

Madison Regional Health System Community Health Needs Assessment June 2016



CPAs & BUSINESS ADVISORS



Overview



Between April and June 2016, Madison Regional Health System (MRHS) conducted a Community Health Needs Assessment (CHNA) for the approximately 32,000 residents of Lake County and surrounding counties in South Dakota. MRHS is located in the town of Madison and serves the surrounding rural area within Lake, Kingsbury, McCook, Miner and Moody Counties. The CHNA was conducted with assistance from Eide Bailly LLP an accounting and consulting firm specializing in 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 the health of a population and determine the availability of resources within the community to adequately address these factors and health needs.



Overview

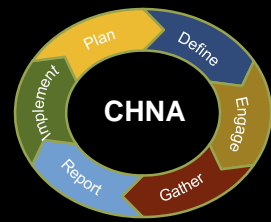


The CHNA process also fulfills the requirements set forth by the Internal Revenue Code 501 (r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. 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.

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



Hospital Overview



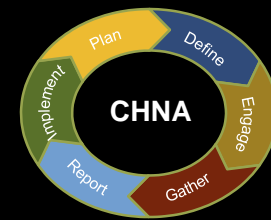
Madison Regional Health System is an 22-bed health care facility that has been serving the medical and health care needs of people living in Madison and the surrounding communities in Eastern South Dakota for over a century.

MRHS and its 200 employees are dedicated to providing cost-effective, quality inpatient and outpatient healthcare services.

MRHS is the only hospital in Madison County and provides 24-hour emergency room coverage. The primary communities served by MRHS include Madison, Wentworth, Howard, Chester, Colman, Ramona, Rutland, Nunda, Oldham and Winfred.



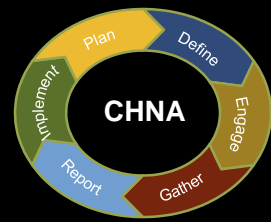
Hospital Overview



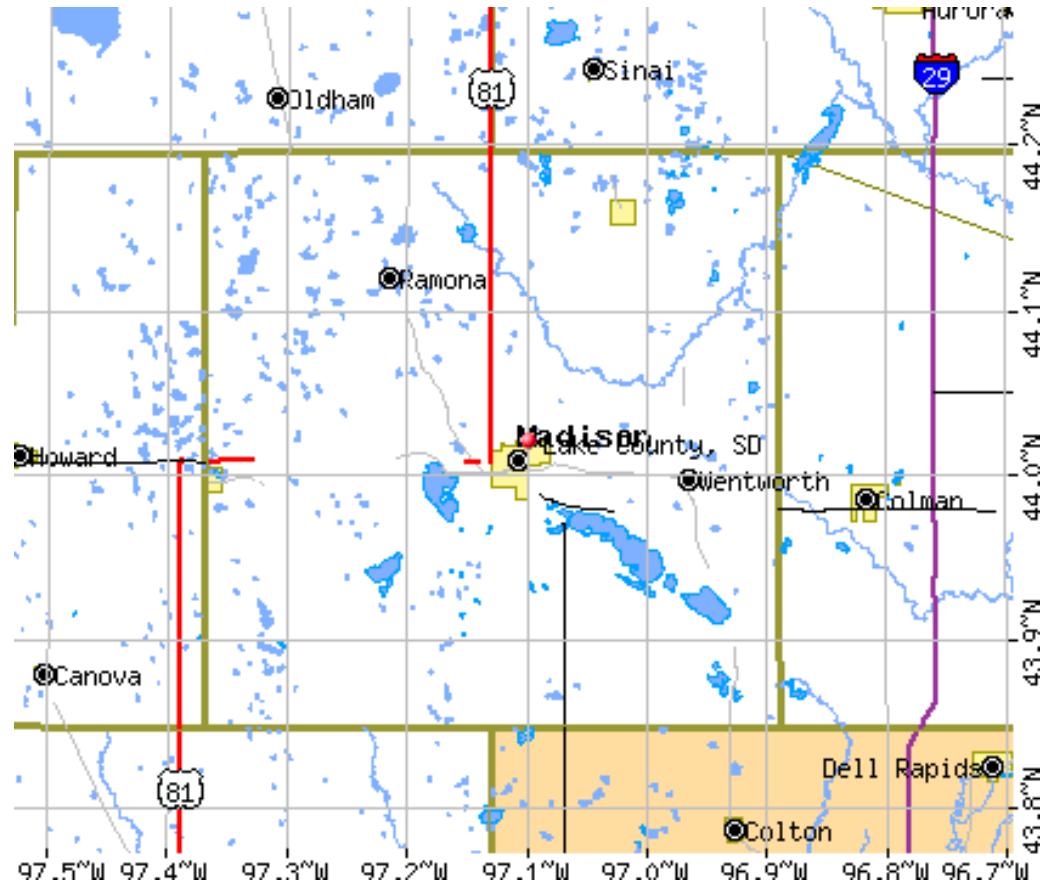
Madison Regional Health System provides the following services:

- Acute Care
- Surgical Services
- Clinical Services
- Obstetrical Services
- Specialty clinics
- Urgent Care
- Emergency Services
- Intensive Care
- Radiology
- Nuclear Imaging
- Laboratory
- Respiratory Therapy
- Cardiac Rehabilitation
- Rehabilitation Services
- Occupational Health
- Nutritional Services
- Home Care
- Hospice
- Swing Bed

Community Served



The Community Served was defined as Lake County with parts of Kingsbury, McCook, Miner and Moody counties. 95% of the hospital's inpatient discharges come from these counties with 84% coming from Lake County.





Community Served



The primary industries in the community served include agriculture and health and social services.

As of the 2010 census, there were close to 32,000 people in the service area with an average population density of 10.4 residents per square mile. The area is estimated to experience an overall increase in total population between 2000 and 2015. Lake County has an estimated increase of 12.7% with the other counties show decreases in the range of -.9% to -6.4%.

The racial makeup of the service area is predominantly white (ranging from 81.5%-97.9%) with American Indian (.2%-14%) and Hispanic populations (2.1%-3.7%) making up the majority of the population.

www.census.gov/quickfacts



Community Served



The median household income in the service area ranges from \$48,241 to \$56,603. The per capita income ranges from \$26,995 to \$31,017.

Approximately 5.0%-9.7% of all families and 7.9%-14.4% of the population had incomes below the poverty line, of which 7.2%-21.1% of those were families with children under age 18 and 6.1%-12.1% were those age 65 and over.

The unemployment rate is estimated to be 2.1%-4.4% of the 65.2%-70.9% of the population age 16 years and over who are in the labor force.

U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates



Conducting the Assessment



To ensure input from persons with broad knowledge of the community, a Community Advisory Committee was organized with individuals from the community served. Personal invitations were sent to individuals representing various community, business, educational and religious groups. Representatives from the local health care provider and the community health department were included to bring in additional professional perspective.

The individuals identified to participate in the process have direct access with 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. There were no specially identified underserved populations other than those living in poverty and those without medical insurance.

Conducting the Assessment

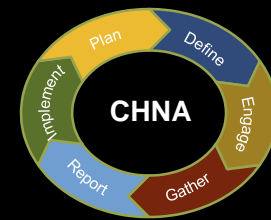


Community participants represented the following community organizations:

- Madison Regional Health System
 - Employees
 - Physicians
 - Board of Directors
- Lewis Drug Pharmacy
- Madison Chiropractor
- SD Department of Labor and Regulations
- ECCO, Inc.—Local Business
- Horizon Health-Federal Clinic
- Community Counseling Services
- Madison Chamber of Commerce
- Falcon Plastics-Local Business
- Lake Area Development Corporation
- Dakota State University
- SDDOH/ Lake County Community Health
- Madison Central School District
- State Senator



Conducting the Assessment

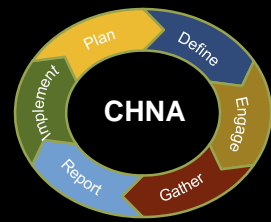


A meeting with the Community Advisory Committee was held on May 25, 2016. The committee reviewed national and state health care trends and rankings available from 2016 County Health Rankings & Roadmaps (<http://www.countyhealthrankings.org>). The review included analysis of health trends and comparisons between the counties in the service area, South Dakota and the United States.

The County Health Rankings provides a snapshot of a community's health and a starting point for investigating and focusing on the health of the community. The ranking focuses on Health Factors (Behaviors, Clinical Care, and Social and Economic Factors) and Policies and Programs that result in Health Outcomes (Length and Quality of Life).



