Community Health Needs Assessment

Avera Sacred Heart Hospital

Fiscal Year 2015
**Fiscal Year 2015 Avera Sacred Heart Hospital**  
**Community Health Needs Assessment Summary:**

This is an assessment of the health needs within the primary service area of Yankton, S.D., utilizing the South Dakota Department of Health’s Good & Healthy South Dakota Community Health Needs Assessment and Improvement Planning toolkit.

During fiscal year 2015, a community health needs assessment was conducted by Avera Sacred Heart Hospital for the 22,500 residents of Yankton County, of which approximately 14,500 live within the boundaries of the City of Yankton, S.D. Yankton is the seat of Yankton County and takes pride in being the first capital city of Dakota Territory. Yankton is located on the banks of the Missouri River in Southeast South Dakota.

**Description of Community Served by the Hospital**

Yankton County is the most populated county in Avera Sacred Heart Hospital’s service area and ranks as the #1 county for discharges for the hospital. In 2013, 1700 of the 3,434 patients discharged from the hospital originated from Yankton County according to market data from the South Dakota Association of Health Care Organizations. Avera Sacred Heart Hospital service area spans counties in Southeast South Dakota and Northeast Nebraska. Approximately 73 percent of all discharges from the hospital originate from five counties in South Dakota: Yankton (50 percent), Bon Homme (9 percent), Charles Mix (8 percent), Clay (3 percent), and Hutchinson (3 percent). In consultation with public health experts from Avera Health, the parent corporation of Avera Sacred Heart Hospital, it was determined the hospital would focus the 2015 fiscal year community health needs assessment on the primary county of Yankton.

It is required that the assessment include individuals from the community who represent broad interests of the community served including medically underserved, low-income or minority populations residing in Yankton County. In defining community Avera Sacred Heart Hospital has taken into consideration all members of Yankton County regardless of socio-economic status. Avera Sacred Heart Hospital is committed to meeting the needs of all who need care regardless of their ability to pay.

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, and to provide healthcare services to all persons in need, without regard to the consideration of age, race, sex, 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 individual financial situation. Consistent with its mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values, Avera strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care. (Avera Fiscal Policy #605 Financial Assistance and Billing Practices)

The economic state of Yankton remains stable. The unemployment rate has decreased from 4.6 percent in 2011 to 3.5 percent in 2013 according to Bureau of Labor Statistics, Local Area Unemployment data. Median household income for the county is $52,578, approximately 6.25 percent higher than the median household income for the State of South Dakota, $49,495. The percentage of people 100 percent below the federal poverty level for Yankton County is 13 percent compared to 14 percent for the State of South Dakota.

<table>
<thead>
<tr>
<th>Economic Security and Financial Resources</th>
<th>Data Source</th>
<th>Year (Group of Years)</th>
<th>Yankton County</th>
<th>State of South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Children under 18 years age in poverty</td>
<td>SAIPE</td>
<td>2013</td>
<td>709</td>
<td>14.90%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>SAIPE</td>
<td>2013</td>
<td>$52,578</td>
<td>$49,495</td>
</tr>
<tr>
<td>% of persons below 100% of the Federal Poverty Level</td>
<td>SAIPE</td>
<td>2013</td>
<td>2,683</td>
<td>13.00%</td>
</tr>
</tbody>
</table>

SAIPE = Small Area Income and Poverty Estimates, U.S. Census Bureau
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Data Source</th>
<th>Year (Group of Years)</th>
<th>Yankton County Number</th>
<th>%</th>
<th>State of South Dakota Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,339</td>
<td>5.90%</td>
<td>58,935</td>
<td>7.10%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,233</td>
<td>5.50%</td>
<td>57,031</td>
<td>6.90%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,477</td>
<td>6.60%</td>
<td>54,704</td>
<td>6.60%</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,405</td>
<td>6.20%</td>
<td>57,851</td>
<td>7.00%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,323</td>
<td>5.90%</td>
<td>58,789</td>
<td>7.10%</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>2,850</td>
<td>12.70%</td>
<td>107,354</td>
<td>13.00%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>2,740</td>
<td>12.20%</td>
<td>93,967</td>
<td>11.40%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>3,541</td>
<td>15.70%</td>
<td>114,209</td>
<td>13.80%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,504</td>
<td>6.70%</td>
<td>55,985</td>
<td>6.80%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,435</td>
<td>6.40%</td>
<td>46,897</td>
<td>5.70%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,800</td>
<td>8.00%</td>
<td>59,962</td>
<td>7.30%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>ACS</td>
<td>2009-2013</td>
<td>1,350</td>
<td>6.00%</td>
<td>39,910</td>
<td>4.80%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>ACS</td>
<td>2009-2013</td>
<td>521</td>
<td>2.30%</td>
<td>19,604</td>
<td>2.40%</td>
</tr>
</tbody>
</table>

ACS = American Community Survey, U.S. Census Bureau

<table>
<thead>
<tr>
<th>Sex</th>
<th>Data Source</th>
<th>2008-12</th>
<th>Yankton County</th>
<th>%</th>
<th>State of South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>ACS</td>
<td>2009-2013</td>
<td>11,771</td>
<td>52.30%</td>
<td>414,382</td>
</tr>
<tr>
<td>Female</td>
<td>ACS</td>
<td>2009-2013</td>
<td>10,747</td>
<td>47.70%</td>
<td>410,816</td>
</tr>
</tbody>
</table>

