



Community Health Needs Assessment – FY2016

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INTRODUCTION

Avera Flandreau Hospital is a licensed 18-bed critical access hospital located in the heart of Moody County, South Dakota. Avera Flandreau Hospital is owned by Avera McKennan Hospital & University Health Services of Sioux Falls, S.D., which is part of the greater Avera Health system. Avera Health is a ministry of the Benedictine and Presentation Sisters. This network serves eastern South Dakota and surrounding states with hospitals, clinics, home care, long term care, and other health services at more than 300 locations.

The Avera Health community is guided by the Gospel values of compassion, hospitality and stewardship. 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.” Our vision is “to provide a quality, cost-effective health ministry, which reflects Gospel values. We shall improve the health care of the people we serve through a regionally integrated network of persons and institutions.”

Although conducting a Community Health Needs Assessment (CHNA) is an IRS requirement, the awareness of needs, through data collection and collaboration with community leaders, fits our mission and vision of improving the health of people in Moody County and the surrounding areas. Data collection for Avera Flandreau Hospital Community Health Needs Assessment began in the summer of 2015.

The CHNA objectives were:

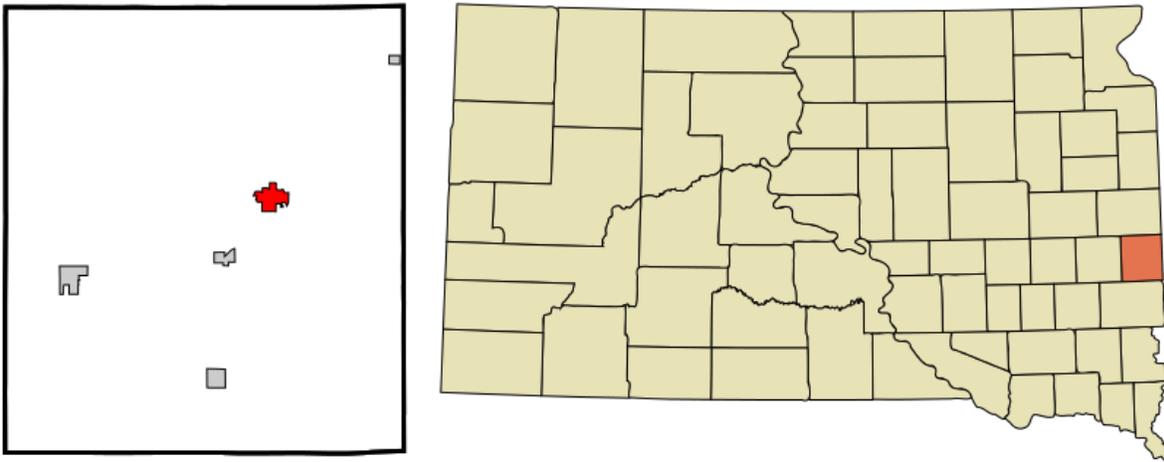
- To recognize health-related needs of Moody County and its residents.
- To prioritize needs to determine appropriate follow-up.
- To develop community drive goals and strategies to achieve such goals.
- To take steps that will improve the health and lives of Moody County residents.

DEMOGRAPHICS

Community Description

The Avera Flandreau Hospital serves the residents of Moody County, SD. Moody County has a total area of 521 square miles and is located on the eastern border of South Dakota adjacent to Minnesota.

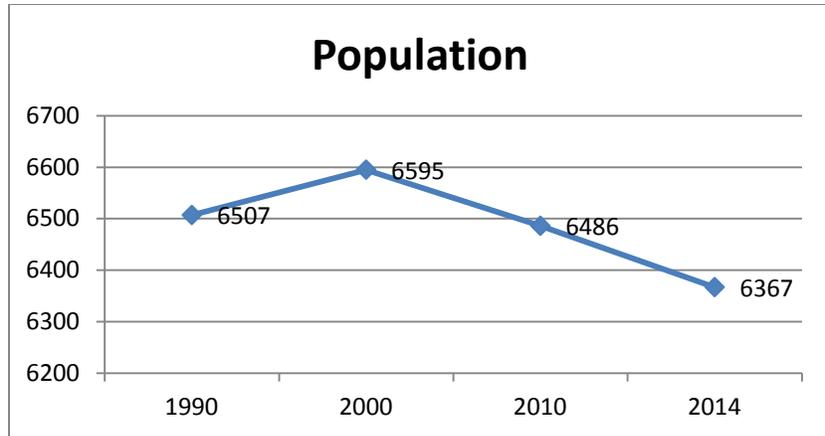
Flandreau is the county seat of Moody County, in which 6,376 folks reside. Moody County is considered the Avera Flandreau Hospital service area, of which also includes the communities of Colman, Egan, Trent and Ward. Avera Flandreau Hospital also serves a portion of Brookings County, including the community of Elkton. Nearly 80 percent of the hospital's discharges originate from Moody County (78 percent or 100 of 128 hospital discharges in 2014).



Source: https://en.wikipedia.org/wiki/Moody_County,_South_Dakota

Population

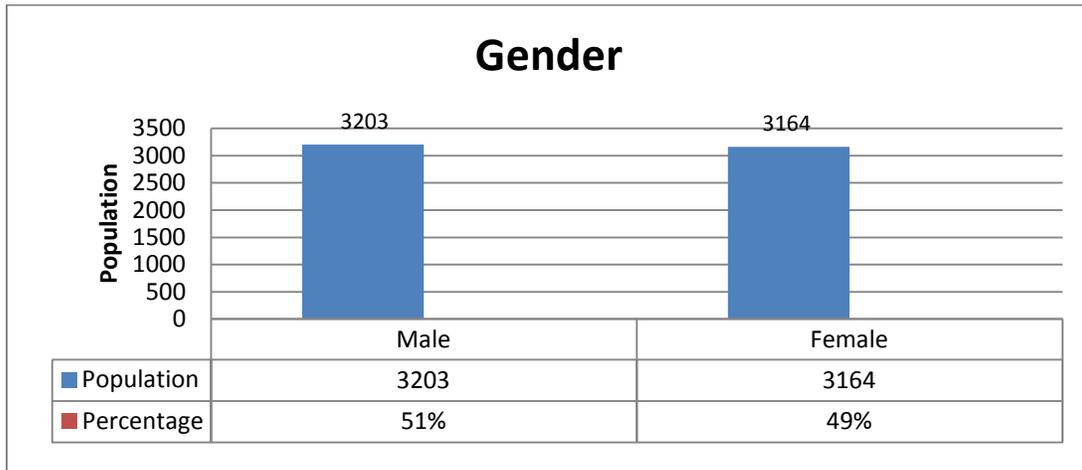
Per the U.S. Census Bureau (2014 Data), there are 6,367 people and 2,686 households residing in the county. The population density is 12 people per square mile (5/km²). There are 2,837 housing units at an average density of 5 per square mile (2/km²). The population of Moody County has been relatively stable for the past two decades.

