

Landmann Jungman Memorial Hospital-Avera

Scotland, SD



Community Health Needs Assessment

2019

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2019 Landmann Jungman Memorial Hospital Avera Community Health Needs Assessment Summary:

An assessment of Bon Homme County conducted by Landmann Jungman Memorial Hospital

Overview

From November 2018-March 2019, Landmann Jungman Memorial Hospital Avera conducted a Community Health Needs Assessment (CHNA) focusing on the needs of their primary service area. This assessment has identified the health care community's strengths as well as determined the health care needs not met in the Scotland area. The goal of the assessment was to identify community health needs as well as to implement programs to address the needs and better serve those in the community. The objective is to identify the health needs of a community enabling the hospital to plan and deliver the most effective services and programs to address those needs identified in the assessment. The assessment includes input from individuals representing the broad interests of the community, including those with special knowledge or expertise in public health. The process involved a variety of approaches to collect qualitative and quantitative data through research, interviews, focus groups, electronic survey, and electronic medical record data review. This process also creates collaboration between the hospital and other entities in the service area to address the needs of the community. This plan will guide Landmann Jungman Memorial Hospital (LJMH) to enhance the lives of individuals and communities it serves.

Description of Landmann Jungman Memorial Hospital

Landmann Jungman Memorial Hospital was founded in 1968 by two physicians, Dr. O.A. Landmann and Dr. D. A. Jungman. The first patient was seen in 1969. Landmann Jungman Memorial Hospital has underwent additions and renovations through the years. In 1996, a clinic and independent living senior apartments (West Winds) were added. In 1999, the Scotland community signed a management lease with Avera McKennan & University Health Center located in Sioux Falls, S.D. As a facility managed through Avera McKennan, Avera is committed to providing support and assistance to the Scotland community. Avera Health is a large rural-based health system that serves communities in South Dakota, Minnesota, Nebraska, and Iowa. In 2002 a retail pharmacy came to campus and in 2007 a new front entrance, converted patient rooms, and outpatient department renovations in therapy, lab, laundry, and examinations rooms took place. These changes and renovations allowed for not only aesthetic enhancement, but better work flow, as well as better service to the community through improved coordination of care. Today, Landmann Jungman Memorial Hospital is a 25 bed Critical Access Hospital with a provider based clinic. Landmann Jungman Memorial Hospital also continues to own and operate West Winds apartments and a retail pharmacy, both of which are on campus. Caring for residents at the local nursing home is also a part of medical staff duties.

Landmann Jungman's primary medical staff includes 2 part time primary care physicians; 1 physician assistant; and 4 nurse practitioners. Additional services in the health center include a radiology department, laboratory, physical/occupational/speech therapy, emergency services, and skilled nursing.

Mobile outreach specialty services include: Digital Mammography, MRI, Nuclear Medicine, Sleep Studies, Neurology, and DEXA. As a part of the Avera Health System, the Landmann Jungman rural providers have access to cutting edge technology through the Avera eCare Services. This provides specialist consultations to patients upon recommendation of their primary provider, preventing the need for a two hour drive to the regional facility in Sioux Falls, S.D. The consult is obtained using two-way video technology allowing the patient to visit with providers without leaving the community. Landmann Jungman has a full complement of eServices with eEmergency, eConsult, eHospitalist, eTriage, eBurn, and ePharmacy.

Evaluation of Impact of Prior Community Health Needs Assessment

Landmann Jungman Memorial Hospital conducted its last CHNA in 2016. No written comments were received on the 2016 report, but would have been considered if received. The priorities from the prior needs assessment were blood pressure screening; diabetic education sessions; health and wellness information for the community; and helping address the shortage of EMT's. To address these needs, several activities were completed.

Blood pressure screening. Free blood pressure screenings were offered daily in the clinic. Staff also held blood pressure screenings and education booths on hypertension and heart health in conjunction with Meals on Wheels, Go Red for Women event, a high school basketball game, and other community happenings. The impact of these activities included improving blood pressure screening numbers, decreasing cost for patients, and improving health literacy in regards to heart health.

Diabetic education sessions. Diabetic education classes were provided to the community by multiple different health care disciplines. Hospital space was also provided for circuit training classes, senior yoga, and weight watchers, all available to the public at no cost to the community. All of these physical activities and classes were designed to prevent diabetes through healthy lifestyle management, directly impacting approximately 75 individuals in our community that attended one or more of the described activities.

Health and wellness information for the community. Multiple newspaper articles on health related topics have been published in the Scotland Journal, the local newspaper. Additional health related topics for education are posted to the hospital Facebook page. Additional health education has been provided in public activities for preventative health care including: hand hygiene for health, hands only CPR, Red Cross babysitters curriculum, breast cancer screening education, teen dating violence prevention, agricultural health and safety, concussion awareness, heat stroke awareness, falls and balance community screening and education, and monthly health topics at the local Rotary Club meetings. Impact of this health education in many different formats increased the reach of health education, increasing the community's health literacy.

Shortages of EMTs for the ambulance. The hospital partnered with the EMTs in the community of Scotland to provide monthly education and training for EMT staff at no cost to them. The staff is better educated and feels a greater level of community support. The impact resulted in additional EMTs joining the all-volunteer crew.

Description of Community Served

Demographics of Primary and Secondary Service Area

Landmann Jungman Memorial Hospital is located in Scotland, S.D. Scotland is located in Bon Homme County, S.D., in the south central part of the state. Agriculture is the primary economic driver in the county. Landmann Jungman's primary service area is defined as Bon Homme County. In fiscal year 2018, 81 percent of inpatient discharges and 68 percent of Emergency Room visits were from Bon Homme County. According to the U.S. Census Bureau's 2016-2017 estimated data, the population of Bon Homme County was just over 7,000 people and is predominately White/Caucasian (89%). About 20 percent of the population is over the age of 65. County Health Rankings assesses the unemployment rate of Bon Homme County at 2.6 percent compared with the state of South Dakota's 2.8 percent unemployment (2018.) County Health Rankings states that the median household income of Bon Homme County is \$48,023, which is about \$4,000 less than the state's average (2016). The percentage of persons 100 percent below the Federal Poverty Level in 2018 was 10.4 percent; about 1/5 of households are single parent households within the county. US Census data shows high school graduation in the county at 89 percent, which is above the State rate, but reports adults over 25 years of age with a Bachelor's degree or higher at 18.3 percent, which is significantly below the State rate (2012-2016). The secondary service area, including portions of Hutchinson and Yankton counties. Hutchinson and Yankton Counties are demographically similar to Bon Homme County with rural, agricultural lifestyles. In fiscal year 2018, these two counties made up 15 percent of inpatient discharges and 24 percent of Emergency Room visits. Landmann Jungman has about 4,000 clinical encounters a year for one or more services at the health center.

There are two hospitals located in Bon Homme County, namely St. Michael's Hospital Avera and Landmann Jungman Memorial Hospital. St. Michael's Hospital Avera is located in Tyndall, S.D., which is about 22 miles southwest of Scotland. Both hospital are considered essential community services.

