



COMMUNITY HEALTH NEEDS ASSESSMENT

June 2019

OVERVIEW

From April to June 2019, Madison Regional Health System (MRHS) conducted a Community Health Needs Assessment (CHNA) for the approximately 16,000 residents of Lake and Miner Counties, South Dakota. MRHS is located in Lake County but also serves residents of Miner County and surrounding areas. For this reason, demographics and health statistics were reviewed for Lake and Miner Counties, and residents of surrounding areas were included in the survey.

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.

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

HOSPITAL OVERVIEW

MRHS is a 22-bed health care facility that has been serving the medical and health care needs of people living in Madison and surrounding communities of eastern South Dakota for over 140 years. MRHS and its 275 employees are dedicated to providing cost-effective, quality inpatient and outpatient healthcare services.

MRHS is the only hospital in Lake County and provides 24-hour emergency room access. MRHS' primary service area (PSA) is considered Lake County and its secondary service area (SSA) is considered Miner County.

SERVICES OVERVIEW

MRHS provides the following services to the community:

- Acute Care
- Surgical Services
- Clinical Services
- Obstetrical Services
- Outreach Specialists
- Urgent Care
- Emergency Services
- Intensive Care
- Radiology
- Nuclear Imaging
- Laboratory
- Respiratory Therapy
- Cardiac Rehabilitation
- Rehabilitation Services
- Occupational Health
- Nutritional Services
- Home Care
- Hospice
- Swing Bed

COMMUNITY SERVED

Primary Service Area (PSA)

