



Sanford Health Network
2016 Community Health
Needs Assessment

SANFORD
HEALTH

Sanford Worthington Medical Center
Community Health Needs Assessment
2016

Dear Community Members,

Sanford Worthington 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 generalizable 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 Worthington has set strategy to address the following community health needs:

- Healthcare Access
- Physical Health

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 Worthington, 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 communities is at the core of who we are. Through our work with communities, we can bring health and healing to the people who live and work in our communities. Together, we can fulfill this mission.

Sincerely,



Michael Hammer
Chief Executive Officer
Sanford Worthington Medical Center

Sanford Worthington Medical Center
Community Health Needs Assessment
2016

EXECUTIVE SUMMARY

Sanford Worthington 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 Health and Nobles Public Health. 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 agencies, at times using a snowball approach. Data collection occurred throughout the month of March 2015 and a total of 111 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community leaders in the greater Worthington 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. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized.

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 and Prioritization Process

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 Nobles County.

Key Findings – Primary Research

The key findings are based on the generalizable and the non-generalizable survey data. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. Survey results ranking 3.5 or higher are considered to be high-ranking concerns for both the generalizable survey and the key stakeholder non-generalizable survey.

Economics: Respondents were most concerned about affordable housing (3.82) in regards to economics in Nobles County.

Transportation: Respondents ranked availability of public transportation (3.58) as a moderately high concern.

Environment: Water quality (3.52) is a concern for survey respondents.

Aging: The top ranking concern among respondents overall is the cost of long term care (4.13). The availability of memory care (3.71) and the availability of long term care (3.58) also rank as top concerns for the aging. Additionally, respondents ranked the availability of resources for family/friends caring for and making decisions (3.57), and the availability of resources to help the elderly stay safe in their homes (3.54) as high concerns for the aging population.

Children and Youth: For children and youth, the availability of quality infant childcare (4.02) was ranked the highest of the concerns. The availability of quality childcare care (3.97), bullying (3.83), the cost of quality child care (3.81), and the cost of quality infant care (3.81), the availability of activities for children and youth (3.77), teen pregnancy (3.75), the cost of services for children and youth (3.64) and the availability of services for youth at risk (3.58) are also ranked as high concerns.

Safety: The presence of street drugs and alcohol in the community (4.00), domestic violence (3.84), the presence of drug dealers in the community (3.82), and child abuse and neglect (3.80) rank as high concerns.

Health Care: This health care indicator addressed access to health care and the cost concerns. Access to affordable health insurance (4.00) was highest of the access concerns. The cost of affordable dental insurance (3.78), access to affordable health care (3.77), timely access to mental health providers (3.72), the cost of affordable vision insurance coverage (3.64), the use of emergency room services for primary health care (3.64), access to affordable prescription drugs (3.59), and timely access to substance abuse providers (3.81) are the highest concerns among the respondents in the health care access category.

Physical Health/Preventive Health: Cancer (3.95) and poor nutrition and eating habits (3.95) have the highest ranking for physical health concerns. Obesity (3.93), inactivity and lack of exercise (3.85), and chronic disease (3.84) are also among the highest physical health concerns.

Mental Health/Behavioral Health: Depression (3.79) and stress (3.77) rank the highest of the mental health concerns. A diagnosis of depression was reported in 23.4% of survey respondents. Dementia and Alzheimer's (3.65), other psychiatric diagnosis (3.55), drug use and abuse (3.86), underage drug use and abuse, (3.81), and alcohol use and abuse (4.72) are also high concerns among the survey respondents. Binge drinking was reported by 29% of survey respondents. Underage drinking (3.68) and smoking and tobacco use (3.55) are the highest concerns for mental health/behavioral health.

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 Minnesota is 5,038 per 100,000. Nobles County has a lower rate at 4,189 per 100,000.

The average number of days reported in the last 30 as unhealthy mental health days is 1.2 in Nobles County. Minnesota as a state reports 2.6 days.

The percent of live births with low birth weight (less than 2,500 grams) is 5.5% in Nobles County. The state of Minnesota is at 6.5%.

Health Factors

The percent of adults who are currently smoking is 10% in Nobles County. 16% of adults are current smokers in Minnesota. 28% of the Nobles County adult population is considered to be obese with a BMI over 30. 26% of the population in Minnesota is obese.

The percent of adults reporting excessive or binge drinking is 9% in Nobles County. Minnesota reports 19% are binge drinkers statewide.

Driving deaths that have alcohol involvement is at 28% in Nobles County. Alcohol involvement in driving deaths is at 31% in Minnesota.

Sexually transmitted infections rank substantially higher than the national benchmark (138) for Minnesota (336) and Nobles County (214).

The teen birth rate is higher in Minnesota (24) than the national benchmark (20). The teen birth rate is 60 in Nobles County.

The clinical care outcomes indicate that the percentage of uninsured adults is 9% in Minnesota and 15% in Nobles County.

The ratio of population to primary care physicians is 1,113:1 in Minnesota. Nobles County's ratio is 1,264:1. The ratio of population to mental health providers is 529:1 in Minnesota. Nobles County's ratio is 1,441:1. The number of professionally active dentists in Minnesota is 1,404:1; and in Nobles County, 1,965:1.

Preventable hospital stays are 44 in Nobles County, 45 in Minnesota, and 41 nationally. Diabetic screening is at 93% in Nobles County and 88% in Minnesota as a whole. Mammography screening is at 71.4% in Nobles County and 66.7% in Minnesota.

The social and economic factor outcomes indicate that Minnesota is at 78% for high school graduation. Nobles County has a graduation rate of 78%.

Post-secondary education (some post-secondary education) is at 47.3% in Nobles County and 73.3% in Minnesota. The unemployment rate is 3.9% in Nobles County and 5.1% in Minnesota.

The percentage of child poverty is 19% in Nobles County. The child poverty rate is 14% in Minnesota.

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 Nobles County at 23.7. The state of Minnesota ranks at 13.2.

The percentage of children in single parent households is 33% in Nobles County and 28% in Minnesota.

Violent crime is lower in Nobles County at 141 per 100,000 population than in Minnesota, which has 229 cases per 100,000 population.

The following needs were brought forward for prioritization:

- Economics – affordable housing
- Transportation - availability of public transportation
- Environment – water quality
- Children and Youth – bullying, cost and availability of quality infant care, services for at-risk youth, cost and availability of quality child care, availability of activities for children and youth, teen pregnancy, availability of services for at-risk youth
- Aging – cost and availability of long term care and availability of memory care, resources for caregivers, and resources to help the elderly stay in their homes
- Safety –the presence of street drugs and alcohol in the community, domestic violence, the presence of drug dealers in the community, and child abuse and neglect

- Health Care Access – access to affordable health insurance, affordable dental insurance, affordable health care, affordable prescription drugs, affordable vision insurance, use of the emergency department for primary care, timely access to substance abuse providers
- Physical Health – cancer, chronic disease, obesity, poor nutrition and inactivity
- Mental Health – depression, stress, dementia and Alzheimer’s, substance use and abuse, other psychiatric diagnosis, underage drinking, and smoking and tobacco use
- Preventive Health – flu vaccines

Members of the collaborative determined that children and youth are a top unmet need. Community stakeholders also rated mental illness a top priority.

- Health Care Access
- Physical Health

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

- Priority 1: Health Care Access
- Priority 2: Physical Health

Implementation Strategies

Priority 1: Health Care Access

Access to health care and the affordability of health care are vital to a healthy life and quality of life. According to Healthy People 2020, access to health services means the timely use of personal health services to achieve the best health outcomes. Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Sanford has prioritized access to health care as a top priority and has set strategy to help members of the community understand what services are available to them and what access is available through charity care and financial assistance. Sanford will partner with community organizations to increase holistic care, and will also work with key employers to increase education about health care services and insurance.

Priority 2: Physical and Mental 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 prioritized physical and mental health as top priorities. Strategies will include preventative health for mammograms, colonoscopies, and connection with health coaches. Additionally, Sanford has set a focus on referrals to the Sanford dietitian for the pediatric population as a goal within this priority. Sanford also has set strategy to provide education about the free and on-line access to the Sanford fit program.

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. Mental health

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

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

Sanford has prioritized mental/behavioral health as a top priority and has set strategy to reduce mortality and morbidity from mental health diseases by early identification and access for mental health services.

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Table of Contents

	Page
Purpose of the Community Health Needs Assessment	12
Acknowledgements	12
Description of Sanford Worthington Medical Center	15
Description of the Community Served	16
Study Design and Methodology	17
Limitations of the Study	18
Key Findings	19
<ul style="list-style-type: none">• Primary Research<ul style="list-style-type: none">○ Community Health Concerns○ Personal Health Concerns○ Demographics○ Health Needs and Community Resources Identified○ Prioritization	
How Sanford is Addressing the Needs	43
2016-2019 Implementation Strategies	45
2013 Implementation Strategies Impact	50
Community Feedback from 2013 Community Health Needs Assessment	53
<u>Appendix</u>	54
<i>Primary Research</i> <ul style="list-style-type: none">• <i>Asset Map</i>• <i>Prioritization Worksheet</i>• <i>Non-Generalizable Survey</i>	
<i>Secondary Research</i> <ul style="list-style-type: none">• <i>Definitions of Key Indicators</i>• <i>County Health Rankings</i><ul style="list-style-type: none">○ <i>Nobles County Minnesota</i>	

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
- Steve Goetsch, CFO, Sioux Falls Region
- 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 Worthington Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE Enterprise Lead, Enterprise Community Health /Community Benefit
- Erica Berger, Social Services Manager, Worthington 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 Public Health
- 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
- Gina Nolte, Partnership4Health, Clay County
- 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
- Julie Ward, Avera Health
- Kathy McKay, Clay County Public Health
- Katie Olson, South Dakota State University
- Kay Schwarzwalter, Center for Social Research, North Dakota State University
- Kim Jacobson, Traill County Public Health
- Kip Littau, South Dakota State University
- Marnie Walth, Sanford Health
- Mary Michaels, Sioux Falls Public Health
- Nancy Fahrenwald, South Dakota State University
- Renae Moch, Burleigh County Public Health
- Roger Baier, Sanford Health
- Ruth Bachmeier, Fargo Cass Public Health
- 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 supporting the mentally and physically disabled, social services, disparity populations, and non-profit organizations 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 Worthington and Nobles County key community stakeholders participated in community discussions and helped to formulate the priorities for future work:

- Andy Johnson, Worthington YWCA
- David Jueneman, Sanford Health Board of Directors
- Becca Baumann, Southern Prairie
- Jesus Vega, Nobles County
- Christine Bullerman, Nobles County
- Casey Borgen, Nobles County
- Linda Ellis, Nobles County
- Stacie Golombiecki, Nobles County
- Greg Shell, Sanford Worthington Clinic
- Jennifer Weg, Sanford Worthington
- Linda Wagner, Sanford Worthington
- Erica Berger, Sanford Worthington
- Michael Hammer, Sanford Worthington

Description of Sanford Worthington Medical Center, Worthington, MN



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

Sanford Worthington provides more than 50 medical services, including general and same day surgery, a 27-bed medical/surgical unit, intensive care, lab and medical imaging, women's services including digital mammography, outpatient dialysis, infusion center, home care, oncology services including chemotherapy and radiation therapy, and a 24/7 emergency department with in-house physician coverage. An acute care clinic that provides walk-in, after hours and weekend services is also located at the hospital. Sanford Worthington Medical Center employs 20 active medical staff and 350 employees.



Description of the Community Served



Nestled in the southwest corner of Minnesota at the intersection of Interstate 90 and Minnesota State Highway 60, Worthington is the largest city in Nobles County with 13,000 residents. It has a strong agricultural presence and is home to several large corporations involved in processing, shipping, bio-science research and manufacturing. The city boasts a healthy retail sector with great shopping and over 30 restaurants, many representing foods from other ethnic cultures.

Worthington has excellent schools and Minnesota West Community and Technical College. A wide variety of recreation activities are available including Lake Okabena, bike paths, 19 city parks, soccer fields, hockey arena, tennis courts, baseball and softball fields, a disc golf course, in addition to two regular 18-hole golf courses. The city partnered with the YMCA and others to build a new \$9.5 million YMCA facility in Worthington.

The art deco War Memorial Auditorium was recently renovated and offers a great variety of shows and festivals that the city hosts throughout the year, including the annual King Turkey Days which brings up to 30,000 people to Worthington.



Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable survey was conducted of residents in Nobles County Minnesota. The survey instrument was developed in partnership with 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 agencies, at times using a snowball approach. Data collection occurred throughout the months of March 2015 and a total of 111 respondents participated in the on-line survey.

The purpose of the non-generalizable survey of residents in the greater Worthington and Nobles County area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease.

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 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 Nobles County.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Nobles County, Minnesota.

A good faith effort was made to secure input from a broad base of the community. 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

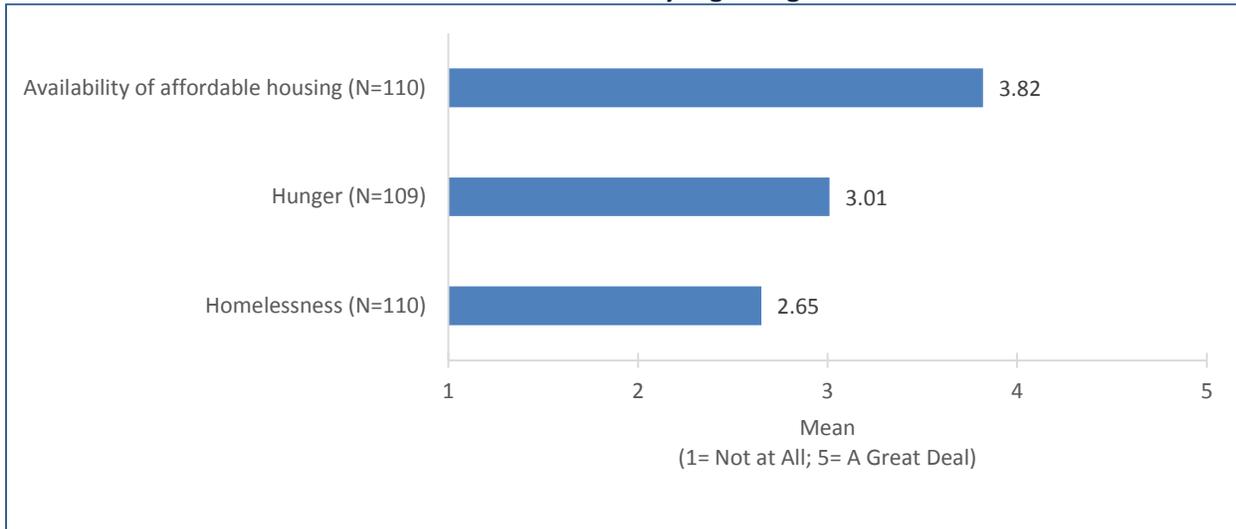
Primary Research

Community Health Concerns

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

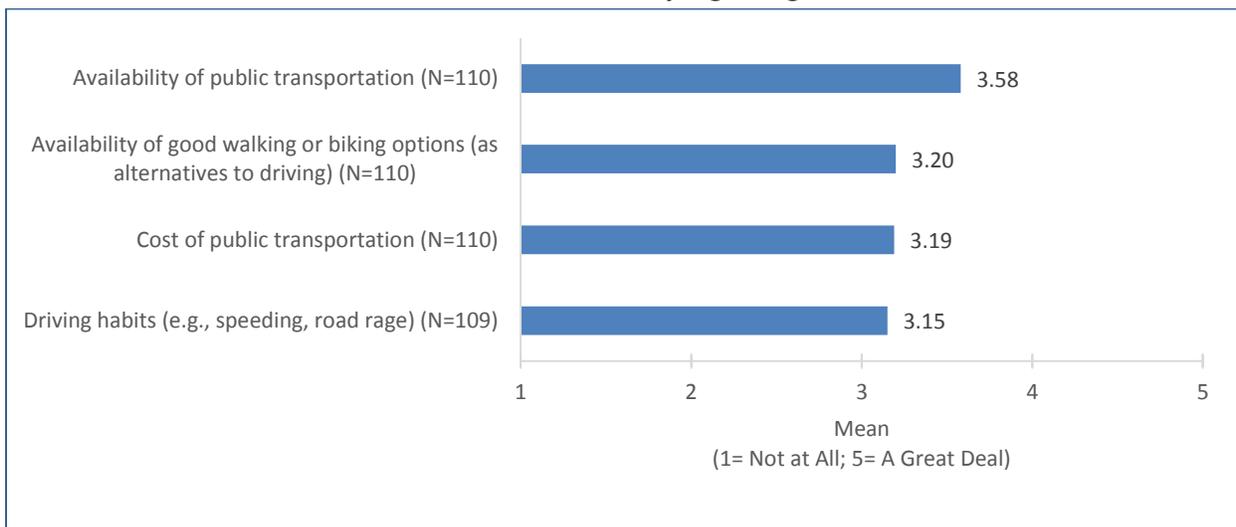
Economics: The availability of affordable housing ranks highest of concerns among community stakeholders.

Level of concern with statements about the community regarding ECONOMICS



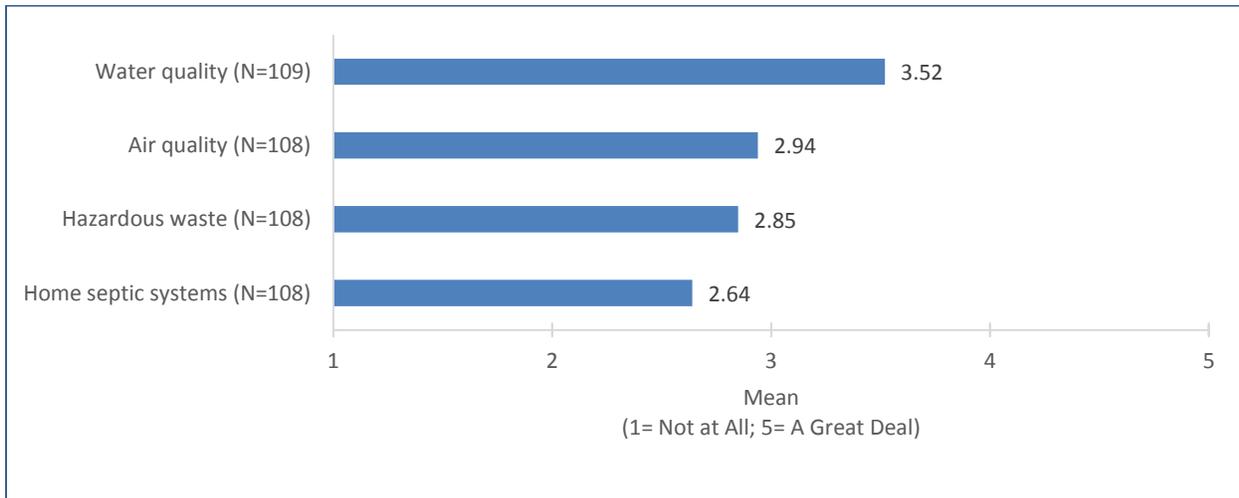
Transportation: The availability of public transportation is a concern of the community stakeholders.

Level of concern with statements about the community regarding TRANSPORTATION



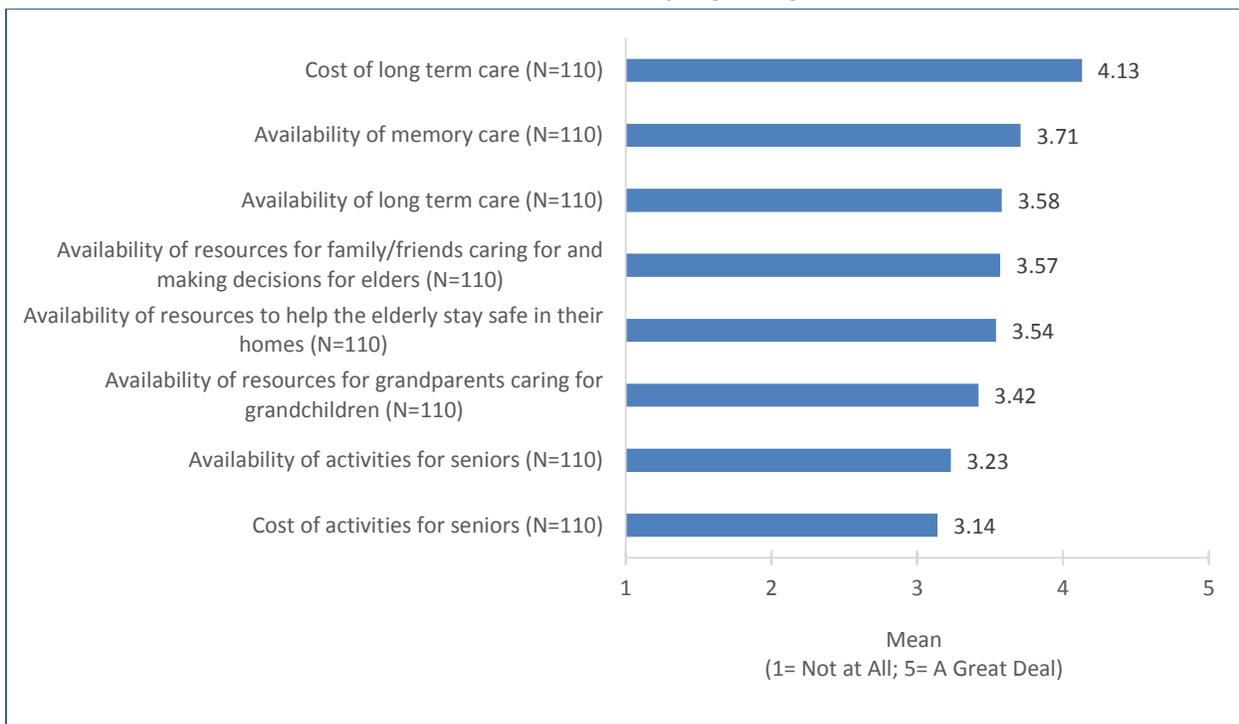
Environment: Water quality was the highest concern in the environment category among survey respondents

Level of concern with statements about the community regarding the ENVIRONMENT



Aging Population: The cost of long term care is the highest concern for the survey respondents. The availability of memory care and the availability of long-term care are also high concerns among this group. Additionally there are high concerns about the availability of resources to help caregivers making decisions for their elders and the availability of resources to help the elderly stay in their homes.

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

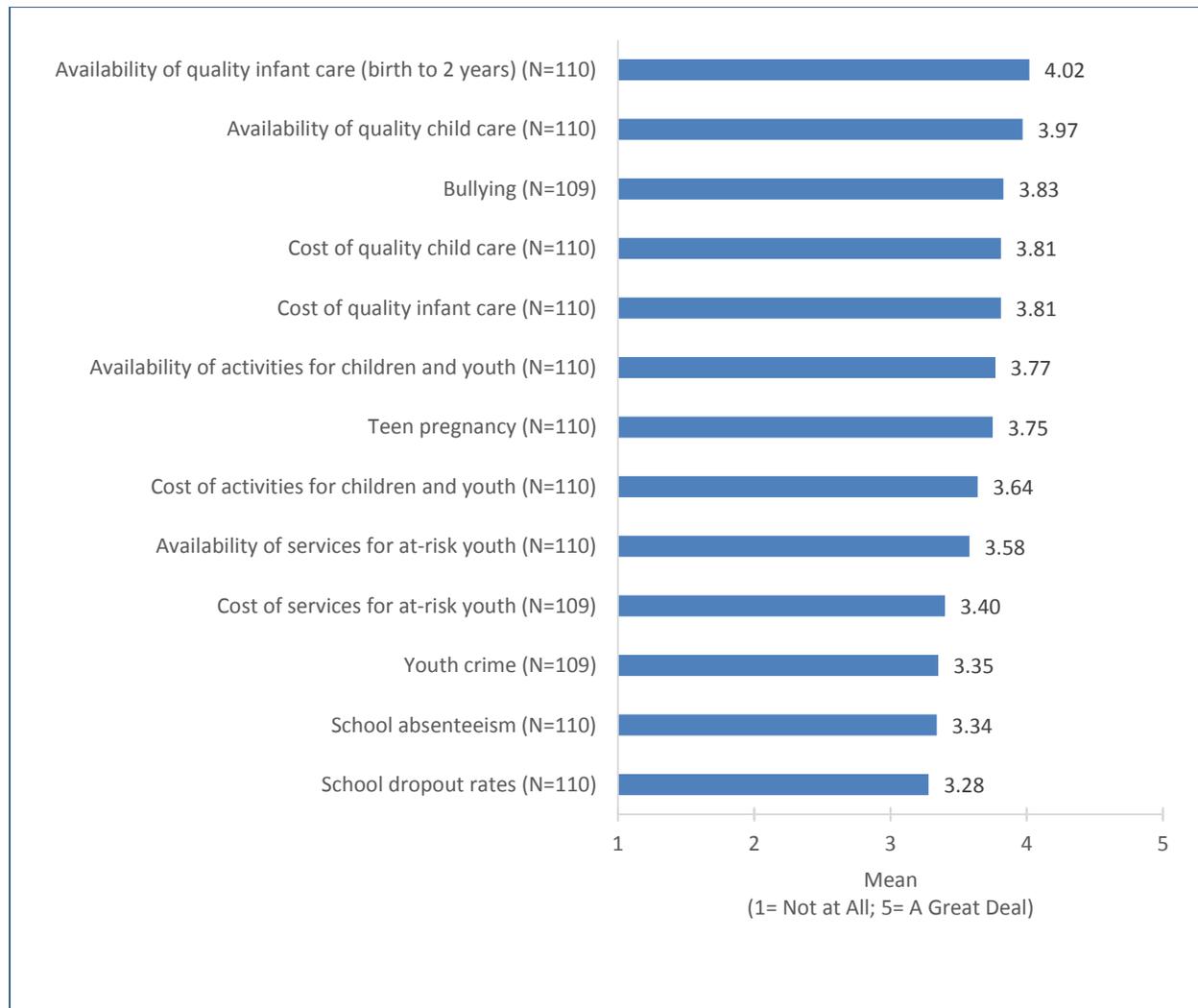


Sanford is working collaboratively with the area aging services providers to coordinate care for the aging population. Social workers, case managers, and discharge planners are working collaboratively with area service providers to assure safe discharge, and when appropriate, to assist in transitions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

Sanford is also a home health service provider.

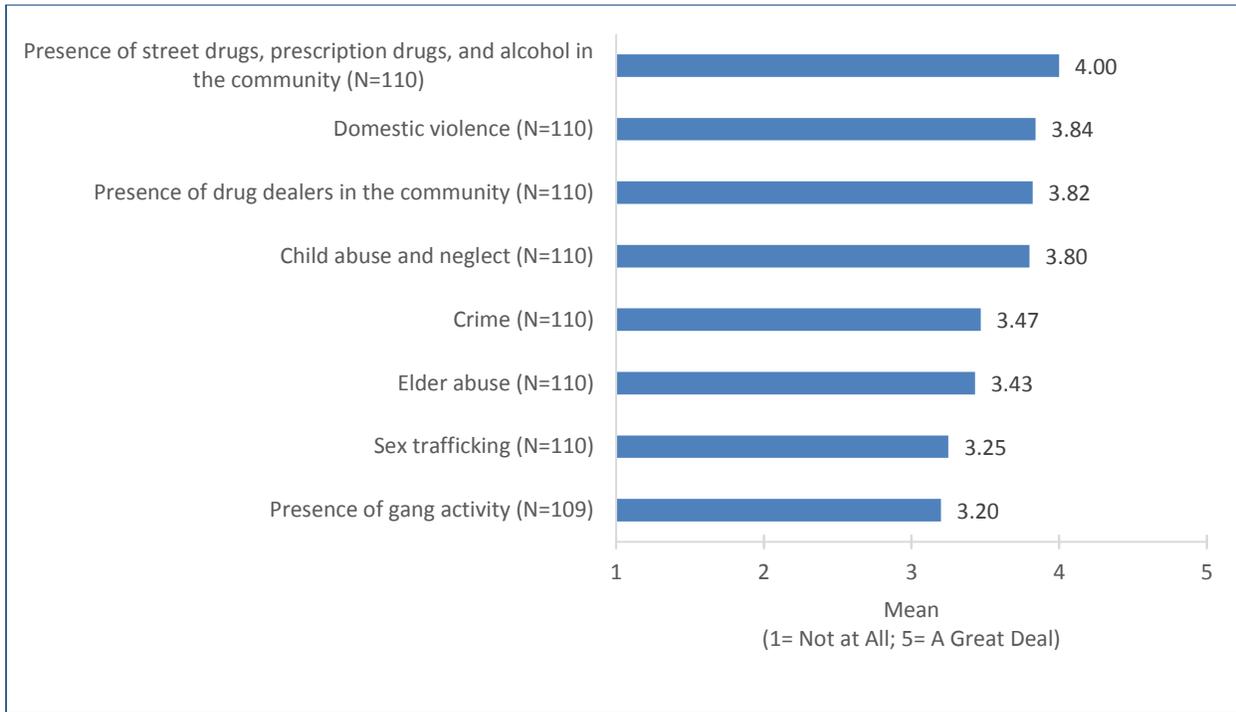
Children and Youth: Respondents have very high concerns for the children and youth of the community. The availability of quality infant care and quality of child care are the top concerns and rank highest on the Likert scale and the cost of these services are also higher ranking concerns. Bullying, the cost and availability of activities for children and youth, teen pregnancy, and the availability of services for at-risk youth are all moderately high concerns.

