

2012 Avera St. Benedict Health Center

Community Health Needs Assessment Summary:

An assessment of Hutchinson County conducted by Avera St. Benedict Health Center

This report is intended to be used by the leadership of Avera St. Benedict Health Center as a basis for the development of a plan to address the issue of adolescent drinking and drug abuse. This plan will guide Avera St. Benedict's activities as it moves toward its vision of bold leadership in the transformation of health care to enhance the lives of individuals and communities it serves.

Description of Community Served

Avera St. Benedict Health Center has a coverage area that includes 5 counties that covers 3337 square miles. It has a total population of 29,875 according to the 2010 US Census Bureau's data collections ¹. These counties are rural areas impacted by agriculture. According to the US Census Bureau in 2009, South Dakota had 118 establishments for agriculture, forestry, fishing and hunting. An additional 222 establishments were agricultural-based.² The primary source for healthcare in Hutchinson County, Avera St. Benedict, was started on February 10th, 1934, by the Benedictine Sisters of Sacred Heart Convent and Dr. J.L. Waldner and contained twelve beds. With the new hospital wing opening in 1946 with 34 beds and 12 bassinets, Avera St. Benedict continued to grow and expand until building a new 38 bed acute care hospital in 1965. In August of 1988, St. Benedict purchased the Supervised Living homes and attached the Intermediate Long Term Care Facility in 1989. Other additions in 1992 and 2005 have continued to expand ASB. Three clinics are also found in Parkston, Tripp, and Lake Andes. The five county areas has a total of 15 schools with an enrollment of 4,984 in kindergarten through 12th grade.³ Research has shown that there is no particular level of educational attainment that has proven to be unemployment-proof in today's economy. What does seem to be apparent is an inverse relationship, as the level of education increases, the chances of unemployment decreases. Reduction in education funding from the state may challenge future educational attainment as more school districts prepare for drastic funding cuts to help offset the State's deficits. South Dakota is ranked 3rd in the nation with the lowest unemployment rate of 4.3. North Dakota is the lowest with 3.1 and Nevada is the highest with 12.3⁴. According to the US Census Bureau, the annual, median household income from 2006-2010 for a South Dakota resident is \$46,369. The following table gives a comparison between the five counties in Avera St. Benedict's service area in relationship to South Dakota's data⁵.

Who was Involved in Assessment

Interviews with a wide range of stakeholders within Avera St. Benedict's service area were conducted between November 2011 and February 2012, including a public health nurse and those at the school directly involved with the health concerns of the students were interviewed. Three focus groups were also held during this time. Attachment A lists the organizations of those participating in approximately one hour focus groups. The first group was the Parkston Food Pantry. It is a volunteer based organization that distributes food, clothing, and personal care items to needy families in the Parkston area. They are led by a small board of community members who meet once a month. These board members ensure that the food bank and the volunteers work cohesively. They currently serve approximately 35 families. There is only a basic demographic form that is completed by the family before they are allowed to use the food bank. These families come once a month to the back of a local pharmacy where all the donations are kept. They are given a box of

donated items packaged by the volunteers. Donations of food and money from the community allow the food bank to run. The second focus group was clergy from all churches in the surrounding area belong to an association that meets monthly at Avera St. Benedict Health Center called the Hutchinson County Ministerial Association. At these meetings they discuss concerns of the community and also have educational presentations of resources that can be utilized within the community. The third focus group was the Parkston Commercial Club which is a group of businesses in the Parkston area that meet monthly to support the community and each other. They are an active part of the extracurricular activities that occur in the community. They are the driving force of activities such as Old Fashioned Saturday Night, the Easter Egg Hunt, and Santa Claus Day at Christmas. They pay annual dues that go towards fund raising and advertising of their individual businesses and the community.

How the Assessment was Conducted

Avera St. Benedict Health Center collected qualitative or primary data through three focus groups and interviews with key members of the community. The focus groups were currently meeting within the community at monthly meetings and felt to have adequate attendance, so the focus groups were held in conjunction with their monthly meetings. Because of their adequate attendance, more opinions could be obtained without exerting more time and energy into organizing additional focus groups or surveys. Standardized questions were used for each focus group (See Attachment B). Written surveys were not used because of the small percentage of return on the surveys, which did not justify the cost of writing, printing, and mailing those surveys.

Health Needs Identified

On February 7, 2012, the CHNA Committee members (See Attachment C) met to prioritize all quantitative data and needs addressed by the focus groups (See Attachment D). The following are needs discussed by the committee.

Discussion was held regarding the need for community members who use the food pantry to attend life skills education, such as basic cooking and budgeting. The food pantry board has discussed this at length and feels that they do not have the resources to make this happen. The resources could come from the hospital but the committee felt that only a small population would benefit.

