Huron Regional Medical Center

Huron, SD

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution June 25, 2019[1]

HRMC
Huron Regional Medical Center

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

HRMC
Huron Regional Medical Center

Dear Community Member:

At Huron Regional Medical Center (HRMC), we have spent more than 73 years providing high-quality compassionate healthcare to the greater Huron community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how HRMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

HRMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

David Dick
Chief Executive Officer
Huron Regional Medical Center

TABLE OF CONTENTS

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Huron Regional Medical Center ("HRMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Beadle County are:

1. Physicians – 2016 Significant Need
2. Mental Health – 2016 Significant Need
3. Alcohol Use/Substance Abuse
4. Maternal and Infant Measures – 2016 Significant Need
5. Priority Populations – 2016 Significant Need

The Hospital will develop implementation strategies for these five needs including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

Huron Regional Medical Center ("HRMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

HRMC partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with IRS guidelines
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

---

[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

[5] Section 6652

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the

[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs: Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

existed in their portion of the county.[10]

Most data used in the analysis are available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Beadle County compared to all South Dakota counties	January 09, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	January 09, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	January 09, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	January 09, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	January 09, 2019	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 26 Local Expert Advisors was received. Survey responses began to be collected on February 11, 2019 and ended on March 1, 2019.
- Information analysis augmented by local opinions showed how Beadle County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12] [13]
- Local opinions of the needs of Priority Populations, while presented in their entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
    - The top three priority populations in the area are low-income residents, racial and ethnic minority groups and residents of rural areas
    - Access to care, having enough healthcare providers to support community needs
    - Low-income population with no insurance, elderly on a low-fixed income
    - Large population of ethnic minority that do not speak English
    - Lack of mental health issues

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

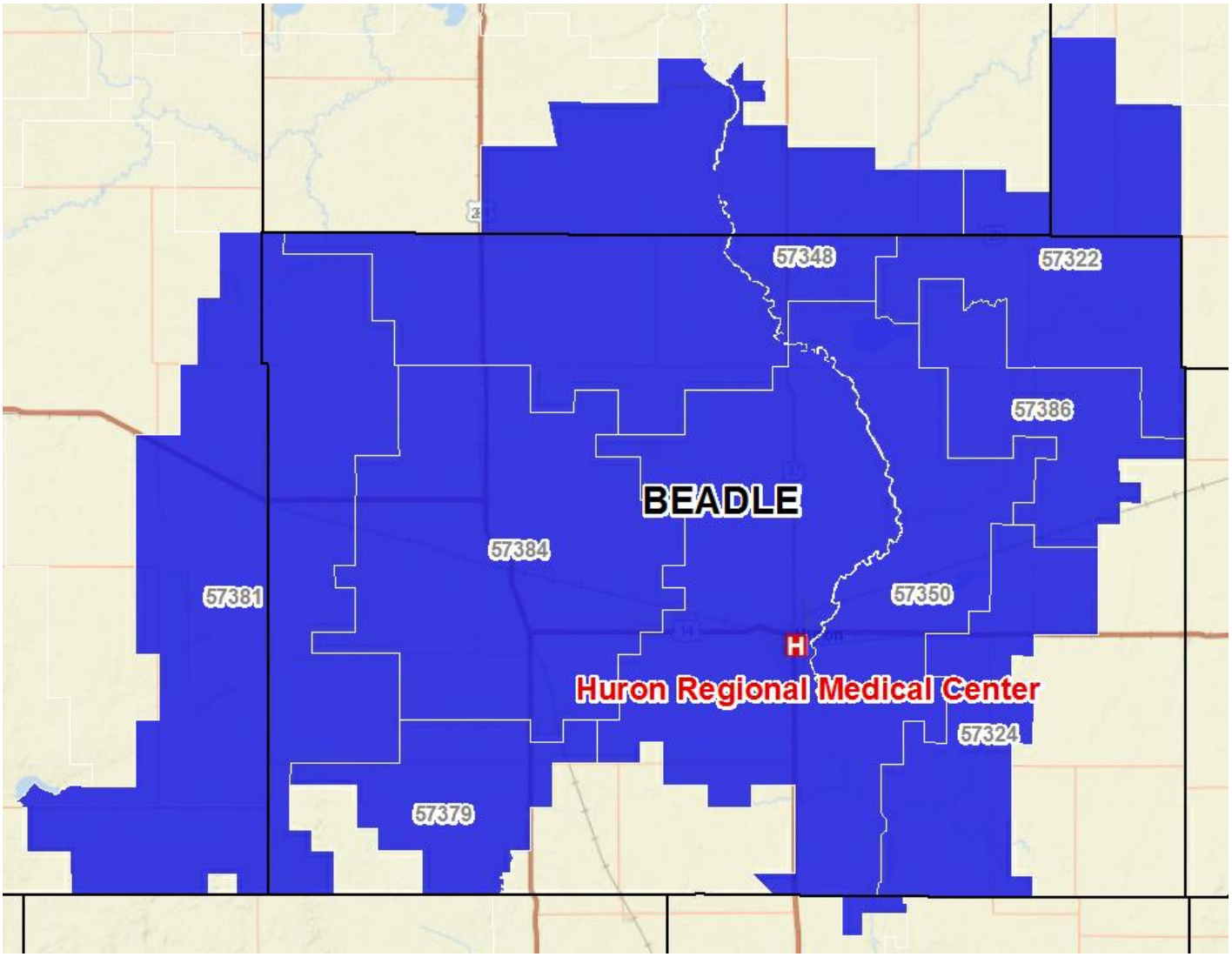
In the HRMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least sixty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Huron Regional Medical Center defines its service area as Beadle County in South Dakota, which includes the following ZIP codes:[17]

57322 – Carpenter	57324 – Cavour	57348 – Hitchcock	57350 – Huron	57379 – Virgil
57381 – Wessington	57384 – Wosley	57384 – Yale		

(Zip codes 57318, 57377 and 57399 are included in the above zip codes.)

During 2017, the Hospital received 86.0% of its Medicare patients from this area.[18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] IBM Watson Health MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	Beadle County 2019	Beadle County 2024	Beadle County %Change	South Dakota 2019	South Dakota 2024	South Dakota %Change	United States 2019	United States 2024	United States %Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	18,105	18,580	2.6%	876,617	917,370	4.6%	326,533,070	337,947,912	3.5%
Total Male Population	9,173	9,409	2.6%	441,042	461,372	4.6%	160,763,625	166,448,475	3.5%
Total Female Population	8,932	9,171	2.7%	435,575	455,998	4.7%	165,769,445	171,499,437	3.5%
Females, Child Bearing Age (15-44)	2,973	3,078	3.5%	161,169	168,258	4.4%	63,920,735	64,819,726	1.4%
Average Household Income	$66,835			$75,157			$86,278		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	4,230	4,440	5.0%	182,076	189,830	4.3%	61,041,209	61,251,924	0.3%
15-17	710	797	12.3%	34,105	37,572	10.2%	12,768,680	13,285,276	4.0%
18-24	1,438	1,570	9.2%	86,648	91,430	5.5%	31,582,678	32,239,015	2.1%
25-34	2,099	1,992	-5.1%	110,798	108,390	-2.2%	43,889,724	43,505,348	-0.9%
35-54	3,897	3,816	-2.1%	201,437	206,763	2.6%	83,269,718	83,715,341	0.5%
55-64	2,519	2,359	-6.4%	116,147	113,969	-1.9%	42,204,839	43,372,785	2.8%
65+	3,212	3,606	12.3%	145,406	169,416	16.5%	51,776,222	60,578,223	17.0%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	7,582	7,788	2.7%	352,587	371,497	5.4%	123,942,877	128,512,554	3.7%
2018 Household Income									
<$15K	798			36,682			13,504,093		
$15-25K	930			33,931			11,746,600		
$25-50K	1,913			86,450			27,363,648		
$50-75K	1,483			67,403			21,179,900		
$75-100K	1,019			47,991			15,192,390		
Over $100K	1,439			80,130			34,956,246		
EDUCATION LEVEL									
Pop Age 25+	11,727			573,788			221,140,503		
2018 Adult Education Level Distribution									
Less than High School	1,150			19,778			12,391,997		
Some High School	709			30,242			16,363,756		
High School Degree	3,945			178,832			61,028,690		
Some College/Assoc. Degree	3,612			187,783			64,253,906		
Bachelor's Degree or Greater	2,311			157,153			67,102,154		
RACE/ETHNICITY									
2018 Race/Ethnicity Distribution									
White Non-Hispanic	13,763			717,600			197,066,325		
Black Non-Hispanic	239			17,204			40,402,616		
Hispanic	1,891			36,434			59,581,510		
Asian & Pacific Is. Non-Hispanic	1,750			13,756			18,958,063		
All Others	462			91,623			10,524,556		

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Beadle County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle		
BMI: Morbid/Obese	113%	34.5%
Vigorous Exercise	97.2%	55.5%
Chronic Diabetes	102.6%	16.1%
Healthy Eating Habits	90.3%	21.1%
Ate Breakfast Yesterday	96.8%	76.6%
Slept Less Than 6 Hours	107.6%	14.7%
Consumed Alcohol in the Past 30 Days	86.4%	46.4%
Consumed 3+ Drinks Per Session	105.5%	29.7%
Behavior		
Search for Pricing Info	91.3%	24.6%
I am Responsible for My Health	98.7%	89.3%
I Follow Treatment Recommendations	97.4%	75.1%
Pulmonary		
Chronic COPD	116.6%	6.3%
Chronic Asthma	101.5%	12.0%
Heart		
Chronic High Cholesterol	103.5%	25.3%
Routine Cholesterol Screening	94.0%	41.7%
Chronic Heart Failure	138.1%	5.6%

Health Service Topic	Demand as % of National	% of Population Affected
Cancer		
Cancer Screen: Skin 2 yr	74.7%	8.0%
Cancer Screen: Colorectal 2 yr	89.6%	18.4%
Cancer Screen: Pap/Cerv Test 2 yr	94.9%	45.7%
Routine Screen: Prostate 2 yr	94.2%	26.7%
Orthopedic		
Chronic Lower Back Pain	113.0%	34.9%
Chronic Osteoporosis	110.4%	11.2%
Routine Services		
FP/GP: 1+ Visit	102.8%	83.5%
NP/PA Last 6 Months	104.2%	43.2%
OB/Gyn 1+ Visit	99.7%	38.2%
Medication: Received Prescription	103.6%	62.8%
Internet Usage		
Use Internet to Look for Provider Info	84.9%	33.9%
Facebook Opinions	89.3%	9.0%
Looked for Provider Rating	89.8%	21.1%
Emergency Services		
Emergency Room Use	105.3%	36.7%
Urgent Care Use	96.7%	31.9%

[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Beadle county to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 13.0% more likely to have a **BMI of Morbid/Obese**, affecting 34.5%
- 5.5% more likely to **Consume 3+ Drinks per Session**, affecting 29.7%
- 6.0% less likely to receive **Routine Cholesterol Screenings**, affecting 41.7%
- 5.1% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 45.7%
- 13.0% more likely to have **Chronic Lower Back Pain**, affecting 34.9%
- 5.3% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 36.7%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 13.6% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 46.4%

Leading Causes of Death[22]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death totals. South Dakota's Top 15 Leading Causes of Death are listed in the table below in Beadle county's rank order. Beadle county was compared to all other South Dakota counties, South Dakota state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in SD (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Beadle County Compared to U.S.)
SD Rank	Beadle Rank	Condition		SD	Beadle	
1	1	Heart Disease	26 of 65	153.4	181.9	Higher than expected
2	2	Cancer	17 of 65	156.7	178.4	Higher than expected
6	3	Stroke	24 of 65	35.8	46.9	Higher than expected
5	4	Lung Disease	44 of 65	38.3	37.5	As expected
3	5	Accidents	56 of 65	53.4	36.2	Lower than expected
7	6	Diabetes	11 of 65	23.7	35.4	Higher than expected
8	7	Flu - Pneumonia	5 of 65	16.7	28.9	Higher than expected
4	8	Alzheimer's	29 of 63	37.1	27.4	As expected
9	9	Suicide	32 of 64	20.2	12.7	As expected
12	10	Kidney	17 of 63	7.6	10.6	As expected
11	11	Hypertension	12 of 64	8.1	7.9	As expected
10	12	Liver Disease	40 of 65	16.4	7.2	As expected
14	13	Blood Poisoning	38 of 65	7.4	6.2	Lower than expected
13	14	Parkinson's	40 of 60	7.6	5.3	As expected
15	15	Homicide	24 of 45	4.8	2.1	Lower than expected

[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

It can be difficult to obtain information about Priority Populations in a hospital's community. The object is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

We begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy** (NQS). The complete report is provided in Appendix E.

A specific question was asked to HRMC's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the HRMC places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the HRMC should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

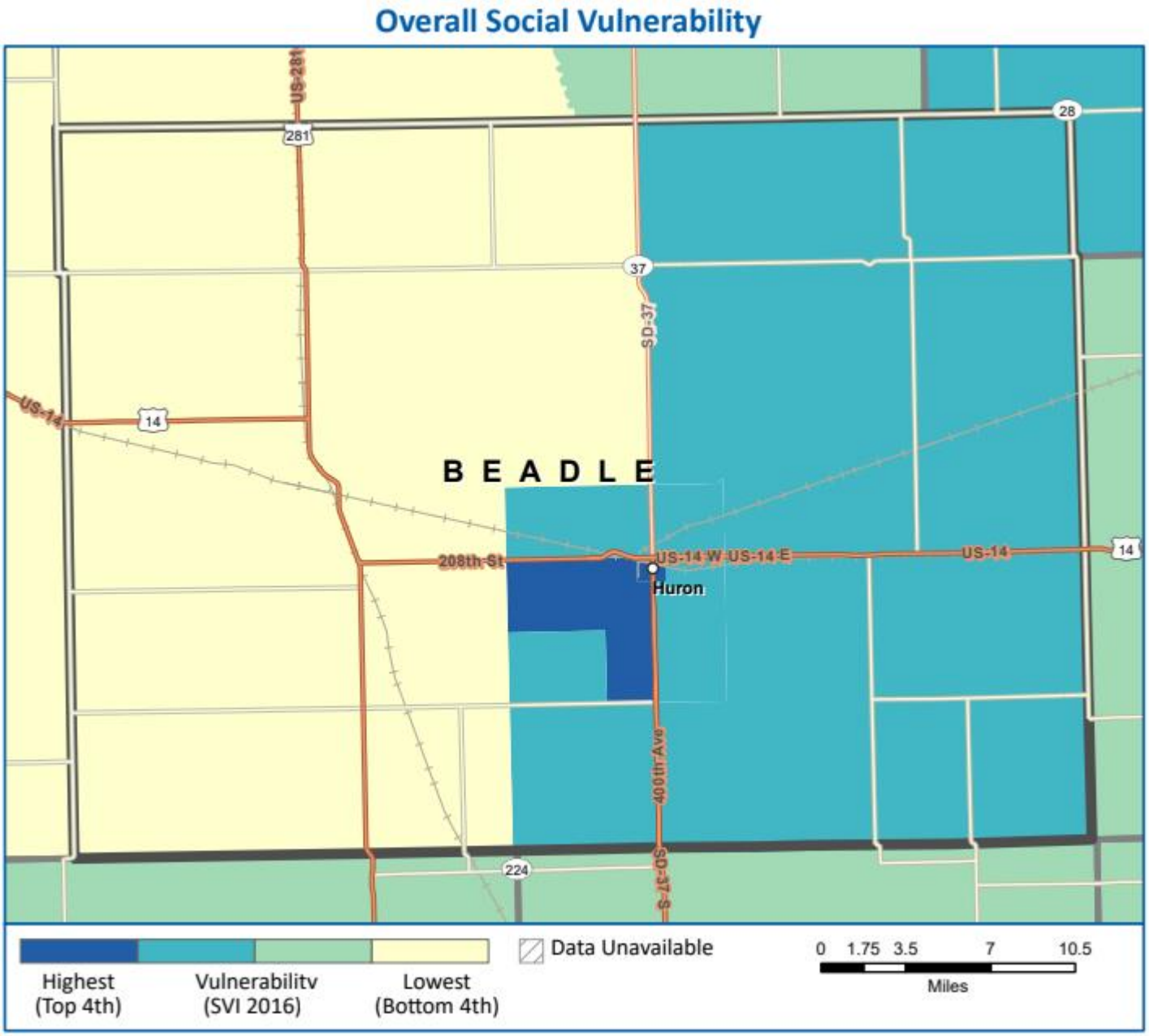
- The top three priority populations in the area are low-income residents, racial and ethnic minority groups and residents of rural areas
- Access to care, having enough healthcare providers to support community needs
- Low-income population with no insurance, elderly on a low-fixed income
- Large population of ethnic minority that do not speak English
- Lack of mental health services

[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[25]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

