



PRAIRIE LAKES
Healthcare System

COMMUNITY HEALTH NEEDS ASSESSMENT

OVERVIEW

Between October 2018 and March 2019, Prairie Lakes Health System (PLHS) conducted a Community Health Needs Assessment (CHNA) for the approximately 38,000 residents of a three county area in South Dakota. PLHS is located in Watertown, South Dakota and serves the surrounding rural area within Codington, Clark, and Hamlin Counties. Seven additional counties were looked at and considered as a secondary service area.

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and health-need consulting with healthcare organizations.

A CHNA is a tool used to help communities assess their strengths as well as their weaknesses when it comes to the health of the community. It is also the foundation for improving and promoting the health of the community. The process helps to identify factors that affect a population's health and determine the availability of resources within the community to adequately address these factors and any additional health needs.

OVERVIEW

The CHNA process fulfills the requirements set forth by Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. In addition, input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise, and persons representing medically underserved and vulnerable populations. Input received from the public on the prior CHNA would have been considered in the process, but no feedback was received.

PLHS will create an implementation plan to clarify how it and other community resources will address the needs identified during the CHNA process.

HOSPITAL OVERVIEW

Prairie Lakes Healthcare System is an independent, non-profit healthcare system providing services to northeastern South Dakota and west central Minnesota. Its main campus has an 81-bed short term acute care hospital. PLHS also operates Prairie Lakes Cancer Center, Prairie Lakes Mallard Pointe Surgical Center, dialysis units in Sisseton, SD, Watertown, SD and Ortonville, MN, rehabilitation services, and specialty services.

PLHS and its 600 employees are dedicated to providing accessible, high quality, affordable, and compassionate health care services for the people in the region.

PLHS is the only hospital in Codington County and provides general hospital care, labor and delivery, telemetry, and critical care. Hospital services also include a 24-hour emergency department, surgery capabilities, interventional cardiology, and services providing diagnostics and imaging services.

SERVICES OVERVIEW

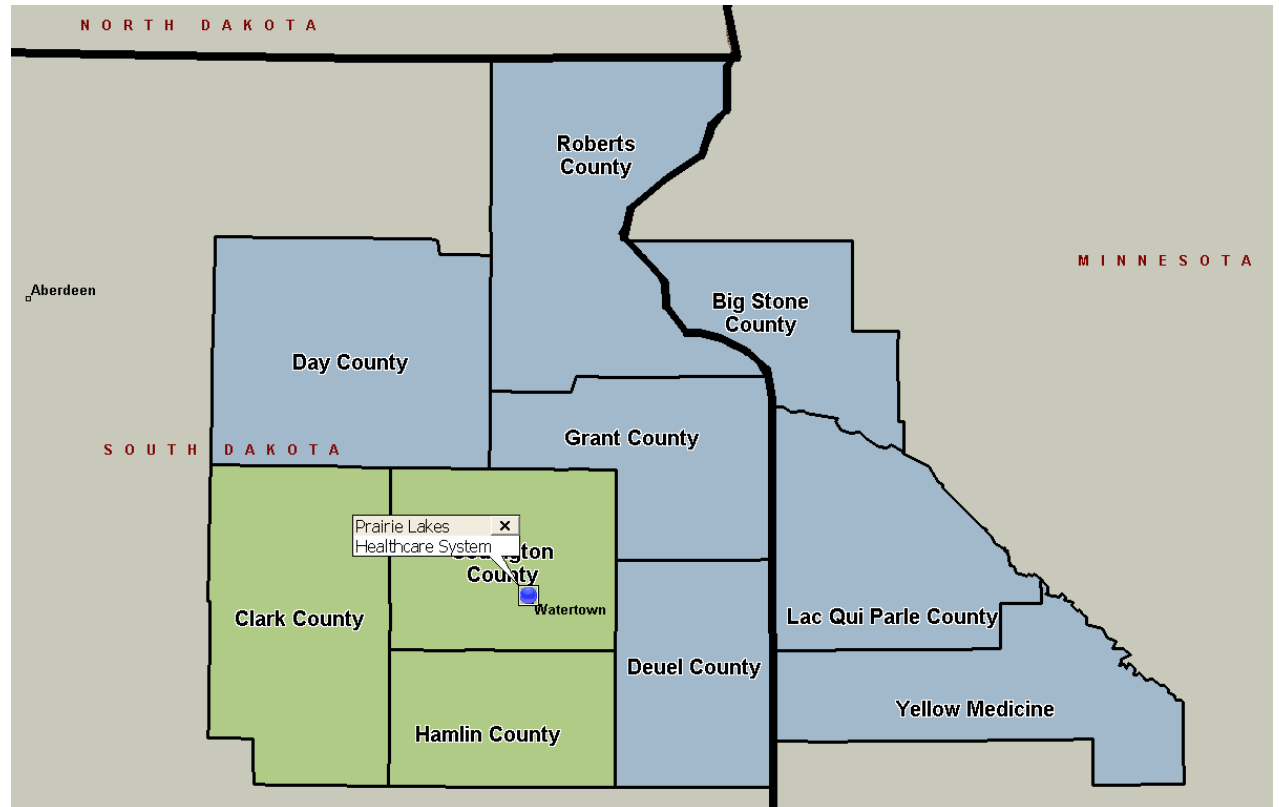
PRAIRIE LAKES HEALTHCARE SYSTEM PROVIDES THE FOLLOWING SERVICES:

- " Cancer Treatment
- " Ear, Nose, and Throat
- " General Surgery
- " Home Care
- " Inpatient Services
- " Kidney Dialysis
- " Nutritional Services
- " Pharmacy
- " Radiology
- " Surgical Services
- " Wound Care
- " Dermatology
- " Emergency Services
- " Heart/Cardiology
- " Hospice
- " Kidney/Nephrology
- " Laboratory
- " Obstetric Services
- " Pulmonology
- " Rehabilitation & Therapy
- " Urology
- " Classes:
 - " Support Groups
 - " Expectant & New Parents
- " Health Programs:
 - " Ask a Dietician
 - " Breastfeeding Support
 - " Heart Screening
 - " Sports Medicine Plus
 - " Stroke Screening
 - " Weight Maintenance
 - " Your Total Joint Journey

COMMUNITY SERVED

For this needs assessment the community served is defined as the residents of the 10 county total service area. The total service area (TSA) is comprised of a three county primary service area (PSA) and a seven county secondary service area (SSA). Four South Dakota counties and three Minnesota counties make up the SSA.

PLHS is the only hospital in the PSA. Each county in the SSA is served by a Critical Access Hospital (CAH). SSA residents that need care not provided by a nearby CAH are referred to PLHS or other hospital/system.



According to the South Dakota Association of Healthcare Organizations (SDAHO) PLHS had 2,799 inpatient discharges in calendar year 2017. The PSA accounted for 74% of these discharges, MN residents accounted for 5%, and other counties/states accounted for 21%.

COMMUNITY SERVED

	2010 Census				2019 Estimate				2024 Projection			
	Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%
<i>Primary Service Area (PSA)</i>												
Three County Area	18,374	18,447	36,821	42%	19,044	18,850	37,894	44%	19,605	19,383	38,988	45%
<i>Secondary Service Area (SSA)</i>												
Seven County Area	25,487	25,058	50,545	58%	24,547	23,902	48,449	56%	24,533	23,864	48,397	55%
Total Service Area Population	43,861	43,505	87,366	100%	43,591	42,752	86,343	100%	44,138	43,247	87,385	100%

Source: Environics Analytics

Years 2010 to 2019 saw a 2.9% population growth in the PSA and 4.1% population decline in the SSA. Combined, the total service area declined 1.2%.

Looking forward, the five year projection indicates a 2.9% growth in the PSA and 0.1% decline in the SSA. The total service area is projected to grow 1.2% in the coming five years.

Population trends can indicate the need for more or less health care services in the future. Many rural parts of the U.S. are projected to have declining populations in the next five years and PLHS' total service area stands in contrast to this trend, although growth isn't particularly robust at 1.2%.

COMMUNITY SERVED

The occupational classification for the community is as follows:

- “ 27.4% hold blue collar occupations
- “ 53.5% hold white collar occupations
- “ 19.1% are occupied as service and farmworkers

Health care needs are usually not differentiated by white collar vs. blue collar occupations but rather socioeconomic status.

The civilian employed population age 16 and older in this area is employed in the following occupational categories:

14.0% Management	3.2% Personal Care
13.1% Office and Administrative Support	2.9% Business and Finance
9.7% Production	2.8% Health Care Support
9.2% Sales	2.8% Farming
7.6% Transportation and Moving	1.3% Community and Social Services
5.7% Construction and Extraction	1.1% Protective Services
5.3% Food Preparation and Service	1.0% Architecture and Engineering
4.9% Health Care	0.7% Arts, Entertainment, and Sports
4.8% Education	0.7% Computers and Mathematics
4.4% Maintenance and Repair	0.7% Life, Physical, and Social Sciences
3.9% Building and Grounds Maintenance	0.2% Legal Services

COMMUNITY SERVED

The median household income in the PSA is **\$56,384**. This is projected to increase 5% to **\$59,267** in 2024.