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



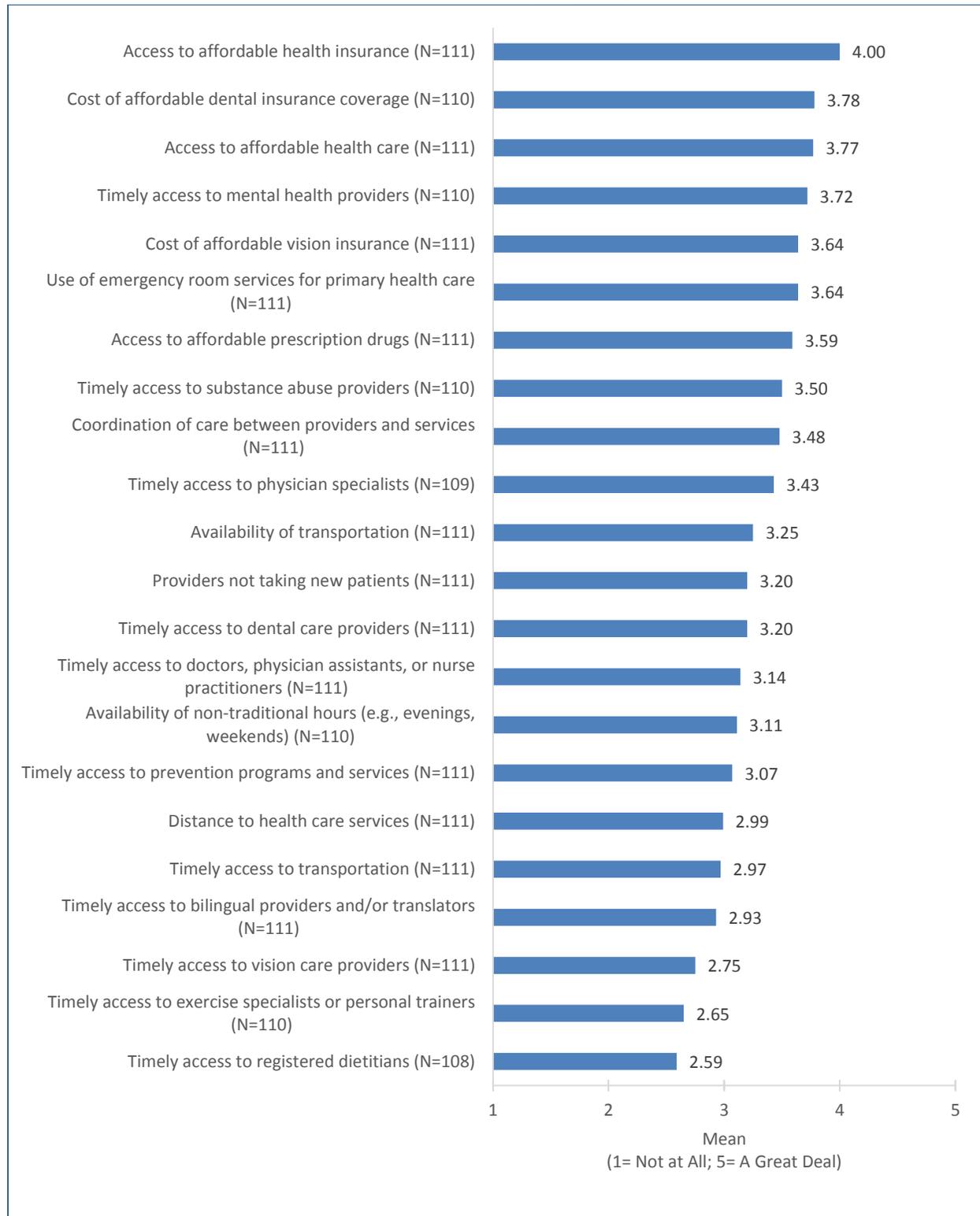
Safety: The presence of street drugs, prescription drugs, and alcohol and drug dealers in the community are the top concerns. Child abuse and neglect and domestic violence are all concerns that rank high among the survey respondents.

Level of concern with statements about the community regarding SAFETY



Health Care Access: Access to affordable health insurance, the cost of affordable dental insurance coverage, access to affordable health care, timely access to mental health providers, cost of affordable vision insurance, the use of the emergency department for primary care, the access to affordable prescription drugs, and the timely access to substance abuse providers are high ranking concerns among the survey respondents.

Level of concern with statements about the community regarding HEALTH CARE



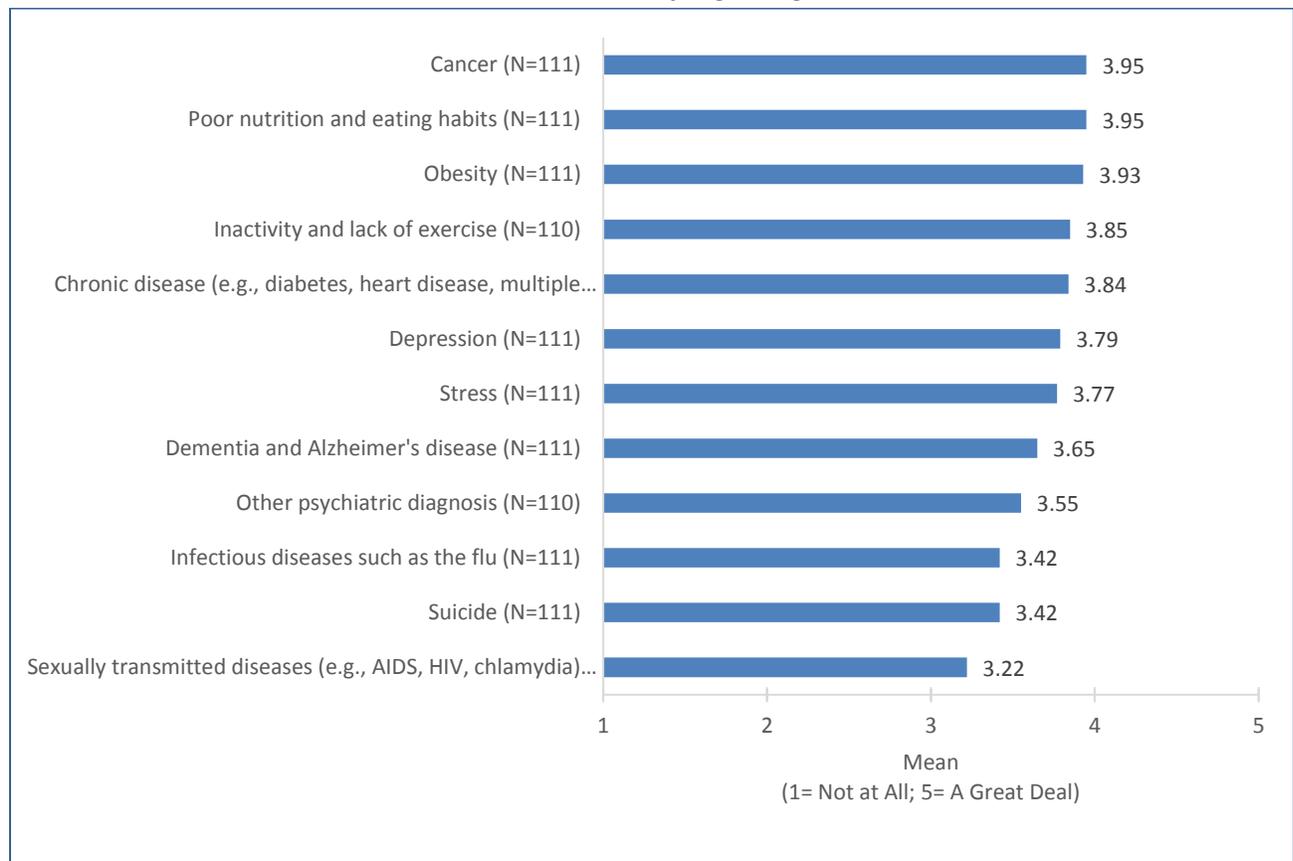
Sanford provides the Community Care Program and a financial assistance policy to address assistance to all who qualify for charity care. During fiscal year 2014 Sanford contributed over \$51 million for charity care for our patient population who required care without the ability to pay for services. Sanford has financial counselors available at clinic and medical center facilities to assist patients with applications for assistance and access needs. Social workers, case managers and discharge planners work collaboratively with area service providers to assure that safe discharges are possible and appropriate resources are engaged.

One example of a community resource that is addressing the access needs of patients is Sanford’s My Sanford Nurse Program (formerly called Ask-A-Nurse). My Sanford Nurse served 324,295 individuals from throughout the footprint and nation during fiscal year 2014 and provided a community benefit of over \$1.8M with more than 45,965 nursing staff hours. There is no fee for this service.

Physical Health: The top physical health concern among the survey respondents is cancer, followed by poor nutrition, obesity and inactivity and chronic disease.

Mental Health: Depression, stress, dementia and Alzheimer’s, and other psychiatric diagnosis are the highest concerns for mental health.

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



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.

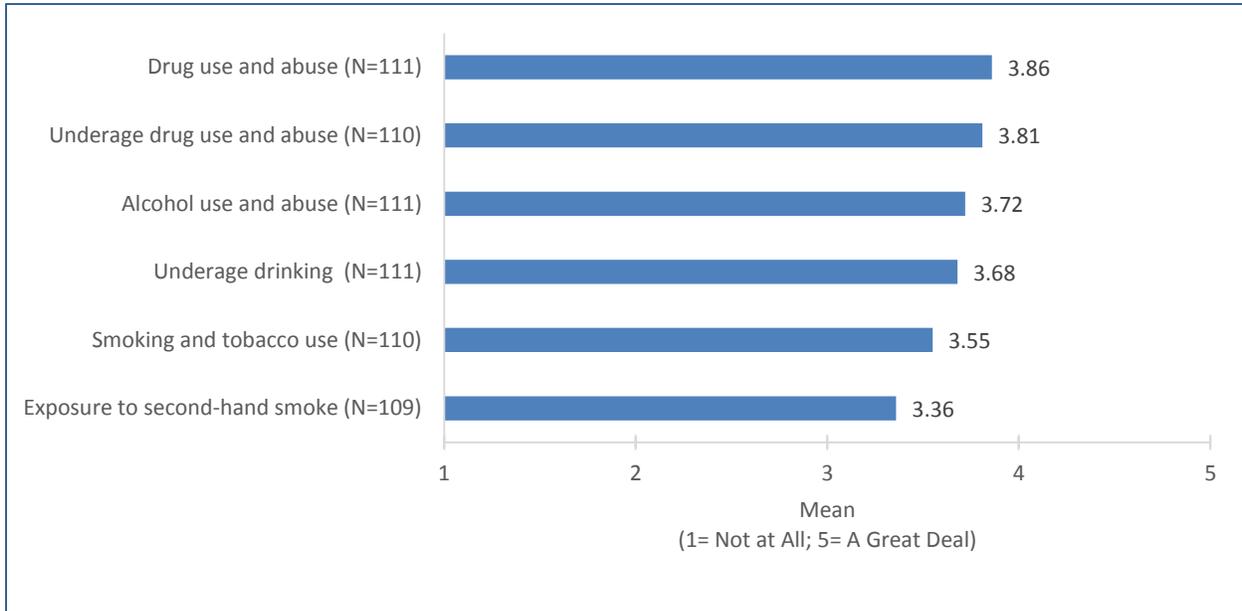
The Sanford Health *fit* initiative, <http://sanfordfit.org/> a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates 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.
- *fit* 4 schools fit4schools@sanfordhealth.org is an on-line school resource with unique lessons integrated into daily classroom activities. *fit*4schools incorporates topics into math and science curriculum. The on-line resource for the classroom has 14 STEM (integrating science, technology, engineering, and math) unit plans that can be downloaded for classroom use.
- 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 behavioral health concerns are drug use and abuse, underage drug use and abuse, alcohol use and abuse, underage drinking, and smoking and tobacco.

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



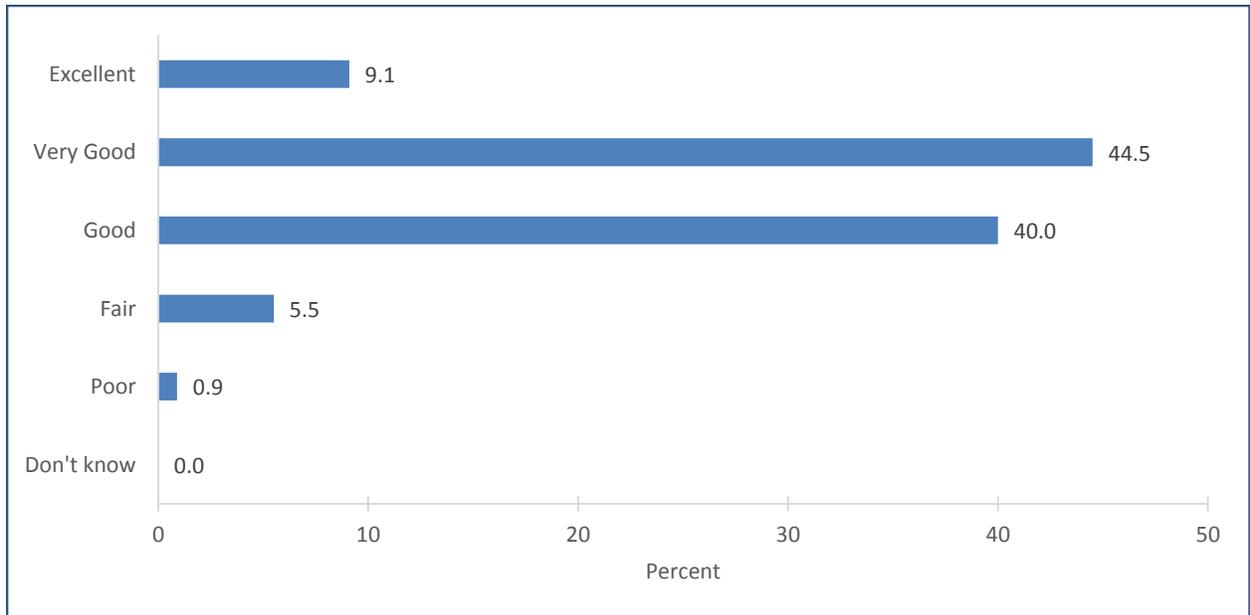
Personal Health Concerns

Respondents' Personal Health Status

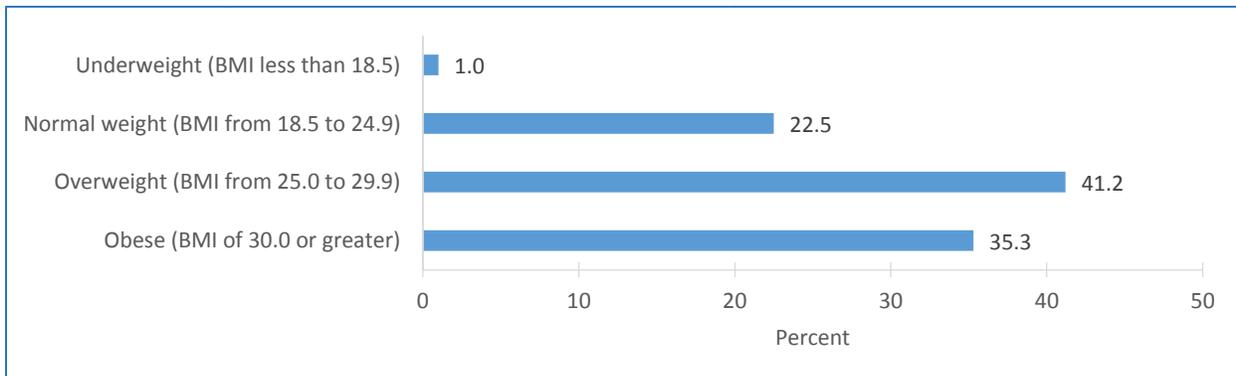
The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority of respondents in the area are overweight or obese. However, the vast majority 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 78% of respondents visited a doctor or health care provider for a routine physical and over 79% visited a dentist or dental clinic.

75.4% of the survey respondents rate their health as good or better.

Respondents' rating of their health in general

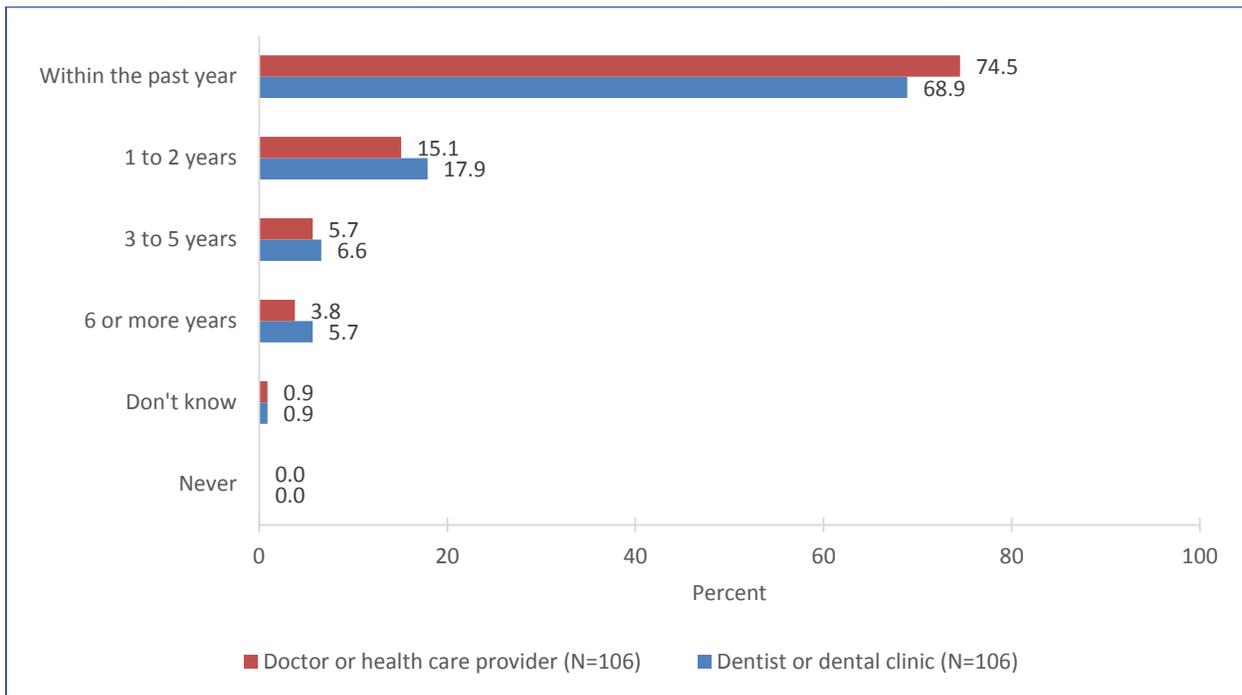


Respondents' weight status based on the Body Mass Index (BMI) scale



76.5% of the survey respondents 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



21.7% of respondents have waited a year or longer to see a physician for a routine physical exam and 30.2% have not seen a dentist in over a year.

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, prostate cancer screening [males], and skin cancer screening) in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate. The age demographics for survey respondents included a younger group of with 43.4% under age 45.

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=107)	92.5	7.5	100.0
Blood sugar screening (N=107)	77.6	22.4	100.0
Bone density test (N=107)	11.2	88.8	100.0
Cardiovascular screening (N=107)	25.2	74.8	100.0
Cholesterol screening (N=106)	78.3	21.7	100.0
Dental screening and X-rays (N=107)	71.0	29.0	100.0
Flu shot (N=107)	81.3	18.7	100.0
Glaucoma test (N=107)	42.1	57.9	100.0
Hearing screening (N=107)	11.2	88.8	100.0
Immunizations (N=106)	32.1	67.9	100.0
Pelvic exam (N=74 Females)	59.5	40.5	100.0
STD (N=106)	8.5	91.5	100.0
Vascular screening (N=106)	10.4	89.6	100.0
CANCER SCREENINGS			
Breast cancer screening (N=72 Females)	58.3	41.7	100.0
Cervical cancer screening (N=73 Females)	57.5	42.5	100.0
Colorectal cancer screening (N=104)	20.2	79.8	100.0
Prostate cancer screening (N=28 Males)	25.0	75.0	100.0
Skin cancer screening (N=105)	19.0	81.0	100.0

Whether respondents had preventive screenings in the past year, by gender and age

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=8)	62.5	0.0	0.0	0.0	0.0	0.0	37.5
Blood sugar screening (N=24)	50.0	33.3	0.0	0.0	0.0	4.2	12.5
Bone density test (N=95)	43.2	43.2	3.2	0.0	0.0	1.1	7.4
Cardiovascular screening (N=80)	45.0	41.3	5.0	0.0	1.3	1.3	10.0
Cholesterol screening (N=23)	47.8	21.7	4.3	0.0	0.0	4.3	13.0
Dental screening and X-rays (N=31)	19.4	12.9	41.9	12.9	6.5	3.2	25.8
Flu shot (N=20)	35.0	0.0	0.0	0.0	0.0	5.0	55.0
Glaucoma test (N=62)	45.2	29.0	8.1	0.0	0.0	3.2	11.3
Hearing screening (N=95)	50.5	29.5	4.2	0.0	1.1	1.1	8.4

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
Immunizations (N=72)	56.9	22.2	0.0	0.0	0.0	2.8	5.6
Pelvic exam (N=30 Females)	26.7	20.0	3.3	3.3	0.0	6.7	26.7
STD (N=97)	71.1	10.3	0.0	1.0	0.0	1.0	9.3
Vascular screening (N=95)	51.6	35.8	4.2	0.0	1.1	2.1	10.5
CANCER SCREENINGS							
Breast cancer screening (N=30 Females)	60.0	10.0	6.7	0.0	0.0	6.7	16.7
Cervical cancer screening (N=31 Females)	54.8	9.7	3.2	3.2	0.0	3.2	25.8
Colorectal cancer screening (N=83)	49.4	27.7	4.8	1.2	0.0	2.4	16.9
Prostate cancer screening (N=21 Males)	42.9	33.3	0.0	4.8	0.0	0.0	19.0
Skin cancer screening (N=85)	41.2	44.7	4.7	1.2	1.2	3.5	8.2

- 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 dental screening and x-rays, the most common reason for not being tested is the cost.
- For the flu shot screening, most respondents cite that it was not necessary or other reasons for not getting the shot.

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.

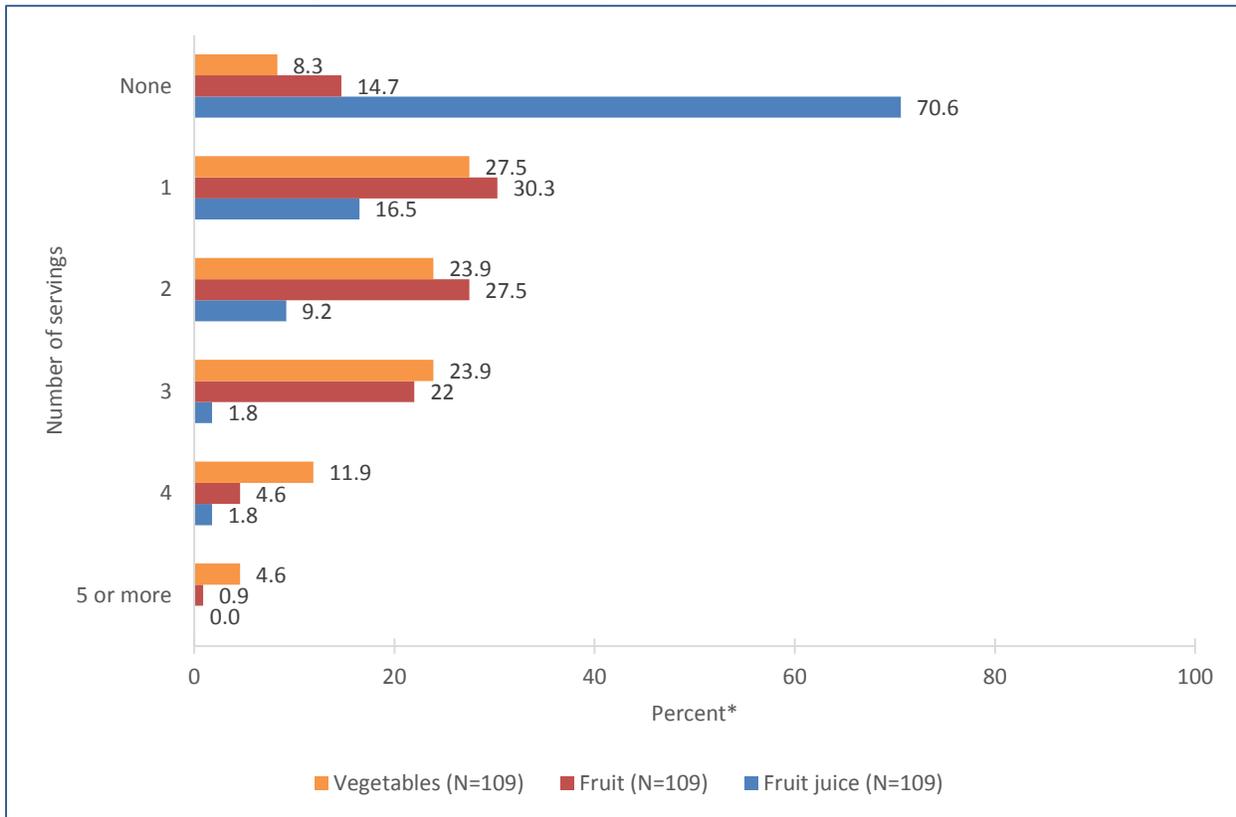
Sanford Health employees are required to have an annual flu vaccine as a protective measure for our patients as well as our staff. Sanford holds annual flu blitz events to increase the number of community members both pediatric and adult who receive the flu vaccine.

Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 40.4% of respondents reported having 3 or more servings of vegetables the prior day, and only 27.5% reported having 3 or more fruits each 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

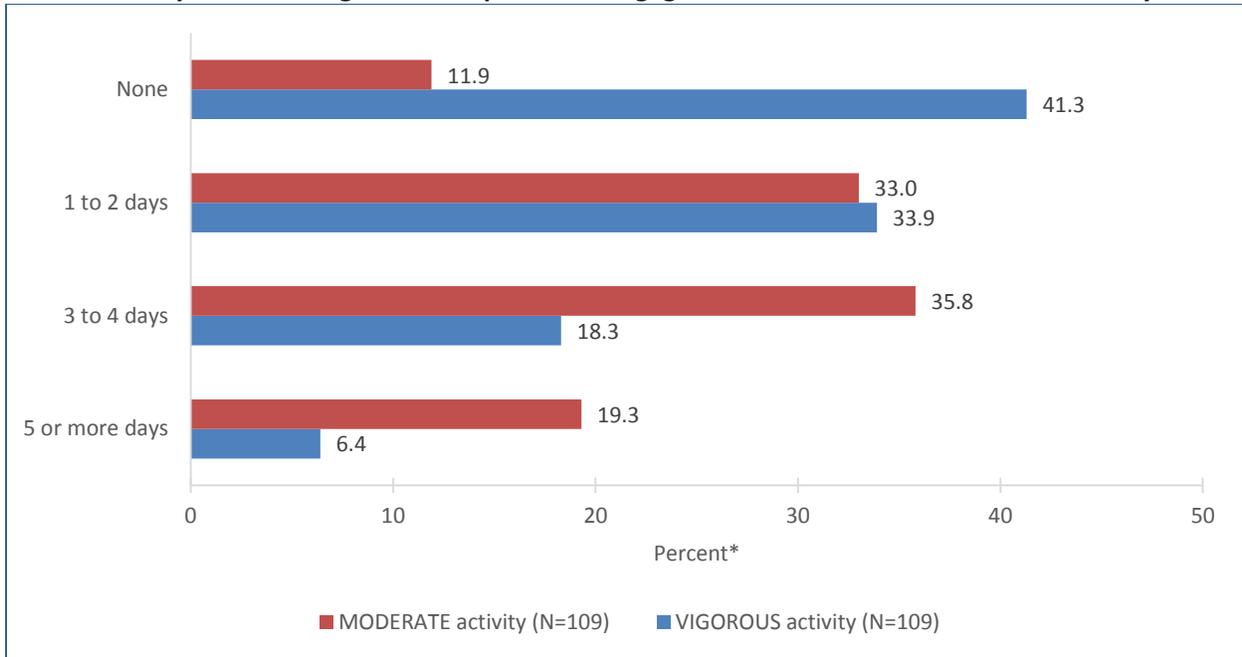


Physical Activity Levels

Study results find that 55.1% of respondents meet physical activity guidelines with moderate activity 3 or more times per week. 28.6% of respondents engage in vigorous activity 3 or more times per week.

