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COMMUNITY HEALTH NEEDS ASSESSMENT

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EXECUTIVE SUMMARY

OVERVIEW

Avera is a health ministry rooted in the Gospel. Avera's mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. In caring together for life, Avera's ministry is guided by the Gospel values of compassion, hospitality, and stewardship. Avera is sponsored by the Benedictine Sisters of Yankton, South Dakota, and the Presentation Sisters of Aberdeen, South Dakota.

Avera Queen of Peace, a 120-bed, acute care hospital located in Davison County, South Dakota, is The Joint Commission accredited, regional medical center serving Mitchell and a 15-county area. The hospital attends to the whole person and provides excellent quality care to all who come to its doors. In FY 2012, Avera Queen of Peace's community benefit totaled nearly \$3.1 million, including charity care/patient assistance (at cost), unpaid costs of government and other programs, and additional community benefits. Avera Queen of Peace also supports and sponsors many community projects consonant with its mission.

PURPOSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT

Avera Queen of Peace has conducted a Community Health Needs Assessment (CHNA) in compliance with federal governmental requirements, and this report outlines the findings of that assessment. In addition, Avera Queen of Peace makes assessing its community's needs a continual practice and will conduct a community health needs assessment every three years. The CHNA helps Avera Queen of Peace evaluate the health of the community, identify high priority health needs, and develop strategies to address these needs.

During 2012 and 2013, Avera Queen of Peace conducted a CHNA for the approximately 19,500 persons residing in its primary service area, which is defined as Davison County, South Dakota.

The 2013 Avera Queen of Peace CHNA represents a combination of quantitative and qualitative information based on census data, patient data, focus group feedback, and interviews from several community organizations and leaders. This report summarizes the results of the assessment and analysis.

IDENTIFIED NEEDS AND ACTIONS TO BE TAKEN

Data from the key informant interviews and the focus groups was reviewed, analyzed and compared to secondary health data from county, state and national sources. Based on this information the following common themes were identified: access to behavioral health services; obesity/poor diet/lack of exercise; affordable and reliable public transportation; disease prevention and wellness education; access to primary care providers; access to dental care for the poor; and lack of adequate and affordable housing.

After themes and trends were identified, the list was presented to Avera Queen of Peace Administrative Council. Council members prioritized the list using a series of criteria

(prevalence/incidence, seriousness, economic feasibility, potential impact, use of community assets, and perceived value). Avera Queen of Peace executive leadership identified the top three ranked health priorities to expand or create new initiatives as:

1. Access to behavioral health services **Note:** The U.S. Department of Health and Human Services has identified Davison County as a Mental Health Professional Shortage Area.¹
2. Disease prevention and wellness education (includes prevention of obesity/poor diet/lack of exercise)
3. Access to primary care providers

While all identified community needs are important, Avera Queen of Peace will not directly address adequate and affordable housing; affordable dental care; and affordable and reliable public transportation. Each of the needs identified is outside the scope of the hospital's core services.

This report summarizes the Community Health Needs Assessment process and findings.

DESCRIPTION OF AVERA QUEEN OF PEACE HOSPITAL

The desire to establish a new prototype of hospital care led to the beginning of what is now known as Avera Queen of Peace Hospital.

Unlike city-owned hospitals, which were primarily designed to minimize the effects of an epidemic, the modern hospital was a place where a multitude of diseases could be studied and cured; a place where doctors could attain the sterile conditions that Lister had shown could prevent surgical infections; a place of good ventilation, sunlight, nutritious food, and careful, experienced nursing that was not possible in a frontier town's modest homes.

Civic leaders, including Byron Bobb, MD, proposed the idea to Mother Mary Joseph Butler, the Superior of the Sisters of the Presentation of the Blessed Virgin Mary (more commonly referred to as Presentation Sisters). After due deliberation, the Sisters accepted the invitation to build and operate a second hospital (they had opened St. Luke's Hospital in Aberdeen, South Dakota, in 1901) in Mitchell, South Dakota. The Presentation Sisters established St. Joseph Hospital, a 35-bed facility, which officially opened on Thursday, November 15, 1906.