ACS = American Community Survey, U.S. Census Bureau

Avera Sacred Heart Hospital’s primary service area of Yankton County is predominately Caucasian (92.8 percent). Latino/Hispanic comprises 3.0 percent of the population and 2.5 percent is American Indian.
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Data Source</th>
<th>Year (Group of Years)</th>
<th>Yankton County</th>
<th>State of South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>20,896</td>
<td>92.80%</td>
</tr>
<tr>
<td><strong>Black or African American</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>431</td>
<td>1.90%</td>
</tr>
<tr>
<td><strong>American Indian or Alaska Native</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>574</td>
<td>2.50%</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>152</td>
<td>0.70%</td>
</tr>
<tr>
<td><strong>Native Hawaiian or other Pacific Islander</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Some other race</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>215</td>
<td>1.00%</td>
</tr>
<tr>
<td><strong>Two or more races</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>250</td>
<td>1.10%</td>
</tr>
<tr>
<td><strong>Hispanic or Latino Origin</strong></td>
<td>ACS</td>
<td>2009-2013</td>
<td>671</td>
<td>3.00%</td>
</tr>
</tbody>
</table>

ACS = American Community Survey, U.S. Census Bureau
**Who Was Involved in the Assessment**

Avera Sacred Heart Hospital utilized the Community Health Needs Assessment and Improvement Planning toolkit developed by the South Dakota Department of Health. This toolkit was developed to offer communities a reliable resource that can be used to identify, prioritize and address their community health needs. The South Dakota Department of Health offered a grant opportunity to participate in the Community Health Needs Assessment and Improvement Planning Pilot Project. Avera Sacred Heart Hospital was awarded a grant and worked with the South Dakota Department of Health, the toolkit developers, and Avera Health, the parent corporation of Avera Sacred Heart Hospital. The grant opportunity not only provided some grant dollars to help offset the cost of conducting the community health needs assessment, but also provided Avera Sacred Heart Hospital the opportunity to work closely with individuals from the South Dakota Department of Health who have expertise in public health. Monthly webinars and technical assistance calls were held with members of the South Dakota Department of Health, who are trained and experienced in chronic disease management and public health.

The Good & Healthy South Dakota Community Health Needs Assessment and Implementation Planning toolkit provided a strong framework to guide and assist Avera Sacred Heart Hospital in conducting the assessment. The process included gathering data from four sectors in the community including: health care, community, schools and worksites. Members from these four sectors of the community completed the checklists focused on nutrition, physical activity, tobacco, and chronic disease management.

In addition to the assessment around the four community sectors, Avera Sacred Heart Hospital contracted with Maximizing Excellence, LLC to conduct three focus groups hosted in Yankton, S.D. Careful consideration was taken to ensure that input gathered was representative of the community at large including the medically underserved, low-income or minority populations. Invitations were sent to members of the Yankton Chamber of Commerce, service groups (Lions Club, Rotary Club, Sertoma Club, etc.), agency leaders (e.g. Boys and Girls Club, Yankton County Health Services, Food Bank, the Senior Citizen Center, the Banquet, South Dakota Department of Social Service Yankton Region, etc.) and notices for community input at the focus groups were placed in the Yankton Press and Dakotan newspaper. Personal invitations were extended to individuals identified as key informants working with or representing low-income, minority and medically underserved populations of the community. The Community Health Needs Assessment Steering Committee felt the focus group participants were a sampling of the cross-section of socio-economic demographics and represented the interests of the medically underserved, minorities and low-income members of Yankton County.
The Community Health Needs Assessment Steering Committee met monthly beginning in September 2014 through May 2015 to gather and review data. The committee participated in webinars conducted by the South Dakota Department of Health designed specifically for Avera Sacred Heart Hospital, which provided an opportunity for communication regarding project activities throughout the community health needs assessment pilot project. Webinars were offered on a number of assessment activities including the topic of prioritization, and tools and methods were reviewed for assisting the committee in determining priorities from the community health needs assessment. The steering committee will continue to meet to determine the implementation plan, monitor progress, and recommend modifications to the plan as determined necessary. Avera Sacred Heart Hospital solicited members of the community to serve on the steering committee with specific requests made to members of the medically underserved, minority, and low-income populations in the community and those who work with marginalized populations. Steering committee membership is comprised of individuals with expertise in health care, public health, geriatric nursing, chronic disease management, diabetes management, wellness, and public relations who demonstrated a willingness to be involved in the assessment and work or volunteer with the underserved or marginalized members of the Yankton community. Committee members are involved with the Banquet (provides free community meals), The Center (Senior Citizens Center), Junior Achievement, Yankton City Commission, Yankton Chamber of Commerce, etc.
How the Assessment Was Conducted

Members of the steering committee met with representatives of the South Dakota Department of Health, Good & Healthy South Dakota Community Health Needs Assessment toolkit developers and a representative of Volunteers of America (grant administrator). The toolkit steps were reviewed, and instructions were provided on how to utilize the checklists, forms, etc. A timeline was developed and determination of webinars and resources to be offered to Avera Sacred Heart Hospital was agreed upon.

The steering committee reviewed the previous community health needs assessment conducted in 2012. Since the prior CNHA was completed, Avera Sacred Heart Hospital has received requests for printed copies of the assessment. However, no written comments were received regarding that community health needs assessment or implementation plan.

Based on the Avera Sacred Heart Hospital Board of Directors’ recommendation, the 2012 community health needs assessment and implementation plan focused on diabetes prevention, education, and screening. Avera Sacred Heart Hospital utilized the Centers for Disease Control and Prevention (CDC) approved program Lifestyle Coaching which is part of the CDC National Diabetes Prevention Program to address the need. Registered nurses and registered dieticians from the hospital were trained to offer this year-long program. There are currently two cohorts of the Lifestyle Coaching program meeting; one has transitioned to monthly meetings per the program guidelines, and the other is meeting weekly. A participant in the hospital’s diabetic programs shared that he has lost 100 pounds, decreased his A1C from 12.7 to 5.0, averages 20,000 steps daily, and has learned to monitor portion sizes and choose healthy options. He has even begun growing his own vegetables since enrolling in the program.

