



2022 Community Health Needs Assessment

Pioneer Memorial Hospital & Health Services
Viborg, SD



Dear Community Members,

Pioneer Memorial Hospital and Health Services (PMHHS) is pleased to present the 2022 Community Health Needs Assessment (CHNA). The assessment identifies health needs in the community and enables us to develop strategies to address these needs.

Earlier this year, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. These include economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental/behavioral health.

Sanford Health provided support for the CHNA process, including analysis of the data from the primary survey research and key secondary data points from County Health Rankings, along with leading a facilitated discussion with key stakeholders in the community to help prioritize the identified health needs. This support comes through management arrangement Pioneer Memorial maintains with Sanford Health.

After completing this year's assessment, PMHHS will address the following health needs in a formalized implementation strategy for 2023-2025:

- Access to Health Care Providers
- Healthy Living

The CHNA process also highlights the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets offered to address various community health needs. Additionally, we have included an overview of progress made to date with implementation strategies from the previous assessment.

Our team is truly grateful to the community members who participated in this year's assessment process. We appreciate your commitment to the health and wellness of our community. We look forward to collaborating with community partners to continue to improve the quality of life for all.

Sincerely,



Lindsey Hauger
Chief Executive Officer
Pioneer Memorial Hospital & Health Services
Viborg, SD

BACKGROUND

Community Description

The town of Viborg, population 793, is located in the southeastern corner of South Dakota in Turner County, population 8,708. The community's proximity to Sioux Falls and Yankton makes Viborg an ideal location for those who want a rural lifestyle while having easy access to city amenities. Residents and visitors to Viborg enjoy stunning landscapes, local eateries, city parks, and movies at the Lund Theater. Several state parks are close by including Lewis and Clark Recreation Area, Newton Hills State Park, and Union Grove State Park.

Partners

The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Pioneer Memorial would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

Viborg Community Partners

We express our gratitude to the following community collaborative members for their participation in the community stakeholder meeting:

- Lindsey Hauger, CEO
- Anne Christiansen, CFO
- Courtney Axtell, Activities Manager
- Kaity Rolschau, Director of Social Services PMH&HS
- Kecia Christensen, Director of Patient Financial Services and Admissions
- Lori Hisel, Director of HR and Support Services
- Patti Timmermans, Director of Therapy
- Shane Kingsbury, Dietary Manager
- Sharon Jacobsen, Director of Nursing - Hospital
- Tonya Rudd, Clinic Director
- Tracy Roth, Laboratory Manager
- Morgan Myvik, Director of Nursing – Long Term Care
- Deb Hauger, Turner County Public Health
- Kaity Rolschau, Director of Social Services PMH&HS
- Adam Jans, City of Parker Finance Officer
- Brett Mellem, Viborg-Hurley Public School Superintendent

Regional Health Partners

This report utilizes a needs assessment process developed by Sanford Health in coordination with health partners from Minnesota, South Dakota, and North Dakota.

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health

- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse, Beltrami County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Sanford Health Partners

- Christina Ward, Senior Strategic Planning Advisor, Sanford Health
- Andy Wiese, Head of Strategic Intelligence, Sanford Health
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Head of People Engagement
- Michelle Bruhn, Executive Vice President, Chief Financial Officer, and Treasurer
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Senior Director, Community Relations
- Matt Ditmanson, Head of Community Relations
- Emily Griesse, Vice President, Operations and Population Health, Health Plan
- Marnie Walth, Head of Legislative Affairs
- Joseph Beaudreau, Peer Recovery Specialist, and Indian Health Advocate
- Phil Clark, Director, Market Insights
- Shawn Tronier, Lead Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

Pioneer Memorial Hospital & Health Services Description

Established in 1959, Pioneer Memorial Hospital and Health Services has long been serving the community of Viborg and the surrounding area. Pioneer Memorial Hospital is a 12-bed, critical access acute and swing bed care, community non-profit hospital that serves the residents of Turner County and the surrounding area. PMHHS also includes Viborg Medical Clinic, Centerville Medical Clinic, and Parker Medical Clinic, all certified rural health clinics, a 52-bed skilled nursing facility, 10-unit assisted living facility, and 20-unit independent living facility.