Health Data Results

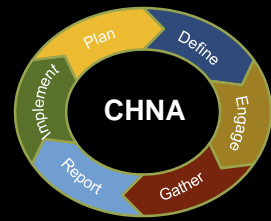


Based on the information provided, the defined community showed areas of strength in the following rankings:

- Alcohol impaired deaths
- Teen births
- Percentage of uninsured population
- College Education
- Unemployment rates
- Number of children living in poverty
- Number of children in single-parent households
- Number of violent crimes



Health Data Results



Based on the information provided, the defined community showed areas to explore in the following areas:

- Adult Smoking
- Adult obesity
- Access to exercise opportunities (1 county)
- Number of primary care physicians

Health Data Results



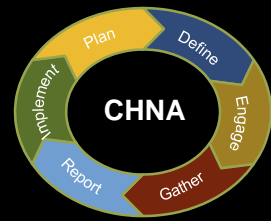
The committee also reviewed data on the leading causes of death for the past four years for each of the counties in the service area.

	Lake	Kingsbury	McCook	Miner	Moody	South Dakota
Heart Disease	123	97	99	44	66	8,190
Cancer	132	74	86	35	70	8,183
Chronic Lower Respiratory Disease	37	16	13	10		2,268
Alzheimer's Disease	47	19	36	21	31	2,139
Cerebrovascular Diseases	47	22	28	13	16	2,116
Accidents	23	20	15	7	15	2,110

