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 Weskota Memorial Hospital for the residents of Jerauld 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 Weskota Memorial Hospital (Avera Weskota 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 Jerauld 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 Weskota; 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 Weskota. 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 Weskota commits to:

A. Further community health education efforts
B. Remove barriers to primary care access.

Next Steps
The Avera Weskota team will design an 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 Weskota Memorial Hospital (Avera Weskota or the hospital) is a 25-bed Critical Access Hospital (CAH) located in Wessington Springs, 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 Weskota 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.

Avera Weskota is governed by a local advisory board with representative membership on the Avera Queen of Peace Board of Directors. This management method allows the hospital to grow and advance, providing access to state-of-the-art health care close to home.

Incorporated in 1882, Wessington Springs is the county seat of Jerauld County. It is located along Highway 34 in east-central South Dakota. The town is nestled at the foot of the Wessington Hills and may be described as the place where "the rolling prairie meets the great plains". The natural springs provide a source of water. According to the 2010 U.S. Census, the population of Wessington Springs is 956 and the population of Jerauld County is 2,071. Wessington Springs is primarily an agricultural community with a strong emphasis on healthcare and education.

Patients Served

Avera Weskota had 112 inpatient hospital discharges 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 at Avera Weskota Memorial Hospital residing in Jerauld County comprised 80.4 percent of the hospital’s discharges, while discharges from Sanborn County totaled 14.3 percent (Figure 1). The remaining 5.3 percent of discharges came from Aurora, Beadle and Buffalo counties, which are contiguous to Jerauld County. For the purposes of this assessment, the community is defined as Jerauld County. In defining the community, Avera Weskota has taken into consideration all members of Jerauld County and its larger service area, regardless of socioeconomic status. Avera Weskota is committed to meeting the needs of all who need care, regardless of their ability to pay.
At 47.7 percent, fewer than half of the 572 Jerauld County residents who visited an Emergency Room (ER) in CY 2017 went to the Avera Weskota emergency room.
Jerauld County Demographics

According to the 2018 U.S. Census Bureau population estimates, 2,043 residents live in Jerauld County, which is a population decrease of 1.4 percent since the 2010 U.S. Census. Residents of the county are predominately white—97.8 percent. Additional demographics may be found in Table 1 below.

Table 1: Demographics

<table>
<thead>
<tr>
<th>Age and Sex</th>
<th>Jerauld County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 18 years, percent</td>
<td>23.4%</td>
<td>24.7%</td>
</tr>
<tr>
<td>Persons 65 and over, percent</td>
<td>26.7%</td>
<td>16.3%</td>
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<tr>
<td>Female persons, percent</td>
<td>50.4%</td>
<td>49.5%</td>
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<table>
<thead>
<tr>
<th>Education and Health (2013 – 2017)</th>
<th>Jerauld County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or higher, percent of persons age 25 years+</td>
<td>89.7%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher, percent of persons age 25 years+</td>
<td>19.3%</td>
<td>27.8%</td>
</tr>
<tr>
<td>With a disability, under age 65 years, percent</td>
<td>6.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Persons without health insurance, under age 65 years, percent</td>
<td>12.3%</td>
<td>10.7%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Income and Poverty</th>
<th>Jerauld County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income, (in 2017 dollars) 2013-2017</td>
<td>$49,882</td>
<td>$54,126</td>
</tr>
<tr>
<td>Per capita income in past 12 months (in 2017 dollars), 2013-2017</td>
<td>$38,776</td>
<td>$28,761</td>
</tr>
<tr>
<td>Persons in poverty, percent</td>
<td>12.9%</td>
<td>13.0%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Computer and Internet Access</th>
<th>Jerauld County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with a computer, percent, 2013-2017</td>
<td>82.0%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Households with a broadband internet subscription, 2013-2017</td>
<td>71.5%</td>
<td>75.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2013 – 2017 American Community Survey 5-year Estimate

The current unemployment rate is at 2.4 percent in Jerauld County, which is better than the rates for the state of South Dakota (2.8 percent) and the U.S. (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 Weskota Memorial Hospital CHNA process identified several opportunities to improve the health of Jerauld County. As part of the process, identified gaps were prioritized and approved by the board and an implementation strategy was established. Since the 2016 CHNA was completed, Avera Weskota Memorial Hospital has not received requests for printed copies of the assessment and no written comments have been received regarding the 2016 CHNA or implementation plan.

