



2016 Community Health Needs Assessment

Pioneer Memorial
Hospital & Health Services
Viborg, South Dakota

Pioneer Memorial Hospital & Health Services

Viborg, South Dakota

Community Health Needs Assessment 2016

Pioneer Memorial Hospital & Health Services

Dear Community Members,

Pioneer Memorial Hospital and Health Services (PMHHS) is pleased to present the 2016 Community Health Needs Assessment.

Part of the comprehensive assessment work is to formally identify unmet health needs in the community. Community stakeholders helped to prioritize the unmet needs for further implementation strategy development. We are grateful to all the community members who joined us in this important work.

During 2015 members of the community were asked to complete a survey to help identify unmet health needs. Researchers at the Center for Social Research at North Dakota State University analyzed the survey data. Pioneer Memorial Hospital and Health Services in partnership with Sanford Health, further analyzed the data, identified unmet needs, and partnered with key community stakeholders to develop a list of resources and assets that were available to address each need. A gap analysis and prioritization exercise were also conducted to identify the most significant health needs and to further address these needs through the implementation strategies that are included in this document.

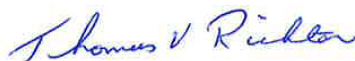
Pioneer Memorial Hospital and Health Services has set strategy to address the following community health needs:

- Physical Health
- Mental Health/Behavioral Health

The report focuses on community assets as well as community health needs. The asset map/resource list is included in this document along with the action steps that will be taken to address each identified need.

At PMHHS, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of communities is at the core of who we are. Through our work with communities, we can bring health and healing to the people who live and work across our communities. Together, we can fulfill this mission.

Sincerely,



Thomas Richter
Chief Executive Officer
Community Memorial Hospital

Pioneer Memorial
Hospital & Health Services

**Community Health Needs Assessment
2016
EXECUTIVE SUMMARY**

Pioneer Memorial Hospital & Health Services

Community Health Needs Assessment 2016

Purpose

A community health needs assessment is critical to a vital Community Benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and to develop a Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable survey was conducted online during 2015. The Center for Social Research at North Dakota State University developed and maintained links to the online survey tool. The website address for the survey instrument was distributed via e-mail to various key community stakeholders and agencies, at times using a snowball approach. Data collection occurred throughout the month of August 2015 and a total of 92 respondents participated in the online survey.

The purpose of the non-generalizable survey of community stakeholders is to learn about the perceptions regarding community health, their personal health, preventive health, and the prevalence of disease.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by PMHHS and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the early findings from the survey and to discuss the top health issues or health-related issues facing the community. Community stakeholders helped to determine key priorities for the community.

3. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the needs. Once gaps were determined the community stakeholder group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

The secondary data includes the Robert Wood Johnson *County Health Rankings* and the *Focus on South Dakota – A Picture of Health* study by the Helmsley Charitable Trust. The indicators that were reviewed for this assessment include: population data, vital statistics, adult behavioral risk factors, crime and child risk.

Key Findings – Primary Research

The key findings are based on the non-generalizable survey data. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. The survey results ranking 3.5 or higher are considered to be high ranking concerns, and will be considered for prioritization.

1. **Aging:** The cost of long term care is the number one concern of the survey participants for the aging population. The ranking for this indicator is 3.76.
2. **Children and Youth:** Bullying ranks highest of the concerns for children and youth and has a ranking of 3.64, which was the only indicator to rank over 3.5. The availability of activities for children and youth is a moderate concern with a ranking of 3.48.
3. **Safety:** The presence of street drugs, prescription drugs and alcohol in the community are the highest concerns at 3.52.
4. **Health Care:** Access to affordable health insurance is a high concern for the survey participants with a ranking of 3.64.
5. **Physical Health:** Cancer 3.77, obesity 3.59, chronic disease 3.56, and poor nutrition 3.50 all rank high among the physical health concerns.
6. **Mental Health/Behavioral Health:** Underage drinking 3.61, underage drug use and abuse 3.61, stress 3.59, alcohol use and abuse 3.50, and drug use and abuse 3.50 are all high concerns among the mental health and behavioral health indicators.

Key Findings – Secondary Research Based on the 2015 County Health Rankings

Health Outcomes

Turner County ranks 18 out of 60 for health outcomes for the state of South Dakota.

Premature Death:

- Turner County has 5,800 compared with the national benchmark of 5,200 and the state of SD at 6,800.

Poor or Fair Health:

- Turner County ranks better at 9% than the national benchmark of 12% and the SD ranking of 13%. Poor mental health days are ranked at 2.4 days in the past month in Turner County compared to the national benchmark of 2.8 and the SD ranking of 2.7.
- Low birth weight ranks the same in Turner County, the nation and the state of South Dakota at 6%.

Health Factors

Turner County ranks 28 out of 60 for Health Factors.

Health Behavior

- Turner County reports 14% for adult smoking. The national benchmark is 14% and the state of South Dakota reports 19%.
- The adult obesity rate for Turner County is 33% compared to the national benchmark of 25% and the state of South Dakota at 30%.
- The food environment indicator is based on a scale of 1 – 10. Turner County tanks 8. The national ranking is 8.3 and the state of South Dakota ranks 7.3.
- Physical inactivity is at 34% for Turner County, compared to 20% nationally and 24% for the state of South Dakota. Access to exercise opportunities is 34% for Turner County, 91% nationally, and 67% for the state of South Dakota.
- Excessive drinking is ranked at 18% in Turner County compared to 12% nationally and 18% for the state of South Dakota. Alcohol-impaired driving deaths are at 33% for Turner County, 14% nationally, and 35% for the state.
- Sexually transmitted infections are lower in Turner County at 48.1 than the national benchmark (134.1). The state is at 471.2.
- Teen births are at 16 in Turner County, 19 nationally, and 36 for the state of South Dakota.

Clinical Care

- 13% of the population in Turner County is uninsured, compared to 11% nationally and 13% statewide.
- The ratio of population to primary care physicians is 4,180:1 in Turner County, 1,040:1 nationally, and 1,310:1 in South Dakota.
- There are shortages of dentists and mental health providers with 8,270:1 in Turner County compared to a ratio of 1,340:1 dentists nationally and 370:1 mental health providers nationally. The ratio for dentists in South Dakota is 1,770:1 and for mental health providers the ratio is 630:1.
- Preventable hospital stays are more favorable in Turner County at 46 compared to South Dakota at 52. The national benchmark is 38.
- Diabetic screening is at 89% in Turner County compared to 90% nationally and 83% statewide.
- Mammography screening is at 68% in Turner County compared to 71% nationally and 66% statewide.

Social and Economic Factors

- The unemployment rate is 2.9% in Turner County.
- Child poverty is at 12% compared to 13% nationally and 18% statewide.
- Violent crimes are at 71 compared to 59 nationally and 282 statewide.
- Injury deaths are at 67 compared to 51 nationally and 70 statewide.

The following needs were brought forward for prioritization:

- Aging – the cost of long term care
- Children and Youth - bullying
- Safety – the presence of street drugs and alcohol in the community
- Health Care Access – access to affordable health insurance
- Physical Health – cancer, obesity, chronic disease, poor nutrition
- Mental Health/Behavioral Health – stress, substance abuse

PMHHS, with the recommendations from community stakeholders, has determined the 2016-2019 implementation strategies for the following needs:

- Physical Health
- Mental Health/Behavioral Health

Implementation Strategies

Priority 1: Physical Health

Physical health consists of many components, including rest and sleep, nutrition, physical activity, and self-care. Primary prevention is a way to remain physically healthy.

Pioneer Memorial Hospital and Health Services has set strategy to help the community improve their physical health and chronic health conditions. Goals to reduce obesity and improve hypertension and high cholesterol among community members include the implementation of the Bountiful Basket program, nutrition classes, cooking classes, a weight loss challenge, the development of a walking program, the promotion of colonoscopies, and the promotion of the American Cancer Society recommendations for skin cancer screens.

Additionally, PMHHS will leverage Sanford *fit* among local school districts. Sanford *fit* is an online community health activation initiative created by Sanford Health that provides engaging programs and resources to kids, families, leaders and role models across numerous settings to promote and activate healthy choices. The four key factors of healthy choices, a healthy body and healthy life included in *fit* are, MOOD – Emotions and Attitudes, RECHARGE – Sleep and Relaxation, FOOD – Mindful Nutrition Choices, and MOVE – Physical Activity Levels.

Priority 2: Mental Health/Behavioral Health

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

PMHHS has prioritized mental/behavioral health as a top priority and has set strategy to reduce the severity of depression by implementing the PHQ-9 score and improve the care of patients with a depression diagnosis. PMHHS has also set strategy to reduce dependence on opioid drugs.

Pioneer Memorial
Hospital & Health Services

**Community Health Needs Assessment
2016**

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Pioneer Memorial Hospital & Health Services

Purpose of the Community Health Needs Assessment

A community health needs assessment is critical to a vital Community Benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and to develop a Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Mission: Committed to health, healing, and community.

Vision: Pioneer Memorial Hospital & Health Services is a progressive leader dedicated to the delivery of the highest quality of medical, health, and senior living services.

Values: Pioneer Memorial Hospital & Health Services guiding principles are:

- Caring and compassion
- Respect, dignity and honesty
- Safety and quality
- Proactive response to changing needs
- Cooperation and collaboration
- Financial and fiscal responsibility

Acknowledgements

PMHHS would like to acknowledge and thank the Sanford Health Enterprise Steering Committee, and the Center for Social Research at North Dakota State University for their assistance and expertise while performing the assessment and analysis of the community health data. Project Principal: Carrie McLeod, Sanford Health Enterprise, Community Health Improvement

Pioneer Memorial Leadership:

- Thomas Richter, Chief Executive Officer
- Grace Tidball, Clinic Director
- Sharon Jacobsen, Director of Nursing
- Lori Hisel, Director of Human Resources
- Anne Christiansen, Chief Financial Officer
- Tonya Rudd, Director of Nursing, Nursing Home

The following Viborg Key Community Stakeholders participated in community discussions and helped to formulate the priorities for future work.

- Anne Christiansen - CFO, Pioneer Memorial Hospital & Health Services
- Gil Gjere - Community stakeholder
- Deb Hauger – Turner County Community Health
- Lori Hisel – HR Director, Pioneer Memorial Hospital & Health Services
- Jared Hybertson - Centerville Development Corporation
- Sharon Jacobsen – DON, Pioneer Memorial Hospital & Health Services
- Jessie Jorgenson – Administrator, Centerville Care and Rehab Center
- Byron Nogelmeier - Turner County Sheriff
- Melanie Parson – Parsons Insurance Agency
- Michele Rohde - CNP, Viborg Clinic
- Tonya Rudd - DON, Pioneer Memorial Nursing Home
- Grace Tidball - Clinic Director, Viborg Medical Clinic
- Gary Ward – Attorney

PMHHS would like to acknowledge and thank the following community members who participated in the CHNA survey:

| | | | |
|--------------------|--------------------|--------------------|------------------|
| Mary Anderson | Donna Hertel | Justin Lammers | Tonya Rudd |
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| Andrea Flyger | Jen Knudson | Debra Petersen | Dawn |
| Karen Hansen | Rachel Knutson | Deloris Plucker | Shellie |
| Renae Hansen | Laura Kroeker | Amy Radke | |
| Brett Hartman | Ann Kropuenske | Debby Roth | |

Description of Pioneer Memorial Hospital and Health Services, Viborg, SD



Established in 1959, Pioneer Memorial Hospital and Health Services has long been serving the community of Viborg and the surrounding area. Pioneer Memorial Hospital is a 12-bed, critical access acute and swing bed care, community non-profit hospital that serves the residents of Turner County and the surrounding area. PMHHS also includes Viborg Medical Clinic, Centerville Medical Clinic, and Parker Medical Clinic, all certified rural health clinics, a 52-bed skilled nursing facility, 10-unit assisted living facility, 20-unit independent living facility, and the Centerville Community Pharmacy.

Pioneer Memorial has two physicians and four advanced practice providers on staff and several outreach specialists who travel to Viborg to serve local patients and residents.

The hospital's mission - "Committed to health, healing and community" - is complementary to its values of compassion, safety, quality of care, and fiscal responsibility as it aims to be a proactive force in the community to changing needs. Pioneer Memorial is governed by a nine-member Board of Directors.

Description of the Community Served



The town of Viborg, population 782, is located in the southeastern corner of South Dakota. Residents and visitors to Viborg enjoy stunning landscapes, local eateries, and movies at the Lund Theater. Several state parks are close by including Lewis and Clark Recreation Area, Newton Hills State Park, and Union Grove State Park.

Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable online survey was conducted by PMHHS with the assistance of public health leadership and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. The website address for the survey instrument was distributed via e-mail to community stakeholders and various agencies, at times using a snowball approach. Data collection occurred throughout the month of August 2015 and a total of 92 respondents participated in the online survey.

The purpose of this non-generalizable survey of community members and key stakeholders in the greater Viborg area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. As stated in the generalizable survey methodology, many of the identified needs that ranked below 3.5 are being addressed by PMHHS. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the early findings from the generalizable survey and to discuss the top health issues or health-related issues facing the community. Community stakeholders discussed the community needs and helped to determine key priorities for the community.

3. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation Model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

Each unmet need was researched to determine what resources were available in the community to address the needs. PMHHS and community stakeholders performed the asset mapping review. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

The secondary data includes the Robert Wood Johnson *County Health Rankings* and the *Focus on South Dakota – A Picture of Health* study by the Helmsley Charitable Trust. The indicators that were reviewed for this assessment include: population data, vital statistics, adult behavioral risk factors, crime and child risk.

Limitations of the Study

The findings in this study provide a limited snapshot of behaviors, attitudes, and perceptions of residents living in Viborg. A good faith effort was made to secure input from a broad base of the community. Invitations were extended to county and city leadership, local legislators, organizations and agencies representing diverse populations and disparities.

The Internal Revenue Code 501 (r) statute requires that a broad base of key community stakeholders have input into the needs of the community. Those community members specified in the statute include: persons who represent the broad interests of the community served by the hospital facility including those with special expertise in public health; Federal, tribal, regional, state and or local health or other departments or agencies with information relevant to the health needs of the community served; leaders, representatives, or members of medically underserved, low-income, and minority populations.

PMHHS extended a good faith effort to engage all of the aforementioned community representatives in the survey process. In some cases there were surveys that were submitted without names or without a specified area of expertise or affiliation. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementation strategies are welcome on the PMHHS website using the “contact us” information.

Pioneer Memorial Hospital & Health Services

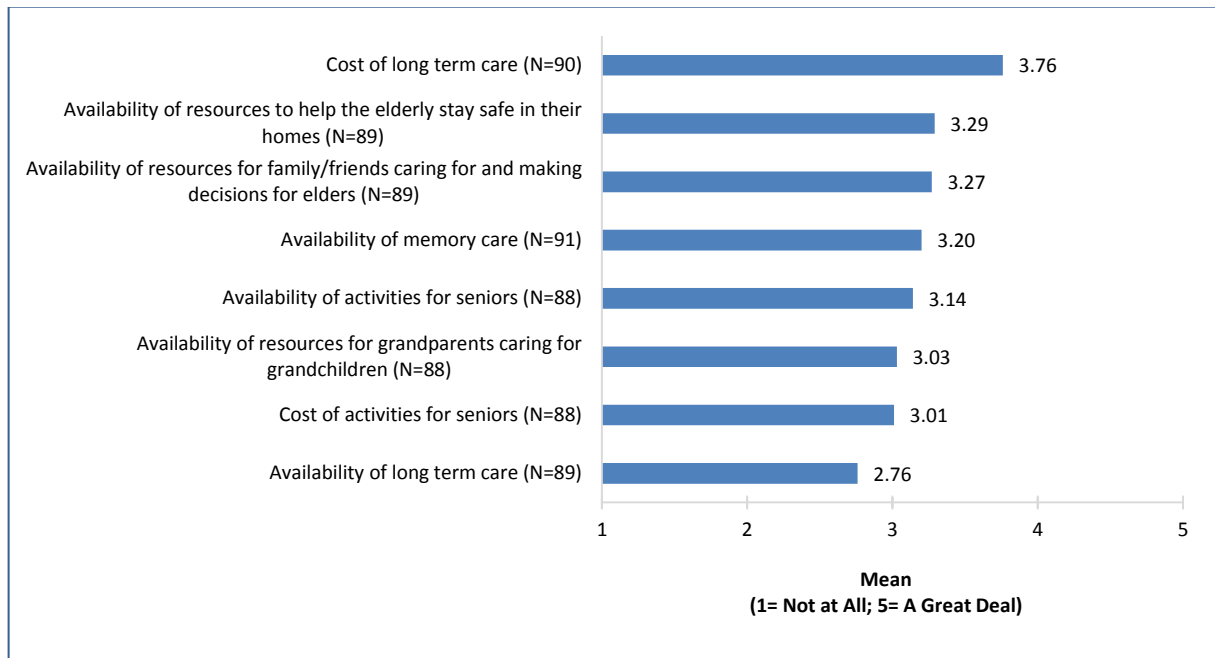
Key Findings

Community Health Concerns

Aging Population

A high concern among community survey respondents is for the aging population and the cost of long term care. Secondary research from the South Dakota Health Study finds that 26% of the population in Turner County is 65 years of age or older.

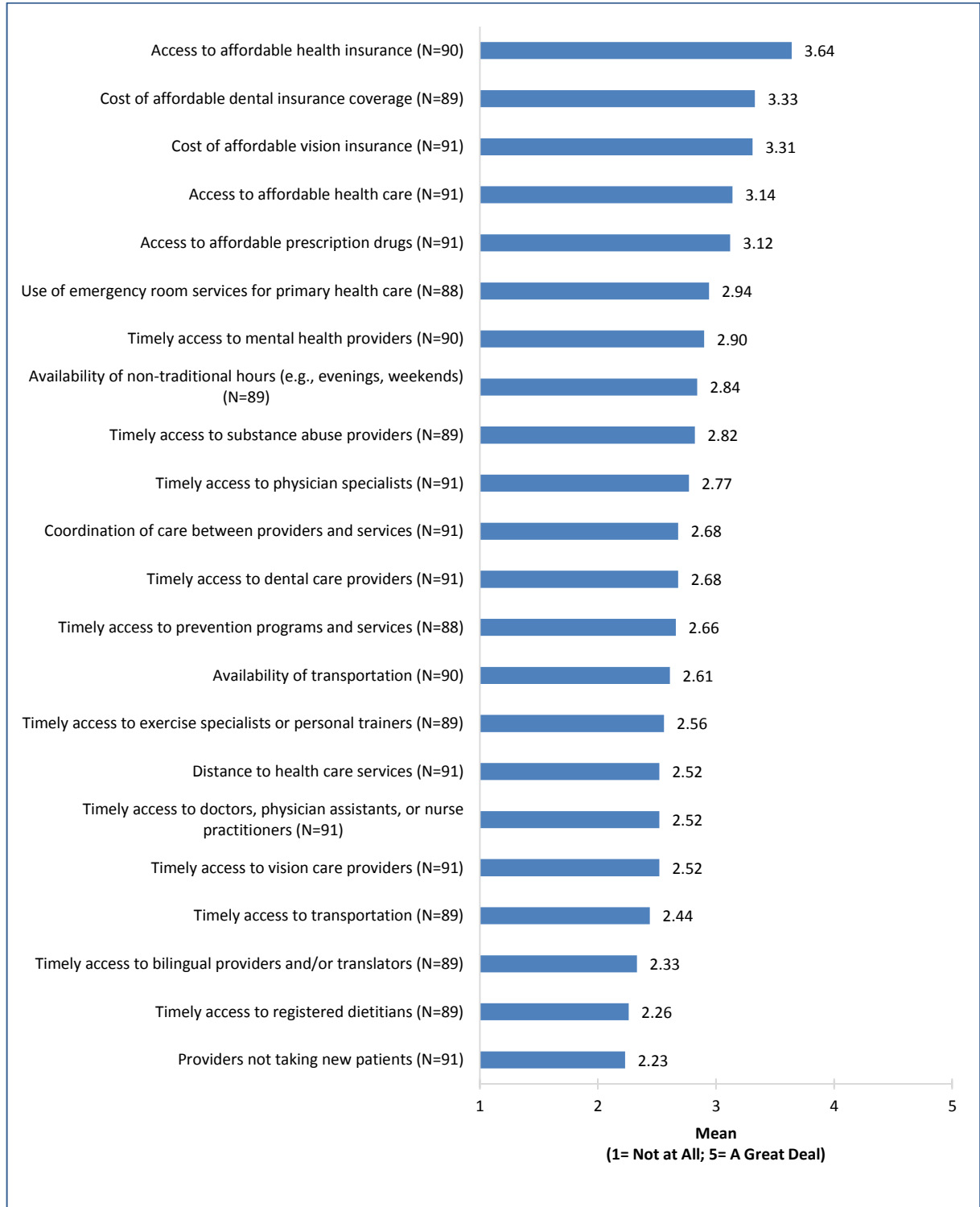
Level of concern with statements about the community regarding the AGING POPULATION



Health Care Access and Cost

The top concern among survey respondents in regard to access is affordable health insurance. *County Health Rankings* for Turner County finds that 13% of the population is uninsured.

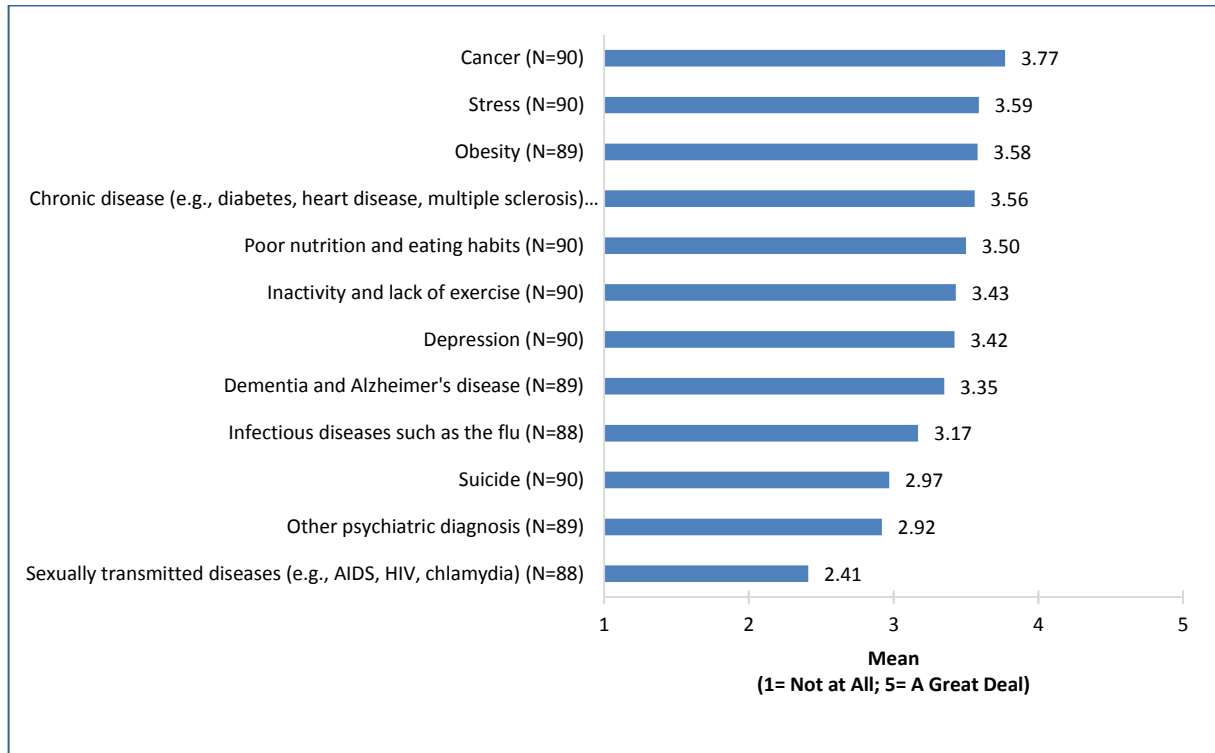
Level of concern with statements about the community regarding HEALTH CARE



Physical and Mental Health

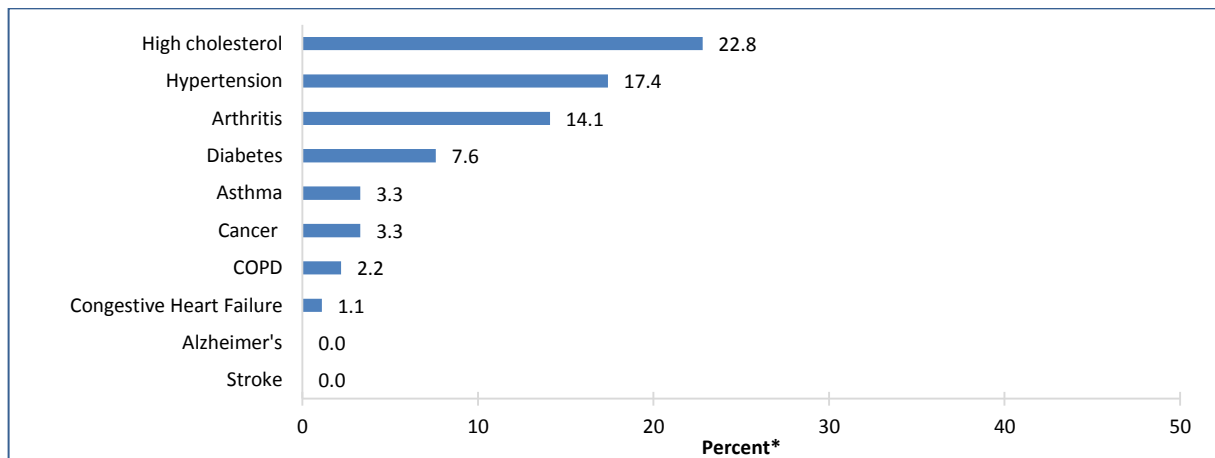
Survey respondents have a high concern for cancer, stress, obesity, chronic disease, and poor nutrition habits. Secondary research through the 2015 *County Health Rankings* find that the average number of self-reported mentally unhealthy days in the last 30 days is at 2.4 days in Turner County.

Level of concern with statements about the community regarding PHYSICAL AND MENTAL



The top chronic diseases among residents and community leaders include hypercholesterolemia, hypertension, and arthritis.

Whether respondents have any of the following chronic diseases

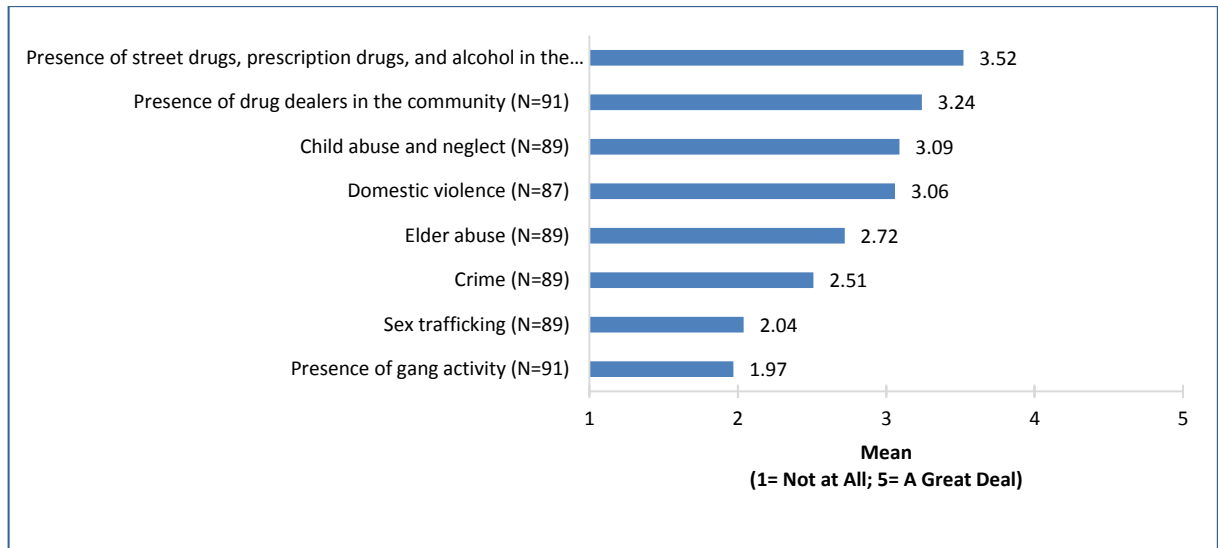


Safety

Respondents have moderately high levels of concern with respect to safety issues specific to the presence of street drugs, prescription drugs and alcohol in the community.

Secondary data shows that 33% of the traffic deaths in Turner County are associated with alcohol impairment.

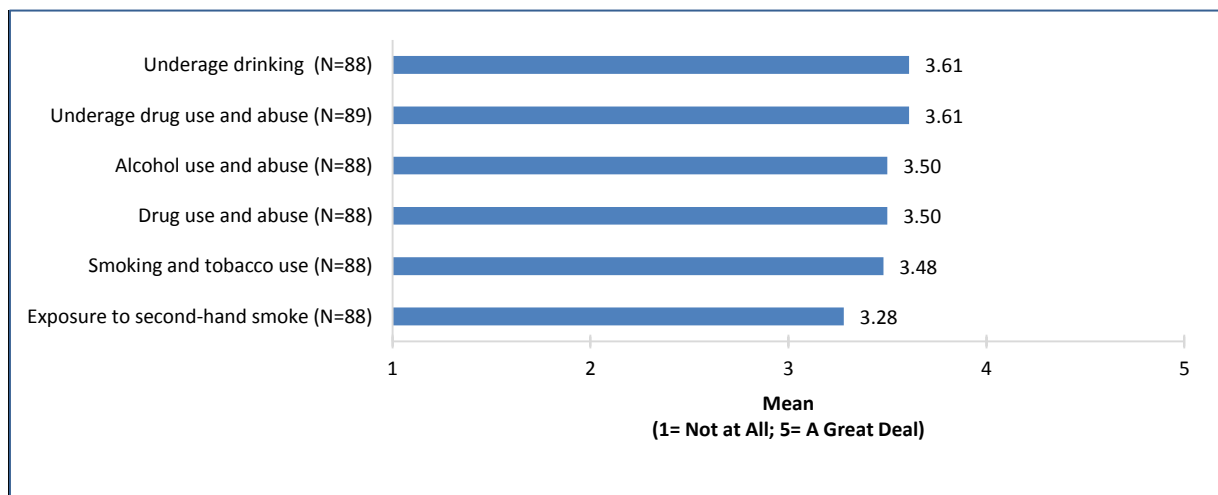
Level of concern with statements about the community regarding SAFETY



Substance Use and Abuse

Underage drinking and underage drug use and abuse are the highest of concerns for survey respondents in the substance abuse category. Alcohol use and abuse and drug use and abuse for the general adult population were also concerns.