Pioneer Memorial has two physicians and four advanced practice providers on staff and several outreach specialists who travel to Viborg to serve local patients and residents.

The hospital's mission - "Committed to health, healing and community" - is complementary to its values of compassion, safety, quality of care, and fiscal responsibility as it aims to be a proactive force in the community to changing needs. Pioneer Memorial is governed by a nine-member Board of Directors.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Implementation Plan of Action. There is great value in a community health needs assessment when it serves to validate not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Implementation/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

The Internal Revenue Code 501(r)(3) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center consider input from persons who represent the broad interests of the community. Hospitals are required to seek at least one state, local, tribal, or regional government public health department or state Office of Rural Health with knowledge, information, or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk

of not receiving adequate care as a result of being uninsured or due to geographic, language, financial, or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address every assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS Form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. The CHNA reports and the implementation strategies can be found on the Community Memorial Hospital or Sanford webpages. Hospitals are required to keep three cycles of assessments on the web site.

The hospital extended a good faith effort to engage all the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the website. No community comments or questions have been made via the website link or email address.

CHNA Process

Pioneer Memorial Hospital & Health Services worked with Sanford Health to utilize a process developed in coordination with public health experts, community leaders, and other health care providers, within the local community and across South Dakota, North Dakota, and Minnesota, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Turner County populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 74 of respondents from the CHNA area completed the survey.

Secondary Data

County Health Rankings are based upon the UW Population Health model and serve as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.

Health Needs Identification Methodology

Sanford Health's Office of Strategic Planning provided analysis to identify the initial community health needs list. The following methodology was used to develop the significant health needs presented later in the report:

- To identify community health care needs, Viborg's community score by question was compared to the average stratified composite of a comparative group that completed the survey in other communities within the region. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

Community Asset Mapping

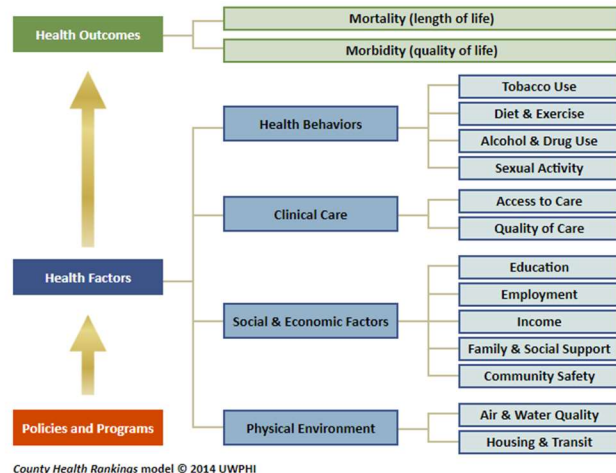
Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining the top needs.

Community Stakeholder Meeting

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?



- Which are most urgent in nature?
- Is there work being done on these identified needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare system, and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

Hospital leadership proposed which specific health needs would be addressed within the implementation plan, with input and support from the community members. Administrator recommendations were based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan will be shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Turner County is the community primarily served by Pioneer Memorial Hospital & Health Services and represents a majority of its volumes. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Viborg area regarding the quality of health care in the local community were very good (average score=4.1), scoring above the comparison group average. Among individual drivers of health, the community rated nearly all above the comparison group average.

- Safe place to live (4.2),
- Environmental health of the community (4.2),
- Long-term nursing care and senior housing quality (average score=4.0),
- Access to healthy and nutritional foods (3.8),
- Quality of childcare, daycare, and pre-school services (3.5),
- Access to physical activity and exercise opportunities (3.2),
- Community employment and economic opportunities (3.1),
- Access to transportation (2.9),
- Availability of affordable housing (2.9).

