

# Milbank Area Hospital

Avera 

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Community Health Needs Assessment

**FY 2019**

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## **Introduction**

In compliance with the Patient Protection and Affordable Care Act of 2010, Milbank Area Hospital Avera has conducted its 2019 Community Health Needs Assessment. This is an assessment that is conducted at least once every three years. The goal is to identify the health needs of the community served by the hospital. Information gathered through these assessments is used to formulate programs and services targeting identified needs. Needs are identified based upon input offered by actual citizens of the community, public health specialists, and others with special knowledge of the community. The entire process of data collection, analysis, dissemination, plan formulation, and plan implementation involves collaborative partnerships between Milbank Area Hospital Avera, members of the community it serves, individuals with expertise in public health, and other entities with special knowledge of the needs of the populations served. The overarching goal of community needs assessments is identification of current needs, formulation of viable plans to address the needs, and implementation of the plans addressing the needs of patients within the hospital's service area.

## **Mission of Milbank Area Hospital Avera**

Nestled in the northeastern corner of South Dakota, along the Yellowstone Trail, is the 2.84 square mile city of Milbank. It is the county seat of Grant County, which is the primary source of the bulk of Milbank Area Hospital Avera patient referrals. Besides Grant County, patients who reside in other counties, such as Roberts, Day, Marshall, Big Stone, and Deuel are also served by the hospital. Milbank Area Hospital Avera is one of Avera Health System's (based in Sioux Falls, SD) 33 hospitals. In keeping with Avera Health System's service tradition, the mission of the Milbank Area Hospital Avera is to work in partnerships to provide "quality, cost-effective health ministry, which reflects Gospel values of compassion, hospitality, and stewardship to improve the healthcare of the people served through a regionally integrated network of people and institutions." This mission was originally conceptualized by Bishop Mahoney of Sioux Falls and Father J. J. O'Neill of Milbank. In 1920, they brought the Daughters of St. Mary of Providence from Chicago to Milbank to operate the hospital, which was then named St. Bernard's Providence Hospital. The hospital is now owned by the community based organization, the Northeast South Dakota Healthcare Foundation (NESDHCF), which serves as a nine-member advisory board to Milbank Area Hospital Avera. Nearly 100 years later, Milbank Area Hospital Avera is under a more regionally descriptive name, in a state-of-the-art facility, serving patients from the aforementioned surrounding counties and townships, yet steadfastly undergirded by its original humble mission.

## **Description of Hospital Campus**

Milbank Area Hospital Avera is a 25-bed facility offering in- and out-patient care through critical healthcare services to individuals living within Grant and surrounding counties. According to the Health Resources and Services Administration (<https://bhw.hrsa.gov>), rural locations, low primary care provider: patient ratios, high elderly populations, and ethnic minority status are factors considered within an algorithm used by HRSA to determine "medically underserved" status. Two Grant County cities are designated as medically underserved, while all Grant County cities are considered Professional Shortage Areas for mental health. Recent surveys distributed to patients served at Milbank Area Hospital Avera indicate that the hospital is

primarily utilized by Grant County residents. Given this fact and that Grant is the most populated county within the hospital's service area, this Community Needs Assessment Report will focus on the estimated 7,147 individuals living in Grant County.

Because Milbank Area Hospital Avera is located in a rural region of the state, coordinated efforts have been made so that the following specialty services are provided through outreach care at Milbank Area Hospital Avera: 1) audiology 2) cardiology 3) ear, nose, and throat 4) general surgery 5) hematology 6) nephrology 7) oncology 8) orthopedic 9) podiatry 10) urology and 11) dietitian. These services are especially convenient to patients with limitations in transportation, finances, and time off from employment. The hospital offers same-day and inpatient surgeries, critical, acute, emergency, obstetric and gynecological, mother and infant, cardiac, oncological, wound, ostomy, home health, and residential hospice care. Other services include blood bank, sleep study lab, chemotherapy, radiology, ultrasound, digital mammography, MRI scan, mobile nuclear medicine, CT scans, PET scans, dialysis, bone density scans, respiratory therapy, physical therapy, speech therapy, occupational therapy, social services, a grief and loss support group, and outpatient individual psychotherapy, marital psychotherapy, family psychotherapy, and telemedicine.