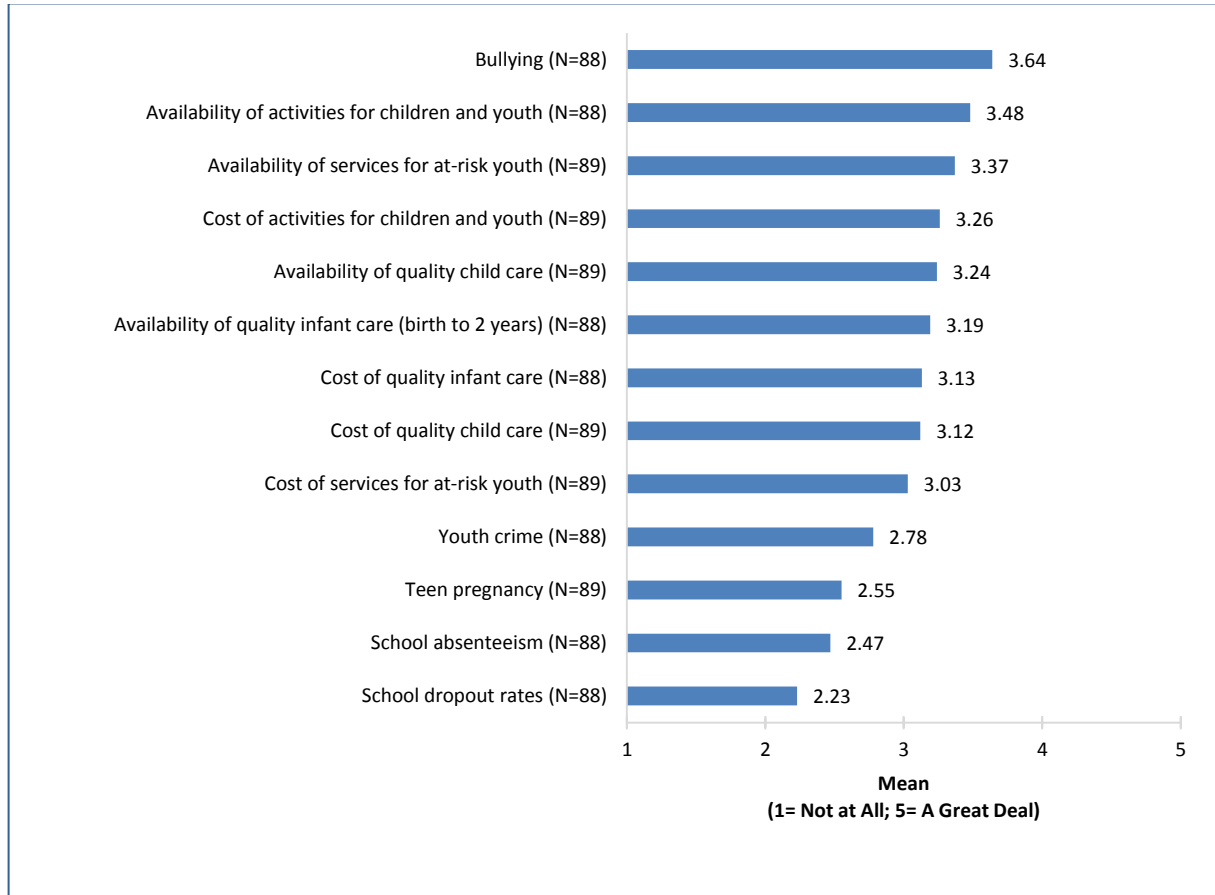
Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



Children and Youth

Bullying is ranked as the main concern for children and youth. The availability of activities for children and youth is a moderate concern.

Level of concern with statements about the community regarding CHILDREN AND YOUTH



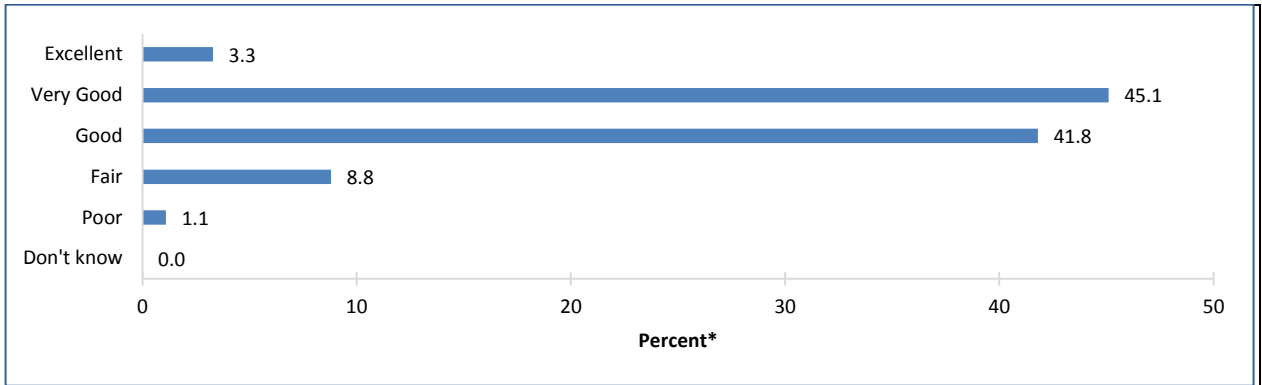
Personal Health Concerns

Respondents' Personal Health Status

The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority (62.4%) of respondents are overweight or obese. However, the majority (90.2%) of respondents rate their own health as excellent, very good or good. With good overall health habits in mind, it is important to note that within the past year, 73.9% visited a doctor or health care provider for a routine physical and 77.5% visited a dentist or a dental clinic.

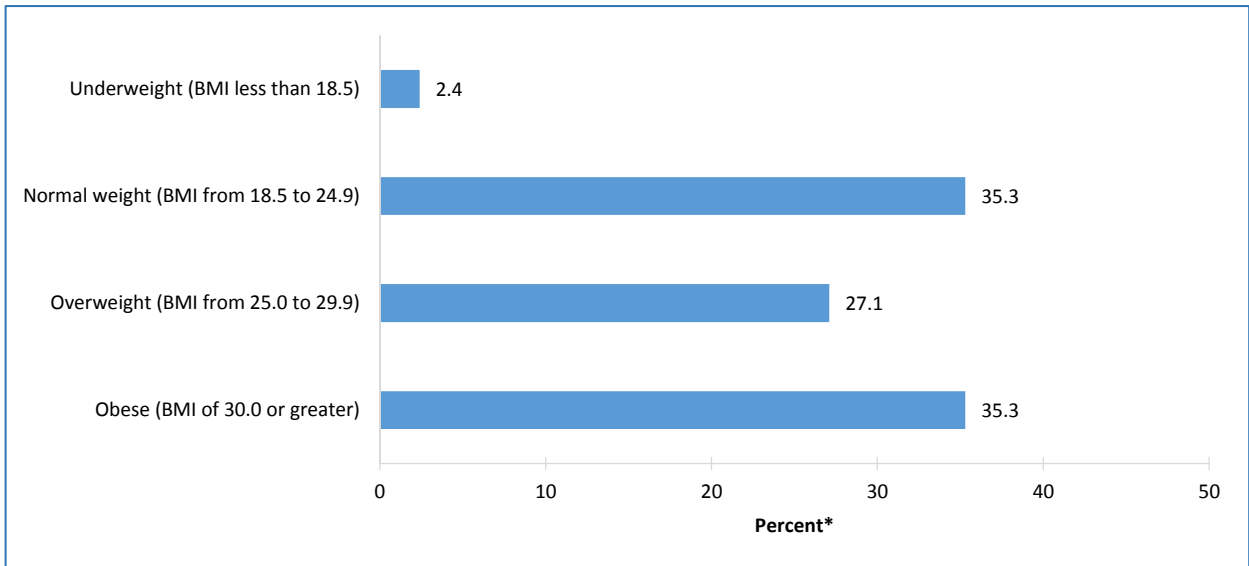
Respondents' rating of their health in general

90.2% of respondents rate their health as good or better.

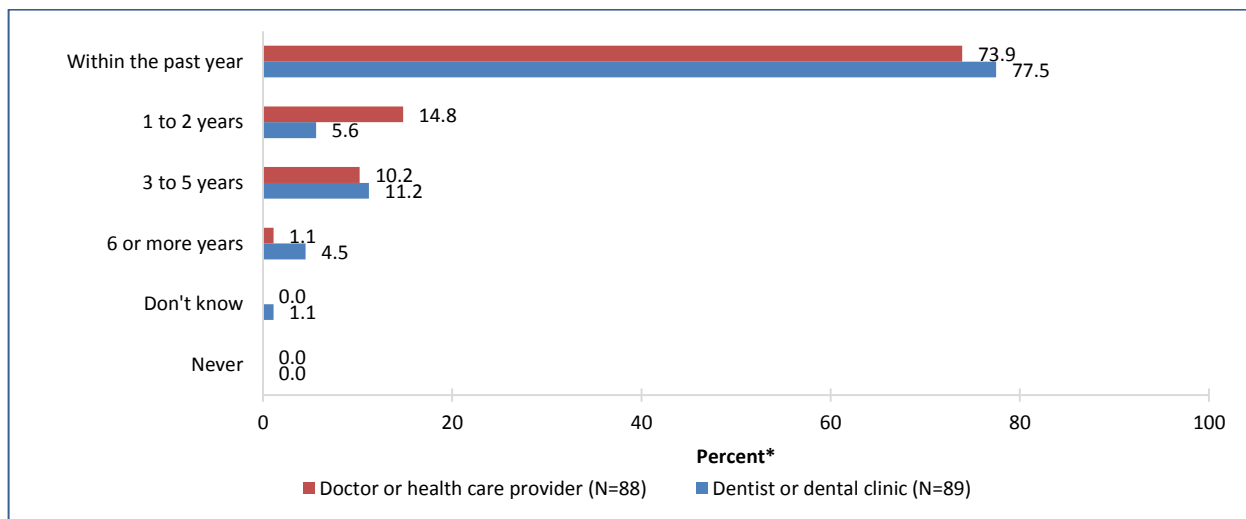


62.5% of respondents reported that they are overweight or obese. Secondary research finds that 33% of adults in Turner County are obese.

Respondents' weight status based on the Body Mass Index (BMI) scale



Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



Preventive Health

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate that within the past year, the majority of respondents had a blood pressure, blood sugar, cholesterol screening, dental screening, flu shot, pelvic exam (females), and breast cancer screening (females). However there are many screenings and tests that a majority of respondents did not receive (i.e. bone density test, cardio screening, glaucoma screening, hearing screening, immunizations, STD test, colorectal screening, prostate cancer screening {males}, and skin cancer screening) in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate.

Whether or not respondents have had preventive screenings in the past year, by type of screening

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

| Type of screening | Percent of respondents | | |
|------------------------------------|------------------------|------|-------|
| | Yes | No | Total |
| GENERAL SCREENINGS | | | |
| Blood pressure screening (N=89) | 88.8 | 11.2 | 100.0 |
| Blood sugar screening (N=89) | 64.0 | 36.0 | 100.0 |
| Bone density test (N=87) | 14.9 | 85.1 | 100.0 |
| Cardiovascular screening (N=88) | 27.3 | 72.7 | 100.0 |
| Cholesterol screening (N=89) | 66.3 | 33.7 | 100.0 |
| Dental screening and X-rays (N=88) | 76.1 | 23.9 | 100.0 |
| Flu shot (N=89) | 86.5 | 13.5 | 100.0 |
| Glaucoma test (N=87) | 43.7 | 56.3 | 100.0 |
| Hearing screening (N=87) | 13.8 | 86.2 | 100.0 |
| Immunizations (N=86) | 27.9 | 72.1 | 100.0 |
| Pelvic exam (N=69 Females) | 58.0 | 42.0 | 100.0 |

| Type of screening | Percent of respondents | | |
|--|------------------------|------|-------|
| | Yes | No | Total |
| STD (N=86) | 7.0 | 93.0 | 100.0 |
| Vascular screening (N=87) | 17.2 | 82.8 | 100.0 |
| CANCER SCREENINGS | | | |
| Breast cancer screening (N=70 Females) | 61.4 | 38.6 | 100.0 |
| Cervical cancer screening (N=69 Females) | 55.1 | 44.9 | 100.0 |
| Colorectal cancer screening (N=87) | 18.4 | 81.6 | 100.0 |
| Prostate cancer screening (N=15 Males) | 33.3 | 66.7 | 100.0 |
| Skin cancer screening (N=87) | 21.8 | 78.2 | 100.0 |

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

| Type of screening | Percent of respondents* | | | | | | |
|--|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
| | Not necessary | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| GENERAL SCREENINGS | | | | | | | |
| Blood pressure screening (N=10) | 50.0 | 20.0 | 0.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| Blood sugar screening (N=32) | 50.0 | 28.1 | 6.3 | 0.0 | 0.0 | 0.0 | 9.4 |
| Bone density test (N=74) | 45.9 | 37.8 | 4.1 | 0.0 | 0.0 | 0.0 | 10.8 |
| Cardiovascular screening (N=64) | 46.9 | 43.8 | 4.7 | 0.0 | 0.0 | 0.0 | 6.3 |
| Cholesterol screening (N=30) | 50.0 | 30.0 | 13.3 | 0.0 | 3.3 | 0.0 | 10.0 |
| Dental screening and X-rays (N=21) | 19.0 | 14.3 | 23.8 | 14.3 | 0.0 | 0.0 | 19.0 |
| Flu shot (N=12) | 25.0 | 0.0 | 25.0 | 0.0 | 0.0 | 0.0 | 41.7 |
| Glaucoma test (N=49) | 53.1 | 24.5 | 6.1 | 0.0 | 0.0 | 0.0 | 18.4 |
| Hearing screening (N=75) | 56.0 | 32.0 | 4.0 | 0.0 | 0.0 | 0.0 | 5.3 |
| Immunizations (N=62) | 61.3 | 16.1 | 3.2 | 0.0 | 0.0 | 0.0 | 8.1 |
| Pelvic exam (N=29 Females) | 31.0 | 20.7 | 10.3 | 0.0 | 0.0 | 0.0 | 37.9 |
| STD (N=80) | 80.0 | 6.3 | 2.5 | 0.0 | 0.0 | 0.0 | 6.3 |
| Vascular screening (N=72) | 54.2 | 30.6 | 4.2 | 0.0 | 0.0 | 0.0 | 6.9 |
| CANCER SCREENINGS | | | | | | | |
| Breast cancer screening (N=27 Females) | 44.4 | 22.2 | 14.8 | 0.0 | 0.0 | 0.0 | 25.9 |

| Type of screening | Percent of respondents* | | | | | | |
|--|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
| | Not necessary | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| Cervical cancer screening (N=31 Females) | 41.9 | 9.7 | 9.7 | 0.0 | 0.0 | 0.0 | 32.3 |
| Colorectal cancer screening (N=71) | 57.7 | 21.1 | 7.0 | 2.8 | 0.0 | 0.0 | 15.5 |
| Prostate cancer screening (N=10 Males) | 50.0 | 40.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Skin cancer screening (N=68) | 44.1 | 44.1 | 5.9 | 0.0 | 1.5 | 0.0 | 10.3 |

*Percentages do not total 100.0 due to multiple responses.

Screenings

- Breast cancer screening: According to the Center for Disease Control (CDC), a mammogram is an X-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.
- Cervical cancer screening: Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:
 - The Pap test (or Pap smear) looks for *pre-cancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
 - The HPV test looks for the virus that can cause these cell changes (human papillomavirus) (http://www.cdc.gov/cancer/hpv/basic_info/)
 - The Pap test is recommended for all women between the ages of 21 and 65 years old, and can be done in a doctor's office or clinic.
- Colorectal cancer screening: Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can also find colorectal cancer early, when treatment works best. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75.
- Prostate cancer screening: The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than age 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test. Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.

Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher. Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values and preferences.

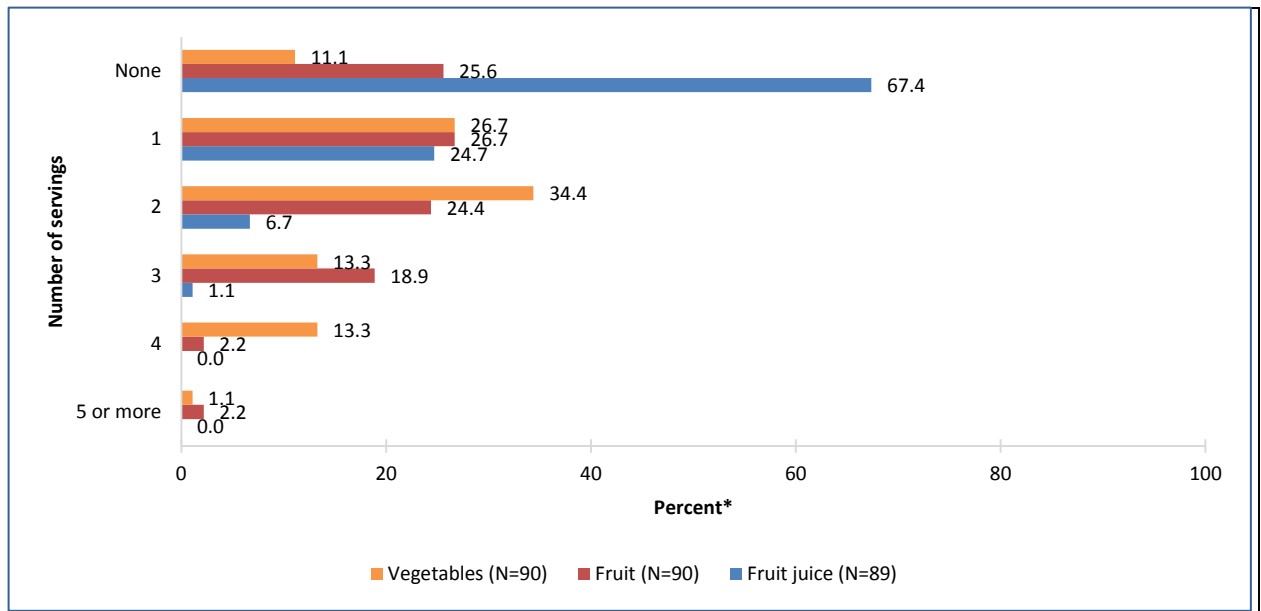
- Skin cancer screening: The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a doctor) to find skin cancers early. The USPSTF recommends that doctors:
 - Be aware that fair-skinned men and women aged 65 and older, and people with atypical moles or more than 50 moles, are at greater risk for melanoma.
 - Look for skin abnormalities when performing physical examinations for other reasons.

Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 27.7% of respondents reported having 3 or more servings of vegetables the prior day, and 23.3% reported having 3 or more servings of fruits the prior day.

According to the U.S. Department of Health and Human Services, U.S. Department of Agriculture Dietary Guidelines for Americans, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. A diet high in fruits and vegetables is associated with decreased risk for chronic diseases. In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie diet can be beneficial for weight management.

Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

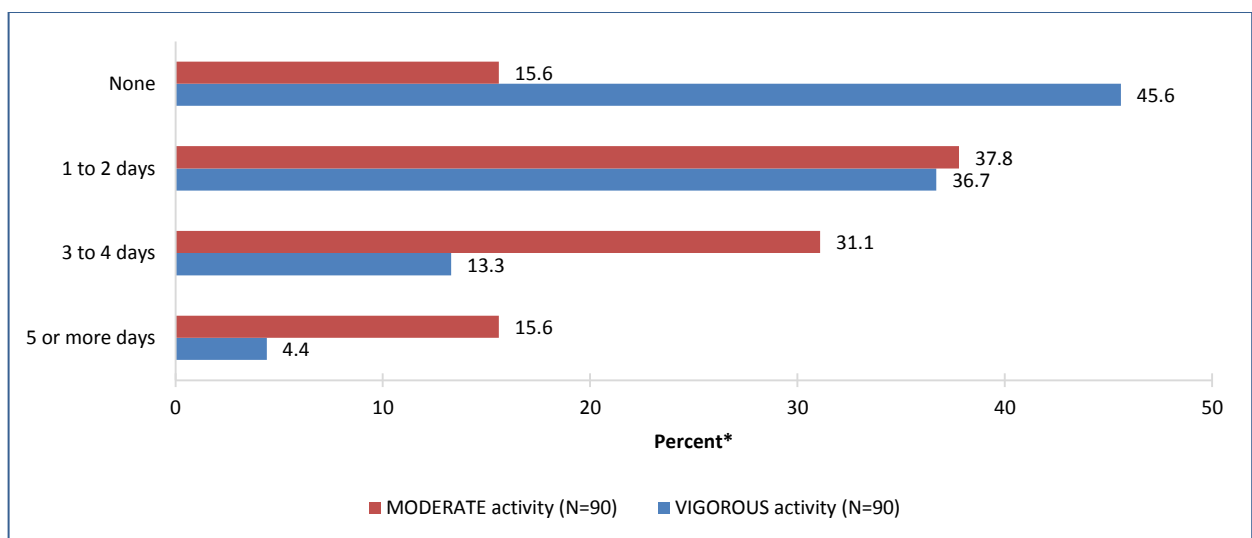


Physical Activity Levels

Study results suggest that the majority of respondents do not meet physical activity guidelines. 47.7% of respondents engage in moderate activity 3 or more times per week and 17.4% engage in vigorous activity 3 or more times per week.

Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health.

Number of days in an average week respondents engage in MODERATE and VIGOROUS activity

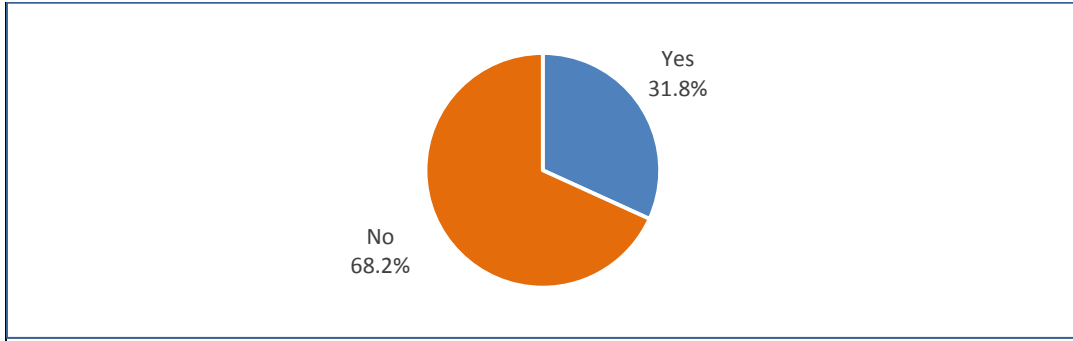


Tobacco Use

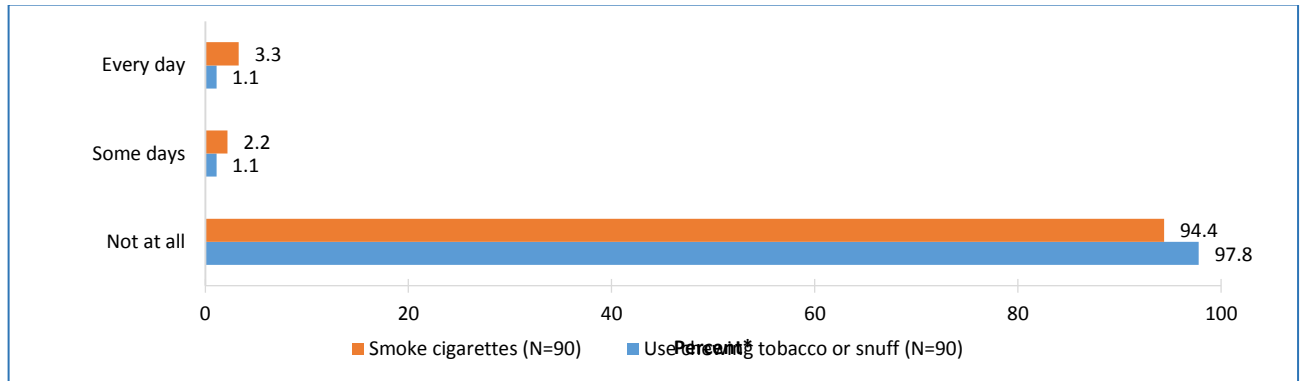
Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 31.8 % of respondents have smoked at least 100 cigarettes in their lifetime, which indicates former smoker status according to the Centers for Disease Control and Prevention.

Secondary research through the 2015 *County Health Rankings* finds that 14% of Turner County residents are current smokers.

Whether respondents have smoked at least 100 cigarettes in their entire life



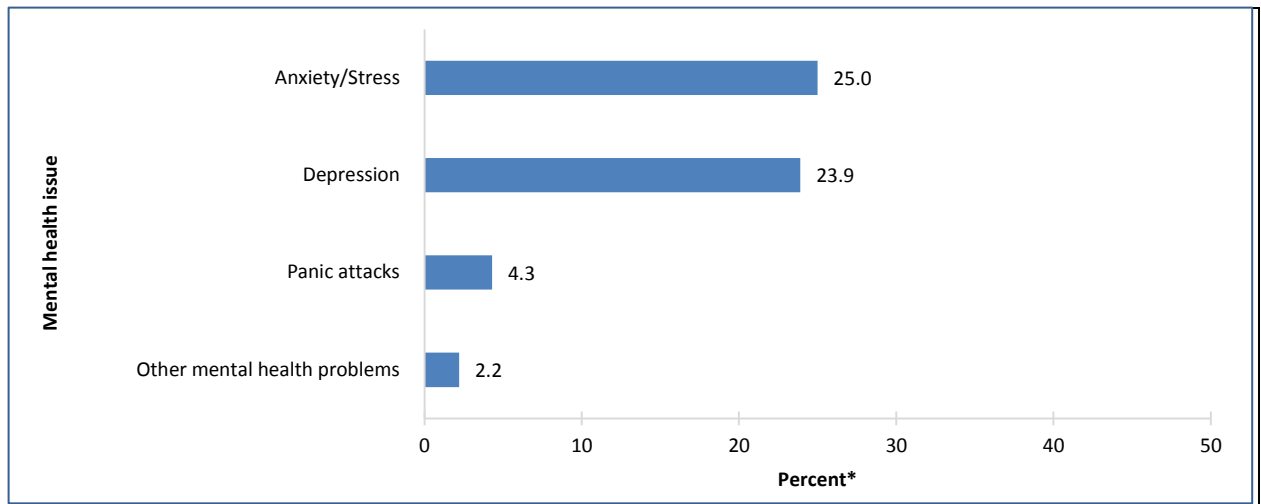
How often respondents currently smoke cigarettes and use chewing tobacco or snuff



Mental Health

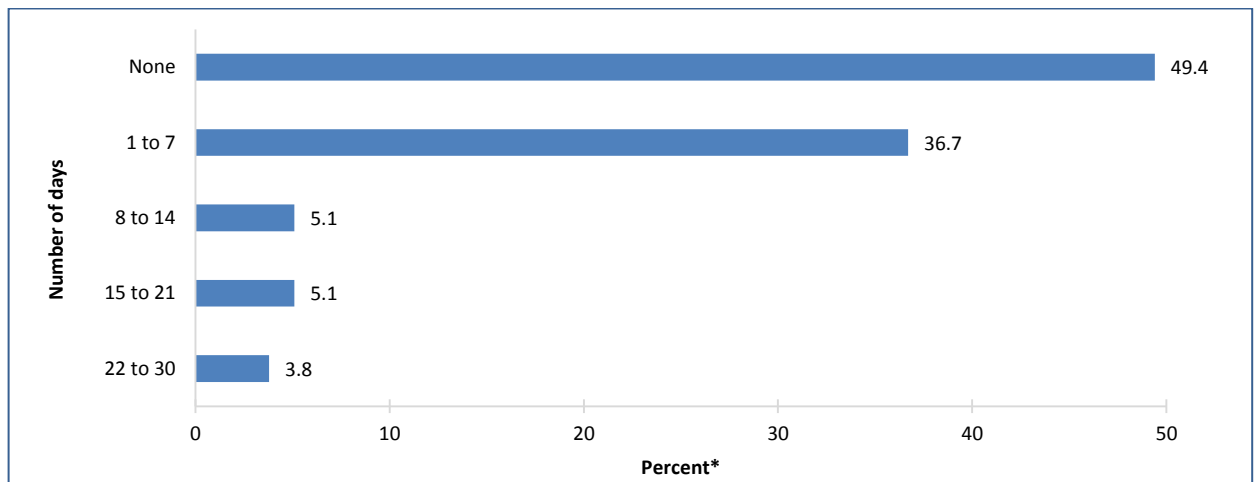
Mental health is an important component of well-being at every stage of life and impacts how we think, act and feel. Mental health influences our physical health, how we handle stress, how we make choices, and how we relate to others. Among Turner County respondents, mental health is a moderately high area of concern. One in four respondents has been diagnosed by a doctor or health care provider that they have anxiety/stress and 23.9% have been told that they have depression.

Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



During the last month 50.7% of respondents had days when their mental health was not good. Many respondents reported that they had days in the past two weeks when they had little interest or pleasure in doing things. Respondents also reported days when they felt down, depressed or hopeless.

Number of days in the last month that respondents' mental health was not good

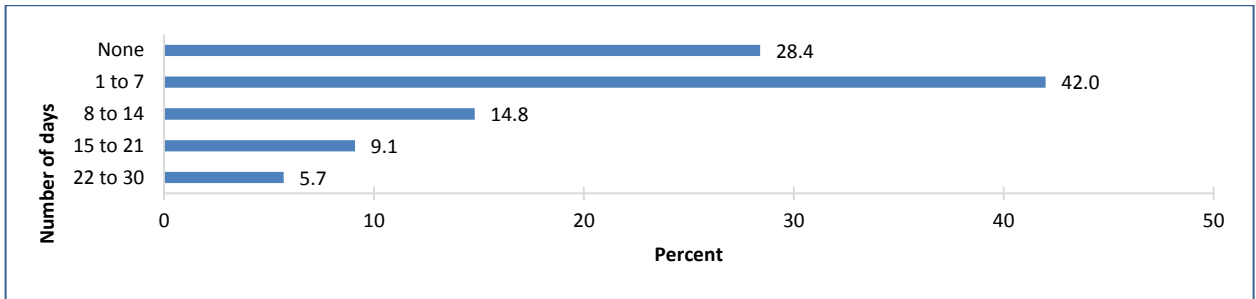


Substance Abuse Responses

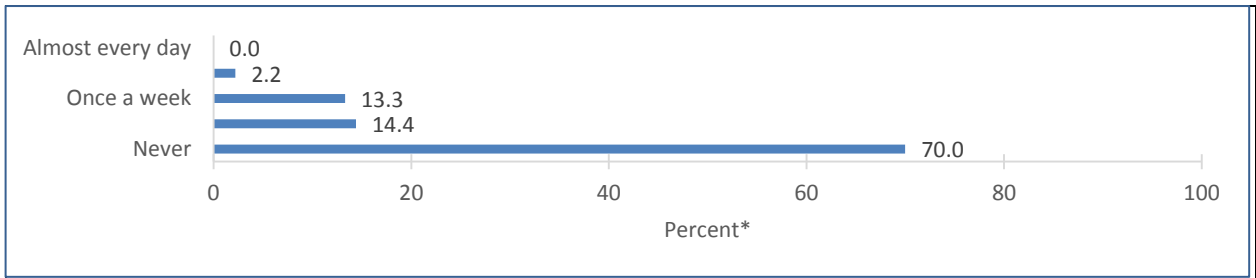
Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In the Viborg community, 71.6% of respondents drank alcoholic beverages during the previous month. On days that they drank, 29.9% drank at a binge level. Binge drinking is defined by the CDC as 4 drinks for females and 5 drinks for males on the same occasion.

Secondary research through the 2015 *County Health Rankings* indicates that 18% of Turner County residents report excessive drinking. (See Appendix)

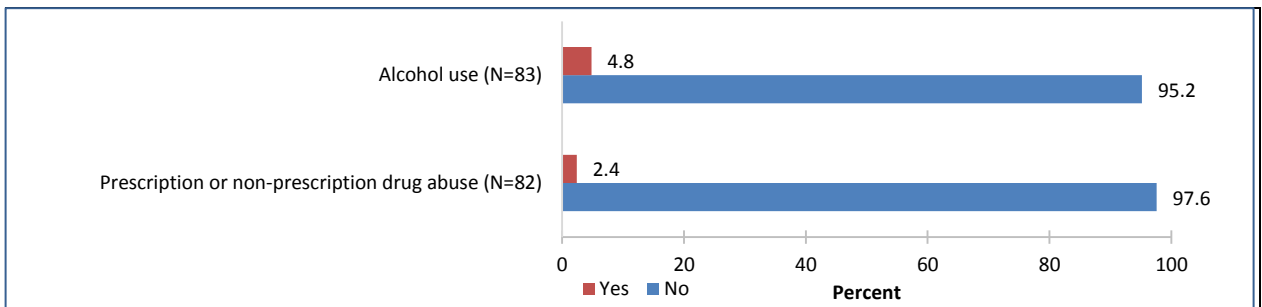
Number of days during the past month that respondents had at least one drink of any alcoholic beverage



Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (Binge drinking is defined by the CDC as 4 drinks for females, 5 drinks for males) on the same occasion



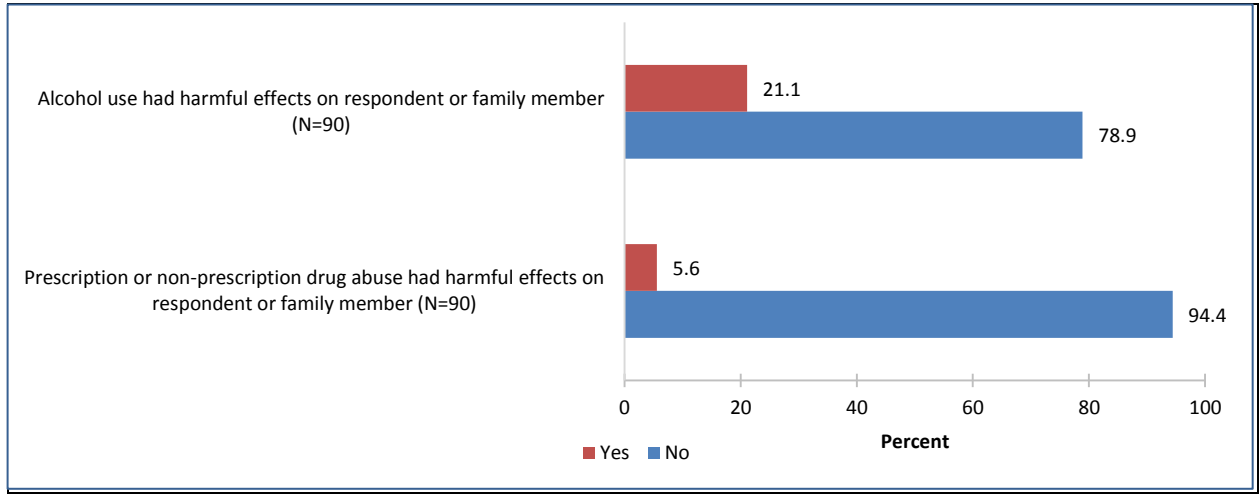
Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse



Less than 5% of respondents reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking. Overall, 21% of respondents report alcohol use has had harmful effects on themselves or a family member.

Other forms of substance abuse include the use of prescription or non-prescription drugs. Only 2.4% of respondents reported having had a problem with prescription or non-prescription drug abuse. However, 5.6% of respondents say prescription or non-prescription drug abuse has had harmful effects on themselves or a family member.

Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Demographics

Total Population – 2015 U.S. Census Bureau

- Turner County – 8,209

Population by Age and Gender

| | Number | Percent | Males | Percent | Females | Percent |
|-------------|--------|---------|-------|---------|---------|---------|
| <5 years | 468 | 5.7 | 245 | 3.0 | 223 | 2.7 |
| 5-9 | 551 | 6.7 | 299 | 3.6 | 252 | 3.1 |
| 10-14 | 551 | 6.7 | 285 | 3.5 | 266 | 3.2 |
| 15-19 | 481 | 5.9 | 252 | 3.1 | 229 | 2.8 |
| 20-24 | 368 | 4.5 | 184 | 2.2 | 184 | 2.2 |
| 25-29 | 368 | 4.5 | 185 | 2.3 | 183 | 2.2 |
| 30-34 | 454 | 5.5 | 238 | 2.9 | 216 | 2.6 |
| 35-39 | 482 | 5.9 | 251 | 3.1 | 231 | 2.8 |
| 40-44 | 452 | 5.5 | 226 | 2.8 | 226 | 2.8 |
| 45-49 | 451 | 5.5 | 231 | 2.8 | 220 | 2.7 |
| 50-54 | 608 | 7.4 | 313 | 3.8 | 295 | 3.6 |
| 55-59 | 646 | 7.9 | 327 | 4.0 | 319 | 3.9 |
| 60-64 | 612 | 7.5 | 322 | 3.9 | 290 | 3.5 |
| 65-69 | 490 | 6.0 | 269 | 3.3 | 221 | 2.7 |
| 70-74 | 378 | 4.6 | 160 | 1.9 | 218 | 2.7 |
| 75-79 | 303 | 3.7 | 134 | 1.6 | 169 | 2.1 |
| 80-84 | 238 | 2.9 | 103 | 1.3 | 135 | 1.6 |
| 85 and over | 308 | 3.8 | 110 | 1.3 | 198 | 2.4 |
| Median age | 44.3 | | 43.0 | | 45.8 | |

Population by Race

| | Turner County | Percent |
|---|---------------|---------|
| White | 8,119 | 97.4% |
| Black or African American | 44 | 0.5% |
| American Indian or Alaska Native | 47 | 0.6% |
| Asian | 2 | 0.05 |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| Hispanic or Latino | 155 | 1.9% |

The per capita personal income in Turner County, South Dakota is \$26,263. Those living below the poverty level are 8.8% in Turner County and the unemployment rate in Turner County is 3.2%.

Health Needs and Community Resources Identified

One of the requirements for a community health needs assessment is to identify the resources that are available in the community to address unmet needs. Asset mapping was conducted by reviewing the primary and secondary research and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the needs.

The community stakeholders participated in the asset mapping and reviewed the research findings. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

The process implemented in this work was based on the McKnight Foundation Model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

The asset map includes identified needs from the following:

- Identified needs from the non-generalizable survey
- Concerns expressed by the key stakeholder group
- Secondary research data
- Community resources that are available to address the need(s)

The Asset Map can be found in the Appendix.

Prioritization

The following needs were brought forward for prioritization:

- Aging – the cost of long term care
- Children and Youth - bullying
- Safety – the presence of street drugs and alcohol in the community
- Health Care Access – access to affordable health insurance
- Physical Health – cancer, obesity, chronic disease, poor nutrition
- Mental Health/Behavioral Health – stress, substance abuse

PMHHS is addressing all of the assessed needs that fall within our scope of work. In some cases the need is one where we do not have the expertise to adequately address the need; however, PMHHS leaders will communicate these findings with community leaders and experts who can best focus on solutions to the concerns.

A document that shares what PMHHS is doing to address the need or defends why PMHHS is not addressing the need can be found in the Appendix.

Members of the community stakeholder group determined that Physical Health and Mental Health/Behavioral Health are the top unmet needs.

PMHHS has determined the 2016-2019 implementation strategies for the following needs:

- Physical Health
- Mental Health/Behavioral Health

Addressing the Needs

| Identified Concerns | How Pioneer Memorial is addressing the needs |
|---|--|
| <p>Aging</p> <ul style="list-style-type: none"> • Cost of long term care | <p>Pioneer Memorial will address this need by referring community members to insurance agencies for long term care insurance, attorneys for estate planning, service providers for alternatives to nursing homes, and the South Dakota Department of Social Services for Medicaid eligibility and application information.</p> |
| <p>Children and Youth</p> <ul style="list-style-type: none"> • Bullying | <p>Pioneer Memorial will address this need by sharing the findings of the CHNA with school leaders and community leaders.</p> |
| <p>Safety</p> <ul style="list-style-type: none"> • Presence of street drugs and alcohol in the community | <p>Pioneer Memorial will address this need by sharing the findings of the CHNA with law enforcement, primary care providers and community leaders.</p> |
| <p>Health Care</p> <ul style="list-style-type: none"> • Access to affordable health insurance | <p>This need will be addressed by posting the Financial Assistance Policy and Application on the Pioneer Memorial website, information on patient statements and signage in the emergency department and admission sites.</p> |
| <p>Physical Health</p> <ul style="list-style-type: none"> • Cancer • Obesity <ul style="list-style-type: none"> ○ 62.4% of respondents report they are overweight or obese • Chronic disease • High cholesterol • Hypertension • Arthritis • Poor nutrition and eating habits <ul style="list-style-type: none"> ○ Only 27.7% report having 3 or more vegetables/day ○ Only 23.3% report having 3 or more fruits/day | <p>Pioneer Memorial will address physical health in the FY 2017-2020 Implementation Strategy Action Plan.</p> |
| <p>Mental Health</p> <ul style="list-style-type: none"> • Stress • Underage drug use and abuse • Underage drinking • Drug use and abuse • Alcohol use and abuse <ul style="list-style-type: none"> ○ 29.9% of respondents report binge drinking • Smoking and tobacco use | <ul style="list-style-type: none"> • Pioneer Memorial will address mental health in the FY 2017-2020 Implementation Strategy Action Plan. • Pioneer Memorial will address underage drug use and abuse, underage drinking, smoking and tobacco use by sharing the findings of the CHNA with school, law enforcement officials and primary care providers. • Pioneer Memorial will address alcohol use and abuse and tobacco use by sharing the findings of the CHNA with primary care providers in the service area. |

Pioneer Memorial
Hospital & Health Services

**2017-2019
Implementation
Strategies**

Pioneer Memorial Hospital & Health Services

Implementation Strategy

FY 2017-2019 Action Plan

Priority 1: Physical Health

Projected Impact: Overall improvement in physical health and reduction in obesity, hypertension and high cholesterol

Goal 1: Improve community's nutrition, physical health and reduce obesity in community

| Actions/Tactics | Measureable Outcomes | Dedicated Resources | Leadership | Note any community partnerships and collaborations (if applicable) |
|---|---------------------------------------|--|-------------------|--|
| Implement Sanford <i>fit</i> program in local schools | Number of classes added | Classroom Teachers, PMHHS Staff | Leadership Team | Public Schools, Sanford Health |
| Implement Bountiful Basket program in Viborg | Number of participants in the program | PMHHS Staff, Marketing Budget | Leadership Team | Service Clubs, Development Corporations, Church Groups, City Administrators, Public Health |
| Provide nutrition education and cooking classes | Number of attendees | Dietitian Dietary Manager | Leadership Team | SDSU Extension, South Dakota Pork Council, South Dakota Beef Council |
| Expand "Biggest Loser Challenge" to communities in service area | Number of individuals participating | PMHHS Staff, Marketing Budget, Body Scan Equipment | Leadership Team | Service Clubs, Development Corporations, Church Groups, City Administrators, Public Health |

| Actions/Tactics | Measureable Outcomes | Dedicated Resources | Leadership | Note any community partnerships and collaborations (if applicable) |
|--|---|---------------------------------------|---|--|
| Develop walking programs for community members | Number of individuals participating | PMHHS Therapy Staff, Marketing Budget | Leadership Team Therapy Director | Service Clubs, Development Corporations, Church Groups, City Administrators, Public Health, Community Center |
| Encourage age appropriate colonoscopies | Increase number of baseline colonoscopies | Marketing Budget, Clinic Staff | Leadership Team Health Coach Providers Clinic Managers | Public Health |
| Promote the American Cancer Society recommendation for skin cancer screens | Number of patients screened | Marketing Budget, Clinic Staff | Leadership Team Health Coach Providers Clinic Managers | Public Health |

Priority 2: Mental Health

Projected Impact: Patients with depression are identified and referred to mental health or behavioral health services

Goal 1: Improve care of patients with depression diagnosis and reduce dependence on opioid drugs

| Actions/Tactics | Measureable Outcomes | Resources | Leadership | Note any community partnerships and collaborations - if applicable |
|---|--|------------------|---|---|
| Utilize Sanford My Chart capabilities for depression assessment | Percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than nine whose follow-up six-month PHQ-9 score decreased | Clinic Staff | Leadership Team Health Coach Providers Clinic Managers | Area mental health providers |

| Actions/Tactics | Measureable Outcomes | Resources | Leadership | Note any community partnerships and collaborations - if applicable |
|---------------------------------------|--|--------------|---|---|
| Reduce the dependence on opioid drugs | Number of patients on a pain contract with noted reduction of opioid drugs | Clinic Staff | Leadership Team Health Coach Providers Clinic Managers | South Dakota Prescription Monitoring Program Area pain clinics Area mental health providers |

Pioneer Memorial
Hospital & Health Services

2013 Implementation Strategy Impact

2013 Implementation Strategies

The 2013 Community Health Needs Assessment served as a catalyst to lift up affordable health care services, poor eating habits and lack of exercise, respite care, alcohol abuse, and smoking and tobacco use as implementation strategies for the 2013-2016 timespan. The following strategies were implemented.

| Concerns Identified | How Pioneer Memorial is addressing the needs in 2014-2016 |
|---|---|
| Affordable health care services | <ul style="list-style-type: none"> • Budgeted a “0%” increase in 2014-2016 in the areas of Laboratory, Diagnostic Radiology and Therapy services. • Offered more waived tests through the Viborg Medical Clinic. • Reduced pricing of waived test in the Centerville, Parker and Viborg Clinics. • Developed a Direct Test Program that offered selected laboratory tests at reduced “Pay-For-Service”. Does not require an order from a practitioner. Promoted the service through a mass mailing to all residents in the hospital’s service area and at the Turner County Fair. • Increased awareness of charity care/financial assistance programs offered by the hospital. • Developed a Health Coach program for the facility and hired an RN. This program helps meets patient’s health care needs and reduces or prevents unnecessary emergency room visits and inpatient hospital readmissions. |
| Poor eating habits and lack of exercises | <ul style="list-style-type: none"> • Sponsored the Community “Biggest Loser” Challenge; in 2014 - 62 participants, 2015 - 60 participants, 2016 - 63 participants. • Sponsored educational session on “Setting Healthy Weight Loss Goals” by one of our practitioners. • Sponsored Lunch & Learn on heart healthy diet with our cardiologist and dietician. • Sponsored a community-based walking club in 2014. • Sponsored Danish Day 5K Run and 3K Walk in 2014, 2015 and 2016. • Provided meeting room space at no cost for Weight Watchers weekly meetings. • Developed a <i>Community Resource Guide</i> with contact information for area food pantries which is posted on our website |
| Respite care (relief for the caregiver) | <ul style="list-style-type: none"> • Implemented a “0%” increase room rate for respite care in 2014-2016. • Collaborated with AseraCare Hospice to develop educational information for respite care givers. • An educational session was offered to the community in 2015. • Developed a <i>Community Resource Guide</i> with contact information for home care, home health services, hospice and respite care which is posted on our website. • Parkinson Support Group was educated on respite care for the caregiver. |

| Concerns Identified | How Pioneer Memorial is addressing the needs in 2014-2016 |
|------------------------|--|
| Alcohol abuse | <ul style="list-style-type: none"> • Radio public service spots bringing awareness of drinking and driving were aired on four area radio stations. • Implemented process for the RN Health Coach as part of the emergency room follow-up to provide education on alcohol addiction and encourage follow-up care and access to recovery support. • Sponsored the Danish Days leadership luncheon which is attended by community leaders and city, county and school representatives. Report given by Turner County Sheriff on the prevalence of alcohol and drug activities in Turner County. • Developed a <i>Community Resource Guide</i> with contact information for alcoholism information and treatment centers which is posted on our website. |
| Smoking/tobacco | <ul style="list-style-type: none"> • Patients are screened at appointments on the use of smoking and tobacco use which the practitioner is then able to address. • Implemented process for the RN Health Coach to follow-up with patients who are flagged in One Chart as high alert to tobacco and drug use by providing educational material on smoking cessation and referral to the <i>SD Quits</i> program. • Posted link to <i>SD Quits</i> program on the hospital website. |

The 2013 strategies have served a broad reach across our community and region. The impact has been positive and the work will continue into the future through new or continued programming and services.

Impact of the Strategy to Address Affordable Health Care Services

- Budgeted a “0%” increase in 2014-2016 in the areas of laboratory, diagnostic radiology and therapy services.
- Offered more waived tests through the Viborg Medical Clinic.
- Reduced pricing of waived tests in the Centerville, Parker and Viborg clinics.
- Developed a Direct Test Program that offered selected laboratory tests at reduced “pay for service.” Does not require an order from a practitioner. Promoted the service through a mass mailing to all residents in the hospital’s service area and at the Turner County Fair.
- Increased awareness of charity care/financial assistance programs offered by the hospital.
- Developed a Health Coach program for the facility and hired an RN. This program helps meet patients’ health care needs and reduces or prevents unnecessary emergency room visits and inpatient hospital readmissions.

Impact of the Strategy to Address Poor Eating Habits and Lack of Exercise

- Sponsored the Community “Biggest Loser” Challenge; in 2014 - 62 participants, 2015 - 60 participants, and in 2016 - 63 participants.
- Sponsored an educational session with one of our practitioners on “Setting Healthy Weight Loss Goals”.
- Sponsored a *Lunch ‘n Learn* on a heart healthy diet with our cardiologist and dietician.
- Sponsored a community-based walking club in 2014.
- Sponsored Danish Day 5K run and 3K walk in 2014, 2015, 2016.

- Provided meeting room space at no cost for the Weight Watchers weekly meetings.
- Developed a *Community Resource Guide* with contact information for area food pantries which is posted on our website.

Impact of the Strategy for Respite Care

- Implemented a 0% room rate for respite care in 2014-2016.
- Collaborated with AseraCare Hospice to develop educational information for respite caregivers.
- An educational session was offered to the community in 2015.
- Developed a *Community Resource Guide* with contact information for home care, home health services, hospice and respite care which is posted on our website.
- Parkinsonism Support group were educated on respite care for the care giver.

Impact of the Strategy to Address Alcohol Use

- Radio public services spots bringing awareness of drinking and driving were aired on four area radio stations.
- Implemented process for the RN Health Coach as part of the emergency room follow-up to provide education on alcohol addiction and encourage follow-up care and access to recovery support.
- Sponsored the *Danish Days Leadership Luncheon* which is attended by community leaders, city, county and school representatives. Report given by Turner County Sheriff on the prevalence of alcohol and drug activities in Turner County.
- Developed a *Community Resource Guide* with contact information for alcoholism information and treatment centers which is posted on our website.

Impact of the Strategy to Address Smoking and Tobacco Use

- Patients are screening at appointments on the use of smoking and tobacco use which the practitioner is then able to address.
- Implemented process for the RN Health Coach to follow-up with patients who are flagged in One Chart as high alert to tobacco and drug use by providing educational material on smoking cessation and referral to the *SD Quits* program.
- Posted link to *SD Quits* program on the hospital website.

Pioneer Memorial
Hospital & Health Services

Community Feedback
from the 2013
Community Health Needs Assessment

Pioneer Memorial Hospital and Health Services is prepared to accept feedback on our 2013 Community Health Needs Assessment and has provided online comment fields for ease of access on our website. There have been no comments or questions to date.

Pioneer Memorial
Hospital & Health Services

APPENDIX

Pioneer Memorial
Hospital & Health Services

Primary Research

Asset Map

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|---|---|---|---|------|
| <p>Aging population</p> <ul style="list-style-type: none"> Cost of LTC 3.76 | | <ul style="list-style-type: none"> 26% are 65 years or older | <p>Pioneer Villa (congregate housing) 605-326-5161</p> <p>Pioneer Haven (memory care) 605-326-5161</p> <p>Nursing Homes:</p> <ul style="list-style-type: none"> Centerville Care & Rehab 605-563-2251 Pioneer Memorial (Viborg) 605-326-5161 Sunshine Terrace (Irene) 605-263-3318 Tiezen Memorial NH (Marion) 605-648-3611 Wakonda Heritage Manor 605-267-2081 <p>Assisted Living Facilities:</p> <ul style="list-style-type: none"> Pioneer Inn (Viborg) 605-326-5161 Centerville Care & Rehab (Centerville) 605-563-2251 Evergreen Assisted Living (Viborg) 605-326-5503 Marion Assisted Living Center (Marion) 605-648-3611 Parker Assisted living Center (Parker) – 605-297-3611 Parkview/Heritage Manor (Wakonda) 605-267-2081 <p>Respite Care resources:</p> <ul style="list-style-type: none"> Asera Care (Sioux Falls) 866-392-8118 Pioneer Memorial (Viborg) 605-326-5161 <p>Physical Therapy resources:</p> <ul style="list-style-type: none"> Parker Outpatient Therapy (Parker) 605-297-3888 | X |

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|--|---|--|--|------|
| | | | <ul style="list-style-type: none"> • Pioneer Memorial (Viborg) 605-326-5161 <p>Insurance resources:</p> <ul style="list-style-type: none"> • Parsons' Ins. 605-326-5358 <p>Senior Citizen services:</p> <ul style="list-style-type: none"> • Centerville Senior Citizens 605-563-22451 • Parker Sr. Ctr. 605-297-0176 • Senior Events Center (Beresford) 605-763-5074 • Wakonda Senior Citizen Center 605-267-2227 | |
| <p>Children and Youth</p> <ul style="list-style-type: none"> • Bullying 3.64 | | <ul style="list-style-type: none"> • 14.2% have 3 or more ACEs • 3.6% have 5 or more ACEs • 12% of children live in poverty | <p>Turner Co. Sheriff 605-297-3225</p> <p>Viborg Police 605-766-6600 Centerville Police 605-563-2302 Parker Police 605-297-3225 Marion Police 605-648-3041 Irene Police 605-263-3352</p> <p>Viborg Hurley Schools 605-766-5418 Centerville School 605-563-2291 Parker School 605-297-3456 Marion School 605-648-3615 Irene-Wakonda School 605-263-3313</p> <p>Day Care resources:</p> <ul style="list-style-type: none"> • Anna Patterson (Viborg) 605-759-4613 • Ashley Eilmes Daycare (Viborg) 605-323-7356 • Beresford Watchpuppy Depot 605-763-2097 • Bright Beginnings (Beresford) 605-763-8045 • Cec Kolthoff (Viborg) 605-906-2036 • Deb's Daycare (Centerville) 605-552-8955 • Hurley Daycare 605-238-5221 • Janet Holmberg (Centerville) 605-563-2963 • Kathy Anderson (Centerville) 605-563-2846 • Learn & Fun (Viborg) 605-660-8437 | X |

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|--|---|--|--|------|
| | | | <ul style="list-style-type: none"> • Little Pheasants (Parker) 605-297-2266 • Michele Peterson (Viborg) 605-326-5063 • Nicole Bendert (Centerville) 605-563-2236 • Parker Learning Center 605-297-3456 • Precious Little Ones (Beresford) 605-957-6637 • Tammy Fey (Viborg) 605-766-5080 • Tammy Zimmerman (Viborg) 605-327-3133 • Tornado Time (Centerville) 605-563-2234 • Tuffy's Tots (Centerville) 605-563-3868 | |
| Crime/Safety <ul style="list-style-type: none"> • Presence of street drugs, prescription drugs and alcohol 3.52 | | | <p>Turner Co. Sheriff 605-297-3225</p> <p>Viborg Police 605-766-6600 Centerville Police 605-563-2302 Parker Police 605-297-3225 Marion Police 605-648-3041 Irene Police 605-263-3352</p> <p>Ambulance Services:</p> <ul style="list-style-type: none"> • Beresford Community Ambulance • Centerville Ambulance • Hurley Ambulance • Marion Community Ambulance • Parker Volunteer Ambulance • Viborg Ambulance <p>Domestic Violence Safe Option Services (Vermillion) 605-624-5311</p> <p>Vermillion Crime Tips 605-677-7055</p> | X |
| Access to Health Care/ Cost of Health Care <ul style="list-style-type: none"> • Access to affordable health insurance 3.64 | | <ul style="list-style-type: none"> • 13.2% report unmet medical needs • 7.6% report unmet prescription needs | <p>Hospitals:</p> <ul style="list-style-type: none"> • Pioneer Memorial Hospital 605-326-5161 <p>Clinics:</p> <ul style="list-style-type: none"> • Centerville Medical Clinic 605-563-2411 | X |

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|--------------------|---|--|---|------|
| | | <ul style="list-style-type: none"> 49.3% report unmet mental health needs | <ul style="list-style-type: none"> Parker Medical Clinic 605-297-3888 Viborg Medical Clinic 605-326-5201 Marion Medical Clinic 605-648-3559 <p>Chiropractors:</p> <ul style="list-style-type: none"> Parker Chiropractic 605-297-4481 Saunders (Marion) 605-648-3531 Viborg Chiropractic 605-326-2225 Tieszen (Marion) 605-648-3761 Active Spine (Parker) 605-271-8277 <p>Dentists:</p> <ul style="list-style-type: none"> Neighbor Dental (Beresford) 605-763-5035 Parker Dental 605-297-6161 Viborg Dental 605-326-5612 <p>Home Health:</p> <ul style="list-style-type: none"> Avera@Home (Yankton) 605-668-8327 Sanford Visiting Nurse Association 605-624-2611 Sanford Hospice (Vermillion) 605-624-2611 Sanford (Sioux Falls) 605-333-4440 <p>Home Medical Equipment:</p> <ul style="list-style-type: none"> Sanford (Vermillion) 605-624-4955 Sanford (Canton) 605-987-0061 <p>Hospice resources:</p> <ul style="list-style-type: none"> Asera Care (Sioux Falls) 866-392-8118 Avera Sacred Heart (Vermillion) 605-668-8327 Sanford (Vermillion) 605-624-2611 | |

