Wagner Community Memorial Hospital

Avera

A Critical Access Hospital (CAH)

2013

Community Health Needs Assessment

and

Implementation Strategy

By

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Table of Contents: **Page**

INTRODUCTION

Community health needs assessments are a tool used to help communities determine their capacity and use of resources by residents. It is also the foundation for improving and promoting the health of the community residents. A community health needs assessment is a key step in the continuous community health improvement process. The role of the process is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

The Community Health Needs Assessment is also a part of the required hospital documentation of "Community Benefit" under the Affordable Care Act. Non-profit hospitals are now required to conduct community health needs assessments in an effort to better understand the needs of their community. This process also helps the hospital determine and develop appropriate community benefit programs and plan for the future. Further explanation and specific regulations are available from Health and Human Services, the Internal Revenue Service and the U.S. Department of the Treasury.

This community health needs assessment is the first of its kind for Wagner Community Memorial Hospital – Avera. In order to comply with the established regulations, the hospital:

- Completed the Community Health Needs Assessment report, compliant with IRS – Treasury;
- Provided the hospital information needed to complete the IRS – 990h schedule; and
- Developed an implementation strategy to address the community health needs and document how the hospital intends to respond to the needs.

EXECUTIVE SUMMARY

Wagner Community Memorial Hospital-Avera will conduct a community health needs assessment every three years to evaluate the health of the community, identify high priority health needs, and develop strategies to address the needs of the community. During 2012 and 2013, a community health needs assessment was conducted by Wagner Community Memorial Hospital-Avera and the Southern Charles Mix County Healthcare Collaborative for the approximately 3,300 people residing in the hospital's primary service area. The Wagner hospital serves the communities located in south central Charles Mix County including the communities of Wagner, Lake Andes, Pickstown, Ravinia, Marty and Dante to include the greater portion of the Yankton Sioux Tribe Reservation.

The 2013 community health needs assessment represents a compilation of quantitative and qualitative information based on census data, public health data, patient data, and feedback obtained through focus groups. Data for Charles Mix County was compared to statewide data as well as national data and benchmarks.

The significant community health needs emerging as priorities from the community health needs assessment are:

- Accessibility and affordability of health care services
- Healthy lifestyle choices and health promotions activities
- Drug and alcohol abuse prevention

This report summarizes the results of the community health needs assessment process.

DESCRIPTION OF THE HOSPITAL

The Mission of Wagner Community Memorial Hospital-Avera is to provide care and treatment of the sick, to provide care and support of the aged, disabled and indigent, and to provide for those in need of hospitalization…regardless of race, color, creed or ability to pay.

Our hospital has a long reputation of meeting the community's health care needs—from emergency services to hospital care to physician clinics. Throughout the years, one thing has remained constant with the local hospital and clinics…to provide the community of Wagner with resources to serve their health and welfare.

December 17, 1947 was the incorporation date of the Wagner Community Memorial Hospital Association. On January 12, 1948, the Articles of Incorporation were accepted. The main goal of the association was to establish a permanent way of providing health care services to the citizens of Wagner and the surrounding area.

Through the efforts of the association members, funds were raised and, in 1951, a new hospital opened. In 1974, fundraising efforts began again, and in 1976 the current facility was opened. By 1981, the "old" hospital was remodeled and since that time has been known as Community Villa, a 10-unit apartment building for the elderly and/or disabled. In 1994, the Hospital built another 16-unit apartment complex to the south of the hospital, known as Westside Estates. It is also for the elderly and/or disabled.

In 1951, the Hospital Auxiliary was organized and has continued to serve as a volunteer group over the past 60 years contributing time, money and resources to the hospital.

In 2000, the hospital became a Critical Access Hospital, designated and certified by Medicare. A Critical Access Hospital (CAH) is a hospital that is certified to receive cost-based reimbursement from Medicare. The CAH program was designed to improve rural health care access and reduce hospital closures. Critical Access Hospitals provide essential services to a community and are reimbursed by Medicare on a "reasonable cost basis" for services provided to Medicare patients. Established with the Medicare Rural Hospital Flexibility Program (Flex Program), which was created by the Balanced Budget Act of 1997, the intention of the CAH program was to strengthen rural health care by encouraging states to take a holistic approach to rural health care delivery. The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures.

In 2012 there were 1,328 CAHs with 38 located in the state of South Dakota. A facility that meets the following criteria may be designated by CMS as a CAH:

- Is located in a state that has established with CMS a Medicare rural hospital flexibility program; *and*
- Has been designated by the State as a CAH; *and*

- Is currently participating in Medicare as a rural public, non-profit or for-profit hospital; or was a participating hospital that ceased operation during the 10-year period from November 29, 1989 to November 29, 1999; or is a health clinic or health center that was downsized from a hospital; *and*
- Is located in a rural area or is treated as rural; *and*
- Is located more than a 35-mile drive from any other hospital or CAH (in mountainous terrain or in areas with only secondary roads available, the mileage criterion is 15 miles); *and*
- Maintains no more than 25 inpatient beds; *and*
- Maintains an annual average length of stay of 96 hours per patient for acute inpatient care; *and*
- Complies with all CAH Conditions of Participation, including the requirement to make available 24-hour emergency care services seven days per week.

The cost-based reimbursement that CAHs receive from Medicare is adequate, however such an overwhelming proportion of their patients have Medicare as a payer; therefore there are limited revenues available from other payers, making it very difficult for hospitals to maintain positive margins.

In May 2002, the hospital signed a "Partners in Health" agreement with the Avera Health System and Avera Sacred Heart Hospital, Yankton, SD, to become a "managed" facility of Avera Health. This decision by the Board of Directors was made to allow the hospital departments and management additional support and resources, which are benefits available through a system affiliation, such as Avera.

In April 2006, the hospital's name changed to include "Avera" to increase public awareness of the hospital's affiliation with the Avera Health System

In 2007, the hospital organized the "Building Healthcare for the Future" capital campaign. The efforts of the campaign were to help establish community support, both financially and morally, for a new inpatient wing and the remodeling of the current facility. The campaign was a huge success resulting in over $890,000 in pledges from community businesses and individuals.

In 2009, the hospital opened its new addition which consisted of a new main entrance, a four-provider medical clinic and physical therapy area.

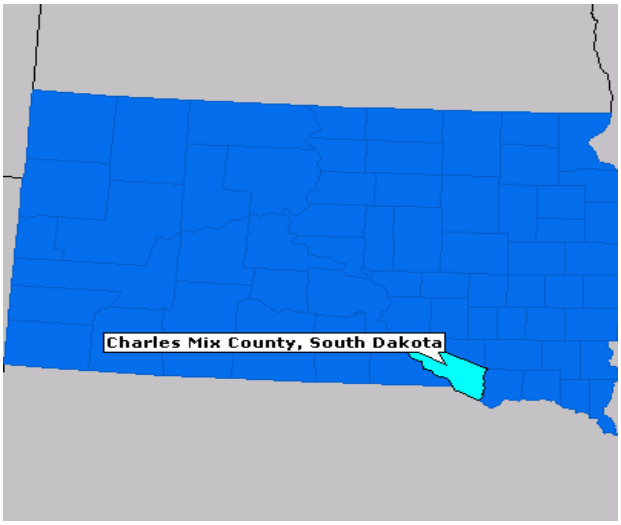
In 2010 the board approved and, in 2012, Wagner Community Memorial Hospital-Avera completed a $4,100,000 new inpatient wing addition and hospital remodel project. The project consists of 13 new inpatient rooms and the renovation of the current hospital rooms for outpatient services, nurse's station, hospice room, pharmacy, ER trauma room, upgrades to the pre- and post-op rooms along with the relocation and construction of a new ambulance garage and entrance. The funding for the project was $1,500,000 in USDA-RD direct and $1,250,000 USDA-RD guaranteed loans through Commercial State Bank, $309,000 from the Governor's Office for Economic Development in the form of a Community Development Block Grant and the extremely generous community support of the "Building Healthcare for the Future" in the amount of $900,000 with the remainder being funded with hospital reserves.

