HRMC
Huron Regional
Medical Center

Huron Regional Medical Center

Beadle County, South Dakota

2025

Community Health Needs Assessment

Approved by Board: *April 22nd, 2025*



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Executive Summary

Huron Regional Medical Center ("HRMC" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Health Care ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2022 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 help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2024.

The Significant Health Needs in Beadle County identified by this assessment are:

- Affordable Health Care Services
- Mental Health Screening and Support
- Access to Local Health Care Services
- Disease Prevention

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of health care in the region
- Support community organizations for collaborations

CHNA Process



Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.



Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.



Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.



Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. 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.

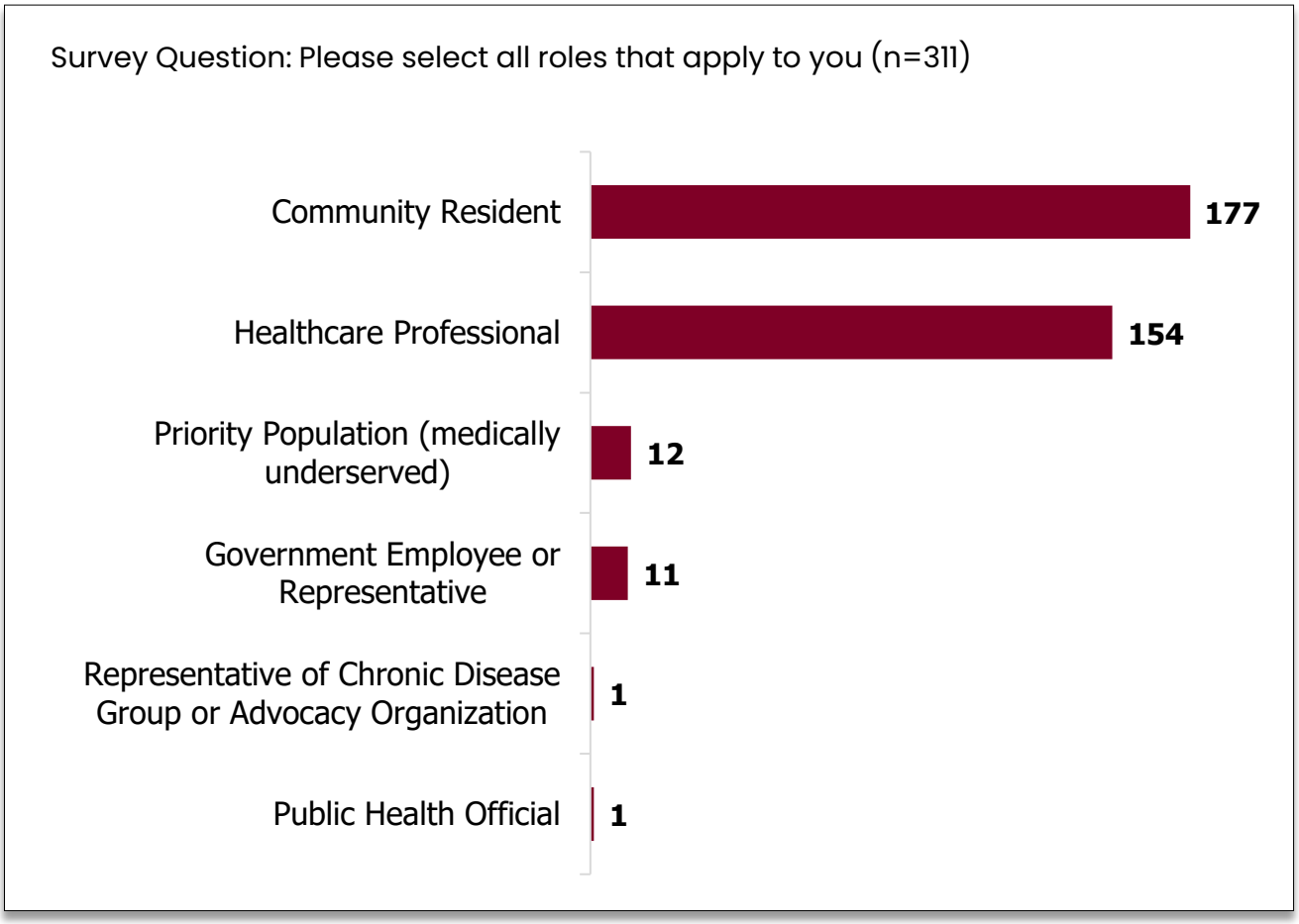
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- South Dakota Department of Health

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public 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 economic, racial, and geographically diverse population. Three-hundred-sixteen (316) survey responses from community members were gathered between October and November 2024, a 182% increase in responses compared to the 2022 community survey.

Community Input

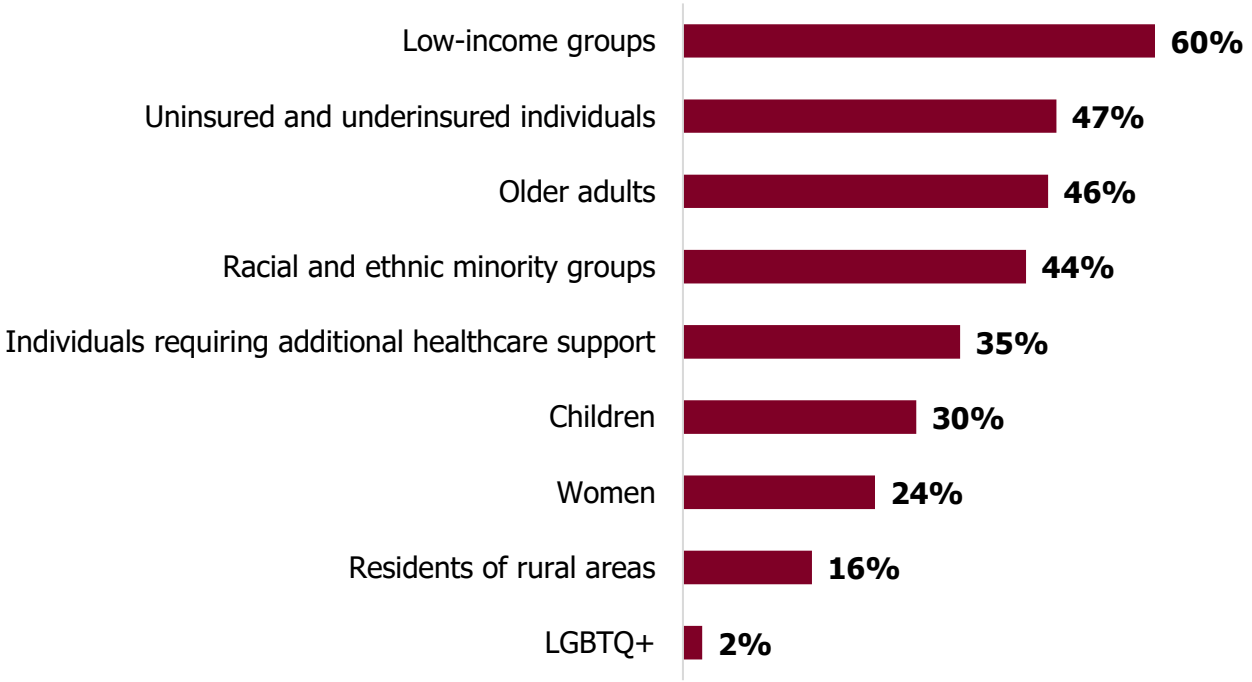
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, un/underinsured individuals, and older adults.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordable Health Care | Lack of Transportation | Access to Local Providers

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2024 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by HRMC since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2024 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.

- Affordability of Health Care
- Access to Health Care
- Behavioral Health
- Preventative Care



Impact of Actions to Address the 2022 Significant Health Needs

- HRMC Physicians Clinic launched a Convenient Care option
- Expansion of free workshops, education, and screening services provided to the community
- Expansion of education materials in multiple languages
- Addition of the Community Health Worker Program with Community Liaisons who are fluent in multiple languages
- Expansion of services and physicians including:
  - Cardiology
  - Primary Care
  - ENT
  - Surgical Podiatry
  - Pediatrics
  - OB/GYN
  - Dialysis
  - General Surgery
  - Orthopedics

Community Served

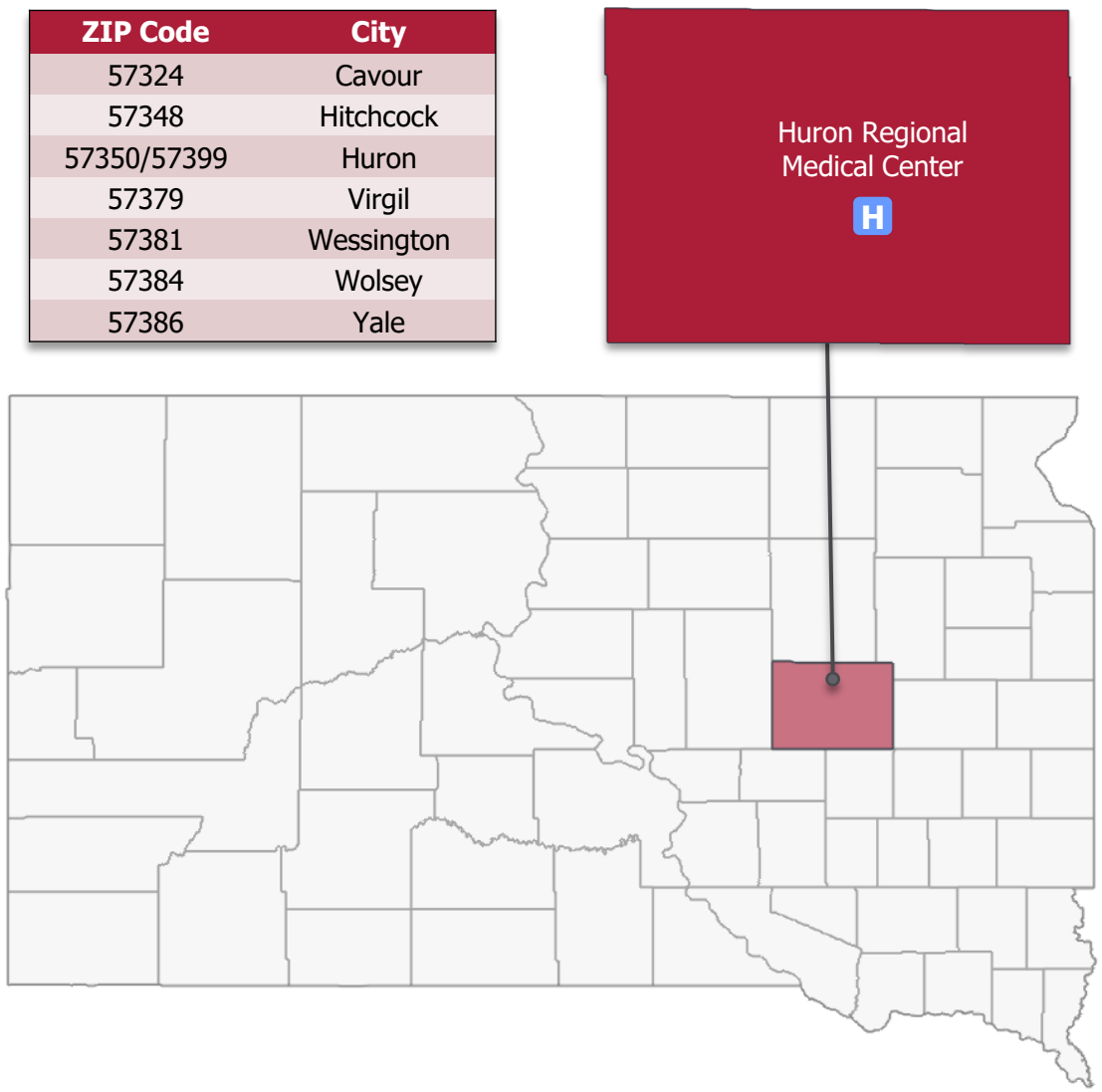
For the purpose of this study, the service area is defined as Beadle County in South Dakota. The data presented in this report uses this county-based service area to present population health data wherever possible. Geographically, HRMC is centrally located in Beadle County and is the only hospital.