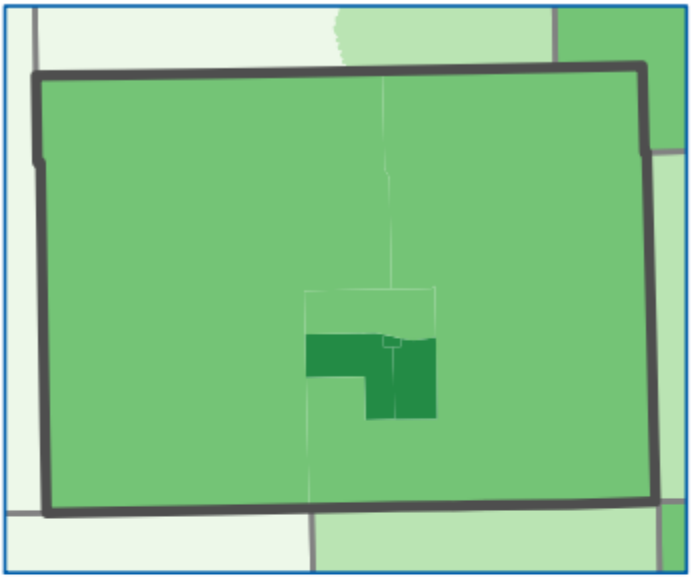
Overall, Beadle County's overall Social Vulnerability ranks fall into the second and third quartiles of vulnerability, making the right side (light blue) of the county more vulnerable than the left side (light green) of the county, but overall the county's vulnerability being average:



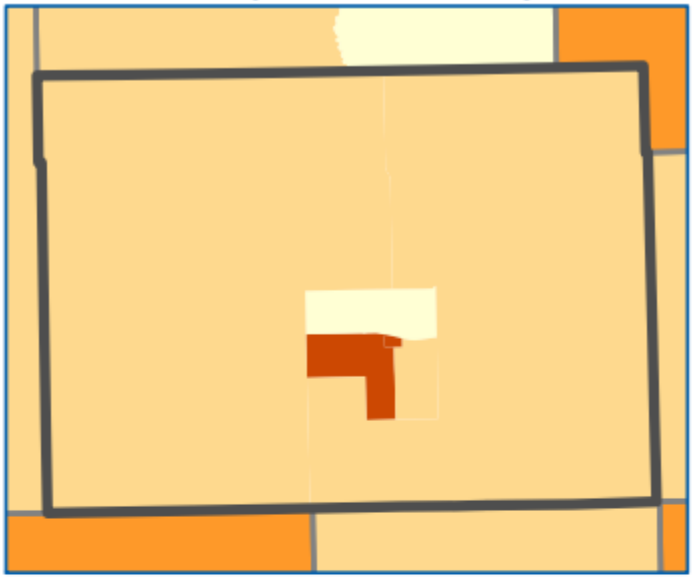
[25] http://svi.cdc.gov

SVI Themes

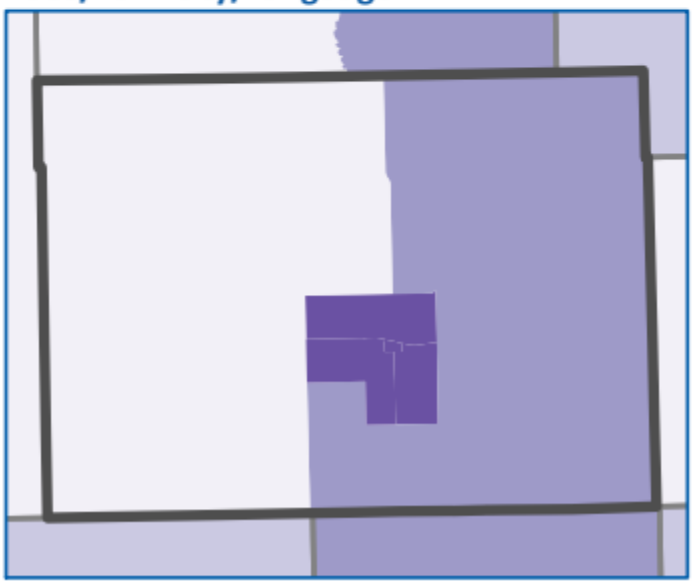
Socioeconomic Status



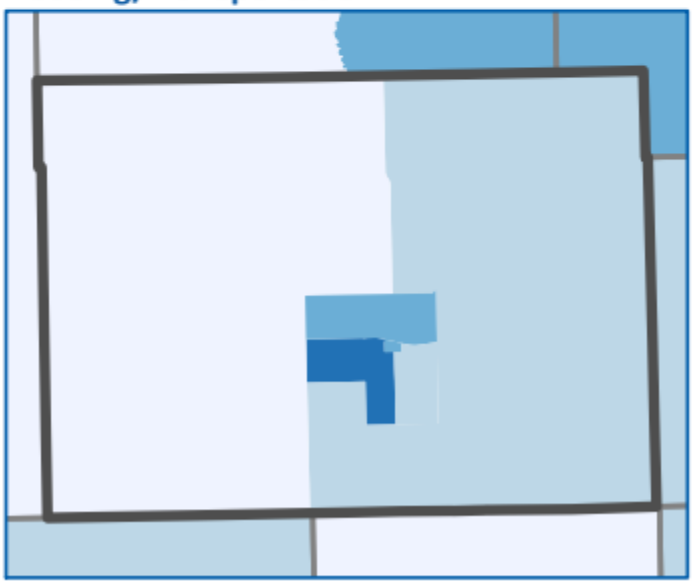
Household Composition/Disability



Race/Ethnicity/Language



Housing/Transportation



Comparison to Other State Counties[26]

To better understand the community, Beadle County has been compared to all 60 counties in the state of South Dakota across five areas: Health Outcomes, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. The last four areas are all Health Factors that ultimately affect the Health Outcomes of Length (Mortality) and Quality of Life (Morbidity). In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

[26] www.countyhealthrankings.org

	Beadle	South Dakota	U.S. Median
Health Outcomes			
Overall Rank *(best being #1)*	39/60		
- Premature Death*	6,700	7,000	7,800
- Poor or Fair Health	14%	12%	17%
- Poor Mental Health Days	2.8	2.9	3.9
- Low Birth Weight	7%	6%	8%
- Infant Mortality*	11	7	6
Health Behaviors			
Overall Rank *(best being #1)*	40/60		
- Adult Smoking	15%	18%	17%
- Adult Obesity	32%	31%	32%
- Physical Inactivity	26%	22%	27%
- Access to Exercise Opportunities	65%	72%	66%
- Excessive Drinking	17%	20%	17%
- Alcohol-Impaired Driving Deaths	57%	37%	29%
- Teen Births*	58	28	31
Clinical Care			
Overall Rank *(best being #1)*	20/60		
- Uninsured	15%	12%	11%
- Population to Primary Care Provider Ratio	1,530:1	1,290:1	2,040:1
- Population to Dentist Ratio	1,810:1	1,710:1	2,520:1
- Population to Mental Health Provider Ratio	350:1	610:1	1,050:1
- Preventable Hospital Stays	48	50	56
- Diabetes Monitoring	87%	84%	86%
- Mammography Screening	73%	66%	61%
Social & Economic Factors			
Overall Rank *(best being #1)*	41/60		
- High School Graduation	79%	84%	88%
- Unemployment	2.5%	2.8%	5.0%
- Children in Poverty	20%	17%	21%
- Children in Single-Parent Households	26%	32%	32%
- Violent Crime*	287	322	198
- Injury Deaths*	64	76	79
- Social Associations*	21.0	16.4	12.6
Physical Environment			
Overall Rank *(best being #1)*	35/60		
- Air Pollution - Particulate Matter	8.4	7.7	9.2
- Severe Housing Problems	13%	12%	14%

Per 100,000 Population

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Beadle County current statistics to the U.S. average, as well as the trend in each measure over a 34-year span (1980-2014).

Beadle County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Beadle county measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	69.5	103.3%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	81.4	91.6%
- Male Liver Disease Related Deaths*	48.8	61.8%
UNFAVORABLE Beadle county measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Male Stroke*	56.9	-51.8%
- Male Tracheal, Bronchus, and Lung Cancer*	73.9	-16.7%
- Female Skin Cancer*	2.1	-5.0%
- Female Transport Injuries Related Deaths*	9.8	-36.5%
- Male Transport Injuries Related Deaths*	25.0	-33.4%
DESIRABLE Beadle county measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Female Trachel, Bronchus, and Lung Cancer*	34.0	49.0%
- Male Skin Cancer*	4.1	22.3%
- Male Self-Harm and Interpersonal Violence Related Deaths*	28.7	1.4%
- Female Mental and Substance Use Related Deaths*	5.3	208.1%
- Male Mental and Substance Use Related Deaths*	8.4	76.1%
- Male Liver Disease Related Deaths*	18.7	10.9%
DESIRABLE Beadle county measures that are **BETTER** than the US average and had a **FAVORABLE** change		
- Female Life Expectancy	82.3	3.7%
- Female Heart Disease*	110.3	-48.6%
- Male Heart Disease*	183.8	-58.9%
- Female Breast Cancer*	23.8	-36.1%
- Female Self-Harm and Interpersonal Violence Related Deaths*	5.9	-0.5%
- Female Liver Disease Related Deaths*	9.4	-0.4%
AVERAGE Beadle county measures that are **EQUAL** to the US average and had an **FAVORABLE** change		
- Male Life Expectancy	76.7	7.4%
- Female Stroke*	47.3	-56.0%
- Male Breast Cancer*	0.3	-17.4%

*rate per 100,000 population, age-standardized

[27] http://www.healthdata.org/us-county-profiles

Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2017) included:

- $9,522,478.00

IMPLEMENTATION STRATEGY

Significant Health Needs

HRMC used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by HRMC.[28] The Implementation Strategy Includes the following:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies HRMC current efforts responding to the need including any written comments received regarding prior HRMC implementation actions
- Establishes the Implementation Strategy programs and resources HRMC will devote to attempt to achieve improvements
- Documents the Leading Indicators HRMC will use to measure progress
- Presents the Lagging Indicators HRMC believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, HRMC is the primary hospital in the service area. HRMC is a 25-bed, acute care medical facility located in Beadle, South Dakota. The next closest facilities are outside the service area and include:

- Avera De Smet Memorial Hospital, De Smet, SD; 33.0 miles (35 minutes)
- Avera Westoka Memorial Hospital, Wessington Springs, SD; 40.3 miles (44 minutes)
- Avera Hand County Memorial Hospital, Miller, SD; 45.0 miles (52 minutes)
- Community Memorial Hospital, Redfield, SD; 48.6 miles (52 minutes)
- Avera Queen of Peace Hospital, Foster, SD; 52.8 miles (54 minutes)
- Brookings Hospital, Brookings, SD; 76.6 miles (83 minutes)

All statistics analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the HRMC Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. The Leading Indicators also should be within the ability of the hospital to influence and measure.

[28] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **PHYSICIANS – 2016 Significant Need; Population to Primary Care Provider Ratio is higher in Beadle County compared to the South Dakota average**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

HRMC services, programs, and resources available to respond to this need include:[29]

- HRMC Medical Staff Development Plan reviewed and updated regularly
- HRMC Business Plan reviewed and updated at least annually
- HRMC Specialty Clinic provides clinical space to outreach specialists to see patients conveniently close to home
    - Provider Service Agreements are also available to outreach specialists (in addition to the low-cost Specialty Clinic access for specialists)
- Board of directors and medical staff review recruitment objectives regularly
- HRMC serves as a training clinical site for medical students and residents
- Physician recruitment remains top priority

Additionally, HRMC plans to take the following steps to address this need:

- Focus on retention plan of existing providers across specialties
- Increase focus on non-professional collaboration opportunities to increase retention
    - Family connectiveness
    - Social focus for providers (Events)
    - Heavy use of providers to cover call due to no hospitalist program
    - Many independent groups in the community, making providers much more vulnerable during other providers' absences
- Expand current recruitment strategy, which has been focused on residents:
    - Two-year duration average at first hospital post-residency
    - Consider targeted recruitment strategies to more experienced providers—including mid-career and senior-level providers
    - Consider recruiting to attract individuals with local ties
    - Provide recruitment-based leadership development opportunities within HRMC

[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

    - Specifically target and provide support to J-1 residents
    - Consider offering non-traditional schedules
        - Outpatient only/inpatient only
        - 7 on/7 off
- Consider increasing awareness of current HRMC service offerings, schedules, etc.
- Consider adding after-hours clinic to provide affordable and accessible care to the community

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Added 100% additional capacity to available OB/Gyn coverage/services in the community
- Added two outreach Urologist providers at HRMC Physicians Clinic
- Expanded Nephrology outreach with the addition of two mid-level providers visiting monthly with the Nephrologist
- Added ENT outreach with the addition of a mid-level to bi-monthly visiting schedule
- Expanded Orthopedic outreach from two days per month to six days per month
- Successfully recruited Internal Medicine and General Surgeon to start in 2020; and recruited an additional Internal Medicine physician starting in 2022; and Orthopedic Surgeon starting in 2023
- Became a rotation site for the Rural Experiences for Health Professions Students (REHPS) which pairs a medical student and other healthcare professional for a month-long summer experience to learn about rural healthcare and immerse themselves in the community

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Increase number of touches/events executed for existing providers
- Increase number of active medical staff = 15

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Retention of existing medical staff = 15 (May 2019)
- Growth of active medical staff = 15 (May 2019)
- Improve ratio for population to primary care physician (Beadle County = 2019, 1,530:1; 2016, 1,614:1)
- Improve ratio to population for specialty care physician (varies by specialty, improvement targeted in internal medicine, pediatrics, oncology and dermatology)

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
University of South Dakota – Sanford School of Medicine		http://www.usd.edu/medicine 605-357-1300
Huron Clinic		111 4th Street SE, Huron, SD 605-352-8691
Tschetter & Hohm Clinic		455 Kansas SE, Huron, SD 605-352-8767
New Life Family Medicine		118 Third Street SE, Huron, SD 605-352-2117
Women's Wellness Center		142 3rd Street SE, Ste 2, Huron, SD 605-554-1020

Organization	Contact Name	Contact Information
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
HRMC Physicians Clinic		534 Oregon Ave. SE, Huron, SD 57350 605-353-7660
Northern Plains Health Network	David Dick	605-353-6565

Other local resources identified during the CHNA process that are believed available to respond to this need:[30]

Organization	Contact Name	Contact Information
Community Counseling Services		http://www.ccs-sd.org/ 605-352-5698

2. MENTAL HEALTH – 2016 Significant Need; Suicide is the #9 Leading Cause of Death in Beadle County; Beadle County's Mental and Substance Use Related Deaths rate increased from 1980-2014

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HRMC services, programs, and resources available to respond to this need include:

- Staff attend Crisis Intervention training session
- Meeting rooms available at no cost to Community Counseling Services to provide education and NAMI support group
- Inpatient Crisis Room available at HRMC
- Provide online course for mental health education for nursing staff. MOAB instructors and training annually 2019 and 2020.
- Suicide screening upon admission to HRMC.

Additionally, HRMC plans to take the following steps to address this need:

- Research offering tele-psych services at HRMC

[30] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

- Continue to support local suicide walk and regional NAMI walk
- Consider assisting NAMI SD in providing "Ending the Silence" information to schools
- Explore de-escalation training to law enforcement and other community partners
- Consider discussion with school officials about early detection and de-escalation
- Explore opportunities to support the Huron Ministerial Association in providing local tele-mental health services
- Act as facilitator for community leaders to ensure access to mental health services is understood across the community and easily-accessible to all. Proposed topic discussion could include: analyze demographic characteristics of those at where greatest risk; local drivers; capacity issues; support group gaps; legislative support, etc.

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- 100% of at-risk patients are now meeting screening criteria
- Hosted several education opportunities for staff and physicians
- Staff required to complete mental health education thorough HealthStream annually

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Train 100% of emergency room clinical staff on suicide screening
- Train 100% of clinic staff on suicide screening
- Increase number of summits and engaged participants with EMS, police, and CCS (behavioral health clinic)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Increase HRMC referrals to mental health services (CCS, Horizon Health Care)

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Community Counseling Services		http://www.ccs-sd.org/ 605-352-7072
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
Huron Ministerial Association	Pastor Dean Trapp	Riverview United Methodist Church, 605-354-6227

Other local resources identified during the CHNA process that are believed available to respond to this need:[31]

Organization	Contact Name	Contact Information
Suicide Support Hotline		www.suicidehotlines.com/southdatoka 1-800-SUICIDE
211 (Statewide Help Line)		1000 N. West Ave, Suite, 310, Sioux Falls, SD 211
Beadle County Sherriff		605-353-8424
Huron Police Department		605-353-8550
NAMI South Dakota	Wendy Gebiek	605-271-1871, namisd@midconetwork.com

3. ALCOHOL USE/SUBSTANCE ABUSE – Local expert concern; Beadle County's rate of Alcohol-Impaired Driving Deaths is higher than both the state and national median; Liver Disease is the #12 Leading Cause of Death in Beadle County; Beadle County's Mental and Substance Use Related Deaths rate increased from 1980-2014

[31] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

Public comments received on previously adopted implementation strategy:

This was not a 2016 Significant Need, so no comments were solicited.

