Health Services for Rural South Dakota

Cooperative Extension South Dakota State University

Follow this and additional works at: https://openprairie.sdstate.edu/extension_fact

Recommended Citation
https://openprairie.sdstate.edu/extension_fact/686

This Fact Sheet is brought to you for free and open access by the SDSU Extension at Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. It has been accepted for inclusion in SDSU Extension Fact Sheets by an authorized administrator of Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. For more information, please contact michael.biondo@sdstate.edu.
Cooperative Extension Service
South Dakota State University
U. S. Department of Agriculture

Health services for rural South Dakota
Health services have traditionally followed population concentrations. Two-thirds of the people in the United States are reported to live on ten per cent of the land area. The remaining one-third are widely dispersed over the remaining 90 per cent.

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, to a high of 2,103 persons per physician in rural areas of less than 10,000 inhabitants. This is almost 5 times as many people per doctor in rural areas than 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 25 per cent of the U. S. population, attracted less than one per cent of the 1960-65 medical graduates. Obviously the remaining 99 per cent plus were located in counties with populations greater than 10,000. Only 17 of South Dakota’s 67 counties have populations over 10,000.

S. D. Doctors Show Typical Movement

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 a total of 71 physicians. Conversely in cities 10,000 and over the net gain was 70 physicians.

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 they are certainly no less in need of adequate health services than urban populations. How then, in the face of these trends, can rural people obtain adequate health services, both now and in the future?
Problems Are Many

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.

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 governmental officials and agencies are required to put these programs under way.

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 suburban communities. The need for prompt and dependable ambulance service in rural areas is obvious.

Ambulance Service—How High a Cost?

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 per cent of the needed funds are provided by the Highway Safety Division of the Federal Department of Transportation. The other 45 per cent matching funds must be provided by 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.

An adequate ambulance vehicle does not alone provide good ambulance service. Trained personnel, including a driver and 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 passed during the 1974 legislative session.

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.

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, testing the feasibility of two-way radio communications in emergency health, has been in operation in 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 Ease Problem

A physician's assistant might help solve the problem of rural communities that don't 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. Physicians 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, 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, remove casts and apply traction. The physician assistant cannot perform any internal surgical procedures.

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.

How may a rural community obtain the services of a physician’s assistant? The State Board of Medical and Osteopathic Examiners is responsible for certification and 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 himself and his assistant with the Board at the time of application. Communities desiring to obtain the services must make their wishes known to the physician presently serving the community. The services that will be obtained are not a new service, but an extension of present services.

**First Aid—Essential to Rural Life**

Knowledge of the fundamentals of home health care and emergency procedures in the home and on the farm is essential for people living in remote areas. Home health nursing and other training has largely replaced the Farmers Almanac of home remedies used in earlier times.

County public health nurses will teach the Red Cross approved home health nursing course on demand without charge. However not all counties in South Dakota have the services of a county public health nurse.

The basic 22-hour emergency treatment course (required of ambulance drivers and patient attendants) may be taken by any interested person without cost to the recipient.

Accidents do happen, and people have heart attacks and strokes far from a hospital or physician. People living in remote communities who are prepared to cope with such emergencies can feel secure that they will receive the best possible care under the circumstances along with speedy transportation to the hospital and professional medical care.

### Physician Practice Sites in South Dakota 1973

*Includes all physicians in private, active practice. Does not include retired, Federal (PHS, AFB, Veterans Hospital), or State (mental hospitals, government employed) physicians.

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Size of City</th>
</tr>
</thead>
<tbody>
<tr>
<td>⬤</td>
<td>0-2500</td>
</tr>
<tr>
<td>★</td>
<td>2500-10,000</td>
</tr>
<tr>
<td>□</td>
<td>10,000</td>
</tr>
</tbody>
</table>