

Southwest Healthcare Services Community Health Needs Assessment - 2013



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Community Health Needs Assessment



Between October 2012 and January 2013, a Community Health Needs Assessment (CHNA) was conducted by Southwest Healthcare Service (SWHS) for the approximately 5,300 residents of Bowman (ND), Slope (ND) and Harding (SD) counties. Bowman County includes its county seat, Bowman, a city of 1,650 residents located in south west North Dakota. SWHS hospital serves this city and essentially all the surrounding rural area residents in the three county area.

Southwest Healthcare Service operates a hospital, long-term care facility, rural health clinic, ambulance service, senior apartments and an assisted living facility.



Conducting the Assessment



The assessment process was initiated and led by SWHS in collaboration with Eide Bailly LLP an accounting and consulting firm specializing in consulting with healthcare organizations.

To ensure input from persons with broad knowledge of the community, a Community Advisory Committee was organized with specific individuals from the community served. Personal invitations were sent to organizations representing various community, business, educational and religious groups. Representatives from the local health care providers and the county public health department were included to bring in additional professional perspective.

Conducting the Assessment

Community Advisory Committee Participants

Individual	Position
Becky Hansen	SWHS Administrator
Sasha Ruggles	SWHS CFO
Galen Strant	SWHS board member
Dr. Forrest Lanchbury	SWHS Physician-Medical Director
Pat Kelly	Dentist
Jim Stafford	Chiropractor
Ron Palczewski	Bank President
Chris Peterson	Nurse Practitioner
Rose Bergquist	Mental health professional
Patty Gilbert	Physician Assistant
Shannon Bowman	Occupational Therapy
Val Kunze	Pharmacist

Conducting the Assessment

Community Advisory Committee Participants

Individual	Position
Amy Smyle, RN	Home health provider
Robbie Coxe	SWHS Director of Nursing-Hospital and Long Term Care
Jennifer Hestekin	Emergency medical services representative
Colleen Stebbins	Public health official
Lyn James	City Mayor
Lynn Brackel	County government
Darren Limesand	Chamber of Commerce
Ashley Alderson	Economic Development Corporation Director
Darlene Gerth	Volunteer organization representative
Deb Bucholz	Local business owner and Rotary representative



Conducting the Assessment



Conducting the Assessment

An initial meeting with the Community Advisory Committee began with a discussion of the role of the Community Advisory Committee and a review of the applicable Internal Revenue Service requirements for non-profit hospitals. These rules require input from the community in identifying and prioritizing the health needs of the community and an implementation strategy for addressing the needs identified.

The first issue addressed by the Community Advisory Committee was the applicable service area to be considered in determining the community served.



Defining the Community



Southwest Healthcare Services presented information on the community origin of its patients based on admissions from the past year. More than 83% of its patients reside in the three county area.

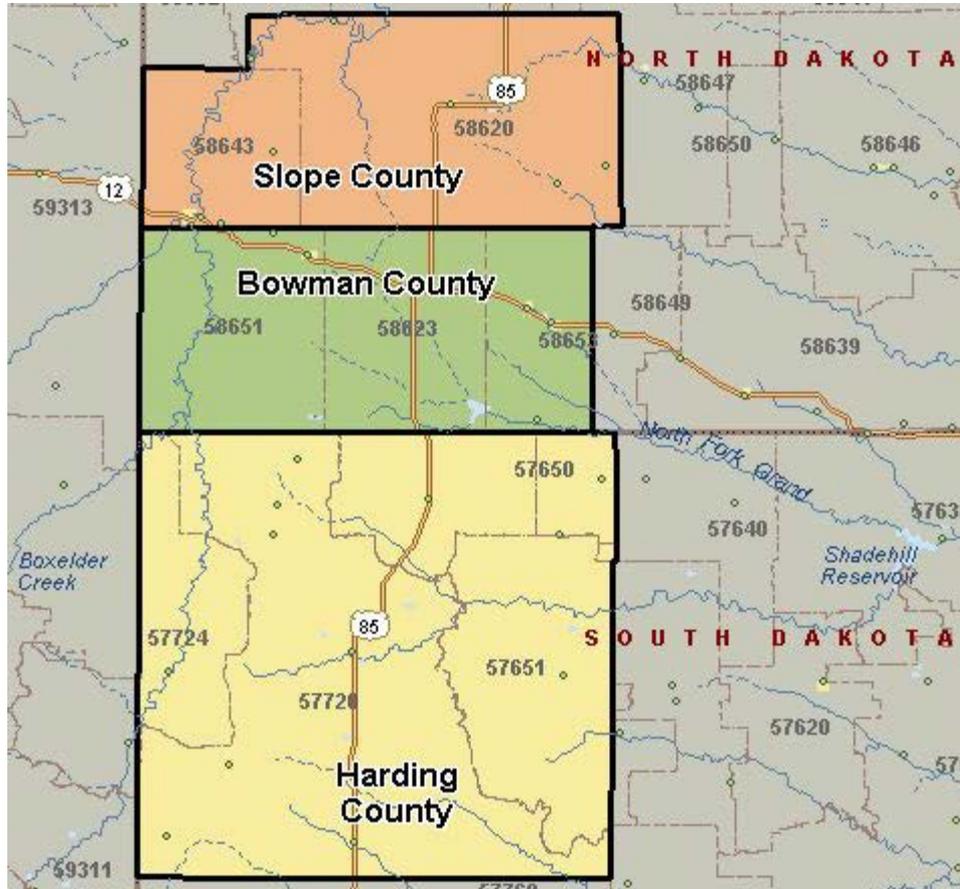
Based on this information, the committee identified the service areas of Bowman, Slope and Harding (SD) counties for the purposes of the CHNA.



