HRMC
Huron Regional Medical Center

Huron Regional Medical Center *2022*

Community Health Needs Assessment

Adopted by Board Resolution June 28, 2022[1]

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

Table of Contents

A Message to Our Community

Dear Community Member:

At Huron Regional Medical Center, we have spent nearly 75 years providing high-quality compassionate health care to the greater Huron community. The 2022 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 identified opportunities. 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 address the most pressing identified needs.

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,

Erick Larson
HRMC President & CEO

Executive Summary

Huron Regional Medical Center (“HRMC” or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

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 considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
5) 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
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was 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 Expert Advisors as well as the general community population 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 of the community.

The 2022 Significant Health Needs identified for Beadle County are:

- Affordability of Healthcare
- Access to Healthcare
- Behavioral Health: Mental Health & Drug/Substance Use
- Preventative Care
- Heart Disease

In the Implementation Strategy section of the report, HRMC addresses these areas through identified programs, resources, and services provided by HRMC, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by the community respondents.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Survey respondents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

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

Data sources are detailed in the appendix of this report and include:

- www.countyhealthrankings.org
- Stratasan
- www.worldlifeexpectancy.com/usa-health-rankings
- Bureau of Labor Statistics
- NAMI
- South Dakota Department of Health
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- Centers for Disease Control and Prevention

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community 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 diverse population. Community input from 35 identified Local Expert Advisors and 76 community members were received. Survey responses started in January 2022 and ended in April 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent 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 survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

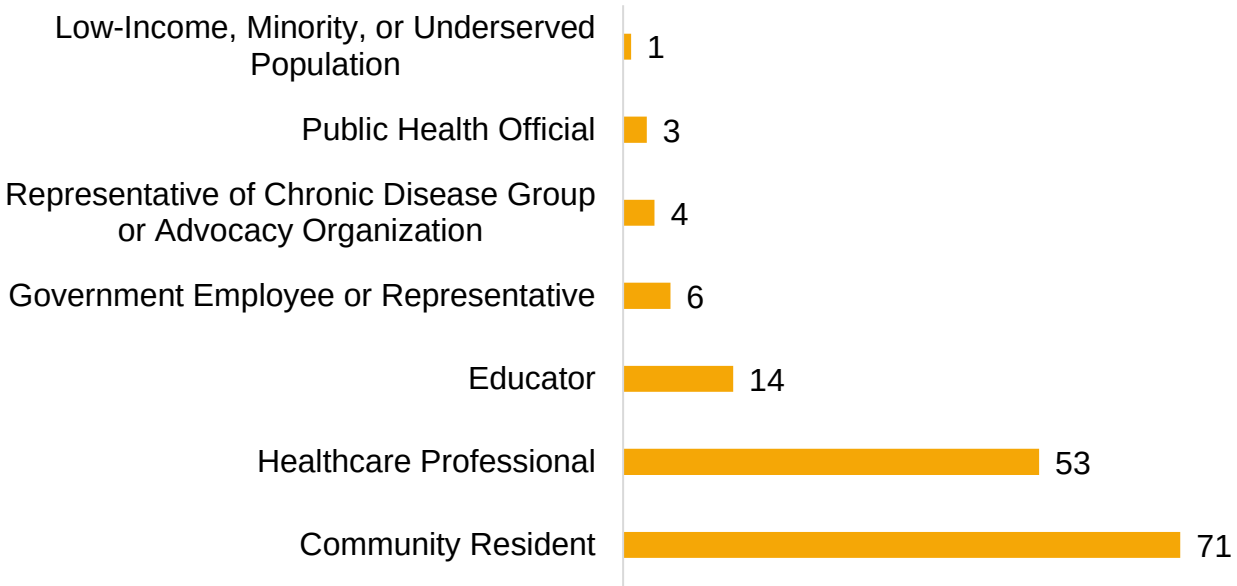
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in an appendix to this report. Participants self-identified into the following classifications:

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Low-Income, Minority, or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Other** (please specify)

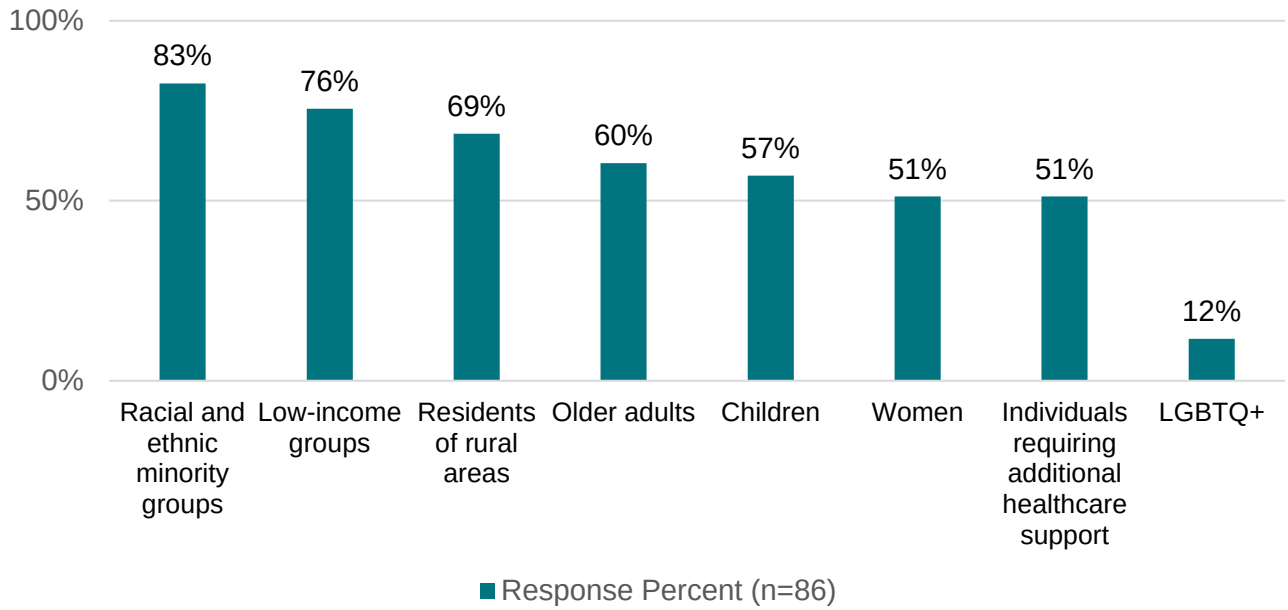
Survey Question: Please select all roles that apply to you (n=100)



Input on Priority Populations

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.

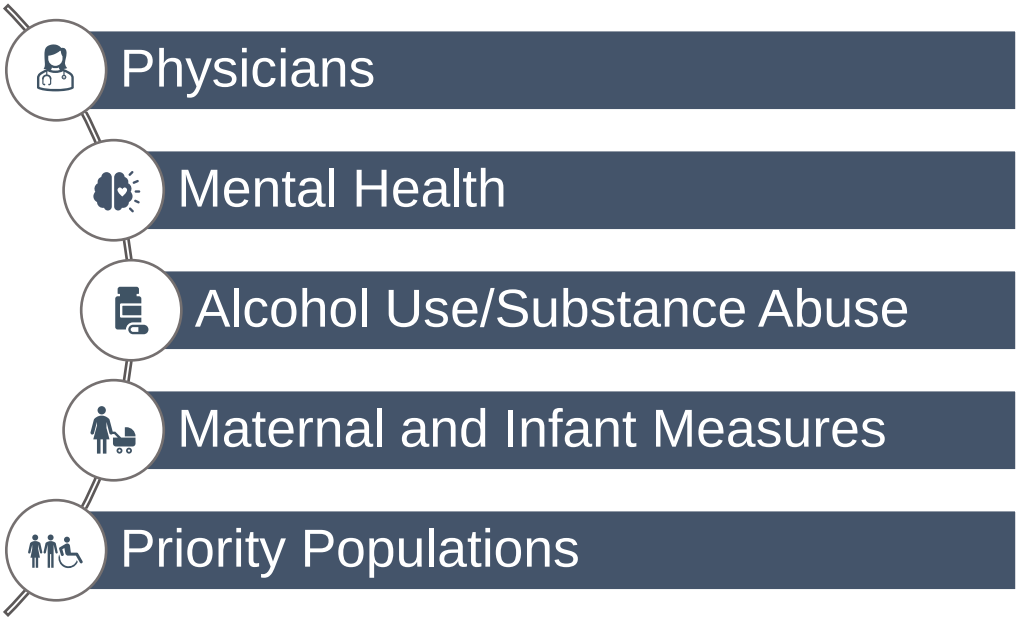
Survey Question: Which of these populations are prevalent/most common in your community?



