



COMMUNITY HEALTH NEEDS ASSESSMENT

June 2022

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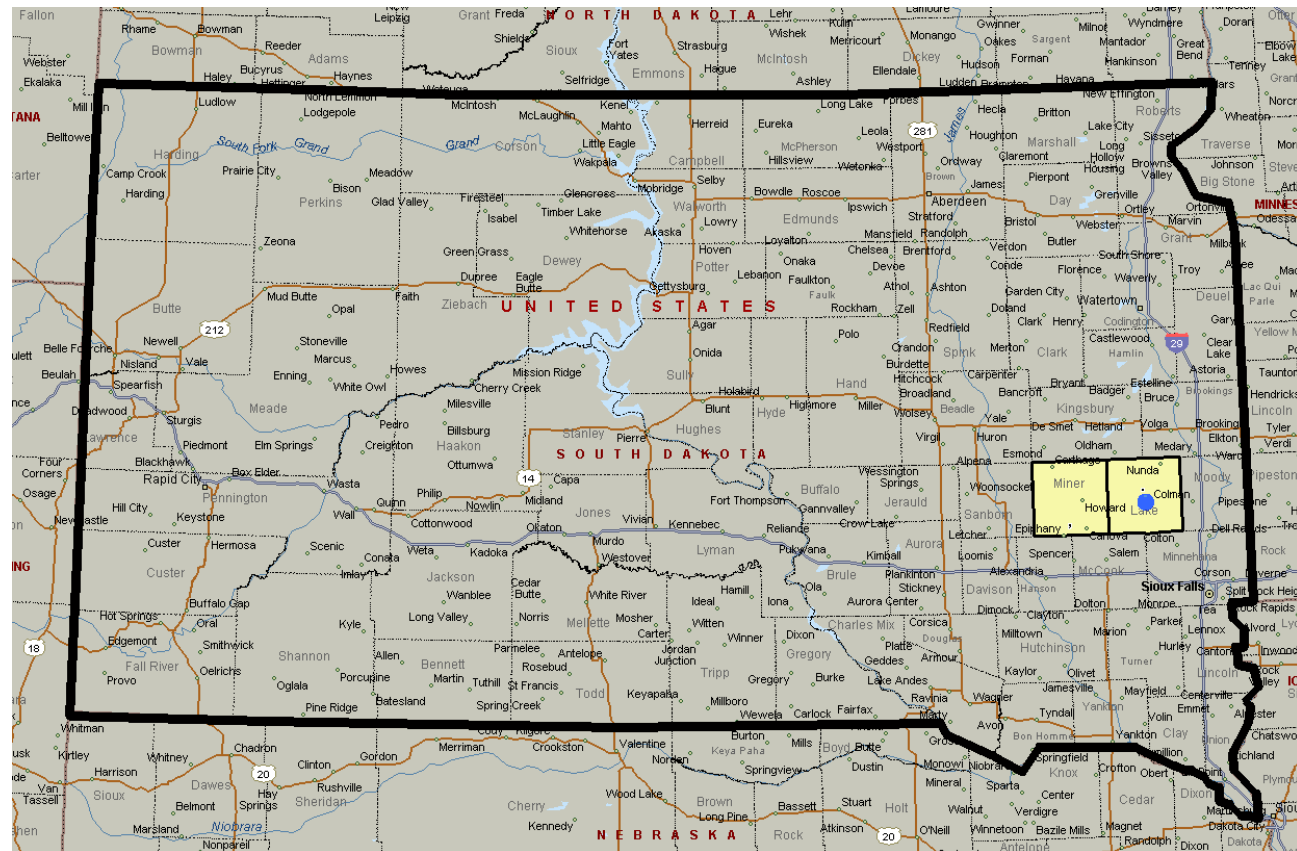
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OVERVIEW

In the spring of 2022, Madison Regional Health System conducted a Community Health Needs Assessment (CHNA) for the residents of Lake and Miner Counties.

