

Dear Community Members,

Sanford Medical Center Canton-Inwood is pleased to present the 2018 Community Health Needs Assessment (CHNA).

Sanford completes a community health needs assessment every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The CHNA process aligns with Sanford's mission - *Dedicated to the work of health and healing.*

During 2017 and 2018, members of the community were invited to complete a survey to help identify the unmet needs. Key stakeholders completed a survey to identify concerns for the community related to economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford analyzed the data from the primary research and met with key stakeholders to prioritize the identified needs. Our strategies to address the needs are included in this report.

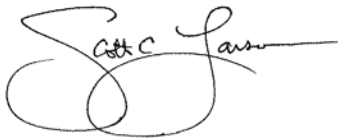
Sanford will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- *Economic Well-Being - Affordable Housing*
- *Behavioral Health and Mental Health Access - Substance Abuse by Youth*

The CHNA also focused on the strengths of our community and includes the many community assets that are available to address the community health needs. We have also included an impact report from our 2016 implementation strategies.

Sanford Canton-Inwood is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can fulfill our mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Larson". The signature is fluid and cursive, with a large initial "S" and "L".

Scott Larson  
Senior Director  
Sanford Canton-Inwood Medical Center

# Table of Contents

	Page
<b>Executive Summary</b>	4
<b>Community Health Needs Assessment</b>	11
• Purpose	12
• Our Guiding Principles	12
• Regulatory Requirements	12
• Study Design and Methodology	13
• Limitations of the Study	14
• Acknowledgements	14
• Description of Medical Center	17
• Description of Community Served	17
• Key Findings	18
• Demographic Information for Key Stakeholder Participants	26
• Demographic Information for Community Resident Participants	38
• Secondary Research Findings	40
• Health Needs and Community Resources Identified	41
• Prioritization Worksheet	42
• How Sanford Canton-Inwood is Addressing the Needs	43
• Implementation Strategies	47
○ Implementation Strategies – 2018	
○ Implementation Strategy Action Plan – 2019-2021	
○ Demonstrating Impact - 2017-2019 Action Plan	
○ Demonstrating Impact – 2017-2019 Strategies	
• Community Feedback from the 2016 Community Health Needs Assessment	53
<b>Appendix</b>	54
• Primary Research	
○ Asset Map	
○ Results from Non-Generalizable Online Survey of Community Stakeholders	
○ Resident Survey	
○ Prioritization Worksheet	
• Secondary Data	
○ Definitions of Key Indicators	
○ County Health Rankings	

**Sanford Canton-Inwood Medical Center**  
**2018 Community Health Needs Assessment**  
**Executive Summary**



## Purpose

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

## 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 are essential to success
- Sanford Health is invited into the communities we serve

## Regulatory Requirements

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

The Internal Revenue Code 501(r) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. We are required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language, financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

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

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for it. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2018 report will be Sanford's third report cycle since the requirements were enacted in 2010.

## Study Design and Methodology

### 1. Primary Research

#### A. *Key Stakeholder Survey*

An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholder's concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and the Sioux Falls Department of Health distributed the survey link via email to stakeholders and key leaders located within Lincoln County, South Dakota and Lyon County, Iowa. Data collection occurred during November 2017. A total of 22 community stakeholders participated in the survey.

#### B. *Resident Survey*

The resident survey tool includes questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the SHIP surveys and those questions were included in the resident survey. Questions specific to American Indian residents were developed by the North Dakota Public Health Association. The survey was posted on Facebook and a link to the survey was sent by email to members of the community. A total of 105 community residents participated in the survey.

#### C. *Community Asset Mapping*

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

#### D. *Community Stakeholder Discussions*

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

#### E. *Prioritization Process*

The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to complete the multi-voting exercise.

## 2. Secondary Research

- A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.
- B. The U.S. Census Bureau estimates were reviewed.
- C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is <https://www.communitycommons.org/maps-data/>.

### Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Lincoln and Lyon counties. A good faith effort was made to secure input from a broad base of the community. However, when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates from the U.S. Census Bureau, there was improvement over the last several CHNAs but there is still a need to capture demographics that better represent the community. This is part of our CHNA continuous improvement process.

Internal Revenue Code 501(r) 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; and 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. We worked closely with public health experts throughout the assessment process.

Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/contact-us/form>.

## Key Findings

### Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community and in many cases the indicators are aligned and validate our findings.

### Economic Well-Being

Community stakeholders are most concerned that there is a need for affordable housing (ranking 4.24), employment options (3.33), a skilled labor force (3.24), household budgeting and money management (3.10), and maintaining livable and energy efficient homes (3.05).

### Transportation

Community stakeholders are most concerned about the availability of walking and biking paths (3.27) and the driving habits related to speed and road rage (3.05).

### Children and Youth

Community stakeholders are most concerned about substance abuse by youth (3.47), the cost of activities for children (3.44), the availability of activities for children (3.42), the availability of quality childcare (3.41), the availability of services for at-risk youth (3.41), bullying (3.41), the cost of quality childcare (3.35), the cost of services for at-risk youth (3.35), childhood obesity (3.33), teen tobacco use (3.29), teen suicide (3.24), and opportunities for youth mentoring (3.06).

### Aging Population

Community stakeholders are most concerned about the cost of long term care (3.63) and memory care (3.59), the cost of in-home services (3.32), the availability of memory care (3.28), the availability of resources to help the elderly stay in their homes (3.16), and the availability of resources for caregivers (3.00).

### Safety

Community stakeholders are most concerned about abuse of prescription drugs (3.47) and the presence of drug dealers (3.06).

### Health Care Access

Community stakeholders are most concerned about access to affordable health insurance coverage (3.82), access to affordable health care (3.72), the availability of health care services for Native American people (3.41), access to affordable vision insurance (3.20), the availability of mental health providers (3.22), the availability of non-traditional hours (3.19), access to affordable dental insurance (3.18), the availability of behavioral health providers (3.18), availability of prevention programs (3.12), and the availability of specialist physicians (3.00).

### Mental Health and Substance Abuse

Community stakeholders are most concerned about depression (3.71), stress (3.59), dementia and Alzheimer's disease (3.53), drug use and abuse (3.47), smoking and tobacco use (3.35), alcohol use and abuse (3.24), and exposure to second hand smoke (3.06).



Resident survey participants are facing the following issues:

- 72% report that they are overweight or obese
- 55% self-report binge drinking at least 1X/month
- 36% have been diagnosed with depression
- 25% report running out of food before having money to buy more
- 31% have been diagnosed with high cholesterol
- 26% currently smoke cigarettes

Community stakeholders worked through a multi-voting prioritization process to determine the top priorities and needs of the community.

Sanford Canton-Inwood will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- Economic Well-Being – Affordable Housing
- Behavioral Health and Mental Health Access – Substance Abuse by Youth

## Implementation Strategies

### **Priority 1: Economic Well-Being – Affordable Housing**

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

### **Priority 2: Behavioral Health and Mental Health Access – Substance Abuse by Youth**

Mental health is important at every stage of life and affects how people think, feel and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental and psychological factors. Depression is among the most treatable of mental disorders.

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

**Sanford Canton-Inwood Medical Center  
Community Health Needs Assessment  
2018**

## Purpose

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

## 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 are essential to success
- Sanford Health is invited into the communities we serve

## Regulatory Requirements

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

The Internal Revenue Code 501(r) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. We are required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language, financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

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

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for it. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2018 report will be Sanford's third report cycle since the requirements were enacted in 2010.

## Study Design and Methodology

### 1. Primary Research

#### A. *Key Stakeholder Survey*

An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholder's concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and the Sioux Falls Department of Health distributed the survey link via email to stakeholders and key leaders located within Lincoln County, South Dakota and Lyon County, Iowa. Data collection occurred during November 2017. A total of 22 community stakeholders participated in the survey.

#### B. *Resident Survey*

The resident survey tool includes questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the SHIP surveys and those questions were included in the resident survey. Questions specific to American Indian residents were developed by the North Dakota Public Health Association. The survey was posted on Facebook and a link to the survey was sent by email to members of the community. A total of 105 community residents participated in the survey.

#### C. *Community Asset Mapping*

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

#### D. *Community Stakeholder Discussions*

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

#### E. *Prioritization Process*

The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to complete the multi-voting exercise.



## 2. Secondary Research

- A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.
- B. The U.S. Census Bureau estimates were reviewed.
- C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is <https://www.communitycommons.org/maps-data/>.

### Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Lincoln and Lyon counties. A good faith effort was made to secure input from a broad base of the community. However, when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates from the U.S. Census Bureau, there was improvement over the last several CHNAs but there is still a need to capture demographics that better represent the community. This is part of our CHNA continuous improvement process.

Internal Revenue Code 501(r) 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; and 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. We worked closely with public health experts throughout the assessment process.

Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/contact-us/form>.

### Acknowledgements

Sanford Health would like to thank and acknowledge the Steering Committees for their assistance and expertise while conducting the assessment and analysis of the community needs.

#### Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Wheaton
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bagley
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Denise Clouse, Marketing Coordinator, Sanford Tracy
- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Wheaton
- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton

- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls
- Joy Johnson, VP of Operations, Sanford Bemidji
- JoAnn Kunkel, Chief Financial Officer, Sanford Health
- Mary Lake, Executive Assistant, Sanford Health Network Fargo Region
- Amber Langner, Senior Director of Finance, Corporate Accounting, Sanford Health
- Scott Larson, Senior Director, Sanford Canton
- Tiffany Lawrence, VP, Finance, Sanford Fargo
- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids
- Carrie McLeod, Sanford Community Health Improvement/Community Benefit Director
- Jac McTaggart, Senior Director, Sanford Hillsboro and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

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

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Pam Bonrud, Northwestern Energy
- Cynthia Borgen, Beltrami Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, PhD, Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors' Blue Ribbon Commission on Addiction
- Kathy McKay, Clay County Public Health
- Jac McTaggart, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health

- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steele County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

The following Canton-Inwood community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Robert Bauer, Keystone
- Andrew Bauman, AR Electric LLC
- Karen Brandes, Love Inc. of Greater Canton
- Dawn Creech, Home Medical Equipment
- Ginny Crawford, Crawford Counseling
- Kristine DeJaecfrer-Tillelt, Crawford Counseling
- Jean Fossum, Sanford Medical Center
- Paul Gerhart, CFO, Sanford Medical Center
- Sterling Heath, Canton Home & Farm
- Sherry Kurtz-Anderson, Lead to Inspire Trainer
- Scott Larson, CEO, Sanford Medical Center
- Myron Moore, Long Term Care Administrator, Good Samaritan
- Melissa Schutte, Sanford Medical Center
- Jonathan Toso, Optometrist, Sanford Medical Center
- Steve Ziebarth, Pastor

## Description of the Medical Center

### Sanford Canton-Inwood Medical Center – Canton, SD



Sanford Canton-Inwood Medical Center is an 11-bed Critical Access Hospital located in a beautiful rural setting just east of Canton, SD. Through a partnership of Canton-Inwood Memorial Hospital Association and Sanford Health, the community established a health care facility focused on providing quality health care close to home.

Sanford Canton-Inwood employs 8 clinicians, including physicians and advanced practice providers in the areas of family medicine, sports medicine, surgery, counseling and interventional cardiology, and has over 100 employees.

## Description of the Community Served

Canton, SD, population 3,000, is located 10 miles east of Interstate 29 on US Highway 18. The community is surrounded by Newton Hills State Park, Big Sioux River, and the rolling hills of the Sioux Valley. Canton is the county seat of Lincoln County.

The earliest known visitor was Lewis P. Hyde, who first came to the area in 1866. By 1868, there were 35 people living in Lincoln County. The residents named the community Canton, believing the location to be the exact opposite of Canton, China. In 1880, the Chicago, Milwaukee, St. Paul and Pacific Railroad crossed the Big Sioux River to reach Canton. The city still has an active rail freight service and many historic homes and buildings dating back to the late 1800s. Two of Canton's historical sites are the Lincoln County Courthouse built in 1889 and the Canton Lutheran Church, which was built in 1908.

Canton is home to six industries: Eastern Farmers Co-op, Adams Thermal Systems, Bid-Well, a Terex Company, Johnson Feed, Inc., Fastek Products, and Legacy Electronics. The community has several restaurants and approximately 200 businesses.

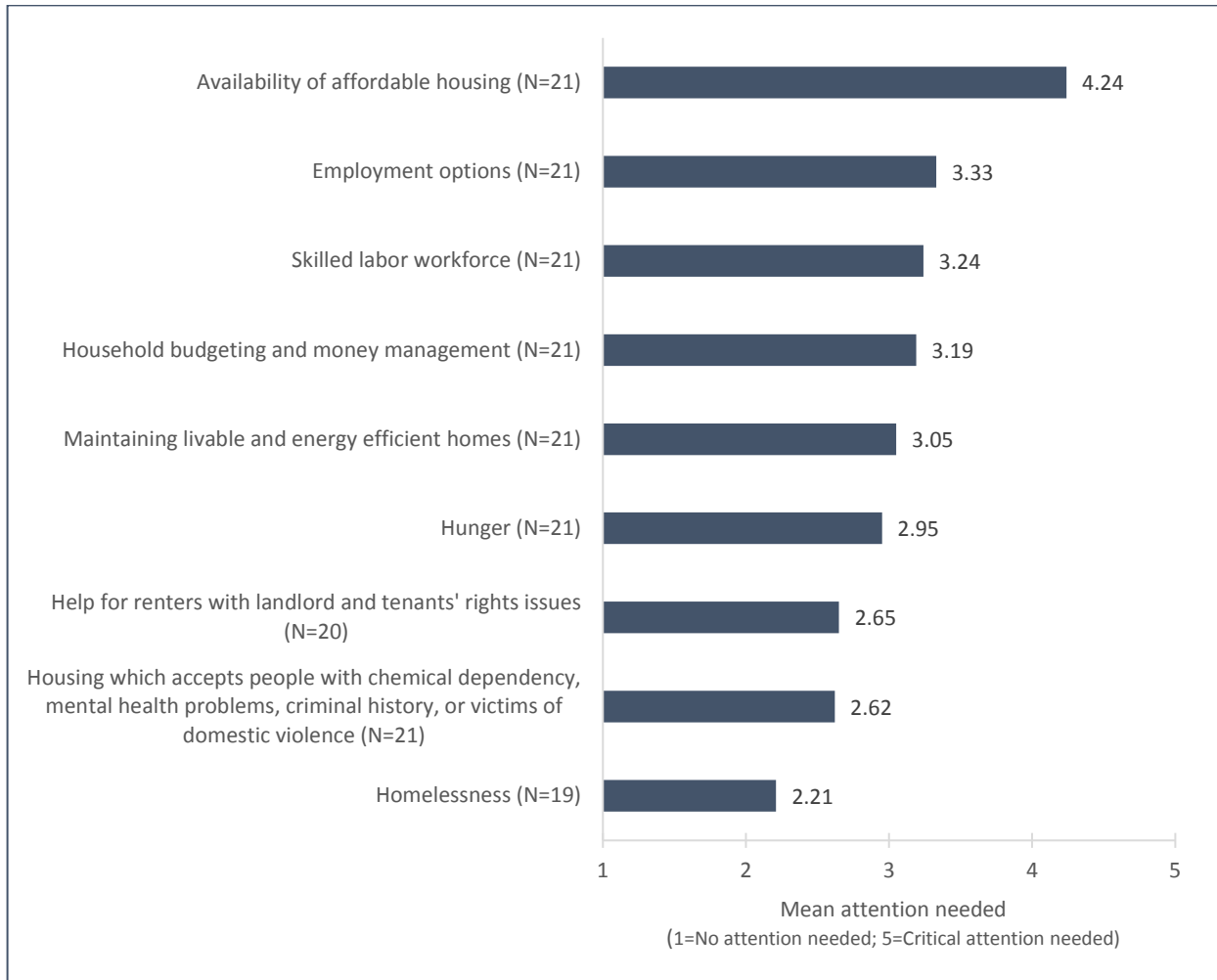
## Key Findings

### Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey, and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community, and in some cases, the indicators align with and validate our findings.

**Economic Well-Being:** The concern for the community's economic well-being is focused on the need for available affordable housing, a skilled workforce and employment options, household budgeting and money management skills, and liable energy efficient homes.

### **Current state of community issues regarding ECONOMIC WELL-BEING**

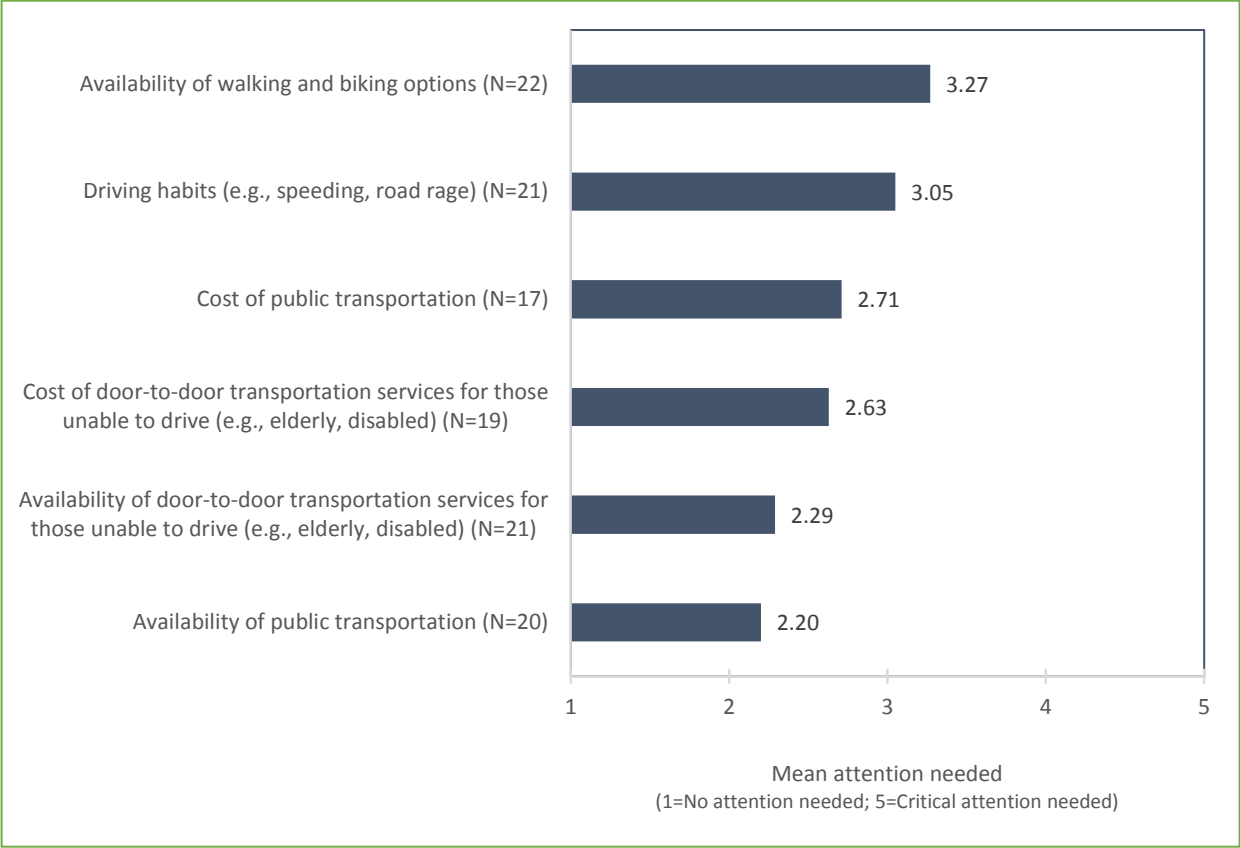




*Healthy People 2020* has defined the social determinants of health. “Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

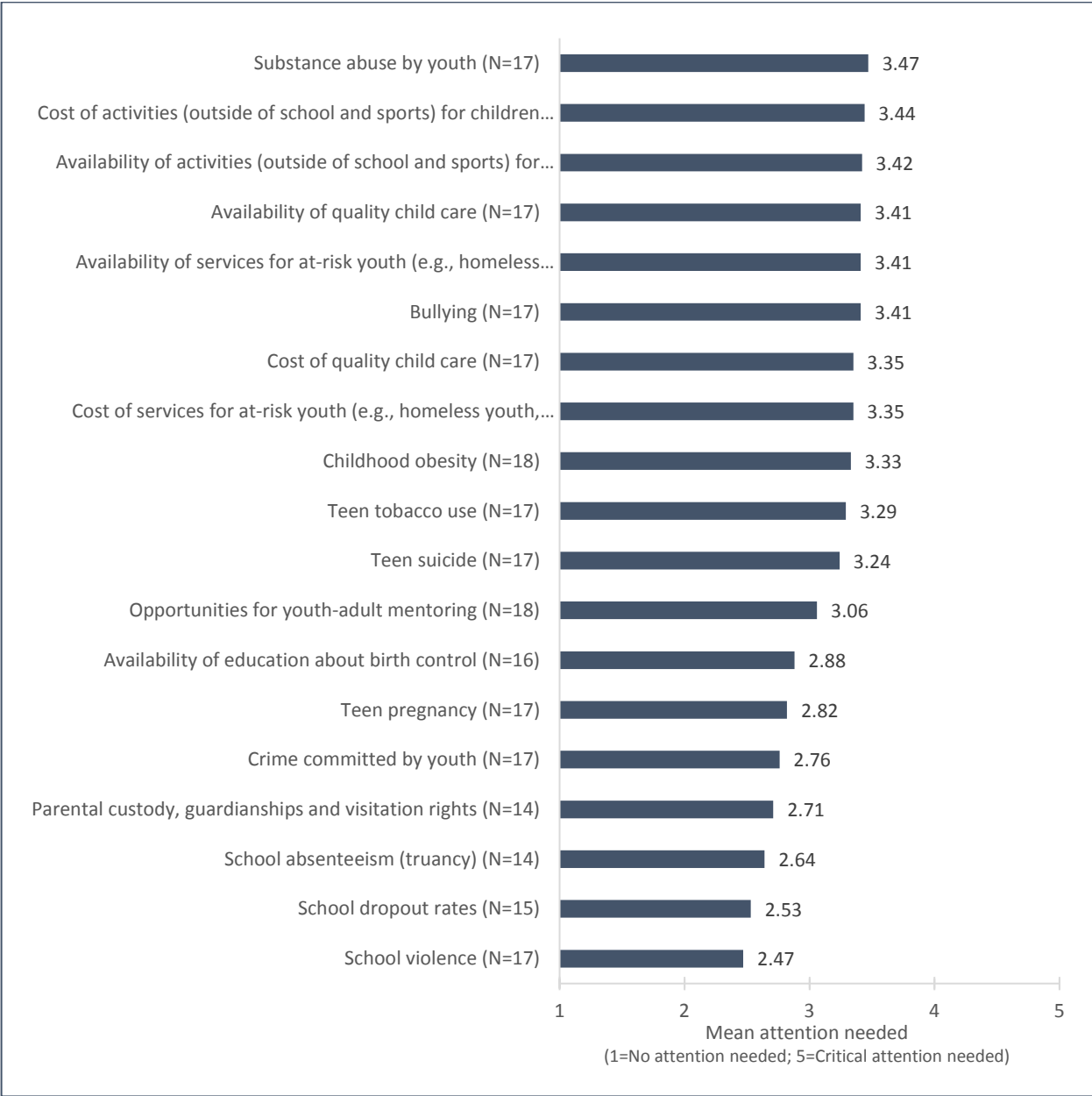
**Transportation:** The concern for transportation focuses on the need for walking and biking paths and the driving habits of residents.

**Current state of community issues regarding TRANSPORTATION**



**Children and Youth:** The concerns for children and youth are numerous and include substance abuse by youth, the cost and availability of activities for children, the availability of quality childcare, childhood obesity, the need for services for at-risk youth, bullying, teen tobacco use, and teen suicide.

**Current state of community issues regarding CHILDREN AND YOUTH**



According to the U.S. Department of Drug Enforcement Administration (DEA), nationally almost 20% of students surveyed admit to using marijuana at least once during the last 30 days, and 13% of students surveyed admitted driving when they had used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

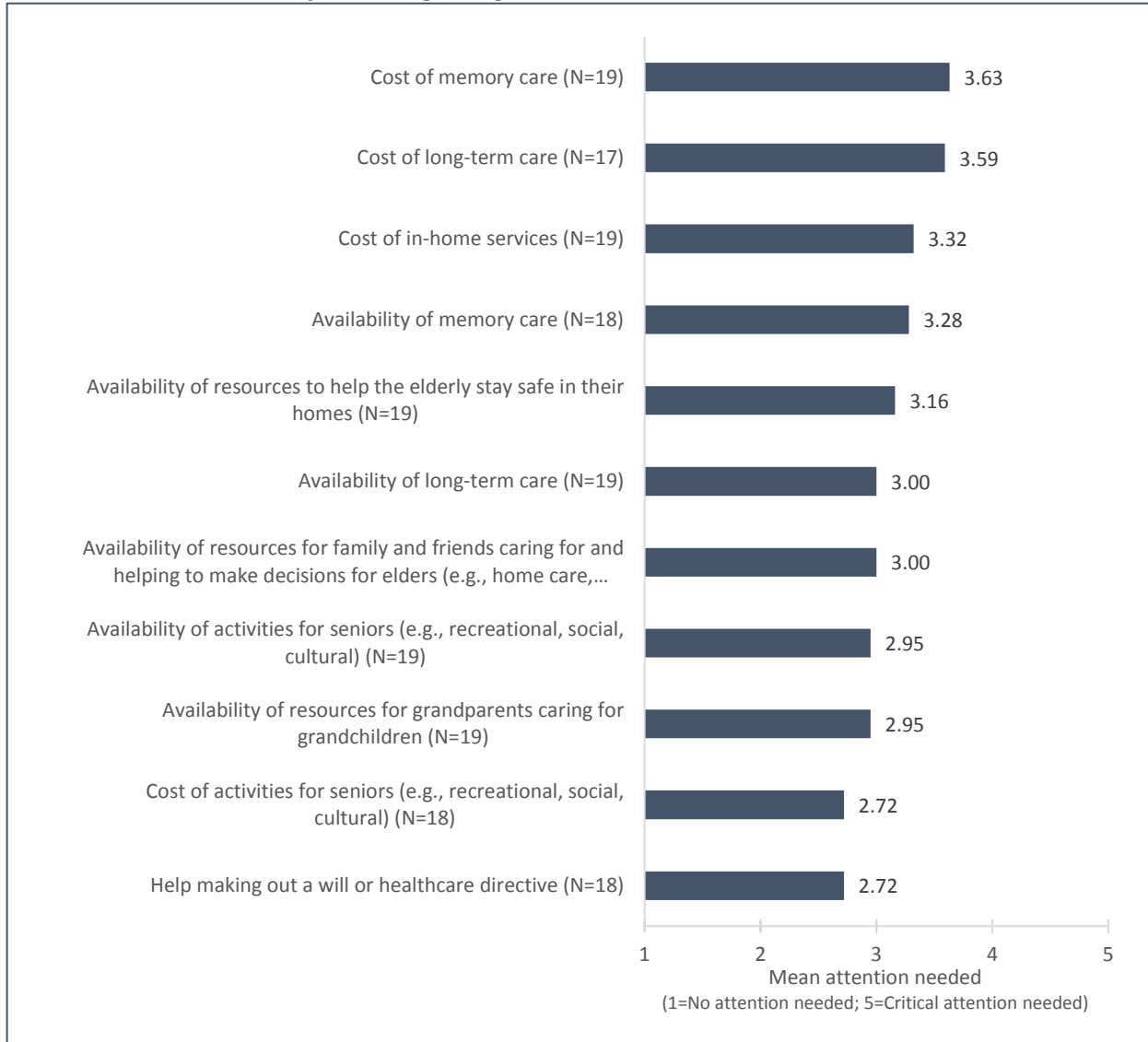
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect
- Bullying

Protective factors include:

- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

**Aging Population:** The cost of long term care and memory care are top concerns once again and were top concerns during the 2016 CHNA cycle.

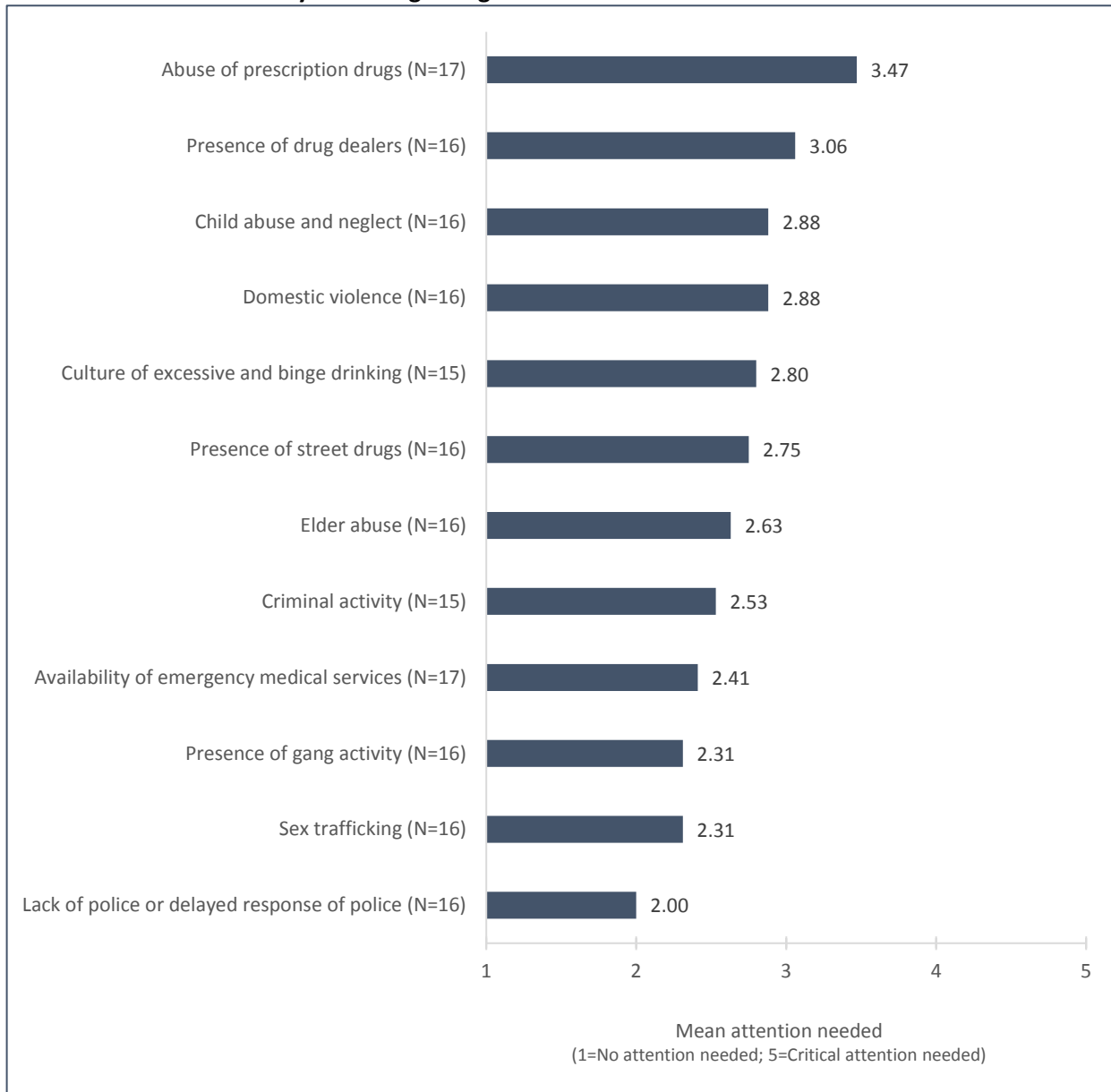
**Current state of community issues regarding the AGING POPULATION**



According to the U.S. Health and Human Services Administration on Aging, the cost of long term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, and discharge planners refer patients to area service providers to make certain that patients receive a safe discharge and transition to the appropriate levels of care.

