

COMMUNITY HEALTH NEEDS ASSESSMENT 2019

OVERVIEW

Between April and June 2019, 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

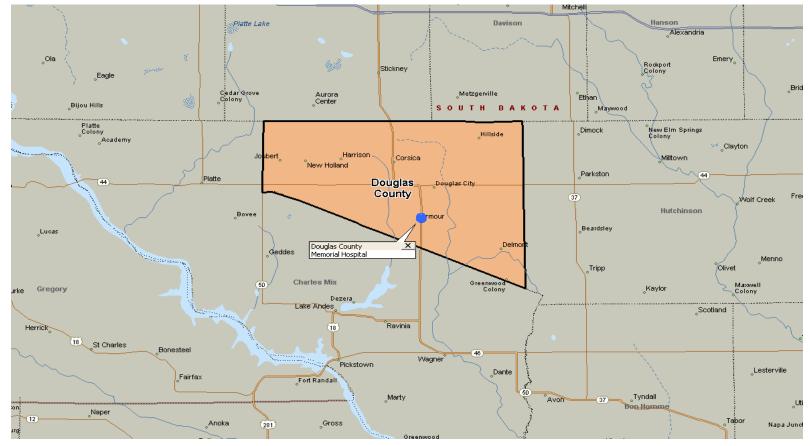
DCMH PROVIDES THE FOLLOWING SERVICES:

- 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 67% 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. The community was broadly defined to include all members of the community, regardless of ability to pay, medical status or minority status.



COMMUNITY SERVED

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

As of the 2019 census estimate, there were 2,926 people with an average population density of 7 resident per square mile. The county is estimated to experience a slight increase in total population by 1.0% from 2019 – 2024.

The racial makeup of the county was 95.1% white, 2.7% American Indian and the remainder Other.

Sources:

<u>www.census.gov/quickfacts & 2013–2017</u> American Community Survey 5–Year Estimates (Racial Makeup Percentages) Environics Analytics (2019 Population Estimate and Population Growth Estimate)

COMMUNITY SERVED

Median household income in the service area is \$51,711. The per capita income from the county was \$27,603.

Approximately 8.2% of individuals, and 4.1% of families, have an income below the poverty line.

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

The unemployment rate is estimated to be 2.8% of the 65.3% of the population age 16 years and over who are in the labor force.

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

87.3% of individuals had health insurance coverage with the remaining 12.7% 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:

Health Outcomes

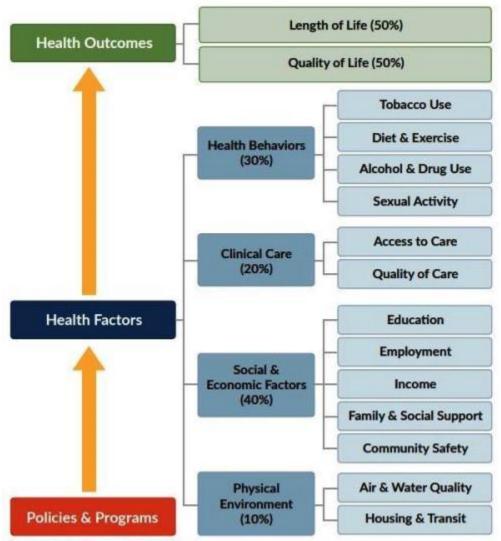
- Length of life
- Quality of life

Health Factors

- 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

Douglas County is ranked 30 out of 62 for Health Outcomes in South Dakota. Health Outcomes is broken down by Length of Life and Quality of Life. Douglas County is 33 in Length of Life and 14 in Quality of Life.

Douglas County is ranked 14 out of 62 in Health Factors in South Dakota. Health Factors is broken down by Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. Below are the county's rankings.

- Health Behaviors 15
- Clinical Care 26
- Social & Economic Factors 12
- Physical Environment 27

Douglas County's areas of strength are:

- Alcohol-impaired driving deaths 0%
- Primary Care Physicians 1,470:1
- Mammography Screening 52%
- High school graduation 100%
- Unemployment 3.0%
- Children in poverty 15%
- Income inequality 4.0
- Children in single-parent households 11%
- Social associations 23.9
- Air pollution particulate matter 6.5

Douglas County's areas to explore are:

- Adult smoking 13%
- Adult obesity 31%
- Injury deaths 128 (per 100,000 population)

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 is an area of need as there are no dentist practices within the county.

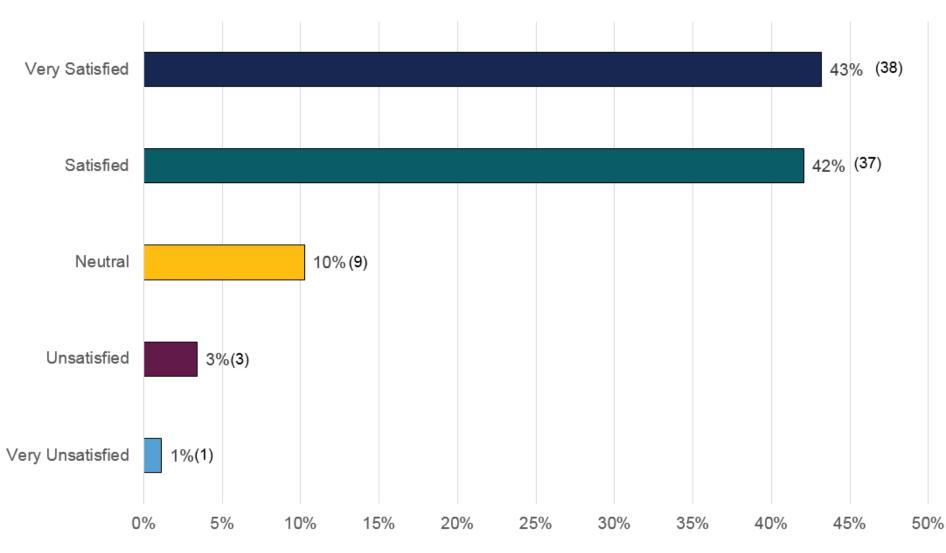
Finally, preventable hospital stays is lower than the Top US Performers and South Dakota figures. The hospital reviews all admissions through their utilization review committee.