Health Status of Bon Homme County

The South Dakota Department of Health (2009-2017) shows mortality in Bon Homme County as compared to the state of South Dakota. The following are mortality indicators where Bon Homme County is either equal to or at a higher percentage than the State:

- Death due to trachea, bronchus, and lung cancer
- Death due to motor vehicle accidents
- Death due to cerebrovascular disease
- Death due to colorectal cancer
- Death due to breast cancer

County Health Rankings (2017-2018) identifies the following health indicators as either equal or showing a higher percentage than the State:

- Percentage of adults under 65 years (18-64) of age without health insurance
- Percentage of adults that report having been diagnosed as having diabetes
- Percentage that travel thirty (30) or more minutes to get to work
- Percentage of adults who are obese based on a BMI of >30

The government website, statecancerprofiles.cancer.gov (2010), identifies cancer prevention services. The following two cancer prevention services rank poorer in Bon Homme County than in the State.

- Percent of adults age 50 and older who have ever had a sigmoidoscopy/colonoscopy
- Percent of women age 18 and older who report having a pap smear test in the past three years

The following are additional measures that show access to health care in Bon Homme County, per 2018 County Health Rankings:

- Ratio of population of Bon Homme County to primary care providers at 1,750:1 versus 1,290:1 for the State of South Dakota.
- Ratio of population of Bon Homme County to mental health providers at 6,980:1 versus 610:1 for the State of South Dakota.
- Fourteen percent of adult residents in the county that are without health insurance
- Eighteen percent of children under 18 years of age in the county are in poverty

Adolescent health behavior risks of students in grades 9-12 continue to be high across the state of SD. According to the SD Department of Health Youth Risk Behavior Survey in 2015, 33.3 percent have tried smoking; 37.2 percent have had sexual intercourse, and 60.3 percent have tried alcohol. County wide data was not available for these measures.

Bon Homme County has multiple health indicators that are better than the State average. Tables of comparable county to state health indicators are in the appendix. The following depicts Bon Homme County's health ranking and health outcomes in comparison to the rest of the counties in South Dakota.

2018 County Health Rankings for the 60 Ranked Counties in South Dakota

| County | Health Outcomes | Health Factors |
|-------------|-----------------|----------------|
| Aurora | 29 | 15 |
| Beadle | 39 | 40 |
| Bennett | 53 | 54 |
| Bon Homme | 8 | 34 |
| Brookings | 5 | 5 |
| Brown | 13 | 8 |
| Brule | 19 | 33 |
| Buffalo | 56 | 58 |
| Butte | 25 | 44 |
| Campbell | NR | NR |
| Charles Mix | 51 | 50 |
| Clark | 26 | 36 |
| Clay | 16 | 41 |
| Codington | 12 | 17 |
| Corson | 57 | 56 |
| Custer | 42 | 32 |
| Davison | 15 | 12 |

| County | Health Outcomes | Health Factors |
|------------|-----------------|----------------|
| Day | 27 | 48 |
| Deuel | 11 | 39 |
| Dewey | 58 | 57 |
| Douglas | 17 | 10 |
| Edmunds | 37 | 6 |
| Fall River | 49 | 42 |
| Faulk | 45 | 37 |
| Grant | 1 | 7 |
| Gregory | 31 | 38 |
| Haakon | 44 | 9 |
| Hamlin | 4 | 28 |
| Hand | 46 | 3 |
| Hanson | 21 | 25 |
| Harding | NR | NR |
| Hughes | 9 | 4 |
| Hutchinson | 7 | 13 |
| Hyde | NR | NR |

| County | Health Outcomes | Health Factors |
|---------------|-----------------|----------------|
| Jackson | 55 | 52 |
| Jerauld | NR | NR |
| Jones | NR | NR |
| Kingsbury | 22 | 14 |
| Lake | 6 | 18 |
| Lawrence | 43 | 16 |
| Lincoln | 2 | 1 |
| Lyman | 50 | 51 |
| Marshall | 35 | 46 |
| McCook | 28 | 27 |
| McPherson | 47 | 21 |
| Meade | 38 | 20 |
| Mellette | 52 | 53 |
| Miner | 36 | 11 |
| Minnehaha | 23 | 23 |
| Moody | 33 | 47 |
| Oglala Lakota | 60 | 60 |

| County | Health Outcomes | Health Factors |
|------------|-----------------|----------------|
| Pennington | 41 | 31 |
| Perkins | 24 | 30 |
| Potter | 34 | 22 |
| Roberts | 48 | 49 |
| Sanborn | 10 | 35 |
| Spink | 32 | 29 |
| Stanley | 20 | 26 |
| Sully | NR | NR |
| Todd | 59 | 59 |
| Tripp | 30 | 43 |
| Turner | 3 | 24 |
| Union | 14 | 2 |
| Walworth | 18 | 45 |
| Yankton | 40 | 19 |
| Ziebach | 54 | 55 |

Who was Involved in the Assessment

A variety of individuals and groups of people were involved in the CHNA process from November 2018 through March 2019. Qualitative data was obtained from focus groups with the Scotland Rotary Club (a local chapter of Rotary International/Rotary Foundation), Scotland Chapter AE PEO, and the Scotland Youth Center. The mission of Rotary is “to provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.” The mission of The Rotary Foundation is “to enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education and the alleviation of poverty.” The Scotland Rotary Club is a group of individuals in the Scotland area that meet weekly to support the community in a variety of ways through the mission of Rotary International and The Rotary Foundation. This includes fundraising for local events, contributing to community projects, providing education to the community, and helping foster family centered entertainment. Rotary Club members are generally involved in many different activities in the community of Scotland and the surrounding area. Ministerial representation was included in the Rotary focus group, as the local ministers help serve the needs of the community’s low income and underserved members. The demographic of this group includes predominantly males over the age of 60. A total of 7 people were involved in the Rotary focus group.

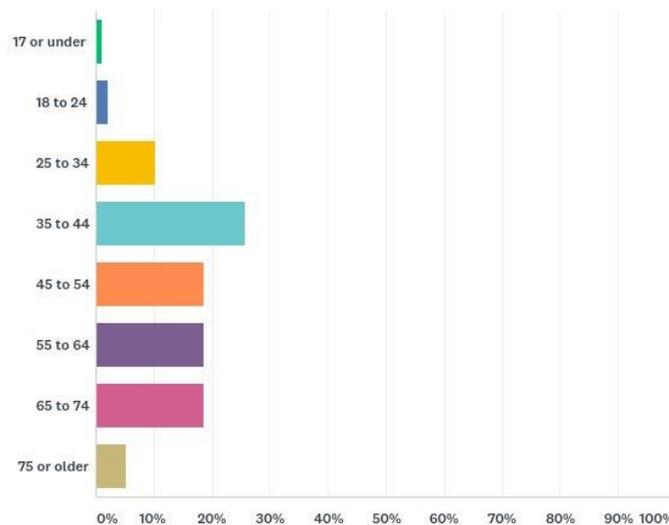
The Scotland Chapter AE PEO is a group of women of all ages whose purpose is to help advance women’s opportunities through philanthropy, education, and support of women, by women. The demographic of this group includes women 25-85 years of age. A total of 13 people were involved in the Chapter AE PEO focus group.

