

# **Community Health Needs Assessment**

Marshall County Healthcare Center Avera

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FY 2016

## **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 began doing business as 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 a 10 month period, from July 2015 through April 2016. The rural critical access hospital defines its service area as Marshall County, S.D. A team of healthcare professionals and community leaders collected statistical data and input from community members. Several health needs were identified, and those needs were prioritized through a multiple step process.

Based on the results of this assessment, Marshall County Healthcare Center Avera will strive to improve and maintain emergency services, continue to promote weight management, and explore ways to minimize the burden of travel for cancer care and dialysis services.

## Description of Community Served by the Hospital

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. This designation is not only a geographic one, but is also supported by inpatient discharge data. According to the *Inpatient Origin and Destination Semi-Annual Report for January – June 2015*, compiled by the South Dakota Association of Healthcare Organizations (SDAHO), 88.68 percent of Marshall County Healthcare Center Avera’s inpatient discharges originate in the hospital’s primary service area of Marshall County.

Inpatient Origin Summary Report														
Britton - Marshall County Healthcare Center/Avera														
	Discharges		Discharges					Inpatient Days		Inpatient Days				
		% of Discharges	<18	18-44	45-64	65-74	75+		% of Inpatient Days	<18	18-44	45-64	65-74	75+
Brown	3	5.66 %	0	0	1	1	1	10	3.50 %	0	0	3	2	5
Day	1	1.89 %	0	0	0	0	1	4	1.40 %	0	0	0	0	4
Marshall	47	88.68 %	0	1	4	7	35	262	91.61 %	0	3	23	25	211
Roberts	1	1.89 %	0	0	0	1	0	3	1.05 %	0	0	0	3	0
North Dakota	1	1.89 %	0	0	0	0	1	7	2.45 %	0	0	0	0	7
TOTAL	53	100.00 %	0	1	5	9	38	286	100.00 %	0	3	26	30	227

Source: SDAHO, Inpatient Origin and Destination Semi-Annual Report for January - June 2015

As reported by the *U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates*, the population of Marshall County is 4,668. Additional data below was used to define the race, age, gender, and socio-economic status of those residents compared to residents of South Dakota as a whole.

Race	Data Source	Marshall County		South Dakota	
		Number	%	Number	%
Hispanic or Latino	USCB	330	7.1%	26,459	3.2%
White	USCB	3,913	83.8%	697,982	83.6%
Black or African American	USCB	2	0.0%	12,289	1.5%
American Indian and Alaskan Native	USCB	320	6.9%	69,625	8.3%
Asian	USCB	4	0.1%	9,408	1.1%
Native Hawaiian and Other Pacific Islander	USCB	0	0.0%	217	0.0%
Some other race	USCB	0	0.0%	428	0.1%
Two or more races	USCB	99	2.1%	18,300	2.2%

USCB=U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Age	Data Source	Marshall County		South Dakota	
		Number	%	Number	%
Under 5 years	USCB	358	7.7%	59,303	7.1%
5 to 9 years	USCB	309	6.6%	57,691	6.9%
10 to 14 years	USCB	307	6.6%	55,424	6.6%
15 to 19 years	USCB	278	6.0%	57,997	6.9%
20 to 24 years	USCB	254	5.4%	59,689	7.2%
25 to 34 years	USCB	532	11.4%	109,504	13.1%
35 to 44 years	USCB	414	8.9%	94,677	11.3%
45 to 54 years	USCB	600	12.9%	111,942	13.4%
55 to 59 years	USCB	353	7.6%	56,790	6.8%
60 to 64 years	USCB	356	7.6%	49,347	5.9%
65 to 74 years	USCB	456	9.8%	62,692	7.5%
75 to 84 years	USCB	302	6.5%	39,912	4.8%
85 years and over	USCB	149	3.2%	19,740	2.4%

USCB=U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimate

Gender	Data Source	Marshall County		South Dakota	
		Number	%	Number	%
Male	USCB	2,461	52.7%	419,494	50.3%
Female	USCB	2,207	47.3%	415,214	49.7%