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|--|---|--|---|------|
| | | | Physical Therapy resources: <ul style="list-style-type: none"> • Parker Outpatient Therapy (Parker) 605-297-3888 • Pioneer Memorial (Viborg) 605-326-5161 Pharmacy resources: <ul style="list-style-type: none"> • Centerville Community Pharmacy 605-563-2243 • Getskow Pharmacy (Marion) 605-648-3751 • Lewis Family Drug (Viborg) 605-326-5211 • Parker Pharmacy 605-297-3235 Insurance resources: <ul style="list-style-type: none"> • Parsons' Ins. 605-326-5358 SD DHS Prescription Assistance Program 605-773-3656 Public Health resources: <ul style="list-style-type: none"> • Turner County Health (Viborg) 605-326-5161 • Turner County Health (Parker) 605-297-4472 | |
| Physical Health <ul style="list-style-type: none"> • Cancer 3.77 • Obesity 3.58 <ul style="list-style-type: none"> ○ 62.4% of respondents report they are overweight or obese • Chronic Disease <ul style="list-style-type: none"> ○ 22.8% report high cholesterol ○ 17.4% report hypertension ○ 14.1% report arthritis • Poor nutrition and eating habits 3.50 | | <ul style="list-style-type: none"> • 15.2% have diabetes • 3.3% have asthma • 38.2% have hypertension • 14.8% have heart disease • 34.4% have high cholesterol • 4.5% have COPD • 13.2% have cancer • 90.2% rate their health status as good or better | Pioneer Memorial Hospital 605-326-5161 Clinics: <ul style="list-style-type: none"> • Centerville Medical Clinic 605-563-2411 • Parker Medical Clinic 605-297-3888 • Viborg Medical Clinic 605-326-5201 Home Medical Equipment: <ul style="list-style-type: none"> • Sanford (Vermillion) 605-624-4955 • Sanford (Canton) 605-987-0061 American Cancer Society American Diabetes Association American Lung Association American Asthma Association | X |

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|---|---|---|---|------|
| <ul style="list-style-type: none"> ○ Only 27.7% report having 3 or more vegetables/day ○ Only 23.3% report having 3 or more fruits/day | | | <p>Arthritis Foundation American Heart Association</p> <p>SD Office of Chronic Disease Prevention 605-773-3361</p> <p>Physical Fitness resources:</p> <ul style="list-style-type: none"> • Pioneer Memorial Wellness Center 605-326-5161 • Viborg Community Center 605-326-5355 • Ultimate Fitness (Beresford) 605-763-8082 • Timeless Fitness (Lennox) 605-647-9354 <p>Food resources:</p> <ul style="list-style-type: none"> • Food Pantry (Beresford) • Food Pantry (Centerville) 605-563-2451 • Food Pantry (Irene) 605-263-3367 • Northern Turner County Food Pantry (Parker) 605-297-3115 • Food Pantry (Viborg) – 102 West Park • Food Pantry (Wakonda) 605-267-1194 • Farmers Market 605-766-0222 • Meals on Wheels (Centerville) 605-563-2451 • Meals on Wheels (Viborg) 605-326-5161 | |
| <p>Mental Health/ Behavioral Health</p> <ul style="list-style-type: none"> • Stress 3.59 • Underage drinking 3.61 • Underage drug use and abuse 3.61 • Alcohol use and abuse 3.50 <ul style="list-style-type: none"> ○ 29.9% of respondents report binge drinking • Drug use and abuse 3.50 | | <ul style="list-style-type: none"> • 12.4% have depression • 9.9% have anxiety • 6.2% deal with PTSD • 1.4% are bipolar • 11.6% are current smokers • 35.6% abuse alcohol • 1.3% used marijuana in the past year | <p>Substance Abuse resources:</p> <ul style="list-style-type: none"> • AA – 605-326-5479 • SD Human Service Center Adolescent Dependency Program (Yankton) 605-668-3315 • Gateway CD Treatment Center (Yankton) 605-668-3218 • Alcohol/Drug Counseling Services (Vermillion) 605-624-9148 • Keystone Treatment Center (Canton) 844-906-0603 • Lewis & Clark Behavioral Health Services (Vermillion) 605-624-9148 • Lewis & Clark Behavioral Health Services (Yankton) 605-665-4606 | X |

| Identified concern | Community stakeholders' specific areas of concern | Secondary Data - Focus on South Dakota Report and County Health Rankings | Community resources that are available to address the need | Gap? |
|--------------------|---|--|---|------|
| | | | <ul style="list-style-type: none"> • Yankton Sioux Tribe Canku Teca (Lake Andes) 605-487-7841 <p>Mental Health resources:</p> <ul style="list-style-type: none"> • Heartland Psychological Services (Yankton) 605-665-0841 • Human Service Center (Yankton) 605-668-3100 • Lewis & Clark Behavioral Health (Yankton) 605-665-4606 • Collective Perspective Counseling (Beresford) 605-321-0826 • Crisis Intervention Contact Center (Yankton) 605-665-4725 • SE Human Services Center (Yankton) 605-665-3100 | |

Pioneer Memorial Hospital and Health Services

2016 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (Ebola or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem

- Expertise to implement solution
- Return on investment
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences
- Legal considerations
- Impact on systems or health
- Feasibility of intervention

| Health Indicator/Concern | Round 1 Vote | Round 2 Vote | Round 3 Vote |
|--|--------------|--------------|--------------|
| Aging <ul style="list-style-type: none"> • Cost of long term care 3.76 | | | |
| Children and Youth <ul style="list-style-type: none"> • Bullying 3.64 | | | |
| Safety <ul style="list-style-type: none"> • Presence of street drugs and alcohol in the community 3.52 | | | |
| Health care <ul style="list-style-type: none"> • Access to affordable health insurance 3.64 | | | |
| Physical Health <ul style="list-style-type: none"> • Cancer 3.77 • Obesity 3.58 <ul style="list-style-type: none"> ○ 62.4% of respondents report they are overweight or obese • Chronic disease 3.56 <ul style="list-style-type: none"> ○ High Cholesterol ○ Hypertension ○ Arthritis • Poor nutrition and eating habits 3.50 <ul style="list-style-type: none"> ○ Only 27.7% report having 3 or more vegetables/day ○ Only 23.3% report having 3 or more fruits/day | # 1 priority | | |
| Mental Health <ul style="list-style-type: none"> • Stress 3.59 • Underage drug use and abuse 3.61 • Underage drinking 3.61 • Drug use and abuse 3.50 • Alcohol use and abuse 3.50 <ul style="list-style-type: none"> ○ 29.9% of respondents report binge drinking • Smoking and tobacco use 3.48 | # 2 priority | | |

Present: Gil Gjere, Gary Warel, Melanie Parsons, Anne Christiansen, Jessie Jorgenson, Michelle Rode, Grace Tidball, Byron Nogelmeier, Deb Hauger, Lori Hisel, Tonya Rudd, Sharon Jacobsen, Jared Hybertson, Thomas Richter

Pioneer Memorial
Hospital & Health Services

Community Health Needs Assessment

**Results from a 2015 Non-generalizable
Online Survey**

September 2015

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a July 2015 online survey conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative invited viewers to access the online survey by distributing the survey link via e-mail to various agencies, at times using a snowball approach. Therefore, it is important to note that the data in this report are not generalizable to the community. Data collection occurred throughout the month of August 2015 and a total of 92 respondents participated in the online survey.

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- Figure 5. Level of concern with statements about the community regarding
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- Figure 6. Level of concern with statements about the community regarding SAFETY
- Figure 7. Level of concern with statements about the community regarding HEALTH CARE
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| | |
|--|----|
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Table 3. Zip code of respondents

