Community Health Needs Assessment

COTEAU DES PRAIRIES HEALTH CARE SYSTEM
2024-2026

Overview

A community health needs assessment (CHNA) identifies and prioritizes the health needs of the community through collection of data and information to inform development of strategies to address priority health needs. A comprehensive assessment gathers information using sound data collection methods and reflects the behaviors, beliefs, and demographics of community residents. A well-designed assessment will provide community planners, stakeholders, and partners with meaningful data to support local decision-making toward a healthy community environment. Moreover, multi-sector collaboration is integral to understanding and addressing priority health needs, and to integrate population health equity into planning and practice.

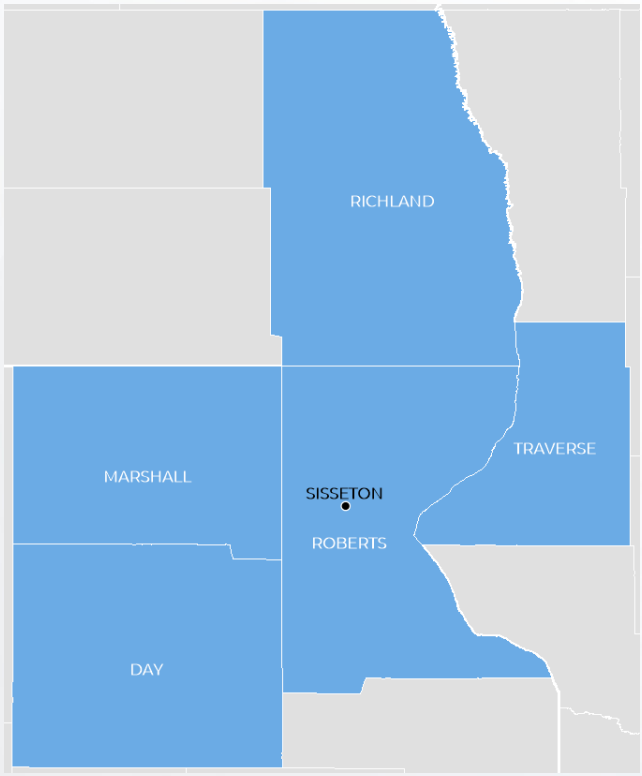
To meet the requirements of the Patient Protection and Affordable Care Act and ensure that Coteau Des Prairies Health System supports the community we serve, a community health needs assessment was conducted in collaboration with internal and external stakeholders. Findings from the assessment informed development of a Community Health Improvement Plan, which support multi-sector collaborations, aligned to address priority health needs through evidence-based strategies. These efforts help support Coteau des Prairies Health System's non-profit status and reinforce the system's guiding principles.

Community Served by Coteau Des Prairies Health Care System

Coteau Des Prairies Health Care System serves approximately 21,000 residents in the Glacial Lakes Region in Northeast South Dakota as well as West Central Minnesota. Coteau Des Prairies Health Care System owns and operates the certified rural health clinic in Sisseton; the Browns Valley Clinic in Browns Valley, Minnesota; and the Rosholt Clinic in Rosholt, South Dakota. Sisseton is a city of approximately 2,500 located on the Northeast slopes of Coteau des Prairies or "Hills of the Prairies." The area is known for its natural beauty and abundant recreational opportunities. Within a drive of 20 minutes, there are 30 lakes along with many state parks. Locals enjoy such activities as fishing, hunting, golfing, boating and water sports, horseback riding, arts, theatre, and festivals.

Community Defined

The population included in the assessment and served by Coteau Des Prairies Health Care System (Figure 1) are located in the following counties and states - Roberts County, South Dakota; Marshall County, South Dakota; Day County, South Dakota; Richland County, North Dakota; and Traverse County, Minnesota. The counties represent nearly all of the volumes to the system.



Community Demographics

- Roberts County has a Native American population share (38.4%) that is higher than the state of South Dakota (8.5%) and other counties within the CHNA area.
- Roberts County has a lower rate (66.6%) of owner-occupied housing than the state (68.4%). Other counties outperform the South Dakota benchmark.
- All counties have median values of owner-occupied housing below the state average, Roberts ($114,300) and Traverse ($92,700) are particularly low.
- Roberts and Traverse counties have lower rates (85.5% and 85.4% respectively) of households with computers than the state (91.5%). Day County is also lower (88.7%) but to a lesser extent. Fewer than eight out of ten households have broadband internet connectivity.
- Education attainment, as measured by high school graduates, is on par with South Dakota (92.5%) for all counties except Roberts (89.8%). Four-year degrees trail more consistently with Roberts (16.1%), Day (21.2%), Traverse (14.9%) and Richland (22.6%) below the South Dakota average (30%).
- Roberts (17.0%), Marshall (12.1%) and Day (15.0%) counties have higher uninsured rates.
- Retail sales per capita in Roberts and Marshall are half of the state average.
- Roberts and Day counties have lower median household incomes and per capita incomes and higher shares of people living in poverty (17.6% and 14.5%) than the state (12.5%). Traverse County has a lower median household income, but it does not translate into lower per capita or a higher percentage of persons in poverty.

Census Quick Facts						
	South Dakota	Roberts	Marshall	Day	Traverse	Richland
Population						
Population Estimates, July 1, 2022, (V2022)	909,824	10,163	4,374	5,479	3,275	16,580
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022	2.6%	-1.1%	1.3%	0.5%	-2.7%	0.3%
Population, Census, April 1, 2020	886,667	10,280	4,306	5,449	3,360	16,529
Age and Sex						
Persons under 5 years, percent	6.4%	7.6%	7.4%	5.5%	6.4%	5.7%
Persons under 18 years, percent	24.1%	29.1%	24.2%	22.1%	22.0%	21.6%
Persons 65 years and over, percent	18.0%	20.6%	22.9%	26.8%	25.6%	20.3%
Race and Hispanic Origin						
White alone, percent	84.2%	56.4%	86.9%	86.6%	89.6%	92.6%
Black or African American alone, percent	2.6%	0.7%	1.1%	0.5%	0.9%	1.3%
American Indian and Alaska Native alone, percent	8.5%	**38.4%**	9.5%	9.4%	6.3%	3.2%
Asian alone, percent	1.8%	0.4%	0.3%	0.7%	0.6%	0.6%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%	Z	0.0%	0.0%	0.1%	0.1%
Two or More Races, percent	2.8%	4.1%	2.3%	2.8%	2.5%	2.2%
Hispanic or Latino, percent	4.9%	4.3%	8.8%	2.6%	5.2%	3.7%
White alone, not Hispanic or Latino, percent	80.7%	54.9%	82.3%	84.8%	85.7%	89.9%
Population Characteristics						
Veterans, 2017-2021	54,350	519	216	493	258	1,089
Foreign born persons, percent, 2017-2021	3.8%	0.6%	3.9%	0.7%	1.3%	0.7%
Housing						
Housing units, July 1, 2022, (V2022)	408,306	4,865	2,437	3,446	1,898	7,566
Owner-occupied housing unit rate, 2017-2021	68.4%	**66.6%**	79.6%	75.6%	79.4%	70.5%
Median value of owner-occupied housing units, 2017-2021	$187,800	**$114,300**	$132,500	$120,700	**$92,700**	$142,000
Median selected monthly owner costs - with a mortgage, 2017-2021	$1,434	$1,295	$1,216	$1,232	$1,087	$1,270
Median selected monthly owner costs - without a mortgage, 2017-2021	$521	$457	$461	$500	$469	$483
Median gross rent, 2017-2021	$809	$581	$631	$549	$592	$670
Building permits, 2022	9,421	18	37	43	18	35

