Community Health Needs Assessment

Marshall County Healthcare Center Avera

FY 2013

Executive Summary

The facility now known as Marshall County Healthcare Center Avera began in 1963 as a charitably funded facility, operated by Marshall County. In 1983, St. Luke's signed a 20-year lease agreement with the county, and in 1984, the Presentation Sisters created a corporation named "Marshall County Memorial Hospital, Inc., taking over the lease agreement from St. Luke's. In 1992, the Presentation Sisters turned Marshall County Memorial Hospital over to the community members of Marshall County. This nonprofit corporation has no members, but has a Board of Trustees governing the corporation. A management agreement was signed with Presentation Health Systems, and that agreement was taken over by St. Luke's Regional Medical Center, which in 1998 became Avera St. Luke's. In 1997, Marshall County Memorial Hospital became Marshall County Healthcare Center Avera. The mission of Marshall County Healthcare Center Avera is to oversee that the full continuum of quality health care services is made available to the people in its region.

Marshall County Healthcare Center Avera has conducted this Community Health Needs Assessment over an 11-month period, from February through December 2012, in compliance with the Patient Protection and Affordable Care Act, Pub L. No. 111-148, 124 Stat. 119, enacted March 23, 2010. The organization intends to use the results as a tool to determine its strengths, to identify health needs within the community, and to further its mission to see that the full continuum of quality health care services is made available to the people in the region. As a rural critical-access hospital, the organization serves all of Marshall County, S.D., which includes its home community of Britton (the county seat), the rural population and several smaller towns within a 45-mile radius.

Based on the results of this assessment, Marshall County Healthcare Center Avera will focus, first and foremost, on promoting weight management through improved education and communication with the people of our region. We have found that the hospital needs to have a larger presence in the community and play a significant role in providing health information, motivation and encouragement to improve the health and wellness of community members.

Description of Service Area

Marshall County Healthcare Center Avera is a 20-bed/10-swing bed critical-access hospital located in Britton, S.D. The hospital defines its primary service area as Marshall County, S.D. According to South Dakota Association of Healthcare Organization patient discharge data, (Attachment A) Marshall County Healthcare Center Avera's discharge totals range between 160 and 215 annually, and 84 to 90 percent of the hospital's discharges originate in the hospital's primary service area of Marshall County. The population of Marshall County is 4,656, and the residents are predominately Caucasian (White). Figures 1, 2, and 3 below reflect race, age and household types of Marshall County by percentage according to 2010 United States Census Data.

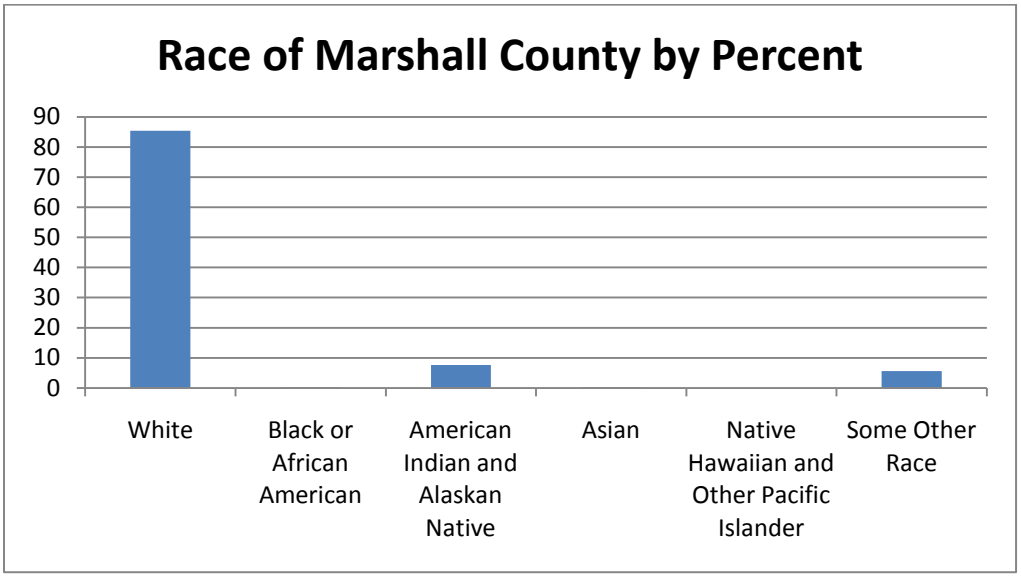
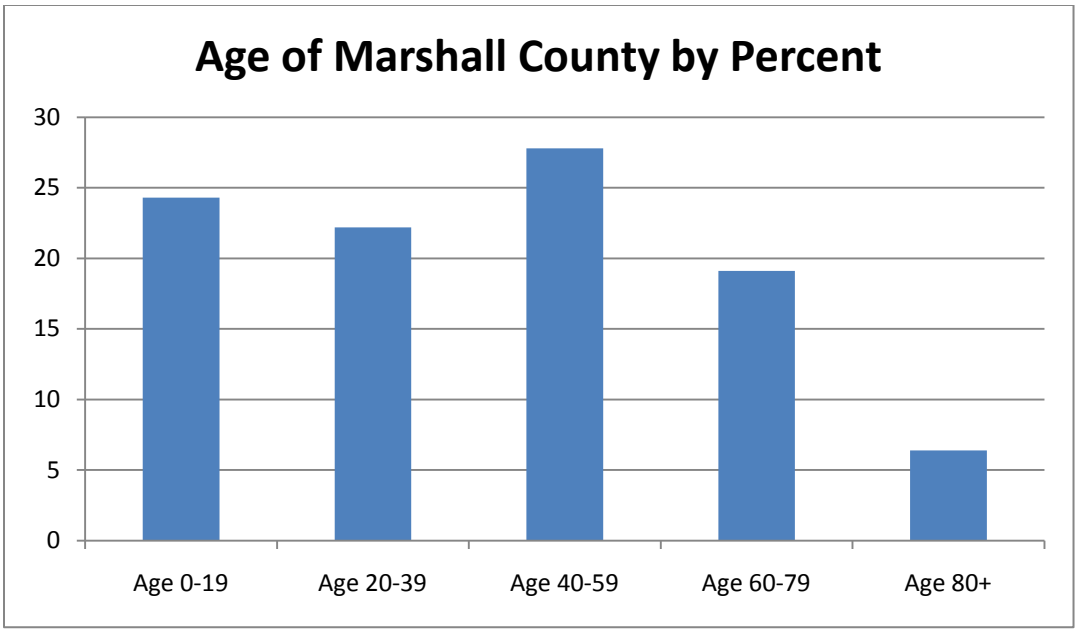