USCB=U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimate

Socio-economic Indicator	Data Source	Marshall County		South Dakota	
		Number	%	Number	%
Total population below poverty level	USCB	695	15.2%	114,444	14.2%
Age, under 18 years, below poverty level	USCB	262	23.2%	37,147	18.5%
Age, 18-64 years, below poverty level	USCB	307	11.9%	64,855	13.3%
Age, 65 years and over, below poverty level	USCB	126	14.7%	12,442	10.7%
Race, Hispanic or Latino, below poverty level	USCB	184	59.4%	6,441	25.6%
Race, White, below poverty level	USCB	338	8.8%	66,069	9.8%
Race, American Indian or Alaskan Native, below poverty level	USCB	140	43.5%	32,761	48.4%
Median Household Income	USCB	\$51,579	N/A	\$50,338	N/A

USCB=U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimate

### Community Health Needs Assessment Process

Marshall County Healthcare Center Avera assembled a committee of healthcare professionals to conduct the CHNA. Members included a registered nurse from the Marshall County Office of Child and Family Services and nine employees of the hospital (Appendix 1). The knowledge and experience of each committee member was used in the CHNA process for collection, analysis, and prioritization of data.

The committee collected qualitative data from focus groups and interviews. Quantitative data was gathered from the U.S. Census Bureau and the South Dakota Department of Health, Office of Health Statistics. The focus groups were conducted by three members of the community (Appendix 2). Retired employees of local school systems, all three were chosen for their professionalism and leadership experience to serve as objective facilitators of the meetings. While one led the meeting and proposed a list of prepared questions (Appendix 3) to the group, the second recorded key discussion points on flip charts, and the third served as the recorder for the meetings, taking detailed notes of the answers given to each question. Each was paid a small stipend for her time. Interviews were conducted by a committee member using the same questions presented in the focus groups, as applicable.

### Community Input

Careful consideration was given when gathering qualitative data to ensure the CHNA included input from persons who represent the broad interests of the community. Analysis of U.S. Census Bureau data for Marshall County led to six focus groups and two key interviews. Focus groups were conducted in August and September of 2015, and the interviews were conducted in March of 2016. Half of the CHNA committee members also served on the committee to complete the 2013 CHNA, and that report was reviewed as well. Although it's been available to the public via website, Marshall County Healthcare Center Avera has received no requests for written copies and no written comments about the 2013 CHNA or implementation plan.

Two of the focus groups were conducted with the goal of including any and all community members who wanted to participate. Advertisements were run in local newspapers, and flyers were posted at local businesses, welcoming everyone to attend. One of these focus groups was held at a meeting room in Britton, and the other was held at a gathering place in Langford, S.D. A third group invited healthcare professionals from the community, including the local pharmacist, ophthalmologist, dentist, physician, nurse practitioner, 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. In analyzing the age statistics for Marshall County, the percentage of those 55 years and older was notably higher when compared to South Dakota as a whole. Additionally, socio-economic indicators reveal that 14.7 percent of Marshall County residents age 65 and older live below poverty level compared to only 10.7 percent for all of South Dakota. Therefore, a specific focus group was conducted to gain input from that age group. The committee coordinated with the local senior meals program to conduct a focus group during the lunch hour. In considering that 23.2 percent of those under age 18 in Marshall County live below poverty level, a pointed effort was made to include community members who were single parents, uninsured or underinsured. As a CHNA committee member, the registered nurse from the Marshall County Office of Child and Family Services was essential to the success of this group. The focus group was held at her office to help attendees feel at ease, and she communicated face-to-face invitations to clients she knew to fit the criteria. The sixth focus group reached out to community leaders, with a goal 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.

Several statistical factors highlighted the importance of including input from minority groups. The U.S. Census Bureau’s race statistics for Marshall County indicate two minority groups with populations of significance. The Hispanic or Latino group makes up 7.1 percent of the population, and the American Indian or Alaskan Native group accounts for 6.9 percent. Additionally, socio-economic statistics reveal that 59.4 percent of Marshall County’s Hispanic or Latino and 43.5 percent of its American Indian or Alaskan Native population live below poverty level. Demographic data collected at the focus groups (Appendix 4), including the focus groups open to all residents of Marshall County, indicated that 100 percent of attendees were White. Therefore, additional efforts were made to gather input from representatives of these two minority groups.

