



Winner Regional Health

Locally Owned and Operated



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Winner, SD

Dear Community Members,

Winner Regional Health is pleased to present the 2022 Community Health Needs Assessment (CHNA). We complete a community health needs assessment every three years. The assessment identifies health needs in the community and enables us to address those 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.

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

- Long-Term Care, Nursing Homes, & Senior Housing
- Access to Health Care Providers

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 impact report detailing 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,

Kevin Coffey
Chief Executive Officer
Winner Regional Health
Winner, SD

BACKGROUND

Community Description

Winner is located in south central South Dakota along Highways 18, 183 and 44 and is the county seat of Tripp County. The population of Winner is 2,921 and the city covers approximately 922.5 acres of land. Winner was part of the famous Louisiana Purchase of 1803 and later part of the Dakota Territory, established by an act of Congress and a proclamation by President Abraham Lincoln in 1861.

Winner was so named because it was the “winner” in the struggle to establish a town along the railroad right-of-way when the Chicago North Western began moving west from Dallas, SD in 1909.

Over 300 businesses are active in Winner. The Winner School District is rated level 1 by the South Dakota Division of Education, with the high school accredited by the North Central Association of Colleges and High Schools.

Winner is home to a regional health care center and two modern assisted living centers. Recent capital improvements in the city include a new main street, new runway at the airport, and a new fire hall/ambulance facility with a new training room.

The community as defined for purposes of the Community Health Needs Assessment includes Tripp County, SD. Demographic detail for the county is included in the appendix.

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. Winner Regional Health 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.

Winner Community Partners

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

- Kevin Coffey – CEO, Winner Regional Health
- Deb Davis – DOO, Winner Regional Health
- Sara Hammerbeck – Governing Board Member, Winner Regional Health
- Mike Scott – Executive Director, Winner Area Chamber of Commerce
- Kelly Meiners – President, Tripp County Economic Development Board
- Betty Tideman – Administrative Assistant, Winner Regional Health

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, Beltram 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
- Michelle Micka, System Vice President, Finance, Health Services
- 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 Griese, Vice President, Operations and Population Health
- 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

Hospital Description

Winner Regional Health is a 25-bed Critical Access Hospital and 60-bed long-term care facility that caters to the health needs of south central South Dakota and north central Nebraska.

Physicians in the following specialties provide consultation and treatment at Winner Regional Health's Outreach Clinic:

- Audiology
- Bone Density Scan
- Cardiology
- Dermatology
- Diabetic Education
- Dietician
- Digital Mammography
- ENT (Ear, Nose, Throat)
- Lactation Consultant
- MRI
- Neurology
- Nephrology
- OB/GYN
- Ophthalmology
- Oral Sedation
- Orthopedics
- Outpatient chemotherapy
- Pain Clinic
- Podiatry
- Pulmonology
- Retail Pharmacy (Winner Regional Health Pharmacy)
- Speech Therapy
- Urology
- Vascular

Winner Regional Health is a not-for-profit facility that operates for the benefit of patients and residents in our service area. The nine-person volunteer Board of Directors manages the operation of our institution. The board chooses three candidates from our local communities each year to serve three-year terms on the board.

Our management agreement with Sanford Health aids the hospital and long-term care facility with purchasing, training, technology, and administration. Winner Regional is dedicated to providing quality employment opportunities and purchasing local goods whenever possible.

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 each and 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 Winner Regional Health 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

Winner Regional Health 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 Tripp 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 121 of respondents from the CHNA area completed the survey.

Secondary Data

County Health Rankings is based upon the UW Population Health model and serves 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, Winner's community's 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

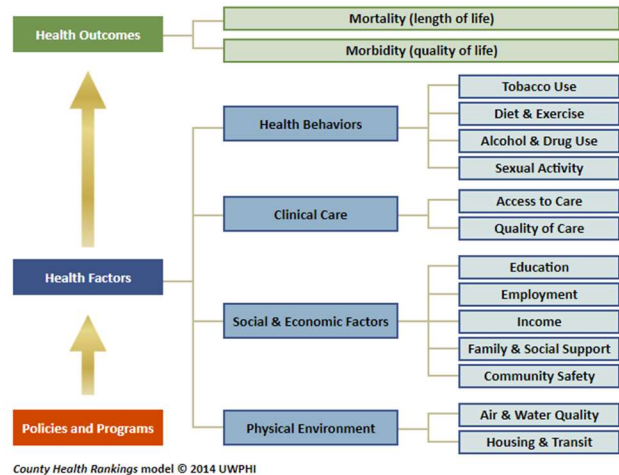
Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining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

Tripp County is the community primarily served by Winner Regional Health 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 Winner area regarding the quality of health care in the local community were positive (average score=3.41).

