Landmann - Jungman Memorial Hospital
Avera

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605.583.2226
http://www. avera.org/scotland/

Community Health Needs Assessment
FY2016
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INTRODUCTION

Landmann-Jungman Memorial Hospital conducted a Community Health Needs Assessment (CHNA) in 2016. This assessment has identified the health care community’s strengths as well as determined the health care needs not met in the Scotland area. The goal of the assessment was to identify community health needs as well as to implement programs to address the needs and better serve those in the community.

The Patient Protection and Affordable Care Act enacted March 23, 2010, contains requirements for tax-exempt hospitals to complete a CHNA at least once every three years. The objective is to identify the health needs of a community enabling the hospital to plan and deliver the most effective services and programs to address those needs identified in the assessment. The assessment includes input from individuals representing the broad interests of the community, including those with special knowledge or expertise in public health. This process also creates collaboration between the hospital and other entities in the service area to address the needs of the community.

The CHNA for the Landmann-Jungman Memorial Hospital is based on information relevant to: current services offered, geographic area, primary and secondary services, data collected related to health findings, access to care, and community needs.

DESCRIPTION OF HOSPITAL CAMPUS

Facility Profile

Landmann-Jungman Memorial Hospital is licensed for twenty-five acute care beds and ten swing beds and is located in Scotland, S.D., (population 814). Scotland is located in the southwest corner of Bon Homme County. In addition to general medical and surgical inpatient and outpatient cases, the hospital offers a variety of outpatient services. Several visiting specialists conduct outreach clinics on a regular basis; these include cardiology, general surgery, OB/GYN, as well as mobile MRI, nuclear
medicine, digital mammography and hormone therapy.

Landmann-Jungman Memorial Hospital is a member of the Avera Health System, based out of Sioux Falls, S.D. The mission of Landmann-Jungman is to provide the highest quality healthcare with compassion and respect. The hospital is committed to the ethical treatment of all people through the continuum of life. We recognize the constantly changing face of healthcare and pledge to continually strive to meet the shifting healthcare needs of our community. Through a constant review of goals, commitment to ideas, and efficient management, Landmann-Jungman looks forward to providing quality care to the community for the years to come.

Landmann-Jungman Memorial was founded in 1968, services include: 24-hour emergency services, inpatient/outpatient hospital services, skilled swing bed services, physical therapy, occupational therapy, speech therapy, cardiac rehab therapy, full service laboratory, X-rays, CT scans, digital mammography, ultrasound exams, nuclear medicine, MRI, Dexta scans, echocardiograms, carotid dopplers, and EEGs and hospice.

Avera eCare also serves and supports Landmann-Jungman offering technologically advanced equipment to improve emergency and consulting care. Avera eCare provides rural clinicians 24-hour access to board-certified intensivists, emergency physicians, and experienced nursing staff. Avera’s telehealth network ensures that all patients, regardless of location, have timely and efficient access to the care they need. Landmann-Jungman Memorial Hospital had 144 inpatient days and 7,667 outpatient visits in FY2015.

**Governance**

In 1999, the Scotland community signed a management lease with Avera McKennan & University Health Center located in Sioux Falls, S.D. As a facility managed through Avera McKennan, Avera is committed to providing support and assistance to the Scotland community. Avera Health is a large rural-based health system that serves communities in South Dakota, Minnesota, Nebraska, and Iowa. The hospital was officially named after the two founding physicians, O.A. Jungmann and D.A. Landmann. After the founding of the hospital, additions and renovations to the facility have occurred: an independent living facility, West Winds, and a
clinic in 1996, with an addition of a retail pharmacy in 2002. In 2007 a new front entrance, converted patient rooms, new location of lab and laundry, combined clinic and hospital rooms, and the addition of examination rooms. These changes and renovations allowed for not only aesthetic enhancement, but better work flow, as well as better service to the community through improved coordination of care.

Primary Care Services

There are two hospitals located in Bon Homme County, namely St. Michael’s Hospital Avera and Landmann-Jungman Memorial Hospital. St. Michael’s Hospital Avera is located in Tyndall, S.D., which is about 22 miles southwest of Scotland. Landmann-Jungman is a provider-based rural health facility serving the Scotland area. The hospital is co-located with the clinic, pharmacy and senior living apartments.

