

St. Michael's Hospital Avera

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2013 – COMMUNITY HEALTH NEEDS ASSESSMENT

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INTRODUCTION

Community health needs assessments are a tool used to help communities determine their capacity and use of resources by residents. It is also the foundation for improving and promoting the health of county residents. **Community health assessment is a key step in the continuous community health improvement process.** The role of the process is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

The Community Health Needs Assessment is also a part of the required hospital documentation of “Community Benefit” under the Affordable Care Act. Non-profit hospitals are now required to perform community assessments to help them determine community benefit and plan for the future. Further explanation and specific regulations are available from Health and Human Services, the Internal Revenue Service and the U.S. Department of the Treasury.

In order to comply with the established regulations, St. Michael’s Hospital Avera completed the following:

- Community Health Needs Assessment report, compliant with IRS – Treasury;
- Hospital information needed to complete the IRS – 990h schedule

EXECUTIVE SUMMARY

St. Michael’s Hospital Avera will conduct a community health needs assessment every three years to evaluate the health of the community, identify high priority health needs, and develop strategies to address the needs of the community. The 2013 St. Michael’s Hospital Avera community health needs assessment represents a combination of quantitative and qualitative information based on census data, patient data, and feedback from community leaders and community members representing the broad interests of the community. Data for Bon Homme County was compared to statewide data as well as national data and benchmarks such as Healthy People 2010. This report summarizes the results of the analysis.

In 2013, a Community Health Needs Assessment was conducted by St. Michael’s Hospital Avera for the approximately 5,000 people residing in the St. Michael’s Hospital Avera primary service area. Also located in Bon Homme County is a hospital and clinic in Scotland and a medical clinic in Springfield. Of special focus, therefore, were the healthcare needs of the communities of Tyndall and Avon.

DESCRIPTION OF THE HOSPITAL

St. Michael's Hospital Avera is licensed by the South Dakota Department of Health as a 25-bed critical access hospital with skilled and nursing facility swing beds. St. Michael's Hospital Avera operates two certified rural health clinics (dba Bon Homme Family Practice Clinic), one as a department of the hospital in Tyndall and another as an outreach clinic in Avon, South Dakota.

St. Michael's Hospital Avera is governed by a local Board of Directors and has a management agreement with Avera which is a ministry of the Benedictine Sisters and Presentation Sisters. The Avera Health network serves eastern South Dakota and surrounding states with hospitals, nursing homes, clinics and other health services at more than 300 locations.

It is the mission of St. Michael's Hospital to provide readily accessible care to the people of Bon Homme County and the surrounding area. In keeping with the tradition and the heritage of the Catholic Church, St. Michael's will aim to promote the physical, mental, social and spiritual health of all its patients. The healthcare centers will continue to offer quality services based on community needs and fiscal solvency.

History of St. Michael's Hospital Avera:

St. Michael's Hospital originated in 1949 in the Dr. H. Klima home. A new hospital was constructed in 1950 through the generosity of the local community. A hospital addition and extensive remodeling was completed in 1968 which allowed the original hospital beds to be converted to nursing home beds.

St. Michael's Hospital was leased by the City of Tyndall to the Benedictine Sisters of Sacred Heart Convent of Yankton from 1949 to 1995. The 1965 addition to the north of the original structure was formerly used as the Sister's living quarters. The original structure of St. Michael's Hospital, owned by the City of Tyndall, is now leased to St. Michael's Hospital, Inc.

St. Michael's Hospital has been a Catholic institution since 1949, shortly after its beginning. The Catholic identity, initiated by the Benedictine Sisters, is continued by a relationship with the Sioux Falls Catholic Diocese.

St. Michael's Hospital Avera is currently a 25-bed critical access hospital with skilled and nursing facility swing beds, two certified rural health clinics and a retail pharmacy. The certified rural health clinics, doing business as Bon Homme Family Practice Clinics, are located in Tyndall and Avon. The Tyndall Clinic was built in 1964 by Dr. Robert J. Foley and was purchased by St. Michael's Hospital, Inc. in 1991. The Avon facility, built in 1993 by the Avon Chamber of Commerce, is now owned by the City of Avon and has been operated by Bon Homme Family Practice since it was first opened in 1993. The retail pharmacy, Bon Homme Pharmacy, began operation in 2005.