Telemedicine has been a tremendous aid to rural healthcare. Milbank Area Hospital Avera has eEmergency services available through Avera eCare. Hospital emergency rooms are furnished with equipment allowing interactive consultations with board certified emergency physicians at other locations. Technology within the emergency room allows an emergency physician to assist the Milbank Area Hospital Avera staff onsite to stabilize, diagnose, and determine treatment plans for patients. The eEmergency physician aids in coordinating the transfer process of patients when transfer to other facilities is necessary. This service allows rural healthcare providers assistance with rare and complicated cases locally, allowing for stabilization onsite. This prevents the need to immediately transfer patients.

The primary care component of the Milbank Area Hospital Avera is referred to as Avera Medical Group Milbank. There is a designated space on the medical campus devoted to offering primary care services to patients. In addition to the Milbank clinic, there are Avera Medical Group primary care practitioners serving community members in rural satellite offices located in Big Stone City (12 miles east of Milbank), Revillo (20 miles south), Waubay (35 miles west), and Wilmot (20 miles north). The Avera Medical Group Milbank staff consists of four family practice physicians, three certified nurse practitioners, three certified physician assistants, and one licensed clinical psychologist. During the 2018 fiscal year, the hospital had 27,285 outpatient visits, 460 hospital admissions, 300 surgical procedures, and 1560 emergency room visits. Due to such coordinated and effective efforts to serve rural patients, the Chartis Group has found that Milbank Area Hospital Avera has ranked within the top 100 of over 1300 critical access hospitals in the country for the fifth time in 2019 (only in existence 9 years). The ranking is based upon market share, quality, and patient satisfaction ratings.

## **Community Served**

Based upon United States Census Bureau 2017 population estimates (census Table B03002), an estimated 93.9% of Grant County residents self-identify as White, 3.4% as American Indian, 1.8% Hispanic, 0.7% as two or more races, 0.1% as Asian, and 0.1% as other.

The median age of Grant County residents is 43.7 years. Population estimates offered at [census.missouri.edu/](http://census.missouri.edu/) reveal that as of 2017, 22.63% of the Grant County population consists of children under the age of 18 (5.26% are Hispanic), 7.66% range from 18 to 24 years of age (2.59% Hispanic), 20.39% between 25 and 44 years (7.78% Hispanic), 28.35% between 45 and 64 (2.95% Hispanic), and 20.96% are 65 years and older (0.74% Hispanic). Educationally, 90.4% of the county residents have obtained a high school diploma and 14.9% have earned a Bachelor or higher degree. About 60% of households are married couples, while 5.2% are headed by a female alone. Of the households consisting solely of individuals, 15% are individuals aged 65 and older living alone. The average family size is 3.02. The median family income is \$56,276. Per capita income is \$29,363, while 7.6% of Grant County residents live within the national poverty level.