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th

South Dakota Department of Health, Office of Health Statistics, 2010-2014 data

Conducting the Assessment

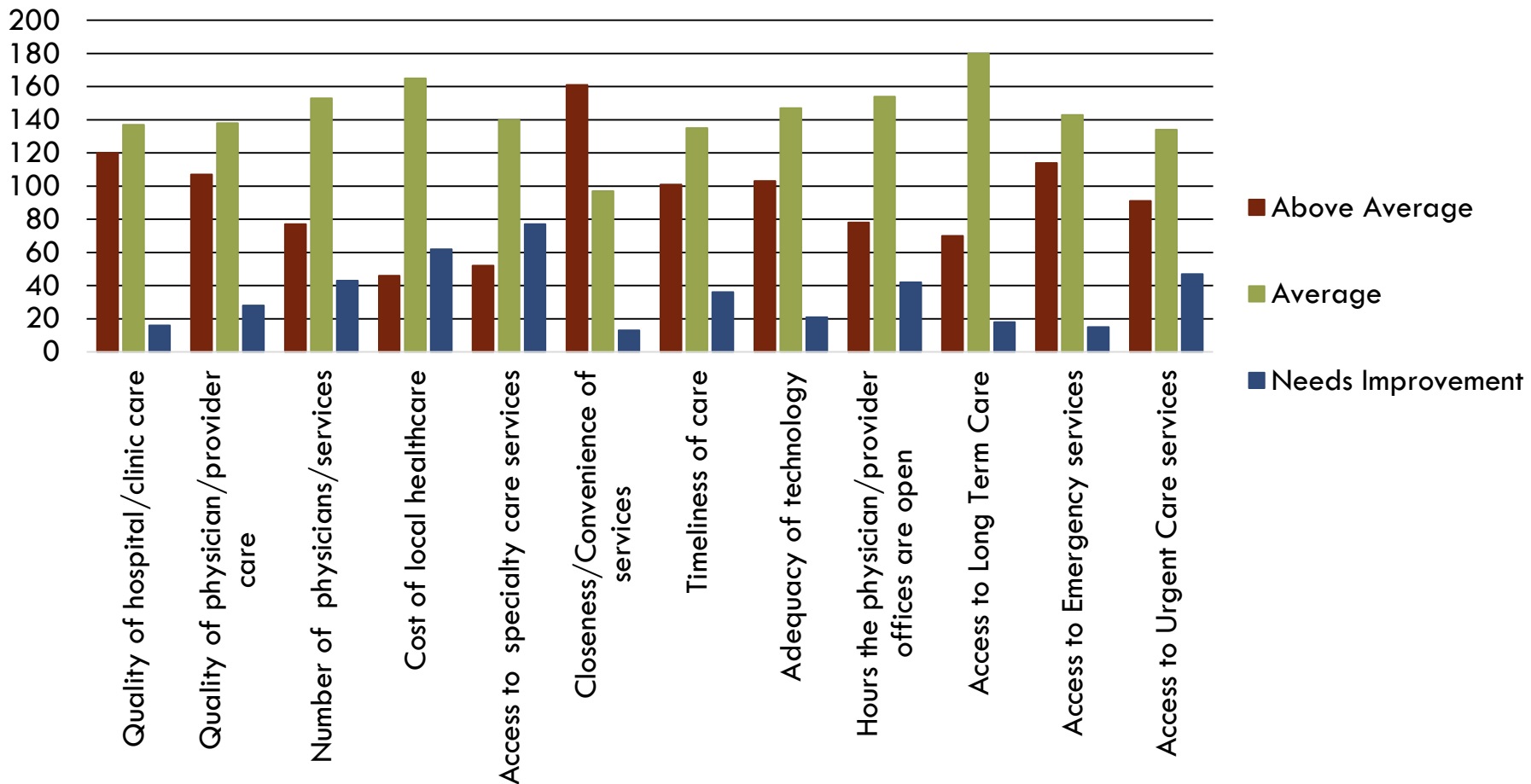


In order to gather feedback from individuals not participating in the Community Advisory Committee, a survey tool was developed to address general questions related to the health of the community. The survey was distributed by the hospital and by members of the Community Advisory Committee to others in the community and returned for independent review and analysis prior to the May 25th meeting of the Advisory Committee.

- The survey was distributed to the local community groups, hospital board members, employees and other key community members
- 289 surveys were completed by members of the community



