Avera Queen of Peace Hospital

Community Health Needs Assessment
2016, 2017 and 2018 Implementation Plan

FY 2016

Avera
Queen of Peace Hospital
Introduction

Hospital Profile – Queen of Peace
Avera Queen of Peace Hospital is rooted in the 1906 founding of St. Joseph Hospital by the Presentation Sisters of Aberdeen. This 35-bed hospital was the second hospital built and operated by the Sisters. In 1991, St. Joseph and Methodist Hospital united and created Queen of Peace Hospital. In 1998, the Presentation Sisters and the Benedictine Sisters joined their individual health ministries to form Avera Health. The formation of Avera Health is reflected in our name which is derived from the Latin term meaning “to be well.” Avera Health is a network of over 300 locations in over 100 communities. Today, the Avera Queen of Peace Hospital is a 120-bed Joint Commission accredited regional medical center located in the City of Mitchell, Davison County, South Dakota.

The Avera Queen of Peace region can meet virtually every health care need with a medical staff of over 65 providers serving 19 specialties, nearly 700 associates, and over 150 volunteers. They approach health services with dedication, hospitality, and compassion within an environment of Christian caring. The opening of the new Avera Medical Group Family Health Center on the Avera Grassland Health Campus in March 2016 increased quality and access to care, ensuring comprehensive delivery of effective and efficient health care services.

Avera Queen of Peace region provides services to the community through one regional hospital, four critical access hospitals, Avera Medical Group providers, rural health clinics, and other independent service providers. The following Avera owned or managed hospitals located within the region are:

- Avera Queen of Peace Hospital, City of Mitchell, Davison County
- Avera De Smet Memorial Hospital, City of De Smet, Kingsbury County
- Avera Weskota Memorial Hospital, City of Wessington Springs, Jerauld County
- Avera St. Benedict Health Center, City of Parkston, Hutchinson County
- Platte Community Health Center Avera, City of Platte, Charles Mix County

Avera Mission Statement
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 Queen of Peace Vision
To exceed the expectations of those we serve.

Avera Values
Compassion, Hospitality, and Stewardship.
COMMUNITY SERVED

Avera Queen of Peace Hospital is a regional hospital for Avera Health. The region’s footprint covers a large geographic area located in South Central South Dakota. The service area shown in Figure 1 includes the following counties: Davison, Hanson, Sanborn, Hutchinson, Aurora, Jerauld, Brule, Charles Mix, Douglas, and Miner Counties. In addition to the service area counties, Avera Queen of Peace manages Avera De Smet Memorial Hospital in Kingsbury County.

Figure 1. Avera Queen of Peace Service Region

Based on the 2014 South Dakota Inpatient Origin & Destination Study conducted by the South Dakota Association of Healthcare Organizations (SDAHO), 91.01 percent of all discharges and 91.88 percent of all inpatient days come from the 10-county service area. This was an increase from 2013 which was 88.55 percent of all discharges and 89.58 percent of all inpatient days.

Total Population

According to the U.S. Census Bureau American Community Survey (U.S. Census ACS) the 2010-2014 five-year estimated population for the service area was 57,324. Davison County is the most densely populated at 19,730 which accounts for 34.42 percent of the region’s population. Table 1 below indicates the total population for each county in the service area.

Table 1. Population by County

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>County</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davison</td>
<td>19,730</td>
<td>Jerauld</td>
<td>2,051</td>
</tr>
<tr>
<td>Hanson</td>
<td>3,392</td>
<td>Brule</td>
<td>5,311</td>
</tr>
<tr>
<td>Sanborn</td>
<td>2,341</td>
<td>Charles Mix</td>
<td>9,209</td>
</tr>
<tr>
<td>Hutchinson</td>
<td>7,221</td>
<td>Douglas</td>
<td>2,990</td>
</tr>
<tr>
<td>Aurora</td>
<td>2,729</td>
<td>Miner</td>
<td>2,340</td>
</tr>
</tbody>
</table>

Avera Queen of Peace Hospital Implementation Plan 4 | P a g e
SIGNIFICANT HEALTH NEEDS

Avera Queen of Peace used a three tiered approach for initial ranking of the FY2016 Community Health Needs Assessment (CHNA) priorities based on the community input. Tiers included the CHNA Community Committee; the CHNA Steering Committee and Administrative Council; and the Avera Queen of Peace Board of Directors.