Figure 1



Age	Number	Percent
0 – 19	1,134	24.4%
20 – 39	1,034	22.2%
40 – 59	1,299	27.9%
60 – 79	892	19.2%
80+	297	6.4%
Total	**4,656**	**100%**

Figure 2

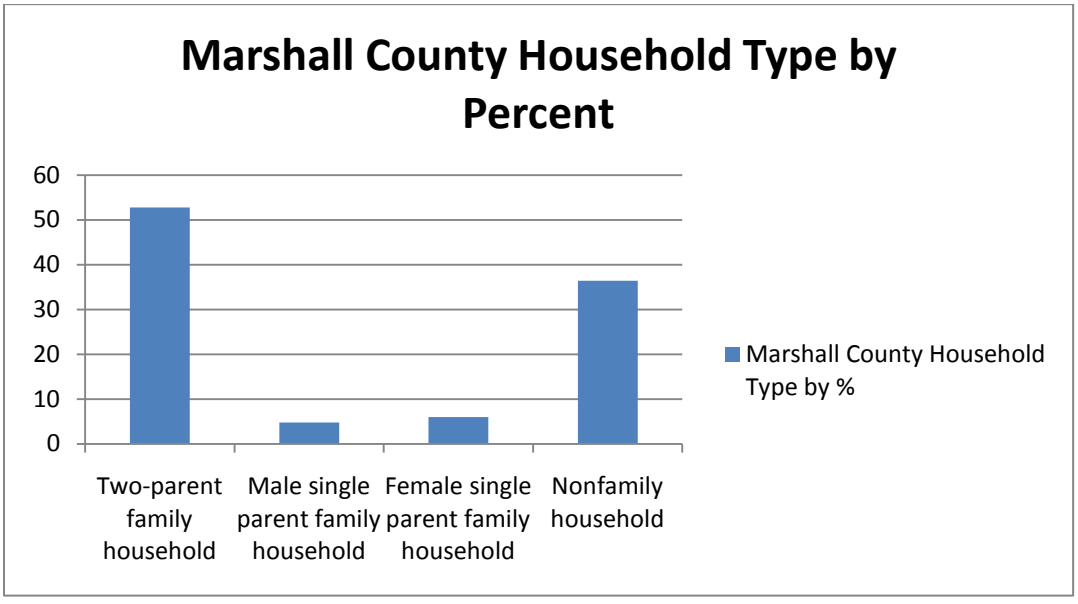


Figure 3

In addition these population statistics, the county's median household income is $44,849. The economic outlook of Marshall County has been down slightly. The unemployment rate has been in the 6.5 to 7 percent range over the past three years, which is slightly higher than the statewide average of 5 percent. The percentage of persons living below the Federal Poverty Level is estimated at 14.6 percent.

Who Was Involved in the Assessment

A committee of professionals, employed by Marshall County Healthcare Center Avera, (Attachment I) conducted the assessment. Two members of this committee have special knowledge of public health. Ardi Forrester, director of Home Health for Marshall County Healthcare Center Avera, was a Community Health Nurse in Marshall County for 30 years, retiring in June of 2012. Her experience gives her knowledge of the needs of low-income families in the region. Rebecca Thayer, clinic director for Marshall County Medical Clinic, has worked with the public in the clinic setting for 31 years. Her experience provides insight into the trends regarding the services sought by the community, ability or inability to pay for services and patient feedback regarding services available.

In addition to this expertise, the group collected qualitative data from six different focus groups and quantitative data from state and national statistical studies (Attachments C-H). The focus groups were conducted by three volunteers from the community. Marcia Forrester was chosen for her professionalism and leadership experience as the facilitator of the meetings. Marcia served as the high school principal in Britton from 1994 until 2009. She is an active member of the community, and her enthusiasm and objectivity were critical to the success of the focus groups. Barbara Kuske assisted Marcia by recording key discussion points on flip charts. Barbara is a life-long member of the community and active in many volunteer organizations. She was a high school teacher in Marshall County for many years. Gail O'Brien, a part-time employee of Marshall County Healthcare Center Avera, served as the recorder for the meetings, taking detailed notes of the answers given to each question.

How the Assessment Was Conducted

Patient visit data for Marshall County Healthcare Center Avera (Figure 4) reveals that 67 percent of patients reside in the 57430 Zip Code. As the second pie graph (Figure 5) below demonstrates, according to 2012 United States Census Data, this Zip Code represents nearly half of the residents of Marshall County. Additionally, the bar graphs below (Figures 6, 7, 8-also according to 2012 United States Census Data) show that the age, race, and household type statistics of the 57430 Zip Code very closely follow the demographics of Marshall County as a whole. Based on this information, the focus groups were comprised of residents of the 57430 Zip Code.

