

Same Day Surgery Center, LLC

2013 Community Health Needs Assessment

In the fall of 2012, Same Day Surgery Center, LLC embarked on a comprehensive Community Health Needs Assessment process to identify and address the key health issues for its community.

Same Day Surgery Center, LLC, located in Rapid City, South Dakota, is a joint venture of Rapid City Regional Hospital, a tax exempt community hospital, and physicians comprising Rapid City Ambulatory Surgery, LLC. Established in July 2001 as a for-profit surgical specialty hospital, we are committed to delivering the optimal surgical experience for our patient, physician, & employee customers, and supporting our community through the health care delivered and the taxes paid. Despite our name, patients are able to spend multiple nights with us as long as medical necessity exists.

We serve about 4,500 patients per year through inpatient and outpatient surgery, of which about 33% are pediatric receiving ENT procedures and dental care. The vast majority of patients spending the night with us are females having gynecologic surgery or mastectomies. We also currently service podiatric, urologic, plastic and reconstructive, oral and maxillofacial, ophthalmologic, and general surgery specialties, and serve as an ancillary pain clinic site.

The mission of Same Day Surgery Center is to *"provide excellent surgical care in a safe, efficient environment with an emphasis on customer satisfaction"*.

Same Day Surgery Center is dedicated to addressing its outreach objectives of serving the entire community, not only those who come through its doors. Building on a long tradition of service, the hospital utilizes its strengths alongside those of other well-established community partners. This strategy allows Same Day Surgery Center to better understand and reach the most vulnerable sectors of the community, while meeting pressing health care needs. The goal is to improve the community's health status by empowering citizens to make healthy life choices.

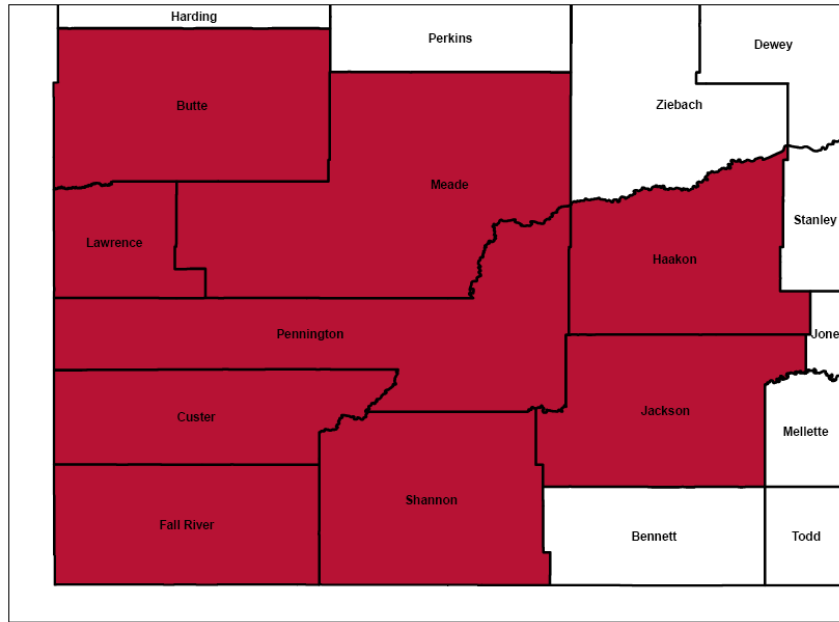
Definition of the Community Served

Same Day Surgery Center completed its last Community Health Needs Assessment in 2013.

Community Health Needs Assessment Community Definition

The study area for the survey effort (referred to as the "Service Area" in this report) is comprised of Butte, Custer, Fall River, Haakon, Jackson, Lawrence, Meade, Pennington and Shannon counties. A geographic description is illustrated in the following map.

This community definition was determined because more than 80% of Same Day Surgery Center's patients originate from this area.



Demographics of the Community

The population of the county where Same Day Surgery Center is located is estimated at 104,347 people. It is predominantly non-Hispanic White (81.6%), but also has a substantial American Indian (9.7%) population that is concentrated in the central portion of the county.

As throughout the state and nation, our population is aging, with 13.9% currently age 65 and older. This is projected to increase in coming years, as is the need for services to meet the health needs of this older population.

