



Sanford Health Network
2016 Community Health
Needs Assessment

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HEALTH

Sanford Rock Rapids Medical Center
Community Health Needs Assessment
2016

Dear Community Members,

Sanford Rock Rapids is pleased to present the 2016 Community Health Needs Assessment.

Part of the comprehensive assessment work is to formally identify unmet health needs in the community. Community stakeholders helped to prioritize the unmet needs for further implementation strategy development. We are grateful to all the community members who joined us in this important work.

During 2015 members of the community were asked to complete a survey to help identify unmet health needs. Researchers at the Center for Social Research at North Dakota State University analyzed the survey data. Sanford further analyzed the data, identified unmet needs, and partnered with key community stakeholders to develop a list of resources and assets that were available to address each need. A gap analysis and prioritization exercise was also conducted to identify the most significant health needs, and to further address these needs through the implementation strategies that are included in this document.

Sanford Rock Rapids has set strategy to address the following community health needs:

- Mental Health
- Aging Services

The report focuses on community assets as well as community health needs. The asset map/resource list is included in this document along with the actions that will be taken to address each identified need.

At Sanford Rock Rapids, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of our communities is at the core of who we are. Through our work, we can bring health and healing to the people who live and work in our communities. Together, we can fulfill this mission.

Sincerely,



Tammy Loosbrock
Chief Executive Officer
Sanford Rock Rapids Medical Center

Sanford Rock Rapids Medical Center

Community Health Needs Assessment

2016

EXECUTIVE SUMMARY

Sanford Rock Rapids Medical Center

Community Health Needs Assessment
2016

Purpose

A community health needs assessment is critical to a vital community benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and to develop a community benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable survey was conducted as an on-line survey through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various community stakeholders and agencies, at times using a snowball approach. Data collection occurred throughout the month of May 2015 and a total of 74 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community leaders in the greater Rock Rapids area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the findings from assessment research and to discuss the top health issues facing the community. Community stakeholders discussed the findings and helped to determine key priorities for the community. Those priorities will be addressed in the implementation strategies for 2017-2019.

3. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the needs. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

The secondary data includes the 2015 County Health Rankings for Lyon County.

Key Findings – Primary Research

The key findings are based on the non-generalizable survey data and secondary research. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. Survey results ranking 3.4 or higher are considered to be high-ranking concerns for the key stakeholder non-generalizable survey. While Sanford is addressing many of the concerns that ranked less than 3.5, the top priorities for prioritization are those that rank 3.4 and above.

Economic: The availability of affordable housing (3.59) ranked as a high concern among survey respondents.

Aging: The top ranking concern about the aging population among respondents is the cost of long term care (3.86). Additional high concerns are the availability of memory care (3.83) and the availability of resources to help the elderly stay in their own homes (3.41).

Children and Youth: Bullying (3.53), the cost (3.46) and the availability of quality infant care (3.46) and the availability of quality child care (3.45) are the top concerns related to children and youth.

Safety: The presence of street drugs and alcohol in the community (3.53) is the highest safety concern of the respondents.

Health Care: The health care indicator addressed access to health care and cost concerns. Access to affordable health insurance (3.92), access to affordable prescription drugs (3.63), the cost of affordable dental insurance (3.59) and vision insurance (3.53), and access to affordable health care (3.55) are the highest concerns among the respondents in the health care access category.

Physical Health: Cancer (4.04), inactivity and lack of exercise (3.54), and chronic disease (3.49) are the highest physical health concerns.

Mental Health/Behavioral Health: Stress (3.57), underage drug use and abuse (3.49), underage drinking (3.49), alcohol use and abuse (3.47), and depression (3.42) are the highest concerns for mental health/behavioral health.

Preventive Health: Flu vaccinations and immunizations are preventive health concerns.

Key Findings – Secondary Research based on the 2015 County Health Rankings

Health Outcomes

Premature Death: The premature death indicator is defined as years of potential life lost before age 75 per 100,000 population. The mortality health outcome for the state of Iowa is 5,911 per 100,000. Lyon County has a lower rate at 4,810 per 100,000.

Poor or Fair Health: Data was not available for poor or fair health in Lyon County; however, 10% of adults nationally and 11% in Iowa report poor or fair health.

The average number of days reported in the last 30 as unhealthy mental health days is 1.0 in Lyon County. Iowa as a state reports 2.6 days.

The percent of live births with low birth weight (less than 2,500 grams) is 6.0% in Lyon County. The state of Iowa is at 6.8% for low weight births.

Health Factors

The percent of adults who are currently smoking in Lyon County is 17%. 18% of adults are current smokers in Iowa.

32% of the adult population in Lyon County is considered obese with a BMI over 30. 30% of the population in Iowa is obese.

The percent of adults reporting excessive or binge drinking is 16% in Lyon County. Iowa reports 20% are binge drinkers statewide.

Driving deaths that have alcohol involvement is at 40% in Lyon County. Alcohol involvement in driving deaths is at 23% in Iowa.

Sexually transmitted infections rank substantially higher than the national benchmark (138) for Iowa (370), and are lower in Lyon County at 102.

The teen birth rate is higher in Iowa (33) than the national benchmark (20). The teen birth rate is 15 in Lyon County.

The clinical care outcomes indicate that the percentage of uninsured adults is 10% in Iowa and 11% in Lyon County.

The ratio of population to primary care physicians is 1,375:1 in Iowa. Lyon County's ratio is 3,919:1.

The ratio of population to mental health providers is 904:1 in Iowa. Lyon County's ratio is 11,712:1.

The number of professionally active dentists in Iowa is 2,342:1; in Lyon County it is 2,342:1.

Preventable hospital stays are 50 in Lyon County, 56 in Iowa, and 41 nationally.

Diabetic screening is at 88% in Lyon County and 89% in Iowa as a whole.

Mammography screening is at 77.4% in Lyon County and 66.4% in Iowa.

The social and economic factor outcomes indicate that Iowa has a high school graduation of 89%. The graduation rate for Lyon County is not available on the County Health Rankings.

Post-secondary education (some post-secondary education) is at 69.1% in Lyon County and 69.1% in Iowa.

The unemployment rate is 2.6% in Lyon County and 4.6% in Iowa.

The percentage of child poverty is 10% in Lyon County. The child poverty rate in Iowa is 16%.

Social associations are defined as the number of membership associations per 10,000 population and links to social and economic support. The national benchmark for social associations is 22. The ranking is higher in Lyon County at 28.9%. The state of Iowa ranks at 15.6%.

The percentage of children in single parent households is 13% in Lyon County and 29% in Iowa.

Violent crime is higher in Lyon County at 239 per 100,000 population. Iowa has 263 cases per 100,000 population compared to the national rate of 59.

The following needs were brought forward for prioritization:

- Economics – availability of affordable housing
- Aging – cost of long term care, the availability of memory care, the availability of resources to help elderly stay in their homes
- Children and Youth – bullying, the availability and cost of quality infant and child care
- Safety – presence of street drugs and alcohol in the community
- Health Care Access – access to affordable health insurance, access to affordable prescription drugs and affordable health care, the cost of affordable dental and vision insurance
- Physical Health – cancer, inactivity, and chronic disease

- Mental Health – stress, underage drug use and abuse, underage drinking, alcohol use and abuse, drug use and abuse and depression
- Preventive Health – flu vaccines, immunizations

Members of the community stakeholder group determined that mental health/safety, aging services and physical health are top unmet needs.

- Mental Health/Safety
- Physical Health

Sanford has determined the 2017-2019 implementation strategies for the following needs:

- Priority 1: Mental Health
- Priority 2: Physical Health

Implementation Strategies

Priority 1: Mental Health/Behavioral Health /Safety

Mental health includes emotional, psychological, and social well-being. It affects how people 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.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford has prioritized mental/behavioral health as a top priority and has set strategy to enhance access to mental health and substance abuse resources, and access to resources to help the elderly to stay in their homes.

Priority 2: Physical Health

Physical health consists of many components, including rest and sleep, nutrition, physical activity, and self-care. Primary prevention is a way to remain physically healthy.

Sanford has set strategy to help the community improve physical health and to improve chronic disease management.

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Purpose

A community health needs assessment is critical to a vital community benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and to develop a community benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Our Guiding Principles:

- All health care is a community asset
- Care should be delivered as close to home as possible
- Access to health care must be provided regionally
- Integrated care delivers the best quality and efficiency
- Community involvement and support is essential to success
- Sanford Health is invited into the communities we serve

Acknowledgements

Sanford Health would like to acknowledge and thank the Steering Committees for their assistance and expertise while performing the assessment and analysis of the community health data. The assessment provides support for the future direction of our work.

Sanford Enterprise Steering Group:

- JoAnn Kunkel, CFO, Sanford Enterprise
- Michelle Bruhn, CFO, Health Services Division
- Tiffany Lawrence, CPA, Fargo Region Co-Lead, CFO, Sanford Medical Center Fargo
- Bruce Viessman, Sioux Falls Region Co-Lead, CFO, Sanford Health Network
- Martha Leclerc, MS, Vice President, Revenue Management
- Randy Bury, CAO, Health Services Division
- Jane Heilmann, Senior Corporate Communications Strategist
- Joy Johnson, COO Bemidji Region
- Kirk Christy, CFO, Bismarck Region

- Carrie McLeod, MBA, MS, LRD,CDE, Enterprise Lead, Enterprise Community Health/Community Benefit

Sanford Rock Rapids Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE Enterprise Lead, Enterprise Community Health /Community Benefit
- Tammy Loosbrock, Chief Executive Officer, Sanford Rock Rapids Medical Center

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

- Alicia Collura, Sioux Falls Public Health
- Anita Cardinal, Pennington County Public Health
- Ann Malmberg, Essentia Health
- Becky Secore, Beltrami County Public Health Unit
- Brenda Stallman, Traill County Public Health
- Brie Taralson, Essentia Health
- Brittany Ness, Steele County Public Health
- Caitlin Hurley, Avera Health
- Carrie McLeod, Sanford Health
- Dan Heinemann, MD, CMO, Sanford Health Network, Sioux Falls Region
- Jac McTaggart, Sanford Health
- Jessica Spaeth, City of Halstad
- Joy Johnson, Sanford Health
- Julie Jeske, CHI-St. Alexius Health
- Julie Miller, South Dakota Department of Health
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- Katie Olson, South Dakota State University
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- Kip Littau, South Dakota State University
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- Renae Moch, Burleigh County Public Health
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- Sandra Melstad, Public Health Consultant, South Dakota Department of Health
- Stan Kogan, Sioux Falls Public Health
- Stephen Pickard, PhD., North Dakota Department of Health
- Susan Kahler, Burleigh County Public Health
- Teresa Miller, Avera Health

We extend special thanks to the community and county leaders, public health administration, physicians, nurses, representatives from the community and diverse populations for their participation in this work. Together we are reaching our vision “to improve the human condition through exceptional care, innovation and discovery”.

The following Rock Rapids and Lyon County community stakeholders participated in community discussions and helped to formulate the priorities for future work.

- Melissa Stillson, Administrator, Lyon County Public Health
- Barbara Pedersen, Board of Health
- Joseph Murphy, Dentist
- Marge Smith, Sanford Hospice
- Dennis Winkowitsch, Extension, Iowa State University
- Mel DeJong, RN Central Lyon School Nurse
- Tammy Loosbrock, Chief Executive Officer, Sanford Rock Rapids Medical Center

Description of Sanford Rock Rapids Medical Center



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

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

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

Description of the Community Served



Rock Rapids has a population of 2,500 and is the county seat of Lyon County, located in extreme northwest Iowa, only 15 miles south of Interstate 90. It is known as the “City of Murals.” The Rock Rapids Mural Society was formed in 2002 to re-beautify the town and restore its historic past in artistic form. The first mural was completed in 2002 and the 21st mural was completed in 2008.

Rock Rapids is predominately an agricultural community. Larger employers with the community are Sanford Rock Rapids, GlyLyon, and Central Lyon School.

There are many recreational opportunities in the area including fishing, swimming, soccer, baseball, skate park, softball, museums, snowmobiling, ice skating and more.



Study Design and Methodology

1. Non-Generalizable Survey

An on-line non-generalizable survey was conducted of residents in Rock Rapids and Lyon County, Iowa. The survey instrument was developed in partnership with members of the Greater Fargo-Moorhead Community Health Needs Assessment collaborative, Sioux Falls community collaborative, Bismarck community collaborative, public health leaders from across the enterprise, and researchers at the Center for Social Research (CSR) at North Dakota State University (NDSU). The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various community stakeholders and community agencies, at times using a snowball approach. Data collection occurred throughout the month of May 2015 and a total of 74 respondents participated in the on-line survey.

The purpose of the non-generalizable survey of residents in the greater Rock Rapids area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing public health, city government, chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.4 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.4 are being addressed by Sanford and community partners. However, 3.4 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the early findings from the generalizable survey and to discuss the top health issues or health-related issues facing the community. The community stakeholders helped to determine key priorities for the community.

3. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

Each unmet need was researched to determine what resources were available in the community to address the needs. The community stakeholder group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

The secondary data includes County Health Rankings for Lyon County.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Rock Rapids and Lyon County, Iowa.

A good faith effort was made to secure input from a broad base of the community. The generalizable survey was mailed to a representative group of the area to assure input from all demographics. Additionally, invitations were extended to county and community leaders, organizations and agencies representing diverse populations and disparities.

Additional data was reviewed through secondary research. The data for the secondary research was secured from the County Health Rankings.

The Internal Revenue Code 501 (r) statute requires that a broad base of key community stakeholders have input into the needs of the community. Those community members specified in the statute include: persons who represent the broad interests of the community served by the hospital facility including those with special expertise in public health; Federal, tribal, regional, state and or local health or other departments or agencies with information relevant to the health needs of the community served; leaders, representatives, or members of medically underserved, low-income, and minority populations.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. In some cases there were surveys that were submitted without names or without a specified area of expertise or affiliation. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under “About Sanford” in the Community Health Needs Assessment section.

Key Findings

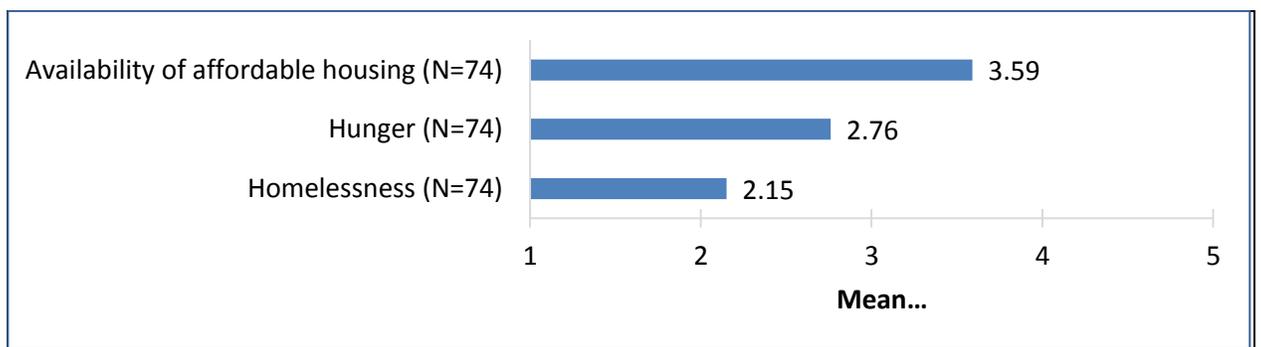
Primary Research

Community Health Concerns

The following concerns ranked highest of all the indicators on the non-generalizable (community stakeholders) surveys.

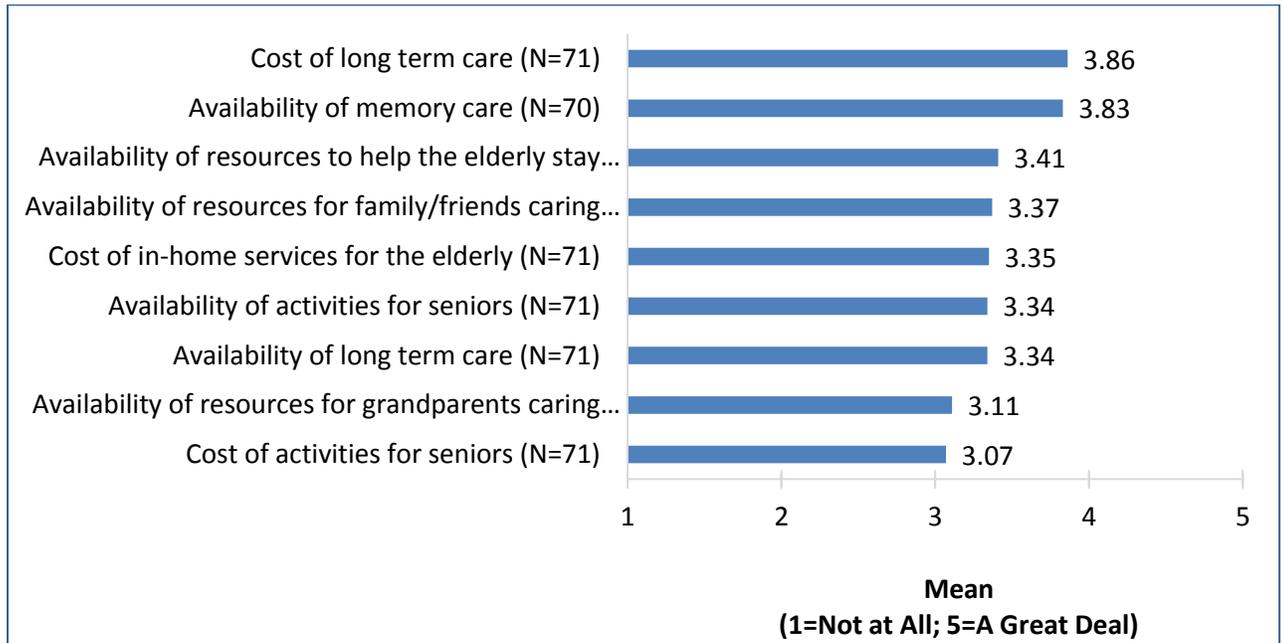
Economics: The availability of affordable housing is the highest economic concern for community stakeholders.

Level of concern with statements about the community regarding ECONOMICS



Ageing Population: The cost of long term care is the highest concern for the community stakeholder survey respondents. The availability of memory care is also a high concern.

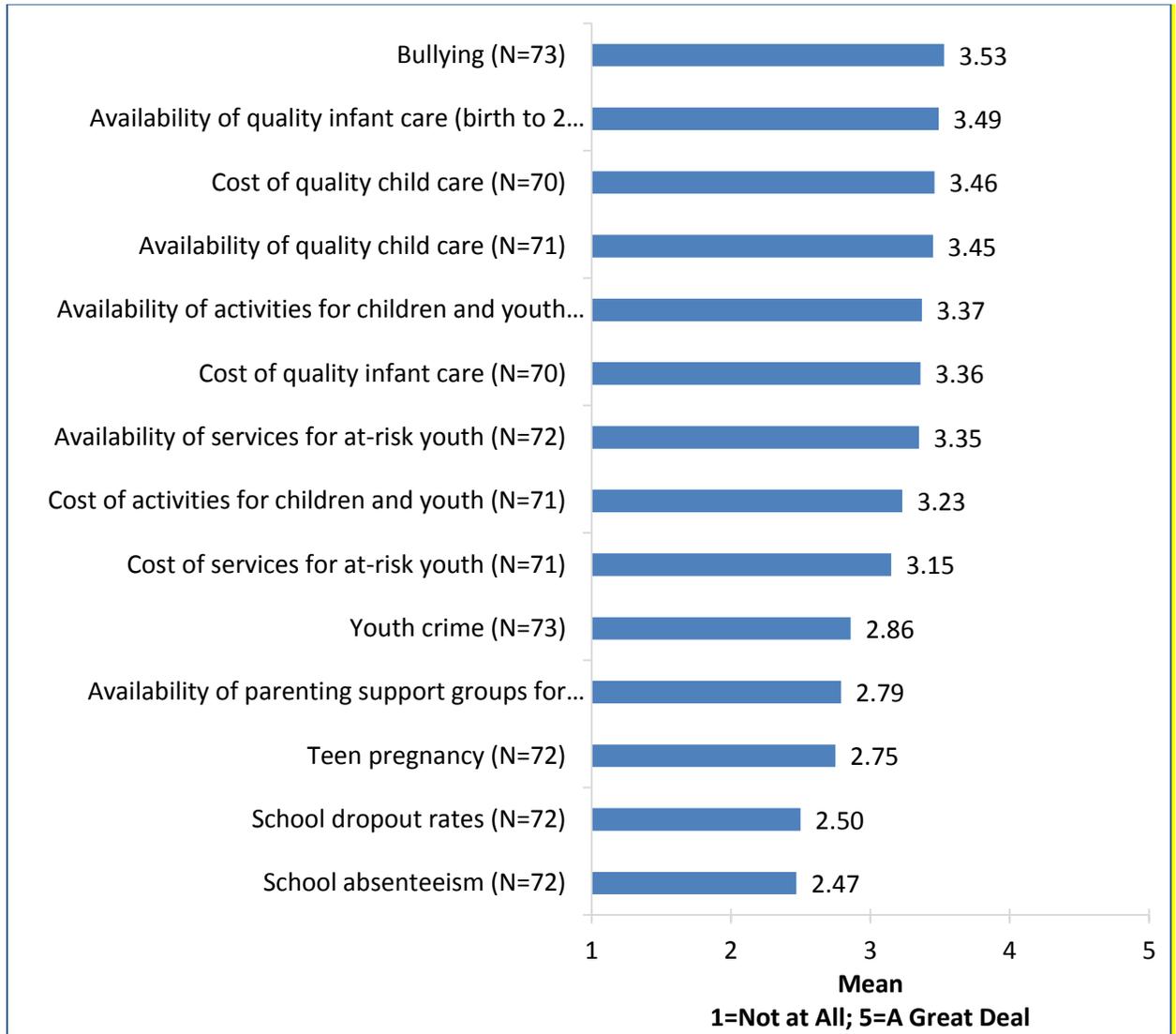
Level of concern with statements about the community regarding the AGING POPULATION



Sanford is working collaboratively with the area aging service providers to coordinate care for the aging population. Social workers, case managers, and discharge planners are working collaboratively with area service providers to assure safe discharge, and when appropriate, to assist in transitions from levels of care.

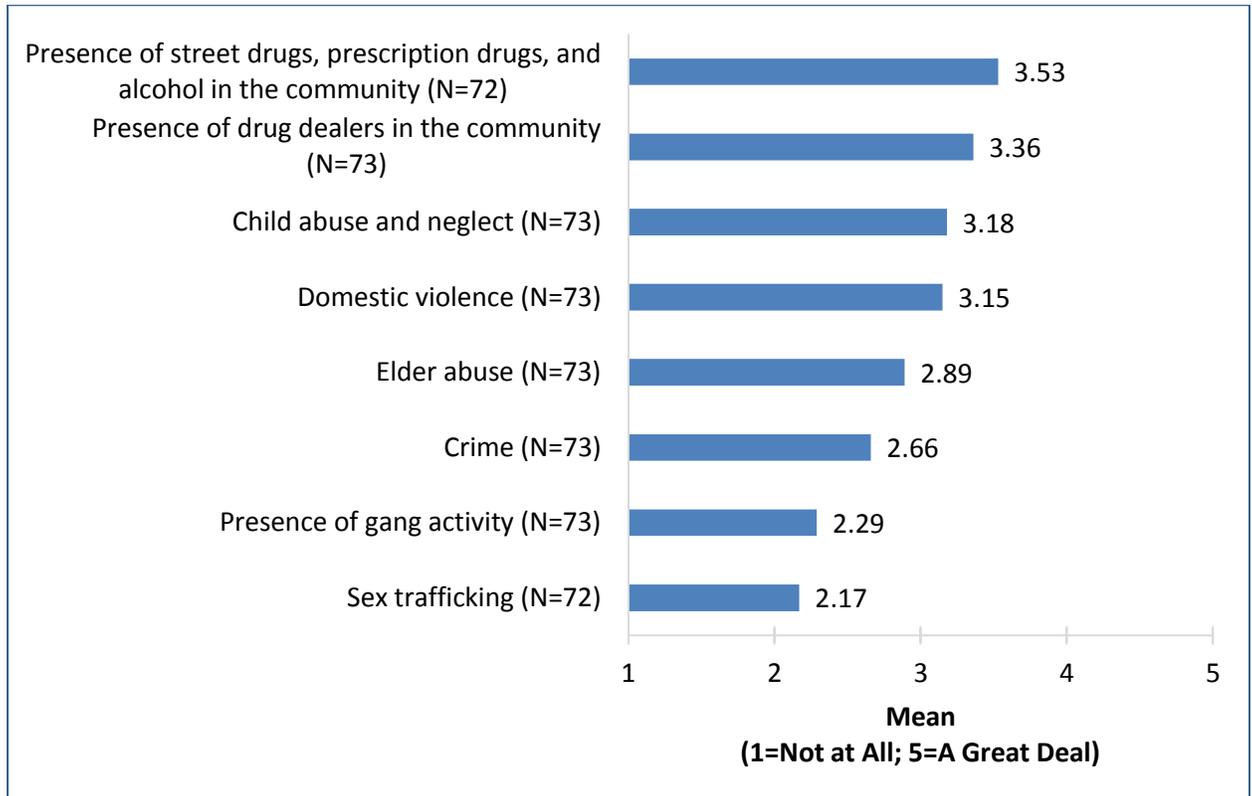
Children and Youth: Bullying is the top concern of the community stakeholders with regard to children and youth. The cost and availability of quality infant and child care are also high ranking concerns.

Level of concern with statements about the community regarding CHILDREN AND YOUTH



Safety: Safety is a high concern for the respondents of the non-generalizable survey regarding the presence of street drugs and alcohol in the community and drug dealers in the community.

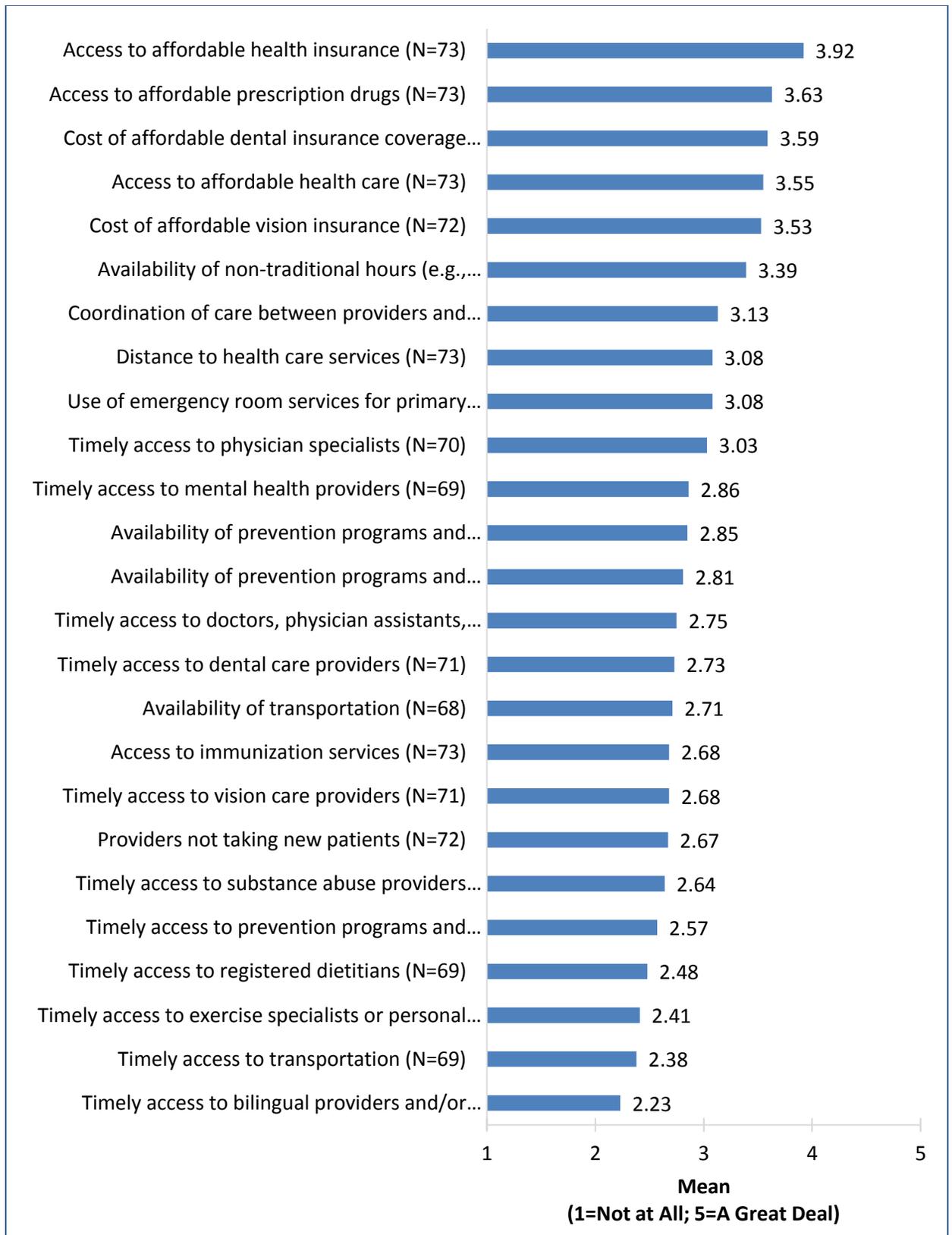
Level of concern with statements about the community regarding SAFETY



Sanford deploys a pain management agreement with patients who are on pain medications. Sanford also screens patients for substance abuse on admission to the emergency department. Additionally, the Sanford Chief Nursing Officer is working with the North West Iowa group regarding mental health and mental health placements.

