



Mobridge Regional Hospital  
Community Health Needs Assessment &  
Implementation Strategy  
2025-2027

## **Introduction**

Mobridge Regional Hospital & Clinics (MRH&C) is a community-led nonprofit organization that owns and operates a rural, twenty-five bed Critical Access Hospital, four rural health clinics, a 24/7 rural ambulance service, and a 24-bed assisted- and senior living facility in north central South Dakota. The organization is independently governed by a twelve-member volunteer Board of Trustees. 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. Its vision is to become one of America's finest rural healthcare providers, and its core values are integrity, compassion, collaboration, and excellence.

As defined by the World Health Organization, a healthy community is one that continuously creates and improves its physical and social environments and expands the community resources that enable people to support each other in performing all the functions of life and developing their maximum potential. We complete a Community Health Needs Assessment (CHNA) every three years to identify gaps between our community's health reality and our vision of what a healthy community should be. Through the process, we learn how our community is impacted by these gaps, why they exist, and why it is important for them to be addressed, and innovative strategies we may use to close them.

Done effectively, the CHNA gives us the opportunity to engage citizens and institutions in a collaborative process that promotes future partnerships and a shared collective vision for our community's future. Its results guide decision-making, marketing efforts, and the development, implementation, and evaluation of a community health action plan that improves quality of life for our staff, patients, and neighbors regardless of age, race, or culture. Changing policies, systems, and environments in a community can make a major impact with limited time and resources, as well as help address chronic disease health issues.

## **Demographics**

Mobridge Regional Hospital, Mobridge Medical Clinic, and the organization's assisted living facility and 24/7 ambulance service are in Mobridge, the largest community in Walworth County, South Dakota. Additional rural health clinics are in Selby (Walworth County), Timber Lake (Dewey County), and McLaughlin (Corson County). Mobridge Regional Hospital is the only North Dakota & South Dakota trauma-designated hospital in the state. Its facilities and staff are the sole providers of general surgery and obstetrical care for 100 miles in every direction from Mobridge.

Mobridge Regional Hospital defines its normal service area as Campbell, Corson, Dewey, and Walworth Counties. In statewide health emergencies, the state has requested the organization to expand its service area to include Ziebach County. The organization also serves some residents from Sioux County, ND as well as Edmunds and Potter County, SD. Its normal 4-county service area is home to 15,833 rural and frontier residents (2020 U.S. Census)<sup>1</sup> residing in existing HRSA-identified Health Professional

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<sup>1</sup> While no adjustments were made to the county-level data in this report, we would like readers to note that the 2020 Post-Enumeration Survey (PES) shows a statistically significant undercount rate of 5.64% for American Indian populations living on reservations and a statistically significant overcount rate of non-Hispanic White populations of 1.64% in 2020 Census results.

Shortage Areas and defined as Medically Underserved Areas and/or Populations (Table 1), we serve a racially and ethnically diverse population, with 54% of our service area residents identifying as American Indian and Alaska Native, 45.0% White, 3.2% two or more races, 1.1% Black or African American, 0.4% some other race, 0.1% Asian, and 0.1% Native Hawaiian and Other Pacific Islander (Table 2).

*Table 1. HRSA Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas and Populations (MUA/Ps)*

County	Total Health Professional Shortage Areas			Medically Underserved Area	Medically Underserved Population
	Dental Health	Mental Health	Primary Care		
Campbell	2	2	2	1	0
Corson	4	4	4	1	0
Dewey	2	2	2	1	0
Walworth	2	2	2	0	1

*Table 2. Population and Race in Service Area Counties, 2020 U.S. Census*

Race/Ethnicity	Campbell	Corson	Dewey	Walworth	Total Service Area*
Total Population	1,377	3,902	5,239	5,315	15,833
American Indian/Alaska Native	2%	70%	79%	15%	49%
White	93%	25%	16%	78%	46%
Two or more races	4%	5%	4%	6%	5%
Some other race	1%	0%	1%	1%	1%

\*All percentages rounded to the nearest whole number.

Over the course of the decade, our area has experienced a 2.9% decline in total population (Table 3). Though it varies by county, overall Mobridge Regional Hospital & Clinics' service area would be federally designated as a frontier area, with population density fewer than six people per square mile. Walworth County is considered rural (6-19.9 people per square mile). In 2020, households in our service area made \$0.72 for every \$1 the average U.S. household made (Table 4).

