

# Community Health Needs Assessment

Douglas County Memorial Hospital  
(DCMH)



The Douglas County Memorial Hospital's (DCMH) communities that it serves are the Douglas and Charles Mix Counties. More specifically are the cities of Armour, Corsica, Stickney and Wagner as these are the physical locations of the hospital's rural health clinics. It was determined that the Douglas and Charles Mix Counties are the community served by the hospital based on the discharges from the hospital. These two counties produced 89% of the hospitals discharged patients over a five year period. No other county had more than 7% of the hospitals discharges.

Community served by DCMH is split 51% female and 49% male. Race is 78% white and 21% American Indian and the remaining 1% is a mix of various other races. The community's educational attainment for individuals twenty-five years and older is broke down at 27% does not have a high school diploma, 51% has a high school diploma and possibly some collegiate education and the remaining 22% has either an Associate degree or higher. Household income information shows that 64.6% earn less than thirty-five thousand dollars. Poverty status for the community comes to 23% of the total population is in poverty. Preventable hospital stay statistics for the community has ninety-seven per one hundred thousand versus a national average of forty-seven per one hundred thousand. Access to primary care providers for the counties are 1,307 patients per provider in Charles Mix and 2,989 patients per provider in Douglas County. Smoking and obesity numbers are above the national averages with 19% and 14% smoking and 35% and 31% obese in Charles Mix and Douglas County, respectively. National averages are 13% and 25% for smoking and obesity, respectively. DCMH found these statistics relevant to our community's health needs because of the strong correlations that are shown in studies to patient's health risks and influences on these individuals being able to receive the healthcare that is needed.

Total diagnosis-related groups (DRG) during the past four calendar years came to 7,835 cases and of these cases DCMH served 751 of these cases. 61% of these cases are made up from seven DRGs which include Pulmonary Medicine, General Surgery, Gastroenterology, Orthopedics, Obstetrics, Newborn, and General Cardiology. The remaining 39% of these cases are made up of thirty-one DRGs and none of these individual DRGs accumulate more than 3% of the total cases. State health status indicators from 2007 through 2011 have both heart disease and cancer as the leading causes of death in the community.

Existing health care facilities in the two counties vary quite widely based on the difference in populations and the locations of these populations. In Douglas County DCMH is the only hospital in the county and provides twenty-four hour emergency room coverage. There are three clinics in the county, one in Armour and two in Corsica. Both Armour and Corsica have retail pharmacies and they each have an ambulance service run by the Douglas County. They each have an assisted living and a nursing home in their communities. Armour has a Community Health office which is operated out of the hospital and there is a visiting nurse service which is run out of the clinic. Through DCMH there are many services provided to the community such as Anesthesiology, Mammography, MRI, Nuclear Imaging, Ultrasound, Vascular Testing, Nerve Conduction, Sleep Study, CT Scans, Radiology, Oncology, Podiatry, Optometry, Orthopedic, Gynecology, Cardiology, Cardiac Stress Test, Laboratory, Surgical, Pediatrics, OB/GYN, ICU, Cardiac Rehabilitation, Physical Therapy, Occupational Therapy, Speech Therapy, Pulmonary Rehabilitation, Swing Bed, Visiting Nurse and Hospice. DCMH provides a Health Fair to the four clinic locations annually. Individuals receive a blood pressure reading, pulse reading, prostate specific antigen test, hemoglobin, blood glucose, and cholesterol levels at this event all for no charge. Community Health is located in the hospital facility and the space is provided for free to the state to use for the Community

Health program. Finally, the hospital provides Meals on Wheels to the local community along with a Senior Meals program.