Defining the Service Area: The Three County Service Area



Displayed below is the three counties in SWHS's service area (*Bowman, Slope, & Harding SD*):



Service Area County	% of Total Discharges
Slope	10%
Bowman	70%
Harding	3%
Other	18%
Total	100%

Bowman, Slope, and Harding (SD) counties account for 83% of the discharges at SWHS



Community Description



The Committee then reviewed demographic information for the community based on information from Claritas SiteReports (<http://www.claritas.com/sitereports>) and additional information from county, state and national sources.



Community Description

Bowman, Slope and Harding counties are predominantly rural areas dominated by agricultural and energy industry economic pursuits. The 2000 census estimates a population of 5,362 and an average population density of 1 resident per square mile. SWHS provides the only inpatient hospital services in the three county service area. The service area population is estimated to experience slight decrease in total population between 2000 and 2017 (-4.5%).



Key Demographics and Trends: Population by County



Displayed below the service area's population change from 2000 to 2017 compared to the state and national projections:

Population Summary	2000 Census	2017 Estimate	% Change	% CAGR
Service Area	5,362	5,123	-4.5%	-0.3%
Service Area 65+	1,025	1,074	4.8%	0.3%
State of North Dakota	642,200	708,778	10.4%	0.6%
United States (000s)	281,422	325,257	15.6%	0.9%

Source: Claritas, Inc. June 2012

CAGR: Compound annual growth rate

Some Rural America service areas have seen population decrease as younger populations migrate. The 65+ segment, a significant hospital population base, continues to increase (Hispanic population represents .8% of population)



Community Description



Median household income in the service area is \$41,220 and the average household income is \$53,522. These income values are below the median and average for both the state of North Dakota and the United States. Unemployment rates for the service area range from 1.6% (Bowman), 1.5% (Slope), to 3.8% (Harding). These rates compare favorable to the state of North Dakota (3.0%) and the United States (8.2%).



Key Demographics and Trends: Household Income



Displayed below is the average and median household income figures for the service area, State of North Dakota, and US:

Area	Service Area		State of North Dakota		United States	
Average Household Income						
2000	\$ 37,864		\$ 43,560		\$ 56,644	
2012	\$ 53,522	41.35%	\$ 55,734	27.95%	\$ 67,315	18.84%
2017	\$ 56,631	5.81%	\$ 58,064	4.18%	\$ 69,219	2.83%
Median Household Income						
2000	\$ 29,755		\$ 34,668		\$ 42,729	
2012	\$ 41,220	38.53%	\$ 44,161	27.38%	\$ 49,581	16.04%
2017	\$ 43,087	4.53%	\$ 45,622	3.31%	\$ 50,850	2.56%

Service area household income growth % exceeds the State of North Dakota which also is higher than the US average



Key Demographics and Trends: Unemployment Rates



Below is the US, State of North Dakota, and Service Area, County Unemployment Rates:

Service Area	2006	2007	2008	2009	2010	2011	2012
United States of America	4.6%	4.6%	5.8%	9.3%	9.6%	9.0%	8.2%
State of North Dakota	3.2%	3.1%	3.1%	4.1%	3.8%	3.5%	3.0%
Counties:							
Bowman	2.2%	2.0%	2.1%	3.1%	2.7%	2.3%	1.6%
Slope	2.3%	1.6%	1.3%	2.1%	1.6%	1.2%	1.5%
Harding	2.9%	2.7%	2.7%	3.2%	3.0%	3.8%	3.8%

Source: Bureau of Labor Statistics

All three county unemployment rates are lower than the state of North Dakota which is below the national rate for all years. Harding's unemployment rate increased in 2011 and stayed so far through 2012



Conducting the Assessment



Next the committee reviewed national and state health care trends and rankings available from 2011 County Health Rankings & Roadmaps (data from 2006-2011) (<http://www.countyhealthrankings.org>) and America's Health Rankings(2011) (<http://www.americashealthrankings.org/>)

The review included analysis of health trends and comparisons within the community and with other counties in North Dakota and the United States.