Since its doors first opened the hospital has undergone many changes and improvements, including four expansions. The union of St. Joseph Hospital and Methodist Hospital in 1991 to create Queen of Peace Hospital was an important step in this evolution. The consolidation of the two hospitals strengthened the goals of both—to heal the sick and ease their suffering by offering the finest health care available, and to help people stay healthy.

In 1998, the Presentation Sisters and Benedictine Sisters joined their individual health ministries (Presentation Health System and Benedictine Health System) to form Avera. The formation of Avera is reflected in our name—Avera Queen of Peace Hospital, sponsored by the Benedictine and Presentation Sisters, is an Avera partner. Avera is a health ministry rooted in the Gospel. 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. Avera Queen of Peace Hospital will exceed the expectations of those we serve. In caring together for life, the Avera community is guided by the gospel values of compassion, hospitality, and stewardship. The Avera network serves eastern South Dakota, and surrounding states with hospitals, nursing homes, clinics, and other health services at more than 300 locations.

Avera Queen of Peace Hospital is a member of this large network dedicated to providing quality health care close to home. Avera Queen of Peace Hospital is a 120-bed, acute care, The Joint Commission accredited, regional medical center providing comprehensive health care in Mitchell, South Dakota and a 15-county area. Avera Queen of Peace Hospital is equipped with the region's most advanced medical technology.

With resources to meet virtually every health care need. Our medical staff of over 45 physicians, serving in 17 specialties, nearly 700 associates and over 150 volunteers approach health services with the dedication and the compassion that comes with Christian caring. We work hard to bring our patients the latest in medical technology; we also know the power of compassion—it all comes together as we care for our patients.

DEMOGRAPHICS

COMMUNITY STUDIED

Avera Queen of Peace Hospital is a member of the Avera Health System—a large network dedicated to providing quality health care close to home. Although the hospital is a regional hub, Avera Queen of Peace primarily serves the population in Davison County and the City of Mitchell, South Dakota.

For purposes of this assessment, Davison County in South Dakota is the defined community. The decision to examine Davison County was based on 2012 discharge data.² Of the 2,344 total hospital discharges, 58 percent came from Davison County. The next largest percentage of discharges came from Sanborn County at only 5.7 percent. The remaining discharges are widespread, therefore we chose to focus on Davison County as most representative of the primary community that Avera Queen of Peace Hospital serves.

DEMOGRAPHICS OF SERVICE AREA

More than half (57 percent) of all discharged patients reside in Davison County. Davison County covers 435.6 square miles and has a total population of 19,504³, and the City of Mitchell accounts for slightly over 78 percent of the county's population.

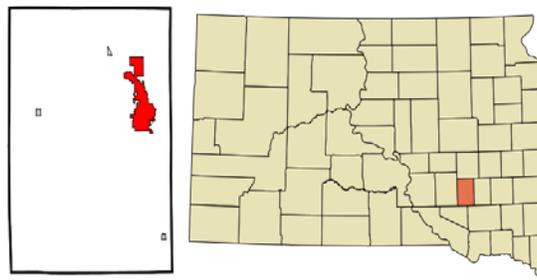
South Dakota within the United States



Davison County in South Dakota



City of Mitchell in Davison County



Of the 19,504 inhabitants in Davison County, 94.4 percent are non-Hispanic white persons.⁴ The gender of county residents is evenly distributed. While the median age for the total population is 37.8 years, the median age for males is 35.1 years and 41.0 years for females. Residents aged 18 – 64 years account for 58.3 percent of the county's population (Table 1).

