



# DOUGLAS COUNTY MEMORIAL HOSPITAL

## Implementation Strategy 2025

This Implementation Strategy report summarizes Douglas County Memorial Hospital's plans to address the prioritized needs from the 2025 Community Health Needs Assessment. The hospital recognizes that the Implementation Strategies in this report are to be used as a guide and will serve as a framework in addressing the identified needs. As the hospital moves forward, many resources, on-going commitments and partnerships will be necessary to effectively assist in creating healthier communities in Douglas County.

### 1) Adult Obesity

Goal: Reduce adult obesity rates by increasing access to prevention, education, and local resources that support healthy lifestyles.

Strategies:

- Launch a community wellness program offering weight-management classes, nutrition education, and group challenges (e.g., "10-week wellness challenge").
- Partner with local gyms, schools, and churches to open facilities for public use during designated hours.
- Create an on-site or virtual dietitian service using telehealth for individual nutrition counseling.
- Offer grocery-store tours or meal-planning workshops in collaboration with local grocers or SDSU Extension.

Potential Partners: SDSU Extension, local schools, churches, grocery stores, fitness centers, county health departments

Measures of Success:

- Number of participants in wellness programs
- Percentage of participants who maintain or lose weight
- Increase in use of tele-nutrition services
- Community survey showing improved awareness of healthy behaviors

## 2) Access to Specialties

Goal: Improve access to essential specialty care through outreach, telemedicine, and local service development.

Strategies:

- Establish regular telehealth clinics (ENT, orthopedics, OB, psychiatry/therapy) through partnerships with Sioux Falls, Rapid City, or regional Avera/Sanford locations.
- Recruit rotating specialty providers to hold in-person clinic days 1–2 times per month.
- Strengthen mental health access by hiring or contracting licensed counselors; integrate mental health screening into primary care visits.
- Develop a transportation assistance program for patients needing specialty care outside the community.
- Promote prenatal care access with early referral systems and tele-OB monitoring for high-risk moms.

Potential Partners: Avera/Sanford specialist groups, community mental health centers, DSU telehealth programs, EMS, tribal health services, regional OB practices

Measures of Success:

- Number of telehealth specialty visits
- Decrease in appointment wait times
- Increased local availability of rotating specialty clinics
- Number of mental-health screenings completed
- Patient satisfaction with specialty care access

## 3) Adult Smoking

Goal: Reduce smoking rates by increasing education, cessation support, and community engagement.

Strategies:

- Start a free or low-cost smoking cessation program using QuitLine, nicotine-replacement therapy (NRT) vouchers, and group support.
- Implement routine tobacco-use screening and brief intervention in all primary care visits.
- Partner with employers (farms, schools, small businesses) to provide on-site education and cessation resources.
- Run targeted campaigns focusing on young adults and rural populations through social media, clinics, gas stations, and co-ops.

Potential Partners: South Dakota QuitLine, local employers, schools, tribal health programs, public health

Measures of Success:

- Number of participants in cessation programs
- Quit rates at 6 and 12 months
- Reduction in reported adult smoking in community survey
- Increased use of QuitLine resources

## 4) Access to Exercise Opportunities

Goal: Increase access to safe, convenient physical activity options across the service area.

Strategies:

- Create walking routes/trails maps and promote safe activity spaces within towns.
- Partner with schools to allow community members to use gyms and tracks after hours.
- Work with city governments to improve sidewalks, lighting, and park equipment.
- Support community fitness challenges and structured walking groups.
- Explore small grants to install outdoor fitness equipment or create a simple community gym space.

Potential Partners: City councils, schools, parks & recreation, local employers, churches, Extension programs

Measures of Success:

- Number of community members using open gyms/tracks
- Number of fitness challenges hosted
- Increased self-reported physical activity in community surveys Increased use of QuitLine resources

## 5) Uninsured

Goal: Reduce barriers to care for uninsured individuals by improving financial assistance knowledge, enrollment support, and access to preventive services.

Strategies:

- Strengthen financial counseling to help patients apply for Medicaid, Marketplace plans, and hospital charity care.
- Partner with community organizations to hold enrollment days during open enrollment and throughout the year.
- Offer low-cost preventive care events (mammograms, labs, screenings) supported by grants or community funds.
- Develop referral workflows for uninsured patients to connect them to social services, medication assistance programs, and care coordinators.

Potential Partners: South Dakota Medicaid, Navigators, local social services, community health workers, non-profits, churches

Measures of Success:

- Number of uninsured patients assisted with enrollment
- Reduction in total uninsured visits
- Increased use of preventive services among uninsured
- Patient satisfaction with financial navigation

## Combined System-Level Strategies

For a unified approach, some cross-cutting strategies that benefit multiple needs:

### **1. Telehealth Expansion (covers specialty access, obesity, mental health)**

Increase telehealth equipment availability, provider training, and marketing to patients.

### **2. Community Health Worker (CHW) Program**

A CHW can help uninsured patients, run obesity programs, support smoking cessation, and coordinate specialty referrals.

### **3. Employer Outreach**

Engage local employers for screenings, smoking cessation, wellness programs, and health insurance literacy.

### **4. Community Education Campaign**

Develop a consistent brand (“Healthy Heartland Initiative”) and run monthly topics: smoking, obesity, stress, exercise, preventive screenings.

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