Pioneer Memorial
Hospital & Health Services

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COMMUNITY HEALTH NEEDS ASSESSMENT

Sumption & Wyland

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Pioneer Memorial Hospital & Health Services

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2012 Community Health Needs Assessment Summary & Implementation Strategy

An assessment of the surrounding community conducted jointly by Sumption & Wyland, Sage Project Consultants, LLC, and Pioneer Memorial Hospital & Health Services (Viborg, SD)

During 2012 a community health needs assessment (CHNA) was conducted by two independent consulting firms – Sumption & Wyland and Sage Project Consultants, both of Sioux Falls, SD, on behalf of Pioneer Memorial Hospital based out of Viborg, SD. The assessment targeted the surrounding community, considering the needs of individuals within the defined research area including adjacent rural communities such as Centerville, Parker, Wakonda, and Irene, SD, among others. The town of Viborg, population 782[1], lies within Turner County in the southeastern corner of South Dakota. The surrounding area is classified as both rural and medically underserved, with the closest hospital just over 30 miles away (Freeman, SD), also with critical access designation. The closest non-critical access medical facilities are approximately 45 miles away in either direction (northeast and southwest to the community) in Sioux Falls and Yankton, respectively. These communities both represent large medical hubs for the region and draw patients from across the area. Pioneer Memorial Hospital & Health Services is the only clinic and hospital provider in the community of Viborg.

Established in 1959, Pioneer Memorial Hospital & Health Services (Pioneer Memorial) has long been serving the community of Viborg and the surrounding area. The Hospital's mission –"Committed to health, healing, and community" – is complimentary to its values of compassion, safety, quality of care, and fiscal responsibility as it aims to be a proactive force in the community to changing needs. Pioneer Memorial is governed by an 9-member Board of Directors.

Pioneer Memorial is a 12 bed, critical access acute care, community non-profit hospital that serves the residents of Turner County and the surrounding area. Viborg Medical Clinic is a certified rural health clinic, and co-located inpatient care offers acute, swing bed, and respite care services to the community.

Target Areas and Populations

Turner County alone comprised nearly 80% of Pioneer Memorial's service area, based upon hospital utilization rates (2011). In addition, the zip codes associated with Irene (SD) and Wakonda (SD) – two surrounding communities – were included to broaden the scope of research. Combined, this area was the primary focus of community-based data for the assessment and action planning activities. As the area is largely rural with low population per sq mile, a broader geographic scan was conducted for secondary research of public data sets, including the counties of Union, Lincoln, Clay, McCook, Minnehaha, Yankton, and Hutchinson.

The area includes a vast rural area surrounding the community, as well as several small areas of known disparity (colony settlements to the west of Viborg). Rural elderly are also considered a disparate population group within this region.

The majority of residents (23.8%) in Turner County are between 18 and 65 years of age, with an additional 19.0% of the population aged 65+. Four of the counties within the research area – Turner, Yankton, McCook, and Hutchinson – exhibited a greater percentage of elderly residents than South Dakota overall (14.3%). The population is largely white (96.8% in Turner County).

[1] 2010 U.S. Census Bureau; Viborg, South Dakota

Description of the Community served by the Hospital

Sociodemographics

- The immediate area surrounding Viborg (Turner County) has experienced a slight population decline as reported in the most recent Census. Areas further away from the town have experienced a population increase, notably Lincoln (85.8%) and Minnehaha (14.3%) Counties, due largely to the centralized population in those metropolitan areas.
- 25% of Turner County's population is comprised of individuals under the age of 20. The only county within the research area with a lower youth population (under age 20) was Yankton (24.5%). The highest youth population as defined was found in Lincoln County (31.3%).
- The majority of the counties in the area have homeownership rates higher than the South Dakota average of 68.6%.
- The median home value for the area ranges from $67,000 to $139,200.

Socioeconomics

- Turner County ($47,749) exhibits just slightly above the state average ($45,048) for median household income.
- The unemployment rate in South Dakota is 4.8%. Rates higher than the state level in the area include: McCook (5.5%), Minnehaha (5.1%), Turner (4.9%), and Union (5.3%).
- Out of all counties within the research area, Turner County demonstrated the highest mean travel time to work (26 minutes).
- Most residents in the research area live above the poverty level as compared to the state average.
- Out of the counties surveyed two (2) demonstrated high school graduation/GED rates less than the state average (88.8%) – Hutchinson (80.5%) and Yankton (87.9%). Beyond a high school education, Hutchinson, McCook, and Turner counties demonstrated a lower rate of completion of a Bachelor's or 4-year degree than the state average (24.6%).
- Within the entire State of South Dakota, 6.4% of individuals five years of age and older speak a language other than English at home. Out of the counties within this assessment, Hutchinson County (12.9%), Minnehaha County (8.4%) and Yankton County (6.5%) demonstrate higher rates than the State average.
- 7.0% of individuals are illiterate within South Dakota; Turner (7.1%) McCook (7.6%), and Hutchinson (7.9%) demonstrate higher than state average illiteracy rates.
- All counties within the research area, except for Clay and Yankton, have more access to healthy foods as compared to the state average.

Community Health Profile

- According to County Health Rankings, Turner County ranks #11 in Health Factors and #6 in Health Outcomes as compared to other counties within the State.
- Physical inactivity rates for this region are all lower than the State average, 35.4%. Of the counties queried in this project, Turner County had the highest level of reported physical inactivity (28.8% of adults).
- Turner County's leading cause of death, like the State of South Dakota, is heart disease. Second to heart disease is cancer, followed by cerebrovascular disease and accidents.
- Turner County, along with McCook, demonstrates a higher than state average motor vehicle crash death rate.
- Clay (6.8%), Minnehaha (7.0%), Turner (7.4%), and Union (7.6%) all had a higher percent of low birth weight babies born when compared to state data

(6.6%). Premature births, births occurring less than 37 weeks gestation, were higher than the state average (8.8%) in the following counties: Minnehaha (9.6%), Turner (10.8%), and Union (12.2%).
- All counties within the research are at or below the state average for adult smoking rates.

Healthcare Access & Utilization
- Turner County demonstrated a 1,188:1 population to primary care provider ratio; the only county with a higher ratio in this study was McCook (2,820:1).
- For the purposes of the community survey, the research area was defined as all of Turner County, in addition to several northern and eastern townships within Clay and Yankton Counties, respectively. Within that area, Clay and Turner County both are designed Health Professional Shortage Areas. Clay, Turner and Yankton County to varying extents are also classified as Medically Underserved Areas/Populations.

How the Assessment was Conducted

In December 2011 Pioneer Memorial contracted Sumption & Wyland and Sage Project Consultants, LLC, both of Sioux Falls, SD to conduct a comprehensive community health needs assessment, and to develop an action plan to address any identified needs from the assessment. The assessment was designed to accomplish several key objectives:

- Identify, assess, and report on facts, attitudes, perceptions, and ideas about the current and future health of the surrounding community.
- Ensure compliance with the Patient Protection and Affordable Care Act of 2010, which requires all hospitals that are charitable entities (nonprofit organizations under Section 501(c)3 of the Internal Revenue Code) to perform a community healthcare needs assessment every three years.
- Engage the surrounding community members in taking a critical look at their own health status and the health status of the community at large.
- Educate the Hospital leadership about the perceived and/or actual needs of the community, and allow them the opportunity to make actionable, educated steps towards addressing some or all of those needs.

The assessment was conducted in three phases:

Phase I – Assessment Design and Collection of Secondary Data: Following initial consultation and kick-off meeting with Pioneer Memorial leadership the consultants queried all available public data sets regarding community health status and community demographics, including socioeconomic and sociodemographic factors. The assessment design was established, which defined the targeted research area based upon known areas of disparity overlaid with the Hospital's service area per inpatient/outpatient incidence records (2011).

Phase II – Collection of Primary Data & Needs Validation: Primary data collection was initiated with the community needs assessment survey, which was developed using established research methodology and best practices from current evaluators in the field. The survey instrument was edited and approved by the Community Health Needs Assessment (CHNA) team, and deployed to a random sampling of approximately 1/3 of the surrounding community population for their response. As a bonus, the consultants also developed and launched a similarly phrased survey instrument directed at internal staff/stakeholders of Pioneer Memorial to provide an internal view of the community health needs. Following the analysis of results, top need areas were identified and then further explored via two independent phone-

based interview surveys, one with a random sampling of community members and one with a pre-determined list of key community leaders. Using the combined results of Phase I and Phase II the report of findings was drafted and the Community Health Needs Assessment (Appendix A) was reviewed by the CHNA team.

Phase III – Development of the Implementation Strategy: Using the validated community health needs from Phase II, the consultants facilitated an action plan retreat on site in Viborg, SD, with the CHNA team to review the findings, prioritize the needs identified, and develop individual action plans for each area of priority. Specific goals and actions/objectives were formulated during the retreat and will serve as the basis for subsequent work plan development.

The assessment in its entirety (Appendix A) provides a comprehensive report of findings. The summary and implementation strategy are also available on the website of Pioneer Memorial [www.pioneermemorial.org], and an abbreviated version will be disseminated to the community at large (approximately 4,000 direct mail pieces) during Q2 2013. The summary and all appendices can be obtained by contacting the administrative offices of Pioneer Memorial directly.

Health Needs Identified

The health needs identified for the community per the findings of the community needs assessment survey included the following:

- General health of the community: The majority of respondents (74.0%) categorized their personal health as average/moderately healthy.
- Top three (3) most important needs in the Viborg community:
  1) affordable health care services
  2) access to health care services
  3) economic development (in general, not specified)
- Top five (5) unhealthy behaviors:
  1) Lack of exercise
  2) Alcohol abuse
  3) smoking/tobacco use
  4) poor eating habits
  5) not going to a doctor for regular check-ups/physicals
- Top five (5) issues of greatest concern:
  1) Availability of services for the aging and elderly
  2) Lack of affordable health care services
  3) Obese or overweight children
  4) Lack of/inadequate health insurance coverage
  5) Incidence of cancer
- Services that individuals/families had trouble finding/utilizing:
  1) Respite care (relief for caregivers)
  2) Senior citizen activities
  3) Special needs assistance
  4) Health education programs
  5) Transportation to care services
- Important community health services: Out of 15 common community service items, ranging from access to medical and dental care to availability of healthy food, all were identified by the community as "important" by at least 70% of the population. The services that scored the highest in terms of importance to the community were access to a) medical care and b) access to dental care.
- Where people go for routine health care (respondents asked to check all that apply, so percentages do not equal 100):
  1) Sioux Falls (45% respondents)

2) Viborg (42% respondents)
3) Yankton (21% respondents)

- #1 reason people go outside of the community for health services: needed services not available

Summaries: Assessments & Priorities

In an effort to validate the findings of both the secondary research and the community needs assessment survey, a series of phone-based interviews were conducted with two population groups – a random sampling of community members and a group of identified key community leaders. The interviews provided the consultants the ability to examine the identified needs of the community via more in-depth conversation.

Community Interviews: In general, the interviewees largely felt that Pioneer Memorial is doing a good job with the resources they have to work with. It was largely acknowledged that Viborg and the surrounding area is both rural and small, thus could not sustain numerous specialists or treatments close to home. Coupled with the close proximity to large regional medical centers (Sioux Falls, in particular) respondents did not feel an investment in bringing new specialty services to the area would pay out. The respondents did, however, indicate that the Hospital should continue its strong emergency and ambulance care already provided.

When asked to comment on the most important healthcare resources two themes emerged from the data – continued emergency services, and continued primary care close to home. Respondents largely acknowledged that Pioneer Memorial Hospital was doing an excellent job in both of these areas, but emphasized that this needed to be a central focus moving forward due to the rural location of the Hospital and leading causes of death, particularly accidents.

In that same regard, respondents further emphasized the importance of a) access to larger regional medical centers for serious injuries or complex medical issues, and b) quick emergency access at the local level. The two elements combined represent the quality of care the population demands; recognizing that the Hospital is in a rural area the community understands and solidifies the need for strong emergency care for all situations (triage to transport).

While there was a strong sentiment amongst respondents of advocacy for emergency care, there was also an equally strong indication from respondents that what Pioneer Memorial is doing to date is effective for a Hospital of that size.

A particularly interesting finding of this study centered around what the broad community survey indicated as the top two healthcare needs of the community, those being access to care and affordable healthcare. While the community survey respondents indicated these two elements as high concern, this particular analysis indicated the contrary; in fact, most respondents indicated that those issues were not issues of concern at all, particularly for access to services. Half of the respondents indicated that Pioneer Memorial could make strides in being cost-competitive for both preferred insurance providers and general service pricing so as to retain services locally and not lose business to other neighboring towns.

The respondents had a similar sentiment about care for the elderly within the community; 50% of interviewees felt that the Hospital was doing a great job at

present with "excellent facilities and excellent care". The remainder indicated that the addition of a geriatric specialist would be helpful, as would more home-based services offered within the community to promote independent living.

Elite Interviews: Similar to the findings of the community interviews, respondents largely felt that Pioneer Memorial is doing a good job and meeting the needs of the surrounding community as a means to providing medical care to close to home. Due to the fact that the Viborg community is nestled between two large medical hubs (Sioux Falls and Yankton) most respondents indicated that they were fine traveling out of town for specialist care, but that *Viborg should continue to provide high quality primary care and emergency services for the local community*.

Providing quality primary care close to home and sustained emergency services with transit options to larger medical hubs were the two most important healthcare resources desired by respondents. These elements were acknowledged as presently of high quality, but that the Hospital should ensure that these elements are kept in the forefront moving forward.

Nearly half of those interviewed felt that Pioneer Memorial could serve a larger role in the community as an advocate for healthier living. By educating the residents about healthy eating choices, meal planning, and physical fitness, the *Hospital can play a direct role in the reduction of health care costs by simply empowering people to take better care of themselves*. This theme emerged both in response to how the Hospital could combat the rising health challenges associated with obesity and poor nutrition, but also in response to how the Hospital could address needs of the community as it relates to mortality.

The community survey indicated that the top two healthcare needs of the community were access to affordable healthcare. Similar to the findings of the community interviews, the elite interviews indicated that *access to medical services was not an issue, and in fact that Pioneer memorial was doing an above average job of providing medical services to the community*. The elite interview findings also supported the community interviews conclusions in terms of affordability with one overwhelming exception; while respondents largely indicated there was little the Hospital could do to directly influence the rising costs of healthcare in general, there were several specific references to the fact that *obtaining primary care involving laboratory testing at Pioneer Memorial was highly cost prohibitive*. Several respondents indicated that most community members travel out of town for any medical services that will require laboratory testing as the charges for this are evidently funneled through the Hospital, and therefore are reimbursed at a much different level than they would be through the Clinic by third party payers. It was strongly recommended by the participants of this survey that Pioneer Memorial should make concerted effort to be competitive in its pricing and reimbursement structures so as to be more realistic in terms of affordability for its community members.

With regards to care for the elderly, the elite interviews echoed the community respondents in that the Hospital is doing a great job of providing a continuum of care model close to home, but that the addition of a geriatric specialist would be helpful.

The most important thing Pioneer Memorial "should be doing" as it addresses the identified needs within this study is to provide comprehensive education on healthy living; empower people to take control of rising health care costs by first taking care of themselves.

Implementation Strategy for FY2013-2015

The following summarizes the action plan developed by Pioneer Memorial's CHNA team in response to the identified needs in the surrounding community. The action plan in its full form is available upon request by contacting Grace Tidball at Pioneer Memorial Hospital directly via e-mail (Grace.Tidball@SanfordHealth.org). The plan below identifies what elements the Hospital aims to sustain, grow, or develop to address and respond to the prioritized needs resulting from the 2012 CHNA assessment conducted by the third-party, independent consultants and CHNA Team.

How the Implementation Strategy was Developed

Project leadership and oversight was provided by Grace Tidball, Director of Ambulatory Services together with Hospital CEO Georgia Pokorney. Other members of the CHNA team included representatives from Hospital and Clinic leadership. All components of the CHNA, including but not limited to the secondary data research and analysis, community wide survey, and individual interviews were managed by the independent consultants to the project. The Implementation Strategy was developed using the findings and priority need areas established by the CHNA. The independent consultants gathered and analyzed public health data, designed and managed the community wide needs assessment survey, designed and facilitated the individual interviews, and facilitated the implementation strategy retreat for the CHNA team.

A report of findings (Appendix A) for the CHNA was prepared by the independent consultants to the project and provided to Pioneer Memorial leadership in preparation for the implementation strategy retreat held in November 2012. The CHNA team collectively reviewed, prioritized, and addressed the identified community need areas during this retreat and formulated an action plan by which to move forward over the coming three (3) years. The CHNA team intends to meet on a quarterly basis to monitor progress towards achieving the goals set forth in this action plan, and to address interventions if necessary to the timeline and resource allocation in order to achieve those goals as intended.

Major Needs and How Priorities were Established

The independent consultants, with oversight from Hospital leadership, undertook a structured approach to the research deployed for this project. Key steps included a 1) comprehensive review of public health data sources, including hospital association datasets; 2) a broadly distributed community needs assessment survey; 3) an internal Pioneer Memorial staff-stakeholder survey to provide the view of care providers; 4) individual phone-based interviews with randomly selected community members; and 5) individual phone-based elite affinity interviews with key community and business leaders from the research area. The interviews were conducted to validate and/or refute the findings from the prior research, and to provide context for the formulation of prioritized need areas for the community.

Following the gathering of the afore-mentioned data sets and the issuance of the report of findings (Appendix A) the consultants provided the CHNA team a list of identified health needs (Appendix B) which were then discussed at length during the implementation strategy planning retreat held November 14, 2012. From this master list of identified health needs the CHNA team as a large group prioritized the needs using a set of criteria which included seriousness of the issue, number of individuals impacted by the issue, the appropriateness of the Hospital being involved in addressing the issue, and the presence of other community resources to address the issues.

The prioritization process identified five (5) key priority issues for the community:

1. Affordable health care services
2. Poor eating habits & lack of exercise
3. Respite care (relief for caregivers)
4. Alcohol abuse
5. Smoking/tobacco use

The five (5) priority issues were most heavily addressed during the implementation strategy retreat; however, the other issues of concern were also discussed and goals/actions developed by which to address those areas of concern. The full Action Plan (Appendix C) representing strategies by which to address both the priority issues and other noted issues of concern.

Action Plans

1. **Affordable health care services:** While the issue of affordable health care services is arguably a crisis of national, not local, proportion, the leadership of Pioneer Memorial acknowledged the need within the community for continued due diligence in maintaining low costs, and reducing costs for services whenever appropriate. First, the team aims to increase awareness of its existing charity care/financial assistance programs offered by the Hospital. Presently, it is observed that individuals that may qualify for this service do not apply for it, and thus are forced into a situation of collections and ultimate bad debt for the Hospital and the patient. To counter this, and to ultimately increase affordability for the community members served by the Hospital, the team aims to develop educational materials for use in the clinic and Hospital that outline the Hospital's charity care policies, and encourage enrollment. Further, the Hospital aims to educate the public at large on the rationale behind existing price structures of noted concern, particularly for laboratory services. Presently, a patient seen in clinic in need of laboratory or x-ray services is offered those services on site, but billed for it through the co-located Hospital. This infrastructure is based not upon convenience, but rather upon rules surrounding cost structure of critical access hospitals and designated rural health clinics, both classifications which pertain to Pioneer Memorial. By educating the public on this issue, the team intends to reduce the misconception that Pioneer Memorial simply has higher rates for common medical services. Ultimately, and combined with the afore-mentioned educational activities, Pioneer Memorial aims to empower its community members to stay healthy with the ultimate goal of reducing the need for health care services in the future. To do this the Hospital will implement a "community health score card" to increase the community's awareness of its health status, and encourage self-ownership in healthy living. Further, the Hospital intends to strategically consider the addition of a health/wellness coach and structure a program around that key hire to aid in the community's overall wellness and access to health care services.

2. **Poor eating habits and lack of exercise:** In response to this need the Hospital intends to center its actions on the strategic consideration of a community-based health/wellness coach. By launching a healthy living/wellness program, Pioneer Memorial aims to be a center-point for the community in terms of providing health coaching, tips for physical activity, nutritional coaching, and other general wellness education measures to the community at large. The Hospital sees this as an opportunity to not only broaden its community impact in a way that directly meets the expressed

needs of the community, and is synergistic with ongoing programming development efforts as per the Hospital's strategic plan. Further, the Hospital intends to develop and disseminate a "community health score card" as previously mentioned that will provide a pulse for the community and its health care providers of general health status. Finally, Pioneer aims to enhance its existing advocacy programs and staff expertise in public education by bringing self-help or prevention-based classes to the community in conjunction with key regional health partners.

3. **Respite care:** Pioneer's activities will center largely on gaining more in-depth understanding of the community's specific needs with regards to relief for caregivers. It is not well understood what the exact needs are, and the broad assessment conducted as part of this process was not designed to provide that level of detail. Thus, the outcome of this activity is for the Hospital to evaluate the need for respite care in the community by additional data gathering, community discussions, and will then formulate possible interventions to address the need.

4. **Alcohol abuse:** Pioneer Memorial aims to design and implement process changes within the Hospital so as to better screen for and address potential issues of alcohol addiction within the community. The Hospital already has in place a comprehensive screening program as part of their electronic medical record, but intends to build upon that vital exercise by implementing new procedures within the emergency room for patient incidences of over the legal limit blood alcohol levels to encourage follow-up care and access to recovery support. Further, the Hospital intends to identify key community partners that would have shared interest in developing community-based messaging to increase local advocacy efforts in this regard, and ultimately deploy a marketing plan to increase awareness of recovery support services for individuals suffering from alcohol addiction.

5. **Smoking/tobacco use:** The State of South Dakota has made considerable investment, together with regional and federal partners, to build a strong campaign for smoking cessation (SD Quits). Pioneer intends to continue its long standing support of SD Quits, and grow its local messaging to include more consistent promotion of the State's well-known, highly regarded smoking cessation program to ensure all patients that screen as tobacco users are given materials about smoking cessation prior to discharge. Further, the Hospital intends to strategically consider the creation of a health and wellness program to implement strategies within the inpatient and outpatient settings to refer smokers to cessation programs. Finally, direct messaging will be developed to the local community, in partnership with SD Quits, to increase awareness of the health risks associated with tobacco use and encourage cessation.

Next Steps for Priority Areas

For each of the priority areas listed above, Pioneer Memorial intends to conduct the following next steps:

- Identify any other community, state, or regional organizations that are working in these areas of need so as to build upon prior work, and leverage best practices already developed.
- Further define the goals and actions within the Action Plan (Appendix C) to include measures, timeline, and resource allocation so that the effectiveness of their efforts can be measured and monitored.
- Disseminate the findings of the CHNA and Implementation Strategy

within the community at large so as to build awareness and support for the initiatives identified.

- Assign work teams to address each of the five (5) key need areas, and an additional work team to address the other issues of concern collectively. Structure the works teams such that community representation is included, and develop detailed work plans to address each need area within the upcoming three (3) years.
- Create a master timeline for the three (3) year implementation strategy.
- Establish a meeting schedule for the CHNA team by which to monitor overall progress in implementing the action strategies identified, and keeping the work teams accountable for their individual deliverables and milestones.

Priority Areas Not Addressed and Rationale

Out of the 8 individual need areas identified as part of this research and prioritization process all were discussed during the action plan retreat. Detailed plans with actionable goals were prepared for five (5) of the need areas. The remaining three (3) areas included continuity of existing services, specifically that of emergency care, primary care/clinic services, and elderly continuum of care at the local level.

Approval

The Pioneer Memorial CHNA team with the help of independent consultants, Sumption & Wyland and Sage Project Consultants, has developed this summary and action plan report for approval by the governing board of Pioneer Memorial Hospital & Health Services.

Pioneer Memorial Hospital & Health Services Board of Directors Approval:

_____

Name and Title

_____

Date

Appendix A | Community Health Needs Assessment for the area surrounding Pioneer Memorial Hospital

Final Date: 9-1-2012

Pioneer Memorial Hospital & Health Services Community Health Needs Assessment

Report of Findings | August 2012

Sumption & Wyland

Sage

Appendix A2

PROJECT TEAM

Project Directors	Grace Tidball, Director of Ambulatory Services Georgia Pokorney, CEO
CHNA Team	Ann Bossman Lori Hisel Sharon Akland Sharon Jacobsen
Project Principals	Michael L. Wyland, Owner, Sumption & Wyland Margaret J. Sumption, MSED, LPC, SPHR, Owner, Sumption & Wyland Sharon Chontos, Owner, Sage Project Consultants, LLC Rachel Oelmann, MBA, Owner, Sage Project Consultants, LLC

ACKNOWLEDGEMENTS

The 2012 Pioneer Memorial Hospital Community Health Needs Assessment project represents a collaborative effort which included representatives from Pioneer Memorial Hospital & Health Services executive and nursing leadership..

The overall coordination and management of this project was provided by external consulting firms, Sumption & Wyland, and Sage Project Consultants, LLC, both of Sioux Falls, SD. Michael Wyland, Sumption & Wyland, and Rachel Oelmann, Sage Project Consultants, LLC, served as principals for this project from each firm, respectively.

This project represents the contribution of hundreds of surrounding community residents and service providers who offered their generous time and input so that the healthcare needs of the surrounding area central to Pioneer Memorial Hospital could be assessed. Thank you.

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1. INTRODUCTION

In December 2011, Pioneer Memorial Hospital and Health Services (Pioneer Memorial) contracted Sumption & Wyland and Sage Project Consultants, LLC of Sioux Falls, SD, (collectively referred to as Consultants throughout this report) to conduct a comprehensive community health needs assessment and to develop an action plan to address any identified needs from the assessment. The community health needs assessment was designed to accomplish several key objectives:

- Identify, assess, and report on facts, attitudes, perceptions, and ideas about the current and future health of the surrounding community.
- Ensure compliance with the Patient Protection and Affordable Care Act of 2010, which requires all hospitals that are charitable entities (nonprofit organizations under Section 501(c)3 of the Internal Revenue Code) to perform a community healthcare needs assessment at least every three years.
- Engage the surrounding community members in taking a critical look at their own health status and of the health status of the community at large.
- Educate the Hospital leadership of Pioneer Memorial about the perceived and/or actual needs of the community based upon this exercise, and allow them the opportunity to make actionable, educated steps forward towards addressing some or all of those needs.

The scope of work for the project was based upon the Pioneer Memorial-Sumption & Wyland Services Agreement, dated November 2011.

Table 1. Project Timeline, Actual

Stage	Process/Strategy	Actions/Deliverables	Timeline
Initial Consultation	▪ Project design ▪ Identify stakeholders (internal and external) ▪ Initial data collection from Hospital sources (e.g. patient encounters)	▪ Status Updates ▪ Kick-Off Meeting Facilitation/Minutes	December 2011 – January 2012
Define Assessment Design	▪ Establish end uses of the assessment ▪ Define target populations (research area/study area) ▪ Finalize work plan and timeline	▪ Status Updates ▪ Confirmation of research area with Hospital team	January 2012
Collect Secondary Data	▪ Research available data sets ▪ Data analysis	▪ Data worksheet , raw data ▪ Contributing information towards the Community Health Needs Assessment Report	February – April 2012
Collect Primary Data – *Phase I*	▪ Community Survey ▪ Internal Stakeholder Survey	▪ Designed and approved survey tool – community needs ▪ Designed and approved survey tool – internal stakeholders ▪ Drafted and approved marketing of survey	May – June 2012

Stage	Process/Strategy	Actions/Deliverables	Timeline
		materials ▪ Contributing information towards the Community Health Needs Assessment Report ▪ ***Delivery of *Draft* Community Health Needs Assessment Report***	
Collect Primary Data – *Phase II*	▪ Focus Groups ▪ Individual Interviews	▪ Designed and approved focus group question set ▪ Designed and approved individual interview question set ▪ Contributing information towards the Community Health Needs Assessment Report	August 2012
Complete Data Analysis and Validate Prioritized Needs	▪ Identify key need areas ▪ Compare/contract current community efforts in meeting priority needs	▪ Complete analysis ▪ ***Delivery of *Final* Community Health Needs Assessment Report***	September - October 2012
Prepare Community Results, Recommendations, and Action Plan	▪ Prepare community-based communications ▪ Complete community response and reactions process	▪ ***Executive Summary Report*** ▪ ***Community Summary Materials*** ▪ ***PowerPoint***	November-December 2012
Establish an Action Plan and Evaluation Plan	▪ Write Action Plan with goals and objectives ▪ Prepare timeline, process, and action steps to measure progress toward meeting identified needs	▪ Planning retreat with Hospital team and other community guests ▪ ***Action Plan*** ▪ ***Evaluation Plan***	November – December 2012

On December 15, 2011, a project kick-off meeting was held at Pioneer Memorial Hospital in Viborg, SD, with the hospital's leadership team and representatives from Sumption & Wyland and Sage Project Consultants, LLC, a sub-contractor to the project.