Avera Sacred Heart Hospital held programs on diabetes risks, prevention, and education. Screenings were conducted and distributed for use in the community. Over 150 community members participated in the Diabetes Recognition breakfast event hosted by the hospital. Avera Sacred Heart Hospital will continue to create awareness around diabetes focusing on prevention, education, and screenings.

The Good & Healthy South Dakota Community Health Needs Assessment and Implementation Planning toolkit focuses on four primary areas: physical activity, nutrition, tobacco use, and chronic disease management. Each of the four areas is scored based on the following criteria: policy, regulation, and environmental changes, along with education and awareness. Data is gathered through checklists completed by members of the community, schools, worksites, and health care. Although the checklists are limited to four areas, the information provides a good snapshot of the health of the community.
Members of each sector were asked to complete the checklists: manufacturing, private business, community groups focused on serving senior citizens and the hungry as well as advocating for local businesses, schools, the hospital, and the federally-qualified health center. The summary of the checklists is included in Appendix 1.

Additional information was solicited from key community informants and the community in general through the four focus groups conducted by Maximizing Excellence, LLC. Questions used in the focus groups centered on the four primary areas identified by Good & Healthy South Dakota. Information was also solicited about how Avera Sacred Heart Hospital is currently meeting the needs of the community, advance directives, and other pertinent information participants wished to share. Avera Sacred Heart Hospital collaborated with the South Dakota Department of Health Good & Healthy South Dakota coordinators and the masters-prepared social workers from Maximizing Excellence, LLC to develop the focus group questions. A copy of the report is included in Appendix 2.

South Dakota Good & Healthy Community Health Indicators were gathered from a variety of resources and data sets. Sources for this secondary data include: Community Commons, Small Area Income and Poverty Estimates from the United States Census Bureau, American Community Survey from the United States Census Bureau, Health Indicator Warehouse, County Health Rankings, and the Behavior Risk Factor Surveillance System. These indicators support the checklist summary data and the information gathered through the focus groups.

Steering committee members reviewed and evaluated the checklist data, focus groups report, and the community health indicators to rank the health needs identified through the community health needs assessment process. Additional data was evaluated from a survey conducted at the 2014 Make a Difference Day event held in Yankton (Appendix 3). Common themes were identified and considered from across all information sets: nutrition, physical activity, tobacco use, chronic disease management, coordinated care, advance directives, respite care, access to care, and affordable care.

A multi-voting technique was used to select the top two priorities from the nine themes. Criteria was based on size, seriousness, economic feasibility, potential for impact, availability of community assets, need due to limited community assets, probability of success, and value of the presented themes. In round one, each participant could vote for as many themes as desired. The top five results were nutrition, physical activity, coordinated care, chronic disease management and advance directives. In round two, the participants were allotted up to four votes. At the end of the second round, two main priorities were established: nutrition and coordinated care.
The checklist summary showed the health indicator of nutrition ranking consistently low and reflective of needs in the community across all four community sectors. One of the top findings from the focus groups was that nutrition, access to affordable healthy foods, education on food preparation, and developing cooking skills were concerns. The Make a Difference Day survey results also highlighted diet and weight management as a major concern and indicated nutrition programming as a top priority for the community.
Health Needs Identified/Programs & Resources

Nutrition:
Nutrition was identified as a significant concern throughout the community and specifically a lack of programming centered on nutrition, making good choices and basic cooking skills. Focus group participants indicated nutrition programming ought to be accessible, affordable, and feasible. Participants stressed the importance of employing preventive measures related to nutrition as they directly impact chronic disease prevalence and management.

The need also aligns with the Healthy People 2020 goal, which is to: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

On March 4, 2015, approximately 20 people gathered in Yankton to begin discussions on nutritional educational needs in the surrounding areas including Yankton and Vermillion, S.D. The main focus of the meeting was to advocate that South Dakota State University Extension Service reconsider offering nutrition education programs in Yankton. Due to budget constraints, this program was eliminated approximately six years ago. Avera Sacred Heart Hospital was part of the discussion and supportive of increasing nutritional awareness, education, and skills in the community.

The need for nutritional programming is evidenced by data gathered concerning the prevalence of adults and children with a body mass index (BMI) score of 30 or greater, signifying obesity. The reported lack of fruits and vegetable being consumed by adults in Yankton County and in South Dakota in general is concerning.
### Diet

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Data Source</th>
<th>Year (Group of Years)</th>
<th>Yankton County %</th>
<th>State of South Dakota %</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults who are Obese based on BMI of &gt;30</td>
<td>CC</td>
<td>2011-2012</td>
<td>23.32%</td>
<td>28.17%</td>
</tr>
<tr>
<td>% of K-12 students who are obese based on BMI</td>
<td>SD School Height/Weight Report Region 3</td>
<td>2012-2013</td>
<td>19.10%</td>
<td>16.00%</td>
</tr>
<tr>
<td>% of adults that report fewer than 5 servings of fruits/vegetables per day</td>
<td>CC</td>
<td>2005-2009</td>
<td>77.20%</td>
<td>81.70%</td>
</tr>
</tbody>
</table>

CC = Community Commons

#### Physical Activity:

Physical activity or perceived lack of physical activity in the community was a concern identified through the community health needs assessment. The sector checklists indicated physical activity as a need across the majority of the sectors and secondary data collected from the Health Indicator Warehouse highlight 22.7 percent of adults in Yankton County report no leisure-time exercise in the past month (years 2006-2012).

Avera Sacred Heart Hospital’s Wellness Center offers over 120 group exercise classes monthly. Two swimming pools and a variety of exercise equipment, machines, and personal trainers are available to members. Memberships are offered at a discounted rate to the over 1,200 hospital employees and their family members. Avera Sacred Heart Hospital colleagues are actively involved in planning a variety of physical activities in the community including 5K fun runs, the YankTON weight loss challenge, etc.

