



DOUGLAS COUNTY
MEMORIAL HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT 2022

OVERVIEW

Between April and June 2022, Douglas County Memorial Hospital (DCMH) conducted a Community Health Needs Assessment (CHNA) for the approximately 3,000 residents of Douglas County, South Dakota. DCMH is located in Armour, South Dakota and serves the surrounding rural area within Douglas County.

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and health-need consulting with healthcare organizations.

A CHNA is a tool used to help communities assess their strengths as well as their weaknesses when it comes to the health of the community. It is also the foundation for improving and promoting the health of the community. The process helps to identify factors that affect a population's health and determine the availability of resources within the community to adequately address these factors and any additional health needs.

OVERVIEW

The CHNA process fulfills the requirements set forth by Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. In addition, input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise, and persons representing medically underserved and vulnerable populations. Input received from the public on the prior CHNA would have been considered in the process, but no feedback was received.

DCMH will create an implementation plan to clarify how it and other community resources will address the needs identified during the CHNA process.

HOSPITAL OVERVIEW

Douglas County Memorial Hospital is an 11-bed healthcare facility that has been serving the medical and health care needs of people living in Douglas County and the surrounding communities in south-central South Dakota since 1957.

DCMH has a staff of around 100 health care professionals that proudly delivers quality medicine and compassionate care with a focus on patient comfort and satisfaction.

DCMH is the only hospital in Douglas County and provides 24-hour emergency room coverage. The primary communities served by DCMH include Armour, Corsica, and Stickney.