- Long-term nursing care and senior housing quality (average score=3.01)
- Quality of childcare, daycare, and pre-school services (3.27)
- Access to transportation (3.35),
- Safe place to live (3.66),
- Environmental health of the community (4.03)
- Access to healthy and nutritional foods (3.37)
- Access to physical activity and exercise opportunities (3.56)

However, all average scores were lower than the comparison group average, with the exceptions of transportation and environmental health.

When asked about their personal health, CHNA respondents in the Winner area rated their current health and wellness as good (average score=3.35), in line with the peer average. County Health Rankings rated Tripp County 46th in health outcomes and 48th in health factors among counties in South Dakota with lower-than-average health outcomes and health factors compared to the state.

Significant Health Needs Identified

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.

As noted earlier, the availability of affordable housing in the community was rated the lowest of all survey health issues with an average score of 2.29, which was below the peer comparison group average. Housing availability was the most common theme among respondents explaining their score, with three of the top five reasons given including general availability (33%), availability of rental units (16%), and availability of low-income or senior housing 8%. CHR estimates the local home ownership rate of 76% is higher than the state average although they estimate 11% of households face a severe housing cost burden, defined as spending more than half of their household income on housing. Some respondents raised concerns about the quality of units in the price range of low-income earners (15%).

Community members discussed the local housing market during the CHNA stakeholder meeting and agreed the rental options have somewhat improved over the past few years but acknowledged the overall market is still very challenging. Winner Regional Health purchased a house and some rental units to help alleviate some of the demand and continues to look for opportunities to partner with other community entities to address the issue.

Local Asset Mapping	
<p>Affordable Housing Resources:</p> <ul style="list-style-type: none"> • Frontier Apartments – 605-347-3077 • Presidential Square – 605-842-1012 <p>Low Income Apartments:</p> <ul style="list-style-type: none"> • Lamro Apartments – 605-842-3615 • Homestead Townhomes – 605-224-8231 	<p>Other:</p> <ul style="list-style-type: none"> • Low-Income Energy Assistance Program (SD DSS) – 605-842-0400

Employment and Economic Opportunities

Economic factors, such as income and employment can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, and manage stress.

CHNA survey results indicate that respondents in the Winner area rated the employment and economic opportunities in their community as fair. The average score of 2.79 ranked second lowest among local survey health issues. Economic and employment opportunities had the second greatest deficit to the peer group. Availability and limited employment options were cited as the most frequent reason for the score provided, compounded by businesses closing or laying off workers. Wage levels were the third most frequently cited reason, and the only non-availability reason given.

CHR data indicate that 52 percent of adults ages 25 to 44 in the county have some level of college education (which is lower than the comparison group average). Median household income is estimated to be \$50,500 and 43% percent of children in the county are eligible for free- or reduced-price lunch (a percentage which is higher than the comparison group average).

The quality of childcare, daycare, and pre-school services (average score=3.27) scored below the peer comparison. Access to services was noted generally by 52% of respondents while hours of service or location were highlighted by 13%. Community stakeholders discussed survey results for employment and economic opportunities but did not choose to prioritize this need in the 2023-2025 implementation strategies. The group agreed these issues will require broad community-based support and partnership beyond what a local hospital can do on its own. Information from the CHNA survey will be shared with community members and local organizations.

Local Asset Mapping	
<p>Economic Resources:</p> <ul style="list-style-type: none"> • Winner Resource Center: 877-695-0558 • Childcare Assistance Program (SD DSS): 800-227-3020 • Commodity Supplemental Food Program (Feeding SD): 605-842-1708 	<p>Employment Resources:</p> <ul style="list-style-type: none"> • Winner Department of Labor & Regulation Office: 605-842-0474 • SD Works: 605-626-2301 or www.southdakotaworks.org • DLR On-the-Job Training Program: 605-773-4133

Long-Term Care, Nursing Homes, and Senior Housing

Long-term care refers to a broad range of services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness, disability, or other health-related conditions. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Care can be provided in the home, a nursing home, or in a variety of other settings.

CHNA survey respondents scored quality of long-term care as good (average score=3.01); however, the score was lower than the peer group average. When asked the reason for their ranking, the leading reasons given centered on staffing and availability. The lack of providers was noted by 27% of respondents while staff turnover was noted by 25% of respondents. The availability of affordable housing is possibly contributing to the score as survey respondents rated it the lowest of all topics locally (average score=2.29). Availability of low-income and senior housing was a contributing factor in the affordable housing score.

