Landmann-Jungman Memorial Hospital

Avera

Community Health Needs Assessment

Implementation Strategy

Based on Fiscal Year 2022
Community Health Needs Assessment Research & Analysis

Organization Mission

Landmann Jungman Memorial Hospital Avera is committed to providing the highest quality healthcare with compassion and respect. Our commitment shall be to the ethical treatment of all people throughout the continuity of life. We recognize the constantly changing face of healthcare and we pledge to continually strive to meet the changing healthcare needs of our community. Through a constant review of our goals, commitment to our ideals, and efficient management, we look forward to providing quality care to the community for years to come. As an Avera managed facility, the mission of Avera includes that 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.

Community Served

Landmann-Jungman Memorial Hospital Avera is located in Scotland, S.D. Scotland, located in Bon Homme County, S.D., is in the south central part of the state. Agriculture is the primary economic driver in the county. Landmann Jungman's primary service area is defined as Bon Homme County. In fiscal year 2021, 70 percent of inpatient discharges and 81.5 percent of Emergency Room visits were from Bon Homme County. According to the U.S. Census Bureau's 2019 estimated data, the population of Bon Homme County was just under 7,000 people and is predominately White/Caucasian (86%). About 21 percent of the population is over the age of 65. County Health Rankings assesses the unemployment rate of Bon Homme County at 3.2 percent compared with the state of South Dakota's 3.3 percent unemployment (2019.) County Health Rankings states that the median household income of Bon Homme County is $52,700, which is about $7,700 less than the state's average (2019). The percentage of persons 50 percent below the Federal Poverty Level in 2019 was 6.26 percent; just over 1/5 of households are single parent households within the county. County Health Rankings data shows high school graduation in the county at 87 percent, which is below the State rate at 92 percent. The Bon Homme County percentage for adults over 25 years of age with a Bachelor's degree or higher at 47 percent, which is significantly below the State rate of 68 percent (2015-2019). The secondary service area includes portions of Hutchinson and Yankton counties. Hutchinson and Yankton Counties are demographically similar to Bon Homme County with rural, agricultural lifestyles. In fiscal year 2021, these two counties made up 19 percent of inpatient discharges and 14 percent of Emergency Room visits. Landmann Jungman has about 9,800 outpatient and clinical encounters a year for one or more services at the health center.

There are two hospitals located in Bon Homme County, namely Landmann Jungman Memorial Hospital Avera and St. Michael's Hospital Avera. St. Michael's Hospital Avera is located in Tyndall, S.D., which is about 22 miles southwest of Scotland. Both hospitals are considered essential community services.

Implementation Strategy Process

The assessment 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.

1. Statistical data from reliable data repositories or agencies
2. Formal interviews
3. Information discussions
4. Anonymous survey
5. Review of clinical/medical services and grant projects at Landmann Jungman.

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 identified to help prioritize areas and realistically choose options for the health center to address.

Behavioral Health Concerns

Behavioral Health needs identified during the process included multiple different topics and areas of need. These needs included substance use, local face-to-face mental health counseling access, lack of access for behavioral health care, substance use education, and other health behavior education for the teen population in general.

Social Determinants of Health

Many different social determinants of health were identified as needs, ranging from dilapidated homes, rundown sidewalks, poverty, affordable healthcare needs, transportation issues, housing needs including low income housing and assisted living centers, to lack of childcare options.

Health Education

Health education for many topics was assessed and identified as a need. Some of the examples of needed health education include more health education in the school not only with students but also with staff, immunization education, youth health education, healthy living education specifically including healthy eating and prevention of obesity, benefits of telehealth education, as well as alcohol and substance abuse education.

Chronic disease treatment and prevention

Need identified include providing care for chronic diseases as well as preventing diseases in our community. Diabetes, cancers, and cardiac diseases all ranked high as needs identified in our service area.

Access to health care from pediatric to geriatric

Having healthcare and maintaining healthcare in the service area was a recurrent theme as a health need identified, including the need to keep care local with having specialty care onsite versus sending patients to specialists or utilizing telemed options. This ranged from clinic care, specialty access, emergency room care, therapy services, EMS shortage, dental services, optometry services, pediatric and geriatric care, urgent care clinic hours or extended hours during increased illness seasons, and expanded pharmacy services.

Prioritized Health Needs

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

Health Education

Health education was prioritized based on importance placed by the community and feasibility for the health center to address the issue with current resources. It is recognized that we can provide health education in our community in various locations and formats to help increase health literacy and promote a culture of prevention.

Behavioral Health Concerns

Behavioral Health needs were prioritized based on importance placed by the community through interviews, statistical data, and survey data. Although there are some limits to feasibility to address all behavioral health needs, the implementation plan will help strategize goals in the area of behavioral health concerns.

