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 Queen of Peace Hospital for the residents of Davison 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 Queen of Peace Hospital (Avera Queen of Peace 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 Davison 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 Queen of Peace; 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 by 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 senior leadership team of Avera Queen of Peace. The main criteria utilized to prioritize the needs included available resources (human and economic) and potential for sustainable improvements. In the coming three years Avera Queen of Peace commits to:

A. Continuing to explore creative solutions for removing barriers to community health needs posed by Behavioral Health and Substance Abuse issues; and

B. Exploring barriers to local and inter-city public transit connectivity

Next Steps

The Avera Queen of Peace team will design the Implementation Strategy to respond to the significant needs identified by this assessment. The hospital is committed to collecting data and assessing progress on the Implementation Strategy at least semi-annually over the three year implementation timeline. As a living document, the Implementation Strategy 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 Queen of Peace Hospital (Avera Queen of Peace or the hospital) is a 67-bed hospital offering comprehensive services, including a 24-hour Emergency Department staffed by board-certified emergency medicine physicians. Located in the city of Mitchell in Davison County, South Dakota, the hospital is accredited by The Joint Commission and is one of six regional hubs operated by Avera, a regional health network comprised of nearly 350 locations in 100 communities throughout eastern South Dakota and the surrounding states. The fully integrated network serves a geographical footprint of more than 72,000 square miles and 86 counties, and a population of nearly 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.

Davison County is located in eastern South Dakota. Davison County has a population of 19,790 according to the July 1, 2018 estimate by the U.S. Census Bureau. The county, created in 1873 and organized in 1874, is named for Henry C. Davison, the first settler in the county. In addition, Davison County is part of the Mitchell Micropolitan Statistical Area (MSA), which is defined as two counties anchored by a single city (i.e. Davison County, Hanson County and the City of Mitchell). At the time of the 2010 census, the Mitchell MSA had a population of 21,880.

As of the official 2010 census, the population of Mitchell, the county’s largest city, was 15,254 or 77 percent of Davison County’s population and 70 percent of the Mitchell MSA. Mitchell is the Davison County Seat. The city, located along U.S. Interstate-90, is home to the World’s Only Corn Palace, attracting one-half million visitors annually. As such, Avera Queen of Peace is privileged to serve out-of-state travelers in need of health care during their journey through South Dakota, and these travelers account for up to 2 percent of inpatient discharges.

This report represents all residents of Davison County and does not intentionally exclude medically underserved, low income, or minority populations. In defining the community, Avera Queen of Peace has taken into consideration all members of Davison County and its larger service area, regardless of socioeconomic status. Avera Queen of Peace is committed to meeting the needs of all who need care, regardless of their ability to pay. For purposes of this 2019 Community Health Needs Assessment, the community is defined as Davison County.

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3 South Dakota Association for Healthcare Organizations, 2017 South Dakota Inpatient Origin & Destination Study.
Patients Served

During fiscal year (FY) 2013 the hospital served 1,869 inpatients, delivered 514 babies, and performed 4,164 surgeries. 8,247 persons visited the Emergency Room and 125,985 outpatients received care. In that same time period, Avera Queen of Peace distributed $3.75 million in at-cost patient financial assistance known as charity care and contributed nearly $149 million to unpaid costs of government and other programs. Together charity care and contractual adjustments accounted for 57.4 percent percent of total revenue.

Approximately 90 percent of all inpatient discharges originate from ten counties, with Davison County accounting for more than half at 52.92 percent (Table 1) and just over 75 percent (75.2) reside in five counties—Davison, Aurora, Sanborn, Charles Mix and Hanson (Figure 1).

