COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2019
Introduction

The purpose of this report is to describe and summarize the Community Health Needs Assessment (CHNA) conducted by Marshall County Healthcare Center Avera in fiscal year 2019.

Reasons for the CHNA

As a non-profit hospital in compliance with the Affordable Care Act, Marshall County Healthcare Center Avera is required to conduct a Community Health Needs Assessment (CHNA) every three years. While this IRS requirement remains the primary motivator for completing the CHNA, the leadership of the facility has come to recognize the value of the assessment in determining the direction and focus of strategic planning and operations. An up-to-date CHNA has helped Marshall County Healthcare Center Avera to stay focused on its mission “to oversee that the full continuum of quality health care services is made available to the people in its region” by identifying which services should take priority. Making reference to the CHNA as a guiding tool has become the rule rather than the exception in decision-making discussions in both Director and Board meetings. A number of progressive initiatives have been implemented and supported by Marshall County Healthcare Center Avera in the last six years, and many of them have been inspired by the results of the two previous CHNAs. See insets on page 9 and 10 for specific examples.

Description and History of Marshall County Healthcare Center Avera

Marshall County Healthcare Center Avera is often referred to as “the Britton hospital,” and the facility is a licensed 20-bed critical access hospital; it also includes an attached Wellness Center, Clinic, Assisted Living facility, 24/7 ER, and provides a number of outpatient services including Lab, Radiology, Physical Therapy, Occupational Therapy, and Cardiac Rehab. With approximately 95 active employees, it is one of the largest employers in the county.

The facility now known as Marshall County Healthcare Center Avera began in 1963 as a charitably funded facility, operated by Marshall County. In 1983, St. Luke’s signed a 20-year lease agreement with the county, and in 1984, the Presentation Sisters created a corporation named “Marshall County Memorial Hospital, Inc., taking over the lease agreement from St. Luke’s. In 1992, the Presentation Sisters turned Marshall County Memorial Hospital over to the community members of Marshall County. This nonprofit corporation has no members, but has a Board of Trustees governing the corporation. A management agreement was signed with Presentation Health Systems, and that agreement was taken over by St. Luke’s Regional Medical Center, which in 1998 became Avera St. Luke’s. In 1997, Marshall County Memorial Hospital began doing business as (DBA) Marshall County Healthcare Center Avera.

Process of Conducting the CHNA

Marshall County Healthcare Center Avera conducted the Community Health Needs Assessment over a 10 month period, from July 2018 through April 2019. A third-party vendor was not hired to conduct the CHNA and write this report, but a team of two community leaders (Appendix 1) was recruited and each was paid a stipend to facilitate focus groups. Data was collected and analyzed by a committee of leaders employed by the facility (Appendix 2). Data defining and describing the facility’s service area was gathered from the U.S. Census Bureau, South Dakota Association of Healthcare Organizations, and the facility’s Electronic Medical Record. Qualitative data was gathered through interviews and focus groups, and Quantitative Data was collected from South Dakota Department of Health, Office of Health Statistics, countyhealthrankings.org, and communitycommons.org. Prioritization of needs was done by focus group members, interviewees, and the CHNA committee.
Community Served
Defining the Community Served by Marshall County Healthcare Center Avera

Marshall County Healthcare Center Avera defines its primary service area as Marshall County, S.D. Located in the County Seat of Britton, it is the only hospital in the county. The facility earns its Critical Access designation in that the nearest other hospitals are at least 35 miles away in Sisseton, S.D., Webster, S.D., and Oakes, N.D. The service area definition is not only a geographic one, but is also supported by inpatient and outpatient discharge data. According to the *Inpatient Origin and Destination Semi-Annual Report for January – June 2017*, compiled by the South Dakota Association of Healthcare Organizations (SDAHO), 82.11 percent of Marshall County Healthcare Center Avera’s inpatient discharges originate in the hospital’s primary service area of Marshall County. Outpatient data gathered from the facility’s Electronic Medical Record indicate that 87.7 percent of outpatients reside in Marshall County. This definition includes all residents of Marshall County without regard to ability to pay for care.
Location of Britton (point A) in relation to Webster, Oakes, and Sisseton