Table 1: US Census Bureau State & County Quick Facts – Population, 2010⁵

Population Variable	Davison County	South Dakota	National
Population, 2010	19,504	814,180	308,745,538
Median Age	37.8	36.9	37.2
Under 5 years old	7.0%	7.3%	6.5%
Under 18 years old	25.4%	24.9%	24.0%
Age 18-44 years old	37.9%	34.4%	36.5%
Age 45-64 years old	20.4%	26.4%	26.4%
Age \geq 65 years old	16.2%	14.3%	13.0%
Female persons	50.4%	50.0%	50.8%

The population of the service area is predominately White 94.6 percent (Table 2).

Table 2: Racial/Ethnic Composition for the Avera Queen of Peace Service Area⁶

Race (2011)	Davison County (%)	South Dakota (%)	United States⁷ (%)
White	94.6	86.6	78.1
Black/African American	0.7	1.4	13.1
Native American/Alaska Native	2.6	8.9	1.2
Asian	0.5	1.0	5.0
Native Hawaiian and Other Pacific Islander	0.1	0.1	0.2
Persons reporting 2 or more races	1.5	2.0	2.3
Hispanic/Latino	1.7	2.9	16.7
White not Hispanic	93.3	84.4	63.4

Davison County has 8,224 households with an average of 2.26 persons per household. The median household income was \$44,597 and per-capita money income of \$23,510.⁸ According to the American Fact Finder, 12.0 percent of all people and 12.4 percent of families with children under age 18 years had income that fell below the federal poverty line. Twenty-six percent of female householders with no husband present and with children under 18 years lived below the poverty line.

More than half of all workers can be found in one of three industry sectors: education/health care/social service sector (23.8 percent), retail trade (15.5 percent), and the hospitality sector (13.2 percent). Avera Queen of Peace is the largest employer in the community. The unemployment rate in South Dakota is 4.1 percent,⁹ while the rate in Davison County is 2.3 percent, both of which are lower than the national average of 7.9 percent.¹⁰

Research has demonstrated a strong relationship between socio-economic status and increased risk of being affected by health disparities. A person's health status is as much a product of education, financial resources, and social status as it is of genetic make-up, personal habits, and exposure to disease.¹¹ Whether assessed by income, level of education, or occupation, socio-economic status clearly predicts the health status of an individual. A higher income level provides the means to purchase health insurance, leading to more consistent access to health care. Education directly impacts an individual's professional development and career opportunities, influencing access to health coverage. Occupational status has a significant impact on the health status of an individual, especially since research has demonstrated that employed individuals have better health than unemployed individuals. The three main determinants of health include: behavior and lifestyle, environmental exposure, and healthcare.¹² This has a significant impact on the health of individuals, especially minority populations, and can be related to increased morbidity and mortality, diagnosable mental disorder, and/or depression in adults and children with access to health insurance and preventative services contributing to the reason for socioeconomic disparities.

HEALTH INSURANCE COVERAGE

Commercial Insurance:

Medicare is the largest payer source for Avera Queen of Peace Hospital, covering 59 percent of hospitalized patients. Avera Health Plans, DAKOTACARE, and Wellmark Blue Cross and Blue Shield play a significant role in the market as well. Three-and-one-half percent of patients is uninsured and 7.29 percent of patients are covered by Medicaid. **Note:** As a percentage of total revenue, Medicare is 46.92 percent, Medicaid 6.84 percent, and self-pay is 5.2 percent. These totals are patient days based on total Avera Queen of Peace Hospital revenue.

Uninsured:

Statewide, the uninsured population represents 27.6 percent of the under 65 year old population.¹³

Implementation of Policies focused on the Care of the Poor, Community Benefit and Billing and Collection Policy Implementation:

Avera Queen of Peace Hospital Care of the Poor and Community Benefit for Fiscal Year 2012 was \$2,043,803 or 3.3 percent of net operating revenue. Specific categories are listed below as well as cost of all subsidized health services:

	Actual
Category I: Financial Assistance at Cost	\$ 854,145
Category II: Unpaid Cost of Medicaid	\$ 2,157,050
Category III: Programs for the Community (Subsidized health services)	\$ 49,164
	Total \$ 3,060,359

Avera Queen of Peace provides health care services to patients who meet criteria under our Charity Care Policy without charge or at amounts less than established rates. The organization does not pursue collection of these amounts; therefore, they are not reported as patient service

revenue. Charity Care at Charges as a Percent of Revenues in Excess of Expenses for Fiscal Year 2012 was 78.6 percent at an estimated cost of \$854,145 to the organization. During the same period, Charity Care at Charges as Percent of Net Revenue was 2.4 percent.