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted in the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were racial and ethnic minority groups, low-income groups, and residents of rural areas.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Translation services and material in multiple languages
    - Affordability
    - Mental health services

Input on 2019 CHNA

The IRS 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. Comments were solicited from community members with regard to HRMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



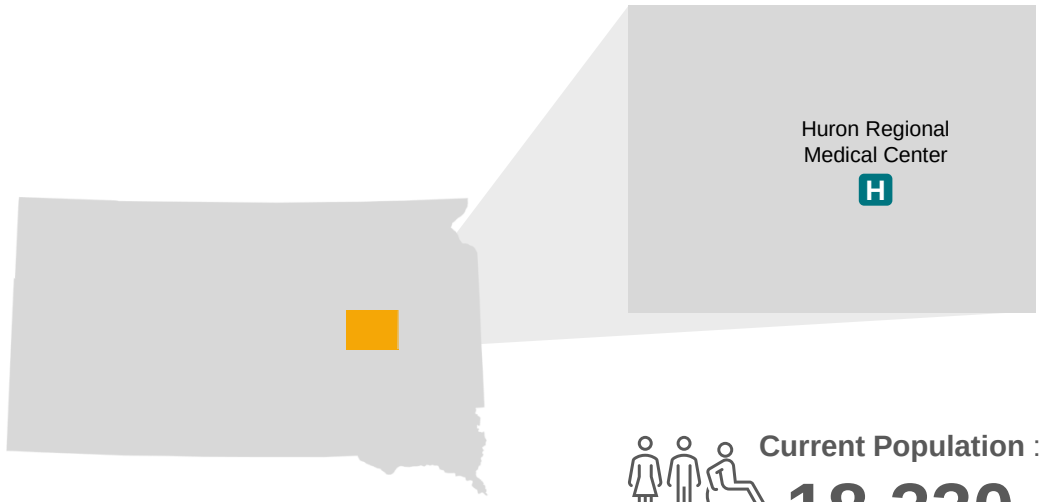
Community Served

For the purpose of this study, Huron Regional Medical Center defines its service area as Beadle County in South Dakota which includes the following Zip codes:

57322 – Carpenter
57324 – Cavour
57348 – Hitchcock
57350 – Huron
57379 – Virgil
57381 – Wessingon
57384 – Wosley
57384 – Yale
57353 – Iroquois

In 2021, HRMC received 93% of its Medicare inpatients from this area.

Beadle County Demographics



Current Population :
18,330

Race/Ethnicity

	Beadle County	South Dakota
White	*83.3%*	*82.6%*
Black	*1.8%*	*2.5%*
Asian & Pacific Islander	*4.7%*	*1.7%*
Other	*10.1%*	*13.1%*
Hispanic*	*13.2%*	*4.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Age

	Beadle County	South Dakota
0 – 17	*22.7%*	*23.3%*
18 – 44	*29.7%*	*34.4%*
45 – 64	*25.7%*	*24.2%*
65 +	*21.8%*	*18.2%*

Education and Income

	Beadle County	South Dakota
Median Household Income	*$53,334*	*$58,941*
Some High School or Less	*14.4%*	*7.7%*
High School Diploma/GED	*34.0%*	*29.9%*
Some College/ Associates Degree	*29.8%*	*32.3%*
Bachelor's Degree or Greater	*21.7%*	*30.1%*

Source: Stratasan, ESRI

Community Health Characteristics

The data below shows an overview of Beadle County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit: https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births per 1,000	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
54	**21%**	**20%**	**37%**	**58%**	**22%**
SD: 24	*SD: 20%*	*SD: 22%*	*SD: 32%*	*SD: 36%*	*SD: 24%*

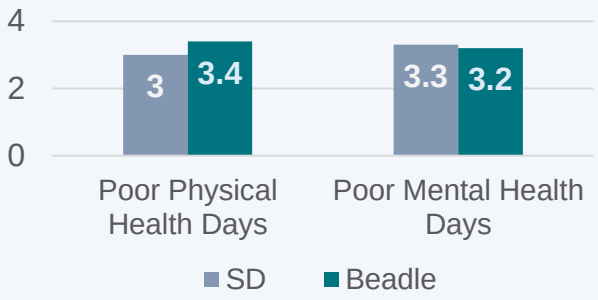
Quality of Life

Suicide Rate: 23
Compared to 21 in SD
Per 100,000

Poor or Fair Health: 16%
Compared to 13% in SD

Low Birthweight: 7%
Compared to 7% in SD

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2021 Report

Socioeconomic Factors

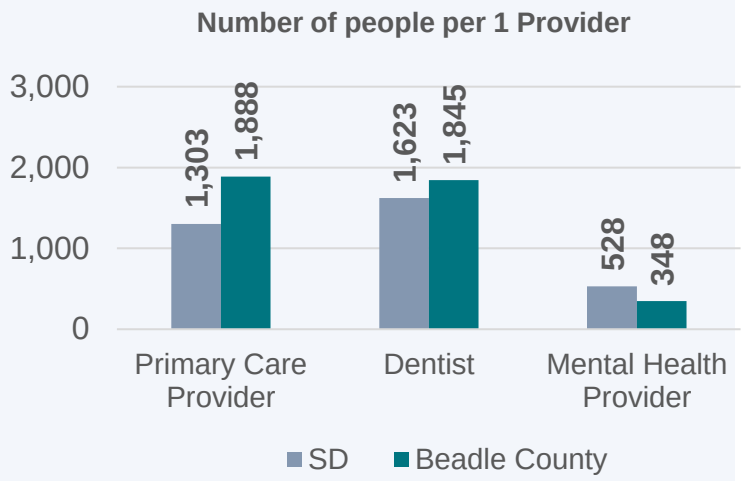
Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
3.7	**3.9%**	**13%**	**16%**	**258**	**77**
SD: 4.1	*SD: 4.3%*	*SD: 23%*	*SD: 15%*	*SD: 373*	*SD: 82*

Access to Health

Uninsured: 7%
Compared to 9% in SD

Preventable Hospital Stays: 7,387
Compared to 4,189 in SD

Access to Exercise Opportunities: 68%
Compared to 74% in SD



Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
5.4	**14%**	**79%**	**72%**
SD: 5.0	*SD: 12%*	*SD: 81%*	*SD: 81%*

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratasan, ESRI
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

111 surveys completed by community members

3 focus groups conducted with community leaders

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.57**
Heart Disease	**4.40**
Obesity	**4.36**
Women's Health	**4.28**
Diabetes	**4.23**
Cancer	**4.21**
Dental	**4.19**
Kidney Disease	**4.11**
Stroke	**4.09**
Lung Disease	**3.96**
Alzheimer's and Dementia	**3.85**
Liver Disease	**3.83**
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	**4.73**
Healthcare Services: Physical Presence	**4.60**
Healthcare Services: Prevention	**4.51**
Education System	**4.38**
Affordable Housing	**4.31**
Employment and Income	**4.30**
Community Safety	**4.28**
Access to Healthy Food	**4.15**
Social Support	**4.15**
Access to Exercise/Recreation	**4.13**
Social Connections	**4.02**
Transportation	**3.94**
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	**4.56**
Excess Drinking	**4.33**
Smoking/Vaping/Tobacco Use	**4.28**
Physical Inactivity	**4.19**
Diet	**4.17**
Risky Sexual Behavior	**4.15**
Employment	**4.06**
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	**4.73**
Healthcare Services: Physical Presence	**4.60**
Mental Health	**4.57**
Drug/Substance Abuse	**4.56**
Healthcare Services: Prevention	**4.51**
Heart Disease	**4.40**
Education System	**4.38**
Obesity	**4.36**
Excess Drinking	**4.33**
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Social Connections	**4.02**
Lung Disease	**3.96**
Transportation	**3.94**
Alzheimer's and Dementia	**3.85**
Liver Disease	**3.83**

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions by the hospital are feasible and could make an impact

Impact on Health Disparities

Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

HRMC Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Healthcare Services: Affordability		✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Mental Health		✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Healthcare Services: Prevention		✓	✓	✓
Heart Disease	✓	✓	✓	✓

Overview of Priorities

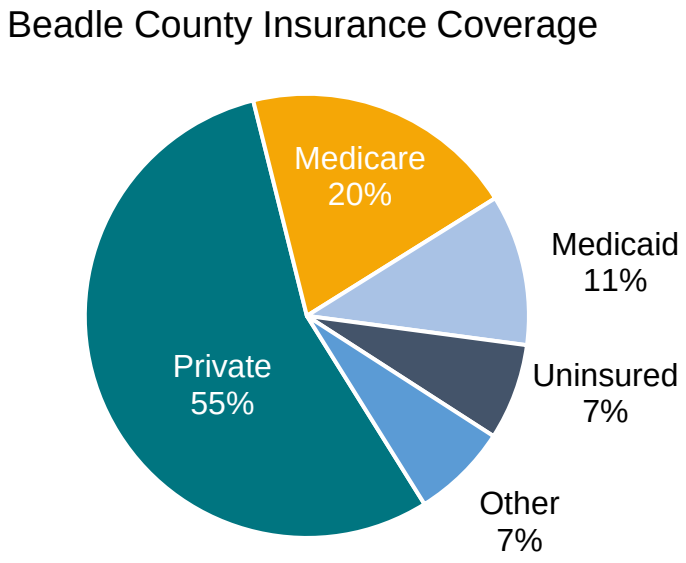
Healthcare Services: Affordability

Affordability of healthcare services was the #1 identified health need in the community with 38 respondents (n=48) rating it as extremely important to be addressed. Affordability was not identified as a top health priority in the 2019 CHNA report.