HRMC services, programs, and resources available to respond to this need include:

- Staff trained on identification and treatment of alcohol/drug use, abuse and withdrawal
- Meeting rooms available at no cost to Al-Anon and other substance-abuse, suicide support groups
- HRMC financially supports a variety of youth education events, speakers, etc., on the dangers of alcohol and drug use, driving under the influence and safety.
- Pediatrician visits with pediatric patients one-on one during annual physicals throughout teen years on the dangers of alcohol and drug use, safe driving and other common concerns
- Physicians and staff provide education at various events and civic group meetings

Additionally, HRMC plans to take the following steps to address this need:

- Prioritize support to organizations promoting alternatives to alcohol/substance use
- Promotion of Al-Anon support groups
- Research availability of substance abuse support groups and offer assistance in the form of meeting space, promotion, financial assistance, etc.
- Communicate relevant information to the community and faith leaders
- Partner with community and faith leaders on education offerings in the community
- Explore alternative, non-addictive pain management options
- Support and encourage providers to establish/continue patient and physician contract with identified substance users/abusers
- Automatic addiction referral post-inpatient discharge to addiction management specialist with appropriate patients

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- 30-day follow-up after hospital discharge for alcohol/drug dependence, by referred agency
- Evidence of treatment being initiated at first diagnosis of alcohol or substance abuse disorder
- Number of referrals to substance abuse specialist

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Deaths from overdose

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Community Counseling Services		http://www.ccs-sd.org/ 605-352-5698
Suicide Support Hotline		www.suicidehotlines.com/southdatoka 1-800-SUICIDE
211 (Statewide Help Line)		1000 N. West Ave, Suite, 310, Sioux Falls, SD 211
Beadle County Sherriff		605-353-8424
Huron Police Department		605-353-8550

Other local resources identified during the CHNA process that are believed available to respond to this need:[32]

Organization	Contact Name	Contact Information
Huron Ministerial Association	Pastor Dean Trapp	Riverview United Methodist Church, 605-354-6227

4. MATERNAL AND INFANT MEASURES – 2016 Significant Health Need; Teen birth rate is Beadle County is higher than both the state and national averages; Infant mortality in Beadle County is higher than both state and national averages

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HRMC services, programs, and resources available to respond to this need include:

- Two local family practice with OB physicians, two delivering OB/GYN physicians, one board-certified, neonatal-trained pediatrician
- 16 local providers treat children (includes mid-levels)
- State-of-the-art maternity unit featuring:
    - Eight LDRP (labor, delivery, recovery, and postpartum) suites, five postpartum rooms, C-section services, infant ventilator, infant security system, wireless telemetry system, online fetal monitoring, infant c-pap
- HRMC Prenatal Education classes taught by certified childbirth educators with interpreters available for ESL participants
- Centering Pregnancy prenatal care option available through Women's Wellness Center (included Karen-specific group offering)
- HRMC Baby U Maternity Club program providing education throughout pregnancy
- Added online healthcare library Pregnancy Central, specific to maternity health, on HRMC website: https://ssl.adam.com/content.aspx?productid=147&site=huronregional.adam.com&login=HURON1981
- Regular healthcare topic, including prenatal care, through HRMC's Well One Connection quarterly newsletter (mailed to 18,000 area residents), monthly e-newsletter, weekly radio show and online health library
- No charge language interpretation services available to assist to limited English proficient (LEP) patients

[32] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

- OB/Gyn works with teens educating and discussing high risk behaviors

Additionally, HRMC plans to take the following steps to address this need:

- Continue to maintain OB/Gyn outreach clinic hours at Horizon Clinic
- Implement neo-natal simulation training for staff and providers
- Addition of video interpretation to effectively communicate with limited English proficient (LEP) patients
- Revise and update Baby U program to include more frequent pre- and post-natal education, in addition to adding Spanish and Karen language options
- Explore additional Spanish and Karen pre-natal class options
- Partner with Horizon Healthcare, Beadle County Health nurses and Plus One Guidance Center to identify barriers for populations still struggling with maternal/infant measures (e.g. lack of transportation, cultural issues, etc.)
- Consider research on emergency deliveries

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- OB/Gyn provides outreach clinic hours at Horizon Clinic (FQHC)
- Added second OB/Gyn provider
- OB/Gyn provides education in high school health classes
- Provided information on Maternal and Pre-natal children-specific health topics through various publications, radio show, advertisements, and speaking engagements

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Increase number of participants attending HRMC Prenatal Education classes
- Increase number of ESL participants receiving pre- and post-natal education

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Lower teen birth rate = 58 births per 1,000 teens in Beadle County; 28th worst among 53 peer counties; US average = 31
- Decrease low birthweight rate = Beadle County's low birthweight rate is 7%; South Dakota's average is 6%; US average is 8%

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Dakota Provisions		http://dakotaprovisions.com/ 605-352-1519
Cornerstone Career Learning Center		http://www.cornerstonecareer.com/ 605-353-7175
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
Lutheran Social Services		http://www.lsssd.org/ 605-444-7500
Huron Public Schools (school nursing staff)		www.huron.k12.sd.us 605-353-6990

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Beadle County Health Nurse		1110 3rd Street SW, Huron, SD 605-353-7135

Organization	Contact Name	Contact Information
South Dakota WIC Program		1110 3rd Street SW, Huron, SD 605-353-7135
Jan Manolis Safe Center		PO Box 733, Huron, SD 605-554-0398
SD Department of Health Bright Start Home Visiting Program		www.ForBabySake.com 605-353-7135
HealthySD		www.healthysd.gov
Huron Clinic		111 Fourth Street SE, Huron, SD 605-352-8691
Tschetter & Hohm Clinic		455 Kansas SE, Huron, SD 605-352-8767
New Life Family Medicine		118 Third Street SE, Huron, SD 605-352-2117
Women's Wellness Center		142 3rd Street SE, Ste 2, Huron, SD 605-554-1020
Plus One Guidance Center		http://www. Plusonehuron.org/ 605-554-3330

5. PRIORITY POPULATIONS – 2016 Significant Health Need

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HRMC services, programs, and resources available to respond to this need include:

- Annual cultural/diversity training
- Sponsor of Huron Karen Association

- No-charge language interpretation services available to assist to limited English proficient (LEP) patients
- Financial Assistance policy available
- We've Got You Covered program providing free mammograms to women in need
- Many hospital documents available in Spanish; some available in Karen
- Give away free baby clothes and blankets in clinic and OB
- Discharge video available in Karen
- Referrals to other local resources like United Way, Feed the Hungry, Slumberland bed giveaways
- Sponsor of the local Backpack Program (provides food for kids on the weekends)
- Donate turkeys to the Salvation Army at Thanksgiving
- Sponsor of Believe Fest (school supply giveaway)

Additionally, HRMC plans to take the following steps to address this need:

- Implement year-one recommendations from Susan G. Komen grant-funded research to discover why diverse population doesn't get mammograms. Consider extending recommended strategies to other needed services.
- Consider offering women's health fair in spring, child health fair in fall, and flu clinic push during another time
- Addition of video interpretation to effectively communicate with limited English proficient (LEP) patients
- Consider activating the Patient Advisory Council (PAC)
- Consider recurring faith leader outreach
- Continue integration of priority populations into existing workforce
    - Department of Labor grant to offer pre-apprenticeship and apprenticeships to populations with language barriers
- Consider outreach to large employers in the community — provide health fair-type offering with education, resources, etc.
- Research ways to increase comfort level of Priority Populations during hospital stays
    - Translation offering
    - Entertainment
    - Smart TV (on wheels)

HRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Added Karen staff
- Provided scholarships to Karen students pursuing a career in health care, who have committed to return to work at HRMC
- Received Department of Labor grant and began pilot pre-apprenticeship program for LEP students interested in learning more about working in clinical or non-clinical healthcare careers

- Added Karen interpreters in Physicians Clinic and Women's Wellness Center
- Distributed and began using universal symbols throughout facilities
- Awarded Komen grant which resulted in a three-year strategic plan to increase mammograms among priority populations

Anticipated results from HRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HRMC intended actions is to monitor change in the following Leading Indicator:

- Increase number of preventative services provided to LEP Patients
- Increase number of minutes of interpretation services provided each month

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Begin tracking statistic "Social Association" = In 2016, 21.0 membership associations per 100,000 population in Beadle County

HRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Lutheran Social Services		1800 18th SW, Ste 4E, Huron, SD 605-554-0102

Organization	Contact Name	Contact Information
James Valley Community Health Clinic (Horizon)		1000 18th Street SW, Huron, SD 605-554-1015
Dakota Provisions		http://dakotaprovisions.com/ 605-352-1519

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Community Counseling Services		http:www.ccs-sd.org/ 605-352-7072
YWCA		17 5th Street SW, Huron, SD 605-352-8596
Huron Public Schools (school nursing staff)		www.huron.k12.sd.us 605-353-6990
Huron Public Schools		www.huron.k12.sd.us 605-353-6990
Holy Trinity School and Parish		425 21st Street, Huron, SD 605-352-9344
James Valley Christian School		1550 Dakota Avenue N., Huron, SD 605-352-7737
Beadle County Health Nurse		1110 3rd Street SW, Huron, SD 605-353-7135

Other Needs Identified During CHNA Process

6. **Education/Prevention – 2016 Significant Need**
7. **Obesity/Overweight – 2016 Significant Need**
8. **Mental Health/Suicide**
9. **Chronic Pain Management**
10. **Diabetes**
11. **Prevention/Wellness Education**
12. **Women's Health**
13. **Physical Activity**
14. **Flu/Pneumonia**
15. **Heart Disease**
16. **Alzheimer's**
17. **Cancer**
18. **Hypertension**
19. **Accidents**
20. **Kidney Disease**
21. **Liver Disease**
22. **Lung Disease**
23. **Stroke**
24. **Continuity of Care**
25. **Access to Interpreters**
26. **Hospitalist Program**
27. **Gamblers Anonymous**
28. **Childhood Immunizations**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[33]

1. Physicians – 2016 Significant Need
2. Mental Health – 2016 Significant Need
3. Alcohol Use/Substance Abuse
4. Maternal and Infant Measures – 2016 Significant Need
5. Priority Populations – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy[34]

1. None

Other needs where hospital developed implementation strategy

1. None

Other needs where hospital did not develop implementation strategy

1. None

[33] Responds to Schedule h (Form 990) Part V B 8
[34] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

HRMC solicited written comments about its 2016 CHNA.[35] 26 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	14	8	22
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	9	11	20
3) **Priority Populations**	10	10	20
4) Representative/Member of **Chronic Disease Group** or Organization	3	15	18
5) Represents the **Broad Interest of the Community**	20	3	23
Other			4
Answered Question			26
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?

- *Getting to appointments, having enough health care providers to provide care,*
- *Understanding the need for preventative health care*
- *Low income population with no insurance, large population of ethnic minority who do not speak English, elderly*

[35] Responds to IRS Schedule H (Form 990) Part V B 5

on a low fixed income,

- *Having adequate access to medical providers and covering local on-call demands for current providers. Physician burnout is a real issue with current providers and demands placed on them.*
- *All the above groups are present in our community. Some of the pressing needs include: As residents of rural area: Stopping the revolving door of physicians. Women: Increasing entry to prenatal care in 1st trimester. Women/Children: Decreasing teen pregnancy rates. Children/Women: Increasing initiation and continuation (@ 1mo, 6mo, 12mo) rates for breastfeeding. As residents of rural areas: Access to childcare/daycare.*
- *Mental health needs*
- *Access to experienced, long term health care professionals*
- *Access to care is many times difficult with the populations I help due to all the above areas. I see a large number of low income and minority groups. I am seeing a great influx in mental health needs for my patients and the people that walk through our clinic doors including depression, suicidal ideation, schizophrenia, drug induced psychosis, chemical dependency, borderline personality disorder and bipolar personality disorder. Access to proper care in this arena is highly needed in Huron. Mental health care consult can be 1-2 weeks out or even longer. I would like to have a case work or therapist integrated into our clinic again with strong ties to the community of Huron.*

In the 2016 CHNA, there were seven health needs identified as "significant" or most important:

1. **Physicians**
2. **Maternal and Infant Measures**
3. **Obesity/Overweight**
4. **Education/Prevention**
5. **Mental Health**
6. **Priority Populations**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Physicians	25	0	25
Maternal and Infant Measures	21	4	25
Obesity/Overweight	20	4	24
Education/Prevention	23	1	24
Mental Health	24	1	25
Priority Populations	20	3	23

Comments:

- *Recruitment and retention of qualified health care providers.*
- *"Doctor recruitment appears to go well. Retention is not going well. Today's young doctors are willing to work long "on call" shifts, in exchange for being completely off the majority of weekends. When they do not have the*

quality family time that they can get elsewhere, they leave. This will only change when all doctors take their turn on call - and long-time doctors trust the young doctors when they are on call.

- *These areas still have pressing needs, and addressing these can free up resources in the long run.*
- *We continue to struggle to keep physicians and the wait time for mental health is much to long. Also, our outreach to the ESL population in our community continues to lag despite many families being here for over a decade.*
- *Many parents and students in our schools speak English as a Second Language. I believe it is up to 45% of the school age population. Many of the refugees have high ACE scores as well as the other students that have moved multiple times for a multitude of different reasons. We definitely need funding in the mental health area and I understand our pediatrician is moving so we need that as well.*
- *Mental health needs are a priority right now. I am also worried about the future physicians in Huron as there are a large number of great physicians leaving our community and/or with health problems. Who is going to fill these positions. How do we prevent physician burnout in the future? Will mid-levels be used more for inpatient care in the future? Are we looking at obtaining hospitalists in the future?*

6. Please share comments or observations about the actions HRMC has taken to address <u>PHYSICIANS</u>.

- *HRMC continues to struggle with physician recruitment and retainment. Once again we are losing a handful of providers for our community. It may be time that HRMC looks at other opportunities such as Sanford or Avera. Community members often post online about urgent cares in our community. No such thing exists in Huron.*
- *Recruiting physicians for all clinics in Huron as well as HRMC Clinic-Providing money for Huron High Students that want to go into healthcare fields*
- *While the task it challenging the effort has been outstanding.*
- *recruitment of physicians in rural areas is a continued problem. Explore hospitalist / ER physician*
- *I answered earlier. Your recruitment and your Salary package are very competitive. However, they will not stay if they must work 7 days per week.*
- *Need urgent care that insurances will cover. Have a hospitalist.*
- *Unknown.*
- *Attracting and keeping physicians in the Huron area is an ongoing issue and struggle. May need to rethink current on-call and staffing demands to attract and keep providers?*
- *-Marketing efforts noted with updated signage, online marketing presence.*
- *I agree that a urgent care office is still needed. Many of my families drive to Mitchell frequently for urgent care services and then just transfer care to Avera. I also feel that we need to find a way to make our doctors "stick." Many of my families would like to doctor in Huron but choose to drive out of town because they assume that the physicians recruited wont stay in town.*
- *This needs to be the #1 priority. Administration is doing a terrible job with physician recruitment AND retention.*
- *HRMC needs to work on ways to retain physicians*

- *WE need urgent care. I see it was explored. Any results? WE still have no urgent care.*
- *I think an urgent care facility would be a great asset to our community. Also getting more doctors in town vs. midlevel providers is very important.*
- *I think we are able to get many specialists from Huron and Aberdeen to Huron to serve patients. It would be great if we could get an endocrinologist, rheumatologist and neurologist to Huron. It would be nice if we could get a pediatrician come to Huron as well in the future. I think we need a hospitalist program to help reduce physician burnout. I enjoy have friendly HRMC physicians to be able to talk to about patient cases. It's unfortunate we are losing 3 great physicians.*
- *There is a MAJOR need for urgent care. My personal experience- both of my children experienced high fevers and ear pain on Friday evening- had to take them to the ER on Saturday and Sunday to be treated. Even with good medical insurance, we are still paying quite a bit of money for these services. If it had not been snowing, we would have traveled to Mitchell for urgent care services. We also waited a significant amount of time in the ER because we were 6th in line to show up within 15 minutes. We were one TRUE emergency away from not being seen for multiple hours. Stressful for all involved! Evening urgent care would also be very helpful. A small town with a population of 3500 people has a Saturday Clinic from 8-12 with physicians, PAs an NPs rotating. There is no reason why our community should not offer urgent care or Saturday Clinic type services.*
- *I continuously see a massive turn around to the physicians at HRMC. This obviously has a trick down effect to the patients and does not go un-noticed to them. I see several patient's establish care at our clinic as they can not take changing physicians every 1-2 years through the HRMC run clinic. I realize that every effort is being made to recruit talents providers, but I do most definitely see why the patients become frustrated with all the changes. I am unsure if something like implementing a hospitalist program in the hospital may help relieve the burnout from the physician side of things and help retain more physicians to the area?*
- *I feel that HRMC has recruited physicians to the best of their ability. I believe demographically it is difficult to recruit for Huron.*

7. Please share comments or observations about the actions HRMC has taken to address <u>MATERNAL AND INFANT MEASURES</u>.