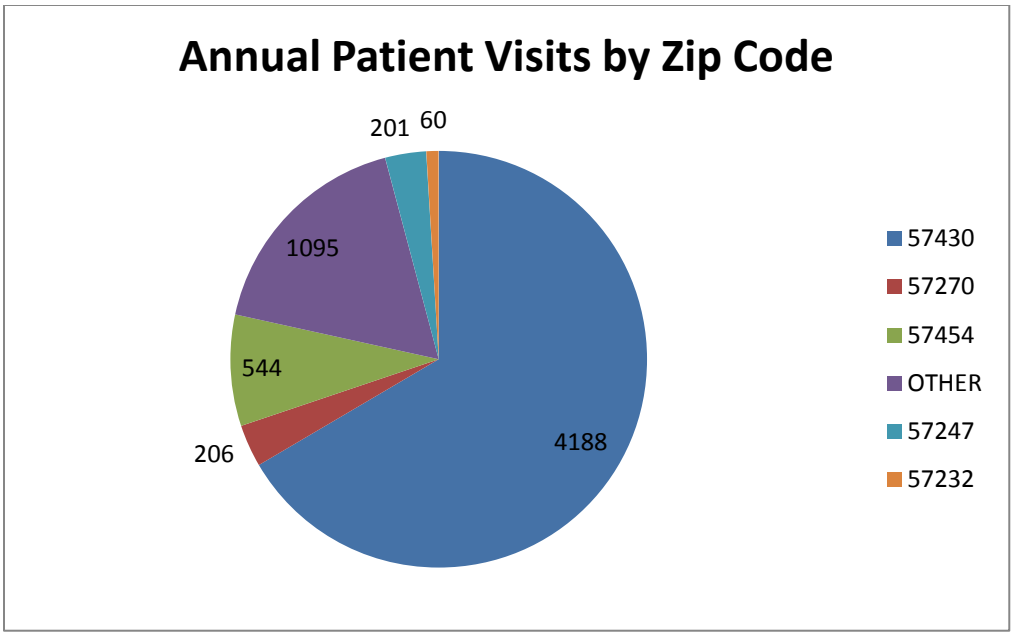


Figure 4

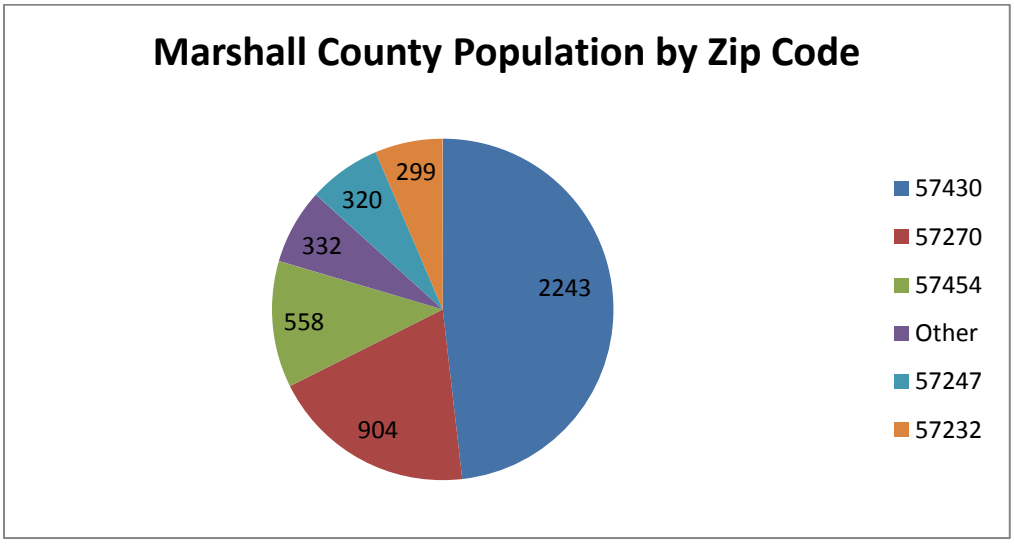


Figure 5

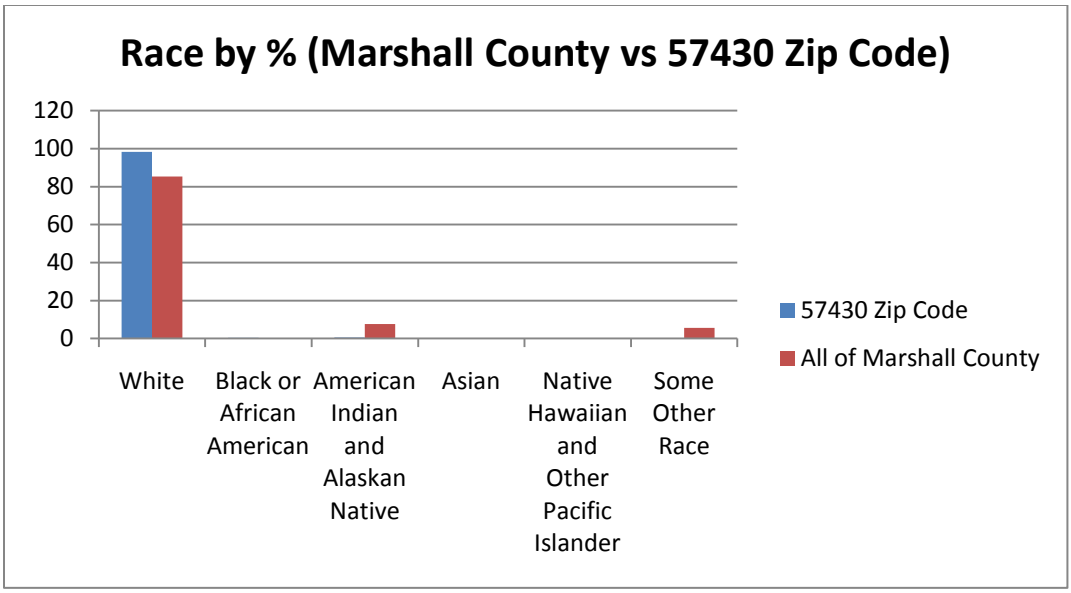


Figure 6

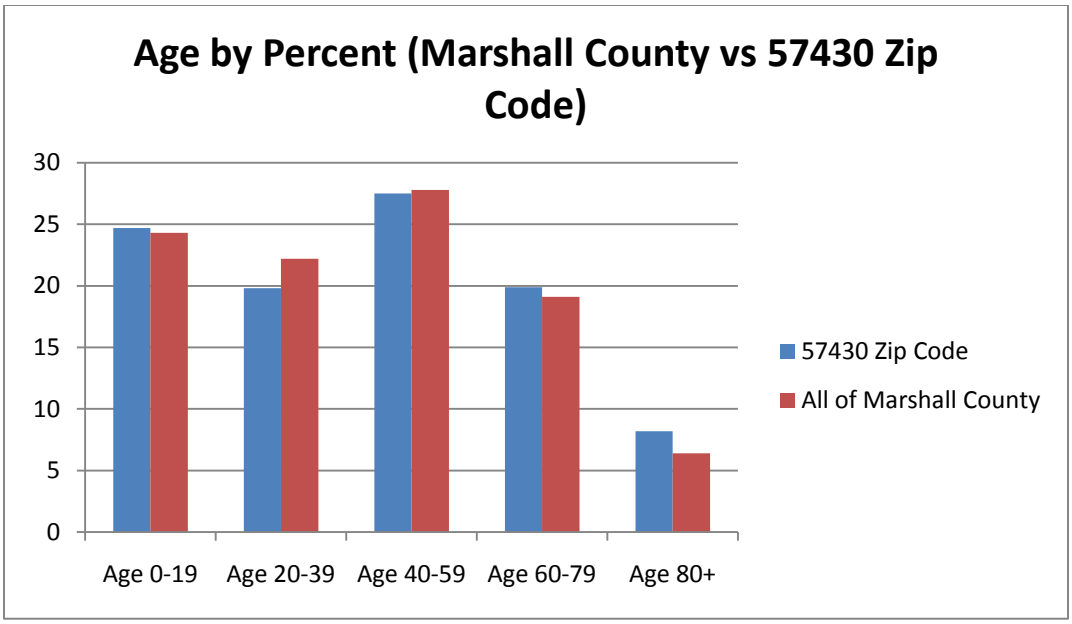


Figure 7

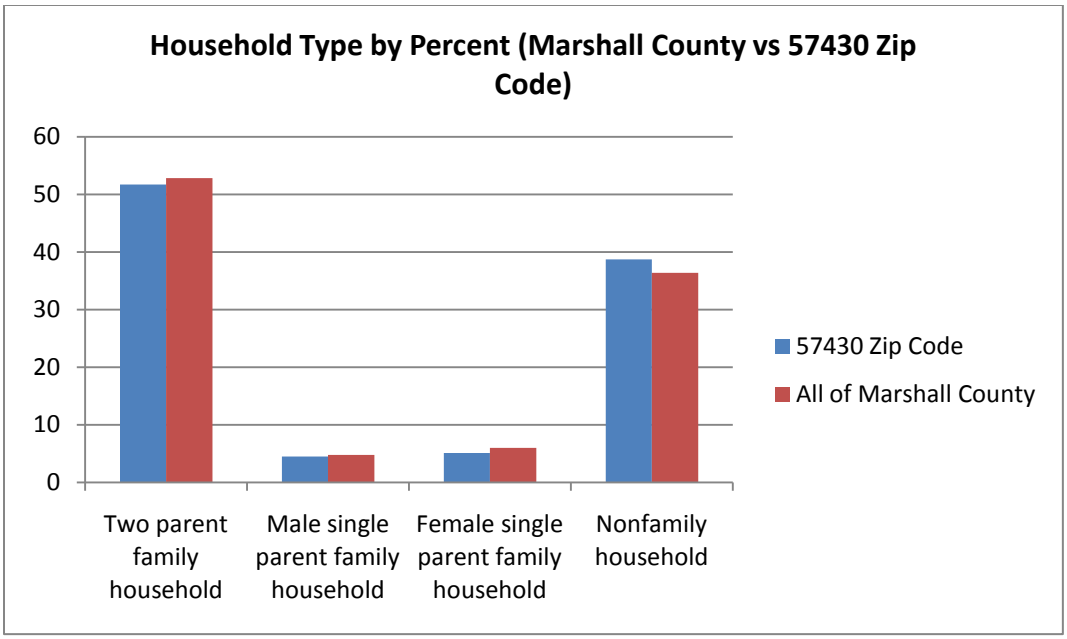


Figure 8

Careful consideration was given when establishing the focus groups to ensure the hospital's community health needs assessment included input from persons who represent the broad interests of the community. The focus groups were established with the goal of including those with special knowledge of healthcare, those with unique needs and those who represent the general population of Marshall County. Invitation letters were sent to households in the 57430 Zip Code meeting the criteria of each group. To encourage candid feedback, those invited were assured that their responses would remain anonymous. The letter stated, "The information you provide will be used in a summary form. No information that could be used to identify you individually will be provided to any outside individual or group. Identifying information (name and address) will only be used to provide you with a summary of the feedback that we receive from the focus groups."

Our first focus group was made up of general community members, and 18 random invitations were sent for this meeting. The second group invited community health personnel, including the local pharmacist, ophthalmologist, dentist, physician, physician assistant, director of nursing, personnel from the local nursing home, wellness center coordinator, volunteer EMTs, physical therapist, chiropractor and the CEO of Marshall County Healthcare Center Avera. Because 86 percent of inpatients at Marshall County Healthcare Center Avera in 2011 were ages 65 and older (Attachment A), a specific focus group was conducted to gain input from those ages 65 and older and veterans. Nineteen invitations were sent to community members fitting this description. Based on socioeconomic indicators of Marshall County (Attachment G), 38.9 % of the population is "Under 200% of the