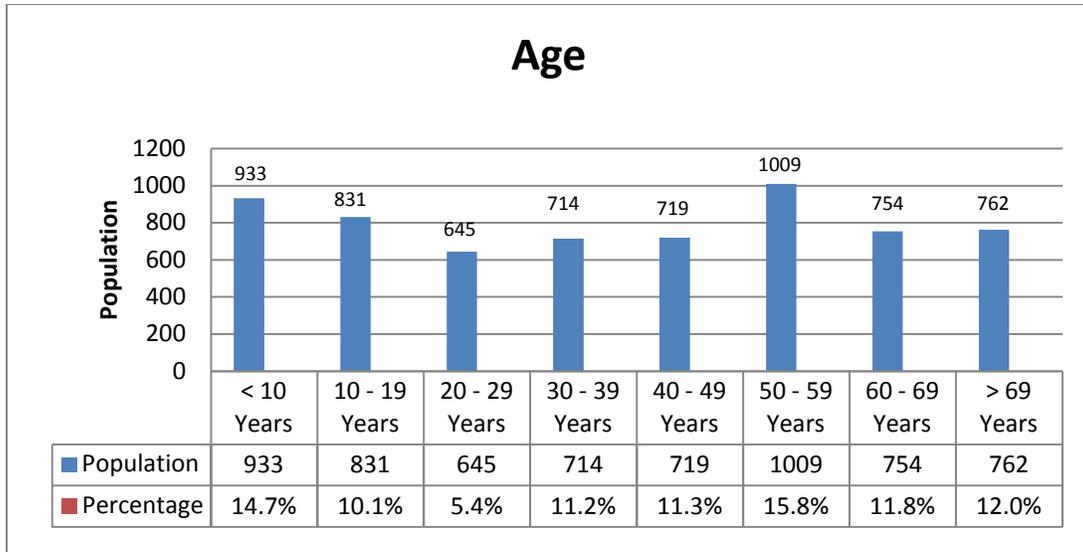


Source: <http://quickfacts.census.gov/qfd/states/46/46101.html>

Gender, Age, Race

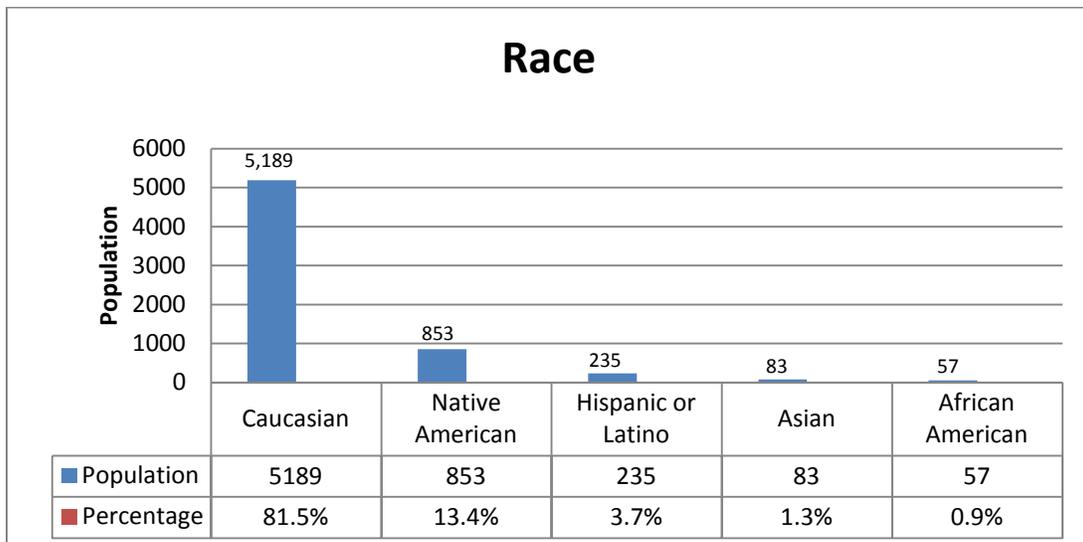
The population is comprised of approximately half males and half females, with range of ages, from 25 percent in the category of under age 19, to 24 percent who are 60 years of age or older. Although primarily Caucasian, there are also populations of Native Americans, Hispanics, Asian, and African Americans.





Source:

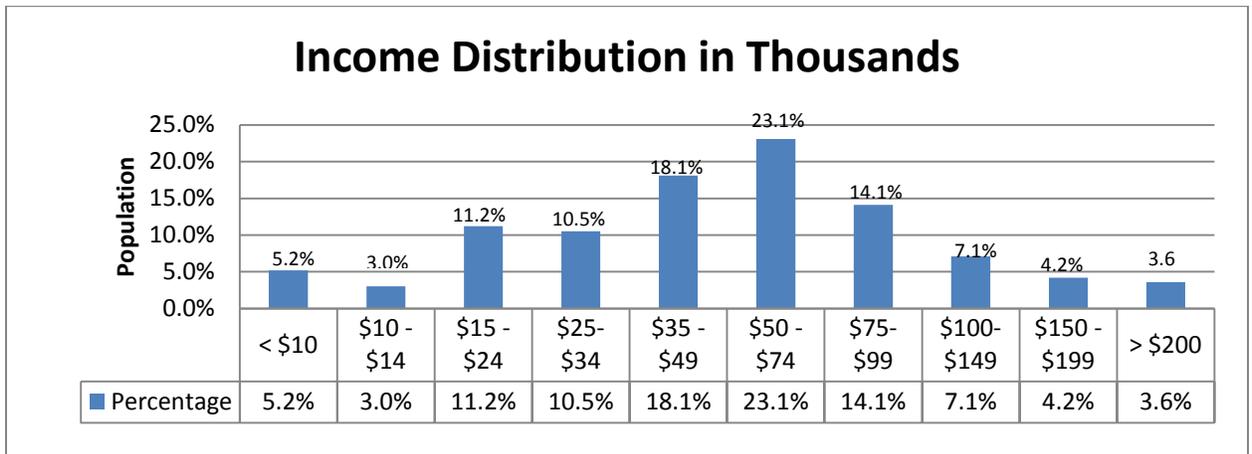
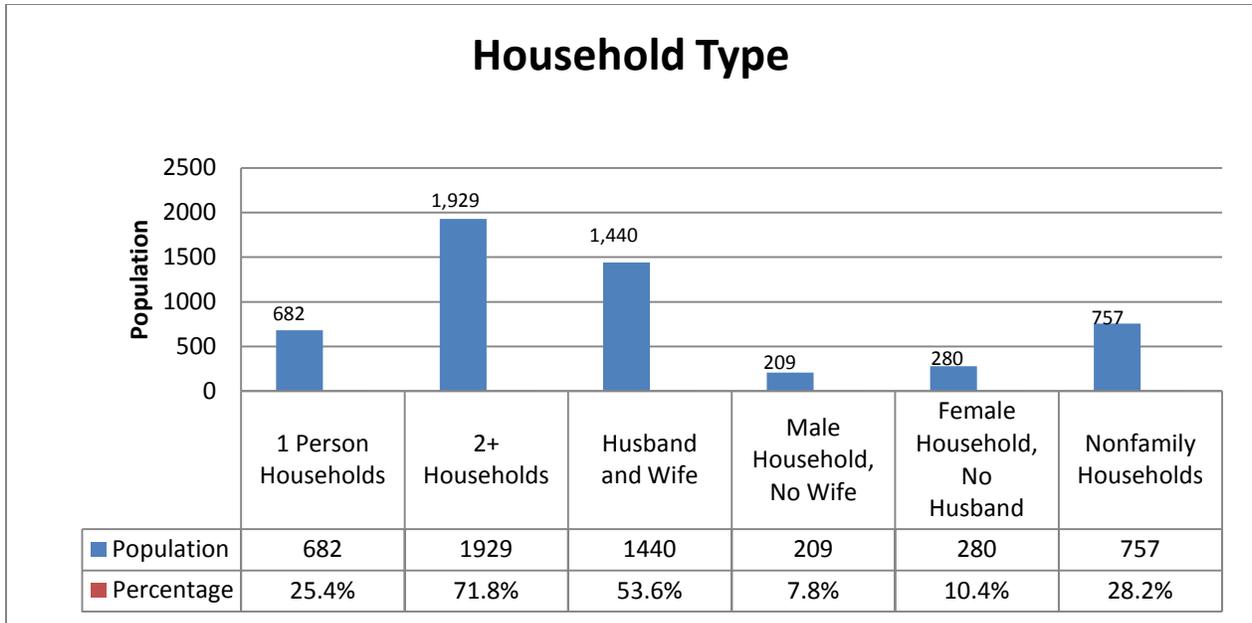
<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>



Source: <http://quickfacts.census.gov/qfd/states/46/46101k.html>

Household Type & Income

There are 2,686 households in Moody County. The average persons per household are 2.34. The median household income is \$51,791.



Source: <http://quickfacts.census.gov/qfd/states/46/46101lk.html>

Medically Underserved/Uninsured

Per the SDDOH Office of Rural Health, Moody County carries a federal Medically Underserved Area designation.

Source: <https://doh.sd.gov/providers/ruralhealth/shortage.aspx>.

According to "County Health Rankings and Roadmaps," the uninsured rate of South Dakotans is 14% compared to Moody County with an uninsured rate of 15%.

Source: <http://www.countyhealthrankings.org/app/south-dakota/2015/rankings/moody/county/outcomes/overall/snapshot>

County Health Resources

The following healthcare resources are located in Moody County. Avera Flandreau Hospital is the only acute care facility in Moody County. Avera Flandreau Hospital offers inpatient and skilled swing bed care, general surgery, endoscopic services, orthopedic surgery, emergency services, rehabilitation therapies (PT, OT, ST), dietary consultation, laboratory, radiology, CT scan, MRI, mammogram, bone density scan, ultrasound, cardiovascular testing, hospice, and eCare services (eEmergency, eICU, ePharmacy, eConsult). Several specialty clinics are held at Avera Flandreau Hospital including cardiology, ear nose and throat, obstetrics/gynecology (OB/GYN), ophthalmology, orthopedics, podiatry, and surgery. Avera Flandreau Hospital is located 45 miles from the nearest tertiary health care center.

