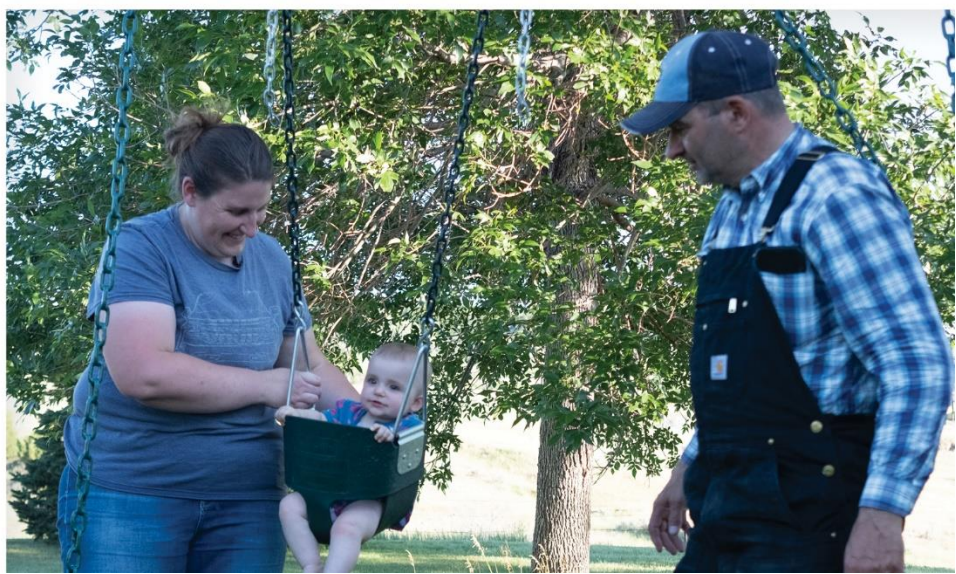




Community Health Needs Assessment

SANFORD WESTBROOK MEDICAL CENTER
2025-2027



Dear Community Members,

It is once again my privilege to share with you Sanford Westbrook 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 collaborated 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 entire Sanford Westbrook team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Stacy Barstad
President Chief Executive Officer
Sanford Westbrook Medical Center

BACKGROUND

Community Description

Sanford Westbrook Medical Center is located in Westbrook, Minnesota. The city of Westbrook has a population of 740 and is located in southwestern Minnesota in Cottonwood County. It is home to Westbrook-Walnut Grove High School, multiple churches, a community center, park, swimming pool, and other recreational amenities. It is only minutes away from excellent year-round hunting and fishing.

Active organizations in the community include Kiwanis, American Legion, Lions Club, Heritage Healthcare Foundation, Westbrook Area Volunteers (WAV), and Westbrook Women's Club. Numerous local businesses include a grocery store, bank, drug store, pharmacy, lumber/hardware store, several bars and restaurants, and more.

The community as defined for purposes of the Community Health Needs Assessment includes Cottonwood County in Minnesota and represents a majority of the volumes to the Sanford Westbrook Medical Center. No populations were intentionally excluded during the process of defining the community or within the CHNA process.. Demographic detail for the county is 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

Westbrook 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:

- Stacy Barstad, Chief Operating Officer and Administrator, Sanford Westbrook Medical Center
- Janette Simon, Des Moines Valley Health and Human Services
- Amy McNamara, Performance Improvement Specialist, Sanford Westbrook Medical Center
- Jane Sabinske, Director of Nursing, Sanford Westbrook Medical Center
- Delaney Boerboom, Nursing Supervisor, Sanford Westbrook Clinic
- Steve Kjorness, Hospital Board Member, Sanford Westbrook Medical Center
- Kerry Cassens, Board Member, Westbrook Heritage Health Foundation
- Dolly Phelps, Board Member, Westbrook Heritage Health Foundation
- Brian Cassens, Board Member, Sanford Westbrook Medical Center
- Christy Ward, Senior Strategic Planning Advisor, Sanford Health
- David Herbster, Lead Community Relations Specialist, Sanford Health

Sanford Westbrook Medical Center

Sanford Westbrook Medical Center is an eight-bed, not-for-profit, Critical Access Hospital located in southwest Minnesota. It is a community-owned facility leased to Sanford Health Network. Originally known as Henry Schmidt Memorial Hospital, Sanford Westbrook was built in 1950 and through a comprehensive community effort was remodeled and expanded into the current single-site health care facility that includes an attached medical clinic and 21-unit senior housing facility. The medical center offers emergency services.