Service Area

Beadle County, South Dakota

Total Population: **19,376**

ZIP Code	City
57324	Cavour
57348	Hitchcock
57350/57399	Huron
57379	Virgil
57381	Wessington
57384	Wolsey
57386	Yale



Source: County Health Rankings 2024 Report

Service Area Demographics

	Beadle County	South Dakota
Demographics		
Total Population	19,376	909,824
Age		
Below 18 Years of Age	28%	24%
Ages 19 to 64	55%	58%
65 and Older	18%	18%
Race & Ethnicity		
Non-Hispanic White	71%	81%
Non-Hispanic Black	1%	2%
American Indian or Alaska Native	2%	9%
Asian	12%	2%
Native Hawaiian or Other Pacific Islander	2%	0%
Hispanic	13%	5%
Gender		
Female	50%	49%
Male	50%	51%
Geography		
Rural	25%	43%
Urban*	75%	57%
Income		
Median Household Income	$59,508	$70,597

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

316 surveys completed by community members

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



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. 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 prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

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

Ranked Health Priorities

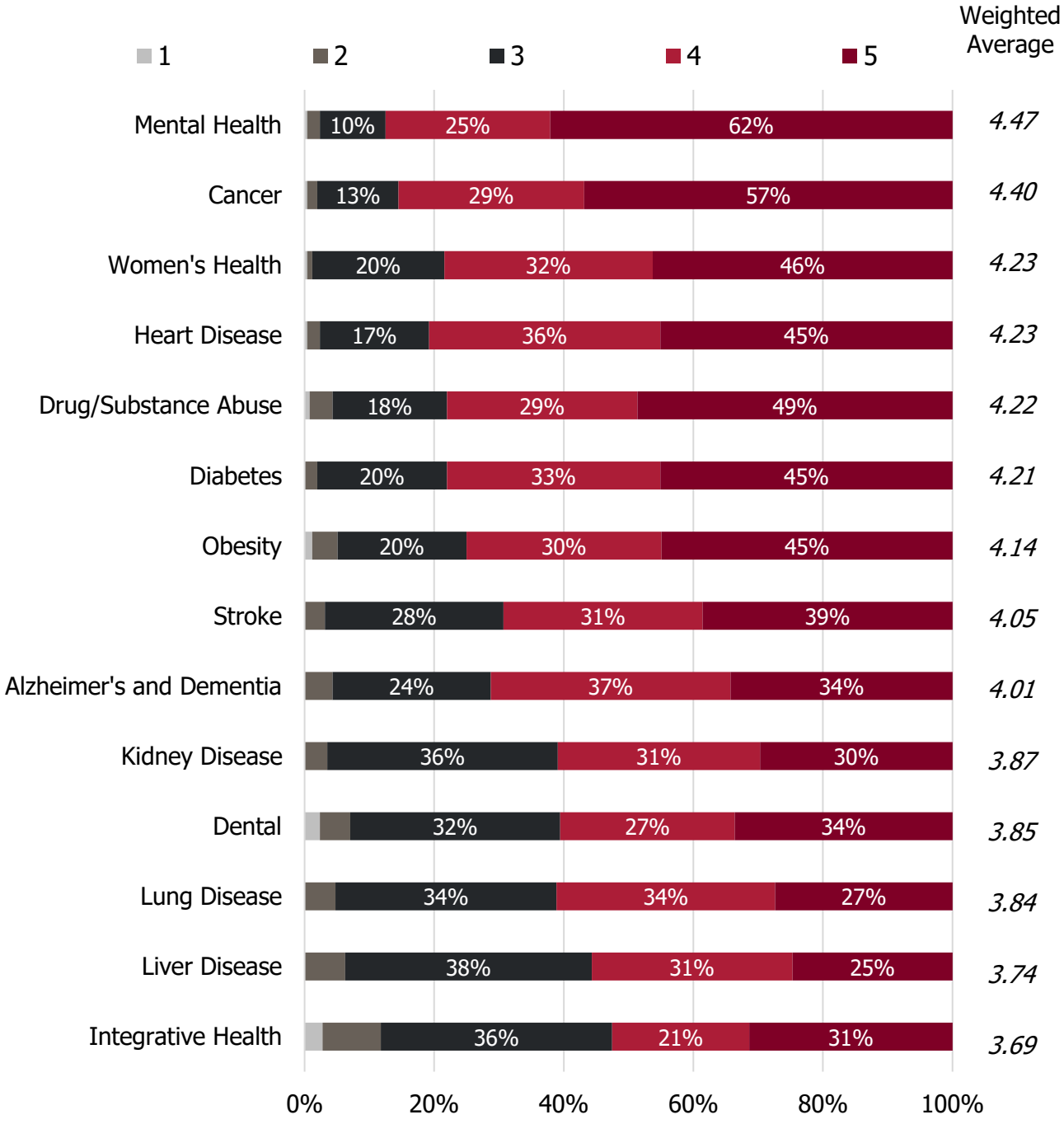
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

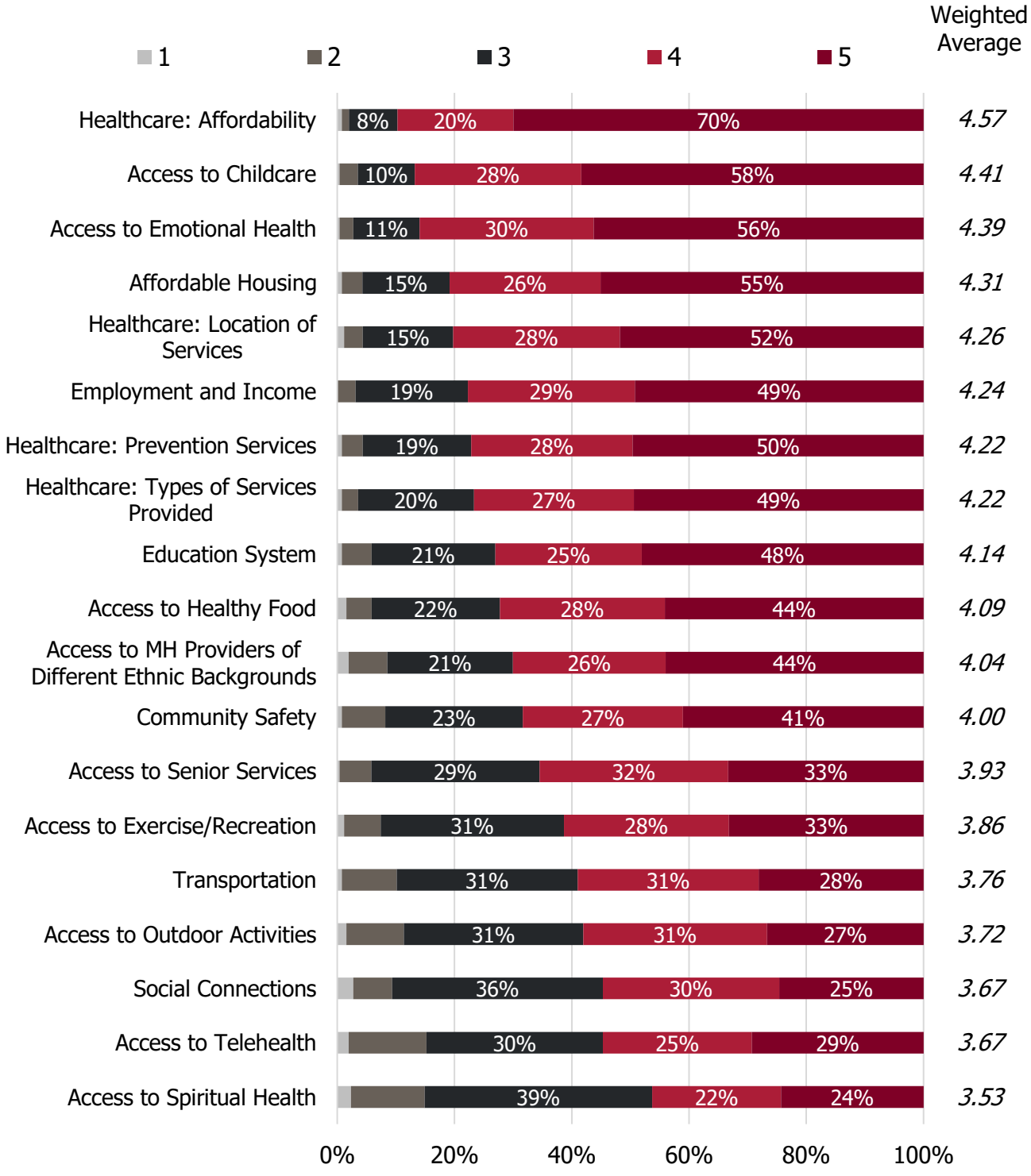
Health Factors

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



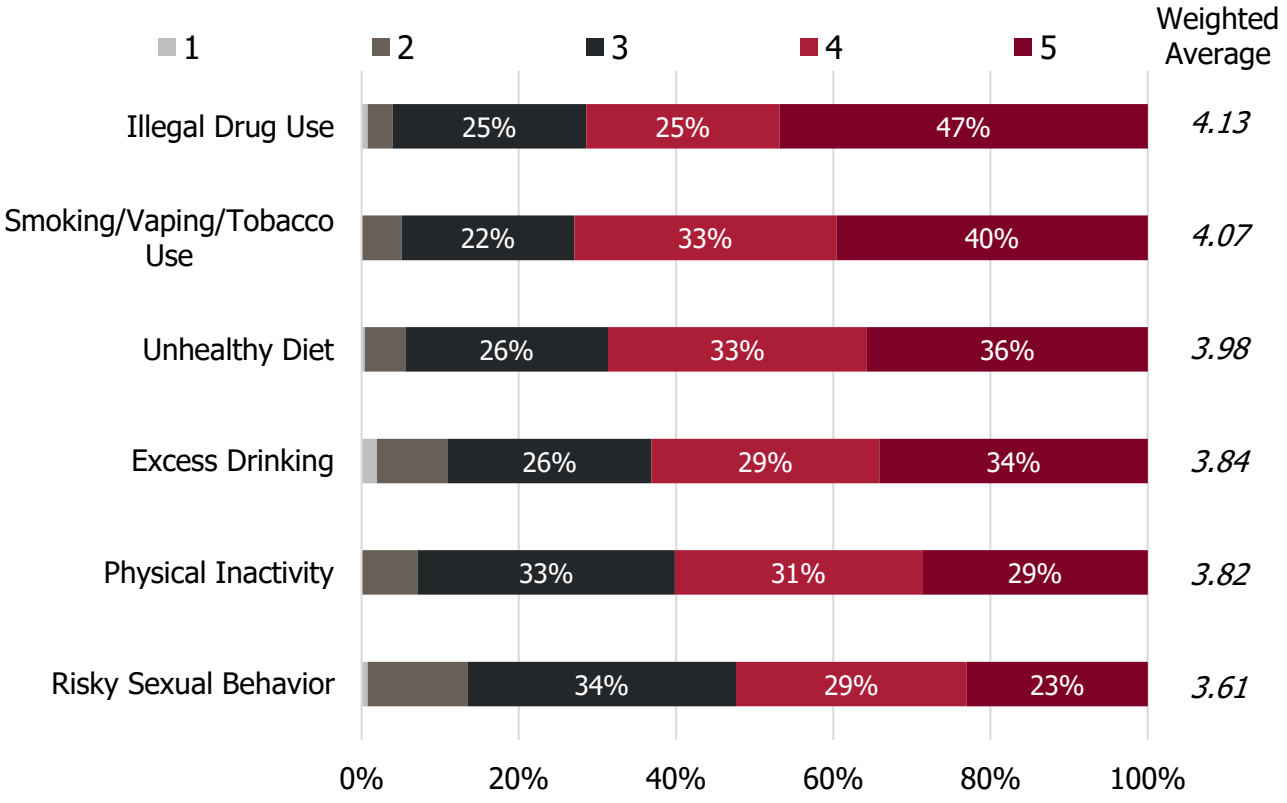
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Health Care: Affordability	4.57	89.7%
Mental Health	4.47	87.5%
Access to Childcare	4.41	86.8%
Cancer	4.40	85.5%
Access to Emotional Health	4.39	85.9%
Affordable Housing	4.31	80.9%
Health Care: Location of Services	4.26	80.2%
Employment and Income	4.24	77.7%
Heart Disease	4.23	80.8%
Women's Health	4.23	78.4%
Drug/Substance Abuse	4.22	78.0%
Health Care: Types of Services Provided	4.22	76.7%
Health Care: Prevention Services	4.22	77.2%
Diabetes	4.21	78.0%
Obesity	4.14	75.0%
Education System	4.14	73.1%
Illegal Drug Use	4.13	71.4%
Access to Healthy Food	4.09	72.3%
Smoking/Vaping/Tobacco Use	4.07	72.9%
Stroke	4.05	69.3%
Access to MH Providers of Different Ethnic Backgrounds	4.04	70.0%
Alzheimer's and Dementia	4.01	71.3%
Community Safety	4.00	68.4%
Unhealthy Diet	3.98	68.7%
Access to Senior Services	3.93	65.5%
Kidney Disease	3.87	60.9%
Access to Exercise/Recreation	3.86	61.3%
Dental	3.85	60.5%
Lung Disease	3.84	61.1%
Excess Drinking	3.84	63.1%
Physical Inactivity	3.82	60.2%
Transportation	3.76	59.0%
Liver Disease	3.74	55.7%
Access to Outdoor Activities	3.72	58.0%
Integrative Health	3.69	52.6%
Access to Telehealth	3.67	54.7%
Social Connections	3.67	54.7%
Risky Sexual Behavior	3.61	52.4%
Access to Spiritual Health	3.53	46.3%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Beadle County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Beadle County to neighboring counties in South Dakota can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #2 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Beadle County is 12.7 which is lower than the South Dakota average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to 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 County	South Dakota
Suicide Mortality Rate per 100,000 (2022)	12.7	16.2
Poor Mental Health Days past 30 days (2022)	3.9	3.9
Population per 1 Mental Health Provider (2023)	346:1	441:1