Only physical activity and exercise opportunities rated below the comparison group average.

When asked about their personal health, CHNA respondents rated their current health and wellness as good (average score=3.4), in line with the peer average. County Health Rankings rated Turner County 12th in health outcomes and 11th in health factors among 66 counties in South Dakota in 2022, placing it among the healthiest counties in South Dakota (75-100% percentile).

Affordable Housing

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

The availability of affordable housing was rated among the two lowest community health issues by survey respondents with an average score of 2.9. Over one-third of respondents (35%) rated the issue poor or fair. When respondents asked why they rated it less than excellent, nearly three quarters (74%) indicated general accessibility or access issues. County Health Rankings indicate that home ownership within the county (80%) is above the state average, but 8% of the population faces a severe housing problem, such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Local stakeholders discussed affordable housing as an issue but recognized it as one that will take collaboration and partnership with multiple community entities to address.

Local Asset Mapping	
Low Income Apartments: <ul style="list-style-type: none">• Village Apartments – 605-660-6039	Housing Resources: <ul style="list-style-type: none">• SD Housing Development Authority (SDHDA) – 605-773-3181

<ul style="list-style-type: none"> • Danish Villa Apartments – 605-263-3941 • Meadowland Apartments – 1-800-568-2401 • Rosewood Apartments – 605-263-3941 • Viking Court Apartments – 605-263-3941 • Washington Square Apartments – 605-263-3941 	<ul style="list-style-type: none"> • Governor's House Program Southeastern Council – 605-681-8184 • Parker Housing and Redevelopment Commission – (Parker) – 605-297-4918
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Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults.

Access to daily transportation was rated among the two lowest community health issues by survey respondents with an average score of 2.9, with 31% rating as poor or fair. Respondents indicated there is one local service available but has limitations on hours of operation to normal business hours. During the stakeholder meeting discussion, the group discussed that there are limited options for public transportation in the community, beyond the area transit service. Pioneer Memorial facilitates rides to appointments when needed for patients if other options are not available and/or feasible.

Local Asset Mapping	
Transportation Resources: <ul style="list-style-type: none"> • Senior Center (Parker) – 605-297-0176 • Viborg-Centerville Area Transit – 605-366-7361 • Rural Office of Community Services – 605-384-3883 • SD Department of Social Services – 800-305-3064 	

Healthy Living

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

The County Health Rankings notes that Turner County residents have less access to exercise opportunities compared to the state average. The data shows 31% of population has adequate access to locations for physical activity compared to 66% for the state average. County Health Rankings also show that 31% of adults reported no leisure-time physical activity, slightly above the state average. Survey respondents echoed the access issue with an average score of good (3.5), below the comparison group. Access to gyms and classes were the most frequent reason

cited for the survey score. Later in the survey respondents were asked what the biggest health care concern is you or your family faces on a regular basis. The leading responses were the need for exercise and healthy living (12%) and chronic conditions or ongoing medical issues (14%). Local stakeholders discussed this issue and acknowledged that there has been a push in the community around healthy living for a while but that room for improvement remains. Specifically, attendees noted the need for a public workout facility, indicating it would be helpful for workforce recruiting as well. The group discussed the importance of healthy living, access to healthy foods, and opportunities for physical activity.