Families and Living Arrangements						
Households, 2017-2021	345,779	3,648	1,708	2,303	1,424	6,668
Persons per household, 2017-2021	2.46	2.76	2.53	2.34	2.3	2.3
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	6.4%	3.9%	5.3%	1.2%	5.1%	2.3%
Computer and Internet Use						
Households with a computer, percent, 2017-2021	91.5%	**85.3%**	90.3%	88.7%	**85.4%**	91.8%
Households with a broadband Internet subscription, percent, 2017-2021	85.2%	**77.6%**	**79.0%**	**76.3%**	**76.9%**	84.3%
Education						
High school graduate or higher, percent of persons age 25 years+, 2017-2021	92.5%	**89.8%**	91.3%	92.0%	93.4%	92.5%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	30.0%	**16.1%**	28.1%	**21.2%**	**14.9%**	**22.6%**
Health						
With a disability, under age 65 years, percent, 2017-2021	7.9%	5.0%	7.8%	6.6%	10.9%	7.7%
Persons without health insurance, under age 65 years, percent	9.8%	**17.0%**	**12.1%**	**15.0%**	6.1%	9.9%
Economy						
In civilian labor force, total, percent of population age 16 years+, 2017-2021	67.50%	61.10%	68.80%	55.20%	62.90%	65.40%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	63.90%	57.90%	68.20%	49.20%	56.90%	62.10%
Total accommodation and food services sales, 2017 ($1,000)	2,315,474	D	4,173	7,258	D	91,407
Total health care and social assistance receipts/revenue, 2017 ($1,000)	8,714,410	31,423	11,994	25,848	28,122	49,862
Total transportation and warehousing receipts/revenue, 2017 ($1,000)	1,686,473	8,072	4,197	2,340	3,051	51,821
Total retail sales, 2017 ($1,000)	14,673,737	81,468	38,683	81,960	41,539	215,568
Total retail sales per capita, 2017	$16,794	**$7,933**	**$7,898**	$14,907	$12,557	$13,206
Transportation						
Mean travel time to work (minutes), workers age 16 years+, 2017-2021	17.4	17.3	18.4	18.2	20.2	19.7
Income and Poverty						
Median household income (in 2021 dollars), 2017-2021	$63,920	**$53,618**	$69,236	**$52,775**	**$56,667**	$62,481
Per capita income in past 12 months (in 2021 dollars), 2017-2021	$33,468	**$25,711**	$40,245	**$29,655**	$32,896	$33,768
Persons in poverty, percent	12.50%	**17.60%**	11.20%	**14.50%**	12.60%	10.10%
Businesses						
Total employer establishments, 2021	27,951	229	143	205	117	521
Total employment, 2021	363,923	1,941	1,096	1,363	703	5,745
Total annual payroll, 2021 ($1,000)	18,226,820	69,053	49,383	54,371	33,603	275,730
Total employment, percent change, 2020-2021	-0.1%	-3.1%	-7.3%	-0.4%	-1.3%	-4.7%
Total nonemployer establishments, 2020	68,203	612	332	482	271	1,145
All employer firms, Reference year 2017	22,626	263	173	211	155	380
Men-owned employer firms, Reference year 2017	12,150	140	90	134	S	195
Nonminority-owned employer firms, Reference year 2017	19,757	209	144	183	130	277
Nonveteran-owned employer firms, Reference year 2017	17,748	197	130	177	123	258
Geography						
Population per square mile, 2020	11.7	**9.3**	**5.1**	**5.3**	**5.9**	11.5
Land area in square miles, 2020	75,810	1,101	838	1,028	574	1,436
Land area in square miles, 2010	75,811	1,101	838	1,028	574	1,436

Coteau Des Prairies Health Care System Description

Coteau des Prairies Health Care System is a 25-bed, critical access, acute care, community non–profit hospital. Coteau Des Prairies Health Care System serves approximately 21,000 residents in the Glacial Lakes Region in Northeast South Dakota as well as West Central Minnesota. The hospital opened in 1967, and in 1996, a 14,000 square foot addition and $2.4 million remodeling project was completed.

Our latest project included a multimillion-dollar renovation and expansion effort in 2013. This 22,000 square-foot addition was necessary to support the growing number of patient visits, which included a new clinic, an emergency room, birthing suites, a laboratory, and a radiology department. Services available at Coteau Des Prairies Health Care System include:

- General Surgery
- Swing Bed Program
- Obstetrics
- Emergency Services
- Home Health
- Long Term Care
- Laboratory Services
- Radiology
- Outpatient Services
- Behavioral Health
- Therapy Services
- Fitness Center
- Diabetic Education
- Women's Health

Coteau Des Prairies Health System's guiding principles reflect our commitment to addressing and improving the health of the communities we serve:

- Mission: At Coteau des Prairies Health Care System, we are passionate about the work we do. We believe in offering our patients individualized attention and care, emphasizing their unique needs and treating them as individuals on a human level.
- Values: We exist to serve our community and we strive to be an integral part of our community through strong and trusting relationships.
- Respect: We respect all those we serve and those who serve with us, and we demonstrate that respect in the way in which we care for and interact with those we serve as well as with other members of the care team.
- Stewardship: We are a community asset and we are committed to being good stewards of the resources that have been entrusted to us.
- Engagement: We seek to engage with our staff, providers and community to ensure that everyone is invested in our organization. This engagement also demonstrates how our organization is invested in the community we serve and how we are working together to create a healthier community.
- Growth: We are committed to increasing access to the services our community needs.
- Quality: We are committed to improving the services we provide to ensure those we serve are receiving the highest quality of care possible. We continuously reach for new and innovative solutions to improve the health of those we serve.

