



Reduce Health Disparities among Minorities and Rural Populations

Position Statements:

- Support public health programming that targets the needs of minorities and rural families for specific interventions.
- Encourage training on cultural competency and health disparity issues for all providers in the state working with underserved populations.
- Improve access to care for minority and underserved populations, especially through the reduction of financial, language, and transportation barriers.

Background:

The state of South Dakota is unique in that approximately 74,000 of its residents (about 10% of the state's population) are American Indian, with a total of nine reservations in the state. Health disparities between American Indians and whites are well-documented: American Indians continue to experience a higher rate of health disparities compared with other populations in the United States, including higher rates of infant mortality, diabetes, suicide, and tuberculosis.

In addition, nearly 60% of South Dakota's total population lives in small, rural communities of 5,000 or fewer people, with communities of less than 500 people comprising a large portion of the small towns. South Dakota meets the federal definition of a frontier state with thirty-four of the state's sixty-six counties averaging less than two people per square mile. According to the Rural Assistance Center, geographic isolation, socio-economic status, health risk behaviors, and limited job opportunities contribute to health disparities in rural communities.

Overview:

For South Dakotans, access to health care is a matter of geography. Forty-seven of the state's 66 counties (71%) are designated as medically underserved areas (SD Office of Rural Health). Rural, frontier, and reservation residents rely on local facilities and health care professionals for basic care needs, but these are few in number, which impedes access to quality care. Beyond basic primary care, extensive travel is required to reach clinics and hospitals, contributing to a disproportionate incidence of possible untreated acute and chronic health problems.

Many of these at-risk, underserved populations have shorter life-spans and experience significantly higher disease rates for most conditions than those in the majority population. These disparities contribute to unnecessary loss of life and illness, as well as reduced productivity and higher health care costs. In addition, limited insurance coverage, ineligibility for coverage, and poverty also impede access to healthcare. The U.S. Department of Health and Human Services states that the reduction of health disparities should be one of the most important strategic planning goals of the 21st century (*Healthy People 2010*).