Yankton’s Summit Activities Center also houses an indoor pool, fitness equipment, gymnasiums, fitness classes, and personal training sessions as well as outdoor facilities for tennis, track, softball, and walking paths. The Summit Activities Center is a collaborative effort between the City of Yankton and the Yankton School District. Single and family memberships are available.
There are a number of private businesses and gyms offering fitness and exercise options in the community along with an active Yankton Parks and Recreation Department.

**Tobacco Use:**

Tobacco use by adults in Yankton County at 13.9 percent is significantly below the State of South Dakota at 23 percent (Centers for Disease Control and Prevention, 2011). The community health needs assessment checklist summary indicated tobacco use policy, regulation, education, and awareness edged toward strength across the sectors. Focus group participants felt significant progress has been made in the community regarding smoking bans and less visible use of tobacco.

The Tobacco Coalition of Yankton is actively involved in many community activities, educational offerings, and policy development focused on reducing the use of tobacco. All data gathered through the community health needs assessment concerning tobacco use will be shared with the coalition.
Chronic Disease Management:

Chronic diseases account for seven of every 10 deaths in the United States. They are among the most prevalent, costly, and preventable health problems. Examples of chronic diseases include cancer, heart disease, stroke, obesity, arthritis, and diabetes. Healthy lifestyles can reduce the risk for developing chronic disease.

<table>
<thead>
<tr>
<th>Chronic Health Indicators, Morbidity &amp; Preventive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>% of adults that report having been diagnosed as having Diabetes</td>
</tr>
<tr>
<td>Age-adjusted cancer incidence rate</td>
</tr>
<tr>
<td>% of adults age 18+ ever diagnosed with Coronary Heart Disease or Angina</td>
</tr>
<tr>
<td>% of adults that report having been diagnosed with high blood pressure</td>
</tr>
<tr>
<td>% of adults that report fair or poor health</td>
</tr>
<tr>
<td>Average number of reported physically unhealthy days per month among adults 18 years of age and over</td>
</tr>
<tr>
<td>Average number of reported mentally unhealthy days per month among adults 18 years and over</td>
</tr>
<tr>
<td>% of adult women respondents age 50+ who report having mammogram in past 2 years</td>
</tr>
<tr>
<td>% of adults age 50+ who have had a Sigmoidoscopy/Colonoscopy within the past 10 years</td>
</tr>
<tr>
<td>% of women age 18+ who report having a pap smear test in the past 3 years</td>
</tr>
</tbody>
</table>

HIW = Health Indicator Warehouse; CC = Community Commons; CHR = County Heath Rankings
Coordinated Care:
The need for more collaborative, coordinated health care in Yankton surfaced during focus group discussions. “Ideal collaboration would span the full breadth of community health care coverage and services. Participants envisioned a collaborative health care system in which institutions, community resources, and physicians not only communicate but work together to provide an all-inclusive experience for patients...Participants recognized that improvement in community health will not occur without collaboration amongst all sectors and it should be initiated by the health care entities themselves.” (Maximizing Excellence, LLC report, p. 6)

Advance Directives:
The need for advance directives is a concern for health care facilities and health professionals. Advance directives are legal documents that allow a person to articulate decisions about end-of-life care ahead of time. AARP (2008) indicated that only about one-third of adults have an advance directive.

Respite Care:
Focus groups recognized the need for ample and quality long-term care, respite care, continuum of care, and caregiver services. “Participants acknowledged that though these needs were not immediate for everyone, they will impact each person at some point in their lifetime.” (Maximizing Excellence, LLC report p. 7)

Access to Care and Affordable Care:
Concerning access to care and affordable care, time and money were identified as the most significant barriers in the Yankton community. “When participants were prompted to identify one thing the hospital in Yankton is doing well, above all the theme of being provided ‘caring care’ summarized participant sentiment. This is a point of differentiation for ASHH [Avera Sacred Heart Hospital] and speaks to the effect the care has upon patients. Both the hospital and physicians treat all patients with the same level of compassion and provide their highest standard of care regardless of caseload or patient socio-economic status. Avera Sacred Heart promotes familiarity and a personalized care approach that is appreciated and valued by patients.” (Maximizing Excellence, LLC report p. 4)

In 2012, approximately 16.3 percent of adults in Yankton County under age 65 did not have health insurance. With the implementation of the Affordable Care Act and the opening of the health insurance exchanges, the uninsured rate among U.S. adults averaged 12.9 percent for fourth quarter 2014. (Gallup-Healthways Well-Being Index) The State of South Dakota has elected to not expand Medicaid to 138 percent of federal
poverty guidelines. As a result, there are approximately 48,000 South Dakotans who do not qualify for Medicaid and are not eligible for subsides to offset the cost of health insurance on the health exchanges. (South Dakota Department of Social Services: Medicaid Expansion Estimates, Demographics and Cost, April 2013)

For fiscal years 2013 and 2014, Avera Sacred Heart Hospital provided $2,364,109 and $2,362,707 respectively in direct charity care to patients.

Avera Sacred Heart Hospital was an active advocate for the presence of a federally-qualified health center in Yankton. allPoints Clinic opened in 2013. The clinic is located on the Avera Sacred Heart Hospital campus. allPoints offers a sliding fee scale for medical, dental, and behavioral health services.

**Community Assets Identified**
The community health needs assessment identified a number of community assets (Appendix 4), including Avera Sacred Heart Hospital and its community benefit programs, the clinical providers in the community, solid educational institutions, and numerous service groups.

