



Fiscal Year 2016

**Community Health Needs
Assessment Report**

Avera Weskota Memorial Hospital

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Avera Weskota Memorial Hospital Community Health Needs Assessment Executive Summary

In 2015 and 2016, a Community Health Needs Assessment (CHNA) was conducted by Avera Weskota Memorial Hospital for the residents of Wessington Springs including the surrounding rural area of Jerauld County as well as residents of Sanborn County. Residents of these communities utilize the hospital. The medical providers from Horizon Health provide services in these communities and at the hospital. Avera Weskota Memorial Hospital is a health ministry rooted in the gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. Conducting a community health needs assessment serves as a foundation to assist in making a positive impact in the health of the community. It also helps Avera Weskota plan and develop community benefit programs to address priority needs and better serve the community.

Avera Weskota Memorial Hospital is a 25-bed Critical Access Hospital that is both physically and strategically the hub of healthcare services within the Wessington Springs, South Dakota service area. The building is owned by Jerauld County and leased to Avera Queen of Peace Hospital. The hospital is attached to Weskota Manor Avera, a 40-resident nursing facility owned by a local corporation and managed by Avera Queen of Peace Hospital.

Avera Weskota Memorial Hospital led the CHNA efforts gathering both quantitative and qualitative data for Jerauld and Sanborn Counties. Several health needs were identified during the assessment process. Those needs were then prioritized through a multiple step and collaborative process. The first step involved the administrative team from the hospital and nursing home reviewing the findings. In addition, the interagency Health Education Team also reviewed the findings and provided input for the final priority selection. The team consists of representatives from the nursing home, hospital, medical clinic, dental clinic, and community health nurse office. The main criteria utilized during the prioritization process centered around the number of persons affected and the availability of community resources and assets to address the need. Other criteria considered included the economic feasibility and probability of success. The priority items selected were: 1) preventive/wellness care; 2) community education regarding mental health issues – alcohol, drug use and depression; and 3) perceived lack of healthcare services. These priorities have been shared and reviewed with the medical staff as well.

I. Description of Community Served by the Hospital

Avera Weskota Memorial Hospital is a 25-bed Critical Access Hospital located in Wessington Springs, S.D. Incorporated in 1882, Wessington Springs is the county seat of Jerauld County. It is located along Highway 34 in east-central South Dakota. The town is nestled at the foot of the Wessington Hills and may be described as the place where "the rolling prairie meets the great plains". The natural springs provide a source of water. According to the 2010 U.S. Census, the population of Wessington Springs is 956 and the population of Jerauld County is 2,071. Wessington Springs is primarily an agricultural community with a strong emphasis on healthcare and education.

There were 140 hospital discharges for the fiscal year ending June 30, 2015. Market share was identified through data from the South Dakota Association of Healthcare Organization's (SDAHO) 2014 Inpatient Origin & Destination Study. Patients at Avera Weskota Memorial Hospital who reside in Jerauld County comprise 70.33 percent of the hospital's discharges. Discharges from Sanborn County comprise 20.88 percent of the hospital's discharges. Other surrounding counties comprised five percent or less each.

According to the 2010 U.S. Census, Avera Weskota's primary and secondary service area of Jerauld and Sanborn County is predominately white – 97 percent. The current unemployment rate is at 2.3 percent in Jerauld County and 2.5 percent for Sanborn County, much better than the national average in the 5 percent range. The low unemployment rate is good; however, it does create some workforce challenges making it difficult to fill certain positions as the labor pool is limited. Additional population, socio-economic and unemployment information is included in the tables below.

Age	Jerauld County		Sanborn County		South Dakota	
	Number	%	Number	%	Number	%
Under 5 years	124	6.00%	115	4.90%	59,303	7.10%
5 to 9 years	136	6.60%	123	5.30%	57,691	6.90%
10 to 14 years	131	6.40%	106	4.50%	55,424	6.60%
15 to 19 years	135	6.60%	125	5.30%	57,997	6.90%
20 to 24 years	45	2.20%	173	7.40%	59,689	7.20%
25 to 34 years	227	11.10%	235	10.00%	109,504	13.10%
35 to 44 years	171	8.30%	223	9.50%	94,677	11.30%
45 to 54 years	268	13.10%	375	16.00%	111,942	13.40%
55 to 59 years	166	8.10%	203	8.70%	56,790	6.80%
60 to 64 years	146	7.10%	203	8.70%	49,347	5.90%
65 to 74 years	210	10.20%	206	8.80%	62,692	7.50%
75 to 84 years	193	9.40%	163	7.00%	39,912	4.80%
85 years and over	99	4.80%	91	3.90%	19,740	2.40%

Source: U.S. Census Bureau, 2010 - 2014 American Community Survey 5-Year Estimate

Income & Poverty	Jerauld County	Sanborn County	South Dakota
Median household income (in 2014 dollars), 2010-2014	\$49,236	\$49,375	\$50,338
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$28,985	\$27,076	\$26,311
Persons in poverty, percent	14.9	14.7	14.2

Source: U.S. Census Bureau, Quick Facts

Annual Unemployment Rates (not seasonally adjusted)			
	2012	2013	2014
Jerauld County	3.00%	3.10%	2.50%
Sanborn County	3.50%	3.00%	2.50%
Source: Labor Market Information Center, SD Dept. of Labor & Regulation in cooperation with U.S. Bureau of Labor Statistics			

II. Community Health Needs Assessment Process

The assessment process was initiated by Avera Weskota Memorial Hospital in an effort to identify health needs of our community and to comply with the requirement for Charitable Hospitals under the Affordable Care Act. This process allows the hospital an opportunity to review, identify and analyze health needs and assets in our community.

Avera Weskota Memorial Hospital gathered both primary and secondary data for the assessment. Eric Ambroson, Community Development Specialist with the Planning and Development District III, gathered primary data by conducting four focus groups with a total of 45 participants. Ads in the newspaper and written invitations informed community members and representative of organizations working with low income and the underserved of the opportunities to participate in the focus groups. In addition to the focus groups, primary data was gathered by Avera Weskota Memorial Hospital from surveys that were mailed out in Jerauld County and Sanborn County. The written survey was utilized to reach the broader community and was distributed to the following groups of people in Jerauld County and Sanborn County: 1) community members 2) law enforcement, 3) school personnel & 4) community leaders. Eleven written surveys were returned. These groups are familiar with the needs of uninsured/underinsured populations.

Secondary data was also collected. The secondary data collection process began with a review of the Jerauld County Healthcare Services flyer. This flyer identifies nineteen agencies that are available in the community to support healthcare services. In addition to local information, the hospital gathered the most current demographics and health related statistics about the community from county, state and national resources. Some of the resources utilized included: the U.S. Census Bureau, the South Dakota Department of Health, the South Dakota Department of Labor and the Leona M. and Harry B. Helmsley Charitable Trust.

III. Community Input

The primary data collection process involved conducting focus groups and utilizing a survey tool, which allowed Avera Weskota Memorial Hospital to connect with the local community members in the primary and secondary service areas to learn more about the health concerns of the communities it serves. Special attention was taken throughout the primary data collection process to ensure the hospital's community health needs assessment took into account input from persons who represent the broad interests of the community, including senior citizens, the underprivileged/underinsured, and youth.

Avera Weskota Memorial Hospital hired the Planning and Development District III of Yankton, S.D. to conduct the focus groups and to analyze the results. The Planning and Development District employs a professional staff with extensive experience in the development and technical fields. Eric Ambrosion, Community Development Specialist with Planning and Development District III, conducted the focus groups. On December 8, 2015, four focus groups were facilitated by Mr. Ambrosion with a total of 45 community members participating.

The focus group facilitator utilized a "typical" focus group format.

- Participants were selected based upon a predetermined background.
- Participants in key roles were invited to the sessions.
- Participants in the public sector were also informed of the focus groups in the newspaper and invited to attend.
- Participants were limited to a number that would allow for a manageable discussion.
- Participants were asked a limited number of identical questions.
- Participants were encouraged to respond based upon their own experiences.
- The focus groups were conducted on December 8, 2015 in three locations in Wessington Springs: The Springs Inn Café, the Wessington Springs Senior Community Center, and the Jerauld County Courthouse.

Individual surveys (Survey Group I) were also distributed to Jerauld County residents and to the school system in Wessington Springs, which allowed input from the broad community. The school system was chosen specifically because of the youth as well as the fact that the school serves a wide range of economically diversified families. Individual surveys were also sent to residents of Sanborn County (Survey Group II), the secondary service area. Eight of the 76 surveys distributed for Survey Group I were returned. For Group II, three of 11 surveys sent to the secondary service area were returned. This survey included law enforcement, school administrations, and mayors.

Participants in the focus groups and written surveys included the following:

- Participants over 65 years of age
- High school students
- Pastors
- Avera Weskota Memorial Hospital Advisory Board members

- Weskota Manor Avera Governing Board members
- County emergency management personnel
- School administrators and teachers
- Medical staff
- Retired hospital staff
- Community Health Nursing staff
- Business leaders
- City council officials
- County government officials
- Community leaders
- Newspaper personnel
- Town and rural residents
- Participants in the senior nutrition program
- Law enforcement and district attorney representatives
- Local development corporation officials
- Jerauld County and Sanborn County residents

1) Community Assets

The assessment identified a number of strong community assets including all the facilities which are located on the healthcare campus. When respondents were asked what the community does well when providing health care, *the top response was providing emergency care.*

The assets included:

- Providing access to emergency services – medical providers, emergency room, ambulance, air ambulance, eEmergency.
- “We have healthcare services available through the hospital, clinic, community nurse, dentist, home care, senior apartments and nursing home.”
- “Accessible housing right by the hospital” (Weskota Apartments).
- “This makes health care so much more accessible, not having to drive 1 – 2 hours for health care.”
- “A lot of options if we choose to use them, caring staff.”
- Spiritual care and the Ministerial Association were identified as healthy assets.
- Hospital has up to date equipment and services.
- The entire composite healthcare campus is the largest employer in the town. This provides community leadership, an economic base and stability.
- Early morning walk-in appointments and Saturday clinic hours are beneficial and appreciated.
- The doctors are well liked.
- Caring attitude of staff.
- Support for others in a crisis. This was evidenced after the 2014 Wessington Springs tornado.

- Weskota Wellness Center is an asset serving both patients and the community.
- The Springs Area Bus system is an asset.
- Recreational activities available such as the arts, hunting, golf, baseball, a nature trail, and the swimming pool are important for healthy living.
- The medical clinic is an asset. The Jerauld County Community Health Center and Dental Clinic are part of Horizon Health Care. It is a Federally Qualified Community Health Center.
 - There are clinics in Freeman, Woonsocket and Plankinton.
 - The medical providers from the Health Center serve as credentialed medical providers for the hospital.
- The campus complex houses the South Dakota Office of Child and Family Services/Community Health Nurse office.
- Two independent apartment housing units are attached.
 - Weskota Apartments South is a 14 apartment unit owned by Weskota Manor Avera.
 - Weskota Apartments North is a 16 apartment unit owned by USDA and managed by Weskota Manor Avera.
 - Access to Avera@Home skilled home health and hospice services out of Mitchell, S.D. and the SD Department of Social Services Homemaker programs for in-home services.
- All of these service business entities are housed under one roof making access to the various providers very convenient for the community members and apartment tenants.

2) Data Assessment

The data from the focus groups and written responses were collated by Planning & Development District III of Yankton, SD. Eric Ambroson, Community Development Specialist, prepared the summaries for the focus groups and the written surveys.

Written Survey Respondents

Gender	Race	Number of Respondents	Age Range
Male	100 % White	2	23-65
Female	100% White	9	23-65
TOTAL		11	

Focus Groups Respondents

Date	Group	Number	Age Range
December 8, 2016	Wessington Springs Area Community Club (SACC)	28	17-90
December 8, 2016	Wessington Springs Area Senior	10	60-90

	Citizen Center		
December 8, 2016	Jerauld County Court House (2 sessions)	11	25-75
TOTAL		45	17-90

These results were shared with the hospital and nursing home administrative team, the Health Education Team and the medical staff. Avera Weskota has an interagency Health Education Team which works cooperatively on health education events, health screenings and serves an integral role in implementing the interagency action plan resulting from the community health needs assessment. The team was instrumental in implementing the action plan for the 2013 Community Health Needs Assessment and thus lends consistency and continuity of the 2016 assessment process. The team consists of representatives from the nursing home, hospital, medical clinic, dental clinic, and community health nurse office. The community health nurse, Marla Feistner, RN, brings 15 years of community health experience to the Health Education Committee. As the community health nurse in Jerauld County and Sanborn County, Marla Feistner's first-hand experience provides valuable insight into the needs of our community. This team reviewed the findings of the CHNA and provided input.

The main criteria utilized during the prioritization process focused on the number of persons affected and the availability of community resources and assets to address the need. Other criteria considered included the economic feasibility and probability of success.

The priority items selected were: 1) preventive/wellness care; 2) community education regarding mental health issues – alcohol, drug use and depression; and 3) perceived lack of healthcare services. These priorities were also shared and reviewed with the medical staff as well.

IV. Prioritized Significant Community Health Needs

1) Preventive/Wellness Care:

The community health needs assessment identified a need for preventive and wellness care. Community members want to take charge of their own health. According to the American Board of Preventive Medicine,

“Preventive Medicine focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death.”

The University of Illinois at Urbana-Champaign has a wellness education program which defines wellness as (2013):

“Wellness is a state of optimal well-being that is oriented toward maximizing an individual's potential. This is a life-long process of moving towards enhancing your physical, intellectual, emotional, social, spiritual, and environmental well-being. These six dimensions highlight important components of wellness.”



Source: Board of Trustees, University of Illinois at Urbana-Champaign, September 2013

Prevention and wellness go hand in hand. The facility will implement programs to enhance both issues. These components to wellness will be considered when developing programs (mental, spiritual, environmental, social, physical and emotional).

Nutrition has been identified as an issue relating to wellness. It affects both prevention and wellness. As identified in the 2013 CHNA report, one of the objectives of the CDC Healthy People 2020 initiative is to “reduce the proportion of children and adolescents who are considered obese”. The South Dakota Department Health also has a goal of “reversing the trend and reducing the percent of school-age children and adolescents who are at or above the 95th percentile BMI for age (obese) to 14 percent by 2020. The School Height and Weight Report for 2014 – 2015 prepared by the South Dakota Department of Health breaks the state into regions, which allows us to get a better understanding of the obesity problem in the Jerauld and Sanborn county area. Information from this report shows Jerauld and Sanborn counties in region 3 with 18.5 percent of the students overweight and 18.7 percent obese. Region 3 results were slightly higher than the overall state rate of 16.2 percent for 2014-2015 and are also higher than the goal rates previously mentioned. The hospital will continue to use the Healthy People 2020 study as the plan is implemented.

School Height/Weight Data				
Region 3				
% Reported	2012-2013	2013-2014	2014-2015	Change
Overweight	18.8%	18.4%	18.5%	-0.3%
Obese	19.1%	18.5%	18.7%	-0.4%
Combined	37.9%	36.9%	37.2%	-0.7%

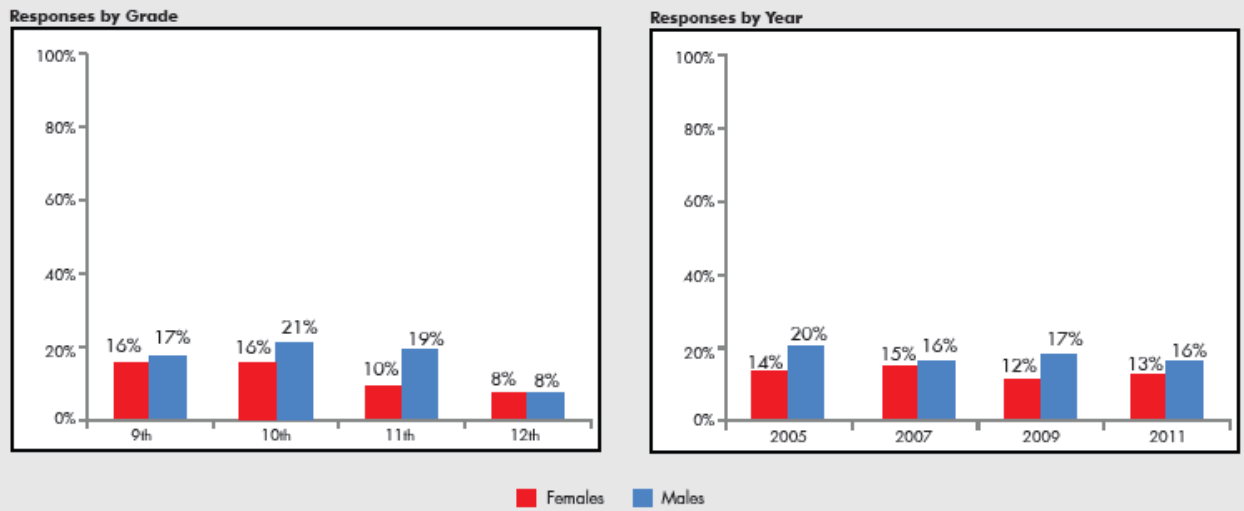
<https://doh.sd.gov/statistics/school-height-weight.aspx>

The Office of Child and Family Services/Community Health Nurse, Marla Feistner, works with the WIC Program (Women, Infants and Children). This program provides nutritional assessment and counseling four times a year to qualifying family members: pregnant, breastfeeding, and postpartum women; infants from birth to twelve months; and children one to five years of age. These assessments determine if there is a need for nutritional guidance. Education is provided in planning healthy nutritional choices.

Audra Scheel, the South Dakota State University 4-H Youth Educator, and Marla Feistner provide nutritional lessons to 5th and 6th grade students at three area schools in the service area. A total of eight different lessons are presented throughout a two-year period, providing four lessons during each school year with the objective of improving nutrition.

Obesity is a risk factor that plays a significant role in a number of chronic diseases including but not limited to cancer, heart disease and diabetes. Promoting healthy eating and increasing physical activity are important factors in promoting wellness. There is probable evidence to suggest that dietary patterns with higher intakes of fruits and vegetables are associated with a decreased risk for some types of cancer, cardiovascular disease, and stroke. Although data are limited, an increased intake of fruits and vegetables appears to be associated with a decreased risk of being overweight. According to a report released July 10, 2015 from The Centers for Disease Control and Prevention (CDC), only 10.3 percent of South Dakota adults met recommendations for fruit consumption and even fewer met recommendations for vegetable (6.8 percent) consumption in 2013. The report also revealed that South Dakotans have some of the lowest fruit (43rd) and vegetable (45th) consumption rates in the country, with adults eating fruits only once per day and vegetables 1.6 times per day. In the Healthy People 2020 Initiative, 22 percent of high school students nationwide had eaten fruits and vegetables five or more times per day during the 7 days before the survey. The chart below reflects the low intake of fruits and vegetables by high school students.

Percentage of respondents who ate five or more servings of fruits and vegetables per day during the past 7 days = 15%

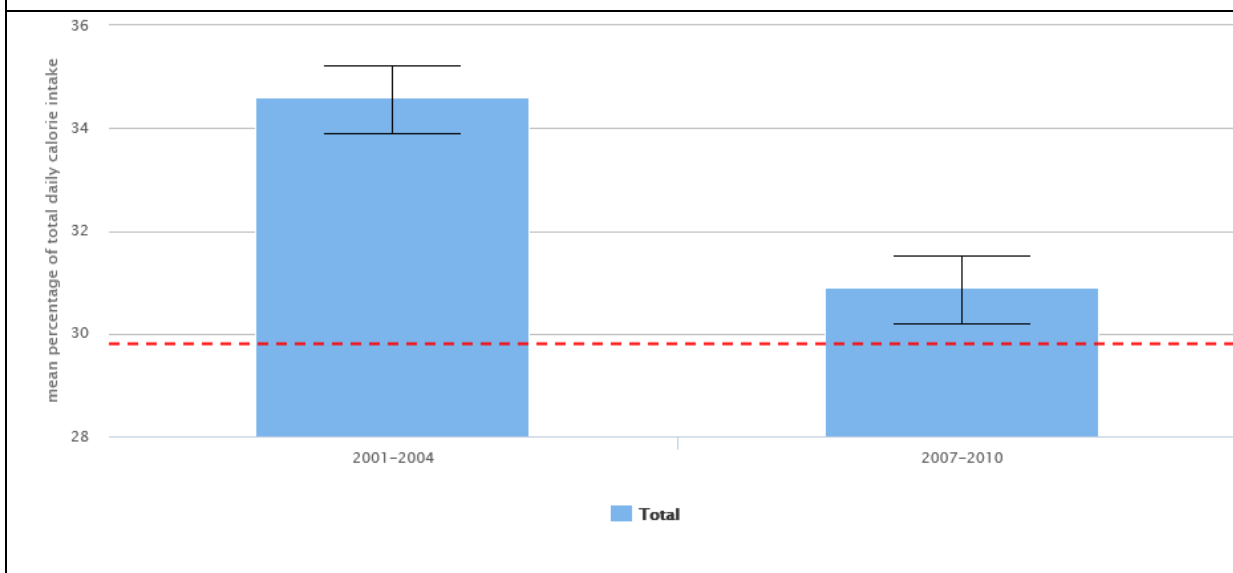


Source: CDC Healthy People 2020 Initiative

Preventive care and wellness advocates that decreasing solid fats and added sugars in the diet prevents disease and obesity. The CDC is measuring this in the Healthy People 2020 Initiative. The chart shows that some progress is being made.

Mean percent of total daily calorie intake from solid fats and added sugars (age adjusted, 2+ years)

2020 Baseline 34.6 (2001-2004) 2020 Target: 29.8 Desired Direction: Decrease



Data Source: National Health and Nutrition Examination Survey: Centers for Disease Control and Prevention, National Center for Health Statistics.

Jerauld County Community Health Center, Horizon Health Clinic, is establishing care plans with patients who have diabetes or depression. Goals are established with the patients to help manage their own care. The hospital's health insurance plan for employees has a wellness component. If beneficiaries earn wellness points, they can save money on their premium. Wellness promotion will benefit patients.

The hospital will continue to support the participation of a physical therapist in the Wellness Committee of the Wessington Springs School's Strategic Planning Team for cooperative planning of health and wellness activities for youth. The goal of the school's wellness committee is "to develop and implement a wellness program that will address the social, emotional, moral, spiritual, and physical needs of all the stakeholders." Weskota Foundation is financially supporting the healthy vegetable and fruit snack program at the elementary school that was initiated through this committee.

Weskota Wellness Center is available for the public and patient use for those 18 years of age and over. It has a variety of exercise equipment and weights available. A sliding fee scale is available as well as reduced rates for senior citizens and students 18 and over. Awareness and education about the center will be promoted.

2) Community Education Regarding Mental Health Issues – Alcohol, Drug Use and Depression:

The Leona M. and Harry B. Helmsley Charitable Trust conducted a five year study in South Dakota to establish a baseline for healthcare needs, including unmet mental health needs in rural areas. According to Walter Panzirer, Trustee, a few of the key findings include:

- "Compared to national rates, South Dakota may have a higher prevalence of anxiety, post-traumatic stress disorder and alcohol misuse.
- Hospital utilization for mental health care is high.
- Individuals present at emergency rooms at high rates with mental health concerns."

The study found that the respondents had low rates of perceived need for care for behavioral conditions but found relatively high rates of hospital utilization for behavioral health conditions. "Specifically, 11.2 percent of all respondents reported one or more emergency department visits for mental health issues in the past year." This is supported by the experience of the hospital and the patients that present to the emergency room for behavioral and mental health issues.

The statewide prevalence of emergency room use due to a mental health condition of one or more visits in the past year has a state average of 11 percent of respondents. According to the study, the rate for emergency room use for mental health issues in Jerauld County is 5 percent and in Sanborn County the rate is 12 percent. Even though the findings for Jerauld County are low, this type of patient presents to the emergency room. Finding appropriate access to care for these individuals is a challenge. Avera Behavioral Health has a goal of

increasing help and access to care in rural areas for mental health issues. The eEmergency telemedicine access is also improving intervention for mental illness.

Sanborn County respondents who identified an unmet substance abuse need rated that need at 100% unmet. Respondents who expressed a need for mental health care and had an unmet need were 43% in Sanborn County and 0% in Jerauld County. The needs of the secondary service area must be considered when planning implementation.

Jerauld County Community Health Center in Wessington Springs has an active visiting practice from mental health providers in Huron, SD, including onsite visits by a psychiatrist, a psychologist, and the use of telemedicine for these providers. Depression screens for Jerauld and Sanborn counties are below the state average of 6 percent of respondents at 2 percent each. Anxiety screening for Jerauld County is at 7 percent compared to 8 percent for the state. The statewide prevalence of post traumatic stress disorder is 6 percent. Jerauld County is also at 6 percent. Sanborn County is at 1 percent prevalence.

The study also examined adverse childhood experiences. The state average is a 20 percent response rate. The response rate for Jerauld County is 9 percent prevalence. For Sanborn County it is at 18 percent prevalence. These factors can also impact emergency room visits and mental health. Providing community education and education for the youth on these topics is necessary.

Even though many of the rates in the study are low, patients present to the hospital's emergency room with these problems. Law enforcement identified people in the community with unmet mental health needs. The CHNA survey participants requested education regarding these issues.

Education will be provided to the community regarding mental health, specifically alcohol abuse, drug use and depression. Opportunities within eEmergency and Avera Behavioral Health will be explored to assist with this issue. The hospital is helping to financially support the C.O.R.E. Freshman Impact experience being offered at Wessington Springs High School on April 7, 2016. This program has been approved for three years. It provides an experiential, educational opportunity for high school freshman from seven area schools related to alcohol use, drug use and depression. In addition, staff participated in the exercise.

3) Perceived Lack of Health Care Services

This concern was also identified in the 2013 CHNA. The community identified that it is often not aware of services offered at the health care facilities. The Jerauld County Healthcare Services flyer identifies nineteen agencies that are available in the community to provide healthcare services. This flyer can be used as a resource to help educate the community about the services that are available.

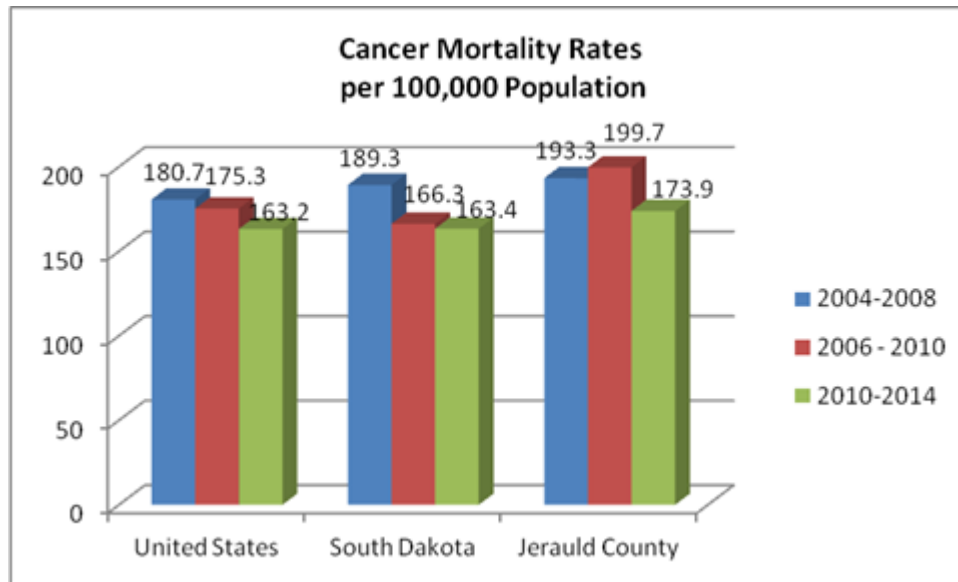
One of the CHNA respondents and hospital staff suggested an annual open house to invite the community into the facilities to tour and hear about the services offered. An open house could be provided by each of the healthcare campus facilities in conjunction with the Wessington Springs Development Corporation Business After Hours program. Interviewing patients for their testimonials can be a helpful way to educate regarding services offered. Opportunities to utilize weekly newspapers in both Wessington Springs and Woonsocket will be explored. The clinic has telemedicine for consultation with specialists. Education regarding screening programs will be provided.

Services are available for low-income patients through both the hospital and clinic. The hospital's mission provides for admitting patients regardless of their ability to pay. The hospital has a charity care policy in effect for those unable to pay. Payment plans may also be set up. The clinic is a Federally Qualified Community Health Center. The clinic, medical and dental, utilizes a sliding fee scale based on income. These facilities offer good access to health care for low-income residents. In addition, Jerauld County Community Health Center provides coordinated care by offering the Health Home program for low income Medicaid patients. Awareness and communication of this information is key in serving the most vulnerable in our community.

Services are offered that target the Health Status Indicators. Identifying the needs can help target the services to be highlighted. The South Dakota Department of Health, Office of Health Statistics identifies Health Status Indicators for 2010 – 2014 by county based on the death rate per 100,000 populations.

- Death rates for colorectal cancer in Jerauld County and Sanborn County are above the U.S. rate of 14.6 and S.D. rate of 16.3. Jerauld County's death rate is 30.10 and Sanborn County's death rate is 24.6.
- The death rate for cardiovascular accidents (CVA or stroke) is above the U.S. (36.2) and S.D. (39.0) for Jerauld County at 64.5. Sanborn County is below the national and state rates at 34.9.
- Death rates for accidents in Sanborn County are above the U.S. rate (39.4) and S.D. (46.3) at 61.2. Jerauld County's rate is 38.9.
- Death rates for motor vehicle accidents are also high in Sanborn County at 43.2. The U.S. rate (10.9) and S.D. rate (16.2) are lower. Jerauld County is at the state level at 16.3.
- The death rate for Alzheimer's disease is very high in both counties. The U.S. rate is 23.5. The S.D. rate is 36.7. Jerauld County is 77.1. Sanborn County is 98.5. Each county has a long term care facility that cares for residents with dementia. Sanborn County has a memory care unit specifically for dementia residents.

