwide studies through the National Cancer Institute (NCI). One of the main objectives of the NCI Community Cancer Centers Program is to reduce cancer care disparities among underserved populations through education, prevention, screening, treatment, and patient-family support programs.

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## Women's

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Sanford's Women's offers state-of-the-art OB/GYN services, and Sanford Women's Health Plaza is a unique destination designed to provide all women a variety of health options at one location.

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## Sanford Health Plan

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Sanford Health Plan is a community-based, nonprofit health insurance company that offers product lines for individuals, families, and businesses in North Dakota, South Dakota, Minnesota, and Iowa. Sanford Health Plan's regional network of 18,000 providers includes Sanford Health practitioners and providers as well as those affiliated with other health systems or in independent practice. The Health Plan also maintains a nationwide network for members living or traveling outside of the service area. There are currently 175,000 enrolled Sanford Health Plan members.

## The City of Sioux Falls Health Department

The mission of the Sioux Falls Health Department is to improve the quality of life for the Sioux Falls community by preventing or controlling disease, mitigating adverse health threats, and by providing an open door to primary health services.



### Falls Community Health

Falls Community Health is a nonprofit clinic providing complete primary health care and dental care for all ages.



The clinic is a nationally-recognized Patient-Centered Medical Home, having received the highest level of certification from the National Committee for Quality Assurance. This designation recognizes the clinic's commitment to six core health care standards, including:

- Patient-centered access to appointments and clinical advice
- Team-based health care
- Population health management
- Care management and support through evidenced-based practices
- Coordinated health care
- Performance measurement and quality improvement

Falls Community Health offers care at its main location in downtown Sioux Falls, as well as at three school-based clinics at Hawthorne Elementary, Hayward Elementary, and Terry Redlin Elementary. In addition to primary medical and dental care, the clinic also provides HIV/AIDS early intervention services and case management, behavioral health services and case management, and social services.



### Emergency Medical Services

The Health Department works with the Sioux Falls Regional Emergency Medical Services Authority (REMSA) to provide guidance and recommendations to the Mayor and City Council on matters related to emergency medical services. This includes conducting quality assurance activities linking all the agencies that provide emergency medical services in Sioux Falls, including call taking, emergency medical dispatcher, law enforcement and fire first response, ambulance service, online medical control, and hospitals. In 2015, the Sioux Falls Health Department successfully completed a multiyear, multi-agency RFP process that resulted in the awarding of a ground ambulance provider contract to Paramedics Plus.



### Environmental Health

The Environmental Health division is committed to serving the people of Sioux Falls by providing high-quality health inspections and environmental sanitation. Areas addressed include:

- Family home day care registration and inspection

- Permits and inspections of food service establishments
- Food selling and processing permits
- Tattoo artist and tattoo establishment permits
- Sound permits
- Vector (mosquito) control

## Code Enforcement

The Health Department works with other City departments as needed to address reports of code violations within Sioux Falls. Health nuisance complaints may include items such as garbage, appliances, and unlicensed vehicles improperly present in neighborhoods. A new streamlined approach to nuisance response has decreased compliancy time by 140 percent.

## Public Health Preparedness

A key role of a public health department is ensuring the community is ready to respond in the event of a health emergency. During a recent on-site federal review of the Health Department's work on the Community Readiness Initiative (CRI), the department received a score of 100 percent. This review evaluated preparedness efforts, including planning, training, and exercising with community partners, with a benchmark of successfully providing mass prophylaxis medications to 200,000 people (the Sioux Falls MSA) within 48 hours of notification of a public health emergency.

## Public Health Laboratory

The Public Health Laboratory provides environmental and clinical laboratory testing services. Environmental testing serves Sioux Falls, surrounding communities, agencies, commercial businesses, individuals, and the State of South Dakota. The laboratory also provides clinical laboratory and X-ray services for Falls Community Health patients at the main location downtown, as well as some clinical laboratory services at the three school-based locations. The Public Health Laboratory is certified by the Commission on Office Laboratory Accreditation (COLA) for its clinical work and by the South Dakota Department of Environment and Natural Resources for its environmental testing.

## Live Well Sioux Falls

Live Well Sioux Falls is a community-based initiative designed to help improve the health and well-being of Sioux Falls residents by collaborating on projects to address health needs. The Live Well Sioux Falls Coalition, a group of diverse businesses, organizations, and individuals, is instrumental in guiding efforts to improve community health and wellness. The vision of Live Well Sioux Falls is to transform the health of our community to create a more vibrant, active, and livable city. We work with community partners to develop strategies that will help residents Breathe Well, Eat Well, Feel Well, Move Well, and Work Well.



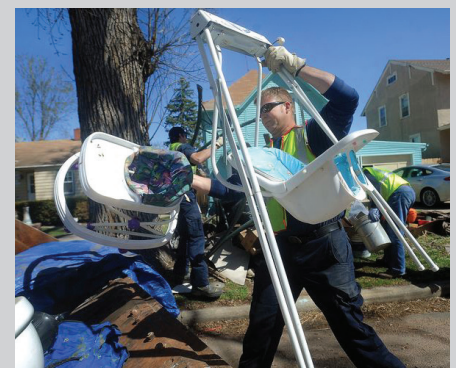
### Code Enforcement: Projects NICE and KEEP

Project NICE (Neighborhood Improvement/Complaint Easement) assists neighborhoods with environmental issues such as rubbish, waste material, dilapidated buildings, and zoning issues. Project KEEP (Keep Environmental Enhancement Permanent) helps maintain previous Project NICE neighborhoods.

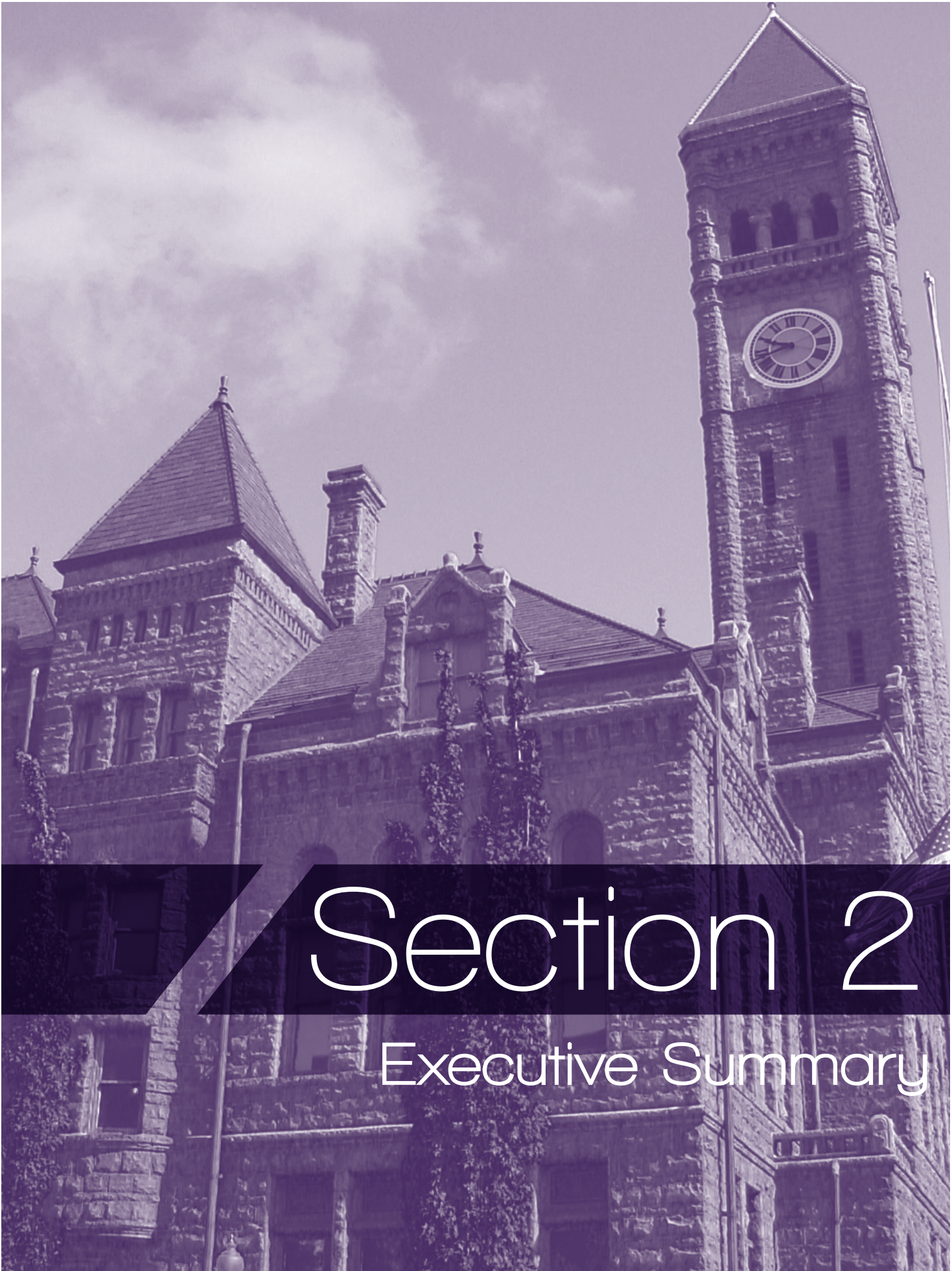
Volunteers from City departments work together in different neighborhoods each year. Residents in the designated NICE and KEEP areas place rubbish and waste material at their curbs, and the volunteers

take care of loading up all of these items and ensuring everything is disposed of in the Sioux Falls Regional Landfill or properly recycled. In 2015 alone, ground crews removed 622 loads of rubble, 12 loads of tires, 4 loads of appliances, 8 loads of yard waste and 18 loads of wood waste for a total of 663 truckloads (503.54 tons) of waste removed from the three project neighborhoods.

Project NICE and KEEP have a significant impact on helping maintain and improve environmental conditions in Sioux Falls neighborhoods.







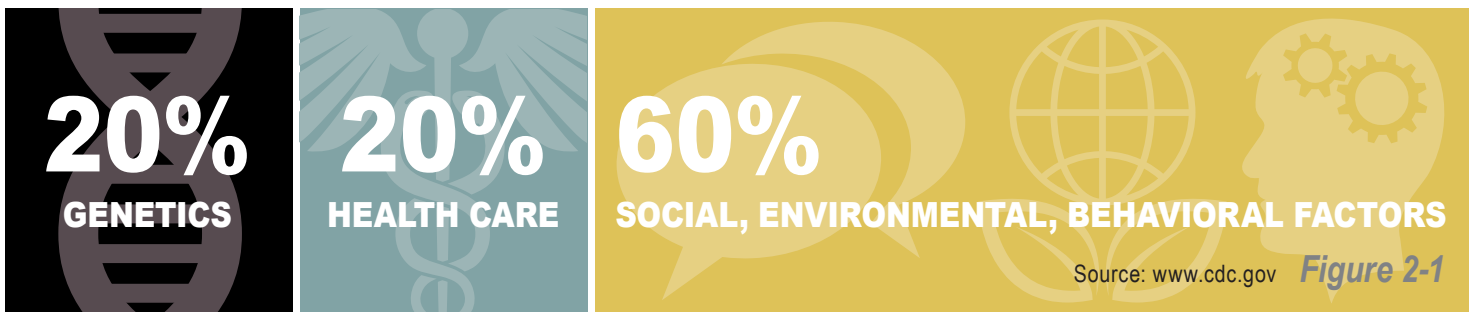
# Section 2

Executive Summary





## Executive Summary



Health is a result of our behaviors, our individual genetic predisposition to disease, the environment in which we live, the clinical care we receive, and the policies and practices of our health care and prevention systems. Each of us—individually, as a community, and as a society—strives to optimize these health determinants to ensure a long, disease-free and robust life regardless of race, gender, or socioeconomic status.<sup>1</sup>

According to the Centers for Disease Control and Prevention (CDC), chronic diseases affect almost 50 percent of Americans and account for seven of the ten leading causes of death in the United States. Preventable health risk factors such as tobacco use and exposure, insufficient physical activity, and poor nutrition contribute greatly to the development and severity of many chronic diseases.<sup>2</sup>

Organized and informed community action can combat the prevalence of chronic disease, reduce health risk factors, and reduce health disparities.

The 2012 Community Health Status Report for Sioux Falls was the first collaborative effort to understand our community's health and to develop evidence-based strategies to help us live well as a community. That report was the product of a Community Health Needs Assessment (CHNA) and resulted in the creation of the Live Well Sioux Falls initiative.

### Process

The CHNA process helps a community build the capacity to support policy, systems, and environmental changes that will positively impact and improve community health. It involves collecting and analyzing data, including statistics on health status, health needs, and other public health issues.

#### **What We Have Learned Live Well Sioux Falls**

After publishing its first community health report in 2012, the Sioux Falls Health Department launched a community stakeholder-driven initiative called Live Well Sioux Falls.

Since 2012, Live Well Sioux Falls has engaged community partners in policy, systems, and environmental changes to improve the health and quality of life in Sioux Falls.

Some notable achievements over the last three years include the expansion of The Big Squeeze blood pressure awareness project, implementation of a tobacco-free youth recreation policy, and passage of a Complete Streets policy for Sioux Falls.

The number of organizations associated with Live Well Sioux Falls has doubled over the past three years, with more than 50 organizations and 150 individuals participating in this initiative.

The sustainability of Live Well Sioux Falls was enhanced in 2015 with the addition of one FTE in the Sioux Falls Health Department, establishing a health promotion and disease prevention program within the department.

## What We Have Learned

### Sanford Health

During the 2013 CHNA, we learned about concerns for our aging population and the need for additional services. Implementation strategies addressed the needs of the increasing aging population. Sanford expanded nurse-led clinics, including CareSpan (a walk-in, elder care clinic) and Foot Care Clinics, to more days per week and at additional locations. Sanford also supported professional staff to become trained facilitators for Better Choices Better Health® classes in Sioux Falls in partnership with the South Dakota Department of Health and SDSU Extension. This program helps those living with a chronic illness improve self-management. Sanford is hosting several workshops at clinic and community sites, as well as coordinating with other partners to offer sessions in churches and community centers.

Community members expressed concern about the need to understand end-of-life choices. Nurse-led dialogues regarding end-of-life care resulted in a new Advanced Care Planning initiative using the Gunderson model. This program provides education about Advanced Directives and assistance for individuals as they complete their own documents.

Sanford supports education and resources for agencies serving older adults such as Active Generations, Arthritis Foundation, Alzheimer's Association, and the National Parkinson's Foundation SD, as well as initiatives such as Moving Day, PD Support Group, Arthritis Support Group, and High Noon education. Sanford also serves on the Advisory Board of Senior Companions, and Sanford Faith Community Nurses help supervise senior companions.

We learned the need for services for our aging population continues to increase and remains a concern among community members. The cost and availability of long-term care and the availability of memory care are among the highest concerns.

A second strategy addressed during the 2013 CHNA was dental health. Poor dental health can be a disability for community members and can prevent students from learning well in school. The need for services for those without dental insurance served as a catalyst for this implementation strategy. Sanford supports free or sliding scale fee dental services and programs already offered in the community, such as Falls Community Health and the Ronald McDonald Mobile Care Unit. We learned that the need for dental health services continues today, and the gap in workforce is making this need more difficult to address.

Conducting a CHNA and developing implementation strategies are required of tax-exempt hospitals, like Avera McKennan Hospital & University Health Center (Avera) and Sanford USD Medical Center (Sanford), as a result of the Patient Protection and Affordable Care Act. The process must be completed every three years, and the hospitals are also required to seek input from those who represent the broad interests of the community and who have special knowledge or expertise in public health. Since the last CHNA, neither health system received any written comments regarding that CHNA process or their implementation plans.

In 2012, Avera and Sanford each completed separate CHNA reports in addition to participating in the assessment led by the Sioux Falls Health Department. To reduce duplication and to develop a comprehensive look at community health, the Sioux Falls Health Department, Avera, and Sanford embarked on a collaborative CHNA in 2015. The partners share the common vision of Live Well Sioux Falls:

*Live Well Sioux Falls will transform the health of our community to create a more vibrant, active, and livable city. We are creating a culture of health and well-being in Sioux Falls to make the healthy choice the easy choice.*

To achieve the most comprehensive community assessment possible, the partners developed a multipronged process of data collection and analysis that included these quantitative and qualitative methods:

- Generalizable resident survey
- Focus groups and key informant interviews
- Community sector assessment
- Secondary data review

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## Priority Health Issues and Collaborative Strategies

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The CHNA process examines many issues that impact community health. Through the resident survey, focus groups, key interviews, sector assessment, and

## What We Have Learned

### *Avera McKennan and Avera Heart Hospital*

Through our 2013 CHNA, we identified several opportunities to improve the health of our community. As part of the process, these gaps were prioritized and approved by our board, and we established a plan to implement programs and services to address these needs.

Needs were prioritized in the following order:

- Obesity/poor diet/lack of exercise
- Health care access for uninsured/underinsured people, including specialty care and mental health services
- Management of chronic conditions
- Smoking/alcohol use

As Avera McKennan already had programs in place to address some of these needs, our implementation plan outlined ways we would continue to offer existing programs, as well as add new services. These initiatives included:

- Expansion of Avera Medical Group Health Care Clinic
- Partnership in Live Well Sioux Falls
- Partnership with Ground Works

Over the past three years, Avera Medical Group (AMG) Health Care Clinic has expanded to meet the health needs of the uninsured and underserved patients in the community. Expansion efforts beginning in 2013 included respiratory therapy services, pulmonary function tests, and counseling services at the clinic. Starting January 2015, dermatology services expanded from monthly to weekly, and, in July 2015, a volunteer Spanish

interpreter began providing interpreter services one afternoon a week. In the fall of 2015, USD Coyote Clinic expanded their evening clinic from once a month to twice a month; USD Coyote Clinic students and AMG Health Care Clinic staff provided free flu shots to guests at The Banquet, utilizing the Hy-Vee Healthy You Mobile; and a part-time social worker was added to the clinic staff. Additionally, University of South Dakota psychology graduate students provide counseling services one morning a week, and a pharmacy resident rotation program has also been added.

Since 2013, Avera McKennan has partnered with Live Well Sioux Falls. Through our partnership, this 2016 collaborative and comprehensive CHNA was developed. Additionally, this relationship resulted in a speaker series developed through the Siouxland Libraries, where we, along with Avera Heart Hospital, provide expert opinions, research, and guidance to at-risk citizens seeking health information, and support Siouxland Libraries in directing the public to respectable sources for health information.

To support the effort to improve nutrition through increased education about and access to healthy fruits and vegetables, Avera McKennan partnered with Ground Works. Through this partnership, we financially support teaching gardens at schools in Sioux Falls neighborhoods identified as high-needs areas. A recent report from Ground Works during a Live Well Coalition meeting at Hayward Elementary confirmed that the garden plot project was serving residents who otherwise had little access to fresh produce. Continued support of this program is highly recommended by the CHNA committee, especially as the program is expanded to include additional schools.

secondary data review (see Methodology, page 4-1), the CHNA partners identified the following health issues as those that should be addressed through a community-wide effort:

1. Obesity
  - Includes addressing nutrition, physical activity and other chronic disease risk factors.
2. Behavioral Health and Substance Use
  - Includes mental health, alcohol use and drug use.
3. Access to Care
  - Includes issues such as availability, cost, and coordination of care.

The multi-pronged process of data collection allowed for analysis and prioritization at each phase. Partners identified priorities using criteria such as size, urgency, economic feasibility, potential for impact, availability of community assets, and value to the community. Each CHNA partner then shared this prioritization with their Board for approval.

While the CHNA partners will develop unique implementation plans to address health issues in the Sioux Falls area, they also identified these collaborative strategies to address the identified priority health needs:

### 1. Community-based Behavioral Health Strategies

- Support collaborative efforts to address behavioral health needs, including access to behavioral health services, referrals to behavioral health services, coordination of care and public education and awareness about mental health.

### 2. Hayward THRIVE

- Implement a pilot project to address social determinants of health in the Hayward neighborhood of Sioux Falls. This includes developing strategies in such areas as obesity, access to care, the built environment, behavioral health, and engaging neighborhood residents in developing strategies to address community health.



### 3. Sioux Empire Network of Care

- Support development of a coordinated social service system through a community collaboration.

A copy of this report and related resources, as well as information about implementation of strategies will be available at [www.livewellsiouxfalls.org](http://www.livewellsiouxfalls.org), [www.avera.org](http://www.avera.org), and [www.sanfordhealth.org](http://www.sanfordhealth.org).

## Information Gaps

While this 2016 CHNA is comprehensive, it cannot measure all aspects of health in the Sioux Falls MSA, nor can it adequately represent all possible populations of interest. Because of these information gaps, the ability to assess all of the community health needs may be limited in some ways. Both the quantitative and qualitative data have limitations, and, as a result, should not be used to confirm or deny a specific health issue in Sioux Falls. Through this CHNA, the project partners attempted to survey key community leaders and stakeholders for the purpose of determining the needs of the community. While many individuals participated, there are likely many key stakeholders or community members who did not provide feedback through this assessment. The resident survey and focus groups asked for individual perceptions of community health issues and are subjective to individual experiences which may or may not be the current status of the community.

## Executive Summary References

<sup>1</sup>United Health Foundation. (2011). A Call to Action for Individuals & Their Communities. Retrieved from [www.resourcelibrary.gcyf.org/node/3903](http://www.resourcelibrary.gcyf.org/node/3903)

<sup>2</sup>[www.cdc.gov/healthychommunitiesprogram/overview/index.htm](http://www.cdc.gov/healthychommunitiesprogram/overview/index.htm)



# Section 3

Our Community





## Population Served

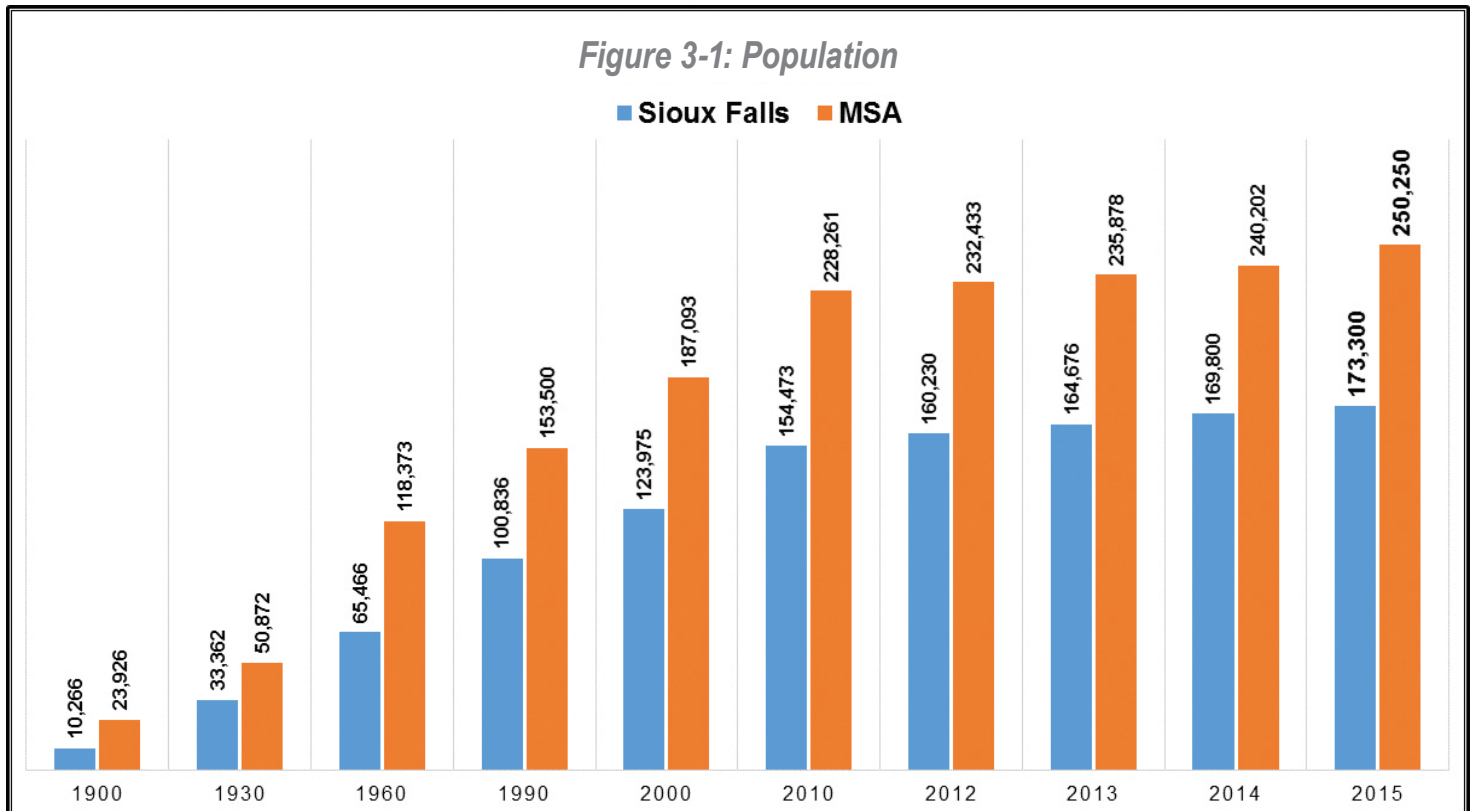
The population of South Dakota has grown since the 2012 Community Health Status Report, increasing from 814,180 to 853,175, a growth rate of 4.8 percent. With a population density of 10.7 persons per square mile, South Dakota is one of the least-densely populated states in the nation.<sup>1</sup>

### Sioux Falls MSA Population

For the purpose of this CHNA report, the “community” was defined as the Sioux Falls Metropolitan Statistical Area (MSA), which includes the counties of Lincoln, McCook, Minnehaha, and Turner. This large population

growth area represents where 50 percent of the Sioux Falls hospital inpatient discharges originate. While South Dakota counties are predominantly rural, the majority of Minnehaha County, including the city of Sioux Falls, is classified as urban.

The population in Sioux Falls and the surrounding area has grown over the past three years. The city of Sioux Falls has been adding 3,000-4,000 new residents each year, or an annual growth rate of 2.1 percent. Lincoln County was among the top 25 fastest growing counties in the United States from 2013 to 2014.<sup>2</sup>

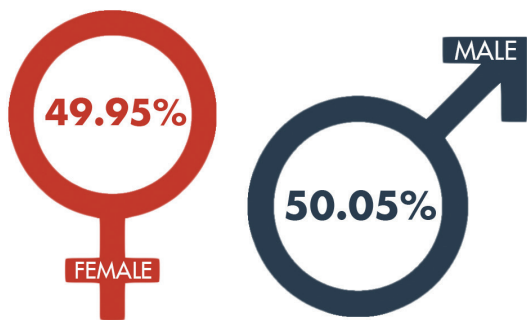


Source: U.S. Census Bureau

## Key Demographics

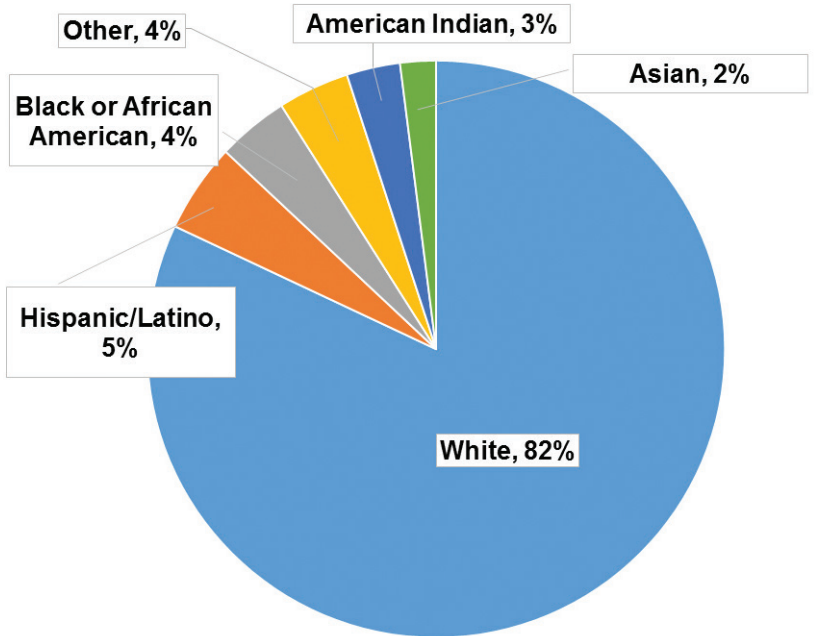
The charts on the following pages provide an overview of various demographics within the Sioux Falls MSA.