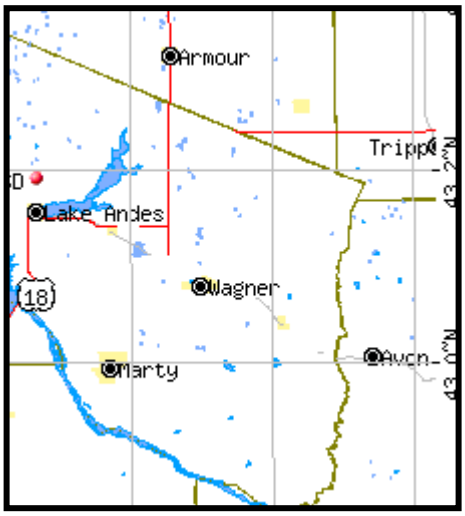
COMMUNITY SERVED - DEMOGRAPHICS

Wagner Community Memorial Hospital Avera is located in Wagner, S.D. The hospital defines its primary service area as south Charles Mix County, which includes but is not limited to the communities of Wagner, Marty, Dante, Lake Andes, Ravinia and Pickstown. Hospital discharge data indicates that 90 percent of the hospital's patients reside in Charles Mix County (294 of 326 hospital discharges in 2011). Charles Mix is a large county that spans 1,098 miles and is over 80 miles in length from north to south.

Southern Charles Mix County has many health disparities with unmet needs. If one looks at the Wagner Community Memorial Hospital-Avera service area as a whole, the average median family income is $36,667. Those living below the federal poverty level represent 26.4 percent of the population. According to the US Census Bureau Fact Finder most recent data 49.1 percent of the immediate service area population is of American Indian descent - almost all members of the Yankton Sioux Tribe. Charles Mix County is considered a medically underserved area as determined by the Health Resources and Services Administration (HRSA) and the SD Department of Health. The county is also considered a health professional shortage area with few providers and many miles between these rural communities. Wagner provides the only local hospital facility since Wagner Service Unit of the Indian Health Services (IHS) closed their inpatient department in 1992. In 2008, IHS closed their emergency department, operating only Urgent Care with reduced hours of operation, placing a tremendous additional burden on Wagner Community Memorial Hospital-Avera. Emergency room visits more than doubled. There are only a few rural health clinics available in addition to the IHS clinic and the newly built VA facility. Many clinics provide only primary care services often staffed by physician assistants. If more specialized care is needed, patients must travel to either Yankton, SD which is about 115 miles round trip or they drive the 280 miles round trip to Sioux Falls, SD which is the area's tertiary health care hub. However, harsh South Dakota winters and hazardous road conditions can make this a difficult drive, and many people living in this region do not have access to adequate transportation. Many people just do not receive needed health care services. An even greater need exists when people need to access behavioral health care, which is only available in the larger communities.

Service Area Maps





Wagner's population and therefore its main service areas are economically challenged while being culturally diversified. Below is the 2010 census data as compared to the U.S. norms which depict the demographics of the area. As previously discussed, the two demographic categories that are most prevalent are the median family income and the American Indian underserved population.

Census 2010 Demographic Profile Highlights

	USA			Service Area	
Subject	Number	Percent		Number	Percent
SEX AND AGE					
Total population	308,745,538	100.0%		6,129	100.0%
Under 5 years	20,201,362	6.5%		598	9.8%
5 to 9 years	20,348,657	6.6%		543	8.9%
10 to 14 years	20,677,194	6.7%		575	9.4%
15 to 19 years	22,040,343	7.1%		500	8.2%
20 to 24 years	21,585,999	7.0%		310	5.1%
25 to 29 years	21,101,849	6.8%		295	4.8%
30 to 34 years	19,962,099	6.5%		301	4.9%
35 to 39 years	20,179,642	6.5%		305	5.0%
40 to 44 years	20,890,964	6.8%		322	5.3%
45 to 49 years	22,708,591	7.4%		386	6.3%
50 to 54 years	22,298,125	7.2%		403	6.6%
55 to 59 years	19,664,805	6.4%		325	5.3%
60 to 64 years	16,817,924	5.4%		301	4.9%
65 to 69 years	12,435,263	4.0%		275	4.5%
70 to 74 years	9,278,166	3.0%		218	3.6%
75 to 79 years	7,317,795	2.4%		210	3.4%
80 to 84 years	5,743,327	1.9%		125	2.0%
85 years and over	5,493,433	1.8%		137	2.2%
Male population	151,781,326	49.2%		3,007	49.1%
Under 5 years	10,319,427	3.3%		279	4.6%
5 to 9 years	10,389,638	3.4%		277	4.5%
10 to 14 years	10,579,862	3.4%		278	4.5%
15 to 19 years	11,303,666	3.7%		261	4.3%
20 to 24 years	11,014,176	3.6%		153	2.5%
25 to 29 years	10,635,591	3.4%		154	2.5%
30 to 34 years	9,996,500	3.2%		148	2.4%
35 to 39 years	10,042,022	3.3%		162	2.6%
40 to 44 years	10,393,977	3.4%		152	2.5%
45 to 49 years	11,209,085	3.6%		197	3.2%
50 to 54 years	10,933,274	3.5%		206	3.4%
55 to 59 years	9,523,648	3.1%		157	2.6%
60 to 64 years	8,077,500	2.6%		145	2.4%
65 to 69 years	5,852,547	1.9%		135	2.2%
70 to 74 years	4,243,972	1.4%		105	1.7%
75 to 79 years	3,182,388	1.0%		92	1.5%
80 to 84 years	2,294,374	0.7%		66	1.1%
85 years and over	1,789,679	0.6%		40	0.7%
Median age (years)	35.8	(X)		34.0	(X)
	156,964,212	50.8%		3,122	50.9%

Female population					
Under 5 years	9,881,935	3.2%		319	5.2%
5 to 9 years	9,959,019	3.2%		266	4.3%
10 to 14 years	10,097,332	3.3%		297	4.8%
15 to 19 years	10,736,677	3.5%		239	3.9%
20 to 24 years	10,571,823	3.4%		157	2.6%
25 to 29 years	10,466,258	3.4%		141	2.3%
30 to 34 years	9,965,599	3.2%		153	2.5%
35 to 39 years	10,137,620	3.3%		143	2.3%
40 to 44 years	10,496,987	3.4%		170	2.8%
45 to 49 years	11,499,506	3.7%		189	3.1%
50 to 54 years	11,364,851	3.7%		197	3.2%
55 to 59 years	10,141,157	3.3%		168	2.7%
60 to 64 years	8,740,424	2.8%		156	2.5%
65 to 69 years	6,582,716	2.1%		140	2.3%
70 to 74 years	5,034,194	1.6%		113	1.8%
75 to 79 years	4,135,407	1.3%		118	1.9%
80 to 84 years	3,448,953	1.1%		59	1.0%
85 years and over	3,703,754	1.2%		97	1.6%
Median age (years)	38.5	(X)		35.9	(X)
RACE					
Total population	308,745,538	100.0%		6,129	100.0%
One Race	299,736,465	97.1%		5,914	96.5%
White	223,553,265	72.4%		2,999	48.9%
Black or African American	38,929,319	12.6%		7	0.1%
American Indian and Alaska Native	2,932,248	0.9%		2,870	46.8%
Asian	14,674,252	4.8%		13	0.2%
Asian Indian	2,843,391	0.9%		1	0.0%
Chinese	3,347,229	1.1%		-	0.0%
Filipino	2,555,923	0.8%		5	0.1%
Japanese	763,325	0.2%		1	0.0%
Korean	1,423,784	0.5%		4	0.1%
Vietnamese	1,548,449	0.5%		-	0.0%
Other Asian	2,192,151	0.7%		2	0.0%
Native Hawaiian and Other Pacific Islander	540,013	0.2%		-	0.0%
Native Hawaiian	156,146	0.1%		-	0.0%
Guamanian or Chamorro	88,310	0.0%		-	0.0%
Samoan	109,637	0.0%		-	0.0%
Other Pacific Islander	185,920	0.1%		-	0.0%
Some Other Race	19,107,368	6.2%		25	0.4%
Two or More Races	9,009,073	2.9%		215	3.5%
White; American Indian and Alaska Native	1,432,309	0.5%		143	2.3%
White; Asian	1,623,234	0.5%		11	0.2%
White; Black or African American	1,834,212	0.6%		4	0.1%
White; Some Other Race	1,740,924	0.6%		1	0.0%
Race alone or in combination with one/ more other races					
White	231,040,398	74.8%		3,160	51.6%
Black or African American	42,020,743	13.6%		30	0.5%
American Indian and Alaska Native	5,220,579	1.7%		3,066	50.0%
Asian	17,320,856	5.6%		39	0.6%
Native Hawaiian and Other Pacific Islander	1,225,195	0.4%		9	0.1%
Some Other Race	21,748,084	7.0%		41	0.7%

