

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

Organization Mission

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 St. Benedict Health Center is committed to maintain access to health care close to home for all people, regardless of ability to pay. Avera St. Benedict utilizes a charity care program for individuals that are unable to pay for health care services.

Community Served

Avera St. Benedict Health Center is located in Parkston, S.D. Parkston is located in Hutchinson County, S.D., in the south central part of the state. Agriculture is the primary economic driver in the county. Avera St. Benedict's primary service area is defined as Hutchinson County. In fiscal year 2018, 60 percent of inpatient discharges and 61 percent of Emergency Room visits were from Hutchinson County. According to the U.S. Census Bureau's 2017 data, the population of Hutchinson County was just over 7,300 people and is predominately White/Caucasian (95%). According to SD Department of Health Statistics in 2016, about 23 percent of the population is over the age of 65. County Health Rankings statistics assesses the unemployment rate of 2.4 percent compared with the state of South Dakota's 2.8 percent unemployment (2016.) County Health Rankings states that the median household income of Hutchinson County is \$51,800, which is about \$3,100 less than the state's average (2016). The percentage of persons 100 percent below the Federal Poverty Level from 2012-2016 was 13.4 percent, with about ¼ of households being single parent households. County Health Rankings rates high school graduation rates in the county at 87.1 percent and adults over 25 years of age with some post-secondary education at 23.7 percent (2013-2017). The secondary service area, including portions of Douglas, Davison, Bon Homme, Hanson and Charles Mix Counties are demographically similar to Hutchinson County with rural, agricultural lifestyles. In fiscal year 2018, these four counties made up 37 percent of inpatient discharges and 31 percent of Emergency Room visits. According to County Health Rankings and the US Census, Charles Mix County is different from the rest of the service area in that there is a 32 percent Native American population, lower rates of individuals 16 and older in the civilian labor force (58.7%), and more children in poverty (31%). Avera St. Benedict is the primary medical provider for 8 Hutterian Brethren Colonies in the primary and secondary service area, which includes about 550 individuals. Avera St. Benedict Health Center sees about 8,000 patient encounters a year for one or more service at the health center.

Implementation Strategy Process

The CHNA process started with a core group of hospital staff and administration discussing the best approach to the CHNA. It was decided to approach the assessment from a multi-factorial data gathering process to include the following:

1. Statistical data from reliable data repositories or agencies
2. Formal interviews
3. Information discussions
4. Focus groups
5. Anonymous survey
6. Review of clinical/medical services and grant projects at Avera St. Benedict

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

7. Assessing needs of the unique Hutterite and Amish populations

After the completion of the Community Health Needs Assessment process, the CHNA Committee reconvened to discuss the prioritized health needs. This included discussing each prioritized area and developing a plan to address them. The committee then set strategic goals to address health needs identified in the Community Health Needs Assessment, completing the implementation strategy.

Health Needs Identified in CHNA

Identified health needs through the data gathering process were stratified into five broad categories to help prioritize areas and realistically choose options for the health center to address.

A community environment that makes exercise easy. The community feels that there are some great resources in Parkston for exercise, but there are gaps. Walking and bike paths, 24/7 indoor exercise access, open gym times at the school, adult sports leagues, and girls running programs were all identified as areas where improvements could be made in the community.

Behavioral health concerns. Behavioral health needs identified during the process included concerns over underage alcohol use, drug use, and vaping in the community. Vaping is an emerging health concern for children, adolescents, and teens. Easier mental health access in school was also identified.

Nutrition deficits. Recurring nutrition related problems were consistent findings. Examples include poor nutrition, unhealthy eating habits, limited fresh foods, food access for the poor, and obesity. Nutritional deficits lead to chronic diseases, increased health care costs, and poor quality of life.

Social determinant of health. Poverty, deterioration of housing, lack of transportation services, lack of appropriate childhood supervision, cost of health care, and limited workforce were consistent themes throughout the data review, groups/interviews, and surveys.

Access to care. Overall access to health care was assessed as being very good in the service area. Some concerns with health care access were reported throughout the assessment process. These included health related services for low income families related to dental and vision care and increased access for urgent health care needs versus emergency department care.