CONDUCTING THE ASSESSMENT

WHO WAS INVOLVED?

Avera Queen of Peace began the process by participating in an educational and planning session conducted by Avera Health. After that meeting, the organization established a Community Benefit and Needs Assessment Team comprised of the facility's Chief Executive Officer, Chief Finance Officer, Vice President of Marketing/Foundation, Vice President of Mission Integration and the Administrative Fellow.

The administrative fellow interviewed key people within the hospital's community, many of them working with the most vulnerable and those impacted by health disparities. Personal interviews with the principal of Longfellow Elementary School; the lead social worker of Avera Queen of Peace Hospital; the director of Adult Services and Aging, Davison County; the public health nurse, Davison County; the director of family planning, Davison County; the clinical coordinator of Emergency Services, Avera Queen of Peace Hospital; and parish health nurse, First Lutheran Church, were conducted between January and February, 2012.

Six focus groups were held to collect primary data from community leaders, senior citizens, single parents, small business representatives, large business representatives, and college and technical institute students. All focus groups were asked to share their thoughts and observations about areas of strength and weaknesses in the health of the community; and strengths and needs in services currently provided by the hospital. The "Avera Community Health Needs Assessment Toolkit, 2011" was used as a guide for facilitation of the focus groups.

Pam Boline, an instructor at Dakota Wesleyan University, was hired to facilitate the focus groups. Stephanie Moen, RPR, freelance court reporter and notary public, was hired to transcribe the sessions.

HOW WAS THE ASSESSMENT CONDUCTED?

The Community Benefit and Needs Assessment Team recommended potential participants and invitations were sent.

Between January and March, 2012, interviews and focus groups were conducted. The interviews and focus groups were held to collect primary data from community leaders, senior citizens, single parents, small business representatives, large business representatives, and college and technical institute students. All focus groups participants were asked to share their thoughts and observations about areas of strength and weaknesses in the health of the community; pressing health care needs in the community; and strengths and needs in services currently provided by the hospital. The "Avera Community Health Needs Assessment Toolkit, 2011" was used as a guide

for facilitation of the focus groups. The interview and focus group responses were reviewed and tabulated.

Questions asked of those interviewed and the focus group participants are as follows:

1. What is healthy about the community?
2. What is unhealthy about the community?
3. What services do you feel are needed in our community that do not currently exist?
4. Are you aware of specific populations in need of services? What type of services do they need?
5. Do you see productive collaborations in the community that address health needs?
6. What do you believe is the most pressing health care need in the community?
7. Do you feel the hospital is addressing this need? How so? Or how do you believe the hospital may begin to meet this need?
8. In what ways is the hospital serving the community well? How could the hospital serve the community better?

Emergency Department diagnosis and hospital discharge data was collected from the MediTech electronic medical record system. All data reviewed was done in accordance with HIPAA regulations. Governmental data was accessed via county, state, and federal agency websites in order to review demographic and community health data.

Data was analyzed by the hospital's community benefit and needs assessment team. Themes and trends were identified through review and analysis of the primary data and secondary data sources mentioned above.

