



2013

COMMUNITY HEALTH NEEDS ASSESSMENT

Anthony Timanus, Administrator

## EXECUTIVE SUMMARY

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### Introduction and Objectives

Avera Gregory Hospital is a licensed 25-bed critical access hospital located in the heart of central South Dakota. The Avera Gregory Hospital is owned by Avera McKennan Hospital & University Health Center of Sioux Falls, S.D., part of the greater Avera Health System. Avera Health is a ministry of the Benedictine Sisters 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 community health needs assessment is an IRS requirement, the awareness of needs, through data collection and collaboration with community members and leaders, fits the Avera mission and vision of improving the health of people in Gregory County and the surrounding areas. This process provides direction for prioritizing our future strategies in developing community health driven goals.

Gregory County is located in the south central portion of South Dakota near the Nebraska border. 4,271 people reside in the county according to the 2010 census. Avera Gregory Hospital also draws roughly 15 percent of its patients from the neighboring county of Tripp which has 5,644 residents. These two counties account for the majority of the patients that the facility serves. We consider Tripp County to be a secondary market. Avera Gregory Hospital serves Gregory and the surrounding communities, which include but are not limited to Winner, Burke, and Fairfax in South Dakota and Butte in Nebraska. Although the population of Gregory County is primarily white, the county is also home to a Native American population making the racial composition 90% white and 7.5% Native American. The Rosebud Reservation is located in Todd County; however there are small communities of Native Americans in the surrounding counties of Mellette, Tripp, Gregory and Lyman counties. The Gregory hospital is located 8.9 miles from the nearest critical access hospital, which is located in Burke, S.D. Winner Regional Healthcare Center is our largest competitor located 28 miles to the northwest.

Data collection for the Avera Gregory Hospital Community Health Needs Assessment began in the fall of 2011. Our objectives are:

- To recognize health-related concerns of community leaders and members
- To increase community wellness, and not continue with the current reactive medical model

- To develop strategic plans that can be undertaken with action from Avera Gregory Hospital and community partners
- To move community benefit programs from what may have been perceived as providing random acts of kindness to strategic targeted programs to meet identified community health needs

## **Methodology**

Avera Gregory Hospital began the community health needs assessment with primary data collection consisting of one-on-one interviews and focus groups with representatives from within our service area. These individuals showed representation from civic and business organizations such as the Gregory Public School systems, the Gregory Chamber of Commerce, the Department of Social Services, the Gregory Ministerial Association, the Gregory Rotary and Gregory/Winner business owners. Questions utilized for data collection were as follows:

- 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 and a town hall meeting were also utilized for primary data collection using the above questions. Careful consideration was taken when establishing these groups and meetings to ensure that the assessment process was gathering input from persons who represented the broad interests of the community Avera Gregory Hospital serves. One focus group included the Avera Gregory Hospital Advisory Board, made up of community leaders who had been appointed based on their knowledge and involvement in the community and with our organization. The Advisory Board composition consists of the following backgrounds: mortuary services, banking, law and local business owners. The second focus group was conducted as a town hall style meeting in which 42 community members attended. The town hall meeting format was utilized to generate greater community participation and discussion. The third focus group was conducted with the local school board, the principal of the high school and elementary school and the superintendent of schools for Gregory County.

Avera Gregory Hospital also collected secondary data, which included the research of Gregory County demographics and health-related statistics and obtaining reliable data through Internet search. Sources of this data include United States Census Bureau, County Health Rankings & Roadmaps, United States Department of Health and Human Services, South Dakota Hospital Association, and South Dakota Department of Health.

## **Findings and Recommendations**

Our data collection findings centered around three main issues; obesity, behavioral health, and alcohol abuse.

The Gregory county area is located in a region where it is difficult to find indoor exercise facilities and businesses that are focused on health and wellness. While public parks and a school gym are available these are difficult for our elderly population to use, and cost-prohibitive for a large portion of our community. Avera Gregory Hospital feels that one of the most important contributions that we can make in our community is to provide education and wellness facilities so that the community members can make changes in their lifestyles. In most chronic conditions, providers recommend exercise and a change in diet. We will position our facility in such a way that we will be able to provide these counseling services to the community outside of the standard inpatient/outpatient model.

The second most commonly identified concern was the lack of behavioral health services in the area. Currently only one behavioral health provider lives and works within the county. If community members need additional or long-term counseling they have to travel 120 miles one way to Mitchell, S.D., for continuing care. We plan on integrating the Avera Behavioral Health service line into our current telemedicine service line. This will allow community members to stay local while still receiving the quality and professional care that they would receive if they resided in a larger metropolitan area like Sioux Falls.