Prioritized Health Needs

For each of the broad categories of identified needs above, priorities in each category were chosen, which are identified below. The CHNA committee discussed the health needs identified during the community health needs assessment and prioritized the needs based on the following criteria:

1. Estimated feasibility for the health care center to address the issue with current resources
2. Importance the community placed on the need
3. Burden, scope, severity, or urgency of the health need
4. Health disparities associated with the need

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

Obesity. Obesity was prioritized as an area to address. Themes throughout interviews, focus groups, survey data, and statistical data show that obesity is a problem in our community which directly correlates with exercise and nutrition. The community placed high need in this area and many health disparities link back to obesity. Obesity is a public health issue, so the burden of obesity also speaks to the need to prioritize this area.

Substance use prevention. Substance use prevention needs were prioritized based on community feedback. Elements of behavioral health care have been a consistent theme during prior CHNA's as well. Avera St. Benedict has the current infrastructure to integrate some elements of substance use prevention at no cost as a community benefit. Evaluation of impact of the community going without these services was discussed and how this would potentially leave a void in the community where feedback and data indicate substance use prevention as a valued service. Partnering with health professions students on special projects focused on substance use prevention will also help with the feasibility to help better address emerging trends in substance use in our service area.

Transportation. Transportation was prioritized secondary in importance. The community recognizes that if community members do not have transportation, health disparities will increase. This also puts increased stress on volunteer EMS members for increase ambulance calls.

Deterioration of homes. Deterioration of homes in the service area was viewed through a feasibility lens. Although Avera St. Benedict cannot address the issue alone, the CHNA committee feels that this can be addressed through partnerships on a small scale. Deterioration of homes is a social determinant of health that can lead to many health care exacerbations, such as asthma and COPD.

After school activities for kids. The criteria of feasibility were utilized to prioritize this need. The CHNA committee feels that through community partnerships this can be addressed on a small scale. Children in grades K-3 are especially vulnerable, as they are "too old" for daycare and "not old enough" to stay home alone. Creating community partnerships to increase afterschool activities can help prevent psychosocial problems and risky youth behavior.

Access to care. Although access to primary medical care was assessed as being an asset in our service area, there are gaps in access. The burden of poor access to health care does not just mean primary medical care, but also dental and vision care for children and low income adults. Lack of vision and dental care can also lead to increased health disparities over a lifetime. Avera St. Benedict will continue to prioritize access to care through partnerships and innovation.

Significant Health Needs to be Addressed

The Community Health Needs Assessment Committee met on July 31 and August 14, 2019 to discuss goals and an action plan to address the prioritized health needs of the community. For each of the actions plans under the overarching goals a specified Avera St. Benedict Staff member will be assigned as leader to implement the action plan area.

Health Need to be Addressed: Obesity.

Overarching Goal: Promote healthy lifestyle through nutritional education.

1.1.1. *Action Plan:* Create a "Shop with the Dietician" program.

1.1.2. *Action Plan:* Incorporate nutritional education for young athletes at Coaches' Clinics.

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

- 1.1.3. *Action Plan:* Provide educational opportunities to the community for weight loss.
- 1.1.4. *Action Plan:* Provide scheduled free access to Avera St. Benedict's Wellness Center.
- 1.1.5. *Action Plan:* Promote "Fitness on Demand" virtual classes available at Avera St. Benedict's Wellness Center.
- 1.1.6. *Action Plan:* Train elementary school teachers on the value of physical activity through incorporating it into daily classroom activities.
- 1.1.7. *Resources Committed to Achieve Goal:* Avera St. Benedict's dietician, wellness center director, and use of physical space. Other staff will be utilized under the direction of the dietician and wellness center director.
- 1.1.8. *Collaborations Needed to Achieve Goals:* Collaborate with Avera Marketing for promotion; school districts; local grocers
- 1.1.9. *Anticipated Impact:* Improve access to exercise and exposure to nutritional education. Make grocery shopping easier for people to make healthy food choices.

Health Need to be Addressed: Substance Use Prevention

Overarching Goal: Promote healthy lifestyle through vaping, tobacco, and alcohol prevention.

- 1.1.1. *Action Plan:* Having vaping education materials available at school registration day and other school events.
- 1.1.2. *Action Plan:* Make a video for distribution on dangers of vaping and tobacco use.
- 1.1.3. *Action Plan:* Provide vaping education in conjunction with influenza injections.
- 1.1.4. *Action Plan:* Teach the Tar Wars program for grade 4.
- 1.1.5. *Action Plan:* Collaborate with law enforcement to provide alcohol prevention education to at risk youth.
- 1.1.6. *Resources Committed to Achieve Goal:* Behavioral Health counselor time; materials; Physician time; other staff will be utilized under the direction of the physician and behavioral health counselor.
- 1.1.7. *Collaborations Needed to Achieve Goal:* school district; high school media class; police department; probation office; healthcare professions students
- 1.1.8. *Anticipated Impact:* Provide evidenced based education to children, adolescence, parents, and other community members to help reduce vaping, tobacco, and alcohol use.