The Scotland Youth Center is a non-profit organization governed by a local board of directors with the mission to provide a safe environment for kids after school. The Center is 100 percent community funded and provides afterschool services for 64 kids in grades K-6, with no child turned away for inability to pay. The Scotland Youth Center also houses the local Food Pantry. A total of four Youth Center board members were involved in the Scotland Youth Center focus group.

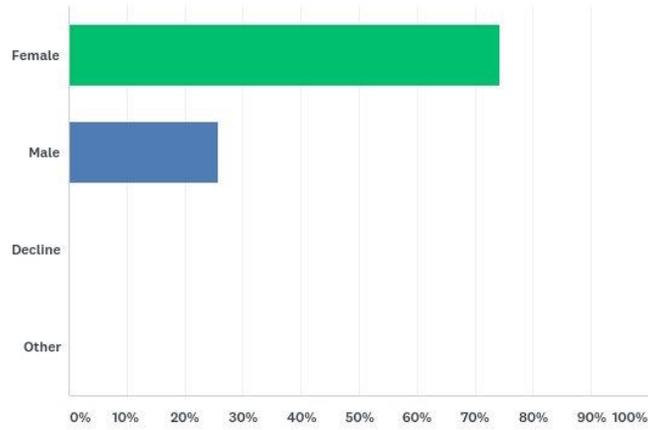
Formal individual interviews were conducted with the Bon Homme County Health Nurse, the President of the local Parent Teacher Association (PTA), the Superintendent and Principal of the Scotland School District, and a small business owner of a local daycare facility. The county health nurse is the only form of public health in Bon Homme County. This nurse works in the public health realm, providing immunizations and education at schools, working with families to access WIC services, and providing many other community education programs on health issues. The PTA and School officials were chosen to interview as they have contact with the youth and parents of the youth of our community, many of which fall below the poverty threshold. They both provide background and information into areas where they've seen needs within the school district, but also community needs for the children, adolescents, and parents they serve. A daycare owner was interviewed to better understand the needs of the infants and toddlers in the service area and to see if there are gaps in services or social determinants of health that she sees within the pre-school population. All of the above organizations work together to address many community and individual needs that are also social determinants of health. Choosing these particular interviewees and focus groups gave us a cross section of the community that represented all ages, genders, and socioeconomic levels.

An electronic survey was completed by 97 community members. Approximately 5 percent of those taking the survey either work with underserved, low income individuals through the Scotland Food Pantry or directly receive federal women, infant, child (WIC) subsidies for food. The graphs below depict the basic demographics of the individuals that completed the survey. See Appendix A for additional demographics and breakdown of responses to questions.

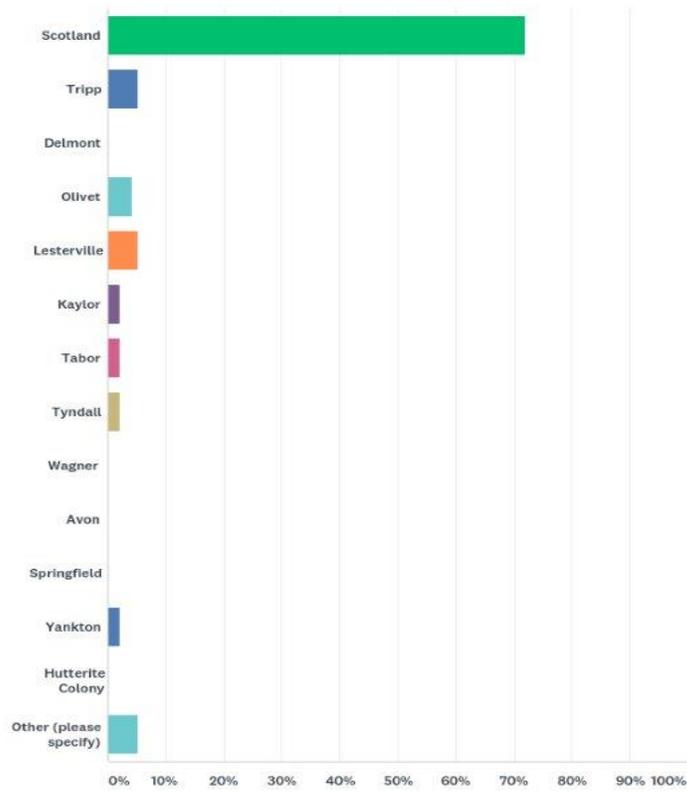
Q1 What is your age?



Q2 What is your gender?



Q3 In what town/community do you live?



How the Assessment was Conducted

The assessment process started with a core group of hospital staff and administration discussing the best approach to the CHNA. It was decided to approach the assessment from a multi-factorial data gathering process.

1. Statistical data from reliable data repositories or agencies
2. Formal interviews
3. Information discussions
4. Focus groups
5. Anonymous survey
6. Review of clinical/medical services and grant projects at Landmann Jungman.

Statistical data was gathered in November 2018. After gathering data, it was compiled to be cross referenced with focus group and survey data. Statistical information gathered is in the appendix.

A formal interview with the Bon Homme County Community Health Nurse was completed in December 2018. Additional interviews were held with a local daycare owner (November 2018), Scotland School District Principal and Superintendent (December 2018), and Parent/Teacher Organization President (February 2019)

An anonymous survey was set up on an electronic platform for people to access. This was a 17 question survey. The survey was sent out electronically through email to a list serve of community members/community groups, staff of the Scotland School District, and accessible through the Landmann Jungman Memorial Hospital Facebook page. Paper surveys with the same questions were available for community members at the hospital, Scotland Pharmacy, and the local bank. The paper surveys were entered into the electronic site for ease of data aggregation. The survey results are broken down by question in the appendix.

Focus groups were held with the Scotland Rotary (December 2018), Scotland Chapter AE of PEO (January 2019), and Scotland Youth Center board members (January 2019). The standardized assessment tool used for the formal interviews was also used in the focus groups.

A review of clinical/medical services and grant projects was completed by reviewing recently completed grant applications and evaluative reports; reviewing the hospital's health outcome statistics; and using clinical data population health analytics to review preventative care completion rates, cancer screening rates, diabetes health indicator completions rates, delinquent well child follow ups, follow up care after hospitalizations.

After all qualitative and quantitative data was gathered and reviewed this information was used to prioritize health needs.

Health Needs Assessed and Identified

Identified health needs through the data gathering process were identified to help prioritize areas and realistically choose options for the health center to address.

Behavioral Health Concerns. Behavioral Health needs identified during the process included multiple different topics and areas of need. These needs included substance use, mental health counseling access, lack of access for behavioral health care, substance use education, and other health behavior education for the teen population in general.

Social Determinants of Health. Many different social determinants of health were identified as needs, ranging from dilapidated homes, poverty, transportation issues, to lack of childcare options.

Health Education. Health education for many topics was assessed and identified as a need. Some of the examples of needed health education include more health education in the school not only with students but also with staff, immunization education, youth health education, and healthcare workforce education.

