

Table of Contents

Introduction 1

Methods 2

Community Served Determination 2

CHNA Process 3

Primary Data Collection 3

Secondary Data Collection 4

Information Gaps 4

Community/Demographic Profile 5

Population 5

Population by Race and Ethnicity 5

Population by Age 6

Poverty Rate 6

Secondary Data Results 7

Birth Statistics 7

Status Update on 2022 Priorities 11

Summary of Key Findings and Prioritized Needs 12

Existing Health Care and other Facilities and Resources 13

Implementation Plan 15

References 16

Appendix 1 - List of Interviewees for Community Input

Appendix 2 - Sample Interview Questions

Appendix 3 - Criteria Used to Prioritize Health Needs

Appendix 4 - Community Health Needs Assessment Implementation Plan

|  |
| --- |
| **Introduction** |

LifeScape has been open since 1952 and was the first hospital licensed as a Specialty Hospital in South Dakota. Originally named “Crippled Children’s Hospital & School”, it was the vision of orthopedic surgeon Dr. Guy Van Demark and nurse Irene Fischer Coon to serve the children afflicted with polio and confined to hospital rooms at Sioux Valley and McKennan Hospitals. Dr. E.B. Morrison was hired as the first executive director and began raising funds to build the hospital immediately. The doors opened in March 1952 and initially served 32 children who were primarily disabled with polio or cerebral palsy.

Over the years there were several additions to the facility as the needs of children in the state grew and changed. In 1999, the Children’s Care Rehabilitation Center and Rehabilitation Medical Supply Company opened, offering specialized mobility equipment, orthotics and prosthetics, and outpatient rehabilitation therapy services in Sioux Falls. In 2000, the 18-bed Rehabilitation and Medically Complex inpatient unit was opened as an addition of the main facility, bringing the numbered of licensed hospital beds to 114. Due to the changing needs of children served, 96 beds transitioned from hospital licensure to certification as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID) in 2011. In April, 2014, Children’s Care Hospital and School affiliated with another non-profit, South Dakota Achieve. Together, these two organizations became LifeScape and established a new mission, vision, and values for the organization. Services provided by the former Children’s Care Specialty Hospital continued as the organizations affiliated as LifeScape. In May of 2019, a second Rehabilitation Center was opened, named the Autism and Child Development Center, offering Behavior Therapy, Occupational Therapy, Physical Therapy and Speech Therapy.

LifeScape has undertaken a Community Health Needs Assessment (CHNA), a process driven by the passage of the Patient Protection and Affordable Care Act, which requires tax exempt hospitals to conduct needs assessments every three years. The purpose of the Community Health Needs Assessment is to uncover unmet health needs that exist within the community LifeScape serves. Through the assessment, input is gathered from the community and applicable needs are prioritized, with an implementation strategy created to address the prioritized needs.

|  |
| --- |
| **Methods** |

|  |
| --- |
| **Community Served Determination** |

The service area for LifeScape was adopted from primary areas where patients who receive services from LifeScape reside. The service area was determined to be South Dakota, northwest Iowa (19 counties), and southwest Minnesota (21 counties).

A map of the state of south dakota

AI-generated content may be incorrect.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Iowa Service Area | | | Minnesota Service Area | | |
| Buena Vista | Ida | Palo Alto | Big Stone | Lac Qui Parle | Nobles |
| Cherokee | Kossuth | Plymouth | Brown | Lincoln | Otter Tail |
| Clay | Lyon | Sioux | Clay | Lyon | Pipestone |
| Dallas | Mills | Story | Cottonwood | Martin | Redwood |
| Delaware | Monona | Woodbury | Dakota | Mower | Rock |
| Dickinson | O'Brien |  | Hennepin | Murray | Traverse |
| Emmet | Osceola |  | Jackson | Nicollet | Yellow Medicine |

|  |
| --- |
| **CHNA Process** |

The following outline explains the process for conducting the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee
2. Definition of the community served by the hospital facility
   1. Demographics of the community
   2. Existing health care facilities and resources
3. Data collection and Analysis
   1. Primary data
   2. Secondary data
4. Identification and prioritization of community health needs and services to meet community health needs
5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
6. Dissemination of priorities and implementation strategy to the public.

