Community Health Needs Assessment
Fiscal Year 2019 Report

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Executive Summary

In 2019, a Community Health Needs Assessment (CHNA) was conducted by Avera De Smet Memorial Hospital for the residents of Kingsbury County, South Dakota.

Purpose

According to the 2010 Patient Protection and Affordable Care Act (ACA), not-for-profit, tax-exempt hospitals must conduct a Community Health Needs Assessment (CHNA) every three years. The following report is a product of the 2019 CHNA process conducted by Avera De Smet Memorial Hospital (Avera De Smet or the hospital) and is the third CHNA conducted by the organization for this purpose. This report covers tax years 2019, 2020 and 2021 and is intended to be used by stakeholders to: 1) Identify significant community health needs in the primary community of Kingsbury County in South Dakota; 2) Inform development of an Implementation Strategy addressing the identified needs; 3) Inform the prioritization of community benefit programs, the allocation of resources and the development of policies as undertaken by, and on behalf of, Avera De Smet; and 4) Provide documentation of the CHNA for Charitable Hospital Organizations required by Section 501(r)(3) of the Internal Revenue Service tax law.¹

Data Sources and Methods

Qualitative and quantitative primary and secondary data were collected through collaborative efforts with the Avera Queen of Peace Mission department. Primary data collection was accomplished through a focus group comprised of local representatives from multiple sectors of the community.

Identified Areas of Need

The needs identified were prioritized by the leadership team of Avera De Smet. The main criteria utilized to prioritize the needs included resource availability (human and economic) and sustainability of processes and outcomes. In the coming three years Avera De Smet commits to:

- Remove barriers to skilled home health care access

Next Steps

The Avera De Smet team will design an Implementation Strategy (IS) to respond to the significant needs identified by this assessment. The hospital is committed to collecting data and assessing progress on the IS at least semi-annually over the three year implementation timeline. As a living document, the IS may be revised during the implementation period to reflect successful completion of objectives and/or opportunities that emerge.

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The Community Served

Avera De Smet Memorial Hospital (Avera De Smet or the hospital) is a newly constructed 6-bed Critical Access Hospital (CAH) located in De Smet, South Dakota. The hospital is a leased entity of Avera Queen of Peace, one of six regional hubs operated by Avera. Avera is a regional health network comprised of nearly 350 locations in 100 communities throughout eastern South Dakota and the surrounding states. Avera De Smet is a proud member of this fully integrated network in a geographical footprint of more than 72,000 square miles and 86 counties, and a population of more than one-million. The entities of Avera share a common mission—to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. Rooted in the Gospel, Avera is a health ministry sponsored by the Benedictine Sisters of Yankton and the Presentation Sisters of Aberdeen, South Dakota.

Kingsbury County is located in eastern South Dakota. The population is estimated to be 4,919, indicating a 4.4 percent decline since the 2010 census. The county, incorporated in 1873, is named for George W. and T. A. Kingsbury of the prominent Kingsbury family, who were involved in the affairs of Dakota Territory and members of several Territorial Legislatures. De Smet is centrally located in the county, is the County Seat, and is the largest city in Kingsbury County with 1,089 residents. Renowned as the home of Laura Ingalls Wilder, American pioneer and children’s author of the famous “Little House on the Prairie” books, the town of De Smet attracts tourists traveling through South Dakota.

Patients Served

Avera De Smet had 55 inpatient hospital discharges and 758 Emergency Room (ER) visits for the calendar year (CY) ending December 31, 2017. Market share was identified through data from the South Dakota Association of Healthcare Organization’s (SDAHO) 2017 Inpatient Origin & Destination Study. During that time period, patients of Avera De Smet residing in Kingsbury County comprised 78.2 percent of the hospital’s inpatient discharges and 67.2 percent of all ER visits (Figure 1 and Figure 2). This report represents all residents of Kingsbury County and does not intentionally exclude medically underserved, low income, or minority populations. In defining the community, Avera De Smet has taken into consideration all members of Kingsbury County and its larger service area, regardless of socioeconomic status. Avera De Smet is committed to meeting the needs of all who need care, regardless of their ability to pay. The primary service area of Avera De Smet is Kingsbury County and for purposes of this assessment, the community is defined as Kingsbury County.

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**Figure 1: Inpatient Discharges**

2017 County of Origin of Hospital Discharges
Avera De Smet Memorial Hospital

Source: South Dakota Association of Healthcare Organization's 2017 Inpatient Origin & Destination Study

**Figure 2: Emergency Room Visits**

2017 County of Origin of Emergency Room Visits
Avera De Smet Memorial Hospital

Source: South Dakota Association of Healthcare Organization's 2017 Inpatient Origin & Destination Study
Kingsbury County Demographics

According to the 2018 U.S. Census Bureau population estimates, 4,919 residents live in Kingsbury County. This is a population decrease of 4.4 percent since the 2010 U.S. Census. Residents of the county are predominately white—96.2 percent. Additional demographics may be found in Table 1 below.

<table>
<thead>
<tr>
<th>Table 1: Demographics</th>
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<tbody>
<tr>
<td><strong>Population</strong></td>
</tr>
<tr>
<td>Persons under 18 years, percent</td>
</tr>
<tr>
<td>22.6%</td>
</tr>
<tr>
<td>Persons 65 and over, percent</td>
</tr>
<tr>
<td>Female persons, percent</td>
</tr>
<tr>
<td>Rural</td>
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<table>
<thead>
<tr>
<th>Education and Health</th>
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<tbody>
<tr>
<td>High school graduate or higher, percent of persons age 25 years+</td>
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<tr>
<td>Bachelor’s degree or higher, percent of persons age 25 years+</td>
</tr>
<tr>
<td>With a disability, under age 65 years, percent</td>
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<tr>
<td>Persons without health insurance, under age 65 years, percent</td>
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<table>
<thead>
<tr>
<th>Income and Poverty</th>
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<tr>
<td>Median household income, (in 2017 dollars) 2013-2017</td>
</tr>
<tr>
<td>Per capita income in past 12 months (in 2017 dollars), 2013-2017</td>
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<tr>
<td>Persons in poverty, percent</td>
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<thead>
<tr>
<th>Computer and Internet Access</th>
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<tr>
<td>Households with a computer, percent, 2013-2017</td>
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<tr>
<td>Households with a broadband internet subscription, 2013-2017</td>
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Source: U.S. Census Bureau, Quick Facts³

As of March 2019, the unemployment rate in Kingsbury County is 3.3 percent, which is slightly better than the average 4.4 percent reported in 2016, not as good as the rate for the state of South Dakota (2.8 percent) and better than the U.S. rate (3.6 percent). The low unemployment rate is good; however, it does create some workforce challenges making it difficult to fill skilled and unskilled positions as the labor pool is limited.

What Has Been Learned Since the 2016 CHNA

The 2016 Avera De Smet CHNA process identified several opportunities to improve the health of Kingsbury County. As part of the process, identified gaps were prioritized and approved by the board and an implementation strategy was established.

Note: Since completion of the 2016 CHNA, Avera De Smet has not received any written comments regarding the assessment. In addition, requests for printed copies of the assessment and/or implementation plan have not been received.

While Avera De Smet already had programming in place to address some of the prioritized needs, the implementation plan outlined ways to continue offering existing programs as well as adding new services. Needs and initiatives included:

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Access to Care

2016 Goal: Expand local access to Avera service providers—primary care and home health

Many people struggle with the access to quality, affordable health care. Rural Americans face a unique set of challenges due to geographic isolation, lack of financial resources, and/or a shortage of quality health care providers in their communities. In South Dakota, 56 of the 66 counties are federally designated, all or in part, as health professional shortage areas (HPSA) for primary care; and 60 of the 66 counties are wholly designated as HPSAs for mental health. Both of these designations describe the entirety of Kingsbury County.

1. Primary Care: Due to significant turnover, including a retirement, and as a result of the 2016 CHNA, Avera De Smet, committed to the recruitment of primary care providers to the area. In fiscal year 2017 the goal was removed, due to the stability of the medical staff. The success came as a result of collaboration with Avera Queen of Peace and Avera Medical Group Mitchell to loan a family practice physician as chief of staff at Avera De Smet Hospital and to see patients at the clinic. Upon completion of this contracted arrangement, a physician had been recruited to the open position.

2. Home Health: According to research by AARP (formerly the American Association of Retired Persons), 90 percent of persons age 65 and over want to stay in their own home as they age. The response to this desire is known as “aging in place,” the U.S. Centers for Disease Control and

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Prevention (CDC) defines *aging in place* as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level".\(^5\)

Having support with personal care, household chores, health care issues and nutrition can be the difference between staying put and needing to move to a long-term care facility.

According to the U.S. Census Bureau 2018 estimate, nearly one-quarter (23 percent) of the county’s population is age 65 or older. Similarly 23 percent are under age 18, and the median age is 43 years. In an effort to meet the demands of an aging population and to enhance continuity of care and improve access, Avera De Smet has been working with Avera@Home, a provider of home health and hospice services. Collaboration continues. Staff recruitment has been a key limiting factor. Since the 2016 CHNA, South Dakota’s unemployment rate has remained relatively steady and as of March 2019 is at 2.8 percent as compared to the national rate of 3.6 percent.

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**Wellness, Prevention, Education and Screening**

2016 Goal: **Promote and provide prevention and wellness education and screening opportunities**

Through the Avera network, Avera De Smet has access to a wide array of expertise on topics such as cancer prevention, wellness promotion and disease management. On a quarterly basis the hospital posts topical educational material in the local newspaper, *The De Smet News*.

In late 2018, Avera De Smet was invited by South Dakota State University Extension (SDSU Extension) to be a member of a newly forming wellness coalition, which will address significant health needs in the area. SDSU Extension was awarded grant funding from the Robert Wood Johnson Foundation (RWJF) for this Well Connected Communities project. Over a ten-year timeframe, select communities in five states will pilot the building of wellness coalitions. De Smet, South Dakota has been selected to participate.

Avera De Smet will participate in the project, which is an effort to cultivate wellness across the country by equipping volunteer leaders to help their neighbors be healthier at every stage of life. The coalition will meet at regular monthly intervals to identify and implement community-driven changes that are viewed as important to the community. Avera De Smet is excited to participate in this project intended to effect positive change in the health of persons and communities it serves.

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\(^5\) *Centers for Disease Control and Prevention*, Healthy Places Terminology; Retrieved May 10, 2019 from Centers for Disease Control and Prevention: [https://www.cdc.gov/healthyplaces/terminology, 05.10.2019](https://www.cdc.gov/healthyplaces/terminology, 05.10.2019)
Behavioral Health Access, Education and Early Intervention

2016 Goal: Partner with Avera Behavioral Health Service Line

Kingsbury County is one of 60 South Dakota counties that are federally designated as health professional shortage areas\(^6\) (HPSA) for mental health. Recognizing the limitation of rendering specialty services, such as behavioral health, in small communities across a large geographic expanse, behavioral health needs are met in conjunction with Avera specialists from across the Avera footprint.

Behavioral health issues take many forms and the prevalence of suicide in South Dakota is especially concerning. According to the South Dakota Department of Health, suicide is the second leading cause of death among youth and young adults. Suicide is the 10\(^{th}\) leading cause of death in the U.S., and nearly 45,000 people die from it each year. In the last 15 years, the national rate of suicide has increased almost 25 percent.

In 2012 Avera inaugurated a service line model with the launch of the Behavioral Health Service Line. Through a collaborative team approach between doctors and administrators, barriers to care are identified and addressed. On the national scene in 2012, the National Action Alliance for Suicide Prevention began The Zero Suicide Initiative, which offers a set of tools and strategies aimed at preventing death by suicide in health and behavioral health systems.

In July 2016, Avera joined this Zero Suicide Initiative. Strategies include fatal suicide prevention and crisis support training for primary care and emergency services personnel as well as a mental health screening tool incorporated into Avera’s electronic medical record. Between July 2016 and June of 2018, Avera has seen a number of excellent results throughout the network. Results include: a 52 percent reduction in emergency psychiatric assessments; a 32 percent reduction in re-hospitalization among patients who received prior inpatient behavioral health services; and a 45 percent reduction in re-hospitalization among patients with suicidal ideation based on question nine of the Patient Health Questionnaire-9 (PHQ-9).\(^7\)

The Assessment Process and Community Input

In an effort to identify significant unmet health needs in the community and to comply with the requirement for Charitable Hospital Organizations under the Affordable Care Act, Avera De Smet initiated the assessment process. This process is an opportunity to review, identify and analyze strengths and barriers to the health of the community.

\(^6\) South Dakota Department of Health, Office of Rural Health; retrieved, May 10, 2019 from South Dakota Department of Health: https://doh.sd.gov/providers/RuralHealth/Shortage

\(^7\) Question 9 of the Patient Health Questionnaire-9 (PHQ-9) rates a patient’s response to, “Thoughts that you would be better off dead or of hurting yourself some way.”
inHealth Strategies, LLC (inHealth Strategies) was contracted to collect and analyze primary data and provide technical assistance throughout the CHNA process. inHealth Strategies employs a professional staff with extensive experience assessing health needs at the community level and developing implementation strategies focused on maximizing health improvement of populations served. Avera also contracted with Eide Bailly, an audit, tax and advisory firm, to review the CHNA report to ensure it complied with the latest regulatory requirements in Internal Revenue Code section 501(r)(3).

Avera De Smet collaborated with Avera Queen of Peace to collect and analyze secondary data. These data included collection and review of the most current available demographics and health related statistics about the community from county, state and national resources.

Primary Data Collection

The primary data collection consisted of facilitating one focus group, which allowed Avera De Smet to connect with local community members in the primary service area and learn more about the health concerns of the communities it serves.

Written and electronic invitations were sent to 16 representatives considered to be credible sources and able to speak about the community’s strengths and barriers to the health of the community. Courtesy phone calls were also made to invitees. The invitees who could not attend were strongly encouraged to send an alternate representative from their organization. Special attention was taken throughout the primary data collection process to ensure the hospital’s community health needs assessment took into account input from persons who represent the broad interests of the community, including senior citizens, children and low income persons.

Invitations were distributed to the persons in the following sectors in Kingsbury County: 1) business owners/managers, 2) community service organizations, 3) government officials, 4) public health agencies, 5) faith based organizations and 6) education/transportation representatives. These sectors were chosen for their familiarity with the needs of low income, medically underserved and minority populations. Representatives of organizations that participated in the focus group may be found in Table 2.

Avera De Smet hired inHealth Strategies to conduct the focus group and to analyze the results. Andy Allen and Jeff Soileau, principal consultants with inHealth Strategies, facilitated the focus group on March 12, 2019. 11 community members participated. See Appendix A for the questions asked of the focus group.
Table 2: Organizations Participating in the Avera De Smet Focus Group

<table>
<thead>
<tr>
<th>Participating Organization</th>
<th>Populations Represented</th>
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<tbody>
<tr>
<td></td>
<td>Public Health</td>
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<tr>
<td>De Smet Development Corporation</td>
<td></td>
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<tr>
<td>De Smet Event &amp; Wellness Center</td>
<td></td>
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<tr>
<td>Inter-Lakes Community Action Partnership (ICAP) - Kingsbury County</td>
<td></td>
</tr>
<tr>
<td>Eastern South Dakota SHINE (seniors over 60 services)</td>
<td></td>
</tr>
<tr>
<td>CONNECT - De Smet</td>
<td></td>
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<tr>
<td>Kingsbury County Sheriff's Department</td>
<td></td>
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<tr>
<td>City of De Smet, Finance Director</td>
<td></td>
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<tr>
<td>Kingsbury Court House – South Dakota Department of Social Services</td>
<td></td>
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<tr>
<td>De Smet United Methodist Church</td>
<td></td>
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<tr>
<td>American Lutheran Church, De Smet—Community Health Nurse</td>
<td></td>
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<tr>
<td>De Smet School District</td>
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</table>

The following organizations were invited but unable to attend:
- De Smet Chamber of Commerce
- Kingsbury County Emergency Services
- Hamlin County Community Health Services (Public Health Agency)
- Kingsbury County Community Health Services (Public Health Agency)
- De Smet Community Church

Secondary Data Review

For a better understanding of the demographics and health outcomes of Kingsbury County, data from multiple sources was reviewed. These sources included: the United States Census Bureau, the South Dakota Department of Health, the South Dakota Department of Labor, and the RWJF County Health Rankings & Roadmaps\(^8\). The information included demographics, health outcomes data, and information on the social determinants of health, including economic, education, housing, transportation, crime, and access to healthy food and physical activity. Aware that the lag time between collection and publication of many secondary data sets results in data that is several years old, both primary and secondary sourced data was used to identify and prioritize health needs.

\(^8\) The 2019 County Health Rankings and Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Table 3 provides a glimpse of the overall health of Kingsbury County in 2019 as compared to its health in 2016. Data in this table serves as one indicator of how well an implemented strategy has worked or is working. Health Outcomes ranks how healthy a community is in terms of physical and mental well-being. Kingsbury County has fallen in rank from 12th in 2016 to 22nd in 2019, signaling that physical and mental well-being has diminished among residents since the 2016 CHNA.

It is known that many factors influence how well and how long people live—everything, from the level of education attained to the environment in which one lives, impacts health. A measure known as Health Factors represents things that can be modified to improve the length and quality of life for residents. The totality of this measure is a predictor of how healthy a community can be in the future. Therefore the Health Factors rank is another important measure to collect and review. According to the RJWF data in Table 3, Kingsbury County moved up in rank among South Dakota counties whose residents can be healthier in the future. The county rank improved from 27th to 23rd.

As Avera De Smet develops and implements its 2019 Implementation Strategy, the measures of Health Outcomes and Health Factors data can serve as indicators of how well a specific strategy is working.

### Table 3: Community Health Rankings

<table>
<thead>
<tr>
<th></th>
<th>Kingsbury County Overall Rank (of South Dakota counties)</th>
<th>2016 (Rank of 60)</th>
<th>2019 (Rank of 62)</th>
<th>Rank Improved?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Life</td>
<td>12</td>
<td>22</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td>7</td>
<td>21</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>27</td>
<td>26</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Clinical Care</td>
<td>41</td>
<td>24</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>25</td>
<td>19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td>46</td>
<td>50</td>
<td>No</td>
<td></td>
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</table>

Source: 2016 and 2019 County Health Rankings and Roadmaps, Robert Wood Johnson Foundation

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9 Health Outcomes represent how healthy a community is at the moment, reflecting the physical and mental well-being of a community through measures representing length and quality of life. 50% of the measure is derived from Length of Life measures (premature death and life expectancy) and the other 50% is from Quality of Life measures (low birthweight, and those who rated their physical or mental health as poor).

10 50% of the measure is derived from Length of Life (premature death and life expectancy) and the other 50% is from Quality of Life (low birthweight, and those who rated their physical or mental health as poor).

11 The totality of this measure is a predictor of how healthy a community can be in the future. 30% of the measure is derived from Health Behaviors (rates of alcohol and drug use, diet and exercise, sexual activity, and tobacco use); 20% Clinical Care (access to and quality of health care); 40% Social and Economic Factors (education, employment, income, family and social support, and community safety); and 10% Physical Environment (air and water quality, and housing and transit).
In addition to the information in Table 3, a look at the following County Health Rankings and Roadmaps data is of note.

**Health Behaviors**

a. **Adult Obesity**: 33 percent of Kingsbury County adults are obese; however, healthy behavior improvement appears to be happening, as physical inactivity is down and access to exercise opportunities is up (Figure 3). This may be due to the additional programming resulting from the newly constructed De Smet Event and Wellness Center.

**Figure 3: Healthy Behaviors—Physical Activity**

![Physical Activity Chart]

**Kingsbury County, South Dakota**

- 2016
- 2019

- **Physical inactivity**
  - 2016: 29%
  - 2019: 20%

- **Access to exercise opportunities**
  - 2016: 38%
  - 2019: 64%

*Source: 2016 & 2019 County Health Rankings and Roadmaps, RJWF*

b. **Food Deserts**: Data suggests that more than ten percent of Kingsbury County residents live in a food desert. The lack of consistent access to healthy food is a barrier to the ability of individuals and families to provide balanced meals, which is correlated with a high prevalence of disease including, unhealthy weight-gain, obesity, and premature death.¹²

1. **Food Insecurity**: Nine percent of Kingsbury County residents and 12 percent of all South Dakotans are food insecure. Food insecurity means persons did not have access to a reliable source of food during the past year.

2. **Access to Healthy Food**: 14 percent of county residents had limited access to healthy food (fruits and vegetables) as opposed to only 11 percent of all state residents.

Clinical Care

a. **Uninsured**: As compared to 2016, Kingsbury County has reduced the percentage of residents who are uninsured by four percent (now eight percent); and this is better than the rate for South Dakota residents in general (ten percent). Both the rates of uninsured adults and children dropped during this time period.

b. **Mammography Screening**: In the three year period since the prior CHNA, less than half of the county’s residents are receiving breast cancer screenings. Data indicates that 66 percent of residents received the screening in 2016 while just 49 percent were screened in 2019. This is a seventeen percent reduction in screening for breast cancer.

Social & Economic Factors

a. **Children in Poverty**: While the percentage of children living in poverty in Kingsbury County is lower than the percentage for the state (13 percent and 16 percent, respectively), race is a factor as of the 13 percent, 41 percent are Hispanic and ten percent are white.

b. **Children Eligible for Free or Reduced Price Lunch**: This measure can be correlated to food insecurity and hunger and would suggest that 32 percent of children in Kingsbury County are at risk for impaired child development and increased risk of poor health outcomes.

Physical Environment

a. **Severe Housing Problems**: Good health depends upon housing that provides dwellers a sense of privacy, security, stability and control. Health problems, such as infectious and chronic disease, injury, and poor childhood development, may result when a person lives in poor quality or inadequate housing. Nearly ten percent of households in the county experience one or more of the following issues—housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; housing unit is overcrowded; and/or more than 50 percent of the household income is spent on housing.

b. **Severe Housing Cost Burden**: Eight percent of households in Kingsbury County spend more than 50 percent of their income on housing. When such a high proportion of income is spent on rent or a mortgage, it can be difficult to afford preventative and/or necessary care, pay for utilities, maintain/afford reliable transportation and meet other basic human needs.

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Gaps, Limitations & Other Considerations

Due to the small population of Kingsbury County and the limitations of self-reporting, some data were either not available or the error margins were very high. While Avera De Smet attempted to obtain input from primary stakeholders, in some instances this input was unavailable, because numerous written and verbal contact attempts failed to produce any response.

Assessment Findings and Next Steps

Community Health Assets

The assessment affirmed that Kingsbury County, and more specifically De Smet, operates in a robust culture of family friendly relationships and care of neighbor as trusted friend. The school district is a great asset for families, youth and community alike, offering youth-friendly activities during and outside of school hours. Employment opportunities are plentiful and diverse, especially with the tourism generated by famous past residents and travelers headed west to the Black Hills. Community members report feeling safe and the lack of crime statistics from national and state sites support that sentiment. The addition of a new community event and wellness center, and a new hospital in recent years is the result of a community that exercises a pioneer spirit. The generosity of donors toward each capital campaign is evidence of the community’s investment in the hope-filled future of a progressive, heartland community.

Community Health Challenges and Barriers

The focus group surfaced three access issues that currently challenge the health of Kingsbury County residents. Access to public transit, affordable housing, and home health care are of particular concern at this time.

Public Transportation: The population of Kingsbury County is 100 percent rural, which for many requires access to transit options beyond walking and bicycling. Nearly one-third of residents commute more than thirty minutes to work, and three quarters of all employees in the county commute to work alone. Though De Smet and the surrounding communities in Kingsbury County offer an array of activities and services, sometimes residents need to travel to larger cities. Currently on demand, affordable, local transportation does not exist, leading to difficulty with workforce development, chronic disease management and feelings of social isolation.

Affordable Housing: Good health is dependent upon adequate housing, providing dwellers a sense of privacy, security, stability and control. A minimum of eight of every 100 households in the county is at risk for health issues such as infectious and chronic disease and poor childhood development, due to the severe cost burden of housing.\textsuperscript{15} The focus group reported that more than 300 people currently employed in De Smet commute from other locations, because affordable rental/purchase properties are not available. Government funding from the Department of Housing and Urban Development (HUD) is inadequate to meet current needs.

Home Health Care: Although Avera De Smet has given increased attention to providing skilled home health care since the 2016 CHNA, room for improvement continues. Home health care includes a wide range of health and social services delivered in a person’s home to treat illness or injury. The focus group voiced the need for access to skilled home health care, especially for the Medicare population.

Demographic data from the U.S. Census Bureau identifies 23 percent of Kingsbury County residents are age 65 and older. According to AARP, the Baby Boomer generation of approximately 77 million persons is turning 65 at a rate of 10,000 per day or about seven per minute. Members of this generation will continue to become senior citizens over the next ten years. With nearly one-quarter of the county’s population being Medicare age, 90 percent of them desiring to age in place, and the average life expectancy beyond 65 years at 19.4 or slightly beyond age 84,\textsuperscript{16} skilled home health care will continue to be an important access point, regardless of payer source.

Priority Needs and Next Steps

After review of the primary and secondary data, the Avera De Smet leadership team weighed the findings against available hospital and community resources. These criteria were used as they prioritized the significant health needs of the community. Over the next three year implementation period (2019 – 2021), Avera De Smet is committed to removing barriers to access of skilled home health care.

Though the hospital does not currently have the resources to take on the issues of public transit and affordable housing, the facility recognizes its shared responsibility with the community and is actively participating in at least two community groups that have been formed to address issues such as these. As a member of these two groups, Avera De Smet will provide valuable input and collaboration toward finding sustainable solutions to issues.

\textsuperscript{15} Severe Housing Cost Burden statistic, 2019 County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute; retrieved May 22, 2019 from County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/app/south-dakota

\textsuperscript{16} Centers for Disease Control and Prevention, National Center for Health Statistics; retrieved May 26, 2019 from Centers for Disease Control and Prevention: https://www.cdc.gov/nchs/fastats/older-american-health
Over the summer months of 2019, the team will collaboratively design an Implementation Strategy intended to address the significant health needs identified in this assessment. Accountability to the hospital Board and the community will occur through data collection and assessment of progress on the Implementation Strategy no less than semi-annually over the three year implementation timeline. As a living document, the Implementation Strategy may be revised during the implementation period in order to reflect successful completion of objectives and/or emerging opportunities.

Written comments regarding this assessment may be submitted to the following address:

Avera De Smet Memorial Hospital
Attn: Administrator/CEO
306 Prairie Avenue SW
De Smet, SD 57231

Board Approval

The Avera De Smet Memorial Hospital Fiscal Year 2019 Community Health Needs Assessment report was presented to the Avera Queen of Peace Board of Directors on May 28, 2019. The Board of Directors reviewed, approved and adopted the report at that meeting.

Avera Queen of Peace Board of Directors Approval:

[Signature]
Chairperson,
Avera Queen of Peace Board of Directors

5-28-19
Date

The Implementation Strategy will be presented to the Avera Queen of Peace Board of Directors for discussion, approval and adoption prior to November 15, 2019.
Appendices
Appendix A - Focus Group Questions

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Questions: The facilitators used the following questions as a guide and asked follow-up questions or points of clarification as needed. The facilitators identified community strengths, needs or opportunities, and engaged participants around how to address the areas of need.