Local Asset Mapping	
Nutrition Resources: <ul style="list-style-type: none"> • SD Long-Term Services and Supports Office – (Vermillion) - 605-677-6800 • Senior Center (Parker) – 605-297-0176 • Commodity Supplemental Food Program (CSFP) by Feeding SD – 605-297-4910 • SD Supplemental Nutrition Assistance Program (SNAP) – 605-773-3493 • SD WIC (Women Infants and Children) – 605-773-3361 • Turner County Health-Pioneer Memorial Hospital & Health Services Public Health – 605-326-3055 • Turner County Health – 605-297-4472 	Physical Activity Resources: <ul style="list-style-type: none"> • Pioneer Memorial Wellness Center- 605-326-5161 • Centerville Public School Gym – 605-563-2291 • Ultimate Fitness Beresford – 605-763-8082 • Adult Workout Training – Cory Jacobsen – 605-929-0241

Access to Health Care Providers

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Turner County survey respondents rated the quality of care as very good (average score=4.1), which is above the comparison group. However, 43% of respondents indicated there are services that they would like to see offered or improved locally. As a follow up, those answering affirmatively were asked to indicate which services should be offered or improved and the most common answers were mental health (56% of respondents), dental (47%), eye services (31%), and walk-in or urgent care (25%). Respondents were able to select more than one answer. Additionally, 72% of the respondents indicate they or a family member left the community for care in the last three years, with Sioux Falls, SD, being the most frequent destination.

The stakeholder discussion of this topic covered opportunities for virtual care and additional provider outreach. Additionally, the discussion centered on the number of services already available in the community with the thought that perhaps the issue is also about raising awareness of current offerings. The group discussed potentially looking into more marketing and social media engagement to increase visibility of locally available services.

Local Asset Mapping	
Health Care Resources: <ul style="list-style-type: none"> • SD DHS Prescription Assistance Program - 605-773-3656 • SD Medicaid / DSS – 800-305-3064 • Viborg Medical Clinic – 605-326-5201 • Parker Medical Clinic- 605-297-3888 • Centerville Medical Clinic – 605-563-2411 • Home and Community Based Services for Developmental Disabilities (Parker) – 800-305-3064 • Home Health Accessories & Medical Equipment by Sanford Health – 605-624-4955 • Top Gum Dental (Parker) – 605-297-6161 • Neighborhood Dental Beresford – 605-763-5035 • Jason Aanenson, DDS Freeman – 605-925-4999 	Mental Health Resources: <ul style="list-style-type: none"> • NAMI SD (Sioux Falls) – 605-271-1871 • SD Human Services Center – 605-665-3100 • Southeastern Behavioral Health (Sioux Falls) -605-336-0510 • Pioneer Memorial Hospital - 605-326-5161 • SD Division of Behavioral Health – 605-367-5236 • Heartland Psychological Services (Yankton) - 605-665-0841 • Human Service Center (Yankton) - 605-668-3100 • Lewis & Clark Behavioral Health (Yankton) - 605-665-4606 • Collective Perspective Counseling (Beresford) - 605-321-0826 • National Suicide and Crisis Lifeline - 988

Pioneer Memorial Hospital & Health Services Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency were invited, and Sanford Health staff were also present. List of attendees is included in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward.

Ultimately, Access to Health Care Providers and Healthy Living were selected as top needs for prioritization in the 2023-2025 implementation plan.

IMPLEMENTATION PLAN

The Community Health Needs Assessment identified two specific areas for focus for the 2023-2025 implementation cycle:

1. Access to Health Care Providers
2. Healthy Living

PRIORITY 1: Access to Health Care Providers

Current activities

Walk-in clinic services are currently offered six days per week (Monday through Saturday). Video visits and telephone visits are also available when appropriate. The Pioneer Memorial Hospital & Health Services Outreach Clinic offers the convenience of seeing a specialist without the burden of traveling. Telemedicine visits for various outreach services are also available. Direct Access laboratory testing is available Monday through Saturday. In Viborg, access to the hospital and emergency department is available 24/7. Providers go directly to the area schools to provide health sports physicals and go to locations to offer influenza vaccines as well as offer convenient Drive Up Flu Shot Clinics.

