Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

Organization Mission

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. Avera St. Benedict Health Center is committed to maintain access to health care close to home for all people, regardless of ability to pay. Avera St. Benedict utilizes a charity care program for individuals that are unable to pay for health care services.

Community Served

Avera St. Benedict Health Center is located in Parkston, S.D. Parkston is located in Hutchinson County, S.D., in the south central part of the state. Agriculture is the primary economic driver in the county. Avera St. Benedict's primary service area is defined as Hutchinson County. In calendar year 2020, Avera St. Benedict had 422 inpatient discharges, 59.48 percent of inpatient discharges were from Hutchinson County (2020 South Dakota Association of Healthcare Organization Inpatient Origin and Destination Study). In fiscal year 2021, Hutchinson County produced 66% of total emergency department visits to Avera St. Benedict. According to the U.S. Census Bureau's 2020 data, the population of Hutchinson County was just over 7,400 people and is predominately White/Caucasian (95%). About 23 percent of the population is over the age of 65. County Health Rankings statistics assesses the unemployment rate of 3.1 percent compared with the state of South Dakota's 3.3 percent unemployment (2021.) County Health Rankings states that the median household income of Hutchinson County is $59,300, which is about $1,100 less than the state's average. The percentage of children in poverty in the county was projected at 17 percent, while about 9 percent of households being single parent households (2021). County Health Rankings rates high school graduation rates in the county at 88 percent and adults with some post-secondary education at 73 percent (2021).

The secondary service area, including portions of Douglas, Davison, Bon Homme, Hanson and Charles Mix Counties are demographically similar to Hutchinson County with rural, agricultural lifestyles. In calendar year 2020, 38.87 percent of inpatient discharges were from one of these five counties (2020 South Dakota Association of Healthcare Organization Inpatient Origin and Destination Study). In fiscal year 2021, Douglas, Davison, Bon Homme, Hanson, and Charles Mix counties produced 25% of total emergency department visits to Avera St. Benedict. According to County Health Rankings and the US Census, Charles Mix County is different from the rest of the service area in that there is a 31.3 percent Native American population, median household income of $50,481, more children in poverty (30%) and children in single parent households (32%). Avera St. Benedict is the primary medical provider for 8 Hutterian Brethren Colonies in the primary and secondary service area, which includes about 550 individuals. The three clinics of Avera St. Benedict are projected to have about 20,500 visits in fiscal year 2022.

Implementation Strategy Process

The CHNA process started with a core group of hospital staff and administration discussing the best approach to the CHNA. It was decided to approach the assessment from a multi-factorial data gathering process to include the following:

1. Statistical data from reliable data repositories or agencies
2. Formal interviews

3. Information discussions
4. Questionnaires for leaders of local organizations
5. Anonymous survey (electronic and paper)
6. Review of clinical/medical services and projects at Avera St. Benedict
7. Assessing needs of the unique Hutterite and Amish populations
8. Due to COVID-19, focus groups were not conducted during this CHNA.

After the completion of the Community Health Needs Assessment process, the CHNA Committee reconvened to discuss the prioritized health needs. This included discussing each prioritized area and developing a plan to address them. The committee then set strategic goals to address health needs identified in the Community Health Needs Assessment, completing the implementation strategy.

Health Needs Identified in CHNA

Identified health needs through the data gathering process were stratified into five broad categories to help prioritize areas and realistically choose options for the health center to address.

Personal Safety. Personal safety was assessed from the perspective of accident prevention; agricultural health; suicide; safety in homes, positive community activities for children; access to firearms; and overall safety in the community. Throughout the data collection process there were elements of personal safety that stood out. Preventable accidents are statistically high in Hutchinson County. Survey data and interviews placed emphasis on concerns for children's safety, access to firearms, and many other ideals that lead back to personal safety. COVID-19 can also be tied to personal safety.

Behavioral health issues. Substance use prevention needs were identified based on community feedback, including significant survey data regarding perception of substance use/alcohol use in the community. Elements of behavioral health care have been a consistent theme during prior CHNA's as well. Mental health support was also a recurrent theme identified.

Poverty and socioeconomic issues. Poverty and socioeconomic issues were consistent themes with interviews, questionnaires, and survey responses. Most of the service area is economically more stable than the State of South Dakota from a data analytics perspective. Health systems with higher rates of poverty in their service areas tend to have higher rates of chronic diseases and poorer health outcomes.

Access to care. Although access to primary medical care was assessed as being an asset in our service area, there are gaps in access and community concerns to maintain or expand local access to care. This was a recurrent theme across all data sources, specifically for the elderly and disadvantaged in our service area. Concerns of cost of care, lack of health insurance or high out of pocket health costs, and individuals foregoing preventative care were heard from the community during interviews and the survey. Statistically, data gathered shows that there are areas of improvement for access, such as cancer screening.

Obesity/Lifestyle Choices. Themes throughout interviews, survey data, and statistical data show that obesity is a problem in our service area, which correlates with gaps in exercise and nutrition. Lifestyle choices such as lack of exercise, lack of 24 hours options for exercise, and unhealthy dietary choices were also discussed throughout the data collection process.

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Prioritized Health Needs

For each of the broad categories of identified needs above, priorities in each category were chosen, which are identified below. The CHNA committee discussed the health needs identified during the community health needs assessment and prioritized the needs based on the following criteria:

1. Estimated feasibility for the health care center to address the issue with current resources
2. Importance the community placed on the need
3. Burden, scope, severity, or urgency of the health need
4. Health disparities associated with the need

Cancer prevention screening. The community feels that there are some great resources in the service area, but there are gaps. Cancer prevention screening rates are below the State average and gaps were identified in meeting the needs of the community with cancer prevention screenings, especially with mammograms. Cancer prevention is an issue that potentially effects everyone in our service area. Lack of cancer prevention screening leads to health disparities and increased rates of mortality.

