



FY2019 Avera Gregory Hospital
Community Health Needs Assessment
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Executive Summary

Avera Gregory Hospital, as part of their commitment to mission and the community, has conducted a Community Health Needs Assessment (CHNA) for the communities we serve. Avera Gregory Hospital is located in Gregory, S.D. which is approximately 158 miles Southwest of Sioux Falls, S.D., which is the largest city in the state of South Dakota.

Avera Gregory Hospital provides services to communities located within the rural central region of the state. This report focuses on the communities of Gregory, Burke, and Bonesteel located in Gregory County, the communities of Colome and Winner in Tripp County, and the communities of Butte and Spencer in Nebraska. The majority of services provided are to members of these communities.

This report fulfills the requirements set forth by the Internal Revenue Code 501(r)(3) a statute established within the Patient Protection and Affordable Care Act (PPACA) which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. Input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise; persons from medically underserved and vulnerable populations.

Throughout the prioritization process, Avera Gregory Hospital **identified public awareness of hospital/clinic services and nutrition education** as top health needs for the 2019 CHNA. Avera Gregory Hospital will collaborate with local community partners to develop, implement, and measure activities to address these needs.

Introduction

Avera Gregory Hospital is a licensed 25-bed critical access hospital located in the center of Gregory County in Southcentral South Dakota. Avera Gregory Hospital is owned by Avera McKennan Hospital & University Health Services of Sioux Falls, S.D., which is part of the greater Avera Health system. The Avera Health system includes hospitals, clinics, home care, long term care, and other health services at more than 300 locations in South Dakota, North Dakota, Minnesota, Iowa and Nebraska.

In 1998, the Presentation Sisters and the Benedictine Sisters joined their individual health ministries to form Avera. The formation of Avera is reflected in our name. The Avera Name is derived from the Latin term meaning “to be well”.

Avera Mission Statement

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Avera Values

Compassion, Hospitality, and Stewardship

Although it is an IRS requirement to conduct the Community Health Needs Assessment (CHNA) every three years, the awareness of needs, through data collection and collaboration with community leaders, fits our mission and vision of improving the health of people in Gregory County and the surrounding areas. Data collection for Avera Gregory Hospital CHNA began in the summer of 2018.

The CHNA objectives were:

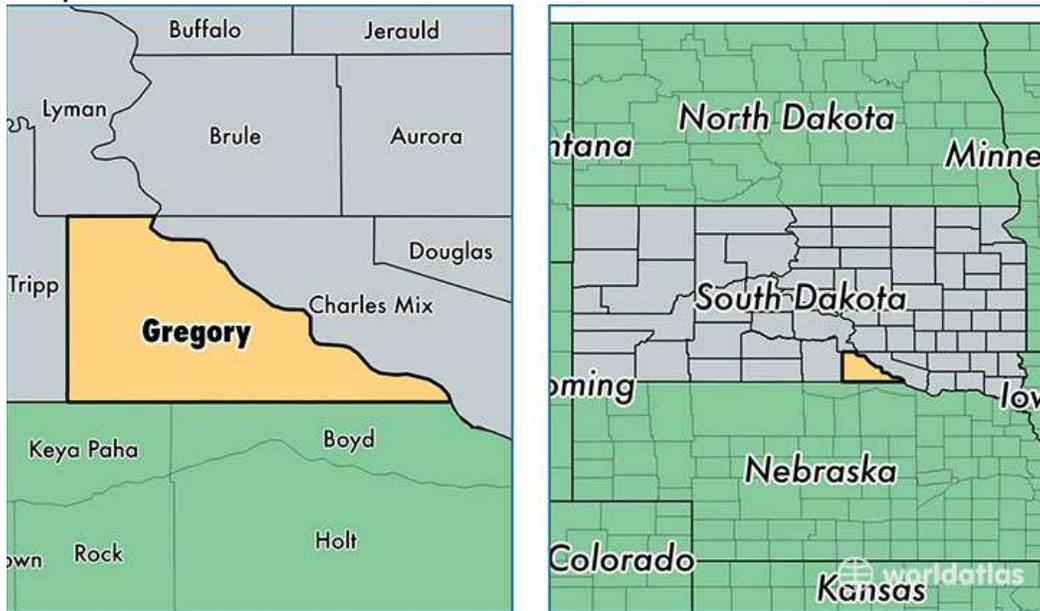
- To recognize health-related needs of Gregory County and its surrounding areas.
- To prioritize needs to determine appropriate follow-up.
- To develop community driven goals and strategies to address the identified needs.
- To take steps that will improve the health and lives of those living in Avera Gregory Hospital’s service area.