Health Care Access: Community stakeholders ranked the cost of affordable health insurance and access to affordable prescription drugs as top concerns for health care access. The cost of affordable dental and vision insurance and access to affordable health care are also high concerns of the community stakeholders.

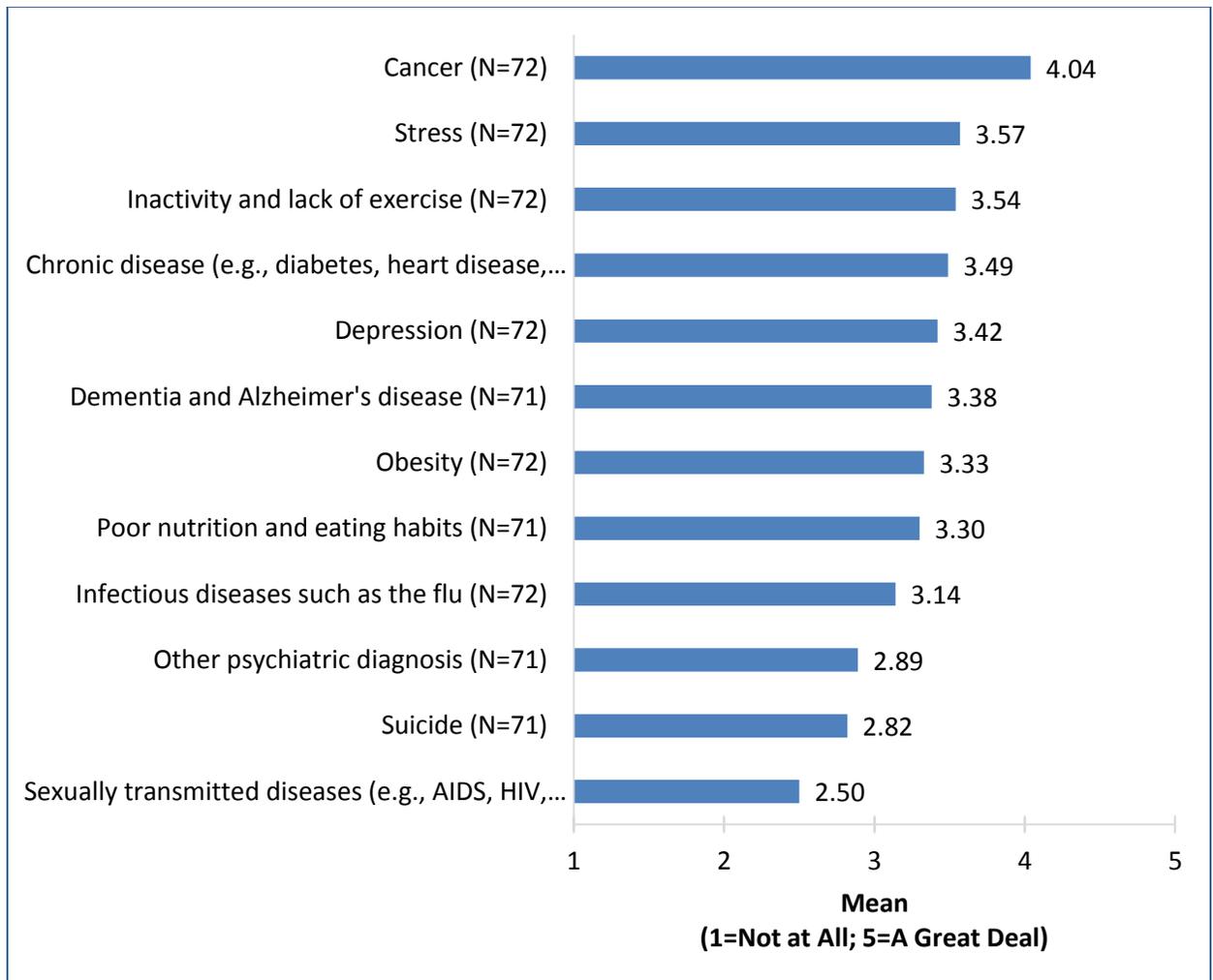
Level of concern with statements about the community regarding HEALTH CARE



Sanford Rock Rapids offers charity care to patients unable to pay for medical treatment. Sanford’s community care policy defines qualifications and financial counselors are available to assist patients who qualify for free or subsidized care. Financial counselors also assist with enrollment for patients who qualify for public programs. Prescription drugs are made available at a free or reduced rate for patients who are unable to pay. The Sanford Health Plan is also available to community members.

Physical Health: The top physical health concerns among the community stakeholders include cancer, inactivity and chronic disease. The mental health concerns in this graph are discussed in the next section.

Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH



Sanford health offers cancer screening for early detection of cancer. Chronic disease is supported by the Health Care Home and Health Coach Clinic and Medical Home. Preventive services and screenings are offered at Sanford. An exercise boot camp is available for community members.

The chronic disease self-management Better Choices, Better Health Program at Sanford is offered free of charge to community members. Better Choices, Better Health is modeled after the Stanford University's chronic disease self-management program. The workshops are 2 ½ hours long and meet weekly for 6 weeks. The program is facilitated by two trained lay leaders, and one or both of them have a chronic condition themselves. Research has found that after participating in the program individuals are better able to manage their symptoms, communicate more easily with their doctors, are less limited by the disease, and generally feel better.

The Sanford Health *fit* initiative, <http://sanfordfit.org/> a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for kids, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford's *fit* Initiative has come a long way since its inception in 2010. Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life.

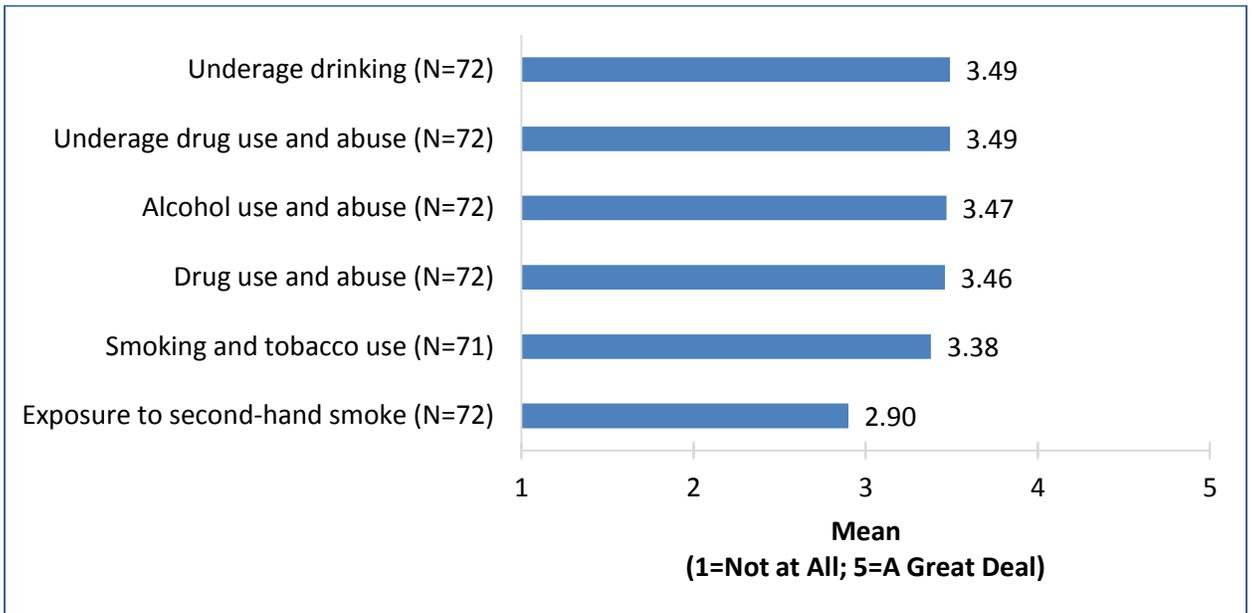
- The *fit* website for Juniors, Kids and Teens creates an entertaining and interactive on-line environment where they can play games, watch videos and take daily challenges. Parents benefit from their own set of resources where they can find tips and tools on becoming healthy role models and raising *fit* kids. To date, the children's and parent's sites have received more than 7.5 million visitors. Over 700 pieces of content have been added to the sites, including videos, slideshows, games, articles, and even *fit* songs.
- In addition to the web, *fit* is developing meaningful school resources to bring value and fun into the primary education setting. We are doing this by integrating *fit* points into science and math components to provide health promotion, an avenue into the classroom without taking valuable time away from those critical subjects.
- *fit4Schools* – *fit4Schools* includes unique *fit*-based lessons integrated into daily classroom activities. fit4schools.sanfordfit.org is an on-line school resource that incorporates topics into math and science curriculum. To date the program has 14 STEM (integrating science, technology, engineering, and math) unit plans that can be downloaded for classroom use. To date it has:
 - Reached 50,000 schools
 - 180,000 page views from educators across the country
 - 12,000 lesson plan downloads, representing 600,000+ students
- Community
 - The *fit* friends, Denny, Abby, Sam, Alex and Marty, along with the *fit* team, have been making a variety of appearances at events across the Sanford footprint. *fit*

has been at over 2 dozen events interacting with more than 15,000 children and parents to spread the word about the *fit* platform and resources.

- Smartphone Apps – Through a series of fun and engaging apps, *fit* will continue to activate kids at the touch of a fingertip to live a fit and healthy lifestyle related to Mood, Recharge, Food and Move.
 - MOVE2Draw is a simple and fun way for kids to move and create their own unique drawings. Once a drawing is completed, it can be stored on the MOVE2Draw website.
 - eMOODicam is a photo application that allows the user to enhance a photo and bring the mood to life and share with others.
- Looking Forward
 - *fit* is continuing to look to the future for ways to continue to make a meaningful impact on children and families both on-line and off-line. Other exciting expansions that are in the works include:
 - Clinical Setting – Resources for the clinical setting to spur actionable and understandable discussions between health care providers and families.
 - Health Coaches – Exploring meaningful ways for health coaches to promote healthy choices with children and adults.
 - Engage Key Role Models – Firefighters and youth sport coaches are role models and have a big influence on children so that's why *fit* is developing resources for them to teach the principles of *fit* along with sports fundamentals and other outreach efforts.
 - *fit*Club 4 Boys – 10-week after school program for boys, ages 8-12, to develop knowledge of *fit* principles and healthy behavior choices.
 - *fit* Parent/child – Class for parents and children to understand healthy choices and the benefits of living a healthy lifestyle.

Mental Health /Behavioral Health: The top mental health and behavioral health concerns are stress, depression, underage drinking, underage drug use and abuse, drug use and abuse, smoking and tobacco use, and alcohol use and abuse.

Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



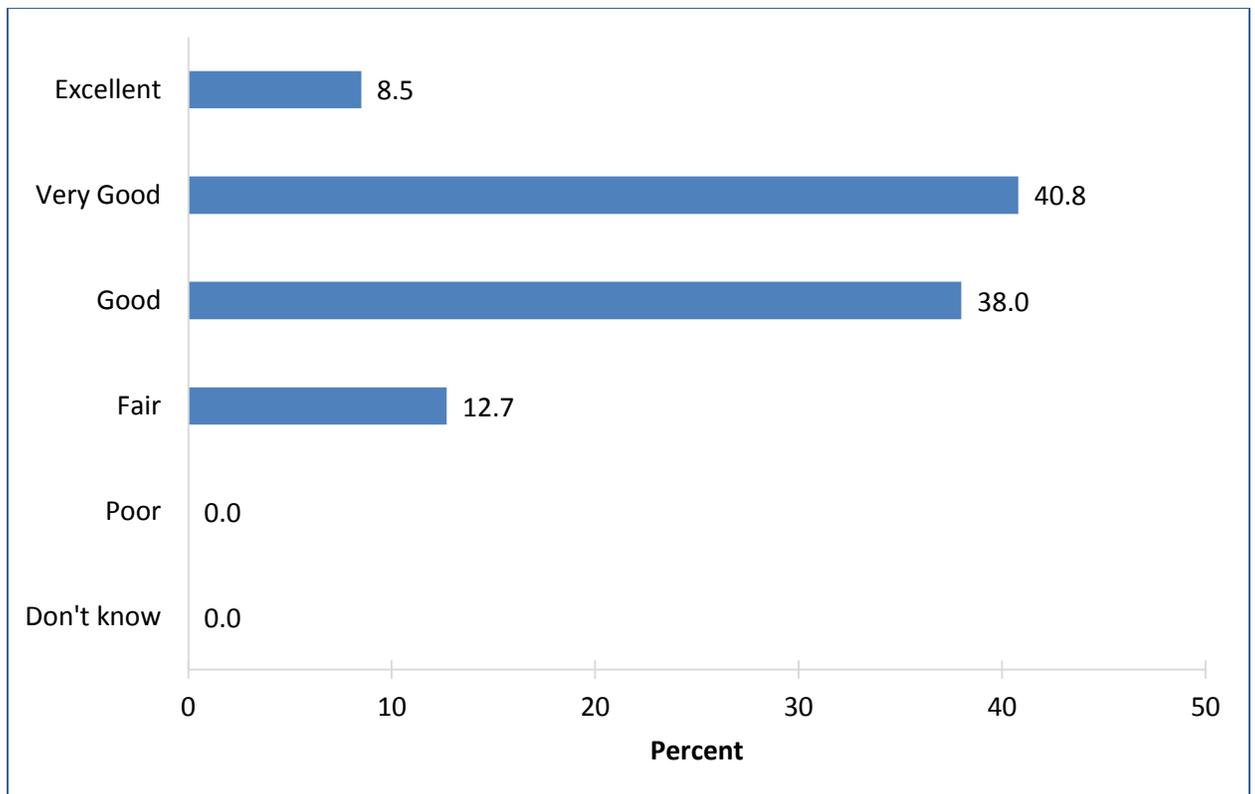
Sanford screens patients for depression on admission to the emergency department. Primary care providers refer to mental health providers and Sanford continues to work in partnership with the NWCC multidisciplinary group that is comprised of law enforcement, behavioral health, hospitals and providers.

Personal Health Concerns

Respondents' Personal Health Status

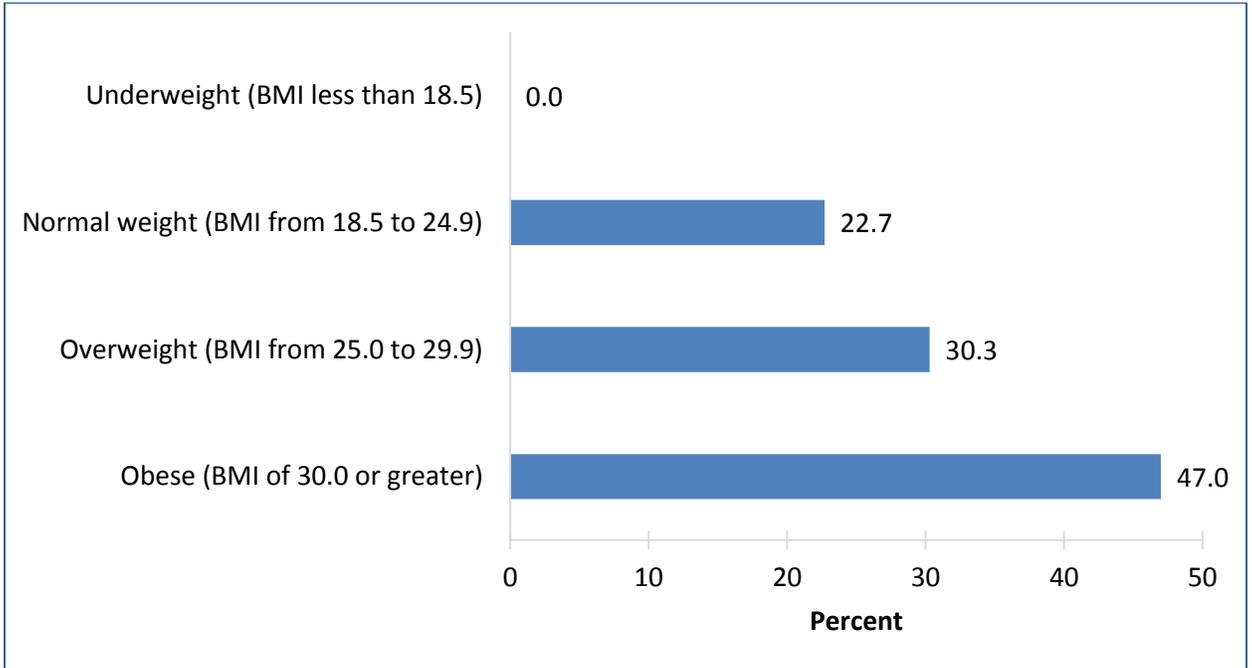
The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority of respondents in the area (77%) are overweight or obese. However, the vast majority (87%) of community respondents rate their own health as excellent, very good, or good. With good overall health habits in mind, it is important to note that within the past year, over 77% of respondents visited a doctor or health care provider for a routine physical and over 81% visited a dentist or dental clinic.

Respondents' rating of their health in general



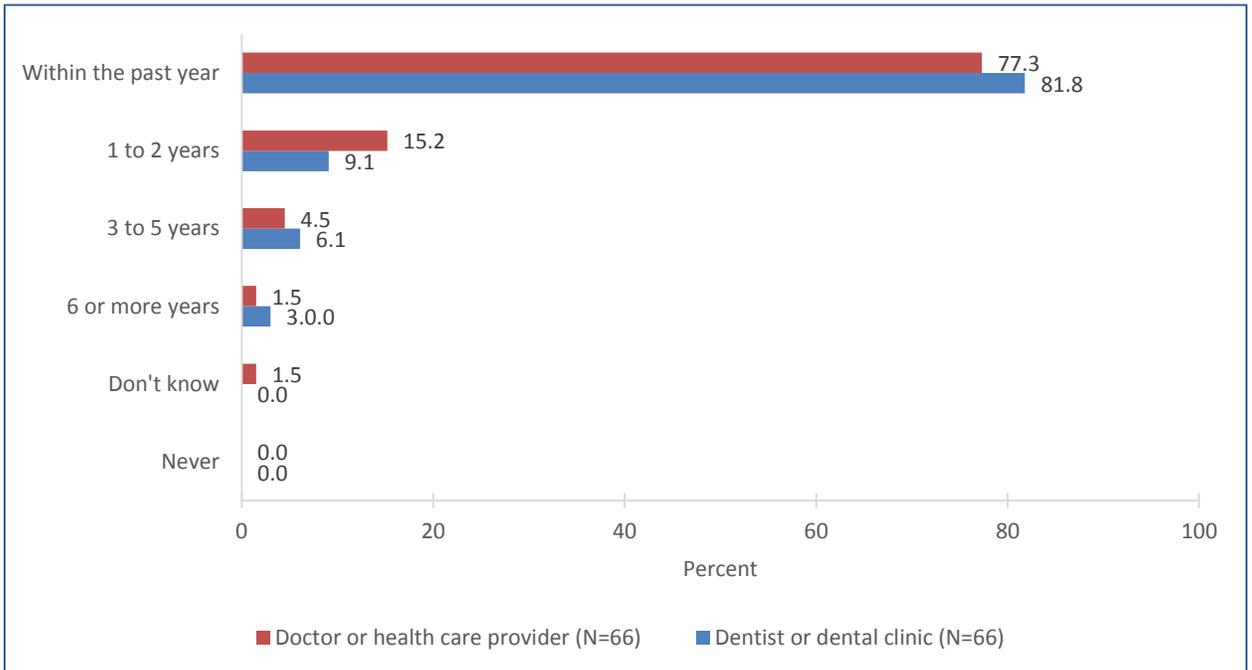
87.3% of the community stakeholders (non-generalizable) rate their health as good or better.

Respondents' weight status based on the Body Mass Index (BMI) scale



77.3% of the key stakeholders report a BMI that is overweight or obese.

Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



Preventive Health

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate that within the past year, the majority of respondents had a blood pressure screening, blood sugar screening, cholesterol screening, and dental screening.

There are many screenings and tests that a majority of respondents did not receive (i.e., bone density test, cardio screening, glaucoma test, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, and skin cancer screening) in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate.

Whether or not respondents have had preventive screenings in the past year, by type of screening

Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=65)	81.5	18.5	100.0
Blood sugar screening (N=64)	54.7	45.3	100.0
Bone density test (N=63)	12.7	87.3	100.0
Cardiovascular screening (N=63)	17.5	82.5	100.0
Cholesterol screening (N=63)	58.7	41.3	100.0
Dental screening and X-rays (N=65)	83.1	16.9	100.0
Flu shot (N=64)	64.1	35.9	100.0
Glaucoma test (N=64)	32.8	67.2	100.0
Hearing screening (N=62)	11.3	88.7	100.0
Immunizations (N=63)	15.9	84.1	100.0
Pelvic exam (N=46 Females)	60.9	39.1	100.0
STD (N=63)	4.8	95.2	100.0
Vascular screening (N=63)	9.5	90.5	100.0
CANCER SCREENINGS			
Breast cancer screening (N=47 Females)	53.2	46.8	100.0
Cervical cancer screening (N=48 Females)	62.5	37.5	100.0
Colorectal cancer screening (N=65)	30.8	69.2	100.0
Prostate cancer screening (N=14 Males)	78.6	21.4	100.0
Skin cancer screening (N=64)	15.6	84.4	100.0

Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=12)	41.7	50.0	0.0	0.0	0.0	0.0	0.0
Blood sugar screening (N=29)	41.4	44.8	0.0	0.0	0.0	0.0	10.3
Bone density test (N=55)	36.4	52.7	1.8	0.0	0.0	1.8	5.5
Cardiovascular screening (N=52)	32.7	48.1	1.9	0.0	0.0	0.0	5.8
Cholesterol screening (N=26)	30.8	38.5	0.0	0.0	0.0	0.0	11.5
Dental screening and X-rays (N=11)	27.3	18.2	18.2	0.0	0.0	9.1	18.2
Flu shot (N=23)	47.8	0.0	4.3	0.0	4.3	0.0	34.8
Glaucoma test (N=43)	55.8	30.2	2.3	0.0	0.0	0.0	7.0
Hearing screening (N=55)	56.4	30.9	5.5	0.0	0.0	0.0	1.8
Immunizations (N=53)	56.6	26.4	0.0	0.0	0.0	1.9	1.9
Pelvic exam (N=18 Females)	50.0	22.2	11.1	0.0	0.0	0.0	16.7
STD (N=60)	78.3	18.3	0.0	0.0	0.0	0.0	1.7
Vascular screening (N=57)	54.4	35.1	1.8	0.0	0.0	0.0	1.8
CANCER SCREENINGS							
Breast cancer screening (N=22 Females)	40.9	31.8	4.5	4.5	4.5	0.0	18.2
Cervical cancer screening (N=18 Females)	38.9	16.7	5.6	5.6	0.0	0.0	27.8
Colorectal cancer screening (N=45)	46.7	31.1	2.2	2.2	0.0	0.0	13.3
Prostate cancer screening (N=3 Males)	66.7	33.3	0.0	0.0	0.0	0.0	0.0
Skin cancer screening (N=54)	38.9	40.7	1.9	0.0	0.0	0.0	14.8

- For most types of screenings, the most common reasons for not getting the test or procedure are that it is not necessary and the doctor has not suggested one.
- For the flu shot screening, most respondents cite that it was not necessary or other reasons for not getting the shot.
50% of the non-generalizable respondents were under 45 years of age. Over 36% were in the 55 years or above category.

Breast cancer screening: According to the Center for Disease Control (CDC), a mammogram is an x-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.

Cervical cancer screening: Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for *pre-cancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus (human papillomavirus(http://www.cdc.gov/cancer/hpv/basic_info/)) that can cause these cell changes.

The Pap test is recommended for all women between the ages of 21 and 65 years old, and can be done in a doctor's office or clinic.

Colorectal cancer screening: Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can also find colorectal cancer early, when treatment works best. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years.

Prostate cancer screening: The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5ng/mL may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values and preferences.

Skin cancer screening: The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a doctor) to find skin cancers early. The USPSTF recommends that doctors:

- Be aware that fair-skinned men and women aged 65 and older, and people with atypical moles or more than 50 moles, are at greater risk for melanoma.
- Look for skin abnormalities when performing physical examinations for other reasons.

Flu Vaccines

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months and older receive a flu vaccine annually. Findings from the generalizable survey indicate that 37% of respondents did not have a flu shot last year.

The Center for Disease Control states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Even healthy people can get sick from the flu and spread it to others. Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

Sanford Health employees are required to have an annual flu vaccine as a protective measure for our patients as well as our staff. Sanford holds annual flu blitz events to increase the number of community members both pediatric and adult who receive the flu vaccine.

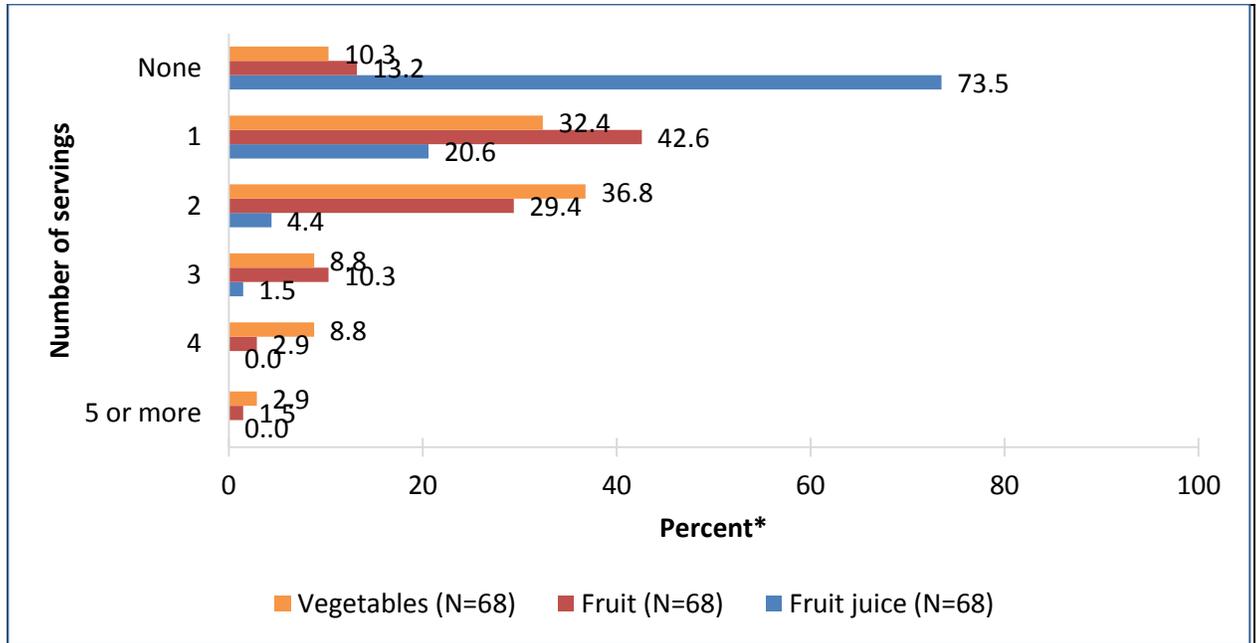
Sanford Rock Rapids and Health Services of Lyon County have partnered to offer flu vaccines within county schools. Health Services of Lyon County also offer flu vaccinations at their office location.

Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 20.5% of respondents reported having 3 or more servings of vegetables the prior day. Only 14.4% reported having 3 or more servings of fruits the prior day.

According to the U.S. Department of Health and Human Services, U.S. Department of Agriculture - Dietary Guidelines for Americans, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. A meal plan high in fruits and vegetables is associated with decreased risk for chronic diseases. In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie meal plan can be beneficial for weight management.

Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

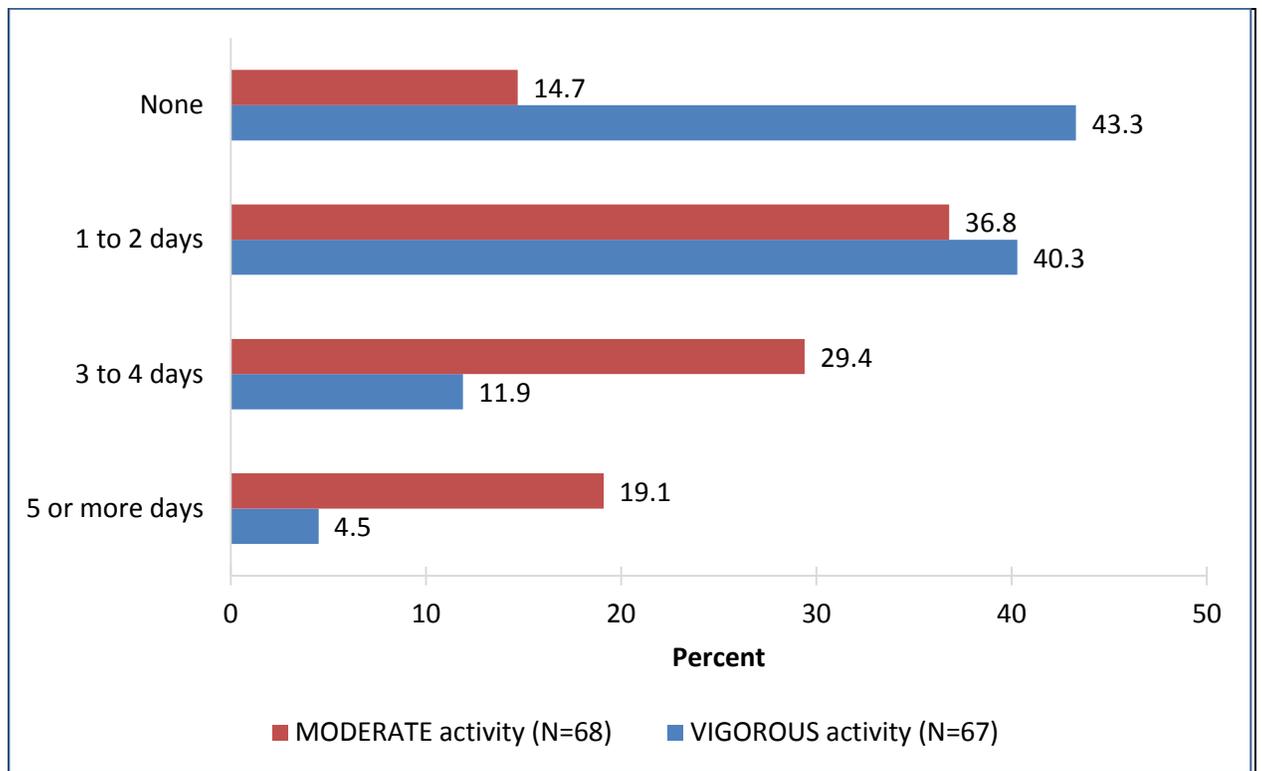


Physical Activity Levels

Study results suggest that 48.5% of respondents do meet physical activity guidelines. 48.5% of respondents have 3 or more days per week with moderate activity.

Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health.

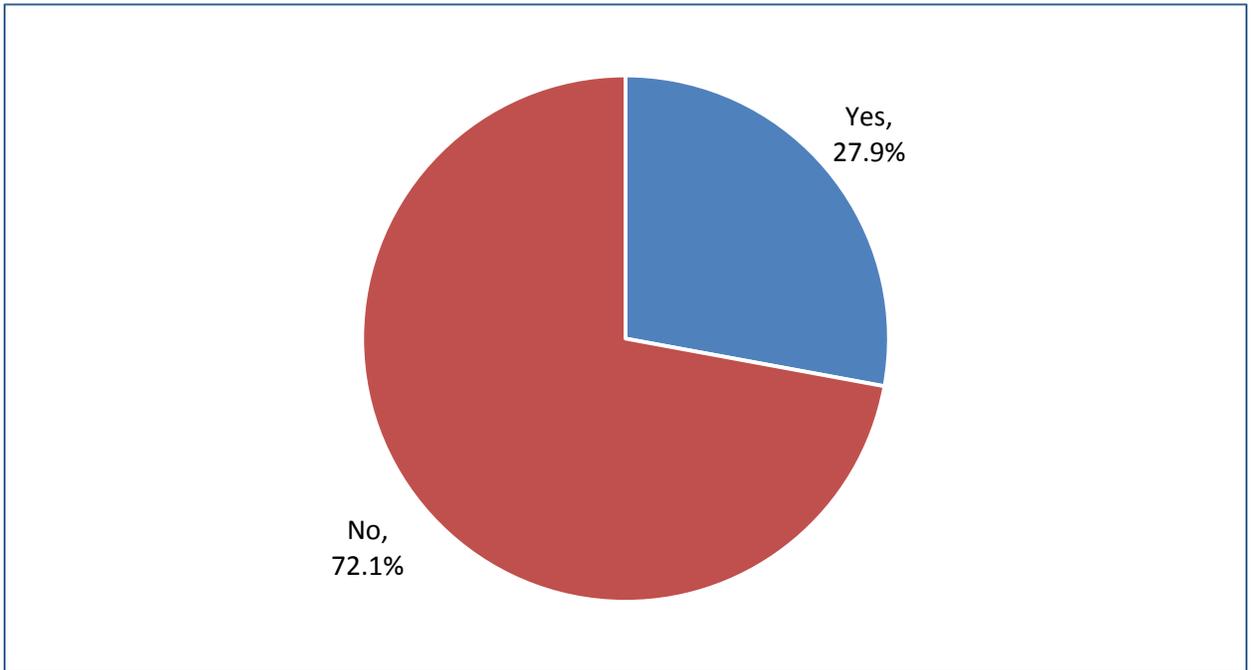
Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



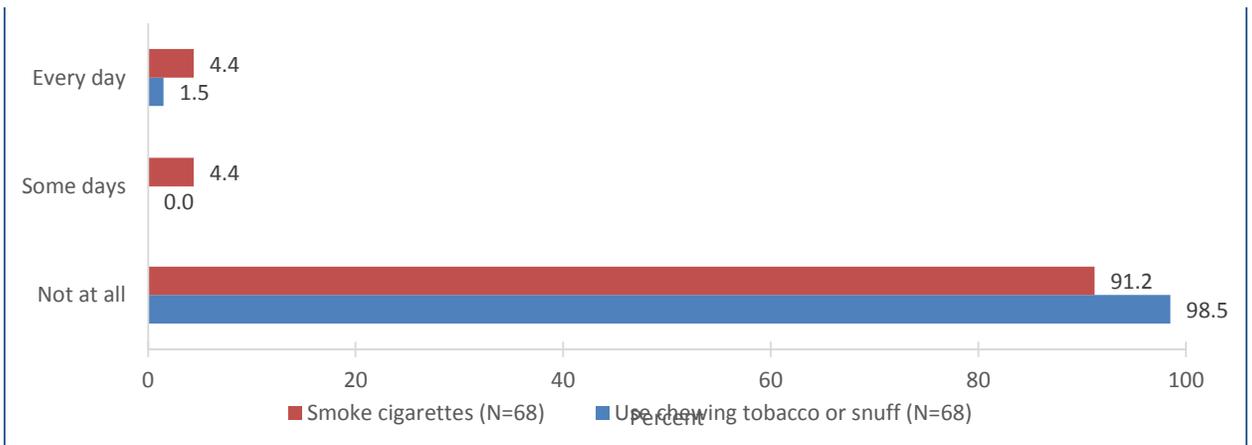
Tobacco Use

Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 27.9% of respondents have smoked at least 100 cigarettes in their lifetime, which indicates a former smoker status according to the Centers for Disease Control and Prevention.

Whether respondents have smoked at least 100 cigarettes in their entire life



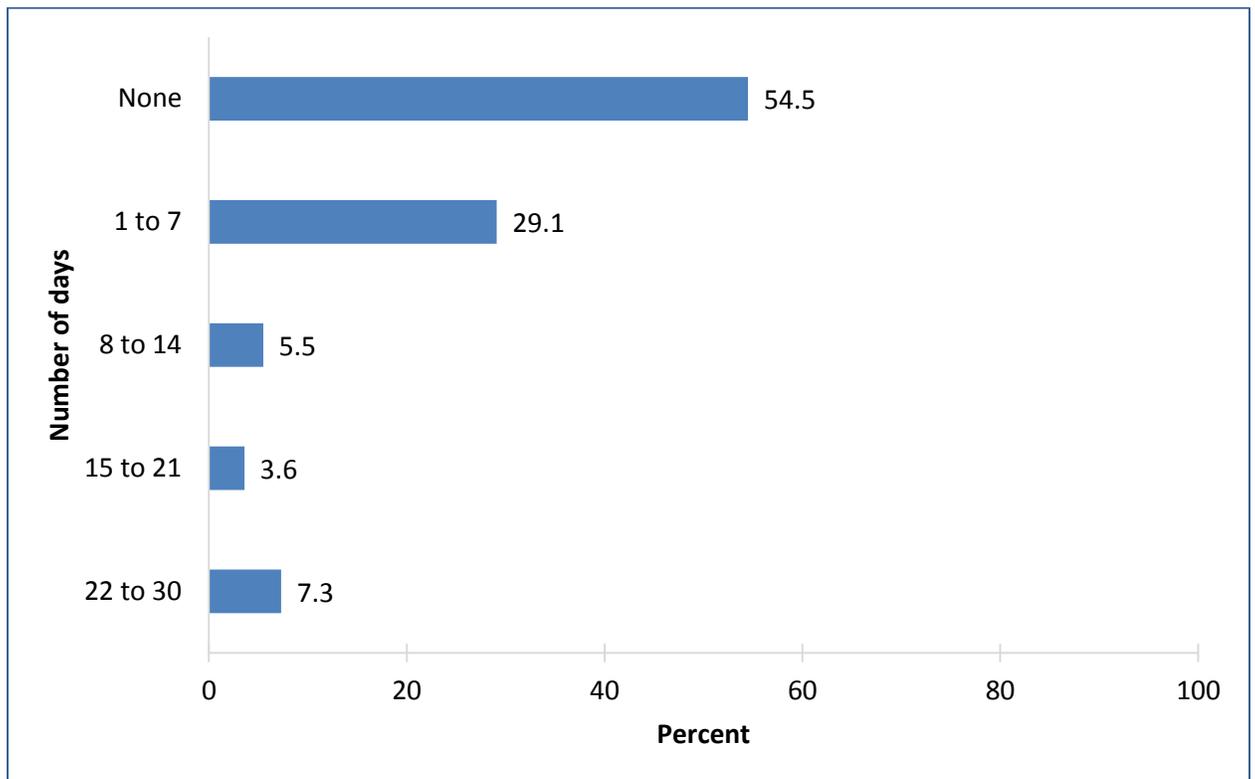
How often respondents currently smoke cigarettes and use chewing tobacco or snuff



Mental Health

Mental health is an important component of well-being at every stage of life and impacts how we think, act and feel. Mental health influences our physical health, how we handle stress, how we make choices, and how we relate to others. Among Rock Rapids and Lyon County respondents, mental health is a moderately high area of concern, particularly depression, and stress. 17.6% of respondents have been told or diagnosed by a doctor or health professional that they have anxiety or stress and 13.5% have been told they have depression. In addition, 45.5% of respondents self-report that in the last month, there were days when their mental health was not good.

Number of days in the last month that respondents' mental health was not good

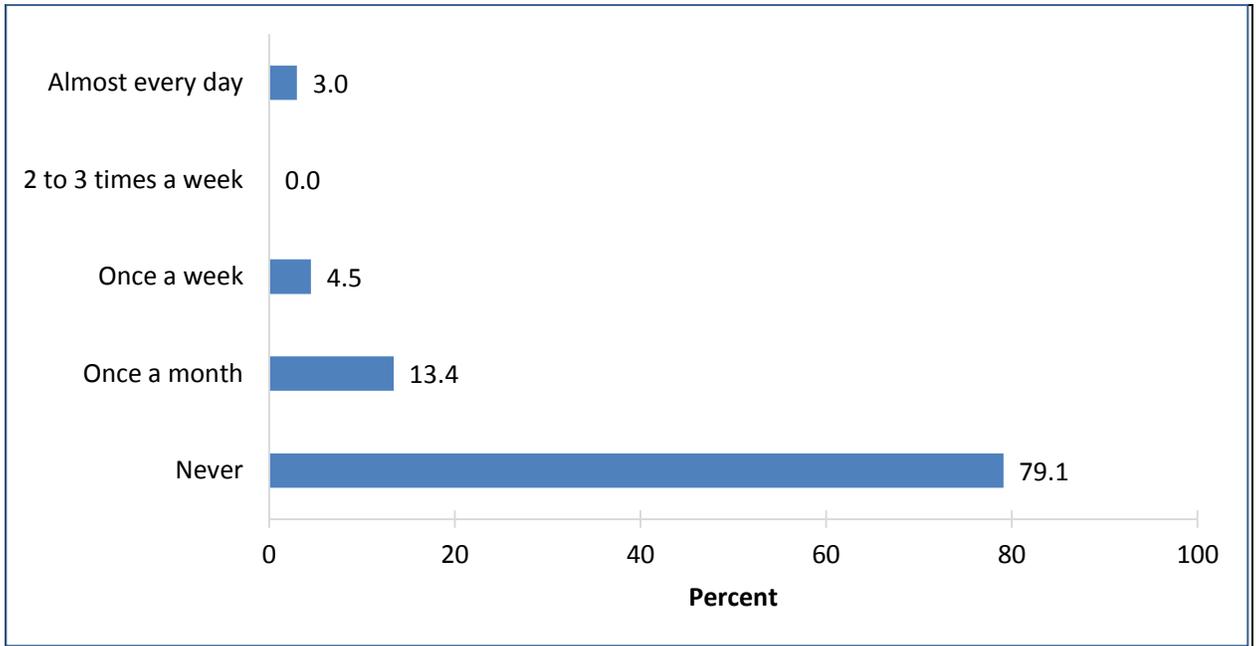


Substance Abuse Responses

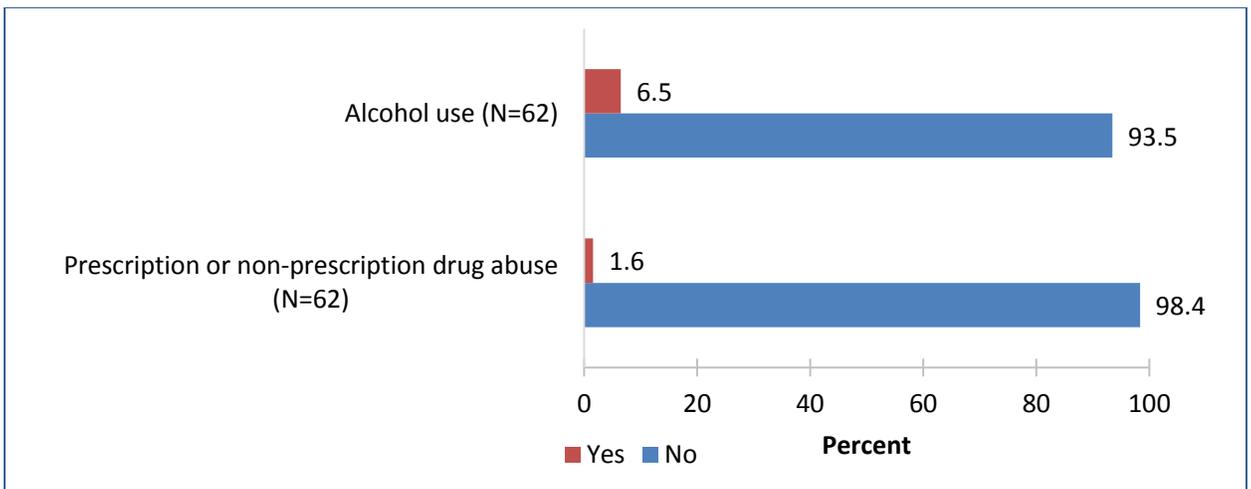
Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In Rock Rapids and Lyon County, 83% of the community stakeholder's respondents drank alcoholic beverages on at least one of the days in the last month. On days they drank, 7.5% of respondents drank an average of 3 or more drinks per day. In regards to binge drinking, 20% of community stakeholder's respondents report binge drinking at least once per month.

Secondary research through the 2015 County Health Rankings found that 16% of residents in Lyon County report excessive drinking and 40% of the driving deaths indicated alcohol involvement. (See Appendix)

Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (Binge drinking is defined by the CDC as 4 drinks for females, 5 drinks for males) on the same occasion



Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse



6.5% percent of respondents from the community stakeholder group reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking (20%).

Other forms of substance abuse include the use of prescription or non-prescription drugs. 1.6% of the community stakeholder’s respondents reported having had a problem with prescription or non-prescription drug abuse.

Demographics

Total Population – 2010 U.S. Census Bureau

- Lyon County: 11,581

Population by Age and Gender

	Number	Percent	Males	Percent	Females	Percent
<5 years	929	8.0	465	4.0	464	4.0
5-9	916	7.9	501	4.3	415	3.6
10-14	846	7.3	448	3.9	398	3.4
15-19	779	6.7	412	3.6	367	3.2
20-24	500	4.3	249	2.2	251	2.2
25-29	625	5.4	324	2.8	301	2.6
30-34	723	6.2	350	3.0	373	3.2
35-39	629	5.4	328	2.8	301	2.6
40-44	677	5.8	345	3.0	332	2.9
45-49	776	6.7	403	3.5	373	3.2
50-54	819	7.1	432	3.7	387	3.3
55-59	790	6.8	395	3.4	395	3.4
60-64	624	5.4	304	2.6	320	2.8
65-69	412	3.6	211	1.8	201	1.7
70-74	421	3.6	169	1.5	252	2.2
75-79	422	3.6	182	1.6	240	2.1
80-84	331	2.9	140	1.2	191	1.6
85 and over	362	3.1	125	1.1	237	2.0
Median age	38.7		37		40.5	

Population by Race

	Lyon	Percent
White	11,340	97.9
Black or African American	10	0.1
American Indian or Alaska Native	9	0.1
Asian	25	0.2
Native Hawaiian or other Pacific Islander	0	0.0
Hispanic or Latino	212	1.8

The per capita personal income in Lyon County, Iowa is \$25,578. 8.5% of individuals 18 years and older in Lyon County are living below the poverty level. The unemployment rate in Lyon County, Iowa is 2.6%.

Health Needs and Community Resources Identified

One of the Internal Revenue Service requirements for a community health needs assessment is to identify the resources that are available in the community to address unmet needs. Sanford Health conducted asset mapping by reviewing the primary and secondary research and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources are available in the community to address the needs.

Sanford Health and community partners developed the asset map. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

The asset map process includes identified needs from the following:

- The non-generalizable survey
- Concerns expressed by the key stakeholder group
- Secondary research data
- Community resources that are available to address the need(s)

The asset map can be found in the Appendix.

Prioritization

Sanford is addressing all of the assessed needs that fall within our scope of work. In some cases the need is one where we do not have the expertise to adequately address the need. However, Sanford leaders will communicate these findings to community leaders and experts who can best focus on a solution to the concern.

A document that shares what Sanford is doing to address the need or defends why Sanford is not addressing the need can be found in the next section.

The following needs were brought forward for prioritization:

- Economics – availability of affordable housing
- Aging – cost of long term care, the availability of memory care, the availability of resources to help elderly stay in their homes
- Children and Youth – bullying, the availability and cost of quality infant and child care
- Safety – presence of street drugs and alcohol in the community

- Health Care Access – access to affordable health insurance, access to affordable prescription drugs and affordable health care, the cost of affordable dental and vision insurance
- Physical Health – cancer, inactivity, and chronic disease
- Mental Health – stress, underage drug use and abuse, underage drinking, alcohol use and abuse, drug use and abuse and depression,
- Preventive Health – flu vaccines, immunizations

Members of the community stakeholder group determined that mental health/safety/aging services and physical health are top unmet needs.

- Mental Health /Safety
- Physical Health

Sanford has determined the 2017-2019 implementation strategies for the following needs:

- Priority 1: Mental Health
- Priority 2: Physical Health

**2016 Community Health Needs Assessment
Sanford Rock Rapids Medical Center**

Identified Concerns	How Sanford Rock Rapids is Addressing the Needs
Economics <ul style="list-style-type: none"> • Availability of affordable housing 	Information will be shared with development corporation
Aging <ul style="list-style-type: none"> • Cost of long term care • Availability of memory care • Availability of resources to help the elderly stay safe in their homes 	<ul style="list-style-type: none"> • Information will be shared with area senior care agencies • Sanford Rock Rapids continues to work with area providers as patients are discharged to home to ensure patients are independent and safe. Will continue to look for ways to partner among agencies on these discharges to prevent readmissions. • Sanford Rock Rapids hosts educational sessions on Sanford Health Plan products • Sanford Rock Rapids collaborative group has identified a resource guide to assist in allowing patients to return home
Children and Youth <ul style="list-style-type: none"> • Bullying • Availability of quality infant care • Cost of quality infant care • Availability of quality child care 	Information will be shared with local day care providers, Kids Club, and school
Safety <ul style="list-style-type: none"> • Presence of street drugs, prescription drugs, and alcohol in the community 	<ul style="list-style-type: none"> • Sanford Rock Rapids deploys pain management agreements with patients • Sanford Rock Rapids continues to network and maintain positive working relationships with county and law enforcement
Health Care <ul style="list-style-type: none"> • Access to affordable health insurance • Access to affordable prescription drugs • Cost of affordable dental insurance • Access to affordable health care • Cost of affordable vision insurance 	<ul style="list-style-type: none"> • Sanford Rock Rapids Community Care program • Sanford Health Plan • Information will be shared with local dental and vision providers

Identified Concerns	How Sanford Rock Rapids is Addressing the Needs
<p>Physical Health</p> <ul style="list-style-type: none"> • Cancer • Inactivity • Chronic Disease 	<ul style="list-style-type: none"> • Sanford Rock Rapids dieticians and diabetic education RN providing diabetic education • Sanford Rock Rapids dietician and cardiac rehab RNs providing education to cardiac patients • Sanford Rock Rapids RN Health coach working disease registries and ensuring preventive care is completed • Sanford Rock Rapids fitness center
<p>Mental Health/Behavioral Health</p> <ul style="list-style-type: none"> • Stress • Underage drug use and abuse • Underage drinking • Alcohol use and abuse • Drug use and abuse • Depression 	<ul style="list-style-type: none"> • Sanford Rock Rapids will continue to be involved in NWCC multidisciplinary group comprised of law enforcement, behavioral health, hospitals, and providers • Sanford Rock Rapids Health Coaches work with patients who need mental health referrals
<p>Preventive Health</p>	<ul style="list-style-type: none"> • Sanford Rock Rapids partners with Health Services of Lyon County for school vaccinations • Sanford Rock Rapids staff are reviewing snapshot in EMR to ensure immunizations are given at appropriate times

2016 Implementation Strategy

Implementation Strategies

Priority 1: Mental Health/Behavioral Health /Safety

Mental health includes emotional, psychological, and social well-being. It affects how people 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.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford has prioritized mental/behavioral health as a top priority and has set strategy to enhance access to mental health and substance abuse resources, and access to resources to help the elderly to stay in their homes.

Priority 2: Physical Health

Physical health consists of many components, including rest and sleep, nutrition, physical activity, and self-care. Primary prevention is a way to remain physically healthy.

Sanford has set strategy to help the community improve physical health and to improve chronic disease management.

FY 2017-2020 Action Plan

Priority 1: Improve the mental health and aging services of the community

Projected Impact: Improved access and coordination of care

Goal 1: Enhanced access to mental health and substance abuse resources

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations - if applicable
Expanded access to behavioral health triage therapist (BH TT) and mental health providers within our service area	Successful referrals to behavioral health	CNO, RN Health Coach	CNO, Clinic Director, CEO	Local Mental Health Providers, Sanford and Avera Mental Health Practitioners
RN Health Coach partnership with local and Sanford mental health resources to triage patients into appropriate providers	Behavioral health referrals, decreased PHQ9 scores, improved mental health scores	RN Health Coach	Clinic Director, CNO	Local Mental Health Providers, Sanford and Avera Mental Health Resources
Leadership to engage in the community collaborative efforts to improve access to mental health providers	Decreased PHQ9 scores, improved mental health scores, fewer ER visits for mental health diagnosis	CNO, Clinic Director	CEO	Local Mental Health Providers, County Agencies, Law Enforcement
Partnership with Health Services of Lyon County and local mental health providers in providing education to school or other agencies on improving mental health and decreasing substance abuse	Decreased incidence of underage drug and alcohol use	RN Health Coach, Outreach Coordinator	CEO, Clinic Director	Health Services of Lyon County, Law Enforcement, Local Mental Health Providers, School
Provide community education through various avenues such as health fairs or speakers at events on topic of stress management tips/mental health strategies	Decreased mental health scores	Outreach Coordinator, RN Health Coach, Marketing	CNO, Clinic Director, CEO	

Goal 2: Enhanced availability and access to resources to allow elderly stay safe in their home

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations - if applicable
Work with local facilities (LTC and hospital) on discharge to home and home options available for patients to ensure independence and safety at home	Referrals for home care, readmissions	Discharge Planner, RN Health Coach	CNO, Clinic Director	Health Services of Lyon County, Sanford Sheldon Home Care and Hospice, Other Area Hospice Providers
Pharmacist involved in medication instruction to ensure proper usage at home	Readmissions	Pharmacist, Discharge Planner	CNO	Area Pharmacies

Priority 2: Improve the physical health of the community

Projected Impact: Improved chronic disease management

Goal 1: Improvement in MN Community Measure Scores for identified chronic conditions

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Key clinic staff will continue to focus on the disease registry and expand beyond diabetes as targets are met and evolving needs/gaps are identified	MN Community Measure Scores	Health Coach, Clinical Supervisor	Clinic Director, CEO, Physicians	
Pharmacist involvement in educational opportunities 1:1 or group to impact medication management	MN Community Measure Scores, Readmissions	Pharmacist	CNO, Clinic Director	RN Health Coach, Diabetic Educators, Cardiac Rehab RNs, Local Providers
Educational opportunities will be provided to the community to encourage healthy eating	County obesity rates, MN Community Measure Scores	Dietician, Diabetic Educators, Outreach Coordinator	CEO, Clinic Director, Physicians	Chamber, Schools

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Explore options to increase availability of dental services that accept Medicaid	Access to dental care for Medicaid patients	CEO, Clinic Director	CEO, Clinic Director	Local dentists, Mobile Dental Services, Health Services of Lyon County
Engage as a community leader in activities that promote physical health in the community	County obesity rates, expanded use of trails/fitness centers, number of activities to promote health/wellness	Wellness Staff, Rehab Manager	CEO, Rehab Manager	City, School, Chamber

2013 Implementation Strategy Impact

Demonstrating Impact

The 2013 Community Health Needs Assessment served as a catalyst to lift up obesity and mental health services as implementation strategies for the 2013-2016 timespan. The following strategies were implemented.

2013 Community Health Needs Assessment Sanford Rock Rapids Implementation Strategy

Facility Upgrades to Enhance Quality and Health Care Access

Three-Year Plan (January 2013 - January 2015)

- Develop bridge plan for existing facility to maintain patient safety through reinvestment of lease proceeds during renovation/construction
- Review existing renovation plan and evaluate other options for facility changes with the MPCH Association by July 31, 2013
- Review existing construction finance plan and update financing plan to account for market changes (comparing budgeted performance with actual performance) /building program changes by September 30, 2013
- MPCH Association and Sanford Health Network communicate and agree on plan to upgrade facility infrastructure by December 31, 2014.

Increase Knowledge and Awareness of Services Available within the Community

Three-Year Plan (January 2013 - January 2015)

- Internal team to analyze available resources and determine how to access resources by January 31, 2014
- External group/Lyon County Collaborative to review existing list of community resources and determine modifications that need to be made by July 31, 2014
- Design/print resource materials with Sanford Marketing by October 31, 2014
- Share resource tool with key community stakeholders/access points to care by December 31, 2014 and at various events throughout FY 15

Impact of the Strategy to Address Facility Upgrades to Enhance Quality and Health Care Access

A master facility plan was developed. The renovations are taking place as planned. The MPCH Association wanted to look at several health care systems to determine who their partner would be for the project beginning in 2019. In January 2016, the MPCH Association voted to transfer lease partnership to Avera beginning May 1, 2019. The MPCH Association is presently working on a financial feasibility study to submit to USDA along with the application for financing. Sanford continues to work with the MPCH Association to ensure necessary repairs are completed for the building and grounds to ensure patient safety.

Impact of the Strategy to Address Awareness of Services Available within the Community

The County Resource Directory was reviewed and updated. The directory was widely distributed to community collaborative groups to share with key stakeholders within the county.