The Sanford Westbrook service area includes the communities of Currie, Dovray, Jeffers, Storden and Westbrook and covers parts of Cottonwood, Redwood and Murray counties with a combined population of 3,600. The area is classified as a Health Professional Shortage Area (HPSA) and Manpower Underserved Area (MUA). Sanford Westbrook employs approximately 58 individuals.

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. The 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 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

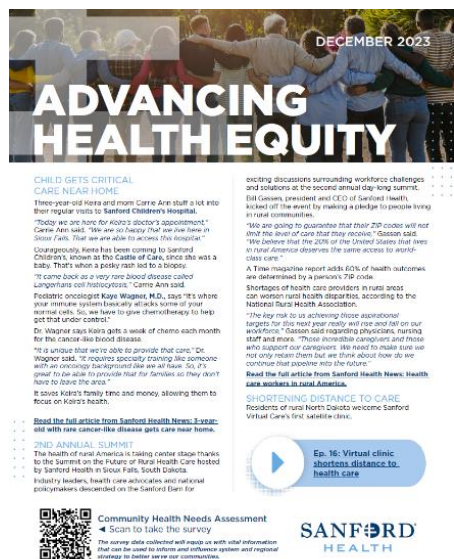
Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within the local community and across Sanford's care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



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. 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

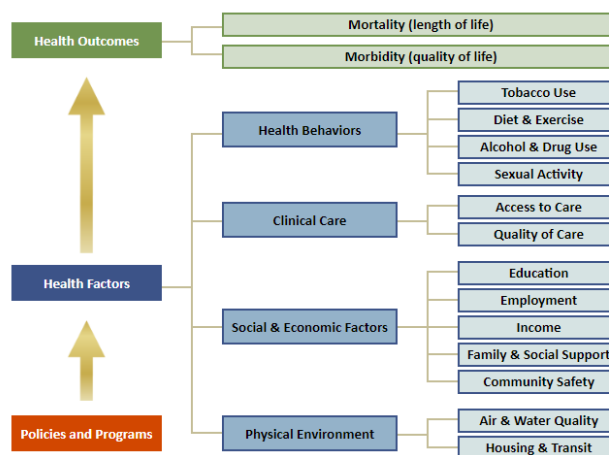
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked 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 Cottonwood County, Minnesota, 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 to 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 75 respondents from the CHNA area completed the survey. Promotional 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. Westbrook is included with 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; 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 participants were 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 health needs to be addressed within the Implementation plan including Mental Health, Healthy/Active Living, and Transportation. 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 overall health of the community can be described as good. Survey respondents, supported by data from the County Health Rankings, indicated high marks for safety, high feelings of safety due to low crime levels, and positive perceptions of employment opportunities. However, several areas of concern were brought forth for discussion to the Community Stakeholder Meeting for discussion (below).

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 Westbrook market area is defined as Cottonwood County in Minnesota. 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 75 respondents from the Westbrook 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 Westbrook area regarding the following community health issues were positive (average score of 3.00 or higher):

- Environmental health (average score=3.81)
- Community safety (average score=3.72)
- Access to exercise opportunities (average score=3.60)
- Health care quality (average score=3.51)
- Access to healthy foods (average score=3.41)

- Long-term care, nursing homes, and senior housing quality (average score=3.39)
- Early child care quality (average score=3.02)

With the exception of long-term care, nursing homes, and senior housing quality, average scores in the Westbrook area were lower than the comparison group average for each of these issues.

When asked about their personal health, survey respondents in the Westbrook 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=3.79); however, both scores were lower than the comparison group average.

CHR data indicate that Cottonwood County ranks in the lower-middle range of Minnesota 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 Medical Care and Health Care Providers

When survey respondents in the Westbrook area were asked about the most important health care issues impacting their community, access to health care services and medical providers was the top issue. Although respondents rated their own ability to access health care as good (average score=3.79), the score was lower than the comparison group average.