*Figure 3-2: Gender Composition*



Source: U.S. Census Bureau

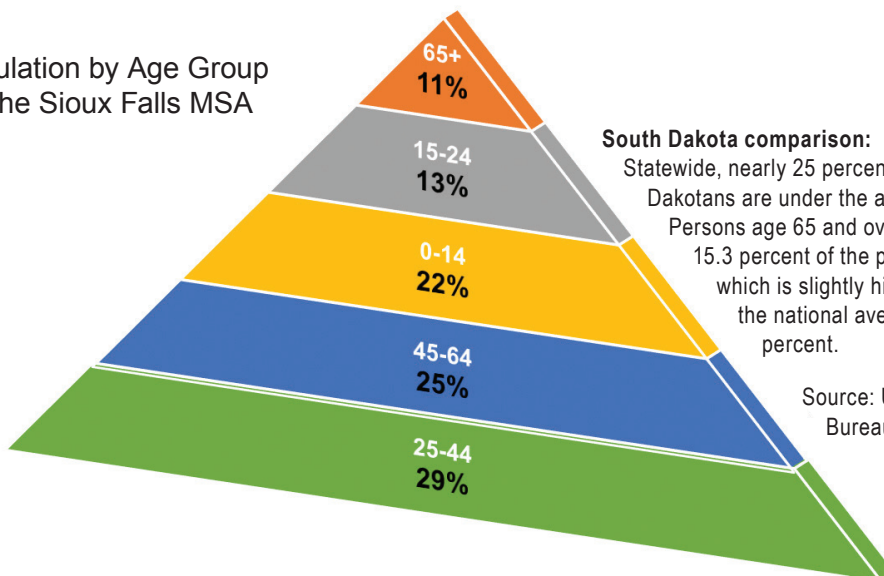
*Figure 3-3: Racial Composition*



Source: U.S. Census Bureau

*Figure 3-4: Age Composition*

Population by Age Group in the Sioux Falls MSA



**South Dakota comparison:**

Statewide, nearly 25 percent of South Dakotans are under the age of 18. Persons age 65 and over make up 15.3 percent of the population, which is slightly higher than the national average of 14.5 percent.

Source: U.S. Census Bureau



Figure 3-5: Housing in the Sioux Falls MSA



**Total Households: 90,520**  
**Persons Per Household: 2.56**



**Total Families: 59,125**  
**Persons Per Family: 3.16**

Source: U.S. Census Bureau 2012 American Community Survey

Household Type	Population	Percent
<b>Total Households</b>	<b>90,520</b>	<b>100%</b>
<b>Family Households:</b>	↳ 60,319	↳ 67%
Married Couple Family	↳ 46,966	↳ 78%
Other Family:	↳ 13,353	↳ 22%
Male Householder, no spouse present	↳ 3,841	↳ 29%
Female Householder, no spouse present	↳ 9,512	↳ 71%
<b>Nonfamily Households:</b>	↳ 30,201	↳ 33%
Householder living alone	↳ 24,381	↳ 81%
Householder not living alone	↳ 5,820	↳ 19%

**2016 (2015) Fair Market Rents by Unit Bedrooms in Sioux Falls**

Efficiency	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
\$465 (\$481)	\$593 (\$565)	\$745 (\$711)	\$1,015 (\$1,000)	\$1,219 (\$1,219)

Rent is considered affordable when it is no more than 30% of your income.  
 Ex: \$8.55 x 40 hours x 52 weeks = \$17,784 x 30% = \$5,335/12 = \$445

### Education and Employment

The Sioux Falls area unemployment rate decreased over the past year and is lower than any point in 2013 or 2014.

The portion of Sioux Falls in Minnehaha County is at 2.3 percent, and the portion in Lincoln County is even lower, at 1.7 percent. The state unemployment rate is 2.5 percent.

A tight labor market results in large numbers of positions remaining unfilled, including many lower-skilled, lower-paying occupations.

Figure 3-6: Unemployment Rates (Percentages)

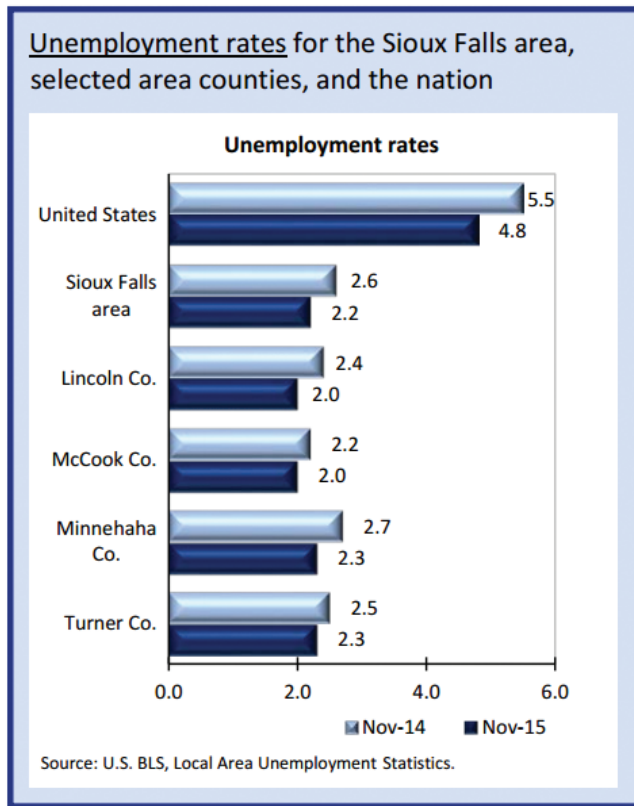


Figure 3-7: Average Weekly Wages

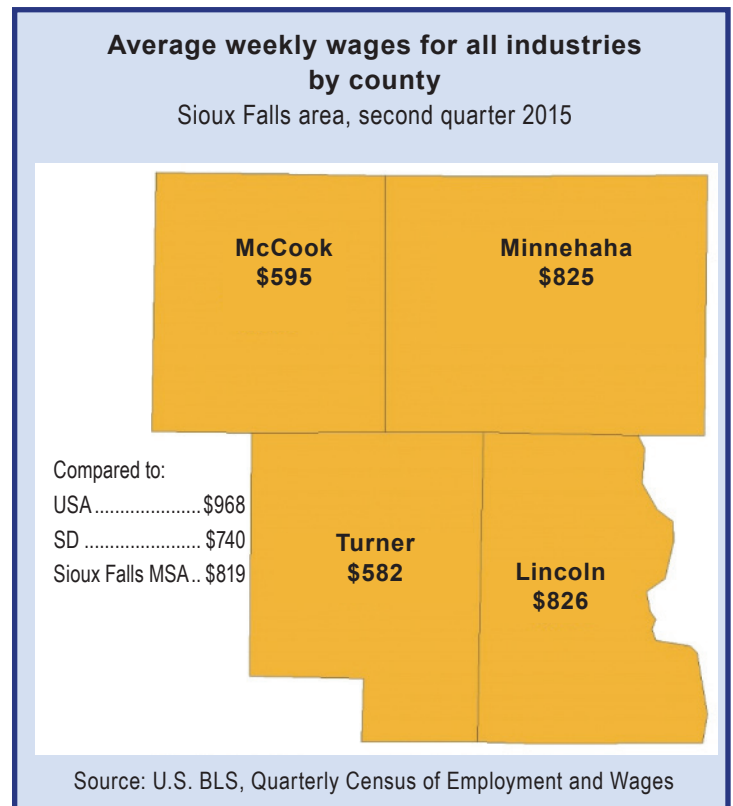


Figure 3-8: Educational Attainment (persons age 25 and older)

Less than 9th grade .....	<b>4.2%</b>
9th–12th grade, no diploma .....	<b>5.0%</b>
High school graduate/GED .....	<b>27.3%</b>
Some college, no degree .....	<b>20.5%</b>
Associate’s degree .....	<b>10.4%</b>
Bachelor’s degree .....	<b>21.8%</b>
Graduate/Professional Degree .....	<b>10.7%</b>

Percent who are a high school graduate or received schooling in addition to that:

**90.8%**

Percent who have bachelor’s degree or higher:

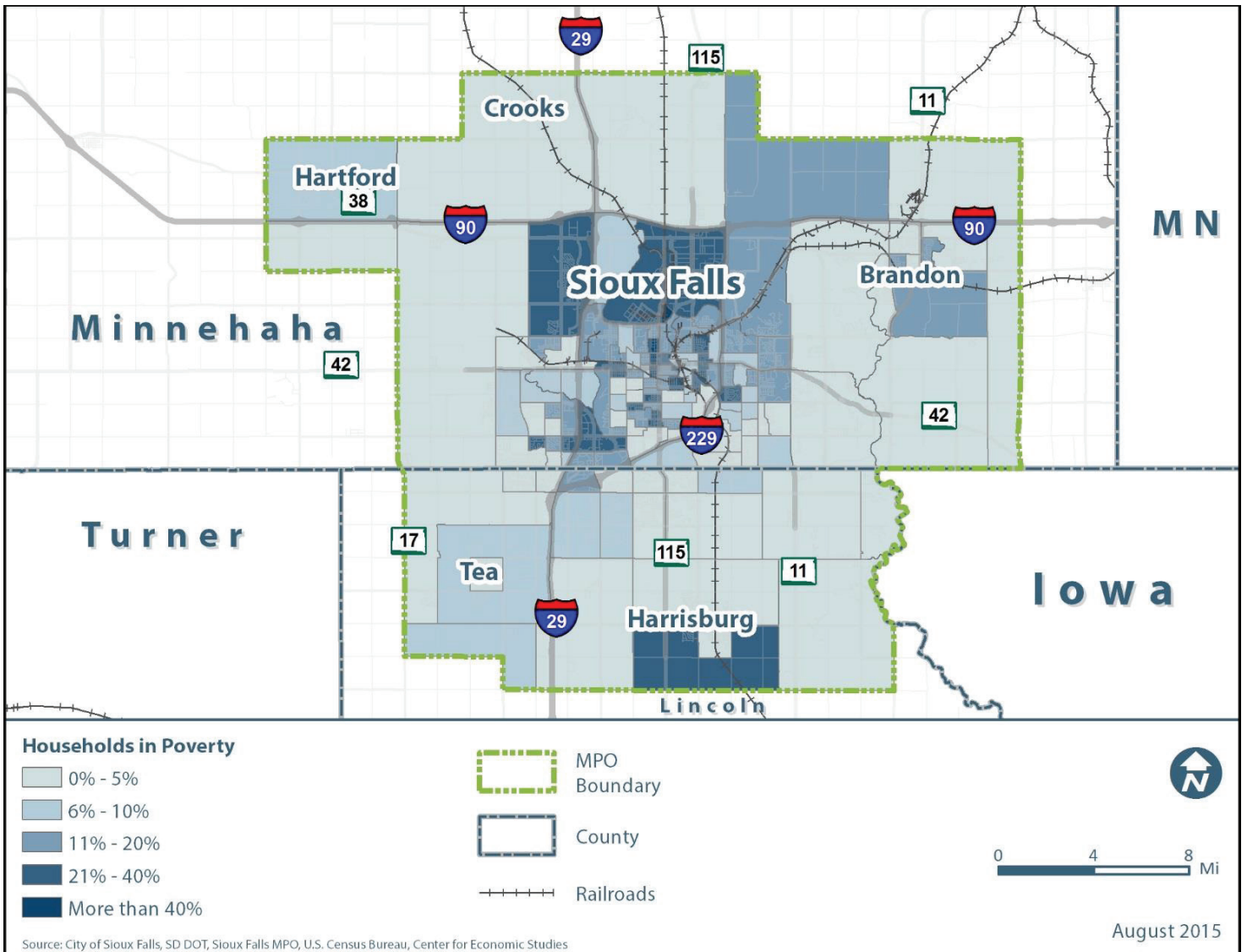
**32.5%**

Source: American Community Survey, 2014

### Poverty

Within this area of the MSA there are six Census Block Groups with median household incomes below the poverty threshold for a family of four. Three of these Census Block Groups also meet the definition of concentrated poverty, with more than 40 percent of their households living below the poverty line. These block groups are located immediately west and north of downtown Sioux Falls. The block group south of Harrisburg also contains between 20 and 40 percent of households below the poverty line.

Figure 3-9: Households in Poverty



### Section 3 References

- <sup>1</sup>U.S. Census Bureau, 2014 Population Estimates Program, March 26, 2015.
- <sup>2</sup>U.S. Census Bureau, 2014 Population Estimates Program, March 26, 2015.





# Section 4

Methodology



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## Methodology

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A Community Health Needs Assessment (CHNA) is a public health tool to assist with understanding the health within a defined area utilizing quantitative and qualitative methods, including collecting and analyzing the data and setting priorities based on the data for improving the health of the community. The Sioux Falls Health Department, along with Avera McKennan Hospital & University Health Center, Avera Heart Hospital, and Sanford USD Medical Center, embarked on the CHNA process early in 2015, deciding to use several data collection methods for the Sioux Falls MSA.

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### Resident Survey

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Sanford USD Medical Center led the distribution of a generalizable survey of residents in the Sioux Falls Metropolitan Statistical Area (MSA), which includes Minnehaha, Lincoln, Turner, and McCook counties in South Dakota.

The survey instrument was developed in partnership with the Center for Social Research at North Dakota State University (NDSU).

Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained. The survey was designed as a scannable eight-page mail survey containing 54 questions. The questions focused on general community concerns; community health and wellness concerns; personal health; preventive health; quality-of-life concerns in areas such as transportation, economics, and aging; as well as demographic characteristics.

The sample was a stratified random sample, drawn through a qualified vendor, to ensure that appropriate proportions from each of the four counties were included. A total of 1,500 records including names, addresses, and a few demographic indicators were drawn. In March 2015, residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a

survey packet would be arriving in their mail. Survey packets, which contained the survey and a return envelope, were mailed three days after the introductory postcards. Two percent of the packets were returned as undeliverable. A reminder postcard, containing a link to the online survey, was mailed to nonresponders approximately ten days after the initial survey was mailed.

A total of 370 surveys were returned for scanning, and an additional three surveys were completed online for a total of 373. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were applied to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 354 surveys were analyzed providing a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 5.2 percentage points.

### Limitations of the Study

When comparing demographic characteristics of the sample with the current population estimates from the U.S. Census Bureau<sup>1</sup>, it was apparent the sample was skewed toward elderly residents. Communication devices (i.e., cell phones vs. land line telephones) are becoming increasingly problematic when trying to reach younger populations. Literature reviews indicate that there are nonresponse and coverage issues among younger respondents.<sup>2</sup> In particular, response rates to health care and community health needs assessment surveys<sup>3</sup> have often been found to be higher for older respondents, especially for mail surveys. Moreover, 3,000 records were suppressed from the overall population before the sample was drawn. This was done in order to avoid duplication of residents from a community engagement survey that was conducted in the same area just prior to this study.

## Focus Groups and Key Informant Interviews

Avera McKennan coordinated the focus group and key informant interview process, contracting with Sumption & Wyland, a Sioux Falls-based consulting firm. The firm also developed and implemented a data validation interview series with community influencers. Thirty-three people took part in the focus group data collection process on May 19 and 20, 2015. Individuals were divided into three random community groups. All groups were facilitated by Margaret J. Sumption, LPC, SPH, and were audiorecorded for accurate data collection.

Thirteen persons completed the individual interview portion of the study between June and August 2015. This portion of the study was designed to validate the conclusions drawn as part of the focus group process. The validation interviews included individuals representing business, banking, nonprofit human service, nonprofit child care delivery, community college, student, minority service agencies, and faith-based services for minority populations.

The composition of the groups are shown in Figure 4-1.

The protocol for the focus groups included the following concepts:

- **Community Strengths**—Identification of those things the community can use to build upon in meeting the health care, wellness, and quality-of-life needs of the community.
- **Gaps**—Identification of most pressing gaps that stand in the way of health, wellness, and quality of life in the community.
- **Resources to Meet Needs**—Seeking understanding of what the community needs to address the gaps in health, wellness, and quality of life for our community.
- **Recommended Actions**—Identification of the one program, service, or resource that would move the community quickly to better health, wellness, and quality of life.
- **Other Issues**—Allowing members additional time to identify what may not have been shared in previous concept conversations.

## Community Sector Assessment

All community members have a role to play in improving health. For this CHNA process, the city used the South Dakota Good & Healthy Community Checklist (Checklist), which is a valid and tested tool to help communities assess local policy, regulations, and environment, as well as education and awareness regarding physical activity, nutrition, tobacco use, chronic disease management, and school health.

The Checklist was developed and adapted from the Ohio Creating Healthy Communities Checklist and with approval from the Primary Prevention Section and Creating Healthy Communities Program, Ohio Department of Health.

The sectors in this portion of the assessment include schools, worksites, health care, and community, which includes departments of city government and community organizations.

**Figure 4-1: Composition of Focus Groups**

Group	Representation	Age Range	Other Factors
Community Group	(3) Faith community (5) Nonprofit, executive level (2) Health care clinician (1) Social work (1) Physician	(0) <35 (5) 36–50 (6) 51-65 (1) >65	Dominant female group
Community Group	(1) Faith community (5) Nonprofit, executive level (2) Health care clinician (1) Physician (1) Governmental	(1) <35 (6) 36–50 (3) 51–65 (0) >65	Dominant female group
Community Group	(2) Volunteer (3) Nonprofit, executive Level (2) Health care clinician (1) Case manager (2) Physician (1) Governmental	34–57	Mixed group of male and female
Individual Validation Interviews Total of 13 interviews	(1) Banking (3) Business (2) Nonprofit human services (2) Nonprofit child care services (1) Community college administration (1) Community college student (1) Minority health care provider (Native American) (1) Faith-based human services (1) Health care public policy		Mixed group of male and female



Four primary health indicators—nutrition, physical activity, tobacco, and chronic disease management—were assessed for each sector.

The assessment met the guidelines of the Checklist that specify the number of sites (entities) recommended within each sector.

- **Community sector:** A minimum of two assessments per community site should be completed to include the city/community in general (i.e., City, Chamber of Commerce), and at least one other entity, group, or organization that provides a service to the city (i.e., United Way, Boys and Girls Club, Parks and Recreation, Siouxland Libraries, etc.).
- **Worksite sector:** A minimum of two assessments in each community site should be completed.
- **Health care sector:** A minimum of two assessments in each community site should be completed to include a hospital and at least one local clinic, assisted living facility, or nursing home.
- **School sector:** A minimum of one assessment in the school district should be completed.

The assessment modules cover what policies are in place, how regulations should be followed, and what strategies exist to promote education and awareness of chronic disease risk factors, and address prevention and health promotion.

Health indicators in each module are scored based on a scale of 0–3, from “not implemented” to “fully implemented.” A total score of all the strategies scored within each module is then calculated.

This assessment process identifies opportunities that cross all sectors and also those specific to a sector or health topic. Opportunities exist where the environment or policy score is less than 60 percent.

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## Secondary Data Review

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In addition to the primary data collection methods described in this section, this CHNA also compared Sioux Falls MSA public health data to secondary data sets to describe the community’s health status.

The Sioux Falls Metropolitan Statistical Area Calculator is a tool that was developed to convert county level data into MSA data. The calculator takes, as input, data from all four counties as well as the start and end years for the statistic. It then uses the Census Bureau’s population estimates for each of the years to average the population over the provided range and then multiplies each county’s input by its average population. That number is then divided by the average MSA population over the same time period. This method provides a single MSA number for the city that reflects, proportionally, the makeup of the four counties.

All of the indicators were pulled from the Health Indicators Warehouse which was developed by the National Center for Health Statistics. Most of the indicators were originally sourced from the Behavioral Risk Factor Surveillance System (BRFSS), the National Vital Statistics System (NVSS), and the US Census. The year ranges that were used were those that provided sufficient sample sizes for all of the constituent counties.

This report also includes references to other surveys conducted in the Sioux Falls area:

- *Sioux Falls Tomorrow 2014: A Vision for the Future.* This community-based planning project began in 1994 to create a vision for growth and quality of life in the Sioux Falls metro area. The group conducted a public survey at that time, and repeated the survey in 2004 and again in 2014. References to the 2014 survey results are included in this CHNA report. More information about Sioux Falls Tomorrow is available at [www.siouxfallstomorrow.com](http://www.siouxfallstomorrow.com).

- The National Citizen Survey™ 2015. This survey is a collaborative effort between National Research Center, Inc., and the International City/County Management Association. It captures residents' opinions within the three pillars of a community (Community Characteristics, Governance, and Participation) across eight central facets of community (Safety, Mobility, Natural Environment, Built Environment, Economy, Recreation and Wellness, Education and Enrichment, and Community Engagement). Previous surveys were conducted in Sioux Falls in 2008, 2009, and 2013. The full report is available at [www.siouxfalls.org/council/2015-citizen-survey.aspx](http://www.siouxfalls.org/council/2015-citizen-survey.aspx).

### Methodology References

1. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2013. Released June 2014. Available from [www.census.gov/popest/](http://www.census.gov/popest/).
2. Michael J. Stern, Ipek Bilgen, and Don Al Dillman. Field Methods 2014, Vol. 26(3) 284-301. The State of Survey Methodology: Challenges, Dilemmas, and New Frontiers in the Era of the Tailored Design.
3. See for example:  
[www.mathematica-mpr.com/~media/publications/PDFs/internetmailsurvey.pdf](http://www.mathematica-mpr.com/~media/publications/PDFs/internetmailsurvey.pdf);  
[www.allied-services.org/wp-content/uploads/2013/06/CHNA-lackawanna-2013.pdf](http://www.allied-services.org/wp-content/uploads/2013/06/CHNA-lackawanna-2013.pdf);  
[www.hcno.org/pdf/counties/Cuyahoga%20County%20Health%20Assessment%20FINAL.pdf](http://www.hcno.org/pdf/counties/Cuyahoga%20County%20Health%20Assessment%20FINAL.pdf).



# Section 5

Health Status, Assets, and Needs





## Part I: Quality of Life

While efforts to improve health traditionally focus on the health care system, research demonstrates that improving population health and achieving health equity also required broader approaches that address social, economic, and environmental factors that influence health.<sup>1</sup>

Social determinants of health are defined as “the structural determinants and conditions in which people are born, grow, live, work, and age.”<sup>2</sup> Resources that enhance quality of life by addressing these social determinants can significantly influence health outcomes.

Recent research showing that where a child grows up impacts his or her future economic opportunities as an adult also suggests that the environment in which an individual lives may have multigenerational impacts.<sup>3</sup>

The U.S. Department of Health and Human Services defines health disparities as “differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.”<sup>4</sup> The ability to achieve the highest level of health for all residents requires addressing social and environmental determinants of health both through broad, community-based approaches as well as targeted strategies focused on those experiencing the greatest disparities.

Fortunately, one of the great strengths of our community is the ability for diverse partners to come together and work toward a common goal.

During the CHNA focus groups, participants specifically mentioned the attitude of collaboration in the Sioux Falls area.

*Figure 5-1: Social Determinants of Health*

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

**Health Outcomes**  
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Harry J. Heiman and Samantha Artiga. November 2015

Residents see the partnership of governmental, nonprofit, business, and volunteer service groups as a way to encourage the city to identify needs, invest, work collectively, and tackle difficult issues together.

Sioux Falls Tomorrow, a community-based planning project that began in 1994 to create a vision for growth and quality of life in the Sioux Falls metro area, conducted a follow-up survey in 2014. Many questions within the survey focused on quality-of-life issues, and those results are included in this section of the CHNA report.

Overall, respondents to the Sioux Falls Tomorrow survey indicated positive movement in the area of quality of life, with 43 percent answering they felt the quality of life in the Sioux Falls area has improved over the past three years.<sup>5</sup>

During The National Citizen Survey™ in Sioux Falls (2015), 87 percent rated the overall quality of life as “excellent” or “good,” and gave Sioux Falls a positive rating of 93 percent as a good place to live.<sup>6</sup>

## Access to Care

Access to high-quality and affordable measures, including screening and appropriate follow-up, are essential steps in saving lives, reducing disabilities, and lowering costs for medical care.

Quality health care is a strength of the Sioux Falls area, with two fully-featured tertiary hospitals and numerous primary care and specialty care clinics in the community. In addition, having a Federally Qualified Health Center (FQHC), Falls Community Health, operated under the auspices of Sioux Falls City government, supports the quality of services available in the community.

Other assets in the area of access to care include:

- Availability of comprehensive inpatient and

## Avera Coordinated Care Program

Avera Coordinated Care is a team approach that serves as an extension of the clinic care staff. The program helps connect patients with needed resources to help improve their quality of life.

Coordinated Care is specifically designed to help people who have significant barriers to improved health, such as multiple diagnoses, catastrophic illness, health literacy issues, or psychosocial issues such as lack of finances, depression, or lack of health insurance. There is no charge to patients for these services, but rather, Avera recoups the expenses through quality incentives earned through improved outcomes.

- Eight teams across the Avera footprint, each comprised of an RN as team coordinator, a clinic care specialist, and a social worker
- 1,010 patients active in the program
- In 2015, Avera’s Coordinated Care program was recognized as among the top five health organizations that participated in a Centers for Medicare & Medicaid Innovation (CMMI) Health Care Innovation Challenge Grant.

outpatient behavioral health resources.

- Availability of health and wellness services within the health care systems.
- Access to health insurance plans within the health care systems.
- Availability of after-hours care and walk-in clinics, including free clinics or clinics with sliding fee scales.
- Availability of school-based clinics.
- Mobile Crisis Team works with law enforcement and emergency personnel to support the needs of individuals with mental health concerns.
- Availability of community-based health screenings.
- 24-hour health information available through telephone or website service.

Even with the many health care assets in the community, residents identified several needs through focus groups and a resident survey.

***DID YOU KNOW?***  
***Falls Community Health offers a sliding scale fee for patients. The clinic also accepts most insurance, Medicare, and Medicaid. Learn more at [www.siouxfalls.org/fch](http://www.siouxfalls.org/fch).***

### **Sioux Empire Network of Care**

The Bush Foundation funded a grant request from the Helpline Center to fund the efforts of the Sioux Empire Network of Care, whose primary purpose is to build a coordinated social service system through a partnership collaborative.

The primary purpose of the Collaborative Task Force is to understand the background information needed for a better coordinated social service system, problem-solve potential solutions for a coordinated social service system, and narrow solutions and make broad recommendations of a solution to the Steering Committee, who will refine and pilot the solution(s) in 2016.

Avera McKennan, Sanford Health, and the Sioux Falls Health Department are part of the Task Force, which includes social service agencies, consumers, funders, and stakeholders.

### **Area Hospitals Offer Charity Care**

Sanford Health and Avera Health are not-for-profit organizations and contribute substantial charity care for patient services. Charity Care is free or reduced health provided to persons who cannot afford to pay and who meet the organizations' financial assistance policy criteria.

As nonprofits, the hospitals also make a positive impact upon the communities they serve by providing community benefits.

Examples of community benefits:

- Community health services and screenings
- Health professions education
- Subsidized services
- Research
- Financial and in-kind contributions
- Community-building activities

For more information, visit [www.avera.org](http://www.avera.org) or [www.sanfordhealth.org](http://www.sanfordhealth.org).

The most-often cited gap is the “hand-off,” a term coined by the focus group participants that refers to making sure that individuals stay connected across the continuum of service delivery. This challenge, according to participants, goes beyond referral within and across medical care providers and should include more emphasis on follow-up and monitoring as individuals are referred for all types of community services outside the medical clinic or hospital setting.

### **Sanford's Medical Home**

The primary care medical provider is an integrated team's “quarterback.” In most cases this will be a physician, nurse practitioner, or physician assistant. Other members of the team, including the behavioral health consultant (BHCT), frequently coordinate interventions with the primary care medical provider to ensure that services are complete but not duplicative. This helps ensure the patient receives the best care possible and resources are utilized optimally.

**BHCT:** The BHCT is the behavioral health consultant to the team and to the patient, delivering and coordinating care in the primary care clinic. This role is typically a licensed mental health professional (psychologist, counselor, social worker) who provides evidence based interventions, monitors patients and their symptoms, encourages patient self-management, and develops strategies for medical adherence. The BHCT may also assist with questions related to behavioral/chemical health, coordinate “handoffs” of patients requiring immediate assessment, intervention or specialty care resources, perform follow-up visits, and consult on screening procedures and outcome data management.