**Summaries: Assessment and Priorities**
Avera Sacred Heart Hospital partnered with the South Dakota Department of Health to utilize the Good & Healthy South Dakota Community Health Needs Assessment and Implementation Planning toolkit they had previously developed. The toolkit focused primarily on areas of physical activity, nutrition, tobacco use, and chronic disease management. Avera Sacred Heart Hospital had monthly calls with Good & Healthy South Dakota coordinators to guide the process. Data was gathered from four sectors of the Yankton community: community groups, workplaces, the schools, and health care providers. The hospital also contracted with Maximizing Excellence, LLC to conduct three focus groups in Yankton and one in Hartington, Neb. Secondary data was gathered from a number of resources recommended by Good & Healthy South Dakota coordinators and Avera Health.

Two significant needs were identified and prioritized in the community health needs assessment process: nutrition and a collaborative, coordinated health care delivery system for Yankton. Nutrition policy, regulation, environmental considerations, education, and awareness are a need in the Yankton community. Because good nutrition is foundational to a healthy life, the committee is recommending Avera Sacred Heart Hospital concentrate community efforts on nutrition education, healthy choices, and awareness for the next three years. The committee is also recommending Avera Sacred Heart Hospital continue to increase care coordination between the hospital and clinical providers in service of our mutual patients and colleagues.
The Avera Sacred Heart Hospital Fiscal Year 2015 Community Health Needs Assessment Report was presented to the Avera Sacred Heart Hospital Board of Directors on May 11, 2015 for discussion and consideration. The Board of Directors accepted the Avera Sacred Heart Hospital Fiscal Year 2015 Community Health Needs Assessment Report at that meeting.

The proposed implementation strategy will be presented for discussion, consideration and approval to the Avera Sacred Heart Hospital Board of Directors prior to November 15, 2015.
### South Dakota Good & Healthy Community Checklist Summary

**Needs**

<table>
<thead>
<tr>
<th>Community</th>
<th>Policy, Regulation, &amp; Environmental Changes</th>
<th>Education &amp; Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>50%</td>
<td>24%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>43%</td>
<td>52%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>76%</td>
<td>69%</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Worksite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>46%</td>
<td>25%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>27%</td>
<td>39%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>61%</td>
<td>43%</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>57%</td>
<td>49%</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>50%</td>
<td>58%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>39%</td>
<td>56%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>87%</td>
<td>67%</td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>92%</td>
<td>50%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>37%</td>
<td>44%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>71%</td>
<td>33%</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>85%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Key for Sector Worksheets:**

*PRE = Policy, Regulation, & Environmental Changes*

*EA = Education & Awareness*
Avera Sacred Heart

Community Health Needs Assessment

April 2015
# Table of Contents

**Process** .................................................................................................................................................. 3

**Executive Summary of Findings** ........................................................................................................... 4

**Nutrition** .................................................................................................................................................. 5

**Collaboration** .......................................................................................................................................... 6

**Other Priorities** ....................................................................................................................................... 7

  - Most Important Services ......................................................................................................................... 9
  - Most Significant Health Care Related Need Facing Families ............................................................... 10
  - Most Significant Health Care Related Need Facing the Community .................................................. 10
  - Most Significant Needs Related to Current Healthcare Initiatives ..................................................... 11
  - Doctor Visit Frequency ......................................................................................................................... 12
  - Advanced Directives ............................................................................................................................. 12
  - Most Significant Barriers to Accessing Resources in the Community .............................................. 13
  - One Thing the Hospital in Yankton is Doing Well ................................................................................ 13
  - How Yankton Could Improve How it Serves the Community .............................................................. 14
  - Suggested Changes to Healthcare in Yankton ....................................................................................... 14
  - Potential Actions, Programs, Strategies to Impact Community Healthcare Needs ............................ 15
Process

Maximizing Excellence, LLC (MELLC) was contracted to provide Avera Sacred Heart Hospital (ASHH) the expertise and resources needed to develop, facilitative, compile, and analyze focus group content in support of its 2015 Community Health Needs Assessment (CHNA). The CHNA is a requirement for ASHH through The Patient Protection and Affordable Care Act. The focus groups were intended to gain information and perspective on community health needs as they relate to ASHH.

To initiate the assessment, MELLC spoke with Kara Payer, Vice President of Mission, to understand expectations and to build a timeline for focus group facilitation and report completion. This initial meeting was also focused on educating MELLC about Avera Sacred Heart and the Community Healthcare Assessment conducted in 2012. With this information and additional resources provided by ASHH, MELLC developed eleven focus group questions intended to solicit information and perception from focus group participants. The questions focused on identifying significant health care needs facing families, the community, and the focus areas identified in the previous assessment (physical activity, nutrition, tobacco use, and chronic disease management). Access to resources, improvements in program and service delivery, advanced directives, and frequency of healthcare usage were also addressed. The final question prompted participants to share any actions, programs, and/or strategies they think would make the biggest impact in addressing community health needs. All eleven questions were designed to be applicable to all focus group audiences. This design helped to manage the variety in participant response and allowed for continuity in presenting assessment findings.

Three focus groups were offered onsite at ASHH, April 21-22, 2015 in Yankton, South Dakota. A fourth focus group was offered in Hartington, Nebraska, April 22 at the Cobblestone Inn. All four focus groups were open to both the individuals predetermined to have a vested interest in ASHH as well as to the general public. ASHH was tasked with recruiting 8-12 participants for each focus group to allow for manageable but productive discussion. Participants were prepped with focus group ground rules and expectations. Participants were encouraged to provide candid feedback and were informed that responses would be compiled in a confidential manner and reported in the aggregate.

MELLC compiled and analyzed focus group feedback in development of a summary report to be used and circulated by ASHH. This report includes an executive summary, process overview, recommendations, and the raw data used to deduce findings.
Executive Summary of Findings

Two primary needs were identified along with additional areas of focus by participants. Nutrition surfaced as the most significant community health need. Much of the discussion on nutrition focused on the accessibility, affordability, and feasibility of attaining the available services and achieving beneficial results. Participants stressed the importance of employing preventative measures related to nutrition as they directly impact chronic disease prevalence and management. Another primary need identified is to implement a collaborative health care system in Yankton. This collaboration should span the health care community and would ideally bring together Avera Sacred Heart Hospital, Yankton medical clinic, primary physicians, and community resources around the common cause of improving overall patient care. Participants specially focused on how a collaborative system would reduce inefficiencies of the current system.

