

Platte Health Center Avera

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2013 – COMMUNITY HEALTH NEEDS ASSESSMENT

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INTRODUCTION

Community health needs assessments are a tool used to help communities determine their capacity and use of resources by residents. It is also the foundation for improving and promoting the health of county residents. **Community health assessment is a key step in the continuous community health improvement process.** The role of the process is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

The Community Health Needs Assessment is also a part of the required hospital documentation of “Community Benefit” under the Affordable Care Act. Non-profit hospitals are now required to perform community assessments to help them determine community benefit and plan for the future. Further explanation and specific regulations are available from Health and Human Services, the Internal Revenue Service and the U.S. Department of the Treasury.

This community health assessment is the first of its kind for Platte Health Center Avera. In order to comply with the established regulations, Platte Health Center Avera completed the following:

- Community Health Needs Assessment report, compliant with IRS – Treasury;
- Provide the Hospital information needed to complete the IRS – 990h schedule; and
- Develop an implementation strategy for the hospital to issue an assessment of community health needs and document how it intends to respond to the needs.

EXECUTIVE SUMMARY

Platte Health Center Avera will conduct a community health needs assessment every three years to evaluate the health of the community, identify high priority health needs, and develop strategies to address the needs of the community. The 2013 Platte Health Center Avera community health needs assessment represents a combination of quantitative and qualitative information based on census data, patient data, and focus group feedback from several community organizations and leaders. Data for Charles Mix County was compared to statewide data as well as national data and benchmarks such as Healthy People 2010. This report summarizes the results of the analysis.

During 2012 and 2013, a Community Health Needs Assessment was conducted by Platte Health Center Avera for the approximately 5,000 people residing in the Platte Health Care Center Avera primary service area. The organization serves its host city, Platte, South Dakota and its partnered city of Geddes, South Dakota, the top 1/3 of Charles Mix County and the bordering counties of Aurora, Brule, and Douglas counties in South Dakota.

DESCRIPTION OF THE HOSPITAL

History of Platte Health Center Avera:

On March 22, 1946, a group of eleven (11) individuals in the Platte community, met to form a committee to try and raise money to start a hospital in Platte, South Dakota. On September 22, 1947, the committee held a public meeting to inform the community that they had located a house and eleven acres of land that could be used for a hospital. The cost of acquiring the house and land was \$10,500 and the cost to remodel the property into a hospital would total \$35,000. Community members present voted to move ahead with the project and established a group of seventy-five (75) solicitors to raise money for the project. In a few days the group had received cash donations in the amount of \$36,454.89. The property was purchased and then turned over to the community with the group of eleven (11) individuals acting as the temporary board until a permanent board could be selected. The facility was originally opened in September of 1947 and dedicated on October 20, 1949 with administrative oversight provided by the Chamberlain Hospital Administrator.

In 1963 a physician medical clinic was added to the healthcare campus and a long term care facility was added in 1965. In 1969 construction of a new hospital facility was started and completed in 1970. From 2007-2009 an extensive construction/remodeling project was completed; making the facility an up-to-date, state-of-the-art healthcare facility for the region. The medical clinic and long term care facilities have also been remodeled and updated to meet the needs of the clients served.

Platte Health Center Avera is now comprised of a 17 bed Critical Access Hospital, 48 bed Intermediate Long Term Care Facility and 2 Rural Health Clinics located in Platte and Geddes and is the primary source for healthcare services in this part of Charles Mix County.

Platte Health Center Avera is governed by a local Board of Directors and has a management agreement with the Avera Health System which provides shared administrative and support to hospitals in each of its six regions. The hospital is a member of the Avera Queen of Peace Region with its parent organization being Avera Queen of Peace Hospital in Mitchell, South Dakota, a PPS hospital located approximately 70 miles northeast of Platte, South Dakota. Platte Health Center 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. Working with its partners, Avera shall provide a quality cost-effective health ministry which reflects Gospel values. We shall improve the health care of the people we serve through a regionally integrated network of persons and institutions. In caring together for life, the Avera community is guided by the gospel values of compassion, hospitality and stewardship.

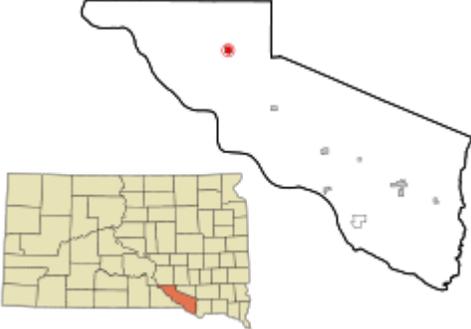
Where we are located:



South Dakota’s location within the United States.