Following the kick-off meeting, principals from Sage Project Consultants, LLC initiated the secondary data collection process, conducting a thorough and comprehensive review of available data from public health and other publicly accessible data sources. A summary of sources identified is featured in the Works Cited section of this report.

A detailed analysis of research methodology and definition of the research area is featured in the next section of this report.

As the timeline indicates, instrument design for the Internal Stakeholder Survey and the Community Needs Survey was conducted concurrent to the review, collection, and analysis of secondary data sources. The survey instruments, including distribution methods and accompanying materials, were developed by Sage Project Consultants and reviewed with leadership from the Hospital, locally driven by Grace Tidball, Director of Ambulatory Services for the Hospital. Once the instruments were vetted by the principals of Sage Project Consultants and Sumption & Wyland, and the leadership team of the Hospital approved the content, appearance, and distribution methods, the surveys were individually deployed and data collection initiated. The report offers a detailed analysis of methodology, logistics, and findings for each survey instrument deployed in this process.

Following the completion of the community survey, individual phone and in-person interviews were conducted with several key stakeholders within the community, including representation from area school districts, city government, and numerous businesses. In addition to the individual interview process, a series of community-based interviews were conducted using a random sampling of community members to validate conclusions in the community survey findings and to garner additional feedback about the perceived and/or actual needs of the community surrounding Pioneer Memorial. These processes were initiated in August 2012 and completed in September 2012.

The final phase of the project encompassed a strategic planning process facilitated by Sumption & Wyland to discuss the identified needs expressed by the community throughout the process, and create an action plan to address those needs moving forward. This action plan is provided to the Hospital and its vested stakeholders in the form of a separate report, dated December 2012.

Report Organization. The design and intent of this report is to document the findings of the primary and secondary data collection processes of the community health needs assessment conducted on behalf of Pioneer Memorial. This report is organized in chapters, outlined by the individual components of the assessment process. Methodologies for each component of the process are discussed in Section 2 and then addressed individually as appropriate in each findings section, respectively. The report does not offer recommendations that could, if implemented, provide the community around Pioneer Memorial a way in which to address the identified needs; this planning activity was an iterative process facilitated by Sumption & Wyland and Hospital leadership post-completion of this report, and the Action Plan outlines and documents the conclusions resulting from that process.

2. METHODOLOGY

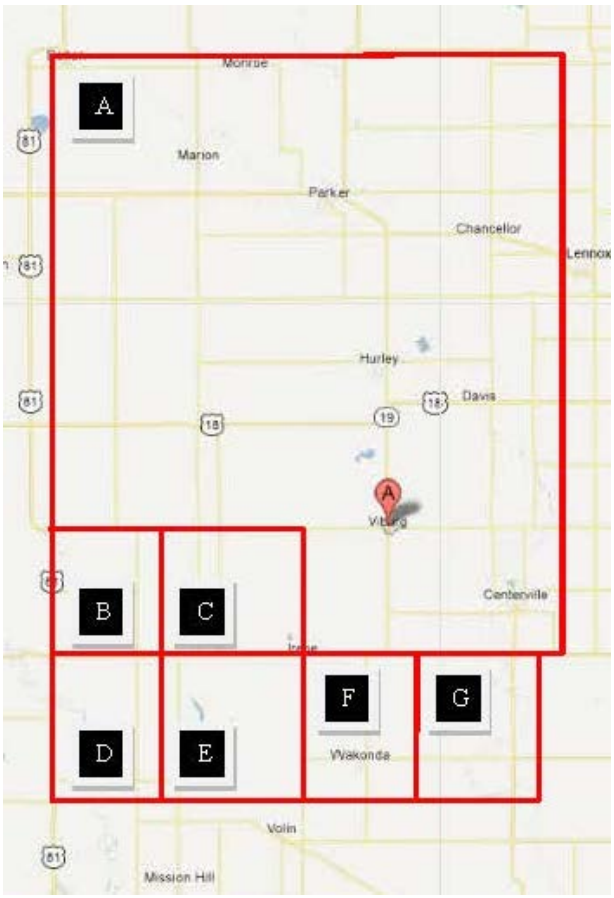
In order to focus the scope of this community health needs assessment process, the Consultants together with Hospital leadership from Pioneer Memorial needed to identify the research area. Knowing the majority of data sets are reported on a statewide and often county level, it was imperative to define the geographic scope of the project so as to provide a baseline for comparison of the defined "community" as to its state and national counterparts.

In order to determine the research area, several key pieces of information were assessed:

- Historical patient encounter data provided by Pioneer Memorial, which documented by ZIP code both inpatient and outpatient incidences over the previous year (2011)
- Geographic mapping of known areas that were medically underserved, using information garnered in the project kick-off meeting and subsequent discussions with hospital leadership.

These two key pieces of information were overlaid to create a proposed research area. Turner County alone comprised nearly 80% of Pioneer Memorial's service area, based upon hospital utilization rates from 2011 (internal data sourced from the Hospital). In addition to that, the zip codes associated with Irene [SD] and Wakonda [SD] were included to broaden the scope of research beyond simply Turner County.

Figure 1. Defined research area for Pioneer Memorial CHNA project



Using Figure 1 below, the townships labeled as B and D represent areas which were perceived to be more rural and remote, and thus were included to ensure potential areas where underserved or disparate populations may exists were included in the needs assessment. Figure X (left) represents the area, highlighted by red lines, which provided the basis for the research scope of work.

The letters within Figure 1 represent the following:
A – Turner County
B – Mayfield Township, Yankton County
C – Turkey Valley Township, Yankton County
D – Walshtown Township, Yankton County
E – Marindahl Township, Yankton County
F – Star Township, Clay County
G – Riverside Township, Clay County

In order to obtain household information for the community survey mailing (described in detail within Section 9 of this report) and to correlate with data obtained in the secondary research the map in Figure 1 was translated into the following zip codes: 57014

(Centerville), 57015 (Chancellor), 57021 (Davis), 57036 (Hurley), 57037 (Irene), 57043 (Marion), 57047 (Monroe), 57053 (Parker), 57070 (Viborg), 57037 (Irene), and 57073 (Wakonda).

Based upon data provided by the U.S. Census Bureau (2010 Census) there were 3,856 households within the defined research area. A detailed methodology matrix was developed to identify the study population, sampling frame, same size, and methodology tool to be used.

Secondary Research. A variety of publically available sources were queried using internet-based research to conduct the assessment at this level. These sources are defined within the Works Cited list to this report. In addition, consultation was made with the State Public Health Department to verify assumptions, specifically to prevalence of diseases, in order to fill in the gaps not afforded by the public databases. These sources were scanned and relevant facts gathered into a common worksheet that highlighted the primary needs as they pertain to the health of the community. The search was directed at identifying issues specific to health (defined in the medical sense), but was not limited to that; areas including access to resources (e.g. food, transportation) and other social indicators were also collected to provide context by which to analyze the gathered results.

Two geographic areas were identified for this study: a) the research as defined (see previous), and b) the State of South Dakota as a whole for relative comparison. Following assessment of the documents and web-based sources reviewed, four (4) main categories emerged each with supporting elements. These categories include: Sociodemographics, Socioeconomics, Community Health Profile, and Health Access & Utilization.

Community Survey. The survey was designed to anonymously assess the community's identified needs, based upon a question set created by the Consultants with input and review from Hospital leadership. In an effort to capture sufficient response rates, the methodology consisted of a random sampling of the households within the defined research area. Every third household was listed in a database maintained by the Consultants, address labels created, and surveys distributed using the methodology described below.

Using the methodology matrix and identified ZIP code areas within the defined research area, print copies of the survey were distributed to 1,089 households on March 16, 2012 via first-class USPS mail. Of that initial mailing, 213 mail pieces were returned due to bad address or non-deliverable codes as issued by the USPS. Upon further review and consultation with a Service Sales Specialist within the USPS Sioux Falls office, it was determined that the original source of addresses was not reliable for certain ZIP codes. An address list was then purchased from an online source referred by the USPS for those particular ZIP codes, and mail pieces re-distributed to that area. In total, 1,115 mail pieces were delivered including the original mailing and secondary mailing, less those returned. Response rates and findings are discussed within Section 9 of this report.

Each mail piece included a copy of the 3 page, front and back survey, and a business reply mail envelope to offer an incentive for increased response rates from the community. No other incentive was offered.

The survey was primarily distributed in the mode described above (paper-based via USPS mail) but the print copy of the surveys also included a link by which the respondents could opt to enter their feedback electronically. Data collection was managed by the Consultants through confidential data entry into a secured worksheet, accessible only by the Consultants. A small number of electronic responses were obtained; data collection in this regard was managed by the Consultants through their subscribed service to an online survey provider (SurveyMonkey.com). The survey settings were such that IP addresses were not recorded, and individual anonymity was protected.

The survey consisted of 36 questions, including the following key areas of inquiry:

- Household and respondent demographic information, limited to zip code, gender, and employment status
- Community health needs, including most important need, top unhealthy behaviors, areas of concern, and access to and importance of various community health services
- Quality of life, including questions regarding exercise, tobacco use, alcohol use, and eating habits
- Access and barriers to health care, including insurance status
- Household health care needs, including a rating of personal health, frequency and history of routine checkups/physicals, location(s) of routine health care, incidence of high risk factors (e.g. diabetes, cancer, high blood pressure), and preventative screenings.
- High risk behaviors amongst children (parents/guardians only)

Internal Stakeholder Survey. The survey was developed based upon the question set designed for the community survey, but modified to reflect questions that asked for the respondents' thoughts and opinions about the community's health needs from their perspective as a health care provider, or as someone employed by the Hospital.

Data collection was managed by the Consultants through their subscribed service to an online survey provider (SurveyMonkey.com). The survey settings were done such that IP addresses were not recorded, and that individual anonymity was protected. No incentive, aside from the potential to be a part of the community health needs assessment process, was offered to individual respondents.

The survey instrument was delivered by two modes: electronically via e-mail invite, and paper-based. E-mail addresses were obtained from Pioneer Memorial for three (3) stakeholder groups: 1) internal staff, including providers, 2) Hospital Board Members, and 3) Foundation Board Members. In total, XXX individuals were invited to respond to survey. Response rates and findings are discussed within Section X of this report.

Individuals were made aware of the internal stakeholder survey and broader community health needs assessment process via a series of e-mail memorandums, prepared and distributed by the Consultants, beginning on May 15, 2012.

The survey consisted of 12 questions, including the following key areas of inquiry:

- Job or role at Pioneer Memorial
- Number of patient encounters on an average day
- Health status of the surrounding community, defined as "Viborg [SD] and the surrounding service area"
- Most important community need
- Unhealthy behaviors
- Issues of concern
- Access to care/health-related services, and importance of those services to the community
- Emerging health needs (providers only)
- Barriers to care (providers only)

3. SOCIODEMOGRAPHIC PROFILE

For the purposes of this study the following counties within the State of South Dakota were considered, and compared to State or National averages when available.

Clay	Hutchinson	Lincoln
McCook	Minnehaha	Turner
Union	Yankton	

3.1 Population Demographics

The Hospital lies within Turner County, population 8,347, representing just over 1% of the State's total population per U.S. Census 2010 statistics. The county has experienced a slight population decline (-5.7% change) since 2000, whereas the State overall has experienced a population increase (7.9% change). Turner, Hutchinson, Lincoln, and Union counties are predominantly White (greater than 95% total population); the remaining counties in the study area have slightly higher Hispanic or Latino and American Indian Populations.

Figure 2. 2010 Population, KIDS COUNT Factbook

	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Under 5 Years	725	417	4,418	411	12,914
5 to 9 years	693	450	3,932	406	11,702
10 to 15 years	624	536	3,197	395	11,111
15 to 19 years	1,633	471	2,503	345	11,425
Under age 20	3,675	1,874	14,046	1,557	47,152
All ages	13,864	7,343	44,828	5,618	169,468

	Turner	Union	Yankton	State of South Dakota
Under 5 Years	532	978	1,319	59,621
5 to 9 years	533	1,051	1,323	55,531
10 to 15 years	555	1,088	1,416	53,960
15 to 19 years	526	940	1,450	57,628
Under age 20	2,146	4,057	5,508	226,740
All ages	8,347	14,399	22,438	814,180

Source: (Beacom School of Business, USD, 2011)

Veterans make up 6-10% of the total population in each of the counties surveyed.

3.2 Household Composition

The majority of the counties in the area have homeownership rates higher than the South Dakota average of 68.6%. The two counties that have lower average homeownership rates than the State average are Minnehaha and Clay. The percentage of housing units in multi-unit structures (e.g. apartments) follow a similar trend; only Minnehaha (27.6%) and Clay (31.8%) counties within the research area demonstrate rental unit rates above the state average (18.6%).

The median home value for the area ranges from $67,000 to $139,200.

Figure 3. Household Information per 2005-2009 US Census Bureau Statistics

	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Households (#)	5,295	3,123	11,053	2,226	68,706
Persons per household	1.96	2.23	3.36	2.46	2.49

	Turner	Union	Yankton	State of South Dakota
Households (#)	3,533	5,732	8,686	314,674
Persons per household	2.31	2.43	2.24	2.43

3.3 Geography

The total square mile area of the surveyed region is 4,782.48 miles. Population per square mile varies greatly due to the urban and rural areas represented. Minnehaha county has the largest population per square mile, 210, compared to Hutchinson county that has a per square population of nine. (U.S. Census Bureau, 2010)

Table 2. Population Demographics by County

	Clay	Hutchinson	Lincoln	McCook	Minnehaha	Turner	Union	Yankton	South Dakota
Total (2010)	13,864	7,343	44,828	5,618	169,468	8,347	14,399	22,438	814,180
% Change, 2000 to 2010	2.4%	-9.1%	85.8%	-3.7%	14.3%	-5.7%	14.3%	3.6%	7.9%
Age									
>5 (%)	5.2%	5.7%	9.8%	7.3%	7.6%	6.4%	6.8%	5.9%	7.3%
>18 (5)	17.5%	23.7%	29.7%	25.9%	25.1%	23.8%	26.2%	22.2%	24.9%
65+ (%)	10.2%	25.0%	9.0%	19.0%	11.10%	19.0%	14.0%	16.30%	14.30%
Race and Ethnicity									
White (%)	91.1%	97.4%	96.1%	98.0%	88.1%	97.5%	95.5%	92.9%	85.9%
Black (%)	1.3%	0.4%	0.7%	0.1%	3.8%	0.2%	0.7%	1.5%	1.3%
American Indian and Alaska Native persons (%)	3.1%	0.7%	0.5%	0.4%	2.5%	0.8%	0.6%	2.5%	8.8%
Asian (%)	1.7%	0.2%	1.0%	0.1%	1.5%	0.2%	0.9%	0.5%	0.9%
Native Hawaiian and Other Pacific Islander (%)	A	0%	A	0.1%	0.1%	0%	A	A	0%
Hispanic or Latino origin	2.0%	1.6%	1.2%	1.8%	4.1%	1.3%	2.1%	2.7%	2.7%

A – Value greater than zero but less than half unit of measure shown

4. SOCIOECONOMIC PROFILE

4.1 Income

Turner County exhibits just slightly above the state average for median household income. Two of the counties within the research area are below the state average, and the remainders of the counties are above the state average. Lincoln County ($72,894), specifically, is much higher than the state average.

Table 3. Household and per capita income rates

	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Per capita money income in past 12 months (2009 dollars) 2005-2009	$17,887	$22,917	$28,307	$26,354	$25,836
Median household income, 2009	$38,421	$39,880	$72,894	$45,730	$48,443

	Turner	Union	Yankton	State of South Dakota
Per capita money income in past 12 months (2009 dollars) 2005-2009	$23,886	$33,662	$23,511	$23,445
Median household income, 2009	$47,749	$58,785	$46,028	$45,048

4.2 Work and Employment

The unemployment rate in South Dakota is 4.8%. Rates higher than the state level in the area include: McCook (5.5%), Minnehaha (5.1%), Turner (4.9%), and Union (5.3%). (County Health Rankings, 2012)

Table 4. Children in poverty

County	% children in poverty
South Dakota, All	18
Clay	18
Hutchinson	15
Lincoln	5
McCook	11
Minnehaha	11
Turner	9
Union	7
Yankton	13

(County Health Rankings, 2012)

Five of the counties of interest demonstrate higher travel time to work as compared to the state average of 16.4 minutes.

Figure 4. Mean travel time to work (minutes), workers age 16+, 2005-2009

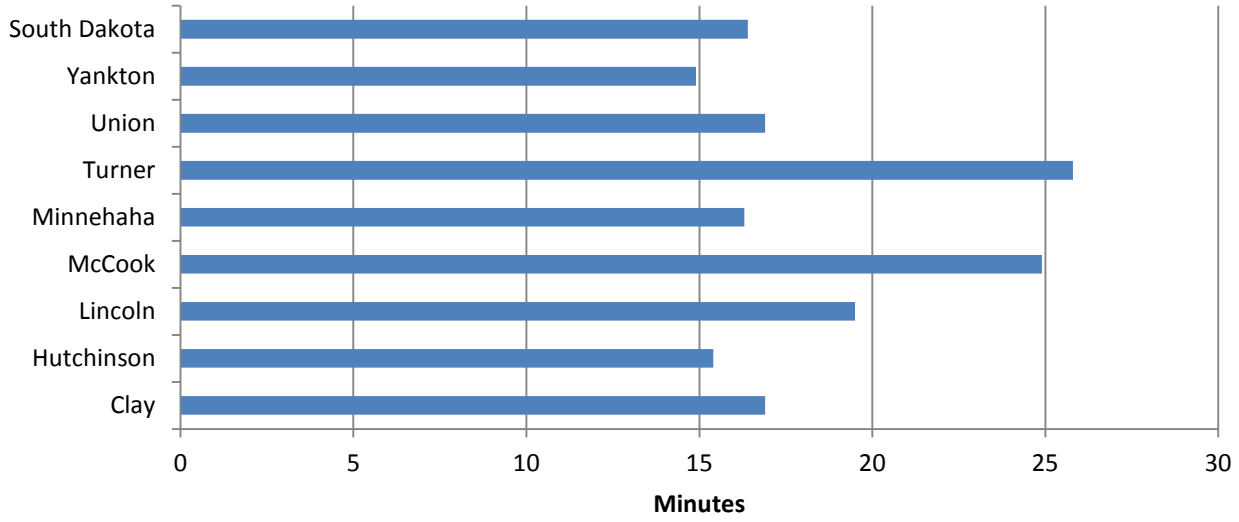


Table 5. Business Quickfacts

	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Private nonfarm establishments, 2009	308	235	1,076	187	5,469
Private nonfarm employment, 2009	3,732	2,080	10,980	968	110,148
Private nonfarm employment, percent change 2000-2009	23.7%	-9.40%	110.90%	-24%	11.60%
Non-employer establishments, 2009	796	565	3,127	393	11,262
Total number of firms, 2007	811	935	4,347	581	17,191

	Turner	Union	Yankton	State of South Dakota
Private nonfarm establishments, 2009	246	466	726	25,483
Private nonfarm employment, 2009	1,680	8,814	10,230	330,517
Private nonfarm employment, percent change 2000-2009	2.40%	-32%	1.50%	7.80%
Non-employer establishments, 2009	713	1,161	1,494	56,402
Total number of firms, 2007	725	1,142	1,962	76,997

4.3 Poverty

Only one county, Clay County, in the survey area had a greater percentage of residents living below poverty level than the state average of 14.2%. According to census information, 24% of Clay County residents live in poverty. Information for the other counties in the surveyed area includes:

Hutchinson (12.5%), Yankton (12.3%), Minnehaha (10.5%), McCook (9.8%), Turner (9.2%), Union (6.2%), and Lincoln (4.2%). (U.S. Census Bureau, 2010)

4.4 Education, Language and Literacy

Out of the counties surveyed two (2) demonstrated high school graduation/GED rates less than the state average (88.8%) – Hutchinson (80.5%) and Yankton (87.9%). Graduation rate can also be reported as a percent of a county's ninth-grade cohort in public schools that graduate from high school in four years. Rates were calculated from the National Center for Education Statistics (NCES) and Department of Education data. The measure is known as the Averaged Freshman Graduation Rate (AFGR). All but two counties (Minnehaha and Union) are above the state average for AFGR.

Table 6. High school graduation rates

County	AFGR
South Dakota, All	83
Clay	85
Hutchinson	90
Lincoln	85
McCook	Not Reported
Minnehaha	80
Turner	100
Union	80
Yankton	90

Beyond a high school education, Hutchinson, McCook, and Turner counties demonstrated a lower rate of completion of a Bachelor's or 4-year degree than the state average (24.6%). The other counties were just above the state average, aside from Clay County which had a much higher degree completion (Bachelor's degree or higher) rate of 42.7%.

County Health Rankings portrays this data in terms of the percent of the population (aged 25-44) with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. The measure includes individuals who pursued education following high school but did not receive a degree. Estimates of this population were calculated using the most recent 5-year estimates from the American Community Survey (ACS).

Table 7. Individuals with some college completed

County	PSED Num	Population Estimate Used	PSED
South Dakota, All	125,458	195,931	64.0
Clay	2,127	2,485	85.6
Hutchinson	921	1,396	66.0
Lincoln	8,798	12,232	71.9
McCook	794	1,219	65.1
Minnehaha	33,650	51,482	65.4
Turner	1,218	1,771	68.8
Union	2,461	3,448	71.4
Yankton	2,966	5,372	55.2

Within the entire State of South Dakota, 6.4% of individuals five years of age and older speak a language other than English at home. Out of the counties within this assessment, Hutchinson

County (12.9%), Minnehaha County (8.4%) and Yankton County (6.5%) demonstrate higher rates than the State average. (U.S. Census Bureau, 2010)

Table 8. Illiteracy Rates

County	% illiterate
South Dakota, All	7.0
Clay	5.8
Hutchinson	7.9
Lincoln	5.4
McCook	7.6
Minnehaha	6.5
Turner	7.1
Union	6.3
Yankton	6.7

(County Health Rankings, 2012)

4.5 Access to Food

Limited access to healthy foods measures the proportion of the population who are both living in poverty and do not live close to a grocery store. Living close to a grocery store is defined differently in metro and non-metro counties; in metro counties, it means living less than 1 mile from a grocery store, in non-metro counties, less than 10 miles.

Table 9. Access to healthy foods by zip code

County	Zip Codes with healthy food	# Zip Codes	% Healthy Food
South Dakota, All	144	347	42
Clay	1	4	25
Hutchinson	4	6	67
Lincoln	4	8	50
McCook	4	5	80
Minnehaha	11	17	65
Turner	4	8	50
Union	3	5	60
Yankton	1	6	17

According to the South Dakota Department of Education (SD Department of Education) 38.7% of school age students are eligible for free or reduced lunches. On a county basis, the following Districts report higher than state average percentages for students eligible for free or reduced lunches: Viborg, Turner County, 49.0%; Tripp-Delmont, Hutchinson County, 55.5%; Sioux Falls, Minnehaha County, 39.0%; 39.4%, Montrose, McCook County, 39.4%; Menno, Hutchinson County, 50.0%; Irene-Wakonda, Clay County, 39.9%; Gayville-Volin, Yankton County, 48.1%; Centerville, Turner County, 39.5%. Towns not listed here within the research area exhibited at or below state averages for students eligible for free or reduced lunches.

5. COMMUNITY HEALTH PROFILE

5.1 Health Outcomes

According to a report issued by County Health Rankings (County Health Rankings, 2012) the following table represents each county's ranking within the State of South Dakota for overall health outcomes. Health outcomes are defined as factors that represent how healthy a county is, measured by how long people live (mortality) and how healthy people feel while alive (morbidity). Health factors are defined as things that influence the health of a county, including health behaviors, clinical care, social and economic factors, and physical environmental factors. The higher the ranking, the higher the outcome and/or factor associated with that county.

Table 10. Health Outcomes & Factors

County	Health Outcomes Rank	Health Factors Rank
Clay	3	12
Hutchinson	5	3
Lincoln	2	1
McCook	43	16
Minnehaha	17	19
Turner	19	17
Union	8	4
Yankton	23	21

(County Health Rankings, 2012)

Poor or fair health can be defined as a general measure of health-related quality of life within a population. Based upon a survey conducted by the National Center for Health Statistics and using data from the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS), the measure presented in the table below is based on survey responses to the question "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the table below by County Health Rankings is the percent of adult respondents who rated their health as "fair" or "poor" only. The measure is age-adjusted to the 2000 U.S. population.

Further, the second table featured below discusses poor physical health days, which represent one of four measures of morbidity used in the County Health Rankings, and is based on responses to the question "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The average number of days is presented a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 U.S. population.

Table 11. Poor or Fair Health, Incidence

County	% Fair/Poor
South Dakota, All	12
Clay	7
Hutchinson	10
Lincoln	8
McCook	11
Minnehaha	10
Turner	11
Union	11
Yankton	12

Table 12. Poor physical health days

County	Days
South Dakota, All	2.8
Clay	2.4
Hutchinson	2.2
Lincoln	1.9
McCook	2.7
Minnehaha	2.9
Turner	2.3
Union	2.2
Yankton	2.6

5.2 Leading Causes of Death

Premature Death, as defined by County Health Rankings, is represented by the years of potential life lost before age 75. Every death occurring before that age contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. The measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 U.S. population. The National Vital Statistics (NVSS) at the National Center for Health Statistics, part of the Centers for Disease Control (CDC), is the primary source of data for this factor analysis. This measure is used by County Health Rankings as a means to represent the frequency and distribution of premature deaths.

Table 13. Premature Death

County	YPLL Rate
South Dakota, All	6,655
Clay	5,113
Hutchinson	5,290
Lincoln	4,460
McCook	5,581
Minnehaha	5,950
Turner	4,293
Union	5,003
Yankton	5,651

(County Health Rankings, 2012)

All mortality rates presented below are age-adjusted death rates per 100,000 population.

Figure 5. Leading Causes of Death, State of South Dakota
Results are age-adjusted incidence rates, per 100,000 population.