|  |
| --- |
| **Primary Data Collection** |

Key informational interviews and surveys were conducted with members of the community served by LifeScape. These individuals were identified by the Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in the key informational interviews and/or survey. Contacts can be found in Appendix 1. A summary of the key findings from the key informational interviews can be found further on in this document.

|  |
| --- |
| **Secondary Data Collection** |

Secondary data was collected from a variety of local, county, and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the county level and wherever possible, compared to the State of South Dakota and the Nation.

The secondary data collected for this analysis was collected from the following sources:

* United States Census Bureau
* March of Dimes
* Centers for Disease Control and Prevention (CDC)
* Autism and Developmental Disabilities Monitoring Network
* US Department of Education, Individuals with Disabilities Education Act

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and LifeScape Board-Approved implementation plan.

|  |
| --- |
| **Information Gaps** |

Every attempt was made to collect primary, secondary and health-related data relevant to the community served by LifeScape. In certain cases, LifeScape’ ability to assess all of the community's health needs was limited by a lack of existing health-related data collected at the county level.

|  |
| --- |
| **Community/Demographic Profile** |

|  |
| --- |
| **Population** |

The population in South Dakota is anticipated to grow over the next 5 years, whereas the other two service areas are anticipated to decline. The service area as a whole is expected to grow by 43,023 people from 2020 to 2030. This growth could translate to a rise in demand for health care services within the service area.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2020** | **2025** | **2030** | **Change** | **Change** |
|  | **Estimates** | **Projections** | **Projections** | **(2020-2025)** | **(2025-2030)** |
| **LifeScape Service Area** |  |  |  |  |  |
| South Dakota | 878,590 | 906,069 | 934,977 | 27,479 | 28,908 |
| Minnesota | 241,483 | 234,715 | 230,468 | -6,768 | -4,247 |
| Iowa | 307,244 | 303,029 | 304,895 | -4,215 | 1,866 |
|  |  |  |  | 0 | 0 |
| **Service Area Total** | **1,427,317** | **1,443,813** | **1,470,340** | **16,496** | **26,527** |
|  |  |  |  |  |  |

Sources: United States Census Bureau, Population Division; State Data Center of Iowa; Minnesota State Demographic Center

|  |
| --- |
| **Population by Race and Ethnicity** |

LifeScape’s service areas are predominantly white, equating to 80% of the total population of South Dakota. The American Indian and Alaska Native population makes up most of South Dakota’s remaining population. County-level data for Minnesota and Iowa were not readily available, but have previously been similar within LIfeScape’s service area.

|  |  |  |
| --- | --- | --- |
| **2020 Census by Race and Ethnicity** | **South Dakota** | |
|  |  |
| **Number** | **Percent** |
| White | 705,583 | 80% |
| Black or African American | 17,441 | 2% |
| American Indian and Alaska Native | 74,595 | 8% |
| Asian | 13,332 | 2% |
| Native Hawaiian and Other Pacific Islander | 493 | 0% |
| Two or More Races | 34,432 | 4% |
| Hispanic | 38,741 | 4% |
| **Total** | **886,667** | **100%** |

Source: United States Census Bureau

|  |
| --- |
| **Population by Age** |

Population was grouped into major age categories for comparison for the year of 2023. The number of individuals in the age 0-19 age group is 24% of the total population in South Dakota, and 23% in Minnesota and Iowa.