Location of Charles Mix County in South Dakota



Location of city of Platte in Charles Mix County

COMMUNITY SERVED - DEMOGRAPHICS

Charles Mix County ranks as the #1 county for discharges for the hospital. Consistently 80 percent of Platte Health Center Avera’s hospital discharges come from Charles Mix County (80 percent or 155 of 195 hospital discharges in 2011). Charles Mix County is nearly 100 miles in length, covers 1,098 square miles and has a total population of 9,208. The organization serves the northern part of Charles Mix County and that area of the county has an estimated population of 2,338 according to the US Census Bureau’s 2010 Profile Data. **Note:** Local Hutterite Colonies are not a part of the 2010 census data. Estimates determined the population to be approximately 300 at each of the 3 colonies within the PHCA service area (Platte, Cedar Grove, & Grass Ranch Colonies) with approximately the same population variables.

Table 1: US Census Bureau State & County Quick Facts – Population, 2010¹

Population Variable	Aurora	Charles Mix	Brule	Douglas	City of Platte	City of Geddes	Colonies
Population Estimate (year)	2694	9208	5283	2972	1230	208	900
Under 5 years old	6.8%	8.6%	6.9%	5.3%	6.3%	5.3%	6.3%
Under 19 years old	26.5%	29.7%	25.3%	22.5%	16.1%	11.5%	16.1%
Age 20-64 years old	47%	44%	51%	48%	49.3%	56.6%	49.3%
Age ≥ 65 years old	19.5%	17.4%	16.8%	24%	28.3%	26.4%	28.3%

Health care and economic conditions vary slightly between Platte/Geddes communities and the Colonies. Primary health care resources reside in the city of Platte, with a Rural Health Clinic outreach site located in Geddes. The counties are rural areas impacted greatly by agriculture.

Platte Health Center Avera service area saw a slight population decrease of 2.4 percent since the last census (2000 – 2010)²

Table 2: Racial/Ethnic Composition for the Platte Health Center Avera Service Area

Race	Platte	Geddes	Colonies
White	98.4%	90.5%	100%
Black/African Amer.	0.0%	0.0%	0.0%
Native American/Alaska Native	1.5%	5.4%	0.0%
Asian	0.0%	0.0%	0.0%
Hispanic/Latino	0.1%	3.7%	0.0%
2 or more races	0.0%	0.4%	0.0%

Platte Health Center Avera’s service area remains a predominately White population at 98.4%. The majority of the Native American population is located beyond the organization’s service area in southern Charles Mix County in the cities of Lake Andes and Wagner, South Dakota and this population accounts for 32 percent of the total county population.³

Table 3: Social & Economic (SES) Factors: Income, Poverty level & Education for Platte Health Center Avera Service Area

	Aurora	Brule	Chas Mix	Douglas	SD
Median Household Income	\$40,900	\$40,114	\$33,135	\$36,356	\$45,048
Living Below Poverty 2009	13%	14.6%	24.3%	14.6%	14.2%
Living Below Poverty 2000	14.6%	14.3%	26.9%	14.3%	13.2%
Children in Poverty	17%	19%	36%	21%	19%
High School Graduation	99%	73%	71%	99%	82%
Some College	48%	62%	49%	68%	65%
Unemployment	3.9%	3.3%	4.6%	3.9%	4.8%

According to the US Census Bureau’s projections for 2009, the annual, median household income for Charles Mix County is \$33,135; however, 24.3 percent of the population lives below the poverty level (\$22,350/year for a family of four). This level of poverty is higher than what was reported for the State of South Dakota in 2010. The Platte-Geddes School system has approximately 32 percent of the students on free/reduced meal plans.

South Dakota is ranked 3rd in the nation with the lowest unemployment rate of 4.3 percent.⁶ The unemployment rate in Charles Mix County has increased slightly over the last couple of years from the 3 to 5 percent range to approximately 5 percent from 2009 through 2011.

Research has demonstrated a strong relationship between socio-economic status and increased risk of being affected by health disparities. A person’s health status is as much a product of education, financial resources, and social status as it is of genetic make-up, personal habits, and exposure to disease.⁴ Whether assessed by income, level of education, or occupation, socio-economic status clearly predicts the health status of an individual. A higher income level provides individuals with means to purchase health insurance and ensures access to healthcare on a consistent basis. Education has a direct impact on an individual’s professional development and career opportunities, which influences access to health coverage. Occupational status has a significant impact on the health status of an individual especially since research has demonstrated that employed individuals have better health than unemployed individuals. The three main determinants of health include: behavior and lifestyle, environmental exposure, and healthcare.⁵ This has a significant impact on the health of individuals, especially minority populations and can be related to increased morbidity and mortality, diagnosable mental disorder and/or depression in adults and children, with access to health insurance and preventative services as a part of the reason for the socioeconomic disparities.

WHO WAS INVOLVED WITH THE ASSESSMENT

The assessment was conducted by Platte Health Center Avera which also provided the financial and in-kind support for the assessment process. Since the greatest portion of the organization's patients and customers reside in county of Charles Mix and the towns of Platte and Geddes, both an online and paper survey were utilized to solicit broader input from the community regarding potential community health needs.

Individual and four focus group interviews were also completed. The focus group members included representation from the medical community, healthcare center staff, business owners, farmers, and public health.

Platte Health Center Avera also reached out to the local Hutterite Brethren Colony Ministers. A letter was sent inviting the Ministers to participate in the community health needs assessment and discuss their primary health concerns and needs.