PSA and SSA median household incomes are comparable and both are slightly lower than the State of South Dakota. Median household incomes in the U.S. are slightly higher than PSA, SSA, and State of South Dakota.

	Primary Service Area	Secondary Service Area	State of South Dakota	United States
Total Households				
Estimated 2019	15,698	20,430	354,470	125,018,808
Projected 2024	16,257	20,524	372,688	129,683,914
Average Household Income				
Estimated 2019	\$ 71,487	\$ 71,177	\$ 76,633	\$ 89,646
Projected 2024	\$ 75,295	\$ 74,547	\$ 82,907	\$ 98,974
Median Household Income				
Estimated 2019	\$ 56,384	\$ 54,144	\$ 57,582	\$ 62,280
Projected 2024	\$ 59,267	\$ 56,383	\$ 61,474	\$ 68,116
Estimated 2019 Household Income				
< \$15,000	1,480 9.4%	2,203 10.8%	37,400 10.6%	13,139,476 10.5%
\$15,000 - \$24,999	1,372 8.7%	2,186 10.7%	32,090 9.1%	11,332,940 9.1%
\$25,000 - \$34,999	1,587 10.1%	2,010 9.8%	34,820 9.8%	11,119,486 8.9%
\$35,000 - \$49,999	2,486 15.8%	3,028 14.8%	50,372 14.2%	15,768,445 12.6%
\$50,000 - \$74,999	3,244 20.7%	4,288 21.0%	67,472 19.0%	21,157,117 16.9%
\$75,000 - \$99,999	2,436 15.5%	2,831 13.9%	48,957 13.8%	15,409,853 12.3%
\$100,000 +	3,093 19.8%	3,884 19.0%	83,359 23.5%	37,091,491 29.7%
	15,698 100%	20,430 100%	354,470 100%	125,018,808 100%

Source: Environics Analytics

Correlations exist between health outcomes and socioeconomic status. High income individuals tend to be in better health than low income individuals.

COMMUNITY SERVED

6% of families in PSA counties have household incomes below poverty level. Of PSA families with children under age 18, 11% have household incomes below poverty level.

SSA counties show higher levels of poverty than PSA counties. 9% of SSA families have household incomes below poverty level, and 16% of families with children under age 18 have household incomes below poverty level.

Poverty levels can impact payer mix (higher Medicaid population), insurance status, access to health care, and overall health outcomes.

PSA Counties	% all families below poverty level	% families with children under 18 below poverty level
Clark	7%	13%
Codington	7%	13%
Hamlin	3%	5%
PSA weighted average	6%	11%
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SSA Counties		
Day	14%	26%
Roberts	13%	24%
Grant	4%	6%
Deuel	5%	10%
Big Stone (MN)	8%	14%
Lac Qui Parle (MN)	7%	11%
Yellow Medicine (MN)	9%	16%
SSA weighted average	9%	16%

Source: United States Census Bureau American FactFinder

COMMUNITY SERVED

PSA counties averaged 3.3% unemployed (not seasonally adjusted) for months January through October 2018.

SSA counties had a higher rate of unemployment in 2018, averaging 3.9%.

Employment status can impact mental health and health care utilization. Unemployed persons have more depression and anxiety symptoms than those who are employed.

	Unemployment
PSA Counties	Rate
Clark	4.4%
Codington	3.2%
Hamlin	3.4%
PSA weighted average	3.3%
SSA Counties	
Day	4.4%
Roberts	4.6%
Grant	3.4%
Deuel	4.5%
Big Stone (MN)	3.7%
Lac Qui Parle (MN)	3.6%
Yellow Medicine (MN)	3.2%
SSA weighted average	3.9%

HEALTH DATA

To examine health areas of strength and health areas to explore, *County Health Rankings* is utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties are ranked against their state peers based on health outcomes and health factors. Subcategories are as follows:

<u>Health Outcomes</u>	<u>Health Factors</u>
" Length of life	" Health behaviors
" Quality of life	" Clinical care
	" Social and economic factors
	" Physical environment

The report provides information by county on “Areas of Strength” and “Areas to Explore”. This can be helpful in setting a direction for the community health needs assessment. Data was reviewed for all PSA and SSA counties. Areas of Strength and Areas to Explore for the SSA counties are listed separately. The data for the seven counties in the SSA data has been combined. Areas of strength and areas to explore were reviewed and listed for health areas based on the number of counties that showed it as a strength or area to explore. Health areas with county counts below three are not listed.