US Census QuickFacts	Pennington County	South Dakota
Population, 2012 estimate	104,347	833,354
Population, 2010 (April 1) estimates base	100,948	814,180
Population, percent change, April 1, 2010 to July 1, 2012	3.4%	2.4%
Population, 2010	100,948	814,180
Persons under 5 years, percent, 2011	7.3%	7.2%
Persons under 18 years, percent, 2011	24.3%	24.7%
Persons 65 years and over, percent, 2011	13.9%	14.4%
Female persons, percent, 2011	50.0%	49.9%
White persons, percent, 2011 (a)	84.3%	86.6%
Black persons, percent, 2011 (a)	1.3%	1.4%
American Indian and Alaska Native persons, percent, 2011 (a)	9.7%	8.9%
Asian persons, percent, 2011 (a)	1.1%	1.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	3.5%	2.0%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	4.0%	2.9%
White persons not Hispanic, percent, 2011	81.6%	84.4%
Living in same house 1 year & over, percent, 2007-2011	79.0%	84.2%
Foreign born persons, percent, 2007-2011	2.1%	2.4%
Language other than English spoken at home, percent age 5+, 2007-2011	5.0%	6.7%
High school graduate or higher, percent of persons age 25+, 2007-2011	91.7%	89.8%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	27.7%	25.8%
Veterans, 2007-2011	11,726	71,125
Mean travel time to work (minutes), workers age 16+, 2007-2011	17.5	16.7
Housing units, 2011	45,421	366,540
Homeownership rate, 2007-2011	66.1%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	21.5%	18.5%
Median value of owner-occupied housing units, 2007-2011	\$153,700	\$127,000
Households, 2007-2011	40,306	318,466
Persons per household, 2007-2011	2.39	2.43
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$26,451	\$24,925
Median household income, 2007-2011	\$48,378	\$48,010
Persons below poverty level, percent, 2007-2011	13.1%	13.8%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

Key demographics for the Service Area include:

- Rapid City population has grown by 14.0% (2000 vs. 2010 census)
- \$41,500 median household income (averaged for the surrounding counties)
 - Shannon County median household income is \$25,228
- About 13% of the service area is below the federal poverty line
- South Dakota has the highest poverty rate in the nation (48.3%) for American Indians (2007-2011 Census)
- Rapid City alone has the highest poverty rates for American Indians in the nation (50.9%). This is three times the rate in Anchorage, Alaska (the lowest city of the top 20 for American Indian poverty rates). (2007-2011 Census)
- Majority of the Regional Health service area counties are considered HPSAs (Health Professionals Shortage Areas) and MUA (Medically Underserved Areas)
- Not only is a great proportion living in rural areas, but additionally Regional Health serves a large number frontier counties (population density of less than 6 people per square mile)
- In our service area, there is a higher number of older adults (65 and older) compared to state and national numbers. The median age is also rising – meaning greater strain on our medical facilities and providers.
 - However, in Shannon County only 6.2% is above the age of 65 (South Dakota average is 14.4%)
- Overall, there is a great need because of aging population, high American Indian poverty rates, rural/frontier areas, and medical provider/facility shortages

Same Day Surgery Center recognizes there are many existing health care facilities and resources within the community that are available to respond to the health needs of residents. These organizations include, but are not limited to, the following:

Acute-Care Hospitals/Emergency Rooms

- Black Hills Surgical Hospital
- Custer Regional Hospital
- Fall River Health Services
- Hans P. Peterson Memorial Hospital
- Lead-Deadwood Regional Hospital
- Pine Ridge Indian Hospital
- Rapid City Indian Hospital (Sioux San)
- Rapid City Regional Hospital
- Regional Cancer Care Institute
- Regional Rehabilitation Institute
- Same Day Surgery Center
- Spearfish Regional Hospital
- Spearfish Regional Surgery Center
- Sturgis Regional Hospital
- VA Black Hills Health Care System – Fort Meade Campus
- VA Black Hills Health Care System – Hot Springs Campus

Federally Qualified Health Centers (FQHC) & Other Safety Net Providers

- Community Health Center of the Black Hills (FQHC)
- Family Medicine Residency Clinic
- Good Shepherd Clinic
- South Dakota Department of Health