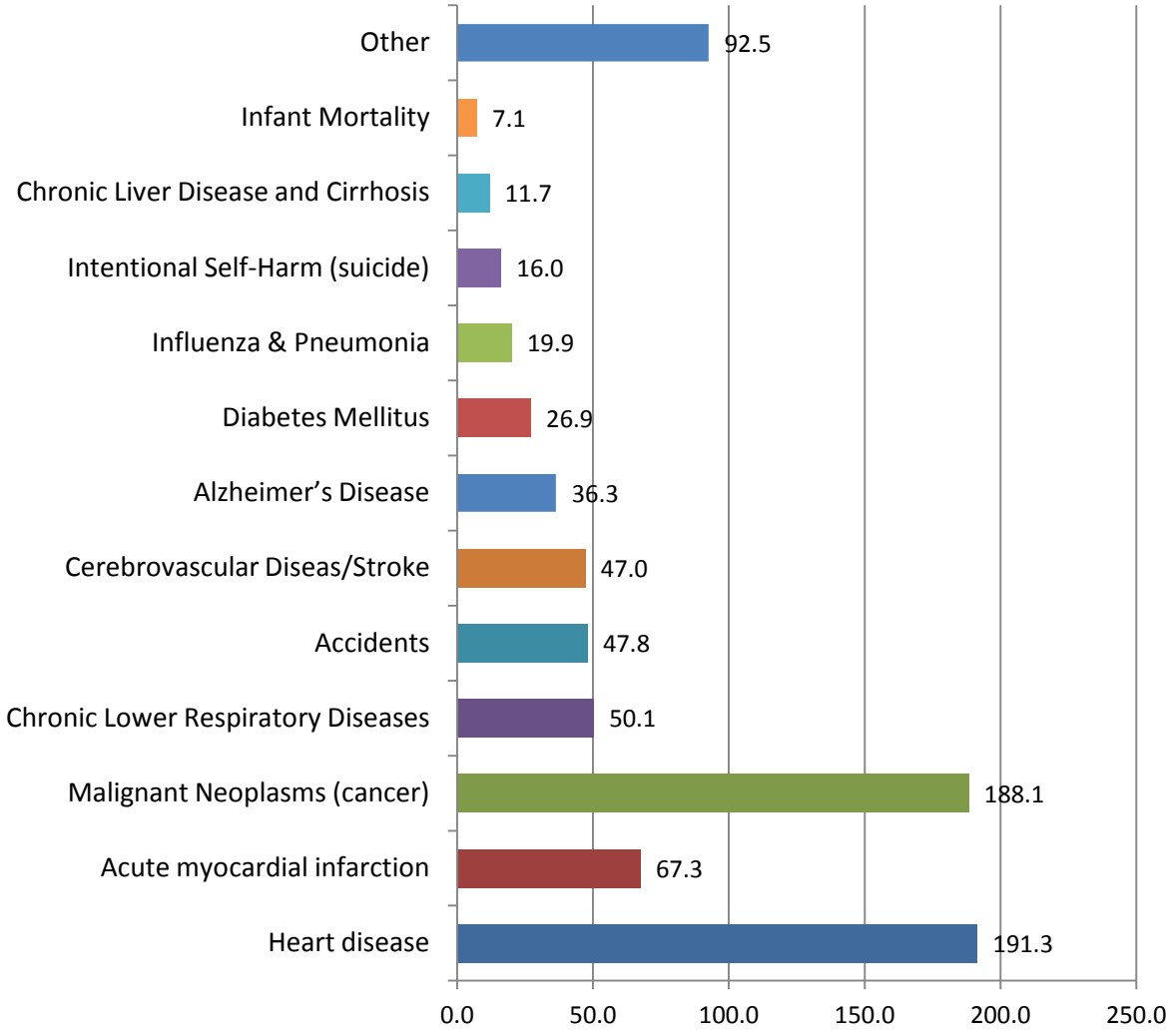


Figure 6. Leading Causes of Death, Turner County Only
Results are age-adjusted incidence rates per 100,000 population.

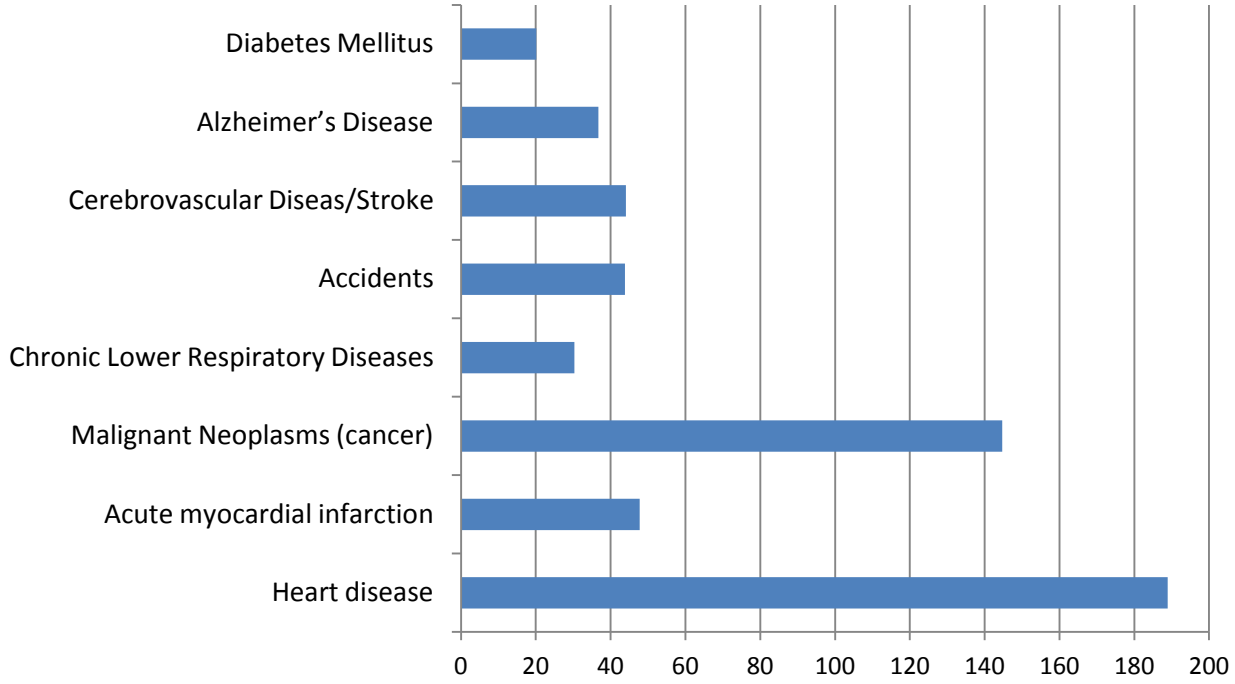


Figure 7. Leading Cause of Death, All Counties within the Research Area
Results are age-adjusted incidence rates per 100,000 population.

County	Cause of Death	# of deaths, per 100,000 population
Clay	Malignant Neoplasms (cancer) Trachea, Bronchus, and Lung	178.6 50.7
Hutchinson	Heart Disease Acute myocardial infarction	145.9 79.0
Lincoln	Malignant Neoplasms (cancer) Trachea, Bronchus, and Lung	229.9 73.0
McCook	Heart Disease Atherosclerotic heart disease	192.6 80.6
Minnehaha	Malignant Neoplasms (cancer) Trachea, Bronchus, and Lung	220.7 63.6
Turner	Heart Disease Atherosclerotic heart disease	188.9 87.6
Union	Malignant Neoplasms (cancer) Trachea, Bronchus, and Lung	234.9 64.8
Yankton	Heart Disease Acute myocardial infarction	199.1 76.0

Table 14. All Causes, Organized by County

	Clay	Hutchinson	Lincoln	McCook	Minnehaha	Turner	Union	Yankton	South Dakota
ALL CAUSES	707.9	608.1	900.5	773.8	867.6	681.9	748.6	737.3	802.0
Heart disease	165.6	145.9	192.1	192.6	195.1	188.9	156.3	199.1	191.3
Acute myocardial infarction	80.8	79	75.1	61.2	35.2	47.8	54.0	76.0	67.3
Atherosclerotic heart disease	45.6	36.9	61.8	80.6	100.1	87.6	35.9	59.3	60.7
Heart disease	LNE	3.7	7.5	7.1	5.4	6.3	8.7	7.2	8.3
Malignant Neoplasms (cancer)	178.6	137.7	229.9	183.0	220.7	144.7	234.9	162.5	188.1
Trachea, Bronchus, & Lung	50.7	33.2	73.0	47.6	63.6	38.1	64.8	52.7	52.6
Colon, Rectum, & Anus	19.5	15.9	15.1	6.5	22	16.9	20.3	13.7	18.9
Female Breast	16.5	10.9	36.8	LNE	24.2	25.8	17.8	10.8	23.5
Prostate	47.3	23.4	35.0	19.8	23.8	23.2	40.5	24.7	26.7
Pancreas	LNE	5.7	16.7	LNE	14.8	5.8	16.3	7.0	11.2
Leukemia	13.1	4.8	9.2	12.7	9.3	LNE	13.5	4.8	7.5
Non-Hodgkin's Lymphoma	7.0	LNE	5.3	LNE	8.5	7	7.4	6.7	7.0
Cerebrovascular Disease	69.3	42.4	51.4	42.7	51.1	44.1	43.8	54.9	47.0
Chronic Lower Respiratory Diseases	42.4	33.2	47.3	61.2	64.5	30.3	42.4	43.3	50.1
Accidents	40.3	34	44.5	44.3	40.3	43.8	44.8	39.1	47.8
Motor Vehicle Accidents	11.8	18.5	22.4	29.2	12.6	20.2	9.5	18	20.3
Alzheimer's Disease	33.6	31.1	47.6	49.5	46.7	36.7	39.1	33.7	36.3
Diabetes Mellitus	28.8	22.7	39.7	9.1	18.4	20.1	29.8	39.8	26.9
Influenza & Pneumonia	16.6	19.6	20.0	18.8	19.4	13.2	14.8	21.8	19.9
Intentional Self-Harm (suicide)	LNE	LNE	16.3	LNE	14.3	LNE	10.7	10.2	16.0
Chronic Liver Disease and Cirrhosis	LNE	LNE	4.8	LNE	10.8	LNE	6.2	7.0	11.7
Infant Mortality	LNE	LNE	6.83	LNE	7.45	LNE	LNE	6.12	7.1

LNE: Low Number of Events

Specifically, deaths attributed to motor vehicle crashes can be measured as the mortality rate per population unit (in this case, per 100,000 people). Accidents are defined as on- or off-road incidents involving a motor vehicle. Most motor vehicle (MV) deaths include traffic and non-traffic accidents involving motorcycles and 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; and bikes and pedestrians when colliding with any of the vehicles mentioned. Deaths due to boating accidents and airline crashes are not included in this measure. (County Health Rankings, 2012) In this study, Turner and McCook counties demonstrated higher than state average MV mortality rates.

Table 15. Motor vehicle crash death rate

County	MV mortality rate
South Dakota, All	24
Clay	17
Hutchinson	23
Lincoln	13
McCook	39
Minnehaha	15
Turner	29
Union	8
Yankton	19

5.3 Incidence of Disease

Heart Disease. Information at the county or state level specific to the prevalence of heart disease and stroke was not available. However, data prepared by the South Dakota Heart Disease and Stroke Prevention Program provides the following highlights:

- In 2007, 25.5% of South Dakota BRFSS (Behavioral Risk Factor Surveillance Survey) respondents reported having hypertension, slightly below the national average of 27.8%.
- In 2007, 34% of South Dakotans reported having high blood cholesterol, slightly below the 2007 national average of 37.6%. (Heart Disease and Stroke Prevention Program, SD Department of Health)

Cancer. The following figures depict cancer cases and age-adjusted incidence rates, reported by county and compared to state averages. All data was obtained from the South Dakota Department of Health, Cancer Registry, 2008. (South Dakota Cancer Registry, 2008)

Figure 8. All Cancer Cases by County, reported as of 2008

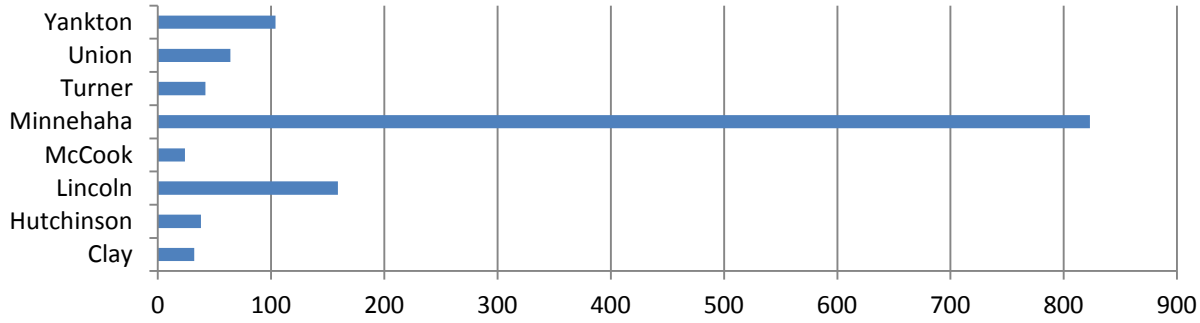


Figure 9. Age-adjusted incidence rate for Colorectal cancer, reported as of 2008

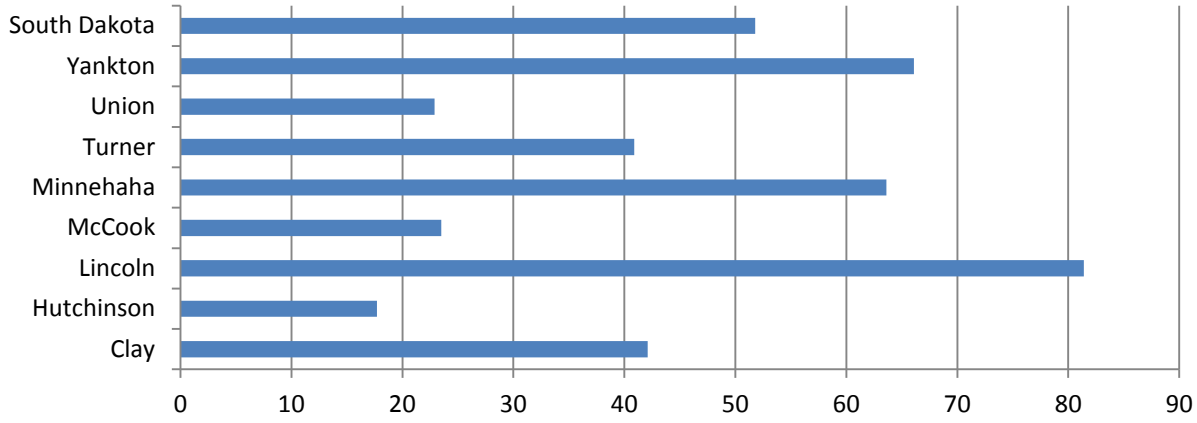


Figure 10. Age-adjusted incidence for Lung & Bronchus cancer, reported as of 2008

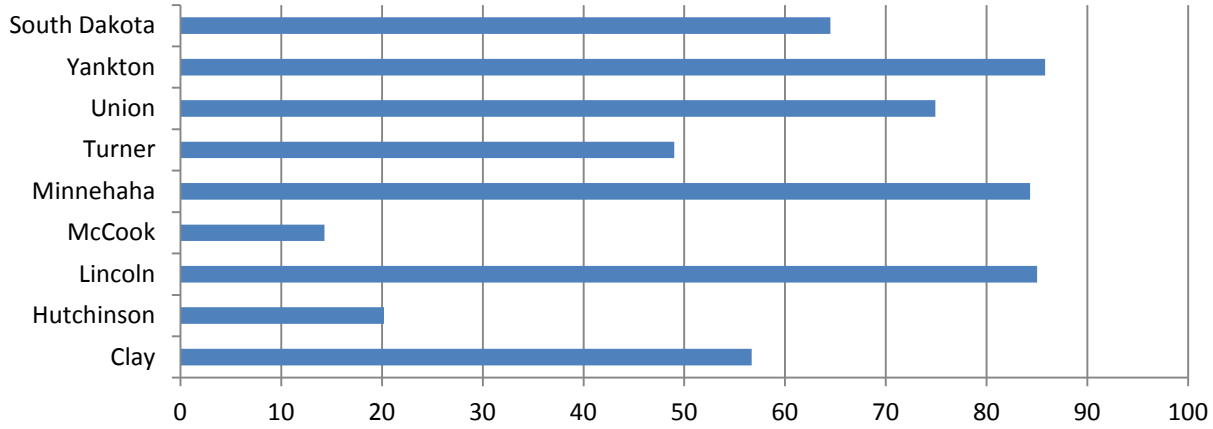


Figure 11. Age-adjusted incidence for Female Breast cancer, reported as of 2008

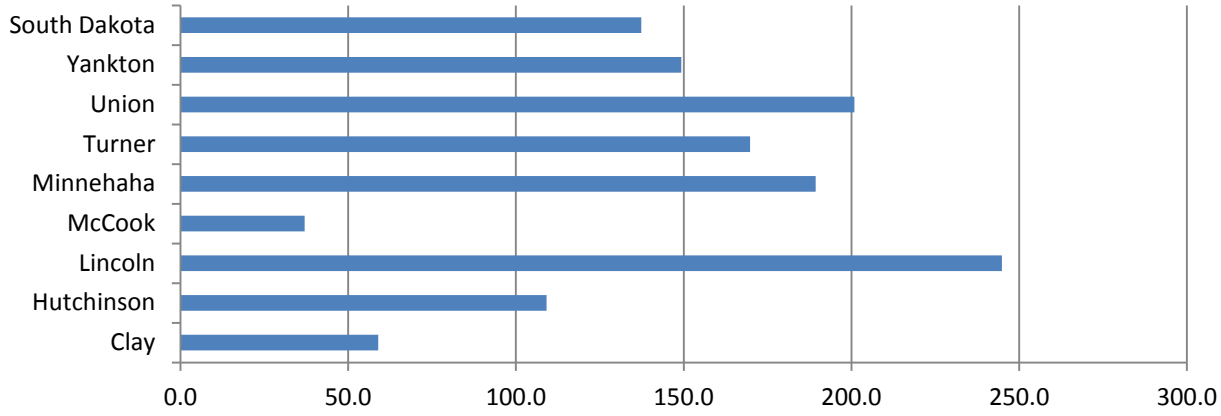


Figure 12. Age-adjusted incidence for Prostate cancer, reported as of 2008

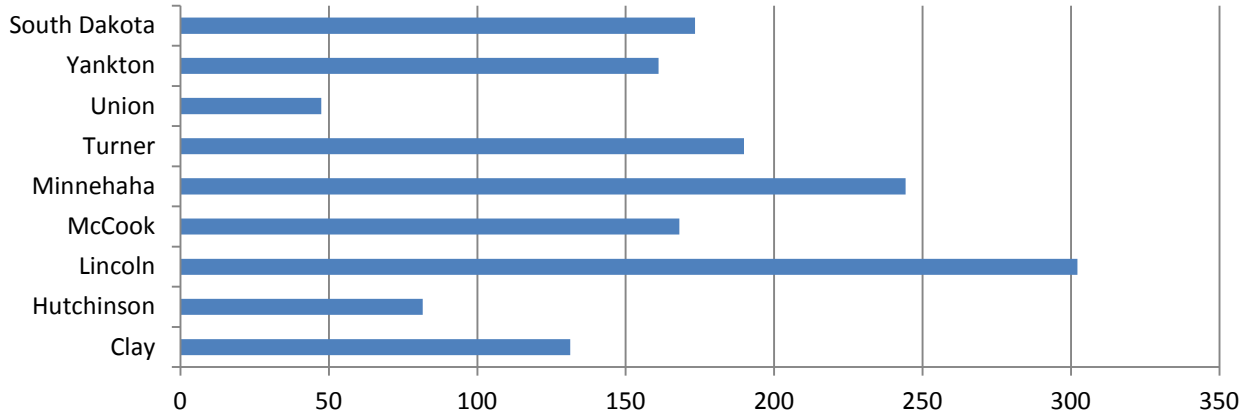
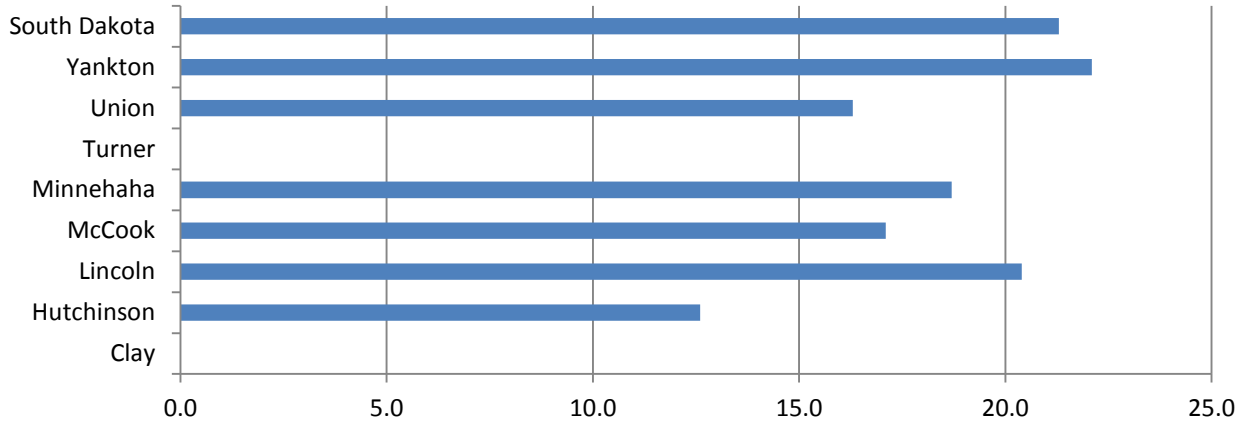


Figure 13. Age-adjusted incidence for Bladder cancer, reported as of 2008



Communicable Diseases. Data below was obtained from the SD Vital Statistics Report, 2009 (State of South Dakota, 2009)

Table 16. Selected Notifiable Diseases by County, 2009

	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Campylobateriosis	0	≤3	9	6	41
Chlamydia	35	4	38	6	802
Cryptosporidiosis	0	0	≤3	≤3	9
Giardiasis	≤3	0	6	0	43
Gonorrhea	≤3	0	≤3	0	130
Hepatitis B. Chronic	0	0	0	0	25
Hepatitis C. Chronic	3	0	11	0	138
Methicillin-resistant Staphylococcus aureus, invasive (MRSA)	≤3	≤3	≤3	≤3	20
Pertusis	≤3	0	≤3	0	22
Q fever	0	0	0	0	0
Salmonellosis	≤3	≤3	13	≤3	55
Tuberculosis	0	0	0	0	7
Varicella	≤3	0	≤3	0	7
West Nile Disease	≤3	0	0	0	≤3
HIV/AIDS (as of Dec 31, 2010)	7	0	14	0	189

	Turner	Union	Yankton	State of South Dakota
Campylobateriosis	4	4	6	298
Chlamydia	5	16	25	3,015
Cryptosporidiosis	0	0	21	138
Giardiasis	≤3	0	10	112
Gonorrhea	0	≤3	6	344
Hepatitis B. Chronic	0	0	0	40
Hepatitis C. Chronic	≤3	6	17	386
Methicillin-resistant Staphylococcus aureus, invasive (MRSA)	≤3	≤3	≤3	93
Pertusis	0	≤3	≤3	58
Q fever	≤3	0	0	9
Salmonellosis	≤3	4	0	198
Tuberculosis	0	0	0	18
Varicella	0	0	0	53
West Nile Disease	0	≤3	0	21
HIV/AIDS (as of Dec 31, 2010)	0	≤5	15	400

5.4 Risk Factors

Alcohol Consumption. According to County Health Rankings, binge and heavy drinking within the State at large can be characterized as follows:

Table 17. Alcohol consumption, binge and heavy drinking

	Yes	No
Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	17.70%	82.30%
Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)	4.80%	95.20%

Diabetes. An age-adjusted estimate of the prevalence of diabetes in South Dakota is 6.4% of the total population. Counties in this area with rates higher than the State average include: Clay (6.6%), Lincoln (6.5%), Minnehaha (6.8%), Turner (6.8%), and Yankton (7.0%). (DHHS CDC, 2009)

According to figures represented by County Health Rankings (County Health Rankings, 2012) diabetic screening is calculated as a percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their glycerated hemoglobin (HbA1c) levels.

Figure 14. 2009 Age-Adjusted Estimates of the Percentage of Adults with Diagnosed Diabetes

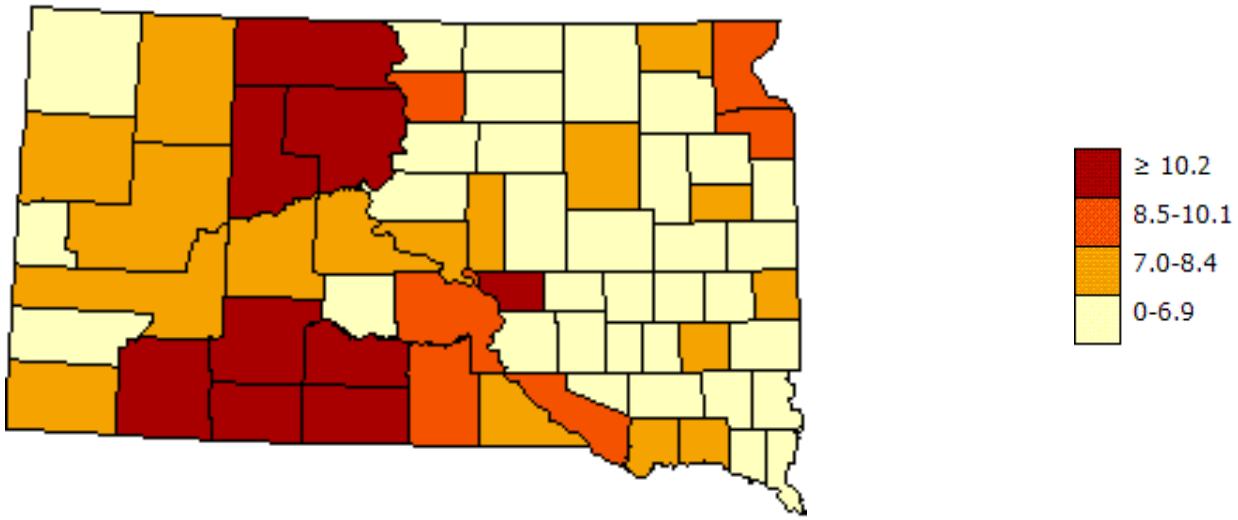


Table 18. Diabetic screening

County	No of Diabetics (Medicare Only)	% HbA1c
South Dakota, All	3,216	83
Clay	Not Reported	Not Reported
Hutchinson	30	87
Lincoln	93	91
McCook	23	87
Minnehaha	495	84
Turner	34	85
Union	73	88
Yankton	82	90

Obesity. Per the CDC (DHHS CDC, 2009) 59.6% of adults within the State of South Dakota are obese (age-adjusted estimate). All of the counties queried in this project are below this level by a fair

margin. Each county, respectively, has between 25-30% of their 18+ aged adults classified as obese.