Individuals experiencing poverty are considered medically vulnerable. They have a higher incidence of chronic illness than the financially secure. Low income individuals are medically vulnerable given that they are more likely to experience the following than their more financially secure counterparts: first detection of cancer occurring during later stages of the disease, low physical activity, higher rates of smoking, obesity, poor diet, and gaps in medical insurance coverage due to poor understanding of renewal procedures or failure to contact assigned case manager before insurance company deadline in order to maintain coverage. Gaps in medical insurance coverage are associated with missed primary care appointments and missed opportunities for early disease detection. Unfortunately, the result is often a preventable illness trajectory. Citizens who do not meet the “poverty” criteria, also experience periods of financial insecurity resulting in loss of health insurance coverage (e.g., job loss). In such instances, they may have to focus finances on basic survival needs such as utility payments, groceries, or medications. Because Milbank Area Hospital Avera is considerate of such scenarios, there are financial safety nets in place in order to prevent interruptions in medical care. Those in need simply complete an application for assistance and based upon their particular situation, fees are waived or appropriately reduced according to patients’ specific needs. Consistent with this level of giving, Milbank Area Hospital Avera staff members follow the hospital mission emphasizing compassion, hospitality, and stewardship to all income, ethnic, age, health status, and sexual orientation groups. In keeping with serving the community, hospital employees formulate, support, and participate in various community activities. They volunteer time, areas of expertise, and funds from fundraisers for annual initiatives such as road races promoting the adoption of healthy habits, the Grant County “It Only Takes a Spark” Cancer Walk campaign, the Grant County Combined Appeal campaign, holiday events for Christmas and Halloween, education programs, and scholarship drives for distribution to local high school seniors.

### **Implementation Strategy Process**

Efforts were made to include medically underserved patients and minorities. Twenty percent of survey participants were from designated medically underserved areas. Initial steps to the implementation strategy process were the formulation and dissemination of a survey assessing community members’ impressions of the strengths and weaknesses of services offered at Milbank Area Hospital Avera. Surveys were offered on a voluntary basis to patients awaiting scheduled appointments. In order to ensure inclusion of patients considered from minority groups, surveys were distributed to Hispanic respondents and translated into Spanish by a hired

interpreter. This occurred onsite at a leading company where many of a Hispanic background are employed. They were reassured that their responses would remain anonymous and their opinions were valuable to enhancing services offered at the hospital and clinic.

Next, survey data were analyzed by Milbank Area Hospital Avera steering committee members. Comparisons of current community feedback were made to feedback offered in the 2016 Community Health Needs Assessment. Similarities and differences aid in our objective evaluation of whether specific aims of 2016 have been met and where to focus 2019-2021 projected goals.

To further assess the needs of the community, an interview was conducted with the Community Health Nurse. She offers Women, Infant, and Children (WIC) food supplements for pregnant women, immunizations to children ranging from infants to 18 year-olds, flu shots, lactation services, support for pregnant women, car seat and crib distribution, and a baby care program. Her case load is between 125 to 135 low income Grant County clients, of which 15% are Hispanic. Given her level of exposure to the needs of the individuals she serves, the Community Health Nurse is in tune with the needs of the community. She has shared insightful observations and suggestions and emphasized a need for car seat instructors for child safety, day care providers, volunteers to visit the elderly, Attention-Deficit/Hyperactivity Disorder special service coordination, and after hours medical clinic care for working parents.

The Director of Inter-Lakes Community Action Partnership (ICAP) conducted a tour of the local community food pantry and offered an orientation regarding its current level of usage by Grant county residents. Suppliers of donations and specific community partners were discussed. ICAP is a non-profit organization primarily serving low-income families, individuals, and senior citizens within Grant County. Partnerships include Meals on Wheels, Head Start, Self-Help Housing Rehab, a local garden program, a school supplies program, weatherization, an emergency food and shelter program, prescription payment assistance, gas vouchers for out-of-town medical visits, medical bill payment assistance, utility bill assistance, and a rent assistance program. In 2018, ICAP distributed 180 back to school packs to local school children. Furthermore, each family who visits the food pantry is allowed four “pick-ups” per year and an annual maximum of \$250 toward bill assistance. Much of the funding is via Grant County Christian Services. This is a local organization that provides oversight to the local thrift store where donated items are sold. Annual proceeds consistently reach \$100,000 and more, which are distributed to ICAP and the aforementioned local partnership programs aiding distressed families in need. Each of these steps in the needs assessment process culminated in the identification of top priorities for meeting community needs through Milbank Area Hospital Avera’s fiscal year 2021.

