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Executive Summary – Avera McKennan

McKenna Hospital was founded in 1911 by the Presentation Sisters of Aberdeen, through a generous gift of $25,000 in the will of Helen Gale McKennan. The hospital began with 55 patient beds. As McKennan Hospital moved into modern times it became one of the region's most trusted medical centers, receiving full approval of the Joint Commission on Accreditation for Hospitals in 1954.

The first addition to the hospital in 1919 was built to keep up with demands of population growth, as well as a worldwide influenza epidemic. Other expansion that followed, both on the main campus and throughout the city, also served to fulfill health care needs. Examples include the Avera Behavioral Health Center, Avera Prince of Peace, and the Prairie Center – home to the Avera Cancer Institute and Avera Surgery Center. Partnerships with community hospitals and clinics enable Avera McKennan to provide quality care, nearby home to residents throughout the region.

In 1998, McKennan Hospital became a member of Avera Health system, sponsored by the Presentation and Benedictine Sisters. Avera Health is a network of 300 locations in 100 communities in five states. The Avera name is derived from the Latin term meaning “to be well.”

Today, Avera McKennan’s 545-bed tertiary hospital is nationally recognized for excellence, with a full continuum of care. In 2011, Avera McKennan celebrated its first century of caring, and continues to place an emphasis on technological sophistication and medical expertise along with compassionate care to provide quality, holistic health services for residents of the entire region.

Executive Summary – Avera Heart Hospital

Avera Heart Hospital of South Dakota is a joint venture that was formed on June 18, 1999, to develop, own and operate an acute care hospital, specializing in all aspects of cardiology and cardiovascular surgery. The hospital commenced operations on March 20, 2001. The hospital is owned by Avera McKennan (67%) and the physicians of North Central Heart Institute (33%).

Avera Heart Hospital offers 53 critical care beds, three surgical suites, four cath labs, radiology, laboratory, pharmacy and respiratory therapy. The hospital’s emergency room is staffed by physicians seven days a week, 24 hours a day.

Mission Statement

Avera Health is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Avera values: Compassion, Hospitality and Stewardship

Avera McKennan, with consideration of Avera Heart Hospital, has conducted a Community Health Needs Assessment in compliance with federal governmental requirements, and this report outlines the findings of that report. In addition, the organizations make assessing our community’s needs a continual practice in accordance with our mission to make a positive impact in the lives and health of persons and communities.
Demographics Summary
Avera McKennan and the Avera Heart Hospital serve both urban and rural populations, as the city of Sioux Falls is a metropolitan area situated in a largely rural region. Sioux Falls is the state’s largest city, with a population of 153,888 according to the 2010 U.S. Census. The Sioux Falls Metropolitan Statistical Area (including Minnehaha, Lincoln, McCook, and Turner counties) in 2010 had 228,261 residents, or nearly 30 percent of the state’s population.

While South Dakota as a whole is aging and failing to replace aging generations with younger generations, Sioux Falls continues to grow. With that growth—due to economic opportunities for younger residents and in-migration from refugees and immigrant labor—come additional challenges and needs. These needs are also representative of those in rural areas because rural residents gravitate to more metropolitan areas when small towns decline or industry departs. The needs in Sioux Falls, however, are more robust simply because the population in Sioux Falls is richer and more diverse than in other areas of the state. The population is predominately white. The largest age group are those in the category of 15-44 years of age. There are 86,409 households, with an average of 2.71 persons per household.

Major findings of the CHNA
Avera McKennan and Avera Heart Hospital relied upon four major sources in its CHNA: A Community Needs Assessment conducted by the Government Research Bureau at the University of South Dakota at Vermillion, S.D.; a health needs questionnaire with results analyzed by personnel from South Dakota State University at Brookings; key interviews with community health leaders; and a Community Health Needs Assessment conducted by a consortium of organizations known as Live Well Sioux Falls.

Common themes identified in the needs assessment include: Obesity/poor diet/lack of exercise; health care access for uninsured/underinsured people, including specialty care and mental health services; management of chronic conditions; and smoking/alcohol use.

Major recommendations of the CHNA
Avera McKennan plans three initial expansions and/or new initiatives to address identified needs. One is expansion of services at the Avera Medical Group Health Care Clinic, which provides free primary care to uninsured and underinsured people. Services will be expanded to include greater access to mental health services, specialty care and patient education. Second is partnership with the City of Sioux Falls, Sanford Health and other community organizations in Live Well Sioux Falls initiatives. Avera’s CHNA task force is working with these entities to establish regular meetings to align priorities and explore collaboration opportunities. Third is partnership with Ground Works, a program to provide teaching gardens at schools in high-need neighborhoods.

Avera Heart Hospital will continue existing programs for cardiac and vascular screenings, nutrition counseling and tobacco cessation and will continue to explore collaboration opportunities within the community.
Section 1: Demographics and Existing Local Health Resources

Definition of the Community Served:

As a tertiary care hospital in South Dakota’s largest city, Avera McKennan Hospital & University Health Center serves a primary service area; as well as secondary and referral service areas which cover large geographical areas. For the purpose of this report, Avera McKennan and Avera Heart Hospital will be speaking primarily of their primary service area of Minnehaha and Lincoln counties, including the metropolitan area of Sioux Falls, S.D. The reason for this focus is that there are 29 hospitals within the Avera Health system, 13 of which are owned, leased or managed by Avera McKennan, and each of these hospitals is required to conduct its own Community Health Needs Assessment and report.

Avera McKennan’s secondary service area encompasses 19 counties in southeastern South Dakota, northwestern Iowa and southwestern Minnesota. The referral area encompasses an additional 31 counties in the outlying region. It is important to note that Avera McKennan reaches out to answer needs in this greater region, for example, through telemedicine and eServices including eICU, eEmergency, eStroke, ePharmacy and ePrescribing, as well as physician outreach. Avera Heart Hospital physicians provide outreach services in 33 communities.

Avera McKennan is set apart from many metro-area hospitals across the nation in that it serves both urban and rural populations.

Sioux Falls is the state’s largest city, with a population of 153,888 according to the 2010 U.S. Census. The Sioux Falls Metropolitan Statistical Area (including Minnehaha, Lincoln, McCook, and Turner counties) in 2010 was reported to have 228,261 residents, or nearly 30 percent of the state’s population.

Further, Sioux Falls has a nonprofit agency-per 1,000 resident rate of 5.13, which is significantly higher than the national average (4.45 per 1,000). The density of nonprofits in Sioux Falls suggests that residents in the community face a diverse set of needs that might not be represented elsewhere in South Dakota.

Finally, Sioux Falls is unusual in that it has experienced an increase in the number of residents per square mile over the past 10 years. This is in contrast to the remainder of the state, which has in general seen a substantial decline in the number of residents per square mile, particularly in the more rural and remote areas of the state.

While South Dakota as a whole is aging and failing to replace aging generations with younger generations, Sioux Falls continues to grow. With that growth—due to economic opportunities for younger residents and in-migration from refugees and immigrant labor—come additional challenges and needs. These needs are also representative of those in rural areas because rural residents gravitate to more metropolitan areas when small towns decline or industry departs in those more rural and remote spots of the state. The needs in Sioux Falls, however, are more robust simply because the population in Sioux Falls is more diverse than in other areas of the state.
Demographics:
The Sioux Falls Metropolitan Statistical Area (MSA) has an estimated 2012 population of 237,251. The city alone has an estimated population of 158,800. The Sioux Falls MSA according to the 2010 census is 86.8 percent white; 4.4 percent Hispanic/Latino; 4.2 percent black; 2.7 percent American Indian; 1.8 percent Asian; and 2 percent other. An additional 2.5 percent are people of two or more races.

Age distribution is as follows: 0-14, 21 percent; 15-44, 43 percent; 45-64, 24 percent; 65+, 12 percent. There are 86,409 households, with an average of 2.71 persons per household. Sex distribution is 50.7 percent female and 49.3 percent male.

The 2010 unemployment rate in Sioux Falls was 4.7 percent. Major employers include health care, meat packing, banking, education and retail. The 2009 median family income was $62,661; median household income, $50,498; and per-capita income, $25,339.

A total of 90.9 percent of the adult population are high school graduates; 31.9 percent have a bachelor’s degree or higher. Home ownership rate is 62.3 percent. Persons living below the poverty level comprise 10.2 percent of the population in Sioux Falls, compared to 13.7 percent in the state and the national rate of 13.8 percent.

Sources: Sioux Falls Development Foundation; U.S. Census Bureau; City of Sioux Falls

The five leading causes of death in 2011 for South Dakota residents were cancer, heart disease, chronic lower respiratory diseases, cerebrovascular diseases (stroke), and Alzheimer’s disease, according to the South Dakota Department of Health. A 2011 Community Health Status report completed by Falls Community Health (city of Sioux Falls Health Department) noted six key health conditions: Asthma, cardiovascular disease, diabetes, mental health, obesity and oral health care.

According to the Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS), in South Dakota: 11 percent of the population is uninsured; 7.5 percent of adults report having asthma; 6.9 percent of adults report having diabetes; and 4.6 percent of adults report having angina or coronary heart disease. Adults who are overweight comprise 38 percent of the population, and 27.7 percent are reported as being obese; 15.4 percent of adults report that they are smokers. In reporting on their general health status, 19.2 percent report being in excellent health; 39.5 percent very good; 29.8 percent good; 9 percent fair and 2.5 percent poor.

In addition, the Robert Wood Johnson Foundation County Health Rankings reports the following 2013 statistics for Minnehaha County: Adults who smoke, 18 percent, compared to 13 percent national benchmark; adult obesity, 29 percent, national, 25 percent; physical inactivity, 24 percent, national 21 percent; excessive drinking, 20 percent, national 7 percent; uninsured, 12 percent, 11 percent nationally; low birthweight, 6.9 percent, 6.0 national; poor mental health days, 2.6 compared to 2.3 nationally, and poor physical health days, 2.7, compared to 2.6 nationally. The County Health Rankings also report that Minnehaha County has a primary care physician ratio of 1,030:1 compared with 1,067:1 as the national benchmark; and the dentist ratio is 2,073:1 compared with 1,516:1 nationally. (Appendix 1)

Children in poverty is measured at 15 percent in Minnehaha County, compared with the national benchmark of 14 percent. In the city of Sioux Falls, 41 percent of children qualify for reduced school lunches. (Appendix 2)
Community Health Care Resources:

Sioux Falls is fortunate to be home to two nationally-recognized tertiary hospitals:

**Avera McKennan Hospital & University Health Center**

Avera McKennan is a 545-bed tertiary hospital with seven primary and 27 specialty clinics within the city of Sioux Falls. Avera McKennan is the only local provider of inpatient mental health services with the 110-bed Avera Behavioral Health Center. The Avera McKennan campus is home to the Avera Cancer Institute, Avera Surgery Center, Avera Transplant Institute, and Walsh Family Village hospitality house. Off-campus locations include the Avera Sports Institute and Avera Research Institute. Major service lines include inpatient and outpatient behavioral health, oncology, orthopedics and joint replacement, neurosciences and stroke care, emergency and trauma care, diagnostic imaging, air transport, surgery, obstetrics/gynecology, pediatrics, neonatology, critical care and gastrointestinal care. Avera McKennan also has specialized facilities for long-term care, assisted living, and hospice care. Avera McKennan hosts the state’s only bone marrow transplant program, and the state’s longest standing solid organ transplant program. More than 600 affiliated physicians provide care in 60+ medical specialties.

Avera McKennan operates the city’s only free clinic for underinsured and uninsured people, providing approximately 8,000 visits per year.

**Avera eCARE**

Avera extends specialty care through a suite of eServices through a suite of innovative technology applications which extend specialty medical care to remote locations.

- **eConsult**, commonly known as telemedicine, provides service and treatment to patients across the miles from a host site. eConsult is offered by 64 providers from 20 specialty clinics at 60 Avera rural facilities. Some 5,000 eConsult visits are scheduled each year. Commonly accessed specialties include infectious disease, behavioral health, oncology, pulmonology, cardiology and pediatrics.
- **eEmergency** links local emergency rooms at community hospitals to emergency-trained physicians and specialists at a central hub located at Avera eHelm in Sioux Falls, 24 hours a day, seven days a week.
- **ePharmacy** gives rural hospitals around-the-clock access to pharmacists to ensure that every prescription is reviewed and approved prior to being administered to a patient. The result is fewer medication errors and improved patient safety.
- **eLong Term care** connects long-term care residents to physicians at remote locations using two-way audiovisual telehealth technology to improve access to urgent care services.
- **eNICU** offers care to critical and unstable infants by connecting rural facilities with Avera McKennan’s Level IIIB neonatal facility staffed by physicians, nurse practitioners and staff with specific training in high risk neonatal care.
Avera Heart Hospital of South Dakota

Avera Heart Hospital offers 53 critical care beds, three surgical suites, four cath labs, radiology, laboratory, pharmacy and respiratory therapy and is dedicated to the diagnosis and treatment of heart disease. The hospital’s emergency room is staffed by physicians seven days a week, 24 hours a day. Key services include cardiac catheterization, electrophysiology, surgery and vascular services, Planet Heart cardiac and vascular screenings, nutrition counseling and the Quit for Good tobacco cessation program.

Sanford Health

Sanford Health operates Sanford USD Medical Center, a 545-bed tertiary hospital. Among services are emergency air transport, neonatal and pediatric intensive care, transplant services, and specialty centers in children’s, heart, cancer, neuroscience, sports medicine and women’s health. Sanford provides a network of eight primary and 40+ specialty clinics in the city of Sioux Falls. Sanford hosts the Sanford Cancer Center, Sanford Children’s Hospital, Sanford Surgical Tower, Sanford Heart Hospital, Hospice, POWER center for athletics and sports medicine, Sanford Health Research and USD genetics lab, and occupational medicine center. Sanford’s 900+ physicians system-wide provide care in 70 medical specialties.

Sioux Falls Specialty Hospital

The Sioux Falls Specialty Hospital is a free-standing outpatient surgical center that also offers pain management services and imaging. SFSH is a physician-owned facility, which also owns Midwest Family Practice near its site.

Sioux Falls is home to numerous dental, chiropractic, optometry, podiatry, physical therapy providers and independent physician practices which are not affiliated with one of the above health systems.

Sioux Falls VA Health Care System

The Sioux Falls VA Health Care System includes a 98-bed medical center and five community based outpatient clinics. It provides inpatient and outpatient care for veterans in eastern South Dakota, southwestern Minnesota, and northwestern Iowa. Services include primary and specialty medical care, mental health services, rehabilitation, audiology and speech pathology, caregiver support, dental and vision care, weight management, nuclear medicine, palliative and hospice care, pharmacy, surgical care and women veterans’ health care.

Mental health

In addition to Avera Behavioral Health Center and outpatient services listed above, Sioux Falls is home to Southeastern Behavioral Health Care, offering counseling and psychiatry services and comprehensive programs for adults with long-term mental illnesses, the Heisler Chemical Dependency Treatment Program, and TLC Tallgrass 30-day residential program for alcoholism.

Public health

The City of Sioux Falls Health Department. Falls Community Health, provides primary health care and dental care for all age groups, including care for acute and chronic illness, physical exams and preventative health care checkups; routine and emergency dental care
such as fillings, cleanings, extractions; well-child exams and immunizations; family planning services; patient education programs; mental health counseling and psychiatry services; prescription drug assistance; school dental screenings; and HIV/AIDS early intervention services and case management. All patients are accepted regardless of their insurance or financial status; federal funding allows the offering of services to patients through a sliding fee scale in addition to private insurance, Medicare and Medicaid.

South Dakota Urban Indian Health offers affordable primary and preventative health care for adults and children of all ages. Family practice providers are experienced and available to assist with a variety of medical needs and services, including women's health, children's care, immunizations, family planning, HIV prevention testing, preventative cancer programs, diabetes programs, exercise and nutrition, and behavioral health services. Services are available to people of all races on a sliding fee scale.

Destiny Family Medical Clinic is a part of a non-denominational, non-profit organization, Destiny Healthcare International. DHI also includes Destiny Outreach, which places an emphasis on the underserved, the refugees, and the international community in the Sioux Falls area. A free acute care After Hours Clinic is open two days a week. It is supported through funding from grants and gifts from individuals, hospitals, churches and local businesses. The clinic provides adult, infant and pediatric medicine; pregnancy care; work, school and athletic physicals; minor surgeries and procedures; laboratory services; X-ray services; and counseling. Destiny provides a sliding fee scale based on income.

Avera McKennan Hospital Data
Top discharges at Avera McKennan Hospital occur in these service lines: psychiatry, orthopedics, obstetrics, neonatology, general surgery, general medicine, pulmonology, gastroenterology, neurology and cardiology. Top presenting complaints in the Emergency Department include abdominal pain, other acute pain, headache, upper respiratory infection, nausea/vomiting, ear infection, open finger wounds, chest pain, fever, limb pain, urinary tract infection, alcohol abuse and acute bronchitis. (2011 data)

Avera Heart Hospital Data
Top discharges at Avera Heart Hospital include coronary atherosclerosis, heart attack, atrial fibrillation, aortic valve disorder and carotid artery occlusion. Top presenting diagnoses in the Emergency Room include chest pain, atrial fibrillation, palpitations, syncope and collapse and cardiac dysrhythmias.
Section 2: Data Assessment Analysis

In gathering data for the Community Health Needs Assessment, Avera McKennan relied on four key sources of information.

1. USD Community Needs Assessment
   First, a Community Needs Assessment was conducted by the Government Research Bureau at the University of South Dakota at Vermillion, S.D. (Appendix 3) This assessment was completed in 2010, so it is being used as background material along with additional research completed in 2011 and 2012. This consisted of a scan of previous needs assessments; 300 phone interviews in the Sioux Falls area; five focus groups in Sioux Falls composed of government officials, Avera McKennan Hospital & University Health Center staff, at-large community members, nonprofit executives and staff members in Sioux Falls, community business leaders, and individuals representing the needs of immigrant populations in the Sioux Falls region. This research consisted of asking both what are the most pressing community needs, as well as pressing needs related specifically to health care.

Key findings
   Area scan
   In relation to health, this scan brought forth a range of concerns from specific diagnoses such as breast, prostate and cervical cancer to broader concerns such as no or limited health insurance, the costs of health care, low or no physical activity, women’s health, prenatal care, premature-birth rates, drug and alcohol abuse, obesity, healthy eating and living, and secondary concerns that emerge from poor lifestyle choices (diabetes and other chronic illnesses). Affordable care, health insurance, and the prevention and management of chronic illness/disease are frequently cited later in this research effort.

   A pressing need to address differences in mortality rates between Native Americans and the majority white population in South Dakota was also noted. Counseling and mental health needs was also noted under the category of social welfare needs.

   Phone survey
   Survey interviewers were asked to do this for three questions about the respondent’s most pressing needs: 1) What is the most pressing need in your community?; 2) What is the most pressing need facing you or your family?; and 3) What is the most pressing health-care-related need in South Dakota, your community, or for you and your family? The survey also examined how respondents feel governments, nonprofits, health care providers, and others are doing in addressing the most pressing needs/problems that they have identified.

   In relation to the most pressing health care need, health insurance costs and concerns represented the most substantial concern. This is the case even though only 12 percent of all of the survey respondents reported being without health insurance. Concerns about general health, obesity and alcohol/drug use are among the most pressing health needs facing survey respondents.
Focus group findings
Five focus groups specifically identified three common themes and needs in the health care area:

- Health insurance/health care access. All of the groups identified the need for changes in the cost of insurance and how insurance costs place challenges on health providers and low-income individuals in the Sioux Falls community. In particular, the groups noted the difficulty of people getting insurance, losing insurance through job change/loss (particularly during difficult economic times), people lacking insurance through their work, and people not accessing care due to high co-pays and/or being uninsured.

- Navigating and case management. Four of the five focus groups also isolated the need for support resources to help people in poverty and those with chronic health conditions to keep current on their health care. Group members identified the need to help families understand when and how to access the health care system and the need for people with chronic diseases to manage their health through compliance with ongoing therapies, drugs and routine medical visits. Lacking community navigating and case-management services, chronic illness becomes unmanaged and the chronic illness becomes a more significant tax on the individual’s health and the health care resources in the Sioux Falls community.

- Obesity. All of the groups highlighted the growing issue of obesity as a major and growing factor in the quality of life of our community. Groups highlighted concerns regarding obesity throughout the lifespan. Two of the five groups specifically highlighted obesity in children as an area of concern. The remaining groups did not differentiate between children and other groups. Most groups highlighted the growing challenge obesity has in taxing the existing health care system and related concerns with chronic-disease management needs that result from diseases, such as diabetes, that stem from obesity.

Because this survey was completed in 2010, Avera McKennan also made efforts to update research in 2011 and 2012:

2. 2011 Community Health Needs Survey:
To determine community health needs in the Sioux Falls, S.D. area, Avera developed a survey to assess current community satisfaction with a variety of health services. The data were analyzed by Drs. Karla Hunter and Jenn Anderson of South Dakota State University. (Appendix 4)

The survey consisted of 24 questions dealing with a variety of health services used by the community served by Avera. Surveys were distributed at the Sioux Falls Annual 4th of July Celebration and the annual Free Breast Health Screening at Scheels Sports Center in Sioux Falls. Individuals attending these events were approached non-systematically and, if they agreed to participate, they completed the survey at that time. Following the questions concerning satisfaction with health services, participants provided open-ended responses concerning the greatest health needs for them, their families, or the community. All responses were anonymous.
Based on analysis of responses provided by members of the Sioux Falls community on the Avera Community Health Needs Assessment, the greatest community health needs are:

1. Limited affordability of health services and prescriptions
2. Management of chronic conditions (e.g., diabetes, thyroid) or pain
3. Access to wellness/exercise facilities to improve cardiovascular health and lose weight

The lowest levels of satisfaction were reported for:

- Affordability of prescription drugs
  - Across the entire sample, the number one health need (as indicated by the lowest level of satisfaction) was the affordability of prescription drugs.
- Access to dental care services
  - Those without health insurance, those who receive federal or local government assistance, and those who rent their homes have the greatest need for access to dental care services.
- Access to wellness and exercise facilities
  - Those without health insurance and those who receive federal or local government assistance have the greatest need for access to wellness and exercise facilities.

3. Interviews with Key Community Health Personnel

   Personal interviews were conducted with the executive director of South Dakota Urban Indian Health, Inc.; the assistant director of the Sioux Falls Department of Health; Sioux Falls Community Health dental director; and manager of the Avera Medical Group Health Care Clinic, a free clinic operated by Avera McKennan for the uninsured and underinsured in the Sioux Falls region. These interviews were conducted in 2012.

   These interviews identified these key needs:
   - Widespread obesity, high cholesterol, poor diet and lack of exercise in the population
   - Access to behavioral health services for uninsured/underinsured
   - Access to specialty care for uninsured/underinsured
   - Access to diagnostic care for uninsured/underinsured
   - Chronic disease management of uninsured/underinsured
   - Dental health services for children
   - Follow up and coordination to address abuse of prescription drugs (people who go from provider to provider)
   - Diabetes care and education
   - Care of uninsured, underinsured, Native American, homeless, prison releases and non-English speaking populations
   - Health education directed toward people in poverty

4. Live Well Sioux Falls Health Needs Assessment Survey

   The City of Sioux Falls received a Community Health Transformation Grant from the South Dakota Department of Health, sparking a project to improve the health and well-being of the citizens of Sioux Falls. Guided by the City of Sioux Falls Health Department, this project is
known as Live Well Sioux Falls. More than 24 community partner organizations are participating in Live Well Sioux Falls. Goals of Live Well Sioux Falls include to prevent and reduce tobacco use, increase control and awareness of high blood pressure and high cholesterol through quality preventative services, and improve the community environment to support health, specifically to increase active transportation and recreation.

A Community Health Needs Assessment, via interviews, focus groups, and surveys is designed to reveal what the citizens of Sioux Falls feel are needs and assets within our community. A community survey was completed in August 2012. In this project which extends through 2016, collaborating agencies are drafting a comprehensive approach toward a healthier city.

Live Well Survey respondents were asked to identify their perceived top three unhealthy behaviors from a list of 12 behaviors, and they ranked the top three as:

- Alcohol abuse (45.6 percent)
- Poor eating habits (44.5 percent)
- Smoking/tobacco use (41.7 percent)
- A lack of exercise (40.5 percent) closely followed.

Live Well survey respondents were also asked to indicate significant problems that exist in Sioux Falls across a number of areas, and the top two problems that relate to health care were: Child health or childhood obesity (34.6 percent) and substance abuse/alcohol/drug/prescription (32.9 percent).

We had the ability to sample our community in varied ways which we felt gave a good broad overview of community health needs, but such methods are not able to completely identify absolutely all of the community’s unmet needs. As no one method gives a complete and total picture of the community’s health needs, we assessed our community in varied ways in order to arrive at a list of needs that is as complete as possible.

Section 3: Community Health Needs Prioritization

Through the collection of data listed above Avera McKennan leaders developed this list of the most commonly and most highly identified needs. A special CNHA task force was formed to recommend and develop initiatives. Needs were prioritized by Avera McKennan Administrative Council (senior leadership) in the order given:

- Obesity/poor diet/lack of exercise
- Health care access for uninsured/underinsured people, including specialty care and mental health services
- Management of chronic conditions
- Smoking/alcohol use

As Avera McKennan provides management services to Avera Heart Hospital and is the majority owner, they determined these priorities would also be the priorities for Avera Heart Hospital.
Section 4: Priority Recommendations

Avera McKennan executive leadership has identified three key areas where we can expand or take new initiatives to address the above needs. Avera McKennan has formed a Community Health Needs Assessment task force that will ensure continued development of these initiatives:

1) Expansion of Avera Medical Group Health Care Clinic: The Health Care Clinic, providing free primary care to uninsured and underinsured people, is the only clinic of its kind in Sioux Falls that is operated by a major health system. Averaging over 700 visits per month, the goal of the clinic is to prevent or treat patients’ medical conditions before they become catastrophic. The clinic provides preventative care, diagnosis and treatment of illnesses and injuries, medication assistance and assistance in obtaining specialist care for patients with complex cases. A psychiatrist is available one day per week. As this clinic is already addressing needs of at-risk populations, we feel it is a wise investment of resources to expand offerings through this clinic rather than begin new programs that would be potentially duplicative. Avera McKennan plans to seek out ways to expand access to specialty care services such as mental health services, pain management, physical therapy or diabetes education to increase access and provide greater assistance in managing chronic conditions for this population of patients.

2) Partnership in Live Well Sioux Falls: The City of Sioux Falls received a Community Health Transformation Grant from the South Dakota Department of Health, sparking a project to improve the health and well-being of the citizens of Sioux Falls. Guided by the City of Sioux Falls Health Department, this project is known as Live Well Sioux Falls. It involves more than 24 community partner organizations. Among these partners are Avera McKennan and the other major health care system in Sioux Falls, Sanford Health. Avera plans to work in partnership with the City of Sioux Falls and Sanford Health to address the priorities of Live Well Sioux Falls, and arrive at solutions which are collaborative in nature. This is an ongoing project that is just getting started at the writing of this report.

3) Partnership with Ground Works: Obesity, poor diet and lack of exercise have been identified as key health needs. Avera McKennan plans to form a new partnership with Ground Works to develop teaching gardens at schools in Sioux Falls neighborhoods identified as high-need areas. It is hoped the plots will not only engage students and adults in healthy activity, it will encourage improved eating habits and inclusion of fruits and vegetables in families’ daily diets.

Below are ways that Avera McKennan already addresses the identified needs, and how these measures will be continued:

Obesity/poor diet/lack of exercise
Avera McKennan addresses this health concern in the following ways which meet criteria as a community benefit:

- Avera McKennan offers vast free patient educational online resources on its website, including an in-depth report on weight loss, providing education about what causes obesity in children and adults, as well as suggestions for lifestyle change, behavior modification and management. Another in-depth report covers the subject of exercise,
and gives specific ideas and illustrations as to types and duration of exercise, warning signs, first aid for injuries, and benefits of exercise.

- Avera McKennan hosts Sioux Falls’ only indoor SculptureWalk, an extension of the community’s downtown SculptureWalk. Artists donate sculptures for one year, which are placed at locations throughout Avera McKennan’s campus, in buildings connected by skywalks. Brochures contain a map, and visitors who follow the route suggested walk approximately 1 mile, making this a healthy as well as a cultural journey.

Avera McKennan also addresses this need in these other ways:

- Through a partnership with HyVee food stores in Sioux Falls, Avera has dietitians located at each HyVee location. Customers can consult with these dietitians, and can attend free monthly programs presented by dietitians on food and nutrition topics. These dietitians oversee the Begin 10-week lifestyle and weight management program offered on a fee basis.
- Avera offers fee-based weight-loss programs including Ideal Living at Avera.
- Avera physicians at all primary care and specialty care levels encourage patients from pediatric to senior adults to eat healthy and exercise in order to maintain a healthy weight, and offer free educational materials upon request. Nutrition counseling with a dietitian and health coaching are among resources offered.
- Avera McKennan offers free online health risk assessments on its website on numerous health topics, including diet and nutrition and fitness. Patients not only gain an understanding of their risk, but also receive recommended action steps for reducing their risk.
- Avera McKennan Corporate Health Services offers health coaching, in which health coaches provide face-to-face or telephone sessions for assessment, goal-setting, evidence-based processes, accountability, motivation.
- For patients who are morbidly obese, Avera McKennan offers the option of various bariatric surgery procedures, and free informational sessions to help patients consider if this option is best for them.
- The Avera McKennan Fitness Center is a membership-based center which offers a pool, fitness and weightlifting equipment, group exercise classes, personal training, and integration of exercise programs into medical treatment plans.
- The Avera Sports Institute offers advanced sports training, weight training, acceleration training and sports programs in a 40,000-square-foot indoor environment equipped with exceptional playing facilities. Funds donated by an Avera McKennan employee provide scholarships to underserved youth.
- Avera McKennan addresses health and fitness topics in newsletters sent to parents of students in Sioux Falls Catholic Schools, Harrisburg schools and the YWCA daycare/preschool.
- Avera McKennan employees, which number 6,000, comprise a significant portion of the Sioux Falls community. LifeCare is an employee health program that includes health coaching and monthly challenges to help employees maintain a healthy weight and good health.
Health care access for uninsured/underinsured people, including specialty care and mental health services

Avera McKennan addresses this health concern in the following ways which meet criteria as a community benefit:

- Avera McKennan operates Avera Medical Group Health Care Clinic, a free clinic to uninsured and underinsured people. It also provides a free evening clinic one evening per month, staffed by medical students under supervision of physicians. Averaging over 700 visits per month, the goal of the clinic is to prevent or treat patients’ medical conditions before they become catastrophic. The clinic provides preventative care, diagnosis and treatment of illnesses and injuries, medication assistance and assistance in obtaining specialist care for patients with complex cases. A psychiatrist is available one day per week. Avera McKennan is the only health care organization to provide free services such as this in the state of South Dakota. The clinic had 8,329 visits in 2012, and was operated at an annual cost of $704,303. Concerning access to dental care, listed in interviews as a related need in our community, the Health Care Clinic facilitates the distribution of vouchers for dental care which have been provided through donations.

- Avera McKennan partners with Destiny Clinic by providing funding of $13,000 per year to provide free evening clinic services.

- For all services, including primary care, specialty care, and mental health services, Avera McKennan’s policy and philosophy of health care ministry is to care for all who come to our doors, regardless of their ability to pay. Avera McKennan helps patients apply for any applicable government insurance programs, and offers health care services on a discounted or charitable basis to those who are uninsured or underinsured. Charity care is not capped by a budget figure – unreimbursed expenses are covered by the organization as needed, not until a budget figure is met. In 2012, hospital charity care (at cost) totaled $8,838,989 and clinic charity care totaled $1,079,886.

- In addition to charity care, in the past fiscal year Avera McKennan provided $186,876 in lodging, transportation and prescriptions to those in need.

- Avera McKennan collaborates in a community effort to provide obstetrics care for women who do not qualify for Medicaid, but cannot afford health insurance. The program offers prenatal care, and hospital labor and delivery services for a low fee of $1,000. Women receive care whether they can cover any or all of the fee. Care is provided primarily by first-year family practice residents, supervised by experienced physicians. Through this program in fiscal year 2012, Avera McKennan assisted with 81 births and provided 823 prenatal and post-partum visits.

- Avera McKennan operates a 24-hour Medical Call Center, through which patients have access to the Ask-A-Nurse program. Patients can call a toll-free number and talk personally with a Registered Nurse to ask health questions or receive general health information.

- The Avera Behavioral Health Center offers free monthly educational sessions on various topics followed by discussion for adults who have been impacted by a loved one’s mental illness. Topics have included grief and loss, anxiety and parenting strategies for managing challenging behaviors.

- The Avera Behavioral Health Center offers free “Friday Forums” to educators, school personnel, counselors, parents or other interested people on various mental health topics which affect children and youth, such as autism, bullying, drug use, depression,
disruptive behavior and more. People can either attend the forums in person, or watch a web-cast.

Avera McKennan also addresses this need in these other ways:

- Avera McKennan makes medical care accessible to the entire community it serves. In 2012 Avera McKennan had 20,691 hospital discharges, 109,815 patient days and 223,841 outpatient visits.
- Increased access, especially to primary care services, is increasingly important to Avera McKennan. Avera McKennan has recently opened two new primary care clinics and a pediatrics clinic in the city of Sioux Falls, and plans an additional clinic in the near future. Avera McKennan provides two Urgent Care locations on both the east and west sides of the city to provide a more affordable option than emergency care. Avera also operates Curaquick Avera in a local HyVee store to provide an affordable, convenient, quick option for receiving primary care services.
- To help improve health care access for non English-speaking patients, Avera McKennan employs two full-time Spanish interpreters in-house. In addition, in cooperation with external agencies, Avera McKennan is able to handle 99 different languages and dialects. Avera McKennan contracts for an inbound call-in service for Spanish speaking individuals. This is available at the main hospital switchboard, as well as Avera Medical Group McGreevy and Avera Medical Group Obstetrics and Gynecology. All interpreter services are provided at no cost to the patient.
- Liver damage due to hepatitis C is a growing threat, especially among the Baby Boomer generation. Because this disease is “silent” with no obvious symptoms, it can go unnoticed for decades. The CDC now recommends that all Baby Boomers have a one-time test for hepatitis C. In January 2013, Avera McKennan offered a free hepatitis C screening and provided 610 free hepatitis C screening blood tests. Nine tested positive for this disease, and through Avera Medical Group Hepatology, the state’s only practice dedicated to liver disease, these patients can receive appropriate treatment which can prevent the need for liver transplant or death due to liver failure.

Management of chronic conditions
Avera McKennan addresses this health concern in the following ways which meet criteria as a community benefit:

- Uninsured and underinsured persons can receive assistance managing chronic conditions through the Avera Medical Group Health Care Clinic (described above).
- Patient education on various conditions is offered free online and through practitioners.
- Support groups/programs are offered for patients and/or families and caregivers dealing with various conditions including cancer, Parkinson’s disease, diabetes, stroke recovery, grief and loss, liver disease and more.
- Behavioral health illnesses are chronic conditions which affect health and well-being, and productivity for adults. Avera McKennan has proactively developed a program known as Avera Family Wellness for at-risk preschoolers. Children receive music lessons and they and their families receive family coaching. The goal is to prevent or lessen the effects of behavioral health conditions on children and families by fostering a positive environment. Approximately 200 students are enrolled at no cost to families.
Avera participates in a collaborative project with Sioux Falls Public Schools and the South Dakota Board of Nursing to implement eConsult services with diabetic education specialists monitoring medications and the health of children with diabetes in the school setting.

Avera McKennan developed the Transport to Transplant project, which removes transportation barriers for patients from rural areas which may prevent them from completing the evaluation and testing needed for kidney and/or pancreas transplant. A van funded through a grant from the Avera McKennan Foundation is used to transport patients who demonstrate a financial need. Patients are brought to the Avera Transplant Institute for a condensed multi-day evaluation with all testing and visits completed in less than one week. Ultimately, the project results in improved morbidity and mortality, as kidney transplant doubles patient survival as compared to remaining on dialysis.

Avera McKennan developed the Transport to Transplant project, which removes transportation barriers for patients from rural areas which may prevent them from completing the evaluation and testing needed for kidney and/or pancreas transplant. A van funded through a grant from the Avera McKennan Foundation is used to transport patients who demonstrate a financial need. Patients are brought to the Avera Transplant Institute for a condensed multi-day evaluation with all testing and visits completed in less than one week. Ultimately, the project results in improved morbidity and mortality, as kidney transplant doubles patient survival as compared to remaining on dialysis.

Avera McKennan diabetes educators provided classes and one-on-one consultations at a loss of $648,744 in the past fiscal year.

Avera McKennan collaborates with Live Well Sioux Falls to promote the Big Squeeze, a hypertension initiative in April to promote blood pressure screening and education, with the goal of diagnosing high blood pressure. One in three American adults have high blood pressure, but only half of them have it under control, adding to the risk of stroke, heart attack and vascular disease.

Avera McKennan also addresses this need in these other ways:

- Avera McKennan offers expert management of chronic conditions through primary and specialty care providers.

Smoking/alcohol use

Avera McKennan addresses this health concern in the following ways which meet criteria as a community benefit:

- Avera McKennan is a partner with Face It TOGETHER Sioux Falls, a nonprofit organization which serves as the local face and voice for recovery from addiction through its recovery support services, advocacy and awareness programs. Avera has been a partner with Face It TOGETHER since its inception, and in a recent awareness campaign. In 2012, Avera McKennan provided $50,000 in funding toward this effort, and $30,000 in 2013.

Avera McKennan also addresses this need in these other ways:

- Avera McKennan Behavioral Health’s Addiction Recovery Program provides comprehensive assessment services, individualized treatment planning and/or supportive therapy for individuals, couples and/or families affected by substance abuse and/or compulsive gambling. In addition to inpatient mental health care for senior citizens, adults, adolescents and children, Avera Behavioral Health Services offers an intensive outpatient treatment program, including a combination of group and individual therapy, for drug, alcohol and gambling addictions. The outpatient setting allows patients to commit to an intensive program while still maintaining their employment and family life.

- Avera McKennan contracts with the state of South Dakota to provide the South Dakota Quit Line, a phone-based service clients can call toll-free for information or help with
Clients speak directly with trained coaches who create a program to fit individual needs.

Avera Heart Hospital addresses the identified needs in the following ways:

- **Obesity/poor diet/lack of exercise**: Avera Heart Hospital offers community education events surrounding heart-healthy lifestyle changes and nutrition.

- **Health care access for uninsured/underinsured people**: Avera Heart Hospital’s policy and philosophy of health care ministry is to care for all who come to our doors, regardless of their ability to pay. Avera Heart Hospital helps patients apply for any applicable government insurance programs, and offers health care services on a discounted or charitable basis to those who are uninsured or underinsured.

- **Management of chronic conditions**: Free patient education is offered via its website. Avera Heart Hospital hosts and sponsors Mended Hearts, a monthly support group for heart patients, and sponsors easily accessible heart and vascular screenings.

- **Smoking/alcohol use**: Avera Heart Hospital offers a community tobacco cessation program, Quit for Good.

**Conclusion:**

The next steps of the CHNA process will be to seek ways to expand services to provide greater access through the Avera Medical Group Health Care Clinic, and continue to work as a key partner in the Live Well Sioux Falls initiatives. The CHNA task force will continue meeting to ensure that initiatives are effective toward meeting unmet needs in the city of Sioux Falls. Avera McKennan will report on our progress on these initiatives in three years when the next Community Health Needs Assessment process takes place.
Appendix 1
County Health Rankings and Roadmaps,
Minnehaha County, South Dakota
<table>
<thead>
<tr>
<th>Minnehaha County</th>
<th>Error Margin</th>
<th>South Dakota</th>
<th>National Benchmark*</th>
<th>Rank (of 57)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td>25</td>
<td><strong>Mortality</strong></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>6,034</td>
<td>5,626-6,443</td>
<td>6,712</td>
<td>5,317</td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>10%</td>
<td>9-11%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.7</td>
<td>2.4-2.9</td>
<td>2.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.6</td>
<td>2.2-2.9</td>
<td>2.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>6.9%</td>
<td>6.6-7.3%</td>
<td>6.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td>22</td>
<td><strong>Health Behaviors</strong></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>16-20%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>29%</td>
<td>27-32%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>24%</td>
<td>22-26%</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>20%</td>
<td>18-22%</td>
<td>19%</td>
<td>7%</td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>11</td>
<td>9-13</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>430</td>
<td></td>
<td>392</td>
<td>92</td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>37</td>
<td>35-39</td>
<td>38</td>
<td>21</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>12%</td>
<td>11-14%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary care physicians**</td>
<td>1,030:1</td>
<td>1,336:1</td>
<td>1,067:1</td>
<td></td>
</tr>
<tr>
<td>Dentists**</td>
<td>2,073:1</td>
<td>1,974:1</td>
<td>1,516:1</td>
<td></td>
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<tr>
<td>Preventable hospital stays</td>
<td>58</td>
<td>55-62</td>
<td>64</td>
<td>47</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>88%</td>
<td>84-93%</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>74%</td>
<td>69-78%</td>
<td>70%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation**</td>
<td>83%</td>
<td>83%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>68%</td>
<td>65-71%</td>
<td>66%</td>
<td>70%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.6%</td>
<td>4.7%</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>15%</td>
<td>11-18%</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>16%</td>
<td>15-18%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>32%</td>
<td>29-34%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>271</td>
<td>230</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>10.4</td>
<td>10.3-10.6</td>
<td>8.4</td>
<td>8.8</td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>14</td>
<td></td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods**</td>
<td>5%</td>
<td>11%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>52%</td>
<td>43%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition.
Note: Blank values reflect unreliable or missing data.

http://www.countyhealthrankings.org/app/
Appendix 2

2012 South Dakota KIDS COUNTY Factbook
Minnehaha County, South Dakota
## Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011</th>
<th>2007-11 (combined)</th>
<th>2007-11</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birth weight babies (less than 5.5 lbs.)</td>
<td>196</td>
<td>990</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>13</td>
<td>88</td>
<td>4.7</td>
<td>6.3</td>
</tr>
<tr>
<td>Child death rate (per 100,000-ages 1-14)</td>
<td>7</td>
<td>29</td>
<td>19.5</td>
<td>16.0</td>
</tr>
<tr>
<td>Teen violent death rate (per 100,000-ages 15-19)</td>
<td>4</td>
<td>18</td>
<td>35.1</td>
<td>30.9</td>
</tr>
<tr>
<td>Births to single teens (single females under age 20)</td>
<td>170</td>
<td>948</td>
<td>6.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Women receiving prenatal care (1st trimester)</td>
<td>1,975</td>
<td>9,284</td>
<td>73.3%</td>
<td>68.5%</td>
</tr>
</tbody>
</table>

### Economic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Basic Participation (FY avg.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families</td>
<td>393</td>
<td>473</td>
<td>483</td>
</tr>
<tr>
<td>Recipients</td>
<td>838</td>
<td>1,057</td>
<td>1,056</td>
</tr>
<tr>
<td>Children</td>
<td>658</td>
<td>827</td>
<td>826</td>
</tr>
<tr>
<td>Average $ per month per family</td>
<td>$395</td>
<td>$406</td>
<td>$404</td>
</tr>
</tbody>
</table>

### Supplemental Nutrition Assistance Program (SNAP) (FY avg.)

<table>
<thead>
<tr>
<th>Age distribution (FY 2012)</th>
<th>SNAP</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 (SNAP) 0-5 (Medicaid)</td>
<td>3,896</td>
<td>7,099</td>
</tr>
<tr>
<td>5-13 (SNAP) 6-13 (Medicaid)</td>
<td>5,132</td>
<td>6,528</td>
</tr>
<tr>
<td>14-17 (SNAP) 14-18 (Medicaid)</td>
<td>1,452</td>
<td>2,854</td>
</tr>
</tbody>
</table>
Appendix 3

2010 Community Needs Assessment
The University of South Dakota Government Research Bureau
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<td>2.0 FINDINGS</td>
<td>13</td>
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<td>3.0 SUMMARY AND CONCLUSIONS</td>
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<tr>
<td>APPENDIX F: FOCUS GROUP TRANSCRIPTS</td>
<td>69</td>
</tr>
</tbody>
</table>
In summer 2010, Avera McKennan Hospital and University Health Center leadership approached the University of South Dakota’s Government Research Bureau (GRB) to conduct a community-needs assessment. The community-needs assessment was to accomplish three things:

- Document the most pressing needs for South Dakotans in Avera McKennan Hospital and University Health Center’s service area;
- Provide data to assist Avera McKennan Hospital and University Health Center in its broader community outreach and assistance efforts; and
- Create a data foundation upon which Avera McKennan Hospital and University Health Center’s strategic priorities related to community outreach and mission could be most strongly established.

The GRB’s Director, Dr. William Anderson, met with Avera McKennan Hospital and University Health Center officials to establish the scope of work for the project. In the month after the initial project meeting, the GRB constructed a suggested work protocol for this project, including four discrete sub-tasks that, when executed, would inform the broader requirements for the community-needs assessment. The complete scope of work and project proposal is available in Appendix A of this report.

The GRB began work on the Avera McKennan Hospital and University Health Center Community-Needs Assessment in September 2011, following a short negotiation period over contract particulars. The final project parameters—noted in significantly more detail below—revolved around a four-stage research “funnel” that began widely and narrowed to paint a very specific picture of the community needs in South Dakota more broadly and Sioux Falls more specifically.

The report to follow provides details about the research project, the major findings from that research project, and an extensive series of appendices representing the volume of data gathered by the GRB team and its trusted affiliates. The report proceeds as follows:

First, the report offers details about the research “funnel” noted above, discussing the strategy behind each of the four research-funnel stages and how the broader project arcs the relationship of the needs expressed by Avera McKennan Hospital and University Health Center.

Second, the report offers a summary of the findings from each stage in the research funnel. The findings begin with a wide assessment of the possible needs in Avera McKennan Hospital and University Health Center’s service area and narrow to what the GRB team believes to be the areas of greatest opportunity for Avera McKennan Hospital and University Health Center during the post-assessment period.

Third, the report offers a series of brief programmatic recommendations that could, if implemented, provide communities in Avera McKennan Hospital and University Health Center service area a way forward for improvement.

Finally, the report catalogues, in a series of appendices, the rich data that informs the conclusions in the front body of the report. These data should be a source of continued value beyond the project.
Readers should note that this report should be read in concert with an accompanying briefing entitled “Targeting Community Needs: Avera McKennan Hospital and University Health Center.” It also should be read in concert with the 19-minute film—a deliverable from the fourth stage of the research project—so that the findings documented here can be understood in a more concrete and humanistic manner.

1.1 PROJECT SCOPE AND RESEARCH DESIGN

The GRB team—in collaboration with the Avera McKennan Hospital and University Health Center—focused on a four-stage research design to address the research question: What are the most pressing community needs in Avera McKennan Hospital and University Health Center service area? To address this research question and to properly scope each of the four stages (noted in detail below), the GRB team had to address a series of fundamental questions that revolved around the term “service area.”

First among those questions was how to define the Avera McKennan Hospital and University Health Center “community.” Because Avera McKennan Hospital and University Health Center manages and owns hospitals throughout South Dakota, defining the community within the hospital’s “service areas” became a critical narrowing process. If the service area were to be narrowly defined only as the Sioux Falls metropolitan area served by the Avera McKennan Hospital and University Center campus, the community-needs assessment likely would miss pressing community needs in the more rural and remote areas served by hospitals that Avera McKennan Hospital and University Health Center owns or manages. A broad definition of community, however, would water down the power of the research findings, likely suggesting an array of pressing community problems that would be too wide and deep for Avera McKennan Hospital and University Health Center to address in a targeted and careful manner.

For the purposes of this project, the GRB team defined Avera McKennan Hospital and University Health Center’s community as the communities in which Avera McKennan owns hospitals. By making this important narrowing decision, the GRB team effectively isolated a limited number of communities (three) that best represented the 300+ hospitals and clinics owned and managed by the Avera system throughout South Dakota, North Dakota, Minnesota, Iowa, and Nebraska.

Even though the GRB team focused its attention on three communities that appear to best represent the Avera McKennan Hospital and University Health Center’s immediate “community” and the Avera system’s broader “community,” the scope of the research described throughout this report reflects systemic, pressing, and ongoing challenges faced throughout the State of South Dakota. Specifically, the research effort—and the funnel approach taken to it—scoped first at the widest point in Avera McKennan Hospital and University Health Center’s community: South Dakota writ large. Upon further narrowing in the research funnel, the community was defined as the three communities served by Avera McKennan Hospital and University Health Center.

The final two steps in the research funnel highlighted specific challenges faced by the Sioux Falls community. The Sioux Falls community in South Dakota’s southeastern corner—much like the Rapid City community on the state’s western border—is a unique community that merits additional and more detailed attention because of the community’s size, diversity, and population gravity.

Sioux Falls is perhaps Avera McKennan Hospital and University Health Center’s most important representative community, both demographically and symbolically. Sioux Falls is the state’s largest city, and the Sioux Falls Metropolitan Statistical Area (including Minnehaha, Lincoln, McCook, and Turner Counties) in 2009 was
estimated by the US Census Bureau to have over 238,000 residents, or nearly 30% of the state’s population. Further, Sioux Falls has a nonprofit agency-per 1,000 resident rate of 5.13, which is significantly higher than the national average (4.45 per 1,000).\(^1\) The density of nonprofits in Sioux Falls suggests that residents in the community face a diverse set of needs that might not be represented elsewhere in South Dakota.

Finally, Sioux Falls is unusual in that it has experienced an increase in the number of residents per square mile over the past 10 years. This is in contrast to the remainder of the state, which has in general seen a substantial decline in the number of residents per square mile, particularly in the more rural and remote areas of the state.