Source: SDAHO, Inpatient Origin and Destination Semi-Annual Report for January-June 2017

MCHC Outpatient Accounts for 10-01-2018 thru 12-31-2018

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>County</th>
<th>Outpatient Accounts</th>
<th>% of Outpatient Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>57232 Marshall</td>
<td>24</td>
<td>1.13%</td>
<td></td>
</tr>
<tr>
<td>57247 Marshall</td>
<td>144</td>
<td>6.78%</td>
<td></td>
</tr>
<tr>
<td>57270 Marshall</td>
<td>79</td>
<td>3.72%</td>
<td></td>
</tr>
<tr>
<td>57421 Marshall</td>
<td>33</td>
<td>1.55%</td>
<td></td>
</tr>
<tr>
<td>57430 Marshall</td>
<td>1401</td>
<td>65.99%</td>
<td></td>
</tr>
<tr>
<td>57454 Marshall</td>
<td>181</td>
<td>8.53%</td>
<td></td>
</tr>
<tr>
<td>OTHER OTHER</td>
<td>261</td>
<td>12.29%</td>
<td></td>
</tr>
</tbody>
</table>
Describing the Community Served by Marshall County Healthcare Center Avera

According to the U.S. Census Bureau’s 2013-2017 American Community Survey 5-Year Estimates, the population of Marshall County is an estimated 4,759 people compared to a total 814,180 in the state of South Dakota. Males make up 52 percent of the population; females account for 48 percent. The median age of the county is 41.3 years of age. Median household income is $60,948. Additional data below was used to define the race, age, gender, and socio-economic status of those residents compared to residents of South Dakota as a whole. In reviewing these statistics in comparison to the 2016 CHNA data, it is worth noting that the percentage of the population living below the poverty level has decreased by almost half, and the median household income has increased by nearly $10,000.

<table>
<thead>
<tr>
<th>Race</th>
<th>Marshall County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>USCB 352 7.4%</td>
<td>29,901 3.5%</td>
</tr>
<tr>
<td>White</td>
<td>USCB 3,987 83.8%</td>
<td>707,282 82.7%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>USCB 23 0.5%</td>
<td>14,292 1.7%</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>USCB 349 7.3%</td>
<td>71,127 8.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>USCB 1 0.0%</td>
<td>11,639 1.4%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>USCB 0 0.0%</td>
<td>329 0.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>USCB 0 0.0%</td>
<td>554 0.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>USCB 45 0.9%</td>
<td>20,320 2.4%</td>
</tr>
</tbody>
</table>

USCB=U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

<table>
<thead>
<tr>
<th>Age</th>
<th>Marshall County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>USCB 391 8.2%</td>
<td>60,212 7.0%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>USCB 292 6.1%</td>
<td>60,424 7.1%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>USCB 297 6.2%</td>
<td>57,249 6.7%</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>USCB 289 6.1%</td>
<td>56,282 6.6%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>USCB 224 4.7%</td>
<td>60,672 7.1%</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>USCB 591 12.4%</td>
<td>112,691 13.2%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>USCB 453 9.5%</td>
<td>98,082 11.5%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>USCB 550 11.6%</td>
<td>104,537 12.2%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>USCB 385 8.1%</td>
<td>58,999 6.9%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>USCB 334 7.0%</td>
<td>54,278 6.3%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>USCB 520 10.9%</td>
<td>72,564 8.5%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>USCB 306 6.4%</td>
<td>39,732 4.6%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>USCB 127 2.7%</td>
<td>19,822 2.3%</td>
</tr>
</tbody>
</table>

USCB=U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

<table>
<thead>
<tr>
<th>Gender</th>
<th>Marshall County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>USCB 2,477 52.0%</td>
<td>430,587 50.3%</td>
</tr>
<tr>
<td>Female</td>
<td>USCB 2,282 48.0%</td>
<td>424,857 49.7%</td>
</tr>
</tbody>
</table>

