

COMMUNITY HEALTH NEEDS ASSESSMENT Implementation Plan

AVERA TYLER

2019

Executive Summary

Prior to the CHNA, Avera Tyler was, indeed, alert to these specific areas of need. The CHNA helped to validate these presumptions and raise greater awareness about the scale of the health concerns identified in the CHNA. This process also helped to validate efforts that have been ongoing and/or are currently underway to address these health needs. It is significant to consider that work in the area of community health is never “finished” that is, the health needs of the community are subject to change over time and require new and innovative approaches to satisfy unmet and emerging needs. Consequently, Avera Tyler has taken extra steps to ensure the assessment process is sustainable and expansive, and is reflected in this implementation plan. The implementation plan is a 3-year plan depicting the overall work that Avera Tyler plans to do to address its priority issues in the identified communities.

Compelled to Care for our Community

As a faith-based health care organization in the Catholic Christian tradition, Avera Tyler’s work of providing services that reflect the needs of our community is central to our identity. While governed by laws and regulations for non-profit tax-exempt hospitals to provide services to those in need, we are ultimately compelled by a desire to extend the healing ministry of Jesus. Our mission and core values call us to make a positive impact in the lives and health of persons and communities.

Avera Tyler is committed to meeting the needs of all who need care regardless of their ability to pay.

In a spirit of charity and justice, Avera exists in response to God's calling for a healing ministry to the sick, the elderly and the oppressed, and to provide healthcare services to all persons in need, without regard to the consideration of age, race, sex, creed, national origin or ability to pay... Avera is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values, Avera strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care. (Avera Fiscal Policy #605 Financial Assistance and Billing Practices)

Avera Tyler has provided health services for over 100 years to the surrounding communities of Lincoln County in Southwest Minnesota. From a community hospital that first opened in 1915 to the hospital and long-term care provider it is today, the steadfast commitment to delivering quality health care to individuals and communities remains strong and at the center of all decisions.

The last decade in particular has brought many changes to the rural health care arena, including changes in reimbursements and insurance, legislative impacts, increased competitive forces, changes in economic status for consumers and the need for partnerships in many areas. Finding ways to lessen gaps in services, be competitively positioned and finding purchasing savings have challenged existing business models.

The quest to be the best health care provider possible has been at the forefront of tough decisions. Avera Tyler has maintained core services, strengthened sophistication through technology and recruited skilled professionals for its team.

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.

Vision

Avera Tyler will be the leading provider of high quality health care services for the region.

Ministry: Avera Tyler participates in the healing ministry of Jesus.

People: Avera Tyler will be the partner of choice for employees, physicians and communities.

Service: Avera Tyler will exceed the expectations of our customers.

Quality: Avera Tyler will lead the industry in clinical performance and innovative care delivery redesign.

Financial Stewardship: Avera Tyler will achieve growth in our markets and maintain financial security.

Core Values

In caring together for life, the Avera Tyler community is guided by these Gospel values:

Compassion

The compassion of Jesus, especially for the poor and the sick of body and spirit, shapes the manner in which health care is delivered by Avera's employees, physicians, administrators, volunteers and sponsors. Compassionate caring is expressed through sensitive listening and responding, understanding, support, patience and healing touch.

Hospitality

The encounters of Jesus with each person were typified by openness and mutuality. A welcoming presence, attentiveness to needs and a gracious manner seasoned with a sense of humor are expressions of hospitality in and by the Avera community.

Stewardship

Threaded through the mission of Jesus was the restoration of all the world to right relationship with its Creator. In that same spirit and mission, the members of Avera treat persons, organizational power and earth's resources with justice and responsibility. Respect, truth and integrity are foundational to right relationships among those who serve and those who are served.

Definition of Community

Avera Tyler serves southwest Minnesota, including all people, regardless of age, nationality or economic status. For purposes of this Implementation Plan, community is defined as Lincoln County (Primary Service Area)

Prioritization

Health Care Priorities

Identification of priority health needs was accomplished through meeting with internal stakeholders of Avera Tyler, including members of the Governance board, the Avera Medical Group Tyler Leadership Council and the Administrative Council. Supported with the primary and secondary community health and wellness data obtained through the CHNA process, the forum participants were invited to prioritize community health and wellness needs based upon community impact, potential for change, economic feasibility, community assets and alignment with the mission and values of Avera Tyler.

