Community Health Needs Assessment Summary

Overview

During 2012 and 2013, North Central District Health Department (NCDHD) partnered with the 11 hospitals in the district to complete a joint community health needs assessment. Avera St. Anthony's was one of the eleven hospitals to partner with the Health Department for the assessment. This collaborative approach allowed for additional resources and the support and expertise of a state public health agency. The process involved many organizations working together in the planning of the assessment and development of the implementation strategies. All of the partners share a commitment and play significant role in the community's health and overall well-being.

Description of Avera St. Anthony's Hospital:

Avera St. Anthony's Hospital is a not-for-profit hospital licensed for 25 acute care and swing beds. The facility is jointly sponsored by the Benedictine Sisters of the Sacred Heart Monastery located in Yankton, South Dakota, and the Presentation Sisters of the Blessed Virgin Mary of Aberdeen, South Dakota. The sole corporate member of Avera St. Anthony's is Avera Health, a South Dakota corporation, whose board of directors is comprised of sisters from the Benedictine and Presentation orders. Avera St. Anthony's local board of directors has representatives from both orders, in addition to local community members.

The original sponsors, the Sisters of St. Francis of Penance and Christian Charity, served the O'Neill community since the turn of the 20th century. In 1950 the Sisters of St. Francis and community leaders worked together to establish St. Anthony's Hospital. Construction began in 1950 and the hospital was ready for occupancy on September 25, 1952. A new addition was completed in December 1975, which increased total bed capacity to 44. The Sisters of St. Francis transferred sponsorship of the facility to the Benedictine Sisters of the Sacred Heart Monastery on February 1, 1998. The Benedictine Sisters and the Presentation Sisters agreed to co-sponsor their health care ministry beginning September 1, 2000 with the new name of Avera Health. Also, in

2000, the facility was designated a critical access hospital and the total bed capacity was reduced to 25 to comply with Critical Access Hospital regulations.
The facility began annual strategic planning meetings in 1990. Throughout the decade of the 90's the facility completed several remodeling projects, including a $4 million renovation project in the former underground parking area in January 2002. In July 2002 a five-station kidney dialysis unit was opened and in October renovations to the surgery and labor/delivery areas were completed. The pharmacy remodeling was completed in May 2003 in the 1952 original building. Medical records and the first floor nurses station remodeling was completed in November 2004. The north parking lot was surfaced and a new maintenance garage was completed in November 2005. The Housekeeping Department remodeling project was completed in June 2006 and a laminar flow air exchange was added to OR 1 and 2 in June 2007. The north ramp was replaced with new concrete and the engineering/maintenance area was renovated in 2009.
The hospital began discussions regarding a major addition and renovation in 2007. Approvals were received to include a new two level addition to the existing hospital adding a medical office clinic, admitting, waiting, PT/OT, single-bed rooms, and renovation of the surgery area and relocation of the helicopter pad. An official groundbreaking ceremony was held on April 5, 2010 and the facility project was completed in May, 2012.
Avera Holt County Medical Clinic and the Avera O'Neill Family Medicine Clinic moved into new physical space on the hospital campus in June 2011 and formed the Avera Medical Group-O'Neill. The Physical Therapy department also moved into a new physical space in June of 2011. The medical floor relocated in July, 2011 to 23 new single bed rooms, a very welcomed addition.
The Chemotherapy department moved into a new area in November 2011 creating space to accommodate five chemotherapy patients.
Surgery saw an expansion of OR 2 along with an extensive remodeling of the HVAC unit.
The hospital offers the following services:

- Nursing Care Services
  - Medical
  - Surgical
  - OB/GYN
  - Pediatric
  - Skilled Nursing Care
- Surgical Services
  - Orthopedic
  - Surgery
- Emergency Care
- Specialty Clinics
  - Home Health Care
  - Cardiology
- Mammography
- Ultrasound
- CT Scan
- Diagnostic Radiographic Services
- MRI
- Interventional Radiology
- Dietary Counseling
- Blood Bank
- Laboratory
- Pharmacy
- Respiratory Therapy Services
- Stress Testing Services
- Holter Monitoring