A need was addressed regarding kids coming to school who were sick and the possibility of a school nurse. A majority of the families have parents who both work and the kids come from single-parent homes. The parents/parent need to work and cannot afford to stay home with a sick child. The staff at the school does not feel comfortable making decisions about a child's health and would benefit from a healthcare worker making those decisions. The hospital would work with the school to hire a healthcare professional to work part-time in both locations. The professional would be at the school primarily in the morning to answer questions from students and teachers so the issues can be addressed immediately and call parents as needed.

All communities are faced with mental health stigmas. And with a lack of mental health resources in rural communities, patients in this community lack mental health care. With the hiring of a behavioral health therapist within the last two years, access to mental health

care has improved. The therapist has also increased community education. It was felt that this need was already being met, and time and energy could be directed elsewhere.

Every community has a need for transportation. It is a need that has always existed. The cost of implementing a transportation service in our rural area is why this need is not being addressed.

There is a limited amount of hospice care in Avera St. Benedict's service area. There are companies who can provide this service; they just have not been utilized. Because Avera St. Benedict has already decided to use a company who provides hospice services, the committee has decided to direct its energies elsewhere.

Summaries: Assessments and Priorities

In summary, priority needs identified included:

1. Adolescent drug and alcohol abuse
2. Basic education of life skills to food pantry patrons
3. School nurse
4. Mental health stigmas
5. Transportation
6. Hospice services

Next Steps

Avera St. Benedict Center will be partnering with the school and local law enforcement to provide drug and alcohol education for students and parents. It was imperative that we involved the parents in the education, because parents who provide supervision and are involved with their adolescents' activities are promoting a safe environment in which to explore opportunities.⁹ And adolescents who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviors.¹⁰ The plan is to have a mandatory education session for adolescents and their parents during school registration in the summer. There will be a 5-10 minute educational presentation by the Behavioral Health Therapist and local law enforcement on drug and alcohol abuse. They will then be available for questions following the presentation. By combining the parents and the students, we hope to make the relationship stronger. Students will know that their parents are involved and knowledgeable about drug and alcohol abuse. The parents will also be more aware of what their children are being faced with. Following this education, we will be taking feedback from the parents, students, staff, and community members to evaluate if it was an appropriate way to address drug and alcohol abuse among adolescents.

This assessment can be obtained by contacting the administrative offices at Avera St. Benedict Health Center.

Attachment A

List of Focus Groups for Avera St. Benedict's CHNA Project

Parkston Food Pantry (4 members)

Parkston Area Ministerial Association (5 members)

Parkston Commercial Club (13 members)

Attachment B

Community Health Needs Assessment

Avera St. Benedict Health Center is conducting a community health needs assessment in order to better understand the community's health needs. We are thankful for your participation in our assessment and we value your opinion. Please know that your name will not be associated with any comments in the assessment, so please speak candidly.

Interviewer:

Date:

Participant:

Title/Community Relationship:

Questions:

What is healthy about our community? What is unhealthy about our community?

What services do you feel are needed in our community that do not currently exist?

Are there specific populations you are aware of in need of services? What type of services do they need? (For example, a growing Latino population in need of translation services.)

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?

Do you feel the hospital is addressing this need? How so? Or how do you believe the hospital may begin to address this need?

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

Any other comments you think are important to address in the CHNA?

Attachment C

CHNA Committee Members:

Jessica Leischner, Team Leader

Gale Walker, CEO

Rita Blasius, CFO

Denise Muntefering, VPPCS

Melissa Gale, Behavioral Health

Marion Gehring, Community Member

Shane McIntosh, Parkston School Superintendant

Mae Gunnare, Hutchinson County Social Worker

Attachment D

The following needs were discussed at the focus groups:

Decrease in population
Access to community activities for disabled
Basic education – cooking, business, health
Increase in elderly population
Transportation
In-home therapies
Hospice services
Care of transients
Care of Amish
Funding of LTC
Market and education of what's available at the hospital
Underage drinking
Preventative care for middle-aged men
Mental health stigmas
Extended hours at wellness
School nurse
Affordable insurance
Explanation of health insurance
Explaining of extra fees at hospital
Drug abuse

Appendix

¹U.S. Census Bureau, State & County Quick Facts, 2007 estimates.

