

Community Health Needs  
Assessment Report

2013

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## **Mobridge Regional Hospital and Clinics**

### **Community Health Needs Assessment Executive Summary**

Mobridge Regional Hospital is a rurally, community owned, twenty five bed Critical Access Hospital in North Central South Dakota, serving a five county area with a population of 12,000 residents. The hospital is governed by a twelve (12) member Board of Directors. The Mission of Mobridge Regional Hospital and Clinics is to provide high quality healthcare services in a compassionate and professional manner for people throughout the region. Conducting a Community Health Needs Assessment will allow us to reflect on the needs of our community, so we can provide the best services possible for our patients. We strive to continually go beyond the expectations of every patient, customer and employee concerning service, effort and professional standards. We listen to our customer's questions and concerns; think with compassion, respond, and genuinely follow through with resolution. We are committed to providing quality care to all patients regardless of age, race, or culture. We are devoted to employing new techniques, practices and methods to enhance the delivery of care. We hold ourselves to the highest level of professional, moral, and ethical standards. We ensure our patients with a trusting environment to help maintain their rights to privacy and confidentiality. The communities, patients, volunteers, and employees are the reason we strive for quality care right here at home. Our vision is to become one of America's finest rural health providers.

Mobridge Regional Hospital also operates Mobridge Medical Clinic, which is a Rural Health Clinic, and Prairie Sunset Village Assisted Living and Senior Housing. Mobridge Regional Hospital and Mobridge Medical Clinic are the main healthcare resources within Walworth County and the next highest level of care is 100 miles away. Within the walls of our facility we also house the Walworth County Community Health Office. Mobridge Regional Hospital provides medical directorship and patient care services for over 140 nursing home residents in both the Golden Living Center in Mobridge and the Good Samaritan Center in Selby. We are proud to provide a wide variety of services, thereby ensuring the local availability of quality healthcare is available for the residents of North Central South Dakota. In addition to our hospital, we have three medical clinics with full time Family Medicine, Internal Medicine, and Surgery providers and a bevy of visiting specialists. Seated in a diverse geographic location bordering the Standing Rock and Cheyenne River Reservations, Mobridge Regional Hospital serves as a vital regional medical facility.

Data collected from our Community Health Needs Assessment was obtained via focus groups, surveys, and personal interviews. To get a broad section of our community these three sources were used for these sections of the community of Mobridge: 1) Community Leaders 2) Community Healthcare Providers 3) Coordinating Agencies 4) Community Members and 5) Underserved Population. The top needs identified not in priority order were: 1) Dialysis Services 2) Emergency Medical Services 3) Specialty Services 4) Education (Diabetic, Wellness, Patient Rights, Procedures).

## **Description of Community Served by the Hospital**

Mobridge, South Dakota was incorporated in 1886 and is seated in a diverse geographic location bordering the Standing Rock and Cheyenne River Reservations nestled along the banks of the Missouri River in North Central South Dakota. Located on the far west border of Walworth County Mobridge is located along Highway 12 and according to the 2010 US Census Bureau the population is 3,465. Mobridge Regional Hospital serves a diverse population from Campbell, Corson, Dewey, Potter, and Walworth counties.

Walworth County is the primary service area for Mobridge Regional Hospital and has a population of 5,438, with Corson and Dewey counties to follow. The unemployment rate in Walworth County is at 5.7% with a poverty rate of 17.2% according to the 2010 U.S. Census data.

With poverty rates 40.9% and 31.2% Corson and Dewey counties, are respectively, the 7th and 11th poorest counties in the United States. Corson County lies entirely with the Standing Rock Reservation and is home to a largely Native American population, with 40.9% living below the Federal Poverty Level. With characteristics similar to Corson County, Dewey County's population is comprised of 75% Native American population, and 31.2% have incomes below the Federal Poverty Level. Dewey County lies within the Cheyenne River Reservation. Mobridge Regional Hospital operates West River Health Clinic in Corson County and West Dakota Health Center in Dewey County, which also have the designation of Rural Health Clinics.

Annual facility statistics include over 16,000 clinic visits, 3,000 ER visits, 425 OR cases, 120 swing bed admissions and 60 obstetric deliveries. Hospital emergency room visits primarily consist of chest pain, cough/cold/respiratory symptoms, injuries due to trauma, and abdominal pain.

