Summary
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. 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.

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.

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

Target Areas & Population
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. In 2010, more than half (57%) of all discharged patients were residents of Davison County. According to the 2010 United States Census, 19,504 people reside in Davison County. Of the 19,504 inhabitants of the county, 15,254 (or just over 78%) of them lived in Mitchell, which is the largest city in and county seat of Davison County. For these reasons, the population of Davison County was the focus of the Avera Queen of Peace CHNA and their health needs are the focus of this implementation plan.

The population is predominantly white, and the largest age group consists of those from 20-64 years of age. Davison County has 8,296 households with an average of 2.26 persons per household. The 2009 median family income was $54,677; and per-capita income, $22,794.
Strategy and Plan Development
Avera Queen of Peace relied on both primary and secondary data in conducting its Community Health Needs Assessment including:

1. Interviews with key community and public health personnel (Interview subjects were chosen for the direct involvement with vulnerable populations in Davison County and the City of Mitchell.)
2. Focus Groups (six)
4. Avera Queen of Peace Hospital Discharge data
5. County, State and Federal government data

Interviews with Key Informants
Primary data was collected through 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; and the director of family planning, Davison County.

Focus Groups
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; 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.

Avera Queen of Peace Hospital Discharge Data
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.

County, State and Federal Government Data
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 Committee, comprised of members of administration and an administrative fellow. Themes and trends were identified through review and analysis of the primary data and secondary data sources mentioned above.
Major Needs
As mentioned above, Avera Queen of Peace relied upon several sources of information in its CHNA. Key informants and focus groups identified the following common themes: 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.

Prioritization of Needs
An ad hoc Community Benefit and Needs Assessment Team was formed, and it was comprised of members of administration and an administrative fellow. After the 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).

The priorities were 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

Description of Avera Queen of Peace Action Plan
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 Trustees on an ongoing basis.

Action Plans
Avera Queen of Peace executive leadership has identified three areas to expand or create new initiatives to address the above needs. The Community Benefit and Needs Assessment Team will ensure continued development of these initiatives:

1. Behavioral Health Services
   Avera Queen of Peace has been involved with Avera Health in the establishment of Service Lines. The Service Line model is a systematic approach to integrating appropriate levels of care with system-wide resources. Regardless of a patient’s geographical or clinical location

¹ http://datawarehouse.hrsa.gov

2013 CHNA Implementation Strategy
and using existing resources within the system, the service line model insures patients have access to the care they need, where they need it. The model reduces unnecessary duplication of resources and increases opportunities to access services that would otherwise be unavailable in a facility or region due to limitations such as geography, utilization and affordability. Launched in 2012, Behavioral Health Services was the first Service Line established within Avera.

The Behavioral Health Service Line Steering Team has identified long-term viability for support of a clinical psychologist and a psychiatrist within the Avera Queen of Peace Region. Avera Queen of Peace is currently discerning placement of a clinical psychologist within local Avera Medical Group primary care clinics. Preliminary data has been compiled and a potential candidate has been identified and interviewed. A decision about how to proceed is expected by the end summer of 2013.

2. Disease Prevention and Wellness
Avera Queen of Peace currently offers several educational and wellness initiatives to the community. These initiatives come in the form of support groups, fitness incentives, fitness classes, nutrition education, demonstrations (i.e. cooking demos), etc. While Avera Queen of Peace will continue to offer these programs, it will pursue additional partnering within the community, including deeper dialogue with public health agencies serving the area. The intention is to establish efficient and efficacious partnerships and programming that reaches those most in need, including youth and young adults.

Discussions regarding the potential for a school based health clinic at a local alternative high school are underway, and informal discussions focusing on improving community health have begun between Avera Queen of Peace and the City of Mitchell. By examining case studies from other communities that have been successful in this area, we hope to model their successes for use in our own community.