Beadle County is worse than the benchmark when it comes to the rate of children in poverty and median household income. Additionally, low-income populations were identified as one of the most prevalent priority populations in the community making affordability of healthcare services a pressing need in the community.

	Beadle Co.	South Dakota
Uninsured	7%	9%
Unemployment	3.9%	4.3%
Children in poverty	16%	15%
Median household income	$53,334	$58,941

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan, ESRI

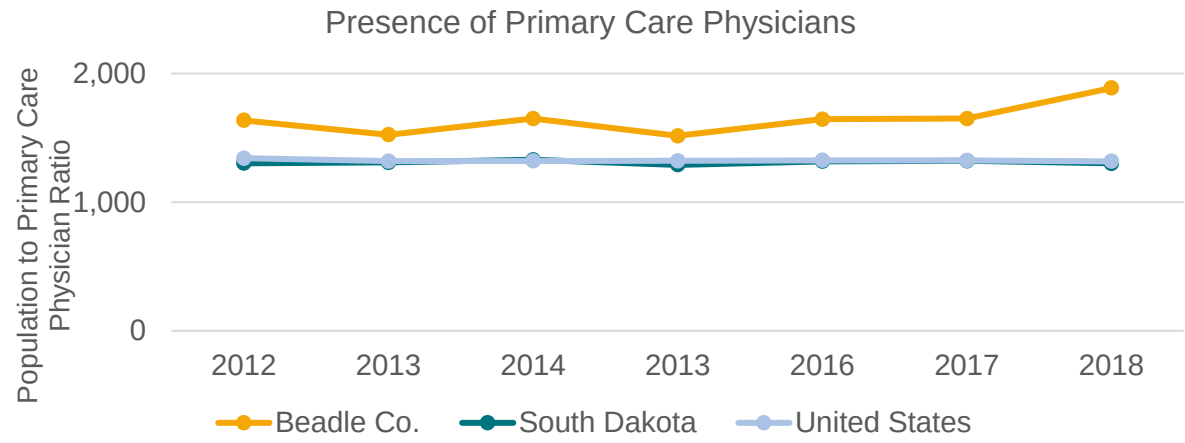


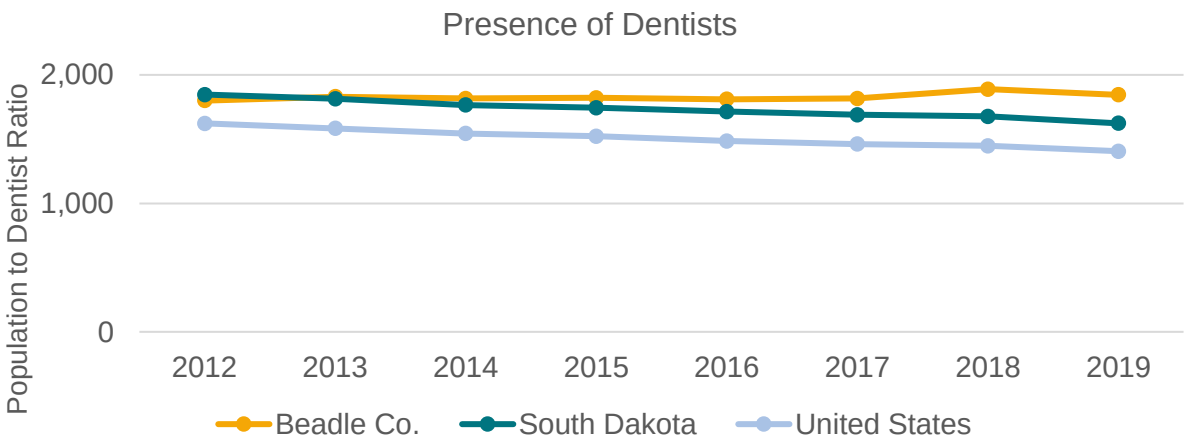
Source: Stratasan, ESRI

Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #2 health priority with 34 respondents (n=48) rating it as extremely important to address. HRMC is the major hospital in the service area with the next closest facilities being outside of Beadle County.

Beadle County has a larger ratio of population per primary care provider (1,890:1) and per dentist (1,850:1) compared to the state of South Dakota (1,300:1 and 1,620:1 respectively).





Source: County Health Rankings

Mental Health

Mental health was the #3 community-identified health priority with 33 respondents (n=49) rating it as extremely important to be addressed in the community. Mental Health was ranked as the #2 health priority in the 2019 CHNA. Suicide is the 9th leading cause of death in Beadle County and ranks 31 out of 66 counties (with 1 being the worst in the state) in South Dakota for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Beadle Co.	South Dakota
Average number of mentally unhealthy days (past 30 days)	3.2	3.3
Number of people per 1 mental health provider	348	528
Suicide death rate (*per 100,000*)	14.9	20.9

Source: County Health Rankings, worldlifeexpectancy.com

Drug/Substance Abuse

Drug and substance abuse was identified as the #4 health priority with 32 survey respondents (n=48) rating it as extremely important to be addressed. Drug/substance abuse was identified as the #3 health priority in 2019.

While data is limited around drug/substance abuse rates in Beadle County because of low population size, Beadle County does see a higher rate of unintentional drug overdose death rate than South Dakota.

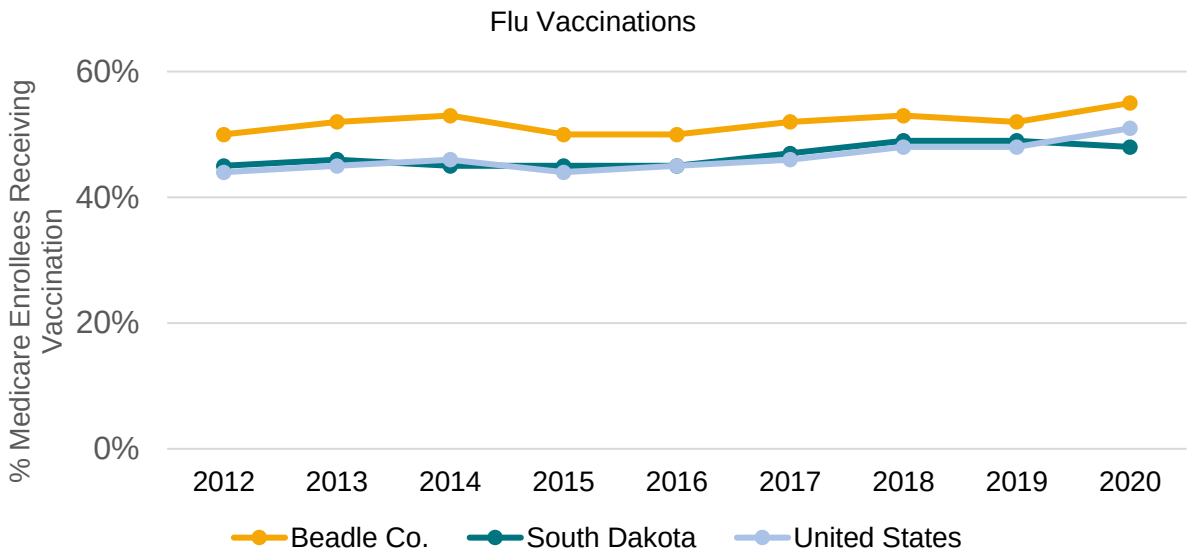
	Beadle Co.	South Dakota
Unintentional drug overdose death rate (*per 100,000*)	9.2*	5.6
Unintentional non-fatal drug overdose rate (*per 100,000*)	0	9.2
Opioid prescriptions (*per 100*)	57.8	59.3
Naloxone administration (*per 10,000*)	0	3.8
Drug-related hospital discharges (*per 100,000*)	55.1*	31.0
Substance use treatment admissions (*per 10,000*)	89.4	119.5