Improving access to care through better dissemination of resource materials. Access to care includes being a resource for the current community and being able to reach new people that come to the service area. Providing resource packets to community members that helps people navigate access to healthcare can help increase access to those in need by raising awareness. This was prioritized based on importance the community placed on the need and feasibility for a health center to address with current resources.

Accident prevention. This was prioritized based on importance the community placed on the need and the health disparities associated with the need. Preventable accidents lead to higher costs of care and increased strain on emergency medical services. There are other organizations within the service area that can be partnered with to help address this need.

Substance Abuse/Alcohol Use prevention. There were many concerns identified during the process regarding alcohol use and drug use in the community across the lifespan. Avera St. Benedict has the current infrastructure to integrate some elements of substance use prevention at no cost as a community benefit. Evaluation of impact of the community going without these services was discussed and how this would potentially leave a void in the community where feedback and data indicate substance use prevention is valued.

Significant Health Needs to be Addressed

The Community Health Needs Assessment Committee met on June 29, 2022 and July 21, 2022 to discuss goals and an action plan to address the prioritized health needs of the community. For each of the actions plans under the overarching goals a specified Avera St. Benedict Staff member will be assigned as leader to implement the action plan area.

Health Need to be Addressed: Cancer Prevention Screening
Overarching Goal: Implement better identification of, and opportunities to, screen for cancer prevention.

1.1.1. *Action Plan:* Implement and execute better patient identification and personalized contact to improve cancer screening rates in the service area.

1.1.2. *Action Plan:* Improve staff and community education on cancer screening opportunities through multiple different avenues.
1.1.3. *Action Plan:* Promote and utilize the All Women Count program to improve screening in women who qualify for the program.
1.1.4. *Action Plan:* Implement a cancer prevention health fair in conjunction with the annual cancer walk that takes place in Parkston, SD.
1.1.5. *Action Plan:* Work towards establishing a foundation account for cancer prevention.
1.1.6. *Resources Committed to Achieve Goal:* Staff time
1.1.7. *Collaborations Needed to Achieve Goals:* Public health program, Avera St. Benedict Foundation Board, radiology and clinic departments of the hospital, Cancer Walk staff
1.1.8. *Anticipated Impact:* Improve screening mammogram rates by 5% in the service area. Disseminate information to patients on cancer screening. Educate ASB staff on programs and processes to help get patients in for cancer screenings.

Health Need to be Addressed: Improving Access To Care Through Better Dissemination Of Resource Materials
Overarching Goal: Increase community knowledge of how to access healthcare locally.

1.1.1. *Action Plan:* Create an ASB guide of healthcare services to be disseminated at City Hall so new community residents understand healthcare access locally.
1.1.2. *Action Plan:* Have an information booth at school registration on healthcare access.
1.1.3. *Action Plan:* Have healthcare access guides within the facility, including outreach sites.
1.1.4. *Action Plan:* Integrate community health into the care of newborns before and after OB deliveries, including before new parent(s) are discharged.
1.1.5. *Action Plan:* Utilize print media and social media to educate the service area on access to care issues.
1.1.6. *Resources Committed to Achieve Goal:* Staff time, materials development costs, copying costs.
1.1.7. *Collaborations Needed to Achieve Goal:* Community health; hospital staff; city governments
1.1.8. *Anticipated Impact:* Utilize different mediums to educate the public on local services for healthcare needs to improve access to care.

Health Need to be Addressed: Accident Prevention
Overarching Goal: ASB will lead community partnerships to facilitate accident prevention in the service area.

1.1.1. *Action Plan:* Host a baby sitters clinic with safety elements such as how to access poison control.
1.1.2. *Action Plan:* Promote ways to have a safer community in areas such as agricultural safety, gun safety, water safety, bike safety, equine safety, grain bin safety, motor vehicle safety.
1.1.3. *Resources Committed to Achieve Goal:* Staff time, materials development costs, copying costs, resource sponsorship costs.
1.1.4. *Collaborations Needed to Achieve Goal:* school districts, Fire Department, EMS, Police, HOSA, SDSU Extension, Farm Bureau, Hutchinson County Emergency Management, other collaborations as needed.
1.1.5. *Anticipated Impact:* Decrease emergency department visits secondary to accidents.

Health Need to be Addressed: Substance Abuse/Alcohol Use Prevention
Overarching Goal: Educate the community on substance use and alcohol use prevention.

1.1.1. *Action Plan:* Assist in a substance use prevention curriculum at school.
1.1.2. *Action Plan:* Educate parents on substance and alcohol prevention.
1.1.3. *Action Plan:* Promote local recovery access to groups such as Alcoholics Anonymous.
1.1.4. *Action Plan:* Create a resource on how to reach out for help with behavioral health needs such as, mental health, substance use or alcohol use.
1.1.6. *Resources Committed to Achieve Goal:* Staff time, materials development costs, copying costs, resource sponsorship costs.
1.1.5. *Collaborations Needed to Achieve Goals:* School districts in the service area; student organizations within the school districts
1.1.6. *Anticipated Impact:* Reach children and parents in the service area to increase knowledge of substance use and alcohol use prevention strategies.

Significant Health Needs Not Addressed

When the Community Health Needs Assessment Committee met on June 29, 2022 to discuss goals and action plans for the significant health needs, there was also discussion on what needs identified would not be addressed. Lifestyle choices, poverty, and socioeconomic issues were all items of interest and assessed as a community need. As a health care organization, there are limits to what can be addressed regarding lifestyle choices, poverty, and socioeconomic issues. Due to feasibility, these issues will not be directly addressed.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: August 15, 2022