

2025 COMMUNITY HEALTH ASSESSMENT



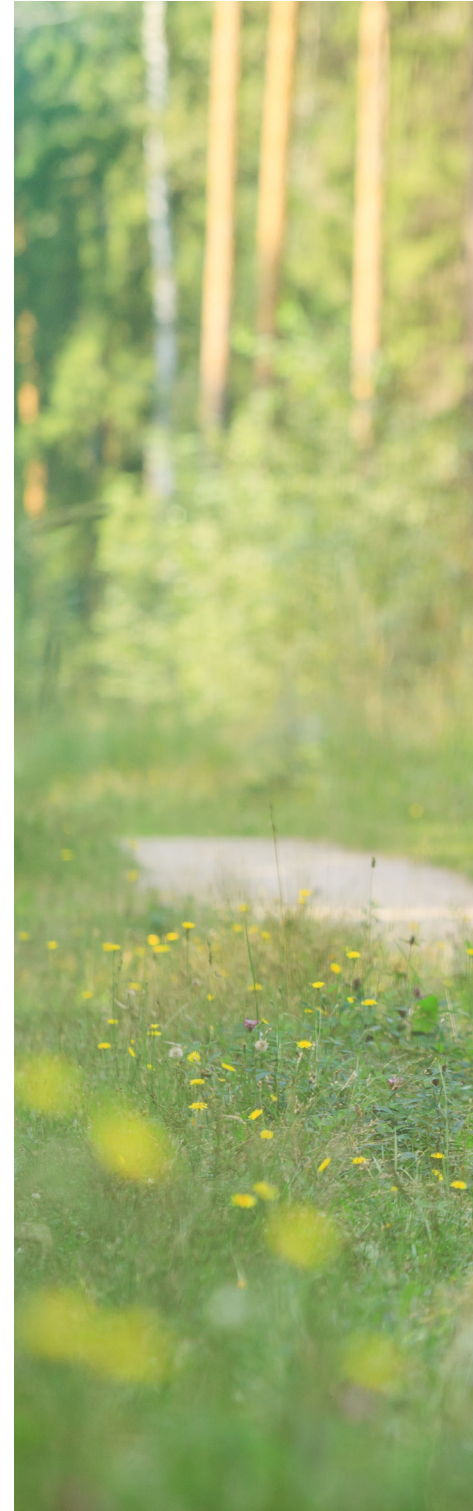
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A MESSAGE FROM THE
PARTNERS



Dear Sioux Falls Residents,

On behalf of the Sioux Falls Health Department, Avera McKennan Hospital and University Health Center, Avera Heart Hospital of South Dakota, Sanford USD Medical Center, and the Sioux Falls VA Health Care System, we are pleased to present the 2025 Community Health Status Report for the Sioux Falls Metropolitan Statistical Area (MSA).

Through our collaborative Community Health Assessment (CHA) process, we have examined health concerns and outcomes, recognizing the significant impact of our community environment. Factors such as access to healthy food, opportunities for physical activity, health care services, and housing and transportation options play pivotal roles in the health of our community.

As community partners, our influence extends across schools, workplaces, neighborhoods, churches, and public spaces. Your feedback—gathered through resident surveys, focus groups, and data sharing efforts—has been invaluable throughout this assessment.

We firmly believe that every resident, regardless of background, education, income, or neighborhood, should have equitable opportunities and environments conducive to making choices that promote longer, healthier lives. Looking ahead, we remain committed to monitoring community health through a lens of prevention and equity. We will actively pursue solutions that ensure Sioux Falls residents have access to a healthy environment where they can live, work, learn, and thrive.

Sincerely,

Joe Kippley, JD, MHA

Director
Sioux Falls Health Department

Andy Munce, MSN, RN

Interim President and CEO
Sanford USD Medical Center

Ronald Place, MD

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CITY OF SIOUX FALLS HEALTH DEPARTMENT



MISSION: *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 for primary health services.*

FALLS COMMUNITY HEALTH

Falls Community Health is a Federally Qualified Health Center (FQHC) that provides comprehensive 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 and substance use counseling services, case management, medical nutrition therapy, and social services.



City of Sioux Falls Health Department



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PUBLIC HEALTH LABORATORY

The Public Health Laboratory provides environmental and clinical laboratory testing services. Environmental testing serves the city of 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.

ENVIRONMENTAL HEALTH PROTECTION

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 daycare registration and inspection
- Permits and inspection of food service establishments
- Tattoo artist permits and tattoo establishment permits and inspection
- Hotel/Lodging permits and inspection
- Code enforcement
- Sound permits
- Vector (mosquito) Control
-

PUBLIC HEALTH EMERGENCY PREPAREDNESS

A key role of a public health department is to ensure the community is ready to respond in the event of a health emergency. The Health Department continues to contribute to health care preparedness coalitions both in Sioux Falls and across the state and ensure compliance with CMS preparedness rules for the providers required to meet those standards. In addition, the department works with health care partners and community based organizations to conduct preparedness planning, training and exercising, and supports the broader public health needs of responses for all disasters.

HEALTH PROMOTION AND DISEASE PREVENTION (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 initiative partners with a diverse group of businesses, organizations, and individuals, and is instrumental in guiding our 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. Community partners work together to develop strategies that help residents Breathe Well, Eat Well, Feel Well, Move Well, and Work Well.

AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER



Avera McKennan Hospital & University Health Center in Sioux Falls is the 644 bed flagship of Avera Health, a system comprised of 315 locations in 100 communities across portions of five states in the Upper Midwest.

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. Headquartered in Sioux Falls, SD, the Avera system employs more than 22,000 individuals, including more than 8,000 in the Sioux Falls metropolitan statistical area (MSA) and 1,270 physicians and advanced practice providers.

Avera McKennan provides a complete continuum of care in more than 60 medical specialties, including oncology, cardiology, critical care, emergency medicine and trauma, air transport, 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 blood and marrow transplant program, longest standing kidney transplant program, and the region's only pancreas transplant program. Accredited by The Joint Commission, Avera McKennan has also earned Magnet® hospital designation from the American Nurses Credentialing Center since 2001.

AVERA HEART HOSPITAL

Founded in 2001, Avera Heart Hospital is the region's first hospital dedicated to cardiac and vascular care and the state's first accredited Chest Pain Center. Services include 24-hour emergency care, Planet Heart screenings, cardiac catheterization, electrophysiology, surgery, and a full range of diagnostic and rehabilitation services.

AVERA BEHAVIORAL HEALTH HOSPITAL

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 innovative technology that includes a state-of-the-art electroconvulsive therapy (ECT) suite. Behavioral health services include a 24-hour assessment phone line and center available to patients and referring providers to provide recommendations for the most appropriate level of care. The Helmsley Behavioral Health Center is a recently constructed wing, funded completely through philanthropic dollars, that brought new services to Sioux Falls including 24/7 behavioral health urgent care, youth addiction care, and partial hospitalization for youth and adults, in addition to more inpatient beds for youth.

AVERA CANCER INSTITUTE

Avera Cancer Institute offers comprehensive services through six regional centers. In Sioux Falls, Avera Cancer Institute is located in the Prairie Center on the Avera McKennan campus. Cutting-edge technology includes the Elekta Versa HD™ linear accelerator, electron-based intraoperative radiation therapy (IORT), Gamma Knife® and brachytherapy suite. Avera's cancer program includes multidisciplinary case conferences, a dedicated breast surgery team, genomic medicine, patient navigation center, clinical trials, and genetic testing. Avera's depth of care in hematology allows patients to receive leading-edge cellular therapies and immunotherapy. Patients also have access to novel treatments through a broad range of clinical trials. Patients benefit from amenities such as private

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

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& University Health Center**

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chemotherapy suites and a patient-centered environment. Survivorship care, spiritual care, arts in healing and integrative medicine are ways in which Avera cares for the whole person throughout the cancer care journey.

TELEMEDICINE

Avera has a long history in telemedicine dating back to 1993. Virtual nursing and remote patient monitoring are among the latest technologies, as well as telemedicine support in emergency care, critical care, long-term care, pharmacy, hospitalist, and more.

AVERA MEDICAL GROUP

Avera's 1,270 physicians and allied health professionals collaborate to deliver comprehensive, seamless care at over 200 locations. Avera Medical Group offers 45 clinics in Sioux Falls, with innovative options including virtual visits and virtual specialty consults. Through coordinated care, we help patients with complex or multiple conditions overcome barriers to better health management.

AVERA HEALTH INSURANCE

Avera Health Plans, founded in 1999, serves people and communities by providing cost-effective, innovative health plans. Avera Health Plans has participated in healthcare.gov since it began in 2013, after passage of the Affordable Care Act (ACA) in 2010. Avera Health Plans offers individual and family policies as well as small

and large group coverage and Medicare supplement and provides administrative services for Avera and other self-insured groups. Together, Avera Health Plans covers 75,000 lives.

AVERA ON LOUISE HEALTH CAMPUS

To address the growth of Sioux Falls and improve access to care in all sectors in the city, Avera opened its new campus at 69th Street and Louise Avenue in the fall of 2019. This facility includes:

- A 24-bed surgical hospital and medical office building complex, specializing in orthopedics, gastroenterology, rheumatology, and internal medicine. This complex comprises 260,000 square feet.
- The Avera Addiction Care Center, a residential treatment facility with 32 private rooms.
- The Avera Human Performance Center, a 60,000-square-foot complex housing seven volleyball courts and designated areas for physical therapy and Athletic Republic acceleration. It is designed to serve athletes of all ages and ability levels and will promote overall health, wellness, and balance throughout a lifetime. An outdoor pickleball court is available for public use.

- A new, 127,000-square-foot medical office building is currently under construction to house gastroenterology services and other specialties. This project also makes more room to expand and enhance orthopedic services in the Avera Specialty Hospital. Completion is planned for early 2026.

MAIN CAMPUS UPDATES

The Sioux Falls metropolitan statistical area (MSA) is projected to increase by more than 100,000 in the next 15 years. Each year, Sioux Falls' population grows by an estimated 2.5 percent.

To help accommodate present and future capacity concerns, Avera McKennen is building a new six story tower addition. The tower will create a new main entrance for Avera McKennen as well as a focused area for women's and children's hospital services. Adding a total of 158 beds, the project will accommodate current and future growth and increased demand for medical services. In total, this project and additional moves will allow Avera McKennen to expand and enhance major services including women's and children's, surgery, medical/surgical beds, cancer care, and more. Completion is planned for early 2027.

SANFORD USD MEDICAL CENTER



Sanford USD Medical Center is a 545-bed tertiary medical center in Sioux Falls, SD, providing comprehensive, innovative multispecialty care for patients from across the Midwest. It is the largest hospital in South Dakota and a Level I adult and Level II pediatric trauma center, serviced by Sanford AirMed air ambulance, which covers a vast geographic region and offers four specialized transport teams, including adult, pediatric, neonatal and obstetric. As a provider of highly specialized services, Sanford USD offers Centers of Excellence in heart and vascular, children's services, cancer, neuroscience, orthopedics and sports medicine, and women's health. It also serves as the primary teaching hospital for the Sanford USD 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 526 board-certified physicians and 552 advanced practice providers (APPs) in more than 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 sharing God's love through the work of health, healing and comfort, and its vision of improving the human condition at every stage of life through exceptional care, spiritual enrichment, innovation and discovery, 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, which comprise 133 health facilities in 10 countries. State-of-the-art neonatal intensive care and pediatric intensive care units offer 24/7 care by local specialists. This includes 135 pediatric specialists in over 30 unique medical areas of expertise. The model of CARE focuses on excellence in clinical services, advocacy, research, and education.

HEART HOSPITAL

Sanford Heart Hospital is a state-of-the-art hospital offering highly advanced, integrated, and personalized heart care from more than 750 experienced heart specialists and staff. All services for heart patients — emergency care, outpatient testing, surgery, rehab, catheterization, consultation with specialists — are consolidated into one building attached to the medical center, allowing for easy access. Within Sanford Heart Hospital, patients receive personalized, innovative health care where comfort, well-being, compassion, communication, and empowered choices allow them to experience their healing journey in a positive, life-changing way.

ORTHOPEDICS AND SPORTS MEDICINE

Sanford Orthopedic and Sports Medicine has depth of services and specialties to treat sprains, strains, tears, breaks, joint pain, and concussions. We offer more than 45 expert providers with extensive experience in diagnosis, surgery, and nonsurgical treatments. Sanford is a regional leader in sports medicine and works with over 125 club, high school, collegiate, and semiprofessional teams.



CANCER CENTER

Sanford's Cancer Center and Edith Sanford Breast Center combine to form a unique beacon of expert cancer and breast care throughout the region. Through the generosity of Denny Sanford, we have designed a space that supports advanced cancer care and breast care delivery models of the future, encompassing the whole person built on a foundation of distinguished research and supporting team-based care. Sanford runs the WISDOM Study to create the most effective screening protocols for all women at every stage of life and 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.

WOMEN'S

Sanford Women's offers state-of-the-art obstetric and gynecological care for women of all ages in several locations throughout a four-state area. Care is provided by specialists in OB/GYN, maternal-fetal medicine, urogynecology, fertility and reproductive medicine, low intervention birth, and more. Sanford Women's Plaza is a unique destination that provides women with a variety of health options, all in one location.

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STYX FALLS VA HEALTH CARE SYSTEM



The Sioux Falls VA Health Care System (HCS) first opened as the Royal C. Johnson Veterans Memorial Hospital on July 19, 1949. Today, it is a Joint Commission-accredited medical center with four Community Based Outpatient Clinics (CBOCs) and one outreach clinic, that serves more than 27,000 veterans in eastern South Dakota, northwestern Iowa, northeast Nebraska, and southwestern Minnesota.

The medical center in Sioux Falls, SD, has 40 acute beds and 58 transitional care beds. CBOCs are in Aberdeen, Watertown, and Dakota Dunes, SD, as well as Spirit Lake, IA. An outreach clinic is located on Yankton Sioux tribal land in Wagner, SD.

The Sioux Falls VA HCS provides a wide array of comprehensive health care services including primary care, mental health, cardiology, neurology, endocrinology, oncology, dermatology, orthopedics, pain management, pulmonology, GI, endoscopy, urology, general surgery, podiatry, dermatology, optometry and ophthalmology, nephrology, audiology and speech pathology, chronic disease management, extended care and rehabilitation, Home Based Primary Care, home health care, comprehensive Women's Health services, Military Sexual Trauma counseling, prosthetics, low vision clinic, Whole Health and Integrative Health services, Medical Foster Homes, Caregiver Support, PTSD treatment, substance use treatment, emergency care, and Compensated Work Therapy. Many of these services are available by video telehealth for those in rural areas or who are unable to travel.

FACILITY ACCOMPLISHMENTS

The newly established Sioux Falls VA Home Health Program enrolled its first Veterans in May 2022. To date over 242 Veterans have benefited from this program. Services provided include skilled nursing, nonskilled care, physical therapy, and occupational therapy which also includes in home safety evaluations. Skilled nursing services include services such as medication management, health monitoring, wound care, indwelling catheter changes, blood draw/specimen collection, etc. Nonskilled services include assistance with bathing, personal hygiene, light housekeeping, etc.

February 2023, the Sioux Falls VA opened a new, nearly 16,000 sq. ft. Outpatient Mental Health Clinic dedicated to providing enhanced mental health services. In March 2024, the new expanded Prosthetics and Sensory Aids Service Department opened which more than doubled the previous department size. The VA's Prosthetics and Sensory Aids Service is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world. More than 50 percent of Veterans enrolled in VHA receive Prosthetics services. These services promote the health, independence, and quality of life for Veterans with disabilities.

Department of Veterans Affairs announced on April 19, 2024—Trust in VA among Veteran patients in Sioux Falls rises to 94.7 percent, up 4.2 percent since 2018. This finding is based on a survey of Veteran patients who received VA health care in the past 90 days. The Sioux Falls VA is also proud to maintain CMS and CLC Compare overall 5-Star rated hospital as of FY24Q2.

MAJOR SHARING AGREEMENTS

A contract is in place with the SD Air National Guard to provide audiology, radiology, and laboratory services.

TRANSITION AND CARE MANAGEMENT (FORMERLY OEF/OIF/OND)

The Sioux Falls VA Medical Center Post 9/11 Military 2VA Case Management Program is designed to serve returning Post 9/11 Veterans and their families. All newly enrolled Post 9/11 Veterans are scheduled to meet with the Post 9/11 Military 2VA Case



Sioux Falls VA Health Care System



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Management Program Manager for an initial bio-psycho-social screening. Based on the screening, Veterans are scheduled for initial examinations such as medical, mental health, and vocational counseling etc. The program currently case manages over 220 Veterans and completes an average of 60-80 assessments a month. The Program Manager also supports local outreach events with the purpose of providing education about the effects of combat on individuals, their families, and the community. Program manager and Transition Patient Advocate attended Department of Defense Yellow Ribbon Reintegration events to assist our newest Veterans in accessing needed services.

HOMELESS VETERAN PROGRAM

The Sioux Falls VA provides Housing and Urban Development-Veteran Affairs Supportive Housing (HUD VASH), Health Care for Homeless Veterans (HCHV) Outreach and Case Management, HCHV-Contract Emergency Residential Services, and Grant and Per Diem-Transition in Place (GPD-TIP).

SUICIDE PREVENTION

Under the COMPACT Act (Section 201), Veterans in acute suicide crisis may be eligible to receive emergency health care services at any VA or non-VA facility at no cost.

Veterans identified as high risk for suicide are provided additional support. The team also manages the Suicide Prevention mail program and the caring contact outreach letter. The team manages crisis line calls to ensure a follow-up call is made within 24 business hours of the initial contact. The team also supports and creates community coalitions and are involved in at least five community outreach activities per month.

PERFORMANCE IMPROVEMENT INITIATIVES

Our facility utilizes LEAN as the primary process improvement methodology as recommended by the National Systems Redesign and Improvement program. Our employees are dedicated to identifying safety and process issues, improving processes, realizing cost savings, increasing efficiencies, and eliminating waste.

WOMEN'S HEALTH PROGRAM

The medical center and CBOCs have designated Women's Health Primary Care providers. The women's health clinic was designed to give women Veterans a space where their privacy, safety, dignity, and sensitivity to gender-specific needs are respected. The Women's Clinic includes Primary Care, gender-specific care, Gynecology, and Women's Health Clinical Pharmacist. Women's Health Physical Therapy, Psychiatry, Women's Health Psychology,

Nutrition, and Social Work services are available. The Women's Health Program holds quarterly focus groups, semiannual public forums, and a Women Veterans Whole Health Retreat.

COMMUNITY PARTNERSHIPS

The Sioux Falls VA Health Care System has active education affiliations with the Sanford School of Medicine of the University of South Dakota with several staff members holding faculty appointments. In addition, psychiatry, pathology, and surgical residency programs continue to be strong. Approximately 285 residents, interns, and students are trained here each year. We have nursing student affiliations with Augustana University, Minnesota West, National American University, Southeast Technical Institute, Lake Area Technical Institute, the University of South Dakota, South Dakota State University, and the University of Sioux Falls. In addition, there are affiliations involving pharmacy, psychology, social work, chaplains, occupational therapy, physical therapy, physician assistants, medical technologists, recreation, and respiratory therapy.

ACKNOWLEDGEMENTS

The CHA was a multi-partner collaboration spearheaded by the Sioux Falls Health Department, Avera McKennan Hospital & University Health Center, Sanford USD Medical Center, and Sioux Falls VA Health Care System.

CHA LEADERSHIP COMMITTEE

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- Julie Ward, Avera McKennan Hospital & University Health Center
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- Nayeema Ahmed, City of Sioux Falls Health Department
- Shelby Kommes, City of Sioux Falls Health Department
- Andrew Wiese, Sanford Health
- Christina Ward, Sanford Health
- Karla Cazer, Sanford Health
- Machelle Kocer, Sioux Falls VA Health Care System

The process also relied on the participation of several partners representing broad sectors of the community, including local government, for-profit businesses, nonprofit organizations, and special populations at risk of poorer health outcomes or that have higher health risks (e.g. homeless populations, low-income, and uninsured).



We would like to thank the following individuals for their various contributions to the process:

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Nicole Koskovich, Lifescape
Kari Benz, Minnehaha County Human Services
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Lisa Sanderson, SD Parent Connection
Marcella Prokup, Southeastern Technical College
Suzanne Keizer, Southeastern Behavioral Health Care
Heidi Larson, St. Francis House
Steve Zahn, St. Francis House
Jon Sommervold, Tallgrass Recovery
Brian Mulder, Volunteers of America

INTRODUCTION

The role of public health is to promote and protect the health of people and the communities where they live, learn, work, and play.¹

THE CHA PROCESS

The purpose of a community health assessment (CHA) is to develop a global view of the population's health and the prevalence of disease and health issues. This CHA addressed the Sioux Falls Metropolitan Statistical Area (MSA), which is comprised of four counties (Lincoln, McCook, Minnehaha, and Turner), with the city of Sioux Falls as the major city within the MSA. It should be noted that the Sioux Falls Metropolitan Statistical Area (MSA) has expanded to include Rock County, Minnesota as its fifth county. However, for the purposes of this report, any mentions of the Sioux Falls MSA do not currently include this additional county. The dimensions assessed and reported are: health outcomes in the population expressed in terms of disease burden and quantity and quality of life measures; risk factors and determinants of poor health; and community resources available to improve health status.

The CHA identifies the community's strengths and areas for improvement, promotes collaboration and innovation, and ultimately, improves community health. Findings from the assessment serve as a catalyst to align expertise and develop implementation strategies that promote community health improvement.

Using the South Dakota Good & Healthy Community Assessment framework (Figure 2), a state-based model for community health assessment and improvement, the partners developed a multifaceted assessment that included quantitative and qualitative methods of data collection and that actively sought feedback from key stakeholders and community residents. For this CHA, the partners extended a good faith effort to engage community representatives in each component of the assessment process. Public comments and responses to the community health assessment are welcome at www.sioxfalls.gov/health. For the previous CHA (2022), none of the partners received community comments or questions.

METHODOLOGY

Community and Stakeholder Survey

Community members were asked a series of questions through an online survey designed in partnership with health experts and public health officials. The tool was designed to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate various community health drivers from poor to excellent. For any response other than excellent, the respondent was offered the opportunity to provide an open-ended comment explaining their reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance.

Figure 1: 10 Essential Public Health Services

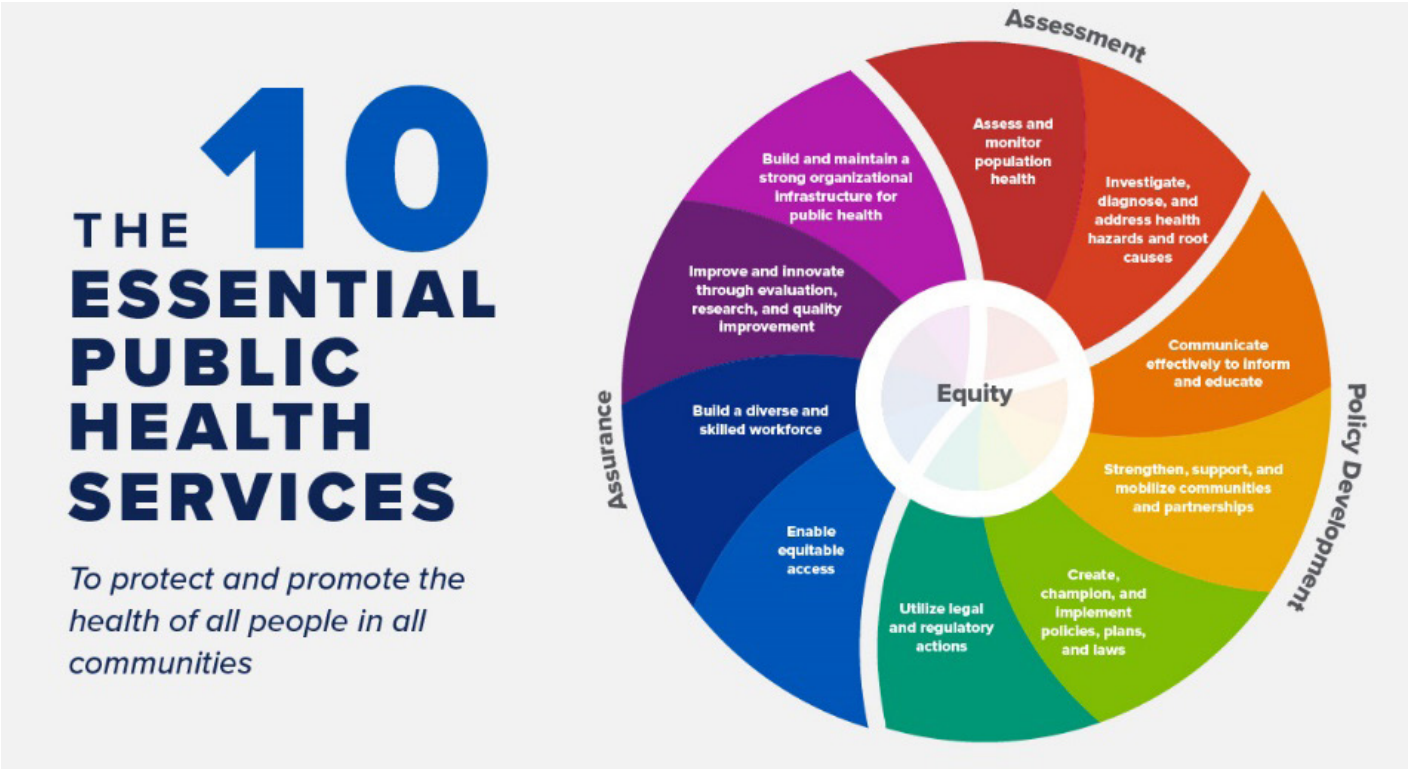


Figure 2: Community Health Assessment Framework



The survey was sent to a sample of the population secured through an online survey vendor. To further promote community involvement the survey was also sent electronically to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a representative of the community and forward the survey to their respective populations for greater involvement.

Following the completion of the 2022-2024 report, it was determined that survey collection was an area for improvement. Specifically, efforts to improve representation across a broad range of demographics is a focus for the current and future cycles. To reach targeted populations, such as the medically underserved, an expanded investment was made into a multifaceted campaign. This included an earned media campaign on local media outlets and websites owned by CHNA partners. Sanford Health and other coalition partners also promoted the survey internally through their respective intranet, all-staff emails, and newsletters.

Internal efforts were supported with a more robust advertising campaign that included, among other efforts, a digital media investment. Further support was given to collecting surveys at various community events, and advertisements were also placed in Native American print publications. Use of translated surveys increased reach those who speak a language other than English. Last cycle, the survey was printed in four languages: English, Somali, Spanish, and Sudanese. This cycle, the translated versions were extended to community members that received the online link to the survey.

These combined efforts increased the overall number of responses and respondents were better aligned to community demographics. Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 1,912 respondents from the Sioux Falls CHNA community—an increase from 739 last year—completed the survey. The investments made to improve representation provides a base of learnings for future CHNA cycles.

Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Sioux Falls is included with Fargo, ND and Bismarck, ND.

To identify community health needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5 that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings. Upon determination of a potential strength or need, County Health

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3). The code requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations also stipulate that each medical center take into account input from persons who represent the broad interests of the community. Hospitals are required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community. Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

The community health assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs. Hospitals are to address each assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals must develop an implementation strategy to address top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS form 990 Schedule H. Finally, hospitals are to be transparent with the findings and make the written CHA report available to anyone who asks for the report. In addition to having printed copies available upon request, this CHA report is available on all of the partner websites.

Rankings and responses from open-ended questions provided additional insights into the drivers of the respective needs. A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings. Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

Focus Groups and Key Informant Interviews

Avera McKennan contracted with Sand Consulting to develop, facilitate, compile, and analyze focus groups and key informant interviews for this needs assessment. References to Sioux Falls include the surrounding metro area. Thirty-five individuals participated in either one of three focus groups or a key informant interview. The facilitator noted messaging that was shared by multiple participants, as well as unique perspectives offered by participants. The information provided by participants was also compared to participant feedback provided in the 2022 CHNA focus groups.

The facilitator utilized the social determinants of health (SDOH) framework to guide the focus group dialogue. Knowing that only 20 percent of the factors that influence health are about medical care and that 80% reflect the conditions in which we are born, grow, live, work and age, this framework was meant to help participants think about health in a broader perspective. SDOH includes Economic Stability, Neighborhood & Built Environment, Social and Community Context, Health Care, and Education.

All participants were informed that when the term health system was used, the team was referring not to any specific health care system (e.g. Avera Health, Sanford Health, etc.), but to any community organization or player in the system that supports better community health of all kinds in the Sioux Falls region.

Secondary Data

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

County Health Rankings referenced in this report are based upon the UW Population Health model and serve as a secondary data source utilized for the community health needs assessment.³ Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets.

This report also includes references to other data sources, such as the South Dakota Department of Health's Office of Statistics and Vital Reports, the Behavioral Risk Factor Surveillance System, the U.S. Census Bureau, and more. We also utilized results from The National Community Survey, developed by the experts at Polco's National Research Center to capture residents' opinions about livability in the community. The report provides the opinions of a representative sample of 472 residents of the City of Sioux Falls collected from September 29, 2023, to November 10, 2023. The margin of error around any reported percentage is 4.5 percent for all respondents and the response rate for the 2023 survey was 18%. Survey results were weighted so that the demographic profile of respondents was representative of the demographic profile of adults in Sioux Falls.

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 year and end year for the statistic. It then uses Census Bureau population estimates for each of the years to average the population over the provided range and then multiply each county's rate 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. Throughout this report, footnotes are used for tables and figures using the calculator to provide the MSA data.

LIMITATIONS

Our community health assessment incorporates data from diverse sources, maintaining the demographic categories as defined by each source. Demographic and granular data are not uniformly defined or included across all datasets. Including this data where available is essential for understanding community needs, but it is equally important to recognize the limitations and variability of each dataset in our analysis.

The findings in this CHA provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, gaps may occur due to the difficulty in reaching every demographic via the survey process.

To mitigate limitations, the CHA evaluates community health from several perspectives: a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as vital statistics, the U.S. Census Bureau, County Health Rankings, public comments from previous assessments, and institutional knowledge by the CHA Partners and others within the partner organizations.

IDENTIFYING HEALTH PRIORITIES

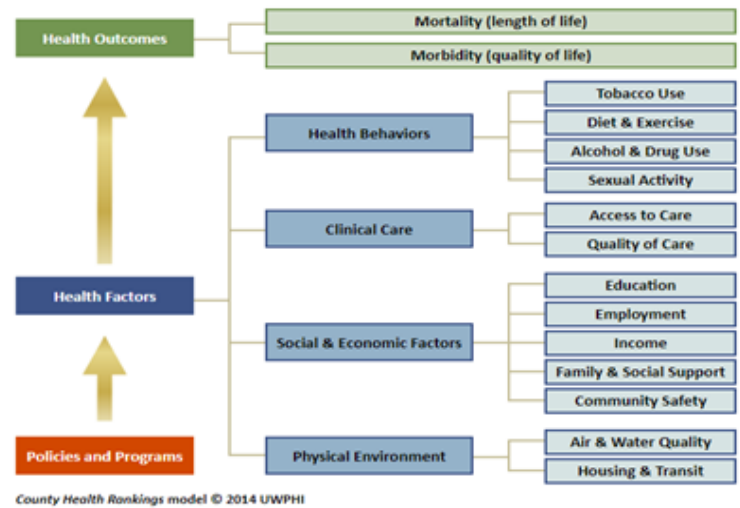
After compiling the quantitative and qualitative data, the partners reviewed the data for significant indicators in the secondary data, top concerns ranked in the resident and stakeholder surveys and key themes mentioned during the focus groups and key informant interviews.

The following health challenges rose to the top when exploring feedback from community residents and stakeholders, as well as in reviewing existing public health data:

- Healthy living and chronic disease prevention
- Adolescent mental health
- Access to care, particularly oral health

This report presents information on health outcomes in the Sioux Falls MSA, as well as the drivers of poor health. Research continues to show that, when it comes to length and quality of life, our zip code may have a more significant impact than our genetic code. Therefore, it is essential to not only explore individuals' access to clinical health services, but also to go upstream and examine other factors that shape an individual's ability to make healthy choices. The Sioux Falls MSA is experiencing several drivers of poor health, including:

Figure 3: County Health Rankings Model



1. Behavioral factors: residents are engaging in health-damaging behaviors such as alcohol and substance use, tobacco use, lack of physical activity, high rate of consumption of sugar-sweetened beverages, and inadequate intake of fruits and vegetables.
2. Environmental Factors: the built environment creates barriers to healthy eating and active living, as evidenced by car dependence, poor walkability, need for additional bike and public transportation infrastructure, and food deserts that limit access to healthy, affordable foods.
3. Socioeconomics Factors: residents are challenged by the lack of quality, affordable housing and childcare, and by financial barriers to healthy eating and active living.
4. Inadequate Use of High-Quality Health Care Services: residents cite both cost of care and lack of health care coverage as barriers to accessing health care, as well as an insufficient number of dental and mental health providers.



ABOUT OUR COMMUNITY

For the purpose of this report, “community” was defined as the Sioux Falls Metropolitan Statistical Area (MSA), which includes the counties of Lincoln, McCook, Minnehaha, and Turner. As indicated earlier in the report, the Sioux Falls MSA now includes Rock County, Minnesota, but has not been utilized for data collection in this version of the report.

The Sioux Falls MSA represents where approximately 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. Sioux Falls

is the largest city in South Dakota, with the metro area accounting for roughly 32 percent of the state’s population. Sioux Falls, which covers 84.28 square miles is the county seat of Minnehaha County and also extends into Lincoln County to the south.⁴

Amid several strong years of construction, job growth, and quality-of-life investments, Sioux Falls experienced substantial population growth in the last decade, with growth rates that exceeded the U.S. growth rate (Table 1)

Table 1: Population

	Sioux Falls	Sioux Falls MSA	South Dakota	U.S.
2018	174,151	255,438	864,289	322,903,030
2020	192,517	276,730	886,667	331,449,281
2022	193,401	277,944	890,342	331,097,593

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

According to the City of Sioux Falls Planning and Development Services, Sioux Falls’ population grew by 5,007 in 2023 (2.4 percent growth rate), compared to a growth rate of 3.5 in 2021 and 3.1 in 2022.⁵ The city population is projected to be 251,000 by 2040.⁶

Nearly 17 percent of Americans are aged 65 years and older (Table 2), and that percentage is growing. Between 2022 and 2050, the number of people 65 and older is expected

to increase from 58 to 82 million, a 47 percent increase. This will increase the proportion of 65 and older from 17 to 23 percent.⁷ The Sioux Falls area population is younger than the state and U.S. population (Table 2). The median age in Sioux Falls is 36.4 years and in South Dakota is 38.5 years.⁸ The Sioux Falls MSA population is almost evenly divided between males and females (Table 3).



Table 2: Population by age, percent of population

	Sioux Falls	Sioux Falls MSA	South Dakota	U.S.
UNDER 18 YEARS	24.8%	25.8%	24.3%	22.1%
18-64	61.7%	60.3%	58.4%	61.4%
65 AND OVER	13.5%	13.9%	16.5%	16.5%

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

Table 3: Population by Gender, percent of population

	Sioux Falls	Sioux Falls MSA	South Dakota	U.S.
MALE	50.9%	50.9%	50.7%	49.6%
FEMALE	49.5%	49.3%	49.3%	50.4%

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>



As Sioux Falls and the surrounding area continue to grow, the population is becoming increasingly more diverse. The top three single racial groups in the MSA are White, Black, and Hispanic/Latino (Table 4).

Table 4: Population by Race and Ethnicity, percent of population

	Sioux Falls	Sioux Falls MSA	South Dakota	U.S.
WHITE ALONE, NOT HISPANIC/LATINO	81.2%	85.1%	82.2%	65.9%
BLACK/AFRICAN	6.8%	5%	2.2%	12.5%
AMERICAN INDIAN/ALASKAN	1.9%	1.5%	8%	0.8%
ASIAN	2.3%	1.8%	1.4%	5.8%
NATIVE HAWAIIAN/PACIFIC ISLANDER	0%	0%	0.1%	0.2%
HISPANIC/LATINO	5.7%	4.8%	4.4%	18.7%
TWO+ RACES	6.1%	5.4%	5%	8.8%

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

Furthermore, 6.6 percent of the population in the MSA were born outside of the United States (Table 5) and 8.3 percent speak a language other than English at home (Table 6). It is increasingly important to see that services in the area are culturally sensitive, that health information is made available in multiple languages, and that interpretation services are readily available for those who might need them.

Table 5: Foreign Born Persons, percent of population

	Sioux Falls	Sioux Falls MSA	South Dakota	U.S.
PERCENT OF FOREIGN BORN BY REGION (CITIZEN AND NON-CITIZEN) MOE* VERY HIGH	8.7%	6.6%	4.1%	13.7%
EUROPE	12.3%	13.1%	12.3%	10.6%
ASIA	24.9%	24.2%	31.6%	31.2%
AFRICA	38.8%	36.5%	24.5%	5.7%
OCEANIA	0.2%	0.3%	1.0%	0.6%
LATIN AMERICA	22.2%	23.8%	27.3%	50%
NORTHERN AMERICA	1.6%	2.0%	3.3%	1.8%

*Margin of Error high

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

Table 6: Language spoken at home, percent of population

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
ENGLISH ONLY/SPEAKS ENGLISH "VERY WELL"	96.6%	97.4%	98.6%	99%	96.9%	98.9%	98%	91.8%
SPEAKS ENGLISH LESS THAN "VERY WELL"	3.4%	2.6%	1.4%	1%	3.1%	1.1%	2.0%	8.2%
LANGUAGE OTHER THAN ENGLISH AT HOME	10.6%	8.3%	5.9%	4.5%	9.4%	3.4%	6.5%	21.7%

(Population 5 years+)

DATA SOURCE: United States Census Bureau. (2019). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

As we continue to work with partners to improve health and well-being in our community, it is essential to consider the unique needs of various populations, including individuals with disabilities and veterans in the community. Currently, individuals with a disability comprise approximately 10 percent of the Sioux Falls MSA, and veterans comprise 7.5 percent of the MSA population (Tables 7 and 8).

Table 7: Disability characteristics, Percent of population

	Sioux Falls	Sioux Falls MSA	South Dakota	U.S.
INDIVIDUALS WITH DISABILITY	10%	9.8%	12%	12.9%
TYPES OF DISABILITY				
HEARING DIFFICULTY	2.7%	3.0%	3.9%	3.6%
VISION DIFFICULTY	1.4%	1.5%	2.0%	2.4%
COGNITIVE DIFFICULTY	4.2%	3.8%	4.4%	5.3%
AMBULATORY DIFFICULTY	4.7%	4.6%	5.7%	6.7%
SELF-CARE DIFFICULTY	1.6%	1.5%	1.9%	2.6%
INDEPENDENT LIVING DIFFICULTY	4.4%	4.0%	4.7%	5.8%

DATA SOURCE: United States Census Bureau. (2019). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

Table 8: Veteran Status, Percent of Population

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
VETERANS % CIVILIAN POP>18 YEARS	6.5%	7%	5.8%	7.2%	7.4%	8.6%	8.1%	6.6%
# OF VETERANS	9,485	14,499	2,784	298	10,855	562	54,488	17,038,807
VETERANS BY GENDER								
MALE	89.4%	89.7%	88.9%	91.6%	89.7%	92%	91%	90.3%
FEMALE	10.6%	10.6%	11.1%	8.4%	10.3%	8%	9%	9.7%

DATA SOURCE: United States Census Bureau. (2019). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>





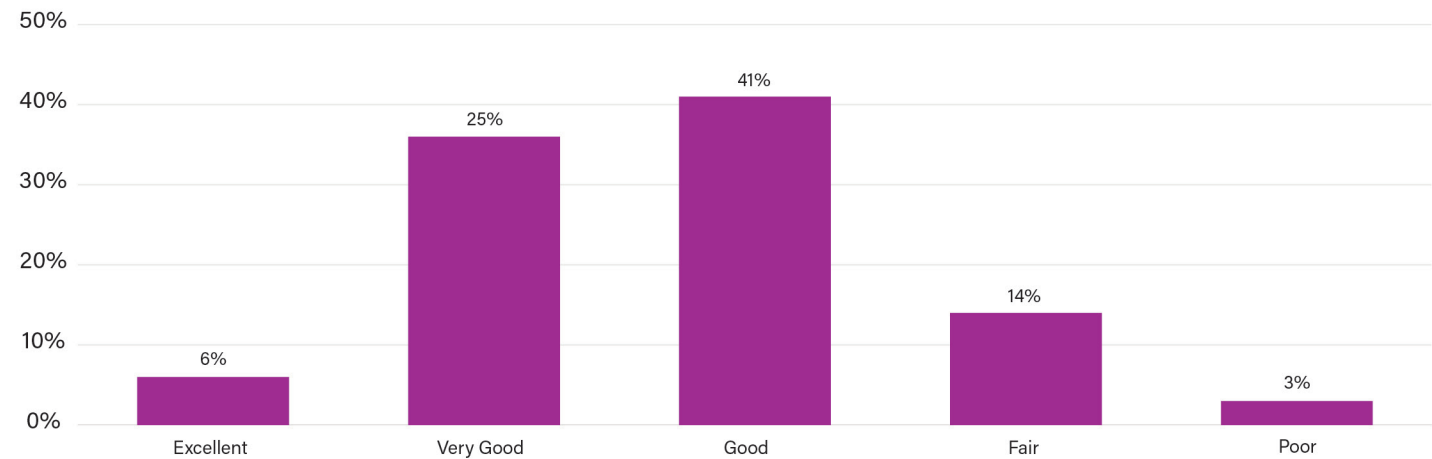
HEALTH OUTCOMES

Health can be measured in a number of ways, from looking at causes of death to examining the relationship of physical and mental health to the quality of a person's life. In this report, we quantify the population health of Sioux Falls area residents using aggregate measures of mortality (length of life), morbidity (disease burden), and quality of life.

HEALTH-RELATED QUALITY OF LIFE

Overall, most residents in the Sioux Falls MSA consider themselves to be in good health, as reflected in Figure 4 below from the 2023 Community Health Assessment Resident Survey (2023 CHA Survey). About 17 percent consider their health to be fair or poor. This number was slightly higher than the most recent estimate (11.1 percent) from the Behavioral Risk Factor Surveillance Survey but it is to be noted that the data collection years are different (Figure 5).

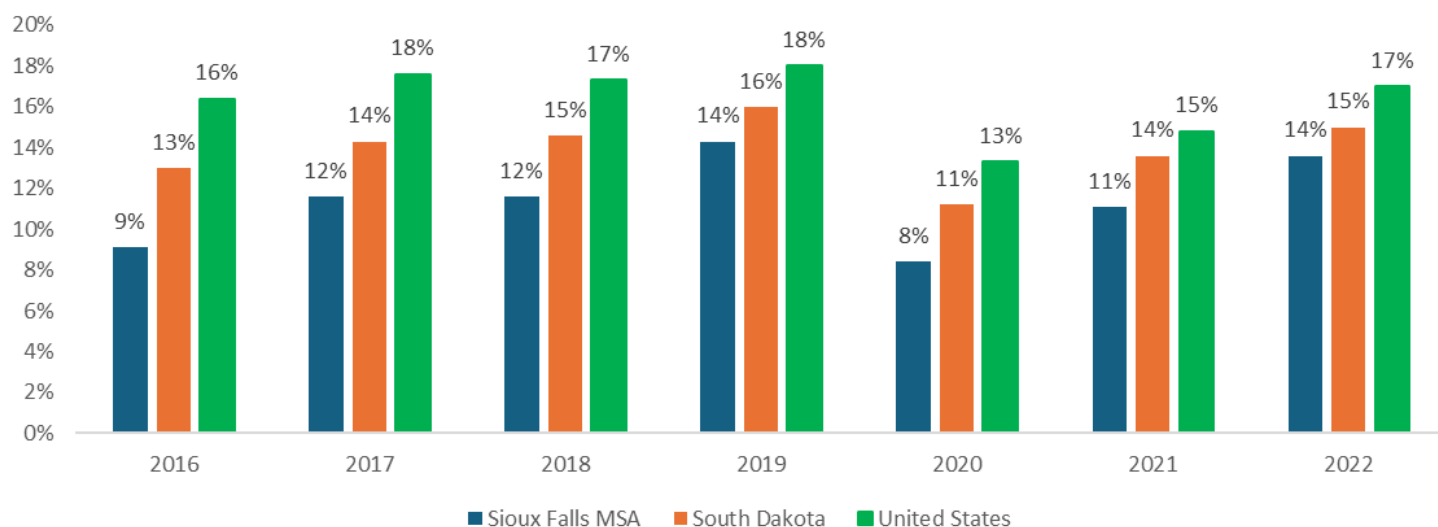
Figure 4: Resident Perceptions of Their State of Health and Wellness



DATA SOURCE: 2023 Community Health Assessment Resident Survey

The percentage of people reporting fair or poor health in the Sioux Falls MSA saw a sharp decrease in 2020 but has since increased again. This is also seen across South Dakota and the United States into 2022 (Figure 5).

Figure 5: Percentage of Adults Reporting Fair or Poor Health

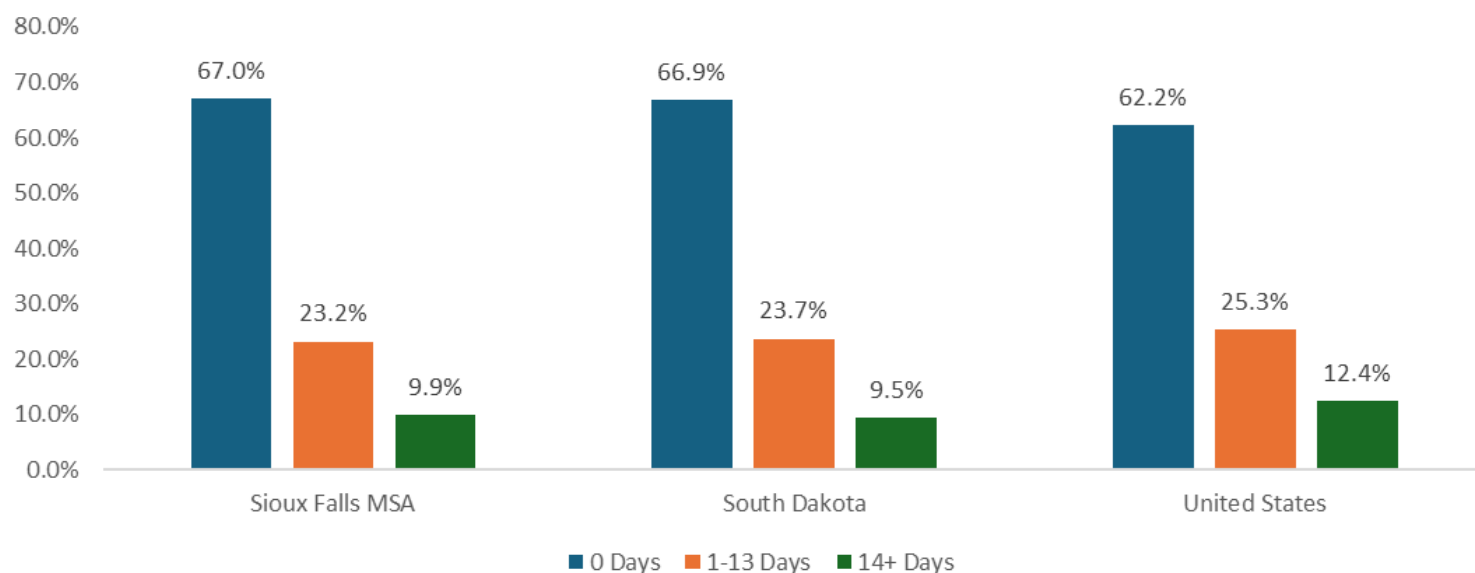


DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Individual reporting of healthy and unhealthy days is an established measure of health-related quality of life that was developed by the U.S. Centers for Disease Control and Prevention (CDC). Unhealthy days are an estimate of the overall number of days during the previous 30 days when a respondent felt that either physical or mental health was not good.⁹ Unhealthy days are a valid and responsive index of perceived physical and mental health over time. In 2022, Sioux Falls MSA adults reported

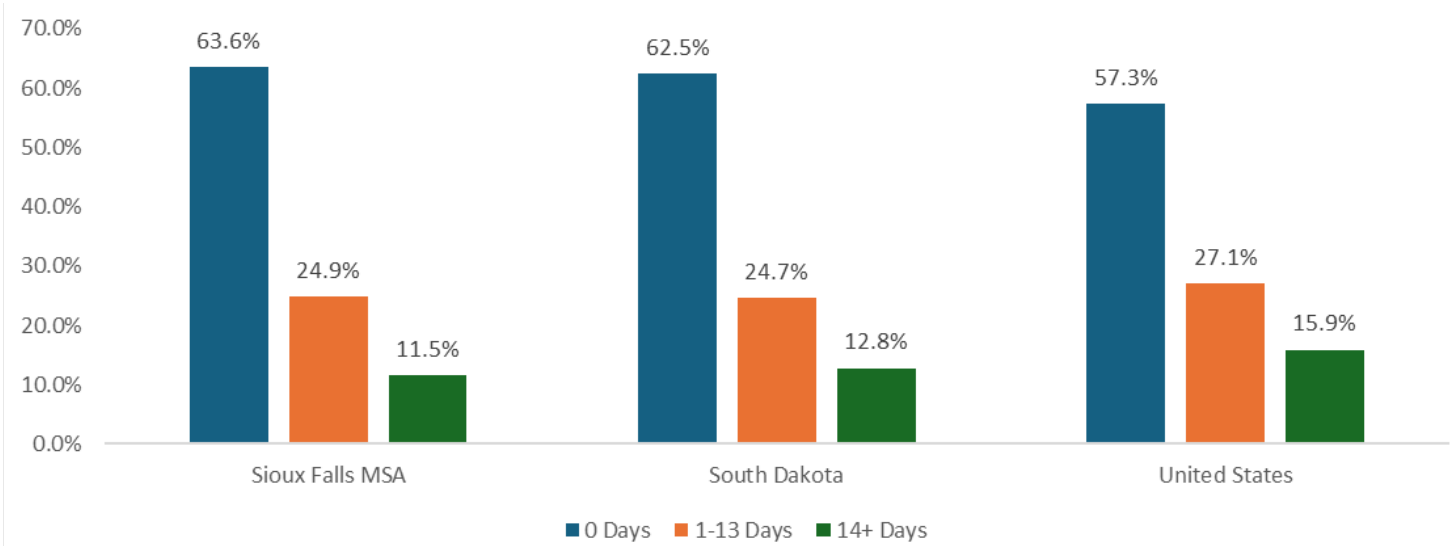
fewer physically and mentally unhealthy days compared to state and national averages (Figures 6 and 7). Nonetheless, 9.9 percent of the adult population reported 14 or more physically unhealthy days while 11.5 percent reported 14 or more mentally unhealthy days. Physically unhealthy days are decreasing for the Sioux Falls MSA, while mentally unhealthy days are increasing.

Figure 6: Percentage of Adults Reporting Fair or Poor Health



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 7: Average Number of Mentally Unhealthy Days Per Month Reported By Adults Age 18+



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

MORTALITY

Life Expectancy

Life expectancy for many groups in the U.S. is nearly at its lowest since the mid-2000’s, according to the CDC’s Provisional Life Expectancy Report. Overall, life expectancy dropped from 78.8 years in 2019 to 77.5 years in 2022.¹⁰ Additionally, disparities are seen in life expectancy among various racial and ethnic groups; American Indian and Alaska Native have a life expectancy of 67.9 and Blacks at 72.8. Other observations regarding life expectancy in the U.S. include¹⁰:

- Male life expectancy is 74.8 years.
- Female life expectancy is 80.2.

Mortality due to COVID-19 played a significant role in the steep decline in 2020, and while it has since been on the rebound, it is still not back up to the life expectancy before COVID-19. Other causes of death that impacted the rates were heart disease, unintentional injuries, cancer, and homicide.¹⁰

Life expectancy in the Sioux Falls area is higher than state and national averages (Table 9), but unlike the US, has decreased since the last report.

Table 9: Average Life Expectancy Comparison

Area	Life Expectancy (in Years)
United States	78.5
South Dakota	78.2
Sioux Falls MSA	79.1
Lincoln County	83.9
McCook County	76.1
Minnehaha County	77.6
Turner County	78

DATA SOURCE: National Center for Health Statistics - Mortality Files. (2021). Accessed at www.countyhealthrankings.org. Sioux Falls MSA data based on Sioux Falls Metropolitan Statistical Area Calculator.

Improving health and well-being begins by ensuring—at the neighborhood level—that people have an equal opportunity to thrive. This is the very heart of health equity. However, communities across the country see that some neighborhoods are challenged by fewer green spaces, lower access to affordable, healthy foods, higher crime rates, and fewer options for affordable housing or transportation. These social determinants of health can impact how long—and how well—we live.

Within the Sioux Falls city limits, life expectancy can vary more than 17 years between one neighborhood and another (Figure 8). Working within the 10 Essential Public Health Services, and doing so using a health equity lens, the community can ensure residents’ unique needs are considered when determining what resources are needed to promote optimal health and well-being.

