



2013

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Introduction and Objectives

Avera Flandreau Hospital (AFH) is a licensed 18-bed critical access hospital located in the heart of Moody County, S.D. AFH is owned by Avera McKennan Hospital & University Health Services of Sioux Falls, S.D., which is part of the greater Avera Health system. Avera Health is a ministry of the Benedictine and Presentation Sisters. This network serves eastern South Dakota and surrounding states with hospitals, nursing homes, clinics and other health services at more than 300 locations.

The Avera Health community is guided by the Gospel values of compassion, hospitality and stewardship. 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.” Our vision is “to 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.”

Although conducting a CHNA is an IRS requirement, the awareness of needs, through data collection and collaboration with community leaders, fits our mission and vision of improving the health of people in Moody County and the surrounding areas. This process provides direction for prioritizing our future strategies in developing community-driven goals.

Flandreau is the county seat of Moody County, in which 6,375 folks reside. The county is considered our service area and also includes the towns of Colman, Egan and Trent. AFH also serves a portion of Brookings County, including the community of Elkton. Although primarily Caucasian, there are subgroup populations of Native Americans, Hutterites, Filipinos, and Hispanics. We are located 45 miles from the nearest tertiary health care center.

Data collection for AFH Community Health Needs Assessment began in fall of 2011. Our objectives are:

- To recognize health-related concerns of community leaders and members.
- To identify common threads that can be prioritized for follow up.
- To develop strategic plans that can be undertaken with action from AFH and community partners.
- To take steps that will improve the health and lives of members of our community.

Methodology

We began our assessment with primary data collection consisting of one-on-one interviews and written questionnaires with representatives from within our service area. These individuals represented civic and business organizations such as Flandreau and Colman-Egan public school systems, Flandreau Indian Boarding School (a federal school for Native American children grades 9 -

12), Food Pantry (The Breadbasket), Public Health Office, Domestic Violence Shelter, and Moody County Pastoral Association. Questions utilized for data collection were as follows:

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- What is healthy about our community?
- What is unhealthy about our community?
- What services do you feel are needed in our communities that do not currently exist?
- Are there specific populations you are aware of in need of services? What type of services do they need?
- Do you see productive collaborations in the community addressing health needs? Examples?
- What do you believe is the most pressing health care related need facing the community?
- In what ways is the hospital serving the community well? In what ways could the hospital serve the community better?

Focus groups were also utilized for primary data collection using the above questions. One focus group included AFH Advisory Board, made up of community leaders who had been appointed based on their involvement in the community and with our organization. The Advisory Board consists of individuals with the following professional backgrounds: agriculture, insurance, real estate, education, medicine, and business ownership. A second focus group was our Medical Staff Committee, consisting of AFH senior leaders and primary care providers. A third focus group was AFH nursing staff.

Secondary data collection included research of Moody County demographics and health-related statistics and obtaining reliable data through Internet search. Sources of this data include U.S. Census Bureau, County Health Rankings & Roadmaps, U.S. Department of Health and Human Services, and South Dakota Department of Health. Internal data collection from hospital records were also obtained and evaluated, including emergency room top diagnoses.

Findings and Recommendations

Our principal findings are categorized under facility structure, communication and healthy lifestyle choices.

Avera Flandreau Hospital was founded in 1936 with funds from the community and a government grant. There has been updating and remodeling since then, however, the building is in need of major renovation to meet our community's current and future health care needs. After several years of planning and fundraising, groundbreaking occurred May 3, 2012. We are now on our way to meeting this community need.

Communication and improved collaboration is often a challenge in any population group. Conventional media is stepping aside to make room for social and instant media; therefore change is occurring rapidly in how we communicate. Health care is evolving to include all forms of communication. Recognizing this, AFH will examine its marketing strategies and collaborations with community entities, especially those who assist the underserved.

Healthy lifestyle choices have been a hot topic for several years on both local and national scenes. Obesity is a persistent community concern, especially as it contributes to chronic diseases. Resources

are available to the community to improve health and well-being, but they are greatly underutilized. Dialog will commence with leaders of our facility as well as others to develop a community plan.