Pioneer Memorial offers annual Influenza clinics and began offering Covid-19 vaccination clinics in late 2020. Community health fairs, which often include health screenings, have also been offered in the past. Patients experiencing financial hardships may request financial assistance. Financial components are discussed at the time of admission for inpatient stays. During the Covid-19 pandemic, Pioneer Memorial began focusing on bringing patients back in to see their primary care providers for preventative health maintenance services.

Projected Impact

Upon completion of the action plan, the Community will be better informed as to the healthcare resources and accessibility to available health care services.

Goal 1: The community will become more aware of provider availability and access to health care and resources.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Provide information through news releases, web site, newsletter, brochures, resource guides, employee education and social media	Number of articles published and posted	Marketing Manager	Administrative Team	N/A
Marketing of primary care providers available at Pioneer Memorial.	Increased primary care awareness by postings and	Marketing Manager	Administrative Team	

	information released.			
Enhance provider community interaction at local events	Each provider to attend two community events per year.	Local providers	Admin Team - Clinic Director	Local event coordinators

Goal 2: Ensure clinic hours and specialty availability via telemedicine meet the needs of the served population.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Evaluate opportune hours of clinic availability.	Assessment of community needs and demand for hours. Implementation of change in hours as appropriate.	Clinic Staffing	Administrative Team – Clinic Director and CEO	
Assess opportunities for expansion of telemedicine specialty appointments and/or outreach services in the RHCs.	As available, add specialties available via telemed or outreach. Number of specialties offered.	Clinic Staffing	Administrative Team	Other health care organization collaboration for specialist availability.

Priority 2: Healthy Living

Current activities

Pioneer Memorial Hospital & Health Services currently operates a wellness center available for public and staff use. Free blood pressure screenings are offered at events including the Turner County Fair. Laboratory tests are offered at reduced cash pricing through Direct Test program. The hospital provides annual spring and fall health events with free or reduced cost labs. Annual flu vaccines are offered along with a drive-up flu clinic for ease and convenience as well as in the clinics. Heart and Vascular Screenings are offered on site annually as well as a local blood drive. In 2019 a Health Fair was offered to provide screenings and information/education on health topics. The event was not held in 2020 or 2021 due to the COVID pandemic but resumed in 2022. In past years, a Biggest Loser Challenge was offered but due to the COVID pandemic, the challenge was not completed in 2020 – 2022. Pioneer Memorial hosts a walk/run event at the annual community Danish Days celebration. At the end of 2020 the facility became the COVID-

19 vaccination site for Turner County and continues to offer the vaccine. Pioneer Memorial is part of a Cancer Grant to promote the benefits of preventative cancer screenings including mammograms, colonoscopies, and skin cancer screenings through education and awareness of services offered. The facility provides all other routine vaccinations including those for school. The facility also provides Public Health services.

Projected Impact

Increase the awareness and availability of healthy living opportunities in the communities.

Goal 1: Add additional health prevention services in Parker and Centerville while still offering at Viborg.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Offer Heart and Vascular Screenings at Parker and Centerville Clinics.	Additional Services Added	Clinic Scheduling	Administrative Team	Sanford Health
Evaluate Parker and Centerville clinics ability and demand for Mammograms via mobile unit.	Additional Services Added	Clinic Scheduling	Administrative Team	Sanford Health

Goal 2: Educate/promote and offer healthy living opportunities to area communities.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Promote Pioneer Memorial and staff involvement in healthcare activities in the communities.	Number of events facility and staff involved with.	Marketing Manager	Administrative Team	Community Organizations and Schools.
Offer healthy living activities events, education, resources, or classes to the community.	Number of offerings.	Marketing Manager	Administrative Team	
Promote area health and fitness opportunities available in the communities including PMH&HS wellness center.	Increased health and fitness engagement by postings and information released.	Marketing Manager	Administrative Team	Community Organizations

Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not being prioritized for inclusion in the implementation plan for 2023-2025 for the purpose of this process:

Affordable Housing

Not included in the implementation plan as there are other community entities better suited to lead in this space. Information from the CHNA survey will be shared with community members and local organizations as needed and as affordable housing solutions are discussed. Pioneer Memorial Hospital & Health Services offers financial assistance for health care costs for those facing severe financial hardship.