Community Demographics

Community Description:

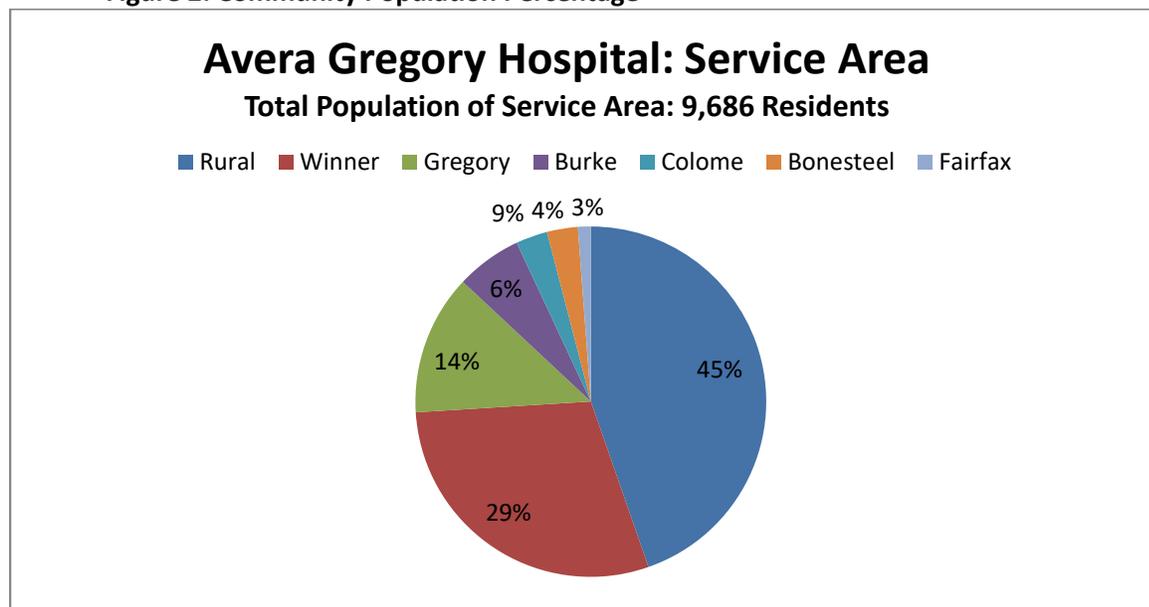
Avera Gregory Hospital’s service area covers portions of two counties (Gregory and Tripp) and six rural communities, consisting of 9,686 South Dakota residents. The six rural communities include: Winner (2,844), and Colome (283) located in Tripp County; Gregory (1,255), Burke (588), Bonesteel (275) and Fairfax (115), located in Gregory County. Approximately 45% of our service area lives outside of towns and reside on farms and ranches. The location of these counties is shown in Figure 1 and community population percentage is in Figure 2.

Figure 1: Map of Counties



(US Census Bureau, <https://factfinder.census.gov>)

Figure 2: Community Population Percentage



(US Census Bureau, <https://factfinder.census.gov>)

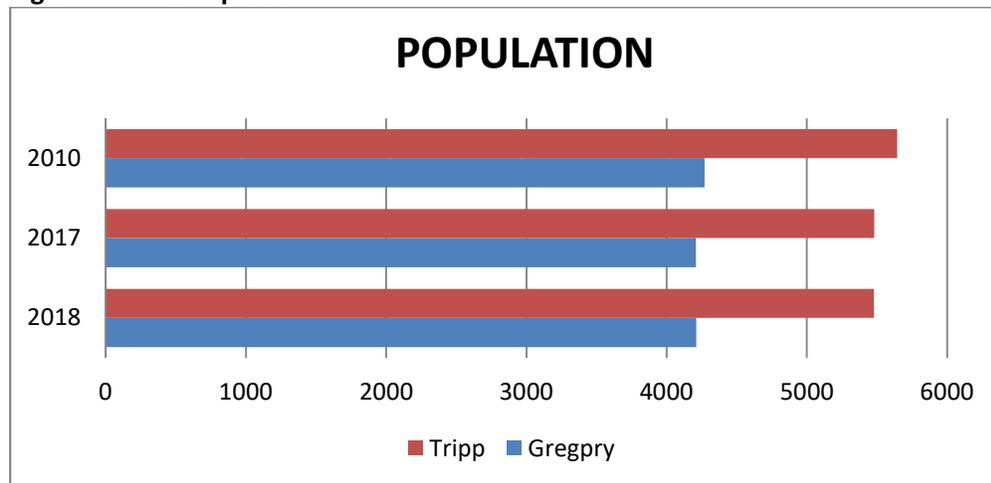
According to our electronic medical record system, 63.4 percent of Avera Gregory Hospital’s patients reside in Gregory County. Tripp County represents an additional 27.7 percent of our patients with the small remainder coming from northern Nebraska. The service area for the Avera Gregory Hospital is largely rural in nature, with limited ethnic diversity. Avera Gregory Hospital is located in Gregory, which is approximately 158 miles from Sioux Falls, South Dakota. Sioux Falls is the largest city in the state. Being this far away from a major population center presents both opportunities and challenges for businesses and residents in our rural communities.