Health Need to be Addressed: Transportation

Overarching Goal: Improve access to health care by exploring transportation options.

- 1.1.1. *Action Plan:* Thoroughly assess gaps in transportation to create a volunteer based transportation network.
- 1.1.2. *Action Plan:* Create guidelines for facility based transportation
- 1.1.3. *Action Plan:* Promote telehealth services to reduce transportation needs.
- 1.1.4. *Action Plan:* Continue in home medical care when possible, specifically with the homebound, Hutterite populations, and Amish populations.
- 1.1.5. *Resources Committed to Achieve Goal:* Avera St. Benedict fleet vehicles; administration and key staff time
- 1.1.6. *Collaborations Needed to Achieve Goal:* physicians, nurses, EMTs, Fire Department, community members
- 1.1.7. *Anticipated Impact:* Decrease gaps in medical care needed due to lack of transportation.

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

Health Need to be Addressed: Deterioration of Homes

Overarching Goal: Collaborate with other community stakeholders to help improve home deterioration issues.

- 1.1.1. *Action Plan:* Collaborate with Commercial Club and Economic Development to launch a “Paint a House” program.
- 1.1.2. *Resources Committed to Achieve Goal:* Staff time, materials, meeting space
- 1.1.3. *Collaborations Needed to Achieve Goals:* Commercial Club, Economic Development, community members
- 1.1.4. *Anticipated Impact:* Improve the living conditions of a minimum of one home in the community.

Health Need to be Addressed: After School Activities for Kids

Overarching Goal: Promote and address youth safety in the community.

- 1.1.1. *Action Plan:* Host a Safe at Home program to elementary/middle school children.
- 1.1.2. *Action Plan:* Host a Safe Baby-Sitting program to elementary/middle school children.
- 1.1.3. *Action Plan:* Support the Public Library in their efforts to have after school programs for children.
- 1.1.4. *Action Plan:* Make a video for distribution on ways kids can stay safe at home and in the community.
- 1.1.5. *Action Plan:* Teach agricultural safety to local rural kids.
- 1.1.6. *Resources Committed to Achieve Goal:* staff time, materials, administrative support, community members
- 1.1.7. *Collaborations Needed to Achieve Goals:* high school media class; police department; EMTs; Fire Department; healthcare professions students; library staff; school district; youth organization such as 4-H and FFA.
- 1.1.8. *Anticipated Impact:* Reduce high risk youth behaviors and accidents involving youth in the community.

Health Need to be Addressed: Access to Care

Overarching Goal: Improve access to healthcare, dental care, and vision care.

- 1.1.9. *Action Plan:* Collaborate with local dentists to implement free or reduced cost dental screening program in the community for kids
- 1.1.10. *Action Plan:* Collaborate with local optometrists and the Lions Club to implement free or reduced cost vision screening program in the community for kids
- 1.1.11. *Action Plan:* Provide worksite wellness screenings at a minimum of 3 worksites
- 1.1.12. *Action Plan:* Work towards expanding clinic hours for urgent care needs
- 1.1.13. *Resources Committed to Achieve Goal:* staff time; administrative support; physical space
- 1.1.14. *Collaborations Needed to Achieve Goals:* dentists, optometrists, Lions Club, local businesses, community health
- 1.1.15. *Anticipated Impact:* Improve access to health services; decrease utilization of the Emergency room for non-emergent needs; improve access to preventative screenings without individuals having to leave work

Implementation Strategy: Avera St. Benedict Health Center Community Health Needs Assessment

Significant Health Needs Not Addressed

When the Community Health Needs Assessment Committee met on July 31, 2019 to discuss goals and action plans for the significant health needs, there was also discussion on what needs identified would not be addressed. Although the walking/bike paths were considered a need in the community, the committee did not feel that this was realistic for the hospital to address. Walking and bike paths are significant cost items and need ongoing maintenance, which the committee felt was a resource constraint for the hospital at this time.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: September 16, 2019