Community stakeholders agreed that this issue is a high priority for the community. Winner Regional administration has been in contact with legislative representatives to discuss the issue and potential solutions. Winner Regional recently decertified nursing home beds to qualify for a state program and is in the process of analyzing feasibility and next steps.

Local Asset Mapping	
LTC Resources: <ul style="list-style-type: none">• Winner Regional Long-Term Care: 605-842-7200• Elder Inn: 605-842-0390• Golden Prairie Manor: 605-842-0508• Rose Manor (Colome, SD): 800-755-1458	Winner Long-Term Services and Supports Office: 605-842-8419
	SD Medicaid/DSS: 800-305-3064
	Rural Office of Community Service (Senior Nutrition Provider): 605-384-3883
Memory Care Resources: <ul style="list-style-type: none">• Winner Regional Long-Term Care: 605-842-7200• Elder Inn: 605-842-0390• Golden Prairie Manor: 605-842-0508	Dakota at Home Aging and Disability Resource Center: 833-663-9673

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. Quality of care scored a 3.41, which is below the average for the comparison group. When asked why they scored it low, lack of providers (38% of respondents) and available specialty care (18%) were the two most frequent responses. Covid at 12% was the third most commonly stated response.

When asked, 80% of respondents from the Winner area noted they or a family member travelled outside the community for care in the last three years. The primary reason given was that services were not available locally (79% of respondents). A majority (56%) indicated there are services they would like to see offered or improved with the most common mentions being walk-in/urgent care (44%), dermatology (42%), OB/Gyn and women's care (39%), addiction treatment (34%), and behavioral or mental health (32%). Substance and alcohol abuse was the leading reason cited for the lower-than peer average score for safe place to live. County Health Rankings (CHR) indicate primary care and mental health providers are more prevalent in Tripp than the state as a whole.

During the stakeholder meeting, the group agreed that enhancing access was an important priority and one that Winner Regional continues to evaluate and address. There was broad acknowledgement that getting access to some of the specialty services mentioned by survey respondents could be a significant

challenge. The group discussed provider recruitment, virtual care, remote monitoring, and other such options to improve access to services. This issue was selected for prioritization in the 2023-2025 implementation plan.

Local Asset Mapping	
<p>Insurance Resources:</p> <ul style="list-style-type: none"> • SD DHS Prescription Assistance Program: 605-773-3656 • The Insurance Center: 605-842-3260 • Southern Dakota Insurance Agency: 605-775-2097 • SD Medicaid / DSS: 800-305-3064 • American Family: 605-842-8300 • Dakota Care: 605-842-3260 • Bank West: 605-842-3004 • First Fidelity: 605-842-3811 • State Farm: 605-842-0470 	<p>Health Care Resources:</p> <ul style="list-style-type: none"> • Winner Regional Health: 605-842-7100 • Winner Regional Home Health: 605-842-7170 • Southern Plains Behavioral Health Services: 605-842-1465 • National Suicide Prevention Hotline: 800-273-8255 or dial 988 • NAMI of South Dakota: 605-271-1871 • SD Helpline Center: 211 • Community Connections: 605-842-1708 • Community Health: 605-842-7166

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. When CHNA respondents in the Winner area were asked about the biggest health concerns for themselves and their family (concerns they face on a regular basis), chronic health issues was the leading concern with 16% of total responses. CHR data indicate that one in three adults have obesity (36%) and 22% of adults smoke. Tripp County has 41 teen births per 1,000 females 15-19 over a seven-year time frame compared to the state average of 24.

Access to healthy and nutritional foods and physical activity opportunities both ranked lower than the peer group with average scores of 3.37 and 3.56 scores, respectively. Availability and cost of healthy foods were the primary drivers of the lower nutritional foods score.

Access, particularly in the winter, is the driver for physical activity concerns. The community highlighted the availability of outdoor resources in the summer but 20% noted the need for additional winter and indoor opportunities. According to CHR only 59% of the population has adequate access to locations for physical activity, compared to 74% for the state overall. Access to gyms and classes were mixed among respondents. When separately asked their top family health concern 10% noted exercise, a tie for second with insurance costs and available specialties.

As discussed amongst community stakeholders, healthy living will not be included in the implementation plan for 2023-2025. However, this remains an ongoing focus area for the hospital and providers continue to work with patients on healthy behaviors and outcomes. Winner Regional also promotes health in the community with educational opportunities including Better Choices Better Health and Matter of Balance classes. Additionally, there are a number of other community resources available for local residents.

