Hans P. Peterson Memorial Hospital

2012 Community Health Needs Assessment

In the spring of 2012, Hans P. Peterson Memorial Hospital (HPPMH) embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

Hans P. Peterson Memorial Hospital (HPPMH), based in Philip, South Dakota, is a not-for-profit, 18-bed hospital serving rural Haakon County. With 150 employees, HPPMH provides services primarily to residents of Philip, but also serves those in neighboring towns and rural areas. HPPMH is a federally designated Critical Access Hospital.

It is HPPMH's mission to provide quality healthcare services with efficiency. Hans P. Peterson Memorial Hospital provides the following services:

- Medical Care
- Emergency Care
- Visiting Specialists
- Physical Therapy & Sports Medicine
- Massage Therapy
- Lab & Medical Imaging
- Visiting Nurse
- Swing Beds

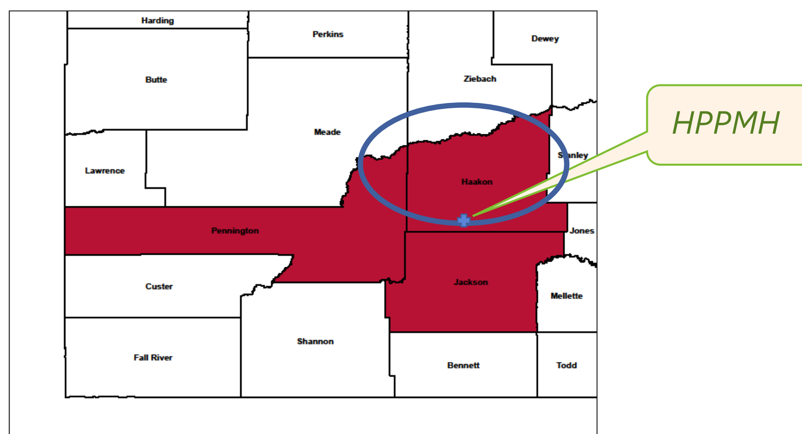
Definition of the Community Served

[IRS Form 990, Schedule H, Part V, Section B, 1a, 2]

Hans P. Peterson Memorial Hospital completed its last Community Health Needs Assessment in 2012.

CHNA Community Definition

The "community" defined for this project includes all residential ZIP Codes within the service area of Hans P. Peterson Memorial Hospital (HPPMH Service Area). A geographic illustration is provided in the following map. This community definition was determined because >80% of HPPMH's patients originate from this area.



Demographics of the Community

[IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's service area is estimated at 2,500 people drawn from primarily from Haakon County, northern Jackson County, and eastern Pennington County, for whom HPPMH is closer than any other health care facility. The majority of people served by HPPMH reside in Haakon County.

As throughout the state and nation, our population is aging, with 21.8% currently age 65 and older. This is projected to increase in coming years, as is the need for services to meet the health needs of this older population. Haakon County residents are geographically isolated with 1.1 persons per square mile. Median household income is just below the state average at $48,571, and 12.4% of the population remains below the poverty level.