Upon completion of the prioritization process, Avera Tyler determined the following three community health priority needs:

- Mental Health
- Obesity/Diabetes
- Tobacco and e-cigarette use and exposure

Mental Health

Why it is important: Meeting participants noted that mental health issues are increasing in our communality, and some suggested that our community is on the verge of a mental health crisis. Although mental health crises are handled relatively well in our community, a more proactive, early diagnosis with a systematic approach is needed. Minority populations are very unlikely to seek and receive mental health services. Between the stigma associated with mental illness and inadequate screening by primary care practitioners, identification is often missed. The lack of local mental health providers and lack of available resources for mental health wellness was identified as a major concern during most of the groups. Too few psychiatrists serve the area. Raising awareness during annual physicals and accepting mental health to be equally important as physical health can start the changes towards better mental health. The school districts in our communities are seeing not only students, but parents are also affected by poor mental health which is harmful to the overall wellness of the family unit.

- Mental Health diagnosis continues to recur in the top 10 reasons for emergency department visits in Lincoln County.

- Ten percent of adults in the identified counties experienced frequent mental distress which is the same frequency as the State of Minnesota in 2017. Three percent of adults had symptoms of serious psychological distress (although these groups are not mutually exclusive) Individuals with serious mental illnesses were more likely to experience homelessness, lack of insurance coverage, and less social support.
- 33 percent of 9th grade students in the Lincoln County in the last 12 months feel significant problems with anxiety, nervousness, tension, fear or the feeling that something bad was going to happen. 15 percent of 9th grade students in the identified counties have seriously considered attempting suicide.
- An estimated 50% of all Americans are diagnosed with a mental illness or disorder at some point in their lifetimes. Mental Illnesses are the third most common cause of hospitalization for those 18-44 years old, and adults living with serious mental illness die on average 25 years earlier than others. (CDC.gov, 2018)

GOAL: Provide access to a full spectrum of mental health services. Provide a collaborative care model involving primary care, mid-level mental health professionals, and qualified community agencies

Partners: clinics, mental health providers, public health, employers, schools, civic leaders, police/fire, regional mental health centers

- Increase the proportion of adults and children with mental health disorders who receive treatment.
- Remove the stigma and start talking about mental illness
- Tap into the depression resources
- Provide employees with a depression screening tool
- Provide and enhance utilization of EAP resources
- Provide better adherence to medical care for those with behavioral health conditions measured by % of patients receiving BH screening and % of patients discharged with a BH referral.
- Continue to operate mental health services, including inpatient and outpatient psychiatry programs.
- Further integrate mental health services into Primary Care in order to provide coordinated care for psychiatric patients and expand capacity for mental health issues to be addressed with in clinic settings.
- Increase awareness and reduce stigma around mental health issues.
- Increase involvement with National Alliance on Mental Illness of Minnesota (NAMI).
- Position Avera Marshall Behavioral Health as a Center of Excellence for the practice of Dialectical Behavior Therapy (DBT) as champion for the Zero Suicide initiative.

Obesity/Diabetes

Why it is important: Access to healthy food continues to be an issue for many populations in our communities. There are opportunities to increase the availability of affordable, nutritious food in our communities, including increased nutritional information and how to prepare / cook healthy meals.