Population:

The following demographic and social economic information regarding Gregory and Tripp County represents the service area where the majority of Avera Gregory Hospital’s patients come from.

Per the U.S. Census Bureau (2018 Population Estimate), there are 4,212 people residing in Gregory County and 5,478 people residing in Tripp county. The populations for Gregory and Tripp County have been relatively stable for the past two decades. The total population of both counties is indicated in Figure 3.

Figure 3: Total Population

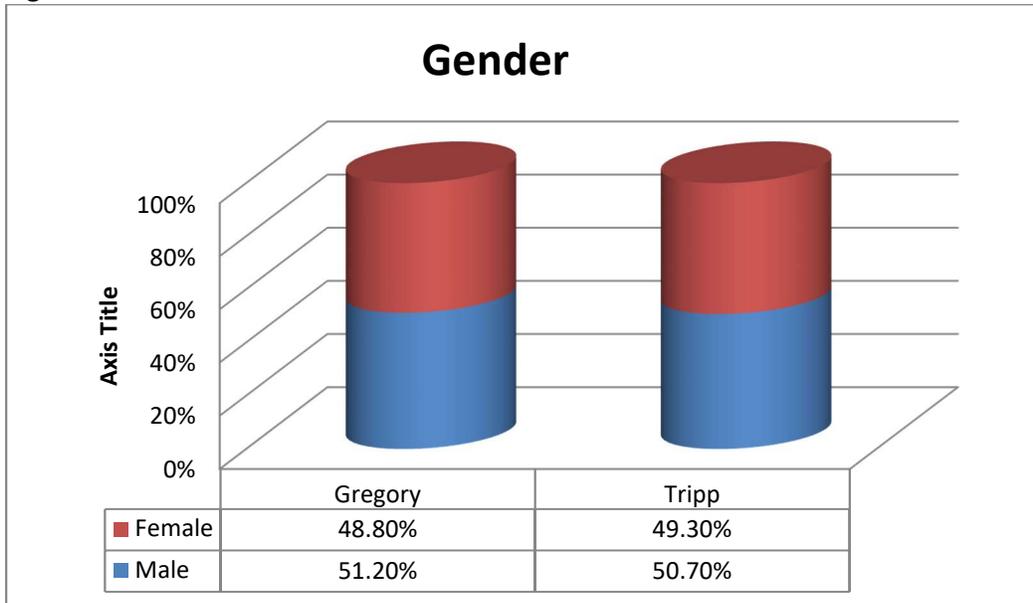


(US Census Bureau, <https://factfinder.census.gov>)

Gender, Age, Ethnic/Race:

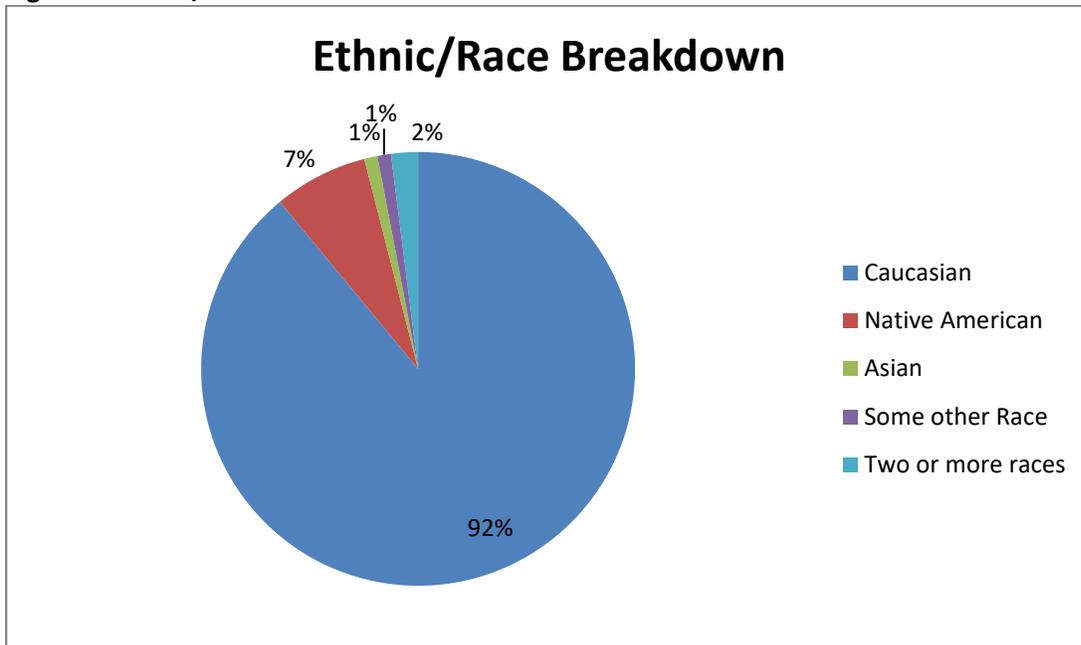
The community’s served gender, age, and ethnic characteristics are similar in comparison to the total county. The population for both counties is comprised of approximately half males and half females as shown in Figure 4. According to the U.S. Census Bureau 2017 American Fact Finder, approximately 24 percent of persons living within the two counties are under the age of 18, and approximately 24 percent are 65 years of age or older. The majority of the two counties populations are predominantly Caucasian. Native Americans represent the second largest group predominantly from the Sioux Tribal Grouping at 7%. In addition we have a small Vietnamese population and community members that identify as some other race or multiple racial as shown in Figure 5.

Figure 4: Gender



(US Census Bureau, <https://factfinder.census.gov>)

Figure 5: Ethnic/Race Breakdown



(US Census Bureau, <https://factfinder.census.gov>)

Household Type & Income:

There are 1,936 households in Gregory County; the average number of person(s) per household in Gregory County is 2.18. There are 2,419 households in Tripp County; the average number of person(s) per household in Tripp County is 2.28. The median household income for Gregory and Tripp County are as follows: \$42,679 and \$48,409 (US Census Bureau, American Fact Finder).

CHNA Process

Primary Data:

The assessment began with the gathering of primary data for Avera Gregory Hospital's service area. To ensure accurate input and representation from the service area, primary data collection included engagement of local community members of which represented a broad range of interests. Representatives from the following community areas were invited to participate.

- Assisted Living
- After School Program
- Walking Path
- Bus Transportation
- Chamber of Commerce
- Chiropractic
- City Council
- Community Development
- Dentistry
- Elected State Officials
- Emergency Medical Services
- Fire Department
- Food Pantry
- Grocery Store
- Hospital
- Large Business Owner
- Law Enforcement
- Long Term Care
- Medical Staff
- Mental Health
- Ministerial Association
- Municipal Leaders
- Public Health Representative
- Public School
- Recreation Program
- Senior Meals Program
- Small Business Owner
- Summer Recreation Program
- Wellness Center

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Other participants included in the primary data collection were the Avera Medical Group Gregory Medical Staff, Avera Medical Group Gregory Clinic Manager, Avera Gregory Hospital Administrator, Avera Gregory Hospital Director of Nursing, and the Gregory County Community Health Services Manager. Of the engaged entities, the following organizations represent and serve the medically underserved, low-income, and/or minority populations: Food Pantry, Gregory County Community Health Services Manager, Senior Meals Program, and the Ministerial Association. It was crucial for Avera Gregory Hospital to have involvement from these identified individuals. The Avera Gregory Area Hospital Advisory Board was instrumental in generating community member involvement.

Secondary Data:

In addition, the assessment process included gathering secondary data for Avera Gregory Hospital's service area. Demographic and health-related statistics were obtained from a number of resources including the South Dakota Department of Health, U.S. Census Bureau, and County Health Rankings.