HEALTH DATA RESULTS – PSA COUNTIES

County	Areas of Strength	Areas to Explore
Clark:	Children in poverty Children in single parent households Driving alone to work	Adult obesity Adult smoking Uninsured
Codington:	% having some college Children in poverty Dental care presence High school graduation rate Income inequality Injury deaths Physical Inactivity Preventable hospital stays Primary care physician presence Unemployment Uninsured	Adult Obesity Adult Smoking Driving alone to work
Hamlin:	Alcohol impaired driving deaths Children in poverty Physical inactivity Unemployment	Access to exercise opportunities Adult obesity Adult Smoking Food environment index Primary care physician presence % having some college

Source: County Health Rankings, University of Wisconsin Population Health Institute

HEALTH DATA RESULTS – SSA COMBINED

SSA areas of strength	SSA areas to explore
Children in poverty (5)	Adult obesity (7)
Children in single parent households (3)	Adult smoking (7)
Income inequality (3)	Alcohol impaired driving deaths (3)
Primary care physician presence (5)	Preventable hospital stays (4)
Social associations (6)	Uninsured (3)
Unemployment (4)	% having some college (3)

Health areas are listed along with the number of SSA counties (out of seven) where this health area shows up as either an area of strength or an area to explore.

Health areas with county counts below three are not listed.

Source: County Health Rankings, University of Wisconsin Population Health Institute.

HEALTH DATA RESULTS

The County Health Rankings also provides a rank for each county relative to the county peers in its state. There are six categories. The table below shows each PSA and SSA county's rank in each of the six categories. An average is calculated (not weighted by population) for the PSA counties. For the SSA, averages are calculated for South Dakota counties separately from Minnesota counties. See below for a note on the number of South Dakota counties.

	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
PSA						
Codington	6/60	30/60	29/60	2/60	21/60	55/60
Clark	33/60	13/60	19/60	33/60	42/60	42/60
Hamlin	16/60	6/60	22/60	28/60	30/60	28/60
PSA average rank	18	16	23	21	31	42
SSA						
Day	12/60	37/60	39/60	45/60	47/60	26/60
Roberts	51/60	36/60	50/60	48/60	50/60	53/60
Grant	5/60	4/60	18/60	13/60	8/60	20/60
Deuel	33/60	3/60	30/60	44/60	35/60	36/60
Big Stone (MN)	48/87	32/87	22/87	46/87	49/87	25/87
Lac Qui Parle (MN)	10/87	11/87	26/87	37/87	48/87	7/87
Yellow Medicine (MN)	52/87	63/87	41/87	74/87	24/87	9/87
SSA SD County average rank ¹	25	20	34	38	35	34
SSA MN County average rank ²	37	35	30	52	40	14

Rankings in the top 10 counties (either for South Dakota or Minnesota) are circled. In the PSA, Codington County has two top 10 rankings, for *length of life* and *clinical care*. In the SSA, Grant County has three top 10 rankings, for *length of life*, *quality of life*, and *social & economic factors*. Both the PSA and SSA counties fall in the midrange of their respective states.

Source: County Health Rankings, University of Wisconsin Population Health Institute

¹ out of 60 South Dakota ranked counties. County Health Rankings only ranked 60 of South Dakota's 66 counties due to insufficient data.

² out of 87 Minnesota counties

CONDUCTING THE ASSESSMENT

To ensure input from persons with broad knowledge of the community, two focus group meetings were conducted (November 7th and 8th 2018) with individuals in both the PSA and SSA. Invitations were sent to individuals representing various community, business, and educational organizations. Representatives from local health care providers and the community health departments were included to bring in additional professional perspective. For invitees unable to attend the focus group sessions, input was gathered via email or phone interview.

The individuals identified to participate in the process have direct access to individuals across all subsections of the community and therefore can address needs that may impact those populations that are medically underserved or most in need.