Avera Weskota Memorial Hospital and other entities have formed a collaborative team, addressing the need for coordination of localized community education programming and health screening. Drawing on the expertise of health care entities in Jerauld County, the membership of the team, known as the Health Education Team, consists of representatives from Avera Weskota Memorial Hospital, Horizon Health Care, Weskota Manor Avera, the South Dakota Department of Health and the Jerauld County Office of Child and Family Services.

While Avera Weskota Memorial Hospital, and the team, 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:

Wellness, Prevention, Education and Screening

2016 Goal:  Locally promote and provide wellness and prevention education and screening opportunities

Avera Weskota has access to a wide array of expertise on topics such as cancer prevention, wellness promotion and disease management.

Drawing hundreds of persons annually, the area Farm and Home Show and Volley for A Cure events serve as locations for distribution of health education and cancer prevention materials. Interaction with attendees is an opportunity to continue building community relationships and answer questions about local availability of health care services, including free or reduced cost health screening opportunities. The Volley for A Cure event, sponsored by students, raises funds for local patients experiencing treatment for cancer.

An event such as the July 4th Walk and Run for Wellness promotes individual and family wellness via a 5K run, wellness walk, and kids’ races. Since the 2016 CHNA, approximately 200 people have participated in the event, which is part of the annual Wessington Springs July 4th celebration. Usually more walkers than runners, the event has seen a 180 percent increase in participants during the past three years.
Once every three years, more than 125 women enjoy a fun, health-focused night out at the Women’s Wellness Expo. The purpose of this event is to help area women by attending to their body, mind and spirit. The night includes presentations by health care providers on topics such as women’s preventative health.

Community Education Regarding Mental Health Issues

2016 Goal: Increase awareness and understanding of behavioral health and substance use disorders by providing and promoting community education.

In addition to providing speakers on the topic of depression to local community groups, Avera Weskota is able to leverage system initiatives.

Jerauld County is one of 60 South Dakota counties that are federally designated as health professional shortage areas (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 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 percent reduction in re-hospitalization among patients who received inpatient behavioral health services before; and a 45 percent reduction in re-hospitalization among patients with suicidal ideation based on question 9 of the Patient Health Questionnaire-9 (PHQ-9).3

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3 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 in some way.”
Perceived Lack of Healthcare Services

2016 Goal: Communicate, educate and participate in events to help the community know what health care services are locally available

In order to meet community members where they’re at, Avera Weskota recognizes the need for multiple modes of communication, including social media use. A Facebook page has been developed and photos of events and celebration of special weeks, such as National Nurses Week, are posted to the page. Articles containing health and wellness topics are submitted and run in the local newspaper, the True Dakotan. Avera Weskota actively promotes and communicates available services via presence at local events, community service clubs, and the school system.

Grant funding from the Leona M. and Harry B. Helmsley Charitable Trust enabled Avera Weskota to install a new CT scanner. With cutting-edge capability to deliver faster scans and high-quality images, the new CT scanner provides patients a greater level of comfort and accuracy, allowing medical staff to quickly determine a patient’s status and course of treatment. This upgraded equipment presented an opportunity to increase awareness and educate community members. X-ray technicians attended local service clubs, presenting a program describing the capabilities of the new scanner. The facility experienced a dramatic increase in usage in the months following installation—40 versus an average of 15 scans previously per month.

The Assessment Process and Community Input

The assessment process, initiated by Avera Weskota, is 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. 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 in 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 Weskota collaborated with Avera Queen of Peace to collect and analyze secondary data. These data included collection and review of the most current 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 Weskota Memorial Hospital 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 21 representatives considered to be credible sources and able to speak on 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 Jerauld County and Sanborn 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 (Table 2).

### Table 2
Organizations Participating in the Avera Weskota Focus Group

<table>
<thead>
<tr>
<th>Participating Organization</th>
<th>Populations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td>Wessington Springs Senior Nutrition Program</td>
<td>●</td>
</tr>
<tr>
<td>Wessington Springs Food Pantry</td>
<td>●</td>
</tr>
<tr>
<td>City of Wessington Springs—Mayor’s Office</td>
<td>●</td>
</tr>
<tr>
<td>Jerauld County Auditor</td>
<td>●</td>
</tr>
<tr>
<td>Jerauld County Sheriff</td>
<td>●</td>
</tr>
<tr>
<td>Jerauld County Commissioner</td>
<td>●</td>
</tr>
<tr>
<td>South Dakota Department of Health and Human Services—Jerauld County and Sanborn County</td>
<td>●</td>
</tr>
<tr>
<td>Wessington Springs School District</td>
<td>●</td>
</tr>
</tbody>
</table>
The following organizations were invited but unable to attend:

- North View and Walker Apartments, Wessington Springs—Owner/Manager
- Springs Food Market, Wessington Springs—Owner/Manager
- Jack Link’s Beef Jerky, Alpena, South Dakota—Plant Manager
- Sanborn County Sheriff
- Wessington Springs Ministerial Association
- Woonsocket School District

Avera Weskota 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. Ten community members participated. See Appendix A for the questions asked of the focus group.

**Secondary Data Review**

For a better understanding of the demographics and health outcomes of Jerauld County, data, from multiple sources, was reviewed. These sources included: the U.S. Census Bureau, the South Dakota Department of Health, the South Dakota Department of Labor, and the Robert Wood Johnson Foundation’s 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, the information from primary and secondary data sources was used to identify and prioritize health needs.

Data in Table 3 provides a quick glimpse of the health of Jerauld County in comparison to the State of South Dakota. Areas warranting a deeper dive into the data, which can be done over the three years covered by the 2019 Implementation Strategy, include adult obesity, preventable hospital stays, flu vaccination rates, and children in poverty. For example, a cursory look at “children in poverty” tells a different story depending upon race. Of the 20 percent living in poverty, 64 percent of the children are Hispanic and 4 percent are white. This measure captures an upstream picture of poverty that assesses both current and future health risk. Children in poverty may experience lasting effects on academic achievement, health and income into adulthood.

Nine percent of Jerauld county residents and 12 percent of all South Dakotans are food insecure. Food insecurity means they did not have access to a reliable source of food during the past year. 31 percent of county residents had limited access to healthy food (fruits and vegetables) as opposed to only 11

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4 The 2019 County Health Rankings and Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the university of Wisconsin Population Health Institute.
percent of all state residents. These data indicate Jerauld 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. Based on children that are eligible for free or reduced price lunch (Table 2), 25 percent of children in Jerauld County are at risk, for impaired child development and increased risk of poor health outcomes, due to the correlation between food insecurity and hunger. 

### Table 3

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

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Jerauld County</th>
<th>South Dakota</th>
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</thead>
<tbody>
<tr>
<td>Residents reporting poor or fair health</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Life expectancy, years</td>
<td>80.9</td>
<td>79</td>
</tr>
<tr>
<td>Residents reporting frequent physical distress</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Residents reporting frequent mental health</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>10%</td>
<td>9%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th></th>
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<tbody>
<tr>
<td>Adult smoking</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>28%</td>
<td>31%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>18%</td>
<td>20%</td>
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<table>
<thead>
<tr>
<th>Clinical Care</th>
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<tbody>
<tr>
<td>Uninsured</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1000:1</td>
<td>1320:1</td>
</tr>
<tr>
<td>Other primary care providers</td>
<td>406:1</td>
<td>737:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>410:1</td>
<td>1590:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>6,569</td>
<td></td>
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<tr>
<td>Mammography screenings</td>
<td>47%</td>
<td>49%</td>
</tr>
<tr>
<td>Flu vaccination rate</td>
<td>22%</td>
<td>45%</td>
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<table>
<thead>
<tr>
<th>Social &amp; Economic Factors</th>
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<tbody>
<tr>
<td>Children in poverty</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>3.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Children eligible for free or reduced price lunch</td>
<td>25%</td>
<td>38%</td>
</tr>
</tbody>
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Gaps, Limitations & Other Considerations

Due to the small population of Jerauld County and the limitations of self-reporting, some data were either not available or the error margins were very high. For example, while the median household income is reported to be $45,000, the error margin is in the 100 to 125 percent range at $45,000 – $50,000. The population of Jerauld County is predominantly white (97.8 percent), the population in the City of Alpena, also in Jerauld County, is 23.8 percent Hispanic (i.e. 68 of 286 persons). To obtain input from the community, numerous written and verbal contact attempts were made and failed to produce any response.

Assessment Findings and Next Steps

Community Health Assets

The assessment affirmed that Jerauld County, and more specifically Wessington Springs, operates in a robust culture of a dependence on God, a spirit of volunteerism and the care of neighbor as family. The school district is a great family asset with youth activities during and outside of school hours. The Wessington Springs School District Wellness Committee exists to promote health and well-being among its community of students, parents and staff. The committee has successfully implemented programs such as The Fresh Fruits and Vegetables program, Character Counts, and Jump Rope for Heart. Residents experience a diversity of shops and industries reflective of the town’s size. Services geared to senior citizens were also mentioned as strengths of the community.

The Interagency Health Education Team is an invaluable asset. This team has been and will continue to be integral to implementation of strategies developed as a result of CHNA process.

Community Health Challenges and Barriers

Current areas of particular challenge to the health of Jerauld County residents are: economic pressures and anxieties, lack of wellness and prevention education, and the need for primary care providers.

Economic Stress: The population of Jerauld County is 100 percent rural, and the economy is agriculture based. Local farmers are said to be struggling, having had several difficult years in the agricultural economy. While available data has not yet been found to support this, the local community’s first-hand information is understood as a leading indicator. Perceived as less expensive and more convenient, online shopping, home delivery, and retail chain shopping are stressors for local small merchants. Upon high school graduation, young adults leave town to pursue further education and for employment opportunities.
**Health and Wellness Education:** Although increased attention has been given to providing health and wellness education and programming since the 2016 CHNA, room for improvement continues. At present the Avera Weskota Wellness Center offers access to exercise programs on a sliding fee scale. Several support groups exist, and coordination of these groups, along with symptom management education is necessary, especially for chronic diseases such as diabetes. The movement toward population health improvement through promotion of preventative care programming would be welcomed.

**Primary Care Access:** Primary care includes physicians/nurse practitioners who specialize in family medicine, internal medicine, obstetrics/gynecology, or pediatrics. Primary care providers can be trusted partners in one’s health care journey, providing preventative care, early detection/treatment of disease, and chronic disease management. 56 South Dakota counties are federally designated as health professional shortage areas (HPSA) for primary care, and Jerauld County is one of them. The ratio of primary care physicians to patients is 1000:1 in Jerauld County, which is better than the South Dakota ratio of 1320:1.

Research shows that access to primary care is associated with positive health outcomes. Patients with a primary care provider are more likely to seek and to receive preventative services such as flu shots, blood pressure screenings and cancer screenings.

Avera Weskota and Horizon Health Clinic have experienced a pattern of turnover among primary care physicians—physicians/providers recruited to practice in Jerauld County, come and stay for a couple of years and then move on. This pattern creates a barrier to trust with the health care team and may lead to increased cost of care. Access to primary care reduces the cost of health care by as much as a factor of four, when the care needed can be addressed in the primary care clinic rather than an emergency room.

