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Health Services for Rural South Dakota

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HEALTH SERVICES FOR RURAL SOUTH DAKOTA

HEALTH SERVICES LINKED TO POPULATION

Health services have traditionally followed population concentrations. Two thirds of the people in the United States are reported to live on ten percent of the land area. The remaining one third are widely dispersed over the other 90 percent. The distribution of physicians is even more unequal. In 1969, the population to physician ratio ranged from a low of 450 persons per physician in urban areas of 5 million or more inhabitants. This is almost 5 times as many people per doctor in rural areas as in urban areas.

It is likely this situation will become more acute. A study of the 1960-65 graduates of American medical schools showed that heavily populated communities were attracting more physicians per capita than rural areas. Rural counties of less than 10,000 persons, which together accounted for 2.5 percent of the U.S. population attracted less than one percent of the 1960-65 medical graduates. Obviously the remaining 99 percent plus located in counties with populations greater than 10,000. Only 17 of South Dakota's 67 counties have populations over 10,000.

POPULATION DENSITY AND NUMBER OF PHYSICIANS

The movement of physicians to the more densely populated areas is clearly evident in South Dakota. In the 13 year period from 1960-1973 towns with populations under 10,000 lost 71 physicians. Conversely, in cities 10,000 and over the net gain in physicians was 70. In 1973 there were 17 counties in South Dakota without a civilian physician. Fifteen of these 17 counties have less than 5,000 inhabitants. Todd and Shannon Counties, the two counties with more than 5,000 people, are served by Public Health Service Hospitals.

Rural people may be less concentrated, less visible, and perhaps less organized but are certainly no less in need of adequate services than the urban population. How then, in the face of these trends, can rural people obtain adequate health services, both now and in the future?

The first reaction of any community which has lost the services of their physician, through either a transfer, death or retirement, is to replace the physician. Few have been successful. The long hours, isolation from other medical practitioners and distance to hospital facilities hold little attraction for a physician seeking a medical practice site.

ALTERNATE HEALTH DELIVERY SYSTEMS

The Federal and State governments have been aware of the problems of medically deprived communities and have taken steps to

help rural communities set up a health services delivery system. The involvement of local people and local government officials and agencies are required to implement these programs.

Emergency health services are of primary importance. Work-related injury rates in agriculture are the highest of all occupational classifications. The average age of people living in rural communities is also higher than urban and sub-urban communities. The need for prompt and dependable ambulance service in rural areas is obvious.

AMBULANCE SERVICES

The Federal Government through the Department of Transportation has provided funds, on a matching basis, for the purchase of modern, fully equipped ambulances. Fifty-five percent of the needed funds are provided by the Highway Safety Division of the Federal Department of Transportation. The other 45 percent matching funds must be provided by the local government. As of January 1, 1974, 59 ambulances have been placed in South Dakota communities. In spite of this impressive record, many rural communities still do not have adequate ambulance service. Communities interested in obtaining an ambulance should contact the Emergency Health Services Program, State Office Building, Pierre for further information. The current cost of a modern fully equipped ambulance is about \$15,000. The participating community must garage and maintain the vehicle.

Adequate ambulance vehicles alone do not provide good ambulance service. Trained personnel, to include the driver and a patient attendant, are needed to provide the necessary emergency care. In south Dakota a basic 22 hour course taught locally and an advanced 50 hour program taught regionally with an additional 9 hours training in the local hospital are available. Both courses are based on a nationally recognized program for ambulance attendant training and are available without charge from the Emergency Health Services Program. Legislation requiring minimum training, equipment standards and licensing of all ambulance services in South Dakota is now under consideration.

Completion of the basic 22 hour course is required of all Department of Transportation ambulance personnel whether they be paid or volunteer. In addition at least 2 members of the squad must have completed the 81 hour course within 2 years.

RADIO COMMUNICATIONS

Communications is a vital link in any emergency health service system. Two way radio communication between ambulances, hospitals,

law enforcement and physicians can save precious minutes in any kind of emergency situation.

A four county emergency medical communications pilot project, to test the feasibility of two way radio communications in emergency health, has been in operation in the cities of Huron, Miller, Wessington Springs and DeSmet. If state and Federal matching funds become available all South Dakota hospitals and ambulances on a regional basis will be linked by two way communications. Ambulances presently supplied through the Department of Transportation program are equipped to communicate with law enforcement agencies.

PHYSICIANS' ASSISTANTS

A physician's assistant might help solve the problem of rural communities which do not have the services of a resident physician. The 1973 legislature passed legislation which licenses persons with specific medical training to practice certain medical procedures under the supervision of a physician. This supervision may be by personal contact or indirect contact by telephone or radio. Physician's assistants can perform many of the medical procedures which are usually conducted in a physicians office.

A physician's assistant is trained to institute emergency measures and treatment in situations

such as cardiac arrest, shock, hemorrhage, convulsions, poisonings and emergency obstetric delivery. He or she may give physical examinations, draw and examine blood samples, read skin tests, take electrocardiogram tracings, prescribe treatment for symptoms and treatment for temporary pain relief, treat common childhood diseases, administer injections and immunizations, clean and suture superficial wounds, treat burns, strap, cast, and splint sprains and remove casts and apply traction.

The assistant may service out-patient facilities in small communities, treat the patients they are qualified to serve and refer the more serious cases to the primary care physician.

STARTING A LOCAL SERVICE

How may a rural community obtain the services of Physician Assistant? The State Board of Medical and Osteopathic Examiners is responsible for the approval of placement of physician's assistants. The primary care physician must make the application and file a copy of the employment contract between the physician and his assistant with the board at the time of application. Therefore communities desiring to obtain the services must work with the physician presently serving the community. The services thus obtained are not a new service but an extension of present services.

Galen Kelsey, Extension Resource Development Agent

Remember: Agri-Business Day, Tuesday, April 2, 1974.

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