Source: CDC Final Deaths, County Health Rankings 2024 Report

Drug, Substance, and Alcohol Use

Drug / substance abuse was identified as the #11 priority with 78% of survey respondents rating it as an important factor to address in the community. Additionally, 63% of respondents think excessive drinking and 73% think that smoking and tobacco use are major issues in the community.

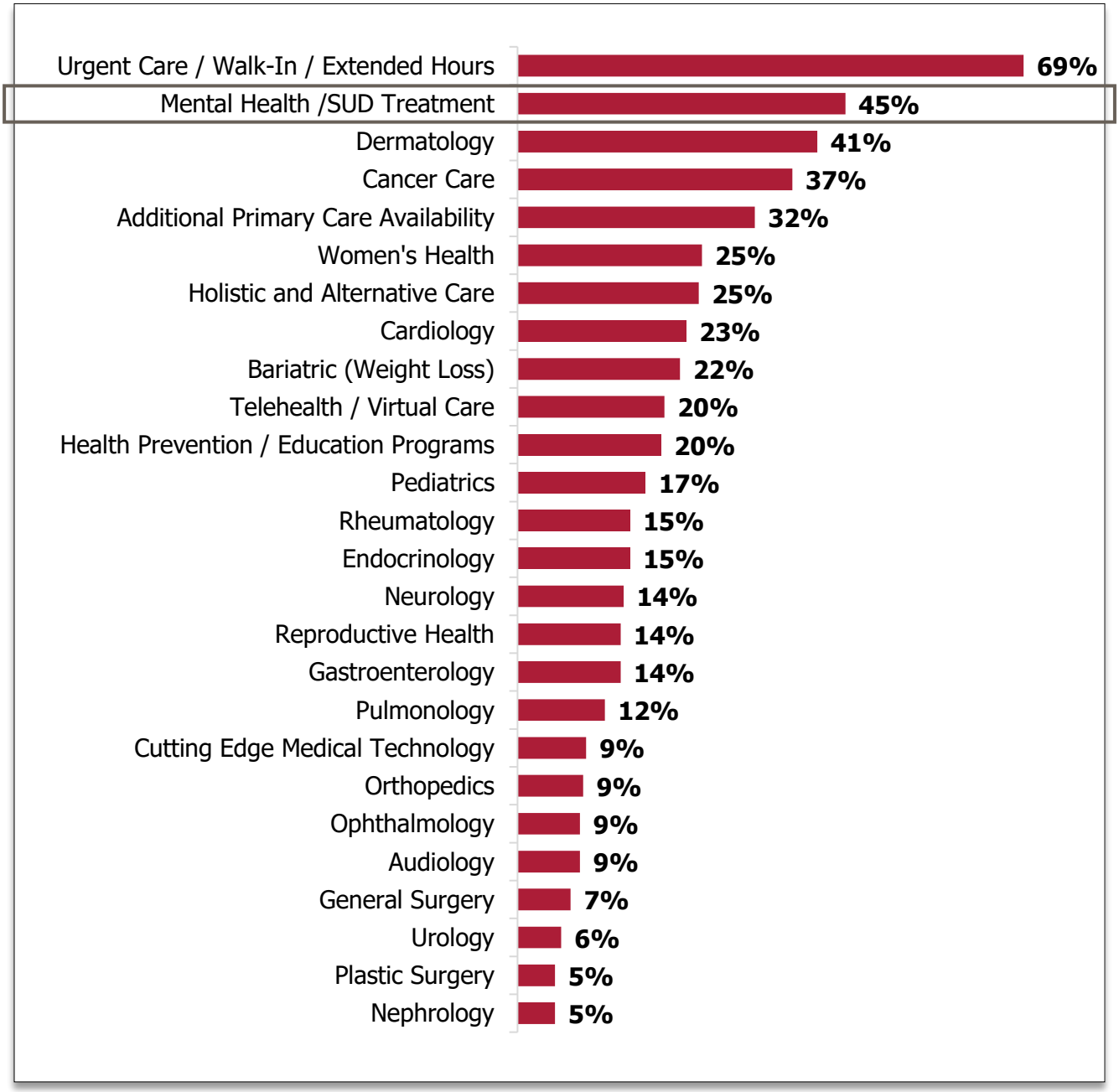
Beadle County has a lower rate of excessive drinking compared to South Dakota (18% and 22% respectively) though its smoking rate is higher than the state's (18% and 16% respectively).

	Beadle County	South Dakota
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	10.3
Excessive Drinking (2022)	18%	22%
Alcohol-Impaired Driving Deaths (2017-2021)	33%	35%
Alcohol-Related Death Rate (2014-2023)	25.2	29.7
Adult Smoking (2022)	18%	16%

Source: County Health Rankings 2024 Report, South Dakota Department of Health

In the community survey, respondents were asked to identify what health care services and programs they would like to see available in their community. Forty-five percent (45%) of survey respondents said they would like to see more mental health and substance use disorder (SUD) treatment available in the Huron area.

Survey Question: What additional services/offerings would you like to see available in the Huron area? (select all that apply)



Chronic Diseases

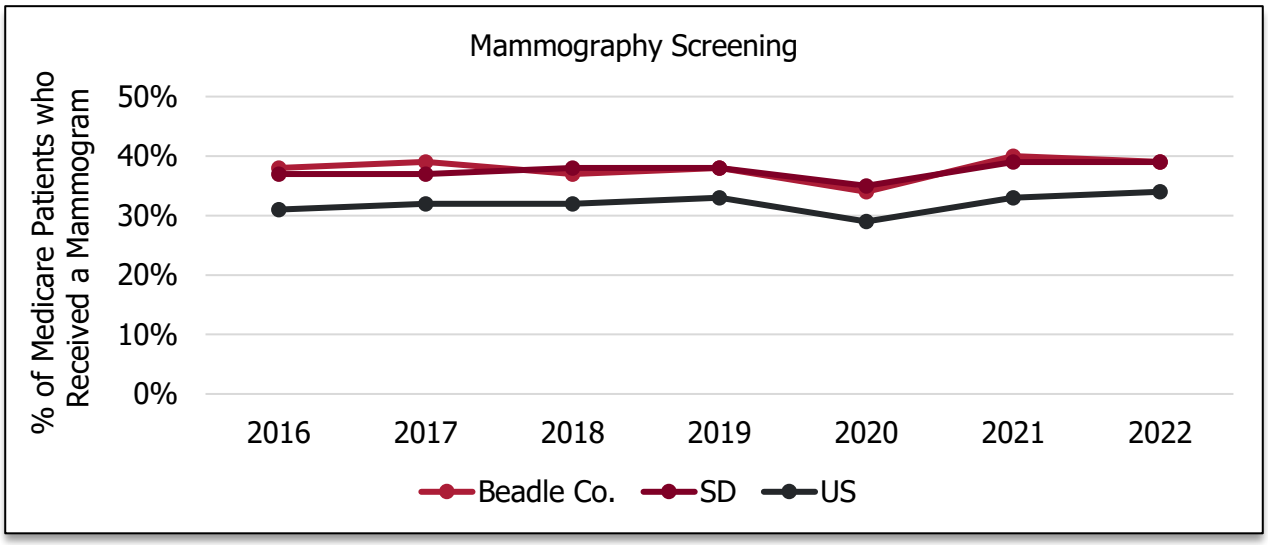
Cancer

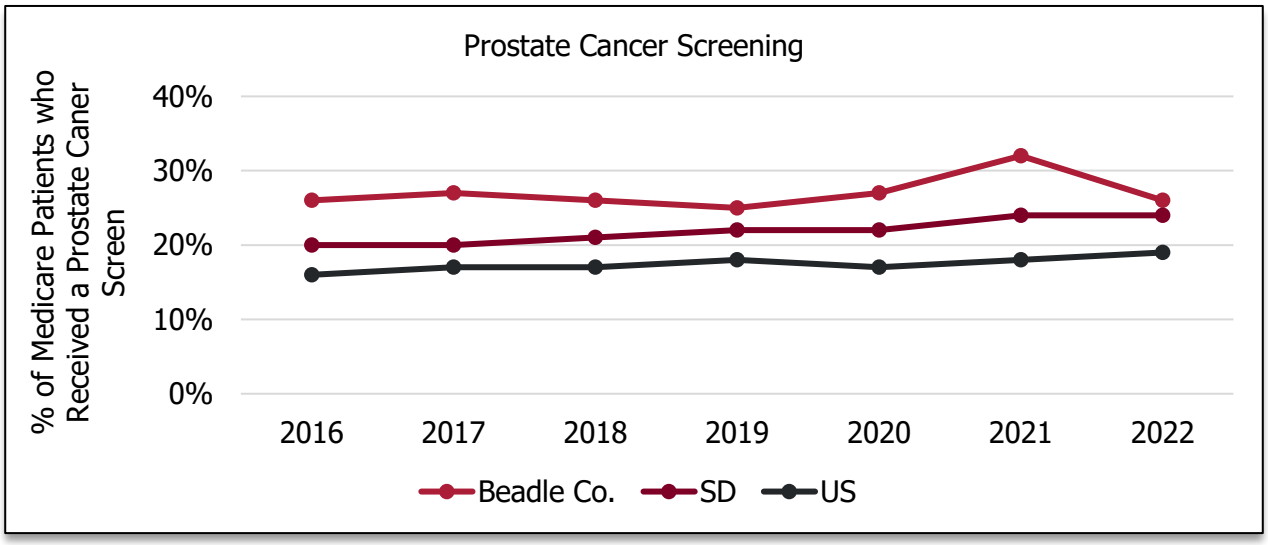
Cancer was identified as the #4 community health issue with 85% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Beadle County (CDC Final Deaths). While Beadle County has a higher cancer mortality rate than the state, it has a lower incidence rate, signifying challenges related to diagnosis, treatment, or health care access. In the community survey, 37% of respondents said they would like to see additional access to cancer care in Beadle County (see graph on pg. 19).