Table 19. Adult obesity

County	% Obese
South Dakota, All	29
Clay	29
Hutchinson	29
Lincoln	26
McCook	27
Minnehaha	28
Turner	28
Union	30
Yankton	29

Data provided by County Health Rankings. (County Health Rankings, 2012)

Immunizations, Incidence of. According to County Health Rankings, the following can be stated regarding prevalence of two common vaccinations – pneumonia, and influenza – amongst adults in South Dakota age 65 and older. (County Health Rankings, 2012)

Table 20. Prevalence of immunizations amongst adults 65+

	Prevalence of No Flu Shot	Prevalence of No Pneumonia Shot
Race		
White	24.80%	34.20%
American Indian	23.70%	26.90%
Region		
Southeast	24.00%	36.50%
Northeast	22.60%	34.00%
Central	26.10%	30.00%
West	27.80%	31.40%
American Indian Counties	34.80%	35.10%
Total Prevalence	29.80%	33.80%

Physical Activity & Nutrition. About 14% of the population report having limited access to healthy food options; Hutchinson (15%), McCook (30%), and Turner (29%) all demonstrated higher rates than other counties within the State. (County Health Rankings, 2012)

Percentage of the population in each county utilizing the Supplemental Nutrition Assistance Program (SNAP) to aid with monthly food expenses is less than the State average (12.4%) with the exception of one county, Minnehaha (12.7%). (South Dakota Department of Social Services, 2012) (South Dakota Department of Social Services, 2011)

Based on the Helpline Center's survey of the greater Sioux Falls area, the need that demonstrated the most significant increase in demand was non-emergency food, reporting a 473.91% increase from 2009 to 2010. (Helpline Center, 2010)

Physical inactivity rates for this region are all lower than the State average, 35.4%. [source] Of the counties queried in this project, Turner County had the highest level of reported physical inactivity

(28.8% of adults) and Lincoln (22.6%) and Clay (22.7%) demonstrated the lowest levels of reported physical inactivity.

Poor Mental Health. Poor mental health days are a measure of how the citizens would rate their mental health in regard to stress, depression, and anxiety over a 30 day period. South Dakotans reported having 2.6 out of 30 days that would classify as mentally unhealthy. Counties greater than the State average included: McCook (3.3) and Yankton (3.2). (County Health Rankings, 2012)

Tobacco Use. Statewide, as reported by the SD Department of Health 2008 Behavior Risk Factor Surveillance Survey (SD Department of Health, 2008), 17.5% of South Dakotan's smoke cigarettes, compared to the nationwide median of 18.4%. Regarding smokeless tobacco, 5.3% of respondents within the State indicated that they use smokeless tobacco, and no national means is available for comparison.

At the county level (County Health Rankings, 2012) adult smoking prevalence is estimated based upon the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. The measure was calculated by NCHS, part of CDC.

Table 21. Adult smoking, incidence

County	% Smokers
South Dakota, All	20
Clay	18
Hutchinson	11
Lincoln	13
McCook	15
Minnehaha	20
Turner	20
Union	17
Yankton	16

Youth Risk Behaviors. Per the South Dakota Department of Education, the Youth Risk Behavior Survey questionnaire reflects the opinions of approximately 1,800 South Dakota students in grades 9-12. All public, private, and Bureau of Indian Education schools containing students in grades 9-12 are eligible to be selected for inclusion in the survey. Six priority areas are measured: 1) unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, and physical inactivity. (SD Department of Education, 2012)

Table 22. 2009 Youth Risk Behavior Survey, Areas where % of Respondents exceeded 50%

	2009
% of respondents who had been taught about AIDS/HIV infection in school	78%
% of respondents who were ever bullied	52%
% of respondents who exercised to lose weight or to keep from gaining weight during the past 30 days	60%
% of respondents who ate breakfast on 5 or more of the past 7 days	51%
% of respondents who never went or rarely went hungry during the past 30 days	88%
% of respondents who saw a dentist during the past 12 months for a check-up, exam, teeth cleaning, or other dental work	77%
% of respondents who stayed outside for more than one hour on a sunny day, and who never or rarely wore sunscreen during that time with a SPF of 15 or higher	64%

Table 23. 2009 Youth Risk Behavior Survey, Areas where % of Respondents exceeded 25% but was less than 50%

	2009
% of respondents who had property, such as their car, clothing, or books stolen or deliberately damaged on school property one or more times during the past 12 months	28%
% of respondents who were in a physical fight one or more times during the past 12 months	27%
% of respondents who ever tried cigarette smoking, even one or two puffs	49%
% of respondents who ever used chewing tobacco or snuff in their lives	25%
% of respondents who during this school year were taught in any of their classes about the dangers of tobacco use	46%
% of respondents who had at least one drink of alcohol or more during the past 30 days	40%
% of respondents who had 5 or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	26%
% of respondents who used marijuana one or more times during their life	30%
% of respondents who usually drank alcohol at another person's home during the past 30 days	26%
% of respondents who ever had sexual intercourse	47%
% of respondents who had sexual intercourse with one or more people during the past 3 months	36%
% of respondents trying to lose weight	46%
% of respondents who ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight during the past 30 days	38%
% of respondents who were physically active for a total or at least 60 minutes per day, during 5 or more of the past 7 days	47%
% of respondents who went to physical education class one or more days in an average school week	29%
% of respondents during the past 12 months that used an indoor tanning device	28%

5.5 Maternal and Child Health

About 71.2% of mothers in South Dakota receive care during their first trimester of pregnancy; although two surveyed counties, Hutchinson (64.8%) and Minnehaha (69.6%), had less reported. Mothers who reported tobacco use while pregnant was higher in Yankton County (23%) when compared to state data (18.7%).

Clay (6.8%), Minnehaha (7.0%), Turner (7.4%), and Union (7.6%) all had a higher percent of low birth weight babies born when compared to state data (6.6%). Premature births, births occurring less than 37 weeks gestation, were higher than the state average (8.8%) in the following counties: Minnehaha (9.6%), Turner (10.8%), and Union (12.2%).

Only one county had higher than the state average (19.9%) of reported teenage pregnancies. Minnehaha County reported that 23.1% of mothers were between the ages of 15 and 17. (State of South Dakota, 2009)

Birth Rates. Based upon information from the SD Department of Health, selected statistics are provided below for years 2009-2010. (SD Department of Health)

Table 24. Birth rates, statewide

Event	2010	2009
Births, Number	11,795	11,930
Rate per 1,000 population	14.5	14.7
Births by Race		
Number of white births	9,245	9,330
White birth rate per 1,000	13.2	13.1
Number of American Indian births	1,835	1,885
American Indian birth rate per 1,000	25.6	24.7

Teen Births. Teenage pregnancy rate is defined as live births, fetal deaths, and abortions per 1,000 females aged 15-17. All counties within the surveyed area demonstrated birth rates amongst teenage mothers below the State average (19.9 births, deaths, or abortions per 1,000 teenage females) except for Minnehaha, which reported 23.1 births, deaths, or abortions per 1,000 teenage females. Clay, Hutchinson, Turner, and Union counties demonstrated less than 6 incidences per 1,000 teenage females, respectively. Based upon information from the SD Department of Health, selected statistics are provided below for years 2009-2010. (SD Department of Health)

Table 25. Teenage birth rates, statewide

Event	2010	2009
Births (12 through 14 year olds)		
Number	10	10
Rate per 1,000 population	0.3	0.3
Births (15 through 17 year olds)		
Number	259	303
Rate per 1,000 population	7.7	8.9
Births (15 through 19 year olds)		
Number	973	1,092
Rate per 1,000 population	16.9	18.6

All counties within the surveyed area demonstrated higher than the state average (26.8 years) for age of mother upon first pregnancy.

Low Birth Weight & Pre-Term Births. Union and Turner counties exhibit higher than state average occurrences of pre-term births (births at less than 37 weeks gestation).

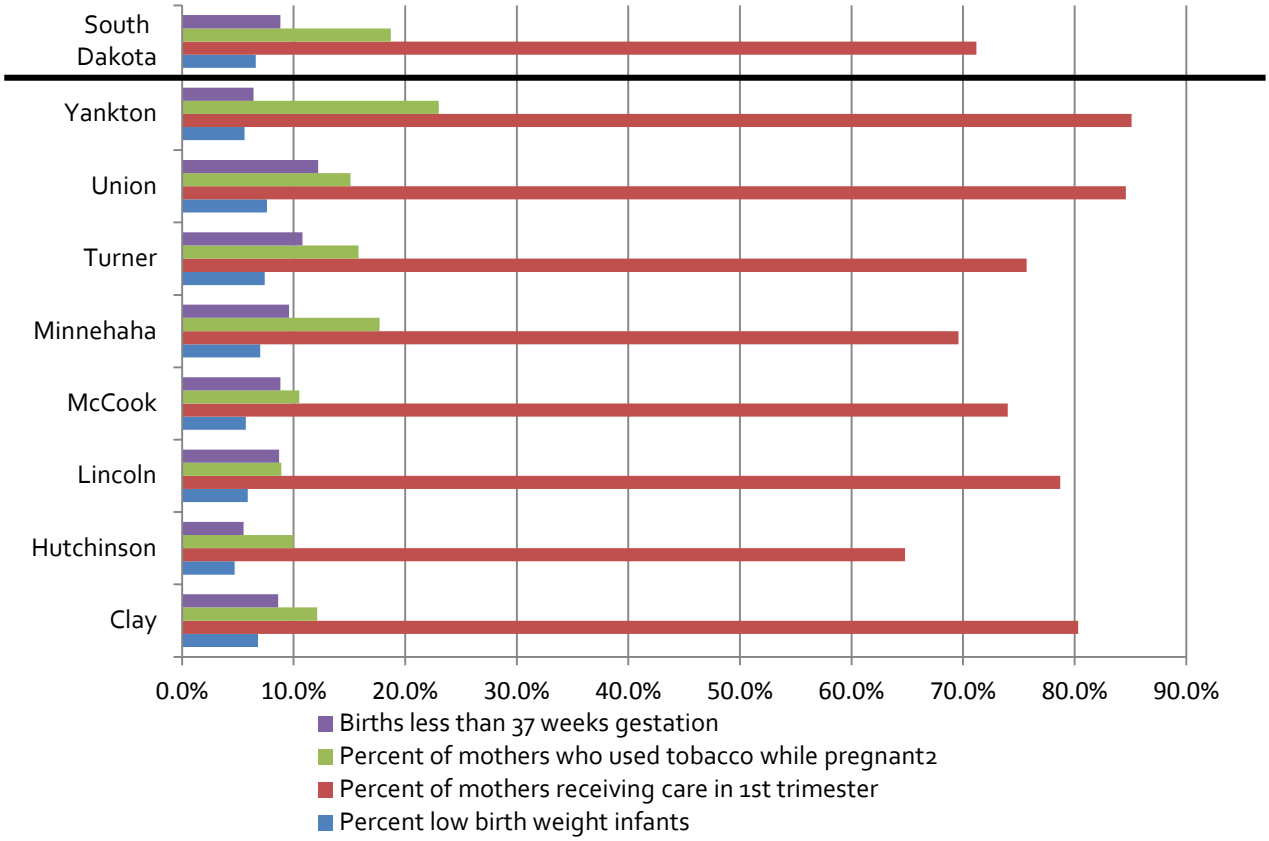
Nearly all counties within the survey area, excluding Minnehaha and Hutchinson, exhibit higher than state averages pertaining to mothers receiving pre-natal care during their first trimester of pregnancy.

Low birthweight reflects the percent of live births for which the infant weighed less than 2,500 grams (or, 5 lbs. 8 oz.). Data was obtained from County Health Rankings, supported by the National Vital Statistics System at NCHS, part of CDC. Seven-year averages are used to provide more robust estimations. McCook County demonstrates the highest percentage of low birth weight babies amongst the counties surveyed.

Table 26. Low birthweight, incidence

County	% LBW
South Dakota, All	6.8
Clay	6.0
Hutchinson	6.4
Lincoln	6.1
McCook	7.7
Minnehaha	6.8
Turner	6.2
Union	6.7
Yankton	6.3

Figure 15. Natality statistics amongst surveyed counties, based on Health Status Indicators



Infant Mortality. The state average for infant mortality in South Dakota is 7.1 infant deaths per 1,000 live births, reported by the SD Vital Statistics Report, 2009. Most counties in the surveyed area reported a low number of events; however, the counties of Minnehaha, Yankton, and Lincoln reported 7.45, 6.12, and 6.83 infant deaths per 1,000 live births respectively. Due to the fact that each of these counties is anchored by large regional medical centers (Sanford USD Medical Center and Avera McKennan Hospital, both in Sioux Falls; and Avera Sacred Heart Hospital, Yankton), it is not surprising that these counties exhibited occurrences of infant mortality.

7. HEALTHCARE ACCESS & UTILIZATION

7.1 Health Insurance Coverage

89.40% of individuals within the State of South Dakota self-report as having some sort of health care coverage. Of those individuals, 87% of adults (age 18-64) report that they have insurance. Out of the individuals within this specific age bracket, 8.00% are white and 9.90% are American Indian. Statewide, 2.10% of children are uninsured. (Office of Surveillance, Epidemiology, and Laboratory Services, CDC, 2010)

Sixteen percent (16%) of adults (age 18-65) are uninsured in South Dakota, based off data from the Small Area Health Insurance Estimates provided by the U.S. Census Bureau. Counties that had higher rates than the State average include: Clay (24%), Hutchinson (19%), McCook (19%), and Turner (17%) (County Health Rankings, 2012).

On average, 9% of people within the State of South Dakota could not see a doctor due to the associated costs of doing so. (County Health Rankings, 2012) All of the counties within this research study are at or below that percentage, with the exception of Turner County (10% reported).

Medicare. Throughout the State of South Dakota, reported as of July 2010, 135,142 citizens are enrolled in Medicare Part A and/or B. 8,424 citizens are enrolled in Part A only, and 91 are enrolled in Part B only. 126,627 citizens are enrolled in both Part A and Part B. The following tables depict hospital (part A) and medical (part B) covered individuals within each county in the research area.

Table 27. Hospital Insurance, Medicare Part A Coverage by County

Hospital Insurance	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Total	1,608	1,835	2,067	1,005	26,847
Aged	1,392	1,717	1,837	908	23,045
Disabled	216	118	230	97	3,803

	Turner	Union	Yankton
Total	1,740	2,471	4,012
Aged	1,570	2,250	3,406
Disabled	170	221	606

Table 28. Supplemental Medical Insurance, Medicare Part B Coverage by County

Supplemental Medical Insurance	Clay	Hutchinson	Lincoln	McCook	Minnehaha
Total	1,518	1,777	1,901	967	24,973
Aged	1,315	1,669	1,705	882	21,596
Disabled	203	108	196	85	3,377

	Turner	Union	Yankton
Total	1,656	2,323	3,781
Aged	1,500	2,125	3,225
Disabled	156	198	556

Medicaid. According to the SD Department of Social Services (South Dakota Department of Social Services, 2011) 14.1% of the statewide population is eligible for medical programs through the

department (Medicaid and CHIP). The table below reflects percent of the population elgible for medical services in the counties surveyed.

Table 29. Persons (%) eligible for medical services by county

County	% population
South Dakota, All	14.1
Clay	10.6
Hutchinson	9.1
Lincoln	3.7
McCook	10.8
Minnehaha	13.5
Turner	10.0
Union	7.3
Yankton	12.5

7.2 Professional Shortage and Medically Underserved Areas

Primary care physicians for this study are defined as those specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The measure provided below (PCP No) represents the population per one provider. (County Health Rankings, 2012)

Table 30. Primary care providers, ratio per population

County	Population Base	PCP No	PCP Rate	PCP Ratio
South Dakota, All	804,532	1,046	130	769:1
Clay	13,597	16	118	850:1
Hutchinson	7,190	17	236	423:1
Lincoln	39,685	88	222	451:1
McCook	5,640	2	36	2,820:1
Minnehaha	179,862	306	170	588:1
Turner	8,316	7	84	1,188:1
Union	14,189	15	106	946:1
Yankton	21,883	32	146	684:1

For the following areas of research the counties listed were included in the search query: Turner, Clay, and Yankton. Data was obtained from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Health Professional Shortage Areas (HPSAs). HPSAs are "designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility)." (HRSA, 2012)

Table 31. Health Professional Shortage Areas

HPSA Name	Type	FTE	# Short	Score
Clay County				
Beresford/Alcester Service Area	Geographical Area	1	1	10
Garfield Township	Minor Civil Division			

Glenwood Township	Minor Civil Division			
Turner County				
Turner County	Single County	2	0	9
Centerville Medical Clinic	Rural Health Clinic		0	0
Viborg Medical Clinic	Rural Health Clinic		0	0
Parker Medical Clinic	Rural Health Clinic		0	2
Yankton County				
No HPSAs in this county.				

MUAs and MUPs. Medically Underserved Areas/Populations are "areas or populations designed by HRSA as having: to few primary care providers, high infant mortality, high poverty and/or high elderly population." (HRSA, 2012)

Table 32. Medically Underserved Areas/Populations

Name	Type	Score	Designation Date
Clay County			
Irene Service Area	MUA	48.80	1996/09/05
MCD (31940) Irene city			
Turner County			
Centerville City Service Area	MUA	55.15	1994/05/12
MCD (11060) Centerville city			
MCD (67020) Viborg city			
Marion City Service Area	MUA	53.90	1994/05/12
MCD (40860) Marion city			
MCD (67020) Viborg city			
Yankton County			
Low Income – Yankton County	GOV MUP	89.80	2011/02/14

7.3 Survey of Existing Providers

Numerous sources (survey respondents, interviews, focus groups) indicated that people within the Viborg community do at relative frequency obtain medical care in multiple Sioux Falls based clinics. This list does not include Sioux Falls-based clinic locations as they are too numerous to be relevant for the intended purpose of this discussion. The intent of this list is to reflect non-metropolitan based centers of care, with the underlying assumption that the metropolitan areas within the research area (Sioux Falls, in this instance) feature numerous clinics and specialists.

Medical Clinics

- Alcester Medical Clinic (Alcester, SD)
- Sanford Clinic Family Medicine (Beresford, SD)
- Centerville Medical Clinic (Centerville, SD)
- Elk Point Community Health Clinic (Elk Point, SD)
- Lennox Area Medical Center (Lennox, SD)
- Rural Medical Clinic (Marion, SD)
- Menno Clinic (Menno, SD)
- Parker Medical Clinic (Parker, SD)
- Ramos Clinic (Scotland, SD)
- Scotland Medical Clinic (Scotland, SD)

- Avera Medical Group (Tea, SD)
- Sanford Clinic Vermillion (Vermillion, SD)
- Vermillion Medical Clinic (Vermillion, SD)
- Olson Medical Clinic (Vermillion, SD)
- Viborg Medical Clinic (Viborg, SD)
- Lewis & Clark Family Medicine (Yankton, SD)
- Yankton Medical Clinic (Yankton, SD)

Specialty Clinics

- Freeman Regional Health Services (Freeman, SD) – visiting specialist program only
- Yankton Bone, Joint & Sports Medicine Clinic (Yankton, SD)
- Yankton Ear, Nose, & Throat (Yankton, SD)
- Center for Orthopedics (Yankton, SD)
- Shindler Foot Clinic (Yankton, SD)
- American Pain Relief Institute (Yankton, SD)
- Avera Foot & Ankle Clinic (Yankton, SD)
- Yankton Urology (Yankton, SD)

Dentists

- Ellwein Orin (Alcester, SD)
- Neighborhood Dental (Beresford, SD)
- Canton Dental Clinic (Canton, SD)
- Dr. James Slattery, DDS (Elk Point, SD)
- Freeman Dental Center (Freeman, SD)
- Jason Aanenson, DDS, PC (Freeman, SD)
- Marion Family Dentistry (Marion, SD)
- Ringen Dental Clinic (Lennox, SD)
- Lennox Dental Clinic (Lennox, SD)
- Parker Dental (Parker, SD)
- Vermillion Dental Health (Vermillion, SD)
- Houska Dental Clinic (Vermillion, SD)
- Heartland Smiles (Vermillion, SD)
- Knutson Family Dentistry (Vermillion, SD)
- Viborg Dental Clinic (Viborg, SD)
- Scott Family Dental (Yankton, SD)
- Ben Jensen Dental (Yankton, SD)
- Neighborhood Dental (Yankton, SD)
- Yankton Family Dentistry (Yankton, SD)

Hospitals

- Pioneer Memorial Hospital (Viborg, SD); ER department
- Freeman Community Hospital (Freeman, SD); ER department
- Sanford Canton-Inwood Hospital (Canton, SD); ER department
- Sanford Vermillion Hospital (Vermillion, SD); ER department
- Lewis & Clark Specialty Hospital (Yankton, SD)
- Avera Sacred Heart Hospital (Yankton, SD); ER department
- Avera McKennan Hospital (Sioux Falls, SD); ER department
- Sanford USD Medical Center (Sioux Falls, SD); ER department

- Avera Heart Hospital (Sioux Falls, SD); ER department

Clinical Acute Care Clinic (after-hour care)

- Vermillion Medical Clinic (Vermillion, SD)
- Yankton Medical Clinic (Yankton, SD)
- Sanford Clinic Acute Care (numerous Sioux Falls, SD locations)
- McGreevey Clinic (numerous Sioux Falls, SD locations)

Optometrists/Eye Clinics

- Prairie Eye Clinic (Vermillion, SD)
- Vision Center at Walmart (Vermillion, SD)
- Accurate Eye Care (Vermillion, SD)
- Vermillion Vision Clinic (Vermillion, SD)
- Wilcockson Eye Associates (Yankton, SD)
- Vision Solutions (Beresford, SD)
- Canton Family Vision Clinic (Canton, SD)
- Vision Care Associates (Freeman, SD)
- Vision Center at Walmart (Yankton, SD)
- Steckler Eye Care Center (Yankton, SD)
- Vision Care Associates (Yankton, SD)
- Optical Expressions (Yankton, SD)
- Accurate Eye Care (Yankton, SD)
- Spectacle Shop (Yankton, SD)

Mental Health and Substance Abuse Services

- TLC Tallgrass (Sioux Falls, SD)
- Keystone Treatment Center (Sioux Falls, SD and Canton, SD)
- American Pain Relief Institute (Yankton, SD)
- Lewis & Clark Behavioral Health (Yankton, SD)
- Human Services Center, Behavioral Health Services (Yankton, SD)
- Deer Oaks Mental Health Association (Sioux Falls, SD)
- Avera Center MindBodySpirit (Yankton, SD)

Long-term Care and Senior Health Services

- Sunset Manor/Avera Health (Irene, SD)
- Pioneer Memorial Nursing Home (Viborg, SD)
- Good Samaritan-Centerville (Centerville, SD)
- Wakonda Heritage Manor/Avera Health (Wakonda, SD)
- Sanford Care Center-Vermillion (Vermillion, SD)
- Avera Sister James' Nursing Home (Yankton, SD)
- Yankton Care Center (Yankton, SD)
- Bethesda of Beresford (Beresford, SD)
- Good Samaritan Society (Canton, SD)
- Good Samaritan Society (Lennox, SD)
- Oakview Terrace (Freeman, SD)
- Morningside Care Center (Alcester, SD)

7.4 Hospital Utilization

Market share and days by facility, and by product line, were queried from the South Dakota Association of Healthcare Organizations, with permission from Pioneer Memorial. Detailed reports have been prepared for each zip code within the research area defined for primary data collection. These reports were provided to the leadership of Pioneer Memorial separately from this report.

Compared to the State average, Hutchinson, McCook, Minnehaha, Turner, and Yankton counties demonstrate higher than average hospitalization rates. Hospitalization rates for each county, reported as of 2000-2009, are as follows (CDC, 2010):

Table 33. Hospitalization Rates, by County

County	Rate
South Dakota, All	0.11
Clay	0.09
Hutchinson	0.17
Lincoln	0.07
McCook	0.13
Minnehaha	0.12
Turner	0.14
Union	0.05
Yankton	0.12

Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Estimates are calculated based upon private data review collated by County Health Rankings. (County Health Rankings, 2012) Yankton County is significantly higher than the state aver, wherein 69% of hospital stays for ambulatory care sensitive conditions were preventable.

Table 34. Preventable hospital stays, Medicare enrollees only

County	Rate
South Dakota, All	69
Clay	60
Hutchinson	64
Lincoln	66
McCook	64
Minnehaha	63
Turner	65
Union	67
Yankton	81

8. COMMUNITY HEALTH SURVEY

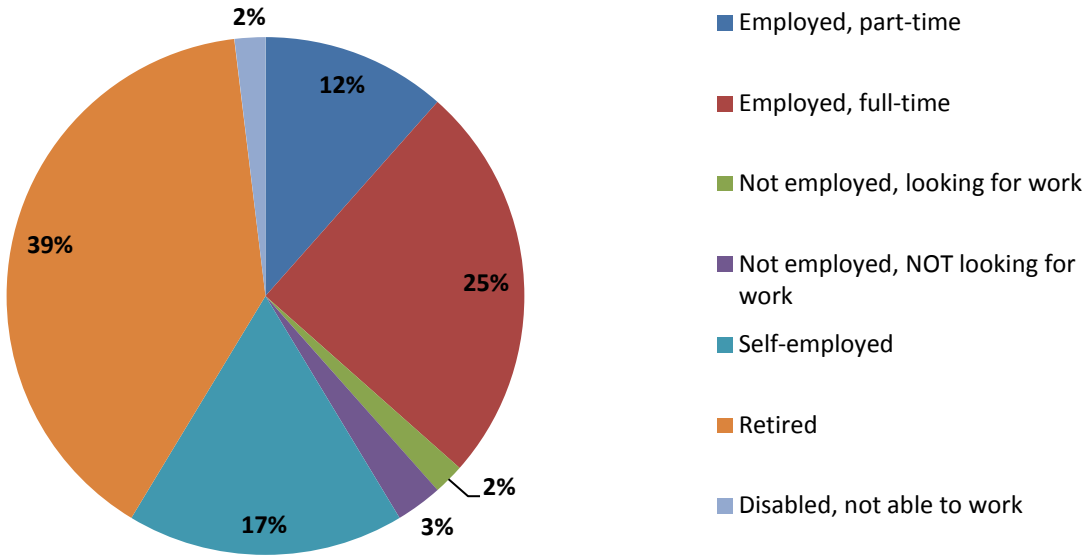
8.1 Methodology

Population:	Community
Study Population:	Based upon ZIP code query to identify service area
Sampling Frame:	# of households in research area
Assumed Response Rate:	30%
Confidence Interval:	5
Confidence Level:	95%
Survey Distribution:	1,115
Method:	Systematic random sampling
Interval:	3
Modes:	Purchased address list, publicly available address list (telephone book)
Tool:	Paper based survey with self-addressed, stamped envelope for return Electronic option

8.2 Demographics

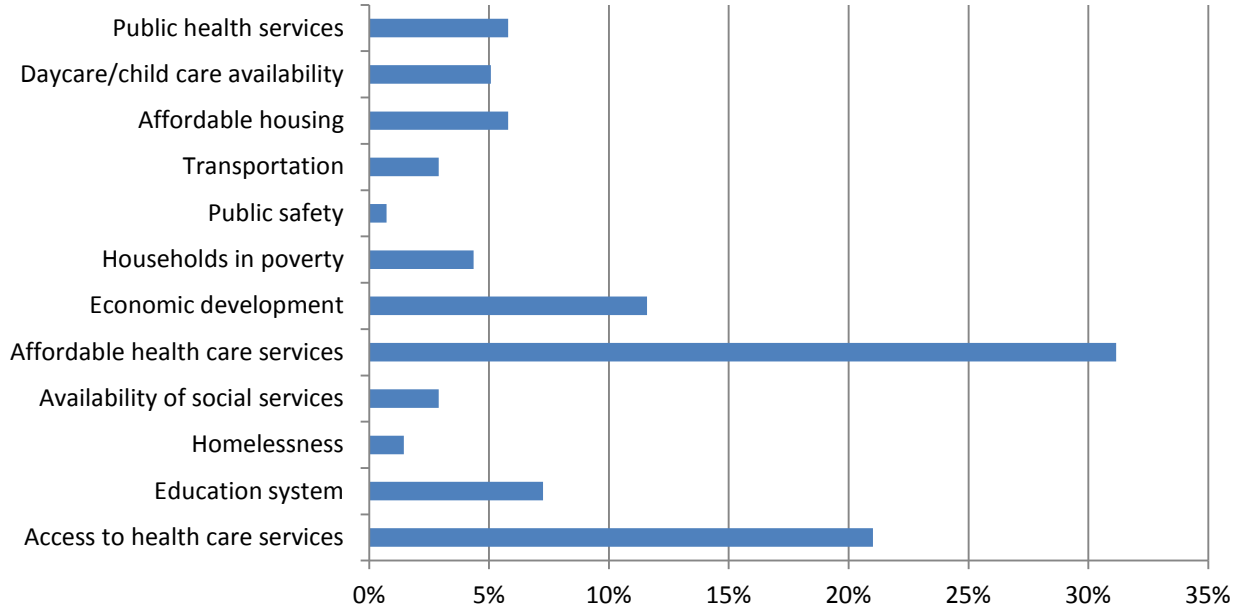
In total, 104 participants completed the survey in its entirety (actual response rate = 9.3%). Of those, 34% were male and 66% were female.