Community Health Needs Assessment Purpose

The purpose of a community health needs assessment is to develop a comprehensive 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 an implementation plan of action to address top needs. The community health needs assessment affirms not-for-profit status, creates opportunity to identify and address public health issues from a broad perspective, and identifies the community's strengths and areas for improvement. The assessment is a critical component of the community health needs assessment implementation plan that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research.

Methodology

Coteau Des Prairies Health System, in coordination with leaders in the local community, conducted a multifaceted assessment designed to establish pathways for evaluation and determination of health needs priorities. The assessment was developed utilizing the resources noted below. The information presented within this section is a mix of direct quotes from the respective resources and summaries of findings and key points relevant to the CHNA program. Please consult the resource directly for additional information.

Resource 1: Previous CHNA

Reviewed prior work conducted on the previous community health needs assessment and any comments that were received from the public following its completion and posting online.

Resource 2: Census Data

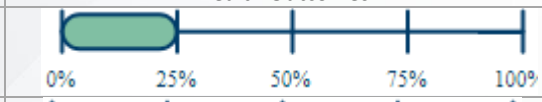
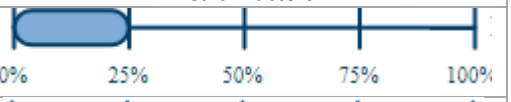
The findings presented in the demographics section below were developed utilizing the Census Quick Facts resource. Information was gathered October 2023. Information for the entire five-county community area was included, with additional review specific to Roberts County, home of the hospital.

Resource 3: County Health Rankings

The process included an analysis of secondary data based on University of Wisconsin Population Health Institute School of Medicine and Public Health County Health Rankings. Current rankings were reviewed for each of the counties served, Roberts County, South Dakota; Marshall County, South Dakota; Day County, South Dakota; Richland County, North Dakota; and Traverse County, Minnesota.

Summary

The County Health Rankings summary table provides an overview of a county's general health in relation to other counties within its respective state. Higher percentages indicate more healthy communities. Roberts and Day counties ranked below the state average in health outcomes and health factors. Marshall, Richland, and Traverse counties were mixed.

County Health Rankings Summary		
	Health Outcomes	**Health Factors**
Roberts		
Day		
Marshall		
Richland		
Traverse		

Health Outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well. Health Factors represent those things we can modify to improve the length and quality of life for residents.

General Findings

- The counties generally have a higher share of people with poor or fair health than the state of South Dakota average.
- The counties generally have poorer physical or mental health days and higher adult obesity.
- The area has fewer exercise opportunities, with Roberts and Day Counties significantly lower than the state average. Marshall access is half of the state average.
- With the exception of Richland, all counties have flu vaccination rates below 25% and half the rate of South Dakota.
- All counties have more residents driving alone on long commutes (21%-28%) than the state average (16%).

County-specific findings:

- Roberts has a higher share of adult smokers and physical inactivity.
- Marshall and Roberts have a higher share of alcohol-impaired driving deaths.
- Roberts County has higher STDs and teen births.
- Primary care physician access is lower in the South Dakota counties as compared to the SD state average, with lower providers per capita.
- Day and Marshall counties have lower dental access with fewer providers per capita.
- Roberts has a higher percentage of children in single-parent households (43%).

County Health Rankings Details						
	Roberts	Day	Marshall	Richland	Traverse	South Dakota
Health Outcomes						
Length of Life						
Premature Death	13,900	9,400		7,500		7,600
Quality of Life						
Poor or Fair Health	16%	12%	10%	12%	12%	10%
Poor Physical Health Days	3.3	2.8	2.4	2.7	3.1	2.3
Poor Mental Health Days	4	3.7	3.3	3.9	4.1	3.3
Low Birthweight	4%	6%	5%	6%	5%	7%
Health Factors						
Health Behaviors						
Adult Smoking	24%	21%	16%	18%	20%	19%
Adult Obesity	40%	36%	33%	36%	37%	33%
Food Environment Index	7.3	6.9	8	9.2	8.8	7.3
Physical Inactivity	28%	24%	20%	23%	22%	22%
Access to Exercise Opportunities	4%	8%	37%	57%	50%	71%
Excessive Drinking	21%	21%	25%	22%	23%	21%
Alcohol-Impaired Driving Deaths	44%	33%	40%	28%		36%
Sexually Transmitted Infections	673.5	165.9		290.5	214.8	457.1
Teen Births	43	18	15	8		23
Clinical Care						
Uninsured	19%	13%	12%	9%	7%	12%
Primary Care Physicians	2,580:1	2,670:1	4,880:1	1,800:1		1,240:1
Dentists	780:1	5,410:1	4,300:1	1,510:1	1,640:1	1,550:1
Mental Health Providers	920:1			4,140:1		460:01:00
Preventable Hospital Stays	3,915	2,084	3,513	3,196	1,827	2,650
Mammography Screening	44%	50%	44%	55%	61%	46%
Flu Vaccinations	22%	25%	17%	63%	22%	51%
Social & Economic Factors						
High School Completion	90%	92%	91%	93%	93%	93%
Some College	59%	60%	73%	75%	70%	68%
Unemployment	4.60%	4.30%	3.50%	2.70%	3.10%	3.10%
Children in Poverty	22%	19%	18%	11%	22%	14%
Income Inequality	4.5	4.2	3.6	5.3	4.5	4.1
Children in Single-Parent Households	43%	21%	8%	18%	19%	22%
Social Associations	13.6	20.6	22.5	20.4	21.8	15.7
Injury Deaths	130	110	45	63	109	84
Physical Environment						
Air Pollution - Particulate Matter	5.8	5.5	5.4	6.1	5.8	4.8
Drinking Water Violations	Yes	No	No	No	No	
Severe Housing Problems	11%	10%	8%	10%	11%	12%
Driving Alone to Work	80%	77%	81%	82%	71%	79%
Long Commute - Driving Alone	21%	26%	23%	28%	22%	16%

Resource 4: City of Sisseton Housing Study (2023)
Community Partners Research, Inc., was hired by the City of Sisseton to conduct a study of the housing needs and conditions in the community. The study utilized a variety of resources to obtain information, including the US Census Bureau, American Community Survey, Applied Geographical Solutions (data reporting service), Esri, Inc. (data reporting service), area housing agencies, state and federal housing agencies, rental property owner surveys, housing condition surveys, and city and county records, interviews with City officials, housing stakeholders, and others.