Cancer mortality rates for Jerauld County are decreasing but are still above the rates for South Dakota and the nation for 2010-2014, See the graph.



Source: South Dakota Department of Health; South Dakota Vital Statistics Reports

Providing education regarding screening for colorectal cancer and cardiovascular accidents (CVA) will be explored to address these high need areas. The C.O.R.E. Freshman Impact project being offered April 7, 2016 and the two years following will offer education regarding motor vehicle accidents to high school freshman students, as well as the hazards of alcohol, drugs and depression. This will include students from the high schools in Jerauld and Sanborn Counties. Family councils at the long term care facility may be a way to address the impact on families in respect to dementia and Alzheimer's disease.

The Wellness Center will be promoted as a service available as well as to support the goal of preventive care and wellness. The administrative team and the Health Education Team will explore other options for helping create awareness around the health care services and screening opportunities available within the community.

4) Additional Information: Needs Not Addressed or Referred:

Assisted Living: Assisted living was identified as a need in the community in the 2013 and 2016 CHNA. In 2013, this issue was referred to Weskota Manor Avera. Developing assisted living is in the nursing home's long range strategic plan; however it is not financially feasible at this time. Currently in-home services are available to assist tenants in the independent living apartments to maintain their independence and to "age in place." These services include skilled home health and hospice services, Department of Social Services homemaker program, noon congregate hot meals from the nursing home, meals on wheels delivered to the individual apartment from Senior Center Nutritional Service, and bus transit services for transportation. Education regarding these services will be provided with the perceived lack of healthcare

services. Avera Weskota Memorial Medical Center will again refer this issue to Weskota Manor Avera for consideration in their long range strategic planning.

Recruitment of Healthcare Workers: Recruitment of healthcare staff was also identified as a concern. Avera Weskota Memorial Hospital and other healthcare facilities will continue to work through this issue. The hospital is using the South Dakota Retention Bonus Program as an incentive to recruit and retain professional staff in addition to loan forgiveness and bonus offerings over time. This incentive has helped recruit and retain some, but not all staff. Recruitment is a problem across the state with a shortage of healthcare workers and low unemployment rates. Applicants are in short supply. The facility will continue to work on creative ways for recruitment.

V. Potentially Available Resources

Resources potentially available to address the significant health needs identified through the CHNA for Avera Weskota Memorial Hospital include the Health Education Team, the Wessington Springs School Strategic Committee Wellness Committee, Weskota Foundation, Jerauld County Community Health Center – Horizon Health Federally Qualified Community Health Center, Avera Behavioral Health, law enforcement officers, Community Counseling in Huron, SD, Jerauld County Emergency Management, C.O.R.E. Freshman Impact Program, and the Wessington Springs Development Corporation.

VI. Evaluation of Impact

Intervention from 2013 Community Health Needs Assessment

The administrative team reviewed the previous community health needs assessment conducted in 2012 – 2013. Since the prior CHNA was completed, Avera Weskota Memorial Hospital has not received any requests for printed copies of the assessment. No written comments were received regarding that community health needs assessment or implementation plan.

When evaluating the intervention from the 2013 Community Health Needs Assessment, the natural disaster that occurred in Wessington Springs was discussed. Even though identifying the community health needs provides a guide to health care needed, a community never knows what may happen in the future. On June 18, 2014, an F2 tornado struck Wessington Springs. The main path of destruction was one-half block away from the hospital. This event and the consequences of it became the main focus of attention for an extended period of time. The health needs of the community changed in priority and the implementation plan was delayed to address the immediate issues presented in the community by the natural disaster.

The hospital and nursing home suffered damage. The healthcare campus was without electricity and on generator power for two days. The major inconvenience with being on generator power was that the air conditioners could not be used. Some windows were broken

and the roof had to be replaced. Around forty homes were destroyed or uninhabitable. Eleven employees from the nursing home lost their homes. Other employees from the hospital and nursing home had damage but were able to live in their homes. In addition to damage on the healthcare campus, staff had personal losses.

The community identified emergency care as a major strength of the health care community. That response came through loud and clear when the tornado struck. The employees at work made sure all the patients, residents and apartment tenants were in a safe place. Then after the tornado, they activated the emergency response system as they prepared for potential victims. Part of that activation was notifying Avera eEmergency telemedicine and informing them of the disaster. The eEmergency staff was asked to activate the call tree to call in off duty employees. The response to the call was excellent with many staff members and physicians responding. The emergency response system was truly tested and worked well. Fortunately, there was only one admission to the emergency department. That patient had minor injuries and was treated and released. The early warning by law enforcement and the fire department was key to preventing injuries and loss of life.