- Urology
- ENT
- Pulmonary
- Podiatry
- Ophthalmology
- Orthopedic
- Surgery
- OB/GYN
- Weight
- Oncology
- Vascular
- Neurology

Pastoral Care
Social Services
Lifeline
Cardiopulmonary Rehab Services
AICD – Pacer Checks
Audiology
Sleep Studies
Nuclear Medicine
Pain Management
Kidney Dialysis
e-cares

- e-ICU
- e-Emergency
- e-Pharmacy

Description of Community served by Avera St. Anthony's Hospital:

Avera St. Anthony's Hospital is located in the city of O'Neill, Nebraska. O'Neill is centrally located in Holt County. Avera St. Anthony's Hospital defines its primary service area as Holt and Boyd counties. These counties represent greater than 85 percent of Avera St. Anthony's inpatient admissions. The hospital's primary service area spans 2,953 square miles and is located in a very rural area in the north-central region of Nebraska. The population of Holt and Boyd counties is predominantly white (97%) and there were 12,534 people residing in the counties as of the 2010 Census.

About the North Central District Health Department Service Area
Avera St. Anthony's Hospital is within the community served by the North Central District Health Department. The NCDHD covers a 14,455 square mile area and includes the nine counties of Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock.

There are an estimated 45,135 people living in this north-central Nebraska community, allowing this area population to commune as 3.1 people per square mile. The median age of the people in our community is 45.6 years, and consists of mostly White at 88.3% followed by 8.4% Hispanic or Latino and 4.3% Black or African American.

The median household income of our rural community is $37,938 and the per capita income is $28,482. The educational attainment level of the people here is at 88.5% as high school graduates, for the percent of persons age 25+ and the percent of persons with less than a 9th grade education is at 7.7% in this community.

Other interesting facts:

- The land area of the district comprises one-fifth (19%) of the land area of Nebraska, while their population is 2.5% of the state population.
- Like much of rural Nebraska, the population in the district is declining, 11.4% in the last decade, and it is aging.
- Nearly one-third of the health district population is in the 45-64 age demographic, compared to 25% for Nebraska.
- One in five persons in the district is over the age 65 (NCDHD, 20%; NE, 13%).
- Just under half (49%) of the health district population is under the age 45, compared to nearly two-thirds (61%) for Nebraska.

North Central District Health Department Community Demographics									
County	**Population**	**Population by Gender Male**	**Population by Gender Female**	**Population Density**	**Median Age**	**Population Age: 0-24**	**Population Age: 25-64**	**Population Age: 65-84**	**Population Age: 85+**
Antelope	6,652	3,294	3,358	7.7	45.0	2,127	3,146	1,121	258
Boyd	2,063	1,002	1,061	3.9	46.9	566	994	408	95
Brown	3,062	1,515	1,547	2.5	47.5	859	1,477	588	138
Cherry	5,474	2,744	2,730	0.9	42.9	1,682	2,773	842	177
Holt	10,011	4,922	5,089	4.2	45.5	3,227	4,731	1,651	402
Keya Paha	802	395	407	1	45.4	231	389	153	29
Knox	8,378	4,089	4,289	7.6	45.5	2,620	3,886	1,488	384
Pierce	7,184	3,623	3,561	12.5	41.5	2,467	3,574	931	212
Rock	1,509	741	768	1.5	50.2	382	789	272	66
NCDHD	45,135	22,325	22,810	3.1	45.6	14,161	21,759	7,454	1,761
Nebraska	1,796,619	891,652	904,967	23.8	36.2	648,434	907,555	201,086	39,544

data source:
Community Health Assessment Measures, 2010, Nebraska Department of Health and Human Services

Who was Involved in Assessment:

Avera St. Anthony's Hospital, along with ten other area hospitals, partnered with the NCDHD to complete a joint community health needs assessment. NCDHD is well recognized locally and state-wide for its community health assessment, planning and implementation work. The Health Department employs a professional staff with extensive experience. In the past, NCDHD completed community health needs assessments, community health improvement plans and NCDHD strategic plans every five years. The first cycle was completed in 2000 and the second cycle in 2006. Roger Wiese, the NCDHD Executive Director, has participated in a national effort to strengthen and transform public health through Collaboration for a New Century in Public Health: Turning Point Collaborative. The North Central Community Care Partnership (NCCCP) has been recognized by the National Association of City and County Health Officials (NACCHO) for the collaborative role they have played in the advancement of public health assessments. NCCCP was part of 41 communities awarded support from NACCHO, the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation to develop a Turning Point: A New Collaboration in Public Health. This process was completed in March, 2003.
Involvement of community members from several entities was key to the success of the overall process and plan development. An effort was made to involve community members during each step of the planning process. Entities that were invited to meetings included hospitals, physicians, dentists, community action agencies, law enforcement, social services, mental health providers, senior care services, schools, media, city/county officials, representatives of minority populations, clergy, Nebraska Department of Health and Human Services and other community-based services. The community members were contacted via mail, email and telephone prior to each step of the process to invite and encourage their participation in the planning process.

How the Assessment was Conducted:

MAPP - The evidenced-based process used for the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

NCDHD responded to the needs for community assessments using the Mobilizing for Action through Planning and Partnership (MAPP) process. The MAPP process was developed by and is recommended for community assessment by the National Association of City and County Health Officials (NACCHO) and Centers for Disease Control (CDC). MAPP was also recommended by the Nebraska Rural Health Association in its *"Community Health Assessment Collaborative Preliminary recommendations for Nebraska's community, nonprofit hospitals to comply with new requirements for tax exempt status enacted by the Patient Protection and Affordable Care Act"* (September of 2011).

MAPP was chosen, in part, because the process allows for input from parties who represent broad interests in the communities. Input from diverse sectors involved in public health, including medically underserved, low-income, minority populations and individuals from diverse age groups, was obtained through surveys, and targeted focus groups by way of invitations to community leaders and agencies.

Many of the eleven hospitals in this nine-county area have participated with previous assessments. During this third iteration of the MAPP process, NCDHD served as the lead agency with support from all hospitals through both personnel and financial resources.

Gathering Data

Data gathering was accomplished using the four MAPP model assessments and included both Primary and Secondary Data sources.

The CHNA has been completed three times since 1999, with the most recent assessment completed by October of 2012. The most recent assessment findings are available online for public review at www.ncdhd.ne.gov.

The table below can serve as a summary of the process used in planning both the joint CHNA and joint CHIP for the NCDHD and for its eleven hospitals and partners. As you can see the plan involves three major themes: the CHNA, the CHIP and the Plan Implementation. Under these sections are various activities that are part of the overall process.

It is important to note that Community Engagement is an overarching concept encompassing the majority of the CHNA and CHIP process and will be discussed under each area. Community Engagement was also a major part of the data gathering process.

<table>
<tr><th colspan="6">Community Health/Needs Assessment</th><th colspan="4">Community Health Improvement Plan</th><th>Plan Implementation</th></tr>
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<tr><td rowspan="2">Secondary Data</td><td rowspan="2">Primary Data</td><td rowspan="2">Data Analysis</td><td rowspan="2">Prioritize Issues</td><td>Team Communications</td><td>Public Communications</td><td rowspan="2">Service Gap Analysis</td><td rowspan="2">Review of Evidence Based Interventions</td><td rowspan="2">Develop Action Plan</td><td rowspan="2">Develop Monitoring Plan</td><td rowspan="2">Performance Management</td></tr>
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The first assessment is the Community Themes and Strengths Assessment which is a subjective look at how the community views their health to capture the perceived needs of the community. This assessment ranks high for community involvement. This step was completed through focus groups in the counties, as well as telephone surveys conducted by the state of Nebraska. The data for this assessment was collected over a six-month period and included 500 written and/or 500 telephone surveys.

The second assessment is the Forces of Change assessment. This assessment is done in one town hall-style meeting to capture the community's perception of current trends affecting the health of the community.