- *School nurse has reached out to a local OB/GYN to talk about safe sex practices at the public high school.*
- *This is an area I am not involved in so would not know*
- *Interpreters are a key part considering the number of births by non-English speaking in our community.*
- *Na*
- *Unknown.*
- *These are excellent goals, but require reliable access to language skills which is a resources greatly lacking in the community.*
- *I have not seen these action steps implemented but consider this a major need in the community. If we can provide quality maternal child health to our whole community we can retain those families in the community rather than having them drive out of town.*

- *Dr. Brock is now teaching the contraception unit in the freshman health class at the high school, in an effort to decrease the rate of teen pregnancy.*
- *OB services have improved greatly in the past 2 years. Dr. Brock is great!*
- *I think we are making headway here. It's great having Dr. Brock come to JVCHC to help with OB/GYN services, especially for low income.*
- *HRMC has done well with their recruitments efforts in this field. Adding Dr. Brock has been beneficial to our clinic as well as to the Huron community. Updating the OB floor at the hospital is also a huge draw to keep OB patient's in the area to deliver.*
- *I feel that HRMC has done a great job in finding maternal/infant health care*

8. Please share comments or observations about the actions HRMC has taken to address <u>OBESITY/OVERWEIGHT</u>.

- *None at this time.*
- *Not seeing this enough*
- *Need better paying jobs so can purchase food that is healthy. Obesity is a habit and life style change that need commitment-insurance should give bonuses for people or lower rates if have success on their own some sort of reward system*
- *Unknown.*
- *Daily health and wellness recommendations are made, along with recommendations for TLC (therapeutic lifestyle changes) .*
- *I haven't seen these steps implemented but feel that the need is still there.*
- *I am wondering if the doctors are addressing this with the families when they come to the appointment. I don't think that parents realize that their children are obese because they look like most of the other children they see. A majority of the children are over weight or obese.*
- *Making headway. Need more community involvement with this though.*
- *HRMC has a great dietician to work with!*
- *I feel that this is an ongoing issue that continues to grow no matter what information is provided to the community it is never enough.*

9. Please share comments or observations about the actions HRMC has taken to address <u>MENTAL HEALTH</u>.

- *None at this time.*
- *Again not involved in this so do not know*
- *Not aware of any*
- *Great idea to educate staff and work with CCS*
- *Unknown.*
- *Collaboration with CCS would be excellent if they had staff/availability to participate in a partnership, as such*

other options may need to be explored for this area of GREAT need, including a system where super users of the hospital ER come with their case managers to help decrease avoidable visit.

- *Mental health is a concern in the community and is a serious need.*
- *We have taken steps towards psychiatric telemedicine through Avera.*
- *WE don't have enough help at CCS for the need.*
- *I think this is the highest need for Huron as well as provider/physician burnout. I think the large mental health population in Huron may contribute to provider burnout. We need more same day services for high risk patients. CCS does great but they seem to be very busy and difficult to get into sometimes. Need more comprehensive addiction medicine programs in Huron.*
- *Collaboration with schools and students for mental health education and services would be helpful.*
- *I feel that addressing Mental Health has gotten a lot better and HRMC has been very good at partnering with CCS to help care for this population that can be difficult at times*

9. Please share comments or observations about the actions HRMC has taken to address <u>PRIORITY POPULATIONS</u>.

- *None at this time.*
- *Schools have done a great job with the Karen and Hispanic groups.*
- *HRMC with the community has done a great job but it takes time.*
- *Interpreters*
- *Churches could be more involved in making referrals*
- *Unknown.*
- *Interpreter availability is still a significant area of need.*
- *I have not seen these steps implemented but feel that they are a huge need.*
- *I like the committee they formed.*
- *We have spent some time about antibiotic stewardship. We will spend more time about reducing opioid prescription in the future.*
- *I believe that a majority of people using the ER services for non-emergent issues have more to do with lack of medical insurance than it does with knowledge. Also an inability to get into their provider the same day and lack of urgent care services.*
- *I feel that this continues to get better, especially with the Karen population.*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Points	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Physicians - 2016 Significant Need	590	18	31.07%	31.07%	Significant Needs
Mental Health - 2016 Significant Need	228	16	12.01%	43.08%	
Alcohol Use/Substance Abuse	163	13	8.58%	51.66%	
Maternal and Infant Measures – 2016 Significant Need	111	13	5.85%	57.50%	
Priority Populations - 2016 Significant Need	94	13	4.95%	62.45%	
Education/Prevention - 2016 Significant Need	89	12	4.69%	67.14%	Other Identified Needs
Obesity/Overweight- 2016 Significant Need	82	14	4.32%	71.46%	
Mental Health/Suicide	81	12	4.27%	75.72%	
Chronic Pain Management	58	11	3.05%	78.78%	
Diabetes	42	9	2.21%	80.99%	
Prevention/Wellness Education	37	9	1.95%	82.94%	
Women's Health	37	8	1.95%	84.89%	
Physicial Activity	36	9	1.90%	86.78%	
Flu/Pneumonia	29	8	1.53%	88.31%	
Heart Disease	28	8	1.47%	89.78%	
Alzheimer's	27	8	1.42%	91.21%	
Cancer	22	7	1.16%	92.36%	
Hypertension	14	7	0.74%	93.10%	
Accidents	13	8	0.68%	93.79%	
Kidney Disease	11	6	0.58%	94.37%	
Liver Disease	11	6	0.58%	94.94%	
Lung Disease	11	6	0.58%	95.52%	
Stroke	11	6	0.58%	96.10%	
Continuity of Care	20	1	1.05%	97.16%	
Access to interpreters	4	1	0.21%	97.37%	
Hospitalist Program	30	1	1.58%	98.95%	
Gamblers anonymous	10	1	0.53%	99.47%	
Childhood Immunizations	10	1	0.53%	100.00%	
Total	1899		100.00%		

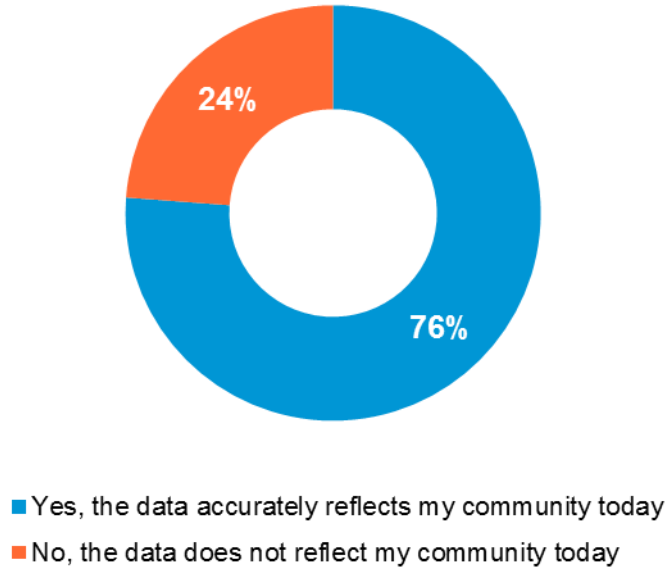
Individuals Participating as Local Expert Advisors[36]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	14	8	22
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	9	11	20
3) **Priority Populations**	10	10	20
4) Representative/Member of **Chronic Disease Group** or Organization	3	15	18
5) Represents the **Broad Interest of the Community**	20	3	23
Other			4
Answered Question			26
Skipped Question			0

[36] Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

Question: Do you agree with the comparison of Beadle County to all other South Dakota counties?

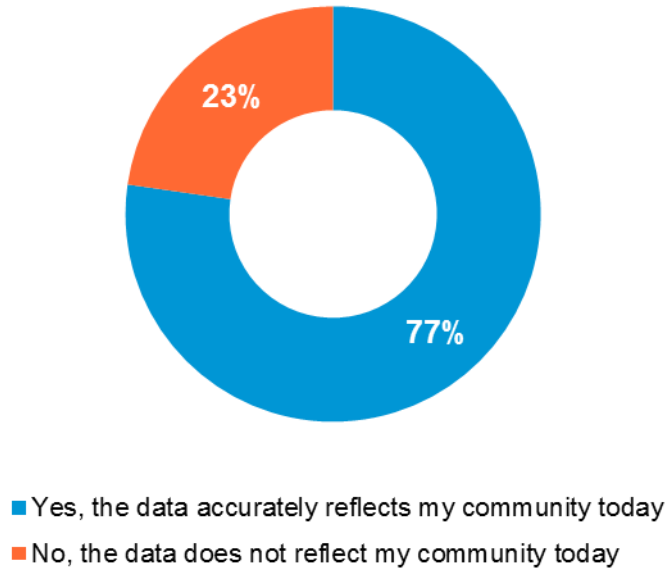


Comments:

- *Population to Mental Health Provider Ratio is inaccurate. There may be staff available, but they are not highly trained professionals. Effective treatment is lacking.*
- *Our graduation rate is closer to the national norm. We successfully graduate many when they are 19 or 20, and that data does not meet the criteria.*
- *severe housing problems are higher*
- *Looks reasonable but I have no information to accept or dispute the numbers above.*
- *I am surprised that the mental health ratios to residents is that high, it seems that this is an area of great need. I am also surprised/concerned at the EXTREMELY high rate of alcohol-impaired driving deaths and wonder (as that is a percentage) what the overall denominator is.*
- *We struggle to find physicians and dentists in town who take Medicaid. Currently we have one dental office taking Medicaid. While they do a great job this a huge burden for them. We also struggle with getting families into same day appointments with physicians in town. This is especially true when the client is ESL and physicians do not offer interpreter services. This puts undue pressure on those clinics who do offer interpreter services. I would also disagree that we have a low mental health to provider ratio.*
- *I am surprised at the mental health provider ratio. That should be looked at again. I am also shocked at children in poverty because our free and reduced lunch rate is about 59% district wide. It is nearly as high as the schools on our reservations.*

- *We have a serious needs for our mental health population and reducing chemical dependency in this community. We need more services in this arena.*

Question: Do you agree with the demographics and common health behaviors of Beadle County?



Comments:

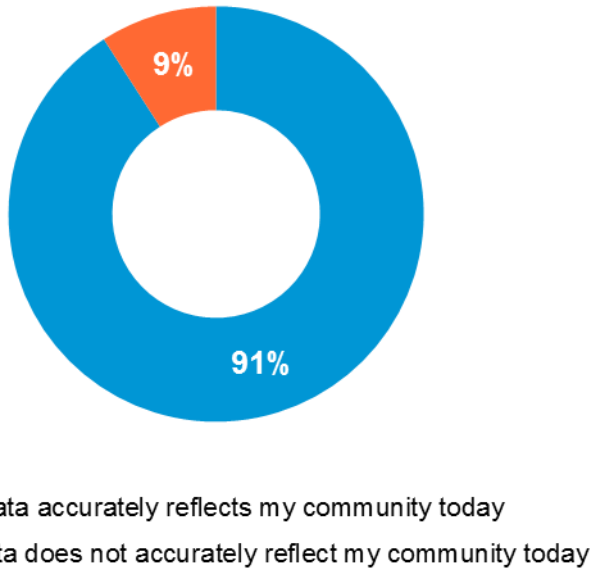
- *There is faster growth in Hispanic and Other ethnicity groups in Beadle County*
- *more people retiring are leaving the community due to lack of medical care-shopping etc.*
- *I am surprised that the % Hispanic population is not higher.*
- *I don't know the median household income but this seems high. Most of my students qualify for Vision certificates and their family income is less than that...*
- *I think there are larger minority groups including Hispanic and Karen.*

Question: Do you agree with the overall social vulnerability index for Beadle County?

Comments:

- *I am uncertain as to where the lower line of the highest vulnerability area goes down to.*
- *Housing and Transportation continue to be an issue in Huron. One third of my caseload is ESL clients primarily Spanish and Karen. Most of my families work but many still qualify for WIC, SNAP and other benefits due to their low wage jobs.*
- *I'm really not sure*

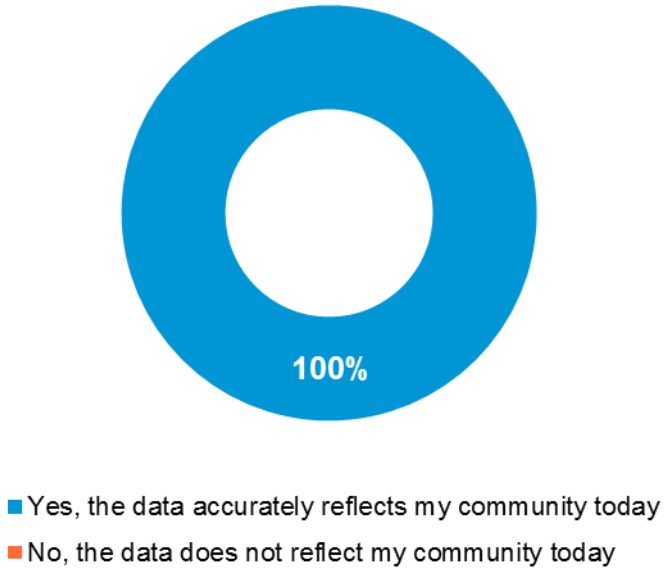
Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *South Dakota Medicaid needs to pay for diabetics and gestational diabetics to see a dietician to manage their diabetes. As a medical community we have known for years that having gestational diabetes increases your risk for having diabetes later in life yet Medicaid doesn't pay for these services for our vulnerable mothers.*
- *Our community is aging. I am not surprised that causes of death that are associated with older age, such has heart disease, cancer and stroke, are at the top of the list and are "higher than expected" compared to other counties.*
- *I don't have anything to compare it to. I do believe we have too much cancer and it is in young people in Huron.*
- *We have such a large number of uninsured, poorly educated, low income and mentally ill that will skew this data. It would be nice to separate these demographics and evaluate this data.*

Question: Do you agree with the health trends in Beadle County?



Comments:

- *No opinion*
- *I have no way of knowing any different and the data is from 2014*

Appendix C – Community Survey Results

Huron Regional Medical Center solicited a survey to its service area's residents to help understand the health needs and challenges facing the local population to ensure the appropriate health needs were identified for the 2019 CHNA.

This survey was open to any area resident over 18 years of age, and 196 surveys were completed.

The following presents the information received in response to the solicitation efforts by the hospital.

Question: In your own words, what do you believe to be the most important health or medical issue confronting the residents of Beadle County (n=166)

Comments:

- *Lack of services.*
- *Health that is provided should be without any mistakes or misdiagnosis.*
- *The need for skilled and SANE surgeons particularly in the emergency room. Having fits over surgery schedules right outside the hospital walls and in the emergency room is not sane, and the horrible surgical mistakes he has made is awful!*
- *Vaping*
- *Affordable health insurance.*
- *Mental Health issues.*
- *Diabetes*
- *too few doctors and/or specialists*
- *Lack of good doctors.*
- *Obesity*
- *The health of our senior citizens*
- *Keeping good medical providers*
- *Medical professionals lack of knowledge/education and experience.*
- *Urgent care center, not an emergency room with high rates.*
- *Affordable health care and medical expertise.*
- *Adequate health care you have to go to Mitchell or Sioux falls to get health care*
- *Elderly care Nursing homes going away*
- *Good doctors and being able to get timely appointments, i can't even get in for a physical without waiting over a month.*
- *Need for better medical doctors*
- *Our Drs do not keep up with the improvements in healthcare*
- *Not enough doctors!*
- *Decent medical care. The hospital seems to be a joke. I always feel like we are an inconvenience when we go there. My child has lots of medical issues and they brush them off most of the time. We also need an urgent care!! They seem to get upset that people from Beadle County go to SF or Mitchell, but every time we get a doctor here, they leave. Also, no urgent care.*
- *Good doctors available*
- *The need for urgent care and not so much emergent care.*
- *Need more doctors. Especially orthopedic*