HOW THE ASSESSMENT WAS CONDUCTED

Platte Health Center Avera began the process by initially participating in an educational and planning session conducted by Avera Health. From that meeting, the organization established a Community Health Needs Assessment committee that included the facility Chief Executive Officer, Chief Finance Officer, and Director of Patient Care Services.

Platte Health Center Avera then proceeded to gather the most recent statistics about public health from county, state, and national sources. Data was collected from the US Dept. of Human Services, US Centers for Disease Control, Bureau of Labor Statistics, US Census Bureau, SD Epidemiology Profile, SD Medicaid and medically uninsured. In addition, the County Health Rankings website was utilized as it provides a wealth of information on nearly every county in the nation. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, this resource helps counties and other organizations like Platte Health Center Avera understand the many variables that influence health. In addition, South Dakota Department of Health statistics were reviewed regarding the health status and leading health indicators for Charles Mix County. Information was also obtained from the organization's Emergency Department and Inpatient unit.

In addition to the secondary data collection, Platte Health Center Avera also collected qualitative or primary data through the use of a community wide survey. This survey was conducted targeting a wide range of stakeholders within Platte Health Center Avera's primary service area between May 15 and July 10, 2012. A press release was placed in the local paper (Platte Enterprise) and an email was sent out to all businesses through the Platte Chamber of Commerce. This survey was made available to all Platte Health Center employees, medical staff members, Platte Chamber members, and community

members at large on the facility's website. In addition, paper copies of the survey were available during normal business hours at the Platte Medical Clinic and Hospital information desk for people who did not have access to or feel comfortable completing the survey online. The paper surveys were placed in unmarked envelopes with drop boxes available in the community. The surveys were picked up at random intervals and then manually entered into the survey monkey. In total, 64 surveys were completed. This report documents the findings of the surveys, summarizes results of additional research and includes information provided in hard copy by those who participated in the process. Appendix I provides a summary of the survey results and includes the questions that were asked.

The results of the Community Health Needs Assessment survey were reviewed and tabulated. This information was then shared with established focus groups. When establishing these focus groups, careful consideration was taken to insure that input gathered would be representative of the community at large. The focus groups included representation from the Platte Chamber members, Platte Health Center Avera Governing Board, medical community, department managers, and Colony Ministers. These groups included members from the following back grounds: agriculture, insurance, medicine, pharmacy, finance, business ownership and Hutterite Colony. It should be noted that for this community health need assessment period, the colony ministers politely declined to provide specific information for inclusion in this report.

In addition, to ensure that the organization included input from those with special knowledge or expertise in public health, the Community Health Nurse (Brenda Plooster, RN) was interviewed on August 14, 2012. Ms. Plooster's experience gives her knowledge of the needs of the most vulnerable and those most impacted by health disparities. Secondary data and the community survey results were shared with Ms. Plooster. At the present time, the community health nurse office is offering services primarily to women and children. The office is focusing on childhood obesity, anemia, vaccination rates, prenatal education, and breastfeeding. The Platte office is currently providing WIC services to 78 percent of person's eligible in the hospital's service area. Barriers to increasing this number are primarily related to "pride" of the people in this region, not wanting to accept the help that is available. The community health nurse offered her opinion (no statistical data submitted) that "when people feel that they can get by, they won't sign up to receive services that they would qualify for, so essentially they are choosing to be underserved." The local office works directly with the South Dakota Department of Health programs to promote wellness activities in the community. When asked about what population community health would feel is underserved in our area, it was determined that possibly people with health insurance, even though they are insured, are probably being underserved due to the high cost of premiums, deductible amounts and high cost of health care services.

PRIORITIZATON PROCESS

The results of the community health needs assessment survey were reviewed and common themes among the data were identified. The top seven themes were placed into a prioritization template, shared with established focus groups and scored based on the significance of each need. Criteria was based on size, seriousness, economic feasibility, potential for impact, availability of community assets, need due to limited community assets, probability of success, and value of the presented themes. The focus groups scored the health issues based on each stated criteria using a 1-5 scale, with "1" indicating the

lowest score for significance, feasibility, or probability, and “5” indicating the highest score and maximum score possible of 40. From this process, the top four needs facing the community were identified as need for prevention/screening activities, heart disease, obesity, and mental health services.

HEALTH NEEDS IDENTIFIED

In review and analysis of the data gathered from the Community Health Needs Assessment survey and the focus groups, possible areas of focus were identified **with the first being accessibility and affordability of health care services**. This area of focus was identified by over 25 percent of the survey respondents as the top priority and was also mentioned by the community health nurse during the interview; while people may have major medical insurance, the deductible and co-pay amounts related with these plans impact their access to primary and specialty care services. A request for access to additional specialty physicians was also expressed as a need for the service area.