Employment Status

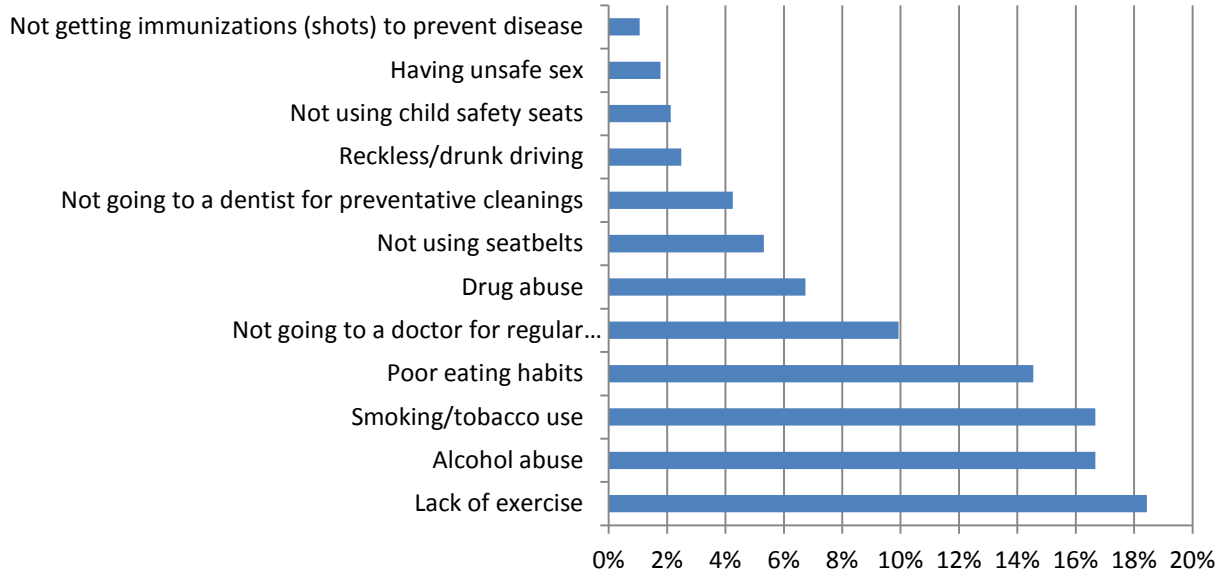


8.3 Survey Findings

Question: What is the most important need in your community?



Question: Select the top 3 unhealthy behaviors in your community using the list below.

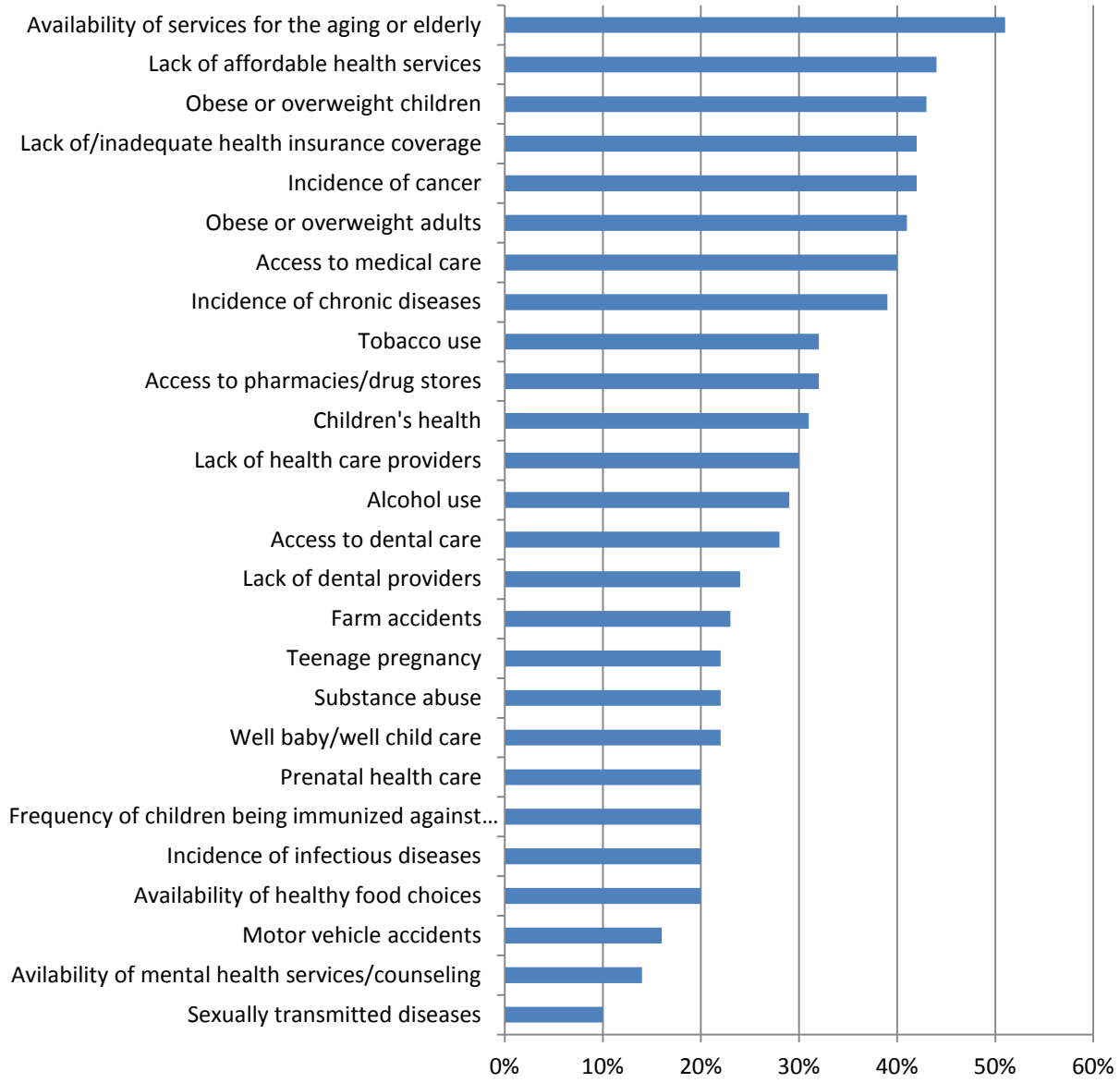


QUESTION: Please tell us about how the following issues might be of concern to you from your perspective and association with the Hospital.

Respondents were asked to rate 24 issues on their importance from their perspective as a care provider or an associate with Pioneer Memorial. Following this table, results are grouped by category and graphed accordingly.

	Great, high concern	Somewhat of a concern	Not a concern	Response Count
Access to medical care	40%	27%	34%	101
Access to dental care	28%	32%	41%	79
Access to pharmacies/drug stores	32%	19%	49%	98
Lack of health care providers	30%	37%	33%	97
Lack of dental providers	24%	33%	43%	95
Availability of mental health services, or counseling	14%	42%	44%	95
Availability of healthy food choices	20%	31%	49%	86
Incidence of cancer	42%	42%	15%	97
Children's health	31%	41%	28%	96
Incidence of chronic diseases (e.g. diabetes, heart disease)	39%	50%	11%	92
Incidence of infectious diseases (e.g. influenza)	20%	56%	25%	95
Frequency of children being immunized against disease(s)	20%	43%	37%	94
Obese or overweight adults	41%	44%	14%	99
Obese or overweight children	43%	43%	14%	98
Prenatal health care	20%	29%	51%	96
Well baby/well child care	22%	27%	51%	96
Lack of affordable health services	44%	34%	22%	96
Lack of/inadequate health insurance coverage	42%	35%	23%	93
Motor vehicle accidents	16%	43%	40%	97
Farm accidents	23%	46%	31%	97
Sexually transmitted diseases	10%	35%	54%	96
Substance abuse	22%	47%	31%	96
Teenage pregnancy	22%	35%	43%	96
Tobacco use	32%	38%	30%	97
Alcohol use	29%	49%	22%	97
Availability of services for the aging or elderly	51%	31%	18%	99

Areas of greatest concern

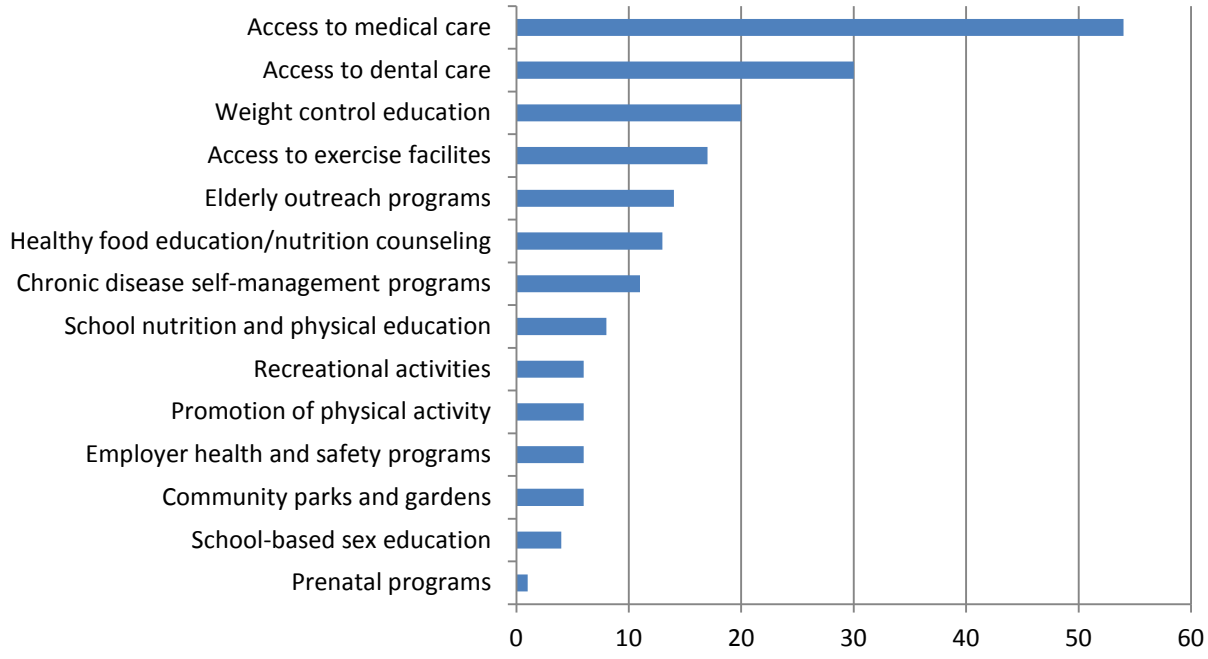


Question: Do you or others in your community have a problem finding or using the following services? Participants were asked to respond "yes" or "no" if they or others in the community, in their opinion, had trouble accessing 23 various services.

	Yes	No	Response Count
Health care	8%	92%	98
Dental care	17%	83%	96
Mental health care/counseling	26%	74%	94
Substance abuse treatment	23%	77%	94
Health Department Services (prenatal, WIC)	9%	91%	94
Hospital services	14%	86%	98
911 Emergency services	13%	87%	98
Emergency/trauma medical care	23%	77%	97

	Yes	No	Response Count
Pharmacy/drug store	5%	95%	97
Rehabilitation services (after injury or illness)	15%	85%	96
Respite care (relief for caregivers)	47%	53%	96
Health education programs	33%	67%	97
Insurance coverage	25%	75%	97
Enrolling in Medicare/Medicaid	14%	86%	97
Social services	25%	75%	96
Transportation to care services	33%	67%	98
Food assistance	18%	82%	97
Utilities assistance (e.g. heating bill)	27%	73%	95
Senior citizen activities	35%	65%	97
Long-term care/assisted living/nursing home	23%	77%	97
Special needs assistance	34%	66%	95

Question: Of the health services listed in the prior question, what are the 3 most important health services for you and your household?



Question: Please tell us how important you feel these services are to your community.

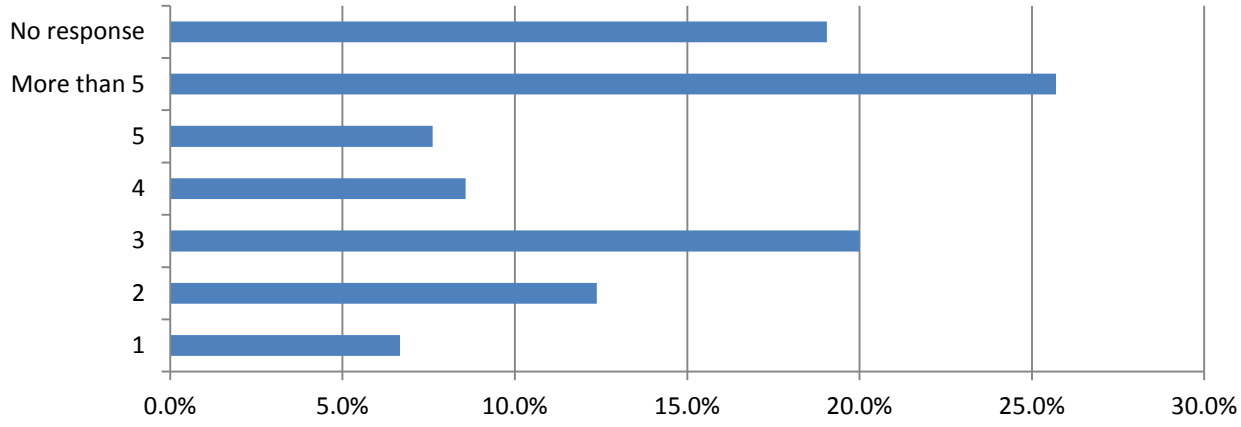
Participants were asked to state if a set of 13 community services were "important", "not important", or to state that they "don't know". All of the 13 responses (listed below) were identified as "important" to the community by at least 70% of the population.

Access to exercise facilities	Access to medical care	Access to dental care
Chronic disease self-management programs	Community parks and gardens	Elderly outreach programs
Employer health and safety programs	Healthy food education/nutrition counseling	Recreational activities
Promotion of physical activity	School-based sex education	School nutrition and physical education
Weight control education		

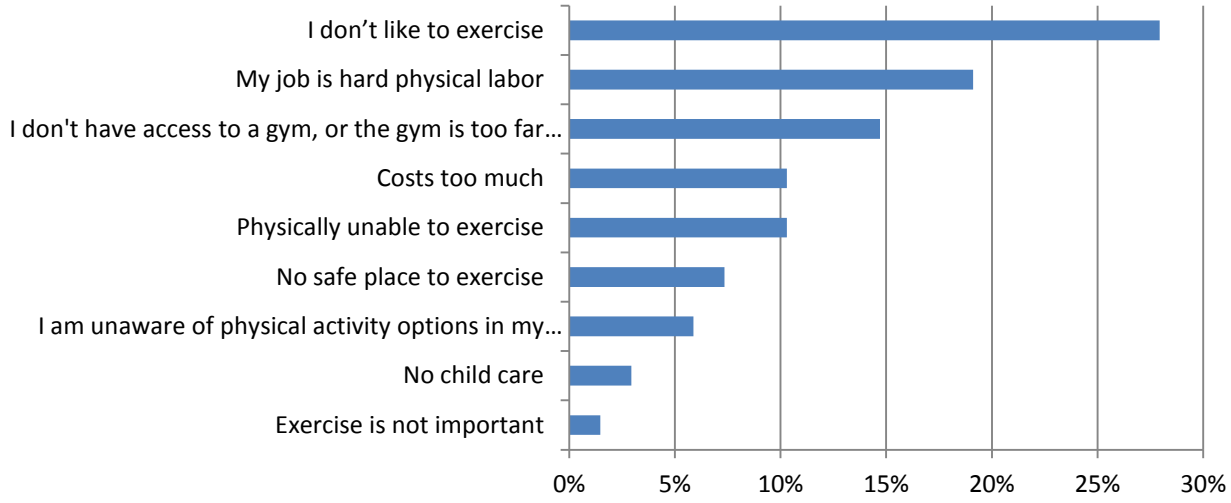
Least Important
Of those, the services that scored the lowest in terms of importance to the community were:
Prenatal programs (51% scored "important")
Chronic disease self-management programs (55% scored "important")
Employer health and safety programs (59% scored "important")

Most Important
The services that scored the highest in terms of importance to the community were:
Access to medical care (89% scored "important")
Access to dental care (87% scored "important")

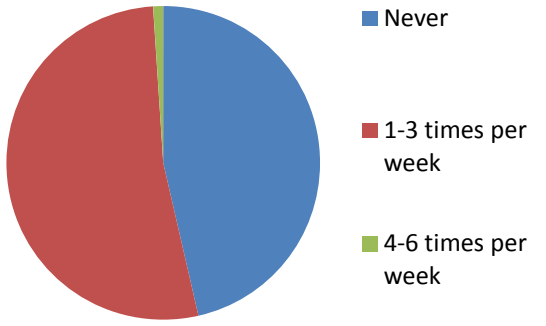
Question: In a typical week how many times do you exercise?



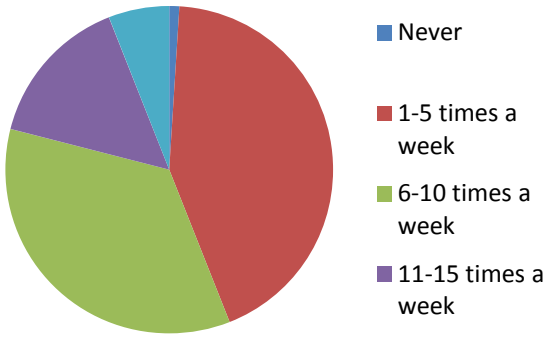
Question: If you don't exercise, why not?



Question: On average, how many times do you eat fast food (e.g. McDonald's)?



Question: How many times per week do you eat fresh fruits or vegetables?



Question: Do you currently use any type of tobacco product?

Yes	11%
No	89%

Question: If you use tobacco, please indicate how much and how often.

Very few respondents indicated how much and how often they used tobacco, so the data was eliminated from this analysis due to question of validity.

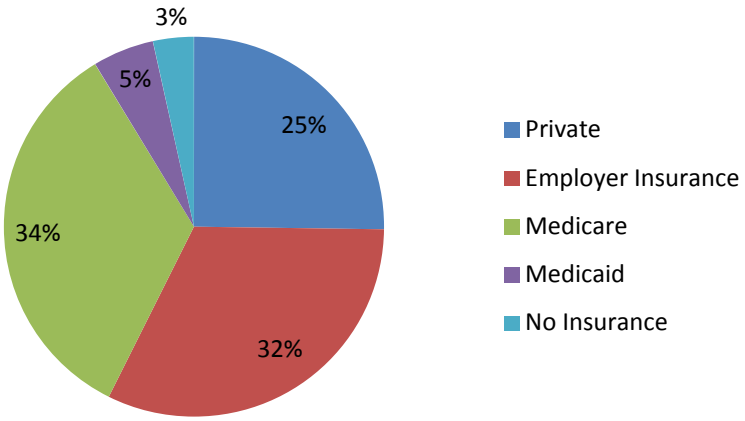
Question: Do you currently drink alcohol?

Yes	40%
No	60%

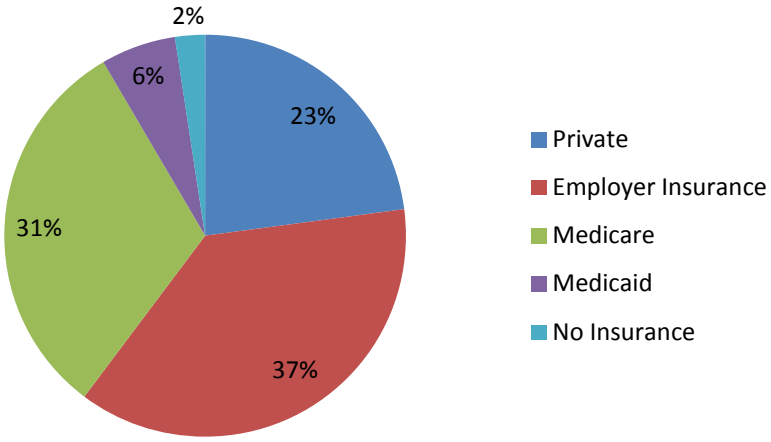
Question: If you drink alcohol, please indicate how much and how often.
Very few respondents indicated how much and how often they drank alcohol, so the data was eliminated from this analysis due to question of validity.

Question: Please indicate the health insurance status of those in your household.

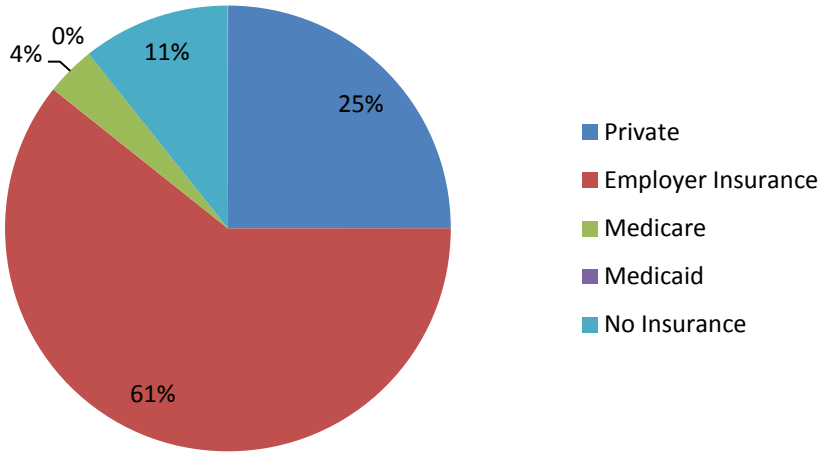
Self (Respondent)



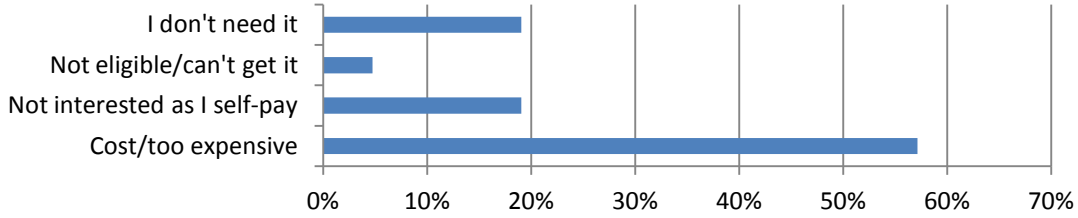
Spouse or Partner



Child or Children



Question: If you or your household members DO NOT have health insurance, what is the main reason for not having insurance coverage?



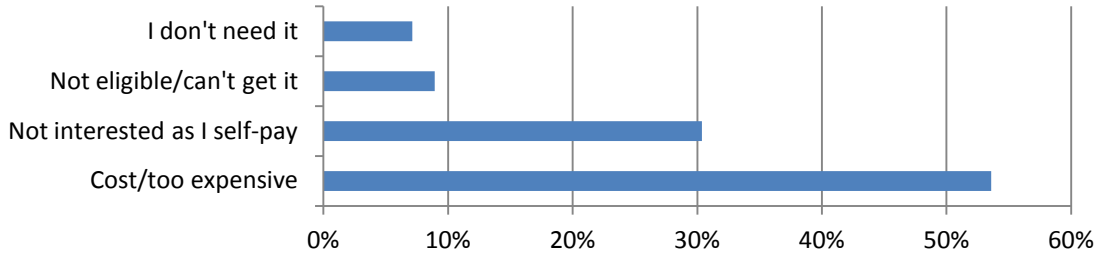
Question: Do you have dental insurance?

Yes	38%
No	62%

Question: Does your child (children) have dental insurance?

Yes	49%
No	51%

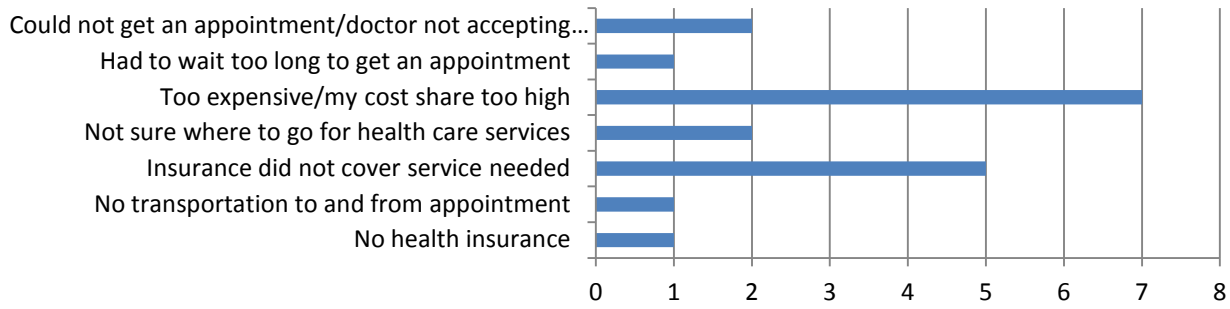
Question: If you or any of your household members DO NOT have dental insurance, what is the main reason for not having insurance coverage?



Question: In the last 12 months did you or a member of your household have a problem getting the health care you needed?

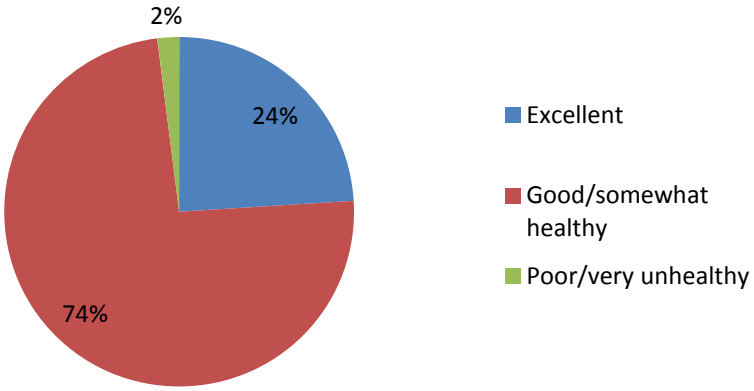
Yes 9%
No 91%

Question: If yes, why was that?



Note: Above figure based on frequencies, not percent.

Question: How do you rate your personal health?