*Table 3. Service Area Population Change, 2010-2020, U.S. Census*

	Campbell	Corson	Dewey	Walworth	Total SA
2020	1,377	3,902	5,239	5,315	15,833
2010	1,471	4,064	5,325	5,443	16,303
Change	-6.4%	-4.0%	-1.6%	-2.4%	-2.9%
Pop/Sq Mi	1.9	1.6	2.3	7.5*	3.8

\*Walworth County is considered a rural county (6-19.9 people per square mile)

*Table 4. Comparison of Service Area Household Median and Mean Incomes*

County	Median HH Income (2023)	Poverty Rate	HS Diploma	BA Degree	Average Household Size (People/HH)
Campbell	\$65,000	11%	92%	30%	2.1
Corson	\$43,750	34%	87%	19%	3.5
Dewey	\$57,928	26%	87%	17%	3.1
Walworth	\$62,722	16%	92%	31%	2.1
Service Area	\$56,741	23%	89%	24%	2.8
Nation	\$78,538	11%	89%	35%	2.5

While several of our counties have median age older than the nation as a whole, the most dramatic differences between our service area and the nation are in a 9% higher population under age 18 and a 10% lower population ages 19-59 years old (Table 5). Our population under 65 years old is more likely to live without health insurance. We have a slightly lower number of residents older than 16 in the labor force and a significantly lower unemployment rate than the nation.

*Table 5. County Populations by Age Group*

County	Median Age	Under 18	19 to 59 yo	60 or older
Campbell	52.4	310	562	609
Corson	29.9	1,372	1,749	738
Dewey	27.6	1,968	2,397	865
Walworth	41.6	1,245	2,377	1,676
Service Area	35.1	31%	45%	24%
Nation	38.7	22%	55%	23%

According to U.S. Census data, the percent of Americans under 65 percent without health insurance is 9.5%. In our region, that percentage is higher at 13.3%. Of the remaining population covered by insurance, a higher percentage of our region relies on public insurance types; hospital users differ even further. Medicare services constitute 25% of hospital care nationally but 39% of hospital care locally. Commercial insurance covers 65% nationally, according to the US Census, but just 24% locally.

*Table 6. Health Insurance Coverage by County & Service Area\*\**

County	Private Coverage	Percent Medicare	Percent Medicaid	VA/Tricare
Campbell	75%	29%	11%	2%
Corson	33%	14%	44%	3%
Dewey	37%	11%	36%	2%
Walworth	70%	23%	11%	4%
Service Area	50%	16%	27%	2%
Nation	65%	19%	19%	4%
Hospital Users	24%	39%	24%	5%

\*\*Percentages do not add up to 100%. Some individuals have more than one type of health insurance or no insurance.

## Survey Methodology

Every three years, Mobridge Regional Hospital & Clinics completes a community health needs assessment. It is a requirement to maintain its tax-exempt status as a 501(c)3 nonprofit Critical Access Hospital and an important opportunity to engage the community and identify unmet needs. To get subjective data and capture the thoughts and feelings of our communities, MRH&C conducted a community survey. Surveys were collected online and in person between January 8, 2025 and May 9, 2025. Surveys were promoted in local traditional media, newspapers and radio advertisements, as well as social media. Paper copies were available at each of four rural health clinics as well as the assisted living and senior housing facility, Prairie Sunset Village, and distributed at community-wide events.

The survey included 29 questions, a mixture of both qualitative and quantitative measures, and took an average of 10-20 minutes to complete. After the survey collection period ended, results were compiled and themes identified. Two public focus groups were held to discuss results, and an initial presentation was given to the Board of Trustees. A copy of the survey is included as an appendix.

We received a modest 123 complete surveys. Although it was a higher number than collected in 2022, the data has significant limitations, including a total response rate under 1% of the service area population and an unrepresentative sample of the population in several ways. First, while 31% of our service area population is under 18, none of the responses come from this age group. All other age groups were overrepresented. Sixty-four percent of respondents had private health insurance and this population is overrepresented whether looking specifically at the service area or hospital data. Community members from Campbell and Walworth Counties were also overrepresented (Table 7).

*Table 7. 2025 CHNA Respondents by Resident County*

County	Population (2020 Census)	Survey Respondents	Percent Total Respondents	Percent Total Population
Campbell	1,377	15	12%	8.5%
Corson	3,902	15	12%	25%
Dewey	5,239	5	4%	33%
Edmunds*	3,986	2	N/A	N/A
Walworth	5,315	88	72%	33.5%
Total	15,833	123	100%	<1%

\*Responses from Edmunds County were included in the analysis as valuable feedback; however, residents of this county live adjacent to our defined service area and therefore were not included in service area respondent counts or population figures.

## Survey Results

The first two questions of the survey were open-ended in hopes responses would not be influenced by later questions in the survey: 1) What is (are) the most important health-related issue(s) currently facing your household, and 2) What is (are) the most important health-related issue(s) currently facing residents in your community? Healthcare access was the top health-related issue for both the household and the community although subcategories differed. Others ranked highest across both questions included chronic illness, substance use disorders, and seasonal & respiratory illness (Tables 8-10).

