Implementation Strategy and Community Benefit Plan
Avera Gregory Healthcare Center
For FY2016-2018

Summary

Avera Gregory Healthcare Center is a 25 bed critical-access hospital located in Gregory, S. D. with a mission to oversee that the full continuum of quality health care services are made available to the people in its region. The facility’s service area is defined geographically as Gregory County, S.D.

This report summarizes Avera Gregory Healthcare Center’s plan to address the prioritized needs of the 2016 Community Health Needs Assessment conducted by the CHNA committee.

Prioritized Needs Identified

As part of the CHNA, the committee discussed the data gathered and came to a consensus, ranking the health needs of Gregory County as follows:

1) Community Members with Disabilities
2) Enrollment and Access to health insurance
3) Obesity/Diabetes Control
4) Tobacco Cessation

What Avera Gregory Healthcare Center will do to address community health needs

Community Members with Disabilities

The disability rate in the community we serve is significantly above the state and national average at 18.4%. We typically do not learn about these disabled community members until they come to our facility seeking care. Our organization is committed to ensuring that these individuals have access to care and are identified so that we can ensure that we are meeting their needs as a healthcare institution.

PLAN

The first aspect of our plan is to work with the local governmentally and not for profit funded transportation network to ensure that our disabled community has access to care. We also want to ensure that they have the ability to move around the community and in the home in a safe and effective manner that minimizes the possibility of requiring intervention medical care.

We will work with the department of labor and other governmental agencies to identify the people in this community group and survey them to ensure that we are meeting their healthcare needs and expectations. Once we have a better picture of which of our community members are affected we can start to use quality analysis to identify what contributing factors lead them to become disabled in the first place. We will then develop a community prevention plan with our state and local partners to see where and when we can mitigate these rates in an attempt to bring the overall rate of disabled persons down in our community. The goal would be to reduce the rate by 1-2% over the next three years.
The last pillar of our plan is to mobilize our clinical care team to improve health care interventions that we can provide to this disabled population to either mitigate the disability to the point where they can return to work, or provide treatment to effectively arrest the aggravation of the cause of the disability. This institution will again work with our community partners and families to see what unmet needs exist, and how we can use our size and influence to positively affect these trends.

1. **Enrollment and Access to Health Insurance**

Gregory County is significantly above both the state and national average in our uninsured rate. Gregory is at 17% uninsured according to the Helmsley foundation in 2014. This combined with our own internal data that shows that 33% of all hospital visits do not have the ability to pay is a significant impediment to the administration of healthcare within our community. While the fiscal aspect of this need is great and of particular significance to this institution there is also a larger preventative and community health issue at stake. It is our belief that those without health insurance or the ability to pay for care are less likely to see routine or prevention medical work that is the key to preventing chronic conditions. By increase access to insurance we will lower overall interventional medicine and increase the overall health of the community.

**PLAN**

We feel that the only effective intervention possible is targeted education of at risk populations within our community. We will reach out to our partners at Avera Health and Dakotacare to have community health insurance fairs with our community partners. We will work with the city, county, and state governments to identify these at risk populations and work with charitable organizations that already work to serve some of their needs. If we can add in the educational opportunities and the importance of health care enrollment into the services already being offered we feel we can make a significant impact in the issues identified in the previous paragraph.

2. **Obesity/Diabetes Control**

Obesity and diabetic rates continue to be one of the most difficult and important problems in our area to address. Our rates of both continue to be above the state and federal level, but are in line with other rural communities within our state. Over the last three years we have built relationships with local non-profits including meals on wheels and the local food bank. We have partnered with a healthy food collaborative that is providing education and services to low income members of our community. We also completed construction on a new therapies department in our community, but this reason is designed to address intervention instead of prevention. The administration feels that continuing to focus on this issue is one of the best ways that we can address health in our local community.

**PLAN**

We will continue to partner with the school systems and the local grocery store by providing education and making a positive visual impact on nutrition and healthy eating. We believe that the lessons of a proper diet and healthy eating are started early in life, and the most significant change we can make is with the younger generation. We will explore options to bring in healthy alternatives to the community.
to include the Burke farmers market and the Bountiful Baskets program in the local area. We will work
with the city and County government to explore an expansion of exercise trails and outside facilities to
promote healthy lifestyles. This problem will not be solved in the next three years, but we see ourselves
as a critical link in the community chain to foster discussion and work in this important area. Our goal
would be to reduce obesity rates by 1 to 2% over the three year period.

3. Tobacco Cessation

Gregory County reports a 21% rate of tobacco use in the 2014 data from the Helmsley Trust. This is 4%
higher than the state average of 17%. If extrapolated this means that one out of every five adults in the
community is a current smoker. Again this health concern affects the lower socioeconomic resident at a
higher rate. We identified this as a community issue in our last CHNA, but chose not to address it due to
limited resources. As our rates continue to increase we feel like we cannot ignore this problem for the
next three years.

PLAN

We have a lot of allies and resources in addressing this problem. Mass marketing and social media at the
state and federal level is significant to help with programs to reduce tobacco use. The South Dakota quit
line is a great resource as well. We will be working with our physicians and providers to provide
education during clinical visits. We will also be offering our services to the school system and other
community educational events to provide scientific and anecdotal evidence on how smoking affects a
person and our community. As the largest employer in the County we will be working with our
employee wellness taskforce to provide incentives to employees who quit in the next three years. By
getting the message out in the local area that smoking will cause significant disease and death we feel
that we can make a positive impact on the rates in our area.

Approval

By signing below, the officer of the Board of Advisors to the Avera Gregory Healthcare Center swears
that the Board of Advisors has, at its October 24, 2016, meeting, reviewed and approved the
Implementation Strategy for our Community Benefit Report.

Signed

[Signature]

Date

31 OCT 16

Emmett Kottaka, President

Printed Name and Title