While South Dakota as a whole is aging and failing to replace the aged with a younger cohort, Sioux Falls continues to grow. With that growth—due to economic opportunities for younger residents, in-migration from refugees and immigrant labor, and the community’s welcoming posture—comes additional challenges and needs. These needs are also representative of those in rural areas because rural residents gravitate to more metropolitan areas in the state when small towns die or industry departs in those more rural and remote spots of the state. The needs in Sioux Falls, however, are more robust simply because the population in Sioux Falls is richer and more diverse than in other areas of the state.

In sum, the GRB team chose to focus its attention both on the wider “state community,” represented by Avera McKennan and University Health’ Center’s footprint in the more rural and remote areas of the state, and on the Sioux Falls Metropolitan Statistical Area (MSA), since that region was, in our estimation, a representative sample of many of the most pressing problems and community needs faced throughout South Dakota. The next section of this report describes the funnel research strategy taken by the GRB team to answer the primary research question posed by Avera McKennan Hospital and University Health Center: What are the most pressing community needs in the Avera McKennan footprint?

### 1.2 RESEARCH APPROACH: A FOUR-STAGE FUNNEL

To best understand the most pressing community needs in Avera McKennan Hospital and University Health Center’s footprint, the GRB crafted a four-stage, narrowing funnel research strategy. The first stage, or area scan portion of the research, highlighted past needs assessments conducted by state government, nonprofits, and local resources in South Dakota. The second stage focused on three communities in which Avera McKennan Hospital and University Health Center owns or operates hospitals and involved conducting a qualitative data-based survey of a limited sample of residents in each community. Stage three isolated Sioux Falls and used the first two research stages to inform a focus-group protocol and series of focus groups. Finally, the project mustered all of the data gathered in the first three research stages to inform a series of targeted, narrative interviews of those who affect and those affected by pressing problems and community needs in the Sioux Falls area.

The sections below provide additional detail about each of these research stages and include 1) a discussion of the rationale for using the strategy as part of the broader research-funnel approach; 2) a short-story of the specifics associated with each of the research steps; and 3) a brief discussion of the methodological robustness of each stage. In particular, these latter discussions focus on the representativeness of the data collected at each stage and any data validity or reliability concerns the GRB team documented.

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1. All demographic data cited in this section and the remainder of the report is available at the American FactFinder page for South Dakota at the US Census Bureau website (www.census.gov).
Research Stage 1: Area Scan

South Dakota is, on the whole, a relatively homogenous “community.” South Dakota has less racial diversity (87.9% white/Caucasian vs. 79.6% nationwide), has less foreign-born migration (98.2% US-born vs. 11.1% nationwide), and is more well-educated (84.6% with HS diplomas vs. 80.4% nationwide). That homogeneity presents opportunities to know South Dakota writ large and, at the same time, have a good sense for local dynamics and needs.2

To avail itself of the potential benefits of the state’s relative homogeneity, the GRB team conducted an area scan of needs assessments conducted by state and local governments and nonprofits in South Dakota. The GRB team bounded the area scan to the last 10 years and used the following criteria to guide its search process:

- **The area scan should primarily focus on needs-assessment documents so that the search and subsequent analysis can be sufficiently narrowed in on identified state- or local-level community needs without being unnecessarily diverted.** The GRB team specifically directed its attention away from programmatic evaluations, grant applications, and documents that failed to highlight unmet needs around the state.

- **The area scan was to search across all areas of state, local, and nonprofit documentation in the State of South Dakota.** Because of Avera McKennan Hospital and University Health Center’s interests in health care-related needs, the GRB team specifically was directed to examine documents produced by health providers (for-profit and nonprofit), the State Department of Health, nonprofits that document health needs but that are not health providers, and related agencies and entities.

- **Documents gathered during the area scan were to be distilled by GRB team members into a matrix that highlighted the primary community needs around the state.** The GRB team’s approach was to gather documents, boil them down to their essence, produce a digest-form matrix, and tee up the remainder of the research process.

The GRB team, led by a PhD student in the Department of Political Science, used the parameters above to conduct a comprehensive web search in September 2010 with the goal of locating all available needs-assessment documents published since the year 2000 by public and non-profit organizations in the state of South Dakota. The search was especially directed at identifying sources oriented toward broad social issues, including but not limited to public health, mortality, education, and economic concerns.

Two geographies were targeted by the GRB team: 1) needs of statewide salience, and 2) needs specific to the Sioux Falls metropolitan region. Using these geographic parameters, the GRB compiled 27 documents composed of thousands of unique primary data sources. After coding all 27 of the needs-assessment documents for need type, nine different “need categories” emerged: community development, economic, education, health, mortality, recreation, safety, social, and transportation. Within each need category, specific

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2 As homogeneity across major demographic indicators increases, it becomes more reasonable—but not necessarily more methodologically appropriate—to make inferences about “local” community needs based on “aggregate” (e.g. State of South Dakota) community needs. The area scan portion of this project thus paints a very broad picture about community needs throughout the state that may, in very specific instances, be indicative of community needs at the local level. The reader should, however, be very cautious about drilling down to the local level based only on state-level data. Doing so risks making an ecological inference that is neither valid nor reliable.
needs were further coded into multiple nominal subgroups. These need categories and sub-categories are
detailed later in this report and the full needs matrix is reported in Appendix B.

Research Stage 2: Community Needs Survey

The GRB team led the design and deployment process for telephone-based needs survey of three communities
served by Avera McKennan Hospital and University Health Center. The communities selected for the survey
were internally vetted with the project principals at Avera McKennan Hospital and University Health Center.
The following criteria governed the selection of communities—and the principles to be followed—for the
community-needs assessment survey.

- The communities to be surveyed should represent communities in which Avera
  McKennan Hospital and University Health Center has an ownership arrangement with
  a hospital in that community.

- The communities to be surveyed should be geographically spread and demographically
diverse to ensure that representative voices and needs throughout South Dakota
  were represented in the survey results.

- The individuals surveyed should be balanced between standard landline respondents
  and cell phone respondents. Because cell phones are becoming a predominant mode of
  community and because 20% of American households use cell phones as the primary home
  phone, it is important to include cell phones in any survey sample to ensure that the survey
  responses are representative of a broader population.

- The survey instrument should capture the true feelings of individuals in Avera
  McKennan Hospital and University Health Center’s “communities.” The survey
  instrument should balance open- and closed-ended questions to ensure that the best data
  is captured during the survey process.

To fit within the parameters above, the GRB team—with approval from the Avera McKennan Hospital and
University Health Center project team—constructed a survey plan and instrument that prioritized three
communities in Avera McKennan Hospital and University Health Center’s broader “community” around
South Dakota. The GRB team also focused its attention on gathering cell phone responses and leveraging
qualitative and qualitative data in service of the project. Specifically, the GRB took the following steps with
the survey portion of the project:

- Settled on surveying three communities around the state. Avera McKennan Hospital
  and University Health Center has ownership of three hospitals in Gregory, Flandreau, and
  Sioux Falls. Those three communities represent a spectrum of service populations, including
  rural and remote (Gregory), Native American populations (Flandreau and Gregory), and
  urban/metropolitan/diverse (Sioux Falls).

- Balanced the survey sample. The GRB team budgeted for 500 survey responses at
  approximately 13 minutes per response. With this sample size and budget established, the
  GRB team—with consent from the Avera McKennan Hospital and University Health Center
  project team—distributed survey responses such that 100 completed responses came
  from both the Flandreau (Moody County) and Gregory (Gregory County) communities and
that 300 completed responses came from the Sioux Falls (Minnehaha, Lincoln, Turner, and McCook Counties) region.

- **Prioritized Cell Phone Lines in the sample.** The GRB team directed its calling center partner—RMA, Inc. in Sioux Falls—to target cell phone lines such that 20% of the overall survey responses came from cell phone respondents. Cell phones present a particular challenge because nonresponse is higher and because cell phones must be manually rather than computer-dialed. The result is a higher overall cost for cell phone survey completions. Still, the ideal target was 20% cell and 80% landline calls.

- **Crafted a survey instrument that focused on qualitative responses and demographic measures.** To ensure that the survey captured the true perspectives of respondents in the Gregory, Flandreau, and Sioux Falls areas, the GRB team created a survey instrument that relied primarily on open-ended questions. The open-ended questions asked respondents to reflect on the most pressing needs in their communities, the most pressing needs for them or their families, and the most pressing health-care-related need they could identify. Additionally, the survey instrument included a battery of demographic data to enable Avera McKennan Hospital and University Health Center to examine the resulting survey data through a variety of lenses. The demographic data also permitted the GRB team to understand how representative the survey was of the communities that were surveyed. The survey instrument and telephone script is included as Appendix C of this report.

**The survey-sampling approach produced 500 completed telephone interviews during mid- and late-October that lasted, on average, approximately 13 minutes per completed respondent.** Survey completions were generally distributed as noted in the sampling plan: 14% (n=70) of the responses were completed on cell phones, 60% (300) were completed in the Sioux Falls MSA, and 20% each (100) were completed in Gregory and Moody Counties. The survey was broadly representative of the populations of the counties surveyed—a point discussed in more detail in the “Findings” section of this document—and the qualitative data strategy produced a rich series of responses from the survey sample.

Table 1 below provides the survey demographics (cell entries all are percentages) followed in parenthesis by the comparable population demographics from the US Census Bureau.³

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³ It is important to note that the 18-24 demographic is best represented by the aggregation of two categories: 15-20 and 20-24. The figures for the age category are thus skewed up for the population figures.
Table 1: Survey and (Population) Demographics by County

<table>
<thead>
<tr>
<th>Measure</th>
<th>Minnehaha</th>
<th>Lincoln</th>
<th>Gregory</th>
<th>Moody</th>
<th>SD Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>3.3 (14.3)</td>
<td>1.9 (13.9)</td>
<td>1.9 (11.7)</td>
<td>2.0 (14.0)</td>
<td>2.6 (15.2)</td>
</tr>
<tr>
<td>25–34</td>
<td>9.8 (15.7)</td>
<td>15.1 (17.4)</td>
<td>5.8 (6.0)</td>
<td>5.0 (6.0)</td>
<td>8.6 (12.3)</td>
</tr>
<tr>
<td>35–44</td>
<td>13.9 (13.6)</td>
<td>5.7 (15.2)</td>
<td>10.7 (10.7)</td>
<td>17.0 (13.9)</td>
<td>13.0 (12.3)</td>
</tr>
<tr>
<td>45–54</td>
<td>15.9 (13.8)</td>
<td>24.5 (13.9)</td>
<td>15.5 (16.5)</td>
<td>16.0 (16.3)</td>
<td>16.8 (14.6)</td>
</tr>
<tr>
<td>55–64</td>
<td>21.6 (10.3)</td>
<td>26.4 (9.4)</td>
<td>17.5 (14.2)</td>
<td>23.0 (12.2)</td>
<td>21.6 (11.0)</td>
</tr>
<tr>
<td>65+</td>
<td>35.5 (11.9)</td>
<td>26.4 (6.9)</td>
<td>48.5 (24.6)</td>
<td>37.0 (14.2)</td>
<td>37.5 (14.0)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48.6 (49.7)</td>
<td>54.7 (50.9)</td>
<td>42.7 (47.8)</td>
<td>38.0 (49.7)</td>
<td>45.9 (49.4)</td>
</tr>
<tr>
<td>Female</td>
<td>51.4 (50.3)</td>
<td>45.3 (49.1)</td>
<td>57.3 (52.2)</td>
<td>62.0 (50.3)</td>
<td>54.1 (50.6)</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own</td>
<td>80.4 (66.6)</td>
<td>88.7 (83.1)</td>
<td>82.5 (76.3)</td>
<td>87.0 (76.1)</td>
<td>83.0 (68.6)</td>
</tr>
<tr>
<td>Rent</td>
<td>19.6 (33.4)</td>
<td>11.3 (16.9)</td>
<td>17.5 (23.7)</td>
<td>13.0 (23.9)</td>
<td>17.0 (31.4)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>95.1 (90.4)</td>
<td>96.2 (96.3)</td>
<td>98.1 (90.7)</td>
<td>94.0 (82.6)</td>
<td>95.6 (87.0)</td>
</tr>
<tr>
<td>Black/African</td>
<td>0.0 (2.5)</td>
<td>0.0 (0.0)</td>
<td>0.0 (0.0)</td>
<td>1.0 (0.0)</td>
<td>0.2 (0.9)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2.4 (4.1)</td>
<td>0.0 (0.0)</td>
<td>0.0 (0.7)</td>
<td>0.0 (0.0)</td>
<td>1.2 (2.5)</td>
</tr>
<tr>
<td>Native American/Indian</td>
<td>1.2 (2.2)</td>
<td>1.9 (0.2)</td>
<td>0.0 (6.4)</td>
<td>5.0 (13.5)</td>
<td>1.8 (8.4)</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>1.2</td>
<td>1.9</td>
<td>1.9</td>
<td>0.0</td>
<td>1.2</td>
</tr>
</tbody>
</table>

A few points are worthy of note when considering Table 1 and considering the representativeness of the survey instrument:

- While the survey samples were robust, they were too small to hope to accurately reflect the demographics of any of the counties surveyed as part of this project. One would expect to find asymmetries between the county demographics from the survey sample and the true population parameters available from the US Census Bureau.

- In general, older respondents were over-sampled in the survey. This is unsurprising given that older respondents are more often available to answer landline phones and, further, that older respondents are more likely to have landline phones than are members of younger demographics.

- The surveys generally under-represent minority members in the counties surveyed. Native American respondents, despite being targeted by the selection of the sampled counties, still were talked to at lower rates than the population figures suggest they should have been.

- Finally, a cursory glance at the remaining cells in the table suggests that the survey—despite the concerns noted in the previous three bullets—was a nice mirror and that the survey gathered data that merits serious consideration as a part of a broader research strategy to identify community needs in South Dakota.

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4 Some columns will not add up to exactly 100% due to rounding
The survey instrument and sampling strategy—by virtue of surveying multiple sites in South Dakota—permits Avera McKennan Hospital and University Health Center to make some broader generalizations about the needs in the at-large South Dakota “community.” While not representative of every potential constituency served by Avera McKennan Hospital and University Health Services, the survey offers voices from diverse geographical areas that have very specific challenges, needs, and opportunities for growth and development.5

The purpose of the survey instrument was to narrow the field of potential “needs areas” identified in the first stage of the research funnel to a more manageable and smaller list of very specific needs. The survey accomplished this task by identifying a more limited number of salient needs that significantly narrowed and added specificity to the broader needs identified in the area scan. The survey also added a human voice to the area scan and set the stage for conducting a series of focus groups that would allow the GRB team to tunnel into the true needs of individuals in communities served by Avera McKennan Hospital and University Health Center.

Research Stage 3: Sioux Falls MSA Focus Groups

The third stage of the research funnel required a fleshing out of concepts and ideas that arose during the area scan and survey portions of the project. The focus groups were to:

- Use the area scan and survey data to serve as a foundation for focus group discussion.
- Tease out and begin building a narrative behind the already-rich survey data and the broader area scan information. In particular, the focus groups were to allow community members in Sioux Falls—particularly those who use services, government officials, nonprofit providers, and members of or representatives for the ethnic and minority communities—to review the major survey findings and contribute additional information to narrow the possibilities of potential needs in Avera McKennan Hospital and University Health Center’s community.
- Scope the research down from the wider Avera McKennan Hospital and University Health Center “community” in South Dakota to the narrower Sioux Falls MSA. Because Avera McKennan Hospital and University Health Center’s “densest” service area is the Sioux Falls MSA, its programmatic and funding efforts might be best targeted here.
- Capture the richness of need in the Sioux Falls MSA and understand where potential points of entry for Avera McKennan Hospital and University Health Center might exist. The focus groups prompted respondents to offer specific stories, think broadly, identify “low-hanging fruit,” and assess where the best opportunities might be for making a dent in the most pressing problems facing the Sioux Falls community.
- Identify possible solutions or ideas for solutions to the most pressing problems facing people in the Sioux Falls MSA.

5 It is important to note that the survey is the end-stage of the broader assessment of Avera McKennan Hospital and University Health Center’s community around South Dakota: the remainder of the research funnel to be described in this report focuses almost exclusively on the greater Sioux Falls MSA.
To accomplish the above tasks, the GRB team contracted with a focus group provider (Sumption & Wyland) in Sioux Falls which conducted five focus groups with community members and Avera McKennan Hospital and University Health Center staff. The focus groups addressed the tasks above by:

- Vetting the broader list of needs identified in the area scan and survey processes.
- Significantly narrowing the list of needs in the Sioux Falls MSA to four “general trends” and four health-care-related needs.
- Providing a short list of potential opportunities for growth and development in the Sioux Falls MSA that could consolidate existing services, ensure people have the resources they need to be successful, and cultivate new ideas for solving longstanding problems associated with poverty and health concerns in Sioux Falls.

Five focus groups were conducted as one element of this community assessment process. The focus groups were composed of government officials, Avera McKennan Hospital and University Health Center staff, at-large community members, nonprofit executives and staff members in Sioux Falls, community business leaders, and individuals representing the needs of immigrant populations in the Sioux Falls region.

Avera McKennan Hospital and University Health Center staff members were invited to participate in the focus groups by the sponsors of this project. The remaining participants were invited by an experienced focus group “inviter” sub-contracted with by Sumption & Wyland. This “inviter” was unaware who was sponsoring the project. Participants were invited to participate in a focus group that would inform how a large nonprofit in the community thinks about the most pressing community needs in the Sioux Falls region. The nonprofit—Avera McKennan Hospital and University Health Center—was not mentioned in the invitation so that fresh perspectives from all parts of the community could be included in the focus groups.

The focus groups were held in mid-October at Augustana College. Focus groups lasted, on average, between 75 and 90 minutes. The focus group participants were told at the beginning of the group discussion about the scope of the focus group, the sponsor (USD’s Government Research Bureau on behalf of a large, local nonprofit), and then taken through the focus group protocol. A form of the questions asked in the focus groups is offered in the next sub-section of this report. The focus groups were audio taped and the transcripts generated from those audio tapes are available in Appendix E of this report.

**Focus Group Descriptors**

Forty-nine people took part in the focus group data collection process. The individuals in the groups were broken into four random “community groups” and one “organization employee group” invited by the Avera McKennan study. All groups were facilitated by Margaret J. Sumption, LPC, SPHR.

The focus groups were organized around diverse perspectives. The matrix on the next page highlights the focus group compilations for each of the five groups participating in this project.
Table 2: Focus Group Participant Details

<table>
<thead>
<tr>
<th>Group</th>
<th>Representation</th>
<th>Gender</th>
<th>Other Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community Group</td>
<td>2-Community Volunteer 1-Nonprofit Executive 2-Nonprofit Program Staff 3-Business Leaders 1-Government</td>
<td>5 Women 4 Men</td>
<td>2 Minority Members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age Range — 30–54</td>
<td></td>
</tr>
<tr>
<td>2. Avera Staff Group</td>
<td>1-EAP Director 1-BHS Assessment Counselor 1-Coordinator of Hispanic Ministry 1-Research Project Leader 1-Orthopedics, Neuro, and Rehab Administrator 1-Director of Corporate Health 1-Case Manager/Discharge Coordinator 1-Nurse Manager– Call Center 1-Social Worker 1-Clinical Educator</td>
<td>8 Women 2 Men</td>
<td>All were selected by the organization sponsoring the study. All, with the exception of the Hispanic Ministry leader, are employees of the sponsoring organization.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age Range — 28 to Over 65</td>
<td></td>
</tr>
<tr>
<td>3. Community Group</td>
<td>1-Nonprofit Executive 1-Hospital Mental Health Clinician 1-Higher Education Administrator 3-Development Staff 2-Nonprofit Program Staff 3-Business Leaders</td>
<td>5 Women 6 Men</td>
<td>2 Minority Members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age Range 34–57</td>
<td></td>
</tr>
</tbody>
</table>

Focus Group Protocol/Concept Map

The focus groups were guided through the following five “concepts” by the focus group facilitator. All of the concepts build on the nine primary needs identified during the area scan portion of the research funnel and refined during the survey portion of the project. Focus group participants were focused on assessing needs in the Sioux Falls area. The focus group protocol included guided discussion about:

- **Current community needs.** Group members were asked to assess what the most pressing community needs are in the Sioux Falls area. Group members were provided a list that emerged from the area scan and survey processes as starting points for the discussion.

- **Making a difference.** Group members were asked to prioritize the most pressing needs in Sioux Falls and to determine where among those needs the most difference could be made through a concerted funding or programmatic effort.

- **Identifying the unique health care needs that the Sioux Falls community faces.** Avera McKennan Hospital and University Health Center’s particular interest was in isolating what the most pressing health care needs are in its community. Focus group participants were asked to reflect on that and prioritize those needs according to what they see, provide service to, or simply recognize as being important health care needs in the community.

- **Identifying one program—either to initiate or grow—that would most help the Sioux Falls community.** Focus group members were not limited to any particular need and programmatic solution for that need. Instead, they were asked to think about large- and small-scale ideas that could best help build a foundation for solving or at least addressing the most pressing needs faced by people living in Sioux Falls.
• Finally, group participants were encouraged to identify gaps in the discussion that merited further thought by the people gathered for the focus group. The moderator encouraged people to think widely and in depth about challenges in the Sioux Falls community, how those challenges might be best addressed, and any other ideas or thoughts that the discussion that day brought to mind for the groups’ participants.

In sum, the focus groups were intended to provide further narrowing from the first two stages of the research funnel. The purpose at the end of the focus groups—and one that the GRB team believes was accomplished—was to create a targeted and narrow list of pressing needs in the Sioux Falls MSA and a list of the most viable potential solutions. The focus-group findings are reported in the next section of this document.

Research Stage 4: Narrative, Storytelling, and Interviews

The final step in the research funnel was to put a face and a real voice to the most pressing needs faced in the communities served by Avera McKennan Hospital and University Health Center. The GRB team contracted with Hugh Weber and Storyline, LLC to conduct a series of on-site interviews with providers, government officials, and individuals in need in the community. The purpose of the interviews was to capture stories in the Sioux Falls community that could best help to illustrate the pressing needs in Sioux Falls and to offer some voice for solutions in the community.

The following parameters governed the interview process:

• **Where possible, the interviews were to be conducted in contexts that enabled a greater understanding of the needs articulated in the prior three stages of the research project.** For example, if “transportation” was noted as a need in Sioux Falls, interviews were to be conducted at bus stops, on the bus, and at various locations that could provide a better picture for how transportation presents a need or challenge in the Sioux Falls community.

• **Interviews were to be conducted on camera, if the interviewee consented.** When asking about sensitive issues such as homeless, poverty, job loss, or other, similar challenges, it sometimes is difficult to achieve consent for going on-camera. Where possible, the interviews were to be conducted on camera so that Avera McKennan Hospital and University Health Center could put a face to the need in the community.

• **The interviews were to use the prior stages of the research as a foundation and, in particular, were to vet the findings from the survey and focus group stages of the project.** While new information would prove valuable to the research project, the focus of the interviews was to vet the list of needs and solutions articulated in the prior three stages of the research funnel. Where possible, the interviewer was to get the richest information possible to help narrow the research funnel further and to provide substantial narrative support for what emerged elsewhere in the research.

The interview stage of the research project was conducted during the month of December in a variety of locations and with a diverse interviewee set. Storyline, Inc. interviewed Sioux Falls residents during rides on the bus, talked with people in homeless shelters, captured comments and ideas from nonprofit executives and staff from a variety of organizations in Sioux Falls, and spoke with Sioux Falls government and church officials. The resulting product is a 19-minute, edited video that accompanies this report.
The interviews and the edited web video do three things:

- **Further refine the scope of needs and solutions for those needs.** The people interviewed are frank about the problems facing the community and honest about how organizations with an interest in helping address those needs (e.g., Avera McKennan Hospital and University Health Center) can best focus their efforts in Sioux Falls.

- **Put a face to the problem.** While it was difficult to get people to consent to on-camera interviews, the individuals experiencing particular needs in Sioux Falls provide powerful testimonies to what their circumstances are and what might help them to get on firmer footing. Individuals who agreed to interviews and who are quoted in separate portions of the web video offer candid comments off-camera that further bolster the findings from the earlier stages of the research effort.

- **Provide a starting point.** The edited video provides Avera McKennan Hospital and University Health Center with a clear series of starting points for directing its time, energy, and funding in the Sioux Falls MSA. The “Findings” section of this report highlights some of those, but the video itself speaks volumes about how Avera McKennan Hospital and University Health Center might best use its resources to address pressing needs in Sioux Falls.

### 1.3 SUMMARY: RESEARCH STAGES AND NEXT STEPS

The GRB team produced a four-stage research design to help Avera McKennan Hospital and University Health Center identify the most pressing problems in the communities it serves. Those research stages included a broad area scan; a survey of 500 respondents in three communities in South Dakota; a series of five focus groups with government officials, nonprofit executives and staff, Avera staff, community members, and representatives of the immigrant and in-migrant communities; and a series of creative, in-context interviews that were intended to provide a name, face, and narrative for the most pressing problems in Avera McKennan Hospital and University Health Center’s communities.

The section to follow provides a detailing of those findings. In general, the next section offers a broad brush stroke that summarizes what is a mountain of primary and secondary data gathering and analysis. For additional details about any of the findings presented in the next section of this report, please see the appendices, accompanying data sets, and raw video from the interview portion of this project.
2.0 FINDINGS

This section of the report provides a summary of the GRB team’s findings from the four stages of the research funnel described above. For the sake of brevity, the GRB has digested a large amount of data into a manageable space. Additional details about each of the findings noted in this section are provided in the series of appendices and data sets that accompany this document. Further, additional analyses can be conducted by Avera McKennan Hospital and University Health Center should it wish to assess the data differently or explore the raw data.

As with the prior section of the report, this section will proceed from the widest point of the research funnel (the area scan) to the narrowest (the narrative interviews). Where possible, the GRB team has used minimal text to guide the reader through a table or series of tables and figures so that readers wishing only to cover the major points can do so quickly.

2.1 AREA SCAN FINDINGS

The GRB team reviewed 27 separate needs assessments conducted in South Dakota and, more specifically, in the Sioux Falls MSA between 2000 and 2009. The purpose of the review was to identify broad categories of needs and to determine where multiple documents could identify a consolidated set of common needs around the state. The table below and on the pages to follow provides significantly more detail about the needs identified.

Before proceeding in this review, it is important to note that the extensive table provided below distills down to nine (9) broad needs categories and 56 total needs categories, when needs categories and sub-categories are considered together. The table below provides a header noting the need and a narrative box below that highlights 1) the need category; 2) the need sub-category (if appropriate); 3) the geographic scope of the need as articulated in the source documents; 4) a narrative about the need and the source or source documents that highlight the need; and 5) any relevant statistics that support the need’s inclusion in this particular table.

The area scan in the pages to follow suggests that nine major areas in South Dakota encompass a significant portion of the identified needs articulated by the State of South Dakota and the Sioux Falls community. Using documents produced by state and local governments and nonprofits in the Sioux Falls area, the area scan matrix in Table 3 highlights the following as the primary needs priorities areas in South Dakota and the Sioux Falls region:

- **Community Development**, including the types of growth and development that the Sioux Falls area, in particular, wishes to see.

- **The Economy**, including food, general economic welfare, housing, transportation, poverty, and unemployment. The 2007 and 2008 periods particularly affected perceptions of the economy as well as job and income security. These concerns were front and center in the survey portion of this research.

- **Education**, particularly concerns about low graduation rates in rural and remote areas of the state and areas with higher concentrations of minorities. The focus groups later emphasize
the challenge of both high school and college graduation rates and concerns about the percentage of the workforce with advanced degrees.

- **Health**, including a range of concerns from specific diagnoses such as breast, prostate, and cervical cancer to broader concerns such as no or limited health insurance, the costs of health care, low or no physical activity, women’s health, prenatal care, premature-birth rates, drug and alcohol abuse, obesity, healthy eating and living, and secondary concerns that emerge from poor lifestyle choices (diabetes and other chronic illnesses). **Affordable care, health insurance, and the prevention and management of chronic illness/disease are frequently cited later in this research effort.**

- **Mortality**, particularly mortality rates. The primary concern/pressing need is to address the differences in mortality rates between Native Americans and the majority white population in South Dakota.

- **Public Safety**, including vehicular—seat belt use, young drivers, and impaired driving—, pedestrian safety and crime.

- **Recreation**, including concerns about the long distances that athletic teams travel to compete and the availability of local recreation options such as city/public recreation centers, events centers, and other perceived drivers of health, wellness, and economic development.

- **Social and Social Welfare Needs**, such as after-school programs; young, single, and working parents; clothing, food, and other immediate needs; counseling and mental health needs; foster care, homelessness and housing/affordable housing; seniors and senior programming; and rural social needs. **The needs in this area are the most frequently reflected in the latter stages of this research effort.**

- **Transportation**, including the availability of road infrastructure statewide and the availability of modes of transportation in the Sioux Falls MSA. Transportation and its availability to people who need public transportation emerged twice in the area scan (once in the “Economic Needs” section and once, separately, in a broader “Transportation” category). **The concerns about public transportation shortages are frequently cited, particularly in the focus group portion of the research.**
Table 3: Area Scan Findings

Need Category 1: Community Development

<table>
<thead>
<tr>
<th>Sioux Falls Metro</th>
<th>Community Development: DEVELOPMENT TYPES DESIRED</th>
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<tbody>
<tr>
<td></td>
<td>In a community survey conducted in 2008 by Downtown Sioux Falls, &quot;restaurants&quot; (19%) was the business type most frequently identified as needed in the Sioux Falls downtown area. This category was followed by &quot;bars&quot; (8%), &quot;retail&quot; (6%), &quot;convenience/drug stores&quot; (6%), and &quot;novelty/specialty retail&quot; (6%). &quot;Build event center downtown,&quot; &quot;historic preservation,&quot; &quot;parking,&quot; and &quot;river greenway development,&quot; were identified as the most popular opportunities for collaboration between Downtown Sioux Falls, and the City of Sioux Falls. &quot;Parking&quot; (7.5%), &quot;development of north end&quot; (5.4%), and &quot;event center&quot; (4.8%) were seen as the focus areas most deserving of inclusion in Downtown Sioux Falls's ongoing priorities.</td>
</tr>
</tbody>
</table>

Need Category 2: Economic

<table>
<thead>
<tr>
<th>Economic: ECONOMIC ASSISTANCE — FOOD</th>
</tr>
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<tbody>
<tr>
<td>South Dakota</td>
</tr>
<tr>
<td>According to a 2009 report by South Dakota Kids Count, eligibility for free and reduced-price school lunches is comparatively high in rural West River counties. Rates are highest in Corson (87%), Mellette (83%), Todd (83%), Bennett (79%), Dewey (77%), Ziebach (77%), and Jackson (76%) counties. For comparison, analogous rates are substantially lower in counties comprising the Sioux Falls Metropolitan Area (Minnehaha (30%), Lincoln (18%), Turner (26%), McCo (34%)). Using a related measure, the South Dakota Department of Social Services reported in 2009 that the five counties in South Dakota with the highest percentage of population receiving Food Stamps are Shannon (45.7%), Todd (42.5%), Ziebach (35.2%), Jackson (32.8%), and Bennett (31.6%). [Compare with Minnehaha (7.4%), Lincoln (1.7%), Turner (4.4%), and McCo (4.9%).]</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
</tr>
<tr>
<td>In a 2009 survey conducted by the Minnehaha County Homeless Advisory Council on homeless individuals in Sioux Falls, food stamp assistance was rated by participants as among the most-needed services in the area. (n=33, ranked 8th).</td>
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</table>

<table>
<thead>
<tr>
<th>Economic: ECONOMIC ASSISTANCE — GENERAL</th>
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</thead>
<tbody>
<tr>
<td>South Dakota</td>
</tr>
<tr>
<td>The South Dakota Department of Social Services reports that the five counties in South Dakota with the highest percentage of population receiving TANF funds in 2009 are Shannon (8.3%), Ziebach (7.4%), Todd (7.3%), Jackson (7.0%), and Bennett (6.6%). [Compare to Minnehaha (0.4%), Lincoln (0.1%), Turner (NA), McCo (NA).] The five counties in South Dakota with the highest percentage of population receiving SSI during 2009 are Shannon (7.2%), Dewey (5.9%), Mellette (5.5%), Todd (5.2%), and Corson (5.0%). [Compare to Minnehaha (1.2%), Lincoln (0.4%), Turner (0.9%), McCo (1.0%).]</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
</tr>
<tr>
<td>HelpLine reports “financial support and assistance” as its most-requested service in the Sioux Falls region during 2009 (n=5,510, ranked 1st). Further, “holiday assistance” was reported as the most-requested form of financial assistance (n=1,623, ranked 1st), followed by “miscellaneous assistance” (n=1,162, ranked 2nd).</td>
</tr>
<tr>
<td>Black Hills Region</td>
</tr>
<tr>
<td>HelpLine reports “financial assistance and support” as its most-requested service in the Black Hills region during 2009 (n=2308). &quot;Tax preparation&quot; assistance (n=429) and &quot;miscellaneous&quot; assistance (n=373) were among the organization’s top five most-requested forms of financial assistance.</td>
</tr>
</tbody>
</table>
### Table 3 (cont.) : Area Scan Findings

#### Economic: ECONOMIC ASSISTANCE — HOUSING

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
<th>Source</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>The five counties in South Dakota with the highest percentage of population receiving Low Income Energy Assistance during 2009 are Buffalo (41.0%), Walworth (14.2%), Gregory (11.9%), Fall River (11.6%), and Butte (10.3%). [Compare to Minnehaha (3.8%), Lincoln (2.1%), Turner (5.0%), McCook (5.6%).]</td>
<td>HelpLine reports “rental assistance” as its second most-reported unmet need in the Sioux Falls region during 2009 (n=27). Further, “rent/mortgage” assistance (n=677) and “utilities” assistance (n=421) were among the organization’s top five most-requested forms of financial assistance.</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>HelpLine reports that “rent assistance” was its second most frequently reported unmet need in the Black Hills region during 2009 (n=36, ranked 2nd). “Rent/mortgage” assistance (n=531, ranked 1st) and “utilities” assistance (n=358, ranked 4th) were among the organization’s top five most-requested forms of financial assistance. Further, “utilities financial aid” was listed by the organization as among its top five most frequently unmet needs (n=25, ranked 4th).</td>
<td>HelpLine reports “transportation assistance” as its most frequently reported unmet need in the Sioux Falls region during 2009 (n=134, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
</tr>
</tbody>
</table>

#### Economic: ECONOMIC ASSISTANCE — TRANSPORTATION

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
<th>Source</th>
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<tbody>
<tr>
<td>Black Hills Region</td>
<td>HelpLine reports that “transportation assistance” was its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation assistance” was also high on the organization’s list of most-requested forms of financial assistance (n=284, ranked 5th).</td>
<td>HelpLine reports “financial assistance with transportation” as its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>HelpLine reports “financial assistance with transportation” as its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
<td>HelpLine reports “financial assistance with transportation” as its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
</tr>
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</table>

#### Economic: INCOME/POVERTY

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
<th>Source</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>The ten counties in South Dakota with the lowest per capita personal income in 2006 are Ziebach ($11,381), Buffalo ($12,471), Todd ($15,066), Shannon ($15,759), Jackson ($15,846), Mellette ($18,831), Campbell ($19,971), Lyman ($20,780), and Dewey ($20,803). [Compare to Minnehaha ($36,514), Lincoln ($35,764), Turner ($31,883), McCook ($28,714).] Further, according to South Dakota Kids Count, the number of children living at or below the poverty level has increased 21% since 2000. Rates are highest in Ziebach (67%), Buffalo (57%), Todd (56%), Mellette (54%), Shannon (50%), and Corson (50%) counties. [Compare to Minnehaha (12%), Lincoln (4%), Turner (10%), McCook (2%).]</td>
<td>HelpLine reports “financial assistance with transportation” as its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
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#### Economic: UNEMPLOYMENT

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
<th>Source</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>The ten counties in South Dakota with the highest unemployment rates in 2007 are Buffalo (11.5%), Dewey (9.6%), Shannon (7.9%), Ziebach (6.1%), Todd (5.7%), Corson (5.7%), Jackson (5.5%), Day (5.1%), Mellette (4.5%), and McPherson (4.5%). [Compare to Minnehaha (2.5%), Lincoln (2.3%), Turner (2.9%), McCook (2.7%).] A study conducted by the Rural Great Plains Collaborative Project in 2001 indicates a pronounced scarcity of jobs in the state’s rural areas, particularly high-paying professional positions that offer viable employment to college-educated residents.</td>
<td>HelpLine reports “financial assistance with transportation” as its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>In a survey conducted by the Minnehaha County Homeless Advisory Council on homeless individuals in Sioux Falls, jobs training was rated by participants as among the most-needed service in the area. (n=54, ranked 5th).</td>
<td>HelpLine reports “financial assistance with transportation” as its most frequently reported unmet need in the Black Hills region during 2009 (n=37, ranked 1st). “Transportation” was the organization’s third most-requested form of financial assistance (n=724, ranked 3rd).</td>
</tr>
</tbody>
</table>
Table 3 (cont.) : Area Scan Findings

### Need Category 3: Education

**Education: EDUCATION ATTAINMENT**

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>The ten counties in South Dakota with the lowest percentage of high school degree holders in 2000 are McPherson (58.8%), Buffalo (63.9%), Douglas (68.8%), Shannon (70.0%), Bennett (71.3%), Ziebach (71.4%), Hutchinson (71.7%), Edmunds (73.6%), Faulk (73.7%), and Todd (74.1%). [Compare to Minnehaha (88.5%), Lincoln (89.4%), Turner (83.2%), McCook (82.9%).] The ten counties in South Dakota with the lowest percentage of bachelor’s degree holders in 2000 are Buffalo (5.4%), McPherson (10.7%), Corson (11.3%), Clark (11.4%), Ziebach (12.0%), Gregory (12.0%), Shannon (12.1%), Todd (12.1%), Dewey (12.2%), and Butte (12.2%). [Compare to Minnehaha (26.0%), Lincoln (25.5%), Turner (17.0%), McCook (16.3%).]</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>HelpLine reports “education” as among its ten most-frequently requested services (n=793, ranked 10th).</td>
</tr>
</tbody>
</table>

### Need Category 4: Health

**Health: ALCOHOL/DRUG USE**

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>According to a 2008 survey by the South Dakota Department of Health, 58.8% of South Dakota respondents reported drinking alcohol within the past 30 days, compared to a national average of 54.5%. Figures for this measure are significantly lower among females (51.3%), American Indians (39.5%), and low-income and low-education groups. Further, 17.8% of South Dakota respondents reported engaging in binge drinking in the past month, compared to a national average of 15.6%. Males (24.1%), residents of the northeast (21.5%) and of American Indian counties (25.1%), and higher education levels report significantly higher rates of binge drinking.</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>HelpLine reports “substance abuse” services as its seventh most-requested service category in the Sioux Falls region during 2009 (n=1521, ranked 7th).</td>
</tr>
<tr>
<td>Black Hills Region</td>
<td>HelpLine reports “substance abuse” services as its tenth most-requested service category in the Black Hills region during 2009 (n=263, ranked 10th).</td>
</tr>
</tbody>
</table>

**Health: ALCOHOL/DRUG USE (YOUTH)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>The “2009 Youth Risk Behavior Survey Report” published by the CDC and South Dakota Department of Education indicates the following data observations: 73% of youth respondents reported having used alcohol at least once; 26% reported having engaged in binge drinking within the last 30 days; 40% reported having used marijuana within the last 30 days; 19% reported having taken painkillers such as OxyContin, Codeine, Percocet, or Tylenol III without a prescription.</td>
</tr>
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</table>

**Health: BIRTH WEIGHT**

<table>
<thead>
<tr>
<th>Area</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>South Dakota Kids Count reports that the low birth weight percentage is significantly higher for Native Americans (7.4% from 2004-2008) than for Caucasians (6.8% from 2004–2008).</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>By county, analogous figures (2008) for the Sioux Falls metropolitan area are Minnehaha (7.4%), Lincoln (6.8%), Turner (14.6%), McCook (*).</td>
</tr>
</tbody>
</table>
**Table 3 (cont.) : Area Scan Findings**

**Health: BREAST/CERVICAL CANCER**

| South Dakota | In 2008, the South Dakota Department of Health reported that 24.6% of South Dakota respondents (female, 40+ YOA) reported having undergone no mammogram procedure within the last two years. This figure was significantly higher (30.9%) in western South Dakota. Further, 21.9% of South Dakota respondents (female, 18+ YOA) reported having undergone no clinical breast exam within the past two years. Again, this figure was significantly higher (30.3%) in American Indian counties. |

**Health: COLORECTAL SCREENING**

| South Dakota | In 2008, the South Dakota Department of Health reported that 79.3% of South Dakota respondents (50+ YOA) reported having undergone no colorectal cancer screening within the past two years. This figure was especially high (84.8%) in the southeast region of the state. Further, 37.6% of SD respondents (50+ YOA) reported having never undergone a sigmoidoscopy or colonoscopy. The analogous rate was significantly higher among American Indian respondents (60.1%) and counties (54.8%). |

**Health: DIABETES**

| South Dakota | The South Dakota Department of Health reports that, among SD respondents, 6.6% reported having been told by a doctor that they have diabetes. Diabetes diagnoses were found to be significantly more common among American Indians. |

**Health: DISABILITIES**

| Sioux Falls Metro | According to the Sioux Empire United Way (2009), more than 15,000 individuals in the Sioux Empire region live with some form of disability. |

**Health: DISASTER PREPAREDNESS**

| South Dakota | In 2008, the South Dakota Department of Health reported that 15.2% of South Dakota respondents reported feeling underprepared to handle a large-scale disaster or emergency. This feeling was especially high among American Indians, lower-household-income groups, and lower-education groups. |

**Health: GENERAL HEALTH STATUS**

| South Dakota | In 2008, the South Dakota Department of Health reported that 12.1% of South Dakota respondents reported being in "poor" or "fair" health status, compared to a national figure of 14.4%. American Indian respondents (20.4%) and counties (16.8%) showed significantly higher rates of unfavorable health status. Negative health status also appears to decline with increasing education and income. The agency also reported that 5.9% of South Dakota respondents reported that their physical health was "not good" for 30 days out of the last 30 days. Prevalence of negative physical health status appears to increase with age and decrease with household income and education level. Further, 5.7% of South Dakota respondents reported that their mental health was "not good" for 20 to 30 days of the past 30. American Indians (9.9%) appeared significantly more likely to report unfavorable mental health conditions. Finally, 3.3% of respondents reported being either "dissatisfied" or "very dissatisfied" with life. Such responses were systematically less characteristic of higher-income and higher-education groups. American Indians were vastly more likely (7.2%) to report such views. |
### Health: HEALTH EDUCATION

**South Dakota**

The 2008 “School Health Education Profiles” report, published by the *South Dakota Department of Education*, provides data regarding teacher and administrator impressions of school district-level health education programs. Several relevant findings are worthy of mention. Relatively few teachers reported actively attempting to involve parents in elementary-level health education implementation. Principals reported receiving minimal feedback from parents regarding elementary-level health education implementation. At the high school level, required health education courses are less common among high school curricula than among junior high curricula; on a related point, coordination between elementary-middle-high school health education programs is seen as minimal by most teachers and principals. Less than one fifth of principals reported that their districts employ a full-time nurse. Overall, barely any principals or teachers in SD feel that their health education programs are “excellent,” and it was concluded by the report that improvement of health education in SD schools is impeded most prominently by lack of instruction time and resources.

### Health: HEALTH INSURANCE

**South Dakota**

A 2004 collaborative study by the *South Dakota Department of Health* and the *USD Government Research Bureau* estimated that 48,355 South Dakotans (8.5% of the adult population) are without health insurance. Women and the elderly were more likely to be insured than males and young people. These researchers report that 64.5% of uninsured respondents cited cost as the primary reason for being uninsured. Roughly 6 in 10 uninsured respondents suggested that they would be willing to purchase insurance coverage if the cost was less than $300 per month. In 2008, the South Dakota Department of Health reported that 10.2% of South Dakotans are without health insurance. Insurance coverage was found to increase with rising age, household income, and education. Of children under the age of 18, 2.9% were estimated to be without health insurance. Finally, South Dakota Kids Count indicates that as of 2000, Todd and Corson counties ranked in the top 50 counties nationwide for percentage of children without health insurance.

### Health: HIV/AIDS

**South Dakota**

In 2008, the *South Dakota Department of Health* reported that 74.1% of South Dakota respondents reported never having been tested for HIV. Prevalence was especially high among males, Caucasians, high income groups, and older respondents.