Table 8. Top 8 health-related household issues

Issue Ranking	Issue	Subcategories
1	Healthcare access (21)	Availability of providers (8), specialist visits (5), home health/transportation (4), and urgent care availability (4)
2	Chronic illness (19)	Diabetes/chronic kidney disease (7), allergies (4), high blood pressure/hypertension (4), other chronic illness (4)
3	Seasonal & respiratory illness (16)	Seasonal illness (12), respiratory illness (4)
4	Mental & behavioral health (15)	Mental health issues (10), substance use (5)
5	Geriatric services & senior fitness (13)	Geriatric services & senior fitness (13)
6	Obesity & weight loss needs (10)	Obesity/overweight (6), weight loss programs (4)
7	Cost of insurance & medical care (9)	Cost of insurance & medical care (9)

Table 9. Top 8 health-related community issues

Issue Ranking	Issue	Subcategories
1	Healthcare access (40)	Access to consistent local and specialty care (20), transportation (10), access to long-term care/nursing homes (7), ambulance coverage/lack of service in some areas (3)
2	Mental and behavioral health (33)	Substance use disorders (23), mental health (10)
3	Chronic illness (14)	Diabetes (9), dialysis (5)
4	Cancer treatment (13)	Cancer/therapy options (13)
5	Cost of insurance & medical care (11)	Cost of insurance & medical care (11)
6	Obesity & weight loss needs (11)	Obesity (11)
7	Seasonal & respiratory illness (8)	Flu and other respiratory/seasonal illness (8)

*Table 10. Top 8 health-related issues, household and community compared*

Issue	Household Ranking	Community Ranking
Healthcare access	1	1
Chronic illness	2	3
Mental and behavioral health	4	2
Seasonal & respiratory illness	3	7
Cancer treatment	---	4
Cost of insurance & medical care	7	5
Obesity & weight loss needs	6	6
Geriatric services & senior fitness	5	---

We asked each respondent to rate the severity of fifteen different issues within their community and then asked them to write in any additional issues we should add to the next survey. Responses were quantified for analysis. Not an issue (-1), No opinion/I don't know (0), Minor Issue (1), Moderate Issue (2), and Major Issue (3). Using this method, the fifteen topics were organized by perceived severity. Substance use disorders (2.23), obesity & diabetes (2.21) and mental health issues (2.11) topped the chart (Table 11)

*Table 11. Community Issue by Severity Score*

Community Issue	Severity Score
Substance Use Disorders (Alcohol/Drugs)	2.23
Obesity & Diabetes	2.21
Mental Health Issues	2.11
Cancer & Other Diseases	1.97
Poverty	1.87
Child Neglect & Abuse	1.71
Smoking/Tobacco Use	1.68
Domestic Violence	1.65
Limited Healthcare Options	1.61
School Violence (Including Bullying)	1.58
Social Isolation	1.51
Discrimination & Stereotyping	1.48
Food Insecurity	1.47
Low Education Levels	1.46
Sexual Violence	1.15
Motor Vehicle Crashes	0.88

Respondents were asked to rate their community's access to 19 different health-related services and 19 different health-adjacent services as very accessible, mostly accessible, mostly inaccessible and very inaccessible. Respondents were offered an option to respond as unsure. Answers were weighted for analysis from -2 (very inaccessible) to 2 (very accessible), with the total number of points divided by the total number of responses for each individual question.

The least accessible health-related services were substance use disorder treatment (-0.54), hospice care (-0.43), crisis intervention services and resources (-0.42), mental health care (-0.26), and tobacco cessation programs (-0.22) (Table 12).<sup>2</sup> Write-in answers focused on the lack of an indoor health and fitness center (4), transportation (3), and need for additional specialty services (2). The least accessible community services included affordable childcare for youth 0-4 years old (-0.79) and 5+ years old (-0.76), support services for caregivers (-0.78), safe and affordable transportation (-0.54), and disability services for youth (-0.52) (Table 13).

*Table 12. Least accessible community services, health-related*

<b>Community Measure</b>	<b>Total Responses</b>	<b>Average Score</b>
Substance use disorder treatment	93	-0.54
Hospice care	88	-0.43
Crisis intervention services and resources	89	-0.42
Mental health care	105	-0.26
Tobacco cessation programs	89	-0.22
Palliative care	82	-0.01

*Table 13. Least accessible community services, social determinants of health*

<b>Community Measure</b>	<b>Total Responses</b>	<b>Average Score</b>
Affordable childcare (0-4 years old)	100	-0.79
Support for caregivers	85	-0.78
Affordable childcare (5+)	96	-0.76
Safe and affordable transportation	108	-0.54
Disability services for youth	89	-0.52
Safe and affordable housing	108	-0.41
Disability services for adults	94	-0.37
In-home care for adults ages 65+	90	-0.30
Educational intervention services	80	-0.09

<sup>2</sup> When specifically asked about the most important health and medical issues facing our community, the top three reported issues in 2022 were substance abuse/addiction (23%), cancer care (14%), and mental health issues (13%). Dialysis, nursing homes, and cancer care were omitted in this question as options this year. This was an oversight and will be corrected for the next survey.



