# COMMUNITY HEALTH NEEDS ASSESSMENT

2022

CONTENTS

OVERVIEW

In the summer of 2021, Prairie Lakes Health System (PLHS) conducted a Community Health Needs Assessment (CHNA) for the residents (approximately 38,000) of Codington, Hamlin, and Clark Counties. Another seven counties are included in this assessment and are considered a secondary service area (SSA).

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and strategic 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 determines the availability of resources within the community to adequately address these factors and any additional health needs.
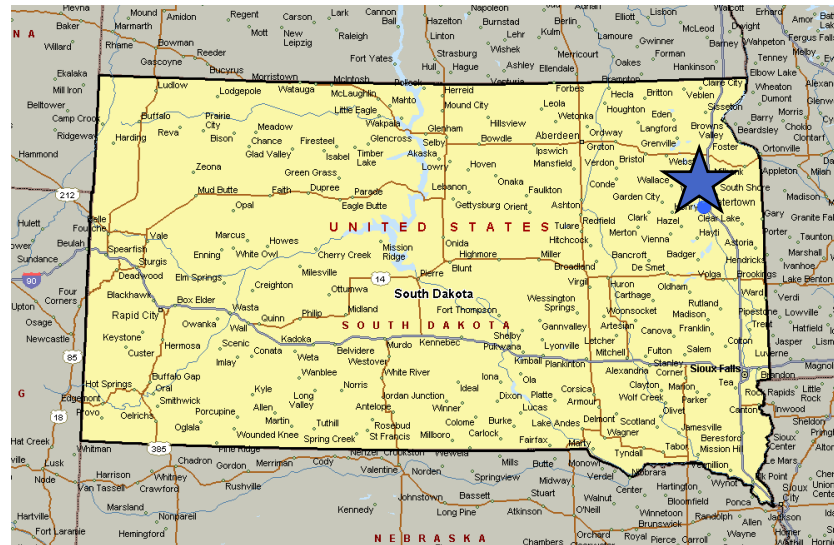
OVERVIEW (CONTINUED)

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 our 2019 CHNA would have been considered in the process, but no feedback was received. Due to the COVID-19 pandemic, not all planned initiatives were completed. These have been carried over and prioritized in our 2022 CHNA process.

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

PLHS 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.

HOSPITAL OVERVIEW (CONTINUED)

Our Mission

We make a positive difference in the health of the patients and communities we serve.

Out Vision

Keystone of Our Community: Exceptional Care Every Day

Your Health: Our Mission

This motto is foundational for our team. It is a reminder to make a positive difference in the health of our community members both within our facility and out in the region. Your can expect Prairie Lakes Healthcare System to provide quality and compassionate care, partner with organizations in the region, sponsor wellness initiative, bring specialty services to communities outside of Watertown through outreach clinics, and provide support and education through events and articles. You lead the charge or your health and wellness journey and we are here for you.

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
- Orthopedics & Sports Medicine
- Obstetric Services
- Pulmonology
- Rehabilitation & Therapy
- Urology
- Community Education Classes:
  - Support Groups
  - Expectant & New Parents
  - Your Total Joint Journey
- Health Programs:
  - Lung Screening
  - Ask a Dietician
  - Breastfeeding Support
  - Heart Screening
  - Stroke Screening
  - Core 4

COMMUNITY SERVED

For this needs assessment, "community" is defined as the residents of seven South Dakota counties and three Minnesota counties (ten in total). Three counties (green) comprise the primary service area (PSA) and seven counties (blue) comprise the secondary service area (SSA). All residents of these regions are considered members of the community, including low-income, medically underserved, and all races and ethnicities.

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 CMS Hospital Service Area File (HSAF), the three PSA counties accounted for 86% of PLHS inpatient volume (Medicare) from 2018 to 2020. The remaining 14% came from the SSA counties, other regions of South Dakota, and other States.
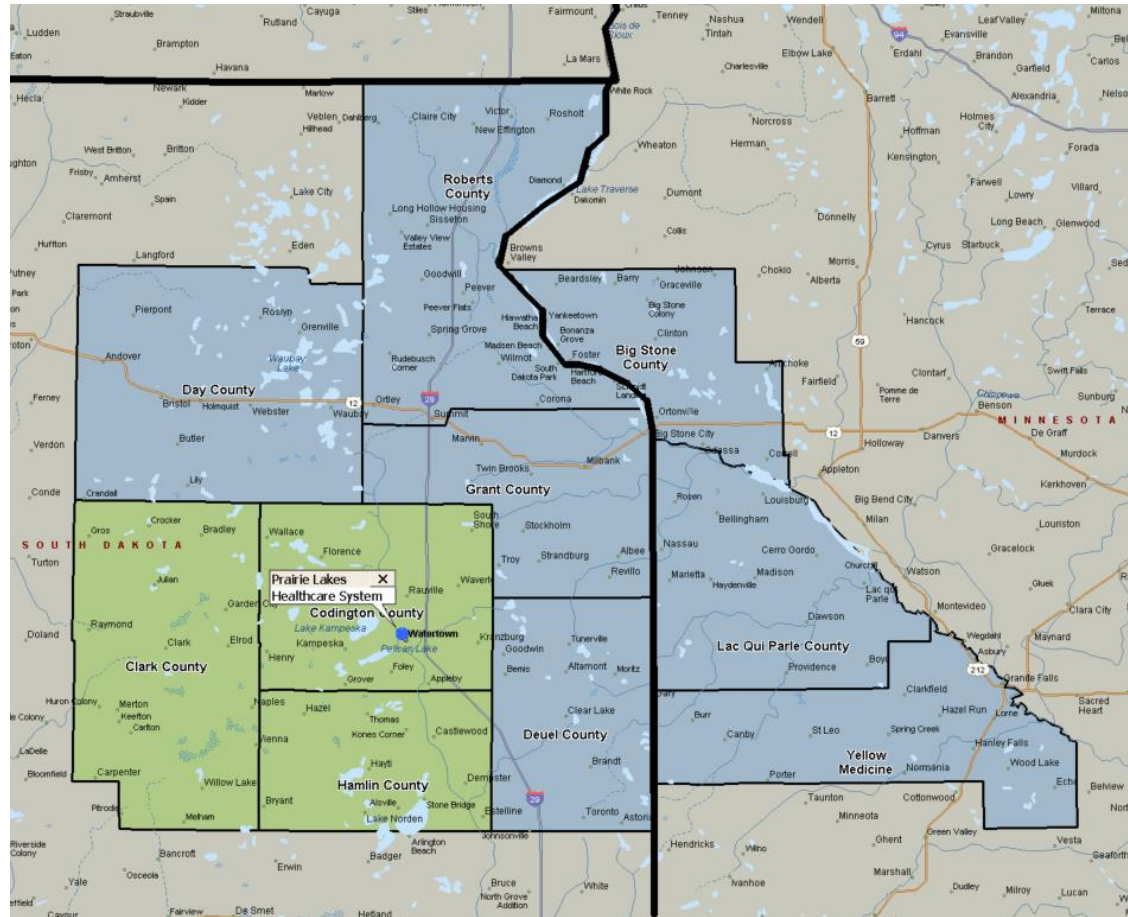
COMMUNITY SERVED (CONTINUED)