Poverty Level." Therefore, extra effort was made to include community members who were single parents, uninsured or underinsured. Invitations were sent to 18 households, and several follow-up calls were made to encourage attendance. In the fifth focus group, we reached out to community leaders, hoping to gain insight from those who are active in the community and who work with and serve all demographics. They included business owners, chamber of commerce members, clergymen, city workers, county commissioners and

volunteers. A sixth focus group was arranged to include a unique population identified in the community. Sunset and Westwood Hutterite colonies are located in the 57430 Zip Code, and invitations were sent to both organizations. The invitations were followed up with in-person visits requesting input from colony members, but both organizations declined.

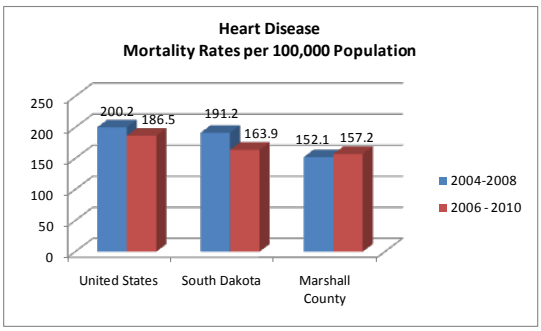
The one major difference noted between the demographics of Marshall County, compared to the 57430 Zip Code, was the American Indian and Alaskan Native population. Marshall County has a 7.6 percent Native population while the 57430 Zip Code is only .6 percent. The CHNA committee investigated further to determine if another focus group should be established to represent this segment of Marshall County. The two Marshall County Zip Codes with the highest American Indian and Alaskan Native populations (57270=16.4 percent and 57232=19.4 percent) account for only 4 percent of patient visits to Marshall County Healthcare Center Avera (Figure 4). Geographically and culturally it is natural that the majority of the Native American population in Marshall County receive health care services through the Indian Health Service (IHS), which is located in Sisseton, South Dakota. IHS is more accessible for the Native population within approximately 25 miles. The committee determined that another focus group was not necessary. Individuals from this demographic were included in the "65+/veteran" and the "single parent/uninsured/underinsured" groups mentioned above.