Figure 8: Life Expectancy by Census Tract, City of Sioux Falls

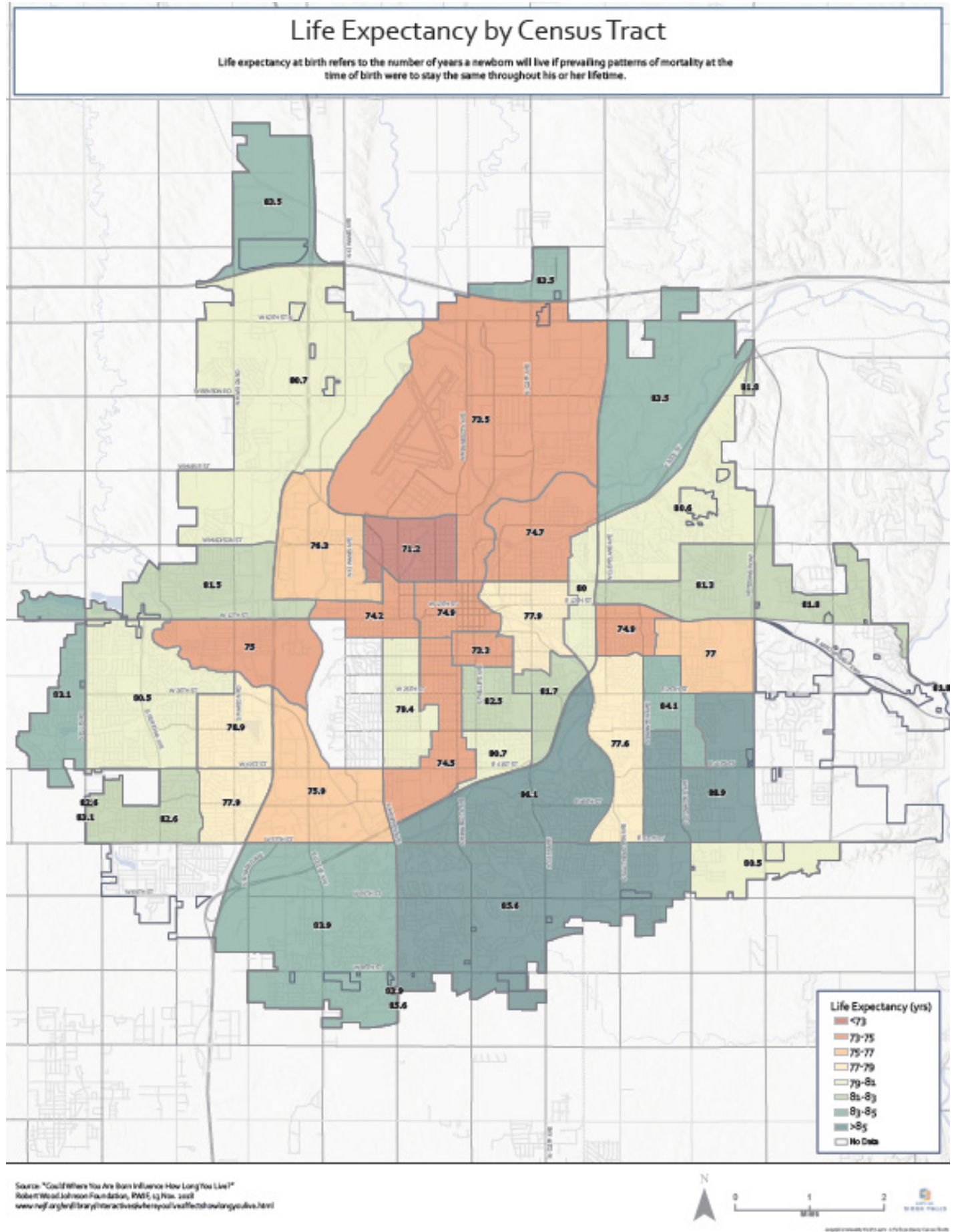


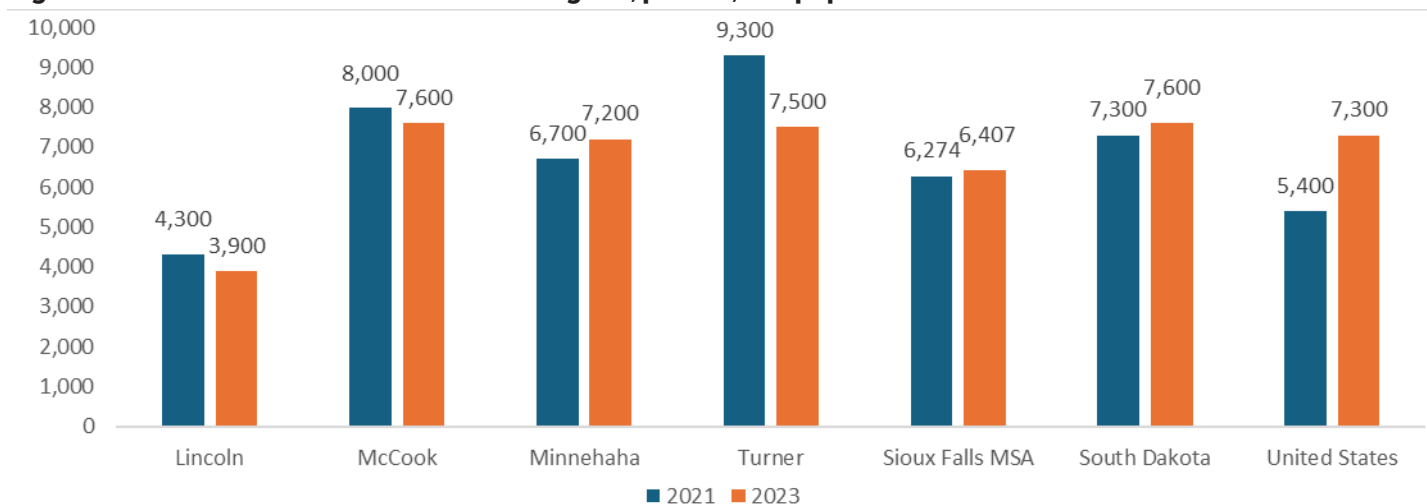
Figure 9: Life Expectancy with Social Vulnerability Index, City of Sioux Falls



Years of Potential Life Lost (YPLL)

In addition to life expectancy, it is possible to examine the impact of disease or accidental deaths on a population by looking at Years of Potential Life Lost (YPLL). This measure estimates the impact of premature deaths on the longevity of a population. Lincoln County has lower (better) YPLL than U.S. and state averages, Minnehaha County is doing better than the state average but worse than the national average, while both McCook and Turner Counties have worse YPLL than state and U.S. averages (Figure 10).

Figure 10: Years of Potential Life Lost Before Age 75, per 100,000 population

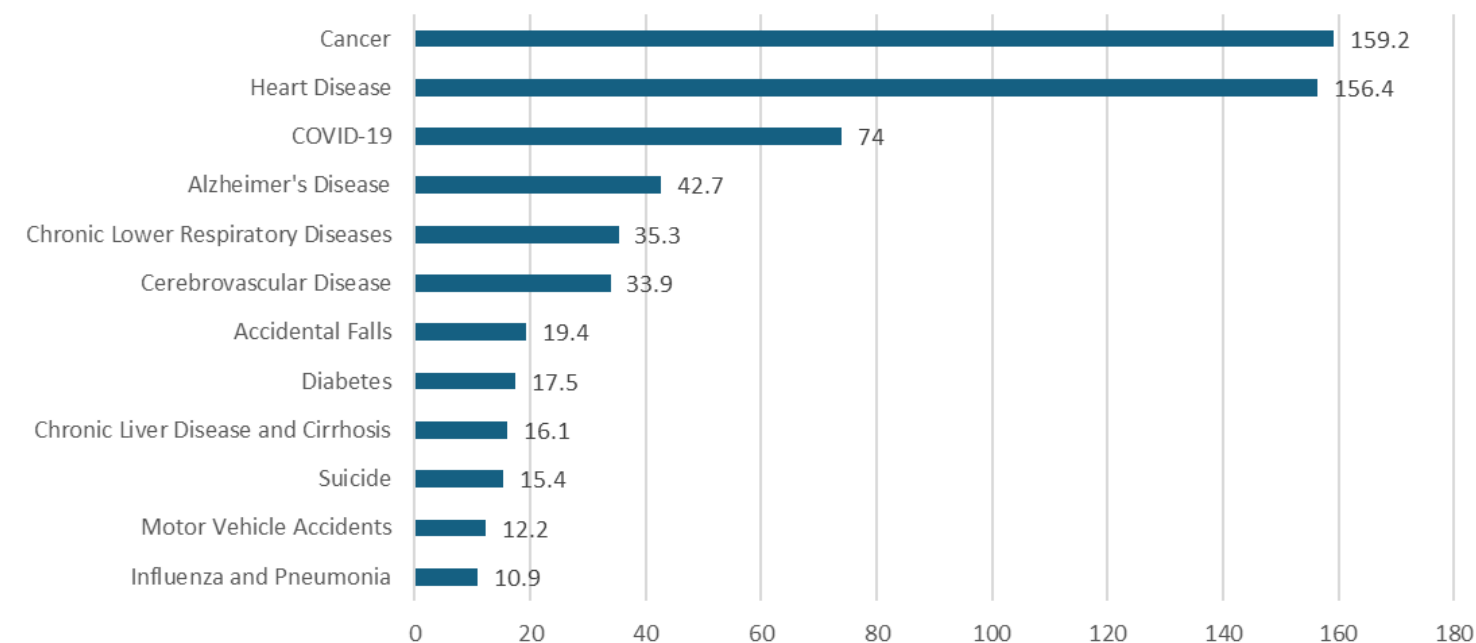


DATA SOURCE: City of Sioux Falls Civic Analytics Using Data from CDC/ATSDR Social Vulnerability Index <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

Leading Causes of Death

Cancer and heart disease are by far the leading causes of death in the Sioux Falls MSA. The top 12 causes of death are chronic, noncommunicable diseases and injuries, except for COVID-19 and influenza and pneumonia (Figure 11). Since the last report, unintentional injuries have now been separated into more specific categories, represented below by accidental falls and motor vehicle accidents.

Figure 11: Age-adjusted Mortality Rate for the Leading Causes of Death for the Sioux Falls MSA, per 100,000 population (2018-2022)

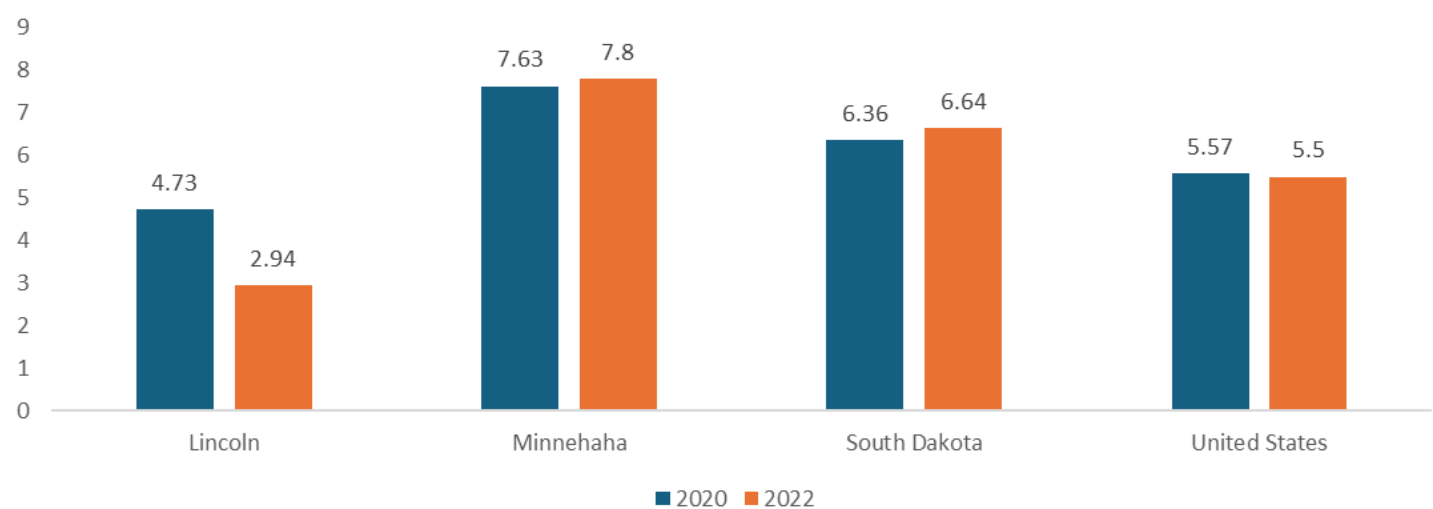


DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. <https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux-Falls-MSA-rates-based-on-Sioux-Falls-Metropolitan-Statistical-Area-Calculator>.

Infant and Child Mortality

Infant mortality is the death of an infant before his or her first birthday, measured as the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.¹¹ In 2022, the infant mortality rate in the United States was 5.5 deaths per 1,000 live births, lower than South Dakota and Minnehaha County rates which each saw a slight increase from 2020 to 2022 (Figure 12).

Figure 12: Infant Mortality (Infant Deaths per 1,000 Live Births)



DATA Source: Centers for Disease Control and Prevention. (2022). CDC Wonder: Mortality Data. National Center for Health Statistics. <https://wonder.cdc.gov/>

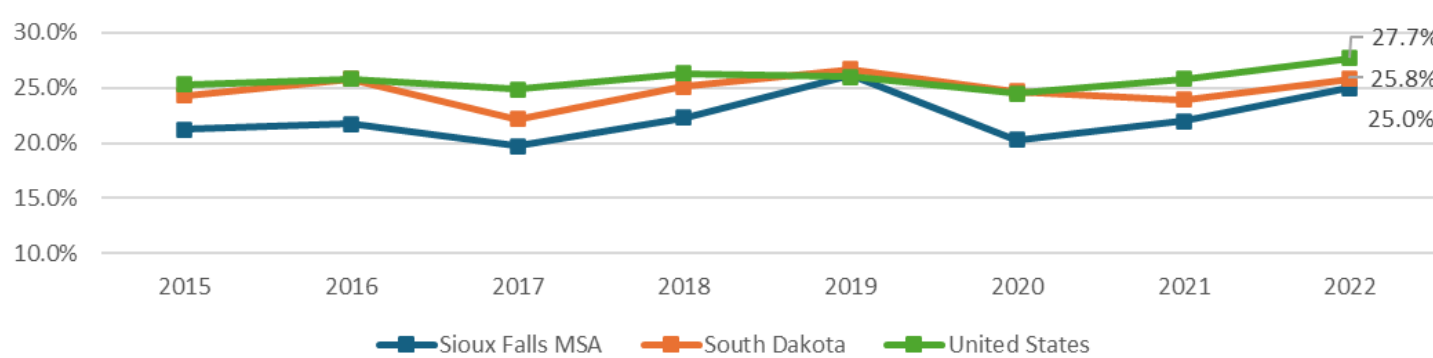
CHRONIC NONCOMMUNICABLE DISEASES

The term Noncommunicable Disease (NCD) refers to a group of conditions, typically not infectious in origin, that result in long-term health consequences and that often create a need for long-term treatment. Common NCDs include cancers, cardiovascular disease, diabetes, and chronic lung illnesses. Many of these diseases can be prevented by reducing common risk factors such as tobacco use, harmful alcohol use, physical inactivity, and unhealthy eating patterns. Many other important health conditions are also considered NCDs, including injuries and mental health disorders.¹² NCDs are the leading cause of death and disability globally, as well as in the U.S., South Dakota, and Sioux Falls.

Arthritis

Arthritis is a leading cause of work disability, and often impacts individuals diagnosed with other chronic conditions.¹³ About one in four adults have been diagnosed with arthritis in the U.S., and similar rates are observed in the Sioux Falls MSA (Figure 13).

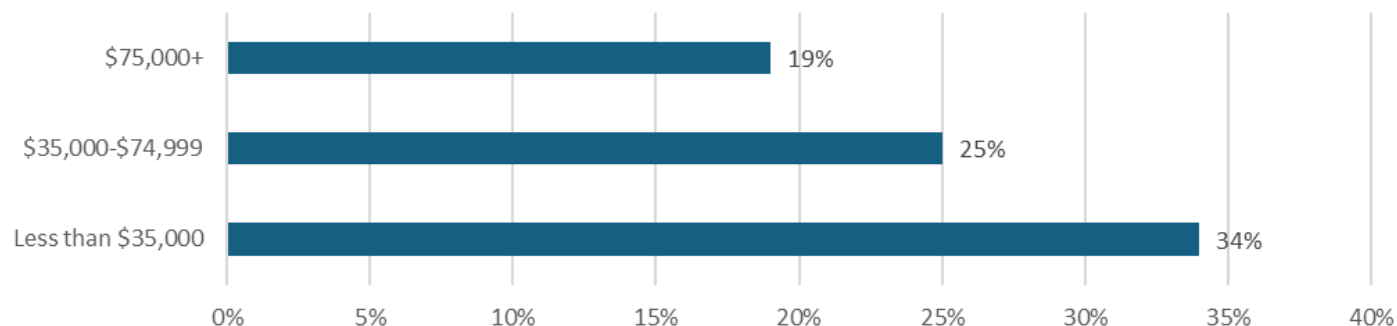
Figure 13: Adults Who Have Been Told They Have Arthritis



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

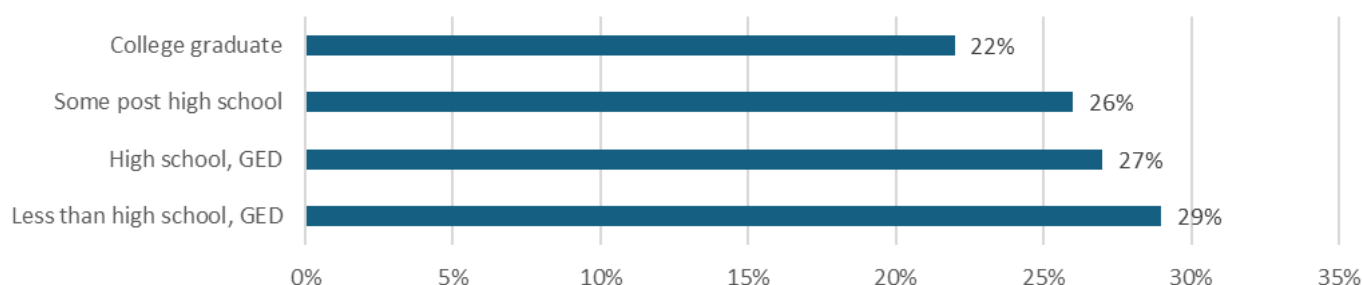
When looking at state-level data for arthritis, there are some evident disparities. People with lower income and fewer years of education have a much higher burden of arthritis in South Dakota (Figure 14 and 15).

Figure 14: Disparities in Arthritis Diagnoses in South Dakota, by Income



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 15: Disparities in Arthritis Diagnoses in South Dakota, by Education

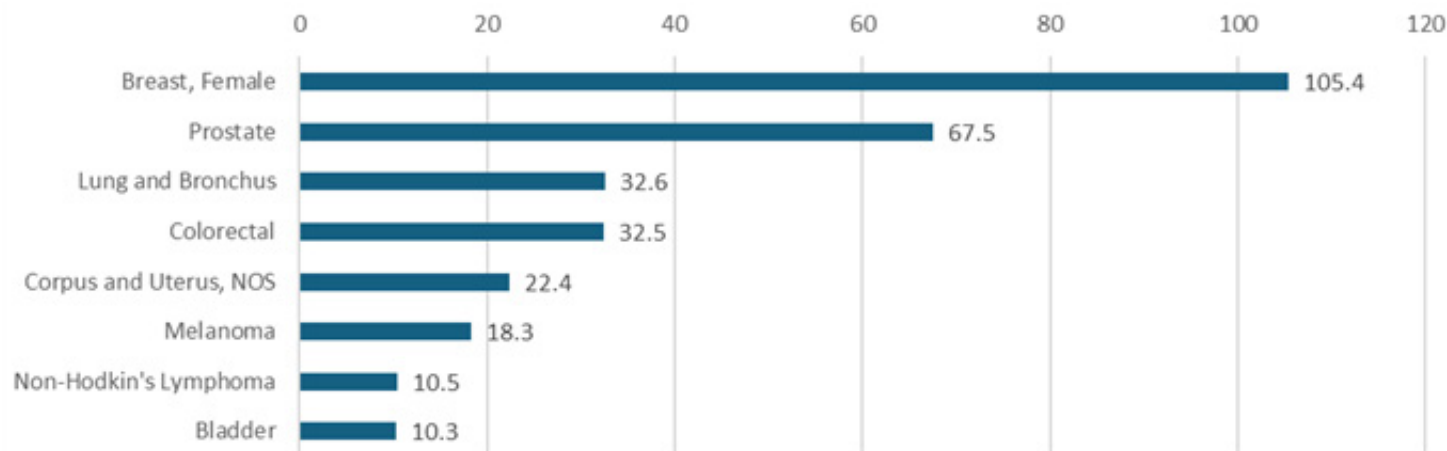


DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Cancer

According to the South Dakota Department of Health, each year in South Dakota there are an estimated 4,000 new cancer cases and of those, approximately 34 percent die. This translates to, on average, 10-11 new cases and 3-4 deaths per day in the state.¹⁴ Cancer consistently remains one of the leading causes of death in the state, and it was the leading cause of death in the Sioux Falls MSA and the state according to South Dakota Department of Health data from 2018 to 2022.¹⁵

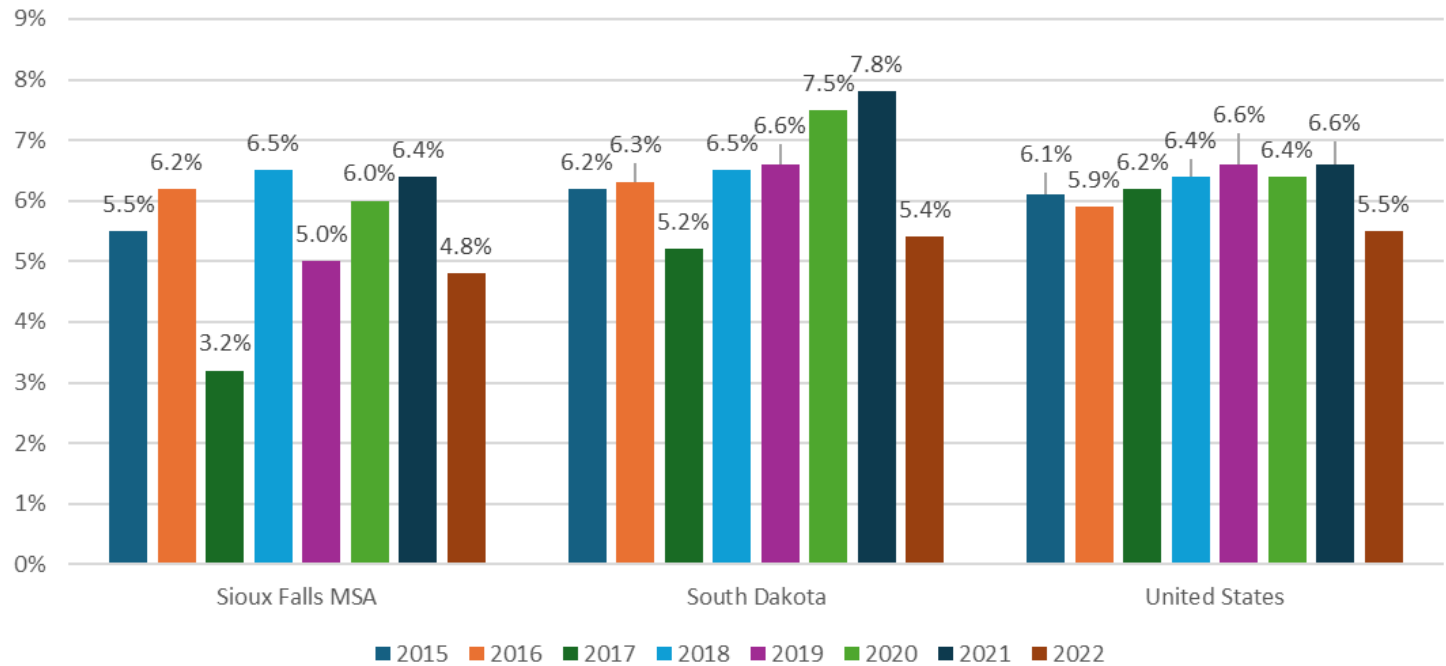
Figure 16: Incidence Rates for Most Common Cancers in South Dakota



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

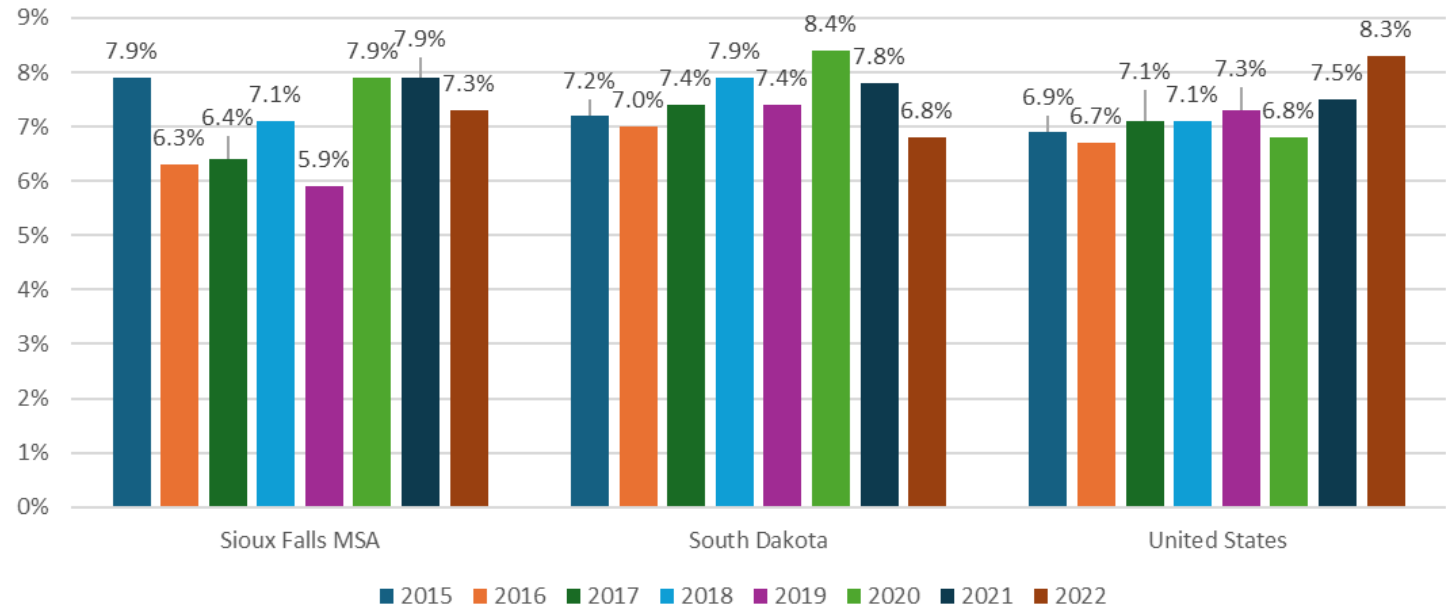
In 2022, there were fewer diagnosed cases of skin cancer in the Sioux Falls MSA compared to state and national averages (Figure 17); however, rates of other types of cancers were higher in the Sioux Falls MSA compared to state averages (Figure 18).

Figure 17: Percentage of Population Ever Told They Have Skin Cancer



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

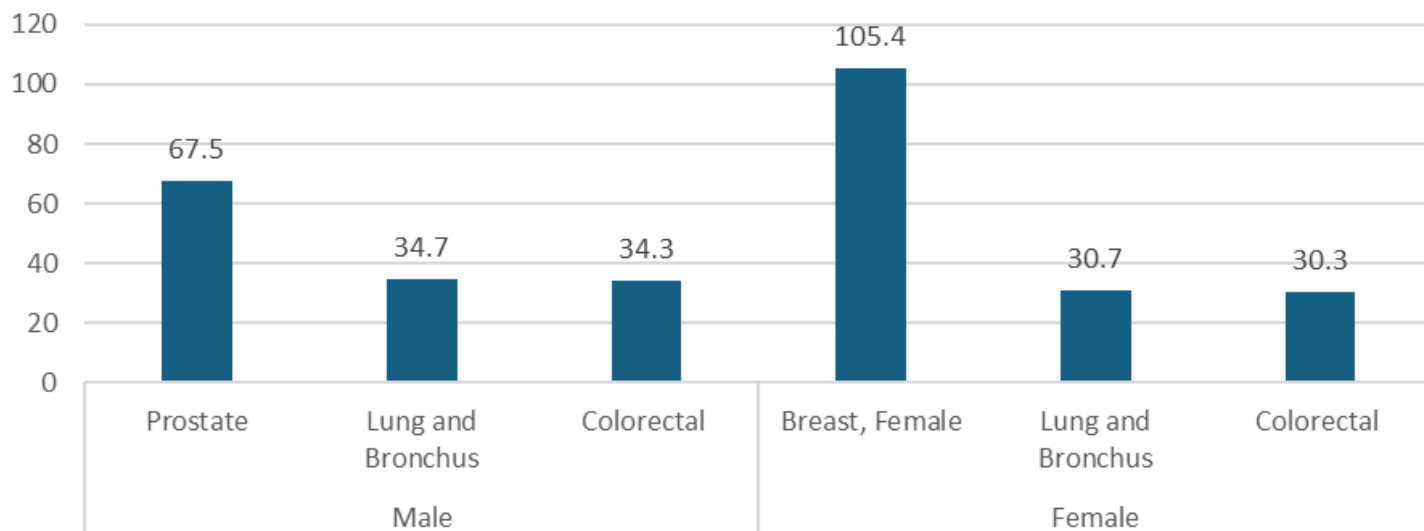
Figure 18: Percentage of Population Ever Told They Have Other Type of Cancer (not skin)



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

At the state level in South Dakota, data shows that males and females are both burdened by lung and bronchus, and colorectal cancers, along with prostate for males and breast for females (Figure 19).

Figure 19: Top Cancer Incidence by Gender, per 100,000 population in South Dakota



DATA SOURCE: South Dakota Department of Health. (2024). Cancer in South Dakota: A Preliminary Report of Cancer Among South Dakotans in 2022. <https://www.getscreenedsd.org/media/2022%20Prelim%20Report%20>.

Cardiovascular Disease and Metabolic Risk Factors

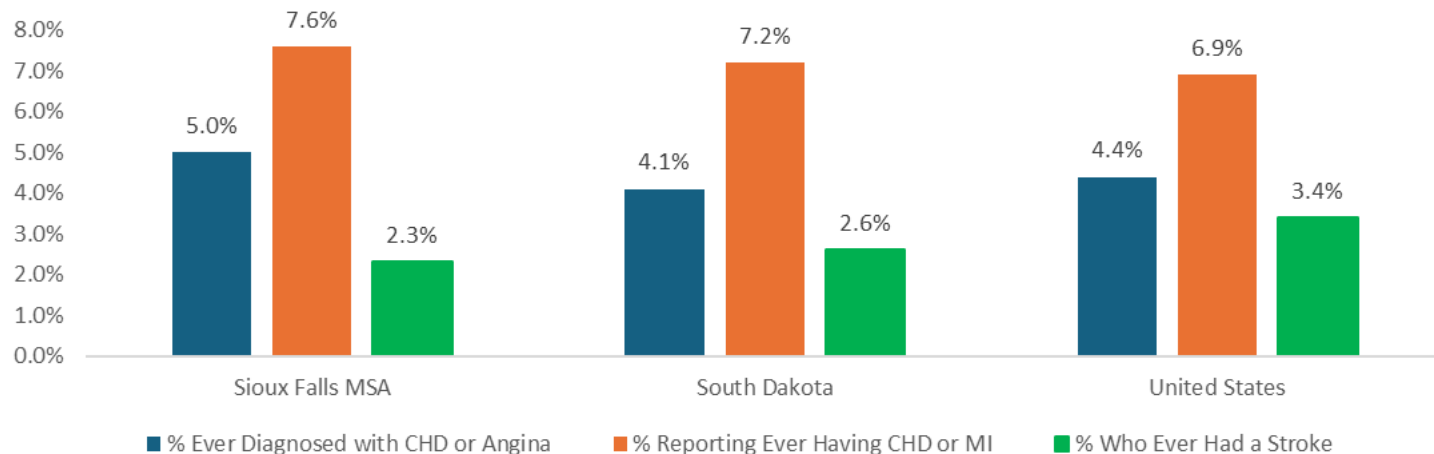
Cardiovascular disease (CVD) is the term for all types of diseases that affect the heart or blood vessels,¹⁶ including:

- coronary heart disease—a disease of the blood vessels supplying the heart muscle
- cerebrovascular disease—a disease of the blood vessels supplying the brain, including stroke, carotid stenosis, vertebral stenosis and intracranial stenosis, aneurysms, and vascular malformations
- peripheral arterial disease—a disease of blood vessels supplying the arms and legs
- rheumatic heart disease—damage to the heart muscle and heart valves from rheumatic fever
- congenital heart disease—malformations of the heart structure from birth
- deep vein thrombosis and pulmonary embolism—blood clots in the leg veins, which can dislodge and move to the heart and lungs.

CVDs are the leading cause of death for men, women, and people of most racial and ethnic groups in the United States, with one person dying every 33 seconds from CVD.¹⁷

Figure 20 below shows the burden of a select number of CVDs in Sioux Falls MSA. The prevalence of diagnosed coronary heart disease (CHD) or angina, myocardial infarction (MI), and stroke, are similar in the MSA compared to state and national averages.

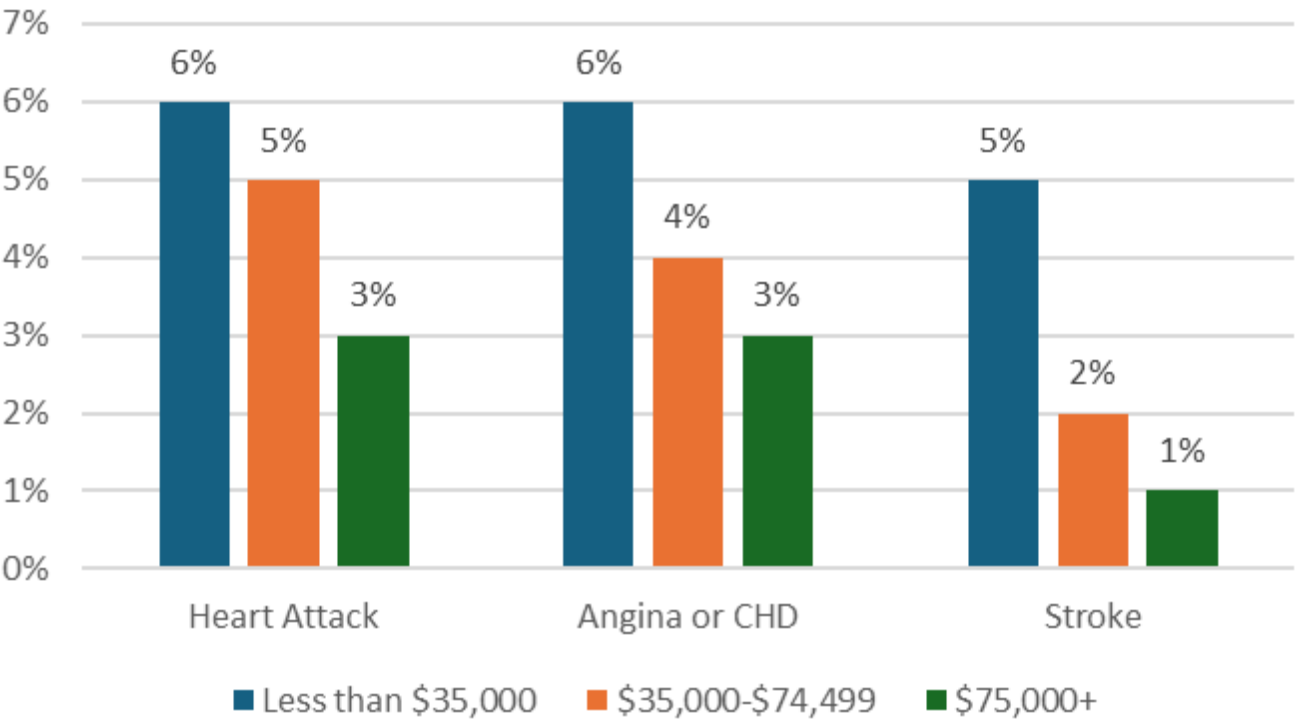
Figure 20: Cardiovascular Disease Burden Among Adults



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

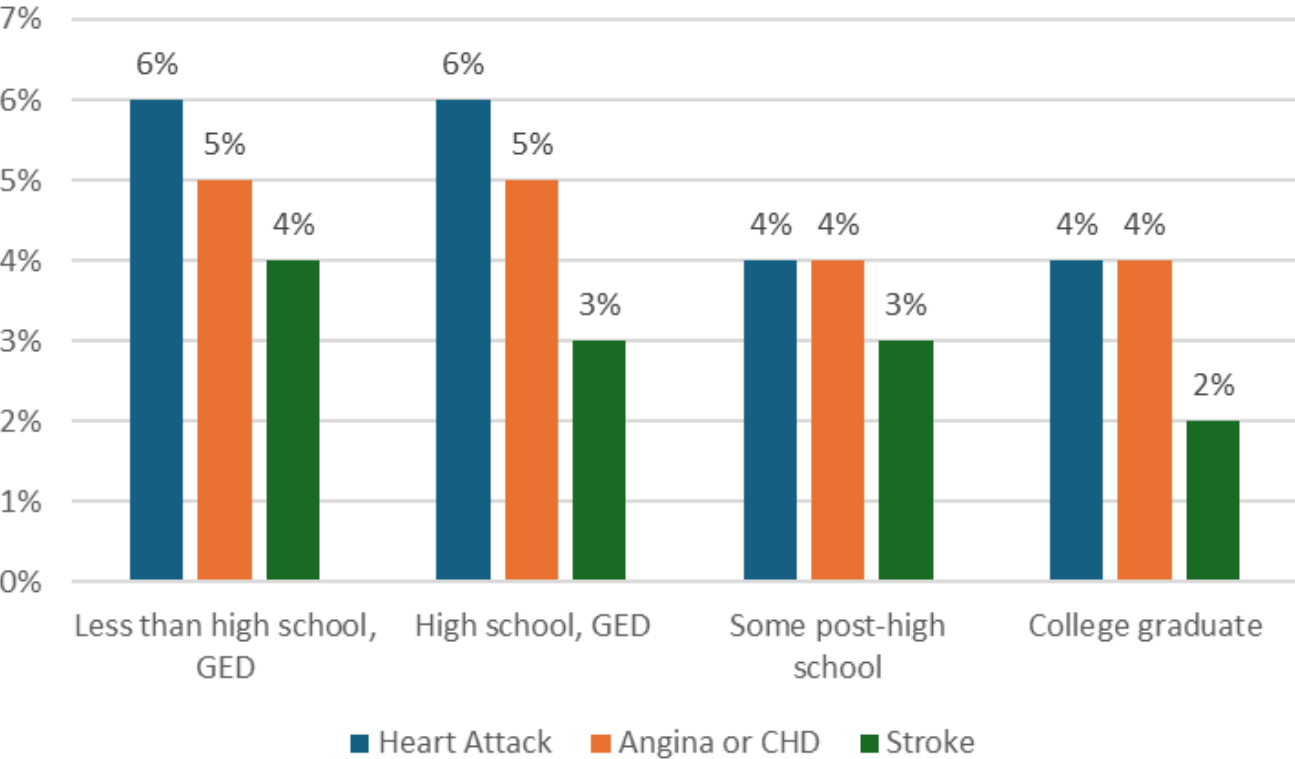
There are socioeconomic disparities in the burden of CVD in South Dakota. People with lower income or fewer years of education are more likely to experience a heart attack, angina, CHD, and stroke (Figure 21 and 22).

Figure 21: South Dakotans Who Have Experienced a Cardiac Event, by Income



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

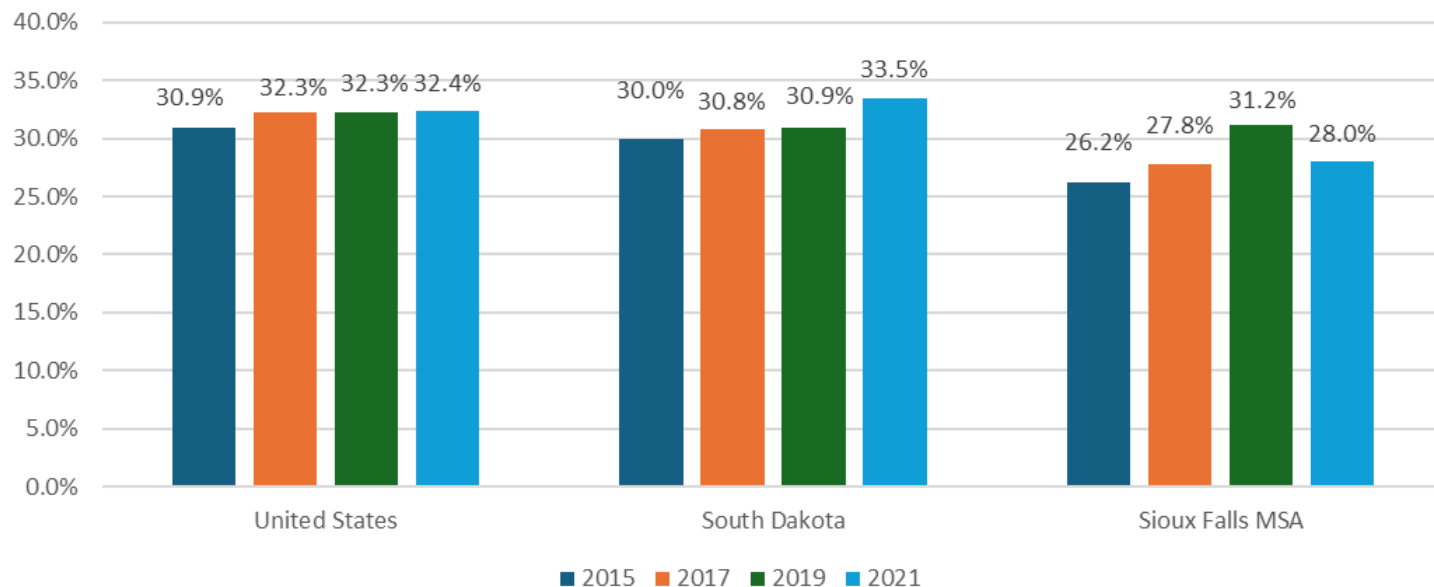
Figure 22: South Dakotans Who Have Experienced a Cardiac Event, by Education



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Certain health conditions, known as metabolic risk factors, significantly increase the risk of cardiovascular disease. These include hypertension, or high blood pressure, high and altered cholesterol levels, diabetes mellitus, and obesity. There was a steady increase in the proportion of adults diagnosed with hypertension in the Sioux Falls MSA from 2015 and 2019 but dropped slightly in 2021 (Figure 23).

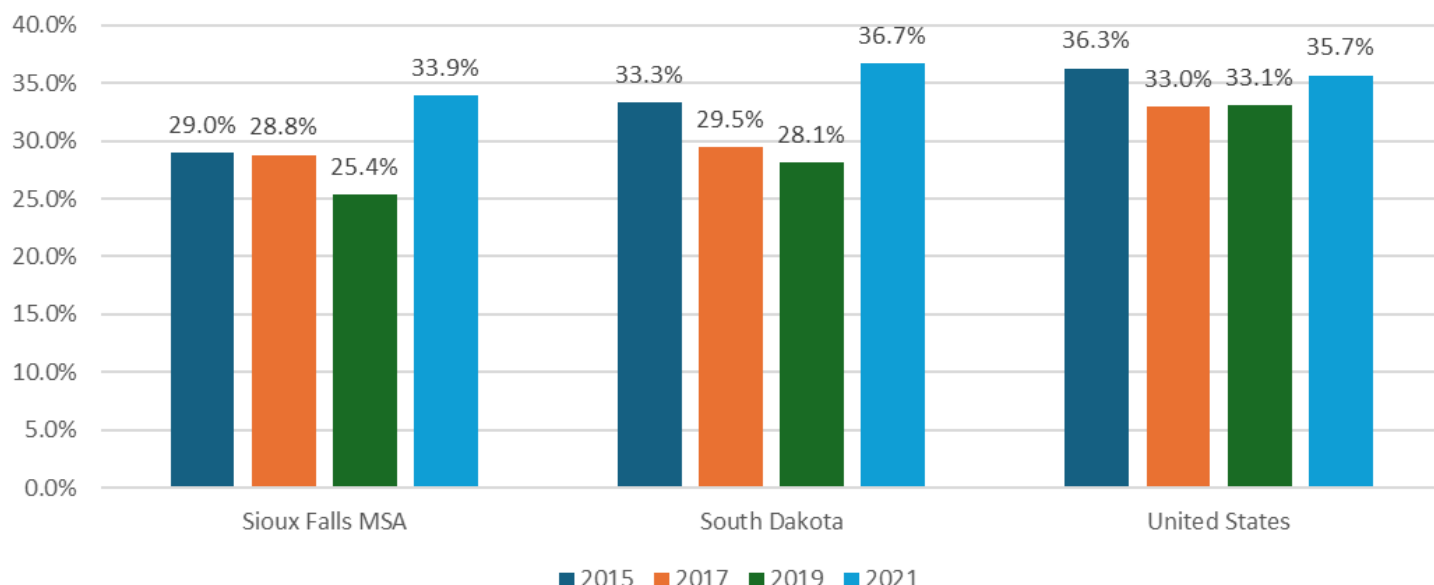
Figure 23: Percentage of Adults With Diagnosed High Blood Pressure



DATA SOURCE: Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

One in three adults in the Sioux Falls MSA who have had their blood cholesterol checked have been told it was high, and there was a significant jump in diagnoses in 2021 than in previous years (Figure 24). Although lower than state and national rates, this points to a significant burden of a major metabolic risk factor for CVD.

Figure 24: Percentage of Adults With Diagnosed High Blood Cholesterol



DATA SOURCE: Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Diabetes and obesity are discussed separately below. Other major risk factors for CVD include health behaviors such as tobacco use, not getting enough physical activity, and eating unhealthy diets. These are discussed within the health determinants section of this report.

Vascular Expertise Complements Heart Care

When most people think of the Avera Heart Hospital and the specialists at North Central Heart, heart is the obvious thing to think about. But a team of specialized vascular experts work on the 60,000-mile network of arteries and vessels outside of the heart and brain.

The vascular team at North Central Heart has been established in Sioux Falls nearly 30 years. They include J. Michael Bacharach, MD, FACC, FSCAI, MPH; Tommy R. Reynolds, MD, FACS; and Dustin Weiss, MD, FACS.

“We have a superb team at the Avera Heart Hospital in general but also specifically in vascular care,” said Bacharach. “We complete complex cases, and we have been as leading-edge as any site in the nation.”

These physicians provide the full range of vascular care including carotid artery stenting, abdominal aortic aneurysm fixes, transcatheter aortic valve replacement (TAVR) for congestive heart failure, treatment of peripheral arterial disease, and other leg and extremity stenting, including for wound care and limb preservation.

The vascular team has done a number of “firsts” for the city and region, including endograph technology and aortic endography, the first carotid stent and the first thrombolytic therapy. Avera Heart Hospital staff were first in the world to perform a Pounce™ thrombectomy.

With involvement in research, Avera Heart Hospital’s has earned attention from medical device makers who want their help in clinical tests of new equipment.

“Some devices were born in our facility, and now they’re proven parts of our treatment,” said Mick Gibbs, Avera Heart Hospital President and CEO. “Our vascular surgery team embodies the Avera mission and our work.”

Bacharach and Reynolds were the vascular specialists on the North Central Heart team when the Avera Heart Hospital of South Dakota was launched in 2000.

Combining experts at one setting to serve patients has always been the driving idea behind the work of North Central Heart, a division of the Avera Heart Hospital. “Having all the experts in one room – that’s the best way to serve the patient,” Bacharach said. “We realized distilling that expertise into a specific part of health care could have success.” They’ve partnered through the years with Avera Heart Hospital administrators and other physicians to ensure the latest technology and expertise is offered, right here in Sioux Falls.

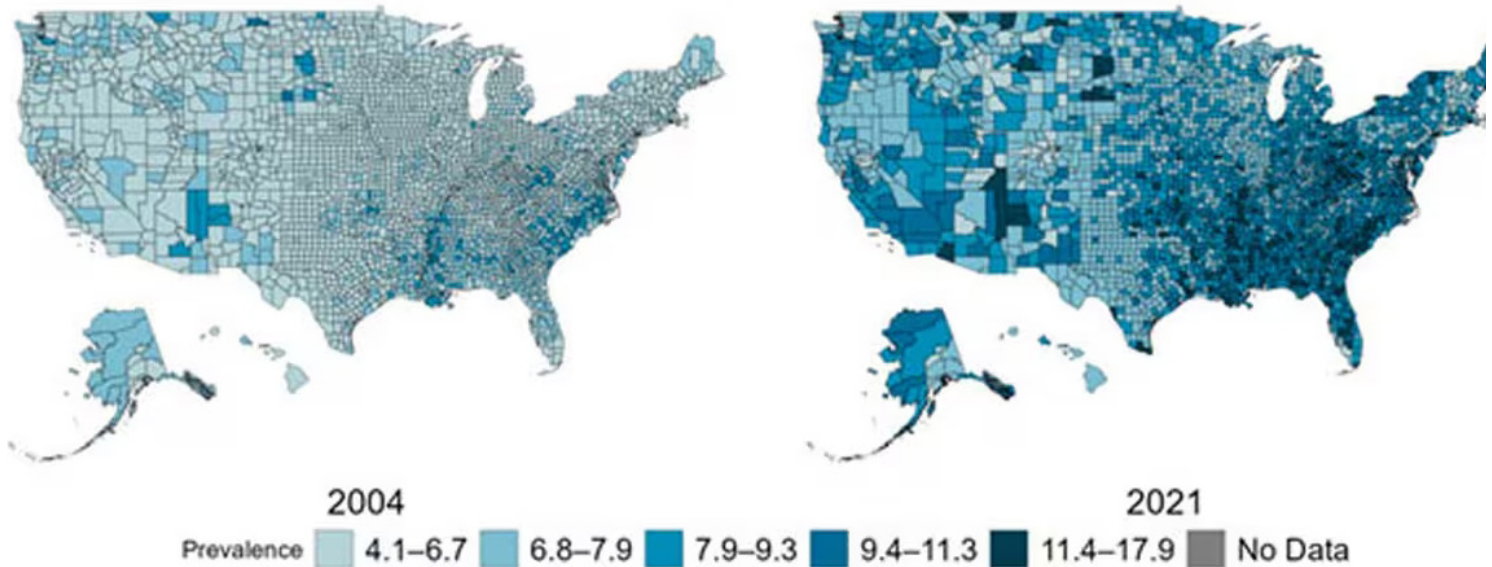
“We keep innovating, but we always ensure we’re using whatever procedure is best for the patient,” Weiss said. “We’re able to provide full-spectrum care and help a wide range of patients.”



Diabetes

Diabetes is a growing public health problem in the United States (Figure 25). According to the 2020 National Diabetes Statistics Report, 38.4 million people of all ages—or 11.6 percent of the U.S. population—had diabetes in 2021.¹⁸

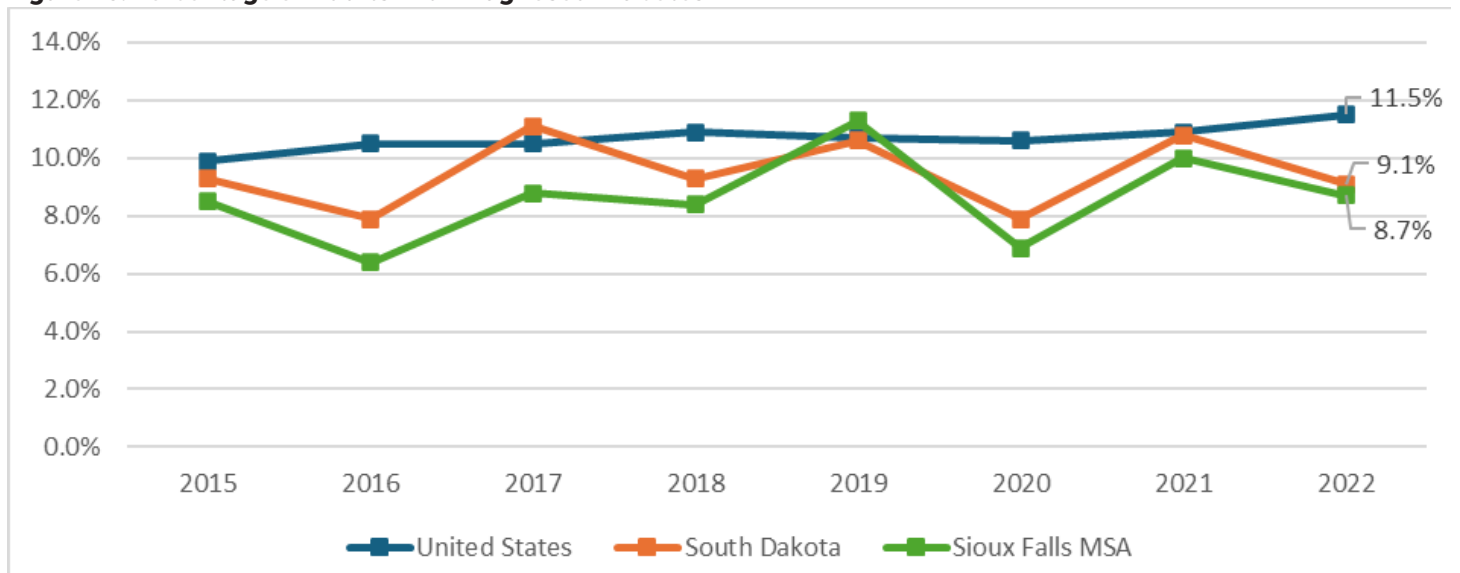
Figure 25: Changes in Age-adjusted Prevalence of Diagnosed Diabetes Among Adults Age 20+



DATA SOURCE: Centers for Disease Control and Prevention. (2021). 2021 National Diabetes Statistics Report. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

The percentage of adults with diagnosed diabetes went up significantly between 2016 and 2019 for both the state of South Dakota and the Sioux Falls MSA (Figure 26). After a peak in 2019, both South Dakota and the Sioux Falls MSA have seen variable rates.