Total Population	Census 2010	Est. 2017	Est. 2022	Proj. 2027	5yr change 2017 - 2022	5yr change 2022 - 2027
PSA	36,821	37,613	38,178	38,852	1.5%	1.8%
SSA	50,545	48,860	47,657	47,244	-2.5%	-0.9%
Community Total	87,366	86,473	85,835	86,096	-0.7%	0.3%
South Dakota	814,180	862,783	897,500	923,949	4.0%	2.9%
United States	308,745,538	323,640,489	334,279,739	344,999,336	3.3%	3.2%

65+ Population	Census 2010	Est. 2017	Est. 2022	Proj. 2027	5yr change 2017 - 2022	5yr change 2022 - 2027
PSA	5,875	6,737	7,352	8,252	9.1%	12.2%
SSA	10,350	10,981	11,432	12,247	4.1%	7.1%
Community Total	16,225	17,718	18,784	20,499	6.0%	9.1%
South Dakota	116,581	143,450	162,642	184,849	13.4%	13.7%
United States	40,267,984	50,909,097	58,509,892	67,436,990	14.9%	15.3%

Source: Environics Analytics

The PSA population grew slightly in the last five years (1.5%) and is projected to grow 1.8% in the coming five years. The SSA population declined 2.5% since 2017 and is projected to decline 0.9% from 2022 to 2027. 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. The community total (PSA + SSA) 65+ population is growing but not at the same rate as for the State of South Dakota or the United States. An aging population can impact need for health services, swing bed utilization, senior living, payer mix, etc.

U.S. Census Bureau 2020 census data and American Community Survey (ACS) data are incorporated into Environics' population estimates for 2022 and 2027.

COMMUNITY SERVED (CONTINUED)

For the estimated 15,793 households in the PSA, the median household income is $61,147. This is slightly above the median household income in the SSA and about $4,700 below that of the State of South Dakota. Projected PSA income growth in the next five years is 14.7%, stronger growth than what is projected for the SSA, State of South Dakota, and the United States.

Income can impact housing, food, childcare, stress, alcohol and tobacco use. Income also impacts utilization of preventive care services. This can increase the risk of health problems developing or worsening over time.

Total Households	PSA	SSA	State of South Dakota	United States
Estimated 2022	15,793	20,108	361,570	127,073,679
Projected 2027	16,144	20,022	374,098	131,388,249
Median Household Income				
Estimated 2022	$ 61,147	$ 59,662	$ 65,841	$ 72,191
Projected 2027	$ 70,164	$ 62,841	$ 72,378	$ 80,735
Projected Change 2022 to 2027	14.7%	5.3%	9.9%	11.8%

Source: Environics Analytics

Cunningham, Peter J. "Why Even Healthy Low-Income People Have Greater Health Risks Than Higher-Income People" To The Point, The Commonwealth Fund, Sept 27, 2018, https://www.commonwealthfund.org/blog/2018/healthy-low-income-people-greater-health-risks

COMMUNITY SERVED (CONTINUED)

Roberts County (SSA) has the highest poverty rate (20.1%) of the ten community counties.

The poverty rate for the PSA is 11.4%, lower than the SSA, the State of South Dakota, and the United States.

Region	Percent of Persons in Poverty
PSA	
Clark County	9.0%
Codington County	12.9%
Hamlin County	5.7%
PSA Weighted Average:	**11.4%**
SSA	
Day County	16.7%
Roberts County	20.1%
Grant County	9.1%
Deuel County	8.7%
Big Stone County (MN)	10.1%
Lac qui Parle County (MN)	8.3%
Yellow Medicine County (MN)	11.8%
SSA Weighted Average:	**12.8%**
State of South Dakota	11.9%
United States	12.3%

Source: US Census Bureau American FactFinder

COMMUNITY SERVED (CONTINUED)

Unemployment	2017	2018	2019	2020	2021
Clark	4.3%	3.8%	3.7%	3.9%	3.1%
Codington	3.1%	2.9%	2.9%	4.9%	2.9%
Hamlin	3.4%	3.0%	3.0%	3.5%	2.2%
State of South Dakota	3.1%	3.0%	3.0%	4.6%	2.8%
United States	4.4%	3.9%	3.7%	8.1%	5.4%

Source: Bureau of Labor Statistics - all rates are not seasonally adjusted

Pre-pandemic (2019) unemployment levels were low for all three PSA counties, the State of South Dakota, and the United States. 2020 saw rising unemployment levels, most noticeable in Codington County, the State of South Dakota, and the United States.

Unemployment levels have dropped in 2021 for all of these regions, most noticeably in Codington County (2.0% decrease) and the United States (2.7% decrease).

Clark County

	2017	2018	2019	2020	2021
	4.3%	3.8%	3.7%	3.9%	3.1%

Codington County

	2017	2018	2019	2020	2021
	3.1%	2.9%	2.9%	4.9%	2.9%

Hamlin County

	2017	2018	2019	2020	2021
	3.4%	3.0%	3.0%	3.5%	2.2%

State of South Dakota

	2017	2018	2019	2020	2021
	3.1%	3.0%	3.0%	4.6%	2.8%

United States

	2017	2018	2019	2020	2021
	4.4%	3.9%	3.7%	8.1%	5.4%
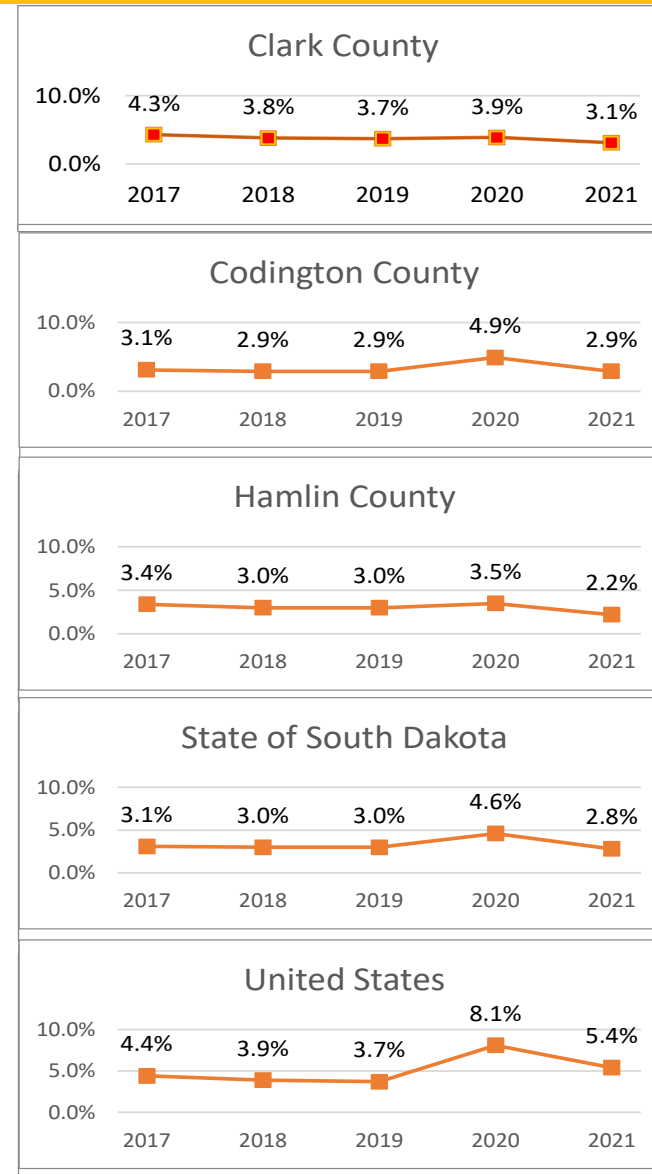
HEALTH DATA

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>
- Length of life
- Quality of life

<u>Health Factors</u>
- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

The report provides information by county on "Areas of Strength" and "Areas to Explore", as determined by the County Health Rankings. This can be helpful in setting a direction for the community health needs assessment.