## **Data Assessment**

The assessment process was initiated by Mobridge Regional Hospital in an effort to identify the health needs of our community and to comply with the requirement for charitable hospitals in the Affordable Care Act. Mobridge Regional Hospital continues to strive to meet our community's needs through outreach projects, but this assessment process will allow the facility the opportunity to review, identify, and analyze community health needs.

The qualitative data collection process involved focus groups, surveys, and interviews, which allowed Mobridge Regional Hospital to connect with local community members. Those groups included: 1) Community Leaders 2)Community Healthcare Providers 3)Coordinating Agencies 4)Community Members, and 5) the Underserved Population.

## Assessment Findings

Top health care needs identified:

- Kidney Dialysis
- Cancer Treatment Services
- Education Services (wellness, diabetic, patient's rights, self -advocacy)

Other services identified as most important to our community:

- Emergency Services
- Family Practice Providers
- Internal Medicine Providers
- Urgent Care Clinic
- After Hours Pharmacy
- Specialists
- Mental Health Services
- Veterans Services
- Transportation Services

### Kidney Dialysis:

According to the CDC Chronic Kidney Disease Fact Sheet 2010 inadequately controlled diabetes and hypertension increase the risk of progression of Chronic Kidney Disease to kidney failure. The only option for those individuals in kidney failure is dialysis or a transplant. Americans have a 1 in 10 chance of suffering from kidney disease, according to statistics from the Centers for Disease Control and Prevention. For Native Americans, the risk of kidney disease is 1 in 5. In our service area 66% of the population is Caucasian and 41.9% of the population is American Indian/Alaska Native with 37.5% residing on or near the Cheyenne River and Standing Rock Reservations in Dewey and Corson counties. The U.S. Department of Health and Human Services Indian Health Services state that Native Americans are 2.2 times more likely to have diabetes than non-Hispanic whites. Ninety-five percent of these Native Americans with diabetes have Type II.

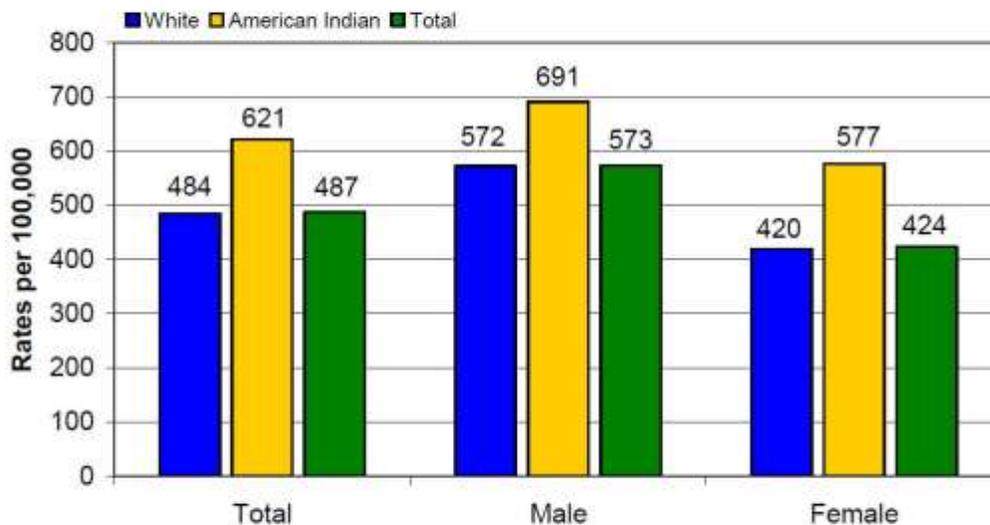
The correlation between diabetes and dialysis reflects in the concerns our focus groups expressed and as education (diabetic) falls as number three on our list. Using the U.S. Census Bureau's State and County QuickFacts calculations showing South Dakota with 200,659 residents under 18, about 401 South Dakotans under 18 have type 1 or type 2 diabetes. The 2009 estimates of the percentage of adults with diagnosed diabetes by the Centers for Disease Control and Prevention in the counties we serve are as follows: Campbell 9.8%, Corson 13.5%, Dewey 15.8%, Potter 9.9%, and Walworth 12.1%. The estimates in those counties of adults who are obese reflects the concern: Campbell 29.5%, Corson 42%, Dewey 42.6%, Potter 28%, and