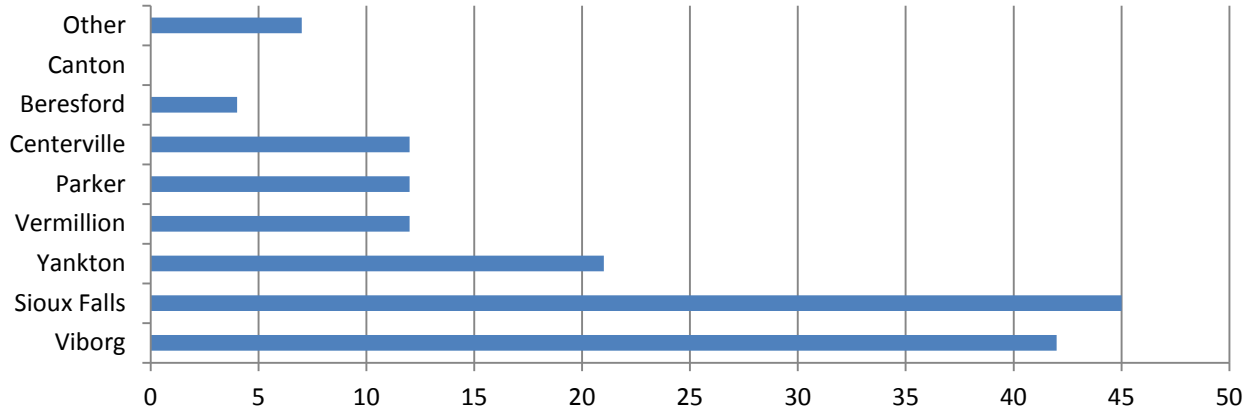


Response Count: 100

Question: About how long has it been since you last visited the following for a routine checkup or physical? Do not include visits if you were sick, pregnant, or for an emergency.

	Doctor, Physician Assistant, or Nurse Practitioner	Dentist	Optometrist or Ophthalmologist
Within the past year	70%	68%	62%
1-2 years ago	16%	16%	21%
3-5 years ago	6%	8%	9%
Can't remember	7%	4%	7%
Never had a routine checkup	1%	4%	1%

Question: Where do you go for routine healthcare?



The "Other" category consisted of the following locations: Lennox (1), Marion (3), and Freeman (3).

Question: Do you regularly go outside of your community for health services?

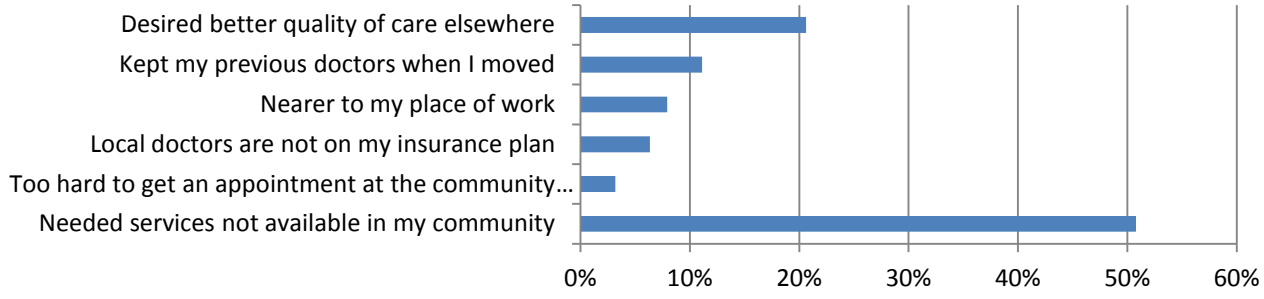
Yes 50%
No 50%

Question: If yes, where do you go and what services do you receive?

Where	Count
Sioux Falls	27
Vermillion	7
Yankton	6
Centerville	1
Akron [IA]	1
Tyndall	1

"What services" was not widely self-reported, and thus was eliminated from this assessment due to question in validity.

Question: If yes, why do you regularly go outside of your community for health services?



Question: Have you ever been told by a health professional that you have any of the following?

Condition	Frequency	Percent (%)
Arthritis	34	11%
Diabetes (not during pregnancy)	13	4%
Cancer	12	4%
Dental problem(s)	14	5%
Depression/anxiety	15	5%
Other mental problem(s)	2	1%
Asthma	7	2%
Overweight, or obesity	37	12%
Hearing problem(s)	29	10%
High blood pressure	44	14%
High cholesterol	41	13%
Learning/developmental disability	0	0%
Lung disease	5	2%
Suffered from a stroke	4	1%
Heart disease	10	3%
Osteoporosis	9	3%
Vision problem(s)	27	9%
Sexually transmitted disease(s)	1	0%

Question: Select any of the following you or others in your household had done in the last year?

Item	You (self)	Spouse	Others
Mammogram	10%	7%	4%
Pap smear	5%	4%	7%
Colon/rectal examination	6%	4%	7%
Skin cancer screening	4%	3%	0%
Prostate cancer digital screening	2%	3%	0%
Cholesterol screening	13%	14%	4%
Flu shot	13%	13%	29%
Pneumonia vaccine	3%	3%	0%
HPV vaccine	1%	0%	11%
Glaucoma test/vision screen	10%	10%	14%
Blood pressure check	18%	20%	18%
Blood sugar check	13%	12%	7%
Total Response Count	442	231	28

9. INTERNAL STAKEHOLDER SURVEY

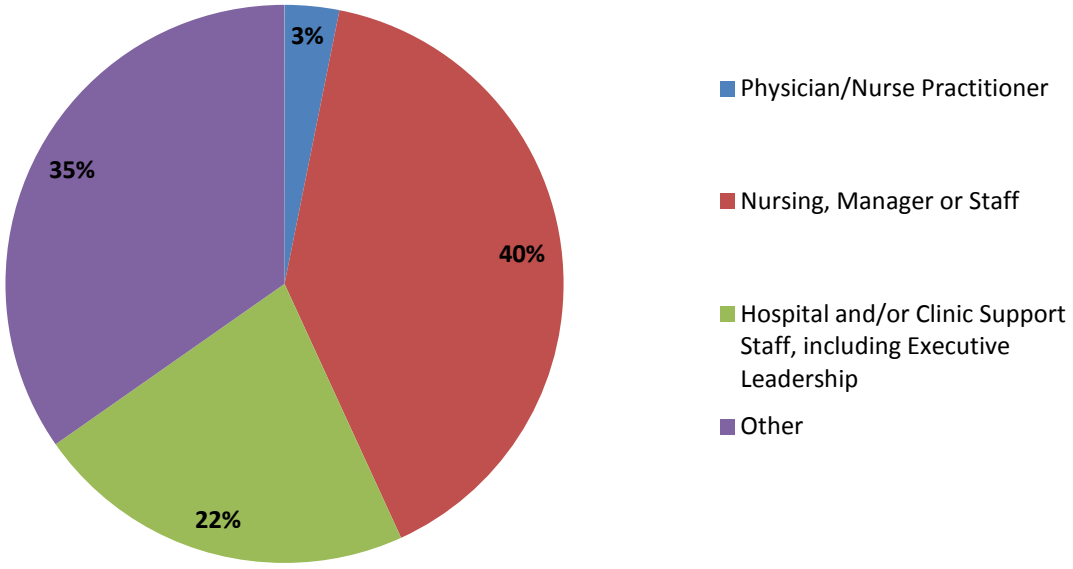
9.1 Methodology

The survey as distributed electronically on May 15, 2012, to 204 e-mail addresses. Participants were reminded to respond on May 22, and the survey was closed on June 1, 2012. In total 96 participants completed the survey electronically.

Response Rate: 45%

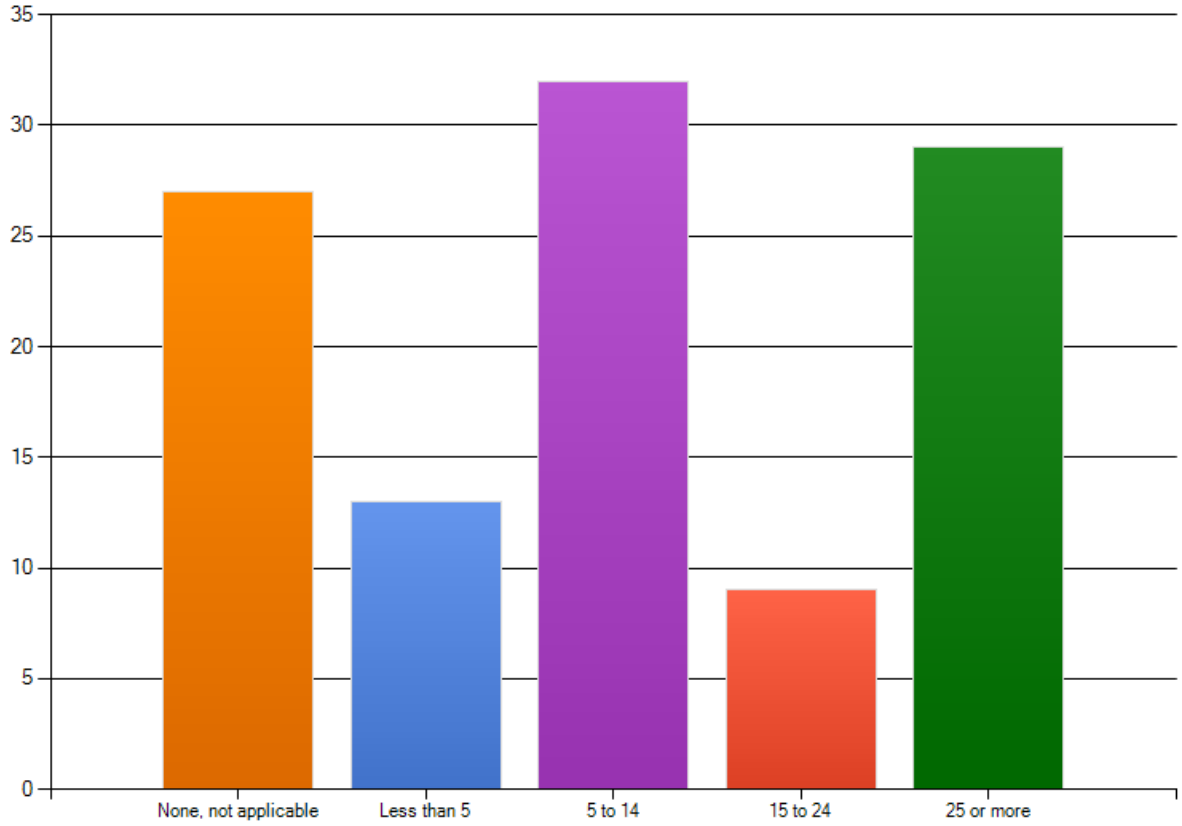
For the purposes of this survey, the community was defined as "Viborg and the surrounding service area".

9.2 Demographics



9.3 Survey Findings

QUESTION: On an average day, how many patient encounters do you have?

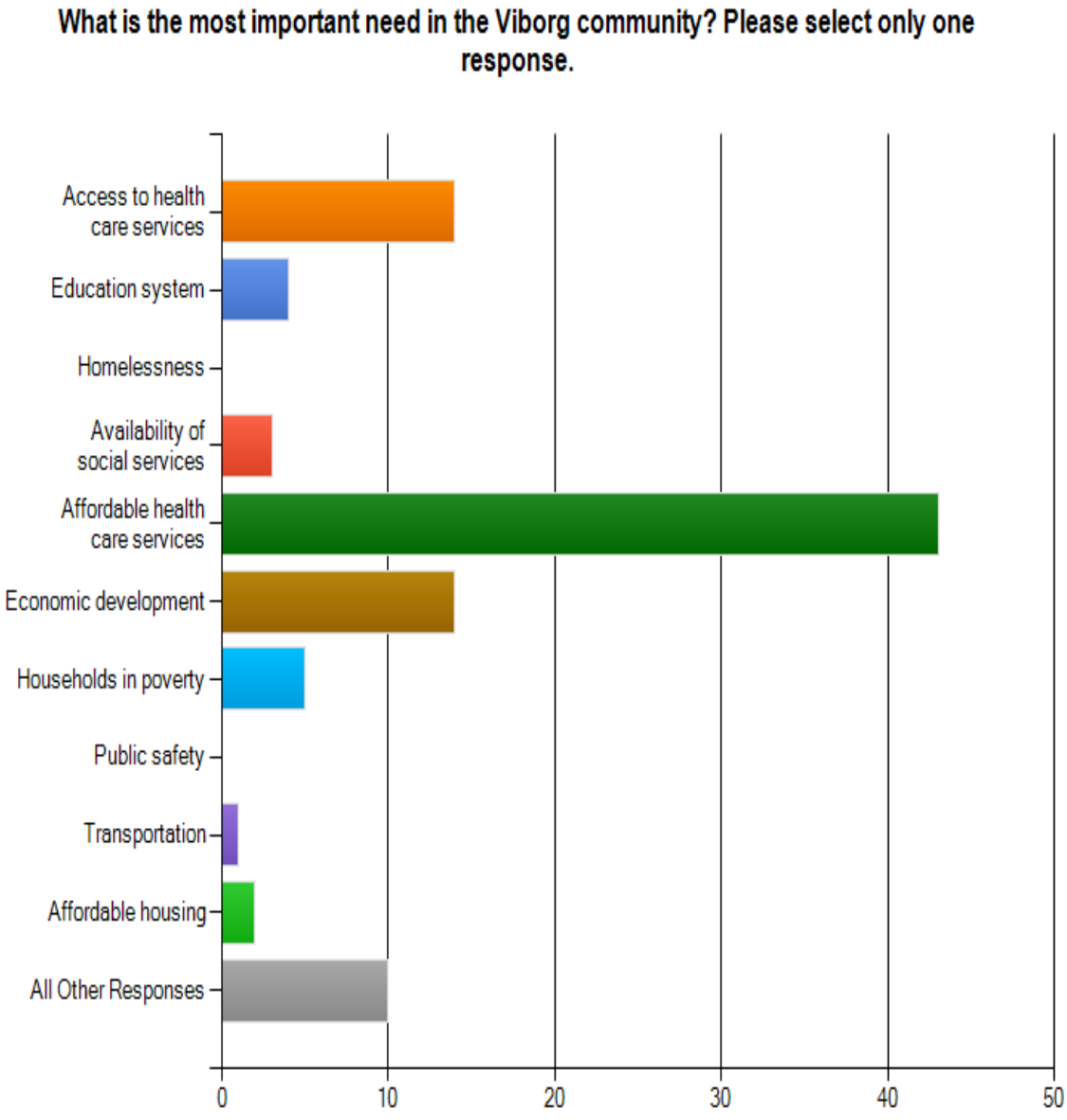


QUESTION: Please rate the general health status of the surrounding community, in your opinion.

	Great, very healthy	Average, moderately healthy	Fair, somewhat unhealthy	Poor, unhealthy	Response Count
General health status of the community	7.3% (7)	72.9% (70)	19.8% (19)	0.0% (0)	96

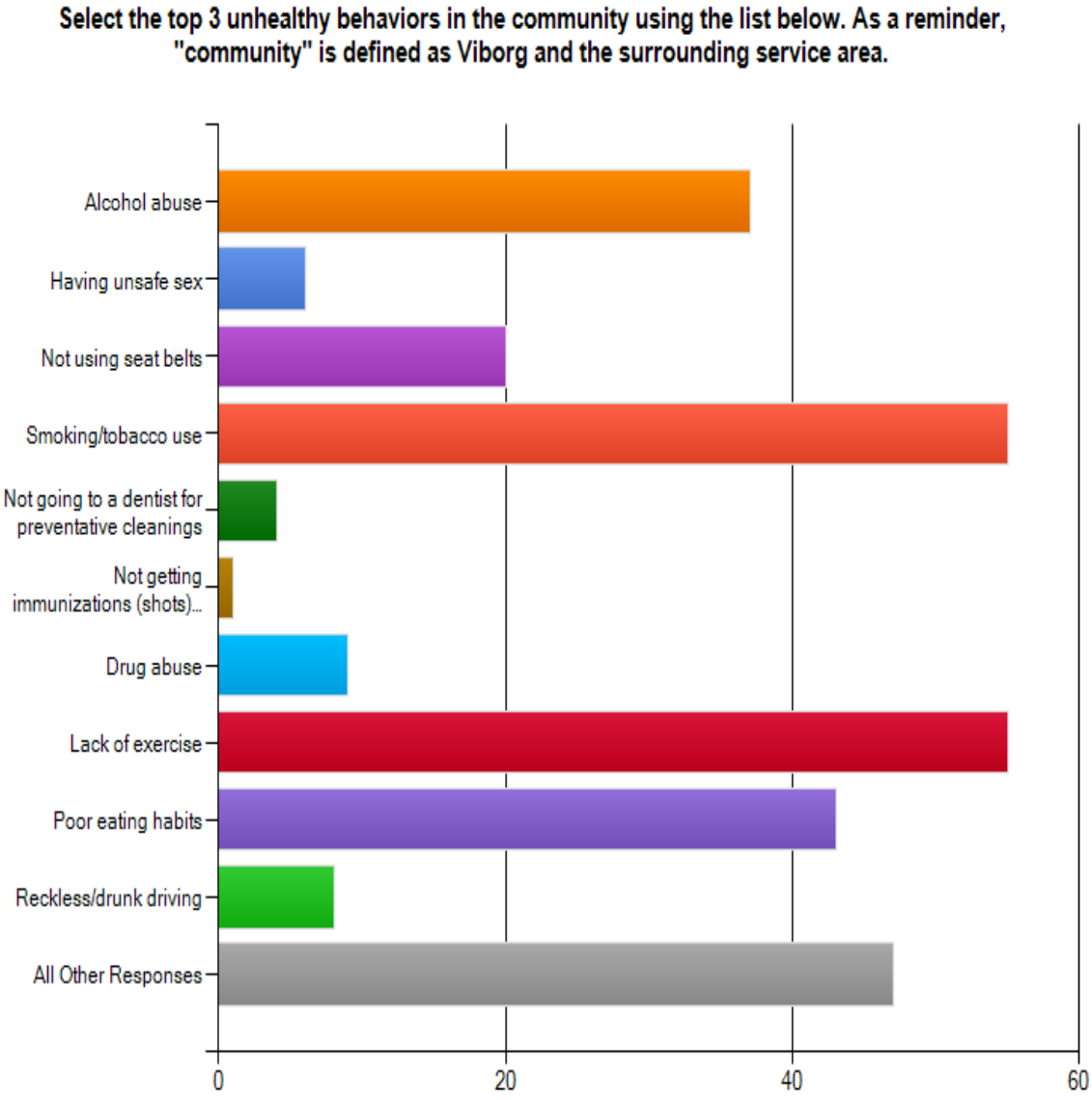
QUESTION: What is the most important need in the Viborg community?
Respondents were asked to only select one response for their answer.

Response Count: 96



QUESTION: Select the top 3 unhealthy behaviors in the community.
Note that respondents were provided a list of unhealthy behaviors to pick their answer from, and were advised that the definition of "community" in this instance was Viborg and the surrounding service area.

Response count: 96

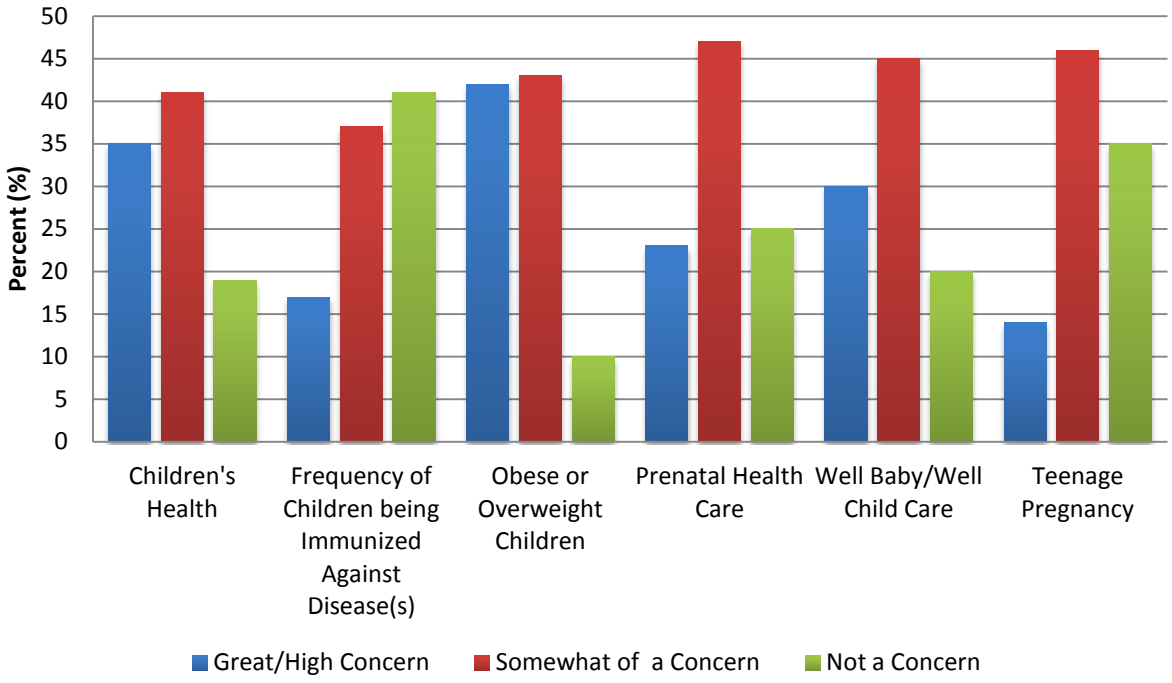


QUESTION: Please tell us about how the following issues might be of concern to you from your perspective and association with the Hospital.

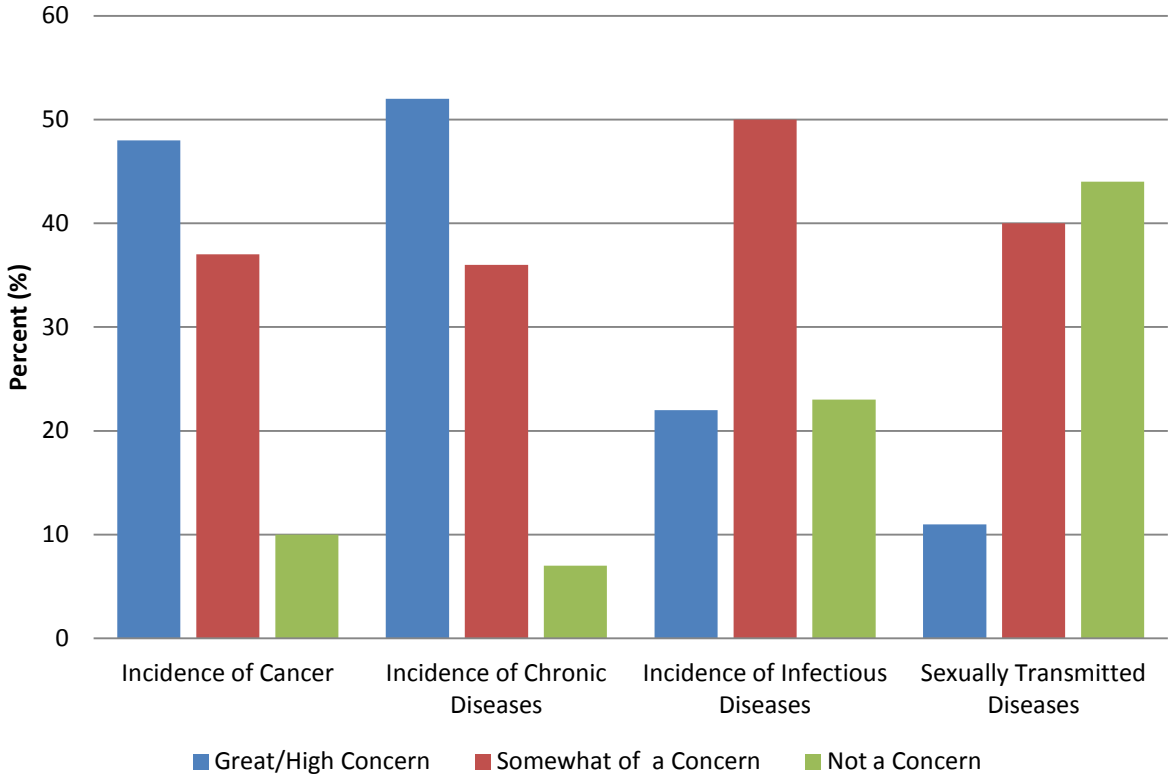
Respondents were asked to rate 24 issues on their importance from their perspective as a care provider or an associate with Pioneer Memorial. Following this table, results are grouped by category and graphed accordingly.