Medically Underserved/Underinsured:

According to the South Dakota Department of Health, Office of Rural Health, as of January 2019, both Gregory and Tripp County have been designated as a Medically Underserved Area.

According to County Health Rankings and Roadmaps, the overall uninsured rate of South Dakotans is at 10 percent compared to Gregory and Tripp County at 15 percent.

Health Risks and Behaviors:

South Dakota recorded 7,991 deaths in 2017, just slightly higher than 2016, which recorded 7,838 deaths. The five leading causes of death for South Dakota in 2017 were heart disease, cancer, accidents, chronic lower respiratory disease and Alzheimer's disease. Table 1 lists the leading causes of death for Gregory and Tripp Counties.

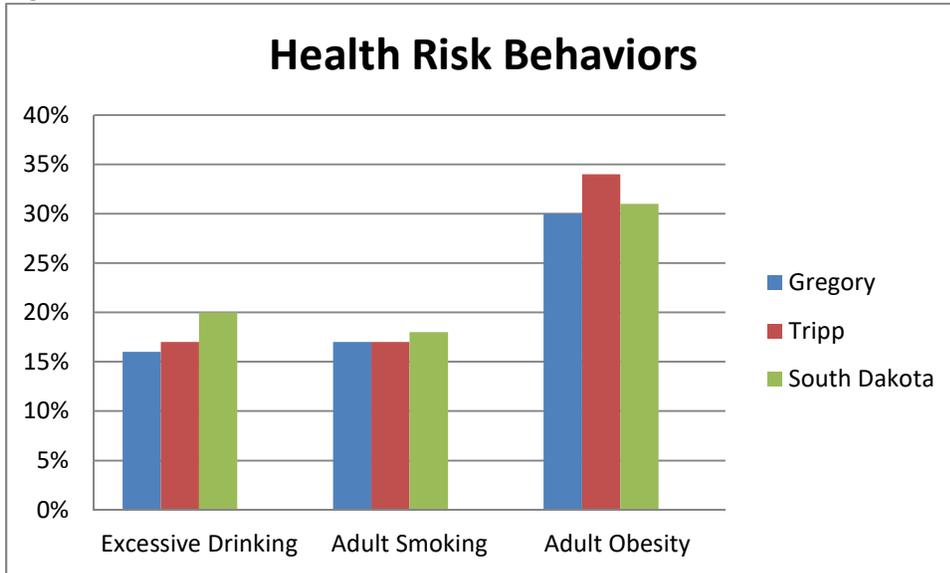
Table 1: 5 Leading Causes of Death in South Dakota

Leading Cause of Death (per 100,000)	Gregory	Tripp
Heart Disease	165.9	187.1
Cancer	176.6	144.9
Accidents	85.5	40.7
Chronic Lower Respiratory Disease (COPD)	54.4	44.2
Alzheimer's Disease	27.1	62.9

(SD Department of Health, 2013-2017)

According to County Health Rankings and Roadmaps, health risk factors such as tobacco use, excessive drinking, and obesity are identified as causes for cancers, cardiovascular diseases, respiratory conditions, and other chronic diseases. Figure 6 details Gregory and Tripp County's percentages reflecting tobacco use, excessive drinking, and obesity in comparison to the state of South Dakota.

Figure 6: Health Risk Behaviors



(County Rankings and Roadmaps, 2018)

From 2016 to 2019, Gregory County saw a rise in excessive drinking (15% up to 16%), no change in adult smoking (17%), and a decrease in adult obesity (33% down to 30%). From 2016 to 2019, Tripp County saw no change in excessive drinking (17%), a decrease in adult smoking (18% down to 17%), and an increase in adult obesity (30% up to 34%).

CHNA Community Input

Avera Gregory Hospital worked hard to garner a significant level of positive engagement and input from a variety of Gregory and Tripp County stakeholders. Personalized invitations were extended in an effort to engage individuals in the CHNA process. Personalized one-on-one phone calls were initially made, followed up with reminder letters and phone calls. The following information describes more specifically how the hospital engaged the community in the CHNA process.