Source: United States Census Bureau

|  |
| --- |
| **Poverty Rate** |

The poverty rate in South Dakota, Minnesota, and Iowa are all slightly lower than the poverty rate in the United States.

|  |  |  |
| --- | --- | --- |
| **Service Area** | **2020** | **2023** |
| South Dakota | 11.60% | 11.8% |
| Iowa | 9% | 11.3% |
| Minnesota | 8.40% | 9.3% |
| United States | 11.40% | 12.5% |

Source: United States Census Bureau

|  |
| --- |
| **Additional Secondary Data Results** |

|  |
| --- |
| **Live Births (per 1000 population)** |

## Live fertility rates were reviewed for the United States and the three states in LifeScape’s service area. The trend in all three states as well as the United States from 2020 to 2023 was a decrease in fertility rate, with the largest decline occurring in Minnesota. South Dakota’s fertility rate remains substantially higher than Minnesota, Iowa, and the United States.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Area** | **2020** | **2021** | **2022** | **2023** |
| South Dakota | 66.7% | 68.6% | 66.5% | 65.6% |
| Minnesota | 58.3% | 58.6% | 58.2% | 55.7% |
| Iowa | 60.4% | 60.8% | 59.9% | 59.0% |
| United States | 56.0% | 56.3% | 56.0% | 54.5% |

Source: March of Dimes

|  |
| --- |
| **Preterm Birth** |

According to the Center for Disease Control, preterm births are those that occur at less than 37 weeks gestation. Preterm births represent a small percentage of all births, but pre-term related problems are the highest cause of infant death. Babies born before 37 weeks gestation require special care and those who survive may have lifelong disabilities such as intellectual disabilities, cerebral palsy, breathing and respiratory problems, visual problems, hearing loss, and feeding/digestive problems. In 2023, South Dakota’s preterm birth rate was slightly lower than the national average, however after a substantial increase, South Dakota had the 5th highest preterm birth rate in the nation in 2023.

|  |  |  |
| --- | --- | --- |
| **Area** | **2018** | **2023** |
| South Dakota | 9.5% | 12.5% |
| Minnesota | 8.9% | 9.4% |
| Iowa | 9.9% | 10.3% |
| United States | 10.1% | 10.4% |

Source: March of Dimes

|  |
| --- |
| **Low Birthweight** |

The CDC defines low birth weight as less than 5.5 pounds. Infants born weighing less than 5.5 pounds are 40 times more likely to die in the first four weeks of their life than infants weighing above 5.5 pounds. Infants with a low birth weight are at an increased risk for neurodevelopmental disabilities and respiratory conditions. Average rates in Iowa, Minnesota, and South Dakota from 2021-2023 were lower than the United States.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Total** | **American Indian/Alaska Native** | **Asian/Pacific Islander** | **Black** | **Hispanic** | **White** |
| South Dakota | 7.1% | 8.7% | 12.8% | 9.8% | 7.3% | 6.5% |
| Minnesota | 7.2% | 8.4% | 8.7% | 11.2% | 7.2% | 6.2% |
| Iowa | 7.2% | 8.4% | 9.1% | 12.2% | 7.5% | 6.5% |
| United States | 8.6% | 8.5% | 9.3% | 14.7% | 7.9% | 7.1% |

Source: March of Dimes

|  |
| --- |
| **Autism Spectrum Disorders in U.S. 2012-2022** |

The prevalence of autism spectrum disorder (ASD) continues to rise. The CDC reports that about 1 in 31 children have been identified with ASD in 2022 based on estimates from the Autism and Developmental Disabilities Monitoring Network (ADDM).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surveillance Year** | **Birth Year** | **Number of ADDM Sites Reporting** | **Combined Prevalence per 1,000 Children (Range Across ADDM Sites)** | **This is about 1 in X children…** |
| 2012 | 2004 | 11 | 14.5  (8.2-24.6) | 1 in 69 |
| 2014 | 2006 | 11 | 16.8  (13.1-29.3) | 1 in 59 |
| 2016 | 2008 | 11 | 18.5  (18.0-19.1) | 1 in 54 |
| 2018 | 2010 | 11 | 23  (16.5-38.9) | 1 in 44 |
| 2020 | 2012 | 11 | 27.6  (23.1-44.9) | 1 in 36 |
| 2022 | 2014 | 16 | 32.2  (9.7 – 53.1) | 1 in 31 |