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

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



ORGANIZATION OVERVIEW

Madison Regional Health System is a 22-bed non-profit facility committed to providing quality healthcare close to home. Madison Regional Health System has served Madison and its surrounding communities for over 135 years and is governed by a Board of Trustees. Designated as an award-winning Critical Access Hospital, Madison Regional Health System provides healthcare services to residents who would otherwise have to travel long distances for care.

Our health system integrates a hospital, clinic, multiple departments, and other partnered healthcare companies and includes 270+ employees dedicated to providing quality inpatient and outpatient healthcare services.

Our Mission is to provide quality healthcare, close to home.

Our Vision is that Madison Regional Health System serves as a community health focal point through the provision of compassionate, quality, and innovative care.



ORGANIZATION OVERVIEW

Madison Regional Health System provides the following services:

- Acute care
- Surgical services
- Clinical services
- OB services
- Outreach specialists
- Urgent care
- Emergency services
- Intensive care
- Radiology
- Nuclear imaging
- Lab
- Respiratory therapy
- Cardiac rehab
- Rehab services
- Occupational health
- Nutritional services
- Home care
- Hospice
- Swing bed
- Telehealth



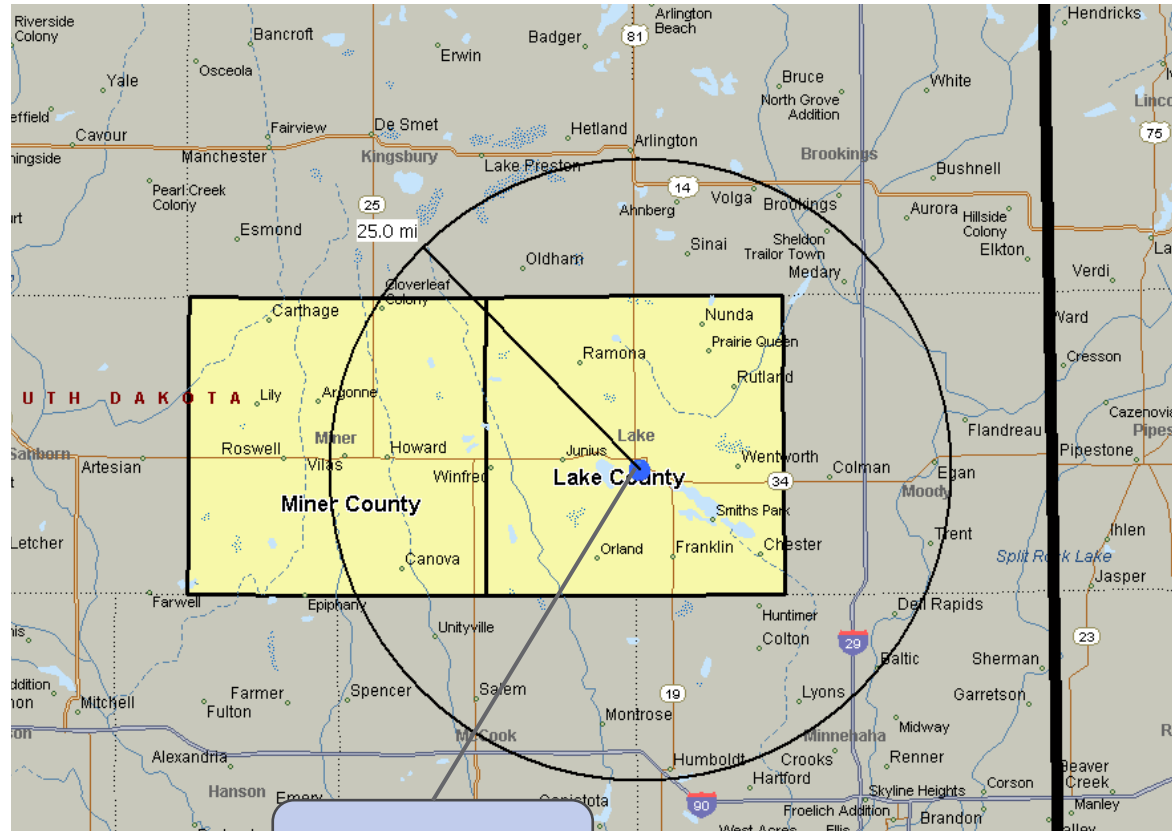
MRHS is also a certified Medicaid and Medicare Health Home, which serves to coordinate care for people with Medicaid or Medicare who have chronic conditions. Services include comprehensive care management, care coordination, health promotion, transitional care and follow-up, patient and family support, and referral to community & social support services.