The Gregory hospital facilitated three focus groups during the course of a two day period. The schedule for those two days went as follows: Tuesday, August 28th, 2018 (9am and 12pm) and Friday, August 31th (12pm), 2018, of which a total of 14 individuals participated. Focus group questions prompted participants to identify what is healthy about the community, as well as what the most significant healthcare needs are facing their community. The focus areas identified in the previous 2016 CHNA: community members with disabilities, enrollment and access to health insurance, obesity/diabetes, and tobacco use were also evaluated for progress and relevancy. Of the three, obesity/diabetes continues to be a large concern for the general population. Participants were encouraged to provide candid feedback, as responses were compiled in a confidential manner and reported in the aggregate. The Gregory County Community Services Manager participated in a 1:1 interview with the hospital administrator. This interview was conducted to gain greater insight into the most vulnerable of the community as the Gregory County Community Services Manager works with and serves those most in need including but not limited to single parents, uninsured, underinsured and minority populations. A copy of the focus group questions is included in the Appendices.

Avera Gregory Hospital reviewed the previous CHNA conducted in 2016. Since the prior CHNA was completed, Avera Gregory Hospital has received requests for printed copies of the assessment. However, no written comments were received regarding the CHNA or Implementation Plan.

CHNA Prioritization

Prioritization Process:

The Avera Gregory Medical Staff, Advisory Board, and Hospital Leadership Team worked diligently with the information provided from the focus groups to prioritize the community's current health needs based on the following criteria: significance to the community; the need for additional resources; alignment with organizational mission; and impact on vulnerable populations. After the focus groups were conducted and all notes/comments recorded, the hospital staff began identifying focus areas based off the feedback received from the community and the criteria listed above. Those focus areas identified were: public awareness and use, convenience to care, tobacco education/cessation, mental health, physical activity, outreach services, nutrition education, and transportation. All focus areas were recorded and sent out to each participating member in the focus groups via survey monkey. The group was asked to rank the focus areas based on greatest need/importance; they were to choose their top two. Throughout this prioritization process, Avera Gregory Hospital was able to identify two focus areas for the 2019 CHNA: public awareness of hospital/clinic services and nutrition education. Again, it was critical to have representatives at the table for our medically underserved, low-income, and/or minority populations. The following is a more detailed explanation of the two focus areas identified.

Public Awareness:

Information gathered from community members revealed a consistent message that Gregory County offers a significant amount of resources and services when it comes to health and wellness. However, there was an overwhelming feeling that such resources and services are significantly underutilized in the Gregory hospital's service area, which is believed to be a result of limited public awareness. Therefore, the CHNA prioritization process suggested that a central point of reference for resources and services would offer significant value. As well, the expanded use of technology was suggested as an avenue to promote health resources and services.

Nutrition

While the primary and secondary data collection showed the general population has a good understanding of the importance of consuming a balanced, nutritious diet, the data and results showed that such behaviors have opportunity to be improved upon. Therefore, a resounding theme that came out of the CHNA process was the need for a more comprehensive focus on encouraging and motivating nutritious lifestyles throughout the community. As well, the need for more hands-on application of nutrition resources was identified. Whatever the implementation plan, it needs to offer manageable and actionable steps to help facilitate healthy changes.

The following three statistics validate the need to focus our attention on nutrition:

- The SD Health Behaviors of South Dakotas Report of 2015 indicated South Dakota residents reported a prevalence of "not consuming at least five servings of fruits and vegetables per day" at 90 percent (on average), whereas no nationwide median was available. The definition of less than five servings of fruits and vegetables is "respondents who report they consume less than five servings of fruits and vegetables per day." Source: Health Behaviors of South Dakotas 2015. https://doh.sd.gov/statistics/2015BRFSS/RiskFactor_FruitVeg.pdf
- From 2016 to 2019, Gregory County decreased its metric in adult obesity – percentage of the adult population (age 20 and older) that reports a BMI greater than or equal to 30kg/m2. In 2016, adult obesity was listed at 33 percent in Gregory County; in 2019, that percentage

decreased to 30 percent. We feel that we have contributed to this reduction through past efforts, but further emphasis is needed and Tripp County our secondary County market saw an increase from 30 percent in 2016 to 34 percent in 2019. Source:

<http://www.countyhealthrankings.org/app/south-dakota/2019/rankings/gregory/county/outcomes/overall/snapshot>
<http://www.countyhealthrankings.org/app/south-dakota/2019/rankings/tripp/county/outcomes/overall/snapshot>

- Childhood obesity has reached an all-time high in the state of South Dakota. It has been reported that 32.2 percent of children and adolescents aged 5 to 19 years were overweight & obese when combined by South Dakota schools (16.5% overweight and 15.7% obese). Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years. Studies indicate that 18.3 percent of children eat fruits and vegetables five or more times per day during any given week and 23.6 percent drank a can, bottle, or glass of soda/pop one or more times per day during any given week. Source: <https://doh.sd.gov/statistics/YRBS.aspx>