The CHNA Community Committee ranked the 141 health care issues surfaced in focus groups and interviews. The prioritization scale was numbered one through seven and each value corresponded respectively to the following list of identifiers: lowest priority (1), lower priority (2), low priority (3), neutral (4), high priority (5), higher priority (6), and highest priority (7). The Administrative Fellow and Vice President of Mission Integration evaluated results of each tier before eliminating issues not considered high to highest priority by the committee.

Criteria for deciding which priorities to address should be based on severity of the problem; impact to vulnerable populations; value of immediate interventions; need for additional resources; alignment with organization mission and priorities; and importance to the community (CHA, 2015). Based on these criteria, behavioral health, access to care, and prevention education appear to be the greatest unmet need in our community.

- **Behavioral Health** – Behavioral health has historically been a major issue in the community. In the FY2013 CHNA report, behavioral health was identified as an unmet need. Although great efforts have been made to address this issue, the region continues to be designated as a Mental Health Care Healthcare Professional Shortage Area (HPSA). The challenge remains due to the limited number of mental health care professionals available to respond to a rapidly increasing need for behavioral health services. Public awareness, acceptance, and education of mental health issues may increase the likelihood of early detection and interventions. The long term outcomes of individuals with mental health issues may improve with early intervention, education, and support to patients and families.

- **Access to care** – Access to primary healthcare and mental health care has historically been an issue within the region. In the FY2013 CHNA report, access to primary care providers was considered a high priority. Although great efforts have been made, much of the area is still designated a Primary Care HPSA and most of the area remains designated as a Medically Underserved Area/Population. By increasing access to primary care, Avera Queen of Peace continues to focus on improving patient experience throughout the care continuum.
- **Prevention and Education** – Prevention and education are critical to individual and community health. Continual education related to how physical and mental health issues impact overall health of an individual, as well as learning to manage chronic disease conditions, was found to be a priority based on information gathered for this report. In the FY2013 CHNA report, it was also designated as a priority. The hospital’s education programs, participation in health fairs, and support group programs intend to address some of this gap. As the focus on community and population health increases, utilization of information gathered from the CHNA process will help the hospital focus on the greatest opportunities for preventative care and educational needs. The expectation is that long term results will improve the overall health of the populations living within the region.

The proposed three-year implementation plan goals and objectives are based on the three identified priorities. The implementation and work plan will include development of specific, measurable, attainable, realistic, and time sensitive goals; review of the community benefits plan; collaboration and partnership development with community leaders and organizations; communication of the plan to the Board and hospital leadership; communication with the community served; and evaluation of the action plan.

Avera Queen of Peace will collaborate with CHNA leads throughout the region the integrate implementation plans, share resources, and improve overall health of individuals living within this region. This proposed implementation plan aligns with the organizational mission, vision, and values.
THREE-YEAR IMPLEMENTATION PLAN

BEHAVIORAL HEALTH
In both the FY2013 and FY2016 CHINA report, behavioral health was identified a priority to the community. Although great efforts have been made to address this issue, the region continues to be designated as a Mental Health Care Healthcare Professional Shortage Area (HPSA). Community input from local public safety officers stated that as much as 50 percent of all calls for assistance were related to behavioral health conditions.

The 2015 - 2020 South Dakota Department of Health Strategic Plan includes numerous performance goals addressing suicide, major depression in adolescents and adults, reduction of tobacco use, improved overall health, and reduction in alcohol and drug related death rates. Access to services, early intervention, education, and supports are critical to achieve improved long-term outcome for individuals and communities. The key to sustainability is cross sector collaboration.

Goal #1 Improve mental health and prevent crisis situations within our communities by increasing access to behavioral health services and supports.

Objective #1 Increase access to behavioral health services and supports

Specific Actions and Strategies:
- Recruit additional psychologist within the Family Medicine Clinic
- Support recruitment efforts for providers specializing in adolescent behavioral health
- Use job shadowing to increase interest in the profession
- Evaluate use and expansion potential for Avera eBehavioral Health services
- Partner with other providers to increase access to Medicare certified services
- Collaborate regionally with providers to increase knowledge and access
- Develop support resource information to be shared with care coordination teams
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