COMMUNITY SERVED

For this needs assessment, “community” is defined as the residents of Lake and Miner Counties, noted in yellow on the map. All residents of this region are considered members of the community, including low-income, medically underserved, and all races and ethnicities, regardless of ability to pay and/or whether they are eligible for financial assistance.

The Minnesota boundary is noted by the thick black line. A circle of radius 25 miles is drawn for reference.

This two-county region was identified as the “community” due to the locations of peer/competing hospitals and the fact that the majority of MRHS’ patients reside here.



Madison Regional Health System

COMMUNITY SERVED

Total Population	Census 2010	Est. 2017	Est. 2022	Proj. 2027	5yr change 2017 - 2022	5yr change 2022 - 2027
Lake County	11,200	11,887	12,377	12,591	4.1%	1.7%
Miner County	2,389	2,263	2,173	2,136	-4.0%	-1.7%
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
Lake County	1,893	2,578	3,068	3,402	19.0%	10.9%
Miner County	532	502	481	514	-4.2%	6.9%
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

Lake County saw population growth of 4.1% from 2017 to 2022 and is projected to grow 1.7% from 2022 to 2027. Miner County saw population change in the other direction; 4.0% decline in the past five years and 1.7% decline projected for the coming five years. In comparison, the State of South Dakota and the United States saw population growth from 2017 to 2022 and are projected to grow 2.9% and 3.2% from 2022 to 2027, respectively.

The 65+ populations for Lake and Miner Counties are projected to grow from 2022 to 2027 (10.9% and 6.9%, respectively) but not nearly as rapidly as in the State of South Dakota (13.7%) and the United States (15.3%). 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

For the estimated 5,099 households in Lake County, the median household income is \$69,509. This is about \$3,700 higher than that of the State of South Dakota. Miner County’s median household income is a bit lower at \$56,927. Projected Lake County income growth in the next five years is 3.8%. Miner County’s projected income growth is stronger at 11.8%, which is on-par with 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	Lake County	Miner County	State of South Dakota	United States
Estimated 2022	5,099	956	361,570	127,073,679
Projected 2027	5,221	945	374,098	131,388,249
Median Household Income				
Estimated 2022	\$ 69,509	\$ 56,927	\$ 65,841	\$ 72,191
Projected 2027	\$ 72,123	\$ 63,654	\$ 72,378	\$ 80,735

Projected Median Household Income Growth 2022 - 2027

Lake County	3.8%
Miner County	11.8%
State of South Dakota	9.9%
United States	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