Chronic disease treatment and prevention. Needs identified include providing care for chronic diseases as well as preventing diseases in our community. Diabetes, cancers, and cardiac diseases all ranked high as needs identified in our service area.

Obesity. Needs related to obesity were at the forefront of community concern. Not only from a data analysis point of view, but also from lack of exercise and perceived limited healthy food options. Having an exercise friendly built environment outside of the hospital walls was a significant need identified. This included sidewalk repairs, bike and walking trails, and wintertime exercise options that appeal to all ages. Poor overall nutrition habits, lack of healthy options when eating out, and healthy eating education across a lifespan were all identified needs.

Access to health care from pediatric to geriatric. Having healthcare and maintaining healthcare in the service area was a recurrent theme as a health need identified. This ranged from clinic care, specialty access, emergency room care, therapy services, EMS shortage, dental services, pediatric and geriatric care, urgent care clinic hours, and expanded pharmacy services.

Community Assets Identified

Landmann Jungman's CHNA committee identified several community resources, assets, and positive health and community attributes (Appendix). Utilization and referral to these services, resources, and programs will assist Landmann Jungman to address the population health of the community.

Summaries: Priorities

The CHNA committee discussed the health needs identified during the community health needs assessment and prioritized the needs based on the following criteria:

1. Estimated feasibility for the health care center to address the issue with current resources
2. Importance the community placed on the need
3. Burden, scope, severity, or urgency of the health need
4. Health disparities associated with the need

Behavioral Health Concerns. Behavioral Health needs were prioritized based on importance placed by the community through interviews, focus groups, and survey data. Although there are some limits to feasibility to address all behavioral health needs, the implementation plan will help strategize goals in the area of behavioral health concerns.

Health Education. Health education was prioritized based on importance placed by the community and feasibility for the health center to address the issue with current resources. It is recognized that we can provide health education in our community in various locations and formats to help increase health literacy and promote a culture of prevention.

Access to health care from pediatric to geriatric. Access to care was a critical factor discussed in focus groups, interviews, and in the electronic survey. The CHNA committee recognized this as a prioritized health issue based on data collected during the CHNA. Research indicates that access to quality health care can relieve the burden of health disparities and address psychosocial factors of health, such as transportation. This was also viewed as realistic in scope for the health center to address with current resources. Although there are some limits to feasibility to address all health care needs, the implementation plan will help strategize goals in the area of access for care focusing on pediatrics, geriatrics, and chronic disease concerns.

Obesity and social determinants of health. Prioritizing obesity and social determinants of health by looking at health disparities contributing to these issues was the criteria used. It is felt at this time that the hospital cannot address the built environment, concerns over lack of healthy food access, dilapidated homes, poverty, lack of child care options, and transportation issues in the community alone. To help address these needs, the hospital will commit to having a representative at the table with local programs and projects that work together to address built environment issues related to exercise and healthy eating, as well as related social determinants of health.

Next Steps

Landmann Jungman will set goals for the prioritized areas. The goals will be incorporated into an implementation plan that will be presented to the Landmann Jungman Memorial Hospital Board of Directors by October 2019. The implementation plan will provide a framework to address the health needs identified and how these can be incorporated into clinical operations.

This assessment can be obtained by contacting the administrative offices at Landmann Jungman Memorial Hospital. The community health needs assessment and the implementation plan will be available on Landmann Jungman Memorial Hospital's website.

Appendix 1

Community Health Needs Assessment Committee Members

1. Melissa Gale, CEO, Landmann Jungman Memorial Hospital
2. Julie Davis, RN, Nurse Administrator, Landmann Jungman Memorial Hospital
3. Stefani Grosz, RN, Nurse Administrator, Landmann Jungman Memorial Hospital
4. Erin Odens, DPT, Therapy Director, Landmann Jungman Memorial Hospital
5. Caroline Sees-Fuhrer, PA-C, Landmann Jungman Memorial Hospital
6. Jodi Fuerst, RN, Landmann Jungman Memorial Hospital
7. Debra Mehrer, RN, Landmann Jungman Memorial Hospital
8. Josephine Pechous, RN, Landmann Jungman Memorial Hospital
9. Amy Fuerst, RN, Landmann Jungman Memorial Hospital

Appendix 2

Community Assets/Resources

- Landmann Jungman Memorial Hospital: Critical Access Hospital, Provider Based Clinic, West Winds Independent Living Apartments
- Good Samaritan Society Nursing Facility (long term care)
- First Chiropractic Clinic
- Scotland Pharmacy
- Scotland School District
- Scotland Rotary
- Scotland Chapter AE PEO
- The Good Stuff (donation drop off/pick up for free furniture/household items)
- Scotland Commercial Club: Membership includes over 40 local businesses and organizations
- Scotland Food Pantry
- Weight Watchers
- Scotland Youth Center
- Scotland Public Library
- Scotland Wellness Center (public use available at school district wellness center/gym)
- Scotland Economic Development
- Scotland Housing Development Corporation
- City of Scotland: Police, Fire, and Emergency Medical Services
- Scotland Public Pool and Parks
- Lake Henry-SD Wildlife Area, including recreation
- Several child care providers-in home and centers
- Bon Homme County Department of Social Services
- Bon Homme County Health Nurse
- Meals on Wheels
- Maxwell Hutterite Brethren Colony-many businesses on the colony that provide for area needs

Appendix 3

Needs Discussed During Focus Groups and Interviews

- A community environment that makes exercise easy
 - Poor sidewalks with a lot of cracks or not even there
 - Lack of exercise in general
 - Lack of preventative sports medicine for youth athletes
 - Lack of walking paths and bike paths
 - Lack of care to outdoor basketball and tennis courts at the city park
 - Lack of crosswalks
 - Access for recreational activities in the winter months such as sports leagues or archery
- Air quality
- Lack of local assisted living facilities
- Animals in town
 - Stray cats
 - Turkeys leaving excrement in town
- Access to care
 - No dentist in town
 - No full time MD that lives in town and provides care solely in Scotland
 - No pediatrician
 - Pharmacy doesn't deliver medications
 - Underutilization of nurse educators
- Chronic diseases
 - Cancer
 - Diabetes
 - Cardiac diseases
 - Outreach clinics to address chronic diseases
- Concerns of obesity
 - Poor nutrition
 - Unhealthy eating habits
 - Lack of healthy options when eating out
 - Limited organic food choices
- Social Determinant of Health
 - Deterioration of homes/dilapidated housing and buildings
 - City officials and older generation not being supportive of change or new ideas/ventures
 - No city law enforcement
 - Shortage of daycare spots for working young adults with kids
 - Transportation needs: those without transportation, geriatrics, to take kids from pre-school to daycare
 - Senior citizens needing meals