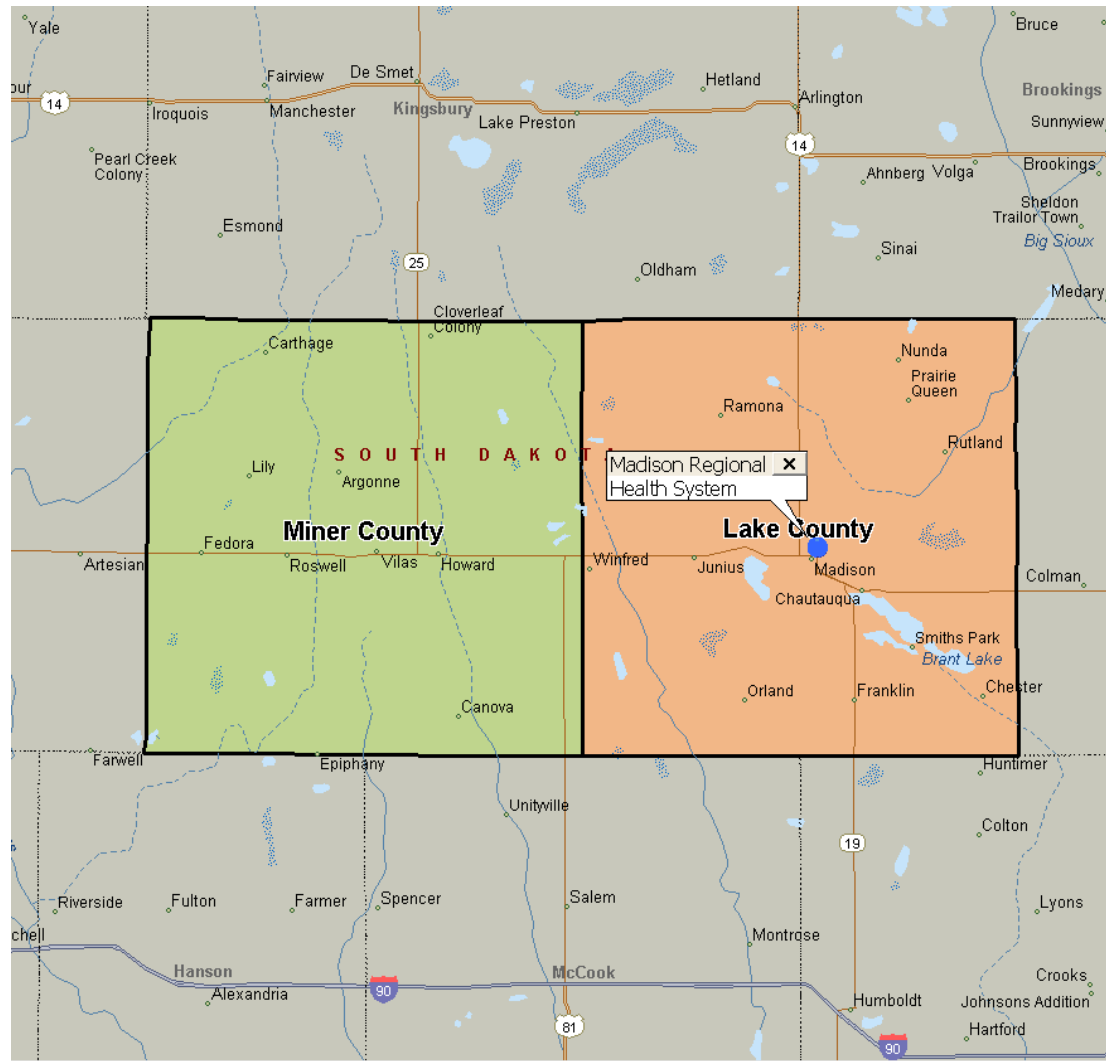
Lake County

Approximately 75% of inpatient volume is from residents of Lake County (Medicare Data).

Secondary Service Area (SSA)

Miner County

Zip code 57349 accounts for approximately 11% of inpatient volume (Medicare data) and makes up the majority of Miner County.



In defining community, Madison Regional Health Services has taken into consideration all members of Lake and Miner counties, regardless of whether they are medically underserved, low income or minority. MRHS is committed to meeting the needs of all members of the community who need care, regardless of their ability to pay for services.

COMMUNITY SERVED

	Population			Population Change	
	2010	2019	2024	2010 - 2019	2019 - 2024
<u>Primary Service Area (PSA)</u>					
Lake County	11,200	13,142	14,067	17.3%	7.0%
<u>Secondary Service Area (SSA)</u>					
Miner County	2,389	2,207	2,185	-7.6%	-1.0%

Years 2010 to 2019 saw 17.3% population growth in the PSA and 7.6% population decline in the SSA.

Looking forward, the five year projection indicates 7.0% population growth in the PSA and 1.0% decline in the SSA.

Population trends can indicate the need for more or less health care services in the future. Many rural parts of the U.S. are projected to have declining populations in the next five years. MRHS' PSA stands in contrast to this trend.

COMMUNITY SERVED

The occupational classification for the PSA community is as follows:

- 24.6% hold blue collar occupations
- 55.7% hold white collar occupations
- 19.7% are occupied as service and farmworkers

Health care needs are usually not differentiated by white collar vs. blue collar occupations but rather socioeconomic status.