Local Asset Mapping	
Rural Office of Community Services: 605-842-1226	Tripp County Community Health Services: 605-842-7166
Winner Regional Health Clinic: 605-842-2626	Physique Fitness Studio: 605-840-4924
Winner Social Services: 605-842-0400	Performance Fitness: 605-840-4492
SD Tobacco QuitLine: 866-SD-QUITS	The Body Shop Gym and Fitness: 605-830-2585

Winner Regional Health 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, Long-Term Care, Nursing Homes, and Senior Care and Access to Health Care Providers 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. Health Care Access
2. Long-Term Care

Priority 1: HEALTH CARE ACCESS

Current activities

A physician was recently hired, replacing another physician that left Winner Regional.

Projected Impact

For the past several years, Winner Regional Health (WRH) has reached out to recruiters and FARM students who have done rotations at WRH. There have been providers that have come to the community, but left. The organization must continue to pursue physicians to practice in a rural environment.

Goal 1: Recruit primary care physicians to assure one physician is available in the clinic Monday through Friday.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Hire a physician by the end of 2024.	Hire a minimum of one additional provider by 12/2024 in anticipation of community needs for medical services.	Local Leadership	Admin Team	External and internal recruiting sources

Goal 2: Increase number of Outreach providers to minimize the number of community members that travel outside of Winner for healthcare.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Increase Outreach providers in at least one of the following areas: Dermatology, OB/GYN, mental health.	Increase the number of Outreach Clinics by 2 additional clinics per month by 12/2024.	Local Leadership	Administration	Other health care entities

Goal 3: Determine if extended clinic hours or a standard walk-in/urgent care 1) there is a need and 2) fiscally responsible undertaking for the organization.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Look into the feasibility of having extended clinic	Gleaning from the Listening Sessions that the Marketing	Marketing department.	Administration	N/A

hours or walk-in/urgent care.	Director will conduct determine if there is a need in the community.			
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Priority 2: Long-Term Care

Current activities

WRH recently decertified nursing home beds to qualify for a state program. Due to the number of nursing home closures, closing the WRH nursing home would be detrimental to this area of the state.

Projected Impact

The organization needs to continue to find ways to keep the nursing home operating budget within a non-negative balance to help address the aging population of the community

Goal 1: Work out a balanced budget for the nursing home.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Find the break-even point for the nursing home.	Determine what the right patient mix (Medicaid, Private Pay) is to operate a nursing home without a loss.	Fiscal department	Administration	Community

Goal 2: Hire permanent workers.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
By 2024 replace 80 percent of the travelers in the nursing home with WRH staff.	Decrease the contracted labor to no more than \$400,000 per year.	Human Resources	Administration	

Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—not being addressed as a significant need for the purpose of this process:

Affordable Housing

Not included in the implementation plan. Winner Regional continues to monitor this issue and has purchased a house and rental units to alleviate some of the demand. Information from the CHNA survey will be shared with community members and local organizations as affordable housing solutions are discussed. Winner Regional offers financial assistance for medical bills for those facing financial hardship.

Healthy Living

Not included in the implementation plan but this remains an ongoing focus area for the hospital. In the past few years, Winner Regional has offered numerous educational opportunities and resources including Better

Choices Better Health and Matter of Balance classes. Additionally, there are a number of other community resources available for local residents.

Employment and Economic Activities

Employment and Economic Activities is not included as a priority in the implementation plan as other needs were deemed to have more potential for impact and more in line with the mission of the hospital.

Information from the CHNA survey will be shared with community members and local organizations.

Winner Regional Health Summary 2020 – 2022 Action Plan

There were two priorities for the 2020 – 2022 cycle. The first priority was to focus on Children and Youth. The goal was to assist area youth with establishing healthy habits based on smart food choices and active lifestyles. The tactic was to educate local students on 1) healthy food choices, and 2) learning about the benefits of living an active lifestyle.

In 2020 the reality and fears from Covid-19 became the focus in the United States. Education was being done in the home via on-line and paper packets. Healthcare was routinely changing protocols in order to handle the influx of extremely ill patients. Winner Regional also experienced changes in staffing due to employee retirements, resignations and illness, primarily from Covid-19.

The Community Health Needs Assessment's first Priority was modified from external to internal activities due to the constantly changing guidelines that surrounded Covid-19. The Health and Wellness Committee continues to place throughout the employee restrooms in the organization education on ways to be more active, how far you would walk by doing a particular activity and adding more color to your plate. There was a spring/summer fitness challenge for employees, a poker walk/run event and for the New Year a goal setting/action plan worksheet for employees to follow. Healthy smoothies were available for purchase. Pre-Covid, a weight loss/endurance and muscle mass project was executed.