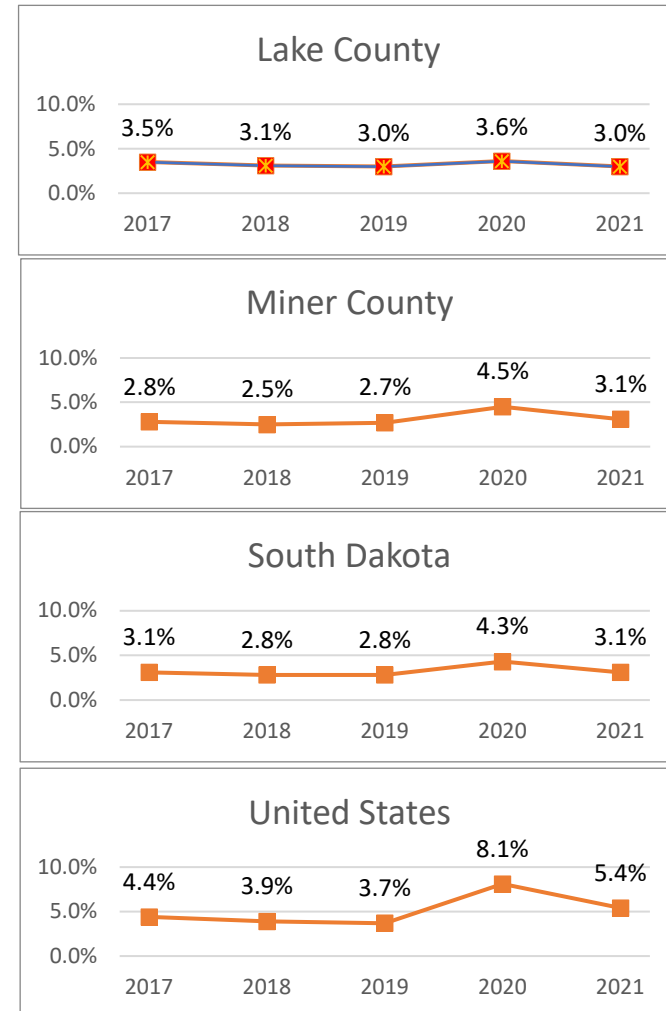
Lake County's poverty rate is 12.7% which is higher than the State of South Dakota and the United States. Miner County's poverty rate (6.8%) is nearly half the rate of the United States (12.3%).

	Percent of Persons in Poverty
Lake County	12.7%
Miner County	6.8%
State of South Dakota	11.9%
United States	12.3%

Source: United States Census Bureau

From 2017 to 2019, Miner County had lower unemployment levels than Lake County, South Dakota, and the United States. This changed in 2020 when Miner County reached 4.5% unemployment which was higher than Lake County and South Dakota but still lower than the United States, which had 8.1% unemployment. Unemployment in all regions peaked in 2020 due to the pandemic. Year 2021 showed recovery with unemployment levels matching or getting close to pre-pandemic levels. Unemployment as of first quarter 2022 in the United States was 4.1%.

Unemployment by Region:



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 among their state peers based on health outcomes and health factors. Subcategories are as follows:

Health Outcomes

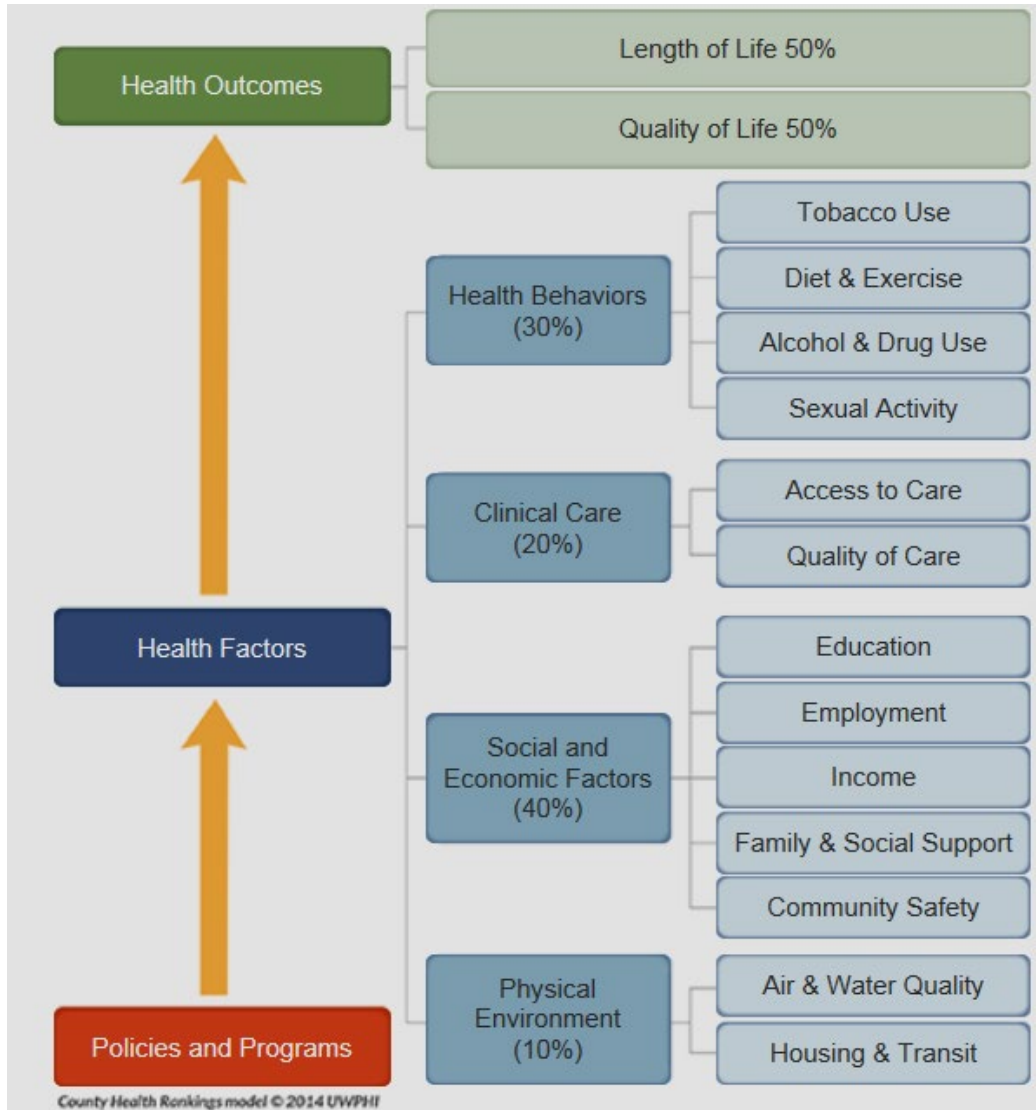
- Length of life
- Quality of life

Health Factors

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

This report provides information by county on “Areas of Strength” and “Areas to Explore” (page 14), as determined by the County Health Rankings.

COUNTY HEALTH RANKINGS



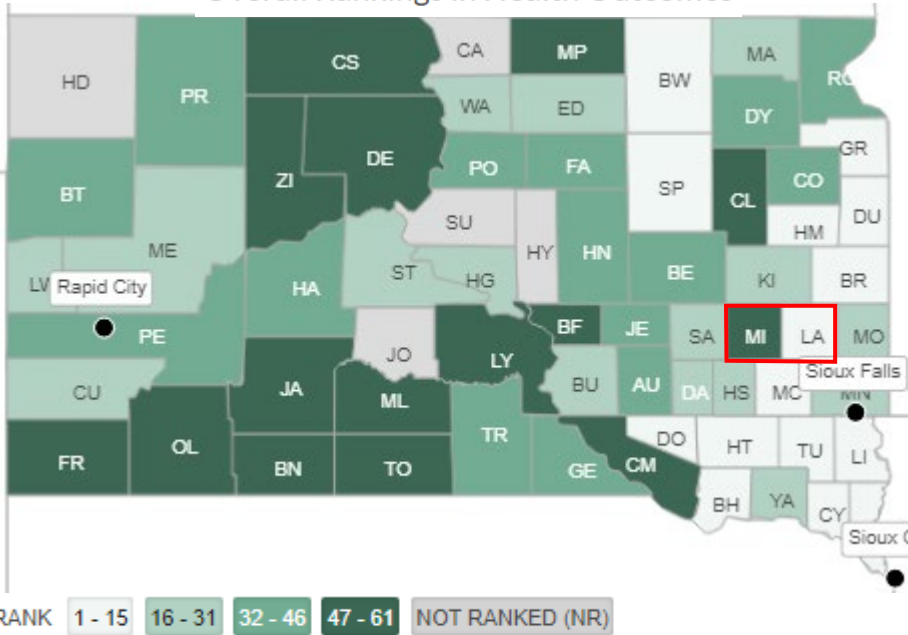
The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (**health outcomes**) and what will impact their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