The following table provides examples of just how difficult life may be in this area of the country:

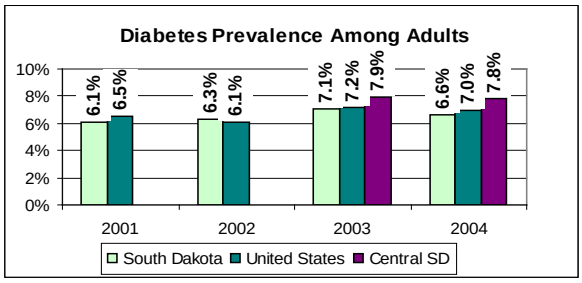
Demographics	Wagner	Lake Andes Ravinia	Marty	Pickstown	Dante	Combined Service Area	U.S.
Population	3,470	1,993	198	210	258	6,129	308 Mil
65 or older	23.7%	20.0%	5.5%	20.2%	11.0%	21.2%	12.4%
High School Degree	72.2%	71.8%	69.2%	89.9%	66.7%	72.3%	80.4%
Bachelor's Degree	14.1%	13.1%	8.2%	30.2%	16.7%	14.2%	24.4%
Civilian Veterans	15.5%	19.0%	10.0%	33.3%	19.6%	17.2%	12.7%
Disability Status	24.9%	18.2%	15.4%	9.7%	11.1%	21.3%	19.3%
Median Household Income	$21,863	$21,000	$18,750	$50,250	$35,833	$23,042	$41,994
Median Family Income	28,021	$28,833	$23,750	$55,250	$36,667	$29,444	$50,046
Families below poverty level	20.5%	26.3%	43.1%	0.0%	0.0%	21.5%	9.2%
Individuals below poverty level	25.1%	33.2%	40.9%	1.1%	2.0%	26.4%	12.4%
Grandparents Caregivers	77.8%	58.6%	71.4%	0.0%	0.0%	65.4%	

U.S. Census Bureau 2010, American Fact Finder

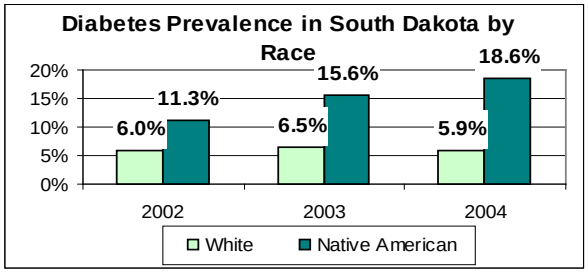
Chronic Health Conditions

Residents of southern Charles Mix County also suffer from many chronic health conditions. Gaps exist among socioeconomic groups in the rate of diabetes and its associated complications in South Dakota as well as throughout the United States. Certain racial and ethnic communities including American Indians, the economically disadvantaged and the elderly, suffer disproportionately compared to other populations. Diabetes prevalence for adults located in central South Dakota surpasses state and national rates. The American Indian population in the Wagner hospital's service area is approximately 48.6 percent as compared to the national average of 0.9 percent.

In 2012, nation-wide direct and indirect costs associated with diabetes were estimated at $245 billion, 2.3 times greater than those without diabetes. More than one out of every 10 health care dollars spent in the United States is spent on diabetes and its complications.[1] Charles Mix County reveals an even greater need for diabetes care as the prevalence is at a much higher percentage than the rest of South Dakota and other parts of the U.S. The charts below are alarming, particularly when noted how much higher the diabetes prevalence among the Native American population. Income is also indicative of diabetes prevalence, and Charles Mix County residents are very poor.



Source: South Dakota Behavioral Risk Factor Surveillance System



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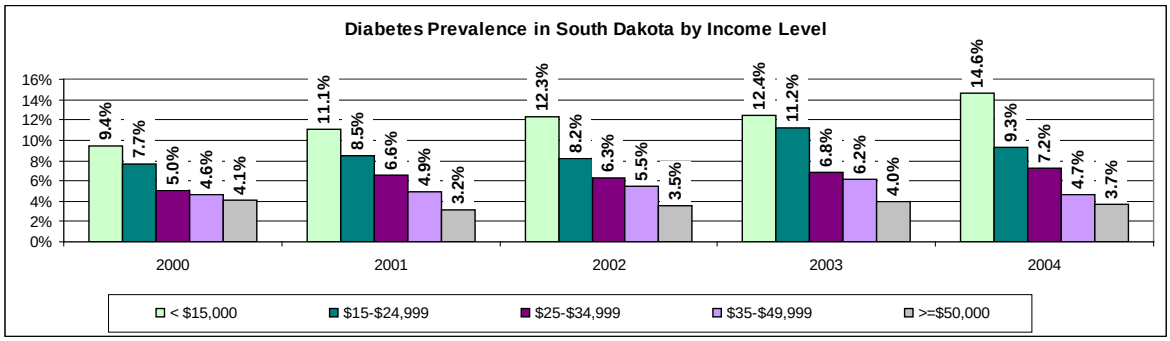
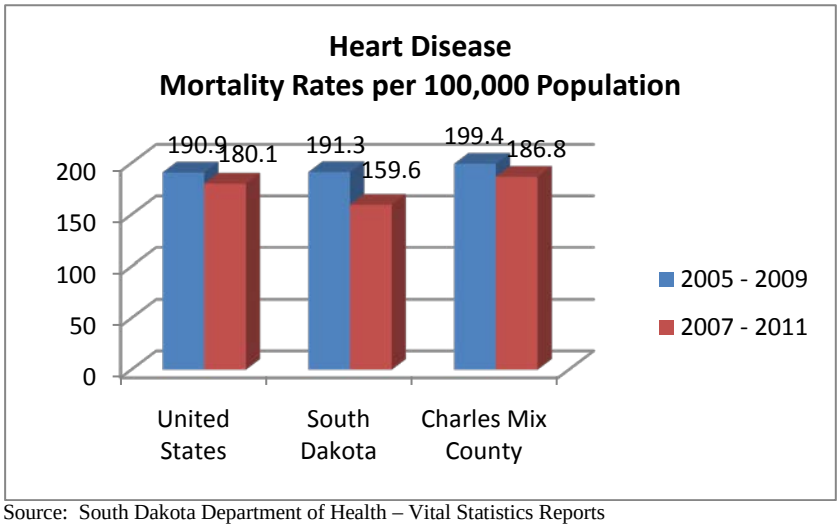


Source: South Dakota Behavioral Risk Factor Surveillance System

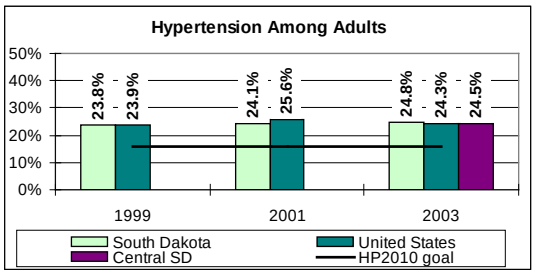
[1] American Diabetes Association. "All About Diabetes." Available online at http://www.diabetes.org/about-diabetes.jsp. (December 29, 2005).