Health Resources:

St. Michael's Hospital Avera offers inpatient, skilled and nursing facility swing bed care. St. Michael's provides 24-hour emergency services and is designated as a Trauma Receiving Hospital in the South Dakota Trauma System. Ancillary services include laboratory and blood bank services, rehabilitation therapies (physical therapy, occupational therapy, speech therapy, and cardiac rehabilitation), and radiologic services (digital radiology, digital CT scans, digital mammography, bone density scans, ultrasound, cardiovascular testing, nuclear medicine, and mobile MRI). Diabetes education/nutritional counseling and foot clinics are also offered as well as a care transitions program to prevent readmissions for targeted diagnosis and for those patients assessed at high risk for readmission. An onsite retail pharmacy makes it possible to have extensive access to pharmacists that is rarely available in a rural hospital. A multidisciplinary team including pharmacists and registered nurses provide infusion therapy and chemotherapy services.

eCare services at St. Michael's Hospital Avera include eEmergency, eICU, ePharmacy and eConsult. The eCare services allow rural patients to be cared for at their local hospitals, provide rural hospitals access to immediate specialty care and support, and help reduce health care costs and travel. eEmergency (provided at no cost to the patient) gives us the ability for immediate two-way video consultation with Emergency Medicine Physicians located at Avera McKennan Hospital.

St. Michael's Hospital Avera has a medical staff that includes two family practice physicians and two physician assistants. Specialty outreach clinics include orthopedics, podiatry, cardiology, obstetrics/gynecology, urology and surgery.

The medical staff of St. Michael's Hospital Avera, in working with the activity directors and coaching staffs of our local schools, identified a concern for safety for athletes who have suffered a concussion and the need for a consistent process to determine when it is safe for the child to resume participation. In response to that need, St. Michael's Hospital Avera now provides an Impact program to students in athletic programs in Tyndall and in Avon. The Impact program is funded totally by St. Michael's Hospital Avera and is provided free of charge to the students. It provides a baseline study which can be used to assist in the determination for safe return to play after a concussion occurs.

In addition to the Impact concussion program, St. Michael's Hospital Avera provides athletic screenings at no charge for student athletes and athletic physicals for students at a discounted rate.

St. Michael's Hospital Avera provides a nurse on an as needed basis for ambulance transfers at no cost to the local ambulance services. St. Michael's Hospital Avera also provides CPR training to our local EMS services, teachers, daycare providers, and the general public. Free blood pressure screenings, flu shot clinics, discounted laboratory testing and various health education and activities are also offered to the community.

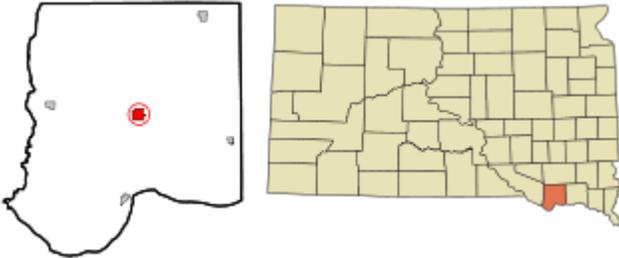
Where we are located:



South Dakota’s location within the United States.



Location of Bon Homme County in South Dakota



Location of city of Tyndall in Bon Homme County

COMMUNITY SERVED - DEMOGRAPHICS

The service area of St. Michael's Hospital Avera is rural in nature with limited ethnic diversity. The 2010 census for Bon Homme County reported 7,070 people. Inmates at the Mike Durfee State Prison in Springfield comprise the majority of the non white population. 19.1% of Bon Homme County's population is age 65 or older compared to 14.4% in the state of South Dakota. According to the US Census Bureau, the county has a total area of 581 square miles of which 563 square miles is land and 18 square miles is water. There are 2547 households in Bon Homme County. The population density is 13 people per square mile.