### Health: IMMUNIZATION

**South Dakota**

In 2008, the *South Dakota Department of Health* reported that 23.7% of South Dakota respondents (65+ YOA) indicated having not received an influenza vaccine in the past 12 months. The national average is 28.9%. Vaccination prevalence decreases with age, and was significantly lower among self-employed respondents. In children under 18, 50.8% were estimated to have not received an influenza vaccination within the past 12 months.
### Table 3 (cont.) : Area Scan Findings

<table>
<thead>
<tr>
<th>Health: MEDICAL SERVICES</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>A 2001 study by the <em>Rural Great Plains Collaborative Project</em> indicates that South Dakota’s rural areas experience a marked lack of availability of medical services, both primary care and specialty. Further, high turnover rates are seen among rural medical professionals, especially dentists, doctors, pharmacists, etc.</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td><em>HelpLine</em> reports “health/medical” requests as the third most frequently cited request category in the Sioux Falls region during 2009 (n=2,531, ranked 3rd), with “mental health” requests constituting the sixth most frequently cited category (n=2,153, ranked 6th). A 2009 survey conducted by the <em>Minnehaha County Homeless Advisory Council</em> on homeless individuals in Sioux Falls shows that “medical/dental” (n=55, ranked 2nd) and “mental health care” (n=31, ranked 9th) were reported by participants as much-needed service areas.</td>
</tr>
<tr>
<td>Black Hills Region</td>
<td><em>HelpLine</em> reports “health/medical” requests as among the most frequently requested service category in the Black Hills region during 2009 (n=611, ranked 4th), with “mental health” requests also constituting a frequently-requested category (n=563, ranked 5th).</td>
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<thead>
<tr>
<th>Health: OBESITY</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>In 2008, the <em>South Dakota Department of Health</em> reported that the prevalence of obesity (based on BMI) in South Dakota was 28.1%, compared to a national average of 26.7%. South Dakota’s rate has increased steadily since the mid-1990s. Prevalence is higher among American Indians.</td>
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<thead>
<tr>
<th>Health: ORAL HEALTH</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>In 2008, the <em>South Dakota Department of Health</em> reported that 27.7% of South Dakota respondents reported having not visited a dentist within the last year. This figure was lowest (22.7%) in the southeast region of the state.</td>
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<tr>
<th>Health: PHYSICAL ACTIVITY</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td>In 2008, the <em>South Dakota Department of Health</em> reported that 26.9% of South Dakota respondents reported no leisure time physical activity over the past 30 days. This compares to a national average of 24.6%. A 2009 study by the CDC and the <em>South Dakota Department of Education</em> indicates that 23% of youth respondents reported having watched TV for more than 3 hours per day on an average school day; 20% reported having played video/computer games or used a computer for non-school work for 3 or more hours per day.</td>
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<thead>
<tr>
<th>Health: PRENATAL CARE</th>
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<tbody>
<tr>
<td>South Dakota</td>
<td><em>South Dakota Kids</em> Count reports that prenatal care (measured as a percentage of all expectant mothers) is significantly higher for Caucasians (78.5% from 2004–2008) than for Native Americans (53.6% from 2004–2008).</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>By county, Sioux Falls Metropolitan Area data for 2008 are as follows: Minnehaha (66.9%), Lincoln (76.2%), Turner (71.9%), McCook (74.2%).</td>
</tr>
</tbody>
</table>
Table 3 (cont.) : Area Scan Findings

**Health: PROSTATE CANCER**

| South Dakota | The South Dakota Department of Health reported in 2008 that 41.8% of South Dakota respondents (male, 40+ YOA) reported having undergone no prostate screening within the past two years. The analogous figure among American Indian counties was 52.4%. Further, 45.6% of SD respondents (male, 40+ YOA) reported having undergone no rectal screening within the past two years. The analogous figure among American Indian respondents was 59.9%. |

**Health: SEXUAL BEHAVIORS**

| South Dakota | Results from the 2009 "Youth Risk Behavior Survey," conducted by the CDC and the South Dakota Department of Education, show that 47% of youth respondents reported having engaged in sexual intercourse. Additionally, 15% of respondents reported having engaged in sexual intercourse with 4+ people during their lifetime. Only 14% of respondents reported having ever been tested for any STD. |

**Health: SEXUAL VIOLENCE**

| South Dakota | The South Dakota Department of Health reported in 2008 that 1.5% of South Dakota respondents reported having been a victim of an unwanted sexual experience within the past year. Prevalence of sexual violence appears significantly higher among American Indians (6.5%), lower income groups, and lower education groups. |

**Health: TOBACCO USE**

| South Dakota | The South Dakota Department of Health reported in 2008 that 17.5% of South Dakota respondents indicated having smoked 100+ cigarettes in their lifetime and now smoke regularly, compared to a national average of 18.4%. American Indians are significantly more likely to smoke cigarettes regularly. Smoke-Free South Dakota estimates the adult smoking population in South Dakota at approximately n=116,200 (19.8%). |

**Health: TOBACCO USE (YOUTH)**

| South Dakota | Smoke-Free South Dakota estimates that 24.7% of South Dakota’s high school students are smokers and that approximately 1,100 children under the age of 18 become new daily smokers each year. Additionally, an estimated 45,000 children in the state are exposed to secondhand smoke at home. The 2009 "Youth Risk Behavior Survey" conducted by the CDC and South Dakota Department of Education indicates that 49% of youth respondents reported having tried (cigarette) smoking and that 35% reported having used chewing tobacco. Additionally, 12% of respondents reported smoking a cigarette prior to age 13. In total, 58% of respondents who reported smoking in the last 30 days also reported attempting to quit smoking in the last 12 months. |

**Health: WOMEN’S HEALTH AWARENESS**

| South Dakota | The South Dakota Department of Health reported in 2008 that 14.4% of South Dakota respondents (female) reported not knowing that cervical cancer is caused by HPV. Awareness appears lower in the state’s central and American Indian regions. |
### Need Category 5: Mortality

#### Mortality: MORALITY RATES

| South Dakota | Several youth mortality measures point to undesirable trends in South Dakota. The 2009 *South Dakota Kids Count* “Factbook” notes that South Dakota has experienced a substantially higher teen death rate (80 deaths per 100,000) than the US national average (64 per 100,000). Across a range of related measures, it can be seen that racial disparities appear to exist in the state. Infant mortality rate is significantly higher for Native Americans (12.6 from 2004–2008) than for Caucasians (6.0 from 2004–2008). Child death rate (ages 1–14) is significantly higher for Native Americans (52.3 from 2004–2008) than for Caucasians (20.6 from 2004–2008). Teen violent death rate (ages 15–19) is also significantly higher for Native Americans (204.4 from 2004–2008) than for Caucasians (48.5 from 2004–2008). |
| Sioux Falls Metro | By county (where available), comparable rates for the Sioux Falls MSA are as follows. Infant mortality rate (2008): Minnehaha (8.4), Lincoln (3.9), Turner (*), McCook (-). Child death rate (2008): Minnehaha (10.0), Lincoln (*), Turner (-), McCook (*). Teen violent death rate (2008): Minnehaha (36.0), Lincoln (-), Turner (-), McCook (-). |

### Need Category 6: Recreation

#### Recreation: RECREATION OPPORTUNITIES

| South Dakota | A 2001 study by the *Rural Great Plains Collaborative Project* study (2001) identifies a distinct lack of recreational opportunities in rural areas, particularly for children. Great financial expense is encountered in these areas in traveling long distances to participate in existing out-of-area activities. |
| Sioux Falls Metro | A 2008 community survey by *Downtown Sioux Falls* reports that 94% of respondents suggested that the organization should promote the development of an entertainment district in the downtown area. “Live music,” “movie theater,” “event center,” and “large concerts” were the most popular potential attractions identified by participants. Similarly, “music,” “arts,” and “large concerts” were the most popular event types rated by respondents as worthy of promotion by the organization. With respect to current usage, Falls Park (>70% of respondents), the Sculpture Walk (>50%), the Sidewalk Arts Festival (>50%), and the St. Patrick’s Day Parade (>50%) were reported as the highest-attended downtown events and attractions. |

### Need Category 7: Safety

#### Safety: ALCOHOL-IMPAIRED DRIVING

| South Dakota | The *South Dakota Office of Highway Safety* reports that alcohol is involved in approximately 40% of the state’s fatal traffic crashes. Retail sale of alcohol to minors is considered an ongoing and pressing problem for state. |

#### Safety: CRIME

| Sioux Falls Metro | The *Sioux Falls Police Department* investigated 231 sexual assault cases in 2009, up from 218 in 2008. |
### Table 3 (cont.) : Area Scan Findings

<table>
<thead>
<tr>
<th>Safety: PEDESTRIAN SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sioux Falls Metro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety: SEAT BELT USE</th>
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</thead>
<tbody>
<tr>
<td>South Dakota</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety: YOUNG DRIVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Need Category 8: Social</th>
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</thead>
<tbody>
<tr>
<td>Social: AFTER-SCHOOL PROGRAMS</td>
</tr>
<tr>
<td>South Dakota</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social: BIRTHS TO SINGLE TEENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social: CHILD CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
</tr>
</tbody>
</table>
### Table 3 (cont.) : Area Scan Findings

<table>
<thead>
<tr>
<th>Social: CLOTHING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sioux Falls Metro</td>
<td>In a survey conducted by the Minnehaha County Homeless Advisory Council on homeless individuals in Sioux Falls, &quot;clothing&quot; was rated by participants as among the most-needed services in the area. (n=39, ranked seventh).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social: COUNSELING/MENTORING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sioux Falls Metro</td>
<td>Counseling and mentoring services are widely sought in the Sioux Falls area. Lutheran Social Services reports &quot;consumer credit counseling&quot; (n=19,131, ranked 2nd), &quot;counseling&quot; (n=7,119, ranked 3rd), and &quot;mentoring&quot; (n=2,842, ranked 4th) as among its most-requested services during FY 2009. A survey conducted by the Minnehaha County Homeless Advisory Council on homeless individuals in Sioux Falls reported that &quot;case management&quot; was rated by participants as among the most-needed services in the area. (n=26, ranked 10th).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social: FOOD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>Feeding South Dakota reports that food pantries in Sioux Falls and Rapid City served 27,293 clients in 2009 through the distribution of 1.3 million pounds of food and groceries. A total of 65,700 individuals were served by these distributions. Food bank operations provided 9.4 million pounds of food and groceries to a network of approximately 500 hunger relief programs throughout the state. Further, 2,812 low-income seniors were served in 2009 through the Commodity Supplemental Food Program, which delivers monthly supplemental grocery goods to eligible seniors across the state. This program is expected to expand in 2010.</td>
</tr>
<tr>
<td>Sioux Falls Metro</td>
<td>HelpLine reports &quot;food&quot; as among its most-requested services in the Sioux Falls region for 2009 (n=1,118, ranked 8th). A survey conducted by the Minnehaha County Homeless Advisory Council on homeless individuals in Sioux Falls reported that &quot;food&quot; was rated by participants as among the most-needed services in the area. (n=44, ranked 6th).</td>
</tr>
<tr>
<td>Black Hills Region</td>
<td>HelpLine reports &quot;food&quot; as among its most-requested services in the Black Hills region for 2009 (n=355, ranked 7th).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social: FOSTER CARE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>South Dakota Kids Count reports that in 2007 South Dakota showed a rate of children under the age of 18 living in foster care (14 children per 1,000) that was considerably higher than the national average (10 per 1,000).</td>
</tr>
</tbody>
</table>
### Social: Homelessness

**South Dakota**

The National Coalition for the Homeless indicates that South Dakota has a total homeless population of 731 individuals, a figure that amounts to roughly 0.1% of the state’s total population. According to this organization, South Dakota ranks 47th nationwide with respect to homelessness prevalence.

A total of 795 homeless persons were identified during the 2009 one-day summer count in Minnehaha County conducted by the Minnehaha County Homeless Advisory Council. This figure constitutes the highest such estimate recorded during the 2005-2009 period. Approximately 53.7% (n=427) of those counted were adult males, 21.5% (n=171) were adult females, and 24.3% (n=193) were children. Among those for whom additional demographic data was recorded, roughly 45.6% were reported as Caucasian, with Native Americans (25.9%) and African Americans (10.1%) constituting the next-largest racial groups. "Released from prison," "inability to pay rent," "alcoholism," and "lost job" were listed by those surveyed as the most common reasons for homelessness. Responding to the question "Where are you sleeping tonight?," 43.6% of respondents indicated "transitional housing," 20.5% indicated "emergency shelter," and 19.5% indicated "hotel/motel." Over half (51.7%) of those surveyed indicated that they receive no governmental assistance on a monthly basis. "Never applied," "no permanent address," and "will apply soon" were reported as leading reasons for not receiving public support. Further, 52.0% of those surveyed reported receiving no monthly income whatsoever from any source.

The homelessness problem in Minnehaha County has also been identified by the Sioux Empire United Way as a key area of need in the Sioux Falls region. Further, a 2010 "Housing Needs Assessment" conducted by the City of Sioux Falls stated that homelessness continues to present itself in Sioux Falls, despite recent efforts to ameliorate the problem. The low current inventory of low-income housing in Sioux Falls was identified as a major contributor to homelessness in the area. Accordingly, "housing placement" (n=102, ranked 1st) and "transitional housing" (n=39, ranked 4th) were among the most-needed services identified in the Minnehaha County Homeless Advisory Council survey.

### Social: Housing

**Sioux Falls Metro**

A housing needs study conducted by the City of Sioux Falls in 2010 identified a rising shortage of low-rent housing options in Sioux Falls. The rate of growth in the number of low-income households (<$20,000 per year) has outpaced the rate of growth in low-cost rental housing opportunities. The study characterizes this situation as "severe" for households requiring housing accommodations for less than $250 per month. This problem has been exacerbated by the city’s historic reliance on the private sector to develop housing options. The study also reports that low-income elderly households face challenges in finding affordable assisted-living accommodations in the city, due partially to the inadequacy of existing financial support systems. Further, the continued development of moderate-cost single-family housing has led to a lack of home ownership in several of the city’s older neighborhoods. Overall, home ownership has begun to impose rising cost burdens on owners of moderate-value homes in the Sioux Falls area. A growing number of homeowners are now paying 30% or more of annual income on housing costs. HelpLine reports "housing" as among its most-requested services in the Sioux Falls region for 2009 (n=1059, ranked 9th) and also identifies the same category as among the most frequently reported unmet needs among its Sioux Falls clientele (n=23, ranked 4th).
Table 3 (cont.) : Area Scan Findings

Social: HOUSING (cont.)

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Hills Region</td>
<td>HelpLine reports “housing” as among its most-requested services in the Black Hills region for 2009 (n=356, ranked 6th). “Shelter/emergency housing” was noted as the fifth most-reported unmet need over the same period (n=16, ranked 5th).</td>
</tr>
</tbody>
</table>

Social: IMMEDIATE NEEDS

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sioux Falls Metro</td>
<td>HelpLine reports “basic immediate needs” as among its most-requested services in the Sioux Falls region for 2009 (n=2,225, ranked 5th). The organization also notes that “basic immediate needs” is the third most-reported unmet need over the same period (n=26, ranked 3rd).</td>
</tr>
<tr>
<td>Black Hills Region</td>
<td>HelpLine reports “basic immediate needs” as among its most-requested services in the Black Hills region for 2009 (n=668, ranked 3rd).</td>
</tr>
</tbody>
</table>

Social: REFUGEE SERVICES

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sioux Falls Metro</td>
<td>For FY 2009, Lutheran Social Services reported “refugee services” (including resettlement assistance, secondary migrant services, immigration counseling, ESL training, and interpreter services) as its most-performed service type [n=21,704, ranked 1st].</td>
</tr>
</tbody>
</table>

Social: SENIORS

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>The Sioux Empire United Way projects that the number of people over the age of 65 in South Dakota will double by 2025 and will constitute 24% of the state’s overall population.</td>
</tr>
</tbody>
</table>

Social: SINGLE-PARENT HOMES

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>Data from South Dakota Kids Count suggests that children living in single-parent homes is currently at higher percentage (32%) than at any other year during the 2000s.</td>
</tr>
</tbody>
</table>

Social: RURAL SOCIAL SERVICES

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>The Rural Great Plains Collaborative Project study (2001) identified a broad lack of access to general social services in rural areas, from therapists to domestic violence centers.</td>
</tr>
</tbody>
</table>

Social: WORKING PARENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>South Dakota Kids Count reports that South Dakota has the nation’s highest rate of parents in the workforce (76% in 2007) and that 27% of K-12 children spend an average of 8 hours unsupervised during the week. The Sioux Empire United Way follows that 74% of children (ages 6-12) in South Dakota have both parents working outside the home.</td>
</tr>
</tbody>
</table>
### Table 3 (cont.) : Area Scan Findings

| Need Category 9: Transportation |  
| Transportation: INFRASTRUCTURE & SERVICES |  
| South Dakota | The *South Dakota Department of Transportation’s* “Intermodal Long Range Traffic Plan” identifies a number of the state’s most pressing infrastructure and service priorities. These priorities included improving transportation access to healthcare facilities and services in rural areas, adjusting transportation services to deal with a declining and aging rural population, responding to ongoing demographic migration from rural to urban areas, improving transportation systems on tribal lands, promoting and expanding regional airports in Sioux Falls and Rapid City, ameliorating the continuing problem of motor-traffic vehicle crashes, maintaining quality transportation infrastructure to agricultural areas, developing improved traffic flow analysis data, developing environmentally sustainable transportation policy initiatives, and improving coordination with metropolitan planning organizations in Pennington and Minnehaha counties.  

Sioux Falls Metro | A 2010 transportation study by the *City of Sioux Falls* identified many perceived weaknesses in the city’s transportation system. Public transportation was overwhelmingly identified by focus group participants as an important transportation priority for future years. Nearly 4 in 5 participants voiced support for improving public transportation options and/or quality in Sioux Falls. This finding aligns with a report by the *Minnehaha County Homeless Advisory Council* that identified “transportation” as a much-needed service for the Sioux Falls homeless population (n=55, ranked 3rd by homeless survey participants). Other weaknesses identified in the *City of Sioux Falls* study included limited bus service (limited hours, dates, destinations), generally poor condition of city streets, lack of public transportation options for commuters to Sioux Falls from neighboring communities, lack of alternate routes and access roads to heavy-traffic destinations, shortage in funds for roadway improvements, high cost and poor availability of passenger flights from Sioux Falls, poor street lighting and signage, and lack of coordination between regional transportation planners. The *City of Sioux Falls* study also spelled out a series of transportation system priorities for future years, including improving traffic infrastructure in a way that promotes pedestrian and bicycle traffic, improving traffic flow through various measures (e.g., better light timing, additional routes, improvements to the city’s east-west traffic corridors), improving the general condition of municipal and area roadways through the implementation of better maintenance program, and integrating newer traffic technologies into the city’s transportation plan.  

### Area Scan Conclusion  

The area scan documented in Table 3 above and discussed in the summary suggests a wide-open field of potential needs in South Dakota and the Sioux Falls MSA. The nine broad areas identified in Table 3 and a significant number of the sub-fields also noted in the table provide a strong foundation for the survey portion of the analysis.
2.2  SURVEY FINDINGS

The survey sample and instrument noted in the previous section spoke to community needs in Minnehaha, Lincoln, Gregory, and Moody Counties in South Dakota. The survey itself accounted for 500 respondents and was broadly representative of many constituencies in the state.

The section to follow discusses the survey results in three separate data cuts. The first data cut relies on telephone-interviewer coding to report broad “categories” of interest that were articulated by the survey respondents. Survey interviewers were instructed, after asking open-ended questions, to first code the open-ended response into one of nine (or more) categories that best described the substance of the respondent’s comment(s). Survey interviewers were asked to do this for three questions about the respondent’s most pressing needs: 1) What is the most pressing need in your community?; 2) What is the most pressing facing you or your family?; and 3) What is the most pressing health-care-related need in South Dakota, your community, or for you and your family?

The second data cut is a more fine-grained coding of the between 400 and 500 open-ended responses for each of the questions noted above. This coding relied on two coders from the GRB assessing each qualitative comment, color-coding the comment according to a specific umbrella theme, and then summing the number of similar comments that seemed to cluster well together. While the second data cut is quite similar to the first one, it also reveals subtle differences in the data when the qualitative data is mined for more detail.

The third data cut looks not at critical needs but instead examines how survey respondents feel governments, nonprofits, health care providers, and others are doing in addressing the most pressing needs/problems that they have identified. This brief data analysis is not necessarily germane to the remainder of the analysis in this report but is useful for Avera McKennan Hospital and University Health Center officials who may wish to identify gaps in perception in the communities that they serve.

**First Data Cut: Interviewer Coding of Qualitative Comments**

As noted above, survey respondents were asked to assess their most pressing needs within three separate question frameworks:

- What is the most pressing need facing your community?
- What is the most pressing need facing you or your family?
- What is the most pressing health care-related need facing your community, you, or your family?

For each of these questions, respondents were encouraged to give relatively short answers and interviewers first coded those answers into one of a select number of categories. For more details about those categories, please see the survey instrument in Appendix C.

The results of this quantitative coding by the telephone survey interviewers are presented in Tables 4a through 4c below. These tables divide the survey responses by county, and cells in the tables again represent the percentage of respondents indicating that their most pressing need was of a particular type or kind. Tables 4a through c also divide the data by survey question.
Table 4a: Most Pressing Community Problem/Need, Interviewer Coding of Qualitative Responses

<table>
<thead>
<tr>
<th>Coding Category</th>
<th>Minnehaha (n=245)</th>
<th>Lincoln (n=53)</th>
<th>Gregory (n=103)</th>
<th>Moody (n=100)</th>
<th>Total (n=501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Development</td>
<td>8.2%</td>
<td>9.4%</td>
<td>9.7%</td>
<td>12.0%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Education System</td>
<td>15.1%</td>
<td>18.9%</td>
<td>25.2%</td>
<td>8.0%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Government Services</td>
<td>2.4%</td>
<td>3.8%</td>
<td>–</td>
<td>3.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>5.3%</td>
<td>1.9%</td>
<td>–</td>
<td>–</td>
<td>2.8%</td>
</tr>
<tr>
<td>Housing</td>
<td>4.1%</td>
<td>7.5%</td>
<td>2.9%</td>
<td>6.0%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Medical Services</td>
<td>2.4%</td>
<td>–</td>
<td>1.9%</td>
<td>10.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Poverty</td>
<td>2.4%</td>
<td>3.8%</td>
<td>1.0%</td>
<td>2.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.6%</td>
<td>5.7%</td>
<td>–</td>
<td>–</td>
<td>1.4%</td>
</tr>
<tr>
<td>Recreation Opportunities</td>
<td>2.0%</td>
<td>5.7%</td>
<td>1.9%</td>
<td>6.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Refugee Services</td>
<td>0.4%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>0.2%</td>
</tr>
<tr>
<td>Rural Lifestyle Challenges</td>
<td>0.4%</td>
<td>1.9%</td>
<td>4.9%</td>
<td>3.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Population Issues</td>
<td>0.4%</td>
<td>–</td>
<td>1.0%</td>
<td>2.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Single-Parent Homes</td>
<td>0.8%</td>
<td>–</td>
<td>–</td>
<td>1.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Social Services Availability</td>
<td>2.0%</td>
<td>–</td>
<td>1.0%</td>
<td>–</td>
<td>1.2%</td>
</tr>
<tr>
<td>Traffic Safety</td>
<td>2.2%</td>
<td>1.9%</td>
<td>1.0%</td>
<td>2.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.4%</td>
<td>5.7%</td>
<td>4.9%</td>
<td>4.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>15.1%</td>
<td>9.4%</td>
<td>17.5%</td>
<td>12.0%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Working Parents</td>
<td>1.2%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other (Uncoded)</td>
<td>30.6%</td>
<td>24.5%</td>
<td>27.2%</td>
<td>29.0%</td>
<td>28.9%</td>
</tr>
</tbody>
</table>

Table 4a above indicates that—apart from uncoded responses or “other” responses—survey respondents most consistently prioritized community development, the education system, unemployment, housing, and transportation as the most pressing needs faced in their communities. These particular items (shaded in grey) are worth mention because they generally have consistent support across each of the counties surveyed.

While the needs noted as more prominent in Table 4a have generally more support across the counties surveyed, some other unique needs stand out. For instance, in Gregory and Lincoln Counties, Recreational Opportunities were cited more frequently (5.7% Gregory; 6.0% Lincoln) than some of the other categories of potential responses. Similarly, Homelessness was more frequently cited in Minnehaha County (5.3% mentioning) as the most pressing community problem, while medical services was more frequently cited in Moody County (10% mentioning).

The latter finding suggests that Avera McKennan Hospital and University Health Center may have an opportunity to engage with Flandreau and the surrounding communities to partner in productive ways to, first, better understand the medical services challenges and, later, to work in a collaborative fashion with those communities to address the challenge or challenges.
Table 4b below replicates Table 4a but focuses on the respondent’s most pressing personal or family need.

<table>
<thead>
<tr>
<th>Coding Category</th>
<th>Minnehaha (n=245)</th>
<th>Lincoln (n=53)</th>
<th>Gregory (n=103)</th>
<th>Moody (n=100)</th>
<th>Total (n=501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>0.4%</td>
<td>1.9%</td>
<td>3.9%</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Counseling/Mentoring</td>
<td>0.4%</td>
<td>--</td>
<td>--</td>
<td>2.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Economic Assistance</td>
<td>3.7%</td>
<td>--</td>
<td>3.9%</td>
<td>2.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Education</td>
<td>4.9%</td>
<td>9.4%</td>
<td>2.9%</td>
<td>4.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Finances/Income</td>
<td>12.2%</td>
<td>9.5%</td>
<td>18.4%</td>
<td>14.0%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Food</td>
<td>1.6%</td>
<td>--</td>
<td>1.9%</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Health</td>
<td>18.0%</td>
<td>13.2%</td>
<td>15.5%</td>
<td>22.0%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Housing/Utilities</td>
<td>2.0%</td>
<td>3.8%</td>
<td>1.9%</td>
<td>3.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.4%</td>
<td>--</td>
<td>1.9%</td>
<td>3.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>7.8%</td>
<td>9.4%</td>
<td>4.9%</td>
<td>4.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other (Uncoded)</td>
<td>46.5%</td>
<td>52.8%</td>
<td>44.7%</td>
<td>44.0%</td>
<td>46.3%</td>
</tr>
</tbody>
</table>

As before, Table 4b suggests that just a few of the broad categories of needs are more recognized across the surveyed counties than were others. When asked to identify the most pressing needs to the respondent or their families, respondents indicated that finances/housing, unemployment, education, and health were those most pressing needs. Perhaps most telling is that nearly half of all of the responses were uncoded because they were either too specific for the telephone interviewers to code or failed to fit neatly into one of the above categories. The high percentage of uncoded responses justifies further coding work which will be presented in Tables 5a through c later in this section.

Another important note in Table 4b is the significant attention that the Health coding category received from respondents. Twenty-two percent (22%) of respondents in Moody County cited health concerns as their most pressing or important need, followed closely by Minnehaha County respondents (18%) and Gregory County respondents (15.5%). Tables 5a through c suggest why this is the case: the broad term “health” encompasses personal health and well-being, insurance, and the high cost of healthcare. Tables 5a through c better delineate some of these nuances to the Health coding category.

Table 4c below also provides more detail about the most pressing health problems facing the survey respondents. The table represents interviewer-coded qualitative responses that were binned into a series of categories provided by the GRB team.
### Table 4c: Most Pressing Health Problem/Need, Interviewer Coding of Qualitative Responses

<table>
<thead>
<tr>
<th>Coding Category</th>
<th>Minnehaha (n=245)</th>
<th>Lincoln (n=53)</th>
<th>Gregory (n=103)</th>
<th>Moody (n=100)</th>
<th>Total (n=501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drug Use</td>
<td>3.3%</td>
<td>3.8%</td>
<td>6.8%</td>
<td>5.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Births to Young Parents</td>
<td>1.2%</td>
<td>--</td>
<td>1.0%</td>
<td>--</td>
<td>0.8%</td>
</tr>
<tr>
<td>Cancer Screenings</td>
<td>2.4%</td>
<td>--</td>
<td>1.9%</td>
<td>3.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.7%</td>
<td>1.9%</td>
<td>1.0%</td>
<td>3.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Disabilities</td>
<td>--</td>
<td>1.9%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>General Health Status</td>
<td>5.7%</td>
<td>5.7%</td>
<td>11.7%</td>
<td>11.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Health Education</td>
<td>4.5%</td>
<td>7.5%</td>
<td>1.9%</td>
<td>1.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>38.0%</td>
<td>41.5%</td>
<td>28.2%</td>
<td>36.0%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Medical Services Availability</td>
<td>8.2%</td>
<td>11.3%</td>
<td>18.4%</td>
<td>10.0%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.4%</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.2%</td>
</tr>
<tr>
<td>Obesity/Physical Inactivity</td>
<td>3.7%</td>
<td>5.7%</td>
<td>1.9%</td>
<td>7.0%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>1.2%</td>
<td>--</td>
<td>--</td>
<td>1.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Sexual Behaviors/Violence</td>
<td>0.8%</td>
<td>--</td>
<td>1.0%</td>
<td>--</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other (Uncoded)</td>
<td>26.9%</td>
<td>20.8%</td>
<td>25.2%</td>
<td>22.0%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

**Table 4c above suggests some importance trends in the health-related needs data.** First, health insurance was without question the most substantial concern. This is the case even though only 12% of all of the survey respondents (please see Appendix D for more detail) reported being without health insurance. The preponderance of concerns related to health insurance suggest that respondents may 1) identify that health insurance is a core challenge related to health in their community; 2) assess that being uninsured or under-insured is an honest threat to their or their community’s well-being; or 3) respondents know individuals who struggle with health insurance.

Table 4c also indicates that concerns about general health, medical services availability (particularly in Gregory County), obesity (higher in Moody County), and alcohol/drug use (slightly higher in both Gregory and Moody Counties) are among the most pressing health needs facing survey respondents.

### SECOND DATA CUT: GRB TEAM CODING OF QUALITATIVE RESPONSES

To capture a richer coding set from the qualitative responses provided by those surveyed, the GRB team used two coders to work comment-by-comment through the qualitative data matrix for each of the qualitative responses. The result—reported in Tables 5a through c—is intended to provide more detail than the interviewer-coded data reported above by focusing more attention on the “other (uncoded)” categories in each of the prior tables.
Table 5a below offers the GRB team’s recode of respondents’ comments related to the “most pressing community problem/need” question:

<table>
<thead>
<tr>
<th>Most Pressing Community Needs</th>
<th>Mentions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jobs/Unemployment/Community Economic Development</td>
<td>145</td>
<td>35.28</td>
</tr>
<tr>
<td>Schools/Education/School Consolidation/Teacher Quality and Pay</td>
<td>58</td>
<td>14.11</td>
</tr>
<tr>
<td>Traffic/Infrastructure/Basic Services/Emergency Response</td>
<td>39</td>
<td>9.49</td>
</tr>
<tr>
<td>Roads and Street Maintenance and Repairs</td>
<td>27</td>
<td>6.57</td>
</tr>
<tr>
<td>None/Nothing</td>
<td>26</td>
<td>6.33</td>
</tr>
<tr>
<td>Tax issues (Property) and Government Concerns</td>
<td>24</td>
<td>5.84</td>
</tr>
<tr>
<td>Recreational/After School/Family Opportunities in Community</td>
<td>22</td>
<td>5.35</td>
</tr>
<tr>
<td>Poverty/Homelessness</td>
<td>19</td>
<td>4.62</td>
</tr>
<tr>
<td>Health care costs/insurance/care</td>
<td>19</td>
<td>4.62</td>
</tr>
<tr>
<td>Don’t know</td>
<td>19</td>
<td>4.62</td>
</tr>
<tr>
<td>Housing</td>
<td>13</td>
<td>3.16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>411</strong></td>
<td></td>
</tr>
</tbody>
</table>

The results in Table 5a above mirror those in Table 4a: jobs, unemployment, and community economic development were identified as the most pressing needs by the residents surveyed in Minnehaha, Lincoln, Gregory, and Moody Counties. As with Table 4a, education and related needs/concerns were prioritized second, followed closely by transportation matters and infrastructure repair and replacement. The GRB team assesses that Table 5a—with its more nuanced and considered coding approach—better represents the community needs/problems identified in the respondents’ qualitative comments because the “uncoded” category has been effectively eliminated and the number of categories in Table 4a has been significantly consolidated above.

Table 5b closely parallels the findings in Table 4b, but with the same data quality caveats as those reported above. In particular, Table 5b suggests that the most pressing needs/problems facing respondents and their families include financial security (18.6% mentioning); health care (16.1% mentioning, including discussions about access to care, general care concerns, and health insurance); job security and concerns about unemployment (11.6% mentioning); and better funding for education (8.6% mentioning).
Finally, Table 5c reports the GRB team’s coding for the health care “pressing need” question. As with the prior tables, Table 5c closely parallels the finding in its analogue, Table 4c. Overall, these parallels suggest that the GRB team’s coding, while more robust, was well mirrored in the interviewer coding in Tables 4a through c.
Table 5c indicates that health insurance costs and concerns (26.8% of mentions) were the most significant concern among respondents, followed by high health care costs (19.4% of mentions), health care reform and its likely positive and negative effects (8.4% of mentions), and access to and availability of health care (7.1%). Overall, these results affirm the results noted earlier, but with more detail because many of the formerly uncoded qualitative responses now have specific coding categories based on the GRB team’s coding protocol.

**THIRD DATA CUT: RESPONSIVENESS TO MOST PRESSING PROBLEMS/NEEDS**

Finally, the survey instrument addressed respondents’ perspectives about how a variety of potential stakeholders—government officials, nonprofits, local health care organizations, and health care providers such as Avera or Sanford—are doing in addressing the most pressing needs/problems identified by the respondent. This section of the report provides a very high-level look at these findings in the tables and text to follow.6

First, respondents were asked to provide perspectives about the degree to which governments (state and local), statewide or local nonprofits, local health care organizations, and health care providers such as Avera and Sanford are assisting in solving the respondents self-identified “most pressing problem in your community.” The results are reported in Table 6a.

<table>
<thead>
<tr>
<th>Question:</th>
<th>Governments (n=501)</th>
<th>Nonprofits (n=501)</th>
<th>Healthcare Orgs (n=501)</th>
<th>Healthcare Providers (n=501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well ____ is/are doing in addressing the most pressing health problem/need in your community?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A (Excellent)</td>
<td>1.0%</td>
<td>8.0%</td>
<td>13.8%</td>
<td>16.2%</td>
</tr>
<tr>
<td>B (Good)</td>
<td>15.8%</td>
<td>24.0%</td>
<td>23.8%</td>
<td>23.2%</td>
</tr>
<tr>
<td>C (Average)</td>
<td>36.5%</td>
<td>21.4%</td>
<td>13.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>D (Below Average)</td>
<td>17.6%</td>
<td>4.0%</td>
<td>3.4%</td>
<td>3.0%</td>
</tr>
<tr>
<td>F (Failing)</td>
<td>12.6%</td>
<td>3.4%</td>
<td>2.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>DK/NA</td>
<td>16.6%</td>
<td>39.3%</td>
<td>43.1%</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

Table 6a indicates that—without specifically tabbing the qualitative response to the grade given by the respondent—that healthcare organizations and healthcare providers are graded most positively by respondents in addressing the most pressing/important community problems identified by the respondents. Of the respondents, 37.6% and 39.4%, respectively, graded healthcare organizations and healthcare providers as either good or excellent in those organizations’ efforts to address the community’s most pressing problems/needs.

6 For the purposes of this report, the GRB team assessed that these questions failed to provide significant leverage except to highlight potential places for the focus groups to ‘dive in’ more to who should be responsible for helping with the most pressing/important needs/problems. The GRB team has the full data matrix from the survey—which also will be provided to Avera McKennan Hospital and University Health Center—and can assist with subsequent data analyses separate from this project scope of work. Cross-tabbed data are available in Appendices D and E, with tabs by demographics and geography.
As compelling as the results above in Table 6a—particularly from the perspective of marketing and community outreach—are, there is a significant number of respondents who indicated a lack of knowledge (39.3% for nonprofits, 43.1% for healthcare organizations, and 43.3% for healthcare providers) about the degree to which these organizations are addressing or attempting to address the community’s most pressing need/problem. These results suggest an opportunity for Avera McKennan Hospital and University Health Center to first establish its community outreach priorities and then to educate and grow the community’s knowledge about its outreach and community service activities.

Table 6b below continues the results of Table 6a by highlighting how respondents viewed the same stakeholders’ responses to the most pressing problems faced by the respondent or the respondent’s family.

<table>
<thead>
<tr>
<th>Question:</th>
<th>Governments (n=501)</th>
<th>Nonprofits (n=501)</th>
<th>Healthcare Orgs (n=501)</th>
<th>Healthcare Providers (n=501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well _______is/are doing in addressing the most pressing needs/problems facing you or your family?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A (Excellent)</td>
<td>2.0%</td>
<td>6.8%</td>
<td>9.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>B (Good)</td>
<td>11.2%</td>
<td>19.0%</td>
<td>22.2%</td>
<td>18.8%</td>
</tr>
<tr>
<td>C (Average)</td>
<td>27.1%</td>
<td>17.6%</td>
<td>15.8%</td>
<td>13.2%</td>
</tr>
<tr>
<td>D (Below Average)</td>
<td>16.6%</td>
<td>4.4%</td>
<td>5.4%</td>
<td>4.8%</td>
</tr>
<tr>
<td>F (Failing)</td>
<td>11.6%</td>
<td>3.6%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>DK/NA</td>
<td>31.5%</td>
<td>48.7%</td>
<td>45.1%</td>
<td>48.5%</td>
</tr>
</tbody>
</table>

As with the results in Table 6a, Table 6b indicates that, overall, healthcare organizations and healthcare providers are regarded as leaders in addressing the individual respondents’ most pressing needs/problems. Further, the data suggests that healthcare organizations and providers have a significant opportunity to educate respondents and people like them about the scope of the outreach efforts that those organizations are undertaking to combat the respondents’ most pressing needs.

Table 6b also suggests that nonprofits around the state have a similar education opportunity: 48.7% of respondents noted “DK/NA” when asked to grade nonprofits’ responses to the respondents’ most pressing problems/needs. These data—particularly for nonprofits—also suggest (and the focus groups confirm) that nonprofits and other providers in South Dakota’s communities labor in relative obscurity. The focus groups and narrative interviews amplify why this might be the case: services for people in need are poorly marketed, difficult to find or reach, and spread among a series of organizations in communities around the state.

Finally, Table 6c highlights the grades respondents gave to governments, nonprofits, health care organizations and providers on the issue of the respondents’ most pressing healthcare-related needs/problems. The results, as before, are suggestive of significant opportunities for healthcare organizations and providers in growing their footprints in these high-need areas.
Table 6c: Grading Responses to Most Pressing/Important Healthcare Needs

<table>
<thead>
<tr>
<th>Grade</th>
<th>Governments (n=501)</th>
<th>Nonprofits (n=501)</th>
<th>Healthcare Orgs (n=501)</th>
<th>Healthcare Providers (n=501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Excellent)</td>
<td>1.2%</td>
<td>7.2%</td>
<td>15.0%</td>
<td>14.8%</td>
</tr>
<tr>
<td>B (Good)</td>
<td>13.2%</td>
<td>25.3%</td>
<td>27.5%</td>
<td>31.1%</td>
</tr>
<tr>
<td>C (Average)</td>
<td>28.3%</td>
<td>25.1%</td>
<td>25.3%</td>
<td>20.0%</td>
</tr>
<tr>
<td>D (Below Average)</td>
<td>20.2%</td>
<td>7.0%</td>
<td>8.6%</td>
<td>8.0%</td>
</tr>
<tr>
<td>F (Failing)</td>
<td>16.8%</td>
<td>3.6%</td>
<td>2.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>DK/NA</td>
<td>19.4%</td>
<td>31.7%</td>
<td>21.0%</td>
<td>22.4%</td>
</tr>
</tbody>
</table>

Table 6c indicates that healthcare organizations and providers both received high grades by respondents: 42.5% of respondents graded healthcare organizations with “A” or “B” grades, while 45.9% of respondents gave healthcare providers such as Avera and Sanford the same high grades. Governments and nonprofits fared slightly worse, however, with 32.5% of nonprofits receiving “A” or “B” grades and 14.4% of governments receiving the same grades.

As with Tables 6a and b, healthcare organizations and providers have good opportunities to increase their profiles among the people in the communities that they serve: 21% of respondents answered “DK” about healthcare organization efforts to address the respondents’ most pressing healthcare needs/problems, while 22.4% of healthcare providers stated the same. If Avera McKennan Hospital and University Health Center dedicate resources not only to targeting health-care-related needs/problems in the communities that they serve, but ensuring that those efforts are properly marketed and branded, it appears that significant opportunity exists to grow Avera McKennan Hospital and University Health Center’s brand and footprint.

CONCLUSIONS AND TRANSITION TO FOCUS GROUPS

The results above, particularly those in Table Groups 4 and 5 suggest that a few areas merit additional attention in the research funnel process. In particular, the survey results suggest that financial hardships, unemployment, and economic difficulties; housing; health insurance and healthcare costs; education and education funding; and transportation (including accessibility of transportation and infrastructure repair and improvement) all are significant, important needs/problems in the communities that Avera McKennan Hospital and University Health Center serves. These results suggested that a more refined approach in the focus group process would tease out specific needs/problems, and as importantly offer some suggestions about who might be best to lead in assisting with these needs/problems and what sort of solutions might best address some of the most significant problems facing the communities served by Avera McKennan Hospital and University Health Center. The next section of the report addresses these questions in detail.
This section highlights the general themes that persisted across many or most of the focus groups. These general themes ranged from common and very broad-based needs in the Sioux Falls community to very specific suggestions for improving how Sioux Falls addresses those most pressing needs.

For additional detail about the focus groups, please see Appendices E and F. Appendix E provides an expanded summary of the focus group findings, while Appendix F offers complete transcripts for each of the focus group sessions. Appendix F only should be read by the sponsors of this project and should not—because of the presence of potentially identifying information—be shared outside of the project sponsor.

**General Focus Group Themes and Major Findings**

In general, the GRB team and Sumption & Wyland assess that the groups provided a series of compelling insights into the perceptions of community needs in the Sioux Falls and immediate surrounding communities. Members expressed strong understanding of the community and a commitment to supporting ongoing initiatives to meet the community’s current and emerging needs.

Each of the five focus groups identified the areas of major concern they feel are affecting the lives of people in and around Sioux Falls. There was strong consistency among the five groups interviewed. The Avera Staff Group did vary somewhat in its identification of need areas in the community. This group immediately focused on health-care-related supports in lieu of a more general review of the community’s needs areas.

The four community focus groups identified the following themes and findings as the most compelling community needs in the Sioux Falls area:

**Affordable Housing.** Group members commonly cited that the Sioux Falls community has a three-year or longer waiting list for low-income housing certificates. The crunch in affordable housing has reached critical proportions according to the vast majority of focus group members. Many focus group members were familiar with an attempt to develop a coordinated community—for example, a Housing Trust Fund—in response to this critical shortage. Group participants also indicated that the shortage in affordable housing is one of the most critical issues facing people in poverty in our community. Many focus group members were clear in pointing out that the challenges posed by affordable housing are not easily fixed because many families in Sioux Falls live under 30% of the poverty line for long periods of time and need ongoing resource support to have safe, dependable housing for their families.

**Transportation.** All of the groups identified transportation as a critical-need area in the community. The majority of focus group members indicated that the current public transit system is inadequate in meeting the needs of people in poverty. The lack of service in the evenings and on Sunday was cited as the most common complaint. The timeliness of the service also was noted as a critical limiting factor in the community, with stories of community members requiring at least two hours to travel each way for work, healthcare, shopping, and other services. Community members simply lacked the time to use the public transportation system, which is a conundrum for people in poverty in the community because those individuals lack the financial means to avail themselves of other modes of transportation (e.g. owning a car).

**Meeting the Needs of People from Diverse Cultures.** All of the focus groups highlighted that the diversity in Sioux Falls—racial diversity, income gaps across the community, the challenges of immigration and in-
migration—is a unique challenge for the Sioux Falls community. The issue of meeting diverse needs in the
community was raised across all of the focus groups and included a broad array of “gap areas,” among them:

- **Navigator Services.** Sioux Falls lacks services to help the community find access to
  healthcare, housing, educational services, jobs, social services, emergency aide, and related
  supports. These services are particularly critical for members of the non-English speaking
  immigrant community.

- **Services beyond “first entry.”** Immigrants and in-migrants who first come to the community
  often can find services upon entering the community that can assist with immediate
  transitional needs. This is particularly the case among immigrants and refugees who work
  with organizations such as Lutheran Social Services. The challenge, according to focus group
  members, is that these services curtail too early and are not properly calibrated to ensure an
  individual’s sustainability in the community. Ongoing support is available in the community,
  according to group members, but those supports are uncoordinated such that individuals
  and families must travel to multiple places where they know such assistance is available.

- **Cultural integration.** All of the focus groups indicated that Sioux Falls is particularly
  challenged by cultural understanding, education, and tolerance/acceptance. The problem
  of the integration of diverse cultures is two-sided: the community needs more opportunity
  to understand the diverse community of people who now live here and immigrants need
  more supports to better understand the cultures and norms of this community. The latter
  point is particularly true among immigrants and refugees who, in the past, may have rational
  and reasonable fears of government, assistance from outside entities, and exploitation by
  businesses or individuals from whom they obtain housing.

**Health Care-Specific Themes**

Focus group members were asked to narrow their thinking to specifically identify those areas they felt were
critically important in the area of health and wellness. An expanded listing is in the group-specific summaries
listed later in this section of the report. The focus groups specifically identified three common themes and
needs in the health care area:

- **Health Insurance/Health Care Access.** All of the groups identified the need for changes
  in the cost of insurance and how insurance costs place challenges on health providers and
  low-income individuals in the Sioux Falls community. In particular, the groups noted the
  difficulty of people getting insurance, losing insurance through job change/loss (particularly
  during difficult economic times), people lacking insurance through their work, and people
  not accessing care due to high co-pays and/or being uninsured. These were all noted as
  depressing the wellness and health of community citizens.

- **Navigating and Case Management.** Four of the five focus groups also isolated the need
  for support resources to help people in poverty and those with chronic health conditions
  to keep current on their health care. Group members identified the need to help families
  understand when and how to access the health care system and the need for people with
  chronic diseases to manage their health through compliance with ongoing therapies, drugs,
  and routine medical visits. Lacking community navigating and case-management services,
  chronic illness becomes unmanaged and the chronic illness becomes a more significant tax
  on the individual’s health and the health care resources in the Sioux Falls community.
• **Obesity.** All of the groups highlighted the growing issue of obesity as a major and growing factor in the quality of life of our community. Groups highlighted concerns regarding obesity throughout the lifespan. Two of the five groups specifically highlighted obesity in children as an area of concern. The remaining groups did not differentiate between children and other groups. Most groups highlighted the growing challenge obesity has in taxing the existing health care system and related concerns with chronic-disease-management needs that result from diseases, such as diabetes, that stem from obesity.

**Recommended Solutions for the Needs in the Sioux Falls Community**

The focus group members identified programmatic and philosophical solutions that they believe would have the most dramatic impact in the Sioux Falls region. These programs offered specific suggestions about how the community can best addressed Sioux Falls’s most pressing general and health-care-specific needs. A complete listing of those suggestions by group is provided later in this section of the report. The following are the most commonly agreed upon recommendations from the majority of focus groups members:

**Affordable Housing Trust Fund.** Contributing to and supporting an affordable housing trust in Sioux Falls was the most often cited recommendation by focus-group members. All of the community groups identified that the critical need for affordable housing was the most important to be addressed in Sioux Falls. The Avera Staff Group did not include housing resources in their more often recommended priorities.

**Service Navigation Resources.** Sioux Falls has a number of resources to provide for people with specific needs in the Sioux Falls community, but those resources are fractured and individuals in need require not only the presence of services in the community but also an awareness of those services and the ability to access those surveys easily. All of the focus groups identified a single resource or multiple—but well-known and easily accessed—resources to help individuals and families navigate through the maze of services and resources in the community. The groups offered specific ideas, including:

- **Navigation for individuals with chronic health conditions.** Individuals with chronic health conditions need assistance managing those conditions. If a navigation resource were available in the community that could point individuals with chronic health problems to get the ongoing services that they need, community members would be healthier and the city’s health infrastructure would be less taxed because chronic diseases would be managed rather than turning into acute conditions requiring hospitalization or emergency care.

- **Navigation for individuals and families for whom English is a second language.** The unique needs facing refugee and immigrant families were noted by all groups as a critical need. One minority participant indicated this need is critical in some refugee groups because of low literacy rates in their own first language, making learning a second language in both verbal and written forms especially challenging. The navigation needs for this group were identified across health care, education, social services, housing, emergency-food assistance, cultural integration, legal-systems involvement, and social-network integration. Supporting existing programs in the community such as those at the Multicultural Center or growing programs such as those at Lutheran Social Services may be important opportunities to consider.

- **Navigation for families experiencing long-term severe poverty.** The groups recommendation for navigation support centered on a commitment to encouraging self-sufficiency and teaching families the skills to access resources for their families, prepare themselves for more stable employment, secure safe housing for families with children, and assure access to and more effective and efficient use of routine healthcare resources.
• **Clearinghouse (One-Stop Resource) for Service Access.** The focus groups suggested creating a central location for families to access healthcare, housing, social services, emergency food aide, employment assistance, and related support resources. Individuals in need struggle with transportation to the disparate service locations offered throughout Sioux Falls and a one-stop resource where nonprofits or governments could provide for the community would be a welcome resource. Sioux Falls currently has a program that on a semi-annual basis offers this clearinghouse service, but a more regular offering (monthly or more frequently) would provide predictability and ease of access to a wide swatch of the need population in Sioux Falls.

**BROAD FOCUS GROUP THEMES SUMMARY AND CONCLUDING REMARKS**

The focus group process revealed many common themes regarding the needs of the community and generally consistent viewpoints about how to address and meet those needs. Group members agreed in the aggregate that the community has many high-quality services and resources; yet, these resources continue to be scattered and difficult to navigate for people in need.

The most consistent theme throughout the focus groups was the need to meet systemic issues of families in poverty. Group members almost universally agreed that meeting the safety, health, and support needs of children must be the focal point of any community-response effort. There was clear agreement, however, that the needs of children cannot be met without focusing on the strengthening of families through affordable and safe housing, access to living-wage jobs, resources to assist in services navigation, and access to ongoing routine and responsive health care.

These services must be looked at through the lens of Sioux Falls becoming a diverse community. With multiple languages, many different contexts for poverty (e.g., job loss, in-migration, immigration, health challenges, housing challenges, the broader local economy), Sioux Falls faces a growing and complex series of challenges in meeting the needs of those most in need in the community. Supporting services and systems that are responsive, forward-thinking, and preventative in nature may be the key to ensuring that the community’s greatest needs are most sufficiently and completely addressed.

Finally, the groups indicated that safe and affordable housing should be a primary concern in the process of assisting struggling individuals and families. The community also should prioritize addressing complete (e.g., available across multiple time periods and in multiple locations) public transportation sources. By addressing transportation resources for individuals in poverty—and combining that with consolidating services and providing navigation resources in the community—the Sioux Falls area could make significant gains in mitigating some of the most pressing needs for its community members.

**NEXT SECTION: SUMMARY AND CONCLUSIONS**

In the final section of this report, the GRB team summarizes the full findings of the Avera McKennan Hospital and University Health Center community-needs assessment. In doing so, the GRB team offers a series of recommendations that may provide guidance as Avera McKennan Hospital and University Health Center moves ahead in aligning its strategic community outreach efforts.
3.0 SUMMARY AND CONCLUSIONS

The community needs assessment presented here—and the accompanying video work as part of the fourth stage of the research funnel—provides a strong foundation upon which Avera McKennan Hospital and University Health Center can build a firm direction for its strategic mission and community outreach programs. The findings speak to a narrow band of needs in the communities that are served by Avera McKennan Hospital and University Health Center and suggest real opportunities to drive the organization's time, treasure, and efforts toward productive ends in Sioux Falls and South Dakota writ large.

This final section offers an integrated summary of the project's findings and recommendations associated with each of the primary needs noted throughout earlier sections of this report. The three broad recommendations and specific programmatic ideas presented here represent substantial investments that Avera McKennan Hospital and University Health Center can make to be a real difference in the communities it serves.

To scope its external outreach mission, the GRB team recognizes that Avera McKennan Hospital and University Health Center should:

**Address Affordable Housing Concerns in the Communities that It Serves.** The area scan through the focus groups lifted up affordable housing as one of the primary challenges facing both the Sioux Falls community and more rural and remote areas served by Avera McKennan Hospital and University Health Center. Housing is a very real challenge for individuals in low wage jobs, on fixed incomes, or individuals who are new to a community (e.g. immigrants and in-migrants). To help address the affordable housing challenge in the communities that it serves, Avera McKennan Hospital and University Health Center should:

- **Be an active sponsor, promoter, and donor for the Affordable Housing Trust Fund in Sioux Falls.** The Housing Trust Fund creates an opportunity for Avera McKennan Hospital and University Health Center to direct its time and funding toward a newly formed organization that recognizes the importance of affordable housing in the Sioux Falls area. By focusing its attention and its resources on the Affordable Housing Trust Fund, Avera McKennan Hospital and University Health Center will also be acknowledging that it recognizes that affordable, clean, and healthy living conditions are a solid foundation to better physical and psychological well-being in the communities it serves.

- **Seek out partnerships with the South Dakota Housing Development Authority (HDA) to grow its affordable housing footprint outside of the Sioux Falls area.** The HDA offers grant partnerships and is aware of funding opportunities that could enable Avera McKennan Hospital and University Health Center to identify pockets that lack affordable housing in the communities that it serves. By engaging the HDA, Avera McKennan Hospital and University Health Center will make a statement to the broader community that it serves (e.g. South Dakota) that it values affordable housing and the physical and psychological value that affordable housing provides to all of the communities it serves.