HEALTH NEEDS IDENTIFIED

Upon assessment of the data collected during the focus groups and key informant interviews, the following items were identified as community health needs:

1. Behavioral health services
The community lacks adequate behavior health services. The organization's Emergency Department Clinical Coordinator claims the emergency room visits support this notion, particularly for those patients who are veterans. The Emergency Department coordinator noted that many patients feel that the behavioral health services in Mitchell don't meet their specific conditions. The Social Services director also supports this claim, adding that there are behavioral health providers in the community, but they are not being utilized to their fullest capabilities. Dakota Counseling Institute in Mitchell offers therapeutic and diagnostic services. Focus group discussions also mentioned 6-8-week wait times for counseling services and those needing inpatient treatments are sent to Yankton or Sioux Falls. In addition, the community could benefit from facilities such as a halfway house or homeless shelter.
2. Affordable, reliable public transportation

The Region 6 Director of Aging & Adult Services, SD Department of Social Services stated, “Affordable transportation is a huge issue in Mitchell, especially for the elderly.” Focus group contributors and key informants voiced similar concerns, particularly for the elderly. Numerous participants had concerns about the reliability of public transit, noting that while public transportation is available via Palace Transit and relatively reliable for an individual’s first pick-up of the day, reliability of any additional pick-up needed (i.e. return trip or to additional appointments) was voiced as a problem. Key informants and focus group participants were especially concerned for the elderly and vulnerable patients waiting for extended periods of time following their doctors’ appointments, therapy, or dialysis.

3. Education on preventive health

Avera Queen of Peace was credited during discussions for the hospital’s educational programs, health fairs, flu shot clinics, and support group programs. Focus groups and key informants asked for continued commitment to programs encouraging healthy lifestyles.

Community members are concerned about inactive lifestyles, specifically of the inactivity of the community’s youth. According to the Davison County Health Nurse, our schools need better health programs. Too many children are obese, have a high body mass index, and are at risk for diabetes. She stated that the problem is equally critical in the adult population as residents don’t have a deep understanding of what it means to be healthy.

Healthy cooking classes, programming which helps youth make responsible decisions, and an improved wellness center were suggested by the county public health nurse as well as other CHNA participants. The public health nurse observed that many adults don’t know how to cook or how to read nutrition labels in order to make the best nutritional food choices when they shop for groceries. Key informants, including the hospital lead social worker and the county public health nurse, would like to see more breastfeeding education for young mothers and more openness to it by business owners (i.e. provide lactation stations) and some care providers.

4. Access to primary care providers

The number of patients without primary care providers presenting to Avera Urgent Care indicate a need for more primary care providers in the community. The organization is focused on building stronger primary care services and is taking the necessary steps to develop this service line.

5. Affordable dental care

Several focus groups and interviewees mentioned the high cost of dental care in the community. They also indicated that it is extremely difficult to find a dentist with openings in their schedule. Another concern raised among those interviewed was the unwillingness of dentists in the community to accept uninsured patients.

6. Affordable housing

Affordable housing was a concern of nearly every focus group and interviewee. This topic has a direct correlation with the health of many residents in the community, especially the

youth. A lack of adequate, affordable housing has forced extended families to cohabitate in crowded, subpar living conditions. This results in poor personal hygiene and diet.

The Avera Queen of Peace Emergency Department Top Diagnoses are as listed in Table 3. While acute upper respiratory infection was the top diagnosis in both fiscal years 2010 and 2011, the diagnosis did not even appear on the list of top five diagnoses in fiscal year 2012. It is possible that the opening of Avera Urgent Care during 2012 resulted in fewer patients seeking assistance in the Emergency Department for upper respiratory infections.

Table 3: Emergency Department – Top Diagnosis

Rank	FY 2010		FY 2011		FY 2012	
	Diagnosis	Total #	Diagnosis	Total #	Diagnosis	Total #
1	Acute Upper Respiratory Infection	189	Acute Upper Respiratory Infection	133	Abdominal Pain	106
2	Migraine	136	Headache	107	Contusion Face/Scalp/Neck	105
3	Gastroenteritis	116	Migraine	106	Painful Respirations	94
4	Otitis Media	115	Open Wound Finger Gastroenteritis	103 103	Obstetrics – antepartum	91
5	Contusion to Face/Scalp/Neck	109	Contusion to Face/Scalp/Neck	102	Chest Pain Headache	90 90

Source: Avera Queen of Peace, MediTech statistics

Avera Queen of Peace’s top reasons for hospitalization are shown in Table 4. During fiscal years 2010 through 2012, the top five diagnoses remained consistent with new born normal deliveries and pneumonia accounting for the top two diagnoses.