Community Feedback from the 2013 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on the 2013 Community Health Needs Assessment and has provided on-line comment fields for ease of access on our website. There have been no comments to date.

APPENDIX

Primary Research

Rock Rapids 2016 CHNA Asset Map

Identified concern	Key stakeholder Focus group	Secondary data County Rankings (CR)	Specific areas of concern	Community resources that are available to address the need	Gap
Economics			Availability of affordable housing 3.59	Rock Rapids Municipal Housing Agency 712-472-3896 Rosewood Heights Apartments 712-472-3379	X
Children and Youth	Speakers are invited into the schools to address bullying		Bullying 3.53 Availability of quality infant care 3.46 Cost of quality infant care 3.46 Availability of quality child care 3.45	Counselors: <ul style="list-style-type: none"> • Creative Living Center, Rock Valley MN • Seasons Center for Behavioral Health 800-242-5101 • Hope Haven 712-476-2762 Sanford One Care Sanford WebMD Fit Kids Police Dept. 712-472-2558 Sheriff's Office 712-472-8300 Lyon County daycare providers	X
Aging Population			Cost of long term care 3.86 Availability of memory care 3.83 Availability of resources to help the elderly stay safe in their homes 3.41	Sanford Health Plan provides community Medicare information sessions 2 x per year Sanford Rock Rapids Medical Center 712-472-2591 Sanford Clinic 712-472-3716 Rock Rapids Health Center 712-472-2585 Premier Estates (asst. living) 712-472-4100 Lyon Specialty Care (NH) 712-472-3748 George Good Samaritan Nursing Home 712-475-3391	X

Identified concern	Key stakeholder Focus group	Secondary data <i>County Rankings (CR)</i>	Specific areas of concern	Community resources that are available to address the need	Gap
				<p>Supplies/products to help seniors stay in their homes:</p> <ul style="list-style-type: none"> • Lewis LTC Drug 712-472-4220 • Lewis Family Drug 712-472-4044 • Corner Rexall 712-472-3143 <p>Sanford Sheldon Hospice 712-472-3618</p> <p>Health Services of Lyon Co. – homemaker services 712-472-8200</p> <p>Sanford Sheldon Home Care Services 712-472-3618</p>	
Safety		40% of driving deaths were alcohol impaired	Presence of street drugs, prescription drugs, and alcohol in the community 3.53	<p>Sanford One Care</p> <p>Sanford Rock Rapids Emergency Room 712-472-2591</p> <p>Police Dept. 712-472-2558</p> <p>Sheriff's Office 712-472-8300</p> <p>Counselors:</p> <ul style="list-style-type: none"> • Seasons Ctr. for Behavioral Health 800-242-5101 • Hope Haven 712-476-2762 <p>Alcohol & Drug Treatment Unit 712-472-3442</p>	
Health Care	Public Health is applying for a grant to address fluoride availability		<p>Access to affordable health insurance 3.92</p> <p>Access to affordable prescription drugs 3.63</p> <p>Cost of affordable dental insurance 3.59</p> <p>Access to affordable health care 3.55</p> <p>Cost of affordable vision insurance 3.53</p>	<p>Sanford Community Care Program 712-472-2591</p> <p>Sanford Rock Rapids Medical Center 712-472-2591</p> <p>Sanford Rock Rapids Clinic 712-472-3716</p> <p>Health Services of Lyon County 712-472-8200</p> <p>Dr. Mike Roetman (eye doctor) 712-472-3464</p> <p>Murphy Family Dentistry 712-472-3797</p>	X

Identified concern	Key stakeholder Focus group	Secondary data <i>County Rankings (CR)</i>	Specific areas of concern	Community resources that are available to address the need	Gap
				Dentists: <ul style="list-style-type: none"> • John VanderZee Dentistry • 712-472-3771 • Lane Stille, DDS – George IA • 712-475-3500 • Jolene Bruns, DDS – Inwood, IA • 712-753-2323 	
Physical Health		Adult obesity 32% compared to the national rate of 25% (BMI greater than 30) (CR) Physical inactivity 28% compared to the national 20% (% of adults ages 20 or over reporting no leisure time physical activity) (CR)	Cancer 4.04 Inactivity 3.54 <ul style="list-style-type: none"> • Only 48.5% have 3 or more days with moderate activity, and 16.4% have 3 or more days of vigorous activity Chronic Disease 3.49 <ul style="list-style-type: none"> • 9.5% report hypertension • 10.8% of respondents reported high cholesterol • 9.5% report arthritis • 9.5% report diabetes 	Sanford Cancer Biology Research Center Walking paths in Rock Rapids, around George community Sanford Rock Rapids dietitian Sanford WebMD Fit Kids Sanford One Care Sanford Rock Rapids Medical Center 712-472-2591 Sanford Rock Rapids Clinic 712-472-3716 Health Services of Lyon County 712-472-8200 Resources for physical activity: <ul style="list-style-type: none"> • Sanford Rock Rapids Fitness Center 712-472-2591 • Curves 712-472-4576 • George Fitness Center • Country Club 712-472-3168 • Parks Dept. 712-472-3456 • School System Athletic Programs 712-472-2664 	
Mental Health/ Substance Use and Abuse		Excessive drinking is 16% compared to the national rate of 10% the state rate of 20% (CR)	Stress 3.57 <ul style="list-style-type: none"> • 17.6% report they have been told by a doctor that they have anxiety or stress Underage drug use and abuse 3.49	Sanford One Care Medical Home model (Health Coach) Sanford Medical Center 712-472-2591 Sanford Rock Rapids Clinic 712-472-3716 Lyon Co. Health Services 712-472-8200	X

Identified concern	Key stakeholder Focus group	Secondary data County Rankings (CR)	Specific areas of concern	Community resources that are available to address the need	Gap
			<p>Underage drinking 3.49</p> <p>Alcohol use and abuse 3.47</p> <ul style="list-style-type: none"> • 7.5% of respondents reported consuming 3 or more alcoholic drinks/day, • 20.9% reported drinking 4-5 alcoholic drinks per occasion at least once per month • Only 6.5% report having a problem with alcohol use • 13.6% report that alcohol use had harmful effects on the family, and 11.3% reported that drug abuse had harmful effects <p>Drug use and abuse 3.46</p> <p>Depression 3.42</p> <ul style="list-style-type: none"> • 45.5% of respondents reported 1 or more days in the last month when mental health was not good • 13.5% have been told that they are depressed 	<p>Mental Health resources:</p> <ul style="list-style-type: none"> • Seasons Ctr. for Behavioral Health 800-242-5101 • Hope Haven 712-476-2762 <p>Alcohol & Drug Treatment Unit 712-472-3442</p>	
Preventive Health		Sexually transmitted infections – 102 compared to 138 nationally and 370 statewide (# of newly diagnosed chlamydia cases per 100,000 pop.) (CR)	<p>35.9% did not receive a flu shot within the last year</p> <p>84.1% did not have immunizations within the last year</p> <p>40% of respondents reported that children living in their household did not receive flu shots</p>	<p>Sanford Medical Center 712-472-2591</p> <p>Sanford Clinic 712-472-3716</p> <p>Health Services of Lyon County 712-472-8200</p>	

Rock Rapids 2016 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (H1N1 or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem

- Expertise to implement solution
- Return on investment
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences
- Legal considerations
- Impact on systems or health
- Feasibility of intervention

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economics <ul style="list-style-type: none"> • Availability of affordable housing 3.59 (6) 			
Aging <ul style="list-style-type: none"> • Cost of long term care 3.86 (3) • Availability of memory care 3.83 (4) • Availability of resources to help the elderly stay safe in their homes 3.41 	XXX	XXXX #2 choice	
Children and Youth <ul style="list-style-type: none"> • Bullying 3.53 (10) • Availability of quality infant care 3.46 • Cost of quality infant care 3.46 • Availability of quality child care 3.45 			
Safety <ul style="list-style-type: none"> • Presence of street drugs, prescription drugs, and alcohol in the community 3.53 (10) 	X Add to mental health/ behavioral health		
Health care <ul style="list-style-type: none"> • Access to affordable health insurance 3.92 (2) • Access to affordable prescription drugs 3.63 (5) • Cost of affordable dental insurance 3.59 (6) • Access to affordable health care 3.55 (8) • Cost of affordable vision insurance 3.53 (10) 	X		
Physical Health (notes from discussion- add dental) <ul style="list-style-type: none"> • Cancer 4.04 (1) • Inactivity 3.54 (9) • Chronic Disease 3.49 	XXXX	XXX	
Mental Health/Behavioral Health <ul style="list-style-type: none"> • Stress 3.57 (7) • Underage drug use and abuse 3.49 Underage drinking 3.49 • Alcohol use and abuse 3.47 • Drug use and abuse 3.46 • Depression 3.42. 	XXXXX #1 priority		
Preventive Health			

Sanford Rock Rapids Medical Center

Community Health Needs Assessment
Results from a May 2015 Non-generalizable

Online Survey

August 2015

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a May 2015 online survey conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative invited viewers to access the online survey by distributing the survey link via e-mail to various agencies, at times using a snowball approach. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred throughout the month of May 2015 and a total of 74 respondents participated in the online survey.

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Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year

