Community Health Needs Implementation Strategy
Avera St. Luke’s Hospital

The Community Health Needs Implementation Strategy is an essential aspect in maintaining Avera St. Luke’s Hospital’s mission while following the values of Compassion, Hospitality, and Stewardship in everyday life.
Organization Mission

Avera/Hospital Information:

Avera Mission and Values:

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

At Avera St. Luke’s our mission is imperative as a Catholic health care institution that is guided by Gospel values. We promote and defend human dignity, care for poor and otherwise vulnerable persons, promote the common good and are responsible stewards of our resources. We promote health care as a basic human good essential to human flourishing. Without good health, persons’ abilities to thrive may be diminished, and they may suffer spiritual, temporal and material decline. Their ability to pursue meaningful relationships becomes diminished. Human dignity and life itself may be lost. By The Ethical and Religious Directive for Catholic Health Care #3, we are called to “provide service to and advocacy for those people whose social condition put them at the margins of society and make them particularly vulnerable to discrimination.”

The core values of compassion, hospitality, and stewardship guide Avera employees in their daily work.

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

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

Stewardship
Threaded through the mission of Jesus was the restoration of all the world to right relationship with its Creator. In that same spirit and mission, the members of Avera Health treat persons, organizational power and earth’s resources with justice and responsibility. Respect, truth and integrity are foundational to right relationships among those who serve, and those who are served.
Through these values, we work every day to fulfill our mission to its fullest and continue to serve the community in every way possible.

**About Avera St. Luke's Hospital**

Avera St. Luke's Hospital was established in 1901 in Aberdeen, SD, as a 15-bed hospital by the Presentation Sisters. We have grown into a regional medical center that offers the complete continuum of care from birth to death to the people living in and around the Aberdeen area.

**Our Locations**

- **Avera St. Luke’s Hospital – Aberdeen, SD**
  - Inpatient Services – 119 acute care beds
    - Medical
    - Surgical
    - Obstetrics
    - Pediatrics
    - Inpatient Physical Rehabilitation
    - Behavioral Health Unit
  - Outpatient Services
    - Addiction Services
    - Emergency Department/CareFlight
    - Cancer Care
    - Cardiac Cath Lab/Cardiology Services
    - Diabetes Wellness Services
    - eConsult Services (inpatient and outpatient)
    - Endoscopy Center
    - Home Health/Palliative Care/Hospice
    - Kidney Dialysis
    - Laboratory/Pathology Services
    - Medical Nutrition Therapy
    - Pain Management Center
    - Pastoral Care
    - Pharmacy Services
    - Radiology Services
    - Therapies – Massage, OT/TR, PT, Respiratory, & Speech
    - Social Work Services
    - Surgery Center
- **Avera Mother Joseph Manor Retirement Community – Aberdeen, SD**
  - Skilled Nursing Facility – 81 beds
  - Semi-Independent Living Apartments
  - Assisted Living Apartments
  - Adult Day Care
- **Avera Eureka Health Care Center – Eureka, SD**
  - Skilled Nursing Facility – 56 beds
• Assisted Living Suites

➢ Avera Medical Group – Clinic Division
  • 5 Primary Care Clinics in Aberdeen, Britton, Groton, Selby, and Ellendale, ND
  • 1 AveraQuick Clinic (retail clinic)
  • 1 Urgent Care Clinic
  • 15 Medical/Surgical Specialty Clinics
  • 4 Hospital-Based Physician Groups
    - radiologists
    - hospitalists
    - pathologists
    - anesthesiologists

Our Employees
Avera St. Luke's employs more than 1,400 people in our hospital, long-term care and clinic divisions. A medical/dental staff of more than 94 employed local physicians, certified nurse practitioners, and physician assistants representing 25 different specialties provides care for the area’s citizens. Nearly 190 volunteers, who help in many ways, are an integral part of the success of the medical center.
Define Community

Hospital discharge data for 2014 revealed that 61 percent (2,592 of 4,281 discharges) of Avera St. Luke’s hospital discharges originated from Brown County. The next largest percent of discharges came from Spink County at 7 percent. The remaining 32 percent of discharges are spread over some 23 counties in South Dakota and 15 different states in the United States. For this reason, Avera St. Luke’s chose to focus on Brown County because it would provide the most representative data of which Avera St. Luke’s serves and more accurately assess the health of the Avera St. Luke’s community. Therefore, the Community Health Needs Assessment (CHNA) was conducted by Avera St. Luke’s for approximately 38,408 residents in Brown County, its primary service area. Avera St. Luke’s serves as the county’s largest integrated health care facility.

Demographics of Service Area:

Brown County is the focus of the Avera St. Luke’s Community Health Needs Assessment. The total population as of 2014 is 38,408 which places it as the fourth largest county in South Dakota. Brown County is also the most populated county in Avera St. Luke’s service area. Approximately 92 percent of the population is of white ethnicity.
The table below shows the age breakdown of the county. It was also noted that a substantial portion of the patients served by Avera St. Luke’s are of adult age.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 17</td>
<td>8,930</td>
<td>23.4%</td>
</tr>
<tr>
<td>18-64</td>
<td>23,164</td>
<td>60.7%</td>
</tr>
<tr>
<td>65+</td>
<td>6,068</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

The unemployment rate in South Dakota is at 3.7 percent while the rate in Brown County is at 3.8 percent - both of which are better than the national average of 5.4 percent. The income per capita for the county is $27,138 and the median household income is $51,398. However, the rate of persons below the poverty level in Brown County is 8.8 percent, which is still below State rate of 14.1 percent. Approximately 11 percent of the county’s population is uninsured, while the State average is 15 percent. Although Brown County’s numbers are slightly better than the state and national statistics in these categories, these numbers can still be improved upon.

The majority of Brown County is not within a Health Professional Shortage Area or Medically Underserved Area however, the city of Groton and South Aberdeen, have been designated as a medically underserved area.

Brown County and the surrounding area is also home to several Hutterite colonies. Although this population accesses health services slightly different than the mainstream population because of their traditional way of living, Avera St. Luke’s works closely with them on preventive care and education.

Parts of the Britton Health Professional Shortage Area for primary medical care extend into Brown County in the Hecla area. Brown County is in a Health Professional Shortage Area for mental health.

* most from US Census Bureau County Quick Facts
* Unemployment from St. Louis Fed 2015
* Uninsured rates via County Health Rankings and Roadmaps, A Robert Wood Johnson Foundation program
Implementation Strategy Process

Avera St. Luke’s implementations strategy is a collaborative one, extrapolated from both primary and secondary data. Avera St. Luke’s hosted five focus groups (totaling 124 participants) representing community leaders and members, health care providers, dentists, uninsured/underinsured persons and policy makers to discuss health care needs in Brown County. The hospital invited a vast array of individuals from all facets of the community to participate in an on-line survey, over a period of two months.

The implementation strategy was reviewed with a sub-committee of the board under Mission and Strategic Planning. Recommendations were made to accept the implementation plan as written and move to the Avera St. Luke’s Board of Directors for review, and final board recommendation and approval at the June 2, 2016 meeting.

Prioritized List of Significant Health Needs identified in CHNA

The groups were facilitated by a practicing attorney in the community. The following questions were asked of each focus group:

- What health care services are most important to you?
- What is the most pressing health care-related need facing your family?
- What is the most pressing health care-related need facing your community?
- If you don’t go to the doctor or hospital, why?
- In what ways are the hospital and/or health care in Brown County serving the community well?
- In what ways could the hospital and/or health care in Brown County improve the way in which it serves the community?
- If you could add or change one aspect of health care in Brown County, what would it be and why?

The questions were asked and replies were recorded in a consistent and statistical structure throughout the study. The facilitator assisted each group with prioritizing the needs they defined from highest to lowest. After all of the groups concluded their meetings, these prioritization lists were compiled and analyzed by Avera St. Luke’s to develop a master prioritization list. The following key themes presented themselves:

- Dental Care – adults
- Behavioral Health
- Health Care Affordability
- Access to Health Care Specialists
- Preventive Care and Education
- Chronic Disease Care
- Travel and Accessibility to Care
Prioritized List of Significant Health Needs Identified in CHNA

**Health Needs Determined Through Data Collection:**
After consultation with various health professionals concerning the above mentioned themes, the three major areas initially highlighted for further research and comparison were dental care, health care affordability and travel and accessibility to health care. This decision was based on the severity of the issue, our current involvement in these areas and our professional outlook.

When further research and discussion occurred regarding the key themes of affordability and travel and accessibility to health care, it was determined that Avera St. Luke’s already provides assistance as able to the community. The hospital will continue to support and promote the programs already in place and review new opportunities as they arise.

Therefore, it was determined that the focus of our efforts will center on the key theme of dental care and, more specifically, dental care for adults that are either uninsured or underinsured. We will also focus efforts on health care affordability and transportation as outlined above.
Significant Health Needs to be Addressed

**Dental Care:**

The largest problem concerning dental care in our service area has to do with the lack of availability of dental providers for adults who do not carry dental insurance. Additionally, there are not enough dentists in our area that provide care for those patients on Medicaid or other government-run health care programs. This is shown by the number of patients who have to access an emergency department for dental care instead of going to a dentist where they would have been turned away because of lack of insurance. Nationally, over 800,000 emergency department visits in the United States were related to a primary diagnosis of a preventable dental condition. At Avera St. Luke’s, our reports indicate that approximately 120 patients came into the emergency department with dental concerns in the last year – an average of 10 patients per month. Of those, roughly 90% were aged 21 or older. Adult patients are being focused on for our report because there are already programs in place that offer dental care for people without dental insurance up to age 20.

Dental care is usually not a major focus of a hospital, but we feel that the lack of access to dental care by adults who do not have dental insurance has become an issue in our service area that cannot be overlooked. Dental issues, if not resolved, can lead to other, more serious, health concerns. There are approximately 120 known physical illnesses that can be detected through an oral exam. The American Diabetes Association indicates that “not only are people with diabetes more susceptible to serious gum disease, but serious gum disease may have the potential to affect blood glucose control and contribute to the progression of diabetes.” Poor dental health can also prohibit patients from getting other important medical care they may need. For example, a patient that needed a heart procedure could not have it done safely until he had received dental work to treat his infected gums and teeth. Because he didn’t have insurance, he was unable to find dental assistance until it became a crisis and Avera St. Luke’s Social Services was able to intervene and find the appropriate help. Along with that, our orthopedic physician reporting cancellation of total joints due to patient’s inability to access dental care funding.

Only 25% of people in South Dakota carry dental insurance, and most are offered this choice through employer insurance plans. In an effort to understand the problem of uninsured patients needing more dental care available in our area, it is helpful to look at state and national data, such as the amount of Medicaid being utilized and how many emergency room visits concerning dental occur.

Looking at Figure 1, we can see that the amount of Medicaid claims being paid out has increased rather steadily over the years for South Dakota. Figure 2 shows that the amount of Medicaid patient dental visits has also increased over the years. Both graphs include information for adults.
These two graphs show that Medicaid is growing in South Dakota and providers are realizing that. The number of Medicaid visits has been on the incline along with the number of claims being paid. Both of these graphical representations together result in the statement that as Medicaid increases in popularity, so does the importance of paying off Medicaid claims.

However, our hospital reports have shown no decline in the number of patients coming through our emergency room with dental concerns that could have been taken care of at a dental office. We would expect the number of visits to decline based on Figure 1 and 2 showing that more Medicaid claims are being paid and more people are taking advantage of Medicaid dental programs. This is not the case for our service area. The Medicaid dental programs appear to be gaining support around South Dakota, but Brown County doesn’t seem to have caught on just yet. Brown County needs more dentists who accept Medicaid or more programs with a focus on adult patients without dental insurance whether through education, actual care, or both.
Implementation Plan:

Three priorities have been identified through both primary and secondary sources.

Our first implementation strategy will focus on primarily on education, good dental health, accessibility (transportation), and affordability. Avera St. Luke’s, as a hospital, feels it is important not only to heal the sick but to keep the community in good health with the hope that people will rarely have to reach a hospital setting for health concerns.

After numerous meetings and research, we have come up with a number of steps to begin moving forward on our plan to improve education of and access to adult dental health. The subsequent points are details of Avera St. Luke’s plan:

- Investigate a partnership with dentists in Brown County to determine how we can work together to improve dental care.
  - Facilitate a collaborative conversation with dentists and other stakeholders. With this, provide data (both quantitative and anecdotal) as to the issues uninsured adults face when dealing with dental concerns.
  - Work with Avera Health Public Policy Officer. To develop process and procedures for delivery of emergency care of dental issues that present in Avera emergency rooms.
- Explore whether other local service and educational organizations have interest in partnering to improve dental care.
  - Facilitate a conversation to discuss as well as take an inventory of current efforts that are occurring.
- Develop an educational program to present at health fairs, local service clubs, etc.
  - Educational materials to include information about proper dental care and consequences of poor care.
- Investigate initiating a dental health campaign for the area through:
  - Business Health contacts
  - School contacts
  - Senior living contacts
  - Brown County Welfare contacts
  - Other agencies as necessary and appropriate
- Dedicated Resource Investment
  - $112,000 committed annually on emergency dental care for uninsured/underinsured patients who present for treatment. Invested in dental kits and webinar training for Emergency Department physicians.

Avera St. Luke’s is committed to working with local dentists and community agencies to improve dental care accessibility and affordability for the uninsured adult population living within our service area.
Accessibility to Care

Our second implementation strategy, specifically as it relates to transportation is noted and will address this need in collaboration with Brown County and the City of Aberdeen in development of educational materials on what is currently available for transportation and how to access at minimal cost. Avera has formalized a Community Health Needs committee to shepherd and facilitate community collaborations with city and county officials.

Avera St. Luke’s commits on a yearly average $3,500 in assistance to those in need, through the provision of gas cards, tokens for community buses, taxies and in some cases bus fare to return them to their home of origin. Our long term care facility provides a shuttle to all residents for appointments and day programs, and commits $50,000 annually to this service. The Avera Foundation has granted $12,960 annually toward transportation as well.

Affordable Care

And our third implementation strategy concerning affordable care, programs are in place and will be addressed through the programs listed. With the implementation of the Affordable Health Care Act and the opening of the health insurance exchanges, along with bundled payment programs and rural Accountable Care Organization designation and through Avera MAAP (Medical Application Assistance program) a full time social worker assists patients on navigation through Medicare, Medicaid, Disability and insurance exchange programs. Access and navigation assistance to medication programs, medical equipment needs are also available.
Significant Health Needs Not Addressed

The following themes received a relatively low priority; however, we will continue to assess and monitor these needs in our vision and strategic planning in serving the health and wellness in our communities.

- Behavioral Health
- Access to Health Care Specialists
- Chronic Disease Care
- Preventive Care and Education

The 2016 Implementation Strategy was presented and approved by the Avera St. Luke’s Board of Directors on June 2, 2016.