	Great, high concern	Somewhat of a concern	Not a concern	Response Count
Access to medical care	37.5%	20.8%	41.7%	96
Access to dental care	26.3%	40.0%	33.7%	95
Access to pharmacies/drug stores	28.1%	20.8%	51.0%	96
Lack of health care providers	53.1%	37.5%	9.4%	96
Lack of dental providers	22.9%	43.8%	33.3%	96
Availability of mental health services, or counseling	31.6%	46.3%	22.1%	95
Availability of healthy food choices	27.7%	47.9%	24.5%	
Incidence of cancer	50.0%	38.5%	11.5%	96
Children's health	37.5%	42.7%	19.8%	96
Incidence of chronic diseases (e.g. diabetes, heart disease)	55.2%	37.5%	7.3%	96
Incidence of infectious diseases (e.g. influenza)	22.9%	52.1%	25.0%	96
Frequency of children being immunized against disease(s)	17.7%	39.6%	42.7%	96
Obese or overweight adults	44.8%	49.0%	6.3%	96
Obese or overweight children	43.8%	45.8%	10.4%	96
Prenatal health care	24.0%	50.0%	26.0%	96
Well baby/well child care	32.3%	46.9%	20.8%	96
Lack of affordable health services	63.2%	32.6%	4.2%	95
Lack of/inadequate health insurance coverage	65.2%	32.3%	5.2%	96
Motor vehicle accidents	14.7%	54.7%	30.5%	95
Farm accidents	20.8%	54.2%	25.0%	96
Sexually transmitted diseases	12.5%	41.7%	45.8%	96
Substance abuse	28.1%	47.9%	24.0%	96
Teenage pregnancy	15.6%	47.9%	36.5%	96
Tobacco use	42.1%	47.4%	10.5%	95
Alcohol use	38.3%	46.8%	14.9%	94
Availability of services for the aging or elderly	37.5%	35.4%	27.1%	96

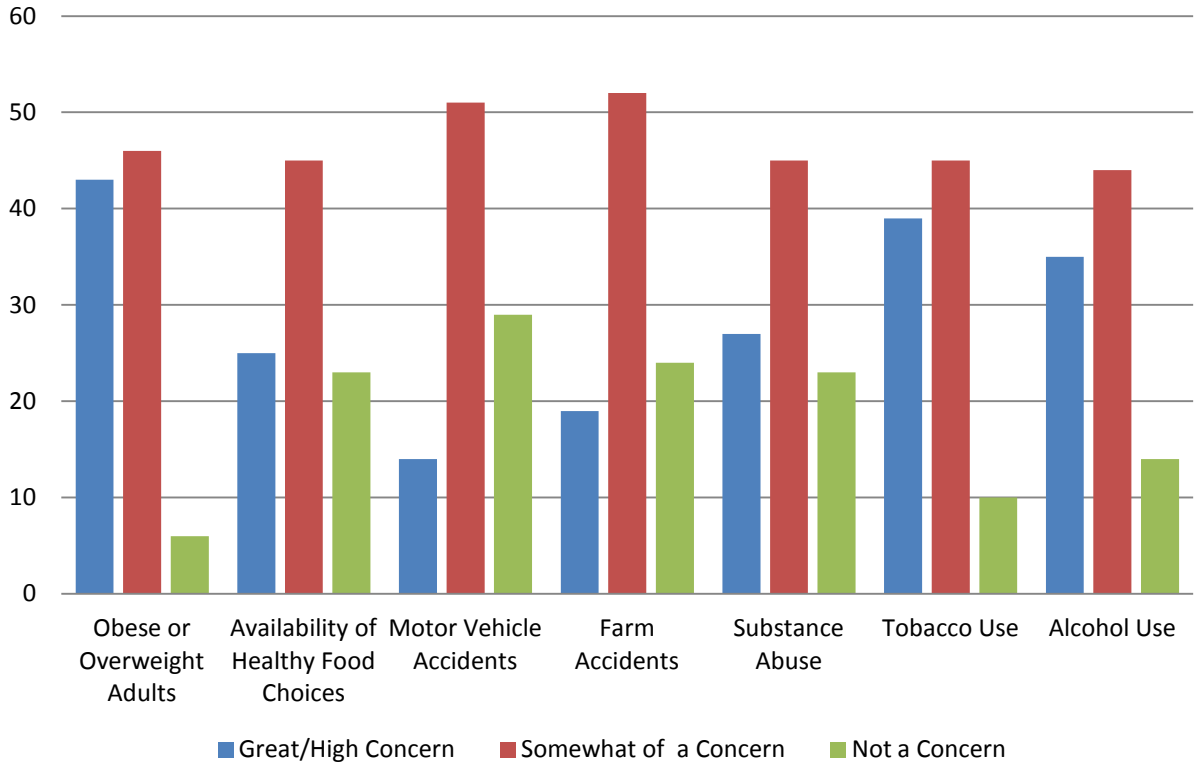
Issues Affecting Infants, Children, and Teenagers



Incidence of Disease



Unhealthy Behaviors



Concerns Ranked by Decreasing Number of "Great/High Concern" Responses					
		Great/High Concern	Somewhat of a Concern	Not a Concern	Total
1	Lack of affordable health services	59	31	4	94
2	Lack of/inadequate health insurance coverage	59	31	5	95
3	Incidence of chronic diseases (e.g. diabetes, heart disease)	52	36	7	95
4	Lack of health care providers	51	35	9	95
5	Incidence of cancer	48	37	10	95
6	Obese or overweight adults	43	46	6	95
7	Obese or overweight children	42	43	10	95
8	Tobacco use	39	45	10	94
9	Access to medical care	35	20	40	95
10	Children's health	35	41	19	95
11	Alcohol use	35	44	14	93
12	Availability of services for the aging or elderly	35	34	26	95
13	Well baby/well child care	30	45	20	95
14	Availability of mental health services, or counseling	29	44	21	94
15	Access to pharmacies/drug stores	27	19	49	95
16	Substance abuse	27	45	23	95

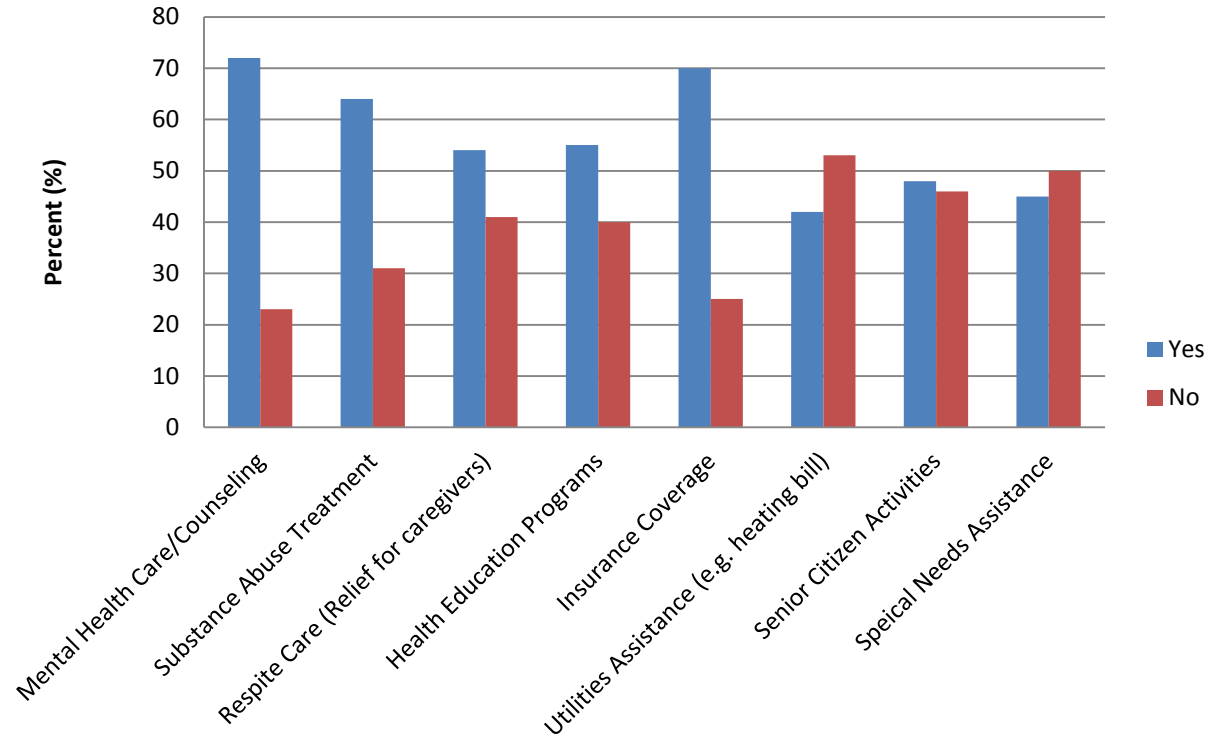
17	Availability of healthy food choices	25	45	23	93
18	Access to dental care	24	38	32	94
19	Prenatal health care	23	47	25	95
20	Incidence of infectious diseases (e.g. influenza)	22	50	23	95
21	Lack of dental providers	21	42	32	95
22	Farm accidents	19	52	24	95
23	Frequency of children being immunized against disease(s)	17	37	41	95
24	Motor vehicle accidents	14	51	29	94
25	Teenage pregnancy	14	46	35	95
26	Sexually transmitted diseases	11	40	44	95

Question: Do you feel that individuals and families within the community have a problem finding or using the following services?

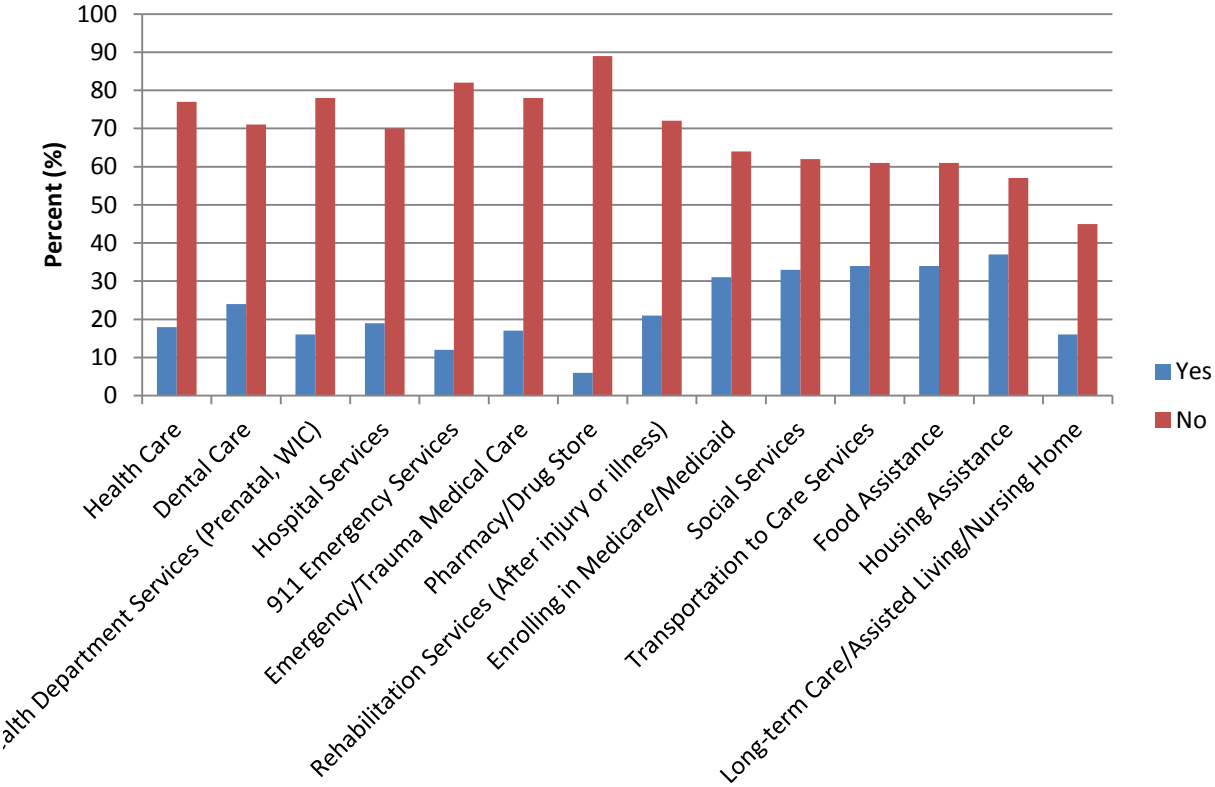
Participants were asked to respond "yes" or "no" if they believed that individuals or families in the community had trouble accessing 23 various services. The services were divided into two separate figures (below). The first figure highlights responses given that indicated "yes", access to these services was a problem, or that no consensus amongst surveyed participants existed. The second figure highlights responses given that indicated "no", wherein the participants felt that people in the community did not have any trouble accessing these services.

	Yes	No	Response Count
Health care	19.8%	80.2%	96
Dental care	26.0%	74.0%	96
Mental health care/counseling	76.0%	24.0%	96
Substance abuse treatment	67.7%	32.3%	96
Health Department Services (prenatal, WIC)	17.9%	82.1%	95
Hospital services	20.8%	79.2%	96
911 Emergency services	12.6%	87.4%	95
Emergency/trauma medical care	18.8%	81.3%	96
Pharmacy/drug store	7.3%	92.7%	96
Rehabilitation services (after injury or illness)	23.4%	76.6%	94
Respite care (relief for caregivers)	57.3%	42.7%	96
Health education programs	57.3%	42.7%	96
Insurance coverage	72.9%	27.1%	96
Enrolling in Medicare/Medicaid	33.3%	66.7%	96
Social services	35.4%	64.6%	96
Transportation to care services	36.5%	63.5%	96
Food assistance	36.5%	63.5%	96
Utilities assistance (e.g. heating bill)	43.8%	56.3%	96
Senior citizen activities	50.5%	49.5%	95
Long-term care/assisted living/nursing home	17.7%	82.3%	96
Special needs assistance	47.9%	52.1%	96

Finding and using services in the community



Finding and using services in the community



Finding and Using Services in the Community					
	Yes	No	Total	% Yes	% No
Mental health care/counseling	72	23	95	76%	24%
Insurance coverage	70	25	95	74%	26%
Substance abuse treatment	64	31	95	67%	33%
Health education programs	55	40	95	58%	42%
Respite care (relief for caregivers)	54	41	95	57%	43%
Senior citizen activities	48	46	94	51%	49%
Special needs assistance	45	50	95	47%	53%
Utilities assistance (e.g. heating bill)	42	53	95	44%	56%
Housing assistance	37	57	94	39%	61%
Transportation to care services	34	61	95	36%	64%
Food assistance	34	61	95	36%	64%
Social services	33	62	95	35%	65%
Enrolling in Medicare/Medicaid	31	64	95	33%	67%
Dental care	24	71	95	25%	75%
Rehabilitation services (after injury or illness)	21	72	93	23%	77%
Hospital services	19	76	95	20%	80%
Health care	18	77	95	19%	81%
Emergency/trauma medical care	17	78	95	18%	82%
Health Department Services (prenatal, WIC)	16	78	94	17%	83%
Long-term care/assisted living/nursing home	16	79	95	17%	83%
911 Emergency services	12	82	94	13%	87%
Pharmacy/drug store	6	89	95	6%	94%

Question: Please tell us how important you feel these services are to the community.
Participants were asked to state if a set of 13 community services were "important", "not important", or to state that they "don't know". All of the 13 responses (listed below) were identified as "important" to the community by at least 70% of the population.

Access to exercise facilities	Access to medical care	Access to dental care
Chronic disease self-management programs	Community parks and gardens	Elderly outreach programs
Employer health and safety programs	Healthy food education/nutrition counseling	Recreational activities
Promotion of physical activity	School-based sex education	School nutrition and physical education
Weight control education		

Least Important
Of those, the services that scored the lowest in terms of importance to the community were:
School-based sex education (71.3% scored "important")
Prenatal programs (76.0% scored "important")
Community parks and gardens (78.1% scored "important")

Most Important
The services that scored the highest in terms of importance to the community were:
Access to medical care (96.9% scored "important")
Access to dental care (95.8% scored "important")

10. COMMUNITY INTERVIEWS

10.1 Methodology

A total of 12 individual community interviews were conducted during September 2012 in and around the community served by Pioneer Memorial. Individuals were randomly selected by the researcher using local telephone directories and contacted by telephone to participate in a 10-minute interview at that time. If a contacted person was not available or declined to be interviewed, another randomly selected person was contacted using the same methodology. Telephones with voice mail or no answer were a challenge, but only seven people declined to be interviewed when contacted. The methodology was designed to produce 12 telephone interviews and was successful.

The telephone based interviews were conducted by a single researcher. The conversations were transcribed and then analyzed. Individual responses were categorically themed and grouped to allow for common themes to be quantified.

10.2 Analysis of Findings

1. **Zip Code**
   - 57070 (8)
   - 57072 (1)
   - 57037 (1)
   - 57036 (1)
   - 57014 (1)

2. **One of the factors we found in our research so far is that the population is experiencing a slight decline, but that surrounding cities are growing. What are the most important healthcare resources we should be focusing on to ensure they continue to be available in your community?**

Continued emergency services	XXXXXXX
Continued primary care close to home	XXXXXX
Recruitment of physicians who will settle in the Viborg community	XXX
Continued elderly continuum of care available locally	XXX
Offer more lab services locally	X
Patient education and navigation, especially for the elderly	X
Urgent/acute care clinic hours for immediate needs	X

3. **Heart disease, cancer, vascular disease, and accidents are leading causes of death in the area. What do you think the hospital should be doing to ensure the needs of our people are met?**

Nothing more than they already do; programs are effective for a small hospital.	XXXXX
Ensure access to transportation to a larger hospital is readily available, if and when needed.	XXXX
Ensure quick emergency response at the local level.	XXXX
Provide cancer treatment locally.	XX
Staff high quality physicians who can handle an emergency situation.	XX
Addition of new diagnostic equipment	X
Provide more rehabilitation services at the local level.	X

Ensure access to care by providing transportation to larger treatment centers (e.g. Yankton or Sioux Falls) for specialist care.	X

4. **Surveys have been done recently as part of this process in the communities in and around Pioneer Memorial Hospital. These surveys identified that the most important needs of the community are "access to health services" and "affordable health care services." What do you believe this really means? What actions do you believe the hospital should take to attempt to address the "access" and "cost" issues?**

Access to care is not an issue; everyone gets care that needs it.	XXXXXXX
Be competitive in preferred insurance providers and pricing so as to retain services locally and not lose business to other neighboring towns.	XXXXXX
Nothing can be done at the Hospital level about affordable health care.	XXXX
Billing department should offer a payment plan option for those without insurance.	XX
Recruit additional physicians to enhance access to care.	X
Curtail above/over-use of ER services for non-emergency situations to address rising costs.	X

5. **Availability of services for the aging and elderly was identified as the top concern in this area. What do you believe the hospital should do to assure that older people get the health care they need?**

Hospital is doing a good job already; excellent care and excellent facilities.	XXXXXX
Recruit geriatric specialists.	XX
More home-based services, including door-to-door transit.	XX
Raise awareness of elderly health care issues, and stimulate community involvement in providing services.	X
Be competitive in pricing (same as Sioux Falls) to reduce cost barrier for elderly patients for treatment locally.	X

6. **It was identified that mental health care (counseling), substance abuse treatment, and help for people caring for elderly and disabled relatives were not available locally. What do you believe the hospital should do to get these services closer to our community?**

Results are categorized by each area of concern. Note that not all respondents addressed each of the three areas of concern. The results are represented below in order of frequency.

Mental health care (counseling)	
Continue high quality care that is provided, particularly the Alzheimer's Unit.	XXX
Counselor in town that works with this; no changes needed on the part of the Hospital.	XX
Increase access to acute mental health care.	X
Substance abuse treatment	
Counselor in town that works with this; no changes needed on the part of the Hospital.	X

Should be treated in a larger community rather than in a rural health care setting.	X
Help for people caring for the elderly and disabled relatives	
Promote healthy living (e.g. nutritional promotions).	X
Respite care already in place; no changes needed.	XX
All	
Do nothing; what is offered is suitable for this size of community.	XXXXXXXX

7. **Local surveys said that obesity, lack of exercise, and poor eating habits are problems for kids, adults, and older people. What role do you believe the hospital should play in helping people lose weight, exercise, and eat healthier foods?**

Host health fairs, cooking classes, or workshops, and advocate for healthier living.	XXXXX
Advertise the exercise facilities the Hospital already has, and empower individuals to make the personal choice to lose weight, exercise, and eat healthier.	XXXX
Offer more exercise classes.	XX
Advocate for more recreational opportunities within Viborg.	X
Update existing equipment in Hospital's exercise facility.	X

8. **If you could direct the future services for Pioneer Memorial Hospital, what are the top three things you would recommend they start doing? Stop doing? Do more of?**

No changes.	XXXXX
Continue emergency and ambulance services.	XXX
Continue local clinic services.	XX
Continue elderly continuum of care offered in the local community.	XX
Add alternative care services, including acupuncture, healing massage, and a midwife.	X
Do more chronic illness monitoring and education, and provide health information for the community.	X
Transportation to services for the elderly.	X
More follow-up and education for patients, specifically the elderly, upon discharge.	X
Reach out to the community for their input and awareness of what services the community has or needs.	X
Ensure physicians are available and highly-qualified.	X

9. **What other comments or viewpoints would you like to pass on to the hospital as it plans for future work?**

"I am very pleased." and "They do what they can and are pretty good now."
"Chemo and radiation treatments locally would be very helpful."
"The hospital has a good reputation in the region and I would hope that would continue with good service quality."

11. ELITE INTERVIEWS

11.1 Methodology

Beginning in September 2012 a series of 14 "elite" or "affinity" interviews were conducted with identified community leaders in and around Viborg, SD. A list of community leaders was prepared to include a broad representation of constituents, including but not limited to city council, county commissioners, and economic development staff.

The interview design was based off findings from the community-wide survey and secondary research analysis, both of which were completed prior to the initiation of the elite interview process. Several of the top tier findings from these research methods were incorporated into the question design for the interviews. The interviews were standardized so as to provide basis for comparison, and included a script by which the interviewer could use to ensure consistency in approach.

Each interview was transcribed, and lasted approximately 30 minutes. The interviews were conducted by a single researcher and facilitated via telephone.

11.2 Analysis of Findings

1. Zip Code

57070 (8)
57053 (2)
57043 (2)
57014 (2)

Respondents were also asked to verify their leadership role within the community. A breakdown of elite interviews by role or responsibility in the community is not provided in this report in an effort to maintain anonymity.

1. One of the factors we found in our review of the region is that population is experiencing a slight decline. This is coupled with a substantial increase in population in communities around us. Considering these findings, what are the most important healthcare resources we should be focusing on to ensure they continue to be available in your community?

Increase staff of primary care physicians to lessen wait time, and to provide quality care close to home	XXXXXX
Continued availability and access to emergency services	XXXX
Provide care specific to the elderly community through geriatric specialists or home-based services	XXX
Continued investment in diagnostic tools to provide quality care	X
Streamline billing process to eliminate multiple bills for various services, and ensure proper submission to third party payers	X

2. Heart disease, cancer, vascular disease and accidents are leading causes of death in the communities served by Pioneer Memorial Hospital. What do you think the hospital in the Viborg area should be doing to ensure the needs of our people are met?

Offer and promote screening and preventative care, and advocate for	XXXXXXX

healthier living	
Don't know what the hospital could do that it is isn't already doing	XXX
Ensure quality care close to home with access to high-quality professionals	XXX
Encourage volunteerism and provide support to the local ambulance service	XX
Update the existing wellness center to be more attractive to new and existing members	X
Promote existing wellness center	X

3. **Surveys have been done recently as part of this process in the communities in and around Pioneer Memorial Hospital. These surveys identified that the most important needs of the community are "access to health services" and "affordable health care services". What do you believe this really means to the people you know and work within the community? What actions do you believe the hospital should take to attempt to address these "access" and "cost" issues?**

Be competitive in preferred insurance providers and pricing so as to retain services (particularly laboratory services) locally and not lose business to other neighboring towns.	XXXXXXXX
Access to care is not an issue; everyone gets care that needs it.	XXXXXX
Nothing can be done at the Hospital level about affordable health care.	XXXXX
Access to care is not an issue; however the Hospital could do a better job at promoting the quality of care available locally.	X

4. **Availability of services for the aging and elderly was identified as the top concern in this area according to surveys. What do you believe the hospital should do to assure that older people get the healthcare they need?**

Hospital is doing a good job already; excellent care and excellent facilities.	XXXXXXXXXX
Ensure continuum of care is sustained; a vital asset to the community.	XXXXX
Increase awareness of services already available.	XX
Ensure home-bound residents of the community have access to services (e.g. transportation assistance).	X

5. **Survey respondents indicated that mental health care (counseling), substance abuse treatment, and respite care to relieve primary care givers were not available in the community. What do you believe the hospital should do to get these services closer to our community?**

Note that not all respondents addressed each of the three areas of concern. The results are represented below in order of frequency.

Do nothing; residents are OK going to Sioux Falls or Yankton for these specialized services.	XXXXXXX
Consider a more in-depth needs assessment on these subject areas to identify if the need is valid, and if it would be worth the cost to invest in fully.	XXXX
Partner with other organizations/associations within the surrounding community to facilitate these services. Do not provide direct services.	XX
Increase local providers to better assess issues and refer appropriately.	XX
Recruit a social worker to provide these services or better navigation for patients if they need them.	X

6. **Throughout the data collection so far it was noted that obesity, lack of exercise, and poor eating habits are a problem for kids, adults, and older people. What role do you believe the hospital should play in helping the community to counteract the health challenges of these noted concerns?**

Promote healthy living via general education programs	XXXXXXX
Promote the wellness center, and renovate to bring it up to date to encourage more members to use it.	XXXX
Hospital should engage in community efforts (e.g. safe routes to school, "Biggest Loser" programs) to address community-wide issues	XXXX
Nutritional education for all ages. Boost wellness center programs to include nutritional assessment and meal planning from a dietitian	XXX
Offer creative promotions (e.g. walk-around-town day) to encourage simple wellness activities	X

7. **If you could direct the future of services for Pioneer Memorial Hospital, what are the top three things you would recommend they start doing? Stop doing? Do more of?**

Note that respondents addressed only things that they would recommend Pioneer Memorial Hospital "start doing". No responses were analyzed for things that Pioneer Memorial should "stop doing" or "do more of", specifically. The results are represented below in order of frequency.

Provide comprehensive healthy living education to the community; educate people how to lower their health care costs by taking care of themselves.	XXXXX
Ensure physicians are available and highly-qualified.	XXXX
No changes; bigger is not always better.	XXX
Be competitive in pricing and preferred insurance providers so people stay local for their health care needs.	XX
Continue bringing in specialists to provide care close to home, but encourage those physicians to refer locally for rehabilitation or other care services.	XX
Boost wellness center programming, equipment, and promote in the community to encourage membership.	X
Conduct minor surgeries locally.	X
Offer more preventative testing/screening locally.	X

8. **What other comments or viewpoints would you like to pass along to the Hospital as it plans its future work?**

"They do a lot of good things; pushing ahead with new ideas and expand services would be great."
"Administration at the hospital does a wonderful job."
"I hope to see them continue to be in the community, and to get stronger."
"I am all for the local community hospital. Health care here is as good as anywhere."
"We are impressed with what they do. They do a great job with what they have, and have high quality, very nice nurses and physicians. We are lucky to have this hospital."
"Strategic planning is needed in order to move forward; spending some time of this is critical for success. The plan is crucial to future medical care in the community and region."

“Keep doing what you are doing; they have a small community feel, treat you like family, and I like that. You are not just a number.”
“I paid $500 to be treated locally for strep throat. This needs to change.”

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Tables

Figures

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Appendix B | Identified Community Need Areas

Issues of Major Concern
Issue 1: Affordable health care services
Issue 2: Poor eating habits & lack of exercise
Issue 3: Respite care (relief for caregivers)
Issue 4: Alcohol abuse
Issue 5: Smoking/tobacco use
Other Issues of Concern
Issue 6: Continued access to emergency care services
Issue 7: Continued access to primary care/clinic services
Issue 8: Continued elderly continuum of care

Appendix C | Detailed Action Plan in response to the 2012 Community Health Needs Assessment for Pioneer Memorial Hospital & Health Services

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES

Mission Statement: Committed to health, healing, and community.

Community Health Needs Assessment Action Plan

Date: November 14, 2012

Purpose and Rationale

The purpose of this action plan is to formally document the identified need areas and their respective goals and activities that which Pioneer Memorial Hospital & Health Services aims to achieve in the coming three-year period. The identified need areas resulted from a comprehensive community health needs assessment conducted earlier in 2012. The planning team's discussion and course of action addressing these needs represents the final step in the process for developing an evidence-based implementation strategy to directly impact the expressed needs of the community served by Pioneer Memorial Hospital.

Summary of the Planning Process

The Pioneer Memorial Hospital & Health Services (Pioneer) Community Health Needs Assessment (CHNA) Team was gathered on November 14, 2012, to engage in discussion about the identified needs resulting from the CHNA, and collectively prioritize and address the need areas moving forward on behalf of the Hospital. The meeting was scheduled for four (4) hours and was structured to facilitate the following agenda items:

- Recap – What and Why CHNA
- Review of CHNA process and summary of findings
- Validation of community need areas
- Prioritization of community benefit plan areas
- Implementation strategy idea generation
- Formulation of CHNA Action Plan

The meeting was facilitated by lead consultant, Margaret Sumption. Rachel Oelmann, research specialist with Sage Project Consultants, also attended to present the CHNA findings and to capture minutes for the development of the action plan. Action Plan Committee Members are listed below.

In an effort to facilitate the action plan discussion the facilitator outlined a process by which the team could evaluate each need and determine the most appropriate and reasonable course of action to address each need. On one end of the continuum, the Hospital could elect to simply create an awareness or advocacy plan. On the other end of the continuum, the Hospital could formulate a partnership or collaboration with other community, state, or regional partners by which to accomplish their goals. On the far end of the continuum would be to consider offering a direct service to the community Pioneer Memorial serves, which would likely represent the highest investment in terms of Hospital resources to be effective. Team members were asked to consider this continuum when developing their proposed strategies, and use it to frame their intervention/action moving forward.