The civilian employed population age 16 and older in the PSA is employed in the following occupational categories:

12.1% Production	3.4% Health Care Support
11.7% Sales & Related Services	3.2% Building and Grounds Maintenance
11.4% Management	2.0% Personal Care
11.2% Office and Administrative Support	1.5% Computers and Mathematics
8.7% Food Preparation and Service	1.3% Farming
7.7% Education	1.3% Community and Social Services
5.0% Transportation and Moving	1.2% Protective Services
4.6% Business and Finance	1.0% Arts, Entertainment, and Sports
4.2% Health Care Practitioners & Technicians	0.5% Architecture and Engineering
4.0% Construction and Extraction	0.4% Life, Physical, and Social Sciences
3.4% Maintenance and Repair	0.2% Legal Services

COMMUNITY SERVED

The median household income in the PSA is \$62,870. This is projected to increase 4.5% to \$65,684 by 2024.

The median household income in the SSA is \$50,959. This is projected to increase 3.1% by 2024.

		PSA Lake County	SSA Miner County	State of South Dakota	United States
Total Households					
	Estimated 2019	5,440	973	354,470	125,018,808
	Projected 2024	5,891	970	372,688	129,683,914
Average Household Income					
	Estimated 2019	\$ 80,617	\$ 70,687	\$ 76,633	\$ 89,646
	Projected 2024	\$ 86,268	\$ 73,196	\$ 82,907	\$ 98,974
Median Household Income					
	Estimated 2019	\$ 62,870	\$ 50,959	\$ 57,582	\$ 62,280
	Projected 2024	\$ 65,684	\$ 52,529	\$ 61,474	\$ 68,116

Source: *Environics Analytics*

PSA median incomes are higher than the SSA and State of South Dakota but right in line with the United States.