Medical staff consists of one family practice physician and two additional family practice providers, one physician assistant and one nurse practitioner. The facility and its employees support and participate in community activities, volunteer their time, and serve on local committees and boards.

Specialty Care Services

Landmann-Jungman Memorial Hospital partners with specialty physicians to provide outreach services to the community. These specialties include cardiology, general surgery, OB/GYN, as well as mobile MRI, nuclear medicine and digital mammography and hormone therapy. This group has proven to be a strong network of physicians that are valued by the community of Scotland and the surrounding area. This is seen as an essential step to ensuring long-term success in maintaining health in the community members.

In addition to the specialists who provide services on campus, there is also access to over 70 additional specialists available via eConsult (telehealth). This provides specialist consultations to patients upon recommendation of their primary provider, preventing the need for a two hour drive to the regional facility in Sioux Falls, S.D. The consult is obtained using two-way video technology allowing the patient to visit with providers without leaving the community. Specialties primarily used include dermatology, pulmonology, infectious disease, wound care, internal medicine, oncology, ENT, and pediatrics.

Community Area Profile
Landmann-Jungman Memorial Hospital defines its primary service as Bon Homme County, S.D. This designation is not only a geographic one, but is also supported by the inpatient discharge data. According to the Inpatient Origin Report for January – December 2014 compiled by the South Dakota Association of Healthcare Organizations (SDAHO), 86.1 percent originated in the hospital’s primary service area of Bon Homme County. An understanding of the health of a community is very dependent on population trends and demographic characteristics. Population and demographic data are used to project disease incidence, determine present and future community needs for healthcare services, and estimate the number of physicians needed to adequately serve an area.

![Map of South Dakota](image)

As reported by the U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, the population of Bon Homme County is 7,032. Please see additional breakdown details below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Bon Homme</th>
<th></th>
<th>South Dakota</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Under 5 years</td>
<td>344</td>
<td>4.89%</td>
<td>59,303</td>
<td>7.10%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>353</td>
<td>5.02%</td>
<td>57,691</td>
<td>6.91%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>389</td>
<td>5.53%</td>
<td>55,424</td>
<td>6.64%</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>405</td>
<td>5.76%</td>
<td>57,997</td>
<td>6.95%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>406</td>
<td>5.80%</td>
<td>59,589</td>
<td>7.15%</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>980</td>
<td>13.94%</td>
<td>109,504</td>
<td>13.12%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>791</td>
<td>11.25%</td>
<td>94,677</td>
<td>11.34%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>1013</td>
<td>14.41%</td>
<td>111,942</td>
<td>13.41%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>527</td>
<td>7.49%</td>
<td>56,790</td>
<td>6.80%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>415</td>
<td>5.90%</td>
<td>49,347</td>
<td>5.91%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>623</td>
<td>8.86%</td>
<td>62,692</td>
<td>7.51%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>522</td>
<td>7.42%</td>
<td>39,912</td>
<td>4.78%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>262</td>
<td>3.73%</td>
<td>19,740</td>
<td>2.36%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7032</td>
<td>100.00%</td>
<td>834,708</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010 - 2014 American Community Survey 5-Year Estimate
<table>
<thead>
<tr>
<th>Race</th>
<th>Bon Homme County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>288</td>
<td>26,459</td>
</tr>
<tr>
<td>White</td>
<td>6,215</td>
<td>697,982</td>
</tr>
<tr>
<td>Black or African American</td>
<td>44</td>
<td>12,289</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>359</td>
<td>69,625</td>
</tr>
<tr>
<td>Asian</td>
<td>37</td>
<td>9,408</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>0</td>
<td>217</td>
</tr>
<tr>
<td>Some other race</td>
<td>0</td>
<td>428</td>
</tr>
<tr>
<td>Two or more races</td>
<td>89</td>
<td>18,300</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,032</td>
<td>834,708</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Income &amp; Poverty</th>
<th>Bon Homme County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income (in 2014 dollars), 2010-2014</td>
<td>$42,795</td>
<td>$50,338</td>
</tr>
<tr>
<td>Per capita income in past 12 months (in 2014 dollars), 2010-2014</td>
<td>$21,983</td>
<td>$26,311</td>
</tr>
<tr>
<td>Persons in poverty, percent</td>
<td>12.8</td>
<td>14.2</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010 - 2014 American Community Survey 5-Year Estimate
ASSESSMENT PROCESS – QUANTITATIVE DATA

Landmann-Jungman began the CHNA in January, 2016 by gathering the most recent statistics regarding the public health of the community from county, state and national resources. The County Health Rankings website provides health information on nearly every county in the nation. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, this resource helps counties and other organizations like Landmann-Jungman understand what is influencing the health of the community. Counties receive two summary ranks: Health Outcomes and Health Factors. Each of these rankings represents a weighted summary of a number of measures. Health outcomes represent how healthy a county is while health factors represent what influences the health of the county. Bon Homme County ranks 17th on health outcomes and 41 on health factors out of the 57 counties in South Dakota that were ranked.