USCB=U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

<table>
<thead>
<tr>
<th>Socio-economic Indicator</th>
<th>Marshall County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population below poverty level</td>
<td>USCB 389 8.3%</td>
<td>114,885 13.9%</td>
</tr>
<tr>
<td>Age, under 18 years, below poverty level</td>
<td>USCB 89 7.9%</td>
<td>37,907 18.4%</td>
</tr>
<tr>
<td>Age, 18-64 years, below poverty level</td>
<td>USCB 178 6.8%</td>
<td>65,089 13.2%</td>
</tr>
<tr>
<td>Age, 65 years and over, below poverty level</td>
<td>USCB 122 13.3%</td>
<td>11,889 9.5%</td>
</tr>
<tr>
<td>Race, Hispanic or Latino, below poverty level</td>
<td>USCB 13 3.8%</td>
<td>7,025 24.8%</td>
</tr>
<tr>
<td>Race, White, below poverty level</td>
<td>USCB 246 6.1%</td>
<td>67,289 9.6%</td>
</tr>
<tr>
<td>Race, American Indian or Alaskan Native, below poverty level</td>
<td>USCB 135 38.6%</td>
<td>34,402 49.3%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>USCB $60,948</td>
<td>$54,126</td>
</tr>
<tr>
<td>No Health Insurance Coverage</td>
<td>USCB 382 8.1%</td>
<td>81,667 9.7%</td>
</tr>
</tbody>
</table>

USCB=U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates
Data Collection

Community Input

Based on experience gathered in conducting the 2013 and 2016 CHNAs, as well as consideration of statistical information describing the population of Marshall County, the CHNA committee gathered qualitative data by conducting five focus groups and three key interviews. These were completed in October and November of 2018. Careful consideration was given to ensure that the CHNA process included input from minority, low-income, and medically underserved populations as well as a variety of other community stakeholders.

The U.S. Census Bureau’s race statistics for Marshall County indicate two minority groups with populations of significance. The Hispanic or Latino group makes up 7.4 percent of the population, and the American Indian or Alaskan Native group accounts for 7.3 percent. As learned in conducting the 2016 CHNA, closer examination of the statistics, based on city, reveals that the populations of these minority groups are higher in the northeastern Marshall County town of Veblen, S.D. The most current data confirmed that is still the case. Therefore, one of the interviews was conducted with a community leader and business owner, Jamie Herrera, in Veblen. This interview focused on the needs of the Hispanic or Latino population so a second interview was conducted with the Sara DeCoteau, Administrator of Tribal Health Programs for the Sisseton-Wahpeton Oyate of the Lake Traverse Reservation to gain input from the perspective of the American Indian and Alaskan Native population.

<table>
<thead>
<tr>
<th>Race</th>
<th>Data Source</th>
<th>Britton Number</th>
<th>%</th>
<th>Langford Number</th>
<th>%</th>
<th>Veblen Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>USCB</td>
<td>1687</td>
<td>--</td>
<td>431</td>
<td>--</td>
<td>557</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>USCB</td>
<td>1</td>
<td>0.1%</td>
<td>7</td>
<td>1.6%</td>
<td>344</td>
<td>61.8%</td>
</tr>
<tr>
<td>White</td>
<td>USCB</td>
<td>1630</td>
<td>96.6%</td>
<td>358</td>
<td>83.1%</td>
<td>130</td>
<td>23.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>USCB</td>
<td>21</td>
<td>1.2%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>USCB</td>
<td>9</td>
<td>0.5%</td>
<td>65</td>
<td>15.1%</td>
<td>72</td>
<td>12.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>USCB</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific</td>
<td>USCB</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>USCB</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>USCB</td>
<td>26</td>
<td>1.5%</td>
<td>1</td>
<td>0.2%</td>
<td>11</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

In conducting the 2016 CHNA, the focus group to gather data representing low-income populations was difficult to arrange and poorly attended. The 2019 CHNA committee concluded that identifying individuals within this demographic group likely made them uncomfortable. Therefore, for the 2019 CHNA, a third interview was conducted with the two employees of the local Community Health Nurse office to gather input on behalf of this group. Their experience with low-income families, including WIC and SNAP recipients, gives them unique insight into the needs of this particular population.

