Huron Regional Medical Center

Huron, South Dakota

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution June 28, 2016[1]

[1]Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9

Dear Community Member:

At Huron Regional Medical Center (HRMC), we have spent almost 70 years providing high-quality compassionate healthcare to the greater Huron community. The "2016 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how HRMC will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, HRMC, are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are now required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

HRMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community together. Together, we can make our community healthier for every one of us.

Thank You,

David Dick
Chief Executive Officer
Huron Regional Medical Center

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Huron Regional Medical Center ("HRMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. A second survey was distributed to the same group that reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The Significant Health Needs for Beadle County are:

1. Physicians
2. Maternal and Infant Measures
3. Obesity/Overweight
4. Education/Prevention
5. Mental Health
6. Priority Populations

The Hospital has developed implementation strategies for all six needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.

APPROACH

APPROACH

Huron Regional Medical Center is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures HRMC identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent 990 h filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

HRMC partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – 990h schedule
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay

[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule h (Form 990) V B 6 b

- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*
>
> *(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to*

[5] Section 6652

the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in

[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

conducting the CHNA."[7]

Additionally, a CHNA developed subsequent to the initial Assessment must consider written commentary received regarding the prior Assessment and Implementation Strategy efforts. We followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

> *"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."*[8]

QHR takes a comprehensive approach to the solicitation of written comments. As previously cited, we obtained input from the required three minimum sources and expanded input to include other representative groups. We asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Represents the Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

Quorum also takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources existed in their portion of the

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources (QHR). & Response to Schedule h (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five QHR written comment solicitation classifications, with whom the Hospital solicited to participate in the QHR/Hospital CHNA process. Response to Schedule h (Form 990) V B 3 h

county.[10]

Most data used in the analysis is available from public Internet sources and QHR proprietary data from Truven. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating with us in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Beadle County compared to all state counties	February 11, 2016	2010 to 2012
www.communityhealth.hhs.gov	Assessment of health needs of Beadle County compared to its national set of "peer counties"	February 11, 2016	2005 to 2011
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	May 12, 2016	2012 to 2015
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	February 11, 2016	2015
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	February 11, 2016	2015
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	February 11, 2016	2000 to 2010
www.cdc.gov	To examine area trends for heart disease and stroke	February 11, 2016	2008 to 2010

[10] Response to Schedule h (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) Part V B 3 d

www.svi.cdc.gov	To identify the Social Vulnerability Index value	February 11, 2016	2010
www.CHNA.org	To identify potential needs from a variety of resources and health need metrics	February 11, 2016	2003 to 2015
www.datawarehose.hrsa.gov	To identify applicable manpower shortage designations	February 11, 2016	2015
www.worldlifeexpectancy.com	To determine relative importance among 15 top causes of death	February 11, 2016	2015

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, Quorum developed a standard process of gathering community input. In addition to gathering data from the above sources:

- We deployed a CHNA "Round 1" survey to our Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. We received community input from 32 Local Expert Advisors. Survey responses started February 5, 2016 and ended with the last response on February 19, 2016.
- Information analysis augmented by local opinions showed how Beadle County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
    - Migrant and refugee populations have unique needs and require assistance including translation, education, access to care, and transportation
    - There is a high concentration of mentally ill and disabled in the community without available resources
    - There is a lack of adequate childcare and assistance in the community

When the analysis was complete, we put the information and summary conclusions before our Local Expert Advisors[13] who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need, and new needs did emerge from this exchange.[14] Consultation with 23 Local Experts occurred again via an internet-based survey (explained below) beginning March 7, 2016 and ending May 9, 2016.

[12] Response to Schedule h (Form 990) Part V B 3 f
[13] Response to Schedule h (Form 990) Part V B 3 h
[14] Response to Schedule h (Form 990) Part V B 3 h

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[15]

In the HRMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, the vast majority of comments agreed with our findings. We developed a summary of all needs identified by any of the analyzed data sets. The Local Experts then allocated 100 points among the potential significant need candidates, including the opportunity to again present additional needs that were not identified from the data. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

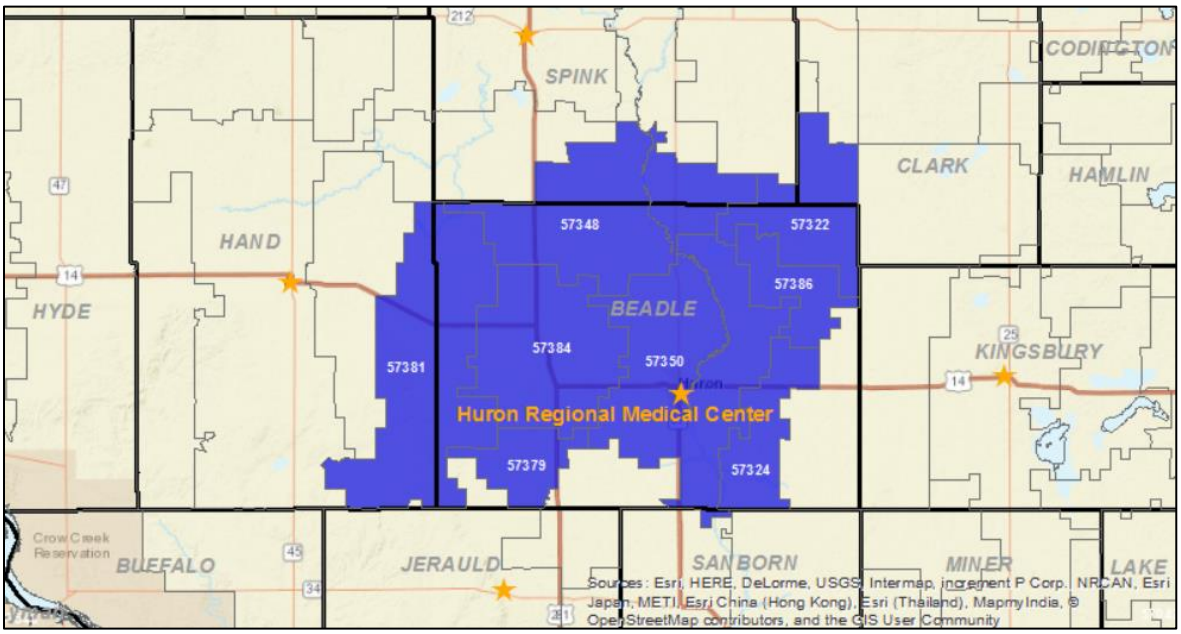
We dichotomized the rank order of prioritized needs into two groups: “Significant” and “Other Identified Needs.” Our criteria for identifying and prioritizing Significant Needs was based on a descending frequency rank order of the needs based on total points cast by the Local Experts, further ranked by a descending frequency count of the number of local experts casting any points for the need. By our definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation by Quorum and the HRMC executive team where a reasonable break point in rank order occurred.[16]

[15] Response to Schedule h (Form 990) Part V B 5
[16] Response to Schedule h (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

FINDINGS

Definition of Area Served by the Hospital[17]



HRMC, in conjunction with QHR, defines its service area as Beadle County in South Dakota, which includes the following ZIP codes:[18]

57322 – Carpenter	57324 – Cavour	57348 – Hitchcock	57350 – Huron	57379 – Virgil
	57381 – Wessington	57384 – Wolsey	57386 – Yale	

In 2014, the Hospital received 85.1% of its patients from this area.[19]

[17] Responds to IRS Schedule h (Form 990) Part V B 3 a
[18] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[19] Truven MEDPAR patient origin data for the hospital; Responds to IRS Schedule h (Form 990) Part V B 3 a

Demographic of the Community[20] [21]

	County	State	U.S.
2016 Population[22]	**18,283**	**866,765**	**322,431,073**
% Increase/Decline	**4.0%**	**5.4%**	**3.7%**
Estimated Population in 2021	**19,018**	**913,439**	**334,341,965**
% White, non-Hispanic	**78.5%**	**82.0%**	**61.3%**
% Hispanic	**10.2%**	**4.0%**	**12.3%**
Median Age	**38.9**	**37.1**	**38.0**
Median Household Income	**$43,515**	**$51,794**	**$55,072**
Unemployment Rate	**2.8%**	**3.1%**	**5.0%**
% Population >65	**13.3%**	**17.8%**	**15.1%**
% Women of Childbearing Age	**16.3%**	**18.5%**	**19.6%**

Demographics Expert 2.7
2016 Demographic Snapshot
Area: Beadle County
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	17,425	308,745,538
2016 Total Population	18,283	322,431,073
2021 Total Population	19,018	334,341,965
% Change 2016 - 2021	4.0%	3.7%
Average Household Income	$56,537	$77,135

	2016	2021	% Change
Total Male Population	9,251	9,628	4.1%
Total Female Population	9,032	9,390	4.0%
Females, Child Bearing Age (15-44)	2,984	3,130	4.9%

POPULATION DISTRIBUTION

Age Distribution

Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total
0-14	3,953	21.6%	4,334	22.8%	19.0%
15-17	717	3.9%	755	4.0%	4.0%
18-24	1,522	8.3%	1,581	8.3%	9.8%
25-34	2,220	12.1%	2,196	11.5%	13.3%
35-54	4,078	22.3%	3,917	20.6%	26.0%
55-64	2,605	14.2%	2,624	13.8%	12.8%
65+	3,188	17.4%	3,611	19.0%	15.1%
Total	18,283	100.0%	19,018	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2016 Household Income	HH Count	% of Total	USA % of Total
<$15K	1,084	14.1%	12.3%
$15-25K	1,042	13.6%	10.4%
$25-50K	2,167	28.3%	23.4%
$50-75K	1,484	19.4%	17.6%
$75-100K	985	12.8%	12.0%
Over $100K	904	11.8%	24.3%
Total	7,666	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

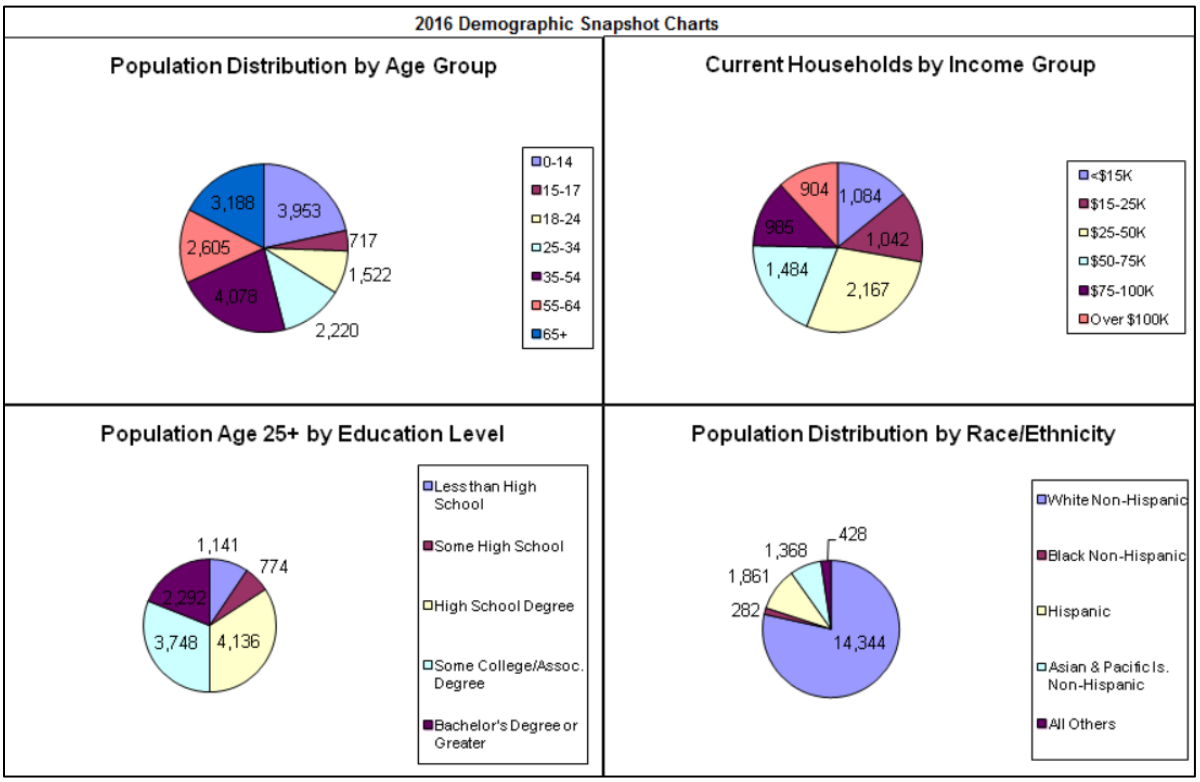
2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,141	9.4%	5.8%
Some High School	774	6.4%	7.8%
High School Degree	4,136	34.2%	27.9%
Some College/Assoc. Degree	3,748	31.0%	29.2%
Bachelor's Degree or Greater	2,292	19.0%	29.4%
Total	12,091	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	14,344	78.5%	61.3%
Black Non-Hispanic	282	1.5%	12.3%
Hispanic	1,861	10.2%	17.8%
Asian & Pacific Is. Non-Hispanic	1,368	7.5%	5.4%
All Others	428	2.3%	3.1%
Total	18,283	100.0%	100.0%

[20] Responds to IRS Schedule h (Form 990) Part V B 3 b
[21] The tables below were created by Truven Market Planner, a national marketing company
[22] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner



2016 Benchmarks
Area: Beadle County
Level of Geography: ZIP Code

Area	2016-2021 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2016-2021	Females 15-44 % of Total Population	Females 15-44 % Change 2016-2021	Median Household Income	Median Household Wealth	Median Home Value
USA	3.7%	38.0	15.1%	17.6%	19.6%	1.5%	$55,072	$54,224	$192,364
South Dakota	5.4%	37.1	15.8%	17.8%	18.5%	5.2%	$51,794	$57,488	$151,356
Selected Area	4.0%	38.9	17.4%	13.3%	16.3%	4.9%	$43,515	$45,994	$105,218

Demographics Expert 2.7
DEMO0003.SQP

The population was also examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors.

The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to determine probable lifestyle and medical conditions present in the population. The national average, or norm, is represented as 100%. Where Beadle County varies more than 5% above or below that norm (that is, less than 95% or greater than 105%), it is considered significant.

Items in the table with red text are viewed as statistically important adverse potential findings—in other words, these are health areas that need improvement in the Beadle County area. Items with blue text are viewed as statistically important potential beneficial findings—in other words, these are areas in which Beadle County is doing better than other parts of the country. Items with black text are viewed as either not statistically different from the national norm or neither a favorable nor unfavorable finding—in other words more or less on par with national trends.

Health Service Topic	Demand as % of National	% of Population Effected	Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	115.9%	35.6%	Mammography in Past Yr	98.7%	45.0%
Vigorous Exercise	95.5%	54.8%	Cancer Screen: Colorectal 2 yr	96.3%	24.6%
Chronic Diabetes	120.6%	15.1%	Cancer Screen: Pap/Cerv Test 2 yr	92.2%	55.3%
Healthy Eating Habits	91.9%	27.3%	Routine Screen: Prostate 2 yr	96.7%	31.0%
Ate Breakfast Yesterday	96.0%	76.3%	**Orthopedic**		
Slept Less Than 6 Hours	119.3%	16.3%	Chronic Lower Back Pain	125.7%	29.6%
Consumed Alcohol in the Past 30 Days	86.6%	46.6%	Chronic Osteoporosis	97.1%	9.6%
Consumed 3+ Drinks Per Session	108.9%	30.8%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	103.4%	91.2%
I Will Travel to Obtain Medical Care	93.2%	21.2%	Used Midlevel in last 6 Months	103.6%	42.8%
I am Responsible for My Health	93.6%	61.1%	OB/Gyn 1+ Visit	87.1%	40.2%
I Follow Treatment Recommendations	99.0%	51.4%	Medication: Received Prescription	102.7%	62.0%
Pulmonary			**Internet Usage**		
Chronic COPD	122.9%	4.9%	Use Internet to Talk to MD	66.2%	8.1%
Tobacco Use: Cigarettes	111.2%	28.2%	Facebook Opinions	97.8%	10.1%
Heart			Looked for Provider Rating	83.1%	11.7%
Chronic High Cholesterol	112.6%	24.6%	**Emergency Service**		
Routine Cholesterol Screening	98.1%	49.8%	Emergency Room Use	102.9%	34.8%
Chronic Heart Failure	124.3%	4.9%	Urgent Care Use	90.0%	21.0%

Leading Causes of Death

Cause of Death			Rank among all counties in SD (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation
SD Rank	Beadle Rank	Condition		SD	Beadle	
1	1	Heart Disease	27 of 66	150.1	189.8	Lower than expected
2	2	Cancer	22 of 66	154.5	179.8	As expected
5	3	Stroke	30 of 66	38.0	46.1	As expected
6	4	Lung	43 of 66	39.3	38.7	As expected
7	5	Diabetes	11 of 66	22.7	36.0	Higher than expected
3	6	Accidents	57 of 66	46.7	35.8	Lower than expected
8	7	Flu - Pneumonia	7 of 66	16.2	28.1	Higher than expected
4	8	Alzheimer's	38 of 66	35.0	23.2	As expected
9	9	Suicide	34 of 66	18.0	12.7	As expected
14	10	Kidney	23 of 66	5.9	9.9	Lower than expected
13	11	Hypertension	11 of 66	6.6	7.6	As expected
12	12	Blood Poisoning	42 of 66	7.4	5.7	Lower than expected
10	13	Liver	44 of 66	13.4	5.1	Lower than expected
11	14	Parkinson's	37 of 66	7.2	5.1	As expected
15	15	Homicide	26 of 66	2.5	2.1	As expected

National Healthcare Disparities Report – Priority Populations[23]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. Our approach is to understand the general trends of issues impacting Priority Populations and to interact with our Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

We begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the report is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy** (NQS). The complete report is provided in Appendix C.

We asked a specific question to our Local Expert Advisors about unique needs of Priority Populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received from our Local Expert Advisors to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

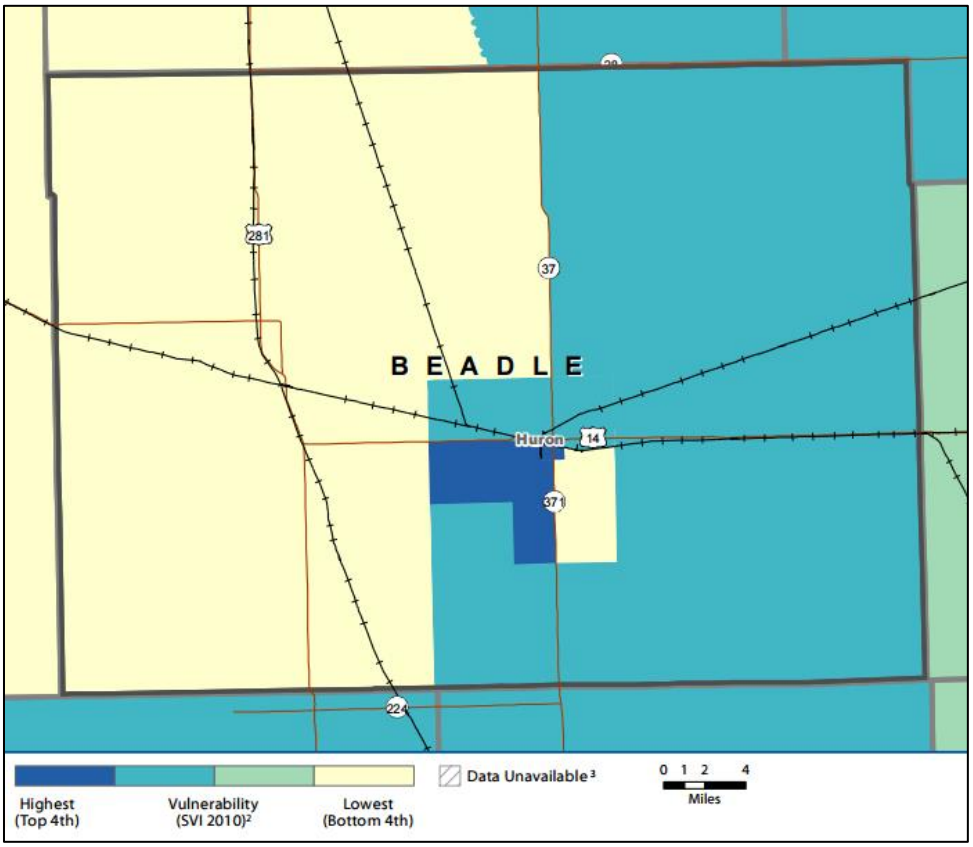
- Migrant and refugee populations have unique needs and require assistance including translation, education, access to care, and transportation
- There is a high concentration of mentally ill and disabled in the community without available resources
- There is a lack of adequate childcare and assistance in the community

[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule h (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks.

Beadle County zip codes in the east primarily fall into the second highest quartile of social vulnerability, while the western zip codes fall into the lowest quartile. However, the central portion of Beadle County is noted as being in the highest quartile of vulnerability.



Consideration of Written Comments from Prior CHNA

A group of 32 individuals provided written comment in regard to the 2013 CHNA. Our summary of this commentary produced the following points, which were introduced in subsequent considerations of this CHNA.

Commenter characteristics:

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	2	26	28
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	11	18	29
3) Priority Populations	13	16	29
4) Representative/Member of Chronic Disease Group or Organization	3	23	26
5) Represents the Broad Interest of the Community	22	9	31
Other			
Answered Question			32
Skipped Question			0

Priorities from the last assessment where the Hospital intended to seek improvement were:

- Physicians
- Mental Health/Suicide
- Obesity/Overweight
- Affordability
- Compliance Behavior
- Cancer
- Diabetes
- Priority Populations
- Maternal and Infant Measures
- Dental
- Smoking/Tobacco Use

HRMC received the following **verbatim** responses to the question: "*Comments or observations about this set of needs as being the most appropriate for the Hospital to take on in seeking improvements?*"

- Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county?

	Yes	No	No Opinion
Physicians	23	1	0
Mental Health/Suicide	24	0	0
Obesity/Overweight	18	5	1

	Yes	No	No Opinion
Affordability	16	7	1
Compliance Behavior	19	3	2
Cancer	18	4	2
Diabetes	19	4	1
Priority Populations	21	2	1
Maternal and Infant Measures	21	3	0
Dental	12	11	1
Smoking/Tobacco Use	19	3	2

- Specific comments or observations about *Physicians* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Working to retain providers in the area.
  - Hiring and maintaining physicians in rural areas is a constant battle. I feel that the recruitment incentives and retainment process has been very positive.
  - The Pediatritian is very difficult to get into. He is always booked when I try to get acute children into see him. I would change to him, but he is too busy already. I would love to see a PA or another doctor in the clinic.
  - Need to be sure there are physicians in line to take over for the soon to be retiring physicians. I also believe the hospital has to offer specialty physicians and services in Huron so people do not have to travel.
  - Beadle county needs at least one more pediatrician. Also staff interpreters at each location (Spanish and Karen).
  - NEEDS MORE BILINGUAL PHYSICIANS
  - With the new HRMC Physician's clinic and the Horizon clinic I think this is somewhat better; however, there will always be an ongoing need for new physicians to take over for those who retire or move away.
  - Request some hospitalists.
  - We need orthopedic surgeons to keep this money in our community
  - Too many of our residents travel to other communities for specialists or for a perceived better quality of care. Physicians often tell patients not to get certain procedures done in Huron. This negative view of the local health care system is detrimental.
  - Physicians in specialty areas continue to lack.
  - Is very difficult to keep physicians in rural Towns. Hospital needs to keep aggressively recruiting and incentivizing physician recruitment.
  - Ascertaining that the community has appropriate Physicians that are available to meet needs of community members.
  - Quality providers are the key to the hospitals success and the communities health.

- Need persists, especially with the recent loss of a surgeon. More emphasis needs to be placed here-- to provide sustainable, long-term access to quality healthcare. As well, Community needs to be made aware of what resources are present, to fully utilize the physicians that are here.
- the age of the current physicians is of concern - we need to be recruiting Internists, Family Practice, General Surgeons . People are moving away from Huron because of too few doctors.
- Need more specialists so don't have to drive out of town. Clinics should be under one roof
- none
- There have been improvements in this area but it still ranks as a significant need. Attracting and keeping good physicians needs to be a priority for our community.
- Q7

- Specific comments or observations about *Mental Health/Suicide* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Continue to collaborate with local mental health programs.
  - Mental Health is always in high demand. Crisis rooms would be very beneficial
  - This is a very high need for adults and children. There is not enough therapy, counseling, done based on the needs of our community.
  - I don't think this is the most significant need for the hospital. I do believe it is important but there are other organizations to help with this including Bradfield Leary etc.
  - Provide education to all of Huron health officials regarding suicidal ideation.
  - The mental health experts and physicians do not seem to work well together in our community.
  - This is an area of great need. A better system of care is necessary to help the mentally ill, addicted, and suicidal especially in the evenings and weekends when many of these situations come up. There is a lack of compassion in law enforcement, and jail is too expensive an option. There is no one available for medication issues either. Many times a medication evaluation is all a suicidal individual needs.
  - HRMC continues to utilize many community resources to assist this population. Often state wide resources are full when looking for placement.
  - This is a big area of deficiency. More psychiatrist and good counselors specifically pediatric is needed
  - Cross-cultural populations are challenged with understanding how to adapt within the community
  - Not an expert in this area
  - All community efforts/hospital efforts to help improve the mental health of the community will positively impact the overall health of the community
  - Education of the general population to read the signs so help can be given through Community Counseling in a timely fashion.
  - If we still have a mental health shortage designation then this is a significant need!

- Specific comments or observations about *Obesity/Overweight* as being among the most significant needs for the Hospital to work on to seek improvements?
    - This is a need but mental health trumps obesity. People don't have energy to be active if they are not mentally well.
    - It seems there could be additional groups for different age groups to help with this issue. I know there is a Overeating Anonymous group in Huron but perhaps a group that is designed to target youth and adolescents.
    - Be more involved with Better Choices Better Health. Diabetes Day was a GREAT way to improve community togetherness and teamwork!
    - I do feel the hospital has done a lot in this area with healthy Huron and should continue on that path of education and resources available.
    - There are numerous nutritional health and exercise initiatives in our community.
    - I do not know how this can be addressed greatly. A lot of this comes down to a education and the primary clinic which does not happen to a large extent.
    - The Healthy People Objectives and young adults being obese.
    - Continued support from the hospital in education of the health risks associated with obestiy/overweight.
    - Persist to be an issue.
    - Programs by the Dietitian and Rehab staff on Healthy Life choices.
- Specific comments or observations about *Affordability* as being among the most significant needs for the Hospital to work on to seek improvements?
    - don't know of the hospital turning anyone away. Chips and Medicaid is accepted and thank goodness it is. We have a hight population of free and reduced meals in the schools which often times correlates with qualifying for Chips and Medicaid.
    - I don't think this is a significant need that is special just to this community. This is a problem for healthcare as a whole.
    - Need more public community health education to highest risk patients to help prevent costly hospital stays and un-needed ER visits.
    - I feel that it is affordable and there are numerous programs to assist those with low income levels
    - Our community does not make high wages so this will always be an issue.
    - No comments
    - Gas prices are much improved.
    - Other than grant writing for program money- I think moneis have to be spent for Physician
- Specific comments or observations about *Compliance Behavior* as being among the most significant needs for

the Hospital to work on to seek improvements?

- Difficult to change behavior in someone with non-compliant behavior. Need more social workers and case workers available to help out this group of people.
- Many health issues are aggravated by not following treatments as prescribed
- I don't see this as a significant need.
- No comment
- This is always difficult in a small community, and needs to be improved.
- This needs to come from the Physician and nurses in the ER, practices and discharge from the hospital

- Specific comments or observations about *Cancer* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Why do we have so much Cancer in our county? Has there been a study?
  - Again informational classes are a good start.
  - Promoting screenings including colorectal cancer, mammogram (free mammogram bus would be nice), cervical cancer, etc.
  - cancer is a top concern everywhere and if we rank 25th worst in SD we should focus on it
  - I don't believe Huron Hospital is a research facility.
  - I feel that the hospital does well but I am not sure. Without having to an oncologist on site all the time this can be difficult.
  - Cancer continues to be listed as a hot topic diagnosis for healthcare.
  - This is an obvious judgment to our community, rates and to be higher here for many cancers.
- Specific comments or observations about *Diabetes* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Better education, especially for those who do not understand health promotion.
  - This too could be a more specific group that targets different age groups and different groups in general.
  - Wound care does a great job! Kudos to them. They are very friendly and helpful. Is there a grant program out there for patients to receive free glucose monitors or test strips? Finding cheaper medications for diabetes patients can be difficult as well, any programs out there for cheaper meds?
  - Because Diabetes creates so many other health related issues it should remain a concern
  - Many of our residents are diabetic.
  - Unknown
  - Diabetes is a primary and secondary co-morbid condition secondary to obesity. New research is linking medications that can stop the cell cycle associated with diabetes
  - Diabetes along with obesity need to be addressed

- Specific comments or observations about *Priority Populations* as being among the most significant needs for the Hospital to work on to seek improvements?
    - More education is needed for priority populations. They simply do not know how health care functions.
    - Help provide interpreters for patients seeking specialty care at the hospital or physician's plaza.
    - I agree language barriers are an issue.
    - Priority populations should remain a significant need for the hospital to improve on.
    - Better education is needed for the Karen population in the community. This population is having a large impact as far as increased obesity with Western nutrition and diet. Due to the language barrier, a lot of medical recommendations are not always provided to the patients.
    - Priority popluations; Psych population and Burmese/Karen popluation
    - I'm unaware of the hospital doing with priority groups, especially Spanish speaking or Karen speaking individuals
    - Our Priority Populations must be seen as a significant need because they make up a great % of our populations. Identifying their needs and addressing them needs to be a priority.
    - Hospital does not provide adequate translation services. For example a patient had Fridays off and wanted to schedule a mammogram but could not because Spanish interpretation is not available on Fridays. Patient is unable to take time off of work so no mammogram was scheduled.
- Specific comments or observations about *Maternal and Infant Measures* as being among the most significant needs for the Hospital to work on to seek improvements?
    - I don't know much about it but I like that new mothers are followed for a year after they give birth. I would love to see more adoption options being utilized by younger mothers. I wonder if there has been an increase in teen pregnancies over the last 10 years.
    - Again, more education is needed. The refugee populations were giving birth in the jungles of Burma- they have no knowledge that they need to see the doctor.
    - It appears that this should remain a focus area
    - This is a significant need in our low income and immigrant populations.
    - More education is needed on proper prenatal care and importance of. Bridge the gap between Horizon clinic- could a horizon provider deliver at HRMC? More resources are needed to assist with education and breastfeeding practices. More interpreter services are needed.
    - No concerns
    - The hospital seems to be making efforts, but it seems that there is still a large need here
- Specific comments or observations about *Dental* as being among the most significant needs for the Hospital to work on to seek improvements?
    - not sure that the hospital has done anything in this area?