According to data obtained from the 2016 County Health Rankings, Bon Homme County exceeded the national benchmark for obesity, which is currently at 25 percent. Bon Homme County has 33 percent of the adults reporting a BMI greater than or equal to 33 percent. The state of South Dakota reported an adult obesity rate of 30 percent. Bon Homme County also has a higher physical inactivity rate than the state and national rate.

Many chronic diseases are linked to obesity, including heart disease, stroke, type 2 diabetes and certain types of cancer. Focus group participants also expressed a need for diabetic education for all ages.

The following are highlights from the County Health Rankings. Findings include:

<table>
<thead>
<tr>
<th>Bon Homme County</th>
<th>State of SD</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of adults who report smoking.</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Poor physical health days (per month)</td>
<td>2.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Poor mental health days (per months)</td>
<td>2.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Percent of female Medicare receiving mammo screening</td>
<td>71%</td>
<td>66%</td>
</tr>
<tr>
<td>Percent of diabetic Medicare receiving HBA1C screening</td>
<td>81%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Source: www.countyhealthrankings.org
In a study by the CDC National Health Profiles by County per 100,000 lives:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Bon Homme County</th>
<th>State of SD</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent low birth weight infants</td>
<td>6.6%</td>
<td>6.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>115.5</td>
<td>152.7</td>
<td>169.8</td>
</tr>
<tr>
<td>Malignant Cancer</td>
<td>135.4</td>
<td>163.2</td>
<td>163.2</td>
</tr>
<tr>
<td>Cerebrovascular Disease (stroke)</td>
<td>37.5</td>
<td>39.0</td>
<td>36.2</td>
</tr>
<tr>
<td>Accidents</td>
<td>31.1</td>
<td>46.3</td>
<td>39.4</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>30.5</td>
<td>36.7</td>
<td>23.5</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>20.3</td>
<td>23.4</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Source: South Dakota Vital Statistics Reports (2010-2014)

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**ASSESSMENT PROCESS – QUALITATIVE DATA**

**CHNA Focus Group**

Landmann-Jungman Memorial Hospital collected qualitative data from a focus group and a key informant interview. The hospital held a focus group on May 25, 2016 at the Rec Bar to seek the input from the general public of the community and health leaders. The goal of this focus group was to identify any unmet healthcare needs, underserved populations, and limited access to care in our primary service area. In attendance were hospital and clinic staffs including physicians, Director of Patient Services, Interim CEO and office staff, Scotland business leaders and owners, church officials, community leaders, general public and retired community healthcare providers.
and Landman-Jungman board members. The hospital posted public notices in the local
businesses and also ran a notice for two weeks in the local paper inviting community members
to attend.

**Public Health Expert Interview**

The Bon Homme County Community Health Nurse was interviewed on June 10, 2016 to provide
expert input on public health needs as well as to gain a better understanding into the needs of
single parents, the uninsured and/or the underinsured in the Scotland community. The
community nurse office primarily works with women and children in the Scotland area. The
office provides a number of services including but not limited to car seats, safe pack and play
cribs and breast feeding classes for community members. Overall community wellness through
increased exercise, nutrition and education were areas she expressed a need for.

**Evaluation of Impact**

The hospital’s senior management team reviewed the previous community health needs
assessment conducted in 2013. Since the prior CHNA was completed Landmann-Jungman has
received no written comments regarding the community health needs assessment.

Based on the 2013 CHNA, Landmann-Jungman Memorial Hospital Implementation Strategy and
Community Benefit Plan focused on:

1. Shortage of EMT’s – Through raised awareness and collaboration from CHNA, Landmann-
   Jungman and the local ambulance service were able to collaborate with external stakeholders to
   work to ensure proposed ambulance legislation wasn’t passed in the State of South Dakota that
   would have jeopardized Scotland’s EMS service as well as other rural ambulance providers. The
   proposed legislation would have required that two EMT’s be on each ambulance call. EMT
   recruitment is an ongoing process in the Scotland community.