Rates of Medicare enrollees (women age 65+) in Beadle County who have received a mammogram in the past year are similar to the South Dakota average and higher than the US overall. These rates have remained relatively stable over the past decade with a dip downward during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Beadle County has had a slightly higher prostate cancer screening rate in the past year compared to both the state and the US.

	Beadle County	South Dakota
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	431.7	460.4
Cancer Mortality Rate per 100,000 (2022)	208.2	181.9

Source: CDC, National Cancer Institute



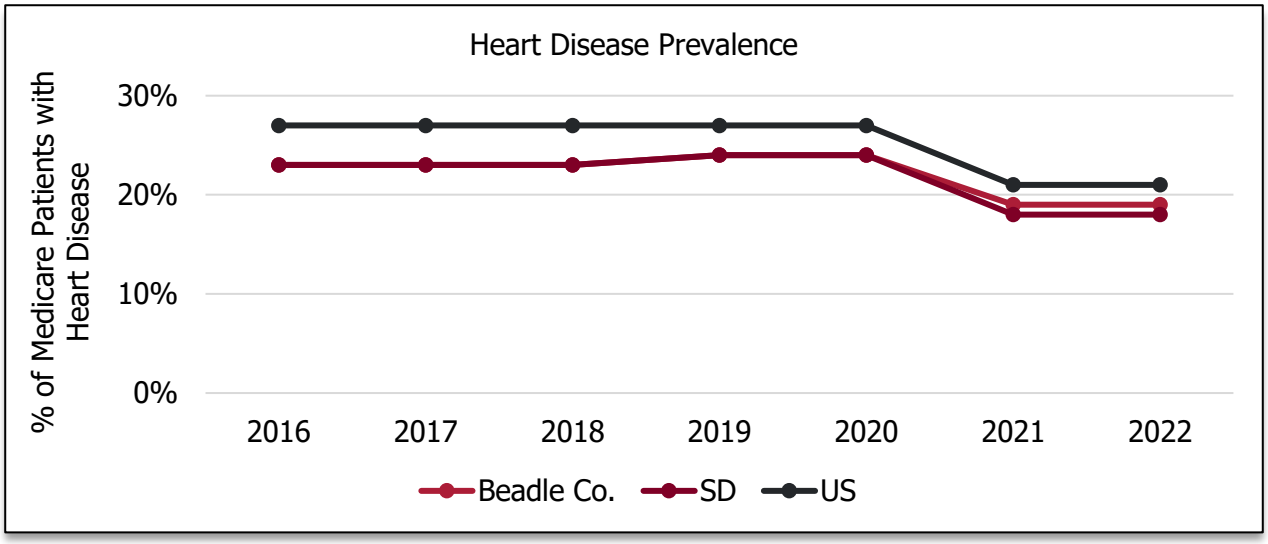


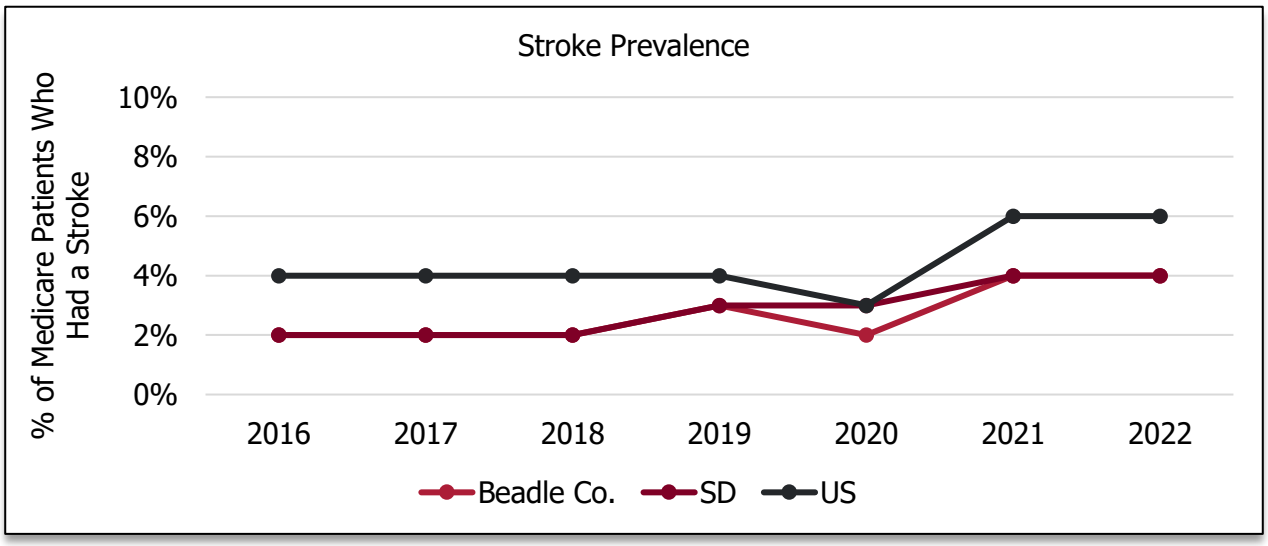
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Beadle County and the county has a mortality rate higher than the state (265.0 compared to 255.2 per 100,000 respectively). Stroke is the 4th leading cause of death in Beadle County and has a mortality rate higher than the state (61.6 compared to 57.8 per 100,000 respectively) (CDC Final Deaths).

In the Medicare population, Beadle County has a lower prevalence of both heart disease and stroke than the National average. Additionally, it is important to evaluate health disparities in the community for cardiovascular health outcomes, as racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).





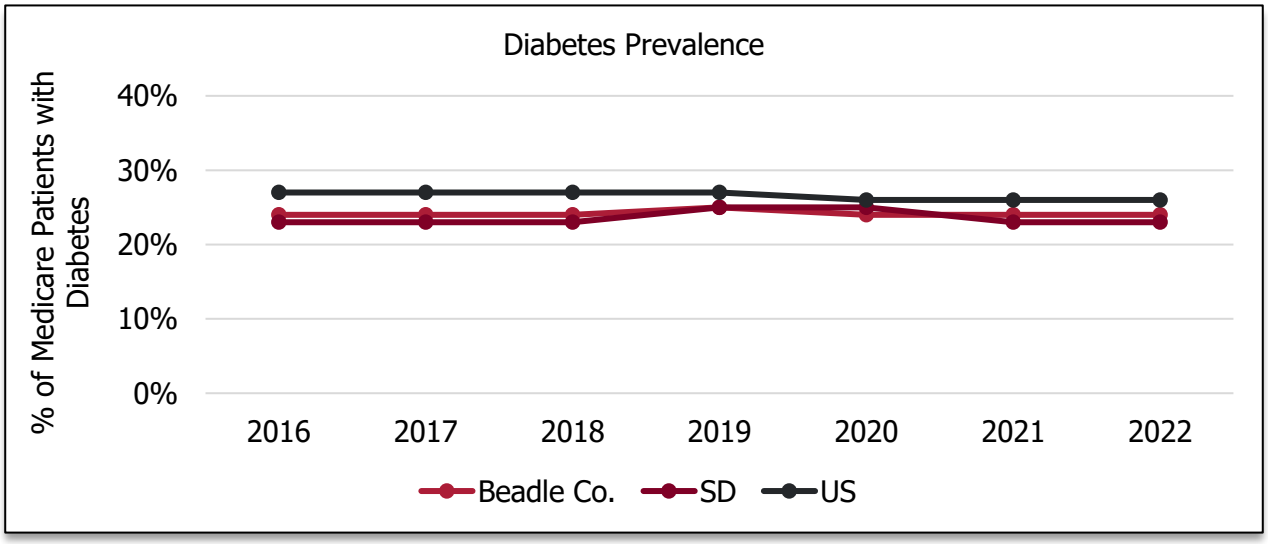
Note: There was a change in the algorithm of reported data in 2021
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Beadle County is similar to that of South Dakota but the county sees a higher diabetes mortality rate (CDC Final Deaths). When evaluating the Medicare population, Beadle County has a similar prevalence of diabetes compared to the state and US with rates remaining stable over the past decade.

	Beadle County	South Dakota
Diabetes Mortality Rate per 100,000 (2022)	48.1	42.1
Diabetes Prevalence (2022)	10%	10%

Source: CDC Final Deaths, County Health Rankings 2024 Report



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

Obesity and Unhealthy Eating

In Beadle County, adults have lower rates of obesity than in South Dakota on average. Though the county sees higher rates of physical inactivity than the state, it also sees higher rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	Beadle County	South Dakota
Adult Obesity (2022)	37%	39%
Limited Access to Healthy Foods (2019)	6%	8%
Physical Inactivity (2022)	27%	22%
Access to Exercise Opportunities (2023)	80%	73%

Source: County Health Rankings 2024 Report

Health Care Access

Access & Affordability

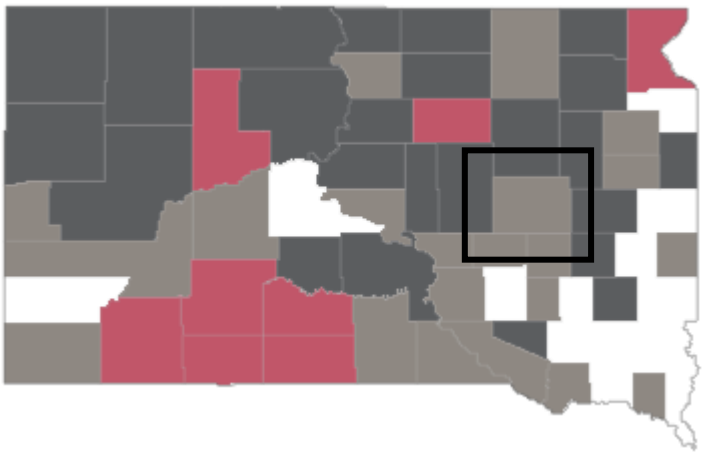
Access to affordable and quality health care services is a key driver to improved health outcomes, economic stability, and health equity. In the community survey, 32% of respondents said they would like to see additional primary care availability in the county. Beadle County has a lower household income than the South Dakota average and also has a higher uninsured population than the state. Additionally, Beadle County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Beadle County	South Dakota
Uninsured Population (2022)	15%	11%
Median Household Income (2022)	$ 59,508	$70,597
Population per 1 Primary Care Physician (2022)	2,125:1	1,252:1
Population per 1 Dentist (2022)	2,153:1	1,561:1

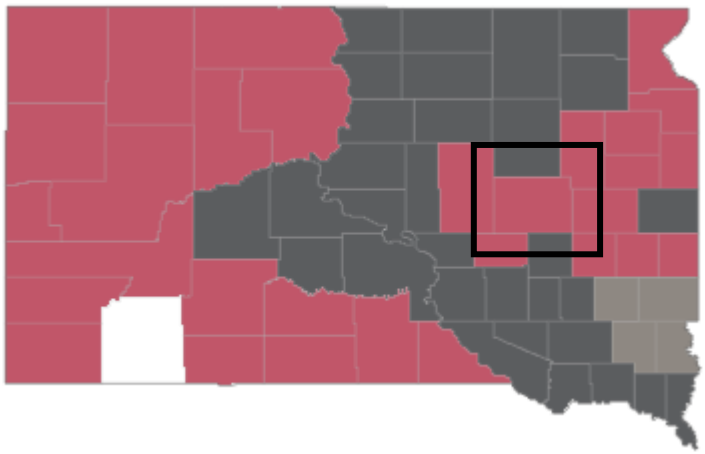
Source: County Health Rankings 2024 Report