- Education about good oral hygiene.
- Additional doctors who accept those with Medicaid.
- Definite need for the underserved/uninsured in this community.
- I don't know that this should be the hospitals responsibility
- Dental health remains an area severely lacking in our area. Many rely on the dental bus, medicare, medicaid and other programs for their dental needs.
- Education for new parents esp. minority groups new to SD. on prevention and dental care.
- No concerns
- None
- In my work with children, I know that this is often an area that is overlooked by parents. Children do not receive regular dental checkups or care.

- Specific comments or observations about *Smoking/Tobacco Use* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Always an ongoing battle.
  - I think schools should work on this but continue what you are doing as well
  - Tobacco use continues to be popular and should remain a priority for the hospital.
  - This could always be addressed. Smoke and is always an issue.
  - There's been a vast improvement, however there still room to improve this.

Conclusions from Public Input

Our group of 32 Local Expert Advisors participated in an online survey to offer opinions about their perceptions of community health needs and the potential needs of unique populations. Complete verbatim written comments appear in the Appendix to this report.

HRMC received the following responses to the question: "*Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county? Please add any additional information you would like us to understand.*"

- Compliance behavior as I have seen it is due to language barrier, and lack of education at pharmacy for those that speak ESL
- Requesting a hospitalist or 2.
- There is a lack of consistency in care due to physician turnover. This leads to loss of quality of care.

Summary of Observations: Comparison to Other Counties

Health Outcomes

In a health status classification termed "Health Outcomes", Beadle ranks number 46 among the 60 ranked South Dakota counties (best being #1). Premature Death (deaths prior to age 75) presents worse values (shorter survivability) than on average for the US and South Dakota.

Health Factors

In another health status classification "Health Factors", Beadle County ranks number 34 among the 60 ranked South Dakota counties. The following indicators compared to SD average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Adult Obesity – Beadle 31% compared to SD 29% and US best of 25%
- Physical Inactivity – Beadle 26% which is higher than the SD avg. of 25% and US best of 20%
- Access to Exercise Opportunities – Beadle 68% which is below SD avg. of 70% and US best of 92%
- Sexually Transmitted Infections – Beadle 473 cases compared to SD 471 and US best of 138
- Teen Births – Beadle 54 births/1,000 females age 15 to 19 compared to SD 37 and US best of 20

Clinical Care

In the "Clinical Care" classification, Beadle County ranks number 27 among the 60 ranked South Dakota counties. The following indicators compared to SD average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Uninsured – Beadle 16% compared to SD 14% and US best of 11%
- Population to Primary Care Physician – Beadle 1,614:1 which is worse than the SD avg. of 1,302:1 and US best of 1,045:1
- Preventable Hospital Stays (a measure of potential physician shortage) – Beadle 59 admissions per 1,000 compared to SD 57 and US best of 41

Social and Economic Factors

In the "Social and Economic Factors" classification, Beadle County ranks number 43 among the 60 ranked South Dakota counties. The following indicators compared to SD average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Some College – Beadle 55.5% which is below the SD avg. of 66.7% and US best of 71.0%
- Children in Poverty – Beadle 22% compared to SD 19% and US best of 13%

Summary of Observations: Peer Comparisons

The Federal Government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Beadle County is compared to its national set of Peer Counties and compared to national rates result in the following:

Mortality

- *Better*
  - Nothing
- *Worse*
  - Cancer Deaths – 186.5 deaths per 100,000; 12th worst among 58 peer counties; US avg. 185.0
  - Diabetes Deaths – 38.4 deaths per 100,000; 6th worst among 32 peer counties; US avg. 24.7
  - Stroke Deaths – 49.9 deaths per 100,000; 12th worst among 51 peer counties; US avg. 46.0

Morbidity

- *Better*
  - Adult Diabetes; Gonorrhea; Older Adult Depression; Syphilis
- *Worse*
  - Alzheimer's Diseases/Dementia – 11.4% of adults living with condition; 8th worst among 58 peer counties; US avg. 10.3%
  - Older Adult Asthma – 4.3% of adults with condition; 5th worst among 55 peer counties; US avg. 3.6%
  - Preterm Births – 12.5% of births; 7th worst among 55 peer counties; US avg. 12.1%

Healthcare Access and Quality

- *Better*
  - Cost Barrier to Care
- *Worse*
  - Nothing

Health Behaviors

- *Better*
  - Nothing
- *Worse*
  - Teen Births – 53.8 births per 1,000 teens; 4th worst among 53 peer counties; US avg. 42.1

Social Factors

- *Better*

- High Housing Costs

- *Worse*
  - Children in Single-Parent Households – 27.2% of children; 15th worst among 53 peer counties; US avg. 30.8%
  - Inadequate Social Support – 22.0% of adults; 3rd worst among 39 peer counties; US avg. 19.6%
  - On Time High School Graduation – 81.1% high school graduation rate; 8th worst among 58 peer counties; US avg. 83.8%
  - Poverty – 12.9% of residents; 13th worst among 63 peer counties; US avg. 16.3%
  - Violent Crime – 242.3 rate per 100,000; 11th worst among 59 peer counties; US avg. 199.2

Physical Environment

- *Better*
  - Access to Parks
- *Worse*
  - Living Near Highways – 4.1% of the population; 6th worst among 63 peer counties; US avg. 1.5%

Conclusions from Demographic Analysis Compared to National Averages

We solicited opinions based on QHR Truven database of population characteristics as we were unaware of South Dakota statistics indicating projected larger population growth rather than anticipating slow increase to a lower total projected population. The population commentary for which we obtained local opinion was as follows.

The 2016 population for Beadle County is estimated to be 18,283 and expected to increase at a rate of 4.0% through 2021. This is higher than the 3.7% national rate of growth, while South Dakota's population is expected to increase by 5.4%. In 2021, Beadle County anticipates a population of 19,018.

Population estimates indicate the 2016 median age for the county is 38.9 years, older than the South Dakota median age (37.1 years) and the national median age of 38.0 years. The 2016 Median Household Income for the area is $43,515, lower than the South Dakota median income of $51,794 and the national median income of $55,072. Median Household Wealth for Beadle ($45,994) is lower than the South Dakota median of $57,488 and the national median of $54,224. Median Home Value for Beadle ($105,218) is lower than both the South Dakota median of $151,356 and the national median of $192,364. Beadle's unemployment rate as of December 2015 was 2.8%, which is lower than the 3.1% statewide and 5.0% national civilian unemployment rate.

The portion of the population in the county over 65 is 17.4%, compared to South Dakota (15.8%) and the national average (15.1%). The portion of the population of women of childbearing age is 16.3%, lower than the South Dakota average of 18.5% and the national rate of 19.6%. 78.5% of the population is White non-Hispanic. The largest minority is the Hispanic population which comprises 10.2% of the total.

The following areas were identified from a comparison of the county to national averages. Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered adverse:

- BMI: Morbid/Obese is 15.9% above average impacting 35.6% of the population
- Consumed 3+ Drinks per Session is 8.9% above average impacting 30.8% of the population
- I Am Responsible for My Health is 6.4% below average impacting 61.1% of the population
- Cervical Cancer Screening in last two years is 7.8% below average impacting 55.3% of the population
- Had an OB/GYN visit is 12.9% below average impacting 40.2% of the population

Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered beneficial:

- Alcohol Consumption in the past 30 days is 13.4% below average impacting 46.6% of the population

Conclusions from Other Statistical Data

Among the Top 15 Causes of Death in the U.S., 8 of the 15 occurred at expected rates in Beadle County. However, **Heart Disease, Accidents, Kidney Disease, Blood Poisoning,** and **Liver Disease** occurred at lower rates than expected, and **Diabetes** and **Flu/Pneumonia** occurred at lower rates. The Top 10 Causes of Death in Beadle County are:

1. **Heart Disease** with Beadle ranking #27 among 66 SD Counties (where #1 is worst in state)
2. **Cancer** ranking #22 in SD
3. **Stroke** ranking #30 in SD
4. **Lung Disease** ranking #43 in SD
5. **Diabetes** ranking #11 in SD
6. **Accidents** ranking #57 in SD
7. **Flu/Pneumonia** ranking #7 in SD
8. **Alzheimer's** ranking #38 in SD
9. **Suicide** ranking #34 in SD
10. **Kidney Disease** ranking #23 in SD

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 US counties or equivalents applying small area estimation techniques to the most recent county information.

Unfavorable Beadle County measures which are *worse than* the US avg. *and* had an *unfavorable change*:

- **Male Heavy Drinking** - As of 2012, 10.3% of males are heavy drinkers; value increased 2.8 percentage points since 2005
- **Male Binge Drinking** - As of 2012, 30.5% of males engage in binge drinking; value increased 1.4 percentage points since 2002
- **Female Binge Drinking** – As of 2012, 15.2% of females are binge drinkers; value increased 1.2 percentage points since 2002
- **Male Obesity** - As of 2011, 40.7% of males are obese; value increased 10.0 percentage points since 2001
- **Male Physical Activity** – As of 2011, recommended physical activity for males is at 48.5%; value decreased 2.7 percentage points since 2001

Unfavorable Beadle County measures which are *worse than* the US avg. *but* had a *favorable change*:

- **Male Life Expectancy** - As of 2013, male life expectancy is at 76.3 years; value increased 3.5 years since 1985
- **Male Smoking** - As of 2012, male smoking is at 25.6%; value decreased 3.2 percentage points since 1996
- **Female Smoking** - As of 2012, female smoking is at 18.7%; value decreased 5.6 percentage points since 1996

- **Female Physical Activity** - As of 2011, recommended physical activity for females is at 51.9%; value increased 8.1 percentage points since 2001

Desirable Beadle County measures *better than or the same as* the US avg. *but* had an *unfavorable change*:

- **Female Heavy Drinking** - As of 2012, 6.1% of females are heavy drinkers; value increased 2.4 percentage points since 2005
- **Female Obesity** – As of 2011, 35.5% of females are obese; value increased 3.2 percentage points since 2001

Desirable Beadle County measures *better than or the same as* the US avg. *and* had a *favorable change*:

- **Female Life Expectancy** – As of 2013, female life expectancy is at 81.3 years; value increased 1.3 years since 1985

Summary of Community Survey

A community survey was developed to get broader feedback on the health and needs of the local population. The survey was distributed using online tool Survey Monkey. There were 74 responses to the survey. A summary of findings is below, but complete results can be found in Appendix D.

- The top three health issues ranked as "Major Issues" in the area are Mental Health Issues (55.4%), Cancer (54.8%), and Lack of Health Insurance (42.5%)
- The top three drug and substance abuse issues ranked as "Major Issues" in the area are Youth Drug Use (54.8%), Youth Alcohol Use (46.0%), and Adult Substance Abuse (44.6%)
- The top three community issues ranked as "Major Issues" in the area are Low Education Levels (34.3%), Poverty (31.1%), and Sexual Violence (28.4%)
- The majority of people (68.5%) ranked the health of the community as Somewhat Healthy, while 16.4% ranked it as Unhealthy
- The three issues ranked most important for a healthy community are Access to Healthcare and Other Services (56.8%), Good Jobs and Healthy Economy (56.8%), and Healthy Behaviors & Lifestyles (40.5%)
- The top health issues in each household ranked as "Major Issues" are Having a lot of Anxiety or Stress (18.3%), Adults Being Overweight or Obese (12.7%), and Experiencing Depression (9.86%)
- The majority of respondents (around 88%) ranked the housing issues provided as "Not an Issue"
- The majority of respondents (72%) ranked the issues accessing support services as "Not an Issue"
    - Lack of Activities for School-aged Children and Teens was ranked a "Moderate Issue" by 16.9% of respondents
- 35.21% of respondents live in a household where someone uses tobacco products, but only 5.63% live in a household with someone who smokes in the home or car with non-smokers present
- 95.8% of respondents have a primary care doctor, 94.4% have a primary care dentist, 85.9% have an eye care provider, and 7.0% have a mental health counselor
- 56.5% of respondents selected their primary care provider because of Prior Experience with Clinic, and 24.6% because of Appointment Availability, Closest to Home, or Recommended by Family or Friends
- 73.2% of respondents have NOT had three or more issues in the past year accessing healthcare due to cost
- 57.8% of respondents have left the county in the last two years in search of healthcare
- For those who seek care outside of Beadle County, 38.5% selected Other with comments referring to a need for specialists or procedures not offered in the county; 23.1% selected Quality of Staff
- While 59.4% considered a Family Physician the Preferred provider for routine care, 81.2% ranked a Physician's Assistant and 76.1% ranked a Nurse Practitioner as Acceptable
- 77.1% of respondents ranked their health on a scale of 1 to 10 as a 7 or higher
- In the past year, 60% or more respondents have received preventive services including a Routine Physical

(63.4%), an Eye Exam (71.2%), a Routine Blood Pressure Check (67.6%), a Cholesterol Check (66.2%), a Blood Sugar Level Check (59.2%), or a Dental Exam (86.7%)

- Of those who have ***not*** used Preventive Services, one third could not afford it, 10% didn't know it was available, 10% don't believe in it, and 50% selected Other, with reasons including the didn't feel they needed it or forgot
- The main reason for being unable to receive a healthcare service was Service Not Needed; Appointment Not Available was the second most common reason
- 88.2% believe their health insurance covers their healthcare costs Fairly Well, Well, or Very Well
- Of the 6 respondents who do not have insurance, they selected Cannot Afford to Pay for Insurance as the reason
- More than 50% of respondents have seen no change compared to a year ago in Physical Health, Physical Fitness or Health Behaviors, Financial Situation, Employment/Income, Local Economy, or Local Health Problems; however, 34.3% believe the Local Economy has gotten worse
- In the past 30 days, 45.7% had no days in poor physical health, while 42.9% had 1 to 5 days
- In the past 30 days, 76.1% had no days when mental health issues or emotional problems kept them from work or other daily activities, while 18.3% had 1 to 5 days
- 75.0% of respondents ranked their own knowledge of local healthcare services as Good or Excellent
- 60.9% of respondents learn about available healthcare services by Word of Mouth and 50.7% by Referral from Physician
- To improve access to care, 73.1% of respondents suggest More Specialists, 58.2% suggest More Primary Care Providers, and 38.8% suggest Greater Health Education Services
- 98.5% of respondents believe local healthcare services are Essential or Very Important to the well-being of the local area
- The top three educational classes of interest were about Weight Loss, Fitness, and Health and Wellness
- In the past year, 28.2% have had issues with medical bills or medical debt
- 19 respondents have children age 1 to 4 living in the household, and 53 respondents have children age 5 to 17 living in the household
- Respondents were fairly evenly divided from age 25 through 74
- Respondents were 80.3% female and 19.7% male
- 95.7% identified their primary racial group as White
- 90.3% of respondents identified as Non-Hispanic/Non-Arabic
- All respondents have a high-school diploma or higher
- 78.9% of respondents are married
- 76.1% are Employed Full-Time, 11.3% are Retired, and 8.5% are Self-employed

Conclusions from Prior CHNA Implementation Activities

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting included:

- Total Community Benefit Costs=$9,821,791.00 (2014 tax year)

HRMC Community Health Needs Assessment – Update

December (statistical data through 12/31/2013)

Need	Problem	Progress
1. Physicians	Increase specialty physicians/recruit to replace retirements.	• Added general surgeon July'13, pediatrician in Aug.'13, FM with OB in Dec. '13, internist in July '14 and FM with OB in Sept. '14. • Opened HRMC Physicians Clinic in July '14 with above-mentioned general surgeon, pediatrician and internist. • In addition, two OB/GYNs arriving in '16 and '17 and two other specialists in '20 and '21. • Communicate quarterly with recruited students/residents and targeted recruitment candidates • FY15/FY14 Specialty Clinic visits=2,759/2,638 (+) • FY15/FY14 HRMC Physician Clinic visits=5,182/1,860 (+)
2. Mental Health/ Suicide	Beadle County suicide rate is higher than South Dakota rate.	• Staff trained at division unit meeting in Sept. '13 on suicide tendency identification and awareness of intervention strategies. • Developed policy in four core principles • FY15/FY14 suicide encounters=57/36 (+)
3. Obesity/ Overweight	Increase awareness of need for maintaining healthy weight.	• Offered blood pressure, glucose and body composition screenings at SD Women's Expo in addition to education on reducing blood sugar, blood pressure, BMI and body fat levels. • Provided information on healthy eating and weight reduction through various publications, radio show, advertisements, website and speaking engagements. • Added Facebook and Twitter social media channels in Nov. '15, with a focus on healthy living information. • Provide a healthy recipe in monthly e-newsletter. • Support Healthy Huron through employee involvement and the HRMC Foundation's role as fiscal agent. • Continue to provide nutritional information and healthy food options in cafeteria to help employees and visitors make healthier eating choices.
4. Affordability	Local residents should not be denied access to care because of payment ability.	• Updated financial assistance policy • Developing criteria for mammogram assistance fund through HRMC Foundation to identify best use of funds in helping women who have difficulty paying for mammograms. • FY15/FY14 financial assistance percent of net revenue=.43/.90 (-)
5. Compliance Behavior	Increase awareness of the importance of compliance with treatment options.	• Directed patients in various marketing materials to learn more about local healthcare providers by visiting online physician finder or requesting a printed physician guide.

		• FY15/FY15 percent of patients report the information they received about caring for themselves after leaving the hospital was helpful, adequate and easy to understand=98/99.5 (-)
6. Cancer	Cancer detection and screening services need greater participation.	• Educated attendees at SD Women's Expo on the importance of early detection of colorectal and breast cancer through information displays and presentations, distributed $50/$10 off mammo coupons, scheduled mamograms • Participated in various breast cancer education efforts during Oct. '14. • Provided information on cancer risks, symptoms, detection and treatment options through various publications, radio show, advertisements and speaking engagements. • FY15/FY14 colonoscopies performed (IP & OP)=734/690 (+) • FY15/FY14 mammograms performed=1,812/1,791 (+)
7. Diabetes	Awareness of risks of developing diabetes should increase	• Offered glucose and body composition screenings at SD Women's Expo in addition to education on reducing blood sugar, BMI and body fat levels. • Provided information on diabetes and good nutritional health through various publications, radio show, advertisements and speaking engagements. • FY15/FY14 diabetic education visits=9/16 (-)
8. Priority Populations	Child health and prevention resources need to increase	• Added second pediatrician Aug. '13 who earned board certification in Dec. '13. • Promoted availability of board-certified, neonatal trained pediatrician available 24/7 through clinic and HRMC's ER and maternity units. • Provided information on children-specific health topics through various publications, radio show, advertisements and speaking engagements.
9. Maternal and Infant Measures	Increase percent of pregnant women seeking care during the first trimester.	• Recruited two additional FM with OB physician in Dec. '13 and in Sept. '14. Two OB/Gyns arriving in "16 and '17. • Provided information on prenatal health and care through various publications, radio show, advertisements and speaking engagements. • FY15/FY14 Baby U Maternity Club enrollments=11/9 (+)
10. Dental	Dentists limit treatment of low-income and Medicaid patients.	• HRMC did not create an implementation plan because the need is addressed by other facility or organization.
11. Smoking/ Tobacco Use	Reduce the number of smokers.	• Provided information on the dangers of smoking and tobacco use and resources to help tobacco users quit through various publications, radio show, advertisements and speaking engagements. • FY15 inpatients that indicated tobacco use=145 (did not track in FY14)

EXISTING HEALTHCARE FACILITIES, RESOURCES, & IMPLEMENTATION STRATEGY

SIGNIFICANT HEALTH NEEDS

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by HRMC.[25] The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies HRMC current efforts responding to the need including any written comments received regarding prior HRMC implementation actions
- Establishes the Implementation Strategy programs and resources HRMC will devote to attempt to achieve improvements
- Documents the Leading Indicators HRMC will use to measure progress
- Presents the Lagging Indicators HRMC believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, HRMC is the major hospital in the service area. Huron Regional Medical Center is a 25-bed, general medical and surgical facility located in Huron, South Dakota. The next closest facilities are outside the service area and include:

- Avera De Smet Memorial Hospital in De Smet, SD, 33 miles (35 minutes)
- Avera Weskota Memorial Hospital in Wessington Springs, SD, 40 miles (44 minutes)
- Avera Hand County Memorial Hospital in Miller, SD, 45 miles (52 minutes)
- Community Memorial Hospital in Redfield, SD, 49 miles (52 minutes)

All data items analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the HRMC Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[25] Response to IRS Schedule h (Form 990) Part V B 3 e

South Dakota Community Benefit Requirements

Significant Needs

1. **PHYSICIANS** – 2013 Significant Need; Local Expert concern; worse ratio than US and SD for population to primary care physician; preventable hospital stays above the US best and SD average

Public comments received on previously adopted implementation strategy:

- Nice to seek see variety of physicians to access from OB/BYN to Intern Med
- I love how the hospital and affiliated clinics utilize interpreters at all appointments and when people come to ER. I have not observed patients staying in the hospital, but I am sure it is equal.
- Recruitment efforts and financial incentives should be re-evaluated
- A new facility was a big positive, however, the fact that is is mostly empty remains the perception and the public is wary of physicians that are not here full time. They question their commitment.
- Recruitment continues.
- They appear to be recruiting hard.
- Rural community makes it challenging for Recruitment and retention of
- I think the direction the hospital is going is very good
- I like the physician billboard on 21st St., but I am unaware of any specific implementation actions.
- These are desperate times but quality trained staff is still essential.
- Love the Physicians Clinic!

HRMC services, programs, and resources available to respond to this need include:[26]

- HRMC Medical Staff Development Plan reviewed and updated regularly
- HRMC Business Plan reviewed and updated at least annually
- HRMC Specialty Clinic provides clinical space to outreach specialists to see patients conveniently close to home;
- Board of directors and medical staff review of recruitment objectives;
- HRMC Foundation Scholarship programs to provide financial incentives to candidates
- HRMC serves as a clinical site for training for medical students and residents (2 in 2015)
- Recruited OB/GYN in 2017 and one in 2018, Family Practice in 2018, General Surgery in 2021, Internal Medicine in 2022; actively recruiting for Orthopedics, Internal Medicine, and General Surgery

[26] This section in each need for which the hospital plans an implementation strategy responds to Schedule h (Form 990) Part V Section B 3 c

Additionally, HRMC plans to take the following steps to address this need:

- Continue above activities
- Explore partnership with Northern Plains Health Network for joint recruitment opportunities
- Explore options for offering expanded clinic hours or "urgent care" services
- Improve awareness of available physicians through consumer marketing efforts, as well as working with community providers to improve referrals.

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Built and opened HRMC Physicians Clinic in July 2014 to accommodate recruited physicians
- Recruited a Pediatrician, two Internal Medicine, a General Surgeon, and two Family Medicine w/OB

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public		X

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- FY-2015 specialty clinic visits = 2,759 (1,842 in 2012)
- FY-2015 HRMC Physician Clinic visits = 5,182
- Number of active medical staff = 15

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- American Medical Association primary care and needed specialist (e.g., surgery, orthopedics, OB/GYN, pediatrics) to population ratio
- Improve ratio for population to primary care physician = In 2016, Beadle 1,614:1, SD avg. of 1,302:1, and US best of 1,045:1

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
University of South Dakota – Sanford School of Medicine		http://www.usd.edu/medicine 605-357-1300
Huron Clinic		111 4th Street SE, Huron, SD 605-352-8691
Tschetter & Hohm Clinic		455 Kansas SE, Huron, SD 605-352-8767
New Life Family Medicine		118 Third Street SE, Huron, SD 605-352-2117
Women's Wellness Center		142 3rd Street SE, Ste 2, Huron, SD 605-554-1020
Belyea/Balvin Clinic		530 Iowa SE, Huron, SD 605-352-6040
Dr. Lois Truh		807 Dakota S., Huron, SD 605-352-7070
Dr. George Nicholas		530 Iowa SE, Huron, SD 605-352-7711
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
HRMC Physicians Clinic		534 Oregon Ave. SE, Huron, SD 57350 605-353-7661
Northern Plains Health Network	David Dick	605-353-6565

Other local resources identified during the CHNA process that are believed available to respond to this need:[27]

Organization	Contact Name	Contact Information
Community Counseling Services		http://www.ccs-sd.org/ 605-352-5698

[27] This section in each need for which the hospital plans an implementation strategy responds to Schedule h (form 990) Part V Section B 3 c and Schedule h (Form 990) Part V Section B 11

2. **MATERNAL AND INFANT MEASURES** – 2013 Significant Need; Local Expert concern; teen births above SD average and US best rate; 4th worst among peers for teen births; 7th worst among peers for preterm births; OB/GYN visit is 12.9% below average

Public comments received on previously adopted implementation strategy:

- Hold educational meetings for specific populations with interpreters.
- unsure
- The hospital has reached out in numerous ways to improve Maternal and Infant measures.
- Now have CLC Car Seat Program
- No concerns
- I'm unaware of any specific implementation actions

HRMC services, programs, and resources available to respond to this need include:

43 local delivering providers, 1 local delivering OB/GYN, 1 outreach OB/GYN, 1 board-certified, neonatal-trained pediatrician

- 15 local providers treat children
- State-of-the-art maternity unit featuring:
  - Four LDRP (labor, delivery, recovery, and postpartum) suites, one LDR suite, five postpartum rooms, C-section services, infant ventilator, infant security system, wireless telemetry system, online fetal monitoring, infant c-pap
- HRMC Prenatal Education classes taught by certified childbirth educator
- HRMC Baby U Maternity Club program providing education throughout pregnancy
- Regular healthcare topic, including prenatal care, through HRMC's *Well One Connection* quarterly newsletter (mailed to 18,000 area residents), monthly e-newsletter, weekly radio show and online health library
- No charge language interpretation services available to assist to limited English proficient (LEP) patients
- Pediatrician works with teens and discusses risky behaviors

Additionally, HRMC plans to take the following steps to address this need:

- Look at expanding existing prenatal education to increase marketing to other partners (not just through physicians) and add classes with interpreters for Karen and Hispanic populations
- Research online options for providing prenatal education
- Consider a women's wellness class targeted to Karen and Hispanic populations to increase familiarity with healthcare options (in collaboration with physicians)
- Work with school administration to explore collaborative options and provide educational materials to target teen pregnancy

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Second neonatal-trained pediatrician added in August 2013
- Promoted availability of board-certified, neonatal trained pediatrician available 24/7 through clinic and HRMC's ER and maternity units
- Provided information on children-specific health topics through various publications, radio show, advertisements, and speaking engagements

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Number of participants in HRMC Prenatal Education classes = 45 (most couples) in 2015

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Lower percentage of pregnant women in Beadle County not seeking prenatal care during their first trimester from ##% to seek movement toward the national goal of 10%
- Lower teen birth rate = 53.8 births per 1,000 teens; 4th worst among 53 peer counties; US avg. 42.1

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Dakota Provisions		http://dakotaprovisions.com/ 605-352-1519
Cornerstone Career Learning Center		http://www.cornerstonescareer.com/ 605-353-7175

James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
Lutheran Social Services		http://www.lsssd.org/ 605-444-7500
Huron Public Schools (school nursing staff)		www.huron.k12.sd.us 605-353-6990

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Beadle County Health Nurse		1110 3rd Street SW, Huron, SD 605-353-7135
South Dakota WIC Program		1110 3rd Street SW, Huron, SD 605-353-7135
YWCA Family Violence Program		625 California Ave., Huron, SD 605-352-9433
Jan Manolis Safe Center		PO Box 733, Huron, SD 605-554-0398
SD Department of Health Bright Start Home Visiting Program		www.ForBabySake.com 605-353-7135
HealthySD		www.healthysd.gov
Huron Clinic		111 Fourth Street SE, Huron, SD 605-352-8691
Tschetter & Hohm Clinic		455 Kansas SE, Huron, SD 605-352-8767
New Life Family Medicine		118 Third Street SE, Huron, SD 605-352-2117
Women's Wellness Center		142 3rd Street SE, Ste 2, Huron, SD 605-554-1020
Belyea/Balvin Clinic		530 Iowa SE, Huron, SD 605-352-6040

Dr. Lois Truh		807 Dakota S., Huron, SD 605-352-7070
Dr. George Nicholas		530 Iowa SE, Huron, SD 605-352-7711
Plus One Guidance Center		http://www.plusonehuron.org/ 605-554-3330

3. **OBESITY/OVERWEIGHT** – 2013 Significant Need; adult obesity above SD average and US best rate; male obesity worse than US average; morbid obesity is 15.9% above average

Public comments received on previously adopted implementation strategy:

- I know that HRMC is represented on the community wellness committee. They also have several programs or initiatives regarding wellness of all types.
- Only thing the hospital can do on this topic to try to educate the public somehow.
- Can hold community wide health challenges. Advertise more along with the schools and other businesses in town.
- More activities/opportunities for health care workers in Huron to work together.
- unsure
- There are numerous nutritional health and exercise initiatives in our community.
- The hospital tries to have healthy options during lunch. They have done talks in seminars on weight and general health throughout the Community
- I'm aware of any specific implementation actions
- I see lots of activities come across my desk from the Huron Wellness group which is great!