### **Prioritized List of Significant Health Needs Identified in Community Health Needs Assessment**

A total of 136 respondents, 74% of whom were female, participated by completing the survey. The following are the percentages by age ranges: 3% (ages 18-24), 7% (25-34), 13 % (35-44), 17% (45-54), 10% (55-64), 25% (65-74), and 25% (75 or older).

In response to the question, “*Which social factors of health do you think apply to our community?*” Poverty, lack of health insurance, and lack of childcare were the top three factors of concern. The remaining factors are listed according to priority as listed by participants: lack of family and friends as a sense of belonging, lack of spiritual connection, poor access to healthy and affordable food, poor access to walking paths and places to ride bike, lack of transportation, inability to cook, poor access to healthcare providers, lack of surgeons, lack of housing for seniors, lack of Medicare and supplement assistance, lack of physicians, lack of assisted living centers, and lack of safe exercise availability.

In response to the question: “*What healthcare services are most important to you?*” Responses to this question were self-generated and not check list formatted. Responses were the following: general health, affordability, availability, medical, dental, ophthalmology, compassion, knowledgeable, unbiased care, doctor clinics, friendliness in healthcare staff, staff on time, trust ability, reliable staff, emergency access, child care, accessibility (no travel needed), insurance-affordable, long-term care, pharmacy, physical therapy, chiropractor, counseling, home healthcare, outreach services, heart health, clinic care-acute care, exercise facility, handicap accessibility, psychiatric care-pediatric/adult, community wellness activities, health screenings, well child exams, church, skilled nursing, educated staff, nutrition, end of life services, cancer care, affordable healthcare, and local clinic.

In response to the question, “*What is the most pressing healthcare related need we are facing?*” In this case, because so many responses repeated the same general theme, they were tabulated. The following needs emerged: a shortage of providers (29%), mental health services (21%), elder care (13%) affordability of healthcare (13%), insurance coverage (8%), and offering flexible appointment hours (4%).

In response to the question, “*Do you think there are certain populations of people in our community that are in need of services they cannot get?*” Responses were: Elderly with low income, low income families, diabetic educator on site, Hispanics/immigrants, single parent services. In response to the question, “*If a person, or a person you know, doesn’t go to the doctor or the hospital, why not?*” Responses were: Costs of services, costs of health insurance-too high deductibles, stubborn, afraid of what may be wrong with them-scared, no need, lack of transportation, and ignorance.

In response to the question, “*In what way(s) is the hospital and/or healthcare in Milbank serving the community well?*” Responses were: Outreach services, new facility-clean, close access, good doctors, compassionate staff, ease of access to providers, good OB service, satellite clinics very accessible, quality staff, availability, emergency needs, friendly staff, convenient, more cancer treatment options, after hours clinics on Saturday, free flu shots at the school, and privacy.

In response to, “*In what ways could the hospital and /or healthcare in Milbank improve the way it serves the community and surrounding areas?*” Responses were: Better emergency service, reception/scheduling needs to be flexible/friendly, keep services local, continue recruitment of dedicated physicians and nurses to meet the needs here, clinics in surrounding communities, cheaper emergency services, bring back Dr. Peter Reynen, meet and greet staff and physicians, another female physician, more community events, social media postings, updated equipment/technology, lack of billing services-errors, pediatric specialist, address opioid crisis,

less transfers to Sioux Falls, more financial assistance, surgeon on site for emergency services, have motorized carts for those who can't walk long hallways.

Finally, to the question, "*Name a health service you would like to see in our community?*" Responses were: no suggestions, surgeon on site, fun exercise events for kids, veteran services, mental health facility, more counseling, more physicians, cheaper massage therapy, urgent care clinic after hours during the week, orthopedics, cardiology on site, water births, parenting classes, gastroenterology on site, allergist, acupuncture services, genetic counseling, healthy cooking classes, health food store, more activities for seniors, assisted living centers, rheumatology, pulmonology, cancer center, one-level housing.