Finally, recreational drinking and alcohol abuse were identified as an on-going and persistent issue in our community. This community issue not only affects the long-term health of the population we serve, but it also presents a danger to life and property due to the amount of community members who choose to use alcohol and drive. Avera Gregory Hospital feels that as the largest employer in the county we can be a positive voice for change in this area. We will contribute to the campaign to reduce substance abuse in two ways. The first is to be an educational expert that partners with the schools to communicate and emphasize the repercussions of alcohol abuse to the youth of the community. The second is to sponsor community events that do not promote the use of alcohol in the community.

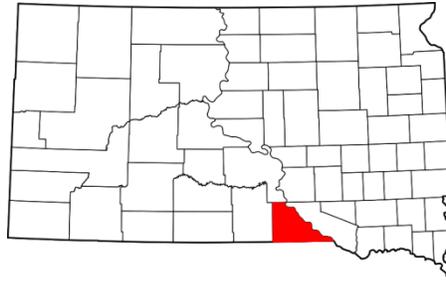
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## **Demographics**

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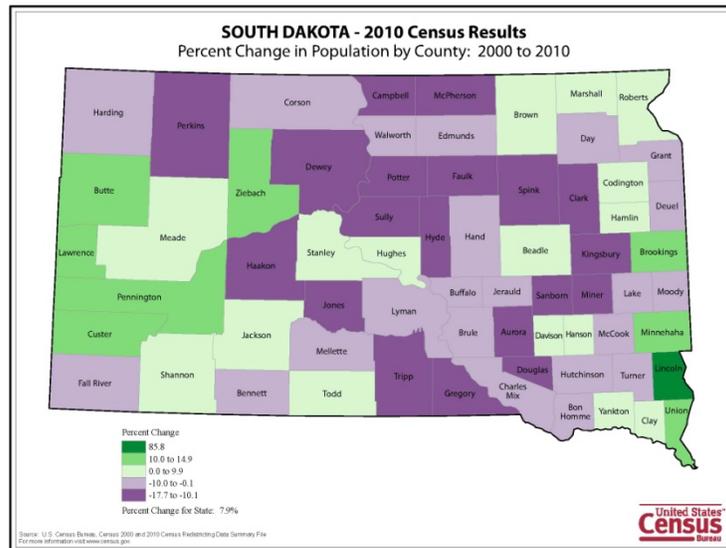
### **Community Description**

The Avera Gregory Hospital serves the residents of Gregory County. Nearly 70 percent of the hospital's discharges originate from Gregory County (69 percent or 307 of 441 hospital discharges in 2012). Gregory County has a total area of 1,053 square miles and is located on the southern border of South Dakota adjacent to Nebraska.



As of the 2010 census, there were 4,271 people residing in the county and 1,983 households. The population density is five people per square mile (5/km<sup>2</sup>). There are 2,405 housing units at an average density of 2 per square mile (2/km<sup>2</sup>).

The population of Gregory County has been declining about 10 percent per decade for the last 80 years.



The population is spread out with 22.4 percent under the age of 18 and 23.8 percent who are 65 years of age or older. 100 percent of our population is considered rural.

### Sex/Age

Population by Sex/Age	
Male	2,149
Female	2,122

Under 18	964
18 & over	3,307
20 - 24	139
25 - 34	372
35 - 49	703
50 - 64	1,003
65 & over	1,013

## Race

The racial makeup of the county is primarily White and American Indian. The other demographics present in this county are African American, Asian, other, and Identified by two or more.

Population by Race		
White	3,828	90%
African American	7	< 1%
Asian	11	< 1%
American Indian and Alaska Native	320	7%
Native Hawaiian and Pacific Islander	0	
Other	10	< 1%
Identified by two or more	95	2%

## Housing

There are 2,497 housing units in Gregory County; with 74 percent of them being occupied. Some 33.9 percent of the housing was built in 1939 or earlier. Three bedroom homes are the majority at 35.2 percent of the total number available. The average family size is 2.14 people per household. 44.5 percent of these housing units are worth less than 50,000 dollars.

## Income

The median income is \$35,975. The majority of working adults make roughly \$50,000 to \$74,999 per year. About 10.5 percent of the population is below the poverty line. 35 percent of Gregory school children qualify for free and reduced lunches.