**Support transportation programs that provide easy access to resources and workplaces within the communities that it serves.** Transportation is a problem for people who lack automobiles, are unable to drive, or who cannot easily use personal transportation (such as bikes, etc.) to get to appointments, workplaces, or other areas (shopping centers) for activities of daily living. The transportation problem is
particularly vexing for individuals who need regular medical treatment for chronic disease or mental illness or for community members who work shifts at night or on weekends but who lack transportation to get to those appointments or work obligations. Public transportation—especially in Sioux Falls—has limited hours and operates in a growing city where services are spread in different corners. To help address the transportation challenges in the communities it serves, Avera McKennan Hospital and University Health Center should:

- **Sponsor public transportation in Sioux Falls.** Avera McKennan already purchases advertising on buses in Sioux Falls, but the opportunity to grow that footprint is significant. Avera McKennan Hospital and University Health Center should explore a large-scale initiative with the City of Sioux Falls—including paying for new bus routes, sponsoring advertising on every bus in the city (a “Green Bus Everywhere” marketing campaign), paying for additional night and weekend services, and working to get bus services to reach bus stops every 15 minutes—so that the city’s residents are better connected to workplaces and the services that they need. Avera McKennan Hospital and University Health Center also should explore helping individual public transportation users by supplementing fares through a fare card program.

- **In its more rural and remote locations, sponsor existing shuttle service programs or work with existing nonprofits in those locations to establish a shuttle program for community members.** The shuttle program could be as simple as a partnership with a local church where volunteers—with vehicles, gasoline, or time paid for by Avera McKennan Hospital and University Health Center—pick up needy residents, take them to their appointments, workplaces, or to get necessities (e.g. shopping) for no cost.

**Be a centralizing node in Sioux Falls and in the communities that it serves so that finding services is easier for needy residents and so that once residents find services, they can maintain those services easily.** The focus groups and narrative interviews were clear that, while Sioux Falls residents have hundreds of nonprofits to assist in nearly every way possible, those nonprofits are scattered throughout Sioux Falls and it can be difficult to know about those all of the services available, much less access them. Sioux Falls right now does not need many new nonprofits; the city does need, however, a nonprofit entity that can be a “centralizer” or that can serve as a central, accessible location so that those who need services can get to them easily and predictably. Moreover, many of the neediest residents in Sioux Falls—and elsewhere around the state—need more than a single “shot” of nonprofit assistance.

The most needy residents need follow-up, be it case management in the vein of social work or health-related case management to help people manage chronic illnesses and disease. If Avera McKennan Hospital and University Health Center is able to not only provide a central resource for the city’s needy residents, but also support ongoing case management, it likely will be able to reduce instances of unneeded hospitalization, encourage preventative health and wellness, and provide a solid foundation for people to receive social services. To help address the centralization and navigation challenges faced in Sioux Falls and South Dakota, Avera McKennan Hospital and University Health Center should:

- **Lead a roundtable discussion of Sioux Falls nonprofits that provide social and health-related support for the city’s needy residents.** The roundtable should result in a plan to offer regular, centralized service offerings for the city’s residents on a monthly (or more frequent) basis. Avera McKennan Hospital and University Health Center should host this
“services roundup” and sponsor or provide coordination assistance (financial or otherwise) so that the monthly services roundup can take place at a predictable time and in a predictable, centrally located place. Meet the people where they are. Partnering with the HelpLine Center, the United Way, Minnehaha County, and Lutheran Social Services likely would be a logical first step to beginning this roundtable and service centralization/provision effort. Avera McKennan Hospital and University Health Center should use the Sioux Falls effort as a pilot that can be scaled down or adjusted so that the model for service centralization/regularization can be offered in the other communities that it serves.

- **Dedicate employee resources to offer pro bono case management assistance at these regular service roundup events.** Avera McKennan Hospital and University Health Center has personnel resources that it can voluntarily donate to staff the service roundup events on a monthly basis. Individuals with skill sets in mental health, primary care, social work, dietary, diabetes management, and other skilled professions could be “matrixed” during regular work hours or volunteer in off-hours to help staff the roundups and provide case management continuity for the people and families that attend. By prioritizing these case management activities, Avera McKennan Hospital and University Health Center can be a leader in preventive health and be a beacon for community members who may simply need a hand keeping themselves physically and psychologically healthy.

**CONCLUSION**

The community needs noted above are substantial and the scope of the challenges that they present could be monumental. It is tempting in an effort like this to scope the needs more widely so that it creates space for Avera McKennan Hospital and University Health Center to spend its time and treasure in more diverse ways. The GRB team assesses, however, that scoping its recommendations more widely would dilute the potential power that Avera McKennan Hospital and University Health Center has to affect change in the communities that it serves.

The recommendations here are based on solid data gathered through a multi-stage process. The data reflects a quantitative and qualitative assessment built on secondary and primary data. The recommendations reflect what real people in the communities that Avera McKennan Hospital and University Health Center serves and is, quite literally, the voice of those who need and those who serve those needs.

In sum, Avera McKennan Hospital and Health Center has an opportunity to use the data gathered here to inform its outreach mission and to fulfill its strategic mission obligations regarding community engagement and involvement. With its resources and footprint and with considerable focus and dedication, Avera McKennan Hospital and University Health Center can affect substantial change in the community need areas highlighted here.
Project Proposal
Avera McKennan Hospital and University Health Center
Community Needs Assessment
10 August 2010

Project Scope: The Government Research Bureau (GRB) at the University of South Dakota will conduct a community needs assessment for Avera McKennan Hospital and University Health Center (hereafter, Avera McKennan) to assist it in its long-range community engagement and service planning. The GRB proposes a four-stage research effort that brings to bear existing data, new survey data, focus groups, and a limited selection of in-depth interviews to create a picture of existing community needs in the geographic areas that Avera McKennan serves. The GRB’s research effort will enable Avera McKennan to effectively and efficiently engage the community needs that best fit its organization’s mission, values, and strategic goals and objectives. It also will enable Avera McKennan to craft guidelines and establish procedures to determine what community needs it will choose to address as part of its strategic planning and action efforts.

Analytic Task and Proposed Approach: The GRB Director met in-person to discuss the project scope with Ms. Michelle Lavallee, Senior Vice President for Strategic Marketing; Ms. Nancy Hespe, Strategic Planning and Marketing Analyst; and Sr. Mary Thomas, Senior Vice President of Mission, all of Avera McKennan. The meeting focused its attention on helping Avera McKennan determine what the community needs are in the communities that Avera McKennan serves; how Avera McKennan officials can collect data on those needs; and how the Avera McKennan Board of Directors can take actionable steps to address community needs that fit within the organization’s mission and strategic plan. The end purpose of the community needs assessment is to create a foundation upon which Avera McKennan can make decisions about how to direct its community outreach functions. As a secondary concern, Avera McKennan wishes to know about potential partners working in the areas that the community needs identifies as potential priorities.

The GRB proposes a four-pronged research strategy to answer the research question “What are the most pressing needs in the communities served by Avera McKennan?” The proposed strategy will permit the GRB to leverage existing data, collect new data that speaks to the community needs question, and then to combine the data collected to create a picture of community need for the Avera McKennan Board of Directors. The four-pronged research strategy includes the following:

- An analysis of existing data—including updated Census information, data from nonprofits (e.g. KidsCount), and the State of South Dakota—to identify needs patterns in the communities that Avera McKennan serves. These data sources will include Avera McKennan’s primary, secondary, and tertiary areas. One particularly important set of secondary data sources for this analysis is past and ongoing studies in the Sioux Falls metro, including studies conducted by Downtown Sioux Falls, Lutheran Social Services, and the Helpline! Center. The GRB will synthesize community needs noted in the secondary data and previous studies in Sioux Falls and draft a short memorandum detailing the broad list (< 15) of community needs in the geographic areas served by Avera McKennan. The GRB team will be available to brief these findings in early- or mid-October.

- A telephone survey consisting of 500 randomly sampled respondents in communities served by Avera McKennan. Completed survey responses will be distributed as follows: 300 randomly sampled responses from the Sioux Falls metropolitan area and the remaining 200
to be randomly sampled from the communities selected by Avera McKennan officials. The overall completion distribution will be 80% landline and 20% cell phone and the survey instrument will last no more than ten (10) minutes. The survey instrument will consist primarily of a short list of pair-wise comparisons asking respondents to rate the most pressing needs in the respondent’s community. The remainder of the survey will consist of open-ended questions that will produce qualitative data and a battery of demographic items to ensure that the survey is representative and that data trends can be tabbed by those demographics.

The purpose of the survey instrument will be to refine the community needs as identified in the analysis of existing data. Further, the survey will offer deep narratives for use by Avera McKennan in its subsequent strategic planning and action efforts. The final deliverable from this survey effort will be a brief executive summary of the major survey findings and a detailed appendix (with analysis conducted with NVivo8 qualitative data software) offering survey data summaries and representative comments from the survey effort. The GRB will be available to brief these findings in early- to mid-October.

• A series of four (4) focus groups to be held only in Sioux Falls. The individual groups will include a group consisting of community business leaders and government officials; a group consisting of school officials and leaders of nonprofits in the community; a group consisting of community members with an oversample of in-migrants (recent additions to the community) and the immigrant and minority communities in Sioux Falls; and a group consisting of Avera McKennan staff members.

The focus group protocol will be built to continue to refine the results from the secondary data analysis and survey efforts noted above. The focus groups will provide additional narrative and explanatory detail and offer experts and generalists in Sioux Falls with a forum to detail problems and potential solutions for needs that are unique to the Sioux Falls community. The focus groups will be conducted as a GRB project and not be publicly tied to Avera McKennan to ensure that individuals representative of the Sioux Falls community will participate. The final deliverable from this focus group effort will include a brief executive summary detailing the five or six community need areas that rise to the top in Sioux Falls and a video library of each focus group in its entirety.

• A series five or six in-depth over-time interviews with representative voices that illustrate in more detail each of the need areas identified during the first three stages of the research effort. The purpose of the interviews is to tell stories to the Avera McKennan Board of Directors or the broader Avera community as it “rolls out” a more targeted community assistance campaign or initiative.

The interview protocol will be developed to allow individuals to provide detailed narratives about the identified community need area, potential solutions and areas of opportunity for addressing that need, and a personalized “story” behind the need or needs being highlighted. All of these interviews will be conducted with portable digital cameras, edited, and made available to Avera McKennan in its preferred digital media format(s). Additionally, the in-depth interviews will be summarized in a brief report and fully transcribed in an appendix to that report.
The GRB team will compile the results from each of the above project elements and craft a final project to be delivered at the end of the project period. The GRB team also will provide a final project briefing and all de-identified project data to Avera McKennan at its request and no later than the end of the project period.

**Avera McKennan Involvement:** The GRB will require a designated point of contact at Avera McKennan to whom instrument and deliverable drafts can be forwarded. Additionally, the GRB team will ask for survey and focus group instrument feedback within five (5) working days of receiving drafts from the GRB team. Finally, the GRB team asks that Avera McKennan schedule project kick-off and conclusion meetings as soon as possible after agreeing to work with the GRB on the project delineated above.

**Timeline:** The GRB team will begin the project, upon execution of a contract between the University of South Dakota and Avera McKennan. The GRB team will conduct the existing data analysis in August and conclude by mid-September. The survey will be designed and deployed by early October and the results will be available by mid-October. At that time, the GRB team will be prepared to brief project progress to Avera McKennan officials should such a request arise. The focus groups will conclude by early November and the detailed narrative interviews will conclude by the end of November. The GRB team will draft a final report and presentation in December and be prepared to brief the entire project in late-December or early-January 2011. These timelines are negotiable.

**Project Updates:** The GRB Director or Assistant Director will provide Avera McKennan with project updates upon request.

**Staffing:** The research design and analysis portion of this project will be led by GRB Director Bill Anderson and Research Assistant Dan Palmer. The project will be staffed with appropriate subject matter experts—trusted subcontractors—or other GRB employees/assistants, as appropriate.

**Deliverables:** The GRB Director will provide Avera McKennan with a final project report, briefing, and video media acquired during the project. The GRB also will provide Avera McKennan with interim project reports as denoted in the “Analytic Task and Proposed Approach” section above.

**Draft Costs**

**Avera McKennan Hospital and University Health Center**

**Community Needs Assessment**

**10 August 2010**

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<td>• Draft and field telephone of not more than eight minutes in length and achieve 500 completions</td>
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<td>• Conduct four (4) focus groups in Sioux Falls</td>
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<td>• Conduct no more than six (6) detailed narrative interviews</td>
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<td>• Incidental materials, including document production, flash drives</td>
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<td>• Travel for meetings, briefings (vehicle, meals and incidentals)</td>
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**Total**

$33,830.00
# Draft Timetable

**Avera McKennan Hospital and University Health Center**  
**Community Needs Assessment**  
10 August 2010

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APPENDIX B: NEEDS ASSESSMENT FULL MATRIX

(Attached As Separate .XLS File)
Introduction.

My name is __________ and I am calling on behalf of the Government Research Bureau at the University of South Dakota. The Government Research Bureau is working to understand the most pressing needs in South Dakota according to its citizens. We will use the information to help identify to others where critical needs are around the state. Your answers to the survey will remain anonymous and confidential.

The survey will take between 7 and 8 minutes and includes a series of short questions.

[Traditional survey recruit pitch; last/most recent birthday randomization required at point of contact]

[Begin Survey (closed-ended)]

First, we would like to ask you a few short questions about you and where you live. These questions will help us better understand who you are and will help us identify where important needs are around the state.

1. First, could you please confirm your zip code?

2. Next, I'd like to read you a list that is a range of ages. Could you please indicate “yes” to the age range in which your age falls?
   a. 18–24
   b. 25–34
   c. 35–44
   d. 45–54
   e. 55–64
   f. 65+

3. Now, please indicate if you own or rent your home.

[Before moving on, interviewer codes gender of respondent]

[Most Pressing Needs—substantive survey core (open-ended)]

[Interviewer instructions: emphasis is on encouraging brief responses of a sentence or two. Encourage respondents to think about their responses. We want to encourage people to think, but not to rant or editorialize for the sake of time efficiency, both for the respondent and interviewer.]
[Introduction]

Now, we would like to ask you a series of brief questions. The questions ask you to help us identify the most pressing or important needs in your local community and in your own life. When we say “need”, we would like you to think specifically about needs that you see in your own community that aren’t being addressed at all or that are being addressed, but the needs aren’t being adequately taken care of right now. For example, you might note that children in your local schools need warm coats for wintertime, that your local parks need to be updated, or that your town could better address the needs of a diverse citizenry. We want you to think carefully about the needs that you think are the most important or pressing and then offer us a sentence or two that tells us what those needs are.

[Interviewer gets permission to begin].

4. First, we would like you to think about the most pressing or important need in your local community. Please take your time and then tell me what the most pressing or important need is in your local community. [Prompt: the need could be one that is unmet or that is going under-met in your local community]

   Community Development (e.g., economic development, community image)
   Education System
   Government Services (e.g., law enforcement, postal service)
   Homelessness
   Housing
   Medical Services
   Poverty
   Public Safety (e.g., crime, disaster preparation)
   Recreation Opportunities
   Refugee Services
   Rural Lifestyle Challenges (e.g., work availability, travel demands)
   Population Issues (e.g., the elderly, race relations)
   Single-Parent Homes
   Social Services Availability (e.g., counseling, social work)
   Traffic Safety (e.g., young drivers, impaired driving, seat belt use)
   Transportation (e.g., public transit, infrastructure)
   Unemployment
   Working Parents
   Other

5. In a sentence or two, why do you think this particular need is the most pressing or important one in your local community?

6. Now, we would like you to think about the most pressing or important need for you or your family. As before, please take your time and then tell me what you think is the most pressing need that you or your family currently have. [Prompt: the need could be one that is unmet or that is going under-met for you or your family]
7. In a sentence or two, why do you think this particular need is the most pressing or important one for you or your family?

8. Finally, we would like you to think about the most pressing or important health care needs in South Dakota, your local community, or your own life. As before, please take your time, think carefully, and tell me what you think is the most pressing or important health care-related need in the state, your community, or to you personally?

Alcohol/Drug Use (e.g., alcohol, tobacco, narcotics)
Births to Young Parents
Cancer Screenings (e.g., breast, cervical, prostate)
Diabetes
Disabilities (i.e., physical, intellectual)
General Health Status
Health Education (e.g., school programs, general awareness)
Health Insurance
Medical Services Availability
Mental Health Status
Obesity / Physical Inactivity
Prenatal Care
Sexual Behaviors / Sexual Violence
Other

9. In a sentence or two, why do you think this particular need is the most pressing or important health care need?

[Grading Potential Service Providers]

Next we would like you to think a little about the job that certain groups or organizations are doing to address some of the pressing or important needs that you mentioned earlier. For each need, we would like you to give a grade to each of the people or organizations that we listed below. Your grade should on a
standard A through F grading scale, where A is excellent, B is good, C is average, D is below average, and F is failing. Your grade should be based on the job that those people are organizations are doing in addressing the problems you told us about earlier. If you don’t know or are unsure, please tell me that.

10. First, you mentioned earlier that ____________ is the most pressing or important need in your local community

[Randomize order of questions below]

10a. What grade would you government officials—Federal, state, or local—in addressing this problem?

10b. How about nonprofit organizations in the state or your community?

10c. How about local health care organizations such as hospitals and clinics?

10d. How about health care providers such as Avera or Sanford?

11. You also mentioned earlier that ____________ is the most pressing or important need for you or your family.

[Randomize order]

11a. What grade would you government officials—Federal, state, or local—in addressing this problem?

11b. How about nonprofit organizations in the state or your community?

11c. How about local health care organizations such as hospitals and clinics?

11d. How about health care providers such as Avera or Sanford?

12. Finally, you mentioned earlier that ____________ is the most pressing or important health care related need.

[Randomize order]

12a. What grade would you government officials—Federal, state, or local—in addressing this problem?

12b. How about nonprofit organizations in the state or your community?

12c. How about local health care organizations such as hospitals and clinics?

12d. How about healthcare providers such as Avera or Sanford?

[Demographics]

Finally, we would like to ask you just a couple more questions about you. Your answers will help us understand more about you and the thoughts you have offered during our discussion.

13. First, could you please indicate your race or ethnicity (standard Census categories)?
14. Next, could you please indicate in which of the following categories your gross (pre-tax income) fell last year? (standard Census categories)

15. How many children under the age of 18 are living in your household right now?

16. How many total people—including relatives and non-relatives—are living in your household right now?

17. Do you have health insurance or are you covered under another person’s health insurance policy?

18. Do you or any of your dependents receive Medicaid or Medicare benefits?

19. Do you or any of your dependents receive local or federal assistance, such as Temporary Aid for Needy Families (TANF), WIC, SSI, or other, similar assistance?

20. Finally, do you have any additional thoughts that you would like to briefly share?

We appreciate your time today. Your thoughts and responses will help shape how we at the University of South Dakota think about the most pressing needs in South Dakota and your community.

[Traditional Close]
APPENDIX D: SURVEY RESULTS TABBED BY DEMOGRAPHICS

(Attached As Separate PDF File)
The following represent a more detailed summary of each of the themes identified in the focus groups. The list is significantly expanded from that provided in the main body of this report.

**Detailed Group Summaries:** Expanded Listing of Identified Community Needs.

**Affordable Housing.** A common cited fact is that the Sioux Falls community has a three-year or longer waiting list for low income housing certificates. The crunch in affordable housing has reached critical proportions according to the vast majority of focus group members. Many focus group members were familiar with an attempt to develop a coordinated community response to this critical shortage and indicated that this is one of the most critical issues facing people in poverty in our community. Many focus group members were clear in pointing out that housing issues are not an area of “quick fix” as many families live under 30% of poverty for long periods of time and need ongoing resource support to have safe, dependable housing for their families. Issues of underemployment in the community were identified as a reason for this critical concern as even dual parent, dual income families often fall well under the established poverty guidelines. The statistic that over 40% of Sioux Falls School children falling into free and reduced lunch categories was also noted as an indicator that poverty deeply affects families with children.

**Transportation.** Transportation was identified by all groups as a critical need area in the community. The majority of focus group members indicated that the current public transit system is inadequate in meeting the needs of people in poverty. The lack of service in the evenings and on Sunday was cited as the most common complaint. The timeliness of the service as also noted as a critical limiting factor, with stories of it taking up to two hours to travel each way for work, healthcare, shopping and other services making it simply unmanageable for many people. Those who identified concerns with health care access and compliance in managing chronic disease also identified transportation as a critically limiting factor for individuals and families.

**Meeting the Needs of People from Diverse Cultures.** This issue was raised across all focus groups and included a broad array of gap areas. The most often cited gaps for new Americans included:

- **Navigator Services** to help non-English speaking people to access healthcare, housing, educational services, jobs, social services, emergency aide, and related supports are critical. One focus group member, a recent immigrant to the United States stated, “we need help to fill out the papers”. He reflected that the most common barrier for his community to get the services they need is that they have neither the literacy skills in their own language – nor literacy in English – to meet the challenge of filling out the required paperwork.

- **Services beyond “first entry”**. Immigrants who first come to the community have the services of Lutheran Social Services to meet their immediate transitional needs. The challenge, according to focus group members, is that these services curtail too soon. The need for ongoing supports is, according to focus groups members, available but not coordinated sufficiently for individuals and families to know how to find the resources they need. Existing community support programs have a strong commitment to help, but do not have sufficient supports in language translation to help those in need. Focus group members cited that, with over 50 different languages being spoken and literally hundreds of dialects within these language groups, the social services and healthcare systems available within the community simply are unable to deliver services consistently.
• **Cultural integration.** Focus groups across all areas indicated that there is a two-sided problem of cultural understanding. The community needs more opportunity to understand the diverse community of people who now live here, and immigrants needs more supports to better understand the cultures and norms of this community. Challenges faced by health care providers, social services providers, law enforcement, educators, and human services providers to understand the cultural norms of new immigrants often result in problems and perceptions of cultural insensitivity. The most often noted items of concern voiced by focus groups members included norms for raising children, understanding of the nature of corporal punishment and abuse, and challenges with understanding driving and other common laws of the community.

**Basic Food and Shelter.** Participants agreed in all groups that meeting the need for basic food and shelter was critical to the success of our community. All groups identified a priority to a need to target food, shelter, and other basic need for children and, by extension, their families. Two of the five groups specifically identified growing challenges for the elderly living in poverty. There was a strong sentiment that basic needs resources should be coupled with resources to build self-sufficiency in families.

**Underemployment.** All groups identified the challenges of underemployment in the community. Men and women are able to find jobs and many families work multiple jobs to make ends meet. The challenge is that a large number of workers in the community make wages that do not allow for sustainability of families. Single income families are hardest hit with high costs of child care, lack of subsidized housing resources, the need to operate a car due to public transit limitations, and the cost of health insurance/out of pocket charges for health care all stretching families beyond their capacity to be successful.

**Affordable Health Care.** Participants had strong consensus that health care access, affordability, and navigability were very challenging for people living within poverty ranges in the community. Elderly people unable to afford medications and follow-along support for chronic health conditions, adults not seeking preventative health care, poor nutritional habits as a cause of long-term health problems, children not receiving preventative health care services, and children not getting prompt services for spells of illness were all identified as concerns. In addition, concerns of noncompliance with follow-up care and disease management was also identified as a critical concern in our community.

**Mental Health Care.** Across all focus groups, the issue of access to mental health services was noted as a serious concern. This need ranged from a shortage of specialists who work with children, to general access to mental health professionals by those in need, and significant stigma for those reporting a need for services or diagnosed with a mental illness.

**Drug/Alcohol Services and Support.** Closely following the needs and concerns regarding service access for people with mental illness was the shortage of access to affordable chemical dependency treatment and follow-along supports. Although participants applauded the awareness building having been done through FACE IT! community awareness programs, there was strong sentiment that more needs to be done to help keep people from engaging in addictive behavior and meeting their treatment and follow-up support needs should they become addicted.
Detailed Group Summary: Expanded Listing of Health Care Related Needs in the Community

Health Insurance/Health Care Access. Across all groups, the need for changes in the cost of insurance and its relation to access to health care was identified as the single most pressing problem facing our citizens today. People getting insurance, losing insurance through job change/loss, people not having access to insurance through their work, people not accessing care due to high co-pays and/or being uninsured were all noted as depressing the wellness and health of community citizens.

Navigating and Case Management. Within the discussion of specific health care needs, the need for support resources to help people in poverty and those with chronic health conditions to keep current on their health care was noted in four of the five groups. Group members identified the need to help families understand when and how to access the health care system, and a need for people with chronic disease to manage their health through compliance with ongoing therapies, drugs, and routine medical visits. The use of the term “navigator” was used often and was defined as someone who could effectively guide people through the health care system, remind them when and where to go, encourage them to seek care quickly, not overuse high-cost emergency care, and help them practice good disease management processes.

Obesity. All groups highlighted the growing issues of obesity as a major and growing factor in the quality of life of our community. Groups highlighted concerns regarding obesity throughout the lifespan. Two of the five groups specifically highlighted obesity in children as an area of concern. The remaining groups did not differentiate between children and other groups. Most groups highlighted the growing challenge obesity has in taxing the existing health care system and related concerns with chronic disease management needs that result from diseases stemming from obesity.

Wellness. Closely linked to issues around obesity was the need to strengthen a commitment to wellness in our community. Promotion of wellness in schools, through community programs, through public education, and through enhancement of community resources (organized activities, parks, trails, etc.) were identified as a clear need for focus in the community.

Mental Health Care. This issue was noted in the more broad analysis of community needs and was again highlighted in the discussion of unique health care needs of the community. This need ranged from a shortage of specialists who work with children, to general access to mental health professionals by those in need, and significant stigma for those reporting a need for services or diagnosed with a mental illness. During this discussion, a strong sentiment was shared for the need for better understanding and needs to address the stigma of mental illness in our community.

Drug/Alcohol Services and Support. This item was noted in general discussion of needs and noted again in specific consideration for health care related needs. The shortage of access to affordable chemical dependency treatment and follow-along supports continues to be a concern for the community, even with growth of resources within the community in recent years.

Births to Unprepared Parents. Three of the five focus groups identified births to young and unprepared parents is a keen issue in the community. This prompted attention to concerns for the needs for resources and supports for young parents, need for specialized, high quality child care, and needs of preschool and related parenting education for young and unprepared parents.

Domestic Violence/Sexual Assault. One group had a strong dialogue regarding the need to address concerns of domestic violence and sexual assault. They addressed the concern of this issue as it connects to the minority community and the lack of capacity of current service systems to meet the needs of
non-English proficient women and women who, because of cultural barriers, don’t come forward for care and protection.

**Dental and Vision Care.** Two groups among the five identified the need for dental care access and access to vision screening and treatment as a need in the community. This included a reference to the fact that, for many children and adults, even those having Medicaid coverage, there are not providers who are willing to take them as patients due to reimbursement levels. There are similar access issues for children and adults regarding access to vision assessment and provision of eyeglasses.

**Detailed Group Summary:** Unabridged Listing of “One Idea” to Best Address Community Needs

The following represent group-by-group “one idea” solutions to best addressing the most pressing needs in Sioux Falls. Asterisks (*) denote the number of specific mentions of an idea in a particular group:

**Focus Group 1: Community Group**

- Set up a housing trust fund—to provide for affordable housing. Spearheaded by the Community Foundation and Sioux Falls Housing.
- Navigation System— a structure to help navigate social services for people in need. No spearhead has been identified. (**)
- Education for Self-sufficiency —program to help people grow their financial, health, housing, and parenting—no spearhead group identified. (***)
- Community scholarship program—A program to provide for every SF student to attend college if they wish. There are models in place—fund it by pulling together business scholarships that already exist and then add donations. Businesses, individual would support with funding with Community Development Foundation to administer it.
- A Native Language Resource Center—A center that would help domestic violence and sexual assault victims in their own language and cultural understanding. No spearhead was noted.

**Focus Group 2: Avera Staff**

- Social worker navigator program—to support a broad array of people in need of multiple services and resources—no spearhead identified
- Open door center—a service to identify and refer people to services they need with education services to support a variety of issues—no spearhead identified.
- The Power of One—sponsor kids to play soccer, volley ball, band, choir. Provide uniforms, equipment and fees. Spearheaded in partnership with school district and other youth agencies.
- Avera Community Social Services—Led by social workers to provide community education, coordinate registration for services. Carry out with hospital staff with strong consideration for compliance and confidentiality issues.
- A Statewide Service Coordination Program—A resource structure of available services across all areas of social and medical needs. Run it by one nonprofit agency that could keep a comprehensive database of services and access processes.
• Social Services Advocate for Patients Leaving Avera Services—Assure that the health care provided is followed through. Spearheaded by Avera.

• Access to health care for uninsured and under insured. Use medical students to community to assist in delivering care. Spearhead should be by both hospitals

• Develop one stop shop for services —build a resource that would bring together all medical, dental, social, and related services and provide transportation to access care. No spearhead was noted.

• Establish a medical Department of Education—Educate the public on topics of self help, self reliance, access to services, educate staff on how to help patients—make it part of the Avera system.

• Educate to broaden the view of health care—educate people and providers on the more holistic approaches to healthcare. The Prairie Center is a start of this concept. Make it an Avera signature. Or develop a mobile medical unit to travel to various populations for preventative screening using people that a specific culture trusts.

Focus Group 3: Community Group

• Self-sufficiency program—coordination of all needed services. Should be run by a neutral third party—not a service provider.

• One Stop Resource Center—Coordinated by all the service agencies working together to run a service coordination and needs assessment process. Costs should be covered by the agencies working together.

• Incubator—A collaboration between business and nonprofits to set up and test new out-of the box ideas.

• Collapse all housing resources into one agency—Coordinate all housing related services to funnel funding in a coordinated way. No spearhead identified.

• Community support center—A clearinghouse for all people in need. Spearheaded by city government.

• Project Independence—A project to select a number of families and helping them comprehensively to self-sufficiency —stressing accountability. No spearhead identified.

• Safe, Affordable housing – Coordinated coalition of housing providers including Realtors, Sioux Empire Homebuilders, Sioux Empire Housing, and local developers and government entities build and provide housing. – Existing effort is too small to do the job.

• Affordable housing trust fund. Spearheaded by Homeless Advisory Board and SF housing. A program to devote more money to existing with needs. (**)

• Housing with case management—Creating an affordable housing program that includes case management resources. This could be a coalition between DSS, Community Foundation, and United Way.
Focus Group 4: Community Group

- Develop a free clinic—A clinic that takes walk-in appointments. Have current health care providers as the spearhead.

- Establish a healthy eating school lunch program—Spearheaded by Sioux Falls School District.

- Revamp education system—Reformulate the education system to assure that we cannot lag behind the world. This should include year-round school. No spearhead noted.

- Develop an Adult Literacy Program—Develop a program to help immigrants to be literate in their own and foreign language. Spearheaded by Community Foundation.

- A free children’s clinic—Focus on preventative care and education. This could be led by a group of “retired” administrators and doctors with support from medical students and other health care students.

- Public transportation system—A resource led by public transit to make transportation more available to people at off hours. Expand of existing services.

- Community education on mental health—A coordinated community-wide education process on mental health. Spearheaded by local corporations and business.

- Navigation system—Develop a navigation process for all available programs that includes assistance in filling out forms and accessing services. No spearhead identified. (**) 

- Education and resource center for Refugees—A community support system to help refugees get the resources they need. Spearheaded by Multicultural Center

- Family support program for families at risk—Provide case management, parenting education and coaching. Spearheaded by community agencies.

Focus Group 5: Community Group

- Homeless Children—Develop a permanent housing resource with supportive services to create healthy families. This should be done as a partnership between school district, City/County, and United Way.

- Develop a faith-based United Way—This would bring further coordination of church directed resources. Do not know who should fund it but the people in churches are not always well aware or knowledgeable of community needs and services.

- Building a concept of Mental Health Wellness—Develop an RFP process to allow for multiple agencies to address how mental health wellness could be promoted and stigma could be lessened.

- Summer Back Pack Program—Feeding South Dakota could lead an effort to get food to children. This could be delivered the same way meals are delivered during the school year.
• A Collaborative Assistance Center—Bring multiple resources together to provide one-stop services. It could reduce duplication. Spearhead could come from a community taskforce with government and provide funding.

• Develop a scholarship program for any high school/GED graduate to attend post-secondary school with full scholarship. This could be spearheaded by the Community Foundation.

• Create a Girls/Boys Club—Provide meals, safe child supervision, activities to address childhood obesity. This could be a nonprofit with commitments from schools, government.

• A private higher education system—This school could provide college education to those who cannot afford fees. Spearheading could be done by businesses that would provide educational focus for skill sets needed by local corporations and businesses.
Note: The focus group transcripts provided in this section of the report should be redacted from any versions of the report shared outside of the client. The focus group transcripts include some information that could identify participants. To protect these individuals, the Government Research Bureau requests that the client separate this section of the report from any electronic or paper copies provided to stakeholders outside of Avera McKennan Hospital and University Health Center.
Focus Group #1 Transcript

Facilitator (M): Welcome. Thank you for taking time out of your day to come and help and work with the Government Research Bureau from the University of South Dakota who is conducting research and Sumption and Wyland is contracting with, subcontracting with them to complete the focus group portion of research. The client will not be made known to you today, but is a client in this area who has significant resource dollars that they wish to expend in the community, and they want to know the best way to do that work. What is the most effective way to create an environment of success where dollars and resources go to the best possible needs in the most effective way. And so – this is also related to their resources and activities that surround the activity, and surround our community to other neighboring communities. I want your thinking to think not only about Sioux Falls, but the MSA, the four-county MSA and even more broadly in the collective area of people who identify Sioux Falls as one of their homes, whether it be their shopping home or their health care home or social services needs home. So thinking about what your definition of that community is. And so, right in front of you, you have, there should be a letter on the back of your placard, and that is just to give me a connection to who you are. We are not taking any names. Your names will not be collected. They will not be utilized in the report. I need to disclose to you that we are providing an audio tape of this conference, but it is primarily for my use. That use will be for me to be able to collect information without having to write furiously, so I can go back into the information and glean out the specific themes and ideas that are produced here today, so I encourage you… is there someone for whom that would be uncomfortable and you would wish that not to be part of your day. If you are comfortable for that, we will not disclose any last names or anything like that, and we will not put your… This focus group will be identified as focus group one. And you are number one of six focus groups that will be carried out over the course of the next two days. In addition to that, the Government Research Bureau has collected extensive other analysis data about giving patterns and needs in the community. The primary emphasis of our work today is to talk about what those needs are and the best ways for those needs to be met with resource dollars that perhaps could be targeted to those elements. You have a white piece of paper in front of you. Does everyone have a pen with them? If you don’t, I believe I have a few extras. Is there anyone who needs a pen? OK, on the paper in front of you, I would like some demographic information about you. In the upper right hand corner, if you would be so kind to put the number one as this is focus group one. Put the initial or the letter that is on your blue placard on the upper left hand corner. Number one in the upper right hand corner and, by the way, I think I told most of you that you are the maiden voyage. So, any errors that I make are, I must be given dispensation, at least until group two. I want you to identify your current role in the community. That might be multiple roles. For example, you might be involved on a board and also be involved … For example, like Vern, in city government. You are just going to be, we are going to know who you are, no matter what. What roles you play may be multiple ones. Also, what work roles you have, as well, as your community roles. What area of business that you work. I would also like for you to provide your age range. If you are under the age of 35, between 36-50, between 51-65 or over 65. So those ranges, if you just want to give me your age and aren’t uncomfortable about doing that, that is fine. And that just gives me an opportunity to write a profile of this focus group with the various elements of constituencies that are included. You are going to be doing a little bit more writing right now on this white piece of paper toward a bit lower down. I would like you to think about the most pressing needs in the Sioux Falls area. These needs can include areas outside of Sioux Falls and in other communities, as I mentioned. After you think about it a bit and you kind of ponder in your own mind, I would like for you to write down the five needs that you believe are
the most pressing in the community. You might think of these needs as gaps or critical services or specific populations experiencing those gaps in services and resources. Simply just use the bottom half of this sheet of paper. After you have thought about it a bit, write down those five things you think are most pressing in the community and then we will talk about them a little bit.

PX Facilitator, if you had a sense of how to address that need, do you put that in there or not?

M. I think we will be talking about that, you know, but I think right now, we want you to just identify what those needs are and then maybe you can make some additional notes when we are talking about it about how we might meet those needs.

OK, have you had a change to think about it? Participant 1 (P1), I think if you don't mind, could we start with you? Would you feel comfortable just kind of... and first before you tell us about your identified needs, if you could describe for the group just a little bit about who you are what kinds of areas of interest in your life.

P1: I'm educated legally, but chose not to practice, so it caused an issue in my career. I have been very involved in non-profits, specifically working with domestic violence and more specifically, victims who are non-English speaking or limited English-speaking. I worked all over the United States, but mostly in Minnesota, for South Dakota. My interests are definitely working with limited English and non-English speaking communities here in Sioux Falls and really South Dakota, in general. I do tend to go towards victims of domestic violence, sexual assault and stalking, but personally, I would like to go further than that, so that's my ...

M. Kind of your lens that you look at the world. And tell us about when you identified those top five, what are those top five that you identified?

Alicia: My No. 1 was low-income housing. Right above that for me is public transportation. It seems to be really limited in this city, especially if you live toward the west. Like I would love to, I don't commute in, but I can't. Thinking as an advocate, I don't think there is enough access to victims in understanding the legal system whatsoever or even if they just need some advice. There is not enough resources even for ...

M. To accommodate them?

P1: And to help them out. There is zero mentoring or leadership for professionals like myself or minorities in this city, but that would allow a mentor to be able to understand how the city works, so we could have a chance and maybe in a leadership position. I am not talking mentoring a minority with a minority. It is mentoring a minority with someone who is already a leader in the community. Since I work with the non-English speaking community and limited English, I really think there is a huge need to educate the public on these communities that are coming to our city.

M. OK.

P1: Doing research with law enforcement and 911. We really don't understand these communities, and we need to understand them in order to help them.

M. In order to be successful.

P1: Right, so ___________.
M. A very interesting, an interesting perspective. Who else would like to share with us, just give us a little bit about who you are and the lens in which you look at this? Jay.

P2: I am with United Way. I am in the non-profit area, mostly health and human services is my area of interest. I and P1 have the same thing. Low-income housing was the first thing I had on my list too because if you establish that, that is just a huge thing for stability of families and it is such a struggle. Quality child care and pre-K for low-income children. We know that when you invest in low-income kids, that makes a world of difference. The research is pretty clear on that, I believe. And yet, they struggle really hard in getting good quality child care for what a family can pay. There are some programs, but there is still a need for more. Parent education for what I call low-resource families, families who have not really had a lot of good parenting in their own life, so they don't really understand the way to set guidelines for their kids and how to grow with them. I would say low-resource family, possibly a new parent. Obesity in children and adults. I think that is an issue we struggle with as a city and as a nation. The numbers now are really affect the cost and even the lifestyle that we live. How to make that happen is a huge question. And then substance abuse. I think there is a big portion of our community that suffers from substance abuse, but doesn't feel... especially an alcoholic case, doesn't come forward to get help because there is such a stigma around substance abuse and alcohol abuse. It should be treated like another disease where people feel that this is what I've got and where do I get help and the supportive society to get that help. Those are my five.

M. OK. OK. Yes, P3. What is the lens that you bring these _______ with?

P3: I really had a hard time doing five. I really wanted to do like eight, so I work for Volunteers of America and I actually work for Time in Tall Grass which is a 12-step _______ corporation. So, I have a variety of different hats that I wear. Pressing needs, I would say is similar to you guys. Transportation, 24-7 bus, longer routes very limited access and even where I live, I can't get on the bus, even if I wanted to, so that would create an issue. So, I think that that really is an issue. The second thing is affordable housing for what I would say is the working class. A lot of time we are focusing, you know, there is different classes, but even the working class, a lot of us, we joke around about being just two paychecks away from being homeless or being in trouble ourselves. The third one was health care. This is my personal bone, so I will own it. More specialty doctors, not just with better labs here in town. A lot of us, including me, like I am getting sent to Mayo. I can either go to Mayo or the University of Iowa because our health care system here can't deal with me here. There is actually a group of us that can't be dealt with here because we are special. So, I just think, you know, there is a lot of business that gets sent out of state and I think that that is really sad. My passion, my young adult programming is number four. That includes housing, that includes substance abuse. That is one of my new projects that I am doing in Pettigrew Heights. Just all of that encompasses mentorship and all of that. The last one is training for individuals who utilize resources. If an individual receives assistance, they also get training in education, so they just don't get a little bit of case management, you know. Our system is so bogged with, we only have 20 minutes or an hour to spend with someone. They just get a little bit of time, but let's actually go a step beyond that and utilize some time to do some education and training.


P4: I work for the Washington Pavilion in the fundraising element at the Washington Pavilion, so I don't know that I bring a very unique aspect, except affordable housing was the first on my list, as well.
Affordable housing for all, and like you say, regardless of where that spectrum of need is. We don't give people options. We don't give people one option, let alone multiple options. Transportation. I am so glad to hear. We talk to schools quite often that they can't get their kids to the Pavilion because the Sioux Falls School District doesn't own buses, so they have to pay $150.00 and that is very easily done at certain schools, and then other schools it just can't happen then. So, transportation is a large issue. We are coming a big city, but we haven't addressed our transportation needs. Support of the arts is a big thing for me because I represent a visual arts center and performing arts center and a science discovery center all under one roof. Logically, given the financial strain that our citizens have been under, giving to the arts has been kind of last on the list because we have had folks who have just needed meals, just needing a place to stay and so it has been hard to justify, but yet at the same time, wanting a quality of life for everyone. That is what we represent. We also speak to large variety of languages in this community, and I think there are a lot of barriers to getting to talk to those folks and inviting them into the Pavilion and wanting them to know that they are invited. We partnered with our friends at SD Communications to open our doors at least once a month to invite folks in and its coming, but it has taken a lot time. I am sure it is a big, overwhelming building at times, so it isn't an easy one to just walk in the door and feel comfortable. So language barriers for us are often difficult. And young professionals mentoring. We have a lot of great programs going on for our youth in mentoring, but once they leave either high school or college, that mentorship ends. It is very difficult to find somebody for them to connect with and work with them in the community and grow their craft. Grow their gift, whatever it should be. So those are my thoughts.

M: OK. Interesting. Interesting perspectives and engagement here. P5?

P5: I am in the financial services industry. I do a lot of work with United Way and am a board member on another non-profit here in town.

M: Oh, OK.

P5: Some of the things I wrote down and I wouldn't say they are in any particular order, but domestic violence, whether support or rehab or just the whole family support area, working with the children that are affected by domestic violence, those types of issues. I didn't do a lot of specifics either. I said infrastructure of the city, so whether it is roads or water or just dealing with those issues, along with, coupled with the expansion as we keep growing, how do we meet those water needs, how do we meet those road needs, how do we meet all of them.

M: So infrastructure and economic development of infrastructure. OK.

P5: Absolutely. I put down education and you know, I think there is a lot in education. Whether it is satellite education, whether it is helping our teachers get better pay or a lot of minorities are moving into town and how do we bring them into the educational system and help them succeed and do well. I also have obesity factor that is a definitely program and it drives health care costs up for everybody and you know, so it is kind of a spirally issue that we could look at.

M: OK. _______ P6

P6: I have had a long career in Sioux Falls and couple of years ago, I made the decision to step away from where I was going and to invest myself in non-profits, and so I have gotten involved with several non-profits in the last couple of years. Out of that, a couple of things have come to my mind immediately.
No. 1 and these are very general, but we talk about a lot, I am on the Board of Directors of United Way, and so there are things that we see quite a bit. We have been talking more and more about the issue that is continuing to grow in the number of children living in poverty in this city and that it is growing and that it has such a significant impact on their entire lives. The economic status of the family, whether it is a single parent family or whatever, immigrant or anything, it is going to have such an impact on their lives. On the other end of it, I also had the opportunity to get very involved in one of the community impact teams and a passion of mine and I was able to learn more about it, I think the number of seniors that are living in poverty, as well, is a new problem in our community. I think that there are great resources available. We have some great organizations that are, but I think that there are so many that are falling through the cracks and I think it is getting worse. I also talked about day care and it kind of went along with what Jay said. Something that I feel very strongly about in this community, having been here for many years, and having worked in organizations. I think that there is an inability to go beyond a certain level in your profession in this community, as well. I think that you can ______________ and feel still like you haven't reached where you would like to go with your career, and I think that there is really a limited number of opportunities for people in the community. You know, the medical profession certainly is bringing a lot of that, but I see a lot.

M: Deep, but narrow. OK.

P6: You know, I had a fifth one. I started writing it and then started listening to everybody, so (laughter).

M: We are not giving any grades, so that's just fine if you have only four.

P6: I had a word, if I can remember what it was, I will write it down.

M: OK. P7?

P7: My lens is a little different than everyone else's. I do work at a non-profit, but it is the business technology center. The incubator, so I look at it from a business perspective. So, most of my community needs kind of fell in that area. I also come from, although I no longer parent full-time, I am an empty nester, but when my children were in the public schools, I was very interested in the public schools and I still keep track of what is going on in the schools and have a love for educating the youth of our community. When I start to look at community needs, I think there is a problem in career development in the City of Sioux Falls. A lot of people feel they are underemployed or unemployable, no matter what the race they may be from. It is not an ethnic thing. I mean, I am sure it is worse in the ethnic communities and other areas, but I do think there are a lot of people who feel we need more opportunities in our city. Economic development, bringing companies and the growth that Sioux Falls experienced for years and years and years is what fueled that, and it hasn't happened as much the last few years. It hasn't happened anywhere in the last few years, so maybe as the economy recovers, Sioux Falls needs to be ready to step up and grow our city as that happens. So, most of my things did focus on that growth of business, in order to grow our private sector, to provide better opportunities to all residents. Serving youth, special needs youth in the schools, whether it is food, clothing, shelter, all of their needs and providing good home environment for them so that they can be successful in school is always a priority for me, always will be. I can't take that out of my blood even though my kids are grown. So, other things, improving resources for helping the unemployed and underemployed, so that they can become self-sufficient or not be ______________, but a contributor to society and I think those kinds of programs could be very helpful to this community. The other business thing the city needs is better options, more flexible options at the airport. You know, it is
not a minimum need, but it is a need and would help bring the companies to the city to employ more people. So more infrastructure-type things again to keep up with our growth and to encourage future growth.

M: OK. Who hasn’t had a chance to talk, P8? We are going to save P9.

P8: OK. I am going to start with 2, 3, 4 and 5 first because these are issues that have been talked about quite extensively at this point. Early childhood education because we now, as Jay said, it is the best return on our investment. Affordable housing, especially for those working poor under $20,000 and the elderly who have incomes of that or less. What I call out-of-poverty training and I know we are doing some of that through the Genesis Program, but expansion of that. Diversity tolerance. The benefits of diversity to a community in terms of economic developments. There are huge benefits that I don’t think our community recognizes with diversity. For me, the number one thing is, that I think it speaks the root of many of these problems, the education attainment level of Sioux Falls citizens. We lag significantly compared to our peer cities of Rochester who has 40+ percent of its citizens with a higher education. Sioux City is our only peer below us at about 29+. We are in the low 30s. I am working on some programs and resources that hopefully can address that, but I just see that as the root of much of our poverty issues in Sioux Falls.

M: Interesting, very interesting. He is making notes.

P9: I am just trying to come up with other ideas. A lot of them.

M: I think the idea is to see where the patterns are, so if you have __________ (laughter).

P9: Right. I wanted to bring something....

M: Something new?

P9: Maybe a little different. I am a business banker with Wells Fargo here in town. My wife and I just actually moved back to the state a little over a year ago. We were out in Colorado for a while, so we had the chance to see the difference in the communities from Denver to Sioux Falls. I had a lot of the same ideas that you guys had. Some of them, the ones that I had being in financial services, I think that the crisis, or economic conditions, is how much we need economically in looking out for ourselves, in terms of our finances and __________ around financial education. There is a small business development center for starters, just even for families and maybe there are more programs out there that I am not aware of. I mean a lot of people are struggling right now and to put together thing that we maybe take for granted.

M: So a financial literacy counsel things, is that what I am hearing you say?

P9: What is your credit score, you know, just basic....

M: Basic financial awareness?

P9: Right. Going out and getting, attaining credit, not too much credit and trying to figure out that balance. My wife is a child psychologist at the ______ Hall Center. Just additional parenting resources where a lot of her job ends up being not only counseling the child, but helping the parents be parents. Maybe they, like you said, didn’t have that and don’t know how to be good parents and its cyclical now and being passed on. From there, I will kind of shift to infrastructure. Being in Denver,
granted is a lot bigger community, we have a lot of young families here and a lot young families that
get educated here and go elsewhere, where different entertainment for families to stay
here and spend their dollars here. It not only helps the economy here and gives opportunities for
others to start their business and be successful here in Sioux Falls.

M: I know there has been discussion about that whole brain drain thing when a lot of those young
people are saying I can’t get the good job here, so they go off to another community. Thinking about
that. Does anybody want to weigh in on what is the pattern you see around the room. What are the
key patterns that seem to be evolving here that we have heard a lot about.

PX: Poverty issues.

M: Poverty related issues, uniquely around housing it seems to be one pattern issue generally. Any other
patterns that you see that you want to lift up and say that, “Boy I heard that several times”?

PX: Assistance to help people become better.

M: Things to help people manage things better and improve their lives.

PX: Whether it be financial management, career guidance.

M: Parenting.

PX: Exactly. Self-improvement.

M: Family-related improvement. One of the elements as I told you that we had a chance to in the
research that has been done prior to this was to identify all of those needs that came up in written
literature and in studies that have been done and I am going to put up a list that I wrote that those
that had been identified. I want you to take a look at that.

PX: No added descriptions or anything. I just want to let you know. Descriptions or views, I added that
one.

M: And I would be more than happy just to give you… There are some of these that, you know, if
something doesn’t make sense to you, to give a little bit more information around it. In looking at
your list and looking at this generic list, I would like for you to put a star in, if after looking at this
list, you want to add something to your list, just go ahead and add it on the bottom. Put a star by
what you think is the most important need area that we should be concentrating our concerns and
processes on. Looking at this list and your own list, to either add and put a star by a number or item
you would add, or one of yours that you believe is the most important thing for us to be looking at.
Government related services is around that infrastructure to clarify. Community development around
bringing new business into the community and making sure that we have adequate community
development opportunities. So this is your chance to say of all of the things we have looked at, all of
the things that the research has said and what we have talked about here, what to you is the most
important? And then put a star by that on your page.