Recommendations
The Sisseton Housing Study offered a series of 21 recommendations across five topic areas. Findings include:

Rental Housing Development
1. Develop 24 to 28 general occupancy market rate and moderate rent rental units
2. Promote the development/conversion of six to eight affordable market rate rental housing units
3. Develop 12 to 14 subsidized rental housing units
4. Senior housing with a high level of services recommendation
5. Develop 14 to 16 senior independent/light services market rate units
6. Develop a downtown mixed-use commercial/housing project
7. Continue to utilize the Housing Choice Voucher Program

Home Ownership
8. Continue to utilize and promote all programs that assist with homeownership
9. Develop a purchase/rehabilitation program

Single Family Housing Development
10. Lot availability and development
11. Strategies to encourage residential lot sales and new home construction in Sisseton
12. Coordinate with economic development agencies, housing agencies and
13. nonprofit groups to construct affordable housing Promote twin home/town home/condominium development

Housing Rehabilitation
14. Promote rental housing rehabilitation
15. Promote owner-occupied housing rehabilitation efforts

Other Housing Initiatives
16. Acquire and demolish dilapidated structures
17. Strategies for downtown redevelopment
18. Continue to coordinate with the Sisseton Wahpeton Oyate Housing Authority
19. Develop and promote home ownership and new construction programs
20. Encourage employer involvement in housing
21. Create a plan and coordination among housing agencies

Population Drivers
The recommendations are based upon a number of factors, including population projections and typical usage by age bracket, which calls for 20 net households added to the City of Sisseton by 2028.

Projected Change in Households (Age Range 2023 to 2028)

Age Range 2023-2028	Projected Change in Households
24 and younger	-6
25 to 34	-2
35 to 44	22
45 to 54	-4
55 to 64	-25
65 to 74	8
75 and older	27
TOTAL CHANGE	20

Community Strengths

Strengths of Housing Development. The following strengths for the City of Sisseton were identified through statistical data, local interviews, research and on-site review of the local housing stock.

- Sisseton serves as a regional center - Sisseton provides employment opportunities, retail/service options, health and professional services, governmental services and recreational facilities and opportunities for a geographical area that surrounds the City.
- Affordable housing stock - The City of Sisseton has a stock of affordable, existing houses. Our analysis shows that the median home value based on sales data from 2021 and 2022 is approximately $77,500. This existing stock, when available for sale, provides an affordable option for home ownership.
- Land for development - Sisseton has land available for both residential and commercial/industrial development. However, some of this land needs to be serviced with infrastructure improvements and/or annexed into the city limits.
- Educational system - Sisseton has a public preschool through grade 12 school system and a K-12 Tribal school.
- Medical facilities – A hospitals and two medical clinics are located in Sisseton.
- Infrastructure - Sisseton's water and sewer infrastructure can accommodate future expansion. The city is currently constructing a new water facility.
- Commercial development - Sisseton's commercial district is adequate to meet daily needs.
- Sisseton Economic Development Corporation - The Sisseton Economic Development Corporation is active in promoting economic and industrial development, job creation, and housing.
- Employers - Sisseton has a variety of employers that provide job opportunities for local residents.
- Grow South Dakota - Grow South Dakota is a statewide non-profit organization located in Sisseton that provides programs and loan products to advance housing, community and economic development.
- Sisseton Wahpeton Oyate Housing Authority - The Sisseton Wahpeton Oyate Housing Authority provides rental and home ownership opportunities for Tribal Members.
- Sisseton Housing and Redevelopment Commission - The Sisseton Housing and Redevelopment Commission provides housing opportunities for low- and moderate-income households.
- Commuters - Approximately 1,300 city-based employees are commuting into Sisseton daily for work. These commuters are a potential market for future housing construction.
- Desirable location for area seniors and retirees - Sisseton is an attractive community for seniors as a retirement location. As the providers for the area's health, retail and government services and recreational opportunities, the city has amenities that are attractive for seniors as they age.
- Population and households - Based on our projections, Sisseton will add population and households over the next five years.
- Agriculture economy - The agriculture economy in Sisseton and Roberts County is a strong and vital part of the area's overall economy.
- Small city atmosphere - Sisseton has the real and perceived amenities of a small city. Small city living is attractive for some households.

Barriers or Limitations to Housing Activities

Our research also identified the following barriers or limitations that hinder or prevent certain housing activities in Sisseton.

- Age and condition of the housing stock - While the existing stock is affordable, some of the housing needs improvements to meet the expectations of potential buyers.
- Low rent structure - The area's rent structure is relatively low, which makes it more difficult to construct new rental housing.
- Value gap deters new owner-occupied construction - Based on market values from 2021 and 2022 residential sales, we estimate that the median priced home in Sisseton is valued at approximately $77,500. This is below the comparable cost for new housing construction, which will generally be above $300,000 for a stick-built home with commonly expected amenities. This creates a value gap between new construction and existing homes. This can be a disincentive for any type of speculative building and can also deter customized construction, unless the owner is willing to accept a potential loss on their investment.
- Builder and contractor availability - The existing builders and contractors in Sisseton have a backlog of work and it is difficult to obtain their services to build and rehabilitate homes.
- Distance from a larger regional center - Some households need or desire to be close to a larger regional center, which offers additional health services, retail/commercial opportunities, recreational and cultural options, etc.

The nearest larger regional centers are Watertown, which is 63 miles from Sisseton; Wahpeton, which is 65 miles from Sisseton; and Fargo, which is 90 miles from Sisseton.