COUNTY HEALTH RANKINGS

County Health Rankings model © 2014 UWPHI

County Health Rankings & Roadmaps
A Healthier Nation, County by County
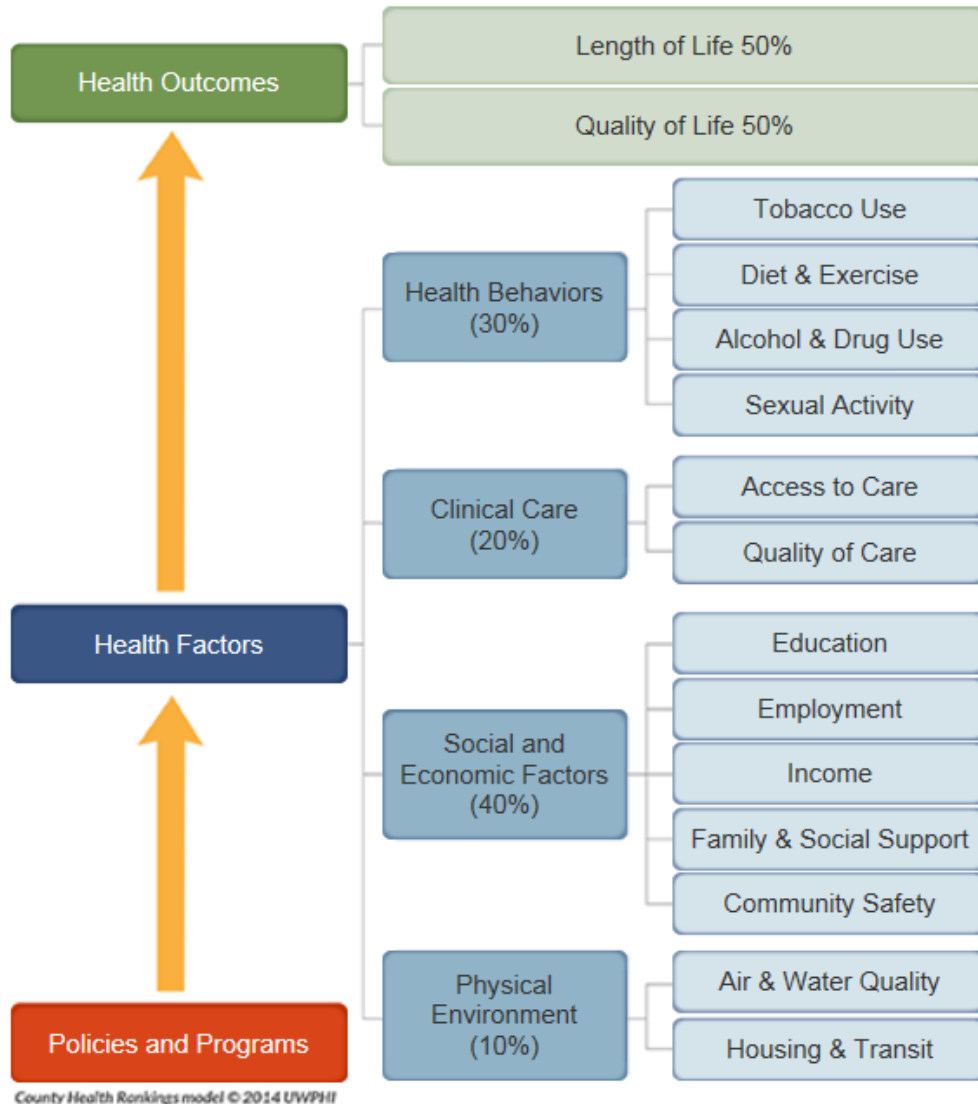
The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today **(health outcomes)** and what will impact their health in the future **(health factors).**

COUNTY HEALTH RANKINGS - HEALTH OUTCOMES

This *heat map* shows county health rankings for <u>health outcomes</u> in 2021 (the lower the better).
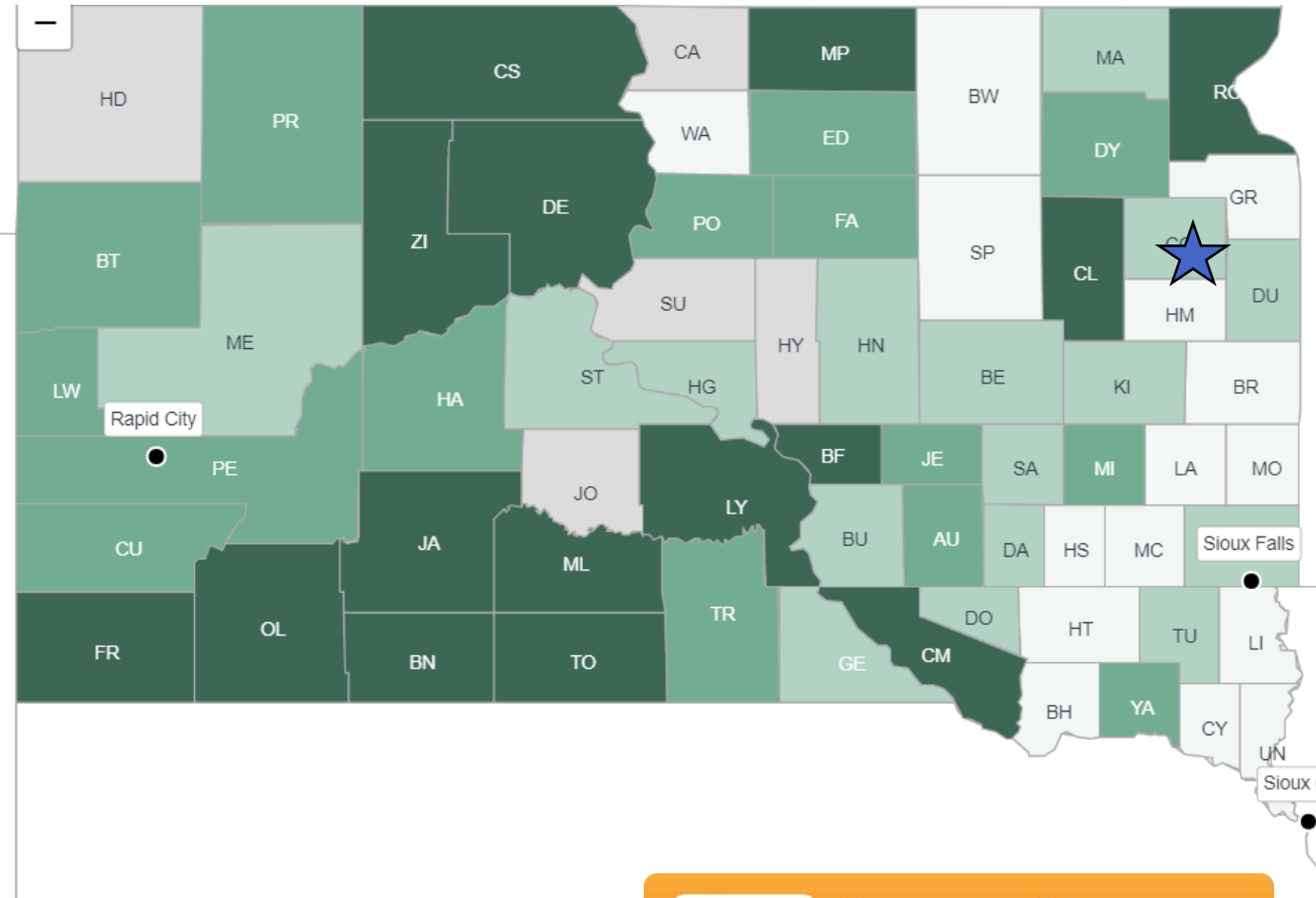
Ranking (of 61 ranked SD counties)	
PSA	
Codington	24
Clark	47
Hamlin	2
SSA (SD)	
Roberts	49
Day	43
Grant	5
Deuel	17
SSA (MN) (of 87 ranked MN counties)	
Big Stone	65
Lac qui Parle	17
Yellow Medicine	32