CONDUCTING THE ASSESSMENT

COMMUNITY PARTICIPANTS REPRESENTED THE FOLLOWING COMMUNITY ORGANIZATIONS:

- " Benedictine Multicultural Center
- " Watertown Care & Rehab
- " Boys & Girls Club
- " Sanford Clinic Watertown
- " Prairie Lakes Healthcare System
- " Watertown Fire & Rescue
- " Lake Area Technical Institute
- " Watertown Area Community Foundation
- " Codington County Health
- " Meals on Wheels
- " Brown Clinic
- " Countryside Public Health
- " Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
- " Jenkins Living Center
- " Head Start Pre-Birth to Five
- " Beacon Center
- " Prairie Lakes Wellness Center
- " City of Watertown Government
- " United Way
- " Watertown School District
- " Police Department
- " Human Service Agency
- " Bridgeway Counseling
- " Watertown VA Outpatient Clinic
- " Sisseton Community Transit
- " Watertown Area Transit

CONDUCTING THE ASSESSMENT

The Community Health Needs Focus Groups were held on November 7 and 8, 2018. The focus groups reviewed the scope of the CHNA, discussed PLHS' service area, revisited PLHS' 2016 CHNA and efforts to address its health need discoveries, and underwent brainstorming/discussion exercises to illuminate:

- “ Individual members' definition of health
- “ Unmet health needs in the community
- “ Underserved population
- “ Key community health issues

CONDUCTING THE ASSESSMENT

To encourage participants to prepare for the discussion, they were asked, “What, in your opinion, is the definition of health?” Responses included:

- ” Physical, spiritual, and social well-being
- ” Mental health
- ” Nutrition
- ” Safety
- ” Prevention
- ” Ability of body to function without limitations
- ” State of well-being
- ” Knowledge of your own health
- ” Body, muscular, cardio and psychological
- ” Living free from injury or illness
- ” Balance of mind and body

CONDUCTING THE ASSESSMENT

Participants were asked what they see as the most important health related issues in the community. The responses are below, **ranked by how frequent each was mentioned:**

- ” Mental/behavioral health
- ” Drugs and alcohol treatment
- ” Stress management; family/home dynamics, adverse childhood experiences, domestic violence
- ” Wellness/preventative care/ER use in place of preventative care
- ” Health education; individual responsibility
- ” Low income area/affordable housing
- ” Underinsured/uninsured
- ” Isolation among older adults; day programming
- ” Food/nutrition needs
- ” Specialty shortages: neurology, endocrinology, rheumatology, psychiatry
- ” Specific condition needs: infectious diseases, STI, diabetes, cardiovascular disease, cancer, dialysis

CONDUCTING THE ASSESSMENT

Most important health related issues in the community (continued)

- ” Transportation
- ” Physical activity
- ” Single parent households
- ” Oral / dental health
- ” Aging community
- ” Older adult housing affordability / availability
- ” Teen pregnancy
- ” Smoking cessation
- ” Older adult medication management / affordability
- ” Older adult nutrition needs / affordability
- ” Provider shortage; burnout & call coverage
- ” Obesity care and prevention
- ” Daycare for college / nursing students
- ” Hygiene among younger population
- ” Homelessness / emergency housing

CONDUCTING THE ASSESSMENT

Participants were asked if there are underserved segments of the community. The following segments were identified:

- ” Older adults with limited incomes
- ” Older adults struggling with isolation
- ” Individuals struggling with mental illness and/or addiction
- ” Non-English speaking community members
- ” Uninsured / underinsured
- ” Younger men

CONDUCTING THE ASSESSMENT

Participants were asked what they see as the highest need areas or gaps in health care services in the community. The responses are below, **not in any particular order.**

- “ Nutrition education
- “ Stress management
- “ Mental health services
- “ Preventative care services and awareness
- “ Day programming for older adults; other remedies for isolation
- “ Detox / Halfway house capacity; additional capacity/services for opioids
- “ Pediatric mental health evaluation
- “ Health education; knowledge of available resources
- “ Support for family/domestic/home stressors; adverse childhood experiences

CONDUCTING THE ASSESSMENT

High need areas / gaps in health care services (Continued)

- “ Resources for uninsured/underinsured
- “ Homeless housing services/emergency shelters
- “ Hospice specific care
- “ Skilled nursing care for high risk patients
- “ Student health clinic (LATI)
- “ Respite support for single parents
- “ Dental/oral health for low income
- “ Specific specialties: neurology, endocrinology, rheumatology, psychiatry
- “ Provider call coverage (for better care and to decrease provider burnout)
- “ Transportation
- “ Care/services for specific conditions: diabetes, obesity, cardiovascular disease, cancer, teen pregnancy, sexually transmitted infections, dialysis, smoking cessation