North Central Community Care Partnership conducted a "Forces of Change" session. The group brainstormed what forces of change exist outside of the control of individuals in their communities. These are the things that affect the local health system of the community. They looked at social, economic, political, technological, environmental, scientific, legal and ethical issues. The group discussed the trends, events and factors that affect the community and identified a significant number of forces of change:

- Insurance issues
- Health reform
- Lack of medical specialists
- Lack of understanding rural issues
- Population isolation
- Loss of jobs
- Technology gaps
- Pipeline
- Water issues
- Government regulations
- Change in moral values
- Air quality issues
- Noise pollution
- Skin cancer
- Grant and budget cuts
- Lack of affordable quality housing
- Lack of activities for youth]
- Increasing elderly population
- Migration of gang and increasing drug issues
- Language barriers
- Outside corporations buying land
- Community apathy
- Increase in natural disasters
- Cost of gasoline
- Merging of school systems
- Decreasing retirement resources
- Higher taxes
- Disposable society
- Increase of on-line education
- Loss of social skills
- Cyber bullying
- Decreasing sense of accountability
- Lack of trust and respect

- Lack of dollars to improve structure of older buildings

The third assessment is the Community Health Status Assessment. This assessment provides data from the federal government (such as Census data), state (such as vital statistic data), and NCDHD as a district health department (such as immunization rates for the district or parental views on substance abuse). Data gathered for compilation came from the following sources: national surveys such as the Behavioral Risk factor Surveillance System (BRFSS), Youth Risk Behaviors Surveillance System (YRBS), US Census, and Youth Protective Factor Survey. In total there are around 30 sources of data; community profiles; access to health care/quality of life; mental health; physical health; health risk factors; social programs and crime. Data collected represents every age group from pre-birth (pre-natal data) to elderly.

Community Involvement in Data Gathering

The current MAPP assessment the department is involved with is the most thorough assessment to date with the most participation having over 100 individuals participate in the process to date from the district, this does not count the 1,000 individuals surveyed or the participants in focus groups. (The MAPP process currently underway is the most thorough assessment to date, and involves the most participants to date with more than 100 individuals participating thus far. This number does not include the 1,000 individuals surveyed or those who took part in focus groups.)

Health Needs Identified:

IDENTIFIED PRIORITY NEEDS

In general the CHIP group felt that it was important to not lose any of the priority issues, too many areas may dilute the entire process and make it less effective. The group determined that six broad focus areas would be adequate to cover the major health problems and high-risk behaviors, and several priorities would be listed within each focus area. The identified community health needs led to the creation of the following focus areas (priorities related to each focus area are listed below the respective heading):

Access to Care

- **Access to affordable health care**
- **Health care for all**
- **Flu vaccination (general)**
- **Rx assistance**
- **Immigrant population**
- **Dental care**
- **Vision**

Behavioral Health – Mental Health

- **Stress management**

- **Lack of mental health services and payment**
- **Mental health access**
- **Mental health (providers, awareness, low reimbursement)**

Behavioral Health – Substance Abuse

- **Tobacco use**
- **Alcohol use across lifespan**
- **Alcohol (Youth)**
- **Substance abuse – alcohol (binge), prescription drugs, tobacco**
- **Binge drinking**

Cancer Prevention and Education

- **Colon cancer**
- **Colorectal screening**
- **Prostate screening**
- **Need increased mammography screening**
- **Preventative screening across all cancers**

Environment & Safety

- **Bike helmet usage**
- **Farm / agriculture safety**
- **Texting and driving**
- **Child safety seats**
- **Radon**
- **Domestic violence and child abuse**
- **Environmental issues in community**

Chronic Disease, Obesity and Related Health Concerns

- **Nutrition**
- **Obesity**
- **Diabetes Education/Screening**
- **Blood Pressure Management**
- **Cardiovascular Warning Sign/Symptoms**
- **Cholesterol Screening**

Once the focus areas were decided upon, individuals selected a focus area that was of interest to them and the larger group then divided up into six focus area groups. Each group focused on their topic of interest and the priorities that were listed below. The groups listed current resources to address the priorities, completed a gap analysis to identify where there were gaps and listed the benefits of addressing the priorities. Prior to adjourning, it was discussed that community focus group meetings would be held to determine if there were other issues that community members were aware of that needed to be addressed in the strategic planning sessions.