- The rate of obesity (BMI of 30 or more) declined from 29 percent in 2012 to 28 percent in 2015 in Lincoln County in adults. Also, 30 percent of 9th graders are considered overweight or obese (2015-2019).
- Diabetes is notably higher than the state average in the counties of SW Minnesota. Age-adjusted estimates of the percentage of adults with diagnosed Type II Diabetes in Lincoln County is 6.7 percent compared to the Minnesota state average of 6.1 percent. (2015-2019). In the United States more than 30 million people have diabetes. (National Diabetes Statistics Report,2017)

***GOAL:** Community members choose healthy food/healthy life style choices for selves and families.*

Access to Healthy Food Options

- Access to healthy food options that are affordable
- Education on healthy food options

- Promote Obesity screening and counseling
- Promote Healthy diet and physical activity
- Continue collaboration with partner agencies to assist community members in obtaining needed nutritional information.
- Explore potentialities in developing healthy eating and exercising programs to be promoted via affected communities' chambers of commerce and religious organizations.
- Provide hospital classes with Nutrition Services and Dieticians to cook healthier
- Facility will provide Weight Loss Program
- Provide Wellness Coaches
- Facility will provide staff hours
- Facility will provide meeting support
- Promote Healthy diet and physical activity counseling
- Continue working on strategies related to overall BMI improvement
- Continue Education and screenings at health fairs and educational events
- Distribute information on community resources such as free meals and food pantries
- Support community support groups by providing meeting space, speakers, and educational topics.

Tobacco and e-cigarette use and exposure

Why it is important: Every year in the U.S., more than 480,000 people die from tobacco use and exposure to secondhand smoke, making it the leading cause of preventable death in this country. Tragically, each day thousands of kids still pick up a tobacco product for the first time. Smoking and use of tobacco products, including e-cigarettes, cigars and smokeless tobacco, cause or worsen numerous diseases and conditions.

The National Academies of Science, Engineering and Medicine concluded there is "substantial evidence" that if a youth or young adult uses an e-cigarette, they are at increased risk of using traditional cigarettes. In 2016, the Surgeon General concluded that secondhand emissions contain, "nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead." Although adults and 9th grade smoking rates are decreasing in Lyon County however they are higher in Lincoln and Pipestone counties).

- Adult smoking rate is 14 percent from 2017-2019 in Lincoln County. The State of Minnesota adult smoking rate decreased from 16 percent in 2015 to 15 percent in 2019. 9th graders smoking rates are 11 percent use conventional tobacco products, 13 percent use tobacco products, e-cigarettes and Hookah in Lincoln county (2016).
- Percent of birth mothers who smoke is higher in Lincoln County versus state averages (2016 Student Survey).
- As of 10/16/19 there are vaping lung injuries in Minnesota and Nationally

GOAL: *Help community members quit and/or not start smoking or vaping.*

- Emphasis must be placed on communication and education on the health risks associated with tobacco and e-cigarette use (vaping) and exposure.
- Can E-Cigarettes Help Smokers Quit?
The Food and Drug Administration has not found any e-cigarette to be safe and effective in helping smokers quit. If smokers are ready to quit smoking for good, they should call 1-800-QUITNOW or talk with their doctor about finding the best way to quit using proven methods and FDA-approved treatments and counseling.
- How Can Smokers Quit?
The American Lung Association believes everyone who uses tobacco products can quit using methods that are proven safe and effective by the FDA, including the seven FDA-approved medications and individual, phone (available by calling 1-800-QUITNOW and 1-800-LUNGUSA) and group counseling (such as the Lung Association's Freedom from Smoking® program). Learn more about quitting smoking at Lung.org/stop-smoking.
- The best way to prevent tobacco-related illness and death is to keep kids from starting to smoke in the first place.

- Initiate, promote and enforce smoking/vaping free policies on healthcare facilities grounds and promote asking partnering suppliers and onsite vendors to do the same.
- Collaborate with Community partners
- Continue current and expand hospital prevention classes
- Facility will provide Tobacco Cessation Programs
- Facility will provide meeting support
- Provide staff hours
- Employees will participate in community education to promote the prevention of smoking
- Staff and physicians will provide education on smoking cessation to patients
- Participate in community education to promote the prevention of smoking
- Provide education with a focus on diseases caused by smoking

There are needs identified in the Community Health Needs Assessment which Avera Tyler is not directly involved in addressing in this implementation plan. These identified needs include cardiovascular disease, asthma, and cancer, and are addressed in a more limited capacity through Avera Tyler compared to the capabilities of other community assets.

The proposed implementation strategy will be presented for discussion, consideration and approval to the Avera Tyler Board of Directors on October 28, 2019.