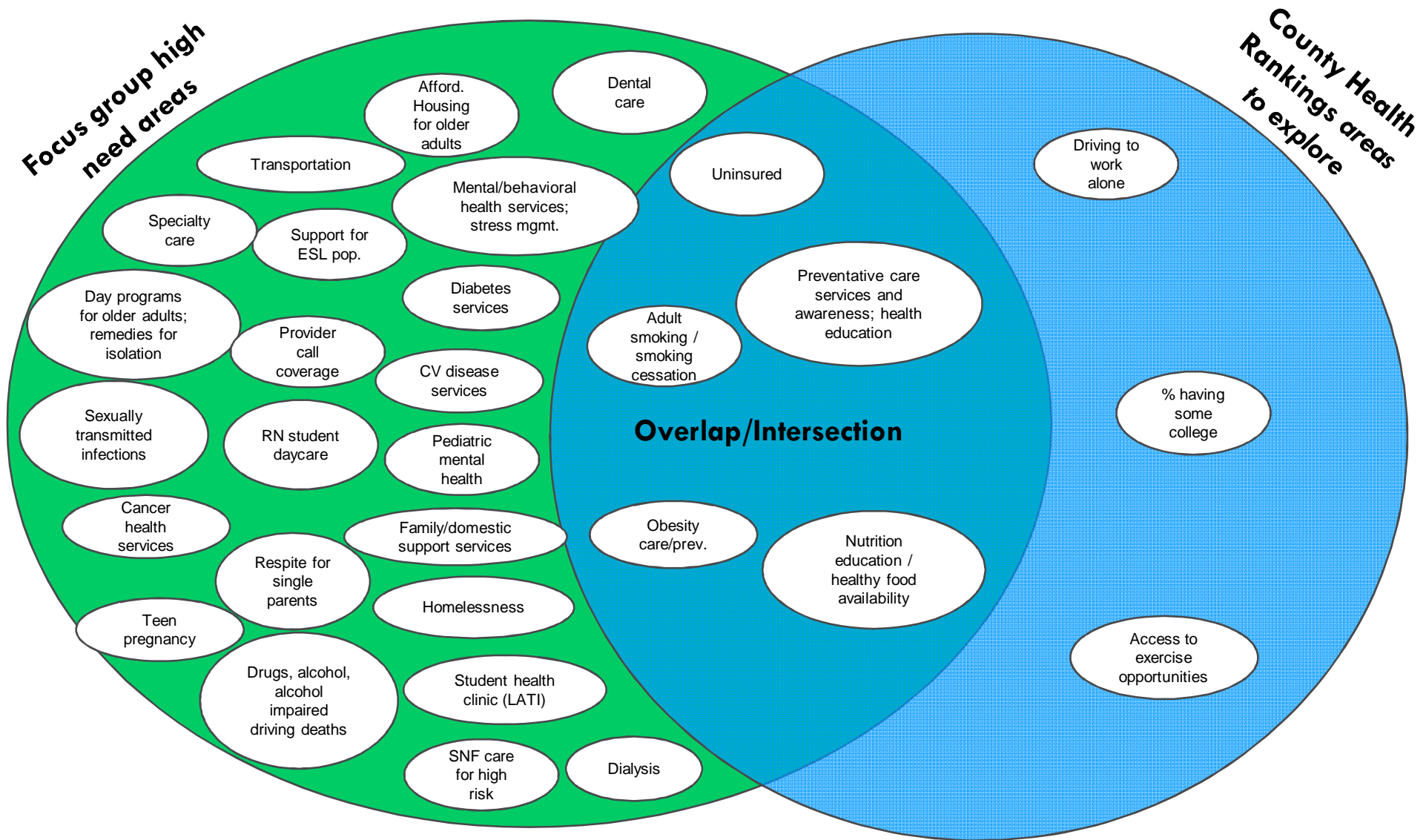
CONDUCTING THE ASSESSMENT

To assist the PLHS administration in determining which areas are of the highest priority, it's useful to draw on both the quantitative and qualitative data and seeing where they may intersect or overlap.