- What do you view as strengths of your community?
  - Every community has assets or organizations that can be leaned on to address challenges ...
  - What are sources of pride for the community?
  - What can be leveraged to improve the current situation?
- What are some of the things that you see as lacking in your community?
  - What are services or needs that you wouldn’t know where to go for or who to turn to?
- With your family or friends, what are your biggest concerns?
  - What challenges have people you’ve known faced in getting or staying healthy?
  - What gets in the way of people changing their behaviors?
- Which of these needs would you say is the most important?
  - Is there anything that is driving other concerns?
- What could be done to address these needs?
  - If you were in a position to change your community, what would be the first things you’d do?
  - What is the “low hanging fruit” in your community?

- Ask each attendee to highlight their one key thought after participating. (Write on a sticky note)
Appendix B - Avera De Smet Focus Group Feedback Summary

De Smet (Kingsbury) Focus Group

Date/Time  Tuesday, March 12 at 1 p.m.

Location  De Smet Event & Wellness Center  705 Wilder Lane SW  De Smet, SD 57231

Attendees  (11)  Traci Washington (Finance Director, De Smet), Rita Anderson (De Smet Development Corporation), Kristy Hubbard (De Smet Event & Wellness Center), Sue Koistinen (Inter-Lakes Community Action Partnership), Robyn Flickinger (Food Pantry, SHINE), Barb Asleson (CONNECT De Smet), Steven Strande (Kingsbury County Sheriff), Stacy Shelsta (Kingsbury County Courthouse), Kris Larson (De Smet United Methodist Church), Austie Albrecht (Nurse, American Lutheran Church), Abi Van Regenmorter (Superintendent, De Smet School District)

Key themes and priorities

Strengths:
- Small town values: tight-knit community, family-focused
- School system and opportunities/activities for young people (both in and out of school)
- Tourism and diverse economy (jobs are always available)
  - Growing population - young adults are moving back
- Safety
- Availability of healthy food options and physical activity
  - Event and wellness center
  - Very appreciative of expanding hospital services and how that supports local employers staying in De Smet
- Identify as a "progressive community"

Challenges and barriers:
- Transportation
  - Need for local, on-demand, affordable transportation along with connections to larger cities like Sioux Falls and Mitchell
  - Most other identified challenges and barriers were at least partially driven by the inability to access services due to lack of transportation options, including:
    - Feelings of social isolation
    - Workforce development
    - Chronic disease management
- Affordable housing
  - Over 300 people who work in De Smet live elsewhere and commute in because there aren't available, affordable properties to rent or buy
  - HUD-sponsored housing and programs have been scaled back
- Skilled home health care
  - Need for services for Medicare population that's inclusive of PT/OT
Other interesting comments

- The group surfaced several innovative solutions to challenges in De Smet outlined as potential opportunities below.
- Walking/biking trails are under development, but the project is moving slowly
- Childcare (both affordable and at all) is a need for workers

Opportunities for consideration

The "Opportunities for consideration" section is not intended to be prescriptive. It is a list of ideas that could be explored as part of implementation based on an analysis of what we heard during the focus groups and what we have seen work in other, similar communities.

- Explore the Dakota Project as a possible way to invest in the community while also filling an open hospital position
  - The state program works in partnership with local employers to train individuals in community colleges from towns who would then come back and work locally
- Partnering with the city/event center to explore an on-demand van transportation idea that the group surfaced:
  - Have a van parked at the event center that could give people rides around town and to the center (when the driver isn't out on runs, he/she could be doing outreach calls for events and programs at the center)
    - Seniors are more likely to ask for rides if they know it's someone's job and they are being paid to provide it
- Using community benefit or foundation dollars to provide incentives for affordable housing development to help close the gap between the city and developers
  - The town has land that it is willing to give to a developer for affordable housing, but needs help incentivizing a developer to build units that are within the price range for local workers