Healthy lifestyle choices and health promotion activities have been hot topics for several years in both the local and national scenes. Obesity and poor health habits are a community concern, especially as it contributes to chronic diseases. A report from the Trust for America’s Health and the Robert Wood Johnson Foundation shows South Dakota tied with Georgia for 17th place in the ranking of the states with the highest obesity rates. As you can see in Table 4, Charles Mix County adult obesity rates exceed that of the state and nation. The local survey group identified this as a need and requested community education and wellness programs targeted at services to help them stay healthy or support them in the management of their current health conditions.

Table 4: Charles Mix County Health Rankings & Roadmaps

Health Outcomes	Charles Mix Co.	National Benchmark	South Dakota	Rank (of 59)
<i>Mortality</i>				38
Premature death	8,161	5,466	6,655	
Low birth weight	7.5%	6.0%	6.8%	
Infant Mortality	12.8			
<i>Health Behaviors</i>				48
Adult Smoking	20%	14%	19%	
Adult Obesity	35%	25%	30%	
Physical inactivity	30%	21%	26%	
Excessive drinking	22%	8%	19%	
Sexually transmitted infect.	741	84	375	
Teen birth rate	71	22	39	
Prenatal care 1 st trimester	62.2%		69.6%	
Tobacco use pregnancy	26.6%		18.6%	
<i>Clinical Care</i>				57
Uninsured	21%	11%	15%	
Primary Care physician	893:1	631:1	769:1	
Preventable hospital stays	138	49	67	
Diabetic Screening	86%	89%	82%	
Mammography screening	63%	74%	71%	
<i>Social & Economic Factors</i>				49
High School graduation rate	71%		82%	
Population < HS grad rate (for service area)	15.3%			
Children in poverty	36%	13%	19%	
Poverty rate (for service area)	9%			
Children – single parent home	43%	20%	30%	
Violent crime rate	138	73	230	
<i>Physical Environment</i>				44
Air pollution – particulate	0	0	0	
Air pollution – ozone days	0	0	0	
Access to recreational facility	0	16	12	
Limited access healthy food	19%	0%	14%	
Fast food restaurants	50%	25%	42%	

*90th percentile, ie., only 10% better (www.countyhealthrankings.org 6.21.12).¹⁰

According to the data, mortality and chronic disease rates are higher in Charles Mix County in South Dakota than state and national rates for acute myocardial infarction, cancer (colon, rectal, anal, prostate, pancreas), accidents, diabetes, influenza, pneumonia, suicide, chronic liver disease, and infant mortality. Also, preventable hospital stays are twice the state average and nearly three times the national average. Review of the Platte Health Center Avera service inpatient and emergency room utilization did confirm this data held true for the service area as well.

Table 5: Mortality/Chronic Disease Rates Statistically Higher than State/National Rates

Indicator	Charles Mix	South Dakota	United States
Heart Disease	182.6	163.9	186.5
Acute Myocardial Infarction	71.3	57.1	40.7
Atherosclerotic Heart Disease	56.7	52.0	**
Cancer	176.0	166.3	175.3
Colon, Rectal, & anal cancer	19.4	16.4	16.4
Prostate	29.8	22.7	22.3
Pancreas	16.4	9.9	10.9
Accidents	63.3	43.7	38.8
Diabetes	39.7	23.8	21.8
Influenza & Pneumonia	18.8	16.0	16.9
Intentional Self Harm (suicide)	20.6	15.4	11.6
Chronic liver disease/cirrhosis	22.7	10.3	9.2
Infant Mortality	10.01	7.07	6.61

Source: SDDOH, Office of Health Statistics, 2010⁷

All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

Platte Health Center Avera's Emergency Room Top Diagnoses are as depicted in Table 6. Accidents resulting in wounds, laceration, fractures and abdominal, respiratory, and cardiovascular complaints are the largest patient encounters in the Emergency Room.

Table 6: Emergency Room Data – Top Diagnosis

ED Encounter	2010	2011	2012 YTD
Wounds/laceration	26%	25%	17%
Sprain/Fracture/Disloc.	22%	18.5%	10%
GI/Abd complaints	19%	17%	11%
Resp. S&S	17%	18%	12.5%
CV/heart S&S	12%	16%	13%

Source: PHCA, Meditech statistics

Platte Health Center Avera's top reasons for hospitalizations are shown in Table 7. From 2010 to 2012, Pneumonia and GI complaints were the top medical inpatient encounters and OB services (delivery/newborn days) being the 2nd highest inpatient encounters for the hospital.