Participants were asked to identify significant health care needs relating to the four focus areas (nutrition, physical activity, tobacco use, and chronic disease management) identified in the previous Community Health Needs Assessment. Of the four, tobacco use was the only focus area where significant progress was reported. Most notably was progress in community smoking bans and less visible use of tobacco. Some participants identified marijuana use as a health care focus area that could potentially replace tobacco use. Participants felt nutrition, physical activity, and chronic disease management are still relevant initiatives and should continue to be health care priorities.

When participants were asked if they had an advanced directive, 75% said they have one due to 1) being confronted with the reality of needing one; and/or 2) because it is the smart thing to do. Not having an advanced directive was not the result of a conscious choice but instead a product of young age and not having any pressing cause or motivation to have one.

Beyond evaluating specific segments of health care related to ASHH, participants provided an informal evaluation of the hospital’s current functioning. Time and money were identified as the most significant barriers to accessing health care resources in the Yankton community. Participant discussion encouraged ASHH to be ever vigilant in ensuring the accessibility and affordability of all resources. When participants were prompted to identify one thing that the hospital in Yankton is doing well, above all the theme of being provided “caring care” summarized participant sentiment. This is a point of differentiation for ASHH and speaks to the affect the care has upon patients. Both the hospital and physicians treat all patients with the same level of compassion and provide their highest standard of care regardless of caseload or patient socio-economic status. ASHH promotes familiarity and a personalized care approach that is appreciated and valued by patients.
Nutrition

Concern about the state of nutrition and overall physical health of the Yankton community was expressed by all focus group participants. Nutrition was identified as a significant health care-related need facing participant families and the community in general as well as an area in which the hospital could improve the way in which it serves the community. It was unanimously agreed that nutrition should remain an active health care initiative.

It was noted that nutrition is often overlooked in the discussion on physical activity and wellness. It is perceived that Yankton has an abundance of physical activity outlets, via trails, river access, parks, gyms, and community events, such as runs, walks, weight challenges, etc. The missing link between current opportunities and attaining good, overall community health is support and promotion of nutritional initiatives. Participants envision these initiatives to be multi-faceted, engaging the family unit, schools, local government, and health care institutions. In specific to health care, they would like to see nutritional initiatives extend beyond community education, to be represented both in policy making and in one-on-one doctor’s visits. For overall nutrition to improve in Yankton, it must be made accessible, affordable, and feasible.

Actions, Programs, Strategies:
- Adolescent knowledge of cooking and healthy eating
- Staff additional dieticians
- Focus on offering cost-worthy nutritional preventative measures
- Decrease prevalence of shelf-stable food at food pantry and increase healthier options
- Family and student cooking education (i.e. Kids in the Kitchen program)
- Extend SackPack program through Summer months
A prominent theme that surfaced during focus group discussion was the need for a more collaborative, coordinated health care in Yankton. Ideal collaboration would span the full breadth of community health care coverage and services. Participants envision a collaborative health care system in which institutions, community resources, and physicians not only communicate but work together to provide an all-inclusive experience for patients. Cause for such a need comes from participants being frustrated with experiencing a decline in the quality of care and with inefficiencies of the current system. They strongly believed more efficiencies would heighten the standard of care and allow for new advances. Most notably, participants pressed for the cultivation of a collaborative relationship between Avera Sacred Heart Hospital and the Yankton medical clinic. They also saw value in having physicians collaborate with local community resources so that they are able to offer an educated, comprehensive opinion and care plan. Participants recognized that improvement in community health will not occur without collaboration amongst all sectors and that it should be initiated by the health care entities themselves.

Actions, Programs, Strategies:

- Prioritize a collaborative healthcare system
- Incentivize clinic doctors to work with the hospital
- Show the mutual benefits of introducing efficiencies
- Utilize the same software so all healthcare entities can easily work and communicate with each other
- Share equipment and emergency plan responsibilities
Other Priorities

Caregiver Services

The need for ample and quality long-term care, respite care, continuum of care, and caregiver services were all noted by participants as important. Participants acknowledged that though these needs were not immediate for everyone, they will impact each person at some point in their lifetime.

Actions, Programs, Strategies:

- Physician knowledge of available resources/services
- On-site caregiver support staff
- Partner with other community resources who currently meet these needs

Initiating Behavioral Changes

Participants clearly understood how personal decision-making correlates with chronic disease management. They saw the value in making better choices and participating in healthy alternatives, but were in agreement that lack of knowledge and confidence in where or how to begin was a significant barrier.

Actions, Programs, Strategies:

- Focus on caring for the preventative health of patients
- A more personalized approach to educating individuals on behavior change options
- Provide more guided assistance and support systems for those striving to implement long-term changes
Avera Sacred Heart Hospital
2015 CHNA Appendices
Question #1: What services are most important to you?

- Collaboration between physicians, ASHH, Yankton medical clinic, and resources
  - Coordinated healthcare system
  - Communication
  - All-inclusive experience
- Emergency care
- Long-term care
- Surgical care
- Dialysis care and resources
- Retirement living opportunities and availability
- Professionally staffed
- Continuum of care
- Physician knowledge and referral of resources/services prior to imminent need (i.e. end of life)
- Encouragement of caregiver and family involvement within healthcare settings
- Mental illness advocacy
- Nutritional community services
- Case management, including post-treatment
  - To work on lowering readmission
  - To better address concurrent diseases
Question #2: What is the most significant health care related need facing your family?