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Through this initiative, we will reach out to each member to engage in increased physical activity, better healthy choices and to decrease risky behaviors.

Demographics

Community Description

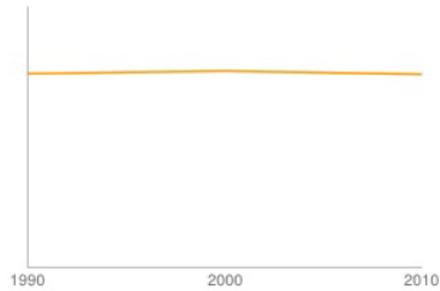
The Avera Flandreau Hospital serves the residents of Moody County. Nearly 80 percent of the hospital's discharges originate from Moody County (77 percent or 79 of 103 hospital discharges in 2012). Moody County has a total area of 521 square miles and is located on the eastern border of South Dakota adjacent to Minnesota.



As of the census of 2010, there are 6,486 people and 2,595 households residing in the county. The population density is 12 people per square mile (5/km²). There are 2,824 housing units at an average density of 5 per square mile (2/km²).

The population of Moody County has been very stable for the past two decades.

Population



	Count
1990 Population	6,507
2000 Population	6,595
2010 Population	6,486

6,595 people lived in Moody County in 2000. By 2010, the number of people living in the Moody County was 6,486, which is a change of approximately -1.7%.

Sources: 1990 U.S. Census Data: SF1 Table: P001; U.S. Census 2000 Data: SF1 Table: P1; 2010 Census Summary File 1—Moody County[machine-readable data files]/prepared by the U.S. Census Bureau, 2011. Table P1

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The population is comprised of a range of ages, from 25 percent in the category of under age 18, to 14 percent who are 65 years of age or older; 100 percent of our population is considered rural. (County Health Rankings & Roadmaps)

Sex

	Count	%	Median Age
Male	3,248	50.1%	39.5 years
Female	3,238	49.9%	41.4 years
TOTAL POPULATION	6,486	-	40.5 years

2010 Census Summary File 1—South Dakota[machine-readable data files]/prepared by the U.S. Census Bureau, 2011. Table P12 & 13.

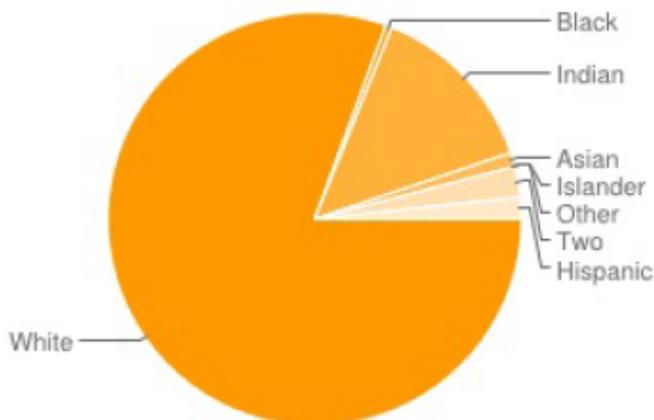
Age Breakdown

	Count	%
Under 10 Years	922	14.2%
10 to 19 Years	918	14.2%
20 to 29 Years	679	10.5%
30 to 39 Years	675	10.4%
40 to 49 Years	909	14.0%
50 to 59 Years	974	15.0%
60 to 69 Years	705	10.9%
Over 69 Years	704	10.9%

2010 Census Summary File 1—South Dakota[machine-readable data files]/prepared by the U.S. Census Bureau, 2011. Table P12.

The racial makeup of the county is white, black, Native American, Asian, Hispanic, and those of two or more races.