Bon Homme County		
Race	Number	Percent
White	6349	89.8%
Black or African American	68	1.0%
American Indian and Alaska Native	502	7.1%
Asian	10	0.1%
Other	141	2.0%
Total	7070	100.0%

Bon Homme County		
Population	Number	Percent
Under 5	373	5.3%
5 - 9	326	4.6%
10 - 19	813	11.5%
20 - 44	2200	31.1%
45 - 64	2011	28.4%
65+	1347	19.1%
Total	7070	100.0%

Source: U.S. Census Bureau - 2010
Demographic Profile Data

Labor Force Statistics

Years	Months	Area	Rate
1990	AVG	Bon Homme County	1.20%
1991	AVG	Bon Homme County	2.90%
1992	AVG	Bon Homme County	2.70%
1993	AVG	Bon Homme County	2.60%
1994	AVG	Bon Homme County	2.60%
1995	AVG	Bon Homme County	2.30%
1996	AVG	Bon Homme County	2.60%
1997	AVG	Bon Homme County	2.20%
1998	AVG	Bon Homme County	1.90%
1999	AVG	Bon Homme County	2.00%
2000	AVG	Bon Homme County	2.90%
2001	AVG	Bon Homme County	3.50%
2002	AVG	Bon Homme County	3.50%
2003	AVG	Bon Homme County	3.50%
2004	AVG	Bon Homme County	3.50%
2005	AVG	Bon Homme County	3.80%
2006	AVG	Bon Homme County	4.10%
2007	AVG	Bon Homme County	3.90%
2008	AVG	Bon Homme County	3.40%
2009	AVG	Bon Homme County	5.60%
2010	AVG	Bon Homme County	5.10%
2011	AVG	Bon Homme County	5.70%

The South Dakota labor force statistics are produced by the LMIC in cooperation with the U.S. Bureau of Labor Statistics. Statewide and Substate labor force data for 2007- 2011 has been revised.

The unemployment rate in Bon Homme County has increased from 1.2% in 1990 to 5.7% in 2011. South Dakota is ranked 3rd in the nation with the lowest unemployment rate of 4.3%.

According to the US Census Bureau report for 2007-2011, the annual median household income for Bon Homme County was \$43,356 with 12.1% of the population living below the poverty level.

WHO WAS INVOLVED WITH THE ASSESSMENT

The assessment was conducted by St. Michael's Hospital Avera which also provided financial and in-kind support for the assessment process.

Representing the broad interests of the community were school officials from Bon Homme and Avon Schools, business leaders from Tyndall and Avon, city officials from Tyndall and Avon, Bon Homme County community health services, nurses, and medical providers. Also surveyed were members of the St. Michael's Hospital Board of Directors. The Board of Directors includes a Benedictine Sister from Yankton, our local Catholic priest, a physician, and community members from Tyndall, Avon and Springfield who have backgrounds in agriculture, education, insurance, prison administration, and subsidized housing.

HOW THE ASSESSMENT WAS CONDUCTED

St. Michael's Hospital Avera began the process by initially participating in an educational and planning session conducted by Avera Health. From that meeting, the organization established a Community Health Needs Assessment committee that included St. Michael's Chief Executive Officer, the Director of Community and Employee Relations, the Chief Financial Officer and the Director of Patient Services.

We began our assessment with primary data collection consisting of one-on-one interviews and written questionnaires with representatives from within our service area. Representing the broad interests of the community were school officials from Bon Homme and Avon Schools, business leaders from Tyndall and Avon, city officials from Tyndall and Avon, Bon Homme County community health services, nurses, and medical providers. Also surveyed were members of the St. Michael's Hospital Board of Directors. The Board of Directors includes a Benedictine Sister from Yankton, our local priest, a physician, and community members from Tyndall, Avon and Springfield who have backgrounds in agriculture, education, insurance, prison administration, and subsidized housing.

Appendix I includes the questions that were asked.

To ensure that the organization included input from those with special knowledge or expertise in public health, the Bon Homme County Community Health Nurse was interviewed. Her experience gives her

knowledge of the needs of the most vulnerable and those most impacted by health disparities. At the present time, the community health nurse office is offering services primarily to women and children. The community health nurse offered her opinion that “older folks let their pride get in the way of seeking help from various programs.” When asked about the most pressing health care related need facing the community, the obesity crisis from children on up was identified. Other items of particular interest to the community health nurse included promotion of breast feeding and promotion of babies sleeping on their backs. The community health nurse also noted an excellent working relationship with the Hospital and excellent providers.