Transportation

While important, this was not included for prioritization plan as it will require broad community partnerships beyond the health care sector. There are currently a few local options, which are outlined in the asset map under Transportation above. Pioneer Memorial facilitates rides to appointments when needed for patients if other options are not available and/or feasible.

Aging Population – Senior Care Education

Pioneer Memorial Hospital & Health Services is continuously promoting resources available to the aging population. COVID-19 demanded adjustments be made to the face-to-face public delivery of information; public meetings that were planned to be held could not occur due to the discouragement of public gatherings. Initial rapid response and uncertainty due to COVID-19 forced in person events not to take place. Resources were continued to be shared and educated upon via social media outlets, newspaper, and websites.

The hospital utilized promotion on the following topics through social media and the hospital's website:

- Provided education and promotion of low cost lab tests (Direct Tests) were provided on the hospital's website and through social media.
- Provided education on what is assisted living and swing bed via social media.
- Provided education on healthy aging, falls prevention, osteoporosis, Parkinson's, eating smart, heart healthy habits, cardiac rehabilitation, benefits of physical activity, and yearly wellness visit via social media.
- Provided education on caring for a person with Alzheimer or Dementia via social media.
- Promoted education on COVID and the COVID vaccination via social media and the Pioneer Lifeline.
- Promoted Why Assisted Living and What is Swing Bed? Via social media reaching 605 and 247 respectively.
- Provided education on different lifestyle options for senior living in the Pioneer Lifeline.
- Promoted the availability of Senior Independent Living and the benefits of the living environment reaching nearly 2,000 viewers combined.

In 2021, Pioneer Memorial sponsored Health Living Classes for Seniors in the communities of Viborg, Centerville, Parker and Irene. The attendees learned exercises sitting and standing and blood pressures checked. Healthy snacks were also served and educated on. The social media posts promoting these classes reached over 2,800 combined.

In the fall of 2022, a Health Fair is planned to take place. The event will provide educational opportunities to learn more about preparing for long term care, long term care insurance, the difference in Medicare and Medicaid, estate planning and many other healthcare specific topics including wound care, occupational and physical therapy, skin cancer screenings, and others.

Mental Health

Throughout the past 3 years, Pioneer Memorial Hospital & health Services has continued to offer outreach space for mental health professionals to see patients and submit referrals. COVID-19 demanded adjustments be made to the face-to-face public delivery of information; public meetings that were planned to be held could not occur due to the discouragement of public gatherings. Initial rapid response and uncertainty due to COVID-19 forced in person events not to take place. Resources were continued to be shared and educated upon via social media outlets, newspaper, and websites.

Pioneer Memorial provided information including the following:

- Provided information via social media on September is Suicide Awareness Month, especially the profound psychological and social effect on people and our communities from the COVID-19 Pandemic, and the encouragement that if you are struggling, that help is available.
- Provided information via social media on the suicide warning signs.

- Education to adults on the importance of self-care during a pandemic.
- Provided information via social media on September is Suicide Awareness Month, especially the profound psychological and social effect on people and our communities from the COVID-19 Pandemic, and the encouragement that if you are struggling, that help is available.
- Provided information via social media on staying fit, wellness and the benefits of engaging in physical activities on your mental and physical health.
- Provided information via social media on managing stress and mental health awareness.
- Provided information via social media on holiday stress and holiday alcohol use.
- Provided information via social media on depression in adolescents and young adults.
- Provided information via social media on checking your medications and properly disposing of medications to prevent drug addiction and overdose deaths.