Table 7: Hospital Discharge Data – Top Diagnosis

Diagnosis	CY 2010	CY 2011	CY 2012 YTD
Pneumonia	22%	36%	26%
OB/delivery	20%	16%	26%
Newborn	20%	16%	26%
GI complaints	17%	21%	17%
Cardiovascular	5%	9%	4%
Urinary	4%	10%	4%
CHF	4%	5%	2%

Source: PHCA Meditech statistics

When compared to state and national benchmarks, Charles Mix County health behaviors were worse for adult smoking, obesity and alcohol consumption. The community confirmed these as areas of concern and expanded the population to the area youth. In further research of youth behaviors, it was noted that nationally statistics and facts show that it is important for parents to know that their behavior affects their kids. Teens are at highest risk when they have both friends and parents who drink. More kids use alcohol than tobacco or illicit drugs and more children are killed by alcohol than all illegal drugs combined. Compared with adults, adolescents are less sensitive to the negative effects of alcohol intoxications, such as hangover and loss of coordination, but they are more sensitive to the way alcohol eases social situations. That puts them at higher risk for binge drinking.⁹

Table 8: Substance Abuse Data for South Dakota 2009

Indicator	South Dakota	National	South Dakota Trend
Chronic Liver Disease	10.6/1000,000	9.3/100,000	Steady
Suicide Death Rate	13.8/100,000	10.8/100,000	Slight increase
% Alcohol Related arrests	51.7%	23.8%	Slight increase
Alcohol Abuse/dependence	10.1%	7.7%	Steady
Alcohol use ≥ 12 yo	58.7%	51.4%	Increasing
Alcohol use by HS students	44.5%	44.7%	Decreasing
Alcohol use ≥ 18 yo	58.3%	54.5%	Steady
Binge drinking ≥ 12 yo	28.1%	22.8%	Steady
Heavy alcohol use ≥ 18 yo	3.7%	5.2%	Steady
Binge drinking by HS stud.	30.0%	26.0%	Decreasing
Drinking/Driving HS student	13.0%	10.5%	Decreasing
Rode with Drinking driver	24.3%	29.1%	Decreasing
% Fatal alcohol related crash	41.3%	31.4%	Decrease
Cigarette smoking ≥ 12 yo	33.0%	29.5%	Slight increase
Cigarette smoking ≥ 18 yo	19.9%	19.8%	Steady
Smokeless tobacco HS stud.	11.2%	7.9%	Decreasing
Deaths from Illicit drugs	0.6/100,000	1.1/100,000	Slight increase
Marijuana use > 1 in HS	30%	37%	--
Current use ≥ 12 yo	5.2%	6.0%	Steady
Current use HS students	17.7%	19.7%	Steady (fluctuates)
Cocaine use in HS	3.4%	3.3%	Steady (fluctuates)
Current use illicit drugs ≥ 12	2.8%	2.8%	Steady
Current use inhalants by HS	13.7%	13.3%	Steady (fluctuates)
Drug Abuse/dependence	1.5%	2.0%	Steady

Source: HHS: Office of Adolescent Health: Substance Abuse data for South Dakota⁸

For Charles Mix County, the sexually transmitted infection rates, teen birth rates and tobacco use in pregnancy were also statistically higher. The county's uninsured rates, primary care physician ratios, and preventable hospital rates were higher; with diabetic screening and mammography screening activities better than the state and national averages. Overall, residents of Charles Mix county and South Dakota are free from air pollution and have access to healthy foods however, these may be limited where fast food is readily available.

Additional health issues were identified from the assessment and they included heart disease, diabetes, and cancer. These findings align with the secondary data published in the South Dakota Department of Health statistics and County Health Rankings reports. Charles Mix County rates statistically higher for all of these disease states than the State and Nation, with death from heart disease being the leading cause of death for the county. Charles Mix County also has a higher rate of cancer diagnosis than the State and Nation for colon, prostate, and pancreatic cancer. Cancer is the 2nd leading cause of death for the county. In spite of increasing awareness related to the causes of cancer, some health behaviors, as depicted previously in Table 4 and 5, are still at unacceptable levels for the county and state.

Access and services related mental health/substance abuse issues was identified as a major concern in the CHNA. More than 38 percent of respondents commented that mental health issues and alcohol consumption for adults and teens was something that was “unhealthy” about our community. Charles Mix County and the Platte Health Center Avera service area have limited access to mental health and substance abuse programs. South Dakota ranks 10th in the state rankings of suicide and intentional self-harm is the 9th leading cause of death. In addition, accidental death is the leading cause of death in the county for those aged 1-44, with 20 percent of highway fatalities in 2009 being alcohol related.

COMMUNITY ASSETS IDENTIFIED – PROVIDING ACCESS

The community often looks to the organization to impact the overall health and quality of life in the surrounding service area. Through the community health needs assessment survey, participants had the opportunity to provide feedback related to how the organization could provide community building activities to improve the overall health and quality of life in the community. Survey participants identified prevention/screening/wellness activities, mental health services/counseling, support groups, affordable elderly housing, and walking/bike trail as community needs.

Platte Health Center Avera has cared for the people of our region for over 65 years. The facility takes pride in providing care to our clients in a modern facility equipped with the highest level of technology for today’s needs right here at home. From health education to disease prevention to diagnosis and treatment, the facility provides services to get people well and keep them well. The facility takes pride in providing access to quality healthcare in a rural community.