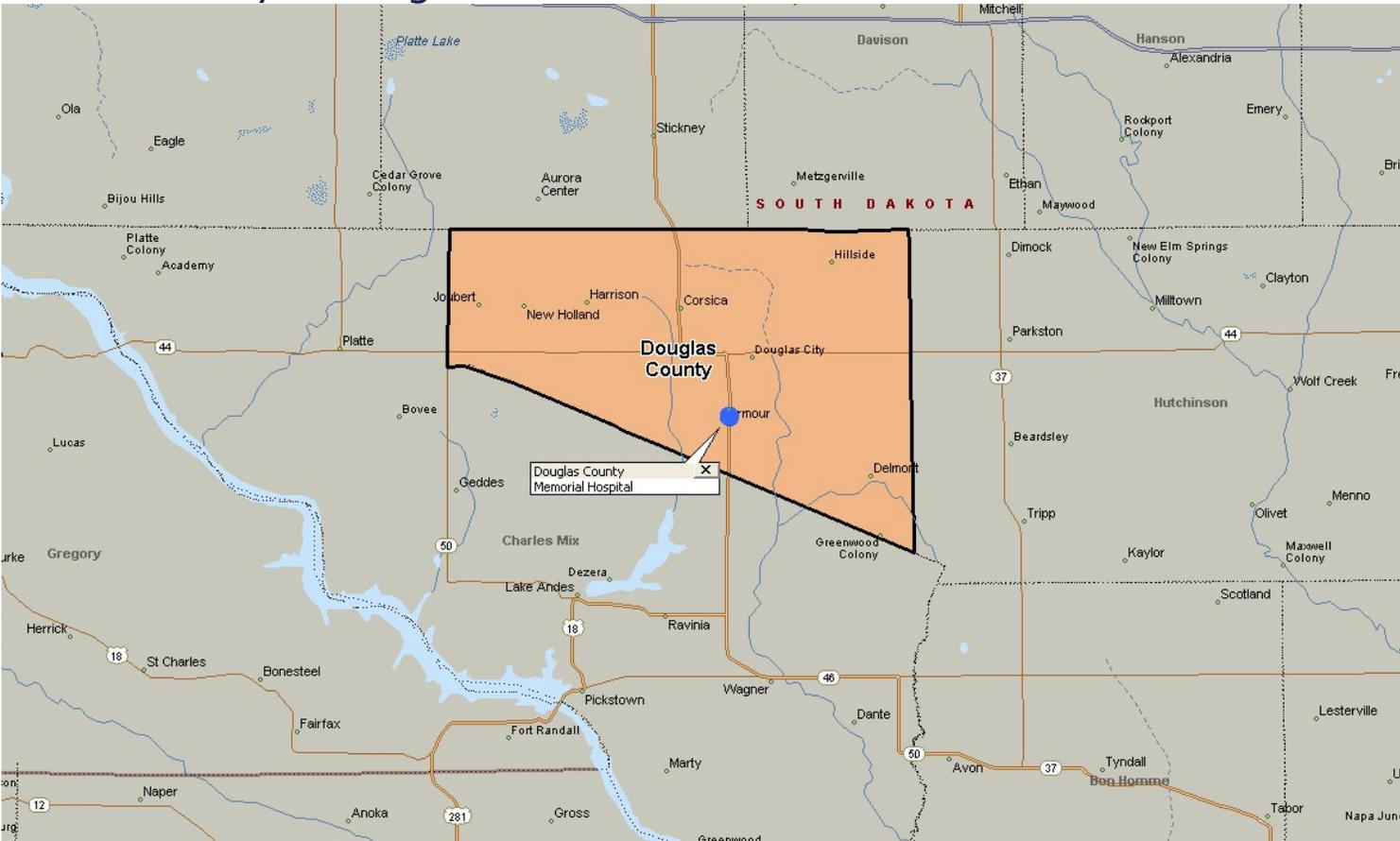
SERVICES OVERVIEW

DCMH PROVIDES THE FOLLOWING SERVICES:

- Acute Care
- Specialty Clinics
- Emergency Room
- Ultrasound
- CT Scan
- Telemedicine
- Pharmacy
- Assisted Living
- Homemaker
- Surgical Services
- Diagnostic Services
- Cardiac Rehabilitation
- Laboratory
- Out-patient Services
- Therapy
- Respiratory Care
- Visiting Nurse

COMMUNITY SERVED

The Community Served was defined as Douglas County as 69% of the hospital's patients come from Douglas County. The hospital also provides services to patients from neighboring counties but chose to focus on Douglas County for the purposes of this CHNA. DCMH considers part of its community all people regardless of ability to pay and/or whether they are eligible for assistance under financial assistance.



COMMUNITY SERVED

The primary industries in Douglas County include agriculture and health and social services.

As of the 2020 census estimate, there were 2,835 people with an average population density of 7 resident per square mile. The county is estimated to experience a slight decrease in total population by 0.42% from 2022 to 2027 according to Environics Analytics. This is less than the previous trends of decrease: 2000 to 2010 decreased by 13.19% and 2010 to 2022 decreased by 4.10%

The racial makeup of the county was 95.1% white, 2.6% American Indian and the remainder Other.

Source: <https://www.census.gov/quickfacts/douglascountysouthdakota>
Environics Analytics

COMMUNITY SERVED

Median household income in the community is \$67,373 which is above the state median household income of \$65,841. The average household income in the community is \$83,128 which is below the state average household income of \$87,071.

Approximately 8% of the community has an income below the poverty line. This is less than the state estimate of 12.8% and the United States estimate of 12.8%.

Correlations exist between health outcomes and socioeconomic status. High income individuals tend to be in better health than low income individuals.

COMMUNITY SERVED

The unemployment rate is estimated to be 2.2% according to BLS Data Series as of December 2021. This compares to the state unemployment rate of 2.8% and United States unemployment rate of 3.9% during this same time.

Employment status can impact mental health and health care utilization. Unemployed persons have more depression and anxiety symptoms than those who are employed.

85% of individuals had health insurance coverage with the remaining 15% having no coverage.