Source: Centers for Disease and Control, Autism and Developmental Disabilities Monitoring Network

|  |
| --- |
| **Children with Special Needs** |

The Individuals with Disabilities Act (IDEA), Part B, provides for special education services for children ages 3-21. State child count numbers in each special education category was reviewed. The number of children with disabilities has continued to increase in South Dakota, Minnesota, and Iowa since 2020. In South Dakota, the greatest increases were seen in the categories of Autism and Multiple disabilities. Each specific disability can be interpreted in the charts below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **State** | **Year** | **All disabilities** | **Autism** | **Deaf-blindness** | **Developmental delay** | **Emotional disturbance** |
| South Dakota | 2020 | 21,763 | 1,711 | 4 | 1,358 | 1,185 |
|  | 2021 | 22,305 | 1,861 | 2 | 1,256 | 1,247 |
|  | 2022 | 23,232 | 2,071 | 2 | 1,215 | 1,303 |
| % change | 2020-2022 | 6% | 17% | -100% | -12% | 9% |
| Minnesota | 2020 | 144,492 | 21,656 | 126 | 13,875 | 16,951 |
|  | 2021 | 145,936 | 22,477 | 122 | 13,164 | 16,212 |
|  | 2022 | 151,845 | 24,241 | 117 | 13,620 | 16,206 |
| % change | 2020-2022 | 5% | 11% | -8% | -2% | -5% |
| Iowa | 2020 | 69,295 | \* | \* | \* | \* |
|  | 2021 | 70,196 | \* | \* | \* | \* |
|  | 2022 | 71,801 | \* | \* | \* | \* |
| % change | 2020-2022 | 3.5% | **NA** | **NA** | **NA** | **NA** |

\*Data not available; data flagged due to questionable data quality.

Source: U.S. Department of Education, IDEA Part B Child Count and Educational Environments Collection

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **State** | **Year** | **Hearing impairments** | **Intellectual disabilities** | **Multiple disabilities** | **Orthopedic impairments** | **Other health impairments** |
| South Dakota | 2020 | 146 | 1,896 | 622 | 76 | 3,061 |
|  | 2021 | 149 | 1,916 | 638 | 75 | 3,091 |
|  | 2022 | 150 | 1,917 | 734 | 71 | 3,272 |
| % change | 2020-2022 | 3% | 1% | 15% | -7% | 6% |
| Minnesota | 2020 | 2,401 | 7,016 | 1,592 | 1,600 | 19,970 |
|  | 2021 | 2,378 | 6,959 | 1,555 | 1,556 | 20,110 |
|  | 2022 | 2,348 | 7,041 | 1,626 | 1,574 | 19,922 |
| % change | 2020-2022 | -2% | 0% | 2% | -2% | 0% |

\*Iowa data not available; data flagged due to questionable data quality.

Source: U.S. Department of Education, IDEA Part B Child Count and Educational Environments Collection

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State** | **Year** | **Specific learning disabilities** | **Speech or language impairments** | **Traumatic brain injury** | **Visual impairments** |
| South Dakota | 2020 | 7,155 | 4,446 | 48 | 55 |
|  | 2021 | 7,275 | 4,690 | 49 | 56 |
|  | 2022 | 7,411 | 4,984 | 51 | 51 |
| % change | 2020-2022 | 3% | 11% | 6% | -8% |
| Minnesota | 2020 | 35,344 | 23,058 | 425 | 478 |
|  | 2021 | 36,911 | 23,622 | 405 | 465 |
|  | 2022 | 38,622 | 25,689 | 387 | 452 |
| % change | 2020-2022 | 8% | 10% | -10% | -6% |

\*Iowa data not available; data flagged due to questionable data quality.