Healthcare Resources:

Hospital – Platte Health Center Avera:

Inpatient and outpatient observation services provide an average daily census of 5. Staffing for the hospital is a 2 nurse model with additional support staff of health unit coordinator and nursing assistant. All Registered Nurses are advanced cardiac life support (ACLS), trauma nurse core course (TNCC), and national institute of health (NIH) Stroke scale certified. Platte Health Center Avera provides 24 hours service/care for intensive Care, medical/surgical, obstetrical, pediatric, newborn, and swing bed patients. A care transitions program is in place as an extension of the hospital stay to prevent readmissions for targeted diagnosis and for those patients assessed at high risk for readmission.

The facility is certified as a trauma receiving facility with fully integrated eEmergency and eStroke services in both emergency room (ER) bays. Emergency room services are a subsidized service for the organization. This service is not only provided to comply with regulatory requirements, but has also been identified as a critical service for the community and organization as it ensures access to emergency services for our customers.

Platte Health Center Avera has a one (1) suite operating room with dedicated recovery area, full service laboratory (chemistry/hematology, microbiology, blood gases, drug screens/levels, blood banking), radiology (onsite digital mammography, computed tomography (CT) (16 slice), bone densitometry

(DEXA), Ultrasound, General radiology), and mobile services for mobile resonance imaging (MRI) and Nuclear medicine are provided through affiliation with Avera Health. Full Service Rehab Department, Cardiac Rehab Phase II, Cardiac Stress Lab, Sleep Lab and chemotherapy services.

Platte Health Center Avera has one of the areas only Medicare certified diabetic education programs that provides educational and health maintenance support for our diabetic patients. This program had previously been identified by the medical staff and patients as a need in our community. In order to maintain the program, the organization does subsidize this service as it is felt that having this as a part of our continuum of care is essential to ensure access to health education that can improve the health status for our newly diagnosed diabetics as well as the health status of individuals who have diabetes in our community.

Home care bases services are provided through a contract with the South Dakota Department of Social Services for homemaker services and nursing needs. This has been a subsidized health service for many years. The board and organization are committed to continuing this service despite financial loss as it has been identified as an important part of our continuum of care and provides ongoing access to health services for a vulnerable elderly population. It also helps reduce financial burden on state government. Private based home services are also provided through the hospital facility when needed.

Long Term Care:

Platte Care Center Avera is a co-located 48 bed intermediate level long term care facility. Platte Care Center Avera has had a 5-star rating since 2009 and is the only long term care facility in the state of South Dakota that has been on the US News and World Report for best nursing homes in the United States for the past three (3) years. The facility has had a 0 percent error rate on MDS validation for the past four (4) years, and State Department of health survey deficiency free in 2009 and 2012.

Rural Health Clinics:

Platte Health Center Avera owns and operates provider based Rural Health Clinics (RHCs) in Platte and in Geddes (located 16 miles from Platte), South Dakota. Clinics are staff by 3 (male) Family Practice Physicians and 2 (female) Physician Assistant Mid-Level Practitioners. The clinics are busy, active facilities averaging 50 patients per day. Visiting Nurse Services are provided through the Platte Rural Health Clinic and provides home based services for homebound patients in the service area. The medical clinic in Geddes provides access to primary healthcare services for vulnerable populations in Geddes and surrounding area. The Board and organization have been committed to providing this service to the region and financially subsidize the service to maintain access.

Providers:

In 2010, there were 258.7 active physicians with 90.5 primary care physicians per 100,000 population in the United States. South Dakota had 216.9 physicians with 87.7 primary care physicians per 100,000 population. Nationally, 26.3 percent of the active physician workforce was age 60 or older, in South Dakota, 23.8 percent of the active physician workforce was age 60 or older.¹⁵

The Health Resources and Services Administration (HRSA) developed shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/P).

According to HRSA, Charles Mix County has been designated an MUA/P since 1978 and has been identified as a HPSA for Primary Medical Care and Mental Health Services.¹⁶

Primary Care for the service area is served by the Platte Health Center Avera medical staff consisting of 3 full time licensed physicians and 2 licensed (1.5 FTE) mid-level practitioners. The physicians are located primarily in the Platte Medical Clinic and provide outreach services and supervision to the Geddes Medical Clinic. In addition, a half-time Physician Assistant covers in the Platte clinic and a full time primary Physician Assistant staffs the Geddes Medical Clinic 4 days and rotates to cover in the Platte Medical Clinic for a half day each week.

Although the primary service area is serviced by 3 physicians, 2 mid-level providers, and a variety of outreach specialists (cardiology, general surgery, podiatry, obstetric/gynecology, nephrology, ear, nose, and throat (ENT), orthopedics, and nephrology), perception of providers and the community is that additional outreach services are needed. These would include: oncology, urology, ophthalmology, rheumatology, internal medicine, and mental health. In addition, concerns about recruitment and retention of medical providers in rural areas is of concern and strategies related to recruitment and retention should be explored.

Health Services in Neighboring Counties:

Neighboring Aurora County has a medical clinic, the Aurora County Community Health Center located in Plankinton. The clinic is staffed with a full-time, certified physician assistant who has been in Plankinton for over 25 years. There is no hospital in Plankinton and the nearest hospital is in Mitchell, 24 miles away. Dr. Dean and Jim Cody, PA-C provide on-site services at Aurora-Brule Nursing Home in White Lake, South Dakota (also in Aurora County) where Dr. Dean serves as Medical Director.