The 2019 Community Health Needs Assessment helped identify concerns within the community and determine areas of improvement. Implementation strategies were put in place that have been highly successful overall. Community members have been very appreciative of the strategies, and it has reflected in a positive impact. As a facility, we look forward to continuing such work and making improvements.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.cmhburke.org/about> or <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The websites include current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit <https://www.sanfordhealth.org/contact-us>.

APPROVAL

The information presented in the Community Health Needs Assessment and Implementation Plan were approved by the Pioneer Memorial Hospital & Health Services Board of Directors.

APPENDIX

Survey Responses

Survey responses are available through an online dashboard at <https://www.sanfordhealth.org/about/community-health-needs-assessment>

Expanded Demographics¹

Turner County had a population of 8,144 in 2021. The population remained relatively flat (0.4% increase) from 2010-2019. The population is slightly older than the state average with 21% of residents over the age of 65, versus 17.5% for the state of South Dakota. The county is less racially diverse than the state average in every demographic with 96.8% of residents indicating they are White on the latest census.

The median home value in the county of \$137,500 is significantly lower than the state median at \$174,600. However, the county's median income of \$63,062 is higher than the state average of \$59,896. Residents of the county have a lower frequency of both computers and internet access than SD as a whole. Unemployment change from 2019-2020 was more significant in Turner County at 2.8% (SD % change was 1.5%). The county and the state have similar high school graduation rates, but the state is slightly ahead of the county in secondary education rates.

	Turner County, SD	South Dakota
Population estimates, July 1, 2021, (V2021)	8,708	895,376
Population estimates base, April 1, 2020, (V2021)	8,673	886,667
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	0.4%	1%
Population per square mile, 2020	14.1	11.7
Persons under 5 years, percent	5.6%	6.6%
Persons under 18 years, percent	24.8%	24.6%
Persons 65 years and over, percent	21%	17.5%
White alone, percent	96.8%	84.2%
Black or African American alone, percent	0.6%	2.5%
American Indian and Alaska Native alone, percent	1.1%	9%
Asian alone, percent	0.2%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent	n/a	0.1%
Two or More Races, percent	1.2%	2.6%
Hispanic or Latino, percent	2.5%	4.6%
White alone, not Hispanic or Latino, percent	94.8%	80.8%
Median value of owner-occupied housing units, 2016-2020	\$137,500	\$174,600
Median gross rent, 2015-2019	\$624	\$761

¹ <https://www.census.gov/quickfacts>

Households with a computer, percent, 2016-2020	86.7%	90.2%
Households with a broadband Internet subscription, percent, 2016-2020	79.2%	83.2%
High school graduate or higher, percent of persons aged 25 years+, 2016-2020	92.8%	92.2%
Bachelor's degree or higher, percent of persons aged 25 years+, 2016-2020	26.3%	29.3%
With a disability, under age 65 years, percent, 2016-2020	7.8%	7.8%
Persons without health insurance, under age 65 years, percent	10.7%	11.6%
Median Household income (in 2020 dollars), 2016-2020	\$63,062	\$59,896
In civilian labor force, total, percent of population age 16 years+, 2016-2020	67.2%	67.5%
Total employer establishments, 2020	251	27,236
Total employment, 2020	1,459	364,440
Total employment, percent change, 2019-2020	2.8%	1.5%

CHNA Survey Questionnaire

The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

010000-01000 1.01

1

How would you rate the availability of **AFFORDABLE HOUSING** in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate the ability of residents to **ACCESS DAILY TRANSPORTATION** in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate your community's **EMPLOYMENT & ECONOMIC OPPORTUNITIES**?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate your community as being a **SAFE** place to live?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?
(clean air, clean water, etc.)

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

- ☐ Yes Please answer next question
☐ No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED in your community. (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trama | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (Ophthalmology, Optometry) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- ☐ Yes ☐ No

How long has it been since you last visited a physician / provider for a routine check up or screening?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? (Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

How would you rate your current ability to ACCESS health care services?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- ☐ Yes ☐ No ☐ Unsure

What are the reasons you or a family member did not receive the care needed?

