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EXECUTIVE OVERVIEW
Sanford is pleased to present the 2018 Community Health Needs Assessment (CHNA) and Implementation Strategies. The CHNA is an opportunity to formally identify and address community health issues.

**Purpose**

The purpose of a CHNA is to develop a global view of the population’s health and the prevalence of disease and health issues within the communities served by Sanford. Findings from the assessment serve as a catalyst to align expertise and develop a Community Benefit plan of action.

A CHNA is critical to a vital Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and drives innovation and research. The assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

**Guiding Principles**

The following guiding principals direct the work of committees and groups across the enterprise.

- Healthcare is a community asset.
- Care should be delivered as close to home as possible.
- Access to healthcare must be provided regionally.
- Integrated care delivers the best quality and efficiency.
- Community involvement and support is essential to success.
- Sanford is invited into the communities it serves.

**Regulatory Requirements**

Federal regulations stipulate that not-for-profit medical centers conduct a CHNA at least once every three years. The formally identified needs are addressed through a prioritization process and strategies to address the needs are developed through an implementation strategy plan in accordance with the Internal Revenue Code 501(r).
The Internal Revenue Code 501(r) requires that each medical center must have: (1) conducted a CHNA in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. Sanford is required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Not-for-profit medical centers are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers. The CHNA includes a process to identify community resources that are available to address and prioritize assessed needs.

Medical centers are to address each and every assessed need or defend why Sanford is not addressing the need. Once the needs have been identified and prioritized, medical centers are required to develop an implementation strategy to address the highest priority needs. The strategies are reported on the IRS 990 and a status report must be provided each year on the IRS 990 Schedule H.

**Study Design and Methodology**

Sanford convened public health and community health leaders throughout the footprint to determine the key needs for information and data gathering. A community stakeholder survey and a resident survey was conducted for all communities with Sanford medical centers.

**Primary Research**

**A. Key Stakeholder Survey**

An online survey encompassing 83 questions was conducted with identified community key stakeholders. The study concentrated on the stakeholder’s concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, healthcare and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford and Public Health Directors from counties across the Sanford footprint distributed the survey link via email to stakeholders and key leaders. Data collection occurred from November 2017-January 2018.

**B. Resident Survey**

The resident survey tool included 108 questions about the respondent’s personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the State Health Improvement Plan surveys and those questions were included in the resident survey. The North Dakota Public Health Association developed an Addendum to the survey with questions specific to the American Indian population. The survey was posted on Facebook, and a notice was posted in the local newspapers to invite residents to take the survey online. The survey was also sent to a representative sample of the populations secured through Qualtrics, a qualified vendor.
C. **Community Asset Mapping**

Asset mapping was conducted to find the community resources that are available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining the top needs.

D. **Community Stakeholder Discussions**

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced, and each participant was asked to consider their top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

E. **Prioritization Process**

The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders across the Sanford footprint to complete the multi-voting exercise.

**Secondary Research**

A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.

B. The U.S. Census Bureau estimates were reviewed.

C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is [https://www.communitycommons.org/maps-data/](https://www.communitycommons.org/maps-data/).

D. In some communities, additional secondary data was available, such as the North Country Community Health Services 2017 Northwest Region Adult Health Behavior Survey Summary – Beltrami County Report.

**Implementation Strategy**

Each medical center developed strategies to address the prioritized needs. The implementation strategies will be filed with the IRS 990 for year ended December 31, 2019.

**Demonstrating Impact**

The 2016 community health needs assessment served as a catalyst to lift up specific priorities in each community as implementation strategies for the fiscal years 2017-2019 timespan. The strategies and status of each strategy are reported as part of the IRS 990. The 2018 CHNA includes the current status of the 2016 implementation strategies.

**Executive Overview**

Behavioral health and substance abuse disorders continue to be the number one concern overall for community leaders and residents in the communities that Sanford serves. Drug issues such as alcohol and prescription drug abuse in both adults and teens provide new challenges and the need for bold new strategies.
The 2018 CHNA builds on Sanford’s past findings while moving strategies forward to meet the newly identified needs. Sanford continues to build on its legacy and service to meet community needs through expansion of multifaceted strategies, including those listed below:

**Behavioral Health**

- **Transformative Integration of Behavioral Health into Primary Care**
  Sanford received the Centers for Medicare and Medicaid Services (CMS) Healthcare Innovations award in the amount of $12M in 2012 to develop an innovative and sustainable primary care delivery model for patients with chronic disease through workforce development, enhanced technology and the integration of behavioral health in primary care clinics.

  As a result, Sanford expanded and enhanced a fully integrated primary care team to include a re-engineered workforce of Registered Nurses (RN) as health coaches, clinical social workers as behavioral health triage therapists, and psychiatrists and psychologists as primary care partners. In addition, Sanford performs a depression assessment at each primary care visit. If referral for specialty care is required, Sanford’s team of psychiatrists, psychologists, counselors and psychiatric nurses work with patients in individual and group settings to ensure the patient gets the appropriate care.

- **Expansion**
  - **Sanford Research North**
    Sanford merged with the Neuropsychiatric Research Institute (NRI, subsequently renamed to Sanford Research North) of Fargo, ND on July 1, 2018. Over the last 20 years, NRI has focused on eating disorders, obesity and outcomes of bariatric surgery. This new partnership expands the clinical and translational research and enhances potential treatments for patients.
  - **Upper Mississippi Mental Health Center at Sanford Bemidji Medical Center**
    Sanford merged with Upper Mississippi Mental Health Center in Bemidji, which has provided for improvement in access to behavioral health services. Access to the mobile crisis team has improved by placing crisis team staff directly in the hospital, allowing them to respond to behavioral health crises both in the Emergency Department and in the inpatient units.

**Substance Abuse**

- **Controlled Substance Stewardship Committee**
  The Sanford Quality Committee formed a Controlled Substance Stewardship Committee. The goal is to ensure patients are safe and well treated and that physicians are educated in how to treat patients while being good stewards of the use of opioids. Outcomes of this work have shown a significant reduction in both the number of pills prescribed and prescriptions written.

- **First Steps to Healthy Newborns**
  Sanford Bemidji, supported by a grant from PrimeWest, implemented a program entitled First Steps to Healthy Newborns. First Steps provides education, prevention, early intervention and support for opioid exposed newborns and mothers.

- **Sanford Sioux Falls USD**
  Sanford Sioux Falls USD has added a Peer Support Advocate (PSA) position to enhance addiction services provided by Sanford. The primary role of the PSA is to assist and direct people in recovery from addiction to the proper resources for ongoing care, promoting accountability and mitigating relapse.
Additional Community Needs
The CHNA also identified a number of other community concerns that were common themes in several communities Sanford serves. While each medical center will develop specific strategies to address the specifics of their community’s issues, there are a number of areas where enterprise wide strategies can help to support these local efforts:

- **Workforce development:** Sanford has a long standing history of strong relationships with local universities across the footprint and has developed scholarship programs for employee family members. In addition, Sanford offers extensive internship programs to expose young people to the variety of career opportunities in health care.

- **Chronic disease management:** In addition to a myriad of efforts around care management for patients with chronic disease in both the Sanford Health Plan and Health Services, Sanford is focusing on a new initiative to address the most complex patients with hypertension, hyperlipidemia, and diabetes, addressing all of the complicate factors for these patients, including social determinants that might be barriers to care and improved outcomes, as part of a larger initiative to move population health management to the forefront in the organization.

- **Access to care:** While the focus continues on ensuring access to primary care with physical locations distributed throughout Sanford’s rural footprint, Sanford is on the leading edge of adopting telehealth technology that will supplement and complement its care delivery infrastructure in urban and rural areas in a cost efficient manner.

- **Services for children and youth:** While Sanford continues to be a national leader in providing pediatric specialty and subspecialty services in rural areas, offering access to services normally found only in highly dense urban areas, Sanford also is looking to expand reach in primary care and basic services throughout the region by leveraging new technologies like TytoCare, that can be efficiently deployed in schools and other public settings to supplement the limited resources of communities, and leverage the specialty talent across the enterprise.

Acknowledgements
Sanford expresses gratitude to the multitude of Sanford leaders regional steering groups, facility steering groups, medical center boards of directors and others who provided ongoing guidance, support and expertise throughout the process. Together, Sanford and communities are reaching the vision to “improve the human condition through exceptional care, innovation and discovery.”

Summary
The community needs assessment, process, and findings engage Sanford in dialogue with community partners and stakeholders. There is a call to action through this research. The priorities that have been identified in this report have been vetted through research and discussions with community stakeholders. Each priority requires the development of implementation strategies and monitoring of measurable outcomes. Sanford will execute measures and monitor the strategies for optimal results while continuing to build on its legacy and services to meet community needs across the Sanford footprint.
FACILITY EXECUTIVE SUMMARIES
SANFORD ABERDEEN MEDICAL CENTER

Sanford Aberdeen Medical Center is a 48-bed, state-of-the-art medical center designed to meet the growing healthcare needs of the Aberdeen region and its communities. It opened in July 2012. The facility was designed as a healing environment that focuses on the patient and their family.

Comprehensive services include emergency care/Level IV trauma center, adult and pediatric care, labor and delivery, critical care, cardiac cath lab, inpatient and outpatient surgical and procedural areas, inpatient and outpatient therapies, women’s center, laboratory and imaging services.

Sanford Aberdeen Clinic is a multi-specialty clinic attached to the medical center providing family medicine, internal medicine, general surgery, cardiology, interventional cardiology, OB/GYN, nephrology and urology services. A Children’s Clinic is also located on site. Satellite clinics integrated with Sanford Aberdeen are located in Ipswich, South Dakota and Ellendale, North Dakota.

Sanford Aberdeen employs 50 clinicians, including physicians and advanced practice providers and over 450 employees.

Key Findings

Sanford Aberdeen is serving a community that has strong concerns for the need for a skilled labor force, food insecurity, childhood obesity, substance abuse by youth, the cost of long term care and memory care, abuse of prescription drugs, access to affordable health insurance and healthcare, mental health and substance abuse in the community. Residents self-report binge drinking, depression, anxiety, obesity and chronic disease.
Current state of community issues regarding HEALTHCARE AND WELLNESS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to affordable health insurance coverage (N=52)</td>
<td>3.87</td>
</tr>
<tr>
<td>Access to affordable healthcare (N=52)</td>
<td>3.75</td>
</tr>
<tr>
<td>Access to affordable prescription drugs (N=52)</td>
<td>3.46</td>
</tr>
<tr>
<td>Availability of specialist physicians (N=52)</td>
<td>3.19</td>
</tr>
<tr>
<td>Availability of mental health providers (N=51)</td>
<td>3.18</td>
</tr>
<tr>
<td>Access to affordable dental insurance coverage (N=52)</td>
<td>3.15</td>
</tr>
<tr>
<td>Availability of non-traditional hours (e.g., evenings, etc.)</td>
<td>3.14</td>
</tr>
<tr>
<td>Access to affordable vision insurance coverage (N=52)</td>
<td>3.13</td>
</tr>
<tr>
<td>Availability of behavioral health (e.g., substance abuse)</td>
<td>3.12</td>
</tr>
<tr>
<td>Availability of prevention programs and services (e.g., etc.)</td>
<td>2.98</td>
</tr>
<tr>
<td>Use of emergency room services for primary healthcare</td>
<td>2.98</td>
</tr>
<tr>
<td>Coordination of care between providers and services (N=51)</td>
<td>2.78</td>
</tr>
<tr>
<td>Timely access to medical care providers (N=52)</td>
<td>2.69</td>
</tr>
<tr>
<td>Availability of healthcare services for New Americans (N=44)</td>
<td>2.67</td>
</tr>
<tr>
<td>Availability of healthcare services for Native people (N=44)</td>
<td>2.64</td>
</tr>
<tr>
<td>Availability of doctors, physician assistants, or nurse practitioners</td>
<td>2.62</td>
</tr>
<tr>
<td>Access to technology for health records and health services</td>
<td>2.44</td>
</tr>
<tr>
<td>Timely access to dental care providers (N=52)</td>
<td>2.42</td>
</tr>
<tr>
<td>Timely access to vision care providers (N=52)</td>
<td>2.35</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)

Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic substances)</td>
<td>3.62</td>
</tr>
<tr>
<td>Depression (N=53)</td>
<td>3.40</td>
</tr>
<tr>
<td>Alcohol use and abuse (N=53)</td>
<td>3.34</td>
</tr>
<tr>
<td>Stress (N=52)</td>
<td>3.33</td>
</tr>
<tr>
<td>Dementia and Alzheimer’s disease (N=51)</td>
<td>3.27</td>
</tr>
<tr>
<td>Suicide (N=51)</td>
<td>3.16</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=52)</td>
<td>3.15</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=52)</td>
<td>2.79</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)

Self-reported binge drinking

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>58%</td>
</tr>
<tr>
<td>Once a month</td>
<td>22%</td>
</tr>
<tr>
<td>Once a week</td>
<td>16%</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>4%</td>
</tr>
</tbody>
</table>

10
Implementation Strategies

Priority 1: Healthcare Access

Goal: Create a tutorial for community members who seek to secure healthcare coverage.

Strategy:
- Develop a cross walk of insurance plans and their coverage options.
- Patients and community members will receive information about the Community Care Program.

Priority 2: Mental Health and Substance Abuse

Goal 1: Psychiatry services are available at Sanford Aberdeen

Strategy:
- Telemedicine outreach is available from Sanford Sioux Falls to Sanford Aberdeen.

Goal 2: Reduce the severity of depression

Strategy:
- Integrated health therapists are available in the primary care setting to access, provide therapy or refer patients for services.
- All primary care provider visits include depression screening using the PHQ-9 assessment tool.

Goal 3: CDC and Sanford standards of opioid prescribing practices are fully integrated

Strategy:
- Monitor and analyze compliance with Sanford’s accepted opioid prescribing standard.

Self-reported diagnosed conditions

- Anxiety, stress, etc.: 49%
- Depression: 46%
- Hypertension: 32%
- High cholesterol: 29%
- Arthritis: 24%
- Asthma: 19%
- Diabetes: 13%
- Other mental health problems: 10%
- Panic attacks: 7%
- Congestive heart failure: 6%
- COPD: 5%
Demonstrating Impact – Addressing the Needs FY 2017-2019

Physical Health - Goal: Improve Care of Patients with Obesity Diagnosis

Sanford Aberdeen Medical Center focused on the pediatrics population by providing Sanford fit program materials to area schools and childcare centers and promoting health and wellness. Sanford fit is available to all students and families through classroom and/or online through the Sanford fit website.

In addition, Sanford continues to offer educational sessions for the community:
• Cooking classes and nutrition education to student athletes.
• Nutrition presentations to groups with cancer and other chronic conditions (breast cancer, COPD, diabetes, etc.).
• Participation in community health fairs.
• Nutrition education for pregnant women and new moms (B4 Baby).
• Introduction of Solids (nutrition class series) for new parents.
• Participation in TV, radio, and newspaper interviews regarding nutrition topics in the news.
• Diabetes Prevention Program.
• Cooking with the Cardiologist for community members to attend.
• Participation in various community youth events through the schools (middle school/high school) promoting good nutrition.

Mental Health - Goal: Improve Care of Patients with Depression Diagnosis

Sanford developed a depression assessment tool for patients to complete during a clinic visit. Sanford Aberdeen Medical Center also added an Integrated Health Therapist (IHT) to the team as a resource along with RN Health Coaches and a care coordination assistant.

The Integrated Health Therapist (IHT) serves as an integral core team member within the patient-centered Medical Home. The IHT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The IHT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning.
Sanford Bagley Medical Center is a 25-bed medical facility located in Bagley, Minnesota. It provides services to people in Clearwater County and the surrounding area. The medical center employs 100 people, including 3 physicians practicing in the areas of family medicine, internal medicine and surgery, and 3 nurse practitioners practicing in family medicine and emergency medicine.

The medical center is served by a part-time advanced life support ambulance service and provides emergency care and medical-surgical services. Other services offered at Sanford Bagley are cardiac rehab, lab, radiology, respiratory therapy, sleep medicine, pharmacy and rehabilitation, including physical and occupational therapy. Outreach services bring visiting specialists in mental health, medical/nutrition therapy, sleep medicine, podiatry and orthopedics.

Key Findings

Sanford Bagley is serving a community that has strong concerns for the need for services in the community. The top concerns include drug and alcohol use and abuse, affordable housing, the homeless population, recovery supportive housing, teen suicide, abuse of prescription drugs, child abuse and neglect, the presence of street drugs and drug dealers, criminal activity, domestic violence, and access to mental and behavioral health specialists.

Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=56)</td>
<td>4.59</td>
</tr>
<tr>
<td>Alcohol use and abuse (N=56)</td>
<td>4.38</td>
</tr>
<tr>
<td>Depression (N=56)</td>
<td>4.09</td>
</tr>
<tr>
<td>Suicide (N=55)</td>
<td>4.07</td>
</tr>
<tr>
<td>Stress (N=56)</td>
<td>3.79</td>
</tr>
<tr>
<td>Dementia and Alzheimer’s disease (N=51)</td>
<td>3.39</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=54)</td>
<td>3.35</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=56)</td>
<td>3.11</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Current state of community issues regarding CHILDREN AND YOUTH

<table>
<thead>
<tr>
<th>Issue</th>
<th>Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse by youth (N=53)</td>
<td>4.28</td>
</tr>
<tr>
<td>Teen suicide (N=54)</td>
<td>4.00</td>
</tr>
<tr>
<td>Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=58)</td>
<td>3.84</td>
</tr>
<tr>
<td>Childhood obesity (N=58)</td>
<td>3.83</td>
</tr>
<tr>
<td>Teen pregnancy (N=53)</td>
<td>3.79</td>
</tr>
<tr>
<td>Cost of quality child care (N=53)</td>
<td>3.77</td>
</tr>
<tr>
<td>Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=54)</td>
<td>3.74</td>
</tr>
<tr>
<td>School absenteeism (truancy) (N=52)</td>
<td>3.73</td>
</tr>
<tr>
<td>School dropout rates (N=51)</td>
<td>3.71</td>
</tr>
<tr>
<td>Crime committed by youth (N=54)</td>
<td>3.61</td>
</tr>
<tr>
<td>Teen tobacco use (N=52)</td>
<td>3.60</td>
</tr>
<tr>
<td>Bullying (N=56)</td>
<td>3.57</td>
</tr>
<tr>
<td>Availability of quality child care (N=55)</td>
<td>3.56</td>
</tr>
<tr>
<td>Cost of activities (outside of school and sports) for children and youth (N=55)</td>
<td>3.55</td>
</tr>
<tr>
<td>Opportunities for youth-adult mentoring (N=56)</td>
<td>3.45</td>
</tr>
<tr>
<td>Parental custody, guardianships and visitation rights (N=55)</td>
<td>3.45</td>
</tr>
<tr>
<td>Availability of education about birth control (N=56)</td>
<td>3.34</td>
</tr>
<tr>
<td>Availability of activities (outside of school and sports) for children and youth (N=58)</td>
<td>3.16</td>
</tr>
<tr>
<td>School violence (N=50)</td>
<td>3.14</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Mental Health and Substance Abuse

Goal 1: Support supplemental certification of advanced practice providers (APP) in behavioral health

Strategy:
- Facilitate clinical rotations for Bagley APP.
- Provider will integrate into primary and behavioral health care.
- Provider will serve as a regional resource.

Goal 2: Align to the CDC standard for opioid prescribing practices

Strategy:
- Assess current compliance with accepted standard.
- Align prescribing methods with all Bagley providers.
- Monitor adherence to the prescribing standard.

Goal 3: Expand behavioral health telemedicine services

Strategy:
- Secure telemedicine equipment.
- Explore expanding access to crisis services in the ED.

Priority 2: Children and Youth

Goal 1: Develop volunteer program to provide opportunities for local employment and careers

Strategy:
- Partner with local high schools to provide volunteer opportunities.
- Promote career choices for students interested in the medical field or for students who want to seek local employment.

Goal 2: Seek outreach for teen and adolescent behavioral health services

Strategy:
- Sanford of Northern Minnesota (SHNM) will broaden the resources available for teen and adolescent behavioral health services.
- Sanford of Northern Minnesota will onboard psychologist at Sanford Bagley.

Goal 3: Expand education for healthy lifestyle choices

Strategy:
- Continue involvement with Bagley Spring Fling and focus on healthy lifestyle education.
- Integrate RN Health Coach with family practice for patient education.
Children and Youth

Sanford Bagley Medical Center placed a great deal of emphasis on getting resources and materials to children and their parents to help them to become more aware of health goals and wellness options. The Bagley Ambassadors group holds 4-5 events per year that provide interaction and learning opportunities for youth. These include booths at the county fair and high school events, a Teddy Bear Clinic, Spring Fling, and Haunted Hallway. The goal of these programs is to engage the youth in the community to make wellness a conversation and to make health care a familiar, non-threatening part of their lives. The information provided at these events reaches hundreds of individuals. This work is ongoing and will continue to be a priority for the community.

Mental Health

Sanford Bagley Medical Center’s goal of adding tobacco cessation services and providing Test4Life bracelets serves as a constant reminder of the importance of seeking mental health services for optimal mental health. These services provide the community with the opportunity to have tobacco cessation services available at the local level. The strategic goals have been met, and Sanford will continue to provide services for the community.
Sanford Bemidji Medical Center, a 118-bed regional medical center, has been a vital part of the Bemidji community since 1898. It is the largest medical center in the region, serving 176,000 people. It serves as a regional hub for AirMed air ambulance services and offers a Level IV trauma center and fully staffed emergency room.

As a provider of specialized care, Sanford Bemidji offers expanded services in cancer, heart and vascular care, orthopedics and sports medicine, behavioral health, women’s health, along with comprehensive adult, pediatric and senior health services. Thousands of patients in the Bemidji region are able to receive specialty care in their community, close to home.

In 2018, Sanford opened the Joe Lueken Cancer Center – the region’s largest cancer facility, offering comprehensive care all in one location. Services include medical oncology/hematology, radiation oncology, surgical oncology, infusion and pharmacy, research and clinical trials, nutrition, navigation and ongoing support, genetic counseling, survivorship and more. The new cancer center will serve thousands of people from throughout the region.

A merger with Upper Mississippi Mental Health in 2017 resulted in Sanford Bemidji becoming the largest provider of mental health services in the region. UMMHC had an upstanding history with programs for families, groups and individuals. Services range from psychological evaluations to alcohol and drug addiction services, and in-school child and adolescent therapy. With their expertise, and Sanford’s integrated system, it was a win-win for both organizations and allowed Sanford to embed needed behavioral health services into primary care clinics. A group of 70 mental health professionals joined the Sanford Bemidji team in 2017.

The Sanford Bemidji Heart and Vascular Center opened in 2013. This 6,500 square foot department, located within the medical center features a cardiology clinic, cardiac cath lab and prep and recovery areas. The center provides a broad spectrum of treatment including 24/7 emergent STEMI care, cardiology, interventional cardiology, cardiac electrophysiology, cardiac rehab, vascular surgery, screenings and more. Over the past six years, Sanford has lowered the death rates from among the highest in the state to being among the lowest. Plans are underway to expand the current facility due to capacity constraints of current space.
Sanford Bemidji also has 78 skilled nursing home beds, 120 assisted living apartments, including a separate dementia unit, a durable medical equipment company, a Class A licensed home care agency, and a Medicare-certified hospice program.

Sanford Bemidji employs over 165 clinicians, including physicians and advanced practice providers, and over 2,000 employees.

**Key Findings**

Sanford Bemidji is serving a community that has high concerns for substance abuse, the availability of behavioral health and mental health specialists, the presence of drug dealers, child abuse and neglect, domestic violence, homelessness, the availability of affordable housing, recovery supportive housing, the cost of long term care, the prevalence of suicide, and criminal activity.

### Current state of community issues regarding ECONOMIC WELL-BEING

<table>
<thead>
<tr>
<th>Issue</th>
<th>Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of affordable housing (N=58)</td>
<td>4.16</td>
</tr>
<tr>
<td>Homelessness (N=58)</td>
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<tr>
<td>Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=55)</td>
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<td>Skilled labor workforce (N=56)</td>
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<td>Hunger (N=56)</td>
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<td>Household budgeting and money management (N=57)</td>
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<td>Maintaining livable and energy efficient homes (N=55)</td>
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<td>Employment options (N=56)</td>
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</tr>
<tr>
<td>Help for renters with landlord and tenants’ rights issues (N=53)</td>
<td>3.23</td>
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</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

Drug use and abuse (e.g., prescription drugs, synthetic opioids,...)
- Alcohol use and abuse (N=56) 4.59
- Depression (N=56) 4.38
- Suicide (N=55) 4.09
- Stress (N=56) 4.07
- Dementia and Alzheimer's disease (N=51) 3.39
- Smoking and tobacco use (N=54) 3.35
- Exposure to secondhand smoke (N=56) 3.11

Mean attention needed
(1=No attention needed; 5=Critical attention needed)

Binge Drinking

- Never 51%
- Once a month 30%
- Once a week 10%
- 2-3 times a week 5%
- Almost every day 4%

Binge Drinking in the Past 30 Days by Age

18-24: 27% Once a month, 30% Once a week, 35% 2-3 times a week, 30% Almost every day
25-34: 40% Once a month, 27% Once a week, 35% 2-3 times a week, 30% Almost every day
35-44: 8% Once a month, 17% Once a week, 8% 2-3 times a week, 4% Almost every day
45-54: 12% Once a month, 4% Once a week, 4% 2-3 times a week, 4% Almost every day
55-64: 4% Once a month, 4% Once a week, 4% 2-3 times a week, 4% Almost every day
65-74: 19% Once a month, 6% Once a week, 6% 2-3 times a week, 6% Almost every day
75+: 6% Once a month, 6% Once a week, 6% 2-3 times a week, 6% Almost every day
Implementation Strategies

Priority 1: Economic Well-Being

Goal: Reduce the number of people impacted by hunger, unemployment, under-employment and homelessness

Strategy:
- Work with community collaborative on housing and support service development
- Assure children and youth have access to healthy food
- Work collaboratively with community resources on economic development opportunities for the region to increase employment opportunities

Priority 2: Mental Health and Substance Abuse

Goal: Reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness

Strategy:
- Open a residential crisis center for the provision of mental health and detoxification treatment
- Expand medication assisted therapy and associated CD treatment programs to serve adults
- Recruit additional behavioral health practitioners, including psychiatry, psychology and psychiatric nurse practitioners

Demonstrating Impact – Addressing the Needs FY 2017-2019

Mental Health/Behavioral Health

Goal 1: Participate in the planning for development of a community-based continuum of behavioral health services

A community collaborative of 15-20 individuals in several community service organizations has been working on a mental health service inventory, a gap analysis, a prioritization of community needs and program start-up. Since the inception of this effort in 2016, Sanford has been part of the start-up of an Assertive Community Treatment program for mentally ill adults, the expansion of several other mental health programs, the start-up of a Medication Therapy Program and the associated chemical dependency treatment services, and the development of a residential treatment center and detoxification beds. The plan developed by the collaborative calls for the development of added CD treatment, youth programs and other community-based programs.

The ACT program, which now serves over 40 people with serious and persistent mental illness, affected the community by providing a host of supportive services so individuals can live in their own homes, secure jobs, avoid readmission to acute psychiatric medical centers, and stay out of jail and emergency rooms. The individuals served through these services report that their quality of life is much improved.

Goal 2: Offer psychiatry and psychology services in the ambulatory setting

In 2017 and 2018, Sanford Bemidji has added three psychiatric nurse practitioners, four psychologists and several other independent licensed therapists. Recruitment of psychiatry remains a high priority and telemedicine psychiatry is available for inpatients and clinic patients on a scheduled basis.
Goal 3: Enhance the level of behavioral health services available to patients hospitalized at SBMC

The implementation of scheduled tele-psychiatry for inpatients has improved the ability to evaluate and treat inpatients at Sanford Bemidji Medical Center appropriately. With the affiliation with Upper Mississippi Mental Health Center, the access to the mobile crisis team has improved by placement of this staff directly in the medical center, allowing them to respond to behavioral health crises both in the ER and in the inpatient units.

Children and Youth

Goal 1: Reduce the number of infants born addicted to opioids

With the support of a grant from PrimeWest, Sanford Bemidji implemented a program entitled First Steps to Healthy Newborns, providing education, prevention, early intervention and support for opioid exposed newborns and mothers. In addition to the development of community educational material, this program includes chemical dependency counseling, case management and medication assisted therapy for pregnant women using opioids.

Although it is early in the program’s existence, First Steps to Healthy Newborns saw an impact. For the first time in several years, the number of opioid exposed babies born at Sanford Bemidji Medical Center did not increase but remained flat during 2017. The program is currently expanding to include other adults, not just pregnant women.

Goal 2: Enhance the level of care available for high-risk infants born in Sanford Bemidji Medical Center

The volume of high-risk deliveries in the Sanford Bemidji Medical Center is high in proportion to the number of total deliveries. The population served by Sanford Bemidji has several high-risk factors. The need to assure fast, safe access to caesarian section capabilities and immediate access to a higher level of nursery care for infants were two identified strategies to improve care for infants and mothers.

In 2017, a new Level 2 nursery was constructed, offering individual nursery bays, expanded nutritional services and other secondary services to support lower weight infants born in Bemidji.

In June of 2018, Sanford Bemidji Medical Center opened a surgical suite on its obstetrics floor, dedicated to performing C-section deliveries and other OB-related procedures. This new OR suite assures faster, safer, more responsive care for babies and for families requiring C-section deliveries.

Goal 3: Improve the availability of programs for youth across the community

In 2017, Sanford affiliated with the Upper Mississippi Mental Health Center to better support the development and growth of mental health programs in the region. This has allowed Sanford to add new staff to better serve children in the local schools by growing the resources in Sanford children’s mental health programs.

In 2018, Sanford sponsored a program called No Hungry Child, funding meals and underwriting costs for the area schools to provide meals year round to children and, in summer months, their families, so no child goes without food. Sanford also underwrote the expansion of a program called Backpack Buddies to all local schools, where backpacks with healthy meals are sent home on Fridays with students who might otherwise not have food over the weekend.

Additionally, Sanford is exploring the feasibility of a community Sports and Wellness Center to offer children and families an environment for healthy physical activities, educational programs on healthy living and cooking, wellness and fitness classes, as well as a recreational sports and swimming venue. This project is still in the evaluation stage and does not have a target completion date.
SANFORD BISMARCK MEDICAL CENTER

Sanford Bismarck Medical Center is a 217-bed tertiary medical center in Bismarck, North Dakota, providing comprehensive, multi-specialty care for patients in central and western North Dakota. Sanford Bismarck consists of a medical center, a Level II adult trauma center, seven primary care clinics, four multi-specialty clinics, three walk-in clinics, three occupational health clinics, a home health agency, three kidney dialysis centers, three long term care facilities, one independent living center, and a college of nursing. It serves as a regional hub for AirMed air ambulance services and supports 12 regional critical access hospitals by providing specialized care including cancer care, heart, women’s and children’s specialties, OccMed services, orthopedics and sports medicine.

Sanford Bismarck began operation in 1902 when two renowned physicians, Drs. Eric P. Quain and Niles Ramstad, opened Q&R Clinic with a vision of providing outstanding, comprehensive patient care in one convenient location. Q&R Clinic was the second multi-specialty clinic in the nation, second only to Mayo Clinic in Rochester, Minnesota. In 1908, Bismarck Evangelical Hospital, now Sanford Medical Center Bismarck, opened at the urging of Dr. Ramstad.

Key accreditations include The Joint Commission, verification by the American College of Surgeons as a Level II adult trauma center, Center for Medicare and Medicaid Services (CMS) for long term care, Commission on Collegiate Nursing Education (CCNE), Magnet designation for nursing, and Commission on Accreditation of Rehabilitation Facilities (CARF).

Community involvement and education have played an important role in Sanford’s mission for more than 100 years. Beyond providing medical care, Sanford supports and partners with local and national organizations that know and support the communities Sanford serves. These partnerships provide the foundation for healthcare awareness, education, prevention and research for the healthcare issues that matter most to people in those communities.

Sanford Bismarck employs more than 3,600 people including 260 physicians and advanced practice providers.
Key Findings

Sanford Bismarck Medical Center is serving a community that has strong concerns about substance abuse in the community, homelessness, recovery supportive housing, the availability of mental health and behavioral health providers, childhood obesity, suicide, and the availability of quality child and infant care.

Current state of community issues regarding HEALTHCARE AND WELLNESS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of mental health providers (N=62)</td>
<td>4.27</td>
</tr>
<tr>
<td>Availability of behavioral health (e.g., substance abuse)</td>
<td>4.23</td>
</tr>
<tr>
<td>Access to affordable prescription drugs (N=64)</td>
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</tr>
<tr>
<td>Access to affordable healthcare (N=64)</td>
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<tr>
<td>Access to affordable health insurance coverage (N=63)</td>
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</tr>
<tr>
<td>Coordination of care between providers and services (N=64)</td>
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</tr>
<tr>
<td>Availability of non-traditional hours (e.g., evenings,...)</td>
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<tr>
<td>Use of emergency room services for primary healthcare</td>
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<tr>
<td>Access to affordable dental insurance coverage (N=64)</td>
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<tr>
<td>Availability of healthcare services for New Americans</td>
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<tr>
<td>Access to affordable vision insurance coverage (N=64)</td>
<td>3.27</td>
</tr>
<tr>
<td>Availability of healthcare services for Native people (N=62)</td>
<td>3.27</td>
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<tr>
<td>Availability of prevention programs and services (e.g.,...)</td>
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</tr>
<tr>
<td>Timely access to medical care providers (N=64)</td>
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</tr>
<tr>
<td>Availability of doctors, physician assistants, or nurse...</td>
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</tr>
<tr>
<td>Timely access to dental care providers (N=64)</td>
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<tr>
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<tr>
<td>Timely access to vision care providers (N=63)</td>
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Mean attention needed
(1=No attention needed; 5=Critical attention needed)

Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic...)</td>
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</tr>
<tr>
<td>Alcohol use and abuse (N=64)</td>
<td>4.19</td>
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<td>Depression (N=63)</td>
<td>3.90</td>
</tr>
<tr>
<td>Suicide (N=64)</td>
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</tr>
<tr>
<td>Dementia and Alzheimer’s disease (N=62)</td>
<td>3.63</td>
</tr>
<tr>
<td>Stress (N=63)</td>
<td>3.41</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=64)</td>
<td>3.08</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=64)</td>
<td>2.80</td>
</tr>
</tbody>
</table>

Mean attention needed
(1=No attention needed; 5=Critical attention needed)
**Implementation Strategies**

**Access to Affordable Care**

Goal: Reduce financial barriers to securing healthcare services

Strategy:
- Reduce barriers to accessing health insurance coverage
- Reduce financial barriers to prescription medication
- Reduce barriers to nutritional food sources

**Behavioral Health and Substance Use Disorder Continuum of Care**

Goal: Improve the community’s substance abuse continuum of care

Strategy:
- Increase community awareness regarding substance abuse prevention, intervention, treatment and recovery
- Drive opioid stewardship
- Support medication assisted treatment

**Demonstrating Impact – Addressing the Needs FY 2017-2019**

**Access to Affordable Care**

To help uninsured and underinsured patients secure access to care, Sanford integrated full-time, on-site financial advocates to help uninsured and underinsured patients apply for health coverage and apply for Sanford’s financial assistance program. Sanford worked with local public health officials to help patients in need to access care and prescription medication. Sanford provided support and assistance to underserved and vulnerable populations via community volunteer work, including the Bismarck/Mandan emergency homeless shelter, and provided Medicaid enrollment assistance on site at the Standing Rock Sioux Reservation. Sanford also facilitated MyChart access for Ruth Meiers transitional housing residents.

