

Avera St. Benedict Health Center

Implementation Strategy and Community Benefit Plan

For FY 2012-2013 Summary

Avera St. Benedict, was started on February 10th, 1934, by the Benedictine Sisters of Sacred Heart Convent and Dr. J.L. Waldner and contained twelve beds. It has continued to grow and now has an attached nursing home, assisted living, wellness center and clinic, in addition to two satellite clinics in Tripp and Lake Andes.

Avera St. Benedict Health Center consistently moves towards its vision of bold leadership in the transformation of health care to enhance the lives of individuals and the communities it serves.

This report summarizes the plans for Avera St. Benedict Health Center to sustain and develop new community benefit programs that address prioritized needs from the 2012 Community Health Needs Assessment conducted by Avera St. Benedict Health Center Community Health Assessment Team.

Target Areas and Populations

The Avera St. Benedict Health Center decided to focus on Hutchinson County since it serves the largest majority of its patients from this county.

How the Implementation Strategy and Community Benefit Plan Were Developed

Between November 2011 and March 2012, Avera St. Benedict Health Center collected qualitative or primary data through three focus groups and interviews with key members of the community. The focus groups were currently meeting within the community at monthly meetings and felt to have adequate attendance, so the focus groups were held in conjunction with their monthly meetings. Because of their adequate attendance, more opinions could be obtained without exerting more time and energy into organizing additional focus groups or surveys. Standardized questions were used for each focus group. Written surveys were not used because of the small percentage of return on the surveys, which did not justify the cost of writing, printing, and mailing those surveys.

In addition to the assessment, Avera St. Benedict also reviewed its existing community activities to assess whether those services were still being utilized by the community.

Major Needs and How Priorities Were Established

On February 7, 2011, the CHNA Committee members met to prioritize all quantitative and qualitative data and needs addressed by the focus groups. The following are the priorities identified for the community:

1. Adolescent drug and alcohol abuse

2. Basic education of life skills to food pantry patrons
3. School nurse
4. Mental health stigmas
5. Transportation
6. Hospice services

**Description of What Avera St. Benedict
Will Do to Address Community Need**

Healthy People 2020 has a goal of reducing substance abuse to protect the health, safety, and quality of life for all, especially children. Healthy People 2020 also has a specific adolescent health goal to reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property¹.

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.²

In recent years, the impact of substance and alcohol abuse has been notable across several areas, including adolescent abuse of prescription drugs. The availability of prescription drugs is increasing from many sources, including the family medicine cabinet, the Internet, and doctors. Also, many adolescents believe that prescription drugs are safer to take than street drugs.³

Avera St. Benedict Health Center service area has also seen these changes, and the CHNA committee has decided to make this need a priority. There has been an increased focus on the use of positive youth development interventions for preventing adolescent health risk behaviors. Youth development interventions can be briefly defined as the intentional process of providing all youth with the support, relationships, experiences, resources, and opportunities needed to become successful and competent adults.⁴ There is growing evidence that well-designed youth development interventions can lead to positive outcomes.

Avera St. Benedict Center will be taking this approach by partnering with the school and local law enforcement to provide education for students and parents. It was imperative that we involved the parents in the education, because parents who provide supervision and are involved with their adolescents' activities are promoting a safe environment in which to explore opportunities.⁵ And adolescents who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviors.⁶ The plan is to have a mandatory education session for adolescents and their parents during school registration every summer. There will be a 5-10 minute educational presentation by the Behavioral Health Therapist and local law enforcement on drug and alcohol abuse. They will then be available for questions following the presentation. By combining the parents and the students, we hope to make the relationship stronger. Students will know that their parents are involved and knowledgeable about drug and alcohol abuse. The parents will also be more aware of what their children are being faced with. Following this education, we will be taking verbal feedback from the parents, students, staff, and community members to evaluate if it was an appropriate way to address drug and alcohol abuse among adolescents.

Needs Not Being Addressed and the Reasons

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

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

All communities are faced with mental health stigmas. And with a lack of mental health resources in rural communities, patients in this community lack mental health care. With the hiring of a behavioral health therapist within the last two years, access to mental health care has improved. The therapist has also increased community education. It was felt that this need was already being met, and time and energy could be directed elsewhere.

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

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

Approval

This report was prepared for, and approved at the July 15, 2013 Avera St. Benedict Hospital Board of Directors regular meeting.

¹Healthy People 2020, Adolescent Health Objectives.

²Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Focus area 26, substance abuse, Healthy People 2010.

³National Institutes of Health, National Institute on Drug Abuse, Drug of abuse information 2008.

⁴Healthy youth development: Science and strategies, 2006.

⁵The family environment and adolescent well-being; Exposure to positive and negative family influences. National Adolescent Health Information Center, University of California, San Francisco, 2006.

⁶Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health, JAMA 1997.