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

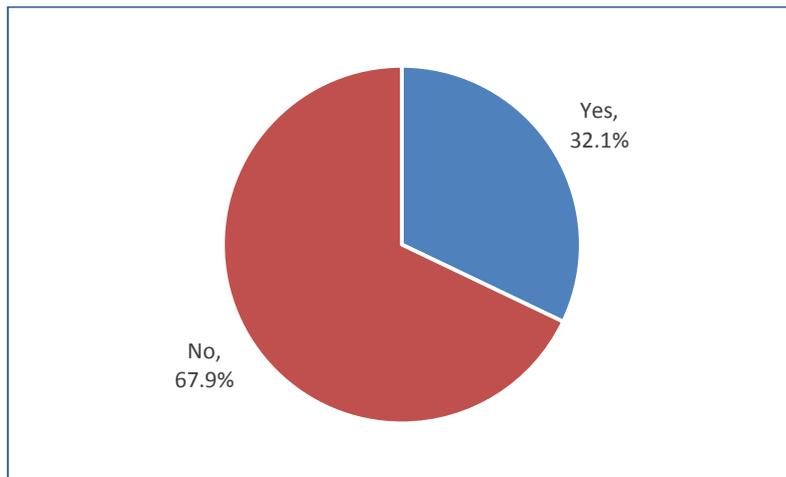


Tobacco Use

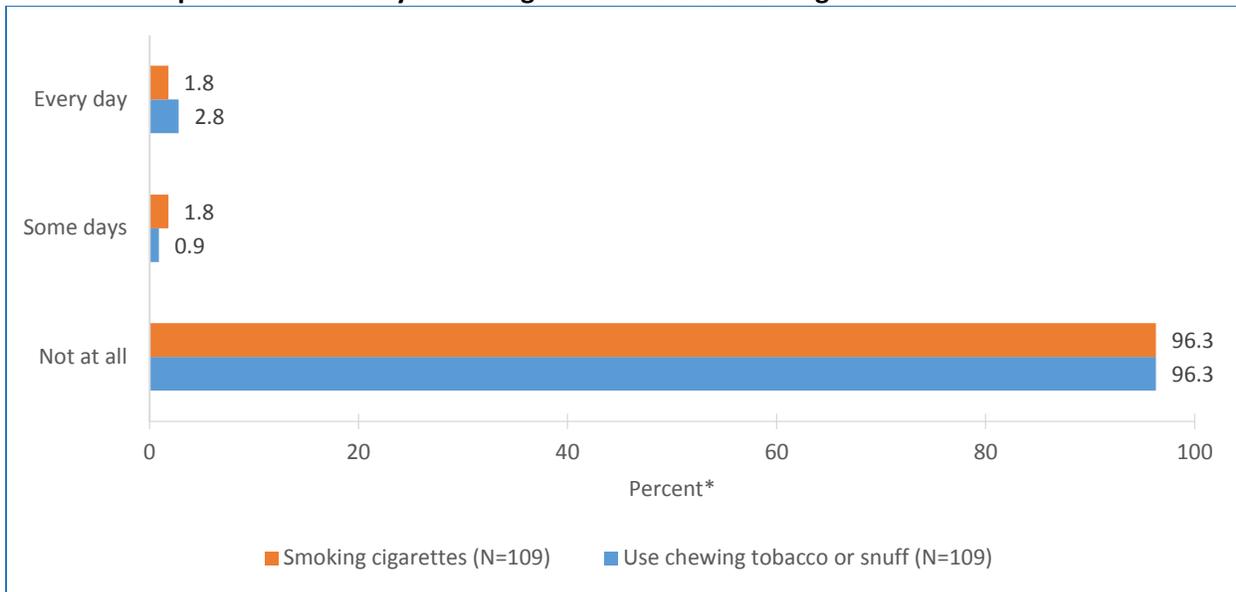
Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 32.1% of respondents have smoked at least 100 cigarettes in their lifetime, which indicates a former smoker status according to the Centers for Disease Control and Prevention.

Secondary research through the 2015 County Health Rankings finds that 10 percent of Nobles County residents are current smokers.

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



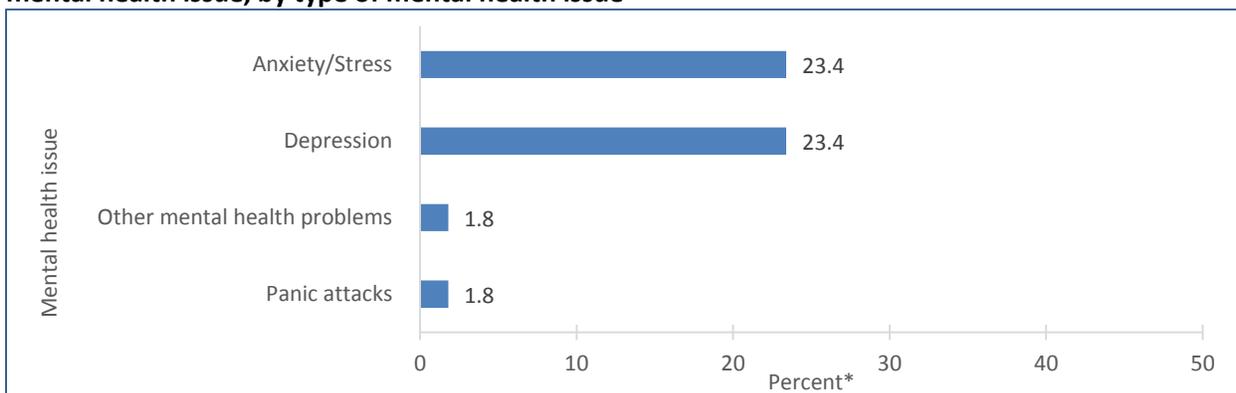
How often respondents currently smoke cigarettes and use chewing tobacco or snuff



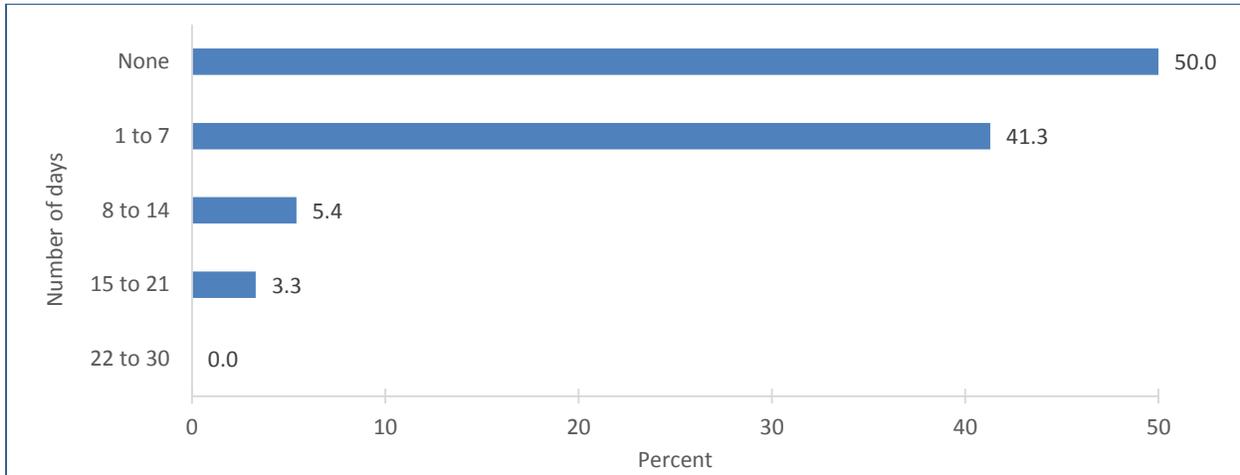
Mental Health

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 Nobles County respondents, mental health is a moderately high area of concern, particularly suicide, depression, stress, other psychiatric diagnosis, dementia and Alzheimer’s disease. More than 23% of respondents have been told by a doctor or health professional that they have anxiety or stress and over 23% have been told that they have depression. In addition, half of respondents self-report that in the last month, there were days when their mental health was not good.

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



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

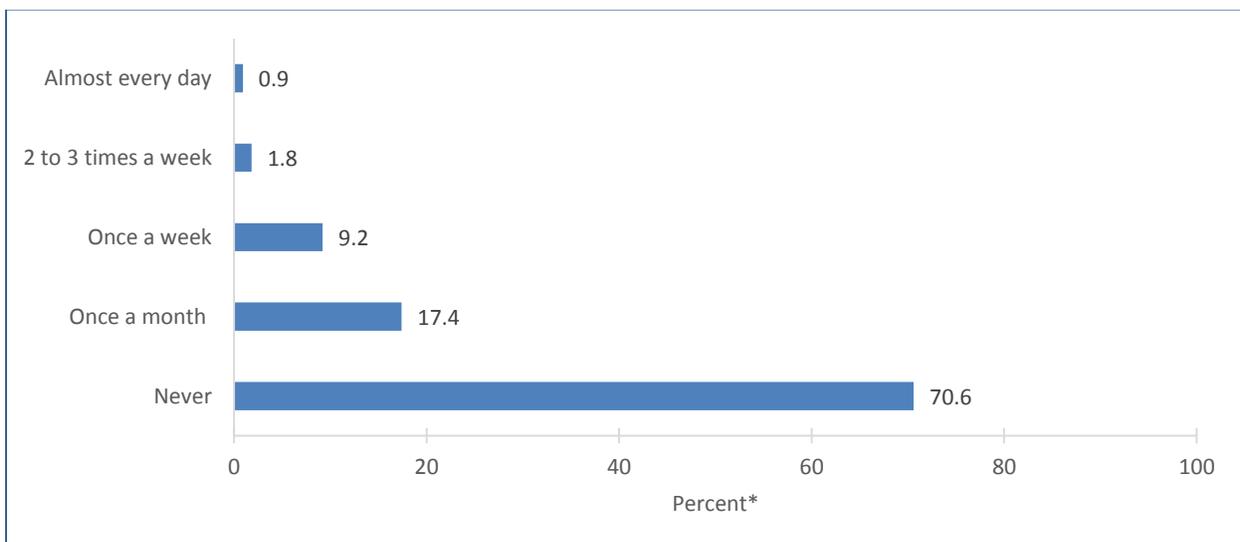


Substance Abuse Responses

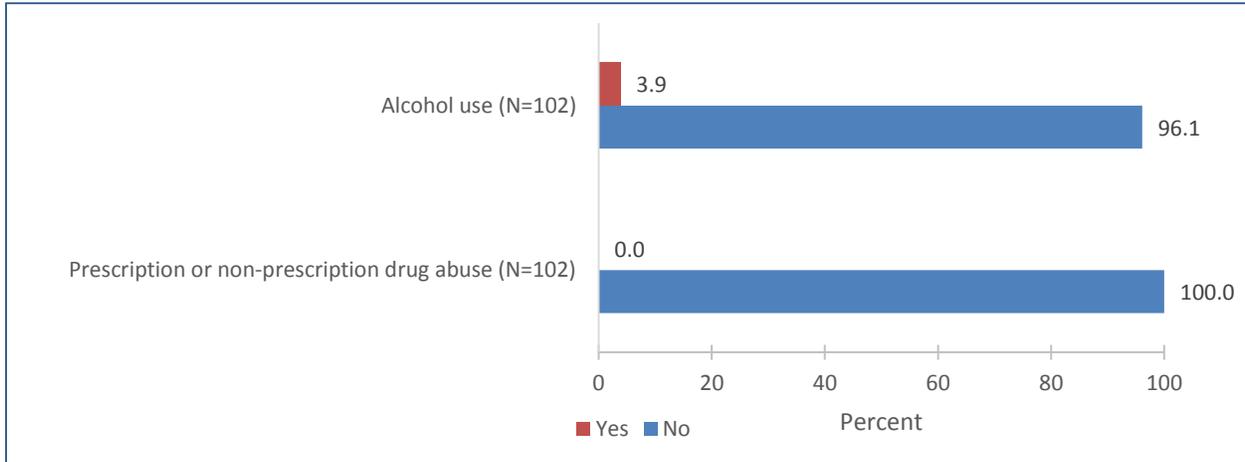
Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In Worthington and Nobles County, 76.2% of respondents drank alcoholic beverages on at least one of the days in the last month. On days they drink, 22.6% of respondents drank an average of 3 or more drinks per day. In regards to binge drinking, 29.3% report binge drinking at least once per month.

Secondary research through the 2015 County Health Rankings indicates that 9% of Nobles County residents report excessive drinking. (See Appendix)

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



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



Only 3.9% percent of respondents reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking.

Other forms of substance abuse include the use of prescription or non-prescription drugs. None of the respondents reported having had a problem with prescription or non-prescription drug abuse.

Demographics

Total Population – 2010 U.S. Census Bureau

- Nobles County: 21,378

Population by Age and Gender

	Number	Percent	Males	Percent	Females	Percent
<5 years	1,697	7.9	846	4.0	851	4.0
5-9	1,458	6.8	744	3.5	714	3.3
10-14	1,413	6.6	736	3.4	677	3.2
15-19	1,490	7.0	771	3.6	720	3.4
20-24	1,358	6.4	791	3.7	567	2.7
25-29	1,434	6.7	788	3.7	646	3.0
30-34	1,234	5.8	649	3.0	585	2.7
35-39	1,225	5.7	657	3.1	568	2.7
40-44	1,279	6.0	676	3.2	603	2.8
45-49	1,385	6.5	733	3.4	652	3.0
50-54	1,563	7.3	806	3.8	757	3.5
55-59	1,345	6.3	712	3.3	633	3.0
60-64	1,076	5.0	536	2.5	540	2.5
65-69	862	4.0	423	2.0	438	2.0
70-74	700	3.3	337	1.6	363	1.7
75-79	668	3.1	287	1.3	381	1.8
80-84	521	2.4	211	1.0	310	1.5
85 and over	669	3.1	213	1.0	456	2.1
Median age	37.5		36		39	

Population by Race

	Nobles	Percent
White	16,206	75.8
Black or African American	743	3.5
American Indian or Alaska Native	111	0.5
Asian	1,168	5.5
Native Hawaiian or other Pacific Islander	10	0.0
Hispanic or Latino	4,820	22.5

The per capita personal income in Nobles County, Minnesota is \$22,598. 16% in Nobles County are living below the poverty level. The unemployment rate in Nobles County, Minnesota is 3.9%.

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
- Secondary research data
- Community resources that are available to address the need(s)

The Asset Map can be found in the Appendix.

Prioritization

The following needs were brought forward for prioritization:

- Economics – affordable housing
- Transportation – availability of public transportation
- Aging – cost and availability of long term care and availability of memory care, availability of resources for caregivers and also to help seniors stay in their homes
- Children and Youth – cost and availability of quality child care and quality infant care, bullying, availability of services for at-risk youth, teen pregnancy, and the cost and availability of activities for children and youth
- Safety – presence of drug dealers and street drugs and alcohol in the community, domestic violence, child abuse and neglect, and the presence of gang activity
- Health Care Access – access to affordable health insurance, the cost of affordable dental and vision insurance, access to affordable prescription drugs, timely access to substance abuse providers, and the use of emergency services for primary care
- Physical Health – cancer, obesity, chronic disease, poor nutrition and inactivity
- Mental Health – depression, stress, underage substance use and abuse and alcohol use, adult drug use and abuse and alcohol use, other psychiatric diagnosis, dementia and Alzheimer’s, smoking and tobacco use
- Preventive Health – flu vaccines, routine physicals

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 Appendix.

Community stakeholders partnered with Sanford to determine that access to health care and physical/mental health are top unmet needs for further implementation strategies.

Sanford has determined the 2016-2019 implementation strategies for the following needs:

- Access to Health Care
- Physical/Mental Health

How Sanford is Addressing the Needs

Identified Concerns	How Sanford Worthington is Addressing the Needs
Economics <ul style="list-style-type: none"> • Availability of affordable housing 	<p>Share the results of the CHNA with City of Worthington, Worthington Housing Authority, and Worthington Regional Economic Development Counsel.</p> <p>Sanford addresses this by serving on the economic development committee.</p>
Transportation <ul style="list-style-type: none"> • Availability of public transportation 	<p>Share the results of the CHNA with City of Worthington and Nobles County Commissioners.</p>
Environment <ul style="list-style-type: none"> • Water quality 	<p>Share the results with the City of Worthington and Nobles County Commissioners.</p>
Aging <ul style="list-style-type: none"> • Cost of long term care • Availability of memory care • Availability of long term care • Availability of resources for family/friends caring for and making decisions for elders • Availability of resources to help the elderly stay safe in their homes 	<p>Share the results of the CHNA with community leaders; including Skilled Nursing, Assisted Living, and Senior Housing Facility leaders.</p> <p>Sanford is a home health service provider.</p>
Children and Youth <ul style="list-style-type: none"> • Availability of quality infant care • Availability of quality childcare • Bullying • Cost of quality child care • Cost of quality infant care • Availability of activities for children and youth • Teen pregnancy • Cost of activities for children and youth • Availability of services for at-risk youth • <i>Teen births</i> 	<p>Share the results of the CHNA with the City of Worthington, Southwest MN Opportunity Council Child Resource and Referral program, Nobles County Community Services, YMCA, and School District.</p>
Safety <ul style="list-style-type: none"> • Presence of street drugs, and alcohol in the community • Domestic violence • Presence of drug dealers in the community • Child abuse and neglect • <i>Violent crime</i> 	<p>Sanford will address this by sharing the results with the City of Worthington, Nobles County Law Enforcement, and Nobles County Community Services.</p>
Health care <ul style="list-style-type: none"> • Access to affordable health insurance • Cost of affordable dental insurance coverage • Access to affordable health care • Timely access to mental health providers • Cost of affordable vision insurance • Use of emergency room services for primary health care • Access to affordable prescription drugs • Timely access to substance abuse providers • <i>STDs</i> 	<p>Sanford will address this need as one of the initiatives for FY 2017-2020.</p> <p>Sanford will share the results with the Southwest Mental Health Center.</p>

Identified Concerns	How Sanford Worthington is Addressing the Needs
<p>Physical Health</p> <ul style="list-style-type: none"> • Cancer • Poor nutrition and eating habits (40% have 3 or more vegetables/d, 27.5% have 3 or more fruits/d) • Obesity (76.5% have BMI of overweight or obese) • Inactivity/lack of exercise (55% -moderate exercise 3 x/week 29% have vigorous activity 3x/week) • Chronic Disease (hypertension, high cholesterol, arthritis, diabetes) 	<p>Sanford will address this need as one of the initiatives for FY 2017-2020.</p>
<p>Mental Health</p> <ul style="list-style-type: none"> • Depression (23.4% report depression – 50% have 1 or more days/mos. when their mental health was not good) • Stress (23.4% report anxiety/stress) • Dementia and Alzheimer’s disease • Other psychiatric diagnosis • Drug use and abuse • Under age drug use and abuse • Alcohol use/abuse (22.6% report consuming 3 or more drinks/d, 29% have binge level drinking at least 1 x/mos.) • Underage drinking • Smoking and tobacco use 	<p>Sanford is addressing this through inpatient services by having 2 FTEs for social services to address mental health as they are in crisis in the hospital setting. Telehealth services for psychiatry are also utilized. Recruiting for 1 Behavioral Health Triage Therapist FTE for the clinic to provide assessments and treatment.</p> <p>Sanford also has representation on the Nobles County Mental Health Advisory Council and Adult & Child Protection teams, working in collaboration with community entities to address mental health needs.</p>
<p>Preventive Health</p> <ul style="list-style-type: none"> • Flu shots (34.6% reported that children 6 months or older did not get a flu shot or flu mist each year) • Immunizations (32% of respondents report having immunizations in the past year, and respondents report that 98% of their children are current on their immunizations) • 21.7% have not seen a health care provider in the past year - 30.9% have not seen a dentist in the past year 	<p>Sanford is addressing this need by offering flu vaccinations. Additionally, Sanford employees are required to have a flu shot to prevent to maintain a healthy workforce and to prevent spreading the flu to others.</p> <p>Will share results with Nobles County Public Health.</p>

2016 Implementation Strategy

Sanford Worthington Medical Center Implementation Strategies

Priority 1: Healthcare Access

Access to care includes the ability to gain entry into a health system or provider service. Access can include the availability of health care providers and a workforce available to address the needs. Limited access can challenge the ability to receive appropriate levels of care and may pave the way to the utilization of higher cost entry points into the system through the emergency room.

Sanford provides the Community Care Program and a financial assistance policy to address assistance to all who qualify for charity care. Sanford has prioritized health care access as a top priority and has set strategy to create awareness of the resources and financial assistance that is available through Sanford.

Priority 2: Physical Health/Mental Health

Physical health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. 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. Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford has prioritized physical and mental health as a top priority and has set strategy to increase preventative health care including dietitian services and implementation of the advanced medical home model, reduction of mortality and morbidity from mental illness by identifying and providing early intervention through mental health services,

**Community Health Needs Assessment
Implementation Strategy for Sanford Worthington Medical Center
FY 2017-2019 Action Plan**

Priority 1: Healthcare

Projected Impact: Access is improved when community members understand the resources and financial assistance that is available through Sanford Health.

Goal 1: To increase public education on healthcare topics and available resources

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations -if applicable
Provide monthly newspaper article on health care topic	Complete full page article re: health care topic for <i>Daily Globe</i> (12 months)	Marketing, Providers	Holly Sieve, Greg Schell, Mike Hammer	Worthington <i>Daily Globe</i>
Implement triage call center at the local Sanford clinic	Triage call center is operational within Sanford Clinic	Clinic space, Triage staff	Greg Schell	

Goal 2: Collaboration with community entities to increase holistic care

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Mental Health referrals to YMCA for membership (as a part of care plan)	Sanford Health Coaches and BHTT to follow as part of care plan	Health Coaches	Mike Hammer	Working with YMCA leadership for referral process & to ensure affordable access
Sanford providers to make referrals for YMCA membership (subsidized options included)	Sanford Health Coaches to follow as part of care plan	Health Coaches	Mike Hammer	Collaboration with YMCA leadership

Goal 3: Collaboration with JBS employer to increase education relative to health care services and insurance

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Provide educational posters through JBS work areas. Topics to include: Use of Emergency Department, Primary Care, Proper use of Health Insurance, etc.	Health topics to be identified and presented on a monthly basis via posters in work area	Marketing	Mike Hammer, Greg Schell, Sarah Andersen	JBS
Implement a “Kiosk” location that provides healthcare information for employees (including having this information in multiple languages)	Health topics to be identified and presented on a monthly basis via posters in work area	IT	Mike Hammer, Greg Schell, Sarah Andersen	JBS

Priority 2: Physical Health

Projected Impact: Preventative service utilization is increased when community members have greater understanding of emergency vs. preventive care and are aware of available health services provided by Sanford Health

Goal 1: To increase prompting and implementation of preventative health care

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Implement Health Planet program – which identifies and alerts patients when preventative health care procedures are due	Increase number of colonoscopies & mammograms	Health Coaches	Greg Schell	
Increase 1:1 goal setting and case management for plan of care through Sanford Clinic	Increase number of clients connected with Health Coaches	Health Coaches	Greg Schell, Clinical Supervisors	
Implement Advance Medical Home model of practice with behavioral health	Recruitment of BHTT FTE within the clinic	HR	Greg Schell	
Increase utilization of Sanford Health Cooperative (held on weekly basis)	Increase visits	Health Coaches	Jennifer Weg	

Goal 2: Increase early identification and access to mental health services

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Implement Advance Medical Home model	Hire full-time Behavioral Health Triage Therapist available at Sanford Clinic	Recruiting/HR	Greg Schell	

Goal 3: To increase knowledge and use of dietitian services

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Increase provider education of Registered Dietitian and services available to patients at SWMC	Implement referral process. Provide education to providers. Increase referrals, particularly with the pediatric population.	Clinical Dietitian	Michelle, Greg, Clinical Supervisors	
Marketing campaign promoting available services	Increase number of referrals	Marketing	Mike, Holly, Michelle	

Goal 4: Improve the availability for exercise and nutrition education across the community

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Provide Sanford <i>fit</i> to the local schools and child care providers www.Sanfordfit.org	Sanford <i>fit</i> is available to all students and families in the area through classroom and <i>fit</i> website	Sanford <i>fit</i> leadership Classroom teachers	Sanford leaders	Local schools Child care leaders

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 Worthington Implementation Strategy

Implementation Strategy: Youth - Obesity

Three Year Plan (July, 2013 – June, 2016)

- Implement the Sanford enterprise implementation strategies to address obesity
- To establish a youth program (K-4) that will involve District 518, YMCA and local Sanford Worthington Clinic Pediatricians and staff.
- Action plans include focusing on kids with a BMI above a certain percentage.
- Program to include physical activity for the kids as well as an educational component for parents.
- Curriculum is currently being developed.
- Review of program will occur with changes implemented, if any, for school year 2013-2014.

Implementation Strategy: Elderly

Three Year Plan (July, 2013 – June, 2016)

- To review and define the socio-economic –health status of the current state of the elderly in the community and develop and implementation strategy in FY15 on need or needs identified.
- Actions include releasing summary of survey data to agencies that participated in the primary source community survey in first quarter, FY14.
- Identify agencies within the community and begin the assessment of elderly status. Agencies may include Nobles County Public Health, Nursing Homes, City of Worthington and Sanford. Others will be invited as identified.

Implementation Strategy: New American/Immigrants

Three Year Plan (July, 2013 – June, 2016)

- To increase SWMC and Sanford Worthington Clinic providers and staff awareness to the various cultures and nationalities currently in the SWMC market area as it affects the delivery of health care to these groups of community members.
- Actions include creating periodic education and competencies for all staff on the various cultures in the Worthington area in FY14. Focus will be given to those cultures with the largest population base in our market area.

The 2013 strategies have served a broad reach across our community and region. The impact has been positive and the work will continue into the future through new or continued programming and services.

Impact of the Strategy to Address Obesity in Adults, Elderly and Youth

Sanford Worthington Medical Center has developed a medical weight loss program inclusive of medical oversight, nutrition counseling, psychological counseling and exercise programming. The interdisciplinary program includes bariatric surgery for those who need surgical intervention.

An intensive behavioral management program with intense nutritional counseling was added to serve Medicare patients. Additionally, referrals to the Sanford clinical dietitians have increased since this implementation strategy began.

The Sanford Health *fit* initiative, 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). 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. In 2016 a new *fit* initiative will be available for 20,000 classroom teachers. The classroom curriculum has numerous modules that teachers can access and implement in part or comprehensively.

Profile by Sanford is a personalized retail weight loss program designed by Sanford Health physicians and scientists to be simple, effective and sustainable. With a certified *Profile* coach, personalized meal plans and smart technology to track progress, members see real results. Each weight loss plan is designed with a focus on nutrition, activity and lifestyle.

The enterprise obesity initiative addressed education for providers and education for patients and community members. The first annual Sanford obesity symposium was held in 2014. Over 400 health care professionals from the region and beyond registered for the 2014 and the 2015 symposiums. The purpose of the symposium is to enhance the knowledge and competence of participants by providing an update on the latest research associated with the prevention, treatment and management of obesity. The target audience includes primary care physicians, pediatricians and specialty care providers, advanced practice providers, licensed registered dietitians, nurses, and other interested health care professionals.

The symposium is an opportunity to provide prevention and treatment practice guidelines for the adult and pediatric population. The planning committee includes several published providers who are sought after nationally and internationally for their expertise.

Sanford is taking a comprehensive and multi-faceted approach to obesity prevention and treatment. The impact is demonstrated through the lives of our community members who have had positive outcomes because of our programs and services.

Impact of Strategy to Address New Americans

Sanford Worthington continues to have conversations with providers and staff about cultural competency. There are many diverse cultures in the Worthington area and the providers and staff desire to serve the entire population in a culturally competent and compassionate manner.

The MARTTI (My Accessible Real Time Trusted Interpreter) service has been implemented to provide for ease of access to medical care. The real time interpreter capability creates a positive impact for all who need interpreter services.

