

2018 Bennett County Hospital and Nursing Home Community Health Needs Assessment Bennett County, South Dakota Executive Summary

Description of Hospital

Bennett County hospital was started as a private physician practice in 1923 with the construction of the current two story building that is settled between the current hospital and nursing home. This Private practice was in use until 1947 when it was deeded to the Rapid City Diocese. After a few years the nuns were unable to find a way to ensure the continued operation of the hospital. The hands then changed to the Franciscan Sisters of Chicago Illinois in 1952. However there was one stipulation, the community needed to build a new hospital. This was no easy task but nun the less inn 1953 construction of a new hospital had begun. This was also the time when the County took sole ownership of the land and building. The new hospital was completed in 1955 and an addition of six rooms were added in 1959 taking the total bed count to 20 with an attached clinic. The sisters lived in dorm rooms in the second floor of the two story building. They kept the facility in operation until 1971 when there was no physicians at the facility and in September of that year the hospital closed its doors for the only time in operation. The hospital re-opened in September of 1972 and in June of 1973 the county took over governance and operations of the facility which it had owned since 52'. In September of 1983 a 50 bed nursing home was built along with a new clinic in 1999 both which are attached to the hospital.

In 1981 Management of the facility again changed hand from the county to AHS (Advanced Health Systems based in Irvine, CA). AHS and the county's agreement lasted two years and at the end of the contract period it was found that AHS was being sold. In 2005 the facility management was turned over from the county to a new nonprofit that formed called the Bennett County Hospital and Nursing Home. This non-profit was headed up by individuals from the community and in conjuncture with Casey Peterson LLC to get past the bumps and hills that had been faced in the past and work on being creative to find solutions to the issues. It took time but the facility started to make a turn for the better.

Bennett County hospital is now a twenty-four hour level one trauma receiving ED with three ED beds. The Hospital is 14 beds and is still a standalone hospital that is governed by a five member Board of Directors, consisting of volunteer members of the area's business community. The Bennett County Hospital's tertiary Rapid City regional for referring our hospital patients to if their needs are above what we can safely offer them.

During 2017 and 2018 a Community Needs Assessment was conducted by the Bennett County Hospital and Nursing Home for the approximate 3,500 residents of Bennett County. The hospital collected primary and secondary data throughout the assessment. Based on those results we have identified the following needs:

- Need for a new and expanded hospital.

- Health Education
- Substance Abuse

I. Community Served by Hospital

Bennett County Hospital and Nursing Home’s primary service area is Bennett County with over 90 of our admissions being from Bennett County according to the Hospital Discharge data from the South Dakota Association of Health Care Organizations. According to the 2017 census Bennett County has a population of 3,454 residents.

While Martin is the capital seat and largest town in Bennett County there are five other towns that feed into Martin, those towns consist of Allen, Swett, Batesland, Tuthill, and Vetel. Bennett County’s population has remained stagnant with a less than 1% growth over the last 7 years.

County	Bennett County
Total Population	3454
Under 5	311
Under 18	1139
65+	432
Median Age	29.4

U.S. Census Bureau 2017 Demographic Profile

The local economy is dependent on agriculture. The median house hold income is \$45,000 with a home ownership of 61%. According to the U.S. Bureau, Bennett County is primarily Native American and the more recent increase is due to individuals who are trying to move past the Pine Ridge Indian Reservation.

Population by Race

White	1140 / 33.00%
American Indian/Alaskan Native	2038 / 59%
Asian	2 / .04%
Other	275 / 7.96%

Bennett County Hospital and Nursing Home are the only Hospitals and Nursing Homes in Bennett County hospital. We do have a competing clinic on main street.

II. Community Health Needs Assessment Process

The Health assessment of Bennett County was conducted by Bennett County Hospital with the goal of producing a current health profile for Bennett County Hospital and Nursing Home’s servicing area.

Bennett County Hospital and Nursing Home gathered primary and secondary data through individual's interviews with businesses, patients, and patient families. Secondary data came from health data from local, state, and national sources.

III. Community Input

The assessment process was initiated by Bennett County Hospital starting in 2017. The information was gathered in person to ensure that we had real time data and that we truly had an understanding what the community was currently going through. It was an at random information gathering where we did not dwell on their current race, income, or health status. We wanted honest answers and worked hard to keep the conversation as casual as possible.