Avera Medical Group Flandreau offers comprehensive medical care to adults and children. Two full-time providers are on staff - one family practice physician and one certified physician assistant (PA-C) who cover Avera Flandreau Hospital ED call 24/7, along with some support by locum providers. Further, Avera Medical Group Flandreau will have a full-time certified nurse practitioner join the practice in May 2016, as well as is recruiting for a full-time physician.

The Flandreau Santee Sioux Tribal Health Clinic is a "638" health clinic of the Indian Health Service (IHS). This facility offers medical and dental services to eligible Native American people located on or near Flandreau Santee Sioux Indian Reservation Service Area. This clinic also provides service to the Native American students attending the Flandreau Indian Boarding School.

A public health office is maintained in Moody County through a contractual alliance agreement between Avera Flandreau Hospital, Moody County and South Dakota Department of Health. Some of the services include WIC, school health, immunizations, and baby care education.

Moody County has one long term care facility, Riverview Healthcare Community by Welcov Healthcare, which offers skilled, intermediate, assisted living, independent living, and home care services. As well, there is one assisted living center, Edgewood Villa. Dental services are available through Heinemann Family Dentistry, which employs three dentists.

CHNA PROCESS

Avera Flandreau Hospital was fortunate to have been one of four entities throughout the State of South Dakota to have received the “Good and Healthy Community Grant.” This grant opportunity was provided through the South Dakota State Department of Health (SDDOH), offering grant funding to support the CHNA process. As part of the grant, Avera Flandreau Hospital leaders were provided an extensive grant orientation from representatives from the SDDOH, Good and Health Community Grant toolkit developers, and representatives of Volunteers of America (grant administrator). The majority of the grant orientation focused on the Good and Health Community Grant toolkit, of which was designed to help guide the CHNA process.

The toolkit supported a community-driven process for improving our community’s overall health, outlining core process steps to assist community leaders in applying strategic thinking to prioritize public health issues and create population-based solutions to address them. The process steps included: 1) Build the Foundation, 2) Understand our Community, 3) Plan and Collaborate, 4) Gather Information & Collect Data, 5) Define Community Health Priorities, 6) Disseminate CHNA Result, and 7) Create a Community Health Action Plan.

As well, the Good & Healthy Community Grant toolkit offered a useful community checklist. The checklist was designed to help further understand the health of the community in the areas of physical activity, nutrition, tobacco use, and chronic disease management. The checklist required that each of the four areas be scored based upon the following criteria: policy, regulation, & environmental changes, along with education & awareness. Data was collected by having community members who represented the community, schools, worksites, and health care complete the checklist. The summary of the checklists is included in the Appendices. While the checklist was limited to the four areas, the data collected provided a nice snapshot of the overall health of the community.

Avera Flandreau Hospital was afforded the opportunity to actively engage with a consulting firm, Maximizing Excellence, LLC (MELLC), as a result of the “Good and Healthy Community Grant” MELLC assisted with the CHNA primary data collection. MELLC provided Avera Flandreau Hospital the expertise and resources needed to develop, facilitate, compile, and analyze survey and focus group content for the CHNA.

Secondary data collection included research of Moody County demographics and health-related statistics and obtaining reliable data through Internet search. Sources of this data include U.S. Census Bureau, County Health Rankings & Roadmaps, U.S. Department of Health and Human Services, and South Dakota Department of Health. Internal data collection from hospital records were also obtained and evaluated.

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Avera Flandreau Hospital reviewed the previous CHNA conducted in 2012 and 2013. Since the prior CHNA was completed, Avera Flandreau Hospital has received requests for printed copies of the assessment. However, no written comments were received regarding that CHNA or Implementation Plan.

CHNA INPUT

Avera Flandreau Hospital worked hard to garner a significant level of positive engagement and input from a variety of Moody County stakeholders. Personalized invitations were extended to engage individuals in the CHNA process, initially through personalized one-on-one phone calls, followed up with reminder letters and phone calls. The following describes more specifically how the community significantly engaged in the process.

One key component of the process was to develop a Community Coalition. The Avera Flandreau Hospital developed a Community Coalition comprising of a core group of ten community leaders, whom guided the CHNA process, through strategy planning, toolkit checklist completion, primary data collection, and priority setting. As well, an additional group of 40 community leaders actively engaged in the primary data collection, as an extension of the Community Coalition. The following community entities were solicited to participate in the Community Coalition.

- Assisted Living
- After School Program
- Bus Transportation
- Chiropractics
- City of Flandreau
- Community Development
- Community Studio
- Moody County
- County Extension
- Dentistry
- Domestic Abuse Shelter
- Elected State Officials
- Emergency Medical Services
- Fire Department
- Food Pantry
- Grocery Store
- Head Start
- Hospital
- Hutterite Colony
- Law Enforcement
- Long Term Care
- Medical Staff
- Mental Health
- Ministerial Association
- Native American School
- Native American Tribe
- Preschool
- Public Health
- Public School
- Recreation Program
- Senior Meals Program
- Social Work
- Wellness Center

Each of the above entities engaged in the CHNA process, minus the Fire Department, Law Enforcement, and Wellness Center due to scheduling conflicts. Of the engaged entities, the following represent medically underserved, low-income, and/or minority populations: Food Pantry, Head Start, Hutterite Colony, Mental Health, Native American School, Native American Tribe, Public Health, and Senior Meals Program.

MELLC conducted a total of 95 community surveys during the Flandreau Park Days on Saturday, August 1, 2015. As well, each member who participated in one of the focus groups also completed a community survey. The community survey evaluated the presence of chronic health conditions, use of preventative measures, healthy lifestyle endorsement, and the status of healthcare coverage. Participants were encouraged to provide candid feedback, as responses were compiled in a confidential manner and reported in the aggregate. The data collected shown to be a representative sample of Moody County with regards to demographics, based upon comparative demographic data reported by the U.S. Census Bureau. A copy of the MELLC report is included in the Appendices.

MELLC facilitated three focus groups during the course of a two day period of Tuesday, August 11, 2015 and Wednesday, August 12, 2015, of which a total of 38 individuals participated. Focus group questions prompted participants to identify what is healthy about Moody County and the most significant healthcare needs facing the community. The focus areas identified in the Good & Healthy Community Grant toolkit: physical activity, nutrition, tobacco use, and chronic disease management were also evaluated for progress and relevancy. Participants were encouraged to provide candid feedback, as responses were compiled in a confidential manner and reported in the aggregate. A copy of the MELLC report is included in the Appendices.

CHNA PRIORITIZATION

Survey Data

The following are statistics gathered through the community survey. Respondents reported...

- 75% ...they are in good to very good health.
- 20%...they are in excellent health.
- 41% ...they have not been diagnosed with a chronic health condition.
- 94%...they have sought out at least one preventative health measure in last 12 Months.
- 40%...they use local resources such as trails, parks, fitness centers, etc.
- 66%...they engage in exercise weekly.
- 34%...they eat the recommended 5 servings of fruit and vegetables each day.
- 94%...they have some type of healthcare payor coverage.
- 58%...they were able to see a doctor when they needed to.
- 91%...the accessibility of healthcare services as accessible to easily accessible.
- 87%...the quality of healthcare services as good to excellent.

Avera Flandreau Hospital utilized the Nominal Group Technique to complete the CHNA prioritization process. By using this technique, we were able to identify the most important issues identified by Flandreau community members. This technique was chosen due to the need to take multiple individuals input into consideration in a relatively short amount of time. The Community Coalition, as well as the Hospital Advisory Board, Hospital Medical Staff, and Hospital Leadership Team, worked through the prioritization process to determine a consensus on health priorities. Throughout our conversations with these various community representatives, Avera Flandreau Hospital was able to identify not only the most critical of needs for the community, but also how to appropriately focus resources, time, and energy to the issues that appeared most critical and practical to address. The following is a list of issues identified by Avera Flandreau Hospital as being a top priority for the 2016 CHNA.

Nutrition

While the primary and secondary data collection showed the general population has a good understanding of the importance of consuming a balanced, nutritious diet, the data and results showed that such behaviors have opportunity to be improved upon. Therefore, a resounding theme that came out of the CHNA process was the need for a more comprehensive focus on encouraging and motivating nutritious lifestyles throughout the community. As well, the need for more hands-on application of nutrition resources was identified. Whatever the implementation plan, it needs to offer manageable and actionable steps to help facilitate healthy changes.

The following three statistics validate the needs identified with nutrition:

- The SD Health Behaviors of South Dakotas Report of 2013 indicated South Dakota residents reported a prevalence of “not consuming at least five servings of fruits and

vegetables per day” at 87%, whereas no nationwide median was available. The definition of less than five servings of fruits and vegetables is “respondents who report they consume less than five servings of fruits and vegetables per day.” Source: Health Behaviors of South Dakotas 2013.

<https://doh.sd.gov/statistics/2013BRFSS/PhysicalActivityNutrition.pdf>

- The Center for Disease and Prevention and U.S. Department of Health and Human Services - Community Health Status Indicator report indicated that Moody County has a 37.4% prevalence of adults who are obese based on a BMI >30, compared to South Dakota at 28.2% and the United States at 30.4%. Source: <http://www.cdc.gov/CommunityHealth/profile/currentprofile/SD/Moody/15>
- Community Commons reported that South Dakota falls into the range of 13.1% - 15.0% children at 10-17 are considered obese per BMI for age. No county specific data is available on childhood obesity. Source: <http://maps.communitycommons.org/viewer/?mapid=6215>

Physical Activity

While the primary and secondary data collection showed the general population has a good understanding of the importance of active lifestyles, the data and results showed that such behaviors have opportunity to be improved upon. Therefore, like nutrition, the CHNA process revealed the need for a more comprehensive focus on encouragement/motivation of active lifestyles. As well, the need for more community efforts in providing physical activity resources and education that are affordable, accessible, and useful was identified.

The following statistic validates the needs identified with physical activity:

- The SD Health Behaviors of South Dakotas Report of 2013 indicated South Dakotans reported a prevalence of “no leisure time physical activity” at 24%, compared to the nationwide median of 25%. The definition of no leisure time physical activity is “respondents who report no leisure time physical activity or exercise during the past 30 days other than the respondent’s regular job.” Source: Health Behaviors of South Dakotas 2013 <https://doh.sd.gov/statistics/2013BRFSS/PhysicalActivityNutrition.pdf>

Chronic Disease Prevention/Management

The information gathered around chronic disease prevention/management complimented that which was gathered in the areas of nutrition and physical activity, as chronic disease prevention/management demonstrates a dependence on nutrition and physical activity. Therefore, again, the CHNA process revealed the need for a more comprehensive focus on encouragement/motivation of preventative measures to motivate and educate individuals. Obesity and diabetes were highlighted as greatest priority in prevention/management. In addition to the preventative measures, it was also revealed that more support services are needed locally to manage chronic disease.

The following statistic validates the support for further chronic disease prevention/management:

- The South Dakota Department of Health 2020 report lists one of four goals to focus on to improve the health behaviors of South Dakotans to reduce chronic disease (i.e. heart disease, cancer, stroke, diabetes) Source: South Dakota Department of Health 2020 <https://doh.sd.gov/documents/health2020.pdf>

Public Awareness & Use

Information gathered shared a consistent message that Moody County offers a significant availability of resources and services when it comes to health and well-being. However, there was an overwhelming message received that such resources and services are significantly underused, which is believed to be a result of limited public awareness. Therefore, the CHNA process suggested that a central point of reference for resources and services would offer significant value. As well, the expanded use of technology was suggested as an avenue to promote health resources and services.

Greater Convenience of Care

It was discovered that Moody County has need for expanded preventative services and specialty care services, as well as opportunity for expanded hours of service beyond 8:00am - 5:00pm. As well, a general concern of continuity of care was revealed due to the current period of Medical Staff transition. Further, it was discovered there is a need for more convenient transportation services within the community. Through the addition of these pieces, cost and time associated with travel would be reduced, as well as a general improvement in convenience in receiving care.

Avera Flandreau Hospital's Medical Staff, Advisory Board, and Leadership Team discussed the significance of each need identified above to reach a group consensus. Both qualitative and quantitative data was studied and discussed in great detail while these needs were being prioritized. When individually considering the importance the community places on each of the needs listed above, all were mentioned on several occasions by the Community Coalition as being a top priority. It was evident in many of our conversations that the needs identified above were the most important areas to focus on in the years to come.

POTENTIAL AVAILABLE RESOURCES

The information collected through the primary and secondary data collection offers opportunity for improvement in several areas based upon need and practicality. Below is a list of potential resources available, which could assist in addressing such needs.

Nutrition

- Avera Flandreau Hospital employs a Registered Dietician who would serve as a great resource for the promotion of balanced, nutritious diet through community educational opportunities.
- Avera has offered a variety of educational programs on meal planning and food preparation. This begs the question whether such programming could be expanded to Moody County either through the Avera Flandreau Hospital Registered Dietician or those taking the lead on such educational opportunities through the Avera Health System.

Physical Activity

- The Avera Health System recently led a system-wide wellness initiative called “Walk this Way,” which was a 12-week walking program that encouraged employees to boost their physical activity level by accumulating steps each day. Completing “Walk this Way” involved tracking a total of 360,000 steps during the 12 weeks. The Avera Health System had great success with the program, as it promoted increased physical activity through competition, encouragement, and reward. This same concept has potential to show similar success on a larger community perspective.
- Avera Flandreau Hospital currently has a group of employees who go on walks together over their noon hour. This concept of accountability and commitment has the potential to be successful on a larger community-level through organized walking groups.
- The HealthySD.Gov website has several resources on the promotion of physical activity, which could serve as a great resource to jump start a community walking program.
Source: <http://healthysd.gov/category/communities/>

Chronic Disease Management

- The Avera Health System has initiated a medical home model called “Avera Coordinated Care.” The Avera Coordinated Care teams, comprised of a nurse, social worker, and support staff, serves as an extension of the care patients receive in the clinic. At no charge to the patient, the team assists in managing the care of patients with chronic disease. Moody County has underutilized this program, with opportunity to expand.
- The Avera Flandreau Hospital electronic medical record offers various health maintenance reminders, which help support the delivery of health screenings and care of patients with chronic disease. Avera Flandreau Hospital has underutilized this program, with opportunity to expand.

Public Awareness & Use

- Through the increased use of both social media and online portals perhaps Avera Flandreau Hospital can lead the efforts of public awareness throughout Moody County. Such activities would involve the development and maintenance of local upcoming events and service offerings.
- When it comes to printed material, the Moody County Enterprise and Booster continue to show a significant following from area community members, both in print and online. Therefore, these publications continue to offer opportunity to share more educational information with the community. ‘

Greater Convenience to Care

- Avera Flandreau Hospital currently offers expanded clinic hours (Monday Evenings 5:00pm - 7:00pm) (Thursday Mornings Starting at 7:30am) and (Saturday 8:00am - 12:00pm). However, through the CHNA process, it became evident there is greater opportunity to educate the public on such expanded hours.
- The Avera Health System has a strong Behavioral Health Program, which could potentially provide outreach to Avera Flandreau Hospital.
- Avera Flandreau Hospital is working with Avera and contracted physician recruiters to search for a physician to complete Avera Medical Group Flandreau. Efforts will continue until the position is filled.

Avera Flandreau Hospital Resources:

- Rural Health Clinic with 2 providers
- 24/7 Emergency Services
- Inpatient and Outpatient Physical, Occupational, and Speech Therapies
- Home Hospice
- Avera Coordinated Care
- Care Transitions
- Lab and Radiology (Planet Heart) (Lung Cancer Screenings)
- Outreach Mammography Program
- Hospital Auxiliary
- Flandreau Facebook Page
- Hospital Advisory Board
- Dietician

Local Resources:

- Boys and Girls Club
- Free Local Wellness Center
- Community Health Clinic – Moody County
- Flandreau Community Food Pantry
- Flandreau Public School
- Flandreau Indian School
- Flandreau Indian Health

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- Senior Meals – John’s Place
- Colman-Egan Public School
- Flandreau Transit Services
- Riverview Assisted Care – Nursing Home
- Edgewood Vista – Assisted Living
- Community Counseling
- Ministerial Association
- Head Start Program

EVALUATION OF IMPACT

Avera Flandreau Hospital conducted its first CHNA in 2012 and 2013. As a result of the CHNA, the below three health needs were identified as priority health needs. Further, listed are the actions that were taken to address the three health needs.

1 - Improving Hospital/Clinic Facility

The existing hospital/clinic structure was aging and did not meet needs to serve the community in the years to come. Space was often an issue, whether for providing area for visiting outreach physicians, or for updated and necessary equipment.

Community Action:

- A groundbreaking ceremony was held May 2012. Employees and members of the community were invited to celebrate together.
- Avera Flandreau Hospital led a successful Community Capital Campaign in efforts to financially support the renovation and expansion project.
- Phase 1 was completed in December 2012, of which included new registration space, waiting rooms, clinic, laboratory, business office, and mechanical space.
- Phase 2 was completed in August 2013, of which included a new radiology department, emergency department, outpatient area.
- Phase 3 was completed in June 2014, of which included a complete remodel of the existing structure. A grand opening was held on June 10, 2014, celebrating the completion of the 2-year expansion and renovation project.

2 - Community Collaboration/Communication

Communication in our community, as in the world, is rapidly evolving. Avera Flandreau Hospital recognized the need to stay current with contemporary communication practices. We also recognized the need for efforts to continue fostering community relationships.

Community Action:

- A Facebook page was developed along with updating the Avera Flandreau Hospital website to reach residents who utilize the internet and social media to explore available services. Avera Flandreau Hospital strives to place weekly posts on Facebook, as well as assure the website remains current.
- Avera Flandreau Hospital and Flandreau Public School collaborated on Concussion Testing, testing the Flandreau Public School recently made mandatory for all students participating in athletics. As part of the testing, all athletes have a baseline screening every 2 years for 7 - 12 grade athletes.
- The Avera Flandreau Hospital Service Excellence Committee has taken the lead on various community outreach opportunities including: Thanksgiving and Christmas food

drive for area food pantry, hosted senior "golden angel" tree during the Christmas season, etc.

- Avera Flandreau Hospital/Avera Medical Group and the Flandreau Public School collaborated in efforts to offer a full-time athletic trainer for Flandreau Public School Athletics. A full-time athletic trainer was hired starting the 2014-2015 school year and continues employment to-date.
- Avera Flandreau Hospital began offering annual health screenings and flu shots for Flandreau Public School employees.
- Avera Flandreau Hospital has hosted a few meetings with the Flandreau Santee Sioux Tribal Clinic over the course of the past couple years in an effort to help foster ongoing collaboration and positive communication, as well as to assist in the continuity of care for our patients.
- Avera Flandreau Hospital has hosted a few meetings with the Riverview Healthcare Community over the course of the past couple years in an effort to help foster ongoing positive communication, as well as to assist in the continuity of care for our patients.

3 - Healthy Lifestyle Choices

Despite a free wellness center and past efforts to promote healthy lifestyle choices, our community continued to suffer from the ill effects of poor lifestyle choices.

Community Action:

- Free dietary consultations [are offered](#) weekly. The Avera Flandreau Hospital Registered Dietician provides onsite, as well as began offering telemedicine visits to promote manageable approaches to nutritious lifestyles for individuals.
- Avera Flandreau Hospital Community Services Department has partnered with area schools, the local wellness center, the Boys and Girls Club, area businesses, etc. to offer a variety of classes focused on healthy lifestyle choices. Such classes covered topics such as: sun safety, nutritious foods, hand hygiene, heart disease, diabetes, STDs, self breast exams, dental hygiene, first aid, fruits and vegetable intake, healthy snacks, safe sleep, avoidance of sugary drinks, importance of water consumption, physical activity, etc.
- Avera Flandreau Hospital began offering the Planet Heart Program locally on a quarterly basis. Planet Heart is a program that offers both vascular and cardiac screenings. In addition to the screenings, health education is offered to patients, focusing on physical activity, stress management, nutritional intake, etc.
- Avera Flandreau Hospital sponsored the Annual Park Days 5K Run for the past couple of years, promoting an organized effort to get people moving. As well, Avera Flandreau Hospital hosted a Park Days Booth, of which provided free bottled water for those in attendance, as well as promoted the Planet Heart program.
- Avera Flandreau Hospital Community Services Department hosted a booth the past couple years at the area health fair, of which is put on by the Flandreau Santee Sioux Tribe.

Avera Flandreau Hospital - 2016 Community Health Needs Assessment

On May 16, 2016, the Avera Flandreau Advisory Board approved the Avera Flandreau Hospital Community Health Needs Assessment.

Board Chair: 
Dan Sutton

Date: 5/16/16

Avera Flandreau Hospital

Community Health Needs Assessment

August 2015



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Sioux Falls, SD 57104



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Process

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

To initiate the assessment, MELLC met with Lindsay Flannery, Administrator, and Linda Beek, Director of Administrative Services, to review the process set forth by the Good and Healthy Community Grant. A timeline for both primary and secondary data gathering and report completion was established. This initial meeting was also focused on educating MELLC about previous and/or ongoing community assessments. With this information, MELLC developed focus group and community survey content intended to solicit information and perception from participants. A community survey evaluated the presence of chronic health conditions, use of preventative measures, healthy lifestyle endorsement, and the status of healthcare coverage. Focus group questions prompted participants to identify what is healthy about Moody County and the most significant healthcare needs facing families and the community. The focus areas identified in the previous assessment (physical activity, nutrition, tobacco use, and chronic disease management) were also evaluated for progress and relevancy. Participants were asked to share any actions, programs, and/or strategies they think would make the biggest impact in addressing community health needs. Both focus group and community survey participants rated the accessibility and quality of healthcare.

Three focus groups were offered onsite at Avera Flandreau Hospital, August 11-12, 2015 in Flandreau, South Dakota. Individuals determined to have a vested interest in the hospital and health of the county were invited to participate. 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. The community surveys were conducted at Park Days on August 1st, 2015 in Flandreau South Dakota. Individuals residing in Moody County were asked to participate. The data collected shown to be a representative sample of the overall makeup of the county with regards to ethnicity, age, and sex.

MELLC compiled and analyzed focus group feedback and survey data in development of a summary report to be used and circulated by Avera Flandreau Hospital. This report includes a process overview, executive summary, findings, and the raw data.



Executive Summary of Findings

Overall, Moody County is perceived as healthy. 75% of all CHNA participants say their health is good to very good, with 20% reporting excellent general health. 94% have taken at least one preventative health measure in the past 12 months and the same percentage (94%) report having some type of healthcare coverage. When asked to share what is healthy about the community, participants noted the abundance of exercise and recreation opportunities available, especially for the youth. Collaboration between the schools and between the medical/health entities was also identified as a point of health and efficiency the community values. The community has an overwhelmingly positive appraisal of Avera Flandreau, with 91% rating the accessibility of healthcare services in the community as accessible to easily accessible and 87% rating the quality of healthcare as good to excellent. Avera Flandreau is welcoming, accommodating with same-day appointments, well-connected to the community, and has quality permanent and rotating staff.

Participants were asked to identify significant healthcare needs relating to the four focus areas (nutrition, physical activity, tobacco use, and chronic disease management) set forth by the Good and Healthy community grant toolkit. Of the four, tobacco use was the only focus area determined to no longer be relevant on its own. A new category focused on alcohol/drug abuse and dependence was suggested by participants as a replacement to address its prevalence within the community. Significant healthcare needs remain for nutrition and physical activity, giving cause for their continued relevancy as focus areas. Identified needs include a more hands-on application of resources and a more comprehensive focus on encouraging a nutritious and active lifestyle throughout the community. Participants expressed benefit in individuals being engaged via manageable and actionable steps to help facilitate healthy changes. This sentiment was also applied to physical activity and having a more concerted community effort in providing resources and education that is affordable, accessible, and useful. Purpose and convenience of physical activity was key to the discussion, such as having additional parks and sidewalks, more organized events utilizing the trails, and employer-based wellbeing challenges.

Chronic disease management remains a relevant focus area. Participants recommended using nutrition and physical activity initiatives as complements to those of chronic disease management to reflect the holistic and preventative nature of health and wellbeing. Preventative measures should motivate and educate individuals of the current and future benefit of a healthy lifestyle. Desired preventative services focus on lifestyle, targeting obesity, diabetes, and alcohol/drug abuse. Beyond preventative and management services currently available, more support services are desired for Moody County to manage chronic disease locally vs. remotely.



Executive Summary of Findings *continued*

Moody County was described as a small, tight-knit community in which health is prioritized and residents enjoy spending their time and livelihood. The key to this finding is that people want to stay in the community. Moody County does not have all of what its residents need and/or want, even with the effective collaboration of healthcare services amongst the various entities. Improved access and an increase in the number of available specialty care services were identified as primary areas of need for Moody County and Avera Flandreau Hospital in particular. Much of the discussion focused on improved access and convenience by staying local for healthcare as much as possible, reducing the cost and time associated with traveling to surrounding communities to receive needed services. Participants advocated for bringing more specialty care services to the community, as those most often draw them out of town. Optometry, expanded dental, cancer treatments, orthopedics, and mental health services (beyond Community Counseling Services) are among specialty services they would like local access to, even if only on a monthly basis. The discussion did highlight that this access barrier is in part related to the capacity of Avera Flandreau and the community in general to attract such services, as well as regional supply and demand.

Affordability was also identified as a barrier to accessing healthcare resources in the community. Affordability was discussed in terms of expanding hospital hours beyond 8-5 to mitigate lost work time and to have the local dental provider accept Medicaid. Lack of health insurance and addressing high-deductible plans also surfaced when discussing how affordability impacts access to resources.

Moody County has an extensive list of healthcare resources and services. However, misinformation, lack of information, and confusion exists when it comes to the general public knowing what is available and where to go for what they need. The mere existence of such resources has not translated into widespread awareness or usage. Therefore, an additional access barrier is public awareness and use, which was indicated as requiring action and motivation on both the community and individual level. When strategizing potential solutions, the development of a central point of contact for services was recommended to help dissolve this barrier. This could look like an easy-to-use directory or housing all community health services on one campus.

An additional strategy identified as having potential to increase an individual's connection to and subsequent use of healthcare resources was broadly focused on technology, as it is the source participants reported getting the majority of their health information from. Participant discussion encouraged Avera Flandreau to take the lead in ensuring the accessibility of all healthcare resources with an increased emphasis on incorporating technology. Participants believe that utilizing technology via phone apps, text messages, eCare, and an online community calendar will increase the community's engagement in seeking out resources and leading healthier lives.



Nutrition and Physical Activity

Participants saw nutrition and physical activity as complementary focus areas targeted at current quality of life and preventative health measures. Due to their interdependent nature, actions and strategies need to be harmonious in their intent to improve the general health and wellbeing of the community. Participants clearly understood how personal decision making correlates with maintaining a healthy lifestyle, as well as chronic disease management. They acknowledged the abundance of resources available to them, as well as the importance of their existence, but a lack of motivation to seek them out or to self-initiate behavioral changes. Individuals and families need help with facilitating their use of resources via actionable and manageable steps.

Discussion on nutrition surfaced the following actions, programs and strategies:

Food Preparation

- Hands on learning opportunities on how to prepare food and taste different foods
- Education on how to can fresh produce
- Education on how to grow a garden and how to prepare the produce is needed

Food Quality

- Revamp the school lunch program (model Sioux Falls school lunch program)
- Education on whole food rather than processed foods

Food Availability/Affordability

- Education on how to stretch your food assistance dollars
- Make eating healthy affordable, it is very costly now
- Implement a backpack program
- Address the lack of food for some segments of the community

Community Resources

- Community dietician to help educate someone on where to get started
- Avera could offer weight management programs
- Nutrition education outreach



Discussion on physical activity surfaced the following actions, programs and strategies:

Activities and Events

- More age appropriate activities, especially middle aged
- Organized event, such as running or biking groups
- More structured use of our trails and parks, such community walks
- Activities to get families out of the house
- Getting kids involved- enrollment in sports is going down
- Well-structured employer based challenges for better health and community building

Community Resources

- Affordable options, such as more affordable pool passes
- Improved access to fitness facilities
- Additional, more accessible parks in town
- More playground equipment
- Sidewalks that are accessible to everyone
- Safe access on bike trails
- An indoor pool for recreation and for physician directed use

Education

- Education on the benefits of physical activity, especially toward children
- Encourage kids to walk to school
- Model active and healthy behavior within the community for children
- Motivate people to use what is available to them



Services of Greatest Importance and Need

Participants advocated for local access to more preventative and specialty care services to improve the quality of healthcare within the community. Transportation to surrounding communities to receive services unavailable to them locally was noted as a significant barrier. They noted the services most important to them that they would like local access to as well as what is most important when it comes to convenience of services.

Desired Preventative Services

- Diabetes care
- Pre-screens offered for the school
- Flu shot
- Routine screenings (mammograms, pap smears, well-child)
- Education

Desired Specialty Care Services

- Optometry
- Expanded dental
- Cancer treatments
- Orthopedics
- Mental health services (beyond CCS)
- Urology
- Prenatal
- Pulmonology
- Geriatric

Convenience of Services

- Reduce need to leave town to get basic care
- Same day access to care
- Bring more services and specialty care that come to Moody County, like the MRI truck and routine lab services
- More collaboration amongst schools, hospital, and IHS
- More weekend clinic hours
- Telemedicine
- Local access to emergency services
- Transportation to bring patients to Sioux Falls, such as a van
- Ability to maintain the same primary care doctor
- Host all services on one campus, including dental, optometry, primary care, PT, etc



Public Awareness and Use

Participants spoke on behalf of the rest of the community in saying they do not take full advantage of the resources available to them. With that said, there was general consensus regarding a lack of knowledge on what is available for services. Public awareness was noted as a barrier to accessing and using resources. They need to know what is available and where to go for needed services and resources.

Actions, programs, strategies to enhance community engagement:

- Establish a central point of contact for services
- Develop a comprehensive list of community resources
- Community education seminars held by Avera
- Invite specialists as speakers
- Share more fun but educational news in the newspaper
- Circulate targeted advertising to different age groups
- Have employers or primary care providers hand out information on what is going on in the community
- Implement a community-wide health incentive program in which people receive points for routine visits or attending events

Engagement via technology:

- Promote community events via TV and internet
- Utilize online newspaper
- Send out health information via text messages
- Develop a phone app
- Connect mental health services with E-services



Additional Priorities

Alcohol/Drug Abuse and Dependence

Participants recommended tobacco be replaced by alcohol/ drug abuse and dependence as a healthcare focus area. Prompted by both regional and national attention on the prevalence and impact of drugs and alcohol within the community, especially youth, the need exists for local healthcare to address it. They envision action to be based in both prevention and management.

Actions, programs, strategies:

- Establish a detox center
- Focus on youth education and motivation for a healthy lifestyle
- More counseling resources

Affordability

All focus group participants agreed that affordability is an ongoing barrier to accessing resources.

Actions, programs, strategies:

- Promote the services the navigator provides
- Arrange for public transportation to accept Medicaid as it does in surrounding communities
- Have the dental clinic accept Medicaid
- Expand Medicaid so that more people have coverage
- Increased transparency with costs for preparation and procedures
- How to best manage a high-deductible plan



Priorities to Action

- Identify 4-5 steps to motivate community engagement toward healthier lifestyles.
- Articulate the existence and accessibility of specialty services currently available.
- Determine what additional services are needed and strategize how best to provide them to the community.
- Define the priority of alcohol/drug abuse and dependence.
- Educate the local healthcare community of the priorities developed from the CHNA. Facilitate strategy discussion.
- Identify points of alignment with local, state, and national health initiatives. Use them to help direct efforts.

Community Health Needs Assessment

Avera Flandreau – Moody County

Appendices

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Focus Group Participation and Setting

Focus Group 1

- Date/Time: 08/11/15
- Location: Avera Flandreau Hospital
- Number of Participants: 19

Focus Group 2

- Date/Time: 08/12/15
- Location: Avera Flandreau Hospital
- Number of Participants: 11

Focus Group 3

- Date/Time: 08/12/15
- Location: Avera Flandreau Hospital
- Number of Participants: 8

Question #1: What is healthy about your community?

Keeping the Youth Healthy

- A lot of activities for the youth
- The Boys and Girls Club is very involved
- Summer youth recreation program with more youth joining

Abundant Exercise and Recreation Options

- Walkable town
- The wellness center is available to everyone
- Reservation wellness center is available to everyone, free of cost
- Parks
- Aquatic center
- Bike trails (bikeable town)
- Studio 52 (arts, yoga, dance, etc)
- Several “walks” throughout the year (i.e. diabetes)
- Adults leagues (i.e. darts)

Food Availability and Quality

- Food pantry available for community members
- Grocery store looks to enhance its healthy options by bringing in more organic produce
- Community garden provides the community with fresh produce
- Senior dining provides meals to those in need for people over 60
- WIC is available

Strong School System

- Schools are invested in improving the mental health of the youth
- Private school has excellent relationship with the public school to coordinate student services
- Good head start program (conducts youth health and dental screenings)
- Additional teachers being hired to keep a good ratio between teachers and students

Healthcare System and Offerings

- Flandreau has both a community and a tribal hospital
- Education on specific conditions provided to those being discharged from the hospital
- Diabetic education is provided for free, but we could always use more participation
- Community medical centers work well together and collaborate (hospital & HIS meet 2X/year)
- The tribal community offers free prenatal education
- Circles of smiles provides free and portable preventative care for dental services

Other “Healthy” Community Support

- Events (County Fair, Riverside Park Days)
- Community band shell and band
- County 4-H (184 kids enrolled)
- Responsive and dedicated trained emergency professionals
- Keeping Main St. alive
- Transportation service offers rides around town

Question #2: What healthcare services are most important to you?