Community Feedback from the 2013 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on our 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

Sanford Worthington Medical Center 2016 CHNA Asset Map

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
Economics	3.82	<p>16% compared to 15% across MN and 9% nationally</p> <p>19% - children in poverty compared to 14% across MN and 13% nationally</p>	Availability of affordable housing	<p>Worthington Housing Authority 507-376-3655</p> <p>USDA Rural Development 507-372-7783</p> <p>Nobles Co. Community Services (food stamps/food support) 507-295-5213</p> <p>Open Door Health Center (Federally qualified health clinic) 507-388-2120</p> <p>Catholic Charities 507-376-9757</p> <p>SW MN Opportunity Council (housing, emergency food & shelter, weatherization) - 507-376-4195</p> <p>Food Pantries:</p> <ul style="list-style-type: none"> • Worthington Christian Church Food Pantry 507-372-8633 • Manna Food Pantry - 507-376-3138 <p>Subsidized Apartments:</p> <ul style="list-style-type: none"> • Atrium High Rise - 507-376-3655 • Buffalo Ridge Apts. 800-466-7722 • Castlewood Apts. – 507-360-0599 • Nobles Sq. Apts. – 507-372-2667 • Sunshine Apts. – 507-372-4000 • Viking Apts. – 507-360-0599 • Willow Court Town Homes 507-360-0599 	X
Transportation	3.58		Availability of public transportation	<p>SW MN Opportunity Council (Community Action Agency) 507-376-4195</p> <p>Public Safety Dept. – 507-376-5995</p> <p>Prairieland Transit system 507-376-4195</p> <p>Medivan – 507-372-5787</p> <p>Peoples Express – 800-450-0123</p> <p>Handi Van – 800-363-5451</p>	X

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
				AmeriCare Mobility Van 800-963-7233 Taxi Service – 507-372-4300	
Environment	3.52		Water quality	City of Worthington Public Utilities Dept. - 507-372-8680	X
Aging population	4.13 – 3.54		<ul style="list-style-type: none"> • Cost of long term care • Availability of memory care • Availability of long term care • Availability of resources for family/friends caring for and making decisions for elders • Availability of resources to help the elderly stay safe in their homes 	<p>Clinics:</p> <ul style="list-style-type: none"> • Sanford Worthington Clinic • 507-372-3800 • Avera Worthington Clinic • 507-372-2921 • Open Door Health Center (Federally Qualified Health Clinic) 507-388-2120 <p>Sanford Worthington Home Care 507-372-3139</p> <p>Hospices:</p> <ul style="list-style-type: none"> • Sanford Worthington Hospice • 507-372-7770 • Compassionate Care Hospice • 507-372-7003 <p>Sanford Home Medical Eqmt. 507-376-9699</p> <p>Respite Care:</p> <ul style="list-style-type: none"> • RSVP Respite Care (relief for caregivers) – 507-295-5262 • Sanford Worthington 507-372-2941 • South Shore Care Center 507-376-3175 <p>LTC/Alzheimer’s Resources:</p> <ul style="list-style-type: none"> • Crossroads Care Center 507-376-5312 • South Shore Care Center 507-376-3175 • Ecumen Meadows 507-372-7838 • SW Mental Health Center 507-376-4141 <p>Housing with Services/Assisted Living</p> <ul style="list-style-type: none"> • Golden Horizons 507-376-3111 • Prairie House 507-372-4551 • The Meadows 507-372-7838 	X

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
				<p>Adult Foster Care</p> <ul style="list-style-type: none"> Nobles Co. Community Services 507-295-5213 <p>Nobles Co. Community Service Agency – MN Choices assessment 507-295-5213</p> <p>Veterans Service Officer 507-295-5292</p> <p>Companionship:</p> <ul style="list-style-type: none"> RSVP Telephone Reassurance 507-295-5262 Senior Companion 507-337-0382 <p>Emergency Alert Systems:</p> <ul style="list-style-type: none"> Lifeline – 800-380-3111 Life Aid – Sterling Drug Medical Alert Monitoring 507-372-7533 Main Street Messenger (Nobles Coop. Electric) - 507-372-7331 <p>Memory Loss Caregiver Support Group - 507-376-5312</p> <p>Worthington Senior Dining 507-376-6517</p> <p>Home Delivered Meals:</p> <ul style="list-style-type: none"> Meals on Wheels 507-372-3137 Worthington Senior Dining 507-376-6517 	
Children and Youth	4.02 – 3.58	Teen birth rate is 60 for Nobles County compared to 20 nationally	<ul style="list-style-type: none"> Availability of quality infant care Availability of quality childcare Bullying Cost of quality child care Cost of quality infant care Availability of activities for children and youth Teen pregnancy 	<p>Sanford WebMD Fit Kids</p> <p>Clinics:</p> <ul style="list-style-type: none"> Sanford Worthington Clinic 507-372-3800 Avera Worthington Clinic 507-372-2921 Open Door Health Center (Federally Qualified Health Clinic) 507-388-2120 	X

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
			<ul style="list-style-type: none"> • Cost of activities for children and youth • Availability of services for at-risk youth 	<p>Child Care Centers:</p> <ul style="list-style-type: none"> • Sunny Days! – 507-376-6313 • We Care – 507-372-7676 • Hi-Ho Nursery School-507-376-4861 • Kids-R-It Child Care & Preschool – 507-372-7999 • Head Start – 507-376-4195 <p>Child Care Resource & Referral 507-376-4195</p> <p>After School Activities:</p> <ul style="list-style-type: none"> • EDGE after school/summer program – 507-372-2172 • Area Learning Center-507-332-1322 • School District sports activities 507-372-2172 <p>Nobles Co. Community Services 507-295-5213</p> <p>Southwest Crisis Center 507-376-4311</p> <p>SW Mental Health Center 507-376-4141</p>	
Safety	4.00 – 3.80	Violent crime is 141 compared to 229 across MN and 59 nationally	<ul style="list-style-type: none"> • Presence of street drugs & alcohol in the community • Domestic violence • Presence of drug dealers in the community • Child abuse & neglect 	<p>Nobles Co. Sheriff 507-372-2136</p> <p>Worthington Police Dept. 507-372-2136</p> <p>Drug Rehab – 866-720-3784</p> <p>Counseling Resources 507-372-4399</p> <p>SW Crisis Center PEACE Agency 507-376-4311</p> <p>Southern MN Regional Legal Resource Center 507-372-7368</p> <p>Nobles Co. Community Service Office 507-295-5213</p>	X

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
Health Care	4.00 – 3.50		<ul style="list-style-type: none"> • Access to affordable health insurance • Cost of affordable dental insurance coverage • Access to affordable health care • Timely access to mental health providers • Cost of affordable vision insurance • Use of emergency room services for primary health care • Access to affordable prescription drugs • Timely access to substance abuse providers 	<p>Sanford Worthington Clinic 507-372-3800</p> <p>Avera Worthington Clinic 507-372-2921</p> <p>Open Door Health Center (Federally Qualified Health Clinic) – 507-388-2120</p> <p>Sanford Community Care Program</p> <p>Financial assistance/counselors in business office – 507-372-2941</p> <p>MN Drug Card (mndrugcard.com)</p> <p>Counseling:</p> <ul style="list-style-type: none"> • Counseling Resources 507-372-4399 • Catholic charities 507-3376-9757 • Prairie Rose Counseling Center 507-376-4732 • Nobles County Community Services – MA Applications 507-295-5213 	X
Physical Health	3.95 – 3.55	<ul style="list-style-type: none"> • Reporting poor or fair health –2.4 days per month compared to 2.8 across MN • The obesity rate is 28% compared to 26% in MN and 28% nationally • The inactivity rate is 26% – with a 65% access to exercise opportunities in Noble County • STDs are at 214 	<ul style="list-style-type: none"> • Cancer • Poor nutrition and eating habits (only 40% have 3 or more vegetables/d, and only 27.5% have 3 or more fruits/d) • Obesity (76.5% have BMI of overweight or obese) • Inactivity and lack of exercise (55% have moderate exercise 3 or more times/week, and 29% have vigorous activity 3 or more times/week) • Chronic Disease (hypertension, high cholesterol, arthritis, diabetes) 	<p>Clinics:</p> <ul style="list-style-type: none"> • Sanford Worthington Clinic • 507-372-3800 • Avera Worthington Clinic • 507-372-2921 • Open Door Health Center (Federally Qualified Health Clinic) 507-388-2120 <p>Sanford Cancer Biology Research Center in SF</p> <p>Dietitians:</p> <ul style="list-style-type: none"> • Sanford Worthington Dietitian 507-372-7354 • Hy-Vee of Worthington 507-372-7354 <p>Roger Maris Cancer Center Sanford Medical Home RN Health Coach American Cancer Society</p>	X

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
		<p>compared to 138 nationally</p> <ul style="list-style-type: none"> Diabetic monitoring is at 93% compared to 90% nationally 		<p>Better Choices/Better Health American Heart Association</p> <p>The Sanford Project – to cure Type 1 Diabetes in Denny Sanford’s lifetime</p> <p>Sanford WebMD Fit Kids</p> <p>Diabetes resources:</p> <ul style="list-style-type: none"> American Diabetes Association Diabetes Support Group 507-372-2921 <p>Exercise Centers:</p> <ul style="list-style-type: none"> Anytime Fitness 507-295-7110 Prairie Rehab & Fitness 507-372-2232 Worthington Area YWCA 507-376-6197 <p>Nutrition Education:</p> <ul style="list-style-type: none"> Extension Office 507-295-5313 WIC Program 507-295-5360 <p>Worthington Senior Dining 507-376-6517</p> <p>Weight Loss Surgery Support Group – 508-372-3329</p>	
Mental Health/ Behavioral Health (Substance Abuse)	3.98 – 3.69	<ul style="list-style-type: none"> Excessive drinking is at 9% compared to 19% across MN and 10% nationally 28% of traffic deaths were alcohol impaired 10% of adults smoke in 	<ul style="list-style-type: none"> Depression (23.4% report depression – 50% have 1 or more days/mos. when their mental health was not good) Stress (23.4% report anxiety/stress) Dementia and Alzheimer’s Disease Other psychiatric diagnosis Drug use and abuse Under age drug use and abuse Alcohol use and abuse (22.6% report consuming 3 or more drinks/d and 29% 	<p>Sanford One Care</p> <p>Clinics:</p> <ul style="list-style-type: none"> Sanford Worthington Clinic 507-372-3800 Avera Worthington Clinic 507-372-2921 Open Door Health Center (Federally Qualified Health Clinic) 507-388-2120 <p>Nobles County Community Services (mental health needs) 507-295-5213</p> <p>Sanford Worthington Medical Health Center</p> <p>Drug Rehab – 866-720-3784</p>	X

Identified concern	Key stake holder survey	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap?
			<ul style="list-style-type: none"> • have binge level drinking at least 1 time/mos.) • Underage drinking • Smoking and tobacco use 	<p>Counseling:</p> <ul style="list-style-type: none"> • Counseling Resources 507-372-4399 • Catholic charities 507-3376-9757 • Prairie Rose Counseling Center 507-376-4732 <p>LTC/Alzheimer’s Resources:</p> <ul style="list-style-type: none"> • Crossroads Care Center 507-376-5312 • South Shore Care Center 507-376-3175 • Ecumen Meadows 507-372-7838 	
Preventive Health			<ul style="list-style-type: none"> • Flu shots (81% of respondents have had a flu shot and report that 61.5% of children age 6 month or older have had a flu shot). However, 34.6% reported that children 6 months or older did not get a flu shot or flu mist each year. • Immunizations (32% of respondents report having immunizations in the past year, and respondents report that 98% of their children are current on their immunizations) • 21.7% have not seen a health care provider in the past year • 30.9% have not seen a dentist in the past year 	<p>Clinics:</p> <ul style="list-style-type: none"> • Sanford Worthington Clinic • 507-372-3800 • Avera Worthington Clinic • 507-372-2921 • Open Door Health Center (Federally Qualified Health Clinic) - 507-388-2120 <p>Nobles Co. Community Service – immunizations, public health nurse - 507-295-5213</p> <p>Dentists:</p> <ul style="list-style-type: none"> • Apple White Dentistry 507-372-7339 • Stanley Haas, DDS 507-376-4939 • Family Dentistry 507-376-9797 	X

Worthington 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 3.82 (10) 	X		
Transportation <ul style="list-style-type: none"> • Availability of public transportation 3.58 			
Environment <ul style="list-style-type: none"> • Water quality 3.52 			
Aging <ul style="list-style-type: none"> • Cost of long term care 4.13 (1) • Availability of memory care 3.71 • Availability of long term care 3.58 • Availability of resources for family/friends caring for and making decisions for elders 3.57 • Availability of resources to help the elderly stay safe in their homes 3.54 	XX		
Children and Youth <ul style="list-style-type: none"> • Availability of quality infant care 4.02 (2) • Availability of quality childcare 3.97 (4) • Bullying 3.83 (9) • Cost of quality child care 3.81 (11) • Cost of quality infant care 3.81 (11) • Availability of activities for children and youth 3.77 (15) • Teen pregnancy 3.75 • Cost of activities for children and youth 3.64 • Availability of services for at-risk youth 3.58 • <i>Teen births</i> 	XXXXX X		
Safety <ul style="list-style-type: none"> • Presence of street drugs, and alcohol in the community 4.00 (3) • Domestic violence 3.84 (8) • Presence of drug dealers in the community 3.82 (10) • Child abuse and neglect 3.80 (12) • <i>Violent crime</i> 	X		
Health care <ul style="list-style-type: none"> • Access to affordable health insurance 4.00 (3) • Cost of affordable dental insurance coverage 3.78 (14) • Access to affordable health care 3.77 (15) • Timely access to mental health providers 3.72 • Cost of affordable vision insurance 3.64 • Use of emergency room services for primary health care 3.64 • Access to affordable prescription drugs 3.59 • Timely access to substance abuse providers 3.50 • <i>STDs</i> 	XXXXX XXXXX #1		
Physical Health <ul style="list-style-type: none"> • Cancer 3.95 (5) • Poor nutrition and eating habits (40% have 3 or more vegetables/d, 27.5% have 3 or more fruits/d) 3.95 (5) • Obesity (76.5% have BMI of overweight or obese) 3.93 (6) • Inactivity/lack of exercise (55% -moderate exercise 3 x/week 29% have vigorous activity 3x/week 3.85 (7) • Chronic Disease (hypertension, high cholesterol, arthritis, diabetes) 3.84 (8) 	XXXX	XXXXX XX #2	

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Mental Health <ul style="list-style-type: none"> • Depression (23.4% report depression – 50% have 1 or more days/mos. when their mental health was not good) 3.79 (13) • Stress (23.4% report Anxiety/stress) 3.77 (15) • Dementia and Alzheimer’s disease 3.65 • Other psychiatric diagnosis 3.55 • Drug use and abuse 3.86 (7) • Under age drug use and abuse 3.81 (11) • Alcohol use/abuse (22.6% report consuming 3 or more drinks/d, 29% have binge level drinking at least 1 x/mos.) 3.72 • Underage drinking 3.68 • Smoking and tobacco use 3.55 	XX	XXXXX X	
Preventive Health <ul style="list-style-type: none"> • Flu shots (34.6% reported that children 6 months or older did not get a flu shot or flu mist each year • Immunizations (32% of respondents report having immunizations in the past year, and respondents report that 98% of their children are current on their immunizations) • 21.7% have not seen a health care provider in the past year - 30.9% have not seen a dentist in the past year 	X		

Italicized items are from the secondary research through the County Health Rankings

Present:

- Andy Johnson, Worthington YWCA
- David Jueneman, Sanford Health Board of Directors
- Becca Baumann, Southern Prairie
- Jesus Vega Nobles County
- Christine Bullerman, Nobles County
- Casey Borgen, Nobles County
- Linda Ellis, Nobles County
- Stacie Golombiecki, Nobles County
- Greg Shell, Sanford Worthington Clinic
- Jennifer Weg, Sanford Worthington
- Linda Wagner, Sanford Worthington
- Erica Berger, Sanford Worthington
- Michael Hammer, Sanford Worthington

Sanford Worthington Medical Center

Community Health Needs Assessment
Results from a March 2015 Non-Generalizable

Online Survey

August 2015

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a March 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 March 2015 and a total of 111 respondents participated in the online survey.

TABLE OF CONTENTS

	Page
General Health and Wellness Concerns about the Community	69
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 statement 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	75
Figure 10 – Respondents’ rating of their health in general	
Figure 11 – Respondents’ weight status based on the Body Mass Index (BMI) scale	
Figure 12 – Number of servings of vegetables, fruit and fruit juice that respondents had yesterday	
Figure 13 – Number of days in an average week respondents engage in MODERATE and VIGOROUS activity	
Mental Health	79
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	
Figure 15 – Number of days in the last month that respondents’ mental health was not good	
Figure 16 – How often, over the past two weeks, respondents have been bothered by mental health issues	
Tobacco Use	80
Figure 17 – Whether respondents have smoked at least 100 cigarettes in their entire life	
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	
Alcohol Use and Prescription Drug/Non-Prescription Drug Abuse	83
Figure 20 – Number of days during the past month that respondents had at least one drink of any alcoholic beverage	
Figure 21 – During the past month on days that respondents drank, average number of drinks per day respondents consumed	
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	
Figure 23 – Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug use	
Figure 24 – Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug use, whether respondents got the help they needed	

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

Preventive Health

87

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

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

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

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

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

Demographic Information

93

Figure 30 – Age of respondents

Figure 31 – Highest level of education of respondents

Figure 32 – Gender of respondents

Figure 33 – Race and ethnicity of respondents

Figure 34 – Annual household income of respondents

Figure 35 – Employment status of respondents

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

Figure 37 – Whether respondents own or rent their home

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

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

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

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

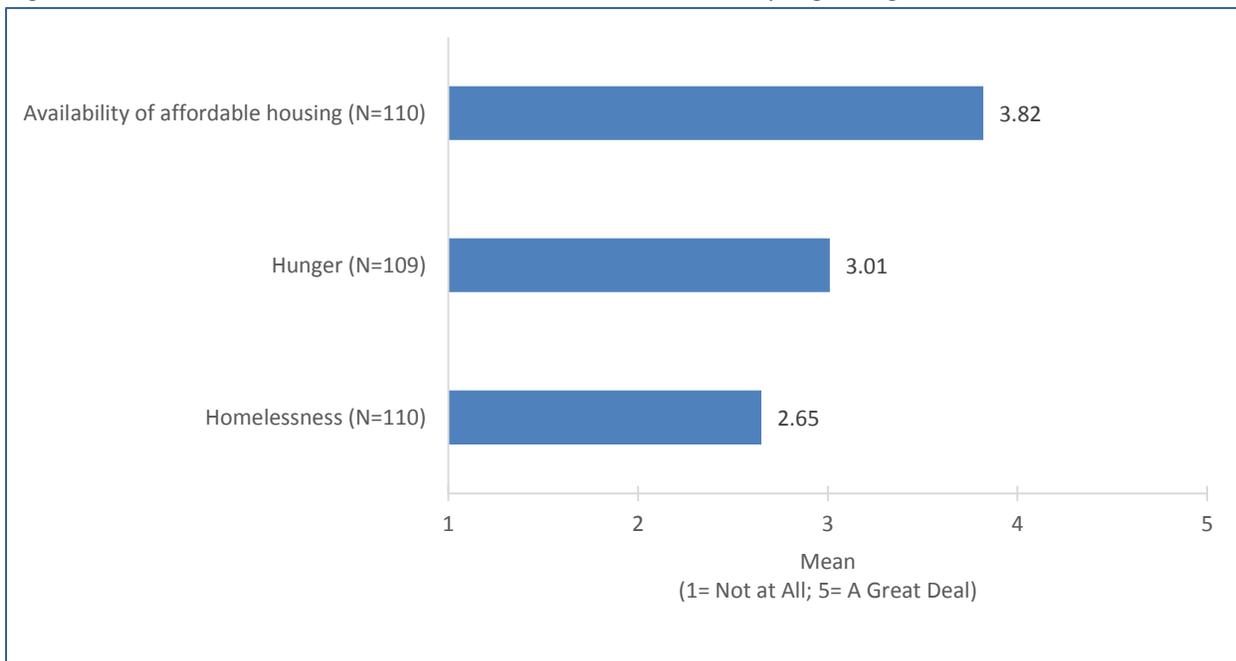


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

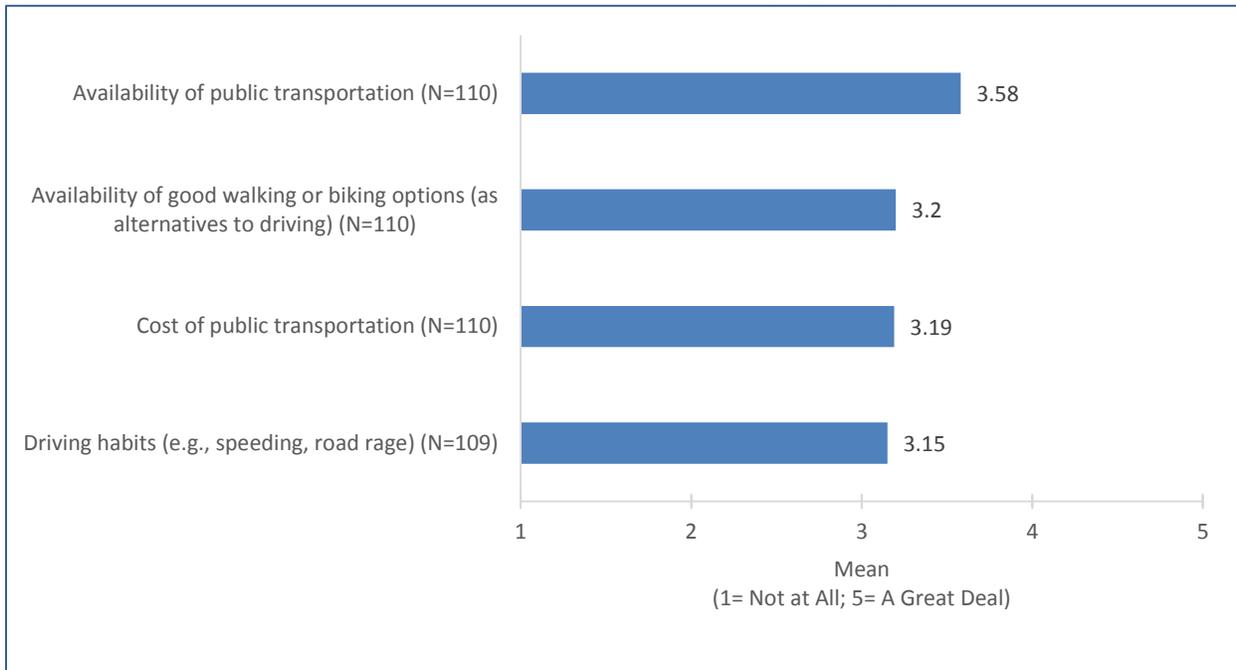


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

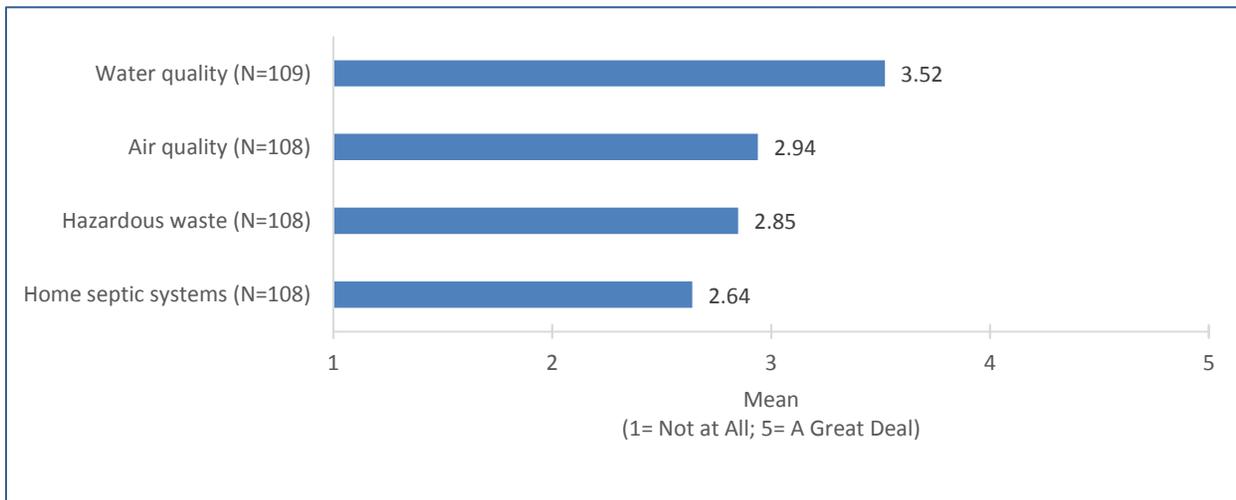


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

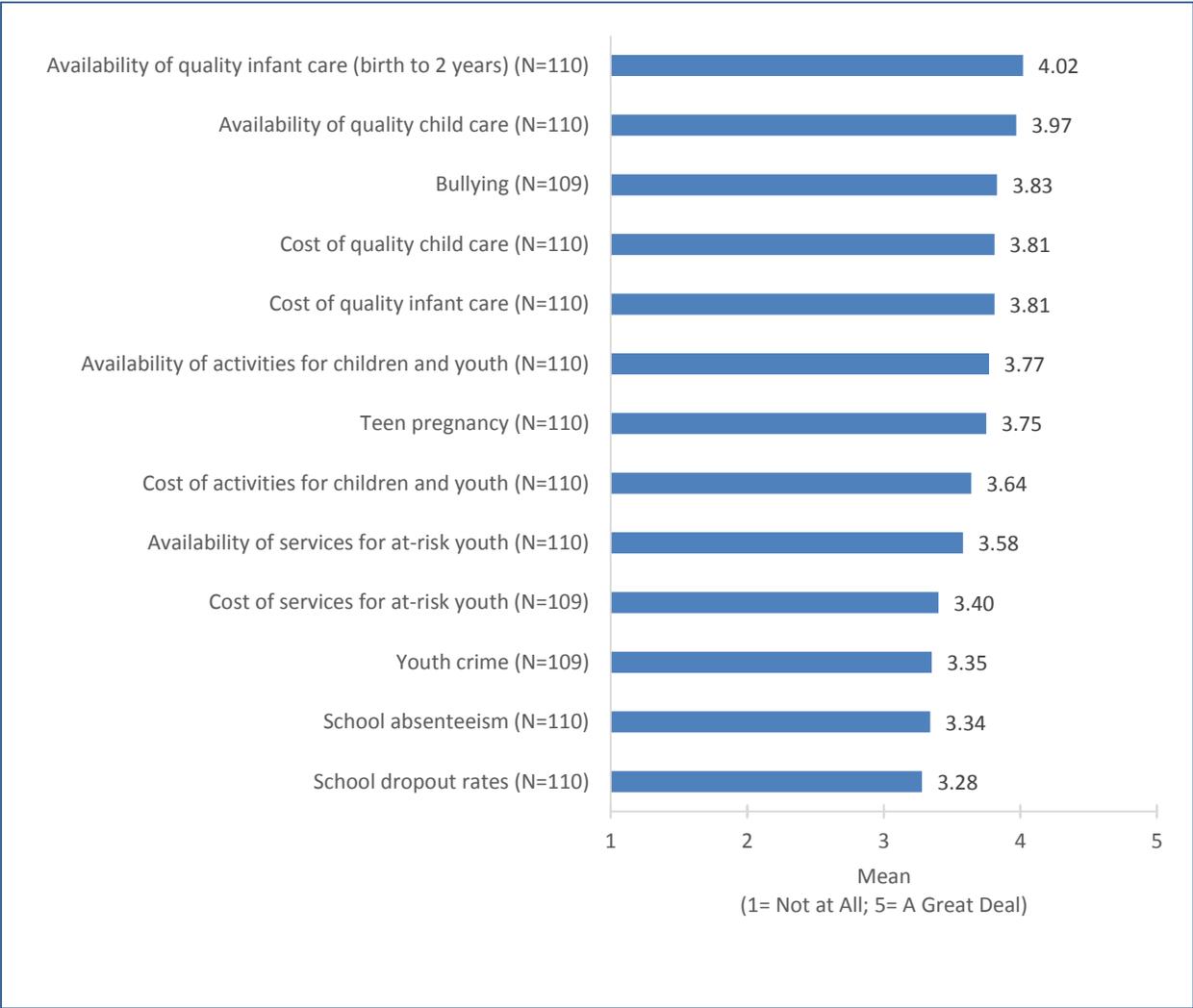


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

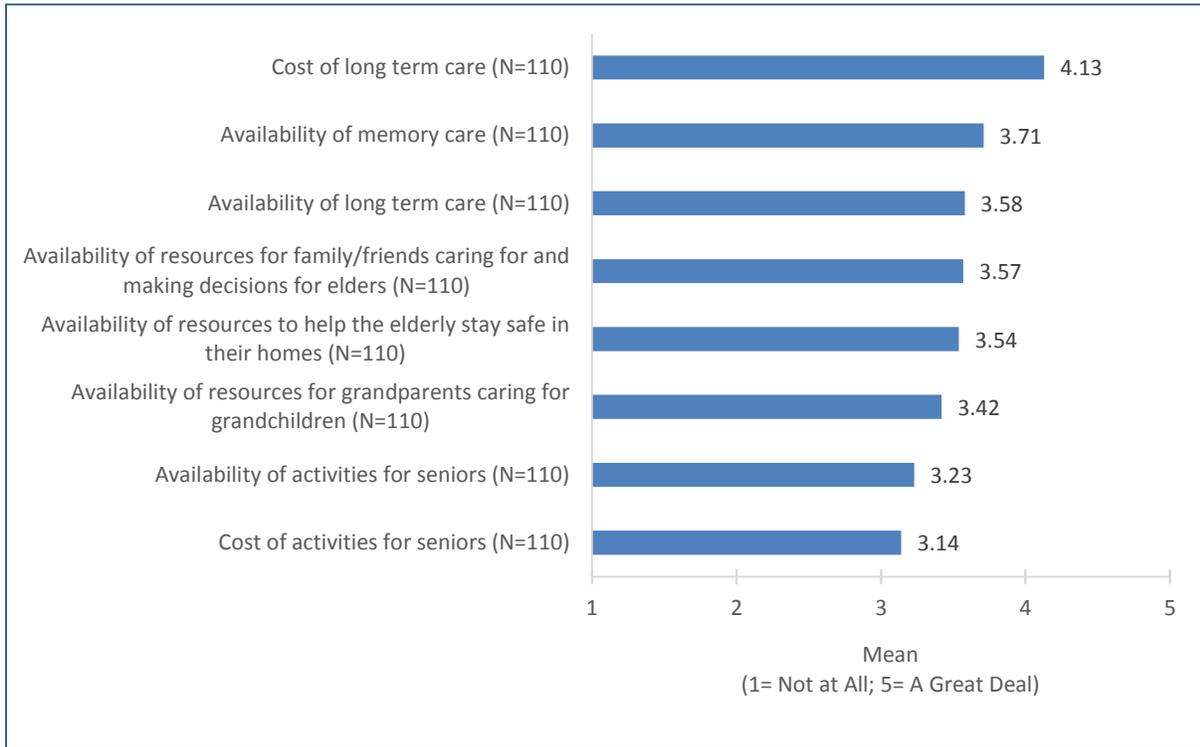


Figure 6. Level of concern with statements about the community regarding SAFETY

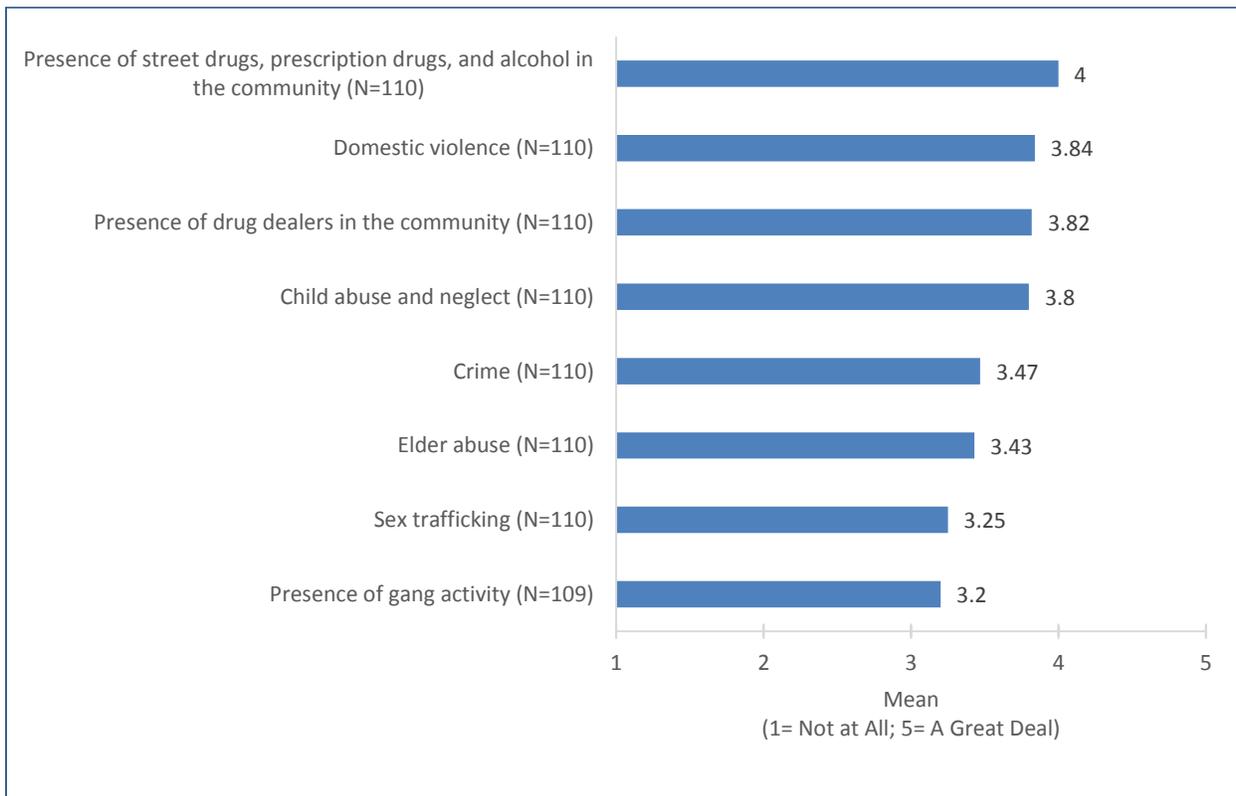


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

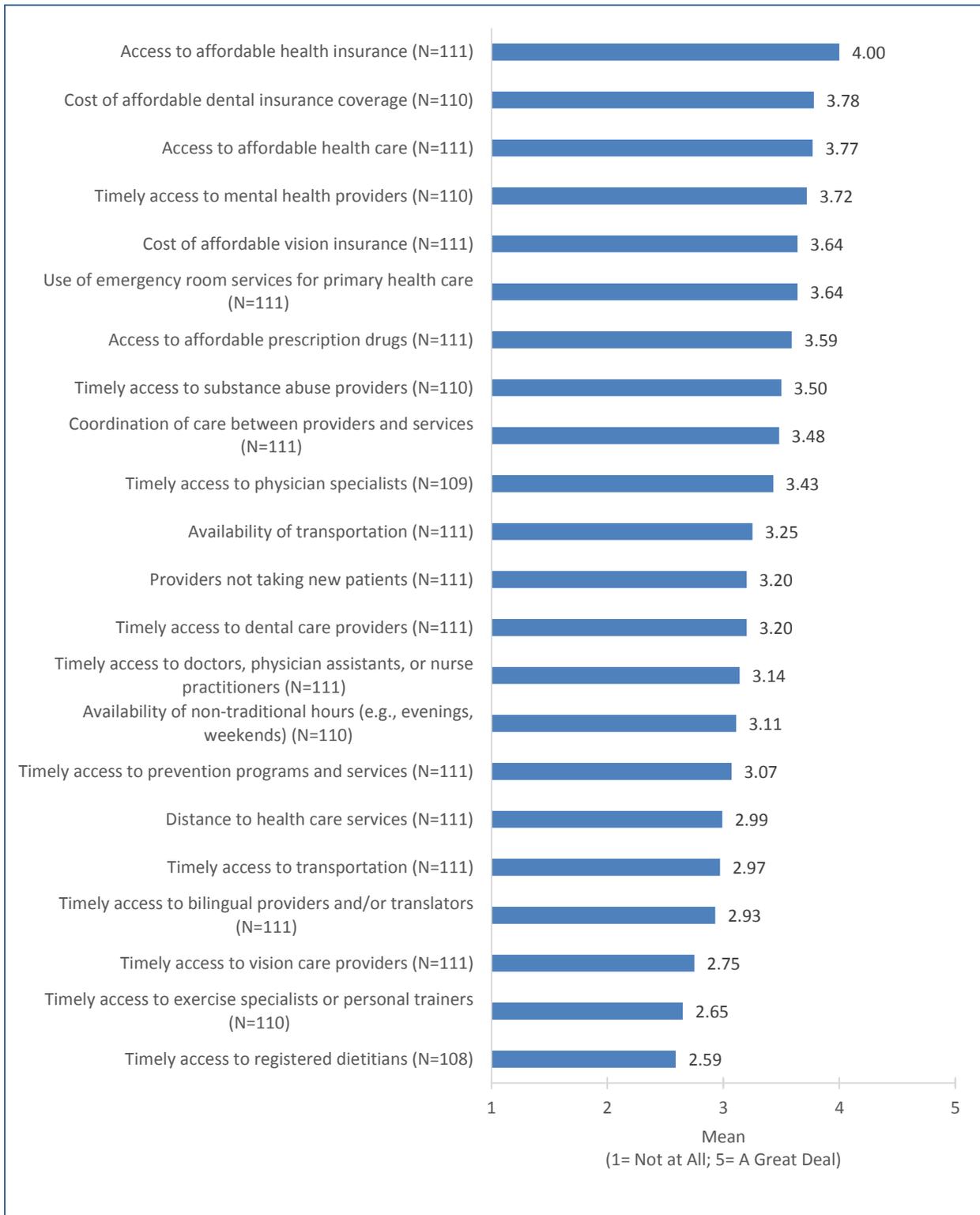


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

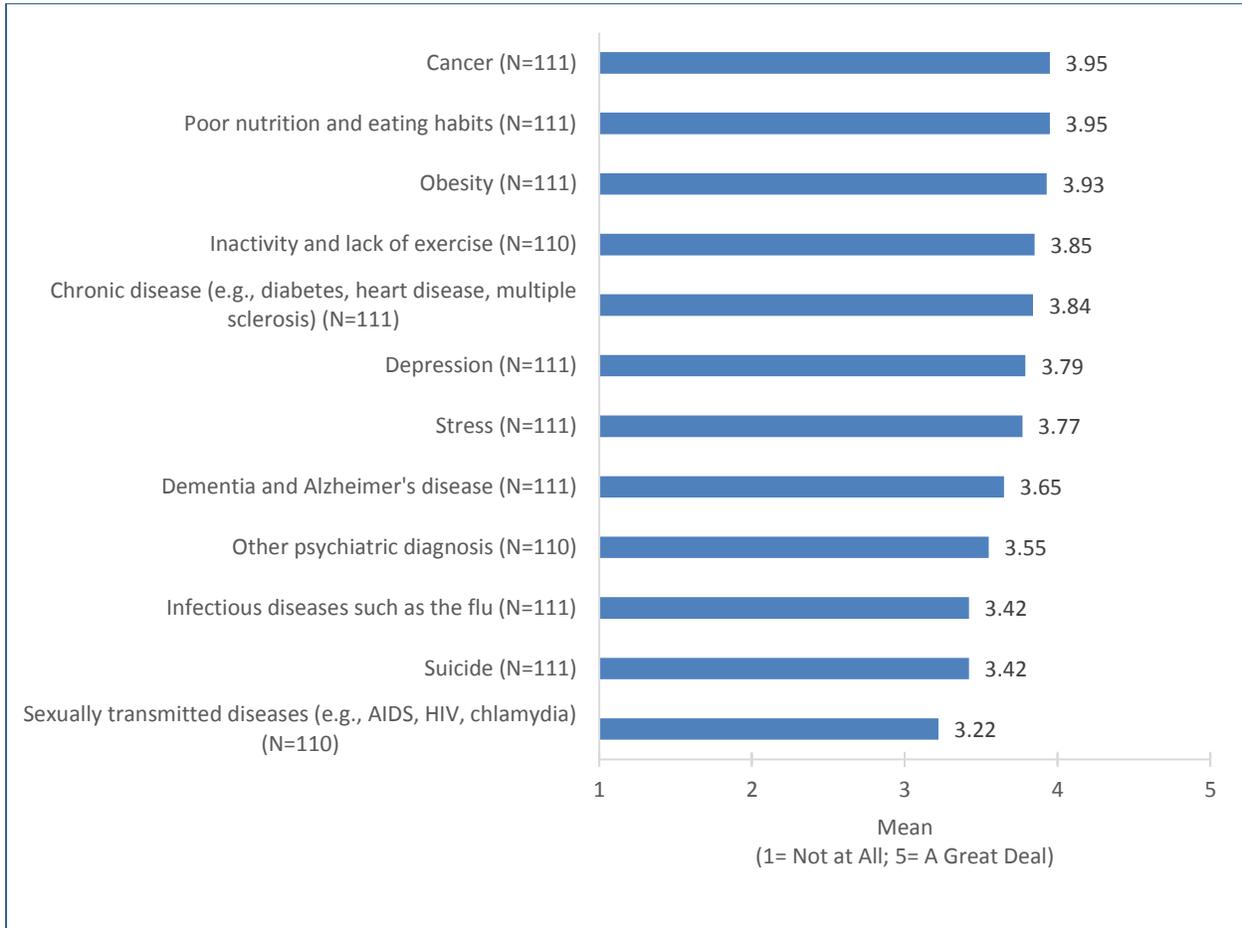
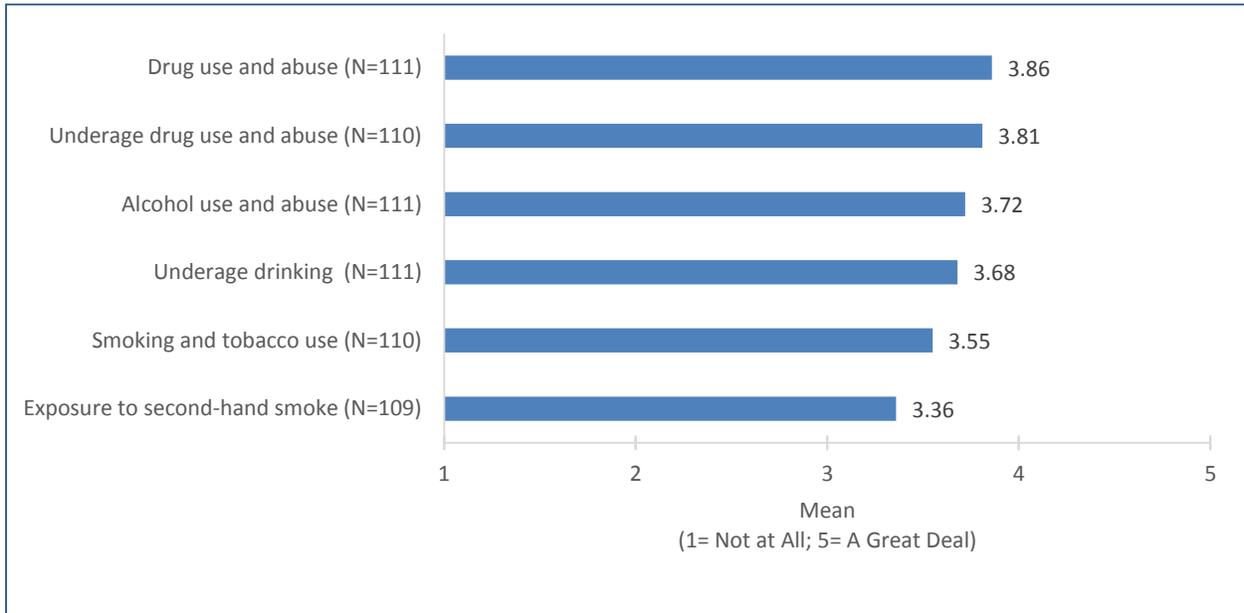
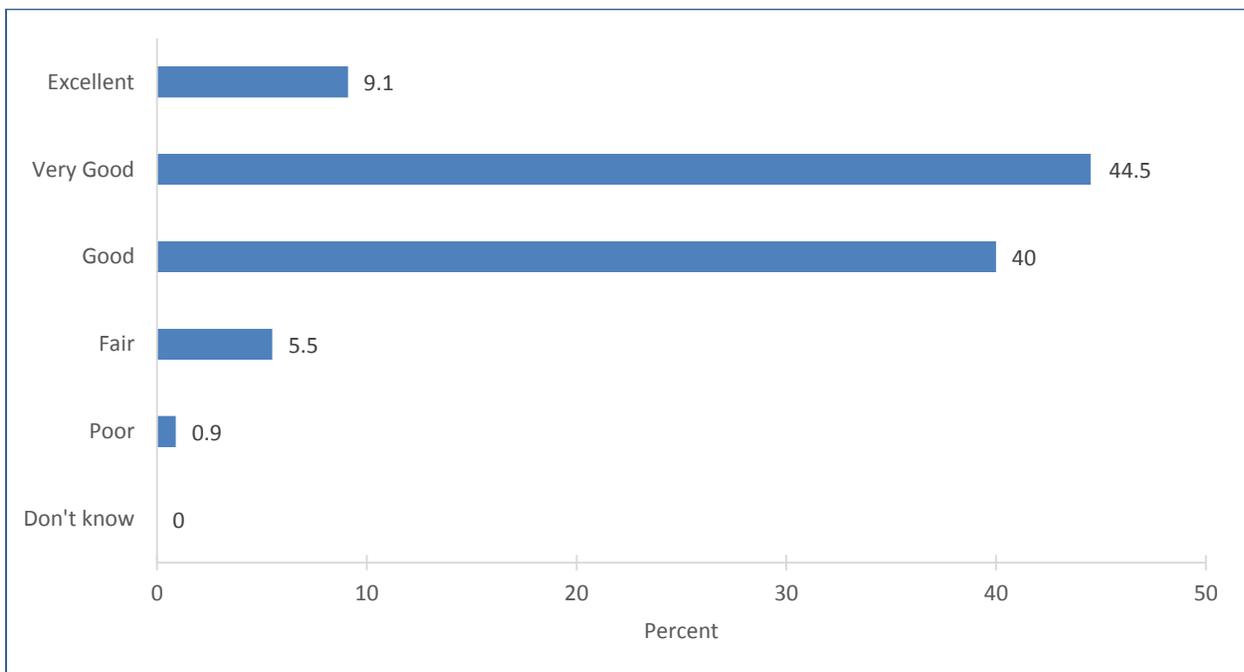


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



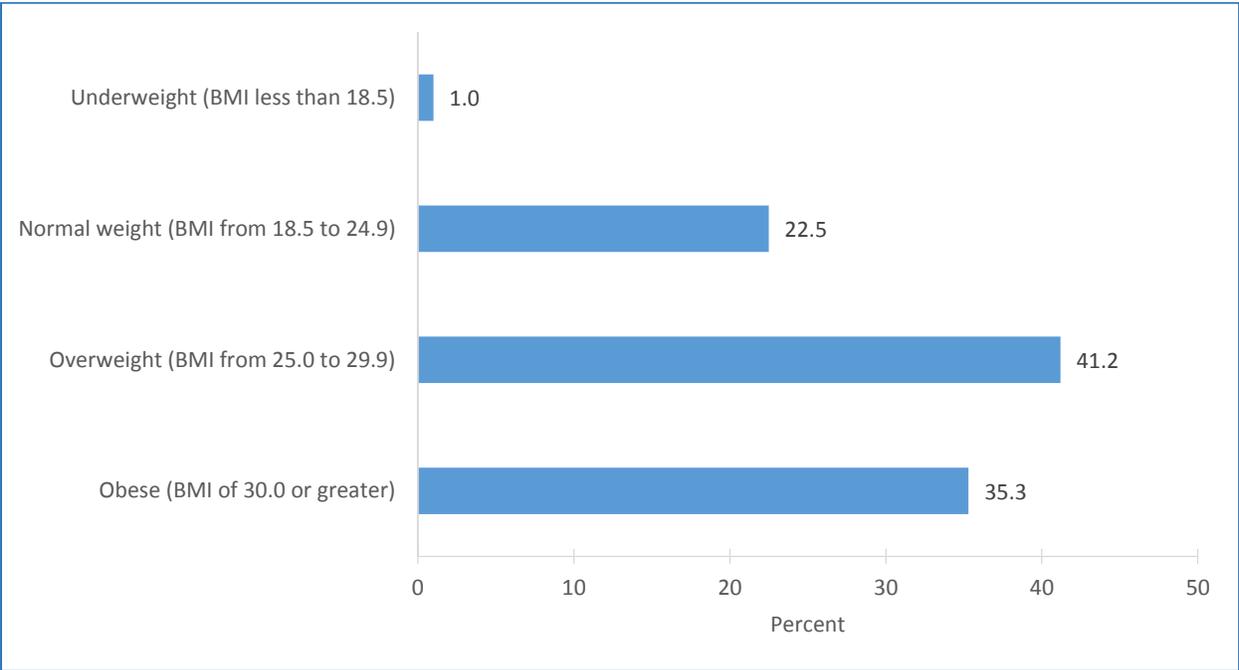
General Health

Figure 10. Respondents' rating of their health in general



N=110

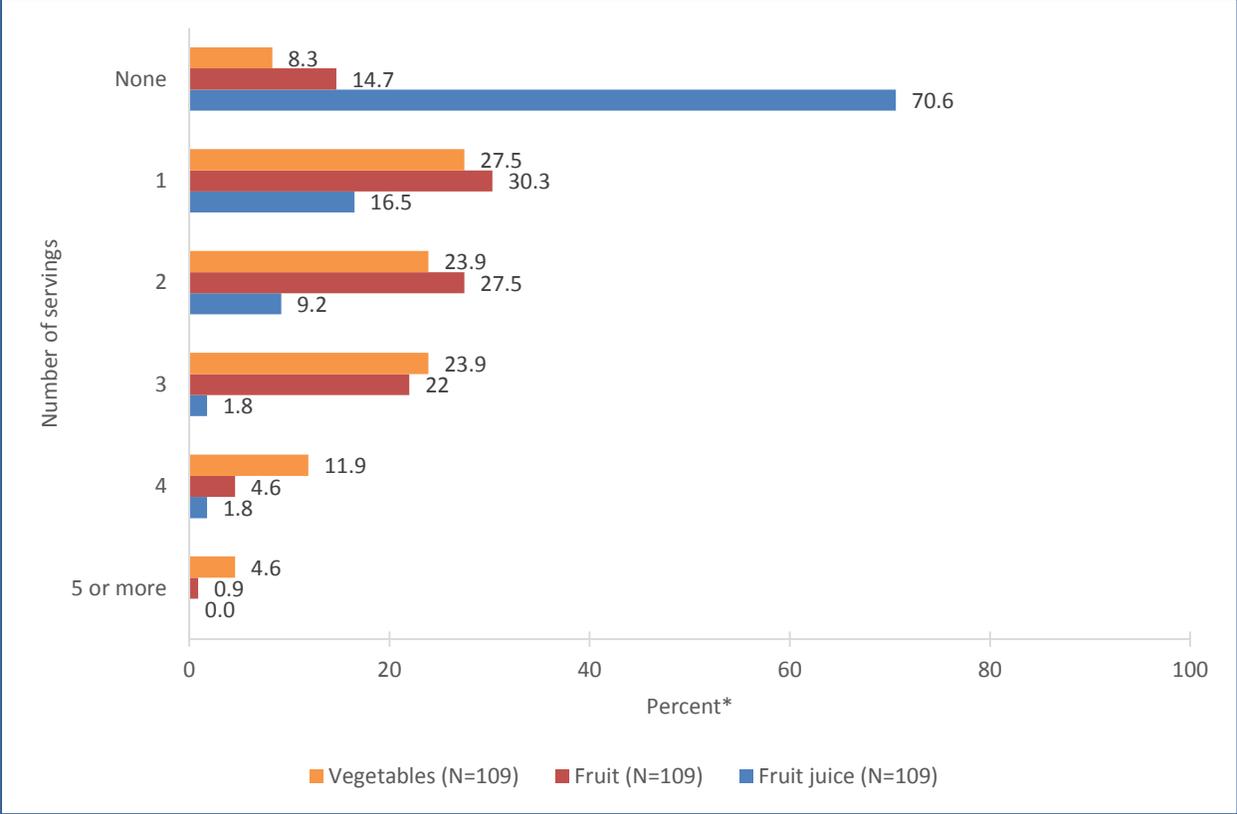
Figure 11. Respondents' weight status based on the Body Mass Index (BMI)* scale



N=102

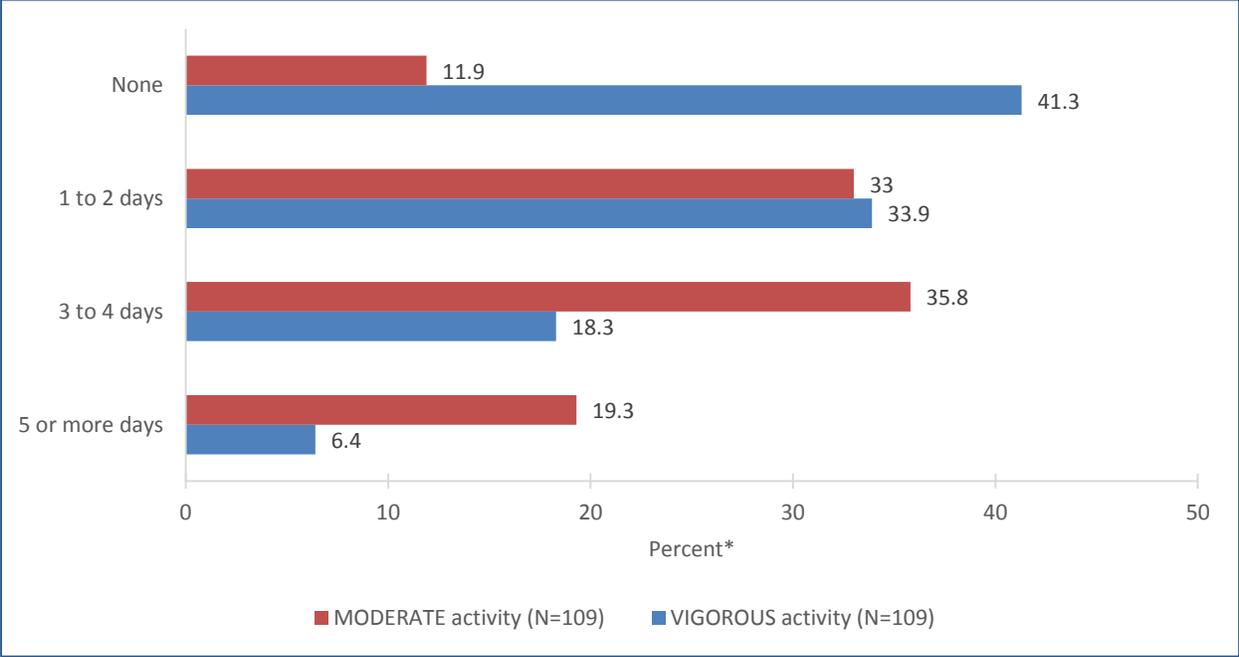
*For information about the BMI, visit the Center for Diseases Control and Prevention, *About BMI for Adults*, www.cdc.gov/healthyweight/assessing/bmi/.

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



*Percentages may not total 100.0 due to rounding.

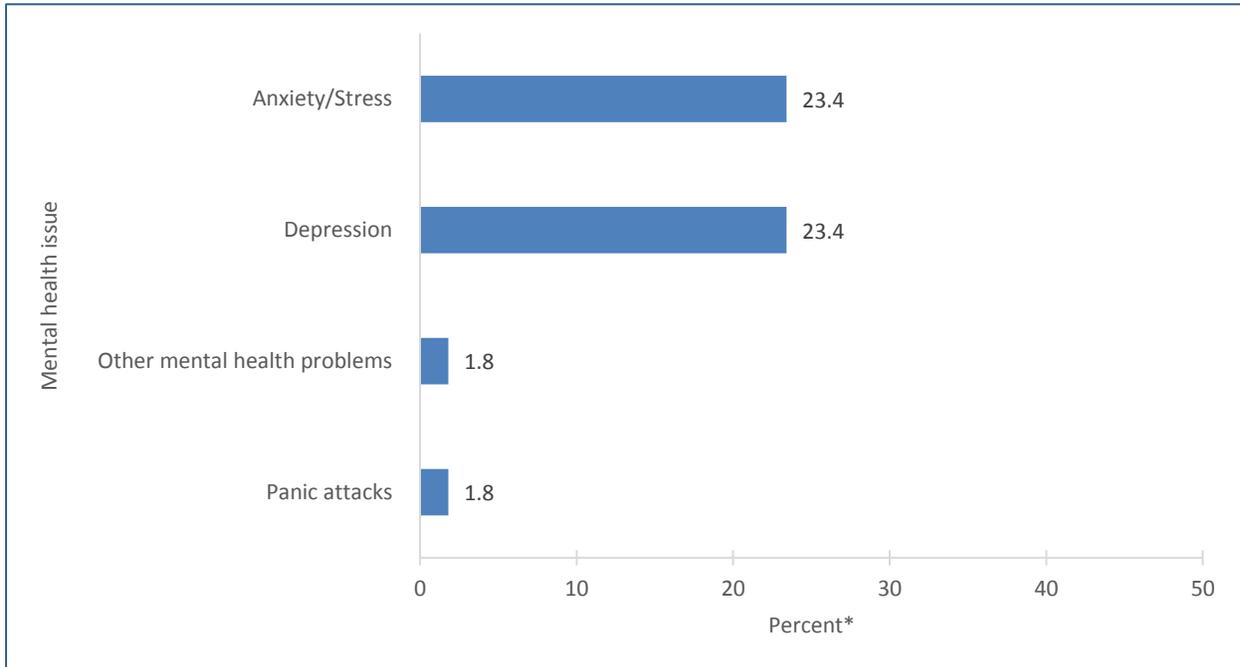
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



*Percentages may not total 100.0 due to rounding.