RANK 1 - 15 16 - 31 32 - 46 47 - 61 NOT RANKED (NR)

COUNTY HEALTH RANKINGS - HEALTH FACTORS

This *heat map* shows county health rankings for <u>health factors</u> in 2021 (the lower the better).
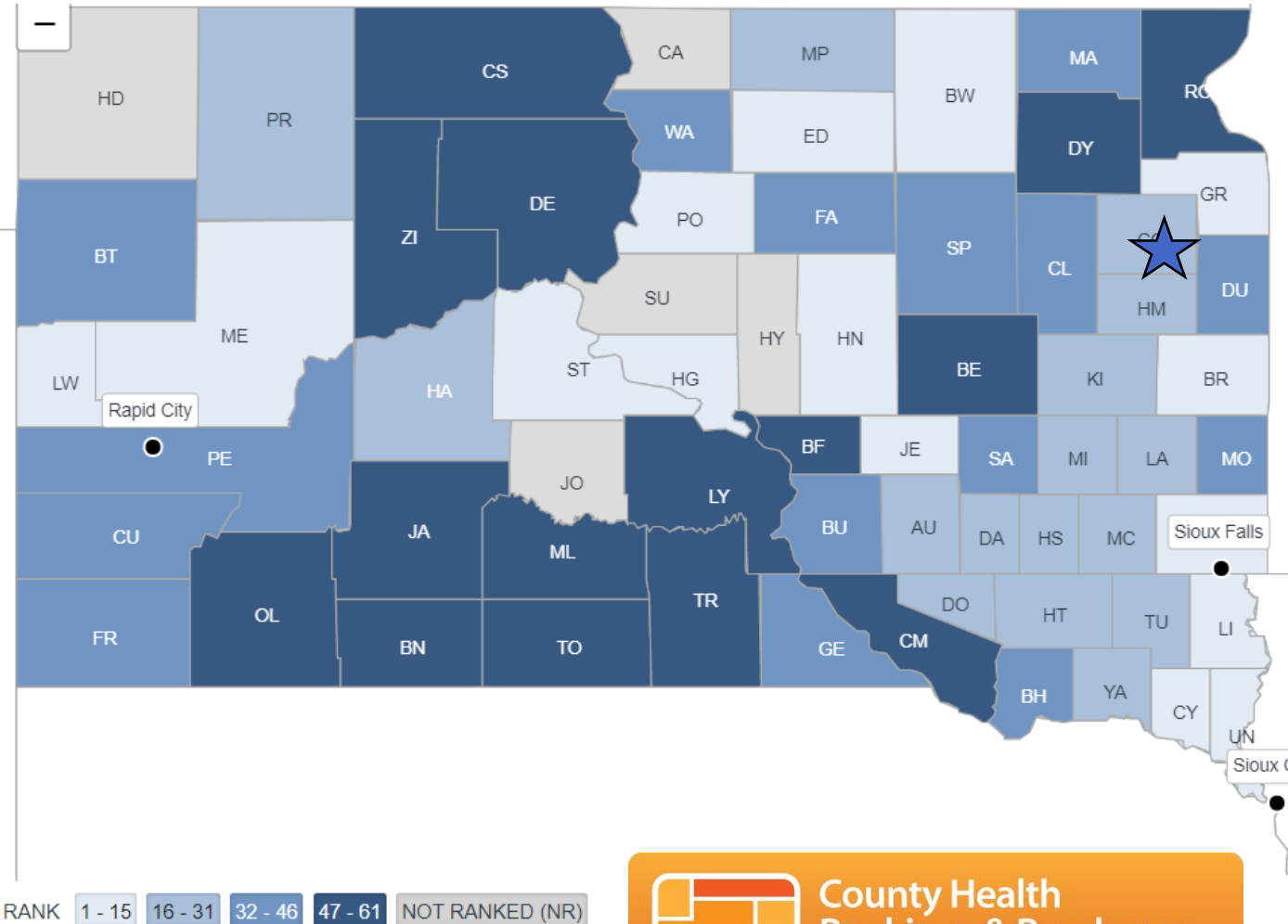
Ranking (of 61 ranked SD counties)	
PSA	
Codington	23
Clark	36
Hamlin	16
SSA (SD)	
Roberts	52
Day	49
Grant	13
Deuel	37
SSA (MN) (of 87 ranked MN counties)	
Big Stone	54
Lac qui Parle	42
Yellow Medicine	56

RANK 1 - 15   16 - 31   32 - 46   47 - 61   NOT RANKED (NR)

County Health Rankings & Roadmaps
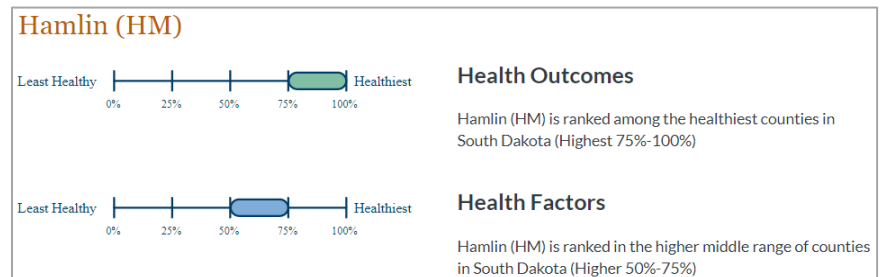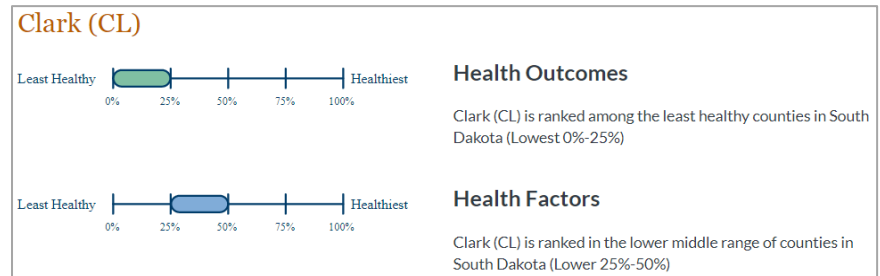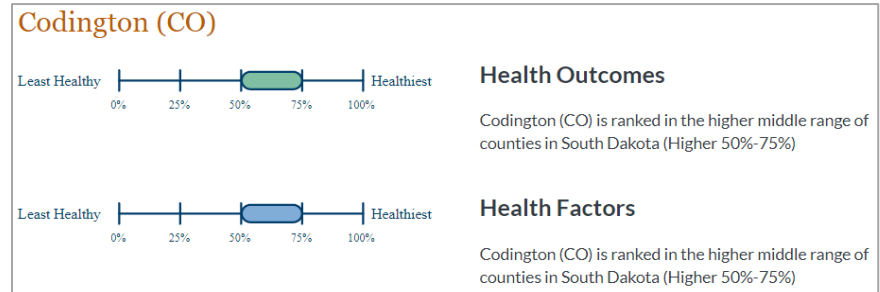A Healthier Nation, County by County