Race & Origin (Hispanic)



	Count	%
Non-Hispanic		
White	5,227	80.6%
Black	33	0.5%
Indian	889	13.7%
Asian	70	1.1%
Islander	0	0.0%
Other	0	0.0%
Two	156	2.4%
Hispanic	111	1.7%
TOTAL POPULATION	6,486	-

The complete Census race descriptions are as follows: White alone; Black or African American alone; American Indian and Alaska Native alone; Asian alone; Native Hawaiian and Other Pacific Islander alone; Some Other Race alone; and Two or More Races. Hispanics may be of any race. See 2010 Census Summary File 1 Technical Documentation for additional information about race and origin: <http://www.census.gov/prod/cen2010/doc/sf1.pdf>.

2010 Census Summary File 1—South Dakota[machine-readable data files]/prepared by the U.S. Census Bureau, 2011. Table P9.

There are 2,554 households in Moody County; 54.3 percent are married couples living together, 8.8 percent have a female householder with no husband present, 4.1 percent are non-families, and 27.4 percent of all households are made up of one individual. The average household size is 2.48 and the average family size is 3.5.

Households

Average Household Size **2.48 persons**

A household includes all the people who occupy a housing unit. It excludes people who live in group quarters. See 2010 Census Summary File 1 Technical Documentation for additional information about the definition of households: <http://www.census.gov/prod/cen2010/doc/sf1.pdf>.

2010 Census Summary File 1—South Dakota[machine-readable data files]/prepared by the U.S. Census Bureau, 2011. Table P17 & P19.

Household Types

	Count	%
1 Person Households	699	27.4%
2+ Person Households		
Husband & Wife	1,387	54.3%
Male Householder, No Wife	140	5.5%
Female Householder, No Husband	224	8.8%
Nonfamily Households	104	4.1%
TOTAL HOUSEHOLDS	2,554	-

The median income for a household in the county is \$52,354. Males have a median income of \$27,391 versus \$20,472 for females. The per capita income for the county is \$24,948. About 7.1 percent of the population is below the poverty line, and 22 percent of Flandreau school children qualify for free and reduced lunches.

Median Household Income

Census 2000	\$35,467
American Community Survey (ACS) 2006-2010	\$52,354

Source: U.S. Census 2000 SF3 Table P52, P53. Source: U.S. Census Bureau, 2006-2010 American Community Survey, Tables B11001 and B19013. ACS data are estimates; they are not counts. Income data is provided in 2010 inflation adjusted dollars.

Income Distribution in thousands.

2012 Federal Poverty Guideline for a family of 4: \$23,050 (\$28,820 in Alaska/\$26,510 in Hawaii)	%
Less than \$10	158
\$10 to \$14.9	95
\$15 to \$19.9	100
\$20 to \$24.9	121
\$25 to \$29.9	94
\$30 to \$34.9	122
\$35 to \$39.9	179
\$40 to \$44.9	195
\$45 to \$49.9	177
\$50 to \$59.9	239
\$60 to \$74.9	381
\$75 to \$99.9	484
\$100 to \$124.9	76
\$125 to \$149.9	67
\$150 to \$199.9	49
\$200K+	58

Current Demographic Report | Moody County, SD

Health Resources

Moody County is a federally designated Frontier area and carries a federal Medically Underserved Population designation. Statistically, access to health care in South Dakota is of significant concern. While the national benchmark for uninsured adults is 11 percent, both South Dakota and Moody County measure 15 percent. The following health care resources are located in Moody County:

Avera Flandreau Hospital is the only acute care facility in Moody County. AFH offers inpatient and skilled swing bed care, general surgery, endoscopic services, orthopedic surgery, emergency services, rehabilitation therapies (PT, OT, ST), dietary consultation, laboratory, radiology (including general radiologic services), CT scan, MRI, mammogram, bone density scan, ultrasound, cardiovascular testing, and eCare services. Several specialty clinics are held at AFH including podiatry, obstetrics/gynecology (OB/GYN), orthopedics, cardiology, and surgery.

eCare Services consist of eEmergency, eICU, ePharmacy and eConsult. eEmergency gives us the ability to consult with emergency medicine physicians located at Avera McKennan Hospital, a regional tertiary facility, during a patient encounter. This enhances the ED experience for both our patients and our staff. Board-certified emergency medicine physicians are only a push of a button away, ready to offer guidance and best practices for our more complex ED patients.

eICU gives us the ability to tap into the skills of intensivists who help us manage more critical patients. ePharmacy reviews medication orders, improving outcomes for patients through increased monitoring of drug interactions, allergies and correct dosing. eConsult places Moody County patients in direct contact by face-to-face video encounters with specialists located through the Avera McKennan network.