Nursing Homes/Adult Care

- Belle Fourche Healthcare Center
- Castle Manor
- Clarkson Health Care
- Custer Regional Senior Care
- David M Dorsett Healthcare Center
- Echo Ridge
- Edgewood Vista
- Fairmont Grand Regional Senior Care
- Fountain Springs Health Care
- Golden Living Center – Black Hills, Meadowbrook, Bella Vista, Prairie Hills

- Golden Ridge Regional Senior Care
- Good Samaritan Society
- Good Samaritan Society – New Underwood
- Kadoka Care Center
- Kadoka Nursing Home
- Key City Retirement Home
- Michael J Fitzmaurice South Dakota Veterans Home
- Philip Nursing Home
- Pioneer Memorial Manor
- Sturgis Regional Senior Care
- Wedgwood Regional Senior Care
- Westhills Village Health Care Facility

Mental Health Services/Facilities

- Behavior Management Systems
- Catholic Social Services
- Crisis Care Center
- Ellsworth Air Force Base
- Kyle Health Center
- Lutheran Social Services
- Regional Behavioral Health Center
- VA Black Hills Health Care System
- Youth and Family Services

Emergency Medical Services (EMS)

- Black Hills Life Flight
- Buffalo Ambulance Service
- Butte County Ambulance Service
- Custer Ambulance Service
- Edgemont Ambulance Service
- Ellsworth Air Force Base Ambulance Service
- Hill City Ambulance Service
- Hot Springs Ambulance Service
- Hulett Ambulance Service
- Jessie's Ambulance Service
- Kadoka Ambulance Service
- Keystone Ambulance Service
- Lead-Deadwood Regional Hospital Ambulance Service
- New Underwood Ambulance Service

- Oelrichs Emergency Medical Care
- Oglala Sioux Tribal Ambulance Service
- Philip Ambulance Service
- Piedmont Fire & Ambulance Service
- Rapid City Fire Department – Emergency Medical Service Division
- Rural Meade Ambulance Service
- Spearfish Emergency Ambulance Service
- Sturgis/Meade County Ambulance Service
- Sundance Ambulance Service
- Wall Volunteer Ambulance Service

Home Health Care

- Apria Healthcare
- Comfort Keepers
- Interim Health Care
- Loving Hands Home Care
- Regional Home Health Services (Rapid City & Spearfish)
- Regional Home Medical Equipment
- Senior Care of the Black Hills
- State Homecare Services
- VA Black Hills Health Care System
- Visiting Angels
- Westhills Village Home Health

Hospice Care

- Compassionate Care Hospice
- Rapid City Regional Hospital Auxiliary Hospice House & Hospice of the Hills
- Spearfish Regional Hospital - Hospice of the Northern Hills
- VA Black Hills Health Care System

School Health Services

- Belle Fourche School District
- Black Hills State University Student Health Services
- Community Health Center of the Black Hills School Based Clinic – General Beadle Elementary School
- Custer School District
- Douglas School District
- Edgemont School District
- Haakon School District
- Hill City School District

- Hot Springs School District
- Kadoka Area School District
- Lead-Deadwood School District
- Little Wound School
- Loneman Day School
- Meade County School District
- New Underwood School District
- Newell School District
- Oelrichs School District
- Pine Ridge School
- Rapid City Area Schools
- Shannon County School District
- South Dakota School of Mines and Technology Student Health Services
- Spearfish School District
- Wall School District
- Wounded Knee District School

Other Community-Based Resources

- Bella Pregnancy Resource Center
- Department of Social Services
- Helpline Center
- Love INC of the Black Hills

Collaboration

The Community Health Needs Assessment was sponsored by Regional Health, including: Rapid City Regional Hospital, Same Day Surgery Center, Spearfish Regional Hospital, Spearfish Regional Surgery Center, Sturgis Regional Hospital, Lead-Deadwood Regional Hospital and Custer Regional Hospital. Under a management contract with Regional Health, Hans P. Peterson Memorial Hospital in Philip, SD, also collaborated on the project. Regional Health provided funding and in-kind support for the assessment project, and Hans P. Peterson Memorial Hospital provided funding for their portion of the assessment.