Walworth 32.2%. The communities concern is that of travel to kidney dialysis centers. These centers are located in Eagle Butte (80 miles), Aberdeen (110 miles), Bismarck (110 miles), Pierre (108 miles) and Fort Yates (50 miles) . The rate of end-stage renal disease among Native Americans with diabetes is six times higher than among non-Native Americans with diabetes, according to dialysis provider DaVita Inc. In 2010, 41,821 or 6.9% of South Dakotans over the age of 17 had been told they have type 1 or type 2 diabetes (Source: Behavioral Risk Factor Surveillance System BRFSS). Analysis from the Centers for Disease Control and Prevention indicates approximately 25% of people with diabetes do not know they have it (Source: National Diabetes Fact Sheet, 2007), therefore an additional 13,940 South Dakota adults have undiagnosed diabetes. According to analysis by the Centers for Disease Control and Prevention, 35% of U.S. adults aged 20 years or older, 59 million Americans, have pre-diabetes (National Diabetes Fact Sheet, 2011). Applying this analysis to South Dakota would mean more than 200,000 South Dakotans have pre-diabetes.

### **Cancer Treatment:**

Cancer is the second leading cause of death in the United States and affects people of all races and ethnicities. However, cancer burden is not equally distributed among different racial and ethnic groups and there are considerable regional variations in cancer incidence and mortality rates within the American Indian population. A previous study indicated that American Indians in the Northern Plains region, which includes South Dakota, experience one of the highest incidence and mortality rates within the Native American (Alaska Native/American Indian) population. The same study showed that Northern Plains American Indians are at a higher risk of developing certain diseases such as lung, cervical, colorectal, and liver cancers compared to Caucasians in the same region. Walworth County's cancer incidence rate is 197.8, Potter at 355.3, Dewey 338.7, Corson 255.1, and Campbell with the lowest at 37.8. The 2010 South Dakota Vital Statistics Report indicates that cancer deaths replaced heart disease as the leading cause of death for the first time in South Dakota. Cancer and the treatment of it is a great concern for the community. Because of our remote location, those diagnosed with cancer and in need of treatment are required to travel a minimum of 110 miles one way. This places a heavy financial burden on those patients and their families. Mobridge Regional Hospital has continued to support the American Cancer Society in their efforts and a local non-profit, The New Hope Foundation. Our struggle has been to get an Oncologist to provide outreach services at our facility. Our desire is to do more chemotherapy, but it is difficult without the qualified individual to administer the therapy. We do offer cancer support and therapies to eliminate as much travel as possible.