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Potential Available Resources:

The following is a list of community health resources available in the service area:

Avera Gregory Hospital

- Provider-Based Health Clinic with 7 Providers
- 24/7 ED Coverage
- Inpatient and Outpatient Physical, Occupational, and Speech Therapies
- Dietician
- Cardiac Rehabilitation and Pulmonary Rehab Program
- Planet Heart Screenings
- Coordinated Care/Care Transitions
- Local Lab and Radiology Services
- Lung Cancer Screenings
- 3D Mammography
- Hospital Auxiliary
- Hospital Foundation
- Hospital Advisory Board
- AMG Winner
- AMG Platte
- Avera Gregory Hospital Facebook Page
- Avera Gregory Hospital Website

Other Resources:

- Rosebud County Care Center - LTC
- Silver Threads – Assisted Living
- Winner Regional Nursing Home– Winner
- Burke Memorial Hospital – Burke
- Winner Regional Health Care - Winner
- Gregory Community Food Pantry
- Braun Chiropractic Nutrition & Wellness Center - Gregory
- Fogal Chiropractic - Gregory
- Gregory Transit
- Gregory Public School
- Gregory Day Care Center
- Ministerial Association
- Meal-on-Wheels
- Colome Public School
- Burke Public School
- Winner Public School

Evaluation of Impact for FY2016 CHNA:

Avera Gregory Hospital conducted its last CHNA in 2016. As a result of the CHNA, the following health needs were identified as priority health needs in the community. Evaluations of impact for the FY2016 CHNA are listed below:

Community members with disabilities: In the development of our last CHNA, it was discovered that our disability rate in our county was at 18.4 percent, which was significantly above the average for the state. Over the course of the last three years we partnered with city, county and state government agencies to identify these stakeholders and to ensure that we were meeting their needs with the goal of working toward reduction of their disability.

Our goal was to reduce this disability rate by 1 to 2 percent overall and we are pleased to report that the most current data has us at a 14 percent disability rate overall.

Enrollment and access to health insurance: In 2016 Gregory County had a significantly higher uninsured rate than the state average. It was at 17 percent compared to a state average of 11.4 percent. Over the past three years we have worked with Avera Health Plans and other third party insurance providers to provide resources and information at various community events in order to educate community members on how to acquire appropriate health insurance. In addition, our discharge planner has conducted one on one education sessions with all inpatient and outpatient uninsured stakeholders to further educate community members.

These outreach efforts have resulted in the uninsured rate of Gregory County dropping to 15 percent in 2019 and the state average reduced to 10 percent overall. We will continue to work on this area to further reduce this metric and provide access to care for these vulnerable populations.

Obesity/diabetes reduction: Obesity and diabetic control in the service area was and is one of the most difficult areas to address. Over the past three years we have made significant efforts with the local school systems to provide education to students and teachers on the benefits and impact of healthy diets. We have made resources available to them and have taught nutrition education classes in the school systems. In addition we have partnered with our local grocery stores and farmers markets to further communicate the benefits of fruit/vegetable intake and healthy eating.

In 2016, the overall rate of obesity in Gregory County was 33 percent compared to an average of 30 percent in South Dakota. In 2019, the overall rate of obesity in Gregory County is 30 percent compared to an average of 31 percent in South Dakota. Our stated goal was a reduction of 1 to 2 percent over three years which we achieved. We still feel that continuing education and involvement in this area should be a focus of our next three year period in order to further reduce this metric.

Reducing tobacco use: Tobacco use can be directly correlated to the prevalence of cancer as the number two leading cause of death in South Dakota. In 2016 our county rate of adult smoking was 17 percent with an overall state average of 19 percent. This education was tied into our nutrition education listed above with the same partners. The results remain the same. Adult smoking continued to be 17 percent with the state average falling by one percent to 18 percent overall. This data shows the difficulty in reducing this metric and the addictive properties of nicotine. While the rate did not decline we feel that our education efforts prevented the rate from increasing.

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On June 24, 2019, the Avera Gregory Hospital Advisory Board approved the Avera Gregory Hospital Community Health Needs Assessment.

Board Chair: Kimberly Veskrna
Kimberly Veskrna

Date: 6-24-19