- Long-term care
- Nutrition and exercise
- Healthcare needs are often chronic and concurrent; need collaborative services to properly address this common reality
- Caregiver support
- To have the primary physician be the primary educated opinion; to be knowledgeable of all needed and available resources
- Respite care
  - Need more affordable, accessible, and available care options

Question #3: What is the most significant health care related need facing your community?

- A collaborative system
  - For the clinic and the hospital to cooperate and work together
  - For the clinic and hospital to use the same computer system
- Nutrition
  - Parents don’t know how to cook, therefore the children aren’t learning how to cook
  - Need to determine responsibility amongst parents, schools, etc.
  - Sack pack program
- Support and care for seniors and their caregivers
Question #4: What is the most significant health care related need related to the following focus areas?

Physical Activity
- Affordability, not just of gyms but of guided assistance in beginning an exercise program
- Lessen how overwhelming obesity is
  - Address questions such as “Where can I even start?” to make it feasible

Nutrition
- Adolescent knowledge of cooking and healthy eating
- Healthier inventory at the food pantry

Tobacco Use
- Expectant mothers still smoking
- Significant progress toward reducing tobacco use
- Need is moving away from tobacco to marijuana use
  - Increased use justified by a “medical” rationale
  - Need medical community to educate the public

Chronic Disease Management
- Diabetes (type 1&2)
  - Managing genetics with a healthy diet and exercise
  - Esp Native American population
- As a community we aren’t healthy, which affects the prevalence of chronic diseases
- Needs are relentless, caregiving is 24/7
Question #5: When was the last time you went to the doctor or hospital?

- Last Friday
- Last month
- October
- Every 6 months

Question #6: Do you have an advanced directive?

If yes, why do you choose to have one? (75% responded Yes)

- It’s the smart thing to do
- I’m confronted with the reality of needing one

If no, why have you chosen not to? (25% responded No)

- I’m young and haven’t really thought about it
- It’s not a conscious choice not to - it just hasn’t come up

Has anyone in a health care setting asked you if you have an advanced directive?

- 75% responded Yes
- 25% responded No
Question #7: What are the most significant barriers to accessing resources in your community?

- Money
  - Prioritize money elsewhere before healthcare
  - Emergency room becomes the doctor, this is costly
- Time
- Need more people
- Expanded hours
- Transportation
- Phone nurse
  - Healthcare is getting more and more impersonal
  - Difficult to access the people/resources you are looking for via the current system
  - Information is handled so many times that it gets mangled and there is repetition failure
  - Initial introduction to the process isn’t welcoming or friendly

Question #8: What is one thing the hospital in Yankton is doing well?

- Patient familiarity with services and staff
- Being a non-profit hospital and not turning anyone away; serving everyone
- Everyone is treated the same way, no matter if you can pay for it or not
- Professionalism
- Significant improvement in involving the family
- Caring care
  - Serve the whole person first
  - Don’t come across as too busy or preoccupied
Question #9: In what ways could the hospital improve the way in which it serves the community?

- Nutrition
  - Short on dietitians
  - A cost often not covered by insurance companies; they don’t see the benefits of paying for nutritional preventative measures
- Respite care
- Staff another clinical social worker

Question #10: If you could change one aspect of healthcare in Yankton, what would it be and why?

- Make it a collaborative healthcare system
  - Make the doctors work with the hospital
  - It would introduce efficiencies
  - Utilize the same software so all healthcare entities can easily work and communicate with each other
  - Communication is essential
  - Work together to improve the health of the community
- Ensuring all physical and nutritional resources are affordable and accessible
- Respite care
- There’s a structural limit to how much good a hospital can do before it’s not doing good
Question #11: What actions, programs, strategies do you think would make the biggest impact?

- Increase the nutritional health of the community
  - Decrease prevalence of shelf-stable food at food pantry (would reduce medical costs down the road)
  - Family and student cooking education (i.e. Kids in the Kitchen program)
  - Extend SackPack program through Summer months

- Educate the community on the benefits of nutrition and physical activity to drive demand for...
  - Additional dietitians
  - Weight challenges
  - Walks/runs

- Collaborate with local communities, such as Vermillion, to address needs surrounding respite care

- Focus on caring for the preventative health of the patients
  - Possibly via Lunch and Learn type formats

- Host a drug awareness/prevention event for children and their parents
  - Potentially mimic the program the schools had in bringing speakers from the prison and had speakers from the prison

Closing Comments

Participants valued being involved in the process and felt their opinions were heard. They are optimistic about potential changes.
“Working with organizations who want to improve their effectiveness and the individuals responsible for getting the results.”
2014 Make a Difference Day, Community Services Survey RESULTS : Total 47

FOOD, SHELTER, CLOTHING
Of the three choices below, what is your household’s most pressing need at the moment?

<table>
<thead>
<tr>
<th>Need</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>21</td>
</tr>
<tr>
<td>Jobs</td>
<td>1</td>
</tr>
<tr>
<td>Housing/Shelter</td>
<td>7</td>
</tr>
<tr>
<td>Furniture</td>
<td>1</td>
</tr>
<tr>
<td>Clothing</td>
<td>11</td>
</tr>
</tbody>
</table>

Please list the agency/organization you visit to help meet this need.
Church, Assembly of God, Contact Center (9), Clothing Closet (3), Yankton Housing, WIC (3), SDD, Headstart

How was your experience receiving services at this place?

<table>
<thead>
<tr>
<th>Experience</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>19</td>
</tr>
<tr>
<td>Fair</td>
<td>9</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>2</td>
</tr>
</tbody>
</table>

What service is not provided that should be from the agency you listed (or similar agencies)?
Better Hours, More staff, More furniture

SOCIAL SERVICES
Have you received assistance from the State Department of Social Services?

<table>
<thead>
<tr>
<th>Assistance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
</tr>
</tbody>
</table>

If yes, which services do you receive?

