

# **Avera St. Benedict Health Center**

**Parkston, SD**



## **Community Health Needs Assessment**

### **2016**

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**2016 Avera St. Benedict Health Center**  
**Community Health Needs Assessment Summary:**  
*An assessment of Hutchinson County conducted by Avera St. Benedict Health Center*

**Overview**

From November 2015-March 2016, Avera St. Benedict Health Center conducted a Community Health Needs Assessment (CHNA) focusing on the needs of their primary and secondary service areas. The process involved a variety of approaches to collect qualitative and quantitative data through research, interviews, focus groups, electronic survey, and electronic medical record data review. This plan will guide Avera St. Benedict's activities as it moves toward its vision of bold leadership in the transformation of health care to enhance the lives of individuals and communities it serves.

**Description of Avera St. Benedict Health Center**

Avera St. Benedict was started as a twelve bed facility on February 10, 1934, by the Benedictine Sisters of Sacred Heart Convent and Dr. J.L. Waldner. A new hospital wing opened in 1946 with 34 beds and 12 bassinets. Avera St. Benedict continued to grow and expand by building a new 38 bed acute care hospital in 1965. In August of 1988, St. Benedict purchased the Supervised Living homes and attached the Intermediate Long Term Care Facility in 1989. Additions in 1992, 2005, and 2015 have continued to expand Avera St. Benedict Health Center. Today, Avera St. Benedict is a 25 bed Critical Access Hospital with surgical and obstetrics capabilities. Under one roof are the attached Parkston Certified Rural Health Clinic; a 47 bed long term care facility that provides skilled nursing services; a 28 bed assisted living facility; and a physical therapy wing with wellness center. Avera St. Benedict also owns and operates a licensed daycare off site of the main facility. Avera St. Benedict Health Center also operates Certified Rural Health Clinics in Tripp and Lake Andes, S.D. and one day clinics in the communities of Scotland and Corsica. Outreach to area nursing homes, Hutterite colonies, and consultations at other healthcare facilities are also a part of Avera St. Benedict's medical staff duties.

Avera St. Benedict's primary medical staff includes 4 primary care physicians; 3 physician assistants; 2 nurse practitioners; and 1 mental health counselor. Additional fully staffed services in the health center include a fully digital radiology department, laboratory, physical/occupational/speech therapy, pastoral care, massage therapy, sports medicine, emergency services, and nursing.

Outpatient services provided by outreach and/or specialist physicians include: Oncology, ENT, Surgery, Pulmonology, Cardiology, Dermatology, Urology, Orthopedics, Audiology, Podiatry, Psychiatry, and Nephrology. Telemedicine is the delivery mechanism for psychiatry, infectious disease, and palliative care. As a part of the Avera Health System, the Avera St. Benedict rural providers have access to cutting edge technology through the Avera eCare Services. Avera St. Benedict has a full complement of eServices with eEmergency, eConsultation, eICU, eStroke and ePharmacy.

## **Evaluation of Impact of Prior Community Health Needs Assessment**

Avera St. Benedict Health Center conducted a CHNA in 2012. The priorities from the prior needs assessment were addressing adolescent drug and alcohol abuse; basic education of life skills to food pantry patrons; school nurse; mental health stigmas; transportation; and hospice services.

To address these needs, several activities were completed. Avera St. Benedict worked in conjunction with the Parkston School District and local law enforcement to provide educational sessions at the school during student registration on the dangers of drugs and alcohol. This was completed for all middle school and high school students and their parents. During this education, 120 adolescents participated. Additional education efforts included having the South Dakota Highway patrol, accompanied with the K9 unit, come to Avera St. Benedict and provide drug education to the public in February 2013. Forty-one community members participated. Hutchinson County Court and Probation started including Avera St. Benedict as a referral center for adolescent and adult substance use assessments, education classes, and substance abuse counseling.

Additional mental health services and integration models of mental health in family practice have been continued and strengthened. These include an integrated mental health counselor in the clinics, additional training to hospital nursing staff for drug and alcohol screening, implementation of telepsychiatry; and behavioral health integration into medical programs. A depression screening was also integrated into normal clinic practices with yearly physicals, Welcome to Medicare visits, and post-partum follow up. From May 1, 2013-March 31, 2016 there have been 4,138 depression screenings conducted at Avera St. Benedict's clinics and 2,146 total behavioral health encounters.

Since the last CHNA, Avera St. Benedict has added an End of Life/Hospice room linking the hospital and nursing home to give families private time with loved ones in the end stages of life. Hospice services are available from multiple hospice providers. No written comments were received regarding this CHNA or implementation strategy.

### **Description of Community Served**

#### **Demographics of Primary and Secondary Service Area**

Avera St. Benedict Health Center is located in Parkston, S.D. Parkston is located in Hutchinson County, S.D., in the south central part of the state. Agriculture is the primary economic driver in the county. Avera St. Benedict's primary service area is defined as Hutchinson County. In fiscal year 2015, 59 percent of inpatient discharges and 65 percent of Emergency Room visits were from Hutchinson County. According to the U.S. Census Bureau's 2014 data, the population of Hutchinson County was just over 7,200 people and is predominately White/Caucasian (97%). About 24 percent of the population is over the age of 65. The Bureau of Labor statistics assesses the unemployment rate of 2.9 percent compared with the state of South Dakota's 3.4 percent unemployment (2014.) County Health Rankings states that the median household income of Hutchinson County is \$44,958, which is about \$5,000 less than the state's average (2015). The

percentage of persons 100 percent below the Federal Poverty Level from 2010-2014 was 15 percent, with about ¼ of households being single parent households. The Centers for Disease Control rates high school graduation rates in the county at 87.6 percent and adults over 25 years of age with a Bachelor's degree or higher at 33.7 percent (2008-2012). The secondary service area, including portions of Douglas, Davison, Bon Homme, Hanson and Charles Mix Counties are demographically similar to Hutchinson County with rural, agricultural lifestyles. In fiscal year 2015, these four counties made up 37 percent of inpatient discharges and 28 percent of Emergency Room visits. Charles Mix County is different from the rest of the service area in that there is a 32 percent Native American population, lower rates of individuals 16 and older in the civilian labor force (61%), and higher rates of poverty (24%). Avera St. Benedict is the primary medical provider for 8 Hutterian Brethren Colonies in the primary and secondary service area, which includes about 550 individuals. Avera St. Benedict Health Center sees about 8,000 people a year for one or more service at the health center.

### **Health Status of Hutchinson County**

The South Dakota Department of Health (2009-2013) shows mortality in Hutchinson County as compared to the state of South Dakota. The following are mortality indicators where Hutchinson County is either equal to or higher percentage than the State:

- Death due to breast cancer
- Death due to accidents
- Death due to motor vehicle accidents
- Death due to cerebrovascular disease
- Death due to influenza and pneumonia

County Health Rankings (2015) identifies the following health indicators as either equal or higher percentage than the State:

- Limited access to healthy food due to low income and living far from a grocery store
- Percentage of adults that report having been diagnosed as having diabetes
- Percentage of adults that report fair to poor health
- Percentage of adults who are obese based on a BMI of >30

The government website, [healthindicators.gov](http://healthindicators.gov) (2006-2012), identifies cancer prevention services. The following three cancer prevention services rank poorer in Hutchinson County than in the State.

- Percent of adult women age 50 and older who report having a mammogram in the past two years
- Percent of adults age 50 and older who have had a sigmoidoscopy/colonoscopy within the past 10 years
- Percent of women age 18 and older who report having a pap smear test in the past three years

The following are additional measures that show access to health care in Hutchinson County:

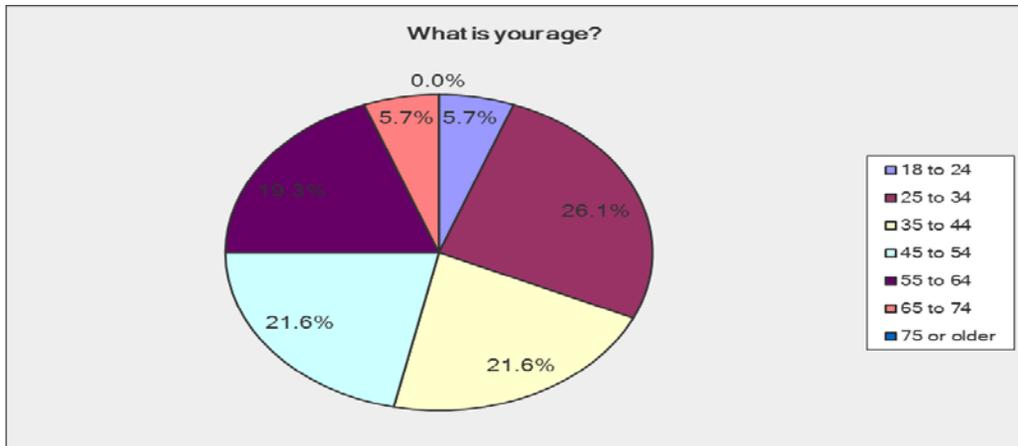
- According to the US Census (2013), 16.1 percent of adults under 65 years of age lacked health insurance compared to the State average of 15.7 percent
- According to the South Dakota Department of Health (2009-2013), 62 percent of expectant mothers receive prenatal care in the first trimester, versus 70 percent in the State
- County Health Rankings (2015) identifies the ratio of population of Hutchinson County to primary care providers at 898:1.

Hutchinson County has multiple health indicators that are better than the State average. Tables of comparable county to state health indicators are in the appendix.

### **Who was Involved in the Assessment**

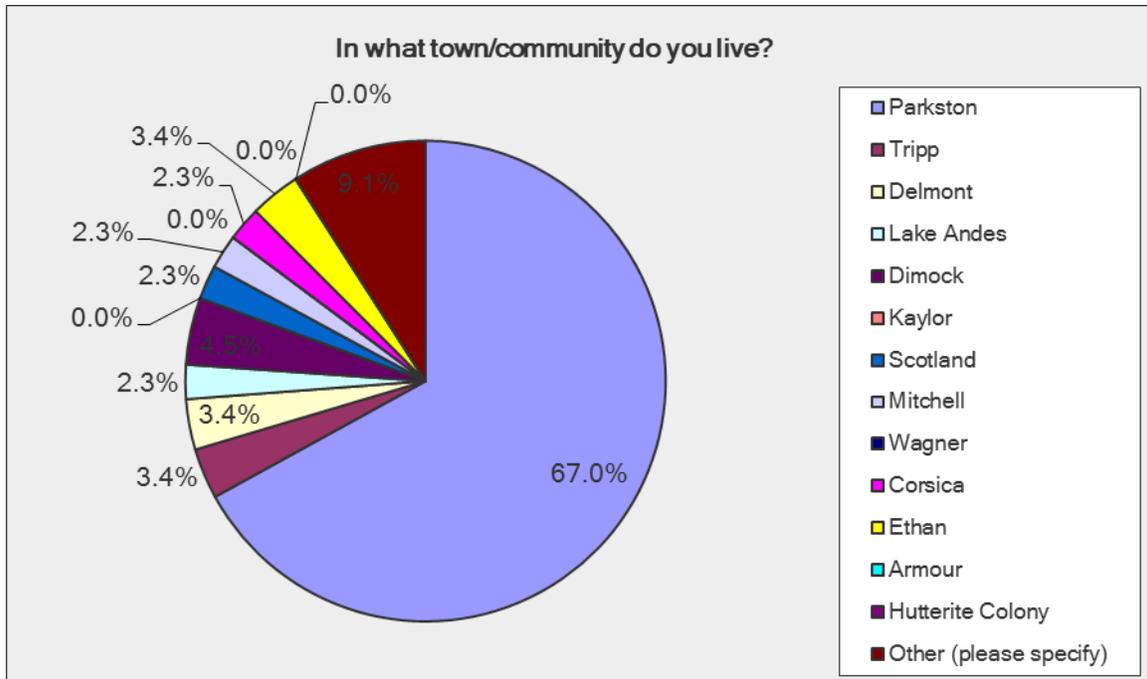
A variety of individuals and groups of people were involved in the CHNA process from November 2015 through April 2016. Qualitative data was obtained from focus groups with the Parkston Commercial Club, Hutchinson County Ministerial Association, and a small group of Medicare Enrollees over the age of 65. The Parkston Commercial Club is a group of businesses in the Parkston area that meet monthly to support the community in a variety of ways, including fundraising for local events and family centered entertainment. Commercial club members are generally involved in many different activities in the community of Parkston, the local school district, and the surrounding area. The Hutchinson County Ministerial Association members are clergy from many different congregations, some of which run food and clothing banks for individuals in need. The Ministerial Association meets monthly to work together to address many community and individual needs that are also social determinants of health. Formal individual interviews were conducted with two county health nurses and a Hutterite Colony Outreach Nurse. County health nurses are the only form of public health in Hutchinson County.

An electronic survey was completed by 88 community members. The graphs below depict the community involvement and demographics of the individuals that completed the survey.



**Which of the following apply to you or are you involved in? (check as many as needed)**

Answer Options	Response Percent	Response Count
Commercial Club	18.2%	16
Ministerial Association	5.7%	5
School District as a parent	39.8%	35
School district as an employee or board member	14.8%	13
Food pantry board or staff	1.1%	1
Food pantry user	0.0%	0
Economic development group	3.4%	3
Sports club or association outside of school	23.9%	21
Community volunteer	43.2%	38
Business owner	12.5%	11
Fire Department or EMS	8.0%	7
User of WIC services	1.1%	1
Other involvement in youth organizations	18.2%	16
Healthcare employee	59.1%	52
None of these apply to me	2.3%	2
Other (please specify)		7
<b><i>answered question</i></b>		<b>88</b>
<b><i>skipped question</i></b>		<b>0</b>



### **How the Assessment was Conducted**

The assessment process started with a core group of hospital staff and administration discussing the best approach to the CHNA. It was decided to approach the assessment from a multi-factorial data gathering process.

1. Statistical data from reliable data repositories or agencies
2. Formal interviews
3. Information discussions
4. Focus groups
5. Anonymous survey
6. Review of clinical/medical services and grant projects at Avera St. Benedict
7. Assessing needs of the unique Hutterite population

Statistical data was gathered in November 2015. After gathering data, it was compiled to be cross referenced with focus group and survey data. Statistical information gathered is in the appendix.

Formal interviews with two community health nurses were completed in February 2016. These nurses work in the public health realm, provide immunizations and education at schools, work with families to access WIC services, and provide many other community education programs on health issues. A formal interview with a Hutterite Colony Outreach Nurse was conducted in

January 2016 to assess the health needs of the Hutterite population that is served by Avera St. Benedict Health Center. She has a strong and ongoing relationship with Hutterite Colony members at the 8 colonies that are served by Avera St. Benedict. She has also been involved with many different pilot and grant projects to bring services and health education to the colonies. The interviews followed a standardized assessment tool, viewable in the appendix.

An anonymous survey was set up on an electronic platform for people to access. This was a 10 question survey. The survey was sent out electronically through email to a list serve of community members, accessible through the Parkston School District website, and accessible through the Avera St. Benedict Facebook page. The survey results are broken down by question in the appendix.

Focus groups were held with the Parkston Commercial Club and the Hutchinson County Ministerial Association in November 2015 and January 2016. The standardized assessment tool used for the formal interviews was also used in the focus groups. A focus group in April 2016 brought in Medicare beneficiaries to discuss wellness, preventative care, and aspects of clinical healthcare that they liked and didn't like. Access to healthcare and understanding their health needs was discussed.

A review of clinical/medical services and grant projects was completed by reviewing recently completed grant applications and evaluative reports; reviewing the hospital's health outcome statistics; and using clinical data population health analytics to review preventative care completion rates, cancer screening rates, diabetes health indicator completions rates, delinquent well child follow ups, and percentage of patients that review follow up care after hospitalizations.

After all qualitative and quantitative data was gathered and reviewed this information was used to prioritize health needs.

### **Health Needs Assessed and Identified**

Identified health needs through the data gathering process were stratified into five broad categories to help prioritize areas and realistically choose options for the health center to address.

**Access to Care.** The community feels that access to health care in Hutchinson County is very good. This is verified by provider to patient ratios for the county versus the state average. Health care close to home, access to a multitude of specialists, e-Care services, and ability to seek care regardless of ability to pay are all positive aspects of access. Concerns with access include feedback regarding translation services for Spanish speaking individuals and transportation for the Amish, Hutterite women, and elderly. Promotion of available services and programs at Avera St. Benedict can be improved.

**Behavioral Health.** Behavioral Health needs identified during the process included continued concerns over alcohol and substance use in the community. Increased behavioral health services

over the past few years have seemed to reduce mental health stigma, as this was not a consistent concern brought up during the assessment.

**Preventative Medicine and Wellness.** Recurring themes of incorporating additional wellness programs across the lifespan were consistent findings. This includes education, clinical wellness services, and access to healthy foods and exercise. Cancer screenings and immunizations across a lifespan are areas of improvement needed.

**Environment and Safety.** Agricultural safety and improving the built environment for exercise were consistent themes throughout the data review, groups/interviews, and surveys.

**Chronic Disease, Obesity, and Related Health Concerns.** Chronic disease clinical care and support programs are valued services at Avera St. Benedict. High rates of diabetes, heart disease, obesity, and cancer in the primary and secondary service area are continued concerns. Because of high rates of chronic disease and current gaps in wellness care, continued workforce recruitment will be vital for the future for the health center.

### **Community Assets Identified**

The Avera St. Benedict Health Center's CHNA committee identified several community resources (Appendix). Utilization and referral to these services, resources, and programs will assist Avera St. Benedict to address the population health of the community.

### **Summaries: Priorities**

For each of the broad categories of identified needs, priorities in each category were chosen, which are identified below. The CHNA committee discussed the health needs identified during the community health needs assessment and prioritized the needs based on the following criteria:

1. Estimated feasibility for the health care center to address the issue with current resources
2. Importance the community placed on the need
3. Burden, scope, severity, or urgency of the health need
4. Health disparities associated with the need

### **Access to Care.**

Access to care was a critical factor discussed in focus groups, interviews, and in the electronic survey. The CHNA committee recognized this as a prioritized health issue based on data collected during the CHNA. Research indicates that access to quality health care can relieve the burden of health disparities and address psychosocial factors of health, such as transportation. This was also viewed as realistic in scope for the health center to address with current resources at Avera St. Benedict.

1. Maintain access to primary care and specialist care close to home.
2. Ensure translation services are available and policies are in place to address individuals with language barriers.
3. Continue outreach to Hutterite Colonies and visiting nurse programs for the homebound elderly.
4. Promote and educate the community about services and programs available locally.

### **Behavioral Health.**

Behavioral Health needs were prioritized based on community feedback. Elements of behavioral health care have been a consistent theme during the prior and current CHNA. Avera St. Benedict has the current infrastructure to continue these services, integrating some at no cost as a community benefit. Evaluation of impact of the community going without these services was discussed and how this would potentially leave a void in the community where feedback and data indicate behavioral health as a valued service.

1. Maintain behavioral health services in the forms of mental health and substance abuse evaluation and counseling; telepsychiatry; critical incident debriefing for first responders; and providing community education on behavioral health topics.

### **Preventative Medicine and Wellness.**

Preventative medicine and wellness were themes across the qualitative and quantitative data collected. This was prioritized secondary to importance the community put on this area.

1. Promote clinical wellness and prevention services.
2. Explore ways to promote healthy lifestyle at patient point of contact throughout the health center, in the community, and at worksites.
3. Continue providing and promoting immunizations across the lifespan.
4. Cancer screening.
5. Explore options for increasing Wellness Center utilization.

### **Environment and Safety.**

Avera St. Benedict is in a rural, agricultural community. The potential benefit of agricultural safety programs effect the Hutterite population served by the health center as well as local agricultural producers and their families. The impact of providing agricultural health and safety can potentially decrease disability and mortality due to accidents. This is an area where Hutchinson County exceeds the state average. Prioritizing walking and bike paths were of high importance to the community, as evidenced by the qualitative and quantitative data collection process.

1. Agricultural safety promotion and teaching.
2. Advocate for improvements in walking and bike paths.

## **Chronic Disease, Obesity, and Related Health Concerns.**

Hutchinson County has a high rate of obesity, heart disease, diabetes, and other chronic diseases. This paired with a workforce shortage of primary care providers and ancillary medical staff made this a priority. Chronic disease care increases the financial burden on the health system as a whole, so continuing chronic diseases management programs was prioritized as realistic in scope for the health center to address with current resources at Avera St. Benedict. Community feedback from the survey echoed a need for continued recruitment of health professionals and exposure of youth to a health professions career.

1. Increase the pipeline for health professions to assist with long term health care professional recruitment and retention.
2. Continue programs that help individuals manage their chronic diseases.

### **Next Steps**

Avera St. Benedict will set goals for the prioritized areas. The goals will be incorporated into an implementation plan that will be presented to the Avera St. Benedict Board of Directors by October 2016. The implementation plan will provide a framework to address the health needs identified and how these can be incorporated into clinical operations.

This assessment can be obtained by contacting the administrative offices at Avera St. Benedict Health Center. The implementation plan will be available on Avera St. Benedict's website.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: April 25, 2016.

## **Appendix 1**

### **Community Health Needs Assessment Committee Members**

1. Gale Walker, President/CEO, Avera St. Benedict Health Center
2. Rita Blasius, Chief Financial Officer, Avera St. Benedict Health Center
3. Denise Muntefering, Vice President of Patient Services, Avera St. Benedict Health Center
4. Melissa Gale, MBA/LPC-MH, Avera St. Benedict Health Center
5. Brenda Stoebner, Director of Quality, Avera St. Benedict Health Center

## Appendix 2

### Community Assets/Resources

- Avera St. Benedict Health Center: Critical Access Hospital, Certified Rural Health Clinic, Bormann Manor Skilled Nursing Facility, Assisted Living Facility, Licensed Off-Site Child Daycare Center, Wellness Center
- Avera Home Medical
- Vision Care Associates
- Parkston Dental Center
- Parkston Chiropractic Clinic
- Werning Chiropractic Clinic
- Werning Chiropractic Clinic
- Our Home, Inc.
- Parkston Drug
- The Medicine Schoppe, Inc.
- Parkston School District
- Parkston Commercial Club: Membership includes 62 local businesses and organizations
- Hutchinson County Ministerial Association
- Weight Watchers
- Alcoholics Anonymous and Alanon
- Parkston Public Library
- Parkston Area Economic Development Corporation
- City of Parkston: Police, Fire, and Emergency Medical Services
- Parkston Public Pool and Parks
- Several in home child care providers
- Parkston Area Foundation
- Parkston Food Pantry
- Home Instead Senior Care
- Department of Social Services
- Community Health: Includes WIC (Women, Infants, Children) Services and Public Health Education/Awareness

### Appendix 3

#### *Needs Discussed During Focus Groups and Interviews*

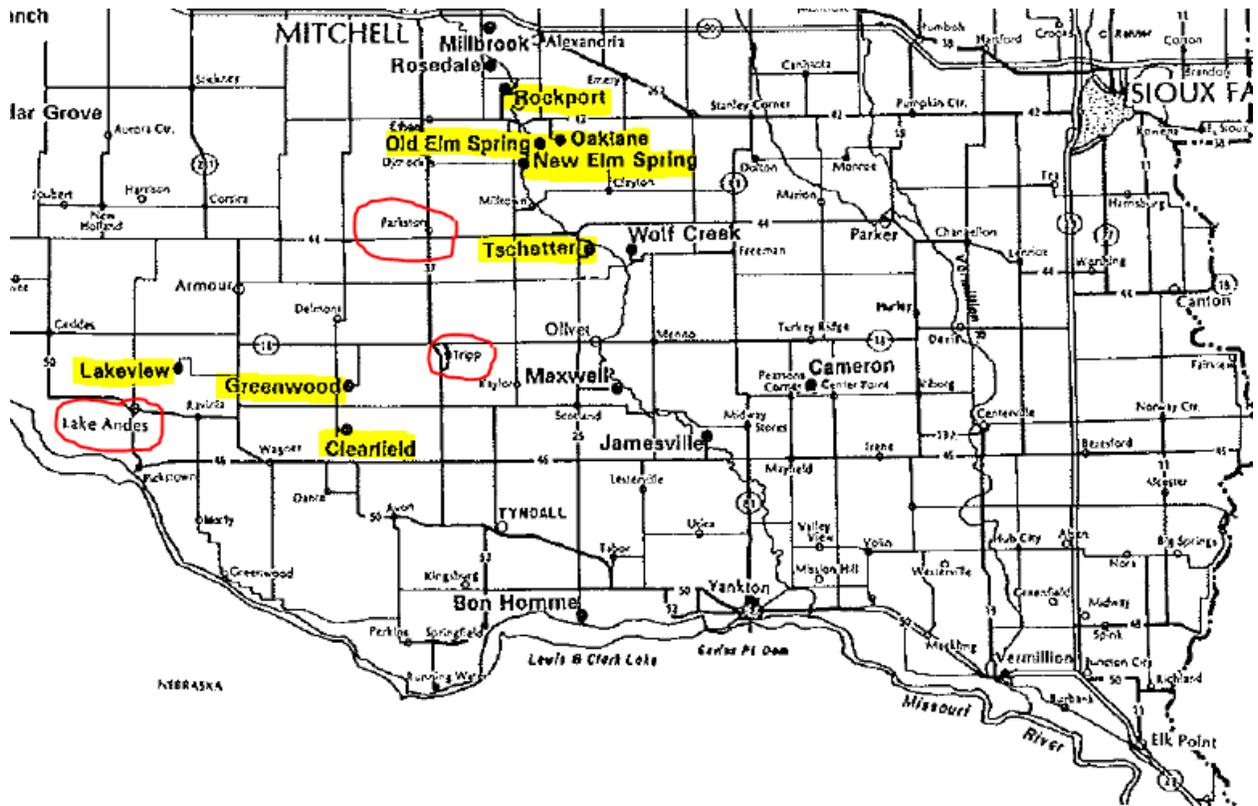
- A community environment that makes exercise easy
- Agricultural health and safety
- Concerns of childhood obesity
- Adult chronic disease, specifically diabetes and heart disease
- Transportation issues
- After school alternatives for youth
- Having materials and communication available in Spanish
- Encouraging health professions in youth and young adults
- Having AED's throughout the community
- General safety
- Preventative Health, including screenings, immunizations, and community education
- Providing community education for how to use electronics for health
- Promotion of public health issues and infectious disease prevention and treatment
- Having local support groups
- Great response times by EMS
- Incorporating Zumba classes at the Wellness Center
- Concerns about adolescent and adult alcohol use
- Poor health access for individuals in poverty that migrate in and out of the service area
- Single parent households and their potential struggles
- No fridge or freezer at the Tripp Food Pantry

## Appendix 4

### Map of South Eastern South Dakota

*Hutterite Colonies Highlighted Receive Medical Services at Avera St. Benedict Health Center*

*Parkston and outreach clinics in Tripp and Lake Andes are circled in red*



## Appendix 5

### Survey Tool used in Focus Groups and Interviews

Avera St. Benedict Health Center is conducting a community health needs assessment in order to better understand the community's health needs. We are thankful for your participation in our assessment and we value your opinion. Please know that your name will not be associated with any comments in the assessment, so please speak candidly.

Interviewer:

Date:

Participant:

Title/Community Relationship:

Questions:

1. What is healthy about our community? What is unhealthy about our community?
2. What services do you feel are needed in our community that do not currently exist?
3. Are there specific populations you are aware of in need of services? What type of services do they need? (For example, a growing Latino population in need of translation services.)
4. Do you see productive collaborations in the community addressing health needs?  
Examples?
5. What do you believe is the most pressing health care related need facing the community?
6. Do you feel the hospital is addressing this need? How so? Or how do you believe the hospital may begin to address this need?
7. In what ways is the hospital serving the community well? In what ways could the hospital serve the community better?
8. Any other comments you think are important to address in the CHNA?

## Appendix 6

### 2015-2016 ASB Community Health Needs Assessment Survey (Electronic) Results

What is your age?		
Answer Options	Response Percent	Response Count
18 to 24	5.7%	5
25 to 34	26.1%	23
35 to 44	21.6%	19
45 to 54	21.6%	19
55 to 64	19.3%	17
65 to 74	5.7%	5
75 or older	0.0%	0
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>0</b>

In what town/community do you live?		
Answer Options	Response Percent	Response Count
Parkston	67.0%	59
Tripp	3.4%	3
Delmont	3.4%	3
Lake Andes	2.3%	2
Dimock	4.5%	4
Kaylor	0.0%	0
Scotland	2.3%	2
Mitchell	2.3%	2
Wagner	0.0%	0
Corsica	2.3%	2
Ethan	3.4%	3
Armour	0.0%	0
Hutterite Colony	0.0%	0
Other (please specify)	9.1%	8
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>0</b>

What is your gender?		
Answer Options	Response Percent	Response Count
Female	83.0%	73
Male	17.0%	15
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>0</b>

Please check any of the following that you think are valuable services for community members		
Answer Options	Response Percent	Response Count
Diabetes Management through support groups, group medical visits, and clinical follow up.	88.5%	77
Planet Heart Screenings	95.4%	83
Specialists that come to Avera St. Benedict either in person or via telemedicine	96.6%	84
The Memory Clinic (diagnoses and follows patient with memory loss, dementia, Alzheimer's, etc.)	81.6%	71
Cancer screening for breast cancer, cervical cancer, lung cancer, prostate cancer, colon cancer	93.1%	81
End of life care options such as home health, visiting nurse, and hospice	89.7%	78
Behavioral health care in the clinic for mental health counseling, substance use, crisis intervention, telepsychiatry	88.5%	77
Critical Incident Debriefing for EMS/First Responders	86.2%	75
Public use of Avera St. Benedict's Wellness Center	92.0%	80
Foot Clinic	70.1%	61
Access to immunizations and flu shots for children and adults	94.3%	82
Worksite wellness programs	72.4%	63

Hospital services provided at worksites	64.4%	56
Alcoholics Anonymous Meetings	77.0%	67
Weight Watchers Meetings	72.4%	63
Health Education in Schools	86.2%	75
Wellness visits at the clinic	87.4%	76
Pre-natal care for pregnant women	90.8%	79
Concussion testing/IMPACT testing	88.5%	77
Tobacco cessation programs	77.0%	67
Teen Pregnancy Prevention	77.0%	67
Agricultural Health and Safety	80.5%	70
Screening for osteoporosis	79.3%	69
Alcohol and Drug prevention groups for kids	85.1%	74
Childhood developmental screening	81.6%	71
Advocates for domestic violence and sexual assault	79.3%	69
Disease Specific Community Education Programs (such as a speaker on heart disease)	75.9%	66
Grief and Loss Groups	80.5%	70
Medical case managers assigned to patients	70.1%	61
Hutterite Colony Nursing Services/Outreach	73.6%	64
Other (please specify)	6.9%	6
<i>answered question</i>		<b>87</b>
<i>skipped question</i>		<b>1</b>

Which social determinants of health do you think apply to our community?		
Answer Options	Response Percent	Response Count
Poverty	17.3%	14
Lack of transportation	9.9%	8
Poor access to healthy and affordable food	8.6%	7
Inability to cook	4.9%	4

Lack of safe exercise availability	0.0%	0
Poor access to walking paths and places to ride bike	27.2%	22
Lack of family and friends as a sense of belonging	1.2%	1
Lack of spiritual connection	2.5%	2
Poor access to health care	0.0%	0
Lack of health insurance	8.6%	7
Lack of child care/daycare	8.6%	7
Other (please specify)	11.1%	9
<i>answered question</i>		<b>81</b>
<i>skipped question</i>		<b>7</b>

Which of the following apply to you or are you involved in?		
Answer Options	Response Percent	Response Count
Commercial Club	18.2%	16
Ministerial Association	5.7%	5
School District as a parent	39.8%	35
School district as an employee or board member	14.8%	13
Food pantry board or staff	1.1%	1
Food pantry user	0.0%	0
Economic development group	3.4%	3
Sports club or association outside of school	23.9%	21
Community volunteer	43.2%	38
Business owner	12.5%	11

Fire Department or EMS	8.0%	7
User of WIC services	1.1%	1
Other involvement in youth organizations	18.2%	16
Healthcare employee	59.1%	52
None of these apply to me	2.3%	2
Other (please specify)		7
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>0</b>

Please check the ways that you use technology to help with your health.		
Answer Options	Response Percent	Response Count
Using the Avera Patient Portal (Avera Chart)	67.5%	56
Sending emails or electronic messages to your doctor	16.9%	14
Using health apps on your phone or electronic tablet	36.1%	30
Use of wireless devices to send health information to your phone or computer (fit	27.7%	23

bit, apple watch, etc)		
Using the internet for medical information	79.5%	66
Having a medical visit over your electronic device	6.0%	5
Other (please specify)	1.2%	1
<i>answered question</i>		<b>83</b>
<i>skipped question</i>		<b>5</b>

Which of the following do you think help to promote health professions?		
Answer Options	Response Percent	Response Count
Health Professions Clubs in high school or college	63.2%	55
Scrub Camps or Camp Med in the middle schools	64.4%	56
Job shadowing at the hospital or clinics	92.0%	80
Internships or rotations at medical facilities	83.9%	73
Other (please specify)	2.3%	2
<i>answered question</i>		<b>87</b>

**Do you think there are certain populations of people in our community that are in need of services that they cannot get? (Example-Spanish speaking patients in need of translation services)**

Responses were free text, with 38 individuals responding and 50 skipping the question. Themes of the responses are the following:

Number of Responses	Response Theme
21	No/None/NA
7	yes (no explanation)
4	transportation for the elderly, Amish, and/or Hutterite women
4	Spanish translation services
1	lack of health literacy
1	uninsured or under-insured

**What Avera St. Benedict Does Well**

Responses were free text, with 68 individuals responding. Themes of the responses are the following:

Number of Responses	Response Theme
32	Variety of services; lots of specialists available; access to quality health care
21	Positive patient care experiences
4	Keeping up with medical technology
3	Educating the community on health issues
6	Community involvement
2	Other

**Something Unhealthy about the Community**

Responses were free text, with 55 individuals responding. Themes of the responses are the following:

Number of Responses	Response Theme
22	Alcohol, drug, tobacco use in teens and adults
7	Lack of access to walking and biking paths or general lack of exercise
11	People choosing unhealthy foods/poor food access/obesity
7	Difficult for newcomers to the community to feel like they fit in/bullying
8	Other

#### Something Healthy about the Community

Responses were free text, with 61 individuals responding. Themes of the responses are the following:

Number of Responses	Response Theme
29	Access to indoor and outdoor exercise opportunities/public parks
12	Wellness programs/public health/healthcare access
8	Community helps those in need
8	Business opportunities, progressive community, great school
4	Other

#### A Health Service that you would be OK with if it went away

Responses were free text, with 40 individuals responding. Themes of the responses are the following:

Number of Responses	Response Theme
32	None/NA/Keep all services if possible
3	Foot care services
1	Obstetrics
1	Ideal Protein
2	Other

<b>The most important health care issue in our community</b>	
Responses were free text, with 56 individuals responding. Themes of the responses are the following:	
<b>Number of Responses</b>	<b>Response Theme</b>
9	Substance use/mental health care
11	Care for the elderly
7	Chronic diseases
8	Healthy eating, exercise, preventative services
8	Recruiting/Retaining healthcare professionals
4	Cost of health care
9	Other/unknown

<b>What Avera St. Benedict can do better</b>	
Responses were free text, with 44 individuals responding. Themes of the responses are the following:	
<b>Number of Responses</b>	<b>Response Theme</b>
9	Nothing/satisfaction with ASB
9	Promoting available services
6	Promoting/teaching healthy lifestyles/alcohol prevention
5	24 hr access to the Wellness Center/Exercise classes
15	Other



## Appendix 7

### Health Status Statistics for Hutchinson County, South Dakota

Chronic Health Indicators & Morbidity						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
% of adults that report having been diagnosed as having Diabetes	countyhealthrankings.org	2015		10.00%		9.00%
Age-adjusted cancer incidence rate	sdcancerstats.org	2003-2012	515		40727	
% of adults that report fair or poor health	countyhealthrankings.org	2015		11.00%		11.00%
Average number of reported physically unhealthy days per month among adults 18 years of age and over	countyhealthrankings.org	2015		1.60%		2.70%
Average number of reported mentally unhealthy days per month among adults 18 years and over	countyhealthrankings.org	2015		1.50%		2.60%

Preventive Services						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
% of adult women respondents age 50+ who report having mammogram in past 2 years	healthindicators.gov	2006-2012		73.10%		77.80%
% of adults age 50+ who have had a Sigmoidoscopy/Colonoscopy within the past 10 years	healthindicators.gov	2006-2012		48.50%		59.20%
% of women age 18+ who report having a pap smear test in the past 3 years	healthindicators.gov	2006-2012		67.60%		76.20%

Access to Care						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
% of adults under 65 years (18-64) of age without health insurance	census.gov	2013	601	16.10%	77244	15.70%

Diet & Exercise						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
% of adults who are Obese based on BMI of >30	countyhealthrankings.org	2015		31.00%		29.00%

Tobacco Use						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
% of adults 18 years and over that report currently smoking cigarettes	countyhealthrankings.org	2012		10.00%		18.00%

Social Determinants of Health						
Age Group	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Under 5 years	doh.sd.gov/statistics/2014vitals	2014	490	6.80%	60610	7.10%
Under age 18	doh.sd.gov/statistics/2014vitals	2014	1,697	23.60%	210407	24.70%
19-64 years of age	factfinder.census.gov	2014	3685	50.18%	470859	57.83%
65 years and over	doh.sd.gov/statistics/2014vitals	2014	1,708	23.70%	130223	15.30%

Sex	Data Source	2008-12	Hutchinson County		State of SD	
			Number	%	Number	%
Male	factfinder.census.gov	2014	3,598		419,494	
Female	factfinder.census.gov	2014	3,623		415,214	

Race & Ethnicity						
Age Group	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
White	US Census Bureau, 2014	2014	6,968	96.80%	731,359	85.70%
Black or African American	US Census Bureau, 2014	2014	53	0.70%	15,971	1.90%
American Indian or Alaska Native	US Census Bureau, 2014	2014	98	1.40%	75,879	8.90%
Asian	US Census Bureau, 2014	2014	15	0.20%	10,739	1.30%

Native Hawaiian or other Pacific Islander	US Census Bureau, 2014	2014	1	0.00%	625	0.10%
Some other race	factfinder.census.gov	2010	36	0.50%	7477	0.90%
Two or more races	US Census Bureau, 2014	2014	65	0.90%	18,602	2.20%
Hispanic or Latino Origin	factfinder.census.gov	2010	120	1.60%	22,119	2.70%

Unemployment						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Employment – Percent Unemployed (Population age 16 and older that is unemployed)	bls.gov	2014		2.90%		3.40%

Economic Security and Financial Resources						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Children under 18 years age in poverty	thedataweb.rm.census.gov	2010-2014		18.00%		18.00%
Median Household Income	countyhealthrankings.oeg	2015	\$44,958		\$49,200	
% of persons 100% below the Federal Poverty Level	thedataweb.rm.census.gov	2010-2014		15.00%		12.00%

School Readiness and Education Attainment						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
High School Graduation Rate	cdc.gov/communityhealth/profile	2008-2012		87.60%		91.00%
Percent of adults 25+ with a Bachelor's degree or higher	cdc.gov/communityhealth/profile	2008-2012		33.70%		27.00%

Children						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Percent of Single parent households	countyhealthrankings.org	2015		24.00%		31.00%
Percent of Children under 18 years of age in household	factfinder.census.gov	2010	686	23.40%		

Adequate, affordable, and safe housing						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Severe Housing Problems - cost issues	countyhealthrankings.org	2015		7%		12%

Food Security						
Indicator	Data Source	Year (Group of Years)	[Name] County		State of SD	
			Number	%	Number	%
Limited Access to Healthy Foods - low income and do not live close to a grocery store	countyhealthrankings.org	2015		15		11
Food Insecurity - people who did not have access to a reliable food source	countyhealthrankings.org	2015		10		12

Transportation						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Work in county of residence	factfinder.census.gov	2010-2014		70.9		79.5
Traveling 20 or minutes to get to work	factfinder.census.gov	2010-2014		36.6		31.8

Health Behaviors-Adolescents						
Tobacco Use						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Students grades 9-12 who had tried smoking	doh.sd.gov/statistics/YRBS	2013				40.2

Sexual Activity						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Students grades 9-12 who had sexual intercourse	doh.sd.gov/statistics/YRBS	2013				40.1

Alcohol Use						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Students grades 9-12 who have tried alcohol	doh.sd.gov/statistics/YRBS	2013				64

Clinical & Community Care						
Preventive Services						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Women who are up to date on pap testing	cdc.gov/communityhealth/profile	2006-2012		69.1		

Access to Care						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Ratio of population to primary care providers	countyhealthrankings.org	2015	898:01:00		1302:01:00	
Ratio of population to NP or PA	countyhealthrankings.org	2015	794:01:00		976:01:00	

Women and Children						
Indicator	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Number	%	Number	%
Low Birth Weight Infants	doh.sd.gov/statistics	2009-2013		2.8		6.3
Mothers receiving prenatal care in 1st trimester	doh.sd.gov/statistics	2009-2013		62		70

Longterm Outcomes						
Morbidity						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Rate		Rate	
Adults with diabetes	cdc.gov/communityhealth/profile			5.7		
All types of cancer	cdc.gov/communityhealth/profile			383:100,00		

Mortality						
Indicators	Data Source	Year (Group of Years)	Hutchinson County		State of SD	
			Rate		Rate	
Death due to Heart disease	doh.sd.gov/statistics	2009-2013		142.3		155.7
Death due to Cancer	doh.sd.gov/statistics	2009-2013		136.3		162.3
Death due to trachea,bronchus and lung cancer	doh.sd.gov/statistics	2009-2013		33		43.5
Death due to Colorectal Cancer	doh.sd.gov/statistics	2009-2013		11.4		15.9
Death due to pancreatic cancer	doh.sd.gov/statistics	2009-2013		7.3		10.5
Death due to breast cancer	doh.sd.gov/statistics	2009-2013		22.1		20
Death due to accidents	doh.sd.gov/statistics	2009-2013		44.4		44.4
Death due to motor vehicle accident	doh.sd.gov/statistics	2009-2013		17		16
Death due to Alzheimer's disease	doh.sd.gov/statistics	2009-2013		29		36.5
Death due to cerebrovascular disease	doh.sd.gov/statistics	2009-2013		42.1		39
Death due to diabetes mellitus	doh.sd.gov/statistics	2009-2013		19.2		23.3
Death due to influenza and pneumonia	doh.sd.gov/statistics	2009-2013		21.4		15.5