An Electronic Medical Record is shared throughout the Avera system with recent updates implemented in physician order entry and medication reconciliation.

Avera Medical Group Flandreau (AMGF) offers comprehensive medical care to adults and children. Three full-time providers are on staff - two family practice physicians and one certified physician assistant (PA-C) who cover AFH ED call 24/7. AMGF also has an outreach clinic to the community of Elkton. AMGF is physically attached to AFH.

A new clinic and new/remodeled hospital are currently under construction for Avera Flandreau Hospital and Avera Medical Group Flandreau. This project is slated for completion in 2014.

The Flandreau Santee Sioux Tribal Health Clinic is a "638" health clinic of the Indian Health Service (IHS). This facility offers medical and dental services to eligible Native American people located on or near Flandreau Santee Sioux Indian Reservation Service Area. This clinic also provides service to the Native American children at the Flandreau Indian Boarding School. Its top five health priorities include diabetes, behavioral health, cancer, heart disease, and dental disease.

A public health office is maintained in Flandreau through an alliance contractual agreement between AFH, Moody County and South Dakota Department of Health. Some of the services include WIC, school health, immunizations, and baby care education. Avera McKennan's Hospice program also provides a branch in Flandreau.

Moody County has one nursing home, Riverview Healthcare Services, which offers skilled, intermediate, assisted living, and home care services. As well, there is one assisted living center located in Flandreau, Edgewood Villa.

DATA ASSESSMENT ANALYSIS

As discussed on page 2 and 3 (methodology), our primary data was collected through individual interviews, questionnaires and focus groups. Answers for each question were compiled and analyzed.

Q: What is healthy about our community?

Our schools, Flandreau Public, Elkton Public and Colman-Egan Public, are well supported by the community, with positive comments made about the facilities, staff and the quality of education. These schools actively pursue grants to supplement their academic program, which allows them to promote healthy choices in nutrition and exercise. AFH is actively involved in each school system, through the public health office, completing health screenings, special medical needs monitoring, and education to staff and children.

The community of Flandreau as a whole was discussed as being "healthy" with a good selection of businesses and restaurants to choose from, as well as recreational options and adequate, affordable housing. The Tribal Wellness Center is available at no charge to all who live in the county. Our community is family oriented, well maintained (for the most part) and safe. Those persons who work with individuals and families in crisis expressed existence of a strong network of support. There are numerous Christian denominations located throughout Moody County, in towns as well as rural areas.

Public services are active and strong in Moody County. Immunization rates are high. Active programs for seniors include Meals on Wheels and a well-established transportation system. Access to quality health care, including a hospital, clinic, nursing facility, assisted living and dentists, is available. All are vital components of the community.

Q: What is unhealthy about our community?

Despite having a free wellness center, it remains underutilized. Childhood obesity, as well as poor physical fitness is a concern. Lack of parental involvement with children in school greatly distresses school administrators. Drug and alcohol problems persist.

In summary, the primary “unhealthy” concern is a wide-ranging low priority upon maintaining healthy lifestyles. This seems to cross all age groups and the community’s diverse populations.

Q: What services do you feel are needed in our communities that do not currently exist?

Services specifically mentioned include law enforcement, community health fair, interagency group and concerned citizens, availability of Spanish translators, plan for detox and homeless shelter, a “hang-out” for children ages 14 – 25, playground equipment for those with disabilities, lights for our bike path, halfway house, improved monitoring of shut-ins, and parenting classes.