Anticipated Impact:
- Improved access to services and supports
- Improved number of services and supports available
- Decrease delay from diagnosis to receiving services
- Increased early intervention
- Improved access to underserved and high risk populations
- Reduction of behavioral health crisis presentation to ED
- Reduction of behavioral health crisis presentation to public safety officers
- Improved mental health of individuals living in the community
Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eBehavioral Health Services, Avera Behavioral Health Center, and Behavioral Health Service Line
- Avera recruitment services
- Avera social services and coordinated care teams
- Dakota Counseling, Huron Community Counseling, and other behavioral health service providers
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measure and Evaluate:
- Improve the number days that individuals report being mentally unhealthy to 2.6 days or less per 30 day period
- Reduce major depressive episodes in adolescents to 7.5 percent or less (HP 2020 target)
- Reduction in percent of individuals that report a perceived unmet mental health needs
- Increased utilization of eBehavioral Health Services
- Increase in behavioral health service providers, including Medicare Certified
- Increased partnerships and coalitions focused on access to services and supports.

Objective #2 Reduce suicide attempts and death rate by increasing access to services and supports.

Specific Actions and Strategies:
- Collaborate regionally with providers to increase knowledge of and access to prevention tools and initiatives such as Zero Suicide, Help Lines, and promising practices
- Increase knowledge of SAMSA DSS Suicide Follow up support program for 10-24 year olds discharged from inpatient services
- Assess high risk areas and develop strategies to ensure access to services
- Collaborate with community leaders such as the United Way, Davison County Emergency Services, and other agencies to expand the helpline center (2-1-1)
- Dedicate staff time to research suicide prevention training and promising practices that could be used to educate service providers
- Evaluate use and expansion potential for Avera eBehavioral Health services
- Develop support resource information to be shared with care coordination teams
- Develop cross sector coalitions to identify gaps, develop strategies, and share information
Anticipated Impact:
- Improved access to services and supports
- Reduction of suicide crisis presentation to ED
- Reduction of suicide crisis presentation to public safety officers
- Increased early intervention
- Improved access to underserved and high risk populations
- Improved mental health of individuals living in the community
- Decreased suicide attempts by adolescents
- Decreased suicide death rate

Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera social services and coordinated care teams
- Dakota Counseling, Huron Community Counseling, and other behavioral health service providers
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measures and Evaluation:
- Reduction of suicide deaths to 12.6 individuals per 100,000 or less within our region (SD DOH Strategic Plan)
- Reduction of suicide attempts by adolescents to 8.0 percent or less (SD DOH Strategic Plan)
- Increased partnerships and coalitions focused on access to services and supports.
- Number of providers participating in suicide prevention education and training
**Goal #2** Improve recovery rates and reduce public health crisis related to alcohol and substance use disorders.

**Objective #1** Increase access to substance abuse services and supports.

**Specific Actions and Strategies:**
- Actively participate in recruitment of service providers
- Support job shadowing opportunities to increase interest in the profession
- Evaluate use and expansion potential for Avera eBehavioral Health services
- Partner with other providers to increase access to substance abuse services and supports
- Collaborate regionally with providers to increase knowledge and access
- Develop support resource information to be shared with care coordination teams
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

**Anticipated Impact:**
- Improved access to services and supports
- Reduction of alcohol crisis presentation to ED
- Reduction of alcohol crisis presentation to public safety officers
- Increased early intervention
- Improved access to underserved and high risk populations
- Improved mental health of individuals living in the community
- Reduction in alcohol and drug related deaths

**Resources and Partners:**
- Avera Medical Group providers, clinics, and staff
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera social services and coordinated care teams
- Dakota Counseling, Huron Community Counseling, Stepping Stones and other substance abuse service providers
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

**Measures and Evaluation:**
- Reduced number of alcohol related deaths to 8.0 persons per 100,000 or below
- Reduced number of drug related deaths to 6.3 persons per 100,000 or below
- Reduced number of low income adults who smoke to under 31.5 percent
Goal #3 Improve behavioral health and substance use disorders screening, wellness, and awareness through education and self-management programs.

Objective #1 Increase screenings for behavioral health and substance use disorders.