South Dakota Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



HPSA Population: *a shortage of services for a specific population subset within an established geographic area*

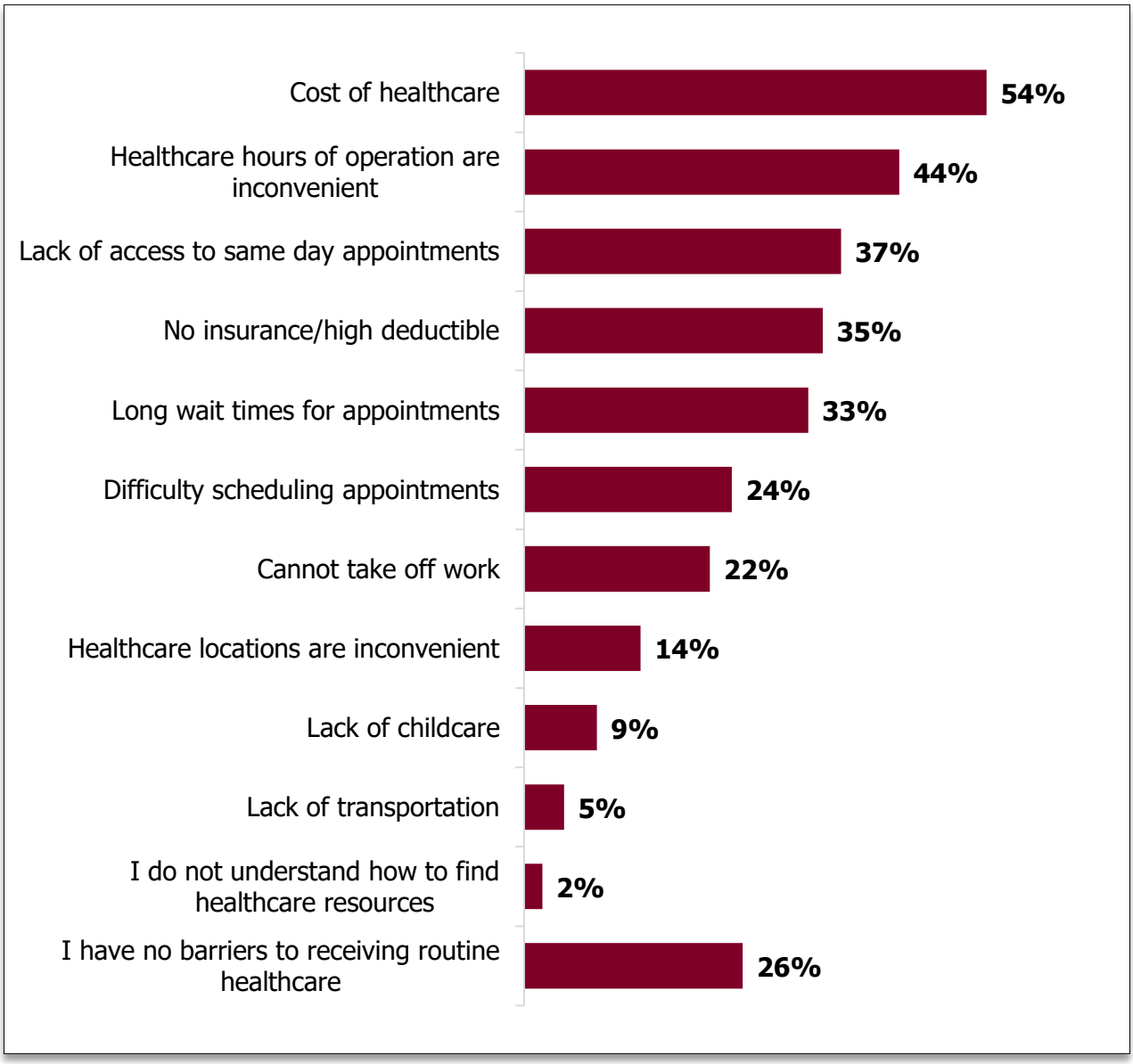
Geographic HPSA: *a shortage of services for the entire population within an established geographic area*

High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

When survey respondents were asked about their barriers to care, cost of health care was the top barrier identified by 54% of respondents, followed by inconvenient hours of operation with 44% of respondents.

Survey Question: What barriers keep you or anyone in your household from receiving routine health care? (Please select all that apply)



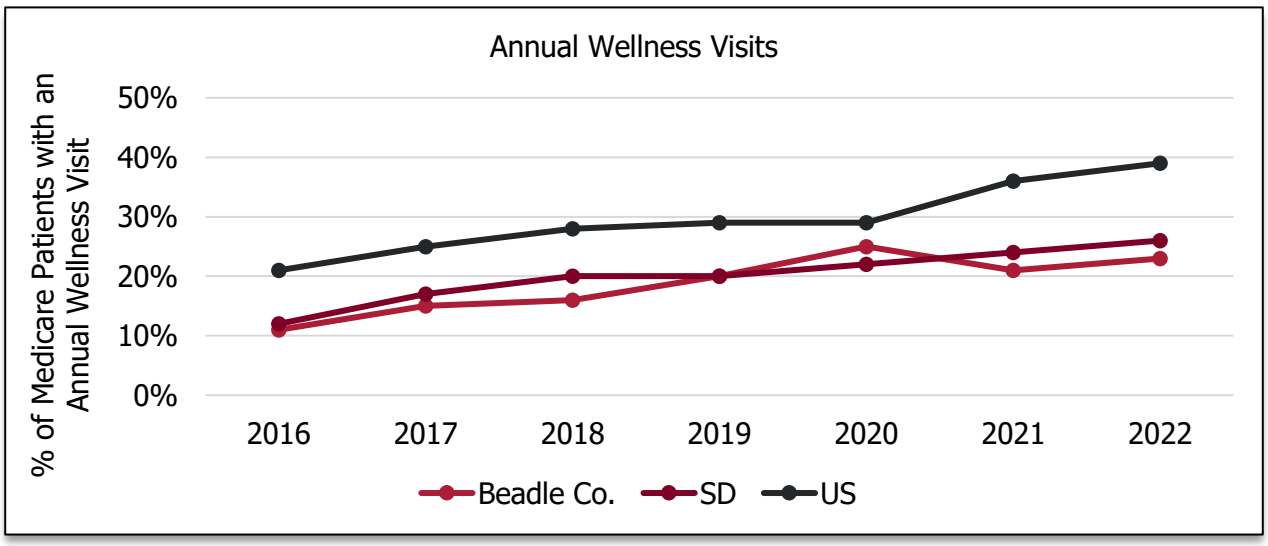
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on health care systems by preventing unnecessary hospital stays and costly care. In the community survey, 20% of respondents said they would like to see additional health prevention and education programs available in the community (see graph on pg. 19).

Beadle County has slightly lower annual mammography screening but higher flu vaccine adherence rates than the state. The county also sees higher rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). While the rate of annual wellness visits in the Medicare population is lower in Beadle County than in the state, rates have been increasing in recent years.

	Beadle County	South Dakota
Preventable Hospital Stays per 100,000 (2022)	5,489	2,771
Mammography Screening (2022)	49%	51%
Flu Vaccination (2022)	54%	47%

Source: County Health Rankings 2024 Report



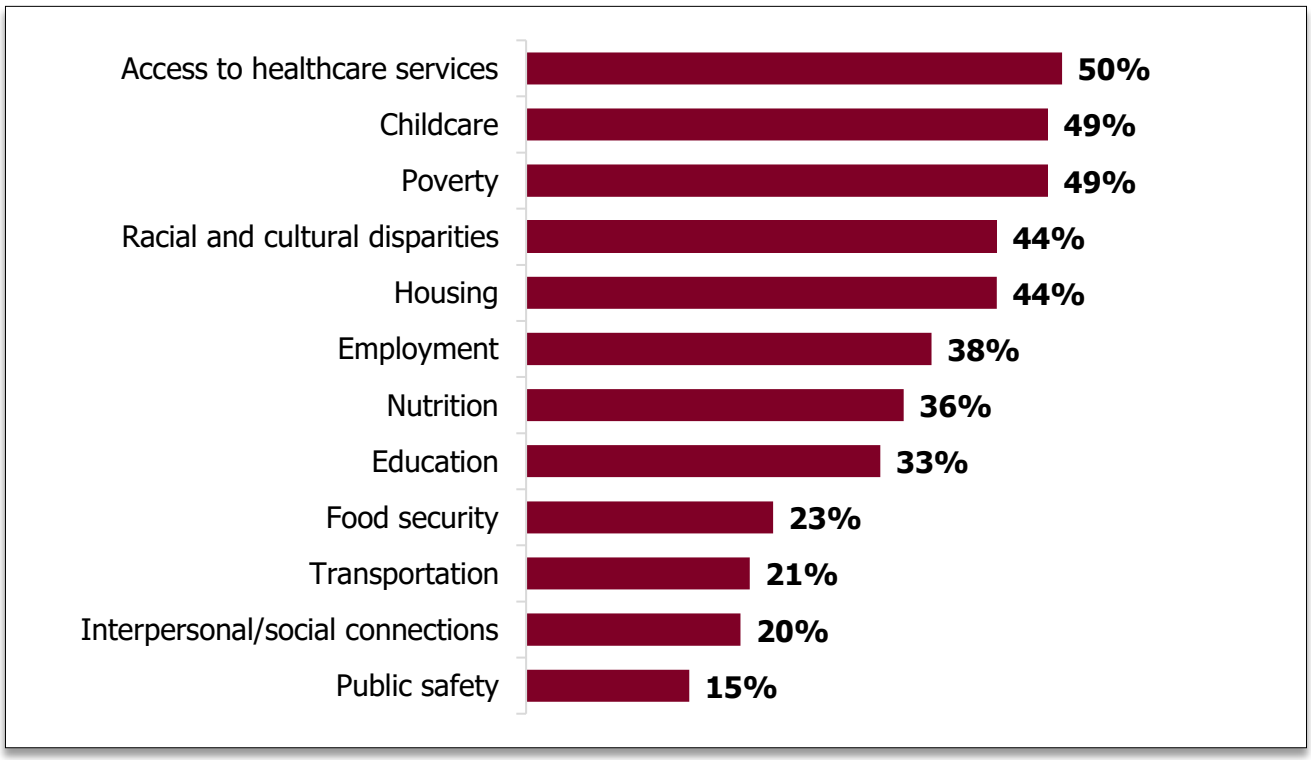
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to health care, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Beadle County. The top SDoH identified was access to health care services with 50% of survey respondents identifying it as negatively impacting the health of the community followed by childcare, poverty, and racial/cultural disparities.

Survey Question: Social drivers of health (SDoH) 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 drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Beadle County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 8% of Beadle County residents spend 50% or more of their household income on housing.