Race	Data Source	Britton		Veblen	
		Number	%	Number	%
Hispanic or Latino	USCB	14	1.0%	149	34.2%
White	USCB	1413	98.0%	150	34.4%
Black or African American	USCB	0	0.0%	2	0.5%
American Indian and Alaskan Native	USCB	8	0.6%	124	28.4%
Asian	USCB	0	0.0%	0	0.0%
Native Hawaiian and Other Pacific Islander	USCB	0	0.0%	0	0.0%
Some other race	USCB	0	0.0%	0	0.0%
Two or more races	USCB	7	0.5%	11	2.5%

USCB=U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimate

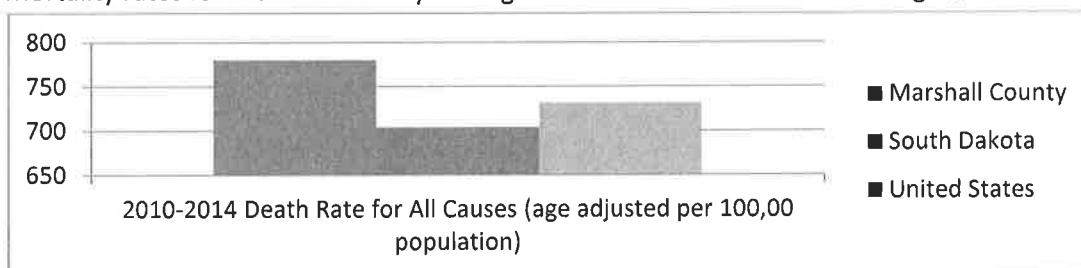
Examining the race statistics of Marshall County more closely, based on city, the committee found that the populations of these two minority groups are much higher in the city of Veblen, S.D. Due to the nature of her position, the occupational therapist on the CHNA committee was instrumental in

identifying sources to provide input on behalf of each minority group. She travels extensively, providing services at school districts in Marshall County and neighboring counties, including the Sisseton School District in Roberts County to which Veblen belongs. To collect input on behalf of the Hispanic or Latino population, an interview was conducted with the human resources liaison for Veblen’s largest employer. He is called upon to help the Hispanic or Latino workers with translation, enrolling children in school, shopping, finding healthcare, etc. Input on behalf of the Native American or Alaskan Native Population was gathered by interviewing the tribal health coordinator at Indian Health Services in Sisseton. She is employed by the Sisseton Wahpeton Oyate to serve as a community health representative.

**Prioritized Significant Community Health Needs**

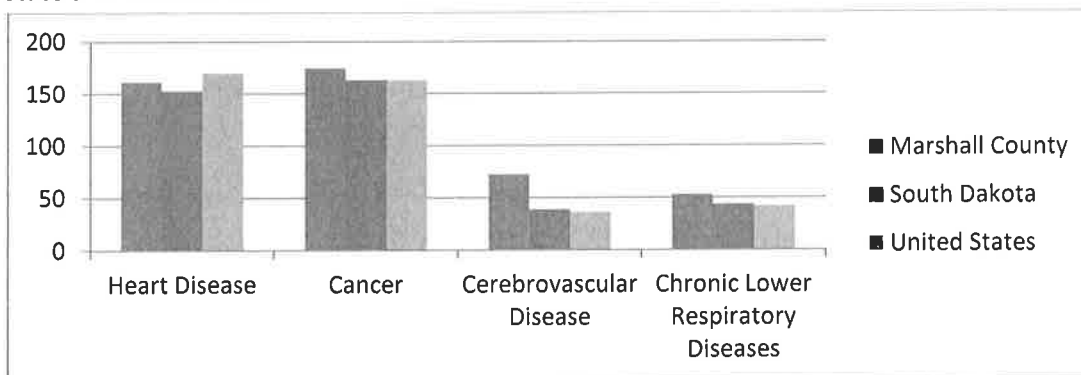
The CHNA committee met to analyze and prioritize the health needs identified through the quantitative and qualitative information collection process. In examining quantitative data, the following trends were noted:

- Mortality rates for Marshall County are higher than state and national averages.