**All Sites Cancer Incidence Rates by Race in South Dakota, 2008**



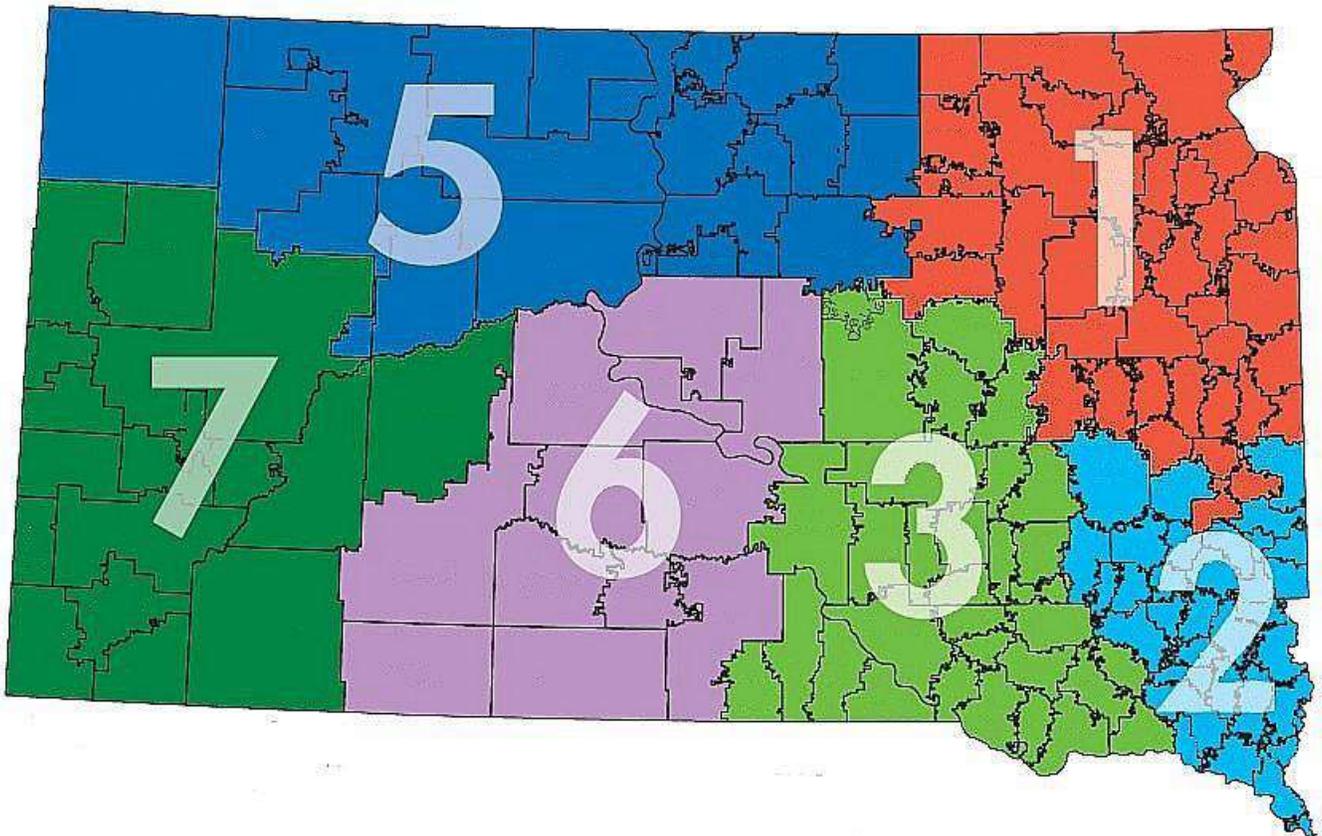
Note: Rates are per 100,000 age-adjusted to US 2000 Standard Population.  
 Source: South Dakota Department of Health

**Education:**

The community health needs assessment also identified education as a concern for the community of Mobridge. This includes the education of diabetes, wellness, obesity, self-advocacy and patient’s rights. According to the South Dakota Diabetes Prevention and Control Program, 44,044 people in South Dakota are diagnosed as diabetic, with another estimated 14,681 who are undiagnosed. Of these diagnosed diabetics, the CDC states 1.7% are under 18 years of age. Twenty-four percent are aged 18-64, 38.8% are 65-74 and 35.4% are 75 and older. In our service area, we have the potential for 1,470 diagnosed diabetics. Our entire population consists of approximately 5,298 people under the age of 18; 2,751 people age 18-64; and 10,639 people over the age of 65. Of these, an estimated 74-147 will be Type I diabetics. Special education needs for this service area include transportation barriers, time-zone barriers, adequate housing, cost of healthy food and the cost of medication. Transportation barriers remain our largest challenge for our Diabetes Self Education Management Program.

The School Height and Weight Report for 2010-2011 prepared by the South Dakota Department of Health breaks the state into regions, which allows us to get a better understanding of the obesity problem in our service area of Campbell, Corson, Dewey, Potter, and Walworth counties. Information from this report shows that these counties fall into Region 5 with 17.2% overweight and 26.4% obese. Region 5 results are higher than the statewide range of 14.9 – 15.5%. As with diabetic education, wellness education is a big concern for our local schools and parents.

**South Dakota Education Service Agencies  
Region Map**



**School Year 2011-2012 Overweight and Obese**

Body Mass Index, by Regions

Region	Number of Students	Overweight	Obese	Overweight/Obese Combined
1	9,931	17.2%	16.4%	33.6%
2	20,468	16.2%	14.4%	30.6%
3	5,057	19.5%	20.6%	40.1%
5	1,650	17.2%	26.4%	43.6%
6	3,023	18.6%	17.4%	36.0%
7	9,949	14.5%	13.8%	28.3%
Total	50,078	16.6%	15.9%	32.5%

Source: South Dakota Department of Health

Note: As of the 2009-2010 school year, ESA region 4 school districts were distributed to the other regions and ESA region 4 was eliminated.

## South Dakota Education Service Agencies Region Map

Source: South Dakota Department of Education – Revised 2009  
Note: See Appendix 2 for school locations.