The annual health fair opened back up to the public in 2022 where a blood panel could be obtained for a nominal charge, a free breakfast was provided to attendees and over 30 health-related booths were available for the community to peruse.

The second priority was to find ways to help employees reduce stress. Again, due to Covid-19, employees stress level greatly increased. Having new ways of caring for sick patients, needing to follow higher infection control precautions, keeping the public at bay, these changes in patient care only exacerbated the tension and anxiety of healthcare workers.

In 2021, a different tactic was employed. Several staff members received training on a program titled "A Matter of Balance" (MOB). The staff members then offered MOB to employees and community members. The first class was held in Fall of 2021 and again in Spring/Summer of 2022 and a third class is currently taking place. MOB is specifically designed to reduce the fear of falling and improve activity levels among community-dwelling older adults. Another scientifically proven program that continues to be offered, the past six years, as an in-person program, and during Covid, presented either on-line or as a self-guided study, is a chronic disease self-management education program (focus areas are chronic disease, pain, diabetes and cancer). The program is called "Better Choices Better Health". Both of these programs are free to the public.

Although the priorities and goals were adjusted due to factors that were out of Winner Regional's control, one should consider the efforts made to be successful given the unprecedented challenges.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://winnerregional.org/wp-content/uploads/2019/10/2019-Community-Health-Needs.pdf>. The site includes 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 Winner Regional Health Board of Directors.

Survey Responses

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

Expanded Demographics¹

Tripp County had a population of 5,569 in 2021. The population decreased by 1% while the population of SD grew by 1% from 2010-2019. The population is older than the state average with 22.4% of residents over the age of 65, versus 17.5% for the state of SD. Most demographic groups for the county align with the state; however, Tripp County's population is 16.5% American Indian / Alaska Native versus 9% for South Dakota.

The median home value in the county of \$100,800 is lower than the state median at \$174,600. The median income for SD (\$59,896) is higher than the median income (\$54,054) for Tripp County, and more of the county's residents are uninsured (13.9%) than the state average of 11.6%. Notably, year over year unemployment rates (2019-2020) declined 6.1% in Tripp County versus the 1.5% gain seen for state of South Dakota. Residents of the county have a slightly lower frequency of both computers and broadband internet access than SD as a whole. The county and the state have similar high school graduation rates, but the state is ahead of the county in secondary education rates.

¹ <https://www.census.gov/quickfacts>

	Tripp County, SD	South Dakota
Population estimates, July 1, 2021, (V2021)	5,569	895,376
Population estimates base, April 1, 2020, (V2021)	5,624	886,667
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-1.0%	1%
Population per square mile, 2020	3.5	11.7
Persons under 5 years, percent	7.3%	6.6%
Persons under 18 years, percent	24.3%	24.6%
Persons 65 years and over, percent	22.4%	17.5%
White alone, percent	79.8%	84.2%
Black or African American alone, percent	0.5%	2.5%
American Indian and Alaska Native alone, percent	16.5%	9%
Asian alone, percent	0.4%	1.7%
Native Hawaiian and Other Pacific Islander alone, percent	0%	0.1%
Two or More Races, percent	2.7%	2.6%
Hispanic or Latino, percent	2.7%	4.6%
White alone, not Hispanic or Latino, percent	78.8%	80.8%
Median value of owner-occupied housing units, 2016-2020	\$100,800	\$174,600
Median gross rent, 2015-2019	\$608	\$761
Households with a computer, percent, 2016-2020	88.7%	90.2%
Households with a broadband Internet subscription, percent, 2016-2020	79%	83.2%
High school graduate or higher, percent of persons aged 25 years+, 2016-2020	89.1%	92.2%
Bachelor's degree or higher, percent of persons aged 25 years+, 2016-2020	20.7%	29.3%
With a disability, under age 65 years, percent, 2016-2020	3.1%	7.8%
Persons without health insurance, under age 65 years, percent	13.9%	11.6%
Median Household income (in 2020 dollars), 2016-2020	\$54,054	\$59,896
In civilian labor force, total, percent of population age 16 years+, 2016-2020	67%	67.5%
Total employer establishments, 2020	193	27,236
Total employment, 2020	1,599	364,440
Total employment, percent change, 2019-2020	-6.1%	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?

01000-01802 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 / Trauma | <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)

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

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

- Poor Fair Good Very Good Excellent
-

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?

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

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?

- Married Divorced
 Single, never married Widowed
 Unmarried couple living together Separated

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (*owned or leased*)
- Online Ride Service (*Uber / Lyft*)
- Taxi Service
- Public Transportation (*bus / subway / rail*)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation

Other (*please specify*)

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:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

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