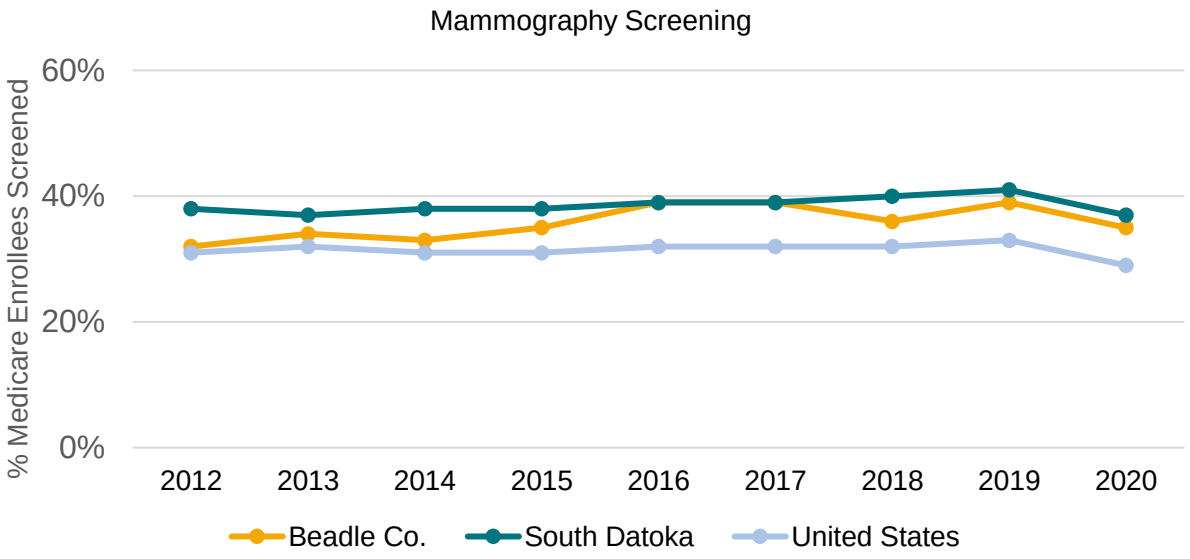
Source: South Dakota Department of Health
*Notes: *Rate is based on count of less than 20*

Healthcare Services: Prevention

Preventative healthcare services was identified as the #5 health priority with 231 respondents (n=47) rating it as extremely important to address in the community. Prevention was not identified as a health priority in the 2019 CHNA report.

Among Medicare enrollees, Beadle County has higher rates of flu vaccinations and similar rates of mammography screening as South Dakota.





Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

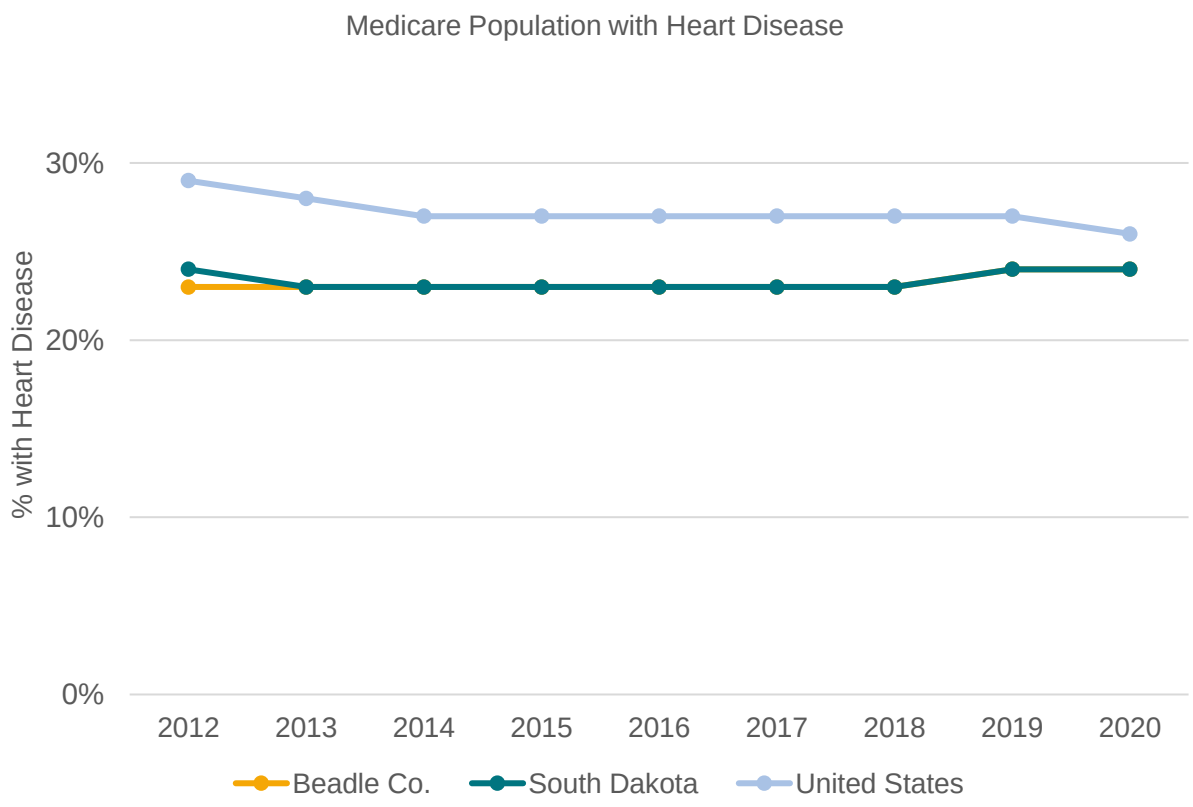
Heart Disease

In the community survey, heart disease was identified as the #6 health priority with 31 respondents (n=47) rating it as extremely important to address. Heart disease was not identified as a top health priority in the 2019 CHNA report.

Beadle County has a higher death rate from heart disease than both South Dakota and the United States. In the Medicare population, Beadle County fares similarly to South Dakota when it comes to the prevalence of heart disease. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).

	Beadle Co.	South Dakota	United States
Heart disease death rate (*per 100,000*)	**175.5**	**158.1**	**161.5**

Source: worldlifeexpectancy.com



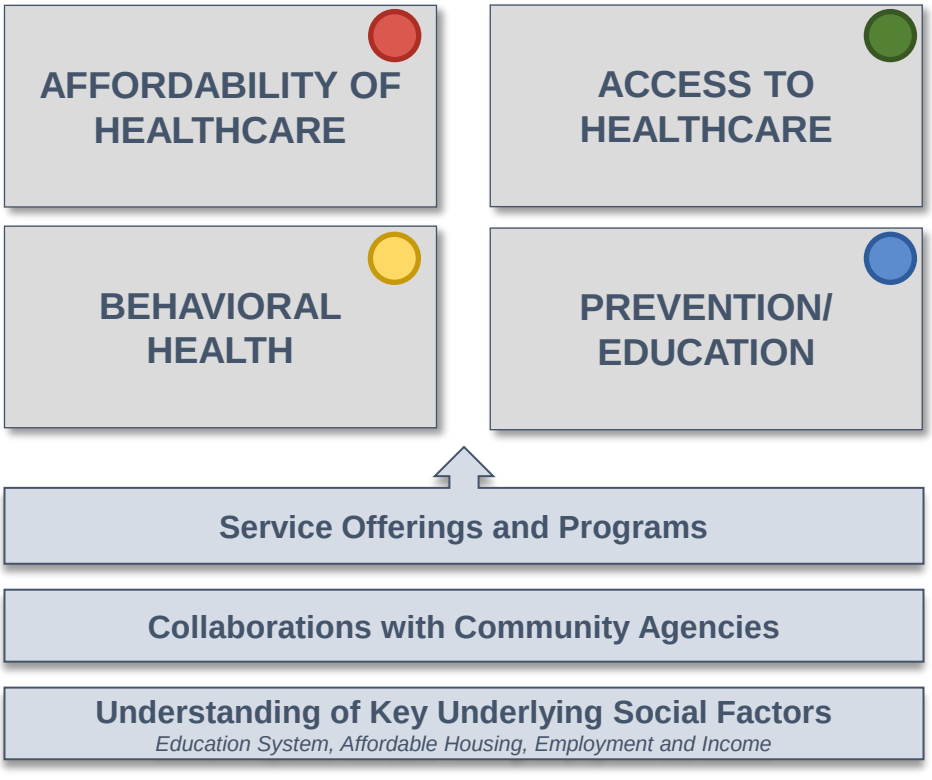
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

- Affordability of Healthcare Services
- Presence of Healthcare Services
- Mental Health
- Drug/Substance Use
- Preventative Care
- Heart Disease

Sample Implementation Plan Framework



Implementation Plan Strategy

Affordability of Healthcare

County Statistics:

- Uninsured rate: **7%** (*SD: 9%*)
- Median Household Income: **$53,334** *(SD: $58,941)*
- Unemployment rate: **3.9%** (*SD: 4.3%)*

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

- No-charge language interpretation services available
- Financial Assistance policy available
- We've Got You Covered program provides free mammograms to women in need
- Many hospital documents are available in Spanish; some available in Karen
- Give away free baby clothes and blankets in the clinic and OB
- Referrals to other local resources like United Way, Feed the Hungry, Slumberland bed giveaways
- Sponsor of the local Backpack Program
- Sponsor of Believe Fest (school supply giveaway)
- Universal symbols throughout facilities