PX: What is population issues?

M: Population issues around how the primarily of the migrating of population out of rural communities
into larger population centers, concerns around population vitality, loss of population or demographic
changes are all of the issues around population. So if you want to put something different on your
sheet or put a star on it, does everyone have a star on theirs, the thing they think is most important, and you’ve put a star on that so I can find it. Now, I would like for you to take that other sheet of paper and again, in the upper left hand corner, if you would put your letter from the blue card placard that you have and in the upper right hand corner put group one just to help me to manage just a little bit. We are going to talk a little bit now about how money is given to support activities and programs and services and how money is distributed to those programs and services. There are lots of different ways that people can support resources. United Way is a wonderful example of a collective annual campaign that is orchestrated by the community citizens for the community and has systems and processes to measures quality and measure resource application and continuing need and emerging needs in the community. That is one way giving is done. There are many other ways that giving is done in the community. If you have an event in a non-profit organization, there might be a sponsorship or there might be major gift that is solicited or some other type of activity. So thinking about all of those kinds of activities, what is the best way to help our community to help each other? What are some of the ways that money, if transferred effectively, could have a meaningful impact on a community? What is the best way?

P: Let’s give it to PX? (laughter)

M: OK, that’s one thought.

P: Something that is happening right now that I think maybe Sioux Falls could be a leader in relates to the need we talked about in low-income housing. People who can make a large gift right now, a gift that can be put into an endowment, right now I know that Warren Buffett has a thing going nationally where he is giving away, I think off a small percentage of his wealth. I think he is challenging people to give away half of their wealth.

M: I don’t remember exactly, but I know it is a substantial chunk.

P: Those who have an ability to make a large gift, maybe Sioux Falls could come together around an issue and there could be a challenge gift made. And I will go back to this low-income issue. There is a group trying to put together a trust, an endowed trust, so that you make a gift to that trust and some of it is used every year to support people in low-income housing and it never goes away, forever.

M: Perpetuates itself.

P: It will always be an issue, and it is a great way to make a forever impact on that issue.

M: OK.

P: Maybe that would be cool in our community, where people make large gifts and we created this trust program.

M: Created a trust that would have a work in perpetuity then targeted to a particular need area or...

P: Yeah, the low-income housing that we have all talked about. People making $20,000 that just can’t afford to have a decent place to live. If they did and they were stable, their whole family looks at life differently. The kids stay in the same neighborhood, they go to the same school. I mean a lot of things happen when they’ve got stability in housing.
M: So what are some other ways, besides endowing a program or project for good, that could be perpetuating and could meet changing needs. What would be another way to help and deliver support to make sure that these service needs are met? We've got lots of service needs all the way from quality of life, giving to the Pavilion to dealing with emergency care for women who are victims of sexual assault. Thinking generically, what are the best ways to help our community to meet needs besides the two or three that we've talked about so far? What other ways really make a difference?

P: I think we have some amazing agencies already in place. I know there are gaps, but I think that even with agencies that we have, whether it be VOA or some of the different agencies that the United Way gives to, they have maybe had to cut staff in the last year or they are just not funded to the levels that need to be given for the times that we are in.

M: We know that United Way funds programs within agencies, a particular program element, but may not fund all of the programs and services that an organization might need, so you are saying that perhaps providing additional.....

P: Reinvent a new way to maybe those agencies are having to scale back or if they had an extra whatever it be, amount of money, it would be additional services they could provide.

M: Joe, what do you think? What's the best way for an organization or a system or a donor to help?

P8: I personally like the hierarchy of the United Way or a company of that nature that takes all of the money themselves and determines ways to distribute that money for the needs. You know, it is a lot like government, but perhaps with volunteers at the helm, it is a little more ________.

M: Thinking about a large donor who might the money to give every year, a large donor or donor system or business giving money every year, so you are saying they should have some kind of a plan, like United Way's plan, like here are the agencies and these are the programs we fund. What do you think?

P: I don't know. I think the system needs to be in place so this person can make the best decision with his money. I don't think they should need to necessarily go out and look at all of these programs and say, "OK, I will this $5,000, and this one...." They don't have the time. They don't have the likely desire to do that. Allowing some....

M: One of the challenges is exactly that. When people come and say we need $3,000 for a sponsorship for an event or $5,000 for a specific gift to fund general operating support or some of the kinds of resources, it is hard to know whether or not that is making a difference. Is it better to provide large giving directed to a specific area that has been identified ahead of time as, "This is what we want to fund" or it better to be more responsive and say, “Come to us and send us your proposal and we will make a determination whether or not it meets our giving criteria." What is the best way? Tony?

P9: I kind of like the idea. I know United Way, that is a really good example of assessing different programs from year to year. Because the same issues on October 25, 2010, may or may not be the same issues in two or three years, depending upon the type of gift this group is getting or having a control net to know what is changing and go flex with that would be good.

M: OK. I'm sorry, P4, what is your thinking and then I'll ________? What is your thinking? You have been pondering. Your face is.....
P3: I know. I have been thinking a lot about this. I think the United Way does an excellent job of having accountability for the dollars that are allocated through that program. I think all programs need to have accountability. That would be key. If I were able to give a lot of money, I would want it to go to the causes I would want to support. I would want accountability for those dollars, but I also think that there may be broader focuses of ways to do that. I guess I am pondering because I don't have an “aha” idea to make that work. But, I think those are issues that are very important to people who would contribute funds for community betterment. If I were to do that, that is what I would want.

M: P6, what is your thinking?

P6: I guess I started going.... It is kind of the same thing as the endowment, but I think about the foundation, having a foundation. A foundation, of course, there is infrastructure needed to run a foundation, but depending upon what the interests were, that again, it is not that different than United Way, where people can make requests of the foundation or that particular one can stand a certain, as an example, I think transportation is an issue,and so therefore, we want to establish a foundation that is.... I don't want to use transportation as an issue, but if there was some specific need in the community, the foundation is going to look at how we can make this better in providing money to move to certain agencies or certain programs within those agencies. It may be even looking at, this is a very specific thing we want to do, and therefore, the funds will be for that. It may even be....

M: So really directing and saying, “This is our area of interest.”

P6: Yes.

M: And we would wish to solicit ideas and programs in our established area of interest. Any other thoughts on how money is given to support programs and services?

P: The goal of that is almost doing like a request for a proposals off that. I mean part of that is when you look at any type of group, a coalition or any of that, what are the goals and what are the objectives, so if you are picking five out of here, not everybody in the community may not be serving the five that might be serving the five. And the other thing that I always end up saying is that not everybody can play in the sandbox together. So how do you get everybody to play in the sandbox together. The other thing is that besides addressing and making it fair, and that is doing an RFP. The other thing that I wrote down is that you don't just give them a fish, it goes back to many years ago, you teach them how to fish, so when we talk about all these types of things that we've kind of talked about, the majority of them, how can we teach individuals and teach individuals certain skills and all of that.

M: What I hear you saying is something that would be an investment.

P: Invest in the individual because if we invest in an individual, we know that their self-esteem is going to go up. We know that their commitment to their life and their family is going to go up, and we know that their commitment to the future is going to go up. If we invest and we don't charge them anything, you know, I mean some of the programs we talked about, you know, that would be great, but if you don't meet the income qualifications, you can't go to that program. Well, that sucks, because we have a whole group of people who can't even get those services.

M: The list is long.....

P: The waiting list. So there is a whole group of people not even getting served and all of that, so you teach them how. You know, you talk about the mentoring, you talk about you know, affordable
housing and you talk about that. Well, if you know what, if I don't know how to do laundry, who is
going to teach me. Jay is going to come into my house and teach me, but he just didn't know it.

P2: Don't count on that, but.....

P: But you know, they are little things, but it goes back to all of those things and just teaching them
how. And the investment into the individual.

M: OK. I want to segway just a little bit and I might just give this away just a little bit here, in that we know
that health care needs arise often and although we have talked about many different things, obesity
was on the list. Many different kinds of things and this particular donor has a high interest in health
care-related issues. So, I have a list here of again, going back to the research that has already been
done, a list of specific issues and I would like to put that up, that talk more uniquely about health
care and health care-related programs and services and needs that might be around those issues.
So looking at this list, and by the way, that is prenatal and not prenatural, my apologies. These were
some of the things that in the health care area now and again thinking about health care uniquely
and those needs that often arise, that list of things. I would like for you to take that white sheet of
paper that you have that you wrote your letter and number on. And thinking of that and looking at
this list, what are the top three things that you would identify. The top three things that you would
identify as areas you feel that we should talk more about in our conversation today about areas of
concern and interest in specifically the health care arena?

P: Only three?

M: Only three. And what you think are the top three things and then we will talk about it.

P: And they have to come from this list?

M: They don't have to come from this list, if they are not on there. I want to make a note of that in
parenth, if it is not on the list, but it is something you think is really important.

P: Margaret, well, if there are too many or on the last subject, I would weigh it just from a public
government perspective. I think the things that have been most successful is public-private
partnerships in this community when....

M: We need to get that noted in the conversation about how to give, OK.

P: I think that citizens also need some skin in the game and to appreciate the generosity being able to
contribute, maybe not half their wealth, but in small ways through a public way of some sort. I think
it is important to create that partnership so there is buy-in by all levels of citizens.

M: I think that some of our most successful examples of organizational programs and things have
included government participation, private participation, donor participation, non-profit.

P: Our park system is a perfect example of that. We have a phenomenal park system in Sioux Falls
in large part because of the very generous people in the community, but also the public sector
contributing to that, as well.

M: Uh, huh. Wonderful. You know, and you don't think about, I guess I don't think about that when I
think that the donors for the most part, the parks exist because donors have donated the land and
donated with the intent that it be used for that purpose. Wonderful. So what are the three things
thinking more now related specifically to health care issues. You went last last time, Tony. What are your three?

P9: Obesity, births to young parents and mental health status. I think with the obesity, by young kids, it is no secret that, I mean, in terms of across the world, we are behind in that category. We are really putting our kids in a tough spot going forward to be successful when they are starting off in a situation like that. Birth to young parents. I mean I just heard a commercial on the way over here, 0-5 you have 90% of your brain development in those years and just assisting, I don’t know if they meant that age range, or helping young parents, either way, I think that is very important. Mental health status.

M: Are you thinking for both kids and adults, when you think of mental health?

P9: Uh-huh. I just think the world we live in today. The things that we digest either food or the different things that we see when we watch the news, everything is negative. It takes its toll, and I think we are starting to get past the stigma of people with mental health issues that are on meds. It is just like having a bum knee, but continue to work around that area. We can put people back into places where they can be successful.

M: OK. Alison.

P5: Obesity was the top of my list, as well. Medical services availability. I put that into a broader category whatever that medical service might be, whether it be a mental health support or physical well-being health and then births to young parents. I don’t know. As a society, we have not helped young adults see past their sexual desires to not put themselves in a situation where they are bringing their children up when they are still children.

M: When they are still children. And then all those things, we have been talking about, early childhood, meeting the needs of parents who maybe are not successful coparenting and those kinds of things. Certainly a natural several strikes against you.

P5: Yeah, you start behind.

M: Joe, what were yours.

P: Well, I don’t know if it is a need or an issue, but I wrote it down. It was down on the list. It is really just the cost of services to go to the hospital. If you don’t have health insurance, you about can’t walk in the door, it seems. If you do have health insurance, you are paying a lot for that insurance. When it comes to $5,000 when you have broken your arm, I just think that’s ridiculous. And then health insurance was an issue and obesity was.

M: OK.

P: I put down that, its not very exciting, but general health status because of the prevention that can save all of us dollars long-term. Prenatal care and the obesity.

M: OK. Anything you want to talk about in the uniqueness of those or why this community and not another community that we would look at these things?

P: With the general health status, again just because of the prevention that it can save the community long-term in dollars. Prenatal care again, a great return on investment by taking care of that on the
front end, but along with that would be the young child and just obesity because of the facts that we know about our community.

M: OK.

P: OK, so I have to pick the sexual behavior and violence as number one because you know we talk about youth and you look at the statistics and the workplace. Most women miss work because of domestic violence. Children are falling asleep in schools because they are not sleeping at night because they are afraid to be home. So that to me is preventable, I hope. That is why I still do it. That has to be addressed. It is incredible that you don't want to go home because you don't feel safe. Also I put birth to young parents and then I put health insurance. When you have to think do I go to the emergency room, do I not, you know, but I can't afford that deductible.

M: Or do I not go to the doctor and wait until I need to go to the emergency room which I think is another challenge around that. I often hear that. Pam, what is your top three in health?

P: Well, I have only got two down, but I have expanded on both of them after everybody heard everybody else's. I put health insurance. It is the cost of health care and it's not an available service to all of society and that is an issue. It is not only an issue in Sioux Falls, it is an issue everywhere in the United States. Then, I put the skills for life not on list. General health status because I truly believe the collective health of the American people with more knowledge, more information to individuals, we could all be healthier. We could eat better, we could exercise more. Probably a lot of us know that, but there is a large segment that needs support and help to do the right things, to know when do you need health screenings, when you should go to the doctor and what you should expect to pay for well care, wellness, focusing on wellness, not sickness, then I think too much of health care focuses on the sickness part because we ignore it because it is not simple, safe and easy to stay healthy. Everything else for me are solutions to problems we could avoid if we did those first two right. If we did those first two things right, everything else would fall into place.

M: Anybody else want to weigh in before we go to our next topic?

P: I really don't. I have six, but I will try to make it three. Alcohol and drug abuse because I am a CD counselor and we see a rise in under age binge drinking and especially prescription drug abuse and huffing has made a significant comeback right now again. Births to young parents. I deal with that on a weekly basis and just really scary, everything surrounding that. Mental health status. I think it is important to look at all ages with that being a mental health therapist myself, I am looking at that. There is such a stigma and all of that. Medical services availability, cost of medical. Even for me. I have health insurance, but I still pay out of my own pocket $400-$600 a month for my prescriptions and copays, so that is just ridiculous.

M: OK. So it is like, I have three, but I really have six.

P: Yeah, I know.

M: That's fine. For the people who didn't show up. Yes Jay.

P: I think what X said actually, the mental health status. I will just mention it too. We did a United Way survey. Margaret, you might have been part of it back then. We asked the population on a random basis, 400 people, are you or anyone in your family often lonely, anxious, depressed or under a lot of stress. 37% did that – that was 20 years ago. I bet it is twice that today. I bet there is not anyone
in this room that wouldn't raise their hand. Our society has not helped us learn about emotional
development as much as we have learned about everything else. You name it—it is in the media.
There is something that underlies all of this emotional health, this understanding of how to deal
with things that drives us to some of the bad behaviors that play out. Where we get to this point, I
don’t know, but I think there is something there that…Once in a while you just meet somebody who
has that calmness and that collectedness and that wisdom. How do we build that into the basis of
our society?

M: Higher order executive functioning is what it is called in psychological terms.

P: Anyway, I think that is the key.

M: And certainly maybe there is a way to teach resiliency and teach that resiliency in people.

P: And try not to control. You can't control.

M: That’s right.

P: Everybody should have a 12-step program.

M: And then we are going to move on to one final topic today.

P: I wrote one down as we were talking and thought about something I just wanted to mention. It
is something that I struggled with for a while and it has to do with health insurance. One of the
things that I think is disappointing that I have seen in this community, in particular is that each of
our health systems now has their health insurance plans, so we are forced into a certain system. So,
if you are changing jobs or something, they have a different insurance provider and you or them
are now forced to changed doctors because you need to go in their system, and I just think that I
struggle with that ethically. You know, we have health insurance systems that are pointing in certain
directions to where you can receive care and I think you are losing some choice.

M: On the bottom half of your sheet of paper, we are going to do one more thing before we finish our
time today. We all know that we have a system of services and resources in our community in the
non-profit sector, governmental services that support us, health care systems that support delivery
of services. I would like for you to think about an area of unmet need. One program, one service
or one resource in this community that doesn’t exist here that we should develop to meet needs.
Something that doesn’t exist here and you may want to go that it doesn’t exist here the way it should,
that we should deliver here, some service, some resource, some program that doesn’t exist, that we
should create to fill an unmet need. And then you might want to ask yourself, who would spearhead
that issue, specifically, who should spearhead that. You can think big or small, what one program or
service would you most like to see that resources could be directed to fill an unmet need and then
write that down and we will take a few minutes to talk about that.

P: It is difficult if you don’t know what is out there.

M: Yeah, and maybe that is the problem. Maybe that is the unmet need. The Helppoint Center would
come to mind. If I wanted to find out where to find something in the community, that is who I would
call, to my mind, but not a lot of people know that.

P: It is a great service.
M: It is a great service.

P: Is it 211?

M: Yes. It is a great service. They even tell me when leaf drop off is. I mean I have my needs too! (laughter) Literally, they can tell you when ________________. Its fabulous. They're fabulous, and they treat you just as nice as if you are nearly depressed or suicidal, they will help you there too which is amazing. Well trained. OK. Anybody want to come with their idea? P, have you put anything on your paper yet.

P: I have a big old white spot there.

M: A big old white spot there, OK. X, a woman of ideas, what is your idea of one maybe unmet need, big or small, that we should be thinking about developing and who should be targeting that development?

P: There are several needs that come to mind for me, but part of the equation that I don't have an answer for is who should be directing that. Is that a government, is that a non-profit, is it....

M: Throw it out here and we will ask for advice from the group.

P: Well, I think that we have a lot of families in crisis, and we don't necessarily have one place or one way to get them to be healthy again or even have a chance for healthiness. I am on the Casa board of directors and we have a seen a significant increase in our children in the world of care, whether it be foster care or care by proxy, and what that says to me, speaks to me, and we have talked about that several times is, we have families that don't necessarily have the resources that they need to be healthy, to be…

M: Who ought to do that?

P: I don't think it is a government...

M: Is it really about navigation?

P: It could be, it very well could be, very closely to what X said. How do they get to the resources that may very well be available to them, they just know where to go.

P: Well, even 211 says on the web, I am guessing families don't even have. I am guessing families don't even have that.

P: And if they are identified by a school counselor, then that starts them down path. When you’ve got a child that is at risk or in distress because of what is going on in their home or not carrying food home in a backpack yet because they haven't been identified. That starts down a path. Who gets to them? Who picks them up and those are the ones that fall through the cracks.

M: They fall in the cracks you are saying?

P: Yeah.

P: I have often said we need a Welcome Wagon. I don't know if any of you were around for that, but we moved a lot and we came to a community and a Welcome Wagon person would come with a bag and everything and in the non-English speaking communities, I wish we had a Welcome Wagon for
every family that comes, so that I can tell them, use 211. They will speak your language, and those are
huge issues, but ….

M: Well, they have language line too.

P: Yeah, which in my research.....it can cause some issues, but its OK. You know, it does exist.

M: We are trying.

P: Yeah, we are. So....

M: A Welcome Wagon with features, is that what you are saying?

P: With a basket that tells you, I don't know, just what has been in my mind for two years now, a Welcome
Wagon person.

M: OK, and who ought to spearhead something like that?

P: I don't know. I would have to research Welcome Wagon.

P: I do remember because my dad is a Lutheran minister and we moved five times in six years when I
was in grad school, and I don't remember which stop that was.....

M: But thinking that was pretty cool, huh?

P: Just different information about here is where you go for this and here is your....

P: They kind of do a similar thing out in Brandon. I know we came to the states in the 70s and I did not
know English, and I think that is when the Welcome Wagon must have come by. I didn't understand
a think she said, just the fact that....

P: That you were welcomed.

P: Yeah, that you were welcomed was really cool. They gave a basket.

M: So we are just finishing up. Anybody have one big thing and who ought to do it. Who ought to do
that Welcome Wagon idea? Who would be the best organization or system or process? Any ideas?

P: I think that there are agencies that do pockets of that.

M: Maybe that's the problem. Is that the problem?

P: That's the problem with a lot of these things. People do pockets of stuff, and it is kind of like the
whole thing of people being territorial or this agency is doing this really well, but all of a sudden this
agency wants to swoop in and do something.

P: And do duplication of it.

P: And duplication of services.

M: Duplication of efforts. So what we really need to figure out.... I am hearing you say that the navigation
process is important, but we are going to have...that is really a community-wide issue, isn't it?

P: Huge.
M: What other one big idea? X, what is your one big idea?

P: A program that can empower individuals to improve themselves in their position of life, providing funding and support direct to people who need help in any area of need, housing, education or career. Who would do it, I don't know?

M: So we are talking generally about.....

P: But again, pulling together everything that is out there in a clearinghouse kind of environment. A coordinated system of care.

M: In our last couple of minutes, any other ideas that someone would want to lift up? Did you all put something on your sheet, something on your piece of paper?

P: One, I mentioned that working with the educational attainment levels. In Kalamazoo, Michigan, any student that goes to the public school system qualifies for a full-ride college scholarship to a Michigan university. They have raised their educational attainment level, but more importantly they hope for a very diverse population in taking, they had some very generous supporters that goes back to what I was talking about in terms of a public-private partnership, could we do it today at the level of the number of students we have in Sioux Falls, no, but maybe we could start small with $1,000 scholarships or like a jackrabbit guaranty. I forget what USD is called...

P: Coyote.

P: The guaranty of a certain number of dollars each year to give kids hope that even they can go to college, no matter what their family circumstances are.

M: OK, great. Well, I hope that you were able to put something down and we will capture this. I would like for you to leave these sheets on the desk. Have we forgotten anything? Anything that was a burning issue when you walked in here and said, “I’m not leaving until we talk about this?”

P: I would like to see these results because it was a well-done discussion.

M: I would think that that will be possible, and we will certainly make sure that that is identified, and I will tell you that some excellent, excellent statistical research that came in would be very much of a help to you. I will certainly send that message along. I have two challenges for you as you leave. Please do not interact with the next group who is coming in. It would be very important not to.....you know (laughter), you can certainly say, “Hi, how are you?”, but please do not provide interaction with the next group as they come. And leave the white sheets here on the table. And then as you leave, make it a point... Michael Wyland is going to be standing right here, and he has a little something
for you that is for your choice for you to use in any way that you would wish, whether that would be something you’d wish to use for yourself or give as a gift. It is a little something to say thank you for giving us an hour and 20 minutes of your time and your valuable information and background, and I just appreciate it so much. Thank you for saying yes and thank you for coming today, and I will pass that message along for outcomes research to be made available and I will certain ask the client about their willingness to do that.

P: It is a very interesting group.

M: We are a very eclectic group today, yes. Thank you very much for your time.

P: Is there any timeline... we are all going to be curious, wondering....

M: Rollout I believe about December 15 for the final of our report.
Focus Group Transcript 2: Avera Staff

P: Will you introduce yourself?

M: I will, but I get to know who you are first.

P: OK.

M: Take this and fold it like so. Just like that. You will see that there is a letter on one side and on the blank side, there are some markers here. Put your name, that you would like me to call you for this evening, and then just set it out in front of you like that. And that will help me as we go through the process this evening. My name is Margaret Sumption and I am a facilitator and trainer in the Sioux Falls community, and I have been doing this work in my company, Sumption & Wyland, for the last 20 years. Government Research Bureau is the contracted agent for this work and contracted specifically with Avera and the Avera Hospital System to have a conversation about needs and unmet needs and how to better direct and support the community, as it develops its work. Have you had any conversation internally or with your coordinator regarding how this focus group came about and why you are here?

P: Well, I think just X’s message about you have been selected.

M: You’ve been selected. OK. That’s wonderful. We are going to talk today about needs in the community and the best ways for the hospital to carry out its donor program, the dollar that it presents to support the community and how it relates those issues and really targets and focuses and directs those issues. So you have been asked by the hospital to represent a viewpoint of the work that has been done in the community and maybe different ways that that work can be accomplished. We are going to go through a very informal conversation today and as your facilitator, I am going to be kind of guiding and directing some specific questions and things, but its really an opportunity to go out on a little circle and come back without too much problem. There is no right answer or wrong answer. If you want to fight about something, that’s ok, as long as we keep it about the issue, you know we do have an EAP specialist. But this is an opportunity to give your personal viewpoints about the best ways for your organization to direct its donor dollars to make the best difference and the most long-lasting difference in the community. So on the first white sheet of paper, if you would be so kind in the upper left hand corner to put the letter that you see on the back of your placard and in the upper right hand corner, put the number #2. That is just for me because I am not collecting any individual names this evening, but I do want to let you know a little about your profile.

P: Letter on which one.

M: I’m sorry.

P: Letter on which one.

M: The upper left hand corner, put the letter of the placard and in the upper right hand corner put the number #2. Now, do you need a regular pen? OK, does anybody else need a pen? I do have some extras. I would like on this sheet for you to identify the work that you do and then additionally the other roles you play in the community. For example, you might serve on a board or you might act as a key volunteer in a program. So just identify on that white sheet of paper what it is that you do at work, what it is that you do regarding your work as a community member, whether you sit on a board, act as a volunteer, or do some other types of work in the community.
P: Do you want job title or more specific?

M: You can tell us, maybe if job title does it, that would be great, but they rarely do, so maybe give us a little bit more about what that means. Just enough that would help me write a profile of this group to give a demographic and profile of the work that you do. In addition, how long have you lived in the community and then something about your age range. You can either say, I am under the age of 35, I am between 36-50, 51-65 or 65 and older. Or you can just simply give me your age, depending upon if you feel more comfortable and then I can put you in the appropriate category. OK?

P: Could you say those other things? You are going way too fast.

M: I am so sorry. Your current job at work, your current activities in the community, how long you have lived in the community and some information about your age. This just allows me to write a profile of this group. OK. I am getting a diary. Thank you very much. The first thing I would like to talk about are what we identify as the most pressing needs so that people can live a better life. Thinking about the most pressing needs in the Sioux Falls and surrounding areas. These needs could include right here in Sioux Falls or they could go beyond Sioux Falls into the surrounding communities or neighborhoods or neighboring communities. After you think about it a bit, I would like for you to write down on the bottom half of this sheet of paper or if you need to turn it over, that is OK, as well, but write down the most pressing, five most pressing needs that you believe that there are in this community. You might also think of these as gaps in critical services and populations experiencing those gaps. What are the five most critical needs for gaps and people experiencing those gaps that happen. Think about it first a little bit and then identify what you would say would be the top five from your own perspective. After you have had a chance to write it, we will go around a little bit and talk about it. OK. If you are still writing, that is ok. Someone who is done, share with us your top five were. What were your top five?

P1: I listed health care for those with no insurance.

M: OK, so helping the uninsured to get adequate health care.

P1: I guess that is something that I see all the time. People call, they need care and we have no place to send them. Education for parents of young children, youth parents. Daycare for children. Drug and alcohol programs for teams and with the number of baby boomers coming on board, more supervised care for elderly and assisted living programs and things.

M: And X, can I assume I assume that you know all the people in this room, is that …..

P: A couple I didn’t know, but I know now.

M: OK.

P: I don’t know this lady though.

P2: I am X

P1: OK.

M: And so just so, P1. Just describe what it is that you do so that the rest of the group knows you from now on.
I am the nurse manager of the Ask A Nurse Program which is a medical call center at Avera McKennan and I supervise 25 people and do take calls from the community on general health information. We get lots of call with people who need medical care, have symptoms and that is where I find the biggest need is. It is just hard to know that a patient needs to be seen by a physician, and we have no place to send them. Oftentimes, the emergency room.

M: Right and which is the most expensive card. OK.

I have been at Avera McKennan for 38 years.

M: 38 years?

Probably more than most of you have been born. I mean all of you have been born.... (laughter).

Who would like to go next? P3, could you tell us just a little bit, so that the rest of the group is in, do you know everyone in the group?

P3: No.

Well then tell us a little bit about yourself so that the rest of the group will know you when they see you in the hallway?

I am the nurse case manager for the Center for Family Medicine Group, so most of the patients that come in from downtown Community Falls Clinic and free clinic, they tend to draw in their own patient operation. And then the hospital is _________, so the pulmonary cardio patients and then for the pulmonologist, as well. We are physician-based and so discharge coordination and trying to assess needs and work very closely with the social workers to try to figure out _____________.

That would navigate the system.

They are very difficult patients and then work with the physicians too.

And tell us the five needs that you lifted up most specifically.

I think hardship recovery program, and I guess I am just coming up with that on my own, but something for people who have just lost a job who need just a transition to COBRA their insurance so they don't lose it completely when they come to the hospital or if they've had an acute medical change that really don't have any financially resources to transition them to that new need. There is a gap between the programs eligible and actually develop a condition, so the hospital ends up paying a lot for that transition time. Then, I thought transition medical care from acute medical facility to a nursing home because the nursing homes are all private organizations, so they don't take a lot of the patients that don't have a payor source and then they sit in the hospital months on end, or an assistance with homeless medical needs that still need to be monitored, but they can get home health care or get them into the St. Francis House or get them into the Gospel Union Mission, but there is no medical staff that can really help them consistently, so just even....

So they end up being more vulnerable then because you don't have the followup.

Then you will them in the ER three days later with a flareup that is worse or the mental health with medical condition transition because sometimes patients that have a mental health issue combined with medical conditions. Sometimes they just need to be monitored a little closer. I know there are some facilities, but they are just not big enough. So those tend to be a lot of our repeat offenders.
And then someone to check on care of discharge for patients that live alone. We find a lot of patients that are in their 40s to 50s that are developing medical conditions where they have never had them before, but they don't have any family resources in this area, so they are going home to their apartment where they were completely self-sufficient and now they are very vulnerable, but they don't have any resources.

M: And they don't have any connecting points.

P3: And they are afraid to go home.

M: Natural support.

P3: Right. So, you know, they don't have that person to just make sure they have a meal or make them some soup or just those kinds of things, so they are afraid to go home, so they will kind of delay their discharges a little bit more. Or the drug and addiction treatment aftercare programs or whatever, if something is available because we are seeing more and more, not just the minor drugs, but more aggressive addicted patients. You can't really send them to an acute care treatment because they have done that 20 times, but maybe, I don't know, some type of aftercare just to monitor the combination of a medical condition.

M: So the combination of drug and alcohol problems and a medical condition certain exaggerates....

P3: You know you can't send them out with a PIC line and they have an addiction and need medication. You can't expect them to be reliable to come in for a scheduled IV antibiotic treatment, if we are setting it up to do it via Avera’s cost. Then we are setting them up with a taxi to and from, but they are an addictive personality. They don't have any accountability, so they are not showing up or showing up at random times, so their infection is not being treatment. Then we have all the staff that is trying to rearrange their schedules.

M: What an interesting collection. (laughter) Is that a nice way to say an interesting collection? P4, first tell us just a little bit about you and tell us what your top five are.

P4: I work with the Avera Research Institute and I work mainly with the health management research and kind of from young to old with chronic care management with people that are elderly and also families, young families that are in kind of some of our more lower income areas of the city, so it quite a diverse population, but I really appreciate P3’s perspective and P1’s perspective. There are a lot of people out there that don’t have insurance that have specific needs. We can kind of meet them when they are in the hospital, but it is those getting there through the emergency room and after discharge there is not a lot there in support to them when they go home. That is when the chronic illnesses and before that, but I am also seeing with our Family Wellness Program that is working with young families that they are struggling, as well. There are a lot of problems with moms that now have children and the dads maybe have or mom is still having some alcohol or drug issues. Mom is getting the social service support, but I see that probably and this is a rough estimate, 70-80% of the families that we work with in the school system, that is what you see. When you go to the home, you will see a dad there, but he is not working and a lot of the dads that I have gotten to meet are not working because they probably have a drug alcohol history and maybe a criminal history that they can’t get a job now, but they are hanging out in the home and it is like, “Gosh, is there something you can do to get these guys into a voc-rehab or some type of rehab and be productive citizens in the community.”
Some of these dads really want to be, but they just have not been able....

M: And these are young...

P4e: Very capable dads.

M: Young, very capable dads.

P4: But, I certainly put exclamation marks on what Crystal said and Rosemary because you see that, as well. Those are on my list.

M: What is your list. P5? Tell us first a little bit about you.

P5: Well, I have worked for McKennan for 16 years and I am an assessment counselor in behavioral health and there are several of you that I have worked with professionally.

M: So you heard... (laughter)

P5: McKennan employees. We basically do pre-level care assessments to determine what type of help the person needs. Our ___________ is probably the largest in Minnesota. If you start up around Big Stone and draw a line all the way over to Fairmont, we have that area. We have NW Iowa, a strip of Nebraska, eastern South Dakota, Rosebud and even some areas in North Dakota, so we have a very large __________ area. I was say number one is the limited services for self-pay for mental health and Falls Community Health does an excellent job in helping our free clinic, but I am also expanding out into those other areas. There is just a lot of stuff out there. Lack of psych doctors. To try to get somebody into see a psychiatrist, you are lucky if you can get in within a month or six weeks.

P: They all end up in the ER.

M: Into the Emergency Department.

P5: And it follows on also if somebody comes into the hospital, is discharged and is supposed to have a followup appointment within sixty days. If they are from a little town in South Dakota or Minnesota or whatever, it is really difficult to set up the followup appointments and then their scripts run out and nobody wants to refill them and they show up in the ER.

P: They call us. (laughter)

P5: There is very limited services for inpatient child psych. We get referrals from the Twin Cities area. There is nothing in NW Iowa. There is nothing basically in South Dakota other than ourselves, so we will have 4-year-olds brought to us by patients who are six hours away. Not a good thing. There is very limited access to day treatment programs. We have an outstanding partial hospitalization program, however, basically they have to be within driving limits. We do not have housing for these folks. Let’s say they are from Chamberlain. They can’t drive from Chamberlain to Sioux Falls and back to Chamberlain on a daily basis. Oftentimes, we end up admitting people because they would fit into our partial program, but they you know, simply can’t drive that far. I think there is a horrible lack of education and NAMI does a good job of mental health. We will get calls and I am sure your folks do and my son is using drugs or alcohol and they think they can come to behavioral health and that that is a behavioral health issue and it is not today. Of course, free treatment for state treatment is an HSC. Everything else they want a ton of money up front. I think several other folks have it on it too. There
is no real dual-diagnosis place out there for psych and CD. I mean, they can go to a CD place to get treated for that. They can come to us to be treated for in-patient psych or outpatient like at Mary's Place, but there is no real dedicated inpatient-type facility CD and psych.

M: Co-occurring disorders kind of process.

P5: So that is what I have.

P: (inaudible)

M: OK, what is different about your list?

P: One other aside from the psychiatrist, also I would like to see an addictionologist. There is not an addictionologist in our community. I think Sioux City is the closest. There might be one in town ________. The more we look at expanding addiction programs, the more we will need an addictionologist. Better acclimation services for people coming from other countries. We see a lot of people for services that don’t understand they need child care, role of women, role of law enforcement and alcohol use.

M: Just trying to navigate in this American system.

P: Right. We do a lot of education on that. State-funded services for alcohol and gambling. A lot of agencies are out-of-state funding early on in the year. And then just reducing overall stigma of seeking services for mental health and chemical dependency.

M: Well, knowing that you all come from the health care world, we want to have an opportunity to talk about overall community needs. I am going to share with you a list of community needs that were identified in the initial research that was developed for our process today just to broaden a little bit the viewpoint because all of you because you work in it every day, you see how these things overlap. We did hear many, many things that were non-medical, but definitely impacted what happens in your medical world. So, I am going to share with you......

P: Just one minute before we do that. I don’t work for the health care at all, but I just wanted to say that. But eventually, I would like to share some things.

M: And when were you going to tell me that?

P: Well, I didn’t know they were all from the health care system.

M: And where are you from?

P: Well, I am a Presentation Sister, and we sponsor a ministry to the Latino population.

M: Oh wonderful. And I made an assumption I shouldn’t have made.

P: That is all I am going to say. And later I can add my piece because they are broader.

M: We will add to that list. Because I want to make a point for us to have a conversation with thinking about that slightly broader element of needs and then very specifically we can talk about how they impact health care needs. This list was developed based on the initial research that was done for this project and identified, I believe, there are 17 bulleted items on that list. Everything from community development, making sure we had adequate community infrastructure is what that means, to
governmental services and governmental resources, such as those services that are generally provided by our governmental services, like safety and fire and police and those things, all the way through poverty, public safety, additional specific public safety issues like police and fire, recreation, etc. So thinking about this and looking at your list, so look at your list. As you think about what you put down on your list and what you see up here, I would like for you to either add something on the bottom. “I think I really want to maybe change my number one, you can do that right now.” Or take a look at your list and this list and identify which of the items on the list should be number one. Should be the number one primary unmet need that you would like to lift up and consider and then we are going to talk about that just a little bit. Everybody take a moment and put a nice big star, one that I am going to be able to recognize when I look at this sheet of paper. One big star of the one thing that they see as the most critical unmet need. I am going to start with P6. We haven’t heard from you yet. Tell us what you identified from all of the unmet needs that you had written down and that you see up here. What should be the number one consideration for us to look toward as a concern or need in our community.

P6: I think in working off my list, the one that I listed number one was just limited access to subsidized care, whether it be mental health or just plain medical care. I think it falls under the community development and it is in some cases a perceived shortage. I think a lot of people that we deal with in the ER are just so unaware of what is unavailable that we do have those services available. The wait times might be a little bit longer than they care to wait, so we end up seeing them, but I think if we could educate them on what is out there, maybe expand our subsidized care of both medical and behavioral health, I think that would impact my end of it significantly and that is working straight off my list.

M: Off your list. OK. P2. You have a perspective that comes from the community and engages often with the health care system. What did you identify as your number one need?

P2: That is very hard. A lot of them fit with what you said, but I think actually for Sioux Falls, I am referring to, I think it ties into what you said and what you said somewhat, bilingual, bicultural personnel in all areas of service providing, for example, counseling, social workers, immigration lawyers, health care professionals. Sioux Falls has a dearth coming from other places where they do exist, we couldn’t believe when we moved here the lack of professional services for cross-cultural work, but yet the city has much to provide and they want to, but it is just how do we access that and how do we help the newer populations navigate. That is a lot of what our work is, so I am only coming from our perspective on that, but I think Sioux Falls as a city has a real lack of that resource and yet wants to reach out.

P: I come from the inner city of southern California down in the Los Angeles area, and it was striking too coming into the Sioux Falls area just the lack of understanding just visiting with people as to what resources and what is actually available.

M: They just don’t know.

P: They are clueless and I don’t think we do enough to really educate them as to what is out there. The services are offered, you know, in multiple places, but.....

M: But getting to them is unaware.
P2: If I could add, I think also the flip side is that it isn't just helping them, but we need to relearn things and relearn how to access other cultures. We can't just expect, you know, the Anglo way is the only way, you know.

M: We need to embrace that.

P2: Embrace, but learn how to connect, the actual how do we publicize differently and how do we do this, you know, so that there is a connection. We've got a lot to learn as a city, I think.

M: It isn't just the Anglo Way.

P2: Right.

M: I just wanted to make sure that got onto the tape. OK. P7 – What is your number one and what is your thinking of what you have heard so far?

P7: Well, I did not think about it in terms of my role. I was thinking broader. I have had affordable, accessible health care as one and two. Enriched environments for low-income women and children, especially minorities, affordable housing and then improved public transit and/or enhanced environment of health and wellness within our city as a culture. But, when you pull this list out, it got me thinking and I put education system as the number one from a very broad definition, not meaning Sioux Falls Public Schools, but just education system, in terms of where the services are in place that provide women, minorities, children, people of poverty giving them the best advantages, feeling like if they are better trained, better educated, there is more earning power potential. They can have housing; they can have health care. I mean, that is a simplistic in its layout, but that was my thinking.

M: OK. P8. We haven't heard from you.

P8: You know, its interesting because I was thinking along the same kind of same lines, except from the standpoint of individual with disabilities. I was looking at it from not only women and children, but as I was listening to things, there are so many people who would love to have opportunities and jobs and one of the things is really being able to open up and educate community members and businesses and industries and how important and how impacting they can have on our community by hiring individuals with disabilities. Some of that is just a fear. Again, going back to education, it is an unclear understanding of what can be done, but how it can impact and improve self-esteem and reduce some of the mental health issues that are out there and maybe some of the addictions, etc. So, that was one of the things I was looking at was how do we continue to provide opportunities, education and resources to hire those individuals with disabilities.

M: Oh, OK. P9, we haven't heard from you yet.

P9: I kind of cheated on my number one.

M: You cheated on your number one?

P9: It is a catchall. (laughter)

M: Maybe you could put a big star by it and feel ok.
I put more immediate assistance financially for rent, for food, for transportation, for medications, for health care, all that because I see a vicious circle. People come to me because they can't get into the free clinics or the reduced clinics that don't have fast enough openings. They are too full with their current caseload. They can't take new patients because the transient people or whoever is just coming through or even new people to the community, so they run out of meds. They come to the ER and then when they can get to an appointment, they don't have transportation or they can't get a job because they don't have the money to pay for transportation, but you can't get a job and you can't go to the interview, so it is just this vicious cycle that I see. And then that includes the people who are technically disabled, but they want a job to help support their family, so finding jobs for the working disabled to help support to get the money to get the transportation, to get the food, to get the medical bills, to get the insurance.

OK. And it is kind of we see that cycle, and I am sure within the health care system you see that cycle carrying itself through. Anybody else who want to identify their number one? What else could be a number one? Well, one of the challenges around all of these issues that we have been talking about is how should an organization help. What is the best way and the most effective way for an organization to target its philanthropic resources into a community in order to meet these needs that we have identified. What is the way to do that? What are the most effective ways to make a difference? We see lots and lots of ways that organizations, companies, businesses, your own organization helps and supports the community in many, many different ways through sponsorships, smaller stipends, smaller gifts, major gifts, different ways of helping and supporting the community. What is the best way to do that? What is it? I will throw out an example. Is it better to say, "We are going to help and identify a need and then say, we are going to put all of our resources to meeting that need," or is it better to provide smaller targeted resources or untargeted resources. Come to us and tell us what you think and then we will see whether or not we can help you. What is the best way?

I think that is an interesting question because I mean, Sister might tell me to go to hell, but ….

I don't think she will do that, but…..

I mean, not that you do things to get something back, but I do think that as an entity, Avera McKennan, or Avera, however you want to look at it, I do think you need to look at the impact your funds would bring, so I think it is important to think very critically about your target. Not that they are going to give you money back, but will they become loyal Avera customers. That would be awesome, especially if you have trained them and they have a job and they have insurance. You know, so, not everything has to have a payback, but I think in these times, it should be a practical consideration, in terms of whatever it would be that you decide to do that there could be some long-term benefit down the road where people choose Avera because of those actions.

I think to jump in on that a little bit. This isn't the number one though, but I mean Avera is already somewhat helping with scholarships and they are working with myself and the Latino community to identify possible places where they can put monies for scholarships because we are going to have to grow our own. It isn't just the patients. I am talking about the nurses down the road and people who will work in the system.

So growing bilingual nurses.

Absolutely, bicultural. And not just nurses. I mean, any kind of health care provider. That is long-term,
but I think it would pay off really, really well. I mean those folks that get in the hospitals can play
dual roles. I mean they can play their own role, but they can also act as translators and help people
understand the culture. There are a lot of __________.

P: And ambassadors for the organization.

P: Absolutely, sure.

P2: They are, yeah.

P: One thing that I have learned already from listening to these folks and I think is probably lacking
within Avera is that we have experts in so many areas. You know, I would feel very comfortable in
making any kind of recommendation as far as mental health care, but as far as disabilities, womens
services, those things, we don't have like a central pool, if you will, intereducation between the
departments, so that I know that like Candace, she knows to refer to us for mental health issues,
but I am sure she knows things about social work and getting people help beyond just reduced fee
counseling at Volunteers of America. You know, my limitations. There is no....

P: So are you saying David. I want to make sure I understand it. Are you saying that what you may know
as the priority is for your area of expertise, but you don't know necessarily for the organization. Is that
the main thing?

P: No. What I am saying is that right now I am not picking one goal. I am saying that within Avera, we
have all of these experts in their areas and I have no way right now of knowing to pick up the phone.
I have somebody here with a disability. I can't try. None of us can (inaudible).

M: An internal clearing house kind of ...... (inaudible)

P: Yeah (inaudible)

P: So like could there be some services out there that you are not aware of that would actually…

P: Like a database kind of thing where you could look under “Housing” or “Food” or “Behavioral Health”
or something like. I dont' know how you would (inaudible)

M: Do we have…(inaudible) Do we have those things in our community? You are saying that even
within your hospital system, there may be some challenges around that, but what about in the
community? Do we have that resource available in the community and what is that?

P: The help line.

M: The help line center. OK.

P: That is really broad. You are saying help line for Avera almost.

M: OK, that would be..... (inaudible).

P: There are still limitations with the help line.

P: Oh sure.

M: So what are some of the, so what is the best way to target resources or should they be targeted?
Should an organization wishing to meet community needs and they are very broad and we are
hearing lots of different priorities, how should those priorities be identified and how should they be lifted up and supported? What is the best way? Is it saying come on, come all and then we will evaluate and support or is it saying, this is what we do. If you want to do that, come and talk to us.

P: I think that the mission should be the key.

M: The mission should drive it.

P: I don’t know that I could get much more specific than that, but I do believe it should be philanthropy that would be connected to our mission.

P: I think that we want to take care that we don’t duplicate services that are already there.

M: OK. So that would be an important consideration from your viewpoint is that we not, you know, whatever we would make sure that we would target resources that would not duplicate across areas of the community, but would meet identified gaps or areas that have not been __________.

P: (inaudible) For instance, one of the families that I worked with with the Family Wellness Program, it was in the Garfield School District and the family was very at-need for fuel assistance. And I know this mother had met the social worker at the school who is wonderful, but when she was in that need, she was not thinking of that person at the school. She was not thinking.....

M: She did not say school, fuel. It didn’t come together.

P: Yeah, yeah. It didn’t come together. And so it is like the ones that rise to the top that are in need are the ones that we are all talking about here tonight, you know. So it is like trying to help them navigate where they need to go. It is people like Candace that are in social work. I know that just for own program, we have ended up with a resource book about this high of listings of different type of agencies where, you know, we kind of need to key in. And that is even with social work included. It is very, it is just very difficult. It is the ask the nurse of the world that you need to know.

M: You know. You bring up a good point. Is there a partnership with particular employers and employer groups or you know, constituency groups or ethnic community centers or other types of enclaves. Is that a partnership that is appropriate or necessary?

P: Don’t we already have that partially with the employee assistance program?

P: I don’t know.

P: How many folks do you cover?

P: About 59,000. We do have John Morrell.

P: I mean we are deeply in bed with John Morrell. You know, we are their health care administrator. They go to Avera. There are services going onsite.

M: So you already have that type of partnership in business.

P: And there are tons of families with needs. I mean it is just..... And all of the bicultural things times a
I was thinking while we are talking health care. Some of the issues I have here are, of course, are homeless. I mean we deal a lot with the homeless and then the transportation issues. Some of the same things. They are all related to health because if you don't have, you know, they all cause people to become ill. And so, you know....

Well, Sister, you offer a perfect segway to something that I would like for us to spend a few minutes talking about. Knowing that we kind of came into this and identified some broad community needs and because of your framework and the work that you do, you did target on some of the medical impacts and the medical issues. I would like for us to talk a little bit about the fact that health-care related issues come up often. And one of the things about the research that has already been done is that there is kind of a short-list of issues that came up in those areas of unique interest community-wide in the area of health care. So, I am going to put this next list up for you and put it over this generalized needs list. It is very specifically about health-care related needs. And so in thinking about the areas of health care specific related needs, I would like for us to talk a little bit about that and use that second sheet of white paper that you have in front of you. And again, would you be so kind to put that letter in the upper left hand corner and the number two in the upper right hand corner again for this. And I would like for you take a look at these generalized health care needs that have been lifted up generally across the community and looking at them, identify after you have had time to think about it a little bit, what you think of this list or you can adjust it to meet your own identified area of unique interest. What are the three things that you would identify that are uniquely health-care related that you think are the top three most important gaps in our service capacity. Those clear important needs and then we will spend a little time talking about those.

Are you talking about Sioux Falls?

Yes, this is Sioux Falls and the surrounding areas and surrounding community.

And gaps in terms of these specific...

And you can put your own spin on them when you write your top three and then we will want to talk about it so we get the uniqueness of what you might be identifying in your list, but these were the identified, this was the identified list from the research that has been completed so far. And by the way, that one lower down is prenatal. I don't know, I think I was writing premature, but then I read it. It is prenatal care. Now, I am thinking that we have talked about quite a few of these already that have been identified in your initial list. What are the top three things that you identified, P1?

I put obesity, especially of the young because I think, you know, so much of our health care problems start there and I think we are seeing more and more problems now. It used to be adult problems are now children's problems.

High blood pressure and those kinds of things

Diabetes, yeah. Again, health insurance and then I put general health status. I put four down. I put mental health status down too, but if you can improve the general health status of your patients, of your population, that maybe should even be number one.

Just looking at wellness and everything kind of dovetails from that (inaudible). OK. P4, what are your
feelings about this?

P4: I think what I listed for number one is the availability of the medical services. We kind of talked about that earlier. Number two I put obesity. I think that ties in and kind of with the diabetes and the other issues. Third for me was the birth of young parents. I know parental support for that youngster affects them throughout their entire life, their mental well being, the physical well being. All of it. I think if we tackled that one, we would correct a lot of the problems that we see.

M: That we see.

P4: I think covering those three will touch in one way or another almost all of the other areas.

M: The other areas on the list there. OK. What is your viewpoint?

P: I combined everything again.

M: She is really good at that.