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

COMMUNITY SERVED

PSA individual poverty levels are in line with the U.S. but higher than the State of South Dakota and the SSA. PSA family poverty levels are in line with the SSA and are lower than the State of South Dakota and the United States.

	Percentage of Individuals below Poverty Rate	Percentage of Families below Poverty Rate
United States	15.5%	11.3%
State of South Dakota	13.9%	8.9%
PSA: Lake County	15.5%	7.4%
SSA: Miner County	11.6%	7.2%

Source: *US Census Bureau American FactFinder*

COMMUNITY SERVED

Unemployment in the PSA is slightly higher than in the SSA and the State of South Dakota. Unemployment in the SSA is in line with the State of South Dakota. All regions (PSA, SSA, and state) have lower unemployment rates than across the United States.

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

	Unemployment Statistics		
	2016	2017	2018
United States	4.9%	4.4%	3.9%
State of South Dakota	3.0%	3.2%	3.0%
PSA: Lake County	3.4%	3.9%	3.5%
SSA: Miner County	2.7%	3.0%	2.9%

Source: Bureau of Labor Statistics - all rates are not seasonally adjusted

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

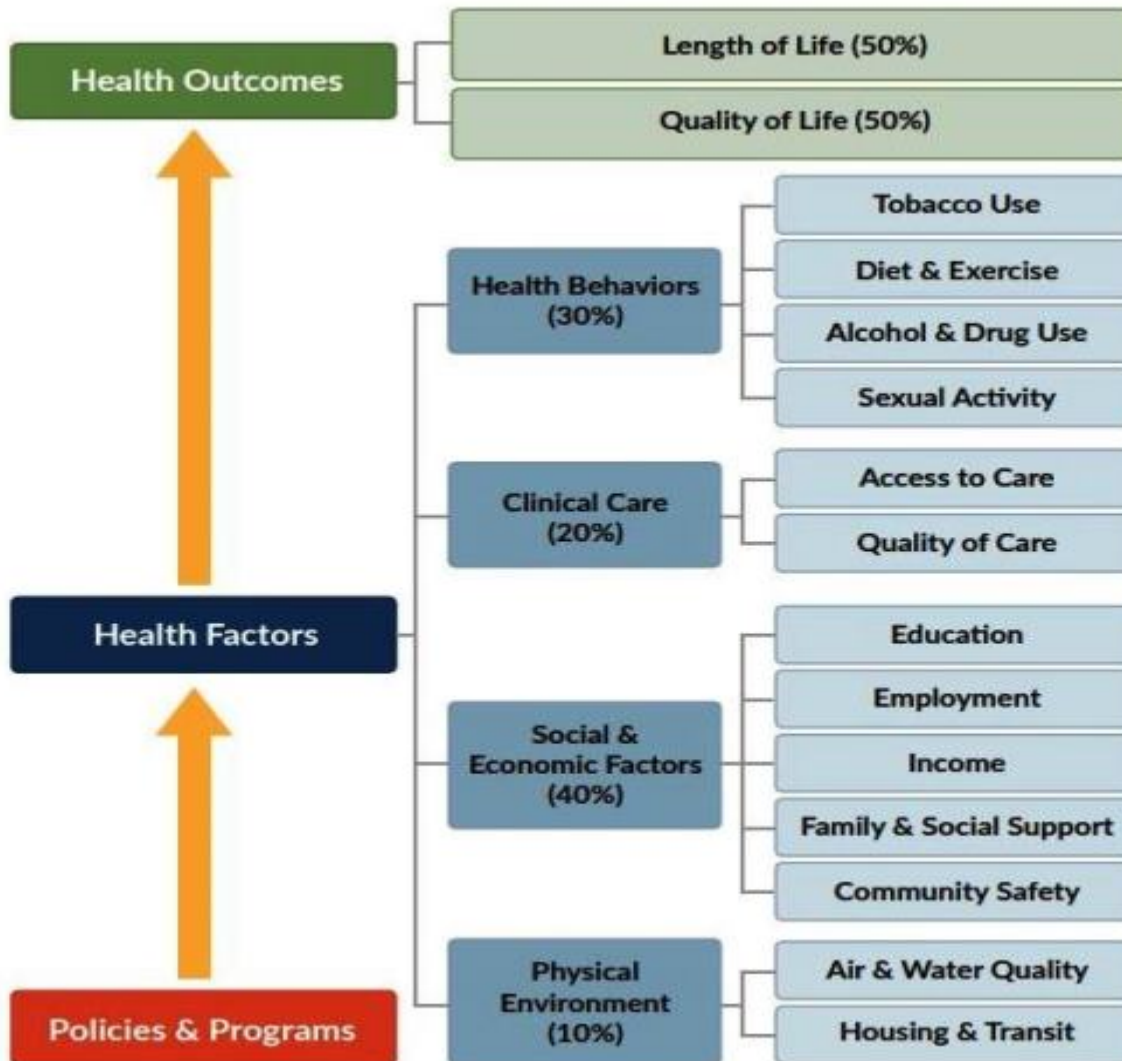
- Length of life
- Quality of life

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. This can be helpful in setting a direction for the community health needs assessment.

HEALTH DATA



County Health Rankings model © 2018 UWPH-II

COUNTY HEALTH RANKINGS-HEALTH OUTCOMES

The following provides overall health outcomes rankings by county for the State of South Dakota for 2019 (lower the better):