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

- Evaluate hiring a community health worker to help bridge gaps in education, access, and resources
- Share more information on how to access financial assistance programs and potentially start screening patients for eligibility
- Expand local employer, group, and civic organization education and presentations

Identified measures and metrics to track progress:

- Increase the number of financial assistance applications received.
    - Goal= Develop baseline for applications received in FY-2023
- Increase financial assistance granted.
    - Goal=Increase total financial assistance by 10%
- Number of employer education programs provided.
    - Goal= 4 per year
- Increase the number of community outreach events, and programs.
    - Goal= 8 per year

Partnership organizations who can address this need:

Organization	Contact/Information
Dakota Provisions	http://dakotaprovisions.com/ 605-352-1519
Local Churches	
South Dakota WIC Program	1110 3rd Street SW, Huron, SD 605-353-7135
South Dakota Department of Social Services	https://dss.sd.gov/

Access to Healthcare

County Statistics:

- Primary care physician ratio: **1,890:1** (*SD: 1,300:1*)
- Mental health provider ratio: **348:1** (*SD: 528:1*)
- Dentist ratio: **1,850:1** (*SD: 1,620:1*)

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

- HRMC Specialty Clinic provides clinical space to outreach specialists to see patients conveniently close to home
- HRMC serves as a training clinical site for medical students and residents
- HRMC is a rotation site for the Rural Experiences for Health Professions Students (REHPS)

Impact of actions taken since the immediately preceding CHNA:

- Hired additional physicians
- Started Hospitalist program
- ER physician in rotation with mid-level providers
- Added dermatology and orthopedics specialties
- Employed a part-time Chief Medical Officer to work with medical staff on improved communication, collegiality, efficiency, and best practices across all specialties
- Added a second story to HRMC Physicians Clinic, doubling the available space to house providers
- Acquired adult medicine practice
- In process of moving towards group-practice

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

- Hire additional family medicine and OB/GYN providers
- Full-time orthopedic surgeon starting summer 2023
- Internal medicine physician starting summer 2022
- Recruiting for an additional general surgeon
- Host planning retreats and social events to improve provider cohesion

Identified measures and metrics to track progress:

- Number of active physicians
    - Goal=16.5 active staff physicians
- Number of clinic visits
    - Goal= Exceed budgeted visits
- Number of physician events
    - Goal=3 in FY-2023

Partnership organizations who can address this need:

Organization	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	605-353-6565
Huron School District	https://www.huron.k12.sd.us/
University of South Dakota – Sanford School of Medicine	http://www.usd.edu/medicine 605-357-1300
Local businesses	

Behavioral Health

Mental Health, Drug & Substance Abuse

County Statistics:

- Suicide is the **9th** leading cause of death in Beadle County
- Suicide death rate (*per 100,000*): **14.9** (*SD: 20.9*)
- Drug overdose death rate (*per 100,000*): **9.2** (*SD: 5.6*)
- Mental health provider ratio: **348:1** (*SD: 528:1*)

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

- Staff attend Crisis Intervention training session and complete annual HealthStreams
- Meeting rooms available at no cost to Community Counseling Services to provide education and NAMI support group
- Prevention measures for patients at risk including one-on-one staffing presence
- Provide online course for mental health education for nursing staff
- Suicide screening upon admission to HRMC
- Staff trained on identification and treatment of alcohol/drug use, abuse and withdrawal
- Meeting rooms available at no cost to Alcoholics Anonymous 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

Impact of actions taken since the immediately preceding CHNA:

- Pain Management and MAT programs
- Physical therapy provides alternatives for pain management

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

- Look into telehealth options for behavioral health
- Expand alternative pain management service offerings and techniques
- Evaluate diverse mental health offerings through screenings and partnerships

Identified measures and metrics to track progress:

- Referrals to mental health professionals
    - Goal= Determine baseline in FY-2023
- Number of patients under Chronic Pain Management Agreement
    - Goal= Determine baseline in FY-2023
- Number of procedures for alternative pain management
    - Goal= 15% increase in FY-23

Partnership organizations who can address this need:

Organization	Contact/Information
SDAHO - Community Opioid Response Group	
Community Counseling Services	http://www.ccs-sd.org/ 605-352-5698
211 (Statewide Help Line)	1000 N. West Ave, Suite, 310, Sioux Falls, SD 211
Huron School District	https://www.huron.k12.sd.us/
Beadle County Sherriff	605-353-8424
Huron Police Department	605-353-8550

Prevention/Education

Preventative Care, Heart Disease

County Statistics:

- Flu vaccinations: **55%** (*SD: 48%*)
- Mammography screenings: **35%** (*SD 37%*)
- Heart disease death rate *(per 100,000)*: **175.5** (*SD: 158.1*)

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

- HRMC Prenatal Education classes taught by certified childbirth educators with interpreters available for ESL participants
- Physicians and staff provide education at various events and civic group meetings
- Screenings at HRMC and other community events
- Special events focusing on prevention and health (e.g., Go Red for Your Heart, Breast Cancer Awareness, Men's Health, Diabetes awareness, Colorectal Cancer Awareness, Safety City, etc.)
- Patient education on follow-up care to all patients with special emphasis on dialysis, diabetes, cardiac, pulmonary, and other chronic diseases
- Regular health educational topics through HRMC's Well One Connection quarterly newsletter (mailed to 17,000 area residents), monthly e-newsletter, weekly radio show, and social media channels
- Diabetes support group
- Healthy Huron – initiatives around healthy food and exercise prescriptions

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

- Evaluate hiring a community health worker to help bridge gaps in education, access, and resources
- Partner with HRMC Foundation to identify other opportunities to offer screenings and awareness events
- Work with rotational medical students to do educational presentations

Identified measures and metrics to track progress:

- Number of health education programs provided in the community
    - Goal=8
- Participation in educational events
    - Goal=Meet or exceed the previous year's total participants

Partnership organizations who can address this need:

Organization	Contact/Information
Huron School District	https://www.huron.k12.sd.us/
Local employers	
University of South Dakota – Sanford School of Medicine	http://www.usd.edu/medicine 605-357-1300
Dakota Provisions	http://dakotaprovisions.com/ 605-352-1519
James Valley Diabetes Group	https://www.facebook.com/ JamesValleyDiabetesGroup

Other community needs identified during the CHNA process:

7. Education System
8. Obesity
9. Excess Drinking
10. Affordable Housing
11. Employment and Income
12. Women's Health
13. Community Safety
14. Smoking/Vaping/Tobacco Use
15. Diabetes
16. Cancer
17. Dental
18. Physical Inactivity
19. Diet
20. Access to Healthy Food
21. Social Support
22. Risky Sexual Behavior
23. Access to Exercise/Recreation
24. Kidney Disease
25. Stroke
26. Employment
27. Social Connections
28. Lung Disease
29. Transportation
30. Alzheimer's and Dementia
31. Liver Disease

Appendix

Community Data

Community Demographics

	Beadle County				South Dakota				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	***18,330***	***18,496***	***0.9%***	***100.0%***	***903,556***	***947,726***	***4.9%***	***100.0%***	***3.6%***	***100.0%***
By Age										
00 - 17	4,157	4,239	*2.0%*	*22.7%*	210,461	222,483	*5.7%*	*23.3%*	*2.4%*	*21.7%*
18 - 44	5,453	5,378	*-1.4%*	*29.7%*	310,656	321,443	*3.5%*	*34.4%*	*2.7%*	*36.0%*
45 - 64	4,718	4,363	*-7.5%*	*25.7%*	218,287	212,025	*-2.9%*	*24.2%*	*-2.2%*	*25.0%*
65+	4,002	4,516	*12.8%*	*21.8%*	164,152	191,775	*16.8%*	*18.2%*	*15.2%*	*17.3%*
Female Childbearing Age (15-44)	2,968	2,952	*-0.5%*	*16.2%*	166,655	173,373	*4.0%*	*18.4%*	*2.5%*	*19.5%*
By Race/Ethnicity										
White	15,273	15,115	*-1.0%*	*83.3%*	746,560	776,797	*4.1%*	*82.6%*	*1.4%*	*69.2%*
Black	337	384	*13.9%*	*1.8%*	22,909	26,594	*16.1%*	*2.5%*	*4.9%*	*13.0%*
Asian & Pacific Islander	869	922	*6.1%*	*4.7%*	15,711	18,097	*15.2%*	*1.7%*	*13.6%*	*6.1%*
Other	1,851	2,075	*12.1%*	*10.1%*	118,376	126,238	*6.6%*	*13.1%*	*10.0%*	*11.7%*
Hispanic*	2,418	2,726	*12.7%*	*13.2%*	41,405	47,324	*14.3%*	*4.6%*	*10.9%*	*18.9%*
Households										
Total Households	7,645	7,707	*0.8%*		361,383	380,168	*5.2%*			
Median Household Income	$ 53,334	$ 55,727			$ 58,941	$ 63,970			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*14.4%*				*7.7%*		*11.1%*
High School Diploma/GED				*34.0%*				*29.9%*		*26.8%*
Some College/Associates Degree				*29.8%*				*32.3%*		*28.5%*
Bachelor's Degree or Greater				*21.7%*				*30.1%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Colorado's Top 15 Leading Causes of Death are listed in the tables 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	30 of 66	158.1	175.4	***Higher than expected***
2	2	Cancer	21 of 66	153.4	174.7	***Higher than expected***
6	3	Stroke	22 of 66	32.2	45.7	***Higher than expected***
3	4	Accidents	54 of 66	53.3	38.6	***Lower than expected***
4	5	Lung	44 of 66	45.1	38.4	***As expected***
7	6	Diabetes	10 of 66	26.8	35.4	***Higher than expected***
10	7	Flu - Pneumonia	5 of 66	15.9	32.4	***Higher than expected***
5	8	Alzheimer's	29 of 66	40.5	28.6	***As expected***
8	9	Suicide	31 of 66	20.9	14.9	***As expected***
14	10	Kidney	21 of 66	6.2	9.6	***As expected***
9	11	Liver	36 of 66	17.1	9.1	***As expected***
12	12	Hypertension	24 of 66	10.6	7.4	***As expected***
11	13	Blood Poisoning	42 of 66	11.0	6.2	***As expected***
13	14	Parkinson's	47 of 66	7.8	4.8	***As expected***
15	15	Homicide	26 of 66	3.6	2.0	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com