**RN Health Coach:** The RN Health Coach delivers and coordinates patient care in the primary care clinic. The RN HC works with the clinic team to coordinate care across the continuum. Other common duties for the RN Health Coach include collaborating with team members to engage patients in comprehensive care management, utilizing motivational interviewing to support patients' behavioral change and encourage goal setting, action planning, and problem solving, evaluating patient progress and discussing patient goals, following up with high risk patients following hospital discharge, serving as a link to community resources and supporting quality improvement activities with the clinic team.

**Panel Manager:** The panel manager is a non-clinical member of the medical team providing a bridge between the treatment team and the patient. The panel manager coordinates patient registries and dashboards, prepares reports for team meetings and tracks results, and works with credentialed team members to arrange visits for patients with chronic diseases.

**LPN/nursing assistants/medical assistants:** Medical assistants (MA), nursing assistants (CNA), and licensed practical nurses (LPN) function as patient support personnel. They are often the first to have prolonged contact with the patient and may receive critical information shared by the patient, such as recent stressors, losses, conflicts, or circumstances that might affect the patient's ability to self-manage health concerns or adhere to treatment recommendations. Responsible for administration of Sanford's designated behavioral/chemical health screeners, they may be the first to know of potential needs for the patient to engage the BHCT.



The focus group suggested exploring the creation of a Community Navigation Network for residents, which would provide a “one-stop shop” for all services regardless of the individual’s presenting condition or issue. Navigation leaders within this structure could point people in the right direction to needed services and act as guides to ensure that individual is connected to the appropriate agency.

Related to the navigation network was the issue of data collection, access and sharing, so that all health, social services, charity support or other agencies could access information about an individual that would allow for the seamless coordination of care.

Residents in the Sioux Falls MSA were asked if they needed medical care, mental health care, or treatment for alcohol or drug use over the past 12 months. If they responded “yes” to any of these areas, responses were recorded as a “need for treatment.” If respondents answered that they received “some but not all care” or received “no care,” that was recorded as an unmet need.

- Need for Mental Health Care: 10.06%
- Need for Alcohol or Drug Treatment: <1%
- Unmet Medical Needs: 9.35%
- Unmet Mental Health Needs: 29.88%

Source: Focus on South Dakota: A Picture of Health. The Leona M. and Harry B. Helmsley Charitable Trust. May 2015.

## Cost of Care

Navigating the complex system of paying for health care is, by its nature, causing people to not proactively seek services that could prevent more serious problems if managed early.

For example, 24 percent of Americans who take prescription drugs report they or a family member have not filled a prescription in the past year because of cost. Another 19 percent report skipping a dose or cutting pills in half because of cost.<sup>7</sup>

Within the Sioux Falls MSA, looking at the time period from 2005 to 2011, an average of 8 percent of residents delayed seeking care from a physician due to cost.<sup>8</sup>

Within the focus groups, participants identified several issues related to cost of care. Most group members felt a concentrated commitment to move the state to address the gap in coverage by expanding Medicaid is an important effort. A broad theme that emerged from focus group discussions was the need to make health care more affordable and allow people in the community to access care regardless of ability to pay.

The CHNA resident survey asked several questions related to cost of care. Residents ranked their level of concern about various issues on a scale of 1 to 5, with 1 being “not at all” and 5 being “a great deal” of concern. The top six concerns are listed in Figure 5-2.

**Figure 5-2: Top Concerns About Health Care Affordability**



Source: 2015 CHNA Resident Survey



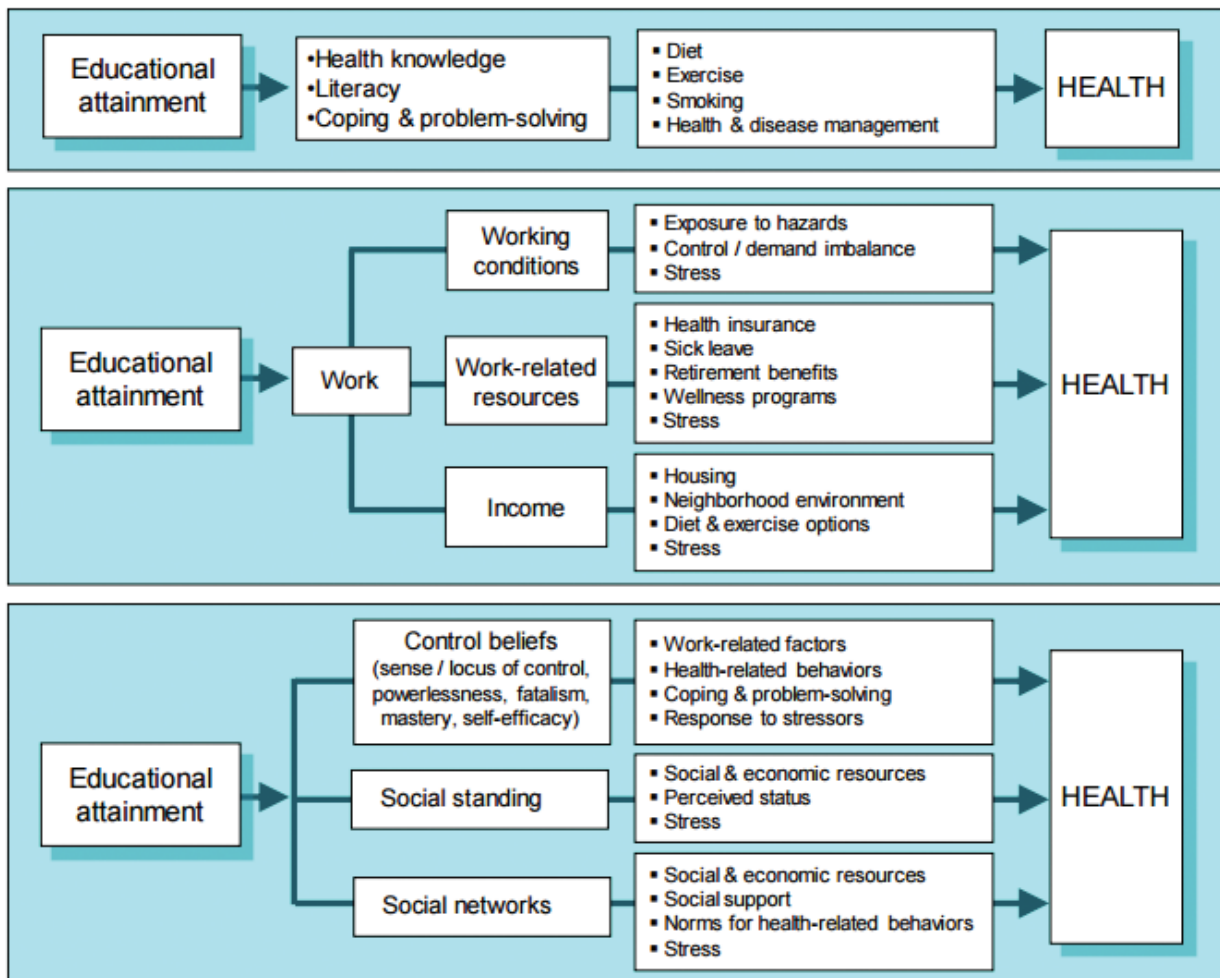
While access to affordable health insurance was noted as a concern, the uninsured rate in South Dakota is lower than the national average (11.4 percent). In 2013, 14 percent of South Dakotans were uninsured, and that number dropped to 11.3 percent by mid-2014 and 7.2 percent during the first half of 2015. That comes in under the average of 13.4 percent among states that did not expand Medicaid and also opted to have the federal government run their exchanges.<sup>9</sup>

## Education

It is widely accepted that without education, prospects for a stable job with good earnings are slim. Over the past two decades, research has also linked the importance of education to health, even when other factors like income are taken into account.<sup>10</sup>

People with more education are likely to live longer, experience better health outcomes, and practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care checkups and screenings.<sup>11</sup> However, the United States is the only industrialized nation where young people currently are less likely than members of their

Figure 5-3: Correlations Between Education and Health



Source: Robert Wood Johnson Foundation, Issue Brief #5, April 2011

parents' generation to be high school graduates, which could ultimately have negative impacts on health.<sup>12</sup>

Among schools located within the Sioux Falls MSA, the number of students eligible for free or reduced meals ranges from a low of 12 percent to a high of 90 percent, with the average at nearly 36 percent.

**Figure 5-4: Sioux Falls MSA English Language Learners (ELL)**

Total Students	38,824
ELL Students	2,619
Percent ELL	6.75%
Minnehaha	8.52%
Lincoln	1.24%
Turner	0.45%
McCook	0.27%

*Source: 2015 Sioux Falls School District Demographics Report*

The CHNA resident survey noted the following as concerns related to youth and education:

- Bullying
- Services for at-risk youth
- School dropout rates
- School absenteeism

With a growing population in the Sioux Falls MSA, there are also challenges to the education system, such as the number of students whose first language is not English (see Figure 5-4). Other socioeconomic factors such as parents' employment and wages also have impacts at the school level.

During focus group discussions, current assets that participants felt must be incorporated into future planning include Head Start programs for young children, school-based clinics and school-based health screening, quality nutrition programs, and partnership with other agencies to refer children and families to needed services.

**Free and Reduced Meals**

Free and reduced-price meals are available to South Dakota children unable to pay the full price of meals or milk served under the National School Lunch, School Breakfast, and/or Special Milk Programs. This program is based on the income scales found in Figure 5-5.

Also highlighted as important to the well-being of the community include availability of higher education options, specialty training in mental health, public service education, training of physicians through the medical school, and the outreach and partnership of the hospitals to the schools.

**Figure 5-5: Income Eligibility Guidelines for Free or Reduced-Price Meals For School Lunch Programs**

Effective from July 1, 2015, through June 30, 2016

South Dakota Department of Education, Child and Nutrition Services

The income scales below are to be used to determine applicant's eligibility for free or reduced-price meals if the family is at or below the guideline.

Household Size	Annually		Monthly		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,301	\$21,775	\$1,276	\$1,815	\$295	\$419
2	\$20,709	\$29,471	\$1,726	\$2,456	\$399	\$567
3	\$26,117	\$37,167	\$2,177	\$3,098	\$503	\$715
4	\$31,525	\$44,863	\$2,628	\$3,739	\$607	\$863
5	\$36,933	\$52,559	\$3,078	\$4,380	\$711	\$1,011
6	\$42,341	\$60,255	\$3,529	\$5,022	\$815	\$1,159
7	\$47,749	\$67,951	\$3,980	\$5,663	\$919	\$1,307
8	\$53,157	\$75,647	\$4,430	\$6,304	\$1,023	\$1,455
For each additional family member, add this amount . . .	\$5,408	\$7,696	\$451	\$642	\$104	\$148

The Sioux Falls Tomorrow 2014 survey stated that in order to create and sustain a superior educational system, the community needs to “begin earlier and have higher expectations.” Specifically, “beginning earlier” means to address growing poverty because as income disparity grows, pressures on families increase, making it hard to engage them in their children’s education and, ultimately, students’ success. Having “higher expectations” applies both to educational systems and to student success, with a belief that systems must be inclusive and responsive to both cultural and economic diversity, as well as responsive to individuals’ lifelong needs for career development and personal growth.<sup>13</sup>

Education is closely connected with social and psychological factors, including sense of control, social standing, and social support. These factors can improve health through reducing stress, influencing health-related behaviors, and providing practical and emotional support.

## Employment

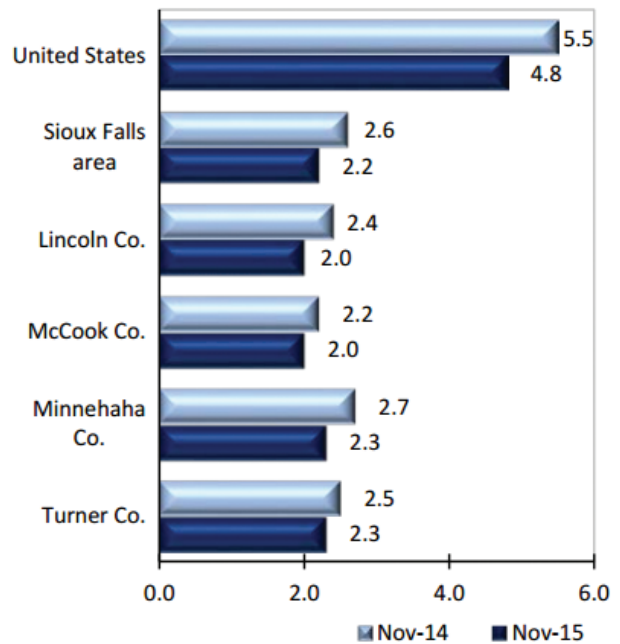
Employment and economic security are also social determinants of health that affect workers, families, and communities.

Unemployment rates and/or occupational status measures are also frequently combined with other indicators such as median income, car ownership, education level, or overcrowded housing when looking at health impacts.

The degree to which occupational safety regulations and policies are in place and enforced is likely to influence the frequency and severity of work-related injuries, while aspects of job quality, including wage equity, family-friendly policies, and job characteristics, can reduce or exacerbate job related stress and its impacts on health.<sup>14</sup>

Unemployment in South Dakota and the Sioux Falls MSA continues to be lower than the national average.

Figure 5-6: Unemployment Rates



Source: U.S. BLS, Local Area Unemployment Statistics.

The median household income in our area is \$49,495, which is less than the national average of \$53,046.<sup>15</sup>

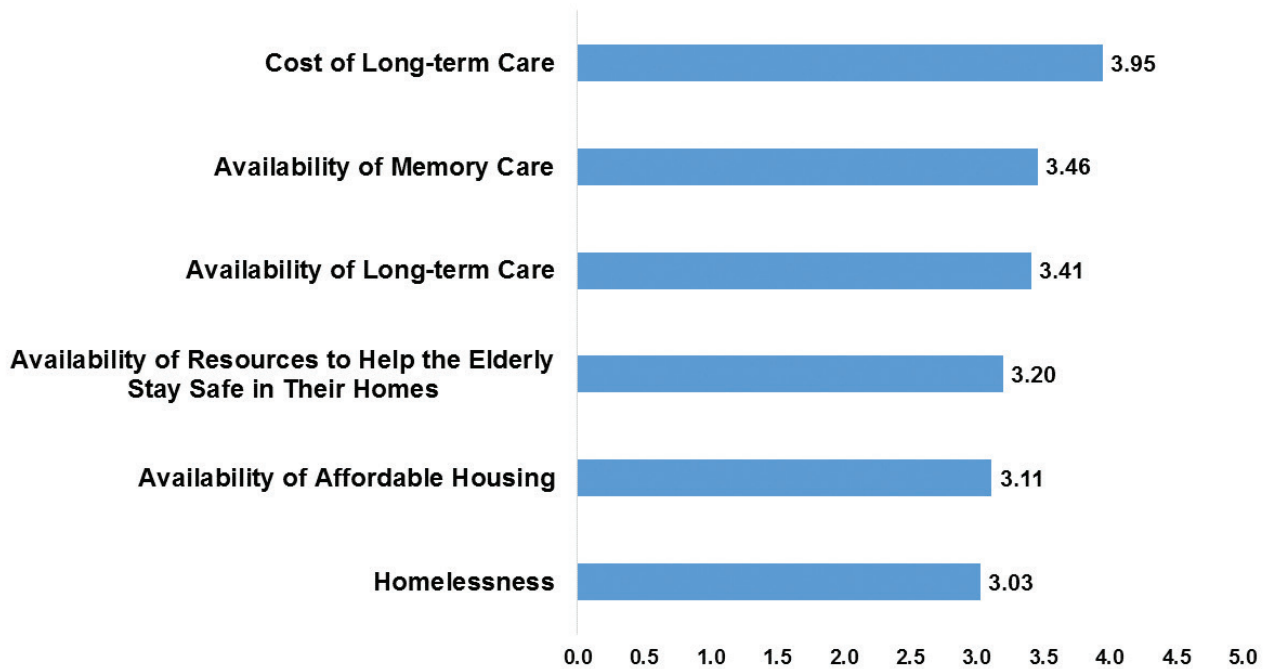
The Sioux Falls Tomorrow 2014 community survey asked respondents to identify the “most important

### Homelessness in the Sioux Falls Area

- Homeless students in the Sioux Falls School District: 688 (332 families)
- Homeless applications to Minnehaha County (2015): 1,425 (affecting 2,232 persons)
- Bishop Dudley Hospitality House (2015): 34,022 nights of lodging (averaging 93 people/night)
- Union Gospel Mission (2015): 20,384 nights of lodging (averaging 56 people/night)
- St. Francis House transitional housing (2015): 250 guests served (116 experiencing some mental health issues)
- Sioux Falls Homeless Transitional Housing Program: Heartland House 277 people and Bright Futures 175 people.

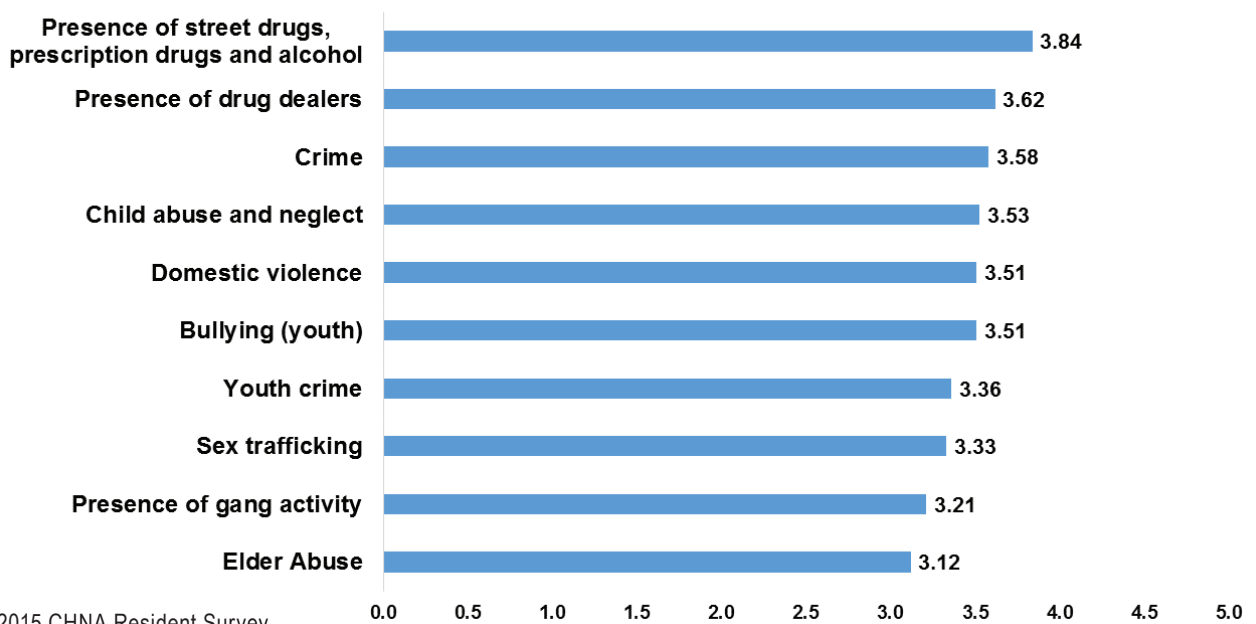
Source: Minnehaha County Homeless Advisory Board. February 2016.

*Figure 5-7: Concerns About Housing*



Source: 2015 CHNA Resident Survey

*Figure 5-8: Concerns About Safety*



Source: 2015 CHNA Resident Survey

local issue facing cities and towns in the Sioux Falls area,” and 14 percent of respondents focused on two economic concerns with these statements<sup>16</sup>:

1. Low wages – “We will not improve our quality of life if we cannot assure people of a decent income.”
2. Economic development – “We need to continue to bring new businesses to town and they need to be diverse in the industries and sectors they serve.”

Strategies within the Sioux Falls Tomorrow 2014 report include attracting a diverse array of industries and businesses, developing further opportunities for higher education, and supporting quality-of-life efforts to attract and retain both businesses and employees.

### Housing, Including Specialized Housing

Within the CHNA resident survey, the availability of affordable housing and homelessness were identified as concerns within the “economics” of the community.

Focus groups noted that the Sioux Falls community has a waiting list as long as three years for low-income housing certificates. The crunch in affordable housing has reached critical proportions, according to the majority of focus group members.

Many group participants were familiar with an attempt to develop a coordinated community response to this critical housing shortage and indicated that this is one of the most critical issues facing people in poverty in our community. Focus group members were clear in pointing out that housing issues are not an area of “quick fix,” as many families live under 30 percent of poverty for long periods of time and need ongoing support, and many two-income households have significant concerns paying high rents. Another need is for specialized services such as nursing homes and other long-term care (particularly for those who are homeless), as well as specialized housing with support for people with mental health needs.

The CHNA resident survey asked several questions related to housing, and residents ranked their level of concern about various issues on a scale of 1 to 5, with 1 being “not at all” and 5 being “a great deal” of concern. See Figure 5-7.

### Safety

Public safety is included within the social determinants of health and can impact a wide range of health and quality-of-life issues. This includes social norms and attitudes, such as discrimination; exposure to crime,

**Figure 5-9: Safety as Rated by National Citizen Survey**

The 2015 National Citizen Survey included several questions related to safety. Residents were asked to rank several community characteristics.

Percent rating positively (e.g., excellent/good, very/somewhat safe)				
	2008	2009	2013	2015
Overall feeling of safety	NA	NA	NA	79%
Safe in neighborhood	95%	95%	97%	93%
Safe in downtown/commercial area	88%	89%	91%	85%
Police	78%	83%	83%	83%
Fire	93%	95%	96%	96%
Ambulance/EMS	87%	91%	91%	92%
Crime prevention	69%	74%	71%	71%
Fire prevention	81%	83%	84%	83%
Emergency preparedness	NA	70%	74%	72%
Traffic enforcement	63%	64%	60%	64%
Street lighting	62%	65%	64%	64%

violence, and social disorder; feelings of safe (or unsafe) neighborhoods; the ability to travel safely around the community; exposure to toxic substances and other physical hazards; safe, healthy relationships; or other factors that influence a resident's perceptions of a safe environment.

The resident survey asked several questions related to safety. When asked to rank their level of concern about various issues on a scale of 1 to 5, with 1 being "not at all" and 5 being "a great deal" of concern, residents responded as shown in Figure 5-8.

When asked to rate their agreement with the statement "I feel safe living in the Sioux Falls area," 79 percent of respondents to the 2014 Sioux Falls Tomorrow survey answered they "strongly agree" or "agree."<sup>17</sup>

The National Citizen Survey™ (2015) included several questions related to safety. Residents were asked to rank several community characteristics. See Figure 5-9.

The National Citizen Survey also asked residents about their own experience in emergency situations. Of residents responding to the 2015 survey, 28 percent did not have supplies stocked for a community or weather emergency, 77 percent had never reported a crime, and 88 percent had never been the victim of a crime.

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## Support Services

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The community assessment focus groups identified several benefits from a wide array of local agencies and organizations providing services that help support residents' health and well-being.

- Strong Faith Community – Churches play an active role in meeting the needs of those in need in the community, specifically through parish nursing, outreach ministries, and support partnerships with many of the nonprofit service sector agencies in the area.
- Specialized Support Services – Whether individuals in the community are struggling with relation-

ships, medical issues, addictions or other challenges, a number of agencies are available to provide assistance, including:

- ◇ Assistance for refugees
- ◇ HelpLine Center (211)
- ◇ Veterans' services
- ◇ Child care

(See Appendix for other resources.)

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## Transportation

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The availability and accessibility of transportation options affects access to employment, healthy foods, health care, and other important determinants of health and wellness.

Focus groups identified transportation as a critical need in the Sioux Falls area. The majority of participants indicated that the current public transit system is inadequate in meeting the needs of citizens, citing these challenges in particular:

- Lack of evening and Sunday service.
- Timeliness of service (e.g., taking two hours to travel each way for work, health care, appointments, or other needs makes the use of transit unmanageable for many people).
- Lack/absence of transit services for outlying towns around Sioux Falls.
- Residents challenged to get to medical appointments resulting in poor medical outcomes for patients and increased overhead costs for medical providers.

From the resident survey, the top transportation concerns include:

- Driving habits (e.g., speeding, road rage)
- Availability of good walking or biking options (as alternatives to driving)
- Availability of public transportation
- Cost of public transportation

The National Citizen Survey™ asked residents to rank several characteristics related to transportation. Results are shown in Figure 5-10.





**Figure 5-10: Transportation Modes Rating Positively (Percentage)**

	2008	2009	2013	2015
Paths and walking trails	NA	77%	76%	77%
Ease of walking	71%	74%	72%	66%
Travel by bicycle	68%	65%	63%	50%
Travel by public transportation	NA	NA	NA	45%
Public parking	NA	NA	NA	51%
Overall ease of travel	NA	NA	NA	73%
Traffic flow	42%	41%	45%	46%

Source: The National Citizen Survey™

Transportation alternatives are of interest to Sioux Falls residents, according to The National Citizen Survey™. Of residents responding to the 2015 survey, 11 percent stated they had used public transportation instead of driving, 43 percent carpooled instead of driving alone, and 46 percent walked or biked instead of driving.<sup>18</sup>

**Figure 5-11: Transportation Modes Used**

Which of the following modes of transportation do you or other members of your household normally use to get to/from work?		
	Single-occupant vehicle	85%
	Walking	2.53%
	Transit	1.39%
	Bicycling	1.02%

Source: 2014 Sioux Falls Metropolitan Planning Area Transportation Resident Survey

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## Part II: Health and Well-Being

To live well, we must care for our physical health, as well as care for our mind and spirit. When we balance our physical health and emotional health, we enjoy a greater sense of well-being.

Since 1949, the World Health Organization (WHO) has noted that health is a *state of complete physical, mental, and social well-being and not merely an absence of disease and infirmity*.<sup>1</sup>

Because people are living longer than ever before, researchers have changed the way they examine health, looking beyond causes of death and morbidity to examine the relationship of health to the quality of an individual life.

Healthy People 2020, an initiative of the U.S. Department of Health and Human Services, outlines a 10-year agenda for improving the nation's health, focusing on these four overarching goals<sup>2</sup>:

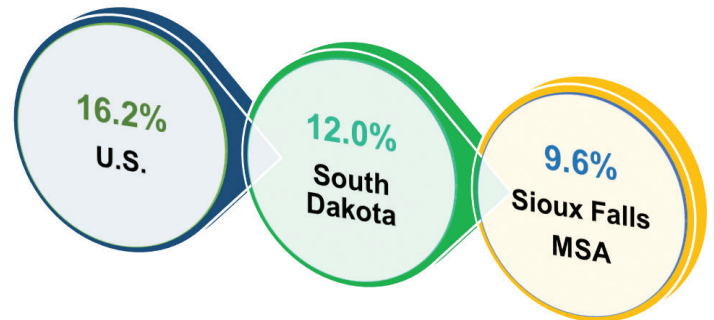
- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Promoting well-being emphasizes a person's physical, mental, and social resources and enhances conditions that foster health. Instead of the traditional view of prevention as only minimizing illness and risk factors, well-being also focuses on disease resistance, resilience, and self-management.<sup>3</sup>

Overall, residents in the Sioux Falls MSA rate themselves in good health.

The following pages provide more detail about health issues in the Sioux Falls MSA, from alcohol and substance use to chronic diseases and health promotion and prevention.