Table 4: Hospital Discharge Data – Top Diagnosis

Rank	FY 2010		FY 2011		FY 2012	
	Diagnosis	Total #	Diagnosis	Total #	Diagnosis	Total #
1	New Born Normal Delivery	487	New Born Normal Delivery	466	New Born Normal Delivery	477
2	Pneumonia	162	Pneumonia	176	Pneumonia	135
3	Congestive Heart Failure	88	Congestive Heart Failure	102	Obstetrics	119
4	Obstetrics	87	Osteoarthritis - Leg	94	Osteoarthritis - Leg	87
5	Osteoarthritis - Leg	58	Obstetrics	69	Congestive Heart Failure	53

Source: Avera Queen of Peace, MediTech statistics

COMMUNITY ASSETS IDENTIFIED

The community often looks to the organization to impact the overall health and quality of life in the surrounding service area. Through the community health needs assessment survey, participants had the opportunity to provide feedback related to how the organization could provide community building activities to improve the overall health and quality of life in the community. Survey participants identified Sisters' Charity Care (financial assistance), Avera Urgent Care, prevention/screening/wellness activities, support groups, health fairs, the hospitality house, and walking/bike trails as healthy benefits to the community. While some of these are provided solely by the hospital, others are available due to partnerships in the community.

In addition to services the hospital provides, continued or additional partnerships will be necessary to address the identified needs and maintain identified assets. These partnerships include, but are not limited to, the following organizations in the community:

Dakota Counseling Institute provides high quality mental health and substance abuse services for persons of all ages to area residents. Services include individual and group counseling, psychiatric and psychological evaluations, case management, halfway house and social detoxification, as well as educational and prevention programs in the community and schools.

Lutheran Social Services, and Catholic Family Services, offer financial, individual, and group counseling services. These programs are available on a sliding scale fee dependent upon family income or need.

Love Feast is an "all volunteer" program that serves a nutritious meal two Thursdays a month. This agency also provides shoes, backpacks, and school supplies to those in need of this assistance.

Mitchell Area Safe House provides emergency shelter and direct services to victims of physical, emotional, sexual, or verbal abuse. The Family Visitation Center provides third party visitation and exchanges.

Mitchell Area Recreation Center offer varied recreational and physical activities for adults, families, and the handicapped. The organization specializes in year round activities for our youth.

Mitchell Regional Habitat for Humanity provides simple, decent, affordable housing to qualified families in Davison and Hanson Counties. Habitat believes providing shelter results in self-respect and the hope for a better life.

The Salvation Army assists the needy and less fortunate with food, clothing, and other essentials; maintains a year round Food Pantry; and provides food to the underprivileged and toys for their children during the Holiday Season. The organization also provides emergency and disaster assistance, as well as youth character building through the Kid's Club.

YWCA operates Kids Klub, and after school program of academic, social, and physical activities enrichment for elementary school children. The organization operates Teddy Bear Treasures,

rewarding healthy lifestyle choices for low income mothers with child care items; and Girl Power for girls ages 9-13. The YWCA supports the mission of the Dolly Parton Imagination Library with the Mitchell United Way. All programming focuses on elimination racism and empowering women through family support activities.

Meals on Wheels delivers hot nutritious meals to the elderly, homebound, convalescent, and mentally handicapped 5 days a week.

Mitchell Area Advisory Council for People with Disabilities advocates for people with disabilities.

Palace Transit provides public transportation in Mitchell and the surrounding communities seven (7) days per week.

The Retired and Senior Volunteer Program (RSVP) invites adults aged 55 and over to use their life experience and skills to answer the call of their neighbors giving anywhere from four (4) to forty (40) hours per week. The experience of a lifetime!