SURVEY RESULTS

General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

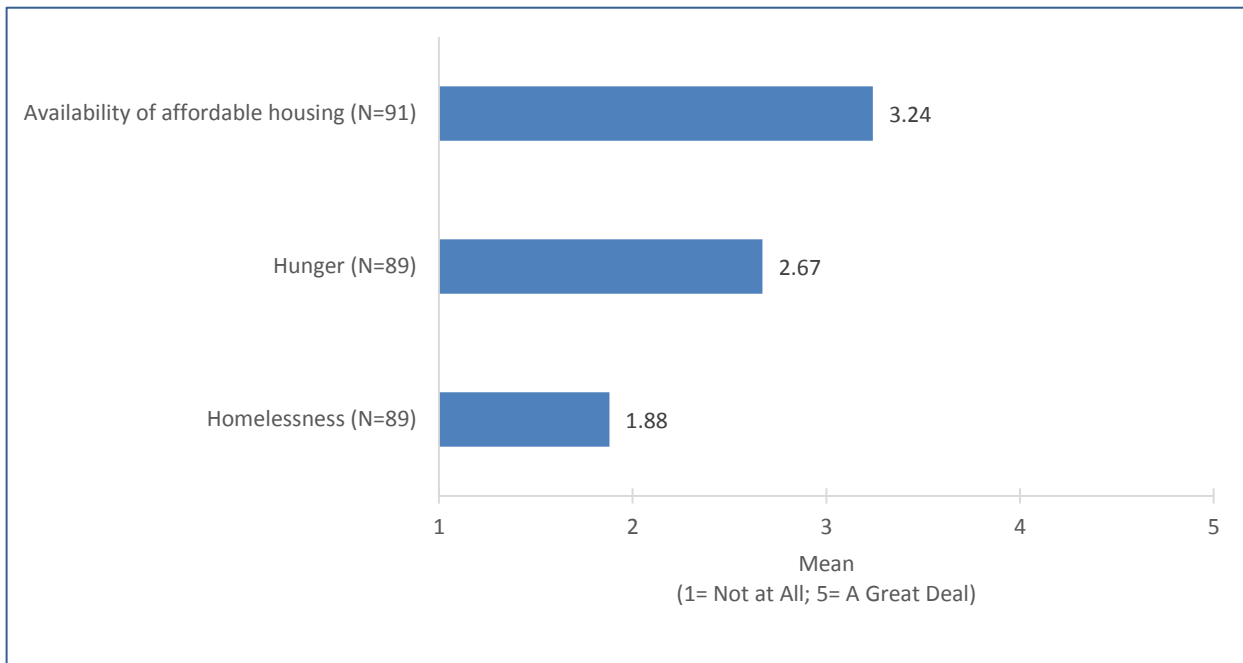


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

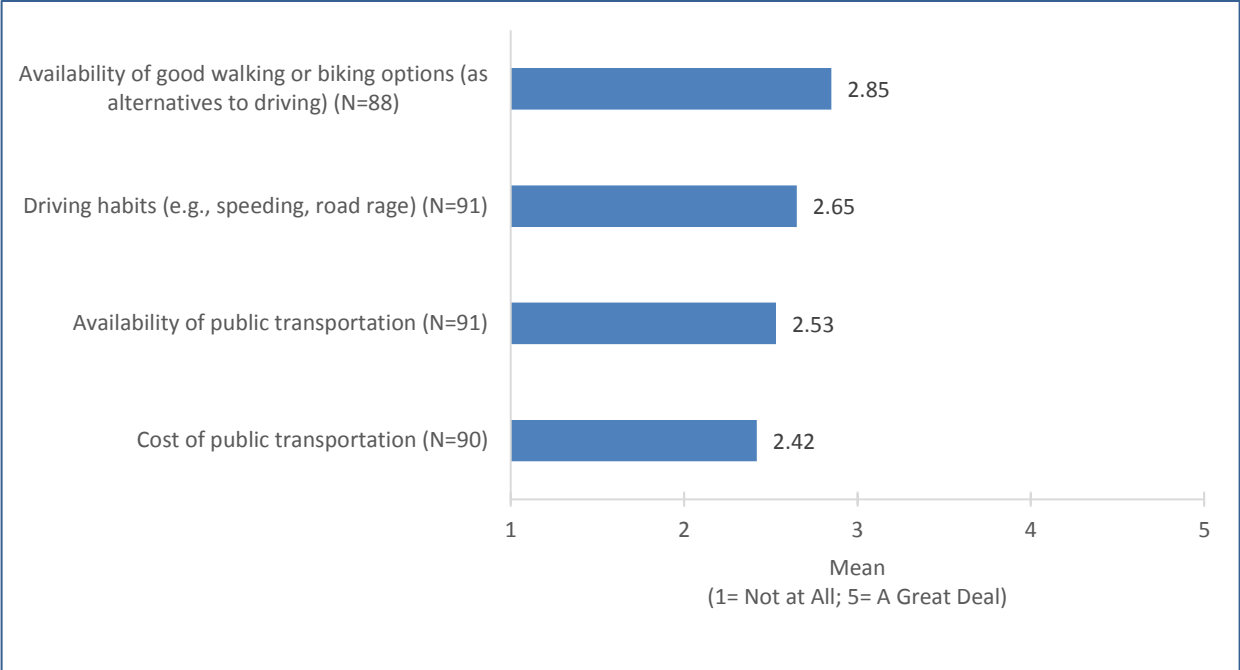


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

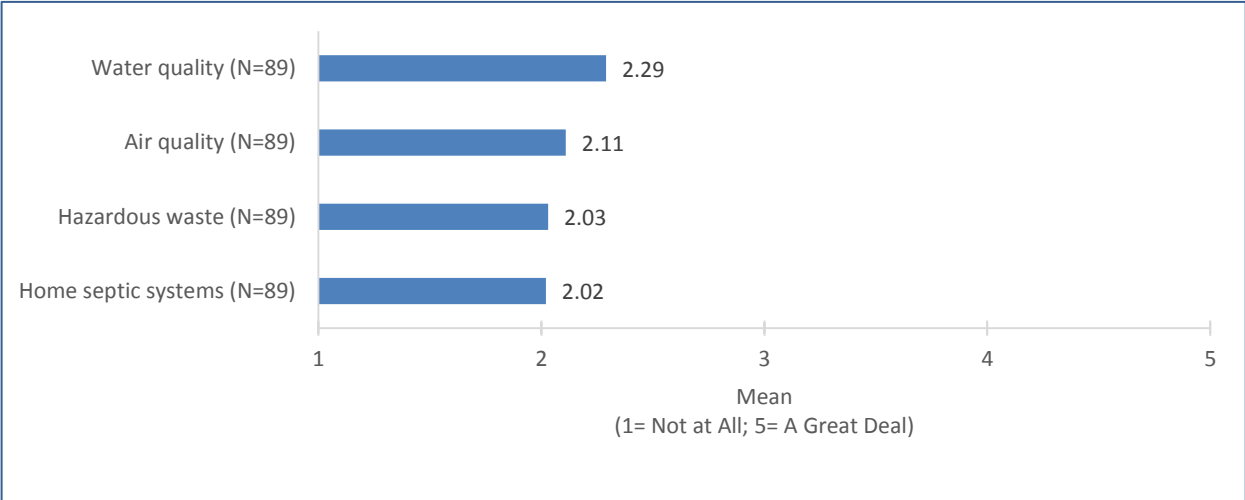


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

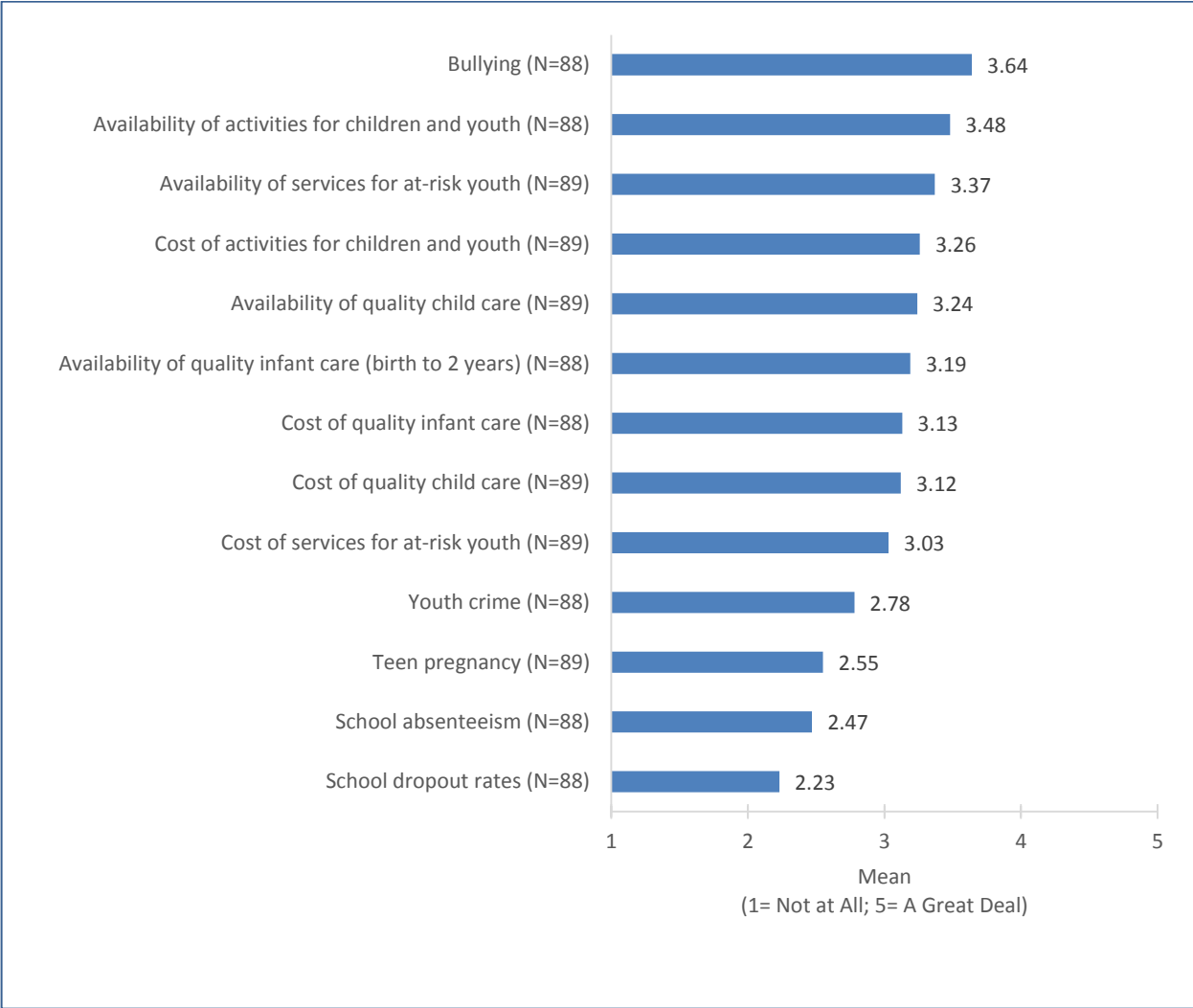


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

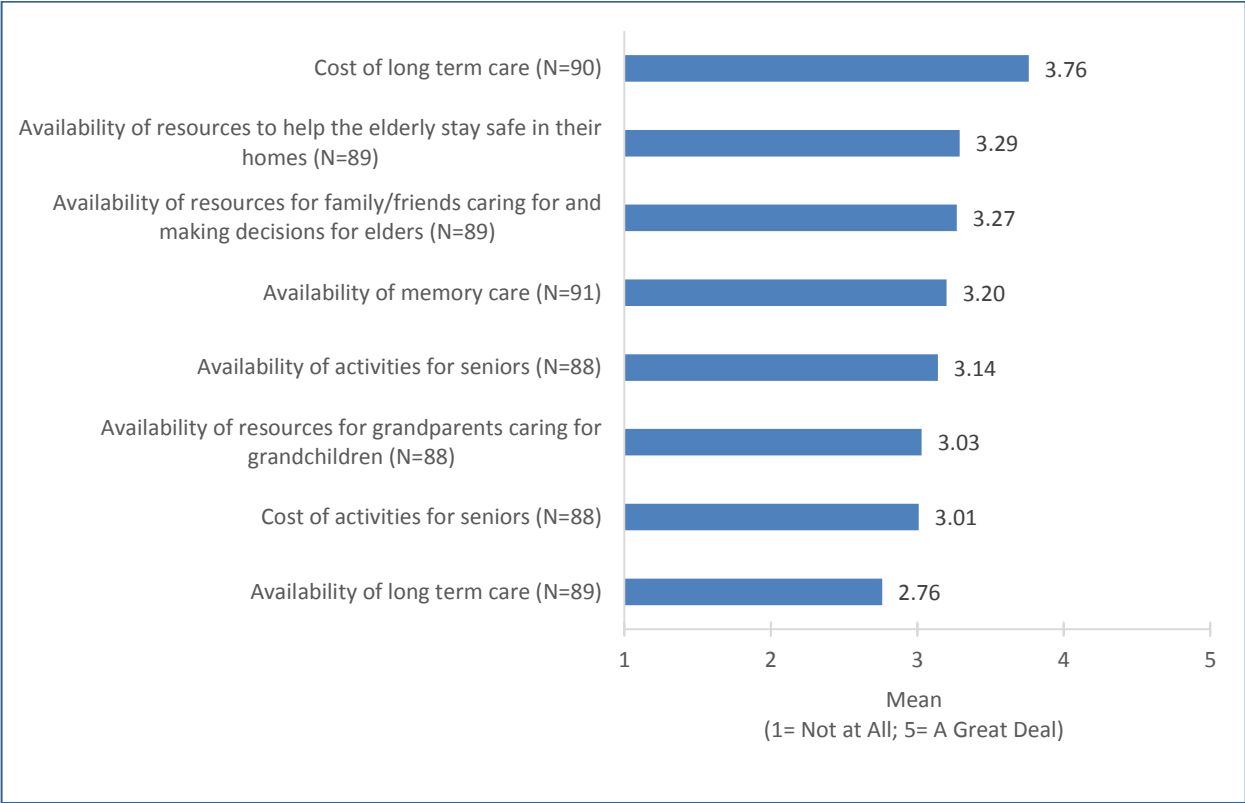


Figure 6. Level of concern with statements about the community regarding SAFETY

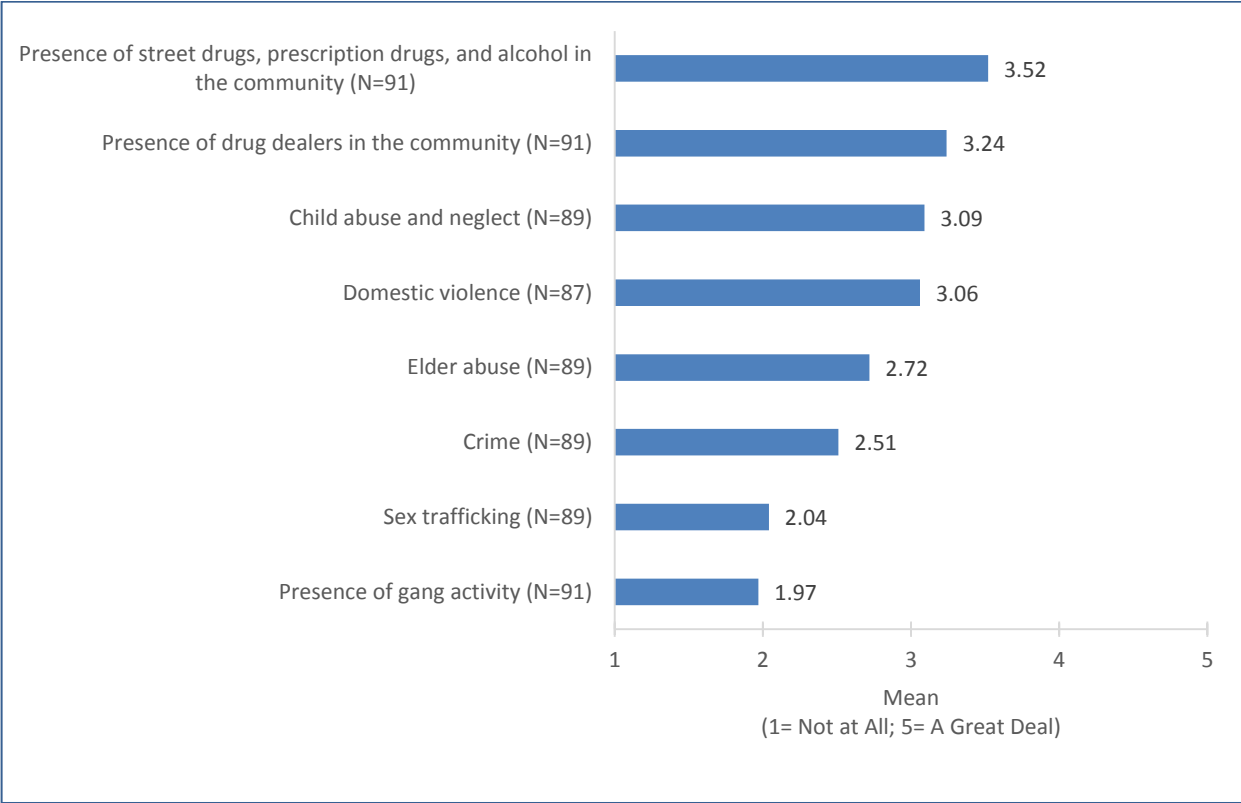


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

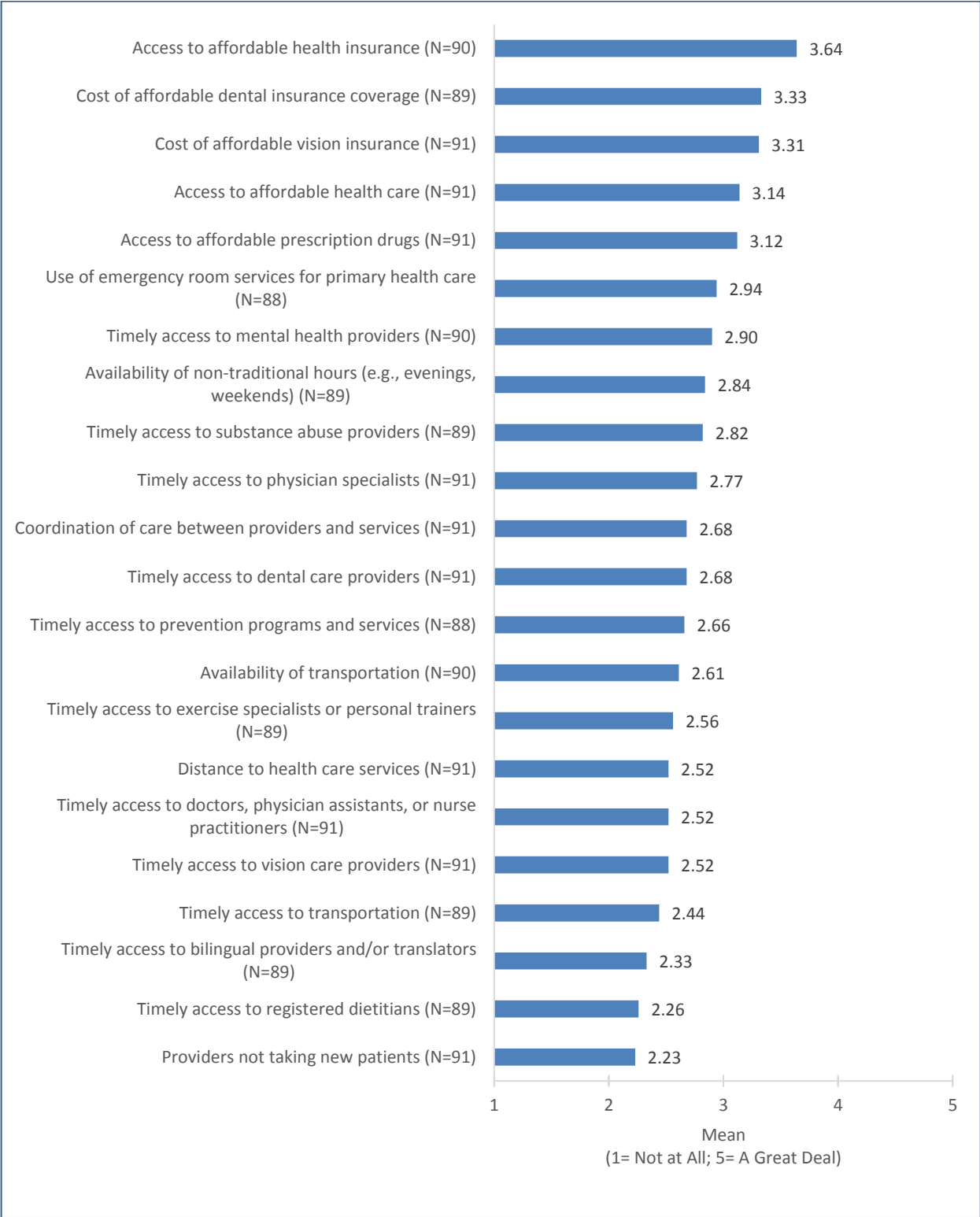


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

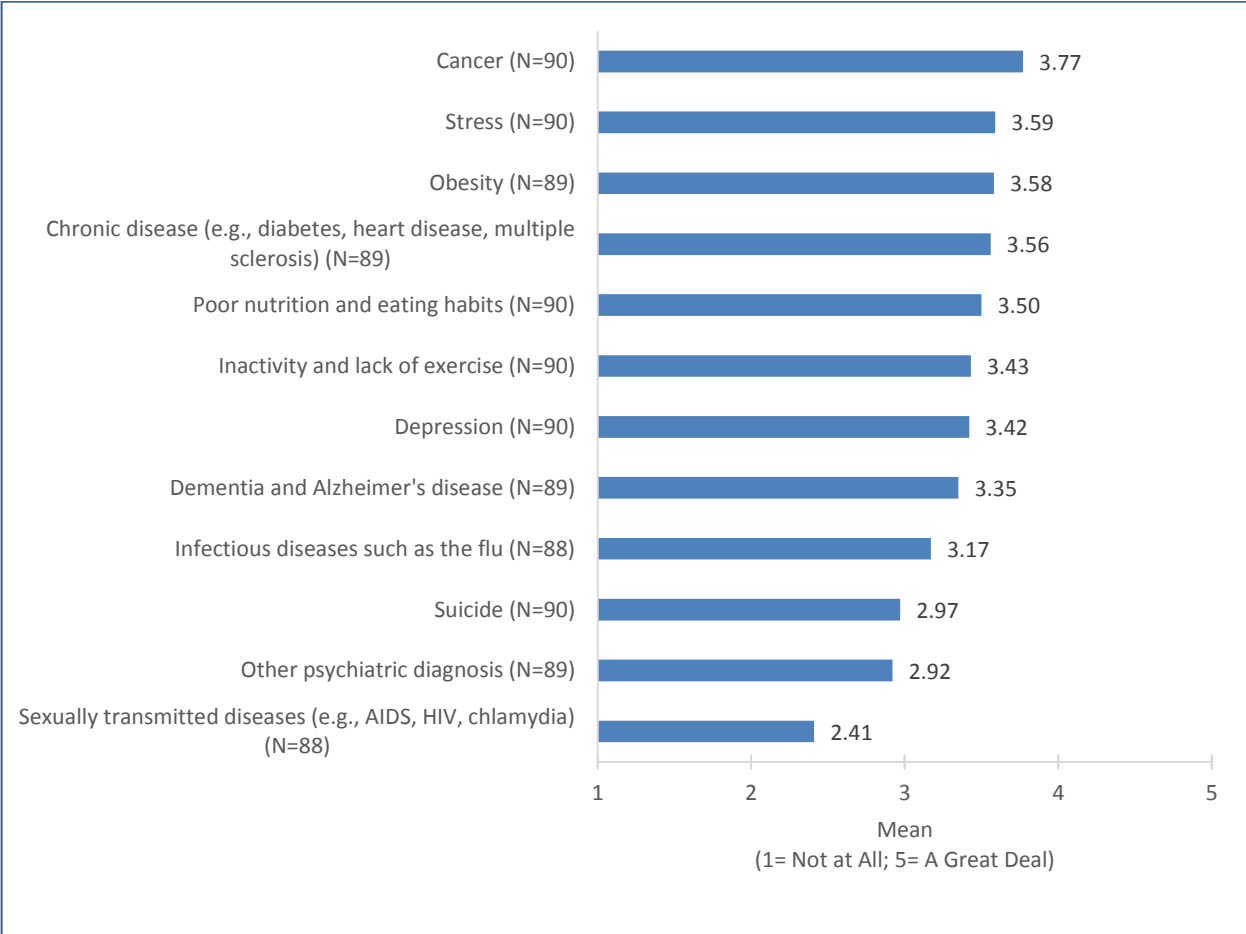
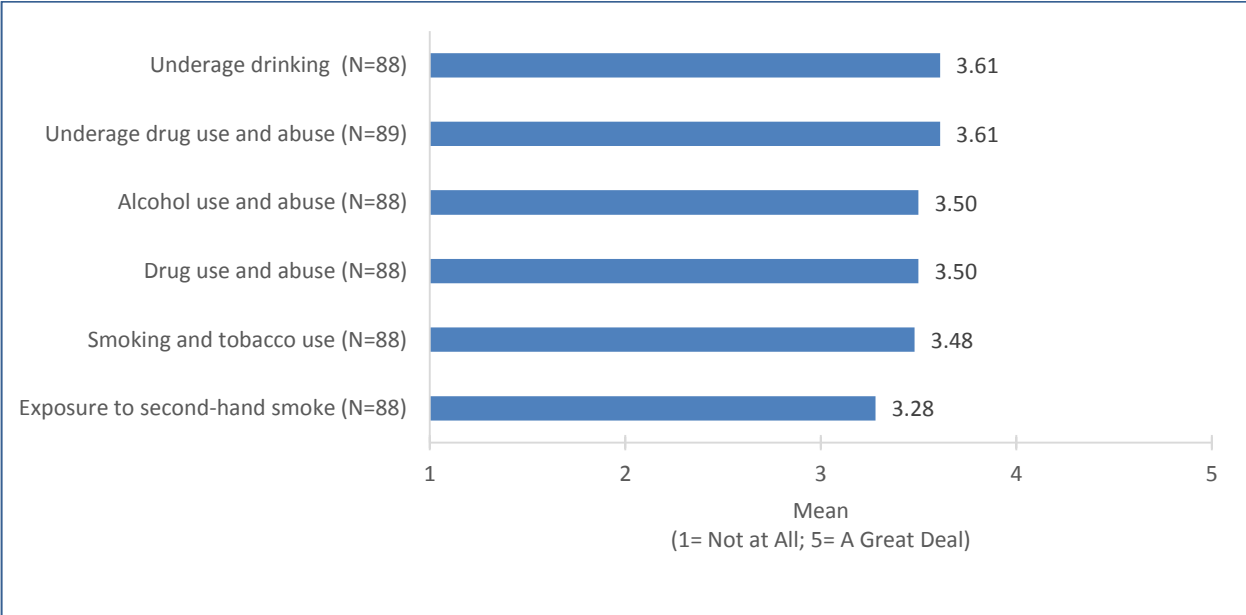
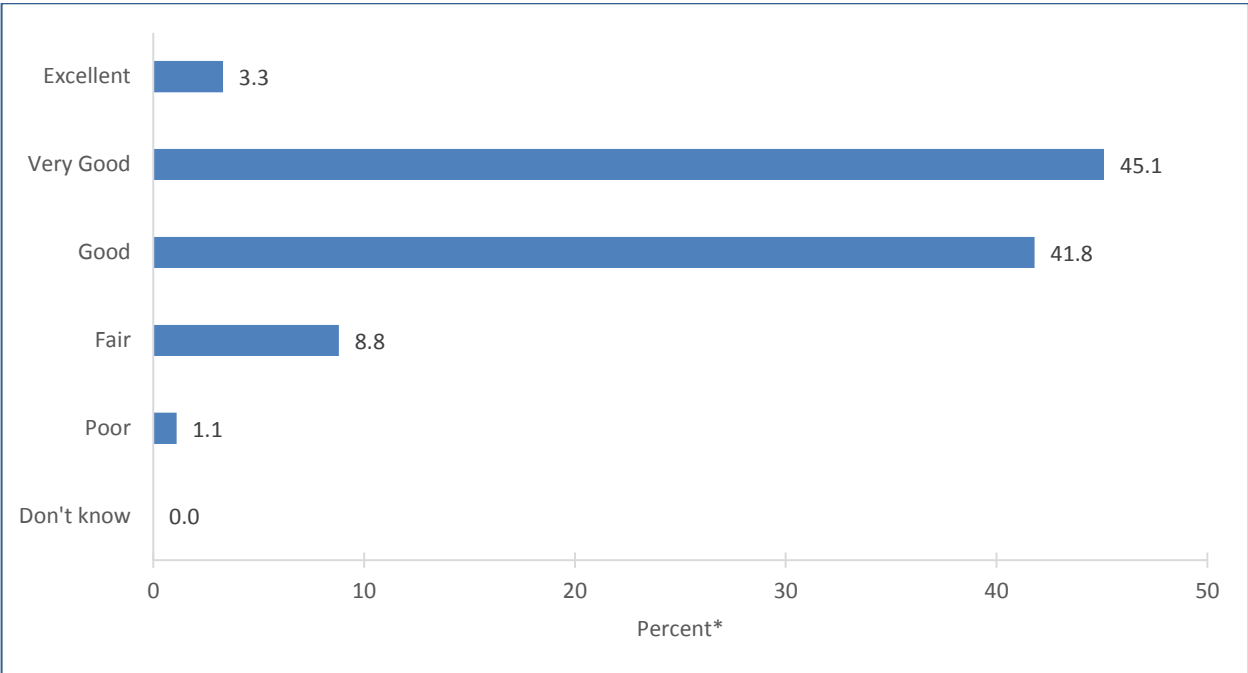


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



General Health

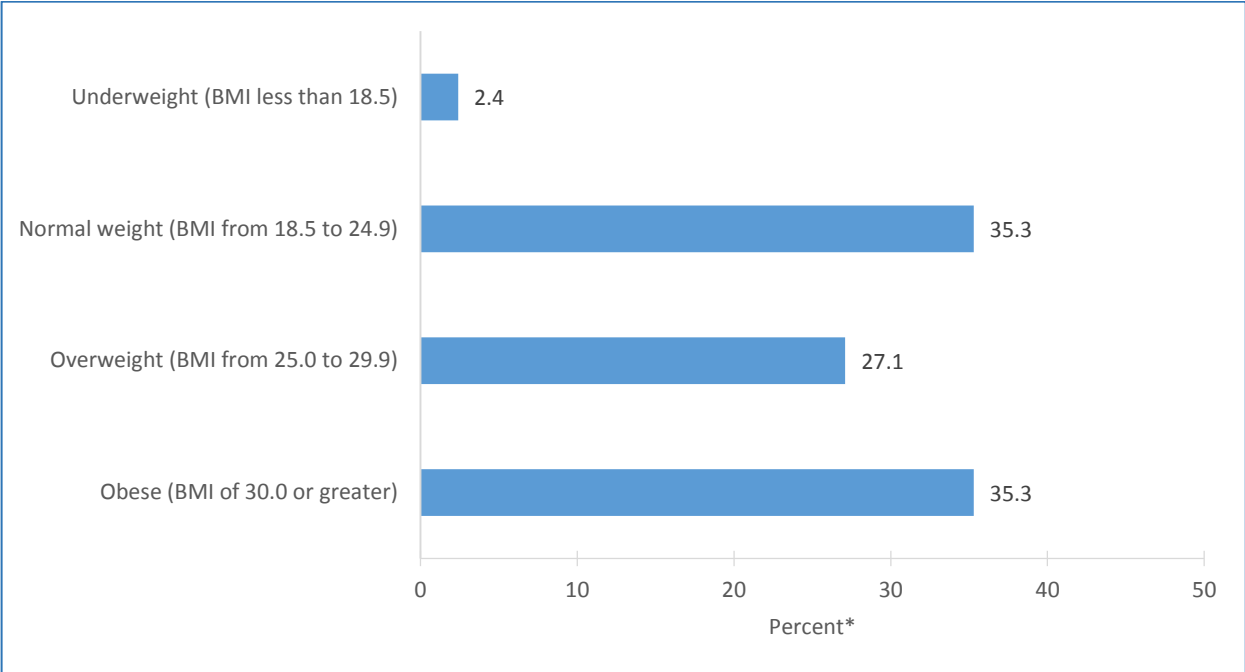
Figure 10. Respondents' rating of their health in general



N=91

*Percentages do not total 100.0 due to rounding.

Figure 11. Respondents' weight status based on the Body Mass Index (BMI)** scale

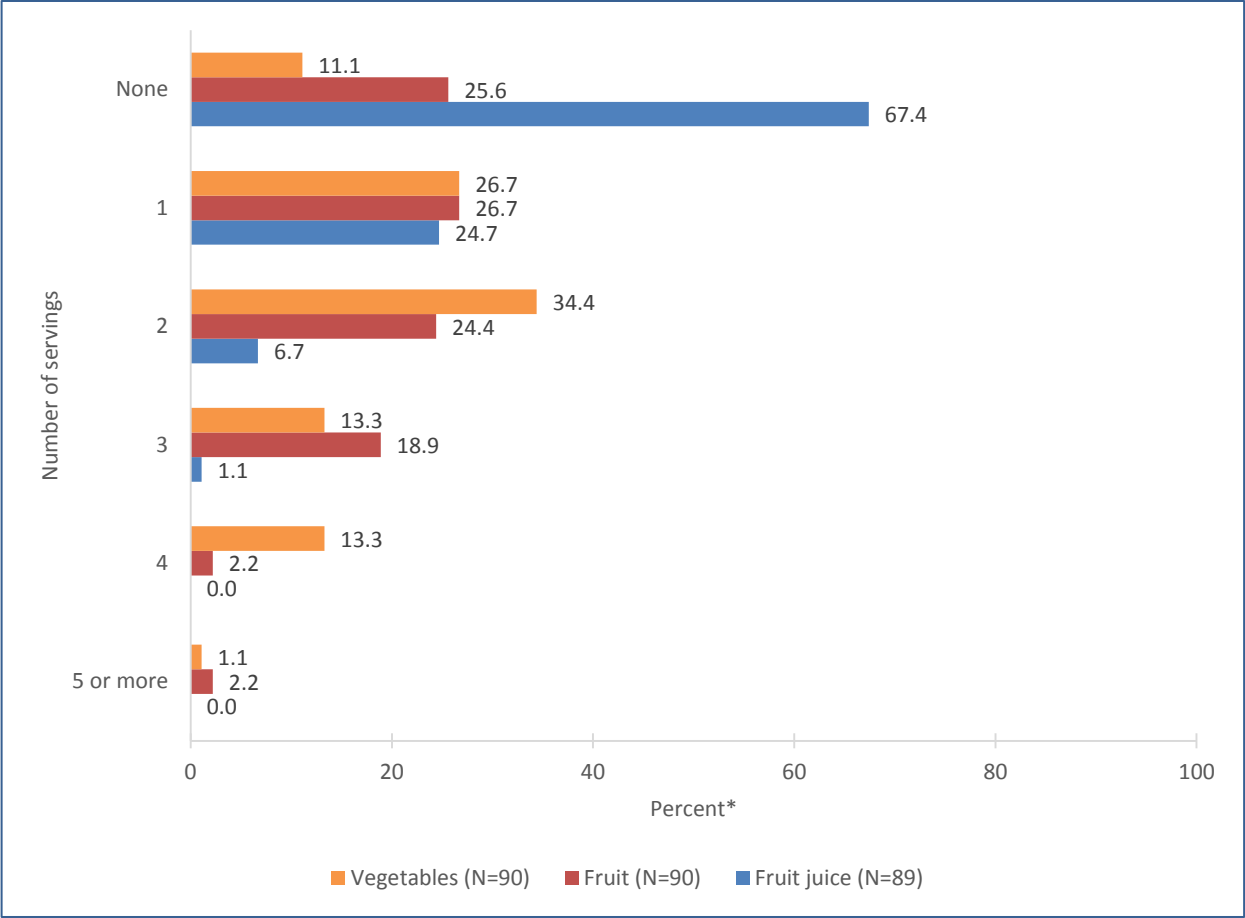


N=85

*Percentages do not total 100.0 due to rounding.

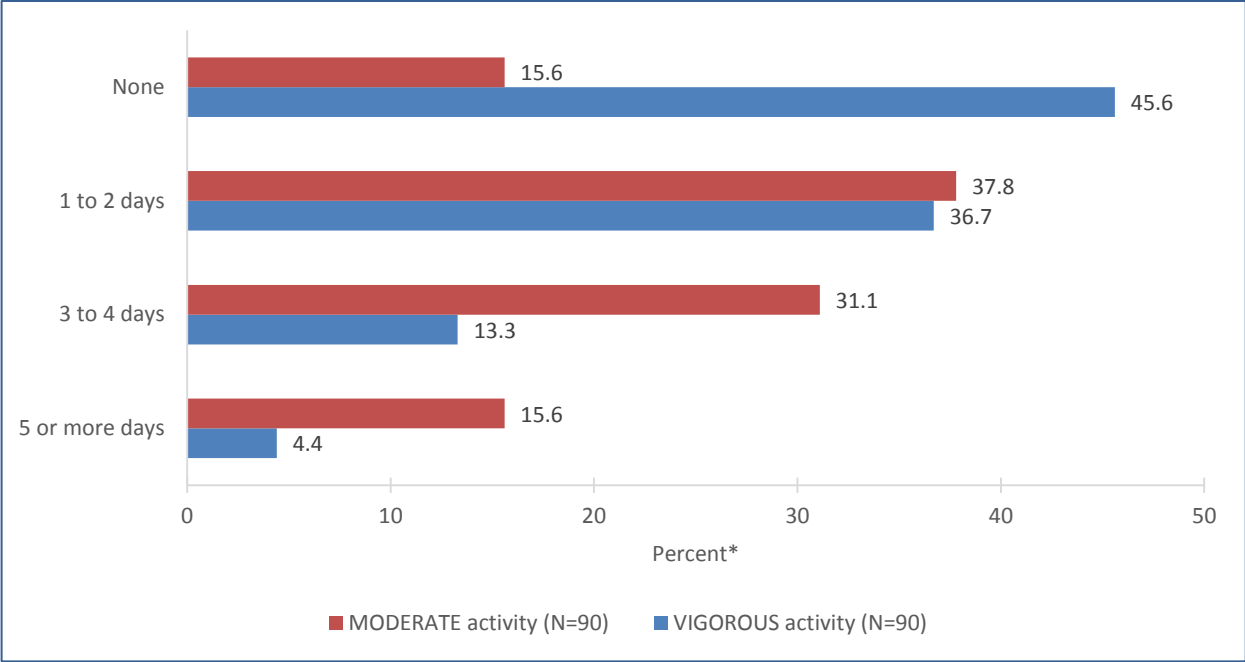
**For information about the BMI, visit the Center for Diseases Control and Prevention, *About BMI for Adults*, www.cdc.gov/healthyweight/assessing/bmi/.

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



*Percentages may not total 100.0 due to rounding.

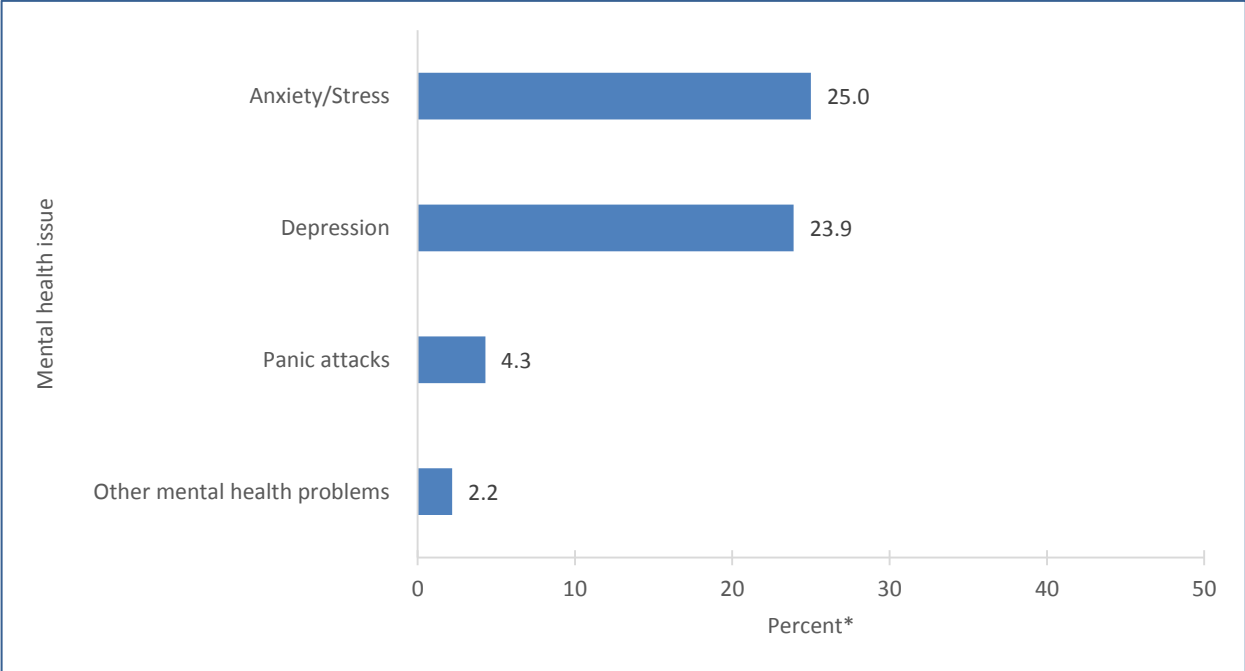
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



*Percentages may not total 100.0 due to rounding.

Mental Health

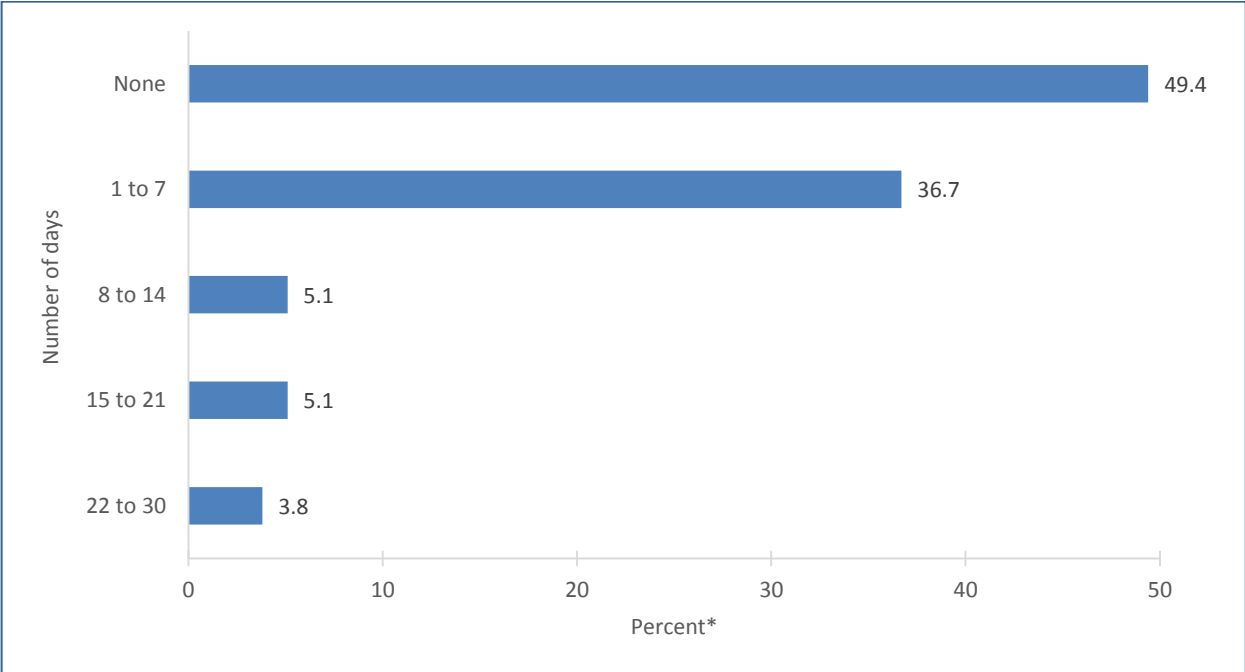
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=92

*Percentage does not total 100.0 due to multiple responses.

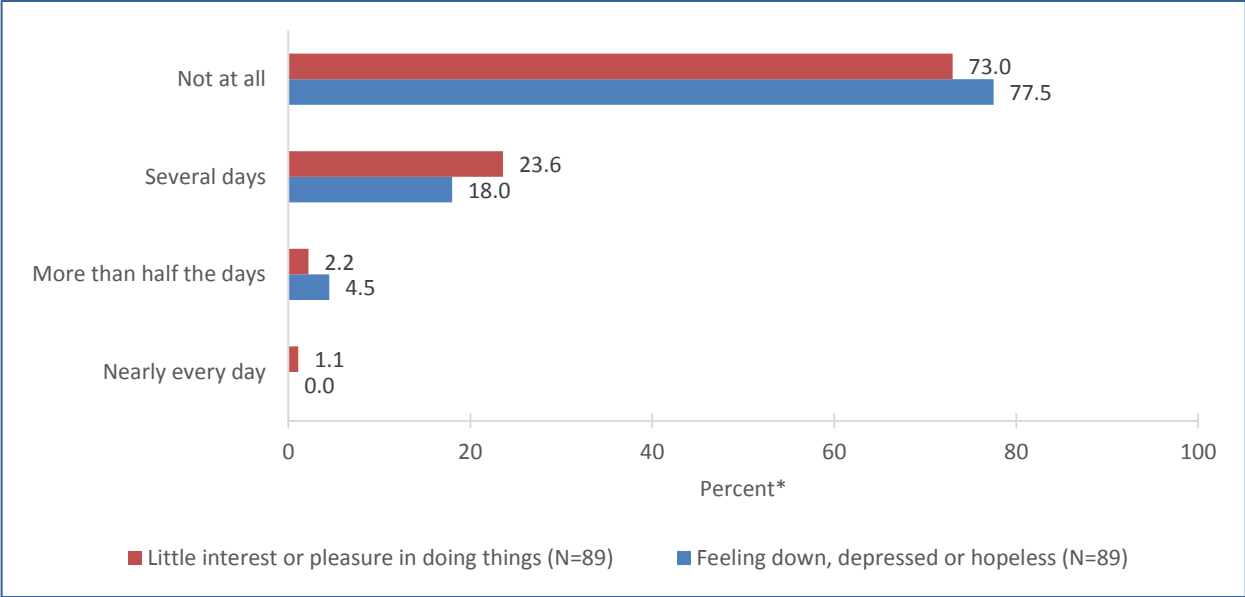
Figure 15. Number of days in the last month that respondents' mental health was not good



N=79

*Percentage does not total 100.0 due to rounding.

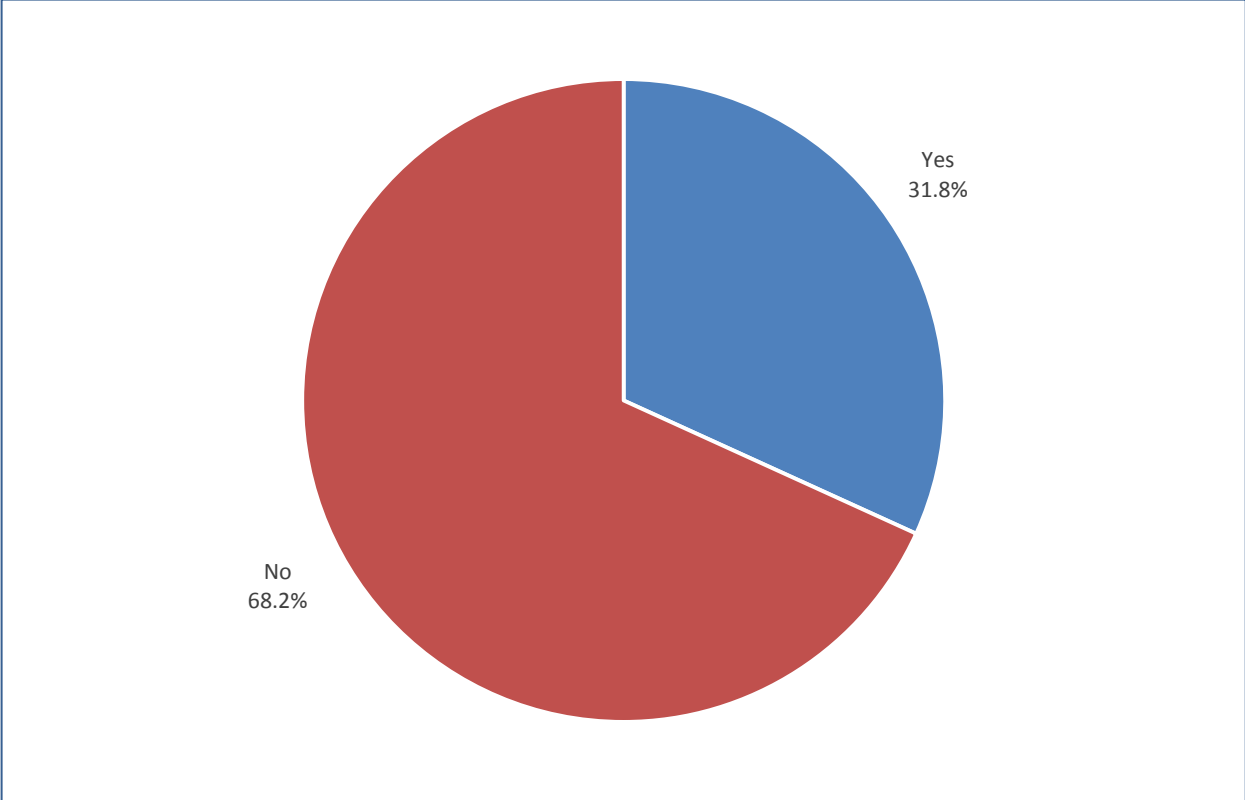
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



*Percentage may not total 100.0 due to rounding.