Respondents were then asked to share potential partners for Mobridge Regional Hospital & Clinics' in addressing unmet needs and to share any additional services they felt would be beneficial to their community that were not available currently. Respondents wrote in 29 potential partners and 38 additional services requested, including 16 services that were shared more than once:

- More mental health options (9)
- SUD treatment options (8)
- Dialysis (6)
- Free- or low-cost transportation (6)
- Dermatology (4)
- Nursing home/long-term care (4)
- Community Health Workers/Hospital Resource Guides (4)
- Affordable community fitness center/rec center (4)
- Radiation (3)
- More dental options (3)
- Chemotherapy (2)
- Home Hospice (2)
- Daycare (2)
- Weight loss/nutrition programs (2)
- Better playgrounds (2)
- Cardiologist (2)

When asked whether Mobridge Regional Hospital and Clinics adequately raises awareness of other health-related resources that can support residents in managing their health, 56% said yes, 10% said no, and 34% were unsure.

Respondents were asked to answer a series of healthcare finance related questions, including household behaviors related to healthcare costs within the last two years: 1) In the last two years, have you or someone in your household done any of the following and 2) To what extent are you or someone in your household concerned about the following? The following data was extrapolated from answers to the two questions.

In the last two years:

- 34% of respondents delayed healthcare due to lack of money and/or insurance
- 25% had sought health insurance coverage but found it was too expensive
- 13% were denied health insurance coverage
- 13% were able to access health services because of a sliding fee scale or other financial assistance

Respondent households were concerned about finances.

- 81% were very or somewhat concerned about the out-of-pocket costs of healthcare
- 59% were very or somewhat concerned about the ability to afford prescription medications
- 50% were very or somewhat concerned about the ability to get an appointment at a time that worked for them
- 47% were very or somewhat concerned about the ability to get an appointment at a location that worked for them
- 40% were very or somewhat concerned about the ability to comply with follow-up care instructions

Finally, respondents were asked five different demographic questions, including their county of residence, race, sex, age, and primary health insurance type. These questions were used to assess how representative our survey sample was of the area we serve. The questions also give us the opportunity to explore differences in survey responses that may shed light on the unique health needs of specific demographic groups.

### **Focus Groups**

Two focus groups were held at Mobridge Regional Hospital. Community leaders and residents were invited to review the subjective data identified within the community-wide survey and objective health and wellness information from various sources. Each focus group session lasted roughly two hours and included welcome and introductory information about the organization. A didactic presentation of the information mentioned in the paragraph above took place. Participants were encouraged to discuss results, ask questions, and give suggestions after the presentation.

The first focus group was held on June 24, 2025. Participants stressed that our obstetrics department was critical to the community and that daycare accessibility and affordability likely closely linked to the number of babies delivered. Participants felt the organization should share patient experiences more often, advertise and educate more (e.g. classes or videos on five most important issues found in the survey). They suggested cancer care and Community Health Worker programs (including transportation) as areas we are well positioned to impact in the next three years.

Focus group participants at the June 24 meeting also suggested that MRH&C work more closely with tribal districts and other transportation providers to coordinate additional care trips. Participants felt the most important areas to focus on included behavioral health (including addiction), hospice/palliative care, diabetes/endocrinology, and possibly dermatology. They felt the hospital would be a valuable partner for other organizations on housing and hospice care programs and suggested the organization work with schools to get youth to fill out the survey next time. They also suggested we have only a few questions on the survey next time and then a longer, optional version.

The second focus group was held on June 30, 2025. These participants had a completely different discussion with just as much value as the first. They suggested the hospital and local insurance providers partner to educate the public on insurance options and offer assistance signing up. They also had a lot of interest in SUD and mental health needs and asked if we could build inpatient psychiatric beds for SUD/mental health crises and offer Chemical Dependency Evaluations locally. This group felt the most important areas to focus on were transportation, behavioral health (including addiction), and cancer treatment.

Childcare came up in the second focus group as well; they felt that childcare was a barrier to healthcare, if children were unable to attend appointments. The group noticed that the three top needs had the word 'affordable' in them and felt it might not be access as much as affordability

that was holding families back in some cases. They recommended creating info sheets for partners to share resource lists, including our own services, and felt there was a need for more education and marketing in the community overall. The participants wondered if poverty and education were the silent drivers of numerous high-ranking issues we found in the survey. They suggested we offer surveys at appointments with three short, open-ended questions and then a longer version if requested. They also thought we should create a video with results and the Board's final action plan to post publicly and solicit more feedback and create more momentum around projects.