Independent Living Choices provides services to people of all ages with any type of disability. Services may include personal care, advocacy, information and referral, summer transition, peer support, and independent living skills training.

James Valley Community Center is a recreational and educational facility designed by and for adults 55 and older in the Mitchell area. Several local senior citizen groups meet there, and activities and programs are held daily. The organization enriches the lives of older adults throughout the area and is also the home for the Palace Transit, Senior Meals, and RSVP.

Abbott House and Abbott House Community Counseling provides residency, education, counseling, and care for troubled young girls while offering new opportunities in developing skills, values, and behavior.

Davison County Child Protection provides supportive services relating to the prevention of child abuse, neglect, and delinquency.

Ronald McDonald Mobile Dental Care assists local dentists in providing free dental care services to needy children in the Mitchell area.

ADDRESSING THE NEEDS

PRIORITIZATION

The results of the community health needs assessment were reviewed and common themes among the data were identified. The top six themes were placed into a prioritization template, shared with established administration, and scored based on the significance of each need. Criteria was based on size, seriousness, economic feasibility, potential for impact, availability of community assets, need due to limited community assets, probability of success, and value of the presented themes. Hospital administrators scored the health issues based on each stated criteria

using a 1-5 scale, with “1” indicating the lowest score for significance, feasibility, or probability, and “5” indicating the highest score and maximum score possible of 40. The priority of needs facing the community was identified as follows:

1. Access to behavioral health services **Note:** The U.S. Department of Health and Human Services has identified Davison County as a Mental Health Professional Shortage Area.¹
2. Disease prevention and wellness education
3. Access to primary care providers
4. Adequate and affordable housing
5. Affordable dental care
6. Affordable and reliable public transportation

Avera Queen of Peace, through the use of its Community Benefit and Needs Assessment Team, will address community concerns regarding access to behavioral health services, access to primary care providers, and disease prevention and wellness education through expansion and/or refinement of current service offerings, as well as through partnering with city and county organizations. The assessment team will communicate progress on these initiatives to Avera Queen of Peace leaders and its Board of Directors on an ongoing basis.

Upon completion of the community health needs process, Avera Queen of Peace identified three community health priorities—behavioral health services, disease prevention and wellness, and primary care providers. During fiscal years 2014 - 2016, the organization will:

- Develop detailed action plans addressing the community health needs identified
- Develop measureable goals and objectives to ensure quantifiable efforts
- Review current community benefit programs to ensure programs align with priorities and current community needs
- Engage with the City of Mitchell, Davison County, and other key organizations to identify opportunities to partner and/or expand existing offerings addressing community-wide needs
- Implement the action plans
- Evaluate the impact of implemented plans
- Communicate with the Board and hospital leaders on an ongoing basis

RESOURCES

¹ <http://datawarehouse.hrsa.gov>

² 2012 Inpatient Origin & Destination Study, South Dakota Association of Healthcare Organizations.

³ US Census Bureau, State & County Quick Facts 2011

⁴ US Census Bureau, State and County Quick Facts, <http://quickfacts.census.gov>, 2013

⁵ U.S. Census Bureau, *2010 Census Summary File 1*,
www.census.gov/population/www/cen2010/glance/index.html>

⁶ Ibid.

⁷ USA QuickFacts from the U.S. Census Bureau, <http://quickfacts.census.gov>; Retrieved June 26, 2013

⁸ State & County Quick Facts for Davison County, South Dakota; <http://quickfacts.census.gov>; Retrieved May 24, 2012

⁹ US Department of Labor, Bureau of Labor Statistics, <http://www.bls.gov/eag/eag.sd.html>, April 2013

¹⁰ U.S. Census Bureau, American Fact Finder

¹¹ www.investigatorawards.org, "When income affects outcome: socioeconomic status and health" (2003)

¹² www.womeningovernment.org "The Impact of Socioeconomic Status on health Disparities"

¹³ 2010 Small Area Health Insurance Estimates Data, U.S. Census Bureau, August 2012

- National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Hyattsville, Maryland.