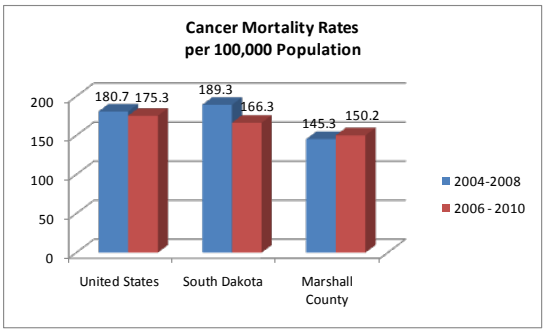
The focus groups took place over three days, March 20 – 22, 2012. Each group was asked eight questions (Attachment I) by the meeting facilitator, and responses were recorded by the recorder. At the end of the meeting, each group was asked to rank the top five health concerns for Marshall County. The facilitator was also asked to give overall impressions of what was discussed at all of the focus groups.

Health Needs Identified

In examining quantitative data (Attachments B-G), the following trends were noted:

- Mortality rates for Marshall County are well below both state and national averages.





Source: South Dakota Vital Statistics Reports

- Leading causes of death follow state and national trends with Heart Disease and Cancer accounting for nearly half of all deaths.
- The percentage of those in Marshall County who receive Diabetic and Mammography screenings is higher than the state average, and just slightly lower than the national benchmark.
- Obesity is at 28 percent for both Marshall County and South Dakota, and 65 percent of South Dakotans are overweight (slightly higher than national statistics).

- Marshall County ranked far below the state and national averages concerning ratio of population to primary care providers.

The qualitative data provided by the focus groups brought forth several suggestions (Attachment J), and the following three concerns emerged as trends, brought up by multiple groups:

- Weight management, articulated as obesity, nutrition, exercise, and diabetes
- Community education/communication
- Kidney dialysis

Community Assets Identified

The Marshall County Healthcare Center Avera CHNA committee identified several community assets (Attachment K) including the hospital and clinic with numerous services and programs, dental and vision offices, a pharmacy and several volunteer groups. Feedback from the focus groups also identified assets as several groups ranked "maintaining the services we currently have" as one of their top concerns. They noted the wellness center, physical therapy and occupational therapy services, care available 24 hours/day, 7 days per week, ambulance services and our family physician as examples.

Assessment and Prioritization

The Marshall County Healthcare Center Avera CHNA committee met to prioritize the health needs identified through the quantitative and qualitative information collection process . The committee discussed the significance of each need identified above to reach a consensus. The qualitative and quantitative data were examined and discussed at length. The CHNA committee easily came to a consensus regarding weight management as a top priority. It was noted that obesity rates in Marshall County are above national averages and that obesity is a contributing factor in the two leading causes of death: heart disease and cancer. Community education/communication also stood out, as it was a concern of all five focus groups. The committee members agreed that improved health education, effectively communicated to the community, would also be a vital tool in improving weight management. The committee also discussed two other health needs as priorities based on the data. Marshall County's primary care provider ratio of 1:4237 was found to be significantly lower than the national benchmark of 1:631. Additionally about half of the focus groups ranked access to primary care as a health need priority. Kidney dialysis was ranked as a top priority by three of the five focus groups. The committee came to a consensus, ranking those needs as follows:

1) Weight management
2) Community education/communication
3) Primary care provider ratio
4) Kidney dialysis

Next Steps

An implementation strategy was developed by the Marshall County Healthcare Center Avera CHNA committee to accomplish the goals listed below, and that strategy, along with this CHNA summary, is submitted to the Marshall County Healthcare Center Avera Board of Trustees for approval.

- Promote weight management by Improving communication with the community through multiple mediums, providing health education and encouraging healthy lifestyle choices
- Evaluate and investigate ways to improve our Primary Care Provider Ratio

This assessment summary is on the Avera St. Luke's website. A copy can also be obtained by contacting the administrative staff of Marshall County Healthcare Center Avera.

Attachment A

POhosp of inpatient2011cyforpodsbook (Reporter)

Wednesday, July 25, 2012 10:23:54 AM

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2011,Level of Care,Hosp. Demo,Age Ranges,Sex,Race,Payer,Pt. Location (county),Pt. Location (city),MEASURES

Britton - Marshall County Healthcare Center/Avera, Layer 4/50

	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Brown	4	2.45%	0	0	0	1	3	14	2.68%	0	0	0	4	10
Day	8	4.91%	0	0	0	0	8	28	5.36%	0	0	0	0	28
Marshall	147	90.18%	0	1	19	30	97	471	90.23%	0	1	52	94	324
Illinois	1	0.61%	0	0	0	0	1	2	0.38%	0	0	0	0	2
Minnesota	1	0.61%	0	0	0	0	1	2	0.38%	0	0	0	0	2
North Carolina	1	0.61%	0	0	1	0	0	4	0.77%	0	0	4	0	0
North Dakota	1	0.61%	0	1	0	0	0	1	0.19%	0	1	0	0	0
TOTAL	163	100.00%	0	2	20	31	110	522	100.00%	0	2	56	98	366

Attachment B

HEALTH OUTCOMES	NATIONAL BENCHMARK	SOUTH DAKOTA	Brown County	Day County	MarshallCounty
Health Outcomes (Rankings w 1 representing healthiest)			9	27	40
Mortality (Rankings w			6	44	30
Premature death Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5564	6815	5179	10386	
Morbidity			17	12	37
Poor or fair health Percent of adults reporting fair or poor health (age-adjusted)	10%	12%	13%	12%	14%
Poor physical health days Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.6	2.8	3	2.5	2.8
Poor mental health days Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.3	2.6	2.4	2	3.2
Low birthweight Percent of live births with low birthweight (< 2500 grams)	6.0%	6.8%	6.0%		
HEALTH FACTORS			**9**	**44**	**42**
Health Behaviors			39	26	35
Adult smoking Percent of adults that report smoking >= 100 cigarettes and currently smoking	15%	20%	19%	17%	20%
Adult obesity Percent of adults that report a BMI >= 30	25%	29%	30%	29%	28%
Excessive drinking Binge plus heavy drinking	8%	19%	20%	16%	20%