Source: U.S. Department of Education, IDEA Part B Child Count and Educational Environments Collection

|  |
| --- |
| **LifeScape Data - *Sioux Falls FY24*** |

|  |  |
| --- | --- |
| **Statistic** | **Value** |
| Number of diagnoses treated: | 401 |
| Number of autism screenings completed: | 182 |
| Number of autism evaluations completed: | 228 |
| Number of patients on waiting list for autism evaluation: | 397 |
| Number of patients on waiting list for ABA: | 157 |

|  |
| --- |
| **Status Update on 2022 Priorities** |

In 2022, LifeScape identified three priorities to address following completion of a Community Health Needs Assessment. Below is a summary of progress.

1. Accessing LifeScape outpatient and inpatient services.

* Initiated use of cell phones to communicate via text with families
* Attention to referrals and timeliness of initial contact when referral is received, as well as how far out evaluations are being scheduled
* Addition of coordinator roles to promote retention of experienced intake staff and allow dedicated time/attention to high-demand services such as DME and ABA.

1. Lack of community and caregiver education on LifeScape services and community resources

* Launched LifeScape+ and working to expand available resources;
* Expansion of sharing therapy-based information on social media
* Revising informational flyers and expanding variety of formats (full page, 2-ups, QR codes)
* Complete website revamp to make information easy to access

1. Inadequate availability of appropriate medical and community-based services in identified areas (Pediatric Skilled Nursing/Pediatric Home Health/Respite Care, Mental Health, Autism/ABA)

* Emphasis on Autism and ABA services.
  + Developed Screening with Therapeutic Assessment and Recommendations (STAR) clinic for improved ASD screening process
  + Added Assessment Psychologist position dedicated to ASD evals
  + Transition to ABA group model for early intervention
  + Hired a new director for Autism and Child Development Center

|  |
| --- |
| **Summary of Key Findings and Prioritized Needs** |

A list of interview/survey participants can be found in Appendix 1. The LifeScape Advisory Committee selected individuals with a wide range of backgrounds in health-related agencies and with health-related qualifications to participate in the interviews. These individuals represent the broad interests of the community served by LifeScape.

Interview/survey participants were presented with a series of questions. These questions were developed from a variety of nationally accepted health improvement models and tailored to uncover the health needs that may exist within the LifeScape community. Sample questions can be found in Appendix 2. Responses were recorded and later condensed into common themes. The following themes were identified through the CHNA process:

1. Services with limited community availability

Understanding the continued increase in the number of children with disabilities within LifeScape’s service area, there is continued need to expand availability of related services in the community. Throughout survey and interview responses, the most prevalent services that need to be expanded include services for children with autism spectrum disorder, mental health services, and pediatric rehabilitative services including general PT/OT/ST, intensive therapies, vision therapy, and gait analysis.

1. Barriers to accessing services

There is a significant need to address challenges related to wait lists and limited appointment availability across service lines at LifeScape. Communication challenges impact access to services at multiple levels, including ease of communication with referring providers and communication between staff and patients/families. In addition to survey responses highlighting this challenge, communication barriers also contribute to the large number of patients referred for services at LifeScape who do not schedule evaluations or who complete an evaluation but do not schedule recommended therapy services. Insurance coverage and cost of services were also identified by providers as perceived barriers to services.

1. Awareness and understanding of LifeScape services

Surveys and interviews revealed an overall positive impression of LifeScape and the high quality of services provided in areas that are necessary within the community. Despite this, there continue to be challenges related to ensuring providers and patients/families fully understand services provided. Current resources available on the website are not frequently utilized by people outside of LifeScape, and printed resources are not consistently available throughout the community.