To increase access to services and facilities that foster healthy lifestyles, Sanford completed construction of the Family Wellness Center in 2017, which is a partnership between Sanford and the Missouri Valley Family YMCA. The community facility features more than 70 fitness classes for members of all ages, a gymnasium, indoor track and child watch services. In 2017, more than 2,000 Bismarck-Mandan area individuals and families joined Family Wellness and more than $12,000 in financial assistance was granted to children and families in need.

Sanford hosted the Edith Sanford Run/Walk for Breast Cancer, an annual breast cancer awareness event that features a 5K run and walk as well as a comprehensive education fair that includes information regarding prevention, screening, treatment and community support programs.

Sanford also established Better Choices, Better Health, a chronic disease self-management program designed to help adults manage the symptoms of diabetes, arthritis, heart disease, stroke, asthma, lung disease, pain, depression and anxiety. The evidence-based program is free to patients with chronic disease and caregivers.
Sanford built partnerships with community stakeholders and donated leadership for one year to launch Face It TOGETHER, a community-based approach to addressing addiction in Bismarck-Mandan. Serving as interim director, Sanford leadership focused on increasing community stakeholder awareness of addiction recovery services and securing funding to hire a full-time executive director.

Sanford served in a community collaborative to bring Caring for Our Community: Time to Talk Opioids, a six-part opioid education series designed for healthcare providers and community members, to the provider community and to community key stakeholders. Topics include recognizing addiction in the workplace, removing stigma and shame barriers, socioeconomic impact, diversion, strategies to reduce overdose-related deaths, and evidenced-based treatment programs including peer recovery coaching and medication assisted treatment (MAT).

During 2016, Sanford executed the Sanford Opioid Stewardship initiative through the Sanford Quality Cabinet to reduce the volume of opioids prescribed to patients experiencing pain while integrating evidence-based, best practice strategies to manage pain effectively. From January 2016 to June 2017 Sanford providers reduced the number of opioid prescriptions by 30%.

Sanford also facilitated a community stakeholder project to eliminate barriers to help law enforcement appropriately triage individuals under the influence of drugs or alcohol.
SANFORD CANBY MEDICAL CENTER

Sanford Canby Medical Center (SCMC) is a community-based, 25-bed acute-care Critical Access Hospital serving over 6,000 people. The medical center complex includes an attached Rural Health Clinic, skilled nursing facility, senior housing/assisted living facility, dental clinic, home healthcare service, dialysis unit and wellness center. Sanford Canby also has beds designated for swing bed services and owns its own ambulance service.

The medical center is located in a medically underserved area, as designated by the Federal Health Resources and Services Administration (HRSA). It serves an increasingly elderly population that is unable to travel distances for routine healthcare services.

Sanford Canby employs 2 family medicine physicians, 1 internal medicine physician, 1 surgeon, 3 family nurse practitioners, and 285 employees. Outreach services are provided for cardiology, orthopedics, nephrology OB/GYN, and ENT.

Key Findings

Sanford Canby Medical Center is serving a community with concerns about the cost of long term and memory care, the incidence of dementia and Alzheimer’s disease, access to affordable health insurance coverage, dental coverage and vision insurance, employment options, childhood obesity, access to affordable healthcare, and the availability of behavioral health providers.

BMI of resident survey participants

Seventy percent of survey respondents self-reported a BMI that is either overweight or obese.

Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia and Alzheimer’s disease (N=13)</td>
<td>3.54</td>
</tr>
<tr>
<td>Depression (N=14)</td>
<td>3.36</td>
</tr>
<tr>
<td>Stress (N=14)</td>
<td>3.21</td>
</tr>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic...) (N=14)</td>
<td>3.08</td>
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<tr>
<td>Alcohol use and abuse (N=13)</td>
<td>3.00</td>
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<td>Smoking and tobacco use (N=14)</td>
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<td>Suicide (N=14)</td>
<td>2.86</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=14)</td>
<td>2.71</td>
</tr>
</tbody>
</table>

Mean attention needed
(1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Physical Health

Goal: Improved physical health of the greater Canby community

Strategy:
- Reduce the negative health effects of obesity through employee health and wellness initiatives and through Sanford fit.
- Sponsor events that promote physical activity.

Priority 2: Mental Health

Goal: Increase the awareness of available resources for those in need of mental health services

Strategy:
- Provide a platform for members of the community to address mental health.
- Increase the identification of patients in need of mental health services through the PHQ-9 screening tool.

Demonstrating Impact – Addressing the Needs FY 2017-2019

Physical Health and Mental Health

A goal was set to reduce the negative health effects of obesity and to control hypertension in the community of Canby. The BMI reduction initiative was started in the Sanford Canby Clinic with the aim to identify patients who would benefit from weight loss and commit to a 12-week weight loss program. The initiative began in February 2017 and new class sessions start every six weeks.

The Sanford Canby RN Health Coach performed readiness assessments on each participant. The assessment included data collection to record initial weight, BMI, and blood pressure. Each participant set individual smart goals, and throughout the course of the program participants completed a weekly one-on-one check-in with the purpose of reassessing goals and reporting weights. A monthly re-charge session was also conducted. During this session, participants could discuss activity, diet, mood, and share personal stories. The session also provided a platform for sharing healthy recipes and sampling of healthy food choices.

Four groups (a total of 26 participants) completed the 2017 sessions. The groups lost a total of 140 pounds collectively. All but one participant lost weight except for two participants who maintained their weight. All but one participant reduced their blood pressure except for two who maintained their blood pressure. Participants noted that one-on-one sessions offered accountability to the program.

The electronic medical record (EMR) has been upgraded with the capability to calculate BMI. If the calculation meets or exceeds a BMI of 30 (defined as obese by CDC definition), providers are alerted, allowing them to specifically address lifestyle and other health factors. The EMR allows providers to refer patients to weight loss programs, a dietician, bariatric surgery, an RN Health Coach, behavioral health, and/or pulmonology services. With the added functionality in the EMR, a patient’s BMI can be addressed at every patient visit. Additionally, the Together. Canby Can initiative promoting healthy lifestyles within the community continues with 75 community members participating. The strategy of this initiative was to
address both mental and physical health. Through this initiative monthly wellness education classes for the general public focus on nutrition, healthy routines, mental health, better balance, etc.

The Sanford fit kids program focuses on four areas - Food, Move, Recharge, and Mood.

Sanford Canby brought this program to both Canby Public School and St. Peter’s Catholic School in the fall and spring of 2016-2017. Kindergarten through sixth grade classes were able to take part in the program. Approximately 350 students participated in this program learning healthy lifestyle and healthy mental health strategies.
SANFORD CANTON-INWOOD MEDICAL CENTER

Sanford Canton-Inwood Medical Center is an 11-bed Critical Access Hospital located in a beautiful rural setting just east of Canton, South Dakota. Through a partnership of Canton-Inwood Memorial Hospital Association and Sanford, the community established a healthcare facility focused on providing quality healthcare close to home.

Sanford Canton-Inwood employs 8 clinicians, including physicians and advanced practice providers in the areas of family medicine, sports medicine, surgery, counseling and interventional cardiology and has over 100 employees.

**Key Findings**

Sanford Canton-Inwood is serving a community that has strong concerns for the availability of affordable housing, access to affordable health insurance and healthcare, the cost of long term care and memory care, substance abuse, substance abuse and the availability of healthcare services for Native Americans.

### Current state of community issues regarding ECONOMIC WELL-BEING

<table>
<thead>
<tr>
<th>Issue</th>
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</thead>
<tbody>
<tr>
<td>Availability of affordable housing (N=21)</td>
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<td>Employment options (N=21)</td>
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<td>Skilled labor workforce (N=21)</td>
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<tr>
<td>Household budgeting and money management (N=21)</td>
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<td>Hunger (N=21)</td>
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<td>Help for renters with landlord and tenants’ rights issues (N=20)</td>
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<tr>
<td>Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=21)</td>
<td>2.62</td>
</tr>
<tr>
<td>Homelessness (N=19)</td>
<td>2.21</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Affordable Housing

Goal: Increased availability of affordable housing units will increase the economic well-being of community members

Strategy:
- Work with Canton Economic Development Committee to expand housing
Priority 2: Substance Abuse by Youth and Drug Use and Abuse

Goal: Reduced substance abuse by youth and increased awareness of drug use in the community

Strategy:
- Work with schools and law enforcement to educate children about the effects of drug use
- Work with local treatment facility and law enforcement to educate parents on early detection of drug use and abuse in youth

Demonstrating Impact – Addressing the Needs FY 2017-2019

Children and Youth

With the growing obesity epidemic, the Sanford Canton-Inwood Medical Center leadership team worked closely with the City of Canton and the Canton School System on strategies to give families more opportunities to be physically fit. Sanford Canton-Inwood Medical Center explored how to enhance youth activities. Work began on improving the summer recreation plan for youth ages 5 to 12 years. The group tailored the 2018 summer recreation program based on the feedback from parents and families. The enrollment for the 2018 recreation program increased to 148 youth participants. Changes were made to incorporate more activities like baseball, ultimate Frisbee, football, kickball and volleyball, but also adding Friday field trips to state parks, museums, and other local attractions. Sanford’s community Board of Directors was supportive of this project and provided over $6,000 in funding to help purchase the equipment needed for the new programs and to sponsor some of the field trips for the children and their families.

Sanford also worked with the Canton schools to increase activities by providing the Canton Elementary School, which includes approximately 300 students K-5, with a Sanford fit program that help kids understand and manage moods, eat better, enhance their energy, and include physical activity in their healthy lifestyle. The Sanford Canton-Inwood Medical Center Board of Directors invested in funding a strength and conditioning coach for the local schools. The new position started in July 2018 and was geared not only toward student athletes, but also to those students wanting to build confidence and become healthier.

Physical activity

The Sanford Canton-Inwood Medical Center staff and Board of Directors have joined forces with the Canton Chamber of Commerce on a community wellness challenge. The program was developed as a competition and gives points to the individuals on each team for things like eating vegetables, fruits, exercising, attending community events, volunteering, and many other things. Each week the results are tallied and posted for teams to see how they compare to each other. The length of the competition has been anywhere from 6 weeks up to 10 weeks in duration.
SANFORD CHAMBERLAIN MEDICAL CENTER

Sanford Chamberlain Medical Center is a 25-bed private room facility that provides a variety of high-quality healthcare services in the tri-county area of Brule, Buffalo and Lyman counties. Inpatient and outpatient care include emergency/trauma, therapies, radiology and lab. Other services offered through Sanford include dialysis, home care and durable medical equipment.

Two clinic sites in Chamberlain and Kimball provide family medicine, behavioral health and OB/GYN services, outreach services, training programs and education resources. Sanford Chamberlain Care Center provides 24-hour nursing care for older adults.

Sanford Chamberlain employs five clinicians, including physicians and advanced practice providers, in family medicine, radiology and behavioral health.

Key Findings

Sanford Chamberlain Medical Center is serving a community that has strong concerns for access to affordable health insurance coverage, abuse of prescription drugs, the cost of long term care and memory care, the presence of drug dealers and street drugs, substance abuse, the need for a skilled labor force, access to affordable healthcare, obesity, and chronic disease.

### Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=14)</td>
<td>3.93</td>
</tr>
<tr>
<td>Suicide (N=14)</td>
<td>3.29</td>
</tr>
<tr>
<td>Alcohol use and abuse (N=14)</td>
<td>3.07</td>
</tr>
<tr>
<td>Dementia and Alzheimer’s disease (N=14)</td>
<td>3.07</td>
</tr>
<tr>
<td>Depression (N=14)</td>
<td>2.93</td>
</tr>
<tr>
<td>Stress (N=14)</td>
<td>2.86</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=13)</td>
<td>2.54</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=14)</td>
<td>2.29</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Current state of community issues regarding CHILDREN AND YOUTH

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse by youth (N=14)</td>
<td>3.86</td>
</tr>
<tr>
<td>Crime committed by youth (N=14)</td>
<td>3.36</td>
</tr>
<tr>
<td>Teen suicide (N=14)</td>
<td>3.36</td>
</tr>
<tr>
<td>Availability of quality child care (N=13)</td>
<td>3.31</td>
</tr>
<tr>
<td>Bullying (N=14)</td>
<td>3.21</td>
</tr>
<tr>
<td>Childhood obesity (N=14)</td>
<td>3.21</td>
</tr>
<tr>
<td>Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=14)</td>
<td>3.14</td>
</tr>
<tr>
<td>Opportunities for youth-adult mentoring (N=14)</td>
<td>3.14</td>
</tr>
<tr>
<td>Teen pregnancy (N=14)</td>
<td>3.07</td>
</tr>
<tr>
<td>Teen tobacco use (N=14)</td>
<td>3.07</td>
</tr>
<tr>
<td>Cost of quality child care (N=14)</td>
<td>2.93</td>
</tr>
<tr>
<td>Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=14)</td>
<td>2.79</td>
</tr>
<tr>
<td>School absenteeism (truancy) (N=14)</td>
<td>2.79</td>
</tr>
<tr>
<td>School dropout rates (N=14)</td>
<td>2.79</td>
</tr>
<tr>
<td>Availability of activities (outside of school and sports) for children and youth (N=14)</td>
<td>2.71</td>
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<tr>
<td>Availability of education about birth control (N=14)</td>
<td>2.64</td>
</tr>
<tr>
<td>School violence (N=14)</td>
<td>2.57</td>
</tr>
<tr>
<td>Parental custody, guardianships and visitation rights (N=14)</td>
<td>2.50</td>
</tr>
<tr>
<td>Cost of activities (outside of school and sports) for children and youth (N=14)</td>
<td>2.43</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)

Implementation Strategies

Priority 1: Mental Health and Behavioral Health – Substance Abuse

Goal: Chamberlain is a safer community and substance abuse is decreased

Strategy:
- Train community members on Mental Health First Aide
- Substance abuse prevention education for students and parents is presented at local schools

Priority 2: Children and Youth – Wellness

Goal: All local schools have access to Sanford fit and students learn about food, physical activity, mood and energy needs
Strategy:
- Sanford fit is available to schools and parents

Demonstrating Impact – Addressing the Needs FY 2017-2019

Physical Health

Sanford Family FIT night was established with the Chamberlain School District. Sanford Chamberlain staff are on site during parent teacher conferences at the elementary school (K-5), where Sanford hosts various booths discussing healthy lifestyle choices, teaching the children and parents the importance of mental health in young people, avoiding drug use, promoting an active lifestyle, and heart health. The community prescription take-back program is also promoted.

Camp FUEL, held every summer as a three-day camp, is free of charge and focuses on the importance of healthy eating, healthy lifestyle choices and physical exercise.

Mental Health and Substance Use and Abuse

Sanford Chamberlain works with Indian Health Services (IHS) and tribal leaders to participate in health fairs, providing hands-on education about substance abuse, mental health, healthy eating, and also conducts blood pressure and cholesterol checks.
SANFORD CLEAR LAKE MEDICAL CENTER

Sanford Clear Lake Medical Center is a community-based, 20-bed acute care Critical Access Hospital serving over 4,500 people in Deuel County in southeastern South Dakota. The nearest tertiary center is in Sioux Falls, South Dakota, approximately 100 miles to the south. The medical center is located in a medically underserved area with high infant mortality, poverty and an elderly population.

Sanford Clear Lake Medical Center offers 24-hour emergency room services and has an attached rural health clinic with 1 full-time provider and 1 full-time nurse practitioner. Other services include home healthcare, community health, and an off-site wellness center. Sanford Clear Lake has an active outreach program to provide same day outpatient surgery, cardiac rehab and other cardiology services, therapies, podiatry, nephrology, psychology, radiology and lab.