There is overlap between current and past additional services patients desired at Milbank Area Hospital Avera. Appointments are available on Saturday mornings, in response to past stated desires of the community. Also, patients are able to receive chemotherapy onsite, all services in the hospital are on one level with other additions requested in the prior community needs assessment included a need for onsite dialysis and mental health providers. Milbank Area Hospital Avera now offers an exclusive department of the facility devoted to dialysis treatment. There is also now a full-time Licensed Clinical Psychologist on campus. Furthermore, the first National Alliance on Mental Illness (NAMI) group leaders are completing certification and group meetings will soon be held and will benefit the Milbank Area Hospital Avera service area. Analysis of survey data and information gleaned during interviews with the County Health Nurse and Director of ICAP rendered the following list of priorities for Milbank Area Hospital Avera:

- \*Continued recruitment of primary care physicians
- \*Addition of mental health services
- \*Greater Outreach to ethnic minority patients

### **Significant Health Needs To Be Addressed**

Need #1: Primary Care Physician Access Due to the breadth of training received by primary care physicians, they are a good fit for serving the needs of rural hospitals and clinics. This accounts for the dearth of specialists in rural communities. Milbank Area Hospital Avera has successfully recruited talented physicians to join the treatment team. Therefore, continued recruitment will take place. A bonus to securing talented providers is our partnership with the state's medical school's Frontier and Rural Medicine Program. Another aid in identifying and recruiting talented physicians is Milbank Area Hospital Avera's designation as a rural rotation site for the family practice residency. Mindful of the benefit of reaching new doctors in training, the hospital has partnered with the local high school to create a Health Careers Program. For the past three years, high school students have benefited from a health careers curriculum including hands on practicum experience. Students connect with all departments in the hospital during the course. A goal is to spark interest in medical careers of some of our youngest citizens, with hopes that if they pursue a health career, they will return to Milbank Area Hospital Avera to serve the community.

Need #2: Mental Health Services South Dakota suicide rates are higher than the national average. Suicide is the second leading cause of death for individuals ages 15 to 34 years old in

South Dakota and rates are increasing (South Dakota Department of Health Suicide Surveillance Report, 2017). Yet, there remains a significant lack of access to mental healthcare in this state and more specifically, Grant County. Since the 2016 needs assessment report, a licensed clinical psychologist was hired at Milbank Area Hospital Avera. Common complaints contributing to our search for mental health providers is that Grant County and many other county residents have to drive to cities such as Watertown, Aberdeen, or Sioux Falls to receive mental health services. There are very few mental health specialists and therefore, the latency between the occurrence of problems and actual treatment is too long. Our psychologist has offered 902 outpatient psychotherapy sessions since her arrival in June of 2018. Over time, a goal is for outpatient care to significantly decrease mental health related emergency room visits, suicide attempts, and deaths. A major step in this direction is that clinic and hospital physicians are now able to request emergency outpatient sessions for distressed clients. Following assessment by our psychologist, individuals are scheduled for individual outpatient psychotherapy or referred to Sioux Falls for inpatient behavioral health services. This service 1) saves the patient from emergency room visit deductibles and elevated fees, which serves as an additional financial burden to those who are already over-burdened, and 2) offers immediate support in a soothing therapeutic environment, where there is sufficient time to listen to what the client is going through. The value of such services is clear and the 2019 community needs assessment survey underscores the need for the addition of more mental health services. Meanwhile, to fill a void, Milbank Area Hospital Avera will coincide efforts with the National Alliance on Mental Illness (NAMI) and local citizens from a variety of vocational backgrounds to form a local group referred to as “Moving To Wellness”. There will be a group of NAMI leaders trained and certified for group leadership during the summer of 2019. Based upon community feedback, the hospital could use social media platforms to promote mental health wellness tips. Given that men seek mental health services significantly less than women, but commit suicide significantly more, Milbank Area Hospital Avera will create mental health wellness activities with a focus on the needs of men.