- No having a place for kids older than Youth Center age to “hang out”
- Lack of kid summer programs if they are not in summer sports
- Neglect of children
- “Abuse” of government subsidies
- Health education/Health literacy
- EMS shortage
- Substance Use
 - Drugs
 - Vaping
 - Substance abuse education
- Mental health/Behavioral health
 - Coping with life stressors
 - access in schools
 - stigma
- Health fairs focused on youth
 - Agricultural safety
 - Scrubs camps
 - Health fairs for kids
- Lack of health education in the following areas
 - Self esteem
 - Bullying
 - Social media risks/benefits
 - Immunizations
 - Pregnancy
 - Sexually transmitted infections/diseases
 - Health education to prepare high school kids for college
 - Education for parents of how to help your child deal with trauma

Positive Attributes Discussed During Focus Groups and Interviews

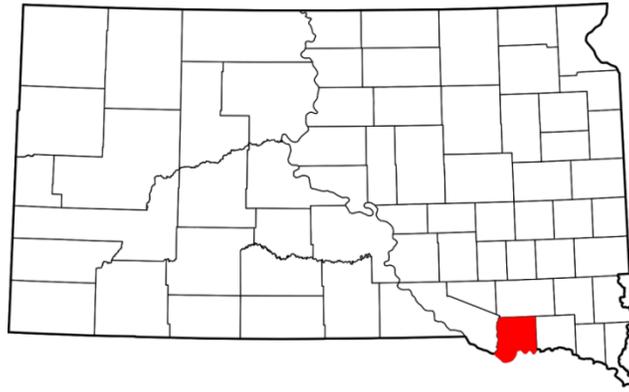
- What is healthy about our community?
 - Access to health care locally
 - Not a lot of traffic, low crime rate, better air quality than cities
 - People can safely walk around town, at the track, and the lake
 - Youth Center
 - Food Pantry
 - Multiple churches
 - New gym and wellness center at the school
 - People in the community watch out for each other
 - Community garden
 - The Good Stuff
 - Many civic organizations
 - Community wide learning on hands only CPR
 - Many women’s health education programs

- School district receiving fruit/vegetable grant
- Many school and summer activities for kids to choose from
- Having a lactation room at the hospital/clinic
- Productive community collaborations to address health needs:
 - Meals on Wheels
 - Foot Clinic at West Winds
 - Hospital and Good Samaritan Society
 - Hospital and Youth Center
 - “Beautiful Girl” events; “Ladies Lounge”
 - Hospital providing sports medicine at Football games
 - Hospital/School collaborations for CPR
 - HS Coaches being good advocates for students in exercise and stretching
 - Chamber sponsoring “Parade of Lights” helps with emotional wellbeing
 - The community and the Youth Center improve morale in the community
- How the hospital is serving the community well and addressing needs:
 - Increasing telemedicine usage
 - Providing many specialty services via telemedicine
 - 24/7 Emergency Department
 - Community education
 - Highlander Health Tips on Facebook
 - Hospital providing space for circuit training
 - Medical case management
 - Lot of mobile services available at hospital
 - Easy access for medical appointments
 - Pharmacy services
 - Hospital, clinic, and pharmacy services under one roof
 - Having flu shot clinics
 - Diabetes education
 - Providing health education via social media

Appendix 4

Map of Bon Homme County, South Dakota

Scotland provider medical services in Bon Homme County, South Dakota, which is in red.



City of
Scotland
location in
Bon Homme
County

Appendix 5

Survey Tool used in Focus Groups and Interviews

Landmann Jungman Memorial Hospital is conducting a community health needs assessment in order to better understand the community's health needs. We are thankful for your participation in our assessment and we value your opinion. Please know that your name will not be associated with any comments in the assessment, so please speak candidly.

Interviewer:

Date:

Participant:

Title/Community Relationship:

Questions:

1. What is healthy about our community? What is unhealthy about our community?
2. What services do you feel are needed in our community that do not currently exist?
3. Are there specific populations you are aware of in need of services? What type of services do they need? (For example, a growing Latino population in need of translation services.)
4. Do you see productive collaborations in the community addressing health needs?
Examples?
5. What do you believe is the most pressing health care related need facing the community?
6. Do you feel the hospital is addressing this need? How so? Or how do you believe the hospital may begin to address this need?
7. In what ways is the hospital serving the community well? In what ways could the hospital serve the community better?
8. Any other comments you think are important to address in the CHNA?

Appendix 6

2018-2019 LJMh Community Health Needs Assessment Survey (Electronic) Results

| What is your age? | | |
|--------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| 17 or under | 1.03% | 1 |
| 18 to 24 | 2.06% | 2 |
| 25 to 34 | 10.31% | 10 |
| 35 to 44 | 25.77% | 25 |
| 45 to 54 | 18.56% | 18 |
| 55 to 64 | 18.56% | 18 |
| 65 to 74 | 18.56% | 18 |
| 75 or older | 5.15% | 5 |
| <i>answered question</i> | | 97 |
| <i>skipped question</i> | | 0 |

| In what town/community do you live? | | |
|-------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Scotland | 71.88% | 69 |
| Tripp | 5.21% | 5 |
| Delmont | 0% | 0 |
| Olivet | 4.17% | 4 |
| Lesterville | 5.21% | 5 |
| Kaylor | 2.08% | 2 |
| Tabor | 2.08% | 2 |
| Tyndall | 2.08% | 2 |
| Wagner | 0.0% | 0 |
| Avon | 0% | 0 |
| Springfield | 0% | 0 |
| Yankton | 2.08% | 2 |
| Hutterite Colony | 0.0% | 0 |
| Other (please specify) | 5.21% | 5 |
| <i>answered question</i> | | 96 |
| <i>skipped question</i> | | 1 |

| What is your gender? | | |
|--------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Female | 74.23% | 72 |
| Male | 25.77% | 25 |
| <i>answered question</i> | | 97 |
| <i>skipped question</i> | | 0 |

| Please check any of the following that you think are valuable services for community members | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Diabetes Management through support groups, group medical visits, and clinical follow up. | 58.33% | 56 |
| Planet Heart Screenings | 57.29% | 55 |
| Specialists that come to LJMHS either in person or via telemedicine | 84.38% | 81 |
| The Memory Clinic (diagnoses and follows patient with memory loss, dementia, Alzheimer's, etc.) | 56.25% | 54 |
| Cancer screening for breast cancer, cervical cancer, lung cancer, prostate cancer, colon cancer | 85.42% | 82 |
| End of life care options such as hospice and palliative care | 69.79% | 67 |
| Behavioral health care (mental health counseling, substance use, crisis intervention, telepsychiatry) | 65.63% | 63 |
| Critical Incident Debriefing for EMS/First Responders | 60.42% | 58 |
| Public use of West Winds Wellness Center or the Physical Therapy gym | 53.13% | 51 |
| Foot Clinic | 51.04% | 49 |
| Access to immunizations and flu shots for children and adults | 75.0% | 72 |