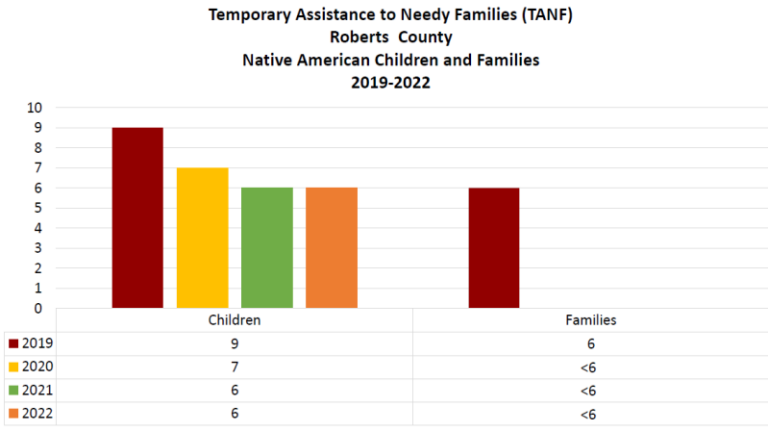
- Lower paying jobs - Although Sisseton has job opportunities, some jobs are at the lower end of the pay scale and employees with these jobs have limited housing choices.
- Commercial/retail options - Sisseton has a limited number of commercial and retail opportunities compared to larger regional centers.
- Lack of new housing construction - There have been a limited number of new housing units constructed in Sisseton since 2010.
- Competition from rural lots - The rural Sisseton area has residential lot opportunities. These lots compete with available residential lots within the City of Sisseton.

Resource 5: Sisseton Wahpeton Oyate: 2023 Kids Count Data Book
The Sisseton Wahpeton Oyate data book is a book of numbers and statistics about the people of the Lake Traverse Reservation. The data are from the U. S. Census Bureau, the South Dakota Departments of Health, Corrections, and Social Services, and the Bureau of Indian Affairs.

The data are presented by indicator, Demographic, Economic, Health, Education, and Safety. Sources and definitions are provided for each page.

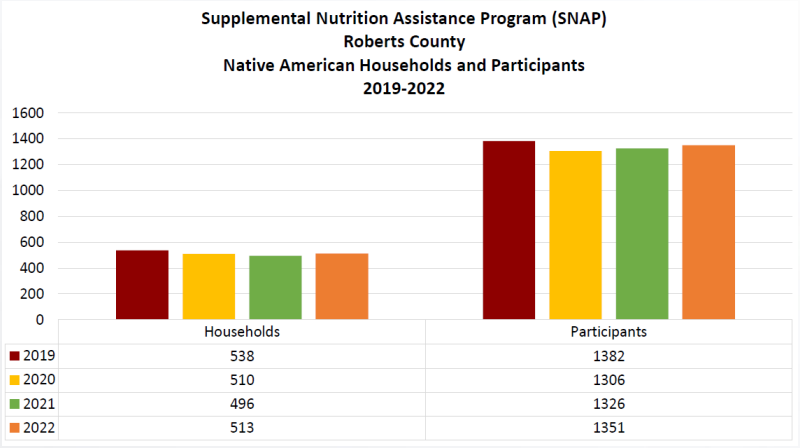
<u>Data points</u>

- A partial reporting of data is presented below.
- Traverse County Temporary Assistance to Need Families usage by Native American Families has declined since 2019.



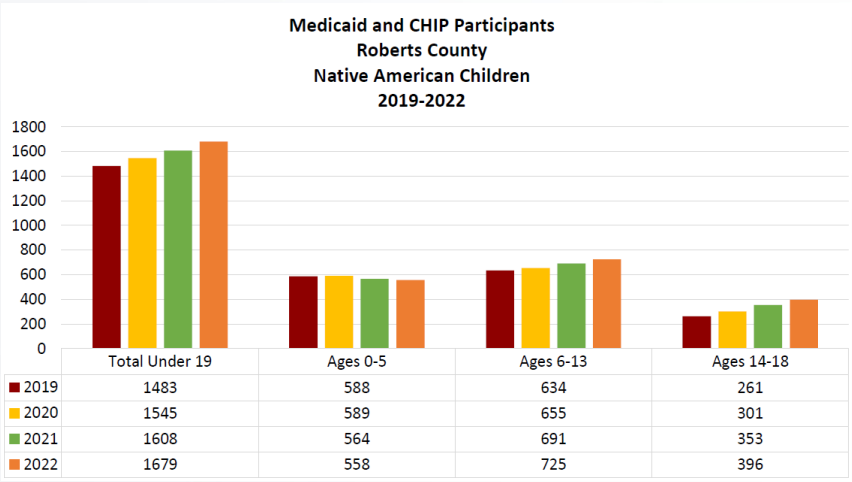
	Children	Families
2019	9	6
2020	7	<6
2021	6	<6
2022	6	<6

- Participation in Supplemental Nutrition Assistance Program (SNAP) increased in the last two years following an initial decline in 2020.



	Households	Participants
2019	538	1382
2020	510	1306
2021	496	1326
2022	513	1351

- Medicaid and CHIP participation among Native Americans in Roberts County has increased since 2019.
  - Total participation in the program increased 13% since 2019 to 1,679 in 2022.
  - The largest growth, as a percentage, was among those aged 14-18. The age group increased nearly 52% over 2019 levels.
  - Those aged 0-5 decreased by 5% over the same period.



	Total Under 19	Ages 0-5	Ages 6-13	Ages 14-18
2019	1483	588	634	261
2020	1545	589	655	301
2021	1608	564	691	353
2022	1679	558	725	396

- Births to single American Indian teens under the age of 20 totaled 41 from 2017-2021.

Pregnancy and Birth Data 2017-2021 American Community Survey Roberts County		
Variable	**Count**	**Percent**
Resident births to American Indian mothers that initiated prenatal care in the 1st trimester	204	53.3%
Resident births by to American Indian mothers	404	52.1%
Low birth weight births to American Indian mothers	24	5.9%
Resident births to single American Indian teens under age 20	41	10.1%

- Approximately 19% of children under the age 19 were uninsured (2017-2021).

Insurance Data 2017-2021 American Community Survey		
Variable	**Count**	**Percent**
Uninsured Children Age 0-18	636	19.3%

Resource 6: Sisseton-Wahpeton Oyate of the Lake Traverse Reservation Public Health Surveillance

- Pre-term birth rates and infant mortality are above South Dakota average and Healthy People 2030 target.
- The Lake Traverse Reservation has a pre-term birth rate of 10.8/1,000, which is above the South Dakota average of 10.5 (9.0 for Caucasians) and above the 9.4 target set by Healthy People 2030.
- The reservation's infant mortality rate of 7.9/1,000 births is also above the state average (6.9) and the Healthy People 2030 target of 5.7.