HEALTH DATA RESULTS

Explanation for *areas of strength* and *areas to explore*: County Health Rankings uses a variety of techniques to identify the health factors for your county that seem to have the greatest potential opportunity for improvement, or assets your community may want to build on while also accounting for the relative influence of each measure on health outcomes. We identify measures where there are meaningful differences between your county's values and either your state average, the national average, or the state average in the best state.

Codington County

Areas of Strength	Areas to Explore
Uninsured	Adult smoking
Primary care physicians	Adult obesity
Dentists	Excessive drinking
Mammography screening	Preventable hospital stays
Flu vaccinations	Driving alone to work
High school completion	
Some college	
Children in poverty	
Air pollution - particulate matter	

Clark County

Areas of Strength	Areas to Explore
Alcohol impaired driving deaths	Adult smoking
Mammography screening	Adult obesity
High school completion	Excessive drinking
Children in single-parent households	Uninsured
Air pollution - particulate matter	Flu vaccinations
Driving alone to work	

Hamlin County

Areas of Strength	Areas to Explore
Alcohol impaired driving deaths	Adult smoking
Uninsured	Adult obesity
Preventable hospital stays	Access to exercise opportunities
Mammography screening	Excessive drinking
High school completion	Primary care physicians
Income inequality	Some college
Children in single-parent households	
Air pollution - particulate matter	
Severe housing problems	

Codington (CO)

Health Outcomes

Codington (CO) is ranked in the higher middle range of counties in South Dakota (Higher 50%-75%)

Health Factors

Codington (CO) is ranked in the higher middle range of counties in South Dakota (Higher 50%-75%)

Clark (CL)

Health Outcomes

Clark (CL) is ranked among the least healthy counties in South Dakota (Lowest 0%-25%)

Health Factors

Clark (CL) is ranked in the lower middle range of counties in South Dakota (Lower 25%-50%)

Hamlin (HM)

Health Outcomes

Hamlin (HM) is ranked among the healthiest counties in South Dakota (Highest 75%-100%)

Health Factors

Hamlin (HM) is ranked in the higher middle range of counties in South Dakota (Higher 50%-75%)

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

HEALTH DATA RESULTS (CONTINUED)

Secondary Service Area

The following is a list of areas to explore for the underlined combined SSA (seven South Dakota and Minnesota counties). The number is a count of the occurrences for that health area. For example, flu vaccinations showed up as an area to explore for five of the seven SSA counties.

Areas to Explore	Minnesota Counties			South Dakota Counties				Count
	Y. Medicine	LqP	Big Stone	Deuel	Grant	Roberts	Day	
Adult smoking	x	x	x	x	x	x	x	7
Adult obesity	x	x	x	x		x	x	6
Excessive drinking	x	x	x	x	x		x	6
Flu vaccinations	x	x			x	x	x	5
Preventable hospital stays		x	x	x	x	x		5
Access to exercise opportunities		x		x		x	x	4
Alcohol impaired driving deaths						x	x	2
Uninsured						x	x	2
Primary care physicians				x			x	2
Unemployment				x			x	2
Physical inactivity	x					x		2
Some college	x					x		2
Sexually transmitted infections						x		1
Teen births						x		1
Children in poverty						x		1
Children in single parent households						x		1
Injury deaths						x		1
Dentists			x					1
Some college			x					1
Mental health providers		x						1
High school completion	x							1

COMMUNITY FOCUS GROUP

Two focus groups were held with community stakeholders to facilitate discussion and get input around the health needs and resources in the community. These were held on August 30 and 31, 2021. Organizations represented are as follows:

- 60s Plus Dining Program / Meals on Wheels
- Avantara Watertown
- Beacon Center
- Boys & Girls Club
- Brown Clinic
- City of Watertown
- Clark County Courthouse
- Codington County
- Codington County Coroner
- Codington County Courthouse
- Community Transit of Watertown/Sisseton, Inc
- Countryside Public Health – Big Stone, Lac Qui Parle & Yellow Medicine County

- Hamlin County Courthouse
- Head Start Pre-Birth to Five
- Human Service Agency
- Independent Living Choices
- Johnson Memorial Health Services
- Lake Area Technical College
- Lake Area Technical College - Nursing Program
- Prairie Lakes Healthcare System
- Prairie Lakes Wellness Center
- Sanford Health Watertown
- Watertown Community Foundation
- Watertown Police Chief
- Watertown School District

COMMUNITY FOCUS GROUP (CONTINUED)

Discussion/feedback/input is summarized here:

Affordability of care:
- Some make too much money to qualify for Medicaid but still don't have enough money to afford care/copay/deductible/transportation (donut hole)
- Some make too much money to qualify for other social service programs but still lack the money to afford insurance or care (black hole)
- Some lack funds to pay for medications and/or copays
- For mothers with children on Medicaid, difficult to afford dental and health care
- LATC students are often uninsured
- Food insecurity and ability to afford healthy foods can be a problem for some community members
- Some here are in deep poverty
- Resources are often available but until people are in need, they aren't aware of them

Resiliency and mental health:
- Some in the community cope with substance use / abuse
- Detox beds are limited here and statewide. Emergency departments feel this and treat patients
- Need support groups for adolescents; different needs/preferences/culture than adults
- Need community mentoring program; support for students, help to graduate, pair with someone they can relate to
- Mental health stigma; some LATC students receiving mental health care don't tell their parents
- Missing transitional support between inpatient mental health and "normal living"
- Isolation during pandemic has exacerbated mental health challenges
- People that are alone would benefit from having companions at appointments, otherwise might skip routine appointments or procedures e.g., colonoscopies

COMMUNITY FOCUS GROUP (CONTINUED)

Discussion/feedback/input continued:

Health literacy/education:
- Need education for community on medical and recreational marijuana
- Need COVID-19 vaccine education for community and LATC students. Nursing students responded well to a physician presenting to them and answering questions
- Need to address child immunization rates (age 0-2) as they are decreasing

Economy
- Workforce shortage is severe and affects ability to care for patients
  ➢ Mental Health professionals
  ➢ Nurses
  ➢ General support staff
- Internet connectivity limited in some areas and in some populations; impedes access to telemedicine

Diversity
- Diversity is increasing in the area
- Growing need for cultural humility among community leaders and members
- Translation services are in demand. Sometimes children are their parents' translators which isn't always appropriate

COMMUNITY FOCUS GROUP (CONTINUED)

Resource updates mentioned at the focus groups:

- Charity care at PLHS and Sanford
- 211 HelpLine
- Seven frozen meals/week and weekend meals available through 60s+ dining
- Jenkins Living Center expanded short term rehabilitation beds
- Prevention Resource Center (Human Service Agency) (materials, books, etc.)
- New counselor at Beacon Center (victims of sexual assault)
- Boys and Girls Club is hiring a social worker
- Serenity Hills: new building underway; 15 beds, 4 detox, 4 Appropriate Regional Facility (ARF)

Focus group members shared appreciation for PLHS'
- Hospice services
- COVID-19 support to community
- Transportation

COMMUNITY FOCUS GROUP (CONTINUED)

In addition to the conversational feedback and input, comment cards were made available. Eighteen people submitted comment cards. The input is summarized here:

1. What is your definition of health?
- Having the ability to love life in the way you want to live it
- Mental & physical well-being; living a full life
- Complete wellness of body, mind, spirit
- Physical, emotional and social well-being
- Whole-person well-being
- Physical, mental, spiritual well-being
- Services available to those who need them
- Wellness to achieve optimal functional for an individual in their environment
- Preventive care & maintenance
- Feeling well enough to enjoy life, physically and mentally
- Readily affordable access to care
- Able to function and meet the needs of your everyday life

COMMUNITY FOCUS GROUP (CONTINUED)

Comment card input (continued)

2. Please list any unmet healthcare needs
- Behavioral health
- Drugs, smoking, alcohol use
- Physical health for older employees
- Veterans in general
- Keeping the elderly healthy
- Mental health / trauma / psychiatry
- Sex education not abstinence
- Mental health care for school aged children; long waiting lists in town
- Lack of facility to hold juveniles waiting for placement; safe room
- People working harder and longer
- Insurance affordability, array of options
- Community awareness
- Community education on available resources; what/where and how to access
- Those living alone, need companion for support and to accompany to healthcare appointments; support at home
- Nursing home bed availability; intake/placement speed
- Workforce shortages and impact on care
- Specialty care access e.g., pulmonology, dermatology, MRI, neurology
- Mobile mental health crisis unit
- Overuse of ER due to no insurance and/or low income

COMMUNITY FOCUS GROUP (CONTINUED)

Comment card input (continued)

3. What group do you feel is most underserved, and why?
- Low income & veteran population: affordability, lack of transportation, they are underinsured, difficult to afford bills, some providers won't see them until bill are paid, medicine affordability
- Elderly population and veterans: limited mobility, need more physical activity. Culture: don't know who or what to ask; fear of someone knowing "their business"
- Mental illness, drug and alcohol, working poor: limited access to facility for inpatient treatment, not enough facilities/beds/money for treatment
- Age 14-21 mental health: need treatment/care for this age group as it can differ from what adults need
- Uninsured & single parent families: lack of resources to follow-through or sustain care, "donut" holes, gaps in care and/or meals
- Elderly, underprivileged, mentally ill
- Those that fall between the cracks; intellectual disabilities: either not sick enough or too sick, not quite meeting eligibility; sometimes only a matter of a few dollars. Learning disabilities, too high a test score. Not looking at the full picture
- Families in poverty / Early Childhood Connections (ECC) families: community needs to do a better job providing resources
- Survivors and kids: needing food, health checks, mental health care for all-around wellness
- Rural areas; smaller towns than Watertown: entry level positions lack education to keep healthy and meet their own needs; lack of self-advocacy. Difficulty recruiting health care providers in rural areas
- Senior housing / nursing home care: shortage of facilities and staff
- Lower middle class: donut hole; gaps in care and abilities to pay/afford
- Transient individuals

Comment card input (continued)

4. Please list the top three health priorities of your employer

- Cancer and related issues
- Mental health
- Physical health of staff
- Exercise programs (like Biggest Loser)
- Education on exercise
- Senior programs
- Mental health / trauma
- Employee Assistance Program (EAP)
- Discount to wellness center / recreation center membership
- Three free mental health counseling sessions
- Students at LATC
  - Access to medical services (financial)
  - Mental well-being, alcohol, drugs, smoking
  - Education
  - Access to food
- Independence to remain at home
- Providing services to people with disabilities
- Referral services to community agencies

- Mental health
- Substance abuse
- 7 day/week meal service to aged 60+ people in need
- Outreach providers
- Physician recruitment
- Mental health access
- Self-care, wellness, preventive care, exercise
- Streamline community mental health referrals
- Affordable urgent care
- De-stigmatize mental health
- Preventive care
- Obesity
- Behavioral health
- Life Alert mobile and landline
- Adaptive equipment: reacher, grab bars, etc.
- Walk-in showers and ramps
- Providing quality services, expertise, and being a regional leader in healthcare
- Continued growth and development of organization and staff

ADDITIONAL COMMUNITY HEALTH INFORMATION

In collaboration with a graduate student project, the Human Service Agency performed a community survey for research and analysis in the Spring of 2021. There were 275 respondents. The information was compiled and revealed the following insights.

Key takeaways:

- There are mental health provider shortages
- Affordability is a concern
- Stigma exists for getting mental health support; stigma at school and in the community
- Privacy presents challenge
- Some lack transportation for mental health care and other medical care
- Covid has exacerbated mental health challenges; isolation as well
- Suicides increase in 2020 in Watertown
- Survey revealed desire / expressed need for more mental health services
- 34% self-reported they wanted or needed mental health services
- "I thought I could handle it myself" pride -> rural grit

Predominant health concerns mentioned in the responses are as follows:

- Tobacco, alcohol, and drug use
- Mental health
- Bullying

Perceived Severity

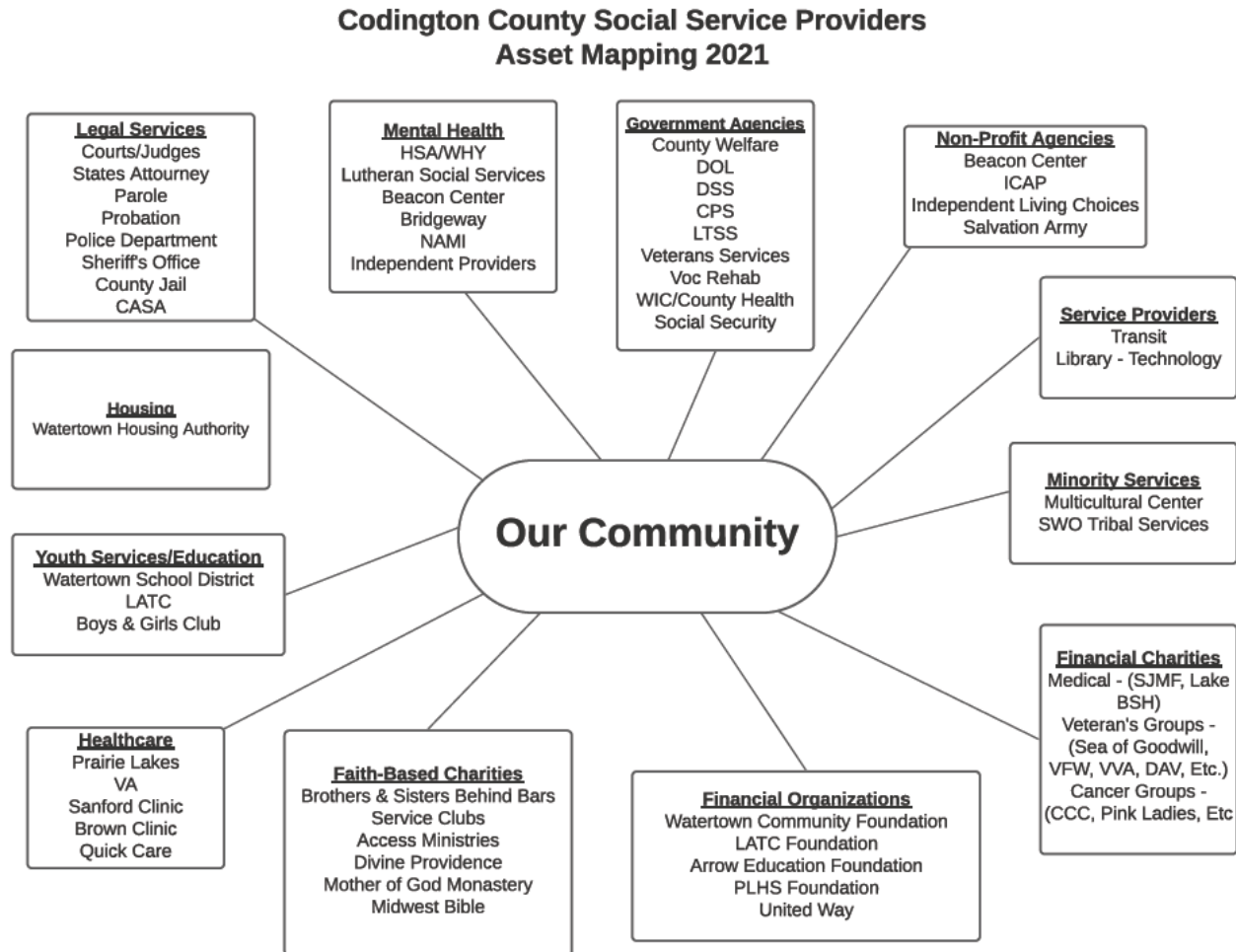| Respondent Groups	Youth Suicide	Youth Depression	Youth Anxiety/ Stress	Self-Harm	Other mental health concerns	Electronic Bullying	Bullying	Social Media Negativity
Did not want or need services	64.04%	76.67%	75.42%	59.78%	65.36%	70.95%	70.56%	77.53%
Wanted or needed services	70.97%	90.32%	88.17%	65.59%	76.34%	87.10%	82.61%	93.55%
Parents (total)	65.63%	82.95%	80.62%	62.02%	71.32%	79.84%	77.34%	86.05%

Table: Perceived severity: respondents who self-reported a significant concern of the listed issues among youth in the Watertown community.

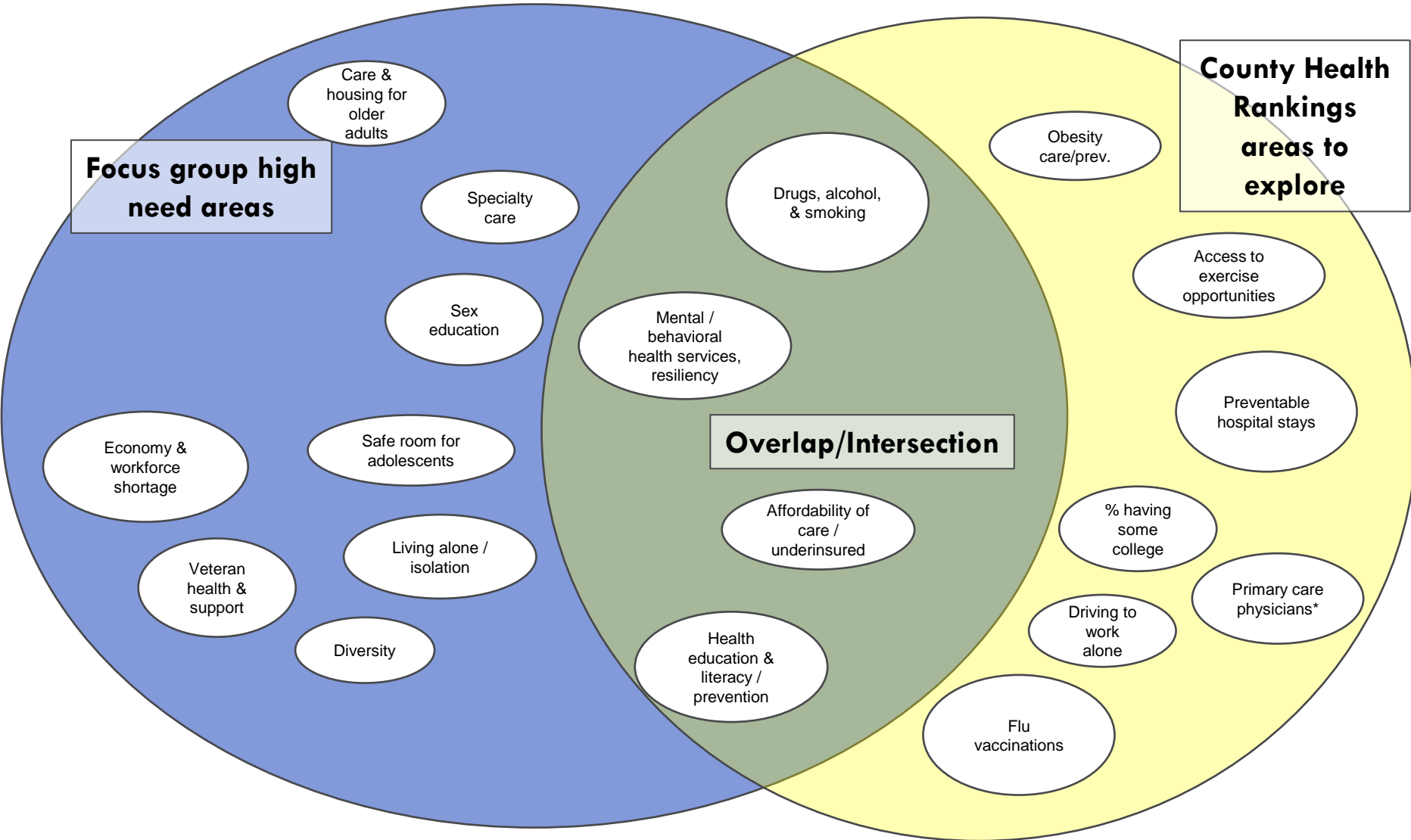**Issues identified as *need to address* are the following:**

- Suicide rate among young people
- Self confidence to receive mental health care and to make time for self-care and build resiliency
- Complex factors associated with mental health

ASSET MAP

The Codington County Welfare Commissioner's asset map is below. The priority was to establish systems of care to improve community services.