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

TRAVELING FOR CARE

Have you or a member of your family **TRAVELED** to receive health care services outside of your community within the past 3 years?

☐ Yes ☐ No

If yes, Where did you travel to? *(If you traveled more than once, enter the most recent place you traveled to?)*

City _____ State _____

What was the main reason you traveled for care? *(select all that apply)*

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Second opinion | |

☐ Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health Insurance?

☐ Yes ☐ No

Please Indicate the source of your health Insurance coverage.

- ☐ Employer *(Your employer, spouse, parent, or someone else's employer)*
- ☐ Individual *(Coverage bought by you or your family)*
- ☐ Federal Marketplace *(Minnesota Care / Obamacare / Affordable Care Act)*
- ☐ Medicare
- ☐ Medicaid
- ☐ Military *(Tricare, Champus, VA)*
- ☐ Indian Health Service *(IHS)*

☐ Other *(please specify)*

DEMOGRAPHICS

What is your biological sex?

- ☐ Male ☐ Female

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- ☐ Yes ☐ No

How many people live in your house, including yourself? _____

How many children under age 18 currently live with you in your household? _____

Are you Spanish, Hispanic, or Latino in origin or descent?

- ☐ Yes ☐ No

What is your race? *(Select all that apply)*

- ☐ American Indian or Alaska Native
☐ Caucasian or White
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Black or African American

☐ Other *(please specify)*

How long have you been a US citizen?

- ☐ I am not a US citizen
 • Are you planning to become a US citizen? ☐ Yes ☐ No ☐ Prefer not to answer
☐ 0 - 5 years
☐ 6 - 10 years
☐ More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

- | | |
|--|---------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single, never married | <input type="radio"/> Widowed |
| <input type="radio"/> Unmarried couple living together | <input type="radio"/> Separated |

Which of the following best describes your current living situation?

- | | |
|--|--|
| <input type="radio"/> House (<i>owned</i>) | <input type="radio"/> Homeless |
| <input type="radio"/> Apartment or House (<i>rental</i>) | <input type="radio"/> Some other arrangement |

What is your primary mode of daily transportation?

- | | |
|---|---|
| <input type="radio"/> Automobile/Truck (<i>owned or leased</i>) | <input type="radio"/> Walk |
| <input type="radio"/> Online Ride Service (<i>Uber / Lyft</i>) | <input type="radio"/> Bicycle |
| <input type="radio"/> Taxi Service | <input type="radio"/> Family, Friends or Neighbors |
| <input type="radio"/> Public Transportation
(<i>bus / subway / rail</i>) | <input type="radio"/> I do not have a primary mode of daily
transportation |
| <input type="radio"/> Other (<i>please specify</i>) | |

What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than high school degree
- ☐ High school graduate (*high school diploma or equivalent including GED*)
- ☐ Some college but no degree
- ☐ Associate degree in college (*2-year*)
- ☐ Bachelor's degree in college (*4-year*)
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Professional degree (*JD, MD*)

Your current employment status is best described as:

- | | |
|---|--|
| <input type="radio"/> Employed (<i>full-time</i>) | <input type="radio"/> Not employed, looking for work |
| <input type="radio"/> Employed (<i>part-time</i>) | <input type="radio"/> Not employed, not looking for work |
| <input type="radio"/> Self-employed | <input type="radio"/> Retired |
| <input type="radio"/> Furloughed | <input type="radio"/> Disabled or unable to work |

What is your total household income from all sources?

- | | |
|---|---|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$50,000 – \$74,999 |
| <input type="radio"/> \$20,000 – \$24,999 | <input type="radio"/> \$75,000 – \$99,999 |
| <input type="radio"/> \$25,000 – \$29,999 | <input type="radio"/> \$100,000 – \$199,999 |
| <input type="radio"/> \$30,000 – \$34,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000 – \$49,999 | |

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.