Key Findings

Sanford Clear Lake Medical Center is serving a community that has concerns about employment options and a skilled labor workforce, the cost of long term care and memory care, transportation, the availability of mental health and behavioral health providers, and childhood obesity.

Current state of community issues regarding TRANSPORTATION

| Availability of door-to-door transportation services for... | 3.45 |
| Availability of public transportation (N=21) | 3.33 |
| Cost of door-to-door transportation services for those... | 3.05 |
| Availability of walking and biking options (N=21) | 2.86 |
| Cost of public transportation (N=15) | 2.73 |
| Driving habits (e.g., speeding, road rage) (N=22) | 2.27 |

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Seventy-three percent of survey participants reported that they are overweight or obese.

**Implementation Strategies**

**Priority 1: Door-to-Door Transportation**

Goal: Improved availability of transportation options for community members unable to keep appointments

Strategy:
- Provide an active list of available community members willing to transport patients to appointments at Sanford Clear Lake.

**Priority 2: Physical Health**

Goal: Improved physical health for members of the Clear Lake community

Strategy:
- Reduce the negative health effects of obesity by offering programs and challenges at the Sanford Wellness Center.
- Support community events that promote physical activity.

**Demonstrating Impact – Addressing the Needs FY 2017-2019**

**Mental Health**

Through the Medical Home program, RN Health Coach, and PHQ-9 screening, Sanford offers/references to mental health services for patients with scores indicative of depression. The goal was to evaluate 100% of Medical Home patients for mental health needs. Sanford has met this goal, and continues to complete the PHQ-9 screening every six months for patients with a depression diagnosis, as well as diabetes diagnosis, and those who are a part of Medical Home. Additionally, screenings occur with well child checks including athletic physicals for children and youth age 12 and older. The Columbia Suicide Screening tool is also used to identify patients at risk for suicide.

Sanford has worked to identify patients with mental health needs who do not have a primary care provider (PCP) listed in the EMR. This strategy has been successful and a formal process has been implemented. When patients present for a visit, the registrar discusses the PCP and inquires with the patient if a PCP can be named in the EMR. If the patient agrees, the patient is registered with a provider at Sanford Clear Lake Medical Center allowing us to address preventive health maintenance.
With the limited mental health resources available in the Clear Lake community, research was conducted to develop and distribute a Clear Lake Area Resource Directory. This strategy has been successful for addressing both mental and physical health within the population. The directory not only includes resources to address mental and physical health, but also resources such as employment, financial assistance, housing, nutrition, pre-planning, protective services, support groups, education, just to name a few. The resource directory is readily available for patients in the clinic setting when these needs are identified. Additionally, the directory is distributed to each medical center patient upon admission.

Physical Health and Health Screenings

Sanford Clear Lake Medical Center projected a positive impact for the community by increasing compliance with preventive screening recommendations. Sanford’s strategy for meeting this goal included describing the various preventive services available to 100% of its patients. Through the use of the EMR, 100% of Sanford’s patients with overdue health maintenance screenings are easily identified. The clinic support nurse reviews overdue health maintenance with patients and offers these services at each visit. The nurse prepares orders as patients agree to the services. If a patient refuses, a gap sheet indicating the patient’s refusal is given to the provider to use as a tool to educate the patient on the importance of preventive health and encourage the patient to complete the preventive health maintenance. Providers are involved in the improvements and progress made through performance improvement and quality assurance studies and Sanford Clear Lake is helping patients manage their optimal health.
SANFORD FARGO MEDICAL CENTERS

Sanford Medical Center Fargo is North Dakota’s newest and largest medical center and one of three Sanford medical center campuses in Fargo. It serves as a regional healthcare hub with 60 percent of patients coming from outside the metro area.

It is the region’s largest, busiest and only Level I adult trauma center between Minneapolis and Seattle, Denver and Omaha with a Level II pediatric trauma center since 2014 and an AirMed transport service covering a three-state area. It is also the only comprehensive stroke center in the state of North Dakota. The 284-bed, one million square foot Sanford Medical Center Fargo, which opened in 2017, provides services including emergency/trauma, Family Birth Center, Children’s Hospital, brain and spine surgery, heart surgery, interventional cardiology, general surgery and more.

Sanford Medical Center Fargo takes care to the next level, combining expertise, state-of-the-art technology and compassionate patient care. The 27 ORs are the most technologically advanced in the nation, allowing surgeons to consult with specialists anywhere in the world. Digital pathology connects labs at all campuses. Patient rooms are designed around the patient for efficiency, safety and optimal care, and have the best views in town.

Sanford Medical Center Fargo is a major teaching medical center in partnership with area universities and the University of North Dakota School of Medicine and Health Sciences to provide clinical training for hundreds of medical students, medical residents, nurses and students in numerous healthcare and non-healthcare fields. Sanford also offers many activities and programs to attract high school and younger students to the healthcare field.

Community involvement has played an important role in Sanford Medical Center’s mission for over 100 years. Beyond providing medical care, Sanford supports and partners with local and national
organizations that know and serve the communities across the region. Together, Sanford works to provide healthcare awareness, education, prevention, fundraising and research for the healthcare issues that matter most to surrounding communities. Sanford also supports the region’s critical access hospitals so they can continue to provide vital services in their communities, ensuring that all people have access to high-quality healthcare close to home.

Sanford Broadway Medical Center, located in downtown Fargo, is the oldest of three Sanford medical center campuses in Fargo with 583 licensed beds. It is the site of the original St. Luke’s Hospital which was established in 1908.

The Broadway campus is undergoing extensive remodeling following the opening of Sanford Medical Center Fargo in July 2017 and the relocation of many services to that location.

The longer-term mission for the Broadway facility is a greatly expanded Roger Maris Cancer Center which will anchor the Broadway campus and provide many new services and specialties, such as bone marrow transplants.

In addition to an extensive array of cancer services provided, including an inpatient oncology unit, Sanford Broadway is currently home to the Heart Center, CV diagnostic services, palliative care unit, inpatient ICU, Urgent Care, same day surgery, and others. It is connected to Sanford Broadway Clinic, which is the region’s largest multi-specialty clinic offering over 50 medical specialties including 15 pediatric sub-specialties.

Sanford South University Medical Center is one of three Sanford medical center campuses in Fargo. It has 170 licensed beds and serves as a hub for orthopedic surgery and rehabilitation with inpatient units for these services. The South University campus will eventually become a stand-alone orthopedics and sports medicine clinic and medical center, the only one in the state of North Dakota. Work is already in progress.

The South University campus also currently houses highly specialized services, including a behavioral health inpatient and partial hospitalization unit, an eating disorder inpatient and a partial hospitalization unit, ophthalmology, a center for cardiac and vascular screening, and a bio-skills and cadaver lab for medical residents.

Sanford is the largest employer in the Fargo metro area with 9,400 Sanford employees in Fargo- Moorhead-West Fargo, including 500 board-certified physicians and 200 advanced practice providers (APPs). It is accredited by The Joint Commission.

Key Findings

The Sanford Medical Centers in Fargo are serving a community that has strong concerns for substance abuse, the availability of mental health and behavioral health providers, recovery supportive housing, affordable housing, the cost of long term care and memory care, the availability of services for at-risk youth, the cost of quality childcare, access to affordable health insurance and affordable healthcare, and rates of suicide.
Current state of community issues regarding HEALTHCARE AND WELLNESS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to affordable health insurance coverage (N=196)</td>
<td>4.05</td>
</tr>
<tr>
<td>Access to affordable healthcare (N=198)</td>
<td>4.01</td>
</tr>
<tr>
<td>Availability of mental health providers (N=196)</td>
<td>4.28</td>
</tr>
<tr>
<td>Availability of behavioral health (e.g., substance abuse) providers (N=198)</td>
<td>4.21</td>
</tr>
<tr>
<td>Access to affordable prescription drugs (N=195)</td>
<td>3.91</td>
</tr>
<tr>
<td>Access to affordable dental insurance coverage (N=195)</td>
<td>3.82</td>
</tr>
<tr>
<td>Access to affordable vision insurance coverage (N=189)</td>
<td>3.58</td>
</tr>
<tr>
<td>Use of emergency room services for primary healthcare (N=189)</td>
<td>3.53</td>
</tr>
<tr>
<td>Availability of healthcare services for Native people (N=178)</td>
<td>3.50</td>
</tr>
<tr>
<td>Availability of non-traditional hours (e.g., evenings, weekends) (N=195)</td>
<td>3.63</td>
</tr>
<tr>
<td>Coordination of care between providers and services (N=193)</td>
<td>3.50</td>
</tr>
<tr>
<td>Timely access to medical care providers (N=195)</td>
<td>3.38</td>
</tr>
<tr>
<td>Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=192)</td>
<td>3.34</td>
</tr>
<tr>
<td>Timely access to dental care providers (N=190)</td>
<td>3.34</td>
</tr>
<tr>
<td>Availability of doctors, physician assistants, or nurse practitioners (N=190)</td>
<td>3.33</td>
</tr>
<tr>
<td>Availability of healthcare services for New Americans (N=184)</td>
<td>3.32</td>
</tr>
<tr>
<td>Availability of specialist physicians (N=186)</td>
<td>3.20</td>
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<tr>
<td>Timely access to vision care providers (N=190)</td>
<td>2.91</td>
</tr>
<tr>
<td>Access to technology for health records and health education (N=186)</td>
<td>2.83</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Healthcare Access

Goal: Patients requiring access to healthcare are successful in securing timely appointments

Strategy:
- Increase availability of mental health/behavioral health providers.
- Provide non-traditional hours in primary care walk-in clinics.
- Decrease the use of emergency services for primary care healthcare.

Self-Reported Binge Drinking

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
<td>50%</td>
</tr>
<tr>
<td>Once a month</td>
<td>24%</td>
</tr>
<tr>
<td>Once a week</td>
<td>14%</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>9%</td>
</tr>
<tr>
<td>Almost every day</td>
<td>3%</td>
</tr>
</tbody>
</table>
Priority 2: Mental Health and Substance Abuse

Goal: Comprehensive services are available for patients with mental health and substance abuse diagnosis

Strategy:
- Reduce the opportunity for drug use and abuse.
- Reduce the severity of depression for patients with a PHQ-9 score greater than 9.
- Patient assessments are in place to determine the risk for suicide.

Demonstrating Impact – Addressing the Needs FY 2017-2019

Hypertension

Hypertension is a risk factor for cardiovascular disease, and contributes to premature death from heart attack, stroke, diabetes and renal disease. The North Dakota Department of Health reports that 27.7% of the population in Cass County has been told by their provider that they have hypertension.

Sanford prioritized hypertension as a top priority for 2017-2019, and has set strategy to standardize nursing protocol for blood pressure checks and rechecks. The goal is to reduce the number of patients with uncontrolled hypertension. The measureable outcome is the number of patients with blood pressure < 140/90. This goal has been reached for 87.8% of patients with hypertension.

Depression

Depression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. However, the majority, even those with the most severe depression, can get better with treatment. The North Dakota Department of Health reports that 11.9% of residents in Cass County have reported fair or poor mental health days. County Health Rankings for Clay County indicate that 11% of the residents have fair or poor mental health.

Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PHQ-9 scores for patients who are diagnosed with depression. The goal is to improve PHQ-9 scores for patients with depression. The measurable outcome is the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score is less than 5. This goal has been reached by 10.7% of patients with a depression diagnosis.

Flu Vaccines

The CDC states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. The North Dakota Department of Health reports that 33.5% of adults age 65 and older did not receive a flu vaccine in the past year. Respondents to the CHNA generalizable survey report that 26% of children 18 years and younger did not receive a flu vaccine in the past year.

Sanford has prioritized flu vaccines as a top priority and has set strategy to increase the number of flu vaccines provided to community members. The goal is to increase the number of flu vaccines provided to community members. The measurable outcomes are the number of flu vaccines given to adults each year and the number of flu vaccines given to the pediatric population each year. The combined number of flu vaccines given in FY 2016 was 2675, in FY 2017, it was 2518 and in FY 2018, the total was 2017.
SANFORD HILLSBORO MEDICAL CENTER

Sanford Hillsboro includes a 16-bed Critical Access Hospital, two provider-based Rural Health Clinics, a 36-bed long term care facility, and 16 assisted living units. The medical center employs approximately 130 people, including 2 family medicine physicians and a family medicine physician assistant.

Services available at Sanford Hillsboro include 24/7 emergency care, general acute care, physical, occupational and speech therapy, radiology, IV therapy, lymphedema management, nutrition consultation, respite care, bariatric, pathology and FM Ambulance services.

Key Findings

Sanford Hillsboro Medical Center is serving a community that has strong concerns for the availability of mental health and behavioral health providers, the cost of long term care and memory care, access to affordable health insurance, substance abuse, access to affordable healthcare, the availability of quality childcare, and access to affordable prescription drugs.

Past Diagnosis

- Depression: 39%
- Anxiety, stress, etc.: 39%
- Arthritis: 37%
- Hypertension: 33%
- High cholesterol: 27%
- Asthma: 16%
- Panic attacks: 14%
- Diabetes: 14%
- Stroke: 4%
- COPD: 4%
- Other mental health problems: 2%
- Congestive heart failure: 2%
Implementation Strategies

Priority 1: Mental Health Services

Goal: Reduction in the severity of depression

Strategy:
• Improve PHQ-9 scores for patients with depression
• Improve access to mental health/behavioral health services

Priority 2: Transportation

Goal: Public transportation is available for community members in Hillsboro

Strategy: Provide a comprehensive directory of available transportation options within Traill County

Demonstrating Impact – Addressing the Needs FY 2017-2019

Physical Health

Sanford Hillsboro developed strategy to increase physical activity for the Hillsboro community. Sanford staff presented the Sanford fit program to the three area schools within the Hillsboro service area. Sanford fit is an online curriculum that is available for all students, faculty and community members. Sanford also supports the annual 5/10K run that the Hillsboro Running Club puts on during Hillsboro Days.

Mental Health

Sanford Hillsboro Medical Center developed strategy to address mental health in the community. The Sanford Hillsboro Clinic has implemented a comprehensive behavioral health screening tool (BHS6) for all new patients and for all patients receiving comprehensive physicals. Sanford Hillsboro Medical Center has added availability of an Integrated Health Therapist through visits by telehealth. This service is available during all clinic hours.
SANFORD JACKSON MEDICAL CENTER

Sanford Jackson Medical Center is a 20-bed medical center serving people in Jackson County and the surrounding area. It provides 24/7 emergency care with an on-site heliport for transporting critically ill patients to a tertiary medical center, when needed.

A variety of surgical procedures are performed daily in the surgical suite at Sanford Jackson Medical Center, including orthopedic surgery. Laboratory and X-ray services are available 24 hours a day, with staff serving both the medical center and the attached medical clinic. Clinic services include family medicine, cardiology, orthopedics, OB/GYN and oncology.

Sanford Jackson employs 5 clinicians, including physicians and advanced practice providers, and 65 employees.

Key Findings

Sanford Jackson Medical Center is serving a community with strong concerns for the availability of mental health and behavioral health services, substance abuse, high incidence of depression, the availability of affordable health insurance and dental insurance, the availability and cost of quality childcare, the cost of long term care and memory care, childhood obesity, affordable prescription drugs, bullying, and dementia and Alzheimer’s Disease.

Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (N=36)</td>
<td>3.75</td>
</tr>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic...)</td>
<td>3.67</td>
</tr>
<tr>
<td>Alcohol use and abuse (N=36)</td>
<td>3.56</td>
</tr>
<tr>
<td>Dementia and Alzheimer's disease (N=37)</td>
<td>3.51</td>
</tr>
<tr>
<td>Stress (N=36)</td>
<td>3.47</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=36)</td>
<td>3.19</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=36)</td>
<td>2.97</td>
</tr>
<tr>
<td>Suicide (N=35)</td>
<td>2.97</td>
</tr>
</tbody>
</table>

Mean attention needed
(1=No attention needed; 5=Critical attention needed)
Current state of community issues regarding CHILDREN AND YOUTH

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of quality child care (N=38)</td>
<td>3.89</td>
</tr>
<tr>
<td>Cost of quality child care (N=38)</td>
<td>3.76</td>
</tr>
<tr>
<td>Childhood obesity (N=37)</td>
<td>3.65</td>
</tr>
<tr>
<td>Bullying (N=38)</td>
<td>3.50</td>
</tr>
<tr>
<td>Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=38)</td>
<td>3.47</td>
</tr>
<tr>
<td>Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=38)</td>
<td>3.42</td>
</tr>
<tr>
<td>Cost of activities (outside of school and sports) for children and youth (N=38)</td>
<td>3.32</td>
</tr>
<tr>
<td>Substance abuse by youth (N=36)</td>
<td>3.28</td>
</tr>
<tr>
<td>Teen tobacco use (N=35)</td>
<td>3.20</td>
</tr>
<tr>
<td>Opportunities for youth-adult mentoring (N=38)</td>
<td>3.03</td>
</tr>
<tr>
<td>Availability of education about birth control (N=36)</td>
<td>2.92</td>
</tr>
<tr>
<td>School absenteeism (truancy) (N=35)</td>
<td>2.86</td>
</tr>
<tr>
<td>Teen pregnancy (N=36)</td>
<td>2.83</td>
</tr>
<tr>
<td>Parental custody, guardianships and visitation rights (N=35)</td>
<td>2.80</td>
</tr>
<tr>
<td>Teen suicide (N=36)</td>
<td>2.78</td>
</tr>
<tr>
<td>Crime committed by youth (N=38)</td>
<td>2.71</td>
</tr>
<tr>
<td>Availability of activities (outside of school and sports) for children and youth (N=39)</td>
<td>2.67</td>
</tr>
<tr>
<td>School violence (N=37)</td>
<td>2.59</td>
</tr>
<tr>
<td>School dropout rates (N=35)</td>
<td>2.46</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Children and Youth

Goal: Increase youth participation in healthy activities

Strategy:
- Create an awareness of healthy behaviors for children and parents
- Sponsor annual healthy activities for youth
- Leverage Sanford fit to local schools, childcare centers and family services networks

Priority 2: Mental Health and Substance Abuse

Goal: Decrease the number of patients presenting to the emergency room for behavioral health disorders, depression, anxiety or substance abuse diagnosis

Strategy:
- Decrease substance abuse in the community
- Decrease the occurrence of mental health crisis events
- Provide community education as primary prevention for substance abuse
Demonstrating Impact – Addressing the Needs FY 2017-2019

Mental Health

Sanford Jackson Medical Center developed strategies to meet the needs for mental health and substance abuse services. A licensed counselor is now available to provide mental health services. The added service provides for immediate access when a crisis presents.