Overall Perception of Healthcare

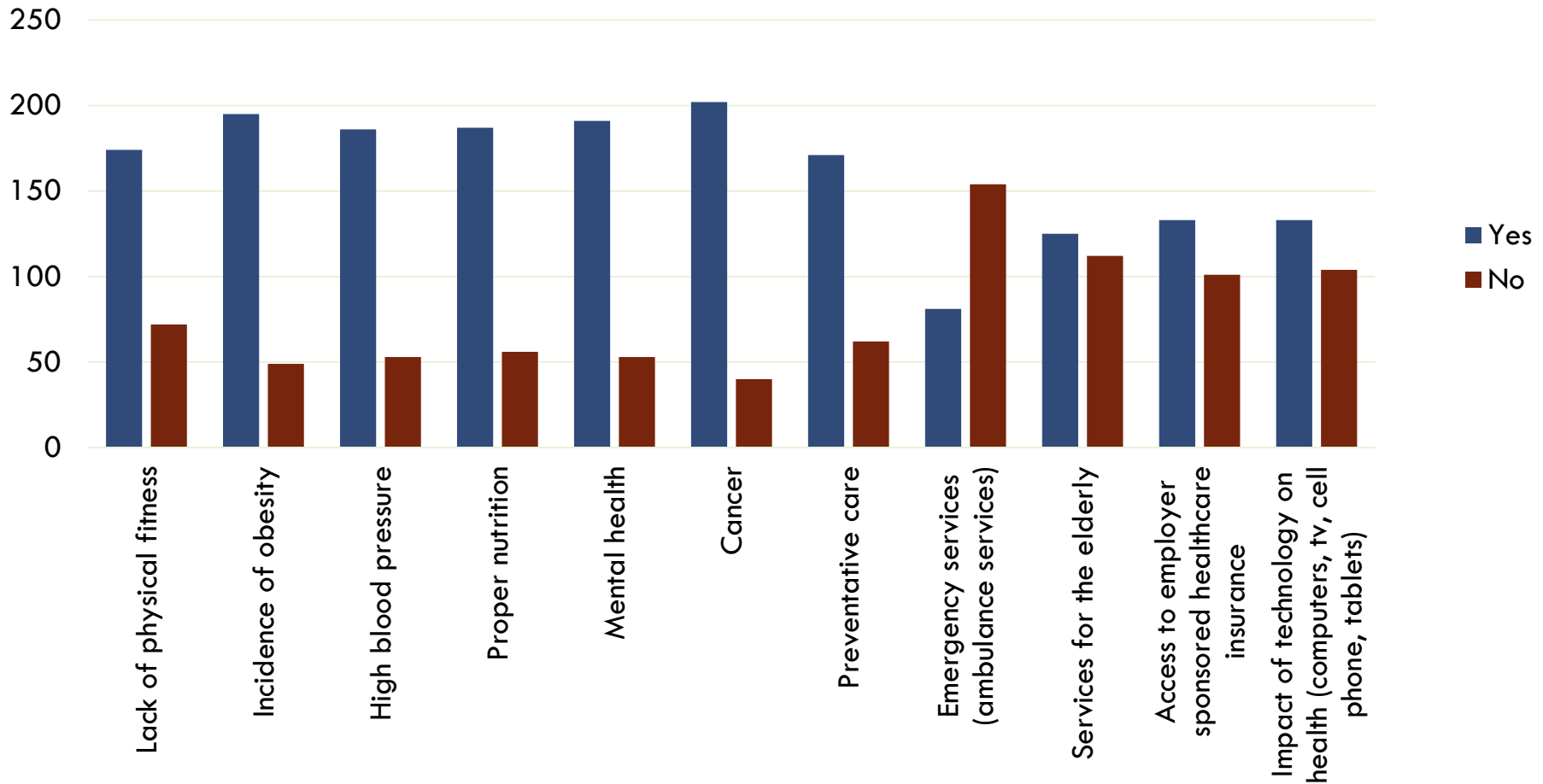




Survey Results



Overall Health Issues





Survey Results



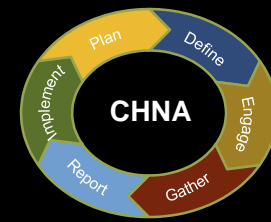
- Changes in Healthcare Needed
 - More Urgent Care access
 - More physicians
 - Specialty Services
 - Pediatric
 - Cancer Care
 - Dermatology
 - Women's Health
 - OB/ Gyn
 - Surgery
 - Access to care/ timeliness of results
 - Cost of healthcare

Changes in Healthcare Needed



- Changes in Healthcare Needed
 - Mental Health Options
 - Elderly/ Memory Care
 - Preventative health education
 - Online access to health records
 - Transportation for appointments
 - Natural care/ midwifery

Conducting the Assessment

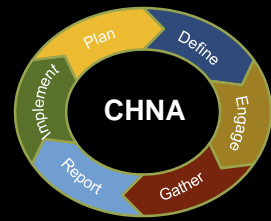


The Community Advisory Committee reviewed the health data and the survey results and compared the information to their personal experience working with the community, especially vulnerable populations.

Based on the information gathered, a list of seven potential community needs was developed. There were no primary or chronic diseases or other specific health needs identified related to low income or chronically ill populations.



Prioritization of Needs



The Community Advisory Committee members use a set of criteria to evaluate the list of potential needs identified through the fact finding process. The criteria included:

- a. Potential to Impact Community Health
- b. Cost to the Community
- c. Community Urgency

The Community Advisory Committee discussed each of the identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. This process involved casual group discussion allowing individuals to make decisions with input from their fellow committee members.



Prioritization of Needs



Each committee member voted for the top five issues they felt were the highest priority. The prioritization process identified five priority issues for the community, presented in rank order:

- Education on health issues
 - Communication of services available in the community
 - Information of topics impacting overall health
- Expansion of Urgent Care services
- Behavioral/ Mental Health issues
- Increased Specialty services
- Transportation for medical services



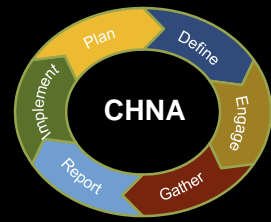
Community Resources



Other resources in the community that may be available to work in collaboration with Madison Regional Health System to address the needs identified include:

- School Districts
- Lake County Community Health
- Dakota State University
- Community Counseling Services
- Horizon Health
- Lake Area Development Corporation
- Assisted Living/ Nursing Homes
- Local businesses
- County Commissioners
- Chamber of Commerce
- Churches
- Other healthcare providers

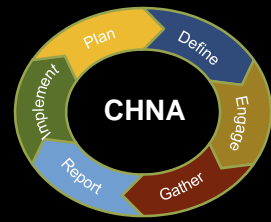
➤➤➤ Evaluation of Impact of Prior CHNA



MRHS completed a CHNA in June of 2013. No written comments have been received from this assessment. MRHS identified the following needs during the prior assessment and have conducted the following activities in order to address the needs identified:

- Orthopedics
 - Work with outreach to provide additional services
- OB/ GYN
 - Have started OB again in new facility
 - Two outreach providers
 - Two new providers
- Marketing
 - Increased marketing efforts
 - Website update

➤➤➤ Evaluation of Impact of Prior CHNA

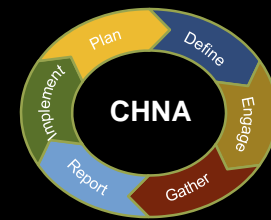


MRHS identified the following needs during the prior assessment and have conducted the following activities in order to address the needs identified:

- Cost
 - Focus on cost cutting measures
 - Education to consumers
- Customer Service
 - Education of Staff
 - Patient satisfaction surveys
 - Quality improvement projects



Next Steps



This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on June 28, 2016.

MRHS 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 Board of Directors of MRHS, 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 MRHS with their inquiries, suggestions or comments.

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