Most survey respondents in the Westbrook area have a primary care provider (86%), have been in for a checkup in the past year (90%), and are receiving needed medical care for themselves and their family (84%). However, 77 percent of respondents have traveled to receive health care services within the past three years (which is higher than the comparison group average). When asked why, the main reason was due to needing a specialist or service not available locally (93%).

While CHR data indicate that the uninsured rate in the Westbrook area is similar to the comparison group average (8%), the community has higher/worse-than-average ratios of population to providers, with 1,606 people for every primary care physician and 826 people per mental health provider. However, the Westbrook area has a similar-to-average ratio of population to dentists (1,653 people per dentist).

Half of survey respondents in the Westbrook area indicated that there are health care services they would like to see offered or improved in their community. When these respondents were asked which health care services they would like to see offered or improved, most said behavioral and mental health services (67%), followed by walk-in/urgent care (53%), dental care (39%), and addiction treatment (33%).

Access to medical care and health care providers was an issue discussed by the stakeholder meeting group including access to dental care, mental/behavioral health providers and access to care overall. Participants and those present from the Sanford Westbrook Medical Center agreed to continue the current efforts towards recruitment of providers in the area, along with mental health access and specifically telehealth access but did not include this as a priority area for the next three-year implementation plan due to current efforts underway.

| Local Asset Mapping | |
|--|---|
| Health Insurance resources: <ul style="list-style-type: none"> • Sanford Health Plan, 300 Cherapa Pl St 201, Sioux Falls • MN Sure – MNSure.org | Health Care resources: <ul style="list-style-type: none"> • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Sanford Westbrook Medical Center, 920 Bell Ave., Westbrook • Public Health, 235 9th Ave., Windom • Shetek Home Care, 920 Bell Ave., Westbrook |
| Pharmacy: Thrifty White Pharmacy, 601 1 st Ave, Westbrook | |
| Dental Care resources: <ul style="list-style-type: none"> • Dental insurance – State Farm, 432 1st Ave., Westbrook • Prairie Lakes Family Dentistry, 212 3rd St #5a, Tracy | For Additional Resources Reference: https://sanford.findhelp.com/ |

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 Westbrook area face on a regular basis. It was also the second leading community health care issue, behind general access issues. Contributing to the challenge of affording health care in the Westbrook area is the economic climate. Survey respondents in the Westbrook area rated the employment and economic opportunities in their community as less than good (average score=2.94) and lower than many of the other similar-sized communities served by Sanford Health. CHR data indicate that while the Westbrook area has similar-to-average rates of uninsured individuals (8%) and unemployment (3%), the area has higher/worse-than-average rates of child poverty (16%) and median household income (\$58,801) when compared to similar-sized communities served by Sanford Health.

Stakeholders at the meeting briefly discussed this topic, but decided against including this as a priority to address for the next three-year plan. The group felt there were more urgent needs to address at this time for the community. However, Sanford Westbrook Medical Center will continue current supportive activities such as educating the community and patients on programs available for financial assistance.

| Local Asset Mapping | |
|---|--|
| Health Insurance resources: <ul style="list-style-type: none"> • Sanford Health Plan, 300 Cherapa Place, Sioux Falls • State Farm Insurance, 432 1st Ave, Westbrook • MN Sure – MNSure.org | Employment resources: <ul style="list-style-type: none"> • MN Department of Human Services, 3001 Maple Road #100, Slayton • CareerForce, 318 9th St, Worthington Major Employers: <ul style="list-style-type: none"> • Sanford Westbrook Medical Center, 920 Bell Ave, Westbrook • Westbrook Walnut Grove Public Schools, 334 8th St, Westbrook • Bank Midwest, 640 1st Ave, Westbrook • Maynard's Grocery Store, 627 1st Ave, Westbrook • Meadowland Farmers Co-op, 400 Davis St, Westbrook |

| | |
|---|--|
| Prescription Assistance programs: <ul style="list-style-type: none"> • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecard.com • Medsavercard.com • Medicationdiscountcard.com • Needymeds.org • americasdrugcard.org • mygooddays.org • NORD Patient Assistance Program, rarediseases.org • Patient Access Network Foundation, panfoundation.org • Pfizer RC Pathways, pfizerrxpathways.com • RXhope.com • Minnesota Care – 800-657- 3761 • MN Drug Card – mndrugcard.com | Prescription Assistance Programs Cont. <ul style="list-style-type: none"> • Partnership for Prescription Assistance – pparx.org • Benefitscheckup.org • RxAssist – rxassist.org • RxOutreach – rxoutreach.org • Together RX Access Program – togetherrxaccess.com • Glaxo Smith Kline – bridgestoaccess.com • Merck – merck.com • Novartis – Novartis.com • AARP Prescription Discount Program – aarp-pharmacy.com <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |
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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.

When survey respondents in the Westbrook area were asked about the most important health care issues impacting their community, mental health was among the leading issues, along with general access to care and cost issues. In addition, of survey respondents in the Westbrook area who would like to see specific services offered or improved in their community, most said behavioral and mental health services (67%) and 33 percent said addiction treatment. CHR data indicate that the Westbrook area has a slightly higher/worse-than-average ratio of population to mental health care providers when compared to similar-sized markets served by Sanford Health at 826 people for every one mental health provider – and a higher-than-average rate of poor mental health days per month (4.3 days per month).

The group discussed current education and awareness efforts on mental health in the community as well as potential ways to improve these efforts. Meeting participants and Sanford Westbrook staff agreed that additional recruitment efforts for mental health providers would be beneficial, and also discussed current work being done in the school district in this regard. Ultimately it was decided Sanford Westbrook Medical Center would include mental health as part of the 2025-2027 implementation plan.

| Local Asset Mapping | |
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| Substance Abuse resources: <ul style="list-style-type: none"> • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 9th Ave., Windom | Mental Health resources: <ul style="list-style-type: none"> • Sanford Westbrook Clinic, 920 Bell Ave. • Public Health, 235 9th Ave., Windom • Strive Counseling, Westbrook (507) 636-3810 |
| Dementia/Alzheimer's Disease resources: <ul style="list-style-type: none"> • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Good Samaritan, 149 1st Ave., Westbrook • Alzheimer's Assn. – Alz.org | For Additional Resources Reference: https://sanford.findhelp.com/ |

Healthy Living

Survey respondents in the Westbrook area rated their own personal health and wellness as good (average score=3.30) and the quality of health care in their community as good (average score=3.51); however, both scores were lower than the comparison group average. In addition, when survey respondents were asked about the biggest health concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were among the top concerns, after cost and affordability. CHR data indicate that when compared to similar-sized markets served by Sanford Health, the Westbrook area has similar-to-average rates of diabetes (9%), obesity (38%), adult smokers (20%), excessive drinking (20%), and food insecurity (8%).

Healthy living was discussed among the group in relation to access to resources in the community, and awareness of what is available for residents. There are current efforts underway in this space by other organizations in the community with healthy food access and other resources for healthy living. However, due to ongoing need for improvement, Sanford Westbrook Medical Center will include this need as a priority for 2025-2027.

| Local Asset Mapping | |
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| Chronic Disease resources: <ul style="list-style-type: none"> • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Sanford's diabetes educators, 920 Bell Ave., Westbrook • Sanford's Better Choices, Better Health • American Heart Assn. – Heart.org • American Diabetes Assn. – diabetes.org | Obesity resources: <ul style="list-style-type: none"> • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Cottonwood Co. Extension nutrition classes, 41385 US Hwy. 71, Windom • Public Health, 235 9th Ave., Windom • Wellness Center, 638 7th St., Westbrook |
| Physical Activity resources: <ul style="list-style-type: none"> • Westbrook Schools physical activity programs, 344 8th St., Westbrook • Parks Dept. activities, 556 1st Ave., Westbrook • Wellness Center, 638 7th St., Westbrook • Rolling Hills Golf Club, 1360 280th Ave., Westbrook • Swimming Pool, 533 Columbus Ave., Westbrook • Co-Ed Volleyball, 556 1st Ave., Westbrook • Big Bend Snow Riders Inc (snowmobiling) – bigbendsnowriders@gmail.com • City Parks & Playgrounds: <ul style="list-style-type: none"> o City Park, 533 Columbus Ave, Westbrook o North Park, 1005 11th St, Westbrook • County Parks: <ul style="list-style-type: none"> o Mountain Park, 59501 390th St., Mountain Lake o Pat's Grove Park, 42035-42163 390th Ave, Heron Lake o Red Rock Falls Park, 48771 250th St., Sanborn o South Dutch Charley Park, 27761 Co. Rd. 6, Westbrook o Talcot Lake Park, 53100 MN-62, Dundee | Healthy Eating resources: <ul style="list-style-type: none"> • Sanford Westbrook dieticians, 920 Bell Ave., Westbrook • Cottonwood Co. Extension nutrition classes, 41385 US Hwy. 71, Windom • Maynard's Grocery Store, 627 1st Ave., Westbrook • Public Health, 235 9th Ave., Windom • Almich's Market, 2525 20th St, Slayton • CSA – Kleine's Country Farm, 38458 380th St. Heron Lake |

