

Eureka Community
Health Services
Avera 

2013

COMMUNITY HEALTH NEEDS ASSESSMENT

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EXECUTIVE SUMMARY

Introduction and Objectives

During 2012 and 2013, Eureka Community Health Services Avera conducted a community health needs assessment for the residents of Eureka and the surrounding rural area of McPherson County. The Eureka hospital's beginnings date back to 1928 when it opened as a charitable funded facility operated by the community of Eureka. In 1996, the Presentation Health System and St. Luke's Hospital signed a management agreement with the Eureka Community Hospital and in 1998 the Eureka Community Hospital became Eureka Community Health Services Avera. The hospital is governed by a local Board of Trustees and has a management agreement with Avera St. Luke's, which provides shared administrative and support to the Eureka hospital. Eureka Community Health Services Avera is proud to be celebrating 85 years of health care service and is committed to responding to the community's ever-changing health care needs.

Eureka Community Health Services Avera is a six-bed critical access hospital located in north central South Dakota. The Eureka hospital is located in McPherson County, which holds the distinction of having the highest percentage of its county population over the age of 65 in the state of South Dakota. The Eureka hospital is located 75 miles from the nearest tertiary hospital in Aberdeen, South Dakota and takes great pride in providing as many services locally as possible especially given the aging population the hospital serves. In 2011, nearly 90% of the Eureka hospital's discharges were patients 65 years of age or older. Current payer mix is 73% Medicare.

The Avera community is guided by the gospel values of compassion, hospitality and stewardship. The Eureka Community Health Services Avera mission is "to provide quality, accessible healthcare to the residents in our region". The Eureka hospital recognizes the elements of compassion, respect, justice, and hospitality in carrying out this mission. Our vision is "to become recognized as the facility of choice in assisting citizens through the various levels of care our region offers to meet their healthcare needs".

Although conducting a community health needs assessment is an IRS requirement, the awareness of needs, through data collection and collaboration with community leaders and members, aligns with the hospital's mission and vision of improving the health of people in McPherson County and the surrounding areas. This process provides direction for prioritizing our future strategies in developing community driven goals.

Eureka Community Health Services Avera defines its primary service area as McPherson County. Hospital discharge totals range from 80 to 120 annually at the Eureka hospital and approximately 90% of the hospital's admissions are from McPherson County. The service area includes the towns of Eureka, Leola, and Long Lake. Eureka Community Health Services Avera also serves a portion of Campbell County, in which the community of Herreid resides. Although predominately Caucasian, there are subgroup populations of Native Americans, Hutterites, Filipinos, and Hispanics.

Data collection for the Eureka hospital's Community Health Needs Assessment began in the spring of 2012. Our objectives are:

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

Methodology

Focus groups were utilized for primary data collection. The focus groups were conducted the week of July 23-27. Each group was asked a series of questions and the information was tabulated by a recorder. Careful consideration was taken when establishing the focus groups to ensure the hospital's community needs assessment included input from persons who represent the broad interests of the community.

One focus group included community leaders who have been actively involved in the community and with our organization. This focus group included the mayor of Eureka, the mortician, the ambulance squad president, the county sheriff and his deputy, the county emergency manager, city workers, the county health nurse, the Eureka fire department chief, the nursing home administrator, and the facility director of patient services, and the CEO of the medical facility.

A second focus group was the hospital's medical staff committee, consisting of senior leaders and primary care providers. A third focus group was the Board of Trustees.

In addition, to ensure that the organization included input from those with special knowledge or expertise in public health, the McPherson County Public Health Nurse, Jacalyn Eberhart was also asked to answer the series of questions utilized in the primary data collection process.

Questions utilized for the primary 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?
- 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?

Secondary data collection included the research of McPherson 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, US Department of Health and Human Services,

and South Dakota Department of Health, and the South Dakota Association of Healthcare Organizations.

Eureka Community Health Services Health Needs Assessment 2013

Findings and Recommendations

Our principal findings involve a need for:

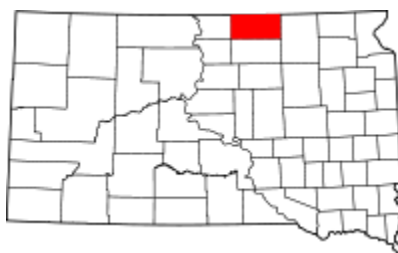
- Improving access to healthcare services
- Educating the public and providers on available healthcare services
- Encouraging and promoting healthy behaviors and lifestyles

Healthy lifestyle choices have been a hot topic for several years in both the 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. Dialogue will commence with leaders of our facility as well as others to develop a community plan. 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

Eureka Community Health Services serves the residents of McPherson County. Nearly 90% of the hospital's discharges originate from McPherson County. McPherson County has a total area of 1,152 square miles and is located on the northern border of South Dakota adjacent to North Dakota.