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>20</td>
</tr>
<tr>
<td>CHIP</td>
<td>2</td>
</tr>
<tr>
<td>Child Support Enforcement</td>
<td>2</td>
</tr>
<tr>
<td>SSI, Medicaid</td>
<td></td>
</tr>
</tbody>
</table>

How would you rate the services you receive from Social Services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>20</td>
</tr>
<tr>
<td>Fair</td>
<td>6</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>1</td>
</tr>
</tbody>
</table>

What services would you like to see Social Services provide to effectively meet your needs?
Increase the amount allocated in Food Stamps (3)

CONSUMER AND FINANCIAL SERVICES
Has your household utilized a credit counseling service

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
</tr>
</tbody>
</table>

If yes, what was the primary purpose for receiving service?

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Budgeting</td>
<td>2</td>
</tr>
</tbody>
</table>

Was your experience with the credit counseling service helpful?

<table>
<thead>
<tr>
<th>Experience</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
</tbody>
</table>

EMPLOYMENT AND JOB TRAINING SERVICES
Have you considered or completed training for any of the following skilled trades?

<table>
<thead>
<tr>
<th>Trade</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welding</td>
<td>6</td>
</tr>
<tr>
<td>Electrical</td>
<td>1</td>
</tr>
<tr>
<td>Plumbing</td>
<td>2</td>
</tr>
<tr>
<td>Other (Security, Nursing)</td>
<td>5</td>
</tr>
</tbody>
</table>

What resources have you used to gain more knowledge of job opportunities?

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD Job Service</td>
<td>21</td>
</tr>
<tr>
<td>Southeast Joblink</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

What employment-related issue is your greatest need?

<table>
<thead>
<tr>
<th>Need</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Skills</td>
<td>6</td>
</tr>
<tr>
<td>Wage Rate</td>
<td>13</td>
</tr>
<tr>
<td>Enough Job Opportunities</td>
<td>6</td>
</tr>
<tr>
<td>Employer Relations</td>
<td>3</td>
</tr>
</tbody>
</table>

DAY CARE, PRESCHOOL, AND YOUTH PROGRAMS
Do you send children to any of the following child care programs or services?
Has your household considered any of the following special programs or services?
9  Big Friend/Little Friend  5  Parents as Teachers
10  Girl Scouts/Boy Scouts  5  Not familiar with them

What services or programs are needed for the children of Yankton?
7  Recreation programs  2  Playgrounds
13  After school “hangouts”  9  Tutoring
6  Family education  9  Reading programs

TRANSPORTATION
Do you utilize public transportation?
12  Yes  27  No

If so, what service do you use?
1  Cab  5  Yankton Transit  6  School bus

How would you rate the level of service provided by public transportation?
3  Excellent  5  Good  4  Okay

What would allow you to utilize public transportation more often?
3  Planned routes and stops  1  Set time for operation
8  Transportation choices  1  Cost too high

HEALTHY LIFESTYLES AND WELL-BEING
How would you describe your diet, in general?
4  Fast food/Drive Thru  1  Snacks and Sodas
12  Meat and Potatoes  4  Fruits and Vegetables
24  Variety of Foods

How would you describe your exercise habits?
3  Intense (5x/week @ 45 minutes each)  9  Moderate (3x/week @ 30 minutes)
11  Light (2x/week)  11  Occasional (A couple times per month)  I Don’t

Are there any concerns that you have with your health?
12  Diet/Weight Management  4  Heart/Chest
10  Muscle Aches/Pains  1  Stomach/Digestive Issues
5  Worry/Anxiety  6  Emotional Issues

Do you visit the doctor for any of the issues checked above?
15  Yes  20  No

If yes, where do you go?
15  Clinic  2  Emergency Room
4  Specialty Clinic  2  Dentist  Chiropractor

If no, why?
9  Too expensive  8  Don’t Have Insurance  2  Afraid of Unknown

Are you familiar with any of the following medical and health resources in Yankton?
8  Behavioral Health Services  6  Counseling offices
4  All Points (Sliding Scale Clinic)  2  Servant Hearts Clinic
3  Crisis Lines  1  Drug and Alcohol Services

Are there health or medical services not provided in Yankton that should be?
5  Nutrition Programs  2  Family Planning/Reproductive Health
1  Children’s Health  1  Women’s Health
3  Men’s Health  2  Support Groups
Appendix 4: Community Assets include but are not limited to:

Avera Sacred Heart Hospital – acute care hospital and emergency department

Avera@Home – provides home health, hospice, home medical equipment and also offers a homemaker program

Avera Medical Group – 200 clinics connected to over 33 hospitals in five states

Avera Sister James Nursing Home - skilled nursing facility

Avera Yankton Care Center – skilled nursing facility

Avera Majestic Bluffs – senior living campus providing independent living, assisted living and adult day services

Avera Cancer Institute – specializes in radiation oncology

Avera Education, Staffing & Solutions – provides temporary staffing and education

Yankton Medical Clinic, P.C. – medical clinic with over forty physicians and providers representing eighteen specialties

Lewis & Clark Specialty Hospital – surgical specialty hospital

Lewis & Clark Behavioral Health Services – mental health counseling services

allPoint Clinic, a federally-qualified health center also offering dental services

Yankton School District

Mount Marty College – a co-educational liberal arts college with accredited bachelor of nursing program and an accredited graduated nurse anesthesia program

RTEC – Regional Technical Education Center offering a certified nurse aide training program

The Center – Senior Citizens Center

University of South Dakota Sanford School of Medicine, ASHH Yankton Campus Ambulatory Program
Yankton Rural AHEC (Area Health Education Center) – enhances access to quality healthcare by improving the supply and distribution of healthcare professionals through community/academic partnerships

Yankton County Extension Agency

Yankton Tobacco Coalition

Summit Activities Center

Yankton Parks and Recreation Department