St. Michael’s Hospital Avera then proceeded to gather the most recent statistics about public health from county, state, and national sources. Data was collected from the US Dept. of Human Services, US Centers for Disease Control, and the US Census Bureau. In addition, the County Health Rankings website was utilized as it provides a wealth of information on nearly every county in the nation. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, this resource helps counties and other organizations like St. Michael’s Hospital Avera understand the many variables that influence health. In addition, South Dakota Department of Health statistics were reviewed regarding the health status and leading health indicators for Bon Homme County.

HEALTH NEEDS IDENTIFIED

The primary data collected indicated a widespread appreciation for healthcare services currently provided by St. Michael’s Hospital Avera and the desire to maintain the availability of local services and local healthcare providers well into the future. Interviewees identified up to date technology/equipment and the availability of eServices such as eEmergency and eConsult as very positive. The need for updated patient rooms was also noted and identified as important to patients and their families.

A wide variety of resources are available to the community to improve health and well being such as St. Michael’s wellness center, the Hoch fitness center, parks, swimming pool, walking trail, and St. Michael’s nutritional counseling, and all were viewed positively. Obesity and particularly childhood obesity was identified as a concern. Promotion of healthy eating, healthy options when eating out, and year round availability of organic foods were identified as challenges.

The need for mental health services was another concern. Of special note was the perception of increased depression in children as well as adults and the limited access to behavioral health resources.

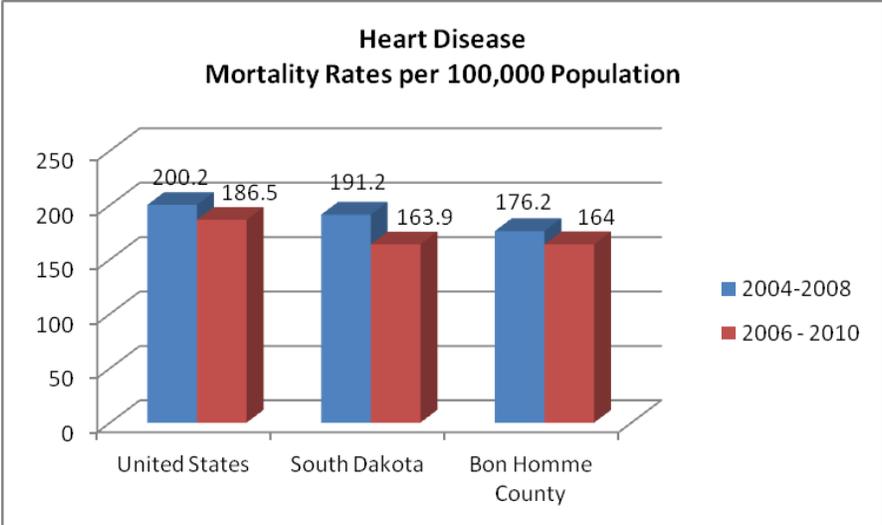
Bon Homme County Health Rankings

	Bon Homme County	Error Margin	South Dakota	National Benchmark*	Rank (of 57)
Health Outcomes					4
Mortality					2
Premature death	3,843	2,953-4,917	6,712	5,317	
Morbidity					12
Poor or fair health	9%	6-13%	11%	10%	
Poor physical health days	2.5	1.7-3.3	2.8	2.6	
Poor mental health days	2.4	1.4-3.3	2.6	2.3	
Low birth weight	6.0%	3.8-8.2%	6.7%	6.0%	
Health Factors					35
Health Behaviors					25
Adult smoking	20%	14-28%	18%	13%	
Adult obesity	30%	24-36%	30%	25%	
Physical inactivity	31%	25-38%	26%	21%	
Excessive drinking	16%	11-24%	19%	7%	
Motor vehicle crash death rate	26	14-45	19	10	
Sexually transmitted infections	170		392	92	
Teen birth rate	19	12-28	38	21	
Clinical Care					22
Uninsured	15%	13-17%	14%	11%	
Primary care physicians**	1,177:1		1,336:1	1,067:1	
Dentists**	2,873:1		1,974:1	1,516:1	
Preventable hospital stays	72	59-86	64	47	
Diabetic screening	78%	62-93%	84%	90%	
Mammography screening	73%	55-91%	70%	73%	
Social & Economic Factors					40