Need #3: Greater outreach to ethnic minority patients National statistics indicate that underutilization of health services are associated with unnecessary and costly preventable illness trajectories that could have been avoided via routine healthcare appointments. Nationwide, it is not uncommon for the general population to lack awareness of the services and benefits for which they qualify. This is especially the case for ethnic minority populations. Grant County’s minority population is primarily being served at the Grant County Health Department. The County Health Nurse has noticed that over time, as individuals who happen to be Hispanic, utilize services and benefits for which they qualify, patients tend to share their experiences with others and promote utilization by word-of-mouth to friends and family members. Under-utilized services include immunizations, prenatal care, medication vouchers to prevent health crises resulting from missed essential medications, and distribution of free car seats for motor vehicle safety. Based upon this local example, customers’ positive experiences conveyed to others through the use of personal referrals are helpful promotional tools for increased service utilization and ultimately, positive health outcomes for Grant County at large. Those who have utilized services have been helpful in sharing with other individuals who happen to be Hispanic that they are welcome to the variety of services and benefits offered to Grant County at large. Apparently, the routinely relied upon methods of information dissemination such as the local newspaper and the county website, are not particularly effective modes of promoting our services

to this group. A goal for the 2019 -2021 period is to reach minority populations who rarely use our services through the development and strengthening of relationships with organizations currently serving their communities. For instance Milbank Area Hospital Avera has reached out to a local corporation that employs the greatest number of individuals with Hispanic backgrounds. As a result we successfully received completed surveys from this population and conveyed the importance of their opinions. The hospital will distribute an information packet to this corporation in order to create an awareness of what resources are available on our medical campus. Activities that are already offered will provide activities inclusive of local cultural groups.

An overarching goal of addressing community health needs is prevention of avoidable adverse health trajectories. Due to such efforts to connect with the community, the hospital has repeatedly experienced success in forming community partnerships. This will be a matter of replicating the process used to develop our rural rotation for medical students, essential partnerships for fund raising for cancer, and our recent alliance with the National Alliance on Mental Illness (NAMI). We can offer focus groups and hear directly from the community what services they need and inform them of existing services that address their needs and work on fulfillment of their needs, where feasible. Through partnerships, underserved populations will become acquainted with our services and have an increased likelihood of utilizing them. Community resources include information packets available at worksites and health services meeting the needs of the underserved on the medical campus of Milbank Area Hospital Avera.

### **Significant Health Needs Not Addressed**

Healthcare affordability was a consistent concern of survey respondents. This topic is worthy of serious investigation of healthcare systems that have successfully accommodated patients by cutting costs, without inadvertently cutting quality of care to patients. Unfortunately, desired changes, improvements, additions, and conveniences require more financial resources, while cost cutting usually involves removal of some conveniences that patients appreciate. Because affordability of care is so important, it is worthy of careful study of successful programs that could serve as models and even mentors for the formulation of similar future programming here. Successful model programs would be those serving similar demographic groups and have maintained quality healthcare, while significantly cutting costs to patients.

### **Summary**

Overall, for nearly 100 years, Milbank Area Hospital Avera has been in good standing with the surrounding communities. The hospital has kept up with the changing needs of the area's constituents. Despite changes in community needs, services have been provided in accordance with a mission underscoring quality, compassion, hospitality, and stewardship. Assessment findings indicate a need to continue with recruitment of even more healthcare professionals. Milbank Area Hospital Avera has been responsive to community needs assessment feedback in the past. As a result, we now have a four-chair dialysis unit. There is a consistent caseload of 7-to-10 patients scheduled for treatments at least three days weekly. The assessment

indicates that the community appreciates the convenience of location, cleanliness of the facility, competence of employees, and overall quality of care.

**Board Approval**

This report was presented to the Northeast South Dakota Healthcare Foundation Board on June 27, 2019 for approval.