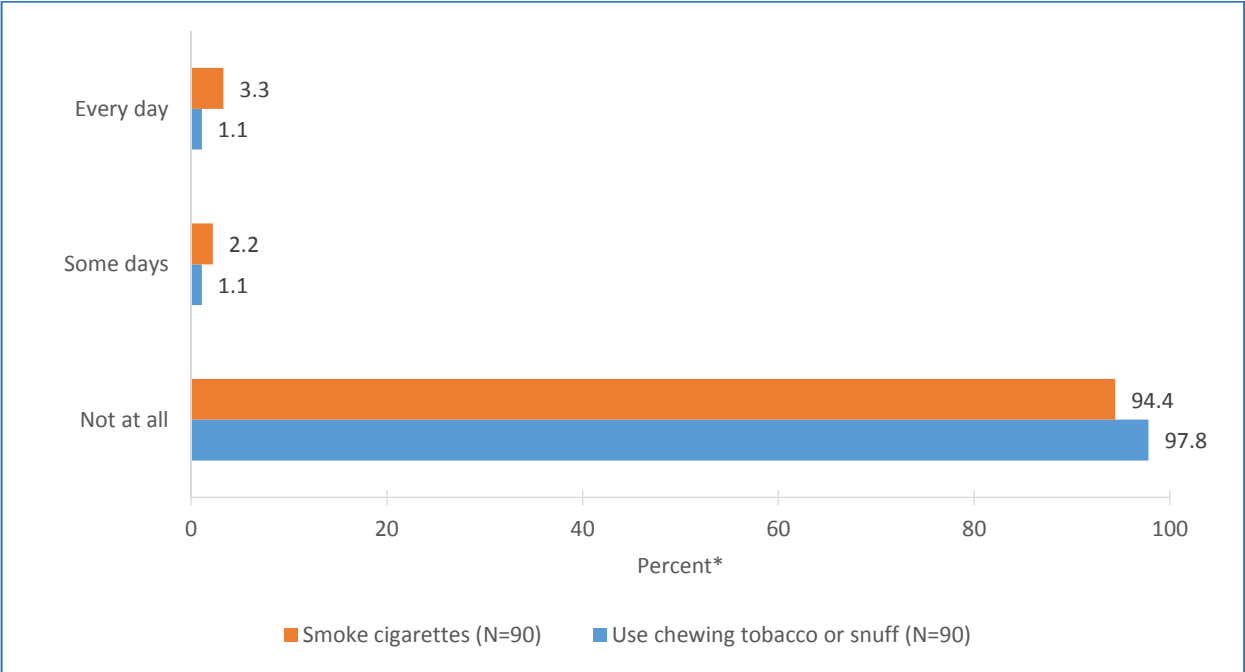
Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



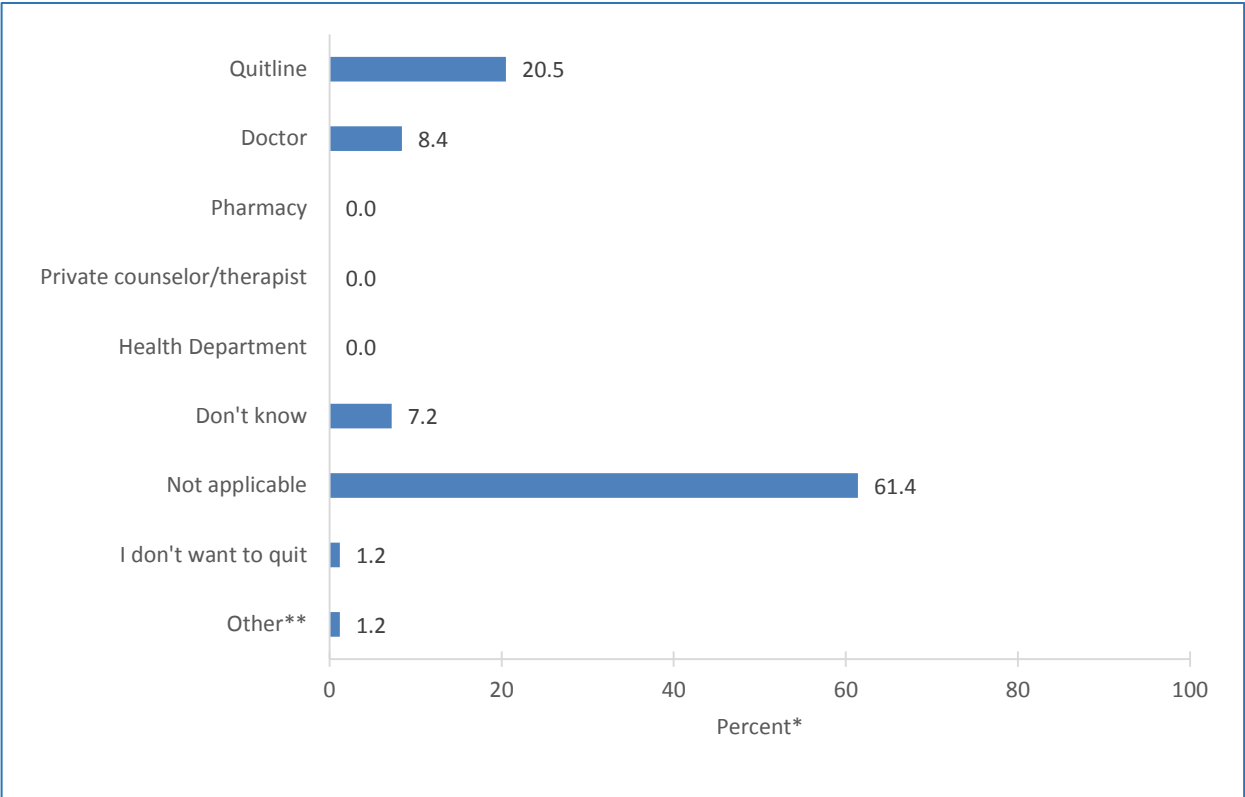
N=88

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff



*Percentages may not total 100.0 due to rounding.

Figure 19. Location respondents would first go if they wanted help to quit using tobacco



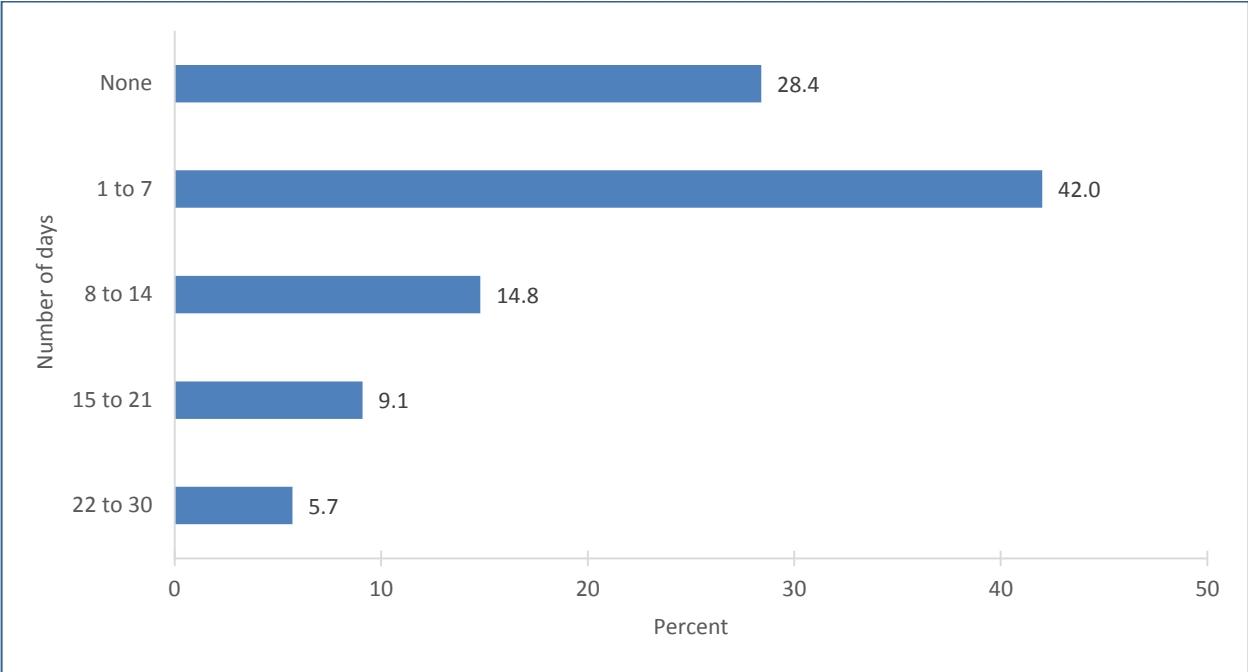
N=83

*Percentages do not total 100.0 due to rounding.

**Other response is "I don't smoke or chew tobacco".

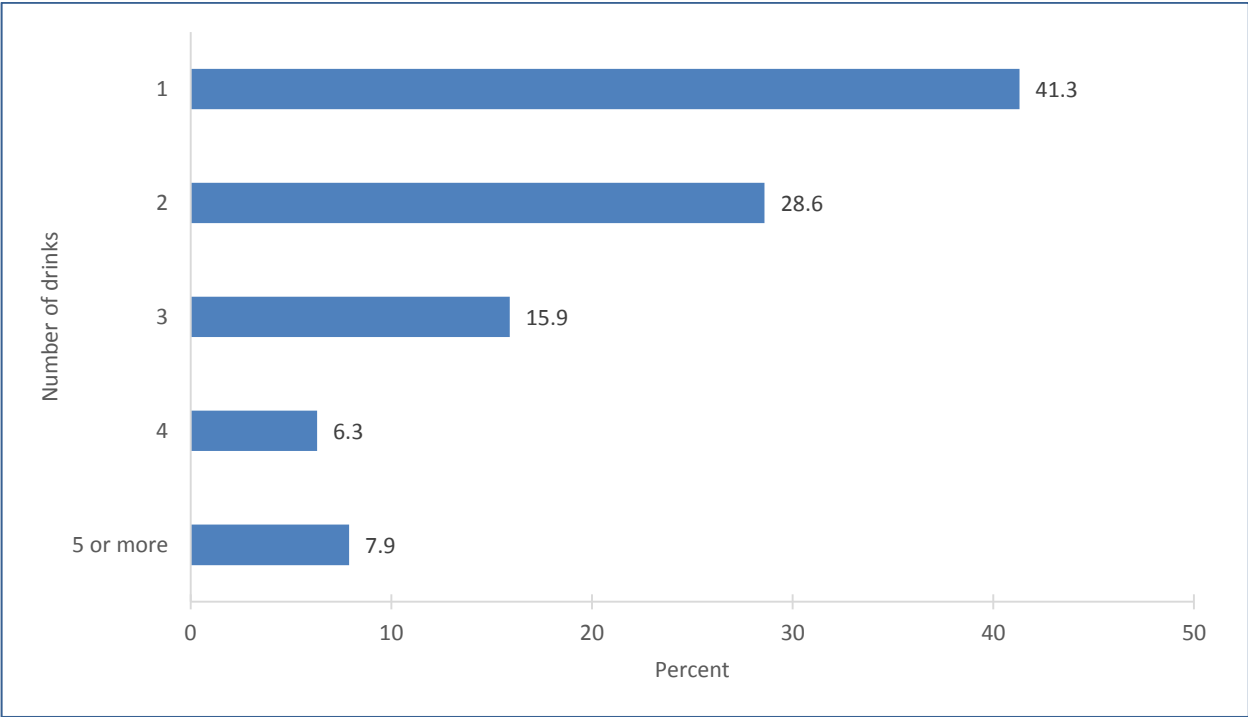
Alcohol Use and Prescription Drugs/Non-prescription Drug Abuse

Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



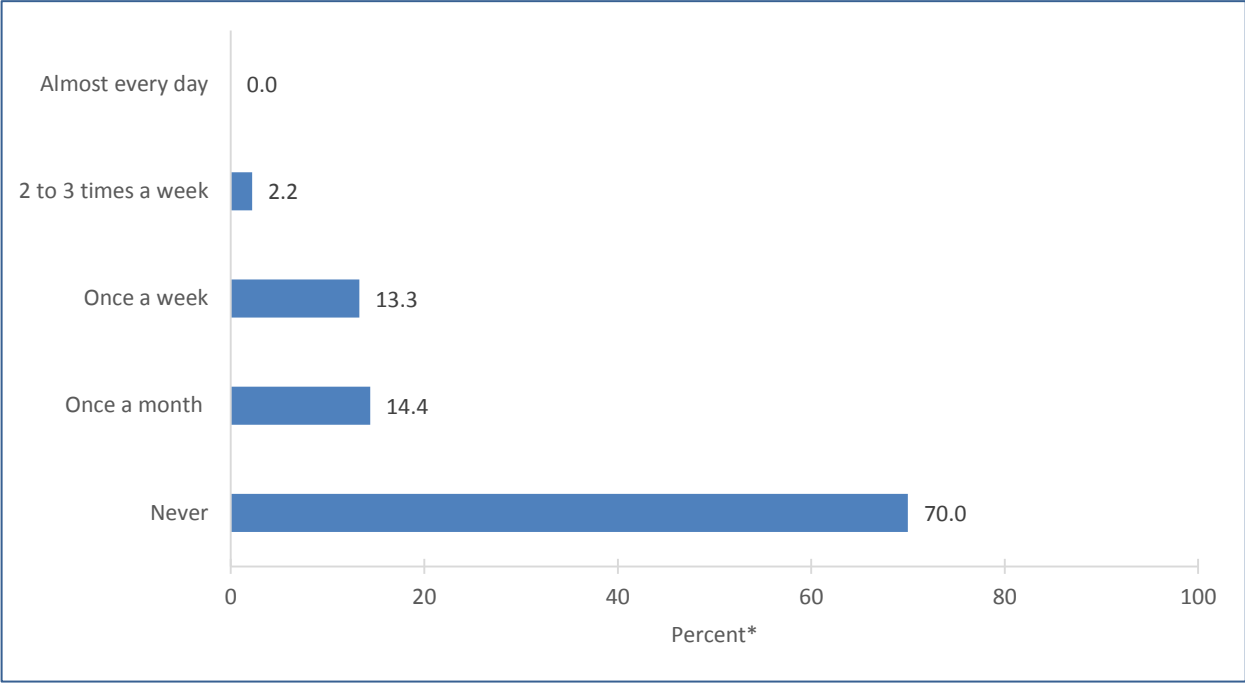
N=88

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=63

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=90

*Percentages do not total 100.0 due to rounding.

Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

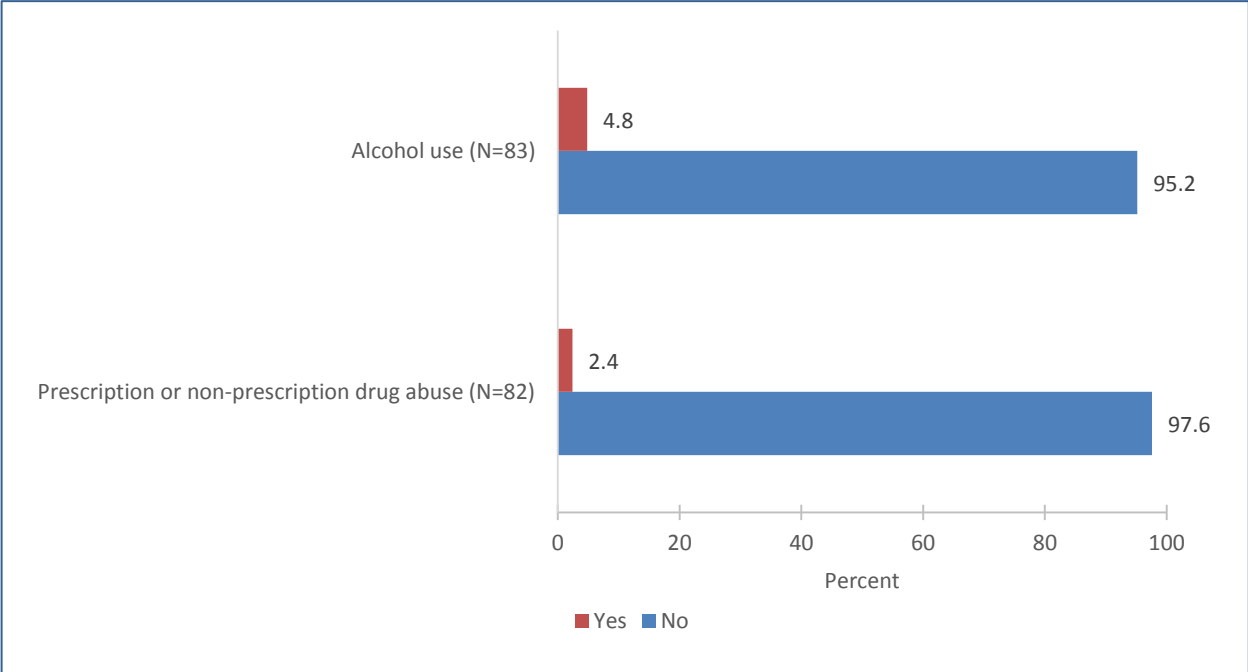


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

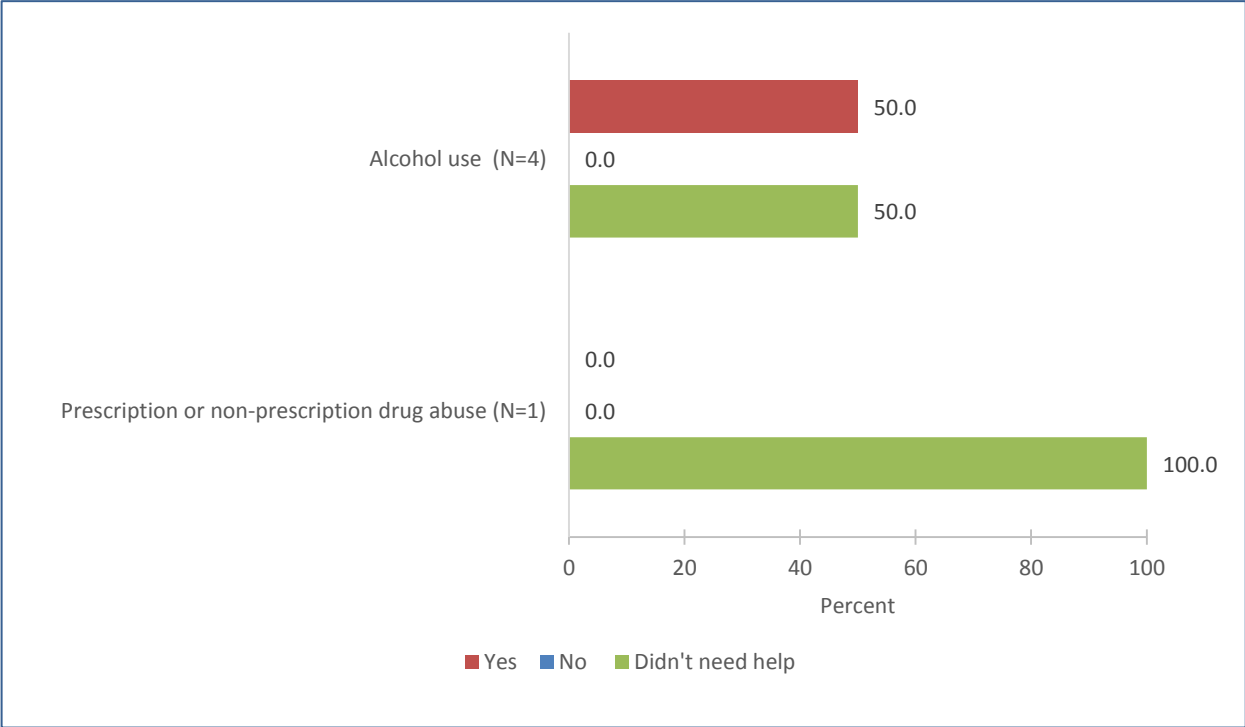
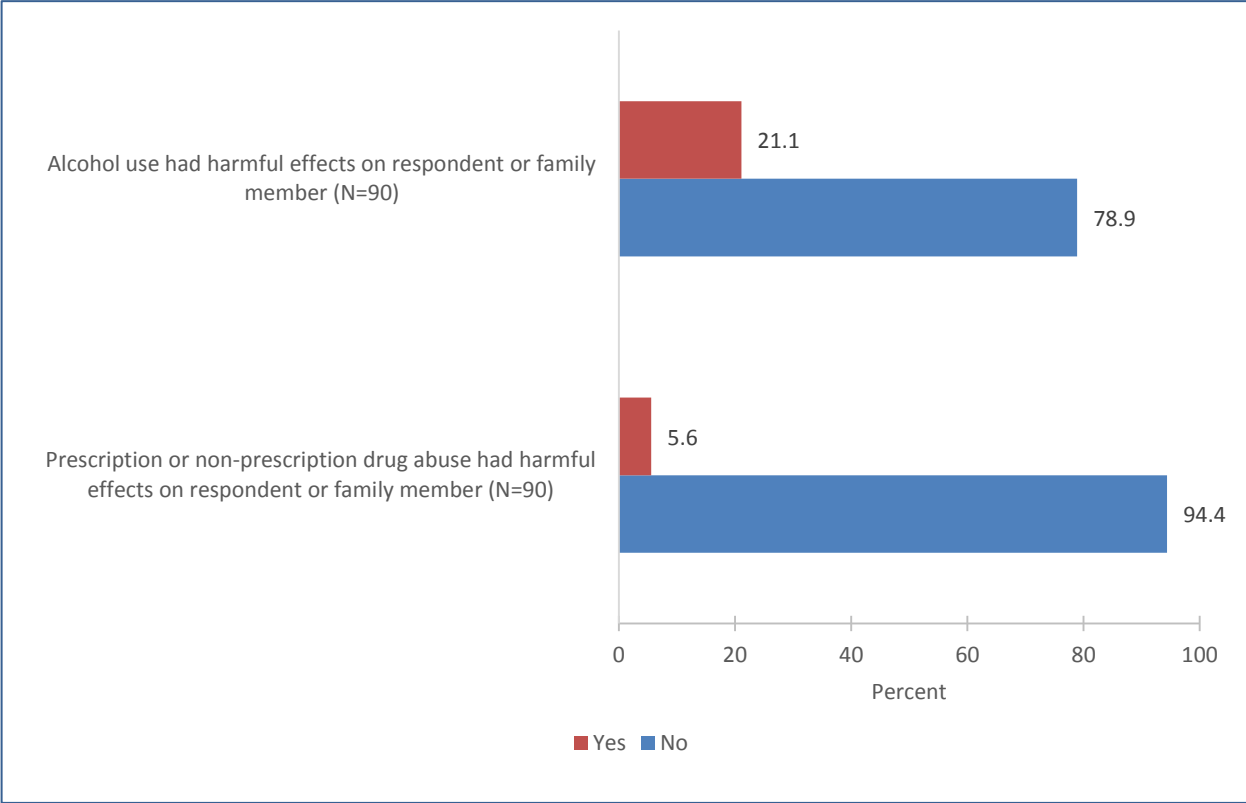


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

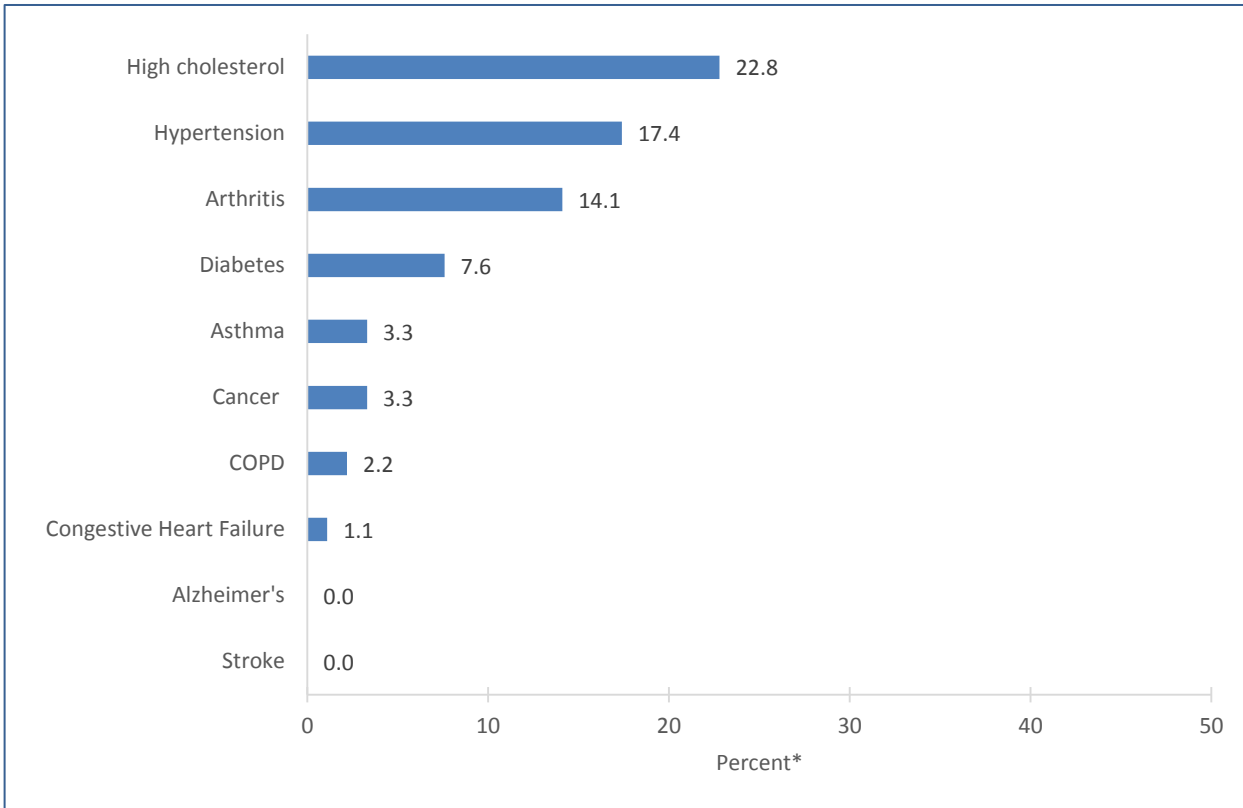
| Type of screening | Percent of respondents | | |
|--|------------------------|------|-------|
| | Yes | No | Total |
| GENERAL SCREENINGS | | | |
| Blood pressure screening (N=89) | 88.8 | 11.2 | 100.0 |
| Blood sugar screening (N=89) | 64.0 | 36.0 | 100.0 |
| Bone density test (N=87) | 14.9 | 85.1 | 100.0 |
| Cardiovascular screening (N=88) | 27.3 | 72.7 | 100.0 |
| Cholesterol screening (N=89) | 66.3 | 33.7 | 100.0 |
| Dental screening and X-rays (N=88) | 76.1 | 23.9 | 100.0 |
| Flu shot (N=89) | 86.5 | 13.5 | 100.0 |
| Glaucoma test (N=87) | 43.7 | 56.3 | 100.0 |
| Hearing screening (N=87) | 13.8 | 86.2 | 100.0 |
| Immunizations (N=86) | 27.9 | 72.1 | 100.0 |
| Pelvic exam (N=69 Females) | 58.0 | 42.0 | 100.0 |
| STD (N=86) | 7.0 | 93.0 | 100.0 |
| Vascular screening (N=87) | 17.2 | 82.8 | 100.0 |
| CANCER SCREENINGS | | | |
| Breast cancer screening (N=70 Females) | 61.4 | 38.6 | 100.0 |
| Cervical cancer screening (N=69 Females) | 55.1 | 44.9 | 100.0 |
| Colorectal cancer screening (N=87) | 18.4 | 81.6 | 100.0 |
| Prostate cancer screening (N=15 Males) | 33.3 | 66.7 | 100.0 |
| Skin cancer screening (N=87) | 21.8 | 78.2 | 100.0 |

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

| Type of screening | Percent of respondents* | | | | | | |
|--|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
| | Not necessary | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| GENERAL SCREENINGS | | | | | | | |
| Blood pressure screening (N=10) | 50.0 | 20.0 | 0.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| Blood sugar screening (N=32) | 50.0 | 28.1 | 6.3 | 0.0 | 0.0 | 0.0 | 9.4 |
| Bone density test (N=74) | 45.9 | 37.8 | 4.1 | 0.0 | 0.0 | 0.0 | 10.8 |
| Cardiovascular screening (N=64) | 46.9 | 43.8 | 4.7 | 0.0 | 0.0 | 0.0 | 6.3 |
| Cholesterol screening (N=30) | 50.0 | 30.0 | 13.3 | 0.0 | 3.3 | 0.0 | 10.0 |
| Dental screening and X-rays (N=21) | 19.0 | 14.3 | 23.8 | 14.3 | 0.0 | 0.0 | 19.0 |
| Flu shot (N=12) | 25.0 | 0.0 | 25.0 | 0.0 | 0.0 | 0.0 | 41.7 |
| Glaucoma test (N=49) | 53.1 | 24.5 | 6.1 | 0.0 | 0.0 | 0.0 | 18.4 |
| Hearing screening (N=75) | 56.0 | 32.0 | 4.0 | 0.0 | 0.0 | 0.0 | 5.3 |
| Immunizations (N=62) | 61.3 | 16.1 | 3.2 | 0.0 | 0.0 | 0.0 | 8.1 |
| Pelvic exam (N=29 Females) | 31.0 | 20.7 | 10.3 | 0.0 | 0.0 | 0.0 | 37.9 |
| STD (N=80) | 80.0 | 6.3 | 2.5 | 0.0 | 0.0 | 0.0 | 6.3 |
| Vascular screening (N=72) | 54.2 | 30.6 | 4.2 | 0.0 | 0.0 | 0.0 | 6.9 |
| CANCER SCREENINGS | | | | | | | |
| Breast cancer screening (N=27 Females) | 44.4 | 22.2 | 14.8 | 0.0 | 0.0 | 0.0 | 25.9 |
| Cervical cancer screening (N=31 Females) | 41.9 | 9.7 | 9.7 | 0.0 | 0.0 | 0.0 | 32.3 |
| Colorectal cancer screening (N=71) | 57.7 | 21.1 | 7.0 | 2.8 | 0.0 | 0.0 | 15.5 |
| Prostate cancer screening (N=10 Males) | 50.0 | 40.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Skin cancer screening (N=68) | 44.1 | 44.1 | 5.9 | 0.0 | 1.5 | 0.0 | 10.3 |

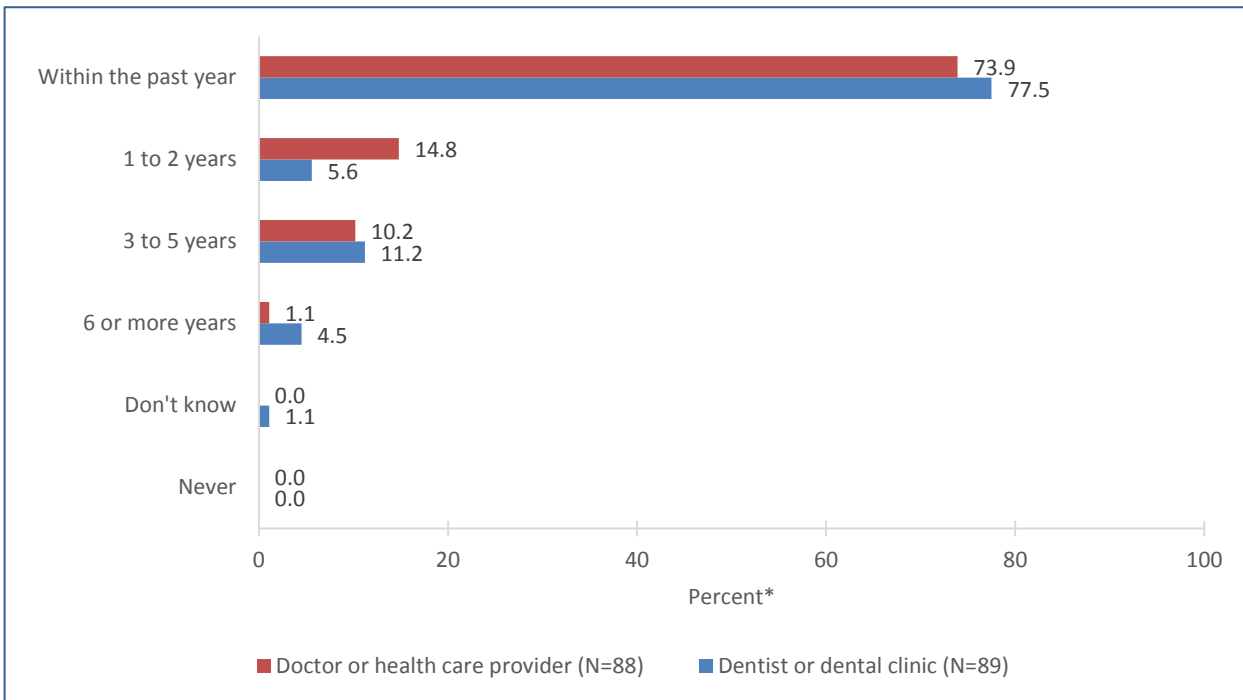
*Percentages do not total 100.0 due to multiple responses.