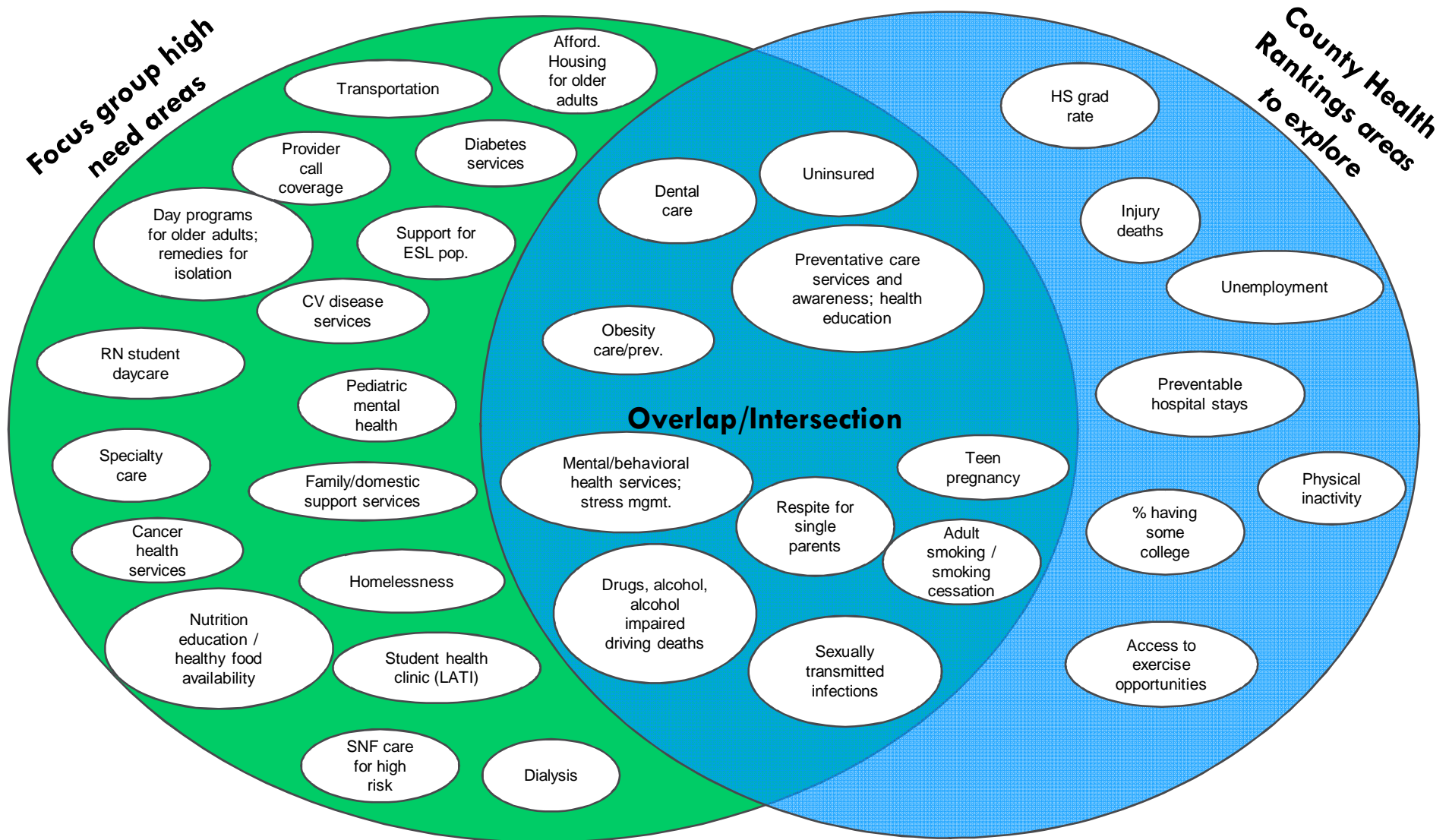
County Health Rankings areas to explore for the PSA and SSA are laid out in a Venn diagram along with the focus group's identified high need areas / gaps in health care services.

While not definitive, the health areas in common can provide guidance when determining future direction for PLHS in efforts to meet the health care needs of the community.

CONDUCTING THE ASSESSMENT (PSA)



CONDUCTING THE ASSESSMENT (SSA)



CONDUCTING THE ASSESSMENT

Health related areas that show alignment between focus group output and County Health Rankings include the following:

- ” Mental/behavioral health services; stress management, respite for single parents
- ” Nutrition education/healthy food availability
- ” Obesity care & prevention
- ” Preventative care services and awareness; health education
- ” Drugs, alcohol & alcohol impaired driving deaths
- ” Adult smoking/smoking cessation
- ” Uninsured
- ” Dental care/oral health
- ” Sexually transmitted infections
- ” Teen pregnancy