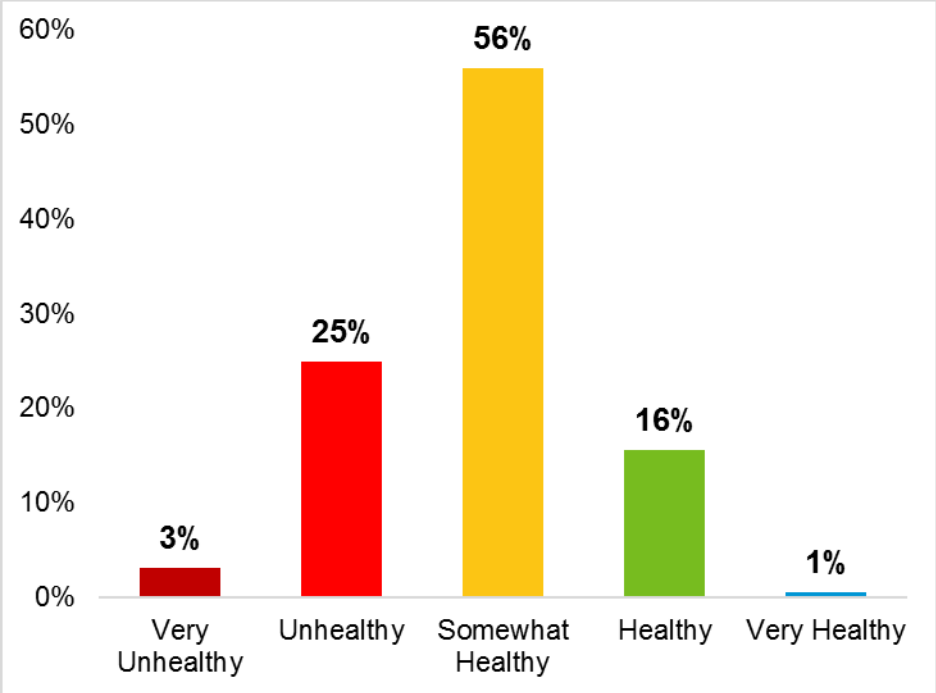
- *Drug abuse*
- *Drugs*
- *Keeping quality doctors for more than five years so families can have continued care.*
- *Issues related to being obese*
- *Lack of specialists*
- *Not have enough specialized health care providers*
- *Doctors that stay here for more than a couple years are needed*
- *Keeping good physicians!!*
- *Lack of specialists*
- *Nursing staffing, specialists*
- *Doctor shortage*
- *Mental Health, in my opinion is the most important health issue in the county at this time. Other issues include lack of insurance / cost of medical care - access to specialized care.*
- *Help for mentally ill people, putting someone in jail for being mentally ill is wrong*
- *Decent health care facility and providers*
- *Keeping good physicians!!!*
- *Inactivity*
- *Drugs*
- *Mental health, addiction*
- *Lack of competent medical providers who are up to date!*
- *Lack of health education to make informed health decisions*
- *Obesity as it leads to other medical problems*
- *Use of illegal drugs*
- *Lack of physicians and afterhours medical care*
- *More specialty doctors. Diabetes for example.*
- *No affordable insurance*
- *lack of family physicians*
- *Support groups*
- *Having to leave Huron for surgery*
- *Making sure people do not get involved with drugs*
- *Number of medical providers. Not enough MDs.*
- *No urgent care...only ER available and that's so expensive!*
- *Access to healthcare, whether financially or not being able to set up appts (due to either language barriers or the doctor not being open).*
- *Not enough good doctors that specialize and not the hospital either, what a shame we are experiencing this at all, we have to go 100 miles to get adequate care the next question is hard to answer because the doctors always send people 100 miles away for medical care*
- *Low number of doctors that work with HRMC*
- *Lack of more specialists for common illnesses. A lot of elderly cannot afford or handle the trips to SF.*
- *Healthcare at a reasonable price*
- *We need to have an acute care clinic in Huron.*
- *Availability of services after hours and weekends (urgent care options)*

- *Not enough Doctors*
- *HRMC is an island. It's time to go Sanford or Avera.*
- *Lack of physicians*
- *No urgent care. ER should be for emergencies. Lack of orthopedic surgeon.*
- *Need more primary care doctors.*
- *No urgent care clinic.*
- *Drug and Alcohol Abuse*
- *Lack of doctors*
- *Lack of physicians*
- *Primary care physicians*
- *Better care and quit making mistakes when diagnosing the problem.*
- *Mental health*
- *Mental health*
- *Not enough health care providers and support staff to serve the community.*
- *Physician and nursing shortage*
- *An immediate care/afterhours clinic besides the Emergency room would is important to have.*
- *When you have Avera insurance, but it won't cover here. Then you have to go out of town.*
- *Lack of availability for services, taking days to see your doctor, and being rushed through your visit because you are only scheduled for 15 min*
- *Access to acute care after office hours*
- *Not having good doctors*
- *Drug abuse*
- *Not enough specialists. Too many people having to spend medical dollars out of town.*
- *Mental health/brain health*
- *Drug addiction*
- *Retaining quality physicians to provide care and take call.*
- *Quality care*
- *Obesity and conditions related to obesity such as diabetes and heart disease.*
- *Unhealthy lifestyle. Lack of interest in healthy eating/fitness.*
- *Lack of primary care providers*
- *More MDs who offer specific skills: oncology, ophthalmology, endocrinology, pediatrics, etc. Also, more general care physicians and PAs &CNPs. We are low on physicians!*
- *Keeping local physicians*
- *No urgent care clinic*
- *Lack of urgent care for evenings/weekends*
- *Need more visiting specialists. Many older residents not able to drive out of town and it is often difficult to obtain rides.*
- *General health problems.*
- *For those of us that have to go to Sioux Falls for health services wouldn't it be wonderful to have transport there a couple days a week and at a fee that we could afford*
- *The lack of doctors*
- *Not enough doctors*

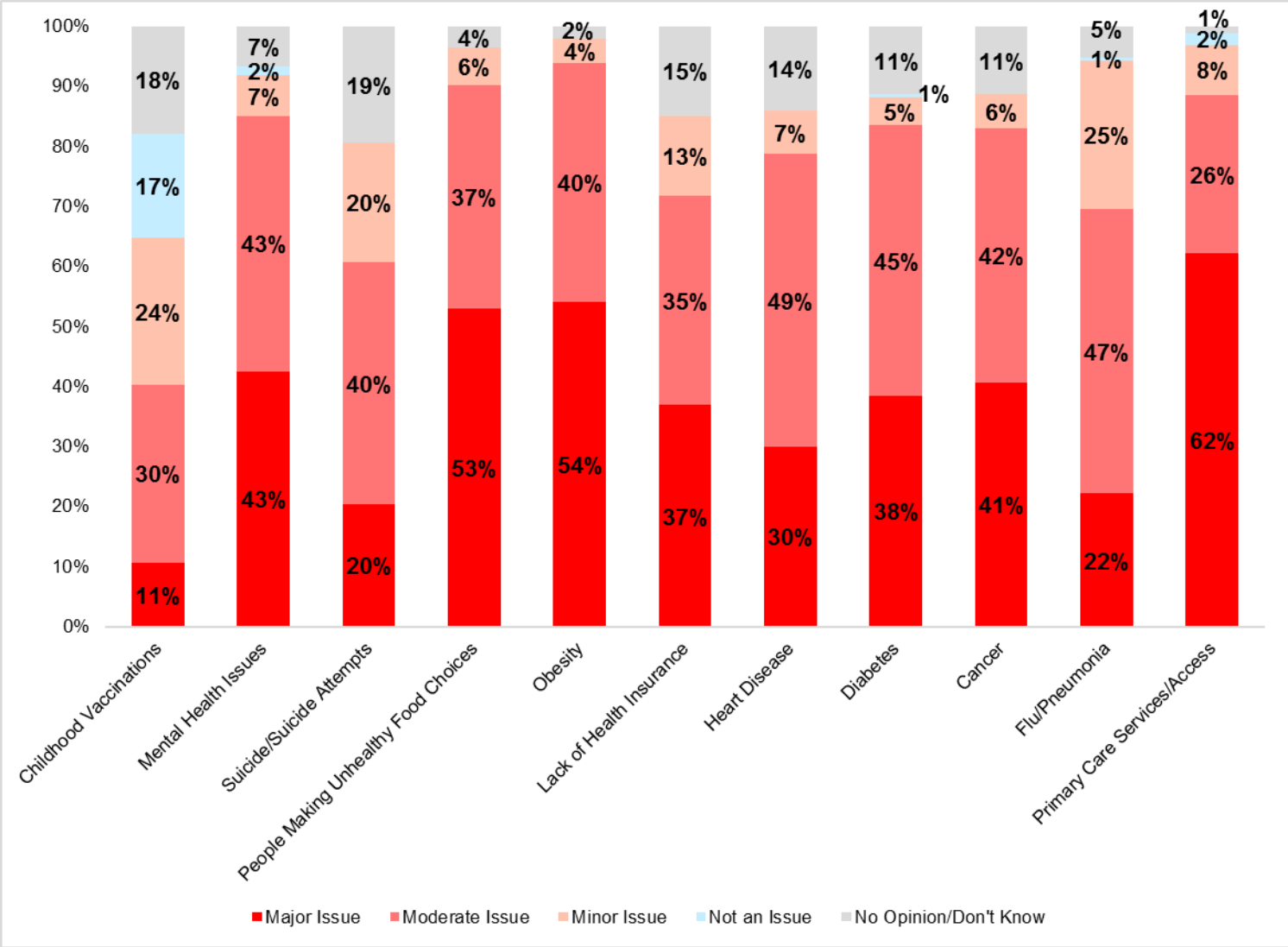
- *No or very few specialty doctors.*
- *We need a medical service available for after-hours non-life threatening but urgent care. And if it could be affordable that would be great. Huron residents are not wealthy. And the wait time to get clients into Community Counseling is downright dangerous. We need more mental health providers. And again, this needs to be reasonably priced.*
- *Aging Providers for the future*
- *Lack of affordable insurance options that provide coverage to promote wellness as well as dwindling numbers of quality providers to provide the services needed.*
- *Access afterhours to clinics.*
- *We need a pediatrician and doctors that listen*
- *Cancer and elderly care*
- *Lack of physicians and retaining doctors*
- *Cost of healthcare and medicine*
- *Not enough doctors.*
- *Some good specialty Doctors that know what they are doing.*
- *Having Good, reliable doctors that know what they are doing. Nurses that listen to the patients.*
- *Keeping Doctors!*
- *The current hospital being on an island and not conferring with someone's cancer doctor in Sioux Falls and really messing up the patient. Avera needs to build a hospital in Huron!!*
- *Lack of an urgent care option like other communities have. Providers who take patients seriously instead of giving a cookie cutter answer only to let the issue fester and get worse.*
- *Need urgent care facility.*
- *Physician shortage*
- *The lack of actual MD's. We have plenty of PA's or CNP's but very few full MD's. Also the lack of specialized care. Yes, there are specialists that come to Huron but sometimes you have to wait 2-3 weeks to see them.*
- *Not enough doctor's*
- *More doctors*
- *family doctors, specialty doctor shortage; illegal drug use*
- *Access to non-emergency clinic in the evening hours*
- *Having doctors that will remain in the community that are good at what they do and care for their patients.*
- *We NEED an urgent care clinic. that is a MAJOR issue. We shouldn't have to go to Mitchell to avoid the HRMC ER and high ER charges.*
- *The rising costs of Health Care is an issue both locally and throughout the U.S.*
- *Getting proper care in our emergency rooms*
- *Alcoholism*
- *Affordable care, testing, and medication for chronic illnesses of those with low income such as diabetes, autoimmune diseases etc. Not everyone has Medicaid. Also for low income folks without Medicaid traveling to De Smet or Howard for dental care is a financial hardship. Huron needs its own dental clinic like the one in De Smet.*
- *Availability of appointments and confidence in the doctors available*
- *Physician availability.*
- *Male physicians...*

- *Not enough doctors*
- *Lack of medical care*
- *Doctor shortage*
- *Obesity, diabetes, and*
- *Quality health care*
- *Good healthcare*
- *Doctor retention. We attract great doctors, but they don't stay due to their quality of life issues here in Huron.*
- *Not able to obtain proper care*
- *Obesity*
- *Aging population; Cost of health care*
- *Access to Mental Health Providers*
- *Mental Health*
- *Having enough health care people,*
- *The cost of medical care. And the quality of healthcare by some of the doctors in towns.*
- *Cost of health care.*
- *Providing specialized care for seniors, people with mental and developmental disabilities, ESL population on Medicare/Medicaid.*
- *Aging health issues and lack of physicians*
- *Cancer, obesity, Mental Wellness*
- *Having a hospital that will actually work with my cancer doctor when you have an issue.*
- *Not enough doctors.*
- *Need more medical doctors. Also need outpatient clinic open on weekends.*
- *Obesity. Zero mental health care...used to have Bradfield Leary staffer with nurses etc.*
- *No doctors*
- *Sanford or Avera need to take over our hospital so we can recruit doctors!*
- *Pediatric*
- *Not enough counseling/mental health help.*
- *Medical professionals simply using a computer to diagnose us. 3 times their computers told them nothing was wrong with me - same exact symptoms happen in Aberdeen at Sanford Health, and within an hour I was in surgery after having ANOTHER heart attack.*
- *Sickness in kids like flu and stomach flu and food allergies.*
- *Cancer*
- *Our aging generation needs to have better health care while living independently*
- *Their billing system*
- *Not enough on call medical providers, not enough specialty providers regularly.*
- *Access to facilities and reputable care.*

Question: How would you rate the health of your community? (n=193)



Question: What is your opinion about the following medical issues in your community? (n=196)

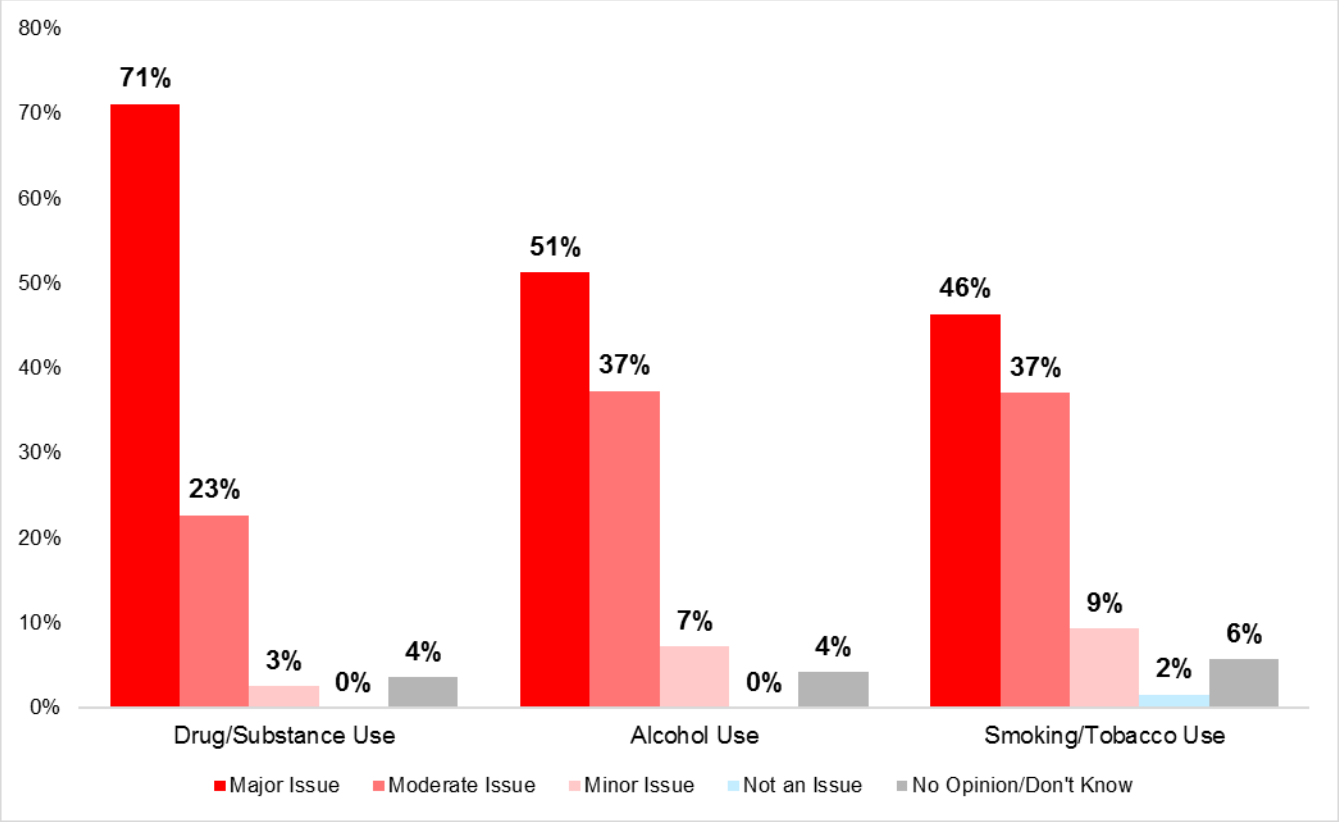


Comments:

- *You need to attract some decent doctors. VERY short supply in this town.*
- *Hours*
- *We need an urgent care!!!*
- *there is a severe shortage of qualified general practitioners in Beadle County.*
- *Urgent care.*
- *Need 3d mamo*
- *Primary providers who refuse to refer to specialists. NO URGENT CARE CLINIC!!!*
- *would be good to have a Rheumatologist/arthritis doctor come once a month to the hospital clinic*
- *Hours of availability of clinics, not having a weekend option means a lot of people are forced go elsewhere for care*
- *Need full time orthopedics, pediatrician or increase # of family practice*

- *Tried to get an appt last week.. unable to find an MD that is taking new patients*
- *Misdiagnoses*
- *No Doctors to care for you*
- *We need more family practice pens and internal medicine*
- *There is a large need for an urgent care clinic*
- *We need consistent physicians and quality physicians. Also an urgent care*
- *Need more Doctor that will cover the ER. Need more Dr willing to stay in Huron!*
- *Don't have Doctors that knows what is going on with their patients.*
- *Had to go to ER after not being able to get in for several days due to lack of openings/availability of primary care physician.*
- *Not enough Doctors hard to get appointments and then we lose really good ones once you have established a good relationship with the Doctor.*
- *Local food banks do not offer appropriate choices for those with diabetes or heart disease.*
- *lack of access to medical marijuana needs to be looked at!!*
- *The high prices the hospital charges.*
- *Doctors too full and can't see you for days when you are sick*
- *Billing system*

