Community Health Needs Assessment
SANFORD SHELDON MEDICAL CENTER
2022-2024
Dear Community Members,

Sanford Sheldon Medical Center is pleased to present the 2021 Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. It is through this work that we identify unmet health needs in the community, and then strategically plan how to best address those needs. This process is very well aligned with Sanford’s vision to improve the human condition.

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health, including economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

As a result of this process, Sanford Sheldon will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Access to Health Care Providers
- Access to Affordable Health Care

The CHNA process also focused on the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets that are offered to address various community health needs. We have also included an impact report detailing progress made with our 2019 implementation strategies.

Sanford Sheldon is grateful to the many community members who participated in this assessment process. We appreciate your commitment to the health and wellness of our community, and to those who live and work here. Together, we will continue to enhance the quality of life for local residents.

Sincerely,

Rick Nordahl
Senior Director
Sanford Sheldon Medical Center
BACKGROUND

Community Description
The Sanford Sheldon Medical Center is located in Sheldon, Iowa. Sheldon has a population of 5,128, and is the largest city in O'Brien County Iowa, which has a total population of 13,835. Sheldon has always been a hub of transportation, located at the crossroads of Highway 60 and 18. It is predominantly a farming community with other larger employers in finance, manufacturing, health care and education. Sheldon home to Northwest Iowa Community College, and near Dordt College and Northwestern College.

The city has many parks with softball fields, basketball courts, picnic shelter, campsites, biking and walking trails and a skate park for skate boarding and rollerblading. Other recreational facilities include the Sheldon Golf and Country Club and the Sheldon Outdoor Family Aquatic Center.

The community as defined for purposes of the Community Health Needs Assessment includes O'Brien and Sioux Counties in Iowa. Demographic detail for the counties is included in the appendix.

Partners
The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Sanford Health would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

Sanford Health
- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Senior Director, Communications
- Michelle Bruhn, Senior Vice President, Health Services Operations
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Executive Director, Community Relations
- Matt Ditmanson, Director, Community Benefit Programs
- Emily Griese, Vice President, Population Health and Clinical Operations
- Marnie Walth, Senior Legislative Affairs Specialist
- Joseph Beaudreau, Patient Relations Specialist and Indian Health Advocate
- Phil Clark, Director, Market Research
- Shawn Tronier, Senior Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

System Partners
We would also like to express our gratitude to the following individuals for their expertise during the development and analysis of the Community Health Needs Assessment:
- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
• Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
• Ann Kinney, Senior Research Scientist, Minnesota Department of Health
• Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
• Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
• Jody Lien, Director, Ottertail Public Health
• Karen Pifher, Community Health Program Manager, Essentia Health
• Lori Jensen, Public Health Nurse, Beltram County Health and Human Services
• Erica Solseth, CHI St. Alexius Health
• Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
• Nancy Hodur, Director, North Dakota State University Center for Social Research
• Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Sheldon Partners
We express our gratitude to the following community collaborative members for their participation in the community stakeholder meetings:
• Richard Nordahl, Senior Director
• Barry Whitsell, CEO, Village Northwest Unlimited
• Jessica Justi, RN CNO
• Kimberly Moran, RN, O’Brien County Public Health
• Joseph Snyder, Clinic Director
• Tim Lammers, Engineer Demco
• Karen Pottebaum, Executive Assistant
• Brittany Fuerstenberg, RN Nursing Supervisor
• Shawn Dreesen, Patient Access Supervisor
• Matt Ditmanson, Director, Community Benefit

Sanford Sheldon Description
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, Sanford Hartley Clinic and Sanford Health Lake Park 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 nine 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.

CHNA Purpose
The purpose of a community health needs assessment is to develop a global view of the population’s health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate and justify the not-for-profit status and
create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

The Internal Revenue Code 501(r)(3) requires that each hospital must have: (1) conducted a community health needs assessment 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. Hospitals are 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.

Non-profit hospitals 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 community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address each and every assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2022 report will be Sanford’s fourth report cycle since the requirements were enacted in 2010.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at https://www.sanfordhealth.org/about/community-health-needs-assessment. No community comments or questions regarding the previous CHNA have been made via the website link or email address.
CHNA Process
Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within the local community and across Sanford’s care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.

Limitations
The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

Community and Stakeholder Survey
Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of the O’Brien & Sioux Counties, IA populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (https://news.sanfordhealth.org/community/health-needs-assessment-survey/) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 305 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.
Secondary Data
County Health Rankings is based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.

Health Needs Identification Methodology
The Center for Social Research at North Dakota State University was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Sheldon is included with Bagley, MN; Canby, MN; Canton-Inwood, SD; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, MN.
- To identify community health care needs, each community’s score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community’s average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

Community Asset Mapping
Asset mapping was conducted to find the community resources 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.

Community Stakeholder Meetings
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 the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.
The facilitated discussion sought to inform on several aspects:
- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there work being done on these identified needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare system and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

Two health needs were identified by consensus during the meeting for inclusion in the implementation plan. The needs were confirmed with participants prior to the meeting’s conclusion. Consensus was based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition
O’Brien and Sioux Counties, IA are included in the data analysis and represents a majority of volumes to Sanford Sheldon. Sheldon has a population of 5,128, and is the largest city in O’Brien County Iowa, which has a total population of 13,835. No population was excluded from the process.
COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary
CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Sheldon area regarding the following community health issues were positive. Average scores as follows:

- Long-term nursing care and senior housing quality (avg. score=3.10)
- Employment and economic opportunities (avg. score=3.25)
- Health care quality (avg. score=3.31)
- Child care and preschool quality (avg. score=3.41)
- Environmental health (avg. score=3.65)
- Access to healthy foods (avg. score=3.68)
- Access to exercise opportunities (avg. score=3.73)
- Community safety (avg. score=3.76)

However, with the exception of employment opportunities and access to healthy foods, average scores for CHNA respondents in the Sheldon area for each of these community health issues were lower than the comparison group average – and the lowest for long-term nursing care and environmental health when compared to similar-sized market areas served by Sanford Health.

When asked about their personal health, CHNA respondents in the Sheldon area rated their current health and wellness as good (average score=3.30) and their current ability to access health care services as good (average score=3.49); however, both scores were lower than the comparison group average.

County Health Rankings (CHR) data indicate that O'Brien and Sioux counties are among the healthiest counties in Iowa in terms of overall health. However, the following areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

Physical Activity and Nutrition
The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape the health and the risk of being overweight and obese.

When CHNA respondents in the Sheldon area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were a top concern (along with affordability issues and COVID-19). The most commonly cited chronic health concerns by CHNA respondents in the Sheldon area involved excess weight, obesity, and diabetes. CHR data indicate that nearly one in ten adults in the Sheldon area has diabetes (9%) and one in four adults has obesity (28%); however, both measures are lower than the average for similar-sized market areas served by Sanford. CHR data also indicate that residents in the Sheldon area have better than average access to exercise opportunities (82%) and 3 percent are low-income and do not live close to a grocery store (one of the lowest percentages among similar market areas).

The topic of physical activity and nutrition was only briefly discussed during the stakeholder meeting. The group indicated a disconnect between the multitude of opportunities available
within the community and the proportion of individuals with a chronic disease. The disconnect may be partially due to the lack of knowledge of available resources, such as parks, wellness centers, etc. Physical activity and nutrition, although important in the community was not elevated as a top priority for purposes of the CHNA implementation plan.

<table>
<thead>
<tr>
<th>Chronic Disease resources:</th>
<th>Healthy Eating resources:</th>
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<tbody>
<tr>
<td>• Sanford's Better Choices Better Health Program, c/o 800 Oak St., Sheldon</td>
<td>• Farmers Market, 1200 S. 2nd Ave., Sheldon</td>
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<tr>
<td>• Sanford Clinic Sheldon, 800 Oak St., Sheldon</td>
<td>• Getting's Garden, 2861 Pierce Ave., Sanborn</td>
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<tr>
<td>• Sanford Boydgen Clinic, 3971 – 320th St., Boyden</td>
<td>• Cottonwood Farm CSA, 3143 Nest Ave., Sheldon</td>
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<tr>
<td>• Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley</td>
<td>• Hy-Vee, 1989 Park St., Sheldon</td>
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<tr>
<td>• Sanford Sanborn Clinic, 321 Main St., Sanborn</td>
<td>• Fareway Grocery, 2603 Park St., Sheldon</td>
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<tr>
<td>• Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley</td>
<td>• La Mexicana, 926 – 3rd Ave., Sheldon</td>
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<tr>
<td>• Arthritis Foundation – arthritis.org</td>
<td>• Fiesta Foods, 130 – 3rd St. NE</td>
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<tr>
<td>• American Heart Association – Heart.org</td>
<td>• Sanborn Foods, 302 Main, Sanborn</td>
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<table>
<thead>
<tr>
<th>Obesity resources:</th>
<th>Obesity Resources Cont:</th>
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<tbody>
<tr>
<td>• Sanford Clinic Sheldon dieticians, 800 Oak St., Sheldon</td>
<td>• Sanford Wellness Center, 206 N. 7th Ave., Sheldon</td>
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<tr>
<td>• Sanford Boydgen Clinic dieticians, 3971 – 320th St., Boyden</td>
<td>• Hartley Health &amp; Fitness, 155 S. Central, Hartley</td>
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<tr>
<td>• Sanford Hartley Clinic dieticians, 512 – 3rd St. NE, Hartley</td>
<td>• Complete 180 Fitness, 207 Main, Sanborn</td>
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<tr>
<td>• Sanford Sanborn Clinic dieticians, 321 Main St., Sanborn</td>
<td>• NWICC Lifelong Learning &amp; Recreation Center, 600 College Dr., Sheldon</td>
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<tr>
<td>• Mercy Medical Clinic dieticians, 231 N. 8th Ave. W., Hartley</td>
<td>• Sheldon Aquatic Center, 415 – 19th Ave., Sheldon</td>
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<tr>
<td>• Sheldon Parks Dept. activities, 416 – 9th St., Sheldon</td>
<td>• Hartley Parks Dept. activities, 11 S. Central, Hartley</td>
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<tr>
<td>• Sanborn Parks Dept. activities, 102 Main, Sanborn</td>
<td>• Hartley Swimming Pool, 361 S. Central, Hartley</td>
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<tr>
<td>• Hartley Parks Dept. activities, 11 S. Central, Hartley</td>
<td>• Aquatic Center, 510 Main St., Sanborn</td>
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<tr>
<td>• Courtyard Fitness, 18 North Ave., Sheldon</td>
<td>• Sheldon Golf Course, 3040 Nest Ave., Sheldon</td>
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<tr>
<td>• Curves, 303 – 9th St., Sheldon</td>
<td>• Sanborn Golf Course, 901 Sanborn St., Sanborn</td>
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<tr>
<td>• Curves, 2534 Park St., Sheldon</td>
<td>• Hartley Golf Course, 3.5 miles south of Hartley</td>
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<tr>
<td>• Sheldon City Gym, 320th St., Sheldon</td>
<td>• Otter Valley Golf Course, RR 2, Boyden</td>
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<tr>
<td>• Hills Gym, Sheldon Recreational Trail, Sheldon</td>
<td>• Disc Golf, North 2nd Ave., Sheldon</td>
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<td>• Disc Golf, Centennial Park, Boyden</td>
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<td></td>
<td>• Disc Golf, 901 Sanborn St., Sanborn</td>
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<td></td>
<td>• Bowling - Bowl Mor, 203 Main, Sanborn</td>
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<td></td>
<td>• Sheldon Competition Park (skateboarding), 1499 Elm Ct., Sheldon</td>
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<tr>
<th>Physical Activity resources:</th>
<th>Physical Activity Resources Cont.:</th>
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<tbody>
<tr>
<td>• Courtyard Fitness, 18 North Ave., Sheldon</td>
<td>• Sanford Parks Dept. activities, 102 Main, Sanborn</td>
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<tr>
<td>• Curves, 303 – 9th St., Sheldon</td>
<td>• Sheldon Aquatic Center, 415 – 19th Ave., Sheldon</td>
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<tr>
<td>• Curves, 2534 Park St., Sheldon</td>
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<td>• Sheldon Competition Park (skateboarding), 1499 Elm Ct., Sheldon</td>
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Access to Affordable Health Care

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

In addition to chronic health issues, cost and the ability to afford needed health care was also a top health care concern that Sheldon area CHNA respondents and their families face on a regular basis. In addition, when respondents were asked about the most important health care issues impacting their community, the cost of health care was their top concern (higher than COVID-19 and general access concerns). Approximately one in six CHNA respondents in the Sheldon area indicated that they or a family member needed medical care in the past year but did not receive it (16% - which was higher than the comparison group average). When asked why, the main reason, after COVID-19 concerns, was due to cost and the inability to pay for health care services (29%) — followed by their insurance not being accepted (14%).

According to CHR, approximately 6 percent of people in the Sheldon area are uninsured, a rate which is slightly lower than the average for similar markets served by Sandford Health.

The stakeholder participants were in agreement that access to affordable health care providers is a priority for the community, with the focus on care close to home and preventative medicine. Sanford Sheldon provides a range of primary care, walk-in, emergency, and specialty services locally in the community and typically have appointments available to patients. The group discussed that an area of focus for Sanford should be the promotion of local service to ensure the community is aware of the available care close to home and to evaluate telehealth changes to increase access to local providers through this medium.

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<thead>
<tr>
<th>Resources for a skilled labor workforce:</th>
<th>Major Employers:</th>
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<tbody>
<tr>
<td>Sheldon Economic Develop., 416 – 9th St., Sheldon</td>
<td>Adventure Staffing, 327 – 9th St., Sheldon</td>
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<tr>
<td>Hartley Economic Development Committee, 11 S. Central Ave., Hartley</td>
<td>AIM Aerospace, Inc., 403 -14th St. SE, Orange City</td>
</tr>
<tr>
<td>Sheldon Parks Dept. activities, 416 – 9th St., Sheldon</td>
<td>Casey’s General Stores, 504 – 2nd Ave. &amp; 1401 Park St., Sheldon</td>
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Local Asset Mapping
<table>
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<tr>
<th>Resources for household budgeting &amp; money management:</th>
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<tbody>
<tr>
<td>- O'Brien County Extension classes, 340 – 2nd St. SE, Primghar IA</td>
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<tr>
<td>- O'Brien County Outreach (budget counseling), 140 – 2nd Street SE, Primghar IA</td>
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<tr>
<td>- Sheldon Community Education classes, 1700 E. 4th St., Sheldon</td>
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<tr>
<td>- Hartley/Sanborn Community Education, 240 – 1st St. SE, Hartley</td>
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<tr>
<td>- Northwest Iowa Community College, 603 W. Park St., Sheldon</td>
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<tr>
<td>- NWICC Lifelong Learning &amp; Recreation Center, 600 College Dr., Sheldon</td>
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<tr>
<td>- Northwestern Bank, 934 – 3rd Ave., Sheldon</td>
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<tr>
<td>- Iowa State Bank, 627 – 2nd Ave., Sheldon</td>
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<tr>
<td>- Citizens State Bank, 808 – 3rd Ave., Sheldon</td>
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<tr>
<td>- Peoples Bank, 2400 Park St., Sheldon</td>
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<tr>
<td>- Savings Bank, 80 S. Central, Hartley</td>
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<tr>
<td>- United Community Bank, 117 S. Central, Hartley</td>
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<tr>
<td>- Citizens State Bank, 817 Main St., Boyden</td>
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<tr>
<td>- Sanborn Savings Bank, 219 Main, Sanborn</td>
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<tr>
<td>- Iowa State Bank, 203 W. 7th St., Sanborn</td>
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<tr>
<th>Poverty Resources:</th>
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<tbody>
<tr>
<td>- O'Brien County Outreach (energy assistance, temporary shelter, weatherization, emergency vouchers, food bank, emergency food pantry, WIC program), 140 – 2nd St. SE, Primghar, IA</td>
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<tr>
<td>- SNAP – O'Brien County Dept. of Human Services, 160 – 2nd St. SE, Primghar</td>
</tr>
<tr>
<td>- Upper Des Moines Opportunity Food Pantry – 712-957-1023</td>
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<tr>
<td>- Living Water Community Church Food Pantry, 610 – 2nd Ave., Sheldon</td>
</tr>
<tr>
<td>- Sheldon United Methodist Church Food Pantry &amp; Summer Lunch Program for Kids, 506 -8th St., Sheldon</td>
</tr>
<tr>
<td>- Bread of Life, Crossroads Community Church, 730 Western Ave., Sheldon</td>
</tr>
<tr>
<td>- Love, Inc. (offers vouchers for groceries &amp; meat), 611 Park Row Ave., Sheldon</td>
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<tr>
<td>- 1st Presbyterian Food Pantry, 103 W. Groesbeck St., Paullina</td>
</tr>
<tr>
<td>- Back Pack Program – East Elementary/Middle School, 501 Normal College Ave., Sheldon</td>
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<tr>
<td>- Village Treasure Chest thrift store, US 18, Sheldon</td>
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<td>- Revolution Consignment thrift store, 310 – 9th St., Sheldon</td>
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<tr>
<td>- Classic Closet thrift store, 121 S. Central, Hartley</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Vision Insurance:</th>
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<tbody>
<tr>
<td>- Farm Bureau, 816 – 4th Ave., Sheldon</td>
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<tr>
<td>- State Farm, 517 Park St., Sheldon</td>
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<tr>
<td>- Prins Insurance, 809 – 3rd Ave., Sheldon</td>
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<tr>
<td>- Perspective Insurance, 221 Park St., Sheldon</td>
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</tbody>
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<thead>
<tr>
<th>Affordable Health Insurance:</th>
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</thead>
<tbody>
<tr>
<td>- Farm Bureau, 816 – 4th Ave., Sheldon</td>
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<tr>
<td>- State Farm, 517 Park St., Sheldon</td>
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<tr>
<td>- Prins Insurance, 809 – 3rd Ave., Sheldon</td>
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<tr>
<td>- Perspective Insurance, 221 Park St., Sheldon</td>
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</tbody>
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<thead>
<tr>
<th>Prescription Assistance Programs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- O'Brien County Human Services (Iowa Health &amp; Wellness Plan), 160 - 2nd St. SE, Primghar</td>
</tr>
<tr>
<td>- Iowa Drug Card – iowadrugcard.com</td>
</tr>
<tr>
<td>- CancerCare co-payment assistance, 800-813-4673</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Assistance Programs Cont.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- RXhope.com</td>
</tr>
<tr>
<td>- Prescriptionassistance.info</td>
</tr>
<tr>
<td>- Partnership for Prescription Assistance – pparx.org/intro.php</td>
</tr>
<tr>
<td>- Benefitscheckup.org</td>
</tr>
<tr>
<td>- RxAssist – rxassist.org</td>
</tr>
</tbody>
</table>
Access to affordable, quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.

While CHNA respondents in the Sheldon area rated their ability to access health care as good (average score=3.49), the score was lower than the average of similar-sized market areas served by Sanford Health. When respondents were asked about the most important health care issues impacting their community, access to health care services and providers was a top concern behind affordability issues and COVID-19.

One in six CHNA respondents in the Sheldon area indicated they do not currently have a primary care physician (17%) (which was higher than the comparison group average). When asked which health care services they would like to see offered or improved in their community, one in three CHNA respondents in the Sheldon area said dental care (37%), walk-in or urgent care (35%), and OB/GYN or women’s care (33%). One in four respondents said heart care (28%), labor and delivery services (26%), general surgery (26%), long-term care and nursing homes (25%), cancer care (25%), dermatology (24%), eye services (24%), and emergency and trauma care (24%). One in five respondents said chiropractic care (22%), pediatrics or children’s care (21%), family medicine or primary care (21%), and orthopedics or sports medicine (18%).

According to CHR, in the Sheldon area, there are 1,219 people for every one primary care physician and 1,870 people for every one dentist (ratios which are similar to the comparison group average).

The stakeholder meeting discussed access to providers and concluded it should be included as a priority community health need within the implementation plan. As noted in the previous section, the group discussed the level of local coverage for specialty services as part of lowering care by keeping it close to home. The stakeholder meeting focused on a few specialties as areas of need; mental health, orthopedics, and podiatry. Mental health has and continues to be a need in the community with a provider opening remaining unfilled for three years. Local providers covering orthopedics and podiatry have recently ended their practices or cut back on appointments. Sanford Sheldon indicated the opportunity to seek additional outreach from the Sanford USD Medical Center and explore greater telehealth capabilities to expand access.
### Local Asset Mapping

#### Health Care resources:
- Sanford Clinic Sheldon, 800 Oak St., Sheldon
- Sanford Boyden Clinic, 3971 – 320th St., Boyden
- Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley
- Sanford Sanborn Clinic, 321 Main St., Sanborn
- Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley
- Align Chiropractic, 109 Main, Sanborn
- Sanborn Chiropractic, 220 Main, Sanborn
- Choice Chiropractic, 712 – 4th Ave., Sheldon
- Sheldon Family Chiropractic, 910 Park St., Sheldon
- Schierholz Chiropractic, 128 S. Central Ave., Hartley
- Hartley Chiropractic, 200 S. Central Ave., Hartley
- O’Brien County Public Health, 155 S. Hayes, Primghar

#### Mental Health resources:
- Seasons Center for Behavioral Health, 201 E. 11th St., Spencer
- Sanford Clinic Sheldon, 800 Oak St., Sheldon
- Sanford Boyden Clinic, 3971 – 320th St., Boyden
- Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley
- Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley
- Sanford Sanborn Clinic, 321 Main St., Sanborn
- Hope Haven, Inc., 212 – 10th St., Sheldon
- Creative Living Center, 1022 – 3rd Ave., Sheldon
- Plains Area Mental Health Center, 400 Central Ave. NW, Orange City

#### Substance Abuse resources:
- AA, meets at 611 – 7th St., Sheldon
- NA, meets at 118 N. 7th Ave., Sheldon
- NA, meets at 361 N. 8th Ave. W., Hartley
- Compass Pointe Alcoholism & Drug Treatment Unit, 1201 S. 2nd Ave., Sheldon
- Seasons Center for Behavioral Health, 604 Park St., Sheldon

**In-Home Services:**
- O’Brien County Outreach (chore service for age 60+), 140 – 2nd St. SE, Primghar, IA
- Med-Equip Pharmacy (delivers to the home), 140 -3rd St. NW, Hartley
- Sanford Home Care & Hospice, 118 N. 7th Ave., Sheldon
- Stay in Home Health Care (serves NW Iowa) – stayinhomecare.com
- House Cleaning Help – Phil-Cor Power Washing, 4771 Oak Hill Ave., Paulina

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### Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood\(^1\).

When CHNA respondents in the Sheldon area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (42%) and addiction treatment (42%). According to CHR, adults in the Sheldon market average about 3.4 mentally unhealthy days each month and 11 percent of adults average at least 14 days of mental distress per month – both rates are lower than the comparison group average. According to CHR, in the Sheldon area there are 1,057 people for every one mental health provider (which is higher than the average for similar-sized markets served by Sanford Health).

The stakeholder meeting discussed mental health as part of the larger discussion on health care access. The group agrees it continues to be a need for the community and should be addressed as part of the overall access priority.

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\(^1\) U.S. Department of Health & Human Services, MentalHealth.gov. Available at https://www.mentalhealth.gov/basics/what-is-mental-health
**Local Asset Mapping**

<table>
<thead>
<tr>
<th>Mental Health resources:</th>
<th>Substance Abuse resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Seasons Center for Behavioral Health, 201 E. 11th St., Spencer</td>
<td>• AA, meets at 611 – 7th St., Sheldon</td>
</tr>
<tr>
<td>• Sanford Clinic Sheldon, 800 Oak St., Sheldon</td>
<td>• NA, meets at 118 N. 7th Ave., Sheldon</td>
</tr>
<tr>
<td>• Sanford Boydjen Clinic, 3971 – 320th St., Boyden</td>
<td>• NA, meets at 361 N. 8th Ave. W., Hartley</td>
</tr>
<tr>
<td>• Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley</td>
<td>• Compass Pointe Alcoholism &amp; Drug Treatment Unit, 1201 S. 2nd Ave., Sheldon</td>
</tr>
<tr>
<td>• Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley</td>
<td>• Seasons Center for Behavioral Health, 604 Park St., Sheldon</td>
</tr>
<tr>
<td>• Sanford Sanborn Clinic, 321 Main St., Sanborn</td>
<td></td>
</tr>
<tr>
<td>• Hope Haven, Inc., 212 – 10th St., Sheldon</td>
<td></td>
</tr>
<tr>
<td>• Creative Living Center, 1022 – 3rd Ave., Sheldon</td>
<td></td>
</tr>
<tr>
<td>• Plains Area Mental Health Center, 400 Central Ave. NW, Orange City</td>
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</tbody>
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<tr>
<th>Tobacco Cessation programs:</th>
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</thead>
<tbody>
<tr>
<td>• Sanford Clinic Sheldon, 800 Oak St., Sheldon</td>
<td>• Sanford Sanborn Clinic, 321 Main St., Sanborn</td>
</tr>
<tr>
<td>• Sanford Boydjen Clinic, 3971 – 320th St., Boyden</td>
<td>• Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley</td>
</tr>
<tr>
<td>• Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley</td>
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</tbody>
</table>

**Environmental Health**

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives. Specifically, clean air and water are prerequisites for good health. Poor air and water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions.

CHNA respondents in the Sheldon area rated the environmental health of their community as good (average score=3.65); however, the average score was the lowest among similar-sized markets – and 16 percent of respondents rated environmental health as poor or fair. When respondents who rated the environmental health of their community as poor or fair were asked why they did so, responses highlighted factories and farming practices that negatively affect the air and water.

CHR data indicate that the Sheldon area has one of the highest concentrations of air pollution-particulate matter (7.2 micrograms of particulate matter per cubic meter) among similar-sized markets served by Sanford Health.

The stakeholder group was somewhat surprised that this was identified as a significant health need. They indicated the community has good overall environmental health, which is further supported by outdoor activities, such as walking trails. The group did note that odor is present periodically. Ultimately the group opted not to include this as a priority area for the next 3-year implementation plan.

**Local Asset Mapping**

<table>
<thead>
<tr>
<th>Environmental Health Resources:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• CDC air quality resources, <a href="https://www.cdc.gov/air/resources.htm">https://www.cdc.gov/air/resources.htm</a></td>
<td>• Environmental Protection Agency, <a href="http://www.epa.gov">www.epa.gov</a></td>
</tr>
<tr>
<td>• Iowa Environmental Council, 505 5th Ave #850, Des Moines</td>
<td>• Iowa Environmental Services, 11101 NW Aurora Ave, Urbandale</td>
</tr>
</tbody>
</table>
**Long-Term Care**

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe, quality, and affordable home is paramount to healthy aging.

CHNA respondents in the Sheldon area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.10); however, the average score was the lowest among similar-sized markets – and 29 percent of respondents rated the quality of long-term care as poor or fair. When respondents who rated the quality of long-term care, nursing homes, and senior housing as poor or fair were asked why they did so, responses referenced limited options for care, staffing shortages, and a lack of caring and compassionate staff in long-term facilities, resulting in a lower level of patient care. When CHNA survey respondents in the Sheldon area were asked which health care services they would like to see offered or improved in their community, one in four respondents said long-term care services (25%).

During the stakeholder meeting participants discussed the bed availability within the local long-term care facilities. The openings were exacerbated during the last year as COVID-19 and the resulting lock downs and lack of access to their loved ones challenged demand. Long-term care facilities face a staffing shortage as it cannot compete with wages and employee workload of other senior and health care settings. Ultimately, participants decided not to include long-term care in the next 3-year implementation plan.

### Local Asset Mapping

<table>
<thead>
<tr>
<th>Assisted Living resources:</th>
<th>In-Home Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fieldcrest Assisted Living, 2501 E. 6th St., Sheldon</td>
<td>• O’Brien County Outreach (chore service for age 60+), 140 – 2nd St. SE, Primghar, IA</td>
</tr>
<tr>
<td>• Cobble Creek/Bee Hive Homes, 980 Oak St., Sheldon</td>
<td>• Med-Equip Pharmacy (delivers to the home), 140 -3rd St. NW, Hartley</td>
</tr>
<tr>
<td>• Sanford Assisted Living, 118 N. 7th Ave., Sheldon</td>
<td>• Sanford Home Care &amp; Hospice, 118 N. 7th Ave., Sheldon</td>
</tr>
<tr>
<td>• Sheldon Christian Retirement Home, 1414 Elm Ct., Sheldon</td>
<td>• Stay in Home Health Care (serves NW Iowa) – stayinhomecare.com</td>
</tr>
<tr>
<td>• Village Northwest, 330 Village Circle, Sheldon</td>
<td>• House Cleaning Help – Phil-Cor Power Washing, 4771 Oak Hill Ave., Paullina</td>
</tr>
<tr>
<td>• Community Memorial Assisted Living, 233 N. 8th Ave. W., Hartley</td>
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<tr>
<td>• Morningside Estates, 820 – 1st St. NE, Hartley</td>
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<tr>
<td>• Prairie View Inn, 612 Eastern St., Sanborn</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Memory Care resources:</th>
<th>Long Term Care resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alzheimer’s Association – alz.org</td>
<td>• Sanford Sheldon Care Center, 118 N. 7th Ave., Sheldon</td>
</tr>
<tr>
<td>• Sanford Sheldon Care Center, 118 N. 7th Ave., Sheldon</td>
<td>• Community Memorial Health Center, 231 N. 8th Ave. W., Hartley</td>
</tr>
<tr>
<td>• Community Memorial Health Center, 231 N. 8th Ave. W., Hartley</td>
<td>• Prairie View Manor, 1002 Sunrise Ave., Sanborn</td>
</tr>
<tr>
<td>• Prairie View Manor, 1002 Sunrise Ave., Sanborn</td>
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</tr>
</tbody>
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2 The Urban Institute, Urban Wire: Aging. Available at https://www.urban.org/urban-wire/topic/aging
**Public Transportation**
Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults.\(^3\)

CHNA respondents in the Sheldon area rated community access to daily transportation as less than good (average score=2.96). When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents cited limited bus routes in towns (when available) and no public options in rural areas. For communities with a bus service, a common theme among responses was inconvenient hours of operation and accessibility, and long wait times.

Members of the stakeholder meeting have been involved in discussions regarding public transportation in the past. The size of the local population does not support expansion of services beyond the current volunteer efforts. However, the group indicated that a reliance on volunteer services will yield limitations in availability and hours of service. Greater community education of available health care services and hours of operation, coupled with virtual care, may mitigate some of these limitations.

<table>
<thead>
<tr>
<th>Local Asset Mapping</th>
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</thead>
<tbody>
<tr>
<td><strong>Transportation Resources:</strong></td>
</tr>
<tr>
<td>• Sheldon Public Works Department, community building, 416 9th St, Sheldon</td>
</tr>
<tr>
<td>• RIDES/Regional Transit Authority</td>
</tr>
<tr>
<td>• Love Inc. for volunteer transportation</td>
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</tbody>
</table>

**Affordable Housing**
There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

CHNA respondents in the Sheldon area rated the availability of affordable housing in their community as less than good (average score=2.91) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, CHNA respondents in the Sheldon area indicated that housing in general (whether buying or renting) is expensive and overpriced. Respondents also highlighted that more affordable units are seen as poorer quality.

The continued pressure on affordable housing was discussed during the stakeholder meeting. Two of the meeting participants are also engaged in the local development commission, which has worked to bring additional housing facilities to the community. The new facilities will not immediately address the cost issue as they are not governmental affordable housing units but there is a potential for increasing lower cost access as residents move up a price point, thereby increasing lower access. Participants also discussed that without outside support facilities cannot be built at a price point locally that would be economically feasible to provide low-income housing.

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### Local Asset Mapping

#### Housing resources:
- Northwest Realty, 934 – 3rd Ave., Sheldon
- Action Real Estate, 910 Park St., Sheldon
- J W Property Mgmt., 114 N 6th Ave., Sheldon
- Den Hartog Properties, 4321 – 300th St., Sheldon
- Vander Werff & Associates, 215 Main St., Sanborn
- Elgersma Agency, 313 Main St., Sanborn
- ISB Services, 203 W. 7th St., Sanborn
- Klaasen Realty, 43 – 1st St. NE, Hartley
- Orlan Lux Realty, 200 N. 8th Ave. W., Hartley
- Treimer’s Realty, Hartley

#### Low Income Housing resources:
- Prairie Ridge Apts., 1011 – 16th St., Sheldon
- Sheldon Independent Living, 524 Oak St., Sheldon
- East Oak Apts., 1701 Oak St., Sheldon
- Autumn Park Apts., 131 Washington Ave., Sheldon
- Maple Grove Apts., 711 – 1st St. NE., Hartley

#### Resources for a skilled labor workforce:
- Sheldon Economic Develop., 416 – 9th St., Sheldon
- Hartley Economic Development Committee, 11 S. Central Ave., Hartley
- NW Iowa Planning & Development Commission (serves O’Brien Co.), 217 W. 5th St., Spencer
- Adventure Staffing, 327 – 9th St., Sheldon
- Hope Haven, Inc., 212 – 10th St., Sheldon (employment services)
- Northwest Iowa Community College (high school equivalency diploma), 603 W. Park St., Sheldon
- Iowa State University extension & outreach – O’Brien County, 340 – 2nd St. SE, Primghar

#### Major Employers:
- Adventure Staffing, 327 – 9th St., Sheldon
- Aim Aerospace, Inc., 403 -14th St. SE, Orange City
- Casey’s General Stores, 504 – 2nd Ave. & 1401 Park St., Sheldon
- Dollar General, 101 N. 4th Ave., Sheldon
- Hope Haven, Inc., 212 – 10th St., Sheldon
- Interstates – 712-722-1662
- Maintainer Corp., 1701 – 2nd Ave., Sheldon
- Rosenboom Machine & Tool, 1530 Western Ave., Sheldon
- Sanford Health, 118 N. 7th Ave., Sheldon

#### Resources for household budgeting & money management:
- O’Brien County Extension classes, 340 – 2nd St. SE, Primghar IA
- O’Brien County Outreach (budget counseling), 140 – 2nd Street SE, Primghar IA
- Sheldon Community Education classes, 1700 E. 4th St., Sheldon
- Hartley/Sanborn Community Education, 240 – 1st St. SE, Hartley
- Northwest Iowa Community College, 603 W. Park St., Sheldon
- NWICC Lifelong Learning & Recreation Center, 600 College Dr., Sheldon
- Northwestern Bank, 934 – 3rd Ave., Sheldon
- Iowa State Bank, 627 – 2nd Ave., Sheldon
- Citizens State Bank, 808 – 3rd Ave., Sheldon
- Peoples Bank, 2400 Park St., Sheldon
- Savings Bank, 80 S. Central, Hartley
- United Community Bank, 117 S. Central, Hartley
- Citizens State Bank, 817 Main St., Boyden

#### Poverty Resources:
- O’Brien County Outreach (energy assistance, temporary shelter, weatherization, emergency vouchers, food bank, emergency food pantry, WIC program), 140 – 2nd St. SE, Primghar, IA
- SNAP – O’Brien County Dept. of Human Services, 160 – 2nd St. SE, Primghar
- Upper Des Moines Opportunity Food Pantry – 712-957-1023
- Living Water Community Church Food Pantry, 610 – 2nd Ave., Sheldon
- Sheldon United Methodist Church Food Pantry & Summer Lunch Program for Kids, 506 -8th St., Sheldon
- Bread of Life, Crossroads Community Church, 730 Western Ave., Sheldon
- Love, Inc. (offers vouchers for groceries & meat), 611 Park Row Ave., Sheldon
- 1st Presbyterian Food Pantry, 103 W. Groesbeck St., Paullina


| • Sanborn Savings Bank, 219 Main, Sanborn  |
| • Iowa State Bank, 203 W. 7th St., Sanborn  |
| • Back Pack Program – East  |
| Elementary/Middle School, 501 Normal College Ave., Sheldon  |
| • Village Treasure Chest thrift store, US 18, Sheldon  |
| • Revolution Consignment thrift store, 310 – 9th St., Sheldon  |
| • Classic Closet thrift store, 121 S. Central, Hartley  |

**Sanford Area of Focus**

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency and Sanford Health were also present. List of attendees is included in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward. Access to affordable health care and access to providers, with an additional focus on mental health, were selected as the areas of focus for the implementation plan.
**IMPLEMENTATION PLAN**

**Priority 1: Access to Affordable Health Care**

**Current activities**
Sanford Sheldon Medical Center provides financial assistance to patients that qualify. RN Health Coaches work with patients to provide assistance obtaining affordable prescription medications. Uninsured patients are offered financial assistance application and policy as well as assistance to apply for insurance with MedData. Sanford Sheldon provides a wide range of services and hours of operations.

**Projected Impact**
Community will see increased public education on the promotion of services available in Sheldon, reducing out-of-pocket costs due to travel time and time away from their employment.

**Goal 1: Educate community on full scope of locally available services**

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Resources to be committed</th>
<th>Leadership</th>
<th>Note any community partnerships and collaborations – if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and promotional activities to increase awareness of Sanford Sheldon services</td>
<td>2022, Increased awareness in the community, utilization of services</td>
<td>-Marketing -Staff time</td>
<td>-Rick Nordahl -Shawn Dreesen -Sanford Marketing</td>
<td></td>
</tr>
<tr>
<td>Promote same-day appointments as an option for non-emergent care</td>
<td>2022, Increased awareness in the community, utilization of services, increased appointments, fewer missed primary care appointments</td>
<td>-Marketing -Staff time -Providers</td>
<td>-Rick Nordahl -Shawn Dreesen -Sanford Marketing</td>
<td></td>
</tr>
<tr>
<td>Advance virtual care as an option for primary care and follow up specialty appointments</td>
<td>2022, increased utilization of virtual care, fewer survey respondents indicating a need to leave the community for care</td>
<td>Marketing, Sanford virtual care</td>
<td>Rick Nordahl, Providers</td>
<td></td>
</tr>
</tbody>
</table>
**Goal 2: Offer community educational and screening events to enhance preventative care and reduce out-of-pocket costs**

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Resources to be committed</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer various events in the community from educational events to health screenings to vaccinations</td>
<td>2022, dependent upon COVID numbers, # of events, percentage of patients current on screenings</td>
<td>-Clinical Staff -Providers -Marketing</td>
<td>-Rick Nordahl -Shawn Dreesen -Sanford Marketing</td>
</tr>
<tr>
<td>Promote screenings during primary care visits</td>
<td>2022, Percentage of patients current on screenings</td>
<td>-Clinical Staff -Providers</td>
<td>-Rick Nordahl</td>
</tr>
</tbody>
</table>

**Priority 2: Access to healthcare providers**

**Current activities:** Sanford will educate the community on the primary care and specialty physicians providing services in Sheldon. Specialty coverage will be analyzed to determine the availability of offering additional services. Sanford Sheldon will also include mental health access as a focus area.

**Projected Impact:** enhanced access to care for residents of Sheldon and the surrounding area.

**Goal 1: Enhance marketing and promotional activities to improve access**

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Resources to be committed</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community education to highlight Sanford Sheldon physician and mid-level providers and outreach opportunities</td>
<td>2022, # of educational events, increased patient utilization, awareness</td>
<td>-Marketing -Providers -Staff time</td>
<td>-Rick Nordahl -Shawn Dreesen -Sanford Marketing</td>
</tr>
<tr>
<td>Identify opportunities for additional outreach services in the local community</td>
<td>2023, increased appointment availability, number of providers outreaching to Sheldon</td>
<td>-Providers</td>
<td>-Rick Nordahl</td>
</tr>
</tbody>
</table>
Goal 2: Promote virtual care to augment access to mental and behavioral health care

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Resources to be committed</th>
<th>Leadership</th>
<th>Note any community partnerships and collaborations – if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote availability of mental health services</td>
<td># of patients utilizing mental health services, increased clinical outcomes</td>
<td>SHN Marketing Providers</td>
<td>-Rick Nordahl -Shawn Dreesen -Sanford Marketing</td>
<td></td>
</tr>
<tr>
<td>Expand utilization of virtual care for mental health services</td>
<td>Number of patients utilizing virtual care services</td>
<td>-Clinical Staff -Providers</td>
<td>-Rick Nordahl</td>
<td></td>
</tr>
</tbody>
</table>

Needs Not Addressed

Physical Activity and Nutrition: Not included in the Implementation Plan as the stakeholder group determined that other issues were more urgent and important at this time. Sanford is addressing the need by the availability of a health coach, offering PROFILE in Sheldon and implementing a Health and Lifestyle Training program through the health coach (launching fall of 2021). Sanford Sheldon also supports local organizations that offer wellness events to the community such as the Glow Run, 5k run and Village Northwest Unlimited’s Walk Run and Roll.

Affordable Housing: Not included in the Implementation Plan as Sanford Sheldon has a relative lack of expertise or competencies to effectively address the need and there are other organizations are better positioned to address the issue. Sanford employees will continue ongoing participation in development work and supports efforts to expand housing affordability.

Public Transportation: Not included in the Implementation Plan as other volunteer organizations are addressing the need and the hospital does not have the expertise or effective interventions to address the need. Sanford will share findings from the needs assessment with relevant community stakeholders. When patients are in need of transportation to Sanford Sheldon or for an out of town appointment, Sanford Sheldon staff do assist with arranging the necessary transportation.

Long-Term Care: Not included in the Implementation Plan as the stakeholder group as it was identified as a lower priority compared to other areas for purposes of the CHNA. Sanford Sheldon social workers and care navigators provide information and resource options to older patients if needed.

Environmental Health: Not included in the Implementation Plan as local stakeholders determined it to be a lower priority compared to other health needs identified. Sanford will share findings from the needs assessment with relevant community stakeholders as appropriate.
**EVALUATION OF 2019-2021 CHNA**

**Children and Youth**
Sanford Sheldon takes great pride in supporting the youth of the community in various events. 2020 saw the continued support of the Shop with a Cop program, which provides children in the community the opportunity to go back to school with new school supplies. Sanford Sheldon purchased backpacks for the program. This year there was a need for 90 backpacks.

The summer lunch program was held differently due to the pandemic, however Sanford Sheldon was still able to support the program, which delivered meals directly to the students. Need for the pram increased as students were not in the school building from mid-March until August.

To ensure employees and their children had proper meals Sanford Sheldon also offered the opportunity for freezer meals. This provided staff and their families with four free freezer meals for a family of four. The opportunity was provided three times. As many as 130 employees participated in the meal preparation.

Local daycares closed due to COVID-1 but due to the necessity of maintaining staffing levels there was a need to develop options for staff to utilize so they could still deliver healthcare to our community. In response, a facility-based daycare program for children of Sanford employees.

**Mental Health and Substance Abuse**
Sanford Sheldon Medical Center is continuing its commitment to meeting the mental health and substance abuse needs of our patients and all community residents. In addition to the mental health counseling available with Dr. Matthew Eggers and Mark Daniels, integrated health specialist, via telemedicine visits. Residents now have access to Psychiatric Mental Health Nurse Practitioner Stacey Jumbeck, now employed by Sanford Sheldon. Stacey is able to diagnose and treat the mental health needs of many patients with therapy and prescribing medications for patients who have mental health disorders or substance abuse problems.

Sanford Sheldon has seen an increase in both the mental health and substance abuse of our patients due to covid-19. The increased demands are being met with the therapists that are providing services at Sanford Sheldon.
CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at https://www.sanfordhealth.org/about/community-health-needs-assessment. The website includes current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit https://www.sanfordhealth.org/contact-us.
APPENDIX

Survey Responses
Survey responses are available through an online dashboard at https://www.sanfordhealth.org/about/community-health-needs-assessment

Expanded Demographics
With populations of 13,753 and 34,855 respectively in 2019, O'Brien and Sioux County constitute 1.5% of Iowa's population. Sioux County has grown 3.4% since 2010, a level similar to Iowa as a whole while O'Brien County's population has declined by 4.5%. Sioux County is about as densely populated as the whole of Iowa while O'Brien County is much less densely populated. O'Brien County has a larger proportion of people ages 65+ than Sioux County or the state as a whole. Sioux County has a higher population proportion of Hispanic people than either O'Brien County or the state as a whole.

While the median home value of $167,500 in Sioux County was higher than the median value of the state at $147,800, O'Brien County was much lower at $107,000. Sioux County outperforms the state in computer ownership and internet access while O'Brien underperforms when compared to the state or Sioux county. Sioux County and the state of Iowa have secondary education rates nearing 30% but O'Brien County is under 20%. O'Brien County civilian employment is on par with the Iowa average at around 67% but Sioux County leads at over 70%.

<table>
<thead>
<tr>
<th>Population estimates, July 1, 2019, (V2019)</th>
<th>O'Brien County, Iowa</th>
<th>Sioux County, Iowa</th>
<th>Iowa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population estimates base, April 1, 2010, (V2019)</td>
<td>14,398</td>
<td>33,704</td>
<td>3,155,070</td>
</tr>
<tr>
<td>Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)</td>
<td>-4.5%</td>
<td>3.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Population per square mile, 2010</td>
<td>25.1</td>
<td>43.9</td>
<td>54.5</td>
</tr>
<tr>
<td>Persons under 5 years, percent</td>
<td>6.4%</td>
<td>7.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Persons under 18 years, percent</td>
<td>23.9%</td>
<td>26.9%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Persons 65 years and over, percent</td>
<td>20.7%</td>
<td>16.3%</td>
<td>17.5%</td>
</tr>
<tr>
<td>White alone, percent</td>
<td>96.2%</td>
<td>96.8%</td>
<td>90.6%</td>
</tr>
<tr>
<td>Black or African American alone, percent</td>
<td>1.5%</td>
<td>0.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent</td>
<td>0.4%</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian alone, percent</td>
<td>0.8%</td>
<td>0.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Two or More Races, percent</td>
<td>1.0%</td>
<td>0.8%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Hispanic or Latino, percent</td>
<td>5.3%</td>
<td>11.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino, percent</td>
<td>91.7%</td>
<td>86.5%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Median value of owner-occupied housing units, 2015-2019</td>
<td>$107,000</td>
<td>$167,500</td>
<td>$147,800</td>
</tr>
<tr>
<td>Median gross rent, 2015-2019</td>
<td>$585</td>
<td>$726</td>
<td>$789</td>
</tr>
<tr>
<td>Households with a computer, percent, 2015-2019</td>
<td>85.9%</td>
<td>91.3%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Statistic</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Households with a broadband Internet subscription, percent, 2015-2019</td>
<td>79.7%</td>
<td>87.6%</td>
<td>80.8%</td>
</tr>
<tr>
<td>High school graduate or higher, percent of persons age 25 years+, 2015-2019</td>
<td>92.1%</td>
<td>90.2%</td>
<td>92.1%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher, percent of persons age 25 years+, 2015-2019</td>
<td>18.8%</td>
<td>29.1%</td>
<td>28.6%</td>
</tr>
<tr>
<td>With a disability, under age 65 years, percent, 2015-2019</td>
<td>10.8%</td>
<td>4.9%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Persons without health insurance, under age 65 years, percent</td>
<td>6.2%</td>
<td>6.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>In civilian labor force, total, percent of population age 16 years+, 2015-2019</td>
<td>67.1%</td>
<td>73.1%</td>
<td>67.3%</td>
</tr>
<tr>
<td>Median household income (in 2019 dollars), 2015-2019</td>
<td>$53,703</td>
<td>$69,844</td>
<td>$60,523</td>
</tr>
<tr>
<td>Per capita income in past 12 months (in 2019 dollars), 2015-2019</td>
<td>$30,564</td>
<td>$29,360</td>
<td>$32,176</td>
</tr>
<tr>
<td>Persons in poverty, percent</td>
<td>10.1%</td>
<td>7.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Total employer establishments, 2019</td>
<td>499</td>
<td>1,323</td>
<td>82,770</td>
</tr>
<tr>
<td>Total employment, 2019</td>
<td>5,400</td>
<td>18,918</td>
<td>1,380,747</td>
</tr>
<tr>
<td>Total employment, percent change, 2018-2019</td>
<td>2.6%</td>
<td>1.6%</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau Quick Facts*
CHNA Survey Questionnaire
The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE
Please enter your county of residence: ____________________________
Please enter your zip code: _______________________
What is your current age? ____________

COMMUNITY
How would you rate the quality of HEALTH CARE available in your community?
Poor O  Fair O  Good O  Very Good O  Excellent O  Don't Know O
In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?
Poor O  Fair O  Good O  Very Good O  Excellent O  Don't Know O
Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?
Poor O  Fair O  Good O  Very Good O  Excellent O  Don't Know O
Why did you give it that rating?
How would you rate the availability of AFFORDABLE HOUSING in your community?

Poor  Fair  Good  Very Good  Excellent  Don't Know

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

Poor  Fair  Good  Very Good  Excellent  Don't Know

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

Poor  Fair  Good  Very Good  Excellent  Don't Know

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

Poor  Fair  Good  Very Good  Excellent  Don't Know

Why did you give it that rating?
How would you rate the ENVIRONMENTAL health of your community?
(clean air; clean water, etc.)

Poor   Fair   Good   Very Good   Excellent   Don't Know
    O        O        O              O         O    O

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

Poor   Fair   Good   Very Good   Excellent   Don't Know
    O        O        O              O         O    O

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

Poor   Fair   Good   Very Good   Excellent   Don't Know
    O        O        O              O         O    O

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

Poor   Fair   Good   Very Good   Excellent   Don't Know
    O        O        O              O         O    O
What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

- Yes  Please answer next question
- No   Skip to ‘Your Health Care Usage’ section

Please select the health care services you would like to see OFFERED or IMPROVED in your community. (Select all that apply)

- Addiction Treatment
- Behavioral Health / Mental Health
- Cancer Care
- Chiropractic Care
- Dental Care
- Dermatology
- Emergency / Trauma
- Eye Services (Ophthalmology, Optometry)
- Family Medicine / Primary Care
- General Surgery
- Heart Care
- Labor and Delivery
- Long-Term Care / Nursing Homes
- Orthopedics and Sports Medicine
- OBGYN / Womens' Care
- Pediatrics / Children's Care
- Walk-In / Urgent Care
- Other (please specify): [ ]

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- Yes  
- No   

How long has it been since you last visited a physician / provider for a routine check up or screening?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- More than 5 years ago
- Never
What has kept you from having a routine check-up? (Select all that apply)

- Cost/Inability to Pay
- COVID-19
- Don’t feel welcomed or valued
- Don’t have insurance
- My insurance is not accepted
- Lack of transportation
- Distance / lack of local providers
- Getting time off from work

- No child care
- Wait time for appointments are too long
- Clinic hours are not convenient
- Fear / I do not like going to the doctor
- Nothing / I do not need to see a doctor
- Don’t have a primary care physician
- Other (please specify):

How would you rate your current ability to ACCESS health care services?

- Poor
- Fair
- Good
- Very Good
- Excellent

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- Yes
- No
- Unsure

What are the reasons you or a family member did not receive the care needed?

- Cost/Inability to Pay
- COVID-19
- Don’t feel welcomed or valued
- Don’t have insurance
- My insurance is not accepted
- Lack of transportation
- Distance / lack of local providers
- Getting time off from work

- No child care
- Wait time for appointments are too long
- Clinic hours are not convenient
- Fear / I do not like going to the doctor
- Nothing / I do not need to see a doctor
- Don’t have a primary care physician
- Other (please specify):
TRAVELING FOR CARE

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

○ Yes  ○ No

If yes, Where did you travel to? (If you traveled more than once, enter the most recent place you traveled to?)
City ____________________________ State ____________

What was the main reason you traveled for care? (select all that apply)

○ Referred by a physician
○ Better / higher quality of care
○ Medical emergency
○ Needed a specialist / service was not available locally
○ Second opinion

○ Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

○ Yes  ○ No

Please indicate the source of your health insurance coverage.

○ Employer (Your employer, spouse, parent, or someone else’s employer)
○ Individual (Coverage bought by you or your family)
○ Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)
○ Medicare
○ Medicaid
○ Military (Tricare, Chapmus, VA)
○ Indian Health Service (IHS)

○ Other (please specify)
DEMOGRAPHICS

What is your biological sex?
- Male  
- Female

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?
- Yes  
- No

How many people live in your house, including yourself? _____________

How many children under age 18 currently live with you in your household? ______________

Are you Spanish, Hispanic, or Latino in origin or descent?
- Yes  
- No

What is your race? (Select all that apply)
- American Indian or Alaska Native
- Caucasian or White
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- Other (please specify)

How long have you been a US citizen?
- I am not a US citizen
  - Are you planning to become a US citizen?  
    - Yes  
    - No  
    - Prefer not to answer
- 0 - 5 years
- 6 - 10 years
- More than 10 years

What language is spoken most frequently in your home? ________________________

What is your current marital status?
- Married
- Single, never married
- Unmarried couple living together
- Divorced
- Widowed
- Separated
Which of the following best describes your current living situation?

- House (owned)
- Apartment or House (rental)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (owned or leased)
- Online Ride Service (Uber/Lyft)
- Taxi Service
- Public Transportation (bus/subway/rail)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation
- Other (please specify)

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (high school diploma or equivalent including GED)
- Some college but no degree
- Associate degree in college (2-year)
- Bachelor's degree in college (4-year)
- Master's degree
- Doctoral degree
- Professional degree (JD, MD)

Your current employment status is best described as:

- Employed (full-time)
- Employed (part-time)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than $20,000
- $20,000 - $24,999
- $25,000 - $29,999
- $30,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $199,999
- $200,000 or more

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.