| | | |
|---|--------|----|
| Worksite wellness programs | 42.71% | 41 |
| Hospital services provided at worksites | 36.46% | 35 |
| Alcoholics Anonymous Meetings | 31.25% | 30 |
| Weight Watchers Meetings | 44.79% | 43 |
| Health Education in Schools | 72.92% | 70 |
| Wellness visits at the clinic | 70.83% | 68 |
| Pre-natal care for pregnant women | 53.13% | 51 |
| Concussion testing/IMPACT testing | 62.50% | 60 |
| Tobacco cessation programs | 44.79% | 43 |
| Teen Pregnancy Prevention | 47.92% | 46 |
| Agricultural Health and Safety | 53.13% | 51 |
| Screening for osteoporosis | 51.04% | 49 |
| Alcohol and Drug prevention groups for kids | 61.46% | 59 |
| Childhood developmental screening | 53.13% | 51 |
| Advocates for domestic violence and sexual assault | 47.92% | 46 |
| Disease Specific Community Education Programs (such as a speaker on heart disease) | 41.67% | 40 |
| Grief and Loss Groups | 53.13% | 51 |
| Medical case managers assigned to patients | 40.63% | 39 |
| Hutterite Colony Nursing Services/Outreach | 31.25% | 30 |
| Home Health/Visiting Nurse/Homemaker services | 65.63% | 63 |
| Clinic Care | 76.04% | 73 |
| Emergency/Trauma Care | 81.25% | 78 |
| Meals on Wheels | 72.92% | 70 |
| Senior Meals (Held at Rec Bar) | 60.42% | 58 |
| Transportation Services | 53.13% | 51 |

| | | |
|----------------------------|--------|-----------|
| Doctor house calls | 30.21% | 29 |
| Pain Management | 56.25% | 54 |
| Retail Pharmacy services | 72.92% | 70 |
| Pharmacy delivery services | 40.63% | 39 |
| Pediatric Care | 55.21% | 53 |
| Geriatric Care | 60.42% | 58 |
| Other (please specify) | 8.33% | 8 |
| <i>answered question</i> | | 96 |
| <i>skipped question</i> | | 1 |

| Which social determinants of health do you think apply to our community? | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Poverty | 64.04% | 57 |
| Lack of transportation | 42.70% | 38 |
| Poor access to healthy and affordable food | 33.71% | 30 |
| Inability to cook | 29.21% | 26 |
| Lack of safe exercise availability | 22.47% | 20 |
| Poor access to walking paths and places to ride bike | 38.20% | 34 |
| Lack of family and friends as a sense of belonging | 25.84% | 23 |
| Lack of spiritual connection | 16.85% | 15 |
| Poor access to health care | 7.78% | 7 |
| Lack of health insurance | 50.56% | 45 |
| Lack of child care/daycare | 37.08% | 33 |
| Drug use | 61.08% | 55 |
| Alcohol use | 52.81% | 47 |
| Other (please specify) | 7.87% | 7 |
| <i>answered question</i> | | 89 |
| <i>skipped question</i> | | 8 |
| What specialists do you use for your health care? | | |
| Answer Options | Response Percent | Response Count |

| | | |
|--|--------|-----------|
| Pediatrician | 31.94% | 23 |
| Cardiologist | 20.83% | 15 |
| Endocrinologist | 5.56% | 4 |
| Nephrologist | 8.33% | 6 |
| Audiologist | 11.11% | 8 |
| Orthopedic Surgeon | 37.50% | 27 |
| Podiatrist | 9.72% | 7 |
| Lack of spiritual connection | 2.5% | 2 |
| Urologist | 15.28% | 11 |
| Obstetrics/Gynecology | 30.56% | 22 |
| Other (please specify) | 31.94% | 23 |
| Responses to "Other" questions-rheumatology; oncology; dermatology; ENT; psychiatry; pulmonology; gastroenterology; none | | |
| <i>answered question</i> | | 72 |
| <i>skipped question</i> | | 25 |

| What health care services have you or your immediate family used in the past three years? Please check all that apply. | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Hospitalization | 39.58% | 38 |
| Laboratory | 77.08% | 74 |
| Radiology (x-ray, CT, MRI, mammogram, etc.) | 72.92% | 70 |
| Physical Therapy | 43.75% | 42 |
| Speech Therapy | 0.0% | 0 |
| Occupational Therapy | 2.08% | 2 |
| Clinic in Scotland | 87.50% | 84 |
| Clinic outside of Scotland | 69.79% | 67 |
| Specialist via telemedicine | 9.38% | 9 |
| Specialist physician/PA/NA (face to face) | 36.46% | 35 |
| Emergency Room | 50.00% | 48 |
| Home Health | 4.17% | 4 |
| Hospice | 2.08% | 2 |
| Long Term Care (nursing home) | 5.21% | 5 |
| Mental Health Care | 6.25% | 6 |
| Other (please specify) | 4.17% | 4 |
| <i>answered question</i> | | 96 |
| <i>skipped question</i> | | 1 |
| <i>Please note for this question that not all responses can be assumed that services were provided at LJMH.</i> | | |

| Which of the following apply to you or are you involved in? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Commercial Club | 7.45% | 7 |
| Youth Center, employee or board member | 9.57% | 9 |
| School District as a parent | 30.85% | 29 |
| School district as an employee or board member | 18.09% | 17 |
| Food pantry board or staff | 4.26% | 4 |
| Food pantry user | 0.0% | 0 |
| Economic development group | 5.32% | 5 |
| Sports club or association outside of school | 11.70% | 11 |
| Community volunteer | 32.98% | 31 |
| Business owner | 13.83% | 13 |
| Fire Department or EMS | 5.32% | 5 |
| User of WIC services | 1.06% | 1 |
| Other involvement in youth organizations | 12.77% | 12 |

| | | |
|---------------------------|--------|-----------|
| Healthcare employee | 41.49% | 39 |
| None of these apply to me | 17.02% | 16 |
| Other (please specify) | | 8 |
| <i>answered question</i> | | 94 |
| <i>skipped question</i> | | 3 |

| Please check the ways that you use technology to help with your health. | | |
|--|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Using the Avera Patient Portal (Avera Chart) | 54.43% | 43 |
| Sending emails or electronic messages to your doctor | 25.32% | 20 |
| Using health apps on your phone or electronic tablet | 24.05% | 19 |
| Use of wireless devices to send health information to your phone or computer (fit bit, apple watch, etc) | 21.52% | 17 |
| Using the internet for medical information | 59.49% | 47 |
| Having a medical visit over your | 7.59% | 6 |

| | | |
|--------------------------|-------|-----------|
| electronic device | | |
| Other (please specify) | 7.59% | 6 |
| <i>answered question</i> | | 79 |
| <i>skipped question</i> | | 18 |

| Which of the following do you think help to promote health professions? | | |
|---|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Health Professions Clubs in high school or college | 48.28% | 42 |
| Scrub Camps or Camp Med in the middle schools | 42.53% | 37 |
| Job shadowing at the hospital or clinics | 90.80% | 79 |
| Internships or rotations at medical facilities | 78.16% | 68 |
| Other (please specify) | 5.75% | 5 |
| <i>answered question</i> | | 87 |
| <i>skipped question</i> | | 10 |

**Do you think there are certain populations of people in our community that are in need of services that they cannot get?
(Example-Spanish speaking patients in need of translation services)**