P: I kind of made up mine own to combine a few of those. I put medical noncompliance, but some of the noncompliance is because of the lack of insurance, the availability of medical services, the drug/alcohol/mental health needs, so I think there needs to be more which is defeating the purpose, but more support within the community to make sure these people follow up to get this stuff done because when they are in the hospital, there is only so much we can do. We can only hold their hold for so long and then they are released and if they don’t.... if we can do all we can do set up outpatient appointments or connect them to like __________ connection or services that are out there, but if they don’t go, they fall through the cracks.

M: There is no accountability. Nobody is following up with them.

P: And then they just come back in and that cycle starts all over again.

M: And then they go back into the acute cycle.

P: I guess I have to strongly agree with P3. And I think it ties up with our last point, as well is that we can provide services to multiple different community needs, but you can’t force people to comply. You can’t force them to follow through, but there is no service that can assist them either. If they have these complicated, noncompliance issues for all of those multiple reasons, you almost need to get to the root of that and help enable them and not give services to people who aren’t going to appreciate that and utilize that as an opportunity. It seems like we are throwing a lot of services at people who are just taking advantage of it and not trying to utilize that as the ability to get to the next step. Do you have any thoughts as to how we would know what the root causes of noncompliance area? Or are they are varied as the people we serve?

P: I think the social services office in our hospital, even to expand that service to the community, to be able to have a service to pass that off to.... Because I think the resources just aren’t available in the community, so they send them in the hospital. The physicians or whoever get frustrated and send them in the hospital for that reason alone sometimes to get those intensive social service issues.

P: I just had a situation not too long ago where we had a patient call who had been in the emergency
room, left, didn’t tell them they couldn’t afford their antibiotics, called us because they couldn’t take their antibiotics and now they are needing to be admitted into the hospital because they have pneumonia and, I mean, it was either admit the patient, start with IV antibiotics or get them the antibiotics so they could get started on it. So, we called social services, I think it was, and the person that called said to send them to the pharmacy and get them the medications. You know, but it is just, people don’t know how to do that and navigate that or that they can even do that.

M: Or even that they can do that.

P: It seems like a root cause has to be a huge part of this….has to be a lack of education on different scales. I was reading something that was very interesting and it was sort of a positive statement, but if you take it from this point, I mean it is absolutely true. Ninety percent of patients, and it might have said ninety-nine percent of patients, manage their health. They don’t manage it well all the time, but ninety percent and I was like…..

M: Take a good stab at it anyway….

P: You know, so, OK, people are actively doing stuff. They are trying to do the best they can, so how do you help them to do it better. I guess I think about what you were saying, X, and just, it seems like such a lack of education and then probably followed closely is access, whether it is access to transportation or access to cash or insurance or…..

P: Or coordination of _______________ (inaudible)

P: Because oftentimes it is people that can’t get to medical care because they don’t have transportation. And we provide, the foundation helps with, you know, providing some of that transportation to get them into the emergency room or wherever.

M: OK. What is… I’m sorry….

P: Does anybody else here ever see people….. I am going to give an example. I mean we have homeless people show up at our place for the Free Level of Care Assessment and they do not meet inpatient psych criteria, and they are told they are not going to stay, and they use the words, “I’m going to kill myself” and now they are in the hospital. Do we foster that dependence, that how should I say it…. are we fostering that lack of initiative on their own part by the care that we provide? Obviously, if somebody tells me that they are going to kill themselves, I am not going to say, “Well, I will get you a cab to the mission because the mission will be having them calling the police and I will be back out there within half an hour, you know.” But, do you see that in your departments?

P: All the time.

P: Manipulation. Absolutely.

M: Where they know the navigation words, the navigation words,. P, first what were your top three?

P: Going back to capacity for drug and alcohol, whether that is beds, detox, state-funded. The one that stands out is obesity, but it is also obesity on the opposite end of the eating disorders spectrum, and that is the anorexia and bulimia. There isn’t inpatient treatment for people with anorexia and bulimia and so, we are seeing parents getting second mortgages on houses to send their children to treatment in California or wherever. So, I see that as a huge need, as well as the obesity side kind of the full spectrum.
M: Kind of the full spectrum. OK. I would like for you, and again, you are going to need this second sheet of white paper. I would like to talk about one more thing before we close our time today and that is when we think of all of the different needs and all of the things that are out there, your information is so valuable and allows us an opportunity to identify themes and ideas of where we might want to target resources towards better outcomes for our community and meeting community needs in a more general way. I would like for you to take a moment for you to dream a little bit and to identify one program or one resource in the community that doesn’t exist here, but should be created to fill unmet needs. Who would be the best to spearhead this effort? Think big or small. What one program or service would you like most to see and how could services be directed to meet that need? You go ahead and write that idea on the bottom half of this sheet of paper. There are such prolific writers in this group. This is amazing. Have got to get those ideas down. OK, Sister Sheila, I am going to call on you first, to tell us what would be your one big idea and who ought to do it to make it come to life?

P2: Well, I dream big.

M: Well, good, we like that.

P2: Um, I said what I am getting at is broadening our view of health care to preventative practices, other cultures call more holistic. I suppose you would have to have a team of people who were coordinating something throughout the whole system, but it is using sort of like they are doing with the new Prairie Center. They have developed a lot of holistic things there. We just had a tour of this this noon, so it is marvelous. But, um, what I am thinking is not so mechanistic, but much more holistic to the whole person. I think that is coming in the 21st century, and so how do we get those types of concepts throughout the whole system that we are treating the whole person. But the things they are kind of using is the beauty, the prayer, the religious dimension, you know, massage, other things that help besides getting medicine or whatever. So the concepts of alternative treatments, I think, the cultures do them very well and they have very wonderful results sometimes and learning from other cultures, so all of that, but how to do that throughout the whole system. I think it is coming already. I mean the seeds are there and we are moving that way, but I think that if we gathered a group that really intentionally did that, we might be ahead of some others.

M: And who ought to do that?

P2: Well, I suppose it would be, if we were talking just Sioux Falls, I suppose it would be on the administrative level that they would have to develop.... Well, they did have a committee that did some of these concepts for that building.

M: OK.

P2: So you know....

M: And who, this is not something I am familiar with.

P2: There is a new building that used to be called the Cancer Center, but now they are calling it the Prairie Center, but its got huge....

M: At McKennan?

P2: On the campus area.

M: On the campus.
P2: It is a brand new building that you see and they developed aroma therapy. They developed massage. They developed a health touch.

M: I will be right over.

P2: It’s wonderful. Of course, they still have the regular treatments, so I am not saying they don’t but, in addition....

M: I think I need this wellness thing...... P, what is your one big thing and who ought to do it?

P: You know, I think many times as a city, as a state, many times as a country, we all try to do a little bit of many things and our resources get pooled. We could say, you know, we want to share the wealth and give a little bit to everyone, but sometimes, it is for you to take all those everyones, all those businesses and put all those little pieces together and you can be more successful for the community.

M: And make a big difference.

P: So, my vision was to have a center, one where it is very open, didn’t have any stigmas. Sometimes, mental health has this stigma. Sometimes going into the Department of Social Services has a stigma. Going into the unemployment office has a stigma that goes along with it and sometimes I think that if you had some place where you went in and it didn’t have any kind of a stigma to it, it was an inviting environment where people who wanted to learn more about what their needs were or just to be able to ask, where do I go and you had somebody who was that navigator system. Just like the Breast Health navigator or any of those navigators which just says, “Here’s your resources” based on this and kind of helped you. I know the help line is there, but sometimes it is, still doesn’t always have that, I don’t think is as inviting or is as warm to find out what the needs are and make people feel comfortable in doing that.

M: So really relationship building around that.

P: It is. Really not judgmental, not questioning, but really looking at, what can we do to help you. , whether it be financial. Whether it be with medical kind of like things, but just helping navigating through some of those..... I can’t even tell you how many patients have come in and the care is wonderful. They have loved it, everything has been great. They have the resources when they leave and all of a sudden they are gone and now what happened, they have forgotten about those resources. And that uncertainty about going “Oohh, I forgot.” And trying to call someone. It is just those kinds of things that people just don’t tend to do, so my vision is just putting it in someplace like the University Center or someplace like that where we also use the resources to train our young people coming up and working in the professions of nursing and are multicultural, etc., to then work in that environment of giving and helping that just proliferate that thought process ongoing.

P: Can I add to that?

P: Sure.

P: I kind of have something similar, but as you were talking, it really struck a note that in order for it to be something that is approachable, that instead of we have one office and one location in the city, that it is smaller, like even at the community center, at the schools or even in the churches or wherever
people feel comfortable going already, but we support and augment those locations, so that it is within the Laotian culture, that area of the city where they feel comfortable going and even their own people that really work and run this, but it would have a very strong social work component, so that... and to me the people that really need that are those that have been to the emergency room and have necessary …. that we key them back into those locations and the people that you talked about and we have all brought up here, but it comes from their community.

M: Who should spearhead that effort from your viewpoint, X?

{: You know, I think you know the city government has a great opportunity to do that as a cross-cultural type of thing, but it can’t be that we have to put our thumbs down and you have to do this, but it comes from within those like specific communities. I think of just the communities we work with with our research project. They didn’t know each other. In those apartment buildings and little communities, they know who the people are at risk and they know kind of what help they already have, or you know, how they got help. So it just seems like reaching with the web of service places within the community.

P: Can I just add one thing?

M: Sure.

P: You remind me of Omaha when I lived there. They have mobile units that go out to the different parts of the community, like the Latino community, and go to different churches or different locations with their mobile units and it was wonderful.

M: And the mobile units did what?

P: Well, they did all kinds of preventative things. They would do testing. They would set up and they would do testing or if they caught anybody with diabetes or heart... they would catch it quicker because those folks (inaudible).

M: Was it like a screening kind of thing?

P: Yeah, they would do a lot of that. And they would hand out certain meds, if people needed things, but they reach populations that would never come and like you say, end up in the emergency. You know, it was a great idea. It was a med school, it was a med school there in Omaha.

M: Med School that did that. OK.

P: It is a good idea.

M: Does anybody have anything else they’d like to lift up and talk about their one idea and who ought to spearhead it? Any other ideas?

P: I think I will just kind of go along with your guys’. I guess when I looked at the whole thing, I thought really if Avera had some type of resource center that is utilizing all of the different resources we are talking about at this table and had an actual center for them that was off campus, that was preventative, that was not, it was proactive instead of reactive, then maybe we could utilize that off campus. And I don’t think that anybody has anything like that.
M: You ought to spearhead that.

P: Any social workers, in combination with nurses, and I think that because....

M: Thinking more broadly, administratively, organizationally, who should spearhead it. Is that a government thing, a non-profit thing.

P: I think it follows Avera’s mission, so I think it would follow along with the non-profit mission.

M: Mission. Uh huh. Would it be mission driven?

P: Absolutely.

P: It would follow along, like you said, with the mission. I think that the more you depend on government, I think you alienate some cultures. They are so distrusting of any services coming from government. You would almost have to go into each culture and find out which entity they trust. And I think, you know, we would alienate half of them by going with the public service. I think through Avera just with our mission statement, I think we would capture most of them that way, instead of alienating any of them.

M: OK, OK. Any other thoughts about that? About the one big thing? Well, I want to make sure and ask the question. Have we missed anything? Is there anything that you came here intending to mention, intending to talk about or lift up or that you want to reiterate before we close our time this evening? Any burning issues, anything we didn’t talk about that we should? Anything that came new to your __________ that we want to talk about? Do you have questions for me?

P: Who comprised the first group?

M: The first group of, the first focus group was a community-wide group and there will be three additional focus groups that again address a community-wide group, and they cover all represented issues from private business, banking, industry, the non-profit sector, medical/health care sectors, just a broad array of community leaders. Some paid professionals and some volunteers, you know volunteers in the service system. And, that group was picked to have strong representative sample in the community. This is the only group that is specific to Avera.

P: And how will this information be shared then? I mean, how is it used and what is the plan for it.

M: Well, right now there are three phases of data collection that is going on. One was the phase that went out and looked at all the studies and the systems and everything out there and pulled together all kinds of data and developed these two lists. And then this process, five focus groups that are being carried out, and then a third segment which is essentially an analysis of stories that is the third element, looking at all of the broad issues. Look essentially a case study process. And then the data will all be collected and a series of recommendations will be made based on that. Sometime about in December.

P: And that goes back to the marketing department?

M: Well, it will go the Government Research Bureau and then they will make that transition to the appropriate personnel. And again, I don’t know who that is.

P: So is this used ____ dollars that are given for the public use or is it more than that?
M: I believe that it is to inform the goal of engagement in the community in the very broadest terms. How can the mission be fulfilled effectively in the community and resource dollars? And I think many of those resource dollars you see in many different ways in the community. What is the best way to direct them is the outcome. OK, that closes our time this evening. I want to thank you very much for your time. I would ask you to please just leave the white sheets on the table and take your own placard and just lay it right on there. I will dispose of them and pick up the white sheets, as that will give me some additional material as I go through the process and collect information. Thank you for your time. It was very nice to meet you. If you haven’t had a chance to say hello and meet each other, make sure you do it on the way to the parking lot. Get to know each other, you know. It is dark out there, so be kind to each other and thank you very much for your time this evening.
Focus Group #3 Transcript

M: OK. We are going to go ahead and get started. We are missing two people, but I have given instructions if they come in late, what time and those kinds of things, so I think we are ready to begin. I know many of you. My name is Margaret Sumption and you are in a focus group to talk about community needs. The client will remain nameless. The contractor is Government Research Bureau out of the University of South Dakota has been contracted to help this donor and philanthropy set of folks to answer some questions about community needs and what are the best ways for community needs to be met. And so we are going to spend some time talking about several different topics. How many of you have done a focus group before? Most of you have, so you understand that this is a very kind of random conversation. We can have all kinds of conversations. We can even fight a little bit, but in the end, we will identify some of those elements important to the concepts that I have laid out here, so I will guide the conversation and kind of keep us back on track. That is my task today. Maybe ask some questions that will hopefully get at some of the issues. I encourage you to interact with each other. This conversation is being audio taped for my purposes today, and as a subcontractor with the Government Research Bureau, my task is to collect data. We are not going to make it to 8:00, …to collect data for one segment of this process. There are three data collection elements. The first has been completed and you will see a few of the outcomes of that, that we will use in this focus group today, and that was a comprehensive analysis of all of the reports and systems and processes, everything from the help line center, community trend survey, all the way to state-generated Medicaid/Medicare reports and other census data collection systems, so a comprehensive set. And then there is a third element to data collection that is uniquely, essentially a case study approach of approximately six families where six families will be assessed and their needs assessed in debt to identify some of the nuances of needs and how they impact certain types of family groups, so you are one segment of that, and I appreciate very much your willingness to be with us today. You will find a blue sheet of paper that looks like this. I would ask that you just fold that sheet so that it looks like this and there are some markers in front of you. If you would put your first name on the blank side of that tag and it up so that it is right there in front of you. That way anyone, I think most of you know each other. We will take some time to get to know each other just a little bit. You will also need a pen to write some information on the white sheets that are provided, so with that pen, if you don’t have a pen, I do have a few extras here, OK. So if you want to pass one down there.

P: Would you give X a marker so she will stop stealing mine?

M: Well, I think, you don’t need a marker. A pen now that you are done. That is the only time you will need it. (laughter) There was a goal to share. Now, I want to, I need to make sure and ask very specifically. Does anyone have any concern about the audit taping of this session? Does anyone have a concern? And if you raise that concern, we will ask you to step away from the session with our thanks, but just want to make sure…. We aren't using any last names and your names will not appear on any report. There will be a compilation of each group and a profile of each group that I will prepare. So on the white sheet of paper, the first thing I would like for you to do is in the upper right hand corner, put the number three on the first sheet of white paper, put the number three. And in the left hand corner, simply put the letter that you find on your placard. And that just gives me an understand of what group you are in and then which participant within that group, but I will not keep your names in any other way. I would also like for you to put some specifics down about yourself. Please identify your current roles in the community and this would be what you do for a living. It would also be how you interact and are involved in the community in a volunteer or other capacity. You might serve
on a board or act as a representative or other type of government official or have other, some other actions that you typically take. You might be a particularly identified volunteer for an organization or system or group. And then also identify how long you have lived in the community and then we need some information about your age and I will give you a couple of options for that. Now, in identifying your age, you have two choices. You can just simply tell me how old you are. That’s an option, and I would put you in a category or you can say, I am under the age of 34, between 35-50, between 51-65 or over the age of 65, so you have that option to simply put your category or just simply write your age and I will place you in the category. Under 35, 35-50, 51-65 or over the age of 65. OK. Now, does, is there, let’s just take a moment just for people to get to know each other a little bit. Very, very briefly, a little bit about where you come from, a little bit about who you are. P1, can I ask you to start?

P1: You bet. I am originally from Idaho and have been in Sioux Falls for 18 years and I have got four kids, one of them goes to school with X’s. Two that are grown and out of the next and two that are on the edge, so.

M: And also your role in the community.

P1: I _____ at Youth Enrichment Services.

M: OK. Do you just want to go around and we can random....

P2: Julie Becker. I am the Director of the St. Francis House here in Sioux Falls. I have lived in Sioux Falls for thirteen years, two kids and I guess you name it, I am somehow involved in it.

M: OK, P3.

P3: I am X. I am Director of Planning at Interlakes Community Action Partnership. My office is actually in Madison, so I don’t live in Sioux Falls. If you want to kick me out.....

M: No. That’s just fine.

Steve: We have worked in Sioux Falls. I have worked in Sioux Falls since I moved back to South Dakota which was almost seventeen years.

M: Seventeen years. OK.

P3: Divorced, one child, the most perfect child in the world, of course. Senior in college, thank God.

M: Well, we can kibbitz about parents of only children after the session. And P4?

P4: I am the Coordinator for the Homeless Advisory Board which is a board made up of city and county leaders. I teach part-time out at CT _______ Program and I don’t have any kids. I have lived in Sioux Falls all my life, except for a temporary six-year detour down to Omaha to go to college and work for __________.

M: OK, OK. Wonderful. I can’t see your name.

P5: My name is X. I have lived in Sioux Falls all my life and have been married for 30+ years. I have two grown children and four grandchildren. I am retired from Egger Steel Company back in 2004, bought the Arena Motel and since that time, I have been involved in a lot of other community service, but
since that time, I have really gotten involved in the homeless community and working with different agencies in that area to try to improve conditions.

M: P6?

P6: Hi, P6. Development Director for Habitat for Humanity of greater Sioux Falls. I have been in town since 1996.

M: OK, P7.

P7: Uh, X, Vice President of the Sioux Falls Area Community Foundation. I have lived here for 15 years since I came up to Sioux Falls to go to college. My wife and I have two boys, a 6-year-old and 3-year-old.

M: One of those college kids we kept, huh?

Andy: Yeah, no reason to leave.

P: The brain power coming in instead of going out.

M: OK, P8?

P8: X, Kilian Community College. Have been married 27 years, born and raised in Sioux Falls. Three kids, one who has graduated from college, one who is a senior and one a junior in high school with X's son.

M: Oh, OK.

P8: X and I have known each other since my days on the VOA Board back when we were just a little child care center over on 6th and Spring.

M: Oh, my goodness, my goodness. Yes, we go way back, way back. P9:

P9: X. I am a clinical social worker, but I work as a mental health counselor at Sanford University Medical Center. I was actually born in that hospital, so I haven't gone very far. I have been in the community a long, long time.

M: And I think you still work the Birth Place Center, don't you?

Karla: I do. I provide post-partum emotional response continuum education for all of our moms. And I have a son who is 28 who lives in Minneapolis, who is always fun to chat with.

P10: I am Shelly Hanisch. I am Director of Development for the Center for Active Generations. We actually modified our name and we are Active Generations. We did that a few weeks ago. I have worked in non-profits since 1983. Prior to where I am now, I was with the Ronald McDonald House Program for 19 years, so it has been a big life change for me to go from helping sick children and their families to working with older adults. I have lived here since 1980. I was kind of raised in Pennsylvania. My claim to fame is that I used to babysit for Joe Paterno.

M: Oh, my goodness.

P10: I still get a Christmas card.
P: Is that right?

P: Wow. I did not. That is pretty cool.

M: It is one of those little known facts.

P11: I am Alan Graff, who is Chief Risk Officer for First Premier Bank and have been there 15 years. I have been in Sioux Falls 26 years, married 27 years and have three kids. The youngest is a senior in college, so just about everybody out of school and done writing checks. Originally from Vermillion.

P: Oh no you’re not.

M: It is a nice theory.

P10: From Vermillion is where I grew up and went to school and spent most of my career here in Sioux Falls.

M: Wonderful, wonderful.

P10: I am currently President of Sioux Falls Housing, past Chairman and Post-Advisory Board for Habitat for Humanity for many years in the past.

M: I can see where this conversation is going. The goal of our time together is to talk about needs in general and across the board and then we are going to spend a little time with specifics. I think it is important to understand that we want to look at the most pressing needs in our community, and then we are going to provide some advice about how philanthropic giving can be done in a way to provide the most important and most impactful benefit in our community, so I want you to start, and again on that white sheet of paper you have in front of you, I want you to think about the issue of the most pressing needs in the Sioux Falls area. These needs can include areas outside of Sioux Falls into neighboring communities as well, so we are looking kind of as Sioux Falls as that hub, but the MSA and the larger community thinking about those people who have Sioux Falls as their medical home, their shopping home and others. I would like for you to think about what you would identify in your own mind as the most pressing needs that you believe are here in this community. Now, you might think of this as gaps in critical services or perhaps the populations experiencing those gaps. So on this sheet of paper, once you have thought about it a while, I want you to write down five of those that you think are the most critical needs, five things that you think are the most critical needs or gaps and then we will have a chance to talk about it after you have done that task.

M: Good. Those things that come to your mind as being the kind of top five need areas in our community or gaps in our community that are going either unfilled or underfilled as far as needs. I would like to share a little bit one of the items that you thought might be most pressing.

P: Affordable housing.

M: Affording housing.

P: All levels there is a huge need.

M: A huge need. Affordable housing across the board.

P: I think from singles to young families to the elderly.
M: Oh, OK, so it transcends the generations, as well then, that it is just across the board. Anybody? I have seen lots of heads shaking yes and that won’t come up on the tape, so I need to say that. In thinking about that, I am seeing all those heads nodding, what uniquely, is there an area of this need that maybe we need to dive deeper or more narrowly in. Are there unique populations that you know and understand or work with, who within this broad need, we might have an even more uniquely identified need from where you sit?

P: People at or believe 30% of AMI.

M: OK. So…

P: Copycat…

M: Copycat. Yeah, you are just having all kinds of problems. We need to break you guys up. So people that would be those in severe poverty then. What is considered…

P: HUD’s definition of homeless is anybody at 30% AMI or lower.

M: OK, so we are talking then about that homeless or near homeless type…

P: These people who can’t afford to live in subsidized housing because they don’t have enough income.

M: They don’t have enough income even to live in subsidized housing. OK. Any other? Anybody else want to weigh in on that need area?

P: I think that there are also... We were talking about this before the session started. We are seeing an influx of a number of individuals being released from the Department of Corrections with the Prison Reentry Task Force and these parolees are coming out and do not have a safe place to go because of all the crime-free housing areas. So, the two half-way houses are already over capacity and they are coming into the emergency homeless shelters because they don’t have another place to go. And this is to try and reduce the tax burden, but yet these individuals…

M: Are taxing the community then…

P: Because they don’t have a place to go and we are also seeing a number of elderly who are not surviving on their Social Security benefits now coming out and living in the shelters because they don’t have, they are losing their housing.

M: They have been evicted from housing because they can’t afford it. Because you choose between your prescriptions or housing.

P: And Social Security has been frozen for two years.

P: So it is also those basic needs. You talk to someone like Tamara down at the Banquet and she is seeing steady increases of numbers of people who are hungry and who need food, who are going to the church locations on the Thursdays for the food giveaways, the lines…

M: Let’s talk a little bit about another basic need, the basic need of food. Where does that fall on the radar? Did that fall on the radar of your needs? I see that we have one other person, two other people who have identified that. Several people have identified those needs and just basic, emergency food, a meal for today or emergency food in the form of a food box from the Pantry or some other…
P: Another step further is just that meal for the day. Something that we have done at my work is the last six months, we have been giving out sack lunches to people who are not guests of the St. Francis House and we have given out over 3,000 sack lunches in six months to people who don’t stay there.

M: They don’t stay there, but they need emergency food.

P: They come because they are hungry, they are going to work. It is putting gas in the vehicle to go to work or do I get food to eat. And then they are going all day without eating.

P: So if you want to take it one step further with food, we have plenty of programs in this community that can do a three-day or five-day box. We need to figure out a way to supplement Food Stamps, so if you are saying we need $200 more a month in this household, then that is what I would like to see happen. We have all kinds of programs in churches that do amazing work and unfortunately, there are still gaps. Part of what I do is collecting a lot of research, so two years ago, I put together a food program and we had over sixty food places people could go in this community. That is a lot of places that people can go, but there are still hungry people in this community, so finding some want to substantiate the food shelves and make it stretch further....

M: Stretch those food stamp dollars further.

P: I think another sobering statistic is that elementary-age students in Sioux Falls, over 50% are on free or reduced food.

P: 46.3%

M: 46.3% on free or reduced.

P: That is elementary, that’s elementary kids and then it is 42. something for the whole population.

M: Wow.

P: And those that report because many of those kids.... high school kids, like the older they get they will not go to get the free and reduced. They will go without eating.

P: And the backpack program has thousands they are serving now.

M: They are up to, I believe, almost 3,000 backpacks every week in the Sioux Falls community now.

P: They are also in Brandon.

M: Brandon has a program. What would be some of the other needs that you would lift up and identify besides housing across the board and then very uniquely and specially for that low-income population or the near homeless population, food, both emergency and stretching of the food dollar. What would be some of the other things that made your list of five.

P: Transportation.

M: Transportation. X, you will have a chance to get in there.

P: That’s fine.
M: You know, we will have to stop…Transportation. You know the thing is, it is amazing how, you know, we have an intensity because we see this every day. What about transportation? What’s not available to people, who is not getting the transportation services they need?

P: Anybody that works after 2:30, they are not getting home from work, if they get to work.

M: Oh, OK. So the fact that it will get you to work, but you will wait getting home.

P: No evenings, no weekends.

M: No Sunday service at all.

P: The routes don’t go…

P: The elderly to medical appointments is a huge issue for our agency.

M: OK, yeah, just getting that transportation to get to medical appointments.

P: As more medical facilities are out on 69th, 81st, whatever, and the buses are not serving those areas. We have a huge need for.... So we have our Workers on Wheels Program for volunteers, help go into your home and do chores and things and it is really evolving into a transportation service where volunteers are going and taking them to the medical appointment, but if you’ve got a doctor’s appointment at 10:00 and you are taking that person to that appointment and then you are sitting there and you are waiting. Sometimes it is a two or three hour time period and to find a volunteer to do that.

M: That sounds very challenging because of the…. and the unknowns about, it isn’t like you go and go home. You know kind of thing.

P: Right. We see it on the other end of the spectrum, the moms who are supposed to go to prenatal appointments or take their children in and they have no way of getting there, so they miss countless appointments. They end up being reported to the Department of Social Services because they are not getting their prenatal care and so you have, you go back to say, “Well, why didn’t you do that.” Well, “I don’t have any way of getting there. They are way out here or way out there.” I have some who try to pretend they are in wheelchairs just so they can go to wheelchair express.

M: Oh wow.

P: Or try lugging two or three kids on a bus.

P: Exactly. And then drop them off at child care before you even get to work.

M: To work, to the job. OK, so transportation is just another across-the-board big chunk issue. X, you had something else that was on your mind or what was your item that you wanted....

P: Well, when you asked about what other needs besides, and I totally agree with housing and food, but we see a lot with the elderly, especially Meals on Wheels clients, they need basic care things. I mean, they have blankets that they have had for 40 years that are tattered, their towels, I mean just the basics, slippers, anything like that because they can’t get out to shop for themselves. They don’t have the money to do that, so we would like to see more, especially in the winter, more basic care needs for the home-bound elderly, not just in Sioux Falls, but also in the rural communities. I know
Bankers Making A Difference is looking as using the, hoping that people will be bringing things that we can get out, especially in the rural communities. They have things like I said that are so old and torn and tattered that people don't think about that. They think about food which is very important and medicines which are very important, but a new warm blanket for someone would be.....

M: Something that I hadn't thought of before. Any others, anyone want to lift up any other items that you thought that were kind of your, that we haven't talked about it yet, but it is on your list.

P: I thought of work force development, figuring out how to create higher-wage jobs in this community, so doing some educational components, so that people who maybe dropped out or don't have their GED or maybe do have their GED can go out and get some better training, so that they can get better jobs and bringing in better jobs. We have tons of families that work retail making $8–$9 dollars an hour. That still keeps you below poverty. That keeps you at about $16,000 a year, if you are working full-time, so trying to pay rent on a $700 apartment, I mean, you can build affordable housing, but if you are not creating wages that are also going to go with that so that there is money left over after rent.

M: So just getting good wage jobs that would allow for a meaningful existence.

P: Salaries and benefits.

M: Salaries and benefits. OK.

P: We have a lot of people that I work with that are on disability who don't make ends meet and a way for them to have a job in some capacity that meets the guidelines so that they don't lose all of their benefits becomes a real challenge and then you see that these elderly people who would love to have somebody come in, it just seems like there is some way to coordinate. You have these things, just a coordination so that you can mix and match the people and the needs.

M: There almost is a resistance to employment for people with disabilities because they could lose their benefits, if they…

P: Most of them would love to be employed because of the self-esteem issues. You know, you don’t do anything. You sit around, you are 57 years old. You are 35 years old, you don’t do anything. You can’t make ends meet and so, you know, it is a spiral, a down hill spiral, so then depression develops and da, da, da, da, da.

M: And all of a sudden, we have that cascading ____________

P: Exactly, so if you could change that whole system, that would be great.

P: Those same people, when they do get a job are only allowed to work so much, so they start losing their benefits, and I try to hire people in that situation as much as I can, but it is tough to employ those people because they are not allowed to work. They are being penalized for being productive and, you know, one of the things that I personally favor is keeping families together and trying to break the generational trend that we are seeing out there. That is the biggest thing that I see coming through my doors is people whose kids are learning. They learn from their parents, their kids are learning from them, and they just..... that is the way that life is going to be. They don’t want to pick themselves up or they don’t know how to pick themselves up and do better.
M: And the lack of that family support system or network is there as well. Well, I’m sorry.

P: That’s a good segway for two areas that I had on my list. Services for youth because we’ve got a lot during the day, but we don’t have a lot in the evening and as we’ve looked at that as an organization, it is distressing how many latch-key kids, immigrant kids taking care of other kids....

M: So when we are talking about youth, we are talking about, probably that child 8 or 9, is that your definition of youth, at 8 or 9, or 12 or 13? You know, when we say youth, sometimes people think....

P: I say all the way. All the way up.

P: It would be in my world what that is because we do programs for school-aged kids, it is as soon as a poorer family or a family with challenging circumstances perceives that they can drop off on the child care because that may be the tank of gas or the meal, that child is walking home alone or caring for siblings sometimes.

M: My guess is that like 8 or 9. Is that kind of what I have seen in my world?

P: Yes. But clear on through. I think that the other thing is that we’ve got kids that, a 13-year-old boy who is caring for his two younger siblings in the evening because his mom is a single mom and works two jobs. I think that is pretty common.

M: And probably more common than we even have any understanding or awareness of.

P: And they don’t have a support system. They don’t have the links to caring adults and that fits back into what you said, Tim, about being that generational thing. Because if you couldn’t be a child, what does that do to you as an adult. And then, the other one I am just going to jump in there is we are now seeing the Starting Strong pre-K pilot program in which was built off of all the children, the 200-child waiting list in our community for Head Start and community-based Head Start services. And that has been such an amazing program and now it is ending and it is an intervention in the child’s life and so, to me, that’s …..

M: And it is ending because....

P: Well the funding was cut.

M: Because now was the state funding that?

P: It was state, United Way and Forward Sioux Falls. It showed phenomenal results, there is just not money.

M: To continue that particular program.

P: And that leads so much into the issues that expand from that. Bullying in the schools, drugs, special ed, and we have this whole big thing that people don’t want to believe that happens in our sweet city of Sioux Falls is the prostitution that is happening and is growing bigger and bigger every single day. And, it is because these kids, youth, they go to the empty homes. They don’t have a place to go, so they get into gangs, they get into the wrong crowds. This is our future. These are the people that are supposed to be taking care of me and it is pretty scary.
M: Well, I am going to put a larger list up on the board. One of the things that I have said that we did some research already. The Government Research Bureau did a comprehensive data analysis of all of the reports and systems from census to special reports, and they identified a relatively large list of specific need-based areas, and I am going to put that up on the wall for us. And I want you to take a look at that. I apologize for that. It is going to mean that you are going to have to kind of crane your head around there a little bit and these were all the generalized areas of concerns that came up. Now, they are in an alphabetical listing. They are not identified by severity of need, but all different kinds of things. We have talked about many of them: good jobs and economic development, education resources for young children, governmental services. We didn't talk about that a lot. Homelessness, we did, housing, medical, access issues related around poverty. Public safety. We didn't talk about public safety a lot. Recreation, we really didn't talk about at all. Refugee services, we really didn't talk about refugee services and the whole issue of how do people engage in our society. Population, rural lifestyle issues. Population issues about how population is coming into our community and how they are supported. Single-parent issues, social service issues, traffic, transportation – we talked about a lot. Unemployment and the issues around the needs of working parents. And I'd like for you to take a look at that list and then take a look at the list that you have in front of you that you have written for yourself. And, I want you to, and also take advantage of the conversation that we've had. And I would like for you, and I know this is going to be really hard. I want you to put a big star by the one thing you think is most important. And it could be on your list or you can add it from this list and put a star. The one thing that you think that just trumps all the others as far as needs and concerns. The one big thing that is the most pressing thing in our community. So make sure it is a star that I can recognize as I look at these sheets because we want to try to look for patterns and things. And you are certainly, we have a couple of minutes before we need to segway to some additional conversation I would like to have about how we meet these community needs. Does anybody have anything additional they'd like to say about these are the most important pressing needs in our community. These are the areas that we should be focusing on? Any additional comments?

P: Well, we talked about different segments and we serve a little bit different segment. We are serving the working poor, the 30-50% of area median income. Primarily, about two-thirds of our families that we serve are going to be single, head of household, generally female with two on up to 10-12 children and that who we are building homes in partnership with. I think what we are starting to see more of in the last year or so is also a need for neighborhood revitalization and outside home maintenance for low-income people, things like just painting their house and so we have started a new program to coordinate volunteers to address that effort, whether they are older or low-income, special needs, handicapped or whatever, but all of those different folks would qualify to have their homes painted, based on income and those other criteria that we have talked about.

P: Is that the Brush with Kindness?

P: That's right.

P: OK.

M: The Brush with Kindness.

P: Yes, we have painted three houses in Madison last summer.

M: And the data collection queen is writing a note.
P: I have this housing inventory list that I am working on for the housing trust fund thing that we are trying to put together and I have Habitat on there, but I wasn't sure what your AMI was and I just had to…

M: Yes, well, I am very proud of you. You are doing multiple ________ today. And so as we go along, one of the things that is challenging and I think may of you who sit around the room are either engaged in helping to make decisions about funding goes to meet these needs or you are seeking those funds through major gift solicitations, regular giving or other kinds of strategies, special event planning that raises funds to deliver programs and services. I would like to talk a little bit now about what is the best way for large donors, large philanthropic donors who have a pot of dollars that they would want to extend in the community to meet community needs. What are the best ways to make a difference? What are the most effective ways to make a difference? We have examples in this community of sponsorships. We see sponsorships of events. We see annual gift donations and solicitations, major gifts solicited from businesses and individuals. What is the best way for a large philanthropic donor to make a difference in this community?

P: I want to know her answer. She looks like she is ready to go.

M: She is ready (inaudible).

P: X said it, yeah!

M: So talk about the idea that you….. obviously (inaudible).

P: You are actually on my little housing trust fund (inaudible).

M: Oh my goodness. Did we, did we plan to stack the deck here? No we didn’t, so tell us about that.

P: The housing trust fund is something that has become a major thing nationwide. South Dakota is one of five states that does not have one. Surprised, yeah, sorry. We, at this point, are looking to try to create one just for the Sioux Falls area that we can see it growing to be a state-wide one as we get it developed, but the housing trust fund is just a pool of money that is made up of something like the Community Foundation and it is dispersed for different populations. In this case, we are working on an affording housing trust fund, so something that will bridge the gap. You know a lot of the tax credit programs that we have in this community, as well as the majority of the housing that we have in this community is over the 50% AMI. Just so everyone knows, our AMI in Sioux Falls is $69,100. So when you are talking 50% of that, you are still talking $35,000-$36,000 dollars, so we need to focus on that 30% AMI, so we are down in there in that $24,000–$20,000–$15,000 range and so in order to…And what we want to do is make sure we are not building unnecessarily. So if we have tax credit programs that are vacant, we want to somehow figure out how to pay the rent on those that will get them to that 50% AMI and so $300 a month ongoing and it would basically be for those people who are low-income and then it is just an ongoing subsidy that goes forever.

M: For rent… (inaudible)

P: For rent and could be homeownership, it just depends how much money we get into our little trust fund. $10,000,00 would be fabulous. I mean $1,000,00 was what we were trying to figure out if that would be, but we have done some math and we know what the housing needs in this community…$10,000,00 would build the interest to take care of the most pressing of housing issues in this community.
M: OK.
P: That's my idea.

M: OK, so really that is directing a large pot of resources to a single effort to meet a single community need. What are some of the other ways that we could most effectively address getting resources to perhaps a broad array of needs. We have identified some very specifically. We all kind of have our concerns and challenges about what we think is most important. What is the best way for those needs to be managed by a large philanthropic donor who would wish to commit to meeting community needs each year?

P: That's what I was thinking along the lines of, I was going to look at Andy and say OK, so if someone creates an endowment with the Community Foundation, that variety of organizations because if people do have a variety of needs. And so, you address homelessness, you address hunger, you address education, you address, you know, refugee services, what have you through that.

M: So you would think it would be the best way to do this would be to have that resource be available and have worthy programs and projects apply to that resource for consideration?

P: One possibility.

M: How effective is that in your view in communities, as far as, I know many of you work in the non-profit sector and are engaged in that. Is that the best way for support to be delivered?

P: Well, that is what the Northwest Area Foundation is doing in Miner County, basically is instead of doing little nickel and dime grants, so to speak, they put a big pot of money and there is an organization there, the Rural Learning Center, that basically coordinates all of the activities and says these are the things we need to work on.

M: So they kind of targeted a plan for their community. In that case, they.... I don't know how many counties, but is it just the one, just Miner County.

P: One. Just Miner County.

M: And has said, we are going to put this pot of resources and have some kind of coordinated effort around that pot of resources.

P: It is horribly time consuming, but it is probably a much better chance of success to do it that way than it is to continue the shotgun approach.

M: Well, and I think you use an analogy that, are we looking at a shotgun approach where small gifts and small, you know, requests are honored versus targeting one big thing or target two or three big things. What are some of your views about dollars are supported?

P: I come back to looking at the needs and kind of thinking about it. It can seem so a drop in the ocean, if you are trying to..... You know, one homeless person, which is not to minimize what that meant about one homeless person, but it just, it doesn't really get at the true need. As I looked at that, I saw Community Development at the top of the list, as more an answer than a need because I think that when you do make it, your community is healthy and has lots of options, then you can, that's good way, a systemic way to bring that kind of (inaudible), yeah exactly, lift all the boats. That's a good way to think about it.
M: Lift all the boats (?)

P: The real issue is that people don’t have enough money and how do you put money into their pocket or give them a program that replaces the need for it and that is why something like affordable housing, for example. It puts money in their pocket in a real specific way, so you are helping make a good choice and I think that that really is the root of all of these, whether it is food or it is daycare or after school programs, it is not enough money, so I think you are right. I think that is a solution, but if we are struggling to create those jobs, then an alternative is what is a permanent source that helps replace that. The problem, it takes a lot of money to make a trust fund work, and you sit here and think, __________, just a small piece of that, but the other side is that you see a program when it shuts down in three years because the gift is expended. Where are we? Some kids benefited, so I think if you can make a gift that is significant enough to do something with some permanency (inaudible).

M: Something, so sustainability around giving has got to be part of this thinking, that it can’t be something that we just kind of say, we are going to do something and then when the money is gone, we are going to stop doing that and do something else?

P: Yeah. I am with ________ Foundation and we make one-time grants and I wish we made a grant to a new program and it could run, but you don’t generate income running a homeless shelter and so you can’t have a one-time gift that, oh we’re off and running now. It has got to be there every single year.

M: You know, I heard in a focus group last night someone used the term, teach someone to fish or teach a system or a non-profit to fish. Is that something that....how does that fit with this conversation versus helping, support, meeting that need for today or creating a sustainable future with both programatically and for each individual. Does any of that spur your thinking about what is the best way for dollars to be directed? I know you have your ___________

P: I think what frustrates me the most is bandaid solutions and it is kind of a little bit like, “Oh, there is this pressing need and we need to take care of it. Here is some food, here is some money to put, you know, it is a small amount, but it is enough to do just a little bit of good.” So sustainability has got to be the key and then enough money to actually move it forward because $200,000 isn’t going to do much for Julie’s budget. I mean, it will help (illegible, laughter). Exactly, but if you are talking long-term for programming and things that she wants to be able to do because she knows these are the right things to do, I mean, even the apartment house. I mean, Heartland House is a fabulous program that _______ and it sustains families for two years, but once they are done with that program, then what. So, we’ve got a lot of two-year, three-year, six-month programs out there, but they are all bandaids. And you talk about the fishing concept, and I think that that is exactly what we need to do.

M: But you know, I need to go back and challenge and this is a perception that I had had, is that the Heartland House was essentially teaching people over a long two years, a long period of time, teaching them to be self-sufficient out in the community and you are calling that, your words are that that’s a bandaid. Tell me more about ….

P: It’s not long enough. You have families with generational poverty, so two years isn’t long enough to fix the damage that has been done.

M: OK, so that is what I wanted to understand that that’s just, we need something that breaks the cycle and sometimes it is a longer, a long road solution.
P: Right, it's a long road.

P: Something to think about is when you look at where our economy is right now, where we were five years ago, the Argus Leader just had a story in it whether you want to take it for factual or not, but non-profits are struggling across the board with contributions and donations. So, an analogy is that if you look at someone who is in low-poverty trying to keep their head above water, focusing on the future isn't necessarily always an option. Then you also take a non-profit who is trying to balance budgets and keep their people employed and keep things above water, it is kind of almost the same analogy because if donations are down, everybody is writing for grants and foundations and we are all coming to the Community Foundation with great concepts and great ideas. We are all kind of coming into the same, we're in the trenches helping people, but also we are seeing more businesses and more agencies that are really hurting. They are trying to stretch that almighty dollar and it can only be stretched so far.

M: And if that non-profit system does not have sustainability, they will not be there to help and support and coordinate volunteers, etc.

P: Let me expand on that a little bit. Several years, probably 10-12 years ago, South Dakota Housing started putting out money through the ________ Program which is a community development housing organization and that was basically organizational development for non-profits so they could go out and develop affordable housing. And after about three to five years, most of the organizations that were designated to this _________, weren't doing housing anymore because it takes a lot of time, it takes a lot of effort and there is no money in it.

M: Ok, ok.

P: So, if you are going to develop the capacity of a non-profit to do something, you want to make sure that the non-profit is going to continue to do that long enough into the future to make your investment worthwhile.

M: OK. So we need to....

P: And not everyone is going to do that.

M: So we need to make sure we have non-profit organizations that have adequate capacity, leadership, commitment to mission, that they will sustain that effort.

P: And that doesn't mean these people weren't committed to their mission, but if you after a while, you get really tired of carrying the world on your shoulders, and if you don't have somebody to help you do that, you get really tired, really fast.

M: So maybe we just carry one county instead of ___________

P: Well, that's...

M: (inaudible)

P: And as I even reflect on my experience, I like entrepreneurial type activities even for non-profits, like restore and, you know... My organization has kind of an outside the box funding stream and I like
that because if you take that analogy of a non-profit being like the family, that is kind of one of the answers and to me, that's, I have always gravitated towards that in the different non-profit roles that I've had, is how do we bring more of that into what we do.

M: And create that entrepreneurial spirit that sustains the mission and the charitable mission of an organization. Well, I would like to move us toward a little conversation that shifts our balance just a little. We know that health care and access to health care issues often is identified either in a broad sense or a narrow sense as a need in our community. And I'd like for us, I want to get to know a little bit more from you today about the issues around health care, health care prevention issues around health care, wellness and other health-related needs in our community. I am going to put a list up here of the specific health care-related needs that were lifted up, and I would like for you to take a look at those and then pull out that second sheet of white paper and we are going to spend a little time talking about this issue for a few minutes. And again, these needs were identified and this list was put together from the research already being done for this work with the Government Research Bureau. These were the specific health care needs that arose in that assessment process and that one that I had kind of goofed up in prenatal, by the way. I don't know what I was writing, perennial....

P: I thought it was paranormal.

M: Or paranormal.... My apologies for my writing there. But taking a look at those health care related needs, again on this white sheet of paper in the upper left hand corner, if you would put the number #3 and in the right hand corner, that letter that is unique to the back of your placard. And looking at that list, thinking about it a little bit, I would like for you to identify on this piece of paper what you believe, and it doesn't have to occur on this list, it could be something that isn't on the list too, those three things that you believe are the most pressing community needs around specifically the issue of health care. So just thinking about it, pondering it a bit and identifying what you believe are the top three concerns related around health care.

P: Top three?

M: The top three that you would life up. There was someone in a previous focus group that said, "I can't just pick three." So, she had to write five, but if you can narrow it to three, that would be fine.

P: She is a rule breaker.

M: Yeah.

P: Probably a friend of X's. (laughter)

P: I didn't say it.

M: OK. So kind of what you might think those top three issues that when we think more about the issue of health and health care. Now, if you have any question about what those mean, I do have a few little cheat sheets that I think are generally self-explanatory. Let's talk about this a little bit. X, what was identified, when you kind of, what did you write down first?

P: #2 on the list actually, health care costs.

M: OK, health care costs. OK.
P: ___________ problem seeking out health care, etc., and wellness programs, that’s preventative. That would drive down costs, certainly for employers to keep the cost down.

M: So we have people who are saying yes, that was on my list too, the list of..... So just really around cost in general, talk a little bit more. When you think of health care costs, what populations come to your mind. Everyone?

P: Well, sure, but the uninsured, of course, are affected and the seniors with Medicare and such, I think they are significantly affected, but again, it is almost a _________ whether they will seek out services or prescriptions.

M: So even people who have Medicare, OK, even people who have Medicare would not have adequate resources to cover the cost.

P: Sure, sure. Even people with insurance because when you look at people who go into bankruptcy, many times it is because of health care and medical problems.

M: Medical issues.

P: And even for businesses, when you are looking at the rates increased for medical, if you get a small percentage increase, you should be just taking that to the bank. There are people who are having 30%+ increases in health insurance.

M: In their..... And for many of them, they are making very difficult decisions about placing more of the burden on the individual employee with regard to sharing in that cost. What did you identify X?

P: I had number one is health insurance and costs because as you said, it ripples down to so many of the other items, about getting your screenings and getting your prenatal care and again working with the elderly population and seeing how they might take half of their pill one day. It is just phenomenal and what they are struggling with. And of course, health insurance has changed dramatically. It has changed for our organization, as well, employees.

M: X, what came to your mind?

P: Well, the medical service availability and knowledge of how to use what’s there.

M: OK, knowledge of how to use what’s there.

P: Not using properly. I see a lot of people that there are other services available for them, and they tend to use be using our ERs or our more expensive type of medical care, so that is a real big thing that I think we could really see some cost savings and hopefully, redirect that money somehow that is being spent on those types of services.

M: So they end up using emergency department services instead of having adequate care when they need it when they are less sick or that is the place I go when I need.....

P: Can’t afford a cab, so you call the ambulance service.

P: Teaching people to be smart consumers.

M: So it is really talking about how to consume effectively in the health care system.
P: When we have people come into Heartland House, typically the first time somebody gets sick, they kind of head to the emergency rooms, like, no, no, no, no. You don't have to do that anymore, so you go to urgent care or you wait until tomorrow and see if the kid is still sick or whatever. This is the way you are supposed to.

P: Or even just want other step of let's try doing some basic things. You want to run to the emergency room because you have a sty. Well, let's do a warm compress, let's get an over-the-counter medication that costs maybe $5.00 to deal with that sty instead of going to the emergency room or even the acute care. You know, do that whole remedy stuff. It does work, but I think that is where we need to push more of calling those nurses, the ask-the-nurse and healthformation.

M: But really, that's about teaching perhaps how to be more a effective consumer of health care and taking care of your own health issues. X, what came to, what was on your mind?

P: I had the same thing as Tim. Medical services availability, especially for the poor who don't qualify for Medicaid because we have a lot of services. You can go to Falls Community Health. A lot of people go to First Century for family medicine, but a lot of folks won't go anywhere and then that is when you get the escalation. That's when you get the cancer that is advanced and costs a lot of money or the diabetes that is then resulting in dialysis or amputations, and so a lot of things could be avoided with more availability.

M: Just availability and helping people navigate into the system.

P: Right. Especially when you look at like, psychotropic medications, the cost, getting them through some of the services where they can get on a prescription plan so the costs are down.

P: And see there is wonderful free programs for that. I mean, just wonderful.

P: It is getting hooked up with the services, so then they know where to go and what to do.

M: So more of an almost navigator kind of service that just kind of helps.