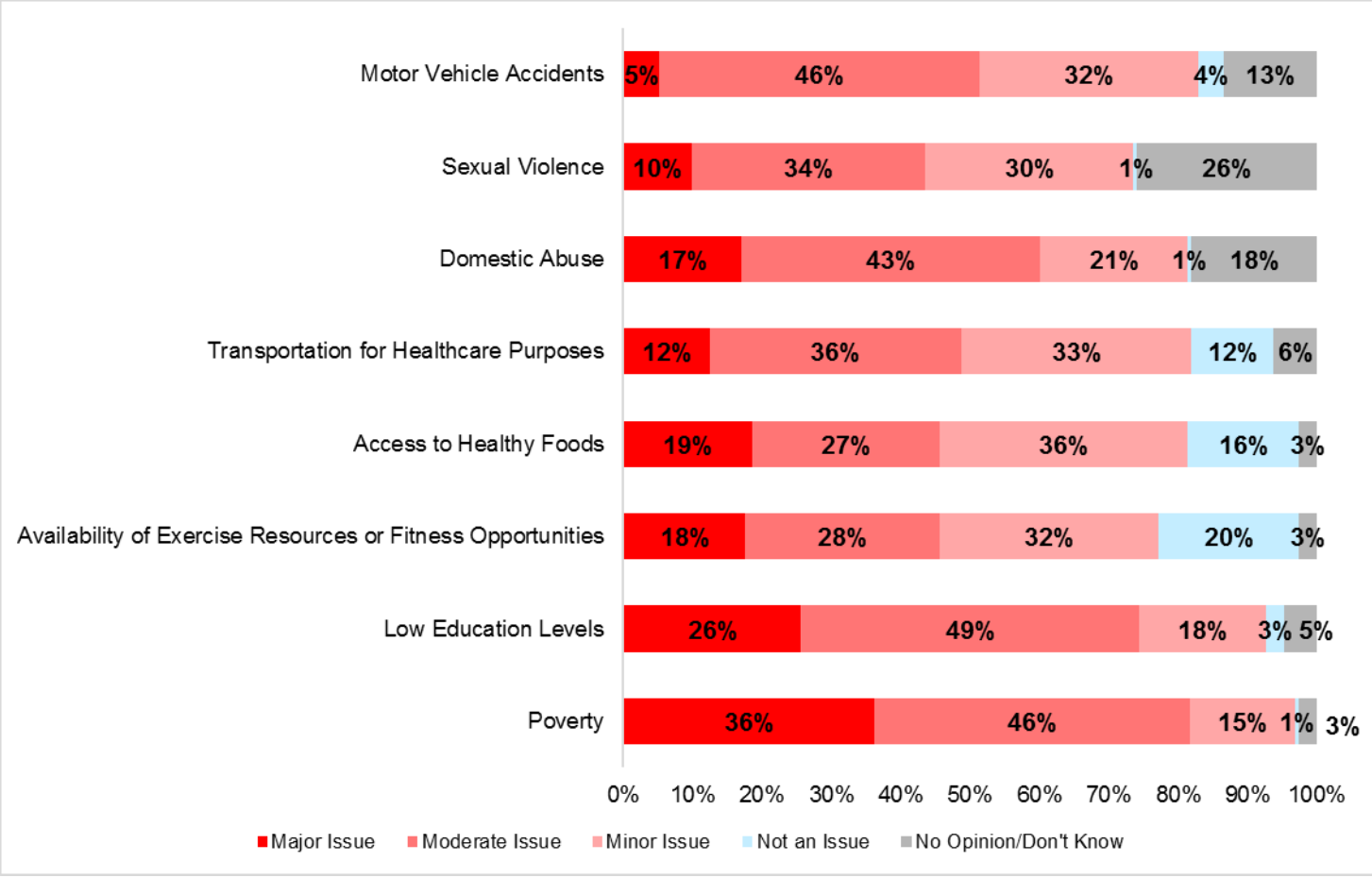
Question: What is your opinion about the following drug and other substance abuse issues in your community? (n=194)



Comments:

- *I know people who have had prescriptions to controlled substances (codeine) for 20 years! Providers keep renewing, treating symptoms not the problem.*
- *Vaping, marijuana*
- *Vape/juul*
- *More education needs to be done about vaping*
- *I wouldn't mind learning more about the pros and cons of vaping and the legal aspect of it such as where can you vape.*
- *We could use more services thru community counseling and inpatient treatment.*
- *Even young kids are smoking.*
- *Not familiar with these issues*
- *Too many bars.*
- *meth and opioids are ruining our town.*

Question: What is your opinion about the following possible community issues? (n=193)

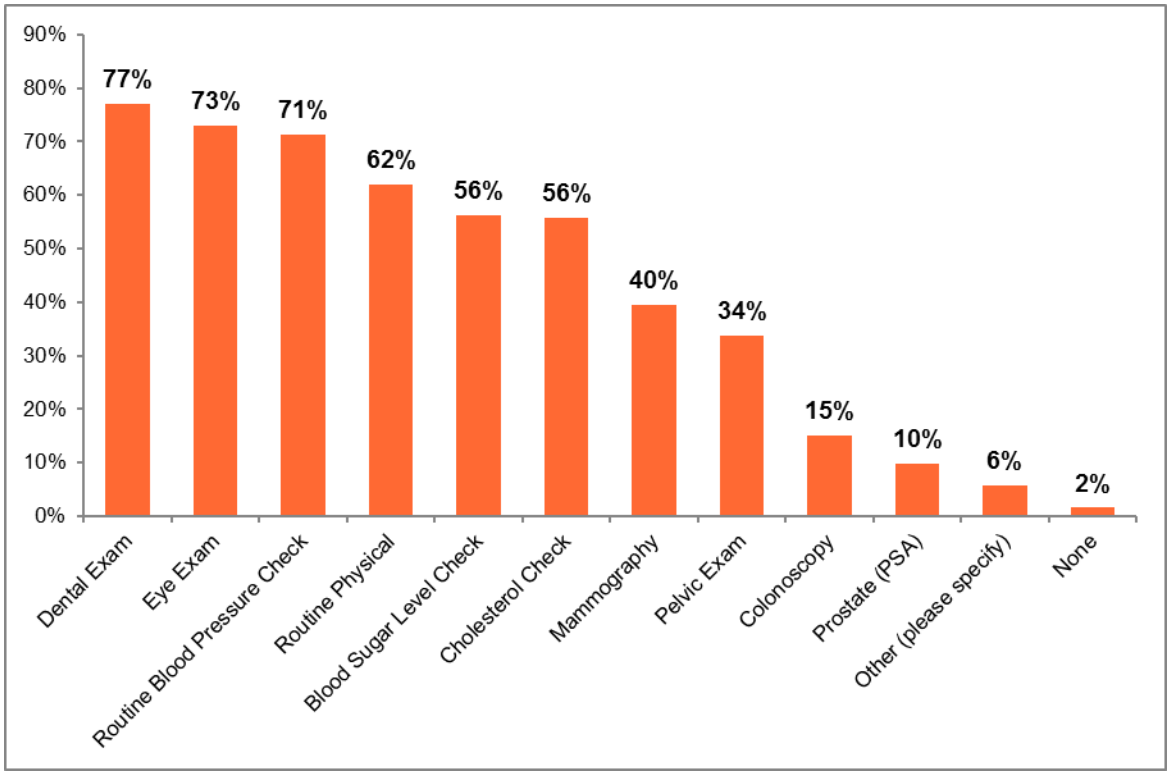


Comments:

- *Too many people do not have drivers licenses & no insurance*
- *Education about how to eat healthy and be healthy.*
- *Too many illegals with no insurance no driver's license creating a hazard; two are high insurance rates*

- *Drug misuse is very important. The area has access to health food choices but people lack education on how to make the choices. We have 2 fitness centers in Huron but is it affordable to all? If not what are the other choices in the heat of summer and the cold of winter??*
- *Transportation as a whole is a huge issue in Huron. Transit has limited hours and is expensive. Plus it isn't something that can be used as a taxi. We do have one taxi service in town but I don't know much about it or how it operates.*
- *For exercise resources we have them but they're not affordable for many people*
- *Norby center is expensive and does not offer options like homeschool gym class reasonable monthly rates for students rather see kids in a gym then on the streets. Would also like to see the Norby center work with the school to offer swimming lesson as part of gym class requirements as it is a basic life skill especially with the River and other bodies of water we have in the area. Not everyone can afford swimming lessons and this would be a great way to help those who cannot afford such activities or because of work schedules take kids to lessons.*
- *would like to see more outdoor fitness areas*
- *Dental Office that accepts Medicaid*
- *This is a problem as immigrants are driving without training or license*

Question: Which of the following preventative services have you used in the past year? (Select all that apply) (n=192)

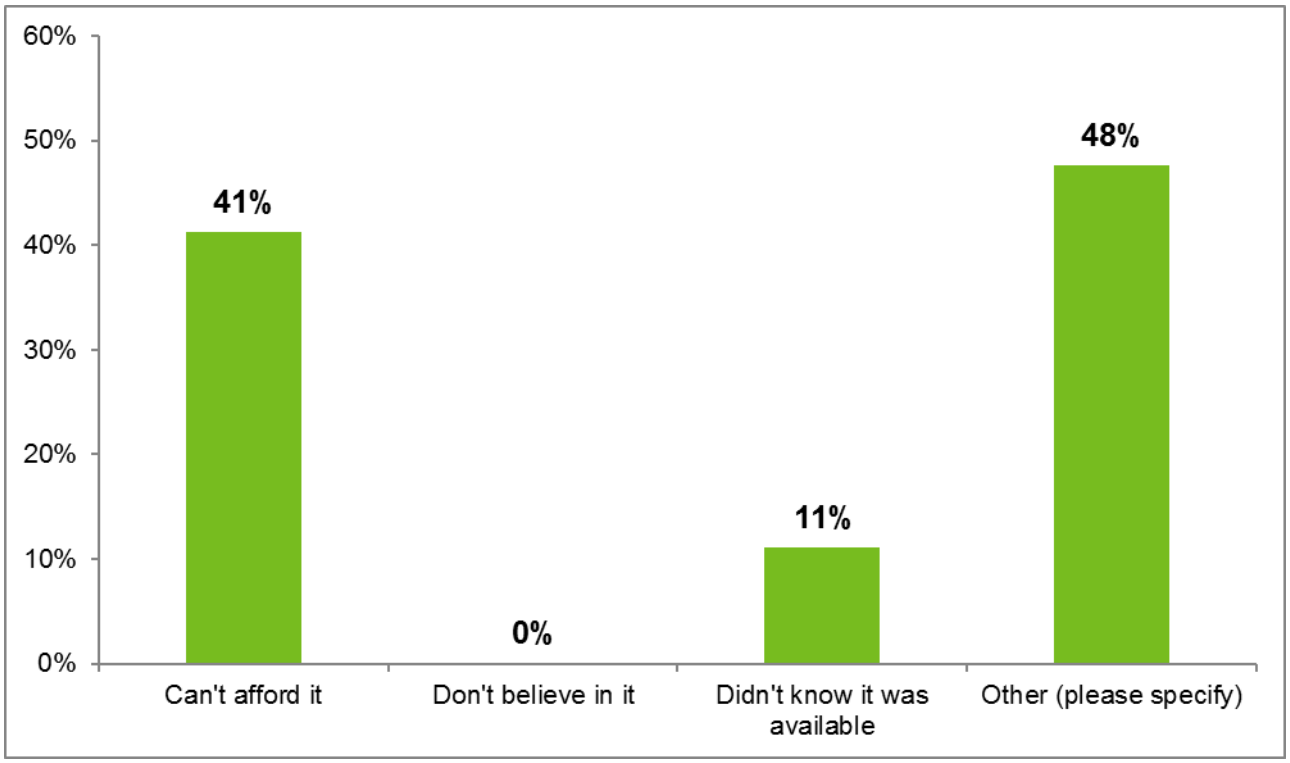


Comments:

- *We need more specific care for elderly people*
- *I wouldn't have anything done in Huron*
- *I get my health care in Mitchell or Sioux Falls and have for many years. The only functional medicine provider/holistic healthcare provider is a chiropractor there.*

- *All services completed outside if Huron (Mitchell or Sioux Falls)*
- *Not all in Huron*
- *Heart*
- *Cancer treatment*
- *Pregnancy appointments*
- *But I Also had very good insurance. A lot of things Medicare won't cover*

Question: If you have not used any preventative services, why not? (Select all that apply) (n=63)

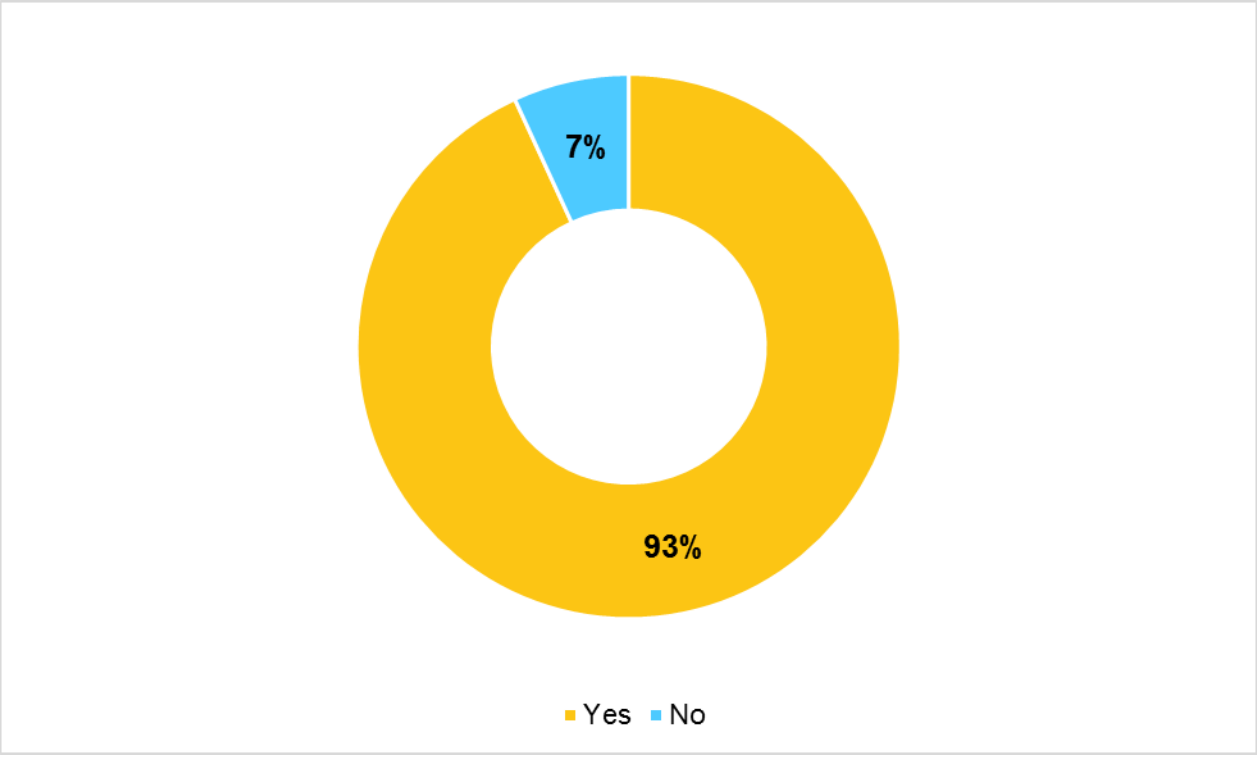


Comments:

- *I have used them*
- *No good place to go, can't get in in a reasonable time.*
- *Received services outside this county*
- *Work and clinics aren't open in evenings*
- *I don't use any here, although I get my blood draws at HRMC for my provider in Sioux Falls.*
- *Haven't gotten around to it*
- *Just late to get done*
- *Don't make the time to get it done*
- *I get the care they can handle which is limited*
- *Busy, lazy*
- *Appt coming up.*
- *Not enough time in a day to make the time. And the need to plan so far out.*
- *Didn't have the time*

- *Time money*
- *Condition that sends me to Sioux Falls to get necessary care so many things that could done here, end up being done out of town.*
- *Not recommended at this time*
- *Use services outside of Huron*
- *Not a male*
- *Medicare doesn't pay for everything.*
- *Can't find a doctor with openings*
- *Haven't had time.*
- *Not applicable*
- *Not right health care*
- *Time, I'm generally healthy*
- *Did not have time last year*
- *Go to Sioux Falls*
- *Just used as needed only.*
- *Went to another town for this. Could not get an appt in Huron.*