	Healthy People 2030 Target	Lake Traverse Reservation AI/AN	South Dakota All Races	South Dakota AI/AN	South Dakota White	United States All Races	United States AI/AN
Pre-term Birth Rate per 1,000 live births	<9.4	10.8[1]	10.5	13.8	9.0	10.5	11.8
March of Dimes Grade for the Above Pre-Term Rates[2]	*C+*	*D*	*D+*	*F*	*B-*	*D+*	*F*
Infant Mortality Rate per 1,000 live births	<5	7.9[3]	6.9	8.7	6.4	5.4	8.4
Fetal Deaths (Stillbirth) per 1,000 live births	<5.7[4]	11[5]	9.5[3]	8.8[6]	5.9[5]	4.73[7]	7.84[6]

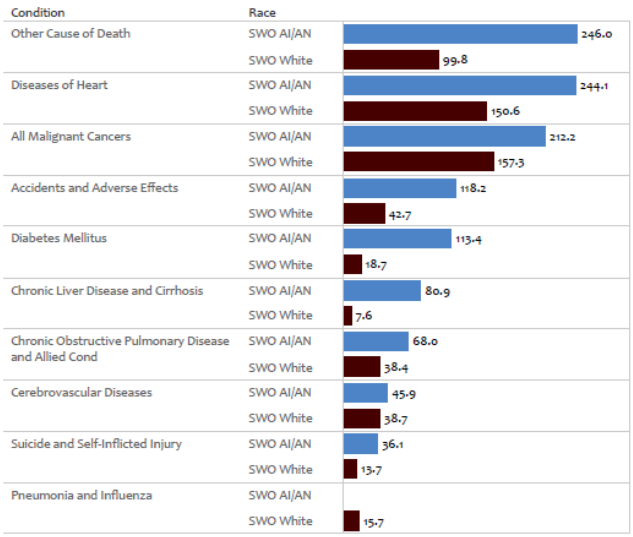
Resource 7: Great Plains Tribal Leaders Health Board, Tribal Epidemiology Center

Leading Causes of Death - SEERStat Data - 2008-2020 - by Race, Condition*

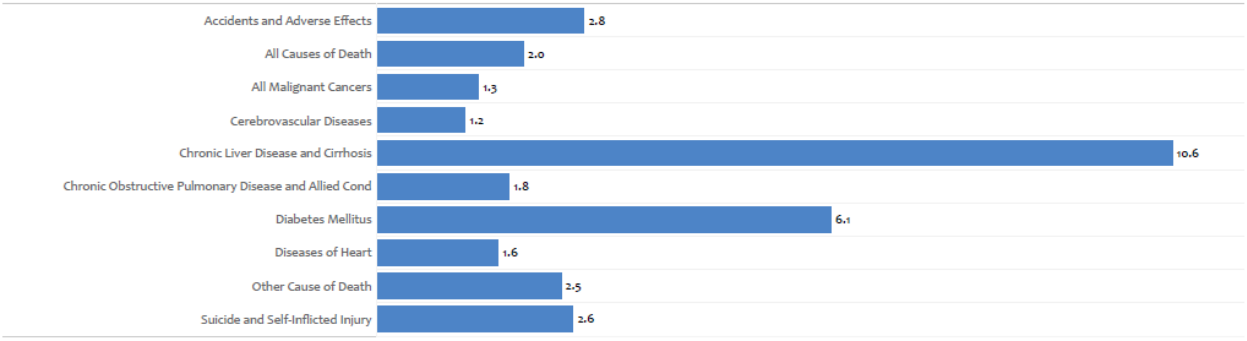
Condition	Race	Rate	Count	Rate Ratio	Ratio P-Value
All Causes of Death	SWO AI/AN	1,302	636	2.0	0.00
	SWO White	664	9,267		
Other Cause of Death	SWO AI/AN	246	106	2.5	0.00
	SWO White	100	1,454		
Diseases of Heart	SWO AI/AN	244	100	1.6	0.00
	SWO White	151	2,229		
All Malignant Cancers	SWO AI/AN	212	96	1.3	0.01
	SWO White	157	2,110		
Accidents and Adverse Effects	SWO AI/AN	118	78	2.8	0.00
	SWO White	43	452		
Diabetes Mellitus	SWO AI/AN	113	53	6.1	0.00
	SWO White	19	258		
Chronic Liver Disease and Cirrhosis	SWO AI/AN	81	47	10.6	0.00
	SWO White	8	85		
Chronic Obstructive Pulmonary Disease and Allied Cond	SWO AI/AN	68	26	1.8	0.02
	SWO White	38	552		
Cerebrovascular Diseases	SWO AI/AN	46	18	1.2	0.58
	SWO White	39	593		
Suicide and Self-Inflicted Injury	SWO AI/AN	36	30	2.6	0.00
	SWO White	14	119		

*Red text indicates value is statistically significant.

Mortality Rates (per 100,000) - SEERStat Data - 2008-2020 by Race, Condition



AI/AN Risk of Death (Relative Risk) Compared to Whites Living in the Same Counties - 2008-2020 - by Condition



Resource 8: Sisseton-Wahpeton Oyate Health Plan 2021-2025

- The resource includes several additional resources, such as the 2019 Sisseton Wahpeton Oyate (SWO) Community Health Profile Key Findings (At-A-Glance) and the Sisseton Wahpeton Oyate Substance Abuse Treatment Programs Community Survey Analysis, and the South Dakota County Vulnerability Assessment, among others.

<u>Adverse childhood experiences, substance use disorders, diabetes, and obesity/overweight residents were identified as highest health priorities.</u>

The Work Group ranked SWO health status priorities based on the Community Needs and Readiness Assessment it completed. The ranked list is as follows:

1. Adverse Childhood Experiences
2. Substance Use Disorders
3. Diabetes Mellitus
4. Obesity and Overweight
5. Serious Mental Illness
6. Depressive Disorders (includes anxiety)
7. Heart Disease
8. Suicide and Self-inflicted Injury, including intentional overdose
9. Cancer
10. Infectious diseases
11. Chronic Liver Disease and Cirrhosis
12. Cerebrovascular Disease
13. Infant Death
14. Injuries - accidents and adverse effects
15. Kidney Disease
16. Sexually Transmitted Infections
17. COPD and Allied Conditions
18. Disabilities

Five Implementation Plans were created in response to the identified priorities.