The three area of concern were access to care and ensuring there was a facility that could meet those needs, access to education of health topics, and substance abuse. Other related issues were workforce, affordable healthy food choices, and transportation issues.

Workforce development and transportation were areas that have been talked to throughout the community in chamber of commerce meetings as well as conversations with private business owners. The community recognizes that we have a different age group coming into the work force that have not been taught the life skills needed to be successful on their own. We have tried to partner up with the school system to start educating from within on the needs of the community for health, good nutrition, and health jobs that they could be available in town but have had little success in getting the principle to agree to us helping with the classes.

Other areas for improvement were to leverage a better wage package for licensed staff to curb the use of registry/pool staffing. This has worked to retain and gain nurses from within our area. We are looking to see if this would be the similar scenario for unlicensed staff. We have ramped up our efforts with the REHPs program who send students into rural areas to understand what rural facilities are about as well as working with several Tech Schools and Universities to offer clinical hours at our facility hoping to entice some of the students into a rural career.

IV. Prioritized Significant Community Health Needs

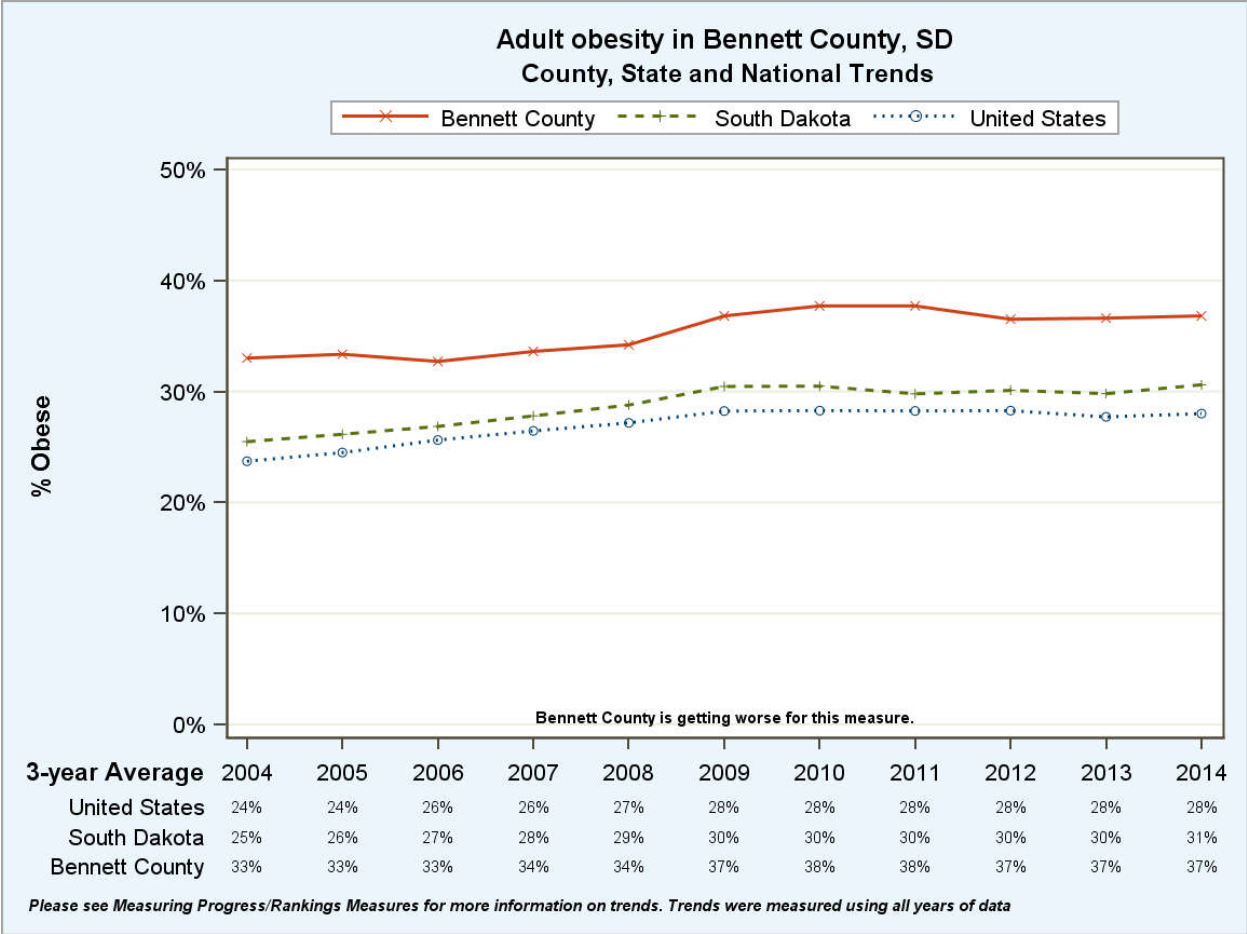
The prioritization process took into consideration the needs of the general population and what the issues were that they were experiencing. The number one need is a new facility in which to attract additional providers, services, and patients to. Newer facilities are an easier way to recruit services and providers and patients love to come to the newer facility. The second area was education on affordable healthy food choices. With a population that falls into the 33 percentile living at or below poverty. There is an increased use of government programs such as EBT, Medicaid, and unemployment. The county has a 66% factor of single parents and 43% of all children live in poverty. This along with the third area of need being transportation all sets the