Heart Disease is another area of concern and is the leading cause of death in Charles Mix County. As seen in the graph below, Charles Mix County has a higher death rate due to heart disease than both the state and national rates.

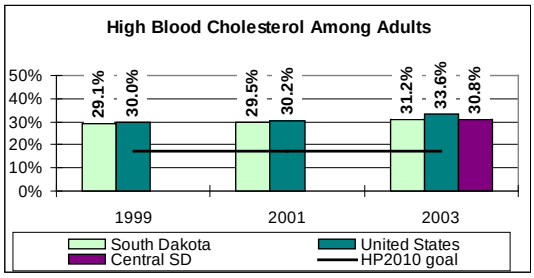


Source: South Dakota Department of Health – Vital Statistics Reports

Central South Dakota residents are far below the Healthy People 2010 goals in hypertension and high cholesterol among adults. High blood pressure and/or hypertension are major risk factors for cardiovascular disease. Studies show that diabetes may be a leading factor in causing high cholesterol. People with diabetes are more likely to have hypertension and high cholesterol.



Source: Behavioral Risk Factor Surveillance System



Source: Behavioral Risk Factor Surveillance System

Obesity is also a growing public health problem affecting adults, adolescents and children. The overweight and obese affect a large proportion of the U.S. population—55 percent of adults. Westernization, which includes a diet high in fat and processed foods as well as total calories, has been associated with a greater number of overweight persons in the U.S. when compared to a decade ago, especially within certain racial and ethnic groups.[2]

Dr. Kevin Weiland is a board-certified internal medicine physician practicing in Rapid City, SD who authored a book called *The Dakota Diet*, which led to the documentary *Good Meat*, a story that follows an obese Native American man with diabetes who goes on the Dakota Diet. The man was able to drop weight and significantly improve his blood-sugar levels after

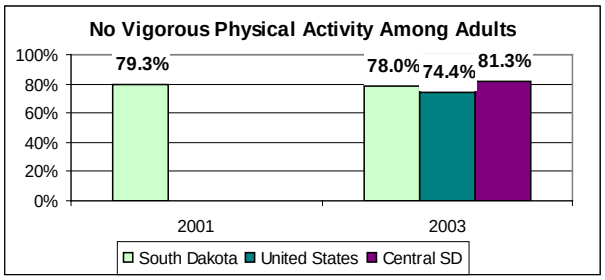
[2] U.S. Department of Health and Human Services. "Diabetes." *Healthy People 2010: Understanding and Improving Health.* 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

100 days on the diet, which included the Lakota's traditional buffalo meat. Dr. Weiland promotes healthy fat consumption that comes from grass-fed buffalo, flax seeds, fresh fish and wild game. More and more nutritionists urge people to eat lean meats, limit flour and sugar; eat fresh, unprocessed vegetables and fruits; and get moderate exercise. Health leaders in Southern Charles Mix County are trying to implement new healthy lifestyle programs by promoting healthy eating and exercise through many of their IHS initiatives and the work done by the Wagner Area Health and Wellness Consortium (youth focused); however, the past decade of eating processed foods and living sedentary lifestyles will take time to change.[3]

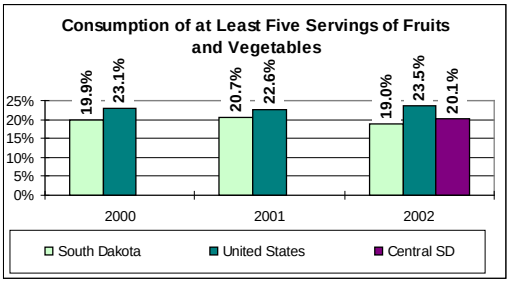
According to the 2011 South Dakota Youth Risk Behavior, among high school students:

- 49% of respondents were physically active for a total of at least 60 minutes per day on five or more of the past seven days
- 33% of respondents went to physical education class one or more days in an average school week
- 24% of respondents watched TV for three or more hours on an average school day
- 23% of respondents played video or computer games or used a computer for something that was not school work for three or more hours per day

In Central South Dakota, adults are also reporting no vigorous physical activity that is a much higher percentage than those in other parts of the U.S. at 81.3%. A healthy diet and sufficient exercise are the best ways to reduce weight and maintain health. Those that are inactive are twice as likely to develop heart disease, are prone to obesity and more likely to have high blood pressure. [4] Central South Dakotans also report a lower consumption of at least five servings of fruits and vegetables (only 20.1%), in addition to inactive lifestyles, adding even more risk to their health.



Source: Behavioral Risk Factor Surveillance System



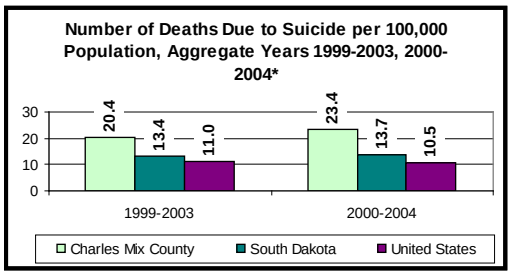
Source: Behavioral Risk Factor Surveillance System

Perhaps it is the harsh winters, lack of fresh fruits and vegetables and low socioeconomic status that contribute to the health risk factors of rural residents of Charles Mix County. Adding to these risks, Charles Mix County residents experience a higher rate of poor mental health.

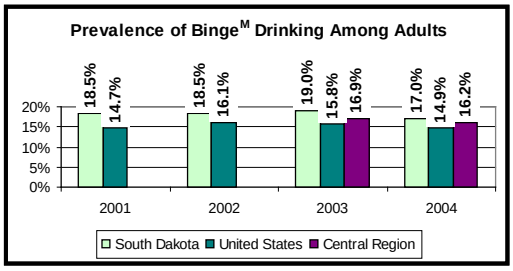
From 2000-2004, the number of Charles Mix County residents discharged with depressive neuroses increased from 13-21. During the same period, the number of deaths due to suicide was 23 persons per 100,000.[5] This was higher than the regional, state and national levels. State trends have shown an increase in the number of adults reporting frequent mental distress. Charles Mix County estimated in 2004 that 748 persons - 8% of the population - reported

[3] Hill, Jan. *'Dakota Diet' Promoted as Means to Improve Health,* Rapid City Journal, April 17, 2010.
[4] U.S. Department of Health and Human Services. "Physical Activity and Fitness." *Healthy People 2010: Understanding and Improving Health.* 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
[5] South Dakota Association of Healthcare Organizations, residents identified by zip code.

frequent mental distress.[6] Many people with depression go undiagnosed. Complicating matters further is the link between mental disorders and substance abuse, such as binge drinking. Approximately 50 percent of individuals with severe mental disorders are affected by substance abuse.[7] Making matters worse, almost all of South Dakota including Charles Mix County is considered a Mental Health Professional Shortage area by the SD Department of Health.