School Year	White	American Indian	Other Race	Unknown/ Not Specified
<b>2011-2012</b>				
<b>Racial Distribution by Regions</b>				
Region				
1	85.0	5.1	4.9	4.3
2	76.6	4.4	16.8	0.1
3	63.4	12.2	12.6	11.2
5	39.5	55.6	1.2	3.5
6	67.6	25.3	3.7	0.0
7	74.7	16.5	6.4	0.1
<b>Total</b>	<b>74.8</b>	<b>10.7</b>	<b>10.6</b>	<b>2.2</b>

School Year	5-8 Years	9-11 Years	12-14 Years	15-19 Years
<b>2011-2012 Age Distribution by Regions</b>				
Region				
1	37.1	27.2	27.0	8.7
2	45.8	31.5	18.4	4.3
3	43.4	30.7	21.0	4.9
5	34.0	38.0	20.2	7.7
6	28.9	25.7	23.7	21.8
7	34.1	33.9	27.0	5.0
<b>Total</b>	<b>40.1</b>	<b>30.9</b>	<b>22.5</b>	<b>6.5</b>

Along with diabetic, wellness/obesity education, patient rights and self- advocacy were expressed as areas that should be addressed through education to the public. In serving such a diverse and vast area, often barriers in the education of these concerns include inadequate social support of the patient, transportation, and social issues. In the 2012 County Health Ranking, inadequate social support of adults is at 38% in Corson County, 35% in Dewey County, 22% in Walworth County, 20% in Campbell County, and at 14% in Potter County, which is also the national benchmark. This lack of social support is also a lack of emotional support for the individual. Within these counties are also a variety of other statistics, which may play a part in this community concern. The teen birth rate per 1,000 females ages 15-19 in Corson County is 103, Dewey County 99 and Walworth County at 40 with the national benchmark at 22. Children living in poverty under the age of 18 is 54% in Corson County, 42% in Dewey County, 25% in Walworth County, 18% in Potter County, and 15% in Campbell, the national benchmark is 13%.

## Community Assets

The needs assessment identified many strong community assets including Mobridge Medical Clinic, having an ambulance service, emergency room services, and Prairie Sunset Village Assisted Living and Senior Housing, which are all attached to the hospital. Other positive comments were on the personal care received from the

medical staff and the accommodating services given to the residents of the Golden Living Center Nursing Home in Mobridge. Community involvement by employees and the medical staff was also a strong positive for the hospital. Respondents said that the employees are quick to respond to the needs of the community, the doctors make the personal phone calls to patients when needed and are involved in the school with guidance in healthcare careers, which reflects as very strong assets.

When asked how Mobridge Regional Hospital is serving the community well other responses included: sponsoring outreach events such as the Tough Enough to Wear Pink Cancer Awareness campaign, the Medical Career Scholarships, annual walk/run, and free community health screenings. The area specialists that are regularly scheduled at the clinic and hospital were also mentioned as very important benefits to the community.

### **Action Plans** *(Results of recommendations/plans are indicated in blue)*

**Kidney Dialysis-** The communities concern is that of patient travel to kidney dialysis centers every day for patients. These centers are located in Eagle Butte (80 miles), Aberdeen (110 miles), Bismarck (110 miles), Pierre (108), and Fort Yates (50). Providing kidney dialysis service at Mobridge Regional Hospital is unfortunately not feasible for the facility. What we can do is focus more on the education and prevention of the disease.

According to the CDC Chronic Kidney Disease Fact Sheet 2010, inadequately controlled diabetes and hypertension increase the risk of progression of Chronic Kidney Disease to kidney failure. The only option for those individuals in kidney failure is dialysis or a transplant. Americans have a 1 in 10 chance of suffering from kidney disease, according to statistics from the Centers for Disease Control and Prevention. The 2009 estimates of the percentage of adults with diagnosed diabetes by the Centers for Disease Control and Prevention in the counties we serve are as follows: Campbell 9.8%, Corson 13.5%, Dewey 15.8%, Potter 9.9%, and Walworth 12.1%. The estimates in those counties of adults who are obese reflects the concern: Campbell 29.5%, Corson 42%, Dewey 42.6%, Potter 28%, and Walworth 32.2%.