Conducting the Assessment



The Community Advisory Committee discussed each of the health trends to determine if the information was consistent with their understanding of the needs of the community. Based on this analysis, the committee categorized the health trends into three categories:

- Community advantages
- Community on par
- Community needs



Summary:

Results – Community Advantages



The service area excels in the following national need categories which are indicative of good health (indicator) or result in good health (coincide) as measured by health outcomes and factors:

- Household Income
- Unemployment
- Children in poverty %
- High school graduation rate
- Primary care physician per 100,000
- Utilization as measured by IP admissions



Summary:

Results – Community on par



The service area is performing on an average basis in the following national need categories which are indicative of good health (indicator) or result in good health (coincide) as measured by health outcomes and factors:

- Demographics
- Uninsured %
- Health Outcomes (*mortality | morbidity rates*)
- General health outcomes



Summary:

Results – Community Needs



The service area is performing below average basis in the following national need categories which are indicative of good health (indicator) or result in good health (coincide) as measured by health outcomes and factors:

- Obesity %
- Diabetes %
- Physical Environment
- Lack of exercise
- Access to healthy foods



Summary:

Results – Community Needs *(continued)*



The service area is performing below average basis in the following national need categories which are indicative of good health (indicator) or result in good health (coincide) as measured by health outcomes and factors:

- Coronary Heart Disease
- College Educated
- Fair or Poor Health
- Unintentional Injuries *(assuming state wide)*



Conducting the Assessment



This discussion led to the development of a survey tool to gather additional information on the community health needs, as perceived by others not already participating in the Community Advisory Committee.

The survey was distributed to others in the community and returned for review and analysis:

- The survey was distributed to the local Rotary Club and to the hospital board members and other key community members
- The survey was also completed by department managers in the hospital
- The survey had a 50% response return rate



Conducting the Assessment



The results of the survey were communicated to the Community Advisory Committee at its second meeting.

Based on the health needs identified in the review of health data, Community Advisory Committee feedback and survey results, a list of 21 potential community needs was developed. There were no primary and chronic disease or other specific health needs identified related to low income or chronically ill populations.



Potential Health Needs

1. Aging hospital facility
2. Percentage of population considered obese
3. Percentage of population with diabetes
4. Physical Environment-Air Quality: Particulate Matter
5. Percentage of population reporting lack of exercise
6. Percentage of population with coronary heart disease
7. Percentage of population that is college educated
8. Percentage of population reporting they are in fair or poor health
9. Unintentional injuries (Deaths)
10. Limited access to healthy foods



Potential Health Needs

11. Teen birth rate
12. Percentage of population without insurance
13. Confidentiality in health services
14. Shortage of medical staff (mixed data)
15. Access to specialty care services (gynecology and cardiology)
16. Access to pharmacies
17. Access to mental health services
18. Better collaboration between healthcare providers
19. Education and implementation of healthy lifestyle programs
20. Access to optometric services
21. Elder care transportation

Conducting the Assessment



The Community Advisory Committee members agreed on a set of criteria to use to evaluate the list of potential needs identified through the fact finding process. The criteria included:

- a. Potential to Impact Community Health
- b. Cost to the Community
- c. Community Urgency

The Community Advisory Committee discussed each of the 21 identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. Committee members then identified six of the issues they felt had the highest community priority. This process involved casual group discussion as committee members placed their priority votes on the items, allowing for individuals to make decisions with input from their fellow committee members.



Conducting the Assessment



The prioritization process identified seven priority issues for the community, presented in rank order:

1. Improvement/replacement of hospital facility
2. Shortage of healthcare staff
3. Access to mental health services
4. Awareness of services provided and access to specialty services
5. Education and implementation of health lifestyle programs
6. Percentage of population considered obese
7. Percentage of population reporting a lack of exercise



Conducting the Assessment



During the discussion on health needs, the Committee identified other resources in the community that may be available to work in collaboration with Southwest Healthcare Services to address the needs identified including:

- Schools
- Churches
- Senior Centers
- County Health Department
- West River Health Services



Community Health Needs Assessment



Next Steps

SWHS is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. In the coming months, this implementation strategy will be discussed and approved by the Board of Directors of SWHS, and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.



Community Health Needs Assessment



Community Contact Information for CHNA

Community members who would like to provide input on the next CHNA process, or would like to review detailed community health statistics and data gathered and reviewed by the committee, are encouraged to contact SWHS with their inquiries, suggestions or comments.

Allison Engelhart
Southwest Healthcare Services
802 Second Street NW
Bowman, ND 58623
angelhart@swhealthcare.net