Responses were free text, with 36 individuals responding and 61 skipping the question. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|--|
| 16 | No/None/NA |
| 2 | Extended clinic/pharmacy hrs |
| 6 | transportation for the elderly, and/or Hutterite women |
| 2 | Translation services |
| 3 | lack of health literacy |
| 6 | other |

What LJMH Does Well

Responses were free text, with 69 individuals responding. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|--|
| 32 | Provides quality health care/"squeezes patient in"/accessibility |
| 18 | Positive patient care experiences |
| 4 | Social Media |
| 3 | Physical Therapy Department/Pharmacy |
| 11 | Community involvement |
| 1 | Other |

Something Unhealthy about the Community

Responses were free text, with 53 individuals responding. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|---|
| 17 | Alcohol, drug, tobacco use in teens and adults |
| 3 | Lack of access to walking and biking paths or general lack of |

| | |
|----|---|
| | exercise |
| 10 | People choosing unhealthy foods/poor food access/obesity |
| 7 | Poor air quality |
| 3 | Dilapidated buildings or housing/community needing "cleaned up" |
| 4 | Lack of interest in helping the community/lack of pride in local services |
| 3 | poverty |
| 2 | Lack of young people returning to the community |
| 4 | Other (1 each for: No doctor; too many dogs; transportation; dying) |

Something Healthy about the Community

Responses were free text, with 59 individuals responding. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|---|
| 14 | Access to indoor exercise opportunities (new wellness center and gym at school)/public parks/golf course/bowling/sports leagues |
| 8 | Wellness programs/public health/healthcare access |
| 22 | Community helps those in need/community pride |
| 4 | Younger people moving to town/great school |
| 1 | N/A |
| 6 | Many community resources |
| 4 | Other |

A Health Service that you would be OK with if it went away

Responses were free text, with 32 individuals responding. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|---|
| 26 | None/NA/Keep all services if possible |
| 1 | surgical services |
| 1 | telehealth |
| 1 | "costly or underutilized" |
| 3 | Other: (1 each for "everything"; electronic contacts; seminars) |

The most important health care issue in our community

Responses were free text, with 56 individuals responding. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|---|
| 5 | Substance use/mental health care |
| 11 | Care for the elderly |
| 7 | Chronic diseases/cancer |
| 6 | Healthy eating, exercise, preventative services |
| 3 | Recruiting doctor/dentist |
| 10 | Keeping health care local/having access to clinic, ER, PT, etc. |
| 4 | Lack of assisted living |
| 2 | Lack of EMT's |
| 3 | Aging population |
| 5 | Other/unknown |

What LJMH can do better

Responses were free text, with 50 individuals responding. More than 50 separate responses were captured. Themes of the responses are the following:

| Number of Responses | Response Theme |
|---------------------|--------------------------------|
| 7 | Issues related to billing/cost |
| 9 | Unsure/nothing/doing well |
| 3 | Add mental health counseling |

| | |
|---|---|
| 9 | Physician/surgeon retention or hiring |
| 1 | Cleanliness of facility |
| 2 | More school involvement |
| 4 | Promote facility more |
| 4 | Communication/follow up |
| 1 | Have more nurses available to ride with ambulance |
| 3 | More pharmacy services/urgent care hours |
| 1 | Provider house calls |
| 2 | Increase services/specialists |
| 5 | other |

Appendix 7

Health Status Statistics for Bon Homme County, South Dakota

| Chronic Health Indicators & Morbidity | | | | | | |
|--|--------------------------|-----------------------|------------------|--------|-------------|--------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| % of adults that report having been diagnosed as having Diabetes | countyhealthrankings.org | 2018 | | 10.00% | | 9.00% |
| Age-adjusted cancer incidence rate | sdcancerstats.org | 2006-2015 | 404 | | 43042 | |
| % of adults that report fair or poor health | countyhealthrankings.org | 2018 | | 12.00% | | 12.00% |
| Average number of reported physically unhealthy days per month among adults 18 years of age and over | countyhealthrankings.org | 2018 | | 3.1% | | 3.10% |
| Average number of reported mentally unhealthy days per month among adults 18 years and over | countyhealthrankings.org | 2018 | | 2.9% | | 2.90% |

| Preventive Services | | | | | | |
|--|--------------------------------|-----------------------|------------------|-------|-------------|-------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| % of adult women respondents age 50+ who report having mammogram in past 2 years | Countyhealthrankings.org | 2018 | | 70.0% | | 66.0% |
| % of adults age 50+ who have ever had a Sigmoidoscopy/Colonoscopy | Statecancerprofiles.cancer.gov | 2008-2010 | | 63.7% | | 71.0% |
| % of women age 18+ who report having a pap smear test in the past 3 years | Statecancerprofiles.cancer.gov | 2008-2010 | | 70.2% | | 70.9% |

| Access to Care | | | | | | |
|--|--------------------------|-----------------------|------------------|-------|-------------|-------|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| % of adults under 65 years (18-64) of age without health insurance | Countyhealthrankings.org | 2018 | | 14.0% | | 14.0% |

| Diet & Exercise | | | | | | |
|---|--------------------------|-----------------------|------------------|--------|-------------|--------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| % of adults who are Obese based on BMI of >30 | countyhealthrankings.org | 2018 | | 31.00% | | 31.00% |

| Tobacco Use | | | | | | |
|--|--------------------------|-----------------------|------------------|--------|-------------|--------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| % of adults 18 years and over that report currently smoking cigarettes | countyhealthrankings.org | 2018 | | 16.00% | | 18.00% |

| Social Determinants of Health | | | | | | |
|-------------------------------|------------------------------|-----------------------|------------------|--------|-------------|--------|
| Age Group | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Under 5 years | <i>factfinder.census.gov</i> | 2016 | 314 | 4.50% | 60094 | 7.10% |
| Under age 18 | <i>factfinder.census.gov</i> | 2017 | 1,369 | 19.00% | 214856 | 24.70% |
| 19-64 years of age | <i>factfinder.census.gov</i> | 2017 | 4185 | | 513186 | |
| 65 years and over | <i>factfinder.census.gov</i> | 2018 | 1,456 | 20.80% | 129209 | 15.20% |

| Sex | Data Source | 2012-2016 | Bon Homme County | | State of SD | |
|--------|------------------------------|-----------|------------------|---|-------------|---|
| | | | Number | % | Number | % |
| Male | <i>factfinder.census.gov</i> | 2012-2016 | 4,064 | | 428,134 | |
| Female | <i>factfinder.census.gov</i> | 2012-2016 | 2,937 | | 422,924 | |

| Race & Ethnicity | | | | | | |
|----------------------------------|------------------------------|-----------------------|------------------|--------|-------------|--------|
| Age Group | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| White | <i>factfinder.census.gov</i> | 2016 | 6,242 | 89.20% | 721,410 | 84.00% |
| Black or African American | <i>factfinder.census.gov</i> | 2016 | 95 | 1.40% | 14,078 | 1.70% |
| American Indian or Alaska Native | <i>factfinder.census.gov</i> | 2016 | 350 | 5.00% | 74,187 | 8.70% |
| Asian | <i>factfinder.census.gov</i> | 2016 | 88 | 1.3% | 11351 | 1.30% |

