

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

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. Avera St. Benedict Health Center is committed to maintain access to health care close to home for all people, regardless of ability to pay. Avera St. Benedict utilizes a charity care program for individuals that are unable to pay for health care services.

Community Served

Avera St. Benedict Health Center (ASB) 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.

Implementation Strategy Process

The CHNA 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 to include the following:

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

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After the completion of the Community Health Needs Assessment process, the CHNA Committee reconvened to discuss the prioritized health needs. This included discussing each prioritized area and developing a plan to address them. The committee then set strategic goals to address health needs identified in the Community Health Needs Assessment, completing the implementation strategy.

Prioritized List of Significant Health Needs Identified in CHNA

The Community Health Needs Assessment identified broad categories for identified needs. The CHNA committee prioritized needs within each category, which are identified below, 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.

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.

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.

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.

Chronic Disease, Obesity, and other Health Related 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

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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.

Significant Health Needs to be Addressed

The Community Health Needs Assessment Committee met on July 14, 2016 to discuss goals and an action plan to address the prioritized health needs of the community.

Health Need to be Addressed: Access to Care.

1. Goal #1. Educate the public on services available at Avera St. Benedict Health Center.

- 1.1.1. *Action Plan:* Update Avera St. Benedict's website and social media page.
- 1.1.2. *Resources Committed to Achieve Goal:* Avera St. Benedict administration will oversee these improvements.
- 1.1.3. *Collaborations Needed to Achieve Goals:* Collaborate with Avera Marketing to address missing services that do not appear on the website/social media.
- 1.1.4. *Anticipated Impact:* Improve access to care by letting the public have additional avenues to learn about services provided locally.

2. Goal #2. Retain 100% of specialty providers/specialty outreach clinics at Avera St. Benedict Health Center.

- 2.1.1. *Action Plan:* Continue working with specialists to gauge physician satisfaction. Avera St. Benedict will survey 5 patients of each specialty provider quarterly to gauge patient satisfaction. Avera St. Benedict will provide nursing staff to specialists that request this.
- 2.1.2. *Resources Committed to Achieve Goal:* Avera St. Benedict administration will oversee physician satisfaction, patient volumes of specialty clinics, and nursing staffing needs for specialists to ensure retention of specialists.
- 2.1.3. *Collaborations Needed to Achieve Goals:* None
- 2.1.4. *Anticipated Impact:* Maintain access to care locally. This will save community members time and dollars associated with saved travel.

3. Goal #3. Train all Avera St. Benedict employees on how to access translation services.

- 3.1.1. *Action Plan:* All Avera St. Benedict employees will be provided with annual training on how to access translation service and tools to improve communication with individuals that are non-English speaking.
- 3.1.2. *Resources Committed to Achieve Goal:* Avera St. Benedict Education Department will dedicate a minimum of 10 hours per year to train employees on translation access.
- 3.1.3. *Collaborations Needed to Achieve Goals:* None
- 3.1.4. *Anticipated Impact:* Provide the same quality care to individuals regardless of languages spoken.

4. Goal #4. Decrease poor access to medical care due to transportation issues by maintaining outreach programs to populations that have transportation barriers. (Hutterite women, Amish, Homebound Elderly/Individuals).

- 4.1.1. *Action Plan:* Avera St. Benedict will dedicate a Registered Nurse at .8 FTE and a Physician Assistant at .1 FTE to provide primary care services as needed at local Hutterite Colonies and for the Amish. An RN will be dedicated on an as needed basis for the Visiting Nurse program to provide in home services to the homebound elderly.

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- 4.1.2. *Resources Committed to Achieve Goal:* Salary and benefits for staff dedicated to these needs. Vehicle costs associated with travel to colonies/individual homes.
- 4.1.3. *Collaborations Needed to Achieve Goal:* As needed contact with Hutterite Colony bosses.
- 4.1.4. *Anticipated Impact:* Improved immunization rates for children, preventative medicine versus acute illness resulting in decreased medical costs to community members, increased access to care for individuals with transportation needs.