COUNTY HEALTH RANKINGS

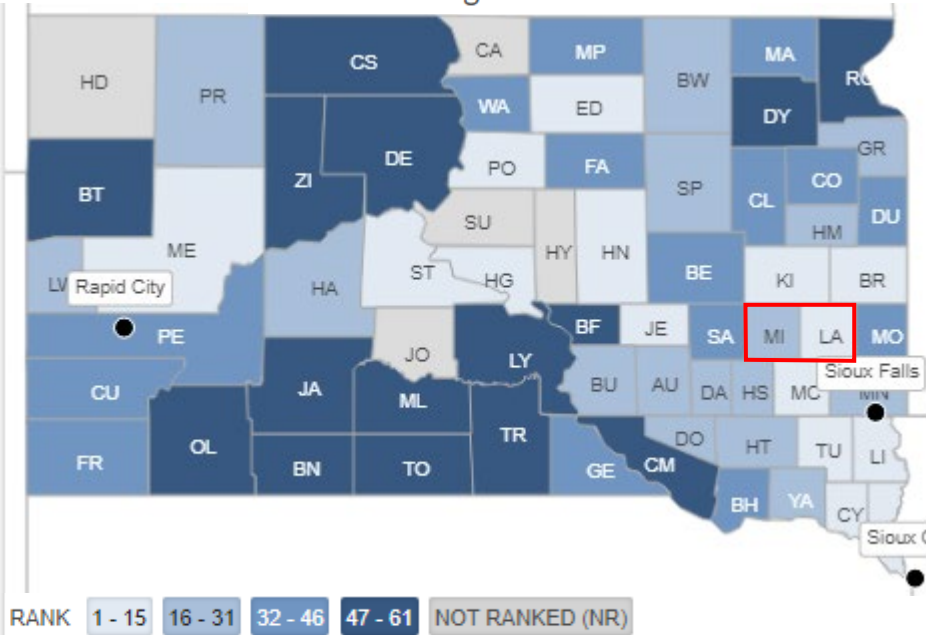
These *heat maps* show county health rankings for 2022 (the lower number ranking the better).



Overall Rankings in Health Outcomes



Overall Rankings in Health Factors



HEALTH DATA RESULTS

Explanation for areas of strength and areas to explore: The 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. CHR identifies 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.

Lake County	
Areas of Strength	Areas to Explore
Teen births	Adult smoking
Uninsured	Adult obesity
Primary care physicians	Access to exercise opportunities
Preventable hospital stays	Excessive drinking
Mammography screening	Some college
Flu vaccinations	
Children in poverty	
Children in single-parent households	
Injury deaths	
Air pollution - particulate matter	

Miner County	
Areas of Strength	Areas to Explore
Food environment index	Adult smoking
Dentists	Excessive drinking
Preventable hospital stays	Primary care physicians
Mammography screening	Flu vaccinations
Income inequality	Some college
Children in single-parent households	
Social associations	
Air pollution - particulate matter	
Driving to work alone	

Lake (LA)



Health Outcomes

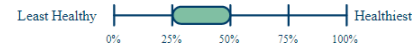
Lake (LA) is ranked among the healthiest counties in South Dakota (Highest 75%-100%)



Health Factors

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

Miner (MI)



Health Outcomes

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



Health Factors

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

INTERVIEWS WITH COMMUNITY MEMBERS

In addition to the online survey, interviews were conducted with four community members that work at the following organizations:

- South Dakota Department of Labor and Regulation
- Interlakes Community Action Partnership
- Valiant Living
- Madison Central School District

The following are the five questions asked and a summary of the responses:

1. What are your biggest concerns living in the community?

- Some community members go outside of town for healthcare services rather than to MRHS.
- The workforce shortage presents a problem on many levels.
- There is a shortage of daycare providers/options.
- There is a dramatic spike in mental/behavioral health needs.
- Substance abuse continues to be a problem.
- Activities/resources for older adults are lacking, which contributes to the problem of isolation.
- More urgent care and dental services access is desired.