Table 3. Zip code of respondents

SURVEY RESULTS

General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

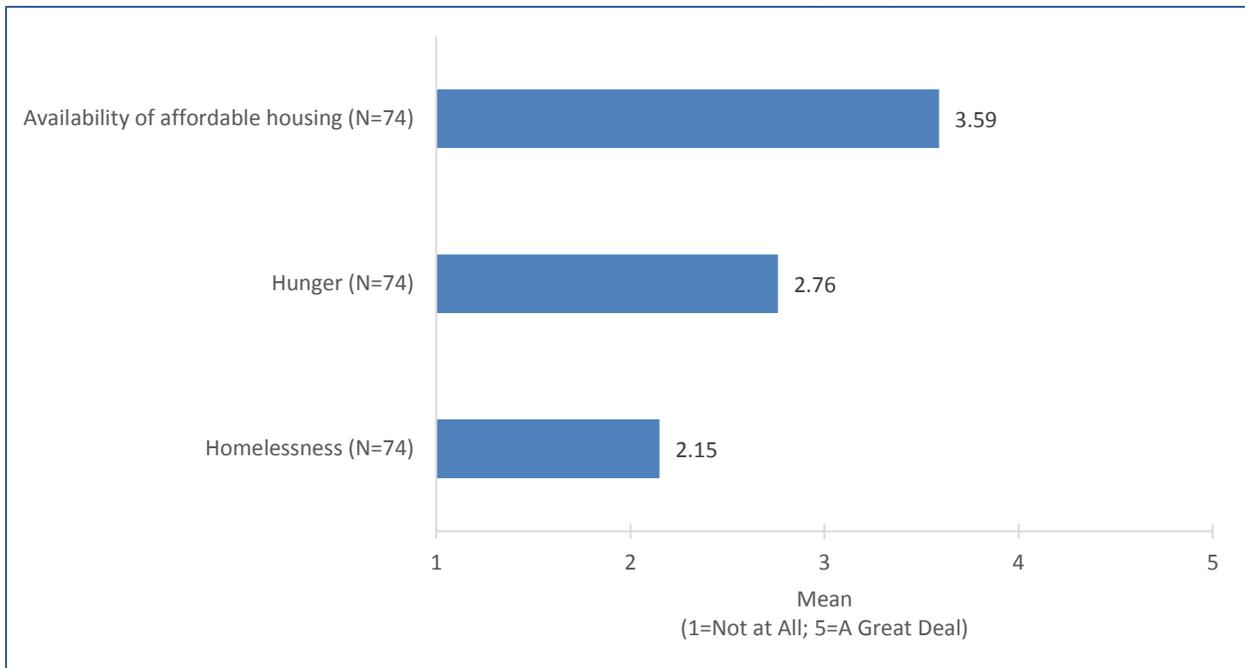


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

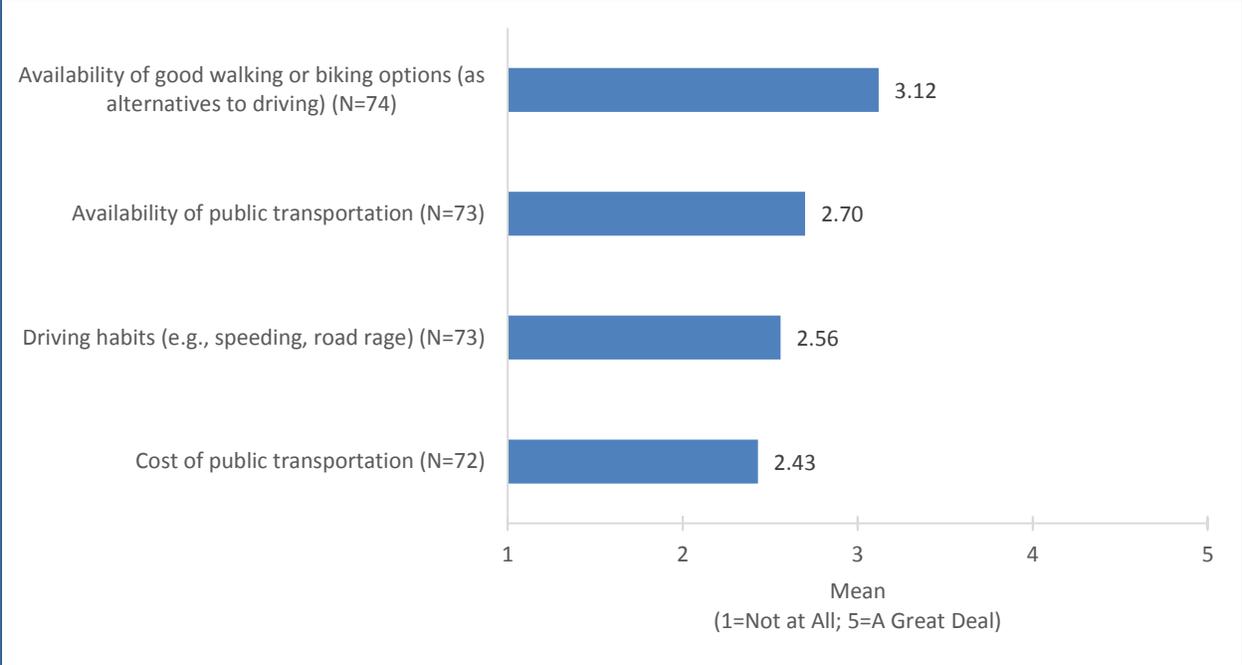


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

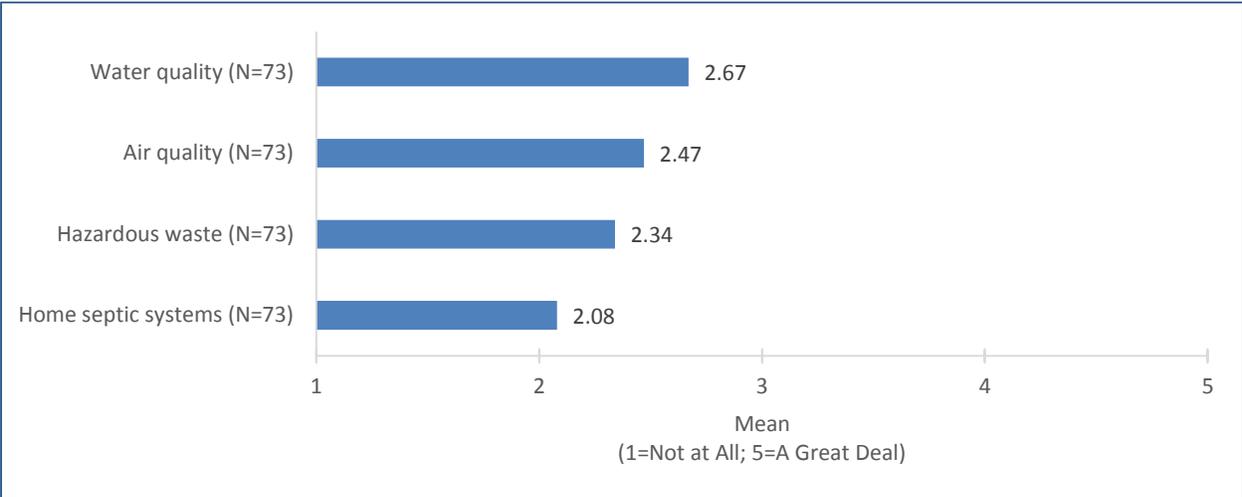


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

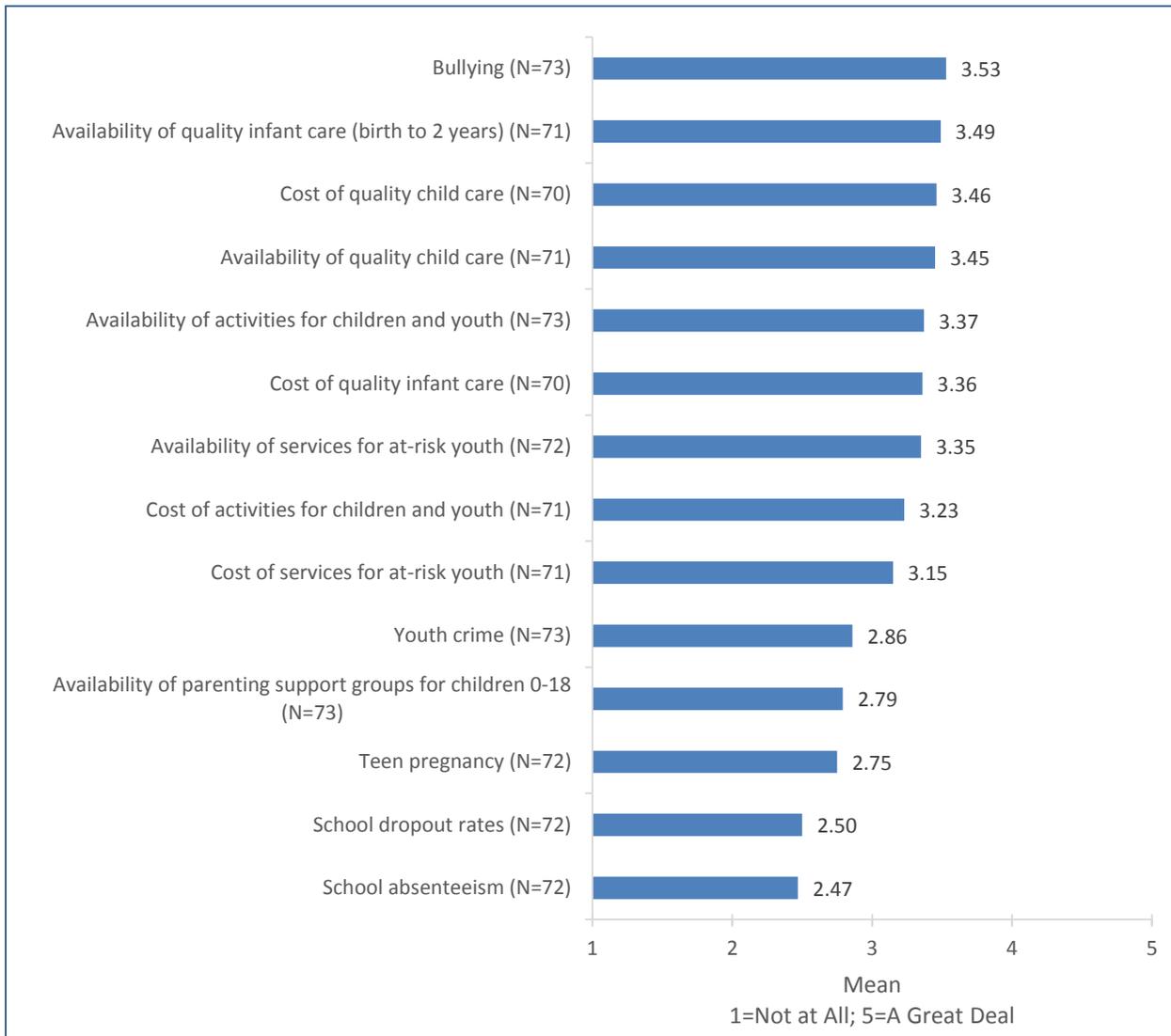


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

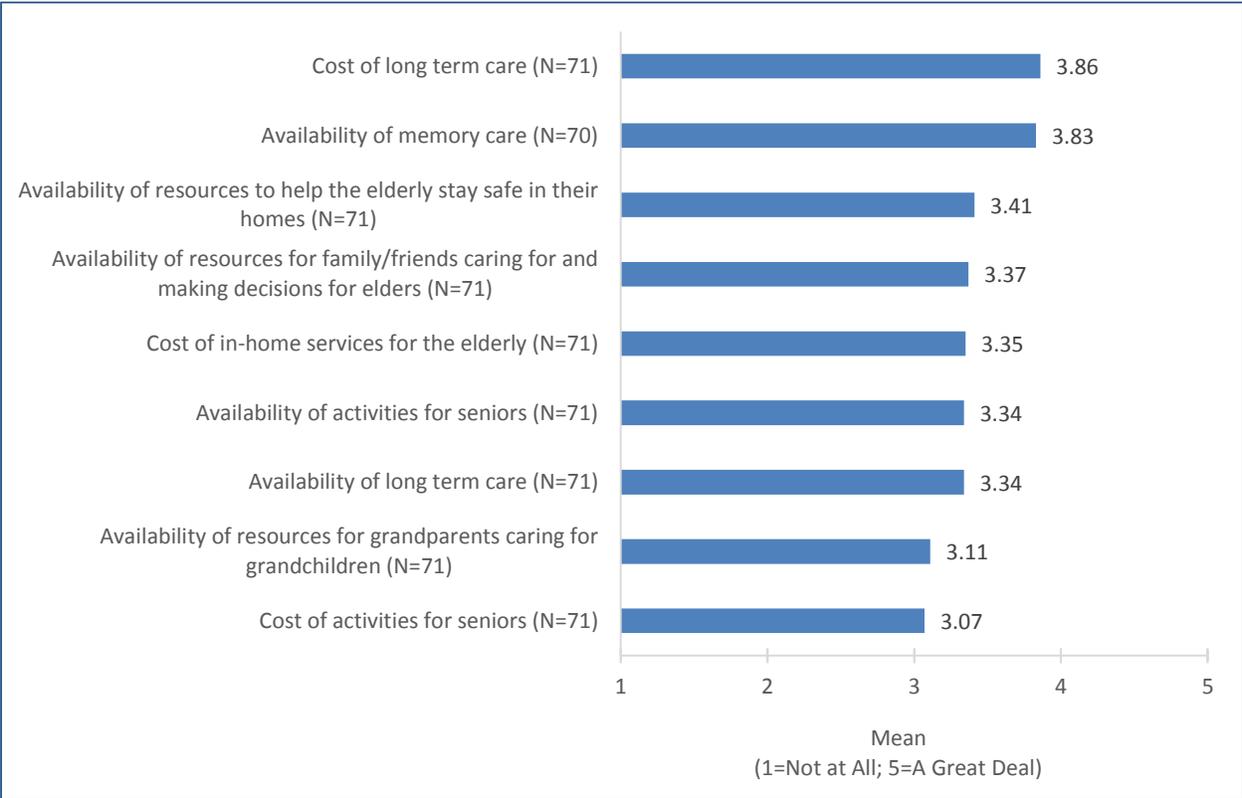


Figure 6. Level of concern with statements about the community regarding SAFETY

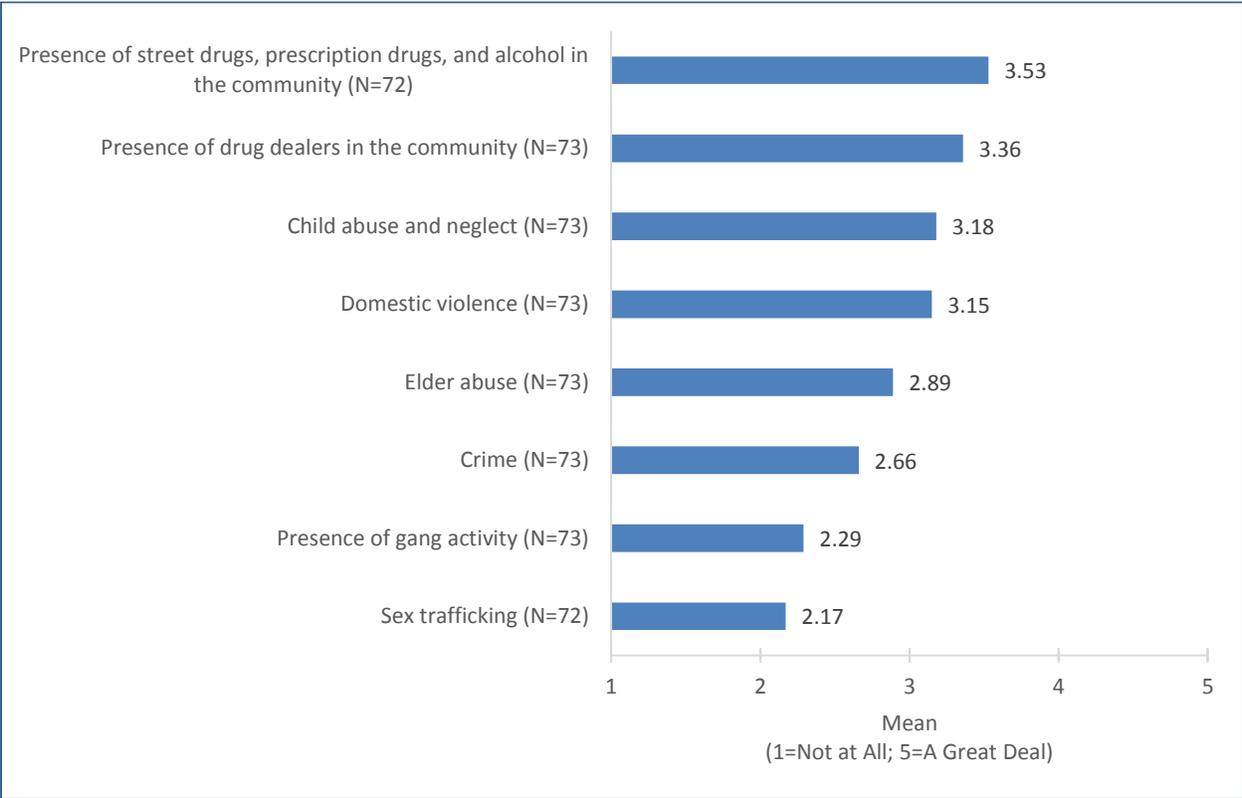


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

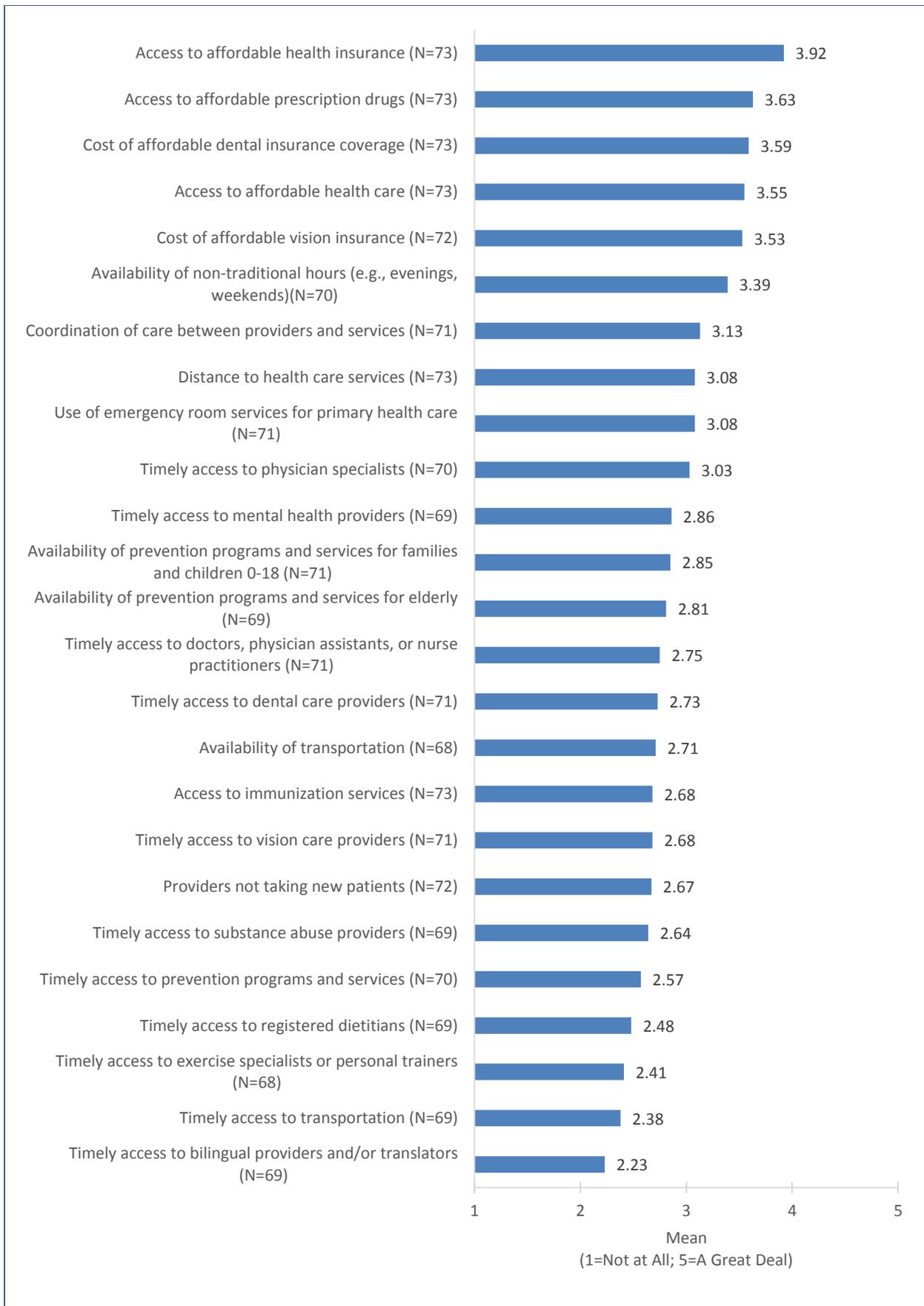


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

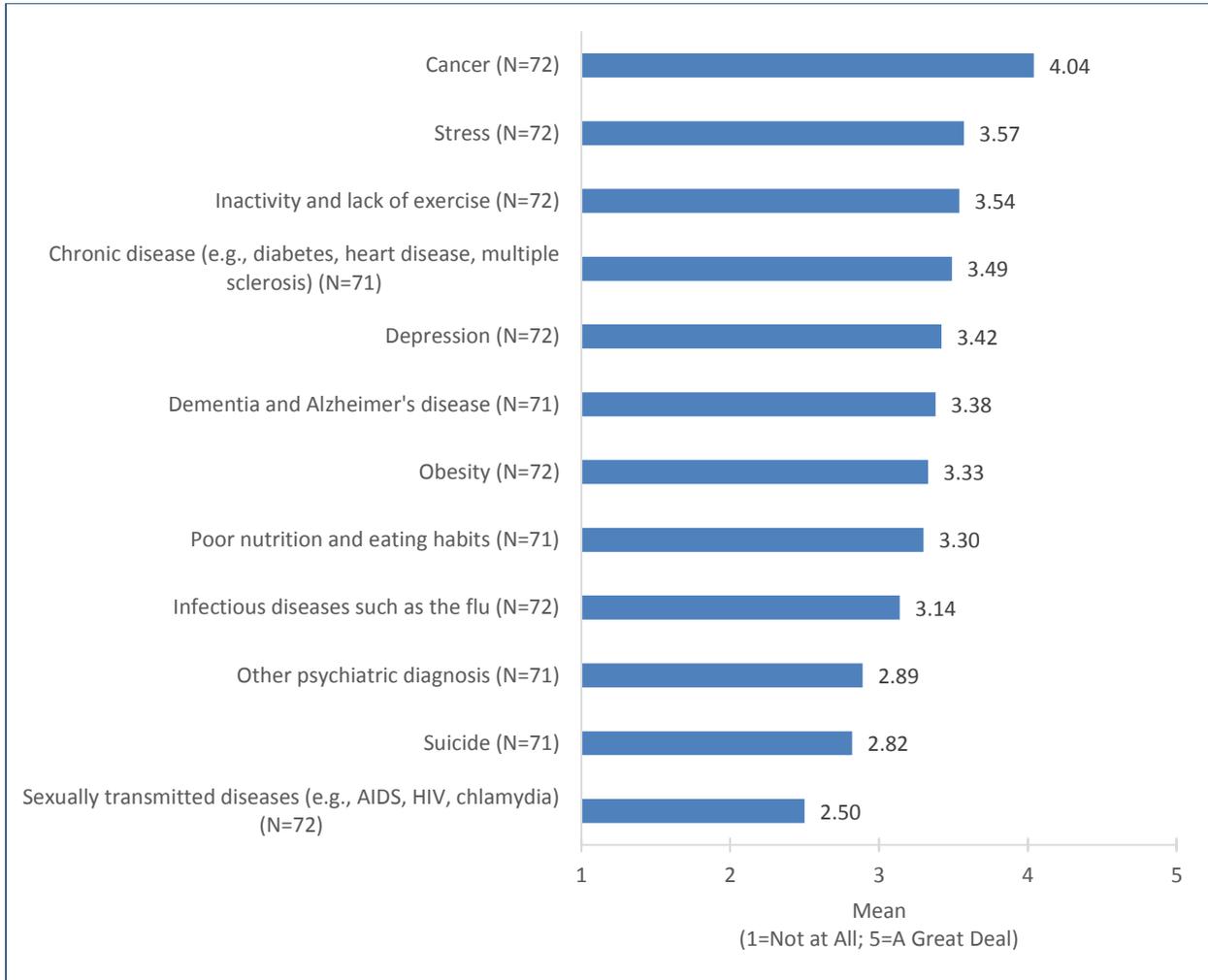
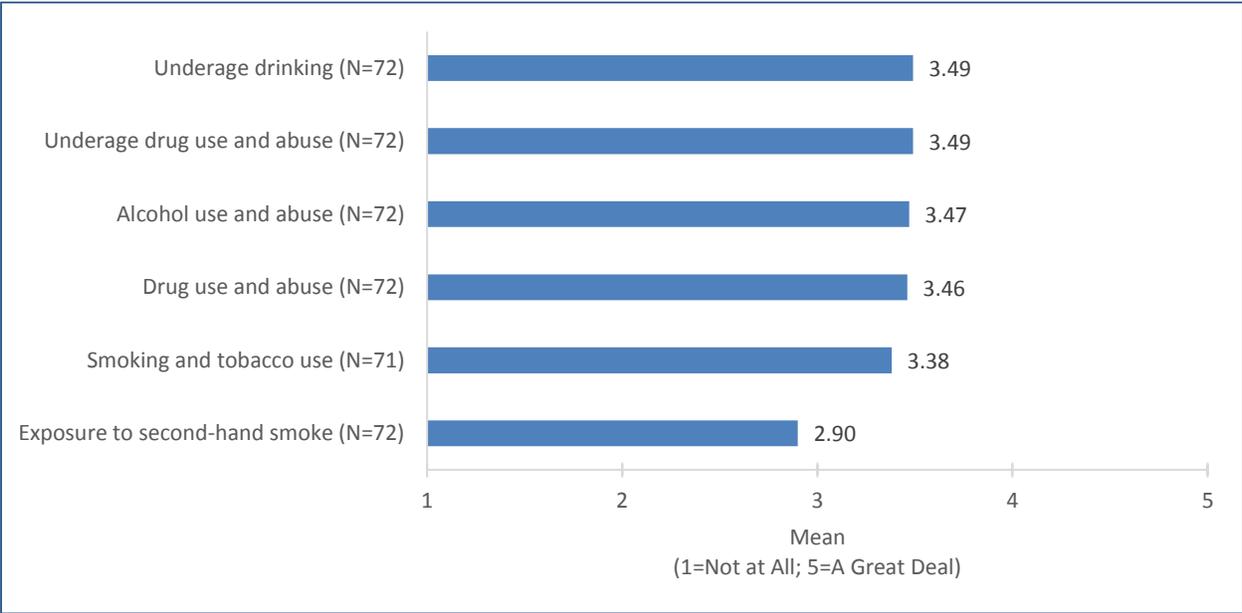
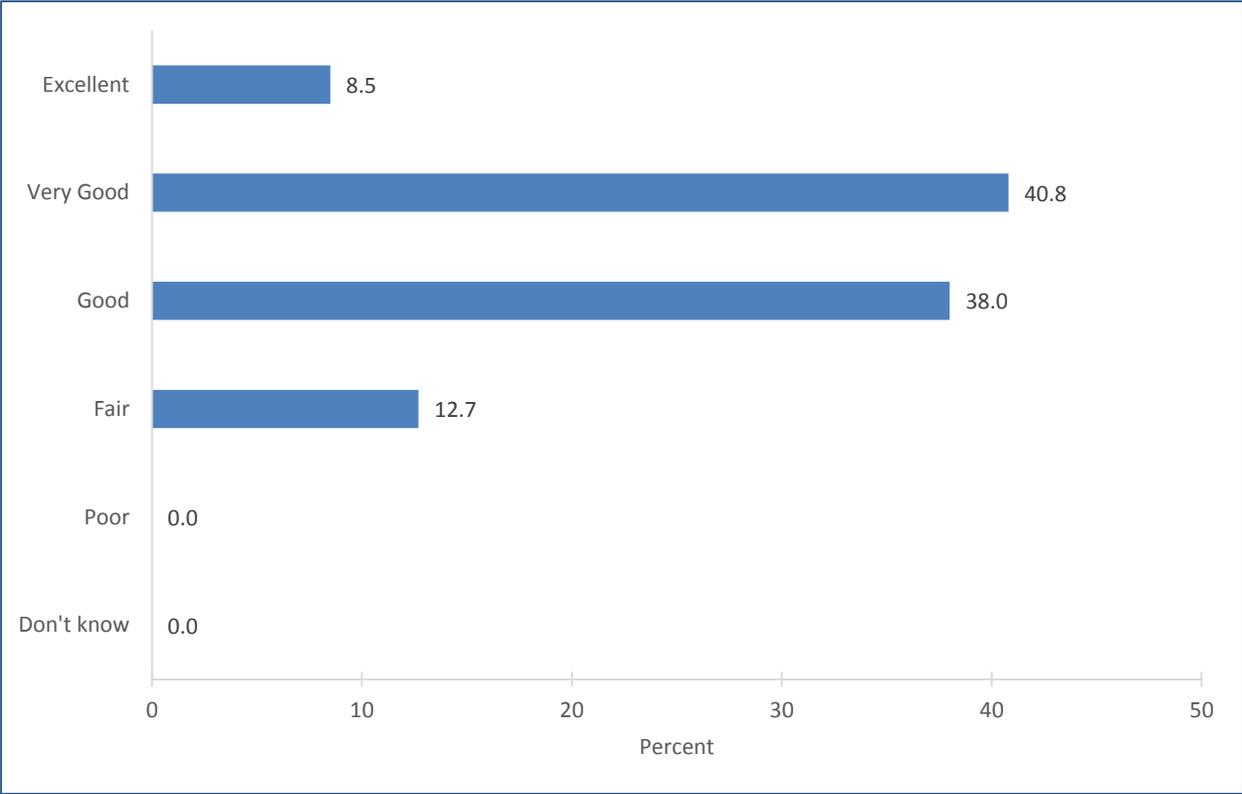


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



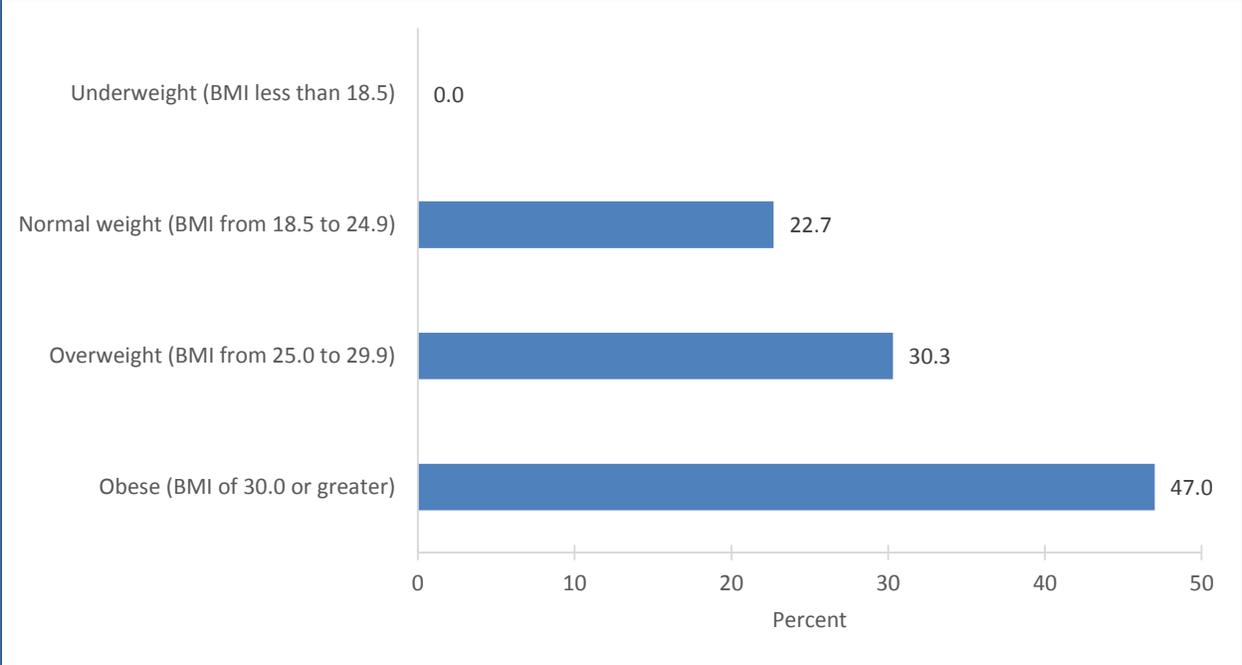
General Health

Figure 10. Respondents' rating of their health in general



N=71

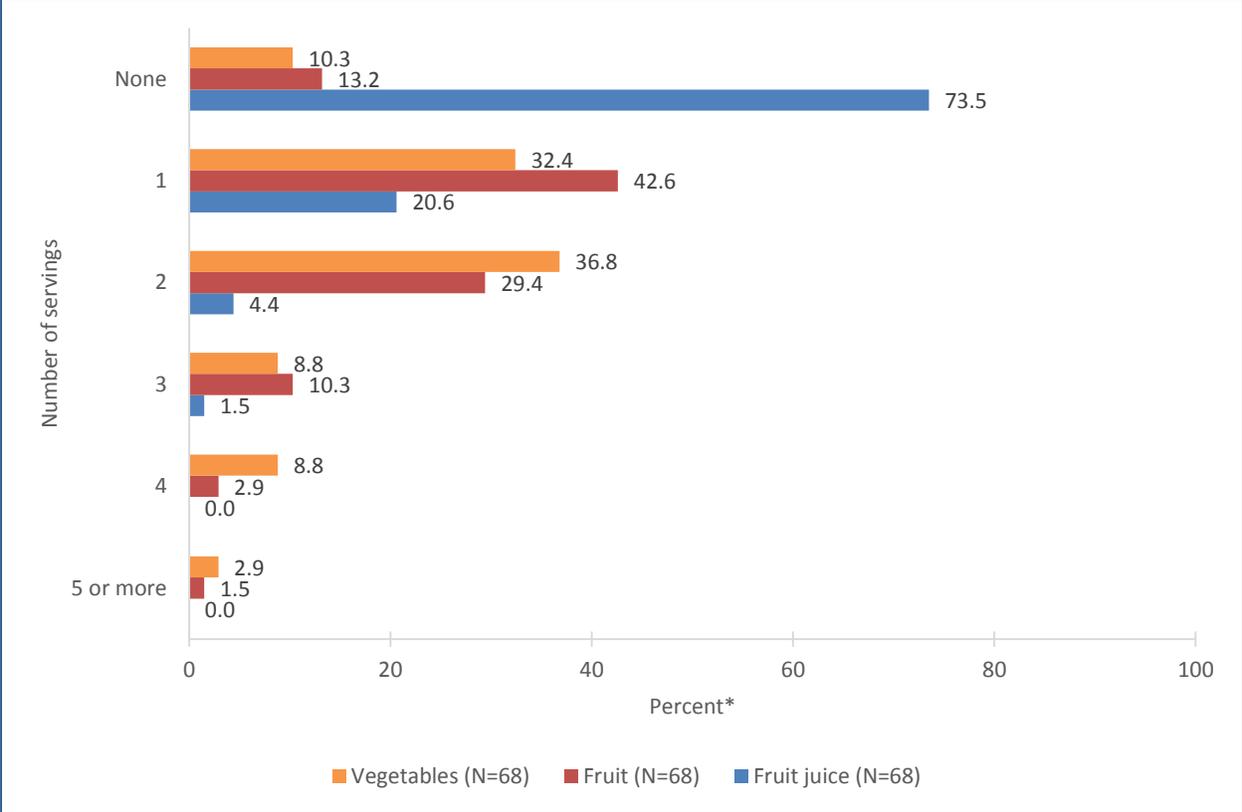
Figure 11. Respondents' weight status based on the Body Mass Index (BMI)* scale



N=66

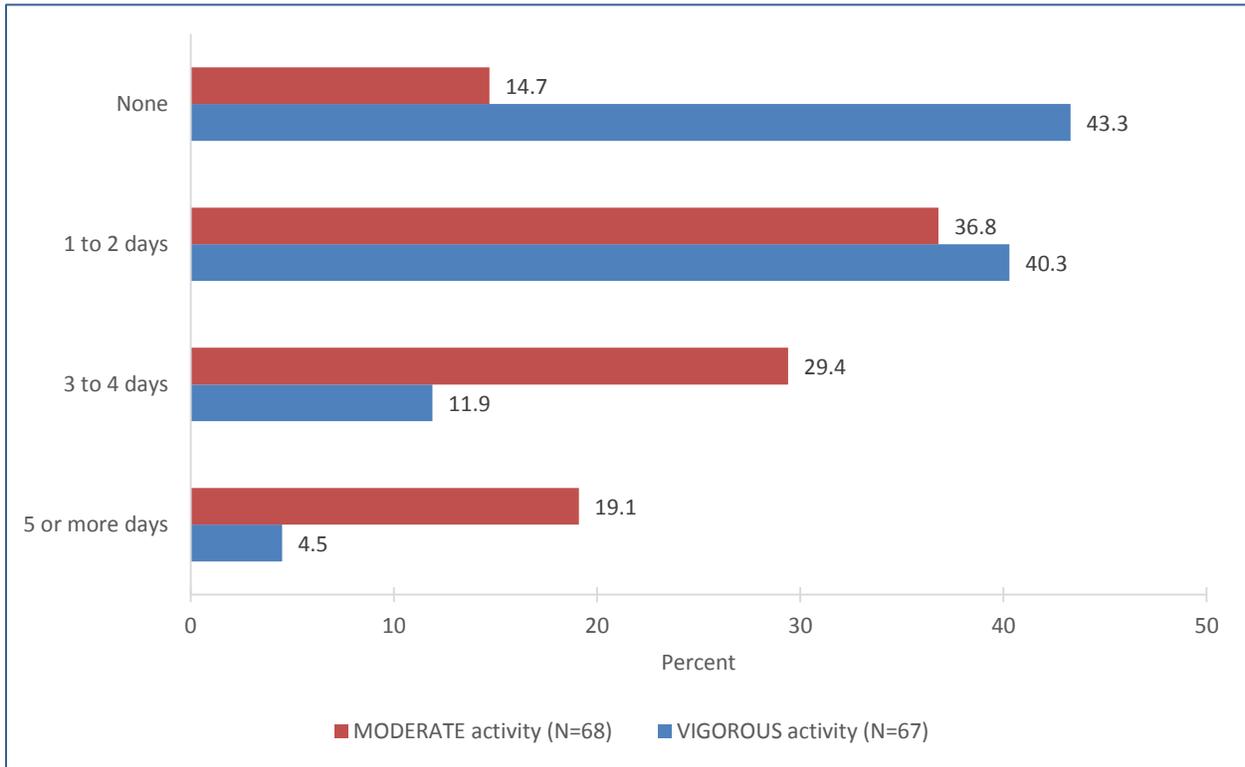
*For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

Figure12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



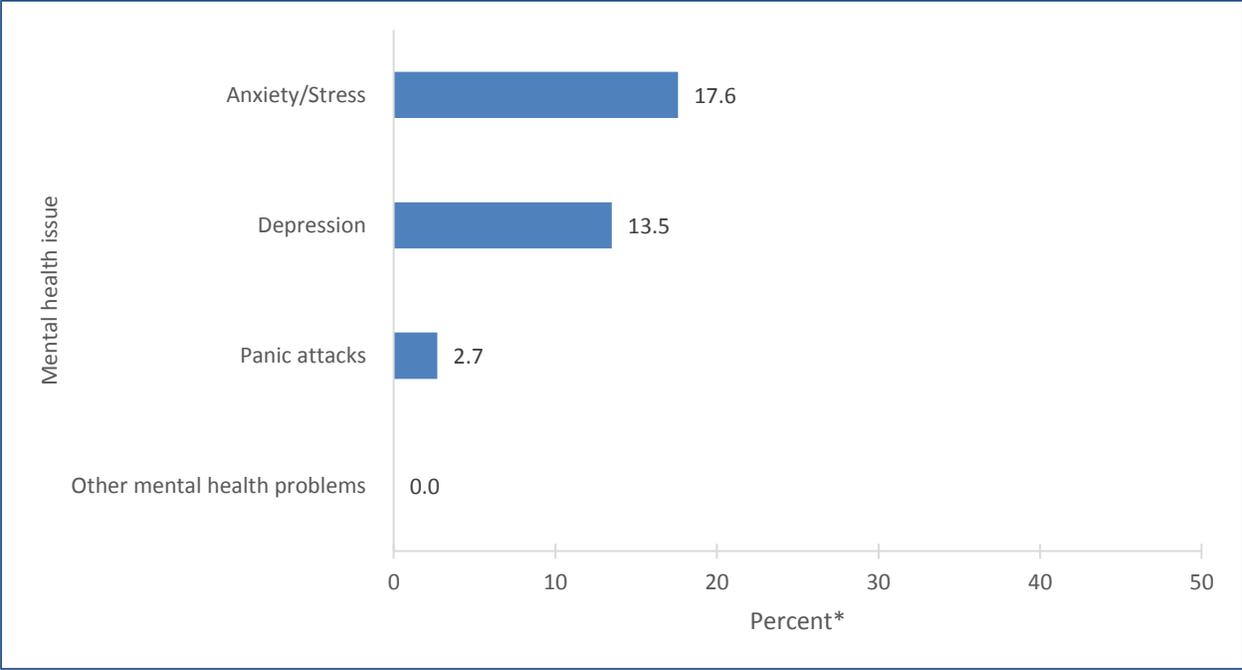
*Percentages may not total 100.0 due to rounding.

Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



Mental Health

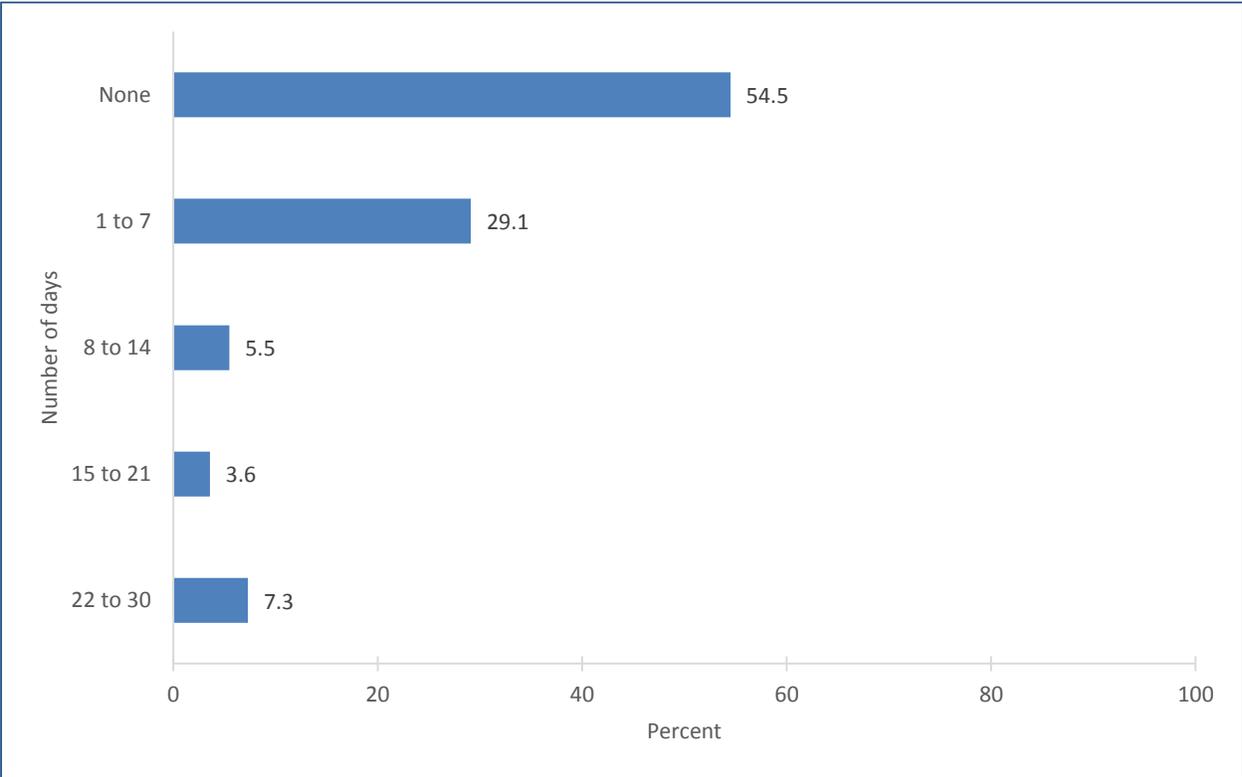
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=74

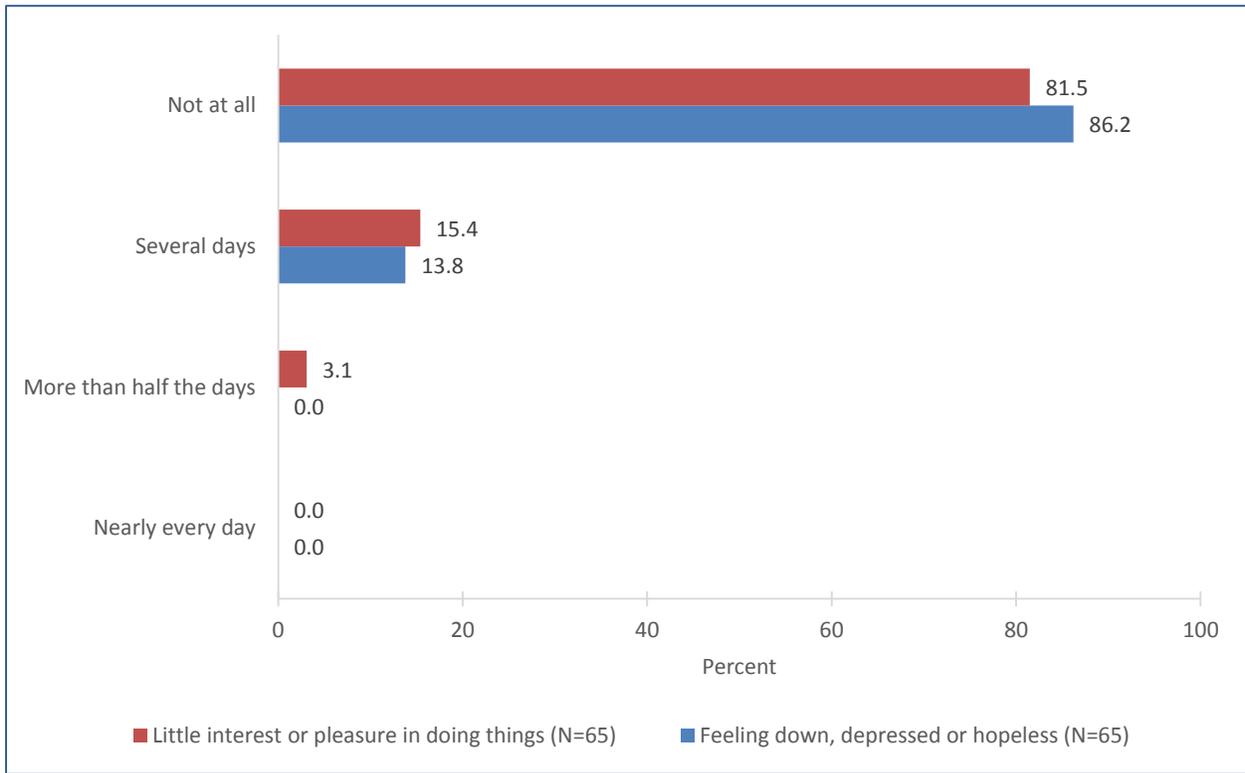
*Percentages do not total 100.0 due to multiple responses.