<b>INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)</b>	<b># reported</b>	<b>% change</b>	<b>% of population</b>	<b>% change</b>
<b>Total households</b>	1,983	+/-77	1,983	(X)
<b>Less than \$10,000</b>	193	+/-47	9.7%	+/-2.3
<b>\$10,000 to \$14,999</b>	170	+/-41	8.6%	+/-2.0
<b>\$15,000 to \$24,999</b>	300	+/-55	15.1%	+/-2.6
<b>\$25,000 to \$34,999</b>	286	+/-56	14.4%	+/-2.7
<b>\$35,000 to \$49,999</b>	330	+/-61	16.6%	+/-2.9
<b>\$50,000 to \$74,999</b>	372	+/-66	18.8%	+/-3.4
<b>\$75,000 to \$99,999</b>	152	+/-41	7.7%	+/-2.1
<b>\$100,000 to \$149,999</b>	108	+/-29	5.4%	+/-1.5
<b>\$150,000 to \$199,999</b>	40	+/-20	2.0%	+/-1.0
<b>\$200,000 or more</b>	32	+/-16	1.6%	+/-0.8
<b>Median household income (dollars)</b>	35,975	+/-1,803	(X)	(X)
<b>Mean household income (dollars)</b>	48,585	+/-3,245	(X)	(X)

## Unemployment

Gregory County has traditionally enjoyed a low unemployment rate. Some 25.9 percent of workers in Gregory County are self-employed versus the state average of 9 percent. This is primarily due to the amount of farmers and ranchers in the area. There are also multiple hunting lodges that are self-

owned and operated during hunting season. These businesses contribute to the high tourism rate in the County.

2000	AVG	Gregory County	3.20%
2001	AVG	Gregory County	3.60%
2002	AVG	Gregory County	3.50%
2003	AVG	Gregory County	3.20%
2004	AVG	Gregory County	3.40%
2005	AVG	Gregory County	3.70%
2006	AVG	Gregory County	3.50%
2007	AVG	Gregory County	3.30%
2008	AVG	Gregory County	3.40%
2009	AVG	Gregory County	4.30%
2010	AVG	Gregory County	4.10%
2011	AVG	Gregory County	4.20%

Source: Labor Market Information Center –  
South Dakota Department of Labor & Regulation

### Health Resources

Gregory County is a federally designated Frontier area that carries a federal Medically Underserved Population designation. Frontier areas are defined as sparsely populated rural areas that are isolated from population centers and services and have “six or fewer people per square mile.” Gregory County has 4.2 persons per square mile, which is well under the standard definition. Gregory County also qualifies as a Health Professional Shortage Area (HPSA). Statistically, access to health care in South Dakota is of significant concern and there are numerous barriers to accessing health care. In addition to the barriers already mentioned, health insurance also affects access to health care while the national benchmark for uninsured adults is 11 percent. South Dakota is at 15 percent and Gregory County is considerably higher at 23 percent uninsured adults.

There are two acute care facilities in Gregory County, Avera Gregory Hospital and the Burke Community Memorial Hospital. The Burke Community Memorial Hospital operates with mid-level providers only. The Avera Gregory Hospital 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, mammography, bone density scan, ultrasound, cardiovascular testing). Several specialty clinics are held at Avera Gregory Hospital including podiatry, obstetrics/gynecology (OB/GYN), orthopedics, cardiology, ENT, nephrology, urology, physiatry and surgery.

Avera eCare Services consist of eEmergency, Avera eICU® Care, ePharmacy and eConsult. eEmergency gives the Gregory Hospital the ability to consult with emergency medicine physicians located at Avera McKennan Hospital & University Health Center, 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 the push of a button away, ready to offer guidance and best practices for our more complex ED patients.

Avera eICU® Care 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 with increased monitoring of drug interactions, allergies and correct dosing. eConsult places Gregory County patients in direct contact by face-to-face video encounters with specialists located through the Avera McKennan network.

Avera Medical Group Gregory offers comprehensive medical care to adults and children. Eight full-time providers are on staff; five family practice physicians, one certified physician assistant (PA-C), and two certified nurse practitioners who cover Avera Gregory Hospital Emergency Department call 24/7. Avera Medical Group Gregory also has five outreach clinics in Gregory, Winner, Fairfax and Colome, S.D. and Butte, Neb., which they staff throughout the week. The Gregory clinic is conveniently located one block east of the hospital.

Gregory County has one general dentist in the area that provides coverage five days a week for routine and emergency dental care. The clinic is located in Gregory, S.D.

A public health office is maintained in Burke, S.D., through an alliance contractual agreement between Gregory County and the South Dakota Department of Health. Some of the services include WIC, school health, immunizations and baby care education.