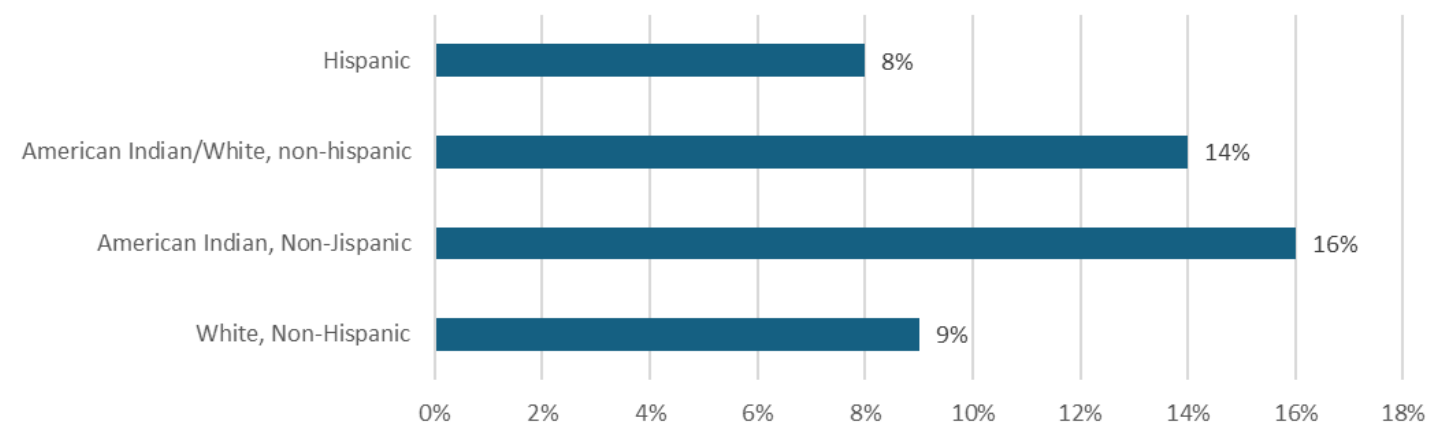
Figure 26: Percentage of Adults with Diagnosed Diabetes



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

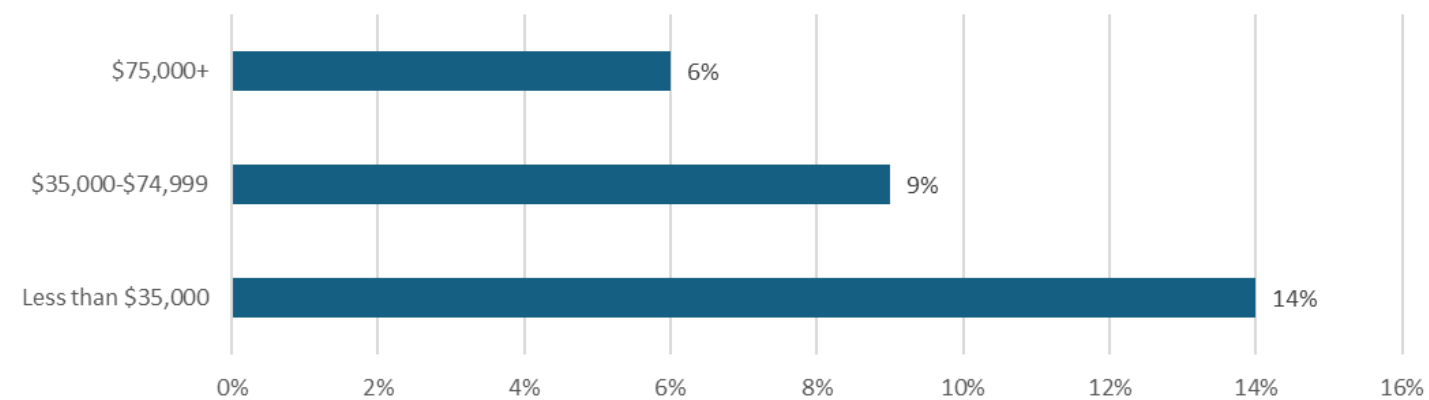
In South Dakota, diabetes rates are nearly double in the American Indian population compared to their White counterparts. Diabetes rates are also higher among those with lower income and those with lower educational attainment (Figures 27, 28, and 29).

Figure 27: Disparities in Diagnosed Diabetes in South Dakota, by Race



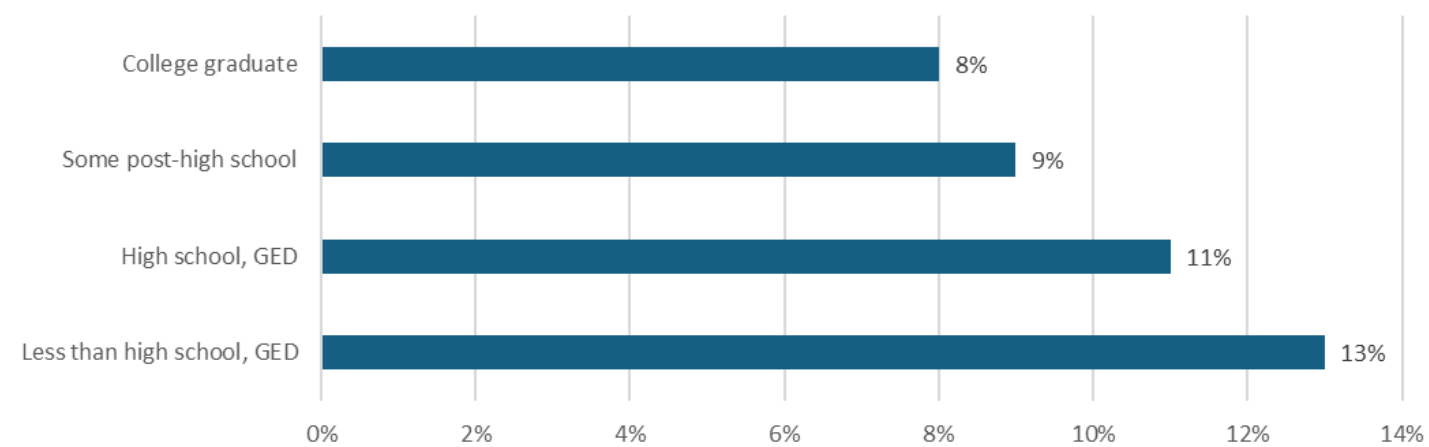
DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Figure 28: Disparities in Diagnosed Diabetes in South Dakota, by Income



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Figure 29: Disparities in Diagnosed Diabetes in South Dakota, by Education



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Obesity

According to the State of Obesity: Better Policies for a Healthier America, an annual report of the Trust for America's Health, obesity is estimated to increase health care spending by \$170 billion annually, up from \$149 billion in the last report. Research continues to show the link between obesity and other chronic conditions such as cancer, cardiovascular disease and diabetes. Obesity also increased the risk of complications from COVID-19, sleep apnea, pregnancy, and other diseases.

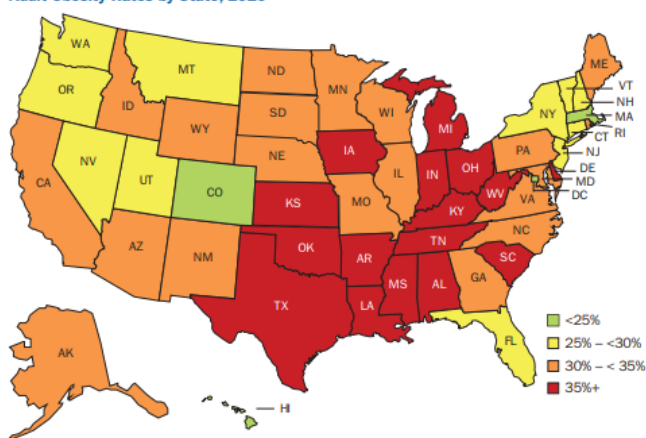
In 2022, 22 states had adult obesity rates at or above 35 percent, up from 16 states in 2020 (Figure 30). The change in adult obesity rate from 2000 to 2020 is a 37 percent increase, and youth obesity in this timeframe has also increased 42 percent.¹⁹ Currently, 19.7 percent of U.S. young people, ages 2 to 19, have obesity (Figure 31). Youth obesity rates have more than tripled since the mid-1970s, and Black and Latino youth have substantially higher rates of obesity than do their white peers.¹⁹

“In order to stem the decades long trend of increasing obesity rates we have to acknowledge that the obesity crisis is rooted in economic, health, and environmental inequities. Ensuring all people and communities have equitable opportunity and access to healthy food and physical activity is fundamental to addressing this crisis.”

– J. NADINE GRACIA, MD, MSCE, PRESIDENT AND CEO OF TRUST FOR AMERICA'S HEALTH.¹⁹

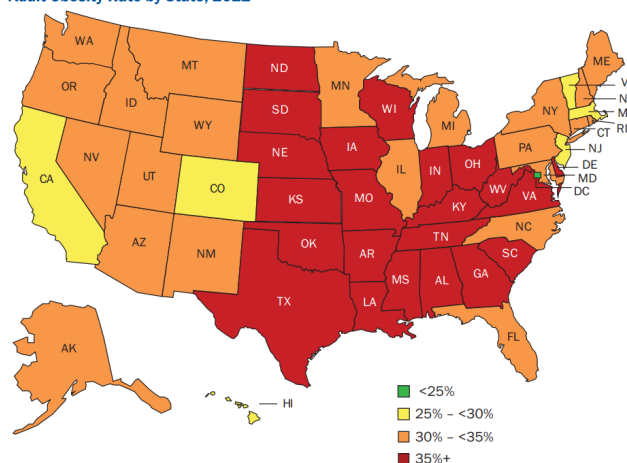
Figure 30: State-level Obesity Rates in the United States , 2020 and 2022

Adult Obesity Rates by State, 2020



Source: TFAH analysis of BRFSS data

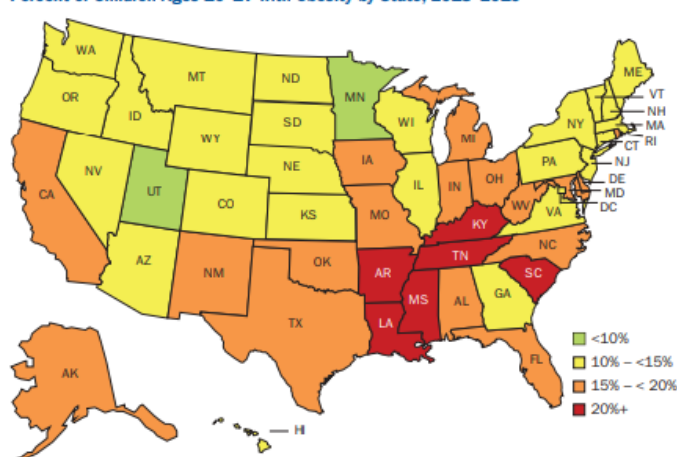
Adult Obesity Rate by State, 2022



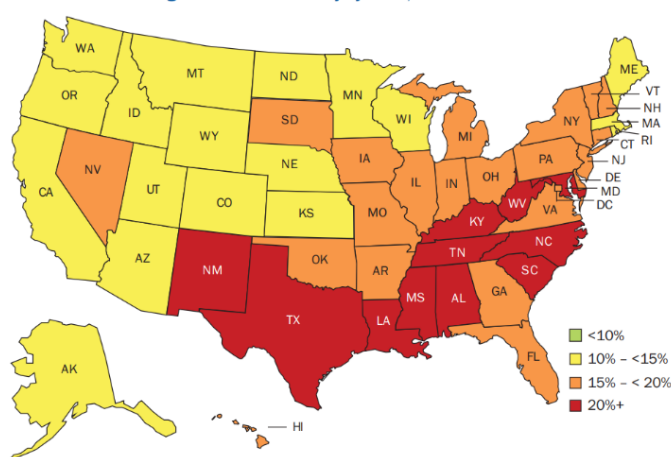
DATA SOURCE: Trust for America's Health. (2023). State of Obesity 2023: Better Policies for a Healthier America. <https://www.tfah.org/wp-content/uploads/2023/09/TFAH-2023-ObesityReport-FINAL.pdf>

Figure 31: State-level Child Obesity Rates in the United States , 2019 and 2021

Percent of Children Ages 10–17 with Obesity by State, 2018–2019



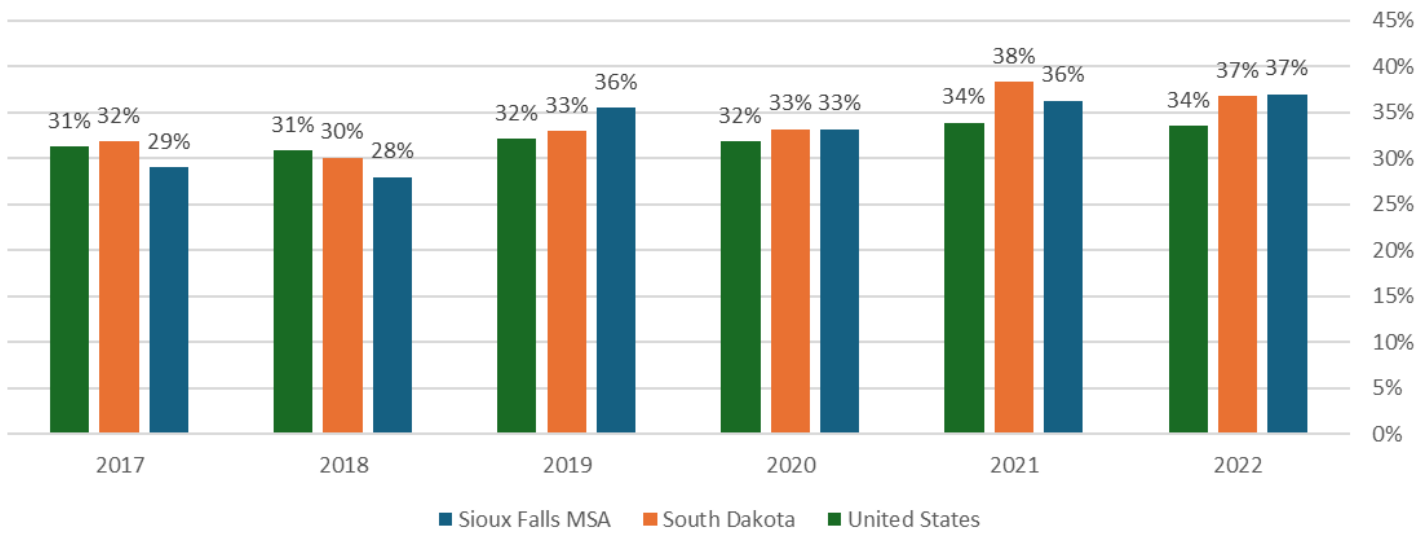
Percent of Children Ages 10–17 with Obesity by State, 2020–2021



DATA SOURCE: Trust for America's Health. (2023). State of Obesity 2023: Better Policies for a Healthier America. <https://www.tfah.org/wp-content/uploads/2023/09/TFAH-2023-ObesityReport-FINAL.pdf>

In the Sioux Falls MSA, 37 percent of the adult population were estimated to be obese as of 2022. This has been the highest number recorded since utilizing this measure in 2011 (see 2017 to 2022 data shown in Figure 32).

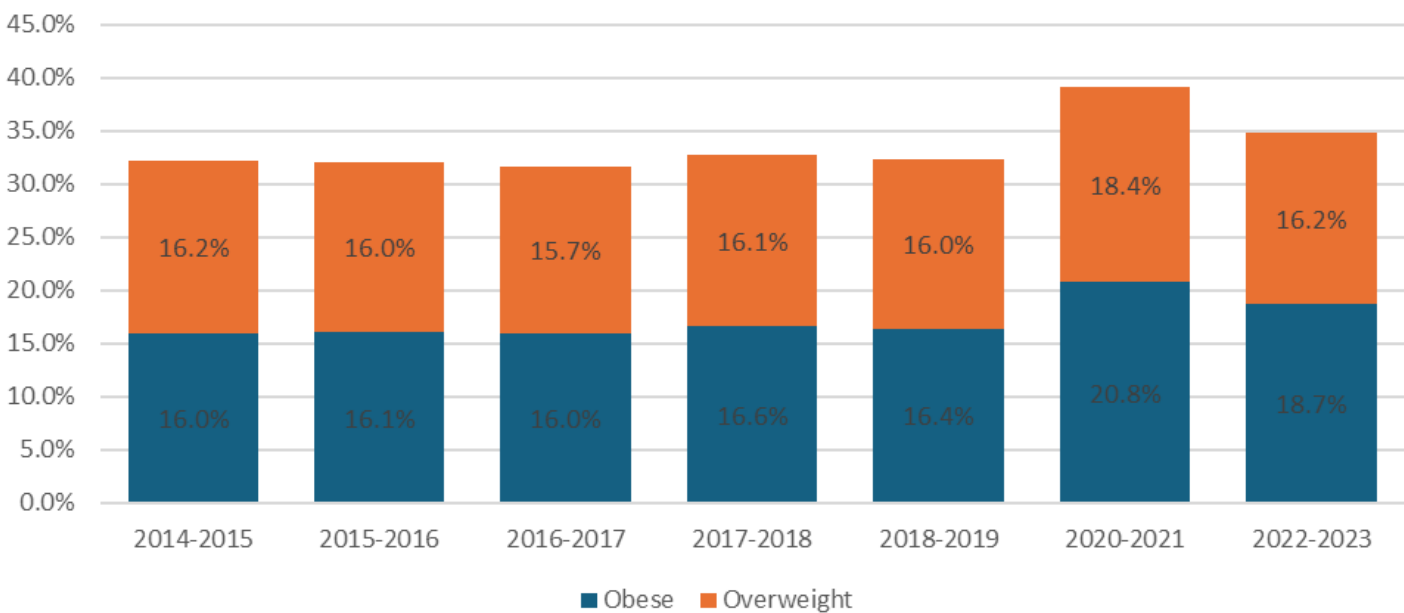
Figure 32: Adults with Obesity, percentage of population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

One out of every three school-age children in South Dakota are overweight or obese (Figure 33). Children who are obese are more likely to be obese as adults. To reduce obesity rates among adults in the future, effective interventions need to be implemented among today’s children.

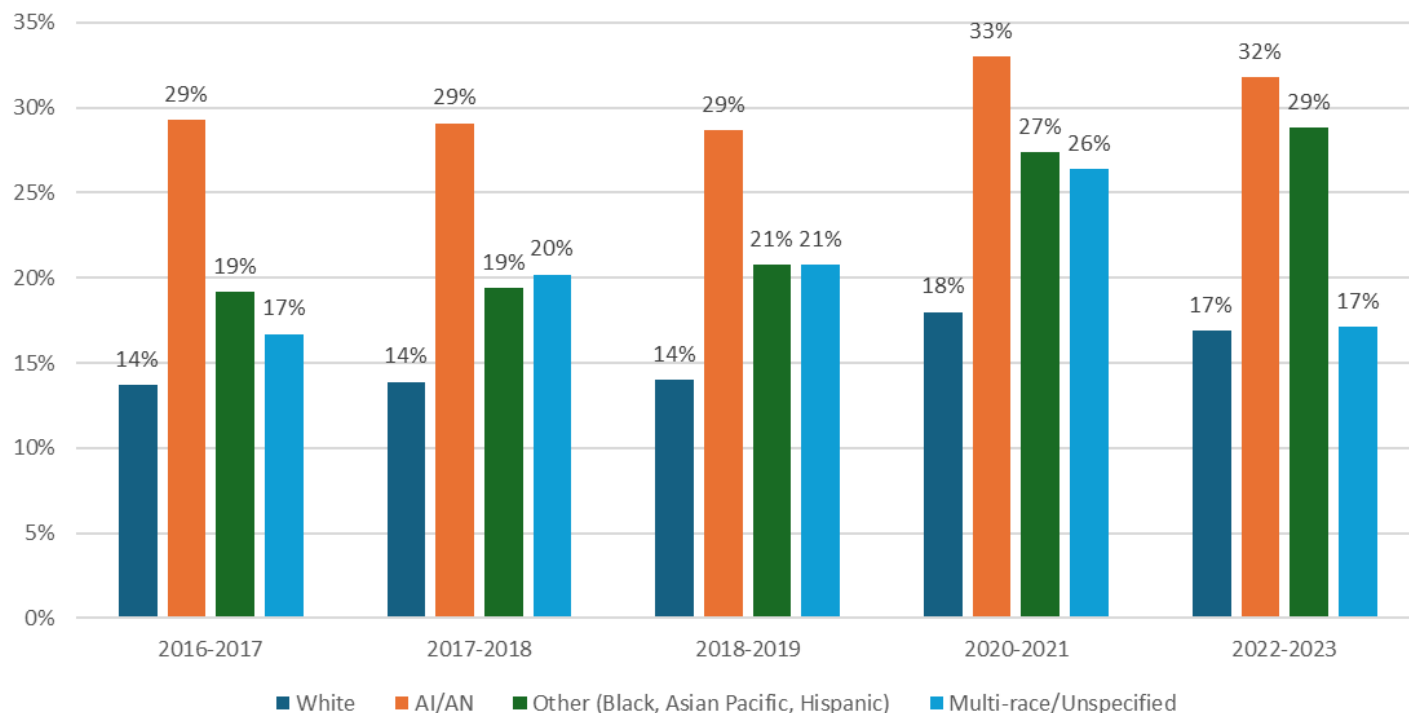
Figure 33: South Dakota School-age Children with Overweight or Obesity



DATA SOURCE: South Dakota Department of Health. (2018-2019). South Dakota School Height Weight Survey Project. <https://doh.sd.gov/statistics/school-height-weight.aspx>

There are disparities in childhood obesity in South Dakota. Rates are much higher for American Indian/Alaskan Native populations, followed by other racial/ethnic minority groups relative to those who are white (Figure 34).

Figure 34: South Dakota School-age Children with Obesity, by Race



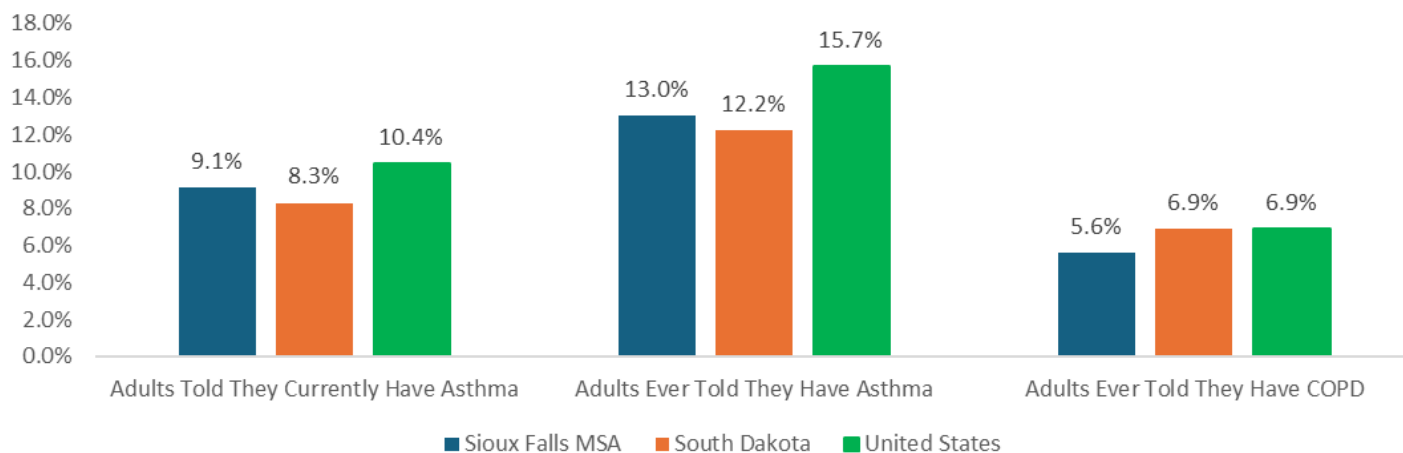
DATA SOURCE: South Dakota Department of Health. (2024). South Dakota Schools Height & Weight Report Summary. [https://doh.sd.gov/health-data-reports/youth-risk-behavior-survey-yrebs-data-reports/school-height-weight-project-data-reports/#:::text=The%20Department%20of%20Health%20\(DOH,the%202022%2D2023%20school%20year.](https://doh.sd.gov/health-data-reports/youth-risk-behavior-survey-yrebs-data-reports/school-height-weight-project-data-reports/#:::text=The%20Department%20of%20Health%20(DOH,the%202022%2D2023%20school%20year.)

Chronic Lower Respiratory Diseases

Chronic lower respiratory diseases (CLRDs) are a group of conditions that affect the lungs and are characterized by shortness of breath caused by airway obstruction. CLRD comprises mainly asthma and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. In addition to their major risk factor—tobacco smoke—other risk factors include air pollution, and occupational chemicals and dusts.²⁰

Individuals ever diagnosed with asthma is higher in the Sioux Falls MSA compared to the state average, while COPD rates are lower in the MSA (Figure 35).

Figure 35: Adults with Chronic Lower Respiratory Disease



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

The death rate due to CLRDs was lower in the MSA when compared to the state rate, but higher than national rates (Table 10).

Table 10: Deaths Due to Chronic Lower Respiratory Diseases, per 100,000 population

Lincoln	McCook	Minnehaha	Turner	Sioux Falls MSA	South Dakota	U.S.
23.8	24.1	39.7	33.4	35.3	40.3	34.3

DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. [https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux Falls MSA rates based on Sioux Falls Metropolitan Statistical Area Calculator](https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux-Falls-MSA-rates-based-on-Sioux-Falls-Metropolitan-Statistical-Area-Calculator).

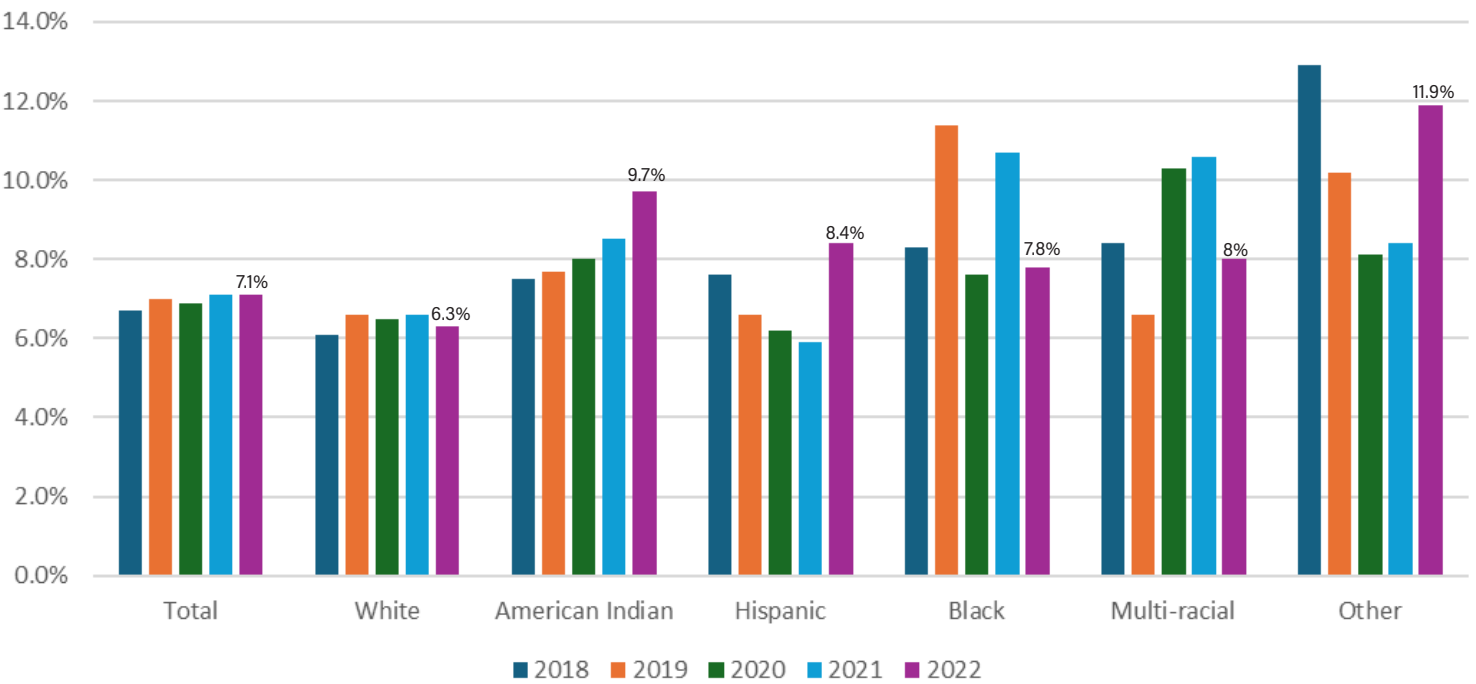
Maternal and Child Health

When considering the health of individuals and communities, it is important to pay attention to the health status of mothers, infants, and children because their well-being determines the health of the next generation and can help predict future public health challenges.²¹ Factors that impact maternal and child health include access to prenatal and well-child care, newborn screenings, mental health, child immunizations, and child nutrition.

While there is limited local data on maternal and child health indicators, state-level data point to disparities among racial/ethnic groups in South Dakota (Figures 36-38). According to South Dakota Vital Statistics 2022:

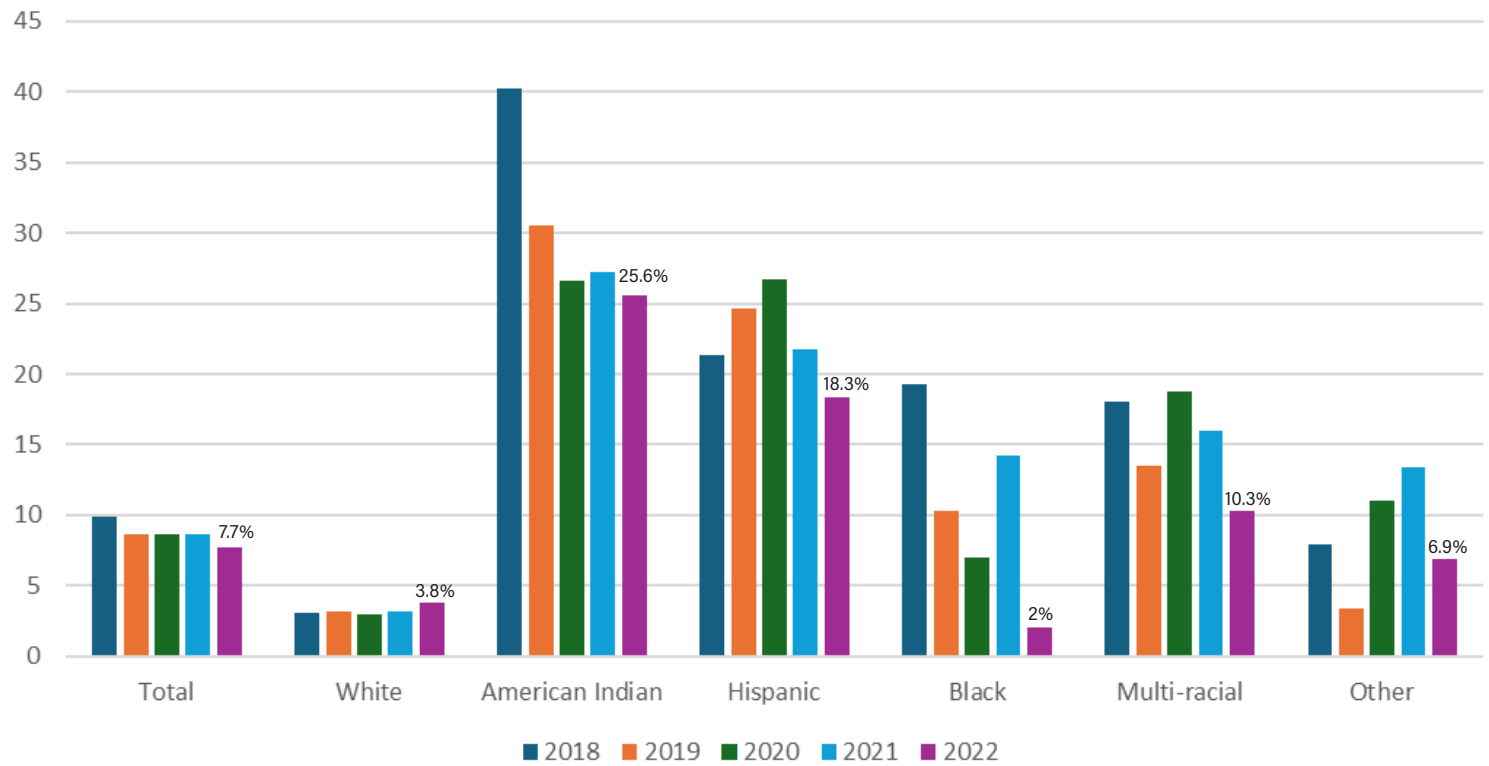
- Teen birth rates are higher for racial/ethnic minorities and significantly higher among American Indian and Hispanic populations.
- American Indian mothers are more likely to start prenatal care later than mothers of other races. Around 8 percent forego prenatal care completely.

Figure 36: Percent of Total Live Births in South Dakota Considered Low Birth Weight*, Total and By Race



*Low Birth Weight defined as less than 2500 g
DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. [https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux Falls MSA rates based on Sioux Falls Metropolitan Statistical Area Calculator](https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux-Falls-MSA-rates-based-on-Sioux-Falls-Metropolitan-Statistical-Area-Calculator).

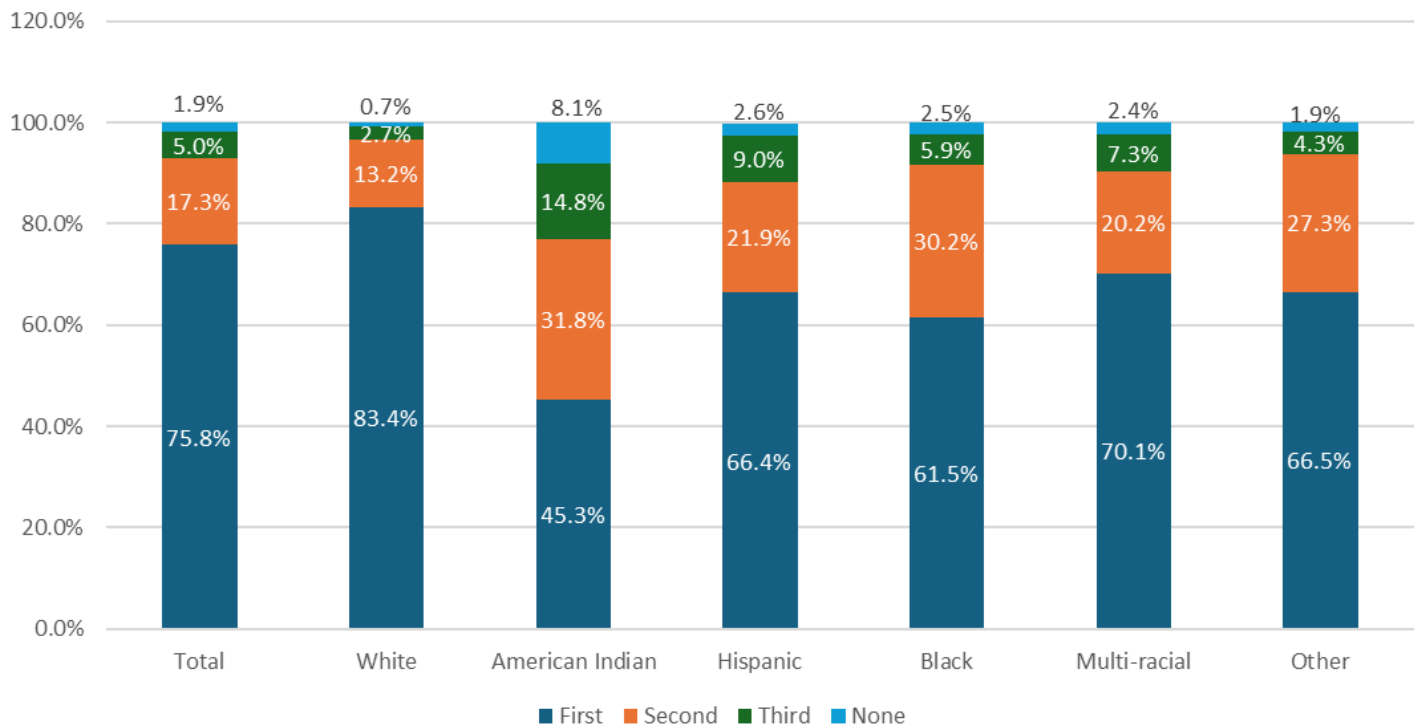
Figure 37: Rate of Teen* Births in South Dakota, Total and By Race/Ethnicity, per 1,000 live births



*Births to mothers aged 15-17

DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. <https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/> Sioux Falls MSA rates based on Sioux Falls Metropolitan Statistical Area Calculator.

Figure 38: Percent of Live Births in South Dakota by Trimester Prenatal Care Began and Mother's Race



DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. <https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/> Sioux Falls MSA rates based on Sioux Falls Metropolitan Statistical Area Calculator.

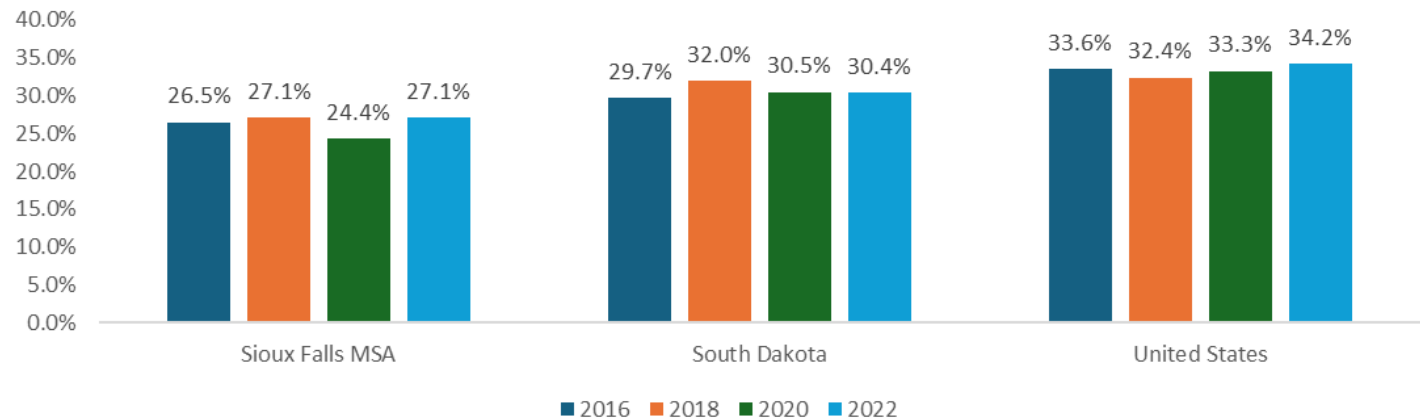
Oral Health

According to the World Health Organization, oral diseases are exceedingly prevalent, burdensome, and costly to treat.²² However, much of this burden of disease is preventable or treatable if caught early. Common oral diseases are dental caries (decay), periodontal disease (gum disease), and oral cancer. Alcohol consumption, tobacco use, and a diet high in sugar are primary risk factors for oral disease.

Practicing good oral care at home and keeping routine dental visits are critical to maintaining good oral health. If left untreated, oral conditions can have major negative consequences such as infection, pain, difficulty chewing and speaking, sleep impairment, and loss of work and school hours among adults and children.²³ Poor oral health conditions also impact many systemic conditions such as diabetes, cardiovascular disease, pulmonary disease, and pregnancy.²⁴

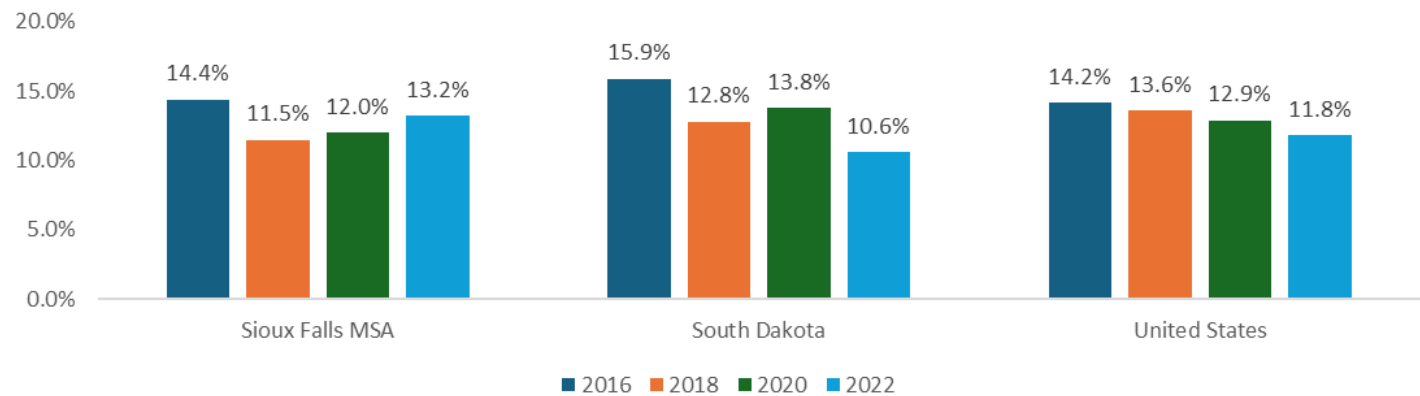
In the Sioux Falls MSA, just over 27 percent of adults report not keeping at least an annual dental visit (Figure 39). Over one third of adults have lost at least one permanent tooth, and 13 percent of adults age 65 and older have lost all of their natural teeth (Figures 40 and 41). While these figures are generally slightly better than state and national rates, they point to a poor state of oral health and gaps in uptake of preventive oral care services among adults. Cost, fear, and no perceived need to visit the dentist are three common reasons for avoiding dental care cited among South Dakota adults.²⁵

Figure 39: Adults Who Have Not Visited the Dentist in the Past Year



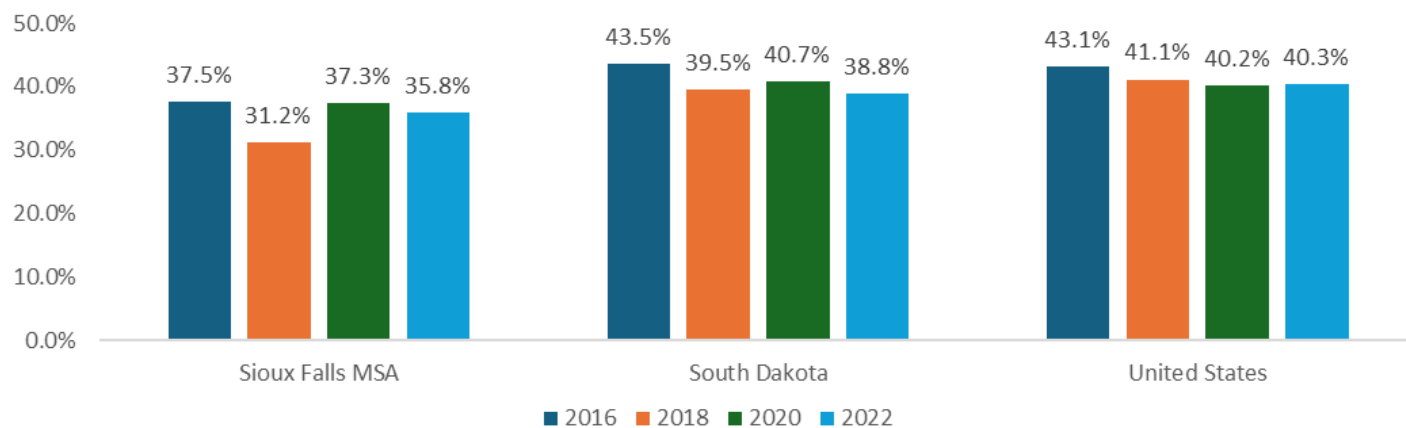
DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 40: Adults Aged 65+ Who Have Had All Their Natural Teeth Extracted



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 41: Adults That Have Had Any Permanent Teeth Extracted



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

There is evidence of poor oral health among children in South Dakota and the Sioux Falls area. The 2021 Youth Risk Behavior Survey showed that 11.5 percent of South Dakota high school students had missed school in the past 12 months because of problems with their teeth or mouth; this excludes injuries to the mouth.²⁶

Data collected through three school-based dental clinics in the Sioux Falls School District²⁷ during the 2023-2024 school district show that:

- 26 percent of the general population of elementary school students screened in 2021 had signs of obvious or probable tooth decay on visual examination.
- 57.2 percent of elementary school students enrolled in dental services at the three school-based clinics already have dental decay.

Furthermore, 66.1 percent of all patients (adults and children) who received a dental examination at Falls Community Health (FCH) were classified as having a moderate to high risk of dental caries. FCH is the major safety net clinic in Sioux Falls that seeks to provide access to comprehensive primary medical and dental care for all individuals regardless of their background or ability to pay.

While many improvements have occurred in the nation's oral health care system, the lack of access to dental care among all ages remains a challenge. In the 2023 resident survey, 18 percent of respondents indicated they would like to see dental care offered or improved in the community.

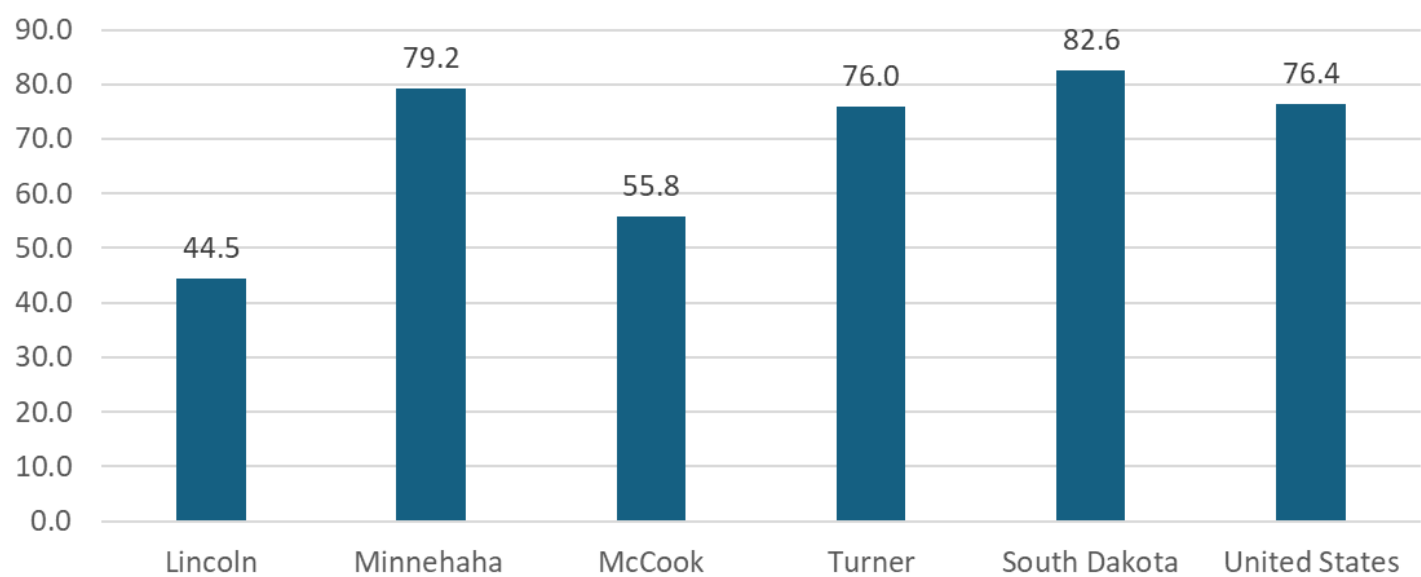
INJURY AND ACCIDENTAL DEATH

According to the CDC, in the first half of life, more Americans die from injuries and violence, such as motor vehicle crashes, suicide, or homicides, than from any other cause.²⁸ Among people aged 1-44 years in the U.S.:

- Unintentional injuries, such as unintentional poisoning (including opioid overdoses), motor vehicle crashes, and unintentional falls, are the leading cause of death.
- Suicide is the second leading cause of death, and suicide rates continue to rise.
- Homicide remains in the top five leading causes of death, currently as the third leading cause of death

In the Sioux Falls MSA, the death rate from injuries (intentional and unintentional, combined) is lower (70.13) than the state and national rates. However, rates vary among the four counties, with the highest rate seen in Minnehaha County, which exceeds the national average (Figure 42).

Figure 42: Number of Deaths Due to Injury, per 100,000 population

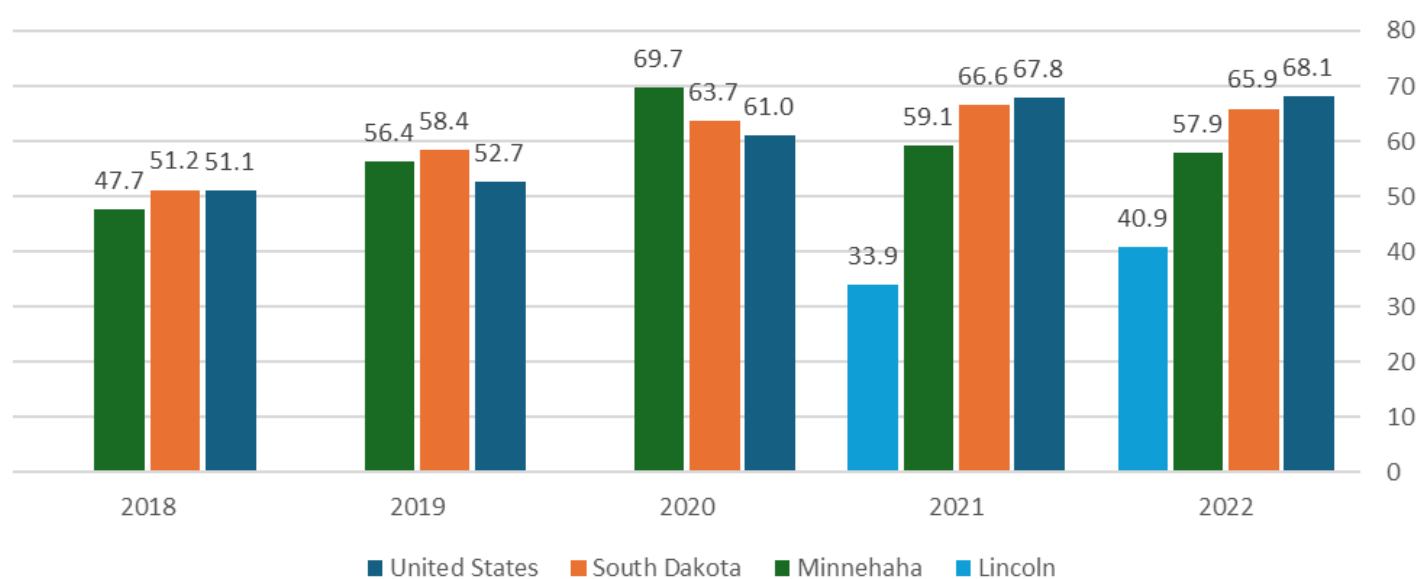


DATA SOURCE: Centers for Disease Control and Prevention. (2021). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>.

Unintentional Injury

Looking specifically at unintentional injury deaths, Lincoln County's rate is half of the national average, while Minnehaha County's rate now exceeds both state and national rates (Figure 43).