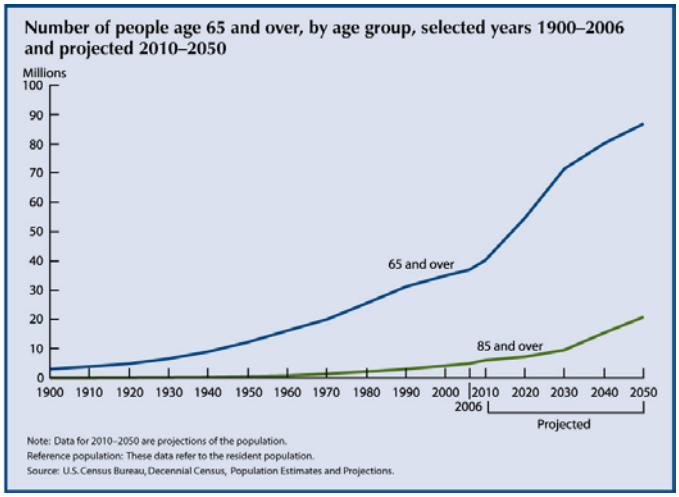
Source: 2003 South Dakota Vital Statistics Report



Source: 2000-2004 SD Behavioral Risk Factor Surveillance System

Life Expectancy:

Over the past century, and more specifically over the past 35 years, the life expectancy in the United States has increased dramatically. According to the U.S. Department of Health and Human Services, current life expectation at birth is now 77.8 years old when combining all races and sexes. This is up from 47.3 in 1900 and 70.8 in 1970. A more in-depth review reveals that those who reach the age of 65 now live 4.8 years longer than those who reached the milestone in 1950. Thus we have more individuals reaching 65 and those individuals are living longer. This trend over the past century has increased the 65 and over population from 3 million to over 37 million with current estimates to exceed 85 million by 2050. The eldest of the population - those 85 and over - have grown from 100,000 to 5.3 million and is expected to almost triple to 20 million by 2050. The exponential effect of the highest health care user group has created a significant need for expanded quantity and variety of health care delivery while stressing already limited resources.



[6] 2000-2004 SD Behavioral Risk Factor Surveillance System

[7] National Alliance on Mental Illness. "Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder." 2003. Available online at http://www.nami.org/ContentGroups/Helpline1/Dual_Diagnosis_and_Integrated_Treatment_of_Mental_Illness_and_Substance_Abuse_Disorder.htm. (June 15, 2006).

American Indian Culture:

A social trend that affects the region is the health of a large American Indian population in and around Wagner. Until recently, the health care plight of the social group has been reactionary rather than preventative. When considering the extent and level of three chronic illnesses - type II diabetes, heart disease and alcoholism - the American Indian population rates are exorbitant when compared to national trends. Over the past 10 years, national trends demonstrated an increase of newly reported cases of type II diabetes from 4.3 cases per 1,000 to over 9.1 cases per 1,000 or 0.91%. The resulting factor is that 7.8% of the American population has type II diabetes. As concerning as this may be, the results pale in comparison with the 16.5% of American Indians who suffer from the same disease.

The heart disease death rate for American Indians was 20% greater and the stroke death rate 14% greater than among all U.S. races.

"Among American Indians, five of the top 10 causes of death are strongly associated with alcohol use: accidents, alcoholism, suicides, homicides and cirrhosis," said Jay Shore, assistant professor of psychiatry at the University of Colorado at Denver, the Health Sciences Center's American Indian and Alaska Native Programs, and corresponding author for the study. "These causes of death occur at rates at least three to four times the national average."

I.H.S. and Tribal Relations:

A situation that is unique to some community hospitals is their relationship with I.H.S. facilities on or near Indian Reservations or Territories and the social and political dynamics they bring. For over a decade, the Indian Healthcare Improvement Act has languished in Washington D.C. The resulting factor is no increase in funding to the I.H.S. which, combined with escalating costs, has required the I.H.S. facilities to reduce or outsource a variety of services. The outsourcing to local or regional hospitals has created a debt that has continued to build increasing the level of tension between the I.H.S. and local hospitals and providers. This decrease in services is also a major concern of the tribal leaders who hold specific visions on how health care is delivered to the tribal membership and believe that they are not receiving the services they are entitled to through the treaties of the 1880's. In these situations, the contention is focused on the local hospital that is perceived as the agent of the government. This dynamic places all on higher alert and reduces coordination and cooperation.

WHO WAS INVOLVED WITH THE ASSESSMENT

Conducting the community health needs assessment was a collaborative effort between Wagner Community Memorial Hospital-Avera and the South Charles Mix County Healthcare Collaborative. Wagner Community Memorial Hospital-Avera was the lead organization for the South Charles Mix County Healthcare Collaborative, which was also the recipient of a HRSA Network Planning Development Grant. This collaborative established a network of local health care providers and other leaders. The collaborative was able to leverage limited resources to assess the community health needs in order to improve access to quality health care services and healthy lifestyle education.

Wagner Community Memorial Hospital-Avera enlisted the participation and support of a collaboration of community, private, county, state, federal and tribal entities. This extensive list of participants is as follows:

Phase I Participants:

- Wagner Community Memorial Hospital – Avera – Bryan Slaba, CEO/Administrator
- Avera Rural Health – Pam Lewis, Grant Writer
- Wagner Good Samaritan Center – Michele Juffer, Administrative Council Chair
- South Dakota Dept. of Social Services – Marilyn Kinsman, State Advisor for Adult Disability/Aging
- Avera Sacred Heart Hospital – Yankton, SD – Jean Hunhoff, Regional Home Health/Hospice Resource Advisor
- Charles Mix County Public Health Nurse Advisor – Barb Wiechmann, RN
- Yankton Sioux Tribal Health Committee – Clarence Montgomery
- Indian Health Services – Judy Cuka, Community Health Director
- St. Benedict Certified Health Clinic – Lake Andes – Beth Schroeder, PA

Phase II Additional Participants:

- Yankton Sioux Tribe Council – Gail Hubbeling, Councilwoman
- Yankton Sioux Tribe Council – Brenda Zephier, Councilwoman
- Yankton Sioux Tribe Council – Glenford “Sam” Sully – Secretary
- Yankton Sioux Tribe Youth Outreach – Michael O’Connor, Program Director
- Canku Teca Treatment Center – Alicia Sanchez – Program Director
- Charles Mix County Law Enforcement – Randy Thaler – Sheriff

South Charles Mix County Healthcare Collaborative's Vision and Values

Southern Charles Mix County Collaborative's Vision:

A healthy community is one where people are able to learn about healthy living choices and take personal responsibility for their health care. A healthy community has a strong public, private, and tribal health system that recognizes deficiencies, continually assesses health care needs, and works together to provide access and safe conditions, free from environmental and communicable diseases. The healthy community harmoniously seeks to achieve holistic health for all elements of life such as emotional, spiritual and physical needs. The community works together to overcome barriers that get in the way of achieving community health improvement goals.

Southern Charles Mix County Collaborative's Community Values:

Holistic Health Care:

- A community where cultural diversity is valued
- A community where all elements of human life are recognized as part of the assessment and decision-making process (emotional, physical and spiritual needs)

Committed Leaders and Engaged Community Members:

- A community where leaders unify to leverage resources and agree to common health improvement goals
- A community where members have educational and health improvement opportunities and become engaged

Access to Health Care:

- A community where quality health care is accessible to all residents
- A community where needed specialty health care is accessible, regardless of geographic difficulties

Safe:

- A community that is committed to allocating resources needed to create a safe environment, free from environmental and communicable diseases
- A community that respects differences and provides a harmonious environment with people working together for the common good

HOW THE ASSESSMENT WAS CONDUCTED

Phase I:

The Southern Charles Mix County Healthcare Collaborative enlisted the expertise of Kristi Wagner, President/CEO of the Rushmore Center of Civic Leadership to conduct a community/service area assessment of health needs designed to meet the following objectives:

- Creation of a rural health network of community-based services to improve the community health status in response to a changing health paradigm moving form inpatient treatment to prevention and promotion of positive health lifestyles.
- Understand the knowledge and awareness of health programs, support services and educational programs available to community residents.
- Learn the level of need expressed by community residents for specific programs and services; and determine which services and programs are most beneficial in improving the health of the community (identification of gaps in service)
- Obtain a better understanding of the demographic characteristics of residents who express a concern for particular services and programs in an effort to effectively target communication efforts.