Source: South Dakota Department of Health, Office of Health Statistics

- Leading causes of death follow state and national trends with Heart Disease and Cancer accounting for nearly half of all deaths.
- Marshall County’s rate of death due to cerebrovascular disease is significantly higher than the state and national rate



Source: South Dakota Department of Health, Office of Health Statistics

The focus groups and interviews provided volumes of input, and the facilitators/interviewers were asked to assist in prioritization by summarizing the top concerns of each group. Additionally, the committee met with the facilitators to further clarify details of the summary provided. The committee,

reviewing the summary data (Appendix 5), determined the following topics were the most significant as they were issues emphasized by multiple groups.

- Maintaining and improving emergency and ambulance services
- Cancer care and dialysis services
- Specialist services
- Mental health services

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. When solely considering the importance the community places on the need, emergency and ambulance services, cancer care, and dialysis services are the top priorities. However, when considering the financial feasibility of adding chemotherapy and/or dialysis services, the priority of these issues must be tempered by the limited resources of a critical access facility. Both services are non-emergent and are available within 60 miles, leading the committee to consider providing transportation to these services, rather than providing the services locally as a more feasible priority. In considering the scope and health disparities of the needs identified, heart disease and cancer rise to the top of the list as the top two causes of death. As obesity is a contributing factor to both of these, and considering that weight management was noted as the top priority in the 2013 CHNA, the committee identified the concern as a continuing high priority. Due to the urgency of treatment required for cerebrovascular disease (stroke) the committee noted that Marshall County's high rate of death due to the condition, compared to state and national statistics, lends weight to the importance of maintaining and improving emergency and ambulance services. The argument is further strengthened by Marshall County's high rate of death due to all causes and the number one cause of death, heart disease. The committee came to a consensus, ranking the top three health needs identified as follows:

- 1) Maintaining and improving emergency and ambulance services
- 2) Weight management
- 3) Transportation for cancer care and dialysis services

### **Potentially Available Resources**

The Marshall County Healthcare Center Avera CHNA committee identified several community resources (Appendix 6) including the hospital and clinic with numerous services and programs, dental and vision offices, a pharmacy and several volunteer groups.

### **Evaluation of Impact**

Based on the 2013 CHNA, Marshall County Healthcare Center Avera's Implementation Strategy and Community Benefit Plan focused on promoting weight management through improved communication and improving the primary care provider ratio. As planned, the hospital continued its efforts to promote healthy weight management lifestyle choices by supporting the wellness fair and 5k/10k run/walk. The facility implemented a website, as planned, in May of 2014. The wellness coordinator also found new ways to promote weight management. A second run/walk, sponsored in

part by Marshall County Healthcare Center Avera, was held in June 2014 and 2015. That race was moved to March in 2016. For several months, a feature was run in the local newspaper, offering wellness tips and healthy recipes. A community basketball league was implemented in 2014 and continued in 2015. Seven teams participated, and each team had 6-10 players, which equates to a minimum of 42 adults being more physically active. The wellness center has expanded available services including new machines and fitness classes. This has resulted in an increase in membership from 215 members in 2013 to 290 members in 2016. The participation rate (those who use the facility at least once per week) has also increased from 9.76 percent in 2013 to 16.55 percent in 2016. Additionally, Marshall County Healthcare Center Avera received a grant focused on preventing childhood obesity in 2014. Led by the wellness coordinator, a wellness coalition was formed, including hospital employees and other community members, and several wellness activities were initiated in collaboration with the local school and preschools. An annual track and field day was established to encourage children to be more physically active; family fun fitness events demonstrated various forms of fun physical activity and healthy eating demonstrations including options like fruit kabobs and a salad bar. The coalition completed steps to bring a food co-op, offering fresh fruits and vegetables, to the community. The group is also currently working with the school to implement healthy options for concession stands at sporting events. With help from the South Dakota Department of Health, Office of Rural Health's Recruitment Assistance Program, Marshall County Healthcare Center Avera was able to improve its Primary Care Provider Ratio from 1.75:4625 FTE to 2.5:4625 FTE by September of 2012. Due to employee turnover in 2013 and 2014, the facility used the incentive again to recruit a second nurse practitioner to maintain the improved ratio. The facility signed a second contract in October of 2015, agreeing to pay an additional \$10,709.60 over three years.