Specific Actions and Strategies:
- Develop strategies for utilizing screening tools as part of annual wellness visits
- Use coordinated care teams to identify at risk individuals and monitor patient progress
- Organize and promote one wellness screening educational event annually
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

Anticipated Impact:
- Improved identification of high risk individuals
- Improved early interventions
- Improved knowledge of screening tools and promising practices
- Increased referrals to appropriate services and supports

Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera social services and coordinated care teams
- Dakota Counseling, Huron Community Counseling, Stepping Stones and other substance abuse service providers
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measures and Evaluation:
- Number of participants in wellness screening educational events
- Number of individuals screen as part of their wellness visit
Objective #2 Increase participation in self-management wellness education

Specific Actions and Strategies:
- Refer individuals to self-management programs such as Better Choices Better Health
- Collaborate with Retired and Seniors Volunteer Program (RSVP) trained lay leaders in increase attendance to Better Choices Better Health
- Develop strategies to inform providers and coordinated care teams of self-management wellness education programs available
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

Anticipated Impact:
- Improved quality of life for individuals
- Improved self-management skills
- Improved long term health outcomes

Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera social services and coordinated care teams
- Dakota Counseling, Huron Community Counseling, Stepping Stones and other substance abuse service providers
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measures and Evaluation:
- Decrease the number of mentally unhealthy days to 2.6 days or less per thirty days
- Decrease in percent of individuals reporting fair to poor health to 16.5 percent or less

Objective #3 Increase behavioral health and substance use disorder awareness

Specific Actions and Strategies:
- Collaborate regionally with health education groups to increase awareness
- Collaborate with other organizations to increase educational opportunities
- Develop an annual awareness community education event as a lunch and learn
- Collaborate with school systems enhance prevention and awareness activities
- Share behavioral health and substance abuse information into the community health fair
- Develop cross sector coalitions to identify gaps, develop strategies, and share information
Anticipated Impact:
- Improve understanding of behavioral health and substance use disorders
- Increase awareness of behavioral health and substance use disorders impacts on the community
- Increase knowledge of the importance of early interventions
- Increase individual ability to identify behavioral health and substance use crisis and their ability to contact the appropriate resources

Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera social services and coordinated care teams
- Dakota Counseling, Huron Community Counseling, Stepping Stones and other substance abuse service providers
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measures and Evaluation:
- Attendance to awareness events
- School system prevention partnerships
- Attendance to health fairs within the service region
- Number of events held annually
ACCESS TO CARE
In both the FY2016 and FY2013 CHNA, access to primary and mental healthcare services was identified as a priority of the community. Although great efforts have been made, much of the area is still designated a Primary Care Healthcare Professional Shortage Area and most of the area remains designated as a Medically Underserved Area/Population. Increasing access to primary care, specialties, and care coordination teams contributes to improved health outcomes. Access to behavioral health is addressed in the section above.

The 2015-2020 South Dakota Department of Health Strategic Plan includes numerous performance goals including person centered self-directed care for individuals living in nursing homes, improved percentages of adults receiving regular wellness visits, and improved overall health. Access to services, early intervention, education, and supports are critical to achieve improved long-term outcome for individuals and communities. The key to sustainability is cross sector collaborations.

Goal #1 Improve access to primary care and mental healthcare services.

Objective #1 Increase primary care services.

Specific Actions and Strategies:
- Conduct feasibility studies to determine capacity and need expand services
- Continue recruitment efforts for primary care providers
- Use job shadowing to increase interest in the profession
- Evaluate use and expansion potential for Avera eHealth services
- Partner with other providers to increase access
- Develop tactics to increase access to underserved and high risk populations, such as Native Americans
- Collaborate regionally with providers to increase knowledge and access
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

Anticipated Impact:
- Improved access to services and supports
- Increased early intervention
- Improved access in target areas and populations that have greater unmet needs
- Reduction of health crisis presentation to ED
- Improved long-term health outcomes
- Improved mental health of individuals living in the community
Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera social services and coordinated care teams
- Avera recruitment services
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measure and Evaluate:
- Increase percentage of adults who have visited a doctor for a routine check-up within the past two years to 90 percent (SD DOH Strategic Plan)
- Increase the percentage of nursing homes that participate in resident-directed or person centered care to 100 percent (SD DOH Strategic Plan)
- Reduce the five-year infant mortality rate to 6.0 per 1,000 births by 2020 (SD DOH Strategic Plan)

Objective #1 Increase awareness of services and supports

Specific Actions and Strategies:
- Utilize marking and corporate communication system to increase promotion and awareness of services and supports
- Increase exposure through participation in community health partnerships, coalitions, and public service organizations
- Increase awareness of services and resources available to the community through lunch and learn events with local service organizations
- Secure speakers to community and health services groups
- Hold community open houses to share health care advances, technology, and changes with the public
- Utilize social media to increase awareness of community services and supports
- Develop support resource information for care coordination teams and the community
- Collaborate regionally with providers to increase knowledge and access
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