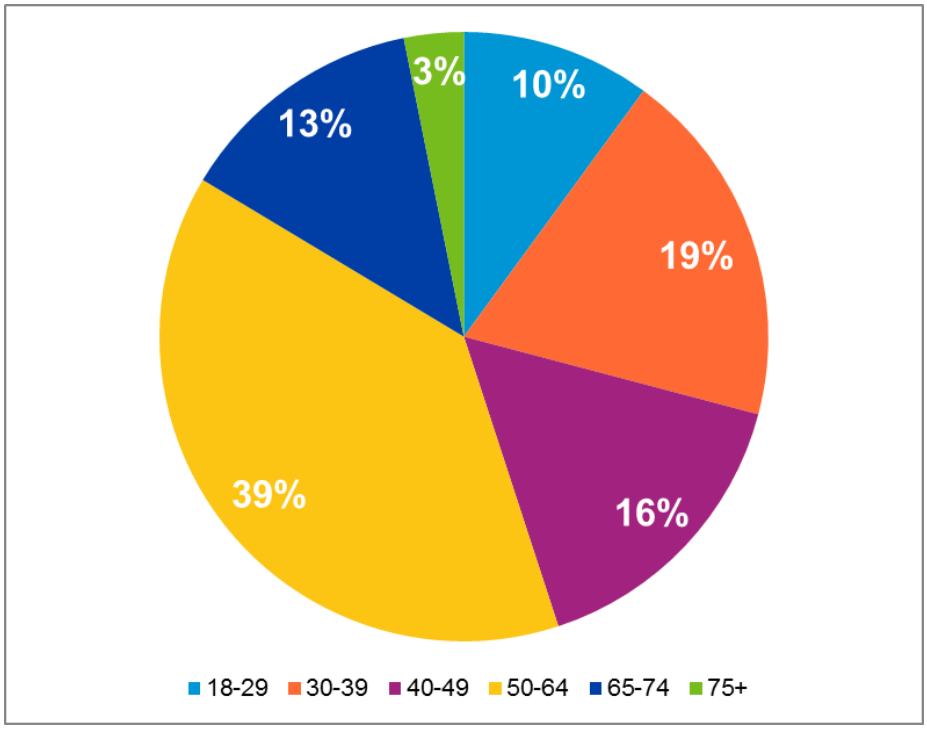
Question: Are you a resident of Beadle County? (n=189)



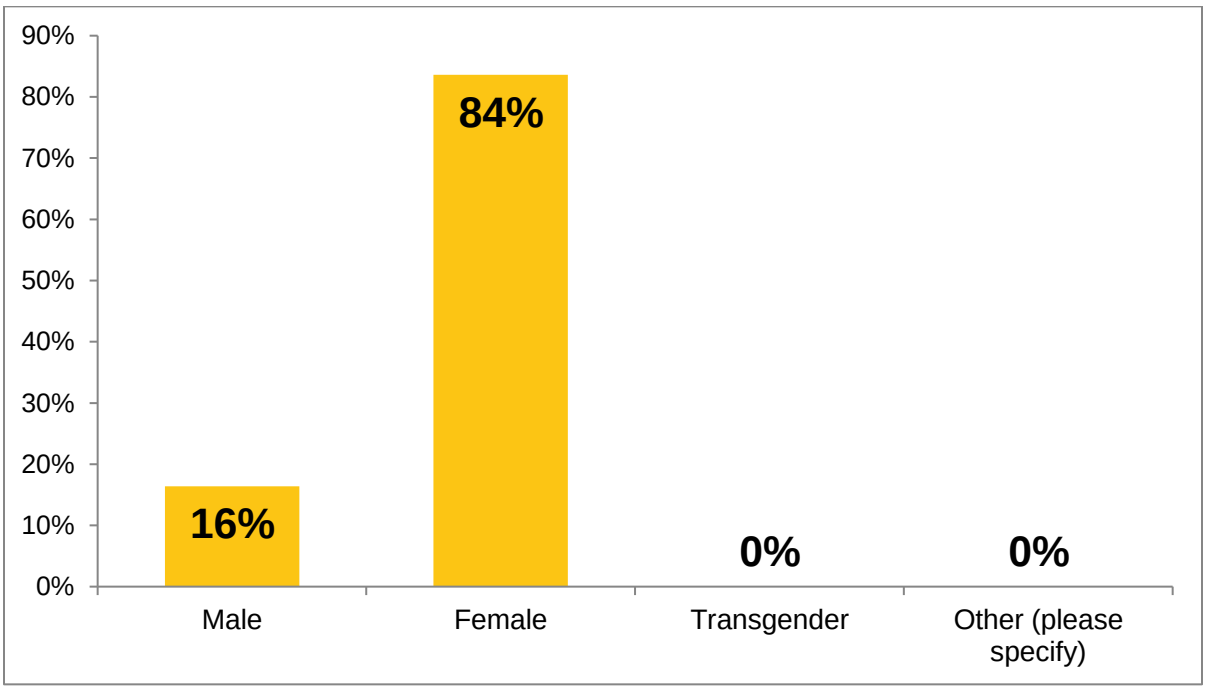
Question: What is your zip code? (n=178)

Zip Code	Count
57231	1
57312	1
57322	1
57324	5
57348	3
57350	147
57353	4
57359	1
57379	1
57381	2
57382	1
57384	6
57385	1
57469	1
67350	1
68956	1
Grand Total	**177**

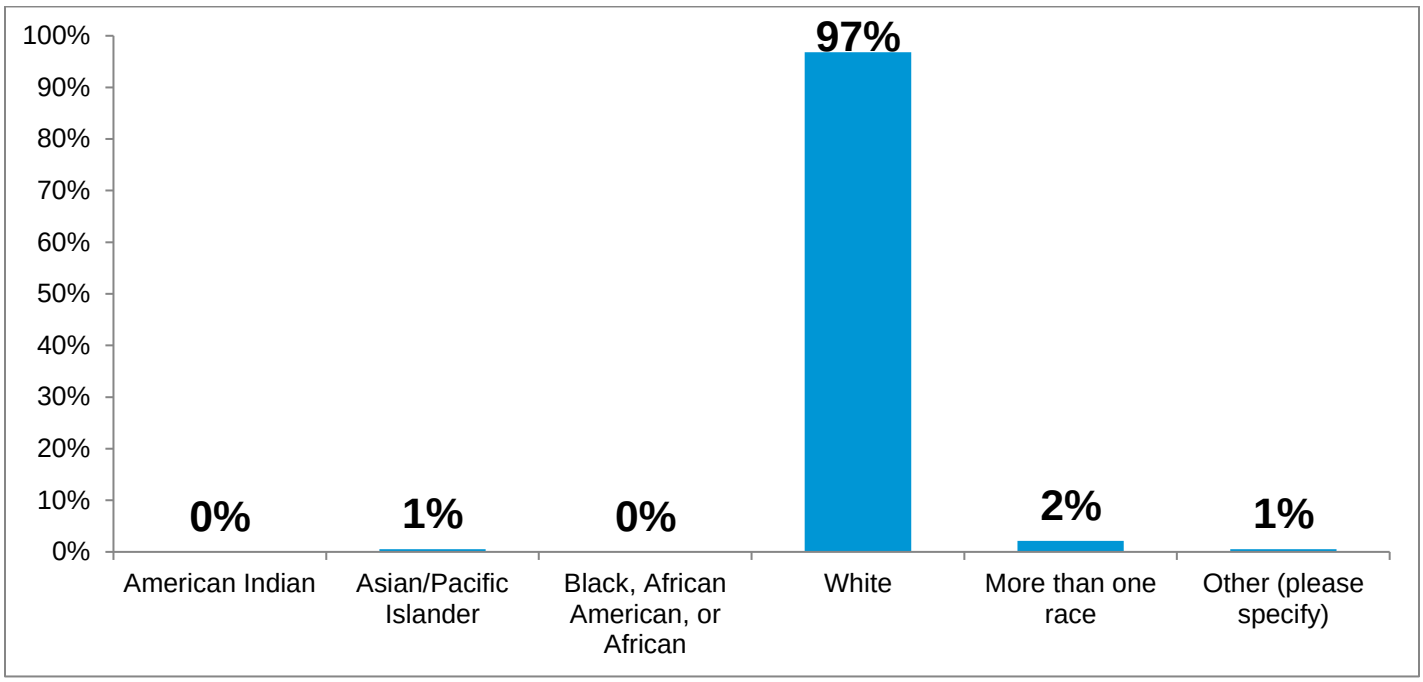
Question: Age (Check one) (n=189)



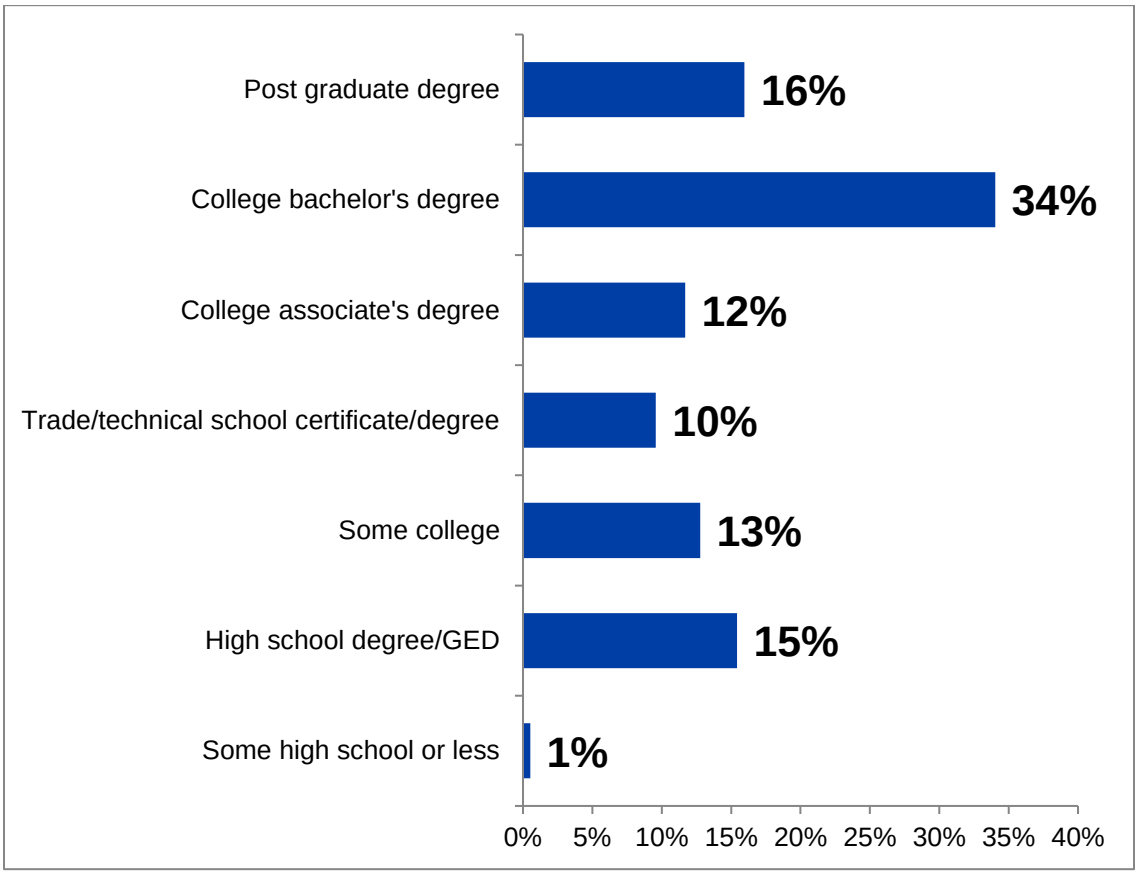
Question: Gender/Sex (Check one) (n=189)



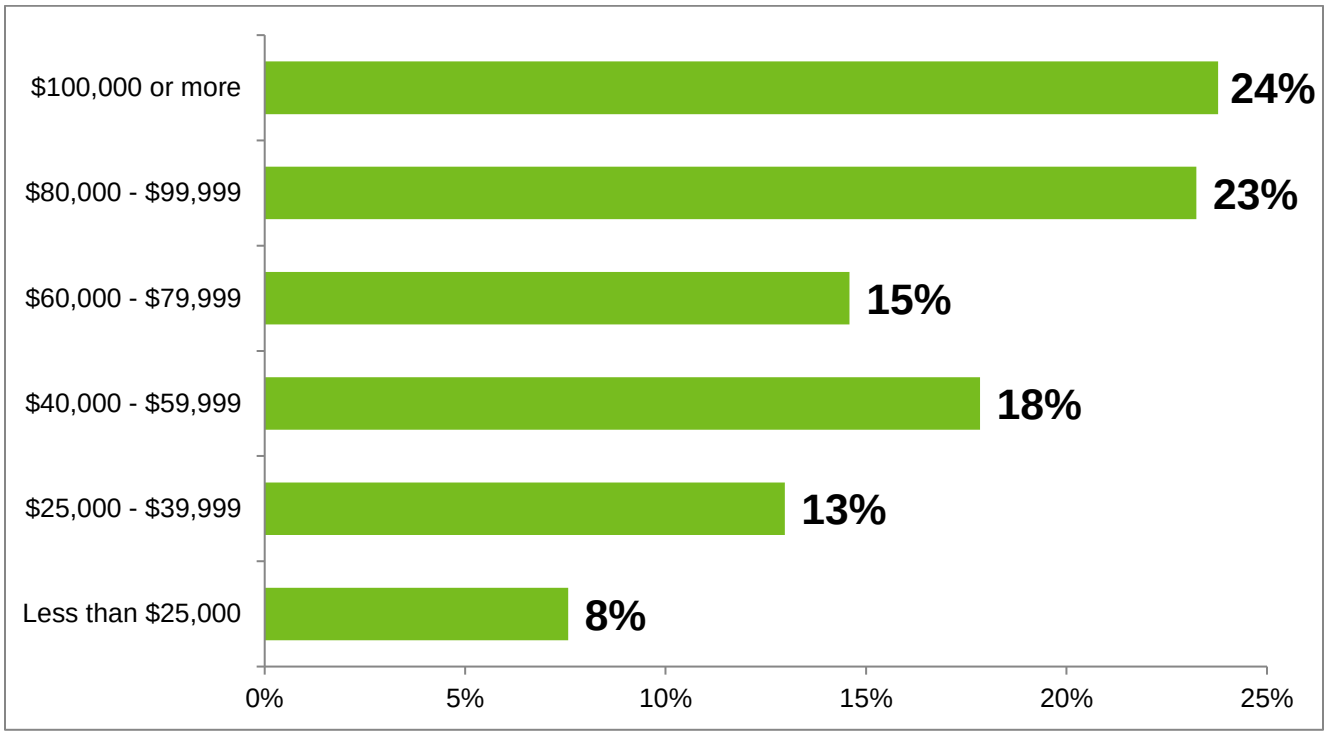
Question: What do you consider to be your primary ethnic group? (Check one) (n=189)



Question: What is the highest level of education you have completed? (Check one) (n=188)



Question: Counting income from all sources (including all earnings from jobs, unemployment insurance, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year? (Check one) (n=185)



Appendix D – Focus Group Results

Focus group sessions were conducted with Riverside Colony, Horizon Clinic, and Huron Leadership Group where they participated in conversations around the overall health of the community and what could be done to improve it.

The information below presents the themes that emerged from those sessions.

Question: In your own words, what do you believe to be the most important health or medical issue in your community?
(diabetes, heart disease, primary care services, childhood vaccines, flu/pneumonia)

- Lack of specialists (dermatologists); Lack of doctor due to turn over; Lack of pediatric doctors (have to go to Mitchell for service); Need more cardiologists and family physicians
- No education on correct or proper diets (dieticians)
- Good availability of diagnostics but when there are orthopedic accidents (in youth sports) there are no treatments in Huron and you have to go to Sioux Falls or Aberdeen for treatment
- Diabetes and high blood pressure most prevalent medical issue

Question: How would you rate the health of your community? (very unhealthy, unhealthy, somewhat healthy, healthy or very healthy)

- Karan bring the communities health up (healthy and lots of fish in their meals), rest of Beadle county's health is average
- Colony is heathier than the rest of the Huron community
- Average age of population is elderly and young children (added on a OB ward) (once high schoolers graduate they have no reason to stay here, they go to college and find a job elsewhere because Huron has nothing for them to come back to)

Question: What is your opinion on drug and other substance abuse in your community?

- Both are very high (meth and alcohol)
- No drugs and a little alcohol in the Colony

Question: What is your opinion on the access of health foods and exercise resources in the community?

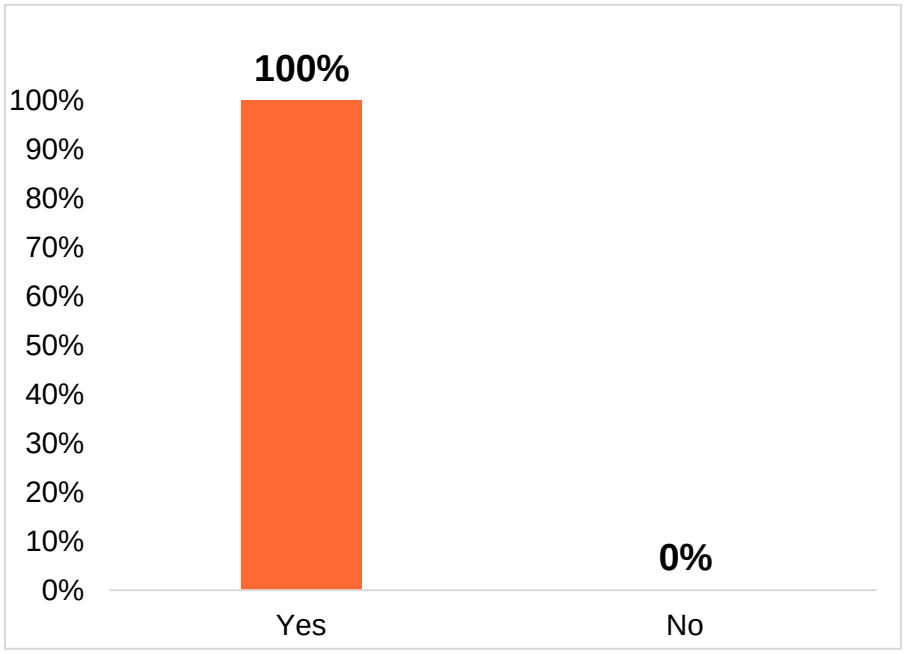
- Lots of places to exercise in the community (employer's gives good discounts for to workout facilities); There are also many parks, bike paths, and a lake that is used especially during the summer; Children use the Nordby Center
- Grocery stores suppling many fruits and vegetable options
- Colony has healthy foods but too many carbs and sweets

Question: Some good preventative measures include (physicals, blood pressure checks, blood sugars, mammograms, prostate) have you used any of these or others in the past year? If not, what prevented you from using these services?