### **Next Steps**

An implementation strategy was developed 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.

- Maintain and improve emergency services through a number of activities including collaboration with Marshall County Ambulance and evaluation of emergency services
- Continue to promote weight management through hospital and wellness coalition initiatives
- Explore possible solutions to minimize the burden of travel to cancer care and dialysis services

This assessment summary is available on the Marshall County Healthcare Center Avera's website, [mhcavera.org](http://mhcavera.org). A copy may also be obtained by contacting the administrative staff of Marshall County Healthcare Center Avera.



**Approval**

By signing below, the officer of the Board of Trustees of Marshall County Healthcare Center Avera swears that the Board of Trustees has, at its April 12, 2016, meeting, reviewed and approved both the Community Health Needs Assessment Summary and the Implementation Strategy and Community Benefit Report.



Signed



Date



Printed Name and Title

**Appendix 1: CHNA Committee Members**

Cari Price, RN, Marshall County Office of Child and Family Services  
Toni, Mattson, RN, DON, Marshall County Healthcare Center Avera  
Nick Fosness, CEO, Marshall County Healthcare Center Avera  
Patty Roehr, CFO, Marshall County Healthcare Center Avera  
Ardi Forrester, RN, Director of Home Health and Assisted Living, Marshall County Healthcare Center Avera  
Cristy Davidson, OT, Marshall County Healthcare Center Avera  
Jill Zuehlke, CNP, Marshall County Healthcare Center Avera  
Stephanie Baker, Billing Associate, Marshall County Healthcare Center Avera  
Dana Tank, Director of Lab and Radiology, Marshall County Healthcare Center Avera  
Sheila Sutton, PHR, SHRM-CP, Marshall County Healthcare Center Avera

**Appendix 2: Focus Group Facilitators**

Marcia Forrester, retired principal

Barbara Kuske, retired school teacher

Linda Bosse, retired school secretary and current city council member

## Community Health Needs Assessment 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 use healthcare services in Marshall County, why?
5. In what way(s) is the hospital and/or health care in Marshall County serving the community well?
6. In what ways could the hospital and/or health care services in Marshall County improve the way in which it serves the community?
7. If you could add one aspect of health care in Marshall County, what would it be and why?
8. Any additional health care comments from today's participants?

Appendix 4: Demographic Data from Focus Groups

**MARSHALL COUNTY HEALTHCARE CENTER CHNA FOCUS GROUP**  
**REQUEST FOR DEMOGRAPHIC INFORMATION**  
**SINGLE MOTHERS**

MEETING DATE: 08-20-15                      TIME: 5:00 P.M.

PLACE: Community Health Nurse Office

SEX: 6 Females

AGE GROUP:      18-30 – 5      31- 50 – 1

ANNUAL HOUSEHOLD INCOME: Less than \$10K – 1      \$10K-25K – 2  
\$25K-50K – 3

ETHNICITY: White – 6

ARE YOU A VETERAN: None

DO YOU HAVE HEALTH INSURANCE: No – 4      Yes – 2

HEALTH INSURANCE DEDUCTIBLE PER PERSON (IF APPLICABLE)

\$750-\$1500 – 1

**MARSHALL COUNTY HEALTHCARE CENTER CHNA FOCUS GROUP**  
**REQUEST FOR DEMOGRAPHIC INFORMATION**  
**SENIOR CITIZENS**

MEETING DATE: 08-25-15                      TIME: 12:00 NOON

PLACE: Community Room

SEX: 9 Males      9 Females

AGE GROUP:      All attendees 65+

ANNUAL HOUSEHOLD INCOME:

Less than \$10K – 3      \$10K - \$25K - 4      \$25K-\$50K – 1      \$50K-\$75K – 2      \$75k+ - 3

ETHNICITY: White – 18

ARE YOU A VETERAN: Yes – 5

DO YOU HAVE HEALTH INSURANCE: Yes – 18

HEALTH INSURANCE DEDUCTIBLE PER PERSON (IF APPLICABLE)

Less than \$750 – 12      \$750-\$1500 – 1      \$2500-\$3000 – 1

Appendix 4: Demographic Data from Focus Groups

<b>MARSHALL COUNTY HEALTHCARE CENTER CHNA FOCUS GROUP</b>			
<b>REQUEST FOR DEMOGRAPHIC INFORMATION</b>			
<b>COMMUNITY LEADERS</b>			
<b>MEETING DATE:</b>	<b>08/24/15</b>	<b>TIME:</b>	<b>12:00 Noon</b>
<b>PLACE:</b>	<b>Fire Hall</b>		
<b>SEX:</b>	<b>10 Male</b>	<b>5 Female</b>	
<b>AGE GROUP:</b>	<b>31-50 – 4</b>	<b>51-64 – 10</b>	<b>65+ – 1</b>
<b>ANNUAL HOUSEHOLD INCOME:</b>			
<b>\$50k-75K – 1</b>	<b>\$75K+ – 14</b>		
<b>ETHNICITY:</b>	<b>White – 15</b>		
<b>ARE YOU A VETERAN:</b>	<b>Yes – 3</b>		
<b>DO YOU HAVE HEALTH INSURANCE:</b>	<b>Yes – 15</b>		
<b>HEALTH INSURANCE DEDUCTIBLE PER PERSON (IF APPLICABLE)</b>			
<b>Less than \$750 – 2</b>	<b>\$750-\$1500 – 4</b>	<b>\$1500-\$2500 – 2</b>	<b>\$2500-\$3500 – 3</b>
<b>\$3500+ – 3</b>	<b>No Response - 1</b>		

<b>MARSHALL COUNTY HEALTHCARE CENTER CHNA FOCUS GROUP</b>			
<b>REQUEST FOR DEMOGRAPHIC INFORMATION</b>			
<b>LANGFORD COMMUNITY MEMBERS</b>			
<b>MEETING DATE:</b>	<b>09/01/15</b>	<b>TIME:</b>	<b>7:00 P.M.</b>
<b>PLACE:</b>	<b>The Front Porch, Langford, SD</b>		
<b>SEX:</b>	<b>1 Female and 1 Person Turned in Questions</b>		
<b>AGE GROUP:</b>	<b>31-50 – 1</b>		
<b>ANNUAL HOUSEHOLD INCOME:</b>	<b>\$25K-50K</b>		
<b>ETHNICITY:</b>	<b>White – 1</b>		
<b>ARE YOU A VETERAN:</b>	<b>No</b>		
<b>DO YOU HAVE HEALTH INSURANCE:</b>	<b>Yes</b>		
<b>HEALTH INSURANCE DEDUCTIBLE PER PERSON (IF APPLICABLE)</b>	<b>\$3500+</b>		