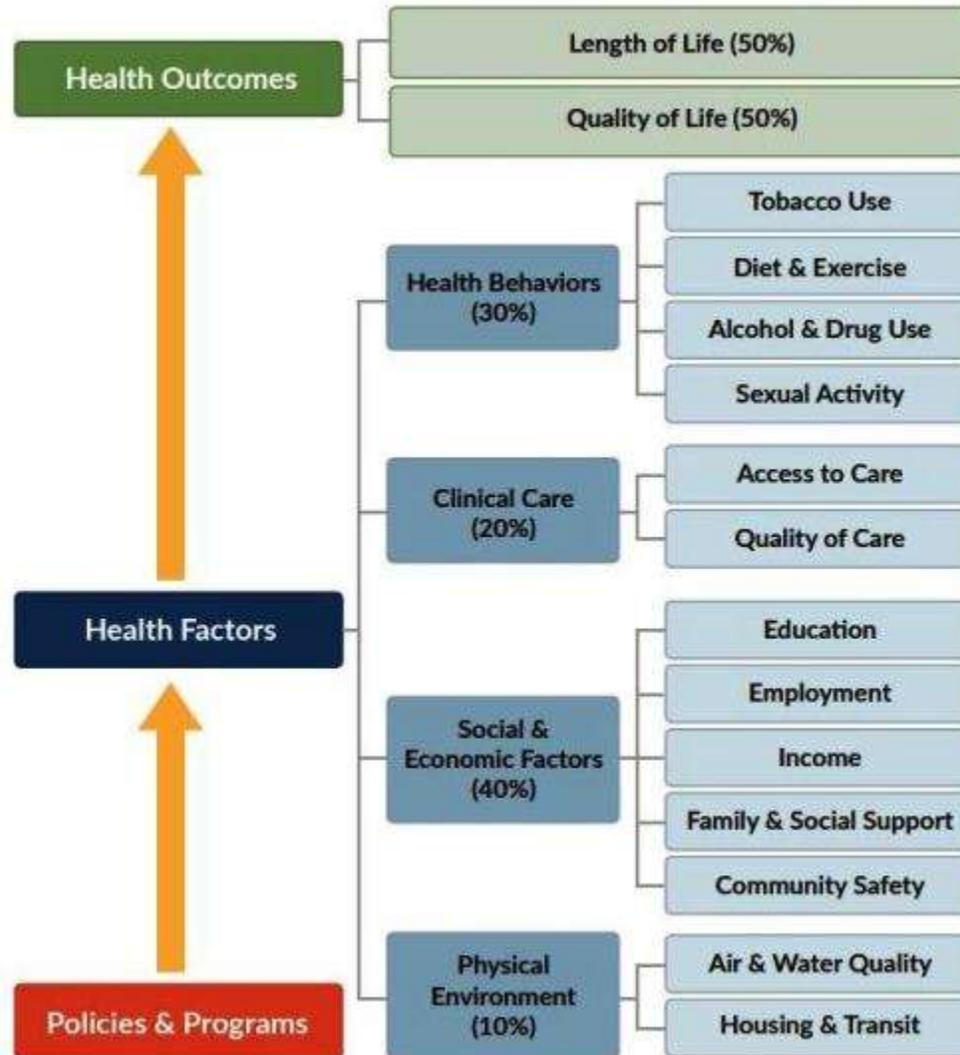
HEALTH DATA

To examine health areas of strength and health areas to explore, *County Health Rankings* is utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties are ranked against their state peers based on health outcomes and health factors. Subcategories are as follows:

- | <u>Health Outcomes</u> | <u>Health Factors</u> |
|--|---|
| <ul style="list-style-type: none">• Length of life• Quality of life | <ul style="list-style-type: none">• Health behaviors• Clinical care• Social and economic factors• Physical environment |

The report provides information by county on “Areas of Strength” and “Areas to Explore”, as determined by the County Health Rankings.

HEALTH DATA



County Health Rankings model © 2018 UWPHI



County Health Rankings & Roadmaps
A Healthier Nation, County by County

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

HEALTH DATA RESULTS

The Douglas County is ranked 13 out of 61 counties for Overall Health Outcomes in South Dakota. Health Outcomes is broken down by Length of Life and Quality of Life.