Anticipated Impact:
- Improved awareness of services and supports
- Improved shared information
- Increase partnership within the community
Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eHealth Services and service lines
- Avera Health Education Staff and Community Health Coordinator
- Avera social services and coordinated care teams
- Chamber of Commerce or Community Development Corporations
- Social Media and Internet
- Ministerial Associations and Parish Nurses
- Human Services Organizations
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measure and Evaluate:
- Number of Avera speakers presenting on topics to the community
- Number of social media hits on events
- Number of community open house events
PREVENTION, WELLNESS, SCREENING, AND EDUCATION

In both the FY2016 and FY2013 CHNA, continual education related to how physical and mental health issues impact overall health of an individual and learning to manage chronic disease conditions was identified to be a priority of the community. As the focus on community and population health increases, it becomes more critical to invest resources and create partnerships related to prevention, wellness, screenings and education. The hospital’s education programs, participation in health fairs, and support group programs are intended to address community education and supports. Personalized chronic disease management education and supports are also essential to improve the overall health of individuals and communities.

The 2015 - 2020 South Dakota Department of Health Strategic Plan includes numerous performance goals addressing wellness including physical activity, colorectal screening, vaccination, childhood obesity, improving overall health of vulnerable populations, and reduction in infant mortality. Partnerships and collaborations with health agencies, providers, and community organizations are essential to increase breadth and depth of prevention, wellness, screening, and education knowledge. The key to sustainability is cross sector collaboration.

---

**Goal #1** Build a culture of health through collaborative prevention, wellness, screening, and education.

**Objective #1** Increase regional collaboration efforts with public health agencies, community health committees, health organizations, and other agencies focused on prevention and wellness events.

**Specific Actions and Strategies:**

- Collaborate with public health agencies to address strategic goals
- Actively participate in the Wessington Springs Health Education Committee
- Actively participate in De Smet Health Education Committee
- Actively participate in public school prevention and wellness ADAPT committees
- Actively participate in Mitchell Chamber of Commerce Health Committee
- Provide speakers and educational information on health related topics for community centers, support groups, and service organizations events
- Use internal and external communication tools to promote events
- Provide meeting space as needed for community events
- Share resource information regionally
- Seek out additional partners in underserved areas
- Research and evaluate prevention and wellness promising practices
- Collaborate regionally with organization to promote prevention and wellness events
- Develop cross sector coalitions to identify gaps, develop strategies, and share information
Anticipated Impact:
- Improved awareness of South Dakota Department of Health Strategic Goals
- Improved awareness and increased participation in community health related events
- Improved levels of physical activities within communities
- Improved levels of adults receiving annual wellness visits
- Improved targeted wellness efforts to underserved and at risk populations

Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eHealth Services and service lines
- Avera Health Education Staff and Community Health Coordinator
- Avera social services and coordinated care teams
- Chamber of Commerce or Community Development Corporations
- Social Media and Internet
- Ministerial Associations and Parish Nurses
- Human Services Organizations
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measure and Evaluate:
- Number of new partnerships developed
- Number of community health events with an Avera presence
- Increased community participation in prevention and wellness events and activities
- Improved County Ranking and Roadmaps ranking of counties within the regions
- Meet or exceed the South Dakota Department of Health target of 59 percent of adults who meet the recommended physical activity aerobic guidelines
- Meet or exceed the South Dakota Department of Health target of 90 percent of adults who have visited a doctor for a routine check-up within the last two years
Objective #2 Increase regional collaboration with public health agencies, health committees, health organizations, and other agencies focused on screening.

Specific Actions and Strategies:
- Develop strategies to increase colorectal, breast, and skin cancer screenings
- Develop strategies to reduce the cost of screenings
- Increase access and availability to screening
- Collaborate regionally with organizations to promote screening education and awareness
- Develop cross sector coalitions to identify gaps, develop strategies, and share information

Anticipated Impact:
- Improved awareness in the benefits of screening
- Improved early intervention
- Improved number of adults receiving recommended screening
- Improved number of adults receiving regular checkups
- Improved overall health outcomes

Resources and Partners:
- Avera Medical Group providers, clinics, and staff
- Avera eHealth Services and service lines
- Avera Health Education Staff and Community Health Coordinator
- Avera social services and coordinated care teams
- Chamber of Commerce or Community Development Corporations
- Social Media and Internet
- Ministerial Associations and Parish Nurses
- Human Services Organizations
- Federally Qualified Health Centers, Community Health Nurses, and other health centers
- State, county, and local government and public safety agencies
- Primary and secondary private or public educational organizations
- Business and individuals

Measure and Evaluate:
- Meet or exceed the Healthy People 2020 target of 70.5 percent of persons receiving screening based on the most recent guidelines
- Meet or exceed the South Dakota Department of Health target of 80 percent of adults age 50-75 who are up-to-date with recommended colorectal cancer screenings
- Number of screening event opportunities available to the community
**Goal #2** Engage and empower individuals to actively manage their chronic disease through education and supports.

