

# **Community Health Needs Assessment**

**2019**

## Community Health Needs Assessment Executive Summary

Mobridge Regional Hospital (MRH) is a rural, community owned, twenty-five bed Critical Access Hospital in north central South Dakota. The 501(c)(3) hospital is governed by a twelve member volunteer Board of Trustees. The mission of Mobridge Regional Hospital and Clinics is to provide high quality healthcare services in a compassionate and professional manner for people throughout the region. Conducting a Community Health Needs Assessment (CHNA) allows us to reflect on the needs of our community, so we can provide the best services possible for our patients. Results inform our strategic planning efforts and allow us to partner with other local, regional, and state partners to ensure our community is best served with regards to our population's health needs. MRH strives to continually go beyond the expectations of every patient, customer, and employee concerning service, effort, and professional standards. Our community's questions, concerns, needs, and aspirations are very important and valuable to us; the results of our CHNA allow us to think with compassion about, appropriately respond to, and genuinely follow through with actions that will positively impact the health and well-being of the patients and community we serve. We are committed to providing quality care to all patients regardless of age, race, or culture. We are devoted to employing new techniques, practices, and methods to enhance the delivery of care. We hold ourselves to the highest level of professional, moral, and ethical standards. We ensure our patients are provided with a trusting environment to maintain their privacy and confidentiality rights. Our community, patients, volunteers, and employees are the reason we strive to provide quality care right here at home, while striving to attain our vision: become one of America's finest rural health providers.

### Geographic Area

Mobridge Regional Hospital is located in the city of Mobridge, Walworth County, South Dakota. MRH owns and operates a clinic within the city of Mobridge as well as clinics in Timber Lake, Dewey County, South Dakota and McLaughlin, Corson County, South Dakota. MRH is the only North Dakota & South Dakota trauma designated hospital that provides full-time general surgery and obstetrical care for at least 100 miles in every direction from Mobridge. Given these facts, MRH defines its service area as including: Campbell, Corson, Dewey, Walworth, and Ziebach Counties in South Dakota.

According to United States Census Bureau estimates, in 2017 Campbell County had a total population of 1,379; the population is 97.8% Caucasian, 0.2% African American, 0.9% Native American, 0.4% Asian, and 0.7% of two or more races. Corson County had a total population of 4,203; the population is 30.4% Caucasian, 0.5% African American, 65.1% Native American, 0.5% Asian, and 3.4% of two or more races. Dewey County had a total population of 5,835; the population is 20.9% Caucasian, 0.4% African American, 74.0% Native American, 0.2% Asian, and 4.4% of two or more races. Walworth County had a total population of 5,543; the population is 80.1% Caucasian, 0.5% African American, 14.3% Native American, 1.9% Asian, and 3.2% of two or more races. Ziebach County had a total population of 2,756; the population is 25.0% Caucasian, 0.5% African American, 70.1% Native American, 0.4% Asian, and 4.0% of two or more races.

Additional relevant information (and 7 year projection) regarding the service area is shown below:

### Service Area Population Change

AGE	% Change	Share of Growth
0-17	3%	16%
18-44	7%	43%
45-64	-3%	-
65+	14%	41%
<b>Total</b>	<b>5%</b>	

### Fastest Growing Cities

Isabel	8%
Wakpala	7%
Eagle Butte	6%
Mobridge	4%
McLaughlin	4%
Timber Lake	3%

### Community Insurance Status

<u>Insurance Type</u>	<u>2019</u>	<u>2026 (est)</u>	<u>US Average</u>
Private	33.9	32.1	52%
Medicaid	27.8	27.9	18%
Uninsured	22.4	22.4	9%
Medicare	12.8	14.1	17%
Other	3.1	3.5	4%