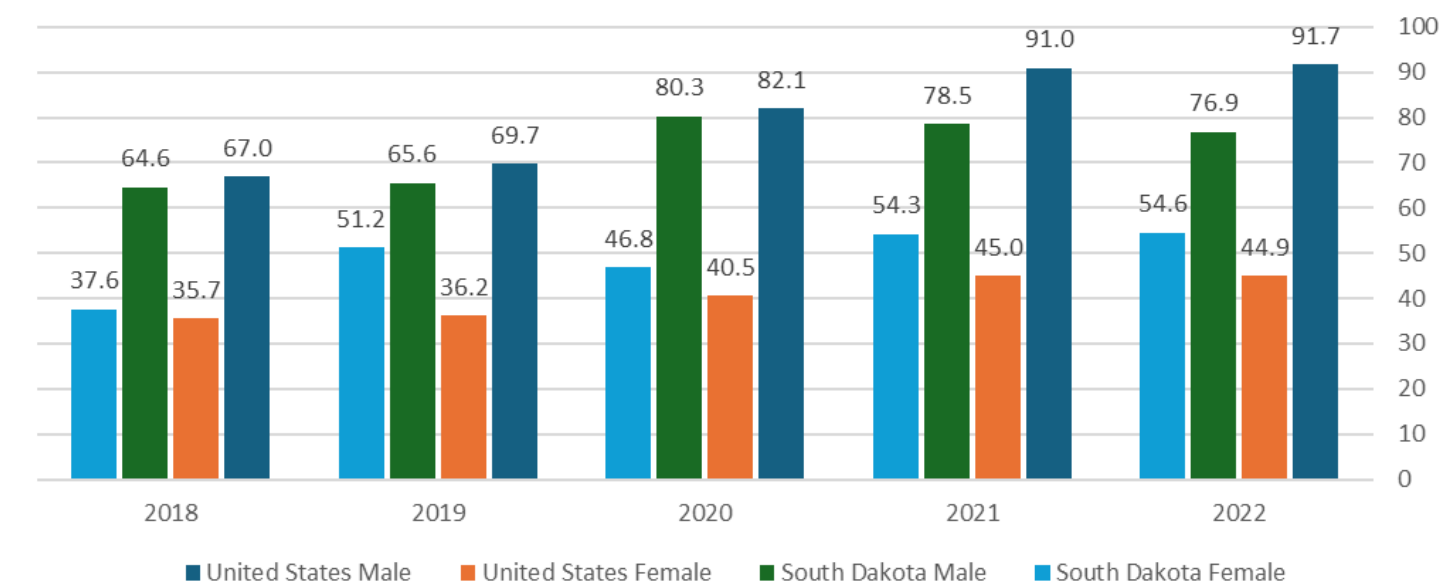
Figure 43: All Unintentional Injury Deaths, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

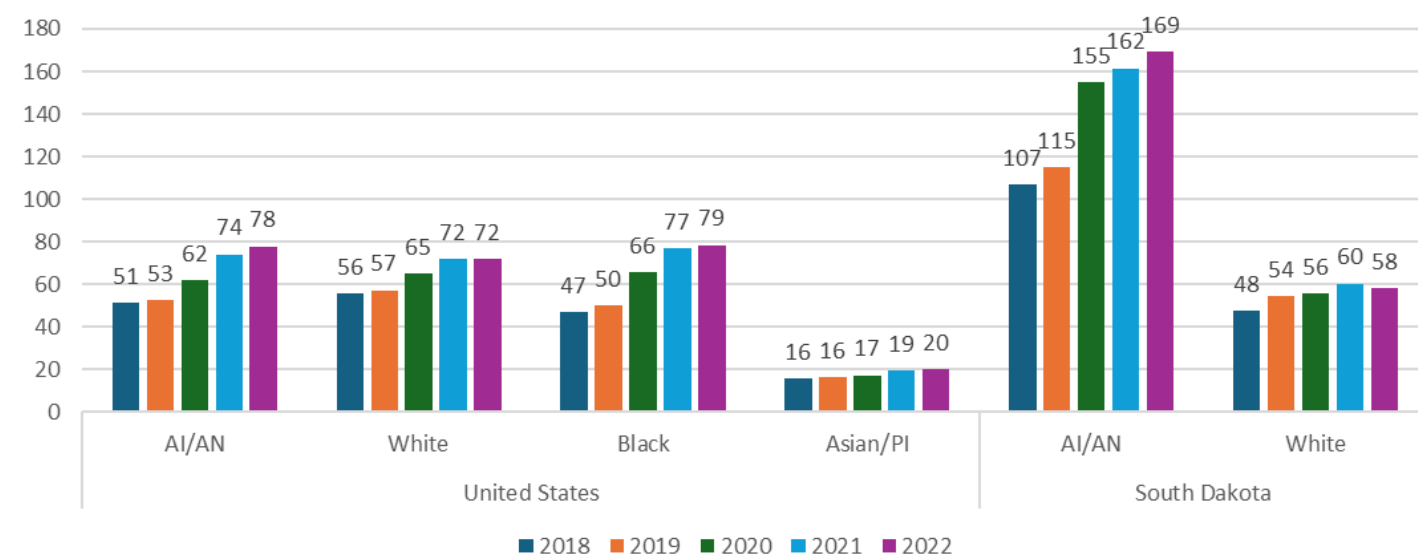
Disparities are seen in unintentional injury deaths at the state level in South Dakota, with higher rates for males compared to females and for the American Indian population compared to the White population (Figure 44 and 45)

Figure 44: All Unintentional Injury Deaths, by Gender, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

Figure 45: All Unintentional Injury Deaths, by Race, per 100,000 population



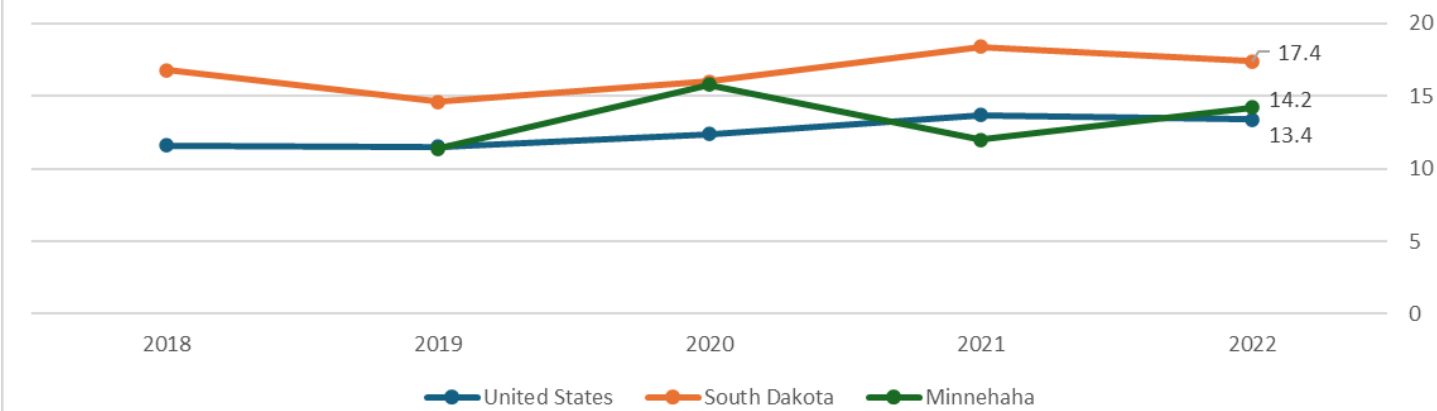
*South Dakota statistics for Black and Asian/Pacific Islander are not available

DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

Motor vehicle crashes are a leading cause of unintentional deaths, particularly among young people. As population increases, that also increases the number of cars on the road. A 2022 report showed that in the U.S. there were 283.4 million vehicles, and 3,196 billion miles driven annually.²⁹ According to the National Safety Council, the top three causes of fatalities on the road are alcohol, speeding, and lack of seat belt use.³⁰

The South Dakota rate remains higher than both Minnehaha and U.S. rates (Figure 46). Comparable data was not available for other counties in the MSA.

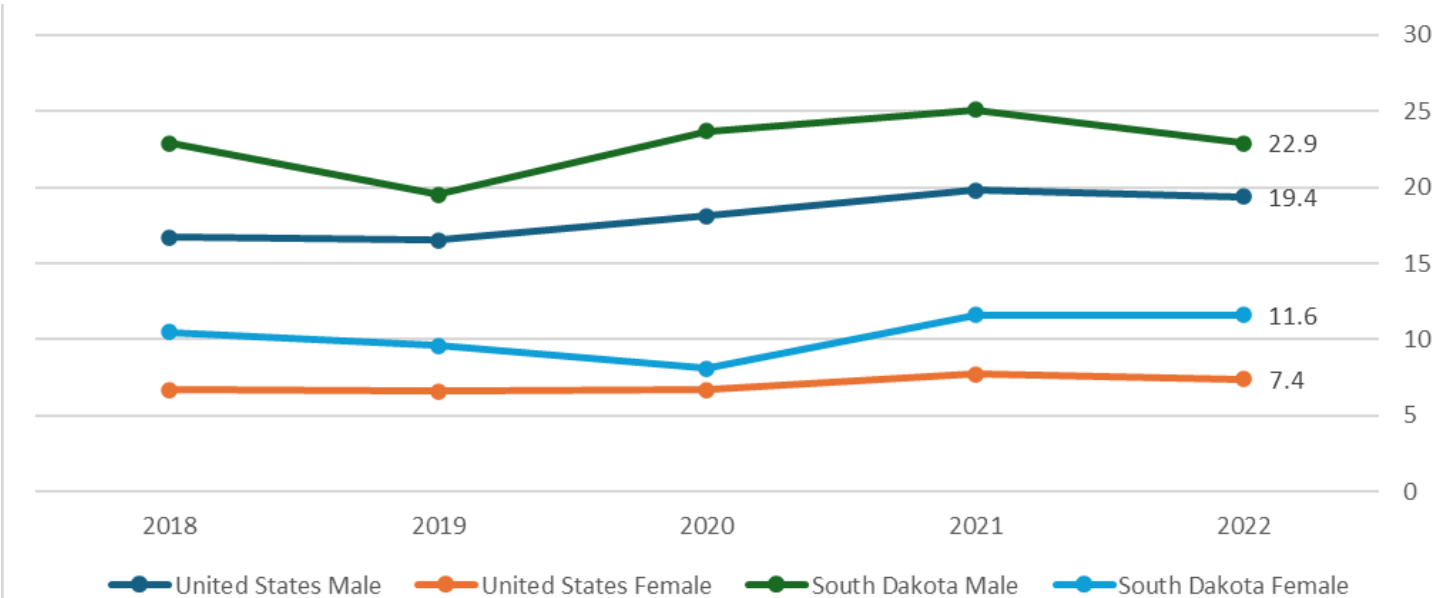
Figure 46: Unintentional Motor Vehicle Deaths, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

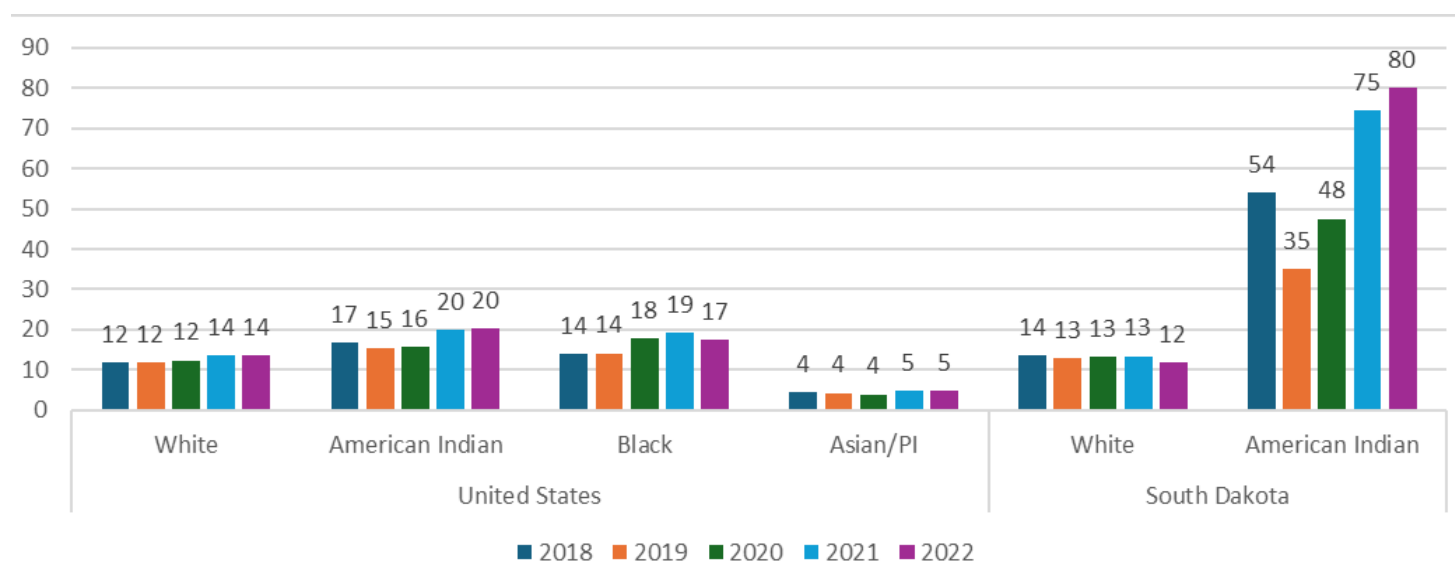
Similar to the trend for unintentional injuries overall, males are more likely to die from motor vehicle accidents and American Indians have a higher risk than their white counterparts (Figure 47 and 48).

Figure 47: Unintentional Motor Vehicle Deaths, by Gender, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

Figure 48: Unintentional Motor Vehicle Deaths, by Race, per 100,000 population

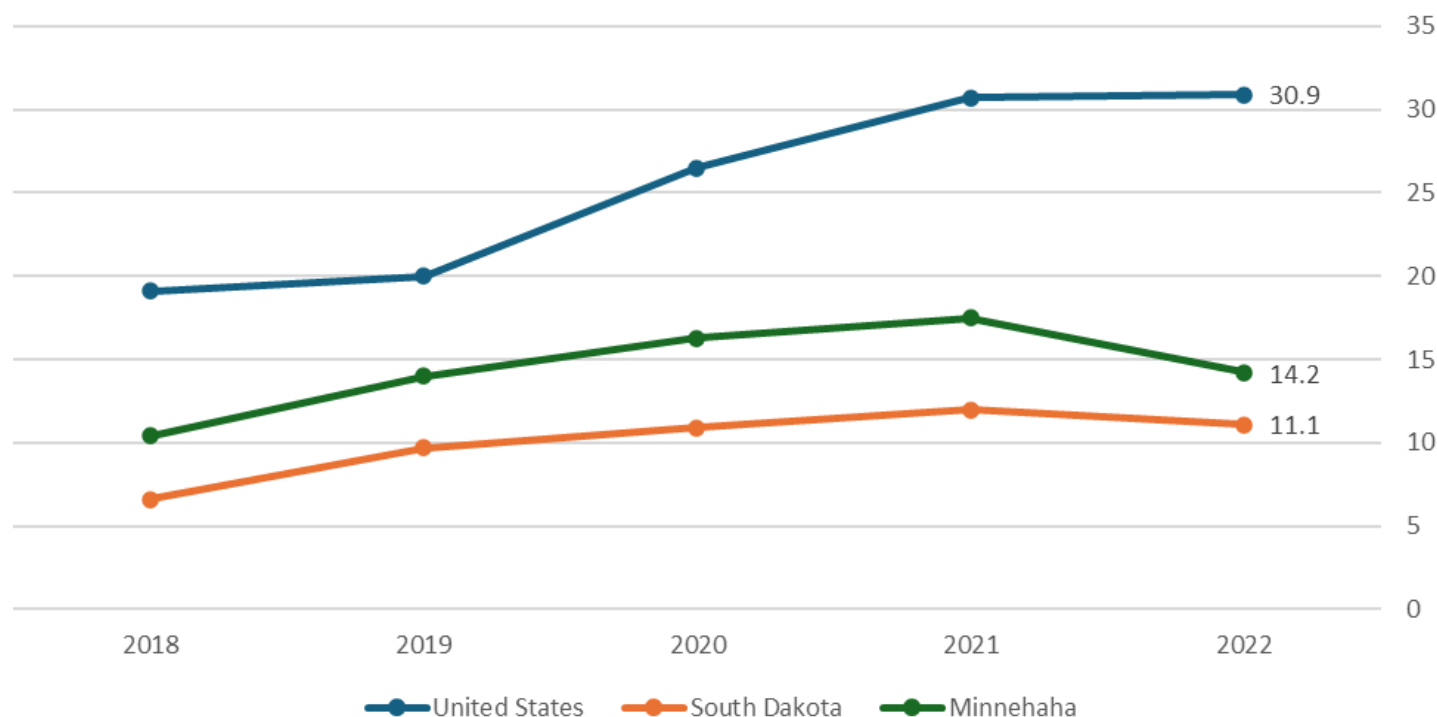


DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

The CDC defines a poison as a “substance, including medications, that is harmful to your body if too much is eaten, inhaled, injected, or absorbed through the skin,” and uses unintentional poisoning to refer to a situation in which “a person taking or giving too much of a substance did not mean to cause harm.”³¹

Prior to a slight decrease in 2022, death from unintentional poisoning had been trending upwards at the county (Minnehaha), state, and national levels (Figure 49). However, local and state rates are significantly lower than the national average.

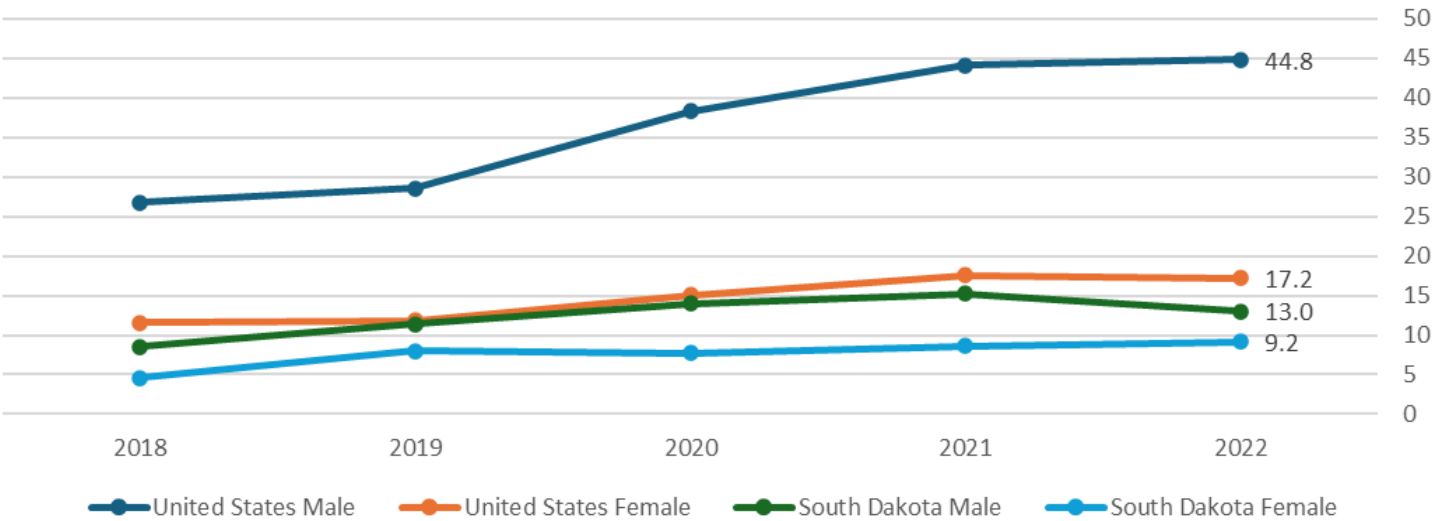
Figure 49: All Unintentional Poisoning Deaths, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

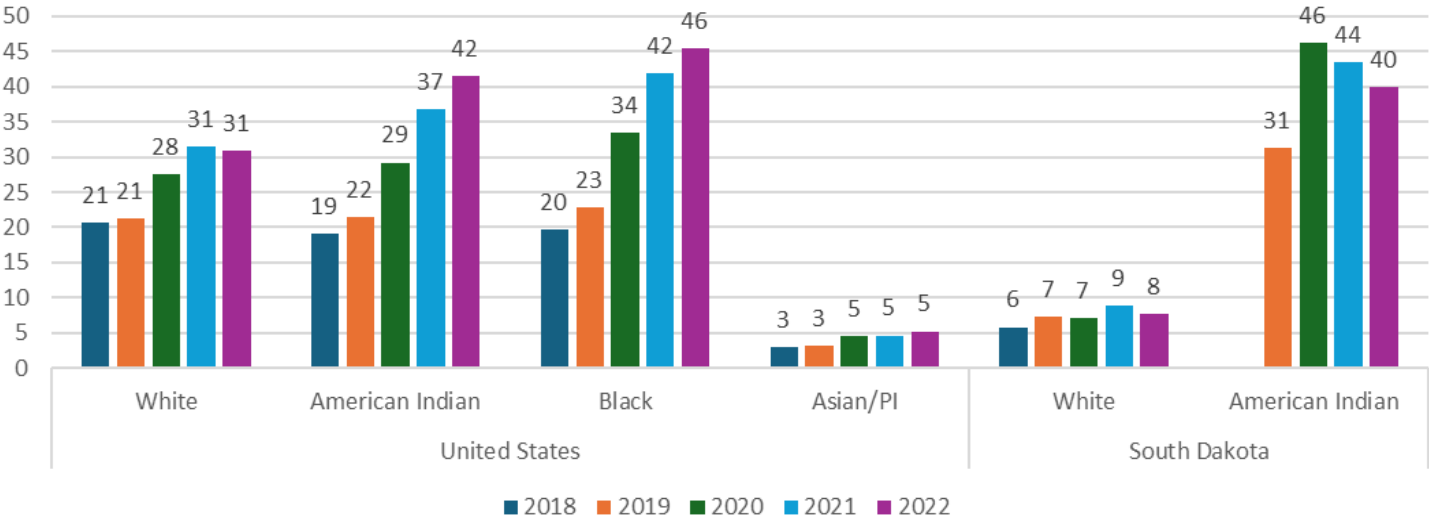
As can be seen in Figures 50 and 51, unintentional poisoning deaths are more likely to occur among males and American Indians.

Figure 50: Unintentional Poisoning Deaths, by Gender, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

Figure 51: Unintentional Poisoning Deaths, by Race, per 100,000 population



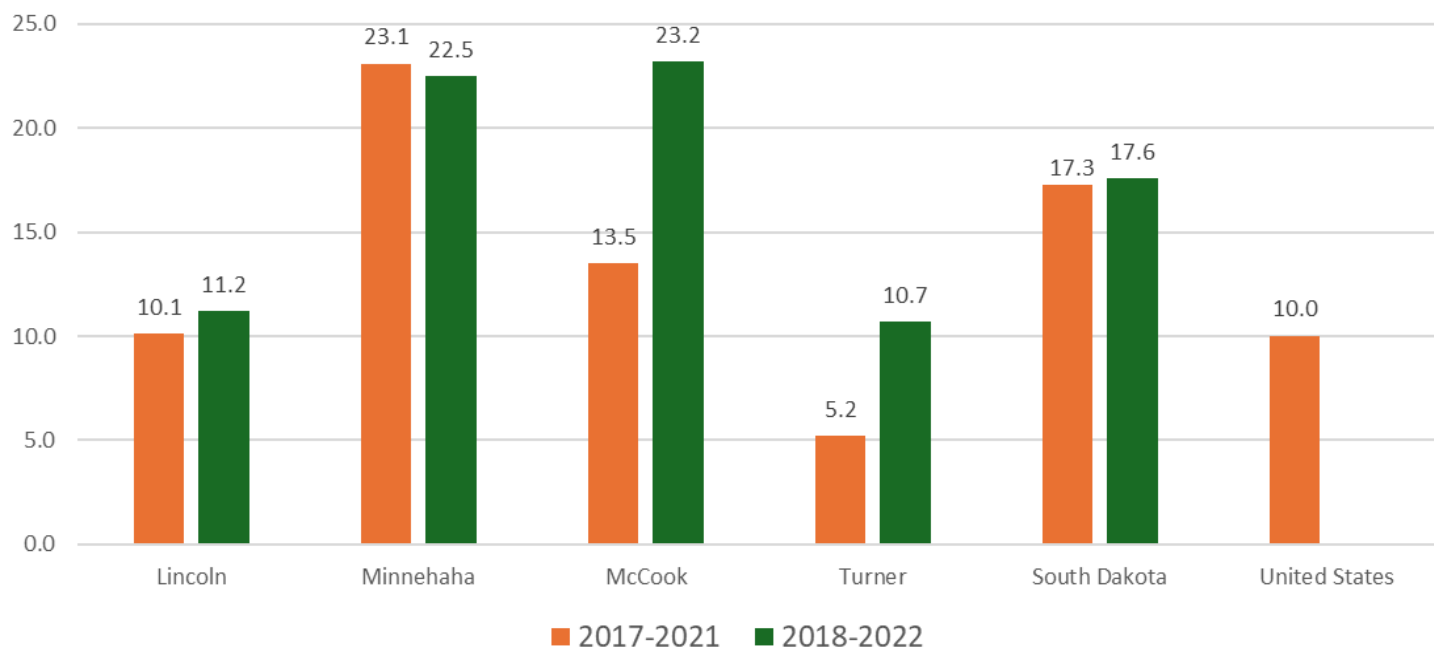
*South Dakota statistics for Black and Asian/Pacific Islander are not available
DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

Millions of Americans aged 65 and older fall every year, and falls occur in as many as one out of every four older people. Falls can cause serious injury, including traumatic brain injury, resulting in costly emergency department visits, hospitalizations, and even death.³²

It is important to note that falls are not just a consequence of aging, as individuals under age 65 have reported injuries from falls that required them to limit regular activities for at least a day, or to visit a doctor.

Whereas the unintentional fall death rate in Lincoln County is similar to the national average, the rate in Minnehaha County is more than double the national rate (Figure 52).

Figure 52: Unintentional Fall Deaths, ages 45+, per 100,000 population



DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux_Falls_MSA_rates_based_on_Sioux_Falls_Metropolitan_Statistical_Area_Calculator.

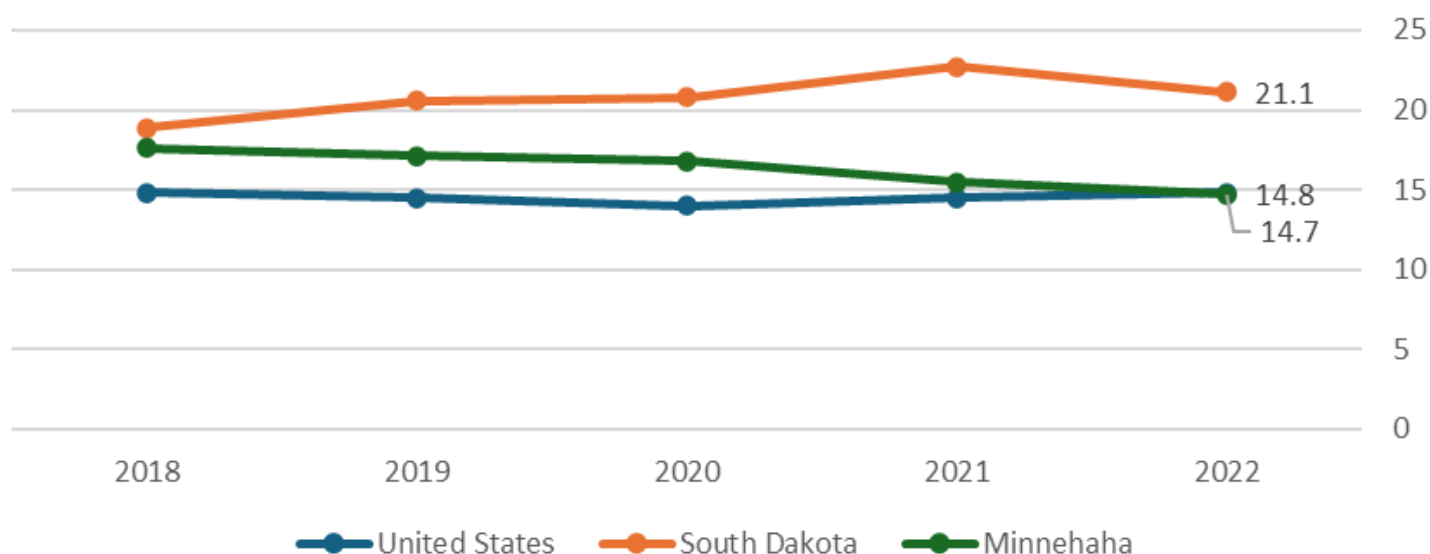
Suicide

Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.³³

- In the United States, Suicide claimed the lives of over 48,000 people, which equates to one death every 11 minutes.³³
- In South Dakota, suicide was the leading cause of death among individuals between the ages of 10 and 29.¹⁵
- Individuals at the highest risk of suicide include American Indian and Alaska Native people, veterans, people with disabilities, and individuals who identify as LGBTQ.³³

Rates of death by suicide are higher locally (Minnehaha County) and in the state of South Dakota than the national average (Figure 53).

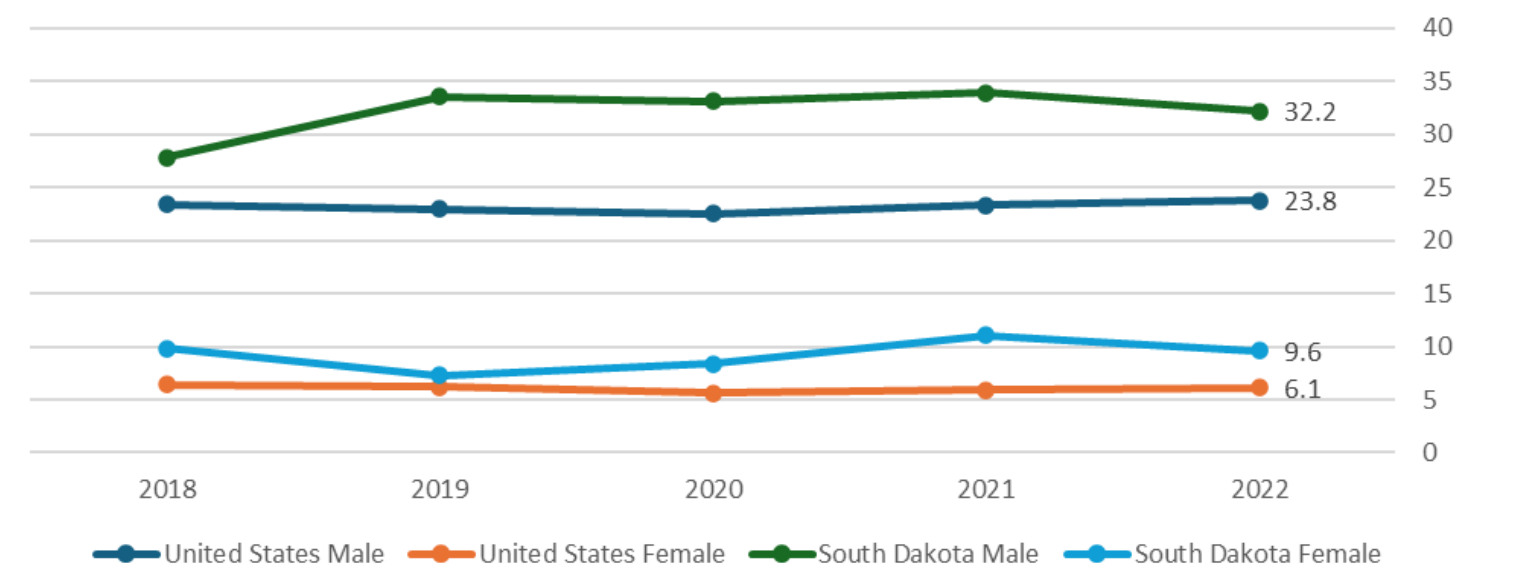
Figure 53: Suicide Deaths, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

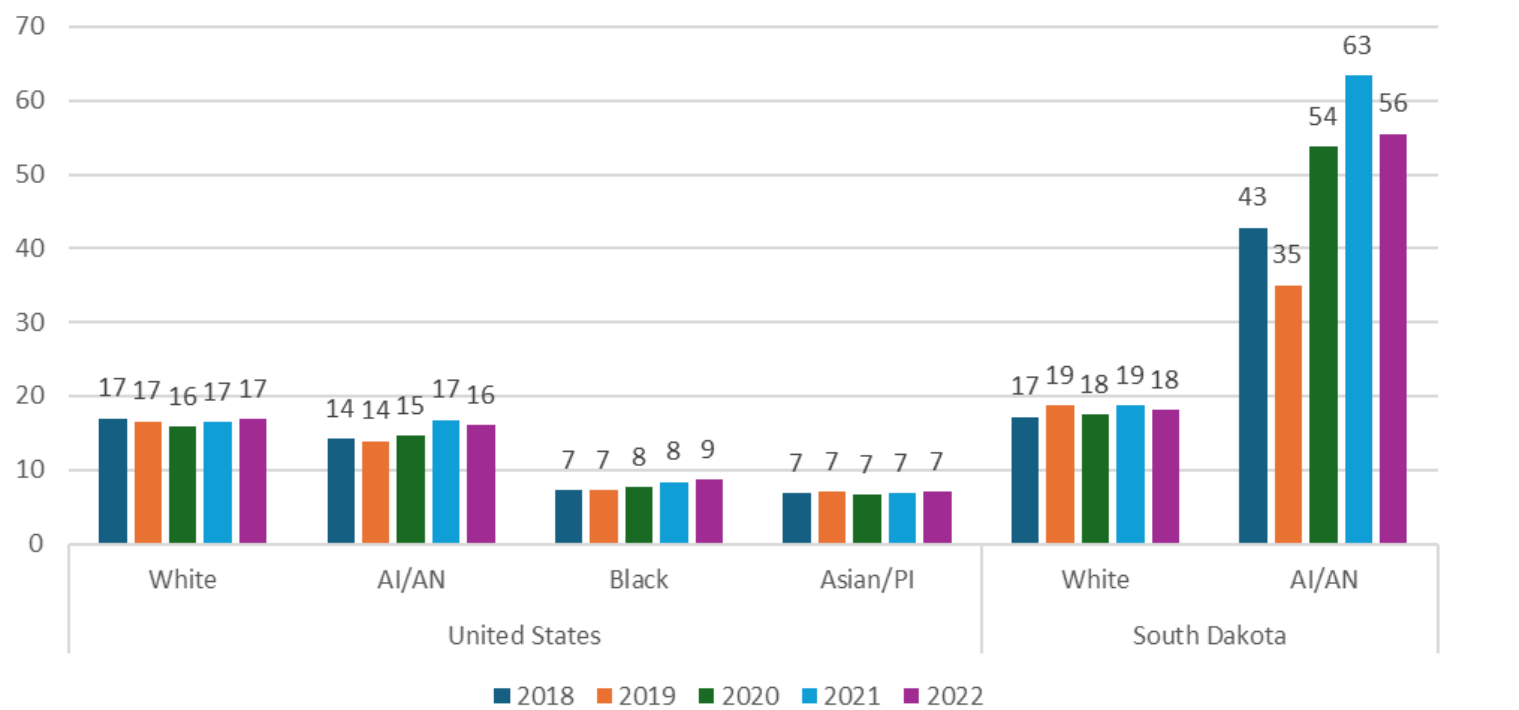
Similar to trends for unintentional injuries, males are more likely to die by suicide in South Dakota and the U.S., and American Indians in South Dakota have a higher risk than their white counterparts (Figure 54 and 55).

Figure 54: Suicide Deaths, by Gender, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

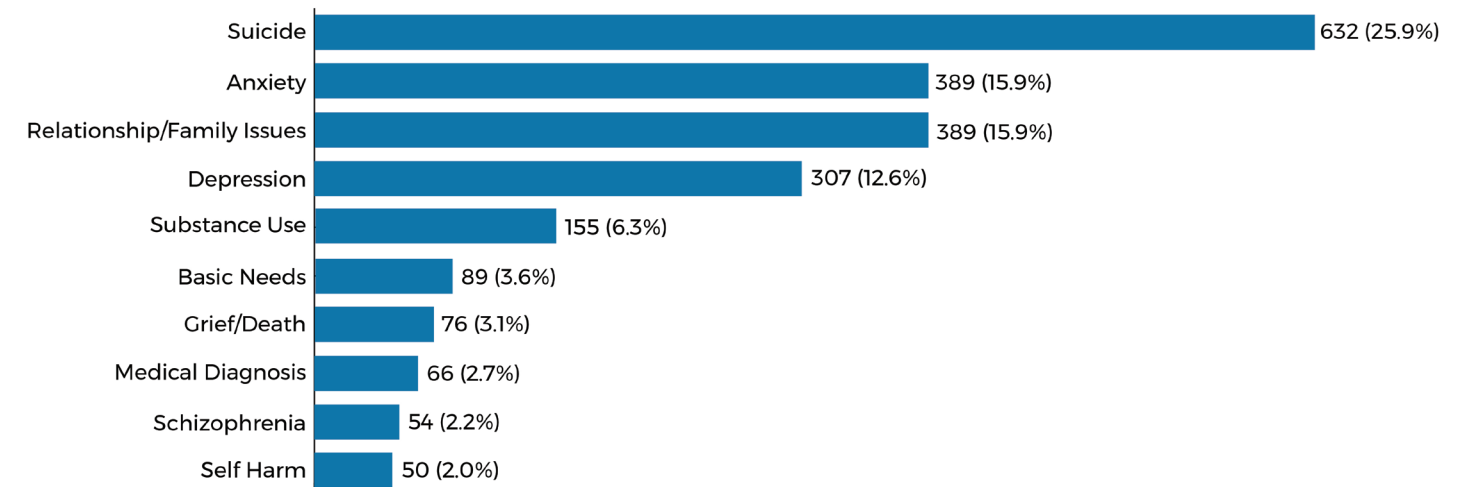
Figure 55: Suicide Deaths, by Race, per 100,000 population



*South Dakota statistics for Black and Asian/Pacific Islander are not available
DATA SOURCE: Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Injury Prevention & Control. <https://www.cdc.gov/injury/wisqars/index.html>

Locally, the Helpline Center reported 3,232 contacts to 988 via calls, texts, and chats. This included 632 suicide contacts, the top presenting concern (25.9 percent) (Figure 56). Of all contacts in South Dakota, 19.64% were made by individuals under 20 years old.

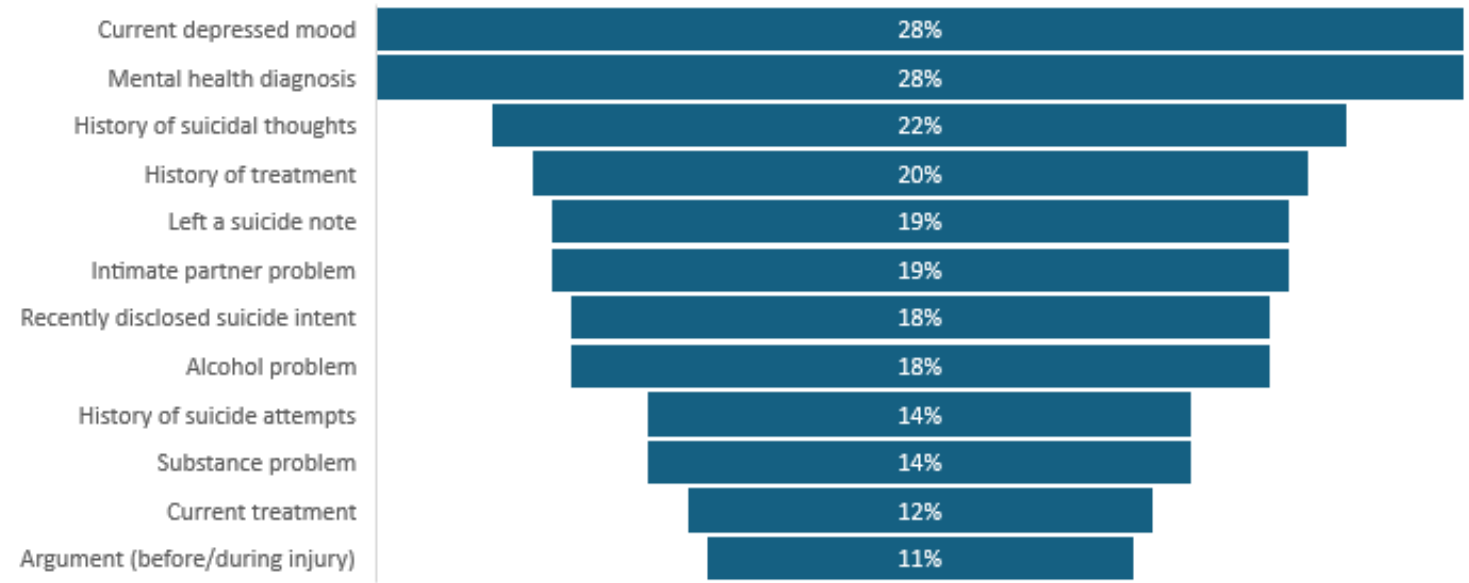
Figure 56: Top Presenting Concerns for 988 Contacts



DATA SOURCE: Helpline Center. (2023). 211 Data Snapshot 2023. <https://www.helplinecenter.org/9-8-8/data/>

The figure below (Figure 57) shows the top cited contributing circumstances for those who died by suicide in South Dakota. At least 71 percent had a document circumstance by coroners and/or law enforcement. It is important to note that persons who died by suicide may have had multiple circumstances. Additionally, it is possible that other circumstances could have been present and not diagnosed, known, or reported.

Figure 57: Circumstances Contributing to Suicide Deaths in South Dakota



DATA SOURCE: South Dakota Department of Health. (2021). South Dakota Violent Death Reporting System. <https://doh.sd.gov/media/ngwhjwom/2020-2021-suicide-deaths.pdf>

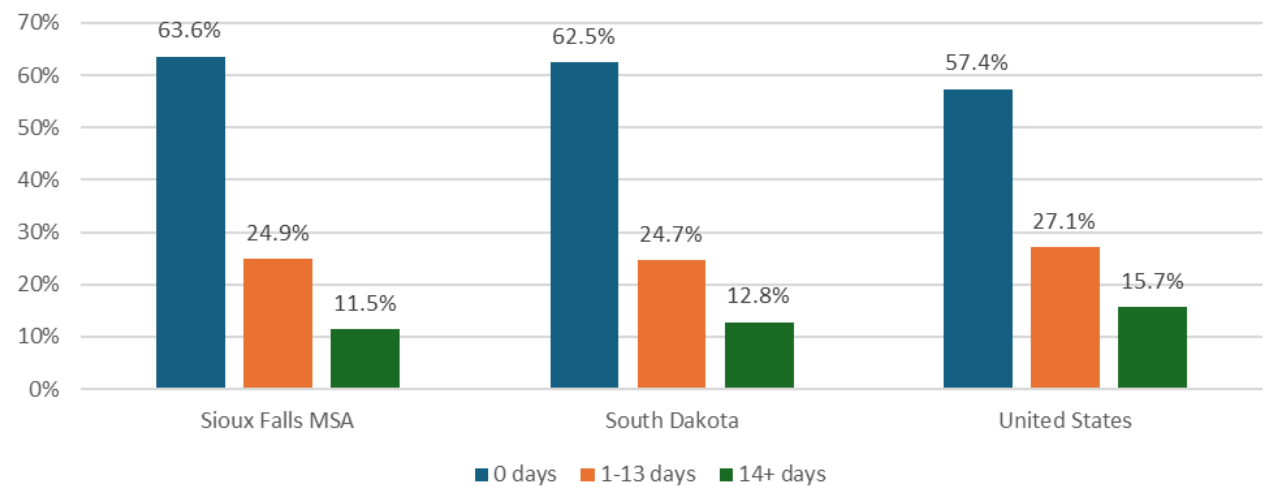
MENTAL HEALTH AND SUBSTANCE USE

Research shows that mental illnesses are common in the United States, affecting tens of millions of people each year. Estimates suggest that only half of people with mental illnesses receive treatment.³⁴ Mental health is an essential part of overall well-being because it is necessary for individuals to maintain fulfilling relationships with others, to adapt to change, to cope with challenges, and to participate in health-promoting behaviors.

Depression is a significant mental health concern that can be closely linked to self-harm, especially among young people. In the Sioux Falls MSA, just under 17 percent of adults report having been diagnosed with depression, a rate lower than both the state and national averages (Figure 59). Among South Dakota students, 32 percent reported feeling sad or hopeless for at least two weeks to the point of stopping usual activities, a key indicator of depression.²⁶ Alarming, 22.6 percent of students engaged in self-harm at least once in the past year without the intent to die, highlighting the urgent need for mental health support and intervention.²⁶

The CDC’s Behavior Risk Factor Surveillance System asks adults to indicate the number of days within a month when they felt their mental health status was “not good.” More than one in three adults in the Sioux Falls MSA report at least one or more days with poor mental health status in a month; two-thirds of people in this group report being mentally unhealthy less than half of the month (one to 13 days), while one-third of them report being mentally unhealthy for at least half of the days in the month (14 or more days). These rates are comparable to the state average in South Dakota but slightly better than the U.S. average (Figure 58).

Figure 58: Adults Reporting Days in a Month When Their Mental Health Status Was “Not Good”

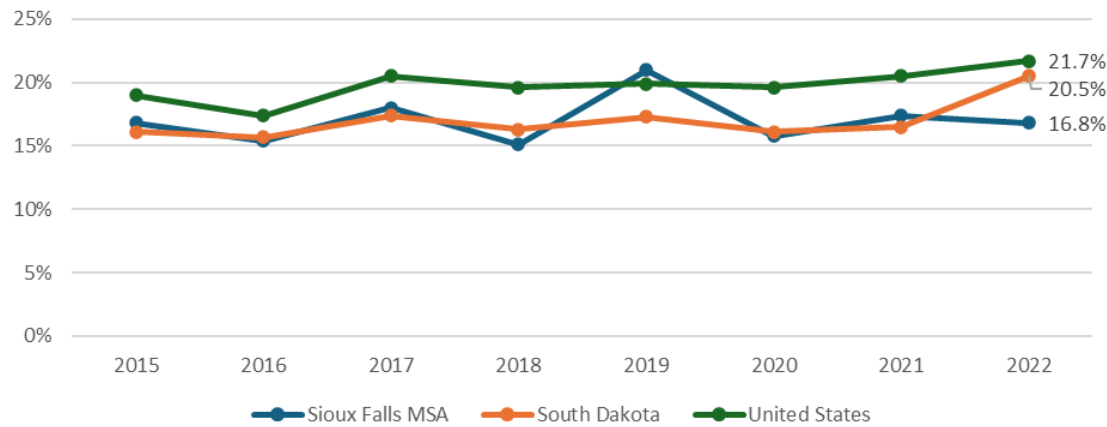


DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Depression

Depression is a significant mental health concern that can be closely linked to self-harm, especially among young people. In the Sioux Falls MSA, just under 17 percent of adults report having been diagnosed with depression, a rate lower than both the state and national averages (Figure 59). Among South Dakota students, 32 percent reported feeling sad or hopeless for at least two weeks to the point of stopping usual activities, a key indicator of depression.²⁶ Alarming, 22.6 percent of students engaged in self-harm at least once in the past year without the intent to die, highlighting the urgent need for mental health support and intervention.²⁶

Figure 59: Adults Who Have Ever Been Told They Have Depression



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

In South Dakota, depression rates vary by race/ethnicity, income level, employment status, and marital status (Figures 60-63). American Indians, lower-income earners, individuals unable to work or who are unemployed, and adults who are divorced or separated report higher depression rates.

Figure 60: Disparities in Diagnosed Depression in South Dakota, by Race/Ethnicity

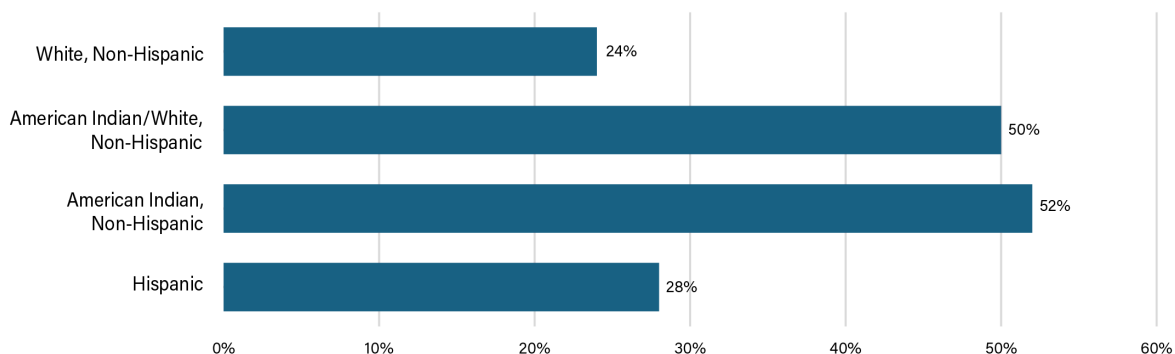


Figure 61: Disparities in Diagnosed Depression in South Dakota, by Income

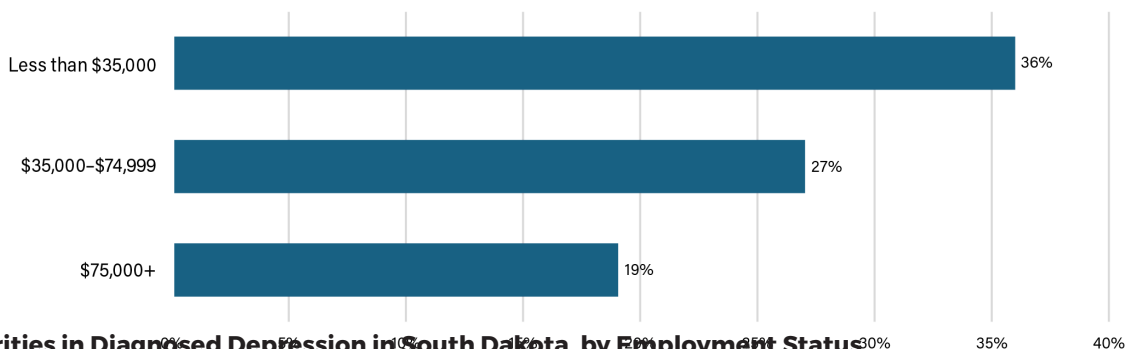


Figure 62: Disparities in Diagnosed Depression in South Dakota, by Employment Status

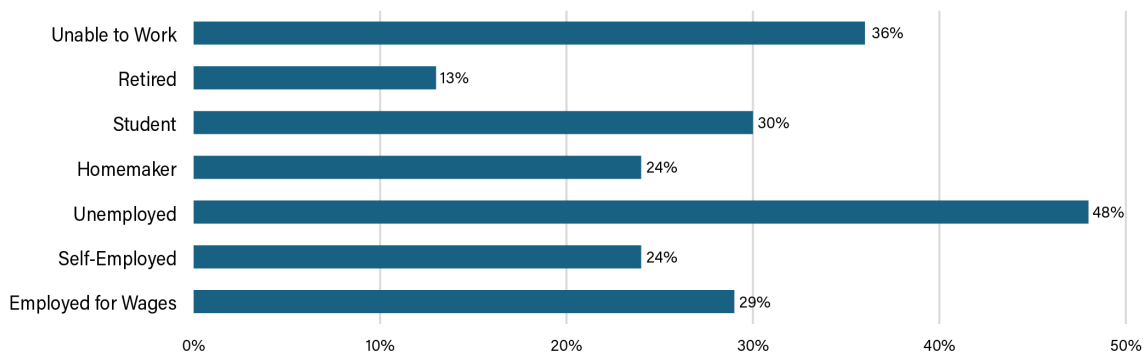
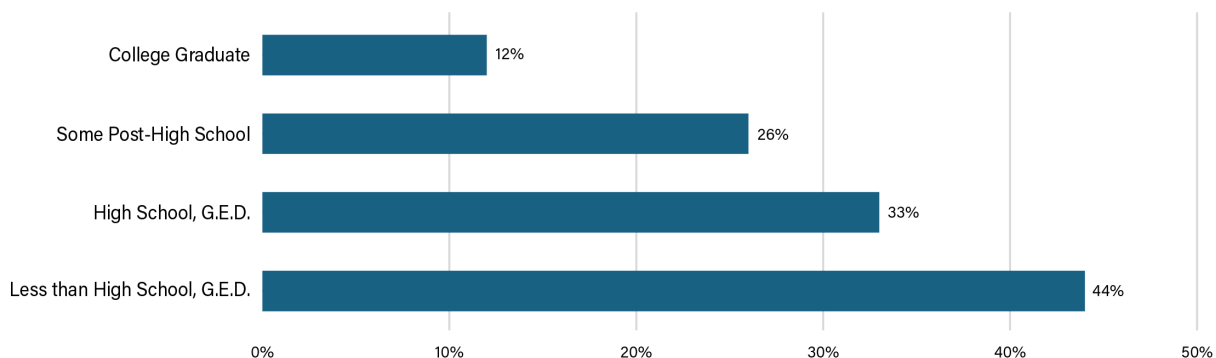


Figure 63: Disparities in Diagnosed Depression in South Dakota, by Marital Status



DATA SOURCE: South Dakota Department of Health Office of Health Statistics. (2022). Vital Statistics. [https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux Falls MSA rates based on Sioux Falls Metropolitan Statistical Area Calculator](https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/Sioux-Falls-MSA-rates-based-on-Sioux-Falls-Metropolitan-Statistical-Area-Calculator).



Behavioral Health Urgent Care

When Avera opened its 24/7 Behavioral Health Urgent Care in early 2022, it became a new and different setting specially designed for individuals and families in crisis.

“Behavioral Health Urgent Care is a front door to mental health services for people in crisis,” said Thomas Otten, Vice President for the Avera Behavioral Health Hospital. “This level of care is extremely rare in the region and across the country.”

Behavioral Health Urgent Care was included in the Helmsley Behavioral Health Center, a newly constructed wing of the Avera Behavioral Health Hospital. The Leona M. and Harry B. Helmsley Charitable Trust supported construction with \$13 million in grant and matching funds, and in fact the entire \$30 million project was supported with philanthropic dollars. This wing also includes services new to Sioux Falls including residential addiction care for youth and adolescents and partial hospitalization for youth.

In the past, families and individuals have turned to medical emergency rooms at times of crisis, for example, suicidal thoughts. Behavioral Health Urgent Care has a different look and feel that’s designed around these specific needs. “We developed our Urgent Care based on the needs we’ve experienced over the past six decades,” Otten said.

Behavioral Health Urgent Care patients see a care team that includes a nurse, advanced practice provider and assessment counselor. The goal for Urgent Care is to safely handle the crisis and then refer patients and families to the most appropriate and best level of behavioral health care. This may mean inpatient admission, or referral to outpatient community resources.

Behavioral Health Urgent Care added observation care, a level of care not previously available. “People in crisis might not need a 24-hour stay – they may just need some time to stabilize,” Otten said. As they are resting in observation, nurses and behavioral health techs work with patients on key information via iPads. This includes a safety plan, so they know what to do if they reach a point of crisis again.

“Behavioral Health Urgent Care has proven to become a vital resource in our community, and we continue to add to the continuum of mental health services to help people find hope for a better life,” Otten said.



Behavioral Health Urgent Care

Sanford Health is committed to meeting the needs of our patients, regardless of ZIP code. Sanford Health integrates behavioral health into the primary care setting to increase access to behavioral and mental health services for all patients. Integrated health therapists assist patients at Sanford clinics with assessment, consultation, diagnosis, and treatment of a wide range of mental and behavioral health issues. This cohesive model ensures consistent screening and enables earlier intervention and treatment for better health outcomes. This approach also provides counseling and behavioral interventions by the Sanford USD Medical Center mental health team, for inpatient stays.

To further increase access to appropriate behavioral health care, Sanford Health locations are also expanding behavioral health screenings. As an organization, Sanford has launched direct-to-consumer virtual behavioral health appointments for adults and children ages 10 and older. Patients can access counseling and psychiatry services, and in some cases, get care the same day. A referral from a primary care provider is not required.

The growing need for mental health support for youth is being addressed through partnerships with local schools for services and training. This support includes the training program known as BeHEARD, or Behavioral Health Education and Response Development.