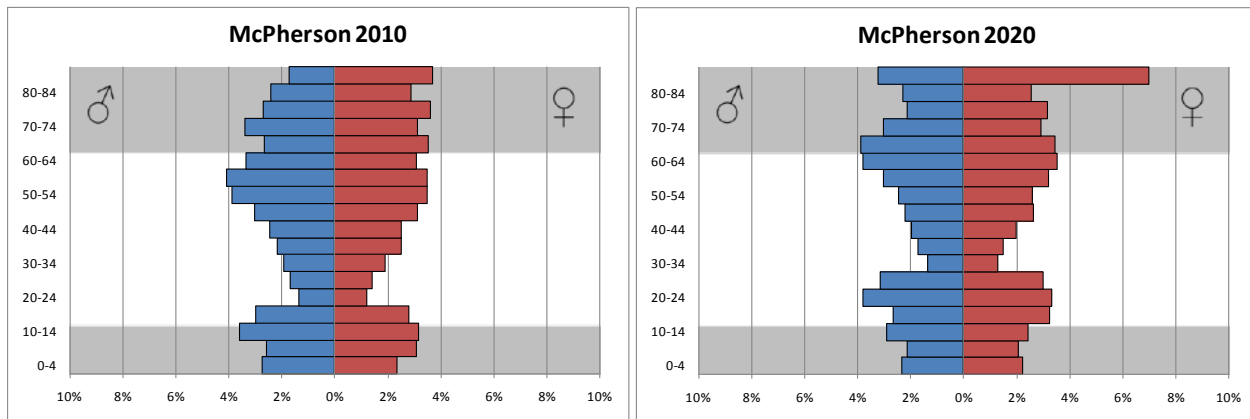


As of the census of 2010, there are 2,459 people and 1,227 households residing in the county. The population density is 3 people per square mile (1/km²). There are 1,465 housing units at an average density of 1 per square mile (0/km²).

The population of McPherson County has been very unstable for the past 2 decades. According to McPherson County Census 2010 results, the population of the area was approximately 2,459 people. From 2000 to 2010, the McPherson County population has declined by 15.3% (or from 2,904 people in 2000 to 2,459 people in 2010).



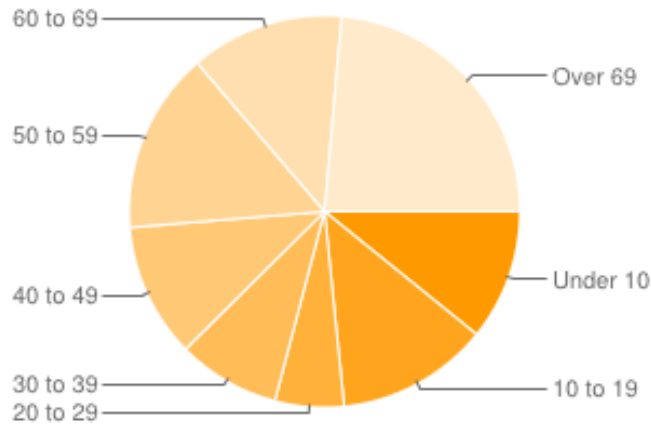
Also of interest, is the aging population in McPherson County. In 2010, 30% of the county’s population was age 65 and over. Traditionally, age demographics for a county would resemble a pyramid, wide at the bottom representing people in their younger years and narrow at the top representing the older population; however this is not the case in McPherson County. The age and gender charts below for McPherson County clearly show the outmigration of young people and the larger aging component of the population. Such demographic trends create unique challenges for a community.