2. What issues are facing the medically underserved / low-income in this community?

- Cost/affordability of everything; some are uninsured or underinsured, leading to delay or avoidance in getting healthcare services.
- Urgent care services are desired.
- More mental/behavioral health providers are needed/desired.
- Some medically underserved / low-income may not advocate for themselves.

INTERVIEWS WITH COMMUNITY MEMBERS

3. What are the most beneficial health resources or services in this community?

- Inter-Lakes Community Action Partnership
- Student-driven food pantry and clothing closet
- Madison is a very generous community. People donate and give.
- Rising Hope 605 Counseling
- Excellent dental access
- 60+ is a great resource for the elderly.
- Community Counseling Center
- Valiant Living (formerly Echo)
- Community Health
- Community Center
- Hospital
- Public Health diabetes program / case management
- PT and chiropractic providers
- Lions Club

4. What are the most serious health issues facing this community?

- Mental/behavioral health
- Obesity/diabetes/nutrition/ access to affordable healthy foods
- Primary care appointment/provider availability
- Dental care access/availability
- Dementia/Alzheimer's / resources for seniors e.g., activities and support
- Heart health
- Coping with stress / health challenges / navigating healthcare and/or affordability
- Domestic violence
- More education needed for providers working with those w/ developmental disabilities

INTERVIEWS WITH COMMUNITY MEMBERS

5. Do you have any parting or summary thoughts?

- Obstetrical / midwife care would be nice to have here.
- Noticing new people moving to the community; upbeat and active community members. Optimism is apparent and welcome.
- Madison is a very giving community. People pitch in and donate a lot. People answer the call. Food drives get hundreds of pounds of food.
- Bringing Runnings into town was a great improvement; fall of 2021.
- Reaction / planning to changes around medical marijuana and potential recreational marijuana.
- MRHS facility is an asset.
- Oncology outreach is on the wish list. Orthopedics also.
- A lot of outreach medical care does come here.
- Good contact with the schools and good partnership with the college.

Summary of input (questions 1, 2, & 4)

Mentions	Health Need / Area
6	Mental / behavioral health
4	Activities/support for seniors
4	Obesity / exercise / nutrition / diabetes / heart health
3	Urgent care
3	Cost / affordability
2	Workforce shortage
2	Daycare
2	Substance abuse
2	Need for more dental care
2	Self advocacy / coping skills
1	Domestic violence
1	Dissatisfaction with MRHS
1	Need more primary care
1	Dementia / Alz
1	Those seeking benefits that have never worked
1	Need more training for workers that support DD pop.

INTERVIEWS WITH COMMUNITY MEMBERS

Word Cloud for interviews: biggest concerns, medically underserved, serious health issues



COMMUNITY SURVEY

In order to obtain input from the broader community, a survey was administered starting in March 2022. The survey was announced in print ads (Madison Daily Leader and Miner County Pioneer), social media ads and posts, printed flyers with QR codes in lobby and all waiting areas, MRHS website, GMACC Discover Madison App, and GMACC Monday Minute.

There were 270 respondents. Summary information follows:

- Most (71%) respondents live in zip code 57042. The remaining respondents live in or around Lake and Miner Counties.
- There was wide distribution of respondents' ages. The group most represented was age 26-39 (31%).
- 58% reported being guardian, parent, or caretaker for another individual.
- For issues respondents reported as preventing them from accessing care, the most mentioned were lack of availability of doctors/services, negative experience in the past with provider/organization, insured but unable to pay for care/copay/deductible.
- The health care topics most reported as needing improvement were access to urgent care services, access to mental health services, access to substance abuse treatment, access to specialty care services, physician/provider office hours, and number of physicians/providers.
- The social determinants of health most mentioned as unaddressed or inadequately addressed in the community were transportation, job and income opportunities, physical activity opportunities, and safe housing/neighborhoods.