Social determinants of health

Prioritizing social determinants of health by looking at health disparities contributing to these issues was the criteria used. It is felt at this time that the hospital cannot address the built environment, concerns over lack of healthy food access, dilapidated homes and city sidewalks, poverty, lack of child care options, and transportation issues in the community alone. To help address these needs, the hospital will commit to having a representative at the table with local programs and projects that work together to address built environment issues related to exercise and healthy eating, as well as related social determinants of health.

Access to health care from pediatric to geriatric

Access to care was a critical factor identified in data reviewed, interviews, and in the survey. The CHNA committee recognized this as a prioritized health issue based on data collected during the CHNA. Research indicates that access to quality health care can relieve the burden of health disparities. This was also viewed as realistic in scope for the health center to address with current resources. Although there are some limits to feasibility to address all health care needs, the implementation plan will help strategize goals in the area of access for care focusing on pediatrics, geriatrics, and chronic disease concerns.

Significant Health Needs to be Addressed

The Community Health Needs Assessment Committee met on August 10th, 2022 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 Landmann Jungman Memorial Hospital Staff member will be assigned as leader to implement the action plan area.

Health Education	
Overarching Goal	*Provide health and behavioral health education in a variety of different learning platforms to Landmann Jungman's service area.*
1.1.1. Action Plan	*Provide digital media education for a variety of health issues.*
1.1.2. Action Plan	*Utilize the local newspaper to write health education articles.*
1.1.3. Action Plan	*Provide resource guides and education sheets for diseases that are prevalent in our service area and have them available via print/digital.*
1.1.4. Action Plan	*Assist with at school health education needs.*
1.1.5. Action Plan	*Provide in person and hands on health education of topics that appeal across a life span.*
1.1.6. Action Plan	*Teach Hands Only CPR and Stop the Bleed in the community.*
1.1.7. Action Plan	*Assist the local EMS with teaching certain education topics to EMS staff.*
1.1.8. Resources Committed to Achieve Goal	*Staff time; print materials*
1.1.9. Collaborations Needed to Achieve Goal	*School district, community groups, EMS*
1.1.10. Anticipated Impact	*Provide evidenced based health education to the service area.*

Behavioral Health Concerns	
Overarching Goal	*Provide access to behavioral health care and education on ways to access behavioral health support in our community.*
1.1.1. Action Plan	*Provide education on 988 Suicide and Crisis Lifeline.*
1.1.2. Action Plan	*Provide behavioral health care access through telemedicine options.*
1.1.3. Action Plan	*Meet with community groups and stakeholders to educate the public on the services available.*
1.1.6. Resources Committed to Achieve Goal	*Staff time; print materials*
1.1.7. Collaborations Needed to Achieve Goal	*Avel eCare team; Avera eConsult; school district; community groups such as Rotary, PEO, Parent Teacher Association*
1.1.8. Anticipated Impact	*Improve knowledge on how to access behavioral health services and support.*

Social determinants of health	
Overarching Goal	*Partner with community decision makers to address social determinants of health.*
1.1.1. Action Plan	*The hospital will commit to having a representative at the table with local programs and projects that work together to address built environment issues related to exercise and healthy eating.*
1.1.2. Resources Committed to Achieve Goal	*Staff time*
1.1.3. Collaborations Needed to Achieve Goal	*Community decision makers and local organizations*
1.1.4. Anticipated Impact	*Attend 3 community meetings to provide healthcare perspective on social determinants of health.*

Access to health care from pediatric to geriatric	
Overarching Goal	*Improve access to health care in the service area.*
1.1.1. Action Plan	*Assess the potential for volunteer transportation services.*
1.1.2. Action Plan	*Evaluate potential expansion of chronic care RN services.*
1.1.3. Action Plan	*Continue low-cost screening services to benefit community.*
1.1.4. Action Plan	*Increase utilization of dietitian for dietary management in chronic disease such as diabetes and heart disease.*
1.1.5. Action Plan	*Promote self-guided programs that help minimize impacts of chronic disease.*
1.1.6. Action Plan	*Facilitate school physicals, sports physicals, sports medicine, impact testing, and immunization of pediatric population.*
1.1.7. Resources Committed to Achieve Goal	*Staff time; general supplies*
1.1.8. Collaborations Needed to Achieve Goal	*Staff, volunteers, school district, community groups, SDSU extension*
1.1.8. Anticipated Impact	*Decrease unnecessary emergency room utilization; improve management of chronic diseases.*

Significant Health Needs Not Addressed

When the Community Health Needs Assessment Committee met on August 10th, 2022 to prioritize health needs, there was also discussion on what needs identified would not be addressed. Although many social determinants of health factors and built environment needs were considered a need in the community, the committee did not feel that this was realistic for the hospital to address alone nor by direct funding. Walking and bike paths, sidewalk repair, and home dilapidation are significant cost items and need ongoing maintenance, which the committee felt was a resource constraint for the hospital at this time from a financial perspective, as described above.

DATE ADOPTED BY AUTHORIZED BODY OF HOSPITAL: 9/27/2022