**Figure 5-12:**  
**Residents Reporting Fair or Poor Health**



Source: Behavioral Risk Factor Surveillance System, 2000–2012

### Alcohol and Substance Use

Substance abuse is among the costliest health problems in the United States, with the annual cost over \$510 billion. Specific costs in the United States each year include:

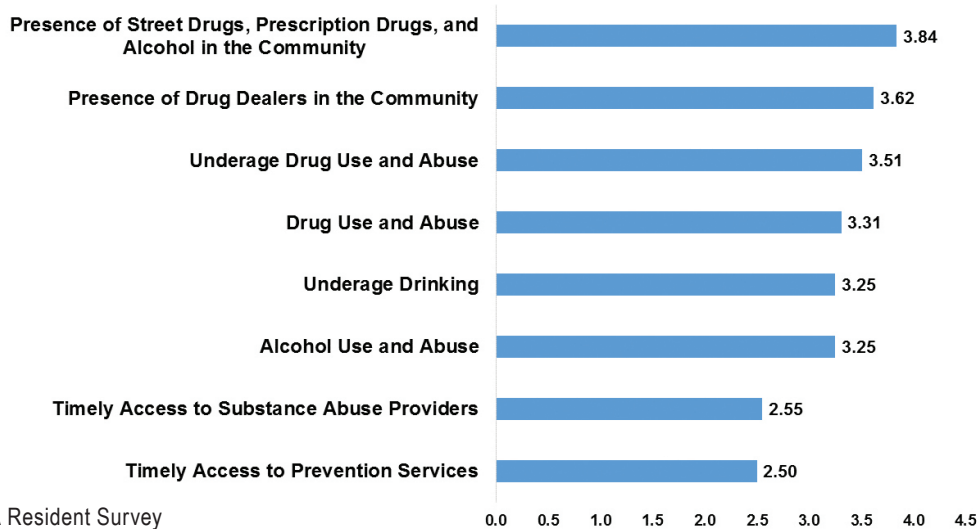
- Alcohol abuse - \$191.6 billion.
- Tobacco use - \$167.8 billion.
- Drug abuse - \$151.4 billion.

To help our residents live well, we must treat addiction the same as any other chronic disease so more people seek help and get the quality lifelong care they need to stay healthy.

The CHNA resident survey asked several questions related to substance abuse. When asked to rank their level of concern about various issues on a scale of 1 to 5, with 1 being “not at all” and 5 being “a great deal” of concern, residents responded as shown in Figure 5-13.

Survey respondents were also asked about their own behaviors related to the use of alcohol or other substances. Excessive alcohol use, either in the form of binge drinking (5 or more drinks on an occasion for men, or 4 or more drinks on an occasion for women) or heavy drinking (15 or more drinks per week for men or 8 or more drinks per week for women) is associated with an increased risk of many health problems, such as liver disease and unintentional injuries. The level of binge

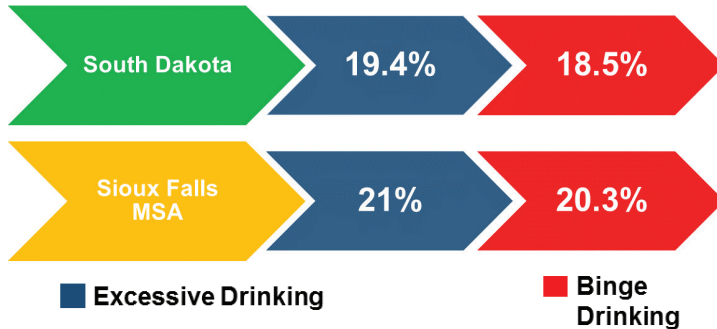
**Figure 5-13: Concerns About Substance Use and Abuse**



Source: 2015 CHNA Resident Survey

drinking in the Sioux Falls MSA has increased slightly (from 19 percent in 2010).

**Figure 5-14: Self-Reported Excessive and Binge Drinking**



Source: Behavioral Risk Factor Surveillance System, 2006–2012

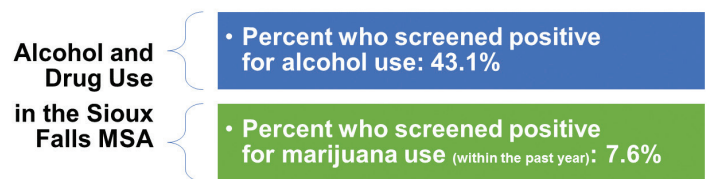
A recently released study from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) reported that women are catching up to men when it comes to using and abusing alcohol.

The researchers analyzed data from 2002 to 2012 and found that reported alcohol consumption in the previous 30 days rose among women, from almost 45 percent to more than 48 percent, while it fell among men, from slightly more than 57 percent to just over 56 percent.<sup>4</sup>

The investigators found that the average number of drinking days in the past month also increased among women, from 6.8 to 7.3 days, but fell among men,

from 9.9 to 9.5 days. Among those aged 18 to 25 who weren't in college, there was a large increase in binge drinking among women but a significant decrease among men. Increased alcohol use by women is a cause for concern because women are at greater risk than men for a number of alcohol-related health problems, including liver inflammation, heart disease, neurotoxicity, and cancer.

**Figure 5-15: MSA Alcohol and Drug Use**

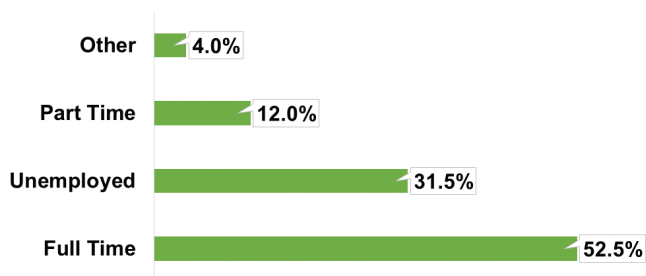


Source: Focus on South Dakota: A Picture of Health. The Leona M. and Henry B. Helmsley Charitable Trust. May 2015.

Alcohol and substance use not only impact the individual, but also their employers. Among clients of Face It TOGETHER Sioux Falls, 64.6 percent report they are employed while receiving peer-based addiction support services from the agency.

Among Face It TOGETHER clients, 31.5 percent report being unemployed. Of that group, 10.9 percent say they are not looking for work for a variety of reasons, including disability and treatment.

**Figure 5-16: Employment Status of Alcohol and Substance Abusers**

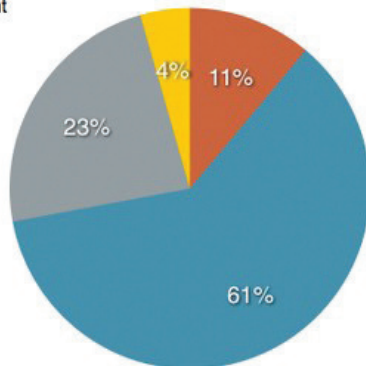


Source: Face It TOGETHER Sioux Falls

Nationally, about 70 percent of addiction sufferers are employed. Tragically, most hide their disease due to stigma, shame and fear, driving tremendous costs in the workplace. Employers incur operating costs of about \$1,700 per employee each year for untreated drug and alcohol addiction.<sup>5</sup>

**Figure 5-17: Reasons for Unemployment Among Alcohol and Substance Abusers**

- Unemployed - Not looking for work due to health/disability/treatment
- Unemployed - Looking for work
- Unemployed - Not looking for work
- Temporary unemployment



Source: Face It TOGETHER Sioux Falls

Employers can play a major role in addressing this health challenge.

Solving addiction in the workplace fosters a healthier workforce, improves productivity and work quality, reduces health care costs, and increases profits.

Addiction is a complex disease. Substances like drugs and alcohol change the brain and impact behavior, so quitting use and getting well is difficult, even for those who want to change. Research about the brain shows

that addiction can be successfully treated with the right approaches and long-term support.

Individuals should work with a qualified health care provider to create a treatment plan that also addresses any other physical or mental health issues.

Just like other chronic diseases, such as diabetes or heart disease, addiction can be managed successfully over a lifetime. It is not uncommon for a person to suffer a recurrence of symptoms. That does not mean failure. It simply means that the current treatment and other supports should be evaluated or adjusted.

The damage from drug and alcohol addiction also touches the lives of others. It is estimated that for every person suffering from the disease of addiction, there are four people that love that person and want to see them get well.

Prevention programs that involve families, schools, communities, and the media can be effective in making people more aware about all types of addiction. Education is especially important to help youth and the general public understand the dangers associated with alcohol and drug abuse.

## Chronic Disease Management

Chronic diseases are among the most common, costly, and preventable health problems. According to the Centers for Disease Control and Prevention (CDC), as of 2012, about half of all adults, or 117 million people, had one or more chronic health conditions. One of four adults had two or more chronic health conditions.

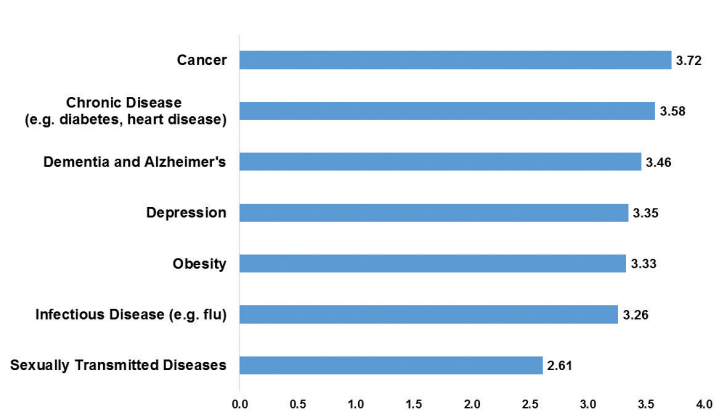
Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early deaths related to chronic diseases.<sup>6</sup>

The CHNA Resident Survey showed residents are living with chronic conditions such as high cholesterol,

high blood pressure, depression, arthritis, anxiety, and diabetes.

Residents were asked to rate their level of concern with statements related to chronic disease using a 1-to-5 scale, with “1” being “not at all” and “5” being “a great deal” of concern.<sup>8</sup> See Figure 5-18.

**Figure 5-18: Concern About Chronic Disease**



Source: 2015 CHNA Resident Survey

Living with chronic disease impacts an individual's quality of life, productivity, and longevity. Chronic

conditions currently account for more than 75 percent of health care spending in the United States. At the community level, high prevalence of chronic disease can impact the economic well-being of the overall community. Studies have shown that chronic conditions can add about \$3,600 a year per person to employer health care costs.

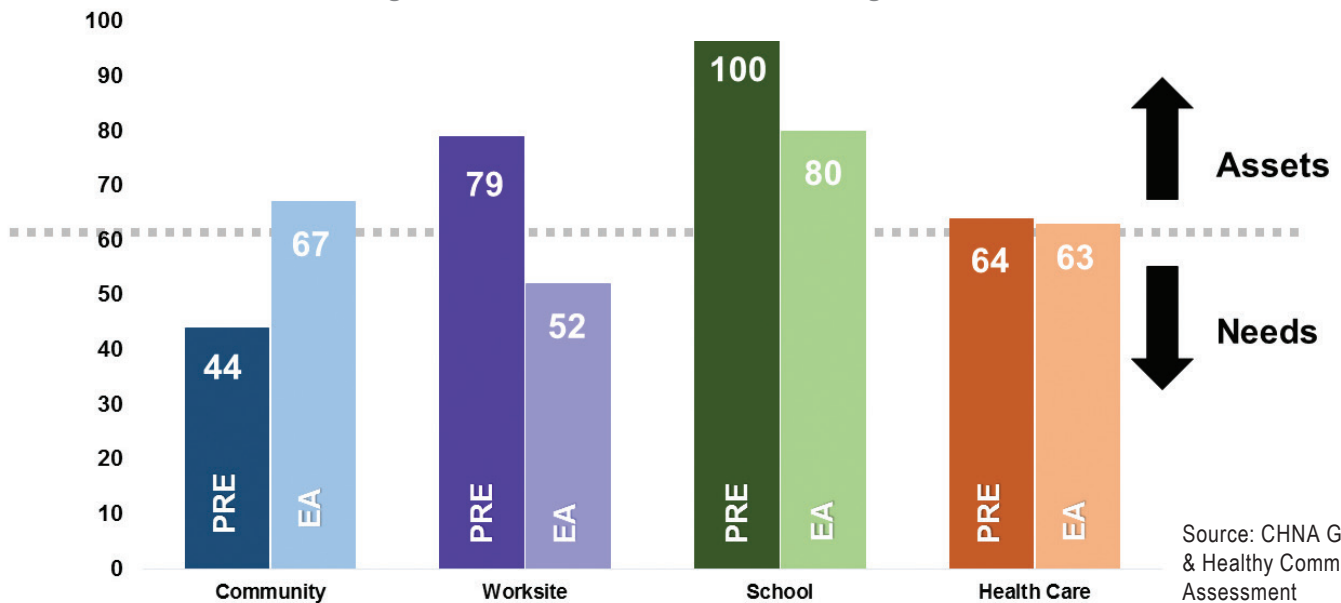
**Community Assets and Needs Related to Chronic Disease Management**

Using the South Dakota Good & Healthy Community Checklist, representatives from several sectors of the community rated Policy, Regulation, and Environment (PRE) efforts and Education and Awareness (EA) efforts related to chronic disease management.

In Figure 5-19, scores over 60 represent an indication of chronic disease management assets, while scores below 60 indicate needs in the area of chronic disease management.

In the area of *Chronic Disease Management*, the assessment identified resources such as faith community nursing, community-based health

**Figure 5-19: Chronic Disease Management**



Source: CHNA Good & Healthy Community Assessment

PRE=Policy, Regulation and Environment EA=Education and Awareness

#### Common Reasons for Visits at SD Urban Indian Health



Source: South Dakota Urban Indian Health (2015)

### ***South Dakota Urban Indian Health: An Integrated Model of Care***

The mission of South Dakota Urban Indian Health (SDUIH) is to provide total quality medical care for Native American people and for the economically disadvantaged. The clinics offer a comprehensive patient-centered health care system focused on patient and staff satisfaction and on services that are culturally appropriate and mission-aligned. With holistic care at its core, SDUIH promotes a balance between physical, spiritual, behavioral, and mental health for the entire family. The top health concerns facing the Native American population in the Sioux Falls area include mental health, diabetes and pre-diabetes, and other chronic diseases such as cardiovascular disease. Challenges that impact an individual's ability to manage their health include cost of services, particularly mental health services, transportation, and cultural competency.

To ensure all needs of patients are addressed, SDUIH developed an integrated model of care. This approach brings together both medical services and behavioral health support. With each patient visit, the SDUIH clinic team asks a wide range of prevention and lifestyle questions, ranging from nutrition, physical activity, and smoking, to vaccines, seat belt use, depression or anxiety, and any exposure to violence, such as domestic violence. The clinic staff also ask Adverse Childhood Event (ACE) questions to help address trauma. In "share-care" visits, a medical provider and a behavioral health counselor work together with patients, focusing on the traditional medicine model of Native Americans that includes physical, mental, emotional, and spiritual needs.

Learn more at [www.sduih.org](http://www.sduih.org) or by calling 605-224-8841.



### ***BETTER CHOICES BETTER HEALTH***

Chronic disease management is an approach to managing illness where individuals share knowledge, support, and self-care strategies. To be effective, it requires implementation with community social support networks, clinical professionals willing to act as partners or coaches, and resources that are verified and relevant to the individuals and the community.

Better Choices Better Health® (BCBH) workshops are 2.5 hours long and meet weekly for six weeks in community settings such as senior centers, churches, and libraries. Topics include:

- Techniques to deal with frustration, fatigue, isolation, and poor sleep.
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance.
- Medication management.
- Communicating effectively with family, friends, and health professionals.
- Learning how to pace activity and rest.
- Eating well and fun ways to get active.

This effective program is facilitated by two trained lay leaders, one or both of whom may have a chronic condition themselves. Research has shown that after participating in a six-week workshop, individuals:

- Are better able to manage symptoms.
- Communicate more easily with doctors and loved ones.
- Are less limited by the illness.
- Spend less time at the doctor or in the hospital.
- Generally feel better.

Workshop classes are interactive, helping to build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Better Choices, Better Health® is modeled after Stanford University's chronic disease self-management program and is supported by the South Dakota Department of Health and SDSU Extension Services. For more information about program locations and dates, call 888-484-3800.

Figure 5-20: Survey Responses About Cancer Screenings

Type of Screening	Percent of Respondents*						
	Not Necessary	Doctor Hasn't Suggested	Cost	Fear of Procedure	Fear of Results	Unable to Access Care	Other Reason
Cervical Cancer (women ages 25+)	50.8	20.0	4.6	0	0	0	10.8
Colorectal Cancer (age 55+)							
Female	42.5	27.5	5.0	2.5			10.0
Male	45.6	2.5	10.3				5.9
Prostate Cancer (men ages 55+)	32.6	34.9	9.3	0	0	2.3	9.3
Skin Cancer (ages 18+)							
Female	39.4	31.3	3.0			1.0	8.1
Male	44.4	31.9	2.2				5.2

\*Percentages may not total 100.0 due to rounding. Source: 2015 CHNA Resident Survey

screenings, and school-based nurses as assets. Areas of need include community systems for referrals to chronic disease management programs and awareness of chronic disease management resources provided by worksites. Specific Assets and Needs identified through the Good & Healthy S.D. Community Assessment process are listed in the Appendix on pages 1–22.

### What Can Community Members Do?

- Create a referral system to help patients access community-based resources and services for chronic disease management, such as Better Choices Better Health® workshops.
- Ensure regular counseling in the health care setting about the importance of lifestyle behavior changes to control symptoms of chronic diseases
- Promote, through worksites, the importance of healthy lifestyle behaviors to prevent or manage chronic disease as well as resources in the community for chronic disease management.
- Train staff in all settings about proper responses to chronic disease related emergencies (heart attack, stroke, hypoglycemia, etc.) and use of equipment to support timely response (e.g. AED).

## Cancer

Cancer is a collection of related diseases in which cells in the body divide without stopping and spread into surrounding tissues. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. It can affect anyone, at any age.

Some types of cancer include:

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Lung Cancer
- Prostate Cancer
- Skin Cancer
- Leukemia

Screening for many types of cancer, such as mammograms, Pap tests and prostate exams, can help diagnose the disease at an early stage when treatment works best. Vaccines (shots) also help lower cancer risk. The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer, and the hepatitis B vaccine can help lower liver cancer risk.

An individual can reduce the risk of cancer by making healthy choices like avoiding tobacco, limiting alcohol use, protecting skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active.

In the CHNA survey, residents were asked about preventive screenings they have had within the past year.<sup>9</sup>

- 88 percent of women over the age of 45 had a breast cancer screening.
- 51.1 percent of women over the age of 25 had a cervical cancer screening.
- 57 percent of men and 58 percent of women over the age of 55 had a colorectal cancer screening.
- 73.9 percent of men age 55 and over had a prostate cancer screening.
- 38.7 percent of men and 28.1 percent of women ages 18 and over had a skin cancer screening.  
*Note: No men reported having a screening until after age 45, and no women reported having a screening until age 35.*

When asked why they have not had preventive screenings in the past year, respondents answered as shown in Figure 5-20.

The All Women Count! program provides financial assistance for Pap tests and mammograms to women who meet income and age guidelines. Call 1-800-738-2301 (in South Dakota only) for more information.

The GetScreenedSD Program provides financial assistance for colorectal cancer screening to South Dakota residents over 50 years of age who do not have a payment source. Eligibility is based on income, age, and indication. More information is available at [www.getscreened.sd.gov](http://www.getscreened.sd.gov).

## Cardiovascular Disease

Cardiovascular disease refers to any disease of the heart or vascular system. This includes such conditions as heart attacks, coronary heart disease, atherosclerosis, hypertension, congestive heart failure, and stroke.

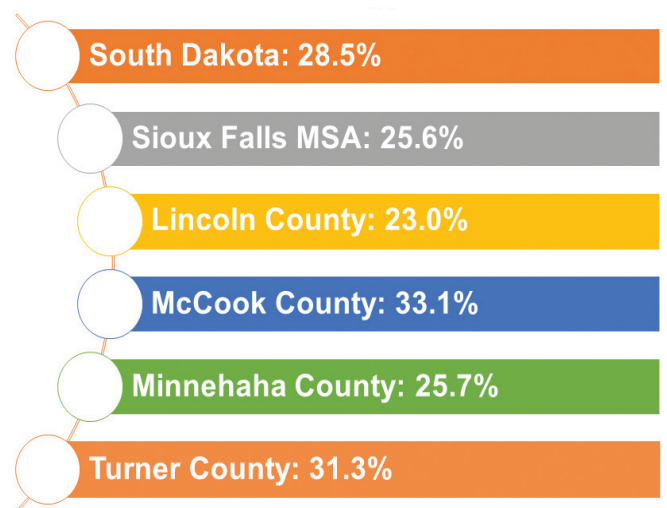
Heart disease and stroke continue to be leading causes of death and disability across the nation. Risk factors for cardiovascular disease include high blood pressure (hypertension), high cholesterol, smoking, inactivity, and being overweight or obese.

### Hypertension

Hypertension is another term for high blood pressure. Often there are no symptoms, which is why it is referred to as a “silent killer.” People can develop heart disease or other serious health issues like kidney problems without knowing it.

According to the American Heart Association (AHA), about 80 million people, or 1 of every 3 adults, have high blood pressure. In addition, the AHA reports that 69 percent of people who have a first heart attack, 77 percent of people who have a first stroke, and 74 percent of people with chronic heart failure have high blood pressure.

**Figure 5-21: Residents with Hypertension**



Source: Behavior Risk Factor Surveillance System

Clinical preventive services, such as routine screenings for hypertension, are key to reducing death and disability. These screenings detect illnesses and diseases at more treatable stages.

The Big Squeeze blood pressure initiative started in 2011, performing free blood pressure screenings and delivering education to Sioux Falls area residents. These screenings, which take place annually during the month of April, have been held at such locations as worksites, churches, pharmacies, and community events.

Through The Big Squeeze, residents have the opportunity to determine whether their blood pressure is in a normal range, and, if it is not, to then take action and see their health care provider.

During The Big Squeeze 2015, nearly **35 percent** of individuals who had a high blood pressure reading had never been told by a health professional that they have high blood pressure.



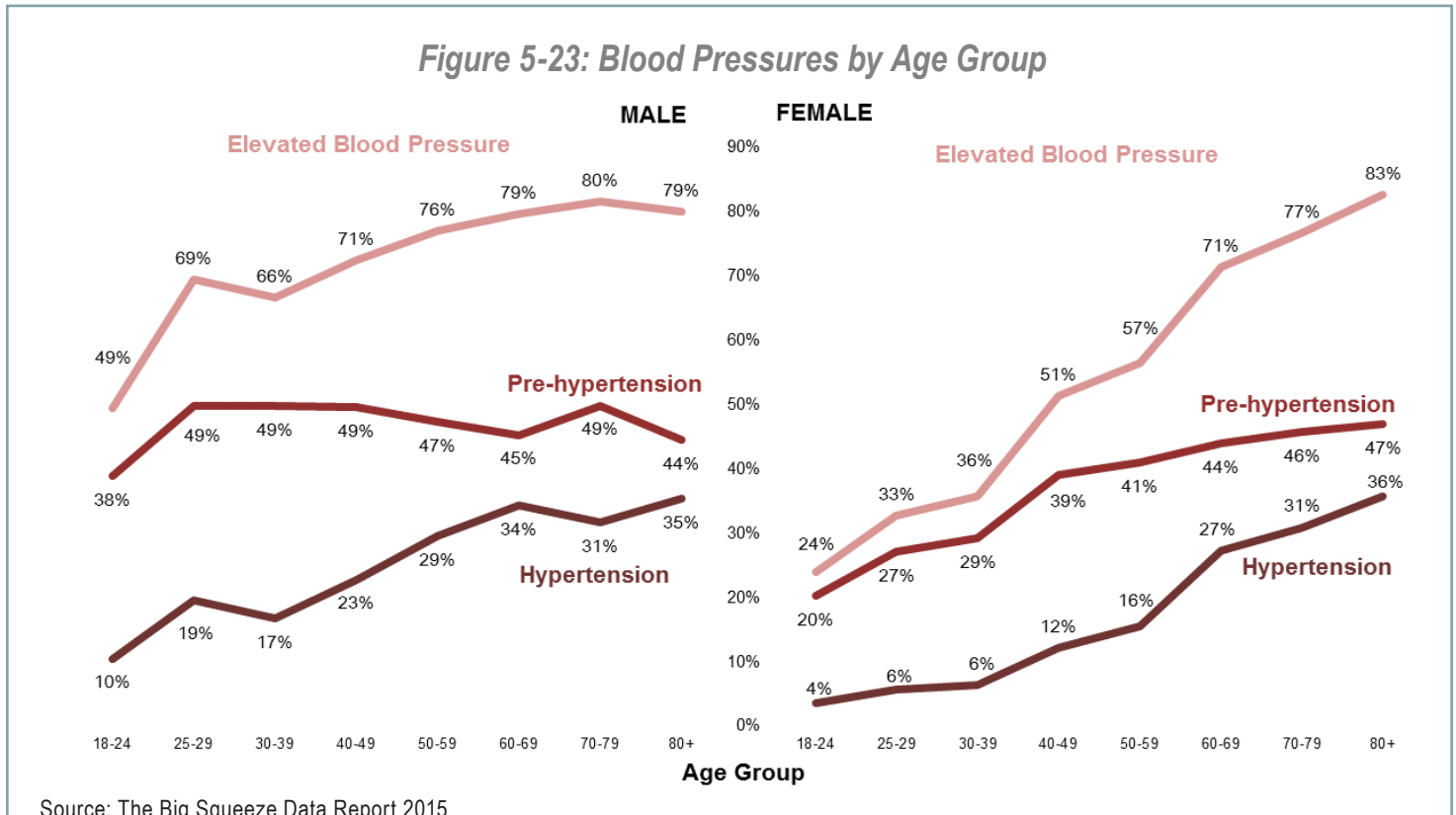
Figure 5-22: Big Squeeze Blood Pressure Readings

Year	Normal Systolic <120 Diastolic <80	Prehypertensive Systolic 120–139 Diastolic 80–89	Hypertensive Systolic 140+ Diastolic 90+
2015	40%	41%	19%
2014	35%	45%	19%
2013	36%	41%	23%
2012	35%	48%	17%
2011	41%	41%	17%

Source: The Big Squeeze Data Report 2015

The Sioux Falls area appears to be doing better than the national average, though, when it comes to hypertension control among those who have been diagnosed.

Figure 5-23: Blood Pressures by Age Group



Source: The Big Squeeze Data Report 2015





### **Avera Heart Hospital Planet Heart & Community Education**

The Avera Heart Hospital has a strong commitment to providing screening opportunities and education on living a heart healthy life. Planet Heart, a low-cost screening program that includes calcium score CT, blood pressure, cholesterol and nutrition and tobacco cessation counseling, has screened more than 20,000 individuals since the program began in 2008. In addition to Planet Heart, the Avera Heart Hospital is a partner in the Sioux Falls Library Caring Community Series and regularly offers community presentations to local business groups and seniors. In 2015, the Heart Hospital purchased a MEGA Heart inflatable model that has been used to educate children in over a dozen locations. These MEGA Heart events are often done in partnership with Sioux Falls Fire and Rescue or other local EMS organizations to teach students hands-only CPR and how to use an Automated External Defibrillator.

According to the National Center for Health Statistics, the prevalence of controlled hypertension among adults with hypertension in the United States has increased from 31.5 percent for 1999–2000 to 53.3 percent for 2009–2010. During The Big Squeeze 2015, among participants who had been diagnosed with hypertension, 65 percent indicated their high blood pressure was under control (defined as less than 140/less than 90).

Two areas of concern will continue to be a focus of The Big Squeeze:

- Prevalence of elevated blood pressure among young adults (ages 18–30).
- Correlation between above-normal waist circumference measurements and hypertension.

Results from the 2015 effort revealed that younger men and younger women are experiencing elevated blood pressure.

Almost half of young men and a quarter of young women are entering the workforce and starting their careers with early risk factors for chronic disease, such as elevated blood pressure or above-normal waist circumference.

In Figure 5-23, a snapshot based on The Big Squeeze 2015 shows young men starting off with higher readings than young women. Among the men screened, blood pressure increases more

incrementally with age; however the increase is much more dramatic for women age 40 and over.

Regarding waist circumference, studies show that certain body compositions tend to increase risk of chronic disease, and carrying extra inches around the midsection has been repeatedly shown to increase cardiovascular health risks such as hypertension.<sup>10</sup>

Normal waist circumference measurements are under 40 inches for men and under 35 inches for women.

During The Big Squeeze, 79.9 percent of men with a waist circumference over 40 inches had an elevated blood pressure reading, and 70.8 percent of women with a waist circumference over 35 inches had an elevated blood pressure reading.

### **Cholesterol**

High blood cholesterol is also a significant contributing factor for cardiovascular disease. Cholesterol is a waxy substance found in the fats (lipids) in your blood. While your body needs cholesterol to continue building healthy cells, having high cholesterol can increase your risk of heart disease.

**Figure 5-24: What Do Cholesterol Levels Mean?**

	Total Cholesterol	LDL “bad” Cholesterol	HDL “good” Cholesterol	Triglycerides
Desirable	Less than 200 mg/dL	Less than 100 mg/dL	60 mg/dL and above	Less than 100 mg/dL is ideal, but under 10 mg/dL is normal
Borderline/ At Risk	200–239 mg/dL	100–159 mg/dL		150–199 mg/dL
High Risk		160 mg/dL and above	Less than 40 mg/dL for men and less than 50 mg/dL for women	200 mg/dL and above

Source: National Institutes of Health 2015.