Codington County Social Service Providers
Asset Mapping 2021

Legal Services
Courts/Judges
States Attourney
Parole
Probation
Police Department
Sheriff's Office
County Jail
CASA

Mental Health
HSA/WHY
Lutheran Social Services
Beacon Center
Bridgeway
NAMI
Independent Providers

Government Agencies
County Welfare
DOL
DSS
CPS
LTSS
Veterans Services
Voc Rehab
WIC/County Health
Social Security

Non-Profit Agencies
Beacon Center
ICAP
Independent Living Choices
Salvation Army

Housing
Watertown Housing Authority

Service Providers
Transit
Library - Technology

Our Community

Minority Services
Multicultural Center
SWO Tribal Services

Youth Services/Education
Watertown School District
LATC
Boys & Girls Club

Financial Charities
Medical - (SJMF, Lake BSH)
Veteran's Groups - (Sea of Goodwill, VFW, VVA, DAV, Etc.)
Cancer Groups - (CCC, Pink Ladies, Etc

Healthcare
Prairie Lakes
VA
Sanford Clinic
Brown Clinic
Quick Care

Faith-Based Charities
Brothers & Sisters Behind Bars
Service Clubs
Access Ministries
Divine Providence
Mother of God Monastery
Midwest Bible

Financial Organizations
Watertown Community Foundation
LATC Foundation
Arrow Education Foundation
PLHS Foundation
United Way

PRIMARY SERVICE AREA ASSESSMENT

Focus group high need areas

Care & housing for older adults

Specialty care

Sex education

Economy & workforce shortage

Safe room for adolescents

Veteran health & support

Living alone / isolation

Diversity

Overlap/Intersection

Drugs, alcohol, & smoking

Mental / behavioral health services, resiliency

Affordability of care / underinsured

Health education & literacy / prevention

County Health Rankings areas to explore

Obesity care/prev.

Access to exercise opportunities

Preventable hospital stays

% having some college

Primary care physicians*

Driving to work alone

Flu vaccinations

*Ratio of population to primary care physicians (2018 data).

SECONDARY SERVICE AREA ASSESSMENT

Focus group high need areas

Care & housing for older adults

Specialty care

Safe room for adolescents

Sex education

Veteran health & support

Living alone / isolation

Diversity

Overlap/Intersection

Drugs, alcohol, & smoking

Mental / behavioral health services, resiliency

Economy & workforce shortage, unemployment[1]

Affordability of care / underinsured

Health education & literacy / prevention

County Health Rankings areas to explore

Obesity care/prev.

Access to exercise opportunities

Physical inactivity

Preventable hospital stays

% having some college

Primary care physicians*

Flu vaccinations

Health *areas to explore* for the SSA are listed that were present for two or more of the seven SSA counties.
*Ratio of population to primary care physicians (2018 data).
[1]Unemployment added here as it showed up as an area to explore in the County Health Rankings. Unemployment was not mentioned as an area of need in the focus groups.

PRIORITIZATION OF NEEDS

The core CHNA work group was comprised of the following staff:

- Business Development Specialist
- Director of General Surgery/ENT/Outreach Clinics
- Chief Nursing Officer
- Vice President of Clinic Operations
- Director of Marketing & Business Development
- Marketing Specialist

This group met to review the needs identified through the community health needs assessment process. After analyzing input from the focus groups, survey, and community health data, they did a preliminary prioritization that identified needs <u>based on potential impact on community health, the urgency of the need, and the ability to meet these needs</u>. The following health areas are determined to be prioritized, in no particular order:

Prioritized items:
- Mental & Behavioral Health
- Health Education, Literacy, & Prevention
- Affordability of Care / Underinsured
- Smoking/Drugs/Alcohol

Some identified health needs beyond the scope and/or abilities of PLHS are not prioritized at this time. More detail can be seen in our implementation plan.

EVALUATION OF IMPACT OF PRIOR CHNA

PLHS completed a Community Health Needs Assessment in 2019. No written comments have been received from this assessment. PLHS prioritized the following needs during this assessment and have conducted the following activities in order to address the needs identified:

1. Behavioral Health
   a) Sponsored and participated in annual suicide awareness walk
   b) Provided financial support of 211 service in Codington County (connect residents to Mental Health services)
   c) Collaboration with Serenity Hills residential facility
   d) Collaboration to write/publish articles and videos on mental health in a variety of medias
   e) Collaborations and Support with mental health provider recruitment needs
   f) Created Facebook group *Encouraging Wellness in Watertown*
   g) Training course and collaboration with National Alliance on Mental Illness (NAMI)
   h) Collaboration with HSA on mental health activities and education
   i) Donation to *Sea of Goodwill* (benefit resources for veterans)
   j) Grief support groups: 2020 support groups scheduled fall 2019; continued in FY 2021 & 2022 (some months missed due to COVID)
   k) Increased the amount of money available to PLHS staff for employee assistance program (EAP) support
   l) *Ladies Night Out* FY2021 keynote address focused on mental health and self care
   m) Provided financial support to Codington County Social Services Steering Committee and will have active membership
   n) Watertown Area Transit: transportation of individuals to behavioral health appointments

EVALUATION OF IMPACT OF PRIOR CHNA

2. Nutrition Health & Obesity
   a) Meal planning & shopping presentation(s)
   b) Financial support of 211 services
   c) Expanded Core4 program (dietician service) by offering more sessions; enhanced marketing to reach more people
   d) Financial support to PACH (People Against Childhood Hunger) and PLHS staff have board representation. PLHS staff help oversee meal planning and inventory.
   e) Dieticians provided healthy recipes to *Ladies Night Out* event in FY 2021 and FY 2022
   f) Keynote speaker presentation featured on nutrition for *Ladies Night Out* FY 2022
   g) Regularly share dietician approved healthy recipes and publish articles (social media, PLHS website & local paper)
   h) Watertown Area Transit: transportation of individuals to dietitian appointments

3. Preventative Care Services
   a) Financial support for 211 service
   b) Plan, launch, and facilitate diabetes support group; and provided space for other chronic disease workshop(s)
   c) Shared *Target Heart & Stroke Screen* cards with local providers
   d) Provided educational videos (e.g., *Talkable Tips)* via social media and PLHS website
   e) PLHS visits local businesses to provide preventative health information free of charge
   f) Marketed availability of direct access (phone screen and scheduling) for colonoscopies
   g) Watertown Area Transit: transportation of individuals to preventative care services
   h) Added an Orthopedic Navigator to help with joint replacement patient support

EVALUATION OF IMPACT OF PRIOR CHNA

4. Drugs, Smoking, Alcohol
   a) Community vaping education: *Two Truths & a Lie;* Dr. Senne was keynote speaker.
   b) Community presentation(s) on neuroscience pain therapy
   c) Financial support for 211 service
   d) Collaboration with Watertown Healthy Youth (WHY) Coalition and Tobacco Coalition
   e) Collaboration to support Students Against Destructive Decisions (SADD) conference
   f) Lung screening promotion(s) and discussion on radio
   g) Financial support to United Way
   h) Watertown Area Transit: transportation to AA meetings and other drug/alcohol support services
   i) Collaboration with Serenity Hills residential facility
   j) Campus pharmacy installed medication drop-box expired or discontinued medications for safe and secure disposal
   k) Added advanced practice provider (APP) to Pulmonology Clinic to improve access to care

Note: The COVID-19 pandemic altered PLHS' utilization of resources. As a result, not all planned initiatives from our 2019 CHNA were completed. These have been carried over and prioritized in our 2022 CHNA process.

NEXT STEPS

This Community Health Needs Assessment report was approved by the PLHS Board of Directors at their meeting on April 25, 2022.

PLHS is required to adopt an organization-specific implementation strategy in response to the Community Health Needs Assessment report. This has been developed and was approved by the PLHS Board of Directors at their meeting on April 25, 2022.

The implementation strategy will be reviewed on an annual (or more frequent) basis. The CHNA process, public report, and implementation strategy will be repeated every three years, as required by Internal Revenue Code 501(r)(3).

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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