"Behavioral Health Urgent Care has proven to become a vital resource in our community, and we continue to add to the continuum of mental health services to help people find hope for a better life," Otten said.

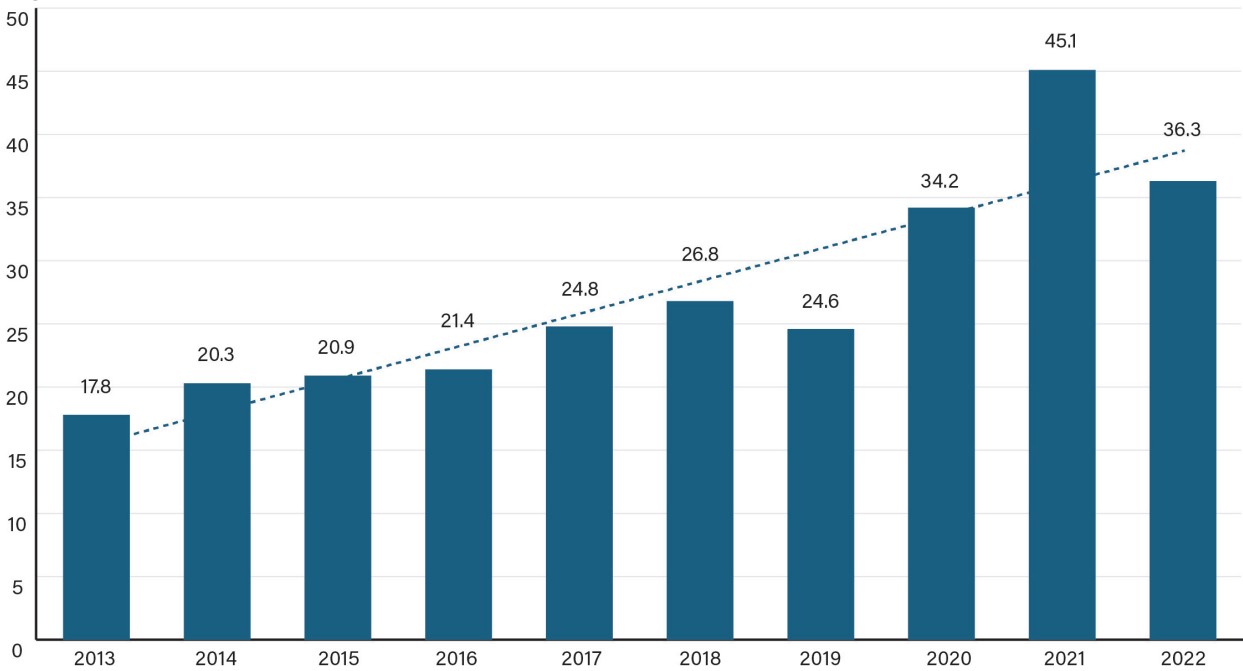
Substance Use

Substance use and abuse can negatively impact mental and physical health and well-being. Many individuals also resort to using substances as a coping mechanism for dealing with health and other life challenges. Thus, mental health and substance use disorders often present as challenges handled by behavioral health services. According to the National Institute on Drug Abuse (NIDA), the abuse of tobacco, alcohol, and illicit drugs in the U.S. results in more than \$740 billion annually in costs related to crime, lost work productivity, and health care.³⁵

Alcohol-related deaths, which include alcoholic liver disease, poisoning or acute intoxication, and chronic alcohol abuse, have been rising in South Dakota over the past decade, making it a growing public health concern (Figure 64). From 2011 to 2020, the state had the 5th highest crude rate of alcohol-related deaths in the nation. In the Sioux Falls MSA, 34 percent of driving deaths involve alcohol, and this number continues to increase.³ These trends emphasize the need for stronger prevention, treatment access, and public awareness efforts to address the impact of alcohol misuse. From 2002 to 2022, drug overdose deaths in the United States increased from 8.2 to 32.6 per 100,000 population, although, there was not a significant increase from 2021 to 2022.³⁶ Although drug overdose deaths in the did not increase much over the previous year, it did still reach an all-time high of more than 107,000 deaths.^{37,38}

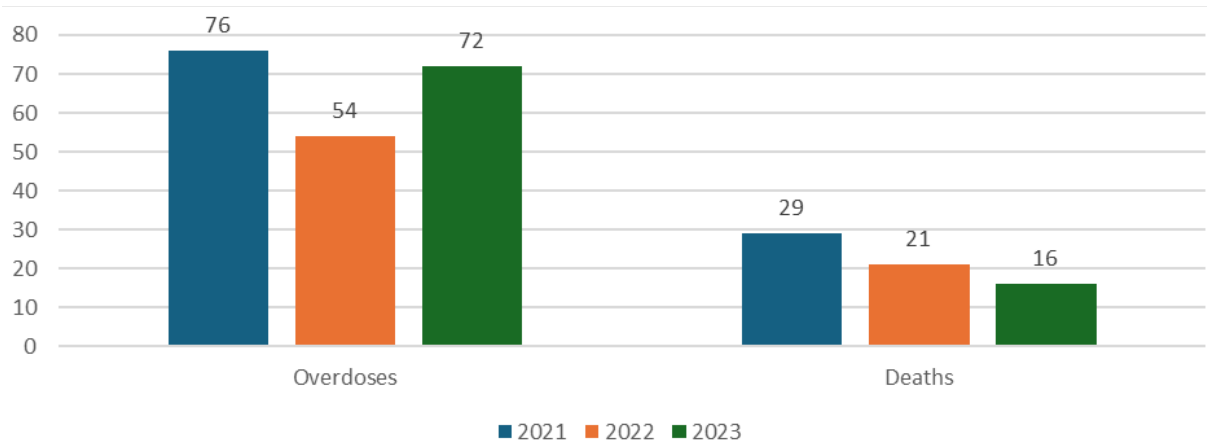
Drug overdose deaths in Sioux Falls have seen a decline in the past few years; however, the number of overdoses remains unstable (Figure 65).

Figure 64: Alcohol Related Deaths in South Dakota



DATA SOURCE: South Dakota Department of Health. (2023). Alcohol-related deaths and hospitalizations, South Dakota. <https://doh.sd.gov/media/o0rfzpbbe/alcohol-related-deaths-hospitalizations-in-south-dakota-2023.pdf>

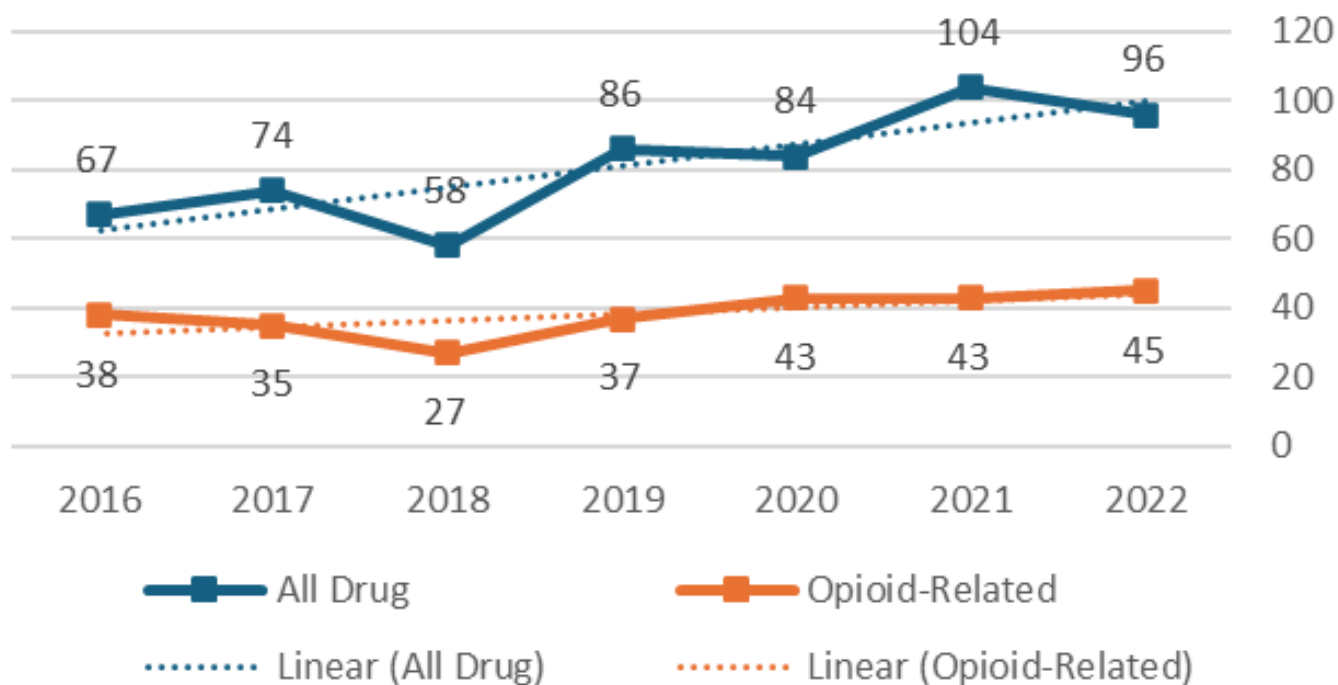
Figure 65: Drug Overdoses in Sioux Falls, Fatal and Nonfatal



DATA SOURCE: Sioux Falls Police Department . (2024). Public Safety Briefing: March 12, 2024.

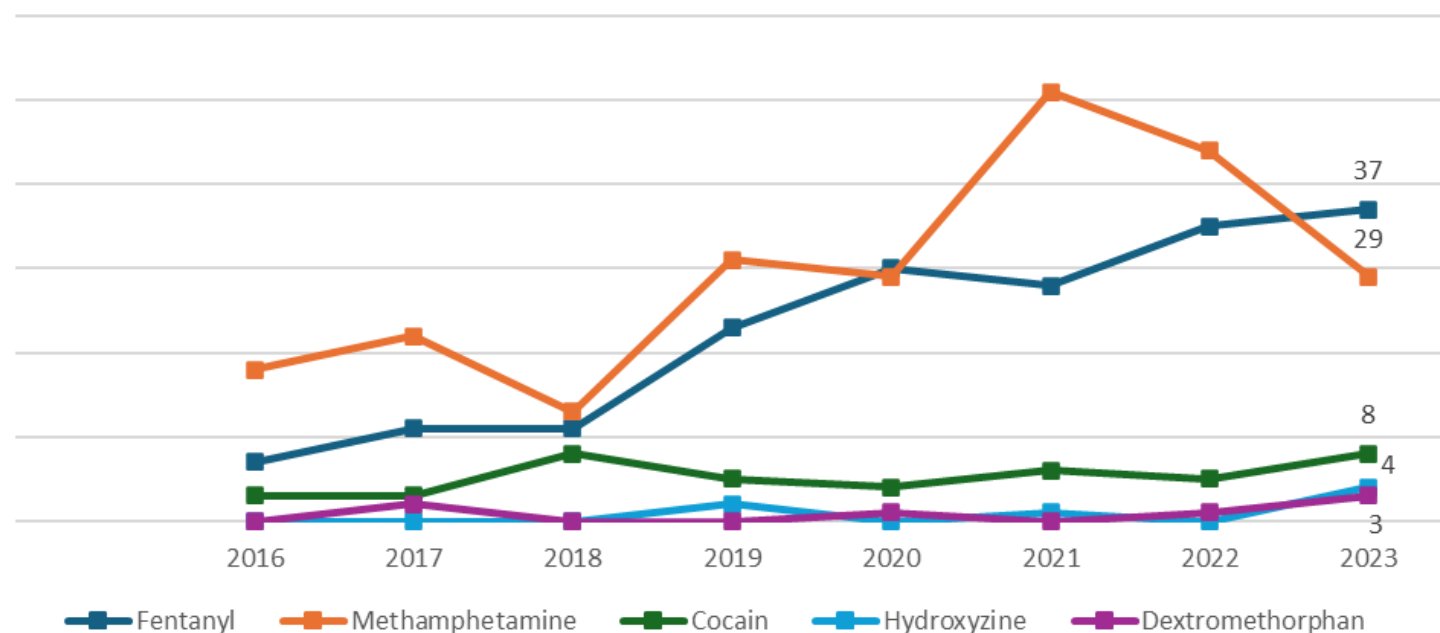
At the state level, both opioid and overall drug-related deaths have seen an increase between 2016 and 2022 (Figure 66). Although South Dakota has been seeing a decline in methamphetamine overdoses in recent years, the most prevalent drugs involved in overdoses continue to be fentanyl and methamphetamine (Figure 67).

Figure 66: Total of All Drug Related Deaths, South Dakota



DATA SOURCE: South Dakota Departments of Health & Human Services. (2022). Key Data. Avoid Opioid Prescription Addiction. <https://www.avoidopioidsd.com/key-data/>

Figure 67: Most Prevalent Drugs Involved in Unintentional Drug Overdose Deaths in South Dakota



*Figure includes the top 5 substances. Not all substances that contributed to overdose deaths are represented.

DATA SOURCE: South Dakota Department of Health. (2024). South Dakota Mortality Report, 2024 (Provisional). <https://doh.sd.gov/health-data-reports/vital-reports/vital-statistics/mortality-data/>

Progress is being made in interventions related to combatting the opioid crisis in South Dakota. First, opioid dispensing rates have been trending downward in the state, including counties in the Sioux Falls MSA (Figure 67). Additionally, policy changes in South Dakota and the United States have increased access to harm reduction interventions such as Naloxone, and Good Samaritan Laws in place to protect bystanders who offer aid to those experiencing an overdose.³⁹

COMMUNICABLE DISEASES

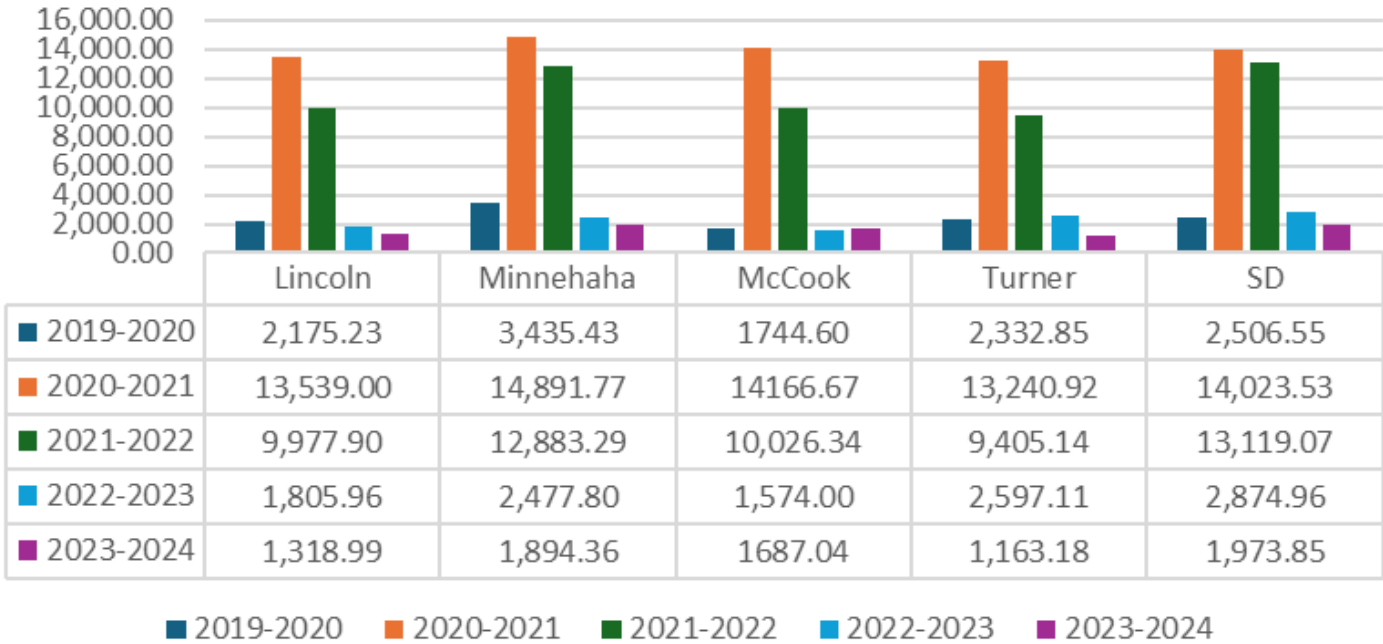
Communicable diseases are illnesses caused by infectious organisms, like viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. Some examples of communicable diseases include HIV, hepatitis A, B and C, influenza, measles, and COVID-19.⁴⁰

Although noncommunicable diseases remain the leading causes of death and disability in the area, there is a growing burden of communicable diseases.

COVID-19

The global pandemic of COVID-19 was officially declared by the World Health Organization in March 2020, following the initial outbreak of the new illness caused by the SARS-CoV-2 virus. By the end of 2020, COVID 19 was the third leading cause of death in the U.S., with 345,000 deaths attributed to the virus, exceeded only by cardiovascular disease and cancer.⁴¹ Emergency declarations due to COVID 19 have now ended and it is now considered endemic meaning that it will continue to be present in our community.⁴²

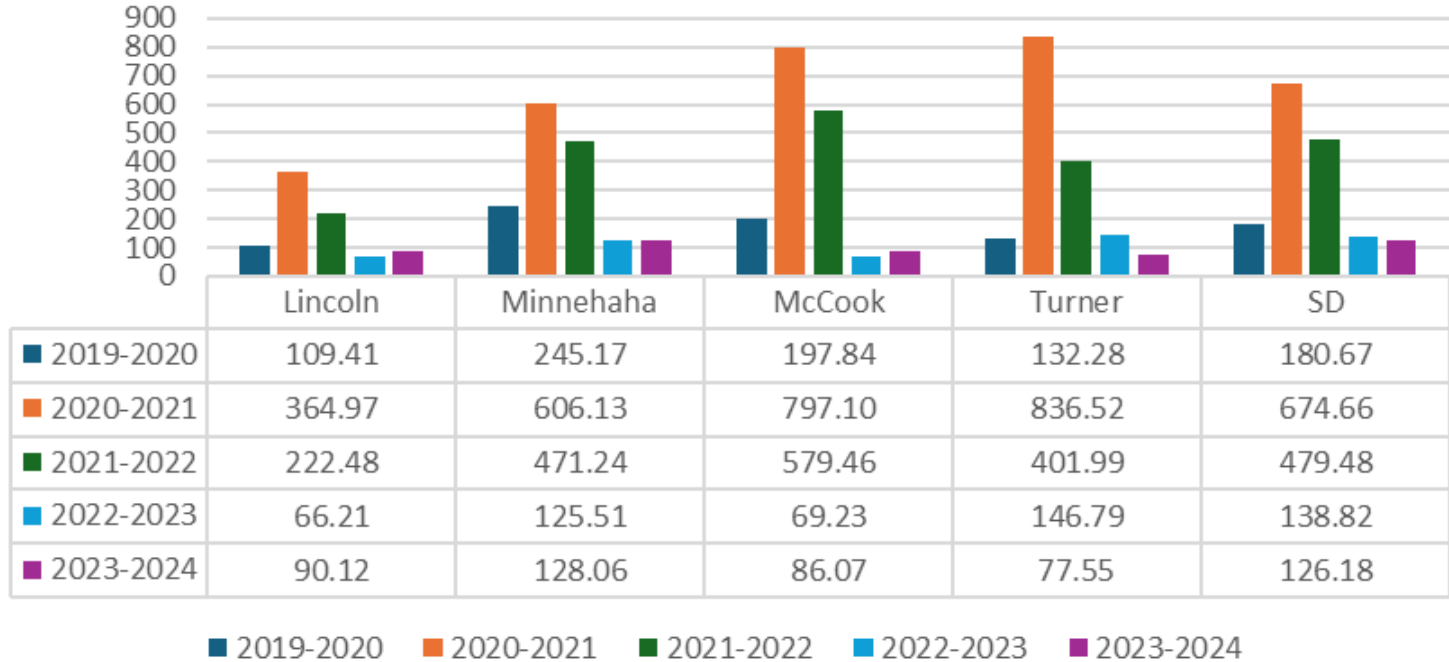
Figure 68: Confirmed COVID 19 Cases per 100,000



DATA SOURCE: South Dakota Department of Health. (2024). COVID-19 & Respiratory Virus Diseases (CORVD) Dashboard. <https://doh.sd.gov/health-data-reports/data-dashboards/corvd-dashboard/>

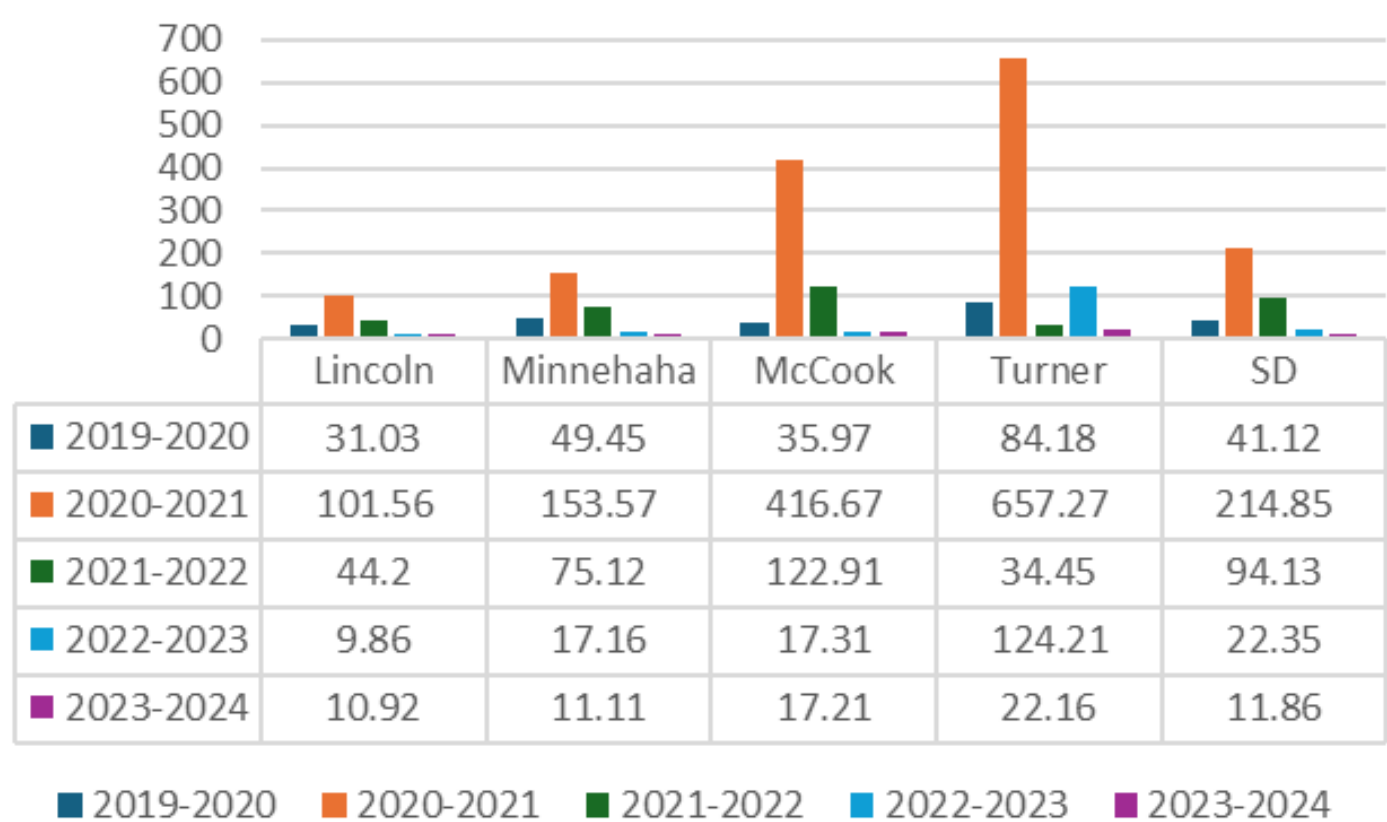


Figure 69: Population Hospitalized from COVID-19 per 100,000



DATA SOURCE: South Dakota Department of Health. (2024). COVID-19 & Respiratory Virus Diseases (CORVD) Dashboard. <https://doh.sd.gov/health-data-reports/data-dashboards/corvd-dashboard/>

Figure 70: Confirmed COVID-19 Deaths per 100,000



DATA SOURCE: South Dakota Department of Health. (2024). COVID-19 & Respiratory Virus Diseases (CORVD) Dashboard. <https://doh.sd.gov/health-data-reports/data-dashboards/corvd-dashboard/>

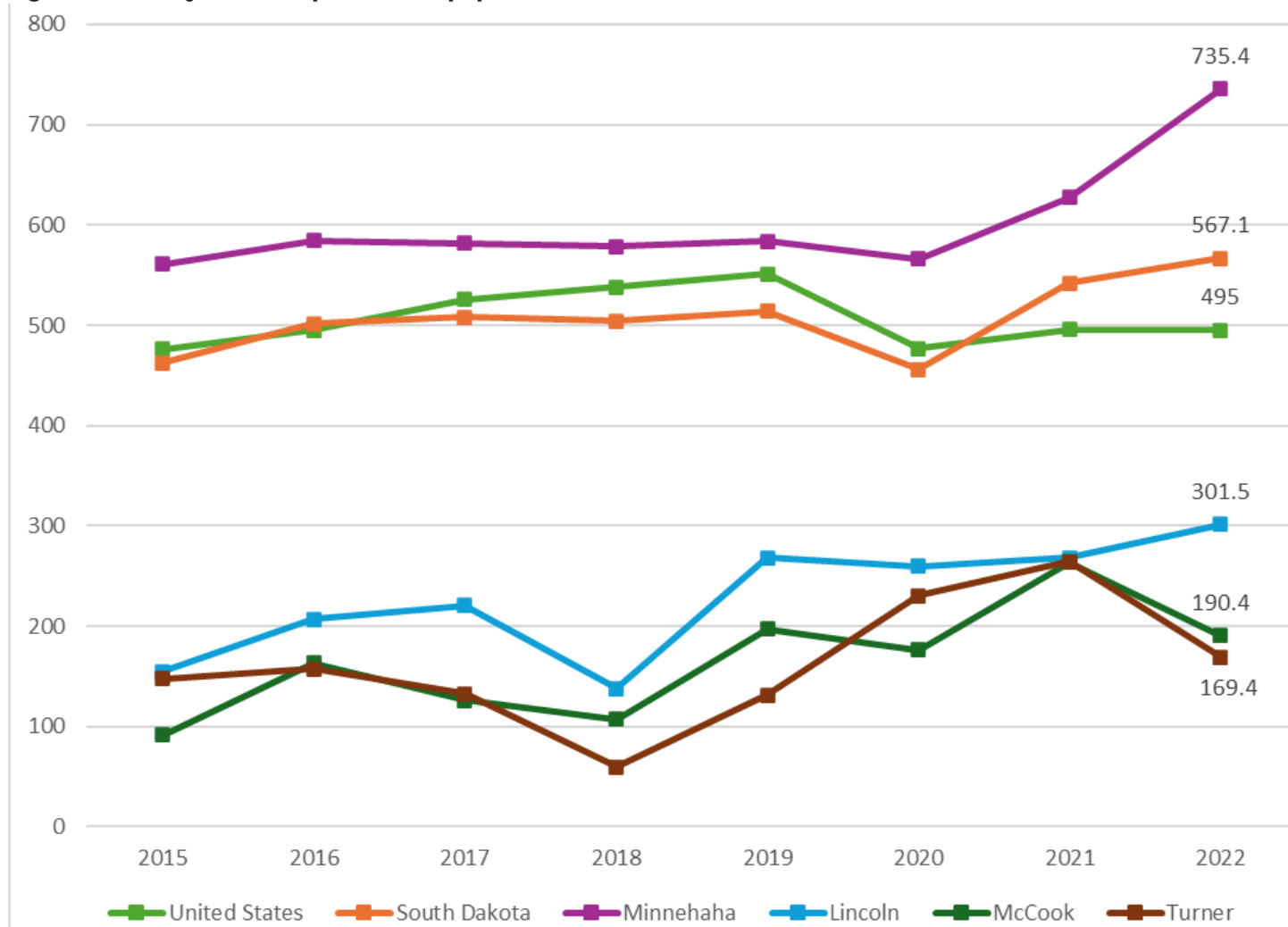
As nations across the globe addressed challenges during the COVID-19 pandemic, the advent of several vaccines became critical tools to help stop the spread of the virus and to keep individuals and communities safe and healthy.

HIV and Sexually Transmitted Diseases

Reported annual cases of sexually transmitted diseases (STDs) across the United States continue to be of concern. Chlamydia, gonorrhea, and syphilis are the three most reported STDs, with 2.5 million reported cases.⁴³

Cases of chlamydia and syphilis are trending upwards in South Dakota and the Sioux Falls MSA. There is variation in the incidence of the three leading STDs compared to the national rates. Syphilis rates in South Dakota are skyrocketing and exceeding national rates, the chlamydia rate is higher than the national rate, and the gonorrhea rate is lower than the national average.

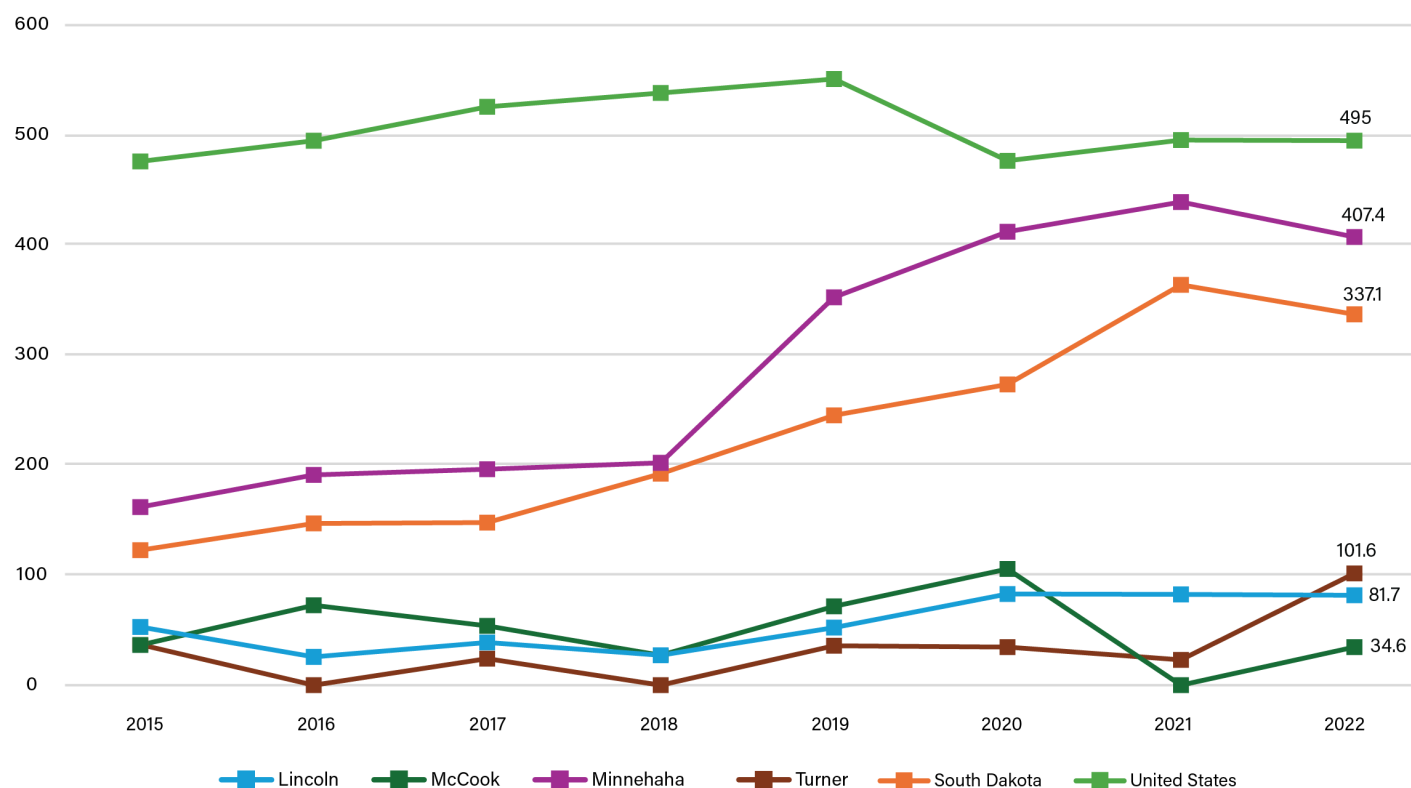
Figure 71: Chlamydia Cases, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>

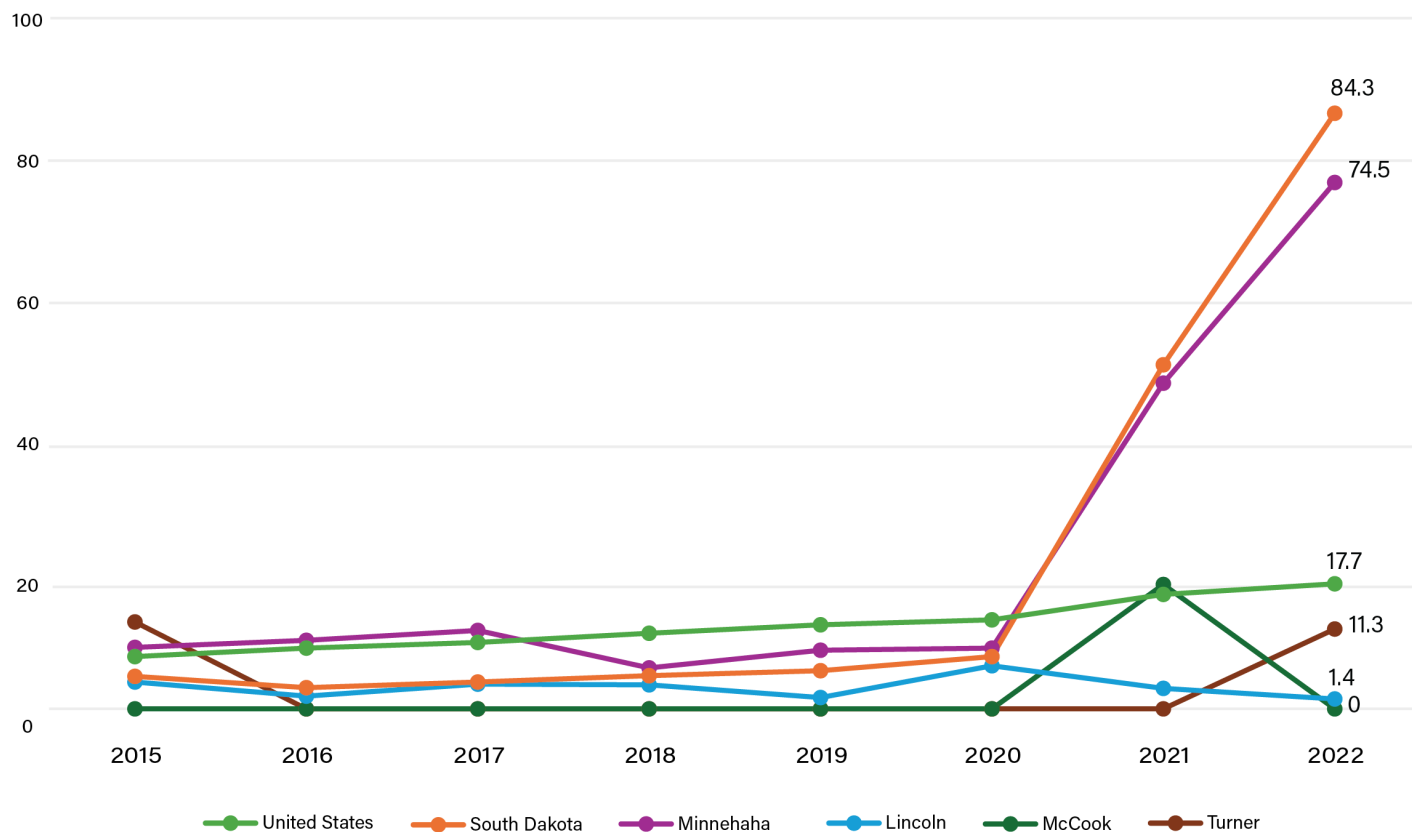


Figure 72: Gonorrhea Cases per 100,000 population



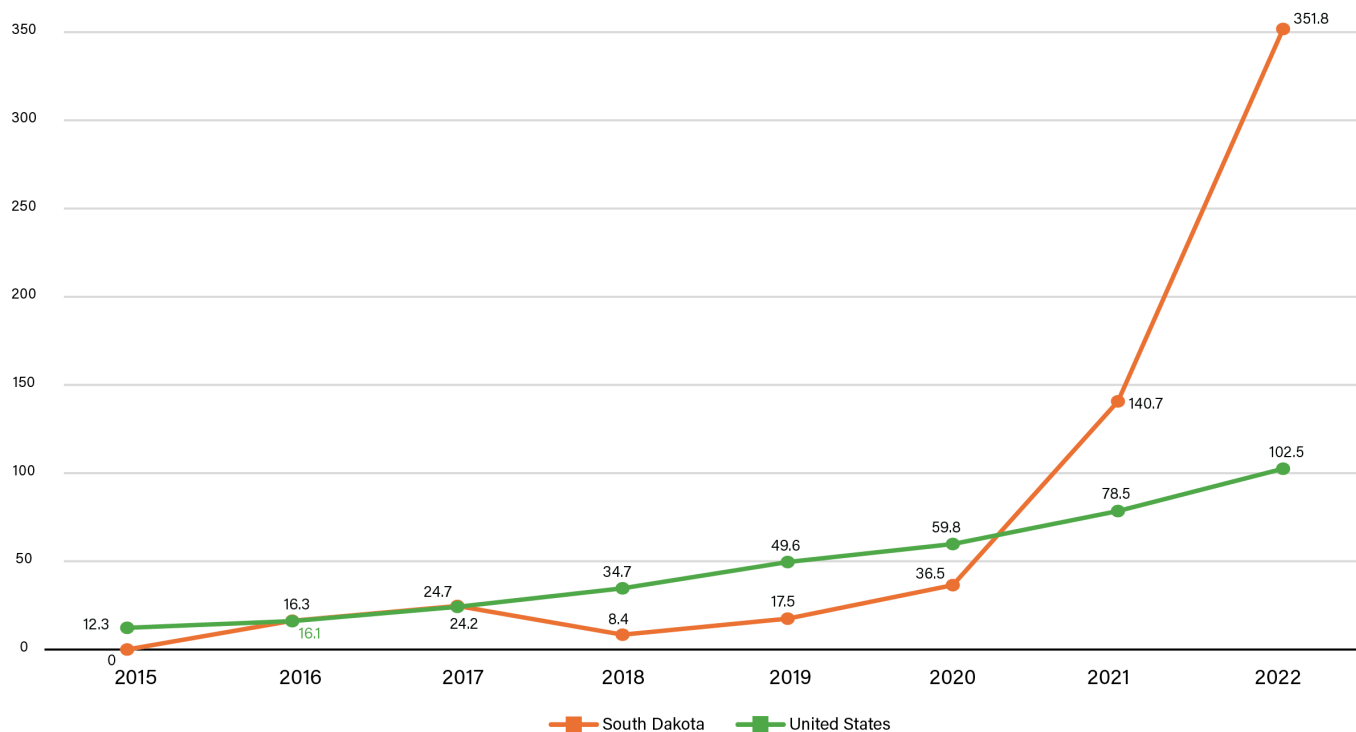
DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>.

Figure 73: Primary and Secondary Syphilis Cases, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>

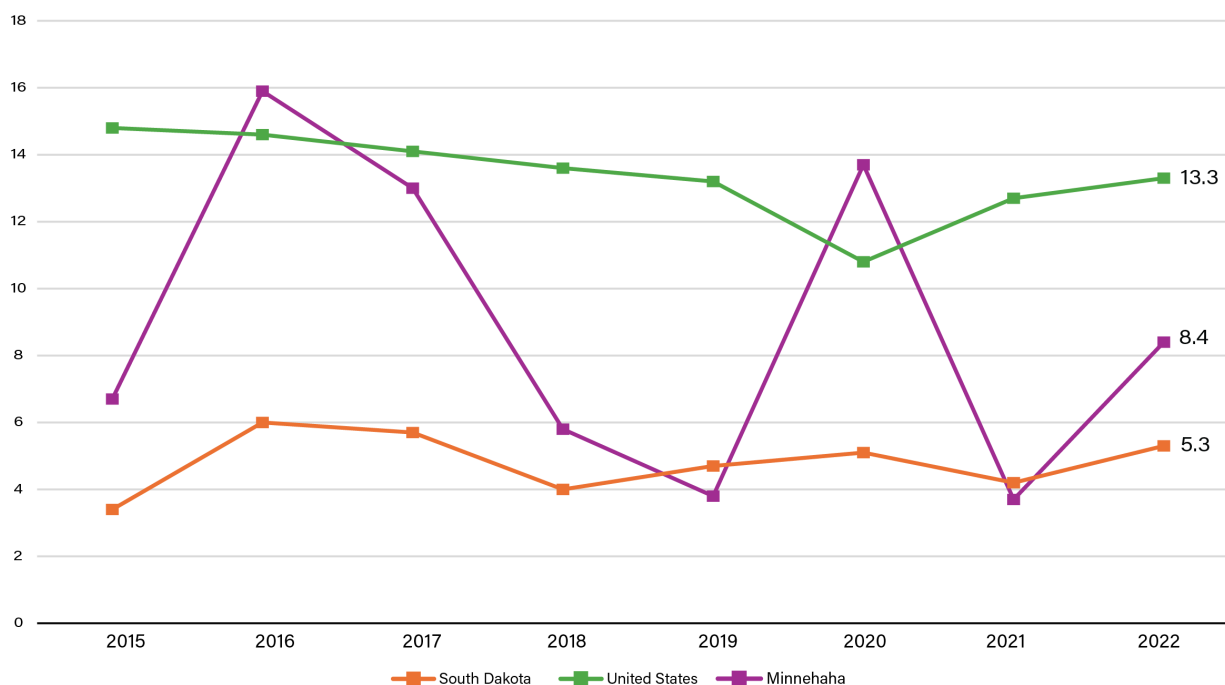
Figure 74: Congenital Syphilis Cases, per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>.

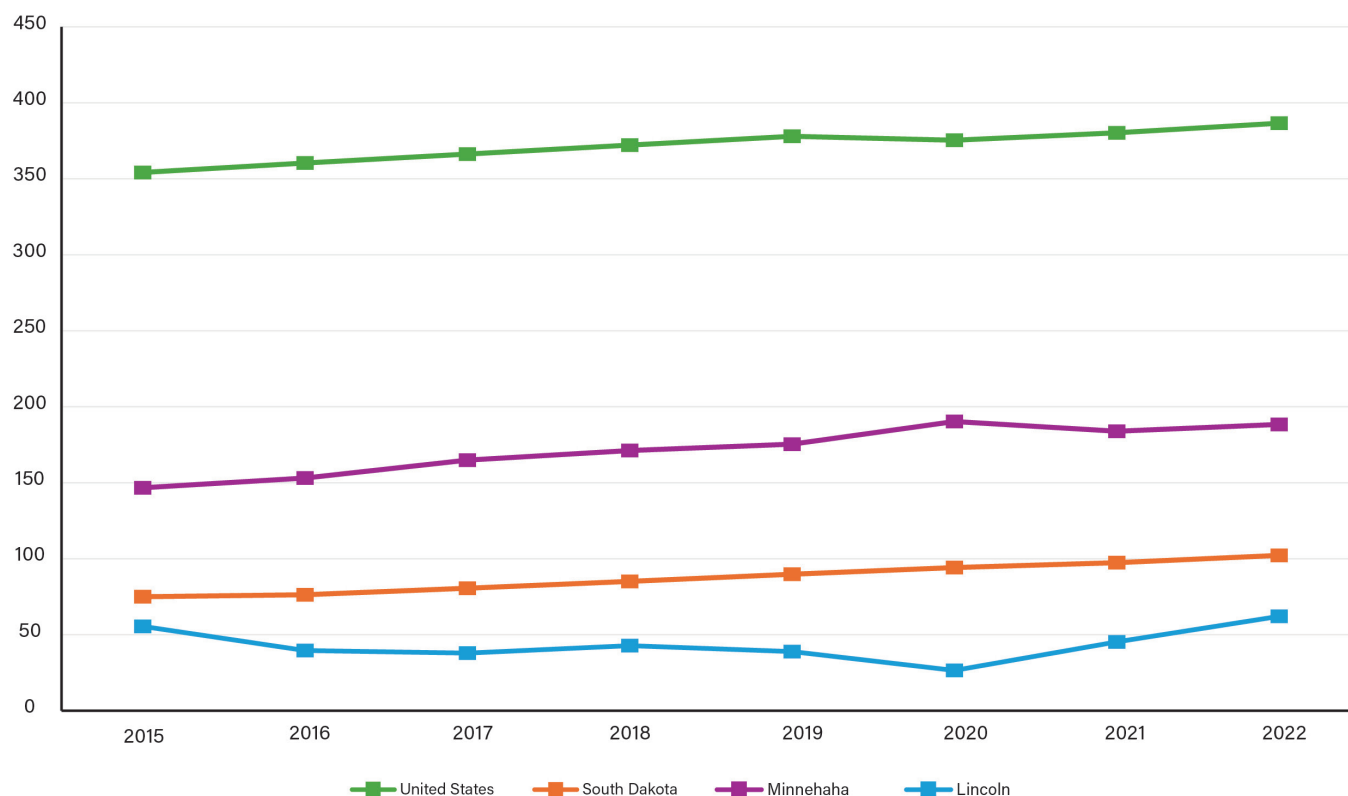
While the United States has experienced a slight decrease and South Dakota has seen a slight increase, there has been some instability in HIV Diagnosis in Minnehaha County in recent years (Figure 75). HIV prevalence is trending slightly upward at the local, state, and national levels (Figure 76).

Figure 75: HIV Diagnoses (age 13+), per 100,000 population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>

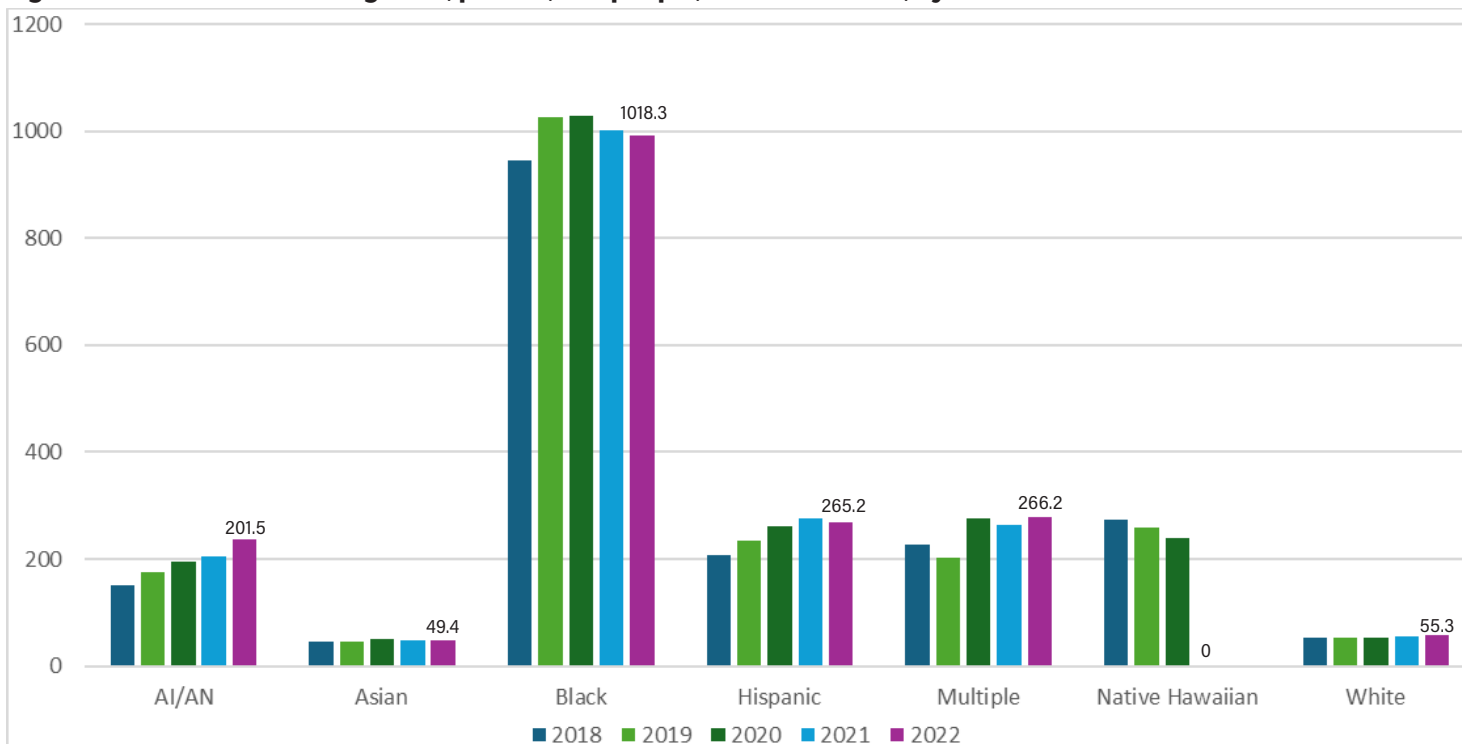
Figure 76: HIV Prevalence in ages 13+, per 100,000 people



DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>

Racial/ethnic disparities in HIV prevalence is observed in South Dakota, with blacks having a much higher prevalence rate compared to other racial/ethnic groups in the state (Figure 77).

Figure 77: HIV Prevalence in ages 13+, per 100,000 people, in South Dakota, by Race



DATA SOURCE: Centers for Disease Control and Prevention. (2022). National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas Plus. <https://www.cdc.gov/nchhstp/atlas/index.htm>

HEALTH DETERMINANTS

The health of a population is shaped by multiple factors known as health determinants, risk factors, or drivers of health. Health determinants include health behaviors, health care access and quality, and other social determinants of health.

In this section, we explore the determinants that are driving the health outcomes in the Sioux Falls MSA as summarized in the previous section.

HEALTH BEHAVIORS

The lifestyle choices we make in our daily lives have a significant impact on our health. For example, eating nutritious foods and being physically active benefit health, while behaviors such as smoking or excessive alcohol use can lead to negative health consequences. However, it is also important to factor in how environmental factors influence the opportunities people have to make healthy decisions. Addressing policy, systems and environmental changes helps to ensure that healthy choices are easily accessible for all community residents.

Alcohol and Substance Use

Excessive alcohol use is associated with an increased risk of unintentional injuries and several health conditions. According to the U.S. Centers for Disease Control and Prevention, the estimated cost of excessive alcohol consumption in the United States is \$249 billion, or about \$807 per person. The CDC's estimate for the impact to South Dakota is approximately \$735 per person.⁴³ The costs come primarily from losses in workplace productivity and health care expenses, but also other costs related to criminal justice expenses, motor vehicle crashes, and property damage.

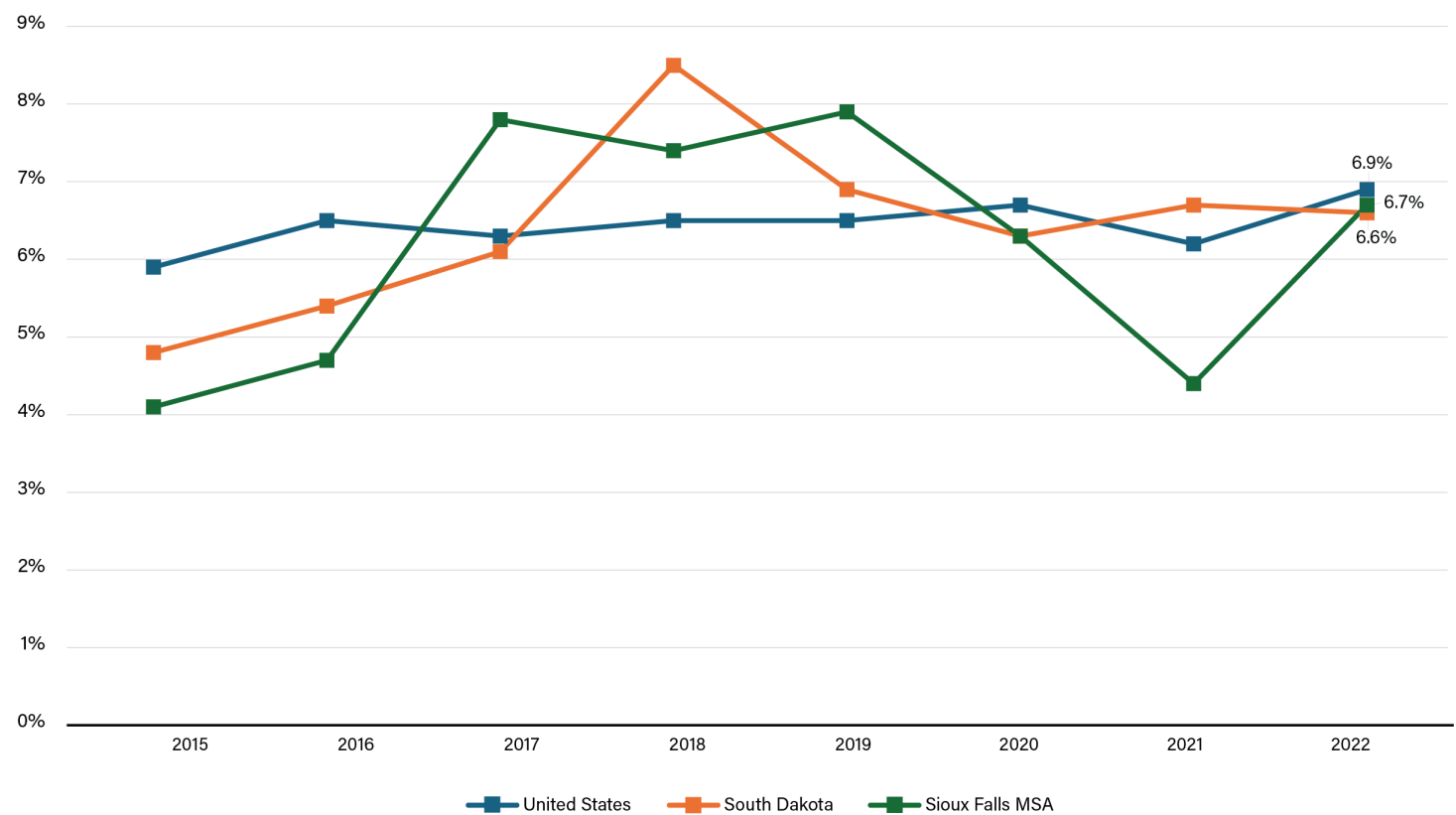
In addition, survey respondents also indicated that services to address addiction (38 percent) was second only to mental health (68 percent) in terms of health care services they would like to see offered or improved in the community.⁴⁴

Excessive alcohol use can be categorized as "heavy drinking," meaning more than 14 drinks per week for men and 7 drinks per week for women, and "binge drinking," which is defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men.