Quality of Life category has the Douglas County ranked number 1 out of 61 counties.

Length of Life category has the Douglas County ranked number 30 out of 61 counties.

Source: County Health Rankings, University of Wisconsin Population Health Institute
<https://www.countyhealthrankings.org/app/south-dakota/2022/rankings/douglas/county/outcomes/overall/snapshot>

HEALTH DATA RESULTS

Areas of strength in the County Health Rankings include the categories below:

- Mammography Screening
- Unemployment
- Children in single-parent households
- Social associations
- Air pollution – particulate matter

Source: County Health Rankings, University of Wisconsin Population Health Institute
<https://www.countyhealthrankings.org/app/south-dakota/2022/rankings/douglas/county/outcomes/overall/snapshot>

HEALTH DATA RESULTS

Areas to explore in the County Health Rankings include the categories below:

- Adult smoking
- Adult obesity
- Excessive drinking
- Uninsured
- Primary care physicians
- Preventable hospital stays

Source: County Health Rankings, University of Wisconsin Population Health Institute
<https://www.countyhealthrankings.org/app/south-dakota/2022/rankings/douglas/county/outcomes/overall/snapshot>

HEALTH DATA RESULTS

Clinical Care has a few items of note.

The uninsured and flu vaccinations rates were both poorer than the Top US Performers and South Dakota figures. There is a portion of the population that voluntarily declines the use of both health insurance and vaccinations due to religious reasons.

As noted in past assessments, dental care is an area of need as there are no dental practices within the Douglas County.

Finally, there are more preventable hospital stays* in Douglas County than the Top US Performers and other South Dakota counties. The hospital reviews all admissions through their utilization review committee.

Source: County Health Rankings, University of Wisconsin Population Health Institute

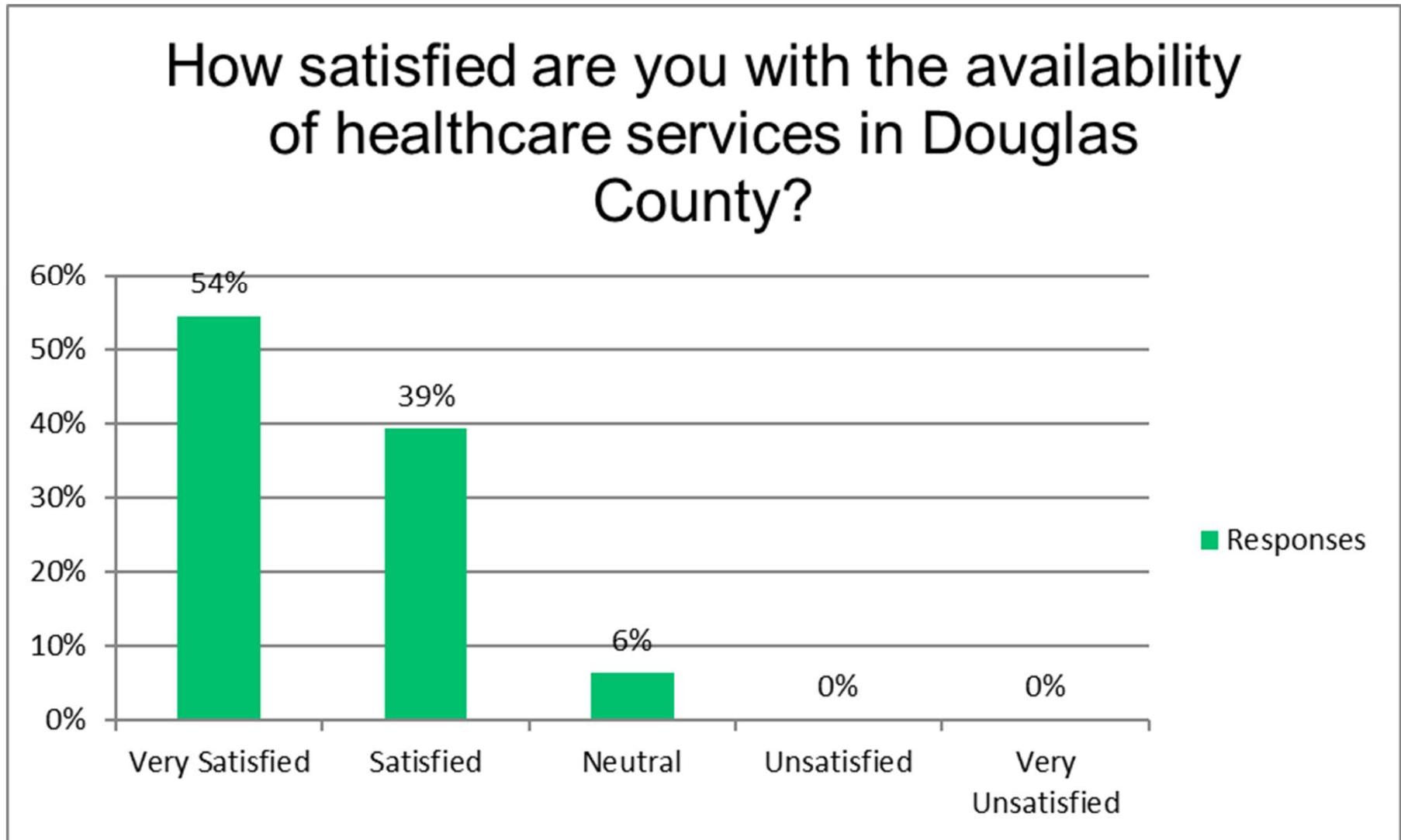
**rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees*