- Behavioral Helath Initiative: By the end of 2025, behavioral health needs of the Oyate will be served by a comprehensive, well-organized program, staffed with a professional workforce, led by a highly qualified Behavioral Health Director, located in state-of-the-art facilities, and coordinated with public health, primary care, oral and specialty services.
- Chronic Disease Intervention Initiative: By the end of 2025, the Oyate will have improved access to chronic disease intervention services using public health prevention approaches and establishment of field health primary care services that address root causes of health conditions and target populations, including families with children who are overweight; those exposed to environmental smoke and noxious toxins; people with specific risk factors; and the workforce that serves us.
- Management and Worforce Capacity Development Interdisciplinary Team Initiative: By the end of 2025, the operating infrastructure systems of the Oyate (which include Governance, Human Resources, Workforce Development, Accounting, Budget, Procurement, Property Management, Facilities Operation and Maintenance, Information Technology, and Legal) will function as a team to manage and sustain existing services, as well as to expand and adapt to accommodate organizational change and readiness to assume operation of new programs through Indian Self-Determination and Education Assistance Act contracting or grants.
- Public Health Authority Development Initiative: By the end of 2025, the Oyate will have mobilized its inherent sovereign power to promote and protect the public health, safety, and welfare of its citizens and functioning as a public health authority by enacting a comprehensive public health code that is integrated with and cross-referenced to the Tribe's other codes of law and that identifies and delegates regulatory, monitoring, compliance and enforcement roles and responsibilities, including data surveillance and vital statistics.
- Young Child Wellness Initiative: By the end of 2025, resilience of the Oyate's children during the early years of life, beginning at conception, will be actively promoted through establishment of public health policies and practices and pursuit of resources to ensure every child's right to be breastfed; to be protected from the adverse childhood experiences that transmit intergenerational trauma, as well as alcohol and substance use during and after pregnancy; access to child passenger safety, safe sleep environments, and immunizations; and developing nurturing caregivers and an early child workforce that strengthens families.

Resource 9: GROW South Dakota Needs Assessment

Introduction

GROW South Dakota completed its triennial Community Needs Assessment evaluation in 2022. Links to the online survey were sent to individuals, businesses, and partnering organizations to explore what residents in our local communities need or want to help improve their quality of life. In addition, we partnered with the Federal Reserve located in Minneapolis to do a statewide needs assessment. These facts help GROW SD's management team and Board of Directors to create a vision for the programs and services to offer. To best serve the community, we need to have an accurate assessment of residents' needs.

Housing, employees, and activities for youth are the largest identified needs in 2022 survey.

Respondents were asked to rate the level of need in their own household or community based on a scale of 1-5 (1 = Not a Need to 5 = Very High Need). The top five identified needs as determined by the weighted average of respondents' answers are as follows:

1.	Affordable Housing	3.67	(fourth choice three years ago 1.94)
2.	Employees	3.63	(not an option previously)
3.	Rental Housing	3.47	(not in top 5 three years ago 1.39)
4.	Activities/ Services for Youth	3.47	(not an option previously)
5.	Weatherization	3.33	(third choice three years ago 2.08)

Single-family housing for low/moderate income buyers is the greatest need within housing.

COMMUNITY HOUSING NEEDS: Respondents were asked to rank housing needs in their communities. Affordable single-family homes and rental apartments exceeded 50%.

1. Single-family homes affordable to low/moderate-income buyers 83.33%
2. Apartments affordable to low/moderate-income renters 58.06%
3. Single-family rental homes (Sr. Housing was 3rd three years ago) 51.47%

Building entry level housing was elevated as a need in Sisseton Housing study.

Identified drivers of poverty.

POVERTY: Respondents were asked to identify the main causes and conditions of poverty in the area (they could suggest more than one cause). The top three choices remained the same from three years ago, however, they are in different priorities:

1. Low motivation or work ethic - 63.85% (second choice three years ago - 57.06%)
2. Substance abuse/addiction - 51.93 (third choice three years ago 53.73%)
3. Low wages - 49.54% (first choice three years ago 60.78%)

Four others were identified:

4. Lack of quality housing – 37.06% (seventh choice three years ago 36.86%)
5. Lack of adequate education or training - 35.05% (fourth choice three years ago 41.96%)
6. Rural isolation - 24.22% (38.43% three years ago)
7. Lack of jobs - 17.43% (35.49% three years ago)

Food, transportation, and utilities impacted by higher costs.

When asked if any of the following costs impacted your budget significantly, the top five responses were:

1. Food Costs – 73.00%
2. Transportation Costs- 58.75%
3. Utilities – 50.38%
4. Medical Costs – 36.12%
5. Housing Costs – 32.32%

Two thirds of survey participants were from northeastern South Dakota.

Over three-quarters of respondents were female (76%), 87% were white, and 12% were Native American. The top five counties in the survey:

1. Roberts County 35.00 %
2. Marshall County 12.00 %
3. Brown County 11.00 %
4. Day 8.00 %
5. Hughes 3.64 %

Community Meeting

Community stakeholders were invited to attend meeting to discuss the progress since the last CHNA and a presentation of the findings of the resource review. Facilitated discussion commenced and each participant was asked to consider the information presented from the resources, the needs of the communities they represent, and the resources and partnerships available to impact community health. Members of the community meeting included leaders representing the hospital, local constituencies, the medically underserved:

- Craig Kantos, Chief Executive Officer
- April Heib, Chief Nursing Officer
- Colette Weatherstone, Marketing Coordinator
- Sara Johnson, School Nurse, Sisseton Schools
- Lori Moen, Chief Operating Officer, Grow South Dakota
- Sarah Magneson, Community Health Nurse, SD Department of Health
- Sara DeCoteau, Health Coordinator, Sisseton Wapeton Oyate
- Elise Johnson, Health Director, Sisseton Wahpeton Oyate

The facilitated discussion sought to inform on several aspects:

- What are the most pressing or urgent community health needs?
- What barriers or challenges exist in meeting these needs?
- Where can we have the greatest impact in addressing our top needs?
- Is there any work already happening toward these needs?
- What additional resources might be available?

- Which community partners can assist?
- Which needs / opportunities best fall within the purview of a health care system?