Health Need to be Addressed: Behavioral Health

1. Goal #1. Provide clinical access to mental health/substance use counseling services.

- 1.1.1. *Action Plan:* Avera St. Benedict will have counseling services available in the clinic a minimum of 20 hours per week.
- 1.1.2. *Resources Committed to Achieve Goal:* Salary and benefits for staff dedicated to mental health/substance abuse counseling.
- 1.1.3. *Collaborations Needed to Achieve Goal:* Avera St. Benedict will work with Avera Behavioral Health on an as needed basis to fulfill this goal.
- 1.1.4. *Anticipated Impact:* Decrease suicides and drug and alcohol use in the community; improve quality of life factors for community members

2. Goal #2. Provide no charge telepsychiatry access at the clinic. to youth residents of Our Home, Inc.

- 2.1.1. *Action Plan:* Avera St. Benedict will work with Our Home, Inc. to provide no charge telepsychiatry access for the youth in need of these services. ASB IT Department will coordinate with the Our Home nurse for appointment times and to check readiness and availability of telehealth equipment. Avera St. Benedict will work with Avera University Psychiatry Associates to use psychiatry residents for telepsychiatry access for adult patients in need of psychiatry services. Avera St. Benedict's clinic staff will coordinate this, be present with patients for the telepsychiatry visits, and help with follow up for patients.
- 2.1.2. *Resources Committed to Achieve Goal:* Use of clinic exam room and telehealth equipment; staff time to set up and verify telehealth equipment is ready for use; staff time during the appointments and for follow up.
- 2.1.3. *Collaborations Needed to Achieve Goal:* Avera St. Benedict will work with Avera Behavioral Health, Avera University Psychiatry, and Our Home, Inc. on an as needed basis to fulfill this goal.
- 2.1.4. *Anticipated Impact:* Decrease travel costs for patients and increase access to psychiatry for kids and adults with significant mental health needs.

3. Goal #3. Provide a facilitator or referral for facilitator for critical incident debriefing for first responders in the primary service area.

- 3.1.1. *Action Plan:* Avera St. Benedict will provide a counselor at no cost, as needed, for first responder critical incident debriefing to be held at the location of choice of the first responders. If ASB's counselor is not available, ASB will refer first responders to alternative resources to complete the critical incident debriefing.

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- 3.1.2. *Resources Committed to Achieve Goal:* Salary and benefits for ASB staff that facilitates critical incident debriefing.
- 3.1.3. *Collaborations Needed to Achieve Goal:* Ongoing collaboration between Avera St. Benedict and local first responders (EMS, Police, Fire, etc.)
- 3.1.4. *Anticipated Impact:* Potential to increase retention of first responders in the community.

4. Goal #4. Provide a minimum of two behavioral health related community education programs yearly.

- 4.1.1. *Action Plan:* Avera St. Benedict staff will provide free community education programs on behavioral health topics as needed per ongoing community feedback or community suggestions.
- 4.1.2. *Resources Committed to Achieve Goal:* Salary and benefits for ASB staff that participate in presenting and helping with the community education events; Lunch will be served to community members that attend
- 4.1.3. *Collaborations Needed to Achieve Goal:* Any needed collaborations will depend on the specific topic of the community education program.
- 4.1.4. *Anticipated Impact:* Decrease stigma surrounding behavioral health topics.

Health Need to be Addressed: Preventative Medicine and Wellness

1. Goal #1. Provide healthy lifestyle classes to local 4th graders.

- 1.1.1. *Action Plan:* Provide Healthy Choice curriculum to 4th graders at Parkston and Andes Central School Districts. One ASB staff member will present curriculum on a monthly basis for 6 months of the school.
- 1.1.2. *Resources Committed to Achieve Goal:* Salary and benefits for ASB staff that participates; travel expense to Lake Andes; educational materials for the kids
- 1.1.3. *Collaborations Needed to Achieve Goal:* Parkston and Andes Central School Districts
- 1.1.4. *Anticipated Impact:* Educate 100 children on lifestyle choices to prevent chronic illness.

2. Goal #2. Hold an annual Women's Health Day in the community of Parkston

- 2.1.1. *Action Plan:* Avera St. Benedict will host a "Women's Health Day" to help education females on recommended wellness and cancer prevention screenings.
- 2.1.2. *Resources Committed to Achieve Goal:* Salary and benefits for ASB staff that participate; supplies/education materials that are given to individuals that attend; cost of screenings that are provided at no cost to community members
- 2.1.3. *Collaborations Needed to Achieve Goal:* None
- 2.1.4. *Anticipated Impact:* Projection of 150-200 women in attendance will be educated on wellness/preventative screenings.