According to the Health Resources and Services Administration website, https://data.hrsa.gov, the whole of Marshall County has been designated a medically underserved area. Therefore, the committee concluded that any residents from Marshall County giving feedback via focus groups and interviews would provide input of this medically underserved population.

Other stakeholders represented by those who attended the focus groups included individuals from Britton City Council, Britton Area Hospice, Britton Ministerial Association, several local businesses, local farmers, Britton-Hecla School, Langford Area School, Britton Area Chamber of Commerce, Marshall County WOW (Working on Wellness) Coalition, Britton Lions Club, Marshall County Commission, Britton Area Foundation, GROW South Dakota, Glacial Lakes Area Development, retirees, Marshall County Unit of the American Cancer Society, North Marshall Fire Department, Wheatcrest Hills, and
Marshall County Healthcare Center Avera. Invitations were also extended to individuals from Marshall County Sheriff’s Office, Vision Care Associates, area chiropractors, the local pharmacy, and Marshall County Community Transit, but they were either unable to attend or declined.

The focus groups were conducted by two volunteer community leaders, and a member of the CHNA committee attended to act as a scribe (Appendix 1). A one-page handout was provided to focus group attendees (Appendix 3) and a list of topics discussed was recorded for each group. The same handout and list of questions was used, as appropriate, in conducting the key interviews.

**Statistical Data**

In gathering quantitative data, several public sources were reviewed, including the Robert Wood Johnson Foundation’s website, [www.countyhealthrankings.org](http://www.countyhealthrankings.org). This site ranks Marshall County 34th out of 62 counties evaluated in South Dakota. Of the many factors involved in that ranking, the Adult Obesity rate stood out as trending up and higher than both state and national averages, and in the Access to Exercise Opportunities category, Marshall County has the lowest percentage in the state at 2 percent.

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
In reviewing 2012-2016 Health Status Indicators data from the South Dakota Department of Health, Office of Health Statistics, the following key statistics stood out as well:

- Death from cerebrovascular disease 64.5 per 100,000 compared to 36.5 for state & nation
- Low percentage of mothers receive care in first trimester (57.7 percent compared to 71-72 percent for state/nation)
- Death due to pancreatic and breast cancer each slightly higher than state & nation
- Death due to suicide slightly higher than state and nation
- Infant mortality rate 11.98 per 1000 live births compared to 6.63 in state and 5.82 in nation

![Mortality Rate Comparison](chart.png)

Source: South Dakota Department of Health, Office of Health Statistics

Finally, in reviewing the South Dakota Department of Health, Office of Disease Prevention Services’ Infectious Diseases in South Dakota, 2016 report, Marshall County stood out in two areas as slightly above average. In 2016, the county had higher rates of Salmonellosis and West Nile than most other South Dakota counties.

![Incidence of WNV by County of Residence: South Dakota, 2016](map1.png)
![Incidence of Salmonellosis by County of Residence: South Dakota, 2016](map2.png)
Prioritization

The health needs identified throughout this process were prioritized through a three-step process. First, in both focus groups and interviews, after a discussion to identify health needs in the community, the participants were asked to select the three to five that they felt were most important. Secondly, the priorities of each focus group were listed and narrowed down to those identified by multiple focus groups. Finally, the CHNA committee met to analyze both qualitative and quantitative data and determine the top priorities identified. The committee was provided with summary focus group data, priorities identified during interviews, the statistical data mentioned above (Appendix 4), and a list of community resources available to help meet health needs (Appendix 5).

In reviewing the data, the committee found that many of the top needs identified by community input had some correlation to those indicated by statistical data. For example, the need for additional behavioral health services was considered a top priority by all five focus groups and that need can be linked to the higher rate of death by suicide in Marshall County compared to the state and the nation. Weight management was identified as a top priority in one of the key interviews, and that coincides with the statistical trends of increasing adult obesity and higher cancer rates. The alarmingly high statistic of death due to cerebrovascular disease can be associated with the need for continuation of EMT and Ambulance Services identified by four out of five focus groups. Emergency response times are vital in dealing with cerebrovascular (stroke) cases.

After careful consideration and lengthy discussion, based on the importance the community places on the needs, the severity of the needs, as well as feasibility of intervention, the committee ranked the top four health needs identified as follows:

1) Mental/Behavioral Health Services
2) Maintaining EMT/Ambulance Service
3) Weight Management
4) Community Education

Community Education was included as the committee felt that many of the needs identified can be addressed, at least partially, by educating the public.

Case Study: Committee Finds Transportation Resources Already Exist

As an action plan in the 2016 CHNA, Marshall County Healthcare Center Avera committed to forming a committee of experts to determine what resources could be made available to those traveling outside the county for dialysis and chemotherapy treatments.

In early 2018, the facility assembled members of Britton Area Hospice, the Marshall County Unit of the American Cancer Society, and Marshall County Community Transit. The meeting was very educational and revealed that resources are in place to assist those who need help with travel expenses. Britton Area Hospice offers up to $1000 to those facing a chronic diagnosis, and Marshall County Transit is available for this type of travel at a reasonable cost.

The committee concluded that the needs expressed are due to a lack of public knowledge about already existing resources. Therefore, a no-cost information hotline was created and a marketing flyer was created at a cost of $798 to Marshall County Healthcare Center Avera. These postcard/magnets were distributed at the Britton Area Expo in 2018 and 2019.

Awareness about Hospice funds available and Community Transit has spread, and both have seen an increase in usage.
Planning

Review of 2016 CHNA

In order to form an Implementation Plan, the 2019 CHNA committee first took a look back at the findings of the 2016 CHNA and the actions taken as a result. It was noted that the facility has received only one request for an electronic copy of the 2016 CHNA. The electronic link to the 2016 CHNA and Implementation Plan was emailed to the requestor by Sheila Sutton, Director of Human Resources on February 4, 2019. A paper copy was offered, but the requestor declined. No written comments were received on the 2016 CHNA.

The first action item on the 2016 Implementation Plan was to maintain and improve emergency services. Marshall County Healthcare Center Avera has continued to support the Marshall County Ambulance Service in a variety of ways including laundry, handling mail, training, and paging assistance. As planned, the emergency treatment room was remodeled for patient privacy and improved accessibility. Perhaps most notably, a feasibility study was completed to evaluate adding CT services. As a result, Marshall County Healthcare Center Avera purchased a state-of-the-art CT machine and hired additional staff to add CT services in the fall of 2017. This new service has had significant positive impacts. The response time for stroke and head injuries is the most remarkable improvement, but it has also reduced the number of transfer trips for the Marshall County Ambulance Service. This has lessened the burden on the volunteer crew and helped maintain the feasibility of ambulance services for the county. The committee discussed that the addition of CT services in 2017 may have a long-term positive impact on the mortality due to cerebrovascular disease statistic noted above. As this statistical data is from 2016, the impact will not be known until new data is recorded.

Case Study: Coalition Raises Support for Event Center

The Marshall County WOW (Working On Wellness) Coalition has organized many events in the last five years, but perhaps one of the most productive was a community fundraiser to gain support for the Britton Event Center.

The idea for the $3.5M Event Center started with an offer from an anonymous donor who was willing to make a significant contribution toward the construction of a new Event Center under two conditions: 1) The facility must contain an indoor walking track and 2) There must be community support for the project.

The WOW Coalition partnered with Britton Action Club and Britton Country Club to organize an event to show community support. A Wine and Dine on Nine was held at the golf course; the event raised over $22,000 and more than 200 people turned out to show their support. This event was a big first step in what led to a now completed Britton Event Center that offers numerous opportunities for fitness including the indoor walking track, a basketball court, Zumba classes, and pickleball facilities.