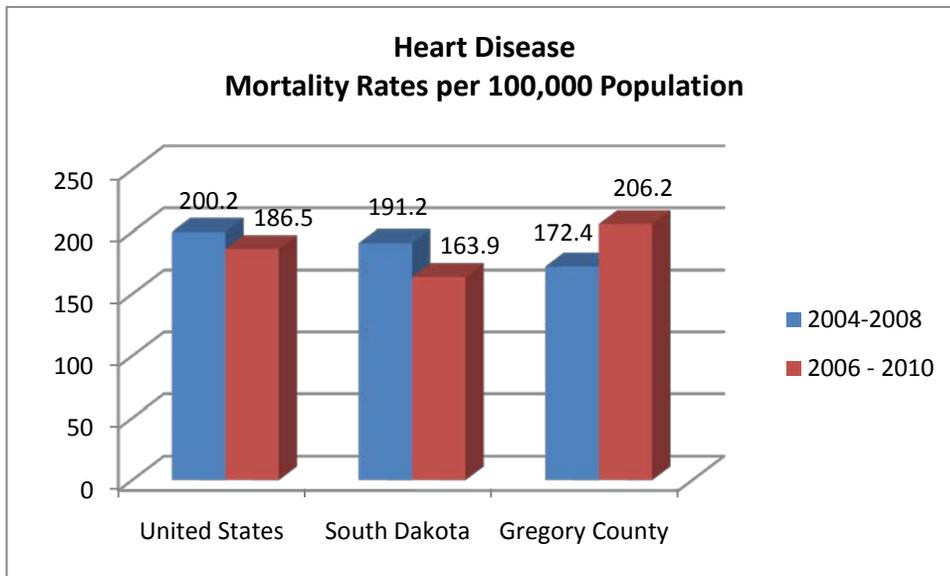
Gregory County has one 52bed nursing home, Avera Rosebud Country Care Center, which offers skilled, intermediate and home care services. There are three assisted living centers; Silver Threads (34- beds) in Gregory, TLC (10- bed) in Burke, and The Haisch Haus (10 bed) in Bonesteel.

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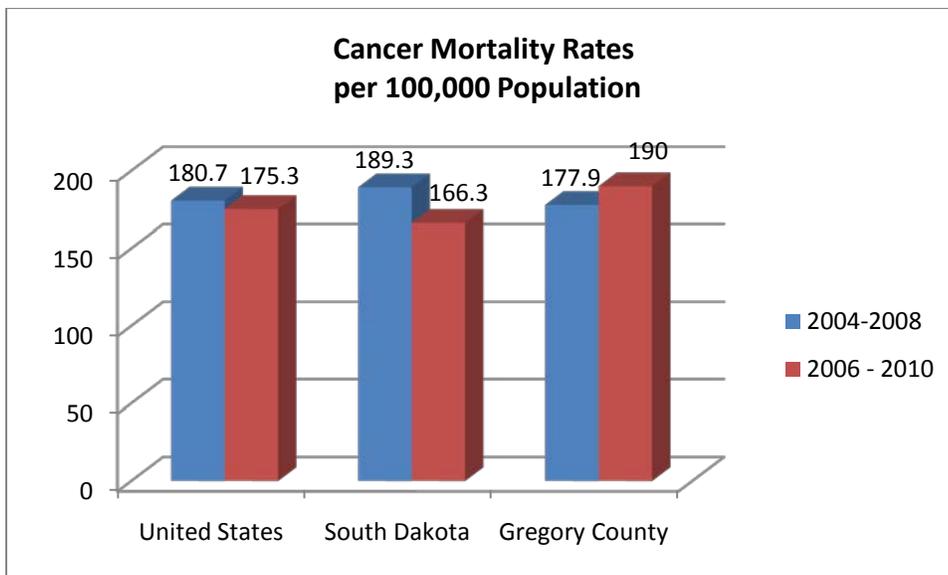
## DATA ASSESSMENT ANALYSIS

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Avera Gregory began the assessment process by gathering the most recent statistics about public health from county, state and national resources. Collecting both primary and secondary data strengthens the hospital's community health needs assessment and allows the hospital to look for trends and themes throughout the process. Information from the South Dakota Vital Statistic Reports was utilized to determine trends in health status. Although cancer deaths replaced heart disease for the first time as the leading cause of death in South Dakota, heart disease remains the leading cause of death in Gregory County. The chart below reflects that Gregory County has a higher death rate due to heart disease than both the state and nation. Also note the difference in the trending. Heart disease is actually trending down at the state and national level, but trending upward in Gregory County.