Source: County Health Rankings, University of Wisconsin Population Health Institute *two Idaho counties not included due to insufficient data

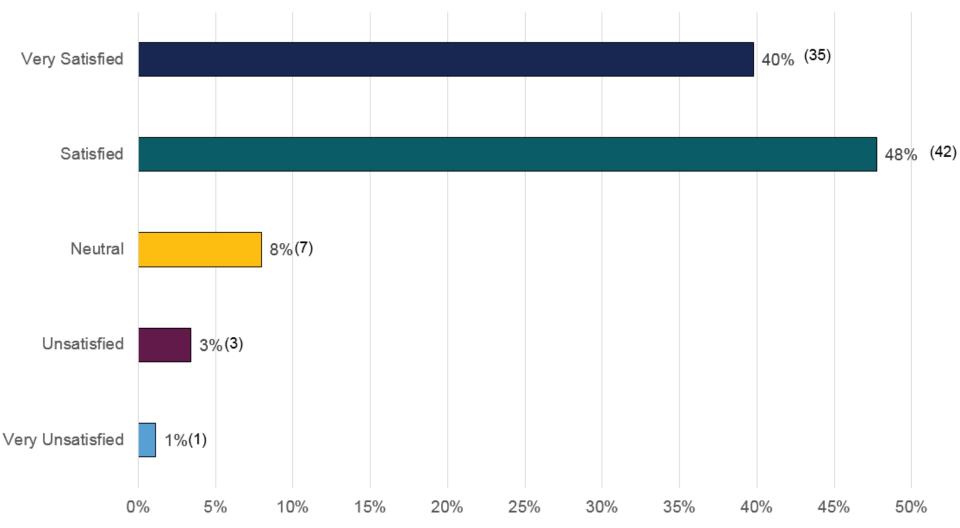
To ensure input from persons with a broad knowledge of the community, a survey was administered between April 4 through April 12. This tool was developed to address general questions related to the health of the community. The survey was returned for independent review and analysis.

- 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 either by a paper method or on the hospital's iPad. The survey was distributed to the residents of the Prairie Villa assisted living. It was also sent to all employees of the hospital.
- 88 surveys were completed by members of the community.

Overall satisfaction with availability of services.



Overall satisfaction with quality of services.



View of healthcare topics in Douglas County.

Description		Above Average	Average	Needs Improvement
А	Quality of hospital/clinic care	63%	36%	1%
в	Quality of physician/provider care	65%	35%	1%
С	Number of physicians/providers	46%	51%	4%
D	Cost of local healthcare	20%	73%	7%
Е	Access to specialty care services	29%	63%	8%
F	Closeness/convenience of services	57%	42%	1%
G	Timeliness of care	60%	35%	5%
н	Adequacy of technology	47%	51%	2%
T	Hours the physician/provider offices are open	38%	56%	6%
J	Access to Long Term Care	26%	61%	13%
к	Access to Emergency services	58%	39%	3%
L	Access to Urgent Care services	33%	48%	19%
М	Age of facilities	52%	46%	3%
Ν	Other	18%	53%	29% 9

Primary changes in Healthcare listed in the survey were:

- 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

COMMUNITY ADVISORY COMMITTEE

A Community Advisory Committee meeting was conducted on April 24 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
- Douglas County Commissioner
- High School Principal Armour School District
- High School Principal Corsica School District
- Nursing Home Administrator Armour
- Physician Assistant Douglas County Memorial Hospital
- Corsica Nurse Manager 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, discussed DCMH's service areas, revisited DCMH's 2016 CHNA and efforts to address its health need discoveries, 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.

- Computerized Tomography (CT) services has been a great asset to the ambulance service as prior to DCMH having this service available, the ambulance spent a lot of time transporting patients for this to be done outside the county.
- Weekly rounds are provided by the hospital's Providers at the Nursing Home in Armour. The Nursing Home appreciates that, and stated that not many facilities have such an opportunity for their residents.
- The county recognized the benefit that the facility provides as a whole. A particular example was given about a surgery that was provided which was done for a reasonable cost.

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

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- 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
- Economic Development Corporations in Armour & Corsica
- 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 2016. 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 Ecare services
- Increased MD coverage
 - Oversight of Midlevels
 - More coverage

EVALUATION OF IMPACT OF PRIOR CHNA

In response to DCMH's 2016 CHNA, the following actions were taken.

- Chemotherapy treatments can now be done through telemedicine at the facility.
- A telemedicine schedule is now available for Dr. Eggers who is a Psychiatrist. There is also a pool of funds for those who are deemed eligible for assistance by Sanford Health to receive these services.
- Wellness issues in general were listed, and the new track in Armour has been completed which is open for public use.
- The hospital has increased MD coverage since 2016, and are currently looking to recruit another MD.

This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on May 22, 2019.

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. **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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