County Health Rankings

	Beadle	South Dakota	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***19/66***			
- Premature Death*	**7,483**	7,328	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	***40/66***			
- Poor or Fair Health	**16%**	13%	17%	12%
- Poor Physical Health Days	**3.4**	3.0	3.9	3.1
- Poor Mental Health Days	**3.2**	3.3	4.2	3.4
- Low Birthweight	**7%**	7%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	***42/66***			
- Adult Smoking	**21%**	20%	17%	14%
- Adult Obesity	**37%**	32%	33%	26%
- Physical Inactivity	**20%**	22%	27%	20%
- Access to Exercise Opportunities	**68%**	74%	66%	91%
- Excessive Drinking	**22%**	24%	18%	13%
- Alcohol-Impaired Driving Deaths	**58%**	36%	28%	11%
- Sexually Transmitted Infections*	**258.9**	509.6	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	**54**	24	28	13
Clinical Care				
Overall Rank *(best being #1)*	***49/66***			
- Uninsured	**15%**	11%	11%	6%
- Population per Primary Care Provider	**1,888**	1,303	2,070	1,030
- Population per Dentist	**1,845**	1,623	2,410	1,240
- Population per Mental Health Provider	**348**	528	890	290
- Preventable Hospital Stays	**7,387**	4,189	4,710	2,761
- Mammography Screening	**46%**	50%	41%	50%
- Flu vaccinations	**54%**	48%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	***42/66***			
- High school graduation	**84%**	92%	90%	96%
- Unemployment	**3.2%**	3.3%	3.9%	2.6%
- Children in Poverty	**16%**	15%	20%	11%
- Income inequality**	**3.7**	4.1	4.4	3.7
- Children in Single-Parent Households	**13%**	23%	32%	20%
- Violent Crime*	**258**	373	205	63
- Injury Deaths*	**77**	82	84	58
- Median household income	**$51,844**	$60,414	$50,600	$69,000
- Suicides	**23**	21	17	11
Physical Environment				
Overall Rank *(best being #1)*	***27/66***			
- Air Pollution - Particulate Matter (µg/m³)	**5.4**	5	9.4	6.1
- Severe Housing Problems***	**14%**	12%	14%	9%
- Driving to work alone	**79%**	81%	81%	72%
- Long commute - driving alone	**9%**	15%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Key (Legend)

- Better than SD
- Same as SD
- Worse than SD

Source: County Health Rankings 2021 Report

Detailed 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. 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.

Project Objectives

HRMC partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- 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 for 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:

- 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.

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:

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.*

…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 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."

Additionally, all CHNAs developed after the very first CHNA received 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."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health
2) **Government Employee or Representative** – 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) **Low income, Minority, or Underserved Population** – 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) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

   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 and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from survey respondents. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of the county compared to all state counties	January 2022	2013-2019
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	January 2022	2021
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	January 2022	2019
Bureau of Labor Statistics	Unemployment rates	March 2022	2020
NAMI	Statistics on mental health rates and services	March 2022	2021
South Dakota Department of Health	Drug overdose rates and county vulnerability assessment	April 2022	2019
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	April 2022	2020
Centers for Disease Control and Prevention	Adult heart disease statistics	April 2022	2019

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through the Hospital's social media page, 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 111 survey respondents was received. Survey responses started on January 17th, 2022, and ended on March 4th, 2022.
- 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.

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

In the HRMC process, the survey respondents 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 survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

Survey Results

Q1: Please select which roles apply to you.

Answer Choices	Applies to Me	Does Not Apply to Me	Total
Community Resident	71	8	79
Healthcare Professional	53	34	87
Educator	14	51	65
Government Employee or Representative	6	60	66
Representative of Chronic Disease Group or Advocacy Organization	4	60	64
Public Health Official	3	61	64
Low-Income, Minority, or Underserved Population	1	61	62
		Answered	100
		Skipped	12

Q4: Which of these populations are prevalent/most common in your community?

Answer Choices	Responses	
Racial and ethnic minority groups	82.56%	71
Low-income groups	75.58%	65
Residents of rural areas	68.60%	59
Older adults	60.47%	52
Children	56.98%	49
Women	51.16%	44
Individuals requiring additional healthcare support	51.16%	44
LGBTQ+	11.63%	10
		86
Skipped		26

Unique or pressing needs of the above selected groups:

- Language barrier in healthcare for Hispanic and Karen speakers
- Language Barriers/Aging population
- More affordable options for quality assisted living.
- Women need to have a variety of OB/GYN to choose from. We do not have any steady doctors to choose from like we did 4 years ago. Children need to be able to see a pediatrician or a family medical doctor that is not taking all their time in another field of work (such as OB). There needs to be a more specified doctors in our community that have one thing they specialize in, that way they can take everyone with that need.
- Assuming all above are relevant to our community. Not speaking for any specific group - but specialists are highly needed - instead of having to drive to SF.
- We need a Pediatrician for our children and young adults
- Racial prevalent chronic disease, Diabetes heart disease
- Some of the elder population has expressed their worry with Medicare coverage. Specifically stating that the doctors they used to see now do not give them the same treatment/exams as they used to get prior to being on Medicare. I see this as a huge problem.
- Prenatal and pediatric care
- Low-income families need sliding fees as well as many older adults for their health care. Rural area residents need health care they can use in small surrounding towns - they may not have a way or be able to go to Mitchell or Huron for health care needs two or three times a week.
- Most individuals in the community have low income and sometimes cannot afford the medical help they need.

- Physical Inactivity
- Need for interpreters on site, have information about alternative funding, have information perinate to the aging population and where they can find help with insurance-Medicare and supplemental questions
- Multiple people have to travel out of town to receive dialysis services.
- Availability of healthcare professionals and specialists
- Dental care for uninsured children
- Translation services, help with insurance and Medicaid coverage
- Food insecure, uninsured or underinsured, cultural and socioeconomic barriers to accessing and receiving care, language barriers
- Women's healthcare as providers are hard to come by.
- Mental health
- Drug/alcohol abuse. Mental illness. Illiteracy. Low health literacy. Jobsite wellness. Nursing shortage.
- Many individuals in our community lack education in general, therefore medical knowledge is limited. They also lack income. Paying for healthcare at an increased cost due to our local hospital and clinic charging critical access rates causes many families to drive out of town or altogether not receiving any medical care at all.
- interpreter services, reasonable housing
- Communication barriers for the minority populations are a significant impediment to accessing health care in town.
- I have experienced or witnessed a lack of services with people who are difficult to communicate with. For example: people with disabilities and people who speak English as a second language.

Q5: Please share comments or observations about the actions HRMC has taken to address Physicians.