**Safety:** The abuse of prescription drugs is the top concern for safety in the community.

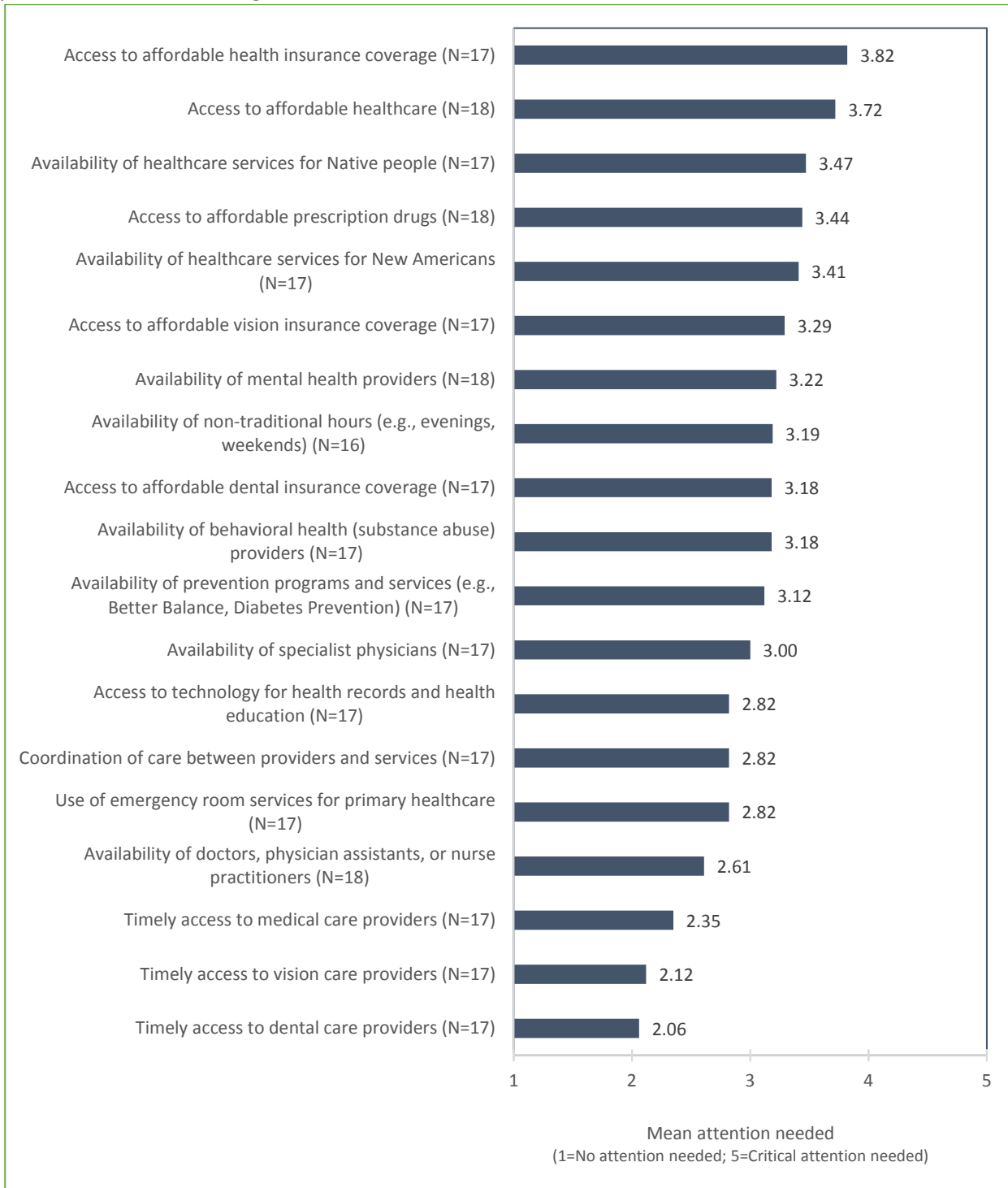
**Current state of community issues regarding SAFETY**



The National Institute on Drug Abuse states that the misuse of prescription drugs means taking a medication in a manner or dose other than what was prescribed; or taking someone else’s prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term *non-medical use* of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are opioids, central nervous system depressants (this category includes tranquilizers, sedatives, and hypnotics) and stimulants - most often prescribed to treat attention deficit hyperactivity disorder (ADHD). Prescription drug misuse can have serious medical consequences. Providers at Sanford Health have reduced opioid prescriptions over the last three years in an effort to have fewer pills in circulation and a reduced opportunity for misuse.



**Health Care and Wellness:** Access to affordable health insurance, affordable health care, and affordable prescription drugs are all high concerns for community stakeholders. The availability of services for the American Indian and New American populations and the availability of behavioral health and mental health providers are ranked as high concerns.

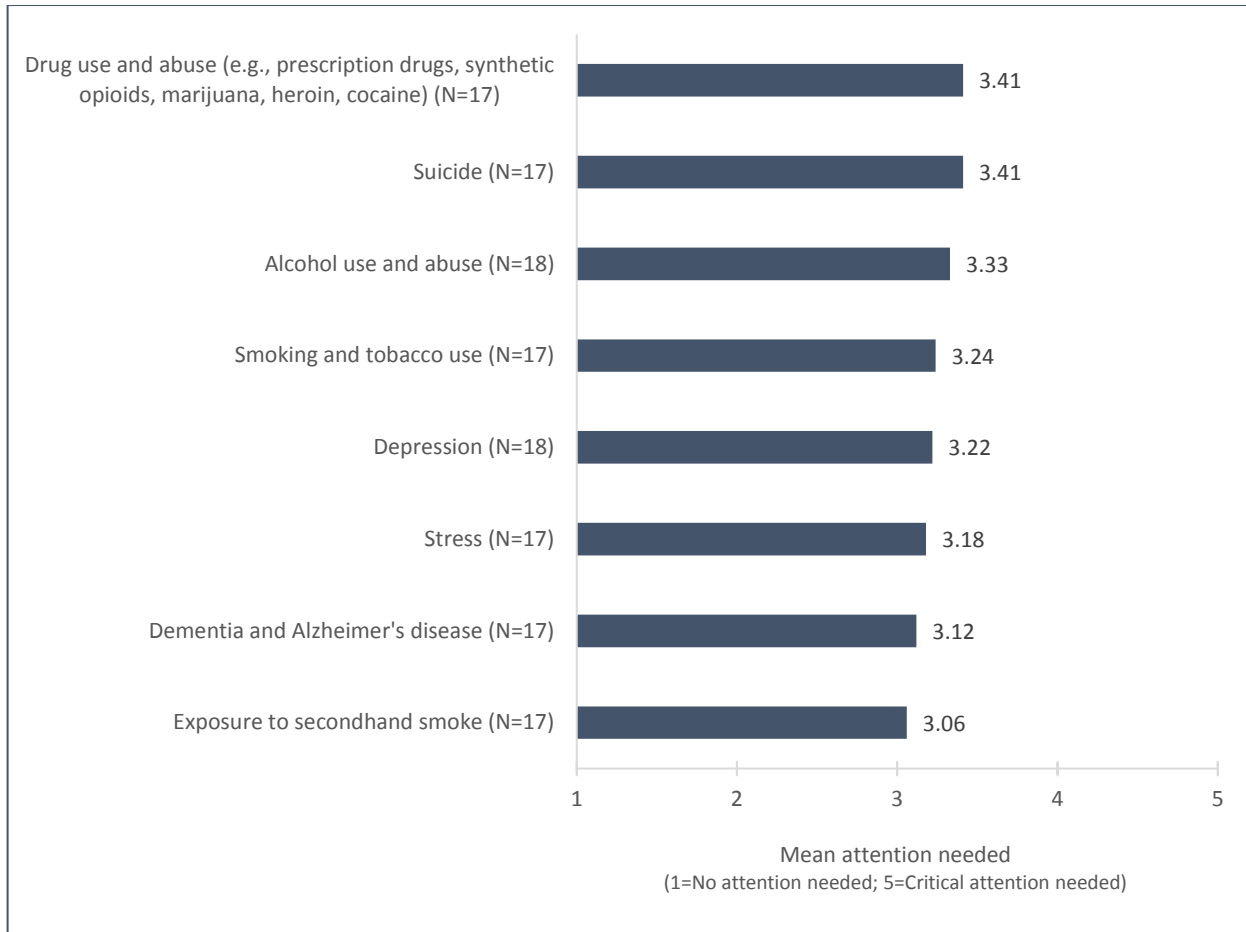


According to the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health

professionals. The 2016 HRSA report projected that the supply of workers in selected behavioral health professions would be approximately 250,000 workers short of the projected demand by 2025.

**Mental Health and Substance Abuse:** Drug use and abuse, suicide, alcohol use and abuse, tobacco use, depression, stress, dementia and Alzheimer’s, and exposure to second hand smoke are top concerns for the community.

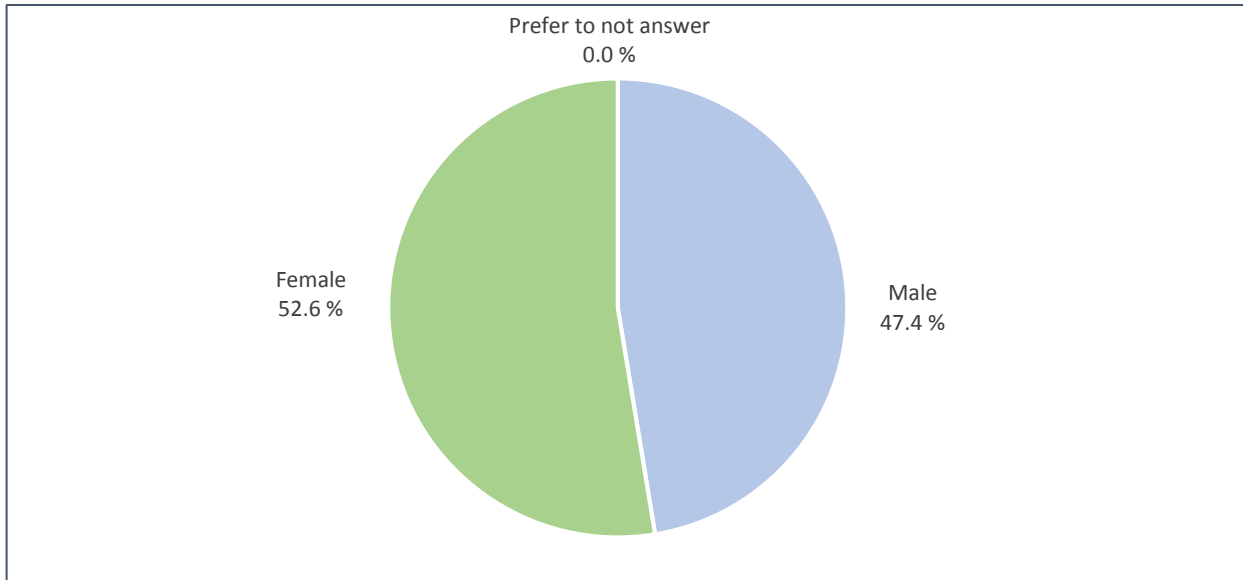
**Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE**



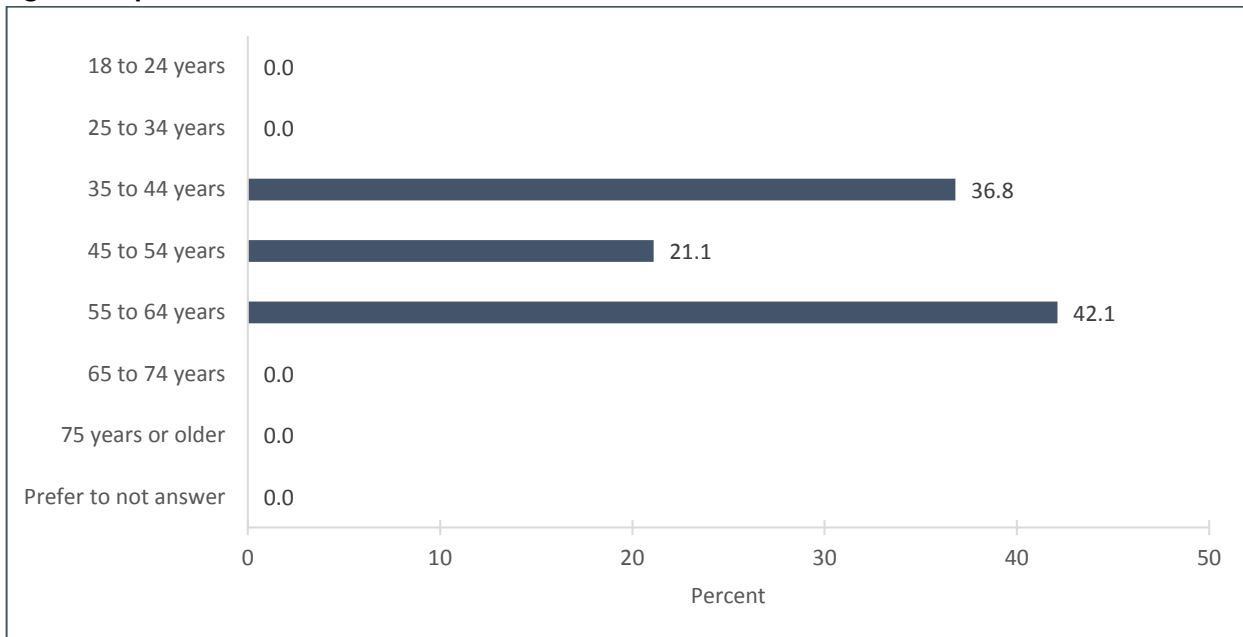
The Substance Abuse and Mental Health Services Administration reports that “Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental illness, 1.7 million of whom were age 18 to 25. Additionally, 15.7 million adults (age 18 or older) and 2.8 million youth (age 12 to 17) had a major depressive episode during the past year. In 2014, an estimated 22.5 million Americans age 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year. These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.”

## Demographic Information for Key Stakeholder Participants

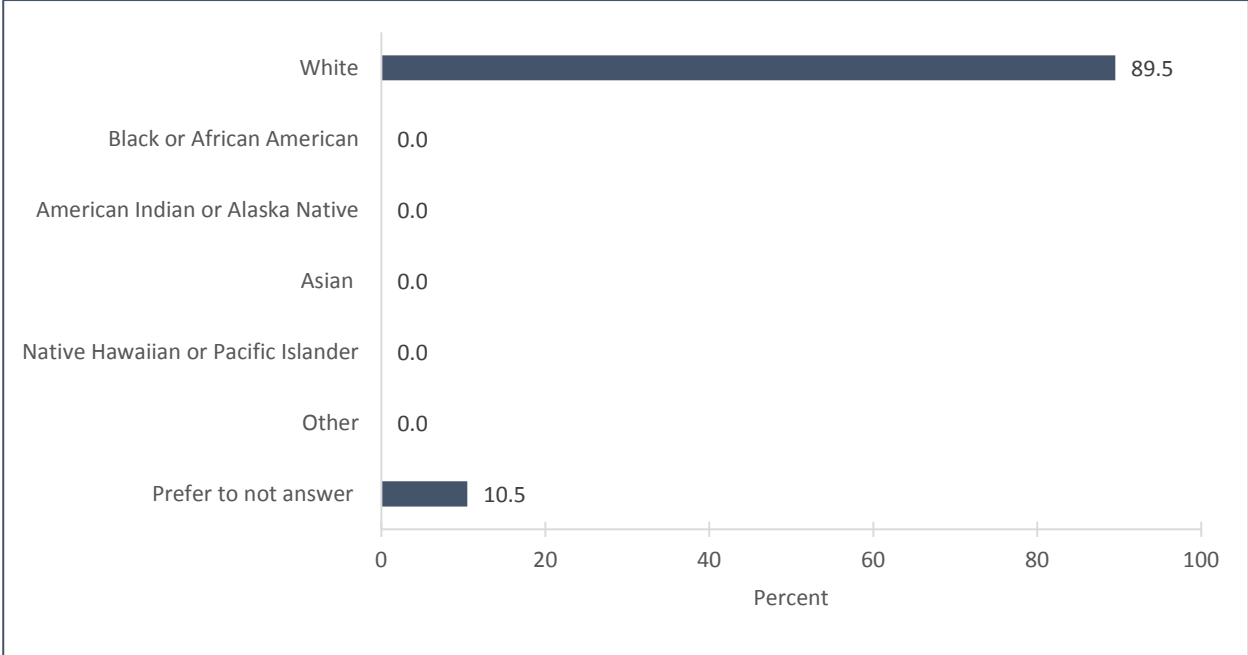
### Biological Gender



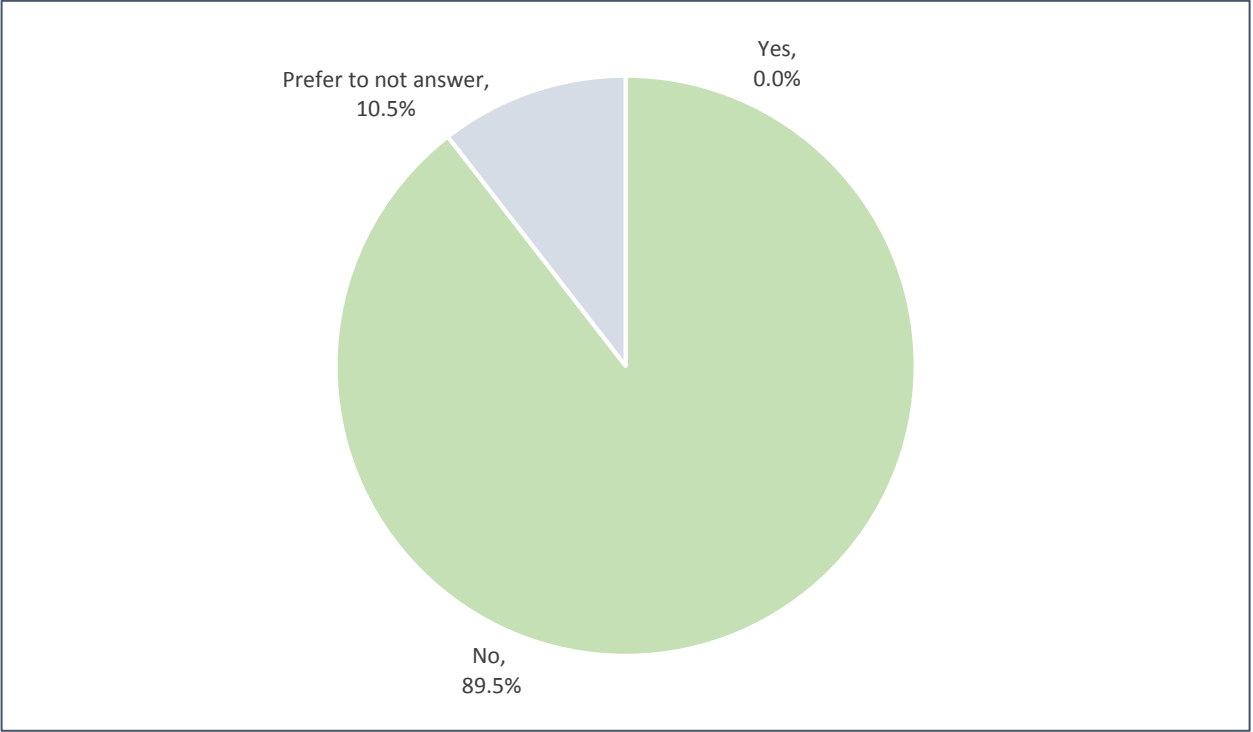
### Age of Respondents



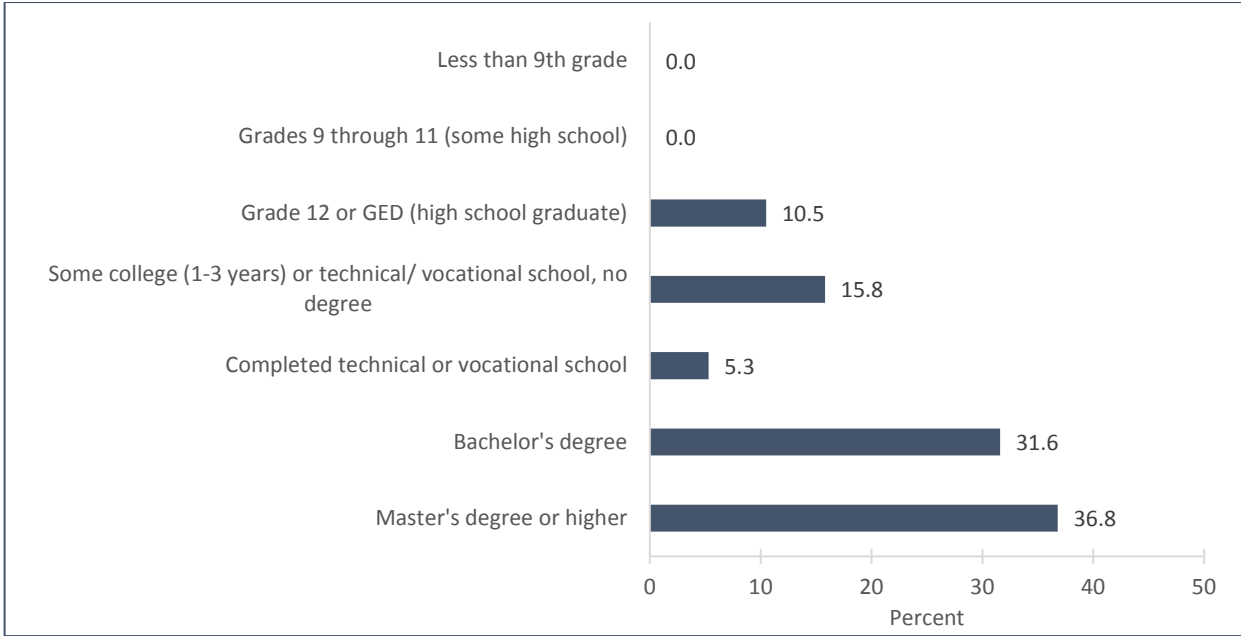
**Race of Participants**



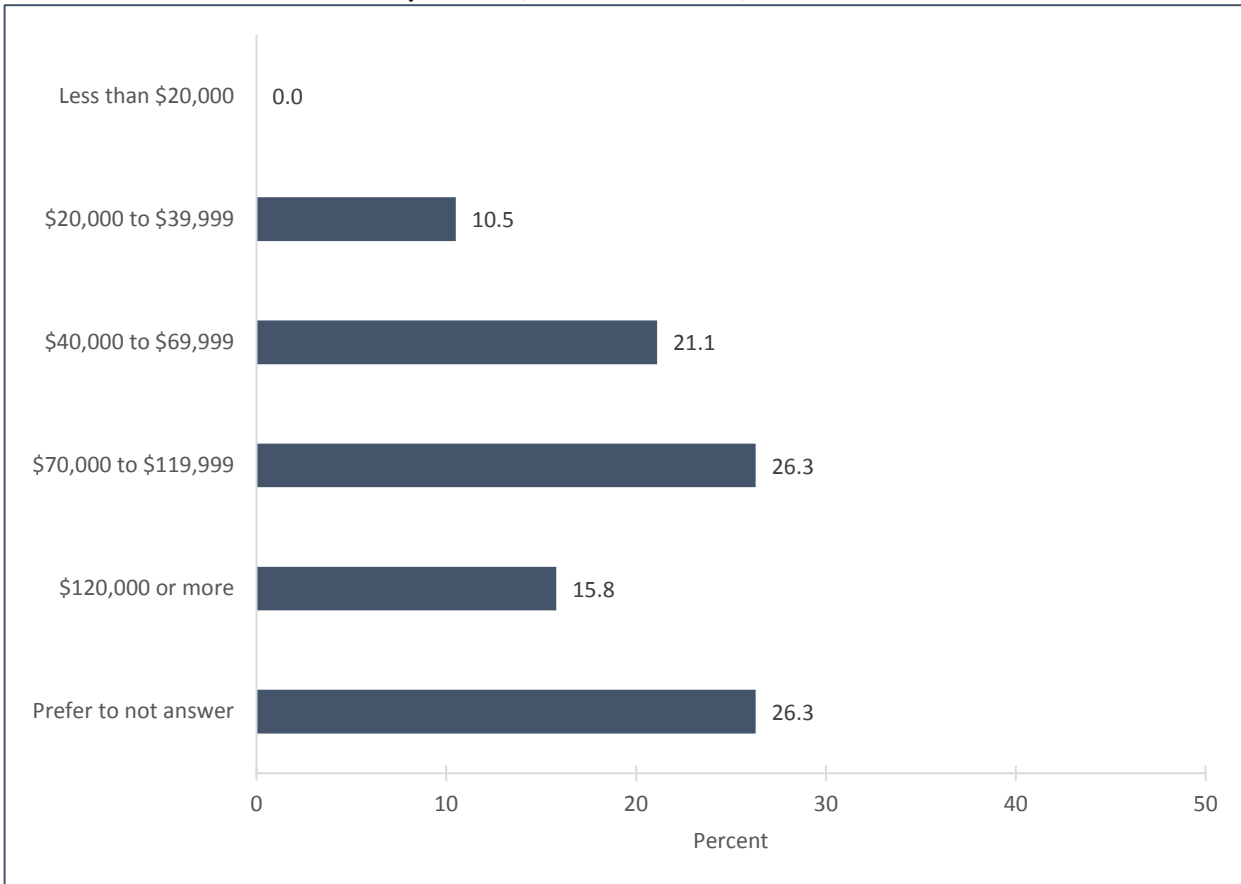
**Whether Respondents are of Hispanic or Latino Origin**



### Highest Level of Education Completed



### Annual Household Income of Respondents, From All Sources, Before Taxes





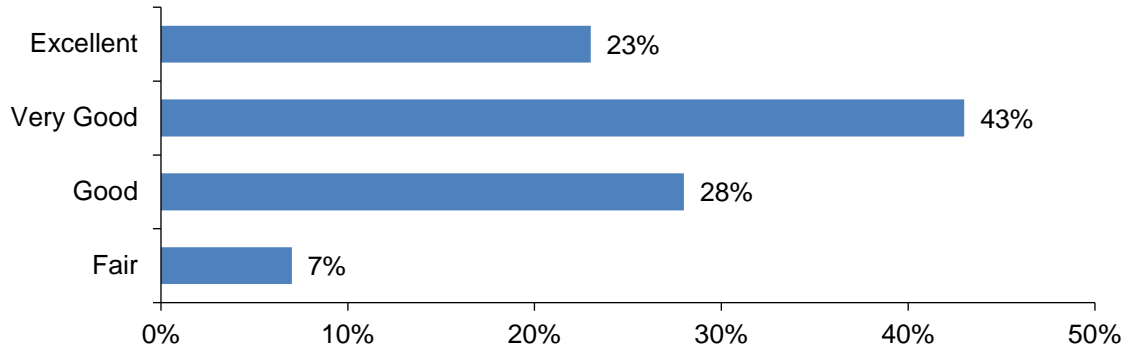
## Residents' Health Concerns

Health is personal and it starts in our homes, schools, workplaces, neighborhoods and communities. Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

The resident survey asks questions specific to the participant's personal health and health behaviors.

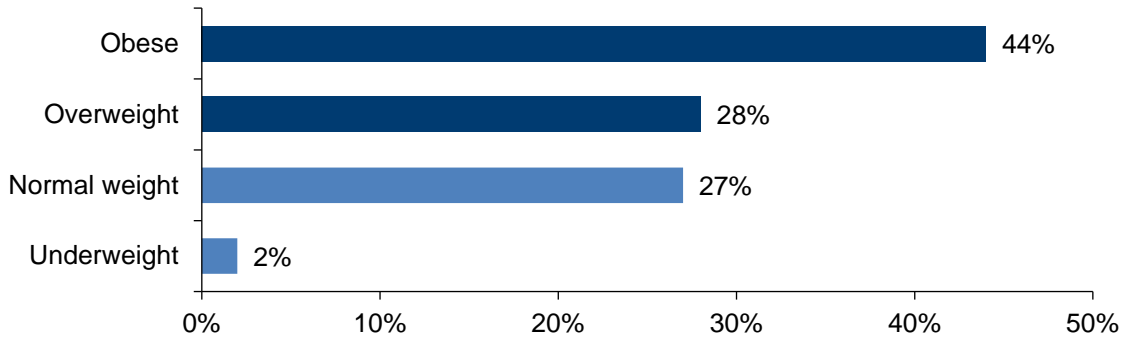
### How would you rate your health?

Ninety three percent of survey participants rated their health as good or better.



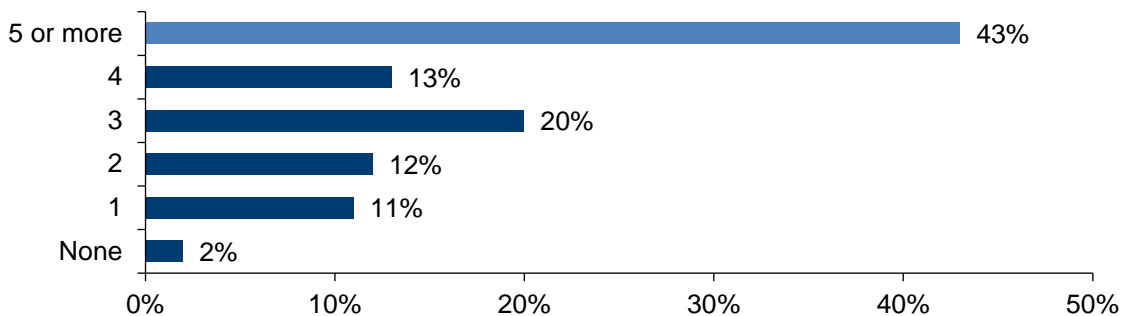
### Body Mass Index (BMI)

Seventy-two percent of survey participants are overweight or obese.



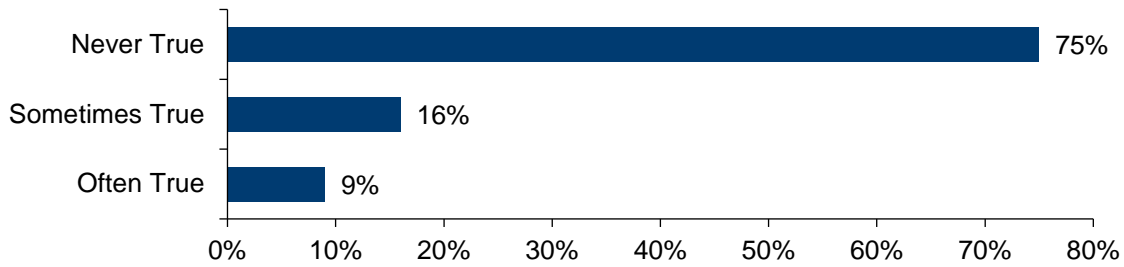
### Total Servings of Fruits, Vegetables and Juice

Only 43% are consuming the recommended 5 or more daily servings of fruit and vegetables.



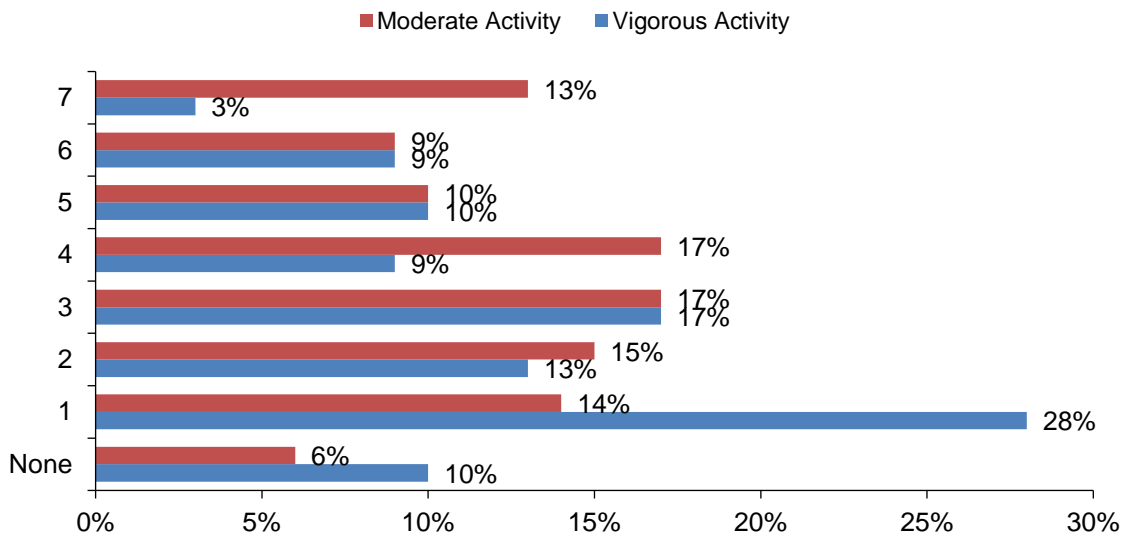
### Food insecurity

Twenty-five percent report running out of food before having money to buy more.