Charles Mix County has two Critical Access Hospitals located in Wagner and Platte along with an Indian Health Services facility in Wagner. The two critical access hospitals have twenty-four hour emergency room coverage. There are five clinics located in the county with two located in Wagner, one in Lake Andes, one in Platte and one in Geddes. Three retail pharmacies in the county which are located in Wagner, Lake Andes and Platte. Each of these three cities also has an ambulance service, and nursing homes. Platte is the only city in the county that has an assisted living facility and Wagner has the Community Health office. Through the healthcare facilities in Wagner and Platte they offer the following services Anesthesiology, Cardiac Rehabilitation, Diabetes Care, Diagnostic Imaging, eStroke, Home Medical Equipment, End of Life Care, Independent Living, Laboratory, Mammography, MRI, Nutrition, Occupational Therapy, Physical Therapy and Rehabilitation, Radiology, Speech Therapy, Surgical, Swing Bed, Telemedicine, Ultrasound, CT Scans, Podiatry, Audiology, Cardiology, OB/GYN, Orthopedics, Pediatrics, Urology, Chemotherapy, Hospice, and Sleep Study Lab.

Data for the preceding paragraphs was obtained in several different ways. For the definition of the community served DCMH used our hospital's discharge numbers and the patient's county of residence for discharges over the last five years to determine where on average our hospital's patients are originating from. Demographics of the community were determined based on the US Census Bureau's statistics from the year 2000 as they were the most current at the time of this report. While the 2010 year census totals were available the breakdown of that data into meaningful statistics was not yet available. DCMH also used data from the South Dakota Association of Healthcare Organizations (SDAHO) in order to determine the figures of DRGs located in the community we serve. State health status indicators were reports received from the Community Health office which listed information over a five year period. Existing health care facilities located in the community served was a combination of general knowledge of the larger services available to these communities and what each hospital listed on their website as services that they individually provide.

Health needs of the community were assessed by speaking with individuals with special knowledge of the community's health. The Douglas County Community Health nurse said that education in the area could improve the health of the county. She sees that there are health issues in the county that could be solved strictly by the individuals understanding the importance of their care. Specifically she spoke about immunizations and the importance of keeping them current. Awareness of the benefits of staying current with immunizations and the drawbacks that go along with not staying current may help individuals make this a priority. Douglas County's Homemaker and Visiting Nurse Director mentioned that there are individuals in the area which would benefit from a better system to transport individuals to and from appointments that no longer are able to drive themselves. She said that while they notice at times there is a need there is not a large demand on a regular basis.

Charles Mix County's needs are similar in speaking with the regional manager of Douglas and Charles Mix Counties' Community Health program. Specific areas of need that were mentioned were nutrition, safe sleep, and early prenatal care. Safe sleep, she said, was the problem of infant mortality rates due to co-sleeping habits. Early prenatal care was identified as the need to see a physician early in the pregnancy, especially prior to the twelve week mark in the pregnancy. She said that there is a need of

physician education to patients about Medicaid and WIC programs prior to the twelve week mark to help with the pregnancies. She also mentioned that these needs would be similar in Douglas County as well even though these are more prominent Charles Mix County. Mention was also made of an increase in dental care for the Charles Mix County.

Identifying and prioritizing community health needs and services is a continual process in which the hospital works closely with local state agencies to continue to provide new services for the community as the needs of the community evolve. Several of the state offices are run directly out of the hospital's facility which allows the state's concerns and problems that they are able to identify work directly on a day-to-day basis with the hospital and its staff. The state agencies that are not located in the facility are in contact with the hospital on a regular basis including several community teams in which the hospital and the agencies are represented to work towards protecting the community's health. These community teams are the Child Protection Team, Hospital Incident Command System (HICS), Point of Distribution (POD) and local emergency management. Through these teams, the hospital is in contact with many local officials and other people from the community. DCMH's clinic director in Wagner meets monthly with the Wagner Area Health and Wellness Consortium to discuss how they can maximize the health and wellness opportunities for Wagner and the surrounding areas. Consulting with persons representing the community's interest is done by the hospital being closely connected with the local state agencies and by the hospital's Board of Directors being made up of people from the community.

Information gaps were identified while attempting to assess the community's health needs. Data from the US Census Bureau was quite old. DCMH was unable to find reliable data on primary and chronic disease needs and other health issues specifically for uninsured persons, low-income persons and minority groups. Centers for Disease Control and Prevention (CDC) do not directly have statistics for our local community. CDC has information for the state of South Dakota and the larger communities such as Sioux Falls and Rapid City, but due to these limitations we are not able to directly use information compiled for our area based on their data.