Q: Are there specific populations you are aware of in need of services? What type of services do they need?

As the Hispanic population continues to grow, translators are seen as a need to facilitate communication. Native Americans experience delays in health care services due segmentation in medical care between AFH and at the Indian Health Clinic. Individuals in need of drug and alcohol detoxification services often have a delay in access to programs, and all are greater than 45 miles away. Families and individuals (elderly) in poverty are increasingly having difficulty paying bills and often live in daily crisis.

Q: Do you see productive collaborations in the community addressing health needs? Examples?

The general consensus was, “yes,” there is productive collaboration occurring in the community. It is evident with progress toward a new hospital and clinic facility. As well, there are programs available within the current facility such as eCare services and specialty on-site clinics.

Strong collaboration between the hospital/clinic and the school systems is noted for providing services such as immunizations, screenings and education. Law enforcement and ambulance personnel also promote community awareness of social concerns.

Improvement could be made in support groups, such as for people with cancer or diabetes and their families. Grief support is offered periodically.

Q: What do you believe is the most pressing health care related need facing the community?

The most pressing health care-related needs include lack of parenting skills that potentially lead to abuse and neglect of children; consequences from alcohol and drug abuse across the age spectrum; up-to-date hospital, clinic, and equipment; appropriate care of the elderly; and disease

prevention through healthy lifestyle choices, including strategies for prevention/intervention for obesity, diabetes, substance abuse, depression and suicide.

Q: In what ways is the hospital serving the community well? In what ways could the hospital serve the community better?

The hospital is serving the community well by maintaining qualified staff and offering comprehensive services. High tech screening and testing options are available on site, as well as through mobile services or telemedicine. Community leaders recognize high quality providers, compassionate staff and easy access to health care.

It was felt the hospital could serve the community better by improving its infrastructure and continuing to update equipment, which it is in the process of doing through extensive additions/remodeling. Increased collaboration is needed with other community agencies, such as the Wholeness Center. This question was persistent: How do we better serve the poor?

COMMUNITY HEALTH NEEDS RECOMMENDATIONS

While our community has numerous positive attributes, there are well defined areas of need that exist.

1. *Improving Hospital/Clinic Facility*

Whereas this has been an identified need for many years, construction for a new clinic as well as new and remodeled hospital has begun.

PLAN: Continue AFH/AMGF building project, which is scheduled for completion during spring of 2014. We will plan to inform and educate the community of services and equipment available, particularly our specialty on-site services as well as our cutting edge eCare services.

2. *Community Collaboration/Communication*

While strong relationships exist (i.e.: between AFH/AMGF and the school systems), a broader level of participation would be beneficial in identifying vulnerable population groups and working together to provide targeted services.

PLAN: Leaders from AFH and AMGF will explore the possibilities of increasing collaboration with community services throughout Moody County. More specifically, we will examine our relationship with Indian Health Clinic and pursue improvement in this relationship. Current strengths will be reviewed as well as potential weaknesses in our level of communication, collaboration and marketing with other agencies.

3. *Healthy Lifestyle Choices*

Concerns about individual choices that lead to development of an unhealthy lifestyle are very evident within this survey. Whether it is substance abuse, neglect or poor dietary habits, our community leaders recognize need for increased education of options and support across all populations and age groups.

PLAN: “Avera” is derived from a Latin term meaning “to be well” and our health system has strongly taken this approach for many years. However, we continue to battle unhealthy lifestyle choices, both in our workplace and the community. AFH will not only encourage a healthy lifestyle through its wellness programs, but as healthy “ambassadors” to our community.

Implementation Plan Approval: On August 20, 2012, the Avera Flandreau Hospital Community Needs Assessment and Implementation Plan was submitted to the Avera Flandreau Hospital Board for their review. On October 15, 2012, the Avera Flandreau Hospital Advisory Board approved the Avera Flandreau Hospital Community Needs Assessment and Implementation Plan.