When underage drug use and abuse was identified as a community concern, Sanford Jackson committed to providing education on the topic of the Take Back program. An Ask the Expert column in the local newspaper featured this program.

Another successful tactic in relation to mental health collaboration was facility leadership participation in the Integrated Behavioral Health Strategic Planning session with community partners. A community task force was started and meets quarterly. Current accomplishments include a decrease from 47% to 23% for the behavioral health patients discharged from the emergency room to inpatient behavioral health facilities. Additionally, the length of stay in the emergency room for patients with behavioral health primary encounter diagnoses has dropped from 4:38 hours to 2:45 hours.

Children and Youth

Sanford Jackson Medical Center leadership distributed the Sanford fit program information to the schools and day care centers in the Jackson/Lakefield area. In May of 2016, 2017 and 2018, the Sanford fit program was promoted at the annual Family Fun Night. Over 300 parents and children attend this event each year. The annual Sanford Tri for Health for youth celebrated its 10th year in 2018 with over 120 youth ages 4-14 participating. Sanford Jackson Medical Center continued to support free activities in the community such as Jackson Food 4 Kids, which provides weekly food packs for food insecure children, summer library programs, and the free summer lunch program. With the financial support of Sanford Jackson and Sanford Sioux Falls, Sanford committed to a multi-year pledge in support of building a splash pad in Jackson. The splash pad will provide free admission May-September each year.
Sanford Luverne Medical Center (SLMC) is a 25-bed Critical Access Hospital that provides inpatient, acute and long term care to over 10,000 residents of Rock County and portions of Murray, Nobles and Pipestone counties in southwest Minnesota. The nearest tertiary care center, Sanford USD Medical Center, is approximately 35 miles west in Sioux Falls, South Dakota.

Services at Sanford Luverne include emergency services/ambulance, home care, hospice, infusion, radiology, respiratory care and surgery.

In addition, SLMC offers a broad range of outpatient services at Sanford Luverne Clinic, a medical clinic operating as a medical center department. Specialty physicians provide outreach services on a twice-monthly or monthly basis in areas such as general and specialized surgery, allergy/asthma, cardiology, oncology, ophthalmology, otolaryngology, radiology, urology, obstetrics/ gynecology, pathology, orthopedics, vascular and pulmonology.

Sanford Luverne employs 10 clinicians, including physicians and advanced practice providers, and over 250 employees.

Key Findings

Sanford Luverne Medical Center is serving a community that has strong concerns for the availability and cost of quality childcare, access to affordable health insurance and dental insurance, a skilled labor workforce and employment options, the cost of long term care and memory care, substance abuse, depression, the availability of mental health providers, services for at-risk youth, teen suicide, the availability of affordable housing, and access to affordable prescription drugs.
<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Access to affordable health insurance coverage (N=19)</td>
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<tr>
<td>Access to affordable dental insurance coverage (N=19)</td>
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<td>Access to affordable healthcare (N=19)</td>
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<td>Availability of non-traditional hours (e.g., evenings, weekends) (N=19)</td>
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<td>Availability of mental health providers (N=19)</td>
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<td>Access to affordable prescription drugs (N=19)</td>
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<tr>
<td>Access to affordable vision insurance coverage (N=18)</td>
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<tr>
<td>Use of emergency room services for primary healthcare (N=19)</td>
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<tr>
<td>Availability of behavioral health (substance abuse) providers (N=19)</td>
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<tr>
<td>Coordination of care between providers and services (N=18)</td>
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<tr>
<td>Timely access to medical care providers (N=19)</td>
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<tr>
<td>Availability of specialist physicians (N=19)</td>
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<tr>
<td>Timely access to dental care providers (N=19)</td>
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<td>Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=19)</td>
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<tr>
<td>Access to technology for health records and health education (N=19)</td>
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<tr>
<td>Timely access to vision care providers (N=19)</td>
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<tr>
<td>Availability of doctors, physician assistants, or nurse practitioners (N=19)</td>
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<tr>
<td>Availability of healthcare services for Native people (N=16)</td>
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<td>Availability of healthcare services for New Americans (N=18)</td>
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</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
**Implementation Strategies**

**Priority 1: Healthcare Access**

Goal: Improved access to care and price transparency

Strategy:
- Improve access for patients in the family medicine clinic
- Improve price transparency
- Support access for dental health

**Priority 2: Mental Health and Substance Abuse**

Goal: Improve access to mental health services

Strategy:
- Align Integrated Health Therapist and crisis resource team with area mental health services for timely access
- Decrease depression and anxiety severity
- Decrease the amount of substance abuse within the community
Demonstrating Impact – Addressing the Needs FY 2017-2019

Improving the Physical Health of the Community

Sanford Luverne set a strategic goal focused on improving chronic disease management. Throughout the past three years, the core team focused on using Healthy Planet population registries to ensure patients are receiving all recommended preventive care. The team is focusing on asthma, diabetes and mental health/depression. The quality scores in each of these areas have demonstrated improvements.

Depression remission scores at 6 months measured 5.6% in July 2015, and as of July 2018, 18.1% patients noted they were in remission at 6 months and 25.1% at 12 months. Optimal diabetes management was reported for 36% of patients in December 2014, and as of July 2018, 53.6% of patients have met the goals for optimal diabetes management. In July 2015, 45.2% of patients had an asthma control test completed. In July 2018, 63.5% of patients had an asthma action plan in place – noting that metrics for measurement changed during this time period.

In addition, Sanford Luverne’s registered dietician has utilized a variety of platforms to bring forward education on healthy eating options, including the local senior meal site. Sanford Luverne has supported the efforts of the City of Luverne to expand the Luverne LOOP walking trail. Sanford Luverne partnered with the City on a task force looking at wellness within the community, and has sponsored several wellness challenges. Despite this focus (and following national trends), higher obesity rates are prevailing but Sanford’s strategies will continue to focus on diet and exercise.

Sanford Luverne leadership reached out to bring dental services to the community through mobile services, but the request was denied. A task force is now working to address dental access, such as bringing dental screenings into the school and bringing more access within the community as part of the Blandin poverty initiative.

Improving the Mental Health of the Community

Sanford Luverne employs a part-time therapist to assist with treatment and triage of mental health issues for patients. Additionally, a second Integrative Health Therapist has joined the Sanford Luverne staff, providing additional access for Medicare beneficiaries. The Sanford Luverne therapists work closely with local mental health providers. In addition, the facility sponsored mental health first aid training for the community. Sanford’s therapist has completed the training to become a Mental Health First Aid trainer. Sanford Luverne was awarded a grant to look at mental health services and care coordination and has developed a release of information form that allows for greater care coordination across all entities. This form was reviewed and approved by all agencies involved. Sanford Luverne has seen an improvement in depression remission scores over the past three years. Sanford Luverne is in the process of implementing tele-psychiatry for improved access. The Sanford Luverne substance use program has actively been involved in Rock, Nobles, Pipestone, and Murray drug courts and is actively engaged in providing community education and serving on various community boards to decrease substance use issues within the county.
SANFORD MAYVILLE MEDICAL CENTER

Sanford Mayville is a 25-bed Critical Access Hospital serving Traill and Steele counties with 10 acute care beds designated for swing bed (short term) patients. The medical center employs 77 people, including 2 physicians practicing in the areas of family medicine, internal medicine and pediatrics, and 2 nurse practitioners.

The medical center provides emergency medicine, adult trauma and surgery, including eye, general, urologic and endoscopic procedures. Other services include lab, cardiac rehab, physical therapy, OT, radiology, respiratory therapy, pharmacy, EKG, speech therapy, sleep studies and psychiatry.

Key Findings

Sanford Mayville Medical Center is serving a community that has strong concerns for the availability of mental health and behavioral health providers, the cost of long term care and memory care, access to affordable health insurance, substance abuse, access to affordable healthcare, the availability of quality childcare, and access to affordable prescription drugs.

Past Diagnosis

- Depression: 39%
- Anxiety, stress, etc.: 39%
- Arthritis: 37%
- Hypertension: 33%
- High cholesterol: 27%
- Asthma: 16%
- Panic attacks: 14%
- Diabetes: 14%
- Stroke: 4%
- COPD: 4%
- Other mental health problems: 2%
- Congestive heart failure: 2%
Implementation Strategies

Priority 1: Mental Health Services

Goal: Reduce the severity of depression

Strategy:
- Improve PHQ-9 scores for patients with depression
- Provide access to mental health/behavioral health services

Priority 2: Transportation

Goal: Transportation is available for community members

Strategy:
- Provide a comprehensive directory of service options within Steele County

Demonstrating Impact – Addressing the Needs FY 2017-2019

Physical Health and Wellness

Sanford Mayville Medical Center staff developed strategies to address physical health in the community. The Sanford fit program was made available to the four area schools within the Sanford Mayville service area. Teachers and school administration have found the fit program to be a very positive addition. Sanford Mayville’s dietitian presented mini-seminars on Better Nutrition for Better Living at the Mayville Senior Center.

Mental Health

Sanford Mayville Medical Center determined that mental health was a top priority for the community. Sanford Mayville Clinic has implemented a comprehensive behavioral health screening tool (BHS6) for all new patients and for patients who are scheduled for comprehensive physicals. Additionally, Integrated Health Therapists are immediately available through telehealth services. Sanford Mayville has a pilot project, Bridging Health and Home, which is a free service to complement clinical services.
SANFORD ROCK RAPIDS MEDICAL CENTER

Sanford Rock Rapids Medical Center is a 16-bed Critical Access Hospital serving Lyon County, Iowa with its primary service area including Rock Rapids, George, Little Rock, Lester, Alvord and Doon, and its secondary service area including Larchwood, Steen (MN) and Ellsworth (MN).

Sanford Rock Rapids includes the medical center, Sanford Rock Rapids Clinic, Sanford George Clinic, and Sanford Rock Rapids Fitness Center. Services provided include emergency/trauma, cardiology and surgery.

Sanford Rock Rapids employs 5 clinicians, including physicians and advanced practice providers, and over 100 employees. Sanford Rock Rapids Clinic and Sanford George Clinic provide family medicine services. Sanford Rock Rapids Fitness Center offers members 24-hour access to meet their various wellness needs.

Key Findings

Sanford Rock Rapids Medical Center is serving a community that has high concerns for obesity rates, food insecurity, chronic disease, and substance abuse.

**Body Mass Index**

- **Obese**: 48%
- **Overweight**: 20%
- **Normal weight**: 32%

**Past Diagnosis**

- Anxiety, stress, etc.
- Depression
- Arthritis
- Hypertension
- High cholesterol
- Asthma
- Diabetes
- Panic attacks
- Other mental health problems

**Implementation Strategies**

**Priority 1: Obesity**
- **Goal**: Healthy programs are available to support the reduction of obesity for community members
- **Strategy**:
  - Engage community members to use the fitness center
  - Implement programs that focus on chronic disease management and weight management

**Priority 2: Chronic Disease**
- **Goal**: Patients living with chronic disease are engaged in healthy programs and activities
- **Strategy**:
  - Support programs that focus on healthy nutrition
  - Identify patients with pre-conditions and provide prevention strategies
  - Increase physical activity options
Implementation Strategies

Priority 1: Obesity

Goal: Healthy programs are available to support the reduction of obesity for community members

Strategy:
• Engage community members to use the fitness center.
• Implement programs that focus on chronic disease management and on weight management.

Priority 2: Chronic Disease

Goal: Patients living with chronic disease are engaged in healthy programs and activities

Strategy:
• Support programs that focus on healthy nutrition.
• Identify patients with pre-conditions and provide prevention strategy.
• Increase physical activity options.

Demonstrating Impact – Addressing the Needs FY 2017-2019

Enhanced Access to Mental Health and Substance Abuse Resources

Sanford Rock Rapids is partnering with area mental health services and refers patients to outpatient services. Sanford is also partnering with area providers to bring consulting services to patients who are in a mental health crisis in the emergency room. Sanford Rock Rapids is also in the process of moving forward with telehealth mental health services.

Services for Seniors

Sanford Rock Rapids is partnering with area nursing homes and home health services to refer patients who need additional care after discharge. Sanford Rock Rapids provides follow-up phone calls to patients after discharge. Patients are scheduled for follow-up provider visits prior to discharge, either within 7 days or within 14 days, depending on the risk for potential readmission. Readmission scores to this Sanford facility are currently 7.7%, with a goal of under 7%. This number has trended down over the past three years. The
Sanford Rock Rapids pharmacist provides medication management and partners with the RN Health Coach and dietician to review high-risk patient cases and implement the best management to prevent a medical center admission.

Physical Health and Chronic Conditions

Sanford Rock Rapids has worked hard to improve quality metrics for chronic conditions over the past three years. In January 2015, 32.5% of diabetic patients had optimal management, and in June of 2018, this grew to 50.6%. Optimal vascular was at 53% in January 2015, and is now at 57.1%. In June of 2015, 84.5% of hypertension patients had optimal management and today the optimal management is at 90.5%. Breast cancer screening was completed on 70.4% of eligible women in January 2015, and this indicator has seen improvements with a current score of 73.3%. Colorectal screening has also increased from 65.4% to 71.8%. Sanford Rock Rapids will continue to focus on obesity and will continue to be a community partner to promote individual and community health.
SANFORD SHELDON MEDICAL CENTER

Sanford Sheldon Medical Center is a 25-bed Critical Access Hospital providing inpatient, acute and long term care. In addition, Sanford Sheldon offers a broad range of outpatient services which includes Sanford Sheldon Clinic, Sanford Boyden Clinic, Sanford Sanborn Clinic, and Sanford Hartley Clinic operating as medical center departments.

Sanford Sheldon provides healthcare services to over 10,000 residents of O’Brien County and portions of Sioux, Osceola and Lyon counties in northwest Iowa. The nearest tertiary care centers are Mercy Medical in Sioux City, Iowa and Sanford USD Medical Center, which is approximately 70 miles west.

Sanford Sheldon employs 9 medical clinicians (physicians and APPs) and 317 employees. As a member of the Sanford Network, Sanford Sheldon offers consulting medical specialists who provide outreach services on a regular basis in areas including general and specialized surgery, cardiology, otolaryngology, urology, obstetrics/gynecology, orthopedics, vascular and podiatry.

Key Findings

Sanford Sheldon Medical Center is serving a community that has high concerns for the availability of mental health and behavioral health providers, the cost of long term care, memory care and in-home services for seniors, depression, stress, childhood obesity, access to affordable health insurance and affordable healthcare, substance abuse, a skilled labor force, services for at-risk youth, the availability of affordable housing, bullying, and the cost and availability of quality childcare.
## Current state of community issues regarding CHILDREN AND YOUTH

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
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</thead>
<tbody>
<tr>
<td>Childhood obesity (N=38)</td>
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</tr>
<tr>
<td>Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=38)</td>
<td>3.26</td>
</tr>
<tr>
<td>Bullying (N=38)</td>
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<tr>
<td>Opportunities for youth-adult mentoring (N=37)</td>
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</tr>
<tr>
<td>Cost of quality child care (N=38)</td>
<td>3.21</td>
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<tr>
<td>Substance abuse by youth (N=37)</td>
<td>3.19</td>
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<tr>
<td>Availability of quality child care (N=38)</td>
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</tr>
<tr>
<td>Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=37)</td>
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<tr>
<td>Teen tobacco use (N=36)</td>
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<td>Cost of activities (outside of school and sports) for children and youth (N=38)</td>
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<td>Parental custody, guardianships and visitation rights (N=34)</td>
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<td>Crime committed by youth (N=36)</td>
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<td>Availability of education about birth control (N=37)</td>
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<tr>
<td>Teen pregnancy (N=36)</td>
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<tr>
<td>Teen suicide (N=37)</td>
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<tr>
<td>School absenteeism (truancy) (N=33)</td>
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</tr>
<tr>
<td>School violence (N=34)</td>
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</tr>
<tr>
<td>School dropout rates (N=33)</td>
<td>2.09</td>
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</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)

## Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
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</thead>
<tbody>
<tr>
<td>Depression (N=36)</td>
<td>3.53</td>
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<tr>
<td>Stress (N=36)</td>
<td>3.47</td>
</tr>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic...)</td>
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</tr>
<tr>
<td>Alcohol use and abuse (N=36)</td>
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<tr>
<td>Smoking and tobacco use (N=35)</td>
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<tr>
<td>Dementia and Alzheimer’s disease (N=37)</td>
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<tr>
<td>Suicide (N=36)</td>
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<tr>
<td>Exposure to secondhand smoke (N=35)</td>
<td>2.80</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Children and Youth

Goal: The children and youth in the Sheldon community are ready to learn and become successful adults

Strategy:

• Offer and support programs that provide children and youth with safe and healthy environments, including school supply Shop with a Cop, school lunch, unity meal, safety day camps, and medical center tours.

Priority 2: Mental Health and Substance Abuse

Goal: Meet the needs of patients with mental health and substance abuse

Strategy:

• Improve the mental health status of patients seeking services at Sanford Sheldon.
• Reduce substance abuse in the patient population.

Demonstrating Impact – Addressing the Needs FY 2017-2019

Mental Health and Substance Abuse

Sanford Sheldon Medical Center has increased the availability of mental health counseling with the addition of an Integrated Health Therapist. The IHT addresses the immediate need for mental health counseling at Sanford Clinic Sheldon.

Children and Youth

Sanford Sheldon Medical Center provides 75 backpacks to the Shop with a Cop program, which provides children in need with the opportunity to go back to school with new school supplies. Sanford supports the summer lunch program that is facilitated at a local church and provides meals to students in need during the summer months when school is not in session. A farm safety course is taught to all children in the second grade at all Sheldon schools. Sanford invites third grade students from all Sheldon schools and other nearby community schools to tour the medical facility. The tour helps to increase the students’ comfort level with the facility and staff. Sanford hosts events such as the Glow Walk that is promoted as a family fun wellness event.
SANFORD SIOUX FALLS USD MEDICAL CENTER

Sanford USD Medical Center is a 545-bed tertiary medical center in Sioux Falls, SD. It provides comprehensive, multi-specialty care for patients from across the Midwest. It is the largest medical center in South Dakota and a Level II trauma center serviced by AirMed air ambulance that extensively covers the vast geographic region and offers four specialized transport teams including adult, pediatric, neonatal and maternal.

As a provider of highly specialized services, Sanford USD offers Centers of Excellence in heart and vascular, children’s services, cancer, neuroscience, trauma, orthopedics and sports medicine and women’s services. It serves as the primary teaching medical center for the Sanford School of Medicine, located at the University of South Dakota in Vermillion. Sanford employs more than 12,000 people in the Sioux Falls area, including 500 board-certified physicians and 350 advanced practice providers (APPs) in 80 medical specialties. Sanford USD Medical Center is accredited by The Joint Commission and is a designated Magnet medical center by the American Nurses’ Credentialing Center.

Through its mission, dedicated to health and healing, and its vision to deliver a flawless experience that inspires, Sanford is making medical care accessible to the entire region.

Children’s Castle

Sanford Children’s Castle of Care serves pediatric patients in a five-state area and through Sanford World Clinics in Duncan, Oklahoma; Oceanside, California; and Klamath Falls, Oregon. State-of-the-art neonatal intensive care and pediatric intensive care units offer 24/7 care by local specialists. This includes 135 pediatric specialists in 34 unique medical areas of expertise. The model of CARE focuses on excellence in Clinical services, Advocacy, Research and Education.

Heart Hospital

Sanford Heart Hospital is a state-of-the-art medical center offering highly advanced, integrated and personalized heart care from experienced heart specialists. All services for heart patients – emergency care, outpatient testing, surgery, rehab, catheterization, consultation with specialists – are consolidated into one building attached to the medical center, allowing for easy access. Within Sanford Heart Hospital, patients receive personalized healthcare where comfort, well-being, compassion, communication and empowered choices allow them to experience their healing journey in a positive life-changing way.
Orthopedics and Sports

Sanford Orthopedic and Sports Medicine has depth of services and specialties to treat sprains, strains, tears, breaks, joint pain and concussions. Sanford offers expert physicians with years of experience in diagnosis, surgery and nonsurgical treatments. Sanford is a regional leader in sports medicine and works with over 125 club, high school, collegiate and semi-professional teams.

Cancer Center

Sanford’s Cancer Center and Edith Sanford Breast Center combine to form a unique beacon of expert cancer and breast care throughout the region. Through the generosity of Denny Sanford, we’ve been able to design and construct a space that supports advanced cancer care and breast care delivery models of the future, encompassing the whole person built on a foundation of distinguished research and supporting team-based care. Sanford participates in nationwide studies through the National Cancer Institute (NCI). One of the main objectives of the NCI Community Cancer Centers Program is to reduce cancer care disparities among underserved populations through education, prevention, screening, treatment, and patient-family support programs.

Key Findings

Sanford USD is serving a community that has strong concerns about the availability of affordable housing, substance use and abuse, the need for a skilled labor force, the availability of behavioral health and mental health providers, access to affordable health insurance, prescription drugs and healthcare, depression, homelessness, bullying, suicide, childhood obesity, transportation, services for at-risk youth, the cost of long term care, and youth crime.
**Self Reported Binge Drinking**

Never: 42%
Once a month: 24%
Once a week: 14%
2-3 times a week: 13%
Almost every day: 8%

**Diagnosis Reported by residents**

- Depression: 37%
- Anxiety, stress, etc.: 37%
- High cholesterol: 31%
- Hypertension: 28%
- Asthma: 28%
- Arthritis: 23%
- Diabetes: 13%
- Panic attacks: 12%
- Other mental health problems: 6%
- COPD: 4%
- Stroke: 2%
- Congestive heart failure: 2%
- Alzheimer's: 0%
Implementation Strategies

Priority 1: Workforce

Goal: A skilled labor force is enhanced and growing in the Sioux Falls community

Strategy:
- Recruit, support and develop a skilled workforce.
- Increase clinical and non-clinical internships from higher education organizations.
- Sponsor individuals who are pursuing the LPN program.
- Support students who are enrolling in health careers through the Heart of Tomorrow.
- Recruit and support Residents and Fellows.

Priority 2: Behavioral Health and Mental Health Access

Goal: Behavioral health and mental health services are available and have capacity for patients and community members

Strategy:
- Integrated Health Therapists are embedded into primary care centers
- A formal recruitment plan is in place for behavioral health specialty services
- PHQ-9 scores are improved for patients with depression
- Explore the feasibility of a community triage program

Demonstrating Impact – Addressing the Needs FY 2017-2019

Crime/Safety – Reduce Pharmaceutical Narcotics in the Community

Sanford developed strategy to reduce narcotic use across the system by providing alternative pain management methods. Policies and procedures to address the prescription of narcotics have been standardized across the healthcare system. The measureable outcome for this implementation strategy is to track narcotic prescriptions and identify areas for improvement. Pain medication prescriptions are continuously tracked and studied to identify areas for improvement. There has been a 28% reduction in the prescription of narcotics since beginning this initiative in 2017.

Physical Health – Chronic Disease

Sanford has set strategy to improve the care of patients with overweight or obesity diagnosis. Patients who are overweight will be referred to internal and external services including registered dietitians, exercise physiologists, and RN Health Coaches. The measureable outcome for this implementation strategy is to track the referrals. From 2017 through Q3 of 2018, the referrals for follow-up interventions have increased. The current rate of referral is 46.2%.
The Sanford fit initiative, http://sanfordfit.org/, a childhood obesity prevention initiative, continues to grow and mature while refining the offerings and enabling broad replication and meaningful use. Supported by the clinical experts of Sanford, fit educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for children, parents, teachers and clinicians. fit is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford’s fit initiative has come a long way since its inception in 2010. Through fit, healthy lifestyles are actively being promoted in homes, schools, daycares, clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child’s life. Since 2017, Sanford has presented the Sanford fit program to live audiences and has reached 5,075 individuals through interactive engagement. Sanford fit is available in classrooms across the Sioux Falls area with 8,179 students currently using the curriculum. The Sanford fit online program is available nationwide and has over 22 million views with 198,000 engagements.

Diabetes

Sanford has set strategy to provide optimal diabetes care and to measure the outcomes for systolic and diastolic blood pressure, LDL cholesterol, hemoglobin A1C, tobacco use and aspirin use. These outcomes are part of the optimal care recommendations for people living with diabetes. The measureable outcomes are systolic blood pressure of <140, diastolic blood pressure of <90, LDL per statin indication, HbA1C < 8, tobacco free, and a daily aspirin if ischemic vascular disease. Currently at Sanford, 49.4% of patients with diabetes are at optimal outcomes.

Hypertension

Sanford has set strategy to address hypertension through standardized protocol, frequent blood pressure monitoring, and referral. Outcomes measures include a blood pressure of less than 140/90 for all ages 18-59, and for age 60+ with diabetes, vascular or renal disease. For patients 60 or older without diabetes, vascular or renal disease the goal is a blood pressure of 150/90. Eighty-eight percent of patients with hypertension are now under control with a blood pressure of <140/90.

Ischemic Vascular Disease

Sanford has set strategy to address ischemic vascular disease by standardizing protocols for optimal vascular care. Outcome measures include systolic blood pressure <140, diastolic blood pressure < 90, LDL statin indications, tobacco free recommendations, and a daily use of aspirin. Currently at Sanford 63% have met the outcomes for optimal care.
SANFORD TRACY MEDICAL CENTER

Sanford Tracy Medical Center is a 25-bed Critical Access Hospital located in Lyon County in southwest Minnesota. Since 2001 Sanford Tracy has enjoyed a collaborative relationship with Sanford Westbrook Medical Center. As neighboring communities, these two healthcare facilities share executive leadership and managerial staffing in the areas of radiology, laboratory, human resources and marketing/community relations. The efficiency and cost effectiveness of these shared resources allows each facility to redirect valuable time, energy and financial assets into direct patient care. The two Critical Access Hospitals provide services for approximately 9,400 people.

Built by the City of Tracy in 1960 as a municipal medical center, the medical center became a leased member of the Sanford Network in 1998 and is a designated Level IV trauma facility. Additional renovation and expansion was completed in 2010, which increased space in the clinic to accommodate additional primary care providers and provide space for visiting medical specialists.

The medical center campus consists of a primary care clinic, medical specialty outpatient clinic, and a 30-apartment senior living facility. In addition, two satellite medical clinics are located in the neighboring communities of Balaton (12 miles to the west) and Walnut Grove (7 miles to the east). The service area of Sanford Tracy includes the communities of Tracy, Currie, Balaton, Amiret, Walnut Grove, Milroy and Revere. The population of this area is approximately 5,740 persons. Sanford Tracy employs 1.5 clinicians and 103 employees.

Key Findings

Sanford Tracy is serving a community that has high concerns for the availability of doctors, specialty physicians, physician assistants, nurse practitioners, mental health and behavioral health providers, access to affordable health insurance, prescription drugs and healthcare, the cost of long term and memory care, depression, childhood obesity, the availability of quality childcare, employment options and a skilled workforce, the incidence of dementia and Alzheimer’s, stress, substance abuse, chronic disease and obesity.
Key Findings
Sanford Tracy is serving a community that has high concerns for the availability of doctors, specialty physicians, physician assistants, nurse practitioners, mental health and behavioral health providers, access to affordable health insurance, prescription drugs and healthcare, the cost of long term and memory care, depression, childhood obesity, the availability of quality childcare, employment options and a skilled workforce, the incidence of dementia and Alzheimer’s, stress, substance abuse, chronic disease and obesity.

Diagnosis Reported by Residents
- High cholesterol: 43%
- Anxiety, stress, etc.: 43%
- Hypertension: 35%
- Depression: 35%
- Arthritis: 18%
- Diabetes: 16%
- Panic attacks: 14%
- Asthma: 12%
- Other mental health problems: 7%
- COPD: 5%
- Congestive heart failure: 4%
- Stroke: 1%

Self-Reported Weight
- Obese: 29%
- Overweight: 24%
- Normal weight: 24%
- Underweight: 1%

Body Mass Index
- Obese: 46%
- Overweight: 24%
- Normal weight: 29%
- Underweight: 1%
Implementation Strategies

Priority 1: Wellness

Goal: Improved physical health and wellness

Strategy:
- Utilize dietitian services for patients with chronic disease
- Provide medical supplies for patients in need
- Expand Sanford fit program
Priority 2: Healthcare Access

Goal: Community members understand their access options for mental health and behavioral health services

Strategy:
- Create awareness of mental health telemedicine services and local behavioral health services
- Explore specialty outreach

Demonstrating Impact – Addressing the Needs FY 2017-2019

Mental Health

The mental health strategy continues to be a top priority and a work in progress for Sanford Tracy. Work continues on implementing a telehealth behavioral health placement program for the Sanford Tracy emergency room. Mental health placement has been and continues to be a major issue throughout the state of Minnesota, especially in rural areas. Although the Minnesota Department of Health project did not come to fruition, Sanford Tracy continues to search for opportunities to develop and grow the behavioral health services in Tracy. Child psychiatric care is provided via telemedicine, and locally through a family nurse practitioner and two LICSW providers. A recruitment plan is in place to seek additional specialists and telemedicine opportunities for Sanford Tracy. Sanford Tracy continues to provide presentations and media coverage to make the public and community partners aware of the services that are available.

Physical Health

The RN Health Coach continues to work closely with providers to reach patients and help them manage their chronic illnesses.

Beginning in January of 2016, Sanford Tracy completed a 19-week Sanford fit program with the Tracy Area Elementary School fourth grade classes. The program was a customized version of Sanford fitClub. Two Sanford Tracy staff members met with the Tracy Area Elementary fourth grade physical education classes once a week for 25 minutes each. The students learned all about Sanford fit and about making good, healthy choices regarding their food, move (exercise), mood, and recharge (sleep/rest). In addition, the students had weekly challenge cards they took home to complete during the remainder of the week. By bringing back completed challenge cards, students worked their way towards end-of-year prizes, but also took home activities and exposed their families to fit. The program completed its second year in May of 2018. After a successful pilot year, at the beginning of the 2018 program, the students completed a fitClub “test”. The students would take this test again in May after 19 weeks of learning about fit. The students increased their correct answers by more than 24% from the first test to the last. Each week, the Sanford Tracy staff could see the students engaging and absorbing the information through the fun activities. The program received positive feedback by the Tracy Area Elementary School physical education teacher and principal and will continue into the coming years.
Sanford Thief River Falls Medical Center and Behavioral Health Center

Sanford Thief River Falls Medical Center is a state-of-the-art, 25-bed Critical Access Hospital and attached multi-specialty provider-based clinic serving people in Pennington and surrounding counties. The $60 million medical center campus opened in 2014.

Sanford Thief River Falls Medical Center is equipped with the most advanced technology and includes a 24-bed Level IV emergency center that sees 7,500 patients annually, labor/delivery and postpartum suites for approximately 300 births per year, medical, surgical and intensive care and operating rooms. Radiology services include 3D mammography, nuclear medicine, CT, MRI and ultrasound. Other services provided include an infusion center, surgery center, dialysis, pharmacy and lab.

More than 30 medical specialties are offered so patients and families don’t have to travel far to get expert care. The clinic provides primary care (family medicine, internal medicine, pediatrics, OB/GYN) as well as surgery, hospitalists, podiatry, orthopedics, psychiatry, psychology, emergency medicine and numerous therapies and nutrition.

Outreach specialists in the areas of allergy and immunology, pediatrics cardiology, dermatology, ENT, genetic counseling, hematology, oncology, nephrology, podiatry, sleep medicine, urology, vascular surgery, pain management and ophthalmology visit on a regular basis. This ensures the residents of the TRF area have access to specialty care close to home.

Sanford TRF also participates in and leads many healthcare education and training opportunities throughout the community and has a family wellness/fitness center with indoor walking/running track, group exercise space, as well as a Kid’s fitZone. The wellness center project was completed in 2017 through community fundraising efforts.

Inpatient and outpatient behavioral health services are available at a separate facility in downtown Thief River Falls.
Sanford Thief River Falls employs 45 clinicians, including physicians and advanced practice providers, and over 600 employees. Sanford Thief River Falls Behavioral Health Center serves as the only freestanding behavioral health medical center and primary provider of inpatient psychiatric services in northwest Minnesota. The need for these services is great. After Sanford Thief River Falls Medical Center moved to their new campus in 2014, the downtown campus was remodeled to expand the inpatient psychiatric facility from 10 to 16 beds.

The medical center offers three areas for different patient populations. There is a general pod of eight beds, a high acuity pod of four beds, and a flex pod of four beds. A sensory room offers a safe and comfortable environment for patients to relax and work on their coping skills. The décor offers special safe furniture, natural light, a healing environment color palette, and open space for activities and dining.

Community-based services include comprehensive care for both adults and children.

**Adult Rehabilitative Mental Health Services:** These services enable the recipient to develop and enhance their social competencies, and improve independent living, parenting and community skills when these abilities have been impaired by mental illness.

**Children’s Therapeutic Services and Support:** These rehabilitative services have the goal of returning a child to normal development. Services include group individual or family psychotherapy and skills training, and crisis assistance to help the child and family plan for these situations. Sanford Thief River Falls has two residential facilities for children/adolescents and adults:

- **Pathfinders Children’s Treatment Center** provides services to boys and girls ages 9 to 17 who are in need of a structured living environment. These children may be experiencing emotional, behavioral or environmental challenges.

- **Northern Lights Residence** provides intensive residential treatment services for adults. These are limited-time mental health services in a residential setting. Recipients are in need of structure and assistance from 24-hour mental health staff and are at risk of significant functional deterioration if they do not get help. Staff help residents develop strategies for recovery, improve their behavior and restore self-sufficiency to live in a more independent setting.
A mobile crisis response is available 24/7 and provides skilled behavioral health providers for emergencies in Pennington, Roseau, Kittson and Marshall counties. Providers respond to emergency rooms, law enforcement centers, schools, homes or any other safe location in the community. The providers complete an assessment to determine the patient’s immediate needs and then create a short term plan to stabilize the crisis. Services include crisis planning, skills training, problem solving and facilitating inpatient or short term placement, if needed.

Sanford Thief River Falls employs 12 clinicians, including psychiatrists and psychologists, and 86 other staff.

**Key Findings**

Sanford Thief River Falls is serving a community with high concerns for child abuse and neglect, bullying, crime, the availability of memory care, supportive housing, a skilled labor force, domestic violence, a need for resources to help grandparents who are caregivers for their grandchildren, the need for more mental health providers, the incidence of dementia and Alzheimer’s Disease, and access to affordable dental insurance.

**Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic...)</td>
<td>3.68</td>
</tr>
<tr>
<td>Depression (N=19)</td>
<td>3.47</td>
</tr>
<tr>
<td>Stress (N=19)</td>
<td>3.47</td>
</tr>
<tr>
<td>Alcohol use and abuse (N=19)</td>
<td>3.26</td>
</tr>
<tr>
<td>Dementia and Alzheimer's disease (N=19)</td>
<td>3.00</td>
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<tr>
<td>Suicide (N=19)</td>
<td>2.95</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=19)</td>
<td>2.89</td>
</tr>
<tr>
<td>Exposure to secondhand smoke (N=19)</td>
<td>2.53</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Current state of community issues regarding CHILDREN AND YOUTH

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Mental Health and Substance Abuse

Goal: Sanford Thief River Falls is the service provider for the behavioral health needs of the region

Strategy:
• Develop and implement a substance use disorder (SUD) service line
• Utilize the BHS-6 screening tool on new clinic patients during annual wellness visits
• Develop partnerships with the school district and law enforcement to educate youth about drug use

Priority 2: Children and Youth

Goal: Solutions exist for childcare needs in the community

Strategy:
• Engage large employers to identify community solutions
• Participate in the community task force that addresses childcare options for Thief River Falls
• Develop a community partnership to offer education with CEUs for childcare providers

Demonstrating Impact – Addressing the Needs FY 2017-2019

Mental Health/Behavioral Health

In October 2015, Sanford Thief River Falls moved into the newly renovated space for the Sanford Behavioral Health Center, a 16-bed freestanding psychiatric medical center and the only one in the Sanford Enterprise. In order to receive payments from Federal and commercial payors it was necessary to become certified by the Centers for Medicare and Medicaid Services (CMS). The survey was conducted in January 2016 and the center received Federal certification in April 2016. Federal surveyors contracted by CMS rather than the Minnesota Department of Health surveyors performed the survey. The reason for this was because there are so few freestanding psychiatric medical centers in Minnesota that the Department of Health cannot maintain surveyor proficiency and competencies. Obtaining certification was an arduous process but well worth the effort - bringing a higher level of behavioral and mental health services to the region. It has also enabled Sanford to recruit more professionals to the area, improving access and services available to the region that is served.

After an extensive analysis of the regulatory requirements, reimbursement systems for the partial hospitalization program and the elements required to provide a quality program of care, it was determined that at this point in time a partial hospitalization program would not be economically feasible. This initiative has been tabled for review in the future.

The Sanford Behavioral Health Center has worked very hard since certification to develop partnerships with other local, regional and state programs, and agencies having a role in delivering behavioral and mental health services. The term “partnership” is used rather loosely as it is often more akin to developing relationships that provide additional resources to Sanford’s patient population, whether on an inpatient or outpatient basis. Critical or high priority relationships continue to be cultivated with the surrounding county social service agencies, as they most often have reasons to interface with a large proportion of the
individuals seeking behavioral or mental healthcare. These relationships are crucial to delivering high quality, high impact services throughout the region.

**Physical Health**

**Goal 1: Expanded Wellness Center**

Since 2016 Sanford Thief River Falls has expanded the physical footprint of the Wellness Center by 30,000 square feet, making it the largest wellness center in Thief River Falls and within a 60-mile radius as well. The most significant expansion project was the addition of a kid’s area, funded entirely through the Sanford Foundation Thief River Falls which contributed nearly $300,000 for this initiative. The Wellness Center now has an area that is the best in this region, specifically focused on children and addressing all levels of fitness, through integrated play systems, instructor-led classes and space for relaxation. Memberships, both family and individual, have also grown significantly (by nearly 33%) since the opening of the kid’s fitness area. The Wellness Center currently has over 1,600 members, doubling from 800 members when moving into the current space in September 2014. Growth has been steady.

**Goal 2: Develop a community center**

This initiative requires the collaboration of many local/regional organizations as well as governmental agencies if Thief River Falls is ever to see a community center developed. Since 2016 interest in developing a community center in Thief River Falls has lost traction among the needed partners and as such has not progressed. This initiative is still very much on the minds of the community; undoubtedly surfacing in the years to come with Sanford Thief River Falls ready to partner with the community when the time comes.

**Goal 3: Improve the availability for exercise and nutrition education across the community**

The primary impact Sanford has had on this goal has been through the relocation and expansion of the Wellness Center. As noted above, memberships have doubled in four years with no slowing in momentum. The interest in exercise, individual as well as group classes, has exceeded expectations and has required a number of additions to the teaching staff. Sanford has a number of dietetic nutrition counselors in the primary care clinic, working hand in hand with providers, providing nutrition counseling and education for patients and families.

**Goal 4: Continued growth of Sanford Medical Home**

This is an area where Sanford Thief River Falls has not seen as much growth in as previously predicted. The focus initially has been on patients with chronic conditions. However, with the recent transition to team-based care in the primary clinic there is an opportunity to expand this emphasis to every patient.
SANFORD VERMILLION MEDICAL CENTER

Sanford Vermillion Medical Center is a 25-bed, acute care Critical Access Hospital serving 25,000 people in Clay and Union counties in southeast South Dakota and a few counties across the Missouri river in Nebraska. Services provided include trauma/emergency medicine, therapies, mammography and radiology.

Sanford partnered with Dakota Hospital Foundation in Vermillion on a $12 million remodeling and expansion of Sanford Vermillion Medical Center. Plans include remodeling several areas, removing a 1935 building and replacing it with an expanded outpatient service center with enhanced technology. The five-year-project was announced in 2014 and is in progress. Sanford will assume ownership for the infrastructure, including building projects and technology, at the conclusion of the project.

Sanford Vermillion also includes an outpatient clinic, a 66-bed nursing home, and 23-unit senior living apartment complex. The clinic provides over 24,000 patient visits annually to include the USD student health contract population.

Sanford Vermillion employs 7 clinicians, including physicians and advanced practice providers, and 250 employees.

Key Findings

Vermillion is serving a community that has high concerns for the cost of long term care and memory care, access to affordable health insurance, substance abuse, the availability of mental health and behavioral health providers, access to affordable healthcare and prescription drugs, the availability of affordable housing, childhood obesity, and bullying,
Current state of community issues regarding ECONOMIC WELL-BEING

- Availability of affordable housing (N=159): 3.56
- Skilled labor workforce (N=156): 3.28
- Hunger (N=157): 3.26
- Employment options (N=160): 3.21
- Maintaining livable and energy efficient homes (N=156): 3.17
- Household budgeting and money management (N=156): 3.13
- Help for renters with landlord and tenants’ rights issues (N=151): 3.09
- Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=152): 3.06
- Homelessness (N=157): 2.48

Mean attention needed (1=No attention needed; 5=Critical attention needed)

Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

- Alcohol use and abuse (N=143): 3.69
- Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=141): 3.62
- Depression (N=141): 3.53
- Suicide (N=137): 3.40
- Stress (N=141): 3.38
- Dementia and Alzheimer’s disease (N=139): 3.11
- Smoking and tobacco use (N=139): 3.00
- Exposure to secondhand smoke (N=140): 2.76

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Economic Well-Being

Goal: Improve the availability of affordable housing and food security

Strategy:
- Conduct a housing inventory and determine the number of available affordable units
- Encourage collaboration of the housing development at Bliss Point to increase the number of housing units
- Request an inventory of the food assistance programs in the community
- Work with community partners to build an awareness campaign for existing food programs

Priority 2: Mental Health – Substance Use and Abuse

Goal: Work with community partners to reduce the abuse of alcohol and drugs in the community

Strategy:
- Increase the number of mental health services that are available in the Vermillion community

Demonstrating Impact – Addressing the Needs FY 2017-2019

Improving the Mental Health Services in the Vermillion Community

Depression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. County Health Rankings for Clay County indicated that 11% of the residents have fair or poor mental health.

Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PHQ-9 scores for patients who are diagnosed with depression. The goal was to improve PHQ-9 scores for patients with depression, which has experienced a 4% improvement in this short time with the percentage of patients with major depression or dysthymia who had an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score was less than 5.

The goal of increasing the availability and number of mental health services in the Vermillion community was also set by Sanford Vermillion. Several strategies have been implemented to achieve this goal. The mental health counselor now offers evening appointments in addition to regular daytime appointments. Sanford Vermillion has also hired a psychologist as their Integrated Health Therapist who works full-time offering mental health services to the extended community via face-to-face visits and through telehealth visits.

Sanford Vermillion has also continued to provide a Certified Nurse Practitioner who specializes in psychiatry to its monthly outreach services. She provides psychiatric services for patients of all ages from pediatrics to elderly monthly at the Sanford Clinic Vermillion.
Sanford Vermillion also credentialed and added to their allied health staff a Licensed Addiction Counselor to assist with patients in need of evaluation and/or rehabilitation services in the clinic, emergency room and inpatient setting.

Sanford Vermillion has the equipment and medical staff credentialed to provide psychiatric outreach services via telemedicine services through the facility and Sanford USD Medical Center as another strategy to increase availability of services in the community and also collaborates with USD through the student health contract to offer the USD students counseling services on campus at the USD Counseling Center and the USD Psychological Services Center.

**Improve the Community’s Physical Health with Education and Programs Sponsored by Sanford Vermillion**

For reducing obesity in the community, several strategies have been established. For children, Sanford Vermillion has been working with the Vermillion School district for several years implementing the Sanford fit initiative. This initiative continues to grow and has reached approximately 750 children this past year in grades kindergarten through fifth grade. It has been very well received in the community. Supported by clinical experts of Sanford, fit is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food/nutrition, Move/activity, Mood/behavioral health and Recharge/sleep. Sanford’s fit initiative has come a long way since its inception in 2010. Through Sanford fit, healthy lifestyles are actively being promoted in homes, schools, and throughout the community by way of technology, engaging programs and utilizing key role models in a child’s life. For Sanford Vermillion, the athletic trainer is being utilized to implement the program in the schools.

Sanford Vermillion also continues to encourage the Vermillion community to engage in all forms of exercise including sponsoring and hosting a number of events throughout the year such as Relay for Life. The annual community Great Strides walking program is hosted every spring for 6 weeks where 200 to 300 community members participate.

The RN Health Coach at Sanford Clinic Vermillion also continues to work with the diabetic and hypertension patients proactively to ensure they come in for their health maintenance visits and labs. Sanford has set strategies to provide optimal diabetic care and to measure outcomes for systolic and diastolic blood pressures, LDL cholesterol, hemoglobin A1c, tobacco use, and aspirin use for people living with diabetes.

Sanford Vermillion has also set strategies to address hypertension through a standardized protocol, frequent blood pressure monitoring, and referral as appropriate for patients with hypertension. Outcome measures include a blood pressure of less than 140/90 for all ages 18-59 and for age 60+ with diabetes, vascular or renal disease. For patients age 60 or older without diabetes, vascular or renal disease the goal is blood pressure of 150/90 or less. Sanford Vermillion is currently meeting this goal with 92.1% of hypertension patients having blood pressure of less than 140/90.

The Sanford Vermillion wellness program also makes over 3,000 community contacts per year through its various health screening and community vaccination events. The annual health fair with free and reduced health screenings and a variety of reduced laboratory tests is available along with a wealth of community educational offerings in which approximately 350 community members attend annually.

Educating the community on healthy nutrition was another strategy that Sanford Vermillion implemented by working with the on-site dietitian and a visiting cardiologist.
SANFORD WEBSTER MEDICAL CENTER

Sanford Webster Medical Center is a 25-bed Critical Access Hospital providing emergency services, radiology, lab, rehabilitation and respiratory care services. It includes an adjoining rural health clinic.

Sanford Webster employs 4 clinicians, including physicians and advanced practice providers, and 70 employees.

**Key Findings**

Sanford Webster Medical Center is serving a community that has concerns for substance abuse and the presence of street drugs and alcohol abuse, the need for mental health and behavioral health providers, the availability and cost of long term care and memory care, depression, childhood obesity, and bullying.

<table>
<thead>
<tr>
<th>Current state of community issues regarding HEALTHCARE AND WELLNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of behavioral health (substance abuse)...</td>
</tr>
<tr>
<td>Availability of mental health providers (N=29)</td>
</tr>
<tr>
<td>Access to affordable health insurance coverage (N=30)</td>
</tr>
<tr>
<td>Access to affordable prescription drugs (N=30)</td>
</tr>
<tr>
<td>Access to affordable healthcare (N=30)</td>
</tr>
<tr>
<td>Access to affordable vision insurance coverage (N=29)</td>
</tr>
<tr>
<td>Access to affordable dental insurance coverage (N=29)</td>
</tr>
<tr>
<td>Use of emergency room services for primary healthcare...</td>
</tr>
<tr>
<td>Availability of specialist physicians (N=29)</td>
</tr>
<tr>
<td>Availability of prevention programs and services (e.g.,...)</td>
</tr>
<tr>
<td>Availability of healthcare services for Native people (N=26)</td>
</tr>
<tr>
<td>Availability of non-traditional hours (e.g., evenings...)</td>
</tr>
<tr>
<td>Timely access to dental care providers (N=29)</td>
</tr>
<tr>
<td>Availability of healthcare services for New Americans (N=25)</td>
</tr>
<tr>
<td>Timely access to vision care providers (N=29)</td>
</tr>
<tr>
<td>Coordination of care between providers and services (N=30)</td>
</tr>
<tr>
<td>Access to technology for health records and health...</td>
</tr>
<tr>
<td>Availability of doctors, physician assistants, or nurse...</td>
</tr>
<tr>
<td>Timely access to medical care providers (N=30)</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Current state of community issues regarding the AGING POPULATION

- Cost of long-term care (N=29) 3.62
- Cost of memory care (N=26) 3.46
- Availability of memory care (N=29) 3.45
- Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=30) 3.37
- Cost of in-home services (N=29) 3.34
- Availability of activities for seniors (e.g., recreational, social, cultural) (N=30) 3.20
- Availability of resources for grandparents caring for grandchildren (N=29) 3.17
- Availability of resources to help the elderly stay safe in their homes (N=30) 3.10
- Availability of long-term care (N=30) 2.87
- Help making out a will or healthcare directive (N=28) 2.82
- Cost of activities for seniors (e.g., recreational, social, cultural) (N=29) 2.76

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Mental Health

Goal: Access to mental health services is available for the community of Webster

Strategy:
• Make psychiatry services available with an Integrated Health Therapist
• Provide clinical psychiatrist consults through telemedicine outreach from Sioux Falls
• Provide an integrated approach to physical health and mental health services through the Bridging Health program

Priority 2: Aging Population

Goal: A community collaboration supports caregivers

Strategy:
• Participate in the community Caregiver Support Group
• Provide the Better Balance program to help community members prevent falls

Demonstrating Impact – Addressing the Needs FY 2017-2019

Safety

According to the CDC, every day, 28 people in the United States die in motor vehicle accidents in the United States. Sanford Webster Medical Center decided to combat this community concern by working with the local Key Club and giving presentations to this community audience. Sanford’s Lola Pollard, PA, who is also the Key Club President, gave presentations and education sessions about the local accident rate and how to combat those situations. Local law enforcement also continues to do DUI checkpoints in the county to help with these statistics and to keep the population safe.

As drug use and violence continues to increase in this area, South Dakota and the United States, Sanford’s staff took the MOAB training. MOAB training presents principles, techniques, and skills for recognizing, reducing and managing violent and aggressive behavior. As Sanford continues to work in and care for this population, the training has been helpful in many of the situations that are faced on a daily basis.

Physical Health

Sanford Webster’s strategy of opening up the physical therapy equipment to the community has been a definite success. On average there have been around 15-20 community members each week who use the equipment. The Sanford physical therapy staff has also offered Better Balance classes in the community to help people who are struggling with physical health or those who want to maintain their physical status.

The Sanford Webster dietician meets with patients and individuals on a referral basis in the clinic. This has been a very successful program for those who need the services. The dietician meets with people who are experiencing chronic conditions, and with patients who need overall healthy lifestyle management and medical nutrition therapy. Medical nutrition therapy is an important service for patients and the Webster community.
Sanford Westbrook Medical Center is an eight-bed, not-for-profit, Critical Access Hospital located in southwest Minnesota. It is a community-owned facility leased to the Sanford Network. Originally known as Henry Schmidt Memorial Hospital, Sanford Westbrook was built in 1950 and through a comprehensive community effort was remodeled and expanded into the current single-site healthcare facility that includes an attached medical clinic and 21-one unit senior housing facility. The medical center offers emergency services.

Sanford Westbrook service area includes the communities of Currie, Dovray, Jeffers, Storden and Westbrook and covers parts of Cottonwood, Redwood and Murray counties with a combined population of 3,600 persons. It is located in an area classified as a Health Professional Shortage Area (HPSA) and Manpower Underserved Area (MUA). Sanford Westbrook employs approximately 50 individuals.

**Key Findings**

Sanford Westbrook Medical Center is serving a community that has high concerns for employment options. The incidence of depression and stress, the cost of long term care and memory care, the availability of public transportation, the availability and cost of quality childcare, childhood obesity, substance abuse, access to affordable health insurance and affordable healthcare, dementia and Alzheimer’s disease, chronic disease, and a need for a skilled labor force are all concerns.

### Body Mass Index

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>62%</td>
</tr>
<tr>
<td>Overweight</td>
<td>15%</td>
</tr>
<tr>
<td>Normal weight</td>
<td>24%</td>
</tr>
</tbody>
</table>
Implementation Strategies

Priority 1: Wellness

Goal: Improve physical health, chronic disease and overall wellness

Strategy:
- Utilize medical nutrition therapy services for patients with chronic disease and weight management needs
- Increase referrals to the RN Health Coach
- Expand Sanford fit program across the community

Priority 2: Mental Health and Substance Abuse

Goal: Community members are aware of the services that are available for mental health and behavioral health

Strategy:
- Work with community partners to create new options for mental health and behavioral health services
- Promote services to create an awareness of options for community members
Demonstrating Impact – Addressing the Needs FY 2017-2019

Mental Health

Sanford Westbrook continues to improve access to mental health services and decreasing the time for patients to be in its ER. A goal is to provide telehealth for behavioral health services for the Sanford Westbrook emergency room, which has been a work in progress for a few years. Placement of patients with mental health needs has been and continues to be a major issue throughout the state of Minnesota, and especially in rural areas.

Sanford Westbrook Medical Center provides child psychiatric care via telemedicine and through consults with a nurse practitioner and LICSW. Sanford Westbrook has worked hard to make the public and community partners aware of the services available.

Physical Health

Sanford Westbrook has shown great impact through their RN Health Coach and Sanford fit programs, which is demonstrated by the increase in the patient chronic conditions registry and the Minnesota measurement scores.

During January of 2016, Sanford Westbrook completed a 19-week Sanford fit program with the Westbrook Walnut Grove Elementary School fourth grade class. The program was a customized version of Sanford fitClub. Two Sanford Westbrook staff members met with the Westbrook Walnut Grove Elementary fourth grade physical education class once a week for 25 minutes each session. The students learned all about Sanford fit and making good, healthy choices regarding their food, move (exercise), mood and recharge (sleep/rest). In addition, the students had weekly challenge cards they took home to complete during the remainder of the week. The completed challenge cards were placed in a drawing and students worked their way towards end-of-year prizes, but also took home activities and exposed their families to fit. The program completed its second year in May of 2018. After a successful pilot year, at the beginning of the 2018 program the students completed a fit club “test” and were tested again at the end of the year. The students increased their correct answers by more than 24% from the first test to the last. Each week, the Sanford Westbrook staff could see the students engaging and absorbing the information through the fun activities. The program received positive feedback by the Westbrook Walnut Grove Elementary School physical education teacher and principal and will continue into the coming years.
SANFORD WHEATON MEDICAL CENTER

Sanford Medical Center Wheaton is a 25-bed primary care Critical Access Hospital serving people in Traverse County, Minnesota and the surrounding areas of Big Stone and Grant counties of Minnesota and Roberts County of South Dakota.

Sanford Wheaton provides emergency and trauma services and has certified laboratory and radiology services including EKG, MRI and others on site. Outpatient care is available for infusions, respiratory therapy, cardiac rehab, wound management and therapies, including physical, occupational and speech pathology. Visiting specialty physicians provide general surgery, oncology and urology outreach.

Sanford Wheaton employs 4 clinicians, including a physician and 3 advanced practice providers, and has 79 employees.

Sanford Wheaton is licensed by the State of Minnesota, certified for Medicare and Blue Cross, and is a member of the American Hospital Association, the Minnesota Hospital Association, and the Minnesota Rural Health Alliance.

Key Findings

Sanford Wheaton is serving a community with high concerns for substance abuse, the need for mental health and behavioral health providers, the cost of long term care and memory care, the need for a skilled labor force, the availability of services for at-risk youth, the presence of drug dealers in the community, and the high incidence of depression and stress.
### Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=23)</td>
<td>3.91</td>
</tr>
<tr>
<td>Stress (N=23)</td>
<td>3.70</td>
</tr>
<tr>
<td>Depression (N=23)</td>
<td>3.65</td>
</tr>
<tr>
<td>Alcohol use and abuse (N=22)</td>
<td>3.50</td>
</tr>
<tr>
<td>Suicide (N=23)</td>
<td>3.26</td>
</tr>
<tr>
<td>Dementia and Alzheimer’s disease (N=22)</td>
<td>3.09</td>
</tr>
<tr>
<td>Smoking and tobacco use (N=23)</td>
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</tr>
<tr>
<td>Exposure to secondhand smoke (N=23)</td>
<td>2.52</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)

### Current state of community issues regarding ECONOMIC WELL-BEING

<table>
<thead>
<tr>
<th>Issue</th>
<th>Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled labor workforce (N=23)</td>
<td>3.57</td>
</tr>
<tr>
<td>Household budgeting and money management (N=23)</td>
<td>3.39</td>
</tr>
<tr>
<td>Employment options (N=23)</td>
<td>3.17</td>
</tr>
<tr>
<td>Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=23)</td>
<td>2.96</td>
</tr>
<tr>
<td>Maintaining livable and energy efficient homes (N=23)</td>
<td>2.74</td>
</tr>
<tr>
<td>Hunger (N=22)</td>
<td>2.68</td>
</tr>
<tr>
<td>Help for renters with landlord and tenants’ rights issues (N=23)</td>
<td>2.39</td>
</tr>
<tr>
<td>Availability of affordable housing (N=23)</td>
<td>2.35</td>
</tr>
<tr>
<td>Homelessness (N=23)</td>
<td>1.87</td>
</tr>
</tbody>
</table>

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Implementation Strategies

Priority 1: Mental Health

Goal: Improve access and care for patients suffering from depression and mental illness

Strategy:
  • Improve PHQ-9 scores to lower the severity of depression
  • Utilize telehealth services to improve access for mental health and behavioral health services

Priority 2: Economic Well-Being

Goal: Reduce the fear of not having enough food

Strategy:
  • Sustain the food supply for those at risk
  • Sustain backpack food distribution program

Demonstrating Impact – Addressing the Needs FY 2017-2019

Access

With the increasing need for mental health services, Sanford Wheaton worked with the Sanford Thief River Falls psychiatry team and Traverse County Mental Health providers to increase the number of available appointments for services and decrease ER visits. Telehealth visits were utilized to provide these services so no one had to drive out of town for services and children did not need to miss a large amount of school time. Sanford Wheaton has added another mental health group, Peterson Medical Clinic, that will see all ages of patients and has availability for emergency needs. These services are provided by telehealth. Appointments are available weekly and for emergency cases. Psychiatrist services that are readily available have helped the family practice providers with prescription management.

Another strategy was to expand the Medical Home and utilization of an RN Health Coach to provide follow-up for those patients who have PHQ-9 scores that indicate depression. Additional screening tools at timed intervals assess the need for follow-up or demonstrates improvement. A panel specialist will utilize the report for those who are not meeting the PHQ-9 goals for improvement or who are due for re-screening. Quality scores for depression have improved from 2.3 to 4.3. The goal is 5.

In addition to the PHQ-9 assessment, Sanford Wheaton implemented evidence-based practice guidelines for patients seen for mental health. Early identification of mental health needs is important and has become standard practice within Sanford. To assist in identifying mental health needs Sanford will work to increase the number of wellness exams and to make them more timely. Sports physicals are now considered well exams and have been expanded with the necessary tools for screening and early detection of mental health issues.

Parents of at-risk children also need to have extra support in understanding how to work with and develop healthy social and emotional development skills. During well exams, children and parents are presented with an age-appropriate Reach Out and Read book.
Substance Abuse

Sanford Wheaton worked with law enforcement agencies and the Drug Enforcement Agency (DEA) to provide safe collection sites in the community for unused drugs. These sites were established and the amounts that are being turned in are much larger than anticipated. Sanford as a system has taken on the task of reducing opioid prescriptions in an attempt to have less drugs in the community, reduce the number of chronic opioid drug users, and reduce the number of drug seekers in the community.

Food Insecurity among Children in the Community

Sanford Wheaton’s third goal was to provide children with access to healthy food when they are not able to have meals at the school. A large majority of children did not have healthy food from Friday at lunch until they came back on Monday morning for breakfast. Increased access to food was needed to decrease the hunger among children as there are many proven studies that enforce the fact that children who are adequately fed improve their success at school both in learning and behavior. Sanford Wheaton started a food backpack program and worked with the school officials to help identify the individuals who needed food and then proceeded to distribute the bags. Sanford was careful to protect the privacy of families. The program started with distribution during the school year but it was found that the program was going to be needed during the summer also. Current distribution numbers are at 60 on a regular basis. A focus is to have presence at the back-to-school events to make sure that all parents and their families are aware of the food program and to provide some samples of the products so they feel comfortable about registering to receive them.

Sanford also supports local 4-H groups in their projects for community gardens, education activities, and financial support to encourage participation in the county fair and other community projects. Sanford also discusses drug abuse and the need for healthy food choices and availability of the food backpack program at the wellness exams.
SANFORD WORTHINGTON MEDICAL CENTER

Sanford Worthington Medical Center is a 48-bed facility located in Worthington, Minnesota, the county seat of Nobles County, and the regional economic hub for southwestern Minnesota. The medical center is the largest in the region and serves over 21,000 residents.

Sanford Worthington provides more than 50 medical services, including general and same day surgery, a 27-bed medical/surgical unit, intensive care, lab and medical imaging, women’s services including digital mammography, outpatient dialysis, infusion center, home care, oncology services including chemotherapy and radiation therapy, and a 24/7 emergency department with in-house physician coverage. An acute care clinic is also located at the medical center that provides walk-in, after hours and weekend services.

Sanford Worthington Medical Center employs 20 active medical staff and 350 employees.

Key Findings

Sanford Worthington Medical Center is serving a community that has strong concerns for the availability of affordable housing, food insecurity, the availability of public transportation, the availability and cost of quality childcare, services for at-risk youth, teen pregnancy, childhood obesity, bullying, substance abuse, the cost of in-home services, long term care and memory care, access to affordable health, vision and dental insurance, access to affordable healthcare, the availability of mental health and behavioral health providers, and access to affordable prescription drugs.
Preventive Procedures Last Year

- Blood pressure check: 80%
- Flu shot: 71%
- Dental cleaning or x-rays: 63%
- Blood sugar check: 54%
- Cholesterol screening: 50%
- Women’s pelvic exam: 40%
- Glaucoma test: 23%
- Hearing test: 14%
- Other immunizations (Tetanus, Hepatitis A or B): 14%
- Vascular screening: 7%
- STD screening: 7%
- Bone density test: 7%
Implementation Strategies

Priority 1: Healthcare Access

Goal: Improved access for dental care and improved health literacy

Strategy:
- Develop a task force to meet the needs for dental care in the community specific to the pediatric population
- Decrease the use of the emergency department for primary care
- Improve health literacy about health plan benefits among the JBS members

Priority 2: Wellness

Goal: Increase the number of community members who participate in screenings for chronic disease and cancer

Strategy:
- Develop a community lung screening program
- Evaluate disease prevention outcomes within large community employer groups

Demonstrating Impact – Addressing the Needs FY 2017-2019

Healthcare Access

Sanford Worthington initiated a monthly health topic page in the local newspaper. As a result of this campaign, Sanford Worthington also enlisted local employees engaged in care delivery to talk about services offered at the medical center and clinic that corresponded with the monthly health topic. Sanford Worthington contributed 20 health topic articles to the local newspaper and 32 radio talks to improve health literacy about available services in the community. Topics ranging from health promotion through routine screening, as well as recognition of serious medical conditions to seek medical care immediately were presented. Sanford Worthington became recognized as a consistent provider for the community’s health needs.

Sanford Worthington collaborated with JBS, a local employer, to refer patients to an employee program called JBS Strong. This program provided mentoring and coaching for lifestyle changes to employees with classes located at the workplace. Through collaboration between Sanford Worthington and JBS, 51 patients were referred to the JBS Strong program. Sanford Worthington gave YMCA memberships to six graduates of this program. This incentive was provided to encourage graduates to continue holistic care that was started by JBS. To reach this goal Sanford Worthington also envisioned a partnership with the YMCA to provide a consistent partner for referral of patients under the care of clinic RN Health Coaches. This collaboration began with referrals and will expand to formalize this relationship.

Sanford Worthington began a relationship with JBS to improve health literacy among the plant’s workforce. A relationship developed with the plant human resources department, union officials, and health plan agents. A need was identified for improved education about health topics. To meet this need, Sanford Worthington and JBS developed a health topic kiosk in employee break areas. This central location was used to deliver a health topic education during break times at the plant. JBS human resources and Sanford Worthington worked together to provide medical information on the kiosk in several languages to bring health education to those who were unable to obtain information from other sources due to a
language barrier. Sanford Worthington offered 16 health topic education messages on the kiosk during this assessment cycle. Sanford Worthington clinic staff were on site twice per month at the plant to offer services to employees including educational presentations, assisting plant employee health leaders with employee blood draws, and participating in health fair programming. Sanford Worthington Medical Center assisted with the drawing, processing and distribution of up to 1,000 individual employee’s annual health assessment data. This goal will continue as the collaboration with JBS continues which will result in improved access for its employees.

Physical and Mental Health

Sanford Worthington embarked on a journey to revamp its care delivery system for primary care. Sanford Worthington participated as a pilot site for the Medical Home model of care delivery. Primary care physicians and advance practice providers joined with nurses and clinical care assistants, RN Health Coaches and Integrated Health Therapists to provide a comprehensive care model for patients. Sanford Worthington achieved certification as a Medical Home during the 2016 cycle period, and has recently achieved recertification and recognition for the advancement of the care delivery model over the past three years. Patients with the chronic diseases of hypertension and diabetes, as well as patients at risk for developing diabetes, were offered behavior modification programs and personal care management with RN Health Coaches. The comorbid factor of mental health was also addressed for many patients in one setting through the use of the Integrated Health Therapist into the patient’s primary care appointment. Evidence of the advantage of this model of care includes improved performance in community healthcare measures including colorectal screening. Colorectal screening increased from 65% to 68% during this time frame. A colorectal screening performance improvement project was also undertaken to improve patient scheduling processes to make it more convenient to schedule a screening exam. Sanford Worthington Medical Center also entered into an agreement with the Minnesota Department of Health to be a SAGE Scopes provider for free colorectal screening. Through this grant program community residents who are underinsured and uninsured can access care without a burden of cost.

Sanford Worthington hired a Licensed Independent Social Worker to provide integrated care in collaboration with medical providers at the clinic. The objective of this Integrated Health Therapist (IHT) position was to be present and available to physician and patient on an as-needed basis for rapid assessment and collaboration of care. On a daily basis, the IHT maintains a visible presence to all clinic staff and functions as point of contact for any questions/issues related to behavioral/chemical health. They were available for immediate team “handoffs” of patients requiring immediate assessment or intervention. They triaged patients with high-risk behavioral profiles and coordinating services with specialty care resources, performed brief, limited follow-up visits with selected patients using behavioral or problem solving strategies for symptom reduction, and acted as a consultant to the clinic as it relates to universal screening procedures, outcome data management, and fidelity measures.

Sanford Worthington offered an intensive behavior therapy program for weight loss to assist patients to overcome poor eating habits and develop better lifelong habits. Providers and RN Health Coaches were able to refer patients to the program with positive outcomes for the patients. During this assessment cycle, 71 intensive behavior therapy sessions were completed for program enrollees.

Sanford Worthington introduced the Sanford fit website to local school teachers and childcare centers in the community. School nurses employed by Sanford Worthington created a collaboration to bring healthy habit education to young children when health habits are developing. Sanford Worthington Employee Health and Marketing coordinated an education session in the spring of 2017 to provide education to elementary school nurses and physical education teachers about Sanford fit. This education has the potential to reach over 3,000 students in public and private education in Nobles County.