Cancer is the second-leading cause of death in Gregory County and is also trending up slightly.



According to the Centers for Disease Control and Prevention (CDC), chronic diseases such as those mentioned above are common and costly. The CDC goes on to talk about four health risk behaviors that are responsible for a lot of the sickness, suffering and early death related to chronic disease. Those health risk behaviors are:

- Lack of physical activity
- Poor nutrition
- Tobacco use
- Excessive alcohol consumption

Avera Gregory Hospital also utilized the County Health Rankings website for secondary data. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, this resource helps counties and other organizations like Avera Gregory Hospital understand what influences health status. (Include findings from County Health Rankings here)

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

**Q: What is healthy about our community?**

Gregory County has multiple advantages that contribute to maintaining the health and well-being of our community members. Some 75 percent of the residents of Gregory County live in a rural setting outside of a city. The residents of Gregory County primarily have two professions farming and ranching. These professions require them to be active and on their feet throughout the day. This leads to consistent aerobic activity that helps keep the elderly population ambulatory and active.

Gregory County also has two public parks with trails and a workout system that allows for exercise during the warmer months of the year. Public use of the school gym is also available for a monthly fee to allow for weight training and conditioning. One of the local chiropractors also runs a wellness/fitness center that has 20 plus workout stations indoors for inclement weather exercise.

There are various health care related facilities throughout the County. In addition to the two Critical Access Hospitals there are also four chiropractors who operate in the town of Gregory. Medical home equipment needs are met through Lincare, and two businesses offer nutrition counseling. Our facility offers visits with a dietician through our telemedicine program to offer local residents access to meal planning and healthy lifestyle food choices.

**Q: What is unhealthy about our community?**

The most prevalent issue for the community is obesity among all demographics. Obesity plays a significant role and is a contributing factor in a number of chronic health conditions including but not limited to heart disease, diabetes and cancer. A report from the Trust for America's Health and the Robert Wood Johnson Foundation shows South Dakota tied with Georgia for 17<sup>th</sup> place in the ranking of the states with the highest adult obesity rates. According to data obtained from the County Health Rankings, Gregory County exceeds the national benchmark for obesity, which is currently at 25 percent. In Gregory County, 30 percent of the adults surveyed reported a BMI  $\geq$  to 30. Various factors contribute to obesity including access to healthy and affordable foods. Gregory County only has six eating establishments. Healthy eating choices are usually limited to a salad at most of these locations. The availability and cost of buying healthy food at the local grocery store can also be challenging. This discourages community members from developing their own meal plans and results in a higher-than-30-percent obesity rate throughout the County.

Concern was voiced about alcohol abuse and the social acceptance and tolerance of alcohol in the local area. As a rural community options for entertainment are extremely limited. Many adults of age

patronize one of the five local drinking establishments to socialize. This can lead to dangerous co-morbidities in the middle-aged to elderly population from a lifetime of this activity. Additionally, alcohol and driving is a concern in the area. A disproportionate number of young people are killed in motor vehicle accidents due to driving under the influence of alcohol and lack of seat belt usage. Secondary data obtained from the County Health Rankings supports the primary data collection findings whereby Gregory County exceeds the national benchmark in respect to excessive drinking. The national benchmark is 8 percent and Gregory County is at 18 percent.

Tobacco use is also highly prevalent in its many forms. Smoking and chewing tobacco are used by a high percentage of the population which leads to health issues later in life.

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

Overall the community expressed a need for behavioral health, dermatology and ophthalmology services. Currently these services do not exist or are limited to one visit a month when the specialist comes to our location.

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

When this question was presented to the different focus groups a common theme was present throughout. The community members that we spoke with would like to see a medical model more focused on visiting the population at the residence than having to come to the hospital or clinic for medical care. The population that has the most need for our services finds it the most difficult to travel outside the home. These community members rely on family and friends for day-to-day care needs and local services such as meals on wheels for food delivery. They typically do not drive, and due to weather they are unable or unwilling to leave the house in the colder weather. They requested assistance with cleaning, home upkeep, medication instruction, occupational therapies and overall wellness visits.

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

The respondents were extremely complimentary of the hospital's relationship with the local school system. Some of the programs brought up included multiple visits to the school throughout the year for health education classes and visits by local professionals to provide free career counseling to high school students in the medical profession. Avera Gregory Hospital also works closely with the local dentist to ensure that inpatients, residents of the nursing home and ER cases are referred to him if they present to our facility.