In order to solicit community input and participation, a survey of demographic and health-related questions was distributed to over 2,200 residents in the service area. With a 19% response rate (436) an excellent database was established.

Ms. Wagner also conducted numerous focus groups in every community within the service area. Approximately 130 people participated in the focus groups. The results of the survey and Ms. Wagner's executive summary are contained in the "Health Needs Identified" section of this report.

Phase II:

After receiving the results of the survey, focus groups and the executive summary, the Wagner hospital community was devastated by a drug-related tragic death of a two-year-old child. The Southern Charles Mix County Healthcare Collaborative reconvened at the request of Bryan Slaba, CEO/Administrator of Wagner Community Memorial Hospital-Avera.

This tragedy sparked a need for additional primary data. The determination was made to increase the group's participation base and increase the scope of a second survey to include more specific questions involving alcohol and drug abuse with an emphasis on methamphetamine. The goal of the second survey was to better understand the communities' perception, the magnitude of the problem and the need for programs to address drug and alcohol problems. In April of 2013, a second community survey was mailed. Information about the second survey was published in the local paper, with a good response rate of 13.2 percent (296 respondents). The results are addressed in the "Health Needs Identified" section of this report.

PRIORITIZATION PROCESS

Phase I:

In Phase I, the executive summary and the review by the Southern Charles Mix County Healthcare Collaborative was used to determine the highest priority needs. The needs were reevaluated upon the issuance of the second survey.

Phase II:

In Phase II, the use of the public's response to the 63 questions involving "How satisfied are you with…" was compared to the secondary question; "How important is this to you?" Those questions with the greatest importance and lower satisfaction of delivery were deemed to be of the greatest importance.

The combination of the two surveys was analyzed to determine not only the greatest need but also the availability of resources and the probability of success to ensure the greatest impact on the community.

HEALTH NEEDS IDENTIFIED

The results of the surveys and Ms. Wagner's executive summary are as follows:

Southern Charles Mix
Community Health Needs Assessment
Community Listening Sessions
September – October 2011

Executive Summary

The purpose of providing the community listening sessions as part of the community health needs assessment fulfilled the qualitative component of the survey process. These 10 sessions provided the community a chance to come and discover a brief snapshot of some of the outcomes of the quantitative survey, and to provide personal stories, sharing of experiences they or someone they know may have experienced with the Southern Charles Mix health care systems.

Over 130 people participated in the focus group process. During each of the two-hour timeframes, attendees were asked a series of the following questions: What do we do? What do we have? What do we know (identifying assets) about our health care in Southern Charles Mix County? What are some long and/or short term needs or wants for our health care in Southern Charles Mix County? Additionally, people were questioned on if they could add or change one aspect of health care in their community, what would it be and why.

The consensus opinion regarding health care in southern Charles Mix County area by participants was how fortunate they were to have good health care services. Transportation, aging population housing, personal wellness/fitness, and practiced prevention were recognized as needed health care opportunities. They wish to see all health care facilities in Charles Mix County work closer together to provide service locally. Participants are aware that the Wagner Community Hospital has state-of-the-art equipment and professionals to make this wish a reality.

The longevity of Wagner Community Hospital-Avera staff is viewed as an opportunity to build relationships with the patients served. Staff is viewed as very friendly, caring and provides personal hands-on service.

Local access to specialty health care resonated throughout the focus groups as a strength in the community. It was mentioned several times that labor and delivery services are not available; however the community recognized it is not financially feasible. When asked where they go if they are referred outside of the community or seek care elsewhere, the majority stated Yankton, second was Mitchell and third was Sioux Falls. As noted when visiting with the youth

in the community, they appreciated the local commitment to support health care higher education and being able to return to the area and serve those in need.

Participants agreed that citizens need to challenge themselves to change their lives by living a healthier lifestyle – live by example. Citizens were encouraged to meet head-on the need to promote community wellness by promoting a community garden and a community wellness center. Citizen educational opportunities, local health care resources and outreach screenings within the community need to continue. As the status of various health care issues continues to change, citizens must be provided the opportunity to learn in a convenient, collaborative and efficient manner.

The participants' comments within this report are the opinions of only a few interested citizens and leaders who participated in the 10 community forums. Participants were given an opportunity to reflect upon health care in their community. The continuation of movement to action rests with the citizens and the health care providers who want to make a difference and have an impact on identifying the future health care needs in the Southern Charles Mix County Area.

Southern Charles Mix County Health Care Collaborative Survey
Summary of Results of individual survey conducted Aug. 26 to Sept. 12, 2011

Total surveys

- 2,242 mailed to every resident and business address in zip codes for Wagner, Dante, Lake Andes, Pickstown, Marty and Ravinia.

Completed surveys

- 19% response rate (436); 10 surveys were eliminated because incomplete, and 426 surveys were utilized in data compilation.

Demographic information

- 75% female/25% male
- 40% over age 65, 20% 55-64, 18% 45-54 (not many young respondents)
- 79% white; 21% American Indian, (Census 48.9% white; 49.1% American Indian)
- 67% had 1-2 people in household (indicative of the older population)
- The total children listed for households with children were 213. 78 of them were 5-12 yrs; 70 were 0-4 yrs.; and 65 were 13-18 yrs. old
- Income levels: 17% less than $11k, 50% between $11k and 50k, 17% between $50k and $75k, and 11% $75k-$99k.
- 34% on Medicare; 29% Employer, 15% Independent, 5.1% Medicaid, 14.9% IHS, and 1.9% uninsured

General Information

- 20% described health as excellent, 54% as good, and 24% as fair with only 3% as poor. Children's health was described as 11% excellent, 47% good, 33% fair, and 8.8% poor.

Access to health care

- 45.3% could not afford to pay; 23% lacked transportation, 27% lacked insurance, 16% said health care provider not available, 17% said insurance would not approve or pay, and 12% said insurance not accepted
- 72% have had a general physical exam in last year and 16% in past two years; 81% of children had a routine checkup in past year and 15% in past two years; of those aged 65 and older 80% had a routine checkup in past year

Health conditions

- 60% have high blood pressure and 52% have high cholesterol; 25% have diabetes; 19% have heart disease; 12% have asthma; 10% have Emphysema/COPD

Addressing health issues

- 44% take prescription medication; 26% exercise regularly; 23% try to eat healthier, and 7.5% quit tobacco

Vices

- Alcohol: 28% drink 1-2 days and 61% drink zero days. Very few responded to more days of drinking
- Tobacco: 20% use tobacco 5 or more days
- Drugs: 8% responded they use drugs or inappropriately misuse prescription drugs
- Obesity: 28% were told to lose weight (reasons overweight: lack of physical activity (62%); eat unhealthy foods (53%) and high price of healthy foods (27%). Only 12% said the children were overweight and the reasons matched adult responses.