McPherson County (2010)						McPherson County (2020)							
age cohort	total		males		females		Age Coho	Total		Male		Female	
	#	%	#	%	#	%		#	%	#	%	#	%
0--4	126	5.12	68	2.77	58	2.36	0-4	103	4.55	53	2.32	50	2.23
5--9	140	5.69	64	2.60	76	3.09	5-9	94	4.17	48	2.12	46	2.05
10--14	167	6.79	89	3.62	78	3.17	10-14	120	5.33	65	2.89	55	2.43
15--19	143	5.82	74	3.01	69	2.81	15-19	134	5.91	61	2.68	73	3.23
20--24	63	2.56	33	1.34	30	1.22	20-24	161	7.11	86	3.79	75	3.32
25--29	76	3.09	41	1.67	35	1.42	25-29	139	6.15	72	3.17	67	2.98
30--34	94	3.82	47	1.91	47	1.91	30-34	60	2.63	31	1.37	29	1.26
35--39	115	4.68	53	2.16	62	2.52	35-39	72	3.18	39	1.71	33	1.47
40--44	122	4.96	60	2.44	62	2.52	40-44	89	3.93	44	1.96	44	1.97
45--49	152	6.18	75	3.05	77	3.13	45-49	109	4.82	50	2.20	59	2.62
50--54	182	7.40	96	3.90	86	3.50	50-54	114	5.04	55	2.45	59	2.59
55--59	187	7.60	101	4.11	86	3.50	55-59	141	6.21	68	3.01	72	3.20
60--64	159	6.47	83	3.38	76	3.09	60-64	166	7.34	86	3.81	80	3.52
65--69	153	6.22	66	2.68	87	3.54	65-69	166	7.32	88	3.90	78	3.43
70--74	161	6.55	84	3.42	77	3.13	70-74	135	5.95	69	3.04	66	2.91
75--79	156	6.34	67	2.72	89	3.62	75-79	120	5.30	48	2.14	72	3.16
80--84	130	5.29	59	2.40	71	2.89	80-84	110	4.86	52	2.31	58	2.55
85+	133	5.41	42	1.71	91	3.70	85+	231	10.21	73	3.23	158	6.98
	2459	100	1202	48.88	1257	51.12		2262	100	1088	48.10	1174	51.90

Source: SDSU Rural Life and Census Data Center -- www.sdstate.edu/soc/rllcdc/index.cfm

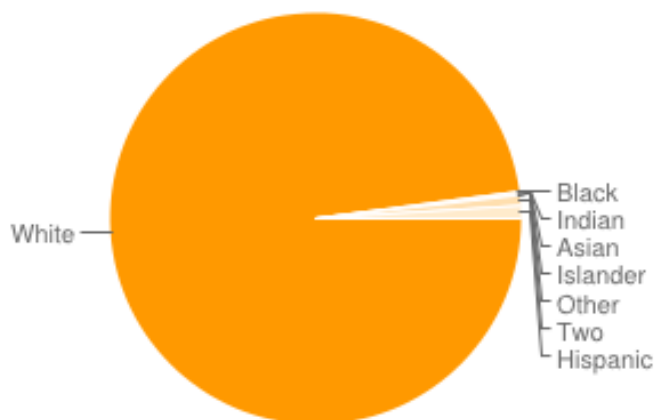
McPherson County 2010 Population by Age



Age Range	Number / Percent
Under 10 Years	266 / 10.8%
10 to 19 Years	310 / 12.6%
20 to 29 Years	139 / 5.7%
30 to 39 Years	209 / 8.5%
40 to 49 Years	274 / 11.1%
50 to 59 Years	369 / 15.0%
60 to 69 Years	312 / 12.7%
Over 69 Years	580 / 23.6%

Census 2010 Race Data

The racial/ethnic composition for McPherson County is predominately White (98% White, 1% Hispanic, .2% Asian and .8% from two or more races).



Economic Landscape

The economy in McPherson County has remained relatively stable. The unemployment rate has been in the 5% range over the past three years, which is consistent with the statewide average and lower than the national average. According to the U.S. Census Bureau, Small Area Estimates Branch, the median household income for McPherson County was \$35,473 and the proportion of persons living below the Federal Poverty Level was estimated at 17.8%.

There are 1227 households in McPherson County; 62.1% were married couples living together, 2.7% had a female householder with no husband present, and 33% were non-families. 31.1% of all households were made up of one individual. The average household size was 2.31 and the average family size was 2.91.

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 was \$22,380. Males had a median income of \$23,705 versus \$17,850 for females. The per capita income for the county was \$12,748. About 22.6% of the population is below the poverty line.

Income	
Median Household Income	\$22,380
American Community Survey (ACS) 2006-2010	\$31,923

Health Resources

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

Eureka Community Health Services is the only acute care facility in McPherson County. ECHS offers inpatient and skilled swing bed care, cataract surgery, endoscopic services, emergency services, rehabilitation therapies (PT, OT,), dietary consultation, laboratory, radiology (including general radiologic services, CT scan, MRI, mammogram, bone density scan, ultrasound). Several specialty clinics are held at ECHS including sleep studies, orthopedics, and surgery.

Electronic Medical Record is shared throughout the Avera System.

Two independent physicians offer comprehensive medical care to adults and children and are full-time family practice physicians on call 24/7.

Northeastern Mental Health provides counseling in the community.