tone for individuals not being able to be successful. On the 10th of the month is when the EBT cards get replenished for the month until the 10th of the following month. This day is the largest purchasing day for the local grocery stores as many of the patrons will car pool together and get groceries. This forces the individual to go after the isles that have higher expiration dates starting with junk food such as chips, pop, frozen isles first then if there is anything left they will go to the meat department but seldom go for fresh fruits and vegetables as they are higher prices and most of the time have already started to spoil due to poor turnover.

Transportation also prevents individuals to come in to the clinic for wellness checkups, annual physicals, and vaccinations. Due to this our ED sees on average 250 ED visits a month many of which are a clinical visit and not reimbursed by the IHS contracted services. This adds additional strain on the hospitals resources for critical patients that come into the ED and some individuals do not understand that we use a triage system for patient importance.

Bennett County
Community Health Rankings and Roadmaps

Health Outcomes	Bennett County	National Average	Variance	
Adult Smoking	26%	14%	-12	
Adult Obesity	37%	26%	-11	
Food Environment Factors	1.7	8.6	-6.9	
Premature Deaths	13,800%	5300%	-8,500	



V. Potential Available Resources

The community needs health assessment identified one community asset that is currently doing a promotion to add a healthier option to shopping which children by offering a free piece of fruit while shopping. Bennett County Hospital and Nursing Home has started incorporating appropriate alternatives while doing community open house events such as having fresh fruit and vegetables available instead of cookies. Potential resources to further our cause to reduce child hood obesity will be to work with Feeding South Dakota and Churches to do food drives where we can get the healthier alternatives in front of children and maybe even look at starting a food exchange where individuals bring in their non-healthy food and trade for a healthier option. We will also look to community leaders to ensure that at their events we have the ability to talk about better option and also get into the school programs and start programming younger generations to ensure to ask for better options. We will also look to do a community initiative for a healthier community leading the community into doing some type of group fitness activity.

VI. Evaluation of Impact

The evaluation of this the 2016 community needs assessment will be a long term process. It is a marathon and not a race to encourage younger generations to change their eating habits when families may not have the resources to start the process themselves. It will be crucial to get as much community involvement in the Bennett County Hospitals service

area to encourage each and every family to make the changes they see fit for their families' social situation.

The 2015 community needs assessment focused on the facilities ability to provide for the community. Primarily focusing around the financial of the facility, ensuring the facility could operate its own clinic, add additional resources such as full time Physical, Occupational, Speech, and Respiratory therapy. Additional providers were also needed to fill the current vacancies. The facility has filled all of the needs assessment except the full time speech therapy position. They did however find a part time Nurse Practitioner who has a Psych Certificate helping meet the psychological needs of the facility. Cash flow continues to struggle however it is manageable through good management of the cost report and ensuring that all individuals who we can care for here can stay here.

Next Steps

The Facility will work with community leaders to develop and implement strategies for each priority. The leaders will be responsible for.

- Finding out what other community organizations are doing regarding the priority.
- Organize and team up assets and personnel to meet the goal of the priority
- Guide the work of the teams to accomplish the work plan
- Establish Measurable outcome indicators
- Communication with the community at large to ensure it is a community focus.