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs can be found in Appendix 3. The criteria measures were established by the committee, drawing from recommendations from the National Rural Health Association.

|  |
| --- |
| **Existing Health Care and other Facilities and Resources** |

The following health care facilities and resources are available within the community to meet the health needs identified through the CHNA:

|  |  |
| --- | --- |
| **Mental Health and Autism Diagnostic Services (Not All-Inclusive)** | |
| 1. Alpine Counseling 2. Avera Medical Group Behavioral Health 3. Avera Psychology and Psychiatry Services 4. Black Hills Psychology 5. Bridge Family Therapy 6. Bridgeway Counseling and Neuropsychology 7. Children’s Health Specialty Clinic 8. Clear Minded Counseling 9. Encompass Mental Health 10. Hope Therapy and Evaluation Services 11. Konrady Psychological Services 12. Midwest Evaluation Services 13. MK Counseling 14. Monument Health | 1. Paula Lain Counseling 2. Sanford Developmental Pediatrics 3. Sanford Psychology and Psychiatry Services 4. Sioux Falls Psychological Services 5. Siouxland Child & Adolescent Therapy Services 6. Southeastern Behavioral HealthCare 7. Sprout Play Therapy and Counseling Services 8. The Blue Couch 9. University of Iowa 10. USD Psychological Services Center 11. USD/Center for Disabilities |
| **Translation Services** | |
| 1. A to Z World Languages, Inc. 2. All Language Translation Services 3. All Nations Interpreters Inc. 4. Communication Services for the Deaf 5. Interpreter Services Inc | 1. LinguaOne, Inc. (SW MN) 2. Lutheran Social Services of South Dakota (SD & MN) 3. Multi-Cultural Center 4. Sioux City Interpreting & Translation Services (NW IA) 5. Southwest Interpreters (SW MN) |

|  |  |
| --- | --- |
| **Services for Children with Complex/Severe Developmental Needs** | |
| 1. Aveanna Healthcare (Pediatric Private Duty Nursing) 2. Avera Children’s Hospital 3. Dakota Home Care (Pediatric Private Duty Nursing) | 1. LifeScape 2. Sanford Children’s Hospital 3. Universal Pediatrics |
| **Rural Healthcare/Outreach** | |
| 1. Avera Healthcare 2. Indian Health Services | 1. LifeScape 2. Sanford Healthcare |
| **Transportation Services for Individuals with Disabilities** | |
| 1. Aberdeen Ride Line 2. AmeriCare Mobility Van LLP (SW MN) 3. Arrow Public Transit in Lemmon, SD 4. Brandon Public Transit 5. Brookings Area Transit Authority 6. Community Transit in Sisseton, SD 7. Community Transit of Watertown 8. Dell Rapids Transit 9. East Dakota Transit in Madison, SD 10. Groton Community Transit 11. Inter-Lakes Community Action Partnership 12. Mitchell City Palace Transit 13. People’s Transit in Huron, SD 14. Prairie Hills Transit in Spearfish, SD | 1. RIDES (NW IA) 2. River Cities Public Transit in Pierre, SD 3. Rural Office of Community Services in Lake Andes, SD 4. Sanborn County Transit 5. Sioux Area Metro (SAM) 6. Sioux Area Metro Paratransit 7. Sioux Falls Wheelchair Transit Plus 8. Siouxland Paratransit Services 9. Siouxland Regional Transit System (NW IA) 10. Spink County Public Transit Inc. in Redfield, SD 11. Vermillion Public Transit 12. Wheelchair Express Sioux Falls 13. Worthington Medi-Van (SW MN) 14. Yankton Transit |
| **Parent Resource Centers** | |
| 1. ASK Resource Center (NW IA) 2. PACER Center (SW MN) | 1. South Dakota Parent Connection |

|  |
| --- |
| **Implementation Plan** |

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

The CHNA Advisory Committee developed the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in Appendix 4. In summary, the following priorities were addressed through the implementation strategy:

Priority 1: Increase access to services with limited community availability

Priority 2: Awareness and understanding of LifeScape services

Priority 3: Improve continuity of care

The implementation strategy detail for each priority located in Appendix 4 provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