**Appendix 4: Demographic Data from Focus Groups**

<p style="text-align: center;"><b>MARSHALL COUNTY HEALTHCARE CENTER CHNA FOCUS GROUP</b> <b>REQUEST FOR DEMOGRAPHIC INFORMATION</b> <b>HEALTHCARE PROFESSIONALS</b></p> <p>MEETING DATE: 09/02/15      TIME: 5:00 P.M.</p> <p>PLACE: Hospital Meeting Room</p> <p>SEX: Males – 1      Females – 6</p> <p>AGE GROUP:      31-50 – 5      51-64 – 2</p> <p>ANNUAL HOUSEHOLD INCOME: \$10K-25K – 1      \$25K-50K – 1      \$50K-75K – 2 \$75K+ – 2      No Answer – 1</p> <p>ETHNICITY: White – 7</p> <p>ARE YOU A VETERAN: No</p> <p>DO YOU HAVE HEALTH INSURANCE: Yes – 6      No – 1</p> <p>HEALTH INSURANCE DEDUCTIBLE PER PERSON (IF APPLICABLE)</p> <p>Less than \$750 – 1      \$1500 - \$2500 – 4      \$2500-\$3500 – 1      No Answer – 1</p>
<p style="text-align: center;"><b>MARSHALL COUNTY HEALTHCARE CENTER CHNA FOCUS GROUP</b> <b>REQUEST FOR DEMOGRAPHIC INFORMATION</b> <b>BRITTON COMMUNITY MEMBERS</b></p> <p>MEETING DATE: 09/02/15      TIME: 7:00 P.M.</p> <p>PLACE: Fire Hall</p> <p>SEX: 1 Male      2 Female</p> <p>AGE GROUP:      51-64 – 1      65+ - 2</p> <p>ANNUAL HOUSEHOLD INCOME:</p> <p>\$10K-25K – 1      \$50K-\$75K – 1</p> <p>ETHNICITY: White – 3</p> <p>ARE YOU A VETERAN: No – 3</p> <p>DO YOU HAVE HEALTH INSURANCE: Yes – 2</p> <p>HEALTH INSURANCE DEDUCTIBLE PER PERSON (IF APPLICABLE)</p> <p>\$1500-\$2500 –1      Medicare – 1</p>

**Appendix 5: Summary of Qualitative Data (Focus Groups and Interviews)**

**Summary of primary needs identified through CHNA interviews**

**HR Liaison for Riverview, LLC, representing Hispanic or Latino population**

Clinic and ER visits  
Affordability  
Dental Insurance  
Translators  
Distance

**Tribal Health Coordinator for Sisseton Wahpeton Oyate, representing Native American population**

Chronic Disease  
Pharmacy  
Childhood Trauma (as a contributing factor to chronic disease)  
Affordability (IHS)



## Appendix 5: Summary of Qualitative Data (Focus Groups and Interviews)

### **SINGLE MOTHERS**

Pediatrician and other specialists come weekly or monthly  
ER Services/Ambulance  
Great Wellness Center

### **COMMUNITY LEADERS**

Cardiac Care  
Physical Therapy  
Special Services  
Dialysis Services  
Cancer Treatment  
Keeping and Training Ambulance Personnel/EMT's  
Insurance Plans

### **SENIOR CITIZENS**

Cancer Care  
Insurance Companies Working Together

### **LANGFORD COMMUNITY**

Emergency Room Services  
Annual Physicals, Wellness Checks, Labs  
Go Elsewhere for Specialists  
Mammogram Truck to Langford/Clinic will not share records  
Add Cancer Care and Dialysis Services  
Langford Representative on the Board  
Good Staff – is there a strategy to keep them

### **BRITTON COMMUNITY**

More Instruction for Diabetics  
Grief Counseling  
Dialysis Service  
Have a building or an area to deal with mental health/drug addiction problems  
Therapist/Counselor

### **HEALTHCARE PROFESSIONAL**

Emergency Care/Ambulance  
Telemed Services  
Swing Bed  
Need to Communicate Services to Surrounding Area  
Aging Population/Ties in With Grief Counseling, Diabetics, Dialysis and Cancer Care

## Appendix 6: Community Resources

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

Marshall County Healthcare Center Avera

- Provider-Based Rural Health Clinic with 3 providers
- 24/7 Wellness Center
- Inpatient and Outpatient Physical, Occupational, and Speech 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
- Hospital Auxiliary
- Hospital Advisory Board
- Clinic staffed with 3 providers

Joshua Day, 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

Britton Area Foundation

Britton Area Hospice

Northeaster Mental Health Center outreach program

Weight Watchers group

Six area churches

Ministerial Association

Marshall County WOW (Working On Wellness) Coalition

Community Transit