P: A nucleus that they can go to that is going to direct them of where we need to go. We have the beginnings of that with the state, the Department of Labor, the Department of Social Services all in one building, but you kind of need to have that one place because if you are way over there and I am way over there, there you are running all over town again.

M: Try to get that......a more of a navigator or more of an advocacy service. X, we haven't heard from you? What is your thinking about this issue of health-care related needs?

P: In addition to what has been discussed, I also put down just based on what I see on a day-to-day basis, is the use and abuse of alcohol, drugs and cigarettes and not only the price one pays in terms of their health, but also the financial cost that is involved there, you know, on a daily basis. We are counseling people on, that are having trouble making payments, buying a tank of gas, eating lunch, but they are always out with cigarettes, so just trying. I mean, it sounds simple, but just education.

M: And now it is like $5, $6, $7 for a pack.

P: But it needs to be long-term programming. We are finding out that , you know, nothing against the programs that are for 30-day and 45-days, but when you are dealing with people, some of them need that three months and six months of treatment program.
M: Are you talking about alcohol now?

P: Alcohol and drugs, you name it.

M: It is really the long-term.

P: Meth is like what, nine months minimum basically to have any effect at all.

P: 12 months. Usually they say when you have some type of dopamine. Again research…

P: And the sad part is that most of those individuals do better if they are sent to prison for two to three years because it gets out of their system and they get away from it. That’s the sad part of what we are paying.

P: They get away from it.

M: That is a pretty expensive treatment program.

P: But its effective because they are away from it for two to three years.

M: So you identified drug and alcohol use. We had several people identify and lift that up. Any other specific health care needs that you would want to lift up?

P: I would like to throw out vision, and I guess through my Lions Club, we have been dealing with that. We have equipped a vision clinic down at the City/County Health Department and optometrists are donating services two afternoons a month and then the Lions Club will help pay for glasses for low-income people, but you know, I think we are just kind of scratching the surface.

M: So a lot of people are going without adequate optometric care.

P: Right, if the City/County Health Department was able to maybe have a full-time optometrist, just like they do dentists now, I think that could help address that.

M: They would be busy all the time.

P: I think so.

M: OK. X?

P: I don’t know if this is a health care need, but I put down birth to young parents, and I think the reason I put it down is that I think this puts them on a lifetime track of socioeconomic disadvantage.

P: I use the word unprepared parent.

P: Yeah, the same difference. That is the generational thing that is happening and I don’t know of any program that does a great job of tackling that from whatever side of the spectrum you are looking at.

M: And I believe we did see some data just recently about that number of births to single parents going over 40%.

P: And you couple that with low-paying jobs and it is just a complete deal-breaker for life.

P: And then child support that is not being paid in arrears. I know an individual that owes $35,000 in back child support, let alone the current, and he has eight children.
P: Again, I don’t know that I am even thinking of that as health care.

M: Well, it is around the issue, yeah, yeah. It is a prevention issue. Now, before we close today, I want to take a few minutes to give you a chance to dream a little bit. Thinking about one program, we already know what X is going to write here, one program or one group that we would identify, I’m sorry, are you here for the next group?

P: You need to wait outside please. Please wait outside.

M: The.....I want you to identify one program or one service in this community that does not exist that should be created to fill an unmet need. Who would be the best to spearhead this effort? Make it specific. Who should do this work? It can be big or small. What one program or service would you most like to see and how could the resources be directed to serve that need? Thinking of Joel’s example that you already lifted up of creating an optometric clinic to support. That might be one choice. And certainly not one you have to write down, but just take one program, one service that does not exist in our community that you would want to build to meet a set of unmet needs and who should spearhead that effort. You can think big or small. One program you would most like to see and put it on the bottom half of this white sheet of paper.

P: Can you give an example about who should spearhead? Do you meaning....?

M: Who meaning an organization or a group or you know, some, who should lead the effort? Well you might say, well I think the government should lead this effort or this particular non-profit ought to lead this effort or the Community Foundation would be some examples? One thing you want to see. Thinking about all of the things we have talked about today. And then I’ll ask, have I missed anything or have we missed anything in our conversation. Something you came here wanting to make sure got out in the group that we haven’t had a chance to talk about it. Is there anything that we have missed? Anything that you would want to say?

P: One area, an offshoot of affordable housing is neighborhood revitalization with Community Development and looking at doing a targeted approach where you go into specific neighborhoods or specific blocks and possibly a public-private partnership where the city development or planning office identifies the neighborhoods and then targeting how to respond. It might be for several blocks building a new house. It might be building a new apartment building and it might be painting quite a few other houses so that you can visually see a positive impact in the neighborhood.

M: Kind of block by block, neighborhood by neighborhood and lift up that neighborhood with whatever it takes, whatever levels maybe around cleanup, is that what you’re thinking about?

P: Yeah and then leveraging that through volunteer support and coordinating volunteer efforts to help make it happen.

M: OK. Any other thoughts that were in your mind? Yes.

P: Yeah, one related to this question here _______ talk about it, but I think we have lots of programs in this community and I don’t think that it is ever a lack of a program. I think it is a lack of adequate funding for existing programs, and as when I give to things, I always like to give to new things and as a foundation, we make grants to new things, but I think before thinking about what program are we missing, how do we better capitalize with what already exists to allow people________
M: To stabilize.
P: Whether it is housing vouchers. It always exists, but it is undercapitalized. Whether it is homeless work, we really need more beds. You know, it is a matter of, there are programs there. It is not missing. Its just we don't have enough capital in that program.

M: OK.
P: I wrote down, I gave you my new one, but that's pitch on that question.

M: The importance of really paying attention to adequately funding our current infrastructure of support services. OK.
P: I have just one comment, and it is probably not a very popular comment, but I have worked in non-profits since, I don't know, since 1975, and what I have always found is giving people things, just giving them stuff, is just not effective.
P: Nope.
P: That's what, you will just pour more money. You will hemorrhage money and until people have a vested interest and learn what they can do. I mean, the first time I drove through Pine Ridge, I just looked through it going, "Oh my gosh. What happened here?" A lot of gifting, but no education, no maintenance, no sustainability, so sustainability, not only from the point of view where you are giving the money, but who you are giving the money to as far as the recipients and teaching them accountability, teaching them some pridefulness, I think is …..

M: Thinking of an investment here.
P: Exactly. Is a longer-term solution than just pouring out more money.

M: OK. It is an important kind of overarching caveat to this discussion. Thank you for that. I want to tell you just a couple of things. As you leave here today, I would like for you to leave the white sheets of papers that are in front of you. I will be collecting those and bringing together some of those ideas that are on the lists that you developed and I appreciate you doing that work. I would also ask you please not to interact with the focus group participants who are going to be coming in for the next group. If you would be so kind simply not to share with them the information you have shared with me and allow that group to work it will through this process. And do not leave without passing by Michael Wyland, who is standing out front, and I believe it is right outside that door and, and he has a small gift for you to thank you for your participation. You may choose to use that gift in any way that you choose for any purpose you choose, and we just appreciate your wisdom, your time, your effort and your contribution to the community and thank you very much for your time today. Thank you.
P: Would it be possible for us to get some kind of a summary, for example, the Government Bureau report.

M: I will make it a point to, because several people have mentioned that already. I will make it a point to encourage that be made available. There is some very rich data, and I am sure it will be very helpful. (inaudible) We will make that (inaudible).
Focus Group #4 Transcript

M: I would like for you to take the blue placard that has a letter on it and fold it just like so. And there are some markers kind of laying around there. On the blank side, if you would be so kind to put your first name, so that we can all speak with each other. And, I am going to ask if you can turn your _______________. Just enough so I can see. Yeah. Just enough so I can see. Thank you. Just enough and that way others can see it as well. Thank you very much for your time in coming today. We will have a chance to get to know each other and visit a little bit. I have a couple of kind of housekeeping kinds of things. First of all, you are involved in a focus group. How many have done a focus group before, I think probably some of you kind of know that this is kind of a... this is a very casual conversation. We can go off and I might just kind of bring you back a little bit. I have some specific things that I want to accomplish with our conversation today, so I will kind of guide you back to that conversation. You are very welcome. Please feel very free to talk and exchange ideas and information. You can even come on in. Hi. Please have a chair. We are just getting started. Thank you for coming. And so it is an opportunity to have dialogue and conversation and clarify things, and if you have concerns or challenges, you know, you say that's not so and that's not right, we encourage you to have that dialogue, as well. And, uh, this is an opportunity to share your personal viewpoints and ideas. Our topic of conversation today is around community needs and how community needs are met. And, one of the things that we know is that as we support those community needs, how might be the best way for large donor dollars to be delivered to meet community needs in the most effective way. And so, you were selected from a broad array of environments to come, and you are one of five focus groups that are working to have conversation around this issue. I am going to show you some things, information and data that has already been collected, but before we begin, I need to make sure you understand that this session is being audio taped. And that is for my use, so that I can go back and make sure my information and gather information, as I prepare my report of findings. You should have one right there with you and it has a letter on it. OK, and if you fold that, that will then give you a chance.... Well, that's what you get for coming late? (laughter)

P: I know. (laughter) I was in the parking lot _______________.

M: Well, and that, I do apologize. There is the definition of east door is under discussion. People say yeah, I think the east door thing kind of threw me, so, but I was hoping that the map at least got you to the right site of the campus. We have known people who have walked literally across the entire campus to get here and we didn't.... we're hopeful that that wouldn't happen today, but thank you for being here. So, and I need your understanding that it is OK that you be audio taped. Your last names are not going to be used in the context of this conversation, and nor will your names be attached to any reported findings, so it is important.... hello....right here. Um, so it is important that you understand that I want you to be candid and forthcoming with me today and this is an opportunity to express your viewpoints. Around the issue of community needs, so on the white, you have a white sheet of paper in front of you and you are focus group number four, so what I would ask you to do is write a small number four in the upper right hand corner of one of those pieces of paper. I do have a few extra pens, if someone forgot to bring a pen with them. OK, which one would you desire? _______________. I would like for you to write your, identify your community roles. And that might be where you, you know what employment role you hold, also what other roles you hold in the community, as a board member, or engaged as a key volunteer with a particular group or activity or whatever kinds of other community connections and roles that you play. I would also like you to identify how long you have lived in the community on this sheet. How many years you have resided...
in this community. And third, I would like for you to put your age range and I will share a little bit more information about that. So... a little bit of where you hang your hat and do for a living and what other things do you do in the community as a volunteer or board member or other resource.

P: You want specifics about volunteering?

M: It would be helpful, like if you sit on a board or you act as a key volunteer for Meals on Wheels that would be helpful to know?

P: I have already forgotten what you needed after that? Our age?

M: And then I will tell you a little bit about the age thing.

P: Oh, yeah. Thanks.

M: And how long you have been in the community.

P: Community defined as Sioux Empire?

M: Yes, in the region, in the Sioux Empire. We are going to be talking about the needs of Sioux Falls and the broader needs of the community surrounding and also those surrounding communities that might be identified as those who have Sioux Falls kind of as a shopping home or a medical home. You know kind of that perception of area or region. OK, on the age thing, you have two choices. You can just write down how old you are and I will put you in an age range or you can identify yourself as under 35, between 35-50, 51-65 or over 65. So, you have a choice. You can just tell me how old you are and let me decide where to put ya, the younger you are, the more likely you are to do that, and then or if you are like me, it’s like, I’m not telling, so that’s your choice. You are going to need your pen for the first activity we are going to do, so we are going to use this piece of paper just a little bit more. The definition of community needs, the most pressing needs to help people to live a better live. First, I would like to ask a little bit about the pressing needs in the Sioux Falls area. These needs can include outside of Sioux Falls to the neighboring communities and after you think about it a bit, I would like for you to write down on the bottom half of this write sheet of paper, I would like for you to write down the five most pressing needs that you believe are here in the community. You might also think of these as gaps in critical services and the populations who are experiencing those gaps, so think about it a bit, and then identify what you believe to be five of those key needs that you think are most important that come to your mind most importantly as community needs or gaps in critical services and the populations who are experiencing those gaps. If you only have three, that’s fine, or as one focus group member says, “Well I don’t care, I put down six.” You are welcome to be openly defiant if you must.

P: Are we supposed to the add to the described needs or....

M: Just, just you obviously were really pretty fast there.....

P: People are writing more than I did, I am kind of thinking (inaudible).

M: Yeah, yeah, whatever you, why use 20 words when seven will do. That’s fine. But some people kind of write a lot. I had a real book writing group in one group that I had. I am like, “Oh boy, I can’t wait to get to those sheets.” So..... Now, I am going to ask informally, a lot of faces here are people I know, but then there are some faces of people I don’t know. I am assuming that that is the case for all of you,
that you know, quite a few people, but maybe not everyone in the group, so, X, would you kind of
tell us a little bit about you and then identify what was the first thing you wrote down.

P1: I am X from Volunteers of America. ___________ with them 19 years. I currently oversee the
_____________ number of 24/7 outreach programs and some after school. I have been in the
community for 15 and I commuted the first four and then I found out Sioux Falls had housing. I moved
over here. Uh, let’s see the first thing. First and foremost always comes to mind is transportation.

M: Transportation, OK, that is just kind of like that was a no brainer for you. OK, OK. P2, was the first thing
that came on your list and maybe tell the group, so that people who don’t know you and from where
you come.

P2: I am X. I come from a hospital foundation and a ___________ Compass Center Board for Rape and
Domestic Violence. I just flew in from the windy city of Chicago and have been trying....

M: You actually got to fly in today?

P2: Today, yes, I have been trying to get home from New York City for two days. And there, I am on a
health board foundation, so, but the first need that I put on here is because I have been involved with
some friends of mine who are working, mentoring kids through that mentorship program and it is
hunger. ___________ it is such a big neede.

M: OK, hunger. And uniquely children who are hungry or just.....

P2: Families.

M: X, tell us a little bit about who you are and what was the first thing you wrote down?

P3: Sure. Um, I work for a radiology group here in town and I do PR.

M: Ok.

P3: So, the first thing that I wrote down was kind of along those same lines. Knowing that there are kids
in school that go home to families and homes that don’t have much and like they go home and don’t
have food to eat. So.

M: So the issues of hunger was on your list, as well. X, how about you? Tell us a little bit about where you
come from.

P4: Well, I am a marketing consultant and apparently life must be good for me because I had a really
difficult time in things to put down, but the first thing that just knee jerk came into my mind was just
_______________ on the way here. The second one was the hunger issue and I think that just might be
because of the backpack program is such a big thing right now with United Way. It is getting a lot
of press.

M: A lot of awareness around that issue with children and hunger. X, how about you? Tell us first so that
people who don’t know you know who you are.

P5: Um, I currently work with the Family Visitation Center and am the Executive Director of that nonprofit
here in Sioux Falls. I have been in the community 17 years. My first thing that I wrote down was in-
home support services for kids, meaning kids and families in their homes. There are sometimes a lot
of services that are available, but I just see parents have a difficult time taking what they learn in one setting and actually make it work once they get home in the door with four kids running around and trying to get everything done.

M: OK, so in-home support services for families. OK, ________, how about you? Tell us a little bit about who you are and so that people know who you are and then what you wrote down as your number one.

P: OK, my name is Abdullah _________ and I am from the Somali _______ community and I have lived in Sioux Falls for one year and three months, and the first thing that I have on my list is paperwork help.

M: Paperwork help. OK. Just, how to navigate, to navigating that whole system and getting into get the services you need and how to fill out the papers.

P: Exactly.

M: It is a lot of what you do, isn’t it?

P: Pretty much, pretty much.

M: So just that whole navigation. OK. X, how about you?

P6: I work in the health care public affairs. I serve on seven boards and volunteer for quite a few community activities, the Chamber of Commerce, United Way, etc. And I just recently went off the Multicultural Board and I listed that as the number one thing for me. Is somehow continuous service or continued service for a longer period of time for the refugees and immigrants that come and we bring them here and churches reach out and they kind of get, you know, assimilated a little bit, but then there seems to be a drop off and hopefully, the Multicultural Center and others, so we can figure out some way to lengthen that out a little bit longer, so that they get fully ingrained in the community.

M: So the transition becomes a fully internalized across. OK. X, how about you?

P7: Well, I work at a hospital here in town as a social worker and prior to that, worked in nursing homes and I have kind of got two that I can’t say which one is number one. First of all, you know, the lack of insurance for health insurance is a big impact and you see people in the hospital regularly that didn’t come in, didn’t come in, didn’t come in because they don’t health insurance and now they are in a huge mess. And, you know whether it is getting them health insurance or educating them that they can go to the hospital and the second thing would be for elderly, a lot of times people go home and they don’t have any follow up and don’t have any case management at home and so then they fail and they come back and then they fail and they come back and eventually they end up in a nursing home which isn’t always where they need to be. So those are kind of my two.

M: OK. And kind of connected a little bit around the issue to access of care. Betty, how about you? Tell us a little bit about… (laughter) X, tell us a little, so that everyone knows you and then what you, kind of what you identified as your number one.

P8: Sure. I am with Lutheran Social Services. I have been in the community 4-1/2 years. I am not on nearly as many boards as Rod, but I do some volunteer work. My number one was affordable housing and I quantify that for very low income. We talk a lot about affordable housing and then I hear what people put with that and it is not affordable.
M: It is that, and I think the percentage of poverty is that below 50%, below 30% of poverty levels at very, very low income. Homelessness or near homelessness kind of group. OK, OK. X, tell us, so the rest of the people know who you are and uh....

P9: I am Tim and I work for a financial planning company here in town as an independent contractor for them, and serve on a cabinet, one board, one steering committee, but essentially the same sort of tasks and then a few other miscellaneous community involvement things, 11 years in Sioux Falls, but I grew up 35 miles away from here and I will say that being on the cabinet for the United Way, the backpack program is at the top of my awareness. The __________ was one thing that I wrote down, but I also came from a small town not far from here. We have a lot of resources in this community, but there are people who live 17 miles southwest of Sioux Falls or somewhere in there and need those resources, but getting those small communities in our connected to what we have here, I think is something that they are not aware that those services are available for domestic violence or just not being able to pay their utilities, so on and so forth. But getting those small communities around here connected with resources we have in Sioux Falls.

M: OK, so that’s an interesting perspective around not just, kind of that’s where the gap is for those people who have been involved in that area. X, how about you? Tell people who you are and then....

P10: OK. I have been in Sioux Falls since 1976, health care administration for the past 30 years, most recently Executive Director of Carroll Institute. I too have homelessness and affordable housing, but number two I think, in order for any community to sustain itself, you need healthy and educated children, so my focus is early childhood development, birth to 3, preschool activities and while there is some supportive efforts and ongoing legislatively statewide, foundations, I think we can do more with that population.

M: OK, I know that I did not call on X, but we have been talking about kind of what are those kind of five needs in the community that we would lift up and say, this is kind of my list of five. Thinking about what you’ve heard so far, what would you lift up as kind of what you would identified? First, let the people know who you are.

P11: Yes, hi. I am X and I work for the Chamber of Commerce. And right now, I am a member of SME, I work on United Way. I have been a United Way volunteer forever and a member of Rotary and then have served on different boards in the past. I have been in the community 44 years and I, too, am from a small town around here, from Montrose. Uh, and I had put down right before Rod said anything, a multicultural center because we had the new director, Christine Nicolaison speak at a meeting last week, and I just was tired after hearing her speak because of all of the things that she has tried to coordinate, so if she can get all of those activities coordinated, you know, with all the other agencies in Sioux Falls, that is going to be a big task. And then secondly, I had awareness of drug and alcohol opportunities, I guess, in the community. I have been working with TLC. I had worked with NAMI in the past and NAMI, National Association for Mental Illness, started out in the community awareness, and they have done a wonderful job of bringing back a problem to the forefront and TLC is embarking on doing the same thing. It affects a lot of people in the community.

M: And just the issues just around both access to treatment, aftercare, all of the broad, kind of the broad brush of them.

P11: Right.
M: OK, OK. Have I had a chance to have each of you share kind of what might be on some of the items on the list. Well, thinking about that, one of the things that the Government Research Bureau is coordinating this research effort for a client that looking at directing their resources in a more effective and sustainable, effective and efficient way, and so they have done a broad base of research, everything from census bureau data, to reports that have been generated within the community, social services reports and others and have put together a comprehensive data analysis of all of the various reports out there. And they have identified a list, and I am going to put that list up and we are going to look at how it compares or might contrast to your list. And this is a generalized list again, and then we are going to ask you to prioritize just a little bit more. This list comes from that research and is a list, I believe there are 17 items on this list of needs in the community that have been lifted up as part of the process, the gaps and concerns with services and again, this is presented not in a level of need, but in an alphabetical order. And if one doesn’t make sense to you, I would be more than happy to, I have a little cheat sheet of additional information about each of the items on there. But those are the things that have been lifted up as areas of concern. So I would like for you to take a look at your list and looking at this list, if you need to add something, that would be fine. I want you to put a star, a big hard star on your white piece of paper by the thing that you think is the most important of all. The most important issue, gap, concern, community need. You can pull one from that list and add it to your white piece of paper or you can simply star one of the items that already exists on your paper.

P: Margaret, just a question. Social services is pretty broad. Is there any type of....

M: The descriptor around it is access to services for families in need. It is really looking at the definition like the state defines social services in the delivery of those resource services for families in needs or individuals through adult services and aging in need of protective services.

P: How about government services and rural life? Government services are around those public services we typically take for granted, snow removal, public safety, includes police and fire, where government services are those things we typically think about that government offers, road repair those types of things.

P: Medical services, Margaret. Why would that be a problem, I mean what....

M: The need related again, again that’s a broad brush around access, availability, being able, just being able to access adequate medical care, getting the right kind of car is the definition around that issue.

P: What would rural lifestyle be?

M: Well, those are really around the issues that we have afforded or a part of what it is like to live in a rural community, access to the environment, what people might identify as an enriched environment of living in a rural community, safe, engaged community connection, community feel and sustainability of smaller communities. So, after you have had a chance to kind of look at that list and look at your list, you can add one if you want or change yours around, but put a big star by the thing you think is number one. Some of you have already lifted up what you think your number one is, put a star by that. Have a chance to put a star by the one you think is the most important. Now make sure it is a big hard star so that when I look at these sheets of paper, I don’t have to guess what you said was your number one. And this will allow us to get a pattern about some of the people that are engaged in this type of activity, just to give us a sense about that. OK. I would like to take a few minutes, now that you have kind of identified what you kind of is your number one from your list, I want to talk a little bit...
now and get your best advice about the best way for philanthropic donor dollars to come into meet some of these needs that we see in the community. What is the best way for philanthropic resources to get to the needs of the community and actually address to meet those needs? For example, we see that many, many non-profit organizations solicit dollars through regular giving programs, maybe making specific requests to businesses and individuals for major gifts each year or writing grants and specifically seeking grant-support dollars that come out in the form for requests for proposals that one might see or simply submitting to a potential fundor and saying please consider helping us with a project, all the way to sponsorships of events and those kinds of things. What is the best way for resources to get to the people in need? Don't all speak at once.

P: In terms of how they might be encumbered as far as getting them to a, I mean, for me it seems like that through the area foundation or some foundations they have the expertise, they have the infrastructure. They are going to help support how those dollars are used because they are going to be requesting an audit or some kind of followup, so I mean, it would be easy for somebody to say, “OK, we are going to target any one of us here and give them X amount of dollars, but I think there is more oversight to an independent foundation, if that would guarantee that if I am going to donate to somebody, that is really is how it is going to be.

M: So having, making sure there is an infrastructure to manage and make sure the best ideas are funded and so giving, maybe looking at that being broad-based then and not necessarily focused or targeted. OK. What is your thinking, X?

P: To me because like the, the, if the desire is to target one or two specific things and then attack them in a systemic way, you know, then probably the grant route and having a foundation or some means of, you know, providing the structure for that process. If you just wanted money out there for every good cause, then give us your name and number, and we will come a callin'.

M: Well, you know, I think that often organizations feel somewhat uncomfortable about, we have lots and lots of requests come to a business or industry and how do we know, is it, I think in one focus group someone used the analogy of is this a shotgun kind of approach or just put a few shoot the money out there and hope or is it more targeted, rifle shot approach better. What is your advice?

P: A tremendous need and varieties of need, and so you can do a lot with $10,000 here or $10,000 there, but I have the sense from just the little bit of information provided up front, this is someone looking at systemic change and systemic change doesn't come from a shotgun. I think it has to be a much more strategic approach with whether it is through a grant process or you know, some way to vet whatever agency you think might best be able to accomplish what you need and give them the resources to do it.

M: OK, so either for the donor to go out and essentially say our concern is the children and families and so we are going to, we would like for you to be a partner in that or alternatively, putting out a note, that this is what we do and say, “Come and seek opportunities.” What is your thinking, ________? What is the best way to help?

P: It is always good to look at the services and programs that the organization provides for the client and how the clients benefit from the programs, so just my experience with the Somali ________ families, 99% of the adults never to school in their home country, so on a daily basis, they need help with paperwork and I would say a donor may look at that service and then a donor may see how the
families need that service. Therefore, it can be seen how unique the services are, so organization needs to give the resources to continue to support those families.

M: OK, what is your thinking about this?

P: Well, I think everyone has had really good thoughts so far. I do agree that something like a community foundation or a United Way, you know it is good because a lot of people look at it and allocate, but I think sometimes what might happen is it goes to lots of different organizations and so the money might be watered down quite a bit. And so if they want systemic change, I do agree that a grant process would probably be the best.

M: So be more targeted and focused toward a particular subject area?

P: Something else to consider possibly is that some organizations or projects are a little bit easier to sell when getting donors, you know things that involve children are always an easier sell, you know, things like that. And so another thing to consider is maybe going after a project that would have difficulty getting funding elsewhere because there are some things that people will always give money to and it will always be up there, but there are some things that are more... You know, the backpack program is great. I think people like it because you see definitely short-term results. You know, you give the money, you get the food, the kid gets the food. Whereas, sometimes long-term projects that you might not see results right away, that is a little bit more difficult for people to bite into, but the big picture, they are probably going to do a lot greater good.

M: So really maybe looking at those things that have long-term systemic benefit, but maybe not the short-term wow?

P: Probably, just because having worked on non-profit boards, those are the things that are the most difficult to get money for, I think. You know, nobody wants to do the long-term, but that is what is going to make the difference is, you know, twenty years from now, so that we don't have that problem.

M: Any other thinking? Some people, X, we haven’t heard from any of you over here, what is your thinking?

P: Well, the one thing serving on the United Way Board, that they struggle with, is you know, you can start a program and you can fund it, but is it sustainable over the long period. Is the need remaining a short-term need or is it truly something that is going to be here 10 years from now? And could this program, if you give it seed money, as Sarah said, does it now have the ability to go out on its own and create its own funding and break away from the United Way and sustain itself on its own. So, there are really two choices. You can either pick a particular project and maybe it is a building, maybe it is a, I don’t know. I always think of building that people want to give to bricks and mortar, but they will give to a building, and now next year we will look at our dollars to go someplace else. Or, do you give to a program like Gary’s that are long-term sustaining, there will always be that need. They will always be there regardless of how much you throw at it, it is always going to be there.

M: So really, the advice that you might have is to look at the giving process that would kind of work towards sustainability, something that would maybe diminish over time, but have a longer vesting period, if you will of support for them. OK.
P: I think that is important because if it is a grant process, they are all good, but we have all been in situations where the grant money runs out and now what, you stop the program, and so if it is built into that and its that systemic approach, not necessarily just to, you know, one agency, because I think it is a multiple collaboration which we all do. We all collaborate up until the point where something else draws us away, so we need the ability and the dollars behind that, the coordination behind that to continue to make sure that it is a program that is going to be there in the long term, if it is meeting the need now, it will need to meet the need 15 years from now. And measuring that, I think that is a big ________, as well.

M: So making sure that it is, we can measure what those matrix elements of success are, OK, I am seeing some nodding heads that will not come up on the audio tape, so (laughter), so don’t think that I don’t have a plan here. X, your thinking about as you hear this conversation, what comes to your mind from the perspective you draw primarily from the volunteer side of the service system.

P: I felt that it is important that you have a system of checks and balances, so if it is stuff that is run through an organization or a community foundation, I think that is very important because then there is accountability and there are people who are qualified to get those dollars where they need to go. And the sustainability of it, I think is very attractive because if you want to really focus in on one thing and really make an impact long-term, there has to be a long term plan for those dollars and how to make it sustainable over a period of time.

M: Well, one of the things that we know is that often when we look at broad needs and broad community needs, we come up with very long lists, and we all have many, many different kinds of needs in the community, but we also know that often what comes up are things around health and health care and health care access. I would like to move our conversation a little bit specifically now toward some of those health care and health care related kinds of needs in our community. We would like to know a little bit more about your understanding about the access to health care, health care-related prevention, wellness and other health needs in our community. I am going to put a list up on the board again that came from the research that has been done so far and I would like for us to talk a little bit, and you will need to pull out that second piece of paper. I would like for us to talk a little bit about specifics of health care needs in our community, so let me put this list up here. And again, this is a very generic list of those unique issues around health care. And my apologize, that bottom word I messed up should be prenatal. I don’t know perennial health care would be (laughter). Prenatal, so thinking about, these are kind of, and again, these are put in no particular order. They are in alphabetical order. They are not in a need-based order.

P: I am just really pleased that alcohol and drug and mental health made the list.

M: Oh, you are surprised they made the list?

P: Yeah.

M: Really? OK. Well....

P: That’s progress.

M: Well, this is good news then, OK. So those are the lists. This is the list. I would like for you to take that second piece of paper and I forgot to tell you to do one important thing. On the first sheet of paper,
on the upper left hand corner, put the letter that you see on your placard, just put that letter and then do that again on page two on the upper left hand corner, put the letter that you see on your placard. And then on the right hand side of the, the upper right hand corner, put the number four. This is focus group number four.

P: Now, is it OK that we might have screwed up on our papers. (laughter) (inaudible) I just want to say I already used my second sheet.

M: You are just completely out of here, yeah. We are paying full attention to you because you have taken two days to get home from New York and obviously are not at your best at this moment, but.... Thinking about that and using the sheet of paper that you have in front of you, I would like for you to identify based on this list and other things that you think about, again around the issues of health care, put the top three need areas you think need to be lifted up as the most important health care concerns in our community. And you might say, “Oh, my problem isn’t on that list.” Well, you can then go certainly off the list and identify one that isn’t included here. So identify what you think are the top three needs in our community and then we are going to have a chance to talk about it a little bit. OK, I think X we will start with you and keep you on task here today. You’ve written down. What, what, what was the first thing you wrote down?

P: Well, I think because I was just in New York and _______ mental health for children, I did put down mental health just because when you look at health care, if you don’t have mental health, you don’t have any health. It impacts everything, and the way that mental health today is provided to people, children, we listened to a psychiatrist that he spent some time in Canada, and he was telling us about his experience there, and although things aren’t perfect anywhere, he did talk about when a psychiatrist first meets a family, a child who is struggling, that child, they spend days assessing that child. It is not an hour, it is not 15 minutes, it is days. Coming back and working in Philadelphia, he is able in working with this hospital that he can spend four hours assessing a child and the families, sometimes up to eight hours, and of course, then they are seen twice a week. In most cases, that doesn’t happen. It is 15 minutes to figure out what is going on with that child, the family and then they see them maybe quarterly, and they are not serving, it is not family based, so they are not looking at the entire family, so I think it impacts everything. And one of the things that I thought for health care needs that wasn’t up there is family stability because that so impacts our health and everyone’s health, community health, everything about what is up there it impacts, I thought. So…

M: OK.

P: It is a long answer, sorry.

M: Passionate answer. X? What did you lift up?

P: I was trying to figure out how to frame it. The health insurance pretty loudly because I work with many, many people who do not get to clinics and doctors.

M: Because they are uninsured?

P: Uninsured.

M: OK.
P: Particularly dental and the pain that is caused people because lack of dental care is incredible and the missing teeth, not being able to fill in the cavity that won’t go away, the abscessed that they live with. Just think about how painful that can be with absolutely.…

M: I am having phantom pain right now. And you see that a lot in your world?

P: Yes. And the lack of providers taking Medicaid.

M: And even if a family is on Medicaid, the access to dental care is very limited, isn’t it?

P: Right. And in most of South Dakota.

M: OK, many, many providers do not take Medicaid.

P: Some cities have zero providers.

M: Yes, and I know there are many communities across the state.…

P: We might have one or two here, but ____________.

M: X, what did you lift up when you think about the issues of health care.

P: Mental health care to mind for me. Not necessarily because the services aren’t there, but piggybacking on what Robin said, they just don’t appear to be addressing the family needs. And that is just not parent and child. That’s the person out there on their own and their neighbor and their friends or whatever that definition of family is is for that person. It just doesn’t seem… I think there can be more done in looking at that, the mental health needs of individuals for more of a system approach.

M: A more system-based approach.

P: A system centered around that individual.

M: OK, OK.

P: And taking the time.

M: X. Thinking about health care?

P: Since I listed alcohol and drug use as my second.

M: In the general needs.

P: In the generals, so I put that as the first. And it is to the point that if you don’t have the money or the insurance to pay for giving help, there is no other place to go. I mean, there is a gap in the community for those individuals that don’t have the money to pay for the services to help them.

M: OK. X, we haven’t heard from you. What is your thinking about the issues around health care and the issues of access.

P: My number one was also, I was with X on health insurance. And you will have to excuse me, I have only been in the health care field for not too long, so I am still, you know, wrapping my mind around everything, but there is where I work. I work with a pain clinic, as well, and there are times when our patients come in there that really need something done. It is painful for them and stuff, but they can’t
afford it because they don't have health insurance. So, I guess that since I work with it a little bit more and I see it firsthand, that is one of the reasons I put it for number one.

M: X, what was your thinking?

P: Well, my number one is health insurance and kind of a secondary thing right under that is medical services availability because there are services out there for people without insurance, but they are not very well known, and they are very, very busy. Trying to get somebody an appointment down at Community Health is very challenging, if you want to be see in the next three months.

M: Really, really? OK.

P: So that is an availability thing too. I don't think health insurance will fix all of our woes, but I think it would address a lot of the concerns because a lot of times people don't get medical care for any of these things because they can't afford it, they are afraid to go to the hospital because they thing they are going to take their house and some clinics will even say, if you don't have insurance we won't see you. And so, that is a big challenge.

M: OK, X what is your thinking about health care-related issues and the things that you would lift up?

P: Oh, I listed diabetes because it is becoming a runaway disease. It is tied to the obesity problem. I am going to quote a number, but don't hold me to it. I think one out of four babies born after the year 2000 will develop diabetes in their lifetime.

M: Oh my word.

P: And it has so many other issues that go with it. It causes the number one cause of blindness, number one cause of kidney failure, number one cause of heart disease, so there are a lot of things that go with that. And so it is a major issue for not only today, but the generation to come, so we need to do something.

M: We need to make a difference there. X? What is your thinking?

P: I put the alcohol, drug abuse and mental health issues as my one and two because of how pervasive they are, in terms of not just individuals, but family, community levels. And how devastating they can be to the person's life, but yet treated.

M: It can make a world of difference.

P: People can be very good family members and contributors to communities and I had obesity as three.

M: Uh-huh. ________, have we had a chance to hear from you?

P: Well, with the three, no one really stuck out. I did have mental health just because I think there is a big problem with.... It is one of the few things that there is still a social stigma about it and people don't like to talk about it. They don't want to get help, things like that, and I think that a fair amount of people with drug and alcohol problems are self-medicating for mental health and also a lot of people who are overweight. You know, people have problems and they don't deal with them, it comes out in order aspects of their life. And I would say obesity because it is a huge, huge problem that is ____________ systems, so that is a big thing. And I also think birth to three is super
important because if someone doesn’t have a good start in life, then it is really difficult for them to
overcome that.

M: Kind of having that challenge is hard to overcome over time. OK. __________, how about you?

P: Medical service availability. The reason that I choose this one is because the more medical services
we have, the more people can be treated and get access to health care, I mean to medical programs
where they can go and get to know more about health related information and that is also connected
with health insurance because in the community, I see a lot of people that do not have health care
insurance. They cannot go to the hospital to get treated. They have to stay in their houses because
they are so concerned about the bills that they have to pay if they are treated, so, yeah....

M: So creating some sense about how we might address some of these issues and those kinds of
things. How might we tackle some of these health-care related issues in our community that we
have identified, access issues, dental care, diabetes, issues of access. Alcohol and drug abuse, mental
illness issues. What might be some ways that we could attack those issues in our community and
really make a difference in how we might address them?

P: Could we have this discussion on November 3rd?

M: I’m sorry.

P: Could we have it on November 3rd? We will know more.

M: Yeah, well, you know, OK, my job is not to fight about it. I am not sure we are going to know much
more after November 3rd. That is only my personal opinion which I am not allowed in this group.

P: For diabetes, it is testing and education.

M: Testing and education. So creating some kind of ongoing, really getting people on an ongoing basis
to find out when a problem is emerging or what issues are around that.

P: Yeah, we, we provide testing in different community events and people will just walk by. I’m fine, I
don’t need to be tested, kind of like blood pressure and other things.

P: They just don’t want to know that they that they are (inaudible)

P: That’s exactly right. Some people don’t want to know. They would rather not know.

M: I think the ostrich effect is kind of there a little bit, head in the sand a little bit. The last activity before
we close our time together. I want to take some time to give you an opportunity to dream a little bit,
so hopefully, you have a little chunk of the white piece, the second chunk of paper available. And I
would like for you to, as we think about the things that would help our community, to identify one
program, a resource in this community that doesn’t exist here, but should be created to fill an unmet
need. And who might be best to spearhead that effort. Be specific about who might spearhead an
effort you might identify. You can think big or small. What one program or service would you most
like to see and how could resources be directed to meet it? Who should do it, what is it and how
should resources be directed to make it happen? You can write that on the bottom half of that white
sheet of paper.

P: This is health care related or just anything.
M: Just anything. What one program would you like to see initiated? Who should spearhead it, big or small? And how should resources be directed to meet it? OK. X, would you be willing to share your audacious ____________?

P: Don’t get upset at me.

M: No, I, this is not…

Joan: We are dreaming, right? I would have a 24/7/365 public transportation system at a reasonable rate. It would be an expansion of an already existing transportation system, however, because the City is so stretched or appears to be, I don’t know the clear answer on that, but I am assuming things that we are told that, you know, with cuts they have had to make themselves, it is very difficult them to talk about a 24/7 transportation system, so I would offer that it is a community-wide commitment from retail business, corporate, schools, churches and nonprofits who have a vested interest in getting participants, students, congregations to where they need to go through this public transportation system, so we would all to kick in a little bit.

M: OK, so that would be your one program and the spearhead would be to utilize the existing system and expand it through a community partnership.

P: A shorter way to the bus stop.

M: A shorter way to the bus stop. I was hearing stories about that. X, what is your, what is your idea?

P: I put down centralized service delivery. Easy access to available programs currently offered. One of the things that I see is there are many wonderful programs available. The people who are needing those have no idea how to navigate that system, and they have no idea that this program exists or this program and then once they find out, they physically have got to navigate that system because of transportation. It is difficult because of other issues, and so it is a more of bricks and mortar type thing, is where those services are available at this centralized location and you basically have your guide through that program, and there is child care, so you drop your kids off and then you’ve got someone who is going to walk you through what you need to go through and helping through that process. So that centralized service delivery. As far as who, I think it is no specific person comes to mind, but it is a community collaborative, so some of the people that Joan mentioned, as far as you would have government and maybe an oversight type of thing. And then resources directed specifically for bricks and mortar, the staff, those types of things.

M: To make it happen. Anyone else want to share their big idea before we close today?

P: I will.

M: OK.

P: Well, it is a big idea, but I have seen it work in a small setting with 300 very young children and again, it is about the family stability because I think that is so important and it helps immigrant families, as well. And that is having a long-term family health coach. There are so many families who are in need of a health coach. And a health coach can have a varied background. We have health coaches that are nurses, dietician, actually there is a degree in family stability, but ____________. And who should pay for it because it impacts these families so. And they are with the family long-term because these aren’t short-term problems. They are long-term problems, so I would say they are at least with the
family through the fifth grade, and longer, if needed. Who __________? It starts at preschool or
earlier, birth. Who pays for it? It is part of our education system. It is built in. It becomes part of what
we start with when a child is born, so they never get lost and that family health coach has all of the
connections. It is kind of what you are talking about. It is centralized. They know where to go and
it is paid for by taxpayers because I am a CPA and I'd say that is where we start and we have to be
willing to pay taxes, but getting into politics a little, we always want to ______________, but then
we still see the big needs we all talked about today and we don't have a fairy godfather who is going
to come and provide those services. Even the government services for police. I mean to me, it is like
if we are going to cut services, let's cut police going out for burglaries. Let's cut police going out for
small accidents. Let's have an impact for everybody because it seems to always impact the most
disadvantaged and when that happens, we all hurt. Our whole community hurts. We have more
crime, everything is broken, so that is why I think it is so important. It is my dream.

M: Your dream. Have we missed anything? Anything that you came here wanting to talk about? Yes
__________?

P: I believe this program is already in the community, but the way it is working, does not work for
the families, especially the refugees. And that program is adult literacy. The main reason, the _____
problem that happens to the refugees and immigrants. They never went to school in their countries.
They come to the US with no English or limited English, and when they come here, they are given
ESL program and they teach us not to speak their own languages and the teacher speaks English.
They may not know any other language, so seeing that these families never went to school and they
do not know even the foundation. They totally need to someone who can speak their language,
someone who can use both languages in the classroom, so that students can get what the class is
taught because a lot of, most refugees take adult literacy programs at Lutheran Social Service, the
Somali band of community, we just started a literacy program, so the families are complaining about
not understanding what the teacher says because they have no idea. They cannot read or write, so
they just need to learn the alphabet. So how can someone who does not speak my language teach
me while I don't know anything about what the teacher is teaching. So, I think if we teach us to speak
the same language that the refugees speak, then these refugees and immigrants will understand
more about what is going on in the classroom.

M: So that, excellent idea. Excellent. Is there anything else that anybody says, you know, I am going to
make sure I get that out in the open when I am here today. Any burning issues that we have not had
a chance to describe or define today?

P: Well, one of the things that was on your first sheet was the education system. We haven’t talked a lot
about that in this particular group, but my dream would be to have this community or maybe even
this state at some point think big in terms of our education system. You know, we are pretty proud
of our results, but as you look at it comparatively across the planet, we are lagging behind. You know,
let's just say we can have a K-12 system or a pre-K system that goes year around. I mean, there are
other states who have tried it. In all of the things we have talked about today is a lot about awareness,
education, health coaching, health sciences. We need to tap into Warren Buffett who has been giving
away half of us $80 billion or whatever and develop a better system.

M: A better educational resource.

P: OK.
Thank you very much for your time. A couple of housekeeping things as we go out the door. First, I will want to make sure that you understand that you should not interact with the participants who will be coming in after you. They will be waiting out in the hallway, and it is very important that we not tell them a lot of information. I am not telling you like not to say hi or anything (laughter), but just kind of be considerate of about where we are. Also, Michael Wyland will be standing in the hallway when you leave and I need for you to make sure you walk by him. He has a small gift for you to thank you for your participation and that is a gift that you may use in any way you wish, whether or not you would wish to use it and use it for some opportunity or give it away. It is completely up to you, but it is our thank you for coming and contributing to this important effort, and we appreciate very much your time and thank you and please leave the white sheets on the tables and I will collect them, so that I can mine the information as well as the uh, tapes that we have, in order to get the best possible outcome. I would like to just give you an example of good marketing. Thank you very much. And thank you very much for your time and again, I appreciate your coming. I am going to walk out and open the door and make sure Michael is right there.

Just a question, Margaret. Will we hear back?

Well, I think you will hear back in the community and also I did say that there is a whole bunch of data collection that is happening and several people have mentioned we would want to have that data available. I am making that recommendation and it will be included because you are among many who had said, “We would want to know the results of this information?” What is it resulting in and also just some excellent core information about incidence and issues of need that may be important for grant writing and other kinds of activities, as well. So, I will walk out with you and make sure Michael is right out there, out front.
Focus Group #5 Transcript

M: This is focus group number five of five. Thank you for being willing to come into the evening on such a blustery evening, as well. Welcome to fall. We are here today to talk about community needs, and I'd like for you to first take the placard that you have, the piece of card stock that you have and fold it, if you would, in half, and there are some markers around the room. You might have to share, and just put your name on the front of the placard that you would like for me to call you. I think I know some of you, but I don't know all of you, so we will get to know each other a little bit during the course of this time together and find out about those people who we haven't met before. (inaudible) How many of you have done a focus group before and kind of know how they are done and that kind of thing? This is just a guided conversation, and so you have every opportunity to talk to each other and disagree with each other and address the ideas and challenges that we have. I encourage you to do that. We will kind of go off in little directions and then we will come back. And my task is to kind of guide us through several concepts of information that we are attempting to collect today. I am here. Sumption & Wyland has been contracted with the Government Research Bureau from the University of South Dakota to carry out the focus groups portion of a research project for this community identifying and looking at community needs. And the client of this, for this effort has chosen to remain anonymous in this process, but interacts in the community and is choosing to interact with the community in a significant way through donor dollars and resource dollars giving into the community and what is your best advice about how to do that and how to do that in an effective way. So, several things have happened already. First, the primary researchers from the University of South Dakota have gathered together, I believe, it is upwards of 100 different resources, program reports, census data, state government reports, utilization rates, Medicaid utilization and food stamp utilization and has put together a comprehensive report for the community. And the definition of community is our community of Sioux Falls, the surrounding area and going more broadly to those communities who might identify Sioux Falls as their medical or their shopping home. And so, we need to, want to think about from a little bit broader perspective. Before we begin, I want to make sure that you are aware that this session is being audio taped. And does anyone have any discomfort with my audiotaping so that I can go back and pull information from that audio tape to augment the information that we will be collecting here. Is there any discomfort with that at all? OK. I want to make sure that that is for my use only for the analysis for this portion of the data collection report. And so you have some white sheets in front of you and we are going to use those. You need to have a pen to write with, so if you didn’t bring a pen, I do have a couple of extras. You take your pick. OK. I am kind of your down to, we are down to the last session, so we are down to the last stash of paper and pencils and pens. Do feel free to get yourself a bottle of water for the course of our time together, as well. And again, I want you to know this is not supposed to be hard. There are no right answers. So, with that, on the first sheet of paper, first in the upper left hand corner, to put the letter that you see on your placard just in the upper left hand corner. I will not identify you by name, but I will be focus group composition. And so, the information I am asking for you now will help me write a composition of this focus group, so I need a little bit of information from you. What is it that you do in business, in life and then what are some of the other activities that you do from a volunteer standpoint. Maybe you sit on a board or you are involved as a key volunteer in some activity or multiple activities. And please identify your current roles in the community, as well. So you might answer, I'm a bank who sits on these three boards and then I want you to tell me how long you have lived in the community. So the second thing I want you to tell me is how long you have lived in this community. And then third, we are going to talk about age. I have some ideas about that. OK. When
it gets to age, you have two choices. You can just write down how old you are and I will put you in a category, but if you would rather be a little more discreet, if you are under the age of 35, 35-50, 51-65 or over 65, you are certainly welcome to write that, as well.

P: It was careers.....

M: Boards and service, activities in the community, and then how long you have lived in the community and then your age. You are young enough. You can tell me how old you are. It is amazing as you get a little older, we prefer ranges. At least I do, I don't know what you do, but I do. I want to talk first about community needs. Everybody have a chance to get their information kind of written down? I want to talk a little bit about the most pressing needs that people have in the community so that they can live a better life. And as we think about the community, again I remind you that this is the Sioux Falls community, the surrounding community and kind of that broader community that identifies Sioux Falls as its shopping or medical home. As think about that, and I want you to just kind of ponder in your mind for a little bit about what are the community needs that come to your mind, the most pressing needs. These can also be identified as gaps in critical services and the populations that experience those gaps is another way to think about community needs. Using the bottom half of this sheet of paper that you have in front of you right now, I would like for you to write down the five things that are the most critical elements, that come to your mind that are critical community needs within our community and then we will go around the table and share some information about that when we are done.

P: Can it be anything?

M: It can be anything, uh-huh, any community needs and again, there are no right or wrong answers to this. We want your top-of-mind awareness about what you think are the most critical community needs are. Now, I've had focus group members who were openly defiant and said I am going to put seven, I don't care what you say, so if you happen to put seven, we can live with that or more, but kind of looking for that top five, if you will. Or my favorite, a social worker said, I just kind of bunch them up all together, so I can ___________. One of my favorites.

P: Do you have one big name for.....

M: Yeah, one big name for five, so she can put them all down. I love that. OK, just a couple of people still writing there. So, now, I am going to ask the question, does everyone know each other in the room. There are only a couple of people I don't know. OK, so let's just make it a point to make sure that everyone knows what we do and who we are. Um, X, would you be so kind to introduce yourself to the people who might not know you and tell us kind of what a few of your items are on your list.

P1: My name is X, and I am currently actually at stay-at-home mom and have been that way for the last couple of years, but prior to that I probably spent about 10 years working in the social service field, either in education, counseling or government, and most recently working at our local United Way, and so I worked with the different non-profits that would request funding from United Way, so this was very hard for me because I have been out of the loop for a couple of years and as a mom, I don't always watch the news. I will be honest with you. Time has been a little bit cut short, but some of the things that I put down and this is also because I am a mom and one of the reasons that I decided to stop working, was making sure that there was quality child care, so that is one of the top needs that I think we have in our community. And the other thing, of course, is just helping people become
self-sufficient, empowering them through different programs, food, shelter, housing and so forth and also helping them to learn a skill.

M: Learning their skill so that they can take care of themselves. OK. X.