The community recognized the competitive nature of the business and felt that there could be greater collaboration between the area hospitals as well as with the chiropractic clinics.

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

The overwhelming answer to this question was behavioral health services. They are almost non-existent in our area. Respondents expressed concern that the vast majority of mental health issues were chronic in nature and not one time events that they could travel to seek treatment to resolve. The lack of these services leads to alcohol abuse, tobacco use, overeating, domestic abuse, and can be directly tied to almost every other health-related issue being faced by this community.

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

The majority of community members interviewed responded positively to this question and stated that the hospital did a great job of meeting the community members' health care needs. When pressed the majority also stated that they felt like the hospital was an entity apart from the community even though it was located in the center of the largest town. Some of the people being interviewed stated that they had not been inside the facility as they had never had a pressing health care issue. They would like to see the hospital and staff become community leaders in events outside of the campus. This would facilitate the goal of getting the health care message out to as many people as possible.

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## COMMUNITY HEALTH NEEDS RECOMMENDATIONS

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### 1. Obesity

Our organization will spend the next cycle working to ensure that the services we are providing are focused on addressing the lifestyle and wellness issues that are present in our community. Currently the community members of Gregory County have extremely limited access to exercise facilities and healthy food options.

#### PLAN

Avera Gregory Hospital will invest significant capital in converting a section of the nursing home into a home health and therapy department. This will allow us to provide the full spectrum of health care

intervention within the community and allow for follow up visits within the community members homes. This expansion is the first step in moving Avera Gregory Hospital away from an intervention style of health care delivery towards a preventive/coaching style delivery approach that is integrated into the community members' day to day lives.

As part of this initiative we will be constructing a wellness exercise area that will enable community members to exercise indoors during inclement weather. It will also allow our therapists and wellness coaches a place to discuss diet and exercise routines. This education will play an instrumental role in the ongoing effort to target obesity, and it will provide resources for the community and staff to implement the recommended changes in the community. Providers will also have a resource that they can prescribe to their patients at little to no cost during clinic visits. We feel this will promote the use of the facility, and spread the word that it is available for the community.

On staff and contracted nutritional counseling will also be made available through our telemedicine program in our outpatient department. We will use technology to allow the community members of Gregory and Tripp County to meet with and discuss their diet and exercise habits. This will allow us to leverage the education and experience of professionals in the field that do not reside within our health care market.

## **2. Behavioral Health**

Severe and ongoing behavioral health needs were a common and persistently cited need in our research. With the low population density, and the isolation that many community members feel this much needed service has been for the most part absent in this area of the country.

### **PLAN**

Our location and financial position make the idea of recruiting a behavioral health professional unrealistic, but we still feel that we can improve the quality and access to these services for our community members. The largest and most influential impact we can make would be through our telemedicine service line.

The unique requirements and practices of behavioral health do not necessarily require provider to patient physical contact to provide quality care. This service line is a good fit for telemedicine. We will work with Avera McKennan Hospital & University Health Center in Sioux Falls to provide access to behavioral health services through our outpatient department. The quality and consistency of this care will be much better than the current model. This new service line plan will also allow community members to meet with these care professionals on a monthly or weekly basis instead of seeking services after an incident or intervention.

Education and in-services will also be conducted with our current primary care staff to ensure that they are able to identify the warning signs for behavioral health needs and know how to refer their patients to these services in both a routine and emergency situation.

### **3. Alcohol Abuse**

Substance abuse, specifically alcohol, is a huge and ongoing problem in our community. There are strong cultural and historical precedents that promote and continue its use in our community. It will take an ongoing and persistent effort to impact the use of this product as a social device and a form of self-medication. It is readily apparent that the long-term consequences of its use are a major contributing factor to decline of health in our middle aged and older community members.

#### **PLAN**

The most powerful and significant ally we have when dealing with this issue is the public school system. By partnering with the schools, hospital staff members will participate in educational seminars and support after-school functions that promote the avoidance of alcohol use. Our professionals will be able to educate the students on the significant social and health problems that they see every day with long-term alcohol dependant community members.

The second major effort we will participate in is the development of social activities in the community that do not promote or use alcohol beverages. Our community has very limited activities for adults on Friday or Saturday nights that don't involve establishments where alcohol is served. Our hospital will work with the local chamber of commerce to provide financial support and market events that do not have drinking as their primary means of entertainment. These could include local dances, picnics and charity auctions with the benefits going to local health care initiatives.