Figure 15. Number of days in the last month that respondents' mental health was not good



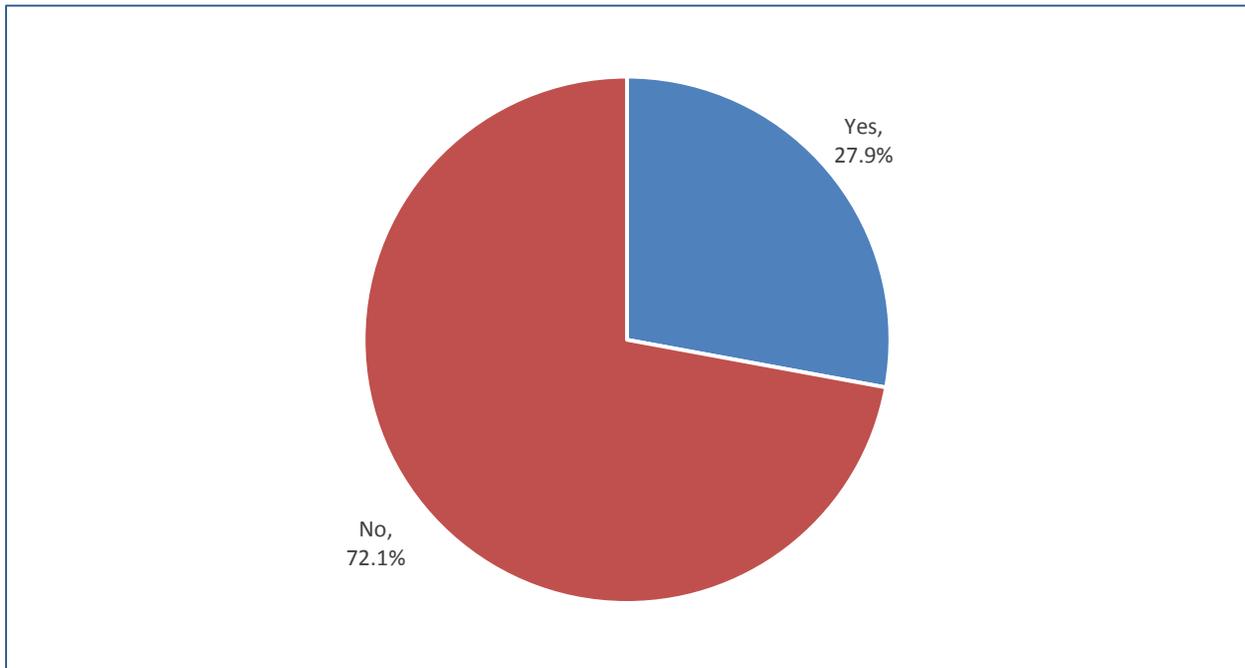
N=55

Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



N=68

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

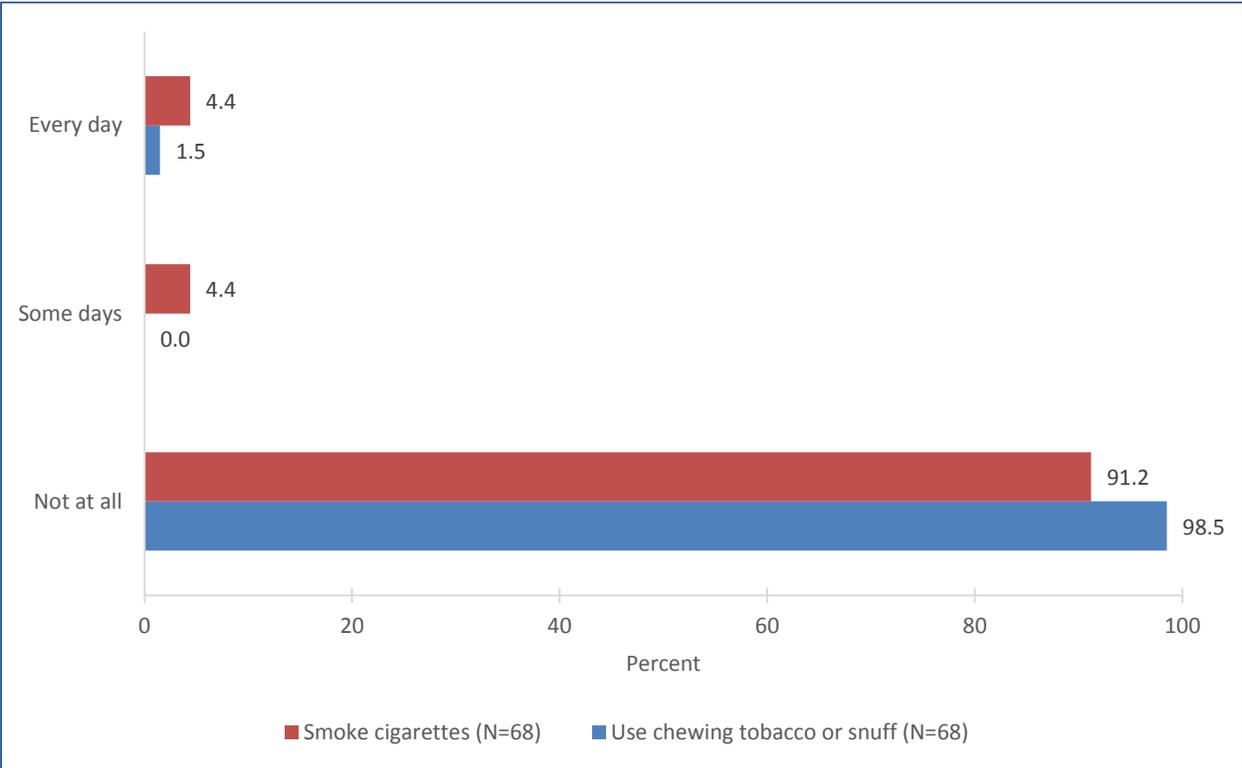
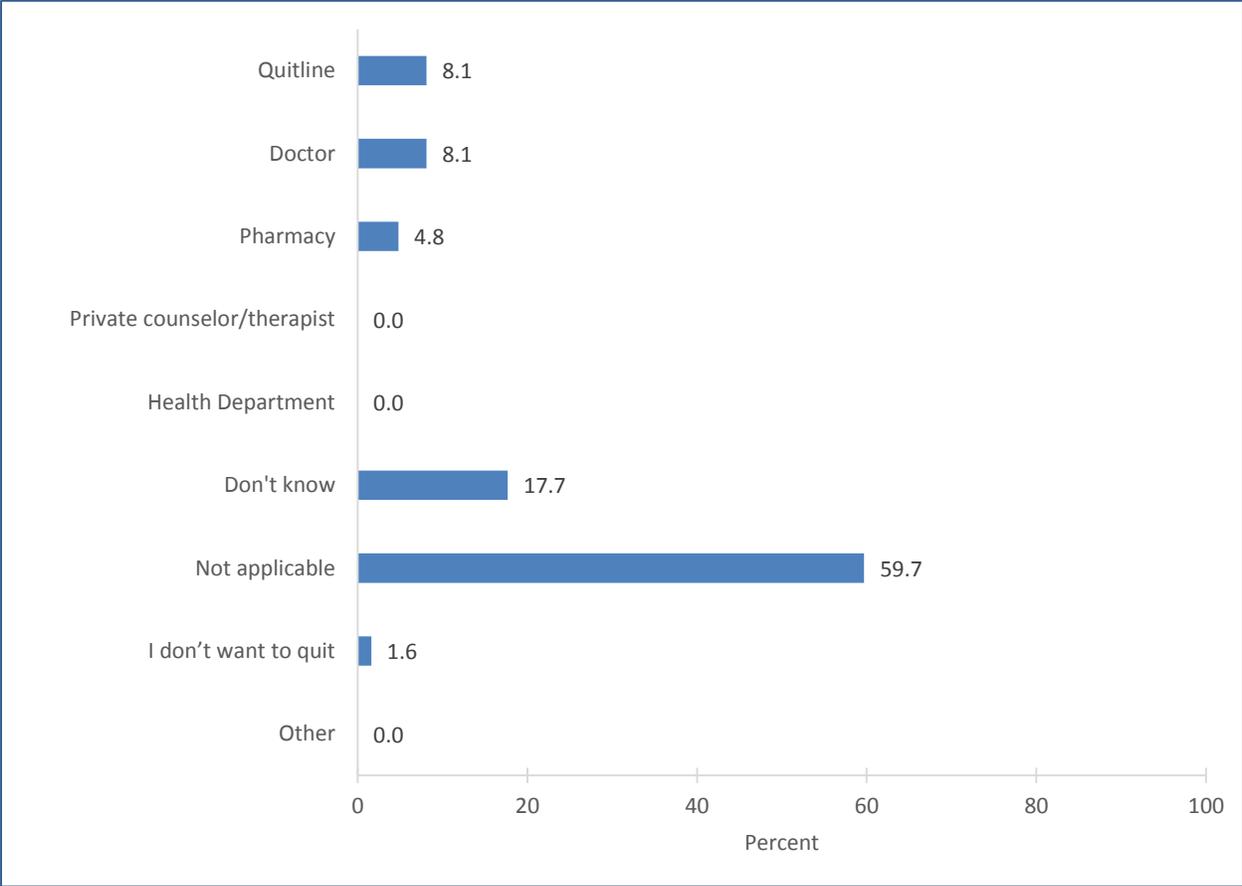


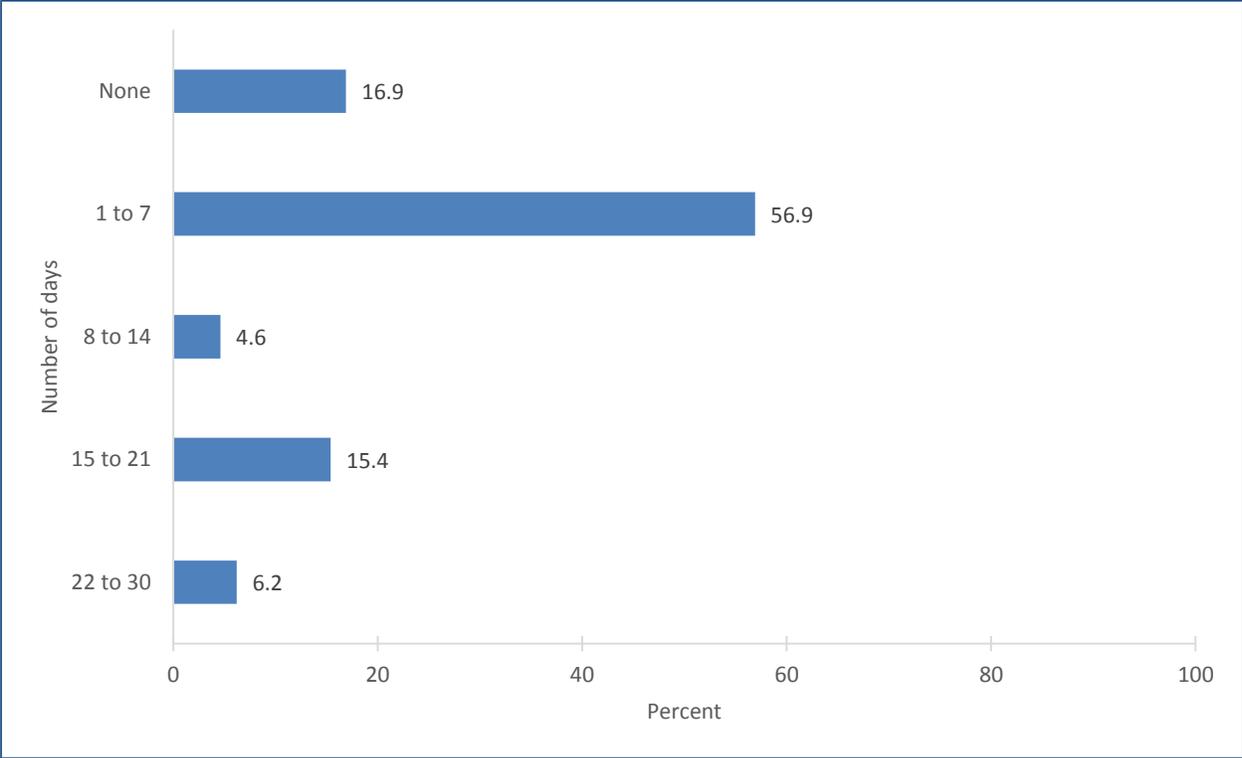
Figure 19. Location respondents would first go if they wanted help to quit using tobacco



N=62

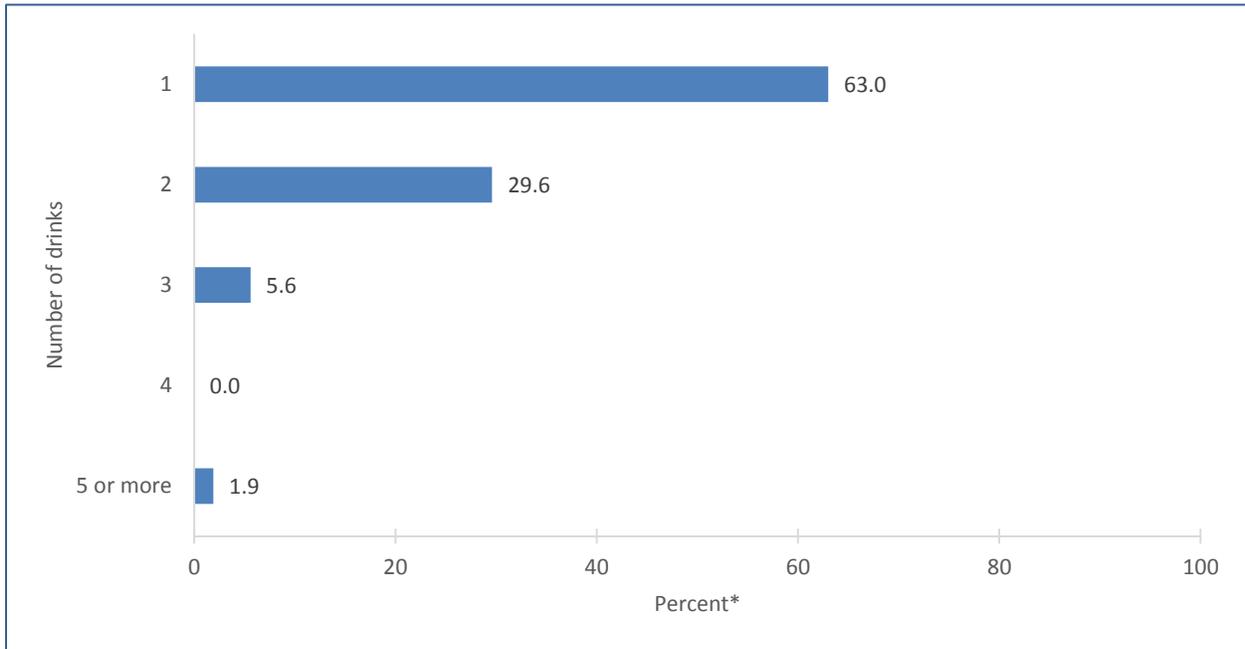
Alcohol Use and Prescription Drug/Non-Prescription Drug Abuse

Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



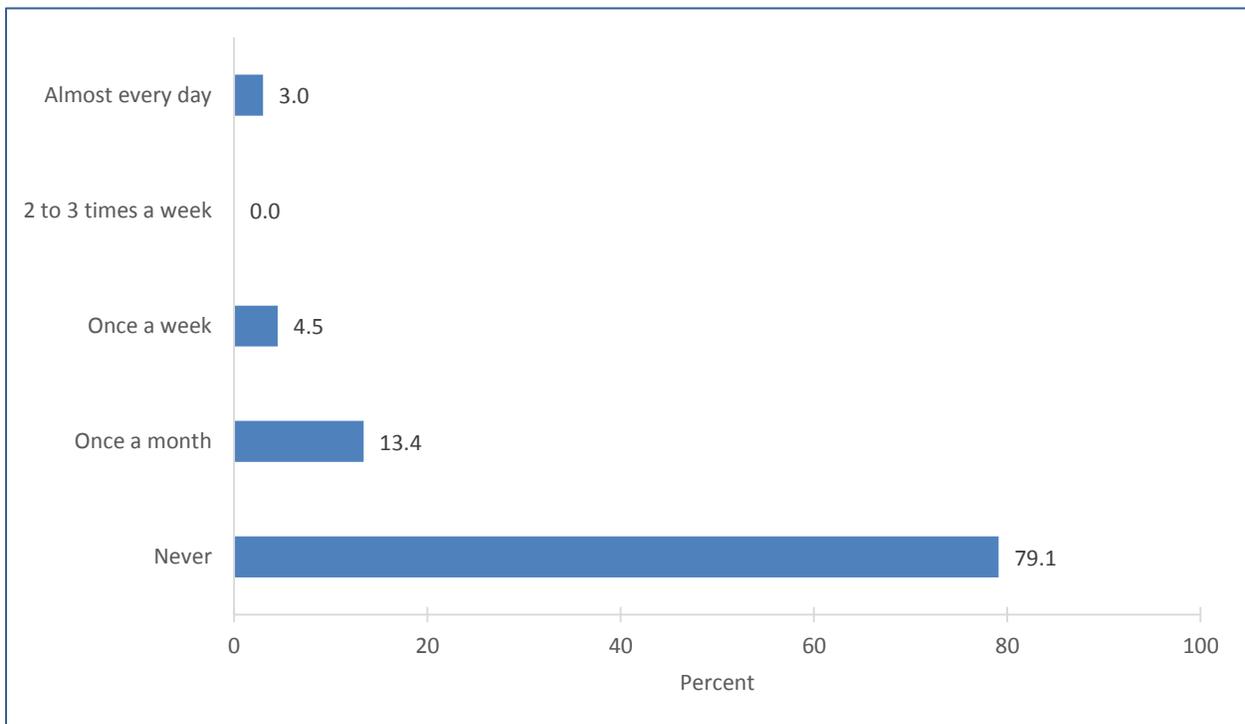
N=65

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=54 *Percentages do not total 100.0 due to rounding.

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=67

Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

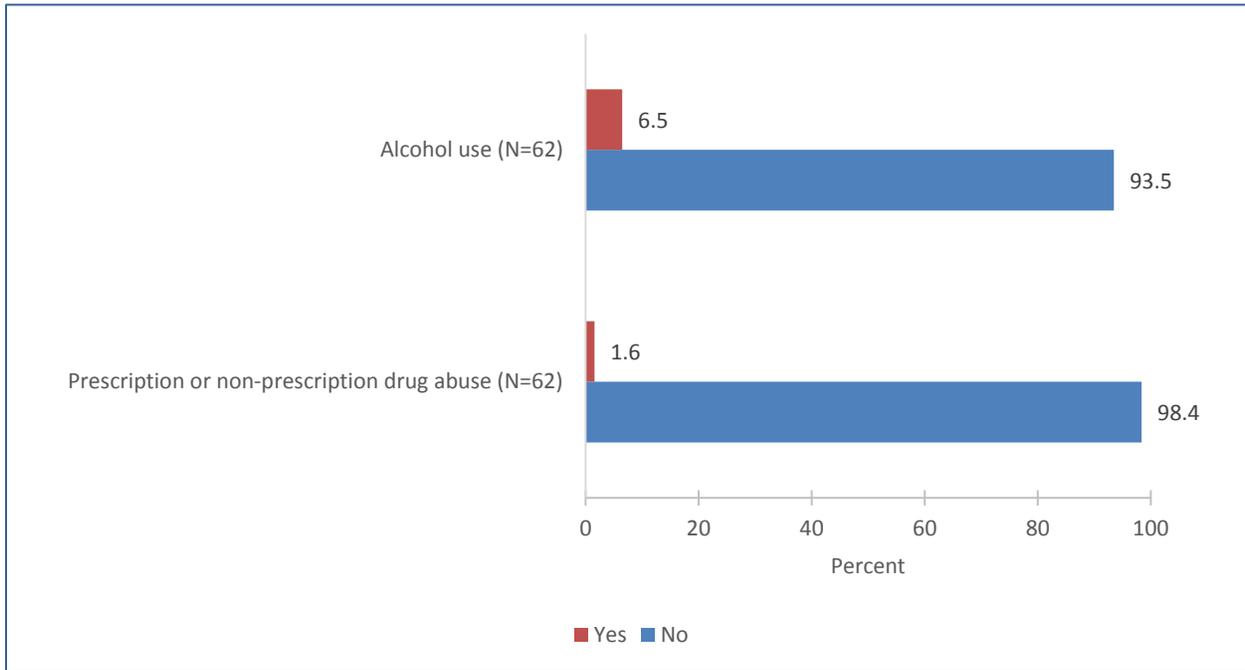


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

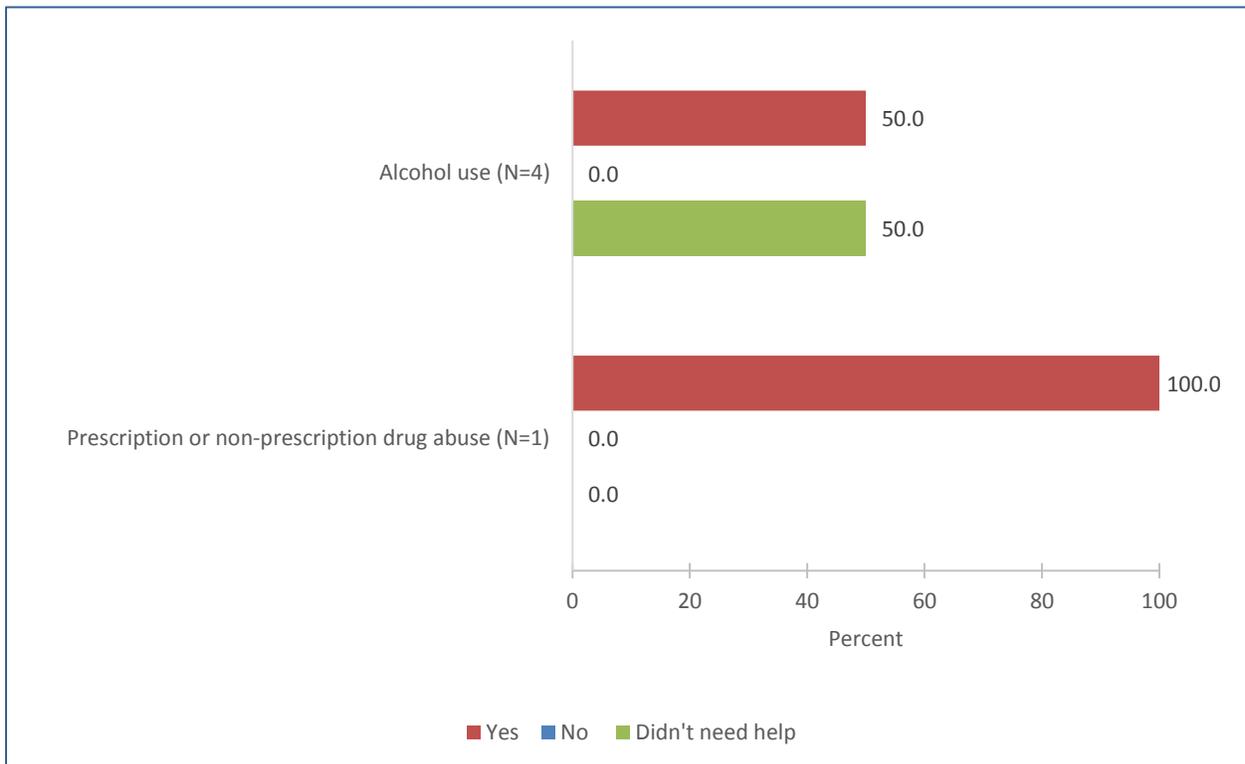
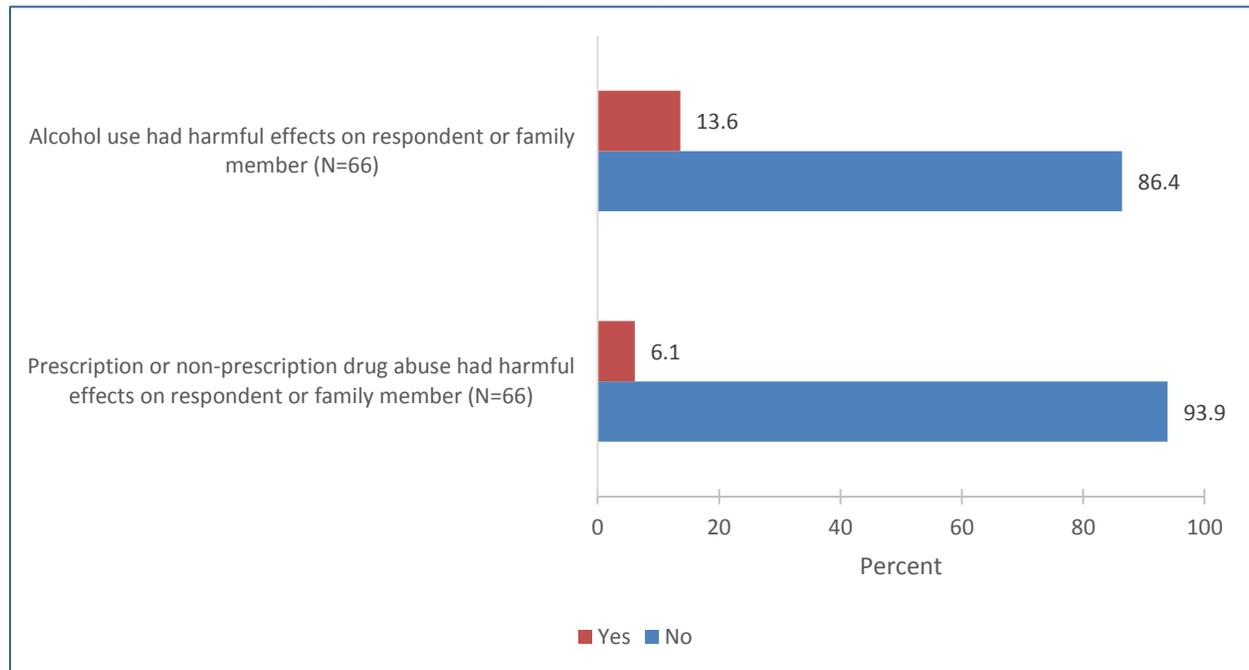


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

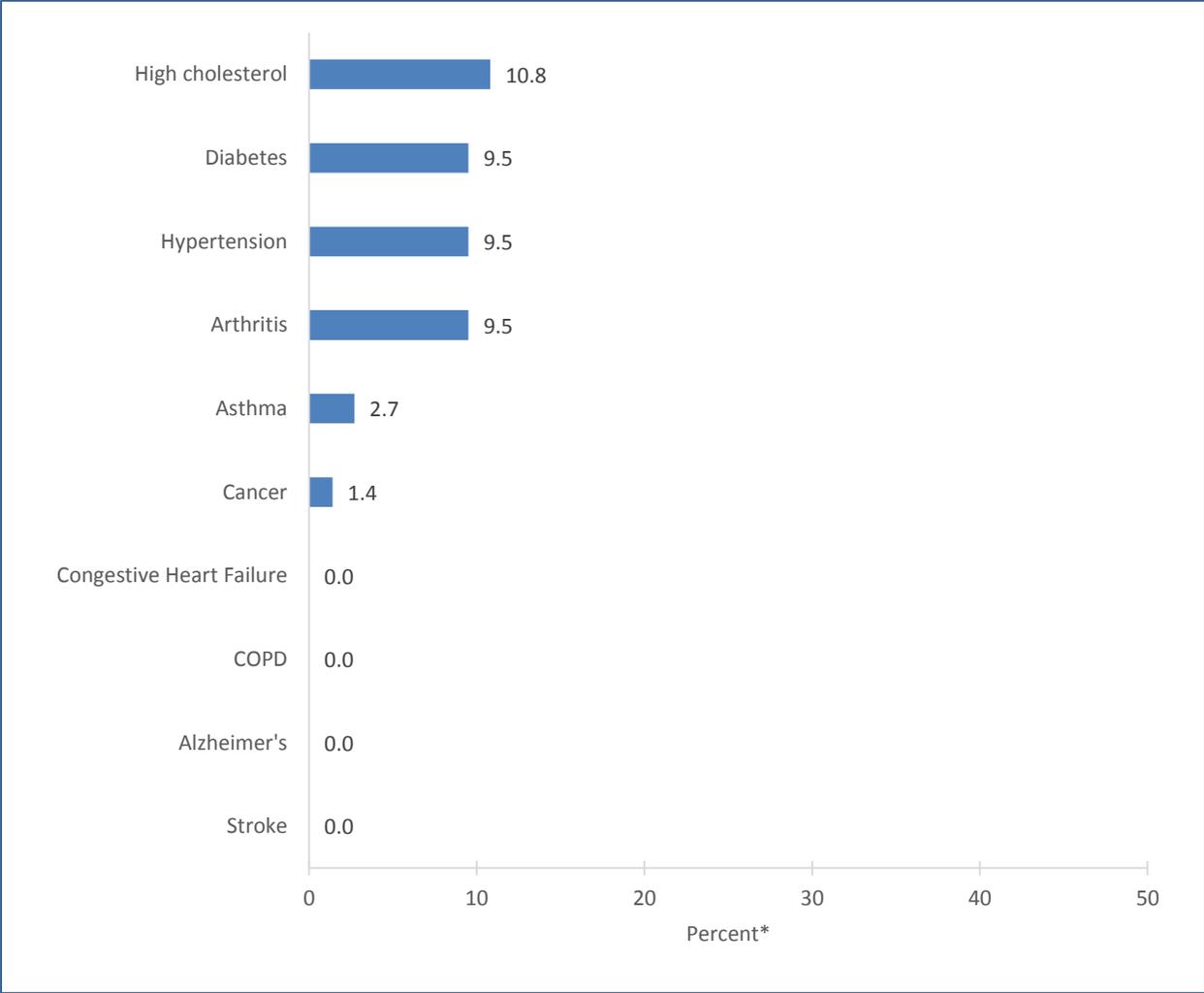
Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=65)	81.5	18.5	100.0
Blood sugar screening (N=64)	54.7	45.3	100.0
Bone density test (N=63)	12.7	87.3	100.0
Cardiovascular screening (N=63)	17.5	82.5	100.0
Cholesterol screening (N=63)	58.7	41.3	100.0
Dental screening and X-rays (N=65)	83.1	16.9	100.0
Flu shot (N=64)	64.1	35.9	100.0
Glaucoma test (N=64)	32.8	67.2	100.0
Hearing screening (N=62)	11.3	88.7	100.0
Immunizations (N=63)	15.9	84.1	100.0
Pelvic exam (N=46 Females)	60.9	39.1	100.0
STD (N=63)	4.8	95.2	100.0
Vascular screening (N=63)	9.5	90.5	100.0
CANCER SCREENINGS			
Breast cancer screening (N=47 Females)	53.2	46.8	100.0
Cervical cancer screening (N=48 Females)	62.5	37.5	100.0
Colorectal cancer screening (N=65)	30.8	69.2	100.0
Prostate cancer screening (N=14 Males)	78.6	21.4	100.0
Skin cancer screening (N=64)	15.6	84.4	100.0

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=12)	41.7	50.0	0.0	0.0	0.0	0.0	0.0
Blood sugar screening (N=29)	41.4	44.8	0.0	0.0	0.0	0.0	10.3
Bone density test (N=55)	36.4	52.7	1.8	0.0	0.0	1.8	5.5
Cardiovascular screening (N=52)	32.7	48.1	1.9	0.0	0.0	0.0	5.8
Cholesterol screening (N=26)	30.8	38.5	0.0	0.0	0.0	0.0	11.5
Dental screening and X-rays (N=11)	27.3	18.2	18.2	0.0	0.0	9.1	18.2
Flu shot (N=23)	47.8	0.0	4.3	0.0	4.3	0.0	34.8
Glaucoma test (N=43)	55.8	30.2	2.3	0.0	0.0	0.0	7.0
Hearing screening (N=55)	56.4	30.9	5.5	0.0	0.0	0.0	1.8
Immunizations (N=53)	56.6	26.4	0.0	0.0	0.0	1.9	1.9
Pelvic exam (N=18 Females)	50.0	22.2	11.1	0.0	0.0	0.0	16.7
STD (N=60)	78.3	18.3	0.0	0.0	0.0	0.0	1.7
Vascular screening (N=57)	54.4	35.1	1.8	0.0	0.0	0.0	1.8
CANCER SCREENINGS							
Breast cancer screening (N=22 Females)	40.9	31.8	4.5	4.5	4.5	0.0	18.2
Cervical cancer screening (N=18 Females)	38.9	16.7	5.6	5.6	0.0	0.0	27.8
Colorectal cancer screening (N=45)	46.7	31.1	2.2	2.2	0.0	0.0	13.3
Prostate cancer screening (N=3 Males)	66.7	33.3	0.0	0.0	0.0	0.0	0.0
Skin cancer screening (N=54)	38.9	40.7	1.9	0.0	0.0	0.0	14.8

*Percentages do not total 100.0 due to multiple responses.

Figure 26. Whether respondents have any of the following chronic diseases



N=74

*Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason

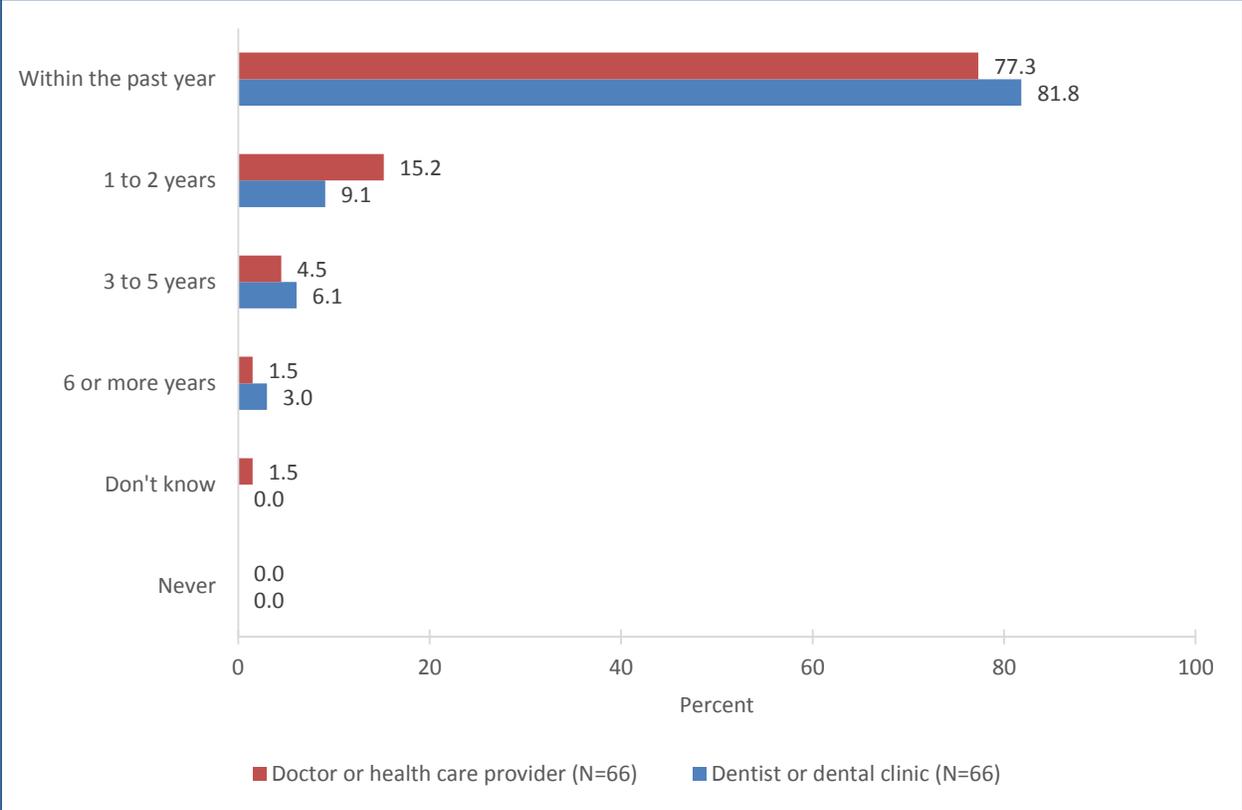
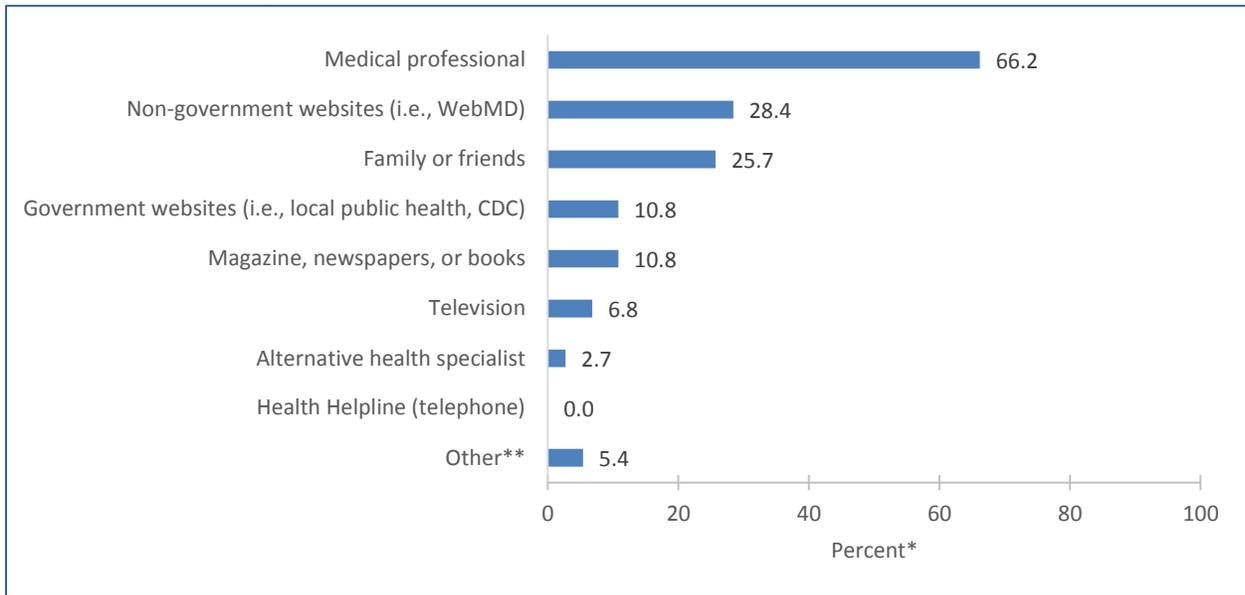


Figure 28. Where respondents get most of their health information

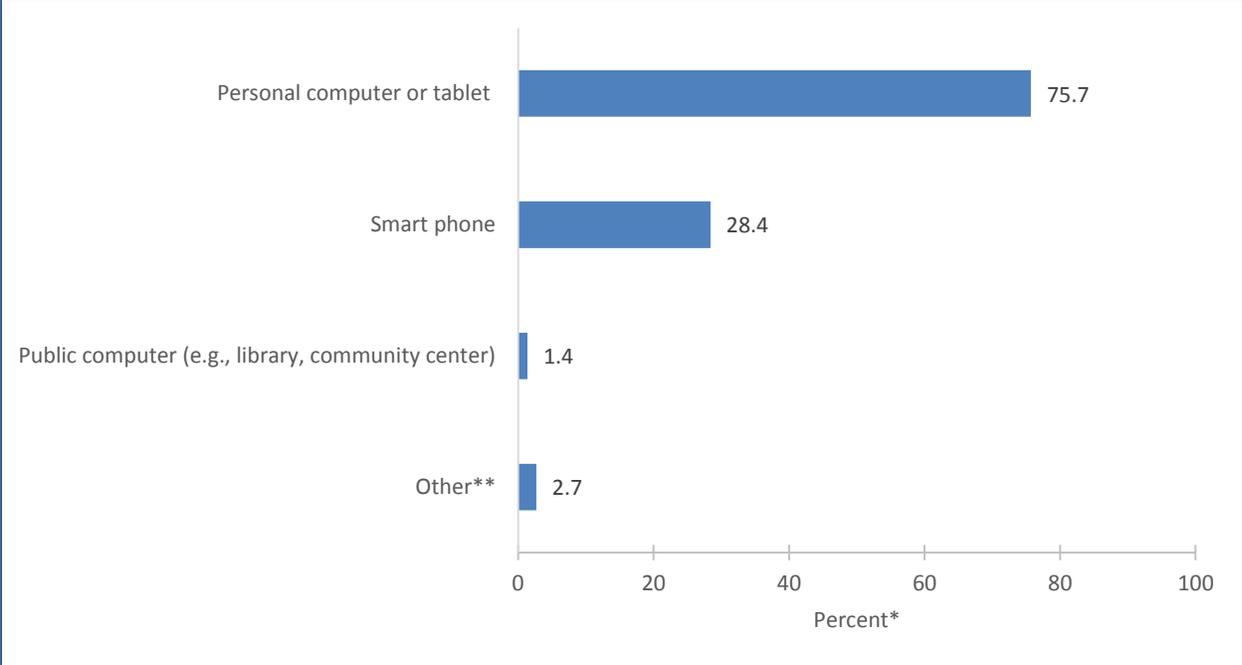


N=74

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “Health department”, “Internet”, “work/insurance company”, and “My primary care provider is seldom encouraging with preventive care – I find I need to take care of it myself. All the PAs and MDs want to do is prescribe drugs”.

Figure 29. Best way for respondents to access technology for health information



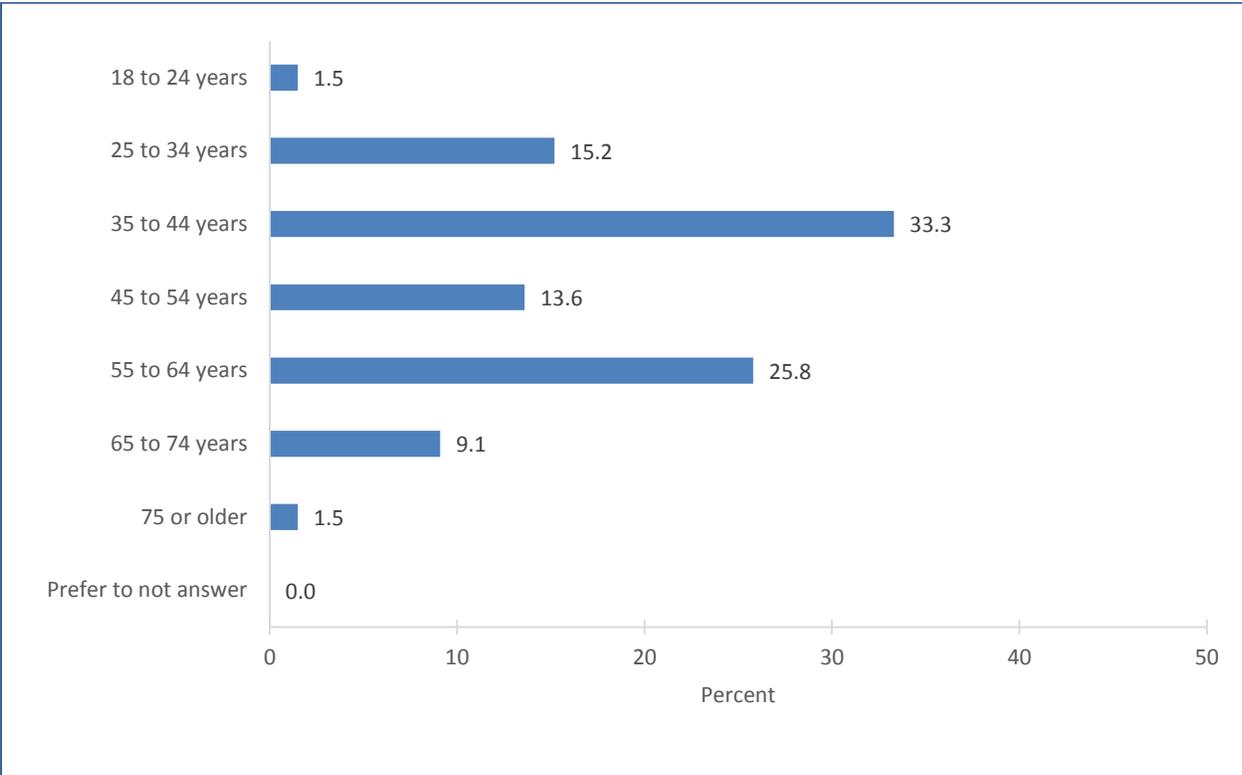
N=74

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “Doctor” and “Face-to-face”.

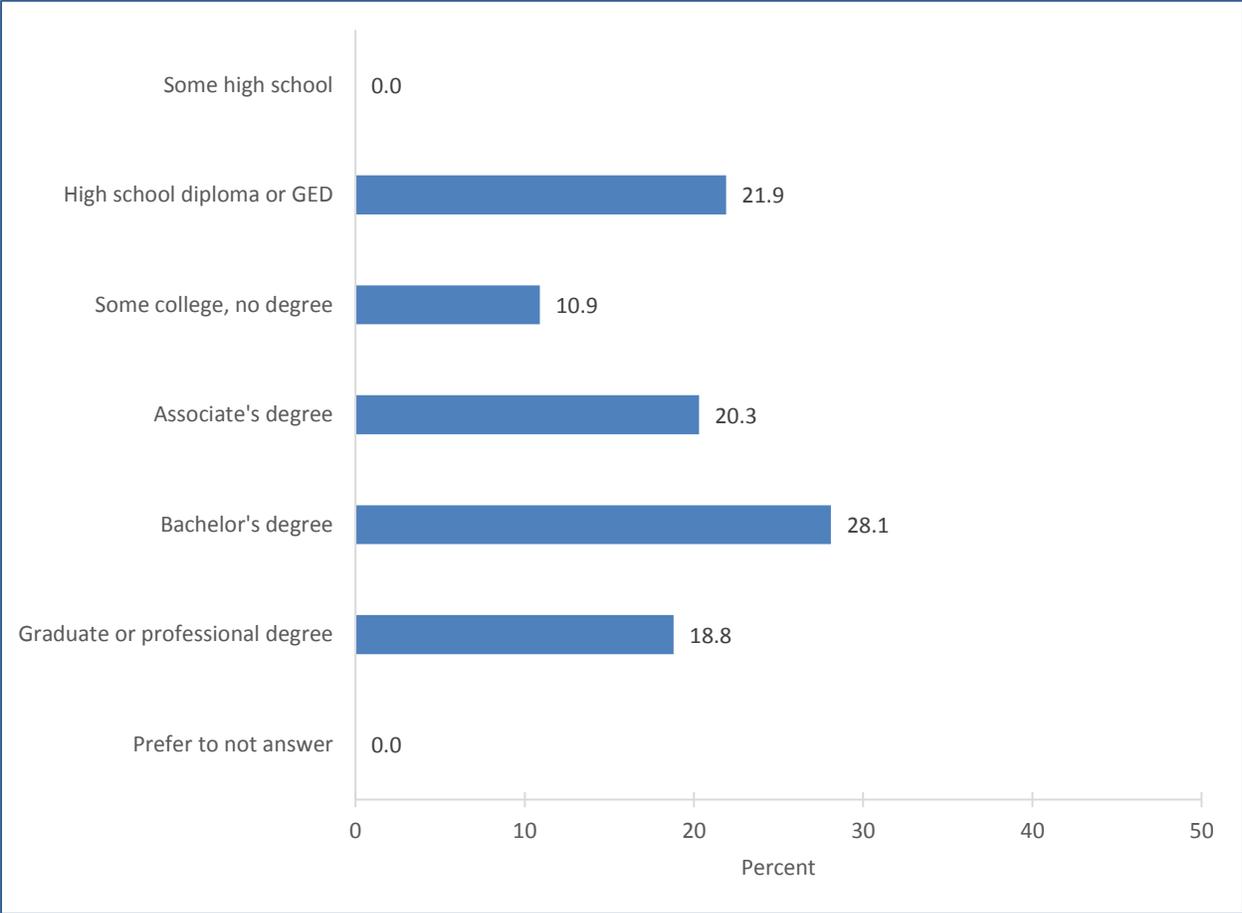
Demographic Information

Figure 30. Age of respondents



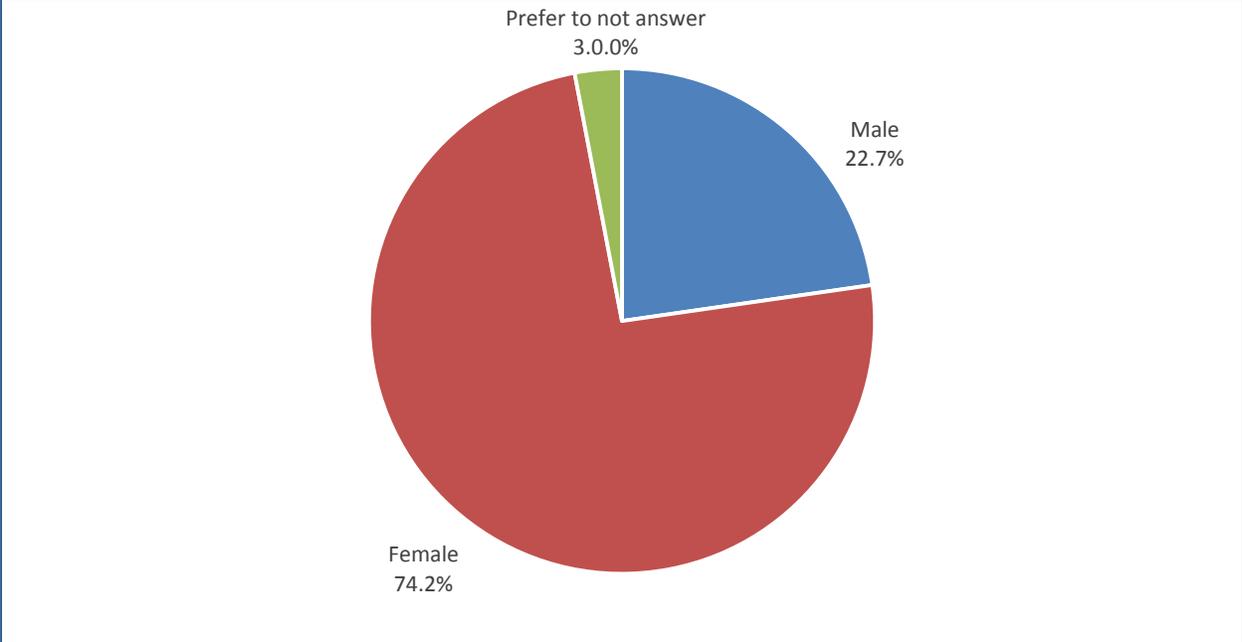
N=66

Figure 31. Highest level of education of respondents



N=64

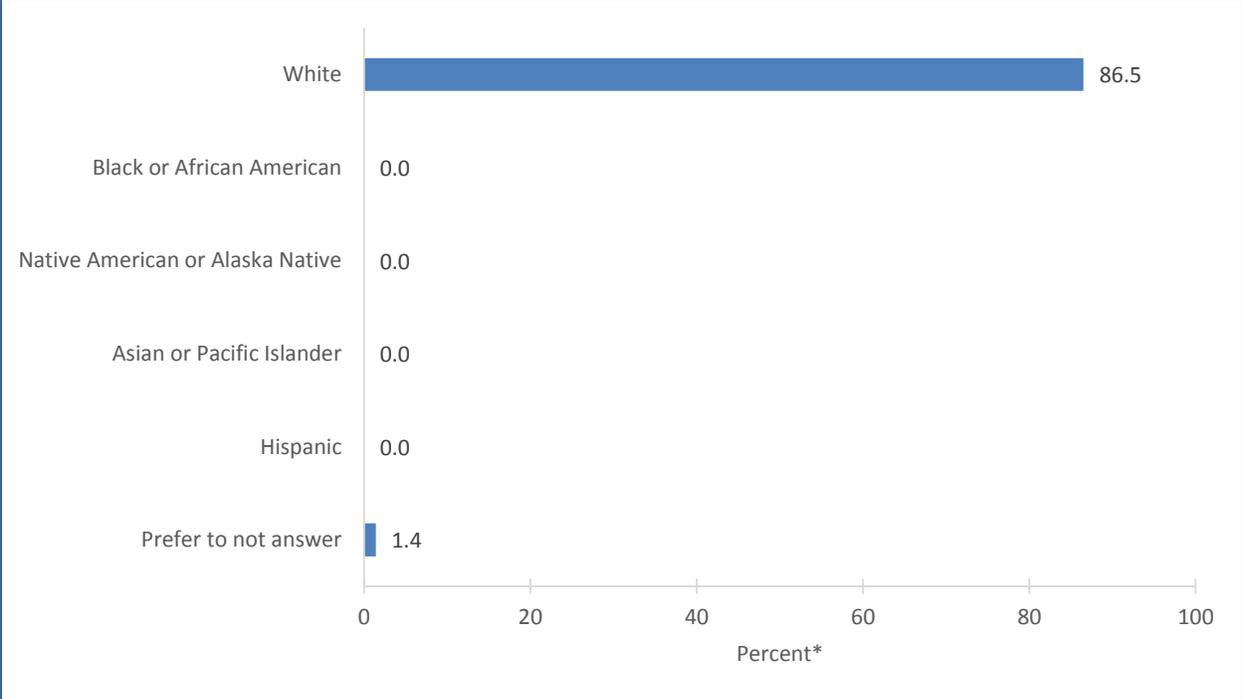
Figure 32. Gender of respondents*



N=66

*Percentages do not total 100.0 due to rounding.

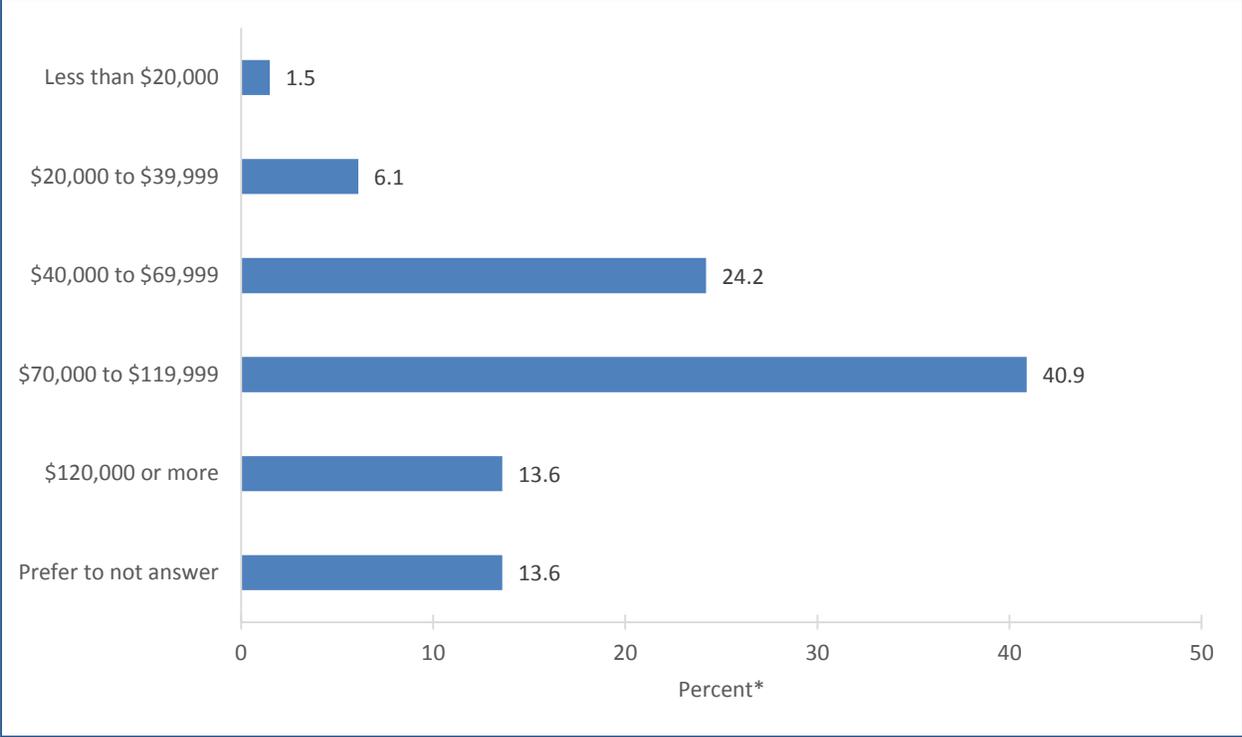
Figure 33. Race and ethnicity of respondents



N=74

*Percentages do not total 100.0 due to multiple responses.