**Objective #1** Increase effective education and support opportunities for individuals diagnosed with diabetes.

**Specific Actions and Strategies:**
- Provide nutrition education to individuals diagnosed with diabetes
- Hold monthly diabetes support groups that include disease management education and encourage group support
- Increase A1C screenings at health fairs and other community health events
- Increase referral to Better Choices Better Health chronic disease management program
- Increase access to resources for women diagnosed with gestational diabetes
- Increase targeted outreach for diabetic nutrition education and support to counties with high incidence rates such as Charles Mix, Brule, and Davison Counties
- Monitor diabetes related health outcomes and improvements throughout the Avera Queen of Peace region and report to executive teams, community leaders, and providers.

**Anticipated Impact:**
- Improved diabetes self-management skills and healthy behaviors
- Increased access to education and supports for underserved and high risk areas
- Growth in attendance to health education programs and support groups
- Improved health outcomes for rural women diagnosed with gestational diabetes
- Improved health outcomes for targeted areas of high incidents

**Resources and Partners:**
- Avera Health Education Staff, Dieticians, and Community Health Coordinator
- Avera Health Care Medical Group physicians and care coordination teams
- Federally Qualified Community Health Centers, clinics, and health centers
- Better Choices Better Health Programs
- Retired & Senior Volunteer Program
- Diabetes Support Groups
- Dietitian service providers
- Gestational diabetes monitoring project
Measure and Evaluate:
- Number of individuals participating in diabetes support groups
- Number of Better Choices Better Health sessions with 75 percent completion rates
- Decrease the number of individuals in targeted areas that report having been diagnosed with diabetes to 8.26 percent or below.

**Objective #2 Increase effective education and support opportunities for individuals diagnosed with high blood pressure.**

**Specific Actions and Strategies:**
- Provide nutrition education to individuals diagnosed with high blood pressure
- Increase attendance and expand monthly blood pressure clinics
- Provide relevant health education materials to attendees of blood pressure clinics
- Increase referral to Better Choices Better Health chronic disease management programs
- Conduct feasibility studies on additional options for heart screenings such as Planet Heart and Calcium Screening
- Increase targeted outreach for heart health education and support counties with high incidence rates such Hutchinson, Aurora, Brule and Davison Counties

**Anticipated Impact:**
- Improved blood pressure self-management skills and health behaviors
- Demonstrated increase in access to education and supports for underserved and high risk areas
- Growth in attendance to health education programs and support groups
- Demonstrate improved health outcomes

**Resources and Partners:**
- Avera Health Education Staff, Dietitians, and Community Health Coordinator
- Avera Health Care Medical Group physicians and coordinated care teams
- Federally Qualified Community Health Centers, clinics, and health centers
- Better Choices Better Health Programs
- Retired & Senior Volunteer Program
- Community health nurses
- Dietitian service providers
- Gestational diabetes monitoring project
Measure and Evaluate:
- Improve the percent of adults that report their blood pressure is under control
- Number of Better Choices Better Health sessions with 75 percent completion rates
- Increase the number of individuals who attend free blood pressure clinics
- Decrease the number of individuals diagnosed with high blood pressure to 26.1 percent or lower (Community Commons)
- Monitor heart disease related health outcomes and improvements throughout the Avera Queen of Peace region and report to executive teams, community leaders, and providers.

Objective #3 Expand Better Choices Better Health chronic disease management program through increased referrals and partnership development.

Specific Actions and Strategies:
- Designate staff to be trained as lay leaders
- Participate in Better Choices Better Health Advisory Council
- Increase referrals from primary care providers and coordinated care teams
- Develop partnerships with Retired and Senior Volunteer Program (RSVP) trained lay leaders to increase number of workshops held per year
- Develop working relationships with lay leaders regionally to expand program
- Develop tactics to expand program to Native Americans
- Provide meeting space as needed for program
- Support existing Parkinson’s, diabetes, gluten-free, and cancer support groups by providing meeting space, educational topics, and speakers
- Create a strategic plan to increase participation and potentially expand support groups
- Monitor health outcomes and improvements and report to executive teams, community leaders, and providers.