*Table 14. Focus group answers to, "What are the most important areas we should focus on in the next three years at Mobridge Regional Hospital & Clinics?"*

Focus Group #1	Focus Group #2
Behavioral health (including addiction)	Transportation
Hospice/Palliative care	Behavioral health (including addiction)
Diabetes/Endocrinology	Cancer Treatment
Specialty services (dermatology)	

An initial presentation to the Board of Trustees was held on August 27, 2025. Board members from west river counties agreed that changing the survey format and offering a version that could be read to community members may improve response rates. They felt more of their community members would be able and willing to take the survey if it wasn't just an online survey or a longer, written version. It would be ideal if staff sat at community events (or even hosted a mini health fair with prizes and blood pressure checks) and asked these questions verbally. They also felt that hosting a focus group in each community would be helpful next time and suggested offering gift cards and cutting the required questions down to 5 minutes with someone to assist if needed.

There was discussion before any suggested action steps were presented, which included topics such as the new CHW cancer navigation program, past dialysis discussions, community resource promotion (even as basic as "how do you get an appointment"), offering a la carte services (rural health screenings), and how to market our services in a way that was entertaining enough for people to get involved and pay more attention. Trustees discussed how many residents in Corson and Dewey County are not already served by IHS and whether residents that are served by IHS use our services in tandem with IHS services or not. Board members liked the idea of resource guides and lists shared with community partners. Specific resource lists that were requested included youth services and geriatric services.

After discussion, staff presented recommended focus areas for 2025-2027. These included items to address internally and collaboratively (Table 15).

*Table 15. Staff-identified focus area recommendations (2025-2027).*

Address Internally	Address Collaboratively
Program expansions (cancer care, specialty care services)	Affordable childcare
Service promotion opportunities (diabetes education, palliative care, respite care, end-of-life services)	Mental and behavioral health (suicide prevention, SUD/addiction prevention and treatment)
Health literacy and education (increasing access to resources and health literacy)	Transportation (community transportation program, etc.)
	Insurance coverage protection and expansion

Trustees agreed with the recommendations presented by staff and offered their thoughts on strategies to address many of the focus areas. Their thoughts and suggestions have been incorporated into the implementation strategy that follows.

### **Implementation Strategy**

Many of the needs identified through the Community Health Needs Assessment are deeply interconnected, and progress in one area often supports improvement in others. For example, increasing health literacy and education is a foundational strategy that influences nearly every priority identified. When individuals better understand available services, treatment options, and how to navigate the healthcare system, they are more likely to seek care early, adhere to treatment, and use resources effectively. This can reduce the stigma associated with seeking help for behavioral health issues, including mental health and addiction, while also increasing utilization of critical services such as diabetes education, palliative care, and end-of-life support.

Transportation and access to care represent another strong connection. Even the most comprehensive programs, whether specialty clinics, cancer care, or community-based services, cannot benefit patients who cannot reliably get to them. A lack of affordable transportation limits access to medical appointments, addiction treatment programs, childcare, and other essential services. In this way, transportation improvements strengthen nearly all other identified priorities by ensuring that patients and families can fully participate in and benefit from them.

Affordable childcare also plays an indirect but powerful role. Parents who lack reliable childcare may forgo medical appointments, decline participation in addiction treatment programs, or struggle to attend diabetes or palliative care education sessions. By working with community partners to increase childcare options, the hospital and its partners can help families access health services more consistently and reduce caregiver strain.

Finally, insurance coverage and protection are central to sustaining progress in nearly all identified areas. Without affordable and adequate insurance, families may delay or avoid cancer screenings, diabetes management, or behavioral health treatment, worsening outcomes and increasing long-term costs. Coverage expansion ensures that patients can access both hospital-led initiatives, such as specialty clinics, and community-based programs, such as transportation or mental health services. In this way, insurance access acts as a bridge, connecting the availability of programs with the financial ability of patients to use them.

Taken together, these connections highlight that the hospital's efforts cannot be viewed in isolation. Expanding clinical services, promoting health education, and building collaborative partnerships all reinforce one another and meaningful progress will come from addressing these priorities as an interconnected system rather than as independent challenges.

### **Program Expansions – Cancer Care and Specialty Services**

Goal: Expand access to specialty and cancer care services locally, reducing the need for patients to travel long distances, while ensuring coordination for services that must occur at tertiary facilities.