In the resident survey, 23.6 percent of Sioux Falls area adults reported having high cholesterol.

The good news is, you can lower your blood pressure and cholesterol and reduce your risk of heart disease and stroke by:

- Eating a heart-healthy diet.
- Getting at least 150 minutes a week of moderate-intensity physical activity.
- Avoiding tobacco smoke.
- Taking any medications as prescribed.
- Participating in community-based heart and vascular screenings.

## Diabetes

Diabetes is a disease in which your blood glucose or sugar levels are too high. Glucose comes from the foods we consume. Insulin is a hormone that assists the glucose to get into our cells, providing the cells with an energy source. With Type 1 diabetes, the body does not produce insulin. Type 2 diabetes, which is more common, is a condition in which the body does not use the insulin properly. In both types of diabetes, the glucose stays in the blood stream and cannot be used properly by the body.<sup>11</sup>

Diabetes contributes to an increase in cardiovascular disease risk by two to four times, as well as peripheral vascular disease and kidney disease. In the United

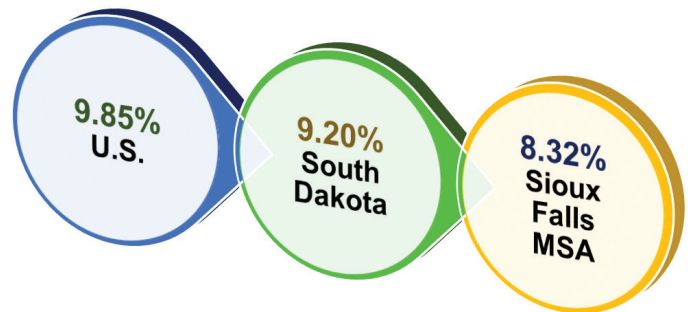
States, diabetes is the leading cause of nontraumatic amputations, blindness among working-aged adults, and end-stage renal disease.<sup>12</sup>

It is estimated that 25 percent of people with diabetes do not know they have it, meaning an additional 13,940 adults in South Dakota have undiagnosed diabetes.

In addition, individuals can be diagnosed with prediabetes, which is a condition where individuals have blood glucose levels higher than normal, but not high enough to be officially diagnosed with Type 2 diabetes. There are several controllable factors that cause diabetes, such as diet and exercise, and individuals with prediabetes can take proactive steps to prevent further complications of Type 2 diabetes such as heart attack and stroke.

In the United States, 35 percent of adults ages 20 years or older have prediabetes, meaning 79 million Americans are at risk for diabetes. By applying this analysis to South Dakota, more than 200,000 South Dakotans are at risk for developing diabetes.

**Figure 5-25: Percent of Adults with Diabetes**



Source: 2012 Behavioral Risk Factor Surveillance System

### Disparities in Diabetes Risk

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

African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians and other Pacific Islanders are at

particularly high risk for the development of Type 2 diabetes. Prevalence rates among American Indians are two to five times those of whites, African American adults are 1.7 times as likely, and Hispanic adults are twice as likely to have the disease as non-Hispanic whites of similar age.<sup>13</sup>

### Mental/Behavioral Health

Mental health, or behavioral health, is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family, and interpersonal relationships, and the ability to contribute to community or society.<sup>14</sup>

As a general health question, the CHNA resident survey asked respondents about their level of concern regarding mental health as well as about status of their own mental health.

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

Depression is an illness that may coexist with other behavior factors, such as substance abuse. Excessive alcohol worsens depression symptoms, thus increasing the severity of the already present depression. Substance abuse associated with depression can lead to treatment noncompliance and can complicate disease treatment.

### Obesity

Obesity is a common, serious, and costly disease. It is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to increased health problems and reduced life expectancy.

Figure 5-26: Level of Concern Related to Mental Health

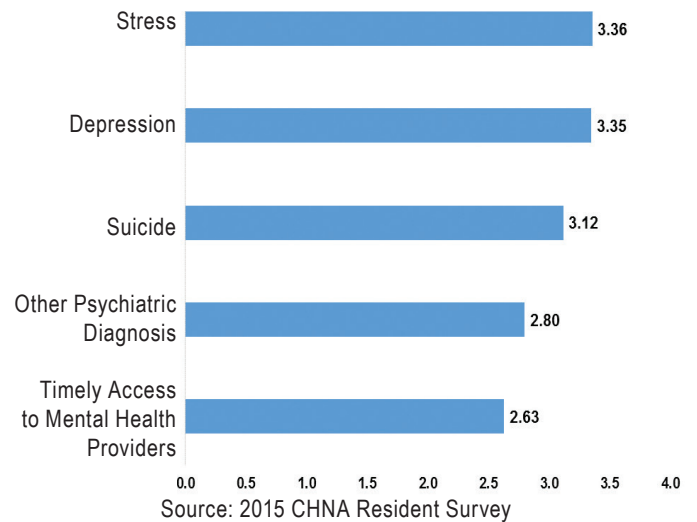


Figure 5-27: Percentage of Residents Diagnosed with a Mental Health Issue

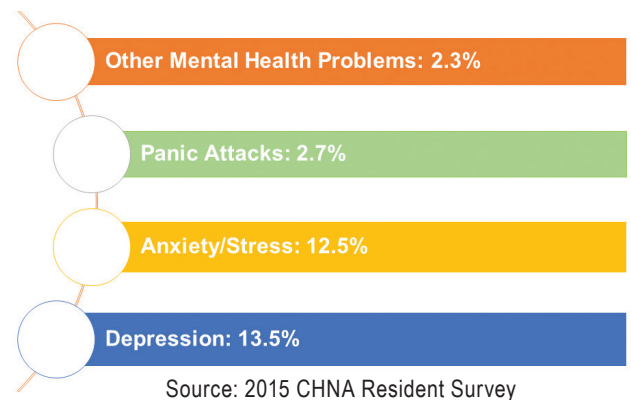
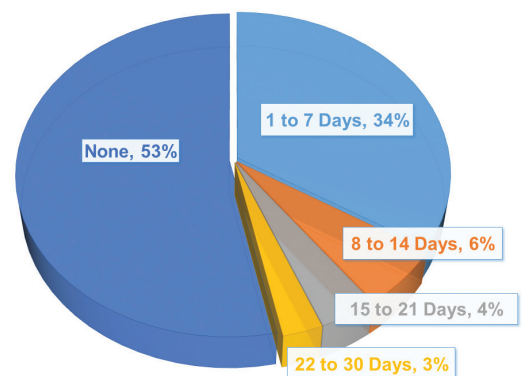


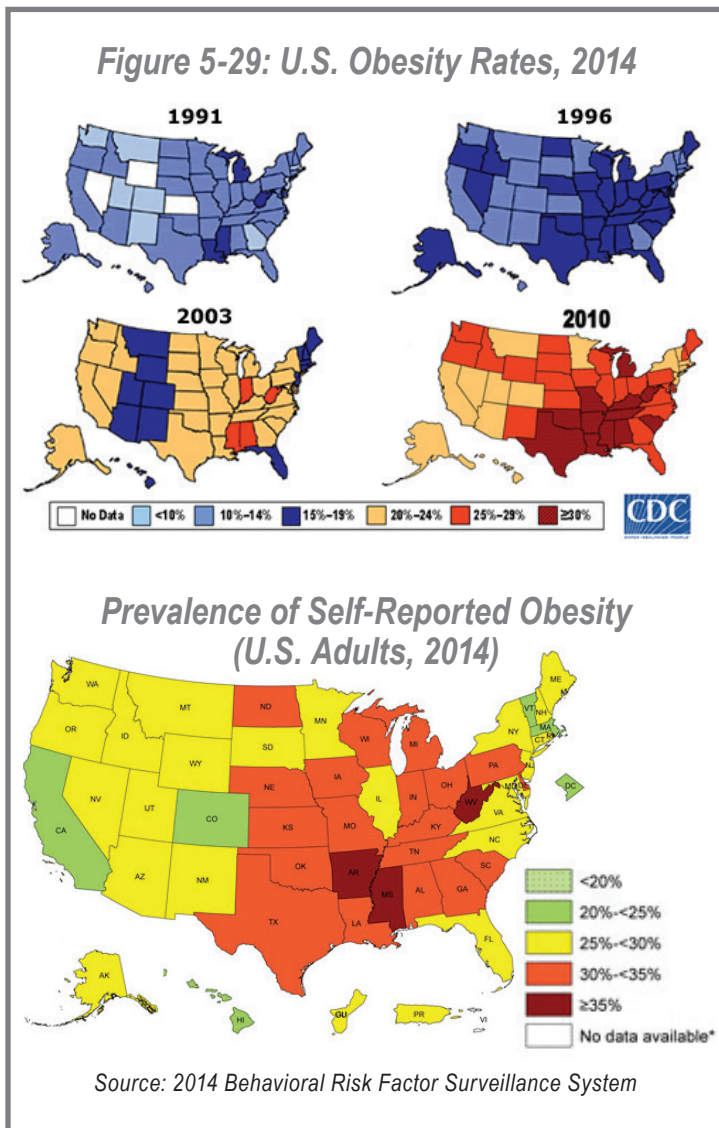
Figure 5-28: Respondents Reporting Poor Mental Health Days in the Last Month

Note: percentages do not total 100 due to rounding.



Source: 2015 CHNA Resident Survey

**Figure 5-29: U.S. Obesity Rates, 2014**



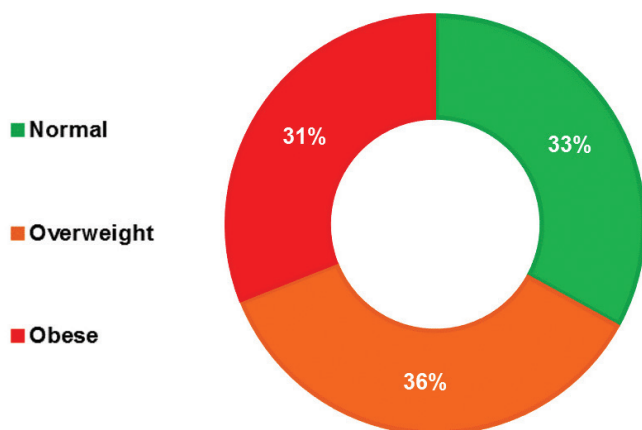
An adult who has a Body Mass Index (BMI) between 25 and 29.9 is considered overweight, and an adult who has a BMI of 30 or higher is considered obese.

Obesity rates have been on the rise in the United States for several decades, contributing to an increased medical cost burden and stressed health care delivery system. According to the Centers for Disease Control and Prevention (CDC), obesity and being overweight together are the second leading cause of preventable deaths, close behind tobacco use.

**Health Conditions Related to Obesity**

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (e.g., high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menstrual period, infertility)

**Figure 5-30: Residents' Weight Status Based on Body Mass Index\***



Source: 2015 CHNA Resident Survey  
 \*www.cdc.gov/healthyweight/assessing/bmi/adult\_bmi

In the 2015 report, *The State of Obesity* (formerly the *F as in Fat* report series), the Trust for America's Health reported that rates of obesity now exceed 35 percent in three states (Arkansas, West Virginia and Mississippi), are at or above 30 percent in 22 states and are not below 21 percent in any state.

In 1980, no state had a rate above 15 percent, and in 1991, no state had a rate above 20.

Now, nationally, more than 30 percent of adults, nearly 17 percent of 2- to 19-year-olds and more than 8 percent of children ages 2 to 5 are obese.<sup>15</sup>

## Childhood Overweight/Obesity

Body Mass Index (BMI) is also used to measure childhood overweight and obesity. A child's weight status is determined using an age- and gender-specific percentile for BMI.

For children and adolescents (ages 2–19), “overweight” is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

The South Dakota Department of Health, in cooperation with the South Dakota Department of Education, has analyzed height and weight data since the 1998–1999 school year. The most recent report (2013–2014) found that 32.3 percent of students (ages 5–19) are overweight or obese. The Education Service Agency region that includes the Sioux Falls MSA is the only region below the state average, with a combined overweight and obesity rate of 30.4 percent.

While there was not a significant difference in combined overweight/obesity among male (32.9 percent) and female (31.8 percent) students in South Dakota, there were differences among race:

- White—29.8 percent
- American Indian—48.4 percent
- Other Races—35.4 percent
- Multi-race/Unspecified—33.6 percent

Overall, overweight and obese percentages decreased compared to last school year. South Dakota students who measured overweight in the last school year (16.6 percent) decreased to 16.5 percent and obese students last year (16.0 percent) dropped slightly to 15.8 percent in the current school year.

Studies show pediatric obesity is associated with the increased risks of psychological and psychiatric problems, cardiovascular risk factors, chronic inflammation, Type 2 diabetes mellitus, and asthma. Research shows that 60 percent of overweight 5- to 10-year-old children already have at least one risk factor for heart disease, including hyperlipidemia and elevated blood pressure or insulin levels. Type 2 diabetes, a disease that typically appears in adults, is increasing among children and adolescents. Having excess weight during childhood increases the chance that the person will be obese as an adult.

Schools are encouraged to work with local health care providers to define when and how referrals for further evaluation and intervention are made for individual students.<sup>17</sup>

Learn more about the role schools can play at [www.healthySD.gov](http://www.healthySD.gov).

**In that report, South Dakota ranks as the 23rd most obese state, with an adult obesity rate of 29.8 percent.**

Obesity rates differ by region, age and race/ethnicity. The State of Obesity report indicates American Indian/Alaska Natives have the highest adult obesity rate (54 percent) of any racial or ethnic group in the nation. Obesity rates in the United States are 47.8 percent for Blacks (24.3 percent in South Dakota); 42.5 percent for Latinos (27.1 percent in South Dakota); and 32.6 percent for Whites (28.9 percent in South Dakota).

In the CHNA resident survey, over two-thirds of adults in the Sioux Falls MSA are overweight or obese, based on the Body Mass Index scale.

The State of Obesity report also reviews key programs that can help prevent and address obesity by improving nutrition in schools, child care, and food assistance; increasing physical activity before, during and after school; expanding health care coverage for preventing and treating obesity; making healthy affordable food and safe places to be active more accessible in neighborhoods, such as through Complete Streets and healthy food financing initiatives; increasing healthy food options via public-private partnerships; and creating and sustaining policies that help all children maintain a healthy weight and adults be as healthy as possible, no matter their weight.

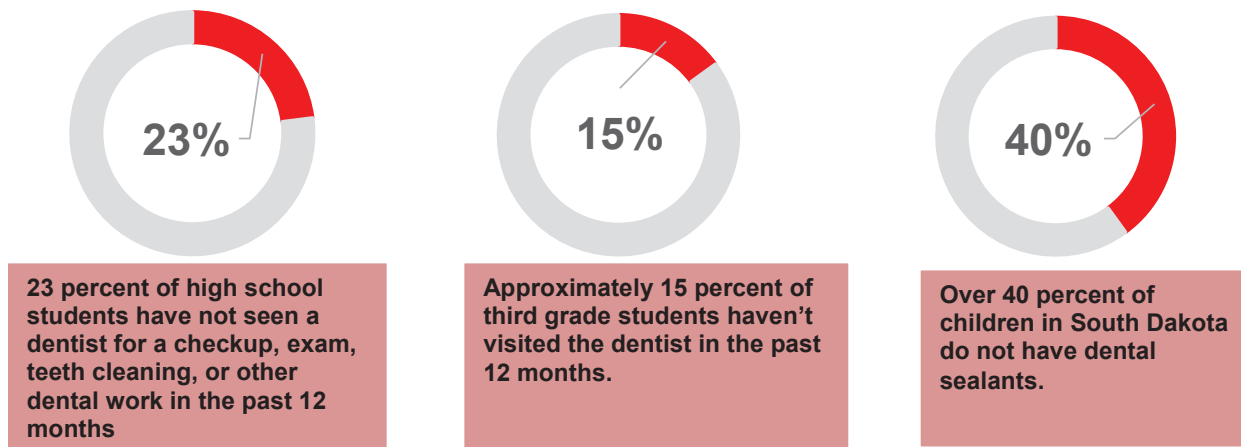
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## Oral Health

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Good oral health is essential to overall health and well-being. Oral disease, from cavities to oral cancer, cause pain and disability for many Americans. Health behaviors that can lead to poor oral health include tobacco use, excessive alcohol use, and poor dietary choices.

Barriers that can limit a person's use of preventive interventions and treatment include limited access to and availability of dental services, lack of awareness of the need for care, cost, and fear of dental procedures.<sup>18</sup>

**Figure 5-31: Frequency of Dental Care Received by Minors**

Source: Oral Health Care System: South Dakota. American Dental Association Health Policy Institute.

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

In the resident survey, respondents were asked to rate their level of concern with factors related to oral health on a scale of 1 to 5, with 1 being “not at all” and 5 being “a great deal” of concern. The top area of concern was the cost of affordable dental insurance coverage (mean score of 3.39), although 74.5 percent of respondents indicated they currently have oral health or dental care insurance. A second area of concern was timely access to dental care providers (mean score of 2.41).

Residents also were asked if they had received a dental screening in the past year. Of those responding, 89 percent had received a dental screening. Among those who did not receive a screening, the top reasons why they had not included:

- Not necessary (35 percent)
- Doctor hasn't suggested (4.7 percent)
- Cost (36.3 percent)
- Fear of procedure (0.6 percent)
- Other (23 percent)

Oral health is a particular concern for children. Untreated tooth decay causes pain and infections that may lead to problems, such as eating, speaking, growing, and learning. Children in South Dakota have more tooth decay than the general U.S. population aged 6–8 years, and one in five high school students have missed school because of problems with their teeth or mouth during the past 12 months.<sup>18</sup>

The South Dakota Department of Health collected data through the Youth Risk Behavior Survey (YRBS), and the 2013 report for South Dakota high school students showed that:

- 23.6 percent of respondents drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days.
- 12.2 percent of respondents drank a can, bottle, or glass of a sports drink such as Gatorade or Powerade one or more times per day during the past seven days.
- 77.0 percent of respondents saw a dentist during the past 12 months for a checkup, exam, teeth cleaning, or other dental work.
- 21.3 percent of respondents missed school because of problems with their teeth or mouth one or more times during the past 12 months.

- 7.3 percent of respondents have visited a hospital emergency room for problems with their teeth or mouth one or more times during the past 12 months.
- 16.5 percent of South Dakota high school students reported smoking cigarettes and 11.5 percent used chewing tobacco, snuff, or dip.

The department's Behavioral Risk Factor Surveillance System data from 2010 found:

- 44.5 percent of adults had a permanent tooth extracted.
- 71 percent of adults had visited the dentist within the past year.

While many improvements have occurred in the nation's oral health care system, oral health remains a public health concern. Lack of access to dental care for all ages remains a public health challenge.

## Prevention and Health Promotion

Health promotion and prevention activities offer proactive approaches to motivate individuals to adopt healthy behaviors for improving their health and preventing chronic disease. This approach involves not only empowering individuals to make healthy lifestyle choices, but also focusing on strategies that include appropriate use of screening for early detection of disease.



For these programs to be effective, they must address modifiable risk factors, follow evidence-based practices, encourage a collaborative delivery of services, empower both individuals and communities to take an active role in their health, and include evaluation to measure success.

In a series of focus groups conducted as part of this CHNA, one of the common themes among participants was the need for health promotion, prevention, and screenings. Specifically, participants emphasized the need to help residents navigate the health care system

in order to stay well and to help residents access education and other support services that enable them to practice healthy behaviors.

Focus group participants identified Live Well Sioux Falls as one strategy that is working and should be supported at the community level. Identified needs included promoting the importance of healthy lifestyle behaviors, providing strategies for healthy eating and exercise, and increasing access to screenings or other prevention services. Focus groups saw Live Well Sioux Falls as a community-wide wellness initiative that could have a profound effect on the overall wellness of the community.

### *A New Approach to Health Promotion*

A new partnership formed in 2015 to bring additional health education opportunities to the community. The Caring Community Series is hosted by Siouxland Libraries' Downtown Library as part of a collaborative effort that also includes Avera McKennan, Avera Heart Hospital, Sanford Health, and Live Well Sioux Falls. The series offers a wide range of consumer wellness education programs to the public, with the health partners providing topic experts, research, information, and guidance to individuals utilizing the downtown library branch. The following topics were presented in the first series in the fall of 2015:



Siouxland Libraries

- Breast health
- Aging gracefully
- Mindful eating
- Healthy eating through the holidays

The presentations have been well attended, and Siouxland Libraries staff indicated that the first series generated significant interest from attendees, who requested additional health topics. Each of the presentations was recorded by CityLink, the City's cable channel, and will be available for viewing on the Siouxland Libraries website. Series topics are currently being scheduled for 2016.

## Immunizations

Childhood immunization is recognized as one of the most significant public health accomplishments of the 20th century and a major contributing factor to the increased lifespan today’s Americans enjoy. Prior to vaccination, infectious diseases were widespread and caused considerable disability and death.



Immunizations have made measles and other once-common childhood diseases very rare in South Dakota. Vaccines have been so effective that some parents no longer see diseases like polio or rubella as a threat and choose to delay vaccination for their children, while some avoid it altogether. Fortunately, South Dakota’s immunization laws are strong and effective, particularly for the school entry population.

This strong support translates into very high coverage levels by the time kids enter kindergarten. Unfortunately, coverage is not as good for either preschoolers or adolescents.<sup>19</sup>

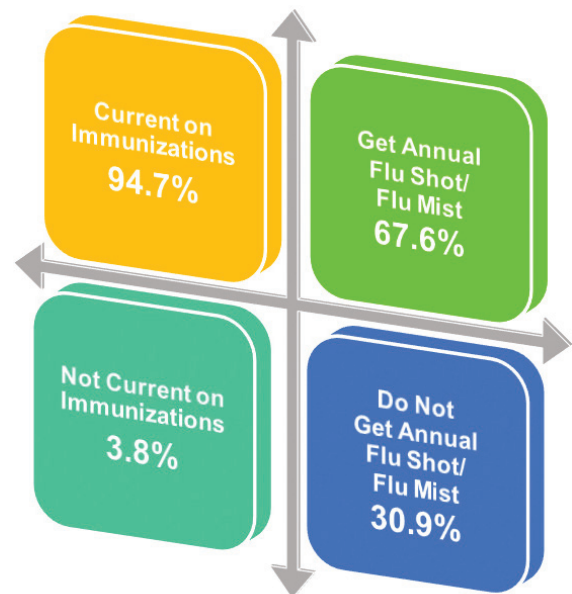
According to the Healthy People 2020 initiative, “Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, each birth cohort vaccinated with the routine immunization schedule saves 33,000 lives, prevents 14

million cases of disease, reduces direct health care costs by \$9.9 billion, and saves \$33.4 billion in indirect costs.”

Although vaccines are most recognized for their incredible success in preventing childhood disease, vaccination of adults has also been highly effective in reducing morbidity and mortality from infectious diseases. There are many reasons to vaccinate adults. In some cases, immunity from childhood vaccinations lessens over the years and booster doses help to maintain immunity, as is the case for the combined tetanus, diphtheria and pertussis (Tdap) vaccine. In other cases, vaccine-preventable diseases affect adults but are less common in children or affect children in different ways, such as herpes zoster (shingles).

Unfortunately, large portions of the adult population do not receive recommended vaccinations. As a result, more adults die from vaccine-preventable diseases than die from motor vehicle accidents.<sup>20</sup>

Figure 5-32: Local Status of Child Immunizations



Source: 2015 CHNA Resident Survey



In the resident survey, respondents were asked whether they have had preventive screenings in the past year: 72.6 percent reported having a flu shot, while 23 percent reported having other immunizations. For those who have not had a flu shot, the top reasons why they had not was they felt it was “not necessary” (56.1 percent). For those answering they had not received other types of immunizations, the reasons included “not necessary” (77.1 percent) and “doctor hasn’t suggested” (14.1 percent).

Regarding immunizations for children, respondents were asked if they were parents and whether all children in the home were current on immunizations and all children age 6 months or older get a flu shot or flu mist each year.

Public health places a high priority on maintaining a strong immunization program and the high vaccination coverage levels needed to protect our citizens from the threat of vaccine-preventable diseases.

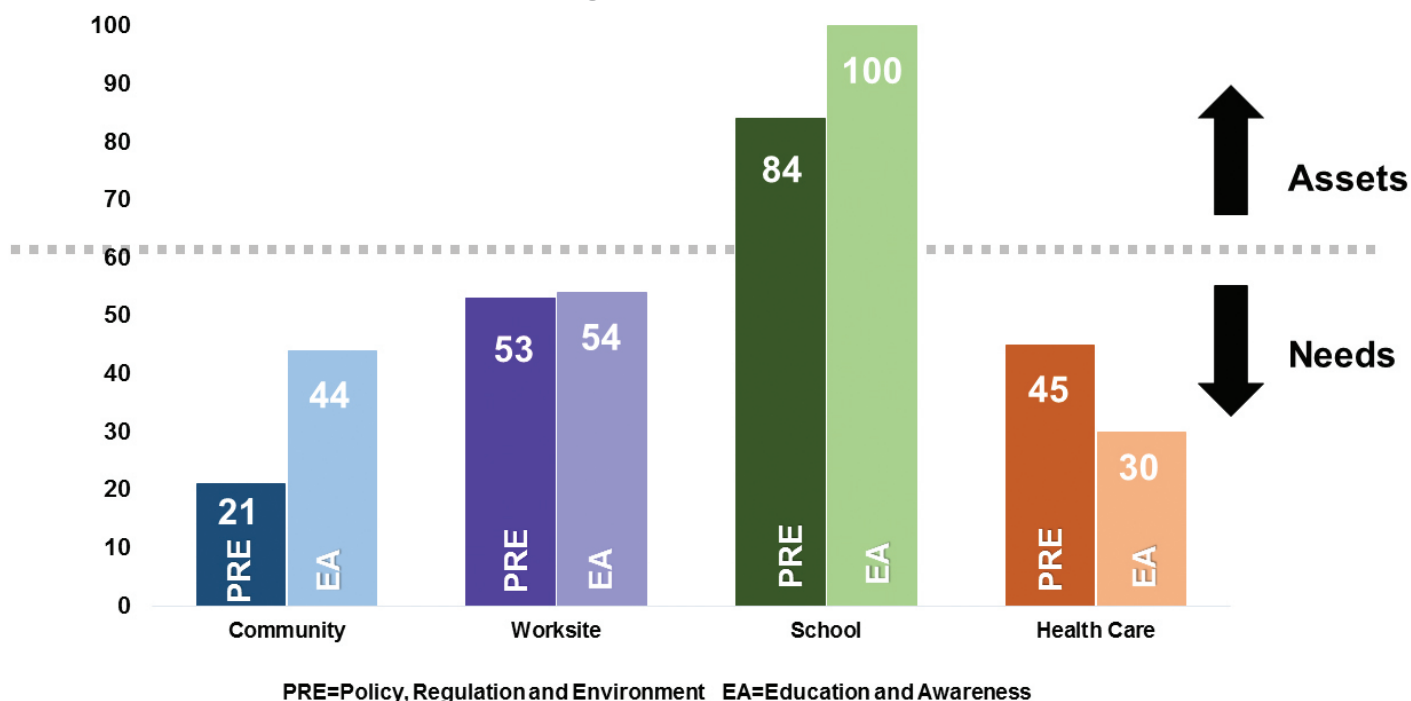
## Nutrition

Scientific evidence supports the health benefits of eating a healthy diet to help reduce risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer. Good nutrition also helps individuals maintain a healthy body weight.

As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low-fat and fat-free dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans fats as low as possible; and limiting caloric intake with calories burned to manage body weight.<sup>21</sup>

The resident survey identified both poor nutrition/eating habits and hunger as needs in the community. Various factors influence the nutrition behaviors of individuals, including access to healthy and affordable foods; knowledge, beliefs, and attitudes about good nutrition; and social and cultural factors.

Figure 5-33: Nutrition



Source: 2015 CHNA Good & Healthy Community Assessment

### **Community Assets and Needs Related to Nutrition**

Using the South Dakota Good & Healthy Community Checklist, representatives from several sectors of the community rated Policy, Regulation, and Environment (PRE) efforts and Education and Awareness (EA) efforts related to Nutrition. In Figure 5-33, scores over 60 represent an indication of nutrition assets, while scores below 60 indicate needs in the area of nutrition.