HRMC services, programs, and resources available to respond to this need include:

- Patient education on nutrition and activity available to all patients with special emphasis on dialysis, diabetes, cardiac, pulmonary, and other chronic diseases
- Registered Dietician/Licensed Nutritionist on staff provides additional one-on-one education to inpatients and outpatients, as well as regular education in the community through HRMC Speakers Bureau and special events
- Regular nutrition and exercise educational topics through HRMC's *Well One Connection* quarterly newsletter (mailed to 18,000 area residents), monthly e-newsletter, weekly radio show, social media, and online health library
- Special events focusing on good nutrition an activity (e.g., Go Red for Your Heart, Heart Check, SD Women's Expo, Better Breathers Cardiac and Pulmonary Support Group, Pulmonary Hypertension Support Group, HRMC Speakers Bureau, etc.)
- Screenings (including BMI) at HRMC-sponsored and other community events
- Participation in Healthy Huron (local wellness committee) through employee service on the committee and the HRMC Foundation acting as the group's fiscal agent
- Corporate membership discount for employees and families to local fitness center
- Calorie, fat, sodium, and protein count displayed for cafeteria food items
- Nutritious food options provided in vending machines for after-hour consumption by visitors
- Participate in, support, and refer to *Better Choices. Better Health.* program
- Partner with AHEC to provide education and screenings

- Pediatrician offers counseling on childhood obesity

Additionally, HRMC plans to take the following steps to address this need:

- Explore offering enhanced screenings
- As part of preventive plan of care, HRMC physicians will involve patients in their own health and wellness and provide more information for healthy lifestyle changes
- Continue above activities

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Offered blood pressure, glucose, and body composition screenings at SD Women's Expo in addition to education on reducing blood sugar, blood pressure, BMI, and body fat levels
- Provided information on healthy eating and weight reduction through various publications, radio show, advertisements, website, and speaking engagements
- Added Facebook and Twitter social media channels in Nov. '15, with a focus on healthy living information
- Provide a healthy recipe in monthly e-newsletter
- Support Healthy Huron through employee involvement and the HRMC Foundation's role as fiscal agent
- Continue to provide nutritional information and healthy food options in cafeteria to help employees and visitors make healthier eating choices and organize employee wellness challenges

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Number of educational events presented to community about nutrition and physical activity = 6 in 2015

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- BMI: Morbid/Obese is 15.9% above average impacting 35.6% of the population

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Healthy Huron		www.healthyhuron.com 605-352-5264
HRMC Physicians Clinic		534 Oregon Ave. SE, Huron, SD 57350 605-353-7661

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
HealthySD		www.healthysd.gov
Huron Clinic		111 4th Street SE, Huron, SD 605-352-8691
Tschetter & Hohm Clinic		455 Kansas SE, Huron, SD 605-352-8767
New Life Family Medicine		118 Third Street SE, Huron, SD 605-352-2117
Women's Wellness Center		142 3rd Street SE, Ste 2, Huron, SD 605-554-1020
Belyea/Balvin Clinic		530 Iowa SE, Huron, SD 605-352-6040
Dr. Lois Truh		807 Dakota S., Huron, SD 605-352-7070
Dr. George Nicholas		530 Iowa SE, Huron, SD 605-352-7711
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
Beadle County Nutrition Services		1110 3rd Street SW, Huron, SD 605-353-8436

Huron Public Schools		www.huron.k12.sd.us 605-353-6990
Holy Trinity School		425 21st Street, Huron, SD 605-352-9344
James Valley Christian School		1550 Dakota Avenue N., Huron, SD 605-352-7737
Nordby Center for Recreation		1700 Lincoln Ave SW, Huron, SD 605-352-2627
Anytime Fitness		2325 Dakota Avenue S, Huron, SD 605-554-1555
YWCA		17 5th Street SW, Huron, SD 605-352-2793

4. **EDUCATION/PREVENTION** – Local Expert concern; I am Responsible for My Health at 93.6%, affecting 61.1% of the population

Public comments received on previously adopted implementation strategy:

- This was not a Significant Need identified in 2013 so no written public comments about this need were solicited, however, the following comments were received about mental education/prevention:
    - Teen Pregnancy-Education/Prevention initiatives. Childhood Safety-Education or safety classes on seat belts, helmets etc. Encourage Increase physical activity-Sponsor an HRMC run/walk
    - Birth Control and education on sexually transmitted diseases

HRMC services, programs, and resources available to respond to this need include:

- HRMC hospital and clinic discharge instructions provided to patients
- Periodic follow-up calls to at-risk patients
- Home Health care provided to qualifying patients with a team of providers to help the patient learn to care for themselves after an illness or accident
- No-charge language interpretation services available to assist limited English proficient (LEP) patients
- Patient education on follow-up care to all patients with special emphasis on dialysis, diabetes, cardiac, pulmonary, and other chronic diseases
- Registered Dietician/Licensed Nutritionist on staff provides additional one-on-one education to inpatients, outpatients, and on an outpatient basis
- Regular health educational topics through HRMC's *Well One Connection* quarterly newsletter (mailed to 18,000 area residents), monthly e-newsletter, weekly radio show and online health library
- Special events focusing on prevention and health (e.g., Go Red for Your Heart, Heart Check, SD Women's Expo, Better Breathers Cardiac and Pulmonary Support Group, Pulmonary Hypertension Support Group, etc.)
- Screenings at HRMC-sponsored and other community events
- HRMC Prenatal Education classes taught by certified childbirth educator
- HRMC Baby U Maternity Club program providing education throughout pregnancy
- Sponsor many local walks/runs/races (e.g., Andy's Road Race)

Additionally, HRMC plans to take the following steps to address this need:

- Utilize HRMC physicians to enhance community safety education for all age groups
- Explore sponsorship of kids' walk/activity day
- Look at expanding existing prenatal education to increase marketing to other partners (not just through physicians) and add classes with interpreters for Karen and Hispanic populations
- Research online options for providing prenatal education
- Consider a women's wellness class targeted to Karen and Hispanic populations to increase familiarity with

healthcare options (in collaboration with physicians)

- Work with school administration to explore collaborative options and provide educational materials
- Explore providing healthy cooking classes
- Continue above activities

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Number of educational opportunities provided = 13 in 2015

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Improve the statistic "I am Responsible for My Health" = Currently, 6.4% below national average, affecting 61.1% of the population

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Healthy Huron		www.healthyhuron.com 605-352-5264
HRMC Physicians Clinic		534 Oregon Ave. SE, Huron, SD 57350 605-353-7661

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
SD Department of Health Bright Start Home Visiting Program		www.ForBabySake.com 605-353-7135
HealthySD		www.healthsd.gov
Huron Clinic		111 4th Street SE, Huron, SD 605-352-8691
Tschetter & Hohm Clinic		455 Kansas SE, Huron, SD 605-352-8767
New Life Family Medicine		118 Third Street SE, Huron, SD 605-352-2117
Women's Wellness Center		142 3rd Street SE, Ste 2, Huron, SD 605-554-1020
Belyea/Balvin Clinic		530 Iowa SE, Huron, SD 605-352-6040
Dr. Lois Truh		807 Dakota S., Huron, SD 605-352-7070
Dr. George Nicholas		530 Iowa SE, Huron, SD 605-352-7711
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
Beadle County Extension Service Nutrition Assistance		1110 3rd Street SW, Huron, SD 605-353-8436
SD Department of Social Services Prescription Assistance Programs		https://dss.sd.gov/sdmedx/includes/recipients/coverage/index.aspx

5. MENTAL HEALTH – 2013 Significant Need

Public comments received on previously adopted implementation strategy:

- I would love to see a psychiatrist in the HRMC clinic or HRMC working with CCS to bring in another PA or psychiatrist to increase appointment availability.
- Maybe there needs to be better communication or collaboration with Bradfield Leary Center. Maybe the hospital needs to offer Psychiatry services in the future.
- Provide CME for above for local health care officials. Let all health care workers know all options available in the community.
- Have structured meetings with the above two groups to implement standards for helping those with mental health/suicide needs.
- I am not aware of any specific implementation actions the hospital has taken. They could possibly be the catalyst to have the community come together to improve these services.
- Unknown
- Aligning with Professionals within the Psych community to improve services. Creating a "bridge" to align Psychiatric Health care professionals in this community to develop/adapt care for those consumers who already receive services through Psych professionals.
- Not an expert in this area
- I am unaware of any implementation actions
- It is a problem and CCS workers are overworked

HRMC services, programs, and resources available to respond to this need include:

- Staff attend Crisis Intervention training sessions
- Credentialed mental health providers available in the ER and inpatient
- Meeting rooms available at no cost to Community Counseling Services to provide education
- HRMC Inpatient Crisis Room
- Flyers for CCS available to patients for referrals
- Provide online course for mental health education for nursing staff

Additionally, HRMC plans to take the following steps to address this need:

- Provide educational opportunities for staff (particularly ER) to see and understand CCS services
- Explore creating a standard narcotics contract county-wide to help manage opiate use *(look at Horizon's existing contract)*
- Explore Continuing Medical Education for mental health for providers and staff
- Collaborate with CCS to find opportunities for partnership

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Developed policies in four core principles – Desire, Capability, Intent, and Buffers
- ER staff trained in suicide tendency identification and awareness of intervention strategies

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Number of training sessions provided to staff on mental health = start tracking in 2016

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Self-reported use of mental health services =41% of Community Counseling Services patients.

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Community Counseling Services		http://www.ccs-sd.org/ 605-352-7072

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Suicide Support Hotline		www.suicidehotlines.com/ southdakota 1-800-SUICIDE

211 (Statewide Help Line)		1000 N. West Ave, Suite 310, Sioux Falls, SD 211
Beadle County Sherriff		605-353-8424
Huron Police Department		605-353-8550

6. **PRIORITY POPULATIONS** – 2013 Significant Need; children in poverty higher than average for US and SD; worse than peers and national rate for social support, poverty, and violent crime

Public comments received on previously adopted implementation strategy:

- I like how the hospital uses interpreters.
- A larger # of ESL workers in the health care fields.
- Educational classes- for general groups and specific groups; i.e. Refugees, Migrants.
- Again we need to somehow educate people on when to go to a clinic versus a hospital. Possibly pick one clinic, apply for a grant to have an interpreter there FT
- I do not see enough implementation actions for priority populations.
- They have interpreter but we need more
- I'm unaware of any specific implementation actions
- Hospital needs to hire full time interpreters or have a phone interpreter available to provide care to the many people in Huron who do not speak English.

HRMC services, programs, and resources available to respond to this need include:

- No-charge language interpretation services available to assist to limited English proficient (LEP) patients
- Financial Assistance policy available
- Many hospital documents available in Spanish; some available in Karen
- Give away free baby clothes and blankets in clinic and OB
- Discharge video available in Karen
- Referrals to other local resources like United Way, Feed the Hungry, Slumberland bed giveaways
- Sponsor of the local Backpack Program (provides food for kids on the weekends)
- Contract with People's Transit to provide transportation
- Sponsor Beadle County Area Nutrition Services/Senior Services Meals on Wheels program
- Donate turkeys to the Salvation Army at Thanksgiving
- Believe Fest (school supply giveaway)

Additionally, HRMC plans to take the following steps to address this need:

- Research video interpretation options and/or adding more interpreters to increase communication
- Explore adding educational materials in other languages
- Develop culture-specific tactics to address needs of Hutterite, Karen, and Hispanic communities
- Continue above programs
- Explore opportunities to educate on use of ER versus clinics for emergent and non-emergent issues

- Work with schools to provide more education to kids on physical and oral health

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Hosted Diabetes Day
- Improved access to Financial Assistance Policy on website; given out at every hospital or clinic visit

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
8. Available to public and serves low income consumers	X	
9. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
10. Addresses disparities in health status among different populations	X	
11. Enhances public health activities	X	
12. Improves ability to withstand public health emergency		X
13. Otherwise would become responsibility of government or another tax-exempt organization	X	
14. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Number of minutes of interpretation services provided each month = Average ## in 2015
- Number of People's Transit rides provided = Start tracking in 2016

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Improve statistic "Inadequate Social Support" = In 2016, 22.0% of adults; 3rd worst among 39 peer counties; US avg. 19.6%

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Lutheran Social Services		1800 18th SW, Ste 4E, Huron, SD 605-554-0102
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015

Dakota Provisions		http://dakotaprovisions.com/ 605-352-1519

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Community Counseling Services		http://www.ccs-sd.org/ 605-352-7072
YWCA		17 5th Street SW, Huron, SD 605-352-8596
Huron Public Schools (school nursing staff)		www.huron.k12.sd.us 605-353-6990
Huron Public Schools		www.huron.k12.sd.us 605-353-6990
Holy Trinity School		425 21st Street, Huron, SD 605-352-9344
James Valley Christian School		1550 Dakota Avenue N., Huron, SD 605-352-7737

Other Needs Identified During CHNA Process

7. **AFFORDABILITY** - 2013 Significant Need
8. **CANCER** – 2013 Significant Need
9. **DIABETES** – 2013 Significant Need
10. **SUBSTANCE ABUSE**
11. **SMOKING/TOBACCO USE** – 2013 Significant Need
12. **COMPLIANCE BEHAVIOR** – 2013 Significant Need
13. **PHYSICAL INACTIVITY**
14. **HEART DISEASE**
15. **DENTAL** – 2013 Significant Need
16. **ALZHEIMER'S**
17. **FLU/PNEUMONIA**
18. **LUNG DISEASE**
19. **SEXUALLY TRANSMITTED INFECTION**
20. **STROKE**
21. **ACCIDENTS**
22. **KIDNEY DISEASE**
23. **LIFE EXPECTANCY**
24. **SOCIAL VULNERABILITY**
25. **ASTHMA**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[28]

1. Physicians
2. Maternal and Infant Measures
3. Obesity/Overweight
4. Education/Prevention
5. Mental Health
6. Priority Populations

Significant needs where hospital did not develop implementation strategy[29]

None

Other needs where hospital developed implementation strategy

None

Other needs where hospital did not develop implementation strategy

7. AFFORDABILITY - 2013 Significant Need
8. CANCER – 2013 Significant Need
9. DIABETES – 2013 Significant Need
10. SUBSTANCE ABUSE
11. SMOKING/TOBACCO USE – 2013 Significant Need
12. COMPLIANCE BEHAVIOR – 2013 Significant Need
13. PHYSICAL INACTIVITY
14. HEART DISEASE
15. DENTAL – 2013 Significant Need
16. ALZHEIMER'S
17. FLU/PNEUMONIA
18. LUNG DISEASE

[28] Responds to Schedule h (Form 990) Part V B 8
[29] Responds to Schedule h (Form 990) Part V Section B 8

19. SEXUALLY TRANSMITTED INFECTION
20. STROKE
21. ACCIDENTS
22. KIDNEY DISEASE
23. LIFE EXPECTANCY
24. SOCIAL VULNERABILITY
25. ASTHMA

APPENDIX

Appendix A – Written Commentary on Prior CHNA

Hospital solicited written comments about its 2013 CHNA.[30] 32 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, skip the indication and please continue to the next question.**

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	2	26	28
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	11	18	29
3) Priority Populations	13	16	29
4) Representative/Member of Chronic Disease Group or Organization	3	23	26
5) Represents the Broad Interest of the Community	22	9	31
Other			
Answered Question			32
Skipped Question			0

- Within the county, do you perceive the local Priority Populations to have any unique needs, as well as potential unique health issues needing attention? If you believe any situation as described exists, please also indicate who you think needs to do what.
    - Given local employment opportunities, particularly that of LSI and Dakota Provisions, the population dynamic of the county has become incredibly diverse. While some new residents to the county integrate with little difficulty, many do experience challenges in assimilating. Fortunately, many agencies in the county seem to have developed strategies to assist as appropriate and possible.
    - The refugees and low-income groups in our county have mental health issues not being met. There is a lot what I perceive as PTSD symptoms not being addressed due to lack of services in our area. We have one mental health organization in our area but it is not enough. One doctor and one PA. More times than not the appointments that are set up are cancelled because of no interpreter showing up or the patients not showing up, no reminder calls. When families of any ethnicity are in crisis it is hard to get service they need because they are booked up.
    - Yes, there are priority populations. I think the large Karen population has unique health needs as well as the low income population. The schools are a great place to help identify and educate kids/parents on health. Also, Lutheran Social Services needs to play a large role in this.
    - An influx of new Americans is changing our demographic; language and cultural issues continue. Education about living well in a more modern environment, changing sanitation and personal health practices within the group would benefit the entire community. Improvement is happening.
    - Our many minority populations have unique needs for health issues to be communicated through

[30] Responds to IRS Schedule h (Form 990) Part V B 5

interpreters.

- Migrant and refugee populations have unique health issues and require basic assistance with health care. Many of the refugees have never been to the dentist or the eye doctor or to the medical doctor other than a physical prior to their arrival. It is imperative that a child is able to see well to be able to learn. There is also an issue with many children having broken or rotting teeth. Small concerns in health like fevers and rashes and pink eye are foreign. The parents need basic knowledge of health care and health promotion- they have very little to no general education, so health care is very frightening. At the schools, we utilize the dental bus and provide vision and hearing screens, but the families do not know what to do with that information we give them. We are very thankful for the home liaisons that work very closely with the families to assist them with setting up appointments and the interpreters. It would be beneficial if the community had more liaisons and interpreters for these populations.
- Yes, the need for lower costing medical care has been addressed with Horizon but that seems to be a real problem in our community. Also, the community could use additional attention to controlling obesity and diabetes through diet; eating a healthy diet can also be a problem for those in low-income groups.
- Definite needs with a variety of different populations. Definite needs with underserved, unemployed, and uninsured. Also needs for mental health services through CCS and Bradfield Leary. Needs through Karen and Hispanic population including translation, education, access to care, transportation (LSS and Public Transit are great resources). Large latent TB population, which WIC office helps out with tremendously. Large Hep. B and Hep. C population, Dr. Milone is a great resource. Large DM population. Better Choices Better Health needs more promotion in the community with Lay Leaders that speak English, Spanish, Karen and Burmese. Need to find grant money to pay these lay leaders to better educate public on diabetes. Health literacy is sometimes difficult with above populations, again groups like Better Choices Better Health are excellent.
- We seem to have a high number of individuals with mental illness. The individuals we have encountered living upervised and unsupervised have pest control issues such as bedbugs, coachroaches, lice and because they are not able to adequetaly deal with it they are spreading causing other health issues in our community. If health officials would report it maybe the city could provide financial assistance to those in need.
- Our community has a high concentration of mentally ill and disabled due to the availability of some services. These services do not operate on weekends, evenings or holidays. This is a unique need that has yet to be addressed adequately. A team of law enforcement and trained counselors needs to be created to fill this void.
- Dental, preventative care across the life span.
- Our patients who have mental health disorders do not have great resources and these resources are quite limited. The communities primary resource is not reliable and there are concerns on appropriateness of care especially when in comes to suicidal patients. We have a large Karen population. Social services do well for these patients.
- Minority groups: Karen and Hispanic- Education on proper preventative cares ie: prenatal, well child

checks, dental exams.

- Yes I do as the population I work with have intense psychological issues along with co-morbid physical chronic health conditions. Attendance to the chronic health conditions is a struggle as the consumer is unable to understand self care due to psychological diagnosis
- We have a large minority population and education is the primary need for this group. There are many organizations that are working with this education but it must continue. Lutheran Social Services has been a leader in this education. Chronic disease is an issue everywhere and the diabetes group has taken a role in community education.
- -Children – there's not adequate childcare, that is quality; next to no drop in services -Pregnant women - Many driving one or two hours for prenatal care-- as have concerns about delivery at the hospital or desire other delivery options are not available at the hospital; seemed especially high in the upward mobile Spanish-speaking community; and privately insured upwardly mobile women
- Health care for the Karens and their families- Childhood inoculations for incoming children who may not have them.
- Local immigrant population will need interpreters and social workers to assist them in explaining and accessing health needs. This should be addressed by a combination of the health care institution and socai service type agencies.
- The refugee and migrant workers in our country struggle with achieving health care norms. While there is some assistance available the ability to navigate the healthcare scene is not there!!! I also see a huge gap in the "middle class" white people. There is a lack of assistance but there is lack of care for these children. I also think there is a disparity in the addressing of child abuse and neglect in our country. There is lack of resources therefore only the MOST severe and Blatant cases of abuse are addressed
- Aging community and not enough medical providers-specialists and people have to drive
- I believe all needs are being met.
- Very unique population. Large population of Karen refugees from Myanmar. Large Hispanic population. Large population of illegal immigrants.
- I would guess that our Hispanic and Karen populations have unique needs although I do not know directly what those might be as far as health issues. The biggest need that I see is the need for interpreters and ways to communicate with these populations. I would guess that is also a need in the health care community.

2. **In the last process, several data sets were examined and a group of local people were involved in advising the Hospital. While multiple needs emerged, the Hospital had to determine what issues were of high priority and where it would be a valuable resource to assist in obtaining improvements.**

   Priorities from the last assessment where the Hospital intended to seek improvement were:

   - Physicians
   - Mental Health/Suicide

- Obesity/Overweight
- Affordability
- Compliance Behavior
- Cancer
- Diabetes
- Priority Populations
- Maternal and Infant Measures
- Dental
- Smoking/Tobacco Use

Comments or observations about this set of needs being the most appropriate for the Hospital to take on in seeking improvements?

- Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronted residents in the county?

	Yes	No	No Opinion
Physicians	23	1	0
Mental Health/Suicide	24	0	0
Obesity/Overweight	18	5	1
Affordability	16	7	1
Compliance Behavior	19	3	2
Cancer	18	4	2
Diabetes	19	4	1
Priority Populations	21	2	1
Maternal and Infant Measures	21	3	0
Dental	12	11	1
Smoking/Tobacco Use	19	3	2

- Specific comments or observations about *Physicians* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Working to retain providers in the area.
  - Hiring and maintaining physicians in rural areas is a constant battle. I feel that the recruitment incentives and retainment process has been very positive.
  - The Pediatritian is very difficult to get into. He is always booked when I try to get acute children into see him. I would change to him, but he is too busy already. I would love to see a PA or another doctor in the clinic.
  - Need to be sure there are physicians in line to take over for the soon to be retiring physicians. I also believe the hospital has to offer specialty physicians and services in Huron so people do not have to travel.

- Beadle county needs at least one more pediatrician. Also staff interpreters at each location (Spanish and Karen).
- NEEDS MORE BILINGUAL PHYSICIANS
- With the new HRMC Physician's clinic and the Horizon clinic I think this is somewhat better; however, there will always be an ongoing need for new physicians to take over for those who retire or move away.
- Request some hospitalists.
- We need orthopedic surgeons to keep this money in our community
- Too many of our residents travel to other communities for specialists or for a perceived better quality of care. Physicians often tell patients not to get certain procedures done in Huron. This negative view of the local health care system is detrimental.
- Physicians in specialty areas continue to lack.
- Is very difficult to keep physicians in rural Towns. Hospital needs to keep aggressively recruiting and incentivizing physician recruitment.
- Ascertaining that the community has appropriate Physicians that are available to meet needs of community members.
- Quality providers are the key to the hospitals success and the communities health.
- Need persists, especially with the recent loss of a surgeon. More emphasis needs to be placed here-- to provide sustainable, long-term access to quality healthcare. As well, Community needs to be made aware of what resources are present, to fully utilize the physicians that are here.
- the age of the current physicians is of concern - we need to be recruiting Internists, Family Practice, General Surgeons . People are moving away from Huron because of too few doctors.
- Need more specialists so don't have to drive out of town. Clinics should be under one roof
- none
- There have been improvements in this area but it still ranks as a significant need. Attracting and keeping good physicians needs to be a priority for our community.
- Q7

- Specific comments or observations about *Mental Health/Suicide* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Continue to collaborate with local mental health programs.
  - Mental Health is always in high demand. Crisis rooms would be very beneficial
  - This is a very high need for adults and children. There is not enough therapy, counseling, done based on the needs of our community.
  - I don't think this is the most significant need for the hospital. I do believe it is important but there are

other organizations to help with this including Bradfield Leary etc.

- Provide education to all of Huron health officials regarding suicidal ideation.
- The mental health experts and physicians do not seem to work well together in our community.
- This is an area of great need. A better system of care is necessary to help the mentally ill, addicted, and suicidal especially in the evenings and weekends when many of these situations come up. There is a lack of compassion in law enforcement, and jail is too expensive an option. There is no one available for medication issues either. Many times a medication evaluation is all a suicidal individual needs.
- HRMC continues to utilize many community resources to assist this population. Often state wide resources are full when looking for placement.
- This is a big area of deficiency. More psychiatrist and good counselors specifically pediatric is needed
- Cross-cultural populations are challenged with understanding how to adapt within the community
- Not an expert in this area
- All community efforts/hospital efforts to help improve the mental health of the community will positively impact the overall health of the community
- Education of the general population to read the signs so help can be given through Community Counseling in a timely fashion.
- If we still have a mental health shortage designation then this is a significant need!

- Specific comments or observations about *Obesity/Overweight* as being among the most significant needs for the Hospital to work on to seek improvements?
  - This is a need but mental health trumps obesity. People don't have energy to be active if they are not mentally well.
  - It seems there could be additional groups for different age groups to help with this issue. I know there is a Overeating Anonymous group in Huron but perhaps a group that is designed to target youth and adolescents.
  - Be more involved with Better Choices Better Health. Diabetes Day was a GREAT way to improve community togetherness and teamwork!
  - I do feel the hospital has done a lot in this area with healthy Huron and should continue on that path of education and resources available.
  - There are numerous nutritional health and exercise initiatives in our community.
  - I do not know how this can be addressed greatly. A lot of this comes down to a education and the primary clinic which does not happen to a large extent.
  - The Healthy People Objectives and young adults being obese.
  - Continued support from the hospital in education of the health risks associated with obestiy/overweight.

- Persist to be an issue.
- Programs by the Dietitian and Rehab staff on Healthy Life choices.

- Specific comments or observations about *Affordability* as being among the most significant needs for the Hospital to work on to seek improvements?
  - don't know of the hospital turning anyone away. Chips and Medicaid is accepted and thank goodness it is. We have a hight population of free and reduced meals in the schools which often times correlates with qualifying for Chips and Medicaid.
  - I don't think this is a significant need that is special just to this community. This is a problem for healthcare as a whole.
  - Need more public community health education to highest risk patients to help prevent costly hospital stays and un-needed ER visits.
  - I feel that it is affordable and there are numerous programs to assist those with low income levels
  - Our community does not make high wages so this will always be an issue.
  - No comments
  - Gas prices are much improved.
  - Other than grant writing for program money- I think moneis have to be spent for Physician
- Specific comments or observations about *Compliance Behavior* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Difficult to change behavior in someone with non-compliant behavior. Need more social workers and case workers available to help out this group of people.
  - Many health issues are aggravated by not following treatments as prescribed
  - I don't see this as a significant need.
  - No comment
  - This is always difficult in a small community, and needs to be improved.
  - This needs to come from the Physician and nurses in the ER, practices and discharge from the hospital
- Specific comments or observations about *Cancer* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Why do we have so much Cancer in our county? Has there been a study?
  - Again informational classes are a good start.
  - Promoting screenings including colorectal cancer, mammogram (free mammogram bus would be nice), cervical cancer, etc.
  - cancer is a top concern everywhere and if we rank 25th worst in SD we should focus on it
  - I don't believe Huron Hospital is a research facility.

- I feel that the hospital does well but I am not sure. Without having to an oncologist on site all the time this can be difficult.
- Cancer continues to be listed as a hot topic diagnosis for healthcare.
- This is an obvious judgment to our community, rates and to be higher here for many cancers.

- Specific comments or observations about *Diabetes* as being among the most significant needs for the Hospital to work on to seek improvements?
  - Better education, especially for those who do not understand health promotion.
  - This too could be a more specific group that targets different age groups and different groups in general.
  - Wound care does a great job! Kudos to them. They are very friendly and helpful. Is there a grant program out there for patients to receive free glucose monitors or test strips? Finding cheaper medications for diabetes patients can be difficult as well, any programs out there for cheaper meds?
  - Because Diabetes creates so many other health related issues it should remain a concern
  - Many of our residents are diabetic.
  - Unknown
  - Diabetes is a primary and secondary co-morbid condition secondary to obesity. New research is linking medications that can stop the cell cycle associated with diabetes
  - Diabetes along with obesity need to be addressed
- Specific comments or observations about *Priority Populations* as being among the most significant needs for the Hospital to work on to seek improvements?
  - More education is needed for priority populations. They simply do not know how health care functions.
  - Help provide interpreters for patients seeking specialty care at the hospital or physician's plaza.
  - I agree language barriers are an issue.
  - Priority populations should remain a significant need for the hospital to improve on.
  - Better education is needed for the Karen population in the community. This population is having a large impact as far as increased obesity with Western nutrition and diet. Due to the language barrier, a lot of medical recommendations are not always provided to the patients.
  - Priority popluations; Psych population and Burmese/Karen popluation
  - I'm unaware of the hospital doing with priority groups, especially Spanish speaking or Karen speaking individuals
  - Our Priority Populations must be seen as a significant need because they make up a great % of our populations. Identifying their needs and addressing them needs to be a priority.
  - Hospital does not provide adequate translation services. For example a patient had Fridays off and wanted to schedule a mammogram but could not because Spanish interpretation is not available on Fridays. Patient is unable to take time off of work so no mammogram was scheduled.

- Specific comments or observations about *Maternal and Infant Measures* as being among the most significant needs for the Hospital to work on to seek improvements?
    - I don't know much about it but I like that new mothers are followed for a year after they give birth. I would love to see more adoption options being utilized by younger mothers. I wonder if there has been an increase in teen pregnancies over the last 10 years.
    - Again, more education is needed. The refugee populations were giving birth in the jungles of Burma- they have no knowledge that they need to see the doctor.
    - It appears that this should remain a focus area
    - This is a significant need in our low income and immigrant populations.
    - More education is needed on proper prenatal care and importance of. Bridge the gap between Horizon clinic- could a horizon provider deliver at HRMC? More resources are needed to assist with education and breastfeeding practices. More interpreter services are needed.
    - No concerns
    - The hospital seems to be making efforts, but it seems that there is still a large need here
- Specific comments or observations about *Dental* as being among the most significant needs for the Hospital to work on to seek improvements?
    - not sure that the hospital has done anything in this area?
    - Education about good oral hygiene.
    - Additional doctors who accept those with Medicaid.
    - Definite need for the underserved/uninsured in this community.
    - I don't know that this should be the hospitals responsibility
    - Dental health remains an area severely lacking in our area. Many rely on the dental bus, medicare, medicaid and other programs for their dental needs.
    - Education for new parents esp. minority groups new to SD. on prevention and dental care.
    - No concerns
    - None
    - In my work with children, I know that this is often an area that is overlooked by parents. Children do not receive regular dental checkups or care.
- Specific comments or observations about *Smoking/Tobacco Use* as being among the most significant needs for the Hospital to work on to seek improvements?
    - Always an ongoing battle.
    - I think schools should work on this but continue what you are doing as well
    - Tobacco use continues to be popular and should remain a priority for the hospital.

- This could always be addressed. Smoke and is always an issue.
- There's been a vast improvement, however there still room to improve this.

3. Comments and observations about the implementation actions of the Hospital to seek health status improvement?

- Should the Hospital continue to allocate resources to assist improving the needs?

	Yes	No	No Opinion
Physicians	21	1	2
Mental Health/Suicide	22	1	1
Obesity/Overweight	14	7	3
Affordability	14	7	3
Compliance Behavior	17	5	2
Cancer	17	3	4
Diabetes	19	3	2
Priority Populations	19	5	0
Maternal and Infant Measures	16	6	2
Dental	10	13	1
Smoking/Tobacco Use	15	6	3

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Physician*?
  - Nice to seek see variety of physicians to access from OB/BYN to Intern Med
  - I love how the hospital and affiliated clinics utilize interpreters at all appointments and when people come to ER. I have not observed patients staying in the hospital, but I am sure it is equal.
  - Recruitment efforts and financial incentives should be re-evaluated
  - A new facility was a big positive, however, the fact that is is mostly empty remains the perception and the public is wary of physicians that are not here full time. They question their commitment.
  - Recruitment continues.
  - They appear to be recruiting hard.
  - Rural community makes it challenging for Recruitment and retention of
  - I think the direction the hospital is going is very good
  - I like the physician billboard on 21st St., but I am unaware of any specific implementation actions.
  - These are desperate times but quality trained staff is still essential.
  - Love the Physicians Clinic!
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Mental Health/Suicide*?
  - I would love to see a psychiatrist in the HRMC clinic or HRMC working with CCS to bring in another PA or psychiatrist to increase appointment availability.

- Maybe there needs to be better communication or collaboration with Bradfield Leary Center. Maybe the hospital needs to offer Psychiatry services in the future.
- Provide CME for above for local health care officials. Let all health care workers know all options available in the community.
- Have structured meetings with the above two groups to implement standards for helping those with mental health/suicide needs.
- I am not aware of any specific implementation actions the hospital has taken. They could possibly be the catalyst to have the community come together to improve these services.
- Unknown
- Aligning with Professionals within the Psych community to improve services. Creating a "bridge" to align Psychiatric Health care professionals in this community to develop/adapt care for those consumers who already receive services through Psych professionals.
- Not an expert in this area
- I am unaware of any implementation actions
- It is a problem and CCS workers are overworked

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Obesity/Overweight*?
  - I know that HRMC is represented on the community wellness committee. They also have several programs or initiatives regarding wellness of all types.
  - Only thing the hospital can do on this topic to try to educate the public somehow.
  - Can hold community wide health challenges. Advertise more along with the schools and other businesses in town.
  - More activities/opportunities for health care workers in Huron to work together.
  - unsure
  - There are numerous nutritional health and exercise initiatives in our community.
  - The hospital tries to have healthy options during lunch. They have done talks in seminars on weight and general health throughout the Community
  - I'm aware of any specific implementation actions
  - I see lots of activities come across my desk from the Huron Wellness group which is great!
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Affordability*?
  - Continue to educate the community about when to go to ER and when to go to the clinic.
  - I don't know what the answer is; I do know that in excess of 10% of our budget goes into either as insurance or direct payment of health care cost.