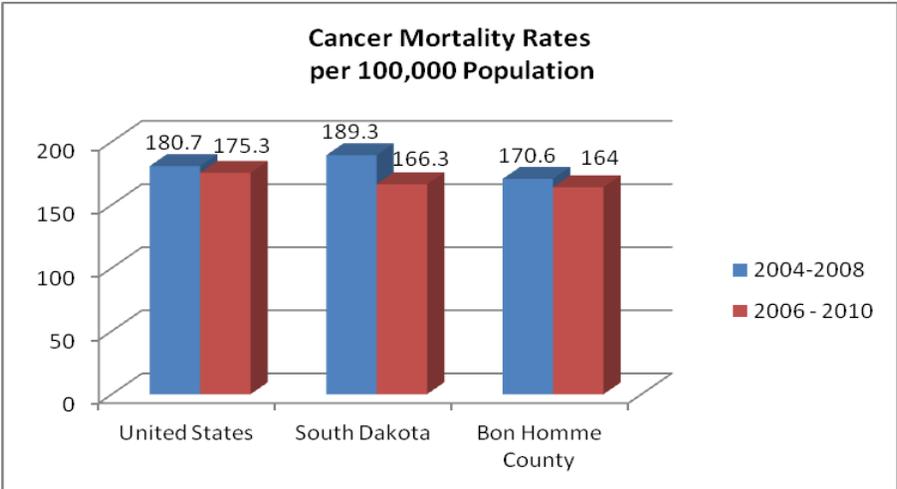
	Bon Homme County	Error Margin	South Dakota	National Benchmark*	Rank (of 57)
High school graduation**	90%		83%		
Some college	45%	37-53%	66%	70%	
Unemployment	5.7%		4.7%	5.0%	
Children in poverty	20%	14-26%	19%	14%	
Inadequate social support	17%	12-22%	17%	14%	
Children in single-parent households	18%	12-25%	30%	20%	
Violent crime rate	5		230	66	
Physical Environment					41
Daily fine particulate matter	10.0	9.8-10.1	8.4	8.8	
Drinking water safety	0%		7%	0%	
Access to recreational facilities	0		12	16	
Limited access to healthy foods**	30%		11%	1%	
Fast food restaurants	25%		43%	27%	
* 90th percentile, i.e., only 10% are better. ** Data should not be compared with prior years due to changes in definition. Note: Blank values reflect unreliable or missing data					2013

Bon Homme County is ranked 4th out of the 57 counties in South Dakota in health outcomes in this study. The counties ranking above Bon Homme County included Brookings, Hutchinson and Lincoln. The positive scores for Mortality and Morbidity balanced the less positive rankings for Health Factors.

The leading causes of death in Bon Homme County for 2007-2011 were heart disease and cancer. The following charts show that both categories are comparable to the South Dakota numbers and significantly less than the national average.



Heart Disease	2004-2008	2006-2010
United States	200.2	186.5
South Dakota	191.2	163.9
Bon Homme County	176.2	164
Source: SD Vital Statistics		



Cancer	2004-2008	2006 - 2010
United States	180.7	175.3
South Dakota	189.3	166.3
Bon Homme County	170.6	164
Source: SD Vital Statistics		

COMMUNITY ASSETS IDENTIFIED

The assessment identified St. Michael's Hospital Avera as essential for community healthcare needs as well as for the significant economic impact for Bon Homme County. A number of strong community resources and assets were noted including excellent medical providers, retail pharmacy, volunteer EMS services, and hospital collaboration with Community Health Nurse, local optometrist, and school systems.

A wide variety of resources are available to the community to improve health and well being such as St. Michael's wellness center, the Hoch fitness center, parks, swimming pool, walking trail, and St. Michael's nutritional counseling, and all were viewed positively. St. Michael's also offers laboratory screenings year round at a reduced fee, Impact concussion program for students, CPR training, and a variety of health promotions/screenings. Interviewees noted the availability of extended clinic hours in Tyndall which include early morning, noon hour and evening as well as Saturday morning and the outreach clinic hours that are available in Avon.

The most generous program offered to the community is the hospital's eServices including eEmergency, eICU, ePharmacy, and eConsults, which allow patients access to specialty services via two way video communication. This not only benefits patients because they can stay closer to home and their loved ones, but it also reduces health care costs.