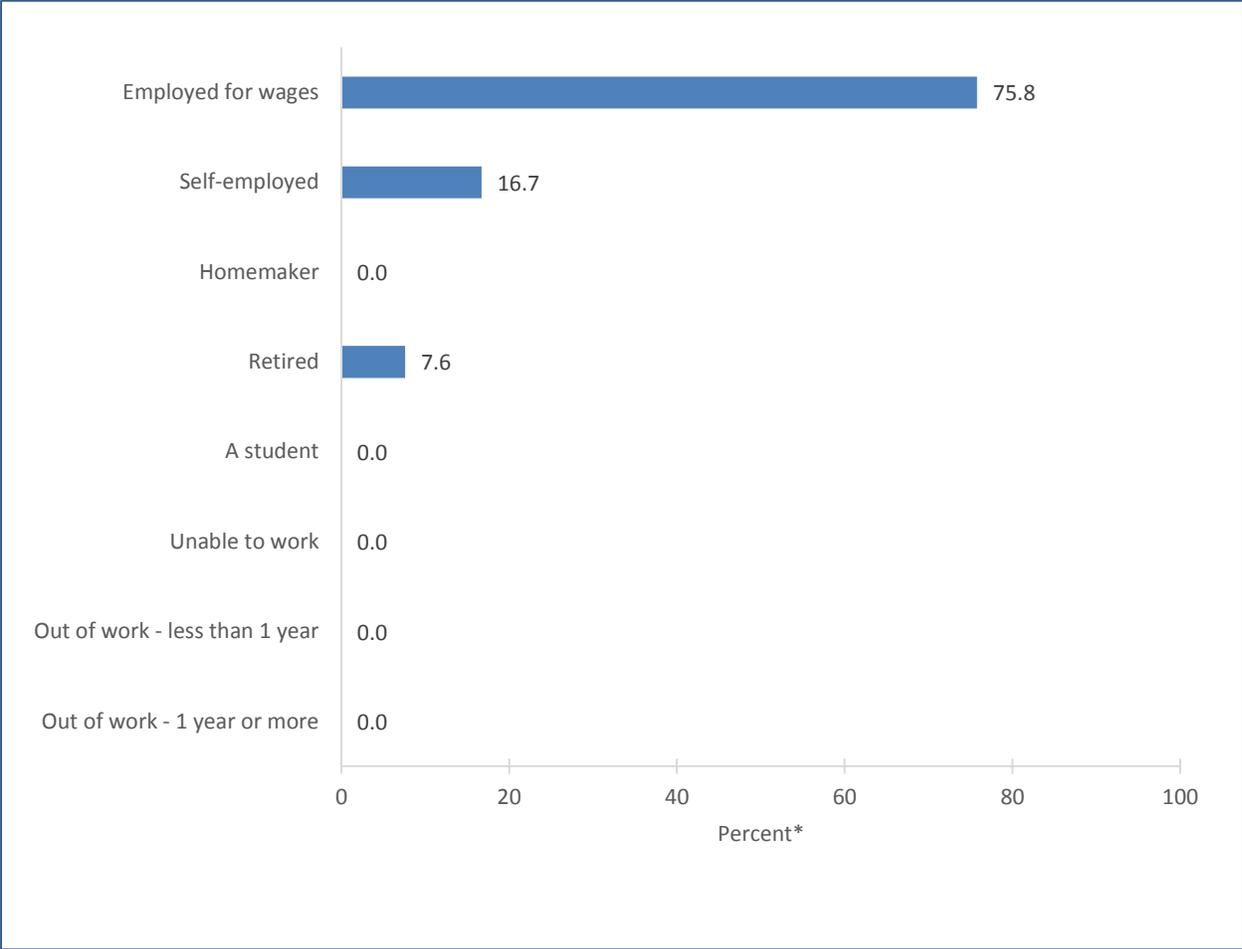
Figure 34. Annual household income of respondents



N=66

*Percentages do not total 100.0 due to rounding.

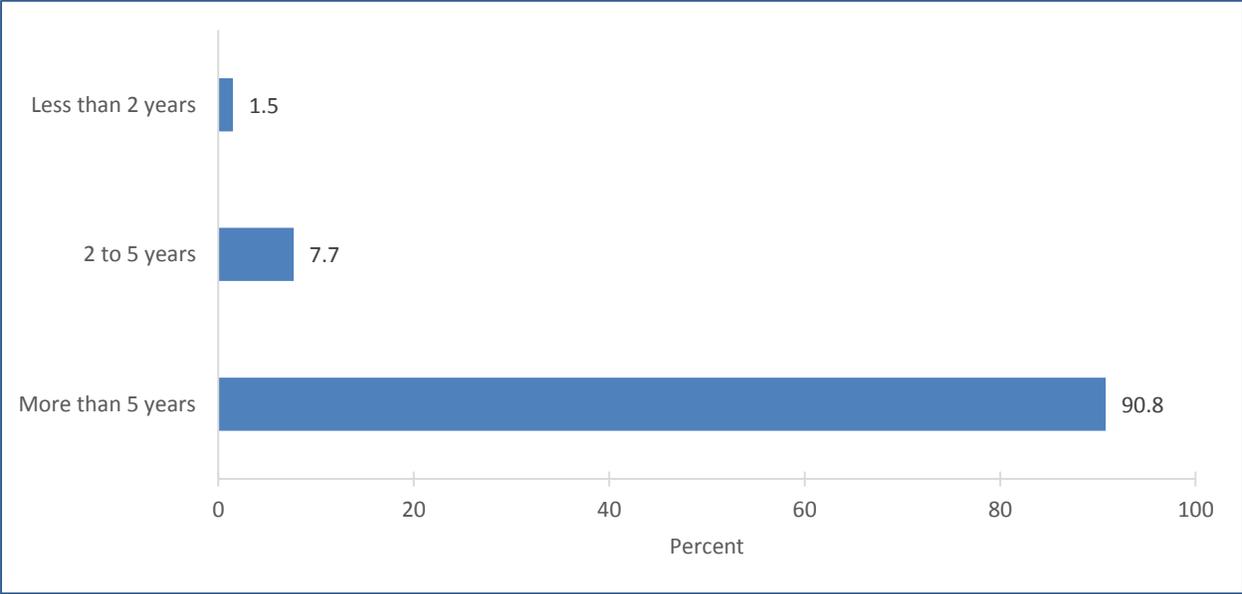
Figure 35. Employment status of respondents



N=66

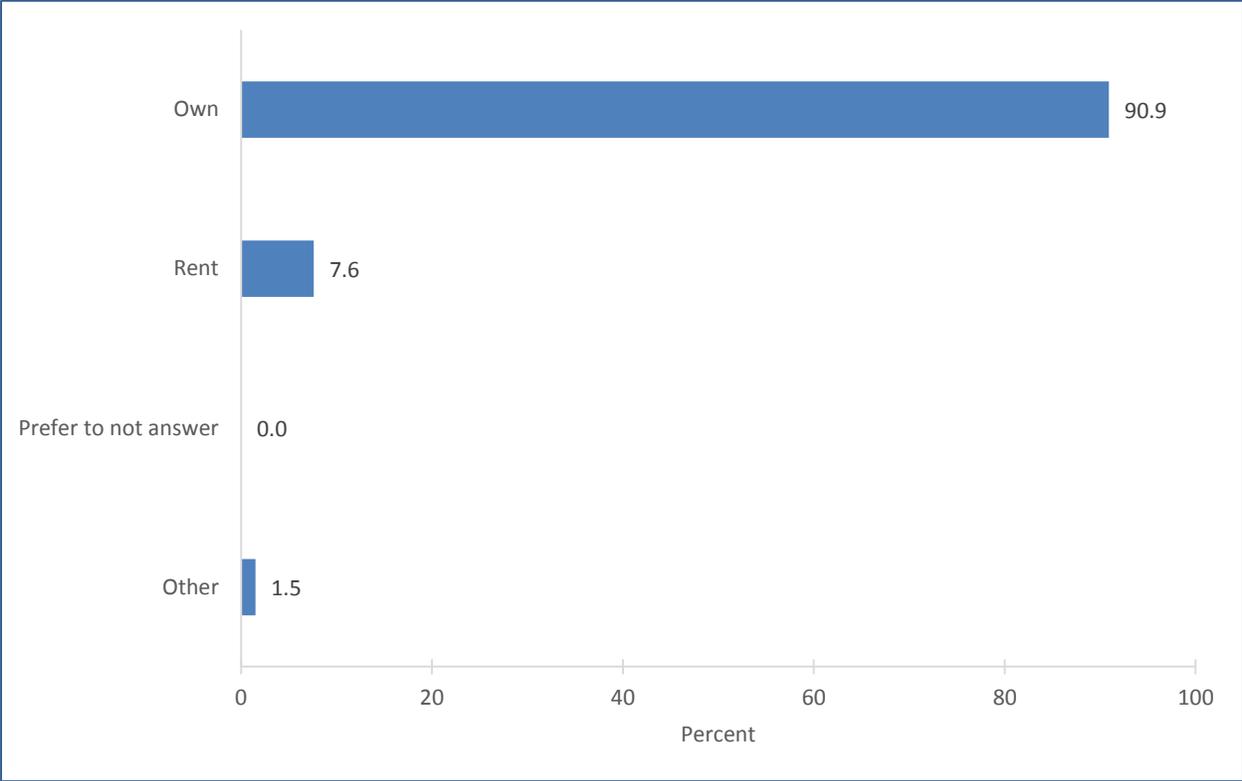
*Percentages do not total 100.0 due to rounding.

Figure 36. Length of time respondents have lived in their community



N=65

Figure 37. Whether respondents own or rent their home



N=66

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage

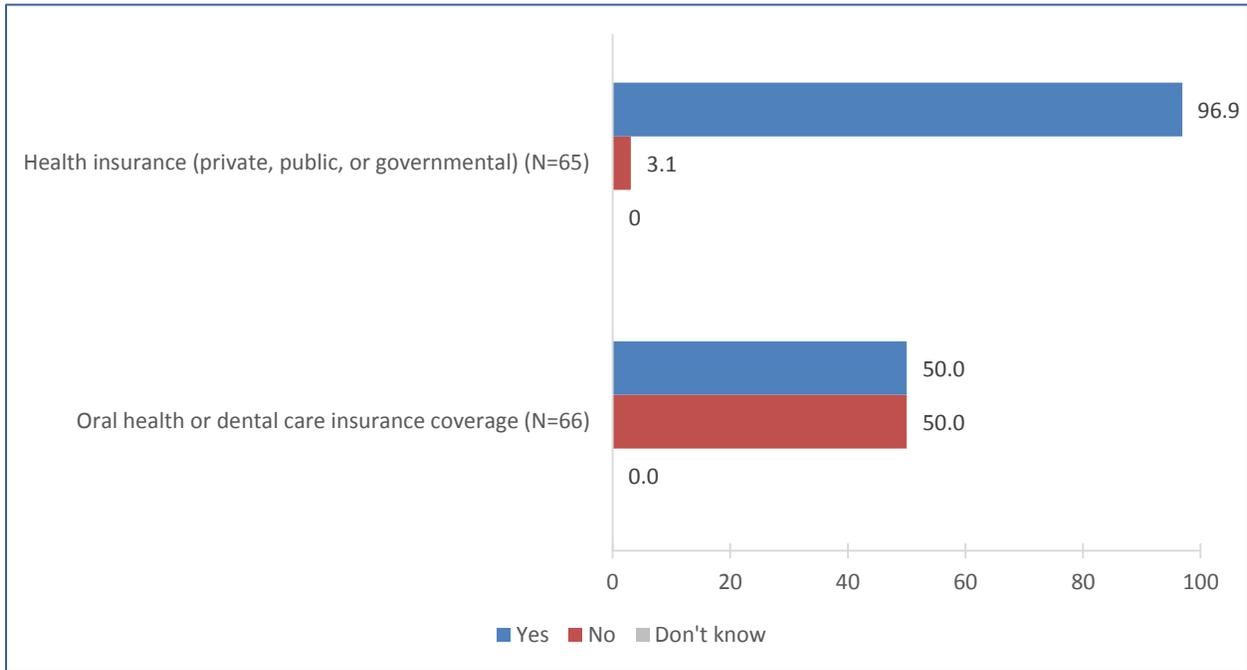
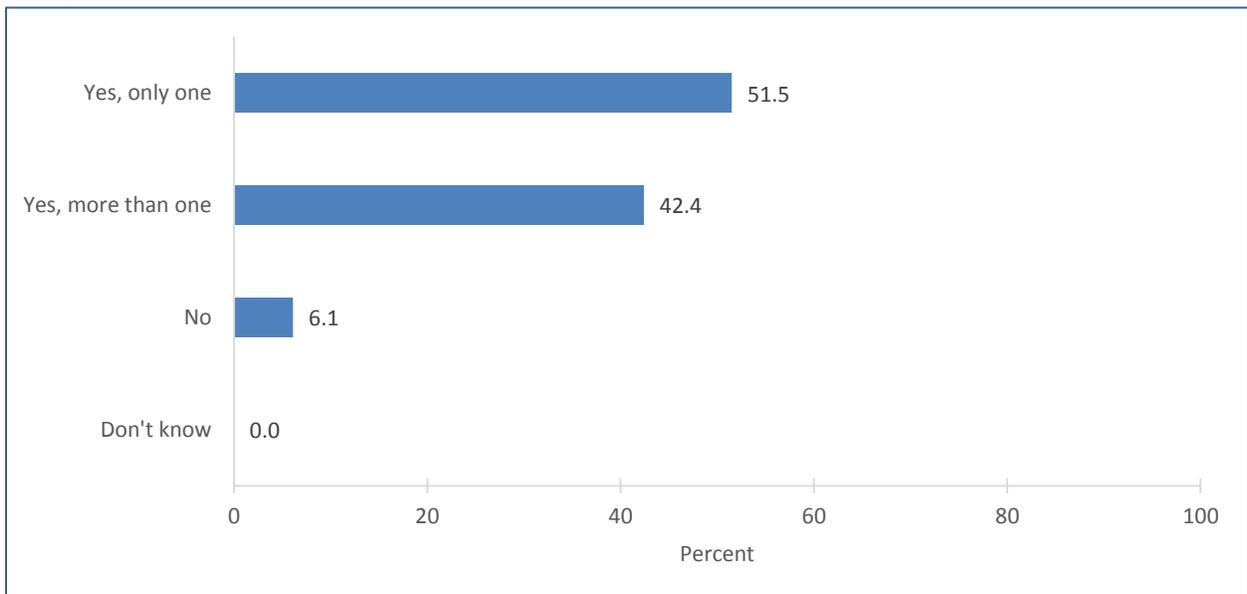
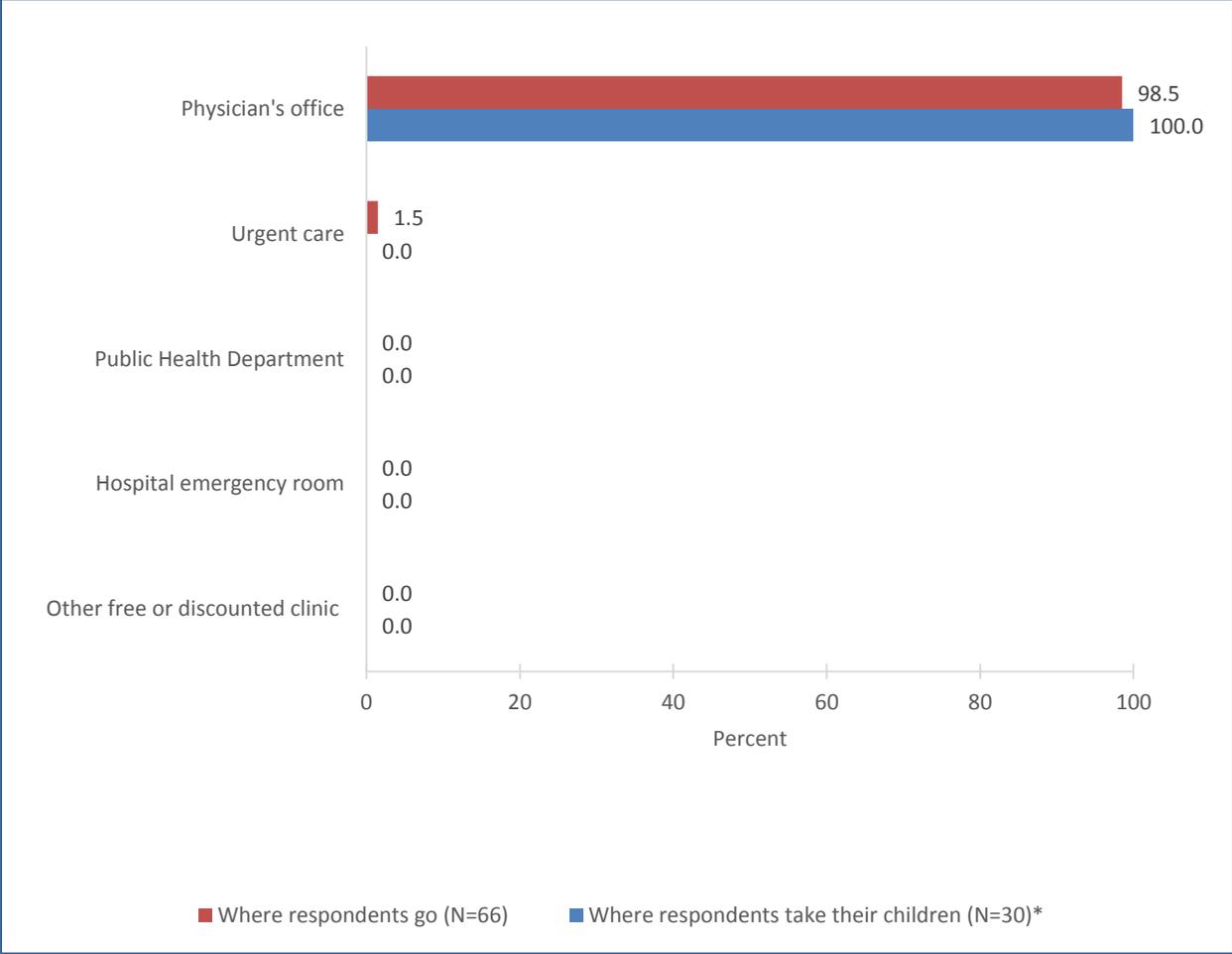


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



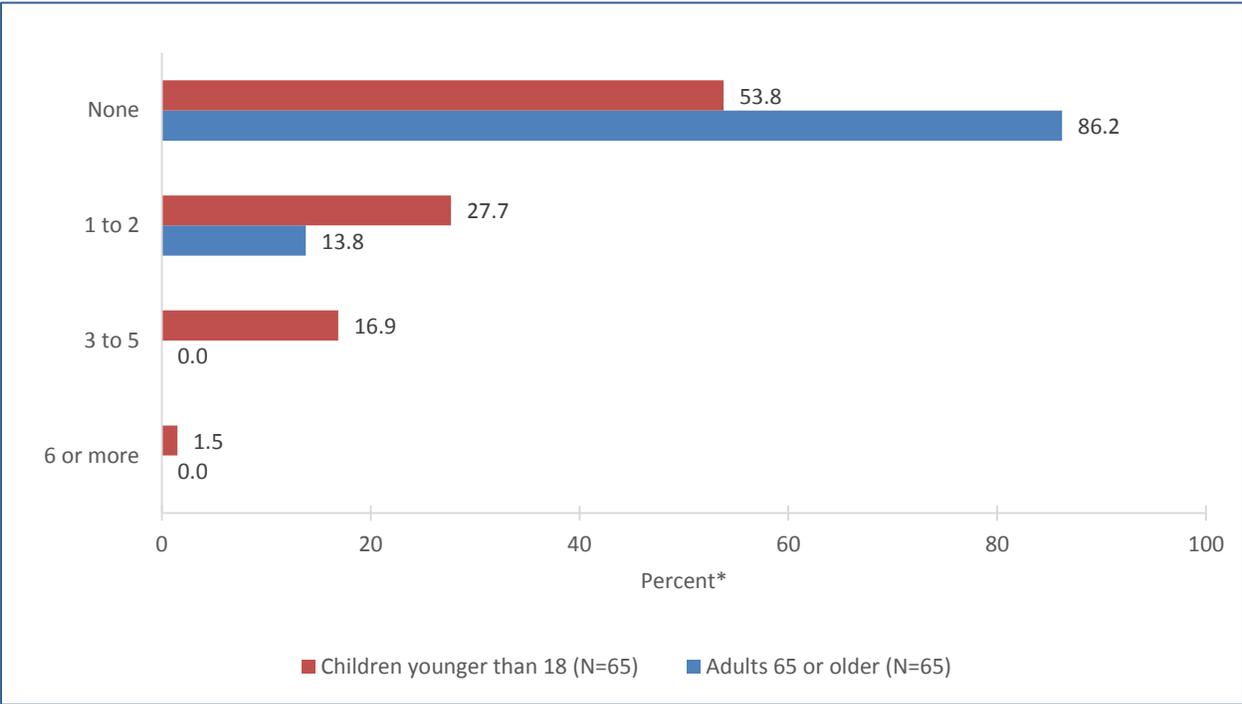
N=66

Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick



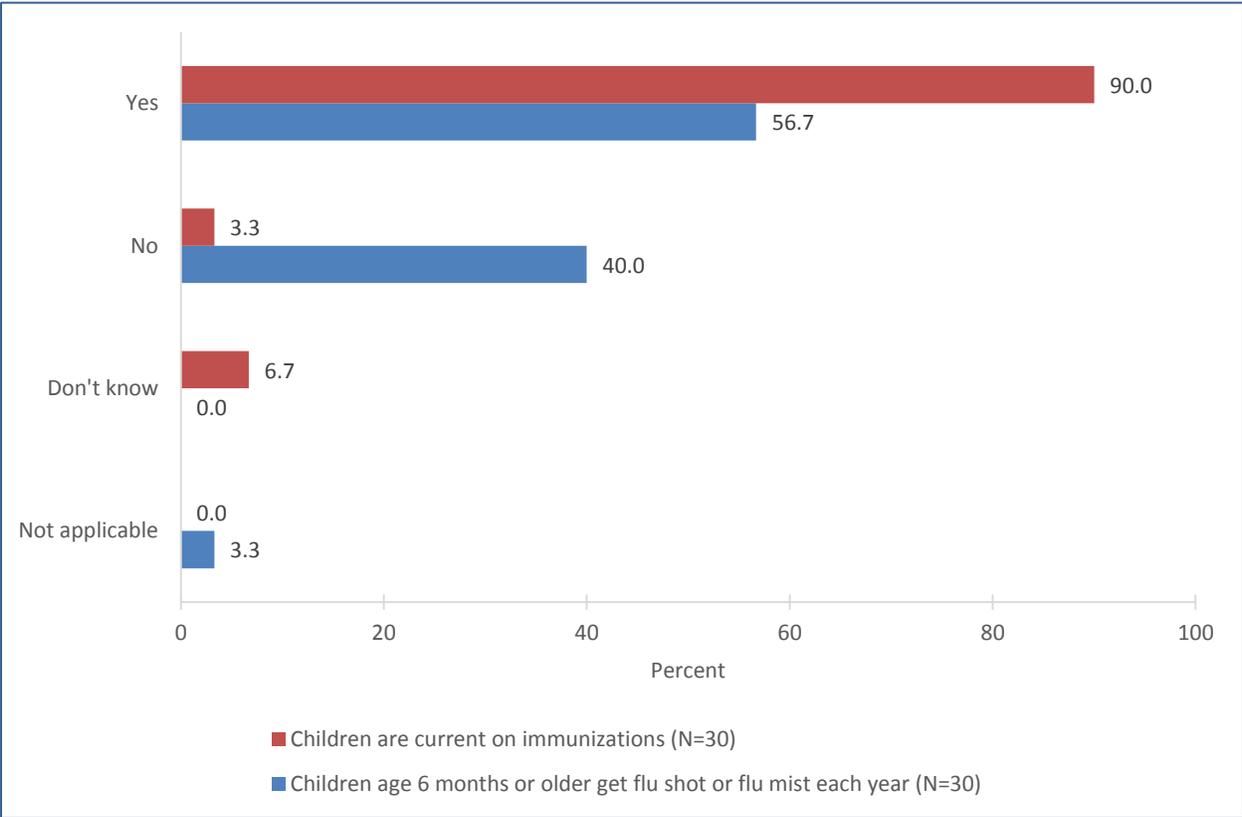
*Of the respondents who have children younger than age 18 living in their household.

Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household



*Percentages may not total 100.0 due to rounding.

Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*



*Of respondents who have children younger than age 18 living in their household.

Table 3. Zip code of respondents

Zip code	Number of respondents
51246	44
51237	5
51241	5
51240	3
51230	2
51235	2
51242	2
51234	1
51243	1

N=65

Secondary Research

Definitions of Key Indicators

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2015 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

For additional information about how the *County Health Rankings* are calculated, please visit www.countyhealthrankings.org

Contents:

Outcomes & Factors Rankings

Outcomes & Factors Sub Rankings

Ranked Measures Data (including measure values, confidence intervals* and z-scores**)

Additional Measures Data (including measure values and confidence intervals*)

Ranked Measure Sources and Years

Additional Measure Sources and Years

* 95% confidence intervals are provided where applicable and available.

** Z-scores are "adjusted" z-scores (e.g., multiplied by -1 if a positively framed measure, set to zero for missing and unreliable values for ranked counties, and truncated at -3 or +3 if county population is less than 20,000).

Measure	Data Elements	Description
Geographic identifiers	FIPS	Federal Information Processing Standard
	State	
	County	
Premature death	# Deaths	Number of deaths under age 75
	Years of Potential Life Lost Rate	Age-adjusted YPLL rate per 100,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor or fair health	Sample Size	Number of respondents
	% Fair/Poor	Percent of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Poor physical health days	Sample Size	Number of respondents
	Physically Unhealthy Days	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	Sample Size	Number of respondents
	Mentally Unhealthy Days	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	# Low Birthweight Births	Number of low birthweight births
	# Live births	Number of live births
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult smoking	Sample Size	Number of respondents
	% Smokers	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	% Obese	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	Food Environment Index	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	% Physically Inactive	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	# With Access	Number of people with access to exercise opportunities
	% With Access	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	Sample Size	Number of respondents
	% Excessive Drinking	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases / Population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	Teen Births	Teen birth count, ages 15-19
	Teen Population	Female population, ages 15-19
	Teen Birth Rate	Teen births / females ages 15-19 * 1,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	(Number of PCP/population)*100,000
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	(Number of dentists/population)*100,000
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	(Number of MHP/population)*100,000
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions/Medicare Enrollees * 1,000
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetic monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	# Children in Poverty	Number of children (under age 18) living in poverty
	% Children in Poverty	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations / Population * 10,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes/population * 100,000

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	Average Daily PM2.5	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	Pop. In Viol	Average annual population affected by a water violation
	% Pop in Viol	Population affected by a water violation/Total population with public water
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	# Drive Alone	Number of people who drive alone to work
	# Workers	Number of workers in labor force
	% Drive Alone	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Lyon County

	Lyon County	Error Margin	Top U.S. Performers [^]	Iowa	Rank (of 99)
Health Outcomes					6
Length of Life					14
Premature death	4,810	3,878-5,899	5,200	5,911	
Quality of Life					10
Poor or fair health			10%	11%	
Poor physical health days	1.8	0.9-2.7	2.5	2.8	
Poor mental health days	1.0	0.6-1.5	2.3	2.6	
Low birth weight	6.0%	4.7-7.4%	5.9%	6.8%	
Additional Health Outcomes (not included in overall ranking) +					
Health Factors					8
Health Behaviors					36
Adult smoking	17%	11-26%	14%	18%	
Adult obesity	32%	25-39%	25%	30%	
Food environment index	8.6		8.4	7.8	
Physical inactivity	28%	21-36%	20%	24%	
Access to exercise opportunities	62%		92%	79%	
Excessive drinking	16%	10-26%	10%	20%	
Alcohol-impaired driving deaths	40%		14%	23%	
Sexually transmitted infections	102		138	370	

	Lyon County	Error Margin	Top U.S. Performers^	Iowa	Rank (of 99)
Teen births	15	11-21	20	30	
Additional Health Behaviors (not included in overall ranking) +					
Clinical Care					45
Uninsured	11%	10-12%	11%	10%	
Primary care physicians	3,919:1		1,045:1	1,375:1	
Dentists	2,342:1		1,377:1	1,670:1	
Mental health providers	11,712:1		386:1	904:1	
Preventable hospital stays	50	40-60	41	56	
Diabetic monitoring	88%	71-100%	90%	89%	
Mammography screening	77.4%	59.5-95.3%	70.7%	66.4%	
Additional Clinical Care (not included in overall ranking) +					
Social & Economic Factors					1
High school graduation			93%	89%	
Some college	69.1%	61.7-76.4%	71.0%	69.1%	
Unemployment	2.6%		4.0%	4.6%	
Children in poverty	10%	7-13%	13%	16%	
Income inequality	3.3	2.9-3.6	3.7	4.2	
Children in single-parent households	13%	9-17%	20%	29%	
Social associations	28.9		22.0	15.6	
Violent crime	239		59	263	
Injury deaths	64	45-88	50	59	

	Lyon County	Error Margin	Top U.S. Performers [^]	Iowa	Rank (of 99)
Additional Social & Economic Factors (not included in overall ranking) +					
Physical Environment					56
Air pollution - particulate matter	12.3		9.5	10.9	
Drinking water violations	0%		0%	7%	
Severe housing problems	7%	4-9%	9%	12%	
Driving alone to work	80%	78-82%	71%	80%	
Long commute - driving alone	23%	20-26%	15%	19%	

2015

[^] 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data



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