**Table 1: Avera Queen of Peace Inpatient Origin**

<table>
<thead>
<tr>
<th>County</th>
<th>% of Discharges</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davison</td>
<td>52.92</td>
<td>19,790</td>
</tr>
<tr>
<td>Aurora</td>
<td>7.51</td>
<td>2,801</td>
</tr>
<tr>
<td>Sanborn</td>
<td>5.48</td>
<td>2,429</td>
</tr>
<tr>
<td>Charles Mix</td>
<td>5.04</td>
<td>9,338</td>
</tr>
<tr>
<td>Hanson</td>
<td>4.24</td>
<td>3,376</td>
</tr>
<tr>
<td>Jerauld</td>
<td>3.89</td>
<td>2,043</td>
</tr>
<tr>
<td>Hutchinson</td>
<td>3.80</td>
<td>7,380</td>
</tr>
<tr>
<td>Beadle</td>
<td>2.83</td>
<td>18,883</td>
</tr>
<tr>
<td>Brule</td>
<td>2.39</td>
<td>5,229</td>
</tr>
<tr>
<td>Douglas</td>
<td>2.12</td>
<td>2,935</td>
</tr>
</tbody>
</table>

*Source: South Dakota Association for Healthcare Organizations, 2017 South Dakota Inpatient Origin & Destination Study*

Avera Queen of Peace had 2,611 inpatient hospital discharges and 6,879 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 Queen of Peace residing in Davison County comprised 52.9 percent of the hospital’s inpatient discharges and 66.5 percent of all ER visits (Figure 1 and Figure 2).

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4 The organization’s fiscal year (FY) runs from July 1 through June 30. FY2018 covers July 1, 2017 through June 20, 2018. The source of values reported here is an internal document entitled *Avera Queen of Peace Statistical Data for the Period Ended June 30, 2018*

5 Contractual adjustments/allowances are the difference between what a healthcare provider bills for services rendered versus what it will actually be paid based on the terms of contracts with third-party insurers and/or government programs such as Medicare and Medicaid
Figure 1: Inpatient Discharges

CY 2017 County of Origin Hospital Discharges
Avera Queen of Peace Hospital

- Davison 4.2%
- Aurora 5.5%
- Sanborn 7.5%
- Charles Mix 5.0%
- Hanson 52.9%

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

Figure 2: Emergency Room Visits

CY 2017 County of Origin for ER Patients
Avera Queen of Peace Hospital

- Cavison County 66.5%
- Other South Dakota County* 29.0%
- Out of State 4.5%

Note: Other South Dakota County* represents the sum total from 48 counties in the state, with individual counties contributing between 0.1 and 5.4 percent of the 29 percent total.

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

According to the 2018 U.S. Census Bureau population estimates, 19,790 residents live in Davison County. This is a population increase of 1.5 percent since the 2010 U.S. Census. Residents of the county are predominately white—93.1 percent. Additional demographics may be found in Table 2 below.

<table>
<thead>
<tr>
<th>Table 2: Demographics</th>
<th>Davison County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons under 18 years, percent</td>
<td>23.3%</td>
<td>24.7%</td>
</tr>
<tr>
<td>Persons 65 and over, percent</td>
<td>18.5%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Female persons, percent</td>
<td>50.2%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Rural</td>
<td>23.3%</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Education and Health</strong></th>
<th>Davison County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or higher, percent of persons age 25 years+</td>
<td>90.9%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher, percent of persons age 25 years+</td>
<td>24.0%</td>
<td>27.8%</td>
</tr>
<tr>
<td>With a disability, under age 65 years, percent</td>
<td>10.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Persons without health insurance, under age 65 years, percent</td>
<td>8.4%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Income and Poverty</strong></th>
<th>Davison County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita income in past 12 months (in 2017 dollars), 2013-2017</td>
<td>$28,086</td>
<td>$28,761</td>
</tr>
<tr>
<td>Persons in poverty, percent</td>
<td>12.8%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Computer and Internet Access</strong></th>
<th>Davison County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with a computer, percent, 2013-2017</td>
<td>85.2%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Households with a broadband internet subscription, 2013-2017</td>
<td>79.6%</td>
<td>75.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Quick Facts

As of May 1, 2019, the unemployment rate in Davison County is 2.9 percent, which is slightly lower than the average 2.2 percent reported in May 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).

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7 Economic Research, Federal Reserve Bank of St. Louis; retrieved May 27, 2019 from FRED Economic Data: [https://fred.stlouisfed.org/series/SDDAVISURN](https://fred.stlouisfed.org/series/SDDAVISURN)
What Has Been Learned Since the 2016 CHNA

The 2016 Avera Queen of Peace CHNA process identified several opportunities to improve the health of Davison 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 Queen of Peace 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 Queen of Peace already had programming in place to address some of the prioritized needs, the implementation plan outlined ways to continue offering existing programs as well adding new services. Needs and initiatives included:

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**Behavioral Health and Substance Abuse**

**2016 Strategy:** [Partnership with South Dakota Helpline Center](#)

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 10th 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% 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 9 of the PHQ-9.  

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8 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.”
Suicide prevention and screening education was provided for Avera Medical Group and independent primary care providers, clinic staff, and Emergency Management Services staff in the area. Avera Queen of Peace coordinated and hosted the training, while 23 individuals completed. With assistance of the Avera Behavioral Health Service Line and its initiatives, a suicide screening tool has been integrated into Avera’s patient electronic medical record.

Access to Care

2016 Strategy: Expansion of Avera Medical Group providers, care coordination and medication affordability

Since the 2016 CHNA, the AMG Family Health Center—Grassland Health Campus opened its doors. The space integrates multiple specialties and services in a single location, making it more convenient for patients to access an array of outpatient services. AMG providers in General Surgery, Urology, Obstetrics/Gynecology, Ophthalmology, and Radiation Oncology provide outreach to Critical Access Hospitals and clinics in medically underserved South Dakota counties. A visiting AMG nephrologist has increased outreach by 1.5 days per month for a total of 3.5 days per month at this location, which provides chronically ill patients greater scheduling flexibility, as well as timelier laboratory testing and results.

The addition of a hospitalist program has increased patient satisfaction among hospitalized and outpatients alike. Hospitalized patients and their families receive more immediate access to a provider and timely admission/discharge to appropriate levels of care. As a result of hospitalists covering acute care episodes, outpatients are afforded greater opportunity for access to care when and where they need it—more clinic appointments available.

Providing a seamless care experience for patients is a goal of Avera’s brand promise. To ensure such an experience, an AMG Care Coordination team has been embedded within the family health center. This team, consisting of a registered nurse and a social worker, helps patients overcome barriers to better health. Affordability of care, including prescription medications, limits access for some persons.

Uninsured and underserved patients often can’t afford their medications and medical supplies. While medication discount programs exist, the waiting period from application to acceptance can become an additional barrier. If the patient is unable to fill the initial prescription, his or her health and wellness may be at significant risk and the community may incur increased health care expense. Collaboration between the Avera Queen of Peace Foundation, the AMG Care Coordination team, and the hospital’s Case Management team resulted in broadening participation criteria of a diabetic assistance program that had been in place since 2008. That program was designed to provide diabetic supplies and medications to patients who could not afford them and was accessed by 19 patients during the period since the 2016 CHNA. In March 2019, the program fund was renamed to the Patient and Family
Assistance Fund and fills the critical coverage gap described above. Implemented in May 2019, the program has already assisted 15 patients with 28 prescriptions.

Prevention, Wellness, Screening and Education

2016 Strategy: Collaboration across regions and Pilot Site of the Avera Remote (Virtual) Gestational Diabetes Monitoring Project (eGDM)

If not managed properly, gestational diabetes, diabetes that presents during pregnancy, has serious, long-term consequences for both baby and mother, including a predisposition to chronic health problems like obesity, metabolic syndrome, and diabetes later in life. Many people struggle with the access to quality, affordable health care, and rural Americans face a unique set of challenges in obtaining the specialized prenatal care for gestational diabetes they desperately need due to geographic isolation, a lack of financial resources, and/or a shortage of quality specialty health care providers in their communities. In South Dakota, 59 of the 66 counties are federally designated, all or in part, as health professional shortage areas. Unfortunately, nearly one-third of rural women live in counties with no obstetricians at all. Location is a serious health disadvantage for these women and their unborn child. This program allows for all ladies in rural South Dakota to receive these services remotely as long as they have internet connectivity thus removing the access to care barrier.

As of this writing, the project is in its third year. Through use of virtual monitoring and visits, the goal of this project was to decrease complications of unmanaged gestational diabetes in rural South Dakota. When compared to the control group, (patients not enrolled), year two data revealed improved patient safety, financial stewardship and patient satisfaction results. Following are some of these results: Fewer large babies (≥ 8 pounds 13 ounces and known as macrosomia) born (2 percent versus 8 percent); 24 percent fewer cesarean sections, resulting in fewer days in the hospital, shorter recovery time, and an estimated $342,800 in saved health care dollars; 58,186 driving miles avoided by patients; and 234.5 half days and 117.25 full days of saved time off from work. Avera is currently developing a sustainability plan and is committed to expanding the program.
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 Queen of Peace initiated the assessment process. This process is an opportunity to review, identify and analyze strengths and barriers to the health of the community.

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 Queen of Peace collected and analyzed the 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 Queen of Peace 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 Davison 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 3.

Avera Queen of Peace 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 13, 2019. 14 community members participated. See Appendix A for the questions asked of the focus group.

**Table 3: Organizations Participating in the Avera Queen of Peace Focus Group**

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<thead>
<tr>
<th>Participating Organization</th>
<th>Populations Represented</th>
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<tr>
<td></td>
<td>Public Health</td>
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<tr>
<td>Mitchell Area Development Corporation</td>
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<tr>
<td>Cornerstones Career Learning Center</td>
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<tr>
<td>Mitchell Area Food Pantry</td>
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<tr>
<td>Mitchell High School/ Second Chance High School (alternative H.S.)</td>
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<tr>
<td>Mitchell Middle School</td>
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<tr>
<td>Mitchell Ministerial Association</td>
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<tr>
<td>Mitchell Department of Public Safety</td>
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<tr>
<td>Mitchell Fire &amp; Emergency Management Services (EMS)</td>
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<tr>
<td>Hanson County Sheriff’s Office</td>
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<tr>
<td>Davison County Welfare Office</td>
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<td>Davison County Sheriff’s Office</td>
<td></td>
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<tr>
<td>SDDOH County Health Nurse – Davison County</td>
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<tr>
<td>SDDOH County Health Nurse – Hanson County</td>
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The following organizations were invited but unable to attend:

- Mitchell United Way
- Rural Office of Community Services (ROCS)
- Mitchell Area Safe House
- South Dakota Department of Social Services (DSS)
- Dakota Wesleyan University
- Community Services—James Valley Community Center
Secondary Data Review

For a better understanding of the demographics and health outcomes of Davison County, data from multiple sources were reviewed. Data sources included: the U.S. Census Bureau, the South Dakota Department of Health, the South Dakota Department of Labor, and the RWJF County Health Rankings & Roadmaps. 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, Avera Queen of Peace utilized both primary and secondary sourced data to identify and prioritize health needs.

Table 4 provides a glimpse of the overall health of Davison 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. Davison County has fallen in rank from 15th in 2016 to 20th in 2019, signaling that physical and mental well-being has diminished among residents of Davison County 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 4, Davison County’s rank deteriorated among South Dakota counties whose residents can be healthier in the future. The county rank moved down from 10th to 17th.

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

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9 The 2019 County Health Rankings and Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

10 Health Outcomes represent how healthy a county 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 (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).
Table 4: Community Health Rankings

| Davison County Overall Rank | 2016 (Rank of 60) | 2019 (Rank of 62) | Rank Improved?
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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Health Outcomes¹¹</td>
<td>15</td>
<td>20</td>
<td>No</td>
</tr>
<tr>
<td>Length of Life</td>
<td>19</td>
<td>18</td>
<td>Yes</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>15</td>
<td>29</td>
<td>No</td>
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<tr>
<td>Health Factors¹²</td>
<td>10</td>
<td>17</td>
<td>No</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>37</td>
<td>12</td>
<td>Yes</td>
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<tr>
<td>Clinical Care</td>
<td>11</td>
<td>9</td>
<td>Yes</td>
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<tr>
<td>Social &amp; Economic Factors</td>
<td>10</td>
<td>21</td>
<td>No</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>19</td>
<td>59</td>
<td>No</td>
</tr>
</tbody>
</table>

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

In addition to the information in Table 4, a look at the following notable County Health Rankings and Roadmaps data is warranted.

Health Behaviors

a. Adult Obesity: 28 percent of Davison 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 in part due to the emphasis on community infrastructure and facility development over the past several years, which includes new construction and renovation projects such as the DWU/Avera Sports and Wellness Complex and the Mitchell Recreation and Indoor Aquatic Center. Several miles of walking and biking paths exist throughout the county.

b. Food Insecurity and Access to Healthy Food: 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.¹³ 11 percent of Davison 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. Six

¹¹ 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).

¹² 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).

¹³ Source: 2019 County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
percent of county residents had limited access to healthy food (fruits and vegetables) as opposed to 11 percent of all state residents.

c. Alcohol-impaired Driving Deaths: In 2016 at least 50 percent of motor vehicle crash deaths in Davison County involved alcohol and in 2017 that number rose to an alarming 100 percent. The annual cost of alcohol-related crashes totals more than $44 billion.\textsuperscript{14}

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

<table>
<thead>
<tr>
<th>Davison County, South Dakota Residents</th>
<th>Source: 2016 &amp; 2019 County Health Rankings and Roadmaps, RJWF</th>
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<tbody>
<tr>
<td>100%</td>
<td>2016 2019</td>
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<tr>
<td>90%</td>
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<td>10%</td>
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<td>0%</td>
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</table>

**Clinical Care**

a. **Uninsured:** Lack of health insurance creates a barrier to good health outcomes, because the uninsured may delay seeking preventative care as well as care for injury and illness. Persons with chronic health conditions are at greater risk for hospitalization when they lack access to adequate preventative care. Davison County is improving in this measure. As compared to 2016, Davison County has reduced the overall percentage of residents who are uninsured from 11 percent to 9 percent. The rates of uninsured adults and children dropped during this time period as well. Statistics indicate 11 percent of adults and four percent of children are uninsured.

Social & Economic Factors

a. **Children in Poverty:** While the percentage of children living in poverty in Davison County is less than the percentage for the state (15 percent and 16 percent, respectively), race is a factor as 28 percent are Hispanic and sixteen percent are white. This measure in not improving.

b. **Children Eligible for Free or Reduced Price Lunch:** Based on children that are eligible for free or reduced price lunch, 35 percent of children in Davison County are at risk for impaired child development and increased risk of poor health outcomes, due to the correlation between food insecurity and hunger.\(^\text{15}\)

Physical Environment

a. **Severe Housing Problems:** Good health is dependent upon adequate housing, providing 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.

12 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:** 11 percent of households in Davison County spend more than 50 percent of their income on housing.

When such a high proportion of a paycheck is spent on rent or a mortgage, it can be difficult to afford preventative and necessary care, pay for utilities, or maintain/afford reliable transportation.

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Gaps, Limitations & Other Considerations

Due to the limitations of self-reporting, some data were either not available or the error margins were very high. The lag time between collection and publication of many secondary data sets results ir data that is several years old, and at times, the statistical data may not be the most accurate indicator of the present reality.

\(^{15}\) Source: 2019 County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
Assessment Findings and Next Steps

Community Health Assets

The community often looks to the hospital to impact the overall health and quality of life in the area. Through the CHNA process, participants had the opportunity to provide feedback related to how the hospital and its partners could provide community building activities to improve the overall health and quality of life in the community.

The assessment affirmed that Davison County, and more specifically the City of Mitchell, operates in a robust culture community cohesion, hometown pride, and volunteerism. The community is “just the right size”—small enough to know one’s neighbor and large enough to meet all day-to-day needs. Strong, communicative leadership is experienced among local organizations. Its location on Interstate 90 corridor makes the city a hub of access to higher education, medical services, social activities, sports activities and fresh and healthy foods, and farm and household shopping needs. The city offers a strong network of churches and has quality services for veterans. As the city plans for its future, input is sought from the public.

In addition to services the hospital provides, continued or additional partnerships will be necessary to address the identified needs and maintain identified assets. Appendix C lists a number of organizations the hospital partners with to build up the health of the community.

Community Health Challenges and Barriers

The focus group surfaced three access issues that currently challenge the health of Davison County residents—Behavioral health/substance abuse resources, public transit, and affordable housing. A detailed summary of themes and priorities from the focus groups may be found in Appendix B.

Behavioral Health and Substance Abuse Resources: Access to assistive resources for individuals experiencing mental health and addiction issues, again tops the list of needs voiced by community members. Though Avera and Avera Queen of Peace have given consistent and focused attention to behavioral health needs throughout the region over the past six years, room for improvement continues.

In that time, Avera Queen of Peace has embedded a clinical psychologist into the primary care clinic. The needs quickly outpaced the provider’s capacity and recruitment of a second psychologist began. After more than a year of the position being posted, Avera Queen of Peace with Avera Medical Group Mitchell anticipates the start date of a second clinical psychologist during the second half of CY 2019. Since the 2016 CHNA the hospital also explored options for adding an inpatient behavioral health unit
to the facility; however, in the current health care reimbursement structure, the option is not economically feasible.

While the public sector as well as for-profit and not-for-profit entities recognize the need for inpatient behavioral health centers exist, adequate resources have not been appropriated. Davison County’s location along the I-90 corridor may exacerbate the local need, due to transient individuals in crisis. Law enforcement reports the response to at least one behavioral health call daily and describes the situation as “critical."

**Public Transportation:** Another need continuing to rise to the top of community health needs is the need for affordable and reliable on-demand transportation. The need exists both within city limits and between cities and towns and effects young and old alike as they need to get to and from work, school, and medical appointments.

**Affordable Housing:** Good health is dependent upon adequate housing, providing dwellers a sense of privacy, security, stability and control. A minimum of 12 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.\(^\text{16}\) Households that pay 50 percent or more of their income on housing costs are considered severely cost-burdened, while households that pay 30 percent or more of their income on housing costs are considered cost-burdened. In 2013-2017, cost burdened households in Davison County accounted for 20.3 of owners with a mortgage, 9.9 percent of owners without a mortgage, and 36.7 percent of renters.\(^\text{17}\)

The focus group reported that with limited affordable housing, the community loses workers to smaller and outlying communities where housing is more readily available and affordable. At the time the focus group gathered (March 2019), only one house under the price of $150,000 was for sale in the City of Mitchell.

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**Priority Needs and Next Steps**

After review of the primary and secondary data, the Avera Queen of Peace senior leadership team weighed the findings against available hospital and community resources and the likelihood that reasonable interventions would yield positive, sustainable health improvement. These criteria were used as they prioritized the significant health needs of the community. Over the next three year implementation period (2019 – 2021), Avera Queen of Peace is committed to:

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\(^{16}\) Source: Severe Housing Cost Burden statistic, 2019 County Health Rankings & Roadmaps, a collaboration between Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

A. Continuing to explore creative solutions for removing barriers to community health needs posed by Behavioral Health and Substance Abuse issues; and

B. Exploring barriers to local and inter-city public transit connectivity

Though the hospital does not currently have the resources to take on the issues of affordable housing, the facility does, and will continue to, actively participate in numerous community organizations focused on community needs and improvements.

Over the summer months of 2019, the Avera Queen of Peace 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 or 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 Queen of Peace Hospital
Attn: Vice President of Mission
514 North Foster Street
Mitchell, SD 57301

Board Approval

The Avera Queen of Peace 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]
Acting Chairperson,
Avera Queen of Peace Board of Directors

Date: 5-28-19

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

<table>
<thead>
<tr>
<th>Focus Group Information</th>
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<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Subject</td>
</tr>
<tr>
<td>Attendees</td>
</tr>
</tbody>
</table>

**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. (Approximately 40 minutes)

- 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.
Appendix B - Avera Queen of Peace Focus Group Feedback Summary

Mitchell (Davison County) Focus Group

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>3/13/19 (9AM)</th>
</tr>
</thead>
</table>
| Location        | Mitchell Public Library 211 N  
Duff Street Mitchell, SD 57301 |
| Attendees (14)  | Mark Vaux (Mitchell Area Development Corp.), Brenda Blumberg (Cornerstones Career Learning Center), Lyndon Overweg (Public Safety), Marius Larsen (Fire/EMS), Mike Bartlett (Hanson County Sheriff’s Office), Debbie Emme (Welfare Office), Steve Brink (Davison County Sheriff), Angela Eide (County Health Nurse - Davison), Deb Wollman (County Health Nurse - Hanson), Daryl Schubert (Ministerial Association), Shane Thill (Mitchell HS), Traci Moore (Mitchell MS), Samantha Olson (Mitchell MS), Kathy Otterby (Food Pantry) |

Key themes and priorities

Strengths:
- Strong local organizations that have good communication amongst themselves
- Location on the interstate and as a hub for smaller towns
- Small enough to retain small town feel (community cohesion, sense of pride and ownership, volunteerism), but large enough to be able to meet all day-to-day needs without leaving
- Medical services that are a draw for outlying communities
- Availability of fresh and healthy food and access to physical activity
- Strong network of churches
- Quality services for veterans
- Forward-looking: currently working on future plan for city

Challenges and barriers:
- Behavioral health and substance abuse (by far the biggest priority for the group)
  - Public and agencies good at recognizing that there’s a need, but appropriate resources aren’t available
  - There are no short-term behavioral health centers
  - Closest behavioral health beds are Yankton or Sioux Falls and are rarely available
  - Both prison and school system have inadequate clinical and social services for behavioral health
  - Location along interstate corridor brings more transient individuals with behavioral health crises (law enforcement is responding to at least one behavioral health call a day; situation described as “critical”)
- Transportation
  - Need for on-demand transportation around Mitchell as well as inter-city connectivity to Sioux Falls and Huron
- Affordable housing
  - Affordable housing is limited and the community is losing workers to outlying communities where housing is more readily available and affordable (only one house for under $150k is for sale in the city)
Other interesting comments

- The group agreed that while young people had ample activities and opportunities through the school system, there were not many outside of it
- Lack of services for immigrant community: jobs are in Mitchell, but because service providers and community aren’t welcoming, workers are moving to Huron where bilingual services are easier to come by
- Top call for firefighters is elderly individuals who have fallen; fire department is looking to increase fall prevention education

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.

- Partnering with the city and law enforcement on behavioral health
  - Law enforcement is hindered by lack of hospital behavioral health services (having to wait for beds in Yankton or Sioux Falls) and only recourse is to keep individuals in a behavioral health crisis in prison (prison does not have behavioral health resources)
- Occupational medicine offerings
  - Evidently changes in services accompanied a new clinic (no longer providing on-site services) and business community has noted new service structure doesn’t meet need and is hard to get to
- Bilingual services
  - The group estimated that ~90% of non-English speakers in Mitchell speak Spanish but there are no options other than the language line. There could be an opportunity to recruit a bilingual staff member at the hospital to reach and retain more of these workers in the Avera system.
- Flexible payment models for low-income patients
  - Changes in payment office policies have led to the initiative being viewed more as a collection agency than financial assistance to have people pay what they could each month (which is how it started according to the group)
Appendix C – Community Assets List

Communities often look to the local health care community to impact the overall health and quality of life in the surrounding service area. Through the community health needs assessment survey, participants had the opportunity to provide feedback related to how the hospital could provide community building activities to improve the overall health and quality of life in the community. In addition to services the hospital provides, continued or additional partnerships will be necessary to address the identified needs and maintain identified assets. These partnerships include, but are not limited to, the following organizations in the community:

**Abbott House** provides Premier Services to Youth and Families. Offering Residential Treatment, Professional Foster Care, Specialized Schooling and Independent Living Services to girls and boys aged 7 – 23.

**Big Friend/Little Friend** Provides at-risk youth and young moms with an adult mentor, who serves as a friend, role model and support for the child or young mom. Through these one-on-one relationships the Little Friend gains self-confidence, attains better grades in school and has improved relationships with family and friends. Our goal is to inspire hope and change lives.

**Cornerstones Career Learning Center** provides education and workplace training for area employers and job seekers through basic skills classes, GED preparation and testing. National Career Readiness Certificate skill development and testing, computer instruction and short-term industry training.

**Dakota Counseling Institute** provides high quality mental health and substance abuse services for persons of all ages to area residents. Services include individual and group counseling, psychiatric and psychological evaluations, case management, halfway house and social detoxification, as well as educational and prevention programs in the community and schools.

**Davison County Child Protection** provides supportive services relating to the prevention of child abuse, neglect, and delinquency.

**Dakota Smiles Mobile Dental Care** assists local dentists in providing free dental care services to needy children in the Mitchell area.