2. Increased Outreach Physicians – Since the 2013 CHNA Landmann-Jungman has added
   Podiatry and Ophthalmology outreach services in the community. Unfortunately volumes were
   not able to support and sustain those outreach services and the hospital is now evaluating
   eConsult for potential additional outreach services in Scotland.

3. Wellness Center for the Community – Through raised awareness from CHNA, Landman-
   Jungman has held conversations with the local school regarding the possibility of a community
wellness/fitness center that would be open to the community. Discussions have included the possibility of a new auxiliary gym. Because of the raised awareness of wellness options in the community, the hospital continues to host community circuit training in the therapy department and the Landman-Jungman providers have presented wellness and health presentations at various community organizations, such as the Red Heart for Women which focuses on heart health and wellness and also Dr. Vanderpol spoke at the Ladies Lounge regarding Breast Cancer awareness and health. The hospital also provided education on heat exhaustion and promoted hand hygiene at Sports Day handing out samples of sunscreen and hand sanitizers and also promoted hand hygiene at the Scottie Days Parade.

It is still the hospital and community’s goal to find funding for a community wellness center.

FINDINGS AND RECOMMENDATIONS

Upon the completion of the Community Health Needs Assessment process, various needs were identified in 2016. The following are the needs that were identified to be the most significant throughout the process and were determined by a prioritization process.

- Monthly Blood Pressure Screening
- Diabetic Education Sessions
- Health and Wellness Information
- Shortage of EMT’s

These needs will be the area of focus for 2016-2019. Plans are based on current status and may need to be adjusted after further evaluation of findings during the implementation process.

Monthly Blood Pressure Screening

Finding:
It was reflected through the focus group that there was a need to have a monthly blood pressure screening day.

Plan:
To meet patients’ needs the Scotland Medical Clinic will plan to have one day set aside to have this clinic.

**Diabetic Education Session**

**Finding:**
It was reflected through the focus group that there was a lot interest in having diabetic sessions on a monthly basis. The quantitative data findings also supported a need for diabetic education. The County Health Rankings reflected that 81 percent of diabetic Medicare recipients in Bon Homme County receiving their HBA1C screening. This is below both the state and national rate. Obesity was also identified as a concern in the community, which also plays a significant role in many chronic diseases including diabetes.

**Plan:**
Landmann-Jungman will provide a monthly diabetic education class at the hospital. We will reach out to Nina Kappes, RD from Avera McKennan for her input for the classes as well as our three medical providers.

**Health and Wellness Information**

**Finding:**
It was brought up that the community would like more health related information as well as information about upcoming health related events.

**Plan:**
Landman-Jungman will utilize the local newspaper to communicate more health related information and upcoming health related events.

**Shortage of EMT’s**

**Finding:**
It was reflected through the focus groups that we have a shortage of volunteer EMT’s in the community.

**Plan:**
Landman-Jungman will discuss and explore what it takes to become an EMT and the cost. The hospital will then hold a community meeting to raise awareness around the shortage of EMT’s and attempt to offer financial assistance to individuals that express interest/and or want to take the EMT training.

**How Priorities Were Chosen**

The qualitative and quantitative data findings were discussed at length during the focus group and public health expert interview process, which identified four significant priorities for the community Prioritization criteria was based on prevalence, economic feasibility of addressing the need, potential for impact, availability of community assets, and the value to the community. The shortage of EMT’s was a high priority because it not only affects our community but also the surrounding communities. Two other significant areas of focus are diabetes and hypertension, which are both very prevalent in our community. Lastly, the groups requested more health and wellness related information.

**Potentially Available Resources**

1. Scotland Ambulance
2. Scotland School
3. Scotland Good Samaritan Center
4. Scotland Fire Department
5. Local Medical Staff
6. Nina Kappes, R.D.
Board Approval

The 2016 CHNA report was presented for approval to the the Landmann-Jungman Memorial Hospital Board on June 28, 2016. The CHNA report can be found on the hospital’s website and paper copies will be available upon request and without charge at the hospital business office.

Landmann-Jungman Memorial Hospital Board Approval:

[Signature]
Greg Gemar, Board President

6/28/16
Date