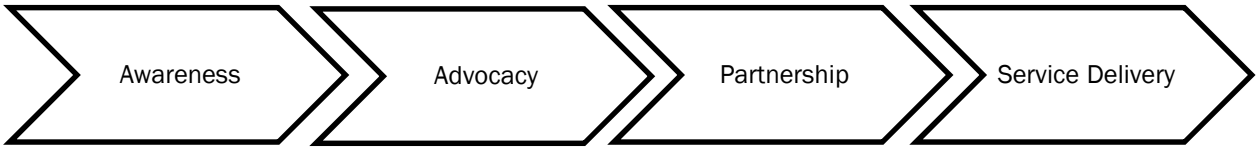

Figure 1. Continuum of activities in addressing identified needs

Action Plan Team Members
Sharon Akland RN, Director of Education & Performance Improvement
Sharon Jacobsen RN, Director of Nursing-Hospital
Ann Bossman RN, Director of Nursing-Long Term Care Services
Anne Christiansen, CFO
Lori Hisel, Director of Support Services
Judy VanDerhule, Director of Marketing
Grace Tidball RN MSAS, Director of Ambulatory Operations
Georgia Pokorney, CEO
Thomas Richter, Interim CEO

Issues of Major Concern

Issue 1: Affordable health care services

- **Goal 1: Increase awareness of charity care/financial assistance programs offered by Pioneer Memorial Hospital.**
  - ☐ Action A: Develop educational materials for use in the clinic and the community that outline the Hospital's charity care policies.
  - ☐ Action B: Create a mechanism by which to identify eligible patients for financial assistance programs early on in their health care so as to avoid the collection process and ultimately bad debt for the Hospital and the patient.
- **Goal 2: Educate the public on rationale behind cost structures, particularly for laboratory services.**
  - ☐ Action A: Critically evaluate the price structure for existing lab and x-ray programs to assess the extent of the pricing differential between Pioneer and other similarly sized/structured clinics.
  - ☐ Action B: Develop educational materials (e.g. brochure) that explain the unique care environment – a critical access hospital coupled with a rural health clinic – available to the community, along with its benefits and limitations so as to provide context for pricing.
- **Goal 3: Empower the community to stay healthy, with the ultimate aim of reducing the need for health care services in the future.**
  - ☐ Action A: Educate the public on low/no-cost services for screening and/or healthy living classes/events available at Pioneer Memorial.
  - ☐ Action B: Implement a "community health score card" to increase awareness of the community's health status and encourage self-ownership in healthy living.
  - ☐ Action C: Implement a community-based health and wellness program at Pioneer Memorial (see Issue 2, Goal 1).

Issue 2: Poor eating habits & lack of exercise

- **Goal 1: Create a community-based health and wellness education program at Pioneer Memorial.**
  - ☐ Action A: Identify existing best practices for health coach/wellness education programs.
  - ☐ Action B: Develop a program-based evaluation plan by which to assess cost-benefit of using a health coach and associated programming as a means to educate, empower, and positively impact the community at large.
- **Goal 2: Develop and disseminate a community health score card.**
  - ☐ Action A: Determine critical metrics to report and track on the score card.
  - ☐ Action B: Develop a marketing plan by which to design and disseminate the score card to the community at large.
  - ☐ Action C: Develop and execute an evaluation plan to assess effectiveness.
- **Goal 3: Actively utilize existing advocacy programs and staff expertise in educating the public.**
  - ☐ Action A: Gather and categorize existing advocacy programs.
  - ☐ Action B: Enhance partnership with Sanford Health to host webinar or similar events locally within the Viborg community.
  - ☐ Action C: Develop a marketing plan by which to promote existing providers with pertinent expertise (MS Nutrition, Registered Dietitian) to the community for consultation.
  - ☐ Action D: Investigate ways to build nutrition education into the medical care system at Pioneer Memorial.

Issue 3: Respite care (relief for caregivers)

- **Goal 1: Gain a more thorough understanding of what is needed by the community with regards to respite care (relief for caregivers) in order to make more effective interventions.**
  - ☐ Action A: Structure a research design that would permit data gathering from the community regarding needs for respite care.
  - ☐ Action B: Formulate a plan of action to address any identified needs in this specific area.
  - ☐ Action C: Present findings of the need assessment and gaps analysis to the Board of Directors, along with the proposed plan of action for approval of any identified interventions.

Issue 4: Alcohol abuse

- **Goal 1: Design and implement process changes at Pioneer Memorial to better screen for and address potential issues of alcohol addiction.**
  - ☐ Action A: Continue comprehensive screening for alcohol use for patients that present in the clinic and hospital (initiated Q2 2012).
  - ☐ Action B: Present all patients that screen at a specific level (to be determined) with information about choices for recovery.
  - ☐ Action C: Implement a procedure by which all emergency room visits with over the legal limit blood alcohol levels are contacted as a follow-up in an effort to increase awareness and access to care.
- **Goal 2: Evaluate partnerships with local/regional organizations to increase community awareness of alcoholism and options for recovery.**
  - ☐ Action A: Identify key community partners.
  - ☐ Action B: Establish formative relationship with at least one community partner.
  - ☐ Action C: Utilize advocacy group brochures/educational materials in clinic and in the hospital to increase awareness.
  - ☐ Action D: Create a community-wide marketing plan to increase awareness at the community level versus only those individuals being seen as inpatient/outpatients at Pioneer Memorial.

Issue 5: Smoking/tobacco use

- **Goal 1: Actively participate in existing partnerships with local and state organizations to encourage smoking cessation.**
  - ☐ Action A: Continue to screen all patients within the clinic and hospital for tobacco use.
  - ☐ Action B: Enhance promotion of existing state smoking cessation program – SD Quits – within the clinic and hospital to ensure all patients that screen as tobacco users are given materials about smoking cessation prior to discharge.
  - ☐ Action C: Implement strategies at the clinic and hospital to refer smokers to available cessation programs.
  - ☐ Action D: Develop direct messaging to community members designed to increase awareness of smoking/tobacco use and the impact on individual and community health; include with the "score card" campaign.

Other Issues of Concern
The following issues were noted as areas of concern/need within the community serviced by Pioneer Memorial. Specific action plans for each of the following were not developed due to their nature; all of the issues ask for continuity of existing, highly-regarded services with the exception of ambulance care (noted below in more detail). The action planning committee discussed each of the issues and determined that each fit within the strategic plan of Pioneer Memorial and felt that continuing the work already in progress would serve to meet if not exceed the needs expressed by the community regarding continuity of care and access to care close to home.
Continued access to emergency care services NOTE: It was acknowledged by the action planning committee that while Pioneer Memorial maintains an emergency room department with adequate transport services to regional medical hubs and access to telemedicine, ambulance service is an area of concern for the community moving forward. The current ambulance service is volunteer-based, as it is in many communities across the region of similar size. The hospital will continue to be involved in community-level discussions as they arise in this regard but does not intend at this time to offer its own ambulance service line, and will continue to utilize the existing services in the community for emergency transport.
Continued access to primary care/clinic services
Continued elderly continuum of care

We asked.
We listened.

Pioneer Memorial Hospital & Health Services

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Our community's health needs.

During 2012 a community health needs assessment (CHNA) was conducted by two independent consulting firms – Sumption & Wyland and Sage Project Consultants, both of Sioux Falls, SD, on behalf of Pioneer Memorial Hospital & Health Services based out of Viborg, SD. The assessment targeted the surrounding community, considering the needs of individuals and households within the defined research area including adjacent rural communities such as Centerville, Parker, Hurley, Irene and Wakonda, SD, among others.

What we found.

Step 1 - Review of public health data

↓

Step 2 - Community survey & interviews

↓

Step 3 - Interviews with community leaders

↓

Step 4 - Identification of community heath needs

↓

Step 5 - Hospital creates an action plan

Most people categorize their personal health as average/moderately healthy.

Top three most important needs of the community:
- Affordable health care services
- Access to health care services
- Economic development (job creation, new business)

Top five unhealthy behaviors
- Lack of exercise
- Alcohol abuse
- Smoking/tobacco use
- Poor eating habits
- Not going to a doctor for regular check-ups/physicals

Top issues of greatest concern in the community:
- Availability of services for the aging and elderly
- Lack of affordable health care services
- Lack of/inadequate health insurance coverage
- Obese or overweight children
- Incidence of cancer

Our community members receive most of their health care in Sioux Falls, Viborg, or Yankton.

The CHNA process allowed us to identify 8 key community need areas. Refer to our website – www.pioneermemorial.org – for a summary report which outlines our plans to address them.

What we're going to do about it.

	Top need areas identified in the process and our plan of action
Affordable health care services	Pioneer Memorial Hospital recognizes that affordable health care is important, yet is arguably a crisis of national proportion. However, we acknowledge the need within our community for continued due diligence in maintaining low costs for your health care, and for the reduction of costs for services whenever appropriate. We will: • Increase awareness of our existing financial assistance programs that we offer, and encourage enrollment, • Create educational materials about existing pricing structures due to our designation as a rural health care clinic and critical access hospital, and • Design and distribute a "community health score card" to increase knowledge of our community's health status, and encourage healthy living to ultimately reduce the need for medical services.
Poor eating habits and lack of exercise	In an effort to improve the health status of our community we intend to carefully consider the addition of a community based health and wellness program at Pioneer Memorial. This program would serve as a center-point for our community in terms of providing health coaching, tips for physical activity, nutritional coaching, and general wellness education. Further, the distribution of the "community health score card" to provide a pulse for the community and for our health care providers of our community's health status. We also aim to bring self-help or prevention-based classes to our community to provide the opportunity to learn more, and ultimately to lead a healthier life.
Respite care (relief for caregivers)	Increased understanding. In response to your expressed need for respite care services in our community, we aim to better understand what that means to you, to your household, and to our community at large. To do this, we aim to design and implement strategies that will gather additional data and facilitate community discussions so we can then develop a best-fit solution for this very important aspect of health care in our community.
Alcohol abuse	Better screening. We aim to better screen for and address potential issues of alcohol addiction, specifically within the Hospital's emergency department. We want to provide the best care possible, and ensure that individuals who suffer from alcohol addiction are encouraged to follow-up with their care plan, and gain access to recovery support. Community partners. We intend to identify key community partners with a shared interest in increasing awareness of recovery support services, and create a marketing plan to encourage individuals to get the help they need, close to home.
Smoking / tobacco use	We intend to continue our long-standing support of SD Quits, and grow its local messaging to include more consistent promotion of this program, increase awareness of the health risks associated with tobacco use, and ultimately encourage cessation.

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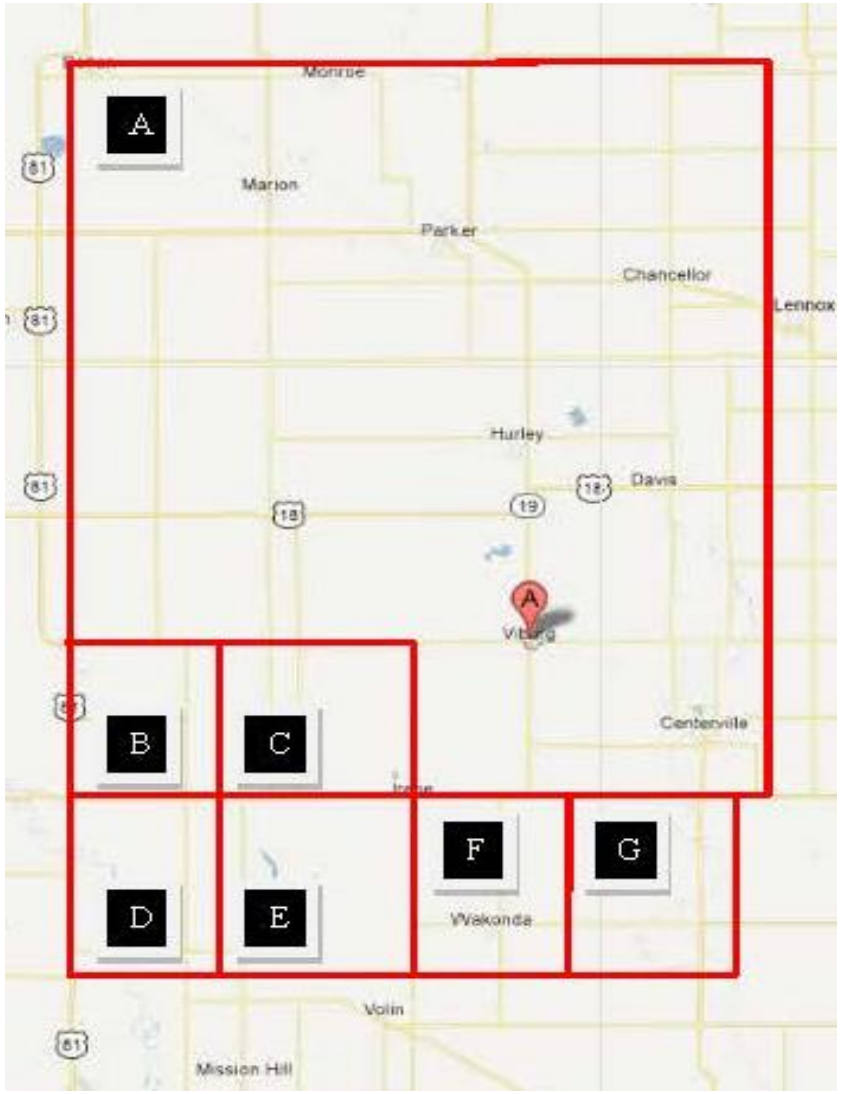
Community Health Needs Assessment

Methods.

Defined research area.



- A – Turner County
- B – Mayfield Township, Yankton County
- C – Turkey Valley Township, Yankton County
- D – Walshtown Township, Yankton County
- E – Marindahl Township, Yankton County
- F – Star Township, Clay County
- G – Riverside Township, Clay County

Research area defined.

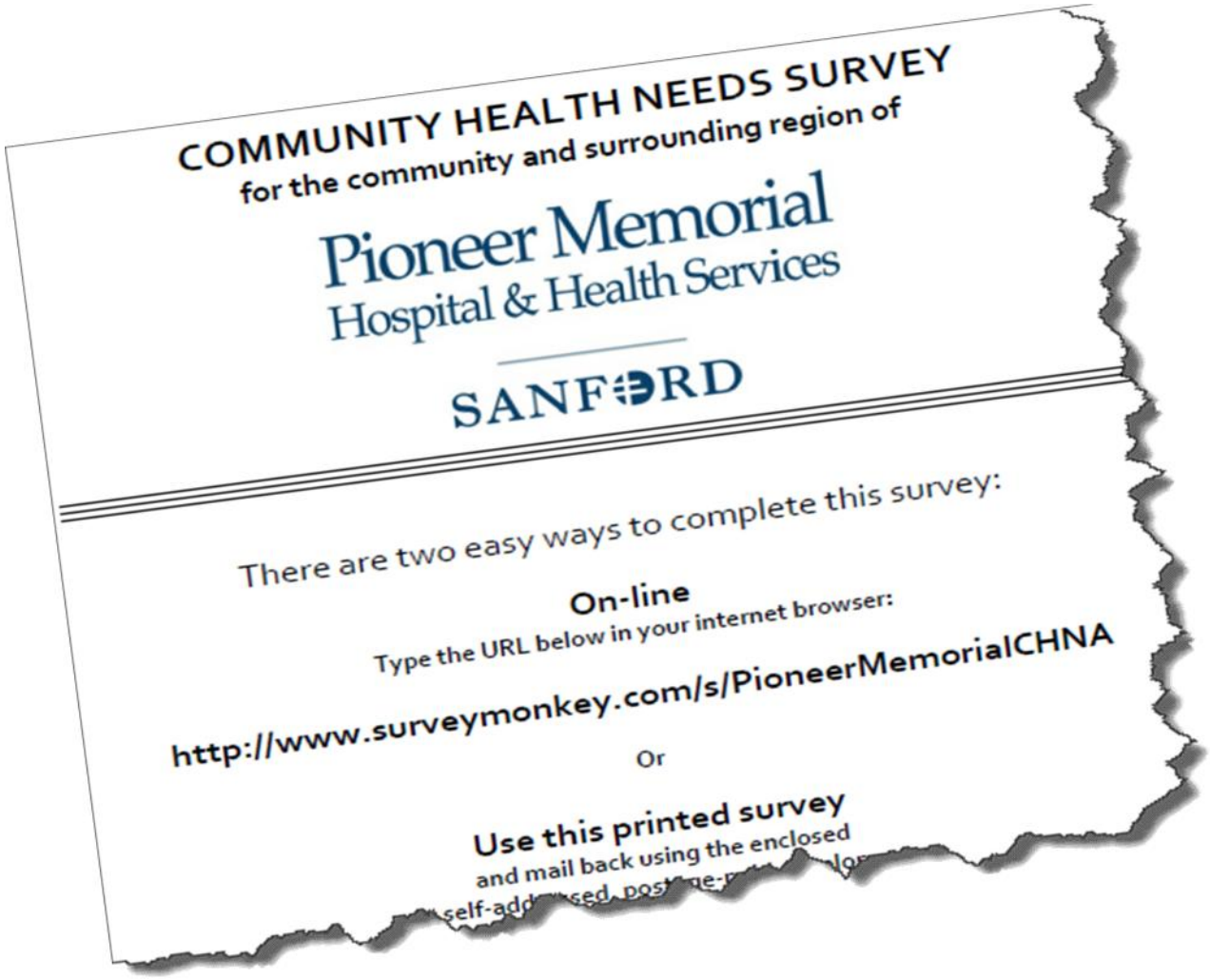
- Map translated into zip codes, including the following communities: Centerville, Chancellor, Davis, Hurley, Irene, Marion, Monroe, Parker, Viborg, Irene, and Wakonda
- Per U.S. Census --- 3,856 households within the defined research area
- Methodology matrix created to determine sample size
- Used to frame community survey

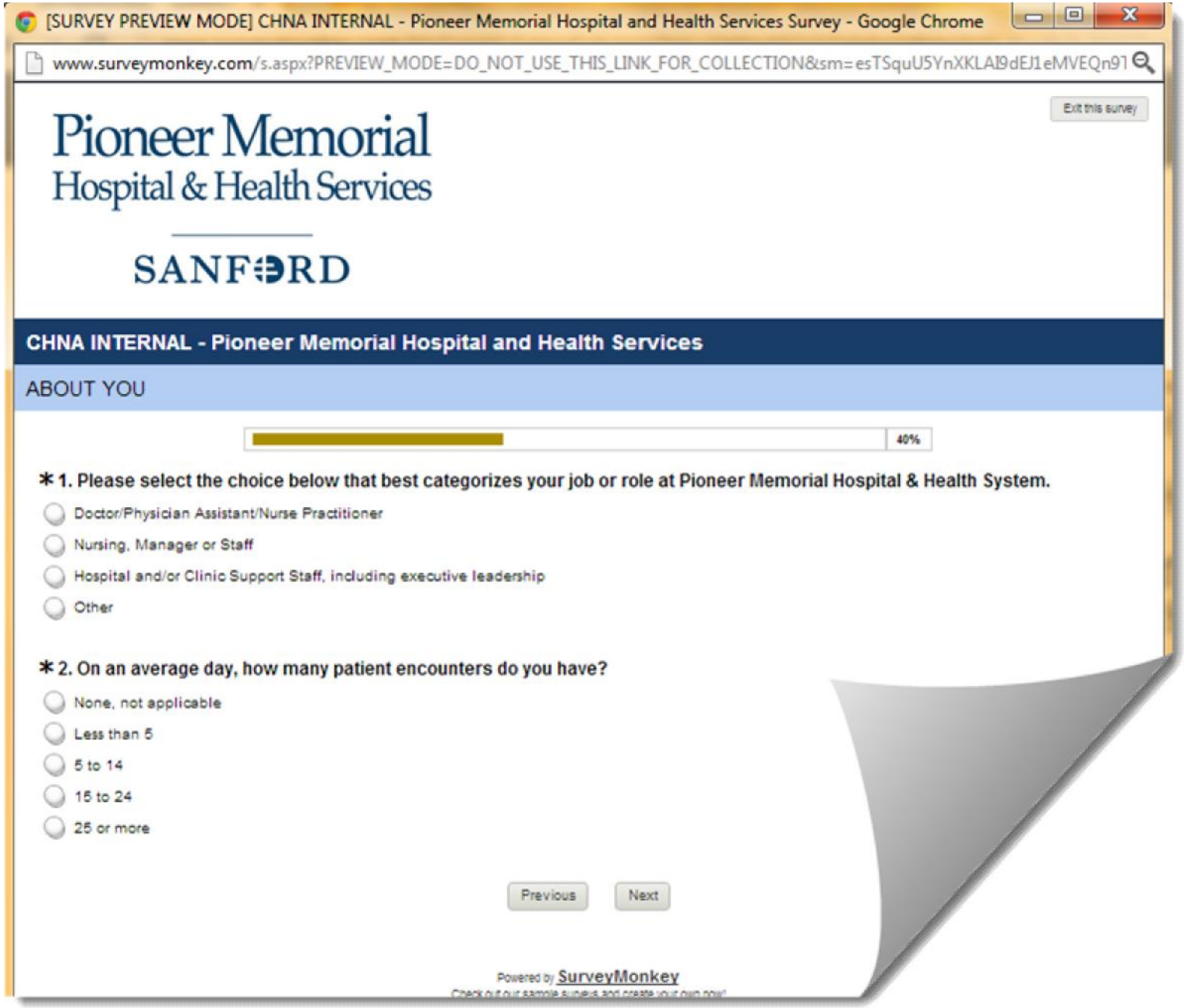
Secondary research.

Publicly available data sources.
Internet-based inquiry.
Identification of health issues.
Access to resources.
Social indicators.

Community survey.

Designed to anonymously assess needs.





Internal stakeholder survey.

Community & Elite Interviews

Summary of findings.

What we found.

Most people categorize their personal health as average/moderately healthy.

Top three most important needs of the community:

- Affordable health care services
- Access to health care services
- Economic development

Top five unhealthy behaviors

- Lack of exercise
- Smoking/tobacco use
- Not going to a doctor for regular check-ups/physicals
- Alcohol abuse
- Poor eating habits

Top issues of greatest concern in the community:

- Availability of services for the aging and elderly
- Lack of affordable health care services
- Lack of/inadequate health insurance coverage
- Obese or overweight children
- Incidence of cancer

Our community members receive most of their health care in Sioux Falls, Viborg, or Yankton.

Unhealthy behaviors

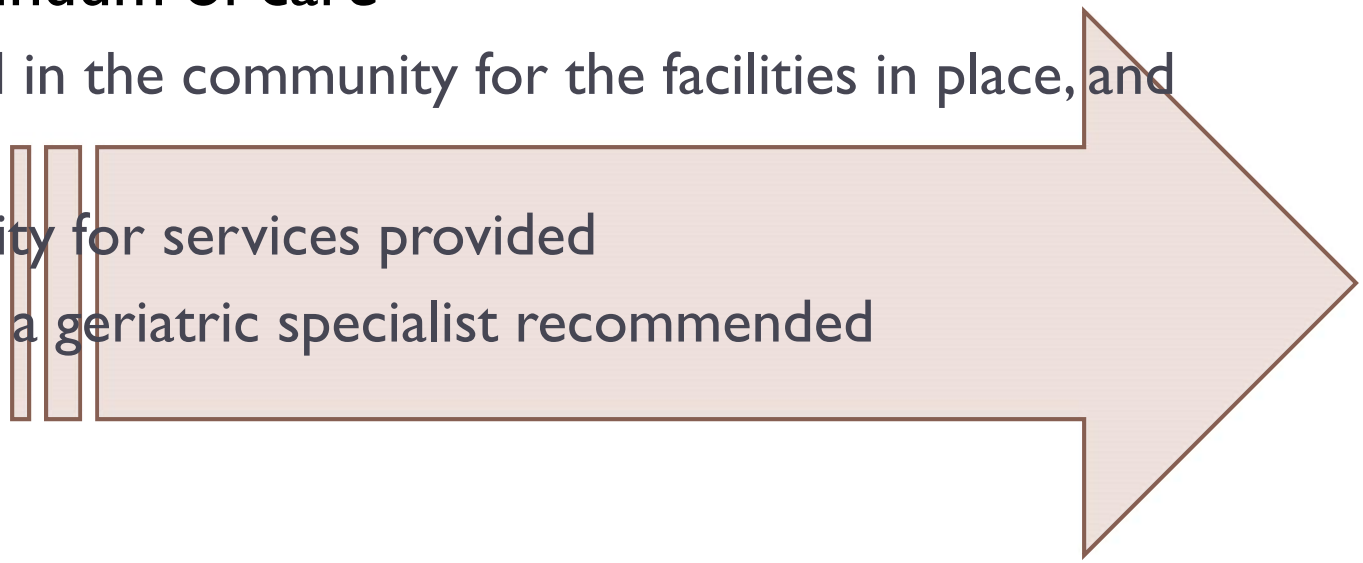
- Top unhealthy behaviors
  - Physical inactivity, lack of exercise
    - Secondary research estimates approximately 1 in 4 individuals in the survey area as physically inactive
  - Alcohol abuse
    - Respondents advocated for community partnerships to serve this need, not for the Hospital to provide direct services
  - Smoking/tobacco use
    - Secondary research indicated Turner and Minnehaha counties incidence rate same as state average (20% smokers); other counties slightly below state average
  - Poor eating habits
    - Interview respondents advocated for help with meal planning and nutritional coaching from a RD

Community Needs

- Affordable health care services
  - Highest indicated area of need per survey results (>30%)
  - Interviews confirmed response, with added emphasis on empowering individuals to better care for themselves, which ultimately would reduce health care costs
  - Impact of billing and non-competitive pricing structure
- Access to health care services
  - Second highest indicated area of need per survey results (>20%)
  - Not as strongly validated in the interview process – respondents indicated this was not an area of concern
  - Location to other major medical hubs

Items to sustain moving forward

- Emergency care services
  - Pioneer Memorial doing a great job, but need to ensure it is there for the long term
  - Concern expressed regarding volunteer-based ambulance service and how the Hospital might ensure continuity of service moving forward
- Elderly continuum of care
  - High regard in the community for the facilities in place, and staff
  - Strong affinity for services provided
  - Addition of a geriatric specialist recommended



Conclusions

- Strong internal and external support for Pioneer Memorial
- Strong utilization for primary care & emergencies; people travel for care when services are not locally available
- Few statistically significant variances from state averages; lack of compelling, urgent health issues
- Fewer babies and children, more elderly in service area highlights focus area on geriatrics & related services for 65+ population
- Need for Pioneer to examine pricing for primary care and lab services, especially relative to clinics in larger cities

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How Priorities were Established

- Comprehensive review of public health data sources
- Broadly distributed community needs assessment survey
- Internal Pioneer Memorial staff/stakeholder survey
- Individual phone interviews to verify survey findings
- Prioritized need areas based on study findings
- Facilitated an "implementation strategy planning" retreat at Pioneer Memorial – November 2012
- Created action plans for top 5 need areas

Our community's health needs.

Community health needs/areas of concern
Affordable health care services
Continued access to emergency care services
Continued access to primary care/clinic services
Continued elderly continuum of care
Respite care (relief for caregivers)

Unhealthy behaviors
Lack of exercise, physical inactivity
Poor eating habits
Alcohol abuse
Smoking/tobacco use

Action Plan.

Action Plan

- Affordable health care services
  - Increase awareness of our existing financial assistance programs that we offer, and encourage enrollment.
  - Create educational materials about existing pricing structures due to our designation as a rural health care clinic and critical access hospital.
  - Design and distribute a "community health score card" to increase knowledge of our community's health status, and encourage healthy living to ultimately reduce the need for medical services.

Action Plan

- Poor eating habits and lack of exercise
  - Consider the addition of a community based health and wellness program at Pioneer Memorial
  - Distribution of a "community health score card" to provide a pulse for the community and our health care providers on our community's health status
  - Bring self-help and prevention-based classes to our community to provide the opportunity for learning

Action Plan

- Respite care
  - Gain increased understanding of what the community's expressed need for respite care services are in the the community
    - Gather additional data
    - Facilitate community discussions
    - Develop a best-fit solution to address this aspect of community health care

Action Plan

- Alcohol abuse
  - Provide better screening for alcohol addiction, especially within the Hospital's emergency department
    - Encourage follow-up to care plan
    - Gain access to recovery support services
  - Identify key community partners with a shared interest in increasing awareness of recovery support services, and create a marketing plan to encourage individuals to help the help they need, close to home.

Action Plan

- Continue efforts made to date
- Encourage cessation
  - Continue long-standing support of SD Quits
  - Grow local messaging to include more consistent promotion of the program
  - Increase awareness of the health risks associated with tobacco use

Next Steps

- Action Plan – Make it happen!
- File with Form 990

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