- none
- I don't know of any actions to improve affordability of the hospital.
- No comments
- I am unaware of any implementation actions
- Watching waste, duplication of services. I feel we are a pretty lean machine now so I wouldn't recommend cuts ion staff.

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Compliance Behavior*?
  - Community Education efforts are either poorly publicized or not very robust.
  - More educational instructions from doctors and pharmacists. Real
  - Other than the informational classes that are offered on occasion, I am not sure what else could be done. The classes are a good start. Perhaps expanding the adverting that is done to promote them would help.
  - Educate physicians or their nurses on how to assist patients in creating action plans with small steps to reach their goals
  - I am not aware of compliance behavior implementation actions.
  - No comment
  - I'm aware of any specific implementation actions
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Cancer*?
  - Educate the public.
  - Expansion of the classes as well as advertising.
  - continue to educate. Maybe if there is a health class in school to educate people about all the important phases in life to see a physician?
  - I can see early detection as their role.
  - Unknown
  - Recruitment of oncologist on staff
  - I'm unaware of any specific implementation actions
  - Ads on radio, newspaper about symptoms to look for.
  - I love that there is a "Chemo Room" at the hospital. Until this last year, when were had to use it, I didn't know that it was there. I greatly appreciate being able to get these treatments locally!
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Diabetes*?

- Again, only thing here is find inovative ways to educate the public.
- Education throughout the community.
- Great work community of Huron on Diabetes Day. Continue to let this event grow in the community. Would like to see more promotion with Better Choices Better Health, especially among CCS, Bradfield Leary, Hispanic and Karen patients.
- unsure
- Diabetic support seems to be readily available.
- Unknown
- I'm unaware of any specific implementation actions

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Priority Populations*?
  - I like how the hospital uses interpreters.
  - A larger # of ESL workers in the health care fields.
  - Educational classes- for general groups and specific groups; i.e. Refugees, Migrants.
  - Again we need to somehow educate people on when to go to a clinic versus a hospital. Possibly pick one clinic, apply for a grant to have an interpreter there FT
  - I do not see enough implementation actions for priority populations.
  - They have interpreter but we need more
  - I'm unaware of any specific implementation actions
  - Hospital needs to hire full time interpreters or have a phone interpreter available to provide care to the many people in Huron who do not speak English.
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Maternal and Infant Measures*?
  - Hold educational meetings for specific populations with interpreters.
  - unsure
  - The hospital has reached out in numerous ways to improve Maternal and Infant measures.
  - Now have CLC Car Seat Program
  - No concerns
  - I'm unaware of any specific implementation actions
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Dental*?
  - The Dental bus comes twice a year or 2 buses one time a year due to the lack of dental access in our area. They see appoximately 75 students per year.

- Work with dentists to provide education to specific groups. Work with dentists to provide emergency dental care.
- unsure
- None noticed.
- A collaboration between physicians and dentists would be ideal.
- No concerns
- I'm unaware of any specific implementation actions

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in *Smoking/Tobacco Use*?
  - not sure what is being done.
  - unsure
  - None noticed.
  - More education is always needed.
  - Having the hospital campus smoke-free is a great improvement, however having properties around there not smoke-free infringes on other improvements
  - This needs to be education in the schools starting in upper elementary and into Middle School and High School. Student led groups-positive peer pressure.
- Do you have opinions about new or additional implementation efforts or community needs the Hospital should pursue?
  - Not at this time.
  - NO
  - Need some hospitalists.
  - The hospital could partner with more community groups to make the community more attractive and increase physician retention. Improved housing choices, community services and opportunities, good school system.
  - The hospital needs to have a better system to help patients who go to the emergency department follow up with their primary doctor or help find a primary physician. There needs to be more education on the appropriate use of the emergency department resources. This includes management, providers, nurses, etc
  - Teen pregnancy-Education/Prevention initiatives. Childhood Safety-Education or safety classes on seat belts, helmets etc. Encourage Increase physical activity-Sponsor an HRMC run/walk
  - Childcare is a very important issue-- one that keeps some individuals out of the workforce as they preferred to provide Childcare for their own children, rather then leave their children with the options that are available

- Birth Control and education on sexually transmitted diseases

- Finally, after thinking about our questions and the information we seek, is there any anything else you think important as we review and revise our thinking about significant health needs within the county?
  - Not as this time.
  - I think our community could do great things if everyone could form a collaborative with city, school, healthcare, low income agencies, mental health, etc to set priorities and goals but I have not seem a lot of success with those types of groups.
  - Concentrate on issues that can be improved. Don't waste time trying to change people's behavior. Focus on adding and improving services for those who are under served, and focus on stabilizing and creating consistency of care. Partner with the community to keep physicians in town, rely less on transient physicians. Our community is also a retirement community and we should be catering to the aging population as well. Low income elderly and elderly aren't even mentioned here.
  - Many of our health needs stem from lack of education and supportive services of our unique population. transportation, housing, growth, development, safety, preventative care measures etc. are ideas were impact could be made community wide.
  - Would be more medical doctors, not med levels, who are board-certified who will provide the most up-to-date appropriate medical care possible. The other would be better education for appropriate use of the emergency department.
  - Attention to or focus on WELLNESS, and the likely resultant healthcare improvements seems to align with the goals of the hospital and community
  - Alcohol and illegal drugs should be addressed .
  - Just an aging community and need good physicians who will not leave
  - none

Appendix B – Identification & Prioritization of Community Needs

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Physicians - 2013 Significant Need	458	18	22.92%	22.92%	Significant Needs
Maternal and Infant Measures - 2013 Significant Need	292	16	14.61%	37.54%	
Obesity/Overweight - 2013 Significant Need	157	13	7.86%	45.40%	
Education/Prevention	141	11	7.06%	52.45%	
Mental Health/Suicide - 2013 Significant Need	128	11	6.41%	58.86%	
Priority Populations - 2013 Significant Need	123	13	6.16%	65.02%	
Affordability - 2013 Significant Need	100	10	5.01%	70.02%	Other Identified Needs
Cancer - 2013 Significant Need	98	10	4.90%	74.92%	
Diabetes - 2013 Significant Need	85	11	4.25%	79.18%	
Substance Abuse	81	9	4.05%	83.23%	
Smoking/Tobacco Use - 2013 Significant Need	54	10	2.70%	85.94%	
Compliance Behavior - 2013 Significant Need	53	7	2.65%	88.59%	
Physical Inactivity	43	7	2.15%	90.74%	
Heart Disease	42	6	2.10%	92.84%	
Dental - 2013 Significant Need	22	7	1.10%	93.94%	
Alzheimer's	21	4	1.05%	94.99%	
Flu/Pneumonia	21	7	1.05%	96.05%	
Lung Disease	15	5	0.75%	96.80%	
Sexually Transmitted Infection	14	4	0.70%	97.50%	
Stroke	12	5	0.60%	98.10%	
Accidents	9	5	0.45%	98.55%	
Kidney Disease	9	4	0.45%	99.00%	
Life Expectancy	9	4	0.45%	99.45%	
Social Vulnerability	6	5	0.30%	99.75%	
Asthma	5	3	0.25%	100.00%	
Total	1998		100.00%		

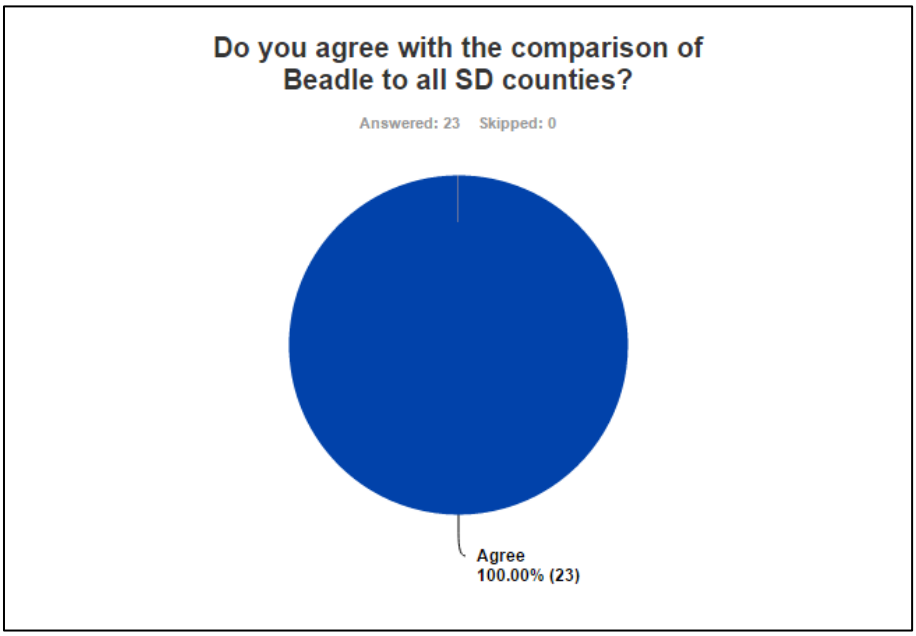
Individuals Participating as Local Expert Advisors[31]

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	9	6	15
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	10	8	18
3) Priority Populations	9	9	18
4) Representative/Member of Chronic Disease Group or Organization	1	13	14
5) Represents the Broad Interest of the Community	16	2	18
Other			
Answered Question			23
Skipped Question			0

[31] Responds to IRS Schedule h (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

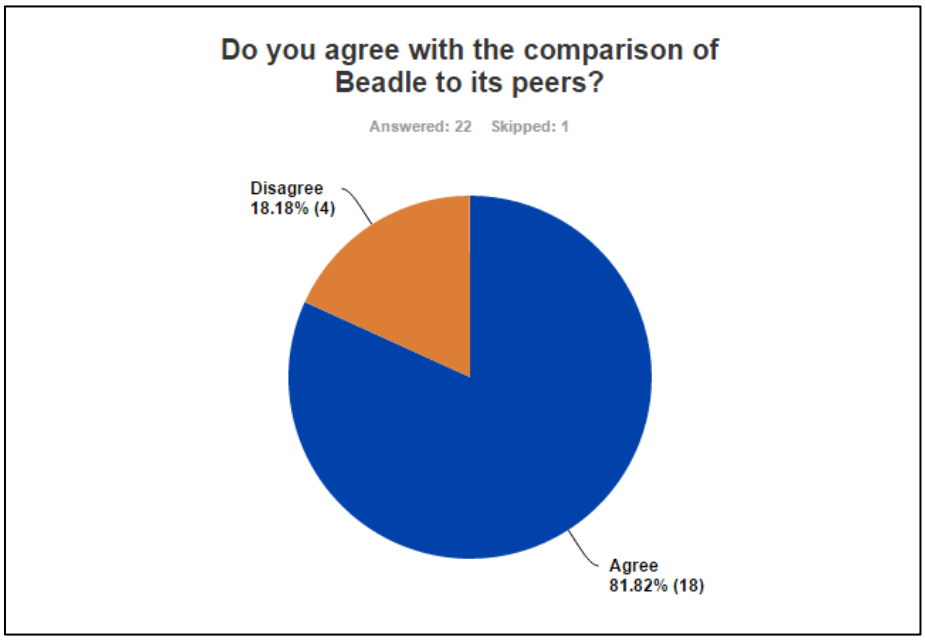
Question: *Do you agree with the observations formed about the comparison of Beadle County to all other South Dakota counties?*



Comments:

- Our population includes many new Americans who are under educated, lower income, and who possess different cultural values. A high concentration of lower income, disabled, and mentally ill contributes to emergency room visits vs. primary care physicians.
- Over utilization of Emergency Room for routine outpatient visits is cause for concern. Poor follow up and continuity of care suffers. Also, overutilization of expensive diagnostic testing is performed by midlevel providers.
- Rural area contributes to decreased access to health promotion programs High popular of residents with chronic conditions

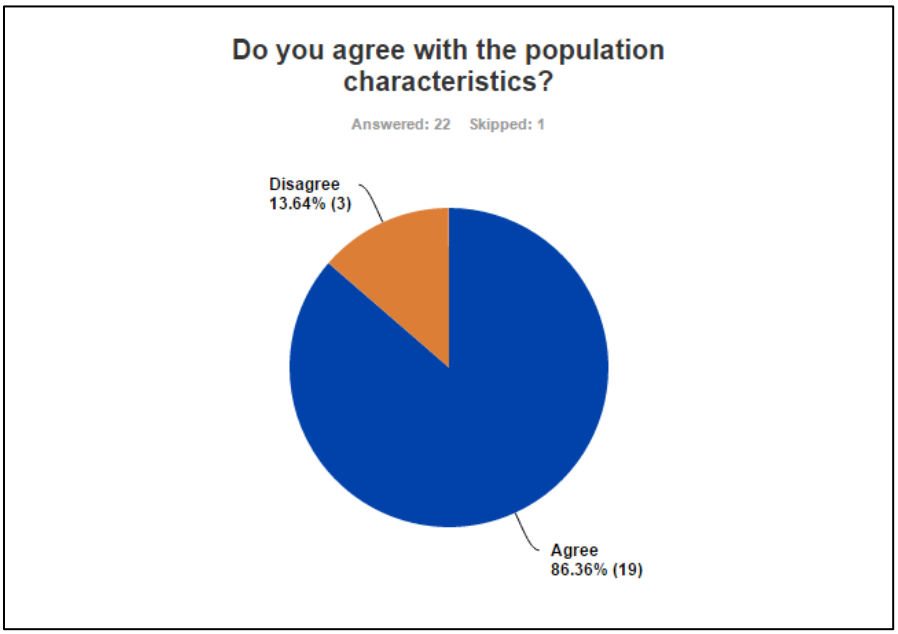
Question: *Do you agree with the observations formed about the comparison of Beadle County to its peer counties?*



Comments:

- If my conclusion about diabetes is right Beadle county has fewer adults with diabetes but the ones that have it die because of it. Mortality is higher than average and morbidity is lower than similar counties. Is that because of the poor care or lack of available services (we have no endocrinologists in our area) or something else? is the information coming from the death certificates. Do all doctors write the primary cause or secondary cause of death... We have very few doctors that see all of the patients so in a small county a few deaths documented from the same doctor will not look the same as a sample from a large county of several million documents by 100 different doctors. One question: We don't have 100,000 people in our county so I am not sure it is a reliable statistic. if we had 100,000 people our city would look different and we would have access to more care and supports. I think the statistic is a bit skewed even if we are compared to counties of similar size.
- I don't entirely understand the ranking that lists nothing as a better or worse choice in these categories. As for Health behaviors, under better is list nothing-Does this mean nothing can be done to improve the public at large's health behavior? How does health care apply to on-time school grauation or children in single parent households?
- There is a little bit of a disconnect with the high school graduation rates. We graduate students through our alternative program in 5 to 6 years. Theses students - usually victims of poverty of broken families - are graduates who are still categorized as drop outs since the did not complete in four years.
- In order for me to agree with these statements, I would need to know what and how many peer counties we are being compared to. It is interesting to note that we have a high diabetes death rate (everyone dies from something-age of death would be revealing), yet we are ranked better in adult diabetes management? This does not correlate well.

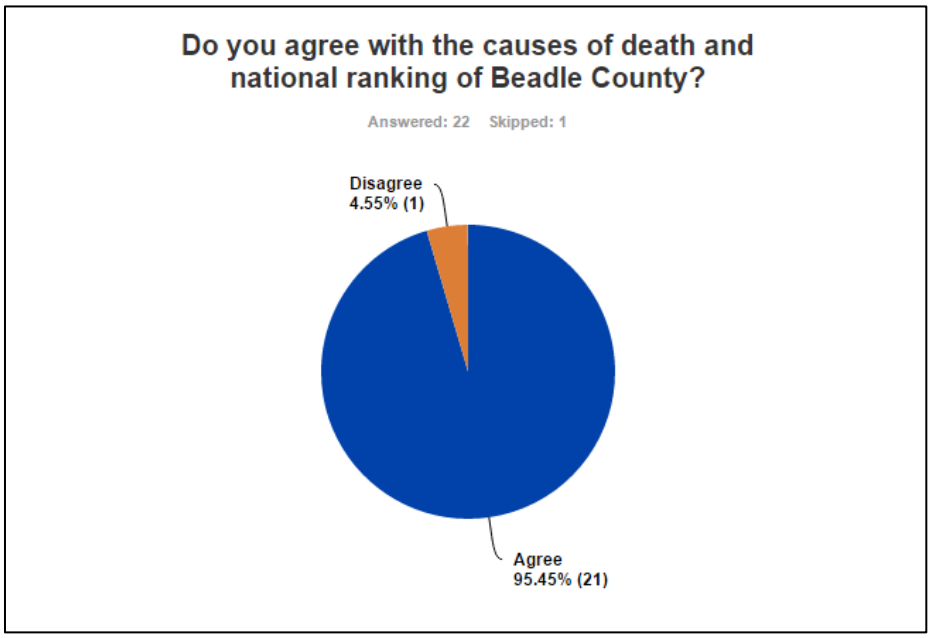
Question: *Do you agree with the observations formed about the population characteristics of Beadle County?*



Comments:

- OB/GYN visit and Cervical Cancer Screening- Are our Family Practice Physicians seeing these patients and providing care and screenings? We have several Family Practice Physicians that do provide these services in our community and only 1 OB/GYN at the current time with an expected arrival of a 2nd OB/GYN late this summer.
- I believe that the Southeast Asian population makes up close to 11.1% of the population now.
- Our school district population is 23% Asian and 22% Hispanic. Many of our Asian population are new to the country and have no English skills. I do not believe they are counted correctly in this survey. Also - I believe we are younger in population due to our new international populations.
- Poverty, social and language barriers are the biggest problems affecting women's health. There is a local health care clinic without OB/gyn physician guidance that provides services to pregnant and female patients of low income or without insurance. There is a fairly large population of patients who do not qualify for Medicaid as they do not have social security numbers or green cards.

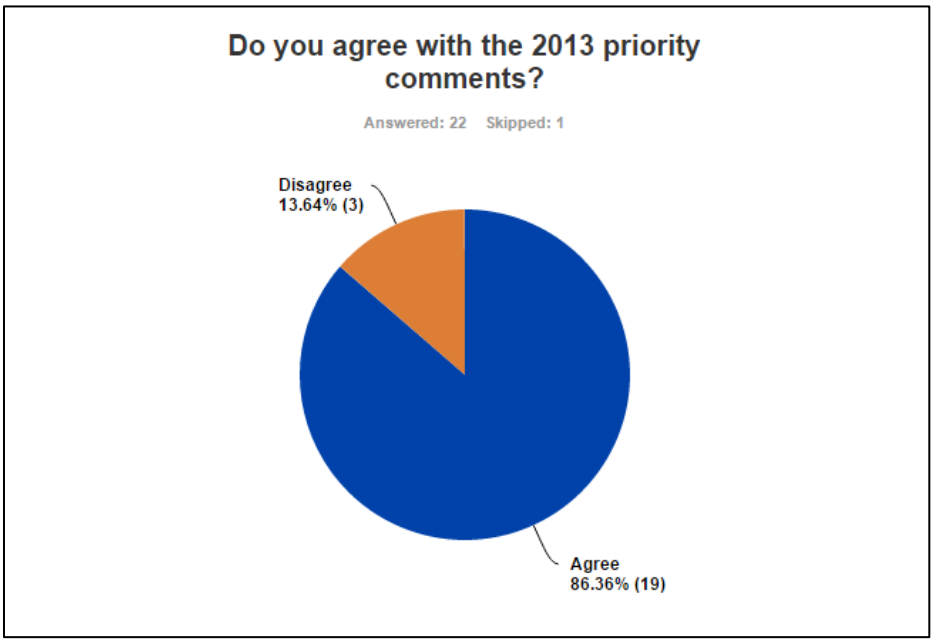
Question: *Do you agree with the observations formed from the national ranking and leading causes of death?*



Comments:

- I would like to know what constitutes a death of diabetes. Is that when a low blood sugar causes death or is it when the person with diabetes has a stroke? Why is beadle county so high with the death rate of diabetes but the number of people with diabetes is low? Why do the people in Beadle county die of pneumonia/flu? Are the other counties doing something different than our doctors or are the people in other counties being admitted and treated sooner... Just throwing things out here.
- I listed disagree only due to the fact that some of these figures are almost 5 years old. The newest information is garnered from 2013, almost 3 years ago and this is still considered accurate?
- Flu/Pneumonia, cancer and diabetes deaths are higher as a function of our higher average age in population. Obesity is a huge problem and contributes or is the primary problem in most illnesses.

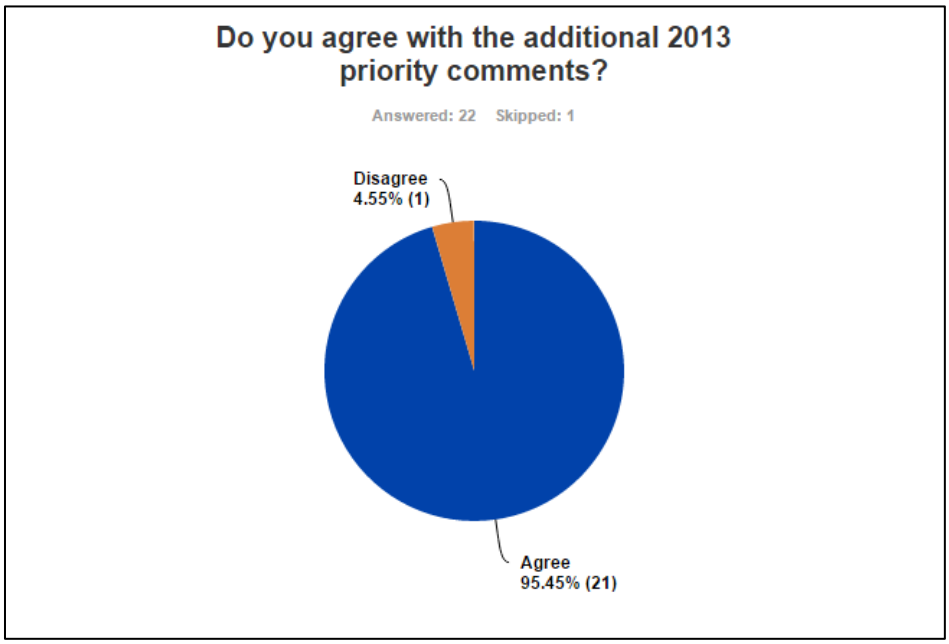
Question: *Do you agree with the written comments received on the 2013 CHNA?*



Comments:

- I don't think childcare is relevant for the hospital at all.
- The hospital could look into several of the above partnerships but a medical facility has nothing to do with housing choices, or how good the school system could be. I do not see a lot of classes/training on childcare, teen pregnancy or birth control.
- addition of an Urgent Care Clinic
- I do not feel that the hospital should pursue hospitalists. It would not be worth the expense, rather, it should pursue bringing in more Family Medicine specialists as this area ranks very low in the number of Family Physicians compared to other similar sized communities. Family Physicians are more likely to focus on preventive medicine (smoking, ETOH abuse, obesity, etc) than any other health care providers. Our community is saturated with midlevel providers who are not providing the preventive medicine services that we so desperately need.

Question: *Do you agree with the additional written comments received on the 2013 CHNA?*



Comments:

- I do not think the hospital should enter into mental health issues except for alcohol, tobacco and drug abuse. We have other services that are available for patients to use for mental illness.

Appendix C – National Healthcare Quality and Disparities Report

The National Healthcare Quality and Disparities Reports (QDR) are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: access to healthcare, quality of healthcare, and priorities of the National Quality Strategy (NQS).

The reports are based on more than 250 measures of quality and disparities covering a broad array of healthcare services and settings. Data are generally available through 2012, although rates of un-insurance have been tracked through the first half of 2014. The reports are produced with the help of an Interagency Work Group led by the Agency for Healthcare Research and Quality (AHRQ) and submitted on behalf of the Secretary of Health and Human Services (HHS).

Beginning with this 2014 report, findings on healthcare quality and healthcare disparities are integrated into a single document. This new National Healthcare Quality and Disparities Report (QDR) highlights the importance of examining quality and disparities together to gain a complete picture of healthcare. This document is also shorter and focuses on summarizing information over the many measures that are tracked; information on individual measures will still be available through chartbooks posted on the Web (www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/).

The key findings of the 2014 QDR are organized around three axes: access to healthcare, quality of healthcare, and NQS priorities.

To obtain high-quality care, Americans must first gain entry into the healthcare system. Measures of access to care tracked in the QDR include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.

ACCESS: After years without improvement, the rate of un-insurance among adults ages 18-64 decreased substantially during the first half of 2014.

The Affordable Care Act is the most far-reaching effort to improve access to care since the enactment of Medicare and Medicaid in 1965. Provisions to increase health insurance options for young adults, early retirees, and Americans with pre-existing conditions were implemented in 2010. Open enrollment in health insurance marketplaces began in October 2013 and coverage began in January 2014. Expanded access to Medicaid in many states began in January 2014, although a few had opted to expand Medicaid earlier.

Trends

- From 2000 to 2010, the percentage of adults ages 18-64 who reported they were without health insurance coverage at the time of interview increased from 18.7% to 22.3%.
- From 2010 to 2013, the percentage without health insurance decreased from 22.3% to 20.4%.
- During the first half of 2014, the percentage without health insurance decreased to 15.6%.

- Data from the Gallup-Healthways Well-Being Index indicate that the percentage of adults without health insurance continued to decrease through the end of 2014,[32] consistent with these trends.

ACCESS: Between 2002 and 2012, access to health care improved for children but was unchanged or significantly worse for adults.

Trends

- From 2002 to 2012, the percentage of people who were able to get care and appointments as soon as wanted improved for children but did not improve for adults ages 18-64.

Disparities

- Children with only Medicaid or CHIP coverage were less likely to get care as soon as wanted compared with children with any private insurance in almost all years.
- Adults ages 18-64 who were uninsured or had only Medicaid coverage were less likely to get care as soon as wanted compared with adults with any private insurance in all years.

Trends

- Through 2012, most access measures improved for children. The median change was 5% per year.
- Few access measures improved substantially among adults. The median change was zero.

ACCESS DISPARITIES: During the first half of 2014, declines in rates of un-insurance were larger among Black and Hispanic adults ages 18-64 than among Whites, but racial differences in rates remained.

Trends

- Historically, Blacks and Hispanics have had higher rates of un-insurance than Whites.[33]

Disparities

- During the first half of 2014, the percentage of adults ages 18-64 without health insurance decreased more quickly among Blacks and Hispanics than Whites, but differences in un-insurance rates between groups remained.
- Data from the Urban Institute's Health Reform Monitoring System indicate that between September 2013 and September 2014, the percentage of Hispanic and non-White non-Hispanic adults ages 18-64 without health insurance decreased to a larger degree in states that expanded Medicaid under the Affordable Care Act than in states that did not expand Medicaid.[34]

ACCESS DISPARITIES: In 2012, disparities were observed across a broad spectrum of access measures. People in poor households experienced the largest number of disparities, followed by Hispanics and Blacks.

Disparities

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[32] Levy J. In U.S., Uninsured Rate Sinks to 12.9%. http://www.gallup.com/poll/180425/uninsured-rate-sinks. aspx.
[33] In this report, racial groups such as Blacks and Whites are non-Hispanic, and Hispanics include all races.
[34] Long SK, Karpman M, Shartzer A, et al. Taking Stock: Health Insurance Coverage under the ACA as of September 2014. http://hrms.urban.org/briefs/Health-Insurance-Coverage-under-the-ACA-as-of- September-2014.html

- In 2012, people in poor households had worse access to care than people in high-income households on all access measures (green).
- Blacks had worse access to care than Whites for about half of access measures.
- Hispanics had worse access to care than Whites for two-thirds of access measures.
- Asians and American Indians and Alaska Natives had worse access to care than Whites for about one-third of access measures.

ACCESS DISPARITIES: Through 2012, across a broad spectrum of access measures, some disparities were reduced but most did not improve.

Disparity Trends

- Through 2012, most disparities in access to care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.
- I n four of the five comparisons shown above, the number of disparities that were improving (black) exceeded the number of disparities that were getting worse (green).

QUALITY: Quality of health care improved generally through 2012, but the pace of improvement varied by measure.

Trends

- Through 2012, across a broad spectrum of measures of health care quality, 60% showed improvement (black).
- Almost all measures of Person-Centered Care improved.
- About half of measures of Effective Treatment, Healthy Living, and Patient Safety improved.
- There are insufficient numbers of reliable measures of Care Coordination and Care Affordability to summarize in this way.

QUALITY: Through 2012, the pace of improvement varied across NQS priorities.

Trends

- Through 2012, quality of health care improved steadily but the median pace of change varied across NQS priorities:
  - Median change in quality was 3.6% per year among measures of Patient Safety.
  - Median improvement in quality was 2.9% per year among measures of Person-Centered Care.
  - Median improvement in quality was 1.7% per year among measures of Effective Treatment.
  - Median improvement in quality was 1.1% per year among measures of Healthy Living.
  - There were insufficient data to assess Care Coordination and Care Affordability.

QUALITY: Publicly reported CMS measures were much more likely than measures reported by other sources to achieve high levels of performance.

Achieved Success

Eleven quality measures achieved an overall performance level of 95% or better this year. At this level, additional improvement is limited, so these measures are no longer reported in the QDR. Of measures that achieved an overall performance level of 95% or better this year, seven were publicly reported by CMS on the Hospital Compare website (italic).

- *Hospital patients with heart attack given percutaneous coronary intervention within 90 minutes*
- Adults with HIV and CD4 cell count of 350 or less who received highly active antiretroviral therapy during the year
- *Hospital patients with pneumonia who had blood cultures before antibiotics were administered*
- *Hospital patients age 65+ with pneumonia who received pneumococcal screening or vaccination*
- *Hospital patients age 50+ with pneumonia who received influenza screening or vaccination*
- *Hospital patients with heart failure and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme or angiotensin receptor blocker at discharge*
- *Hospital patients with pneumonia who received the initial antibiotic dose consistent with current recommendations*
- *Hospital patients with pneumonia who received the initial antibiotic dose within 6 hours of arrival*
- Adults with HIV and CD4 cell counts of 200 or less who received Pneumocystis pneumonia prophylaxis during the year
- People with a usual source of care for whom health care providers explained and provided all treatment options
- Hospice patients who received the right amount of medicine for pain management

Last year, 14 of 16 quality measures that achieved an overall performance level of 95% or better were publicly reported by CMS. Measures that reach 95% and are no longer reported in the QDR continue to be monitored when data are available to ensure that they do not fall below 95%.

Improving Quickly

Through 2012, a number of measures showed rapid improvement, defined as an average annual rate of change greater than 10% per year. Of these measures that improved quickly, four are adolescent vaccination measures (italic).

