



COMMUNITY HEALTH NEEDS ASSESSMENT

Implementation Plan

AVERA MARSHALL REGION

(Avera Granite Falls, Avera Marshall Medical Center and Avera Tyler)

2022

Executive Summary

As a faith-based health care organization in the Catholic Christian tradition, the Avera Marshall region's work of providing services that reflect the needs of our community is central to our identity. While governed by laws and regulations for non-profit, tax-exempt hospitals to provide services to those in need, we are ultimately compelled by a desire to extend the healing ministry of Jesus. Our mission and core values call us to make a positive impact in the lives and health of persons and communities. The mission of serving individuals and communities is central to who we are as a region; therefore, a community needs assessment is a natural extension of our commitment to those we serve.

In a spirit of charity and justice, Avera exists in response to God's calling for a healing ministry to the sick, the elderly and the oppressed. We provide healthcare services to all persons in need, without regard to the consideration of age, race, gender, sexual orientation, creed, national origin or ability to pay. Avera is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care based on their financial situation. Avera strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care.¹

Despite the challenges of the COVID-19 pandemic, the Avera Marshall region has continued its commitment to maintain core services, strengthen sophistication through technology, and recruit skilled professionals for its team. The region continues to significantly impact the local economy through jobs, visitors and overall commerce.

The heightened acuity of patients due to COVID-19 has strengthened the regions ability to provide more acute care within the community. This has allowed community members to stay in the region rather than be transported to other Avera system hospitals. The pandemic allowed us to continue to improve our telehealth opportunities, which are beneficial to providing healthcare services in rural areas. These enhanced services continue to benefit our community as we further understand how best to meet medical needs in a healthcare landscape changed by COVID-19.

Identifying and responding to health needs to create a more healthy community is at the core of Catholic healthcare. The FY2022 CHNA process helped us see more clearly which needs the community perceived as priority concerns. Through our process of data collection, both primary

¹ Avera Fiscal Policy #605 Financial Assistance and Billing Practices

and secondary, we have worked with the community to determine three priority health concern areas. They are as follows:

- Cultural barriers that impact healthcare, including but not limited to interpretive services
- Mental Health
- Transportation, as it relates to access for healthcare services

Now that we have determined priorities, the Avera Marshall regional administrative team can strategize ways to work with the community to develop achievable projects for these three priority areas. Determination of these projects will be done through continued community engagement. Implementation strategies will be determined by November 15, 2022 to meet the federal requirement of the 2010 Patient Protection and Affordable Care Act

Mission

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.

Core Values

In caring together for life, the Avera Marshall region is guided by the Gospel values of compassion, hospitality and stewardship. These values impact the region's delivery of healthcare in various ways.

The compassion of Jesus, especially for the poor and the sick of body and spirit, shapes how health care is delivered by Avera's employees, physicians, administrators, volunteers and sponsors. Compassionate caring is expressed through sensitive listening and responding, understanding, support, patience and healing touch.

The encounters of Jesus with each person were typified by openness and mutuality, which demonstrates a sense of hospitality. A welcoming presence, attentiveness to needs and a gracious manner seasoned with a sense of humor are expressions of hospitality in and by the Avera community.

Threaded through the mission of Jesus was the restoration of all the world to right relationship with the Creator. In that same spirit and mission, the members of Avera treat persons, organizational power and earth's resources with justice and responsibility. Respect, truth and

integrity are foundational to right relationships among those who serve and those who are served.

Definition of Service Area and Community

The Avera Marshall region serves southwest Minnesota, including all people, regardless of age, nationality, faith tradition, gender, sexual orientation or economic status. Avera Marshall Regional Medical Center, Avera Tyler and Avera Granite Falls are critical access hospitals and all provide emergency services, inpatient services and outpatient clinic specialties. According to FY21 internal discharge data, 94% of all discharges came from three counties: Lyon (78%), Yellow Medicine (13%) and Lincoln (9%).

For purposes of this CHNA Implementation Plan, the service area, and therefore community, is defined as all people in Lyon County, Lincoln County and Yellow Medicine County collectively. These counties include the following communities (the county seats are highlighted in **bold**):

- Lyon County: Balaton, Cottonwood, Garvin, Ghent, Lynd, **Marshall**, Minneota, Russell, Taunton and Tracy
- Lincoln County: Arco, Hendricks, **Ivanhoe**, Lake Benton and Tyler.
- Yellow Medicine County: Canby, Clarkfield, **Granite Falls**, Echo, Hanley Falls, Hazel Run Porter, St. Leo and Woodlake

Health Care Priorities

Identification of priority health needs was accomplished through engagement with public health, a survey, key informant interviews, focus groups and internal stakeholders of Avera Marshall. Supported with the primary and secondary community health and wellness data obtained through the CHNA process, individuals were invited to prioritize community health and wellness needs based upon community impact, potential for change, economic feasibility, community assets and alignment with the mission and values of the Avera Marshall region.

Upon completion of the prioritization process, the Avera Marshall Region has determined the following three community health priority needs (listed in alphabetical order). These three needs were determined by interviews with community members and a discussion with members of the Mission and Planning committee of the Avera Marshall Governance Board.