Figure 26. Whether respondents have any of the following chronic diseases



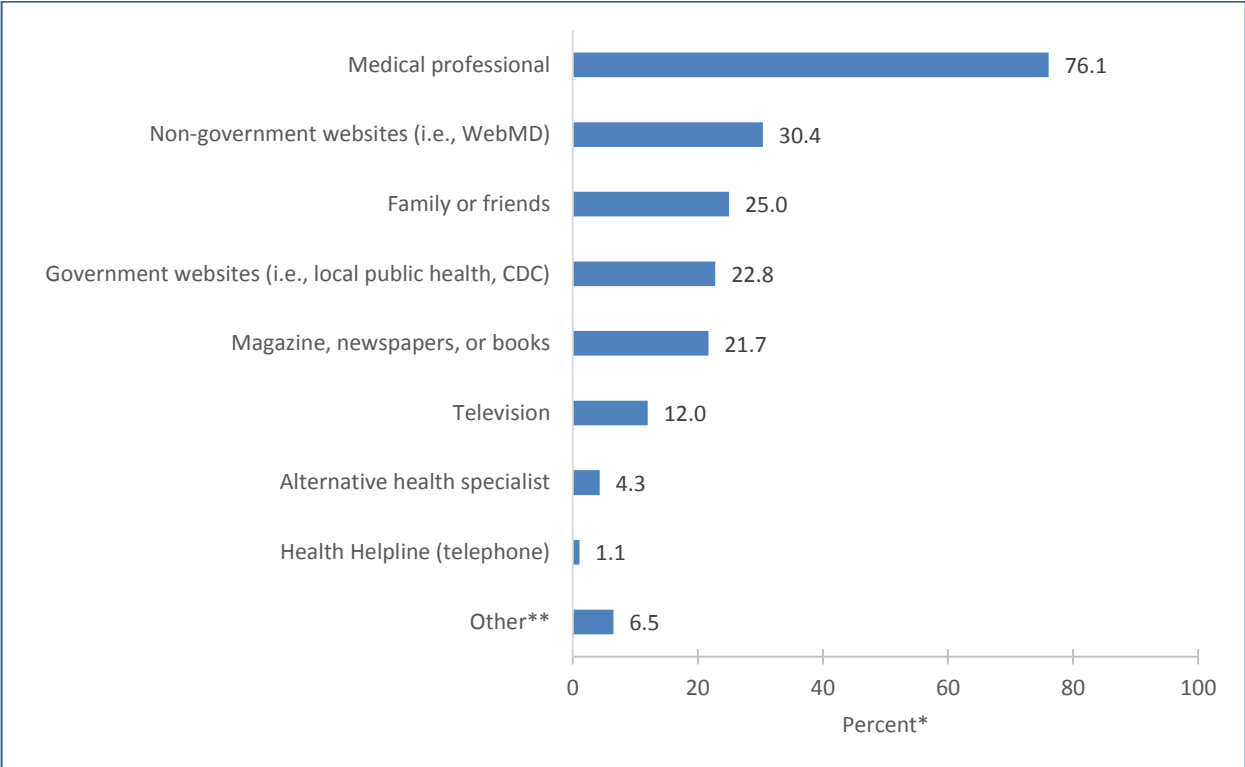
N=92 *Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



*Percentages may not total 100.0 due to rounding.

Figure 28. Where respondents get most of their health information

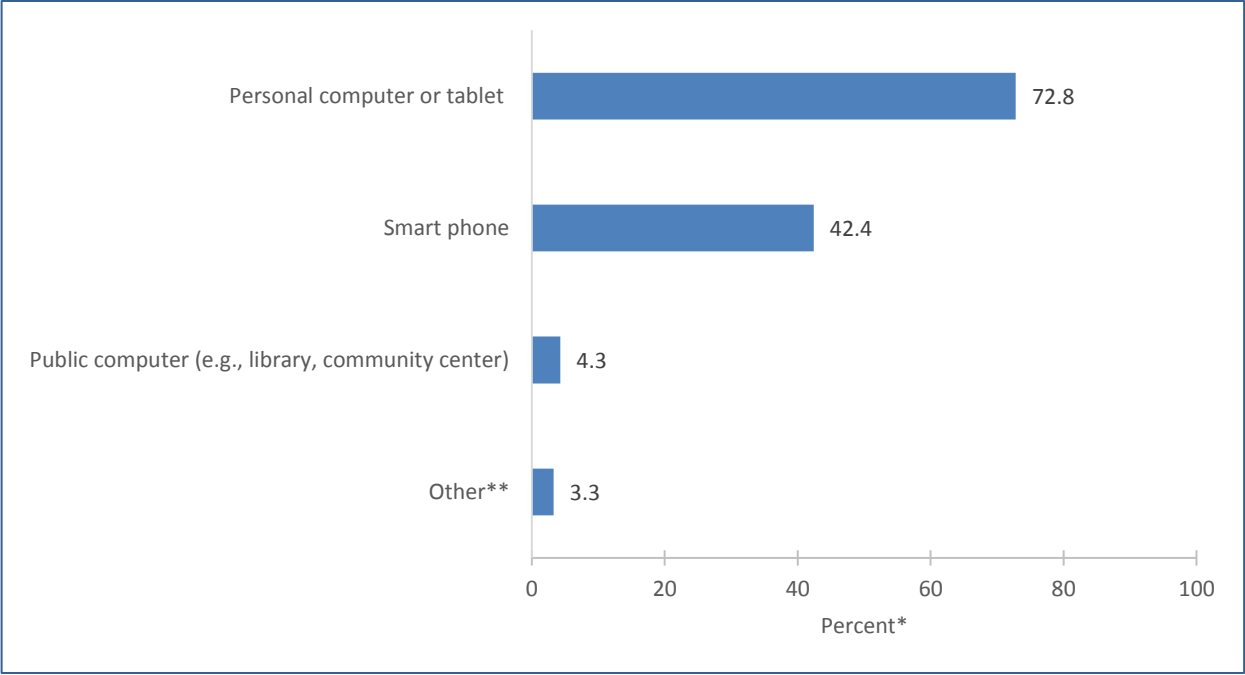


N=92

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “Medical articles/journal” (2), “i-Pad computer”, “My doctor”, “NPR”, and “Work; I’m a nurse and work in health care”.

Figure 29. Best way for respondents to access technology for health information



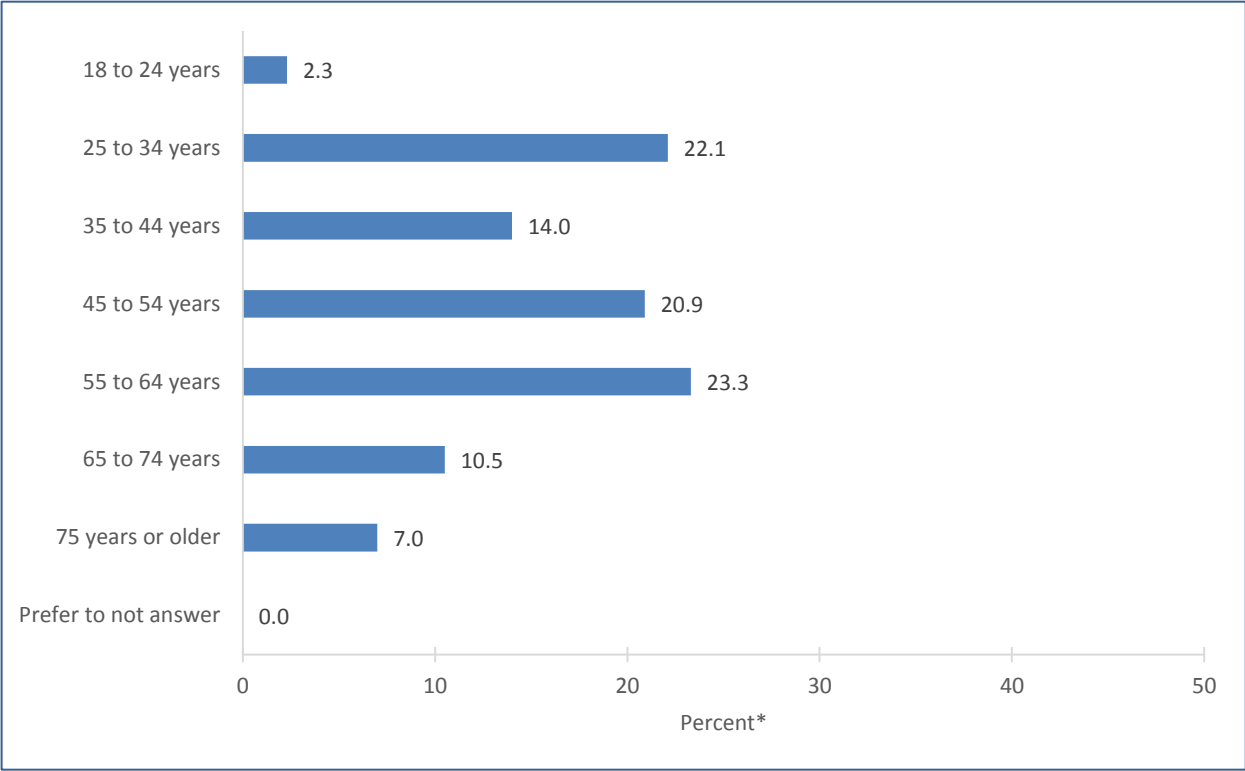
N=92

*Percentages do not total 100.0 due to multiple responses.

**Other responses include "Daughter", "School technology", and "Talk to my doctor".

Demographic Information

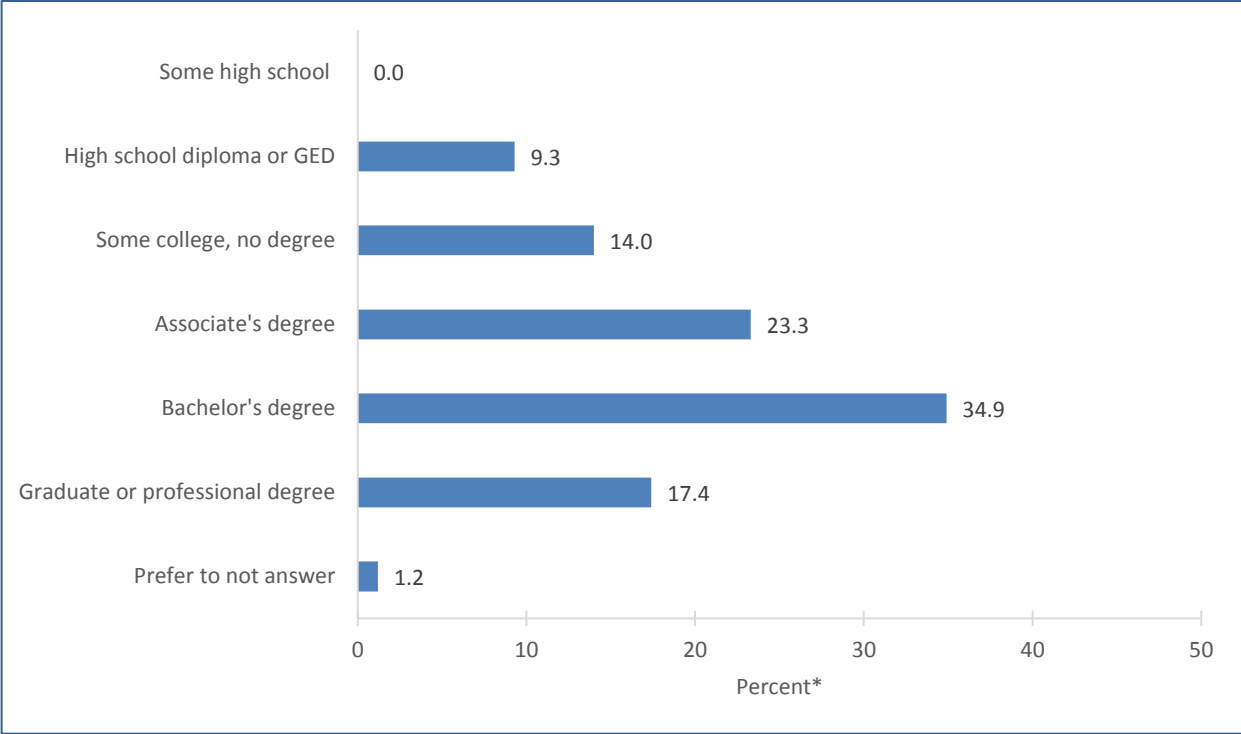
Figure 30. Age of respondents



N=86

*Percentages do not total 100.0 due to rounding.

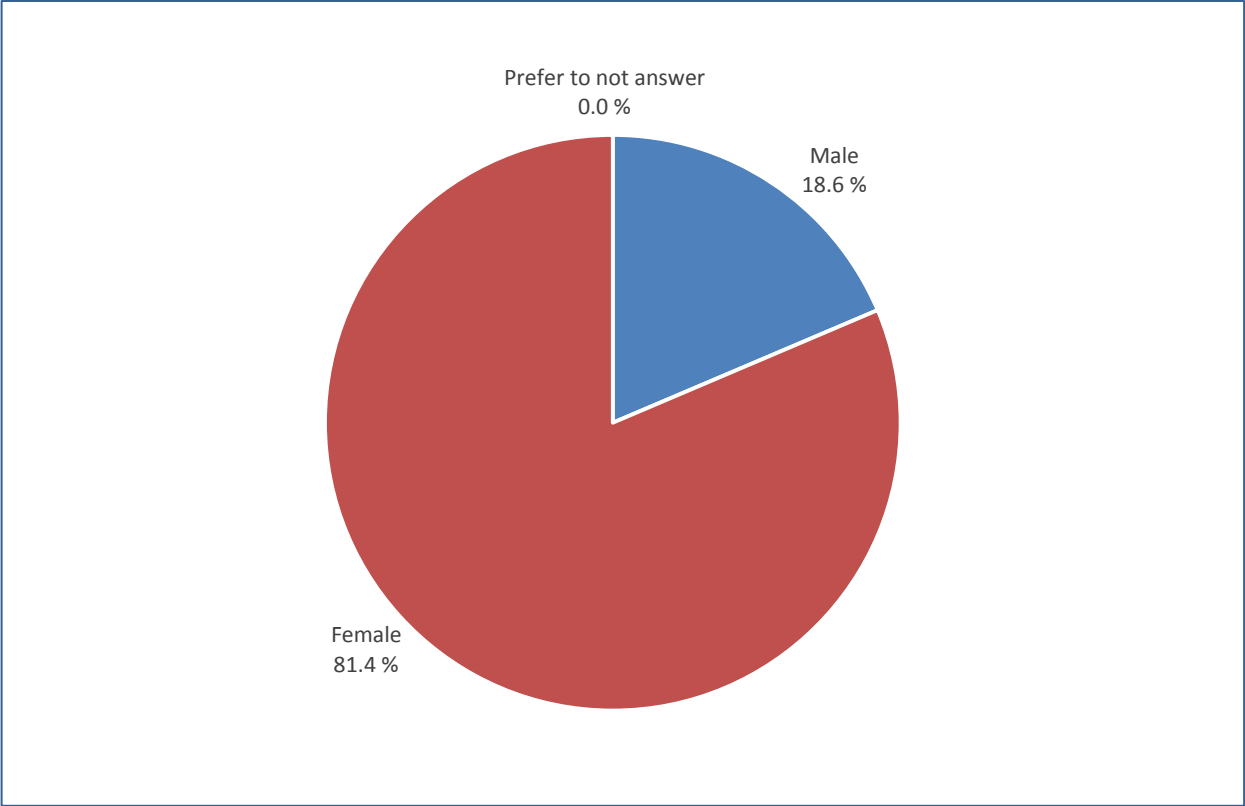
Figure 31. Highest level of education of respondents



N=86

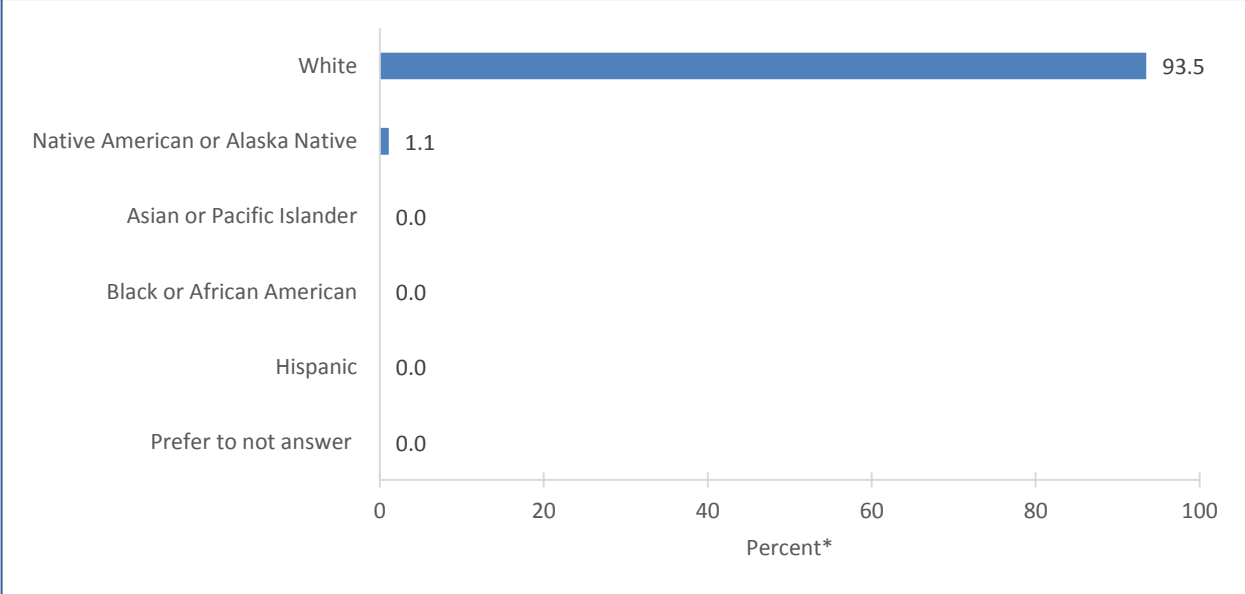
*Percentages do not total 100.0 due to rounding.

Figure 32. Gender of respondents



N=86

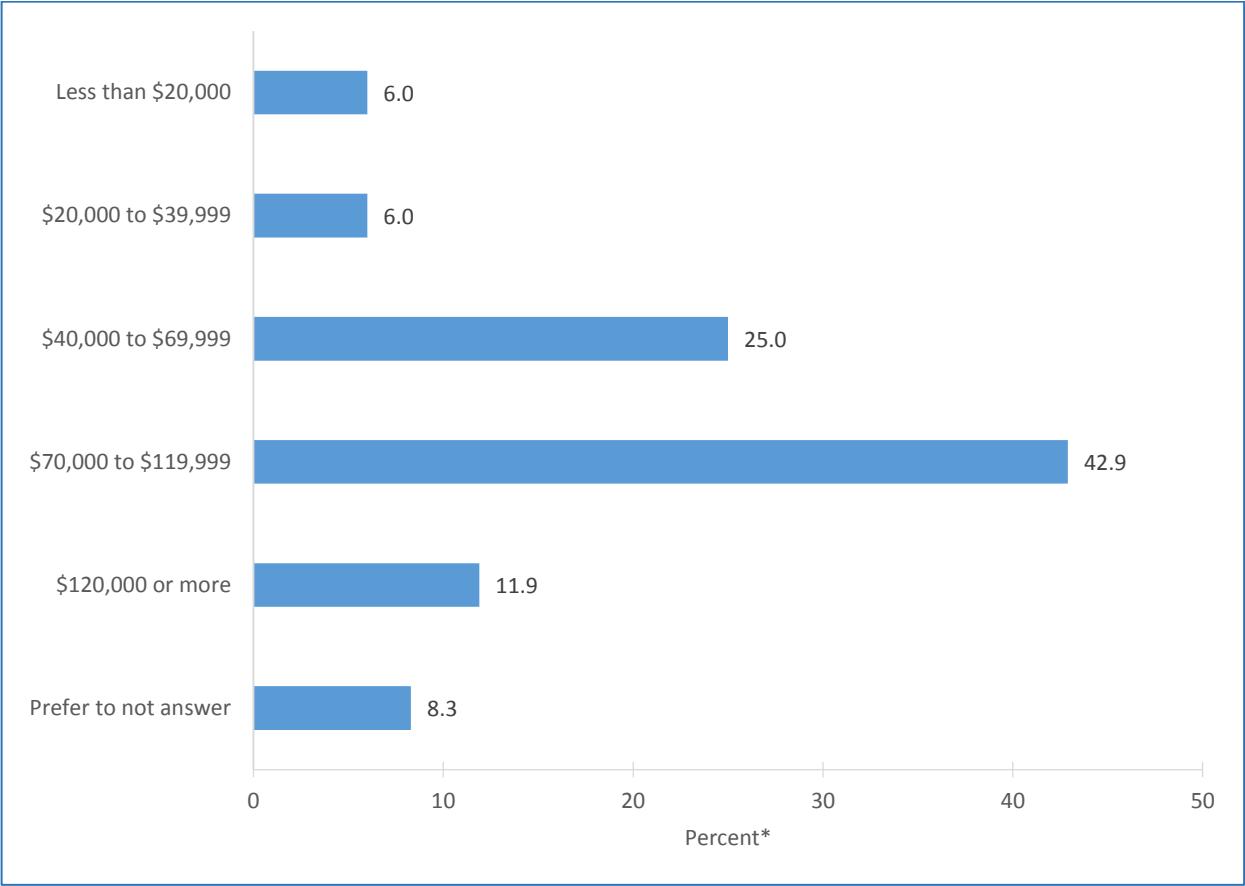
Figure 33. Race and ethnicity of respondents



N=92

*Percentages do not total 100.0 due to multiple responses.

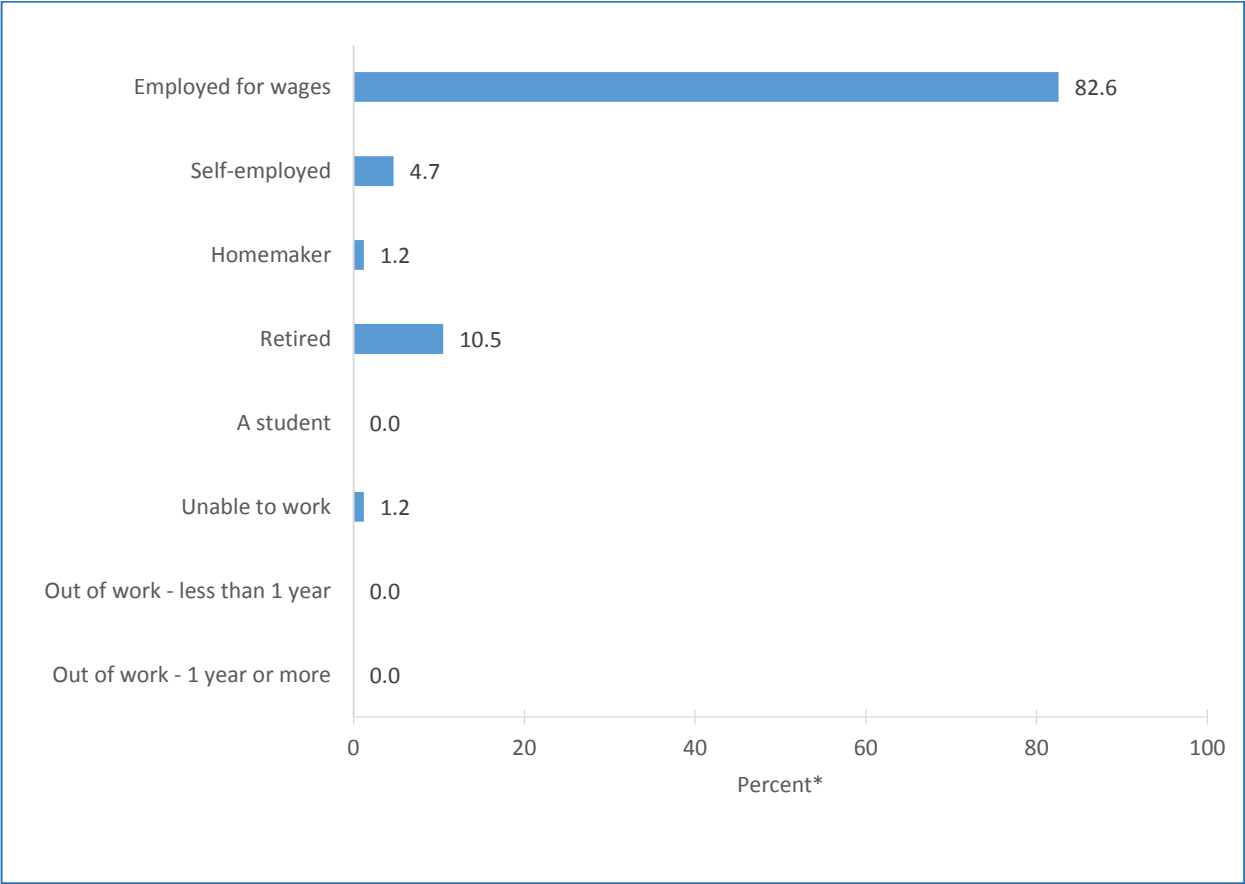
Figure 34. Annual household income of respondents



N=84

*Percentages do not total 100.0 due to rounding.

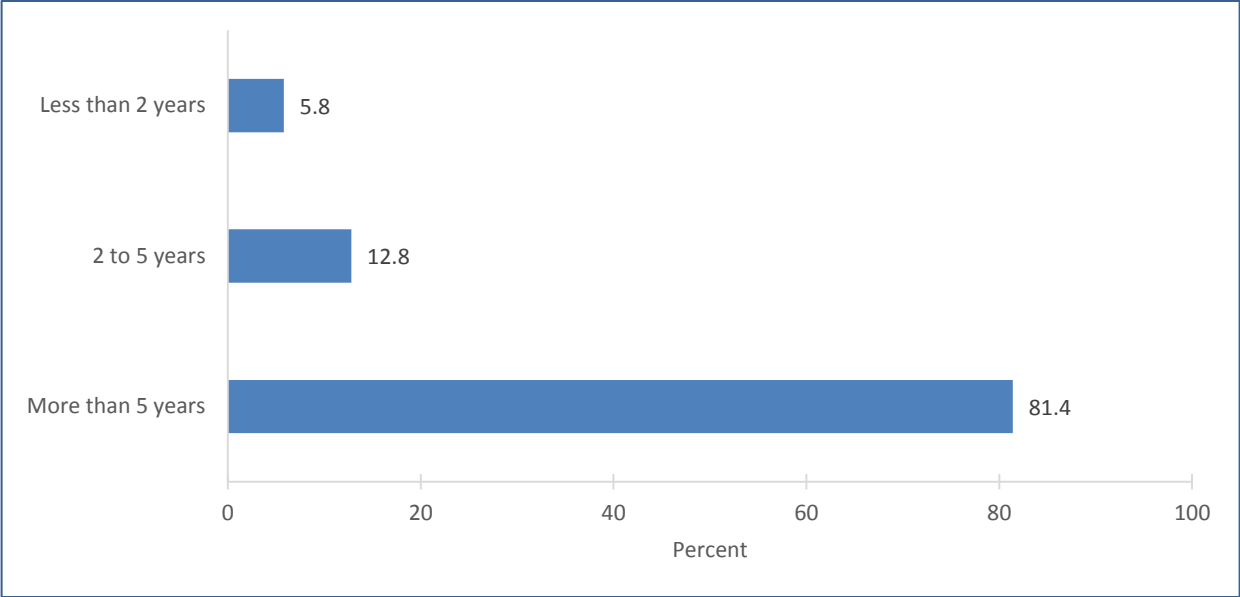
Figure 35. Employment status of respondents



N=86

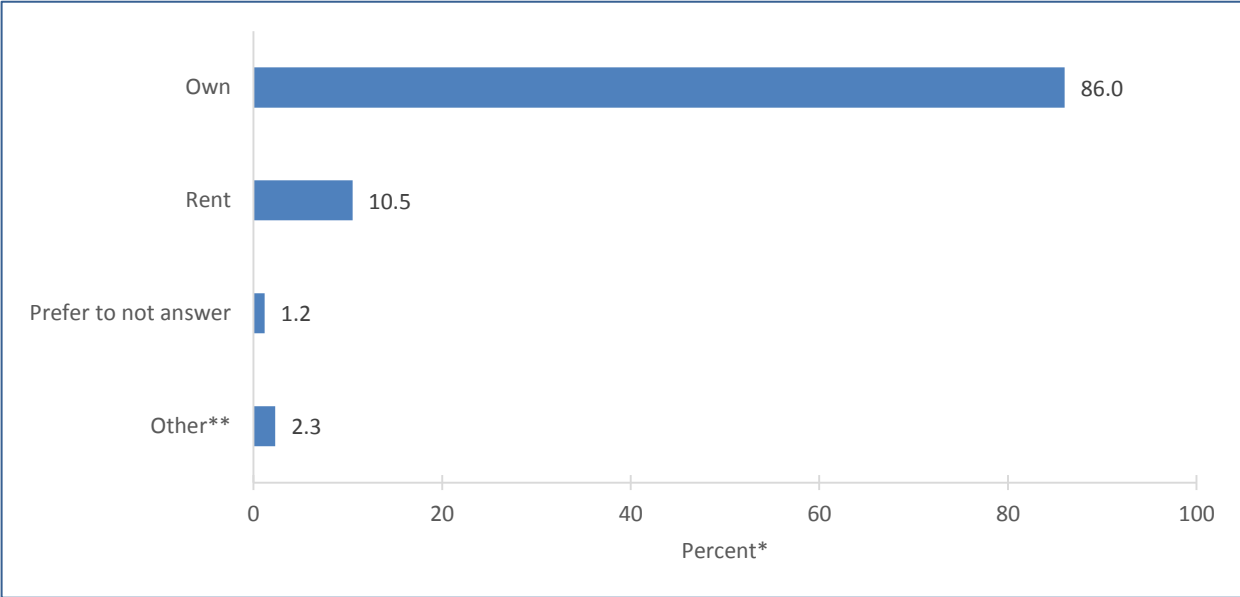
*Percentages do not total 100.0 due to rounding.