2022 Sioux Falls MSA data shows heavy drinking at a similar level to state and national averages; binge drinking, meanwhile, remains higher than the national level (Figures 78 and 79).

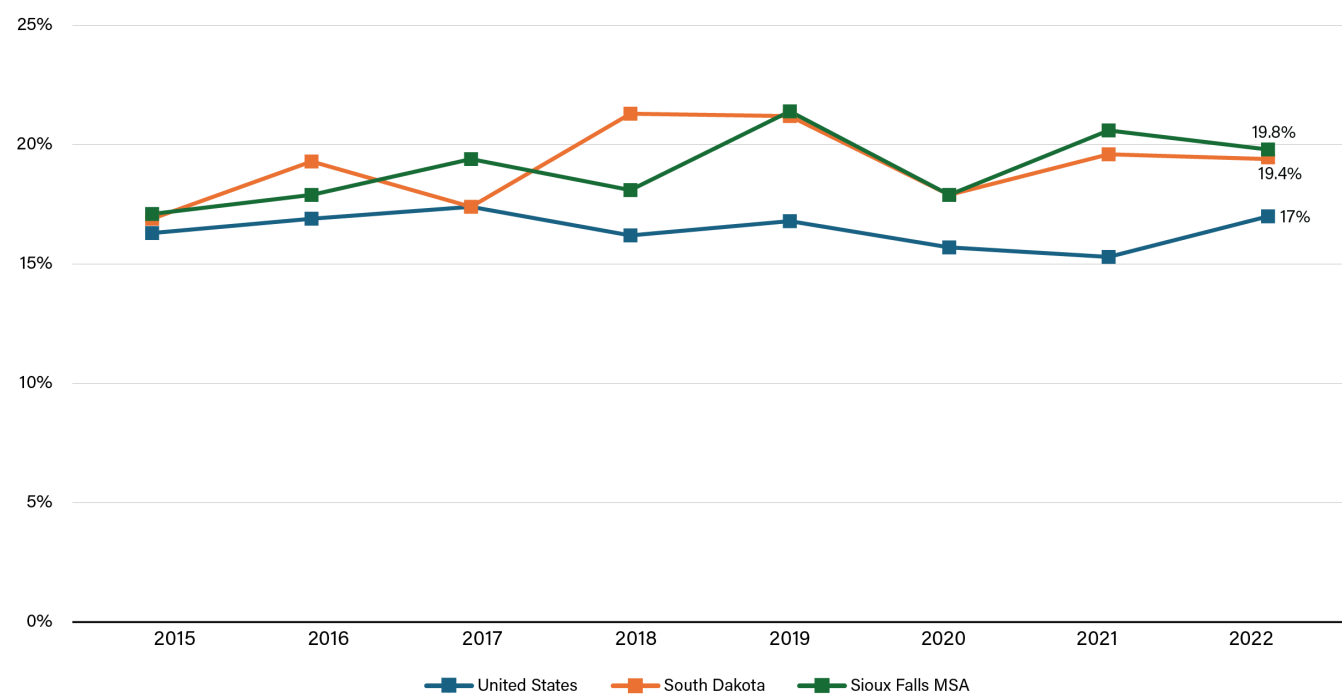


Figure 78: Adults Reporting Heavy Drinking, percentage of population



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

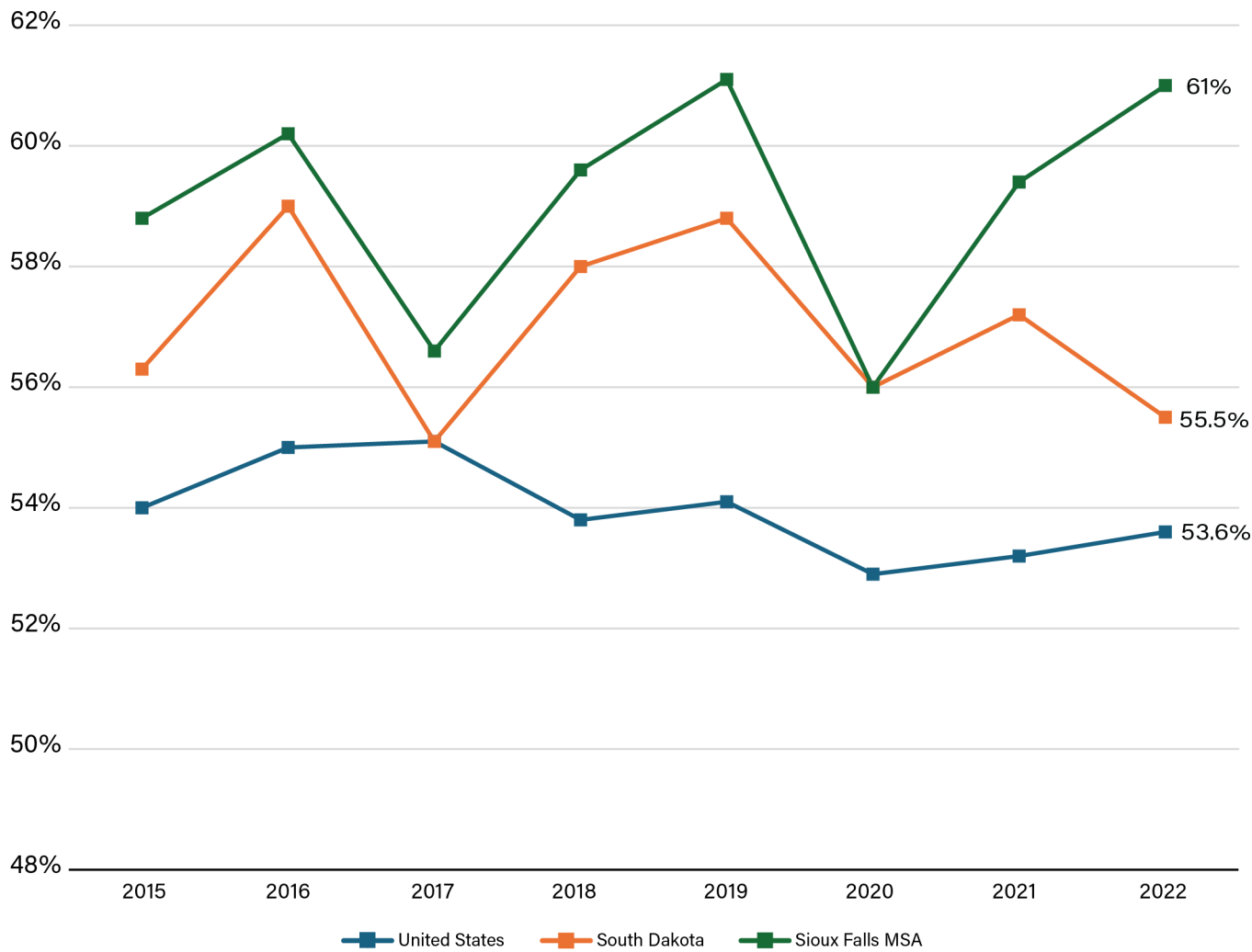
Figure 79: Adults Reporting Binge Drinking, percentage of population.



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Looking at general alcohol use among adults, the rate of adults consuming at least one alcoholic beverage per month remains higher than both state and national rates (Figure 80).

Figure 80: Adults Who Have Had at Least One Drink of Alcohol within the Past 30 days



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Excessive alcohol use certainly has negative impacts for the person drinking. If, however, that person decides to drive while under the influence of alcohol, they create risk for others.

Each day, approximately 37 people are killed in drunk-driving crashes in the United States, which is about one person every 39 minutes.⁴⁵

Underage drinking is also a serious health concern, as alcohol is the most widely used substance among young people.⁴⁶

While local data is not available for the Sioux Falls MSA, there is a significant amount of underage drinking and substance use among South Dakota youth (Tables 11 and 12). Currently, just over 11 percent of young people actively engage in binge drinking.

Table 11: Underage Drinking in South Dakota and the U.S.

	South Dakota	U.S.
At least one drink of alcohol in the last 30 days	24.3%	22.7%
Had their first drink of alcohol before age 13 years (other than a few sips)	17.6%*	15%
Currently were binge drinking (<i>on at least 1 day during the 30 days before the survey</i>)	11.1%	10.5%

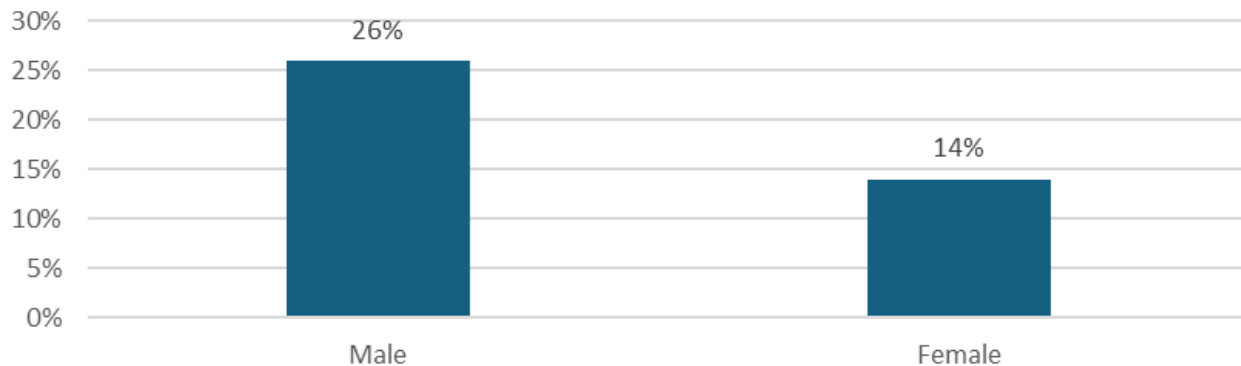
*2019 data
DATA SOURCE: Centers for Disease Control and Prevention. (2021). Youth Risk Behavior Surveillance System (YRBSS). <https://www.cdc.gov/yrbss/index.html>

Table 12: Youth Substance Use in South Dakota

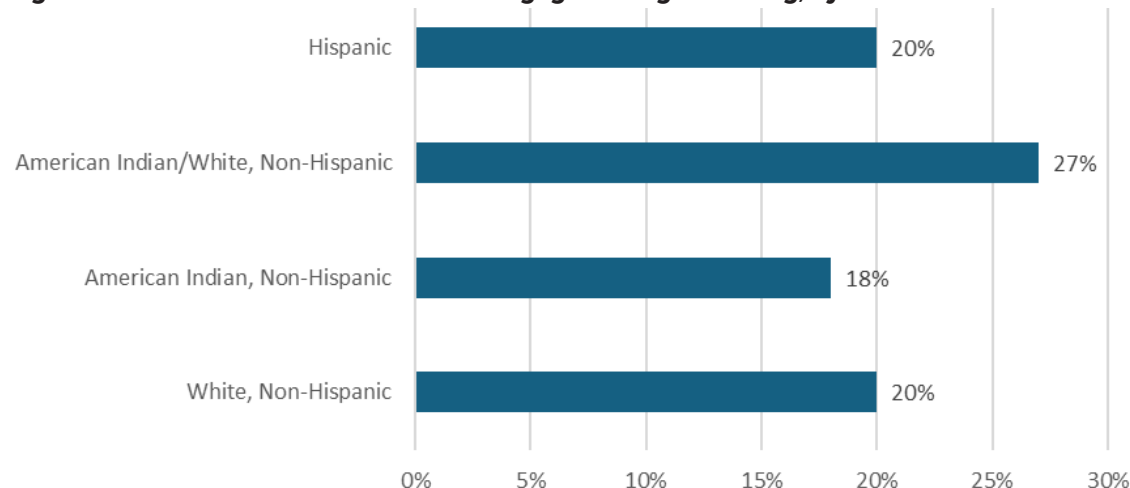
	South Dakota	U.S.
Ever Used Marijuana <i>(one or more times during their life)</i>	25.3%	27.8%
Currently used marijuana <i>(one or more times during the 30 days before the survey)</i>	14.6%	15.8%
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it <i>(counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and Percocet, one or more times during their life)</i>	13%	12.2%
Ever used inhalants <i>(sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)</i>	5.6%	8.1%
Ever used heroin <i>(one or more times during their life)</i>	0.9%	1.3%
Ever used methamphetamines <i>(one or more times during their life)</i>	1.0%	1.8%
Ever injected any illegal drug <i>(used a needle to inject any illegal drug into their body, one or more times during their life)</i>	0.5%	1.4%
Were offered, sold, or given an illegal drug on school property <i>(during the 12 months before the survey)</i>	8.3%	13.9%

DATA SOURCE: Centers for Disease Control and Prevention. (2021). Youth Risk Behavior Surveillance System (YRBSS). <https://www.cdc.gov/yrbs/index.html>

State-level, adult data indicate that males binge drink at nearly twice the rate for females, and binge drinking is higher among American Indians in South Dakota compared to other races and ethnicities (Figures 81 and 82).

Figure 81: Adults in South Dakota Who Engage in Binge Drinking, by Gender

DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 82: Adults in South Dakota Who Engage in Binge Drinking, by Race

DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Nutrition

About half of American adult have one or more preventable, diet-related chronic condition, such as cardiovascular disease, type 2 diabetes, and obesity.⁴⁷

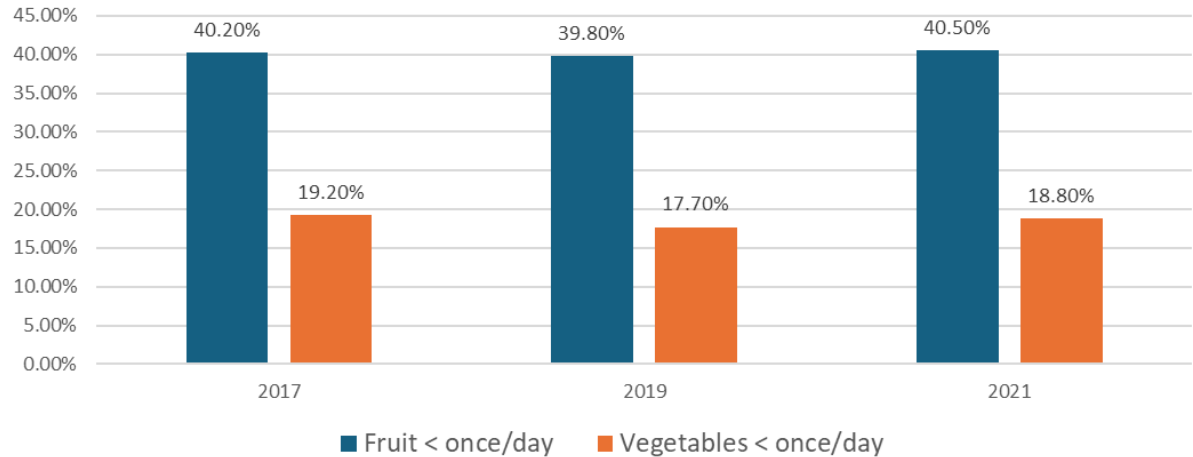
Many factors influence the nutrition behaviors of individuals, including access and affordability of healthy foods; knowledge, beliefs, and attitudes about good nutrition; and social and cultural factors.

The most recent Dietary Guidelines for Americans focus on four overarching guidelines

- Follow a healthy dietary pattern at every life stage.
- Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
- Focus on meeting food group needs with nutrient-dense foods and beverages and stay within calorie limits.
- Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

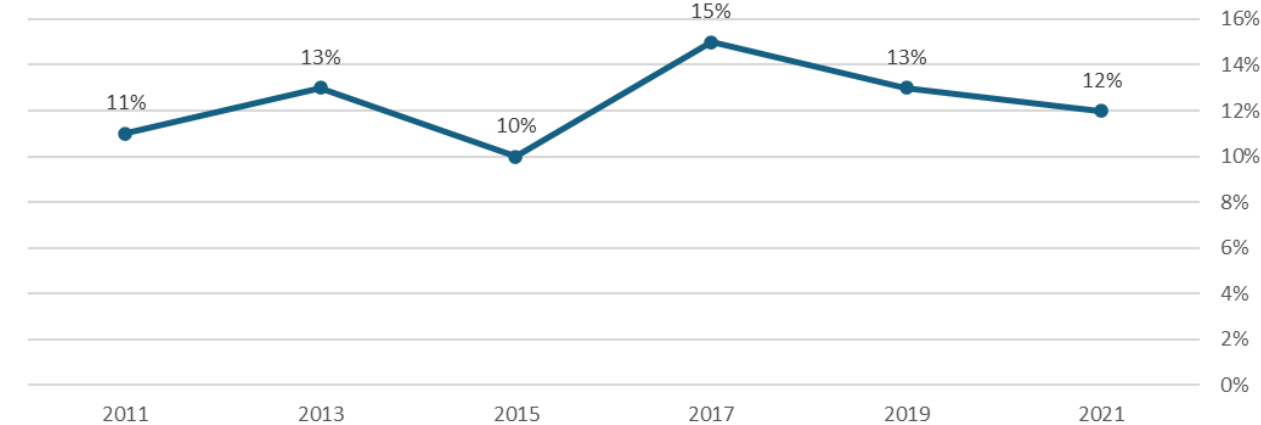
Fruit and vegetable consumption is an important dimension of dietary behavior. Data continues to show that adults in the Sioux Falls MSA fall significantly short of meeting recommendations for fruit and vegetable consumption. Just over 40 percent of adults report consuming fruits less than once per day and 18 percent report the same for vegetable consumption (Figure 83). Across the state of South Dakota, the proportion of individuals that report consuming the recommended minimum of five servings of fruits and vegetables held steady at a significantly poor rate (15 percent or less) throughout the last decade (Figure 84).

Figure 83: Fruit and Vegetable Consumption by Adults, Sioux Falls MSA



DATA SOURCE: Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 84: Percentage of South Dakotans Who Reported Consuming at Least 5 Servings of Fruits and Vegetables Per Day



DATA SOURCE: South Dakota Department of Health. (2021). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Physical Activity

Strong scientific evidence demonstrates that engaging in physical activity reduces the risk of many chronic medical conditions and is critical to the recovery process for many diseases. Among adults and older adults, physical activity can lower the risk of ⁴⁸:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Some types of cancer
- Falls
- Depression
- Dementia (including Alzheimer's disease)
- Excessive weight gain

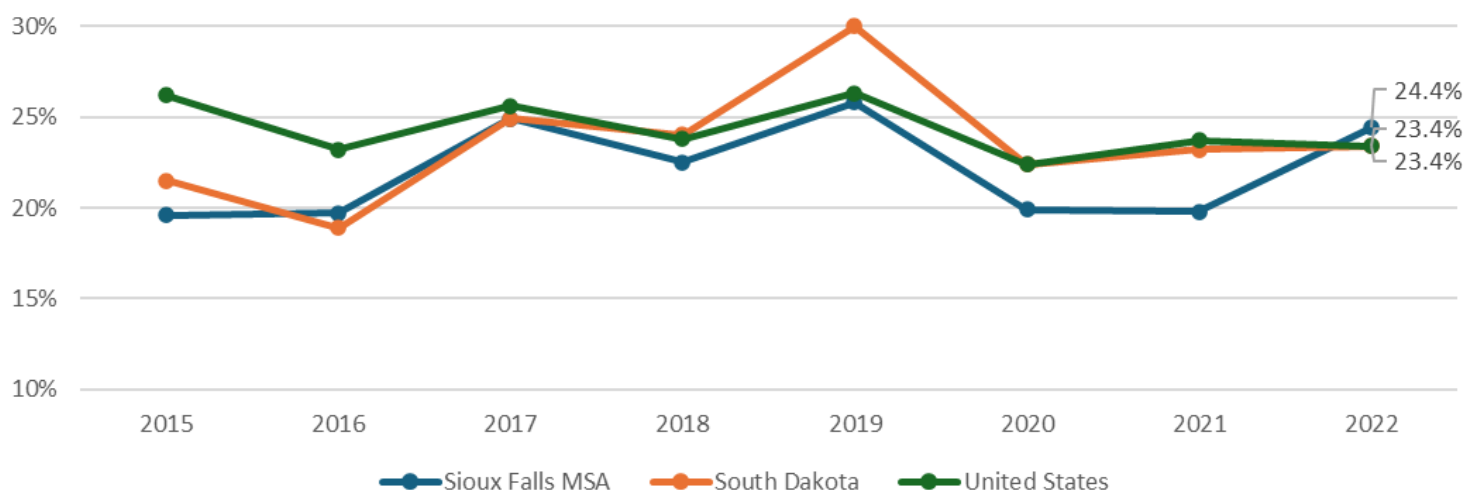
Among children and adolescents, physical activity can⁴⁸:

- Improve bone health
- Improve cardiorespiratory and muscular fitness
- Decrease levels of body fat
- Reduce symptoms of depression
- Enhance learning and academic performance

In recent years, health professionals have used the term “sitting disease” to describe the negative health effects of long periods of physical inactivity, including links to obesity and heart disease. One study estimated that the average American spends 55 percent of waking time, or 7.7 hours per day, in sedentary behaviors such as sitting.⁴⁹ This research also indicates that seven of the ten most common chronic diseases are favorably influenced by regular physical activity.

However, nearly 80 percent of adults in the U.S. do not meet key guidelines for both aerobic and muscle-strengthening activity, and only about half meet the guidelines for aerobic physical activity. This lack of physical activity is linked to approximately \$117 billion in annual health care costs and about 10 percent of premature mortality.⁴⁹ When asked if they had participated in any physical activity outside of their regular job during the past month, one-quarter of Sioux Falls MSA adults said no (Figure 85).

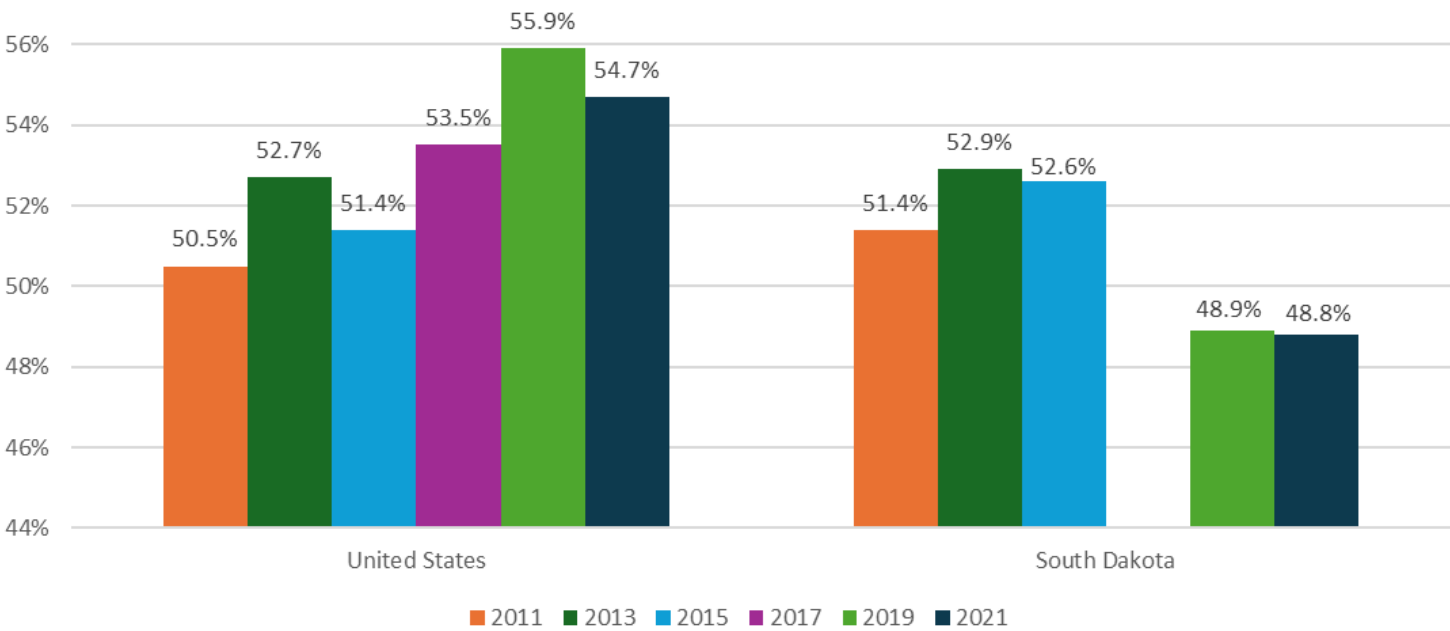
Figure 85: Percent of Adults Reporting No Leisure Time Physical Activity in the Past Month, percent of population



DATA Source: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Physical activity is also important for youth, with a national recommendation of at least 60 minutes of daily physical activity. Less than half of South Dakota youth are meeting that guideline (Figure 86).

Figure 86: Percentage of Youth Not Meeting Physical Activity Guidelines*



*60 minutes per day on at least 5 days in a week
DATA SOURCE: Centers for Disease Control and Prevention. (2021). Youth Risk Behavior Surveillance System (YRBSS). <https://www.cdc.gov/yrbs/index.html>

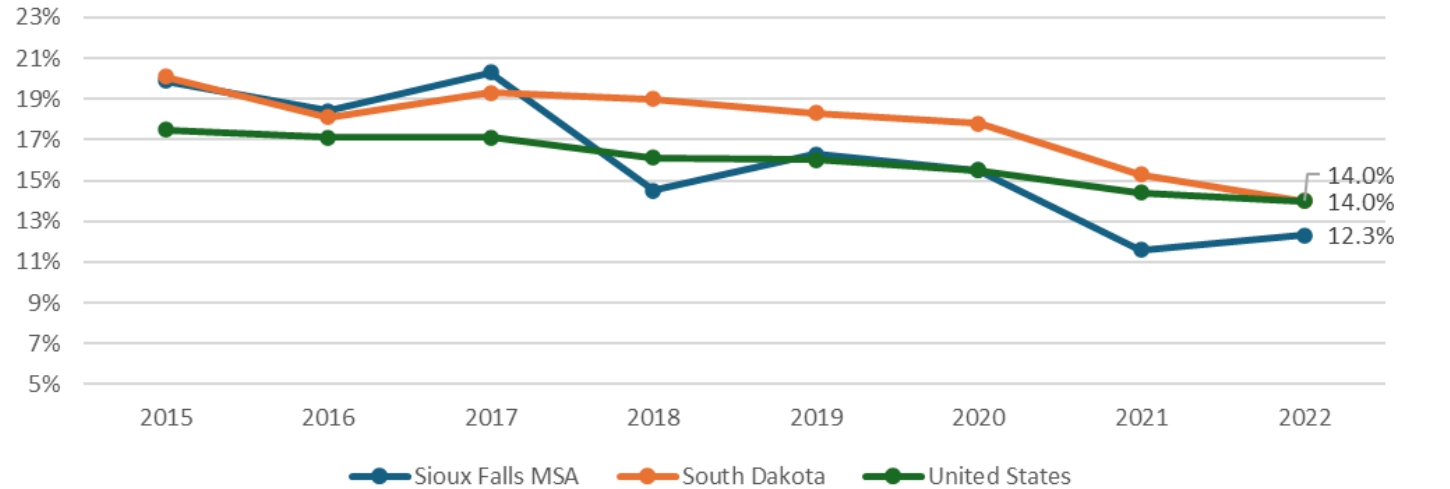
Understanding the factors that influence physical activity behaviors in the community is important to ensure the effectiveness of strategies to improve physical activity levels for all residents.

Tobacco Use

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. The estimated economic costs attributable to smoking and exposure to tobacco smoke is over \$600 billion, including: more than \$240 billion in health care spending, \$185 billion in productivity loss due to illness, \$180 billion in productivity costs due to premature death, and \$7 billion in productivity lost due to premature death from secondhand smoke.⁵⁰ In South Dakota, the annual health care costs directly caused by smoking are approximately \$433 million. Smoking-caused government expenditures creates a state and federal tax burden of about \$966 on each South Dakota household.⁵¹

Local, statewide, and national adult smoking rates have been generally trending downward slowly, though the Sioux Falls MSA saw a slight increase in prevalence in 2022. (Figure 87).

Figure 87: Percentage of Adults Who Currently Smoke



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Tobacco use is often started and established primarily during adolescence. Nearly nine out of 10 cigarette smokers first tried smoking by age 18, and 99 percent first tried smoking by age 26.⁵² Each day in the United States, about 2,500 youth aged 18 years or younger smoke their first cigarette, and 400 will become daily cigarette smokers.⁵³

Local data on adolescent tobacco use is not available. However, in South Dakota, 6.5 percent of middle school students have already tried smoking a cigarette, and that percentage jumps to 20.6 percent by high school. Furthermore, 5.5 percent of high school students in South Dakota have a history of recent cigarette use (Table 13).

While the number of students using combustible tobacco is down, we do still see concern with the use of e cigarettes and smokeless tobacco among students in South Dakota, as 31.9 percent have tried e cigarettes and 15.8 percent have a history of recent e cigarette use (Table 13). Of middle school students who reported vaping, 15.6 percent noted they first tried vaping at age 10 or younger.⁵⁴

Table 13: Adolescent Tobacco Use in South Dakota

Middle School Cigarette Smoking in South Dakota	
Students who have ever tried smoking a cigarette	6.5%
Students who smoked cigarettes on one or more of the past 30 days	1.2%
High School Cigarette Smoking in South Dakota	
Students who have ever tried smoking a cigarette	20.6%
Students who smoked cigarettes on one or more of the past 30 days	5.5%
Middle School E-Cigarette Use in South Dakota	
Students who have ever used an electronic vapor product	11.6%
Students who have used an electronic vaping product one or more times in the past 30 days	4.0%
High School E-Cigarette Use in South Dakota	
Students who have ever used an electronic vapor product	31.9%
Students who have used an electronic vaping product one or more times in the past 30 days	15.8%
Middle School Smokeless Tobacco Use in South Dakota	
Students who have ever used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products	3.5%
Percentage of students who used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on one or more occasion in the past 30 days	-
High School Smokeless Tobacco Use in South Dakota	
Students who have ever used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products	6.9%
Percentage of students who used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on one or more occasion in the past 30 days	2.8%

DATA SOURCE: High School Data is from Centers for Disease Control and Prevention. (2021). Youth Risk Behavior Surveillance System (YRBSS). <https://www.cdc.gov/yrbs/index.html>
Middle School Data is from South Dakota Department of Health: Tobacco Control Program. (2023). South Dakota 2023 Youth Tobacco Survey (SD YTS). <https://doh.sd.gov/media/suwvnm3f/2023-youth-tobacco-survey-report.pdf>

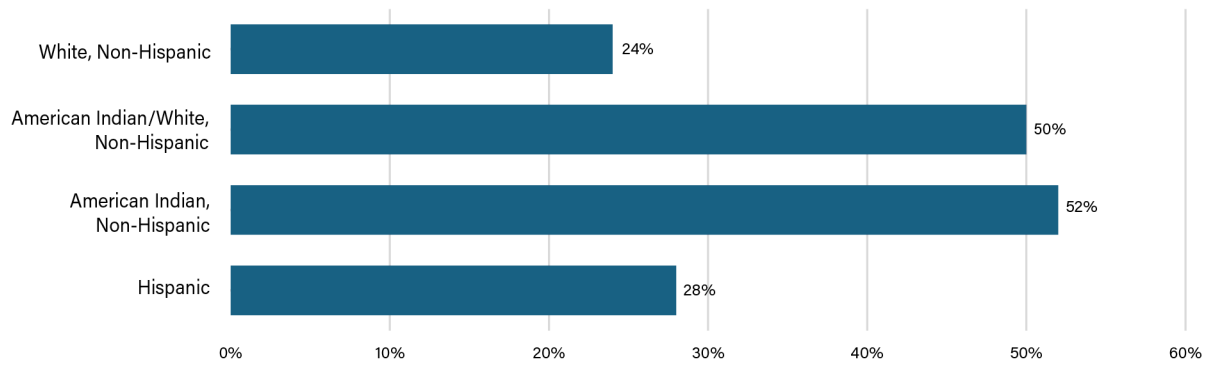
Despite the strong policy and regulatory environment in Sioux Falls, adolescents continue to initiate and use tobacco products at high rates, necessitating further interventions to limit access to tobacco products in this population and to improve their ability to resist or to quit use of tobacco products.

Environmental changes include limiting access to vaping devices. According to the Youth Tobacco Survey (YTS) Report, 30.4 percent of middle school youth are getting their vaping devices from a physical store, while an additional 19.2 percent reported a family member purchased for them. Additionally, the YTS pointed to the importance of influence on youth use; 69.5 percent of vape users indicated they had at least one close friend who also vapes compared to 22 percent of non-users.⁵⁴

This data points to a need to continue focusing on tobacco prevention programs that target adolescents, as well as interventions within the health care system. Identified sources of support and information include health care providers, school-based education, and parental advice.

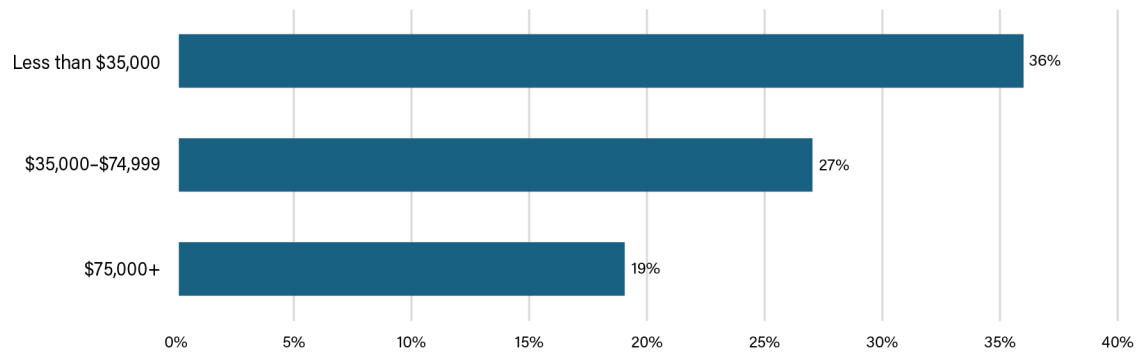
Other disparities exist in the use of commercial tobacco products in South Dakota. American Indians, lower income adults, unemployed adults and those unable to work, and adults with fewer years of education generally report higher use of tobacco products (Figures 88 through 91).

Figure 88: Disparities in Tobacco Use Among South Dakota Adults, by Race



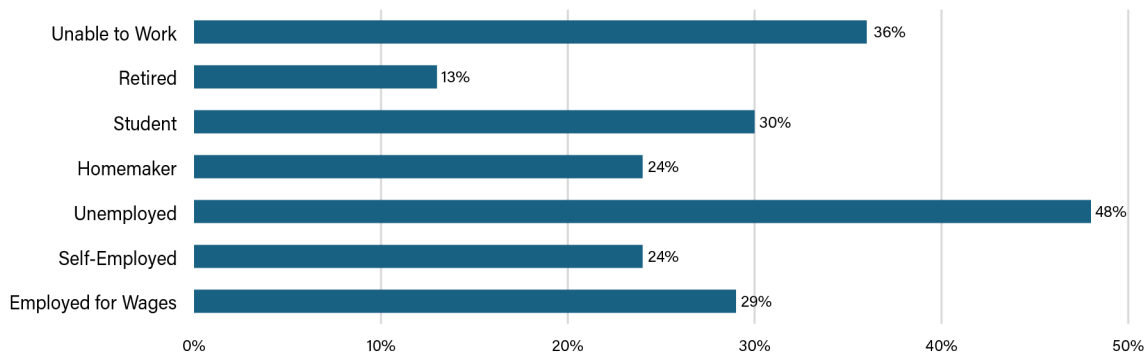
DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Figure 89: Disparities in Tobacco Use Among South Dakota Adults, by Income



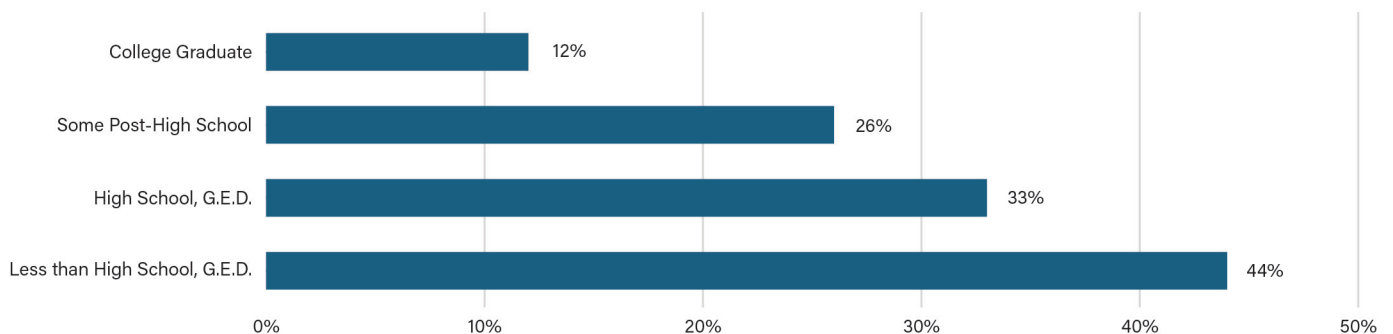
DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Figure 90: Disparities in Tobacco Use Among South Dakota Adults, by Employment Status



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Figure 91: Disparities in Tobacco Use Among South Dakota Adults, by Educational Attainment



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

HEALTHCARE ACCESS AND QUALITY

Access to Care

Ensuring residents can access comprehensive, quality health care services is essential for maintaining health, preventing and managing disease, and reducing disability and premature death. However, the concept of access is complex and multifaceted, including the availability and utilization of health care services. Supply constraints (e.g. local availability of providers, proximity to service sites) limit availability, while financial, personal, and organizational barriers limit demand or utilization of services.

Compared to state and national averages, the Sioux Falls MSA has a lower proportion of uninsured adults and children (Table 14). Focus group participants highlighted the availability of resources in the Sioux Falls area to help address the needs of uninsured and underinsured residents, including free health care clinics, Falls Community Health, a Federally Qualified Health Center (FQHC), The Link, Community Health Workers, and Medicaid expansion.

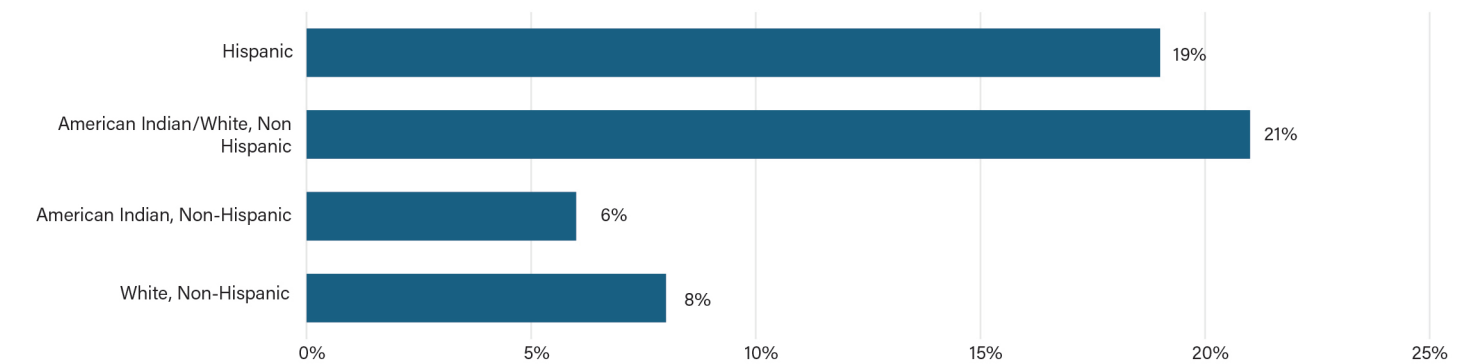
Table 14: Percent of Population That Lack Health Insurance Coverage

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
% uninsured adults under 65 years (19-64)	11.0%	10.0%	6.3%	14.1%	11.1%	8.0%	13.4%	12.2%
% uninsured children (under 19 years)	5.2%	4.7%	1.9%	4.6%	5.7%	3.9%	6.8%	5.3%

DATA SOURCE: United States Census Bureau. (2024). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

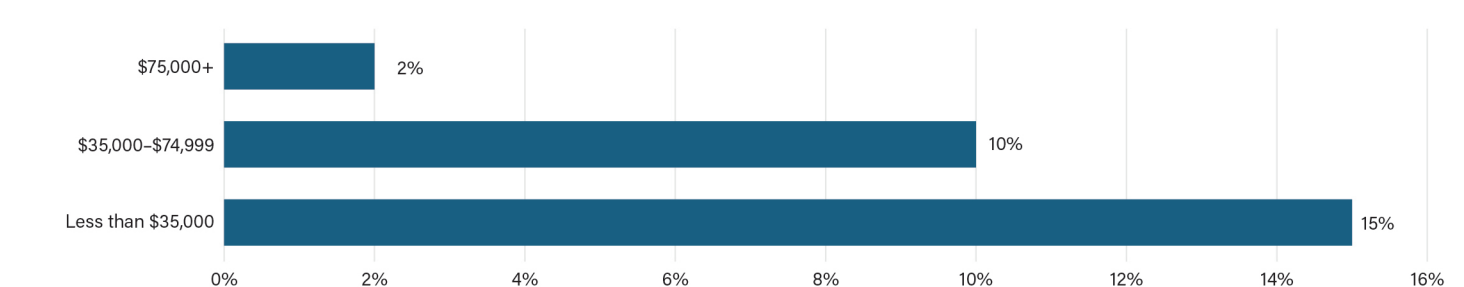
Across the state of South Dakota, however, there are disparities in health insurance coverage, with non-White adults and those with lower incomes more likely to be uninsured (Figures 92 and 93).

Figure 92: Disparities among South Dakotans who do not have Health Insurance, by Race



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

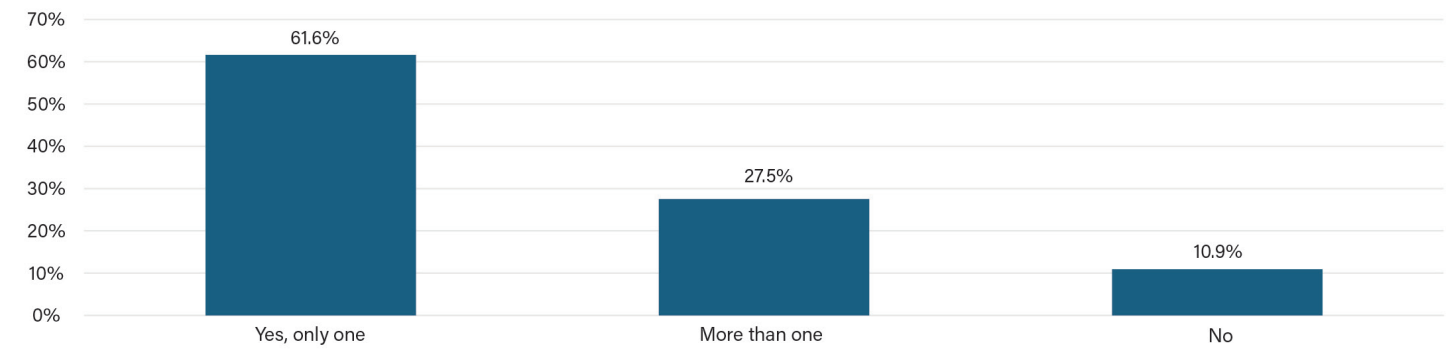
Figure 93: Disparities among South Dakotans who do not have Health Insurance, by Household Income



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Having a health care provider who can serve as a point of entry into the health care system and ensure continuity and coordination of care is another important measure of access to care. The majority of adults in the Sioux Falls MSA say they have at least one person they think of as a personal doctor or health care provider, but 14 percent do not (Figure 94).

Figure 96: Reasons for Not Having a Recent Routine Checkup Among Adults in the Sioux Falls MSA



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Having a variety of health care providers available is necessary to ensure that there is adequate capacity to meet the care needs of the population. The ratio of population to providers is an important measure of access to care. The ratio represents the number of individuals served by one provider in a geographic unit if the population was equally distributed across providers. For example, if a county has a population of 50,000 and has 20 primary care physicians, the ratio would be 2,500:1. As seen in Table 15 below, the Sioux Falls MSA generally has a low supply of dentists and mental health providers.

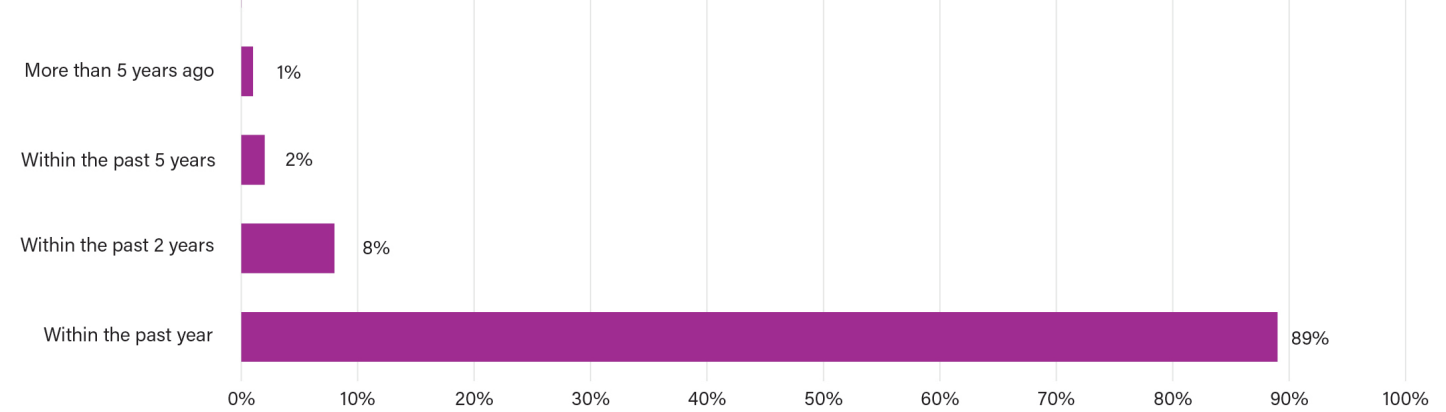
Table 15: Ratio of Population to Health Care Providers in the Four Counties in the Sioux Falls MSA

	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Ratio of population to primary care physicians	680:1	5520:1	470:1	n/a	1240:1	1030:1
Ratio of population to primary care providers other than physicians.	560:1	2850:1	380:1	1090:1	550:1	810:1
Ratio of population to dentists	1110:1	5780:1	1780:1	4430:1	1550:1	1380:1
Ratio of population to mental health providers	340:1	n/a	4700:1	4350:1	460:1	340:1

DATA SOURCE: US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce (2023). Area Health Resources Files (AHRF), National Provider Identification 2020. Accessed through www.countyhealthrankings.org.

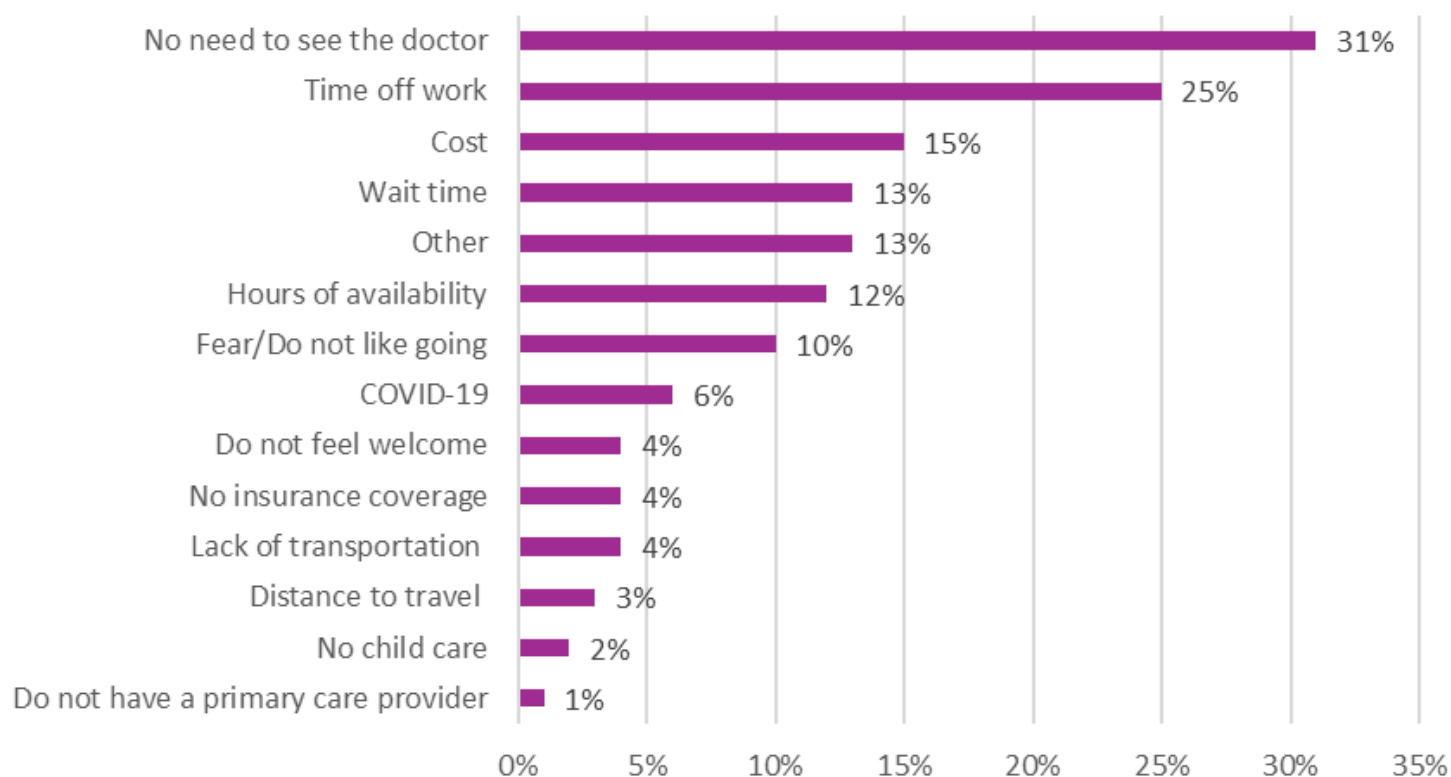
According to the 2021 CHA resident survey, 89 percent of respondents indicated they had seen a primary care provider within the last year. For those who had not recently had a routine check-up, 31 percent noted they did not feel a need to see a provider, followed closely by getting time off work (Figure 95 and 96).

Figure 95: Length of Time Since Last Routine Checkup or Screening Among Adults in the Sioux Falls MSA



DATA SOURCE: South Dakota Department of Health. (2022). Behavioral Risk Factor Surveillance System. Office of Health Statistics. <https://doh.sd.gov/health-data-reports/behavioral-risk-factor-surveillance-system-brfss/>

Figure 96: Reasons for Not Having a Recent Routine Checkup Among Adults in the Sioux Falls MSA



DATA SOURCE: 2023 Community Health Assessment Resident Survey.

In both the CHA Resident Survey and during focus group discussions, respondents expressed that cost was the most important health care issue the community faces, followed by the burden of chronic health conditions.

In the most recent National Community Survey, we saw a decrease in residents rating the availability of affordable, good quality health care and preventive services as “excellent or good” (Table 16). Availability of affordable, quality mental health care has consistently been rated lower than other services.

Table 16: Resident Rankings of Health Services in Sioux Falls

	2015	2017	2019	2021	2023
Availability of affordable quality health care	74%	77%	72%	73%	64%
Availability of preventative health services	76%	80%	80%	80%	71%
Availability of affordable quality mental health care	64%	66%	63%	63%	52%

DATA SOURCE: 2023 Community Health Assessment Resident Survey.

Overall, Sioux Falls residents generally feel that the metro area has a strong health care system, with 69 percent of residents stating that access to health care is either “excellent” or “very good.”⁴⁴ Focus group participants highlighted the quality and availability of health care was an asset. In addition to having two comprehensive health systems, the focus groups mentioned the availability of specialty clinics, integrative health clinics, and free or sliding-scale fee clinics to serve area residents.

The CHA focus groups identified some potential health gaps in need of attention, including:

- Dental care, particularly for those with limited income
- Opportunities for health care to be available where people receive other services
- Dementia and Autism services
- Medicaid acceptance among providers
- Preventive care for marginalized groups, including translation services for non-English speaking

The following listing and map (Figure 97) show locations where residents can access primary care services in the community.