- *Adolescents ages 16-17 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine*
- *Adolescents ages 13-15 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine*
- Hospital patients with heart failure who were given complete written discharge instructions
- *Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine*
- *Adolescents ages 13-15 years who received 1 or more doses of meningococcal conjugate vaccine*
- Patients with colon cancer who received surgical resection that included 12+ lymph nodes pathologically examined
- Central line-associated bloodstream infection per 1,000 medical and surgical discharges, age 18+ or obstetric admissions

- Women with Stage I-IIb breast cancer who received axillary node dissection or sentinel lymph node biopsy at time of surgery

Worsening

Through 2012, a number of measures showed worsening quality. Of these measures that showed declines in quality, three track chronic diseases (italic). Note that these declines occurred prior to implementation of most of the health insurance expansions included in the Affordable Care Act.

- Maternal deaths per 100,000 live births
- Children ages 19-35 months who received 3 or more doses of Haemophilus influenzae type b vaccine
- People who indicate a financial or insurance reason for not having a usual source of care
- Suicide deaths per 100,000 population
- Women ages 21-65 who received a Pap smear in the last 3 years
- *Admissions with diabetes with short-term complications per 100,000 population, age 18+*
- *Adults age 40+ with diagnosed diabetes who had their feet checked for sores or irritation in the calendar year*
- Women ages 50-74 who received a mammogram in the last 2 years
- Postoperative physiologic and metabolic derangements per 1,000 elective-surgery admissions, age 18+
- *People with current asthma who are now taking preventive medicine daily or almost daily*
- People unable to get or delayed in getting needed medical care, dental care, or prescription medicines due to financial or insurance reasons

QUALITY DISPARITIES: Disparities remained prevalent across a broad spectrum of quality measures. People in poor households experienced the largest number of disparities, followed by Blacks and Hispanics.

Disparities

- People in poor households received worse care than people in high-income households on more than half of quality measures (green).
- Blacks received worse care than Whites for about one-third of quality measures.
- Hispanics, American Indians and Alaska Natives, and Asians received worse care than Whites for some quality measures and better care for some measures.
- For each group, disparities in quality of care are similar to disparities in access to care, although access problems are more common than quality problems.

QUALITY DISPARITIES: Through 2012, some disparities were getting smaller but most were not improving across a broad spectrum of quality measures.

Disparity Trends

- Through 2012, most disparities in quality of care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.

- When changes in disparities occurred, measures of disparities were more likely to show improvement (black) than decline (green). However, for people in poor households, more measures showed worsening disparities than improvement.

QUALITY DISPARITIES: Through 2012, few disparities in quality of care were eliminated while a small number became larger.

Disparities Trends

- Through 2012, several disparities were eliminated.
  - One disparity in vaccination rates was eliminated for Blacks (measles-mumps-rubella), Asians (influenza), American Indians and Alaska Natives (hepatitis B), and people in poor households (human papillomavirus).
  - Four disparities related to hospital adverse events were eliminated for Blacks.
  - Three disparities related to chronic diseases and two disparities related to communication with providers were eliminated for Asians.
  - On the other hand, a few disparities grew larger because improvements in quality for Whites did not extend uniformly to other groups.
  - At least one disparity related to hospice care grew larger for Blacks, American Indians and Alaska Natives, and Hispanics.
  - People in poor households experienced worsening disparities related to chronic diseases.

QUALITY DISPARITIES: Overall quality and racial/ethnic disparities varied widely across states and often not in the same direction.

Geographic Disparities

- There was significant variation in quality among states. There was also significant variation in disparities.
- States in the New England, Middle Atlantic, West North Central, and Mountain census divisions tended to have higher overall quality while states in the South census region tended to have lower quality.
- States in the South Atlantic, West South Central, and Mountain census divisions tended to have fewer racial/ethnic disparities while states in the Middle Atlantic, West North Central, and Pacific census divisions tended to have more disparities.
- The variation in state performance on quality and disparities may point to differential strategies for improvement.

National Quality Strategy: Measures of Patient Safety improved, led by a 17% reduction in hospital-acquired conditions.

Hospital-acquired conditions have been targeted for improvement by the CMS Partnership for Patients initiative, a major public-private partnership working to improve the quality, safety, and affordability of health care for all Americans. As a result of this and other federal efforts, such as Medicare's Quality Improvement Organizations and the HHS National Action Plan to Prevent Health Care-Associated Infections, as well as the dedication of practitioners, the general trend in patient safety is one of improvement.

Trends

- From 2010 to 2013, the overall rate of hospital-acquired conditions declined from 145 to 121 per 1,000 hospital discharges.
- This decline is estimated to correspond to 1.3 million fewer hospital-acquired conditions, 50,000 fewer inpatient deaths, and $12 billion savings in health care costs.[35]
- Large declines were observed in rates of adverse drug events, healthcare-associated infections, and pressure ulcers.
- About half of all Patient Safety measures tracked in the QDR improved.
- One measure, admissions with central line-associated bloodstream infections, improved quickly, at an average annual rate of change above 10% per year.
- One measure, postoperative physiologic and metabolic derangements during elective-surgery admissions, got worse over time.

Disparities Trends

- Black-White differences in four Patient Safety measures were eliminated.
- Asian-White differences in admissions with iatrogenic pneumothorax grew larger.

National Quality Strategy: Measures of Person-Centered Care improved steadily, especially for children.

Trends

- From 2002 to 2012, the percentage of children whose parents reported poor communication significantly decreased overall and among all racial/ethnic and income groups.
- Almost all Person-Centered Care measures tracked in the QDR improved; no measure got worse.

Disparities

In almost all years, the percentage of children whose parents reported poor communication with their health providers was:

- Higher for Hispanics and Blacks compared with Whites.
- Higher for poor, low-income, and middle-income families compared with high-income families.

Disparities Trends

- Asian-White differences in two measures related to communication were eliminated.
- Four Person-Centered Care disparities related to hospice care grew larger.

National Quality Strategy: Measures of Care Coordination improved as providers enhanced discharge processes and adopted health information technologies.

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[35] Agency for Healthcare Research and Quality. Interim Update on 2013 Annual Hospital-Acquired Condition Rate and Estimates of Cost Savings and Deaths Averted From 2010 to 2013. http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2013.html

Trends

- From 2005 to 2012, the percentage of hospital patients with heart failure who were given complete written discharge instructions increased overall, for both sexes, and for all racial/ethnic groups.
- There are few measures to assess trends in Care Coordination.

Disparities

- In all years, the percentage of hospital patients with heart failure who were given complete written discharge instructions was lower among American Indians and Alaska Natives compared with Whites.

National Quality Strategy: Many measures of Effective Treatment achieved high levels of performance, led by measures publicly reported by CMS on Hospital Compare.

Trends

- From 2005 to 2012, the percentage of hospital patients with heart attack given percutaneous coronary intervention within 90 minutes of arrival increased overall, for both sexes, and for all racial/ethnic groups.
- In 2012, the overall rate exceeded 95%; the measure will no longer be reported in the QDR.
- Eight other Effective Treatment measures achieved overall performance levels of 95% or better this year, including five measures of pneumonia care and two measures of HIV care.
- About half of all Effective Treatment measures tracked in the QDR improved.
- Two measures, both related to cancer treatment, improved quickly, at an average annual rate of change above 10% per year.
- Three measures related to management of chronic diseases got worse over time.

Disparities

- As rates topped out, absolute differences between groups became smaller. Hence, disparities often disappeared as measures achieved high levels of performance.

Disparities Trends

- Asian-White differences in three chronic disease management measures were eliminated but income-related disparities in two measures related to diabetes and joint symptoms grew larger.

National Quality Strategy: Healthy Living improved in about half of the measures followed, led by selected adolescent vaccines from 2008 to 2012.

Trends

- From 2008 to 2012, the percentage of adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine increased overall, for residents of both metropolitan and nonmetropolitan areas, and for all income groups.
- About half of all Healthy Living measures tracked in the QDR improved.

- Four measures, all related to adolescent immunizations, improved quickly, at an average annual rate of change above 10% per year (meningococcal vaccine ages 13-15 and ages 16-17; tetanusdiphteria-acellular pertussis vaccine ages 13-15 and ages 16-17).
- Two measures related to cancer screening got worse over time.

Disparities

- Adolescents ages 16-17 in nonmetropolitan areas were less likely to receive meningococcal conjugate vaccine than adolescents in metropolitan areas in all years.
- Adolescents in poor, low-income, and middle-income households were less likely to receive meningococcal conjugate vaccine than adolescents in high-income households in almost all years.

Disparities Trends

- Four disparities related to child and adult immunizations were eliminated.
- Black-White differences in two Healthy Living measures grew larger.

National Quality Strategy: Measures of Care Affordability worsened from 2002 to 2010 and then leveled off.

From 2002 to 2010, prior to the Affordable Care Act, care affordability was worsening. Since 2010, the Affordable Care Act has made health insurance accessible to many Americans with limited financial resources.

Trends

- From 2002 to 2010, the overall percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines and who indicated a financial or insurance reason rose from 61.2% to 71.4%.
- From 2002 to 2010, the rate worsened among people with any private insurance and among people from high- and middle-income families; changes were not statistically significant among other groups.
- After 2010, the rate leveled off, overall and for most insurance and income groups.
- Data from the Commonwealth Fund Biennial Health Insurance Survey indicate that cost-related problems getting needed care fell from 2012 to 2014 among adults.[36]
- Another Care Affordability measure, people without a usual source of care who indicate a financial or insurance reason for not having a source of care, also worsened from 2002 to 2010 and then leveled off.
- There are few measures to assess trends in Care Affordability.

Disparities

- In all years, the percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines who indicated a financial or insurance reason for the problem was:

[36] Collins SR, Rasmussen PW, Doty MM, et al. The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014. http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf?la=en

- Higher among uninsured people and people with public insurance compared with people with any private insurance.
- Higher among poor, low-income, and middle-income families compared with high-income families.

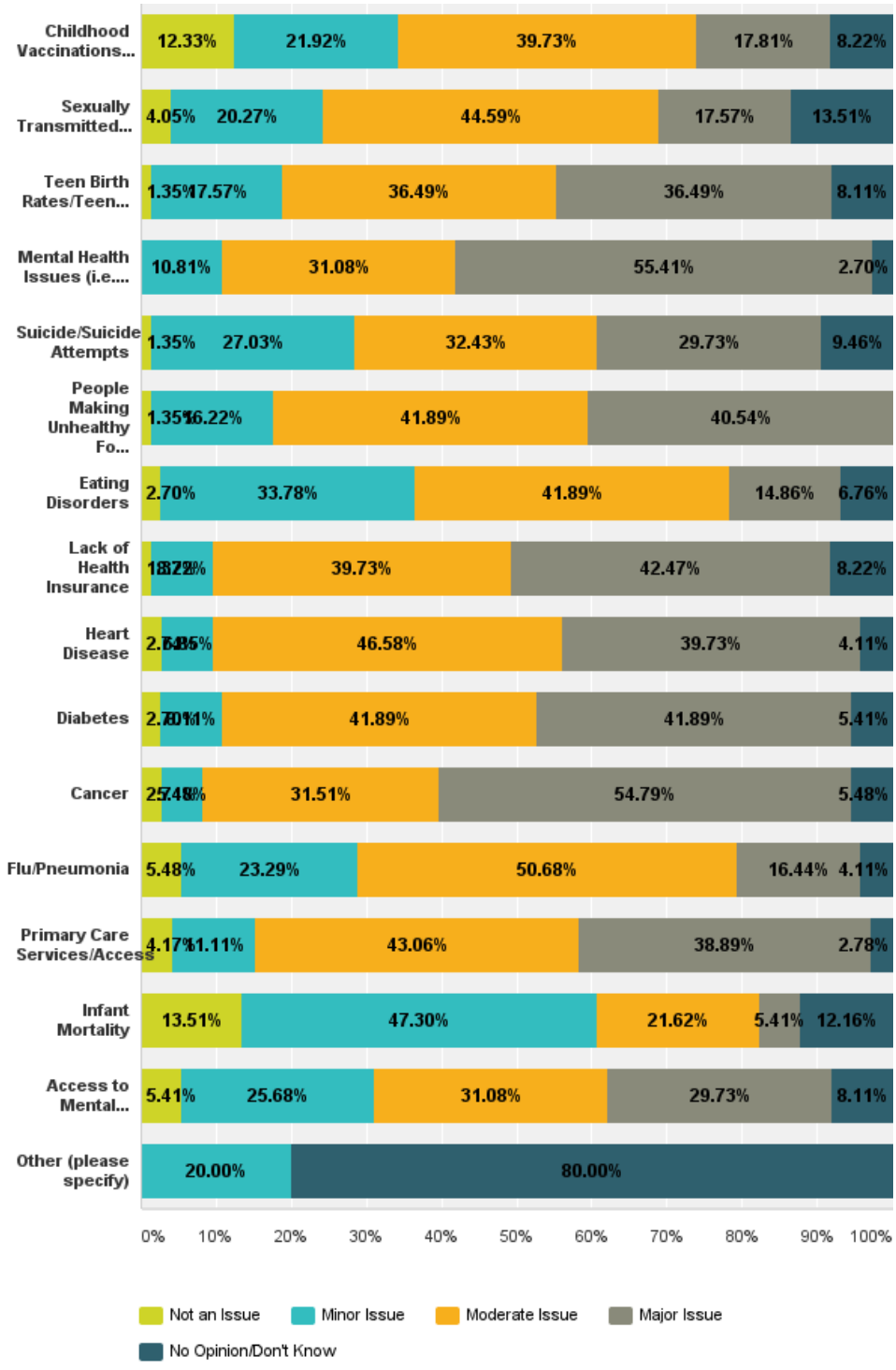
CONCLUSION

The 2014 Quality and Disparities Reports demonstrate that access to care improved. After years of stagnation, rates of un-insurance among adults decreased in the first half of 2014 as a result of Affordable Care Act insurance expansion. However, disparities in access to care, while diminishing, remained.

Quality of healthcare continued to improve, although wide variation across populations and parts of the country remained. Among the NQS priorities, measures of Person-Centered Care improved broadly. Most measures of Patient Safety, Effective Treatment, and Healthy Living also improved, but some measures of chronic disease management and cancer screening lagged behind and may benefit from additional attention. Data to assess Care Coordination and Affordable Care were limited and measurement of these priorities should be expanded.

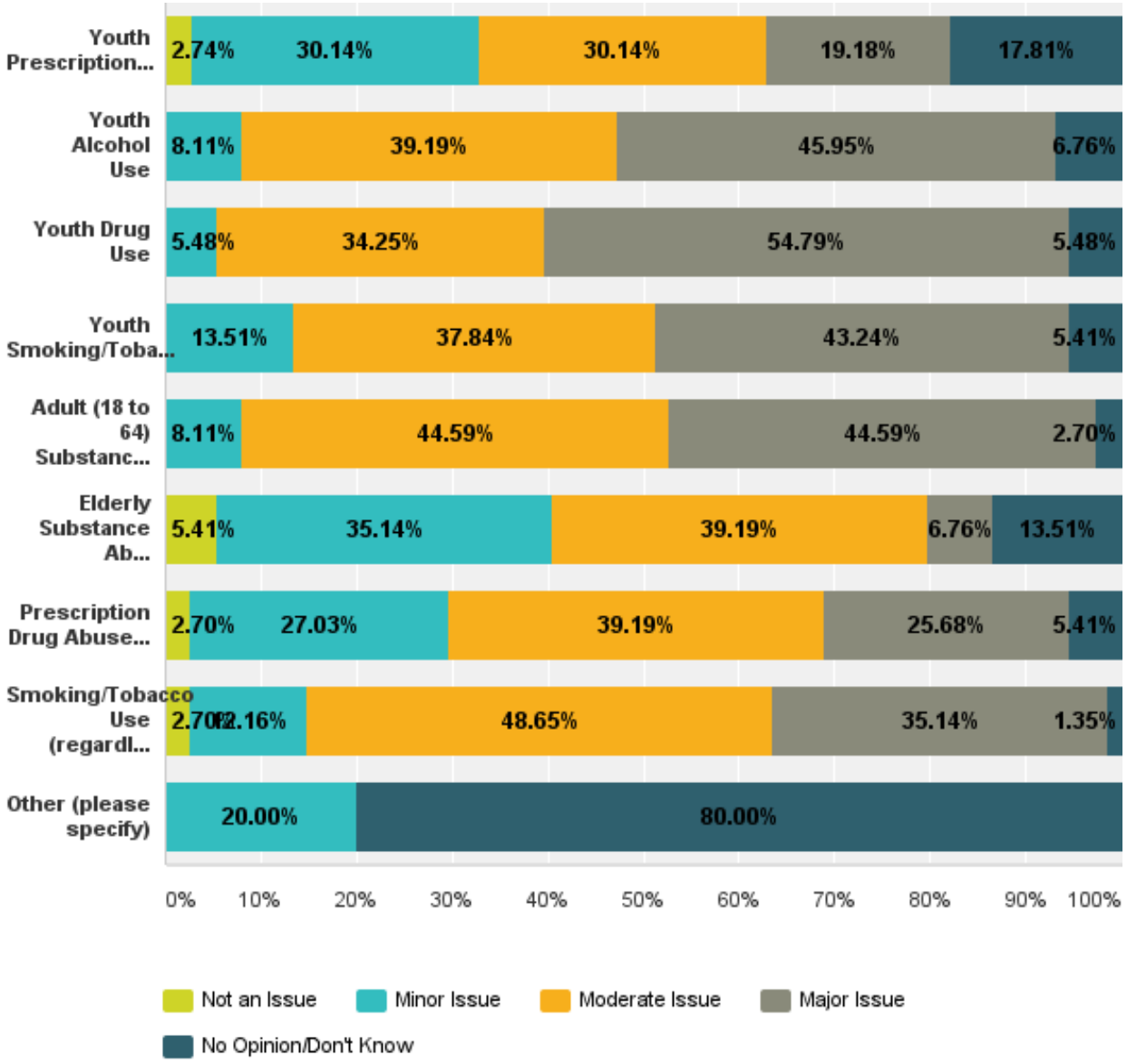
Appendix D – Community Survey Results

Q1: What is your opinion about the following medical and mental health issues in your community? While your opinion may not need to use all of the following terms, please use the following definitions to express your opinions: Minor Issue - a concern, but of much less importance than other issues; Moderate Issue - a concern of average importance compared to other issues; Major Issue - among the top three to five concerns needing prompt attention

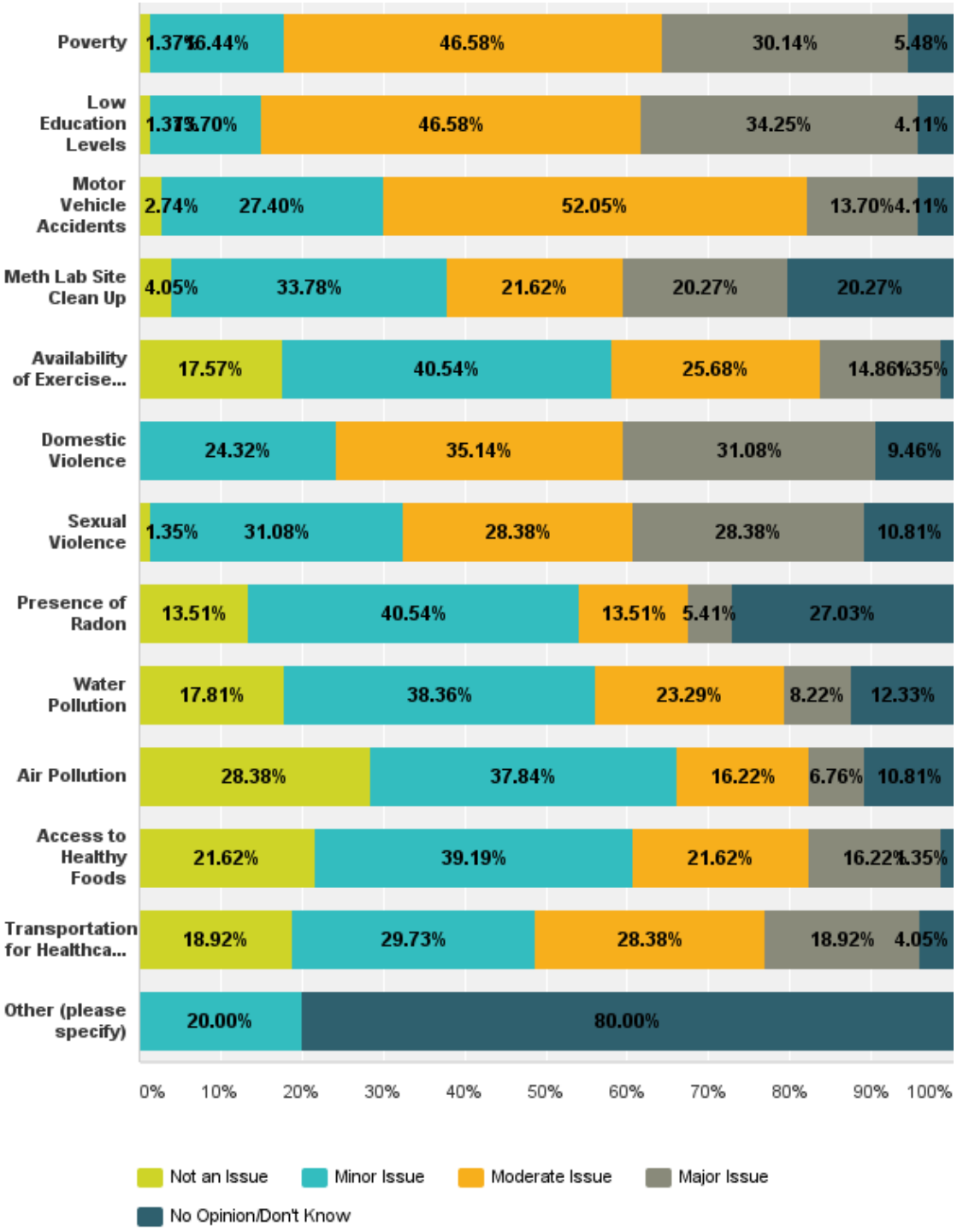


	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know	Total
Childhood Vaccinations (i.e., flu, whooping cough)	**12.33%** 9	**21.92%** 16	**39.73%** 29	**17.81%** 13	**8.22%** 6	73
Sexually Transmitted Diseases (education and testing services)	**4.05%** 3	**20.27%** 15	**44.59%** 33	**17.57%** 13	**13.51%** 10	74
Teen Birth Rates/Teen Pregnancy	**1.35%** 1	**17.57%** 13	**36.49%** 27	**36.49%** 27	**8.11%** 6	74
Mental Health Issues (i.e., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder)	**0.00%** 0	**10.81%** 8	**31.08%** 23	**55.41%** 41	**2.70%** 2	74
Suicide/Suicide Attempts	**1.35%** 1	**27.03%** 20	**32.43%** 24	**29.73%** 22	**9.46%** 7	74
People Making Unhealthy Food Choices/Obesity	**1.35%** 1	**16.22%** 12	**41.89%** 31	**40.54%** 30	**0.00%** 0	74
Eating Disorders	**2.70%** 2	**33.78%** 25	**41.89%** 31	**14.86%** 11	**6.76%** 5	74
Lack of Health Insurance	**1.37%** 1	**8.22%** 6	**39.73%** 29	**42.47%** 31	**8.22%** 6	73
Heart Disease	**2.74%** 2	**6.85%** 5	**46.58%** 34	**39.73%** 29	**4.11%** 3	73
Diabetes	**2.70%** 2	**8.11%** 6	**41.89%** 31	**41.89%** 31	**5.41%** 4	74
Cancer	**2.74%** 2	**5.48%** 4	**31.51%** 23	**54.79%** 40	**5.48%** 4	73
Flu/Pneumonia	**5.48%** 4	**23.29%** 17	**50.68%** 37	**16.44%** 12	**4.11%** 3	73
Primary Care Services/Access	**4.17%** 3	**11.11%** 8	**43.06%** 31	**38.89%** 28	**2.78%** 2	72
Infant Mortality	**13.51%** 10	**47.30%** 35	**21.62%** 16	**5.41%** 4	**12.16%** 9	74
Access to Mental Health/Substance Abuse Services	**5.41%** 4	**25.68%** 19	**31.08%** 23	**29.73%** 22	**8.11%** 6	74
Other (please specify)	**0.00%** 0	**20.00%** 1	**0.00%** 0	**0.00%** 0	**80.00%** 4	5

Q2: What is your opinion about the following drug and other substance abuse issues in your community?



Q3: What is your opinion about these other possible community issues?

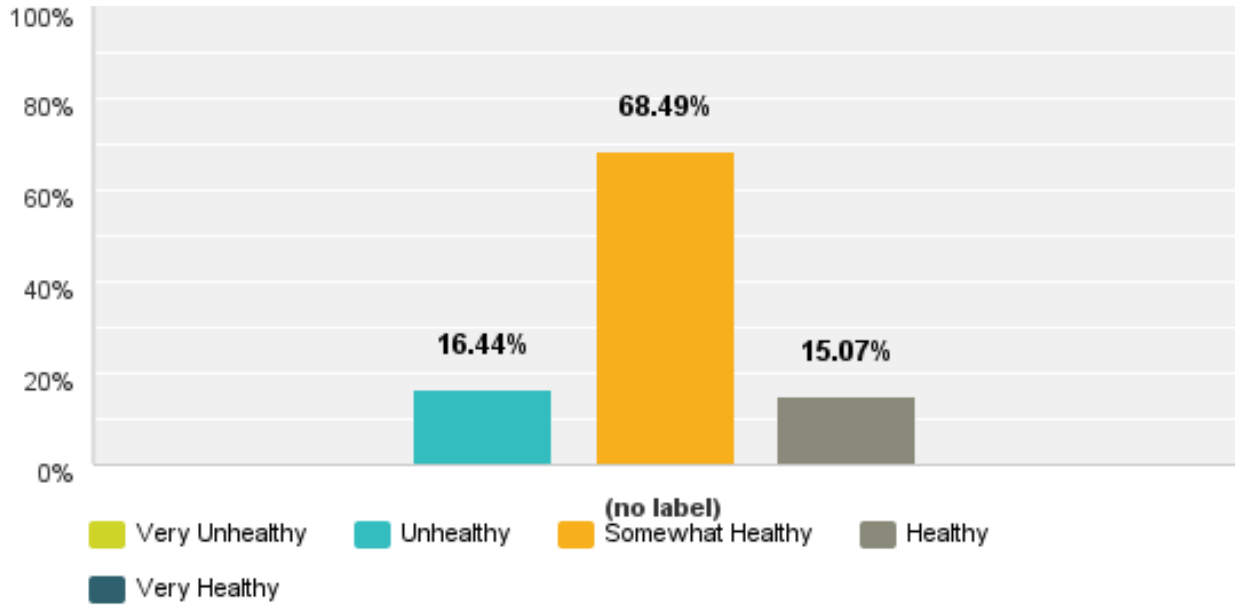


Q4: In your own words, what do you believe to be the most important health or medical issue confronting the residents of Beadle County?

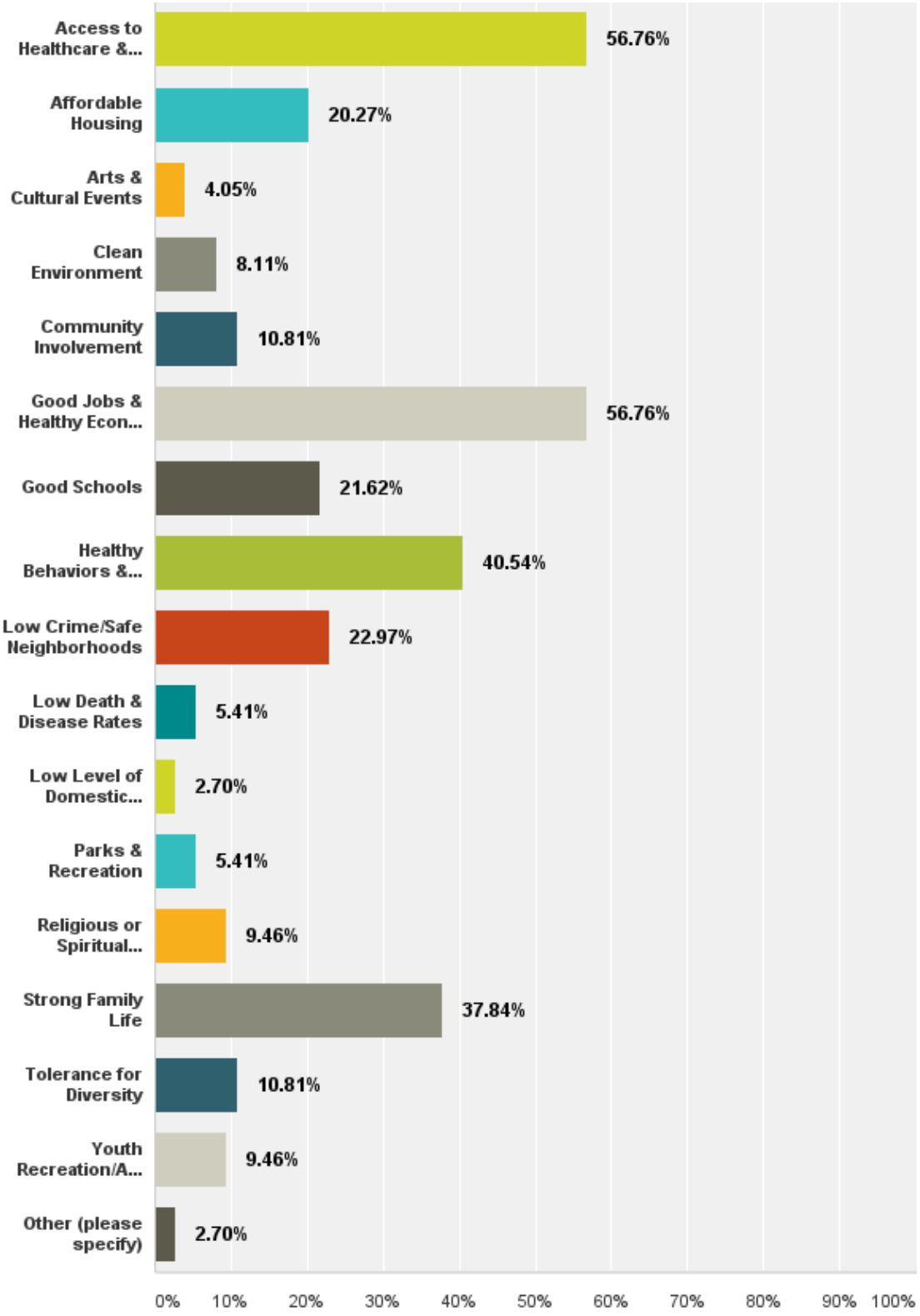
- Lack of after hours clinic/urgent care, must seek ER care or travel at least 1 hour to town of larger size for care.
- Recruitment of physicians.
- Poverty
- People taking responsibility for their own health.
- everyone having insurance
- EDUCATION AND URGENT CARE CLINIC NEEDED
- availability of drugs in the community
- Quick access to help for mental health. At this time, getting quick access is not there. The availability of counselors, especially ones you can feel comfortable with- no strong accents- is so important. The question of 'Can I come in with out health insurance"- should not be sent to an answering machine. "Is this an emergency"- most depressed patients will not consider themselves an emergency- when some one calls for help, or needs to get in right away- they are desperate.
- Our healthcare providers are getting old. It's difficult to recruit new healthcare providers to Huron. Doctors don't want to take after-hours call. A hospitalist program would help with that.
- teen and youth health in general lack of appropriate education sexually active without knowledge of risks teen pregnancies teen alcohol tobacco and drug use
- Heart Disease
- I want to say that it is the general sanitation of the city and the residents. I feel as though 60% to 70% of residents in Huron are unclean and unhealthy which in turn generates bacteria and infections.
- Most health concerns are a personal choice. Problem being, few take the time to care about their health until it fails. It is then they EXPECT someone else to fix it. Those that do take an active interest in their health are everything they need right here to support that need, including education, mental health, physical health, etc. You can build it, but you can't make them come.
- Cost of health care including insurance.
- Cost and access to healthcare
- no one thinks about health issues until an issue occurs. Health workers need to out to schools & Churches and teach about preventive health care
- Veterans care
- Obesity, smoking, unhealthy eating
- Lack of providers for primary care both in clinic and hospital setting
- Domestic Violence and Teen pregnancy rates!
- Access to doctors. We have to travel to doctors because of our insurance
- AFFORTABLE HEALTH CARE
- Affordable Healthcare
- Lack of physicians for hospital care
- confidence in Huron medical community. Doctors are hard to attract and when they do come they don't stay. People think they can get less expensive care out of town. We need an urgent care facility desperately.
- higher costs to stay at HRMC compared to other communities
- Our diversity has brought health concerns, do they have all of the proper vaccinations. When they arrive who makes sure they have these issues taken care of.

- Economics cant pay for hospital visits or meds
- "Need specialists in town and more M.D.'s."
- use of illegal drugs
- Availability of health care after 5pm and on weekends. We need a walk-in clinic.
- Obesity
- Quality health care providers that are well rounded and experienced within the Huron Area.
- Obtaining Providers for Surgery, Orthopedics and Adult Internal Medicine. Also specialty clinic provider for Dermitoligy (sp).
- "Obesity"
- Drug abuse
- Lack of insurance, lack of understanding health care, lack of immunization
- Access to advance healthcare after diagnosis
- Lack of doctors.
- getting affordable specialized care in Huron. Currently residents have to travel to Sioux Falls to receive specialized services.
- Affordability of services. Our family doesn't qualify for Obamacare yet cannot afford to get an outside insurance as one is not provided through our employers.
- I feel Beadle Country could really use a urgent care clinic. Often times people are not "ill" enough for the ER but still come -- the cost is expensive and an urgent care clinic may help keep costs down -- also some people feel the need to us the ER as a clinic and yet again and urgent care clinic would help with that.
- Resources for medical treatment and the ability to get there and pay for it
- Heart disease
- mental health is large is this community, it is very difficult to get to the clinic here, and not a lot of choses if you don't like the doctors there.
- Lack of insurance and substance abuse
- "AGE"
- The use and production of Meth.
- LACK OF SPECIALTY DOCTORS COMING TO HURON
- Drug use by youth
- Specialty doctors, such as full-time orthopedics, not just drs who come 1-2 times per week.
- "I believe that diabetes is the most important.
- Next would be prescrip drug abuse."
- health insurance for low income people who can't get medicaid
- ALCOHOL ABUSE AND DOMESTIC VIOLENCE
- Refugees and their living habits with lack of English speaking knowledge.

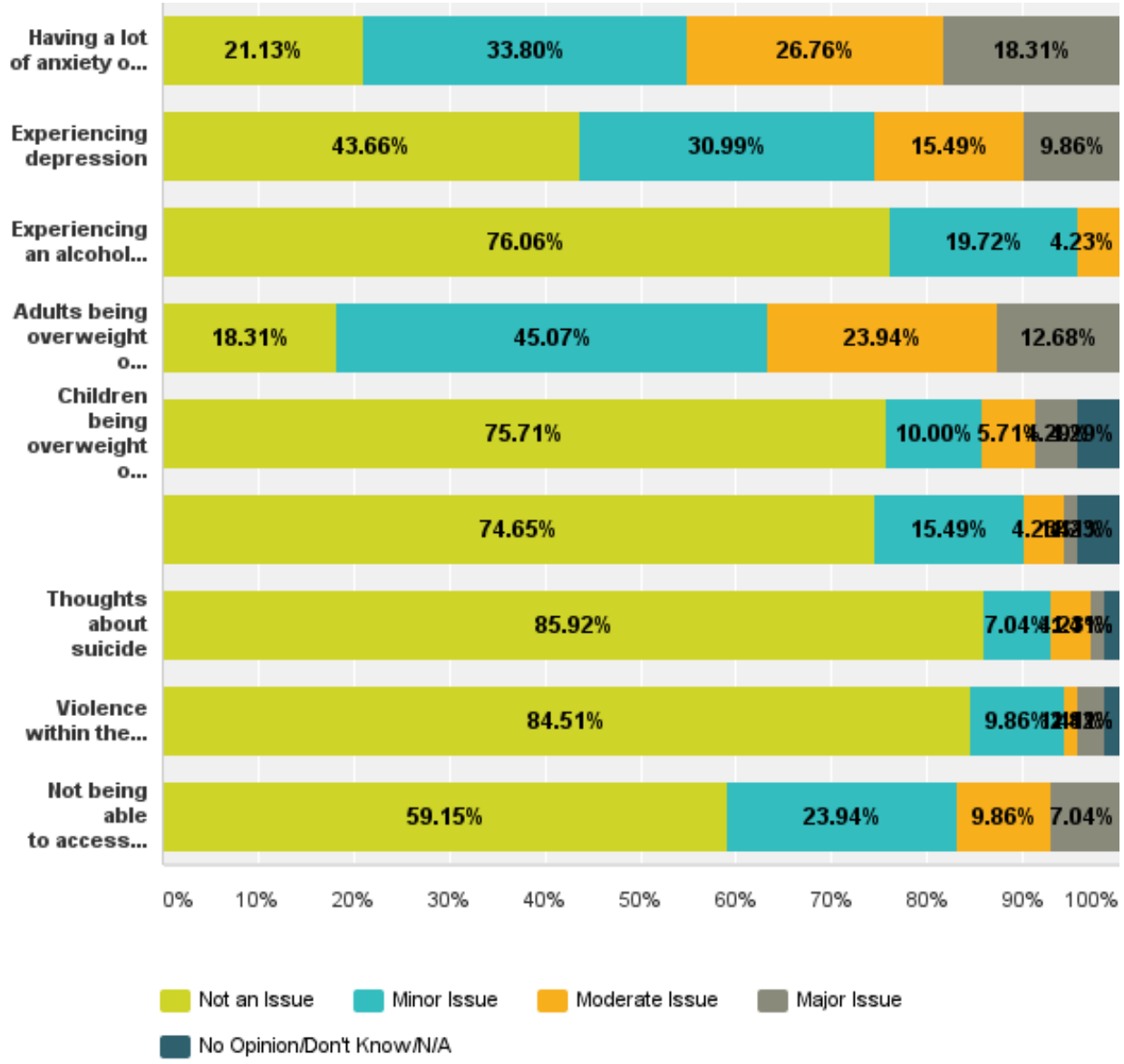
Q5: How would you rate the health of your community?



Q6: Check the three (3) items below that you believe are most important for a healthy community:



Q7: In your household, how would you describe the following health issues?



	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know/N/A	Total
Having a lot of anxiety or stress	**21.13%** 15	**33.80%** 24	**26.76%** 19	**18.31%** 13	**0.00%** 0	71
Experiencing depression	**43.66%** 31	**30.99%** 22	**15.49%** 11	**9.86%** 7	**0.00%** 0	71
Experiencing an alcohol and/or drug issue	**76.06%** 54	**19.72%** 14	**4.23%** 3	**0.00%** 0	**0.00%** 0	71
Adults being overweight or obese in your household	**18.31%** 13	**45.07%** 32	**23.94%** 17	**12.68%** 9	**0.00%** 0	71
Children being overweight or obese in your household	**75.71%** 53	**10.00%** 7	**5.71%** 4	**4.29%** 3	**4.29%** 3	70
Not being able to access care for a person with a serious physical illness	**74.65%** 53	**15.49%** 11	**4.23%** 3	**1.41%** 1	**4.23%** 3	71
Thoughts about suicide	**85.92%** 61	**7.04%** 5	**4.23%** 3	**1.41%** 1	**1.41%** 1	71
Violence within the household	**84.51%** 60	**9.86%** 7	**1.41%** 1	**2.82%** 2	**1.41%** 1	71
Not being able to access affordable dental care	**59.15%** 42	**23.94%** 17	**9.86%** 7	**7.04%** 5	**0.00%** 0	71

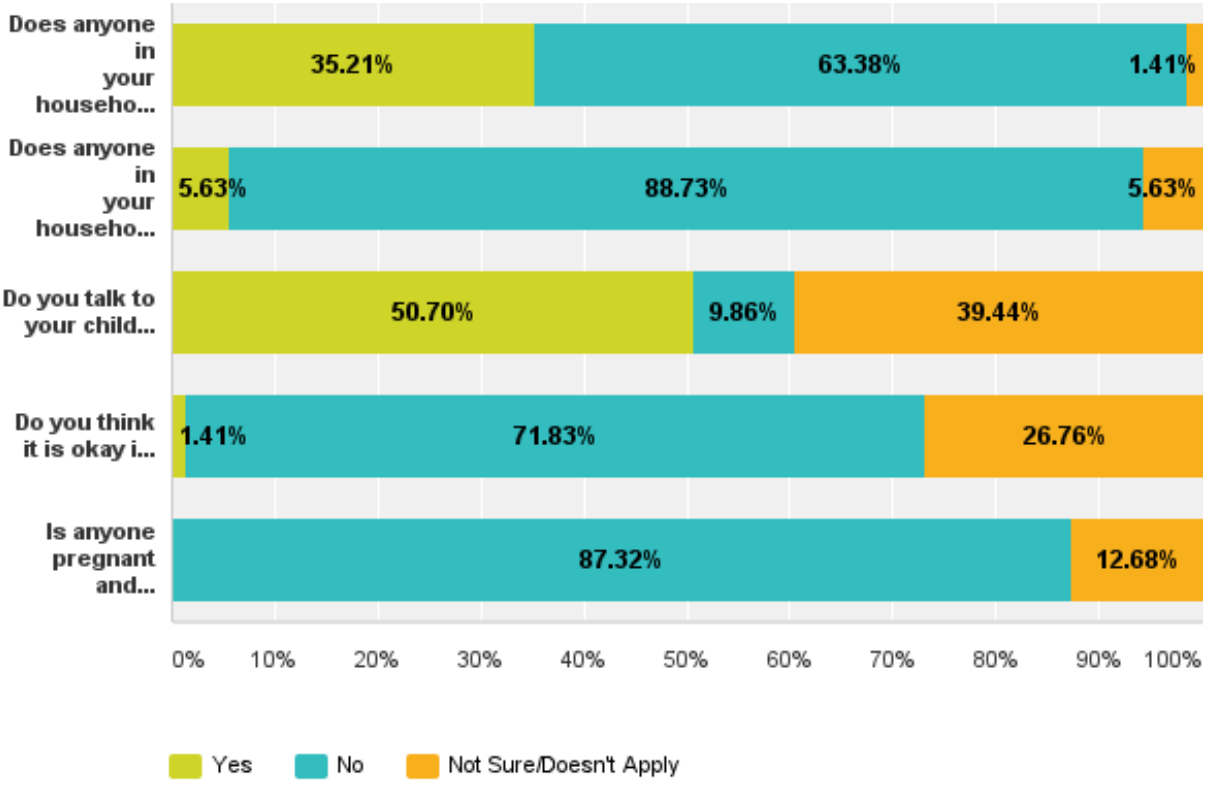
Q8: How would you describe the following housing issues as they relate to you and your family?

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know/N/A	Total
Not having enough room in your house for the people who live there	**88.57%** 62	**8.57%** 6	**1.43%** 1	**1.43%** 1	**0.00%** 0	70
Living in housing that needs major repairs	**84.29%** 59	**12.86%** 9	**2.86%** 2	**0.00%** 0	**0.00%** 0	70
Experiencing a mold or mildew problem in your house	**88.57%** 62	**8.57%** 6	**1.43%** 1	**1.43%** 1	**0.00%** 0	70
Lack of money to pay for housing	**81.43%** 57	**11.43%** 8	**5.71%** 4	**1.43%** 1	**0.00%** 0	70
Breathing problems from heating with wood	**97.14%** 68	**1.43%** 1	**1.43%** 1	**0.00%** 0	**0.00%** 0	70

Q9: In your household, how would you rate obtaining the following support services?

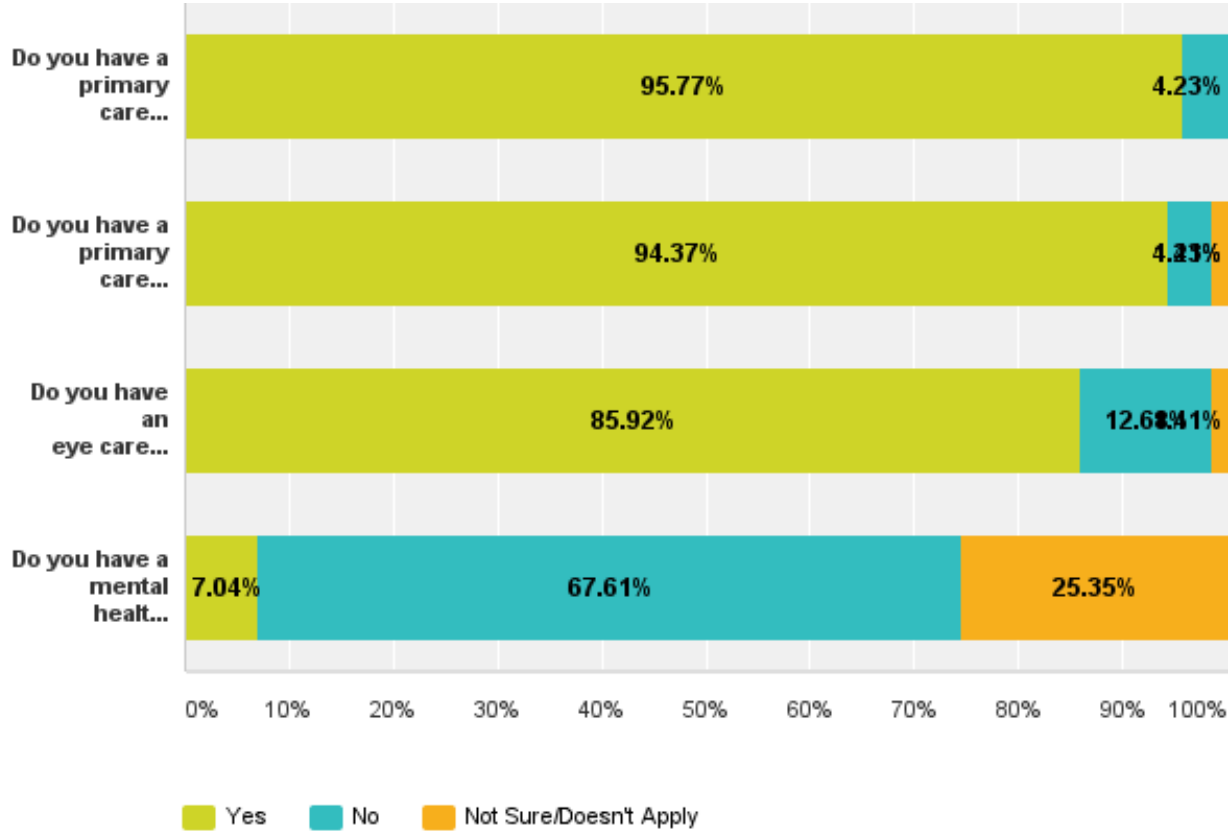
	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know/N/A	Total
Lack of activities for school-aged children and teens	**57.75%** 41	**16.90%** 12	**16.90%** 12	**1.41%** 1	**7.04%** 5	71
Not being able to find before or after-school childcare, or summer childcare for school-aged children	**65.71%** 46	**10.00%** 7	**8.57%** 6	**5.71%** 4	**10.00%** 7	70
Not being able to access in-home care for an adult who is 65 years or older	**76.06%** 54	**7.04%** 5	**1.41%** 1	**1.41%** 1	**14.08%** 10	71
Not being able to find or afford childcare for children ages 0 to 5 years	**67.61%** 48	**4.23%** 3	**8.45%** 6	**7.04%** 5	**12.68%** 9	71
Not knowing how to access services or information in Beadle County	**56.34%** 40	**25.35%** 18	**8.45%** 6	**4.23%** 3	**5.63%** 4	71
Not being able to find transportation for a person with a physical disability or someone aged 65 years or older	**78.87%** 56	**1.41%** 1	**4.23%** 3	**0.00%** 0	**15.49%** 11	71
Not being able to use public transportation to get to a job or appointment on time	**81.69%** 58	**2.82%** 2	**0.00%** 0	**0.00%** 0	**15.49%** 11	71
Not having a working vehicle	**84.51%** 60	**5.63%** 4	**1.41%** 1	**0.00%** 0	**8.45%** 6	71
Not being able to find a crisis intervention resource (suicide, family support, violence, child or older adult neglect, alcohol and drug emergencies, etc).	**74.65%** 53	**12.68%** 9	**2.82%** 2	**0.00%** 0	**9.86%** 7	71

Q10: Please answer the following questions regarding tobacco products used in your household.



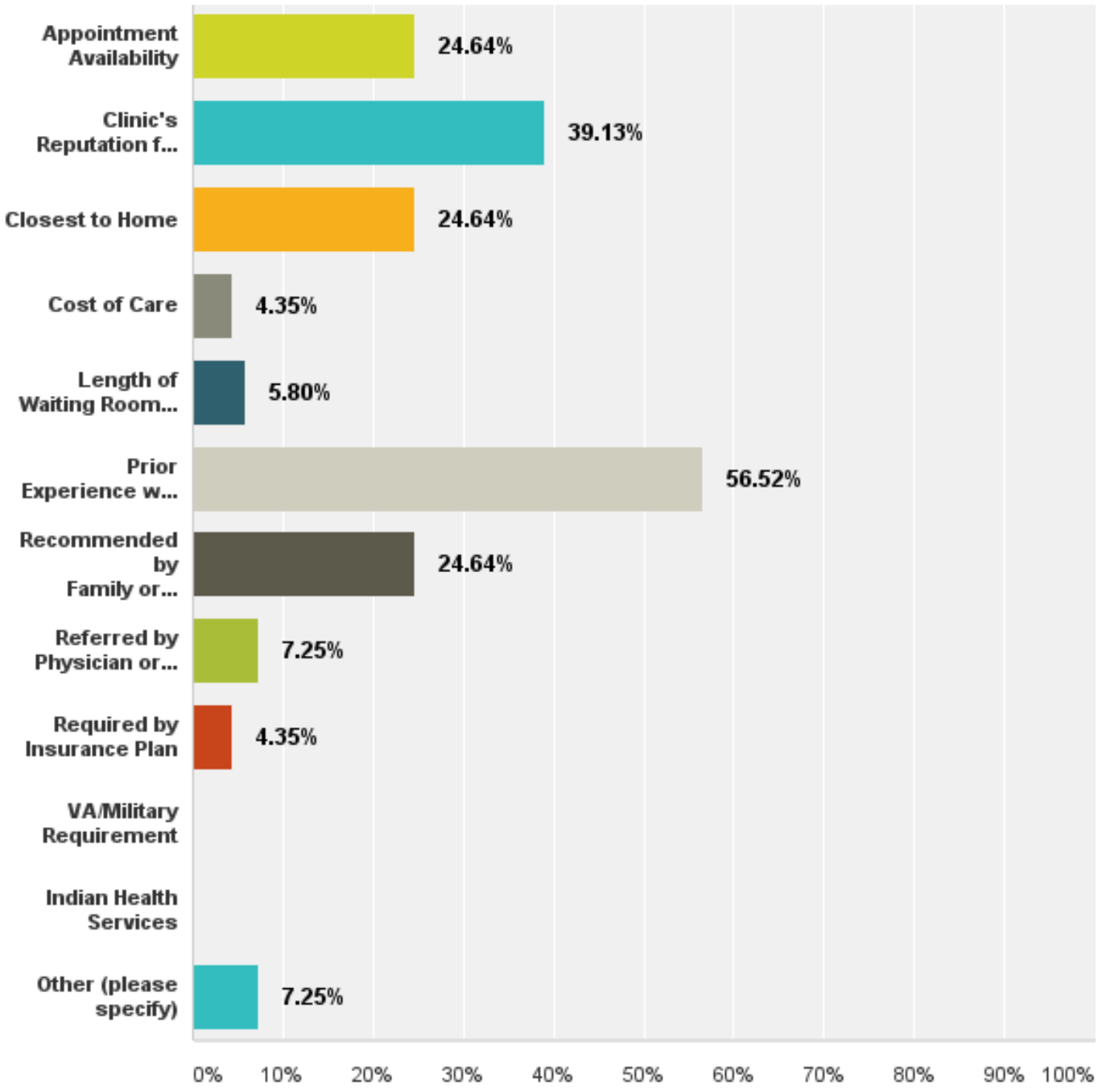
	Yes	No	Not Sure/Doesn't Apply	Total
Does anyone in your household use tobacco products?	**35.21%** 25	**63.38%** 45	**1.41%** 1	71
Does anyone in your household smoke in the home or in the car when non-smokers are there?	**5.63%** 4	**88.73%** 63	**5.63%** 4	71
Do you talk to your child about the harmful effects of tobacco, alcohol and drugs?	**50.70%** 36	**9.86%** 7	**39.44%** 28	71
Do you think it is okay if your child uses alcohol as long as he/she does not use other drugs?	**1.41%** 1	**71.83%** 51	**26.76%** 19	71
Is anyone pregnant and smoking in your household?	**0.00%** 0	**87.32%** 62	**12.68%** 9	71

Q11: Please answer the following questions about medical services.



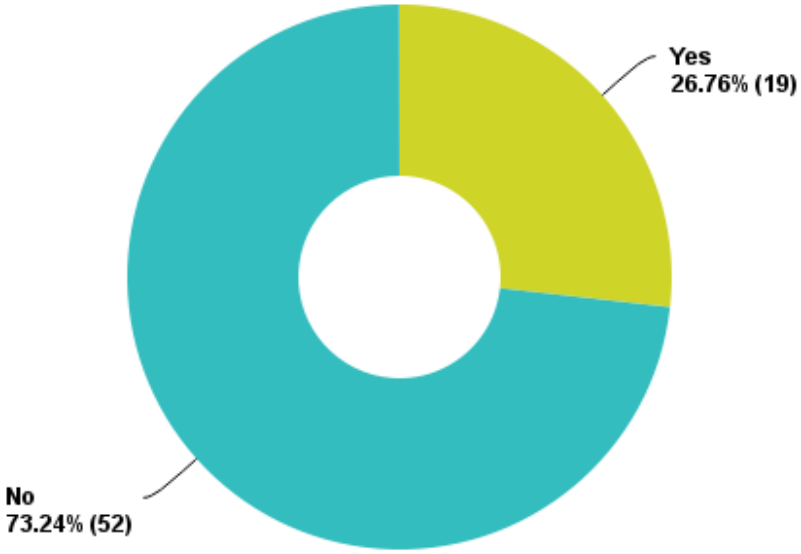
	Yes	No	Not Sure/Doesn't Apply	Total
Do you have a primary care doctor?	**95.77%** 68	**4.23%** 3	**0.00%** 0	71
Do you have a primary care dentist?	**94.37%** 67	**4.23%** 3	**1.41%** 1	71
Do you have an eye care provider?	**85.92%** 61	**12.68%** 9	**1.41%** 1	71
Do you have a mental health counselor?	**7.04%** 5	**67.61%** 48	**25.35%** 18	71

Q12: Why did you select the primary care provider you are currently seeing? (Select all that apply)

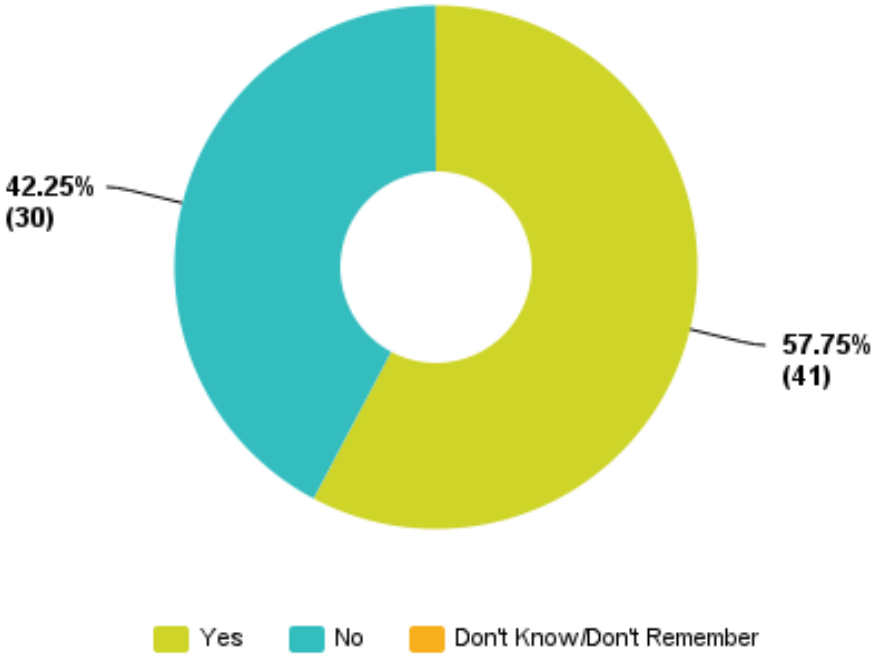


Answer Choices	Responses	
Appointment Availability	**24.64%**	17
Clinic's Reputation for Quality	**39.13%**	27
Closest to Home	**24.64%**	17
Cost of Care	**4.35%**	3
Length of Waiting Room Line	**5.80%**	4
Prior Experience with Clinic	**56.52%**	39
Recommended by Family or Friends	**24.64%**	17
Referred by Physician or Other Provider	**7.25%**	5
Required by Insurance Plan	**4.35%**	3
VA/Military Requirement	**0.00%**	0
Indian Health Services	**0.00%**	0
Other (please specify)	**7.25%**	5
Total Respondents: 69		

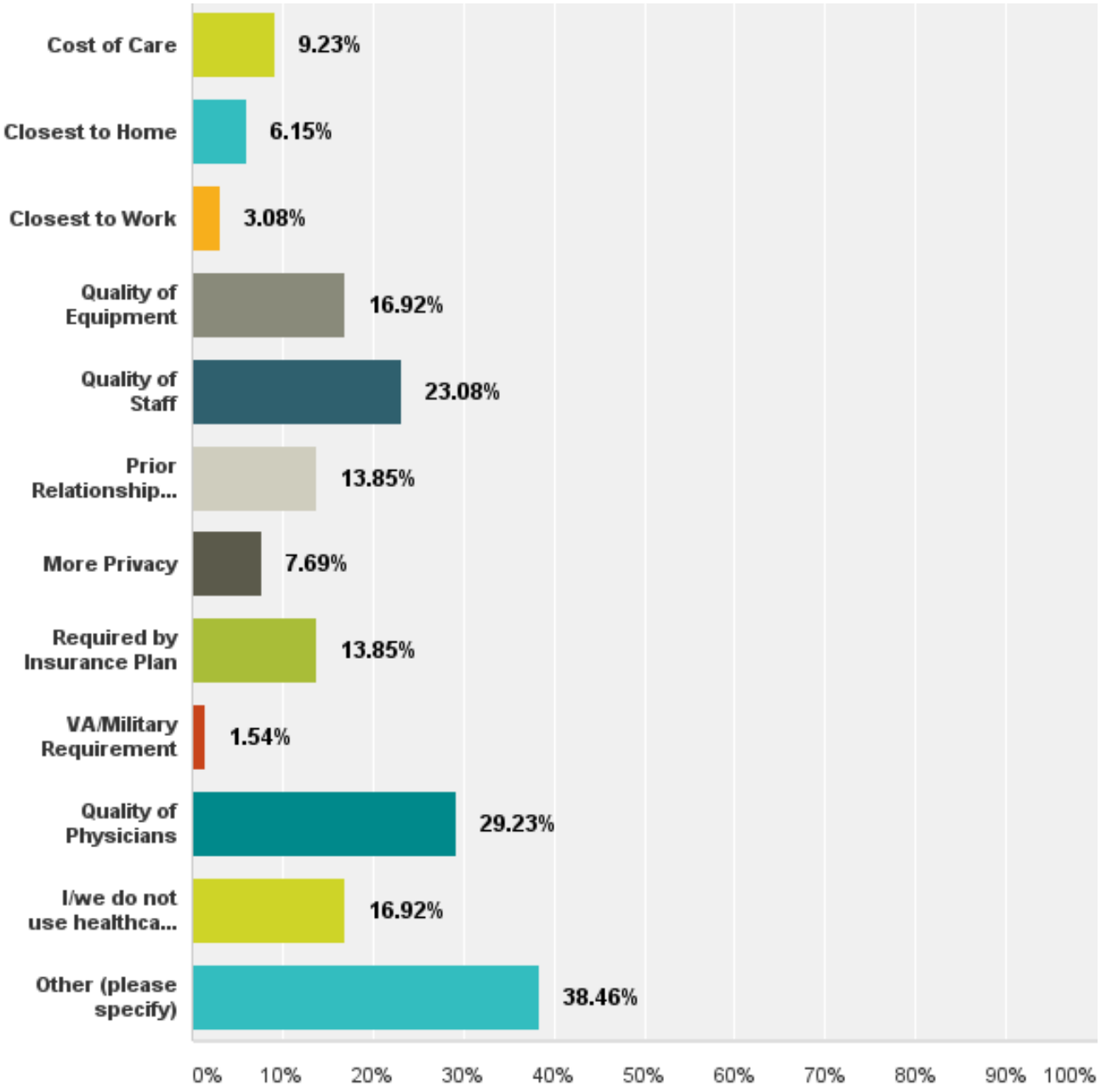
Q13: In the past year, did you experience three (3) or more problems accessing healthcare due to cost?A cost access problem means you did not get care because of the cost of a doctor's visit; skipped medical test, treatment, or follow-up because of cost; or, did not fill a prescription (Rx) or skipped doses because of cost.



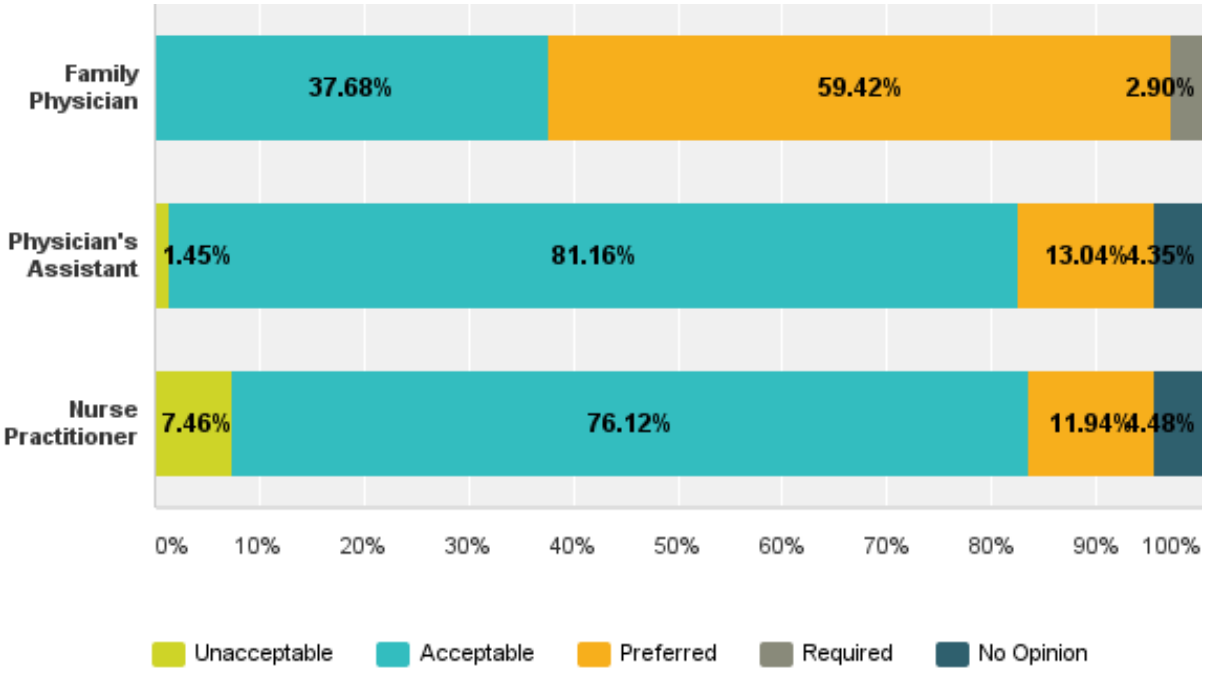
Q14: In the past two years, have you or any household member left the county in search of healthcare?



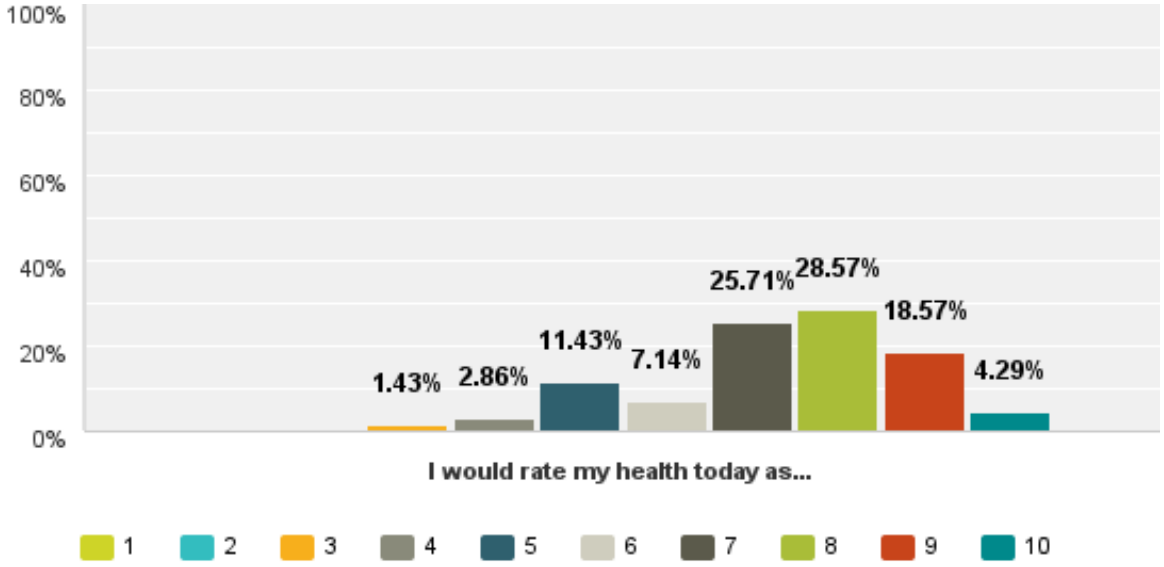
Q15: If you routinely seek primary healthcare outside of Beadle County, what are the reasons you do so? (Select all that apply)



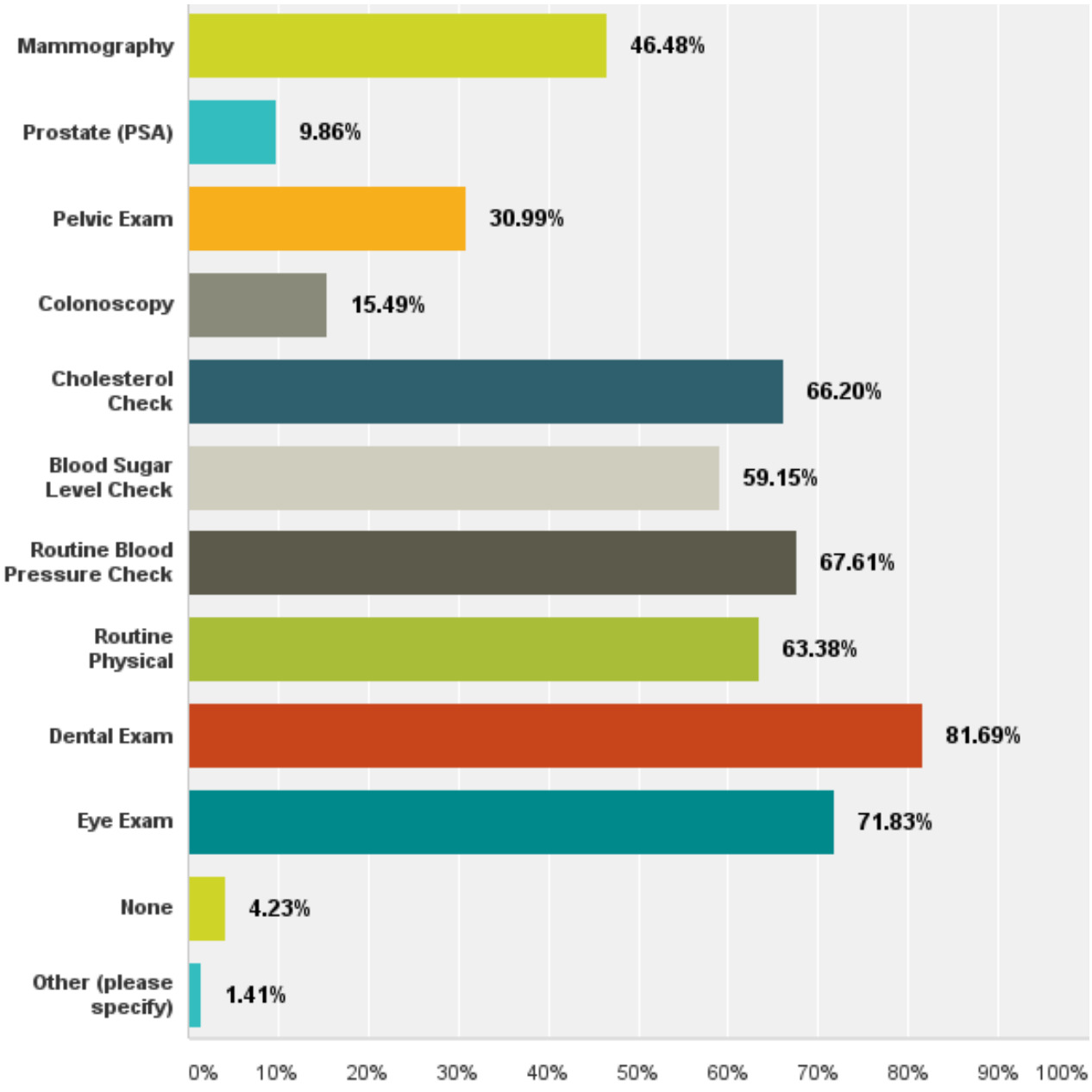
Q16: Which of the following primary healthcare providers would you consider using for your routine care? (Select all that apply)



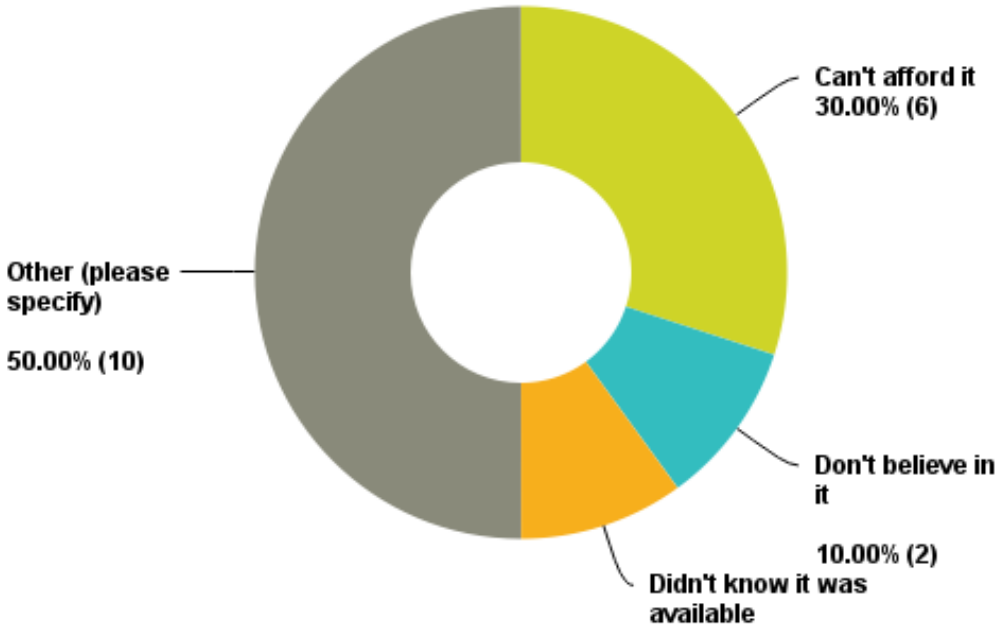
Q17: From a scale of 1 (worst possible) to 10 (best possible) how do you rate your overall health at this time?



Q18: Which of the following preventive services have you used in the past year? (Select all that apply)



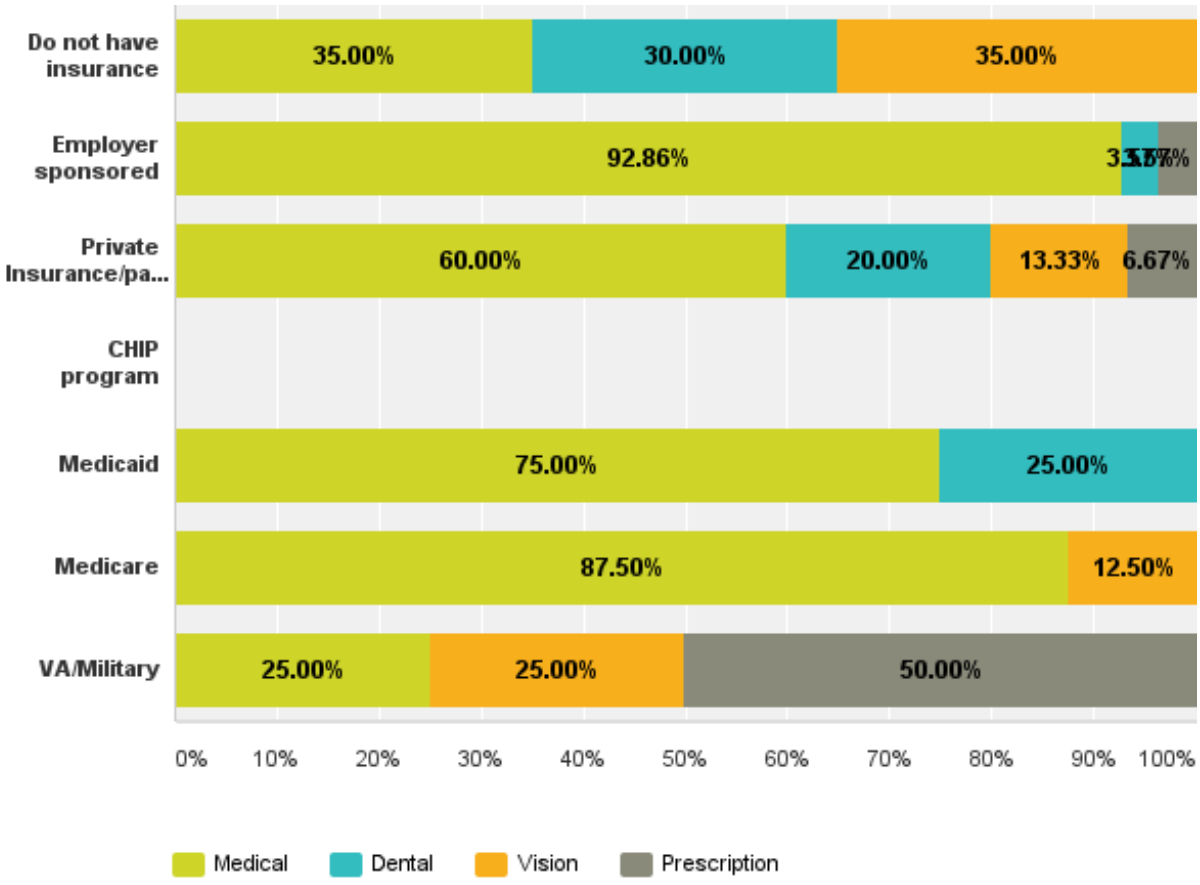
Q19: If you have not used any preventive services, why not?



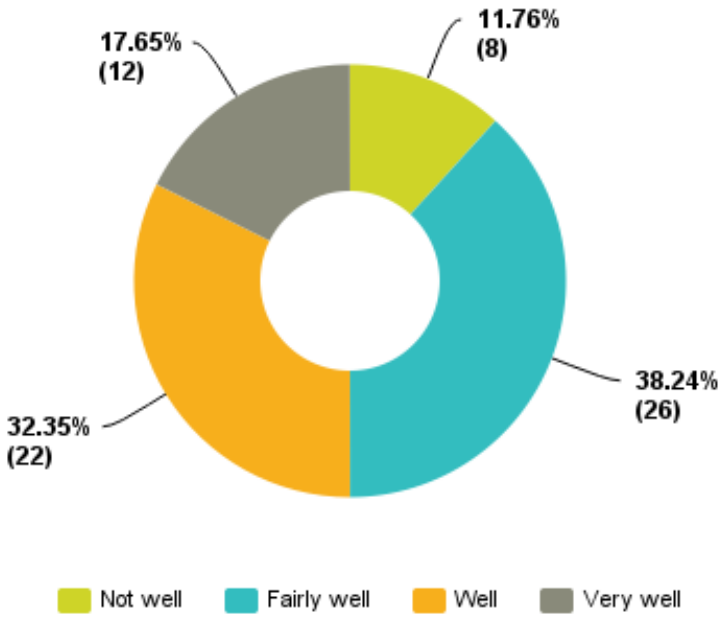
Q20: During the past 12 months, what healthcare services did you need and were NOT able to get and what was the primary reason? (Check one item in each row).

	Appointment NOT available	Doctor/Service would NOT accept insurance	Doctor/Service would NOT accept Medicaid	Could not afford co-pay	Service not needed	Don't know	Total
Doctor Visit/Checkup/Exam	**19.35%** 6	**3.23%** 1	**0.00%** 0	**3.23%** 1	**58.06%** 18	**16.13%** 5	31
Mental Healthcare/Counseling	**5.56%** 2	**0.00%** 0	**0.00%** 0	**0.00%** 0	**86.11%** 31	**8.33%** 3	36
Eye Glasses/Vision (ophthalmologist, optometrist)	**3.03%** 1	**3.03%** 1	**0.00%** 0	**9.09%** 3	**60.61%** 20	**24.24%** 8	33
Medical Supplies/Equipment	**6.06%** 2	**3.03%** 1	**0.00%** 0	**0.00%** 0	**78.79%** 26	**12.12%** 4	33
Appointment/Referral to a Specialist (dermatologist, endocrinologist, chiropractor, gastroenterologist, gynecologist)	**21.05%** 8	**5.26%** 2	**0.00%** 0	**5.26%** 2	**55.26%** 21	**13.16%** 5	38
Dental	**0.00%** 0	**3.23%** 1	**0.00%** 0	**9.68%** 3	**61.29%** 19	**25.81%** 8	31
Other Medical Treatment (tests, surgery, other procedures/therapies, X-rays, cancer, or heart attack tests)	**10.81%** 4	**5.41%** 2	**0.00%** 0	**10.81%** 4	**62.16%** 23	**10.81%** 4	37
Medications/Prescriptions (patches, pills, shots)	**0.00%** 0	**2.94%** 1	**0.00%** 0	**14.71%** 5	**64.71%** 22	**17.65%** 6	34

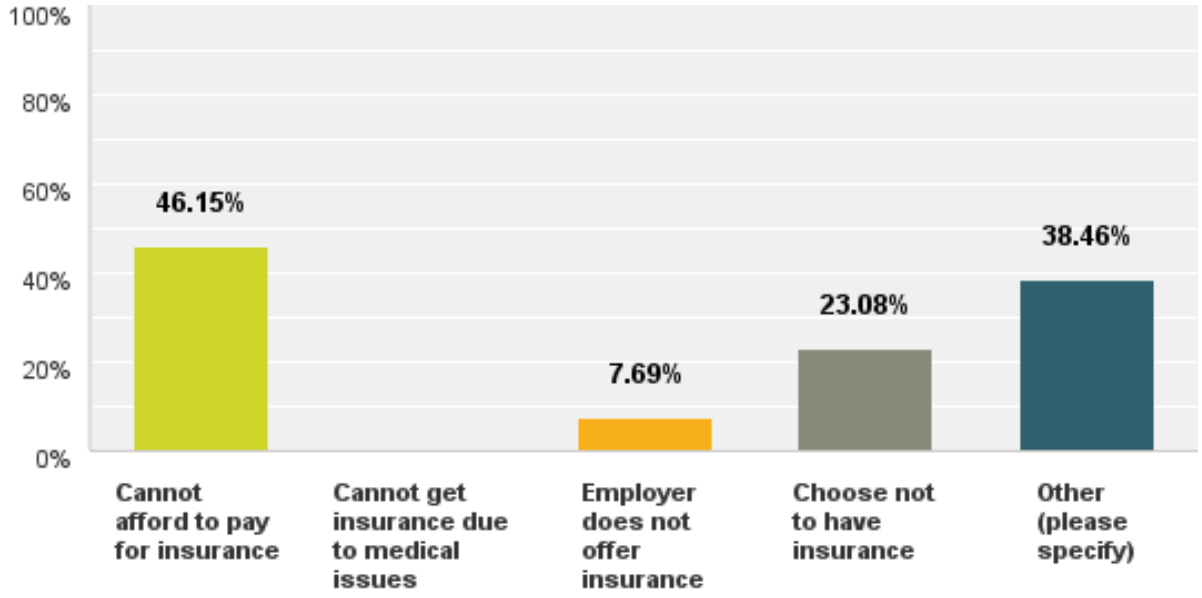
Q21: What type of insurance covers the majority of your household's medical expenses? (Please select all that apply)



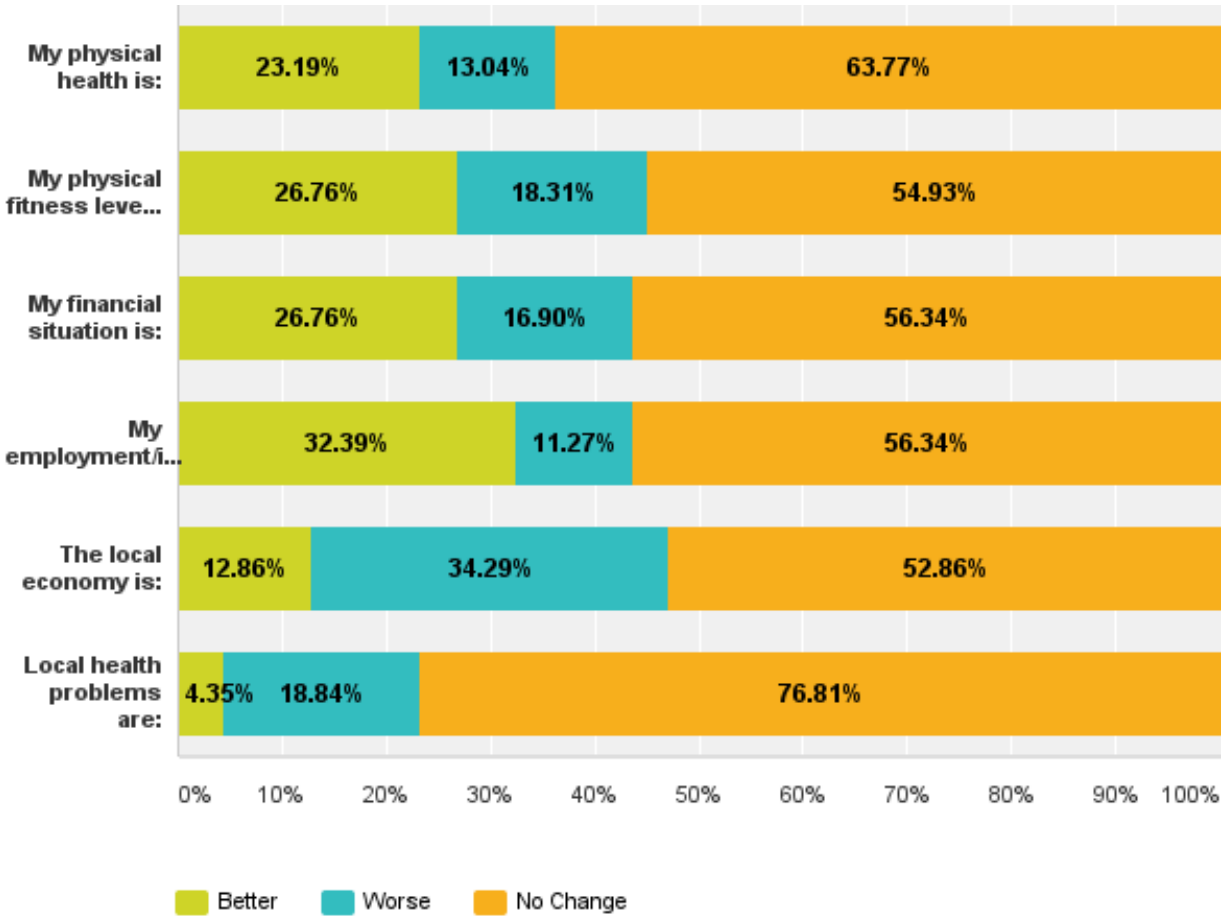
Q22: How well do you feel your health insurance covers your healthcare costs?



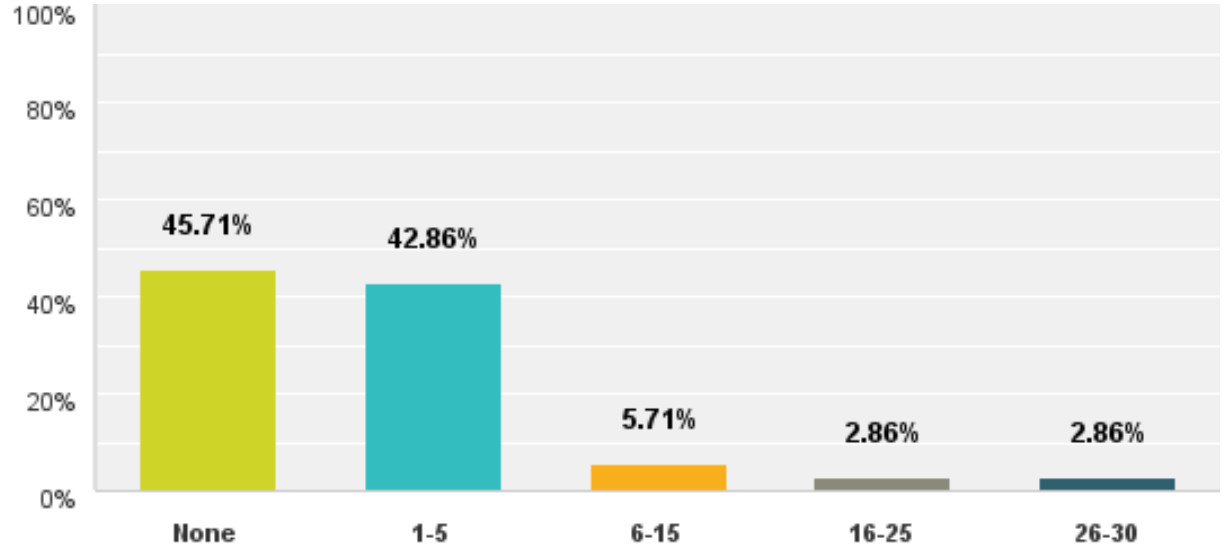
Q23: If you do NOT have medical/dental insurance, why? (Select all that apply)



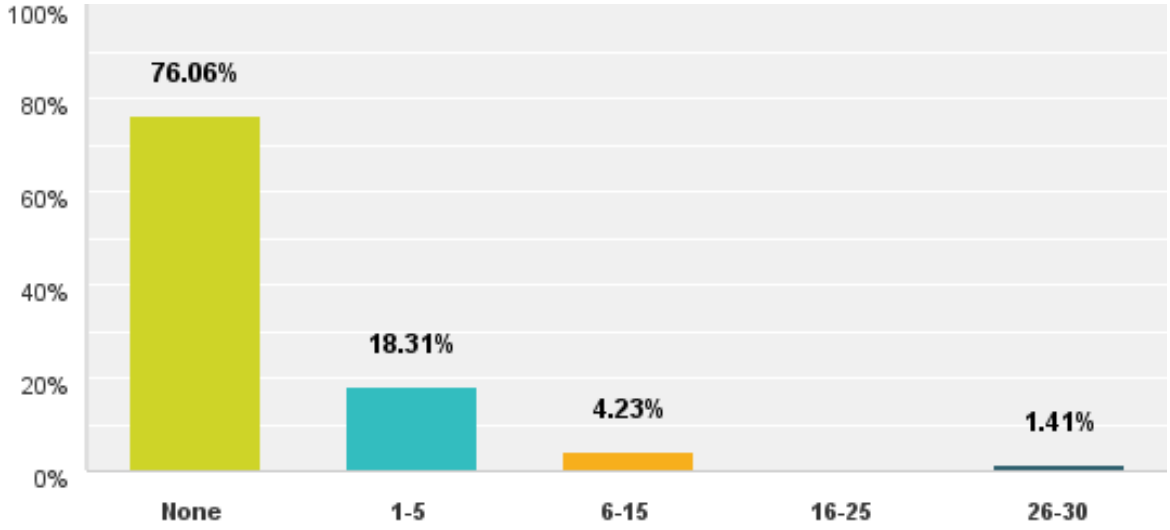
Q24: Compared to a year ago...



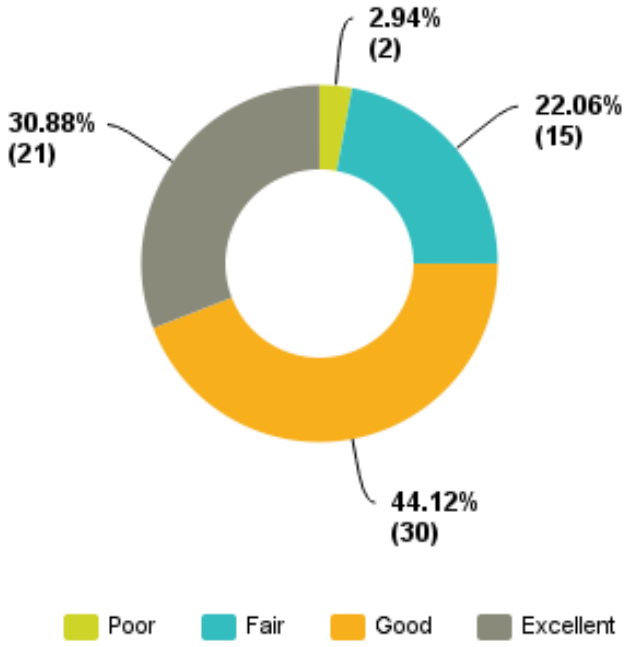
Q25: Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days were you in poor physical health?



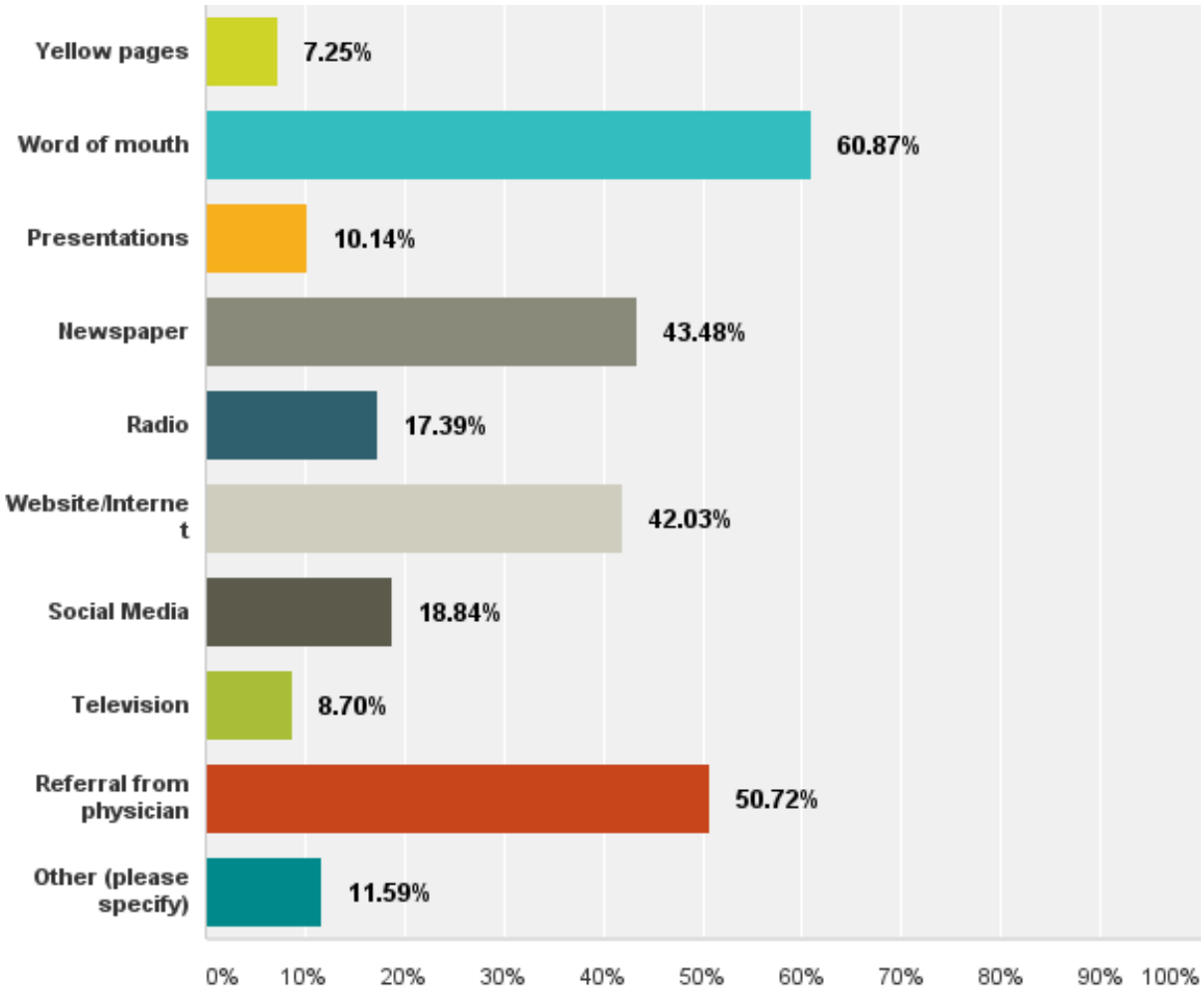
Q26: Now thinking about your mental health, which includes stress, depression and problems with emotions or substance abuse, how many days during the past 30 days did your mental health condition or emotional problem keep you from doing your work or other occasional activities?