Community Health Needs Assessment Goals & Objectives

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Primary Service Area of Same Day Surgery Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The Community Health Needs Assessment provides the information so communities can identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. The 2013 Community Health Needs Assessment serves as a tool toward reaching three basic goals:

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

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

Community Health Needs Assessment Methodology

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

state and national levels. Qualitative data input includes primary research gathered through a Key Informant Focus Group.

Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Same Day Surgery Center and Professional Research Consultants, Inc.

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

The sample design used for this effort consisted of a random sample of 500 individuals age 18 and older in the Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC). For statistical purposes, the maximum rate of error associated with a sample size of 500 respondents is $\pm 4.4\%$ at the 95 percent level of confidence.

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

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included in the complete Community Health Needs Assessment report):

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

Community Stakeholder Input

As part of the community health assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, other health professionals, social service providers, and other community leaders.

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

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized these information gaps might in some ways limit the ability to assess all of the community's health needs.

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

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

Vulnerable Populations

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

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

Public Dissemination

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



This site:

- Informs readers that the Community Health Needs Assessment Report is available and provides instructions for downloading it;
- Offers the Community Health Needs Assessment Report document in a format, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software

readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net™ site are also made available at Same Day Surgery Center's website at: <http://www.samedaysurgerycenter.org> or at <http://www.regionalhealth.com>.

Same Day Surgery Center will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. Same Day Surgery Center will also maintain at its facilities a hardcopy of the Community Health Needs Assessment report that can be viewed by any who request it.

Areas of Opportunity for Community Health Improvement

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

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Insurance Instability • Emergency Room Utilization • Routine Checkups (Adults & Children) • Top Focus Group Concern <ul style="list-style-type: none"> ◦ <i>Barriers to Access: Insurance, Cost, Complex Health Care System, and Distance/Lack of Transportation</i> ◦ <i>Overuse of the Emergency Room</i>
Cancer	<ul style="list-style-type: none"> • Deaths (Prostate Cancer and Female Breast Cancer) • Pap Smear Testing • Colorectal Cancer Screening
Conditions of Aging	<ul style="list-style-type: none"> • Alzheimer’s Disease Deaths • Activity Limitations • Deafness/Trouble Hearing
Injury & Violence Prevention	<ul style="list-style-type: none"> • Unintentional Injury Deaths (Including Motor Vehicle Accidents) • Seat Belt Usage (Adults) • Firearm-Related Deaths • Firearms in the Home (Including Homes With Children)
Maternal, Infant & Child Health	<ul style="list-style-type: none"> • Infant Mortality
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Suicides • Top Focus Group Concern <ul style="list-style-type: none"> ◦ <i>Inadequate Number of Providers & Facilities</i> ◦ <i>Stigma</i> ◦ <i>Suicides</i>
Nutrition, Physical Activity & Weight Status	<ul style="list-style-type: none"> • Overweight Prevalence • Weight Control (Overweight Adults) • Medical Advice on Nutrition, Physical Activity & Weight • Top Focus Group Concern <ul style="list-style-type: none"> ◦ <i>Hunger</i> ◦ <i>Need for Nutritional Education</i>
Oral Health	<ul style="list-style-type: none"> • Dental Visits (Adults) • Top Focus Group Concern <ul style="list-style-type: none"> ◦ <i>Preventive Care</i> ◦ <i>Dental Insurance</i>
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Lung Disease
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths
Tobacco Use	<ul style="list-style-type: none"> • Current Smokers • Use of Smokeless Tobacco

Prioritization Process

After reviewing the Community Health Needs Assessment findings, the Community Health Needs Assessment Steering Committee met on Friday, March 8, 2013 and Friday, March 29, 2013, to determine the health needs to be prioritized for action in FY2014-FY2016.

Following a detailed presentation from Professional Research Consultants, Inc. of the Community Health Needs Assessment findings on Tuesday, March 26, 2013, steering committee members were led through a process of understanding key local data findings (Areas of Opportunity) and ranking identified health issues against the following established, uniform criteria:

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

Prioritization Results

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

1. **Cancer**
2. **Injury & Violence Prevention**

Community-Wide Community Benefit Planning

As individual organizations begin to parse out the information from the 2013 Community Health Needs Assessment, it is Same Day Surgery Center's hope and intention this will foster a greater desire to embark on a community-wide community health improvement planning process. Same Day Surgery Center has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves.