COMMUNITY HEALTH NEEDS ASSESSMENT

AVERA TYLER

2016

Acknowledgements

The Avera Tyler Community Health Needs Assessment (CHNA) was conducted in collaboration and partnership with community members, community organizations, stakeholders from local public health and internal stakeholders. These partners assisted in the development and analysis of assessment information through a series of data collection processes and a community forum. In addition, Avera Tyler acquired the consultant services of Andrea Fox Jensen to provide a more comprehensive look into the social determinants of health and wellness in the communities we serve.

We extend our gratitude to the community forum participants who willingly participated in discussions about the health and wellness of our community and to the many individuals who were instrumental in the CHNA process.

Executive Summary

Compelled to Care for our Community

As a faith-based health care organization in the Catholic Christian tradition, Avera Tyler's work of providing services that reflect the needs of our community is central to our identity. While governed by laws and regulations for non-profit tax-exempt hospitals to provide services to those in need, we are ultimately compelled by a desire to extend the healing ministry of Jesus. Our mission and core values call us to make a positive impact in the lives and health of persons and communities.

Avera Tyler is committed to meeting the needs of all who need care regardless of their ability to pay.

In a spirit of charity and justice, Avera exists in response to God's calling for a healing ministry to the sick, the elderly and the oppressed, and to provide healthcare services to all persons in need, without regard to the consideration of age, race, sex, creed, national origin or ability to pay... Avera is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values, Avera strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care. (Avera Fiscal Policy #605 Financial Assistance and Billing Practices)

Avera Tyler serves the surrounding communities of Lincoln County in Southwest Minnesota. From a community hospital that first opened in 1915 to the hospital and long term care center it is today, the steadfast commitment to delivering quality health care to individuals and communities remains strong and at the center of all decisions.

The last decade in particular has brought many changes to the rural health care arena, including changes in reimbursements and insurance, legislative impacts, increased competitive forces, changes in economic status for consumers and the need for partnerships in many areas. Finding ways to lessen gaps in services, be competitively positioned and finding purchasing savings have challenged existing business models.

The quest to be the best health care provider possible has been at the forefront of tough decisions. Avera Tyler has maintained core services and recruited skilled professionals for its team. Avera Tyler continues to have significant impact on the local economy, through jobs, visitors, and overall commerce. These successes are built on the premise of continuing to fulfill the mission, vision and values of the organization.

Mission

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.

Vision

Avera Tyler will be the leading provider of high quality health care services for the communities it serves.

Ministry: Avera Tyler participates in the healing ministry of Jesus.

People: Avera Tyler will be the partner of choice for employees, physicians and communities.

Service: Avera Tyler will exceed the expectations of our customers.

Quality: Avera Tyler will lead the industry in clinical performance and innovative care delivery redesign.

Financial Stewardship: Avera Tyler will achieve growth in our markets and maintain financial security.

Core Values

In caring together for life, the Avera Tyler community is guided by these Gospel values:

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. A welcoming presence, attentiveness to needs and a gracious manner seasoned with a sense of humor are expressions of hospitality in and by the Avera 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 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.

A Retrospective Review

In 2013, Avera Tyler participated in a Community Health Needs Assessment (CHNA) for Lincoln County area to identify community perceptions of health concerns, barriers to access, gaps in service, health education, prevention services, vulnerable populations and social concerns. At that time, a plan was developed for addressing needs within the community. The full report can be viewed at http://www.avera.org. In that 2013 Needs Assessment, community health priorities were identified and recommendations were implemented to address priority needs. As part of the 2016 Community Health Needs Assessment process, a retrospective review of the 2013 CHNA and Implementation plan was conducted. Based on the Avera Tyler Board of Directors' recommendation, the 2013 community health needs assessment and implementation plan focused on providing health education resources to the community members to better support healthy life style choices and overall well-being. In response to this identified need, Avera Tyler provided health education resources, through health fairs, educational forums and workplace in-services. One major area of health education focused on life style choices particular to the prevention and management of Type II diabetes. Community members benefited from education on nutrition, physical activity and weight management. In addition, in response to the 2013 CHNA, Avera Tyler has maintained its workforce and successfully recruited a team of physicians and mid-level practitioners to greater serve the health and wellness needs of the community.

Since the completion 2013 CHNA, Avera Tyler has received requests for printed copies of the assessment. However, no written comments were received regarding that community health needs assessment or implementation plan.

The 2016 CHNA report is made widely available to the community through the Avera website and paper copy upon request.

Why a CHNA was conducted

The 2016 CHNA was conducted by Avera Tyler to identify community health needs and to inform development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to regulatory requirements. Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs, treatment and/or promote health and healing as a response to identified community needs. The CHNA process included an in-depth review of national, state and local data, key stakeholder forums, and reviews of local level surveys and studies.

The 2016 CHNA represents an approach to gathering information that can impact health care delivery by identifying unmet health care needs and strengthening existing services. The assessment fit well with our mission and was a strategic way to look carefully at what gaps there are in our service offerings. As a significant employer within our Service Area, Avera Tyler is proud of being a wise steward of our resources, including financial, people and community resources. There is a strong correlation between the status of a community's health and the social, economic and environmental dynamics that define where people live—be it a specific neighborhood, an entire city, or a larger geographic area. The qualities that define these places—including variables such as socioeconomic status, access to healthy food, social connectedness, education and many others—contribute significantly and in diverse ways to the overall health of an entire community, not to mention they can influence the rate at which healthcare systems are utilized and the specific services that are needed—from primary care checkups to emergency room visits and everything in between. This is all the more reason why Avera Tyler puts forth special effort to understand the unique characteristics of the communities served by the hospital and clinics.

The 2016 CHNA identified many areas of community health and wellness needs, including, community health literacy, prevalence of chronic diseases such as diabetes and cardiovascular

disease, in addition to dental care, transportation and access to nutritional foods. Three major health and wellness priorities identified in the CHNA are mental wellness, elder care and dementia care, and coordinated care.

Section 1: Demographics

(Quantitative/Secondary Data Collection)

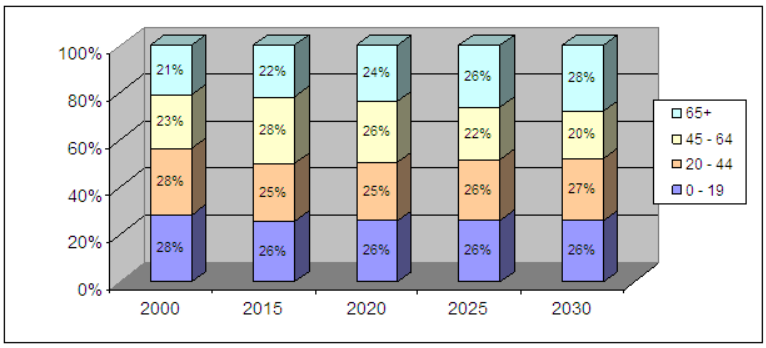
A thorough secondary data review was conducted with publicly available data on the demographics and health indicators for our community. The primary data sources included the U.S. Census Bureau, County Health Tables and other documents available through the Minnesota Department of Health, the Minnesota Department of Human Services, *The County Health Rankings* (through the University of Wisconsin) Additional information was utilized from other internal sources.

Definition of Community

Avera Tyler serves the communities of Southwest Minnesota, including all people, regardless of age, nationality or economic status. For purposes of this report, the community is defined as Lincoln County (Primary Service Area) and reflects the area from which the facility draws its patients and is represented in the qualitative data in this report from individuals who live and work in this area.

Demographics of Service Area

Avera Tyler Primary Service Area Population by Age Group Projections



Source: U.S. Census Bureau (2010 data); Woods & Poole Economics, CEDDS 2011, (2015, 2020, 2025 & 2030 Projection)

Rural Population Trends

- Overall, population has been on the decline in Southwest Minnesota with the exception of Lyon County. From 2004 – 2014 Lincoln County experienced a 9.04 percent decrease in overall population and is the largest decrease in population compared to other counties in SW Minnesota. Demographic projections for Lincoln County show that the trend will continue through 2040.

- Although a high percentage of the population remains white, Lincoln County experienced a 299 percent increase in the populations of color from 1990 to 2010.

- Demographics for Lincoln county show that the population is continuing to get older. From 2000 to 2012, there was a sharp increase of people in the 50 -69 age groups. The estimated percent of persons over the age of 65 residing in Lincoln County in the year 2015 is 27.6 percent compared to 21.7 percent in the State of Minnesota.

- In 2014, 16 percent of Lincoln County households were single parent compared to 27 percent in the State of Minnesota.

- In 2014, 31.4 percent of adults 65 years and older residing in Lincoln County lived alone compared to 29 percent in the State of Minnesota.

Primary Service Area, Lincoln County, Minnesota

Population	**Lincoln County**	**Minnesota**
Population, 2014	5771	5,489,594
Persons under 5 years, percent, 2014	5.5%	6.4%
Persons under 18 years, percent, 2014	22.4%	23.5%
Persons 65 years and over, percent, 2014	24.9%	14.3%
Female persons, percent, 2014	49.7%	50.4%
White alone, percent, 2014	98.3%	85.3%
Black or African American alone, percent, 2014	0.2%	5.2%
American Indian/Alaska Native alone percent, 2014	0.3%	1.1%
Asian alone, percent, 2014	0.4%	4.0%
Hispanic or Latino origin, percent, 2010	1.9%	4.7%
Foreign born persons, percent, 2010-2014	0.9%	7.0%

People Characteristics	**Lincoln County**	**Minnesota**
High school graduate or higher, percent of		

Persons age 25 +, 2010-2014	91.7%	86.3%
Bachelor's degree or higher, percent of persons age 25+, 2010-2014	19.6%	31.4%
Median household income (in 2014 dollars) 2010-2014	$49,122	$60,828
Persons in poverty, percent	10.3%	11.5%
Veterans, 2010-2014	565	355,366
With a disability, under age 65 years, percent, 2010-2014	6.6%	8.5
Persons without health insurance under age 65 years, percent	10.4%	12%
Language other than English spoken at home, percent, of people's age 5 years+, 2010-2014	2.4%	10.9%

Housing	**Lincoln County**	**Minnesota**
Housing Units, 2014	3115	2,347,201
Home ownership rate, 2010-2014	81%	64.4%
Building Permits, 2014	12	16,990
Median value of owner-occupied housing units, 2010-2014	$90,400	$185,200
Median selected monthly mortgage, 2014	$1,055	$1526
Median gross monthly rent	$522	$835
Households, 2010-2014	2469	2,115,337
Persons per household, 2010-2014	2.28	2.48

Business	**Lincoln County**	**Minnesota**
Private nonfarm establishments, 2013	207	146,354
Private nonfarm employment, 2009	1,551	2,518,268

Geography	**Lincoln County**	**Minnesota**
Land area in square miles, 2010	536.76	79,626.74
Persons per square mile, 2010	11	66.6

Source: United States Census Bureau Quick Facts Data derived from; Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits

Health Data

Chronic Disease

- Diabetes is notably higher than the state average in the counties of SW Minnesota. Age-adjusted estimates of the percentage of adults with diagnosed Type II Diabetes in Lincoln County is 6.7 percent compared to the Minnesota state average of 6.1 percent.

- Asthma hospitalization rates are higher in Lincoln County than the State of Minnesota.

- The 2nd leading cause of death in Lincoln County is cancer. Prostate cancer is the leading new cancer diagnosis. Breast cancer is the 2nd leading new cancer diagnosis. Lung cancer is the leading cause of death by cancer type.
- Cardiovascular disease is the leading cause of death in Lincoln County and has a slightly higher rate in heart attacks and heart disease than the State of Minnesota. Stroke mortality rates have declined over the past 10 years, but are still higher than the state average. Over 30 percent of adults in Lincoln County have a diagnosis of high blood pressure. Over 30 percent of adults in Lincoln County have a diagnosis of high blood cholesterol.

Access to Care

- Mental Health Professional Shortage: All of SW Minnesota including Lincoln County is underserved in mental health services. There is also a shortage of dentist and primary care providers.

Physical Activity / Eating Habits / Obesity

- The rate of obesity (BMI of 30 or more) continues to rise in every racial and ethnic population in Lincoln County, as well as among children, adolescents, and adults, in both males and females.

- In 2014, Lincoln County had a higher rate of obese adults compared to the State of Minnesota.

- Physical activity is increasing in adults, with 54 percent getting some exercise 3 times per week in 2014 vs. 41 percent in 2004.

- 9th grade students in Lincoln County who eat vegetables 2 or more times daily are lower than the State of Minnesota rate. (20 percent vs. 21 percent respectively)

Mental Health

- Eight percent of adults in Lincoln County experienced significant depressive symptoms in 2014. Three percent of adults had symptoms of serious psychological distress (although these groups are not mutually exclusive) Individuals with serious mental

illnesses were more likely to experience homelessness, lack of insurance coverage, and less social support.

- 33 percent of Lincoln County 9th grade students in Lincoln County in the last 12 months feel significant problems with anxiety, nervousness, tension, fear or the feeling that something bad was going to happen. 15 percent of 9th grade students in Lincoln County have seriously considered attempting suicide.

- Mental Health diagnosis continues to recur in the top 10 reasons for emergency department visits in Lincoln County.

Environmental Health & High Risk Behaviors

- Adults and 9th graders smoking rates are increasing in Lincoln County

- Percent of birth mothers who smoke is higher in Lincoln County versus state averages.

- Percent of 9th grade students who engaged in binge drinking in the last year in Lincoln County is higher compared to the State of Minnesota.

- Teen Birth rate is higher in the Lincoln County than the State of Minnesota in 2008-2012.

- Rates of STD's are increasing at a higher rate in Lincoln County compared to the State of Minnesota in 2010-2014.

- Residential Homes in Lincoln County are at a higher risk for radon exposure compared to the State of Minnesota.

Advanced Aging Population

- Higher percent of people utilize nursing homes for care versus home & community care options in Lincoln County.

- In Lincoln County long term care expenditures are higher than state average; home & community based service expenditures 65+ is lower than Minnesota average.

Hospital Data

Medicare discharge data

According to The Medicare Provider Analysis and Review file, the top MS-DRG diagnosis of Medicare beneficiaries admitted to Avera Tyler for 2015 were:

- Psychoses
- Major joint replacement
- Simple pneumonia and pleurisy
- Heart failure and shock
- Nutritional or metabolic disorder
- Kidney and urinary tract infections
- Chronic obstructive pulmonary disease
- Esophagitis, gastrointestinal and misc. digestive disorders
- Cardiac arrhythmia and conduction disorders

Emergency Department Discharge Reason for visit

In review of internal data sources, for January 1 2015 – December 31, 2015 the top reasons for discharges from the Emergency Department included:

- Abdominal pain
- Ear infections
- Chest pain
- Stomach flu
- Fever
- Headache
- Urinary tract infection
- Back pain
- Severe reoccurring depression (mental health issues recur in the top 50 reasons)
- Dental problems
- Trauma

**This data is not significantly different from a review of the previous years, with the same reasons bringing people to the ED*

Top Diagnoses for Discharge from the Hospital

In 2015, the top diagnoses were:

- Pneumonia
- Mental health issues
- Osteoarthritis

The information on discharges illustrated disease prevalence in heart disease, heart failure and pneumonia in addition to mental health issues.

**This data is not significantly different from a review of previous years.*

Community Resources Identified

Lincoln County and its surrounding communities have many valuable community assets that promote good health and a high quality of living for its residents. These assets include comprehensive health care resources; a strong educational system; supportive social service organizations; safe neighborhoods; many parks and opportunities for outdoor recreational activities, and an active arts and cultural scene. A non-exhaustive list is below.

Avera Marshall Regional Medical Center

Avera Tyler

Affiliated Community Medical Center

Southwest Health and Human Services

- Food Assistance
- Cash Assistance
- Medical Assistance
- Teenage Pregnancy

Western Mental Health:

- Emotional and Behavioral Counseling Services

Western Community Action:

- Heating Assistance
- Housing Assistance
- Food Pantry
- Social Services
- Transportation Services

New Horizons Crisis Center:

- Domestic Abuse

Goodwill

- Clothing Assistance (must qualify through Welfare of Western Community Action)

Esther's Kitchen (Presbyterian Church)
Ruby's Pantry

- Prepared meals
- Food pantry

SWCIL (SW Center for Independent Living)

- Assistance for independent living skills, paying bills, applications, etc.

Children's Crisis Response Service

- Behavioral, emotional, or psychiatric crisis

Health Care Provider Resources

- In 2015 County Health Rankings reveals the ratio of population to mental health providers in Lincoln County is 1940.1 compared to the Minnesota statistic of 1306.1.

- There are portions of Lincoln County that are deemed a Health Professional Shortage Area (HSPA) or Medically Underserved Area (MUA) from the Minnesota Department of Health. This includes psychiatry services and some primary care. A portion of Lincoln County is also a designated rural area where primary care physicians are eligible for the Minnesota Health Professional Loan Forgiveness Program.

Section 2:
Data Assessment Analysis

(Qualitative/Primary Data)

For purposes of gaining primary information for this community health needs assessment, two community forums were conducted. A select group of community individuals were invited to participate in facilitated forums, and selected based on their community involvement and their occupational roles. Many of these individuals have a significant stake within their occupations for the general, overall health of the service area. Special attention was taken throughout the primary data collection process to ensure the hospital's assessment took into account input from persons who represent the broad interests of the community including those with special knowledge or expertise in public health. Invitations were sent via email or in-person to the selected community members including representatives from education, local government, religious, social service and other nonprofit organizations in the community. There was intentional outreach to representatives from the medically underserved, and minority populations to ensure vulnerable populations were included. All potential participants were told that their feedback was important in representing the many roles they might play in the community: as a worker, neighbor and citizen.

Community forum groups included:

- Community leaders from Lincoln County
- Educators
- Business leaders
- Aging services
- Avera Tyler Board members
- Physicians
- Faith Leaders
- Vulnerable Populations

The community forums were held in the spring of 2016 at the Avera Tyler hospital.
The same conversation questions were posed for each forum conducted:

1. When we say "health and wellness in our community, what do we want it to mean?
2. What is a community need that you are even more concerned about today than you might have been a few years ago?

Key Themes from Community Forum Groups

When we say "health and wellness in our community", what do we want it to mean?

- ***Holistic***

  Key themes included care for the whole person, in the right setting, where people live, learn, work and play. Health in our community is often about life style choices and is more than physical health, but also includes mental and spiritual health and must be considered in our schools, work places, churches, and homes.

- ***Coordinated Health Care***

  A prominent theme that surfaced during focus group discussion was the necessity of a collaborative, coordinated health care experience. Ideal collaboration would span the full breadth of the health care continuum. Participants envision a collaborative health care system in which institutions, community resources, and physicians not only communicate but work together to provide a well coordinated experience for patients and families.

- ***A Shared Responsibility***

  Groups mentioned the opportunity to lift up community organizations that come together to form a shared vision of responsibility for the well being of the individual community member. Properly allocating resources to maintain and improve the health of an entire identified population of community residents, while emphasizing the role played by the social determinants of health is a major part of making a community whole.

- ***Safe & Clean***

  Participants felt cleanliness, vibrancy and safety are closely associated with health and wellness in our communities. It was noted that a relationship exists between crime and health, as safety concerns cause stress leading to subsequent emotional, mental and physical issues and disparities beginning in childhood and throughout adult life.

- ***Economic Vitality & Robust Education***
  Forum participants recognized stability in economic and population bases, and a sense of pride in the educational experience offered by public and parochial schools. The group identified the importance of a financially stable community with highly reputable schools and overall academic experience. Capital improvements for communities add benefit, such as parks and bike trails.

- ***Equal Care & Access to Care***
  Health and Wellness must be available for everyone. This means eliminating health care disparities, where access and quality of care in our communities does not differ by socioeconomic status, gender, race or ethnicity.

- ***Well Informed Community***
  A community that is knowledgeable about the many aspects of health and wellness will foster a greater likelihood of healthy behaviors, and healthy lifestyle choices.

What is a community need that you are even more concerned about today than you might have been a few years ago?

- ***Mental Health Issues***
  Forum groups noted that mental health issues are increasing in our communality, and some suggested that our community is on the verge of a mental health crisis. Although mental health crisis' are handled relatively well in our community, a more proactive, early diagnosis with a systematic approach is needed. Between the stigma associated with mental illness and inadequate screening by primary care practitioners, identification is often missed. The lack of local mental health providers and lack of available resources for mental health wellness was identified as a major concern during most of the groups. Too few psychiatrists serve the area. Raising awareness during annual physicals and accepting mental health to be equally important as physical health can start the changes towards better mental health. The school districts in our communities are seeing not only students, but parents are also affected by poor mental health which is harmful to the overall wellness of the family unit.

- ***Elder Care & Dementia Care***

  Focus groups mentioned the need for ample and quality long-term care, respite care, continuum of care, and caregiver services were all noted by participants as important. Addressing the growing number of dementia patients that are currently being cared for by family members and loved ones in the home setting. Participants acknowledged that though these needs were not immediate for everyone, they will impact each person at some point in their lifetime. Participants mentioned the need for a memory care program.

- ***Access and Coordination of Care***

  Participants noted continued gaps in access to care and care coordination among providers, case managers, and language service providers. Special attention was given to the need for dementia care coordination and for the elderly who are suffering with chronic diseases. A more streamlined, less fragmented, team approach to care is necessary. Participants also mentioned the need to address an aged hospital and long term care facility.

- ***Limited Access to Healthy Food***

  Access to healthy food continues to be an issue for many populations in our communities***.*** There are opportunities to increase the availability of affordable, nutritious food in our communities, including increased nutritional information and how to prepare / cook healthy meals.

- ***Dental and Oral Health***

  Lack of access to dental services for the low-income population and many dentists don't accept Medicaid patients. One of the top health issues among children is prevalence of cavities. More children and adults need an annual dental exam.

Section 3:
Community Health Needs Prioritization

Health Care Priorities

Identification of priority health needs was accomplished through a facilitated forum of internal stakeholders of Avera Tyler, including the members of the Governance board, Avera Medical Group Tyler, and the Administrative Council. Supported with the primary and secondary community health and wellness data obtained through the CHNA process, the forum participants were invited to prioritize community health and wellness needs based upon community impact, potential for change, economic feasibility, community assets and alignment with the mission and values of Avera Tyler.

Upon completion of the prioritization process, Avera Tyler determined the following three community health priority needs:

- Mental Health
- Eldercare Services
- Coordination of Care

Prior to the CHNA, Avera Tyler was, indeed, alert to these specific areas of need. The CHNA helped to validate these presumptions and raise greater awareness about the scale of the health concerns mentioned above. This process also helped to validate efforts that have been ongoing and/or are currently underway to address these health needs. It is significant to consider that work in the area of community health is never "finished" that is, the health needs of the community are subject to change over time and require new and innovative approaches to satisfy unmet and emerging needs. Consequently, Avera Tyler has taken extra steps to ensure the assessment process is sustainable and expansive.

Next Steps

Develop Implementation Plan

The implementation strategy is a roadmap for how community benefit resources will be used to address the health needs identified through the CHNA. Avera Tyler has an extensive track record of identifying and testing promising practices for replication throughout the service area by leveraging the expertise of staff and by working collaboratively with community partners. That being said, the implementation plan that will guide the overall strategy—is an extension of the kind of work Avera Tyler carries out regularly to promote community health.

The proposed implementation strategy will be presented for discussion, consideration and approval to the Avera Tyler Board of Directors prior to November 15, 2016.

The 2016 CHNA report was approved
by the Avera Tyler Board of Directors on June 20thth, 2016.

Sources

United States Census Bureau. www.census.gov

County Health Rankings & Roadmap. The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Avera Tyler Discharge Data. Avera Tyler, Tyler, MN.

Avera Tyler Emergency Room Data. Avera Tyler, Tyler, MN.

Minnesota Department of Health. St. Paul, MN.
www.health.state.mn.us/divs/chs/mss/

Southwest Health & Human Services
www.swmhhs.com