Motor vehicle crash death rate Motor vehicle crash deaths per 100,000 population	12	24	11		
Sexually transmitted infections Chlamydia rate per 100,000 population	83	371	225	72	
Teen birth rate Teen birth rate per 1,000 female population, ages 15-19	22	39	29	33	25
Clinical Care			3	46	49
Uninsured adults Percent of population under age 65 without health insurance	13%	16%	14%	22%	24%
Primary care providers Ratio of population to primary care providers	631:1	769:1	761:1	1105:1	4237:1
Preventable hospital stays Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	52	69	51	56	82
Diabetic screening Percent of diabetic Medicare enrollees that receive HbA1c screening	89%	83%	90%	79%	85%
Mammography screening Percent of female Medicare enrollees that receive mammography screening	74%	68%	71%	54%	73%
Social & Economic Factors			6	43	39
High school graduation Percent of ninth grade cohort that graduates in 4 years	92%	83%	80%	85%	95%
Some college Percent of adults aged 25-44 years with some post-secondary education	68%	64%	70%	63%	60%
Unemployment Percent of population age 16+ unemployed but seeking work	5.3%	4.8%	3.5%	6.7%	6.5%
Children in poverty Percent of children under age 18 in poverty	11%	18%	13%	22%	19%

Inadequate social support Percent of adults without social/emotional support		14%	17%	14%	25%	22%
Single-parent households Percent of children that live in household headed by single parent		20%	29%	25%	31%	30%
Homicide rate Deaths due to homicide per 100,000 population (age-adusted)		1%	3			
Physical Environment				24	43%	26
Air pollution-particulate matter days Annual number of unhealthy air quality days due to fine particulate matter	0	0	0	0	0	
Air pollution-ozone days Annual number of unhealthy air quality days due to ozone	0	0	0	0	0	
Access to healthy foods Healthy food outlets include grocery stores and produce stands/farmers' markets		92%	42%	25%	29%	50%
Access to recreational facilities Rate of recreational facilities per 100,000 population		17	13	23	0	0

Source: http://www.countyhealthrankings.org/

Attachment C

2008 Healthy Behaviors of South Dakotans (SD BRFSS), published January 2010

Category	Percent	Nation	Healthy People 2010/SD Dept of Health 2010 Initiative Goals
Overweight/Obese (BMI 25+)	65	63.4	55
Obesity (BMI 30+)	28.1	26.7	15
Tobacco use (some/everyday)	17.5	18.4	18
Diabetes	6.6	8.3	N/A
No Mammogram w/in 2yrs (40+)	24.6	24	30
No pap test w/in 3yrs (18+)	17.5	17.1	10
No PSA test w/in 2 yrs (prostate)	41.8	45.2	
Prostate cancer	5	N/A	N/A
No dental visit w/in 1 yr	27.4	28.7	N/A
Binge drinking	17.8	15.6	6
Cardiovascular Disease	4.7	4.2	N/A
Angina/Coronary Heart Disease	4.5	4.3	N/A
Stroke	2.7	2.6	N/A
Asthma	7.2	8.8	N/A
Poor Mental Health w/in 30 days	5.7	N/A	N/A

Attachment D

SD Resident Leading Causes of Death, 2005 - 2009 (Table 54 - 2009 Vital Statistics Report)

Cause of Death	Total			2009			2008		
	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent
South Dakota (All Deaths)		**34,881**	**100**		**6,913**	**100**		**7,056**	**100**
Heart Disease ……...(I00-I09, I11, I13, I20-I51)	1	8,585	24.6	1	1,778	25.7	1	1,677	23.8
Malignant Neoplasms (cancer)……...(C00-C97)	2	7,844	22.5	2	1,506	21.8	2	1,561	22.1
Chronic Lower Respiratory Diseases……...(J40-J47)	3	2,199	6.2	3	440	6	3	486	6.9
Cerebrovascular Diseases .....(I60-I69)	4	2,164	6.3	4	417	6.4	5	391	5.5
Accidents ……...(V01-X59, Y85-Y86)	5	1,916	5.5	6	348	5	6	372	5.3
Alzheimer's Disease ..……...……..(G30)	6	1,767	5.1	5	402	5.8	4	401	5.7
Diabetes Mellitus ……..……..(E10-E14)	7	1,162	3.3	7	200	2.9	7	216	3.1
Influenza and Pneumonia ……..(J09-J18)	8	925	2.7	8	135	2	8	186	2.6
Intentional Self-Harm (suicide) ……...(*U03, X60-X84, Y87.0)	9	600	1.7	9	128	1.9	9	123	1.7
Chronic Liver Disease and Cirrhosis……..(K70 & K73-K74)	10	439	1.3	*	*	*	10	100	1.4
Essential (primary) Hypertension and Hypertensive Renal Disease ……...(I10 & I12)	*	*	*	*	*	*	*	*	*
Nephritis, Nephrotic Syndrome, and Nephrosis…… …(N00-N07, N17-N19, N25-N27)	*	*	*	10	99	1.4	*	*	*
All Other Causes		7,280	20.9		1,460	21.1		1,543	21.9

Note: Letter/number combinations following cause of death are ICD-10 codes.
Due to rounding disease-specific death rates may not sum to state death rate.
*This cause was not one of the ten leading causes of death for that year.
The asterisks (*) preceding the cause-of-death codes indicate that they are not part of the International Classification of Diseases, Tenth Revision.
Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Attachment E

United States

2000 Demographic Information

2000 Population Information

Population	281,421,906
Percent White	75.1%
Percent American Indian	0.9%
Percent Age 65 or Over	12.4%
Percent Age 4 or Under	6.8%

Socioeconomic Indicators

Population Under 100% of Poverty	33,899,812
Percent of the Population	12.4%
Population Under 200% of Poverty	81,194,609
Percent of the Population	29.6%

2007 Health Status Indicators[1]

Natality

Percent Low Birth Weight Infants	8.2%
Percent of Mothers Receiving Care in 1st Trimester[2]	70.8%
Percent of Mothers Who Used Tobacco While Pregnant[3]	10.4%
Births Less Than 37 Weeks of Gestation	12.7%
Average Age of Mother	27.4
Teenage Pregnancy Rate[4]	40.2

Mortality[5]