In addition to St. Michael's critical access hospital, there is also a critical access hospital located in Scotland. Medical clinics are located in Tyndall, Avon, Springfield and Scotland. There are two long term care facilities in Bon Homme County, Tyndall Good Samaritan Center and Scotland Good Samaritan Center. There is also an Assisted Living Facility in Springfield. There is an optometrist office located in Tyndall and dental offices in Tyndall, Springfield, and Scotland. All five communities in Bon Homme County have local EMS services staffed by volunteers.

Mike Durfee State Prison is located in Springfield with a census of 1200 inmates. From its inception in the 1980's, St. Michael's medical staff has been contracted to provide medical direction for the facility. St. Michael's continues to make special efforts to work collaboratively with Mike Durfee State Prison in providing services to meet their health care needs.

PRIORITY NEEDS

#1 Finding: Up to Date Medical Facilities

A recurring theme was the importance of healthcare being available in our local community with high quality providers and up to date facilities. There were many positive comments about the excellent medical staff and wide variety of outreach services available. The eServices such as eEmergency and eConsults are also viewed as high quality services that assist in allowing patients to be cared for close to home. However, the hospital patient rooms are becoming outdated and no longer meet patient expectations.

The current patient rooms, which are primarily semi-private rooms with shared bathrooms, do not meet the needs or expectations of today's patients. Whether the patient is an inpatient, skilled swing bed, nursing facility swing bed or outpatient, private rooms with private bathrooms are now considered the standard of care due to their impact on infection control and patient satisfaction.

#1 Plan: St. Michael's Hospital Avera is considering a building project which would include a new wing on the ground floor to accommodate patient rooms. The patient rooms will all be private rooms with private bathrooms.

St. Michael's Hospital Board of Directors has hired a consultant to conduct a feasibility study to determine community support for a capital fund campaign for this project.

#2 Finding: Childhood Obesity and Healthy Eating Options

Pediatric obesity and poor nutrition was identified as one of the largest health concerns for our area. Healthy eating after school as well as the lack of healthy options for eating out and at the swimming pool were specifically mentioned.

#2 Plan: Investigate the feasibility of a collaborative effort to provide nutritional education to students and/or parents.

3 Finding: Access to Behavioral Health Resources

Depression in children and in our elderly population and access to behavioral health resources was another concern that was identified.

#3 Plan: St. Michael's Hospital Avera has invested in technology for telehealth which accommodates eConsults by specialists. Although behavioral health specialists currently have very limited availability, St. Michael's Hospital Avera plans to consider utilization of eConsults for behavioral health resources as they become available. It was also noted that Avera is in the process of developing a mental health service line throughout the system.

Appendix I

Questions utilized on the Community Health Needs Assessment were as follows:

- What is healthy about our community?
- What is unhealthy about our community?
- What services are needed that do not exist?
- Are there specific populations you are aware of in need of services? What types of services do they need?
- Do you see productive collaborations in the community addressing health needs?
- What do you believe is the most pressing health care need facing the community? Do you feel the hospital is addressing this need?
- In what ways is the hospital serving the community well? In what ways could the hospital serve the community better?

RESOURCES

- 1 US Census Bureau, State & County Quick Facts 2011
- 2 Bon Homme County, South Dakota – Wikipedia
- 3 U.S Census Bureau, American Fact Finder
- 4 SDDOH, Office of Health Statistics
- 5 County Health Rankings & Roadmaps

SOUTH DAKOTA DEPARTMENT OF HEALTH

AT A GLANCE IN 2010

Published by: SD Department of Health
Office of Health Statistics
615 East 4th St
Pierre, SD 57501 (605) 773-3361



VITAL STATISTICS SUMMARY

EVENTS	NUMBER	RATE
Live Births	11,795	14.5 ¹
Deaths	7,087	915.8 ⁴
Infant Deaths	83	7.04 ²
Neonatal Deaths	56	4.75 ²
Postneonatal Deaths	27	2.29 ²
Fetal Deaths	74	6.2 ²
Induced Abortions	637	4.2 ³
Marriages	5,939	7.3 ¹
Divorces	2,774	3.4 ¹

¹Per 1,000 population. ²Per 1,000 live births. ³Per 1,000 women 15-44.
⁴Per 100,000 population.