|  |
| --- |
| **References** |

1. United States Census Bureau, Population Division. *Annual Estimates of the Resident Population for Counties in South Dakota: April 1, 2020 to July 1, 2021 (CO-EST2021-POP-46);* https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.
2. U.S. Census Bureau. 2017 Population Estimate Program. Projections based on the 2010 population data from the U.S. Census Bureau (2014).
3. United States Census Bureau, Population Division. *Annual Estimates of the Resident Population for Counties in Minnesota: April 1, 2020 to July 1, 2021 (CO-EST2021-POP-27)*; https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html
4. United States Census Bureau, Population Division*. Annual Estimates of the Resident Population for Counties in Iowa*: *April 1, 2020 to July 1, 2021* *(CO-EST2021-POP-19);* Source: U.S. Census Bureau, Population Division; Release Date: March 2022; https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.
5. United States Census Bureau. *South Dakota state profile. https://data.census.gov/profile/South\_Dakota?g=040XX00US46*
6. United States Census Bureau. *Minnesota state profile. https://data.census.gov/profile/Minnesota?g=040XX00US27*
7. United States Census Bureau. *Iowa state profile. https://data.census.gov/profile/Iowa?g=040XX00US19*
8. March of Dimes. *Peristats*; https://www.marchofdimes.org/peristats/.
9. Centers for Disease Control and Prevention. *Identified Prevalence of Autism Spectrum Disorder.* Autism and Developmental Disabilities Monitoring (ADDM) Network; https://www.cdc.gov/autism/data-research/index.html.
10. U.S. Department of Education. *IDEA Section 618 Data Products: Static Tables Part B Child Count & Educational Environments Table 2; https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-b-count-environ-table2/resources*
11. U.S. Department of Education. *IDEA Section 618 Data Products: Static Tables Part B Child Count & Educational Environments Table 3; https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-b-count-environ-table3/resources*

|  |
| --- |
| Appendix 1 |

|  |
| --- |
| **Interviewee Categories** |

* Community daycare center personnel
* Community Health Clinics/Centers
* Family Support Coordinators
* Health and Human Services State Agencies
* Hospital personnel – case managers and discharge planners
* LifeScape therapy, DME, nursing, and case management staff
* Nurses and nurse educators
* Parent Resource Centers
* Patients, families, caregivers, and self-advocates
* Physicians and advanced practitioners
* Public school personnel – nurses, administrators, and educators
* School for the Deaf
* Social workers
* State Health/Human Services agencies
* USD Center of Disabilities

Appendix 2

|  |
| --- |
| **Sample Interview/Survey Questions** |

*Providers*

* What do you think are the most urgent therapy-related health care needs in our community?
* Is there an unmet need in the community for other specialized therapy services or resources that LifeScape should research further?
* What are the most frequent barriers that make it difficult for patients to access services at LifeScape?

*Patients*

* What other suggestions do you have to help LifeScape better meet the health needs of you and your family?
* Please rate the following statements on a scale of 1-5. Select 1 if you strongly disagree with the statement; select 5 if you strongly agree with the statement.
  + Communication
    - I understand the information communicated during my own/my child’s appointments
    - I am able to easily communicate with the people who work with me/my child
    - I know who at LifeScape to contact when I have questions
    - My phone calls are returned in a timely manner.
    - I can easily find helpful information on the LifeScape website.
  + Accessing services at LifeScape
    - I was able to start therapy services for myself/my child when I wanted
    - I was able to schedule appointments at times that are convenient for my family
    - I am easily able to cancel or reschedule my appointments when needed
    - The facilities at LifeScape meet my/my family’s needs

*Community Members*

* Please rank how strongly you agree or disagree with each of the following statements:
  + LifeScape provides services that are necessary to the community.
  + It is easy to find information about LifeScape's services on the website.
  + It is easy to communicate with LifeScape staff that I interact with.
* Do you know of an unmet need in the community for specialized therapy services or resources that LifeScape should research further?
* What suggestions do you have to help LifeScape improve current services to better meet the health needs of the community?