### Median Household Income

Service Area	\$	34,521	
South Dakota	\$	51,330	67%
United States	\$	53,322	65%

## Community Survey

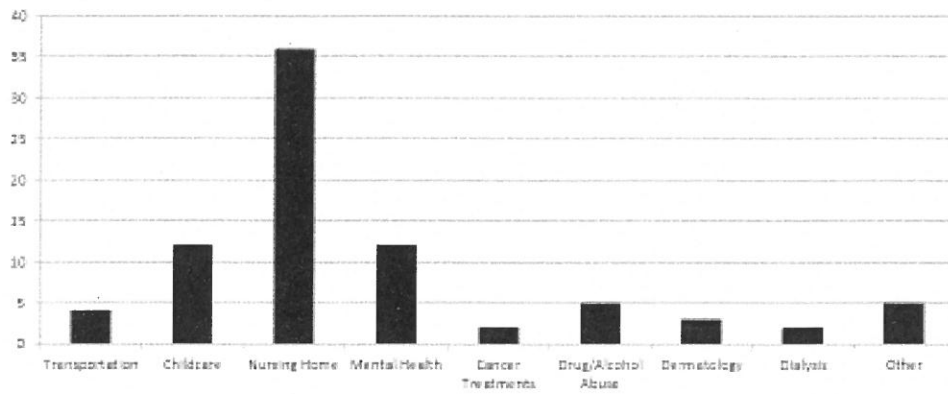
Over the course of three months in the summer of 2019, MRH solicited community participation in a community survey to understand in great depth the current perceptions of community health, the community's understanding of services available to support health and wellness, and to identify perceived needs within the community. The survey was available electronically on MRH's website, in paper hardcopy at MRH, its clinics, and other locations, and widely disseminated through social media via QR code on our Facebook page. In total, 113 surveys were received, 58 hardcopies and 55 electronic submissions. The survey was quite thorough and provided an opportunity for participants to answer around 50 questions, both quantitatively and qualitatively. Results were compiled and themes identified.

Significant results and themes from the Community Survey include:

### Major Issues Identified – Top 5

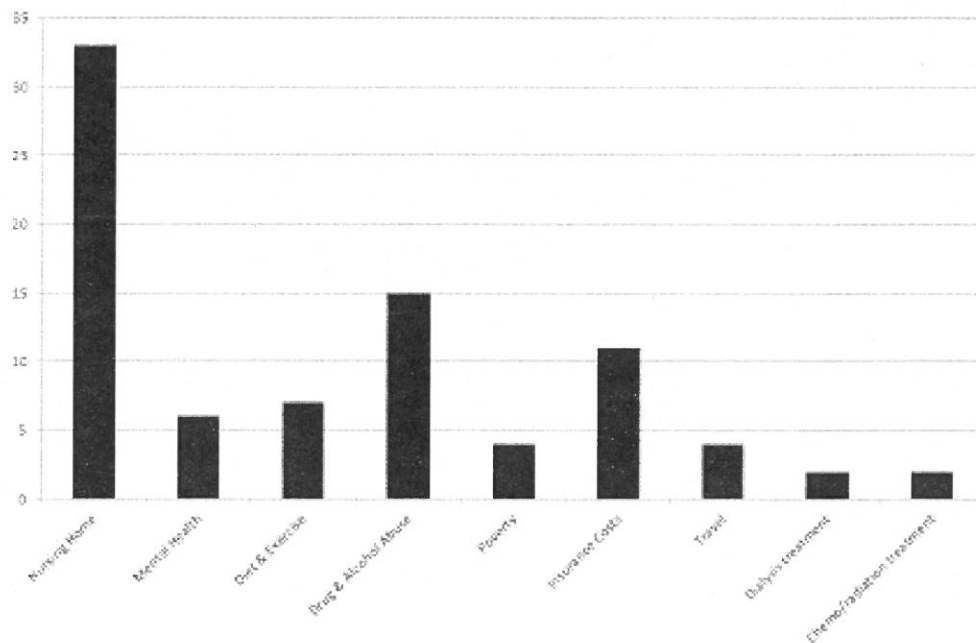
- Adult Substance Abuse or Alcohol, Prescription Drugs, or Non-Prescription Drugs
- Youth Substance Abuse or Alcohol, Prescription Drugs, or Non-Prescription Drugs
- Poverty
- Youth Smoking/ Tobacco Use
- Domestic Violence

Q46: After considering the services offered in the community, what services are not available that you believe would be beneficial?



- Other
  - Oral surgery
  - Sanford Orthopedics
  - Sexual Violence
  - Thyroid Specialist

Q47: What do you believe to be the most important health or medical issue confronting the residents of our area?

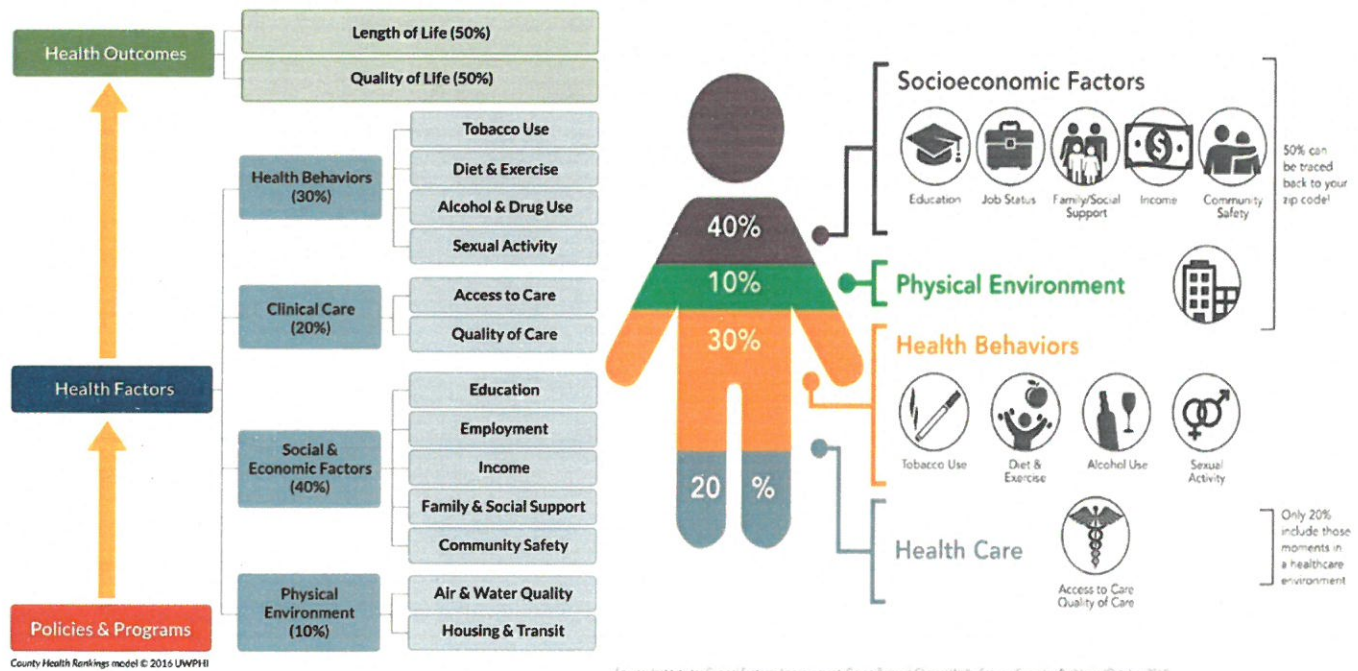


## Data Assessment

Four sessions of focus groups were conducted to review the subjective data identified within the Community Survey and objective health and wellness information from the state of South Dakota and the Center for Disease Control and Prevention as well as information regarding social determinants of health. Those invited to participate in the focus groups included individuals and officials of city and county government, city and county law enforcement, utilities provider, school districts, financial institutions, chamber of commerce, economic development, non-profit community groups, domestic violence prevention organization, nursing home, independent healthcare providers, small business owners, senior citizen center, pharmacy, past and current patients and utilizers of the health care system, volunteer community members, and hospital leaders.

The focus group sessions last roughly two hours each and included welcome and introductory information. A didactic presentation of the information mentioned in the paragraph above took place with an opportunity for questions and answers. After that, the majority of the time was spent in small group breakout and discussion sessions and the small groups coming back together to share their findings and ideas related to the areas of greatest need and thoughts regarding how to overcome real and perceived barriers to community and individual health and wellness.