SURVEY RESULTS

To ensure input from persons with a broad knowledge of the community, a survey was administered between May 4 through May 15. This tool was developed to address general questions related to the health of the community. The survey was returned for independent review and analysis.

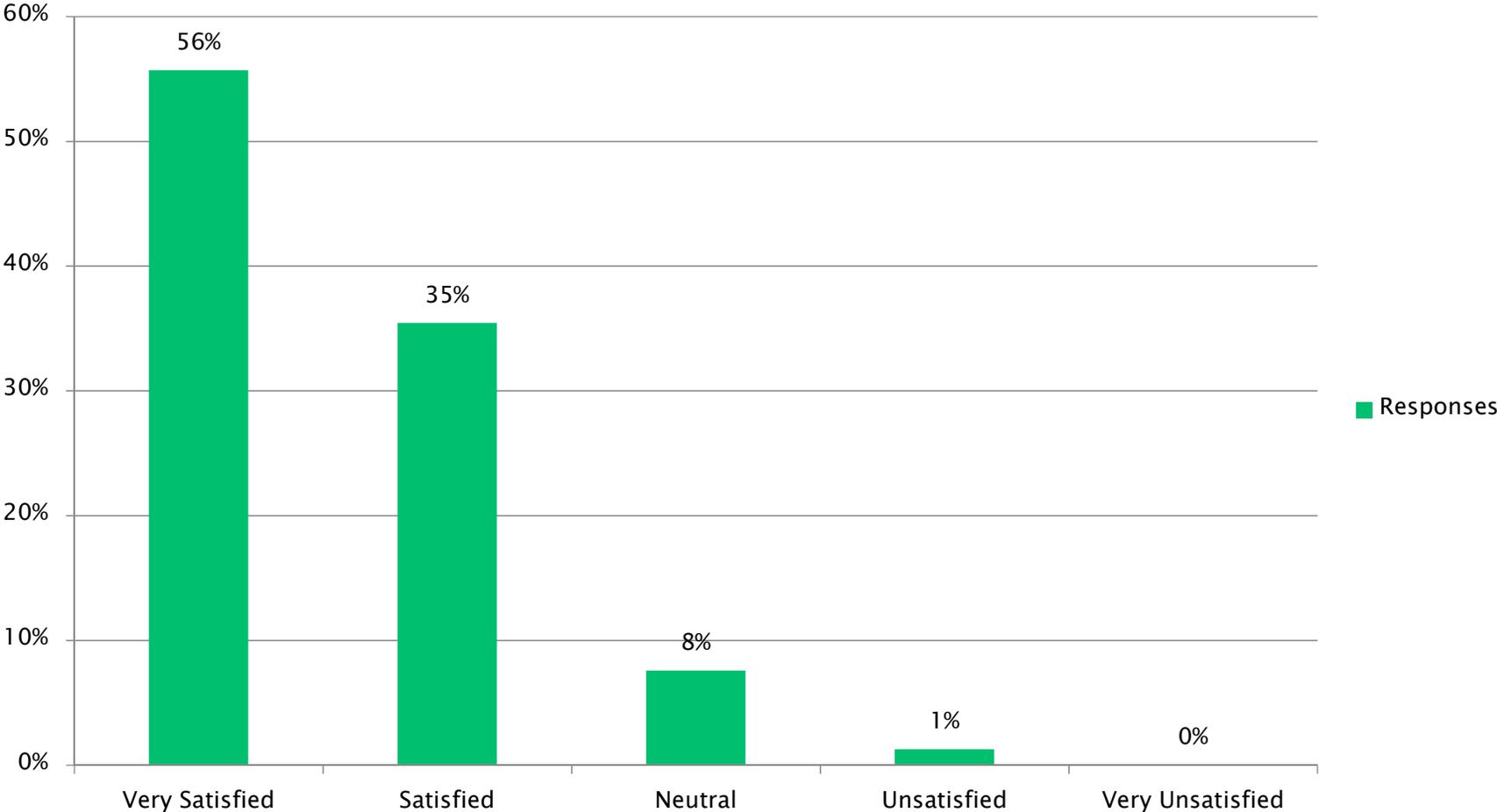
- The survey was distributed to the public by the hospital via the hospital's website and Facebook page along with providing an opportunity to patients when waiting for their appointments to complete the survey on their smartphone via a QR code. It was also sent to all employees of the hospital.
- 79 surveys were completed by members of the community.