Of the four topics addressed through the Good & Healthy SD Assessment, Nutrition has the most areas of need. All sectors except for schools saw scores below 60 in both policy, regulation, and environment strategies to improve nutrition and in education and awareness about nutrition. The assets that were identified include health care providers adopting the Breastfeeding Friendly Initiative, policies for nutrition standards in schools, and worksites providing employees with breastfeeding accommodations and with breakroom facilities for preparing and storing healthy lunches or snacks. Specific Assets and Needs identified through the Good and Healthy SD Community Assessment process are listed in the Appendix on pages 1–22.

#### **What Can Community Members Do?**

- Institute strategies to increase the availability of healthier food and beverage choices in locations controlled by local, city, or county government (e.g., city buildings, county parks, recreation centers).
- Institute pricing strategies that support reduced cost of healthier foods and beverages relative to the cost of less-healthy foods sold in public service venues (i.e., vending machines, cafeterias, and concession stands in local facilities).
- Develop strategies to connect locally grown foods to local restaurants and food venues.

- Provide counseling in the health care setting about the importance of good nutrition and provide ongoing reinforcements in follow-up visits on interventions involving behavior change.
- Implement a worksite policy for healthy foods and beverages, such as vending machine products, snacks, and cafeteria food.
- Promote nutritional guidelines to the community along with information about resources to help community members choose healthy foods and beverages.

### **Healthy Foods in the Retail Environment**

The placement of products shapes the shopping environment and influences which foods and beverages a consumer chooses. With over \$5.5 billion in annual sales of drinks, food, and other products at U.S. supermarket checkouts alone, and a significant portion of these sales consisting of soda and candy, the checkout is a prime location to help encourage healthier food purchases.<sup>22</sup>

In a national study of more than 8,000 retail food stores, only 13 percent of stores carried fresh fruits/vegetables at checkout, and more lanes had sugar-sweetened beverages than bottled water.

Live Well Sioux Falls participated in a pilot study in partnership with the South Dakota Department of Health and Counter Tools, a national organization advancing place-based public health. The project involved on-site assessments of tobacco, alcohol and healthy food options in nearly 60 convenience stores throughout the community.

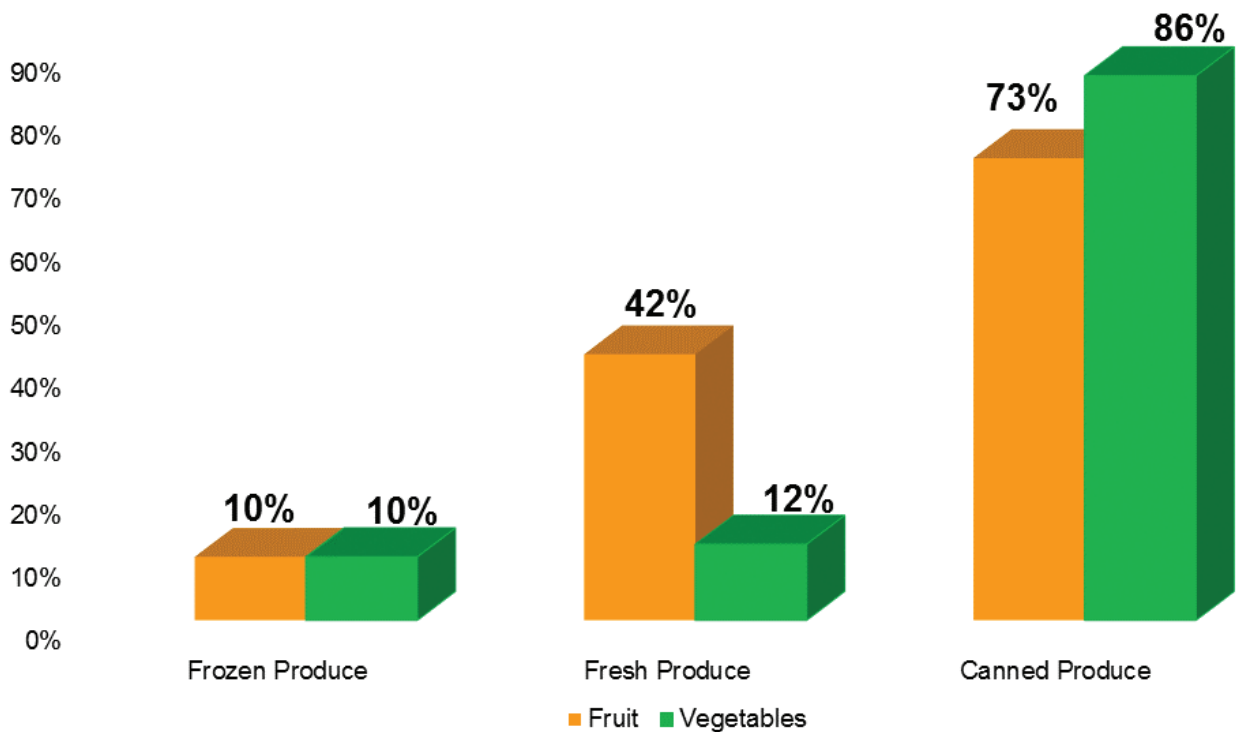
Not surprisingly, the availability of fruits, vegetables, and healthful beverages was less common than availability of tobacco and alcohol products (see Tobacco section of this report for more details from this project).

Figure 5-34: Availability of Items at Check-Outs (nationwide)



Source: Availability of Healthy Food Products at Checkout Nationwide, 2010–2012. Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago

Figure 5-35: Sioux Falls Counter Tools Retail Assessment of Fruits/Vegetables at Convenience Stores (2015)



## Hunger

At the same time community partners are working to advance health promotion and combat obesity, they are also realizing the need to address food insecurity and hunger. The term food security is used to indicate having a reliable source of food and sufficient resources to purchase it. A family is considered food secure when its members do not live in hunger or fear of starvation.<sup>23</sup>

According to Feeding America’s Map the Meal Gap 2015, more than 49 million people in the U.S. are food insecure. Of those, 15 million are children. In South Dakota, 12.4 percent of the population, or 105,880 individuals, are food insecure.

In the Sioux Falls MSA, the number of food insecure individuals is 26,630 people, or nearly 11 percent of the population.<sup>24</sup>

According to Feeding South Dakota, 69 percent of kids in Sioux Falls who receive BackPacks through their food program are worried the food in their house would run out before they were able to buy more. Nearly 75 percent of school-age children who receive Feeding South Dakota BackPacks share the food with others in

their household. Of the students sharing BackPacks, they share with an average of 3.84 family members. As many as 8 to 11 family members are using the food from one Backpack. Feeding South Dakota continues to distribute BackPacks on Fridays during the summer months through the Summer Food Service Program operated through the Sioux Falls School District.

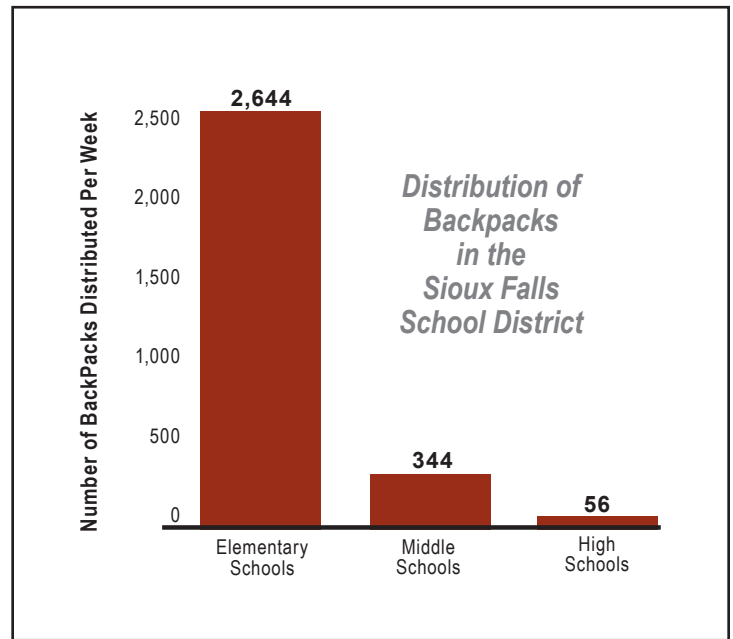


Figure 5-36: Hunger—Food Insecurity on the Increase

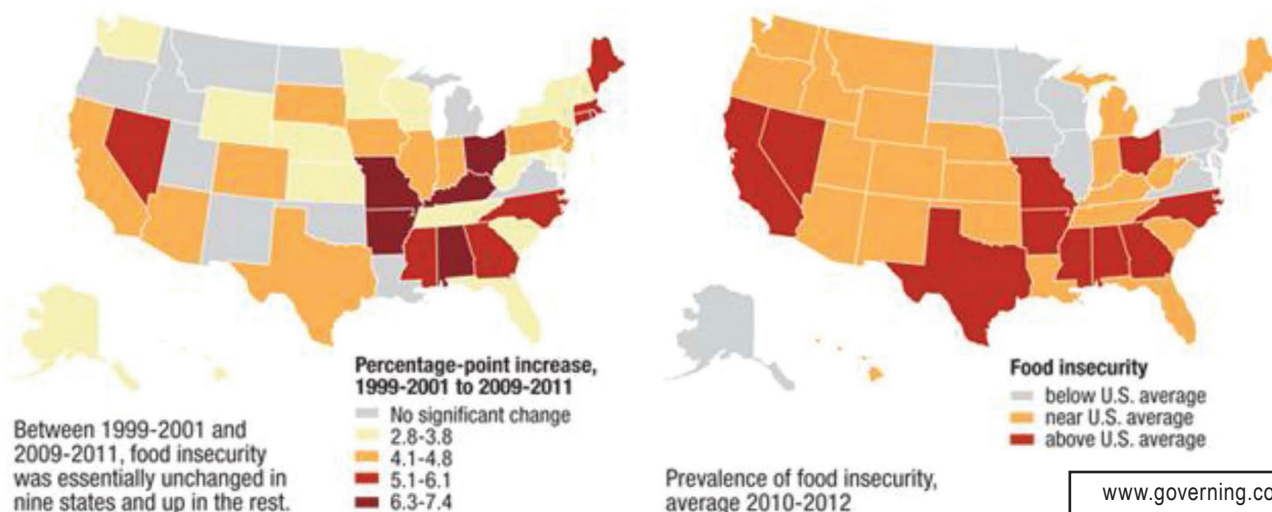
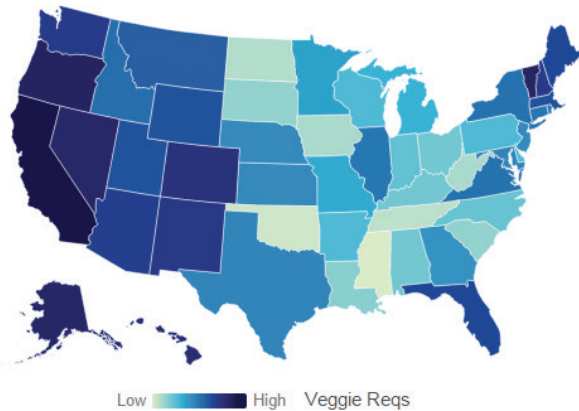
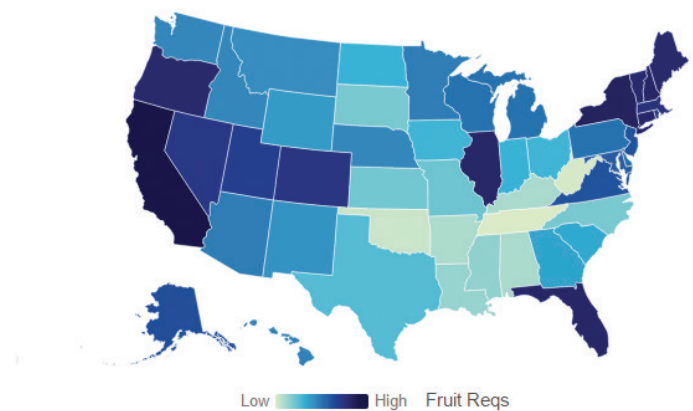


Figure 5-37: Adults Eating Enough Vegetables



Percent of adults meeting federal vegetable intake recommendations in 2013. Recommended vegetable intake is 2-3 cups (or equivalent) per day. Data was gathered by the Behavioral Risk Factor Surveillance System (BRFSS).

Figure 5-38: Adults Eating Enough Fruits



Percent of adults meeting federal fruit intake recommendations in 2013. Recommended fruit intake is 1.5-2.0 cups (or equivalent) per day. Data was gathered by the Behavioral Risk Factor Surveillance System (BRFSS).

### Fruit and Vegetable Consumption

Eating more fruits and vegetables adds nutrients to diets, reduces the risk for heart disease, stroke, and some cancers, and helps manage body weight when consumed in place of more energy-dense foods.<sup>25</sup>

In a report released in July 2015, the CDC indicated that only 10.3 percent of South Dakota adults met recommendations for fruit consumption and even fewer met recommendations for vegetable consumption (6.8 percent).

Furthermore, the data reveals that South Dakotans have some of the lowest fruit (43rd) and vegetable (45th) consumption rates in the country, with adults only eating fruits once per day and vegetables 1.6 times per day.

Adolescents in the state, unfortunately, are not doing much better, with 41.2 percent consuming less than one fruit daily and 38.8 percent consuming less than one vegetable daily.

The most recent information for fruit and vegetable intake in the Sioux Falls MSA was from the 2009 Behavioral Risk Factor Surveillance System (BRFSS), showing only 12.6 percent of adults consumed the recommended amount of fruits and vegetables per day, placing the Sioux Falls MSA among the worse in the nation for healthy eating.

Changes within BRFSS in 2011 affected future data collection on this topic. First, there was an overall change in the BRFSS methodology to adjust sample weighting procedures and accommodate cell phone usage. Second, there were changes to the core questions used to assess fruit and vegetable intake. Because of these changes, estimates of fruit and vegetable intake from 2011 forward cannot be compared to estimates from previous years.

Therefore, information included in this Community Health Needs Assessment for the Sioux Falls MSA will provide a new baseline for fruit and vegetable data collected in the future.

Within the resident survey conducted as part of this assessment, only 8.1 percent of residents in the Sioux Falls MSA reported consuming four or five vegetables



on the day before the survey, and only 6.1 percent had consumed four or five servings of fruit the day before the survey.

Because fruit and vegetable consumption affects multiple health outcomes and is currently low across the country, it is essential to continue focusing on increasing both demand for and consumption of healthy foods. Improving fruit and vegetable intake for adults might start with attention to intake during childhood, in hopes that better nutrition practices early in life will build healthier lifestyles later in life.



### ***Eat Well Live Well Encourages Residents to Pick It, Try It, Like It!***

To address nutrition needs in the community, Live Well Sioux Falls has brought together community partners to form the Sioux Falls Food Council.

The council's mission states: *Through community-based strategies, we will cultivate food security; support local, sustainable food systems; and improve access to affordable, healthy food for all residents of Sioux Falls.*

Many factors impact access to healthy foods, including income, transportation, geography or education, and some of these are issues needing further research and long-term solutions. However, when the Sioux Falls Food Council saw statistics about fruit and vegetable consumption in the Sioux Falls area, the group decided that was a good place to start building community education and awareness.

In partnership with South Dakota State University Extension's Pick It, Try It, Like It program, the Sioux Falls Food Council is featuring a different fruit or vegetable each month and encouraging all sectors of the community to help spread the word. Local chefs have joined the effort, creating an easy-to-prepare recipe using the featured ingredient each month.

All of the recipes and information about the health benefits of the fruits and vegetables are available at [www.livewellsiouxfalls.org](http://www.livewellsiouxfalls.org).

### ***St. Isidore Centennial Garden***

Avera McKennan has tilled just over 60 garden plots at Cliff Avenue and 21st Street, which are being tended by Avera McKennan employees throughout the growing season. Gardeners get their own 8-foot by 20-foot space, free of charge, to plant fruits and vegetables. The garden provides employees with the opportunity to engage in gardening activities which help promote emotional, physical, and spiritual well-being. As did St. Isidore the Farmer, we hope Avera employees will find spiritual peace and fulfillment in working the soil. We encourage gardeners to share the fruits of their labor to benefit others, through organizations like the Good Shepherd Center, St. Francis House, the Banquet, the Walsh Family Village, Avera Prince of Peace and Dougherty Hospice House.

A key component to making positive change is increased attention to food environments in multiple settings, including child care, schools, communities, and worksites.

### ***Fruit and Vegetable Strategies***

- School districts, schools, and early child care can ensure current federal nutrition standards for fruits and vegetables in meals and snacks are met and exceeded, as well as provide training for staff to make fruits and vegetables more appealing and accessible.
- Communities can focus on improving fruit and vegetable accessibility, placement, and promotion in grocery stores, restaurants, and other community settings.
- Worksites can ensure it is easy for employees to make healthy food choices and create social norms that support healthy eating by creating policies to ensure fruits and vegetables are provided at the worksite (vending, cafeterias, etc.) and at worksite gatherings, including meetings, conferences and other events.

The goal of demonstrating good community nutrition requires efforts to address individual behaviors, including policies and environments that support these behaviors in such settings as schools, worksites, health care organizations, and communities.

## Physical Activity

During the focus groups, participants gave high marks to the city for its support of a health-friendly community. Specific assets identified include the availability of well-maintained parks, bike trails, city-sponsored athletic events, swimming venues, golf courses, and related public investments that send a strong message that the wellness of citizens is valued.

However, even with the amenities that are available in our community, lack of physical activity continues to be a health challenge.

More than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth.<sup>26</sup>

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.<sup>27</sup>

Among adults and older adults, physical activity can lower the risk of:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression

Among children and adolescents, physical activity can:

- Improve bone health.
- Improve cardiorespiratory and muscular fitness.
- Decrease levels of body fat.
- Reduce symptoms of depression.

For people who are inactive, even small increases in physical activity are associated with health benefits.

### **Community Assets and Needs Related to Physical Activity**

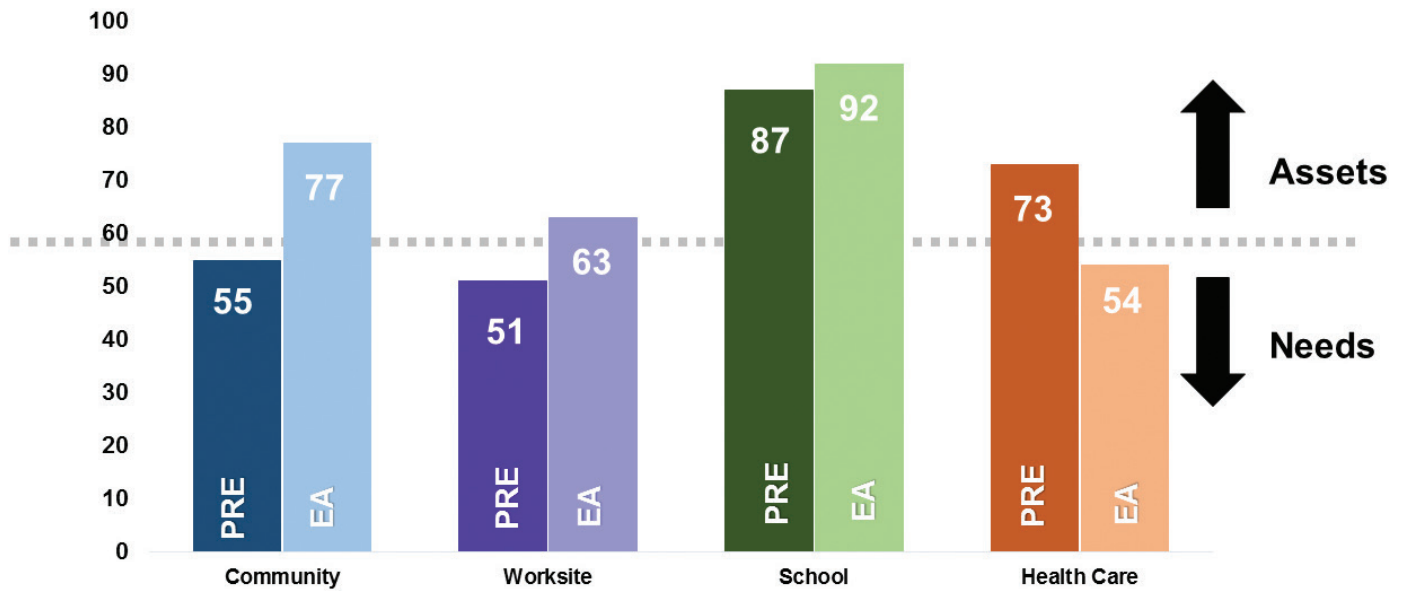
Using the South Dakota Good & Healthy Community Checklist, representatives from several sectors of the community rated Policy, Regulation, and Environment (PRE) efforts and Education and Awareness (EA) efforts related to Physical Activity. In Figure 5-39, scores over 60 represent an indication of physical activity assets, while scores below 60 indicate needs in the area of physical activity.

Education and awareness about physical activity scored higher overall than specific policies related to physical activity, and the school sector scored highest in both categories. Some of the assets identified were a community network of parks and other recreational facilities, policies regarding physical education and physical activity in schools, support from health care providers for community physical activity opportunities, and worksite-sponsored events and incentives for increasing physical activity. Specific assets and needs identified through the Good & Healthy SD Community Assessment are listed in the Appendix on pages 1-22.

### **What Can Community Members Do?**

- Implement a written policy at childcare facilities for children in their care to engage in organized physical activity.
- Ensure age-appropriate quality, daily, evidence-based physical education is part of the school district curricula.
- Implement a policy supporting physical activity on breaks/lunch at worksites.
- Provide routine counseling to patients in the health care setting about the importance of regular physical activity and track the prevalence of physical inactivity during office visits.

Figure 5-39: Physical Activity



PRE=Policy, Regulation and Environment EA=Education and Awareness

Source: 2015 CHNA Good & Healthy Community Assessment

### Success Story: Complete Streets

Healthy People 2020 highlights how physical activity is positively affected by the built environment, which is the structural environment around us that includes sidewalks, bike lanes, trails, and parks, as well as by policies that improve access to facilities that support physical activity.

The Institute of Medicine has identified that improvements to the built environment that encourage walking and bicycling, such as a well-connected network of streets, trails and paths, are a priority. This approach is commonly referred to as complete streets.<sup>36</sup>

The Sioux Falls City Council unanimously passed a resolution in July 2015 to establish a vision for complete streets in Sioux Falls. Mayor Mike Huether and other City leaders also announced that Sioux Falls joined more than 200 communities across the country to answer a challenge from the U.S. Department of



Transportation to focus on safer people and safer streets.

As bicycling, walking, and public transit have increased in popularity in recent years, pedestrian and bicyclist traffic deaths have steadily increased. In response, the U.S. Department of Transportation outlined the federal government’s goals for improving road safety and emphasized the importance of involving local communities.

A complete streets focus in Sioux Falls means that roadway projects are reviewed based on the needs of all users, which includes pedestrians, bicyclists, motorists, and users of public transportation. A City team worked with stakeholder groups to review the approach to complete streets that was the right fit for Sioux Falls. The team included staff from Engineering, Planning, Parks and Recreation, Transit, and Health.

The team developed a complete streets checklist, which provides an opportunity to review road projects and determine if features can be added, such as sidewalks, bike lanes, lighting, or crossing signals, which improve the area for users of the road.

More information about complete streets in Sioux Falls is available at [www.siouxfalls.org/complete-streets](http://www.siouxfalls.org/complete-streets).



- Promote stairwell use in all settings throughout the community using amenities such as motivational signs, music, or art.
- Promote places to be physically active and ensure there are opportunities for all ages and abilities.

### Prevalence of Physical Activity in Adults

- Based on the recommended activity level of 150 minutes per week of aerobic physical activity, BRFSS data indicates 53.7 percent of South Dakota adults met the aerobic physical activity recommendations.<sup>28</sup>
- Only 4.8 percent of S.D. adults regularly bike or walk to work.<sup>29</sup>
- According to BRFSS data, over 20 percent of adults in the Sioux Falls MSA responded they had not engaged in any type of physical activity or exercise outside of their normal occupation, during the past 30 days.

### Children and Adolescents

- Among adolescents, only 47.1 percent of South Dakota youth in grades 9–12 were physically active for at least 60 minutes per day on five of the past seven days.<sup>30</sup>
- 81.5 percent of South Dakota adolescents did not attend daily physical education classes on all five days during an average week when they go to school.
- 72.3 percent of adolescents were not physically active at least 60 minutes per day on all seven days.
- 15.0 percent of adolescents did not participate in at least 60 minutes of physical activity on at least one day during the seven days before the survey.
- 23.6 percent of adolescents watched television three or more hours per day on an average school day.<sup>31</sup>

In spite of the multiple benefits of regular physical activity, many Americans are not sufficiently active. Those who are inactive are twice as likely to develop

## Sanford Health—Activating Healthy Behaviors Across the Community

*fit* is an effective and engaging system of resources developed to provide a community service that captivates a child's excitement, arms them with knowledge they need to make healthy choices, then activates them to make a habit of healthy choices.

Prompted by the desire to activate healthy habits in children, *fit* offers a whole child that not only targets the child, but also the parents and the network of caregivers that influence the child. *fit* goes beyond the traditional health topics of nutrition and exercise with an approach that includes RECHARGE (sleep and rest), MOOD (willingness to make healthy choices), FOOD (nutrition choices), and MOVE (physical activity).

*fit* (sanfordfit.org) offers free resources, developed through partnerships with health and education professionals, to activate children's healthy habits. Programs are well-matched to a child's developmental level, interests, and different community settings:

**Early Childhood:** *fit*Care teaches caregivers why, what, and how to educate young children about healthy choices. Includes tips, tools, and resources to activate children and educate parents.

**Elementary Age:** *fit*4Schools offers weekly health activation topics designed to captivate, educate, and activate healthy behavior choices. Additional STEM lesson plans can be downloaded for classroom use.

**After-School Programs:** *fit*Club is a ten-session program that teaches girls and boys, ages 8–11, the importance of healthy lifestyle choices through energetic, interactive lessons and games.

**Anywhere:** *fit* On-line is the *fit* website that includes medical reviewed, quality content developed in partnership with WebMD that is geared to parents, caregivers, teens, elementary age children, and preschoolers.

Programs have been used with over 1200 students and 800 caregivers since 2013. Evaluations show an increase in knowledge and healthy practices. One educator stated, "I find it's easy to get some little snippets in when we are lining up, getting ready for lunch—we just talk about how was your mood today, what did you do today, what did you do for your mood or recharge?"

Check out the programs and resources at [sanfordfit.org](http://sanfordfit.org).

heart disease, are prone to obesity, and are more likely to have high blood pressure.<sup>32</sup>

Healthy People 2020 reflects a collaborative approach to promoting physical activity. This approach brings about traditional partnerships, such as education and health care, with nontraditional partnerships representing public health, transportation, urban planning, recreation, worksites, and churches. These partnerships acknowledge that personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults.

Healthy People 2020 also includes objectives related to policies targeting younger children through physical activity in child care settings, reducing television viewing and computer usage, and protecting—and increasing—recess and physical education in public and private elementary schools.<sup>33</sup>

## Sexual Health

According to the World Health Organization (WHO), sexual health is “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.

Factors that can affect sexual health include:

- Marital status.
- Sexual orientation and gender identity.
- Concerns about family planning, unplanned pregnancy, and/or infertility.
- Sexually transmitted diseases or STDs (also referred to as sexually transmitted infections or STIs).
- Intimate partner and sexual violence.
- Physical, mental, emotional, and spiritual health.

- Media, culture, religion, family, friends, and personal experiences.

According to the South Dakota Department of Health, cases of chlamydia were up 25 percent across the state from 2014 to 2015, and the number of gonorrhea cases has doubled since 2009. In Minnehaha County alone, the rate of gonorrhea cases tripled from 2010 to 2014.

The rates of sexually transmitted diseases (STDs/STIs) include a nearly equal number of male and female cases, but the concerning figure is the number of young people who are impacted.

The Centers for Disease Control and Prevention estimates that youth ages 15–24 make up just over one-quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year. In South Dakota, the largest number of cases reported is among those between the ages of 15 and 24. And in Sioux Falls, approximately 54 percent of STD cases are individuals between 20–29 years of age.