	Beadle County	South Dakota
Severe Housing Problems (2016-2020)	11%	11%
Severe Housing Cost Burden (2018-2022)	8%	9%
Broadband Access (2018-2022)	83%	87%

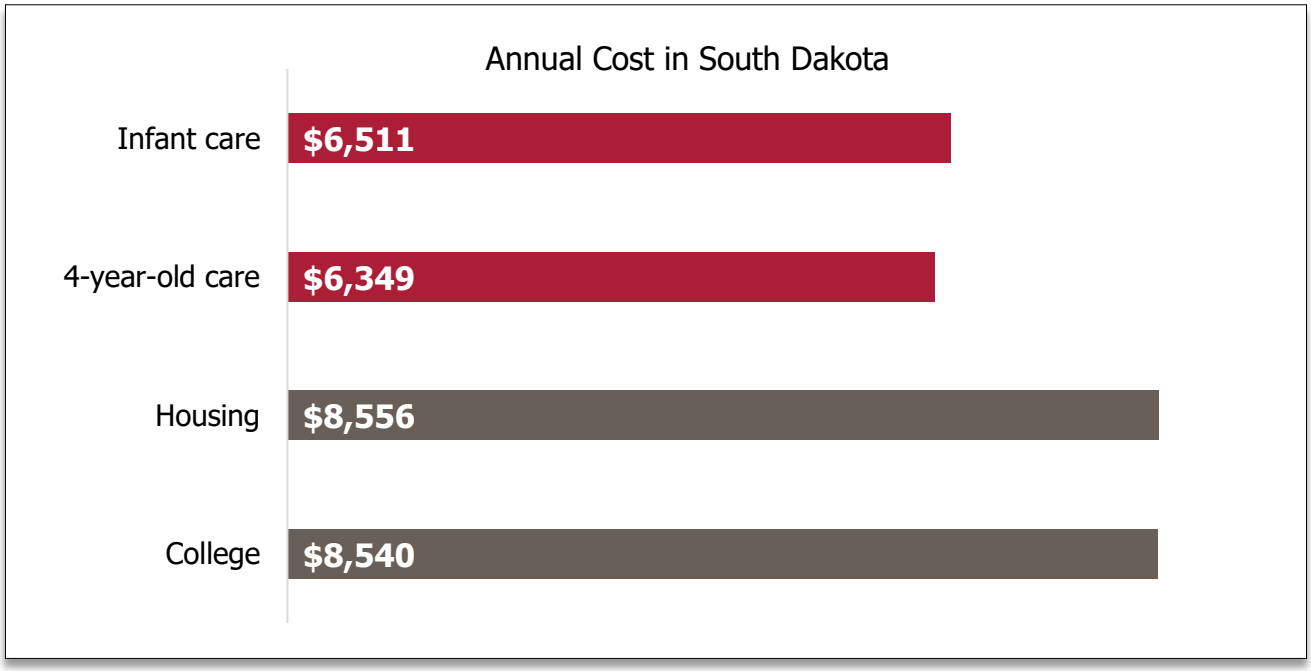
Source: County Health Rankings 2024 Report

Access to Childcare

The average yearly cost of infant care in South Dakota is $6,511. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Beadle County, 21% of household income is required for childcare expenses and there are 4 childcare centers for every 1,000 children under age 5 in the county compared to an average of 6 in the state.

	Beadle County	South Dakota
Children in Single-Parent Households (2018-2022)	12%	21%
Child Care Cost Burden - % of HHI used for childcare (2023)	21%	21%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	4	6

Source: County Health Rankings 2024 Report



Source: Economic Policy Institute (2020)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford health care and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Beadle County	South Dakota
High School Completion (2018-2022)	85%	93%
Some College – includes those who had and had not attained degrees (2023)	54%	69%
Unemployment (2023)	1.8%	2.0%
Children in Poverty (2022)	15%	15%

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics

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 U.S. 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 are feasible, and the Hospital could make an impact

Impact on Health Equity



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

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Health Care: Affordability	✓	✓	✓	✓
Mental Health		✓	✓	✓
Access to Childcare		✓		✓
Cancer	✓	✓	✓	✓
Access to Emotional Health	✓	✓	✓	✓
Affordable Housing		✓		✓
Health Care: Location of Services	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Heart Disease	✓	✓	✓	✓
Women's Health		✓	✓	✓

Implementation Plan

Implementation Plan Framework

HRMC determined the action plan to address the identified significant health needs will be organized into key groups to adequately address the health needs with available time and resources.



Affordable Health Care Services

Goal: Provide targeted financial assistance, connect individuals to relevant community resources, and offer education to reduce financial barriers to health care services.



Mental Health Screening and Support

Goal: Improve mental health outcomes in the community through screening and connecting patients to community resources.



Access to Local Health Care Services

Goal: Enhance access to health care services locally through physician recruitment, expansion of primary and specialty care availability and convenient access to care for urgent illness.



Disease Prevention

Goal: Reduce the onset of illness and disease through effective and equitable screening and prevention services.

HRMC has focused this action plan on the health care needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and childcare. HRMC is an active participant in a coalition of community organizations as part of Huron Rising 2.0. which has the following focus areas:

HuronRising
Reimagine Our Future

Focus Areas

- Health Care
- Education
- Downtown Planning
- Housing
- Dilapidated Properties
- Cultural Development
- Childcare
- Community Beautification

See page 39 for HRMC's actions to address the focus areas outlined by Huron Rising.

Affordable Health Care Services

HRMC Services and Programs Committed to Respond to This Need

- HRMC has resources available to assist patients in applying for Medicare, Medicaid, or other assistance programs
- Financial assistance is available to patients based on eligibility with applications available in both English and Spanish
- Prompt payment discounts are available for self-pay patients
- Patients are screened for social determinants of health and liaisons are utilized to connect patients with a positive screen to community resources
- Partnership in place with HRMC Foundation to offer free screenings and assistance.

Goals and Future Actions to Address this Significant Health Need

Goal: Provide targeted financial assistance, connect individuals to relevant community resources, and offer education to reduce financial barriers to health care services.

- Increase community education and literacy around health insurance options and enrollment including exploring the use of financial counseling
- Evaluate financial assistance policy including adding presumptive eligibility, uninsured discounts, and evaluation of charges
- Expand social determinants of health screenings for patients to ensure they are connected to community resources including transportation, education, and income
- Continue to advocate for state policies to increase access to health insurance coverage for low-income individuals
- Educate community on coverage options and in-network plans

Impact of Actions and Access to Resources

- Increase community knowledge and health literacy around health insurance plans and financial assistance resources
- Reduce cost barriers to care through an increase in utilization of financial assistance program

Other Local Organizations Available to Respond to This Need

- Horizon Health Huron - https://www.horizonhealth care.org
- HRMC Foundation - https://www.hrmcfoundation.org/

Mental Health Screening and Support

HRMC Services and Programs Committed to Respond to This Need

- HRMC provides 24-hour emergency care to patients who present in a mental health crisis
- HRMC offers the opportunity to host free support groups for the community

Goals and Future Actions to Address this Significant Health Need

Goal: Improve mental health outcomes in the community through screening and connecting patients to community resources.

- Enhance partnership with Community Counseling Services and other community mental health providers to increase care coordination for HRMC patients who present behavioral health needs
- Improve screening process for mental health needs to identify potential concerns before they result in crisis
- Expand education for providers and patients on available behavioral health resources in the community

Impact of Actions and Access to Resources

- Improve behavioral health outcomes in the community by increasing screening and connecting patients to community resources

Other Local Organizations Available to Respond to This Need

- Community Counseling Services (CCS) - https://www.ccs-sd.org/
- Rising Hope Counseling - https://risinghope.com/
- True Reflections Counseling - https://truereflectionscounseling.com/
- Other local mental health and counseling services

Access to Local Health Care Services

HRMC Services and Programs Committed to Respond to This Need

- A range of primary and specialty care services, lab, and imaging available locally to limit patients' need to travel far for care
- HRMC Specialty Clinic provides clinical space to outreach specialists to see patients conveniently close to home
- HRMC serves as a training clinical site for a range of students across health professions including medical, nursing, lab, and more to grow the local health care workforce
- HRMC is a rotation site for the Rural Experiences for Health Professions Students (REHPS)
- Telehealth appointments are available to increase access to providers and services for patients who cannot travel for care

Goals and Future Actions to Address this Significant Health Need

Goal: Enhance access to health care services locally through physician recruitment, expansion of primary and specialty care availability and convenient access to care for urgent illness.

- Continuously expand access to care through the recruitment of new providers, including recruitment efforts of bilingual or multi-lingual providers to serve Huron's diverse population
- Evaluate convenient care offerings including expansion of hours and access to same-day appointments
- Expand telehealth offerings and availability of specialty care locally through HRMC Specialty Clinic
- Explore opportunities for HRMC providers to offer care in rural service area
- Expand availability of in-person interpretation services
- Educate providers and staff on community resources/services available to patients

Impact of Actions and Access to Resources

- Increase appointment availability through expanded services and hours of operation
- Address health disparities through increased access to health care services, and interpretation services

Other Local Organizations Available to Respond to This Need

- Carr Chiropractic Clinic - https://www.carrchiropracticclinic.com/
- Horizon Health Huron - https://www.horizonhealth care.org
- Huron Clinic - https://huronclinic.com/home.html

Disease Prevention

HRMC Services and Programs Committed to Respond to This Need

- HRMC hosts free education and screening services throughout the year including:
    - Monthly events for men's health, diabetes workshops, American heart Month, breast, prostate, and colon cancer prevention, and more
    - Physicians and staff provide education and screening at various events and civic group meetings
- HRMC is a participant in Mission: Lifeline Stroke, a statewide initiative of the American Heart Association
- Better Choices, Better Health SD Self-Management Programs for chronic diseases
- HRMC Prenatal Education classes taught by certified childbirth educators with tailored classes for young adult and Spanish-speaking mothers
- 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 local print, newsletter, radio, and social media

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce the onset of illness and disease through effective and equitable screening and prevention services.

- Expand education services and programs to provide Spanish and Karen translations and in-person interpretation whenever possible
- Increase community partnerships to offer education, screening, and prevention services
- Engage with the community in wellness care to promote healthy activities like proper nutrition, exercise, and preventative care exams
- Implement a structured provider referral process for disease screening, providing ongoing education about screening guidelines
- Enhance screening process for social determinants of health

Impact of Actions and Access to Resources

- Decrease onset and prevalence of chronic diseases

Other Local Organizations Available to Respond to This Need

- Carr Chiropractic Clinic - https://www.carrchiropracticclinic.com/
- Horizon Health Huron - https://www.horizonhealth care.org
- HRMC Foundation - https://www.hrmcfoundation.org/
- Huron Clinic - https://huronclinic.com/home.html

Huron Rising

HRMC is focused on improving health care in the greater Huron community and partners, wherever possible, with other community organizations to address other pressing needs of the community. The table below shows the efforts and initiatives HRMC is taking to address the additional focus areas identified by Huron Rising 2.0 in order to make Huron a safe, healthy, and happy place for all.

Education	Offer shadow and rotation opportunities for students interested in and pursuing health careers. Partner with HRMC Foundation and local colleges and universities to offer local programs for health professions.
Downtown Planning	Promote local and downtown business to staff.
Housing	Connect patients to resources for housing assistance when a need is identified.
Dilapidated Properties	Maintain and encourage pride in our community, including participating in and helping to share information about clean-up events.
Cultural Development	Continue our commitment to diversity through celebration of our diverse culture, offering opportunities for diverse members of our community to train and learn health care career principles.
Childcare	Conduct childcare survey among HRMC staff members and offer BLS Heartsaver Courses to babysitters and childcare staff.
Community Beautification	Participate in United Way Day of Caring and beautify our own spaces at HRMC and on our campus.

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. South Dakota's Top 15 Leading Causes of Death are listed in the tables below in Beadle County's rank order. Beadle County's mortality rates are compared to the South Dakota state average, and whether the death rate was higher (red), or lower (green) compared to the U.S. average.