P2: I am X. I am an HR Manager at Berry Plastics here in town. Prior to that, I was HR Manager at Lawrence and Schiller Teleservices and then pretty much have been in HR for quite a few years now. I am also a mom, but mine range from 16, 12 down to 3, so I know busy. So mine are a little bit on that range as well. A few of mine are shelters – safe place to sleep, especially for kids. To me, I think that is a priority in the community that there is always a safe place and in education for the after-school programs and preschools. I can send mine to preschool, you send yours to preschool, but there are many out there that can't. So those are two things that I find as a huge priority.

M: So preschool, especially for those families who otherwise would not otherwise be able to afford it, something that wouldn't have some with affordability as a resource. X? You were in the paper, so we all know.

P3: You know my age too. (laughter)

M: Always put your age in the paper.

P3: Always say, why is that anyway? And then if you blog, you don't even put your name down, so.....

M: So there's your peeve for the day. (laughter) OK.

P3: I am X, and I am a County Commissioner, a quacking one, quacking louder every single day and have been very involved in the community for a number of years. This a wonderful community, but there are great needs, and for me, I think housing needs of all different kinds is a real key, key issue, and then maybe it is because I have been involved in diversity issues by serving on a couple of boards of directors that deal with folks that come here because of jobs or they are relocating here through resettlement for refugees and immigrants and that sort of thing, but I think that we have to make sure that there is acceptance and that there are employment opportunities and socialization that takes place and also the word that Lori used was self-sufficiency and building that sort of thing with that population, so there are two of my....

M: Uniquely with the minority population and immigrant population.

P3: Yes, yes, grows so fast.

M: Maybe making that unique distinction between the more generalized need. OK, OK. X, what was on your list?

P4: X and I work with the county now as Director of ____________.

M: She is still getting used to saying that.

P4: I know. And mine that I have in there are affordable housing all the way from efficiencies, I did some of that merging stuff together, Margaret. Affordable housing all the way from efficiencies to three to four bedrooms. It is just....

M: Oh OK, just across the board.
Across the board that is out there. I said education and there I said there are two spectrums to me that really jump out. One is the Pre-K issue and the other is higher education. We need to be able to make sure that we do a really good job with that. Access to affordable health insurance, whether it is COBRA, whether it is going to be even people who have a job, but can't afford it, the premium, especially when you make the $8-$9 bucks an hour. Jobs with living wages, support for special populations – the non-English speaking, the SPMI audiences that are out there and then one that really didn’t fit in the whole thing, but I think is an issue in this town is entertainment activities, especially downtown, as you look at people that are younger than I am, but I see a lot of staff out there. I mean, there is such an opportunity that is missing, so as you look at the whole picture…. 

So looking at the whole quality of life and quality of life pictures for people to live a better life. OK, X.

I am X. I work at the VA here in Sioux Falls, and I see basic needs of our community is probably the most important. Having recently served at The Banquet, I was struck by the number of children that are being served there now. But also the needs of the elderly in our community. They are kind of forgotten about sometimes, I think as far as their needs go and of course, child care, affordable health care too.

Child care and affordable health care along with that list. OK.

We had a diversity seminar today, our staff did, and also I think the needs of American Indians, since they are such an often forgotten about _________ population in our state and sometimes a population that isn’t always very popular and often stereotyped. I think there are great needs there for them, as well. Jobs especially.

Jobs especially would be an area that you would life up, OK.

I think it is hard for them to transition from the res, as they say, to Sioux Falls. Their support system is gone and all the things they know are gone in the big city.

OK. X? Tell us about who you are and....

X. I am 27 and am attorney practicing transactional law, business transactional law here in town. Native of Sioux Falls. I had to bring on six that I couldn’t. I had to go right in the middle, but I won’t go through all of them because some of them have already been said a couple of times here now. Um, one I personally wrote down was increased diversity in the major industries in the business communities. I think there is finding yourself more and more trapped between finances/banking and health care, and I think the community could use a little bit more diversity in those major industries. So that would mean different types of jobs, different.....

Yeah, yeah. Technology for example and manufacturing. Improved mass transportation, the city to expand and uh, I would say in general increased focus in the education and funding and diversity of education, preparing people to learn. It kind of falls in line with the first thing that we had improved diversity in the industries in the business community. There has to be education that prepares people for those jobs.

So getting people ready for those jobs, OK. And higher education.

Higher education.
M: X, boy that’s hard to say. So I think I prefer X2.

P7: That’s fine. Recently have started a resource development company to help non-profits and small businesses. Prior to that life, I worked for United Way 10-1/2 years doing program design, development, outcome measurement and here in Sioux Falls for the last 5-1/2 years, was the Campaign Director for the Sioux Empire United Way campaign, so, fun, I guess perspective from the business community and their desire to serve and how those services met the needs of agencies in the work that they do. And so from that perspective, I guess one of the things that comes to mind is the need to honestly evaluating our city’s infrastructure. Dan mentioned transportation, but just getting around town, the ability to function as a citizen of Sioux Falls from place to place, whether it is to get from work to pick up your child by 6:00 because that is when day care closes and the stresses that come with that that creates a lot of inflexibility for our community which, if we are looking to the future, is going to be a deterrent to grow, which is, I think, which has defined Sioux Falls for many years has been the ability to grow. Having a safe place for kids after 6:00. The school community centers and the city community centers are closed. Most day care is closed at that time. After school programming, like at the Y, those places close and also having a place for kids who don’t see it as child care, but it is just a safe place for them to go over the age of 10, 11, 12, so there is a place that is unique and special for me. And so then the basic needs, having adequate food and housing, just the basic things that I take for granted. There are lots of people who fall into niches that get missed and I think people look at Sioux Falls as being such a prosperous community that it is easy to pass those issues by because there are so many positive things we all talk about, but they are still there.

M: But they are still there.

P7: Uh-huh.

M: Last, but not least, X.

P8: Good, X _____. I am Director of Feeding South Dakota, a non-profit organization. The nice thing about being last is that everything I have written (laughter).

M: OK, well, that is a good thing.

P8: From employment that pays livable wages, to you know, basically just lumped basic needs to each other all together. I think there is always a need for that in our community and has been and always will be probably. Affordable housing, quality affordable housing, clean quality affordable housing. I think transportation, both in city and out of the city, especially as we look at a more diverse cultural community, you know, people that maybe aren’t as adaptive at driving right away and those kinds of things. You know, so that we have transportation systems for them to get around, winter, spring, summer and fall. I think probably as a whole community-wide need, I say is cultural awareness. I just think that we are getting so diverse, more and more diverse, and I think as a community, we need to be a little more educated upon what those interactions are going to look like and feel like. What it is like for people who come from, say an African country and they land in South Dakota. Its summer and it is going to be 10 below tomorrow. Do they have the things that they need to survive in our environment to, you know, the diversity we are seeing in our schools. The language barriers and ________, and what are we doing to help children learn to communicate in our country, so that they can educate themselves and move on. I think education is just a huge key to a lot of things and then if we can get our kids educated, you know, life is going to be better for them and their families. ___________________.

APPENDIX F 147
M: OK. Well, thinking about we all have our own perspectives around what are the key needs in our community, one of the things that the Government Research Bureau has already done as part of this research project is to go through and look at, like I mentioned, a broad array of existing reports, incidence information, community transdata, other types of information and have identified what they were I believe 17 on a list. So, I am going to put that list up now that you have had a chance to identify what your top five are and we are going to take a look and compare that just a little bit, and then I am going to ask you to do something that is very hard, so I will put this up here and we will take a look at these. These are the identified areas and I think you probably see that we have talked about many of them already. Some of them maybe not and if, you know, well some of those, well, what does that mean, I have a little cheat sheet that I can give you a little bit more information, if someone says, what does that mean from the standpoint of the Government Research Bureau's work, but these are some of the items that were lifted up within their research as key needs. They are put in an alphabetical order, not in the order of any need. So, taking a look at that list, and I would like for you to look back at your own list now and if you need to add something to your list, oh I didn't think of that, that one ought to be on my list, as well, put that one down, if that one ought to be on your list. And then here is the hard part. I am going to give you a couple of minutes to ponder this. I need for you to put a big bold star by the one thing on your list or the thing you add to your list, what is the most important community need that right now going unmet.

P: What do they mean by population issues?

M: Population issues which would be around infrastructure, growth and the changing population needs and also around population diversity is also included in that category.

P: How about government services?

M: Government services would be those things that we typically look to the government to provide, infrastructure support, roads, bridges, snow removal, you know, utilities.

P: And that would be assuming they weren't....

M: A need, whether or not there would be a need area with regard to that. And I think Cindy lifted up the need for really taking a look at our community planning and making sure that that would be perhaps identified as a government service.

P: How is the term Community Development?

M: Community Development is categorized as that broad array as jobs and jobs development and how we build a stronger and more viable economic infrastructure within our community.

P: That is different from what I would have assumed, so.... Really looking at how we build the community from the standpoint of jobs resources and community infrastructure.

M: Go ahead.

P: Does unemployment include underemployment too?

M: I believe, I am not certain from the information that I have whether or not it includes underemployment. It is more pure than that and I don't believe that underemployment was uniquely identified.
P: Does working parents, not that we need more working parents, but would that be where child care might fall in?

M: Issues that affect working parents, what are all of that, around the issues that affect the challenges that working parents have. Single parents or dual parent, both employed in the home or out of the home.

P: It seems like there is some crossover there.

M: And there certainly is some crossover there, but again, these are the key areas that were lifted up from the research as areas of community need in our community.

P: Rural lifestyle.

M: Rural lifestyle is lifted up as a potential need for preservation of our rural or agrarian lifestyle and the importance of preserving our natural understanding of community that is part of that rural agrarian lifestyle is what that is identified to me. And so as you think about this, you might want to add something to your list and then you need to be prepared to put a big bold star by the one thing that you would lift up among them all as the most important.

P: The education system would be anything from pre-K all the way up through college?

M: Yes. And so if you want to identify your need area more uniquely a subset of that, that would be important, but this list is meant to broaden your thinking a little bit. If there is something you hadn't thought about, that you maybe want to make sure and get on your list. You might put it on your list, but not make it the number one, but yeah, I should have thought about that one.

P: Maybe this fits into other categories, but I am very surprised that just basic needs.....

M: Isn't identified as a category. It is broken out a little bit differently in this report than basic needs.

P: Because some of the specific ones that maybe Social Services is there because of poverty and the need to meet basic needs.

M: And poverty and housing. They are kind of..... They are not, I think the research was not done by a social worker.

P: (laughter) Which is just fine.

M: You know. No disrespect to anybody intended. The research and the doctorate level researcher who did this research, and I don't think his background is in that area. Normally, we see basic needs as language we often see in social work/social services related.

P: It is covered, it is just......

M: It is covered.

P: _______________ in some sense.

P: Not personally for me, but that doesn’t mean that isn’t the intent, so....

P: Yeah, I wonder.
M: And again, this is offered to broaden and deepen the research that has already been done. There is a third element of research that is going to be done and that is specific, in depth, from a social work perspective, we can call it a case study. Multiple case studies, looking at a family and then factoring out all of the issues and needs and problems that they have and really lifting that out as a case example or a pictorial example of the issues faced by a family or an individual. So that will be the third element of the research which we are really excited about because it offers up a really rich application of some of this information, both from the research reports, from this strategy and also from that, so the combination should be a rich report, I think.

P: As far a starred item, does it need to be one of those.

M: No.

P: OK.

M: It can be one of yours or one of those or some combination of that, but I just wanted to make sure that you knew that there was kind of a broad list there, if there was something that you had not lifted up.

P: Just an observation. And I think it is just how the list was put together, but you know as we look at diversity and as we look at the opportunities and the challenges and we look at some of those different populations, I still go back to one of the most expensive things that affects us is the work force, in terms of our families, is mental health.

M: Oh yeah.

P: And it never gets identified and so often, I mean and I think _________ has done just a great job of categorizing what addiction does, I mean, it costs us millions of dollars.

M: And really quantifying that whole element of the cost of mental health and the cost of our not being able or willing to address it in a systemic way. We will make sure to get that. We are going to talk a little bit more uniquely about health care issues in a little bit, so we will have a chance maybe to bring that to light again. So has everybody kind of identified their one big star so far? So now, yeah, I would like to talk about, and make sure it is a nice big bold star when I look at these papers, I don't have to guess now, so..... And I believe we said to put number 5 in the upper right hand corner, so we know which group you are in. Now, I'm sorry, if I didn't do that, put group #5 in the upper right hand corner. This is kind of beginning to be a pattern now. I want to talk now a little bit about how resources get to needs and how we connect resources to needs. What is the best way as you think about, as you think about the needs that we have to have a better community, to have a vibrant community. I want to talk about reflecting on the things that we see, the importance of how does philanthropic resources get to help the people who are in need. Now, we know that many, many different ways, corporations and organizations fund, whether it be through sponsoring special events or initiating new program efforts through grants or special initiatives, matching funding sometimes is used, corporate giving and other types of giving, donor giving and major gifts and annual giving programs, where individuals give small gifts when they are asked during critical times of the year. When we think about all the different ways that resources from organizations that have resources to contribute to the community and those community needs, what are the best ways for that money to get from there to there? What is your thinking? Do you hear the clock?
M: No think, I want you to.... throw it out there. What is the way or what are some of the good ways....

P: United Way.

M: United Way is a good way. Collecting kind of, collecting an annual giving program all together and then having them vet all of the programs that need to be done and follow through with all of that, deliver the dollars out, do community reaction and community benefits. OK, that is one way. What’s another, what would be some other ways that would helpful?

P: Margaret, I think there needs to be a mix of for lack of a better term, cattle calls on grant applications that, you fill them out all the time, that’s out there, a combination between that and donor driven. Sometimes, I would be so surprised at things I would see a donor wanting to fund and going why? Yeah.

M: Yeah.

P: And that’s their perogative. I would never argue that at all. So it is just interesting as to where it was….yeah.

M: So you think that there should be some sort of combination where the donors would say, these are the five things that are important to me or us. These are the five things that are important. Come and we will entertain solutions to these problems or these areas of interest.

P: Right.

M: Coupled with then maybe just some more generalized opportunities. Did I hear you say that, as well?

P: Yeah.

M: That having some kind of combination would be helpful.

P: I am still building a strong accountability into delivery of whatever services those may be so that you have a feel of, and sometimes its not even that.... maybe the project didn’t work, but it is the fact that it was carried out with forethought and risk taking is OK, but how do you combine that with success?

M: OK, so taking risks and really encouraging that we maybe try some new things, but really building in a strong accountability measure in making we have some way, some matrix to measure success.

P: __________ community foundation, as we talk about United Ways, as well, are a good avenue because if staff in community foundations are educated on the programs or communities as they have contributors that are looking for places to donate their dollars, they can guide them ________ in the directions that maybe the donor wants to go. I think oftentimes money is given away by what is written on paper and what happens (laughter – illegible)

M: The quality of the writer.

P: Yeah, I mean, yeah. It is really the old adage, he who writes the best wins the most, and it may not be directly proportionate to the quality of the work being done by the program, so if there was a way in which one could get donors engaged in the actual work that is happening so they could see it first hand, they would have a better feel for what their money would go to and understand that if you have x number of dollars and you get a hundred people writing a grant for it, it is going to be a little
hard for said person to go out and locate the hundred different programs kinds of things, but you know, in that process of __________ and have that opportunity to get a feel for what... for whether, I mean __________ evolution of technology can change all of that too with videos and Power Points and pictures and (inaudible).

P: You know what kind of dream I have had for years, is that somehow we would figure out a way to put together a community compilation on an annual basis of how many people did you feed, what was the rate of kids that were in shelters for the night in one place that was a report to the community.

P: You know, I think there is a need within any substantially larger community that has multiple services to capture and share data.

M: OK, so really looking at ....

P: I think non-profits across the board are keepers of the key. You know, they keep their own information to themselves and they don't necessarily share it. And that has a lot of ramifications. It could be is Tom Smith going here, here and here. Well, if we have a central data base, we know where Tom has been, but ...

P: It would make it easy for donors to find it out too.

P: But, I wouldn't see it as being sort of __________ for that regard, but more so for like what Carol says, you know __________(inaudible).

M: And it wouldn't necessarily be as discreet as individual names and faces and say, you know, was this a duplicated count or not. ____________, did I hear you say;X, that you would see it kind of a community impact report.

P: Yeah, from faith-based, nonfaith-based, I mean coming together and really put out those big pictures that are out there because you've got them in different segments.

M: But we don't have any way to gather them together or ....

P: Or be able to sort out that duplicated information, as well.

P: (inaudible)

P: That would take a whole other level of work. I know we had looked at social indicators at one point, trying to put together a community report and then that would be the indicators as far as the needs that you have, but also whether the services that were being provided meeting all those needs and that would take a lot of work to pull all of that together because United Way does not have their hand on everything that is in this community. Its only got the certain programs that are connected to United Way. That does not include all polled, so many other programs that are occurring.

P: And the thing to make that happens...that costs money and donors like to fund programs, like to see happy kids, they like to know that someone was in a safe place for that night, but the reality is paying for operational and making sure that staff is competent and trained and educated and they have livable wages, the capacity component of organizations, I think, has been absolutely sacrificed because they look for grant dollars and grants fund programs. Nobody is really excited about funding operating costs because it is not flashy. It is not fancy, doesn't look good on your company's annual
report and all of those kinds of things, but we are right now operating at this very thin layer. There is not a lot of meat behind a lot of the programming. I am seeing that every single year, that is what is compromised and until that gets fed a little bit more, those kinds of things can’t happen and the services that are being provided now need to be strengthened rather than going. What is the new awesome thing, but…

M: So you would recommend that there be a direction towards strengthening the infrastructure of our current systems, our current service delivery programs, is what I am hearing you say.

P: And that is going to be driven by the donor. If the donor wants something, then everyone is going to go in that direction to be able to meet the need of the donor to be able to give those funds.

P: How many organizations do work based on opportunity, as opposed to need? The grant dollars are out there to do this. Stand on your head and whistle Dixie. Now, I don’t know how to stand on my head and whistle Dixie, but for the money, I will do that. You know, so you, so you really (inaudible) changing direction by the work that you do so that you can, you can qualify for those, those grants. (inaudible)

P: Wouldn’t it be wonderful if granters asked the question of saying, what were you doing five years ago that you are not doing now and why? To get to the heart of, did you, did you do it, get rid of it because nobody would fund it and it was still doing good things or did you get rid of it because it wasn’t your mission.

M: Or did you…(inaudible)

P: I think yeah, you get some mission wander, if you want to call that because of opportunity sometimes.

M: We call that…. my company would call that mission drift, where you just kind of drift a little bit off to the right or left because that is where the dollars are. (inaudible) So, so how do we address that, that challenge of infrastructure. How could a donor resource address the issue of infrastructure development. Would it by making it simply, declaring that we are here to strengthen your governance, strengthen your operation, strengthen your infrastructure. Is that what I hear you saying X, as you described it?

P: Well, there is absolutely a need for it. The South Dakota Community Foundation put out dollars for capacity building from a national grant they received, 168, I think that was the number of non-profits applied for dollars that were dedicated strictly to capacity building, not to the programming, and obviously, not all of them got funded, but that is an amazing outreach for that specific need. So, I would say the need is absolutely there, but the donor has to be shown the value of doing that too, you can’t just…

P: The education.

P: Yeah, so you have to be able to show and measure the value of that, just as we are asked to measure the value of where kids go and those kinds of programs too.

P: ________________. I am not quite following... (inaudible) the capacity or what you are talking about. Are you talking about because I got confused between talking about like what the program ought to be expanding or improving the quality of the administration or the staff people (inaudible)
the Feeding South Dakota or if it is expanding the capacity, using that term, the number of mouths
you can feed. I’m not quite tracking on that.

P: How I define it and I am so glad that you asked that. How I defined it is all of the things that you
don’t see. Strategic planning, do you have the right board of directors, do you have the right kind of
staffing, is there....

M: A good accounting systems.

P: Right, accounting software, do you have the right kind of volunteers that meet that can fill the gap
of the employees that you have. It is all the, yeah, if you think of an iceberg, the programs and all of
that is what everyone sees, but the strength and effectiveness of those, in my opinion, is everything
that no one else really sees.

P: All the stuff behind the scenes.

P: And then I am kind of wondering about that or curious about....

P: And HR.

P: HR, yes.

P: Like with some of that though, and that is kind of exactly what you are saying, but using the United
Way as an example, it is just my limited experience with this last year, but there is a disconnect
between getting people to give money, maybe I am not saying this right. The biggest selling point
that I always feel like the United Way leans on in Sioux Falls is the fact that the administrative cost
levels are so low that they know that when that for every dollar they give that whatever goes to the
program. I know what you are saying, but I mean, there is a disconnect there between educating
people on (inaudible) and also the reason that people do this. I am going to repeat something that
my, one of the partners in my firm said to me. He has a squeeled say of thinking of things sometimes,
but it makes sense that peoples’ concern, like the United Way to federal government and he said you
know, they get a bunch of money to the United Way and 95% of it goes to the programs whereas,
if, the problem is if you give it to the federal government or government, the next thing you know
60% of it is going to administrative things and _______________ and there has to be some way to
educate people that it is going to the right thing and also to have that vicious cycle.

P: He is right though because when we do the United Way each and every year, one of our selling
points is that it stays local and goes to funds, not to the individuals, the infrastructure.

P: Because that is what people are excited about.

P: And I would like to clarify that capacity building doesn’t necessarily equal administration, but it is not
the fun, tangible thing that they are selling it. The initiative is used as the new cool thing to sell. It is a
marketing sales technique to make sure that all of the programs that maybe aren’t as fun and flashy,
like mental health, still get funding too.

M: OK.

P: But you don’t see that on the video.

P: No.
M: X, before we go on because we need to go on to another bit of a topic area that we need to shift a little bit, you have not had an opportunity to share during this and you look very comfortable being quiet, so I am going to draw you out here a little bit. What is your reaction to this conversation?

P: I don't have my back pack ____________. Um, the federal government has a program that is similar to the United Way called the Combined Federal Campaign, and you are right. One of the criteria a lot of donors look at is the administrative costs that are listed in all of the ____________. They mistakenly sometimes look at that for the quality of the program.

M: Every dollar goes to food and I am thinking, OK, what keeps the lights on. Is that......

P: Who is balancing the books and who is double checking the books and who is making sure the money is going where it is and everybody volunteering.

P: And I think that in a community like Sioux Falls, we are very blessed to have competent volunteers in most of our charitable organizations, but not to say that something different.

M: Well, I, I, this is wonderful conversation and I plan to listen to this tape at least twice and gather out and pull out the ideas that have been mentioned here and I appreciate that so much. One of the things that we need to do and accomplish this evening is to talk a little bit about uniquely we often find that health care-related issues, health care is often tied together in many of these kinds of things, whether it be issues around wellness, prevention, health-related issues or increasing health care related issues and incidences. I am going to put a list on the board that also came from the research that has been done so far by the Government Research Bureau, and I would like for you to take a look at this list, and this is uniquely those items that are around health and health care and these needs were lifted up during the research phases. It is kind of those top issues, and here you see some of the things that didn't maybe get specifically carved out in the general needs area, but show up in this health care and health care-related needs area. So I would like for you to take that second sheet of white paper that you have in front of you and again put in the upper left hand corner the letter that corresponds with your placard that you have in front of you and in the upper right hand corner the number five which is the fifth of the five focus groups that are being done. So as we look at these issues that are uniquely around health care, I would like for you to think a little bit about what the key needs in this area that important, that we need to lift up and identify as key important concern areas. And after you have had a chance to look at the list and after you have had a chance to think about it, to put down what you might identify as the top three things that you would lift up and identify within health care specifically, what are the issues that you believe are the most important, and by the way, the one I kind of messed up there, that is prenatal care, not perennial care, prenatal care (laughter). I kind of, kind of got a little but um, um, beside myself there at the bottom, prenatal care is that one.

P: How do you define births to young parents?

M: Oh, and that’s specifically the issue of early pregnancy.

P: Teen pregnancy?

M: Yeah, teen pregnancy, early, young, young parents and much of that would be unwed pregnancies, as well, but yes, young parents understanding of health readiness for parenthood, physical parenthood to carry a pregnancy and then birth and the issues that affect…
P: So we are just looking at the health impacts though.
M: Yes, this is around the health needs, yes.
P: Not the collateral impact.
M: Yes, the health care needs, but I think certainly lifting it up, would be that broader base and you can certainly make that notation if you see that one as one of your three, make that notation then. All of the collateral impact.
P: And can you further define general health status?
M: General health status is really around the issue of wellness, keeping your general health status good and you know, all the issues around prevention are all kind of captured in that general health status guideline according to the research that has been done.
P: I would tend to group alcohol and drug abuse with mental health.
M: Well, you know, and that is an interesting conversation. Hold that thought because we want to bring that up. Be sure to put down your top three and then let's talk about that. Put down your top three on that list. Everybody have a chance to kind of put down their top three before we talk about it. Now, let's talk, address your rationale in your thinking when you say that drug and alcohol and mental health issues should be collected together, I think is what I heard you say.
P: Well, I think that addiction problems are an illness, often associated with another diagnosis, and that's why I would tend to lump them together. So many of these things on here are not preventative, but they are trying to fix something that....
M: Has gone wrong, OK. Um, OK. So you would see mental health concerns and drug and alcohol problems as really being so linked together, that they should be identified as co-occurring.
P: In my opinion, yes.
M: Yes, OK. Thank you for that. Any other thinking around the issues.
P: _____________ is the, I think _________ has come up twice now. I think at least. I was just kind of curious, I guess. Is it a question of it being, when does it become in that regard, when does it become a mental health illness from the first time that somebody finds something that becomes an addiction, is that.... or is it once they are in that mode, that continuation of it, I don't know if I am saying that right. (This speaker is very difficult to understand).
P: I am not sure quite sure why ______________ (laughter)
P: Is that question that people are themselves have a mental illness that makes them become prone to addiction or is it that they take heroin and become addicted to that after that.
P: Can I make one statement on that? And that is that many people will use drugs and abuse drugs and alcohol because they are self-medicating. Does that help?
P: Yeah, sure.
M: The self-medication for it.

P: And they have addictive personalities.

M: Right.

P: That’s the other thing, right, OK, so....

P: Because it is not cool to admit that you struggle through depression, so instead you go ahead and drink 10 beers.

P: I probably don’t disagree, but I did have the wonderful opportunity of sitting in on the whole town hall process that became Faces of Sioux Falls and their focus was almost exclusively on alcoholism, but drugs and alcohol, and of course, there is a lot of connection, but it makes me wonder why those experts just focus on Face It of Sioux Falls on drugs and alcohol, and especially in the workplace because it is a huge, huge problem. So, I am not saying that it is wrong to put them together, but I think there is enough difference between the two....

P: Or I wonder if it is just not a narrow scope in that word.

P: And it might be for teenagers, sometimes addiction is recreation for them, so....

M: Well, I think under, certainly understanding it and underscoring what I am hearing Carol say is that drug and alcohol use is a pervasive problem in our community, a severe challenge, and it is a health care challenge in that it impacts literally millions of dollars of productivity, expanded health care, and I believe that is what the town hall process lifted up, but did not lift it up as connected, identified or defined as a mental illness or __________, so I think that it is very helpful that you would draw that out because I think there is some literature certainly lifting up around that we know. Yes, X.

P: Is there a reason that they stuck with alcohol and drugs, as opposed to substance.

M: No, I believe the terminology came directly from the report, and I don’t know the rationale for the choice of language.

P: OK. __________ I think of huffers. (inaudible)

M: Or yeah, you know, drug abuse around prescription drugs versus, you know, other substances, but again, I am not privy to why they chose this particular language, but we will lift that up.

P: I just didn’t know if they were meaning specific for a reason. (inaudible) Substance wasn’t a word that came up, so we didn’t use it.

M: In reading the narrative of the report, I didn’t read anything that would indicate that viewpoint, that drug and alcohol or alcohol drug was anyway different from substance. I didn’t see that, but this was the choice of the language from that header.

P: You know, there is also a school of thought that substance abuse is a symptom of mental health and really is not. It is its own diagnosis whatsoever. That is often…and so I just, so in some ways, alcoholism is more accepted than depression. So I would much rather be an alcoholic, than someone who is diagnosis with depression. In my workplace…just a general statement, not necessarily me, but....
M: I think you work alone don’t you? (laughter)

P: My boss is going to be so mad. I mean there is a school of thought and I think philosophy is growing and growing, and I just (inaudible)

M: And I think the stigma issues, I think what you are alluding to here is the stigma issues that wrap around the issues of mental illness.

P: I dealt with 300 employees on a daily basis, and I can have them come in day in and day out and tell me, I am having issues with drugs or alcohol, half of them come in and tell me that they are bipolar or that they have mental issues.

M: That is impossible to get them to tell you to __________.

P: But they will disclose that they are drinking alcohol or taking drugs.

M: OK.

P: If I may, you’ve raised a really good point because I think the whole point to Face It and maybe Face It will eventually get into the mental health stuff, but is to eliminate the stigma because the stigma with drug and alcohol or substance abuse, as well as mental illness, these are illnesses and they have to be recognized as illnesses, so you have to get over of this.

P: I have 10 employees that will not do FMLA because they will not tell me that they have a medical condition. And so, but they would for alcohol and drugs.

M: It is because of the, and it is because of the stigma that wraps around that diagnosis.

P: The number of people who are affected by mental health status is probably even higher than alcohol and drug usage. One-third of the population has depression. I think it is more, I think it is almost up to half; I think with anxiety, and those and that’s even…. I can’t remember the exact percentage, but it is even a higher percentage with anxiety disorder and so forth, and our whole community is just becoming more and more leaning towards those kinds of things.

M: And many of them going perhaps undiagnosed.

P: Correct.

P: Well, the (inaudible) stress we get, the panic attacks.

M: Comes more illnesses.

P: Anxieties, being able to deal with it, but depression, as you watch the economy go down, you see mental illness go up because people are trying to deal with all of the stresses of losing their homes and their jobs and they can’t do it.

M: Any other areas that you would want to lift up as key areas of health or health-related issues that really are key need areas that should be identified uniquely and specifically as we continue our efforts to understand the best ways to help in our community.

P: One thing I wrote was obesity and that is because the kinds nowadays, and we are talking as we are doing the schools, and I am dealing with this on a daily basis, the schools are going more advanced
for colleges, so everything is going online and faster and less time to do this and less time to do that. These kids have to be active. They have to have that time to have, you know, run, play, be active, not just sit at their computer. Our schools are going online, and they come home and they have to do online. We are having these kids sit in front of their computer or the TV all day long. So, obesity, goes right into your diabetes which....

M: And other health-related conditions that wrap around that issue.

P: I don’t think we can continue to be reactionary to health issues. It is the prevention that is the important part.

M: So we need to lift up the whole issue about prevention and really creating a more active lifestyle.

P: Right, because you look at all, well not all of them, but the majority of those and they are all reactionary to unhealthy lifestyles.

M: To the general health status.

P: Just really across the board to unhealthy lifestyles resulting in disease that results in increased costs.

M: So we need to be pretty active in making sure that they are living health, acting health and moving.

P: Well, we are also the result as a society of good health care over the years and that we expect, a ____________, we expect surgery, we expect something to take care of it instead of saying this is my problem and I created it. Why can’t you just.....

P: Not just fix it, but we want a quick fix.

P: Fix it and it is out of there.

P: ______________ I just want to get ______________.

P: But the middle class of health care, I mean health care has disappeared. You either can’t afford and have nothing or you have a health insurance plan and you expect everything.

P: Exactly.

P: _____________ huge _____________ and that was one of my two, three, the general health status. I agree with X. It is the prevention that is going to keep diabetes, keep obesity, some of those.... Urge people to get cancer screenings and I think a lot of this is going to be done in the workplace. I know it certainly is where I am these days.

P: That’s what we do.

M: Make sure that as you identify general health status, to put the wellness label on it on your notes, if you have it, if that is your intent is really to give me a little bit more direction then as I attempt to craft and reply to what were the general themes that you....

P: I think I will think out loud a little bit about coping skills. And I don’t know, you think about a lot of the things that we have talked about and what causes them, as it is the pressure of day to day living and one’s inability to handle that pressure or demands on time and energy and families and on and on and on. A lot of those lead to issues of anxiety and depression and abuses, and so on and so forth.
I wonder if you get back to the very root and say, is there a root that we can teach skills in which people can learn to cope with those situations.

M: Kind of those resiliency kinds of skills.

P: To some degree, yeah, I mean, it is really, really, really broad obviously, but I mean, it is, it is a thought that I wonder if …..

P: If life gives you lemons, how are you going to get the lemonade out of it.

P: Exactly. Exactly, instead of saying, “Oh crap, I ____________.”

M: Well, before we close for this evening, I want to give you an opportunity to dream just a little bit. On the bottom half of that bottom sheet of paper in front of you, I would like for you to look at what one program would you like to see in your community that is not there now, so identify one program or resource in the community that doesn’t exist now that should be created to fill an unmet need. Who would be the best to spearhead this effort and make sure that it is specific. Think big or small. What one program or service would you like to see and how could resources be directed to meet it? And write that notation on the bottom of your...

P: Still under the health care ___________?

M: No, doesn’t have to be.

P: Whatever we would want.

M: A literal guy. I love it. He is an attorney.

P: So an unmet need?

M: Any unmet need in the community. It could be big or small. What program or resource would you want to lift up and build in this community? Who would spread that effort and it can be a little thing or a big thing. And how could resources be directed to make it happen? One big thing or one little thing. Who ought to spearhead it and how would we get resources to it to make it happen?

P: It is all so big.

P: What are all of those components again, Margaret? (laughter)

M: OK, one thing that doesn’t exist in the community today that you would want to build, who would spearhead that effort and how would resources get to, be directed toward that need response? And, think big or small. It can be a tiny little thing or one big thing.

P: Can I keep the pen?

M: Yes, you can. That’s my last one.

P: Who would do it and ____________?

M: Yeah, who would spearhead the effort and how could dollars or resources be directed to meet the need. Not just dollars, but resources be directed to meet the need. OK, we have time enough for one or two people to share what their idea might be. Who is willing to share? Yeah, Matt. What’s your, what’s your unmet need or dream?
P: Dream? Is a creation of a collaborative assistance center or location within a community where you bring all of the services that are needed in the community, social service type things together for a couple of reasons. One, is that you can create kind of a one-stop shop for those who are seeking assistance. Two, I think you can create that center in which you can maybe reduce the amount of duplication of efforts that there are amongst organizations across the community.

M: OK.

Matt: And you know, I think it would be a place where you can then concentrate more of the resources into one center, I mean, as well as being split up amongst many others, but you know....

M: Maybe avoid some of the duplication and those kinds of...... Who should spearhead an effort like that? Were you able to get that on your....

P: Yeah, sort of. I mean just conceptually, you know, you would have to maybe create a community-wide task force of key leaders.

M: So really bringing together a collaborative team to do that, OK.

P: To take it from concept to reality.

M: OK.

P: I think that within the service world sometimes there is a little bit of a not wanting to share.

M: Uh-huh. Well, you know, I think, you know, that happens sometimes.

P: You know, and I think that you know that with that, there is more and more demand on those donor dollars, and if we truly want to want the issues, maybe we in the industry need to say, oops, you are doing that, I won’t.

M: Yeah.

P: Because I don’t use your dollars to do what you are already doing for you and those kinds of things.

P: But I got that grant. (laughter)

M: But I got that grant. Is there anything that we have missed? Anything that you have intended to come and say this evening that we didn’t have an opportunity to mention? Any unique elements that we did not have an opportunity to mention?

P: Just another thing that I think we have talked about organizations, but one thing that we have not really talked about is churches. We have not talked about that at all, the faith-based community.

M: OK, and what role do they play.

P: Exactly, what role do they play. I think there is, I think there is a level of education, but maybe not to some extent. I think what happens is along some churches have programs that they become affiliated with that they might not know about the entire spectrum and that usually will go towards more of the staff, the pastoral staff and the consistory or the elders or whatever they might be in the different churches. And so there is again the competition for dollars, even at a church level of getting funding from different groups, so I think that the faith-based community might not understand all
of the needs in the community and how best to be able to help meet those needs. And I think also there is also more of a focus on what do I do with my congregation versus what can I do for the community, at large.

M: OK.

P: Those would be two of my points.

P: I will agree with Lori. It is the most frustrating group, if you are working with homeless advisory groups.

P: I am part of that group.

P: That’s why I say that speaking as being part of that group, not as an outsider.

P: They decide what they want to do, not as much as…

M: Engagement with the community and really bringing those resources together. OK, OK. That would be important. Anyone else have something they wanted to say and wanted to make sure got accomplished this evening that has not, that we have not had a chance to get on the record.

P: I don’t think that Sioux Falls can remain the community that it is now without the basic needs of some of our citizens being met. For Sioux Falls to grow into a large city and have big city problems, I don’t think any of us want to see that.

M: We want it to grow into a larger city with vibrancy and where the needs of the citizens are met. OK.

P: Margaret, I took the option of saying of not just putting a band-aid on, but trying to find solutions and say, “Why don’t we look at the foundation.” To me, the foundation of solving so many of those issues is education.

M: Education.

P: And whether it is the pre-K side of things so you get a better foundation for the kids or wouldn’t it be great if every child graduated from high school in Sioux Falls and had the opportunity to be financially supported to go to college.

P: Very quickly, I think sometimes…

P: I took more of a vocal approach with my last assignment, but sometimes we have the best success with little things. You know we talked about problems with transportation. Does it have to be the buses, can it be some other thing. I mean, when I looked at the backpack program and how a small little program is having huge impact on our community, so maybe it is just some new light bulb that goes off that solves a…

P: Doesn’t always have to be big, it could be small and still effects the community.

P: But when we start looking at solving problems, we need to start looking at it differently, from my opinion, from the seat that I have sat in over the years. This community is falling into a philanthropic burnout. I feel very, very, very strongly about that. I watched at a meeting yesterday one of our most generous individuals in our community slam his fist on the table and say, “When will it stop, when my money runs out?” And I have been thinking this for quite some time, but to see one of our most passionate philanthropists in our community frustrated by the expectations of the service industry.
We are going to run into some trouble, if we don’t look at how to do this smarter or revisit the way we look at our relationships with companies and leadership.

M: Leverage it more effectively.

P: Yeah. That can’t keep going on the way it has either.

P: X, I think that is where collaboration could become vitally important to that. I think through collaboration you could make the dollar go farther.

P: Uh-huh.

M: And I think that donor would, you know, that donor’s frustration is a bellweather that we need to maybe be thinking smarter and more refined in our thinking about that. OK. Well, thank you very much for your time. When you walk out, do not pass Michael. Make sure you pass Michael, go past him because he has a little something for you. A little gift from us to say thank you for your time. It is for your use, whether you choose to use it personally or provide it for the resources and giving of your choosing. It is our gift to you to say thank you for giving us your wisdom, your thoughts, your ideas and we appreciate so much to have your understanding. And I will, as have several groups have mentioned, “Will we get to see the information that comes from this.” I have lifted that up and I have identified that and will certainly make sure that that is a part of the outcomes report that making this very rich and important material available for the community, for its planning in other ways, is certainly something I would encourage the contract, as part of the contract report and outcome, so I thank you so much for your time this evening and appreciate it so much that you could come out, even late into the evening. I appreciate that. Thank you very much. Please leave the white sheets on your table, and I will pick them up and I will mine the data and see what we find. And so, it has been a wonderful opportunity. This one was really fun. I had a good time. Thank you very much.
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Appendix 4

Community Health Needs Assessment study
Drs. Karla Hunter and Jenn Anderson, South Dakota State University
**Brief Summary**

The Avera Community Health Needs Assessment was conducted in Sioux Falls, SD. Community members described their greatest health needs and reported their level of satisfaction with health services in the area.

The greatest health needs reported by Sioux Falls community members were:

1. Limited affordability of health services, prescriptions
2. Management of chronic conditions (e.g., diabetes, thyroid) or pain
3. Access to wellness/exercise facilities to improve cardiovascular health and lose weight

In addition, although satisfaction with health services is generally high in the community, community members did report lower satisfaction with certain health services, and this dissatisfaction is more pronounced among specific groups.

The lowest satisfaction with health services was reported for:

- **Affordability of Prescription Drugs**
  - Across the entire sample, community members were least satisfied with the affordability of prescription drugs.
- **Access to Dental Care Services**
  - Those without health insurance, those who receive federal or local government assistance, and those who rent their homes have the greatest need for access to dental care services.
- **Access to Wellness & Exercise Facilities**
  - Those without health insurance and those who receive federal or local government assistance have the greatest need for access to wellness and exercise facilities.

The following pages provide a detailed account of the data collection, analysis, and results of the Avera Community Health Needs Assessment. The assessment items were drawn from the Avera Health Database. The data were collected by Heather Slunecka. The data were analyzed by Drs. Karla Hunter and Jenn Anderson. This report was prepared by Dr. Anderson and Dr. Hunter. For additional information, please contact Dr. Anderson (Jennifer.Anderson@sdstate.edu) or Dr. Hunter (Karla.Hunter@sdstate.edu).
Section 3: Community Health Needs Prioritization

Background

To determine community health needs in the Sioux Falls, SD area, a survey was developed to assess current community satisfaction with a variety of health services.

Method

Instrumentation/Survey
The survey consisted of 24 questions dealing with a variety of health services used by the community served by Avera. These questions were drawn from previous surveys contained in the Avera Health database. Participants were instructed to rate their level of satisfaction with each service on the following scale: 1 = Completely unsatisfied, 2 = Unsatisfied, 3 = Satisfied, 4 = Very Satisfied. Thus, an average score of 3 or higher means the community members are satisfied with the service; whereas an average score below 3 means the community members are dissatisfied with the service.

Following the questions concerning satisfaction with health services, participants provided open-ended responses concerning the greatest health needs for them, their families, or the community.

In addition to these questions, the survey also included questions concerning demographic information including age, race, homeownership, number of children, health insurance coverage, and use of federal programs such as Medicaid and TANF.

Data Collection
Surveys were distributed at the Sioux Falls Annual 4th of July Celebration and the annual Free Breast Health Screening at Scheedles Sports Center in Sioux Falls. Individuals attending these events were approached non-systematically and, if they agreed to participate, they completed the survey at that time. Participants were given a bottle of water as an incentive. All responses were anonymous.

Participants

\[N = 186\] participants completed the survey.

- **Age**: Most (43.5%) participants were 25-44 years old. In addition, 34.9% of the sample was 45-64 years old, 12.9% of the sample was 65-80 years old, and 8.6% of the sample was 18-24 years old.

- **Race**: The majority of the sample was White (83.3%). In addition, 5.4% of the sample was Native American/American Indian, 3.2% of the sample was Asian, 2.2% of the sample was African American, 1.1% was Hawaiian or Pacific Islander, 1.1% reported their race as “other,” and 3.2% of respondents did not provide a racial identifier.

- **Insurance/Economic Status**: The majority of the sample had insurance (77.4%) and was not receiving Medicaid (62.9%) or other local or federal assistance (75.8%). The majority (54.3%) of respondents were homeowners rather than renters. Most commonly, participants lived in a 2-person household with no children.
Results

Health Needs of Participants
N = 78 participants listed one or more individual, family, or community health needs. The following chart shows how many participants listed each health need.

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Number of Participants who Mentioned Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable care, prescriptions</td>
<td>29</td>
</tr>
<tr>
<td>Managing chronic conditions, pain</td>
<td>11</td>
</tr>
<tr>
<td>Wellness/exercise centers, cardiovascular health</td>
<td>9</td>
</tr>
<tr>
<td>Quality childcare, family planning</td>
<td>8</td>
</tr>
<tr>
<td>Quality eldercare (including mental health)</td>
<td>5</td>
</tr>
<tr>
<td>Dental care</td>
<td>4</td>
</tr>
<tr>
<td>Mental health</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
</tr>
</tbody>
</table>

Overall Ratings of Satisfaction
Generally, participants were satisfied with health services. However, the participants were least satisfied with affordability of prescription drugs (M = 2.97), weight management services and nutrition counseling (M = 3.00), and quality of eldercare services (M = 3.02).

Table A. Average Levels of Satisfaction

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Average Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affordability of prescription drugs</td>
<td>2.96</td>
</tr>
<tr>
<td>2. Weight management services &amp; nutrition counseling</td>
<td>3.00</td>
</tr>
<tr>
<td>3. Quality of eldercare services</td>
<td>3.02</td>
</tr>
<tr>
<td>4. Quality of childcare services</td>
<td>3.09</td>
</tr>
<tr>
<td>5. Public area accessibility for disabled persons</td>
<td>3.10</td>
</tr>
<tr>
<td>6. Racially/ethnically diverse healthcare workforce &amp; services</td>
<td>3.11</td>
</tr>
<tr>
<td>7. Assistance to navigate health care &amp; information</td>
<td>3.15</td>
</tr>
<tr>
<td>8. Access to wellness &amp; exercise facilities</td>
<td>3.16</td>
</tr>
<tr>
<td>9. Response time of police to emergency calls</td>
<td>3.16</td>
</tr>
<tr>
<td>10. Cancer prevention, screening, treatment</td>
<td>3.17</td>
</tr>
<tr>
<td>11. Access to dental care</td>
<td>3.19</td>
</tr>
<tr>
<td>12. Facts about diseases, disorders, conditions</td>
<td>3.20</td>
</tr>
<tr>
<td>13. Diabetes prevention, screening, management</td>
<td>3.21</td>
</tr>
<tr>
<td>14. Breastfeeding support</td>
<td>3.21</td>
</tr>
<tr>
<td>15. Family planning</td>
<td>3.23</td>
</tr>
<tr>
<td>16. Cardiovascular disease prevention, screening</td>
<td>3.25</td>
</tr>
<tr>
<td>17. Immunization for Adults</td>
<td>3.25</td>
</tr>
<tr>
<td>18. Adequate supply of health care providers</td>
<td>3.29</td>
</tr>
<tr>
<td>19. Information on HOW and WHERE to find health care</td>
<td>3.30</td>
</tr>
<tr>
<td>20. Access to emergency medical services</td>
<td>3.31</td>
</tr>
<tr>
<td>21. Prenatal, delivery, postpartum care &amp; support</td>
<td>3.34</td>
</tr>
<tr>
<td>22. Emergency care centers available 24/7</td>
<td>3.37</td>
</tr>
<tr>
<td>23. Access to health care services</td>
<td>3.39</td>
</tr>
<tr>
<td>24. Child Preventive &amp; Immunization Services</td>
<td>3.40</td>
</tr>
</tbody>
</table>
Group Comparisons
Due to the composition of the sample, satisfaction ratings could not be compared based on gender or race. Satisfaction ratings did not differ significantly based on age group. Comparisons were made based on:

- **Insurance**: Whether participants were currently covered with individual health insurance
- **Government Assistance**: Whether participants were currently receiving local or federal aid in the form of TANF, WIC, SSI or other programs
- **Home Ownership**: Whether participants owned or rented their homes

**Group Comparison 1: Insurance**
Participants without health insurance reported significantly lower satisfaction with:

- Access to dental care services, $F(1, 174) = 16.82, \ p < .001$
- Access to wellness facilities, $F(1, 182) = 9.19, \ p < .01$
- Access to emergency care, $F(1, 174) = 4.44, \ p < .05$
- Supply of health care providers, $F(1, 181) = 5.80, \ p < .05$

**Table B. Health Services Satisfaction for those With and Without Health Insurance**

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participants With Insurance</td>
</tr>
<tr>
<td>Access to Dental Care Services</td>
<td>3.34</td>
</tr>
<tr>
<td>Access to Wellness Facilities</td>
<td>3.26</td>
</tr>
<tr>
<td>Access to Emergency Care</td>
<td>3.38</td>
</tr>
<tr>
<td>Supply of Health Care Providers</td>
<td>3.37</td>
</tr>
</tbody>
</table>

**Group Comparison 2: Government Assistance**
Participants who received assistance reported significantly lower satisfaction with:

- Access to dental care services, $F(1, 178) = 14.35, \ p < .001$
- Access to wellness facilities $F(1, 178) = 7.24, \ p < .01$

**Table C. Health Services Satisfaction for those who Do and Do NOT Receive Local or Federal Assistance**

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participants Not Receiving Assistance</td>
</tr>
<tr>
<td>Access to Dental Care Services</td>
<td>3.32</td>
</tr>
<tr>
<td>Access to Wellness Facilities</td>
<td>3.24</td>
</tr>
</tbody>
</table>

**Group Comparison 3: Home Ownership**
Participants who rented their homes reported significantly lower satisfaction with:

- Access to dental care services, $F(1, 174) = 12.89, \ p < .001$

**Table D. Levels of Satisfaction with Health Services for those Own versus Rent Their Homes**

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Owners</td>
</tr>
<tr>
<td>Access to Dental Care Services</td>
<td>3.39</td>
</tr>
</tbody>
</table>
Conclusion

Based on analysis of responses provided by members of the Sioux Falls community on the Avera Community Health Needs Assessment,

The greatest community health needs are:

1. Limited affordability of health services, prescriptions
2. Management of chronic conditions (e.g., diabetes, thyroid) or pain
3. Access to wellness/exercise facilities to improve cardiovascular health and lose weight

The lowest levels of satisfaction were reported for:

- Affordability of Prescription Drugs
  - Across the entire sample, the #1 health need (as indicated by the lowest level of satisfaction) was the affordability of prescription drugs.
- Access to Dental Care Services
  - Those without health insurance, those who receive federal or local government assistance, and those who rent their homes have the greatest need for access to dental care services.
- Access to Wellness & Exercise Facilities
  - Those without health insurance and those who receive federal or local government assistance have the greatest need for access to wellness and exercise facilities.

These data will now be incorporated, along with data from the City of Sioux Falls, into a report that will inform health care priorities and budget decisions for FY2013.