In early 2019, the WOW Coalition held an event to educate the public about fitness opportunities available at the Britton Event Center.
The second action item from 2016 was to continue to promote weight management through the Marshall County WOW (Working On Wellness Coalition) and the Wellness Center. The WOW Coalition’s grant funding ended in December 2016, but the group is still actively promoting wellness with financial and staffing support from Marshall County Healthcare Center Avera. Approximately half of the coalition members are employees who are paid for their time assisting with events. The WOW Coalition continues to organize at least two wellness events for Britton-Hecla school students each year, they have taken on the responsibility of the Harvest Days Road Race held annually in August, they were instrumental in organizing a community fundraiser to raise funds and community support for the new Britton Event Center which, since completed, includes an indoor walking track, basketball court, and pickle ball court. The organization also held an open house in 2019 to invite the public to learn about fitness opportunities available at this new facility. The group holds annual fundraisers to keep the coalition sustainable. The Wellness Center continues to offer 24/7 access at an affordable rate. Equipment is continually updated including recent additions of TRX training equipment, a stair stepper, and an Air Runner Treadmill. The wellness coordinator continues to organize periodic competitions and challenges as well as community basketball league, and recently added co-ed volleyball. The facility had new flooring installed in the spring of 2019.

The third and final action item of the 2016 Implementation Plan was to look into transportation solutions for those traveling for dialysis and cancer treatments. The committee was formed in January of 2018, and resources available were discussed. A marketing campaign was conducted to share the information with the public. (See Case Study on page 9.)

Although it was not an action item in 2016, it should be noted that in May of 2018, Marshall County Healthcare Center Avera again improved the Primary Care Provider Ratio for Marshall County with help from the South Dakota Department of Health, Office of Rural Health’s Recruitment Assistance Program. This was an action item for the 2013 Implementation Plan, and the ratio is important as it is one of the factors considered when designating Marshall County a Medically Underserved Area. A third full time nurse practitioner was added to the medical staff, for a new total of four full time providers, and the facility signed a contract through the Recruitment Assistance Program to pay $14,220 over three years.
Goals and Action Plan

The committee discussed all factors at length and developed the following list of goals. An implementation strategy was developed to accomplish these goals, and that strategy, along with this CHNA report, shall be submitted to the Marshall County Healthcare Center Avera Board of Trustees for approval.

- Improve Mental/Behavior Health Services through multiple actions including education of staff and patients and collaboration with other providers.
- Collaborate with Marshall County Ambulance to help ensure the continuation of ambulance services.
- Continue to promote weight management through support of the Marshall County WOW (Working On Wellness) Coalition and the MCHC Wellness Center.
- Develop and implement a community education strategy around a variety of health-related topics.

This report is available on the Marshall County Healthcare Center Avera’s website, mchcaveraw.org. A copy may also be obtained by contacting the administrative staff of Marshall County Healthcare Center Avera.

Approval

By signing below, the officer of the Board of Trustees of Marshall County Healthcare Center Avera swears that the Board of Trustees has, at its June 11, 2019, meeting, reviewed and approved both the Community Health Needs Assessment Summary and the Implementation Strategy and Community Benefit Report.

Signed  
Date

 Adrian Heitmann  
Printed Name and Title Chairman of Trustees Board
APPENDIX 1: FOCUS GROUP FACILITATORS

Ardi Forrester, retired RN & Director of Home Health/retired County Health Nurse
Linda Haaland, Marshall County Welfare Director, Office of Child and Family Services
Sheila Sutton, Director of Human Resources, Marshall County Healthcare Center Avera (scribe)
APPENDIX 2: CHNA COMMITTEE MEMBERS

Paula McLaen, RN, Director of Home Health and Assisted Living, Marshall County Healthcare Center Avera
Jackie Veflin, MLS, Director of Lab and Radiology, Marshall County Healthcare Center Avera
Steve Kann, Director of Plant Operations, Marshall County Healthcare Center Avera
Patty Roehr, CFO, Marshall County Healthcare Center Avera
Mandy Carlson, RN, Clinic Director, Marshall County Healthcare Center Avera
Nick Fosness, CEO, Marshall County Healthcare Center Avera
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2018 Community Health Needs Assessment Focus Group

Welcome, and thank you so much for joining us today! The goal of our meeting is to collect information about health in Marshall County. We are not here to evaluate the performance of Marshall County Healthcare Center Avera (MCHC). Nor are we looking to solve all of the problems of healthcare in Marshall County. This information will be used to compile a report called a Community Health Needs Assessment. This report is required once every 3 years by the IRS for MCHC to maintain a non-profit status. More importantly, the report is used as a guide, or “compass” for MCHC to determine where to focus resources to best affect health in Marshall County.