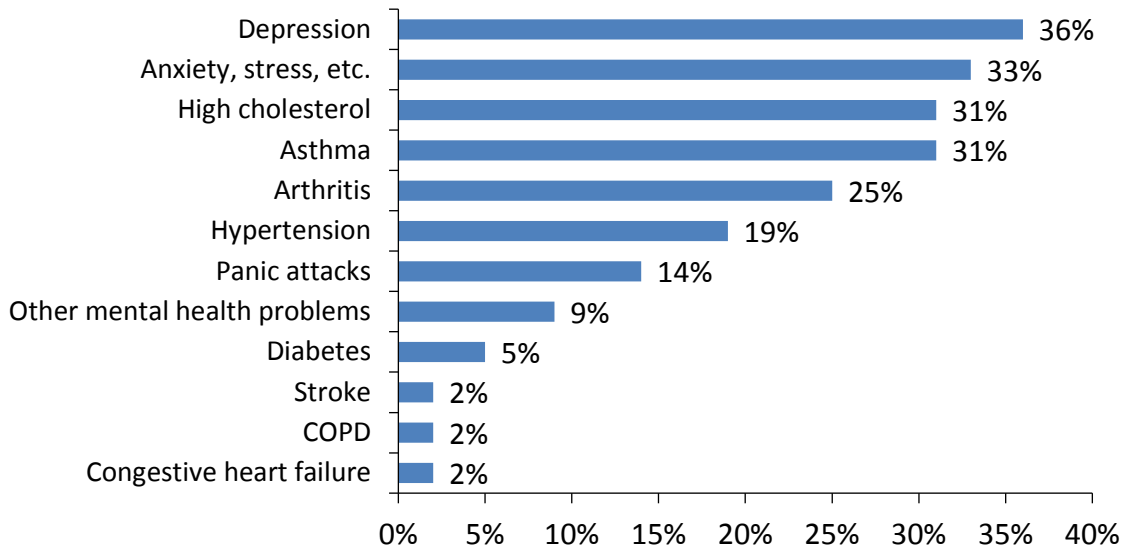
### Days per Week of Physical Activity

Sixty-six percent have moderate exercise three or more times each week.



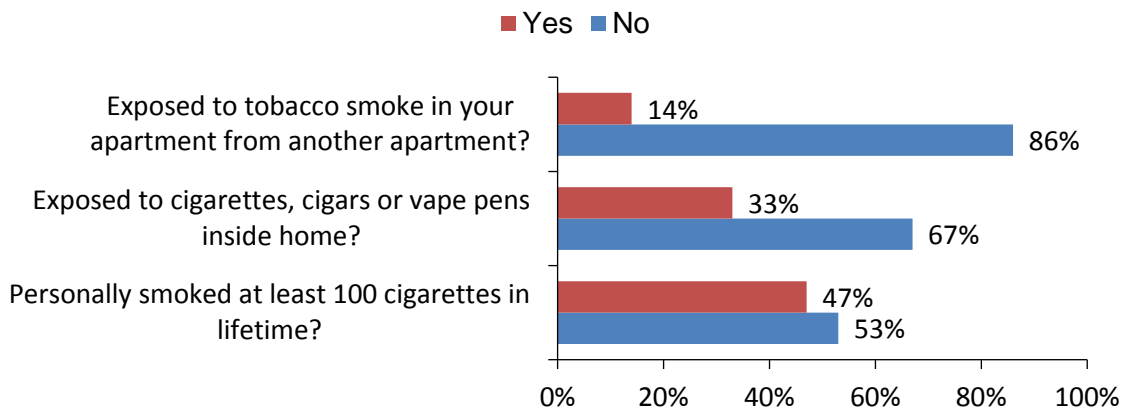
### Past Diagnosis

Depression, anxiety, high cholesterol, asthma, arthritis and hypertension are the top diagnoses for the survey participants.



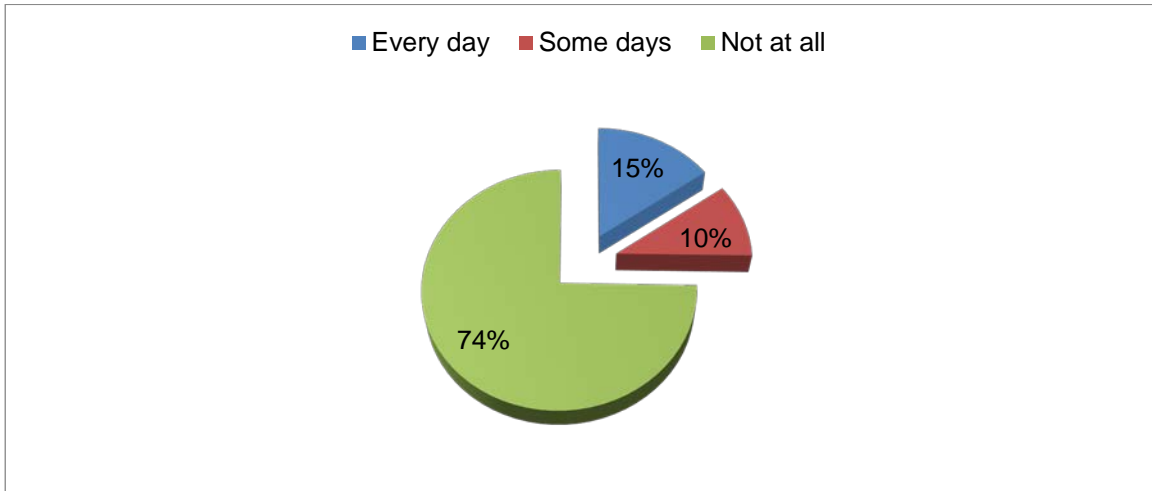
### Exposure to Tobacco Smoke

Thirty-three percent are exposed to cigarettes, cigars or vape pens and forty-nine percent have smoked in their lifetime.



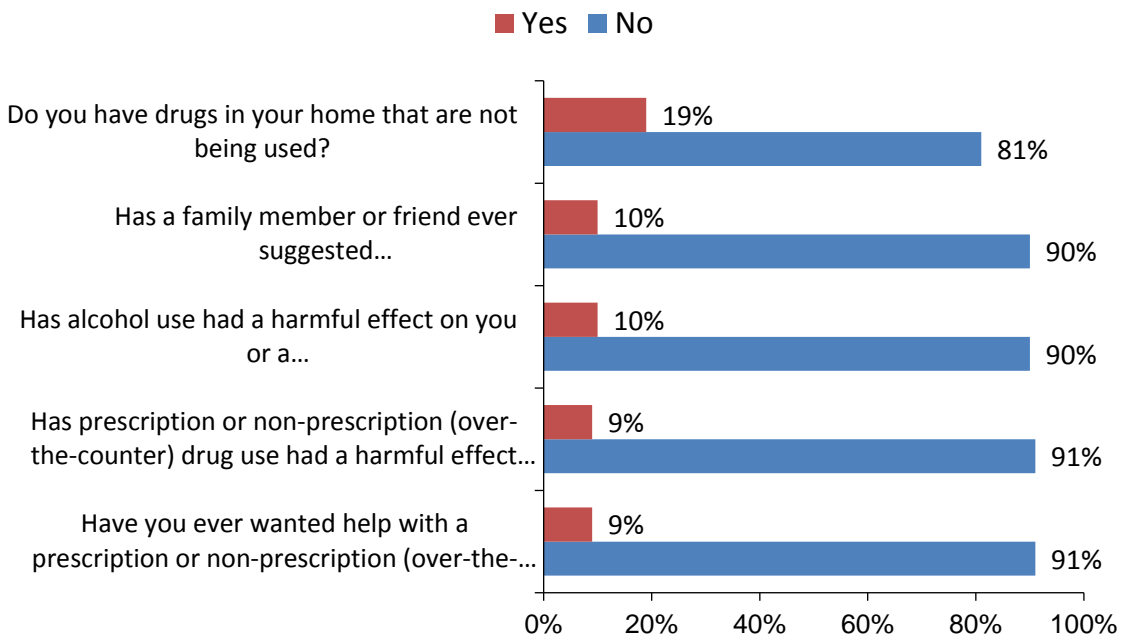
### Do you currently smoke cigarettes?

Thirty percent currently smoke cigarettes.



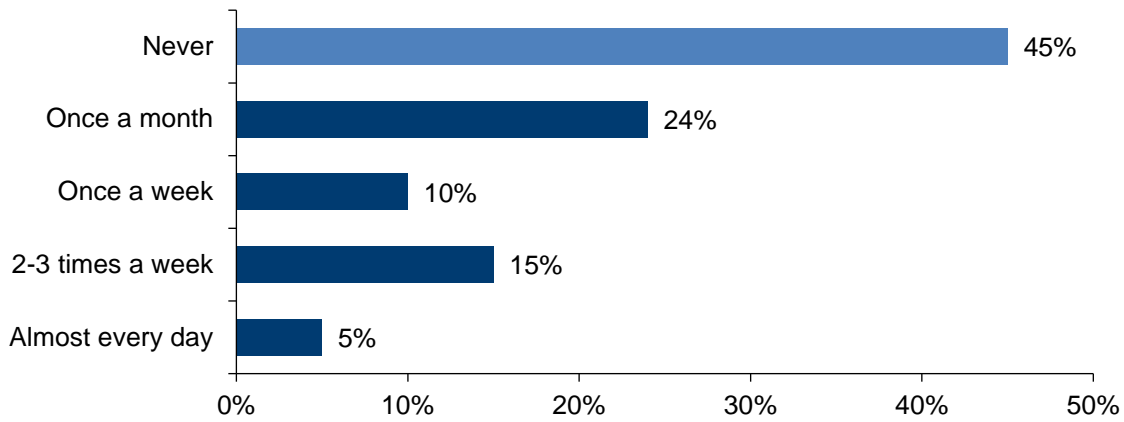
### Drug and Alcohol Issues

Nineteen percent have drugs in their home that they are no longer using. Fourteen percent report that alcohol has had a harmful effect on them or a member of their family.

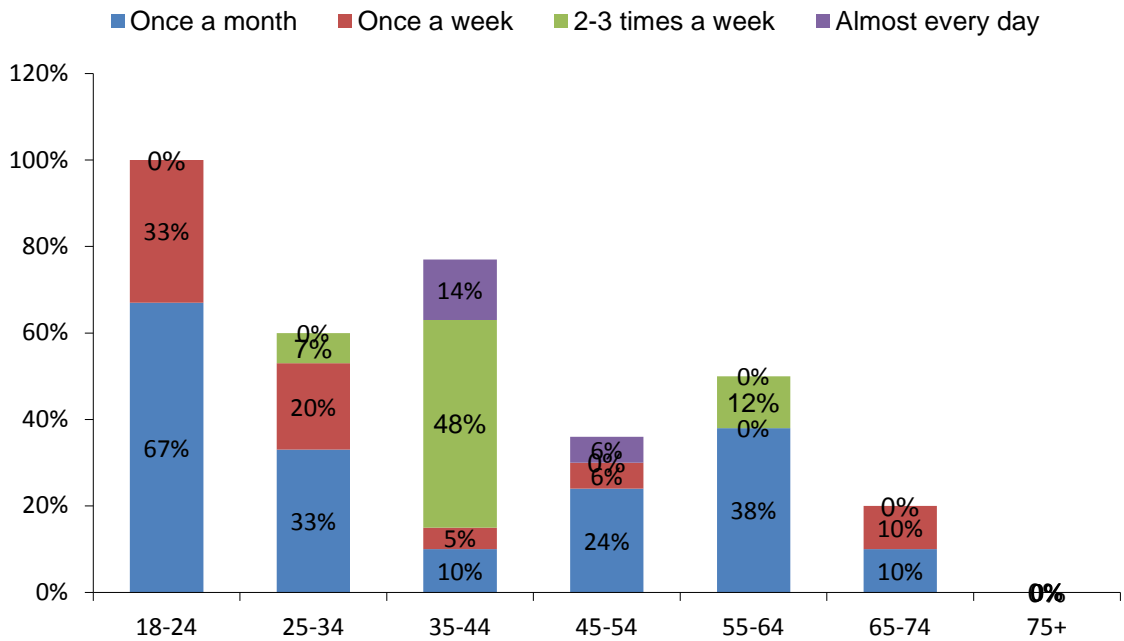


## Binge Drinking

Fifty-five percent binge drink at least once per month.

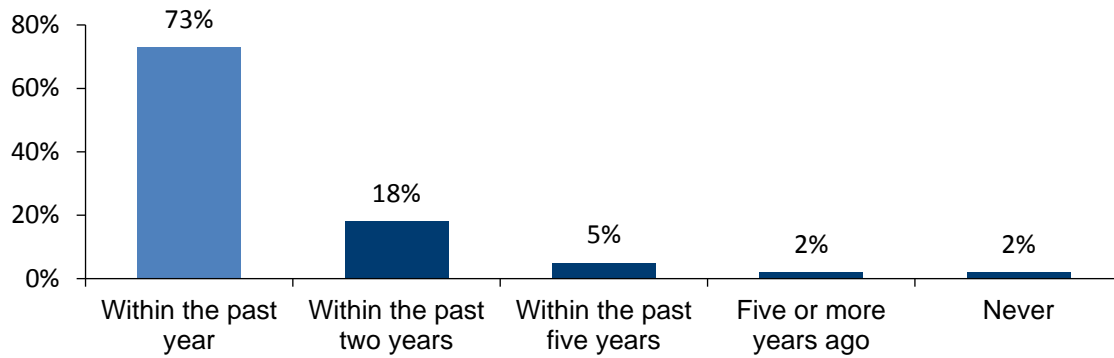


## Binge Drinking Past 30 days by Age



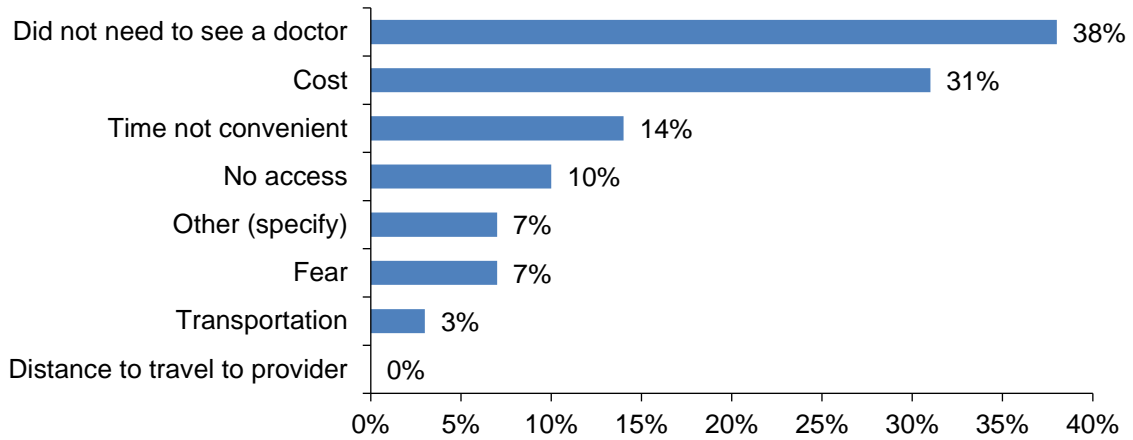
**How long has it been since you last visited a doctor or health care provider for a routine check-up?**

Twenty-seven percent have not had a routine check-up in more than a year.



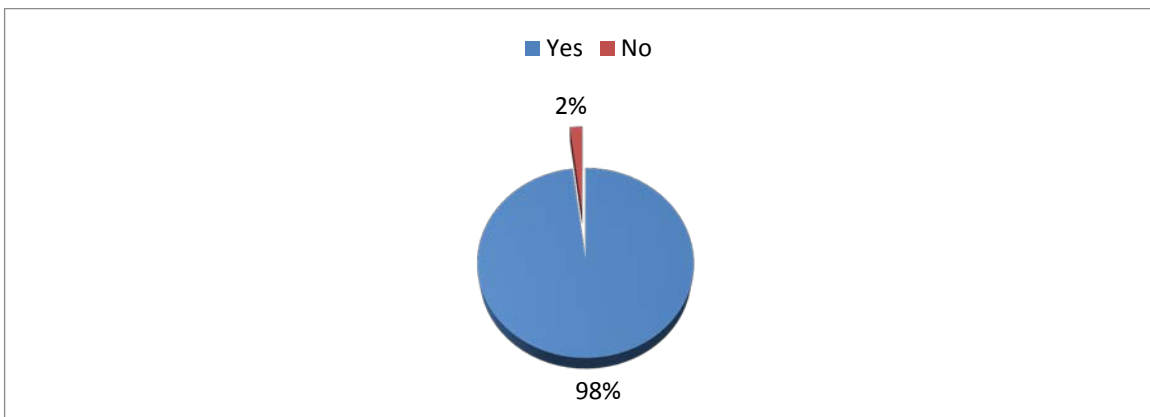
**Barriers to Routine Check-up**

Thirty-eight percent of survey respondents report not needing a routine check-up.



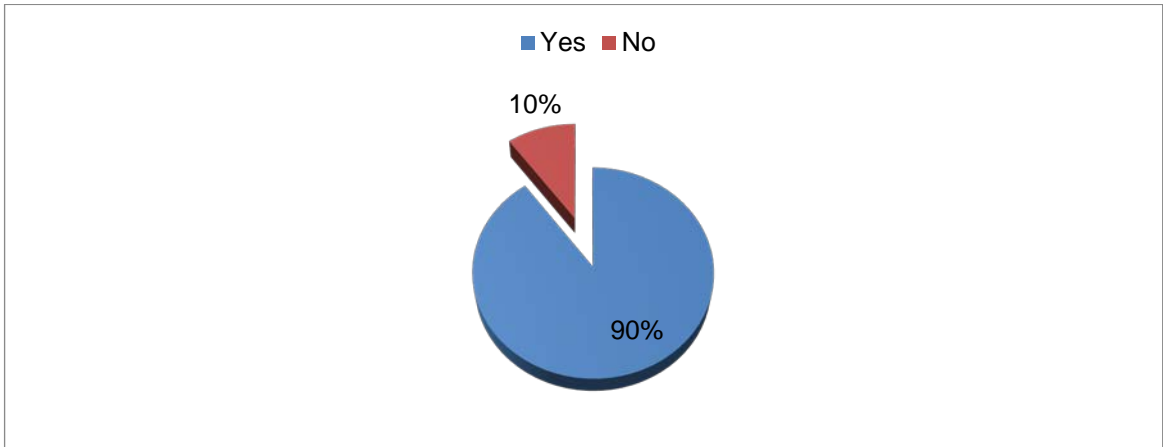
**Do you have health care coverage for your children or dependents?**

Two percent do not have health care insurance for their children.



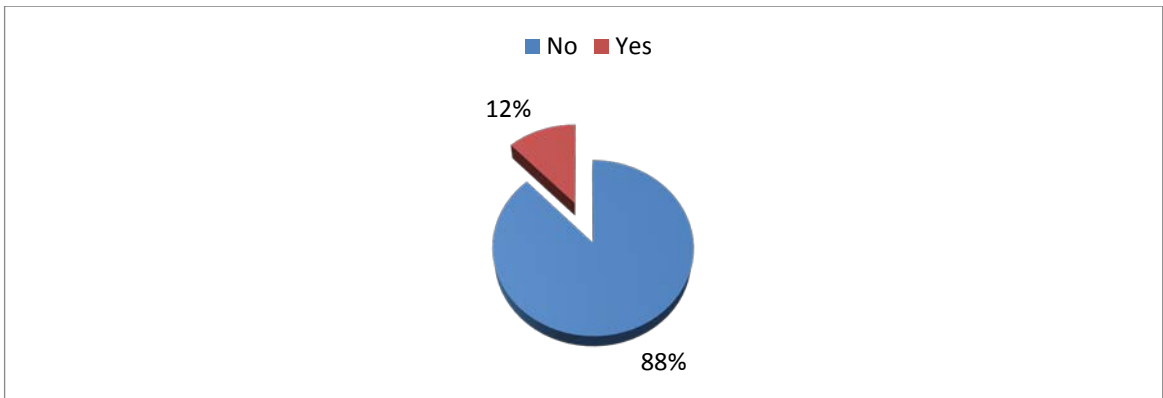
**Do you currently have any kind of health insurance?**

Ten percent do not have health care insurance for themselves.



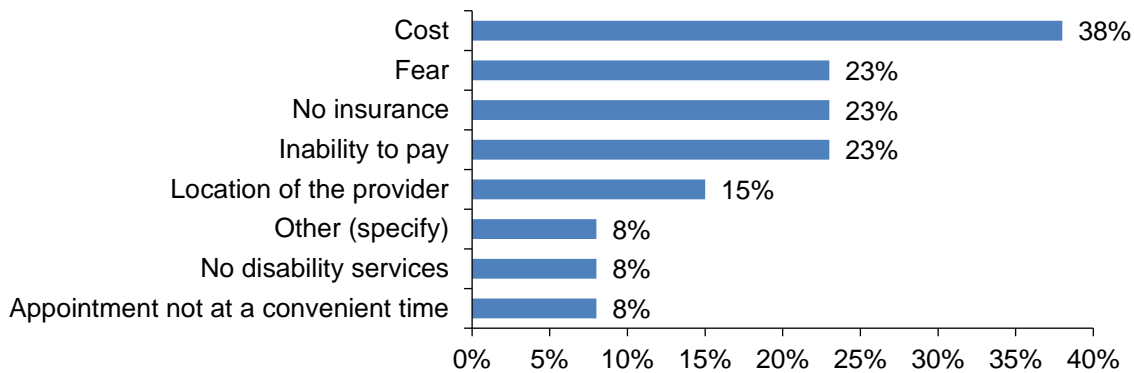
**In the past year, did you or someone in your family need medical care, but did not receive the care they needed?**

Twelve percent report not receiving the care that they needed.



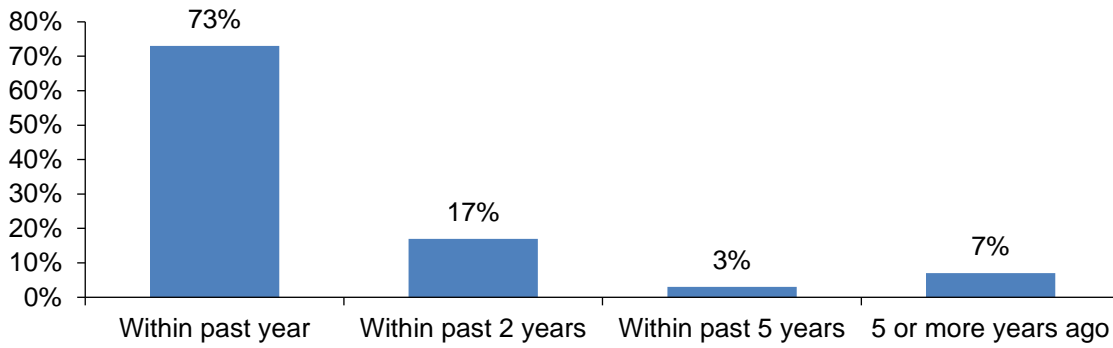
**Barriers to not receiving the care needed**

Thirty-eight percent stated that cost was a barrier.



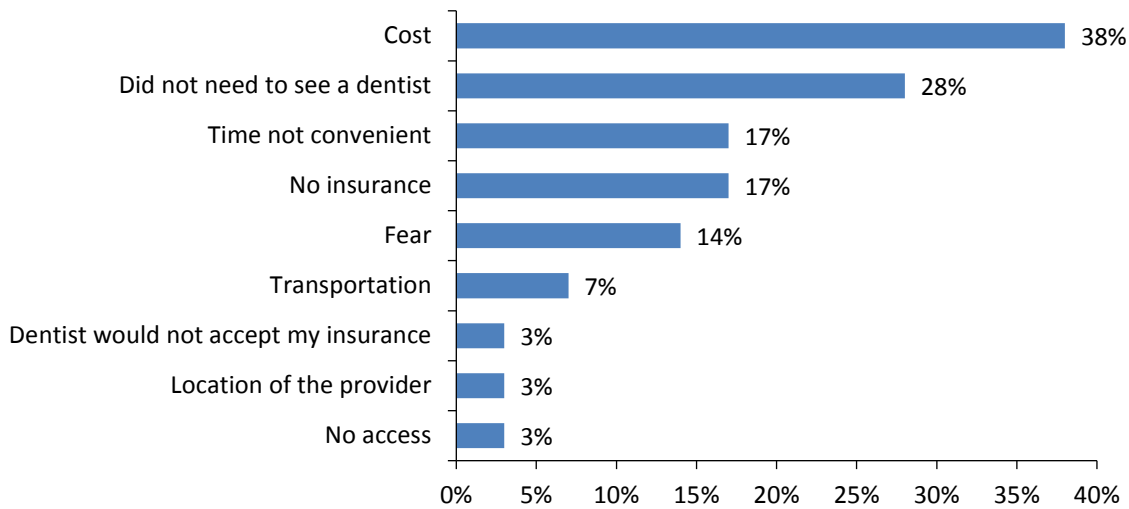
### How long has it been since you last visited a dentist?

Twenty-seven percent have not visited a dentist in more than a year.



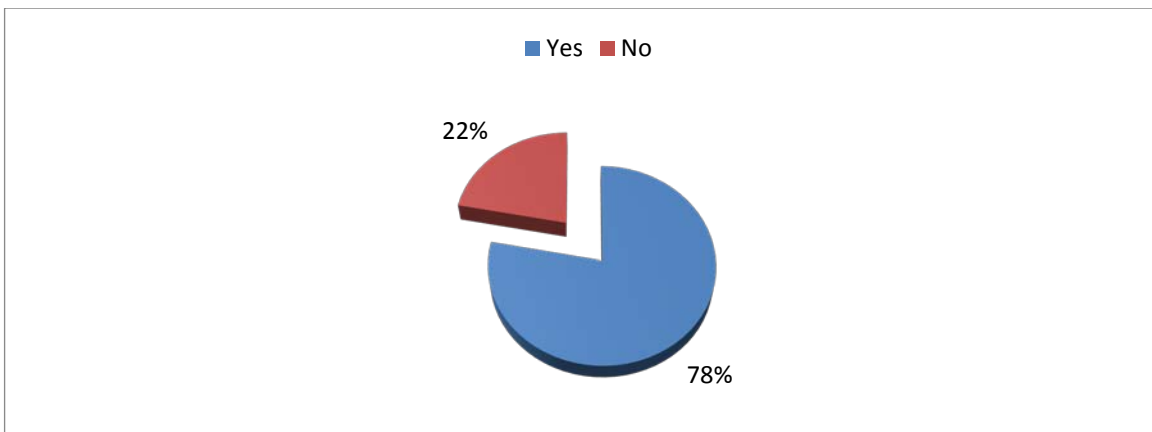
### Barriers to Visiting the Dentist

Thirty-eight percent state that cost is a barrier to receiving dental care.



### Do you have any kind of dental care or oral health insurance coverage?

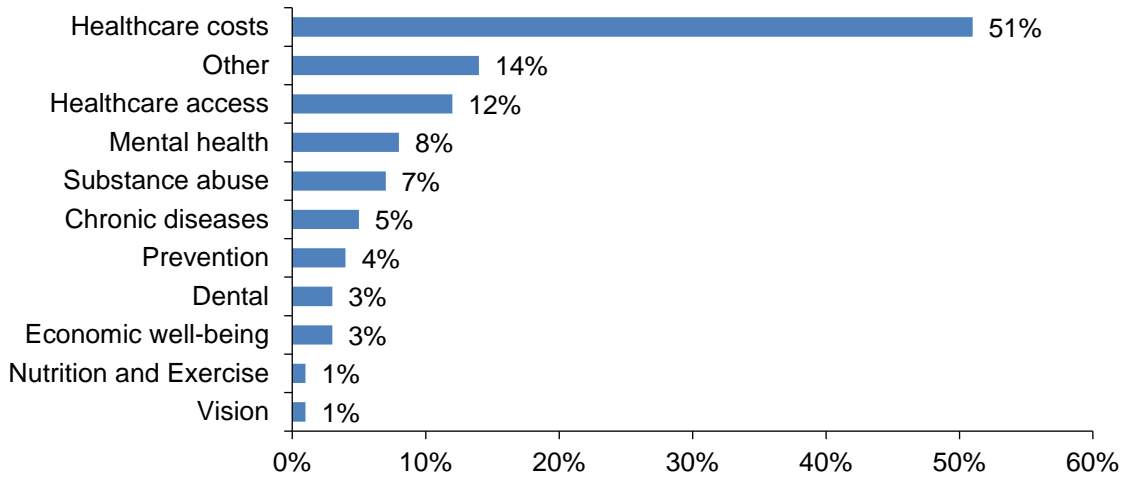
Twenty-two percent of survey respondents do not have dental insurance.





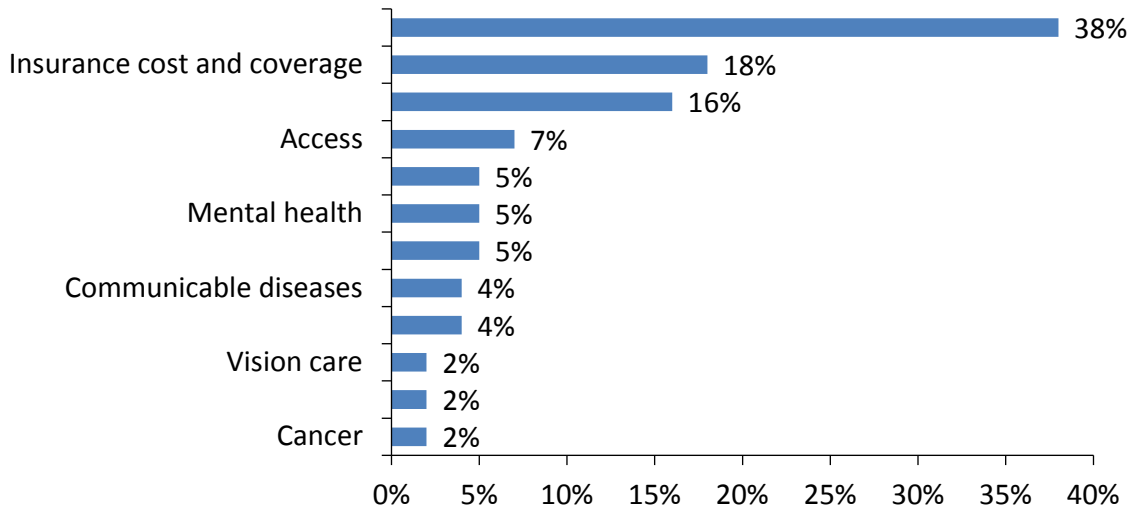
### Most Important Community Issues

Health care costs and health care access are the top concerns of respondents for their community.



### Most Important Issue for Family

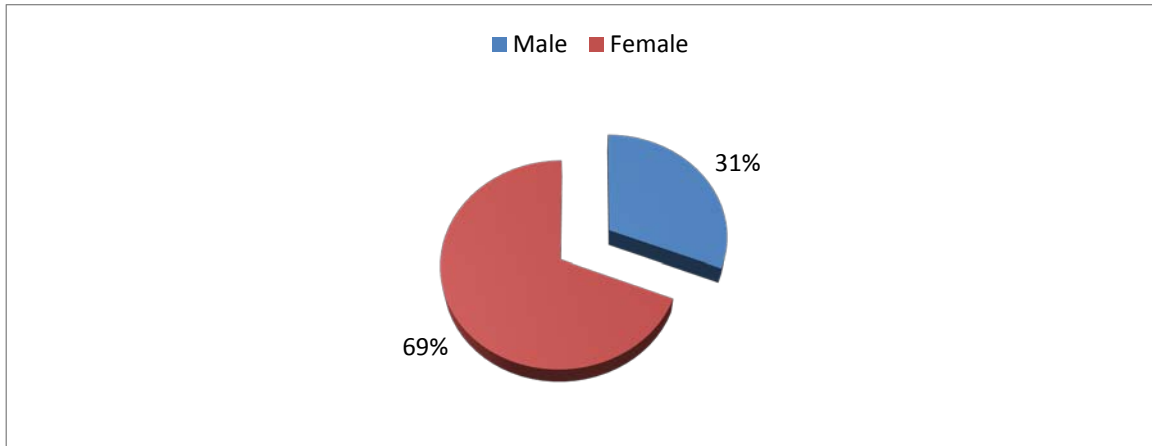
Health care costs and insurance cost and coverage are the top concerns of survey respondents for their family.