Primary Care Locations in Sioux Falls

Avera Clinics | www.avera.org

Family Health | 4011 West Benson Road
Family Health | 6215 South Cliff Avenue
Family Health | 1200 South 7th Avenue
Family Health/Urgent Care | 2100 South Marion Road
Family Health/Urgent Care | 1910 West 69th Street
Family Health/Urgent Care | 1035 South Highline Place
Health Care Clinic | 300 North Dakota Avenue, Suite 117
Internal Medicine | 1301 South Cliff Avenue
Internal Medicine | 6100 S. Louise Avenue
Internal Medicine/Women's | 6215 South Cliff Avenue

Sanford Clinics | www.sanfordhealth.org

Acute Care | 136 S. Phillips Avenue
Acute Care | 4000 N Hercules Ave
Family Health | 600 N. Sycamore Avenue
Family Health | 2701 S. Kiwanis Avenue
Family Health | 3401 W. 49th Street
Family Health | 6110 S. Minnesota Avenue
Family Health/Pediatrics | 6101 S. Louise Avenue
Family Health/Pediatrics/Acute Care | 4405 E 26th Street
Family Health/Pediatrics/Acute Care/Women's Health | 2601 S. Ellis Road
Family Health/Pediatrics/Women's Health | 5920 E Madison St
Internal Medicine | 1321 W. 22nd Street
Pediatrics | 1205 S. Grange Avenue
Women's Internal Medicine | 5019 S. Western Avenue

Other Clinics

Center for Family Medicine | 1115 East 20th Street | www.centerforfamilymed.org
Falls Community Health | 521 N. Main Avenue | www.siouxfalls.org/fch

- Falls Community Health at Hawthorne Elementary | 601 N. Spring Avenue
- Falls Community Health at Hayward Elementary | 410 North Valley View Road
- Falls Community Health at Terry Redlin Elementary | 1722 E 8th Street

SD Urban Indian Health Clinic | 1200 N West Avenue | www.sduih.org
Sioux Falls Specialty Family Medicine Hruby Clinic | 7600 S. Minnesota Avenue | www.sfsh.com/family-medicine
Sioux Falls VA Health Care System | 2501 W. 22nd Street | www.siouxfallsva.com

enmb\Health\CommunityHealth\CommunityHealth - Primary Care

DATA SOURCE: City of Sioux Falls Civic Analytics

Dispensary of Hope

Falls Community Health (FCH) has partnered with Dispensary of Hope and Lewis Drug to increase medication access for our uninsured patient population. If a patient is uninsured and has an income below 300 percent of the federal poverty line, they qualify to receive prescriptions at no cost to them through the Dispensary of Hope program. We have a formulary of roughly 53 different medications that treat various conditions. This allows patients to access medications to treat their blood pressure, cholesterol, diabetes, and many other chronic disease states. In addition to filling their medications, patients are offered wrap around services. When the patient picks up their medications at the FCH clinic pharmacy, they meet with the clinical pharmacist to be educated on their new therapy and ask any questions. The pharmacist can have consultation visits with patients, including those who may speak another language, and use an interpreter to make sure they fully understand their medication regimen. Patients who utilize the Dispensary of Hope program are also encouraged to meet with the care coordinators to help navigate applying for insurance. Many patients are grateful for this program that allows them to stay on their medications until they can obtain insurance. Through this program, many patients have been able to get to a goal blood pressure or a goal A1C for their diabetes by eliminating cost barriers that may have prevented them from picking up their medications.

Quality Care

It is important for individuals to be able to access care and afford needed services, but the quality of those services is just as important in helping someone achieve their best possible health and well-being. Preventive care is important to help individuals reduce their risk for disease, as well as to reduce disability and premature death. Ensuring regular checkups and screenings can help reduce health care costs and improve both longevity and quality of life.

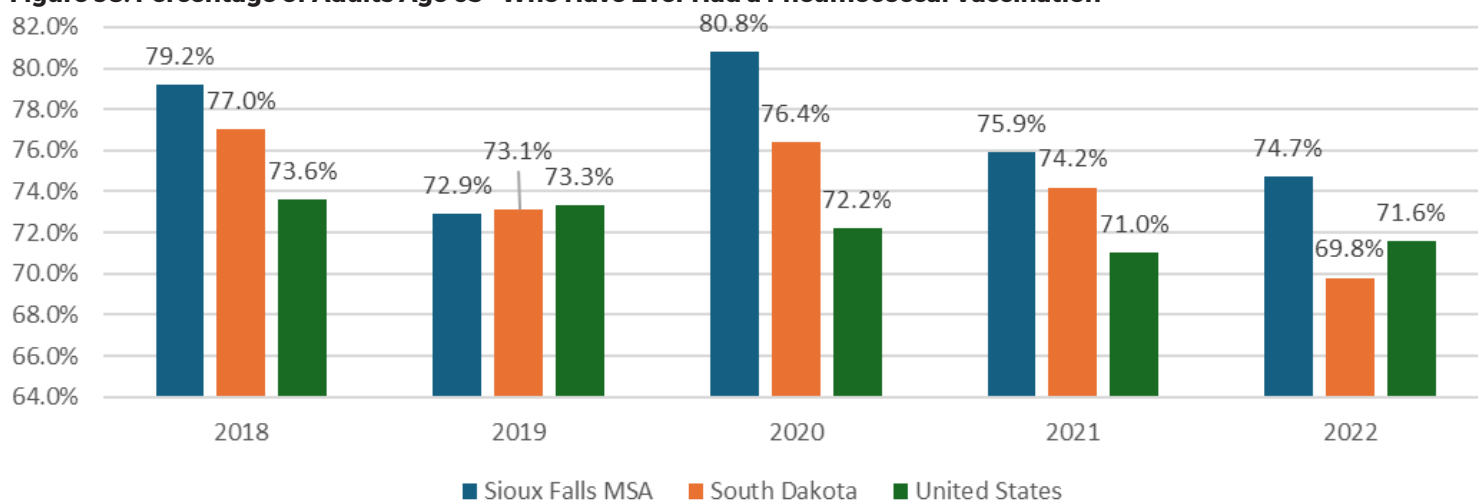
Overall, residents in the Sioux Falls MSA give high marks to the quality of care available in the area, with 72 percent of respondents to the 2023 CHA Resident Survey rating the quality of health care available in the community as “excellent” or “very good.”⁴⁴ Ratings were slightly lower in the 2023 National Community Survey of Sioux Falls residents, with 81 percent of respondents rating the quality of health services in the community as “excellent” or “good.”⁵⁵

Preventive Care: Immunizations

Every year in the U.S., thousands of adults become seriously ill and may be hospitalized because of diseases that vaccines can help prevent. From childhood through adulthood, following recommended vaccine guidelines can greatly reduce disease risk. Vaccines are not only important for an individual's health, but also to protect those in the community who may not be able to get vaccines due to age or health conditions.⁵⁶

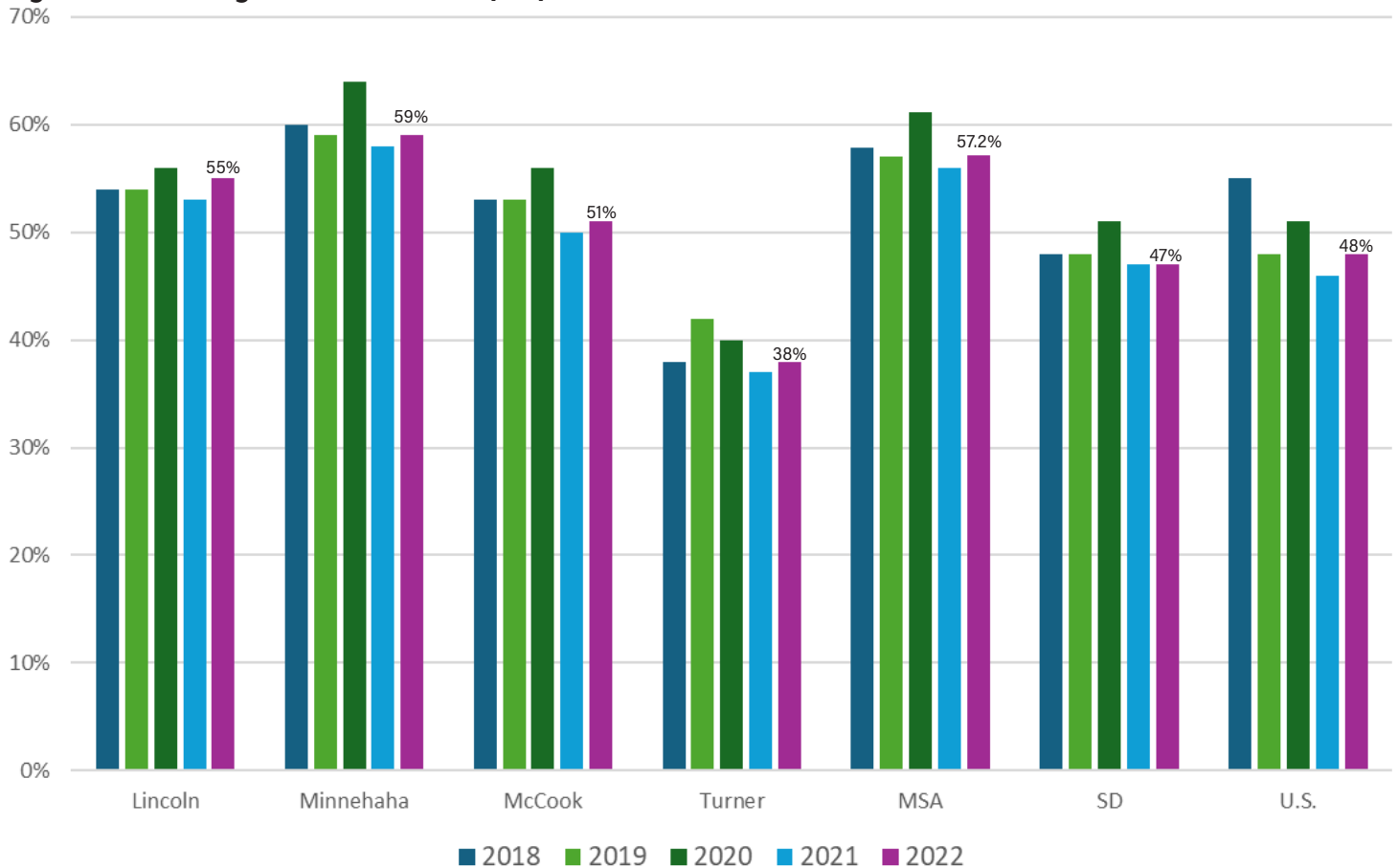
When looking at vaccination rates, there are areas where residents in the Sioux Falls MSA are doing well, such as adults over the age of 65 who have received a pneumococcal (pneumonia) vaccine (Figure 98), but there are other areas where there is room for improvement, including the number of residents who get an annual flu vaccination (Figure 99).

Figure 98: Percentage of Adults Age 65+ Who Have Ever Had a Pneumococcal Vaccination



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 99: Percentage of Fee-For-Service (FFS) Medicare Enrollees with Annual Flu Vaccination



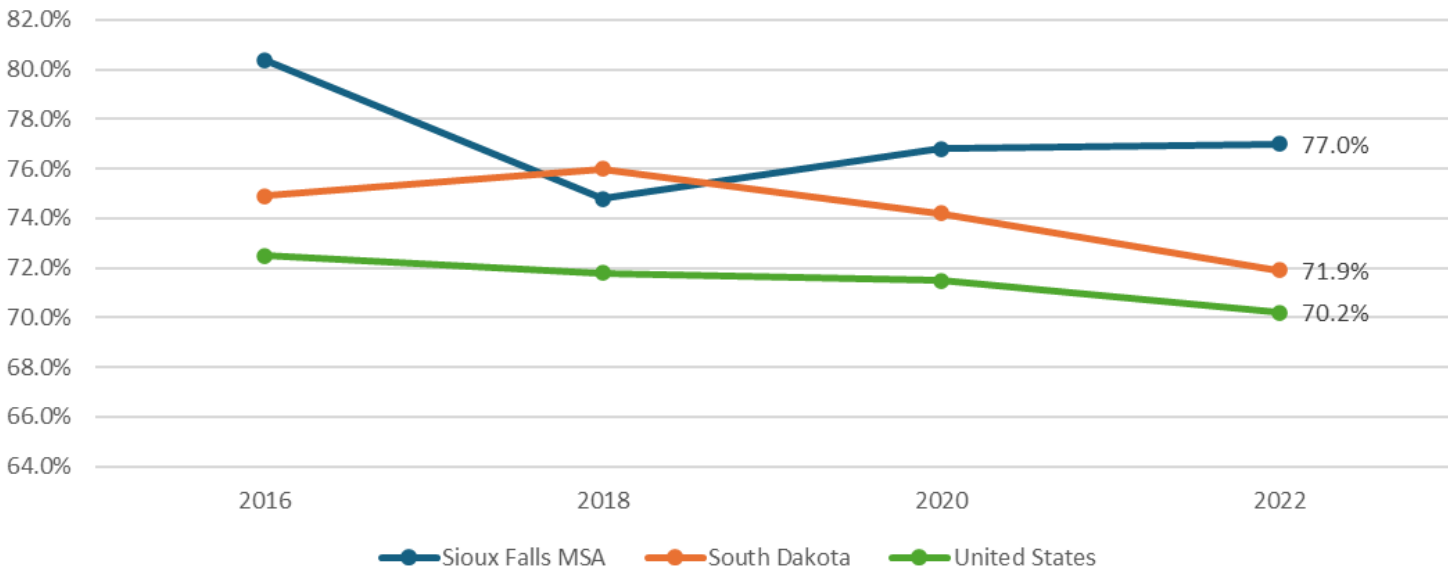
DATA SOURCE: Centers for Medicare and Medicaid Services. (2022). Mapping Medicare Disparities. Office of Minority Health. <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>.

Preventive Care: Screenings and Examinations

Preventive screenings can detect diseases in early stages when they are easier to treat. Cancer screenings like mammography and colonoscopy are important for adults, while other routine exams like dental checkups are important for individuals of all ages.

Breast cancer is the most common cancer in women in South Dakota, and mammograms can help detect breast cancer years before it can be felt.^{57,58} Unfortunately, across all communities, we are starting to see a decline in mammogram completions (Figure 100). Although mammography rates in the elderly population in the Sioux Falls MSA are slightly higher than state and national rates, only about half of women ages 65-74 received an annual mammogram (Figure 101).

Figure 100: Women 40+ Who Have Received a Mammogram in the Past 2 Years



DATA SOURCE: Centers for Disease Control and Prevention. (2022). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 101: Percentage of Female Medicare Enrollees Ages 65-74 that Received an Annual Mammography Screening

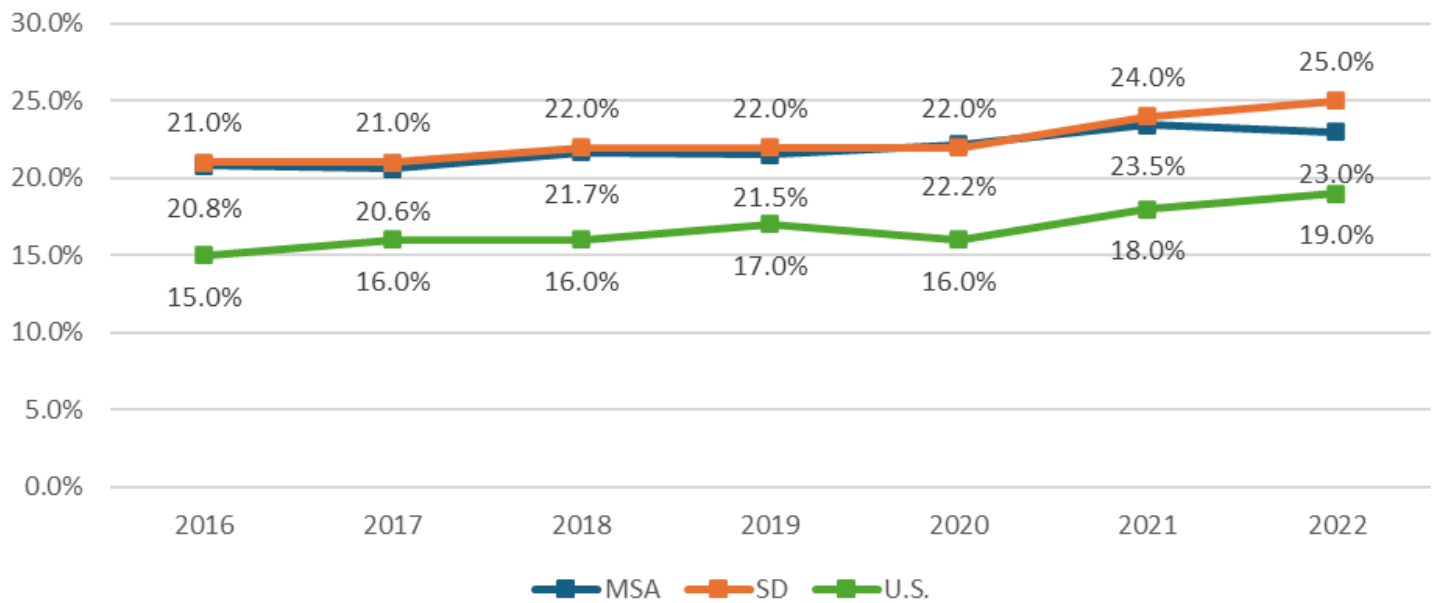


DATA SOURCE: Centers for Medicare and Medicaid Services. (2022). Mapping Medicare Disparities. Office of Minority Health. <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>.

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths among men and women in the United States.⁵⁹ However, many people who are at risk of CRC are not being screened according to national guidelines even though CRC deaths could be prevented if men and women were regularly screened. The incidence of CRC is increasing in younger populations, and in 2021, the screening recommendation changed from age 50 to age 45. The Healthy People 2030 target is to reach 68.3 percent of adults getting screened according to the national guidelines.⁶⁰ The last known data for colonoscopy screenings in the Sioux Falls MSA showed 68.4 percent of adults aged 45-75 within screening compliance.⁶¹

The prostate-specific antigen (PSA) test can be used as a screening tool to detect prostate cancer. In past years, compliance with PSA screening guidelines has been poor across the board at the MSA, state, and national levels. While increasing slightly, data for Medicare enrollees shows this is also true for those 65 and older (Figure 102).

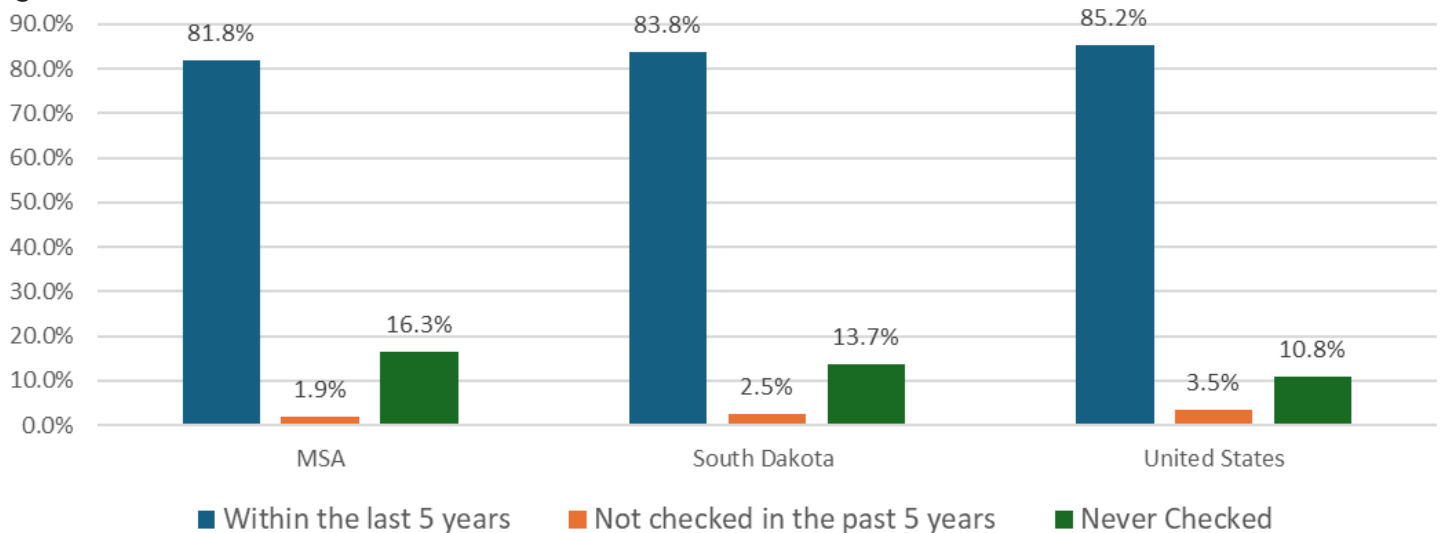
Figure 102: Male Medicare Enrollees Who Received a Prostate Screening



DATA SOURCE: Centers for Medicare and Medicaid Services. (2022). Mapping Medicare Disparities. Office of Minority Health. <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>.

High blood cholesterol is one of the leading risk factors for heart disease.⁶² More than three out of four adults in the Sioux Falls MSA have had their blood cholesterol checked within the last five years; however, an increasing number of adults have never had a screening (Figure 103).

Figure 103: Adults Who Have Had Their Blood Cholesterol Checked Within the Last Five Years



DATA SOURCE: Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

SOCIAL AND ECONOMIC FACTORS

Social Determinants of Health, are factors related to the environments where people live, learn, work, worship and play. These factors affect physical and mental health, as well as overall quality of life. In fact, it has been estimated that only about 20 percent of the factors that influence our health can be addressed by access to good quality medical care, while as much as 50 percent of variation in population health could be as a result of the impact of determinants³ such as:

- Education, employment, and income
- Access to healthy foods and opportunities to be physically active
- The physical environment, including air and water quality, and elements of the built environment such as housing, transportation, and neighborhoods
- Language and literacy skills
- Racism, discrimination, and violence

Social and economic factors have been impacting residents’ health for decades. Income, education, employment, safety, and other factors directly impact how well and how long we live. They affect our residents’ ability to make healthy choices, pay for housing, manage stress, or access medical care.

This section of the CHA report focuses on many of these social determinants of health.

Community Resource Center Builds Cultural Bridges

Imagine having to suddenly leave your home, country, all of your belongings, most of your family and friends, and everything that is familiar due to war or unrest. You may spend years in a refugee camp before relocating to a country where most people don't look like you or speak your language. The weather, customs and food are unrecognizable, and you have few, if any, resources. Your entire world has been flipped upside down. This is the experience for many immigrants and refugees.

Sioux Falls is home to persons from all over the globe, including Ethiopia, Mexico, Liberia, Guatemala, South Sudan, Somalia, Ukraine and Eritrea. Avera's Community Health Resource Center, located in the heart of Sioux Falls and adjacent to other nonprofit service providers, is working hard to ease this transition and provide a bridge to health care, employment at Avera and other necessary resources.

In the spring of 2021, the South Dakota Department of Health received a federal grant to support community health workers (CHW) in the state. A CHW is a lay person who serves as a frontline public health worker who is a trusted member of and/or has a unique understanding of the community served.

The CHW serves as a liaison between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

“Our CHWs have lived experiences, and they understand realities others might overlook,” said Angela Schoffelman, Community Program Manager with Avera Medical Group Clinic Quality. “They serve to create connections and build trust.”

CHWs link services to the communities they serve; they can also improve service quality and cultural competence. CHWs teach health knowledge and self-sufficiency through outreach and advocacy.

In addition to placing CHWs in clinics and hospitals, Avera decided it would be impactful to open a neighborhood Community Resource Center in Sioux Falls, meeting people closer to where they are. The Avera Community Health Resource Center opened in the fall of 2022 near the Empower Campus. The location was intentional: refugees and immigrants know the space as a place to find helpful support.

Avera’s team of CHWs speak 17 different languages. As trusted members of the community among immigrant and refugee groups, they bring lived experience to the table. They provide not only interpretation of language but interpretation of culture. They help people navigate health care, apply for jobs and access community resources. They host community education and group learning, for example, teaching about breast health and heart disease.

The resource center has also become a popular spot for nursing and medical students. CHWs work alongside these future health care providers, educating them about the cultural differences they will experience and why it is important to be sensitive to the needs of the diverse populations they will be serving.

SanfordHelps.com

In April 2022, SanfordHelps.com was launched. SanfordHelps.com is a website for patients to better connect to social care community resources—financial assistance, food pantries, housing, medical care, and other free or reduced-cost help.

SanfordHelps.com is committed to identifying and connecting individuals with social risk factors that contribute to poor health outcomes, such as food insecurity, unstable housing and lack of transportation, to organizations that meet these needs. This program assists providers, helping them see what patients may need within their communities. It's a consistent way to identify and connect patients to local and national resources, as well as an anonymous way for patients and community members to seek and find services.

The ability to translate the information into over 100 languages, in addition to providing resources by email and text, offers equal access for every patient regardless of their native language or technology preferences. The community resource is available for anyone in need, not just current Sanford Health patients.

There is consistent evidence concerning how social determinants shape a person's health, leading us in the health care sector to pay attention and expand approaches to address these needs upstream from the clinical encounter in order to achieve more equitable health outcomes.

Childcare and Education

Studies show that Americans with more education are likely to live longer, healthier lives. Someone with higher educational attainment, for example, may be more likely to be employed at a job that provides health promoting benefits such as health insurance, paid leave, and retirement. Individuals with higher levels of education may also be more likely to learn about healthy behaviors and how to advocate for their health or the health of their families.⁶³

The Sioux Falls MSA has slightly better educational attainment rates than South Dakota and the U.S. In the MSA, 35 percent of the population ages 25 years and over have completed a four-year college degree or higher. The percentage of individuals with less than high school education is also lower in the MSA compared to state and national rates (Table 17).

Table 17: Educational Attainment (percent of population 25 years and over)

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	SD	U.S.
Less than High School	6.8%	6.3%	4.0%	7.4%	6.9%	8.6%	7.3%	10.9%
High School or Equivalent	24.2%	25.4%	23.9%	34.4%	25.3%	32.3%	29.9%	26.4%
Some College, no degree	19.9%	19.8%	17.1%	18%	20.7%	18.9%	20.2%	19.7%
Associate's Degree	12%	13%	13.3%	12.4%	12.9%	13.7%	12.2%	8.7%
Bachelor's Degree	25.2%	24.7%	28.4%	19.7%	23.9%	20%	20.9%	20.9%
Graduate or Professional Degree	11.8%	10.8%	13.4%	8.0%	10.3%	6.5%	9.49%	13.4%

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

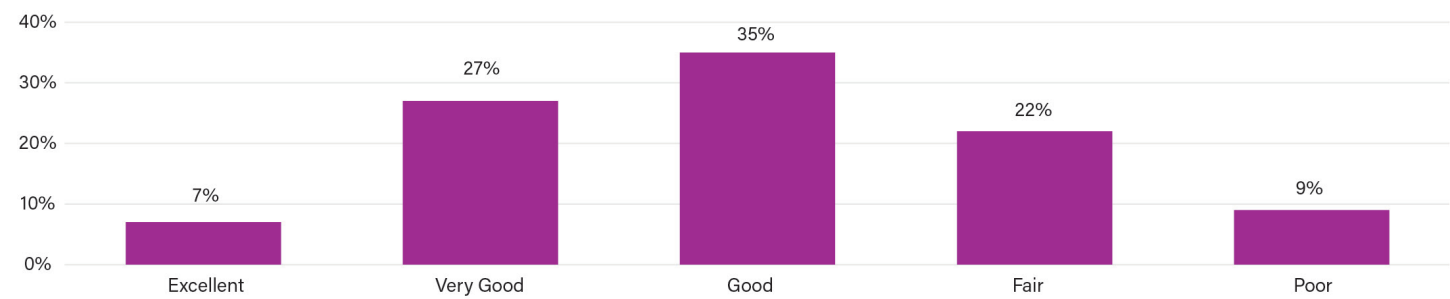
Table 18: Resident Rankings of Educational Opportunities in Sioux Falls (% rated “Excellent” or “Good”)

	2015	2017	2019	2021	2023
Availability of affordable quality childcare/preschool	57%	57%	54%	60%	37%
K-12 Education	82%	80%	83%	80%	68%
Adult educational opportunities	73%	74%	75%	71%	62%
Public library services	91%	87%	91%	90%	89%

DATA SOURCE: National Research Center by Polco. (2023). Sioux Falls, SD: The National Community Survey. <https://www.siuouxfalls.gov/government/council/about-the-council/community-survey>

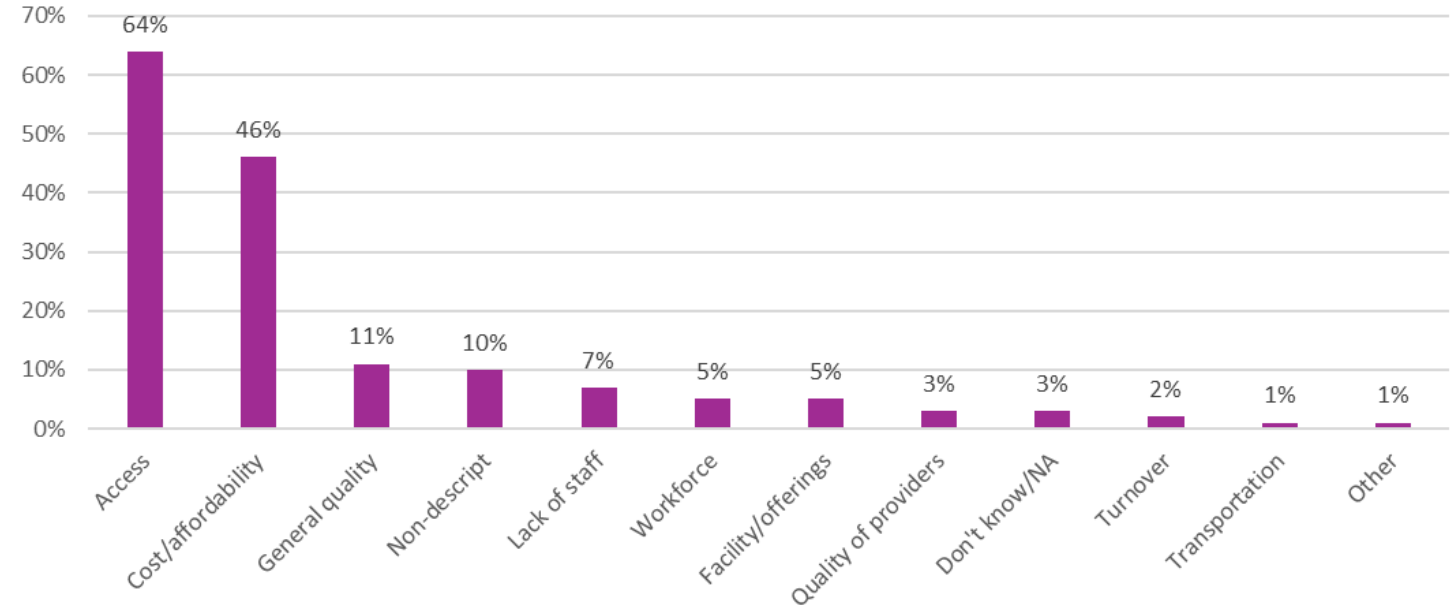
Since the last report, we have seen childcare rise to the top of community concerns. Recent closures of numerous childcare facilities in Sioux Falls were frequently mentioned in the health assessment focus groups, in addition to the availability of options for those needing night and weekend childcare. Other top comments noted the affordability of available daycare was a challenge and often unattainable, even with financial assistance. Responses from the resident survey also show that 31 percent of individuals would rate childcare, daycare, and preschool opportunities as “Fair” or “Poor” (Figure 104) with top concerns cited as access (64 percent) and affordability (46 percent) (Figure 105).

Figure 104: Resident Ratings of Childcare, Daycare, and Pre-School Services (% rated “Fair” or “Poor”)



DATA SOURCE: Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

Figure 105: Resident Concerns About Accessing Childcare, Daycare, and Pre-School



DATA SOURCE: Centers for Disease Control and Prevention. (2021). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/brfss/brfssprevalence/>

The National Community Survey results also favored childcare assistance, indicating favorability for city tax dollars to be used to increase the affordability of childcare for all families (41 percent) or low-income families (29 percent). Additionally, 92 percent “Strongly Support” or “Somewhat Support” the city in supporting childcare workers to get licensure or certification to boost the workforce.⁵⁵

The workforce is significantly impacted by childcare, including a significant need for more childcare workers to meet the needs of the community and parents removed from the workforce due to a lack of childcare. A 2023 report released by the Sioux Falls Childcare Collaborative identified roughly 78 percent of unemployed parents need childcare to return to work.⁶⁴ This has a significant impact on the local economy.

Crime and Safety

Perceptions of safety and security impacts stress levels and the ability of residents to utilize community resources such as trails and parks. The 2021 National Community Survey asked residents more specific questions about overall feelings of safety, how safe they feel from specific types of crime, as well as how they rank various safety agencies like police, fire and emergency medical services. Residents rate safety in their neighborhoods and in the downtown area high and also give high marks to police, fire, and ambulance services in the city (Table 19).

Table 19: Resident Ratings to Various Aspects of Safety in the City of Sioux Falls

	2015	2017	2019	2021	2023
Overall feeling of safety	79%	77%	80%	67%	67%
Safe in neighborhood	93%	95%	97%	93%	94%
Safe downtown/commercial area	85%	86%	88%	90%	87%
Police	83%	89%	84%	83%	76%
Fire	96%	97%	94%	94%	95%
Ambulance or EMS Services	92%	84%	83%	85%	85%
Crime Prevention	71%	71%	71%	65%	60%
From property crime	N/A	N/A	N/A	72%	69%
From violent crime	N/A	N/A	N/A	75%	79%
Emergency Preparedness	72%	71%	73%	69%	66%
Traffic Enforcement	64%	65%	68%	69%	56%
Street lighting	64%	68%	68%	72%	67%

DATA SOURCE: National Research Center by Polco. (2023). Sioux Falls, SD: The National Community Survey. <https://www.siouxfalls.gov/government/council/about-the-council/community-survey>

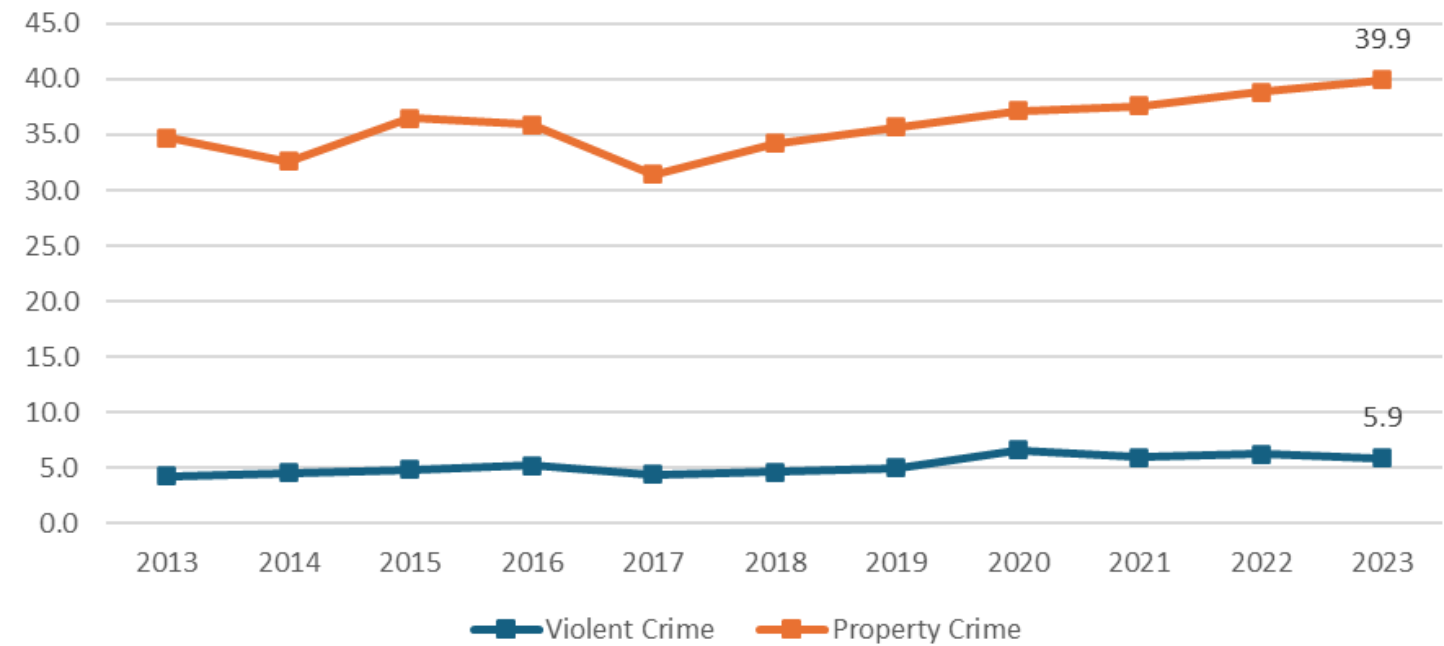
Although we have seen historic increases in population in Sioux Falls, we have not seen the same in violent crime per capita (total violent crime shown in Table 20). Unlike violent crime, we have seen a dramatic increase in property crime per capita over the last several years (Figure 106).

Table 20: Violent Crime in Sioux Falls 2016-2023, By Type

	2016	2017	2018	2019	2020	2021	2022	2023
Murder	6	10	8	7	13	5	7	2
Rape	160	122	128	121	116	119	90	66
Aggravated Assault	345	306	330	379	557	517	560	627
Domestic	276	256	270	343	460	444	471	420
Simple Assault	619	697	716	860	902	890	968	1076
Domestic	907	855	857	1,014	1,313	1,233	1,283	1,127
Robberies	132	103	119	98	136	113	169	144

DATA SOURCE: Sioux Falls Police Department. (2023). 2023 Annual Report. <https://www.siouxfalls.gov/health-safety/police/police-resources/annual-report>

Figure 106: Rate of Property and Violent Crime in Sioux Falls per 1000 population



DATA SOURCE: Sioux Falls Police Department. (2024). Public Safety Briefing: March 12, 2024

Trafficking and use of illegal substances remain a concern in the Sioux Falls area. Cocaine, fentanyl, heroin, and methamphetamine are all drugs of concern in the community (Table 21). Emergency services respond to overdose calls in Sioux Falls, with many calls being opioid-related. The Sioux Falls Area Drug Task Force (SFADTF) seized over 3,119 grams of fentanyl and 75 pounds of methamphetamine in 2023.

Table 21: Drug Seizures in Sioux Falls

	2016	2017	2018	2019	2020	2021	2022	2023
Cocaine/Crack (grams)	1406.17	839.57	541.42	2,019.66	158.74	71,438	905.89	2,512.43
Methamphetamine (pounds)	37.98	11.16	56.32	133.35	64.26	129.92	65.49	75.71
Heroin (grams)	91.81	139.85	3,828.85	35.63	281.44	18.71	24.37	29.9
Fentanyl (grams)	0	0	0	47.72	308.13	2,028.01	974.55	3,119.67
Synthetic Marijuana (grams)	804.04	373.44	392.39	613.01	19.73	145.39	498.47	694.86
Ecstasy (tablets)	0	2	8	44	8.5	13	44.5	0
Meth Labs	4	0	0	2	0	0	0	0

DATA SOURCE: Sioux Falls Police Department. (2023). 2023 Annual Report. <https://www.sioxfalls.gov/health-safety/police/police-resources/annual-report>

Digital Access and Screen Time

Digital access influences several aspects of life including access to social, economic, and health care resources. Digital equity describes a state when all individuals and communities have the needed information technology resources and abilities to fully participate in society, democracy, and economy.⁶⁵ To achieve digital equity, three main barriers need to be remedied, including:

- Access to affordable, reliable, robust broadband Internet service;
- Access to information technology devices (e.g. tablets, desktop computers, laptops) that best meet the needs of the user; and
- Digital literacy skills to comfortably navigate the internet and use technology as part of daily life activities.

In the Sioux Falls MSA, 8.5 percent of households lack internet connection at home, while 7.8 percent lack a computer (Table 22). According to the 2021 National Community Survey, 69 percent of Sioux Falls residents stated they access the internet from home several times a day, but only 54 percent rate the quality of their internet service at home as excellent or good, significantly lower than in past years.⁵⁵

Table 22: Digital Access in Households

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Households with no computer	7.7%	7.8%	4.6%	10.5%	8.1%	17.0%	11.5%	9.7%
Without Internet	8.2%	8.5%	4.4%	13.5%	9.3%	17.6%	13%	11.5%

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

While technology enhances learning and connectivity, excessive use can impact mental and physical well-being, making it crucial to promote healthy digital habits. Excessive screen time can have significant implications for youth, affecting both their physical and mental health, including—but not limited to—an increased risk of obesity, mental health challenges, sleep disorders, reduced attention span, and weakened social skills. Recent data highlights just how prevalent screen use is among young people in South Dakota: 75.4 percent of high school students and 42.6 percent of middle school students spend three or more hours per day on screens for non-homework purposes.^{26,54}

Employment and Income

Socioeconomic status has long been recognized as a factor that impacts health and mortality. In the U.S. adults with low socioeconomic status are five times as likely to report being in poor or fair health, and they have higher rates of chronic conditions such as diabetes, heart disease, and stroke compared to higher-income Americans.⁶⁶ On average, American adults spend more than half of their waking hours at work. Having a job provides more than just a paycheck. It can also offer benefits and the stability needed to maintain proper health.

Local confidence in the economy decreased slightly since the last report, with 56 percent of Sioux Falls MSA residents responding to the 2023 CHA Survey rating employment and economic opportunities as excellent or very good. Only 15 percent gave rankings of fair or poor.⁴⁴

More people participate in the labor force, and unemployment rates in the City of Sioux Falls and the Sioux Falls MSA are lower than state and national rates (Table 23).

Table 23: Employment Status, percent of population

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Civilian Labor Force <i>(population over 16 years)</i>	74.1%	74.2%	75.6%	70.2%	74.1%	67.5%	67.1%	63.0%
Unemployment Rate	2.3%	2.1%	1.4%	2.1%	2.4%	2.3%	3.1%	5.3%

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

The median income for households and families in the Sioux Falls MSA is higher than both the state and national averages (Table 24).

Table 24: Income in the Past 12 Months, 2022 inflation-adjusted dollars

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Median Household Income	\$71,785	\$78,552	\$92,317	\$74,873	\$73,110	\$72,312	\$69,457	\$75,149
Median Family Income	\$93,682	\$97,861	\$106,841	\$88,696	\$95,190	\$86,267	\$88,996	\$92,646

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

While poverty rates in the Sioux Falls MSA for both adults and children are below state and national averages, poverty remains an important community issue because of its widespread impacts on affected individuals and families (Table 25).

Table 25: Percentage of Population in Poverty in the Past 12 Months

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Poverty, all (%)	9.7	8.2	6.5	8.4	8.7	9.2	12.3	12.5
Children in Poverty (% under 18 years)	12	9.6	8.4	8.2	10	12.2	15.4	16.7

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

Connect to Wellness

On average, Americans working full-time spend more than one-third of their time at the workplace. This is why worksite well-being is important to employees for their physical, community, career, financial, and social well-being. In addition, the health of an organization is closely linked to the health of the community. A culture of health goes beyond the office wall. It is connected to the interactions employees have at their homes, schools, public spaces, places of worship, retail and entertainment settings, and health care facilities. All of these relationships influence employees' health and well-being.

To respond to this need, the Sioux Falls Health Department (SFHD) launched Connect to Wellness in 2023 to meet the needs and desires of local small businesses and organizations to implement interventions to improve their employee wellness. The program was co-developed by the University of Washington and the American Cancer Society, and the SFHD was chosen as an entity to help facilitate locally.

The program focuses on helping employees improve their well-being through interventions aimed at healthy eating and nutrition, physical activity, preventive care, mental health and stress management, and tobacco prevention and cessation. The SFHD works with employers to assess current workplace practices and makes small, incremental recommendations based on the employers' needs and the employees' desires. Recommended interventions are designed to be low to no cost for employers and utilize local resources and programs where applicable. The goal is to help create an affordable, sustainable, and evidence-based worksite wellness program for those who might not otherwise have access to one.

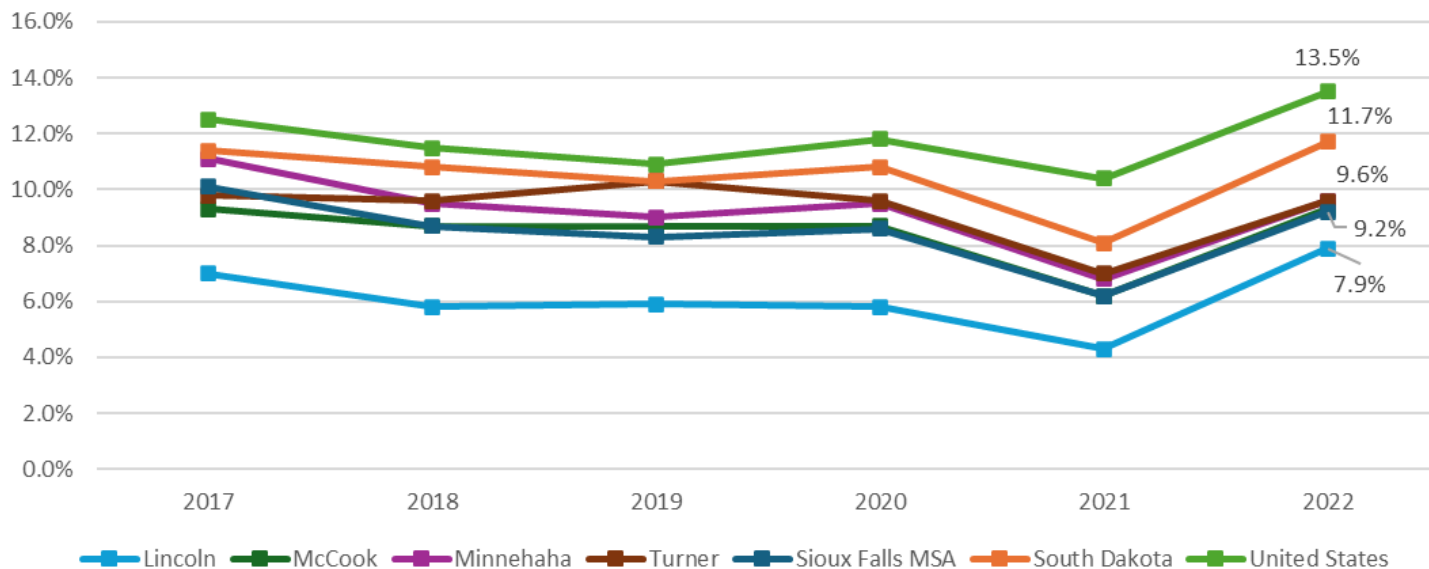
To learn more about the program, please visit: <https://livewellsiouxfalls.org/work-well/connect-to-wellness/>

Food Access

When individuals are struggling to access healthy foods, they are at increased risk for experiencing diet-related health conditions such as diabetes or high blood pressure. For children who do not have enough healthy food, academic achievement and even future economic prosperity are at risk. In addition, families often need to make tradeoffs, deciding whether to purchase food or spend their income on other necessities including utilities, housing, or medical care.

In South Dakota, one out of every nine individuals are food insecure, and one out of every six children is at risk of going hungry. Food insecurity (i.e. limited or uncertain access to adequate food), is less prevalent in the Sioux Falls MSA when compared to state and U.S. averages. Yet, more than nine percent of the population in the area is food insecure (Figure 107).

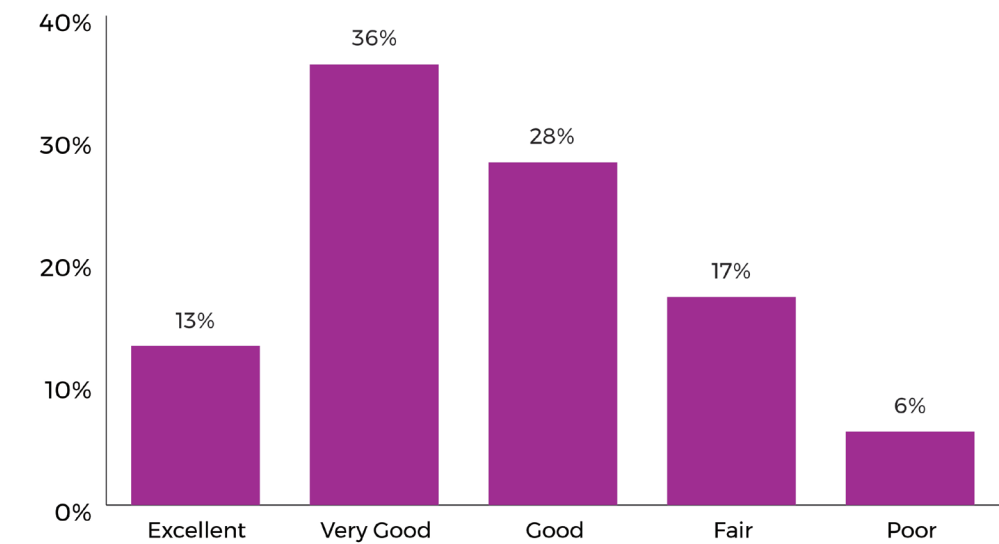
Figure 107: Percentage of Population Who Lack Adequate Access to Food.



DATA SOURCE: Feeding America. (2022). Map the Meal Gap. <https://map.feedingamerica.org/>. Sioux Falls MSA data based on Sioux Falls Metropolitan Statistical Area Calculator.

In the 2023 CHA Survey, 49 percent rated the ability of residents to access healthy and nutritional foods in the community as excellent or very good, while 23 percent rated access as fair or poor (Figure 108). This has changed quite significantly since the last report noting that residents do not feel that healthy food is accessible or affordable. The primary reasons for lower rankings include the cost of food (47 percent) and limited access to grocery stores (17 percent) (Figure 109).

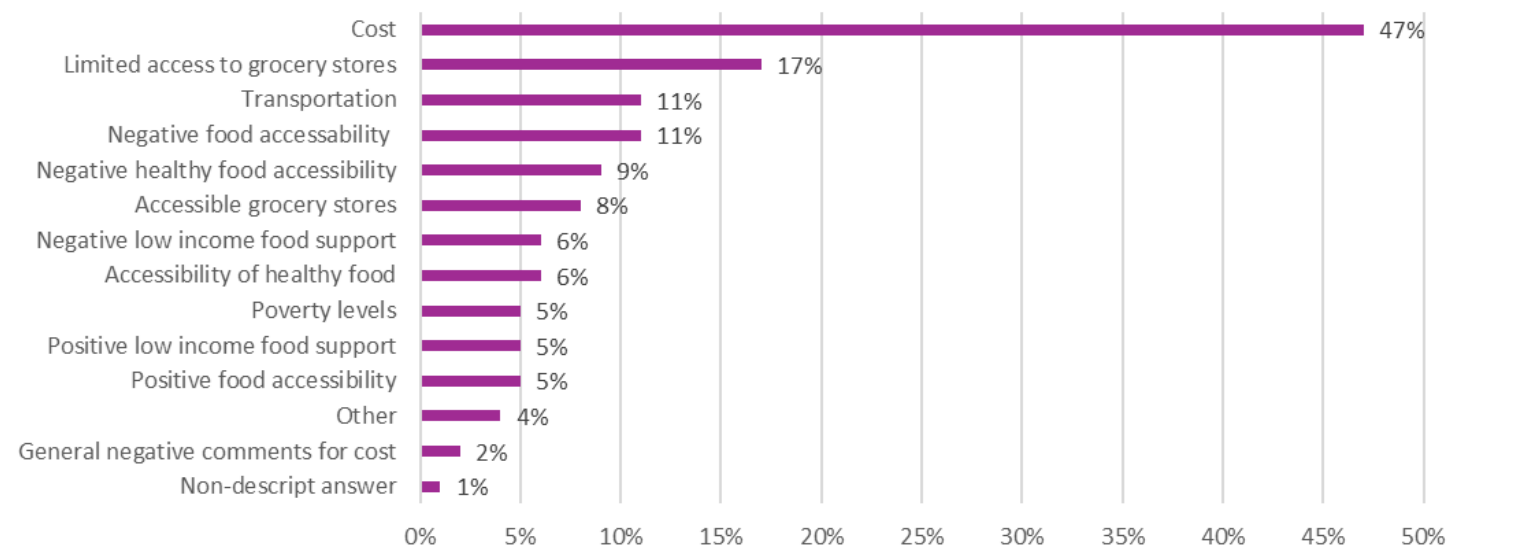
Figure 108: Resident Rankings of the Ability to Access Healthy Foods in the Community



DATA SOURCE: Feeding America. (2022). Map the Meal Gap. <https://map.feedingamerica.org/>. Sioux Falls MSA data based on Sioux Falls Metropolitan Statistical Area Calculator.

In compiling results from the 2023 CHA Survey, the researcher grouped individual responses into the categories below (Figure 109). While some category names seem similar, such as “negative healthy food accessibility” and “negative food accessibility,” there are slight variations that reflect individuals’ responses about the presence of too many unhealthy options in the community, such as fast food and convenience stores, and not enough healthy options like gardens, farmers markets, and stores that offer affordable healthy foods.