There are a number of factors that put younger people at risk, including not getting screened or having limited access to screenings, concerns about confidentiality, thinking they are not at risk, having multiple partners, and even social media and the Internet, which have made it easier for people to find anonymous sex partners.

### ***Avera and Catholic Teaching***

As ministries of the Catholic Church, Avera McKennan and the Avera Heart Hospital promote and uphold Catholic teaching regarding the dignity of the human person; profound respect for human life from the moment of conception until natural death; a commitment to provide holistic care of body, mind and spirit; the sanctity of marriage; the dignity of conjugal love through which human life is transmitted; and respect for the family. Avera McKennan and Avera Heart Hospital operate in accordance with the Ethical and Religious Directives for Catholic Health Care Services.

([www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf](http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf))

The challenge with STDs is that they are easy to spread, yet hard to detect. Many young people may not even know they have been infected because STDs don't always have immediate symptoms. However, by not getting screened, people are at risk for serious health problems, such as HIV, cervical cancer, or infertility.

## Tobacco Prevention

Tobacco remains the single most preventable cause of disease, disability, and death in the United States. Smoking harms nearly every organ in the body and causes cancer, heart disease, stroke, respiratory illness, and many other health problems.<sup>34</sup>

While nationwide efforts to curb tobacco use have cut the smoking rate in half since the first U.S. Surgeon General's report on tobacco over 50 years ago (which is one of the great public health successes of the 20th Century), cigarette smoking still accounts for more than 480,000 deaths every year, or one of every five deaths.<sup>35</sup>

Current smokers are defined as persons who reported smoking at least 100 cigarettes during their lifetime, and who, at the time they participated in a survey about this topic, reported smoking every day or some days.

### Youth Tobacco Use

Tobacco use is started and established primarily during adolescence. Nearly nine out of ten cigarette smokers first tried smoking by age 18, and 99 percent first tried smoking by age 26.

Each day in the United States, more than 3,800 youth aged 18 years or younger smoke their first cigarette, and an additional 2,100 youth and young adults become daily cigarette smokers. At least 5.6 million kids alive today will die prematurely from smoking if current rates continue.<sup>36</sup>

Currently, 16.5 percent of South Dakota high school students are smokers (compared to the national average of 15.7 percent) and 11.5 percent of youth use spit/chew tobacco. While the smoking rate has decreased from 23 percent in 2011, there is still much work to be done.

A growing area of concern, particularly among youth, is the use of electronic cigarettes, or vaping.

Similar to national findings, the use of electronic cigarettes is on the rise in South Dakota. Even though it is illegal to sell nicotine-containing e-cigarettes, hookah pens, or vape pens to children under age 18, the use of such devices has doubled among middle school students in the state. Nationally, the use of electronic devices has increased nine-fold for high school students and more than six-fold for middle school students.<sup>37</sup>

There is no way to know how much nicotine or other potentially harmful chemicals they contain. A preliminary FDA evaluation revealed that some products labeled as nicotine-free did indeed contain traces of nicotine.

In addition to already-known facts about the harmful effects of smoking, the U.S. Surgeon General has stated there is already enough evidence to warn pregnant women, women of reproductive age, and adolescents about the use of nicotine-containing products such as smokeless tobacco, dissolvable nicotine products, and e-cigarettes.

### Health Costs of Tobacco Use

For more than half a century, smoking and exposure to secondhand smoke have been scientifically linked to many serious health conditions.

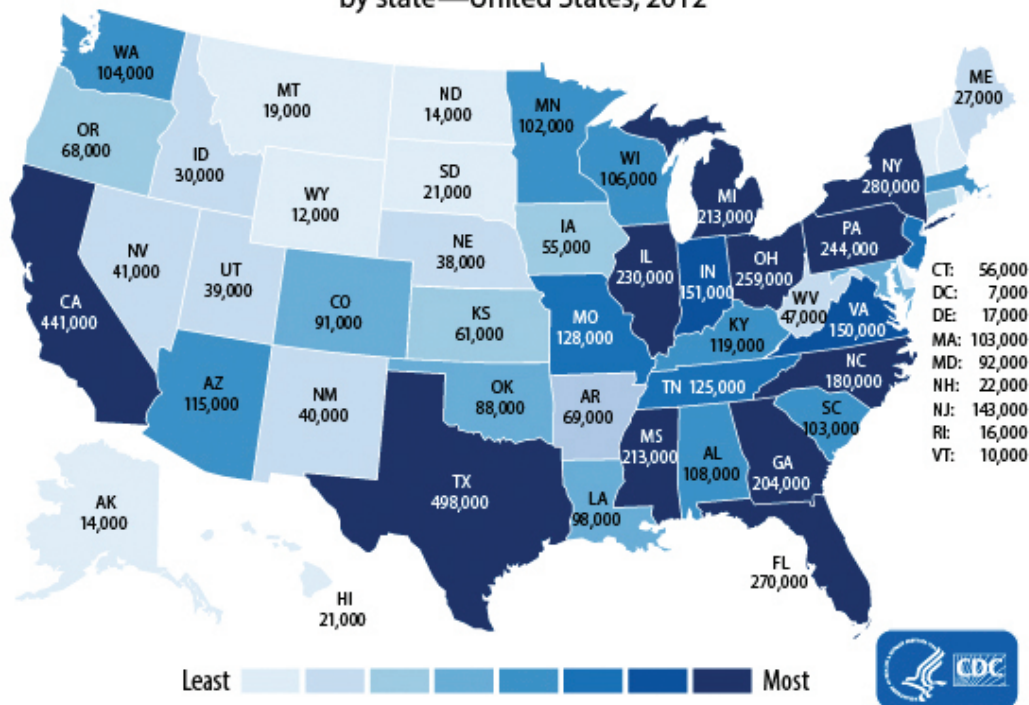
Common diseases and causes of death linked to tobacco use include:

- Cancer
- Heart disease
- Lung disease, including emphysema, bronchitis and chronic airway obstruction
- Premature birth, low birth weight, still birth, and infant death
- Oral cancers
- Periodontal (gum) disease

Figure 5-40: Current Smoking Rates

## 5.6 million children alive today will die prematurely from smoking if current smoking rates persist

Projected number of persons, 0–17 years of age, who will become smokers and die prematurely as adults because of a smoking-related illness, by state—United States, 2012



### Economic Costs of Tobacco Use

Not only is tobacco use the most preventable cause of disease, disability and death in the United States, it is also one of the nation’s most costly public health challenges.<sup>38</sup>

Smoking and exposure to secondhand smoke result in \$96 billion in medical expenditures and \$97 billion in lost productivity annually in the United States. In South Dakota, smoking causes \$276 million in personal health care expenditures and \$233.2 million in lost productivity annually.<sup>39</sup>

Figure 5-41: Adult Smoking Rate

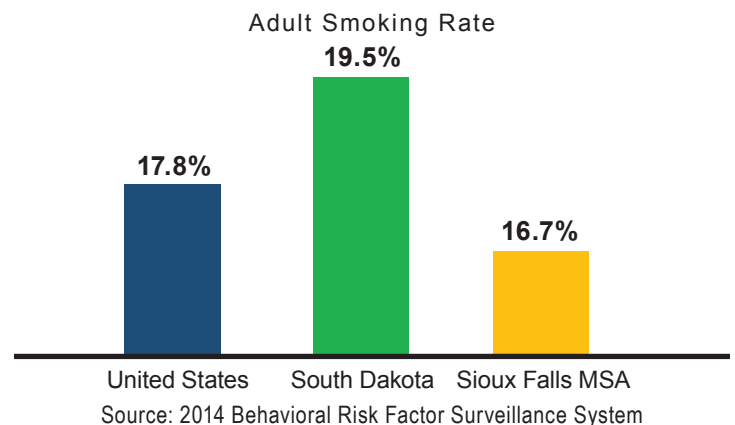
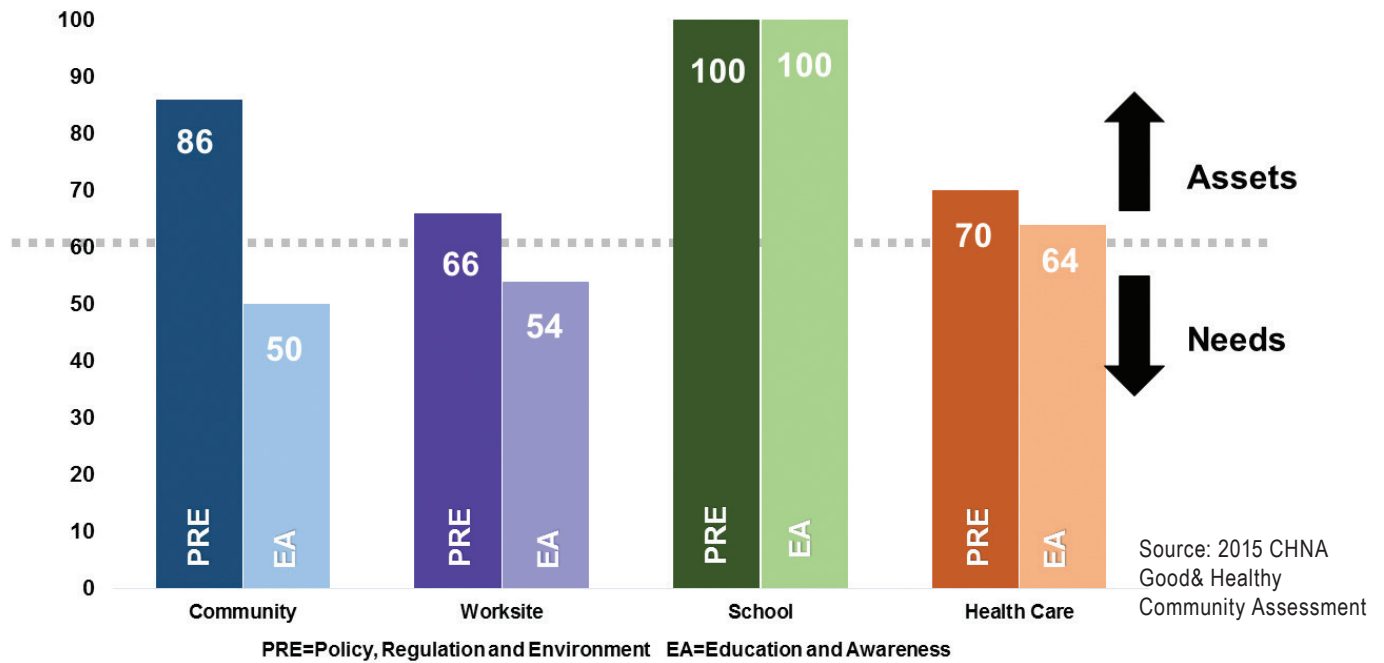


Figure 5-42: Tobacco



**Community Assets and Needs Related to Tobacco**

Using the South Dakota Good & Healthy Community Checklist, representatives from several sectors of the community rated Policy, Regulation, and Environment (PRE) efforts and Education and Awareness (EA) efforts related to Tobacco.

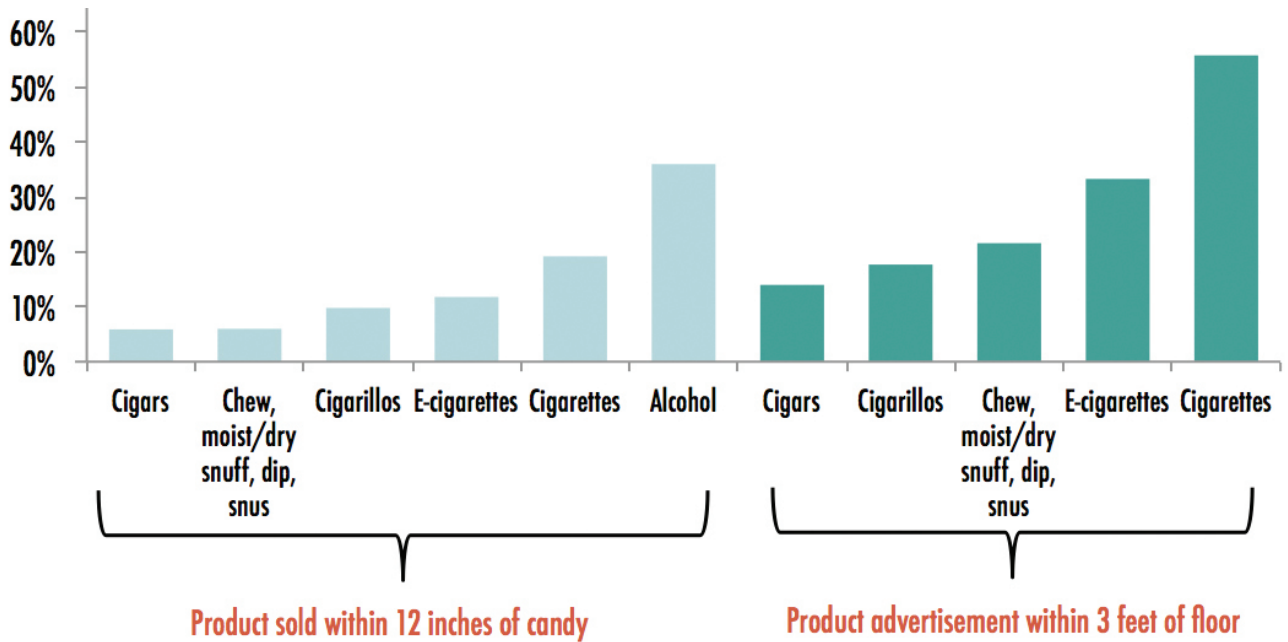
In Figure 5-42, scores over 60 represent an indication of tobacco assets, while scores below 60 indicate needs in the area of tobacco.

With a statewide law in place that regulates smoke-free indoor air, the policy scores across all sectors are higher for Tobacco than other categories of the assessment. Other assets identified include enforcing laws prohibiting the sale of tobacco products to minors, cessation resources such as the South Dakota QuitLine and a 24/7 tobacco-free school policy prohibiting use of tobacco on school grounds. Education and awareness efforts related to tobacco use and tobacco prevention were identified as a need. Specific assets and needs identified through the assessment process are listed in the Appendix, pages 1–22.

**What Can Community Members Do?**

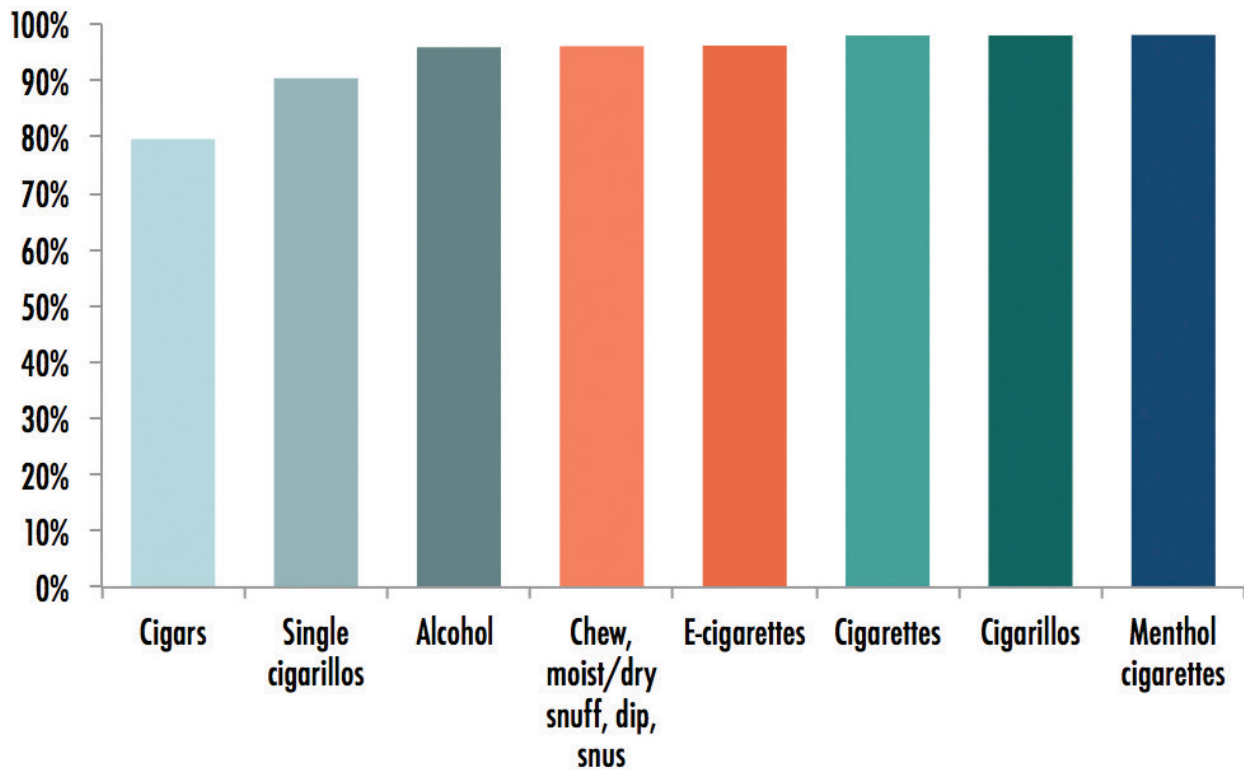
- Provide employees and their dependents with access to free or reduced-cost cessation supports, such as those available through the South Dakota QuitLine, and encourage utilization of these services.
- Make worksites, including conferences and meetings, tobacco-free and support smoke-free policies.
- Provide smoke-free multi-unit housing using guidelines available at [www.livewellsiouxfalls.org](http://www.livewellsiouxfalls.org).
- Implement evidence-based recommendations for tobacco cessation in health care settings and provide information to patients on the health effects of tobacco use and secondhand smoke exposure.
- Promote tobacco-free outdoor environments.
- Implement sustained and effective media campaigns, including raising awareness of tobacco cessation resources.

Figure 5-43: Placement of Tobacco and Alcohol at Retailers (N=52)



Source: Sioux Falls Counter Tools Retail Assessment, 2015

Figure 5-44: Percent of Retailers Selling Tobacco and Alcohol Products (N=52)



Source: Sioux Falls Counter Tools Retail Assessment, 2015

### Tobacco Products in the Retail Environment

Tobacco marketing, products, and promotions saturate retail stores in most communities. Research has shown that exposure to tobacco advertising and



promotions prompts smoking initiation, encourages tobacco use, and undermines quit attempts.

During 2015, Live Well Sioux Falls participated in a pilot study of retail environments in partnership with the South Dakota

Department of Health and with Counter Tools, a national organization advancing place-based public health.

The project involved on-site assessments of tobacco, alcohol, and healthy food options in nearly 60 convenience stores throughout the community.

The tobacco portion of the assessment focused on the types of products sold, where they were placed, and how they were advertised. Within the stores visited, the majority sold at least one type of tobacco product, with cigarettes, cigarillos, and menthol cigarettes being the most prevalent.

Flavored versions of some of these products, which can be more appealing to youth, were just as common.

Studies have shown that where tobacco products are placed in the retail environment can have an impact on consumers, or potential consumers, such as youth. The Counter Tools assessment specifically looked for tobacco products placed within 12 inches of candy or within three feet of the floor, which is the height of a young child.

In addition, more than half of the retailers had at least one type of tobacco promotion to lower the price of a product.

Store assessments like this pilot conducted with Counter Tools allow communities to collect data and use the information to educate the public, policymakers, and youth about the deceptive marketing tactics that are used by the tobacco industry.

### Workplace Well-Being

The workplace is an important setting for health protection, health promotion, and disease prevention programs. According to the CDC, Americans working full-time spend an average of more than one-third of their day, five days per week, at the workplace.

Therefore, employers can play an important role in building healthier communities by supporting a healthy workplace. Maintaining a healthier workforce can lower direct costs such as insurance premiums and worker's compensation claims. It will also positively impact many indirect costs such as absenteeism and worker productivity.<sup>40</sup>

To improve the health of their employees, businesses can create a wellness culture that is employee-centered, provides supportive environments where safety is ensured and health can emerge, and provides access and opportunities for their employers to engage in a variety of workplace health programs.<sup>41</sup>

Examples of workplace health program components and strategies include:

- Health education classes
- Access to local fitness facilities
- Company policies that promote healthy behaviors such as a tobacco-free campus policy
- Employee health insurance coverage for appropriate preventive screenings



### To Your Health

Avera supports healthy lifestyles for employees and their Avera Health Plan enrolled spouses through **To Your Health**. The program provides information and resources to keep participants healthy, including a wellness website where they will complete a health risk assessment and have access to tools and trackers designed to make healthy living easier. Participants are also able to receive health advising and coaching, all free of charge.

- A healthy work environment created through actions such as making healthy foods available and accessible through vending machines or cafeterias
- A work environment free of recognized health and safety threats with procedures in place to identify and address health and safety issues

Many companies do not offer wellness programs for employees, often citing as their reasoning the challenge of quantifying the benefits, or return-on-investment (ROI), of investing in prevention. However, during a comprehensive analysis of 42 published studies of worksite health promotion programs, research revealed that companies implementing an effective wellness program realized significant cost reductions and financial gains.<sup>42</sup>

These benefits included, on average:

- 28 percent reduction in sick days
- 26 percent reduction in health costs
- 30 percent reduction in workers' compensation and disability management claims
- \$5.93-to-\$1 savings-to-cost ratio

Healthy employees plus healthy worksites create a healthier community.



### EMPLOYEE WELL-BEING

physical • financial • career • social/emotional • community

### Ways to Well-Being

After a year of compiling data and holding employee input sessions, the City of Sioux Falls kicked off its Well-Being Game Plan.

The plan is a collaborative, multiyear focus to bring to life this vision of well-being: To create an organizational culture that inspires employee health, safety, and happiness in everyday decisions.

Total employee well-being focuses on five elements: physical, financial, career, social/emotional, and community well-being. Working together, City employees are focusing on three key goals:

**Goal #1:** Fire-up well-being at department levels

**Goal #2:** Hardwire well-being into the essence of our organization (through policy, systems, and environments)

**Goal #3:** Keep well-being programming and support services going strong.

Departments communicate regularly with employees about well-being efforts and schedule activities to support these goals.



## Life Advocate

Sanford Health Plan recognizes the key to health and wellness is to focus on all of the pillars of an individual's well-being. By successfully connecting members to the appropriate resources, we enable them to achieve and maintain an optimal level of living.

The Life Advocate is a bridge between individuals and resources to:

- Connect individuals to programs, resources, and services to better manage financial and social needs.
- Provide community resource referrals for assistance with financial concerns such as housing, food, and personal needs or managing a budget and for social needs such as support groups and day care services.
- Provide referrals to employee assistance programs.

Sanford Health Plan's Life Advocate service connects employees with community resources and professional agencies, recognizing that health and wellness are impacted by all of the pillars of well-being.

- Career: Career development
- Community: Transportation
- Financial: Housing, food, child care, energy assistance, clothing, legal resources
- Physical: Health insurance, health/medical/dental/vision
- Social/Emotional: Mental health, counseling/EAP, substance abuse and gambling, domestic violence



## Melanoma Screens

More skin cancers are diagnosed each year than all other forms of cancer combined. The American Cancer Society recommends monthly skin self-exams and exams provided by a health care provider during routine checkups.

The Sanford Health Plan has been providing Melanoma Screens on-site at local employers since 2008. During the Melanoma Screen, physicians or physician assistants examine the skin for the ABCDE traits that help identify abnormal or changing moles.

A – Asymmetry: one half is different than the other half

B – Border Irregularity: the edges are notched, uneven, or blurred

C – Color: is uneven; shades of brown, tan, and black are present

D – Diameter: is greater than 6 millimeters

E – Elevation/Evolving: the mole is raised and has an uneven surface

If any moles appear abnormal or have changed since the last melanoma screen, the provider recommends following up with a primary care provider or dermatologist. Nurse case managers also follow up with any individuals that were referred for follow up.

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# APPENDIX



## Good and Healthy SD Community Assessment Assets and Needs

These are the results from the Community Sector Assessment (see Methodology section, page 4-2). Areas scoring 60 or better are noted as assets, and those scoring below 60 are needs. They are presented on the following pages by sector.



Need



Asset

### COMMUNITY


#### Chronic Disease Management

<b><i>Policy, Regulation, and Environment</i></b>	
Faith communities offering a network of health professionals trained to provide chronic disease management support for members of their congregations.	
Community-based health screenings, referral and follow-up is offered to residents which meet current clinical guidelines for measurement and addresses chronic diseases and related risk factors.	
A coalition is established that is focused on promoting health/preventing chronic disease.	




<b><i>Education and Awareness</i></b>	
Accessible and affordable chronic disease self-management programs (diabetes, obesity, arthritis, etc.) for all community residents.	
Reports from media outlets focus on the importance of the detection of risk factors for positive lifestyle modification.	
Strategies for providing community residents with information about high blood pressure and appropriate preparation for measurements of blood pressure and how the results should be provided and interpreted.	
Strategies for providing community residents with information about high cholesterol and appropriate preparation for measurements of blood cholesterol and how the results should be provided and interpreted.	
Strategies for providing community residents information about pre-diabetes and appropriate preparation for measurements of blood glucose and how the results should be provided and interpreted.	
Referral services are in place and are promoted for persons with chronic disease risk factors.	
Support groups are available for residents with chronic diseases.	
Community has an advisory group or action team working to increase and improve active living, healthy eating, tobacco-free living, chronic disease self-management, etc.	

## COMMUNITY

### Nutrition

<b><i>Policy, Regulation, and Environment</i></b>	
Institute strategies to increase the availability of healthier food and beverage choices in locations controlled by local, city or county government (i.e., city buildings, county parks, recreation centers).	
Institute pricing strategies that support reduced cost of healthier foods and beverages relative to the cost of less healthy foods sold in public service venues (i.e. vending machines, cafeterias, and concession stands in local city facilities).	
A policy to support an increase in the number of full-service grocery stores and supermarkets in underserved areas.	
Regulation for improved availability for purchasing food from farms (i.e. farmers markets, farm stands, community-supported agriculture (CSA), pick your own, and farm-to-school initiatives).	
Local government incentives for new and/or existing food retailers for offering healthier foods and beverages in underserved areas.	
Provide access to farmers' markets in underserved areas.	
Provide smaller portion sizes at local restaurants and food venues.	
Policy for limiting the advertising and promotion of unhealthy foods and beverages in locations controlled by local, city, or county government buildings, parks, recreation centers.	
Policy for licensed day care facilities to serve two or more vegetables per day.	
Policy for licensed day care facilities to ban sugar-sweetened beverages and limit portion size of 100 percent juice.	
Farmers' Markets and farm stands that accept Women Infant and Children (WIC) Farmer Market Nutrition Vouchers and/or Food Stamp Benefits and/or Senior Citizen Farm Market Coupons are established and promoted.	
Transportation options to supermarkets and other food outlets established for senior citizens and low-income populations.	
Institute strategies to connect locally grown foods to local restaurants and food venues.	

**COMMUNITY**  
**Nutrition**

<b><i>Education and Awareness</i></b>	
Promotion of point-of-purchase nutrition information (menu labeling) in local restaurants and/or retail establishments, and promotion of the South Dakota Department of Health <i>Munch Code</i> at recreation centers, community parks, faith-based organizations, etc.	
Promotion of locally grown foods, community gardens, and agriculture initiatives.	
Healthy nutrition practices promoted in day care facilities, government, and faith-based organizations.	





## COMMUNITY

### Physical Activity

<b><i>Policy, Regulation, and Environment</i></b>	<b>Scores</b>
Create access to recreation facilities for people of all ages and abilities, such as <i>joint-use agreements</i> with schools.	
Access to public recreation facilities (i.e., parks, play areas, community and wellness centers) for people of all abilities.	
Community-wide and neighborhood specific <i>urban/community planning</i> and policy development interventions that increase opportunities for physical activity.	
Master plan for walking and biking in the community that enhances infrastructure to support walking and biking and encourage active transportation.	
A maintained network of parks with improved access to outdoor recreational facilities (establish a program to repair and upgrade existing parks and playgrounds).	
Trails, parks, shared paths and/or open spaces that are within walking distance of residential areas, especially public housing areas.	
Policy for 5-foot sidewalks to be built with street infrastructure enhancements such as lighting, traffic signals, and crosswalk counters.	
Policy for <i>traffic-calming measures</i> such as road narrowing, center islands, roundabouts, speed bumps, and/or crosswalk counters with timer countdowns at major intersections to make neighborhoods safer to walk and bike.	
Strategies to enhance infrastructure to support walking and biking (sidewalks, benches, shade, bike lanes, shared road signs, bike racks, etc.).	
Strategies for creating and maintaining crime prevention/safety measures for outdoor activity and recreation, such as adequate lighting, neighborhood watch associations, increased police presence, etc.	
Access to public transportation for community residents to access public facilities, parks, etc., so they can engage in physical activity.	
Child care facilities have a written policy for children in their care to engage in organized physical activity.	
Child care centers in the community have implemented <i>fitCare</i> ® to address nutrition and physical activity policy and environment.	
Adopt and support “complete streets” ordinances, which ensure that streets are designed and operated to enable safe access for all users.	