Comments:

- They seem to be trying but we really need more general Physicians in our community
- I know there is a recruiter that brings in traveling medical professionals.
- They are bringing in more doctors, but we need to be able to keep them within our community
- They need to do more recruiting into our communities and figure out how to get the physicians but also how to keep them.
- Scholarships for students pursing a healthcare career
- We seem to have new physicians that are now in the area.
- With the additional physicians in town - it's not as difficult or as long of a wait to see someone when needed
- Actions seem adequate.
- Nice to have visiting specialists but would also be great to have a neurologist and rheumatologist
- HRMC does a good job recruiting physicians, esp. thru its tuition incentive program, but keeping these healthcare providers once their have fulfilled their obligation to HRMC seems to be a problem.
- Unable to find doctors that will stay
- They are attempting to recruit more physicians
- I feel like HRMC has brought in quite a few physicians for outreach clinics which is nice to get care in our home community.
- HRMC has done a wonderful job bringing physicians in, now they just have to figure out how to keep them!
- It appears that HRMC is making some progress in Physician retention, but there's still room for improvement.
- They work endlessly on recruiting
- They have worked hard on physician recruitment and retention.
- I've heard good feedback about the new physicians in town. There are still concerns over OBGYN coverage
- They are currently recruiting medical students to fill needed positions
- Actively addresses
- The CEO at HRMC has been working hard at recruiting new Physicians to Huron. We have four relatively new Physicians at HRMC Physician's Clinic. I am aware that there is a critical need to recruit more OB/GYN's. The CEO is devoted to get this

- Physician longevity remains a problem
- HRMC has been actively looking for permanent Physicians. Until one is found they have been using locums to fill the void
- HRMC has increased their footprint in the Huron area by merging with local clinics who where having difficulty and recruiting a number of physicians to come to the Huron area
- Recently, more providers have been recruited and hired, but ensuring them staying and working toward a positive retention program would be helpful.
- Positive step forward with expanding HRMC physician's plaza. Positive step forward with new internists. Unfortunately, I think patients get frustrated when they can't see a certain provider for a week because they are working as a hospitalist for a week. I think continuation of care is greatly lost due to this. Recommend setting up full time hospitalists that only work in the hospital and recommend internists that are always available at the clinic.
- Outstanding effort and the results are starting to occur. Great work!
- Recruitment is an ongoing process...which has been somewhat successful. There continues to be a need for specialists, especially in OB-Gyn, FP and orthopedic surgery.
- HRMC is always recruiting. Always making sure the needs are filled. The administration fills openings with Locums to assist providers who are full time.
- The red carpet is rolled out by the administration to recruit Physicians to HRMC.
- I have seen HRMC bring in some great new physicians. We seem to moving in the correct direction within the last 6 mos.

Q6: Please share comments or observations about the actions HRMC has taken to address Mental Health.

Comments:

- Mental Health is still a large concern within our community
- I have not seen them take any action on this topic.
- I had no idea that this is was option that HRMC offers. Need more advertising for this. Physicians maybe know and can refer but lots of times it's the family and friends that are the ones seeking assistance for loved ones.
- Aside from Community Counseling I am not aware of other programs.
- We currently only have one place that really serves mental health needs. I feel like more options should be available.
- There is a huge need for growth here. I was just discussing with a colleague that every physician and/or nurse should have significant training in mental health, or at the very least work closely with a mental health team.
- HRMC needs to work with community counseling to come up with a better plan for those with mental health needs. There shouldn't be a need to have individuals taken to the jail for a mental health evaluation when it can be done in the hospital. We have community counseling as a resource and should utilize it appropriately.
- I think Eric Larson has done excellent job in all of his videos
- They are getting a room in ER for the Mental health.
- We have more mental health issues now because of Covid so more mental health is needed and at more places where residents will feel comfortable-perhaps school, churches, 4-H, Scouts, etc to include young population. This is also needed in the surrounding smaller communities.
- They hold NAMHI meetings but not always are well published as to time and where-especially for those that do not get the local newspaper
- Actively addresses
- I know the providers in the emergency room are very helpful in assisting with mental health issues.
- I don't know of any mental health actions they have taken. If they have taken measures, it has not been publicized. Help is still needed in our community
- This facility lacks in the mental health department, especially with patients that have a known mental health diagnosis. Providers/care givers are intimidated by mental health.
- I feel that HRMC has not increased care for Mental Health as there is no specific providers employed by the hospital, all CCS and Horizon.

- I am not aware of any actions to address the mental health needs of our community by HRMC. I think we need an inpatient drug and alcohol program and full time "MD" psychiatrist in the community.
- Some telehealth measures have been instituted. There is ongoing work being done to allow counselors to help assess and place some of our patients.
- Allowing access to providers is key.
- Social media posts to bring awareness to mental health.
- This is an area we seem to be under prepared in. Unsure other than PCP assistance if there is anything offered for mental health by HRMC. The only counseling or medication management for mental is through community counseling outside HRMC

Q7: Please share comments or observations about the actions HRMC has taken to address Alcohol Use/Substance Abuse.

Comments:

- I feel the abuse of these 2 things is very high in our community and more education can be given to stop this.
- I am not educated enough on HRMC's actions, or our community needs.
- Employees encourage others to get help within the community
- Alcohol use/substance abuse has also been on the rise because of Covid. You need more and also make it comfortable to attend and extend to smaller communities.
- This is an area that needs to be improved. AA is a program in our community that could help but is only referred to by the court system. I feel that HRMC only assist patient with inpatient rehab and not outpatient resources.
- They hold AA meetings, but again the meeting time and places are not well published-if they do not receive the local paper
- I am not aware of any actions HRMC has taken to address Alcohol/Substance use/abuse. I am sure they are doing something; I am just not aware of what that might be.
- There is no treatment or detox facility in Huron, so that would be very helpful as many patients in the community struggle with addiction
- I am not sure. I think a few doctors at the physician's plaza Rx suboxone? Need to strengthen this realm.
- I don't see much movement there. Not sure this need is a higher priority then Mental Health. Currently people get treatment for this in the Sioux Falls area.

Q8: Please share comments or observations about the actions HRMC has taken to address Maternal and Infant Measures.

Comments:

- They make sure that the patients are well taken care of.
- I toured the maternity floor and saw the suites. They were very nice.
- I believe they have done an excellent job in this area
- I have seen some trying and the nurses that provide the care are amazing. We need a steady doctor or a couple that we know we can reply on.
- PlusOne Guidance Center?
- They remodeled the maternal suites.
- I do know they have stepped up in this department.
- HRMC has a wonderful OB unit and provides excellent care for mother's and infants.
- Nice new ob wing
- Remodeled the OB dept
- We need better/reliable OBGYN's coverage. We should be recruiting for this field more so than any other field currently.
- It was refreshing to see HRMC's efforts toward the birthing center.
- We need more OB trained physicians that are part of the community. Patients do not want to just randomly have anyone deliver their babies.
- Making these things available to all of our community and taking time to find a permanent OB/GYN.
- I feel HRMC has done a good job here especially Horizon Health Care working with the diverse population of Huron. As the city grows so must these measures.
- They hold prenatal classes for expectant parents
- I know HRMC is very helpful to pregnant and new mothers, and their infants in ensuring they are well taken care of.
- They had OB/GYN at other clinics in town with high risk populations
- HRMC remodeled the OB unit at the hospital and advertises it heavily to reduce the number of local OB patients who travel out of town for care
- Nothing but great things about this unit.
- Unfortunately, with the call involved in the hospitals current OB situation, good providers leave. Getting some full time OB providers in would be great but bringing in some locums to take the call burden would be helpful at the same time.
- Based on my past experience very good.
- The OB department has upgraded and offers a very comfortable and secure environment in which to deliver.

- Updated the birthing facility and have excellent staff
- HRMC has taken a pretty big step back but seems to be headed in the correct direction again but we have some building to do.

Q9: Please share comments or observations about the actions HRMC has taken to address Priority Populations.

Comments:

- They use interpreters over the phone
- I know they have interpreters to assist with the language barriers. I also know they actively recruit different ethnicities for the nursing program through SE Tech
- More needs to be done in this area
- I believe they have interrupters on call to help with language issues.
- I feel HRMC is very good at providing care to all populations.
- I love to see education options for our diverse populations.
- We have more translators, but it may be helpful to understand more about the Karen, Hispanic and Indian populations so HRMC can understand their perspective on healthcare more fully.
- HRMC does not discriminate that is exceptional
- Have the I-pads for the language lines.
- I believe HRMC has some work to do to be sure all populations are aware of all the health care options available to them.
- HRMC employs people from minority populations to make the minority populations more comfortable and assist with translation.
- DISCHARGE INSTRUCTIONS SHOULD BE AVAILABLE IN ALL 3 LANGUAGES FOR ALL AREAS OF THE HOSPITAL. VIDEO LANGUAGE LINE IS HELPFUL BUT NOT AVAILABLE IN KAREN. ORIGINALLY WHEN WE PURCHASED EQUIPMENT, WE WERE TOLD KAREN WAS "COMING SOON".
- I know HRMC has taken numerous steps to assist low income, elderly, and minority populations, with healthcare needs, billing concerns, and has assisted with communication issues.
- Provides interpreter services, has many different populations employed at HRMC, works with other businesses to help with cares
- We really need to dig in and find more nurses and health professionals that want to stay in our communities, or we won't be able to take care of any of these priority populations. Look at creating more scholarships for nurse aides and MAs.

- Providing interpreters if needed, collecting for area campaigns such as Humane Society and always going above and beyond for others
- HRMC does a great job working with all of the population types in the area!