ALL CAUSES	760.2
Heart Disease	190.9
Acute Myocardial Infarction	41.4
Atherosclerotic Heart Disease	**
Heart Failure	17.3
Malignant Neoplasms (cancer)	178.4
Trachea, Bronchus, & Lung	50.6
Colon, Rectum, & Anus	16.9
Female Breast	22.9
Prostate	23.5
Pancreas	10.8
Leukemia	7.0
Non-Hodgkin's Lymphoma	6.5
Cerebrovascular Disease	45.1
Chronic Lower Respiratory Disease	42.4
Accidents	41.0
Motor Vehicle Accidents	14.6
Alzheimer's Disease	22.7
Diabetes Mellitus	23.7
Influenza & Pneumonia	17.5
Intentional Self-Harm (suicide)	11.5
Chronic Liver Disease and Cirrhosis	9.7
Infant Mortality	6.75

Notes:

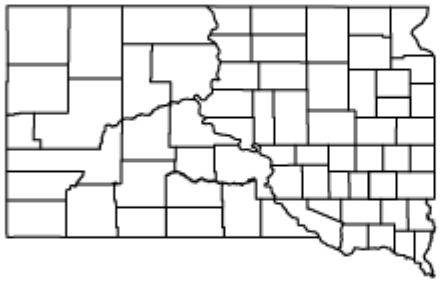
1 Only one year of U.S. data are given to compare with five years of state and county data because the numbers on the national level are much greater and do not fluctuate as much annually.
2 The U.S. percent of mothers receiving care in 1st trimester is based on 22 states that were using the 2003 standard birth certificate, including South Dakota.
3 Data for mothers who used tobacco while pregnant are self-reported. The U.S. percent of mothers who used tobacco is based on 21 states using the 2003 standard birth certificate, including South Dakota.
4 Teenage pregnancy rate is live births, fetal deaths, and abortions per 1,000 females age 15-17. The U.S. teenage pregnancy rate is from 2005.
5 The mortality rates, except infant mortality are age-adjusted death rates per 100,000 population. Age-adjusting to the standard million population eliminates differences between populations, making them easier to compare. Infant mortality is calculated as the number of infant (less than one year old) deaths per 1,000 live births.
** Atherosclerotic Heart Disease I25.1 was not broken out in the national data; therefore no age-adjusted rate is displayed.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Hyattsville, Maryland.

Attachment F

South Dakota

Demographic Information



2000 Population Information

Population	754,844
Percent White	88.7%
Percent American Indian	9.0%
Percent Age 65 or Over	14.3%
Percent Age 4 or Under	6.8%

Socioeconomic Indicators

Population Under 100% of Poverty	95,900
Percent of the Population	13.2%
Population Under 200% of Poverty	240,886
Percent of the Population	33.1%

[1]All rates based on population are calculated according to the 2000 U.S. Census.
[2]Data for mothers who used tobacco are self-reported.
[3]Teenage pregnancy rate is live births, fetal deaths, and abortions per 1,000 females age 15-17.
[4]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.
*Due to lack of comparable data from all 50 states, significant differences cannot be calculated.
**Atherosclerotic Heart Disease I25.1 was not broken out in the national data; therefore, significant differences cannot be calculated.

Health Status Indicators[1]
2005-2009

Natality

•Percent Low Birth Weight Infants	6.6%
*Percent of Mothers Receiving Care in 1st Trimester	71.2%
*Percent of Mothers Who Used Tobacco While Pregnant[2]	18.7%
•Births Less Than 37 Weeks of Gestation	8.8%
*Average Age of Mother	26.8
•Teenage Pregnancy Rate[3]	19.9

Mortality[4]

○ALL CAUSES	802.0
Heart Disease	191.3
○Acute Myocardial Infarction	67.3
**Atherosclerotic Heart Disease	60.7
•Heart Failure	8.3
○Malignant Neoplasms (cancer)	188.1
Trachea, Bronchus, & Lung	52.6
○Colon, Rectum, & Anus	18.9
Female Breast	23.5
○Prostate	26.7
Pancreas	11.2
Leukemia	7.5
Non-Hodgkin's Lymphoma	7.0
Cerebrovascular Disease	47.0
○Chronic Lower Respiratory Diseases	50.1
○Accidents	47.8
○Motor Vehicle Accidents	20.3
○Alzheimer's Disease	36.3
○Diabetes Mellitus	26.9
○Influenza & Pneumonia	19.9
○Intentional Self-Harm (suicide)	16.0
○Chronic Liver Disease and Cirrhosis	11.7
Infant Mortality	7.09

•Denotes a health status indicator which is significantly lower than the national average.
○Denotes a health status indicator which is significantly higher than the national average.
LNE (Low Number of Events): is used because the rate or percent may be unreliable.

Health Care Resources

Ambulatory Surgery Center	15
Disease Intervention Office	6
Federally Qualified Health Center	28
Inpatient Chemical Dependency Facilities	8
Intermediate Care for Mentally Retarded	1
Medicare Certified End Stage Renal Dialysis	24
Rural Health Clinic	61

Community Health Services

Public Health Alliance	11
Community Health Services Offices	64
Family Planning Clinics	17
WIC Only Sites	16
All Women Count!	212
Bright Start Home Visitation Program	2
Children's Special Health Services	4

Hospitals

Hospitals	11
Critical Access Hospitals	37
Specialized Hospitals	12
Veterans Administration Hospitals	3
Indian Health Service Hospitals	4

Long-Term Care

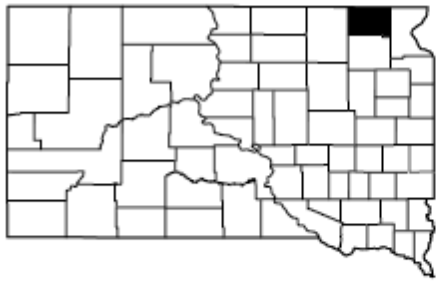
Nursing Facilities	111
Assisted Living Centers	159
Residential Living Centers	47
Home Health Agencies	53
Medicare Certified Hospices	28
Licensed Inpatient Hospices	4

See Technical Notes for more information.
Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Attachment G

Marshall County

Demographic Information



Marshall County is located in the northeastern part of the state and averages 5.5 persons per square mile.