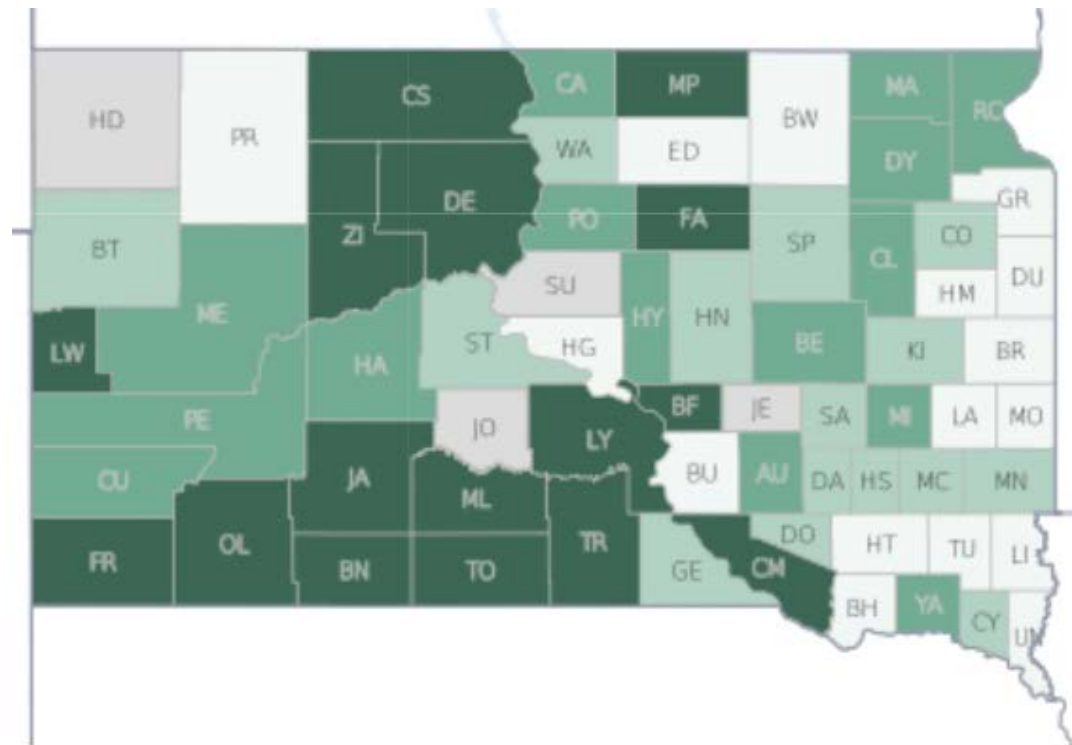
Lake County: 6 of 62

Miner County: 32 of 62



County Health
Rankings & Roadmaps

A Healthier Nation, County by County



RANK 1 - 16 17 - 31 32 - 46 47 - 62 NOT RANKED (NR) NO DATA

COUNTY HEALTH RANKINGS-HEALTH FACTORS

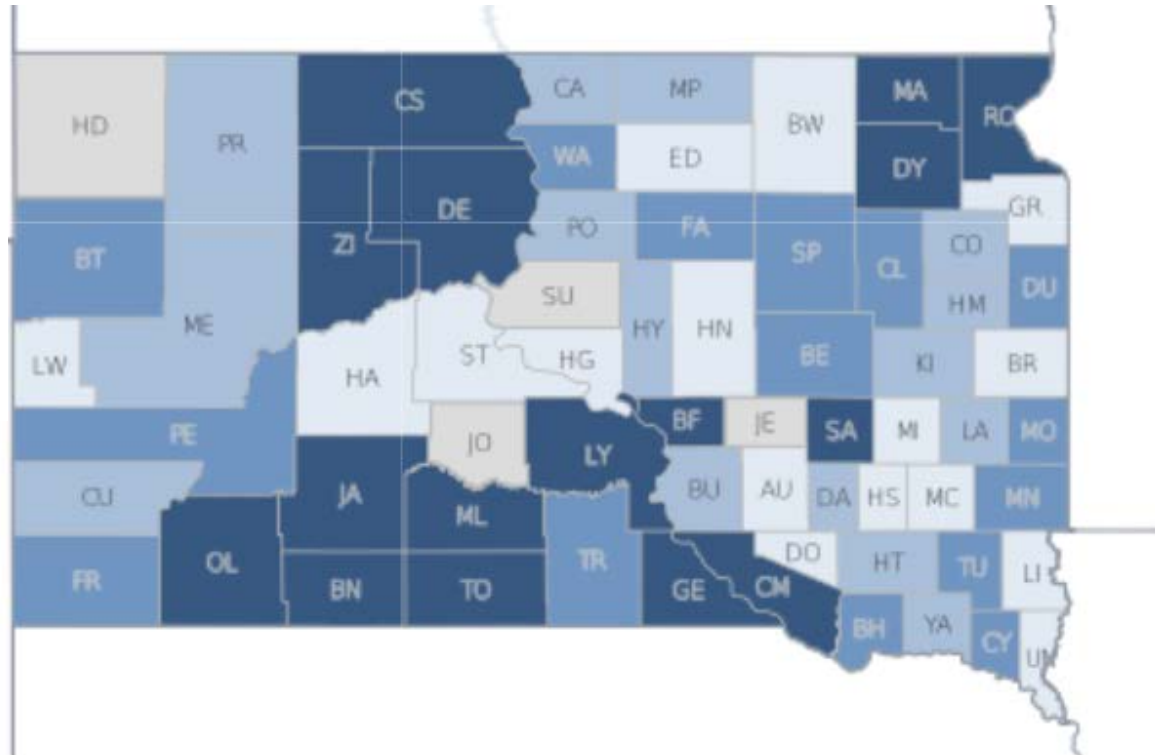
The following provides overall health factors rankings by county for the State of South Dakota for 2019 (lower the better):

Lake County: 22 of 62

Miner County: 12 of 62



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



RANK 1 - 16 17 - 31 32 - 46 47 - 62 NOT RANKED (NR) NO DATA

HEALTH DATA RESULTS – PSA AND SSA COUNTIES

For a comparative view, areas of strength are listed with PSA and SSA counties side by side.

Areas of Strength	County	
	Lake	Miner
Food environment index	y	
Physical inactivity	y	
Teen births	y	
Uninsured	y	y
Preventable hospital stays	y	
Mammography screening	y	y
Flu vaccination	y	
Children in poverty	y	
Air pollution – particulate matter	y	y
Severe housing problems	y	
Dentists		y
High school graduation		y
Unemployment		y
Children in single parent households		y
Social associations [*]		y

**number of membership associations per 10,000 population*

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

HEALTH DATA RESULTS – PSA AND SSA COUNTIES

For a comparative view, areas to explore are listed with PSA and SSA counties side by side.