	Beadle County	South Dakota	U.S.
Heart Disease	265.0	255.2	173.8
Cancer	208.2	181.9	146.6
Lung	74.8	59.2	34.7
Stroke	61.6	57.8	41.1
Accidents	60.8	81.2	64.7
Diabetes	48.1	42.1	25.4
Flu - Pneumonia	35.5	20.0	10.5
Kidney	28.2	21.4	13.6
Hypertension	24.8	20.4	10.7
Alzheimer's	24.7	52.9	31.0
Blood Poisoning	14.7	10.7	10.2
Homicide	13.1	23.7	8.2
Suicide	12.7	16.2	14.1
Parkinson's	9.9	11.1	9.8
Liver	7.9	18.0	14.5

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Beadle	Hand	Spink	Clark
Length of Life				
Premature Death*	7,444	n/a	7,082	n/a
Life Expectancy*	78	81	79	80
Quality of Life				
Poor or Fair Health	14%	11%	11%	12%
Poor Physical Health Days	3.1	2.7	2.8	2.7
Poor Mental Health Days	3.9	3.9	4.0	3.8
Low Birthweight*	7%	5%	5%	9%
Health Behaviors				
Adult Smoking	18%	16%	16%	17%
Adult Obesity	37%	36%	36%	33%
Limited Access to Healthy Foods	6%	9%	12%	16%
Physical Inactivity	27%	21%	22%	24%
Access to Exercise Opportunities	80%	55%	45%	37%
Excessive Drinking	18%	18%	19%	19%
Alcohol-Impaired Driving Deaths	33%	n/a	n/a	33%
Drug Overdose Deaths*	n/a	n/a	n/a	n/a
Sexually Transmitted Infections*	277	194	n/a	n/a
Teen Births *(per 1,000 females ages 15-19)*	51	n/a	11	16
Clinical Care				
Uninsured	15%	9%	12%	12%
Primary Care Physicians	2125:1	1548:1	2090:1	n/a
Dentists	2153:1	3140:1	1247:1	1956:1
Mental Health Providers	346:1	n/a	1559:1	n/a
Preventable Hospital Stays*	5,489	3,046	3,328	2,471
Mammography Screening	49%	59%	52%	50%
Flu Vaccinations	54%	62%	29%	31%
Social & Economic Factors				
High School Completion	85%	93%	91%	91%
Some College	54%	72%	63%	61%
Unemployment	1.9%	1.7%	2.4%	2.3%
Children in Poverty	15%	10%	15%	13%
Children in Single-Parent Households	12%	13%	19%	13%
Injury Deaths*	85.9	75.2	78.4	69.1
Child Care Cost Burden *(% of HHI used for childcare)*	21%	20%	21%	20%
Child Care Centers *(per 1,000 under age 5)*	4	11	3	3
Physical Environment				
Severe Housing Problems	11%	9%	8%	11%
Long Commute - Driving Alone *(> 30 min. commute)*	11%	17%	24%	30%
Severe Housing Cost Burden *(50% or more of HHI)*	8%	9%	8%	9%
Broadband Access	83%	86%	88%	83%

***Per 100,000 Population**

Key (Legend)

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

Source: County Health Rankings 2024 Report

County Health Rankings

	Kingsbury	Miner	Sanborn	Jerauld
Length of Life				
Premature Death*	n/a	n/a	n/a	n/a
Life Expectancy*	80	77	77	82
Quality of Life				
Poor or Fair Health	11%	12%	12%	12%
Poor Physical Health Days	2.7	2.9	2.9	2.8
Poor Mental Health Days	3.9	3.9	3.9	4.0
Low Birthweight*	6%	7%	9%	7%
Health Behaviors				
Adult Smoking	16%	17%	17%	17%
Adult Obesity	35%	36%	36%	36%
Limited Access to Healthy Foods	4%	6%	28%	24%
Physical Inactivity	21%	24%	24%	23%
Access to Exercise Opportunities	25%	52%	n/a	68%
Excessive Drinking	19%	19%	19%	18%
Alcohol-Impaired Driving Deaths	25%	n/a	17%	n/a
Drug Overdose Deaths*	n/a	n/a	n/a	n/a
Sexually Transmitted Infections*	193	173	210	n/a
Teen Births *(per 1,000 females ages 15-19)*	n/a	n/a	n/a	n/a
Clinical Care				
Uninsured	12%	12%	12%	10%
Primary Care Physicians	2596:1	2314:1	n/a	1636:0
Dentists	1324:1	384:1	2415:0	413:1
Mental Health Providers	n/a	n/a	1208:1	1650:1
Preventable Hospital Stays*	2,996	n/a	1,977	3,977
Mammography Screening	48%	41%	46%	39%
Flu Vaccinations	45%	25%	35%	27%
Social & Economic Factors				
High School Completion	90%	90%	92%	92%
Some College	63%	61%	61%	65%
Unemployment	1.9%	1.9%	2.1%	1.3%
Children in Poverty	12%	12%	18%	19%
Children in Single-Parent Households	11%	24%	15%	16%
Injury Deaths*	92.0	98.5	83.9	n/a
Child Care Cost Burden *(% of HHI used for childcare)*	20%	20%	20%	22%
Child Care Centers *(per 1,000 under age 5)*	3	10	n/a	n/a
Physical Environment				
Severe Housing Problems	13%	13%	7%	10%
Long Commute - Driving Alone *(> 30 min. commute)*	23%	27%	36%	15%
Severe Housing Cost Burden *(50% or more of HHI)*	9%	9%	9%	7%
Broadband Access	85%	77%	78%	82%

***Per 100,000 Population**

Key (Legend)

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

Source: County Health Rankings 2024 Report

County Health Rankings

	South Dakota	Top US Performers	US Overall
Length of Life			
Premature Death*	8,483	6,000	8,000
Life Expectancy*	77	81	79
Quality of Life			
Poor or Fair Health	13%	13%	14%
Poor Physical Health Days	2.8	3.1	3.3
Poor Mental Health Days	3.9	4.4	4.8
Low Birthweight*	7%	6%	8%
Health Behaviors			
Adult Smoking	16%	14%	15%
Adult Obesity	39%	32%	34%
Limited Access to Healthy Foods	8%	17%	12%
Physical Inactivity	22%	20%	23%
Access to Exercise Opportunities	73%	90%	84%
Excessive Drinking	22%	13%	18%
Alcohol-Impaired Driving Deaths	35%	10%	26%
Drug Overdose Deaths*	10.3	42	23
Sexually Transmitted Infections*	542	152	496
Teen Births *(per 1,000 females ages 15-19)*	20	9	17
Clinical Care			
Uninsured	11%	6%	10%
Primary Care Physicians	1252:1	1,030:1	1,330:1
Dentists	1561:1	1,180:1	1,360:1
Mental Health Providers	441:1	230:1	320:1
Preventable Hospital Stays*	2,771	1,558	2,681
Mammography Screening	51%	52%	43%
Flu Vaccinations	47%	53%	46%
Social & Economic Factors			
High School Completion	93%	94%	89%
Some College	69%	74%	68%
Unemployment	2.1%	2.3%	3.7%
Children in Poverty	15%	10%	16%
Children in Single-Parent Households	21%	13%	25%
Injury Deaths*	86.9	64	80
Child Care Cost Burden *(% of HHI used for childcare)*	21%	36%	27%
Child Care Centers *(per 1,000 under age 5)*	6	13	7
Physical Environment			
Severe Housing Problems	11%	8%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	16%	17%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	9%	15%	14%
Broadband Access	87%	90%	87%

***Per 100,000 Population**

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 organizations
3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
6) Health Care Professional – Individuals who provide health care services or work in the health care field with an understanding / education on health services and needs.
7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	November 2024	2013-2022
CDC Final Deaths	15 top causes of death	November 2024	2022
Bureau of Labor Statistics	Unemployment rates	November 2024	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	December 2024	2022
South Dakota Department of Health	Alcohol-Related Deaths & Nonfatal Visits Report	December 2024	2014-2023
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	December 2024	2022
American Diabetes Association	Type 2 diabetes risk factors	December 2024	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	December 2024	2019
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	December 2024	2023
Center for Housing Policy	Impacts of affordable housing on health	December 2024	2015
Economic Policy Institute	Childcare costs	December 2024	2020
Health Affairs: Leigh, Du	Effects of low wages on health	December 2024	2022

Survey Results

Based on 316 survey responses gathered between October and November 2024.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	56.9%	177
Health Care Professional	49.5%	154
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	3.9%	12
Government Employee or Representative	3.5%	11
Public Health Official	0.3%	1
Representative of Chronic Disease Group or Advocacy Organization	0.3%	1
	Answered	311
	Skipped	5

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	89.1%	279
Asian or Asian American	6.1%	19
Hispanic or Latino	5.1%	16
Black or African American	0.3%	1
American Indian or Alaska Native	0.3%	1
Native Hawaiian or other Pacific Islander	0.0%	0
Other (please specify)	0.3%	1
	Answered	313
	Skipped	3

Q3: Age group

Answer Choices	Responses	
18-24	6.7%	21
25-34	21.2%	67
35-44	22.8%	72
45-54	23.1%	73
55-64	17.1%	54
65+	9.2%	29
	Answered	316
	Skipped	0

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
57350	80.6%	249
57384	4.2%	13
57348	2.3%	7
57231	1.6%	5
57385	1.6%	5
57386	1.3%	4
57353	1.3%	4
57322	1.3%	4
57312	1.0%	3
57476	0.6%	2
57324	0.6%	2
57105	0.3%	1
57381	0.3%	1
57783	0.3%	1
57360	0.3%	1
57382	0.3%	1
57108	0.3%	1
57469	0.3%	1
57832	0.3%	1
57301	0.3%	1
57212	0.3%	1
57248	0.3%	1
	Answered Skipped	309 7

Q5: which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	59.9%	172
Uninsured and underinsured individuals	47.4%	136
Older adults	46.3%	133
Racial and ethnic minority groups	43.6%	125
Individuals requiring additional health care support	35.2%	101
Children	29.6%	85
Women	24.4%	70
Residents of rural areas	16.4%	47
LGBTQ+	2.4%	7
	Answered	287
	Skipped	29

What do you believe to be some of the needs of the groups selected above?

- Lack of job options
- Insurance.
- Health education.
- Need support with care.
- They need help with simple tasks. They need support.
- They need help with transportation
- Health care costs escalating. Health insurance costs and limit coverage with it are a concern. Specialists in which the referral requires driving 2 hours especially over the winter months with weather factors.
- Access to specialists in huron vs. Traveling to mitchell, sioux falls, etc.
- Health insurance options need to be improved. Better local care without having to travel. Specialist like endocrinologist and other regular specialists on a regular basis.
- Easier access to health care and less electronic/recorded approaches. Calling clinics can be cumbersome, especially if the patient does not know the name of their doctor. If patients are expected to press numbers and leave messages without speaking to an actual person, many tend to hang up and not seek further treatment.
- Accessing and understanding the importance of good health habits, how to avoid illness and having a partner in health.
- Not being able to seen by a doctor when sick, have to wait a couple days to get in, cause they are full

- Pregnancy care for women
- Some of the issue has to do with knowledge. These groups don't know what is available to them, at what times, or where to go to find the information.
- Translation, transportation, ability to pay
- Urgent care
- More specialized doctors.
- Access to affordable health care and assistance to purchase medications.
- Knowledge, insurance, language barrier
- Yearly physicals and illness care
- Monetary assistance to be able to have wellness check-ups annually. The availability of home services and health care specialists as out of town travel is difficult for many.
- Access to health care, aging issues (less coverage, more needs), more advanced care
- Unable to communicate because of primary language barriers.
- Respiratory or other more special care
- For ethnic groups a lack of translators and lack of understanding of US health care. People who lack health care cannot afford it or can't get coverage. The lack of specialized health care causes people to travel out of town for their specific needs, specialized care, and surgery.
- To be treated fairly when receiving medical care.
- More affordable health care, and more easily accessed
- Better health care, and affordable health insurance.
- I think people in these groups do not get regular check ups do to financial situation/ insurance. I think if more people could get physicals a lot of health issues could be caught earlier and treated. In the long run everyone wins because cost would be lower overall for everyone.
- Individuals not seeking out medical needs due to financial means, and not understanding reasons for medical needs.
- Access to health care, insurance/coverage to pay for health care, social needs including food insecurities, transportation
- Language barrier. Lack of insurance and income. Lack of knowledge about the importance of preventative or well-care check-ups.
- Access to health care subspecialists, health literacy, financial constraints without insurance
- Financial burden of the high cost of health care
- An urgent care center. Now that quick care is closed, those needing urgent care either go to the ER, travel far to the nearest urgent care center, or do not get treated at all.
- Urgent care and longer open hours
- Understanding what is available and how to utilize it.
- No care for after hours or if unable to get into doctor's office.