| | | | | | | |
|---|------------------------------|------|-----|-------|--------|-------|
| Native Hawaiian or other Pacific Islander | <i>factfinder.census.gov</i> | 2016 | 0 | 0.00% | 313 | 0.00% |
| Some other race | <i>factfinder.census.gov</i> | 2016 | 68 | 1.00% | 7480 | 0.90% |
| Two or more races | <i>factfinder.census.gov</i> | 2016 | 158 | 2.30% | 22,239 | 2.60% |
| Hispanic or Latino Origin | <i>factfinder.census.gov</i> | 2016 | 219 | 3.10% | 29,187 | 3.40% |

| Unemployment | | | | | | |
|--|--------------------------|-----------------------|------------------|------|-------------|------|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Employment – Percent Unemployed (Population age 16 and older that is unemployed) | countyhealthrankings.org | 2018 | | 2.6% | | 2.8% |

| Economic Security and Financial Resources | | | | | | |
|---|--------------------------|-----------------------|------------------|--------|-------------|--------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Children under 18 years age in poverty | countyhealthrankings.org | 2018 | | 18.00% | | 17.00% |
| Median Household Income | countyhealthrankings.org | 2017 | \$48,023 | | \$48,415 | |
| % of persons 100% below the Federal Poverty Level | thedataweb.rm.census.gov | 2018 | | 10.40% | | 12.60% |

| School Readiness and Education Attainment | | | | | | |
|--|------------------------------|-----------------------|------------------|--------|-------------|--------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| High School Graduation Rate | <i>factfinder.census.gov</i> | 2012-2016 | | 89.00% | | 91.2% |
| Percent of adults 25+ with a Bachelor's degree or higher | <i>factfinder.census.gov</i> | 2012-2016 | | 18.30% | | 58.60% |

| Children | | | | | | |
|--|--------------------------|-----------------------|------------------|--------|-------------|--------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Percent of Single parent households | countyhealthrankings.org | 2018 | | 18.00% | | 32.00% |
| Percent of Children under 18 years of age in household | kidscount.org | 2016 | 656 | 26.20% | | |

| Adequate, affordable, and safe housing | | | | | | |
|--|--------------------------|-----------------------|------------------|----|-------------|-----|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Severe Housing Problems - cost issues | countyhealthrankings.org | 2018 | | 8% | | 12% |

| Food Security | | | | | | |
|---|--------------------------|-----------------------|------------------|----|-------------|----|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Limited Access to Healthy Foods - low income and do not live close to a grocery store | countyhealthrankings.org | 2018 | | 4 | | 11 |
| Food Insecurity - people who did not have access to a reliable food source | countyhealthrankings.org | 2015 | | 10 | | 12 |

| Transportation | | | | | | |
|--|--------------------------|-----------------------|------------------|------|-------------|------|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Work in county of residence | factfinder.census.gov | 2010-2014 | | 70.9 | | 79.5 |
| Traveling 20 or minutes to get to work | countyhealthrankings.org | 2018 | | 36.6 | | 31.8 |

| Health Behaviors-Adolescents | | | | | | |
|--|----------------------------|-----------------------|------------------|---|-------------|------|
| Tobacco Use | | | | | | |
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Students grades 9-12 who had tried smoking | doh.sd.gov/statistics/YRBS | 2015 | | | | 33.3 |

| Sexual Activity | | | | | | |
|---|----------------------------|-----------------------|------------------|---|-------------|------|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Students grades 9-12 who had sexual intercourse | doh.sd.gov/statistics/YRBS | 2015 | | | | 37.2 |

| Alcohol Use | | | | | | |
|---|----------------------------|-----------------------|------------------|---|-------------|------|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Students grades 9-12 who have tried alcohol | doh.sd.gov/statistics/YRBS | 2015 | | | | 60.3 |

| Clinical & Community Care | | | | | | |
|---|---------------------------------|-----------------------|------------------|------|-------------|---|
| Preventive Services | | | | | | |
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Women who are up to date on pap testing | cdc.gov/communityhealth/profile | 2006-2012 | | 69.1 | | |

| Access to Care | | | | | | |
|--|--------------------------|-----------------------|------------------|---|-------------|---|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Ratio of population to primary care physicians | countyhealthrankings.org | 2018 | 1750:1 | | 1290:1 | |
| Ratio of population to mental health providers | countyhealthrankings.org | 2018 | 6,980:1 | | 610:1 | |

| Women and Children | | | | | | |
|--|--------------------------|-----------------------|------------------|------|-------------|----|
| Indicator | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Number | % | Number | % |
| Low Birth Weight Infants | countyhealthrankings.org | 2018 | | 6 | | 6 |
| Mothers receiving prenatal care in 1st trimester | doh.sd.gov/statistics | 2012-2016 | | 80.2 | | 72 |

| Longterm Outcomes | | | | | | |
|----------------------|--------------------------------|-----------------------|------------------|--|-------------|--|
| Morbidity | | | | | | |
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Rate | | Rate | |
| Adults with diabetes | doh.sd.gov | 2017 | 5.7 | | 3.3 | |
| All types of cancer | statecancerprofiles.cancer.gov | 2015 | 382:100,000 | | | |

| Mortality | | | | | | |
|--|--------------------------------|-----------------------|------------------|--|-------------|--|
| Indicators | Data Source | Year (Group of Years) | Bon Homme County | | State of SD | |
| | | | Rate | | Rate | |
| Death due to Heart disease | doh.sd.gov/statistics | 2009-2013 | 142.3 | | 153.6 | |
| Death due to Cancer | statecancerprofiles.cancer.gov | 2006-2015 | 149.8 | | 162.3 | |
| Death due to trachea, bronchus and lung cancer | statecancerprofiles.cancer.gov | 2006-2015 | 49.1 | | 44 | |
| Death due to Colorectal Cancer | statecancerprofiles.cancer.gov | 2006-2015 | 17.4 | | 16 | |
| Death due to pancreatic cancer | doh.sd.gov/statistics | 2008-2017 | 7.3 | | 11.1 | |
| Death due to breast cancer | healthdata.org | 2008-2017 | 19.1 | | 17.9 | |
| Death due to accidents | healthdata.org | 2008-2017 | 44.4 | | 49.2 | |
| Death due to motor vehicle accident | healthdata.org | 2008-2017 | 18.6 | | 17.5 | |
| Death due to Alzheimer's disease | healthdata.org | 2008-2017 | 29 | | 36.1 | |
| Death due to cerebrovascular disease | healthdata.org | 2008-2017 | 45.2 | | 38.8 | |
| Death due to diabetes mellitus | healthdata.org | 2008-2017 | 19.2 | | 21.2 | |
| Death due to influenza and pneumonia | healthdata.org | 2008-2017 | 15.43 | | 16.1 | |

| | | | | |
|----------------------|----------------|-----------|------|------|
| Death due to suicide | healthdata.org | 2008-2017 | 12.8 | 22.1 |
|----------------------|----------------|-----------|------|------|

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: April 30, 2019