Two health needs were identified by consensus during the meeting for inclusion in the implementation plan. The needs were confirmed with participants prior to the meeting's conclusion. Consensus was 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. Requests for information used within the CHNA and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Limitations

The resources, including the studies and surveys listed in this analysis, provide a 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. To mitigate limitations, the assessment evaluates community health from a number of perspectives, including research conducted on the local community, which typically employ multi-modal inputs such as stakeholder and community surveys, surveys of community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the census or County Health Rankings, and other inputs. Public comments from previous assessments, institutional knowledge by Coteau Des Prairies Health Care System employees locally, and input from stakeholders representing the community are also used to mitigate limitations.

Community Health Needs Assessment Findings

The Community Health Needs Assessment process led to the selection of two specific priority areas of focus for Coteau Des Prairies Health Care System for the 2024-2026 implementation cycle:

Priority 1:
Access to Affordable Health Care

- Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity in our community. Access includes insurance coverage, health services, specialty services, preventive screenings and timeliness of care. When considering access to health care, it is important to also consider new telehealth technological capabilities that can improve ease of access, particularly for a rural community. Lack of access to health services leads to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens for the patient, and preventable hospitalizations.

Priority 2:
Mental Health, Behavioral Health and Substance Misuse

- For people in our community with mental health problems and mental illness to have access to the right care at the right time, a range of inter-connected clinical and community service options need to be readily available and affordable. These services should be responsive to the needs of people with mental health problems and mental illness when they arise, and they should promote positive outcomes and facilitate sustained recovery. These services include primary care, acute care and other community support services that can be provided by public and/or private sector services.

Asset Mapping

Local asset mapping identifies current resources available in the community that can serve to improve outcomes in these priorities areas and that will complement and support the action items we are proposing.

Local Asset Mapping	
Identified Area of Community Need	**Community Resources Available**
Priority 1: Access to Affordable Health Care	CDP Health Care, Woodrow Wilson Keeble Memorial Health Care Center, SWO Asniyapi Field Health Clinic, Roberts County Community Health, SD DOH, Sanford, Grow SD, Community Transit.
Priority 2: Mental Health, Behavioral Health and Substance Misuse	CDP Health Care, Woodrow Wilson Keeble Memorial Health Care Center, SWO Asniyapi Field Health Clinic, Health and Human Services, Compass Care, SWO Tribal Police, Sisseton Police, Roberts County Sheriff, Face It Together, Avera Behavioral Health, Project Recovery, SD DOH, START-SD, SWO treatment services, SD Helpline Center.

Priority 1: Access to Affordable Health Care

CDP Health is positioned locally to have a positive impact on Health Care Access within the community. This effort will focus on two primary goals – to expand healthcare access and support services and advance Primary Care Services, areas of focus identified in the stakeholders meeting.

Current activities

Coteau Health has enhanced its capability to utilize telehealth technology. Using telehealth, we have expanded our access in both clinic and emergency department for patients to receive specialty care services.

Projected Impact

Upon completion of the action plan, the Community would see that patients will have greater ease to access Primary Care Providers, services, and resources.

Goal 1: Broaden health equity by expanding health care assess and support resources for vulnerable and underserved populations.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed
Explore expanding hours in Primary Care Clinic with partners	Number of patients served Q4 2024, increased emergency department avoidance	Provider recruitment
Recruit providers, nursing and ancillary positions	Additional staff	Investment in Recruitment agency

Goal 2: Advance delivery of preventative care screenings, immunizations and vaccinations in Primary Care Clinics.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed
Promote screening and vaccinations during primary care visits	Percentage of patients current on screenings and vaccines	Continued investment in Quality structure Clinic leadership
Collaborate with community partners for screenings, risk assessments and vaccination events	Number of events	Investment in community screening events

Priority 2: Mental Health, Behavioral Health, and Substance Misuse

CDP Health is positioned locally to have a positive impact on Mental Health, Behavioral Health and Substance Misuse within the community. This effort will focus on two primary goals – Decrease substance misuse and increase access to mental and behavioral health.

Current activities

CDP Health has formed mental health partnerships with goal of improving the mental health provided in the community, to serve those in a behavioral health crisis.

Patients identified as having an opioid use disorder are able to receive treatment with our Compass Care program. Collaboration with peer support program and counseling services are available to support patients.

Mental Health and Behavioral Health service partnership has been integrated into clinic through telehealth technology.

Partner with multiple local, regional and state programs.

Projected Impact

Upon completion of the action plan, the Community would have better access to and utilization of mental health and substance misuse services.

Goal 1: Decrease substance misuse.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed
Promote referral to treatment programs -MAT	Number of new patients	Continued investment in Quality structure Marketing

Goal 2: Increase access to mental and behavioral health.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed
Promote depression screening in clinical practice	Completion of depression screenings at visit	Continued investment in Quality structure Clinic leadership
Expand utilization of MH & BH services	Number of patients utilizing MH & BH services	Continued investment in Quality structure Marketing

Needs Not Addressed

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

Transportation: while important community issue, transportation is not included in the implementation plan as other organizations are addressing the need. CDP Health will provide resources to support needs of patients.

Affordable Housing: while important community issue, affordable housing is not included in the implementation plan as other organizations are addressing the need. CDP Health continues to secure housing options to meet staff needs.

Physical Activity: while important community issue, physical activity is not included in the implementation plans as other organizations are addressing the need. CDP Health continues to offer wellness center opportunities to community.

Evaluation of Previous Community Health Needs Assessment

The previous Community Health Needs Assessment helped identify concerns within the community and determine areas where improvement efforts should be focused. Implementation strategies were put in place that have been successful overall. Local community members have been very appreciative of the efforts we have made to address these issues. Below are some specific accomplishments:

Priority 1: Improving access to care and use of telehealth technologies

- Implemented telehealth platform for Primary Care
- Utilized telehealth technology to provide specialty care services
- Implemented physician recruitment plan
- Secured housing options to assist in recruitment of staff

Priority 2: Addressing behavioral and mental health needs including alcohol, drug and substance use disorders

- Developed Compass Care - a medication assisted treatment program for substance misuse.
- Partnered with Avera Behavioral Health to provide telehealth services
- Optimized use of eEmergency Behavioral Health Services
- Partnered with local and regional resources and programs
- Developed a resource directory

Contact Information

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at: https://www.cdphealth.com/. The website 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: 205 Orchard Drive - Sisseton SD, 57262 or (605) 698-7647.

Approval

The information presented in the Community Health Needs Assessment and Implementation Plan were approved by the Coteau Des Prairies Health Care System Board of Directors at their December 19, 2023 meeting.