SURVEY RESULTS



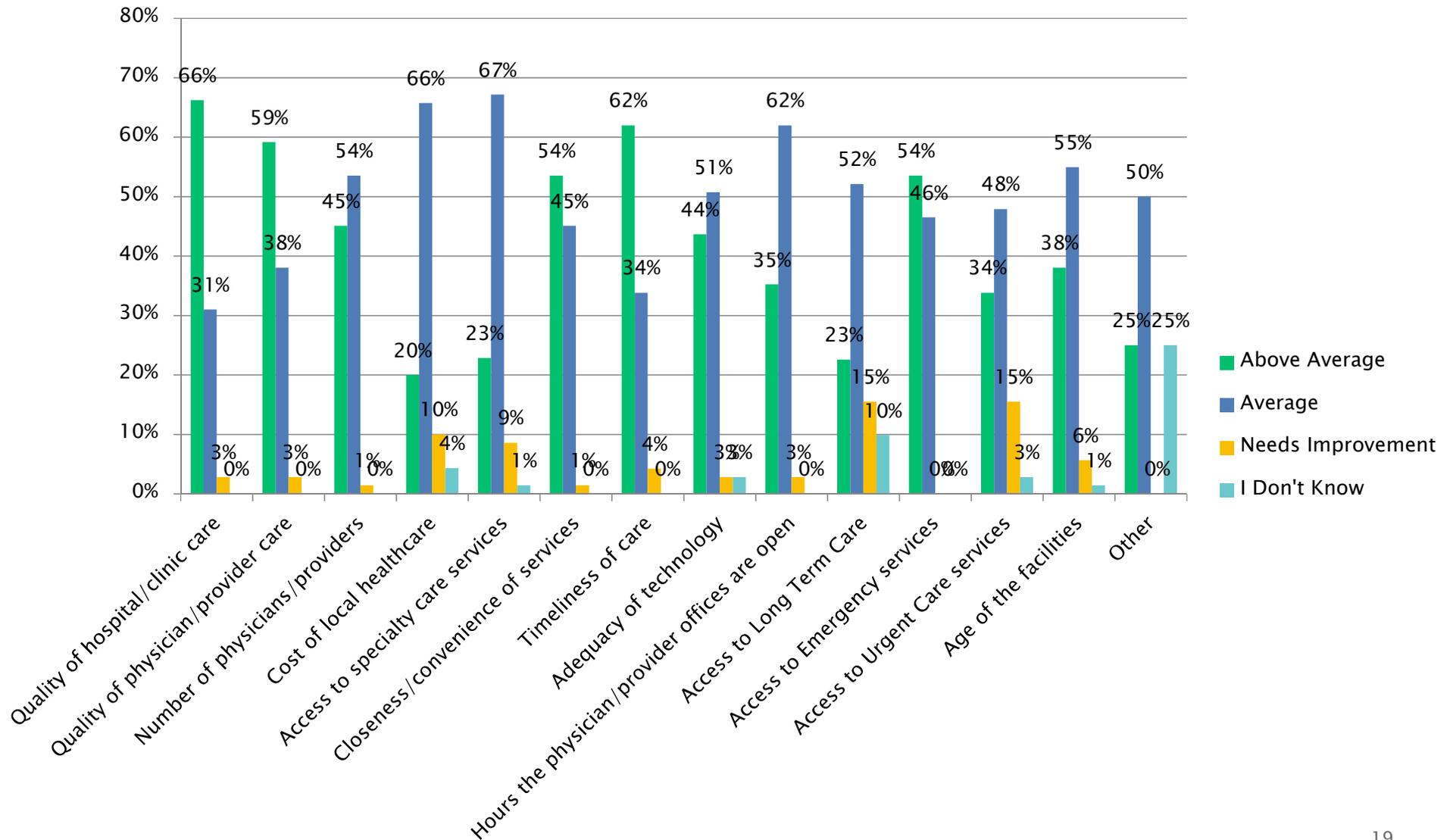
SURVEY RESULTS

How satisfied are you with the quality of healthcare services in Douglas County?



SURVEY RESULTS

How do you view the following healthcare topics in Douglas County?



SURVEY RESULTS

Survey respondents recommended the following changes in healthcare:

- Transportation issues for individuals with mobility issues
- Increased access to specialties
 - ENT
 - Mental Health
 - Orthopedics
 - Obstetrics
- Dental services
- Fitness, wellness, obesity, and general wellness
- Improved access to Long Term Care services
- Additional childcare options

COMMUNITY ADVISORY COMMITTEE

A Community Advisory Committee meeting was conducted on May 18 with individuals that live and work in the community. Invitations were sent to individuals representing various community, business, and educational organizations. Representatives from local health care providers and the community health departments were included to bring in additional professional perspective.

The individuals identified to participate in the process have direct access to individuals across all subsections of the community and therefore can address needs that may impact those populations that are medically underserved or most in need.

COMMUNITY ADVISORY COMMITTEE

Participants included in the Community Advisory Committee

- Community Health Nurse
- Mayor – City of Armour
- Mayor – City of Corsica
- Douglas County Commissioner
- Hospital Disaster Preparedness Coordinator
- High School Principal – Armour School District
- Director of Nursing – Douglas County Memorial Hospital
- Physician Assistant – Douglas County Memorial Hospital
- CEO – Douglas County Memorial Hospital
- CFO – Douglas County Memorial Hospital

CONDUCTING THE ASSESSMENT

The Community Advisory Committee reviewed the scope of the CHNA and underwent brainstorming/discussion exercises to illuminate:

- Individual members' definition of health
- Unmet health needs in the community
- Underserved population
- Key community health issues

There were no primary or chronic diseases or other specific health needs identified related to low income or chronically ill populations.