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| <ul style="list-style-type: none"> • Area Parks: <ul style="list-style-type: none"> o Kilen Woods State Park, 50200 860th St, Lakefield o Mound Creek Park, 450th Ave, Sanborn | For Additional Resources Reference: https://sanford.findhelp.com/ |
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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 Westbrook area rated the availability of affordable housing in their community as less than good (average score=2.82). When asked to explain why they rated community access to affordable housing the way they did, respondents referenced a lack of housing inventory in general. Respondents also indicated that available options for sale and for rent were too expensive.

CHR data indicate that 10 percent of households in the Westbrook area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 7 percent of households spend at least 50 percent of their household income on housing costs; both rates are similar to the comparison group average.

Meeting participants discussed the different options available currently in Westbrook for affordable housing along with what can be improved in the community. There are currently others in the community working on ways to improve affordable housing, so the group agreed to not prioritize this issue in the implementation plan.

| Local Asset Mapping |
|---|
| Affordable Housing Resources: <ul style="list-style-type: none"> • Westbrook Apartments, 900 11th St, Westbrook • Good Samaritan Society, 149 1st Ave., Westbrook |
| For Additional Resources Reference: https://sanford.findhelp.com/ |

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.

Survey respondents in the Westbrook area rated community access to daily transportation as less than good (average score=2.39) and lower than any other community health issue. When asked to explain why they rated community access to daily transportation the way they did, respondents noted very limited to non-existent public transportation options in their community – with existing options lacking consistency, reliability, and extended hours of operation.

In discussions about public transportation in the stakeholder meeting the general lack of local transportation options was talked about in depth. Community members in the meeting

and survey results both underscored a need for more transportation resources in the Westbrook area. Currently any transportation is 100% volunteer-based which while well-intentioned, can be less reliable if volunteers have conflicts or are sick. Sanford Westbrook Medical Center decided to prioritize transportation in the next three-year implementation plan.

Local Asset Mapping

Transportation Resources:

- United Community Action Partnership (Cottonwood County Dispatch) – (507) 847-2632

For Additional Resources Reference:

<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 three specific areas for focus for Sanford during the 2025-2027 implementation cycle:

1. Mental Health
2. Healthy / Active Living
3. Transportation

Implementation Plan for Priority Needs

Priority 1: Mental Health

Current Activities: Sanford Westbrook currently provides mental health services with a psychiatrist via virtual care. LICSWs and a behavioral health NP is also on staff. Sanford Westbrook will continue to share the results of this survey with community partners to build access to mental health. In addition, Sanford Westbrook will continue to look at access points within the clinic, both in person and virtual to improve access to mental health. Sanford Westbrook will hire new APP staff to address increases in mental health needs. Sanford Westbrook will spend time over the next three years exploring ways to assist the school with mental health opportunities through possible school-linked mental health collaborations, calming rooms/spaces, and resources to bring awareness. Sanford Westbrook will collaborate with the area schools to analyze available mental health resources, as well as create policy/procedure/protocol the local schools can utilize in the event of mental health crisis.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increased awareness of mental health services within our area, expanded access within our area, and policy/procedure/protocols put in place in area school systems in the event of mental health crisis.

Goal 1: Increase Awareness and expand access of Mental Health Services at Sanford Westbrook and in the servicing area.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|--|--|--|--|--|
| <ul style="list-style-type: none"> -Gather resources from within Sanford Westbrook and local service area to submit on "Findhelp" website to ensure most updated and complete list of resources in the service area. -Increase resource materials to the public. | <ul style="list-style-type: none"> -Availability of Services communicated to the public at least four times a year. -Increase utilization of mental health services. -Increase awareness of services. | Community Relations | Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara | "Findhelp" website team |
| Offer educational and support resources to the service area | Increase awareness in area school staff and students on mental health | Community Relations Newly Hired APP | Marissa Wahl | Service Area Schools |

| | | | | |
|---|-----------------------------|--|--|--|
| schools to bring awareness to mental health resources Sanford Westbrook offers. | and mental health resources | | | |
|---|-----------------------------|--|--|--|

Goal 2: Create and implement policy/procedure/protocols to be put in place in area school systems in the event of mental health crisis and create/implement calming spaces throughout the schools.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|--|---|----------------------------------|-------------------|---|
| Collaborate with the service area schools to implement policy/procedure/protocol to utilize in schools in the event of a mental health crisis. | Service area schools will have completed policy/procedure/protocols in their school handbook to utilize in the event of a mental health crisis. | Community Relations | Marissa Wahl | Service Area Schools |
| Create calming spaces with education in the schools to help support mental health initiatives. | Reduced metal health related behaviors in area schools throughout the year. | Community Relations APP | Marissa Wahl | |

Priority 2: Healthy/Active Living

Current Activities Sanford Westbrook will continue to work to make a positive impact on improving the health of community members through both physical activity and healthy lifestyle choices. Sanford supports community efforts to increase access to activities and facilities that promote healthy and active lifestyles.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see improved overall physical and nutritional health in patients at Sanford Health from the community.

Goal 1: Create access to healthy food choices and provide educational opportunities to making healthy choices.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|------------------------------|--|----------------------------------|-------------------------------|---|
| Create Food RX program where | Reimbursement rate of at least | Community Relations | Stacy Barstad Marissa Wahl | |

| | | | | |
|--|---|---------------------|---|-------------|
| Sanford providers can “prescribe” fruit/veggie coupons for use in local grocery stores and farmers markets to be reimbursed at Sanford facility. | 50% for coupons, depicting higher fruit and veggie intake in families in Sanford service areas. | Sanford Providers | Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara | |
| Promoting health and well-being by educating local students on healthy food choices. | By the end of each school year, increase the percentage of students demonstrating knowledge of healthy food choices by 40%, as measured by pre- and post-education surveys. Additionally, aim for at least 70% of participating students to report making healthier food choices at home within three months of the program completion. | Community Relations | Marissa Wahl Alicia Swenhaugen | Sanford Fit |

Goal 2: Increase Activity level of community members of our Sanford Westbrook service area.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|---|---|--|--|---|
| -Create Exercise RX program where Sanford providers can “prescribe” exercise as medicine. | By the end of the 3 year period, increase patient engagement in the Exercise RX program by 50% as measured by the number of | Community Relations Sanford Providers | Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara | |

| | | | | |
|---|--|---------------------|--|-------------|
| -Maps of activity locations will be provided to patients at Sanford Westbrook and QR codes available in locations to be scanned for redeemed points for Sanford prizes. | patients who scan QR codes and redeem points for Sanford prizes. | | | |
| Promoting health and well-being by educating local students on the benefits of living an active lifestyle. | <p>-By the end of the academic year, achieve a 40% increase in students' knowledge of the benefits of an active lifestyle, assessed through pre- and post-program surveys.</p> <p>-Additionally, aim for at least 60% of participating students to report engaging in at least 30 minutes of physical activity five days a week within three months after the program's conclusion</p> | Community Relations | <p>Marissa Wahl</p> <p>Alicia Swenhaugen</p> | Sanford Fit |

Priority 3: Transportation

Current Activities

Over the next three years, Sanford Westbrook will increase community awareness of transportation access issues through targeted outreach campaigns and educational initiatives. Simultaneously, establish at least two strategic partnerships with local organizations each year to enhance transportation options within our service area. This initiative aims to improve access to essential services and promote mobility for underserved populations, ultimately contributing to better health outcomes in our community.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increase in community awareness of transportation access and expanded accessibility through collaborations with Sanford.

Goal 1: Increase Awareness of Transportation Services in Sanford Westbrook service area.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|--|---|----------------------------------|--|---|
| -Gather resources from within Sanford Westbrook and local service area to submit on “Findhelp” website to ensure most updated and complete list of resources in the service area. -Increase resource materials to the public. | -Availability of Services communicated to the public at least four times a year. -Increase utilization of transportation services. -Increase awareness of services. | Community Relations | Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara | Area Transportation Volunteers |

Goal 2: Increase access to Transportation Services in our area.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|---|---|----------------------------------|--|---|
| Collaborate with already established volunteer transportation services in Sanford Westbrook | -By the end of the three-year plan, increase the number of individuals served by volunteer transportation | Community Relations | Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms | Area Transportation Volunteers |

| | | | | |
|---------------------------------------|---|--|--------------|--|
| Service area to expand accessibility. | <p>services in the Sanford Westbrook service area by 30%.</p> <p>-Additionally, achieve a 25% increase in the number of transportation rides provided annually, as tracked by service usage reports from partner organizations.</p> | | Amy McNamara | |
|---------------------------------------|---|--|--------------|--|

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

System-wide Support and Utilization of the Community Health Needs Assessment Program

Sanford Health continues to integrate the CHNA report, supporting data, and Implementation Plans across the organization, including in the annual strategic planning program and operations. The Sanford Health Board of Trustees incorporated population health as an aspirational target metric necessary to become the “premier rural health system” in the country. The population health target aligns the work conducted through the CHNA with the overall evaluation of Sanford’s success.

CHNA data is made available throughout the planning process as needed as part of the

annual strategic planning process, both internally and to external organizations that partner with the system. Sanford also incorporated the CHNA into the capital expenditure request process to give a voice to the needs and concerns of this population.

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. Findhelp generated nearly 28,000 internal and external searches from within CHNA-defined communities on CHNA topics in 2022 and over 19,000 in 2023. Cottonwood County, defined as the Westbrook CHNA Community, had 294 findhelp searches during the last two years.

Mental Health

The mental health priority is being addressed through expanded use of current telemedicine and in-house mental health services and the additional goal of increasing the number of screening and referrals to behavioral health providers.

Sanford Westbrook hired a new Integrated Health Therapist in July of 2023. This provider saw 29 patients from July-December of 2023. We continue to utilize the outreach telemedicine psychiatrist who sees patients for telemed visits as needed. Unfortunately, budget restraints did not allow for external promotion of services in 2023. Referrals were primarily by word of mouth and from primary care providers.

Access to Health Care Providers

Sanford Westbrook has continued to recruit for an orthopedic specialist, with little to no movement. There are very few providers available for outreach services currently. Continued efforts to recruit another outreach surgeon also took place in 2023. Unfortunately, the current surgeon has announced retirement in 2024, so efforts will ramp up at that time to recruit a new surgeon. In 2023, the surgeon saw 46 patients and completed 81 procedures.

Telehealth outreach services continued in 2023. Oncology telemed visits were at five in 2023, down from seven in 2022; nephrology visits were 78 in 2023, down from 87 in 2022; 11 infectious disease telemed visits in 2023, up from five in 2022.

Dental Care Access: in Summer 2023, the supplies for students K-6 and 7&8 were purchased for the 2023-2024 school year and distributed to the schools. Students receive new toothbrushes, toothpaste, flossers, and fluoride rinses every month. Providers and clinic nurses have continued to provide dental health information with parents at well child visits and offer fluoride varnish if appropriate at well child visits. Working with public health nurses from Des Moines Valley Health and Human Services office, we continue to share information for their Children's Dental Services Clinics (free) with parents through the school and clinic.

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

Cottonwood County's population in 2023 was 11,319, which was a decrease of -1.7% from 2020 when Minnesota, with a population of 5,737,915, had an increase in population of 0.5%. The county is older than the state average with 23.3% of Cottonwood County's population being 65 years and older. Cottonwood County also has a higher percentage of those identifying as Hispanic or Latino than the Minnesota average, with 10.2% and 6% respectively.

The median housing unit value for Cottonwood County is less than half of the average value for Minnesota as a whole, with the county average being \$145,200 less than the state. The median income for the county is also less than the state average with residents of Cottonwood County making \$20,727 less on average than Minnesota. The county additionally has a higher percentage of their population in poverty than the state and less of their population with access to broadband internet and a computer.

| Fact | Cottonwood County, MN | Minnesota |
|--|-----------------------|-----------|
| Population estimates, July 1, 2023, (V2023) | 11,319 | 5,737,915 |
| Population estimates base, April 1, 2020, (V2023) | 11,513 | 5,706,804 |
| Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023) | -1.70% | 0.50% |
| | | |
| Persons under 5 years, percent | 6.30% | 5.80% |
| Persons under 18 years, percent | 25.20% | 22.60% |

¹ <https://www.census.gov/quickfacts>

| | | |
|--|-----------|-----------|
| Persons 65 years and over, percent | 23.30% | 17.40% |
| | | |
| White alone, percent | 89.80% | 82.60% |
| Black or African American alone, percent | 1.70% | 7.60% |
| American Indian and Alaska Native alone, percent | 1.00% | 1.40% |
| Asian alone, percent | 4.50% | 5.50% |
| Native Hawaiian and Other Pacific Islander alone, percent | 0.90% | 0.10% |
| Two or More Races, percent | 2.20% | 2.80% |
| Hispanic or Latino, percent | 10.20% | 6.00% |
| White alone, not Hispanic or Latino, percent | 81.80% | 77.60% |
| | | |
| Housing Units, July 1, 2023, (V2023) | 5,227 | 2,575,411 |
| Owner-occupied housing unit rate, 2018-2022 | 76.70% | 72.30% |
| Median value of owner-occupied housing units, 2018-2022 | \$141,600 | \$286,800 |
| Median selected monthly owner costs -with a mortgage, 2018-2022 | \$1,251 | \$1,818 |
| Median selected monthly owner costs -without a mortgage, 2018-2022 | \$517 | \$639 |
| Median gross rent, 2018-2022 | \$755 | \$1,178 |
| | | |
| Language other than English spoken at home, percent of persons age 5 years+, 2018-2022 | 9.10% | 12.00% |
| | | |
| Households with a computer, percent, 2018-2022 | 90.70% | 94.50% |
| Households with a broadband Internet subscription, percent, 2018-2022 | 83.00% | 89.70% |
| | | |
| High school graduate or higher, percent of persons age 25 years+, 2018-2022 | 91.30% | 93.70% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022 | 22.50% | 38.20% |
| With a disability, under age 65 years, percent, 2018-2022 | 8.00% | 7.70% |
| Persons without health insurance, under age 65 years, percent | 7.00% | 5.30% |
| In civilian labor force, total, percent of population age 16 years+, 2018-2022 | 62.70% | 68.60% |
| In civilian labor force, female, percent of population age 16 years+, 2018-2022 | 56.00% | 65.00% |
| | | |
| Mean travel time to work (minutes), workers age 16 years+, 2018-2022 | 16.1 | 23.3 |
| Median household income (in 2022 dollars), 2018-2022 | \$63,586 | \$84,313 |
| Per capita income in past 12 months (in 2022 dollars), 2018-2022 | \$32,818 | \$44,947 |
| Persons in poverty, percent | 13.20% | 9.60% |

| | | |
|-------------------------------------|-------|-----------|
| Total employer establishments, 2021 | 339 | 152,836 |
| Total employment, 2021 | 3,786 | 2,627,416 |

Leading Causes of Death

The Minnesota Department of Health publishes the annual Minnesota County Health Tables, which includes county-level counts for ten leading causes of death. Counts for the counties included within the CHNA community are in the table below. Data for calendar year 2020 is presented alongside the total for 2016-2020.

Heart disease, followed by cancer, were the leading cause of death in the county for the five-year period and for calendar year 2020 for the causes listed.

| Leading Causes of Death Cause-Specific Death Counts for Ten Leading Causes | | | | | | | | | | | |
|---|--------|---------------|-----------|---------------------|-------------|--------|------|----------|--------------------------|--------------|-----------|
| County | Cancer | Heart Disease | COVID--19 | Unintent. Injury | Alzheimer's | Stroke | CLRD | Diabetes | Chronic Liver Disease | Hypertension | Years |
| Cottonwood | 35 | 39 | 16 | 7 | 8 | 10 | 7 | 7 | 1 | 1 | 2020 |
| Cottonwood | 151 | 191 | -- | 27 | 32 | 39 | 33 | 29 | -- | -- | 2016-2020 |
| https://www.health.state.mn.us/data/mchs/genstats/countytables/index.html | | | | | | | | | | | |

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?

010000-01000 1/21

1

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.