Q10: Do you believe the above data accurately reflects your community today? (Data provided in this report)

Answer Choices	Response Percent	Responses
Yes, the data accurately reflects my community today	64.71%	33
No, the data does not reflect my community today	35.29%	18
Comments on your answer or the above data:		20
	Answered	51
	Skipped	61

Comments:

- More young people using marijuana and other types of substances
- I imagine it is accurate however shocking
- Single parent households I believe is higher also considering our teen births are on a higher average. Mental health provider should be a higher number as many people will not use the current mental health provider in our town
- The access to healthcare surprised me, but I believe all of the information to be accurate.
- I believe the Asian population is well over 5%. I think the teen births is higher. I am unsure about the other numbers.
- I believe the ethnicity data is off
- In Huron I believe there percentage of Asian population is higher than 5 percent. I wonder about the percentage of smokers. One rarely sees anyone smoking.
- Yes, although I would have pinned the Huron area having a heavier ethnic population.
- Have noticed an increase in teen births, The middle and High school need to hold education on Pregnancy, drugs and alcohol along with the bullying that happens here.
- I feel there are more Asian and Hispanics than the data shows. I also feel because of Covid mental health days have risen.
- I believe the Asian population is a little low
- Very eye opening when you take time to study each statistic.
- I think there is more ethnic diversity then stated
- The need for mental health access has increased over the past couple of years due to COVID esp with younger population and that poeple on average are having more physically and mentally unhealthy days.

- I believe some of it is correct, but others are skewed data. For instance, the rich people may have a median income of 53,334 but the young families with school age children is much lower. That mental health provider number can not be right. I would like to know how that came about. Race can not be right. In the public school over 45% of the students are Asian or Hispanic. Because the retired people make up over 20% of our population that would bring the numbers down and because 1/3 of the population is outside of Huron that would bring the numbers down. When I think of my population in Huron, I feel that there are more than 18% of the population being Asian and Hispanic. Also, there are many more Karen speaking than Hispanic. My views are coming from the population in the school district so my views may be skewed also.
- Huron has 4 dentists and needs at least 2 more for a community of 13,000 and also to serve surrounding communities. Primary care doctors were also short but HRMC has recruited more recently which is good.
- I believe that some of this data is accurate but some of it is not; particularly where the population is difficult to track such as the ethnic data.
- I believe that most of our school children are on free and reduced lunches so I would assume that the children in poverty should be higher. We also tend to assume that our population is elderly (65+) yet children make up a significant portion of our population and we have no pediatrician. I understand that our employment rate is low (great) but most of those are low paying jobs without health insurance (average household income $53,334), this greatly effects access to care and long term health concerns.
- I would be interested in the age distribution of the minority populations.
- I would love to see who they are considering as mental health providers because that number does not appear accurate. When scheduling mental health for patients, it is one of the hardest to get people in to. Are we sure that people per PCP and People per mental health provider aren't crossed? That would seem more accurate.

Q11: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	1	3	12	33	49	4.57
Heart Disease	0	0	6	17	25	48	4.40
Obesity	0	1	7	13	26	47	4.36
Women's Health	0	2	9	10	26	47	4.28
Diabetes	0	1	9	15	22	47	4.23
Cancer	0	1	11	13	23	48	4.21
Dental	1	2	5	18	21	47	4.19
Kidney Disease	0	2	11	14	20	47	4.11
Stroke	0	2	11	15	19	47	4.09
Lung Disease	0	3	12	14	16	45	3.96
Alzheimer's and Dementia	0	4	16	10	17	47	3.85
Liver Disease	0	5	14	12	16	47	3.83
Other (please specify)						8	
						Answered	49
						Skipped	63

Comments:

- Underage pregnancy
- Addressing more needs of the elderly
- Dermatology
- Neuropathy
- I believe all of these to be extremely important.
- Skin cancer
- I feel some of our physicians focus on treating the illness rather than the cause.

Q12: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Affordability	0	0	3	7	38	48	4.73
Healthcare Services: Physical Presence	0	0	5	9	34	48	4.60
Healthcare Services: Prevention	0	0	7	9	31	47	4.51
Education System	0	1	7	13	27	48	4.38
Affordable Housing	0	2	8	11	27	48	4.31
Employment and Income	0	2	6	15	24	47	4.30
Community Safety	0	2	7	14	24	47	4.28
Access to Healthy Food	0	3	10	11	23	47	4.15
Social Support	0	0	14	13	21	48	4.15
Access to Exercise/Recreation	0	3	10	13	22	48	4.13
Social Connections	0	4	10	14	19	47	4.02
Transportation	0	2	16	13	17	48	3.94
Other (please specify)						2	
						Answered	**49**
						Skipped	**63**

Comments:

- I believe all of these to be extremely important.
- Daycare

Q13: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	0	0	5	11	32	48	4.56
Excess Drinking	0	1	7	15	25	48	4.33
Smoking/Vaping/Tobacco Use	1	0	8	14	24	47	4.28
Physical Inactivity	0	2	7	18	20	47	4.19
Diet	0	2	6	21	18	47	4.17
Risky Sexual Behavior	1	1	10	13	22	47	4.15
Employment	0	2	15	8	22	47	4.06
Other (please specify)						2	
						Answered	48
						Skipped	64

Comments:

- Again, I believe all of these to be extremely important in community health
- Gambling. Many people have told me there is not support for gamblers in our area

Q14: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Some impact, does not change daily behavior	44.68%	21
Noticeable impact, planning for changes to daily behavior	25.53%	12
Significant daily disruption, reduced access	14.89%	7
No impact, no change	12.77%	6
Severe daily disruption, immediate needs unmet	2.13%	1
	Answered	47
	Skipped	65

Q15: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Social support systems	71.74%	33
Childcare	63.04%	29
Employment	54.35%	25
Access to healthcare services	45.65%	21
Food security	34.78%	16
Education	34.78%	16
Poverty	32.61%	15
Nutrition	28.26%	13
Transportation	26.09%	12
Housing	23.91%	11
Public safety	19.57%	9
Racial and cultural disparties	17.39%	8
Other (please specify)	6.52%	3
	Answered	46
	Skipped	66

Comments:

- In person worship
- Day cares are closed and parents miss work

Q16: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	46.81%	22
None of the above	34.04%	16
Specialty care (care and treatment of a specific health condition that require a specialist)	25.53%	12
All types of healthcare services	14.89%	7
Elective care (planned in advance opposed to emergency treatment)	14.89%	7
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	4.26%	2
Urgent care/Walk-in clinics	2.13%	1
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	2.13%	1
Other (please specify)	4.26%	2
	Answered	47
	Skipped	65

Comments:

- There was a mental health delay, we have now been able to secure services remotely/online.
- Dental

Q17: How can healthcare providers, including Huron Regional Medical Center, continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	73.91%	34
Offering alternatives to in-person healthcare visits	58.70%	27
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	47.83%	22
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	43.48%	20
Sharing local patient and healthcare providers stories and successes with the community	28.26%	13
Other (please specify)	15.22%	7
	Answered	**46**
	Skipped	**66**

Comments:

- You may think digital communication is helpful but not all households have access or know how to use it successfully.
- HAVE "COVID SYMPTOM" CLINIC AREA AT END OF DAY FOLLOWED BY DEEP CLEANING IN THAT AREA IF SURGE RETURNS
- Instead of focusing on social media need to find a way to engage the community as a whole
- Provide clinical covid testing.
- We need physicians to see people in person and become a long-term resource in the community

Q18: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	87.23%	41
Urgent care/Walk-in clinics	72.34%	34
Mental health	70.21%	33
Emergency care	59.57%	28
Specialty care	53.19%	25
Elder/senior care	51.06%	24
Pediatrics/children's health	48.94%	23
Chronic disease management programming	48.94%	23
Substance abuse services	42.55%	20
Women's health	40.43%	19
Other (please specify)	6.38%	3
	Answered	47
	Skipped	65

Comments:

- None of these services should be disrupted
- Need to establish consistent ob

Q19: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Smartphone app to communicate with a healthcare provider	65.91%	29
Video visits with a healthcare provider	63.64%	28
Patient portal feature of your electronic medical record to communicate with a healthcare provder	54.55%	24
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	47.73%	21
Telephone visits with a healthcare provider	34.09%	15
Virtual triage/screening option before coming to clinic/hospital	31.82%	14
Other (please specify)	6.82%	3
	Answered	44
	Skipped	68

Comments:

- Some of these sound good but I know for a fact that many elderly patients do not have access to computers or know how to use them and it is stressful for them to not be able to see a Dr in person.
- Nothing takes the place of seeing a person...in person and laying your hands on them.

Q20: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

Comments:

- COVID 19 should not disrupt healthcare service.
- Additional specialists coming to Huron to reduce travel requirements to SF
- Have mental health professionals come to the hospital to access patients
- A huge campaign push urging all community members to get their COVID-19 vaccinations and boosters.
- Consistent communication.