DURING EACH DAY IN SOUTH DAKOTA THERE WERE AN AVERAGE OF:

Live Births	32.3	Accidental Deaths	1.1
Births to Teenagers	0.7	Motor Vehicle Deaths	0.4
Low Weight Births	2.2	Assault (homicide) Deaths	0.03
Births to Unmarried Women	12.1	Intentional Self-Harm	
Induced Abortions	1.7	(suicide) Deaths	0.4
Deaths	19.4	Infant Deaths	0.2
Malignant Neoplasms		Fetal Deaths	0.2
(cancer) Deaths	4.5	Marriages	16.3
Heart Disease Deaths	4.4	Divorces	7.6

LIVE BIRTH SUMMARY

EVENTS	NUMBER	RATE / %
Total Live Births	11,795	14.5 ¹
White Births	9,245	13.2 ¹
American Indian Births	1,835	25.6 ¹
Low Weight Births	811	6.9 ²
Births to Unmarried Women	4,427	37.5 ²
Estimated Pregnancies (live births, fetal deaths, and induced abortions)	12,506	82.1 ³

¹Per 1,000 population. ²Percent of live births. ³Per 1,000 women 15-44.

TEENAGE (17 & UNDER) STATISTICS

EVENTS	NUMBER	RATE / %
Total Live Births	269	10.0 ¹
Births to Unmarried Women	263	97.8 ²
Low Weight Births	14	5.2 ²
Estimated Pregnancies, 13-17 (live births, fetal deaths, & induced abortions)	300	11.2 ¹
Teenage Pregnancies, 15-17	286	17.5 ⁴
Deaths	27	48.9 ³
Accidents	15	27.1 ³
Motor Vehicle Accidents	11	19.9 ³
Intentional Self-Harm (suicide)	11	19.9 ³

¹Per 1,000 female teenage population 13-17. ²Percent of live births to teenagers. ³Per 100,000 teenagers 13-17. ⁴Per 1,000 female teenage population 15-17.

INFECTIOUS DISEASE INDICATORS

	2006	2007	2008	2009	2010
Tuberculosis	14	13	16	18	15
Gonorrhea	367	261	370	344	468
HIV/AIDS	34	25	34	21	35
Foodborne Illness *	404	456	467	567	518
Immunization Rate **	82%	87%	81%	78%	87%

* Foodborne illness (Salmonella, Shiga-toxin producing E. coli, including O157:H7, Campylobacter)

** NIS: Immunization rates children 19-35 mo immunized with 4 DTap, 3 polio, 1 MMR, 3 Hib and 3 hepatitis B.

2010 SOUTH DAKOTA CENSUS POPULATION

	TOTAL		WHITE		AMERICAN INDIAN	
	Male	Female	Male	Female	Male	Female
0-4	30,535	29,086	22,945	21,746	4,405	4,289
5-9	28,544	26,987	21,988	20,582	4,057	3,948
10-14	27,678	26,282	21,838	20,568	3,685	3,636
15-44	161,412	152,353	134,256	127,273	15,737	15,952
45-64	108,359	106,363	99,306	97,242	5,996	6,483
65-84	44,556	52,799	42,635	50,195	1,406	1,934
85+	6,297	12,929	6,178	12,640	77	212
Total	407,381	406,799	349,146	350,246	35,363	36,454

Population data are provided by the 2010 U.S. Census Bureau, U.S. Department of Commerce

TEN LEADING CAUSES OF DEATH

CAUSE	NUMBER	RATE	¹ YPLL
Malignant Neoplasms (cancer)	1,651	170.6	10,308
Heart Disease	1,611	154.9	6,154
Chronic Lower Respiratory Disease	451	46.0	1,396
Cerebrovascular Diseases	411	39.2	1,041
Alzheimer's Disease	401	36.2	164
Accidents	391	44.3	8,696
Diabetes Mellitus	241	24.6	1,486
Influenza & Pneumonia	166	15.5	581
Intentional Self-Harm (suicide)	139	16.0	4,832
Essential (Primary) Hypertension and Hypertensive Renal Disease	93	8.8	204

¹Age-Adjusted with the 2010 Standard. ²YPLL (Years Potential Life Lost before Age 75)