Figure 36. Length of time respondents have lived in their community



N=86

Figure 37. Whether respondents own or rent their home



N=86

**Other responses include “Comes with the job” and “Live in assisted living”.

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage

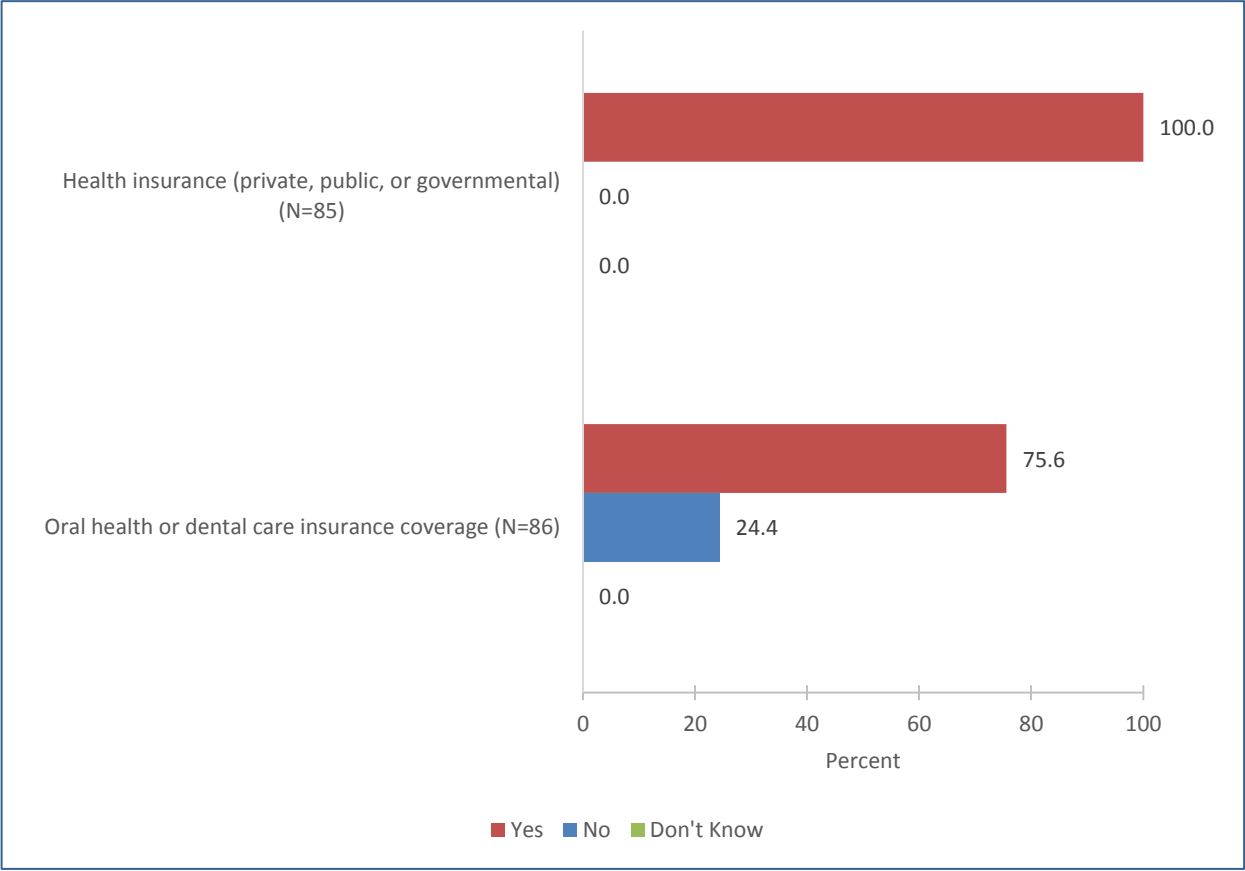
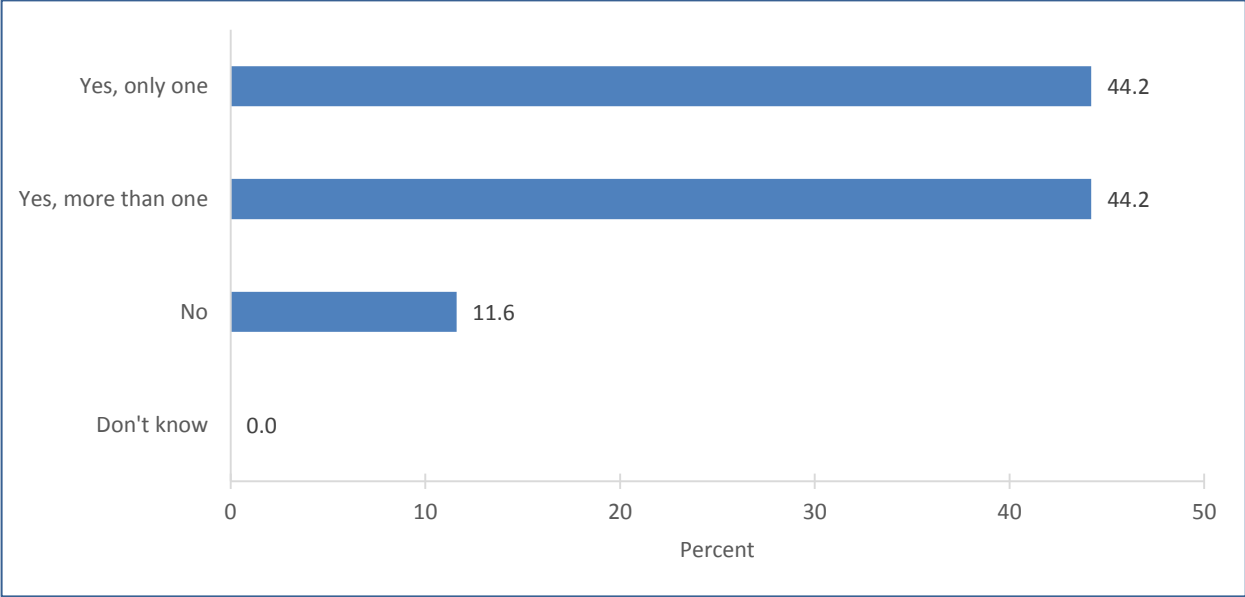
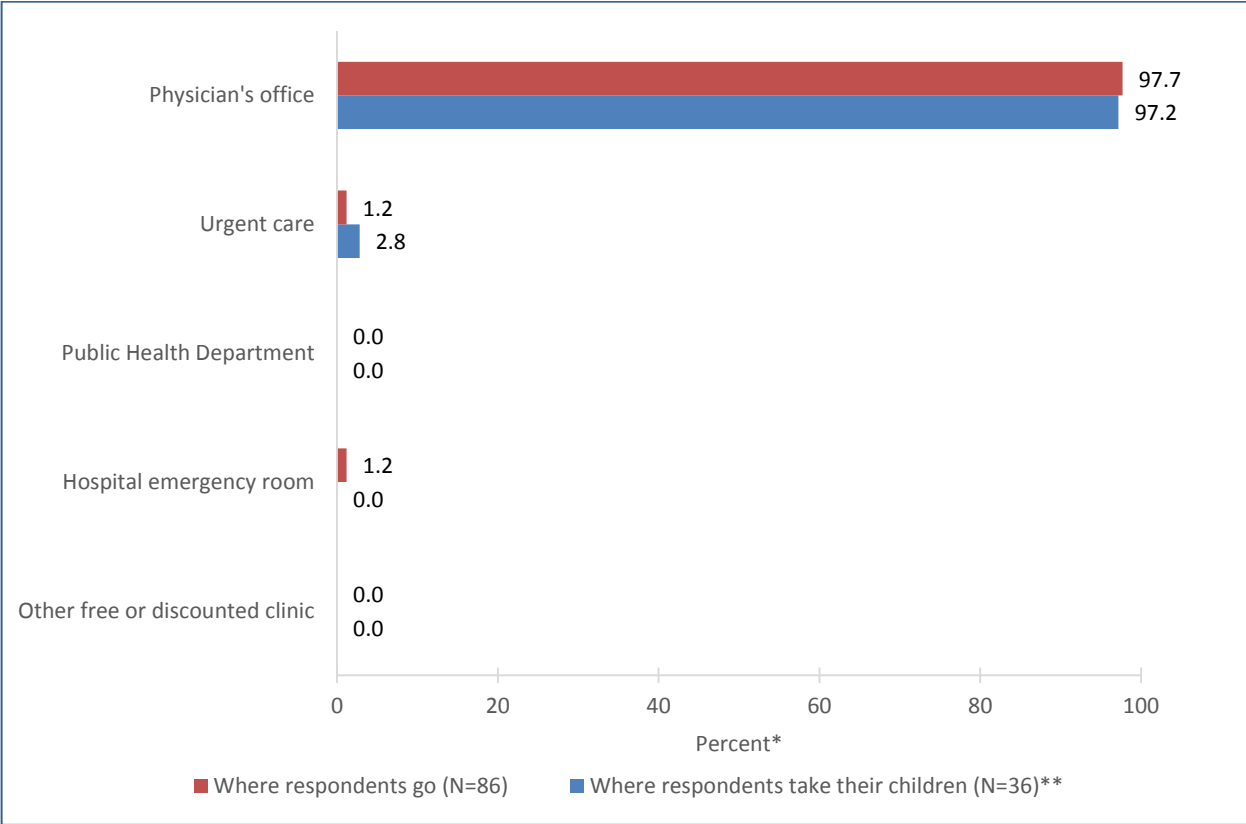


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=86

Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick



*Percentages may not total 100.0 due to rounding.

**Of respondents who have children younger than age 18 living in their household.

Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household

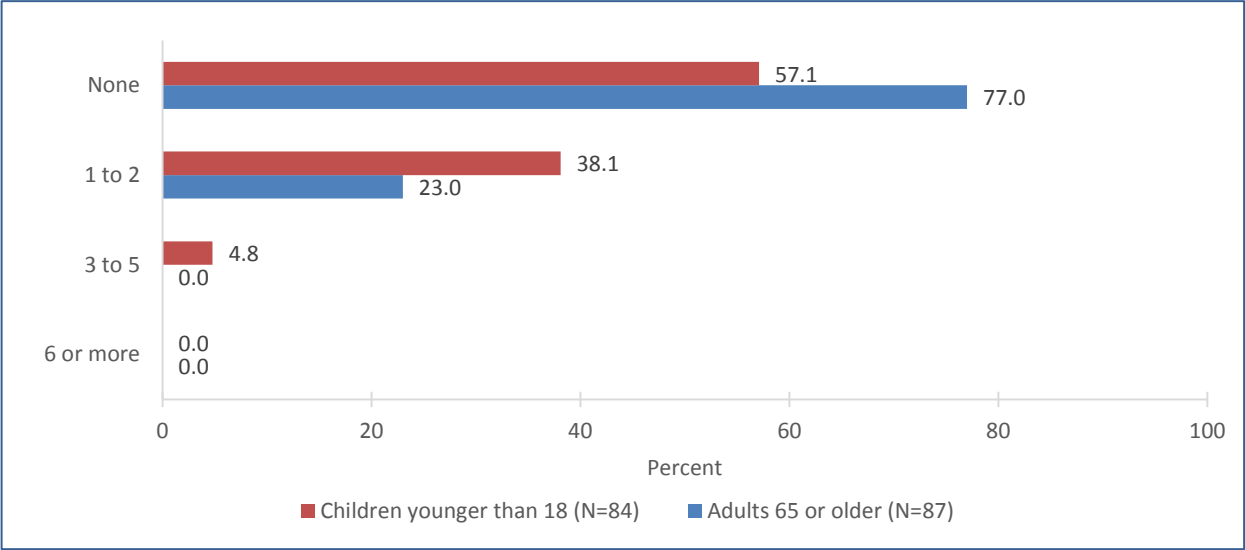
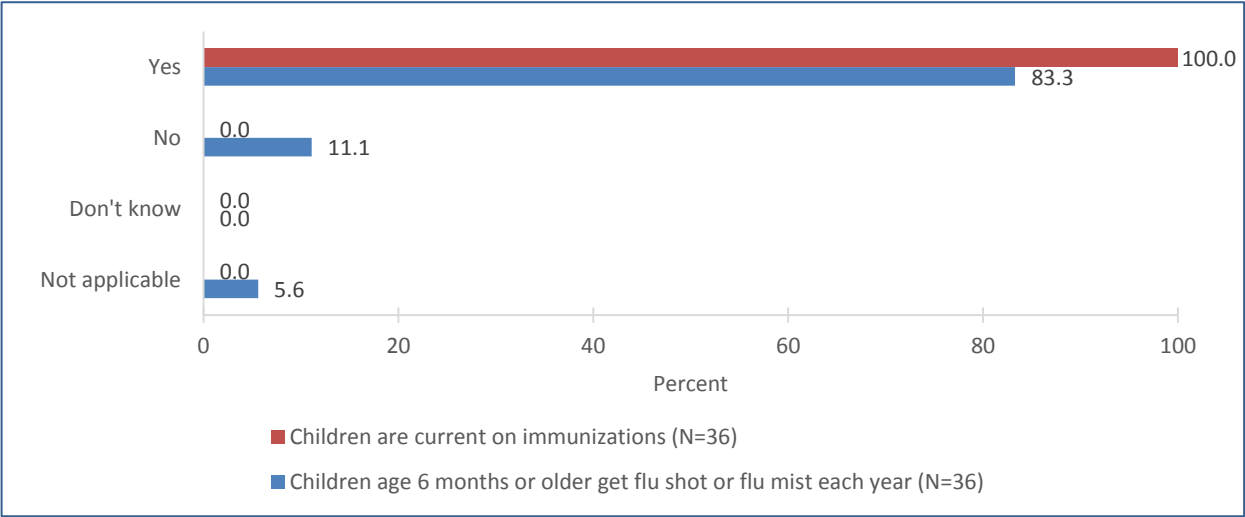


Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*



*Of respondents who have children younger than age 18 living in their household.

Table 3. Zip code of respondents

| Zip code | Number of respondents | Zip code | Number of respondents |
|-----------------|------------------------------|-----------------|------------------------------|
| 57070 | 27 | 57108 | 2 |
| 57053 | 16 | 57036 | 2 |
| 57014 | 14 | 57110 | 1 |
| 57043 | 4 | 57106 | 1 |
| 57037 | 4 | 57105 | 1 |
| 57073 | 3 | 57078 | 1 |
| 57039 | 3 | 57021 | 1 |
| 57004 | 3 | 57013 | 1 |

N=84

Pioneer Memorial
Hospital & Health Services

Secondary Research

Definitions of Key Indicators

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2015 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

For additional information about how the *County Health Rankings* are calculated, please visit www.countyhealthrankings.org

Contents:

Outcomes & Factors Rankings

Outcomes & Factors Sub Rankings

Ranked Measures Data (including measure values, confidence intervals* and z-scores**)

Additional Measures Data (including measure values and confidence intervals*)

Ranked Measure Sources and Years

Additional Measure Sources and Years

* 95% confidence intervals are provided where applicable and available.

** Z-scores are "adjusted" z-scores (e.g., multiplied by -1 if a positively framed measure, set to zero for missing and unreliable values for ranked counties, and truncated at -3 or +3 if county population is less than 20,000).

| Measure | Data Elements | Description |
|----------------------------------|--|---|
| Geographic identifiers | FIPS | Federal Information Processing Standard |
| | State | |
| | County | |
| Premature death | # Deaths | Number of deaths under age 75 |
| | Years of Potential Life Lost Rate | Age-adjusted YPLL rate per 100,000 |
| | 95% CI – Low | 95% confidence interval reported by National Center for Health Statistics |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Poor or fair health | Sample Size | Number of respondents |
| | % Fair/Poor | Percent of adults that report fair or poor health |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Poor physical health days | Sample Size | Number of respondents |
| | Physically Unhealthy Days | Average number of reported physically unhealthy days per month |

| Measure | Data Elements | Description |
|---|-----------------------------------|---|
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Poor mental health days | Sample Size | Number of respondents |
| | Mentally Unhealthy Days | Average number of reported mentally unhealthy days per month |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Low birth weight | Unreliable | Value reported but considered unreliable since based on counts of twenty or less. |
| | # Low Birth weight Births | Number of low birth weight births |
| | # Live births | Number of live births |
| | % LBW | Percentage of births with low birth weight (<2500g) |
| | 95% CI - Low | 95% confidence interval reported by National Center for Health Statistics |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Adult smoking | Sample Size | Number of respondents |
| | % Smokers | Percentage of adults that reported currently smoking |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Adult obesity | % Obese | Percentage of adults that report BMI >= 30 |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Food environment index | Food Environment Index | Indicator of access to healthy foods - 0 is worst, 10 is best |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Physical inactivity | % Physically Inactive | Percentage of adults that report no leisure-time physical activity |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Access to exercise opportunities | # With Access | Number of people with access to exercise opportunities |
| | % With Access | Percentage of the population with access to places for physical activity |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Excessive drinking | Sample Size | Number of respondents |
| | % Excessive Drinking | Percentage of adults that report excessive drinking |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Alcohol-impaired driving deaths | # Alcohol-Impaired Driving Deaths | Number of alcohol-impaired motor vehicle deaths |

| Measure | Data Elements | Description |
|---------------------------------|---------------------------|---|
| | # Driving Deaths | Number of motor vehicle deaths |
| | % Alcohol-Impaired | Percentage of driving deaths with alcohol involvement |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Sexually transmitted infections | # Chlamydia Cases | Number of chlamydia cases |
| | Chlamydia Rate | Chlamydia cases / Population * 100,000 |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Teen births | Teen Births | Teen birth count, ages 15-19 |
| | Teen Population | Female population, ages 15-19 |
| | Teen Birth Rate | Teen births / females ages 15-19 * 1,000 |
| | 95% CI - Low | 95% confidence interval reported by National Center for Health Statistics |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Uninsured | # Uninsured | Number of people under age 65 without insurance |
| | % Uninsured | Percentage of people under age 65 without insurance |
| | 95% CI - Low | 95% confidence interval reported by SAHIE |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Primary care physicians | # Primary Care Physicians | Number of primary care physicians (PCP) in patient care |
| | PCP Rate | (Number of PCP/population)*100,000 |
| | PCP Ratio | Population to Primary Care Physicians ratio |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Dentists | # Dentists | Number of dentists |
| | Dentist Rate | (Number of dentists/population)*100,000 |
| | Dentist Ratio | Population to Dentists ratio |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Mental health providers | # Mental Health Providers | Number of mental health providers (MHP) |
| | MHP Rate | (Number of MHP/population)*100,000 |
| | MHP Ratio | Population to Mental Health Providers ratio |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Preventable hospital stays | # Medicare Enrollees | Number of Medicare enrollees |
| | Preventable Hosp. Rate | Discharges for Ambulatory Care Sensitive Conditions/Medicare Enrollees * 1,000 |
| | 95% CI - Low | 95% confidence interval reported by Dartmouth Institute |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Diabetic monitoring | # Diabetics | Number of diabetic Medicare enrollees |
| | % Receiving HbA1c | Percentage of diabetic Medicare enrollees receiving HbA1c test |
| | 95% CI - Low | 95% confidence interval reported by Dartmouth Institute |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Mammography screening | # Medicare Enrollees | Number of female Medicare enrollees age 67-69 |
| | % Mammography | Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs. (age 67-69) |

| Measure | Data Elements | Description |
|---|-----------------------------------|---|
| | 95% CI - Low | 95% confidence interval reported by Dartmouth Institute |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| High school graduation | Cohort Size | Number of students expected to graduate |
| | Graduation Rate | Graduation rate |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Some college | # Some College | Adults age 25-44 with some post-secondary education |
| | Population | Adults age 25-44 |
| | % Some College | Percentage of adults age 25-44 with some post-secondary education |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Unemployment | # Unemployed | Number of people ages 16+ unemployed and looking for work |
| | Labor Force | Size of the labor force |
| | % Unemployed | Percentage of population ages 16+ unemployed and looking for work |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Children in poverty | # Children in Poverty | Number of children (under age 18) living in poverty |
| | % Children in Poverty | Percentage of children (under age 18) living in poverty |
| | 95% CI - Low | 95% confidence interval reported by SAIPE |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Income inequality | 80th Percentile Income | 80th percentile of median household income |
| | 20th Percentile Income | 20th percentile of median household income |
| | Income Ratio | Ratio of household income at the 80th percentile to income at the 20th percentile |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Children in single-parent households | # Single-Parent Households | Number of children that live in single-parent households |
| | # Households | Number of children in households |
| | % Single-Parent Households | Percentage of children that live in single-parent households |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Social associations | # Associations | Number of associations |
| | Association Rate | Associations / Population * 10,000 |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Violent crime | # Violent Crimes | Number of violent crimes |
| | Violent Crime Rate | Violent crimes/population * 100,000 |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Injury deaths | # Injury Deaths | Number of injury deaths |
| | Injury Death Rate | Injury mortality rate per 100,000 |
| | 95% CI - Low | |

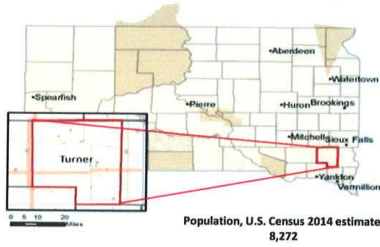
| Measure | Data Elements | Description |
|---|--------------------------------------|---|
| | 95% CI - High | 95% confidence interval as reported by the National Center for Health Statistics |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Air pollution - particulate matter | Average Daily PM2.5 | Average daily amount of fine particulate matter in micrograms per cubic meter |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Drinking water violations | Pop. In Viol | Average annual population affected by a water violation |
| | % Pop in Viol | Population affected by a water violation/Total population with public water |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Severe housing problems | # Households with Severe Problems | Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities |
| | % Severe Housing Problems | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Driving alone to work | # Drive Alone | Number of people who drive alone to work |
| | # Workers | Number of workers in labor force |
| | % Drive Alone | Percentage of workers who drive alone to work |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| Long commute - driving alone | # Workers who Drive Alone | Number of workers who commute in their car, truck or van alone |
| | % Long Commute - Drives Alone | Among workers who commute in their car alone, the percentage that commute more than 30 minutes |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |

Turner County

| | Turner County | Error Margin | Top U.S. Performers [^] | South Dakota | Rank (of 60) |
|----------------------------------|---------------|--------------|----------------------------------|--------------|--------------|
| Health Outcomes | | | | | 15 |
| Length of Life | | | | | 19 |
| Premature death | 5,713 | 4,516-7,130 | 5,200 | 6,738 | |
| Quality of Life | | | | | 21 |
| Poor or fair health | 9% | 6-13% | 10% | 11% | |
| Poor physical health days | 2.6 | 1.7-3.6 | 2.5 | 2.7 | |
| Poor mental health days | 2.1 | 1.2-3.0 | 2.3 | 2.6 | |
| Low birth weight | 6.5% | 4.6-8.3% | 5.9% | 6.5% | |
| Health Factors | | | | | 30 |
| Health Behaviors | | | | | 38 |
| Adult smoking | 17% | 11-26% | 14% | 18% | |
| Adult obesity | 31% | 26-38% | 25% | 29% | |
| Food environment index | 8.2 | | 8.4 | 7.4 | |
| Physical inactivity | 30% | 25-37% | 20% | 25% | |
| Access to exercise opportunities | 39% | | 92% | 70% | |
| Excessive drinking | 19% | 13-27% | 10% | 19% | |
| Alcohol-impaired driving deaths | 50% | | 14% | 37% | |
| Sexually transmitted infections | 181 | | 138 | 471 | |
| Teen births | 18 | 12-25 | 20 | 37 | |
| Clinical Care | | | | | 40 |
| Uninsured | 12% | 11-14% | 11% | 14% | |

| | Turner County | Error Margin | Top U.S. Performers [^] | South Dakota | Rank (of 60) |
|--------------------------------------|---------------|--------------|----------------------------------|--------------|--------------|
| Primary care physicians | 4,154:1 | | 1,045:1 | 1,302:1 | |
| Dentists | 8,361:1 | | 1,377:1 | 1,813:1 | |
| Mental health providers | 8,361:1 | | 386:1 | 664:1 | |
| Preventable hospital stays | 65 | 52-78 | 41 | 57 | |
| Diabetic monitoring | 83% | 67-100% | 90% | 84% | |
| Mammography screening | 67.7% | 51.0-84.5% | 70.7% | 66.5% | |
| Social & Economic Factors | | | | | 10 |
| High school graduation | | | 93% | 78% | |
| Some college | 65.3% | 58.3-72.3% | 71.0% | 66.7% | |
| Unemployment | 3.4% | | 4.0% | 3.8% | |
| Children in poverty | 13% | 10-17% | 13% | 19% | |
| Income inequality | 3.7 | 3.2-4.1 | 3.7 | 4.2 | |
| Children in single-parent households | 24% | 18-29% | 20% | 31% | |
| Social associations | 25.3 | | 22.0 | 17.4 | |
| Violent crime | 71 | | 59 | 282 | |
| Injury deaths | 60 | 39-89 | 50 | 69 | |
| Physical Environment | | | | | 51 |
| Air pollution - particulate matter | 11.9 | | 9.5 | 10.8 | |
| Drinking water violations | 3% | | 0% | 3% | |
| Severe housing problems | 8% | 6-10% | 9% | 12% | |
| Driving alone to work | 74% | 71-76% | 71% | 78% | |
| Long commute - driving alone | 49% | 43-54% | 15% | 14% | |

SOUTH DAKOTA HEALTH STUDY: TURNER COUNTY RESULTS



SOUTH DAKOTA
(n = 7,675)

TURNER COUNTY
(n = 81)

RESPONDENT PROFILE

| | | |
|-------|---|-------|
| 57.4% | Female | 49.0% |
| 11.3% | Non-White | 0.0% |
| 19.1% | Age 65 and older | 26.0% |
| 20.3% | Income ≤ 100% FPL (Federal Poverty Level) | 22.3% |
| 19.9% | Three or more ACEs (Adverse Childhood Experiences) | 14.2% |
| 8.5% | Five or more ACEs (Adverse Childhood Experiences) | 3.6% |

NEED FOR CARE

| | | |
|-------|--------------------------------|-------|
| 75.0% | Need Medical Care | 73.0% |
| 79.5% | Need Prescription Medications | 73.1% |
| 9.5% | Need Mental Health Care | 11.1% |
| 1.1% | Need Alcohol or Drug Treatment | 0.0% |

ACCESS TO CARE

| | | |
|-------|-----------------------------------|-------|
| 94.2% | Have a usual place to go for care | 92.6% |
| 77.4% | Have a personal doctor/provider | 73.7% |
| 13.0% | Unmet medical needs | 13.2% |
| 6.4% | Unmet prescription needs | 7.6% |
| 35.8% | Unmet mental health needs | 49.3% |
| 45.6% | Unmet alcohol or drug abuse needs | N/A |

SURVEY RESPONSES

| | |
|-------------------------------|--------------------|
| South Dakota Responses: 7,675 | Response Rate: 48% |
| Turner County Responses: 81 | Response Rate: 40% |

HEALTH PROFILE

SOUTH DAKOTA
(n = 7,675)

Percent who have been told by a doctor that they have...

TURNER COUNTY
(n = 81)

| | | |
|-------|---|-------|
| 11.4% | Diabetes | 15.2% |
| 10.9% | Asthma | 3.3% |
| 33.3% | High Blood Pressure | 38.2% |
| 8.9% | Heart Disease | 14.8% |
| 28.5% | High Cholesterol | 34.4% |
| 3.4% | COPD (Chronic Obstructive Pulmonary Disease) | 4.5% |
| 8.9% | Cancer | 13.2% |
| 54.7% | At least one of the above | 51.7% |
| 17.0% | Depression | 12.4% |
| 17.6% | Anxiety | 9.9% |
| 3.4% | PTSD (Post-Traumatic Stress Disorder) | 6.2% |
| 1.7% | Bipolar Disorder | 1.4% |
| 2.6% | Addiction Issues | 0.0% |
| 25.5% | At least one of the above | 20.2% |

HEALTH RESULTS (SCREENINGS)

Percent who screened positive for...

| | | |
|-------|--|-------|
| 83.4% | Overall health status (good, very good, excellent) | 83.2% |
| 5.5% | Depression | 8.7% |
| 7.5% | Anxiety | 5.5% |
| 6.0% | PTSD (Post-Traumatic Stress Disorder) | 3.2% |
| 17.0% | Current Smoker | 11.6% |
| 42.4% | Alcohol Abuse | 35.6% |
| 6.7% | Marijuana Use (past year) | 1.3% |