Figure 109: Resident Concerns About Accessing Healthy and Nutritious Foods in the Sioux Falls MSA



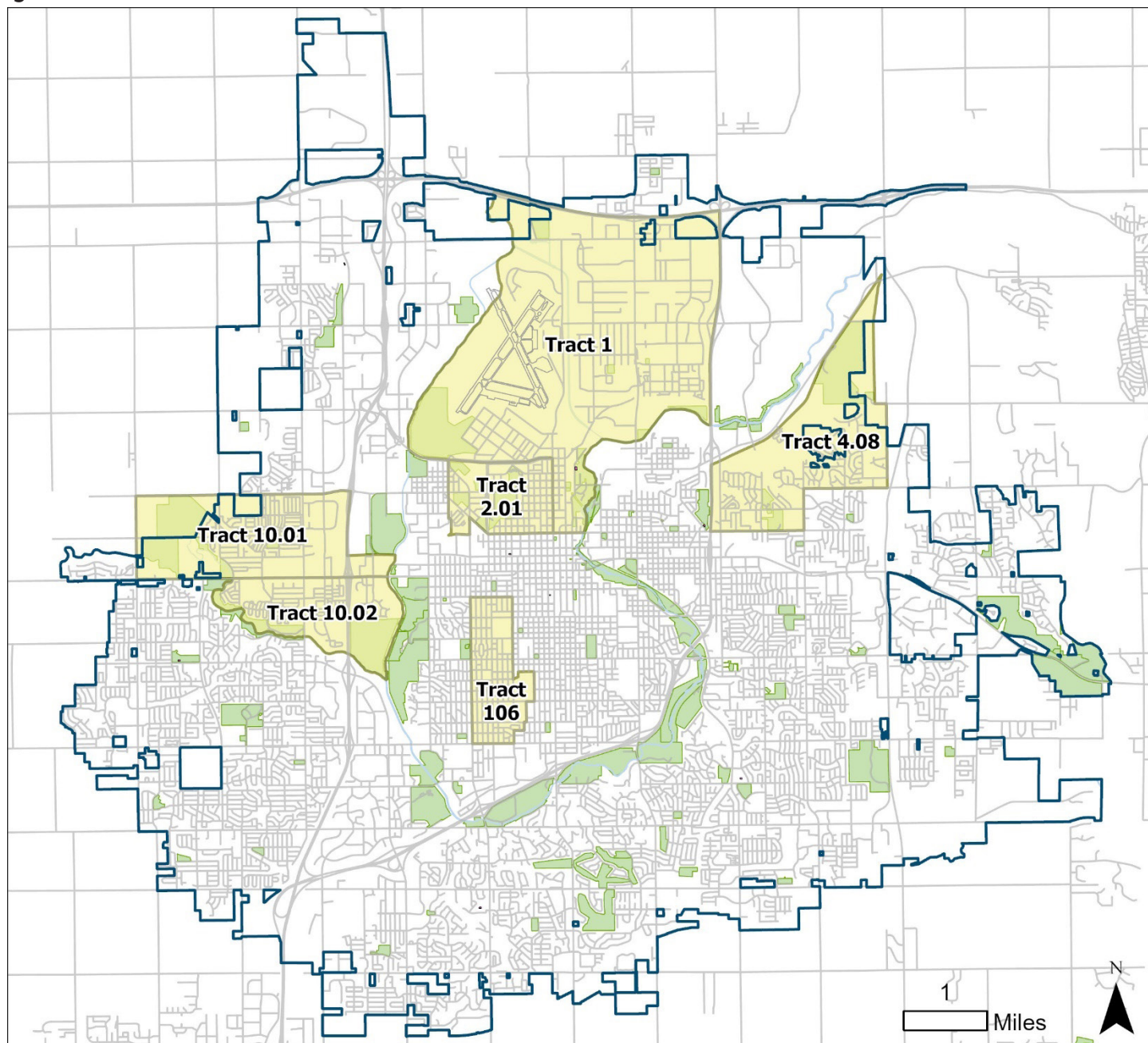
DATA SOURCE: 2023 Community Health Assessment Resident Survey.

In addition to cost and affordability of healthy food, the other dimension of food access has to do with the physical environment, that is, the ability of individuals in the population to access physical locations where they can purchase healthy food options like fresh fruits and vegetables.

There are geographic areas within the Sioux Falls community where residents have no easily accessible options for purchasing affordable and healthy foods. Food deserts are geographic areas with a certain threshold of individuals who have low-income and low access to healthy food.⁶⁷

In the following map (Figure 110), the yellow shaded areas represent low income, low access census tracts (food deserts) in the Sioux Falls area. Since the last community health assessment was completed, a new food desert appeared in the central part of the city (represented by yellow outlined in purple below).

Figure 110: Low Income Low Access Census Tracts in the Sioux Falls Area



DATA SOURCE: City of Sioux Falls Civic Analytics using information from the U.S. Department of Agriculture Food Access Research Atlas.
<https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas>

Eat Well Sioux Falls Mobile Market

The last community health assessment released in 2022 indicated a growing number of low income, low-access food areas, also known as food deserts. The closure of a popular grocery store in town only exacerbated this issue, and as a result, put this issue at the forefront of City officials and community members alike. In response, the

Sioux Falls Health Department released a grant opportunity, the Eat Well Sioux Falls Grant Program, in April 2022 to incentivize businesses or other entities to implement an intervention to increase access to healthy and affordable foods within the designated low-income, low-access food areas. The grant program was released with the intent to provide a single or multiple one-time awards of up to \$400,000. Any applications were evaluated by a variety of criteria including long-term sustainability, impact to the community, delivery of healthy foods, and likeliness of success.

A year later, in April 2023, Sioux Falls Thrive was awarded the grant monies to implement a mobile market, a grocery store on wheels that would bring foods into the low-income, low-access areas. Behind the scenes, the mobile market was developed by a collaboration of multiple individuals and agencies that, after the award, would serve as an advisory board in collaboration with Sioux Falls Thrive.

According to the President of Sioux Falls Thrive, "Collaboration is the only way this initiative is moving forward. The community coalition that proposed the mobile market did the hard work, and Sioux Falls Thrive is just helping it cross the finish line. We know the mobile market will remove a barrier for community members while presenting the opportunity to build relationships to determine other needs in the area."

After a period of planning and preparation, the Eat Well Sioux Falls (EWSF) Mobile Market hit the streets of Sioux Falls in October 2023. The vehicle pulls directly into neighborhoods to provide a variety of groceries in a dignified, fun, and healthy shopping experience. Grocery items available on the market include fresh produce and dairy, shelf-stable staples such as canned produce and baking goods, frozen items, and household essentials. Shoppers can utilize electronic and card payments, SNAP benefits, and redeem Food as Medicine vouchers. The EWSF Mobile Market is now in several different neighborhoods Monday through Friday, either directly in the food access priority areas or serving individuals living in the priority areas.

Learn more about the Eat Well Sioux Falls Mobile Market at www.eatwellsf.org



Kids Kitchen Food Pantry

Since early 2023, the Kids Kitchen food pantry in the Sanford Children's Hospital lobby has provided food support to more than a thousand people per month. On an average week, three quarters of a ton of food goes out the doors to families in need. Each family receives three to five meals worth of food.

This initiative is a volunteer-driven effort led by Sanford employees. Clinical staff, social workers, administrators, security guards, and many others pitch in to help keep things running smoothly. Food is provided by Feeding South Dakota.

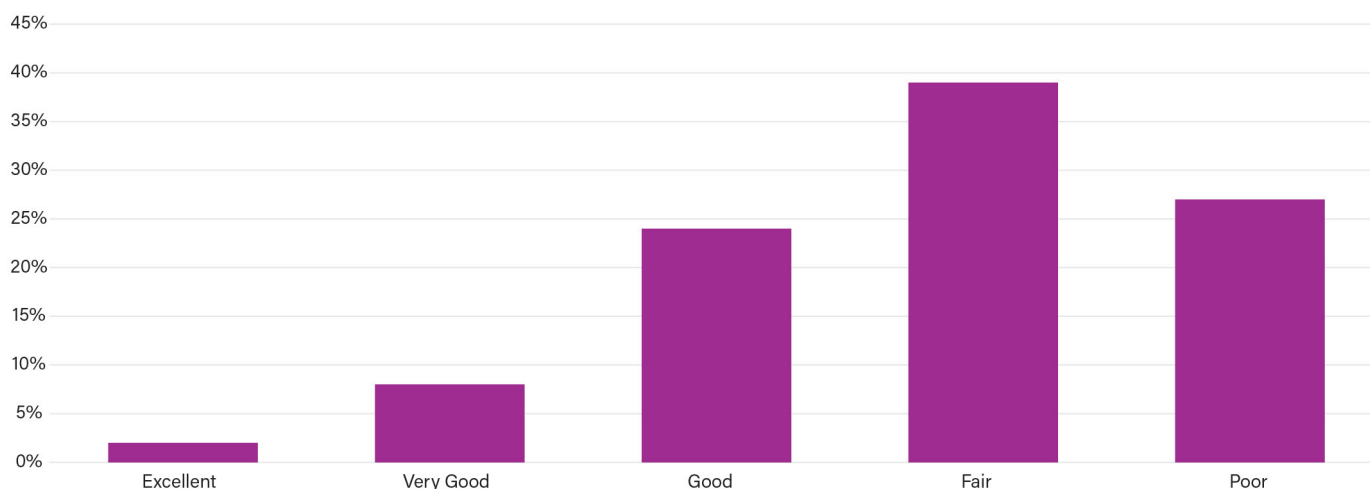
All patients are screened for food insecurity, and on average, over 20 percent of the families coming through the Castle are identified as being food insecure. Demand for support continues to grow over time. The support offered through the Kids Kitchen can be especially impactful for families facing a health crisis with a child.

While Sanford Health has also made significant financial contributions to food banks across Sanford's footprint including South Dakota, North Dakota, Minnesota, and Iowa, the organization also sets up many local food pantries in clinics and hospitals. The Kids Kitchen, one of the busiest, continues to work hard to meet the needs of patients and their families in Sioux Falls and beyond.

Housing and Homelessness

Feedback received from the 2023 CHA Resident Survey and Focus Groups consistently pointed out housing access as one of the biggest barriers to creating a healthy community. Among MSA residents, 66 percent consider the availability of affordable housing in the area as fair or poor (Figure 111). This is up from 41 percent in 2021. Specific concerns raised by the survey respondents include general cost, access and availability of housing, wage concerns, rent cost, and cost of home ownership (Figure 112).

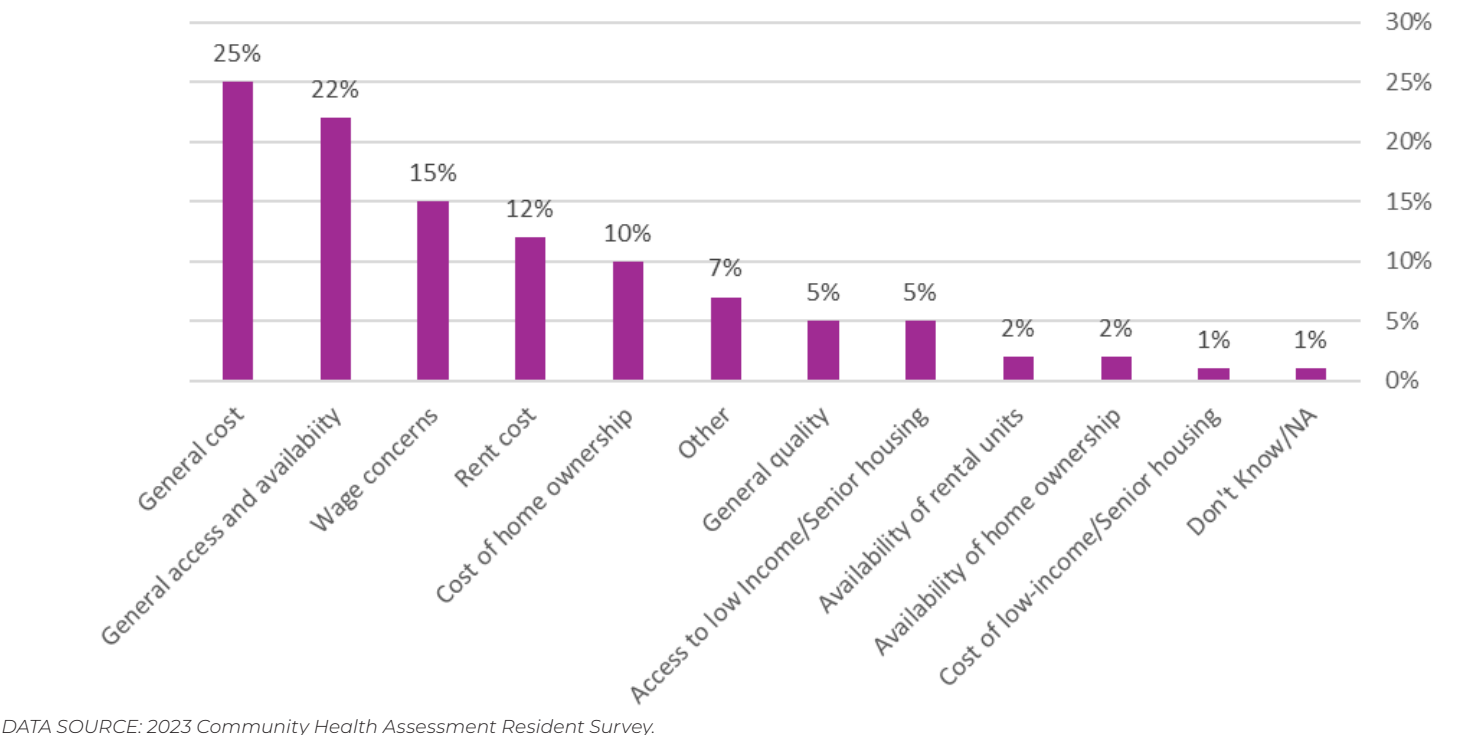
Figure 111: Resident Rating of the Availability of Affordable Housing



DATA SOURCE: 2023 Community Health Assessment Resident Survey.



Figure 112: Resident Concerns About Housing in the Sioux Falls MSA



DATA SOURCE: 2023 Community Health Assessment Resident Survey.

In the Sioux Falls MSA, the median sales price for homes is approximately \$235,400. Median gross rent in Sioux Falls is higher than the state of South Dakota, but lower than the U.S. (Table 26).

Table 26: Median Value of Owner-occupied Housing Units and Median Gross Rent

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Median Value	\$250,000	\$255,400	\$292,200	\$186,100	\$246,200	\$175,300	\$219,500	\$281,900
Median Gross Rent	\$965	\$961	\$1,206	\$778	\$927	\$691	\$878	\$1,268

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>

Affordable housing typically means a person is paying no more than 30 percent of their income toward monthly rent.⁶⁸ According to a 2023 housing needs assessment completed by the Augustana Research Institute, there are an estimated 45 units affordable and available for every 100 households below 30 percent of the area median family income.⁶⁹ Table 27 below shows changes in Fair Market Rent for the past seven years, and Table 28 shows the annual income needed to afford various housing sizes. The data in these tables show that individuals at the minimum and other lower wage levels cannot afford any bedroom size in the area. The lowest income renters have the highest housing cost burden of any group in the city. For a two-bedroom apartment, a household must earn \$19.68 per hour to pay no more than 30 percent of their income on housing. If an individual works for minimum wage, they must work 1.8 full-time jobs to afford a two bedroom at fair market rent.⁷⁰

Table 27: Sioux Falls MSA Fair Market Rents for All Bedroom Sizes

Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY2018	\$535	\$639	\$781	\$1,045	\$1,217
FY2019	\$612	\$715	\$873	\$1,045	\$1,326
FY2020	\$599	\$685	\$839	\$1,096	\$1,302
FY2021	\$642	\$714	\$874	\$1,150	\$1,435
FY2022	\$668	\$733	\$897	\$1,187	\$1,535
FY2023	\$710	\$793	\$949	\$1,274	\$1,616
FY2024	\$769	\$884	\$1,042	\$1,417	\$1,768
% Increase 2018-2024	43.7%	38.3%	33.4%	35.6%	45.3%
% Increase 2021-2024	19.8%	23.8%	19.2%	23.2%	23.2%

DATA SOURCE: U.S. Department of Housing and Urban Development (HUD). (2024). Fair Market Rents Documentation System. <https://www.huduser.gov/portal/datasets/fmr.html>

Table 28: Relationship Between Income and Housing Affordability

Annual Income Needed to Afford	South Dakota	Sioux Falls MSA
Zero-bedroom	\$29,040	\$30,760
One-Bedroom	\$32,747	\$35,360
Two-Bedroom	\$40,944	\$41,680

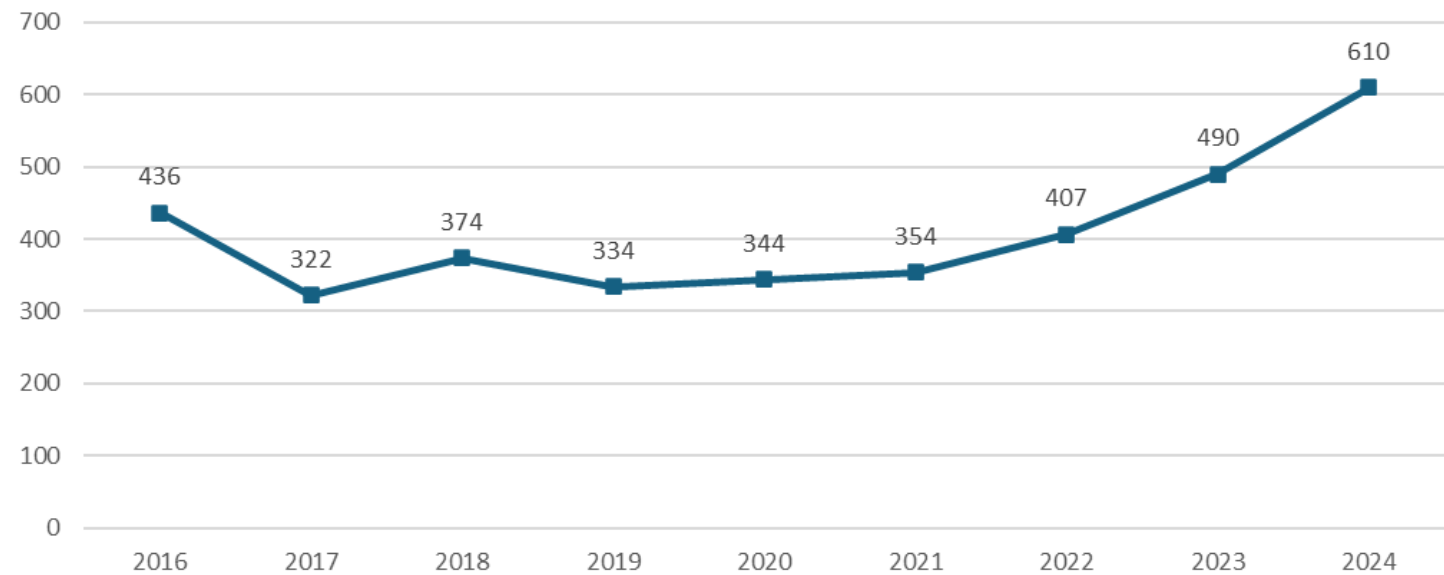
Annual Income Needed to Afford	South Dakota	Sioux Falls MSA
Three-Bedroom	\$55,538	\$56,680
Four-Bedroom	\$67,113	\$570,720

Minimum Wage	South Dakota	Sioux Falls MSA
Minimum Wage	\$11.20	\$11.20
Rent Affordable at Minimum Wage	\$582	\$582

DATA SOURCE: National Low Income Housing Coalition. (2024). Out of Reach 2024: South Dakota. <https://nlihc.org/oor/state/SD>

Since 2019, homelessness in Sioux Falls has been on the rise, and in 2024, Sioux Falls's sheltered homeless population rose to its highest number to date (Figure 113). To address the growth in homelessness, the City of Sioux Falls hired a Homeless Coordinator to streamline homelessness services, enhance data collection and analysis, and increase collaboration between the City and external partners.

Figure 113: Sheltered Homeless Population in Sioux Falls, 2016-2024

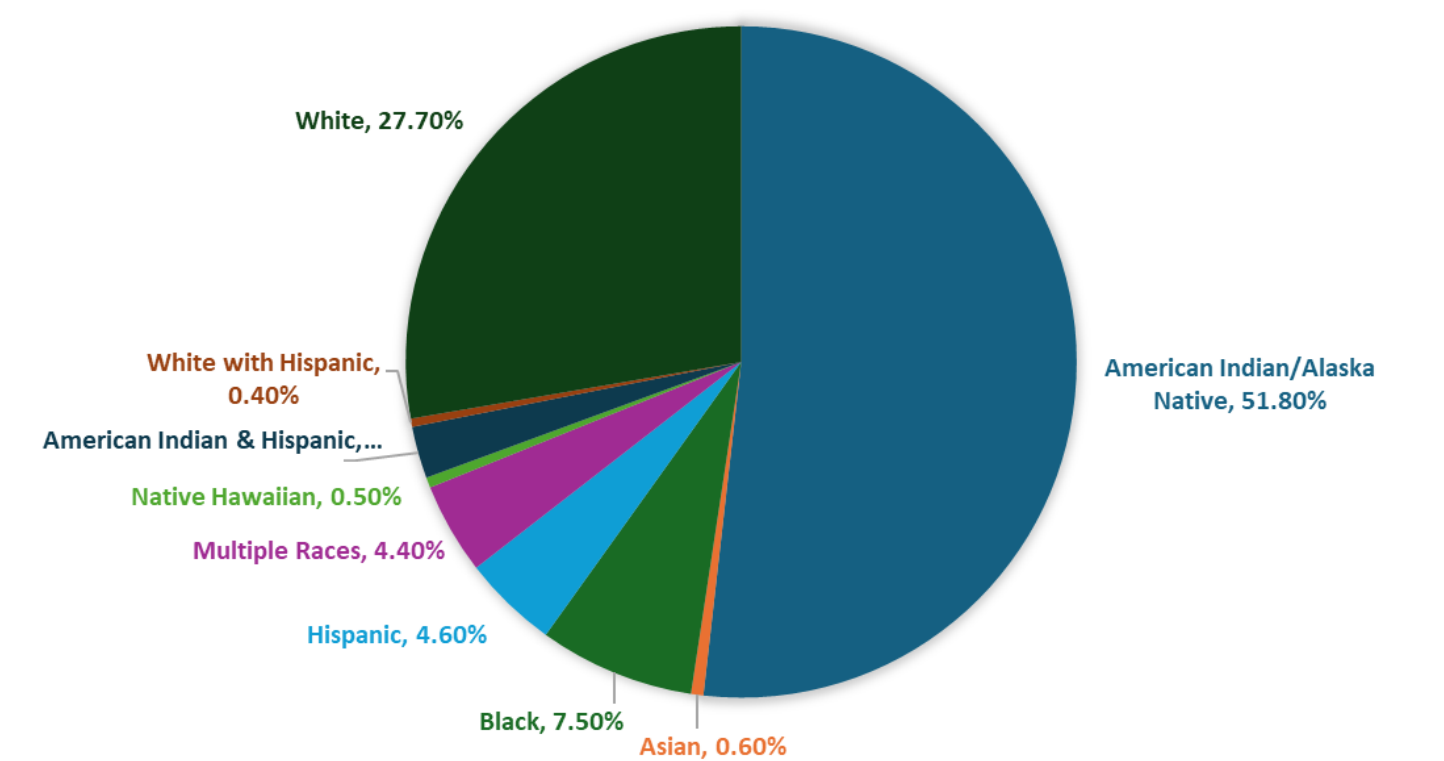


DATA SOURCE: South Dakota Housing Development Authority. (2024). Homeless Counts. Housing for the Homeless. <https://www.sdhda.org/housing-for-the-homeless/public-awareness/homeless-counts>

In 2023, the City of Sioux Falls fair housing call-line fielded 712 calls related to housing matters. Of those calls, 88 involved concerns of displacement from their homes, and another 62 individuals looking for resources and assistance in obtaining or maintaining housing.⁷¹ An individual identified as being housing insecure typically lacks a source of steady income, is behind on rent, is dealing with a recent job loss, has a job but is still unable to meet financial obligations, and/or is in an eviction process.

Homelessness disproportionately affects certain populations in Sioux Falls. Although American Indians make up only two percent of the population of the city of Sioux Falls, they comprised over half of the population of homeless individuals in 2024 (Figure 114).

Figure 114: Sheltered Homeless Individuals in Sioux Falls (2024), by Race/Ethnicity



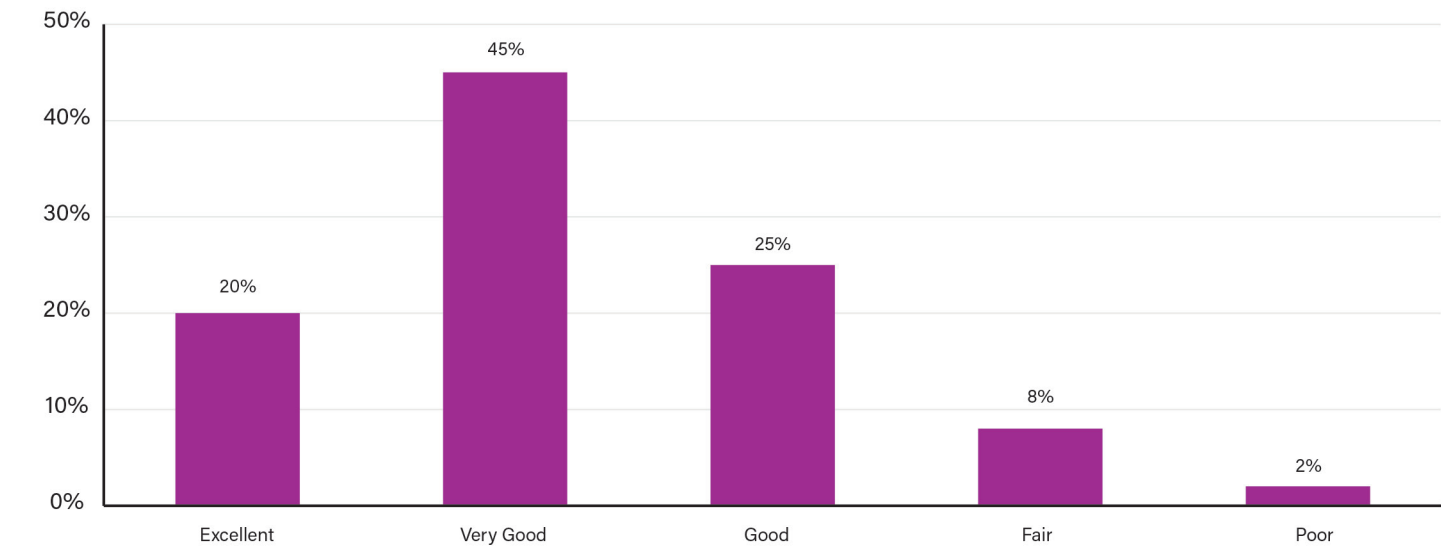
DATA SOURCE: South Dakota Housing Development Authority. (2024). Homeless Counts. Housing for the Homeless. <https://www.sdhda.org/housing-for-the-homeless/public-awareness/homeless-counts>

PHYSICAL ENVIRONMENT

Air and Water Quality

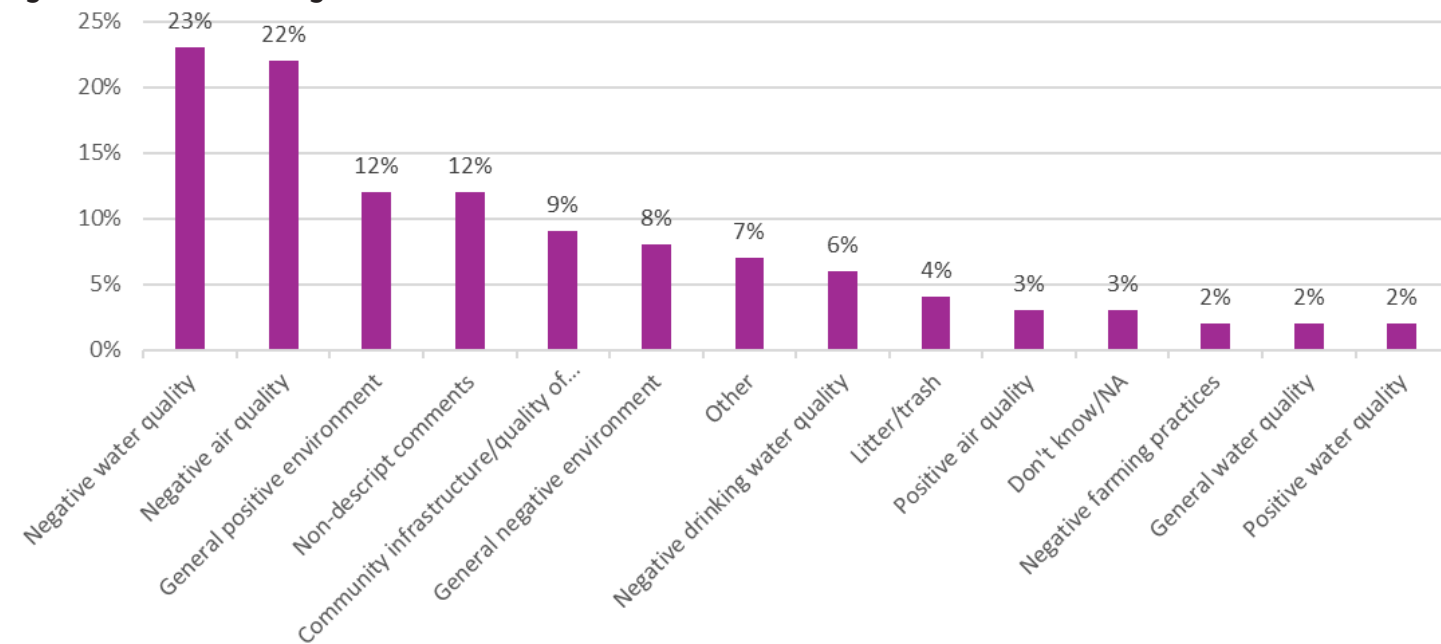
Among residents responding to the 2023 CHA Survey, 65 percent rate the community’s environmental health as excellent or very good, which is lower than previous ratings (Figure 115). Primary concerns amongst residents include water and air quality (Figure 116).

Figure 115: Resident Ratings of the Community’s Environmental Health



DATA SOURCE: South Dakota Housing Development Authority. (2024). Homeless Counts. Housing for the Homeless. <https://www.sdhda.org/housing-for-the-homeless/public-awareness/homeless-counts>

Figure 116: Resident Ratings on Environmental Issues in Sioux Falls



DATA SOURCE: South Dakota Housing Development Authority. (2024). Homeless Counts. Housing for the Homeless. <https://www.sdhda.org/housing-for-the-homeless/public-awareness/homeless-counts>

The City of Sioux Falls provides an average of 24.11 million gallons of water a day for use in homes, schools, hospitals, and businesses and ensures all required water quality standards are met. In numbers that far exceed minimum testing requirements, more than 170,000 analyses on more than 250 substances were conducted during 2020 to ensure reliable results and safe drinking water.⁷²

According to the 2023 National Community Survey, 75 percent of respondents indicated that the overall quality of the natural environment was “important” or “very important.”⁵⁵ Additionally, the same percentage of individuals thought it was important to focus on improving the overall quality of the natural environment over the next couple years.

Physical Activity Environment

People living in neighborhoods with high walkability are more likely to be active and are more likely to have lower rates of diabetes and obesity than those living in less walkable areas.

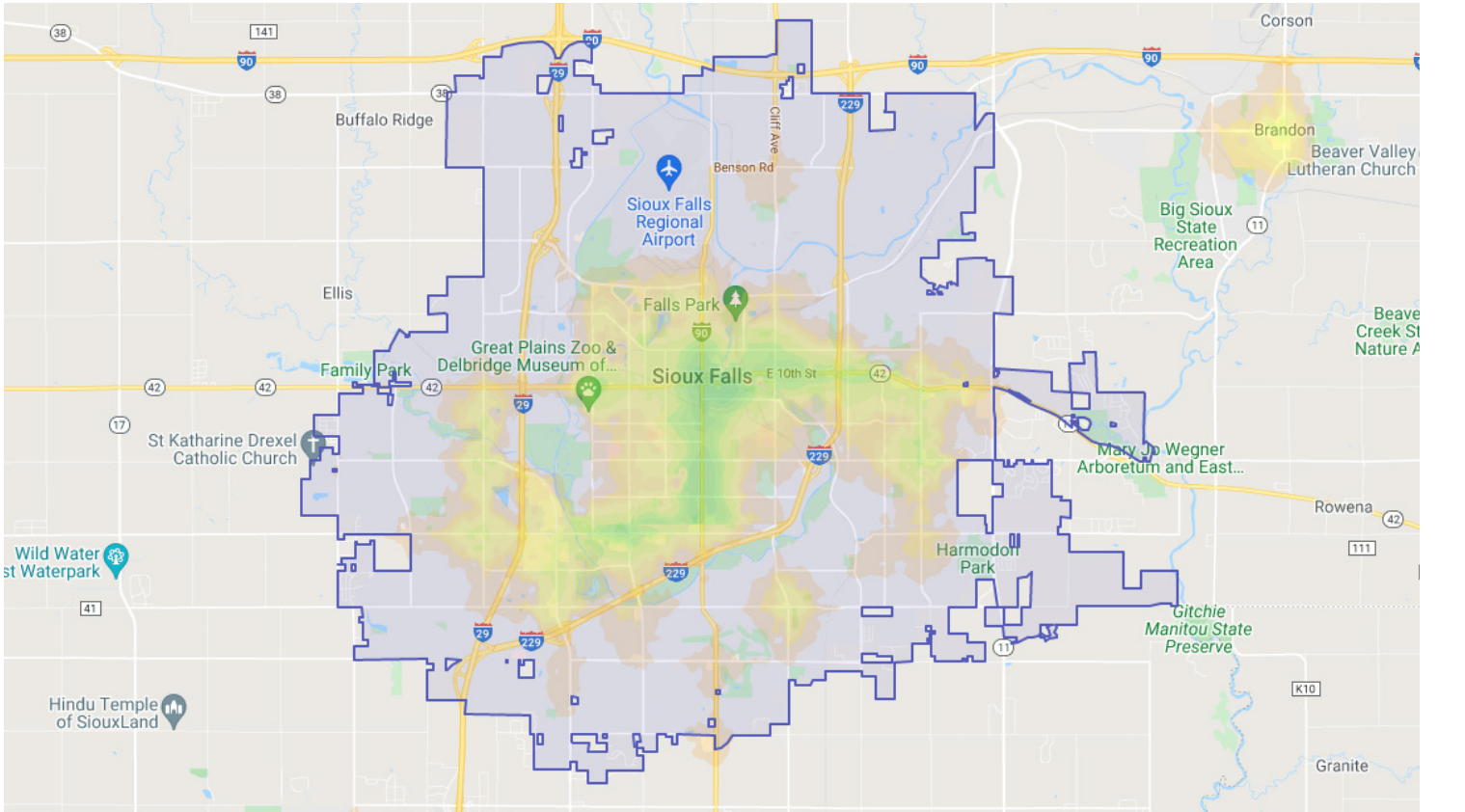
Researchers⁷³ have found that, when compared to people living in a car-dependent area, people living in a walkable area are:

- 17 percent more likely to meet weekly recommended level of physical activity
- 42 percent less likely to be obese
- 39 percent less likely to have diabetes
- 14 percent less likely to have heart disease
- 23 percent less likely to have stressful days
- 47 percent more likely to have a strong sense of community.

One way that walkability is represented in a community is by its Walk Score.⁷⁴ This rating at the city and census tract level ranges from 0 (least walkable) to 100 (most walkable). Walk Score is calculated based on intersection density, residential density, and accessibility of amenities such as grocery stores, parks, and restaurants, which affect the ease of walking within a neighborhood. City-level and tract-level values represent population-weighted aggregations of blocks. This means that areas in which people are unlikely to live, such as industrial areas or around bodies of water, do not contribute to the census tract Walk Score value.

The Walk Score for Sioux Falls is 38 out of 100, which indicates the city is “car-dependent” (e.g. most errands require a car). In the following image (Figure 117), green indicates better walkability, such as the downtown area of Sioux Falls that has a Walk Score of 77.

Figure 117: Walk Score for Sioux Falls



DATA SOURCE: Walk Score. (2021). Living in Sioux Falls. <https://www.walkscore.com/>

Cities can view walkability rankings with Walk Score⁷⁴, as well as rankings of other transportation modes such as bicycling and public transit. The table below compares Walk Score, Bike Score and Transit Score for Sioux Falls and other South Dakota cities (Table 29). Although Sioux Falls has a significant recreational bike trail system, there are opportunities to improve infrastructure to support bicycling as a mode of transportation. The city's Bike Score of 46 (out of 100) indicates that the community is only "somewhat bikeable" and could benefit from additional infrastructure. The Transit Score of 17 (out of 100) indicates minimal transit options in the city . Significant changes have been made in 2024 to improve public transit by Sioux Area Metro's new transit provider, Via. These changes include improvements to bus routes for more direct trips, easier transfers, and shorter wait times. There's also expanded availability and frequency of public transit for more residents in Sioux Falls, as well as an expansion of Via SAM On Demand service to cover the entire city, with a focus on areas that are not within walking distance from bus stops.

Table 29: WalkScore Ratings of Walkability, Bikeability and Transit in South Dakota Cities

City	Walk Score	Transit Score	Bike Score
Sioux Falls	38	17	46
Aberdeen	39	-	63
Brookings	39	-	58
Rapid City	28	-	36
Watertown	36	-	46

DATA SOURCE: Walk Score. (2021). Living in Sioux Falls. <https://www.walkscore.com/>

Park and Recreation Access

The Sioux Falls Parks and Recreation system includes more than 3,300-acres of park land, made up of 81 parks, 13 undeveloped sites, three golf courses, six ice rinks, five outdoor pools and one indoor aquatic center. In addition, the City maintains a nearly 20-mile Greenway Recreation Trail and over 34 spur miles connecting to the main trail.⁷⁵

When asked to rate the parks and recreation programs and services in Sioux Falls, respondents to the 2023 National Community Survey expressed strong satisfaction with the overall quality of parks and trails (Table 30).

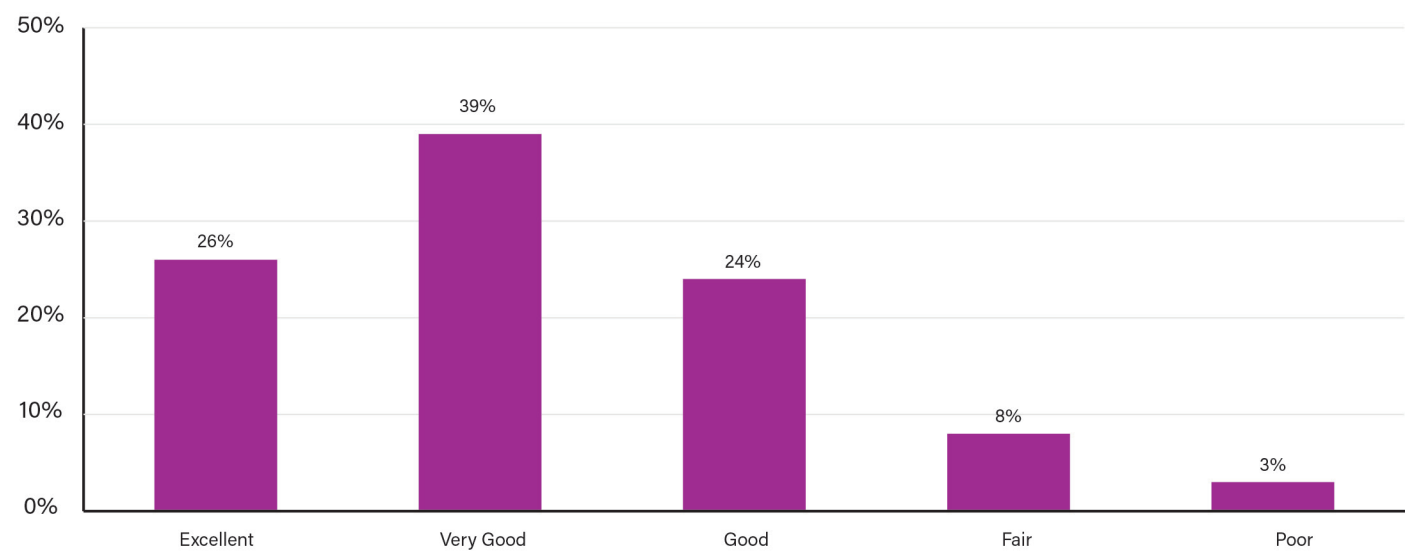
Table 30: Resident Ratings of Physical Activity Environment in Sioux Falls (percent “excellent” or good”)

	2015	2017	2019	2021	2023
Overall quality of parks and rec opportunities	N/A	N/A	N/A	85%	83%
Availability of paths and walking trails	77%	79%	76%	83%	82%
Fitness opportunities (Exercise classes, trails, etc.)	80%	84%	85%	86%	84%
Recreational opportunities	73%	75%	78%	79%	77%
City Parks	88%	89%	88%	88%	87%
Recreation programs of classes	78%	80%	86%	80%	83%
Recreation centers or facilities	76%	81%	84%	81%	76%
Overall health and wellness opportunities	85%	88%	84%	84%	86%

DATA SOURCE: Walk Score. (2021). Living in Sioux Falls. <https://www.walkscore.com/>

In addition, 65 percent of respondents to the 2023 CHA Survey rated the ability of residents to access physical activity and exercise opportunities as excellent or very good (Figure 118). Areas of concern were identified in the survey, including the cost and affordability of options (33 percent) and general access (23 percent). However, residents had positive comments regarding the ability to access outdoor opportunities (23 percent).

Figure 118: Resident Rating of the Ability to Access Physical Activity and Exercise Opportunities



DATA SOURCE: 2023 Community Health Assessment Resident Survey

According to data collected by the U.S. Census through its TIGER Geodatabases, the percentage of the population with adequate access to locations for physical activity varies among the four counties that comprise the Sioux Falls MSA (Table 31). The term adequate access is defined as living “reasonably close” to a park or recreational facility. Specifically, the measure looks at:

- Individuals who reside in a census block within a half mile of a park,
- Individuals who reside in an urban census block within one mile of a recreational facility, or
- Individuals who reside in a rural census block that is within three miles of a recreational facility.

Table 31: Percentage of population with adequate access to locations for physical activity.

Lincoln	Minnehaha	McCook	Turner	Sioux Falls MSA	SD	U.S.
91%	89%	2%	36%	86.2%	71%	84%

DATA SOURCE: U.S. Census TIGER Geodatabases. (2023). Accessed at www.countyhealthrankings.org. Sioux Falls MSA data based on Sioux Falls Metropolitan Statistical Area Calculator.



TRANSPORTATION

The 2023 National Community Survey and 2023 CHA Survey asked residents to rate the transportation system. Public transportation availability was most often identified as a need. Only 29 percent of respondents positively rated the ease of travel by public transportation (Table 32). In addition, 43 percent of respondents to the resident survey believe that the ability to access daily transportation is fair or poor which unfortunately has increased from 30 percent in the last assessment (Figure 119).

The health assessment focus groups, like in the last report, pointed out a large disconnect in transportation for the community. One of the community's continual issues is providing transportation options that meet the needs of a family. Transportation plays an important role in ensuring that community members access health services, employment, childcare, and other resources. The top concerns raised by focus group participants include:

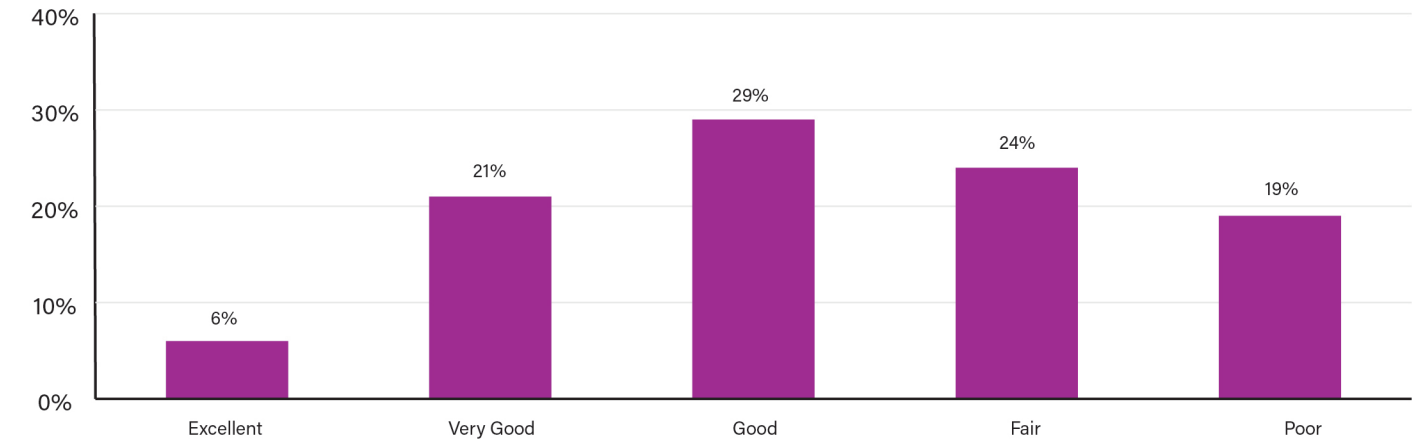
- Reliability of routes
- Limited hours of services (lacking particularly at night and on weekends)
- Routes that are convenient to get to services
- Accommodations for those with varying disabilities, language, and literacy barriers

Table 32: Resident Transportation Ratings (% rating positively) in Sioux Falls

	2008	2009	2013	2015	2017	2019	2021	2023
Overall quality	n/a	n/a	n/a	n/a	n/a	N/A	66%	55%
Paths and walking trails	n/a	77%	76%	77%	79%	76%	83%	82%
Ease of Walking	71%	74%	72%	66%	68%	71%	73%	61%
Ease of travel by bicycle	68%	65%	63%	59%	59%	60%	60%	55%
Ease of travel by public transportation	n/a	n/a	n/a	45%	42%	37%	42%	29%
Public Parking	n/a	n/a	n/a	51%	51%	49%	59%	52%
Traffic Flow	42%	41%	45%	46%	49%	52%	56%	38%
Quality of bus or transit services	n/a	n/a	n/a	59%	56%	52%	56%	39%

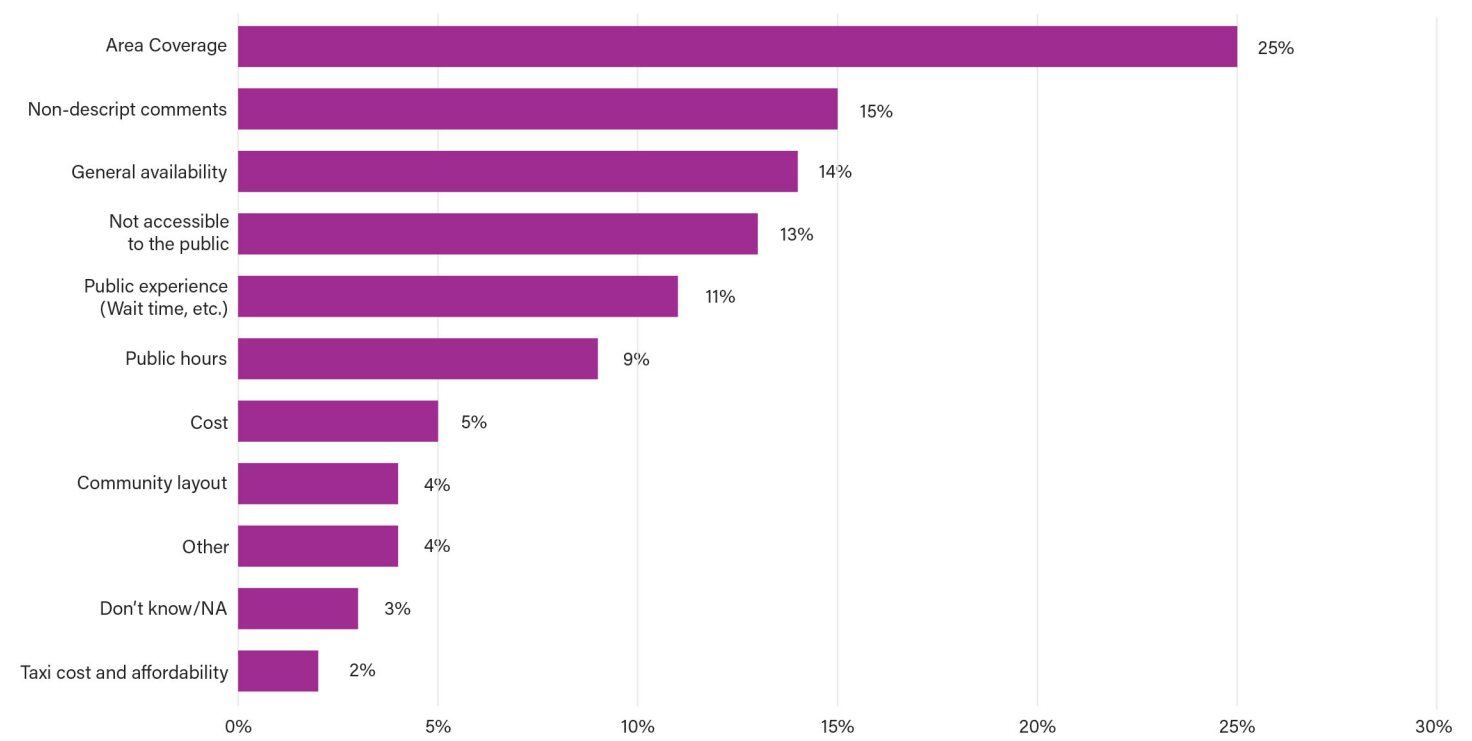
DATA SOURCE: National Research Center by Polco. (2023). Sioux Falls, SD: The National Community Survey. <https://www.siouxfalls.gov/government/council/about-the-council/community-survey>

Figure 119: Resident Rating of Ability to Access Daily Transportation in the Sioux Falls MSA



DATA SOURCE: 2023 Community Health Assessment Resident Survey.

Figure 120: Resident Rating of Ability to Access Daily Transportation in the Sioux Falls MSA



DATA SOURCE: 2023 Community Health Assessment Resident Survey.

The Sioux Falls area is primarily car-dependent, with the majority of residents driving alone to work (Table 33).

Table 33: Resident Mode of Transportation

	Sioux Falls	Sioux Falls MSA	Lincoln	McCook	Minnehaha	Turner	South Dakota	U.S.
Mean Travel Time to Work (minutes)	16.8	18.5	18.6	25.5	17.9	26.3	17.4	26.7
Mode of Transportation (percent)								
Drove Alone	81	80.8	81.7	78	80.6	80.2	78.8	71.7
Carpool	7.2	7.1	6	8.1	7.4	8.9	7.8	8.5
Public Transportation	0.5	0.4	0.2	0.0	0.5	0.3	0.4	3.8
Walked	2.0	2	1.5	3.9	2	3	3.1	2.4
Other Means	.9	.8	0.2	0.7	.9	1	1.3	1.9
Worked from Home	8.3	8.9	10.4	9.3	8.5	6.6	8.5	11.7

DATA SOURCE: United States Census Bureau. (2022). American Community Survey Data. <https://www.census.gov/programs-surveys/acs/data.html>



CONCLUSION

The public health challenges currently facing the Sioux Falls MSA are extremely complex. The population is growing, aging, and becoming more diverse. Addressing health in an equitable way must be a priority.

From years of research on the Social Determinants of Health, we know that clinical care is just a small part of what actually makes individuals healthy.³

As shown in this report, there are a number of factors driving poor health that relate more to our zip code than our genetic code. Solutions will require actions that go beyond the scope of public health, bringing together partners across policy areas and sectors. Good schools, safe neighborhoods, stable jobs, and accessible housing and transportation options can make it easier for residents to access healthy foods, be physically active, and receive the medical services and other social supports they need.

Looking to the future, strategies to address health and well-being must address behavioral, environmental,

and socioeconomic factors and must promote higher utilization of high-quality health care services. In addition, as community partners, we must promote health, equity and sustainability; support cross-sector collaboration; identify how a collaborative approach benefits all partners; engage stakeholders and residents; and create policy, systems and environmental change

Working together, we can help all residents live their healthiest life possible.

APPENDIX



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COMMUNITY ASSET MAP



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Basic Needs

Clothing and Household Items

- Employment closets
- Maternity and Kids closets
- Thrift stores
- Laundry assistance
- Furniture assistance

Employment

- Employment resource center
- Work transportation
- Disability employment assistance
- Vocational training programs

Food

- Food pantries and charitable food sites
- Nutrition programs
- Grocery stores
- Local Farms and Co-Ops

Community Gardens

- Supplemental assistance programs
- Dietitian services

Housing

- Local shelters for housing or crisis needs
- Renters Assistance
- Home buying programs
- Low income housing
- Local and state housing divisions
- Legal services
- After incarceration reintegration

Transportation

- Sioux Area Metro
- Bike Lanes
- Walking paths
- Local transportation non-profits
- Gas, bus pass, and bike assistance
- Paratransit services

Cultural Groups

- Faith-based Gathering Places
- Multicultural Center
- Neighborhood Associations

Education

- Local private and public school systems
- Colleges, universities and technical schools
- Tutoring assistance
- GED testing services

Health

Healthcare Access

- Federally qualified health center
- Regional hospitals
- Telehealth services
- Prescription assistance programs
- Community health workers
- Veteran healthcare
- Dental, hearing, and vision care and assistance
- Indian Health Services

Mental Health and Substance Use

- Mental Health Providers



Mental Health and Substance Use (Cont.)

- Residential group care
- Substance use prevention services
- Medication-assisted treatment
- Residential Treatment facilities
- Outpatient services
- Community triage center
- Drug and Alcohol Counselors
- Support groups

Organizations

- City, County and State Government Agencies
- Private Sector Businesses
- Chamber of Commerce/Economic Development
- Nonprofit Service Agencies

Priority Populations

Older Adults

- Agencies on aging
- Falls prevention services
- Nutrition programs
- Faith groups
- Assisted living, long-term care, hospice care
- Activity and Education Centers

Family/Childcare/Youth

- Family planning clinics
- Pregnancy services
- Childcare assistance
- Early childhood programs
- Parental learning opportunities
- Family and marriage counseling
- Developmental resources
- Visitation centers

Immigration/Refugee Resources

- Cultural centers
- Interpretation and translation services
- Case management
- Education and legal support

Quality of Life

Activity

- Local parks and trails
- Youth sports
- Recreation centers
- Gym/Studio Membership Programs

Arts & Culture

- Arts Council
- Art Galleries
- Events
- Performing Arts Venues
- Sculpture Walk

Safety

- City, county, and state Law enforcement
- Child protection services
- Citizen led organizations
- Animal control

*A comprehensive listing of specific resources related to basic needs, mental health, and substance use resources and community organizations is available at www.helpinecenter.org.