A public health office is maintained in McPherson County through an alliance contractual agreement between Eureka Community Health Services, McPherson County and South Dakota Department of Health. Some of the services include Women, Infant and Children (WIC), school health, immunizations, and baby care education. The WIC program provides nutritional counseling, monitor hemoglobin, assess height and weight and make referrals. The nurse reviews immunization records, does screenings for hearing, vision and scoliosis. The nurse educates parents, children and teens about immunizations, childhood diseases, hazards of smoking and drugs, safe sleep for infants, benefits of breast feeding and general child safety. This education is done at the schools and other speaking engagements.

McPherson County has one Nursing Home, Avera Eureka Healthcare Center, which offers skilled, intermediate and assisted living care. As well, there is also an Assisted Living Center located on the local hospital campus.

Eureka also has a pharmacy and a volunteer ambulance department. Chiropractic services are available twice a week and there is a dentist from Aberdeen, South Dakota that comes to Eureka once a week to see patients.

DATA ASSESSMENT ANALYSIS

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

Q: What is healthy about our community?

Our schools, Eureka Public and Leola 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. Eureka Community Health Services 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 Eureka Fitness Center is available for a reasonable membership fee. Weight challenges have been offered with education to the participants about health lifestyles. Training is available on the exercise equipment.

The community of Eureka 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. 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 McPherson County, in towns as well as the rural areas.

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

The McPherson County Public Health Nurse talked about the home health services that go into the homes of the elderly or others that are homebound to set up medications, provide oxygen management, monitor vital signs and answer their questions and concerns as a healthy attribute of the community.

Q: What is unhealthy about our community?

Although people are generally healthy, there is a need for providers because current providers are nearing retirement so the need to recruit younger providers is key to our staying viable. In relation to

this, concern was also expressed about the age of the current hospital facility and due to its condition if it would be possible to recruit new providers to the area.

In summary, the primary care area is a wide-ranging high priority in maintaining healthy lifestyles. This seems to cross all age groups and the community's diverse populations.

Concern was expressed about the volunteer ambulance service and the aging workforce. Many of them are reaching retirement age. It is difficult to recruit people as they must complete many hours of training and the testing is very difficult to pass to become an EMT.

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

Services specifically mentioned included a new facility, updated clinics with greater accessibility, increase services to attract those that are leaving home for care, transportation service for the elderly to bring to appointments in town and a need for a walking path around the lake.

As mentioned previously, paramedics and EMTs are needed. Improvement could be made in the area of support groups, such as for people with cancer, diabetes, smoking cessation, and weight management or more preventive screenings for heart and stroke.

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.

The Fire Department was noted as being a big help to the community. The Fire Dept. helps the ambulance crew when there are accidents and also helps the hospital during bad weather and electrical outages. They assist with the community wide emergency drills and evacuations.

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

Workforce recruitment is a concern not only in the area of emergency medical personnel but regarding physicians as well. Physicians are nearing retirement and we need to prepare accordingly.

. The most pressing health care related needs include abuse and neglect with children in the school system; consequences from alcohol and drugs 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 of 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 onsite, as well as through mobile services or telemedicine. Community leaders recognize high quality providers, compassionate staff and easy access to health care.

The McPherson County Health Nurse also commented how wonderful it is to have a hospital in the community, to be available for acute care patients so that they can be seen immediately instead of traveling 75 miles before they can receive healthcare. The emergency department is staffed with qualified nurses and doctors so that when a critical patient arrives, they can be stabilized and transported to a larger facility either via ambulance or air transport (helicopter pad and an airport are available).

It was felt the hospital could serve the community better by improving its infrastructure and continuing to update equipment. The process of extensive new facility analysis is in process and the group thought it is well worth the effort.

COMMUNITY HEALTH NEEDS RECOMMENDATIONS

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

1. Recruitment of Providers

PLAN: Cooperate with local doctors to establish a baseline need for providers and begin recruiting on an as needed basis. We need to address this before it becomes a serious health problem for our communities in Eureka and Leola.

2. EMT Classes

Whereas, this has been an identified need for many years, the study for a new way of training our EMT's is a challenge not only for the EMT but for our facility as well because it affects our ability to transfer patients.

PLAN: Continue to search for ways to utilize our video conferencing equipment to provide training where needed. Educate the community of services we can provide via televideo.

3. Education on Health Care Services

PLAN: Based on community forums, will create a brochure that outlines our services and will educate the public through community meetings and events regarding available health care services as well as re-educating providers of all the health care services offered.

4. Preventive Screenings

PLAN: Schedule more preventive screenings in the community for heart, stroke, fall risk and balance screenings, etc.