CONDUCTING THE ASSESSMENT

The Community Advisory Committee members agreed on a set of criteria to use to evaluate the list of potential needs identified through the fact finding process. The criteria included:

- a. Potential to Impact Community Health
- b. Cost to the Community
- c. Community Urgency

The Community Advisory Committee discussed each of the identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. This process involved casual group discussion allowing individuals to make decisions with input from their fellow committee members.

CONDUCTING THE ASSESSMENT

The Community Advisory Committee members did mention several services that the hospital does provide that is a great benefit to the community.

- The broad range of care that is available locally for everything from clinical care to hospital care to long-term care. This includes the services that are brought in mobile, such as Mammography, MRI, etc., and through Telemedicine options for specialty providers.
- EMS being broadly available throughout the county as well with two ambulances available, one in Armour and the other in Corsica.
- Also opportunities provided to local students for education, such as was done this year with the Healthcare Career Day.

PRIORITIZING OF NEEDS

After analyzing input from the community and community health data, DCMH prioritized the identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The following needs, in no particular order, were prioritized for the next three years:

- Mental Health Issues
 - Support for youth and geriatric services
 - Availability and affordability of services
- Access to Specialties
 - Increased awareness of current services
 - Ear, Nose, Throat
 - Mental Health
 - Orthopedics
 - Obstetrics

PRIORITIZING OF NEEDS CONTINUED

After analyzing input from the community and community health data, DCMH prioritized the identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The following needs, in no particular order, were prioritized for the next three years:

- Transportation
 - Access for homebound or immobile patients
- Dental
 - No dental services available currently in Douglas County
 - There are few providers within a short distance to provide dental services to Medicaid individuals

COMMUNITY RESOURCES

During the discussion on health needs, the Committee identified other resources in the community that may be available to work in collaboration with Douglas County Memorial Hospital to address the needs identified including:

- Schools
- Churches
- Community Health Nurse
- Prairie Health Clinics in Armour, Corsica, & Stickney
- Assisted Living Facilities
- Nursing Homes
- Armour Community Foundation
- County Commissioners
- Parents and Teachers Together
- EMT/Ambulance
- Lions Club
- Fire Department

EVALUATION OF IMPACT OF PRIOR CHNA

DCMH completed a CHNA in 2019. DCMH identified the following needs and goals during the prior assessment:

- **Mental Health Issues**
 - Specific support to youth
- **Shortage of Dental Resources**
 - Currently no dental services are provided in the County
- **Wellness Issues**
 - Overall health and wellness awareness
 - Specific support to youth
- **Increased Access to Specialty Services**
 - Increased awareness of current services
 - Increased services focused on cancer, mental health
 - Increased access using e-Care services
- **Increased MD coverage**
 - Oversight of Midlevels (advanced practice providers)
 - More coverage

EVALUATION OF IMPACT OF PRIOR CHNA

In response to DCMH's 2019 CHNA, the following actions were taken.

- The hospital has hired another MD since 2019, and are currently waiting on a third MD to start later in 2022.
 - Additional MD coverage has allowed Midlevels (Advanced Practice Providers) another resource for advice on their practice methods.
 - This has also allowed for ER patient to be able to follow up with the provider who has seen them in the ER.
- Increased access to specialty services has been improved with the recent addition of palliative care via telemedicine.
 - This is a benefit to the community as previously this was not an option to be able to see a provider locally for this service.

NEXT STEPS

This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on May 25, 2022.

DCMH is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. In the coming months, this implementation strategy will be discussed and approved by the DCMH Board of Directors, and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.

CONTACT INFORMATION

Community Contact Information for CHNA

Community members who would like to provide comments on the needs identified or provide input on the next CHNA process are encouraged to contact DCMH with their inquiries, suggestions or comments.

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