Neighboring Brule County has Sanford Medical Center with clinics in Chamberlain, a 25 bed Critical Access Hospital and the Sanford Care Center in Chamberlain. They are a member of the Sanford Health Network. They serve the people in the Tri-County area of Brule, Buffalo, and Lyman Counties. Through a partnership with Sanford Health, they provide outreach services, training programs and education resources.

Charles Mix County does have an additional hospital located within the county. Wagner Community Memorial Hospital Avera in Wagner, South Dakota services the southern portion of Charles Mix County and primarily persons in Lake Andes and Wagner. It is a 20 bed Critical Access Hospital and community clinic. They provide services similar to Platte Health Center Avera. Also, Indian Health Services in Wagner, South Dakota is a Federal Health Program focused on serving the American Indian population of the region. They provide primarily outpatient services that focus on primary care and specialty programs to address behavioral, dental, pharmaceutical, and diabetic needs. They also have an outpatient dialysis unit located on their campus.

Neighboring Douglas County also has a hospital in Armour, South Dakota. Douglas County Memorial Hospital is an 11-bed facility primarily servicing the Armour and Corsica area. It was dedicated in 1957 and ran by a board of commissioners. It has four clinics in Armour, Corsica, Stickney, and Wagner.

Other Community Services/Potential Partners:

Ambulance Services:

The ambulance service in Platte is independently owned and operated. A Board of directors oversees and manages the service. Volunteer emergency medical technician (EMT) – intermediates staff the service and advanced cardiac life support transfers are provided by certified Registered Nurses from the hospital. The service completes about 120 calls annually. The service is fully operational with LifePak 15 monitors and pre-hospital transmission of electrocardiogram (EKG)'s to Platte Health Center as the receiving facility has been implemented. The LifePak 15 monitors are also used on advanced cardiac life support transfers with transmission capability of electrocardiogram (EKG)'s to the receiving tertiary facilities. Platte Health Center Avera is fully integrated with the service and provides billing and financial oversight to their operations. Dr. Jerome Bentz is the services Medical Director.

The **Community Health Nurse** office is located on the south campus of the hospital. The community health nurse is on site in the community weekly and supervises WIC (Women, infant and children program) and Family Planning programs, assists with immunizations. Prenatal education, and school screening activities.

Meals on Wheels is provided to the community and volunteers deliver meals to the Senior citizens center and to private homes Monday through Friday. This service is currently provided through contract by Platte Health Center Avera.

The community also has a privately operated **Independent Living Facility and Medicaid Certified Assisted Living** Center that provides housing to the elderly and also provides assistance with activities of daily living.

Counseling services are provided in cooperation with the Ministerial Association with offices onsite at the First Reformed Church. Additional services can be arranged for via telemedicine services provided through Platte Medical Clinic.

Helping Hands Food Pantry was formed by the Ministerial Association to provide food for low income persons (individuals, families, elderly) in the community. Data from January 2012 to October 2012, indicates the highest utilization at 14 families or 38 persons receiving assistance. The pantry is operated through volunteer members from each church in Platte/Geddes. This board meets monthly. Persons only need to register each time they use the food pantry, but are not required to provide any demographic or financial information. Donations come mostly from individuals and church food drives. They accept donations of money, food, and meat. Larger donations have come through Wild Life Federation, Pranger's Feed Mill and Platte Community Foundation. Donations of food have also been given by Farm Credit Services and Serve Team food drive. At the present time, the pantry is being served solely through donations. Commodities can be pursued, but would require additional information to be collected.

Platte Ministerial Association is made up of clergy from all churches in the community that meets monthly on the first Tuesday of every month at the Pizza Ranch. This group has an established benevolence fund that can provide assistance for fuel, transportation, lodging, medical and other identified needs. This is discussed/addressed as the need arises.

Wings and Hope Foundation has been formed to provide monetary assistance for patients and families who are undergoing cancer treatment in the community to help defray medical/travel costs.

Community Mental Health Services is provide in Charles Mix County service area as an extension of the Lewis & Clark Behavioral Health Services in Yankton, South Dakota. Inpatient services are provided at the Human Services Center in Yankton or at Avera Behavioral Health Center in Sioux Falls, South Dakota.

Platte Chamber is a group of businesses in the Platte area that meet monthly to support the community and each other. They are an active part of the extracurricular activities that occur in the community. They are the driving force of activities such as Play in Platte, Easter Egg Hunt, Chamber Fishing Tournament, and Santa Claus/Christmas activities. They pay annual dues that go towards fund raising and advertising of their individual businesses and the community.

Public Safety is provided in cooperation between Platte City Police Department, South Dakota Highway Patrol, Charles Mix County Sheriff Department and Platte Volunteer Fire Department.

HEALTH INSURANCE COVERAGE

Commercial Insurance:

Medicare is overwhelmingly the largest payer source for the clinic and hospital and covers 62 percent of hospitalized patients. Avera, Dakotacare and Blue Cross Blue Shield play a significant role in the market as well. Three percent of patients are uninsured and 5 percent of patients are covered my Medicaid.