### Social Determinants of Health:



## Objective Health Data Major Findings Related To Social Determinants of Health:

### Nativity Concerns

Average Age of Mother  
Percent Receiving Care in First Trimester  
Percent Payment - Medicaid  
Percent Using Tobacco While Pregnant  
Percent Using Illicit Drugs While Pregnant

### Other Areas of Concern

Viral Hepatitis Infection  
Unintentional Fatal Drug Overdose  
Substance Use Treatment Admissions  
  
No High School Diploma  
Uninsured  
People with Disability

### Other Areas of Concern

Poverty  
Unemployed  
Single Parent Households  
Per Capita Income

## Assessment Findings & Prioritization of Need

Following the assimilation of the detailed objective health data along with results from the Community Surveys, Focus Groups, and other meetings, MRH identified and developed a prioritization of the community health needs. Based on review of health, health access, and health outcomes data; demographic data; economic and economic impact data; Community Surveys; and Focus Group and other meetings, these issues were identified by MRH:

The following needs were identified as *most pressing*, based on community input and discussions at MRH:

- Education Regarding the Dangers Associated with Drug & Alcohol Abuse
- Need for Additional Nursing Home Beds/Options
- Need for Additional Mental & Behavioral Health Services
- Community Transportation

Certain issues were identified as important, based on community input and discussions, but MRH *has not* addressed them in this plan. MRH has a willingness to work with other entities within the community to look at providing appropriate programs, but will not take the lead on the following issues:

- Daycare and Other Childcare Services
- Increase Local Income/Decrease Poverty Level – Economic Development
- Increase Staffing and Local Workforce Development

## **Implementation Strategy**

### **Education Regarding the Dangers Associated with Drug & Alcohol Abuse**

Mobridge Regional Hospital has internal resources available for education and treatment referral options with regards to drug and alcohol abuse; more work will be done to make community members aware of the current offerings. In addition, MRH will work with community partners to identify, strengthen, and/or create additional resources. MRH will focus efforts on an external community campaign to provide needed education regarding the dangers associated with drug and alcohol abuse and will look for additional resources and opportunities to facilitate treatment options and behavioral changes to promote health and wellness in this area.

### **Need for Additional Nursing Home Beds/Options**

Mobridge Regional Hospital has successfully partnered with the Walworth County Care Center to obtain a Nursing Home Innovation Grant from the state of South Dakota. MRH will fulfill the obligations of the grant to quantitatively identify the definitive need, help to expand existing/new services to meet that need, and look for opportunities to reduce the need by focusing on bolstering or creating other offerings within the long-term care continuum for the community.

### **Need for Additional Mental & Behavioral Health Services**

Mobridge Regional Hospital has done a lot of work in this area and has made significant strides since the last Community Health Needs Assessment, but significant opportunities still remain. In addition to the psychiatry services established and the telemedicine linkages available, MRH will work to identify opportunities to offer additional mental and behavioral health services within the communities, both physically and electronically. Efforts to increase awareness of current offerings will take place to ensure those who need services know what is already available. In addition, MRH will work with existing mental and behavioral health professionals to ensure we continue to function collaboratively and explore the provision of additional services to meet the great needs identified.

### **Community Transportation**

Mobridge Regional Hospital will work to identify and engage community members and stakeholders who are willing to come together to create and implement a long-term plan to address this need. This will begin with the identification of all current options, offerings, and service providing organizations. Additional local, regional, and state resources will be identified and a gap analysis will be conducted to determine an appropriate and realistic state to try to achieve and a timeline in which to achieve it.

## Board Approval

The Mobridge Regional Hospital Board of Trustees, which includes representatives from Mobridge, Glenham, McLaughlin, and Timber Lake, South Dakota, representing the community identified as the organization's service area, approved the Implementation Strategy for addressing the priorities identified in this Community Health Needs Assessment. Approval was affirmed at the regular Board meeting held on December 11, 2019.



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Dr. Tom Swanson, Secretary of the Board  
MRH Board of Trustees



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Mr. Bill Bachmeier, Chair of the Board  
MRH Board of Trustees



## Works Cited

Center for Disease Control and Prevention, Data & Statistics, 2019

County Health Rankings Model, University of Wisconsin Population Health Institute, 2016

Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

South Dakota County Vulnerability Assessment, 2019

South Dakota Department of Health, Office of Health Statistics, 2019

Truven Health Analytics, 2018 (proprietary)

United States Census Bureau, 2017 Population Estimates