**EmBe** Operates Kids Klub involving enriching academic, social, and physical activities for elementary children after school; Teddy Bear Treasurers, rewarding healthy lifestyle choices for low income mothers with child care items; and Girl Power for girls ages 9-13. EmBe supports the mission of the Dolly Parton Imagination Library with the Mitchell United Way. All programming focuses on elimination racism and empowering women through family support activities.

The **First Circuit Court Appointed Special Advocate Program** (FCCASA) seeks to promote and protect the best interests of abused and neglected children involved in court proceedings through the advocacy efforts of trained volunteers.

**Girls on the Run** is a life-changing, experiential learning program for girls age eight to thirteen years old. The program combines training for a 3.1 mile run/walk event with self-esteem enhancing, uplifting workouts. The goal of the program is to encourage positive emotional, social, mental and physical development. Mission: To educate and prepare girls for a lifetime of self-respect and healthy living.

**Independent Living Choices** provides services to people of all ages with any type of disability. Services may include personal care, advocacy, information and referral, summer transition, peer support, and independent living skills training.

**James Valley Community Center** is a recreational and educational facility designed by and for adults 55 and older in the Mitchell area. Several local senior citizen groups meet there, and activities and programs are held daily. The organization enriches the lives of older adults throughout the area and is also the home for the Palace Transit, Senior Meals, and RSVP.

**James Valley Drug/DUI Court** provides community based rehabilitation through the use of intensive treatment and supervision to stop the cycle of repeat offenders and addiction, thereby creating safe communities and reducing the costs of corrections.
LifeQuest provides necessary training, services, and supports to enable people with developmental disabilities to progress to their fullest potential and become more independent and involved members of the community.

Lutheran Social Services offers financial, individual, and group counseling services. These programs are available on a sliding scale fee dependent upon family income or need.

Love Feast is a volunteer run program that serves a nutritious meal two Thursdays a month. This agency also provides shoes, backpacks, and school supplies to those in need of this assistance.

Mitchell Area Safe House provides emergency shelter and direct services to victims of physical, emotional, sexual, or verbal abuse. The Family Visitation Center provides third party visitation and exchanges.

Mitchell Area Recreation and Indoor Aquatics Center offer varied recreational and physical activities for adults, families, and the handicapped. The organization specializes in year round activities for our youth.

Mitchell Food Pantry is a volunteer operated and relies on donations from area churches approximately 11 months of the year. The pantry is a partner with Feeding South Dakota, a hunger relief organization that provides temporary food assistance to hungry individuals and families in South Dakota. This partnership enables the food pantry to stock its shelves at a reduced price—approximately five cents per pound.

Mitchell Regional Habitat for Humanity provides simple, decent, affordable housing to qualified families in Davison and Hanson Counties. Habitat believes providing shelter results in self-respect and the hope for a better life.

Meals on Wheels delivers hot nutritious meals to the elderly, homebound, convalescent, and mentally handicapped 5 days a week.

Mitchell Area Advisory Council for People with Disabilities advocates for people with disabilities.

Mitchell Volunteer Program (MVP) invites individuals age 18 and over to use their life experience and skills to answer the call of their neighbors in need. MVP volunteers help solve serious problems in their communities just by giving their time.

Palace Transit provides public transportation in Mitchell and the surrounding communities seven (7) days per week.

The Retired and Senior Volunteer Program (RSVP) invites adults aged 55 and over to use their life experience and skills to answer the call of their neighbors giving anywhere from four to forty hours per week. The experience of a lifetime!

The Salvation Army assists the needy with food, clothing, and other essentials.; maintains a year round Food Pant'; and provides food to the underprivileged and toys for their children during the Holiday Season. The organization also provides emergency and disaster assistance.

Senior Meals Program: Good nutrition for healthy living to those sixty (60) and over every weekday at five (5) congregate sites in Mitchell. Meal sites located in Ethan, Parkston, Spencer and Mt. Vernon. Meals are affordable, a great variety of food and an opportunity to meet new friends. Free transportation to meal sites in Mitchell.

Weekend Snack Pack provides the school system weekly with bags of food for children to take home for the weekend. Each bag contains an entree, a grain, a fruit and three other items.