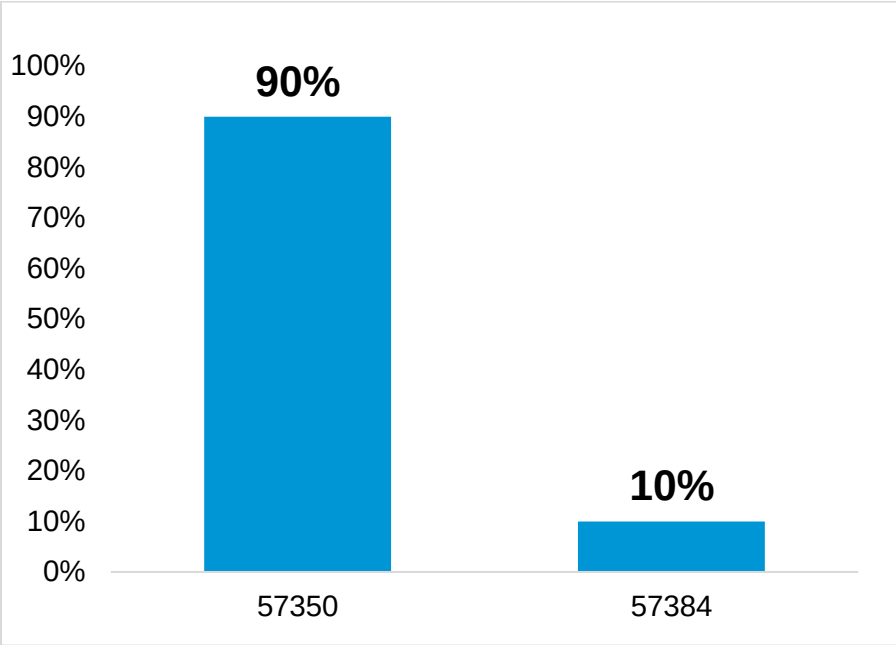
- Employer health fairs offer many different preventative services mandatory for employees; there are free screenings offered at Walmart, Lewis, other clinics in town
- Preventative measures are being done in Mitchell because that is where the kids go to the doctor; Pap smears and physicals being done at Horizon, because there is no family doctor in Huron
- Want for more holistic care and natural treatments
- It can be difficult to get in to see a doctor and they prefer to see the same doctor; Some only go when they are sick and have to go

Demographic Questions:

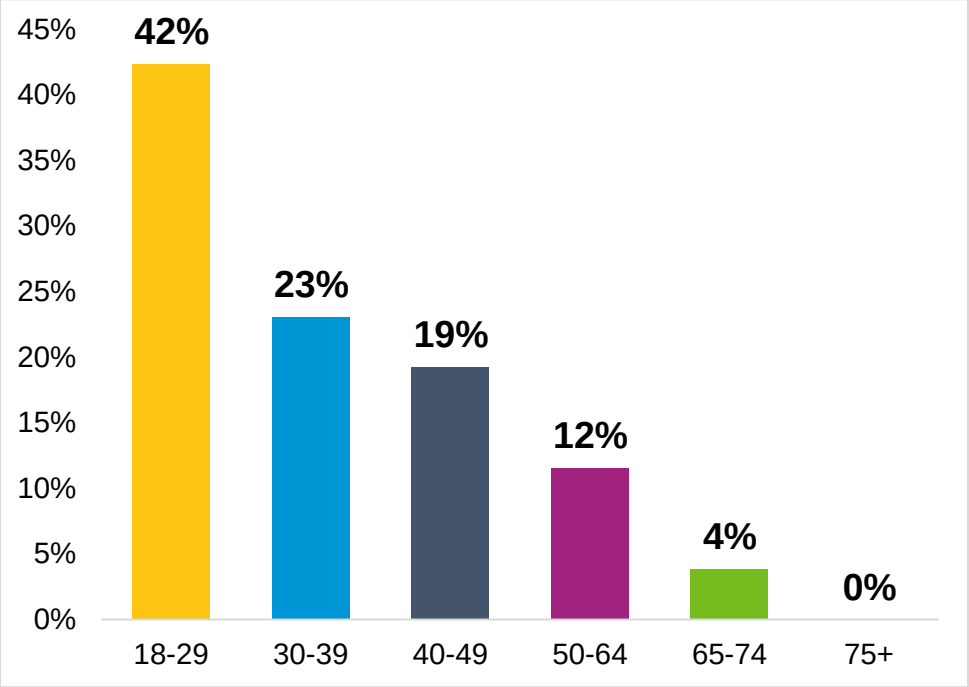
Question: Are you a resident of Beadle Country? (n=26)



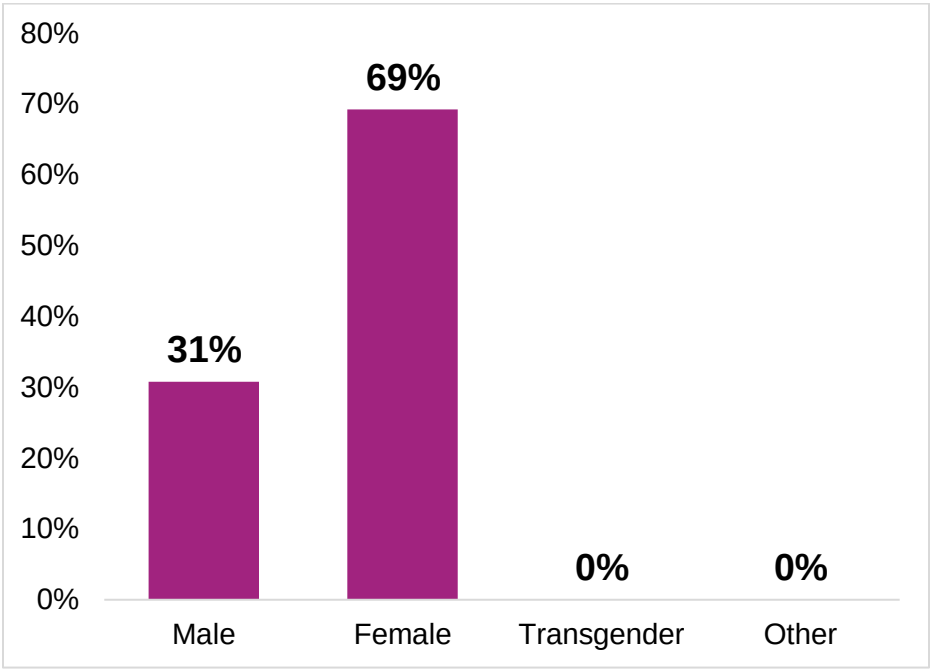
Question: What is your zip code? (n=20)



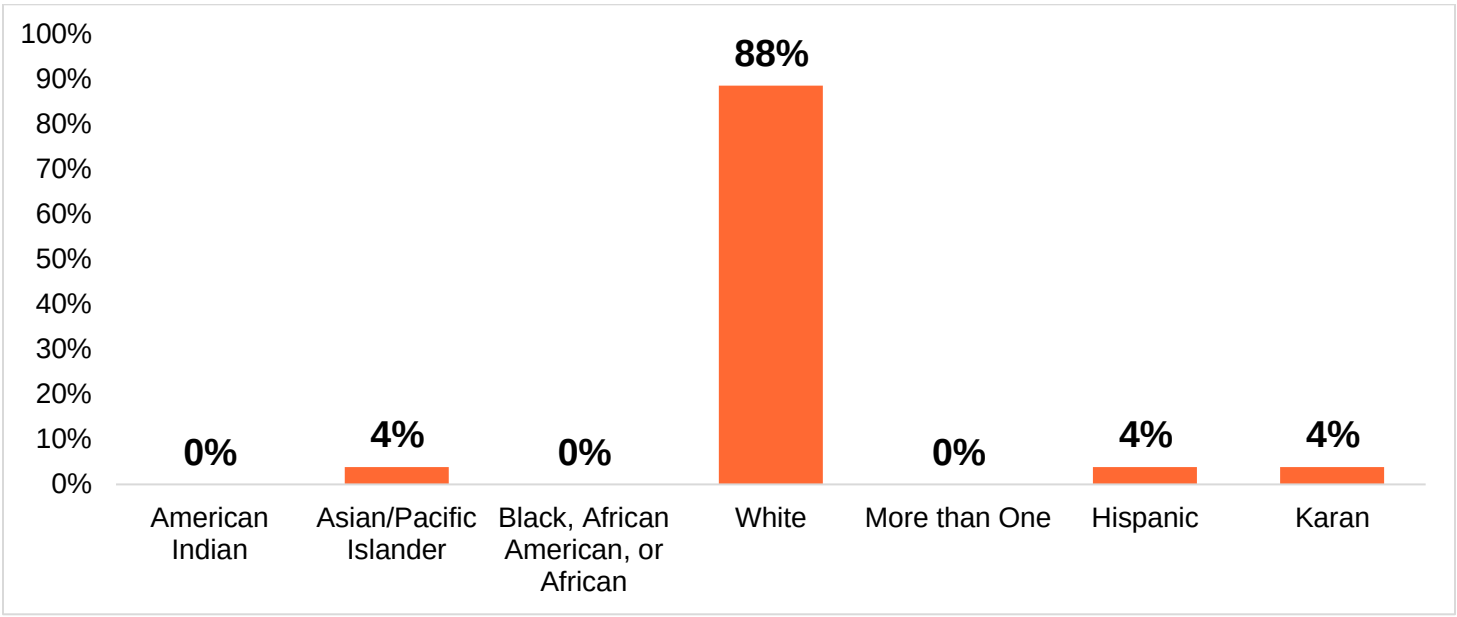
Question: Age? (n=26)



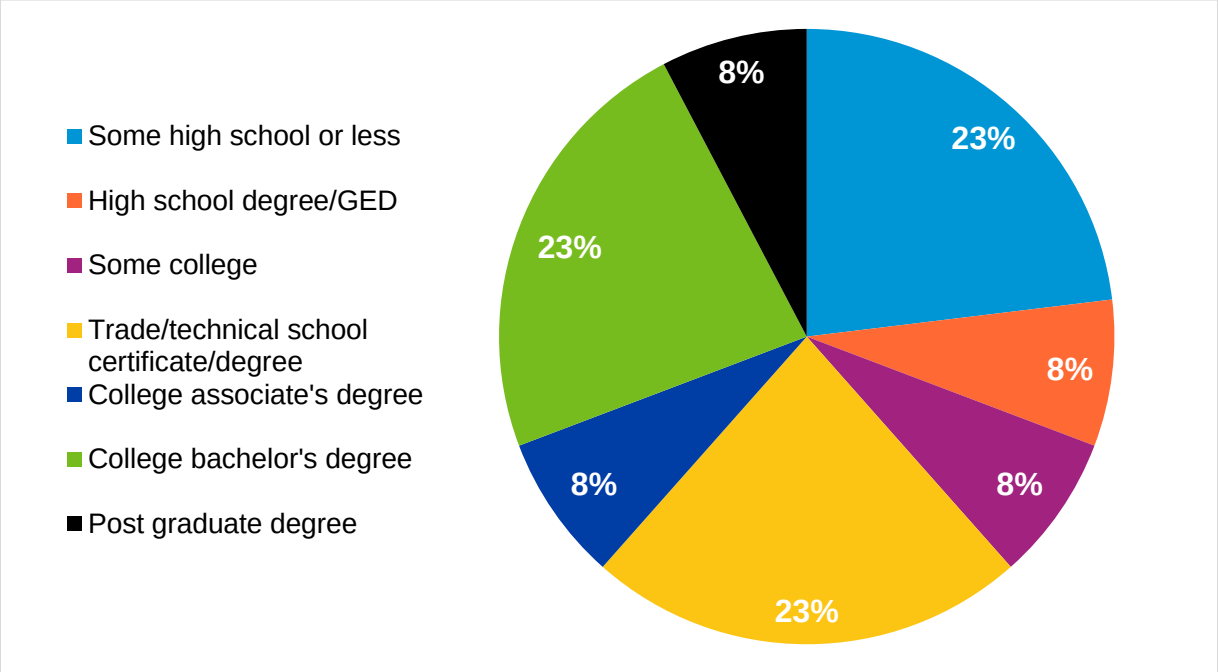
Question: Gender/Sex (n=26)



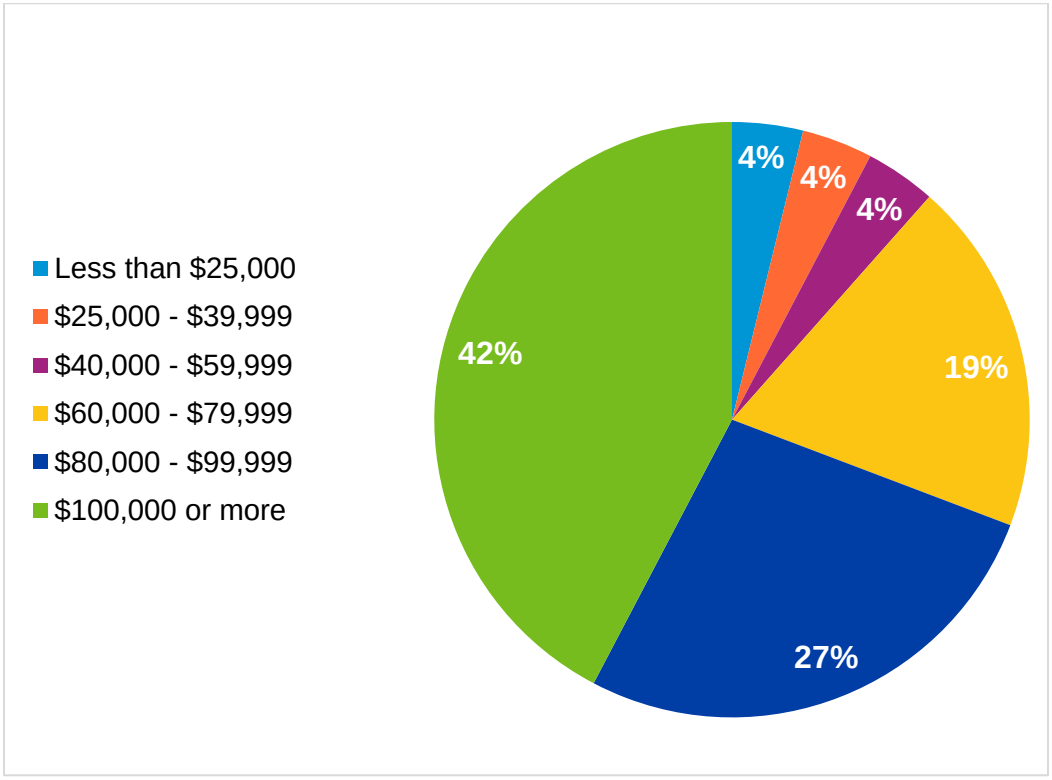
Question: What do you consider to be your primary ethnic group? (n=26)



Question: What is the higher level of education you have completed? (n=26)



Question: Counting income from all sources (including all earnings from jobs, unemployed insurance, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year? (n=26)



Appendix E – National Healthcare Quality and Disparities Report[37]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[37] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[38] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[38] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix F – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[39]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnote 16 on page 11

   b. **Demographics of the community**

      See footnote 19 on page 12

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote 30 on page 29

   d. **How data was obtained**

      See footnote 11 on page 8

   e. **The significant health needs of the community**

      See footnote 29 on page 26

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote 12 on page 9

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote 15 on page 9

   h. **The process for consulting with persons representing the community's interests**

[39] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

See footnotes 8 and 9 on page 7

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 8, footnotes 13 and 14 on page 9, and footnote 23 on page 16

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes, see footnote 14 on page 9 and footnote 35 on page 44

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

See footnote 4 on page 4 and footnote 7 on page 7

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

https://www.huronregional.org/

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes

9. **Indicate the tax year the hospital facility last adopted an implementation strategy: 20__**

   2016

10. **Is the hospital facility's most recently adopted implementation strategy posted on a website?**

    a. **If "Yes," (list url):**

       https://www.huronregional.org/Content/Uploads/huron_regional/files/6_29_2016%20-%20CHNA%20FINAL%20-%20Huron%20Regional%20Medical%20Center.pdf

    b. **If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

    See footnote 29 on page 26

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    None incurred

    b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

    Nothing to report

    c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Nothing to report