## Demographic Information for Community Resident Participants

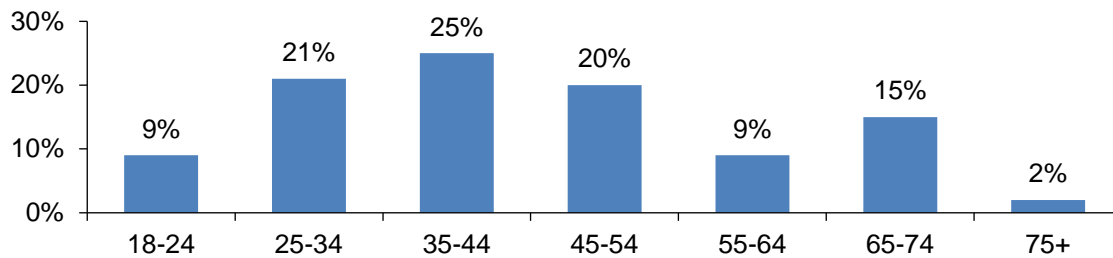
### Biological Gender

Only 31% of the survey participants were male.

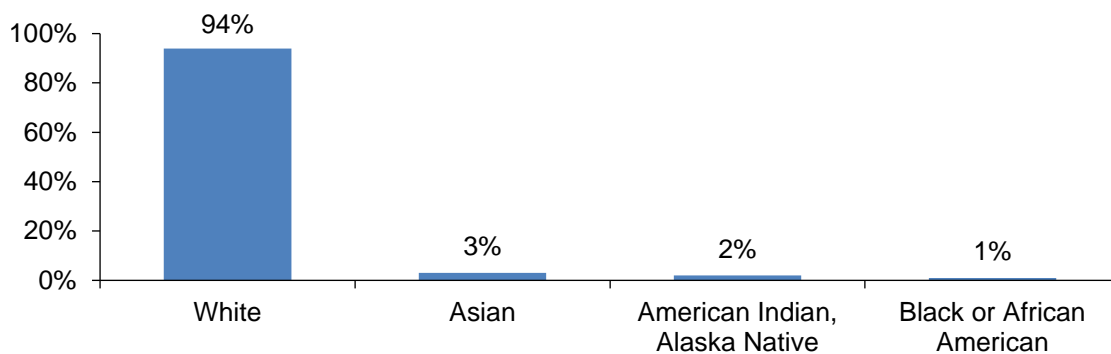


### Age

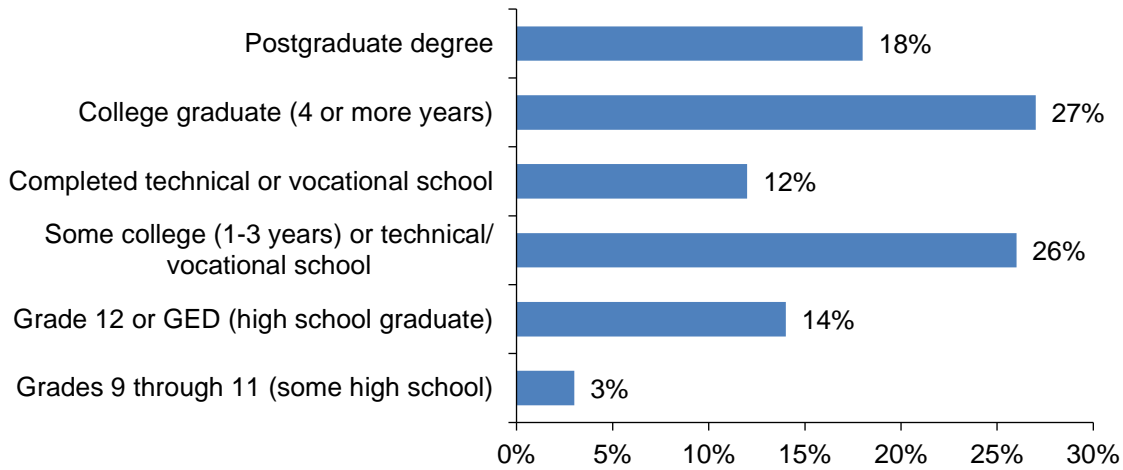
Every age group was represented among the survey participants; however, only 2% fell into the 75+ age range.



### Ethnicity

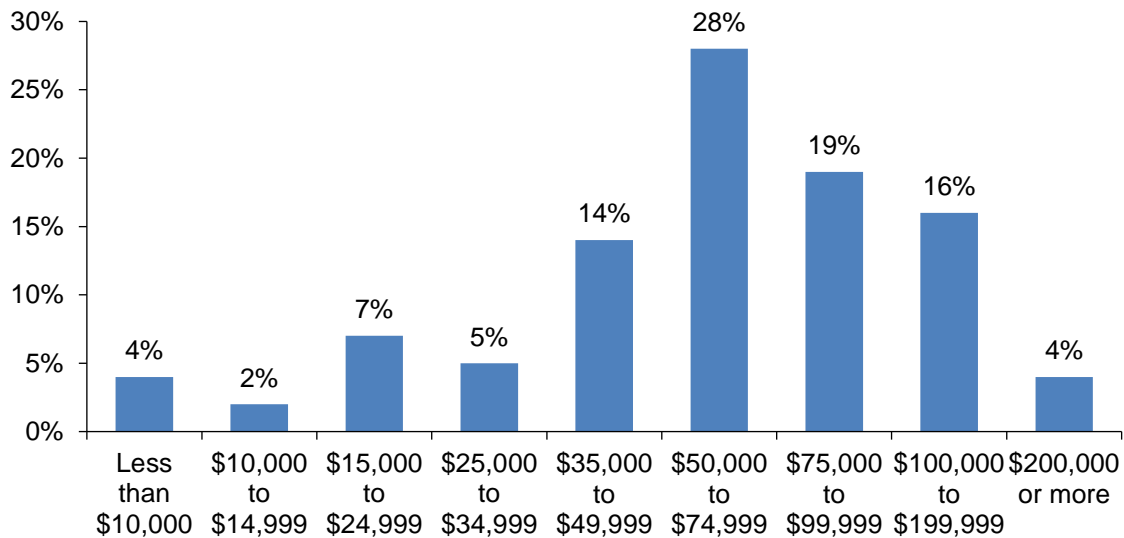


## Education Level



## Total Annual Household Income

Thirteen percent of survey participants have an annual household income at or below the Federal Poverty Level for a family of four.



## Secondary Research Findings

### Census Data

**66,223** - Population of Lincoln County, South Dakota and Lyon County, Iowa.

	<b>Lincoln (SD)</b>	<b>Lyon (IA)</b>
% below 18 years of age	28.6	28.4
% 65 and older	11.6	17.3
% White – non-Hispanic	93.6	95.8
American Indian	0.6	0.4
Hispanic	1.9	2.6
African American	1.3	0.2
Asian	1.3	0.3
% Female	50.3	49.2
% Rural	29.3	100

### County Health Rankings

	<b>Lincoln County</b>	<b>Lyon County</b>	<b>State of South Dakota</b>	<b>U.S. Top Performers</b>
Adult smoking	14%	13%	18%	14%
Adult obesity	29%	34%	31%	26%
Physical inactivity	20%	33%	22%	20%
Excessive drinking	20%	22%	20%	13%
Alcohol-related driving deaths	22%	22%	37%	13%
Food insecurity	8%	9%	12%	10%
Uninsured adults	7%	6%	14%	7%
Uninsured children	4%	5%	7%	3%
Children in poverty	4%	9%	17%	12%
Children eligible for free or reduced lunch	17%	26%	42%	33%
Diabetes monitoring	89%	93%	84%	91%
Mammography screening	77%	71%	66%	71%
Median household income	\$84,600	\$62,500	\$54,900	\$65,600

## Health Needs and Community Resources Identified

The Internal Revenue Service requires that a community health needs assessment include an inventory of resources that are available to address the unmet needs. This document is referred to as an asset map. 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 and county to address the needs. The asset map was reviewed by Sanford leadership and by community key stakeholders to validate the assets. The asset map helped to identify gaps in services. Once gaps were determined the key stakeholder group proceeded to the prioritization discussion and multi-voting exercise. The group was asked to prioritize the top two concerns that would be further developed into implementation strategies.

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

The asset mapping process identified needs from the following:

- Key stakeholder survey
- Resident survey
- Facilitated discussion by the key stakeholders
- Secondary research
- Community resources that are available to address the needs

Please see the asset map in the Appendix.

## Canton/Inwood 2019 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 (Ebola 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
<p><b>Economic Well-Being</b></p> <ul style="list-style-type: none"> <li>• Availability of affordable housing 4.24 – <b>4 votes</b></li> <li>• Employment options 3.33 – <b>2 votes</b></li> <li>• Skilled labor workforce 3.24</li> <li>• Household budgeting and money management 3.19</li> <li>• Maintaining livable and energy efficient homes 3.05</li> </ul>
<p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>• Availability of walking and biking options 3.27</li> <li>• Driving habits 3.05</li> </ul>
<p><b>Children and Youth</b></p> <ul style="list-style-type: none"> <li>• Substance abuse by youth 3.47 – <b>4 votes</b></li> <li>• Cost of activities (outside of school and sports) for children and youth 3.44</li> <li>• Availability of activities (outside of school and sports) for children and youth 3.42</li> <li>• Availability of quality child care 3.41 – <b>1 vote</b></li> <li>• Availability of services for at-risk youth 3.41</li> <li>• Bullying 3.41 – <b>2 votes</b></li> <li>• Cost of quality child care 3.35</li> <li>• Cost of services for at-risk youth 3.35</li> <li>• Childhood obesity 3.33</li> <li>• Teen tobacco use 3.29</li> <li>• Teen suicide 3.24 – <b>1 vote</b></li> <li>• Opportunities for youth-adult mentoring 3.06</li> </ul>
<p><b>Aging Population</b></p> <ul style="list-style-type: none"> <li>• Cost of memory care 3.63</li> <li>• Cost of long term care 3.59</li> <li>• Cost of in-home services 3.32</li> <li>• Availability of memory care 3.28</li> <li>• Availability of resources to help the elderly stay safe in their homes 3.16 – <b>2 votes</b></li> </ul>
<p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Abuse of prescription drugs 3.47 – <b>1 vote</b></li> <li>• Presence of drug dealers 3.06</li> </ul>
<p><b>Health Care Access</b></p> <ul style="list-style-type: none"> <li>• Access to affordable health insurance coverage 3.82</li> <li>• Access to affordable health care 3.72</li> <li>• Availability of health care services for Native people 3.47</li> <li>• Access to affordable prescription drugs 3.44</li> <li>• Availability of health care services for New Americans 3.41</li> <li>• Access to affordable vision insurance coverage 3.29</li> <li>• Availability of mental health providers 3.22</li> <li>• Availability of non-traditional hours 3.19</li> <li>• Access to affordable dental insurance coverage 3.18</li> <li>• Availability of behavioral health 3.18</li> <li>• Availability of prevention programs and services 3.12</li> </ul>
<p><b>Mental Health and Substance Abuse</b></p> <ul style="list-style-type: none"> <li>• Drug use and abuse 3.41 - <b>4 votes</b></li> <li>• Suicide 3.41 – <b>1 vote</b></li> <li>• Alcohol use and abuse 3.33 – <b>1 vote</b></li> <li>• Smoking and tobacco use 3.24</li> <li>• Depression 3.22 – <b>1 vote</b></li> <li>• Stress 3.18</li> <li>• Dementia and Alzheimer’s Disease 3.12</li> <li>• Exposure to secondhand smoke 3.06</li> </ul>

## 2018 Community Health Needs Assessment

### How Sanford Canton-Inwood is Addressing the Community Needs

Identified Concerns	How Sanford Canton-Inwood is Addressing the Community Needs
<b>ECONOMIC WELL BEING</b>	
Availability of affordable housing	Sanford is addressing the need by working with the Canton Economic Development Committee. Sanford's Senior Director is the president of the CEDC. One of the main goals for the group is housing. The President and Sanford Senior Director went to the City Commission on behalf of the CEDC requesting \$45,000 for seed money for the engineering fees associated with housing development to help entice developers to establish building work in Canton.
Employment options	Sanford Canton-Inwood Medical Center's (SCIMC) Senior Director works with the CEDC to help recruit new businesses to town and add jobs to our local economy.
Skilled labor workforce	SCIMC's Senior Director works with CEDC to help recruit new businesses to town and add jobs to our local economy.
Household budgeting & money management	SCIMC sponsors Junior Achievement. This group of individuals goes into the local schools and teaches many topics, one being budgeting and money management.
Maintaining livable & energy efficient homes	SCIMC's Senior Director works with the CEDC's housing committee to work on bringing in developers to work on affordable and cost efficient homes.
<b>TRANSPORTATION</b>	
Availability of walking & biking options	We have staff on some Empower Canton initiative teams and one is biking trails. They continue to work as a group with a focus on a single track which is a single lane for biking and can also be used for walking.
Driving habits	Providers continue to work with patients and their families on aging patients' driving assessments. The school offers drivers education classes to students over the age of 14 for \$275. Have looked at grant options to help pay for this service.
<b>CHILDREN AND YOUTH</b>	
Substance abuse by youth	SCIMC works with Keystone Treatment Center in providing contracted services for drug screens and lab work for Keystone's substance abuse patients.
Cost of activities (outside of school & sports) for children and youth	The Senior Director helped develop the Canton-Inwood Area Youth Organization, which assisted in bringing a volleyball and basketball camp to town. It contributed \$400 to 4 individuals who were not able to afford the full tuition for the basketball camp. The hospital's foundation also provided funding for the summer recreation program to buy new equipment (\$5,000).
Availability of activities (outside of school & sports) for children & youth	The Senior Director assisted in bringing in additional sport camps and revamping the summer recreation program to help boost attendance. Attendance for the summer recreation program grew from 78 in 2017 to 147 in 2018.
Availability of quality childcare	
Availability of services for at-risk youth	GED classes are offered at Canton High School, counseling is offered in Sanford Clinic by Becky, and Behavioral Health is offered via telehealth by Mark Daniels.
Bullying	We continue to help with <i>Girls on the Run</i> through the EMBE program that offers classes in self-esteem, anti-bullying and bullying awareness, and exercises to run a 5K at the end of the season. This program helps with self-esteem building for 3 <sup>rd</sup> through 5 <sup>th</sup> grade girls.

Identified Concerns	How Sanford Canton-Inwood is Addressing the Community Needs
Cost of quality childcare	The RN Health Coach and providers work with patients on resources such as childcare assistance and Love, Inc. resources.
Cost of services for at-risk youth	Sports physicals are offered at \$35 or free for teens who would like to be in sports. We offer STD classes at the school and include community resources for physicals, STD testing, and birth control options.
Childhood obesity	We continue to sponsor the local Bike Rodeo, which encourages kids to be active. We sponsor the summer recreation program each year. We also put on a Health Fair every year and gear some of our educational material toward youth and healthy lifestyles. We continue to help with <i>Girls on the Run</i> through the EMBE program that offers classes in self-esteem, anti-bullying and bullying awareness, and exercises to run a 5K at the end of the season. This program helps with self-esteem building for 3 <sup>rd</sup> through 5 <sup>th</sup> grade girls.
Teen tobacco use	
Teen suicide	SCIMC offers counseling services with a licensed outreach counselor. She assists patients with depression, stress, anxiety, grief, eating disorders, chronic mental conditions, ADHD/ADD, and behavioral concerns. She comes to Canton 2 x per month to see patients in the clinic.
Opportunities for youth/adult mentoring	SCIMC has encouraged staff to volunteer time at <i>Girls on the Run</i> as well as the Junior Achievement program in the Canton Schools.
<b>AGING POPULATION</b>	
Cost of memory care	Sanford Health has just merged with Good Samaritan Society. Canton currently has a facility in town and we will be able to work together more in regards to many of the issues that our aging community faces. The hospital social worker also assists patients in completing long term care Medicaid applications.
Cost of long term care	Sanford Health has just merged with Good Samaritan Society. Canton currently has a facility in town and we will be able to work together more in regards to many of the issues that our aging community faces. The hospital social worker also assists patients in completing long term care Medicaid applications.
Cost of in-home services	Referrals are made by the SCIMC social worker to Adult Services and Aging as well as Medicaid for patients needing assistance with the cost of in-home care.
Availability of memory care	Sanford Health has just merged with Good Samaritan Society. Canton currently has a facility in town and we will be able to work together more in regards to many of the issues that our aging community faces. SCIMC's social worker also assists families and patients in locating memory care and assists with the referral process.
Availability of resources to help the elderly stay safe in their homes	SCIMC's social worker and/or clinic RN Health Coach make referrals to Adult Services and Aging, as well as the Health Co-op, to provide services to the elderly and disabled and assist in managing their medications and other health needs.
Availability of long term care	SCIMC's social worker assists patients with finding long term care, beginning with their first choice.
Availability of family & friends caring for & helping to make decision for elders	SCIMC's social worker and RN Health Coach, as well as Adult Services and Aging, are available to assist families in making decisions for elderly patients.
<b>SAFETY</b>	
Abuse of prescription drugs	Our clinical providers work with Sanford and our patients by entering into a pain management contract that aims to reduce the prolonged use of prescription drugs by offering alternate treatment plans for the patients.



<b>Identified Concerns</b>	<b>How Sanford Canton-Inwood is Addressing the Community Needs</b>
Presence of drug dealers	Canton High School has a drug and alcohol counselor who works with the middle school and high school students. SCIMC has offered to help this fall with classes focusing on the issues within the community.
<b>HEALTH CARE ACCESS</b>	
Access to affordable health insurance coverage	Sanford Health provides a wide array of health insurance options for patients depending on needs.
Access to affordable health care	Sanford Health provides a wide array of health insurance options for patients depending on needs. SCIMC also offers Direct Access Lab with cash only prices for those who don't have insurance or have high deductibles. Canton also has a Health Co-op with health care professionals to help serve the under-insured and uninsured population. Our RN Health Coach is also a resource for those who find the cost of health care to be a barrier.
Availability of health care services for Native people	We have 5 providers at our hospital/clinic who are available to care for the health needs of Native Americans.
Access to affordable prescription drugs	We have an RN Health Coach who works with patients to find low cost medications or free medications through voucher programs.
Availability of health care services for New Americans	We have 5 providers at our hospital/clinic who are available to care for the health needs of New Americans.
Access to affordable vision insurance coverage	Referrals are made to the local Lions Club that will assist in providing glasses for those who need them and cannot afford to pay.
Availability of mental health providers	SCIMC is working with the Sanford Vermillion hospital to provide an Integrated Health Therapist via telemedicine.
Availability of non-traditional hours	SCIMC provides an acute care clinic on Saturdays from 8:00 a.m. to 12:00 p.m.
Access to affordable dental insurance coverage	SD Donated Dental has assisted in dental needs. Currently there is a 2-year waiting period. Referrals are also made to Falls Community Health and USD Dental for dental services based on income.
Availability of behavioral health	SCIMC is working with the Sanford Vermillion hospital to provide an Integrated Health Therapist via telemedicine.
Availability of prevention programs and services	Providers use SD and IA smoking Quitline that offers counseling, medication and follow-up. <i>All Women Count</i> is used for women who are uninsured or underinsured for yearly physicals, mammograms, and pap/cervical prevention. Sanford offers Direct Access Labs which provide labs at a cash discounted price to help monitor certain ongoing health risks or to assess the potential for health risks. An annual Health Fair, Saturday mammograms, and heart and vascular screens are also offered at a reduced price.
Availability of specialist physicians	SCIMC provides counseling, orthopedics, cardiology, and general surgery outreach on a monthly basis.
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>	
Drug use and abuse	Our providers work with our quality department to establish goals and tactics on how to treat each patient.
Suicide	Our providers work with our quality department to establish goals and tactics on how to treat each patient.
Alcohol use and abuse	Our providers work with our quality department to establish goals and tactics on how to treat each patient.
Smoking & tobacco use	Our providers work with our quality department to establish goals and tactics on how to treat each patient.
Depression	Our providers work with our quality department to establish goals and tactics on how to treat each patient.
Stress	Our providers work with our quality department to establish goals and tactics on how to treat each patient.

Identified Concerns	How Sanford Canton-Inwood is Addressing the Community Needs
Dementia & Alzheimer's Disease	A dementia and Alzheimers support group is offered through Sanford Canton-Inwood.
Exposure to secondhand smoke	Providers address smoking during physical appointments, asthma appointments, and referrals made to SD and IA Quitline and March of Dimes.
<b>WELLNESS</b>	
Routine check-up: <ul style="list-style-type: none"> <li>• Have not had a routine check-up in more than 1 year – 25%</li> <li>• Cost was an issue – 31%</li> </ul>	SCIMC has an RN Health Coach who runs many registries to accumulate a list of individuals who need to be seen, then between the RN Health Coach and other staff, these patients are contacted either by phone, mail or both to get them into the clinic to be seen by a provider. If patient does not have insurance, the RN Health Coach will help see if they qualify for Medicaid or other subsidized plans. If not, charity care is offered.
Dental check-up: <ul style="list-style-type: none"> <li>• Did not visit a dentist in more than one year – 27%</li> <li>• Cost was an issue – 38%</li> <li>• Have dental insurance - 78%</li> </ul>	USD Dental and the Canton School District offer yearly screening, cleanings and dental care to all children in the school district for free. Falls Community Health is also a referral for dental needs based on income.
Did not have a flu shot in the past year – 37%	SCIMC in conjunction with Sanford Health Marketing does a lot of advertising and communication with patients on the benefits of getting a flu shot. Sanford has made it mandatory for employees to get the flu shot.
Do not get the recommended 5+ servings of fruits/vegetables each day – 57%	We have an annual Wellness Challenge that gets the community involved in a friendly competition to live a healthier lifestyle and one of the challenges is to get people to eat more fruits and vegetables.
Obese – 44%	SCIMC sponsors many community events to help address obesity - Health Fair, Bike Rodeo, Wellness Challenge, Healthy Eating Topics, etc. Our providers also have a BMI quality measure in which they address weight at each visit and work with the patient to improve their weight.
Overweight – 28%	SCIMC sponsors many community events to help address obesity - Health Fair, Bike Rodeo, Wellness Challenge, Healthy Eating Topics, etc. Our providers also have a BMI quality measure in which they address weight at each visit and work with the patient to improve their weight.

## **Implementation Strategies**

## Implementation Strategies - 2018

### **Priority 1: Economic Well-Being – Affordable Housing**

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

### **Priority 2: Behavioral Health and Mental Health Access**

Mental health is important at every stage of life and affects how people think, feel and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental and psychological factors. Depression is among the most treatable of mental disorders.

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

## Sanford Canton-Inwood Community Health Needs Assessment Implementation Strategy Action Plan – 2019-2021

**Priority 1: Economic Well-Being - Availability of affordable Housing**

**Projected Impact:** Increasing the availability of affordable housing units will increase the economic well-being of community members

**Goal 1: Work with Canton Economic Development Committee to expand housing**

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Attend CEDC Meetings and present the findings from the CHNA research	Housing developer contacts	CEO	Executive Team Oversight	
Assist Housing Committee	Number of affordable homes available	CEO	Executive Team Oversight	Work with the City and landowners on appropriate land options
Identify funding resources to help with building concept design for land options	Land development identification and design	CEO	Executive Team Oversight	Partner with local agencies (Utilities, City, County) for funding

**Priority 2: Behavioral Health and Mental Health Access – Substance Abuse by Youth**

**Projected Impact:** Bring awareness of drug use impact to help reduce substance abuse by youth

**Goal 1: Work with school and law enforcement to educate children on the effects of drug abuse**

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Sponsor an educational presentation by local resources to educate youth on short- and long-term effects of drug abuse	Number of students attending	Sanford Canton-Inwood Medical Center Leadership Team	Executive Team Oversight	Local School District, Local Police, and possibly County Sheriff's office

**Goal 2: Work with local treatment facility and law enforcement to educate parents on early detection of drug use and abuse in youth**

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Sponsor an educational presentation by local resources to educate parents on early detection of youth drug use and abuse	Number of parents attending	Sanford Canton-Inwood Medical Center Leadership Team	Executive Team Oversight	Local School District, Local Police, Keystone Treatment Facility, and possibly County Sheriff's office

## Demonstrating Impact – 2017-2019 Strategies

### **Priority 1: Children and Youth**

**Projected Impact:** The Sanford *fit* on-line modules are available for the schools and daycare centers in the community – serving a broad base of students and their families

#### **Goal 1: Provide health and wellness opportunities to area students and families**

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Implement Sanford <i>fit</i> in local schools and daycares	# of classrooms using the program at the end of the time period	Clinic RN Health Coach	Sanford <i>fit</i> Leadership  Executive Team Oversight	Schools and daycares
Secure grant funding to help with printing costs and promotional items	# of printed materials distributed to schools and daycare centers  # of events to create community awareness	Sanford Grant Office	Sanford <i>fit</i> Leadership  Executive Team Oversight	Schools and daycares

### **Priority 2: Physical Health**

**Projected Impact:** Community members are more active and physically fit

#### **Goal 1: Increase opportunities to improve physical activity**

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations - if applicable
Develop a wellness challenge	Increase the number of teams in participation	Clinic RN Health Coach	Executive Team Oversight	Partner with local businesses for prizes and participation
Community Health Fair and Bike Rodeo	Increase residents' participation in these events	Sanford Departments  Display at Health Fair	Executive Team Oversight	Partner with Chamber to make sure these events grow

## Demonstrating Impact - 2017-2019 Strategies

During the 2016 Community Health Needs Assessment research cycle community members were invited to discuss community needs, provide recommendations, and vote on the top priorities to address over the following three years. At Sanford Canton-Inwood Medical Center, the top priorities addressed through an implementation strategy process included:

- 1) Children and Youth
- 2) Physical Health

We are encouraged by the progress that we have made.

### **Goal 1: CHILDREN AND YOUTH - Provide Health and Wellness Opportunities to Area Students and Families**

With the growing obesity epidemic the Sanford Canton-Inwood Medical Center leadership team worked closely with the City of Canton and the Canton School System to work on strategies to give families more opportunities to be physically fit. Beginning in April of 2017 the City Manager began leading focus group discussions on what people in Canton wanted for their future and the results were taken to a community forum on August 24, 2017. As a result of those meetings, one group, headed by the Senior Director of the hospital, worked on exploring how to enhance youth activities. Work began on how to improve the summer recreation plan for youth ages 5 to 12 years of age because the numbers had gone from 140 kids in 2011 to 84. As a result, the group used Survey Monkey to survey all parents who had children of that age and then tailored the 2018 summer recreation program based on the feedback. The results were staggering. The enrollees for the 2018 recreation program went up to 148 kids in ages 5 to 12. Some of the biggest changes included more activities like baseball, ultimate Frisbee, football, kickball, and volleyball, and the added Friday field trips to state parks, museums, and other local attractions. Sanford's Board of Directors was very supportive of this project and provided over \$6,000 in funding to help purchase the equipment needed for these new programs as well as sponsoring some of the field trips for the children and their families.

Sanford and the Canton school system also worked together to increase activities. Sanford provided the Canton Elementary School, which includes approximately 300 students K-5, with a Sanford *fit* program kit that helps kids with moods, eating better, and provides information on different activities that are fun and keep kids active. Sanford Canton-Inwood Medical Center Board of Directors made the decision to invest in helping the school fund a strength and conditioning coach. The new coach started in July 2018 and works with student athletes, and also with those students who want to build confidence and become healthier.

### **Goal 2 – PHYSICAL HEALTH - Increase Opportunities to Improve Physical Activity**

The Sanford Canton-Inwood Medical Center staff and Board of Directors have joined forces with the Canton Chamber of Commerce on a community Wellness Challenge. The program started in the summer of 2013 and is run on an annual basis. The program is set up as a competition and gives points to the individuals on each team for things like eating fruits and vegetables, exercising, attending community events, volunteering, and many other things. Each week results are tallied and posted for teams to see how they compare with each other. The length of the competition has been anywhere from 6 weeks up to 10 weeks in duration. This program was a good way to have a friendly competition while providing incentives toward living a healthier lifestyle in our community.

Sanford Canton-Inwood Medical Center also sponsors a Health Fair every year in March. Over the course of the last three years, many of the staff at the hospital have helped to focus more towards healthy living, providing activities for kids to be more aware of a healthy lifestyle. Activities such as planting fruits and vegetables,



learning about healthy food, heart screenings, etc. have all been a part of the Health Fair. The attendance has been over 500 community members for the past 5 years and since adding the kid's activities the attendance of children has been visibly increasing.

## **Community Feedback from the 2016 Community Health Needs Assessment**

Sanford Health is prepared to accept feedback on the 2016 Community Health Needs Assessment and has provided online comment fields on our website for ease of access. There have been no comments or questions about the Sanford Canton-Inwood Medical Center's CHNA.

## Appendix

## Primary Research

## Canton-Inwood Asset Map

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
<p><b>Economic Well Being</b></p>	<p>Availability of affordable housing 4.24</p> <p>Employment options 3.33</p> <p>Skilled labor workforce 3.24</p> <p>Household budgeting and money management 3.19</p> <p>Maintaining livable and energy-efficient homes 3.05</p>	<p>25% report that they run out of food before having money to buy more</p>		<p>Housing resources:</p> <ul style="list-style-type: none"> <li>• Canton Hsg. &amp; Redevelopment Commission, 903 W. 5<sup>th</sup> St., Canton</li> <li>• Canton Public Housing Authority, 903 W. 5<sup>th</sup> St., Canton</li> <li>• Inter-Lakes Community Action Partnership, 505 N. Western Ave., Sioux Falls</li> <li>• Canton Realty, 218 E. 5<sup>th</sup> St., Canton</li> <li>• Dakota Midwest Real Estate, 402 W. 5<sup>th</sup> St., Canton</li> </ul> <p>Low Income Housing resources:</p> <ul style="list-style-type: none"> <li>• Colonial Village Apts., 903 W. 5<sup>th</sup> St., Canton</li> <li>• Elms Apts., 503 E. Poplar Dr., Canton</li> <li>• Old Main Apts., 320 N. Lawler St., Canton</li> <li>• Villa Apts., 916 E. 2<sup>nd</sup> St., Canton</li> </ul> <p>Employment resources:</p> <p>Major Employers:</p> <ul style="list-style-type: none"> <li>• Eastern Farmers Co-op, 415 E. 5<sup>th</sup> St., Canton</li> <li>• Adams Thermal Systems, 47920 W. 5<sup>th</sup> St., Canton</li> <li>• Bid-Well, 501 W. Industrial Rd., Canton</li> <li>• Johnson Feed, Inc., 305 W. Industrial Rd., Canton</li> <li>• Fastek Products, 515 Noid St., Canton</li> <li>• Legacy Electronics, 1220 N. Dakota St., Canton</li> </ul> <p>Money Management resources:</p> <ul style="list-style-type: none"> <li>• Lincoln Co. Extension Service (money mgmt. classes), 104 N. Main St., Canton</li> <li>• Farmers State Bank, 220 E. 5<sup>th</sup> St., Canton</li> <li>• Great Western Bank, 102 W. 5<sup>th</sup> St., Canton</li> <li>• First Bank &amp; Trust, 402 E. 5<sup>th</sup> St., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• Security Savings Bank, 100 S. West St., Canton</li> </ul> <p>Home Maintenance/Energy Efficiency resources:</p> <ul style="list-style-type: none"> <li>• AR Electric, 913 Candy Court, Canton</li> <li>• Bryant’s Lawn Care, 305 Noid St., Canton</li> <li>• Canton Home &amp; Farm, 215 S. Broadway, Canton</li> </ul> <p>Food resources:</p> <ul style="list-style-type: none"> <li>• Canton Farmers Market, 600 W. 5<sup>th</sup> St., Canton</li> <li>• Senior Meals, 215 E. 4<sup>th</sup> St., Canton</li> <li>• Meals on Wheels, c/o LeAnn Anderson 605-987-5520</li> <li>• Food Pantry, 124 E. 2<sup>nd</sup> St., Canton</li> <li>• R. Burgess Food Pantry, 100 E. 3<sup>rd</sup> St., Canton</li> <li>• Sunshine Foods, 715 E. 5<sup>th</sup> St., Canton</li> <li>• Kroger Foods, 405 N. Riverview Rd., Canton</li> <li>• Canton School District reduced price meals for students, 800 N. Main, Canton</li> <li>• SNAP program, 700 Governors Drive, Pierre</li> <li>• Classes for meal planning, Lincoln Co. Extension Service, 104 N. Main St., Canton</li> </ul>	
<b>Transportation</b>	<p>Availability of walking and biking options 3.27</p> <p>Driving habits 3.05</p>			<p>Physical Activity resources:</p> <ul style="list-style-type: none"> <li>• Newton Hills State Park, 28767 - 482nd Avenue, Canton</li> <li>• Jack Fox Park, 225 N. Broadway St., Canton</li> <li>• West Ball Park, West Hwy 18 &amp; Howard St., Canton</li> <li>• Betty Everhart Park, 200 E. 5<sup>th</sup> St., Canton</li> <li>• Kennedy Park, 210 N. Dakota St., Canton</li> <li>• Chautauqua Park, 10<sup>th</sup> St. &amp; S. Broadway, Canton</li> <li>• Stand Pipe Park, N Grant &amp; E Lynn Streets, Canton</li> <li>• South Mini Park, corner of Cedar &amp; 10th St., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• Canton Cycling Classic, 210 N. Dakota St., Canton</li> <li>• Independence Day Bike Parade, 28767 – 482<sup>nd</sup> Avenue, Canton</li> <li>• Park District, 210 N. Dakota St., Canton</li> <li>• School sports activities – E. O. Lawrence Elementary School, 724 Sanborn St., Canton</li> <li>• School sports activities – Middle &amp; High School, 800 N. Main, Canton</li> <li>• Swimming Pool, 415 N. Sanborn St., Canton</li> <li>• Hiawatha Golf Club, 2400 E. 5<sup>th</sup> St., Canton</li> <li>• Youth Softball &amp; Football, 210 N. Dakota St., Canton</li> <li>• Canton Baseball, 800 N. Main, Canton</li> <li>• Town &amp; Country Bowling, 122 N. Cedar St., Canton</li> <li>• Britt’s Workout, 49 Park Lane, Canton</li> <li>• Curves, 1006 W. 5<sup>th</sup> St., Canton</li> <li>• Swenson Fitness, 28199 West Ave., Canton</li> </ul> <p>Driver Education resources:</p> <ul style="list-style-type: none"> <li>• DriversEd.com</li> <li>• SD Dept. of Education drivers education classes, 800 Governors Drive, Pierre</li> <li>• SD Safety Council, 1108 N. West Ave., Sioux Falls</li> <li>• SD AAA, 1300 Industrial Ave., Sioux Falls</li> <li>• Canton High School, 800 N. Main, Canton</li> <li>• Community Education, 724 N. Sanborn, Canton</li> </ul>	
<b>Children and Youth</b>	<p>Substance abuse by youth 3.47</p> <p>Cost of activities (outside of school and sports) for children and youth 3.44</p> <p>Availability of activities (outside of school and sports) for children and youth 3.42</p>			<p>Substance Abuse resources:</p> <ul style="list-style-type: none"> <li>• AA, 1000 N. West Ave., Sioux Falls</li> <li>• Arch Halfway House, 333 S. Spring Ave., Sioux Falls</li> <li>• Avera Addiction Recovery, 2412 S Cliff Ave., Sioux Falls</li> <li>• Bartels Counseling, 6330 S. Western Ave., Sioux Falls</li> <li>• Carroll Institute, 310 S. First Ave., Sioux Falls</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
	<p>Availability of quality child care 3.41</p> <p>Availability of services for at-risk youth 3.41</p> <p>Bullying 3.41</p> <p>Cost of quality child care 3.35</p> <p>Cost of services for at-risk youth 3.35</p> <p>Childhood obesity 3.33</p> <p>Teen tobacco use 3.29</p> <p>Teen suicide 3.24</p> <p>Opportunities for youth/adult mentoring 3.06</p>			<ul style="list-style-type: none"> <li>• Changes &amp; Choices Recovery Center, 301 S. 1<sup>st</sup> Ave., Sioux Falls</li> <li>• Choices Recovery, 2701 S. Minnesota Ave., Sioux Falls</li> <li>• Face It Together, 231 S. Phillips Ave., Sioux Falls</li> <li>• First Step, 4320 S. Louise Ave., Sioux Falls</li> <li>• Glory House, 4000 SW Ave., Sioux Falls</li> <li>• Keystone Treatment Center, 3800 S. Kiwanis Ave., Sioux Falls</li> <li>• Minnehaha Co. Detox Center, 415 N. Dakota Ave., Sioux Falls</li> <li>• Prairie View Prevention Services, 822 E. 41st St., Sioux Falls</li> <li>• Sioux Falls VA, 2501 W. 22<sup>nd</sup> St., Sioux Falls</li> <li>• Sioux Falls Urban Indian Health, 711 N. Lake Ave., Sioux Falls</li> <li>• Sioux Falls Treatment Center, 2519 W. 8<sup>th</sup> St., Sioux Falls</li> <li>• Southeastern Alcohol &amp; Drug Abuse Prevention Center, 1309 W. 51st St., Sioux Falls</li> <li>• Tallgrass Recovery, 27048 S. Tallgrass Ave., Sioux Falls</li> <li>• Berakhah House, 400 N. Western Ave., Sioux Falls</li> <li>• Genesis Program, 1301 E. Austin St., Sioux Falls</li> <li>• Salvation Army, 1017 N. Sherman Ave., Sioux Falls</li> <li>• 12 Step Living Corp., 2601 S. Minnesota Ave., Sioux Falls</li> <li>• Carroll Institute, 327 S. Spring Ave., Sioux Falls</li> <li>• Volunteers of America, 826 W. 2<sup>nd</sup> St., Sioux Falls</li> <li>• Volunteers of America, 1401 W. 51<sup>st</sup> St., Sioux Falls</li> <li>• Volunteers of America, 1310 – 51<sup>st</sup> St., Sioux Falls</li> </ul> <p>Youth Activities resources:</p> <ul style="list-style-type: none"> <li>• Canton Latchkey, 724 N. Sanborn, Canton</li> <li>• Park Dept., 210 N. Dakota St., Canton</li> <li>• Swimming Pool, 415 N. Sanborn St., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• E. O. Lawrence Elementary School activities, 724 Sanborn St., Canton</li> <li>• Middle &amp; High School activities, 800 N. Main, Canton</li> <li>• 4-H Club, 104 N. Main St., Canton</li> <li>• Boy Scouts, c/o Jeff Peterson, 28348 – 481<sup>st</sup> Avenue, Canton</li> <li>• Girl Scouts, c/o Stacey Knutson, 605-987-2314</li> <li>• Cub Scouts, c/o Melissa Swier, 714 E. Elder St., Canton</li> <li>• High School Booster Club, 800 N. Main, Canton</li> <li>• River of Life Community Church, 120 S. Main St., Canton</li> <li>• Newton Hills State Park, 28767 – 482<sup>nd</sup> Ave., Canton</li> <li>• Jack Fox Park, 225 N. Broadway St., Canton</li> <li>• West Ball Park, W Hwy 18 &amp; Howard St., Canton</li> <li>• Betty Everhart Park, 200 E. 5<sup>th</sup> St., Canton</li> <li>• Kennedy Park, 210 N. Dakota St., Canton</li> <li>• Chautauqua Park, 10<sup>th</sup> St. &amp; S. Bdwy, Canton</li> <li>• Stand Pipe Park, N. Grant &amp; E. Lynn Sts., Canton</li> <li>• South Mini Park, Corner of Cedar &amp; 10<sup>th</sup> St., Canton</li> <li>• Swenson Fitness Center, 28199 West Ave., Canton</li> <li>• Hiawatha Golf Club, 2400 E. 5<sup>th</sup> St., Canton</li> <li>• Canton Baseball, 800 N. Main, Canton</li> <li>• Canton youth softball / football, 210 N. Dakota St., Canton</li> <li>• Public Library, 225 N. Broadway, Canton</li> </ul> <p>Child Care resources:</p> <ul style="list-style-type: none"> <li>• Canton Latchkey, 724 N. Sanborn, Canton</li> <li>• Kids' Castle, 121 N. Lincoln St., Canton</li> <li>• Noah's Ark, 202 S. Bartlett St., Canton</li> <li>• Blessed Wonders, 921 N. College St., Canton</li> </ul>	



Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• Laurel Laubach, E. Elder St., Canton</li> <li>• Michelle Sehr, E. Elmwood Ave., Canton</li> <li>• Taylor Swanson, 48102 – 275<sup>th</sup> St., Canton</li> <li>• Joslyn K. Colleen, 15 Park Lane, Canton</li> <li>• E. O. Lawrence after school care, 724 N. Sanborn St., Canton</li> <li>• Friendship Preschool, 621 E. 4<sup>th</sup> St., Canton</li> </ul> <p>Services for At-Risk Youth:</p> <ul style="list-style-type: none"> <li>• Children’s Inn (services for family violence, child abuse), 409 N. Western Ave., Sioux Falls</li> <li>• Lincoln Co. Dept. of Social Services, 104 N. Main, Canton</li> <li>• Volunteers of America, P O Box 89306, Sioux Falls</li> </ul> <p>Bullying resources:</p> <ul style="list-style-type: none"> <li>• Canton Police, 123 N. Main, Canton</li> <li>• Lincoln Co. Sheriff, 128 N. Main, Canton</li> </ul> <p>Obesity resources:</p> <ul style="list-style-type: none"> <li>• Sanford dieticians, 440 N. Hiawatha Dr., Canton</li> <li>• Sanford Clinic, 440 N. Hiawatha Dr., Canton</li> <li>• Swenson Fitness, 28199 West Avenue, Canton</li> <li>• Curves, 1006 W. 5<sup>th</sup> St., Canton</li> <li>• Brit’s Workout, 49 Park Lane, Canton</li> <li>• Canton Farmers Market, 600 W. 5<sup>th</sup> St., Canton</li> <li>• Extension Office, 104 N. Main, Canton</li> </ul> <p>Smoking Cessation resources:</p> <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Clinic, 440 N. Hiawatha Dr., Canton</li> </ul> <p>Mental Health resources:</p> <ul style="list-style-type: none"> <li>• Keystone Treatment Center, 3800 S. Kiwanis Ave., Sioux Falls</li> <li>• Crawford Counseling Center, 1010 W. 5<sup>th</sup> St., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• SE Behavioral HealthCare, 2000 S. Summit Ave., Sioux Falls</li> <li>• Dakota Oak Counseling, 3220 W. 57<sup>th</sup> St., Sioux Falls</li> <li>• Sioux Falls Psychological Services, 2109 S. Norton Ave., Sioux Falls</li> <li>• Great Plains Psychological Services, 4105 Carnegie Circle, Sioux Falls</li> <li>• Catholic Family Services, 523 N. Duluth Ave., Sioux Falls</li> <li>• Heuermann Counseling Clinic, 2110 S. Brown Pl., Sioux Falls</li> <li>• LifeMarks Behavioral Health, 1310 W. 51<sup>st</sup> St., Sioux Falls</li> <li>• Sanford Behavioral Health, 1305 W. 18<sup>th</sup> St., Sioux Falls</li> <li>• NAMI South Dakota, P O Box, 88808, Sioux Falls</li> <li>• Stronghold Counseling Services, 4300 S. Louise Ave., Sioux Falls</li> </ul> <p>Youth/Adult Mentoring resources:</p> <ul style="list-style-type: none"> <li>• 4-H Clubs, 104 N. Main St., Canton</li> <li>• Boy Scouts, c/o Jeff Peterson, 28348 - 481<sup>st</sup> Ave., Canton</li> <li>• Cub Scouts, c/o Melissa Swier, 714 E. Elder St., Canton</li> <li>• Girl Scouts, c/o Stacey Knutson, 605-987-2314</li> <li>• Big Brother/Big Sister, 1108 NW Avenue, Sioux Falls</li> </ul>	
<b>Aging Population</b>	<p>Cost of memory care 3.63</p> <p>Cost of long term care 3.59</p> <p>Cost of in-home services 3.32</p> <p>Availability of memory care 3.28</p> <p>Availability of resources to help the elderly stay safe in their homes 3.16</p> <p>Availability of long term care 3.00</p> <p>Availability of family and friends caring for and</p>			<p>Memory Care resources:</p> <ul style="list-style-type: none"> <li>• Canton Good Samaritan Center, 1022 N. Dakota Drive., Canton</li> </ul> <p>Long Term Care resources:</p> <ul style="list-style-type: none"> <li>• Canton Good Samaritan Center, 1022 N. Dakota Dr., Canton</li> <li>• Lincoln Co. Home Health Agency &amp; Public Health, 100 E. 5<sup>th</sup> St., Canton</li> <li>• Senior Citizens Center, 215 E. 4<sup>th</sup> St., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
	<p>helping to make decisions for elders 3.00</p>			<p>In-Home Services resources:</p> <ul style="list-style-type: none"> <li>• Lincoln Co. Home Health Agency &amp; Public Health, 100 E. 5<sup>th</sup> St., Canton</li> <li>• Sanford Home Medical Equipment, 723 E. 5<sup>th</sup> St., Canton</li> <li>• Sanford Home Health, 440 N. Hiawatha Dr., Canton</li> <li>• Meals on Wheels, c/o LeAnn Anderson 605-987-5520</li> </ul> <p>Resources to help the elderly stay in their homes:</p> <ul style="list-style-type: none"> <li>• Lincoln Co. Home Health Agency &amp; Public Health, 100 E. 5<sup>th</sup> St., Canton</li> <li>• Sanford Home Medical Equipment, 723 E. 5<sup>th</sup> St., Canton</li> <li>• Sanford Home Health, 440 N. Hiawatha Dr., Canton</li> <li>• Haisch Pharmacy, 303 E. 5<sup>th</sup> St., Canton</li> <li>• Lewis Family Drug, 715 E. 5<sup>th</sup> St., Canton</li> <li>• Senior Meals, 215 E. 4<sup>th</sup> St., Canton</li> <li>• Meals on Wheels, c/o LeAnn Anderson 605-987-5520</li> <li>• Senior Citizens Center, 215 E. 4<sup>th</sup> St., Canton</li> <li>• SD Dept. of Human Services Respite Care Program, 500 E. Capital, Pierre</li> <li>• Lincoln. Co. Dept. of Social Services, 104 N, Main, Canton</li> <li>• Food Pantry, 124 E. 2<sup>nd</sup> St., Canton</li> <li>• R. Burgess Food Pantry, 100 E. 3<sup>rd</sup>, Canton</li> <li>• Canton Transit System, 521 S. Lincoln St., Canton</li> <li>• Public Library, 225 N. Broadway, Canton</li> </ul>	
<p><b>Safety</b></p>	<p>Abuse of prescription drugs 3.47</p> <p>Presence of drug dealers 3.06</p>			<p>Abuse of Prescription Drugs resources:</p> <ul style="list-style-type: none"> <li>• Canton Police, 123 N. Main St., Canton</li> <li>• Lincoln Co. Sheriff, 128 N. Main St., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				Resources to combat drug dealers in the community: <ul style="list-style-type: none"> <li>• Canton Police, 123 N. Main St., Canton</li> <li>• Lincoln Co. Sheriff, 128 N. Main St., Canton</li> </ul>	
<b>Health Care Access</b>	Access to affordable health insurance coverage 3.82  Access to affordable health care 3.72  Availability of health care services for Native people 3.47  Access to affordable prescription drugs 3.44  Availability of health care services for New Americans 3.41  Access to affordable vision insurance coverage 3.29  Availability of mental health providers 3.22  Availability of non-traditional hours 3.19  Access to affordable dental insurance coverage 3.18 Availability of behavioral health 3.18  Availability of prevention programs and services 3.12  Availability of specialist physicians 3.00	10% do not have health insurance		Affordable Health Insurance resources: <ul style="list-style-type: none"> <li>• Avera Health Plans, 3816 S. Elmwood Pl., Sioux Falls</li> <li>• Sanford Health Plan, 1305 W. 18 St., Sioux Falls</li> <li>• State Farm, 111 N. Main St., Canton</li> </ul> Health Care resources: <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Medical Center &amp; Clinic, 440 N. Hiawatha Dr., Canton</li> <li>• Sanford Community Care Program, 440 N. Hiawatha Dr., Canton</li> <li>• Sanford Medical Home Program, 440 N. Hiawatha Dr., Canton</li> <li>• Lincoln Co. Public Health, 104 N. Main, Canton</li> <li>• Sanford Home Medical Equipment, 723 E. 5<sup>th</sup> St., Canton</li> <li>• Good Samaritan Center, 1022 N. Dakota Dr., Canton</li> <li>• Keystone Treatment Center, 1010 E. 2<sup>nd</sup> St., Canton</li> <li>• Canton Family Dental, 1110 W. 5<sup>th</sup> St., Canton</li> <li>• Swenson Chiropractic, 28199 West Ave., Canton</li> <li>• Canton Family vision Center, 109 E. 5<sup>th</sup> St., Canton</li> <li>• Haisch Pharmacy, 303 E. 5<sup>th</sup> St., Canton</li> <li>• Lewis Family Drug, 715 E. 5<sup>th</sup> St., Canton</li> <li>• Lincoln Co. Community Health Nurse &amp; WIC office, 104 N. Main St., Canton</li> </ul> Health Care for Native People: <ul style="list-style-type: none"> <li>• SD Urban Health Clinic, 711 N. Lake Ave., Sioux Falls</li> <li>• American Indian Services, 817 N. Elmwood, Sioux Falls</li> <li>• Sanford Canton Inwood, 440 N. Hiawatha Dr., Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• Lincoln Co. Community Health Nurse &amp; WIC office, 104 N. Main St., Canton</li> </ul> <p>Affordable Prescription Drugs:</p> <ul style="list-style-type: none"> <li>• CancerCare co-payment assistance, 800-813-4673</li> <li>• Freedrugcard.us</li> <li>• Rxfreecqrd.com</li> <li>• Medsavercard.com</li> <li>• Yourrxcard.com</li> <li>• Medicationdiscountcard.com</li> <li>• Nedymeds.org/drugcard</li> <li>• Caprxprogram.org</li> <li>• Southdakotarxcard.com</li> <li>• Gooddaysfromcdf.org</li> <li>• NORD Patient Assistance Program, rarediseases.org</li> <li>• SD Partnership for Prescription Assistance, pparx.org</li> <li>• Patient Access Network Foundation, panfoundation.org</li> <li>• Pfizer RC Pathways, pfizerRX pathways.com</li> <li>• RXhope.com</li> </ul> <p>Health Care for New Americans:</p> <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Medical Center, 440 N. Hiawatha Dr., Canton</li> <li>• Lincoln County Community Health Nurse &amp; WIC, 104 N. Main St., Canton</li> </ul> <p>Vision Care resources:</p> <ul style="list-style-type: none"> <li>• Canton Family Vision Clinic, 109 E. 5<sup>th</sup> St., Canton</li> </ul> <p>Mental Health resources:</p> <ul style="list-style-type: none"> <li>• Keystone Treatment Center, 1010 E. 2<sup>nd</sup> St., Canton</li> <li>• Crawford Counseling Center, 1010 W. 5<sup>th</sup> St., Canton</li> <li>• SE Behavioral Health Counseling, 2000 S. Summit Ave., Sioux Falls</li> <li>• Dakota Oak Counseling, 3220 W. 57<sup>th</sup> St., Sioux Falls</li> <li>• Sioux Falls Psychological Services, 2109 S. Norton Ave., Sioux Falls</li> <li>• Great Plains Psychological Services, 4105 s. Carnegie Circle, Sioux Falls</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• Catholic Family Services, 523 N. Duluth Ave., Sioux Falls</li> <li>• Heuermann Counseling Clinic, 2210 S. Brown Pl., Sioux Falls</li> <li>• LifeMarks Behavioral Health, 1310 W. 51<sup>st</sup> St., Sioux Falls</li> <li>• NAMI South Dakota, P O Box 88808, Sioux Falls</li> <li>• Stronghold Counseling, 4300 S. Louise Ave., Sioux Falls</li> <li>• Sanford Behavioral Health, 1305 W. 18<sup>th</sup> St., Sioux Falls</li> </ul> <p>Dental resources:</p> <ul style="list-style-type: none"> <li>• Canton Dental Clinic, 1110 W. 5<sup>th</sup> St., Canton</li> <li>• Falls Community Dental Clinic, 421 N. Main, Sioux Falls</li> <li>• USD Dental Hygiene Clinic, 521 N. Main, Sioux Falls</li> </ul> <p>Prevention Programs &amp; Services:</p> <ul style="list-style-type: none"> <li>• Sanford Canton Inwood Medical Center, 440 N. Hiawatha Dr., Canton</li> </ul> <p>Specialist Physicians:</p> <ul style="list-style-type: none"> <li>• Sanford Canton Inwood Medical Center, 440 N. Hiawatha Dr., Canton</li> <li>• USD Sanford Medical Center, 1305 W. 18<sup>th</sup> St., Sioux Falls</li> </ul>	
<b>Mental Health and Substance Abuse</b>	<p>Drug use and abuse 3.41</p> <p>Suicide 3.41</p> <p>Alcohol use and abuse 3.33</p> <p>Smoking and tobacco use 3.24</p> <p>Depression 3.22</p> <p>Stress 3.18</p> <p>Dementia and Alzheimer's Disease 3.12</p> <p>Exposure to secondhand smoke 3.06</p>	<p>55% self-report binge drinking at least 1x/month</p> <p>36% report a diagnosis of depression</p> <p>33% report a diagnosis of anxiety/stress</p> <p>31% report a diagnosis of high cholesterol</p> <p>31% report a diagnosis of asthma</p> <p>25% report a diagnosis of arthritis</p>		<p>Drug &amp; Alcohol Use/Abuse resources:</p> <ul style="list-style-type: none"> <li>• AA, 1000 N. West Ave., Sioux Falls</li> <li>• Arch Halfway House, 333 S. Spring Ave., Sioux Falls</li> <li>• Avera Addiction Recovery, 2412 S Cliff Ave., Sioux Falls</li> <li>• Bartels Counseling, 6330 S. Western Ave., Sioux Falls</li> <li>• Carroll Institute, 310 S. First Ave., Sioux Falls</li> <li>• Changes &amp; Choices Recovery Center, 301 S. 1<sup>st</sup> Avenue, Sioux Falls</li> <li>• Choices Recovery, 2701 S. Minnesota Ave., Sioux Falls</li> <li>• Face It Together, 231 S. Phillips Ave., Sioux Falls</li> <li>• First Step, 4320 S. Louise Ave., Sioux Falls</li> <li>• Glory House, 4000 SW Ave., Sioux Falls</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
		26% currently smoke cigarettes		<ul style="list-style-type: none"> <li>• Keystone Treatment Center, 3800 S. Kiwanis Ave., Sioux Falls</li> <li>• Minnehaha Co. Detox Center, 415 N. Dakota Ave., Sioux Falls</li> <li>• Prairie View Prevention Services, 822 E. 41st St., Sioux Falls</li> <li>• Sioux Falls VA, 2501 W. 22<sup>nd</sup> St., Sioux Falls</li> <li>• Sioux Falls Urban Indian Health, 711 N. Lake Ave., Sioux Falls</li> <li>• Sioux Falls Treatment Center, 2519 W. 8<sup>th</sup> St., Sioux Falls</li> <li>• Southeastern Alcohol &amp; Drug Abuse Prevention Center, 1309 W. 51st St., Sioux Falls</li> <li>• Tallgrass Recovery, 27048 S. Tallgrass Ave., Sioux Falls</li> <li>• Berakhah House, 400 N. Western Ave., Sioux Falls</li> <li>• Genesis Program, 1301 E. Austin St., Sioux Falls</li> <li>• Salvation Army, 1017 N. Sherman Ave., Sioux Falls</li> <li>• 12 Step Living Corp., 2601 S. Minnesota Ave., Sioux Falls</li> <li>• Carroll Institute, 327 S. Spring Ave., Sioux Falls</li> <li>• Volunteers of America, 826 W. 2<sup>nd</sup> St., Sioux Falls</li> <li>• Volunteers of America, 1401 W. 51<sup>st</sup> St., Sioux Falls</li> <li>• Volunteers of America, 1310 – 51<sup>st</sup> St., Sioux Falls</li> </ul> <p>Mental Health resources:</p> <ul style="list-style-type: none"> <li>• Keystone Treatment Center, 3800 S. Kiwanis Ave., Sioux Falls</li> <li>• Crawford Counseling Center, 500 W. 5<sup>th</sup> St., Canton</li> <li>• SE Behavioral Health Counseling, 2000 S. Summit Ave., Sioux Falls</li> <li>• Dakota Oak Counseling, 3200 W. 57<sup>th</sup> St., Sioux Falls</li> <li>• Sioux Falls Psychological Services, 2109 S. Norton Ave., Sioux Falls</li> <li>• Great Plans Psychological Services, 4105 Carnegie Circle, Sioux Falls</li> <li>• Catholic Family Services, 523 N. Duluth Ave., Sioux falls</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• Heuermann Counseling Clinic, 2110 S. Brown Pl., Sioux Falls</li> <li>• LifeMarks Behavioral Health, 1310 W. 51<sup>st</sup> St., Sioux Falls</li> <li>• NAMI South Dakota, P O Box 88808, Sioux Falls</li> <li>• Stronghold Counseling Services, 4300 S. Louise Ave., Sioux Falls</li> <li>• Sanford Behavioral Health, 1305 W. 18<sup>th</sup> St., Sioux Falls</li> </ul> <p>Tobacco Cessation resources:</p> <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Clinic, 440 N. Hiawatha Dr., Canton</li> <li>• American Lung Association, Lungsd.org</li> <li>• Quitline, SDQuitline.com</li> <li>• American Heart Association, P O Box 90545, Sioux Falls</li> </ul> <p>Dementia/Alzheimer's resources:</p> <ul style="list-style-type: none"> <li>• Alzheimer's Assn, Alz.org</li> <li>• Alzheimer's Support Group, 621 E. 4<sup>th</sup> St., Canton</li> <li>• Physicians specializing in dementia: <ul style="list-style-type: none"> <li>○ Kathryn Florio, 1205 S. Grant Ave., Sioux Falls</li> <li>○ Fanny Jaquez, 1210 W. 18<sup>th</sup> St., Sioux Falls</li> <li>○ Jerome Freeman, 1210 W. 18<sup>th</sup> St., Sioux Falls</li> <li>○ Valentina Joseph, 1210 W. 18<sup>th</sup> St., Sioux Falls</li> </ul> </li> </ul> <p>Chronic Disease resources:</p> <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Clinic, 440 N Hiawatha Dr., Canton</li> <li>• American Lung Association, Lungsd.org</li> <li>• Arthritis Foundation, P O Box 90445, Sioux Falls</li> <li>• American Heart Association, P O Box 90545, Sioux Falls</li> <li>• Asthma &amp; Allergy Foundation, 1-800-727-8462</li> <li>• Better Choices Better Health, c/o SD DOH, 615 E. 4<sup>th</sup> St., Pierre</li> <li>• Sanford Medical Home, 440 N. Hiawatha Dr., Canton</li> </ul>	
<b>Wellness</b>		25% have not had a routine check-up in		<p>Medical Care resources:</p> <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Clinic, 440 N. Hiawatha Dr., Canton</li> </ul>	



Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
		<p>more than 1 year and cost was an issue for 31%</p> <p>27% did not visit their dentist in more than 1 year – cost was a barrier to 38% 78% have dental insurance</p> <p>37% did not have a flu shot in the past year</p> <p>57% do not get the recommended 5 or more servings of fruits/vegetables each day</p> <p>44% report that they are obese</p> <p>28% report that they are overweight</p>		<ul style="list-style-type: none"> <li>• Lincoln Co. Community Health, 104 N. Main St., Canton</li> <li>• Lewis Drug (screenings, wellness checks), 715 E. 5<sup>th</sup> St., Canton</li> </ul> <p>Dental resources:</p> <ul style="list-style-type: none"> <li>• Canton Dental Clinic, 1110 W. 5<sup>th</sup> St., Canton</li> <li>• Falls Community Dental Clinic, 421 N. Main, Sioux Falls</li> <li>• USD Dental Hygiene Clinic, 521 N. Main, Sioux Falls</li> </ul> <p>Flu Shot resources:</p> <ul style="list-style-type: none"> <li>• Sanford Canton-Inwood Clinic, 440 N. Hiawatha Dr., Canton</li> <li>• Lincoln Co. Community Health, 104 N. Main St., Canton</li> <li>• Lewis Drug, 715 E. 5<sup>th</sup> St., Canton</li> </ul> <p>Obesity resources:</p> <ul style="list-style-type: none"> <li>• Sanford dieticians, 440 N. Hiawatha Dr., Canton</li> <li>• Sanford Clinic, 440 N. Hiawatha Dr., Canton</li> <li>• Swenson Fitness, 28199 West Avenue, Canton</li> <li>• Curves, 1006 W. 5<sup>th</sup> St., Canton</li> <li>• Brit’s Workout, 49 Park Lane, Canton</li> <li>• Canton Farmers Market, 600 W. 5<sup>th</sup> St., Canton</li> <li>• Extension Office, 104 N. Main, Canton</li> </ul> <p>Physical Activity resources:</p> <ul style="list-style-type: none"> <li>• Newton Hills State Park, 28767 - 482nd Avenue, Canton</li> <li>• Jack Fox Park, 225 N. Broadway St., Canton</li> <li>• West Ball Park, West Hwy 18 &amp; Howard St., Canton</li> <li>• Betty Everhart Park, 200 E. 5<sup>th</sup> St., Canton</li> <li>• Kennedy Park, 210 N. Dakota St., Canton</li> <li>• Chautauqua Park, 10<sup>th</sup> St. &amp; S. Broadway, Canton</li> <li>• Stand Pipe Park, N Grant &amp; E Lynn Streets, Canton</li> </ul>	

Identified Concern	Key Stakeholder Survey	Resident Survey	Secondary Data	Community resources available to address the need	Gap?
				<ul style="list-style-type: none"> <li>• South Mini Park, corner of Cedar &amp; 10th St., Canton</li> <li>• Canton Cycling Classic, 210 N. Dakota St., Canton</li> <li>• Independence Day Bike Parade, 28767 – 482<sup>nd</sup> Avenue, Canton</li> <li>• Park District, 210 N. Dakota St., Canton</li> <li>• School sports activities – E. O. Lawrence Elementary School, 724 Sanborn St., Canton</li> <li>• School sports activities – Middle &amp; High School, 800 N. Main, Canton</li> <li>• Swimming Pool, 415 N. Sanborn St., Canton</li> <li>• Hiawatha Golf Club, 2400 E. 5<sup>th</sup> St., Canton</li> <li>• Youth Softball &amp; Football, 210 N. Dakota St., Canton</li> <li>• Canton Baseball, 800 N. Main, Canton</li> <li>• Town &amp; Country Bowling, 122 N. Cedar St., Canton</li> <li>• Britt’s Workout, 49 Park Lane, Canton</li> <li>• Curves, 1006 W. 5<sup>th</sup> St., Canton</li> <li>• Swenson Fitness, 28199 West Ave., Canton</li> </ul>	

## Key Stakeholder Survey

# Sanford Canton/Inwood Medical Center

Community Health Needs Assessment  
Results from an October 2017 Non-Generalizable  
Online Survey of Community Stakeholders

November 2017



## STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Canton/Inwood Medical Center. This study was 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 distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred in the month of October. A total of 22 respondents participated in the online survey.

# TABLE OF CONTENTS

**SURVEY RESULTS** ..... 3

**Current State of Health and Wellness Issues Within the Community** ..... 3

    Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING ..... 3

    Figure 2. Current state of community issues regarding TRANSPORTATION ..... 4

    Figure 3. Current state of community issues regarding CHILDREN AND YOUTH ..... 5

    Figure 4. Current state of community issues regarding the AGING POPULATION ..... 6

    Figure 5. Current state of community issues regarding SAFETY ..... 7

    Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS ..... 8

    Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE ... 9

**Demographic Information** ..... 9

    Figure 8. Age of respondents ..... 9

    Figure 9. Biological sex of respondents ..... 10

    Figure 10. Race of respondents ..... 10

    Figure 11. Whether respondents are of Hispanic or Latino origin ..... 11

    Figure 12. Marital status of respondents ..... 11

    Figure 13. Living situation of respondents ..... 12

    Figure 14. Highest level of education completed by respondents ..... 12

    Figure 15. Employment status of respondents ..... 13

    Figure 16. Whether respondents are military veterans ..... 13

    Figure 17. Annual household income of respondents, from all sources, before taxes ..... 14

    Table 1. Zip code of respondents ..... 14

    Table 2. Comments from respondents ..... 15

**APPENDIX TABLE** ..... 16

    Appendix Table 1. Current state of health and wellness issues within the community ..... 16

# SURVEY RESULTS

## Current State of Health and Wellness Issues within the Community

Using a 1 to 5 scale, with 1 being “no attention needed”; 2 being “little attention needed”; 3 being “moderate attention needed”; 4 being “serious attention needed”; and 5 being “critical attention needed,” respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING

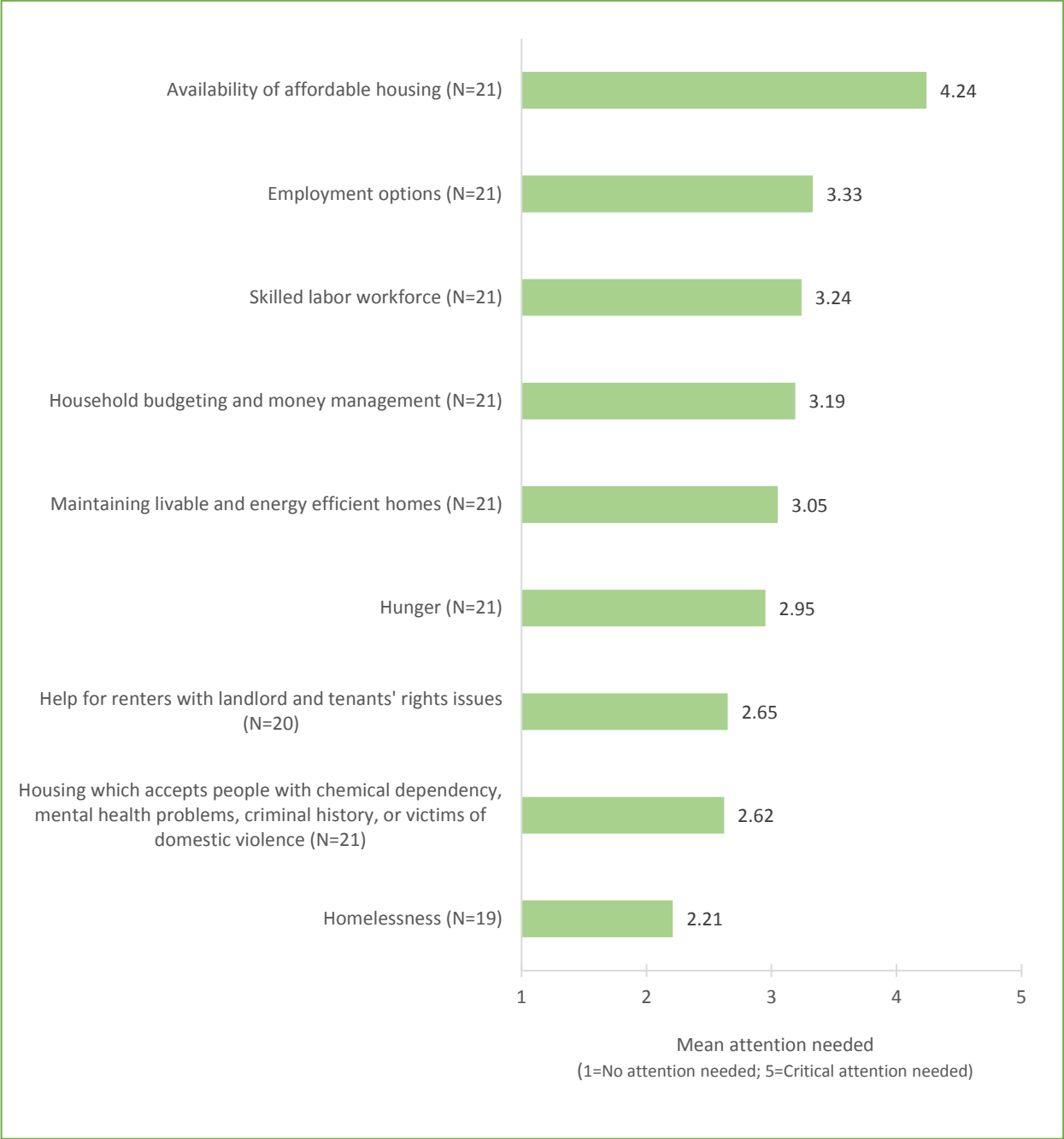




Figure 2. Current state of community issues regarding TRANSPORTATION

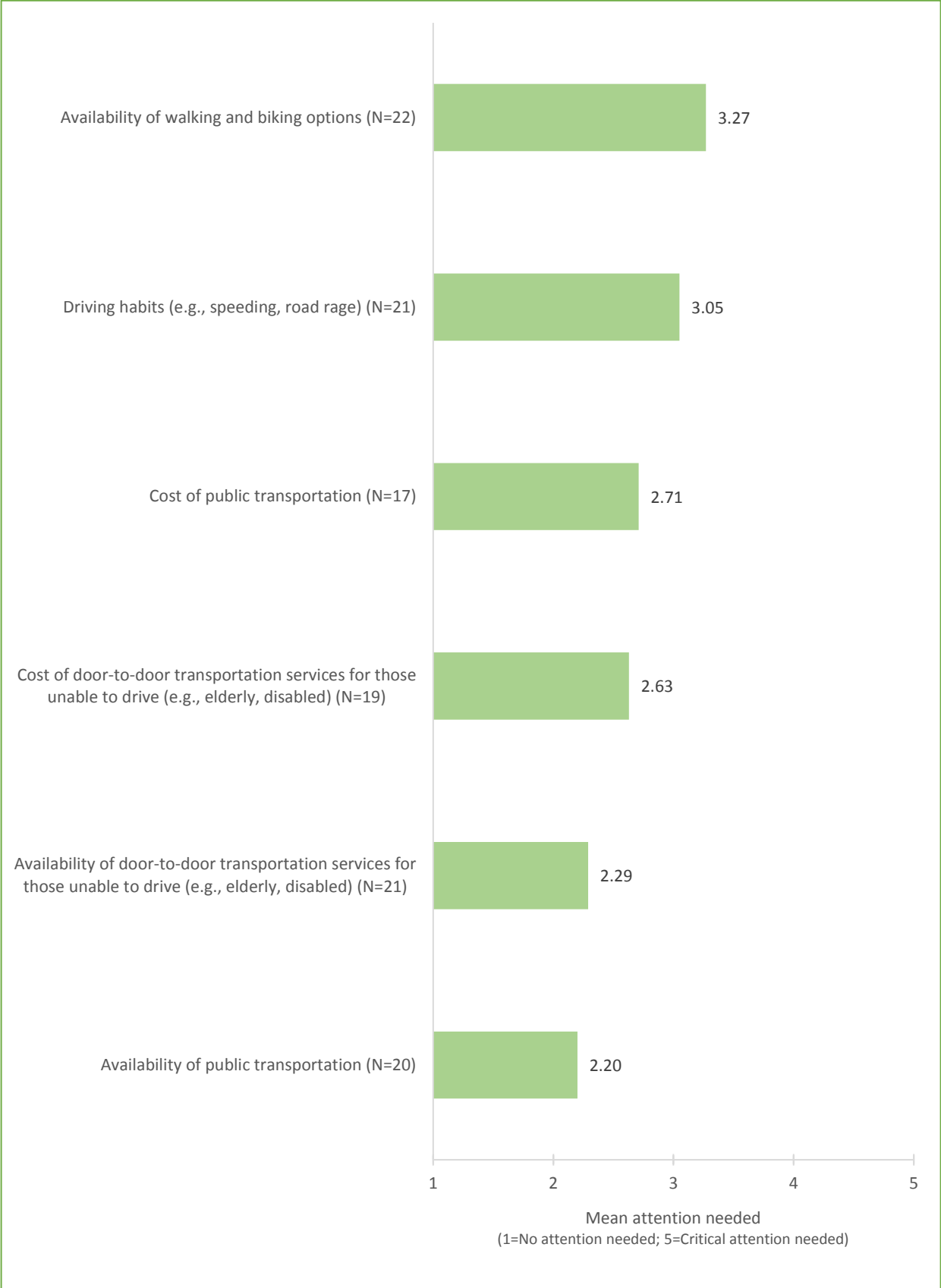




Figure 3. Current state of community issues regarding CHILDREN AND YOUTH



Figure 4. Current state of community issues regarding the AGING POPULATION



Figure 5. Current state of community issues regarding SAFETY

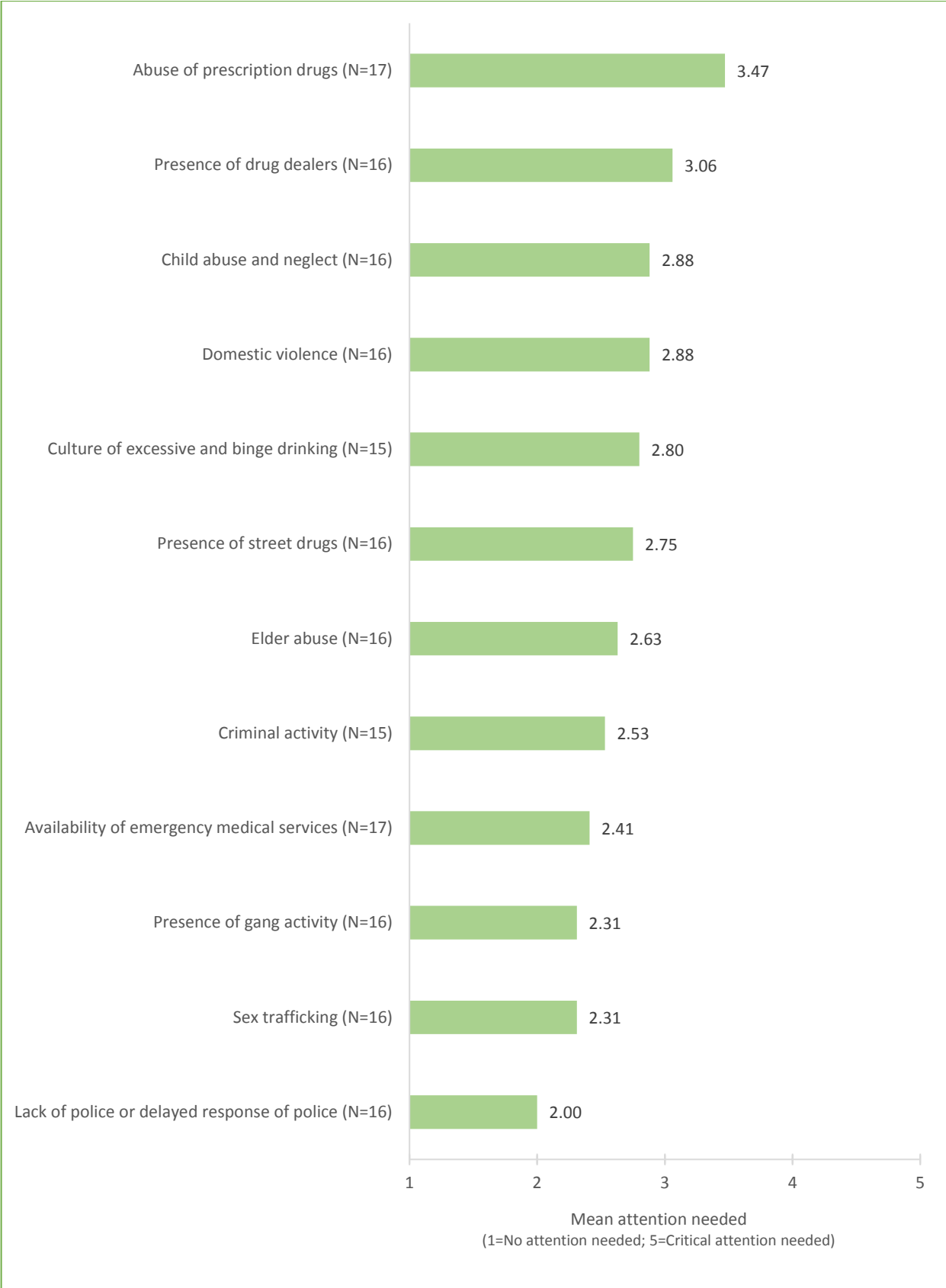
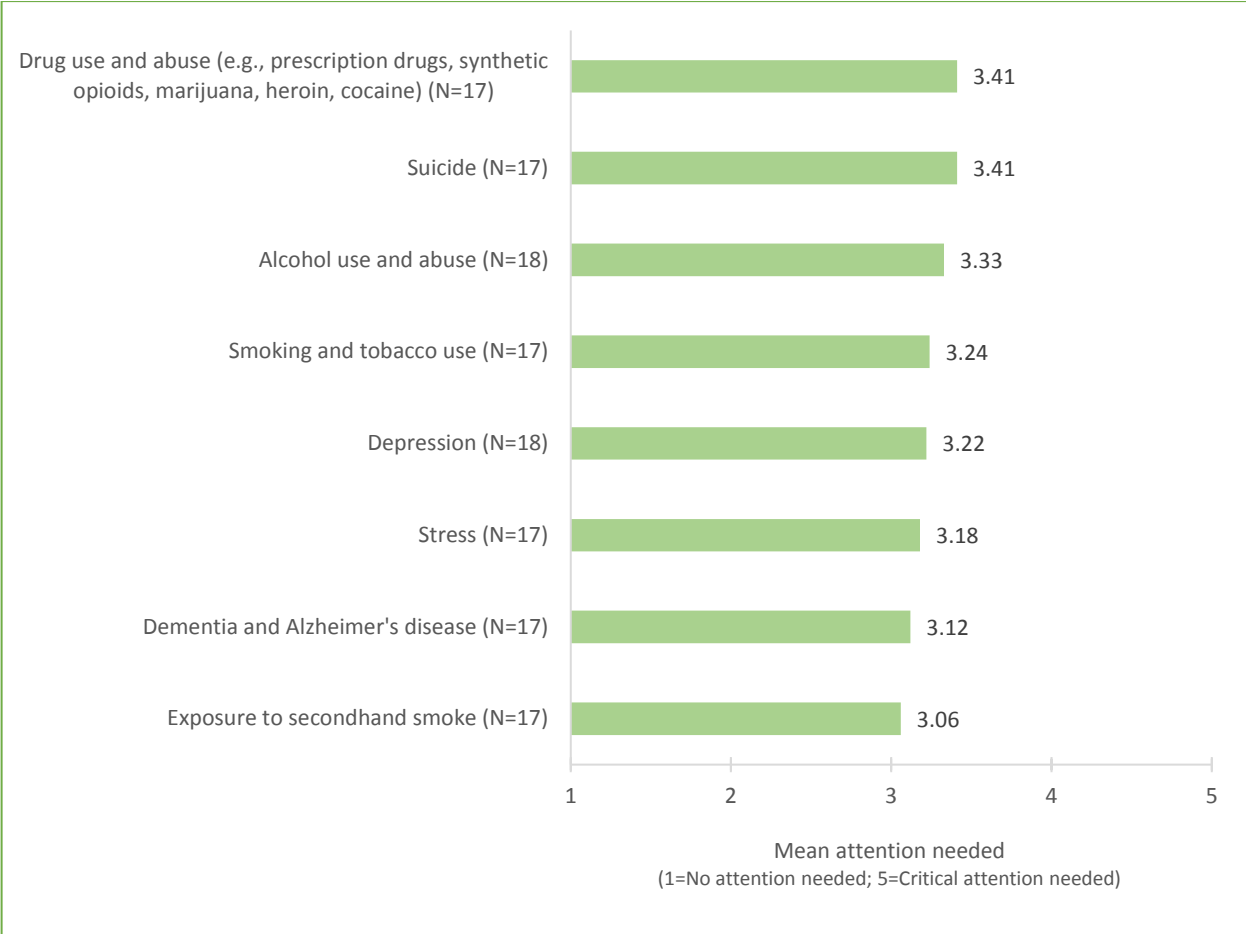


Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS



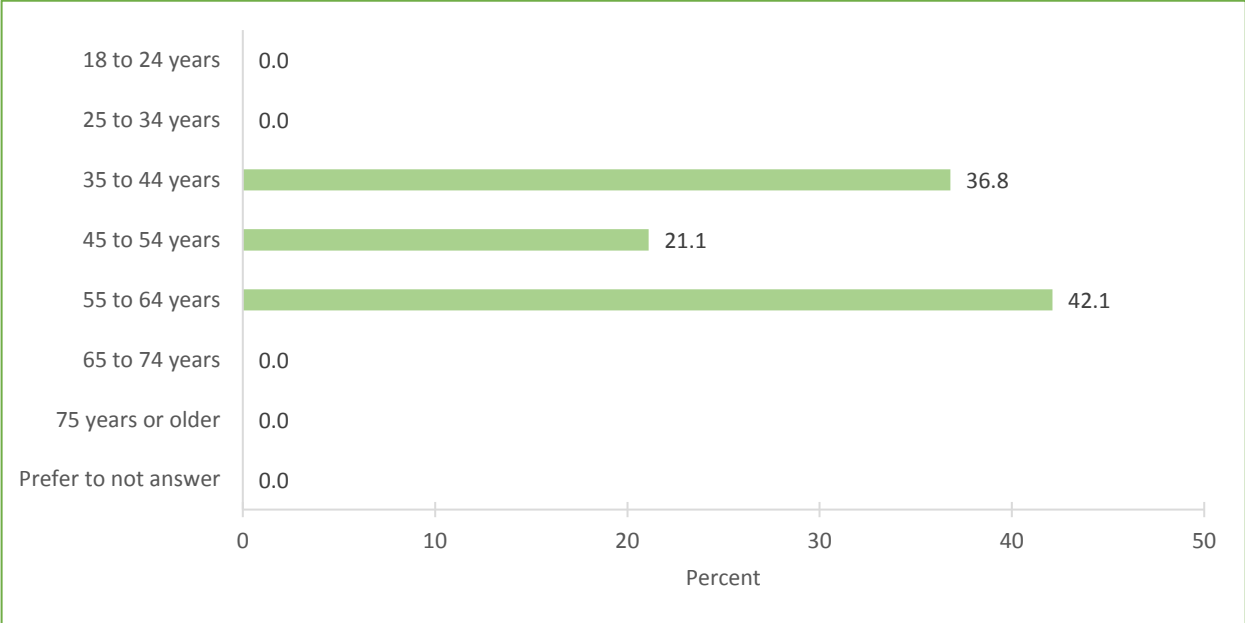


Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



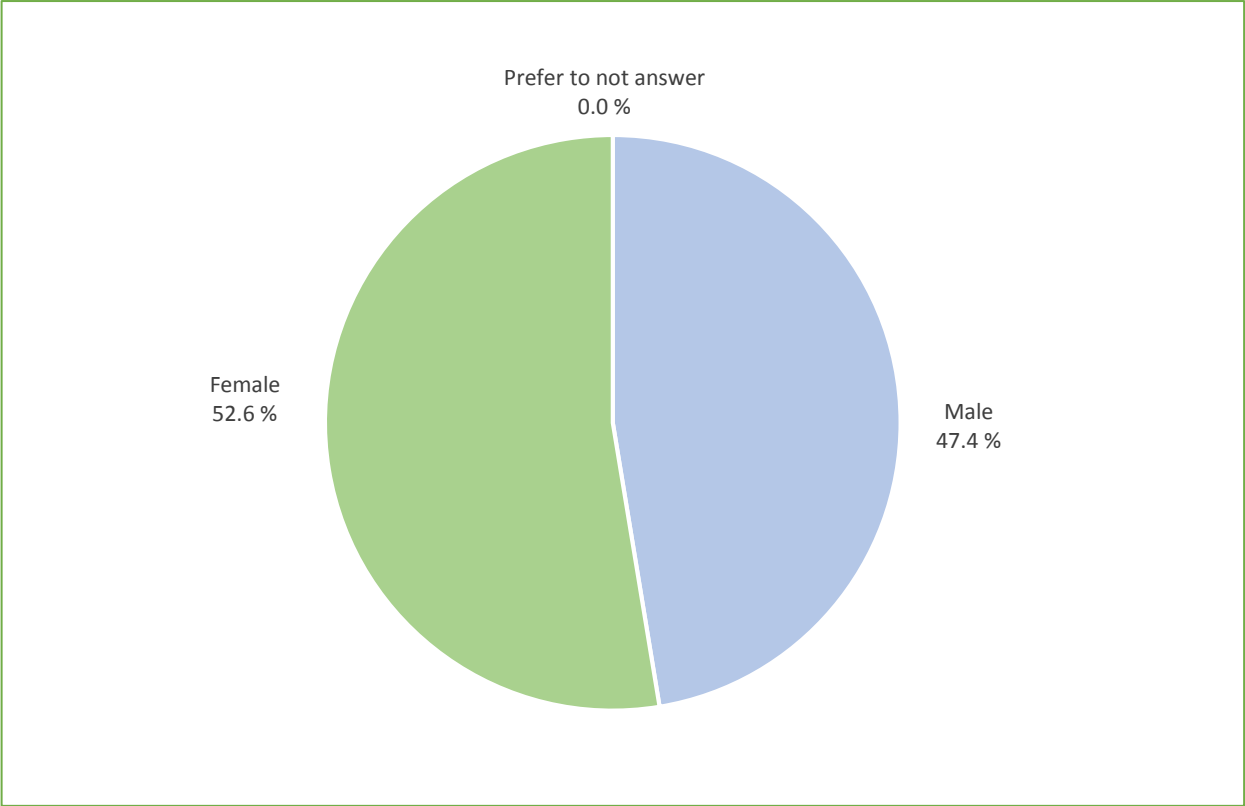
**Demographic Information**

**Figure 8. Age of respondents**



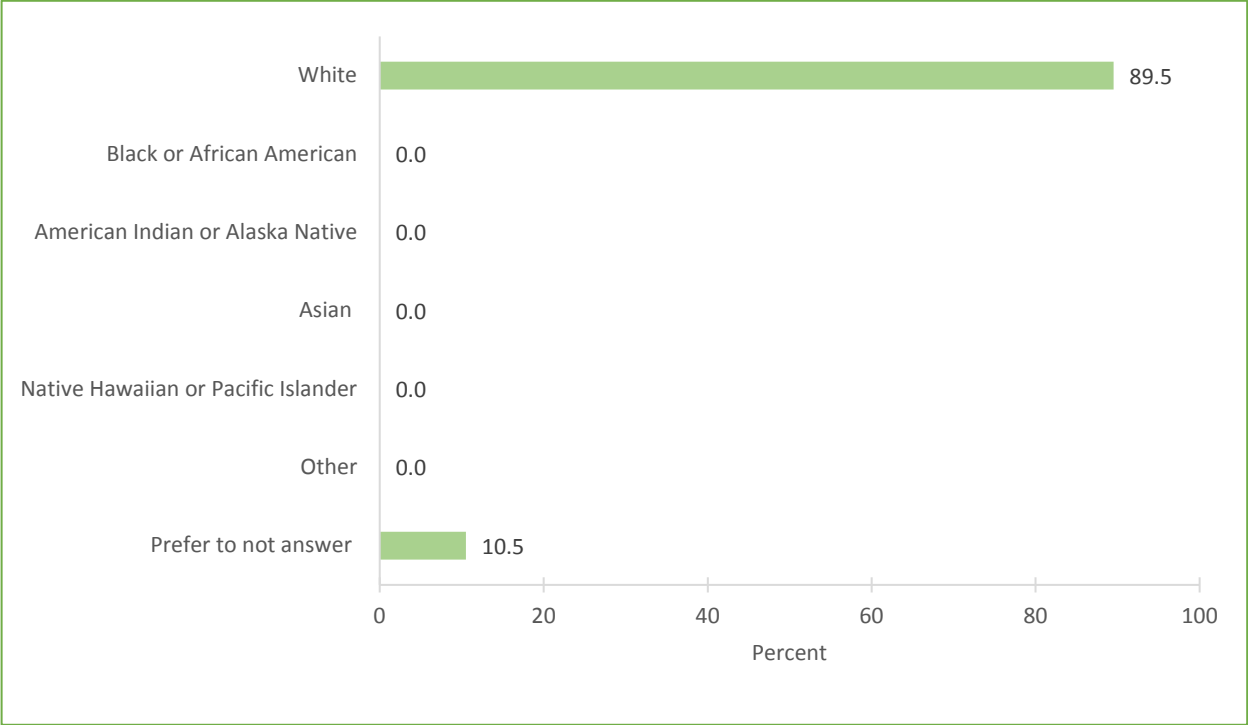
N=19

**Figure 9. Biological sex of respondents**



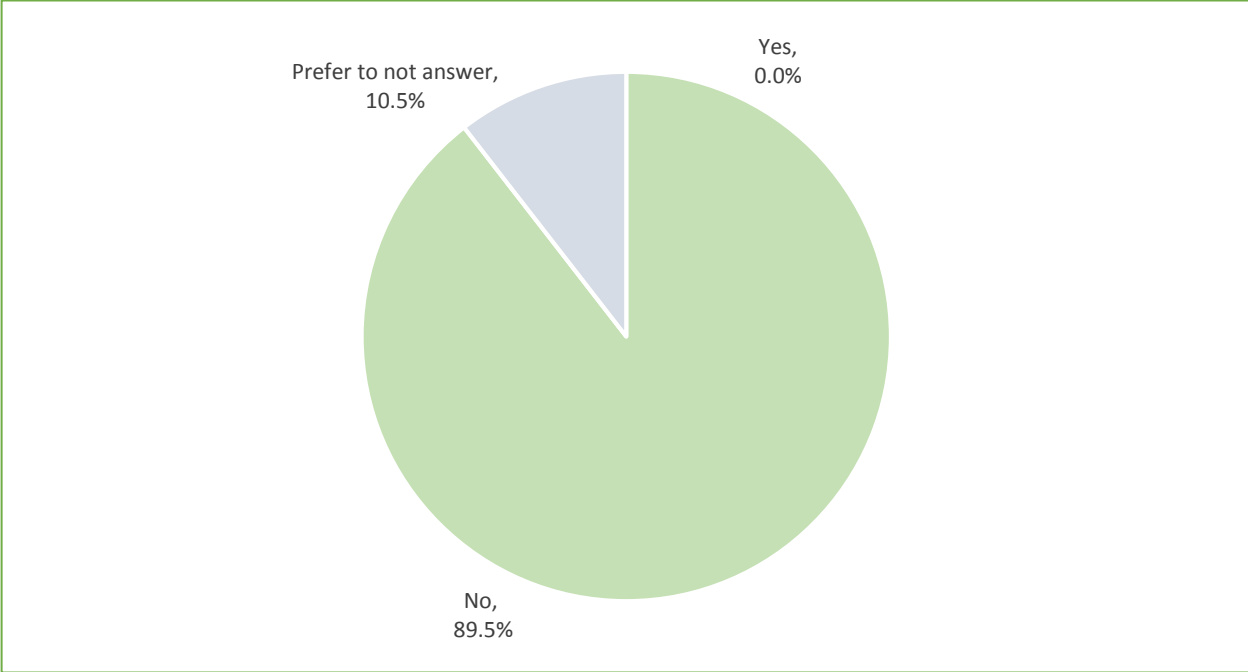
N=19

Figure 10. Race of respondents



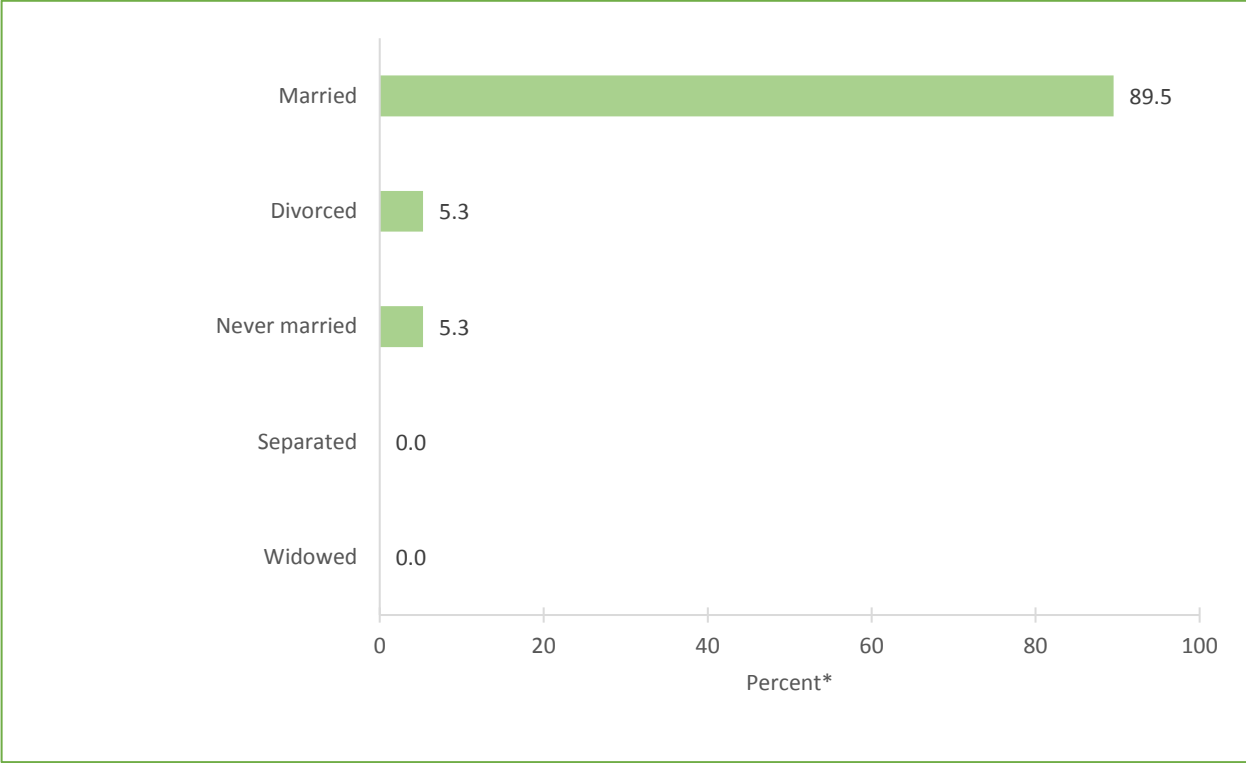
N=19

Figure 11. Whether respondents are of Hispanic or Latino origin



N=19

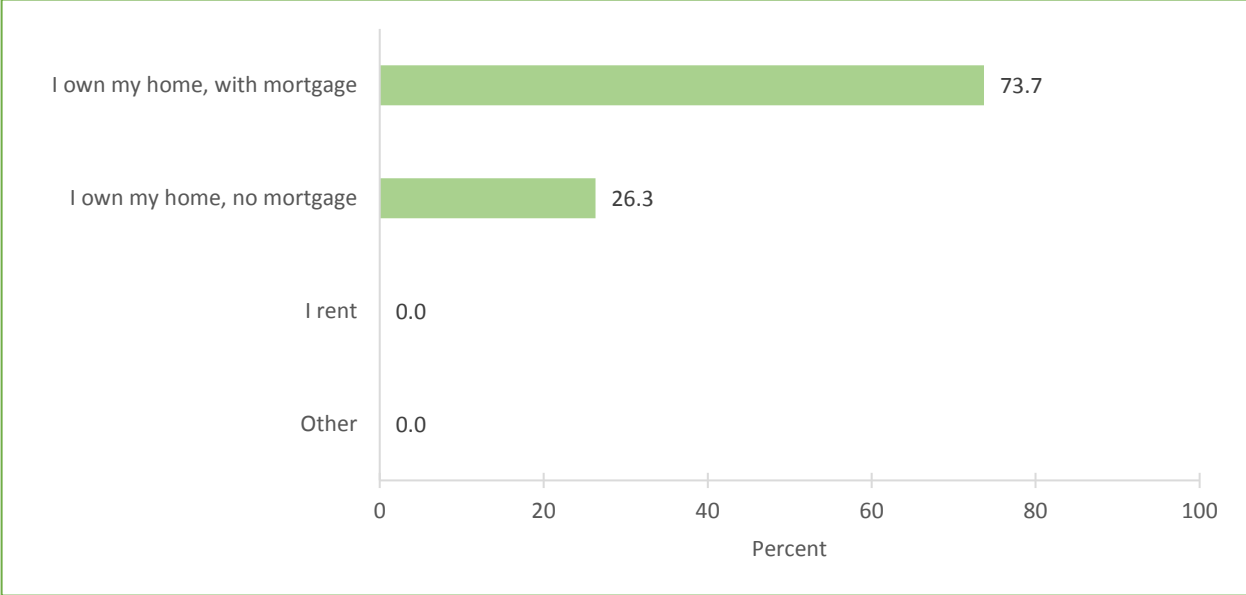
Figure 12. Marital status of respondents



N=19

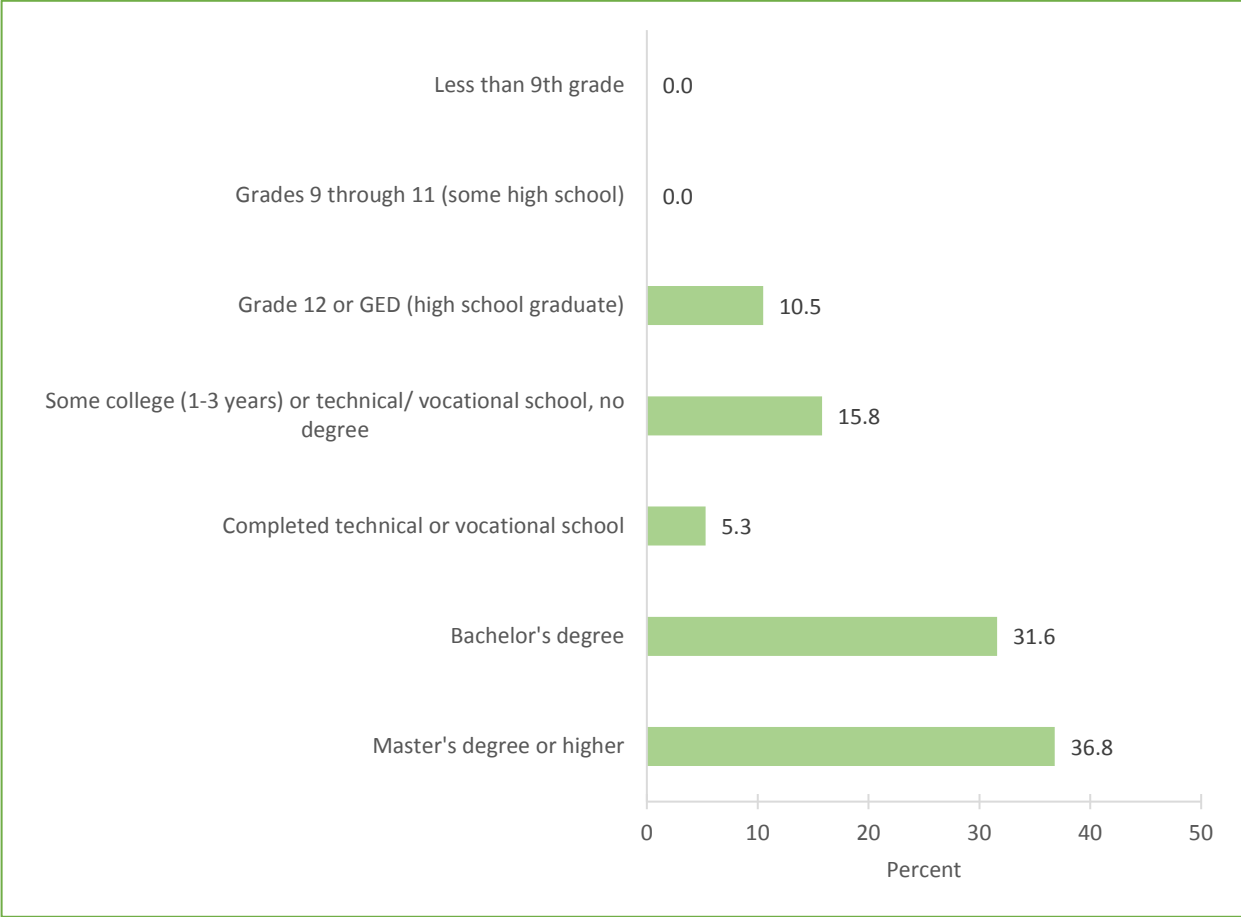
\*Percentages do not total 100.0 due to rounding.

