

COMMUNITY HEALTH NEEDS ASSESSMENT  
**Implementation Plan**  
AVERA MARSHALL REGIONAL MEDICAL CENTER

**2019**

### **Executive Summary**

Prior to the CHNA, Avera Marshall 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 Marshall 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 Marshall 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 Marshall Regional Medical Center’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 Marshall 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 Marshall is in its 68th year of serving the surrounding communities of Lyon County in Southwest Minnesota. From a community hospital that first opened in 1950 to the regional medical center 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 Marshall has maintained core services, strengthened sophistication through technology and recruited skilled professionals for its team. Avera Marshall continues to have significant impact on the local economy, through jobs, visitors, and overall commerce. Successful recruitment of physician specialists has brought a surge of credibility and access that has not been available to the region before. These successes are built on the premise of continuing to fulfill the mission, vision and values of the 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.

## **Vision**

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

**Ministry:** Avera Marshall participates in the healing ministry of Jesus.

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

**Service:** Avera Marshall will exceed the expectations of our customers.

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

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

## **Core Values**

In caring together for life, the Avera Marshall 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 Marshall serves southwest Minnesota, including all people, regardless of age, nationality or economic status. For purposes of this Implementation Plan, community is defined as Lyon County (Primary Service Area) and four surrounding counties of Lincoln, Redwood, Pipestone and Murray, as (Secondary). The cities in Lyon County include Marshall, Minneota, Ghent, Taunton, Lynd, Russell, Cottonwood, Tracy, Balaton and Garvin. Marshall is the county seat with the largest share of population, with the other communities considered micro-communities functioning as their own municipalities.

## **Prioritization**

### **Health Care Priorities**

Identification of priority health needs was accomplished through meeting with internal stakeholders of Avera Marshall, including the Governance and Foundation Boards, the Avera Medical Group Marshall Leadership Council and the Administrative Council. Supported with the primary and secondary community health and wellness data obtained through the CHNA process, the 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 Marshall Regional Medical Center.

Upon completion of the prioritization process, Avera Marshall Regional Medical Center 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 Lyon 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.
- 28 percent of 9th grade students in the identified counties 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.

***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***

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- Increase the proportion of adults and children with mental health disorders who receive treatment. Improve behavioral health (BH) access and quality care. Increase appropriate use of screening and prevention services.
- 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. Partner with mental health providers to offer education on stress management to our patients and the community.
- 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. Monitor and improve collaborative opportunities between medical and behavioral health care.
- Increase awareness and reduce stigma around mental health issues and assist disbursing local resource materials.
- 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) continues to rise in every racial and ethnic population in the identified counties, as well as among children, adolescents, and adults, in both males and females. The obesity rate in Minnesota is 28.4 percent (2017).
- Lyon County had a higher rate of obese adults compared to the State of Minnesota. Lyon County had 30 percent of adults reporting a BMI of 30 or more versus Minnesota with a 28 percent obesity rate. (2019 County Health Rankings used data from 2015 for this measure.)

**GOAL:** *Provide Community members with healthy food and healthy life style choices for themselves and family members.*

### Access to Healthy Food Options

- Access to healthy food options that are affordable.
- Education on healthy food options.
- Continue to collaborate 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.
  - Promote Obesity screening and counseling
  - Promote Healthy diet and physical activity

- Provide hospital classes with Nutrition Services and Dieticians to cook healthier
- Facility will provide Weight loss Programs
- 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."

- Adults and 9<sup>th</sup> grade smoking rates are decreasing in Lyon County (higher in Lincoln and Pipestone counties).

**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](http://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.
- Continue current and expand hospital prevention classes
- Facility will provide Tobacco Cessation Programs
- Facility will provide meeting support.
- Provide staff hours.
- Staff and physicians will provide education on smoking cessation to patients
- Provide education with a focus on diseases caused by smoking
- Employees will participate in community education to promote the prevention of smoking
- 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

There are needs identified in the Community Health Needs Assessment 2019 which Avera Marshall is not directly involved in addressing in this implementation plan. These identified needs include cardiovascular disease, cancer, and aging problems, and are addressed in a more limited capacity through Avera Marshall compared to the capabilities of other community assets.

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