### **Recommendations:**

- a) We will provide area educational forums on obesity prevention and making health choices. *As a result of this concern within the service area, the Mobridge Regional Hospital took steps to ensure a Certified Diabetic Education program was maintained for the communities served. The organization also continued providing much appreciated education to patients through the EMR and patient's portal as well as Health Fairs bi-annually.*
- b) We will also conduct an analysis of the feasibility of kidney dialysis. *In March of 2014, the Dialysis Director from St. Alexius Medical Center came to present to the Mobridge Regional Hospital Board of Directors a financial analysis which was conducted to determine the viability of offering kidney dialysis in Mobridge. After this review, the MRH did formally make a decision to table further action until a later date due to the financial risk vs. the number of patients served. MRH continues its support of visiting nephrologists on an outreach basis and close collaboration with patients in need.*

**Cancer Treatment-** The community concern regarding cancer is the travel for treatment. Mobridge Regional Hospital is able to provide chemotherapy treatment, but is not considered a site to provide that service as we do not have an oncologist available. What we can do to help individuals with travel expense is support our local cancer foundation.

Walworth County's cancer incidence rate is 197.8, Potter at 355.3, Dewey 338.7, Corson 255.1, and Campbell with the lowest at 37.8. The 2010 South Dakota Vital Statistics Report indicates that cancer deaths replaced heart disease as the leading cause of death for the first time in South Dakota. Cancer and the treatment of it is a great concern for the community. Because of our remote location, those diagnosed with cancer and in need of treatment are required to travel a minimum of 90 miles one way. This places a heavy financial burden on those patients and their families.

**Recommendations:**

- a) Continue corporate sponsorship to the American Cancer Society's Walworth County Relay for Life. *MRH continues to work collaboratively with the Relay for Life team in Mobridge as a corporate sponsor and an active part of the event which happens in each even numbered year. It is felt this event is important to keep awareness of the effects of cancer on our community. This walk also addresses the need for continued efforts to assist patients who are personally impacted by a cancer diagnosis.*
- b) *MRH has been working since the 2013 CHNA to connect with an area Oncologist for outreach options. In February 2016, we obtained a verbal commitment from an Oncologist in Aberdeen, SD, to outreach to our community. In July of 2016 that outreach began. This is a significant opportunity for those in our community to avoid unnecessary travel for routine/non-chemo appointments.*

**Education-** The community health needs assessment also identified education as a concern for the community of Mobridge. This includes the education of diabetes, wellness, obesity, self-advocacy, and patient's rights. In our service area, we have the potential for 1,470 diagnosed diabetics. Our entire population consists of approximately 5,298 people under the age of 18; 2,751 people age 18-64; and 10,639 people over the age of 65. Of these, an estimated 74-147 will be Type I diabetics, the rest will be Type II. Special education needs for this service area include transportation barriers, language barriers, time-zone barriers, adequate housing, and cost of medication. Transportation barriers remain our largest challenge for our Diabetes Self Education Management Program.

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Along with diabetic and wellness/obesity education, patient rights and self-advocacy were expressed as areas that should be addressed through education to the public. In serving such a diverse and vast area, often barriers in the education of these concerns include inadequate social support of the patient, transportation, language, and social issues. In the 2012 County Health Ranking, inadequate social support of adults is at 38% in Corson County, 35% in Dewey County, 22% in Walworth County, 20% in Campbell County, and at 14% in Potter County, which is also the national benchmark. This lack of social support is also a lack of emotional support for the individual. Within these counties are also a variety of other statistics, which may play a part in this community concern.

**Recommendations:**

- a) Increase diabetic education at area community and school events.
- b) Distribute educational materials to the community on obesity education and prevention to reach parents and students.

*A&B: Many educational outreach efforts have happened since this CHNA was completed in 2013. MRH has begun doing athletic physicals in the school including group educational sessions which talk about obesity and importance of maintaining a healthy body. MRH has also continued to offer Community Health services which provides services within the schools as well as in the community. Other educational offerings have included:*

<i>Babysitting Classes</i>	<i>Prenatal Classes</i>	<i>CPR Classes</i>
<i>EMR Education</i>	<i>Health Fairs</i>	<i>SCRUBS Camp</i>
<i>EMT Classes</i>	<i>Sport Physicals Education</i>	<i>Community Health at Schools</i>
<i>Junior Achievement</i>	<i>4H Farm Camp</i>	<i>Concussion Education</i>

- c) Provide information to all patients regarding patient rights and responsibilities. *MRH has continued to offer patient rights information for each patient registered at the hospital.*

**Board Approval**

Each cycle, the Hospital Board, which includes representatives from the community of Mobridge, McLaughlin, and Timber Lake reviews and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Assessment.

**Board Approved August 31, 2016**