Convenience of Services

- Not having to leave town to get basic care
- Being able to see the doctor the same day
- Specialists that come to Flandreau
- MRI truck that comes to the hospital
- Weekend clinic hours
- Telemedicine
- Local access to emergency services (helicopter, ambulance)

Specialty Care Services

- Mobile services for services like Chemo
- Ability to get prenatal care without having to leave town
- Dental services
- Mental health

Preventative Services

- Diabetes care
- Pre-screens offered for the school
- Flu shot
- Routine screenings (mammograms, pap smears)

Program to help people afford care

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

- Having a wellness center to go to
- Insurance costs are a problem and cannot be ignored
- Being able to maintain the same primary care doctor
- Diabetic care
- Same day access to care
- Orthopedic services
- Routine exams (including well child checks)
- Pulmonologist care
- More frequent checkups and care with a new diagnosis

Question #4: What is the most significant health care related need facing your community?

Local access to specialty care *(most frequent response)*

- Travel time and frequency is a problem
- Dental care (Flandreau dentist doesn't accept Medicaid)
- Vision care (optometrists)

Other responses:

- Transportation to appointments
- More outreach services
- More mental health services (including psychiatric services)
- Preventative care and education
- Expansion of Telemedicine
- Community education on available resources
- Geriatric services
- Attention to youth drug use
- More community members with insurance (medication payment is an issue)
- Detox center
- Sex trafficking awareness
- Better funding of IHS

Question # 5(a): Community Health Priority - Nutrition

Food Preparation

- Hands on learning opportunities on how to prepare food and taste different foods
- Education on how to can fresh produce
- Education on how to grow a garden and how to prepare the produce is needed

Food Quality

- Revamp the school lunch program (model Sioux Falls school lunch program)
- Education on whole food rather than processed foods

Food Availability/Affordability

- Education on how to stretch your food assistance dollars
- Make eating healthy affordable, it is very costly now
- Backpack program is needed
- Address the lack of food for some segments of the community

Community Resources

- Community dietician to help educate someone on where to get started
- Avera could offer weight management programs
- Nutrition education outreach

Question #5(b): Community Health Priority - Physical Activity

Activities and Events

- More age appropriate activities, especially middle aged
- Organized events (running or biking groups)
- More structured use of our trails and parks (community walks)
- Activities to get families out of the house
- Getting kids involved- enrollment in sports is going down
- Well-structured employer based challenges for better health and community building

Community Resources

- Affordable options, activities costly (some families can't afford going to the pool)
- Improved access to fitness facilities
- Additional parks in town (the one now is too far away)
- More playground equipment
- Sidewalks and sidewalks that are accessible to everyone
- Safe access on bike trails
- An indoor pool for recreation and for physician directed use

Education

- Education on the benefits of physical activity, especially toward children
- Encourage kids to walk to school
- Model active and healthy behavior within the community for children
- People *need* to use what is available to them

Question #5(c): Community Health Priority - Tobacco Use

Youth Use Still Prevalent

- Have seen a rise in chewing tobacco at the schools
- Students smoke near the school
- Law enforcement doesn't address underage smoking

Community Resources

- Awareness of available resources to help them quit
- Community effort on how to help community members quit
- Haven't heard/seen a community push for tobacco cessation in Flandreau

Reduce smoking while pregnant

Question #5(d): Community Health Priority - Chronic Disease Management

Specialty Services (*beyond maintenance*)

- Kidney dialysis
- Orthopedic services
- Dermatology
- Diabetes care and services for all ages

Preventative Measures

- Motivate people to use the services available
- Education and care of obesity and the complications of
- Improved management of nutrition and physical activity

Question #5(e): Is there another area that should be prioritized?

- Specialty Care services
- Mental health
- Obesity
- Alcohol and drug dependence/abuse
(Focus on youth education *and* motivation for a healthy lifestyle)
- A more detailed chronic disease category
- Access to care for low-income members

Question #6: What is one thing the healthcare system in the community is doing well?

Hospital Operation

- Efficient medical records office
- Hospital expansion and updates
- Quality staffing, both permanent and rotating
- The hospital is very welcoming and helpful when you walk in

Collaboration within the healthcare system

- Works well with the tribal clinic for x-rays and labs
- Smooth process
- Good communication among providers in crisis situations
- Different providers work well with each other

Hospital Offerings

- Planet Heart and others like it
- Variety of services
- Online access to records
- Professionals willing to help and educate community members
- Primary care is good
- Able to get a same-day appointments

Question #7(a): From where do you get most of your health information?

- Internet (google, web-md, etc)
- Doctor
- Word of mouth
- Journals (print and electronic)
- Brochures from the clinic or hospital
- Interlakes Community Action Partnership's resource list to low-income individuals
- "Ask a Nurse"
- Books specific to a particular illness

Question #7(b): What are you looking for when you do research?

- Symptoms
- Treatment options
- To see if there's a need to go to the doctor
- Information on how to be healthier
- Research trends
- Flandreau businesses
- Causes
- Preventative measures

Question #8: The two most significant barriers to accessing resources in the community

Awareness of Available Resources

- What's available and where to go to get services (for the public and service providers)
- No central point of contact for services
- No comprehensive list of community resources

Access to Specialty Services

- Cost for transportation
- Lack of specialty services
- Have to travel out of town to see a specialist

Affordability

- Affordability especially when a provider doesn't take Medicaid
- 8-5 hours are hard to navigate with a full-time job
- No medical insurance or high deductible plans

Question #9: To Improve the Quality of Healthcare within the Community

Need for Specialty Services (*most frequent response*)

- Even if it is only 1-time per month
- E-care
- Urologist
- Rheumatologist
- Dental services
- Vision services

Other Responses

- Transparency with costs for smaller procedures/prep for significant services
- Knowledge of congregation members in the hospital (as in SF)
- On-call pastor is needed
- Care is needed for the EMT's after a traumatic event or accident
- Education that routine lab services can be done here rather than traveling out of town

CHNA Survey Data

The following data was collected during River Park Days in Flandreau, SD on August 2nd and during focus groups held August 11th and 12th, also in Flandreau, SD. A total of 95 (n=95) participants completed the survey. The data collected shown to be a representative sample of the county with regards to ethnicity, age, and sex compared to US Census data.

Q1: Overall Health of Respondents

		% of Total
Very Good	41	0.43
Good	30	0.32
Excellent	18	0.19
Fair	5	0.05
None	1	0.01
Poor	0	0.00
Total	95	1

Summary Findings:

- 75% say their health is good to very good
- 20% report excellent general health

Q2: Diagnosis of Chronic Health Conditions

		% of Total
I have not been diagnosed with a chronic health condition	41	0.43
High Blood pressure	22	0.23
Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia	16	0.17
Mental Health condition (depression, anxiety, etc)	9	0.09
Diabetes	9	0.09
Obesity	9	0.09
Other (Please specify)	5	0.05
Cancer	5	0.05
Angina or Coronary Heart Disease	5	0.05
Chronic Obstructive Pulmonary Disease(COPD), emphysema or chronic bronchitis	4	0.04
I am not comfortable answering this question	3	0.03
Total (could select all that applied)		

Summary Findings:

- Majority of respondents have not been diagnosed with a chronic health condition
- Most common diagnosis was high-blood pressure

CHNA Survey Data

Q3: Preventative Measures in the Past 12 Months

		% of Total
Blood pressure check	70	0.74
Eye exam	55	0.58
Flu shot	53	0.56
Physical exam	51	0.54
Dental cleaning/exam	50	0.53
Cholesterol screening	43	0.45
Mammogram (if female)	37	0.39
Pap smear (if female)	24	0.25
Cardiovascular screening	15	0.16
Prostate check (if male)	10	0.11
Sigmoidoscopy and colonoscopy	8	0.08
Skin cancer screening	6	0.06
None of these listed	4	0.04
I am not comfortable answering this question	4	0.04
Other	2	0.02
Another preventative measure not listed above	2	0.02
Prenatal (if female)	1	0.01
Total (could select all that applied)		

Summary Findings:

- The most common preventative health measure taken was a blood pressure check.
- Over 50% of respondents have had an eye exam, dental cleaning/exam, flu shot, and/or physical exam.
- The majority of respondents have sought out a preventative health measure in the past 12 months.