BEHAVIORAL RISK FACTORS & 2010 INITIATIVES

Adults Who Eat 5 Fruits & Vegetables a Day	15.7%	25.0%
Adults Who Are Overweight or Obese	65.7%	55.0%
Adults Who Are Physically Active on Regular Basis	45.0%	50.0%
Adult Cigarette Smokers	15.4%	18.0%

FIVE LEADING CANCER SITES 2009

SITE	INCIDENCE*	%	DEATHS	%	YPLL ¹	%
Prostate	579	15.1	84	5.6	128	1.3
Breast, Female	538	14.1	95	6.3	802	7.9
Lung & Bronchus	480	12.6	387	25.7	2,250	22.2
Colorectal	426	11.1	157	10.4	744	7.3
Bladder	191	5.0	30	2.0	98	1.0
SD All Sites	3,823		1,506		10,138	

Note: *Includes malignant cancers for all sites and in situ bladders.

¹YPLL (Years of Potential Life Lost before Age 75).

Bon Homme County

Demographic Information



Bon Homme County is located on the Nebraska border in eastern South Dakota and averages 12.5 persons per square mile.

2011 Population Information

Subject	Number	Percent
Total population.....	6,983	100.0
White.....	6,285	90.0
Black or African American.....	70	1.0
American Indian and Alaska Native.....	517	7.4
Asian.....	14	0.2
Native Hawaiian & Other Pacific Islander.....	0	0.0
Two or More Races.....	98	1.4
Under 5 years.....	328	4.7
Under 18 years.....	1,355	19.0
65 years and over.....	1,327	19.4

Source: United States Census Bureau, 2011 American Community Survey estimates

Health Status Indicators 2007-2011

Nativity

Percent of Low Birth Weight Infants.....	6.2
Percent of Mothers Receiving Care in 1st Trimester.....	79.4
Percent of Mothers Who Used Tobacco While Pregnant ¹	16.1
o Percent of Births Less Than 37 Wks. of Gestation.....	4.6
o Average Age of Mother.....	28.0
Teenage Birth Rate ²	LNE
Percent White Births.....	95.7
Percent American Indian Births.....	1.8
o Percent Unmarried.....	20.9
Percent WIC births.....	45.2
Percent Breastfeeding at discharge.....	74.5
o Percent Payment-Private Insurance.....	73.2
o Percent Payment-Medicaid.....	23.4
Percent C-Section.....	28.6

• Denotes a health status indicator which is significantly lower than the state average.
 o Denotes a health status indicator which is significantly higher than the state average.
 LNE (Low Number of Events): is used because the rate or percent may be unreliable.
¹Data for mothers who used tobacco are self-reported.
²Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality³

ALL CAUSES.....	635.8
Heart Disease.....	168.8
Malignant Neoplasms (cancer).....	158.4
o Trachea, Bronchus, & Lung.....	61.1
o Colon, Rectum, & Anus.....	16.7
o Female Breast.....	15.0
o Pancreas.....	9.6
Cerebrovascular Disease.....	47.1
Chronic Lower Respiratory Diseases.....	38.5
Accidents.....	34.7
o Motor Vehicle Accidents.....	17.5
Alzheimer's Disease.....	24.0
Diabetes Mellitus.....	23.4
o Influenza & Pneumonia.....	7.9
o Intentional Self-Harm (suicide).....	13.0
Chronic Liver Disease and Cirrhosis.....	LNE
Infant Mortality.....	LNE

Leading Causes of Death

1. Heart Disease.....	109	Total Deaths
2. Cancer.....	90	
3. Cerebrovascular Disease.....	31	
4. Chronic Lower Respiratory Disease.....	25	
5. Alzheimer's Disease.....	21	
6. Accidents.....	18	
7. Diabetes.....	13	
8. Neoplasms of uncertain or unknown behavior.....	10	
9. Unspecified dementia.....	9	
T10. Influenza and Pneumonia.....	5	
T10. Essential (primary) hypertension and hypertensive renal disease.....	5	
T10. Parkinson's disease.....	5	

Percent of deaths due to tobacco use..... 13.0
 Median age at death..... 84

• Denotes a health status indicator which is significantly lower than the state average.
 o Denotes a health status indicator which is significantly higher than the state average.
³All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See Technical Notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics