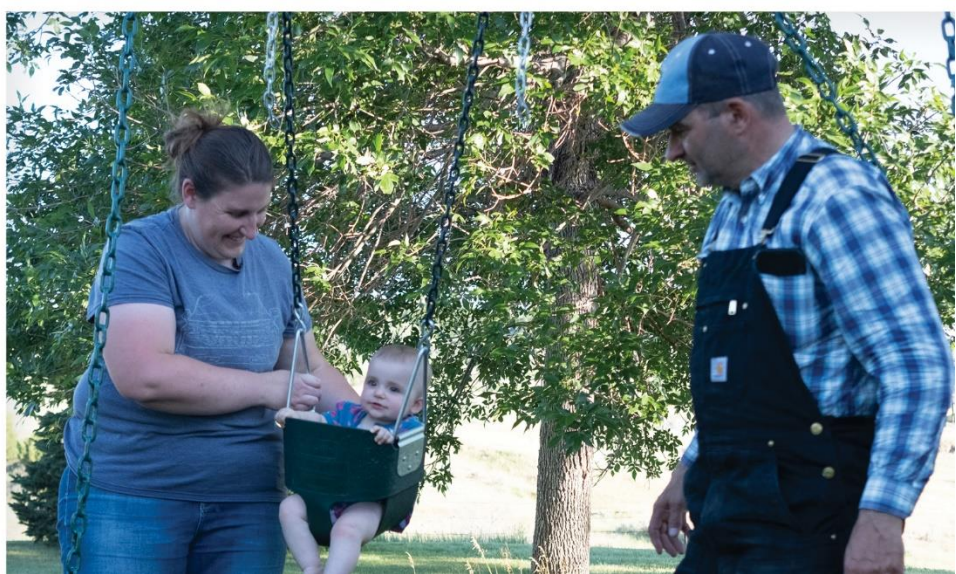




Community Health Needs Assessment

SANFORD CHAMBERLAIN MEDICAL CENTER
2025-2027



Dear Community Members,

It is once again my privilege to share with you Sanford Chamberlain Medical Center's Community Health Needs Assessment report. Our hospital completes a community health needs assessment every three years to identify opportunities to improve the health and wellness of our community.

The report and implementation plan that follows will guide our work over the next three years and builds upon previous progress made in our community.

The Community Health Needs Assessment is a rigorous process in which we sought input from community members, leaders, and organizations including public health. Additionally, Sanford Health partnered with the North Dakota State University Center for Social Research to incorporate additional data analysis and provide an independent assessment. Together, these elements paint a picture of the current needs facing the community, opportunities for partnership with area businesses and organizations, and resources available to address identified needs.

On behalf of the Sanford Chamberlain Medical Center team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Erica Peterson
Chief Executive Officer
Sanford Chamberlain Medical Center

BACKGROUND

Community Description

Sanford Chamberlain Medical Center is located in Chamberlain, SD. Chamberlain, Lakota for earth dwelling, is a city in Brule County, SD. It is located on the eastern bank of the Missouri River where the river intersects interstate 90. The city is home to around 2,400 people and is the county seat of Brule County. Like many communities in South Dakota, Chamberlain is steeped in Native American History and credits its formation to settlers who established the town during railroad construction. The city is home to St. Joseph's Indian School and a 50-foot sculpture overlooking the Missouri River entitled "Dignity."

The community is a destination for various recreational activities including hunting, biking, camping, boating, and fishing. Agriculture is the primary economic driver in the area. Primary employers include the school system, St. Joseph's, and Sanford Health.

The community as defined for purposes of the Community Health Needs Assessment includes Buffalo, Lyman, and Brule Counties in South Dakota and represent a majority of the volumes to the Sanford Chamberlain Medical Center. No populations were intentionally excluded during the process of defining the community or within the CHNA process. Demographic details for the counties are included in the appendix.

Partners

The Community Health Needs Assessment builds on the work of previous cycles and is the result of the coordinated efforts of many internal and external partners. Sanford Health would like to thank and acknowledge the following and their teams for their assistance. This program would not be possible without their expertise.

Sanford Health

- Erika Batcheller, Executive Vice President, Chief External Affairs Officer
- Nick Olson, Executive Vice President, Chief Financial Officer
- Corey Brown, Senior Vice President, Government Affairs
- Amber Langner, Senior Vice President, Treasury
- Blayne Hagen, Vice President, General Counsel, Sioux Falls
- Lindsay Daniels, Vice President, Care Management
- Doug Nowak, Vice President, Data Analytics
- Natasha Smith, Head of Diversity, Equity and Inclusion
- Catherine Bernard, Director, Tax
- Karla Cazer, Clinical Nurse Specialist, Faith Community Nursing Center
- Deana Caron, Senior Tax Accountant
- Kurt Brost, Senior Director, Community Relations
- David Hill, Director, Chief Privacy Officer
- Jessica Sexe, Senior Director, Communications
- Phil Clark, Director, Marketing Insights
- Shawn Tronier, Lead Marketing Analyst
- Chase Gerar, Strategic Planning Advisor, Fargo
- Brian Ritter, Head of Market Affairs, Bismarck
- Kayla Winkler, Lead Community Relations Specialist, Bemidji

System Partners

- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Julie Ward, VP of Diversity, Equity & Inclusion, Avera McKennan Hospital & University Health Center
- Angela Schoeffelman, Community Program Manager, Avera Community Health Resource Center
- Alli Fast, Community Health Program Manager, Essentia Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research
- Kathy McKay, Public Health Administrator, Clay County Public Health
- Desi Fleming, Director of Public Health, Fargo Cass Public Health
- Justin Bohrer, Public Health Analyst & Operational Planning Lead, Fargo Cass Public Health
- Julie Sorby Engen, Director of Community Development, Family HealthCare
- Shelby Kommes, Public Health Coordinator, Sioux Falls Health Department
- Renae Moch, Public Health Director, Bismarck-Burleigh Public Health and Immediate Past President, North Dakota Public Health Association
- Erin Ourada, Administrator, Western Plains Public Health
- Joe Kippley, Public Health Director, Sioux Falls

Chamberlain Partners

We express our gratitude to the following community collaborative members for their expertise during the planning, development and analysis of the community health needs assessment:

- Leslie Reuer, Board Member, Sanford Chamberlain Medical Center
- Janet Schindler, Board Member, Sanford Chamberlain Medical Center
- Brad Carson, Board Member, Sanford Chamberlain Medical Center
- Erica Peterson, CEO, Sanford Chamberlain Medical Center
- Paul Miller, Director of Finance, Sanford Chamberlain Medical Center
- Kerry Waugh, Ancillary Services Manager, Sanford Chamberlain Medical Center
- Susan Choal, Executive Assistant, Sanford Chamberlain Medical Center
- Andy Wiese, Strategic Planning, Sanford Health

Sanford Chamberlain Description

Sanford Chamberlain Medical Center is a 25-bed private room facility that provides a variety of high-quality health care services in the tri-county area of Brule, Buffalo and Lyman counties. Inpatient and outpatient care include emergency/trauma, therapies, radiology, OB/GYN services including deliveries, and lab. Other services offered through Sanford Health 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.

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. 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 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. It also serves to support progress made toward organizational strategies.

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) 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 input from 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 also 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. This includes underserved populations experiencing disparities or at risk of not receiving adequate care due to being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources available to address identified and prioritized needs. Hospitals are to address each assessed need or explain why they are not addressing a need. Once needs have been identified and prioritized, hospitals are required to develop an implementation strategy for each. 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 required to be transparent with the findings and make the written CHNA report available to anyone who requests it. All CHNA reports and implementation strategies are housed on the Sanford website at www.sanfordhealth.org. Hospitals must keep three cycles of assessments on their website.

Sanford extended a good faith effort to engage all aforementioned community representatives in this process. We worked closely with public health experts throughout the entire 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 reaching respondents 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.



Following the completion of the 2022-2024 report, Sanford Health determined that the survey collection process was an area for improvement. As noted above, the multi-step process minimizes limitations that exist among individual components. Sanford Health and system partners determined there is greater interest in the survey findings, as such, efforts to improve representation across demographics is a focus for the current and future cycles.

Sanford invested in a multifaceted campaign that included an earned media campaign on local media outlets and the public-facing Sanford Health News (<https://news.sanfordhealth.org/>). The system also promoted the survey internally through the organization's intranet, all-staff emails, and newsletters.

Internal efforts were supported with a robust advertising campaign that included, among other efforts, a digital media program yielding 3.6 million impressions and a print ad campaign encouraging Native American communities to participate through placements in DeBahJiMon Magazine, Anishinaabeg Magazine and MHA Times (Mandan, Hidatsa, Arikara). Further support was given to collecting surveys at various community events. The goal of

these efforts was to increase participation by those underrepresented the previous cycle, including lower income, minority, and medically underserved populations.

Overall, survey respondents were much more aligned to community demographics. The investment made by the system and partners to improve representation provides a base of learnings for future CHNA cycles.

Community and Stakeholder Survey

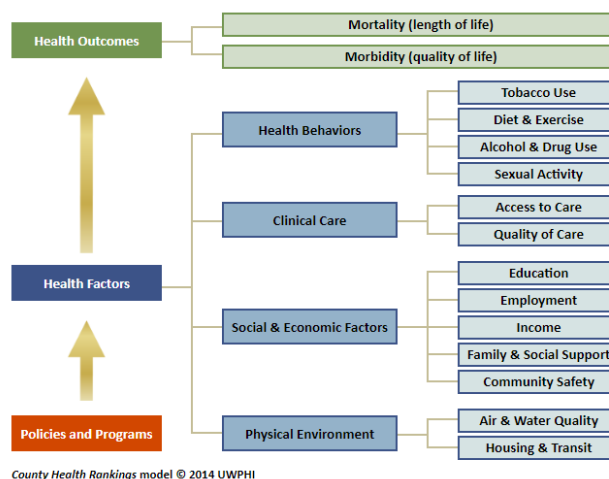
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow-up opportunity to comment on the reason for their ranking. 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 Brule, Buffalo, and Lyman counties, SD, populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

The survey was the first of multiple efforts to engage community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were sent the survey and asked to complete the instrument and then forward the survey to their respective populations for greater involvement. Additional investments to increase involvement in the survey are noted in the “Limitations” section of the report.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 68 respondents from the CHNA area completed the survey. Promotion investments by the system yielded a total of 9,714 completed surveys from across the Sanford footprint, an increase from 6,748 the previous cycle. The responses generated 48,643 open-ended responses and 1.76 million pieces of data (cells).

Secondary Data

County Health Rankings are based upon the UW Population Health model and serve 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, building 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. Chamberlain is included with Bagley, MN; Canby,

MN; Canton-Inwood, SD-IA; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; 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, which 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 (<https://www.countyhealthrankings.org/>) 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.
- The Center for Social Research validates the findings of the primary research by engaging at least two internal reviewers. Each reviewer has their own technique and strengths to review the findings; however, they check for accuracy in the data by reviewing the code/syntax, the output, the correct representation of the data in the report, verbiage, consistency, context, and overall readability. Both reviewers also supported previous CHNA reports.

Community Asset Mapping

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

A positive development since the previous CHNA report is the integration of findhelp.com into the Sanford Health digital ecosystem. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health-related social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to Sanford Health patients and is available on Sanfordhealth.org and in MyChart. Patients can receive information in the format that is meaningful to them (electronic or paper) and in their preferred language. The tool is used to identify local resources as part of the community asset mapping section of this report.

Community Stakeholder Meetings

Community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations were further included in the process during the community stakeholder meetings. During the meetings, survey findings were presented to community stakeholders. Facilitated discussion commenced and each participant was asked to consider the needs identified 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 and prioritization of local needs.

The participants provided information to answer the following types of questions as it relates to identified needs:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- What opportunities exist, where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there already work being done on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which needs fall within the purview of health care 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?

At the end of the meeting the hospital administrator proposed the specific health needs to be addressed within the Implementation plan with an advisory vote whether to support by the community members present. Administrator recommendations are based on 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.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The top health needs presented below were identified through a mix of primary and secondary research conducted by the North Dakota State University Center for Social Research, which was commissioned by Sanford Health to analyze the data, and Sanford Health. Priority was given to the key topics ranked lowest by community survey with further analysis provided through secondary research. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, were also included.

Each health need includes the drivers behind its inclusion in the list, including qualitative survey results, qualitative responses from the survey, and stratified results from the enterprise results that provide clarity to the local discussion. Secondary research from County Health Rankings and other sources were also provided. Insight from the community stakeholder meetings was included as a valuable tool for understanding the needs, and importantly, how to address each issue

For the purposes of this assessment, the Chamberlain market area is defined as Brule, Buffalo, and Lyman counties in South Dakota. The community health summary and identified health needs presented below were identified through a mix of primary and secondary research. Priority was given to the key topics rated lowest by respondents of the community survey, with further analysis provided through secondary research using the 2023 County Health Rankings (CHR) data. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, are also included. To further assist in identifying community health needs, survey and CHR data were collected for similar-sized market areas served by Sanford Health. Similar-sized market areas identified for and included in this analysis include Bagley, MN; Canby, MN; Canton-Inwood, SD-IA; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, MN. For each measure, averages were calculated for each of the market areas and for the group as a whole for comparison purposes. Context and research provided to explain the importance of a particular health topic were obtained from CHR unless otherwise noted. A total of 68 respondents from the Chamberlain area completed the survey.

Community Health Summary

Survey respondents were asked to rate various issues impacting health in their community and issues impacting 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 survey respondents in the Chamberlain area regarding the following community health issues were positive (average score of 3.00 or higher):

- Environmental health (average score=3.92)
- Safety (average score=3.56)
- Access to healthy foods (average score=3.56)
- Access to exercise opportunities (average score=3.54)
- Health care quality (average score=3.50)
- Long-term care, nursing homes, and senior housing quality (average score=3.16)
- Employment and economic opportunities (average score=3.15)
- Quality early child care (average score=3.04)

With the exception of long-term care, access to healthy foods, and environmental health, average scores in the Chamberlain area were lower than the comparison group average for each of these issues.

When asked about their personal health, survey respondents in the Chamberlain area rated their current health and wellness as good (average score=3.30) and their current ability to access health care services as slightly better (average score=3.75); however, both scores were lower than the comparison group average.

CHR data indicate that Buffalo and Lyman counties in South Dakota are among the least healthy counties in the state – and Buffalo County in particular is among the least healthy counties nationwide. Brule County ranks in the middle-lower range of South Dakota counties in terms of overall health. In addition, the following areas of concern were identified for further discussion (in no particular order).

Top Health Needs

Access to Affordable Health Care

Cost and the ability to afford needed health care was identified as the top health care concern that survey respondents and their families in the Chamberlain area face on a regular basis. Cost was also identified by respondents as the most important health care issue impacting their community overall.

Most people need some form of medical care in their lives and having health insurance helps to cover those medical costs. In fact, research has shown that having health coverage is associated with better health-related outcomes¹. In the Chamberlain market area, 17 percent of people are uninsured and have no health insurance coverage, which is the highest rate among similar-sized markets served by Sanford Health and two times higher than the comparison group average.

Adding to the difficulty in accessing affordable health care in the Chamberlain area is the economic climate. Survey respondents in the Chamberlain area rated the employment and economic opportunities in their community as good (average score=3.15), but lower than the comparison group average. In addition, CHR data indicate that the Chamberlain market area has one of the highest unemployment rates (4%), the highest child poverty rate (30%), the highest rate of households burdened by child care costs² (the average household spent 39% of its income on child care, five times more than the proposed affordability threshold of 7%), and the lowest median household income (\$44,084) when compared to similar-sized

markets served by Sanford Health. These economic challenges can be heightened for single-parent families which tend to have fewer resources, time, income, and flexibility – and CHR data indicate that 35 percent of children in the Chamberlain area live in a household headed by a single parent (the highest percentage among similar-sized markets).

During the community stakeholder meeting participants highlighted that affordability includes much more than healthcare costs. The 17% uninsured rate, as identified by County Health Rankings, places more costs on patients that utilize care but may ultimately decrease the likelihood that they would seek care early, when lower cost treatment options may be available. Additional cost pressures including the lower-than-average median household income, inflation and childcare costs further decrease the share of income available for needed medical care. Sanford Chamberlain Medical Center is actively engaged in several operational programs to improve affordability and enroll patients in appropriate health plans or programs. Participants agreed that while this is a need, it should not be one of the main priorities for the implementation plan as it was deemed to be a lower priority for the purposes of the Community Health Needs Assessment.

Local Asset Mapping	
Employment resources: <ul style="list-style-type: none"> • Lake Francis Case Economic Development Corp., 112 N. Main St., Chamberlain Major employers: <ul style="list-style-type: none"> • Chamberlain School District, 1000 Sorensen Dr., Chamberlain • Sanford Chamberlain Medical Center, 300 S. Byron Ave., Chamberlain • St. Joseph's Indian School, 1301 N. Main St., Chamberlain 	Health Insurance resources: <ul style="list-style-type: none"> • Tri-County Insurance, 200 S. River St., Chamberlain • Sanford Health Plan, 300 N. Cherapa Place St 201, Sioux Falls • KPI Insurance, 106 E. Beebe Ave., Chamberlain Social Services: <ul style="list-style-type: none"> • Social Services Department, 320 Sorensen Dr, Chamberlain For Help Finding Additional Resources: https://sanford.findhelp.com/

Access to Providers and Quality Health Care

General access to health care and the overall quality of health care were identified by respondents in the Chamberlain area as top health care issues impacting their community (behind cost). While most respondents have access to a primary care provider (91%), have been in for a checkup in the past year (84%), and have received needed medical care (91%), 81 percent have traveled to receive care within the past three years (which is higher than the comparison group average). Even so, CHR data indicate that when compared to similar-sized markets, the Chamberlain area has similar ratios of population to providers, with 1,376 people for every primary care physician, 1,561 people for every dentist, and 729 people per mental health care provider.

Other factors related to accessing quality health care in the Chamberlain area are highlighted by CHR data, which indicate that when compared to similar-sized communities served by Sanford Health, the Chamberlain area has the highest uninsured rate (17%), the lowest percentage of households with a broadband internet connection (72%), the highest rate of low birthweight babies (8%), and the lowest mammography screening rate (39%).

Nearly two-thirds of survey respondents in the Chamberlain area indicated that there are health care services they would like to see offered or improved in their community (62%). When these respondents were asked which health care services they would like to see offered or improved, most said behavioral and mental health providers (59%), followed by walk-in/urgent care (54%) and addiction treatment (39%).

Access and quality were discussed significantly during the stakeholder meeting. Discussion points included the challenges of extending walk-in services, and others, beyond standard clinic hours. The primary challenge is the size of the community's population would not create the demand necessary for extended services. Provider shortages further compound the need. However, virtual care can be used to augment traditional primary care hours. Participants noted mental health and substance abuse are significant and are included in the Implementation Plan as a priority need. The need is not included in the Implementation Plan due to current limits noted in the meeting. However, the need will be indirectly addressed as an expected outcome of reducing barriers to mental care would increase accessibility.

Local Asset Mapping
<p>Health Care resources:</p> <ul style="list-style-type: none"> • Sanford Medical Center, 300 S. Byron Blvd., Chamberlain (and nearby clinics) • Brule County Community Health Services, 330 South Courtland St. Ste 201, Chamberlain • Access Health Chamberlain, 101 South Front St Ste 1, Chamberlain • Drug stores that administer flu shots: <ul style="list-style-type: none"> o Lewis Family Drug, 201 N. Main St., Chamberlain • Fort Thompson Indian Health Center, 1323 BIA Rout 4, Fort Thompson <p>For Help Finding Additional Resources: https://sanford.findhelp.com/</p>

Chronic Disease and Healthy Living

Certain areas of the country, particularly tribal lands and surrounding communities such as the Chamberlain area, have long experienced lower health status when compared with other parts of the country. Disparities in health outcomes, as a result of systems, policies, and social and personal factors are prevalent.

According to CHR data, one in five adults in the Chamberlain area consider themselves in fair or poor health (18%), the highest percentage when compared to similar-sized markets served by Sanford Health. It is also important to note that when compared to similar-sized communities, the Chamberlain market area has the highest rate of diabetes (12%), obesity (38%), physical inactivity (29%), food insecurity (16% of people do not have a reliable source of food), adult smokers (26%), sexually transmitted infections (562 new cases of chlamydia per 100,000 people), teen births (45 teen births per 1,000 females ages 15 to 19), and injury deaths (139 deaths due to injury per 100,000 people).

Meeting participants discussed chronic diseases locally and the connection they may have to mental health and the other needs referenced in the report. The increase of sexually transmitted disease was agreed upon by those in attendance. Opportunities for coordination with public health, local governments, and Native American groups was also discussed. Curbing sexually transmitted diseases came out as a primary community concern during the course of the meeting. Reducing sexually transmitted diseases in the community is included in the Implementation Plan.

Local Asset Mapping	
Physical Fitness resources: <ul style="list-style-type: none"> • River City Fitness, 300 Sorensen Dr., Chamberlain • School District activities, 1000 Sorensen Dr., Chamberlain • Park District, 715 N. Main, Chamberlain • Barger Park, 347 N. Courtland St., Chamberlain • Roam Free Park Trail, SD 50, Chamberlain • Oacoma Community Center, 100 E 3rd St, Oacoma 	Obesity resources: <ul style="list-style-type: none"> • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Access Health Chamberlain, 101 South Front St Ste 1, Chamberlain • Profile Plan, 401 W. 69th St., Sioux Falls • Sanford Dieticians, 300 S. Byron Blvd., Chamberlain • Brule Co, Extension Office (healthy cooking resources & classes), 300 S. Courtland St. #202, Chamberlain
Food & Nutrition Education resources: <ul style="list-style-type: none"> • Brule Co, Extension Office (healthy cooking resources & classes), 300 S. Courtland St. #202, Chamberlain • Community Education, 1000 Sorensen Dr., Chamberlain 	Healthy Food resources: <ul style="list-style-type: none"> • Chamberlain Food Center, 100 Paul Gust Rd., Chamberlain • Sunshine Foods/Al's Oasis, 1000 E. SD Hwy 16, Chamberlain
Food resources: <ul style="list-style-type: none"> • St. Joseph's Indian School food pantry, 1301 N. Main St., Chamberlain • Chamberlain Food Center, 100 Paul Gust Rd., Chamberlain • Sunshine Foods/Al's Oasis, 1000 E. SD Hwy 16, Chamberlain • SNAP (food stamps), Chamberlain Human Service Center, 320 Sorensen Dr., Chamberlain 	Health Care resources: <ul style="list-style-type: none"> • Sanford Medical Center, 300 S. Byron Blvd., Chamberlain (and nearby clinics) • Brule County Community Health Services, 330 South Courtland St. Ste 201, Chamberlain • Access Health Chamberlain, 101 South Front St Ste 1, Chamberlain • Drug stores that administer flu shots: <ul style="list-style-type: none"> o Lewis Family Drug, 201 N. Main St., Chamberlain • Fort Thompson Indian Health Center, 1323 BIA Rout 4, Fort Thompson <p>For Help Finding Additional Resources: https://sanford.findhelp.com/</p>

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 adulthood³.

According to CHR, adults in the Chamberlain area average 4 mentally unhealthy days each month and 14 percent of adults average at least 14 days of mental distress per month (rates which are similar to the comparison group average). Despite these rates being similar to the comparison group average, CHR data indicate that there are 82 suicides for every 100,000 people in the Chamberlain area; this is the highest rate when compared to similar-sized markets served by Sanford Health and five times the national average of 14 suicides per 100,000 people.

Of survey respondents in the Chamberlain area who would like to see specific services offered or improved in their community, most said behavioral and mental health services (59%) and 39 percent said addiction treatment.

Mental health was a topic of discussion among stakeholder meeting participants, with a focus on accessibility as a driver rather than cost. The hospital has increased programming and resources for mental health care in recent years and engagement with those services is increasing. However, participants noted stigma around using behavioral health services is persistent in small communities. The hospital and clinics are positioned as a counter position to the stigma as it is unknown why patients are at the clinic, particularly when behavioral health is integrated with primary care. The suicide statistics were of particular concern with local validation of the trend. Mental health access was decided upon as a priority need.

Local Asset Mapping	
Substance Abuse resources: <ul style="list-style-type: none"> • Dakota Counseling Institute, 107 W Beebe Ave., Chamberlain • AA meetings, 400 S. Main, Chamberlain, SD • NA meetings, Beebe Ave., Chamberlain 	Mental Health resources: <ul style="list-style-type: none"> • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Avera Health Chamberlain, 101 S Front St Ste 1, Chamberlain • Dakota Counseling Institute, 107 W Beebe Ave, Chamberlain • Brule Co. Public Health, 330 S Courtland St. Ste 201, Chamberlain
Tobacco Cessation resources: <ul style="list-style-type: none"> • Quitline, SDQuitline.com • SD Department of Health, 600 E. Capitol Ave., Pierre (many resources) • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Avera Health Chamberlain, 101 S Front St Ste 1, Chamberlain • Brule Co. Public Health, 330 S Courtland St. Ste 201, Chamberlain 	Alcohol Abuse Resources: <ul style="list-style-type: none"> • Dakota Counseling Institute, 107 W Beebe Ave., Chamberlain • AA meetings, 400 S. Main, Chamberlain, SD • NA meetings, Beebe Ave., Chamberlain For Help Finding Additional Resources: https://sanford.findhelp.com/

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and healthcare 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 adults⁴.

Respondents in the Chamberlain market rated community access to daily transportation as less than good (average scores=2.82). CHR data indicate that the Chamberlain area is completely rural, which can create barriers for those without reliable personal or public transportation options.

The stakeholder meeting agreed that public transportation is a need in the community. Ride services are limited but sustainable expansion or addition of services are constrained due to the limited population and ruralness of the community. Sanford Chamberlain has budgeted dollars to support local efforts in this regard and will continue to seek partnerships with other organizations even though the group determined it not to be a priority need as other organizations are better positioned to provide the services and the hospital's relative lack of expertise or competencies to effectively address the need.

Local Asset Mapping	
Transportation Resources⁵: <ul style="list-style-type: none"> • Missouri Valley Ambulance, 306 N Courtland St, Chamberlain • There is not Uber or Lyft in this area 	Internet Providers:⁶ <ul style="list-style-type: none"> • HughesNet, (877) 262-1415 • Viasat, (855) 523-1460 • Century Link, (855) 942-1923 • Midco – midco.com For Help Finding Additional Resources: https://sanford.findhelp.com/

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.

Survey respondents in the Chamberlain market rated the availability of affordable housing in their community as less than good (average scores=2.34) and lower than any other community health issue. These concerns are evident in CHR data which indicate that 12 percent of households in the Chamberlain area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 10 percent of households spend at least 50 percent of their household income on housing costs; both rates are higher than the comparison group average.

Stakeholder participants recognize the impact housing costs have on the delivery of health care and a consumer's ability to afford other services, such as childcare. The need is not included as a priority as the hospital has a relative lack of expertise or competencies to effectively address the need. However, the hospital will continue to support efforts to partner with other organizations and businesses to address the need.

Local Asset Mapping	
Rent Assistance: <ul style="list-style-type: none"> • Rural Office of Community Services, Inc. – Emergency Services- Chamberlain, Brule County Courthouse, Chamberlain 	Affordable Housing:³ <ul style="list-style-type: none"> • Chamberlain Affordable Housing Inc, Po Box 66, Chamberlain • Calypso Court, 1101 Sorenson Dr, Chamberlain • River Buttes Apartments, 105 N Club St, Chamberlain • Lakeview Terrace Apartments, 123 S Grace St, Chamberlain For Help Finding Additional Resources: https://sanford.findhelp.com/

Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which convened 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. A list of attendees can be found in the introduction. Stakeholders discussed the health needs, potential 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; no additional needs were brought forward.

The Community Health Needs Assessment identified two specific areas for focus for Sanford during the 2025-2027 implementation cycle:

1. Reduce physical and perceptual barriers to seeking mental health care.
2. Reduce the increasing trend of sexually transmitted diseases in the community.

Implementation Plan

Priority 1: Reduce physical and perceptual barriers to seeking mental health care.

Current Activities

Sanford offers a number of mental health resources, including family Grief support group, Suicide Survivor Support Group, and supports “Love Big,” a local project formed to bring community awareness and support on mental health wellness. Sanford offers a Mental Health First Aide and BeHeard Youth trainings and, in partnership with the Chamberlain School District, a mental health professional embedded in the junior high and high school during the week.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see increased utilization of mental health services and a decline in negative perceptions of mental health care.

Goal 1: Increase knowledge of best practices to support youth with mental health concerns.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Encourage staff to complete BeHeard Training	All Managers will complete BeHeard Training by the end fo 2025	Staff time	Erica Peterson Kerry Waugh Paul Miller Tierney Donovan	
Begin phase 2 of BeHeard training – staff complete the course work	70% of staff complete BeHeard training by end of year 2026	Staff time	Erica Peterson Kerry Waugh Paul Miller Tierney Donovan	
Promote BeHeard Campaign to area schools as a resource to provide educators with tools to support youth struggling with behavioral health concerns	Promote to all area schools by end of Implementation Plan.	Staff Time	Erica Peterson Kerry Waugh Paul Miller Tierney Donovan	School Districts, Sanford <i>fit</i> , LoveBig

Goal 2: Increase mental health appointment availability.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Add a Mental Health Nurse Practitioner to the services offered at Sanford Chamberlain	End of 2025	Financial support	Erica Peterson	
Raise community awareness of appointment availability, with a focus on medically underserved populations.	Timeline TBD based upon hiring of Mental Health Nurse Practitioner	Marketing	Erica Peterson	Promotion in coordination with potential community partners.

Priority 2: Reduce the increasing trend of sexually transmitted diseases in the community.

Current Activities

Current work includes utilizing South Dakota Department of Health educational material at clinician and nursing meetings to escalate the known increase of STDs in our service area.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see a reduction in sexually transmitted diseases.

Goal 1: Increase sexually transmitted disease testing within the community, with a specific focus on reservations and high school students.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Collaborate with IHS to do a mass testing event on each reservation.	Mass testing event completed on in Lower Brule and Fort Thompson by year end 2025. Number of completed tests and events.	Staff time	Erica Peterson Brittney Sawhill Tierney Donovan	Lower Brule and Fort Thompson IHS

Bring subject matter expertise to local high schools, community events (health fairs) or other venues with large public outreach	Complete 2 community or school educational presentations by June 2026. Participants reached	Resource costs Staff time	Erica Peterson Brittney Sawhill Tierney Donovan Jess Neilan	Chamberlain, Crow Creek, Lower Brule, St. Joe's school. Lower Brule and Fort Thompson IHS
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Goal 2: Reduce cost barriers and increase awareness of home testing options.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Sponsor 100 at home STD testing kits and include in a promotional drive to reduce cost barriers	Sponsor free test kits by the end of 2026. Home STD test performed.	Cost of kits and testing	Erica Peterson Brittney Sawhill Tierney Donovan Paul Miller Jess Neilan	
Promote free testing through our clinics,	STD tests performed.	Cost of kits and promotion.	Erica Peterson Brittney Sawhill Tierney Donovan Paul Miller Jess Neilan	

Needs Not Addressed

Needs identified during the CHNA process that are not prioritized in the preceding implementation plan were deemed to be less urgent in nature, are being addressed by other community individuals, resources, or organizations, or the hospital does not currently have the appropriate resources to prioritize the work at this time. For more information on needs not addressed, refer to the sections on each specific need above.

Although not included in the Implementation Plan, the hospital supports efforts to address community needs, such as viewing the information collected within the Community Health Needs Assessment as a community benefit and sharing survey and assessment information with community partners to support the expansion or establishment of programs that reduce community needs. Additionally, Sanford Health further supports through its findhelp resource tool that informs patients and consumers of national and local resources. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health related-social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to patients and is available on Sanfordhealth.org and MyChart.

EVALUATION OF 2022-2024 CHNA

Improve mental health and decrease addiction/substance abuse in the community

Sanford Chamberlain Medical Center has successfully recruited a mental health nurse practitioner. This 1.0 FTE position will begin to offer services in late 2024 and will expand access to mental health care significantly for the Chamberlain community and beyond.

The Sanford Chamberlain Medical Center is supporting the priority through its goal of adding additional mental health resources to increase accessibility for mental health care for youth, specifically, through its partnership with the Chamberlain School District.

The Sanford Chamberlain Medical Center provides mental health services and substance abuse prevention education to students in the Chamberlain School District. Mental health services include an embedded licensed mental health counselor within the middle school and high school. The counselor also provides services to the elementary school. The counselor is in the elementary school one ½ day per week and the middle school/high school one ½ day per week.

Sanford Chamberlain provided Youth Mental Health First Aid training to the Chamberlain community for the first time. This program took place in February 2023. Plans were developed in 2022 for additional services, including Life After Loss, a whole family grief counseling program, were also developed and started on an ongoing program beginning in January 2023.

Increase access to specialty care in the community

Sanford Chamberlain prioritized ophthalmology and orthopedics as two specialties for additional promotion locally as part of the priority in addition to increased promotion of virtual care options for those that qualify based upon their needed type of care. Nearly 16% of all findhelp searches from the CHNA community were in regard to health-related topics.

Unfortunately, Sanford had to cancel ophthalmology outreach to Chamberlain due to provider availability. The local medical center is exploring options for the service due to the identified need for local cataracts surgery services. Orthopedic procedures were re-established locally in November 2022 with Clint Bengt, MD providing outreach services. Dr. Bengt is an orthopedic surgeon based in Sioux Falls, SD and offers ACL reconstruction, cartilage restoration, hip arthroscopy, knee arthroscopy, meniscal repair and transplantation, and shoulder arthroscopy and arthroplasty.

Sanford Chamberlain, and the system generally, utilizes tele/virtual health as an option to augment some services that are provided in the local community. Sanford Chamberlain set a goal of increasing the promotion of tele/virtual health to increase awareness of the option within the community. The first installment of telehealth education was presented to the local advisory board in October 2022.

The hire of the 1.0 FTE mental health nurse practitioner also supports our priority to increase access to specialty care in the community. While we've not been able to add ophthalmology and orthopedics outreach services, the additional mental health staff will ensure expanded access to critical mental and behavioral health care services – much needed in our community at this time.

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/about/community-commitment/community-health-needs-assessment>

APPROVAL

Local CHNA priorities were reviewed and approved by the respective governing boards and the Sanford Health Board of Trustees approved all of the Sanford Community Health Needs Assessments and Implementation Plans.

APPENDIX

Expanded Demographics¹

Populations in Brule, Lyman, and Buffalo Counties have populations of 5,311, 3,705 and 1,884 as of July of 2023. The percentage change for these counties are all less than the state's population percent change of 3.7%, with the changes being 1.4%, -0.3% and -3.2% respectively. The age demographics in the counties is different from the states with a large majority being under 18, Buffalo County with 36.8%. The three counties have a higher population of those identifying as American Indian with Buffalo County's percentage being 78.1% and the states percentage being 8.5%.

The median value of houses and median gross rent for Brule, Lyman, and Buffalo Counties are all lower than the South Dakota average. The median house values for the counties are \$187,900, \$132,100 and \$103,800 respectively, while the state median is \$219,500. Rent for the counties is on average \$648 and is \$230 less than the state median of \$878. The amount of households with a computer and/or access to broadband internet is significantly lower than the state average. There are 83.6% of households in the three counties with access to a computer while 92.6% of households in the state have computer access. Between Brule, Lyman and Buffalo Counties an average of 72.4% of households have access to broadband internet with the South Dakota average being 86.8%. The median household incomes for the counties is less than the state average but not significantly less, except for Buffalo County where the median household income is \$26,540 less than the state.

Fact	Brule County, SD	Lyman County, SD	Buffalo County, SD	South Dakota
Population estimates, July 1, 2023, (V2023)	5,311	3,705	1,884	919,318
Population estimates base, April 1, 2020, (V2023)	5,240	3,717	1,946	886,668
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	1.40%	-0.30%	-3.20%	3.70%
Persons under 5 years, percent	6.40%	8.20%	7.80%	6.40%
Persons under 18 years, percent	24.40%	28.20%	36.80%	24.10%
Persons 65 years and over, percent	20.10%	17.90%	9.50%	18.00%
White alone, percent	82.80%	53.70%	17.00%	84.20%
Black or African American alone, percent	0.70%	0.70%	0.80%	2.60%
American Indian and Alaska Native alone, percent	12.00%	39.30%	78.10%	8.50%
Asian alone, percent	0.50%	0.60%	0.30%	1.80%
Native Hawaiian and Other Pacific Islander alone, percent	--	0.10%	0.10%	0.10%
Two or More Races, percent	4.00%	5.60%	3.60%	2.80%
Hispanic or Latino, percent	3.50%	4.40%	5.80%	4.90%

¹ <https://www.census.gov/quickfacts>

White alone, not Hispanic or Latino, percent	80.70%	52.70%	15.40%	80.70%
Housing Units, July 1, 2023, (V2023)	2,397	1,559	571	417,220
Owner-occupied housing unit rate, 2018-2022	65.00%	66.90%	49.00%	68.40%
Median value of owner-occupied housing units, 2018-2022	\$187,900	\$132,100	\$103,800	\$219,500
Median selected monthly owner costs - with a mortgage, 2018-2022	\$1,318	\$1,390	-	\$1,557
Median selected monthly owner costs - without a mortgage, 2018-2022	\$559	\$514	\$323	\$571
Median gross rent, 2018-2022	\$755	\$615	\$575	\$878
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	5.50%	3.80%	6.20%	6.50%
Households with a computer, percent, 2018-2022	85.90%	89.00%	75.80%	92.60%
Households with a broadband Internet subscription, percent, 2018-2022	76.30%	79.60%	61.20%	86.80%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	85.80%	91.50%	82.40%	92.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	25.70%	23.20%	6.80%	30.40%
With a disability, under age 65 years, percent, 2018-2022	10.60%	11.30%	12.40%	8.00%
Persons without health insurance, under age 65 years, percent	13.90%	16.30%	18.60%	9.80%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	65.90%	56.20%	56.00%	67.10%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	59.50%	59.40%	54.40%	63.70%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	13.1	14.4	14.7	17.4
Median household income (in 2022 dollars), 2018-2022	\$64,821	\$60,284	\$42,917	\$69,457
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$34,629	\$25,997	\$13,731	\$36,850
Persons in poverty, percent	14.80%	22.30%	39.70%	12.50%
Total employer establishments, 2021	215	75	10	27,951
Total employment, 2021	2,240	483	127	363,923

Community Health Needs Assessment Survey

The survey tool was delivered online via Qualtrics. The survey questions in printed format are presented below as a reference. Surveys made available in English, Spanish, Somali, and Sudanese.

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 Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

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 Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

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

Why did you give it that rating?

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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
☐

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
☐

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
☐

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
☐

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)

- | | |
|--|--|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trama | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (<i>Ophthalmology, Optometry</i>) | <input type="radio"/> Other (<i>please specify</i>): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

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?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? (Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

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

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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?

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

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)*

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> 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, Champus, VA)*
- ☐ Indian Health Service *(IHS)*

☐ Other *(please specify)*

DEMOGRAPHICS

What is your sex?

- ☐ Male ☐ Female ☐ Prefer not to answer

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- ☐ Yes ☐ No ☐ Prefer not to answer

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?

- | | |
|--|---------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single, never married | <input type="radio"/> Widowed |
| <input type="radio"/> Unmarried couple living together | <input type="radio"/> Separated |

Which of the following best describes your current living situation?

- | | |
|--|--|
| <input type="radio"/> House (<i>owned</i>) | <input type="radio"/> Homeless |
| <input type="radio"/> Apartment or House (<i>rental</i>) | <input type="radio"/> Some other arrangement |

What is your primary mode of daily transportation?

- | | |
|---|--|
| <input type="radio"/> Automobile/Truck (<i>owned or leased</i>) | <input type="radio"/> Walk |
| <input type="radio"/> Online Ride Service (<i>Uber / Lyft</i>) | <input type="radio"/> Bicycle |
| <input type="radio"/> Taxi Service | <input type="radio"/> Family, Friends or Neighbors |
| <input type="radio"/> Public Transportation
(<i>bus / subway / rail</i>) | <input type="radio"/> 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:

- | | |
|---|--|
| <input type="radio"/> Employed (<i>full-time</i>) | <input type="radio"/> Not employed, looking for work |
| <input type="radio"/> Employed (<i>part-time</i>) | <input type="radio"/> Not employed, not looking for work |
| <input type="radio"/> Self-employed | <input type="radio"/> Retired |
| <input type="radio"/> Furloughed | <input type="radio"/> Disabled or unable to work |

What is your total household income from all sources?

- | | |
|---|---|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$50,000 - \$74,999 |
| <input type="radio"/> \$20,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$25,000 - \$29,999 | <input type="radio"/> \$100,000 - \$199,999 |
| <input type="radio"/> \$30,000 - \$34,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000 - \$49,999 | |

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