1. What healthcare services are most important to you?
2. What is the most pressing health related need facing our community or you and your family?
3. What do you view as strengths of health and wellbeing in our community?
4. In what ways is health and wellbeing lacking in the community?
5. If you could add one aspect of health care in Marshall County, what would it be and why?

Examples of things to consider when thinking about healthcare:
(this is NOT a comprehensive list)
- Emergency services
- Specialty services (cardiac, dermatology, etc.)
- Dental and vision care
- Mental health/behavior health
- Chiropractic care
- Long-term care (nursing homes, assisted living)
- Home care services
- Clinic
- Community health services, WIC, school health services, immunizations, etc.
- Hospital, outpatient
- Hospice
- Social determinants of health (environmental factors like air pollution, climate, access to services, housing, etc.)
- Health and wellbeing (habits of individuals like nutrition, smoking, exercise, etc.)
APPENDIX 4: DATA SUMMARY

CHNA DATA COLLECTION SUMMARY
(provided to CHNA Committee 1/24/19 for prioritization meeting)

FOCUS GROUPS
- Behavioral Health Services (every group)
- EMTs/Ambulance Services (4 of 5 groups)
- Communication of Services (4 of 5 groups)
- ER Services - maintain existing
- Neurology Services (1 group)
- PT (1 group)
- Clinic Services - maintain existing (1 group)
- Diabetic Care (1 group)
- Medicare Certified Hospice (1 group)

INTERVIEWS
- Communication of Services (specifically in Veblen)
- Financial concerns (methods of pym)
- 1st 1000 days initiative
- Prenatal nutrition
- Tobacco prevention/cessation
- Weight management
- Transportation
- Lack of Medicaid expansion (gap)

STATISTICS
- Obesity rate is 30-35%
- Death from cerebrovascular disease 64.5 per 100,000 compared to 36.5 for state & nation
- Low percentage of mothers receive care in first trimester (57.7% compared to 71-72% for state/nation)
- Death due to pancreatic and breast cancer each slightly higher than state & nation
- Death due to suicide slightly higher than state and nation
- Infant mortality rate 11.98 per 1000 live births compared to 6.63 in state and 5.82 in nation
- Infectious disease report indicates Salmonellosis & West Nile are the only infectious diseases where Marshall County is slightly above average.
APPENDIX 5: COMMUNITY RESOURCES

The following is a list of community health resources available in Marshall County:

Marshall County Healthcare Center Avera
- Provider-Based Rural Health Clinic with 4 providers
- 24/7 Wellness Center
- Inpatient and Outpatient Physical, Occupational, and Speech Therapies
- Cardiac Rehabilitation program
- Home Health Program
- Lab, Radiology, and Blood Bank
- Spruce Court Assisted Living Facility
- Outreach Mammography program
- Outreach Colonoscopy program
- Healthcare In Partnership with Education Program
- Hospital Auxiliary
- Hospital Advisory Board

Britton Dental Center
Quarve Drug (pharmacy)
Vision Care Associates
Wheatcrest Hills Nursing Home
Marshall County Volunteer Ambulance Service
North Marshall Fire Department
Marshall County Unit of the American Cancer Society
Britton-Hecla Public Schools
Britton Area Chamber of Commerce
Britton Area Foundation
Britton Area Hospice
Northeaster Mental Health Center outreach program
Weight Watchers group
Six area churches
Ministerial Association
Marshall County WOW (Working On Wellness) Coalition
Marshall County Community Transit