In addition, Avera Queen of Peace has developed strong partnerships with Dakota Wesleyan University, the Mitchell Recreation Center and Mitchell High School. The first activity has been to increase and organize the resources and programming across the community in the areas of athletic training, sports medicine and sports performance. One anticipated benefit of these partnerships is better utilization and less duplication of current resources.

In the future, it is hoped these partnership activities between Avera Queen of Peace and the City of Mitchell may lead to the development and construction of a new recreation center/wellness center and might also include an aquatics center. No plans are in place, but discussions continue.

3. Primary Care Access
As of March 1, 2013, data from the U.S. Department of Health and Human Services identified southwestern Davison County as a South Dakota Health Professional shortage area for primary medical care. In addition, five counties immediately adjacent to Davison
County (Aurora, Sanborn, Hanson, Hutchinson, and Douglas) have been identified as medically underserved and primary medical professional shortage areas.\textsuperscript{2} Experiential responses from the Focus Group and Key Informant Interviews\textsuperscript{3} as well as usage data from the Avera Urgent Care\textsuperscript{4} confirm the need for primary care physicians in the area.

Avera Queen of Peace is actively recruiting both family practice and internal medicine physicians. To date, one family practice physician has been successfully recruited and will begin practice in summer 2014. Successful recruits also include two emergency medicine physicians, a part-time pediatrician, a fellowship-trained sports medicine physician, and an obstetrician/gynecologist who will begin practice in the summer of 2015.

Development of a new facility to house medical office/clinic and outpatient services is underway. The location of this clinic will be near Interstate 90 with easier access for patients traveling from outside the city limits. The facility will place many of Avera Medical Group practices under one roof, in a location that is more visible and accessible than current locations and nearer to a portion of the economically poor in the community.\textsuperscript{5} Construction of this facility is planned to begin in mid-2014. Design of the facility will make it more accessible to those with both temporary and permanent physical disability.

**Next Steps for Priorities**
For the priority areas listed above, Avera Queen of Peace will:

- Create detailed work plans to achieve priorities
- Develop measurable 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
- Communicate with the Board and hospital leaders on an ongoing basis

**Needs Not Being Addressed & Why**
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

\textsuperscript{2} South Dakota Department of Health – Office of Rural Health maps, \url{http://datawarehouse.hrsa.gov/}

\textsuperscript{3} Patients in this area, identify inability to get in to see a primary care provider for urgent needs (i.e. acute illness) within a reasonable time frame as a key factor in the perceived shortage of primary care providers. A reasonable time frame is identified as one to five days.

\textsuperscript{4} Avera Urgent Care has nearly 7,000 visits per year, and 60% of its patients indicate having no primary care provider.

\textsuperscript{5} Although the city of Mitchell has concentrations of poverty throughout, students (college and technical school), persons working in retail and tourism live nearby and can easily access the property.
services. Through sharing findings of community health needs and similar assessments, Avera Queen of Peace can and does influence community leaders to address issues that, while out of the scope of Avera Queen of Peace competencies, are in line with the missions and competencies of other community organizations.

The Mitchell Economic Development Corporation commissioned a housing study in 2012 and as a result has several affordable rental housing projects underway. At least one of the projects addresses the need for income-based housing assistance.

Annually, Avera Queen of Peace provides space and scheduling assistance to enable a mobile dentistry unit to see patients who otherwise cannot afford or are unable to access dental care. The hospital recently purchased equipment necessary for dental staff to diagnose and treat patients presenting through the hospital’s Emergency Department.

Avera Queen of Peace representatives met and shared the findings of the CHNA with the director and chair of the Board of the James Valley Community Center, which provides transportation services. Palace Transit serves Davison County and the communities of Mitchell, Ethan, and Mount Vernon and is a Medicaid provider.

**Board Approval**

This Community Health Needs Assessment Implementation Strategy report was prepared for the June 25, 2013, meeting of the Avera Queen of Peace Health Services Board of Trustees.

Avera Queen of Peace Health Services Board of Trustees Approval:

[Signature]
Name and Title
Terry Torgerson, Vice Chair