Uninsured:

Statewide, the uninsured population represents nearly 28.7 percent of the under 65 year old population according to the US Census. See Table 9 for specific breakout. These estimates do not include recent shifts in the market due to the economic downturn.

**Table 9: 2009 Health Insurance Coverage Status for South Dakota (by County)
Under the Age of 65, All Income Levels and Both Genders¹⁴**

	Aurora	Brule	Chas Mix	Douglas	SD
# Insured	1804	3377	5630	2150	580,510
# Uninsured	416	877	1487	402	233,670
% Uninsured	18.7%	20.6%	20.9%	18.7%	28.7%

Implementation of Policies focused on the Care of the Poor, Community Benefit and Billing and Collection Policy Implementation:

Platte Health Center Avera Care of the Poor and Community Benefit for Fiscal Year 2011 was \$84,282 or 1 percent of net operating revenue. Specific categories are listed below as well as cost of all subsidized health services:

	Actuals
Category I: Financial Assistance at Cost	\$ 76,000
Category II: Unpaid Cost of Medicaid	\$ 8,282
Category III: Programs for the Community (Subsidized health services)	\$ 544,497
	Total \$ 628,779

Platte Health Center Avera has policies in place for Community Benefit, Financial Assistance, and Billing and Collection and is consistent with its mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. Platte Health Center Avera strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care.

PRIORITY NEEDS

Upon completion of the community health needs process, Platte Health Center Avera identified four community health priorities. The organization will develop an action plan to address the community health needs identified and an implementation plan for each. The following were identified as priority health needs in 2013 and will be the focus area for 2013-2016.

Prevention/Screening activities
Heart disease
Obesity
Mental Health Services

Appendix I

Survey Participant Demographics were as follows:

- **Gender:** 54 female participants = 85.7% 9 male participants = 14.3%
1 participant did not answer this question
- **Age:** 18-24 = 1.6% 25-34 = 19% 35-44 = 25.4% 45-54 = 38.1% 55-59 = 9.5%
60-64 = 1.6% 65-74 = 0% 75-84 = 0% 85 & up = 0%
- **Marital Status:** Married = 87.1% Divorced = 3.2% Never Married = 1.6%
Widowed = 6.5% Other = 1.6%
- **Ethnicity:** White = 98.4%, American Indian = 0% Hispanic/Latino = 0% Other = 1.6%
- **Education:** Grade 8 = 1.6% HS = 23.8% GED = 0% 2Y College = 33.3%
4Y College = 28.6% Post Graduate: 12.7%
- **Access:** 15.9% reported having problems getting needed health care services
84.1% reported having no problems getting needed health care services
- **Collaboration:** 67.8% perceived community would work together to address needs
32.2% perceived community would not work together to address needs

Questions utilized on the Community Health Needs Assessment were as follows:

- What do you think is healthy about our community?
- What do you think is unhealthy about our community?
- What is the most pressing health care related need facing you, your family and our community?
- In the past 12 months, have you or someone you know had problems getting needed healthcare? If yes – please provide the reason.
- In what ways is the hospital serving the community well?
- In what ways could the hospital improve the way in which it serves the community?
- What services do you feel are needed in our community that currently do not exist? (**Consider areas outside of health care services. For example:** affordable housing, transportation needs, wellness/prevention activities, walking trails, ways to address smoking/obesity/alcohol consumption).
- Do you see other members in the community working together in collaboration to address community health needs? Examples?
- What is the number one thing the (hospital) could do to improve the health and quality of life of the community?
- Any other comments you think are important to address in this survey?

RESOURCES

- 1 US Census Bureau, State & County Quick Facts 2011
- 2 Charles Mix County, South Dakota – Wikipedia
- 3 U.S Census Bureau, American Fact Finder
- 4 www.investigatorawards.org – “When Income Affects Outcome: Socioeconomic status and health” (2003)
- 5 www.womeningovernment.org – “The Impact of Socioeconomic Status on Health Disparities”
- 6 Bureau of Labor Statistics, Unemployment Rates for States, Feb, 2012
- 7 SDDOH, Office of Health Statistics: www.sd.gov/statistics/2010
- 8 SD Epidemiology Profile Data on Substance Abuse: www.sdspfsig.wikispaces.com
- 9 SD Statistics on Alcohol-Related crashes: www.safesouthdakota.com
- 10 County Health Rankings & Roadmaps: www.countyhealthrankings.org
- 11 South Dakota Medicaid Overview, 2009: www.doe.sd.gov
- 12 South Dakota Risk Pool: www.riskpool.sd.gov
- 13 South Dakota’s Medically Uninsured, 2010: www.agbiopubs.sdstate.edu
- 14 US Census Bureau, Small Area Health Insurance Estimates, 2011
- 15 AAMC State Workforce Data Book, 2011
- 16 <http://muafind.hrsa.gov> and <http://hpsafind.hrsa.gov> 2013