Figure 13. Living situation of respondents



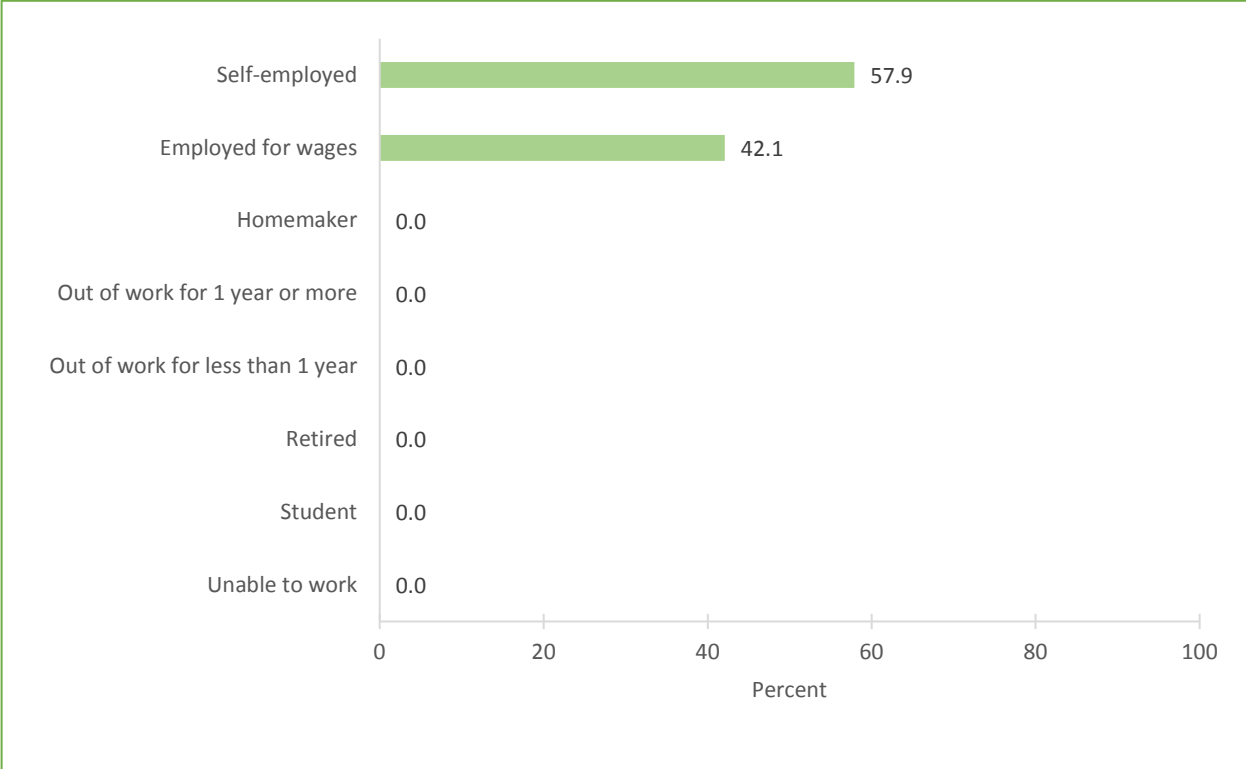
N=19

Figure 14. Highest level of education completed by respondents



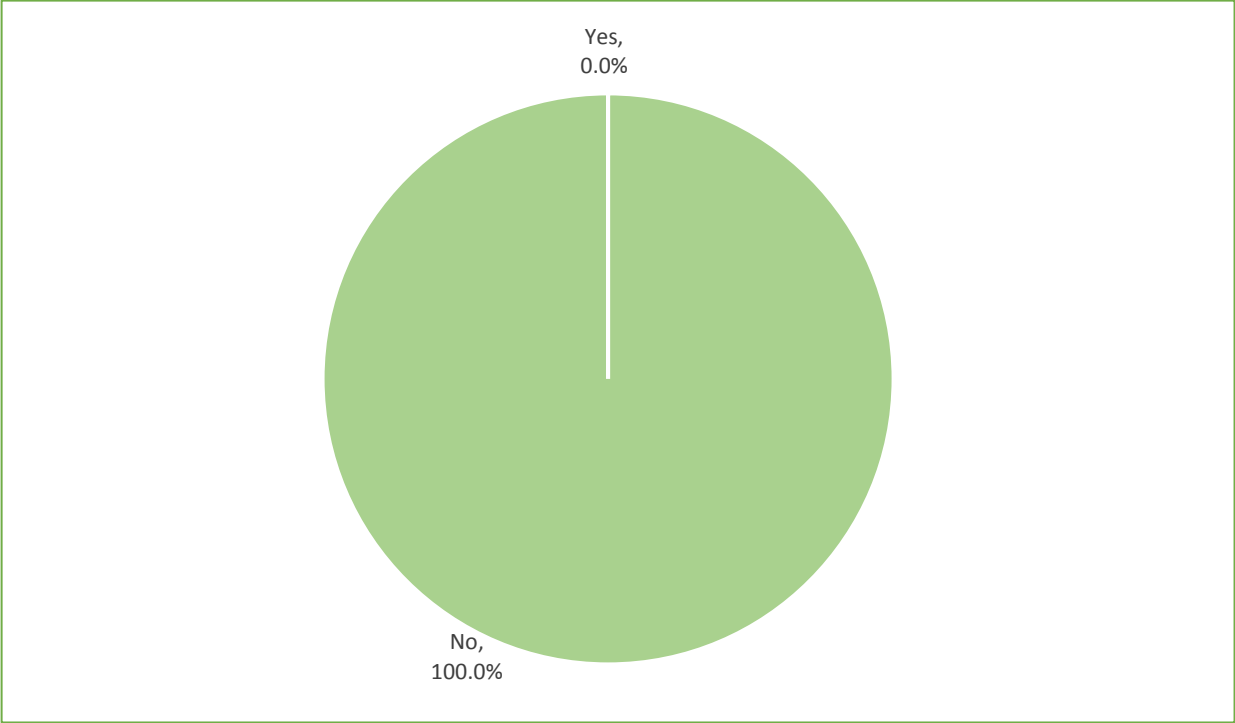
N=19

Figure 15. Employment status of respondents



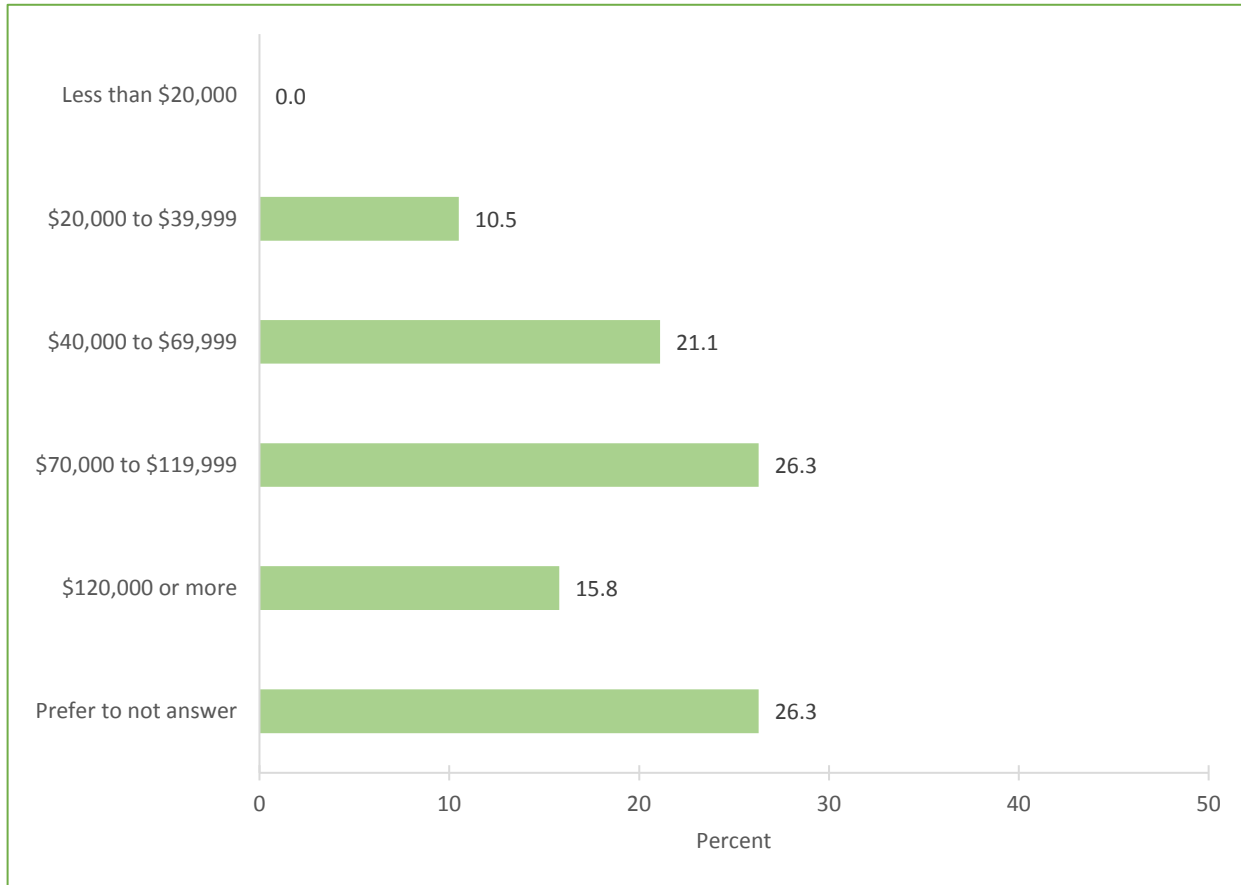
N=19

Figure 16. Whether respondents are military veterans



N=19

Figure 17. Annual household income of respondents, from all sources, before taxes



N=19

Table 1. Zip Code of Respondents

Zip code	Number of respondents
57013	17
51240	1
57106	1

N=19

Table 2. Comments from Respondents

Comments
Housing, Quality Health Care, Availability of Counselors/Psychiatrists are all issues.
I would love a bike trail! It's so dangerous for kids to ride their bikes on the streets in Canton. Too many distracted drivers.

## APPENDIX TABLE

Appendix Table 1. Current state of health and wellness issues within the community

Statements	Mean**	Percent of respondents*						Total
		Level of attention needed						
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
<b>ECONOMIC WELL-BEING ISSUES</b>								
Availability of affordable housing (N=21)	4.24	0.0	0.0	23.8	28.6	47.6	0.0	100.0
Employment options (N=21)	3.33	4.8	4.8	57.1	19.0	14.3	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=21)	2.65	0.0	33.3	61.9	0.0	0.0	4.8	100.0
Homelessness (N=19)	2.21	5.3	68.4	26.3	0.0	0.0	0.0	100.0
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=22)	2.62	9.1	27.3	50.0	9.1	0.0	4.5	100.0
Household budgeting and money management (N=21)	3.19	0.0	14.3	57.1	23.8	4.8	0.0	100.0
Hunger (N=21)	2.95	0.0	19.0	66.7	14.3	0.0	0.0	100.0
Maintaining livable and energy efficient homes (N=21)	3.05	0.0	14.3	71.4	9.5	4.8	0.0	100.0
Skilled labor workforce (N=21)	3.24	0.0	14.3	57.1	19.0	9.5	0.0	99.9
<b>TRANSPORTATION ISSUES</b>								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=21)	2.29	9.5	52.4	38.1	0.0	0.0	0.0	100.0
Availability of public transportation (N=21)	2.20	19.0	38.1	38.1	0.0	0.0	4.8	100.0
Availability of walking and biking options (N=22)	3.27	0.0	22.7	40.9	22.7	13.6	0.0	99.9
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=19)	2.63	5.3	31.6	57.9	5.3	0.0	0.0	100.1
Cost of public transportation (N=19)	2.71	0.0	36.8	42.1	10.5	0.0	10.5	99.9
Driving habits (e.g., speeding, road rage) (N=21)	3.05	0.0	33.3	38.1	19.0	9.5	0.0	99.9
<b>CHILDREN AND YOUTH</b>								
Availability of activities (outside of school and sports) for children and youth (N=19)	3.42	0.0	15.8	42.1	26.3	15.8	0.0	100.0
Availability of education about birth control (N=18)	2.88	5.6	16.7	50.0	16.7	0.0	11.1	100.1
Availability of quality child care (N=18)	3.41	5.6	11.1	33.3	27.8	16.7	5.6	100.1
Availability of services for at-risk youth (e.g., homeless youth, youth	3.41	0.0	5.6	50.0	33.3	5.6	5.6	100.1



Statements	Mean**	Percent of respondents*							Total
		Level of attention needed							
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA		
with behavioral health problems) (N=18)									
Bullying (N=17)	3.41	0.0	11.8	47.1	29.4	11.8	0.0	100.1	
Childhood obesity (N=18)	3.33	0.0	27.8	16.7	50.0	5.6	0.0	100.1	
Cost of activities (outside of school and sports) for children and youth (N=18)	3.44	0.0	5.6	44.4	50.0	0.0	0.0	100.0	
Cost of quality child care (N=18)	3.35	0.0	11.1	44.4	33.3	5.6	5.6	100.0	
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=18)	3.35	0.0	16.7	38.9	27.8	11.1	5.6	100.1	
Crime committed by youth (N=17)	2.76	0.0	47.1	29.4	23.5	0.0	0.0	100.0	
Opportunities for youth-adult mentoring (N=18)	3.06	0.0	11.1	72.2	16.7	0.0	0.0	100.0	
Parental custody, guardianships and visitation rights (N=17)	2.71	5.9	17.6	52.9	5.9	0.0	17.6	99.9	
School absenteeism (truancy) (N=17)	2.64	5.9	23.5	47.1	5.9	0.0	17.6	100.0	
School dropout rates (N=17)	2.53	5.9	29.4	52.9	0.0	0.0	11.8	100.0	
School violence (N=17)	2.47	5.9	47.1	41.2	5.9	0.0	0.0	100.1	
Substance abuse by youth (N=17)	3.47	0.0	5.9	41.2	52.9	0.0	0.0	100.0	
Teen pregnancy (N=17)	2.82	0.0	41.2	35.3	23.5	0.0	0.0	100.0	
Teen suicide (N=17)	3.24	0.0	11.8	58.8	23.5	5.9	0.0	100.0	
Teen tobacco use (N=17)	3.29	0.0	5.9	58.8	35.3	0.0	0.0	100.0	
<b>THE AGING POPULATION</b>									
Availability of activities for seniors (e.g., recreational, social, cultural) (N=19)	2.95	0.0	21.1	63.2	15.8	0.0	0.0	100.1	
Availability of long term care (N=19)	3.00	5.3	31.6	26.3	31.6	5.3	0.0	100.1	
Availability of memory care (N=18)	3.28	0.0	16.7	44.4	33.3	5.6	0.0	100.0	
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=19)	3.00	0.0	31.6	36.8	31.6	0.0	0.0	100.0	
Availability of resources for grandparents caring for grandchildren (N=19)	2.95	0.0	31.6	42.1	26.3	0.0	0.0	100.0	
Availability of resources to help the elderly stay safe in their homes (N=19)	3.16	0.0	21.1	47.4	26.3	5.3	0.0	100.1	
Cost of activities for seniors (e.g., recreational, social, cultural) (N=19)	2.72	5.3	26.3	52.6	10.5	0.0	5.3	100.0	
Cost of in-home services (N=19)	3.32	0.0	21.1	31.6	42.1	5.3	0.0	100.1	
Cost of long term care (N=17)	3.59	0.0	17.6	29.4	29.4	23.5	0.0	99.9	
Cost of memory care (N=19)	3.63	0.0	15.8	36.8	15.8	31.6	0.0	100.0	
Help making out a will or healthcare directive (N=19)	2.72	5.3	26.3	52.6	10.5	0.0	5.3	100.0	

Statements	Mean**	Percent of respondents*						Total
		Level of attention needed						
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
<b>SAFETY</b>								
Abuse of prescription drugs (N=17)	3.47	0.0	5.9	47.1	41.2	5.9	0.0	100.1
Availability of emergency medical services (N=17)	2.41	5.9	52.9	35.3	5.9	0.0	0.0	100.0
Child abuse and neglect (N=16)	2.88	0.0	25.0	62.5	12.5	0.0	0.0	100.0
Criminal activity (N=15)	2.53	0.0	53.3	40.0	6.7	0.0	0.0	100.0
Culture of excessive and binge drinking (N=15)	2.80	0.0	26.7	66.7	6.7	0.0	0.0	100.1
Domestic violence (N=16)	2.88	0.0	31.3	50.0	18.8	0.0	0.0	100.1
Elder abuse (N=16)	2.63	0.0	43.8	50.0	6.3	0.0	0.0	100.1
Lack of police or delayed response of police (N=16)	2.00	18.8	62.5	18.8	0.0	0.0	0.0	100.1
Presence of drug dealers (N=16)	3.06	0.0	25.0	43.8	31.3	0.0	0.0	100.1
Presence of gang activity (N=16)	2.31	12.5	62.5	18.8	0.0	0.0	6.3	100.1
Presence of street drugs (N=16)	2.75	0.0	43.8	37.5	18.8	0.0	0.0	100.1
Sex trafficking (N=16)	2.31	12.5	56.3	18.8	12.5	0.0	0.0	100.1
<b>HEALTH CARE AND WELLNESS</b>								
Access to affordable dental insurance coverage (N= 17)	3.18	0.0	29.4	35.3	23.5	11.8	0.0	100.0
Access to affordable health insurance coverage (N=17)	3.82	0.0	11.8	23.5	35.3	29.4	0.0	100.0
Access to affordable health care (N=18)	3.72	0.0	16.7	22.2	33.3	27.8	0.0	100.0
Access to affordable prescription drugs (N=18)	3.44	0.0	16.7	38.9	27.8	16.7	0.0	100.1
Access to affordable vision insurance coverage (N=17)	3.29	5.9	5.9	52.9	23.5	11.8	0.0	100.0
Access to technology for health records and health education (N=17)	2.82	0.0	52.9	29.4	5.9	5.9	5.9	100.0
Availability of behavioral health (substance abuse) providers (N=17)	3.18	0.0	29.4	35.3	23.5	11.8	0.0	100.0
Availability of doctors, physician assistants, or nurse practitioners (N=18)	2.61	0.0	50.0	44.4	0.0	5.6	0.0	100.0
Availability of health care services for Native people (N=17)	3.47	0.0	35.3	35.3	0.0	5.9	23.5	100.0
Availability of health care services for New Americans (N=17)	3.41	5.9	29.4	35.3	0.0	5.9	23.5	100.0
Availability of mental health providers (N=18)	3.22	0.0	27.8	38.9	16.7	16.7	0.0	100.1
Availability of non-traditional hours (e.g., evenings, weekends) (N=16)	3.19	0.0	18.8	50.0	25.0	6.3	0.0	100.1
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=17)	3.12	0.0	17.6	52.9	29.4	0.0	0.0	99.9
Availability of specialist physicians (N=17)	3.00	0.0	29.4	41.2	29.4	0.0	0.0	100.0

Statements	Mean**	Percent of respondents*						Total
		Level of attention needed						
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Coordination of care between providers and services (N=17)	2.82	5.9	17.6	64.7	11.8	0.0	0.0	100.0
Timely access to medical care providers (N=17)	2.35	17.6	29.4	52.9	0.0	0.0	0.0	99.9
Timely access to dental care providers (N=17)	2.06	29.4	35.3	35.3	0.0	0.0	0.0	100.0
Timely access to vision care providers (N=17)	2.12	29.4	29.4	41.2	0.0	0.0	0.0	100.0
Use of emergency room services for primary healthcare (N=17)	2.82	11.8	23.5	47.1	5.9	11.8	0.0	100.1
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>								
Alcohol use and abuse (N=18)	3.33	0.0	11.1	44.4	44.4	0.0	0.0	99.9
Dementia and Alzheimer's disease (N=17)	3.12	0.0	11.8	64.7	23.5	0.0	0.0	100.0
Depression (N=18)	3.22	0.0	16.7	50.0	27.8	5.6	0.0	100.1
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=17)	3.41	0.0	5.9	47.1	47.1	0.0	0.0	100.1
Exposure to secondhand smoke (N=17)	3.06	0.0	29.4	35.3	35.3	0.0	0.0	100.0
Smoking and tobacco use (N=17)	3.24	0.0	23.5	29.4	47.1	0.0	0.0	100.0
Stress (N=17)	3.18	0.0	17.6	47.1	35.3	0.0	0.0	100.0
Suicide (N=17)	3.41	0.0	5.9	52.9	35.3	5.9	0.0	100.0

\*Percentages may not total 100.0 due to rounding.

\*\*NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

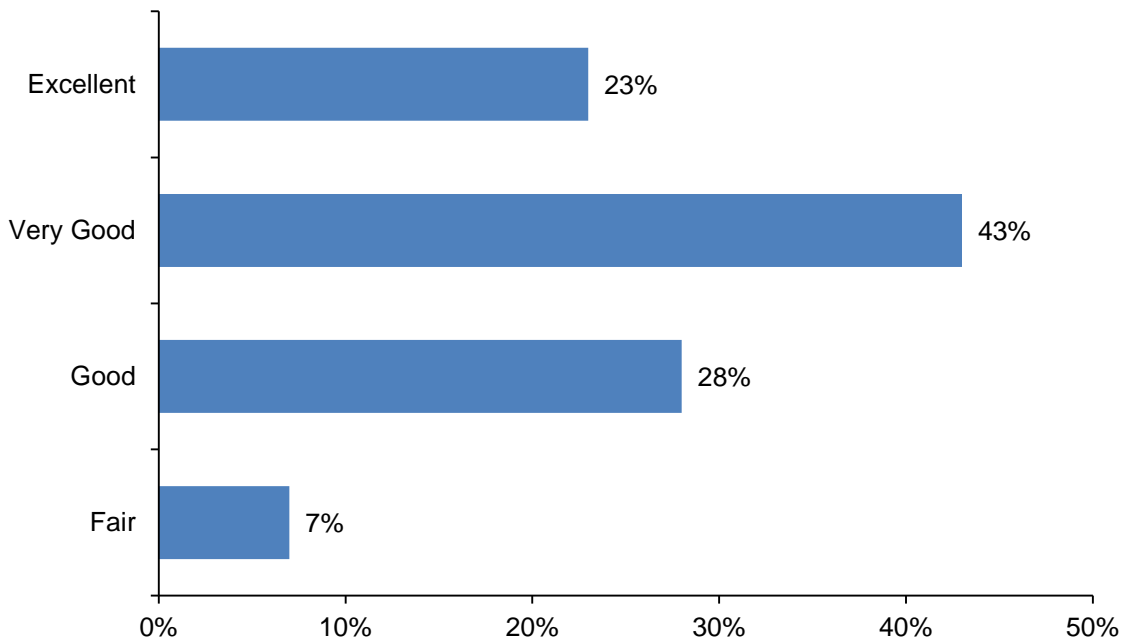
## Residents' Survey

# **Canton-Inwood CHNA Survey Report**

March 08, 2018

Charts Exported by MarketSight®

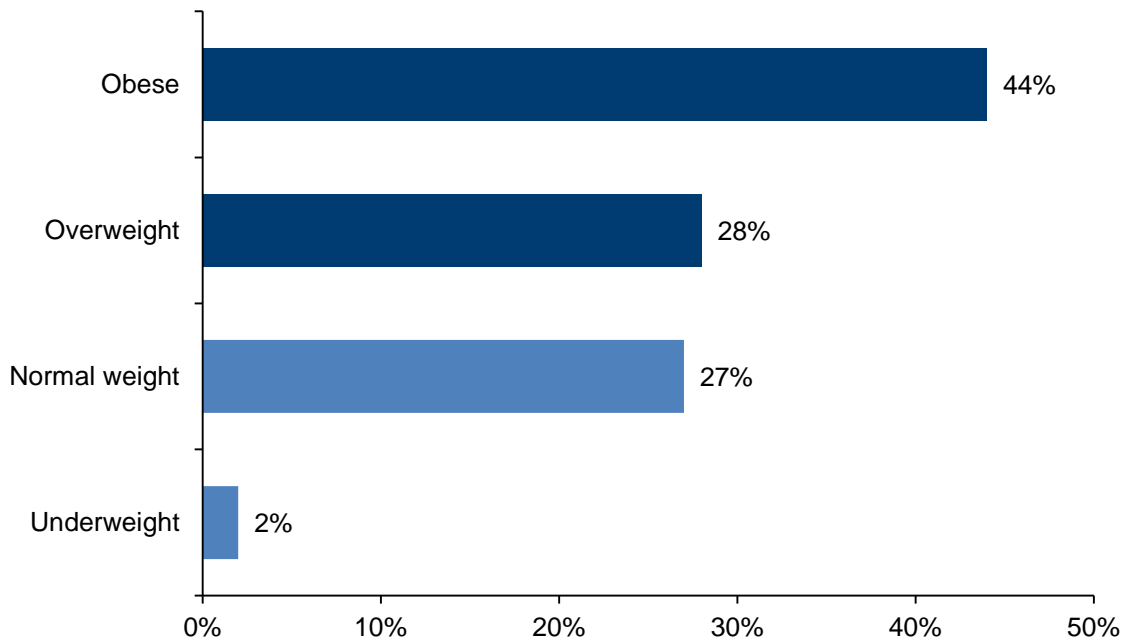
### How would you rate your health?