One of the clearest needs identified through our Community Health Needs Assessment is the expansion of specialty services within our hospital and community. Patients in our service area often travel more than 100 miles to access basic specialty care, creating barriers to early diagnosis, continuity of treatment, and quality outcomes. To address this, our hospital is pursuing a dual strategy: strengthening retention of existing specialists while recruiting additional providers to expand our local offerings. Priority areas include dermatology, cardiology, pulmonology, and gynecology, with additional specialties to be targeted as further needs are identified.

With the opening of our outpatient infusion center, our hospital now has the capacity to provide chemotherapy and other infusion therapies locally, significantly reducing travel burdens for cancer patients. To ensure that care is coordinated and comprehensive, we are partnering with regional oncologists and cancer centers. These partnerships allow us to manage appropriate treatment locally while streamlining referrals for higher-level services that cannot be provided on site. A recent grant award further strengthens this initiative, supporting the creation of culturally sensitive care coordination mechanisms for Native American populations. These efforts will help ensure equitable access, respect for cultural needs, and better navigation through complex care systems.

As an independent hospital, we are uniquely positioned to collaborate with all regional health systems rather than being limited to a single network of specialists. This flexibility allows us to bring the right specialists into our community. It also enables us to design partnerships that prioritize patient needs above institutional boundaries. Recruitment efforts are underway to expand local access to cardiology, pulmonology, dermatology, and gynecology, reducing travel requirements and improving patient convenience. Retention of current specialists is a central part of this strategy, ensuring continuity of care and stability in access.

Through this strategy, our hospital will bring critical cancer and specialty services closer to home for patients, alleviating the burdens of long-distance travel and improving both access and outcomes. Partnerships with regional specialists, combined with the flexibility afforded by our independent status, will allow us to provide high-quality, coordinated care that prioritizes the needs of our community. At the same time, targeted recruitment and retention efforts will ensure the long-term sustainability of expanded specialty services.

### **Service Promotion Opportunities**

Goal: Increase community awareness and utilization of available health services by expanding outreach and communication efforts, ensuring individuals and families know what resources exist to support their health and wellbeing.

A central theme identified during the Community Health Needs Assessment process is that many residents are unaware of the services already available to them. Without effective communication and outreach, even the best programs go underutilized. Our hospital will therefore prioritize service promotion and education as a core strategy, ensuring that people know about the resources that can help them live healthier, more fulfilling lives.

To accomplish this, we will implement a multi-channel communication approach. Information about existing and new services will be shared through local newspapers, radio stations, social media platforms, and our hospital's website. This ensures coverage across traditional and digital media, reaching both older adults and younger populations. Special attention will be given to highlighting existing specialty services as well as new expansions. At the same time, we will promote supportive services such as diabetes education, palliative care, respite care, and end-of-life resources, emphasizing their availability and impact on quality of life.

In addition to media-based outreach, we will create and distribute resource and reference materials in accessible formats, including brochures, flyers, and digital guides. These materials will be made available in key community locations such as clinics, schools, libraries, senior centers, and tribal offices, ensuring that residents have easy access to information when they need it.

Community partnerships will also play an important role. We will engage with local churches, tribes, and nonprofit organizations to serve as trusted messengers who can extend our reach and credibility. By embedding service information into existing community networks, we can connect with harder-to-reach populations and ensure messaging is both culturally appropriate and widely distributed.

Through a deliberate and multifaceted communication strategy, our hospital will ensure that community members are more fully aware of the services available to them and can more abundantly benefit from these resources. This will lead to increased utilization of existing and new programs, greater engagement with preventive and supportive care, and improved health outcomes across the region.

### **Health Literacy and Education**

Goal: Improve community health literacy by increasing access to information, reducing stigma, and encouraging proactive engagement in healthcare, with a targeted emphasis on educating children and families through schools and community networks.

Improving health literacy is one of the most powerful ways to strengthen community health outcomes. By ensuring people understand their health, available services, and the importance of preventive care, we can empower them to take proactive steps toward wellness while also reducing stigma associated with seeking treatment. Mobridge Regional Hospital & Clinics will pursue a comprehensive strategy that brings health education into schools, strengthens community outreach, and incorporates cultural awareness into every step of the process.

Community schools will serve as a primary focus for health literacy efforts. By engaging with students early, we can both plant the seeds for future healthcare careers and instill the importance of personal responsibility for health. Education sessions will highlight why regular checkups, screenings, and preventive care matter as well as provide exposure to the variety of careers in healthcare. Importantly, children can also become health messengers for their families, sharing knowledge about resources, services, and the importance of seeking care when needed.