Anticipated Impact:
- Improved self-management skills and healthy behaviors
- Increase in access to education and supports for underserved populations and high risk areas
- Growth in attendance to health education programs and support groups
- Improved health outcomes
- Reduce the number of days individuals report being physically or mentally unhealthy
**Resources and Partners:**
- Avera Health Education Staff, Dietitians, and Community Health Coordinator
- Avera Health Care Medical Group physicians and care coordination teams
- Federally Qualified Community Health Centers, clinics, and health centers
- Better Choices Better Health Programs
- South Dakota Department of Health and Department of Social Services
- Retired and Senior Volunteer Program (RSVP)
- Community health nurses
- Human services organizations
- Parish nurses
- Dietitian service providers

**Measure and Evaluate:**
- Increase the number of individuals participating in chronic disease self-management programs such as Better Choices Better Health
- Improved chronic disease health outcomes for diabetes, high blood pressure, and obesity

---

**NEXT STEPS**

Avera Queen of Peace would like to promote collaboration with other organizations throughout the region and will do so by sharing information and building partnerships. Partnership and coalition development based on best practices such as the Health Research & Education Trust; the Robert Woods Johnson Foundation; and South Dakota Department of Health Good and Healthy South Dakota initiatives will lead the community to a culture of health.

Avera Queen of Peace leadership will develop collaborative implementation strategies that include community representatives based on needs identified. The long term goal is to create a culture of health throughout the region. Leaders will work with Community Health Coordinator to:

- Identify existing resources
- Collaborate with professionals within Avera and community organizations
- Lead the team
- Develop a work plan
- Coordinate accomplishment of work plan objectives
- Evaluate measures and indicators to ensure progress
- Communicate with leadership and the community
**SIGNIFICANT NEEDS NOT ADDRESSED**

**Other Issues:**
Many issues emerged that were beyond the scope or control of the hospital. Issues such as nutrition, access to physical activity, transportation, and education will be deferred to the appropriate community organization. Table 2 provides detailed information regarding these issues and organizations they were deferred to.

**Table 2. Significant Needs not addressed**

<table>
<thead>
<tr>
<th><strong>Nutrition:</strong></th>
<th><strong>Physical Activity:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Children reporting being hungry during the school day</td>
<td>- Cost to participate often too high</td>
</tr>
<tr>
<td>- Fresh food expense</td>
<td>- Free play and recess have been cut from school day</td>
</tr>
<tr>
<td>- Expanding meals for the poor, soup kitchen</td>
<td>- Scholarships for children’s activities</td>
</tr>
<tr>
<td>- Salvation Army expansion of food pantry</td>
<td>- Lack of information on bike paths</td>
</tr>
</tbody>
</table>

*Defer to: Local school officials, local grocers, Salvation Army, and other food pantries.*

<table>
<thead>
<tr>
<th><strong>Transportation:</strong></th>
<th><strong>Education:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Affordable shuttle service to Sioux Falls</td>
<td>- Parenting classes</td>
</tr>
<tr>
<td>- Transportation barriers</td>
<td>- Parents not valuing their children’s education</td>
</tr>
<tr>
<td>- Need for subsidized transportation</td>
<td>- Employee educational opportunities</td>
</tr>
<tr>
<td>- Need for car pools</td>
<td>- Need for a liaison with schools to identify mental and physical health issues</td>
</tr>
</tbody>
</table>

*Defer to: Palace transit, Avera Foundation, and local cab services.*

*Defer to: City of Mitchell Parks and Recreation, local wellness centers, local and civic organizations.*

*Defer to: Public school officials, Mitchell Chamber of commerce, and local civic organizations.*
Board Approval

This fiscal year 2016 Community Health Needs Assessment report was prepared and approved at the May 24, 2016, meeting of the Avera Queen of Peace Board of Directors.

This implementation strategy, addressing priorities identified in the most recent Community Health Needs Assessment was prepared for the September 27, 2016, meeting of the Avera Queen of Peace Board of Directors.

Avera Queen of Peace Board of Directors Approval:

Diane Sandhoff, Chair

[Signature]

Date

9-27-16