Areas to Explore	County	
	Lake	Miner
Adult smoking	y	y
Adult obesity	y	y
High School graduation	y	
Primary care physicians		y
Preventable hospital stays		y
Flu vaccinations		y

HEALTH DATA RESULTS

The County Health Rankings also provides rankings for each of six categories for each county relative to its state peers. The table below shows ranks in each of the six categories plus overall rankings. The best score (rank) is one, so the lower the number, the better.

County ranking (of 62 South Dakota counties)*		
Category	Lake County	Miner County
Length of life	7	33
Quality of life	9	22
Health behaviors	5	22
Clinical care	12	23
Social & economic factors	40	8
Physical environment	31	36
Overall rank: health outcomes	6	32
Overall rank: health factors	22	12

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

*four South Dakota counties not included due to insufficient data

CONDUCTING THE ASSESSMENT – FOCUS GROUPS

To ensure input from persons with broad knowledge of the community, two focus group meetings were conducted on April 30, 2019. Invitations were sent to individuals representing various community, business, and educational organizations, along with MRHS board members.

Representatives from local health care providers and the community health departments were included to bring in additional professional perspective. For invitees unable to attend the focus group sessions, input was gathered by email via the Community Survey.

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.

CONDUCTING THE ASSESSMENT – FOCUS GROUPS

COMMUNITY REPRESENTATION

Focus group session #1, Tuesday April 30, 2019

- Leadership and providers from MRHS
- Horizon Health Care
- Inter-Lakes Community Action Partnership
- Bethel Lutheran Home
- Valiant Living
- Lake County Community Health
- Madison Community Center
- Dakota State University
- Madison Area Chamber
- Madison Consolidated Schools
- Heartland Consumers Power District
- City of Madison Government
- Community Counseling Services

Focus group session #2, Tuesday April 30, 2019

- Leadership and providers from MRHS
- MRHS Board of Trustees

CONDUCTING THE ASSESSMENT – FOCUS GROUPS

Select questions and response summaries are listed here:

What issues are facing the medically underserved/low income in the community?

- Health care affordability, transportation difficulties, and lack of awareness of available community support services.

What is your vision for a healthy community?

- Health care education, emphasis on wellness and preventative care, awareness of what services are available, engagement between organizations, mental health care, recreational opportunities.

What issues are the most serious health issues facing this community?

- Obesity, mental health, drugs and alcohol, elder care, care and medication affordability, transportation difficulties.

CONDUCTING THE ASSESSMENT – FOCUS GROUPS

Select questions and response summaries are listed here (continued)

What are the most beneficial health resources or services in this community?

- Meals on Wheels and food pantry, community center, MRHS, Community Counseling, Public Health.

What can MRHS do to improve health and quality of life in the community?

- More focus on care for older adults, continued utilization of swing bed program, partnerships to make more services available, more awareness around what programs are available in community, continued access to telemedicine.

Which of the needs discussed would you say are most important?

- Education around availability of what resources are here, care for older adults, continued financial assistance aid.

SURVEY RESULTS

In order to obtain input from the broader community, a community survey was created with questions to identify health needs and concerns in the community. The survey was administered from May 13, 2019 to May 27, 2019. The online survey link was made available on the MRHS website and was also distributed through email. Paper surveys with postage-paid envelopes were provided to neighboring colonies.

Because MRHS serves some residents outside Lake and Miner Counties, the community survey was extended to surrounding areas to gather more input on health needs.

There were 277 responses to the electronic survey and 15 responses to the paper survey.

SURVEY RESULTS

- Most respondents were from Lake County but there was also representation from Miner, McCook, Moody, Minnehaha, Brookings, Kingsbury, and Codington Counties.
- Respondents were of a wide range of ages, the most prominent cohort being age 26-39.
- 80% felt there are an adequate number of primary care clinics/physicians/providers in the community.
- Most respondents (75% total) were either satisfied or very satisfied with the availability of health care services in the community.
- Most respondents (67% total) were either satisfied or very satisfied with the quality of healthcare services in the community.
- 19% reported there are groups in the community that are unable to access adequate healthcare. The groups most frequently mentioned were low income and those stuck in insurance coverage donut hole, underinsured, older adults, and those with transportation difficulties.
- The most frequently reported issues that prevent respondents from accessing care were being underinsured or unable to pay for care/copays/deductibles and lack of availability of doctors/services.

SURVEY RESULTS

Continued

How do you view the following health care topics in your community?