Increasing education not only empowers individuals, but also helps normalize conversations about sensitive issues like behavioral health and addiction. By including stigma reduction as a central theme, our health literacy initiatives will encourage more people to seek the care they need without fear or hesitation. To reach the broader community, we will leverage many of the same channels identified in our service promotion strategy (i.e. local newspapers, radio, social media, and the hospital's website), while also distributing resource materials in clinics, churches, tribal offices, and nonprofit organizations. This ensures consistent and accessible messaging across diverse audiences.

Cultural awareness will remain a core foundation of our education strategy. Our staff undergo annual cultural awareness education, which informs how we develop and share health information with our community. This ensures that materials and messaging are not only accurate, but also respectful and relevant to the diverse populations we serve, particularly Native American communities. By embedding cultural understanding into our health literacy efforts, we strengthen trust and increase the likelihood of engagement.

Through targeted school-based education and broad community engagement, our hospital will empower residents to take greater accountability for their health, reduce stigma around seeking care, and encourage interest in healthcare careers among youth. By combining clear, accessible information with cultural sensitivity and community partnerships, we will strengthen trust, increase service utilization, and build a healthier, more informed community.

### **Affordable Childcare**

Goal: Support the development and expansion of accessible, high quality, and affordable childcare options for families in our community.

Access to affordable childcare has a direct impact on the health and wellbeing of families as well as on the ability of parents to work, pursue education, and engage in their own healthcare. Recognizing this, our hospital has been actively engaged in local efforts to address childcare needs. Over the past two years, we have partnered with the school system, the Mobridge Economic Development Corporation, Tiger Kids, and the Mobridge daycare to successfully transition the private daycare into a nonprofit 501(c)(3) corporation. This transformation has allowed for the consolidation of services under one structure, created opportunities for stronger community support, and positioned the organization for long-term growth.

Moving forward, we will continue to build on this progress by supporting the ongoing development of the Lake Oahe Learning Academy. Our role will be to work collaboratively with partners to strengthen the Academy's ability to expand capacity, improve access, and ensure sustainability. This includes investigating opportunities to further increase the number of available childcare slots, explore grant and funding opportunities to support operations, and evaluate ways to reduce costs for families. By working alongside community leaders and other organizations, we will help ensure that the Academy not only meets current demand, but is positioned to grow with the needs of our region.



By continuing to support the development of the Lake Oahe Learning Academy and building on the strong foundation already in place, our hospital will help ensure that families have access to affordable, high quality childcare. This will relieve burdens on parents, improve workforce stability, and create a healthier, more sustainable community environment for children and families alike.

### **Mental and Behavioral Health**

Goal: Strengthen access to mental health and substance use disorder (SUD) services across the continuum of care, building upon past successes and expanding partnerships to address community needs.

Our hospital has made significant progress in recent years toward expanding mental and behavioral health services. Through partnerships with telehealth providers, we have been able to integrate behavioral health into our outpatient clinics, giving patients timely access to counseling and psychiatric support. Additionally, we have established emergency mental health access through telemedicine in our Emergency Department for patients presenting in acute distress, ensuring immediate intervention and connection to follow-up resources. These accomplishments provide a strong foundation for the next phase of our work.

Moving forward, we will expand these efforts internally by evaluating opportunities to enhance the scope and affordability of services we provide directly. At the same time, we will deepen our partnerships with other community care providers, including mental health providers, tribal programs, and nonprofit organizations, to identify collaborative strategies that maximize impact and minimize duplication. This includes exploring joint programming, shared staff resources, and streamlined referral pathways to ensure patients receive appropriate, timely, and coordinated care.

Substance use disorders (SUD), including alcohol abuse, remain among the most pressing challenges in our community. We will prioritize the development of affordable, accessible treatment options in this area. This may include expanding access to medication-assisted treatment (MAT), building partnerships with state-wide inpatient and outpatient programs, and increasing support for recovery services that emphasize long-term stabilization. By integrating SUD treatment more fully into our care continuum, we will better address the overlapping issues of addiction, mental health, and chronic disease.

By building upon our established foundation and expanding both internal and community partnerships, our hospital will increase access to mental and behavioral health services, provide timely intervention for those in crisis, and improve treatment options for substance use disorders. These efforts will reduce stigma, support recovery, and promote long-term community health and wellbeing.

## **Transportation**

Goal: Improve access to healthcare and community resources by addressing transportation barriers in the region.

Transportation challenges are a significant barrier for many residents in our service area, preventing timely access to medical appointments, behavioral health services, and community programs. To address these gaps, MRH&C will pursue a collaborative approach, working alongside existing community organizations and leveraging internal resources to improve access. We will actively collaborate with the Mobridge Senior Citizen Center, Standing Rock Transit, and area Community Health Representative (CHR) programs to align resources and identify opportunities to expand existing services. Through regular communication and shared planning, these organizations can help us identify unmet transportation needs, optimize routes, and establish referral systems to ensure patients have reliable options for reaching healthcare and supportive services.