- Mental Health
- Cultural barriers that impact healthcare, including but not limited to interpretive services

- Transportation, as it relates to access for healthcare services

Mental Health

Why it is important: Community participants noted that mental health issues are increasing in our community, and some suggested that our community is on the verge of a mental health crisis, especially due to COVID-19. Although mental health crises are handled relatively well in our community, a more proactive, early diagnosis with a systematic approach is needed. The lack of local mental health providers and lack of available resources for mental health wellness was identified as a major concerns by the community.

Goal: In terms of a health concern, mental health is a broad category encompassing a wide range of physical, emotional, and societal issues. Out of this broad category, we will lower depression rates and engaging issues around suicide prevention.

Partners: Public Health, Clergy, Community Groups, Southwest Mental Health, and AMG General Practice Providers, Schools and AMG Mental Health Providers.

Resources Required: staff, providers, community connections, system communication expenses, and free educational resources from MDH.

- The Avera Medical Group will continue to track depression amongst our inpatient and outpatient Medicaid populations.
- Our AMG providers will discuss depression with patients who show signs of depression and help connect them with our mental health services.
- Strengthen relationship with Southwest Mental Health by informing mental health patients of the resources provided by the agency, especially their mobile mental health crises team.
- Utilize MDH resources related to the 988 mental health hotline in our community educational opportunities.
- Conduct a community wide suicide prevention campaign called, “Ask the Question” to provide community members information about how to talk to friends and family about suicide in order to reduce risk of suicide. This program will engage public health, provide education to church leaders, and deliver public service messages.

Cultural barriers that impact healthcare, including but not limited to interpretive services

Why it is important: Our service area demographics include a wide range of ethnicities besides White-non-Hispanic. Our top three ethnic populations are: Karen, Somali, and Hispanic.² Through discussions with these often underserved populations we have learned that barriers to high quality healthcare include: difficulty navigating existing healthcare services, lack of accurate information about health conditions and vaccinations, and effective interpretive services.

Goal: We will improve interpretive services, provide more assistance in navigating the healthcare system, and educate our traditionally underserved populations in matters related to disease prevention and vaccinations

Partners: Public Health, Non-Avera Medical Providers, Churches, Community Groups, Local Employers Providers, ARCH Language Network, and Avera Staff.

Resources Required: Staff, financial resources related to hiring of new staff, community connections, and foundation dollars.

- As in-person interpretation is often more effective than virtual interpretation (phone and video), we will increase access to in-person interpreters. A way to increase in-person interpretation is to develop a program where current staff who are bilingual in Karen, Somali, or Spanish have the opportunity to become cross-trained as certified medical interpreters.
- We currently have a Karen community health worker (CHW). Our goal in the next three years is to have two additional CHWs for the Somali and Hispanic populations.
- Develop a relationship with a local medical provider who is part of the Somali community. This relationship would allow us to better understand and meet the health needs of the Somali community.

² Additionally, Avera Granite Falls has developed a relationship with the Upper Sioux community through Avera's commitment to working with Native American tribes in regions throughout the health system.

- Along with public health, strengthen relationships with local employers who employ members of traditionally underserved populations in order to collaborate to provide health education opportunities and on-site vaccine clinics when needed.
- Provide health related education for the Karen community by presenting information about health related topics prior to their Sunday worship services.
- Partner with Avera Foundation to develop spaces for interfaith reflection throughout our facilities (i.e. a meditation rooms) to support spiritual well-being. Include in this room signage for those faiths that require awareness of cardinal directions for devotional practices.

Transportation, as it relates to access for healthcare services

Why it is important: Community members who participated in our CHNA felt that transportation was a barrier to receiving high quality healthcare. For those who do not have their own transportation or who are unable to drive, it can be difficult to have follow-through with appointments or arrive to appointments on time. Additionally, there are times when individuals need to utilize services outside the service area in Sioux Falls, SD (ninety to one hundred miles away from the facilities in the service area). Travel can be difficult to these long distance appointments for those individuals who do not drive. It is also challenging when a situation requires emergency medical transport and family members do not have the transportation resources to meet the patient at the destination facility.

Goal: We will improve transportation access to health care appointments for those who do not have transportation and develop stronger relationships with transportation services within our service area.

Partners: Public Health, City of Marshall, United Community Action Partnership, Local Medical Transport Companies, and Avera Staff (CHW and Care Coordination).

Resources Required: Staff and community connections

- Work with the City of Marshall and public health to provide a bus stop at the FQHC.
- Add to the Karen CHW job responsibilities arrangement of transportation for Karen patients who do not have complex care coordination needs. This allows care coordination to focus on more complex cases while also allowing the CHW to provide more targeted intervention on transportation for Karen community members

- Along with public health, meet with local medical transportation companies (including volunteer programs) to engage in dialogue about how we can best work together to provide short and long distance transportation for medical services throughout the region.
- When emergency medical transportation is utilized, provide clear directions to friends and family of the patient to the destination facility. Additionally, when those friends and family do not have resources to travel (or are unable to ride in the emergency transport vehicle) have social work/care coordination find a local transport company to bring at least one family member to the destination facility.

There are needs identified in the Community Health Needs Assessment 2022 which Avera Marshall is not directly involved in addressing in this implementation plan. These identified needs include: alcohol and drug abuse, cancer, and aging problems, and are addressed in a more limited capacity through Avera Marshall compared to the capabilities of other community assets. The proposed implementation strategy was presented for discussion, consideration and approval to the governing boards on October 24th and 25th of 2022.