3. Goal #3. Hold a monthly diabetes support group at Avera St. Benedict Health Center

- 3.1.1. *Action Plan:* Avera St. Benedict will have a free diabetes support group the first Tuesday of each month at 5 PM. ASB staff will oversee the group and answer group member questions.
- 3.1.2. *Resources Committed to Achieve Goal:* Provide a room, a staff facilitator, and educational materials as needed.
- 3.1.3. *Collaborations Needed to Achieve Goals:* None
- 3.1.4. *Anticipated Impact:* Improve community members self management of diabetes.

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4. Goal #4. Provide health screenings or health services at a minimum of three worksites per year.

- 4.1.1. *Action Plan:* Collaborate with local business to promote wellness by offering employer driven health screenings and/or wellness services at worksites.
- 4.1.2. *Resources Committed to Achieve Goal:* ASB staffing costs, educational materials, supplies, as needed per worksite requests.
- 4.1.3. *Collaborations Needed to Achieve Goal:* local worksites interested in participating
- 4.1.4. *Anticipated Impact:* Improve population health by providing screening and prevention at worksites; potentially catching chronic health problems earlier for lower costs.

5. Goal#5. Provide a minimum of four community education programs/activities yearly that focus on preventative medicine and/or physical activity.

- 5.1.1. *Action Plan:* Avera St. Benedict will provide community education programs/activities that focus on preventative medicine and/or physical activity as needed per ongoing community feedback or community suggestions. The Wellness Center director will organize potential physical activities that may include running events, biking events, sports tournaments, etc. The Avera St. Benedict Education Coordinator will organize community educations programs that will be lecture or hands on learning style.
- 5.1.2. *Resources Committed to Achieve Goal:* ASB staffing costs, educational material, supplies, as needed per activity/educational program.
- 5.1.3. *Collaborations Needed to Achieve Goals:* Dependent upon activity/educational program
- 5.1.4. *Anticipated Impact:* Promoting a cultural of wellness and physical activity for all ages in the community.

6. Goal#6. Provide Annual Wellness Visits in the clinic for Medicare Beneficiaries.

- 6.1.1. *Action Plan:* Use a nurse and mid-level provider together to complete Annual Wellness Visits in the clinic.
- 6.1.2. *Resources Committed to Achieve Goal:* One nurse and one midlevel provider for 1 hour each per Annual Wellness Visit.
- 6.1.3. *Collaborations Needed to Achieve Goal:* None
- 6.1.4. *Anticipated Impact:* Improve preventative screening rates and immunizations for the Medicare population in the community.

7. Goal #7. Provide free blood pressure checks at all clinics, hospital, and wellness center.

- 7.1.1. *Action Plan:* No cost blood pressure checks will be available in all ASB locations.
- 7.1.2. *Resources Committed to Achieve Goal:* Approximately 15 minutes of nursing/staff time per blood pressure check.
- 7.1.3. *Collaborations Needed to Achieve Goal:* None
- 7.1.4. *Anticipated Impact:* Early detection and improved hypertension control in the community.

8. Goal#8. Add one new fitness class offering at the Wellness Center.

- 8.1.1. *Action Plan:* The Wellness Center Director will start one new fitness class or allow a community member to lead a new fitness class.
- 8.1.2. *Resources Committed to Achieve Goal:* ASB staffing costs; use of wellness center space
- 8.1.3. *Collaborations Needed to Achieve Goal:* None if completed by ASB staff; potential community fitness instructor if not conducted by ASB staff.

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8.1.4. *Anticipated Impact:* Increased access to different fitness opportunities in the community.

9. Goal#9. Improve screening rates for colon, cervical, and breast cancer among our patient population by 5% utilizing June 30, 2016 clinical data as the baseline.

9.1.1. *Action Plan:* Improve clinic workflows to keep patients more informed on recommended due dates for cancer screenings.

9.1.2. *Resources Committed to Achieve Goal:* ASB staffing costs for clinic quality staff a minimum of one hour monthly.

9.1.3. *Collaborations Needed to Achieve Goal:* Avera Medical Group Quality Department as needed.

9.1.4. *Anticipated Impact:* Improved screening rates by 5%.

10. Goal#10. Provide a minimum of one community education session on the importance of immunizations across a lifespan.

10.1.1. *Action Plan:* ASB Education Coordinator to set up a free community education lecture on immunizations. Colony outreach nurse will meet with all colony bosses to discuss immunizations.

10.1.2. *Resources Committed to Achieve Goal:* ASB staffing costs and educational materials

10.1.3. *Collaborations Needed to Achieve Goal:* None

10.1.4. *Anticipated Impact:* Improved immunization rates across the lifespan while increasing awareness of immunization recommendations.