CHNA Survey Data

Q4: Healthy Behavior Scan

	%of Total
I use local resources, such as trails, parks, fitness centers for exercise/ recreation.	0.40
I exercise at least 3 times per week. (other than my regular job)	0.36
I eat at least 5 servings of fruits and vegetables each day.	0.32
I exercise 1 or 2 times per week. (other than my regular job)	0.30
I eat fast food more than once per week.	0.27
I consume more than 4 alcoholic drinks (if female) or 5 (if male) more than 10 days/month	0.20
I have access to a wellness program through my employer.	0.13
I smoke cigarettes	0.07
None of the above apply to me.	0.06
I chew tobacco.	0.03
I am not comfortable answering this question	0.02

Total (could select all that applied)

Summary Findings:

- 40% of respondents use local resources.
- 66% of respondents engage in exercise weekly, with varying frequencies.
- Only 32% eat the recommended 5 servings of fruits and vegetables each day.

CHNA Survey Data

Q5: Type of Healthcare Coverage

		% of Total
Health insurance	71	0.75
Medicare	28	0.29
Indian Health Service	7	0.07
Other	6	0.06
No healthcare coverage	6	0.06
I am not comfortable answering this question	5	0.05
I don't know	1	0.01
Medicaid	1	0.01
Prepaid plans (HMOs)	0	0.00
<hr/>		
Total (could select all that applied)		

Summary Finding:

- 94% of respondents report having some type of healthcare coverage, with insurance (75%) as the most common type of coverage.

Q6: Access to Healthcare in the Past 12 Months

		% of Total
I was able to see a doctor when I needed to	53	0.58
I had no need to see a doctor in the past 12 months	15	0.16
I am not comfortable answering this question	14	0.15
Cannot afford it	4	0.04
No appointment available	3	0.03
Cannot take time off from work	1	0.01
No specialist available in my community for my condition	1	0.01
No transportation	0	0.00
Other	0	0.00
<hr/>		
Total	91	

Summary Findings:

- 58% of respondents report being able to see a doctor when they needed to, with another 16% not needed to see a doctor in the past 12 months.

CHNA Survey Data

Q7: Accessibility of Healthcare Services in the Community

		% of Total
Five - Easily Accessible	64	0.67
Four	17	0.18
Three	6	0.06
No rating	5	0.05
One - Not Accessible at All	3	0.03
Two	0	0.00
Total	95	

Summary Finding:

- 91% rated the accessibility of healthcare services as accessible to easily accessible.

Q8: Quality of Healthcare Services in the Community

		% of Total
Five - Excellent	58	0.61
Four	21	0.22
Two	5	0.05
No rating	5	0.05
Three	4	0.04
One - No quality	2	0.02
Total	95	

Summary Finding:

- 87% rate the quality of healthcare services as good to excellent.



“Working with organizations who want to improve their effectiveness and the individuals responsible for getting the results.”

South Dakota Good & Healthy Community Checklist Summary

60%
<i>Needs</i> <i>Strengths</i>

Community	Policy, Regulation, & Environmental Changes	Education & Awareness
Module		
Physical Activity	48%	63%
Nutrition	22%	50%
Tobacco Use	56%	50%
Chronic Disease Management	67%	36%

Worksite	Policy, Regulation, & Environmental Changes	Education & Awareness
Module		
Physical Activity	45%	45%
Nutrition	49%	28%
Tobacco Use	42%	11%
Chronic Disease Management	269%	45%

School	Policy, Regulation, & Environmental Changes	Education & Awareness
Module		
Physical Activity	39%	29%
Nutrition	35%	34%
Tobacco Use	17%	17%
Chronic Disease Management	40%	30%
School Health	22%	0%

Health Care	Policy, Regulation, & Environmental Changes	Education & Awareness
Module		
Physical Activity	71%	63%
Nutrition	52%	61%
Tobacco Use	86%	46%
Chronic Disease Management	59%	50%

Key for Sector Worksheets:

PRE = Policy, Regulation, & Environmental Changes

EA = Education & Awareness

South Dakota Good & Health Community Checklist
Community Summary

COMMUNITY NAME:	Flandreau
------------------------	-----------

COMMUNITY SITE(S):	Boys & Girls Club		City of Flandreau		Modules		AVERAGE TOTAL SCORE	
	PRE	EA	PRE	EA	PRE	EA	PRE	EA
Module								
Physical Activity	51%	83%	44%	42%			48%	63%
Nutrition	26%	67%	18%	33%			22%	50%
Tobacco Use	78%	100%	33%	0%			56%	50%
Chronic Disease Management	44%	54%	89%	17%			67%	36%
Demographic Information								
Best description of the community setting (Class 1, 2, or 3)	Class 2		Class 2					
Median Household Income	\$35,000 - \$49,999		\$35,000 - \$49,999				#DIV/0!	
% People Unemployed	<5%		<5%				#DIV/0!	
% People in Poverty	15-19%		15-19%				#DIV/0!	
% People with HS Diploma	10-14%		10-14%				#DIV/0!	
% People by Age								
<i>under 18</i>	26%		26%				26%	
<i>18-24</i>	8%		8%				8%	
<i>25-44</i>	22%		22%				22%	
<i>45-64</i>	25%		25%				25%	
<i>65+</i>	19%		19%				19%	
	0%		0%				0%	
	0%		0%				0%	
	0%		0%				0%	
	0%		0%				0%	
% People by Race/Ethnicity								
<i>White</i>	64%		64%				64%	
<i>Asian</i>	2%		2%				2%	
<i>Black</i>	1%		1%				1%	
<i>American Indian Alaska</i>	27%		27%				27%	
<i>Hispanic or Latino Origin</i>	4%		4%				4%	
<i>Other:</i>	3%		3%				3%	
% People by Gender								
<i>Male</i>	47%		47%				47%	
<i>Female</i>	53%		53%				53%	

South Dakota Good & Health Community Checklist
Worksite Summary

COMMUNITY NAME:	Flandreau
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WORKSITE(S):	FSST Wellness Center		Breadbasket		Modules		AVERAGE TOTAL SCORE	
	PRE	EA	PRE	EA	PRE	EA	PRE	EA
Module								
Physical Activity	56%	56%	33%	33%			45%	45%
Nutrition	50%	56%	47%	0%			49%	28%
Tobacco Use	33%	22%	50%	0%			42%	11%
Chronic Disease Management	67%	89%	471%	0%			269%	45%
Demographic Information								
Number of Employees	Fewer than 20		Fewer than 20					
Sector Type	Public		Public					
Profit Type	Not-For-Profit		Not-For-Profit					
Type of Worksite	Healthcare		Food Pantry					

South Dakota Good & Health Community Checklist
School Summary

COMMUNITY NAME:	Flandreau
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SCHOOL DISTRICT(S):	Flandreau Public School		Modules		Modules		AVERAGE TOTAL SCORE	
	PRE	EA	PRE	EA	PRE	EA	PRE	EA
Module								
Physical Activity	77%	58%	0%	0%			39%	29%
Nutrition	69%	67%	0%	0%			35%	34%
Tobacco Use	33%	33%	0%	0%			17%	17%
Chronic Disease Management	80%	60%	0%	0%			40%	30%
School Health	44%	0%	0%	0%			22%	0%
Demographic Information								
School Level	Elementary - 12							
Type of School	Public							
School Setting	Class 2							
% Free/Reduced Price Lunch	Approx. 50%							
Total number of students served	665						665	

South Dakota Good & Health Community Checklist
Health Care Summary

COMMUNITY NAME:	Flandreau
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HEALTH CARE FACILITY:	Avera Flandreau Hospital		Moody County Public Health		Modules		AVERAGE TOTAL SCORE	
	PRE	EA	PRE	EA	PRE	EA	PRE	EA
Module								
Physical Activity	83%	75%	58%	50%			71%	63%
Nutrition	50%	50%	53%	72%			52%	61%
Tobacco Use	90%	50%	81%	42%			86%	46%
Chronic Disease Management	70%	73%	48%	27%			59%	50%
Demographic Information								
Number of Staff	20-99		Fewer than 20					
Sector Type	Public		Public					
Profit Type	Not-For-Profit		Not-For-Profit					
Type of Health Care Organization	Hospital		Local Health Dept.					
Number of Patients	1200		150					