Community Assets Identified:

Organizations that participated in the CHIP meeting, community focus group meetings and planning meetings are listed below. These entities had one or more participants in the process.

- NCDHD
- NCCCP
- NCDHD Board of Health members
- UNL Extension in the BKR counties
- Avera St. Anthony's Hospital
- Alegent Creighton Health/Plainview
- Region 4 Behavioral Health System
- CNCS, Osmond General Hospital
- Heartland Counseling
- Region 24 Emergency Management
- Antelope Memorial Hospital
- Early Development Network
- Brown County Hospital
- Niobrara Valley Hospital
- Bright Horizons
- O'Neill Public Schools
- Tilden Community Hospital
- Nebraska State Patrol
- Antelope County Supervisors
- West Holt Memorial Hospital
- Building Blocks and Counseling Enrichment
- Faith Regional Health Services
- AseraCare
- Nebraska Department of Health and Human Services
- Jacy's Grace Home Health
- Boyd County Sheriff's Department
- Boyd County Ambulance
- Dietician
- Cherry County Sheriff's Department
- Valentine Dental Clinic
- Cherry County Hospital
- Ainsworth Community Schools
- Emmanuel Lutheran Church – Tilden
- Antelope County Supervisor
- Prairie View Assisted Living
- St. Mary's High School
- O'Neill Police Department
- Mayor of O'Neill
- Avera St. Anthony's Mission Services
- Creighton Community School
- Avera Creighton Hospital

- Counseling & Enrichment Center
- Santee Health Clinic
- Trinity Lutheran Church
- Pierce County Commissioner
- Osmond General Hospital
- Rock County Hospital
- Community members/by invite

Summaries: Assessments and Priorities:

The first steps involved the Community Health Improvement Planning meeting, followed by the county focus groups, leading to the CHIP Strategic Planning meetings, held on February 8 and March 7, 2013.

The agenda for these meetings included the following items:

1. Introductions
2. Overview
   a) History and purpose of community health assessment
   b) Summary of planning process to date
   c) Development of SMART goals leading to objectives and action planning
3. Next steps
   a) Ongoing planning, creating objectives and action items

During these meetings participants were updated with the process to date, including recapping the CHIP meeting, with the group choosing areas of focus; followed by county focus groups. The February 8 meeting was to address the focus areas of Chronic Disease - Obesity and related health concerns and Behavioral Health - Substance abuse and Mental Health. The meeting on March 7 addressed the focus areas of Access to Care, Cancer Prevention and Education and Environment and Safety. Data sheets with state and district data and Healthy People 2020 Objectives were provided for each focus area. Each group reviewed the data and began the process of forming goals and objectives for the public health system. The workgroups were asked to articulate goals, determine the baseline of data to support the need for the goal, and develop SMART (Specific, Measureable, Achievable, Realistic, Time-Bound) objectives. The challenge for each group was to consider the focus area in terms of the entire nine (9) counties rather than setting goals and objectives specific to a county or facility. Participants in each focus area discussed how they would choose the priority issues, agreeing to meet in subsequent meetings to accomplish this and further develop key strategies and activities. These steps will be accomplished via tele-health, telephone conference calls and/or face to face meetings. These workgroups will accomplish their work independently of the large group, with each group determining the frequency they will meet to keep the plan moving forward. Workgroups are encouraged to meet at least quarterly to continue planning and progress updates. The workgroups will be led

by NCDHD staff and community partners. Participants are encouraged to invite other key individuals that may be interested in the focus area and bring additional perspective.

Next Steps:

The Health Department has established individual teams to develop goals and implement strategies for each priority. Team leaders from the Health Department will be identified and commit to continued service on each of the 6 priority area teams. Each team leader is responsible for:

- Organizing a team which includes both field professionals and representative community members.
- Guiding the work of the team, including development of goals, logic model and work plan.
- Establishing metrics including measurable outcomes indicators.
- Assuring work is coordinated with other priority teams.
- Communicating appropriately with the community at large.