11. Goal#11. Dedicate a minimum of 1 day per month on clinical foot care for prevention of adverse health outcomes due to inappropriate care of feet.

11.1.1. *Action Plan:* ASB will provide nursing staff a minimum of once per month to help patients with clinical foot care.

11.1.2. *Resources Committed to Achieve Goal:* ASB nurse staffing costs

11.1.3. *Collaborations Needed to Achieve Goal:* None

11.1.4. *Anticipated Impact:* Prevent foot care issues that can worsen to acute or chronic health problems.

Health Need to be Addressed: Environment and Safety

1. Goal #1. Provide CPR training to a minimum of 150 community members/agricultural workers.

1.1.1. *Action Plan:* Provide CPR certification classes to the public in Parkston and on the Hutterite Colonies.

1.1.2. *Resources Committed to Achieve Goal:* ASB will provide two certified CPR instructors for CPR certification classes.

1.1.3. *Collaborations Needed to Achieve Goals:* University of Iowa Great Plains Center for Agricultural Health

1.1.4. *Anticipated Impact:* Certify 150 community/agricultural workers in CPR to improve likelihood of health outcomes from a cardiac event or farm accident.

2. Goal #2. Provide basic first aid training to a minimum of 150 youth.

2.1.1. *Action Plan:* Provide basic first aid for farm youth and youth involved in babysitting.

2.1.2. *Resources Committed to Achieve Goal:* ASB staff, educational materials, supplies

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- 2.1.3. *Collaborations Needed to Achieve Goal:* University of Iowa Great Plains Center for Agricultural Health
- 2.1.4. *Anticipated Impact:* Have a minimum of 150 youth complete basic first aid training to improve the likelihood of health outcomes from injury; improve EMS response times by having kids be aware of how to use the EMS system.

Health Need to be Addressed: Chronic Disease, Obesity, and Related Health Concerns

1. Goal #1. Avera St. Benedict will serve as a training site location for students in health care professions.

- 1.1.1. *Action Plan:* ASB will be a training site for students in the FARM program, RHEPS Program, medical residents, other medical students, physician assistant students, nurse practitioner students, nursing students, behavioral health students, medical assistant students, health care administration students, etc.
- 1.1.2. *Resources Committed to Achieve Goal:* ASB administration will approve/disapprove student requests for training.
- 1.1.3. *Collaborations Needed to Achieve Goals:* Institutions of higher learning
- 1.1.4. *Anticipated Impact:* Increase the pipeline for health professions to assist with long term health care professional recruitment and retention. This will allow for rural health to maintain viability over time and keep health care local.

2. Goal #2. Avera St. Benedict will support the Parkston Health Occupation Student Association (HOSA) Chapter.

- 2.1.1. *Action Plan:* ASB will help support the HOSA Chapter by providing healthcare advice b and help with fundraising efforts. ASB will provide a physician to sit on the HOSA Advisory Board. Monetary support may be requested.
- 2.1.2. *Resources Committed to Achieve Goal:* ASB administration will oversee the facility involvement with HOSA.
- 2.1.3. *Collaborations Needed to Achieve Goal:* Parkston School District
- 2.1.4. *Anticipated Impact:* Increase the pipeline for health professions to assist with long term health care professional recruitment and retention. This will allow for rural health to maintain viability over time and keep health care local.

3. Goal #3. Avera St. Benedict will allow internal and external chronic diseases self management support groups to use rooms on the health center campus at no cost for meetings.

- 3.1.1. *Action Plan:* ASB will host weekly Weight Watcher's and Alcoholics Anonymous meetings at no charge.
- 3.1.2. *Resources Committed to Achieve Goal:* Space for meetings
- 3.1.3. *Collaborations Needed to Achieve Goal:* Weight Watchers and AA representatives
- 3.1.4. *Anticipated Impact:* Access to self management groups to improve health outcomes.

Significant Health Needs Not Addressed

When the Community Health Needs Assessment Committee met on July 14, 2016 to discuss goals and action plans for the significant health needs, there was also discussion on what needs identified would not be addressed. Although the walking/bike paths were considered a need in the community, the committee did not feel that this was realistic for the hospital to address. Walking and bike paths are

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significant cost items and need ongoing maintenance, which the committee felt was a resource constraint for the hospital at this time.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: August 22, 2016