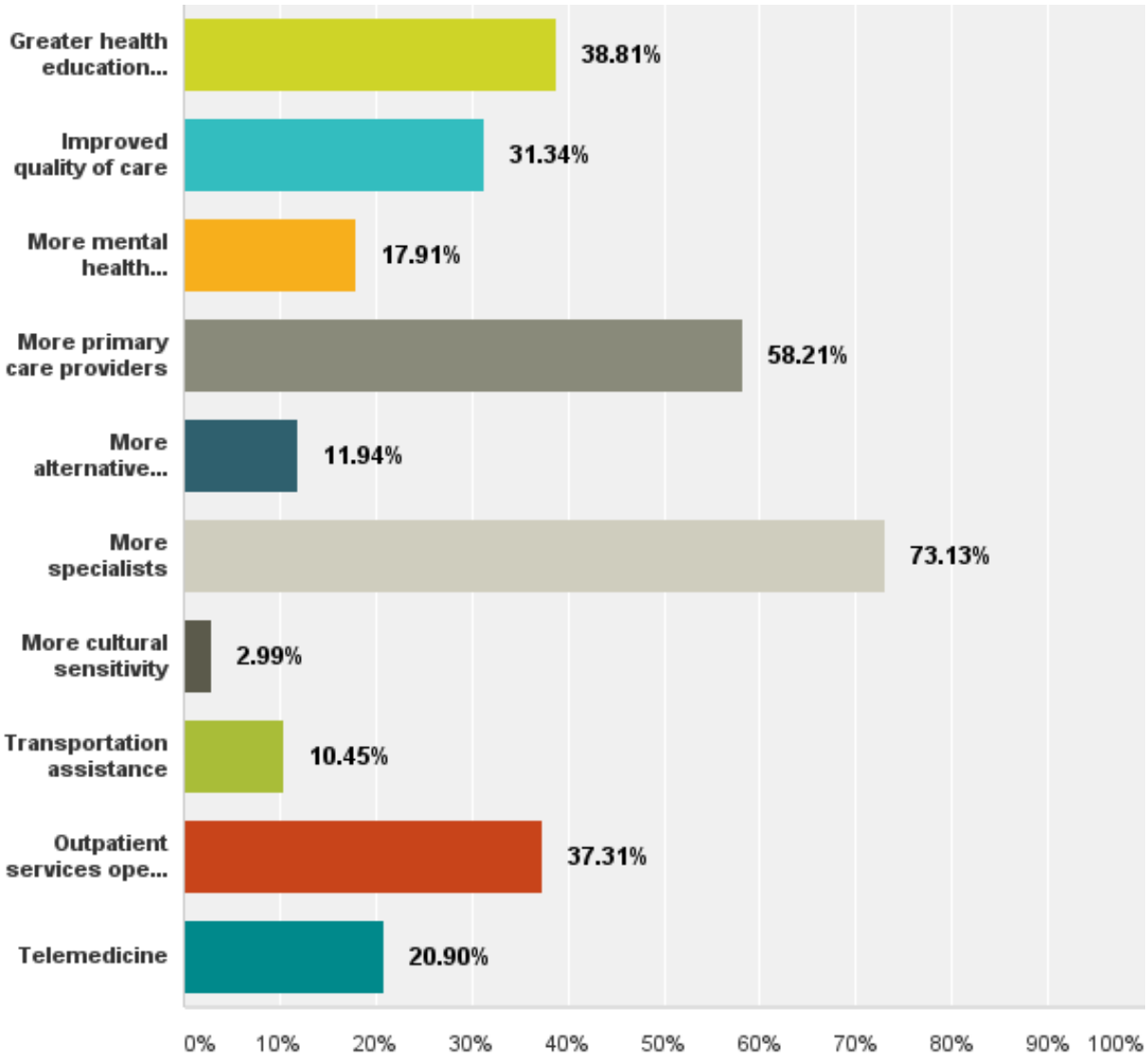
Q27: How do you rate your knowledge of the health services that are available in Beadle County?



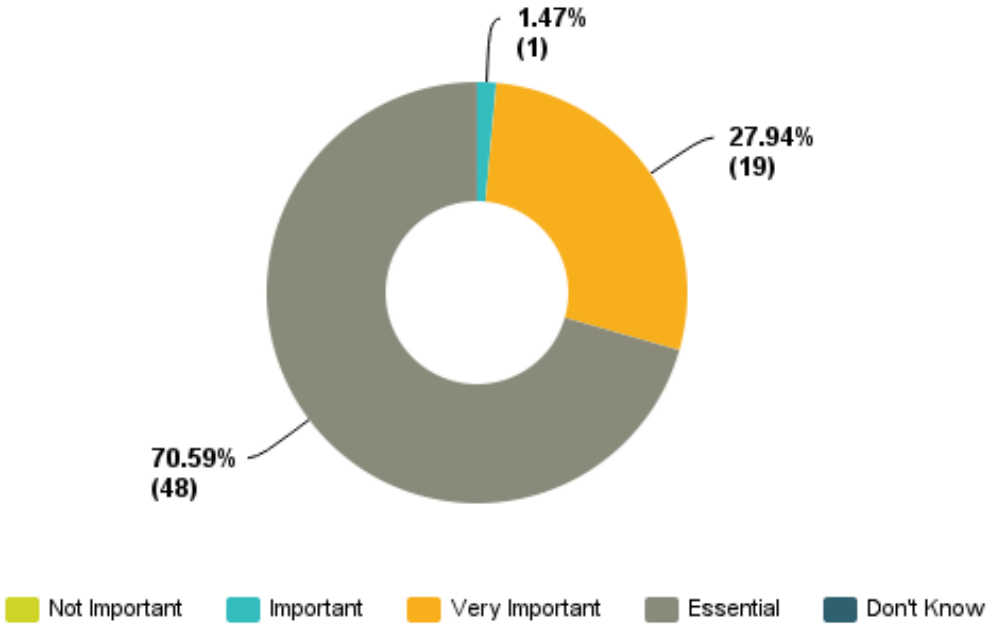
Q28: How do you learn about the health services available in your community?



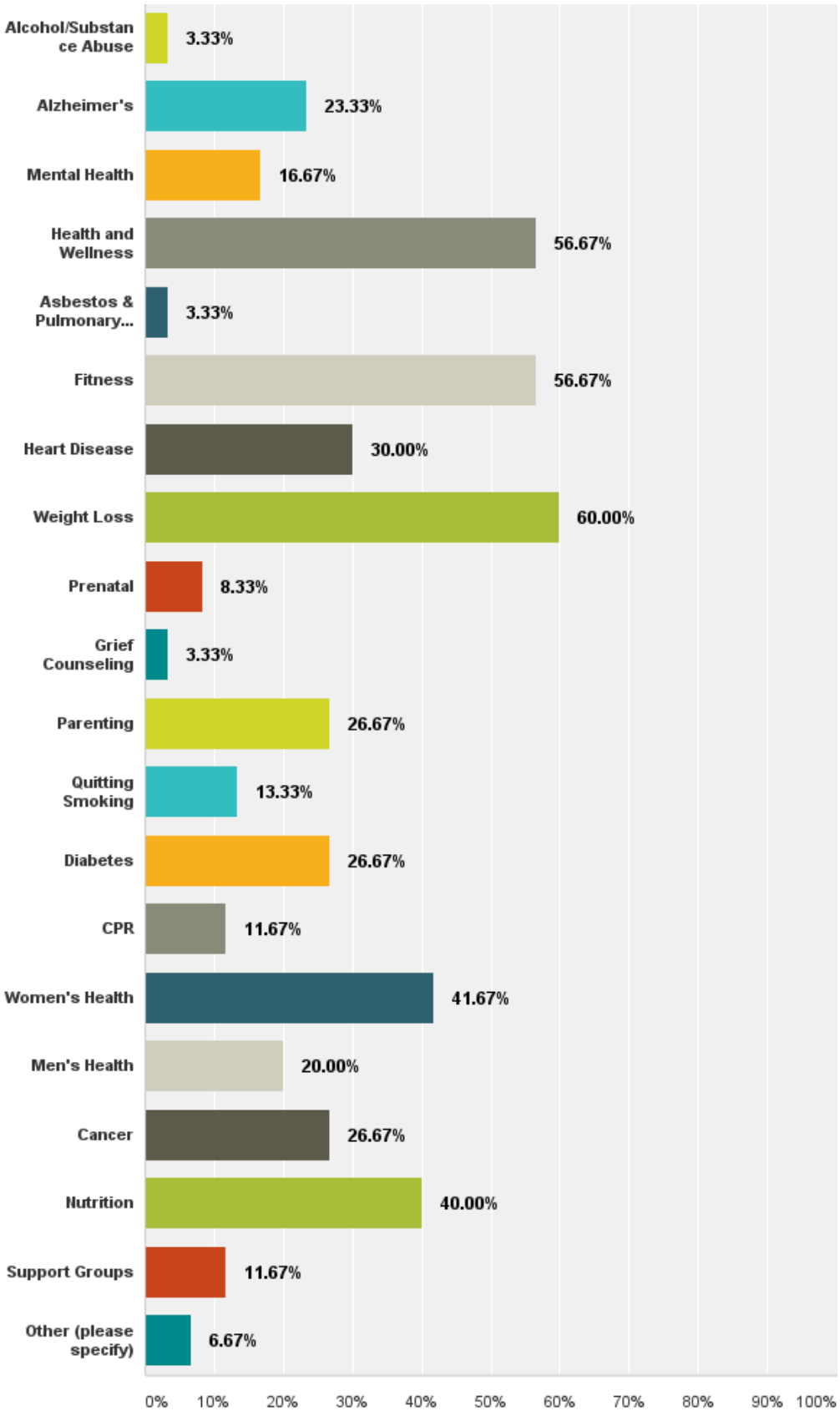
Q29: What would improve your community's access to healthcare?



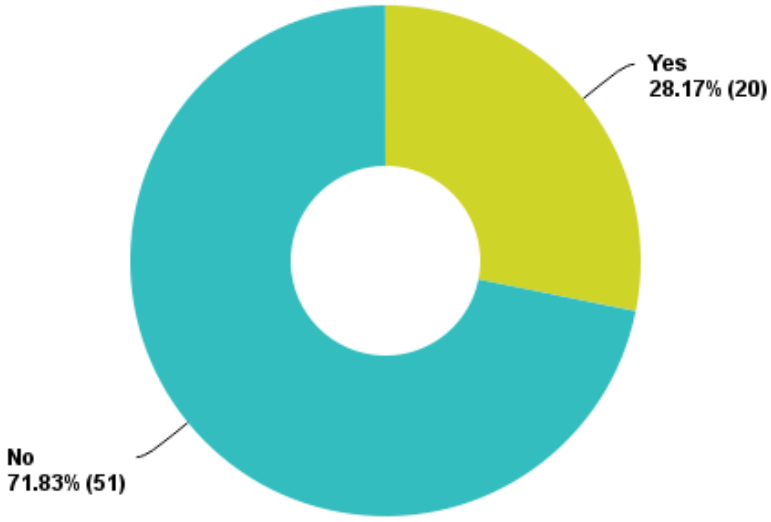
Q30: In your opinion, how important are local healthcare services to the economic well-being of the local area?



Q31: Which educational classes/programs would you be most interested in? (Select all that apply)



Q32: During the last year have you had any medical bill problems or medical debt? A problem or debt means problems paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills or to have medical debt paid off over time.



Q33: What is your ZIP code?

57231

57312

57324 (3)

57348 (2)

57350 (57)

57362

57384 (2)

57385 (2)

Q34: How many adults (aged 18 and older), including yourself, live in your household?

Zero = 1
One = 7
Two = 49
Three = 9
Four = 3
Twenty = 1
Twenty-one = 1

Q35: How many adults 65 years of age or older, including yourself, live in your household?

Zero = 57

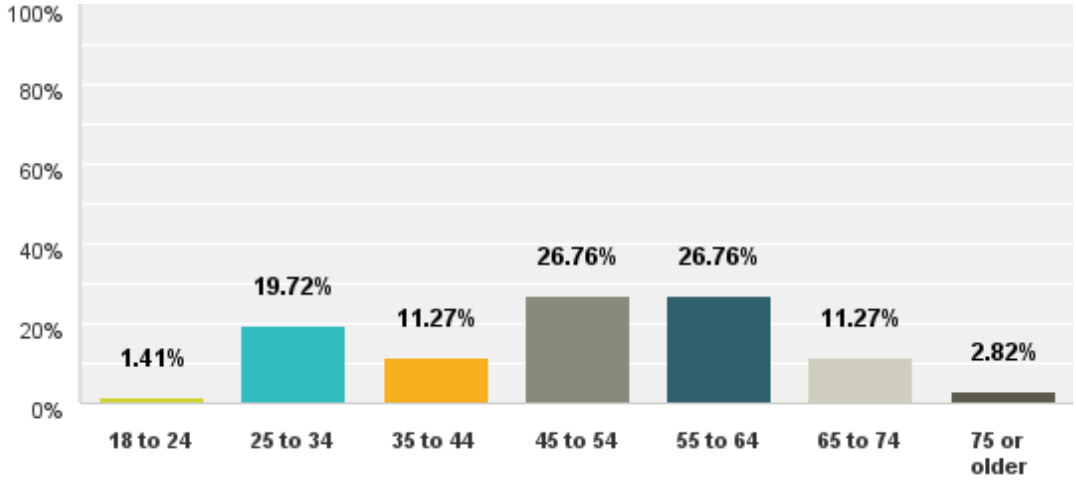
One = 8

Two = 5

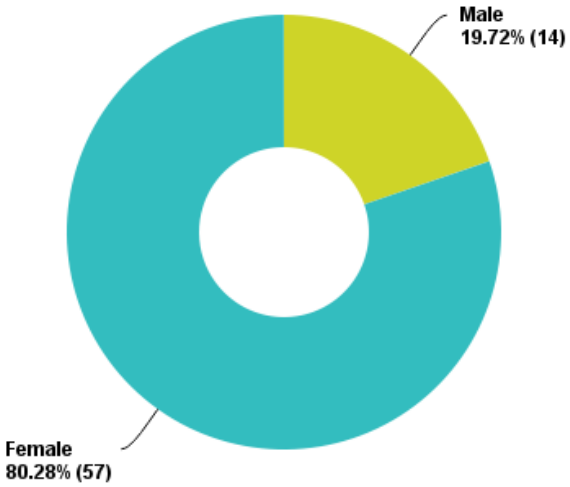
Q36: How many children in the following age groups live in your household?

Answer Choices	Average Number	Total Number	Responses
Child/Children (0-4 years)	0	19	62
Child/Children (5-17 years)	1	53	63
Total Respondents: 66			

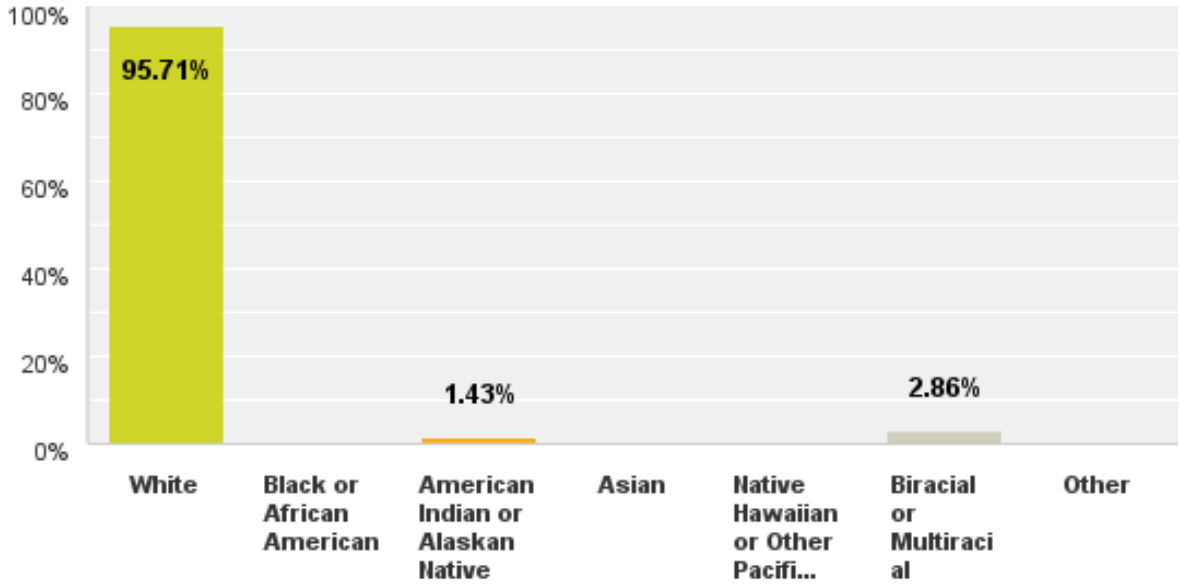
Q37: What age group are you in?



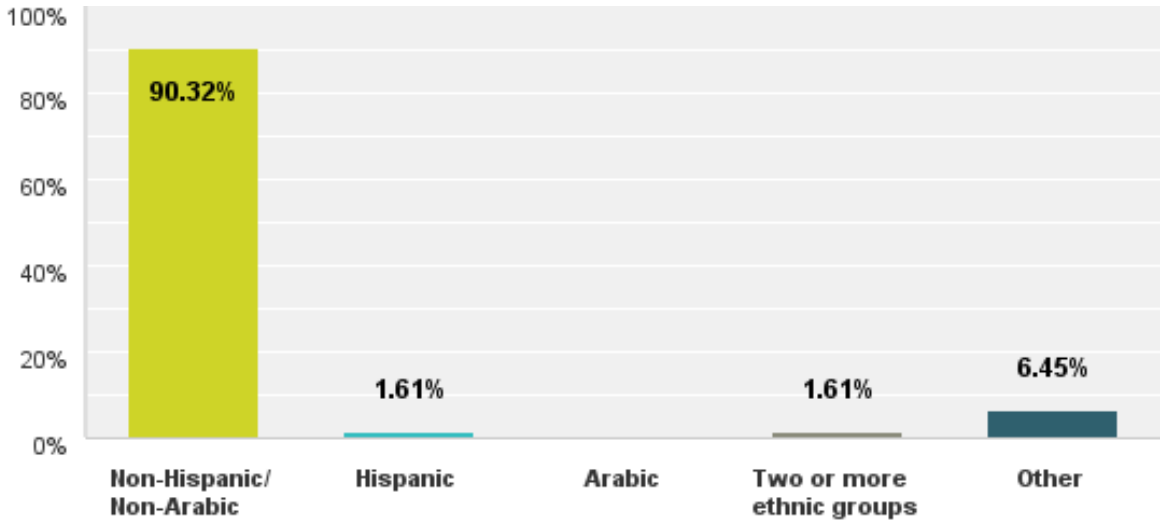
Q38: Are you male or female?



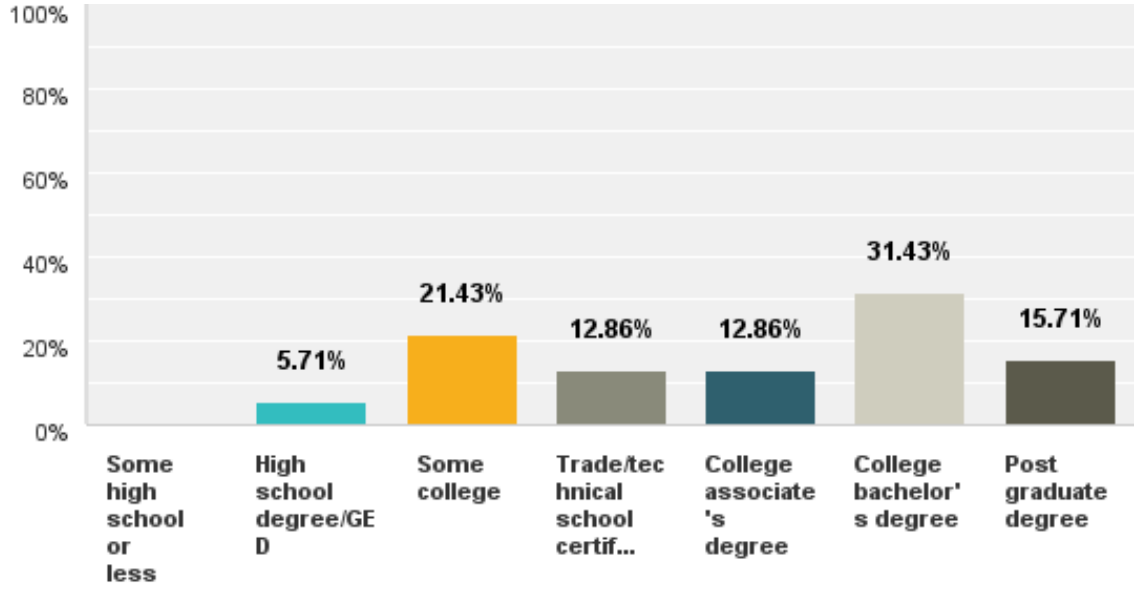
Q39: What do you consider to be your primary racial group?



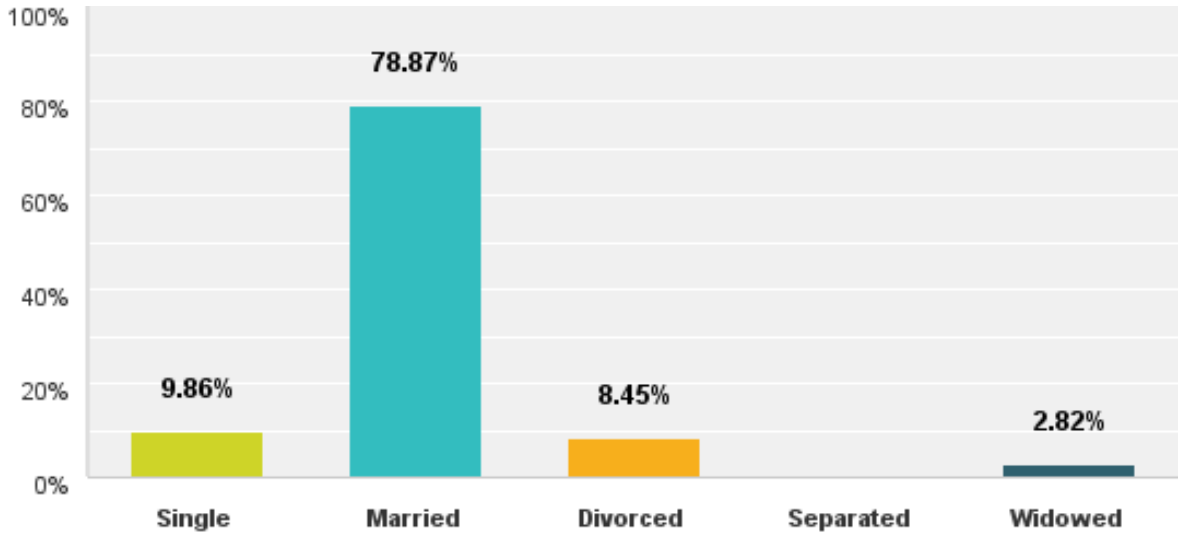
Q40: What do you consider to be your primary ethnic group?



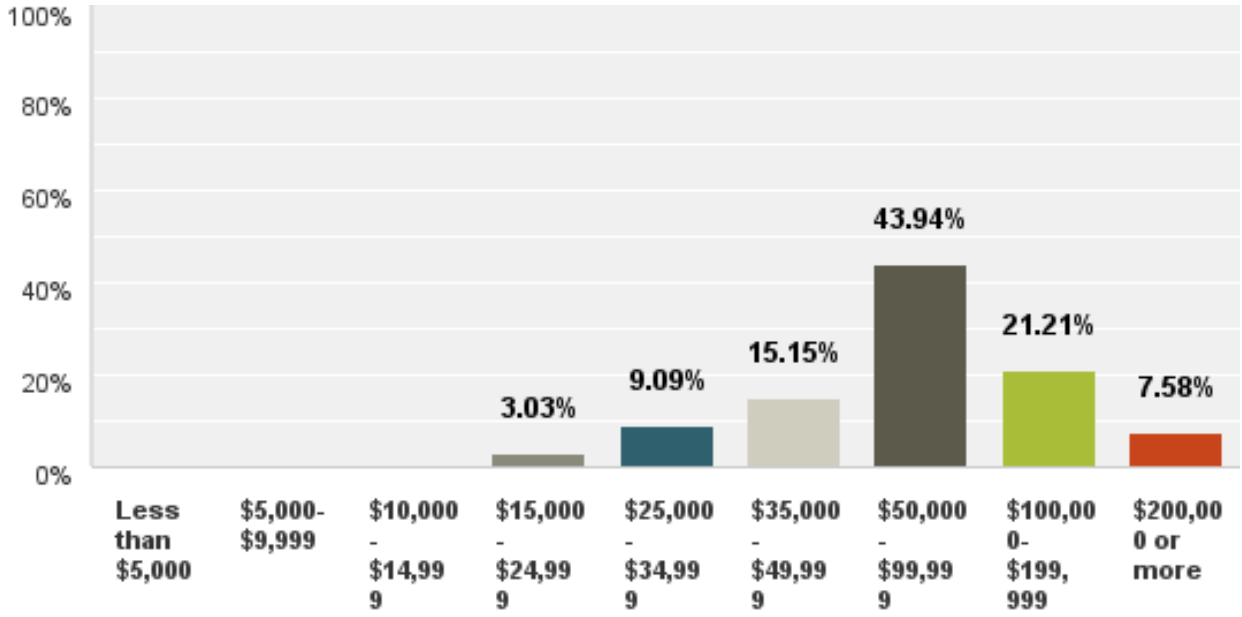
Q41: What is the highest level of education you have completed? (Check one)



Q42: What is your current marital status? (Check One)



Q43: Counting income from all sources (including all earnings from jobs, unemployment insurance, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?



Q44: What is your current employment status? (Check all that apply)

Answer Choices	Responses	
Employed full-time	76.06%	54
Employed part-time but seeking full-time employment	1.41%	1
Employed part-time at multiple jobs	1.41%	1
Employed part-time and not seeking additional employment	8.45%	6
Retired	11.27%	8
Disabled	2.82%	2
Collecting Unemployment Benefits	0.00%	0
Self-employed	8.45%	6
Out of work but seeking employment	0.00%	0
Out of work but not seeking employment	0.00%	0
A homemaker	5.63%	4
A student	1.41%	1
Unable to work	1.41%	1
Total Respondents: 71		

Q45: Please use the space below to add comments regarding health needs you feel need to be addressed. Your opinions are appreciated.

- The access to immediate help for desperate calls needs improvement fast. Asking if it's an emergency will not help- we need more qualified counselors and more availability.
- I feel like the quality of care and the general health care system in Huron South Dakota is failing. Every year it seems like we are falling farther and farther behind technology and the quality of doctors we have. As a community this needs to be resolved as the community itself is failing as well.
- Would like to see dermatologist and periodontist so we wouldn't have to travel 250 miles round trip.
- We need more specialists. We also need weekend healthcare.
- Need neurology dr to come here
- Urgent care would be a huge plus.
- Urgent care needed. Quality doctors
- We need family practice physicians.
- I would never want to be hospitalized in a facility with telemedicine. I would strongly prefer physical examinations and care from a local provider over someone who is looking at a computer screen.

- with the increasing costs of individual health ins I think our community will find we will have more individuals uninsured. cost of medical services continue to escalate along with premiums but incomes are not increasing to offset more expenses. I feel an urgent care facility will be a huge asset to Huron. Not known if it should be run by local community or HRMC. I'm seeing 2 of the health carriers in SD removing ER copays from their plans for 2016 to keep costs down. many families are driving to Mitchell for services and cost containment.
- Better care all around. Quality.
- I believe Huron provides a good consortium of medical services for a town of it's size.
- Huron needs quality health care providers. Providers that specialize in areas are helpful to the economy by keeping people in Huron, so money is spent here. It is difficult to have to take time away from work to go to Sioux Falls, Aberdeen or Mitchell to consult with a medical specialist, then have to take more time off from work to have a procedure completed. Huron could benefit from an urgent care facility; one that is open after hours or weekends for people who are ill and need treatment, but not emergency room care.
- This Community needs a walk-in clinic, specific for after-hours and weekends. Have had to make several trips to Mitchell for their walk-in clinic, which sucks by the way
- We need more pediatricians, We need more specialized care and specialists in this area that can provide services to children with learning disabilities. OT R/L for sensory and visual perceptual\visual motor issues. Vision Therapy specialists that can help with ADHD and visual perceptual issues. We need more services and access to specialist so we don't have to seek services in Sioux Falls.
- Urgent care facility
- STRESS
- Many people drive to Mitchell for the Urgent Care clinic. I believe that having one here would be a big asset to the community.

Appendix E – Illustrative Schedule h (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[37]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnotes 17 and 19 on page 15

   b. **Demographics of the community**

      See footnote 20 on page 16

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote 26 on page 43 and footnote 27 on page 46

   d. **How data was obtained**

      See footnote 11 on page 11

   e. **The significant health needs of the community**

      See footnote 25 on page 42

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote 12 on page 12

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote 31 on page 83

   h. **The process for consulting with persons representing the community's interests**

      See footnotes 8 and 9 on page 10

[37] Questions are drawn from 2014 Federal 990 schedule h.pdf and may change when the hospital is to make its 990 h filing

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 11, footnotes 13 and 14 on page 12, and footnote 23 on page 20

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2013

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes; see footnote 15 on page 13 and footnote 30 on page 96

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

Yes; See footnote 4 on page 7 and footnote 7 on page 10

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

https://www.huronregional.org/about-us/community-outreach

b. **Other website (list URL)**

N/A

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

No other efforts

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes; see footnotes 28 and 29 on page 65

9. **Indicate the tax year the hospital facility last adopted an implementation strategy: 20__**

   2013

10. **Is the hospital facility's most recently adopted implementation strategy posted on a website?**

    a. **If "Yes," (list url):**

       Yes; https://www.huronregional.org/about-us/community-outreach

    b. **If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

    See footnote 27 on page 46

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    None incurred

    b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

    Nothing to report

    c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Nothing to report