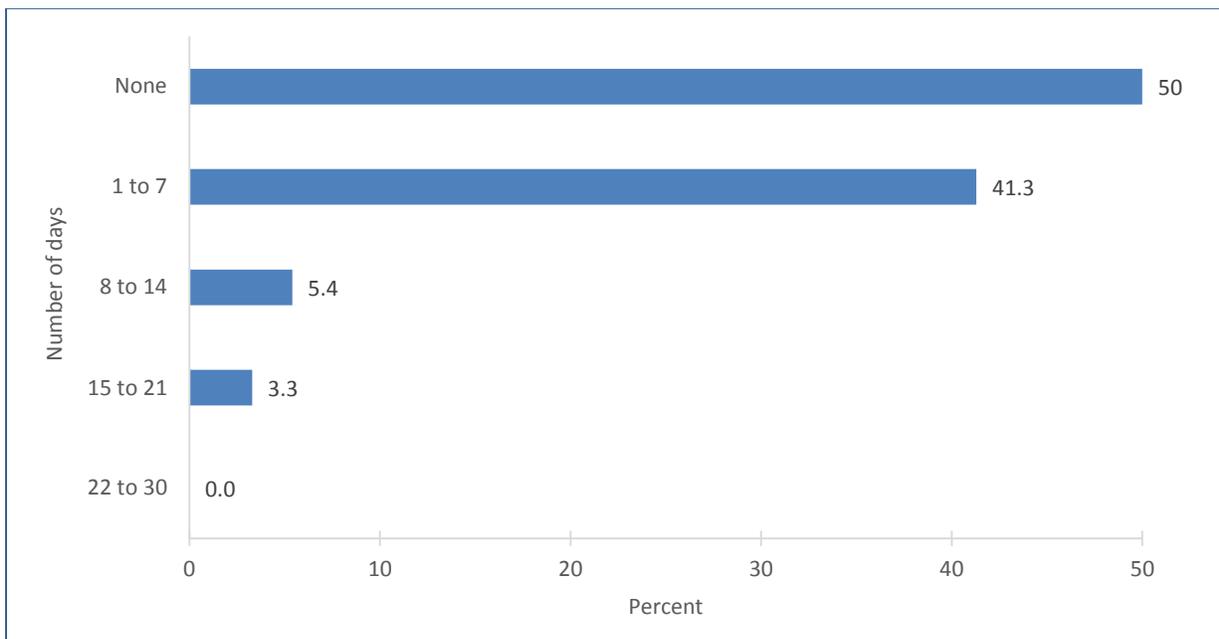
Mental Health

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



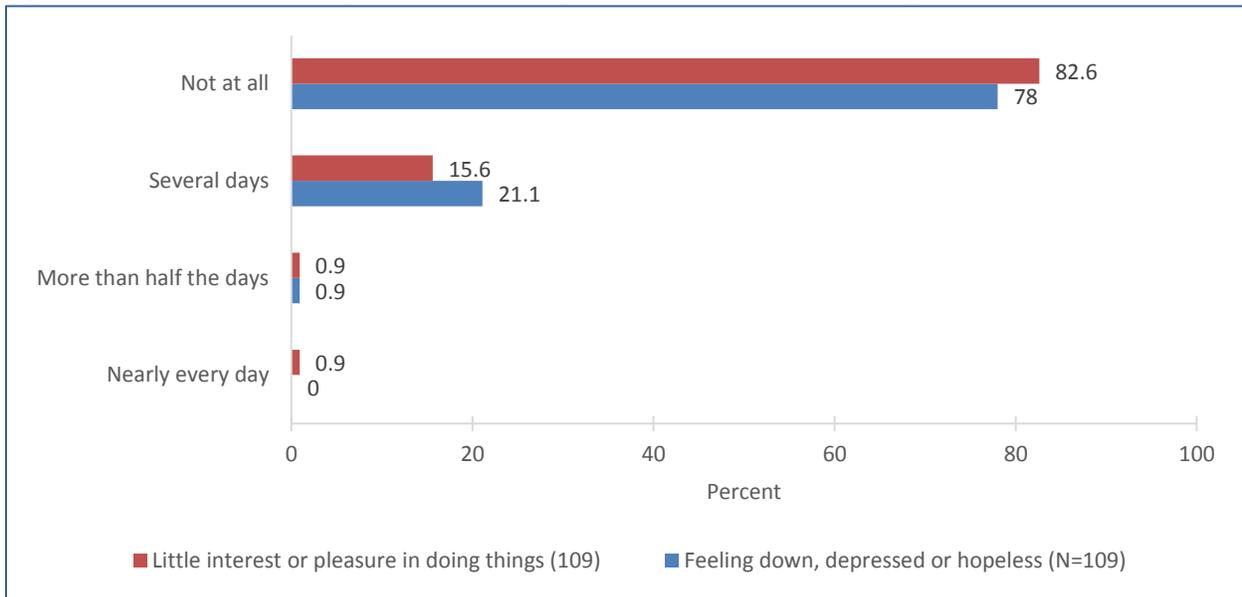
N=111 *Percentage do not total 100.0 due to multiple responses.

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



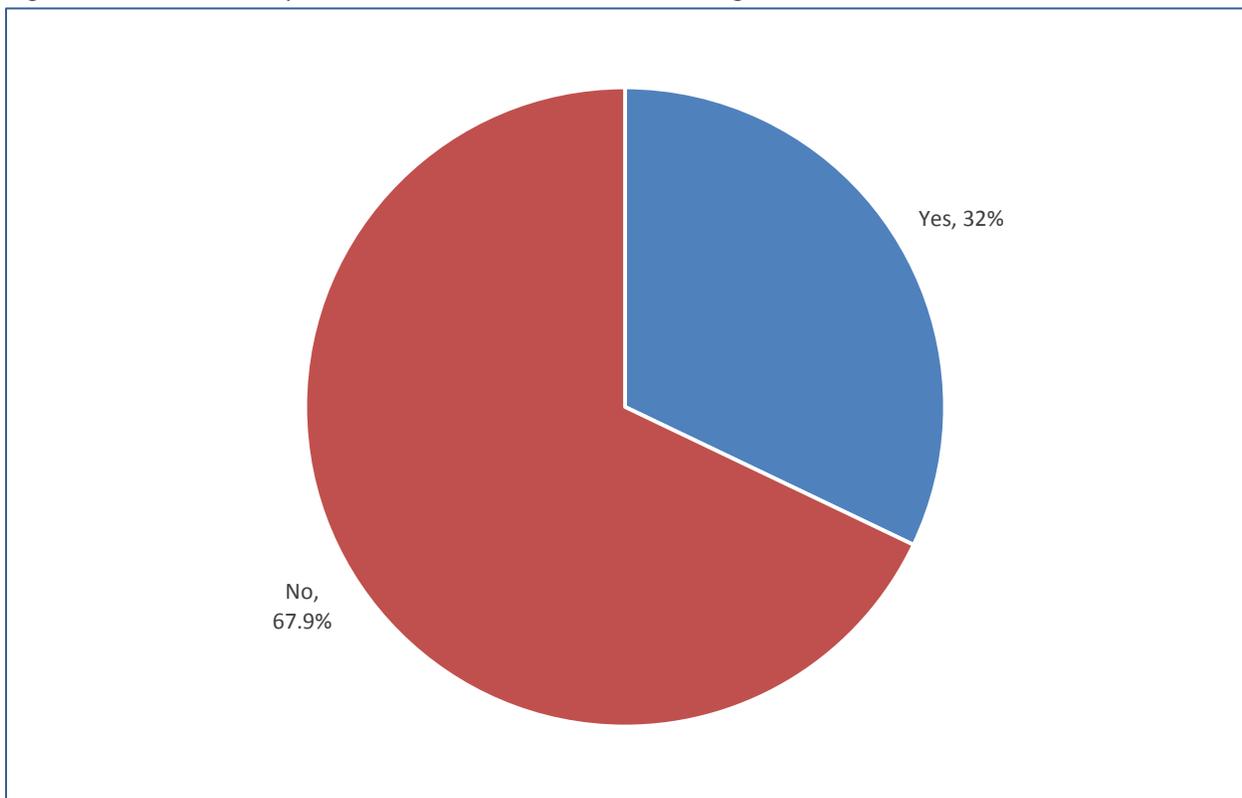
N=92

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



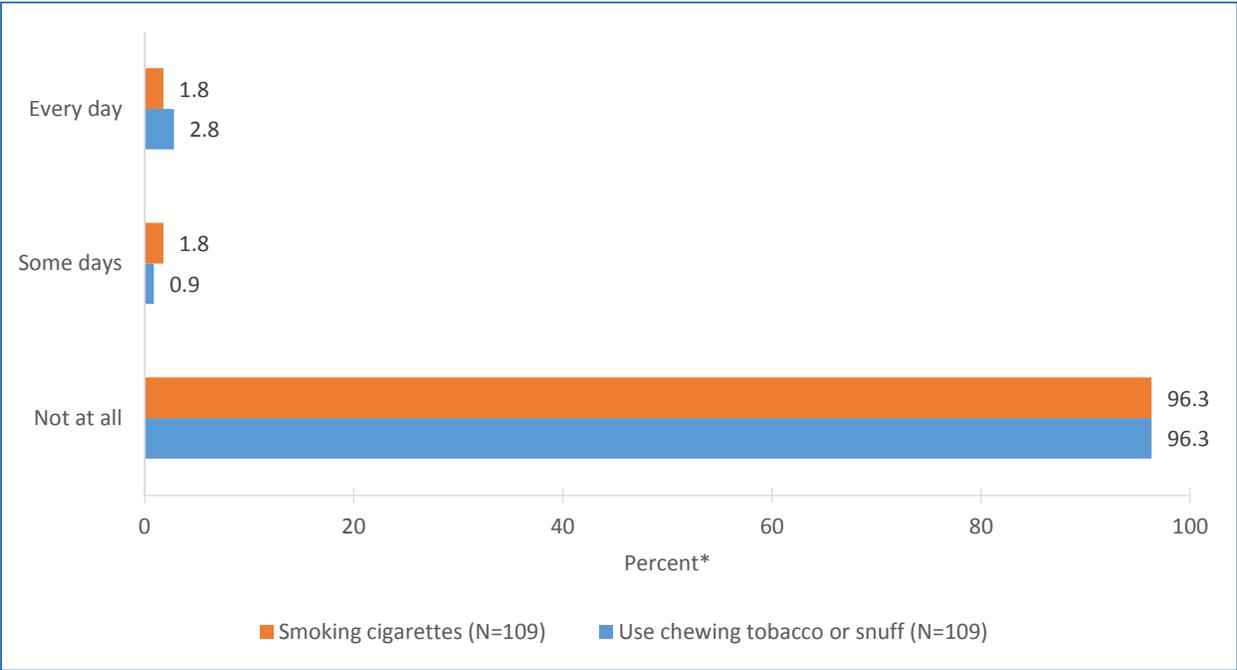
Tobacco Use

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



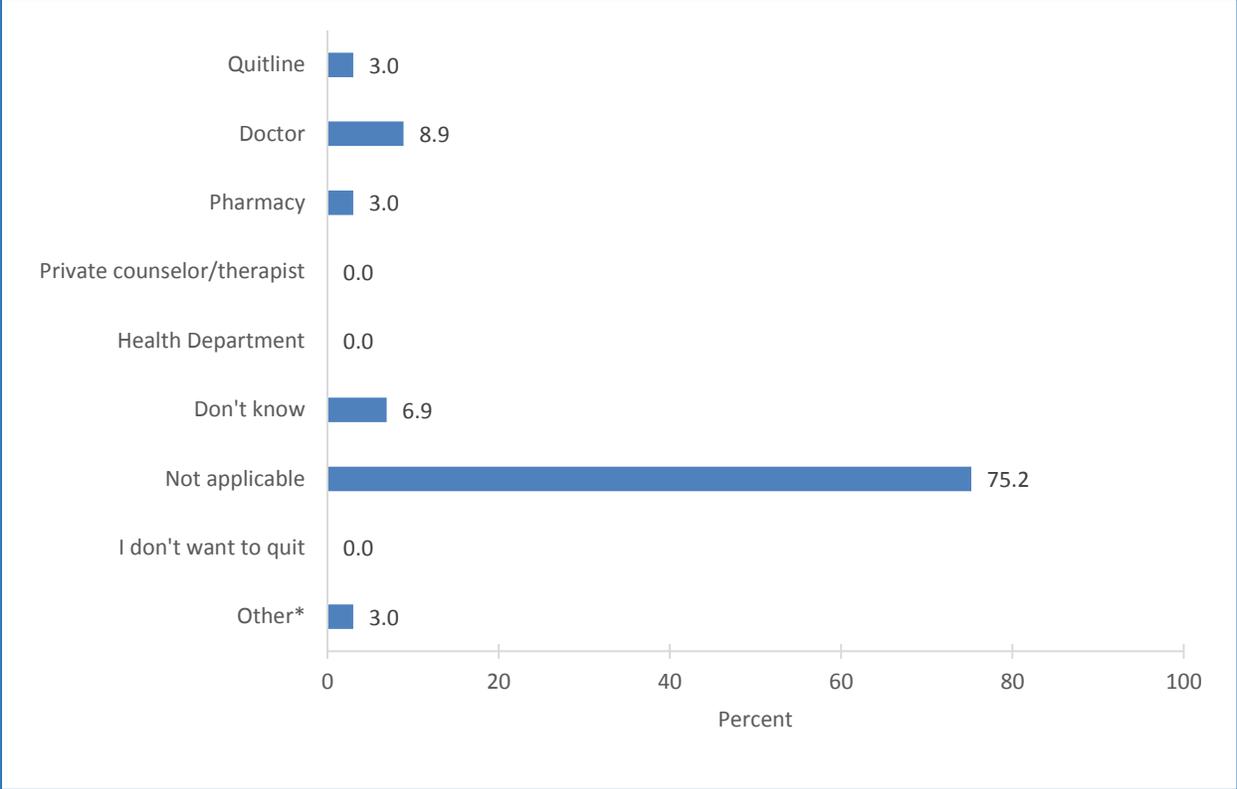
N=109

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



*Percentages may not total 100.0 due to rounding.

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

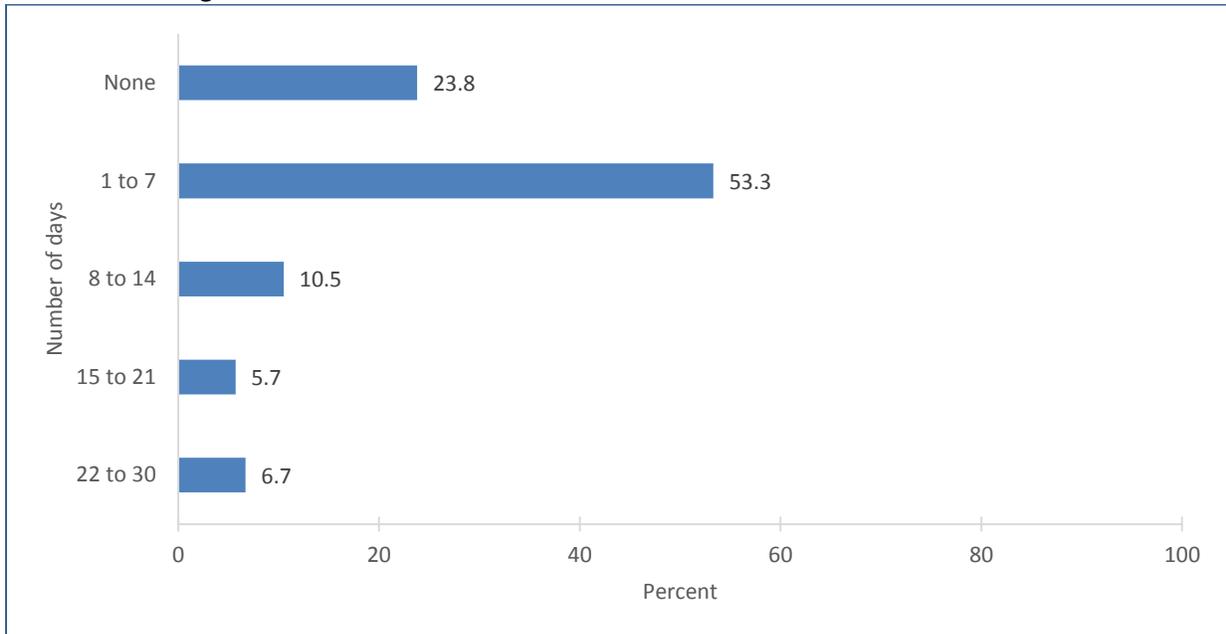


N=101

*Other responses include “Free medication”, “Have stopped cold turkey when I was pregnant with my kids, I would just need to set my mind to it”, and “The person has to want to quit, the mind has to accept the idea in order for this to work”.

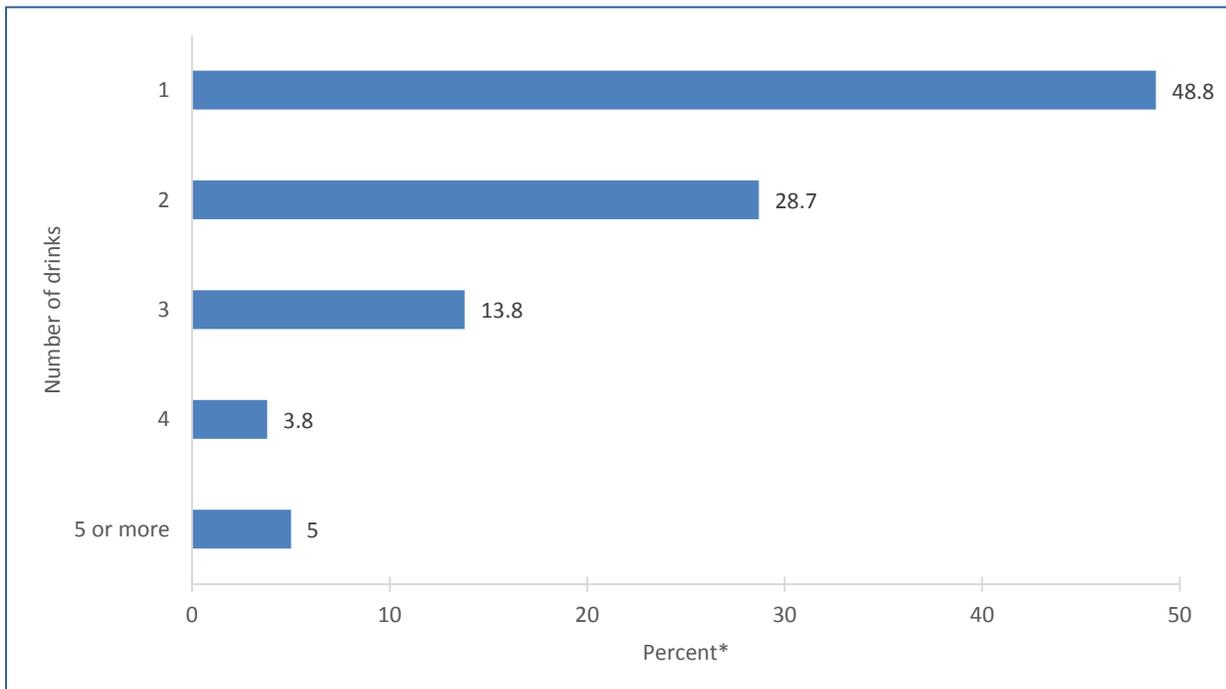
Alcohol Use and Prescription Drugs/Non-prescription Drug Abuse

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



N=105

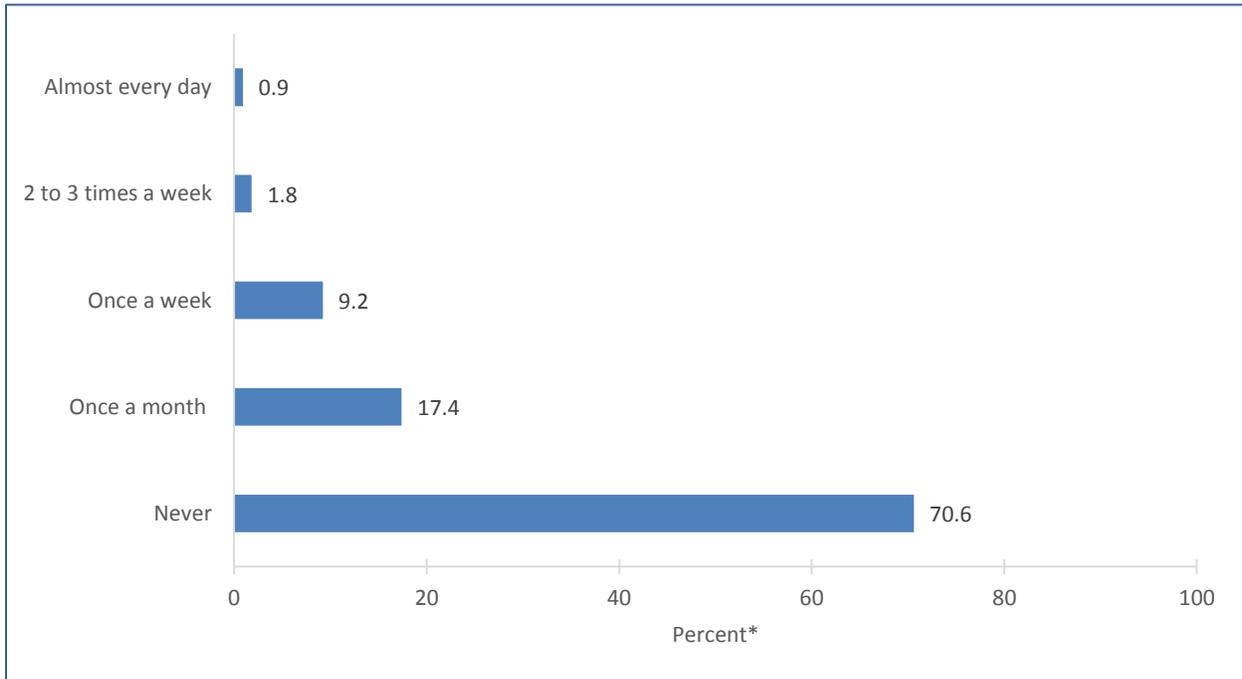
Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=80

*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=109 *Percentages do not total 100.0 due to rounding.

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

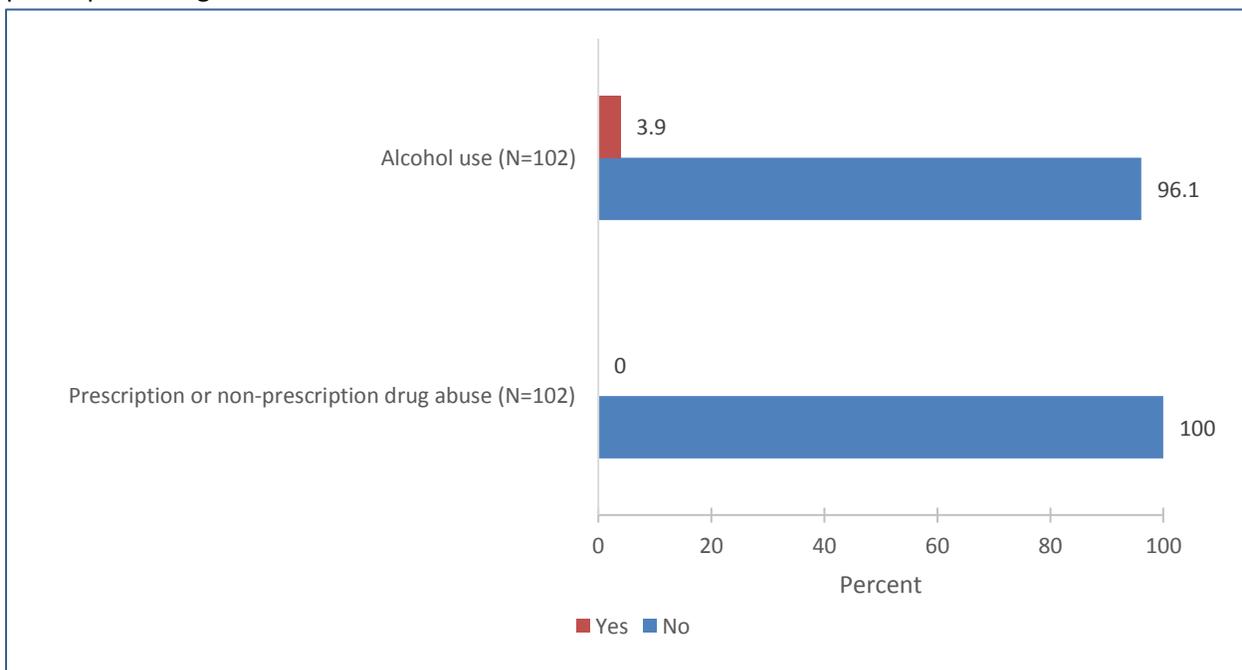


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

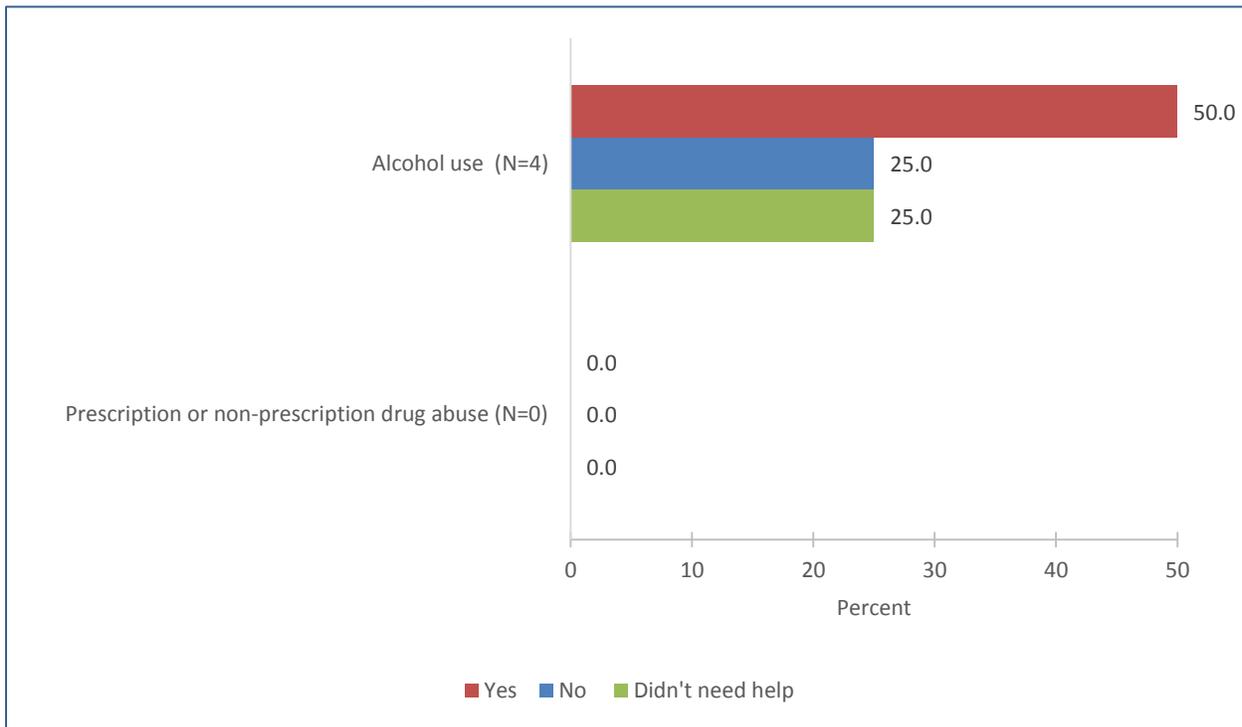
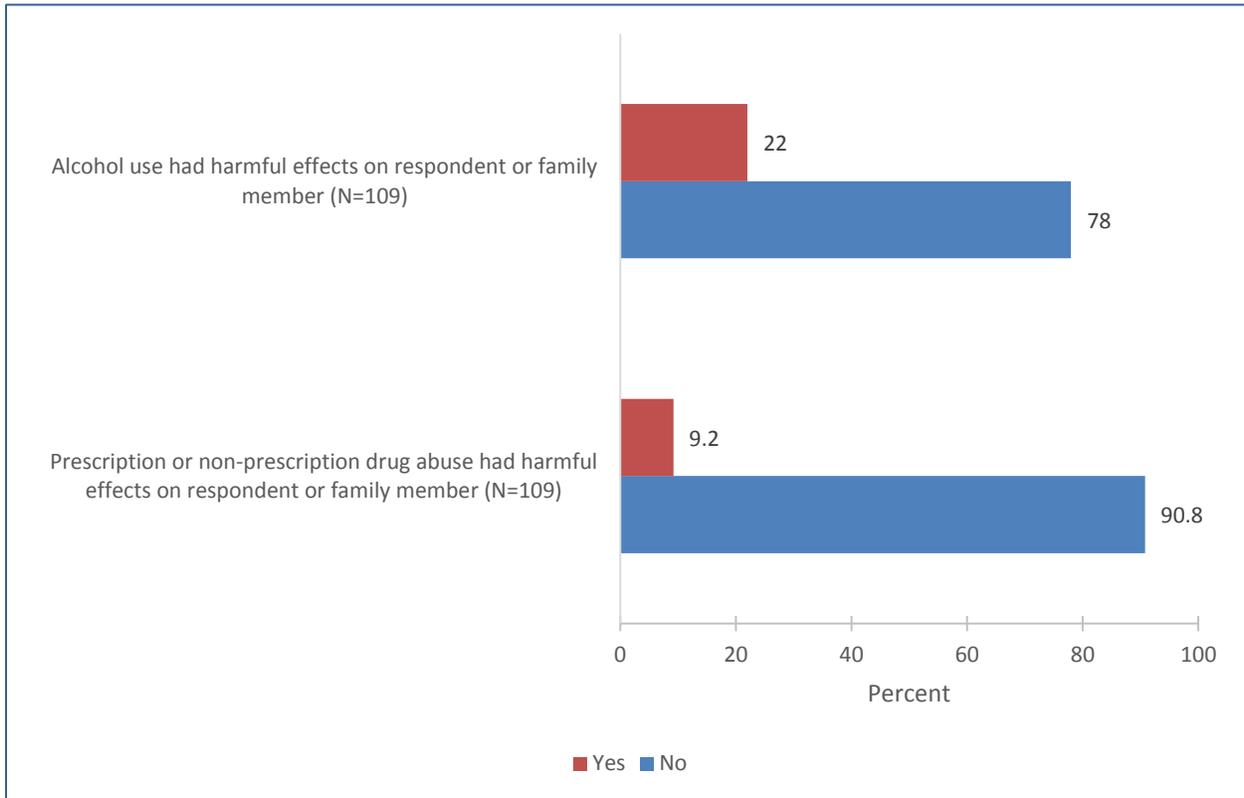


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

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

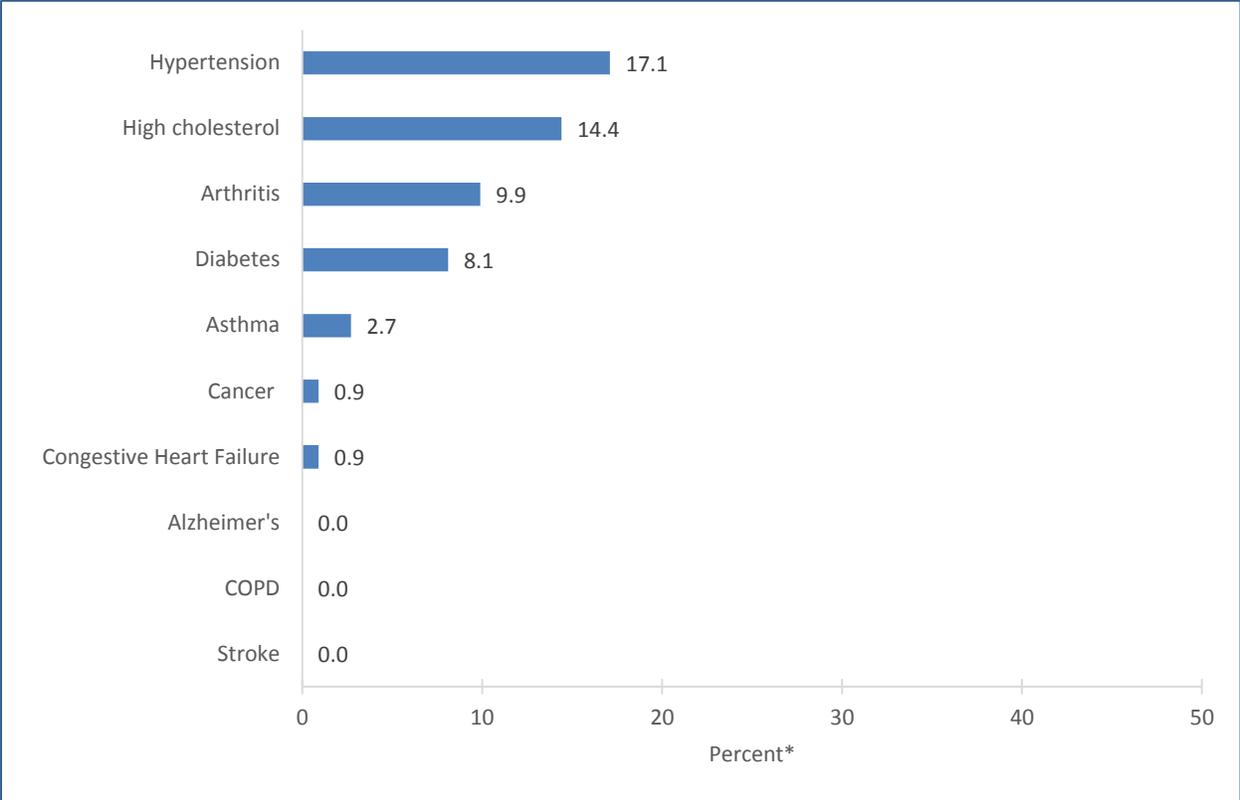
Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=107)	92.5	7.5	100.0
Blood sugar screening (N=107)	77.6	22.4	100.0
Bone density test (N=107)	11.2	88.8	100.0
Cardiovascular screening (N=107)	25.2	74.8	100.0
Cholesterol screening (N=106)	78.3	21.7	100.0
Dental screening and X-rays (N=107)	71.0	29.0	100.0
Flu shot (N=107)	81.3	18.7	100.0
Glaucoma test (N=107)	42.1	57.9	100.0
Hearing screening (N=107)	11.2	88.8	100.0
Immunizations (N=106)	32.1	67.9	100.0
Pelvic exam (N=74 Females)	59.5	40.5	100.0
STD (N=106)	8.5	91.5	100.0
Vascular screening (N=106)	10.4	89.6	100.0
CANCER SCREENINGS			
Breast cancer screening (N=72 Females)	58.3	41.7	100.0
Cervical cancer screening (N=73 Females)	57.5	42.5	100.0
Colorectal cancer screening (N=104)	20.2	79.8	100.0
Prostate cancer screening (N=28 Males)	25.0	75.0	100.0
Skin cancer screening (N=105)	19.0	81.0	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=8)	62.5	0.0	0.0	0.0	0.0	0.0	37.5
Blood sugar screening (N=24)	50.0	33.3	0.0	0.0	0.0	4.2	12.5
Bone density test (N=95)	43.2	43.2	3.2	0.0	0.0	1.1	7.4
Cardiovascular screening (N=80)	45.0	41.3	5.0	0.0	1.3	1.3	10.0
Cholesterol screening (N=23)	47.8	21.7	4.3	0.0	0.0	4.3	13.0
Dental screening and X-rays (N=31)	19.4	12.9	41.9	12.9	6.5	3.2	25.8
Flu shot (N=20)	35.0	0.0	0.0	0.0	0.0	5.0	55.0
Glaucoma test (N=62)	45.2	29.0	8.1	0.0	0.0	3.2	11.3
Hearing screening (N=95)	50.5	29.5	4.2	0.0	1.1	1.1	8.4
Immunizations (N=72)	56.9	22.2	0.0	0.0	0.0	2.8	5.6
Pelvic exam (N=30 Females)	26.7	20.0	3.3	3.3	0.0	6.7	26.7
STD (N=97)	71.1	10.3	0.0	1.0	0.0	1.0	9.3
Vascular screening (N=95)	51.6	35.8	4.2	0.0	1.1	2.1	10.5
CANCER SCREENINGS							
Breast cancer screening (N=30 Females)	60.0	10.0	6.7	0.0	0.0	6.7	16.7
Cervical cancer screening (N=31 Females)	54.8	9.7	3.2	3.2	0.0	3.2	25.8
Colorectal cancer screening (N=83)	49.4	27.7	4.8	1.2	0.0	2.4	16.9
Prostate cancer screening (N=21 Males)	42.9	33.3	0.0	4.8	0.0	0.0	19.0
Skin cancer screening (N=85)	41.2	44.7	4.7	1.2	1.2	3.5	8.2

*Percentages may not total 100.0 due to multiple responses.

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



N=111

*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

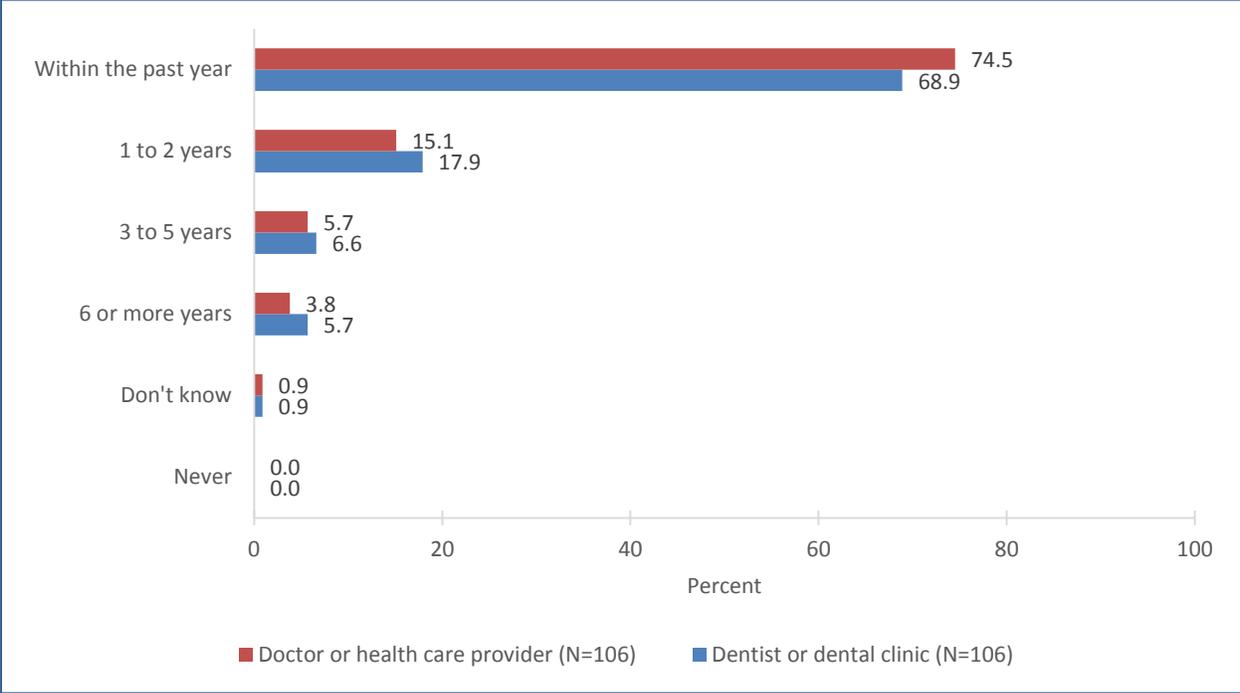
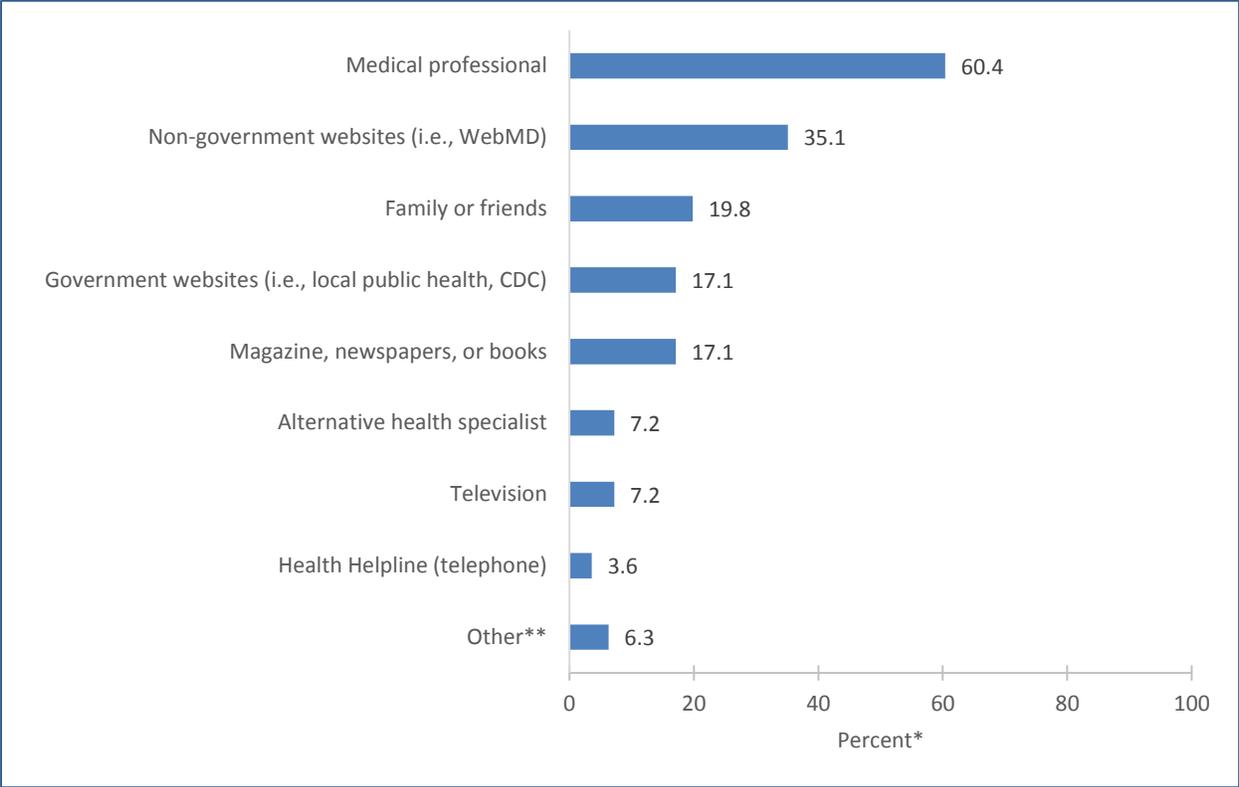


Figure 28. Where respondents get most of their health information

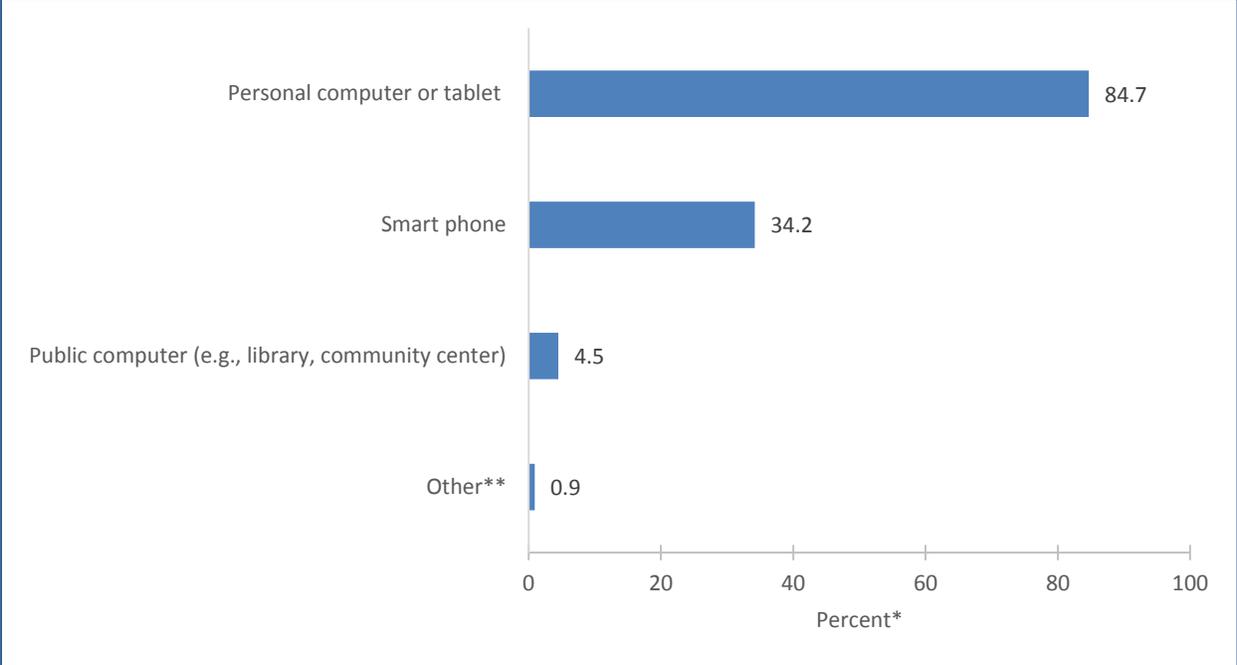


N=111

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “work in a medical field (5)”, “Internet”, and “VA”.

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



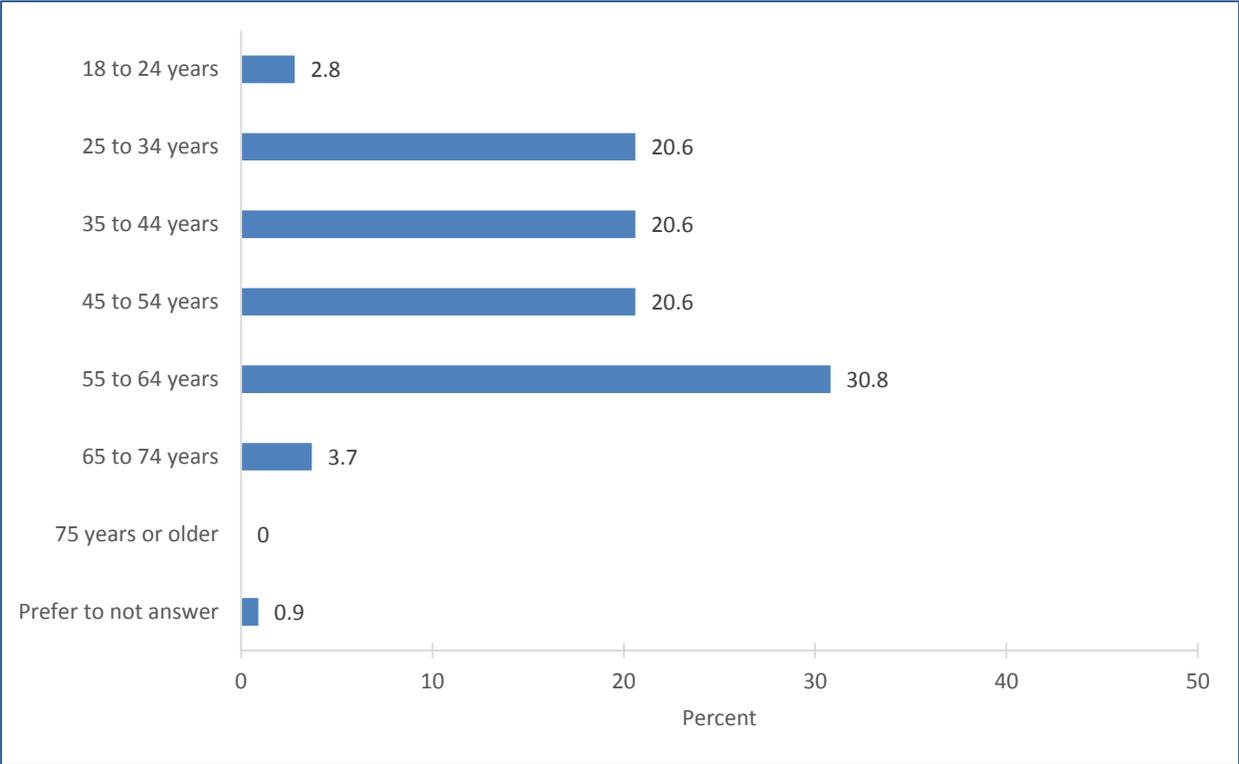
N=111

*Percentages do not total 100.0 due to multiple responses.