COMMUNITY SURVEY

Open-ended questions about additional healthcare services wanted in the community and recommendations for addressing community needs yielded the following (summary) responses:

Health Need / Comment	Count of Mentions/Comments
Urgent care / Acute care / Walk-in	109
Mental Health	44
Specialty care	34
More services/providers/access/availability/hours	22
Substance abuse	17
Need improved care quality	15
Child	10
Dental care	10
Compliment	8
Telehealth	8
Obesity/Nutrition	6
Cost	6
Community outreach	6
Transportation	5
Senior services/support/activities	4
Healthcare worker pay	4

Health Need / Comment	Count of Mentions/Comments
Need improved access to recreation/exercise opportunities	4
Holistic	3
Privacy	2
Dissatisfaction	2
CPR	1
Business office / HR	1
Growth	1
Functional medicine	1
New parent education	1
Patient advocate	1
Swimming lessons	1
Housing	1
Bilingual	1
Water quality	1
Aware	1
Mobile medicine	1

PRIORITIZATION OF NEEDS

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

- Director of Public Relations & Marketing
- Chief Executive Officer
- Chief Financial Officer

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

Prioritized items:

- Explore urgent/convenience care opportunities for provider and other services
- Long-term care options and awareness for staff and our public
- Telehealth opportunities for convenience and specialty medicine; on demand and scheduled

Some health issues or needs that were identified through the CHNA process are not prioritized as this time due to being outside the scope/abilities of Madison Regional Health System and/or the issue is being addressed by other community resources or organizations. In other instances, there are already initiatives in place at Madison Regional Health System to address some needs. Madison Regional Health System is not ignoring these issues but intends to collaborate (within its ability) with other organizations to address and make progress.

COMMUNITY RESOURCES

In addition to Madison Regional Health System, the following organizations provide health and health-related services in and around Lake and Miner Counties:

- Madison Community Center
- Community Counseling Services
- Horizon Health Care
- Interlakes Community Action and its various programs
- Churches and related events/programs, e.g. The Gathering
- American Legion, VFW
- Local transportation services
- Bethel Lutheran Home
- Library
- Lions Club, Rotary, Community Foundation
- 211
- Dakota State University and its various programs
- City, County, State and Federal Government

EVALUATION OF IMPACT OF PRIOR CHNA

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

- 1. Mental & behavioral health, education, access, availability, and affordability:** mental and behavior health, education, availability and affordability continued to be a concern for many CHNAs, including MRHS', especially during COVID. An outreach clinic with a mental health professional was implemented; however, its on-site services were suspended during the pandemic. Access challenges were exacerbated. Telehealth options were implemented in our community and at MRHS. MRHS implemented tele-medicine psychiatric services with a physician group from Sioux Falls. We continue to partner with our local Community Counseling entity and other physician and telemed opportunities to serve the needs of our community.
- 2. Post-acute care / long term care / senior living continuum:** MRHS, in partnership with the State of South Dakota, implemented a Medicaid case management program to care for patients with certain chronic conditions. We then implemented a Medicare case management program to care for post-acute and chronic condition patients. We work with local nursing homes for placement (albeit difficult during the pandemic) and have swing beds available at this facility. We accepted long-term COVID patients after discharge from ICU at other facilities.
- 3. Specialty services access, promotion/awareness, recruiting, and gaps:** We established a joint venture with Brookings Health System for orthopedic outreach. Also, mental health initiatives as described above. We maintained a vascular outreach after a provider retired. We worked to increase the use of *eConsult* telehealth options for those specialties not providing in-person outreach clinics. We implemented marketing campaigns for all specialty services available either in-person or via telehealth.
- 4. Diabetes and obesity related health issues; awareness, education, services, new programming:** Were recertified for our Diabetic Program through Medicare/Medicaid and continue to provide education through in-person and telehealth options.

NEXT STEPS

This Community Health Needs Assessment report was approved by the Madison Regional Health System Board of Directors on 6/28/2022.

Madison Regional Health System is required to adopt an organization-specific implementation strategy in response to the Community Health Needs Assessment report. This will be completed, approved by the board, and made available to the public by November 15, 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 Madison Regional Health System with their inquiries, suggestions or comments.

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