US Census QuickFacts	Haakon County	Jackson County	Pennington County	South Dakota
Population, 2013 estimate	**1,894**	3,216	105,761	844,877
Population, 2012 estimate	**1,918**	3,174	104,363	834,047
Population, 2010 (April 1) estimates base	**1,937**	3,031	100,948	814,180
Population, percent change, April 1, 2010 to July 1, 2013	**-2.2%**	6.1%	4.8%	3.8%
Population, percent change, April 1, 2010 to July 1, 2012	**-1.0%**	4.7%	3.4%	2.4%
Population, 2010	**1,937**	3,031	100,948	814,180
Persons under 5 years, percent, 2012	**6.4%**	9.9%	7.1%	7.1%
Persons under 18 years, percent, 2012	**22.8%**	32.5%	24.2%	24.5%
Persons 65 years and over, percent, 2012	**21.8%**	13.3%	14.3%	14.7%
Female persons, percent, 2012	**49.5%**	48.9%	50.0%	49.8%
White alone, percent, 2012 (a)	**93.2%**	42.9%	84.1%	86.2%
Black or African American alone, percent, 2012 (a)	**0.8%**	0.5%	1.5%	1.7%
American Indian and Alaska Native alone, percent, 2012 (a)	**2.1%**	51.6%	9.7%	8.9%
Asian alone, percent, 2012 (a)	**1.0%**	0.1%	1.1%	1.1%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	**0.1%**	0.0%	0.1%	0.1%
Two or More Races, percent, 2012	**2.8%**	4.9%	3.4%	2.1%
Hispanic or Latino, percent, 2012 (b)	**0.8%**	1.8%	4.3%	3.1%
White alone, not Hispanic or Latino, percent, 2012	**92.6%**	42.5%	81.1%	83.8%
Living in same house 1 year & over, percent, 2008-12	**97.4%**	95.7%	80.0%	83.9%
Foreign born persons, percent, 2008-2012	**0.3%**	0.7%	1.9%	2.6%
Language other than English spoken at home, pct age 5+, 2008-12	**5.4%**	18.0%	4.5%	6.7%
High school graduate or higher, percent of persons age 25+, 2008-12	**93.4%**	88.2%	91.2%	90.1%
Bachelor's degree or higher, percent of persons age 25+, 2008-12	**22.7%**	15.2%	27.8%	26.0%
Veterans, 2008-12	**163**	210	11,330	69,787
Mean travel time to work (minutes), workers age 16+, 2008-12	**13.2**	14.1	17.8	16.8
Housing units, 12	**1,011**	1,191	45,617	368,175
Homeownership rate, 2008-12	**79.4%**	62.8%	65.4%	68.6%
Housing units in multi-unit structures, percent, 2008-12	**5.1%**	9.8%	21.9%	18.6%
Median value of owner-occupied housing units, 2008-12	**$80,300**	$55,900	$156,000	$129,800
Households, 2008-12	**782**	1,032	40,543	320,467
Persons per household, 2008-12	**2.29**	2.92	2.42	2.44
Per capita money income in past 12 months (2012 dollars), 2008-12	**$29,429**	$17,099	$27,044	$25,570
Median household income, 2008-12	**$48,571**	$43,967	$50,253	$49,091
Persons below poverty level, percent, 2008-12	**12.4%**	25.3%	13.2%	13.8%
Persons per square mile, 2010	**1.1**	1.6	36.4	10.7

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

Existing Health Care Facilities & Resources

[IRS Form 990, Schedule H, Part V, Section B, 1c]

Although there are other health care facilities and resources within the service area, Hans P. Peterson Memorial Hospital is a Critical Access Hospital and the primary health care resource serving the population. Other area health care service organizations include the following:

Nursing Homes/Adult Care

- Philip Nursing Home (affiliated with HPPMH)
- Silverleaf Assisted Living Center (affiliated with HPPMH)
- Kadoka Care Center

Medical Clinics

- Philip Clinic (affiliated with HPPMH)
- Kadoka Clinic (affiliated with HPPMH)
- Wall Clinic
- Haakon County Public Health Nurse
- Jackson County Public Health Nurse

Mental Health Services/Facilities

- Missouri Shores Domestic Violence Center
- Capital Area Counseling Service

Emergency Medical Services (EMS)

- Philip Ambulance Service

Home Healthcare

- Rural Visiting Nurse Program (affiliated with HPPMH)

School Health Services

- Haakon County School District
- Kadoka School District

How CHNA Data Were Obtained [IRS Form 990, Schedule H, Part V, Section B, 1d]

Collaboration and Research [IRS Form 990, Schedule H, Part V, Section B, 4]

The Community Health Needs Assessment was sponsored by a partnership between Hans P. Peterson Memorial Hospital (HPPMH) and Regional Health (RH). The project also received input from a Community Health Needs Assessment Advisory Committee, created for this purpose, which was comprised of representatives of the partnering organizations as well as other citizens chosen for their relevant experience and interests. In addition, HPPMH conducted supplemental focus group research to obtain a more localized perspective.

CHNA Goals & Objectives

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the primary service area of Hans P. Peterson Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. The 2012 PRC Community Health Needs Assessment serves as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups and additional health stakeholder focus groups conducted by HPPMH.

Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention

objectives and other recognized health issues. The final survey instrument was developed by PRC, with input from HPPMH and the other community sponsors.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 1,000 individuals age 18 and older in the primary service area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the primary service area as a whole. All administration of the surveys, data collection, and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. These secondary data were available at the county level; to best match the Primary Service Area, data from Haakon County was used. These were obtained from a variety of sources (specific citations are included in the CHNA report), such as:

- Centers for Disease Control & Prevention
- National Center for Health Statistics, State Department of Public Health
- State Department of Health and Human Services
- State Uniform Crime Report
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Community Stakeholder Input

[IRS Form 990, Schedule H, Part V, Section B, 1h & 3]

As part of the Community Health Needs Assessment, there were five Key Informant Focus Groups held in the region — these key informant focus groups allowed for input from persons with special knowledge of or expertise in public health, as well as others who represent the broad interests of the community served by Hans P. Peterson Memorial Hospital. Participants included 61 key informants in the region, including physicians, other health professionals, social service providers, business leaders and other community leaders.

Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions. Specific names/titles of those participating are available upon request.

Key Informant Focus Group	Date
Physicians	March 6, 2012
Other Healthcare Providers	March 6, 2012
Social Services Providers	March 7, 2012
Business Leaders	March 7, 2012
Other Community Leaders	March 8, 2012

Supplemental Localized Research

To obtain additional input from local residents and health care stakeholders, HPPMH conducted an additional series of focus groups in 2014 with residents from Philip, Haakon County and Jackson County.

Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 1i]

While this Community Health Needs Assessment is quite comprehensive, HPPMH, RH, and PRC recognize that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 1f]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs, please refer to the complete PRC Community Health Needs Assessment report, which can be viewed online at http://HPPMH.healthforecast.net.

Public Dissemination

[IRS Form 990, Schedule H, Part V, Section B, 5-5c]

This Community Health Needs Assessment is available to the public using the following URL: http://HPPMH.healthforecast.net. HealthForecast.net™ is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large.

This site:

- Informs readers that the CHNA Report is available and provides instructions for downloading it;
- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net™ site are also made available at HPPMH's hospital website at: www.philiphealthservices.com

HPPMH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. HPPMH will also maintain at its facilities a hard copy of the CHNA report that may be viewed by any who request it.

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the complete Community Health Needs Assessment for additional health indicators).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	Lack of Health Insurance Coverage Insurance Instability Cost of Physician Visits Routine Checkups [Adults] (Including Screening for Blood Pressure/Cholesterol) Lack of Dental Insurance Coverage Routine Eye Exams Ratings of Local Healthcare
Cancer	Cancer Deaths (Prostate Cancer, Lung Cancer)
Diabetes	Diabetes Prevalence
Immunization & Infectious Diseases	Seasonal Flu Shots (65+)
Injury & Violence Prevention	Unintentional Injury Deaths (Poisonings/Accidental Overdoses, Motor Vehicle Crashes, Falls) Family Violence (Domestic Violence, Child Abuse)
Mental Health & Mental Disorders	Suicides Persons w/Depression Seeking Help
Nutrition, Physical Activity & Weight Status	Prevalence of Obesity Fruit & Vegetable Consumption Lack of Leisure-Time Activity Meeting Physical Activity Guidelines Vigorous Physical Activity Screen Time (Children 5-17)
Oral Health	Regular Dental Visits
Substance Abuse	Cirrhosis/Liver Disease Deaths High-Risk Alcohol Use Drug-Induced Deaths Illicit Drug Use
Tobacco Use	Cigarette Smoking Chronic Lower Respiratory Disease (CLRD) Deaths

Prioritization Process

[IRS Form 990, Schedule H, Part V, Section B, 1g, 6g]

After reviewing the Community Health Needs Assessment findings, the CHNA Steering Committee met on Monday, June 11, 2012, to determine the health needs to be prioritized for action in FY2012-FY2014.

During the a detailed presentation of the CHNA findings, consultants from PRC used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Areas of Opportunity) and ranking identified health issues against the following established, uniform criteria:

- **Magnitude**. The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness**. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Feasibility**. The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction**. The risk of not addressing the problem at the earliest opportunity.

Prioritization Results

From this exercise, the Areas of Opportunity were prioritized as follows:

1. **Access to Health Services**
2. **Nutrition, Physical Activity & Weight Status**
3. **Diabetes**
4. **Oral Health**
5. **Substance Abuse**
6. **Mental Health & Mental Disorders**
7. **Tobacco Use**
8. **Cancer**
9. **Immunization & Infectious Diseases**
10. **Injury & Violence Prevention**