Table 1: US Census Bureau State and County Quick Facts – Population, 2010

Population Variable	South Dakota	Hutchinson	Hanson	Douglas	Bon Homme	Charles Mix
Population, 2010	824,082	7,343	3,331	3,002	7,070	9,129
% change from 2000	7.9%	-9.1%	6.1%	-13.2%	-2.4%	-2.6%
Under 5 yrs	7.3%	5.7%	9.5%	5.5%	5.3%	8.5%
Under 18 yrs	24.9%	23.7%	32.5%	22.9%	19.7%	29.6%
65+ yrs	14.3%	25.0%	14.0%	24.2%	19.1%	17.7%

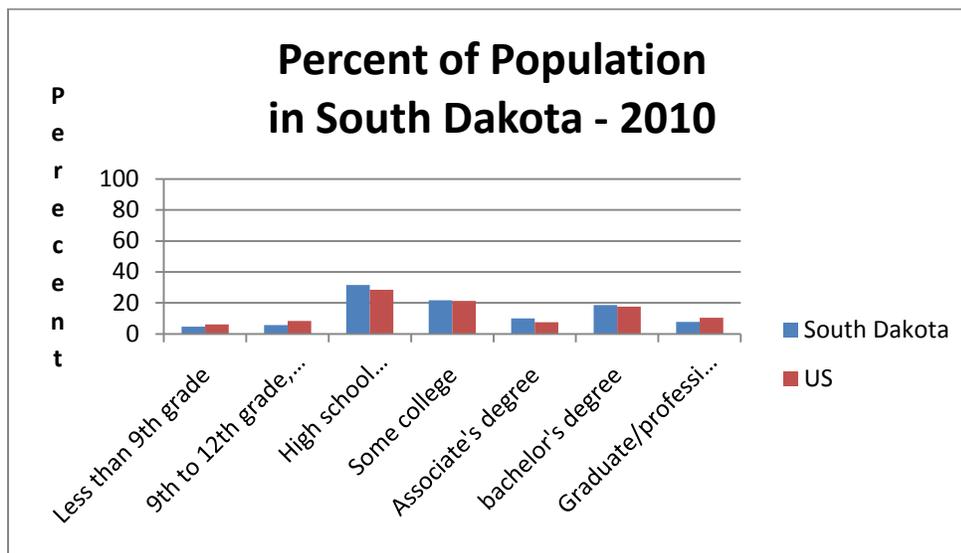
²U.S. Census Bureau, American Fact Finder, 2009 estimates.

Table 2: US Census Bureau State and County Quick Facts – Persons per square mile, 2010

	South Dakota	Hutchinson	Hanson	Douglas	Bon Homme	Charles Mix
Persons per square mile	10.7	9.0	7.7	7.0	12.5	8.3

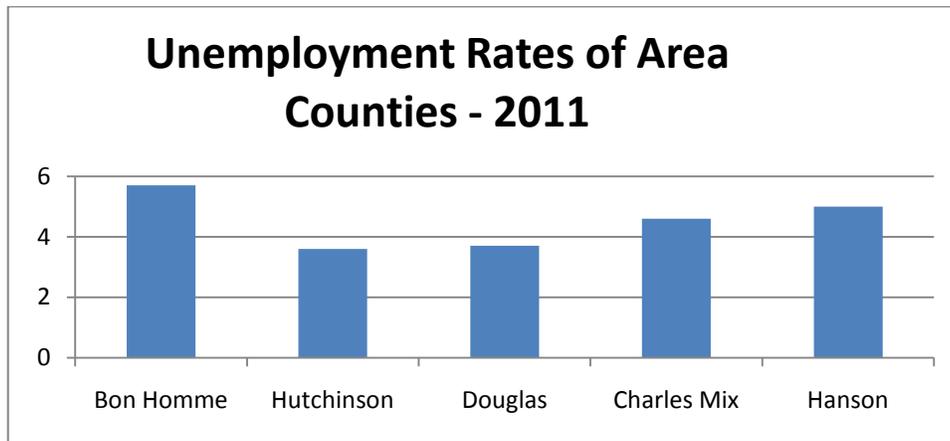
³South Dakota Department of Education, Total 2011 Fall Enrollment (public and private) by school and grade.

Table 3: U.S. Census Bureau American Fact Finder – Education Attainment, 2010



⁴Bureau of Labor Statistics, Unemployment Rates for States, February 2012.

Table 4: Bureau of Labor Statistics – Unemployment by County, April 2011



⁵US Census Bureau State and County Quick Facts, 2010

Table 5: US Census Bureau State and County Quick Facts – Household Income, 2006-2010

	South Dakota	Hutchinson	Hanson	Douglas	Bon Homme	Charles Mix
Median Household Income	\$46,369	\$39,310	\$46,556	\$42,794	\$41,107	\$35,808
% Living Below Poverty – 2006-2010	13.7%	10.4%	13.7%	9.8%	12.4%	24.0%