Our Community Health Worker (and potentially future additions) will play a key role in bridging transportation gaps. The CHW will serve as a patient advocate and connector, assisting individuals in navigating transportation resources, scheduling rides, and coordinating with partner agencies. For patients with complex needs, the CHW will provide direct support to ensure transportation challenges do not prevent access to care.

By building strong partnerships and leveraging the coordination role of our Community Health Worker, we expect to reduce missed appointments, increase access to specialty and behavioral health services, and improve patient satisfaction. Ultimately, this strategy will contribute to better health outcomes across the region by ensuring transportation is less of a barrier to receiving timely, appropriate care.

## **Health Insurance Coverage and Cost**

Goal: Ensure community members have access to affordable and sustainable health insurance coverage, so they can obtain needed healthcare services without undue financial burden.

Access to affordable health insurance is critical to the health and wellbeing of our community. Numerous studies definitely show that people with access to health insurance, regardless of whether it is public or private, lead significantly healthier lives. However, recent policy changes, such as the passage of the One Big Beautiful Bill Act, which will make it more difficult for

individuals to qualify for or remain on Medicaid, and the impending expiration of ACA marketplace subsidies, threaten to leave more people uninsured or underinsured. In anticipation of these shifts, our hospital will strengthen its role in helping patients and families navigate the complexities of insurance coverage and find the best options available to them.

Our Patient Financial Counselor, working closely with our Community Health Worker, will provide direct assistance to patients seeking coverage. This includes supporting Medicaid applications, guiding families through the re-enrollment process, and helping individuals understand their eligibility and obligations under new rules. The CHW will serve as a trusted advocate for patients who face language, literacy, or logistical barriers in completing applications and maintaining coverage. Together, they will provide a bridge between patients and the often-complex administrative processes that can otherwise prevent timely access to insurance.

Additionally, to expand options beyond Medicaid, we will partner with local and regional insurance agents and brokers who are experienced in navigating private and supplemental plans. By creating a referral network and hosting periodic information sessions, we can connect community members with professionals who can help them identify affordable coverage alternatives that meet their needs. These partnerships will become increasingly vital as more individuals and families lose access to subsidized marketplace coverage and search for alternatives.

By expanding insurance navigation support, strengthening partnerships, and anticipating the effects of policy changes, we will help community members maintain coverage and avoid disruptions in care. This strategy will reduce the number of uninsured patients, support financial stability for families, and protect access to essential services within our hospital and the broader community.

## **Conclusion**

Through this Community Health Needs Assessment process, we have identified both the challenges facing our community and the opportunities we have to address them. From expanding access to specialty and cancer care, to strengthening behavioral health services, to improving transportation, childcare, insurance coverage, service promotion, and health literacy, the strategies outlined here reflect a holistic vision for improving health and quality of life in our region. These needs are interconnected and our approach recognizes that progress in one area, such as transportation, education, or insurance coverage, creates momentum in others, ultimately improving outcomes for all.

We are proud of the steps already taken, including building partnerships to expand behavioral health through telehealth, opening an outpatient infusion center for cancer care, transitioning local childcare into a sustainable nonprofit model, and working closely with community organizations to close service gaps. These successes give us a strong foundation on which to build and they show what is possible when our hospital, community partners, and residents work together toward common goals.

Looking forward, we are committed to turning these strategies into action. Implementation will require collaboration, creativity, and persistence, but we are confident in our community's ability to rise to the occasion. By working hand in hand with local schools, churches, tribes, nonprofits, and regional partners, we will work to ensure that resources are not only available, but accessible, affordable, understood, and used to their fullest potential.

Our vision is simple yet powerful: to help every member of our community live their best and healthiest life. As an independent hospital, we are proud to serve with flexibility, collaboration, and innovation, always keeping the needs of our neighbors at the center of our work. With the guidance of this assessment and the commitment of our staff, partners, and community members, we are ready to move forward with optimism and determination. Together, we will create a healthier future for all those we are privileged to serve.

### **Board Approval**

The Mobridge Regional Hospital Board of Trustees, which includes representatives from Mobridge, Glenham, McLaughlin, Selby, Timber Lake, and Pollock, South Dakota, representing the community identified as the organization's service area, approved the Implementation Strategy for addressing the priorities identified in this Community Health Needs Assessment. Approval was affirmed at their regular Board meeting held on September 17, 2025.



Ms. Patti Schmeichel, Secretary of the Board

MRH Board of Trustees



Mr. Bill Bachmeier, Chair of the Board

MRH Board of Trustees

Copies of this report are available, free of charge, at <http://www.mobridgehospital.org/> or by contacting the MRH Executive Assistant at 605-845-8128.