Description		Above Average	Average	Needs Improvement
A	Quality of hospital/clinic care	46%	45%	10%
B	Quality of physician/provider care	45%	42%	13%
C	Number of physicians/providers	37%	55%	10%
D	Access to specialty care services	25%	54%	23%
E	Closeness/convenience of services	56%	41%	3%
F	Hours the physician/provider offices are open	36%	57%	8%
G	Access to Long Term Care	21%	53%	27%
H	Access to Emergency services	45%	49%	6%
I	Access to Urgent Care services	33%	54%	14%
J	Access to Dental services	33%	55%	12%
K	Access to Optometry services	35%	56%	10%
L	Access to Mental Health services	14%	47%	39%

For each health care topic, the answer with the most responses is circled in red.

SURVEY RESULTS

- For those that were accessing service outside the community, the most frequently mentioned reasons were lack of local specialist, long term relationship with provider elsewhere, and availability (not specified).
- The most frequently mentioned responses for most pressing health-related concerns in the community were mental/behavioral health, affordability, and older adults (transportation, nursing home beds, and assisted living).
- For recommended changes in health care services, the most frequently mentioned were improved urgent care access and specialty care access.
- The most frequently reported underlying issues were mental/behavioral health and addiction problems and services shortages, and general health care affordability
- Suggestions for services to be added or further emphasized in the community: improved access to mental health support, local resource directory for all types of assistance, long term care and assisted living.

PRIORITIZATION OF NEEDS

The MRHS management team and board met to review the needs identified through the community health needs assessment process. After analyzing input from the focus groups, survey, and community health data, they did a preliminary prioritization that identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The following health areas are determined to be prioritized, in no particular order:

- Mental & behavioral health education, access, availability, and affordability
- Post acute care / long term care / senior living continuum
- Specialty services access, promotion/awareness, recruiting, and gaps
- Diabetes and obesity related health issues: awareness, education, services, new programming

A recurring issue/need that won't be targeted at this time is affordability. Some of the concerns around affordability are related to insurance premiums, deductibles, and copays, which are not issues MRHS is fully equipped to address. MRHS is a low-cost provider and does have an income-based financial assistance program which can be accessed in person or on MRHS' website. A patient can obtain a financial assistance application and can meet with a MRHS financial counselor to review all available options, e.g. applying for Medicaid, indigent care through the county, or market place options.

COMMUNITY RESOURCES

MRHS looks forward to addressing identified health needs in collaboration with other community resources, which can include:

- Madison Community Center
- Community Counseling Services
- Lake County Community Health
- Horizon Health Care
- Interlakes Community Action and its various programs
- Churches and related events/programs, e.g. The Gathering
- American Legion, VFW
- Local transportation services
- Bethel Lutheran Home
- Library
- Lions Club, Rotary, Community Foundation
- 211
- Dakota State University and its various programs

EVALUATION OF IMPACT OF PRIOR CHNA

MRHS completed a Community Health Needs Assessment in June of 2016. No written comments have been received from this assessment. MRHS prioritized the following needs during the 2016 assessment and have conducted the following activities in order to address the needs identified:

1. Education on Health Issues

- MRHS continued its education program and provided education to staff and the community on what services and programs MRHS provides.
- MRHS created and filled a marketing director position who created a formal marketing plan and program. Collaboration continues between marketing and education staff. Communication and awareness has increased between MRHS and the community around available health services and programs.

2. Expansion of Urgent Care Services

- Walk-in clinic availability was previously limited to weekdays and evenings. Weekend walk-in clinic hours were added.
- Providers increased flexibility and availability for as-needed earlier morning and/or alternative walk-in clinic hours.

3. Increased Access to Specialty Services

- A dermatology provider was added.
- Service/procedure offering for podiatry was expanded.
- Endocrinology and cardiology provider access was increased.
- Telemedicine access to a variety of specialties was increased and MRHS continues to partner with telemedicine providers to meet specialty care needs to the greatest degree possible.

NEXT STEPS

This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on June 25, 2019.

MRHS thanks all those that contributed to this process. Broad community input is critical for us to determine how we can meet health needs in the most effective way. The collaborative nature of this process also serves as a *coming together* to further strengthen our community bonds.

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

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