2000 Population Information

Population	4,576
Percent White	92.6%
Percent American Indian	6.8%
Percent Age 65 or Over	21.3%
Percent Age 4 or Under	5.9%

Socioeconomic Indicators

Population Under 100% of Poverty	621
Percent of the Population	13.9%
Population Under 200% of Poverty	1,741
Percent of the Population	38.9%

[1]All rates based on population are calculated according to the 2000 U.S. Census.
[2]Data for mothers who used tobacco are self-reported.
[3]Teenage pregnancy rate is live births, fetal deaths, and abortions per 1,000 females age 15-17.
[4]All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

Health Status Indicators[1]
2005-2009

Natality

Percent Low Birth Weight Infants	6.1%
Percent of Mothers Receiving Care in 1st Trimester	62.7%
Percent of Mothers Who Used Tobacco While Pregnant[2]	18.5%
Births Less Than 37 Weeks of Gestation	6.9%
Average Age of Mother	26.7
Teenage Pregnancy Rate[3]	14.9

Mortality[4]

•ALL CAUSES	663.3
Heart Disease	150.2
Acute Myocardial Infarction	74.4
•Atherosclerotic Heart Disease	31.0
Heart Failure	LNE
•Malignant Neoplasms (cancer)	141.7
Trachea, Bronchus, & Lung	41.9
Colon, Rectum, & Anus	18.2
Female Breast	26.1
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	61.9
Chronic Lower Respiratory Diseases	57.7
Accidents	33.0
Motor Vehicle Accidents	24.0
Alzheimer's Disease	30.6
Diabetes Mellitus	21.0
Influenza & Pneumonia	21.9
Intentional Self-Harm (suicide)	LNE
Chronic Liver Disease and Cirrhosis	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly lower than the state average.
○Denotes a health status indicator which is significantly higher than the state average.
LNE (Low Number of Events): is used because the rate or percent may be unreliable.

Health Care Resources

Community Health Services

Community Health Services & WIC:
Community Building, Britton

All Women Count!
Avera Marshall County Clinic, Britton

Hospitals

Critical Access Hospital:
Marshall County Healthcare Center, Britton.....20 beds/10 swing

Long-Term Care

Nursing Facilities:
Wheatcrest Hills, Britton.....63 beds

Assisted Living Centers:
Spruce Court, Britton.....28 beds

Residential Living Centers:
None

Home Health Agencies:
Marshall County Healthcare Center Home Health, Britton

Medicare Certified Hospices:
None

See Technical Notes for more information.
Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Attachment H

Community Health Needs Assessment (CHNA) Committee

- Michael O'Keefe, Interim CEO (02/01/12-2/27/12)
- Nick Fosness, CEO (2/27/12-present)
- Patty Roehr, CFO
- Rebecca Thayer, Clinic Director
- Ardi Forrester, Director of Home Health, Director of Assisted Living
- Sheila Loebs, Director of Human Resources
- Kim Beck, Director of Nursing (2/1/12-3/17/12)
- Vicki Beck, Interim Director of Nursing (3/14/12-5/26/12)
- Toni Bray, Director of Nursing (4/29/12-present)

Facilitator and Recorders for Focus Groups

- Marcia Forrester
- Barbara Kuske
- Gail O'Brien

Attachment I

Focus Group Questions

1. What health care services are most important to you?

2. What is the most pressing health care related need facing you/your family?

3. What is the most pressing health care related need facing our community?

4. If you do not go to the doctor or the hospital, why?

5. In what way(s) is the hospital and/or health care in Britton serving the community well?

6. In what ways could the hospital and/or health care in Britton improve the way in which it serves the community?

7. If you could add or change one aspect of health care in Britton, what would it be and why?

8. Any additional health care comments from today's participants?

Attachment J

Feedback from focus groups held March 20th through March 22nd

Top Concerns from Healthcare Professionals Meeting:

- Doctor recruitment
- Inadequate workforce
- Diabetic and nutrition
- Outreach clinics
- Childhood development and screenings & Pediatric obesity
- Outpatient foot care
- Kidney dialysis

Top Concerns from Community Leaders Meeting:

- Bring more specialized care to Britton (dialysis, diabetic care, obesity/nutrition, mental health)
- Communication: website, facebook, education, community awareness
- How can we sustain what we have?
- Future of Volunteer Ambulance Services (and Fire Dept)

Top Concerns from Elderly/VA Meeting:

- Age-related services (dialysis and chemo)
- Emergency Services (Careflight insurance should be better advertised), incentives for ambulance workers, Britton bucks, discounts for EMTs
- Hospital improvements and services (updates and keeping sidewalks clear and safe)
- Education/Communications (posters in rooms, brochures, news articles listing all the services available
- Support and Protect the Britton Hospital

Top Concerns from Community Members Meeting:

- Keeping family physicians available

- Ambulance service
- 24/7 care
- Professionalism
- Better communication

Hutterite Colonies:

(Sunset and Westwood repeatedly invited. Both declined.)

Top Concerns from Single parents/Uninsured/Underinsured Meeting:

- Reduced or free clinics/screenings
- Preventative care: exercise, pool, wellness, nutrition, massage
- Rotating specialists (neurologists, dermatologists, etc)
- Patient advocate services for insurance/free clinic availability/cost of care

Common themes noted by Facilitator, Marcia Forrester:

- Overall community response is very positive
- Ambulance volunteers highly praised/concern about maintaining availability
- 24/7 availability of care highly praised
- Spruce Court highly praised
- Wellness center highly praised
- PT/OT highly praised
- Every group stated a female doctor is needed
- All groups noted communication is very poor. Most were unaware of services already available, such as Careflight insurance, eEmergency, transportation to Aberdeen, contracted services, mental health services, etc.
- Availability of mental health services was a recurring suggestion
- Bringing in education workshops was a recurring suggestion

Attachment K

Community Assets

The following is a list of community health resources available in Marshall County:

Marshall County Healthcare Center and Marshall County Medical Clinic

- 24/7 Wellness Center
- Inpatient and Outpatient Physical and Occupational Therapies
- Cardiac Rehabilitation program
- Home Health Program
- Lab, Radiology, and Blood Bank
- Spruce Court Assisted Living Facility
- Outreach Mammography program
- Outreach Colonoscopy program
- Healthcare In Partnership with Education Program

Community Health Nurse
Mark Williamson, DDS
Quarve Drug (pharmacy)
Vision Care Associates
Wheatcrest Hills Nursing Home
Marshall County Volunteer Ambulance Service
Marshall County Unit of the American Cancer Society
Britton-Hecla Public Schools
Britton Area Chamber of Commerce
Northeaster Mental Health Center outreach program
Weight Watchers group
Six area churches