Q6: 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	1	5	26	65	159	256	4.47
Cancer	1	4	32	73	145	255	4.40
Heart Disease	1	5	43	91	115	255	4.23
Women's Health	1	2	52	82	118	255	4.23
Drug/Substance Abuse	2	9	45	75	124	255	4.22
Diabetes	0	5	51	84	115	255	4.21
Obesity	3	10	51	77	115	256	4.14
Stroke	0	8	70	78	98	254	4.05
Alzheimer's and Dementia	0	11	62	94	87	254	4.01
Kidney Disease	0	9	91	80	76	256	3.87
Dental	6	12	83	69	86	256	3.85
Lung Disease	0	12	86	85	69	252	3.84
Liver Disease	0	16	97	79	63	255	3.74
Integrative Health	7	23	91	54	80	255	3.69
Other (please specify)						7	
						Answered	257
						Skipped	59

Comments:

- Urgent care
- Preventative Care
- Pediatrics
- Mental health
- Elder care. Education on chronic illness not during working hours.
- Colonoscopies
- Autism.

Q7: 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
Health Care: Affordability	2	3	21	50	177	253	4.57
Access to Childcare	1	8	25	73	150	257	4.41
Access to Emotional Health	1	6	29	76	144	256	4.39
Affordable Housing	2	9	38	66	141	256	4.31
Health Care: Location of Services	3	8	39	72	131	253	4.26
Employment and Income	0	8	49	73	126	256	4.24
Health Care: Types of Services Provided	2	7	50	69	125	253	4.22
Health Care: Prevention Services	2	9	47	70	126	254	4.22
Education System	2	13	54	64	123	256	4.14
Access to Healthy Food	4	11	56	72	113	256	4.09
Access to Mental Health Providers of Different Ethnic Backgrounds	5	17	55	67	113	257	4.04
Community Safety	2	19	60	70	105	256	4.00
Access to Senior Services	1	14	74	83	86	258	3.93
Access to Exercise/Recreation	3	16	80	72	85	256	3.86
Transportation	2	24	79	79	72	256	3.76
Access to Outdoor Activities	4	25	78	80	68	255	3.72
Access to Telehealth	5	34	77	65	75	256	3.67
Social Connections	7	17	92	77	63	256	3.67
Access to Spiritual Health	6	32	99	56	62	255	3.53
Other (please specify)						5	
						Answered Skipped	258 58

Comments:

- Need an Urgent care!!!
- It would be helpful to communicate the types of programs that are offered for out-of-town care. For example, my mom was referred to a provider out-of-town and HRMC did not inform us that there is a program that reimburses medical travel. We could have been reimbursed for years.
- access to health care at some off hours that is not necessarily ER
- There is a HUGE need for a reliable evening and weekend urgent care. The closest one is in Mitchell.
- Better access to telehealth.

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Illegal Drug Use	2	8	62	62	118	252	4.13
Smoking/Vaping/Tobacco Use	0	13	56	85	101	255	4.07
Unhealthy Diet	1	13	65	83	90	252	3.98
Excess Drinking	5	23	66	74	87	255	3.84
Physical Inactivity	0	18	82	79	72	251	3.82
Risky Sexual Behavior	2	32	86	74	58	252	3.61
Other (please specify)						3	
						Answered Skipped	255 61

Comments:

- An urgent care facility that is open on weekends and evenings would be very helpful
- Mental illness
- We have a STD problem and nobody in the state is concerned

Q9: please provide feedback on any actions you've seen taken by HRMC to address the 2022 significant health needs in your community and what additional actions you would like to see.

- Provider care is very humble and makes me feel welcome. More services provided.
- They take really good care of patients. I would like to see more people from different cultures work at the hospital.
- The community liaison program has been a good addition. I hope it expands for more outreach.
- I've noticed growth in two areas: the addition to the hrmc clinic and the hiring of many new medical professionals. I believe the hospital needs renovations to keep up with hospitals in similar-sized towns in south dakota.
- There is more access to quality specialty providers than there was 2 years ago.
- Regarding those things i am not sure other than hiring more physicians to meet the needs of the community.
- Would like to see an urgent care!
- Access to both health care and mental health care has improved.
- An urgent care center with 24 hour care
- They have worked with SDSU to do a chronic disease workshop
- I have seen a great deal of growth from HRMC taking on this challenge. I believe that none of these issues have a quick fix and that it could take time to address these issues. Overall, I have a positive outlook on the individuals trying to address and mend the health needs of the huron community and surrounding areas.
- An after hours clinic. All the clinics here are M-F 8-5pm... But things happen before an after that time bracket. It'd be nice to have access to a later urgent care type facility.
- I feel that huron rising is a great benefit to addressing some of the issues brought about in the 2022 assessment.
- I am pleased to see the hrmc chw program.
- Work with individuals prior to turning over to collections
- The community needs access to urgent care services that are open after hours and on the weekends.
- We have changed our forms from english only education to other languages. We have more employees for community liaison's and language interpreter's accessibility.
- We are in need of quick care or something for after hours when the clinics close. Most of the clinics here are closed by 5 o'clock

- Getting doctors and medical providers who will stay in huron is so important. The relationship you build with your health care provider is key to open, honest communication and trust.
- More doctors or specialists are here now. Would like to see a quick care drop in clinic again, or more locations for vaccinations other than the pharmacies, which are sometimes out of the vaccine or have a long wait to get the shot.
- I believe there has been a great deal of work on access to health care. Affordabitiy is a challenge, but the hospital has worked with this to some degree. Heart disease not sure exactly what HRMC has done for this. Preventative care has been a good effort. Behavioral remains a challenge but doing some work in this direction.
- Mammograms are completed for low income
- HRMC has been working hard to bring in more specialists which is extremely important. Hope to see that continue in the future.
- Diabetes remains a huge factor for limb amputations and one of the primary causes of osteomyelitis. Diabetes can be manage by lifestyle modifications and medications but there are still many patients that do not understand the condition well.
- Community health liaisons are huge- this is a big win!
- More telehealth for mental health has been shown, more quick care facilities needed
- I think our community needs more prevention classes. About any health problems the people has.
- More providers have been added to the community in primary care and specialty care.
- Keep up with updated equipment and standards
- I see HRMC promoting mammograms in the community. I would like to see health care costs reduced along with the cost of health insurance!
- I have seen many seminars about managing cancer, diabetes, etc. Many outside specialists have been brought in for heart health. I do not think that I have seen much on behavior health. And as far as affordability goes, it is still not affordable just like everything else.
- Hrmc has offered services for non-english speaking community members, and visited local business to provide education on importance of routine medical care.
- I notice a language barrier, and with the karen population, we need to be more visual and explain things to them in depth because most english words do not exist in karen, and most karen people did not receive an education in thailand or burma, therefore some cannot read or write karen.

Q10: Social drivers of health (SDoH) 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 drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Access to health care services	50.4%	115
Poverty	49.1%	112
Childcare	49.1%	112
Housing	44.3%	101
Racial and cultural disparities	44.3%	101
Employment	38.2%	87
Nutrition	35.5%	81
Education	33.3%	76
Food security	23.3%	53
Transportation	21.1%	48
Interpersonal/social connections	20.2%	46
Public safety	15.4%	35
Other (please specify)	5.7%	13
	Answered Skipped	228 88

Comments:

- Not enough family active options for both indoor and outdoor activities--to live a healthy, active life. I'd like to see our community be more walkable, also
- Health Care a bit beyond 8-5 for hours
- Not enough employment options for Limited English Speakers. Many can't tolerate the constant standing and freezing cold temp at Dakota Provisions but can and will work where there are other opportunities.
- physical inactivity
- Insurances are high; things not covered
- the price of health care is what impacts me most and keeps me from seeking help I am not poor but have to wait to pay one bill before creating another

- Cost of medical expenses
- Translators
- Lack of healthy eating options, lack of any desire for people to want to be healthy or take care of themselves
- Lower costs
- For undocumented immigrants without insurance, access to health care services is a big issue, particularly in their native countries where the health care system is underdeveloped. They have had poor or no access to health care for the most of their lives.
- Poor economy
- Mental health

Q11: what barriers keep you or anyone in your household from receiving routine health care? (Please select all that apply)

Answer Choices	Responses	
Cost of health care	54.0%	127
Health Care hours of operation are inconvenient	43.8%	103
Lack of access to same day appointments	37.0%	87
No insurance/high deductible	34.9%	82
Long wait times for appointments	33.2%	78
I have no barriers to receiving routine health care	25.5%	60
Difficulty scheduling appointments	24.3%	57
Cannot take off work	21.7%	51
Health Care locations are inconvenient	13.6%	32
Lack of childcare	8.5%	20
Lack of transportation	4.7%	11
I do not understand how to find health care resources	2.1%	5
Other (please specify)	8.5%	20
	Answered	235
	Skipped	81

Comments

- Lack of an emergent care now.
- Our community clinic needs extended and weekend hours
- The cost of doctor visits and the tests , xrays,ct scans etc
- Mainly for visiting specialists.
- Essentially i have minimal barriers, but these have been barriers at 1 time
- I would say none
- Language barrier
- People need more information about the services.
- Not for my family but one of the complaints is how long they have to wait to get appt. With certain providers
- Reaching staff at hrmc for appointments is a challenge
- We need urgent care!
- Urgent care hours are not enough, not open on weekends
- Insurance dictating what they consider routine and limiting when or what can receive
- Lack of consistent providers

Q12: What additional services / offerings would you like to see available in the Huron Area? (select all that apply)

Answer Choices	Responses	
Urgent Care / Walk-In / Extended Hours	68.9%	162
Mental Health / Substance Abuse Treatment	44.7%	105
Dermatology	40.9%	96
Cancer Care	37.5%	88
Additional Primary Care Availability	32.3%	76
Women's Health	25.1%	59
Holistic and Alternative Care	24.7%	58
Cardiology	23.0%	54
Bariatric (Weight Loss)	22.1%	52
Telehealth / Virtual Care	20.0%	47
Health Prevention / Education Programs	19.6%	46
Pediatrics	17.5%	41
Endocrinology	15.3%	36
Rheumatology	15.3%	36
Neurology	14.5%	34
Gastroenterology	14.0%	33
Reproductive Health	14.0%	33
Pulmonology	11.9%	28
Cutting Edge Medical Technology	9.4%	22
Orthopedics	8.9%	21
Audiology	8.5%	20
Ophthalmology	8.5%	20
General Surgery	7.2%	17
Urology	6.0%	14
Nephrology	5.1%	12
Plastic Surgery	5.1%	12
Other (please specify)	6.0%	14
	Answered	235
	Skipped	81

Comments

- Access to clinics after 5 and on weekends
- Thermograms
- ENT/Immunology services
- Allergy & ENT
- OB GYN

- The dermatology more then 1 time a month such a great service
- We need more than one peds doctor.
- Geriatric behavioral specialist
- Mental and emotional health are not limited to substance abuse issues. Substance abuse is a subset of emotional and mental health
- We desperately need urgent care and same day appointments.

Q13: where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	79.0%	188
Website/Internet	45.0%	107
Family or Friends	26.1%	62
Workplace	25.2%	60
Hospital	20.2%	48
Social Media	17.2%	41
Word of Mouth	12.2%	29
School/College	10.9%	26
Television	7.1%	17
Newspaper/Magazine	6.7%	16
Radio	2.9%	7
Other (please specify)	2.9%	7
	Answered	238
	Skipped	78

Comments:

- Web md or .Gov or .Edu sites
- Books
- Working in health care has advantages but the community is missing out on a lot the community liaisons are doing a wonderful service for our community
- Community liaison
- Books and medical journals
- Medical literature
- Seminars, webinars, education workshops, reading