Physical Activity

- For those employed, 60% have jobs where they are mostly sitting or standing.
- 36% do vigorous activity (at least 30 minutes) 2-3 days/week; 20% do NO activity, and 10% only 1 day/week. Of those who do vigorous activity, very few do it more than one hour. 48% are for just 30 minutes.
- 96% responded that walking is the physical activity they do with family. 11% was organized sports.
- 16% watch more than 4 hours of TV per day; 29% watch 3-4 hours/day; 42% watch TV 1-2 hours/day

Other

- 12% responded they have had a teen pregnancy in household. Only 2% responded members have had STDs.
- 12% responded they had seen a mental health professional. 22% said they had experienced depression in the past 3 years and of their family members, 14% had experienced depression.
- 106 people responded they or a family member have had cancer. 31 listed breast cancer; 20 listed skin cancers, 10 prostate, 6 colon, 4 lung and a variety of other types.

Southern Charles Mix County Health Care Collaborative Survey (Complete Survey Attached)
Summary of Results of individual survey conducted April 2013

The top ten questions with the greatest variance between satisfaction and importance thus demonstrating overall community dissatisfaction with the program, from greatest to decreasing concern are:

- Drug Enforcement
- Response time of police to emergency calls
- Availability of employment opportunities
- Affordability of medical services
- Responsive public officials and justice system
- Opportunity for small businesses in the community
- Access to affordable housing
- Methamphetamine prevention and treatment
- Affordability of prescription drugs
- Access to transportation

The bottom ten questions with the least variance between satisfaction and importance thus demonstrating overall community satisfaction with the program, from least and increasing concern are:

- Immunization for adults
- Breastfeeding support
- Child preventive and immunization services
- Smoking cessation
- Racially/ethnically diverse health care workforce and services
- Family planning
- Cultural competency training for local healthcare workforce
- Opportunity for civic/community involvement
- Prenatal, delivery, postpartum care and support
- Diabetes prevention, screening, treatment

Three additional questions were put forth to determine potential solutions to obesity and healthy lifestyles:

- What type of nutrition education events would you be able/willing to participate in?
    - 61.11% - Healthy food preparation
    - 54.76% - Weight loss
    - 45.24% - Affordable meal planning
    - 33.73% - Disease prevention
- What is your biggest challenge to living in a healthy way?
    - 66.53% - Cost of healthy meals
    - 42.56% - Cost of fitness/wellness activities
    - 25.21% - Lack of education on healthy meal planning
    - 18.60% - Lack of education on fitness training

- What type of community event for physical activity would you be able/willing to participate in?
    - 77.19% - Run/walk events
    - 41.06% - Hiking/nature events
    - 24.71% - Biking events
    - 21.67% - Water events
    - 18.25% - Other events

COMMUNITY ASSETS IDENTIFIED

Hospital – Wagner Community Memorial Hospital - Avera:

Inpatient and outpatient observation services provide an average daily census of 4.65. Staffing for the hospital is a two-nurse model with additional support staff of ward clerk and nursing assistant. All registered nurses are advanced cardiac life support (ACLS) and trauma nurse core course (TNCC) trained. WCMH-A provides 24 hours service/care for intensive care, medical/surgical, pediatric, and swing bed patients. A care transitions program is in place as an extension of the hospital stay to prevent readmissions for targeted diagnoses and for those patients assessed at high risk for readmission.

Wagner Community Memorial Hospital-Avera has three physicians on active medical staff and contracts with numerous locum providers to staff the emergency room (ER) 24 hours a day, every day.

The facility is certified as a trauma receiving facility with fully integrated eEmergency and eStroke services in both the ER and ICU rooms. ER services are a subsidized service for the organization. This service is not only provided to comply with regulatory requirements, but has also been identified as a critical service for the community and organization as it ensures access to emergency services for our community.

The hospital has a two operating/procedure rooms with dedicated recovery area, full service laboratory (chemistry/hematology, microbiology, blood gases, drug screens/levels, blood banking), radiology (full digital general radiology, digital mammography, 16 slice CT [computed tomography], Ultrasound and mobile services for mobile resonance imaging [MRI], Nuclear medicine and bone densitometry [DEXA].) full service rehab department, cardiac rehab phase II, cardiac stress lab and chemotherapy.

The hospital has obtained outreach specialists and clinics in cardiology, general surgery, podiatry, obstetric/gynecology, pediatrics, nephrology, ENT (Ear, Nose, and Throat), audiology, orthopedics, urology, nephrology and, via telemedicine, infectious diseases.

Charles Mix County does have an additional hospital located within the county. Platte Health Center-Avera in Platte, SD services the northern portion of the county and primarily persons in Platte and Geddes. Located 50 miles northwest of Wagner, Platte Health Center-Avera is a 20 bed critical access hospital and rural health clinic. They provide services similar to Wagner Community Memorial Hospital-Avera.

Neighboring Douglas County also has a hospital in Armour, SD. Twenty miles north of Wagner, Douglas County Memorial Hospital (DCMH) is an 11-bed facility primarily serving the Armour and Corsica areas. DCMH has four clinics in Armour, Corsica, Stickney and Wagner which operate on limited schedules.

Primary Care:

The Health Resources and Services Administration (HRSA) developed shortage designation criteria and uses the criteria to determine whether or not a geographic area, population group or facility is a Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/P). According to HRSA, Charles Mix County has been designated an MUA/P since 1978 and has been identified as a HPSA for Primary Medical Care and Mental Health Services.

Wagner Community Clinic:

Wagner Community Memorial Hospital-Avera owns and operates a provider based clinic, which is attached to the hospital. Clinic is staffed by one (male) family practice physician and one (female) family nurse practitioner - certified.

Bubak Medical Clinic:

Bubak Medical Clinic is owned and operated by Dr. Gary Bubak. Dr. Bubak is on active medical staff of Wagner Community Memorial Hospital – Avera. Dr. Bubak is an independent provider who has served the community for over 30 years. The Bubak Medical Clinic is attached to the hospital.

Indian Health Services (I.H.S.):

I.H.S. operates an outreach clinic located three city blocks from Wagner Community Memorial Hospital-Avera. The facility is staffed with more than 75 employees and provides laboratory, general imaging, pharmacy, physical therapy, dental, behavioral health counseling, dialysis and community health programming. Outreach clinics include but are not limited to OB/GYN, mammography and behavioral health.

I.H.S. facilities can only address the needs of the American Indian community.

The I.H.S. facility has offered only outpatient services since 1992 when the inpatient area was shut down.

In March 2008, the facility eliminated ER coverage and the acceptance of ambulances, reducing services to urgent care and primary care only.

I.H.S. is staffed with five physicians and one physician assistant.

Hours of operation are every day from; 7:00 am – 11pm.

Prairie Health Clinic:

Prairie Health Clinic, established in 2009 as a Rural Health Clinic is associated with the Douglas County Memorial Hospital in Armour, SD, a critical access hospital located 21 miles north of Wagner. The clinic is staffed with a half time physician and a half time physician assistant. Services available include primary care provider visits with very limited onsite laboratory and imaging services.

Veteran Affairs, Community Based Outreach Clinic (CBOC):

In 2011, the Department of Veteran Affairs constructed and started to operate a CBOC in Wagner. The clinic is staffed with a full time physician. Service available includes primary care provider visits with very limited onsite laboratory and no imaging services. The CBOC also provides home health care with a physician assistant for VA members within a 60 minute radius.

Long Term Care:

Wagner Good Samaritan Center (WGSC):

WGSC is a 77-bed licensed long term care facility with 10 assisted living units located in Wagner SD. WGSC provides skilled care, memory care, hospice care and inpatient therapy.

Lake Andes Health Care Center (LAHCC):

LAHCC is a 52-bed licensed long term care facility in Lake Andes, SD, 16 miles west of Wagner. LAHCC provides skilled care, memory care, short term rehab, hospice and inpatient therapy.