In addition, the staff worked for two days cleaning up debris from the healthcare campus and many staff volunteered to help in the community. Administration worked closely with the state and city incident command center to coordinate health care for the community. In cooperation with the state medical director, first aid centers, immunization clinics, and clinic hours were established with resources from the SD Department of Health, SD National Guard, Jerauld County Emergency Management, Jerauld County Community Health Center, the Jerauld County Community Health Nurse, and Avera Wescota Memorial Hospital administration and staff. The hospital emergency room, the hospital and the nursing home were fully functional during the disaster. Tetanus immunizations, gloves and masks were obtained from the state for the community members. Administration was involved in providing education at the community briefings from the incident command center and in media and press releases.

The medical director for the SD National Guard who was on site in the command center was very helpful in coordinating medical care. One hundred fifty SD National Guard troops and their equipment were deployed to the community the night of the tornado. They were instrumental in clearing debris but were also in harms way for injuries during the cleanup. The National Guard worked closely with hospital administration in coordinating care and making sure care was available for Guard members as well as community members.

The Salvation Army coordinated the donated supplies and meals. One thousand meals, three times a day, were served for four days. The gathering place for meals and supplies really helped the community heal as people were able to gather and share stories. Lutheran Social Services responded as well and set up a long term case management team to help families. The hospital housed a disabled individual for two weeks until a handicapped apartment was available. The individual's home was destroyed in the tornado. A resource center was also established. Daily news letters were published from the incident command center. Health care items were included. Administration worked with these groups as well. Administration was a

part of the long term Emotional Recovery Team that was established in conjunction with the Ministerial Society. The community has recovered well from the tornado. We discovered that when the going got rough, the community really pulled together.

The community identified emergency services as one of the best assets of the hospital. This event certainly demonstrated that emergency response worked well even in a natural disaster. The emergency response system at the hospital, healthcare campus, the town and the state worked well. Collaboration was excellent.

The problems identified in the 2012-2013 CHNA are listed below along with some of the implementation strategies.

1) Adult smoking:

- a. Information was publicized and provided for smoking cessation classes at Avera Queen of Peace Hospital.
- b. The South Dakota Quit Line information was publicized and provided to those requesting help to stop smoking.
- c. Information was given at screenings.
- d. This factor was not identified as a health issue in the 2016 focus groups.

2) Perceived high incidence of cancer:

- a. The annual 4th of July Walk & Run for Wellness focused on cancer. For one year it was changed to a fund raiser for cancer support for the Heart and Sole Fund which provides funds to those being treated for cancer. Last year the funds went to Weskota Foundation to help support healthcare services in the community.
- b. Provided corporate sponsorship of the annual Relay for Life.
- c. Provided educational information at the annual Farm and Home Show regarding cancer.
- d. This factor was not identified in the 2016 focus groups.

3) Poor nutrition among youth:

- a. An Avera Weskota physical therapist collaborated with and served on the core team of the Wessington Springs School's Strategic Planning Team for cooperative planning of health and wellness activities.
- b. The school secured a grant to fund a vegetable and fruit afternoon snack program for the elementary school. Weskota Foundation helped to fund the ongoing grant. This program helped combat after school hunger as well as introducing students to foods they may not have at home.
- c. The lunch program at school was changed to be more health focused and included training for the cooks.
- d. The Back Pack program was implemented in conjunction with the Food Pantry for sending food home for the weekend with 20 needy children.
- e. The school is applying for a grant for exercise equipment for the weight room and PE classes for student use.

- f. The February 15, 2016 Farm and Home Show featured a health promotion booth showing the amount of sugar in popular soft drinks. It was well received by the public.
- 4) Lack of assisted living:
- a. This was referred to Weskota Manor Avera in 2013.
 - b. It is on the nursing home's long range strategic plan.
 - c. This was identified as an issue in the 2016 assessment. It will again be referred to Weskota Manor Avera.
- 5) Perceived lack of healthcare services:
- a. Group education provided at the Farm and Home Show outlining services.
 - b. Departments presented at the Springs Area Community Club.
 - c. Feature articles in the newspaper helped increase the awareness of eEmergency services. Emergency services were highly rated in the focus groups.
 - d. The Weskota Foundation December fund raiser for 2014 and 2015 raised almost \$20,000 to support eEmergency services in the emergency department.
 - e. This health care issue will be carried forward in the 2016 plan.

VIII. Conclusion: Assessment Priorities

Avera Weskota Memorial Hospital identified the following priority areas in 2016 and will work with the administrative team, Health Education Team and the hospital's Advisory Board of Directors to adopt an implementation plan to address these community health concerns and needs.

- 1) Prevention/Wellness Care
- 2) Community Education Regarding Mental Health Issues – alcohol, drug use and depression
- 3) Perceived Lack of Healthcare Services

Avera Weskota Memorial Hospital will collaborate with other healthcare and community partners to develop programs to address the identified community assessment concerns and an implementation action plan will be developed and implemented.

The Community Health Needs Assessment Report will be presented to Avera Weskota Memorial Hospital's Advisory Board for approval.

A copy of this assessment can be obtained by contacting Avera Weskota Memorial Hospital at 605-539-1201 or by visiting the website at www.averaweskota.org

Board Approval:

Date Approved by Avera Weskota Memorial Hospital Advisory Board: April 25, 2016

Date Approved by Avera Queen of Peace Board of Directors: May 24, 2016