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**Priority Needs and Next Steps**

After review of the primary and secondary data, the Avera Weskota leadership team weighed the findings against available resources and potential sustainability. These criteria were used as they prioritized the identified needs. Avera Weskota is committed to addressing the following over the coming three year implementation period:

A. **Further community health education efforts,** including engaging the local primary clinic to provide health topic education to the community served; and

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8 Source: South Dakota Department of Health, Office of Rural Health, [https://doh.sd.gov/providers/RuralHealth/Shortage.aspx 05.10.2019](https://doh.sd.gov/providers/RuralHealth/Shortage.aspx)


10 Source: "Why Do We Continue Using the ER for Care?" U.S. News and World Report, 12.14.2019
B. **Remove barriers to primary care access**, including evaluating implementation of a telehealth program within the hospital.

Avera Weskota will not be directly addressing the surfaced issue of economic stress. While the leadership team recognizes that economic stressors exist, the hospital does not have the resources to address the issues raised at this time.

Over the summer months of 2019, the Avera Weskota team will collaboratively design a robust Implementation Strategy (IS) 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 of 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 to reflect successful completion of objectives and/or opportunities that emerge.

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

Avera Weskota Memorial Hospital  
Attn: Administrator/CEO  
604 1st Street NE,  
Wessington Springs, SD 57382

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**Board Approval**

The Avera Weskota 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

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

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<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>
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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 Weskota Focus Group Feedback Summary

### Wessington Springs (Jerauld) Focus Group

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Tuesday, March 12, 9:30 a.m.</th>
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| Location        | Jerauld County Courthouse Community Room  
|                 | 205 Wallace Avenue S  
|                 | Wessington Springs, SD 57382 |
| Attendees (10)  | Don Andersen (Food Pantry), Marcella Andersen (Food Pantry), Cindy Peterson (Jerauld County Auditor), Jason Weber (Jerauld County Sheriff), Charlie Bergeleen (Jerauld County Commissioner), Patty Diedrich (SD DOH Community Health Services), Kathy Voorhees (Wessington Springs Mayor), Dr. Pandi Pittman (Superintendent, Wessington Springs School District), Del Feistner (Senior Nutrition Program), Lyle (Senior Nutrition Program) |

### Key themes and priorities

**Strengths:**
- School system (and youth activities both in and out of school)
- Small town value structure: spirit of gratitude, volunteerism, and tight-knit community
- Churches
- Diversity of stores and industries for a small town
- Services for senior citizens

**Challenges and barriers:**
- Economic pressure and anxieties
  - Difficult years in agricultural economy have many local farmers struggling
  - Absentee property owners don't participate in the local economy and mean that local families can't acquire more land
  - Local small businesses struggle to compete with online and chain stores
  - Young people are leaving the town for educational and employment opportunities
- Health education
  - Need for additional wellness education and coordination of existing services (mostly church-based support groups), particularly for diabetics, parents, etc.
  - Existing clinical services meet need for those who are sick, but could have more proactive programs for community
- Primary care providers
  - Have access to a variety of specialists, but hard to access primary care providers without traveling to a larger city
  - Difficulty recruiting physicians of all types who will stay for more than a few years
### Other interesting comments

- **Behavioral health**
  - Community is seeing a rise in behavioral health needs, but feel they have ample services currently (hospital works well with local law enforcement and the new substance abuse counselor is well utilized)

- **Frustration with changes in healthcare delivery**
  - Feel that health systems say there is no money for programs for small towns but then build new clinics and specialty centers in Sioux Falls

- **Social isolation**
  - There are activities and services for seniors, but often people go to Mitchell or other towns to run errands just to get out and have something to do

### 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.

- Provide wellbeing education and classes in conjunction with the local government (the Mayor wanted to explore how to help residents understand their chronic diseases and learn how to manage them more effectively)

- Explore removing barriers to primary care access locally (or in-facility telehealth options for primary care)