Ambulance Services:

The Lake Andes/Wagner Ambulance Association serving the entire service area of Wagner Community Memorial Hospital-Avera is operated by an ambulance district, a subset of Charles Mix County. The ambulance association operates out of both Wagner and Lake Andes and is overseen by a board of directors and the Charles Mix County Commissioners. Employed emergency medical technicians (EMTs) staff the service with advanced cardiac life support (ALS) transfers provided by registered nurses from the hospital. The service completes about 500 calls annually. The service is fully operational with LifePak 15 monitors and pre-hospital transmission of electrocardiogram (EKG)'s to Wagner Community Memorial Hospital-Avera. The LifePak 15 monitors are also used on advanced cardiac life support transfers with transmission capability of electrocardiogram (EKG's) to the receiving tertiary facilities.

Community Health Nurse:

The community health nurse has locations in both Wagner and Lake Andes. The community health nurse is on site in the community daily and supervises WIC (women, infant and children program) and family planning programs, assists with immunizations, prenatal education, and school screening activities.

Behavioral Health Services:

Community mental health services are provided in Charles Mix County service area as an extension of the Lewis & Clark Behavioral Health Services in Yankton, SD. Inpatient services are provided at the Human Services Center in Yankton or at Avera Behavioral Health Center in Sioux Falls.

Public Safety:

Public safety is provided in cooperation between Wagner City Police Department, South Dakota Highway Patrol, Charles Mix County Sheriff Department, Bureau of Indian Affairs, Yankton Sioux Tribal Police and Wagner Volunteer Fire Department.

PAYOR MIX AND SERVICES FOR THE UNDERSERVED

Wagner Community Memorial Hospital Avera's payor mix is extremely difficult and in itself could/should be considered proof of providing a need as well as solidifying non-profit status.

The Wagner hospital's payor mix in 2011/12 was: 55% Medicare, 21% Medicaid, 7% I.H.S., 4% self pay/no pay and 13% commercial insurance. Other similar sized CAH have a payor mix of 50% Medicare, only 5% Medicaid and 3% self pay/no pay with the remaining 42% being commercial insurance the only payor mix with an opportunity to provide a margin.

The number of Medicaid recipients in the state of South Dakota has increased every year since 2001 escalating from 77,258 participants in 2001 to 142,173 in 2010 a growth of 84.7%, while South Dakota's population grew only 7.6%. Wagner Community Memorial Hospital-Avera's Medicaid has increased from 10% of patient revenues to 21.5%, a 115% increase over the same period of time.

In 2011/12 Wagner Community Memorial Hospital-Avera's uncompensated care was $648,367 with 2010/11 being $729,345. Net patient revenues were $8,110,290 and $7,206,715 or 8.0% and 10.1% respectfully. These figures do not factor in the uncompensated care portions of services rendered to Medicare, Medicaid or I.H.S. participants at a loss.

PRIORITY NEEDS

With the results of the surveys and the collective review of the collaborative the following health needs have been determined as priorities:

- Accessibility and affordability of health care services
- Healthy lifestyle choices and health promotions activities
- Drug and Alcohol Abuse Prevention

IMPLEMENTATION STRATEGY

Accessibility and affordability of healthcare services:

In view of the communities' satisfaction with the breadth of direct healthcare services in combination with Wagner Community Memorial Hospital-Avera's continued adherence to our mission "to provide care and treatment of sick, to provide care and support of the aged, disabled and indigent, and to provide for those in need of hospitalization ……regardless of race, color, creed, or ability to pay" as demonstrated by our extremely high rate of uncompensated care, the hospital will focus on two areas, primary care provider availability and financial sustainability thereby assuring accessibility and affordability to health care services in our community.

Primary Care:

With the ever increasing demand and shortage of primary care physicians and 11 of the last 12 physicians leaving in less than four years of employment, Wagner Community Memorial Hospital Avera has adopted a provider plan to "home grow" our provider base. In 2011 the administration, with board acknowledgement, embarked on a recruitment and retention program for certified mid-level providers. The hospital inquired of its RN's to see if any were interested in obtaining an advanced practitioner's degree to become a nurse practitioner. Three RNs accepted the challenge and Wagner Community Memorial Hospital Avera has agreed to support them financially and programmatically while they are obtaining their degree and licensure with the agreement that the providers return to the hospital and establish a practice for a minimum of three years. Considering that all three are "married to the land" (that is they have very strong ties to the community) the success rate is expected to be great.

Financial sustainability:

Over the past three years, Wagner Community Memorial Hospital-Avera has operated with a negative margin. Considering the current state of health care and the majority of the hospital's payers being governmental entities the level of reimbursement will continue to be under stress. The previously mentioned provider plan will decrease provider costs, in both the ER and clinic at an estimated combined savings of $500,000 per year (50%). These savings will move Wagner Community Memorial Hospital-Avera from a deficit to a minimally positive operating margin and thereby help solidify the financial stability of the hospital.

Healthy lifestyle choices and health promotions activities:

Southern Charles Mix County health care and community leaders have united in many ways to improve their communities, and they have already been instrumental in developing other health education programs such as the *Wagner Area Health and Wellness Consortium* whose mission "is to combine resources of each entity to maximize the health and wellness opportunities for Wagner and surrounding communities." The consortium emphasizes youth education and activities to promote improved health and wellness now and in the future."

Members of the consortium include the following:

- Yankton Sioux Tribe Department of Health Education
- Wagner Community Memorial Hospital – Avera
- Boys and Girls Club of the Yankton Sioux Tribe – Wagner and Marty Units
- Wagner IHS Diabetes Prevention Project
- Wagner Community School Nurse
- Marty Indian School nurse
- Wagner Community Memorial Hospital Avera
- Yankton Sioux Tribe Alcohol Treatment Program – Canku Teca
- Wagner I.H.S. Healthy Heart Project
- Tewahe Wakan – Yankton Sioux Tribe System of Care
- YST Head Start
- Prairie Health Clinic
- Yankton Sioux Tribe Community Health Representatives

The consortium has met monthly for the last five years, their activities have included:

- Community health fairs
- Kite Days
- Diabetes Awareness Pow Wow
- Informational booth at Wagner Cancer Walk
- Preventing Diabetes the Traditional Way – A special diabetes awareness activity funded through grants funds from the Association of American Indian Physicians. Sessions were held in Lake Andes, Wagner and Marty. In each session, local experts presented traditional methods of wellness regarding diet, exercise and spiritual customs.
- Earth Day Clean Ups
- Breast Cancer Awareness
- Medicine drop (for outdated prescription meds)
- "The Best Dam 5K Run/Walk" at the Ft. Randall Dam

Wagner Community Memorial Hospital Avera will continue its support and participation in the consortium as their program continues to grow.

Wagner Community Memorial Hospital-Avera will review the opportunity to advance the consortium by supplying and supporting a consistent healthy food diet and preparation educational sessions.

Drug and Alcohol Abuse Prevention:

As the lead organization for the Southern Charles Mix County Healthcare Collaborative, Wagner Community Memorial Hospital Avera will continue to advance the vision and values of the collaborative through the use of administrative and limited financial resources.

The anticipation is that the emphasis given to the recent increased awareness of methamphetamine will be used to drive the collaborative to address the escalating problem. It is believed that a multi pronged approach to include prevention of production and use, educating the community both adult and youth in conjunction with treatment and aftercare services to take care of those already consumed by the drug is the only way to attack the crisis. It is believed that failure in any of these areas will hinder if not sabotage the remainder of the efforts.

Currently the collaborative is searching for any programs to emulate that have successfully addressed drug and alcohol abuse with specific emphasis on methamphetamines. Once a program has been identified, reviewed and approved, the collaborative will need to support the program. Resources and support will need to be requested from both governmental and private foundations as the resources needed to address the problem are far too great for the collaborative entities.

Board Approval:

This report was prepared for, reviewed and approved at the June meeting of the Wagner Community Memorial Hospital – Avera, Board of Directors.

_____ _____

Ken Thaler, President Date