PRIORITIZING OF NEEDS

The Prairie Lakes Health System Leadership Team met to review the needs identified through the community health needs assessment process. After analyzing the input from the community, community health data and information by participants they prioritized the identified needs based on potential to impact the health of the community, the urgency of the need and the areas they felt they could make the biggest impact. The following needs were prioritized for Prairie Lakes Health System to focus on for the next three years:

- “ Behavioral health
- “ Nutrition health and obesity
- “ Preventative care services and awareness
- “ Drug, smoking and alcohol use

COMMUNITY RESOURCES

Other resources in the community that may be available to work in collaboration with PLHS to address the needs identified include:

- " Human Services Agency
- " Watertown School District
- " Serenity Hills
- " Watertown Area Transit
- " Area mental health providers
- " People Against Child Health program
- " Food Addicts in Recovery Anonymous
- " Boys and Girls Club
- " Area dietitians
- " Primary care providers
- " Better Choices Better Health
- " Drug Free, Alcohol Free, Safe & Healthy Organization
- " Watertown Healthy Youth
- " Sanford Clinic
- " Watertown Area Dental Society
- " Quick Care Clinic

EVALUATION OF IMPACT OF PRIOR CHNA

PLHS completed a CHNA in April of 2016. PLHS identified the following needs and goals during the prior assessment:

Mental Health

- “ Improve access to mental health services through partnerships with other healthcare providers to facilitate improved access to care by developing an infrastructure to identify specific needs and solutions, and by seeking out collaboration opportunities to increase access

Access to Healthcare Professionals

- “ Decrease barriers to health care access related to transportation by partnering with Watertown Area Transit and by exploring options for increased marketing and dissemination of information to increase awareness of public transportation options

EVALUATION OF IMPACT OF PRIOR CHNA

Health Literacy

- “ Improve medication safety for the community by developing an infrastructure to provide public education and by exploring the development of medication protocols for select health conditions.

Chronic Disease Management

- “ Improve quality of life and clinical outcomes for people with chronic disease.
 - “ Key initiatives:
 - “ Cardiovascular Disease: Enhance home transitions program. Enhance patient education.
 - “ Diabetes: Continue to enhance home transitions program. Explore the need for diabetic specific trained staff.
 - “ Respiratory Disease: Continue to enhance home transitions program. Recruit a pulmonologist. Reinstatement outreach clinics.
 - “ Cerebrovascular Disease (stroke): Enhance patient education. Evaluate stroke protocols

EVALUATION OF IMPACT OF PRIOR CHNA

In response to PLHS' 2016 CHNA, the following actions were taken.

Mental Health

- “ Money donated to SAFE (Suicide Awareness for Everyone) for Texting for Teens programs in fiscal years 2016 through 2019.
- “ Brown Clinic and Sanford Health have added behavioral health specialists.
- “ Financial assistance provided to NAMI (National Alliance on Mental Illness) for support groups.

Access to Healthcare Professionals

- “ Partnership with Watertown Transit to address transportation issues with Watertown community. Transit ride volume is increasing every year.

Health Literacy

- “ My Medication booklets handed out and are being utilized.
- “ Sanford, Brown Clinic, and PLHS physicians have shared access to medication lists.
- “ Formal pain contracts utilized at clinics to prevent diversion and mishandling of narcotics.
- “ Choose PT program emphasized to encourage patients to explore therapy and other alternatives to medication.
- “ PLHS pharmacists participating in community education.

EVALUATION OF IMPACT OF PRIOR CHNA

Chronic Disease Management

Cardiovascular Disease:

- “ Providing cardiac rehab, dietary, and nursing home education
- “ Education on pacemakers, defibrillators, remote monitoring, congestive heart failure
- “ Providing community education on wellness center and events such as Farm Show, Ladies Night Out

Home Transition Program

- “ Focus on COPD, congestive heart failure, acute myocardial infarction, high risk multiple comorbidities
- “ Providing one complimentary home health visit and four phone calls

Diabetes

- “ Partnership with Better Choices, Better Health support group and education program
- “ Sessions hosted in Watertown and PLHS staff will receive training to lead groups

Respiratory Disease

- “ Added provider
- “ Beginning outreach in 2019
- “ Continue pulmonary rehab

Cerebrovascular Disease:

- “ Evaluated stroke care and treatment protocols
- “ Screening fees are low

NEXT STEPS

This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on March 25, 2019.

PLHS is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. In the coming months, this implementation strategy will be discussed and approved by the PLHS Board of Directors, and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.

CONTACT INFORMATION

Community members who would like to provide comments on the needs identified or provide input on the next CHNA process are encouraged to contact PLHS with their inquiries, suggestions or comments.

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