**Other response is "Office computer and medical professional advocates".

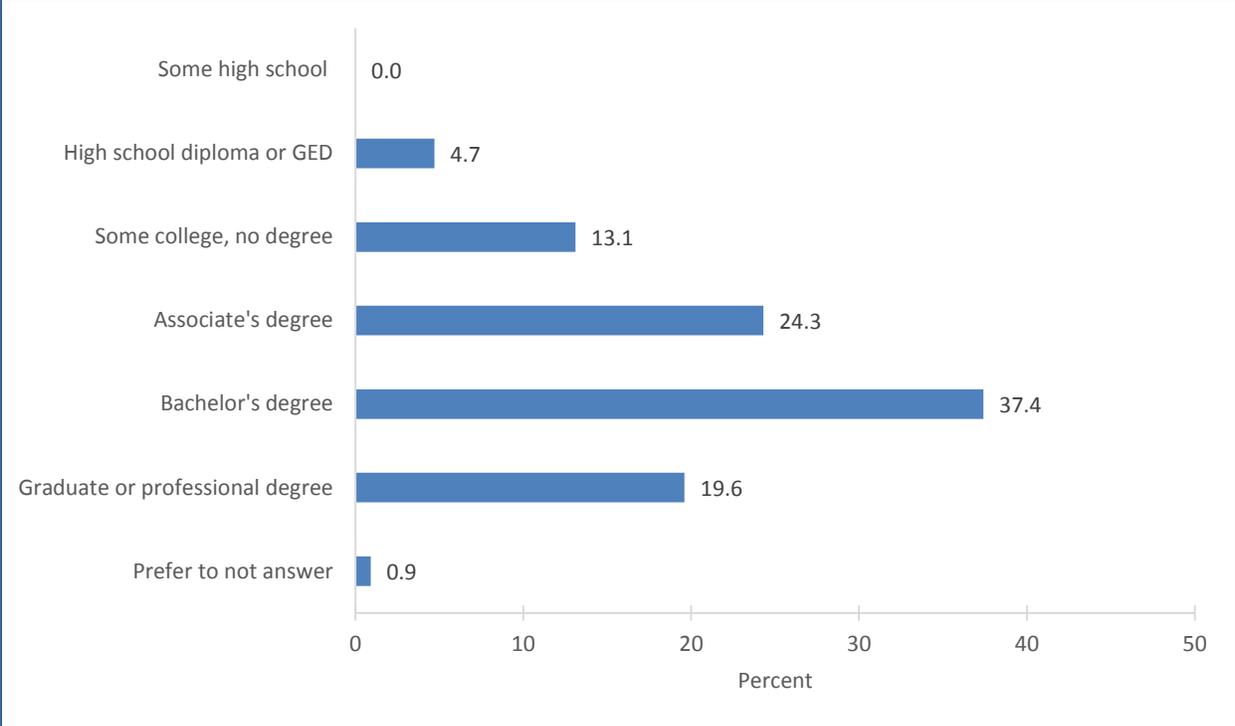
Demographic Information

Figure 30. Age of respondents



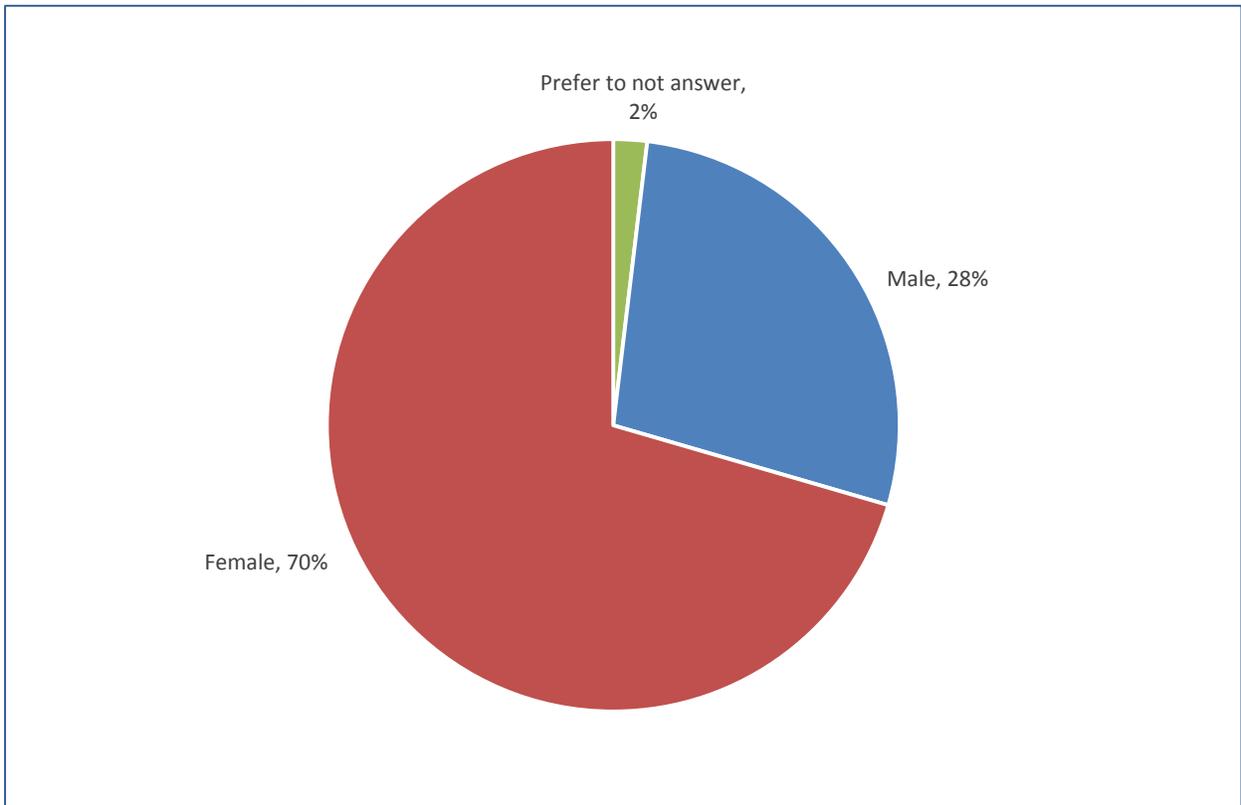
N=107

Figure 31. Highest level of education of respondents



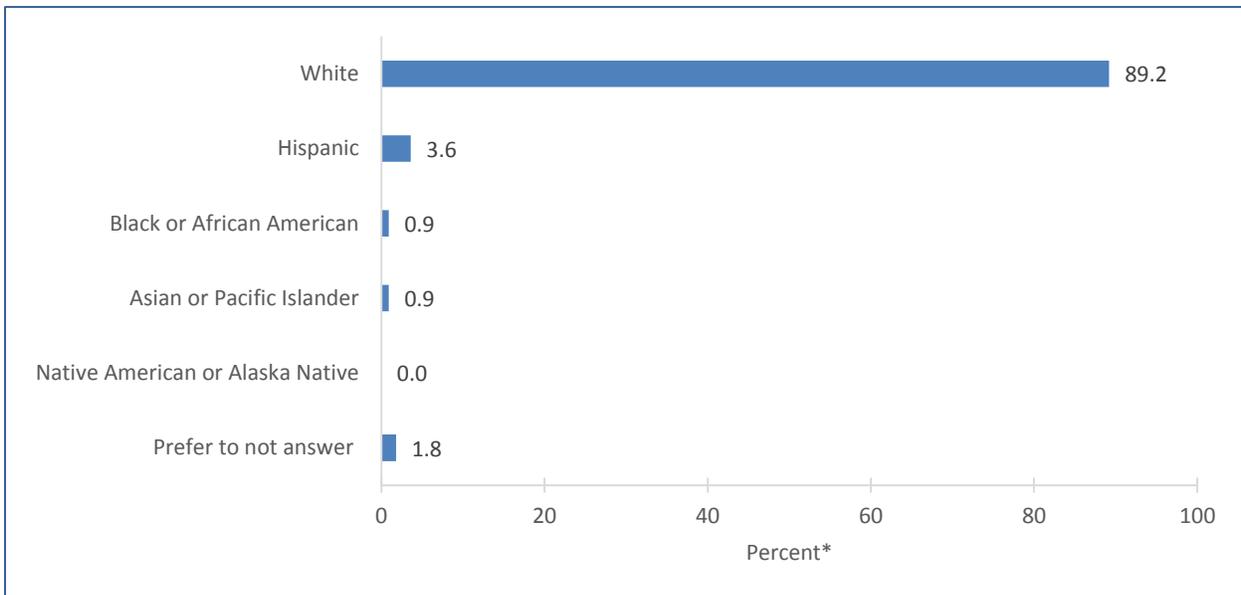
N=107

Figure 32. Gender of respondents



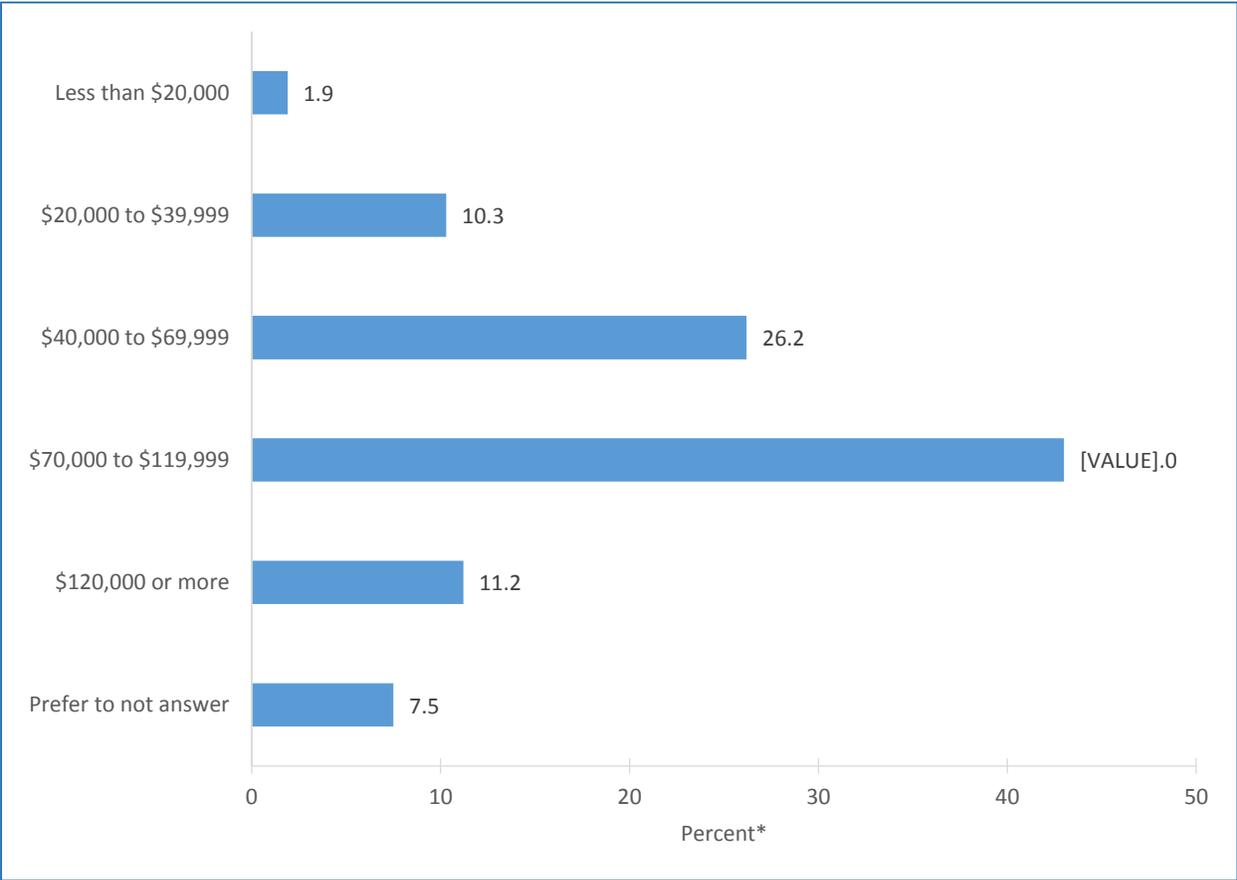
N=105

Figure 33. Race and ethnicity of respondents



N=111 *Percentages do not total 100.0 due to multiple responses.

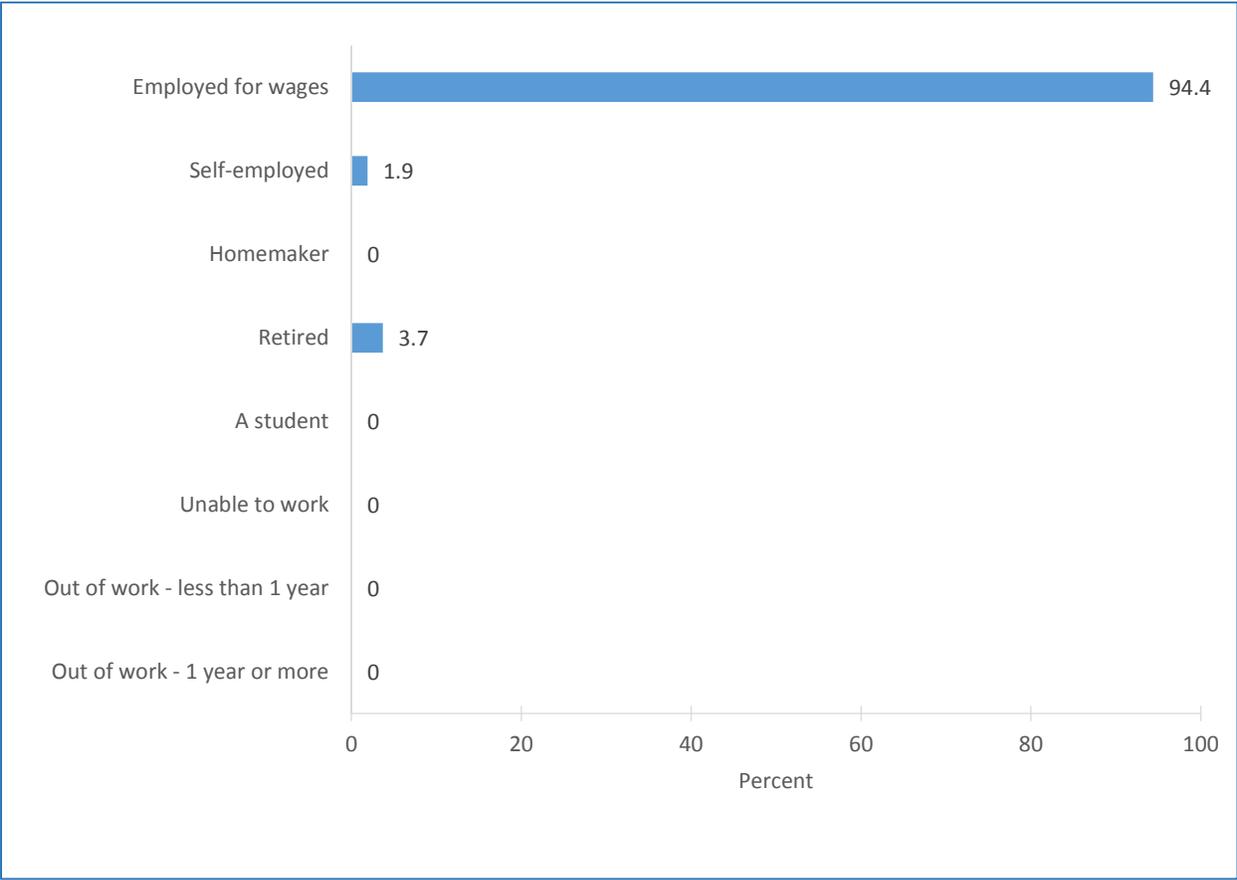
Figure 34. Annual household income of respondents



N=107

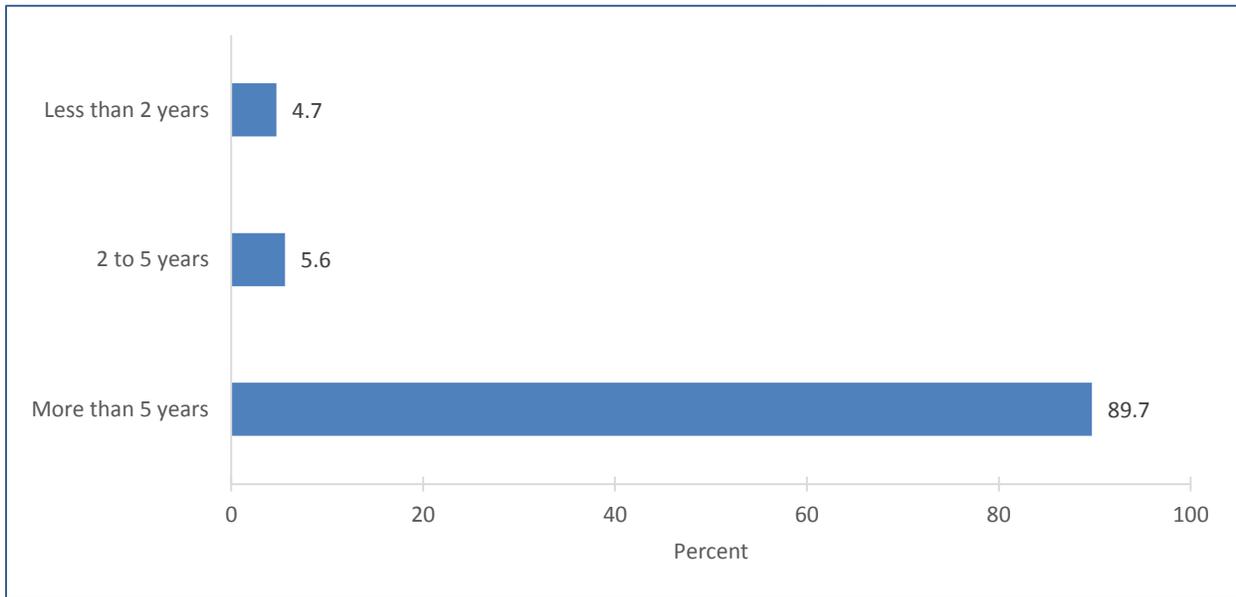
*Percentages do not total 100.0 due to rounding.

Figure 35. Employment status of respondents



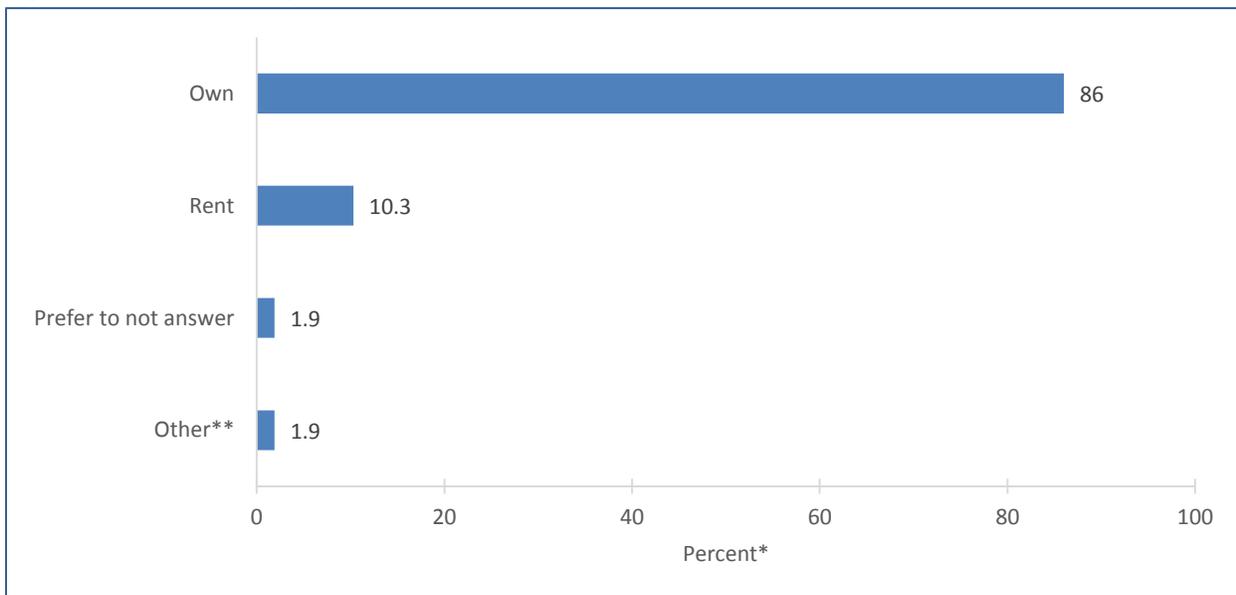
N=107

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



N=107

Figure 37. Whether respondents own or rent their home



N=107

*Percentages do not total 100.0 due to rounding.

**Other responses include "Living with in-laws" and "Manage apartment complex and have apartment as part of my payment".

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

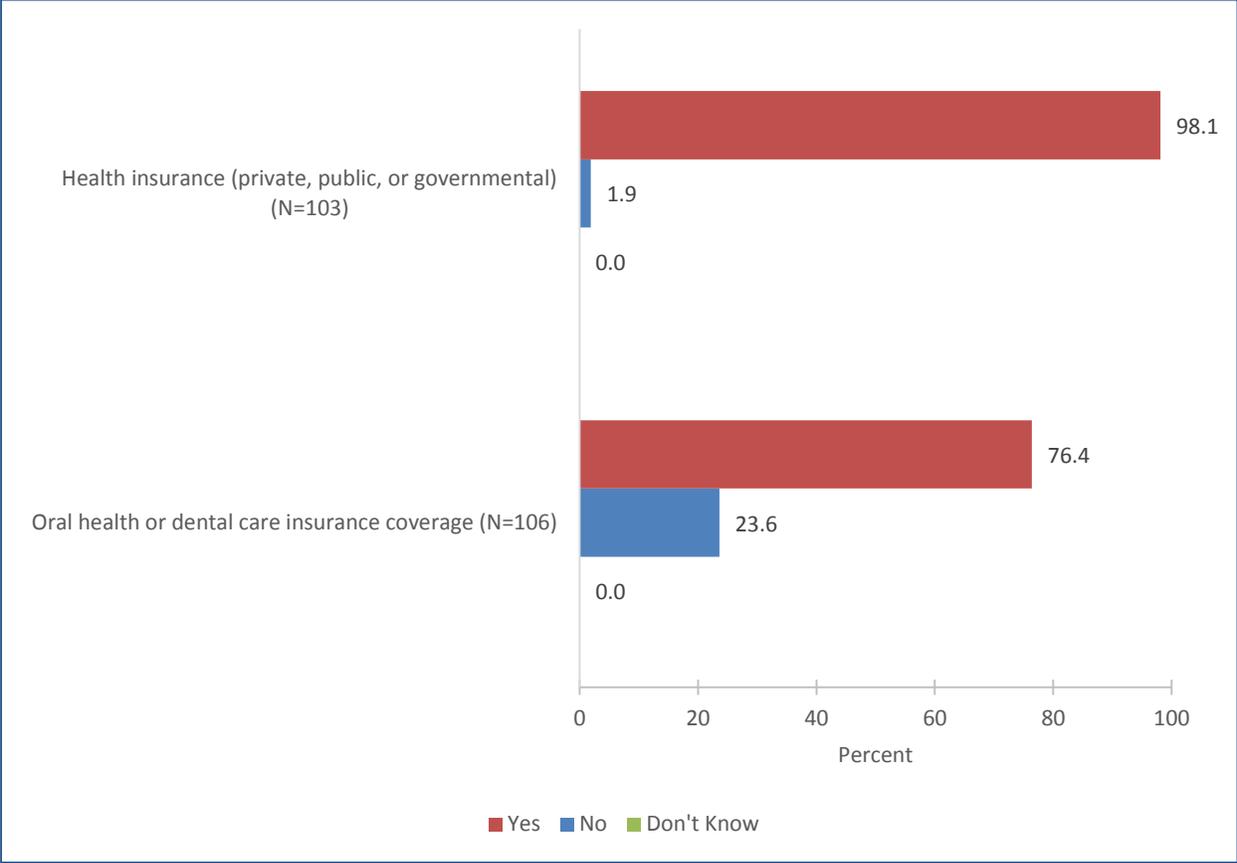
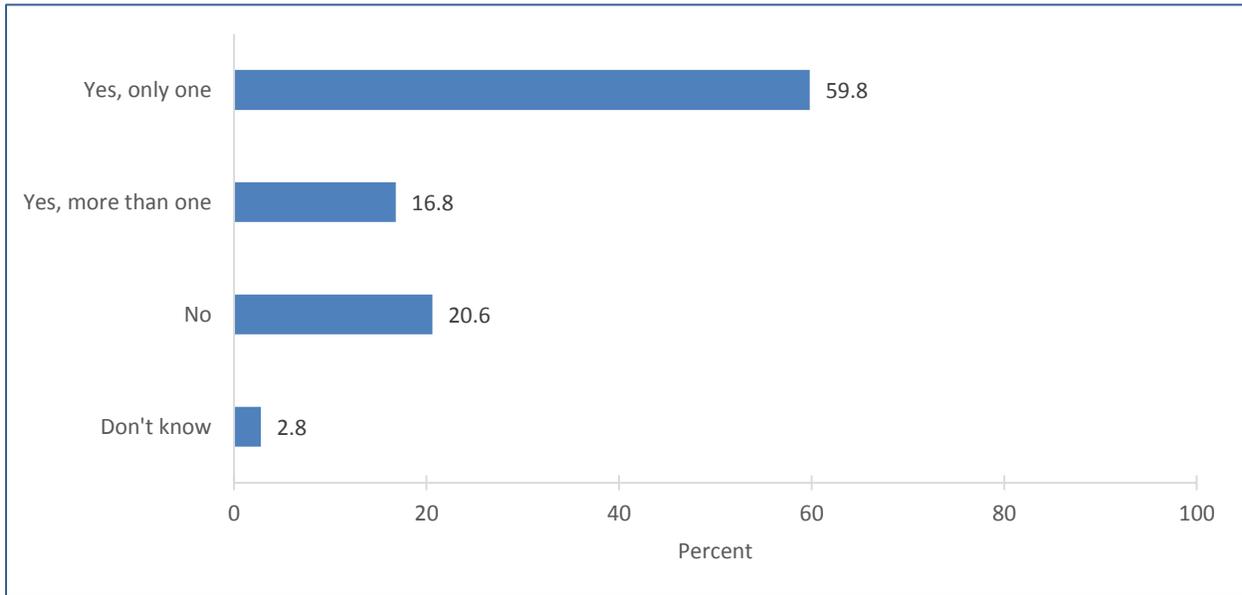
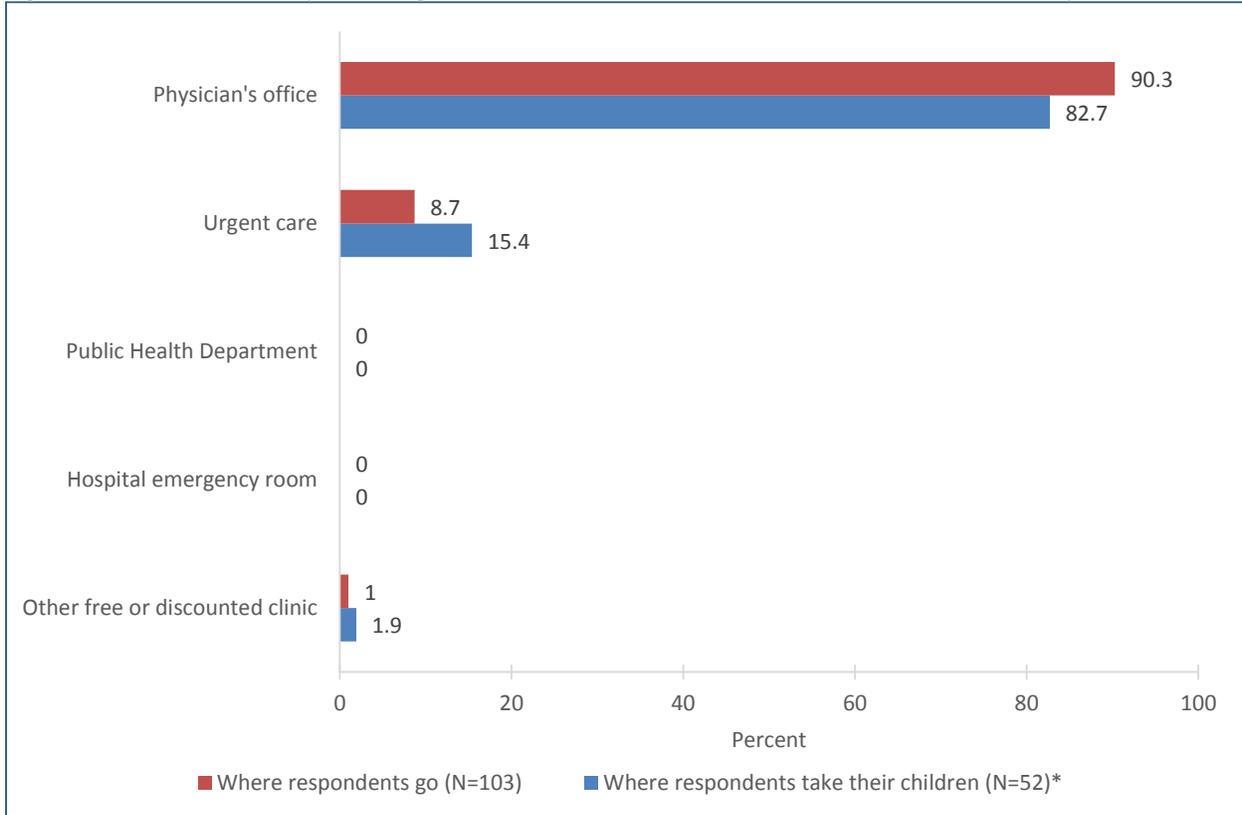


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



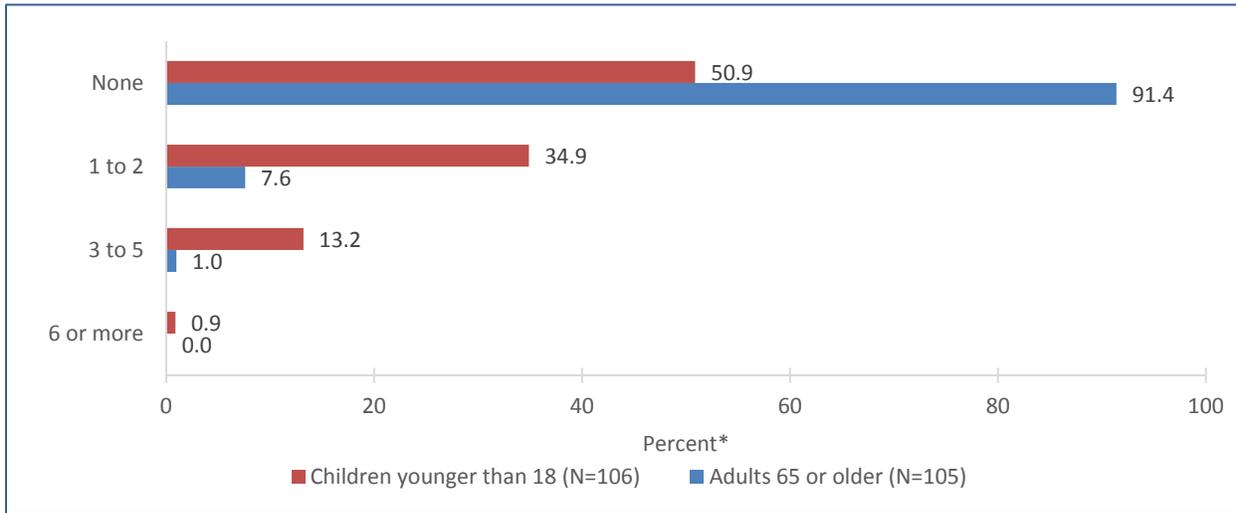
N=107

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



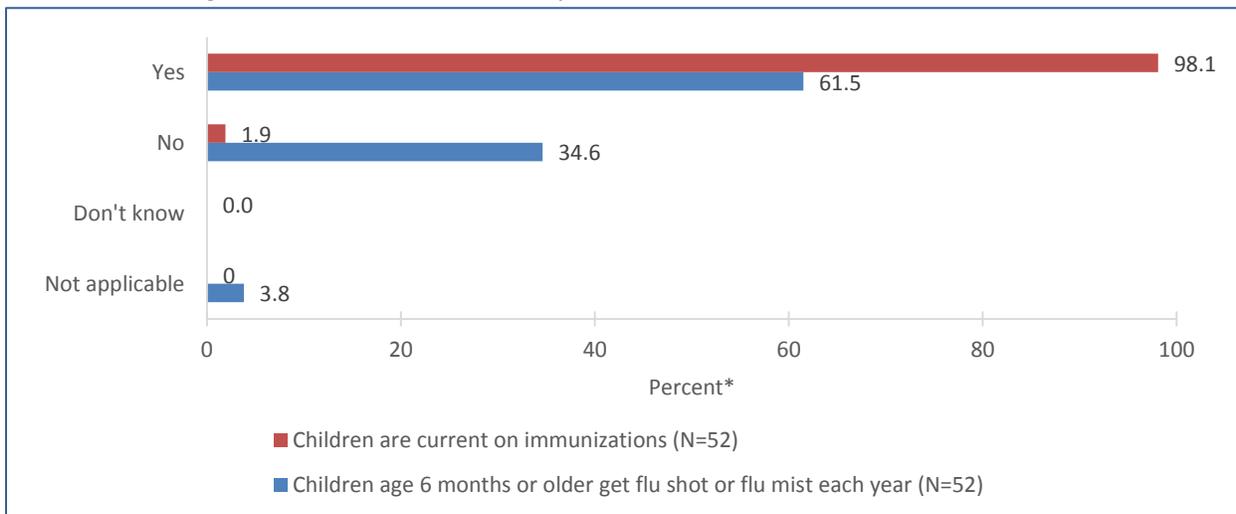
*Of respondents who have children younger than age 18 living in their household.

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**



*Percentages may not total 100.0 due to rounding.

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

Table 3. Zip code of respondents

Zip code	Number of respondents	Zip code	Number of respondents
56187	67	56115	1
56119	5	56118	1
56168	5	56120	1
56110	3	56137	1
51249	2	56159	1
56101	2	56165	1
56131	2	56167	1
56143	2	56185	1
56150	2	Unknown	1

N=99

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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$

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	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
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

Measure	Data Elements	Description
	95% CI - High	
	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

Measure	Data Elements	Description
	Violent Crime Rate	Violent crimes/population * 100,000
	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)

Nobles County

	Nobles County	Minnesota
Demographics		
Population	21,617	5,420,380
% below 18 years of age	26.2%	23.6%
% 65 and older	15.8%	13.9%
% Non-Hispanic African American	3.7%	5.5%
% American Indian and Alaskan Native	1.4%	1.3%
% Asian	6.5%	4.5%
% Native Hawaiian/Other Pacific Islander	0.2%	0.1%
% Hispanic	25.3%	5.0%
% Non-Hispanic white	63.4%	81.9%
% not proficient in English	10.5%	2.1%
% Females	48.2%	50.3%
% Rural	41.0%	26.7%
Health Outcomes		
Diabetes	9%	8%
HIV prevalence	108	150
Premature age-adjusted mortality	224.1	262.6
Infant mortality		5.1
Child mortality	49.7	42.8
Health Behaviors		
Food insecurity	10%	11%
Limited access to healthy foods	14%	6%
Motor vehicle crash deaths	24	9
Drug poisoning deaths		8

	Nobles County	Minnesota
Health Care		
Uninsured adults	18%	11%
Uninsured children	9%	5%
Health care costs	\$7,142	\$7,788
Could not see doctor due to cost		9%
Other primary care providers	3,603:1	1,218:1
Social & Economic Factors		
Median household income	\$50,936	\$60,664
Children eligible for free lunch	47%	30%
Homicides		2

* Data supplied on behalf of state

Note: Blank values reflect unreliable or missing data



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