Appendix 3

**Decision Matrix for Prioritization of Health Needs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Broad category** | **Theme/Priority** | **Severity of Problem** | **Potential Impact on Health of Population** | **Feasibility of Change** | **Resources Available to Address Problem** | **Alignment with mission, Strengths, Priorities** | **Overall Priority Score** |
| Services with limited community availability | Autism services | 5 | 5 | 4 | 4 | 5 | 4.6 |
| Non-autism related mental health | 5 | 5 | 2 | 1 | 5 | 3.6 |
| Pediatric rehabilitative services | 3 | 5 | 4 | 4 | 5 | 4.2 |
| Support services | 3 | 5 | 2 | 2 | 5 | 3.75 |
| Barriers to accessing services | Referral process | 3 | 5 | 4 | 4 | 5 | 4.2 |
| Availability of appointments | 5 | 5 | 3 | 2 | 5 | 4 |
| Communication | 5 | 4 | 4 | 4 | 5 | 4.4 |
| Cost of services | 4 | 3 | 2 | 1 | 5 | 3 |
| Insurance coverage | 3 | 2 | 2 | 3 | 5 | 3 |
| Transportation | 3 | 4 | 1 | 0 | 5 | 2.6 |
| Awareness and understanding of services | Website | 3 | 2 | 4 | 5 | 5 | 4 |
| Parent/caregiver educational materials while receiving services | 3.5 | 3 | 4 | 5 | 5 | 4.1 |
| Educational materials related to starting services | 4 | 3 | 4 | 5 | 5 | 4.25 |
| Education and training | 4 | 4 | 5 | 5 | 5 | 4.6 |

Appendix 4

**LifeScape Community Health Needs Assessment**

**2025 Implementation Plan**

**Summary of Findings**

Through the completion of a Community Health Needs Assessment, LifeScape has identified three key priority areas of need. Although there are other needs that were identified, these three align well with the mission and vision of LifeScape, our strategic plan, as well as the scope of services provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Priority Area | Implementation Strategies | LifeScape Resources | External Collaborations |
| Increase access to services with limited community availability: | * Identify strategies to improve retention of clinicians and support staff * Explore incentives for staff working after school hours * Develop training plans for staff to allow expansion of current service lines (ESDM, ABA, intensives, etc) | Marketing staff, therapy staff, specialty hospital staff, contracted Sanford providers, IT department, Technology committee, Human Resources | State partners, universities, provider network, other healthcare organizations |
| *Autism services* | * Continue to assess and further streamline ASD evaluation process * Develop social skills groups for children with ASD * Long term: Explore opportunities and feasibility for in-home or telehealth ABA services |
| *Mental health services* | * Increase utilization of clinical psychology within interdisciplinary clinics, including provision of psychotherapy * Research options for a greater variety of mental health services and programming. |
| *Pediatric rehabilitative services* | * Increase awareness of vision services and further develop program * Expand services related to gait analysis and treatment * Long term: increase availability of feeding intensives and scheduling strategies |

|  |  |  |  |
| --- | --- | --- | --- |
| Health Topic | Implementation Strategies | LifeScape Resources | External Collaborations |
| Increase awareness and understanding of LifeScape services | * Update directory of services and inpatient hospital services information * Update parent handouts with feedback and information about services * Develop outpatient newsletter for communication with providers and families * Expand available parent-friendly resources in a variety of formats * Strategize plans for efficient asset inventory management and distribution * Explore options for parent resource portal to share and download documents | Marketing staff, therapy staff, specialty hospital staff, contracted Sanford providers, IT department, Technology committee | DSU, provider network, technology platforms/program |
| Improve continuity of care   * *Access to providers in the hospital setting* * *Communication between staff and referring providers* * *Communication between patients/families and staff* * *Appointment availability* | * Explore options for implementation of virtual care clinics and on-site provider clinics in our hospital setting. * Explore programmatic structure of inpatient services * Utilize marketing visits to identify primary challenges with communication and explore strategies to address * Train staff on communication strategies to use with caregivers * Identify and address challenges with current phone system * Implement pager system for improved internal communications * Explore strategies to retain and recruit clinicians to increase availability of high-demand appointment times | Marketing staff, therapy staff, specialty hospital staff, contracted Sanford providers, IT department, Technology committee | pager system, interpreter services, EMR, phone service |