**COMMUNITY**  
**Physical Activity**

<b><i>Education and Awareness</i></b>	
Events used to motivate community residents to engage in physical activity (i.e., challenges, community races/walks, group hikes, etc.).	
Reports from media outlets focus on the promotion of physical activity guidelines, resources, and events in the community.	
Community-wide campaigns to encourage community residents to engage in physical activity (i.e., social support through buddy system, “contracts”; risk factor screenings; health education; address other cardiovascular risk factors, including nutrition/tobacco use).	
Promotion of places to be physically active (i.e., trails signage, maps, play areas, recreational facilities).	












## COMMUNITY

### Tobacco






<b><i>Policy, Regulation, and Environment</i></b>	
Policies/programs for creating tobacco-free environments in the community, such as parks, faith-based organizations, recreation and cultural arts centers, multifamily homes, etc.	
Community enforcement of the law which prohibits the sale of tobacco products to minors.	
Policies that prohibit tobacco advertisement near schools and/or places where youth gather.	
Restrict the placement of tobacco vending machines (including self-service displays).	
Enforce the ban of selling single cigarettes.	
Provide promotion and access to a referral system for tobacco cessation resources and services, such as the SD QuitLine (1-866-SD-QUITS).	

<b><i>Education and Awareness</i></b>	
Promote a referral system to help community members to access tobacco cessation resources or services, such as the SD QuitLine (1-866-SD-QUITS).	
Community-wide intervention program(s) for restricting minors' access to tobacco products.	
Community promotes tobacco-free programs through local media outlets.	
South Dakota Department of Health Regional Tobacco Prevention Coordinators are utilized to support community tobacco prevention/cessation activities through the provision of technical assistance (i.e., improving local tobacco-free policy) and resources (i.e., educational materials).	











**HEALTH CARE**  
**Chronic Disease Management**

<b><i>Policy, Regulation, and Environment</i></b>	
Medical services provided outside of regular working hours (i.e., late evenings, weekends) to increase access to care for all community residents.	
Health care providers partner with community agencies to offer free/low-cost chronic disease health screenings (i.e., assessing body mass index, blood pressure) and education events for the public with follow-up counseling for those at-risk.	
Participation in community coalitions and partnerships to address chronic diseases and associated risk factors.	
Regular counseling on the importance of lifestyle behavior changes in preventing and controlling symptoms from chronic diseases is provided at all routine office visits.	
Referral system to help patient's access community-based resources and services for chronic disease management.	
Chronic Disease risk factor counseling in accordance with current clinical guidelines is provided.	
Provide screening for chronic diseases in adults with modifiable risk factors.	
Policy that adopts current emergency heart disease and stroke treatment guidelines (i.e., Joint National Committee 7, American Heart Association).	
Policy to provide access to resources and training for using a stroke rating scale.	
Policy to measure weight and height and calculate BMI for adults at each office visit and review results with patient.	
Policy to assure that adult patients receive screenings for chronic diseases at intervals recommended by the U.S. Clinical Preventive Services Task Force, (i.e., colonoscopy, mammography, LDL measurements).	






**HEALTH CARE**  
**Chronic Disease Management**

<b><i>Education and Awareness</i></b>	
Multiple communication channels (i.e., public service announcement, print posters/brochures, Social Media) promote healthy lifestyle messages throughout the health care facility/system.	
Patients are educated on the signs and symptoms of heart attack and stroke through multiple communicate channels (i.e., email, print brochures, social media, interpersonal communication).	
Health care providers offer educational information to patients through multiple communication channels (i.e., email, print brochures, social media, interpersonal communication) regarding the importance of chronic disease prevention as determined necessary by the health care provider.	
Annual cultural competency training for all health care employees for optimal care of all patients regardless of their race/ethnicity and/or culture/background.	
Continuing educational opportunities for all health care providers on current chronic disease prevention and management guidelines.	









**HEALTH CARE**  
**Nutrition**

<i>Policy, Regulation, and Environment</i>	
Health care providers assess patients' nutrition habits as part of a written checklist/ screening at office visits.	
Health care providers counsel about the importance of good nutrition during office visits and provide ongoing reinforcements in follow-up visits on interventions involving behavior change.	
Health care providers use a referral system to help patients access community-based resources and services for nutrition/nutrition education.	
Patient access to Dietitian to help assess nutrition needs, prescribe personalized meal plan, and support long-term healthy nutrition behaviors.	
Policy for healthy eating and beverage options in on-site cafeteria and food venues.	
Policy for healthy food and beverage options in vending machines.	
Policy for pricing strategies that encourage the purchase of health food and beverage options.	
Healthy food purchasing (i.e. to reduce the caloric, sodium, and fat content of foods offered) is instituted in on-site cafeteria and food venues.	
Policy for healthy food preparation and practices (i.e., steaming, low fat, low salt, limiting frying, reduced calorie) in on-site cafeteria and food venues throughout health care facility.	
Health care providers adopt Breastfeeding Friendly Initiative and refer mothers to the program.	








**HEALTH CARE**  
**Nutrition**





<i>Education and Awareness</i>	
Health care professionals (i.e. physicians, specialists) receive regular updates on nutrition guidelines for chronic disease management (i.e. CDC Morbidity and Mortality Weekly Report, Public Health Bulletin, American Dietary Guidelines).	
Health care providers assess and receive current guidelines for nutrition assessment and counseling.	
Health care providers increase social support for healthy eating behaviors by including families and parents.	
Health care professionals (i.e. nurses, lactation consultants) educate mothers about Baby-Friendly Initiative regarding breastfeeding and its benefits in improving breastfeeding related outcomes.	
Health care providers trained in use of <i>Obesity in South Dakota, A Clinical Toolkit for Health care Providers</i> as a resource for chronic disease management.	

**HEALTH CARE**  
**Physical Activity**

<b><i>Policy, Regulation, and Environment</i></b>	
Health care providers routinely assess patients' physical activity as part of a written checklist/ screening at office visits.	
Referral system available to help at-risk patients access community-based resources/services for physical activity.	
Health care facility/building is physical activity friendly with sidewalks, bike racks, well-lit stairwells.	
Health care providers ensure high risk groups for chronic disease and inactivity have equal or better access to physical activity services (individual health coaching, referral to outreach programs), than the general population.	
<b><i>Education and Awareness</i></b>	
Health care providers routinely counsel patients about the importance of regular physical activity and track the prevalence of physical inactivity during office visits.	
Health care providers offer educational information to patients through multiple communication channels (e.g. email, print brochures, Social Media, interpersonal) about interventions to encourage physical activity.	
Health care providers support community physical activity advocacy (e.g. financial support, help with planning, implementing and/or promoting events, participating in events, serving on local physical activity committees).	
Continuing education is provided for Health care providers regarding risk factor management (i.e. physical inactivity), intervention, and treatment.	

**HEALTH CARE****Tobacco**






<b><i>Policy, Regulation, and Environment</i></b>	
Health care providers utilize EHR to identify and intervene with patients who use tobacco.	
Health care providers assess patient's willingness to quit and uses the 2 A+R method (A-Ask, A-Advise and R-Refer).	
Health care providers advocate for free or low-cost pharmacological quitting aids with insurance companies and/or the SD QuitLine.	
Health care providers utilize secondhand smoke (i.e., environmental tobacco smoke) education for tobacco using patients who are pregnant or have families.	
A provider-reminder system is in place to assess, advise, track, and monitor tobacco use.	
Tobacco-free policy 24/7 for indoor and outdoor public places.	
Smoke-free policy 24/7 for indoor and outdoor public places.	






<b><i>Education and Awareness</i></b>	
Professional development for health care providers regarding counseling and intervention techniques to promote tobacco cessation in patients using tobacco.	
Culturally appropriate tobacco cessation materials are provided to tobacco using patients.	
Promote a referral system to help employees to access tobacco cessation resources or services, such as the SD QuitLine (1-866-SD-QUITS).	
South Dakota Department of Health Regional Tobacco Prevention Coordinators are utilized to support health care tobacco prevention/cessation activities through the provision of technical assistance (i.e., improving tobacco-free policy) and resources (i.e., educational materials).	



**SCHOOLS**

**Chronic Disease Management**

<b><i>Policy, Regulation, and Environment</i></b>	
Access to a school/community nurse.	
Students with health problems associated with sedentary lifestyle and unhealthy diet are identified and referred to appropriate medical care/community resources.	
Policy to meet the nutritional needs of students with special health care or dietary requirements (allergies, diabetes, physical disabilities) as required by the school.	
Policy to provide immediate and reliable access to student medications for chronic disease management throughout the school day.	
School management protocols (i.e., school diabetes management plans) are developed in consultation with their families, medical providers, and school staff to manage students with chronic diseases or conditions (i.e., asthma, diabetes, epilepsy).	




<b><i>Education and Awareness</i></b>	
Professional development is offered to faculty and staff on chronic disease prevention and management.	
School-based educational materials provide information about the signs and symptoms of heart attack and stroke; risk factors for hypertension, high blood cholesterol, cancer, respiratory conditions, arthritis, obesity, and diabetes; and calling 911.	
Rewards and/or incentives (i.e., extra free class time, field trips, gift certificate) are offered and promoted to motivate students, faculty, and staff members to practice healthy behaviors.	
Health Screenings are accessible and free (or affordable), and referrals are offered to faculty and staff members at least once a year.	
Annual training is provided to all staff on CPR (Cardio-Pulmonary Resuscitation) and use of an AED.	







## SCHOOLS

### Nutrition

<b><i>Policy, Regulation, and Environment</i></b>	
Policy that requires nutrition standards for all food sold on school grounds (a la carte, school stores, concession stands, vending machines, and sporting events).	
Point-of-purchase labeling is displayed for healthy foods.	
Pricing policies for reduced prices for healthier food items.	
Fundraising policy that supports healthy eating through the sale of healthy foods as well as nonfood products and services.	
Policy that supports healthy snacks for classroom celebrations.	
Policy that limits the sale and distribution of less nutritional foods on school grounds.	
Regulations in place for a nutritious breakfast program that meets USDA standards and is fully accessible to all students.	
Regulations in place for a nutritious lunch program that meets USDA standards and is fully accessible to all students.	
School food services uses healthy food preparation practices such as steaming, low-fat and low-salt preparation with on-site food venues.	
Policy that establishes recess is provided before lunch for elementary students.	
Adequate time is provided for students to eat school meals (10 minutes for breakfast/20 minutes for lunch from the time students are seated).	
Policy that encourages nonfood rewards for academic work.	
Policy that prohibits withholding food as punishment.	
Policy that limits advertising and promotion of less healthy foods and beverages on school campus.	











**SCHOOLS**  
**Nutrition**

Local farmer partnerships and/or community gardens are used for fresh produce/fruits for student meals and snacks when available.	
Access to healthy foods is provided through increasing availability of and variety of healthy food.	
Policy that adopts the South Dakota Harvest of the Month curriculum.	

<b><i>Education and Awareness</i></b>	
Age appropriate nutrition education is part of the district curricula.	
School food services promote healthy food and beverage purchases (i.e., highlighting healthy food in menus, displaying nutrition information about foods, taste testing opportunities, etc.).	
The cafeteria is utilized as a learning lab for good nutrition.	
Educational materials on healthy eating topics (portion control, fruits/vegetables, snacking, reading food labels, Harvest of the Month materials, etc.) are reinforced through school-based communication channels.	
Food service managers/staff attend annual professional development/ continuing education trainings regarding nutrition, healthy food preparation and health promotion.	
School provides information on strategies that focus on families/parents as an important component of interventions for healthy eating behaviors.	









## SCHOOLS

### Physical Activity




<b><i>Policy, Regulation, and Environment</i></b>	<b>Scores</b>
Policy that requires all physical education classes to be taught by qualified, certified physical educators.	
Policies offering non-competitive physical activity programs before and after the school day.	
Facilities and space that support physical activity for students and staff on school grounds (bike racks, walking paths, fitness room).	
Policy (i.e. Joint Use Agreements) for use of school grounds and facilities for physical activity outside the school day for students, school faculty & staff, parents, and community members.	
Daily recess breaks for elementary students.	
Policy that prohibits the use of physical education class or recess as punishment.	
Policy that prohibits the use excessive of physical activity as punishment.	
Policy that provides equal and appropriate opportunity for all students to participate in physical activity regardless of mental or physical disabilities.	
Policy that requires at least 30 minutes of moderate to vigorous physical activity in Physical Education curricula at least three days per week during the school year.	
Transportation policies in place that encourage physical activity (Safe-Routes-to-School and Walking School Buses), and events to support those policies.	







**SCHOOLS**

**Physical Activity**

<i>Education and Awareness</i>	
Age appropriate quality, daily, evidence-based physical education is part of the district curricula.	
Physical education classes teach lifetime physical activity skills such as jogging, tennis, and basketball.	
Instruction on health related fitness (i.e. cardiovascular endurance, flexibility, muscular strength, muscular endurance and body composition) is provided during physical education and health education class.	
Promotion of student participation in extracurricular physical activities (i.e. athletics, community walks/races, activity clubs).	
School environment supports and encourages physical activity throughout the day (posters, newsletters, announcements, library displays).	
Behavioral interventions (i.e. TV Turnoff challenge) are implemented to reduce out-of-school screen time (TV, video game, computer, etc.) aimed at improving children's' and parents' knowledge, attitudes, or skills.	
Professional development is provided to school staff on incorporating physical activity into the classroom, recess, out-of-school time, and Safe Routes to School programs.	
Professional development opportunities offered for physical education and health education teachers on the National Health Education Standards, the National Physical Education Standards, and/or the Physical Activity Guidelines for Americans.	








**SCHOOLS****Tobacco**







<b><i>Policy, Regulation, and Environment</i></b>	
24/7 tobacco-free school policy which prohibits all tobacco use on school grounds and school-sponsored activities by everyone—staff, students, faculty, visitors and guests.	
Policy for cessation/education classes such as the American Lung Association's Not on Tobacco (NOT) program offered in school setting.	
Referral for students who use tobacco to cessation resources (i.e. NOT program, SD QuitLine).	

<b><i>Education &amp; Awareness</i></b>	
Evidence-based tobacco prevention programs, such as LifeSkills, are part of the district's curriculum.	
Professional development opportunities on tobacco prevention and cessation are offered/ promoted to staff teaching tobacco prevention and cessation.	
Educational opportunities for smoking cessation are provided rather than punitive measures for students caught using tobacco products.	
Educational materials on the harmful consequences of tobacco use and exposure are included in school-based communication channels (e.g. email, poster, newsletters, public address system announcements, and social media).	
South Dakota Department of Health Regional Tobacco Prevention Coordinators are utilized to support school tobacco prevention/cessation activities through the provision of technical assistance (i.e. improving school tobacco-free policy) and resources (i.e. educational materials).	
Promote tobacco prevention and cessation through education programs, such as the American Lung Association's Not on Tobacco (NOT) program and Teens Against Tobacco Use (TATU).	











**WORKSITES**




**Chronic Disease Management**

<b><i>Policy, Regulation, and Environment</i></b>	
Local employers participate in Department of Health worksite wellness program, WORKWell.	
Policy to provide affordable, accessible, annual quality health screenings, including chronic disease screening, health coaching, and referral.	
Provide follow-up counseling and education for employees at high risk for developing chronic diseases and related risk factors.	
Adopt an emergency response plan (e.g., an Automatic External Defibrillator, instruction and training for CPR, choking).	
Worksite offers health care coverage for preventive services and quality medical care for employees.	
Policy that health insurance discounts are offered to employees who adopt healthier lifestyles, decrease their chronic disease risk factors, or improve their health screening score.	
Policy to provide employee access to qualified occupational health staff.	

<b><i>Education and Awareness</i></b>	
Worksite communication channels (email, posters, newsletters, public address system announcements, social media, group education sessions) that promote the importance of healthy lifestyle behaviors in preventing and /or managing chronic diseases.	
Promote affordable and accessible chronic disease self-management programs and/or community resources for employees and their families.	
Promote community resources available to employees with risk factors for chronic diseases.	
Events, classes, and incentives are offered for the prevention of and/or management of chronic diseases.	
Training for management and employees on proper response to chronic disease related emergencies (heart attack, stroke, hypoglycemia, etc.) and use of equipment to support timely response (e.g. AED).	
Support groups for employees with chronic diseases such as obesity, arthritis, and diabetes.	

**WORKSITES****Nutrition**










<b><i>Policy, Regulation, and Environment</i></b>	
Policy for healthy guidelines for all foods and beverages provided at worksite, such as vending machine products, snacks, and cafeteria food.	
Worksite-sponsored wellness committee which plans and promotes policies and environmental changes for healthy nutrition behaviors of employees.	
Policy for healthy foods and beverages to be served at employee meetings, trainings, and celebrations.	
Partnerships with community organizations for employee access to affordable fresh fruits and vegetables, (i.e. farmers' markets, community gardens, co-ops).	
Provide employee access to refrigerator, microwave, and sink.	
Opportunities are available to employees at the workplace or through outside community-based individually adapted behavior change programs (i.e. weight loss programs that offer counseling and education).	
Policy which promotes individual behavior change through worksite-sponsored challenges (i.e. Eat 5 servings per day of fruits and/or vegetables).	
Policy for providing breastfeeding accommodations for employees that include both time and private space for breastfeeding during working hours.	
Policies for reduced prices for healthy food items in cafeterias and vending machines.	
Point-of- decision labeling (i.e. "low fat," "light," "heart health," "no trans fat") for healthy food items in cafeteria, break rooms, and vending areas.	




<b><i>Education and Awareness</i></b>	
Worksite-sponsored events and incentives promote nutrition education and healthy nutrition behaviors.	
Professional development for foodservice staff on healthy food preparation techniques, portion sizes, and healthy menu choices.	
Work-site communication channels (e.g. email, posters, newsletters, public address system announcements, Social media, group educations sessions) promote the importance of healthy nutrition behaviors in preventing and/or managing chronic diseases.	










**WORKSITES**

**Physical Activity**

<b><i>Policy, Regulation, and Environment</i></b>	<b>Scores</b>
Free or reduced cost memberships to community physical activity/fitness centers for employees.	
Policy supporting physical activity on breaks/lunch.	
Policy providing flexible work schedule and/or break times for employees to be active during the day.	
A worksite-sponsored wellness committee plans physical activity opportunities for employees.	
Financial/benefit incentives promote/reward employee participation in regular physical activity.	
Policy which promotes individual behavior change through worksite-sponsored challenges (i.e. 10,000 Steps a day, workplace physical activity program).	
Policy for structuring the Built Environment to support physical activity opportunities for employees at or near worksite (i.e. bike racks, walking paths, sidewalks, fitness equipment, etc.).	
Point-of-decision prompts (i.e. motivational signs) located by stairwells, when possible.	
Policy supporting strategies to reach and motivate highly sedentary workforce.	

<b><i>Education and Awareness</i></b>	
Worksite communication channels (i.e., email, posters, newsletters, public address system announcements, social media, group education sessions) promote the benefits of regular physical activity, the physical activity guidelines, and the opportunities for activity and recreation at or near the worksite.	
Worksite sponsored events and incentives for increasing and maintaining physical activity for employees.	
Promotion of stairwell use (i.e. Motivational Signs, Music, Art, etc.).	

**WORKSITES****Tobacco**

<b><i>Policy, Regulation, and Environment</i></b>	
Worksite Insurance coverage of nicotine replacement therapy.	
Reduced cost insurance premiums for employees who do not use tobacco.	
Tobacco-free policy 24/7 for indoor and outdoor buildings and grounds.	
Smoke-free policy 24/7 for indoor and outdoor buildings and grounds.	
<b><i>Education and Awareness</i></b>	
Promote a referral system to help employees access tobacco cessation resources or services, such as the SD QuitLine (1-866-SD-QUITS).	
Worksite communication channels (email, posters, newsletters, public address system announcements, Social media, group education sessions) support a tobacco-free environment and tobacco cessation for employees.	
South Dakota Department of Health Regional Tobacco Prevention Coordinators are utilized to support tobacco prevention and/or cessation through technical assistance (i.e. improving worksite tobacco-free policy) and resources (i.e. educational materials).	

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## Definitions

**BRFSS:** Behavior Risk Factor Surveillance System. The Behavioral Risk Factor Surveillance System (BRFSS) is the premier system of health-related telephone surveys through which the Centers for Disease Control and Prevention (CDC) collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

**CHNA:** Community Health Needs Assessment. This refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

**Chronic Disease:** A chronic disease is defined by the U.S. National Center for Health Statistics as one lasting 3 months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Chronic diseases are greatly influenced by socioeconomic status, education, employment, and environment.

**Environmental Change:** Environmental change is transformation to the environment that influences practices and behaviors. Examples of changes to the environment may be physical, social, or economic. Examples include:

- Physical: Structural changes such as incorporating sidewalks, paths, pedestrian friendly intersections, and recreation areas into community design (complete streets policy) or ensuring availability of healthy food choices in restaurants or cafeterias.
- Social: A positive change in attitudes or behavior about health policies or practices, such as increasing favorable attitudes of community

decision makers about the importance of nonsmoking policies.

- Economic: The presence of financial disincentives or incentives to encourage a desired behavior, such as charging higher prices for sugar sweetened beverages and non-healthy food items to decrease their use.

**Healthy People 2020:** Healthy People provides science-based, ten-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage community collaborations, empower individuals to make informed health decisions, and measure the impact of prevention activities.

**Metropolitan Statistical Area:** In the United States, a metropolitan statistical area (MSA) is a geographical region with a relatively high population density at its core and close economic ties throughout the area. MSAs are defined by the Office of Management and Budget (OMB) and used by the Census Bureau and other federal government agencies for statistical purposes. The Sioux Falls MSA includes Lincoln, McCook, Minnehaha, and Turner Counties.

**Patient Protection and Affordable Care Act:** The Patient Protection and Affordable Care Act (PPACA)—also known as the Affordable Care Act or ACA—is the health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010.

**Policy Change:** Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, rules, protocols, and/or procedures that are designed to guide or influence positive behavior change and the choices we make in our lives. Examples of legislative policies include clean indoor air laws, national school lunch program regulations, or policies that provide time off during work hours for physical activity.

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## Definitions, continued

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**Population Health:** The health outcomes of a group of individuals, including the distribution of such outcomes within the group. Groups are often geographic populations such as nations, states, or communities, but they can also be groups such as employees, ethnic groups, disabled persons, or any other defined group.

**Poverty:** The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

**Social Determinants of Health:** The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, state, and local levels. Examples of social determinants of health include safe and affordable housing; access to educational, economic, and job opportunities; access to health care services, public safety, availability of healthy foods, transportation options, and environments free of life-threatening toxins.

**Systems Change:** Systems change involves modifications made to the rules within an organization (school, a parks and recreation department, transportation department, business, etc.). Systems change and policy change often work hand-in-hand. Systems change often focuses on changing infrastructure within a school, park, worksite, or health setting. Examples are implementing the national school lunch program across state school systems or ensuring a hospital system goes tobacco-free.

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## Resources

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**The Helpline Center** produces several printed directories every year. Please remember these directories do not contain all of the resources found in the 211 database, but they are designed to be simple, easy-to-access resources for the public. If you are having trouble finding what you are looking for, please call 211. Someone is available 24 hours a day.

### **Sioux Falls Basic Needs Resource Guide**

Included in the resource guide are agencies/programs that provide direct basic need services such as food, shelter, clothing, medical care, financial assistance, and employment services. For more information on thousands of other resources available in the Sioux Falls area, visit our online database or dial 211 or 605-339-4357.

### **2015 Sioux Falls Mental Health Guide**

Through a partnership with Avera McKennan, this guide was established to help people more readily identify and select licensed/credentialed practitioners and agencies that provide a variety of mental health services in the Sioux Falls area.

### **Sioux Falls Helping Hand Emergency Resource Guide**

This guide was created for individuals and professionals to use as quick reference for basic needs information and locations. This guide has information on financial resources, shelters and emergency housing, food and clothing, mental health, substance abuse, child care, employment and transportation. A detailed map of service locations is also inside the brochure. For additional information on any of the resources listed, please dial 211.

### **Sioux Falls Metro Area Directory of Specialized Transportation Services**

This directory is a joint mobility management project of South Eastern Council of Governments (SECOG), City of Sioux Falls, Sioux Area Metro (SAM), Helpline Center and Sioux Falls Area Community Foundation. This directory provides current or potential users with information for transportation services available in the Sioux Falls metropolitan area. For additional information on any of the resources listed, please dial 211.

***Links to this Community Health Status Report and associated resources can be found online at  
[www.livewellsiouxfalls.org/about-us](http://www.livewellsiouxfalls.org/about-us).***



### Primary Care Resources

#### Avera Health

##### Avera Medical Group McGreevy Clinics

6215 South Cliff Avenue (69th & Cliff)  
605-322-3300

1910 West 69th Street  
(69th & Western)  
605-322-5200

1200 South Seventh Avenue  
605-336-2140

1035 South Highline Place  
at Dawley Farm  
605-322-2925

6000 West 41st Street  
605-361-7208

4011 West Benson Road  
605-322-1500

##### Avera Medical Group McGreevy Acute Care Clinics\*

1035 South Highline Place  
at Dawley Farm  
605-322-2945  
6000 West 41st Street  
605-362-8544

*\*After hours and weekend clinics,  
call for hours of operation*

##### Avera Medical Group Health Care Clinic

300 North Dakota Avenue, Suite 117  
605-322-6800

##### Avera Medical Group Internal Medicine

Plaza 2 - 1301 South Cliff Avenue,  
Suite 400  
605-322-5750

##### Avera Medical Group Internal Medicine Women's

116 West 69th Street  
605-322-5890

#### AveraNow

Hy-Vee at South Minnesota Avenue  
3000 South Minnesota Avenue  
605-271-3330

Hy-Vee at Tenth and Cleveland  
3020 East Tenth Street  
605-334-1092

Hy-Vee on Kiwanis  
2700 West Tenth Street  
605-271-2055

Empire Hy-Vee  
4101 South Louise Avenue  
605-271-2064

*\*On-site provider at Minnesota Avenue  
location, virtual kiosk visits at all locations  
\*Marion Road and Sycamore Hy-Vee  
locations coming Summer 2016*

#### Center for Family Medicine

1115 East 20th Street  
605-339-1783

#### Destiny Family Medical Clinic

1417 South Minnesota Avenue  
605-339-3378

Destiny Outreach After Hours Clinic\*  
225 East 11th Street (upstairs in the  
Sioux Falls Ministry Center)  
605-951-8158  
*\*Free evening acute care medical clinic  
for the uninsured*

#### Falls Community Health

**Main Clinic**  
521 North Main Avenue  
605-367-8793

#### Hawthorne Elementary School

521 North Spring Avenue  
605-367-8793

#### Terry Redlin Elementary School

1722 East Eighth Street  
605-367-8793

#### Hayward Elementary School

410 North Valley View Road  
605-367-8793

#### Midwest Family Care

716 East 19th Street  
605-444-8650

#### Sanford Health

##### Sanford Family Medicine

4405 East 26th Street  
605-328-9000

2701 South Kiwanis Avenue  
605-328-9100

7220 West 41st Street  
605-328-9600

3401 West 49th Street  
605-328-1850

600 North Sycamore Avenue  
605-328-2999

6101 South Louise Avenue  
605-312-8000

6110 South Minnesota Avenue  
605-328-5800

##### Sanford Health Midtown Clinic

1205 South Grange Avenue,  
Suite 301  
605-312-8350

Sanford Internal Medicine Clinic  
1205 South Grange Avenue,  
Suite 510  
605-328-7500

Sanford Women's  
Internal Medicine Clinic  
5019 South Western Avenue,  
Suite 200  
605-328-9700

Sanford Health Stevens Center  
Walk-in Clinic  
900 East 54th Street North  
605-332-2883

##### Sanford Acute Care Clinics

4405 East 26th Street  
605-332-2883

7220 West 41st Street  
605-332-2883

#### South Dakota Urban Indian Health

711 North Lake Avenue  
605-339-0420