Base: Fair (n=7), Good (n=29), Very Good (n=45), Excellent (n=24), Sample Size = 105

(Community 2 = Lincoln / Lyon)

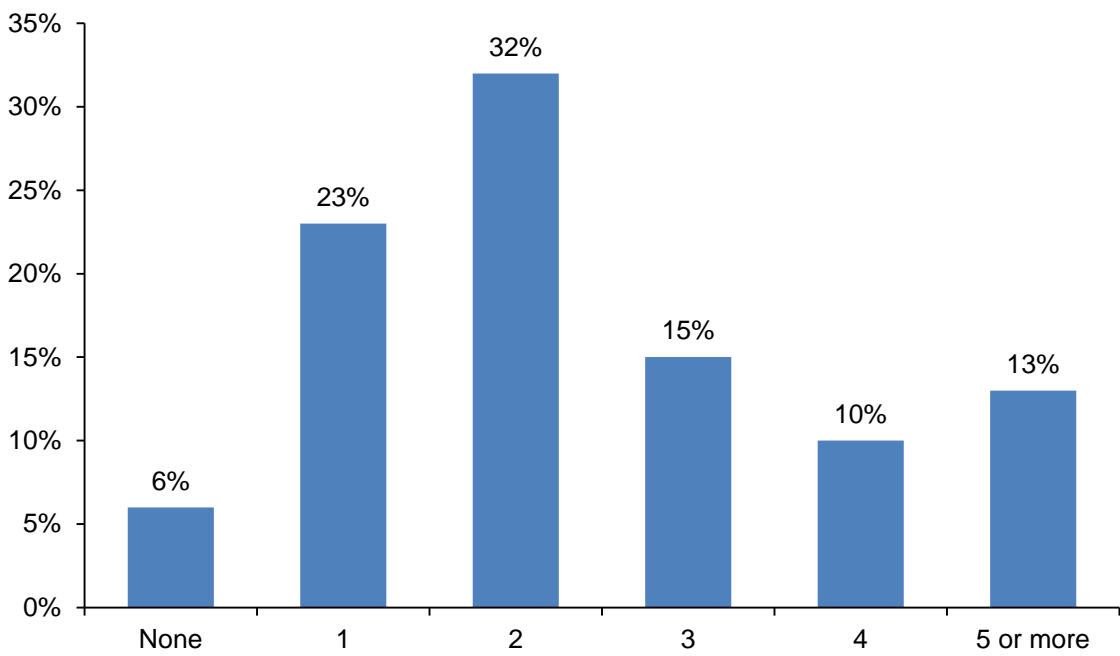
## BMI



Base: Underweight (n=2), Normal weight (n=25), Overweight (n=26), Obese (n=41), Sample Size = 94

(Community 2 = Lincoln / Lyon)

### Servings of Vegetables

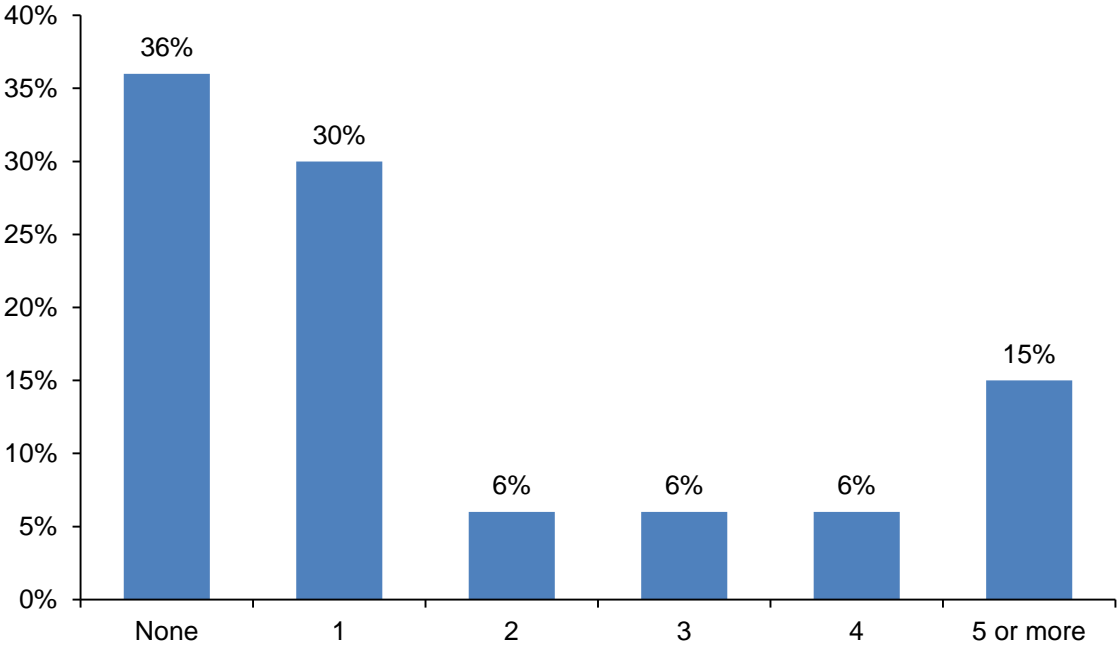


Base: None (n=6), 1 (n=23), 2 (n=31), 3 (n=15), 4 (n=10), 5 or more (n=13), Sample Size = 98

(Community 2 = Lincoln / Lyon)



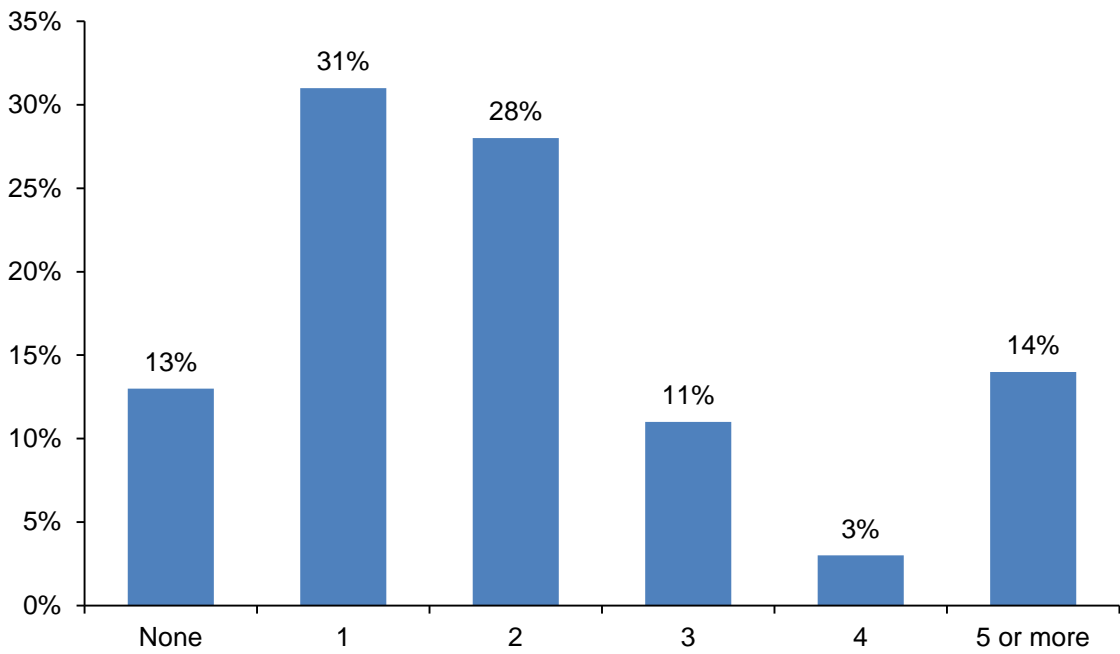
### Servings of Juice



Base: None (n=29), 1 (n=24), 2 (n=5), 3 (n=5), 4 (n=5), 5 or more (n=12), Sample Size = 80

(Community 2 = Lincoln / Lyon)

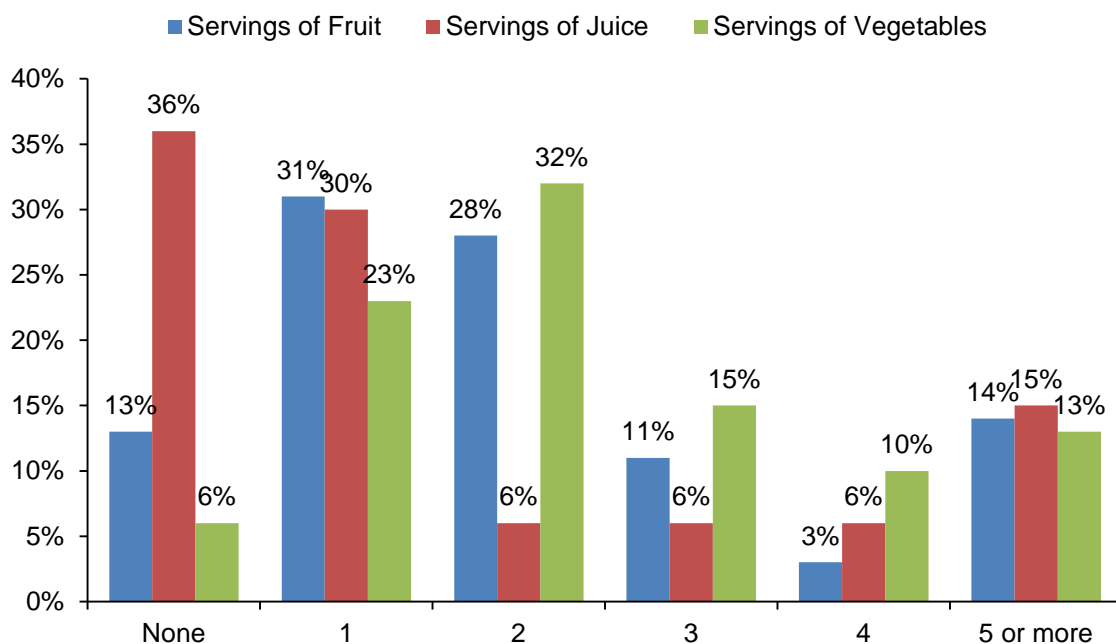
### Servings of Fruit



Base: None (n=11), 1 (n=27), 2 (n=24), 3 (n=10), 4 (n=3), 5 or more (n=12), Sample Size = 87

(Community 2 = Lincoln / Lyon)

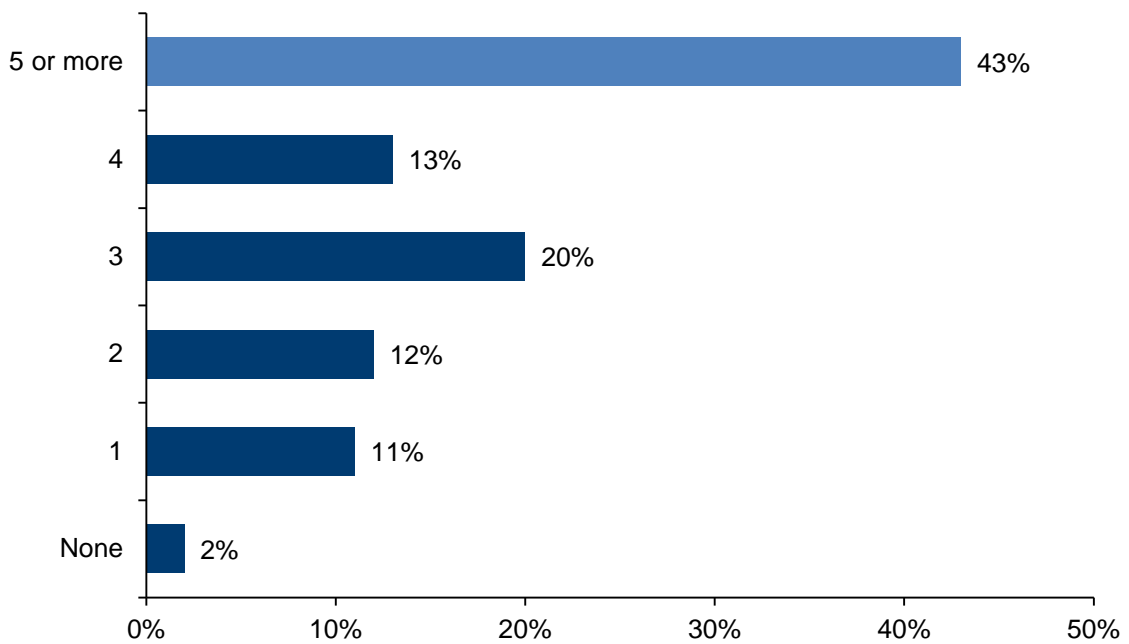
### Servings of Fruit, Vegetables and Juice



Sample Size = Variable

(Community 2 = Lincoln / Lyon)

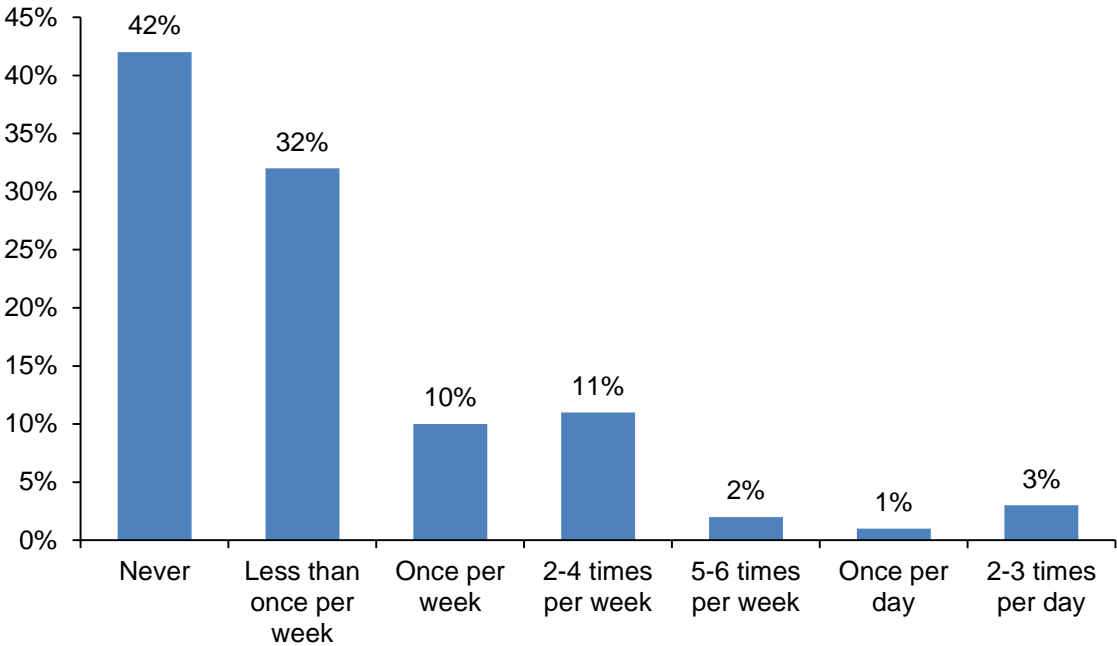
### Total Servings of Fruits, Vegetables and Juice



Base: None (n=2), 1 (n=11), 2 (n=12), 3 (n=21), 4 (n=13), 5 or more (n=44), Sample Size = 103

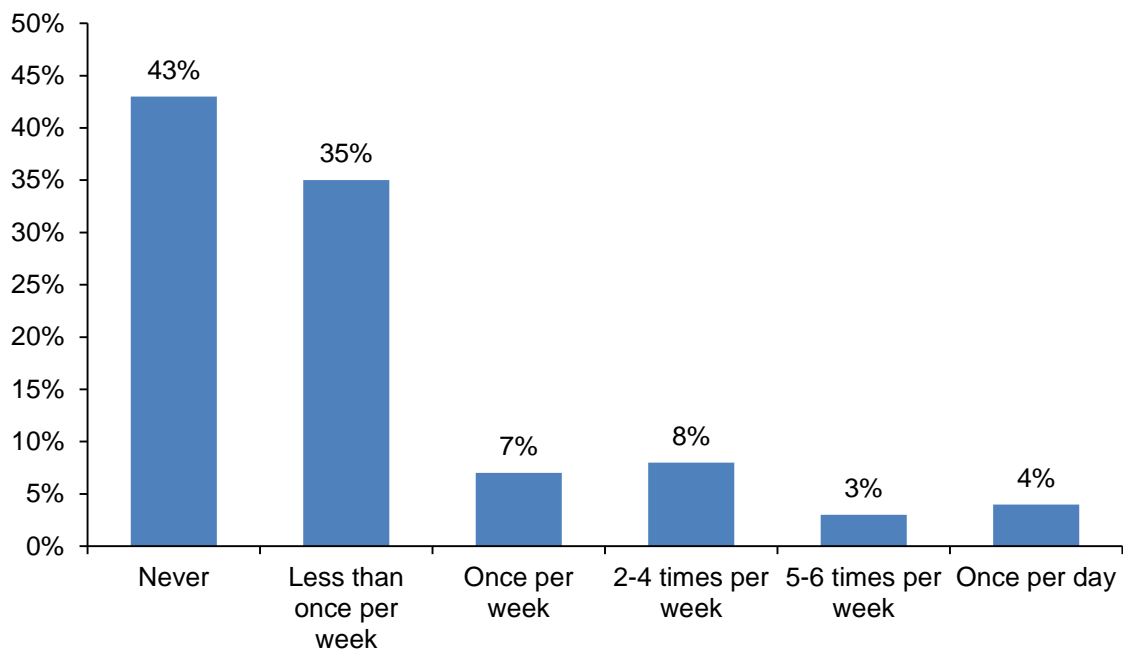
(Community 2 = Lincoln / Lyon)

Snapple, Flavored Teas, Capri Sun, etc.



Base: Never (n=42), Less than once per week (n=32), Once per week (n=10), 2-4 times per week (n=11), 5-6 times per week (n=2), Once per day (n=1), 2-3 times per day (n=3), Sample Size = 101  
(Community 2 = Lincoln / Lyon)

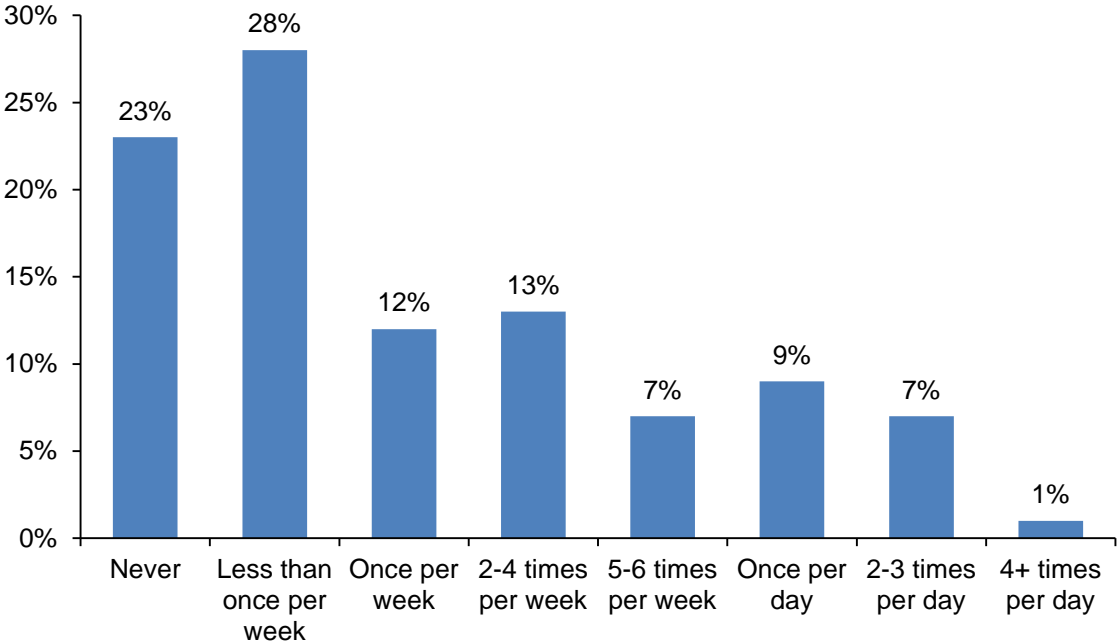
### Gatorade, Powerade, etc.



Base: Never (n=44), Less than once per week (n=36), Once per week (n=7), 2-4 times per week (n=8), 5-6 times per week (n=3), Once per day (n=4),  
Sample Size = 102

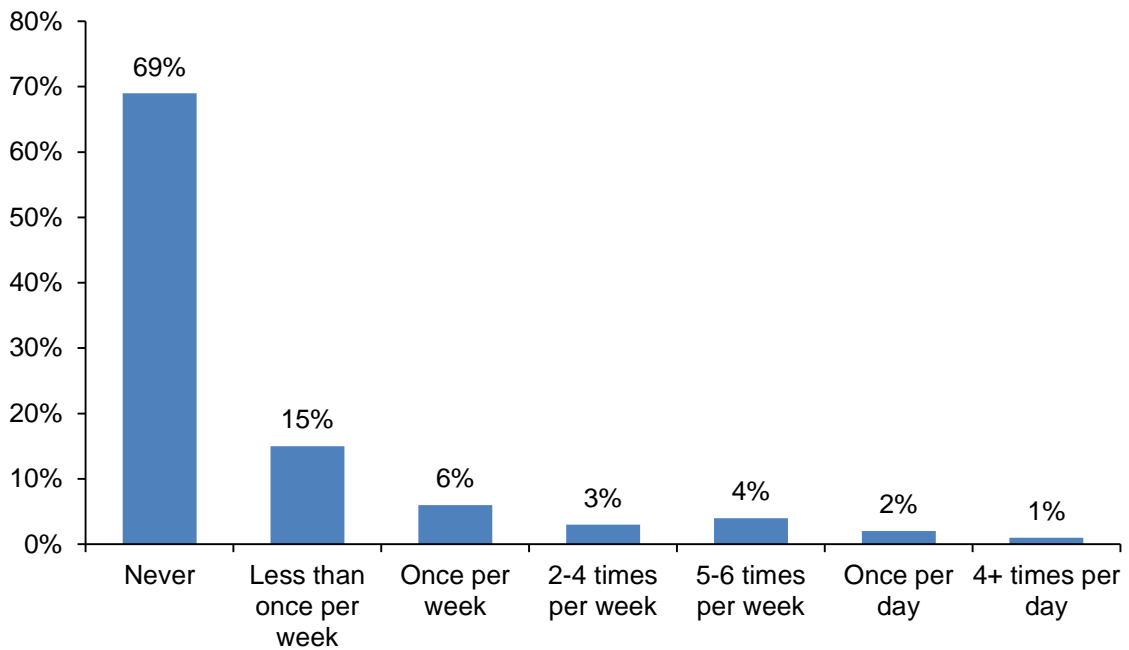
(Community 2 = Lincoln / Lyon)

### Soda or Pop



Base: Never (n=24), Less than once per week (n=29), Once per week (n=13), 2-4 times per week (n=14), 5-6 times per week (n=7), Once per day (n=9), 2-3 times per day (n=7), 4+ times per day (n=1), Sample Size = 104  
(Community 2 = Lincoln / Lyon)

## Energy Drinks

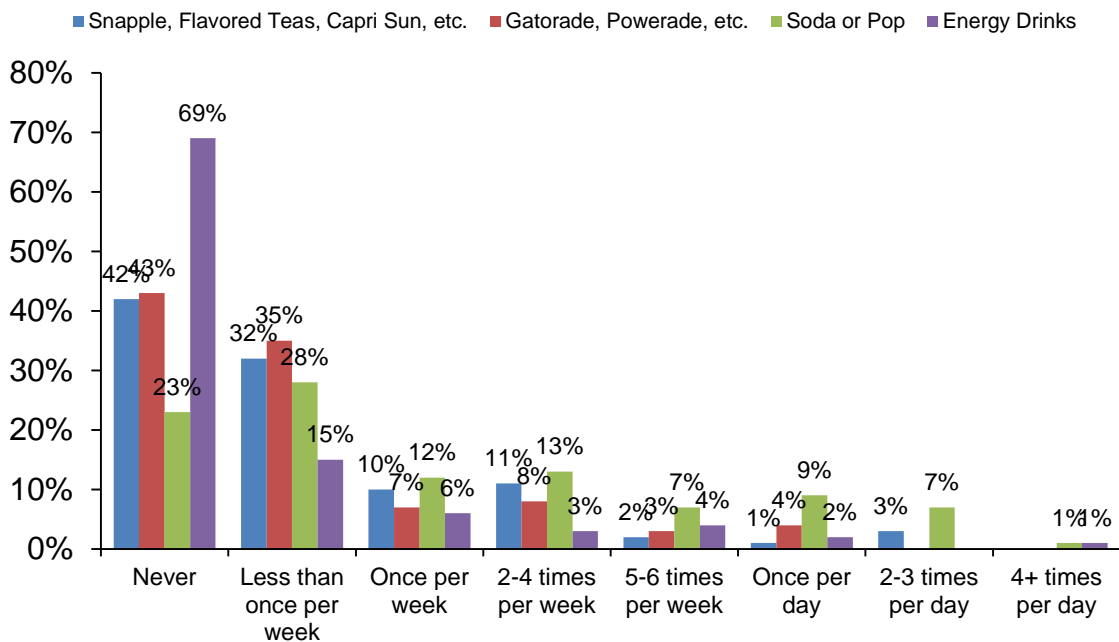


Base: Never (n=70), Less than once per week (n=15), Once per week (n=6), 2-4 times per week (n=3), 5-6 times per week (n=4), Once per day (n=2), 4+ times per day (n=1), Sample Size = 101

(Community 2 = Lincoln / Lyon)



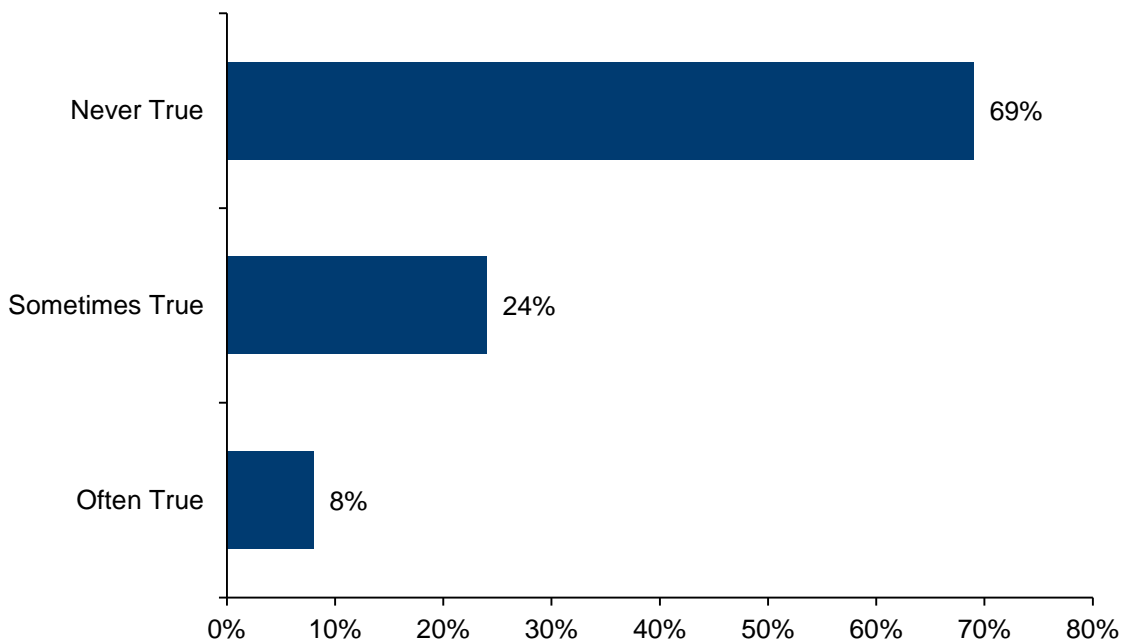
## Sugar Sweetened Drinks



Sample Size = Variable

(Community 2 = Lincoln / Lyon)

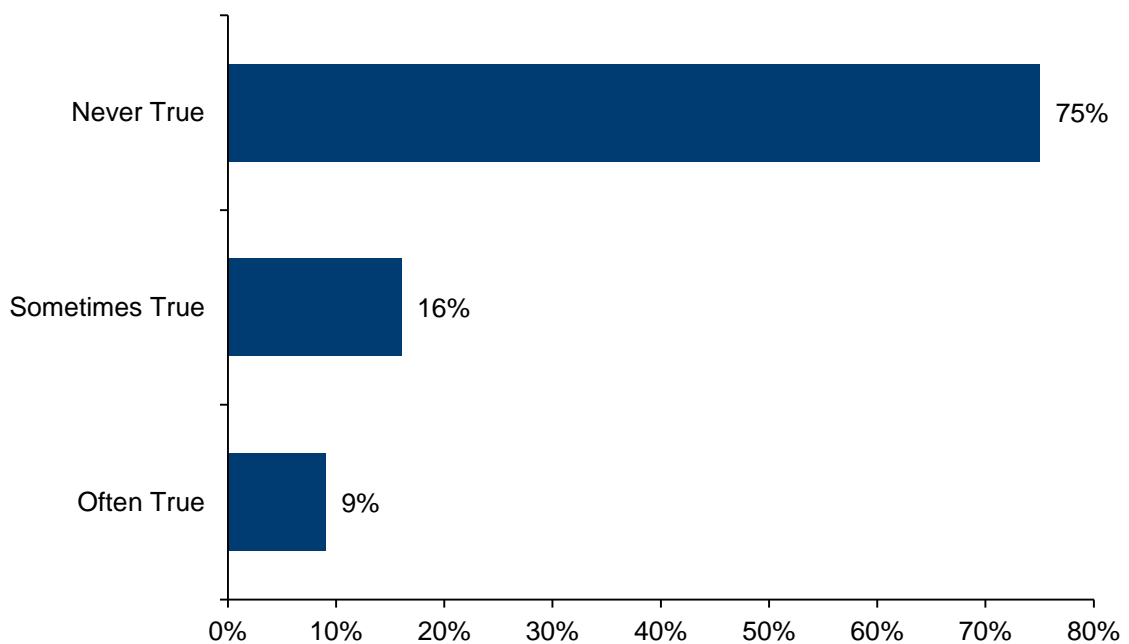
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=8), Sometimes True (n=25), Never True (n=72), Sample Size = 105

(Community 2 = Lincoln / Lyon)

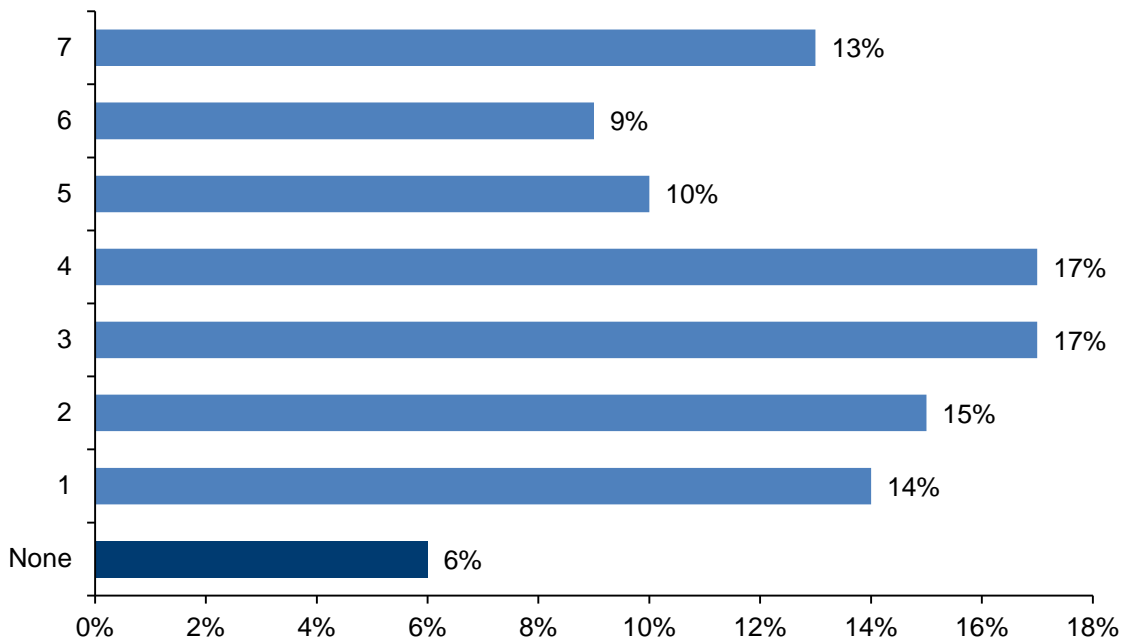
The food that we bought just didn't last, and we didn't have money to get more.



Base: Often True (n=9), Sometimes True (n=17), Never True (n=79), Sample Size = 105

(Community 2 = Lincoln / Lyon)

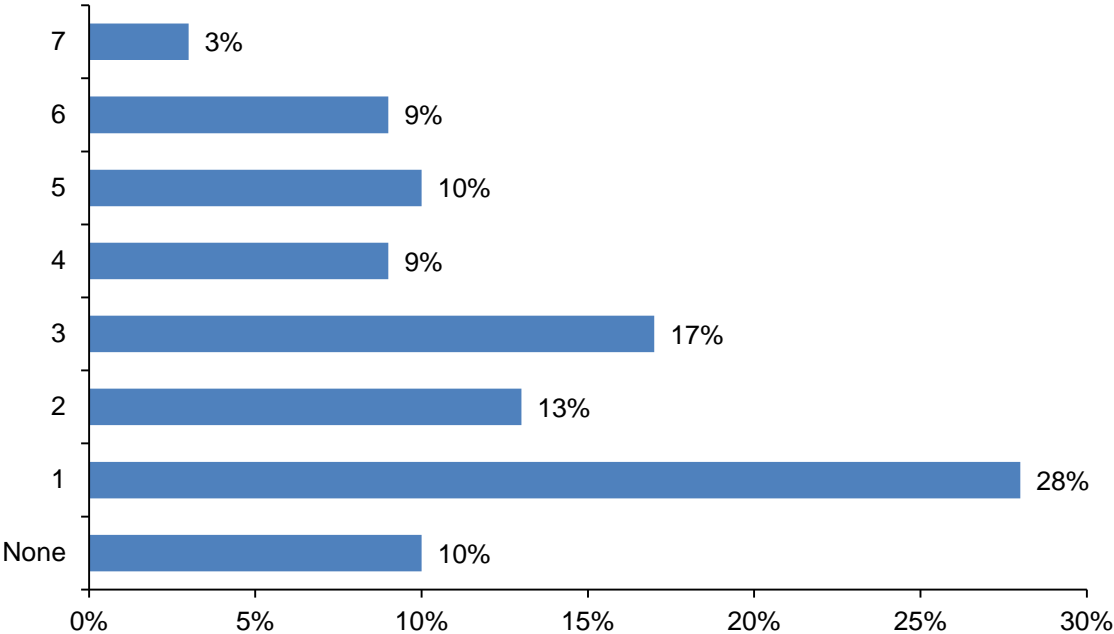
### Days Per Week of Moderate Physical Activity



Base: None (n=6), 1 (n=14), 2 (n=15), 3 (n=17), 4 (n=17), 5 (n=10), 6 (n=9), 7 (n=13), Sample Size = 101

(Community 2 = Lincoln / Lyon)

### Days Per Week of Vigorous Physical Activity

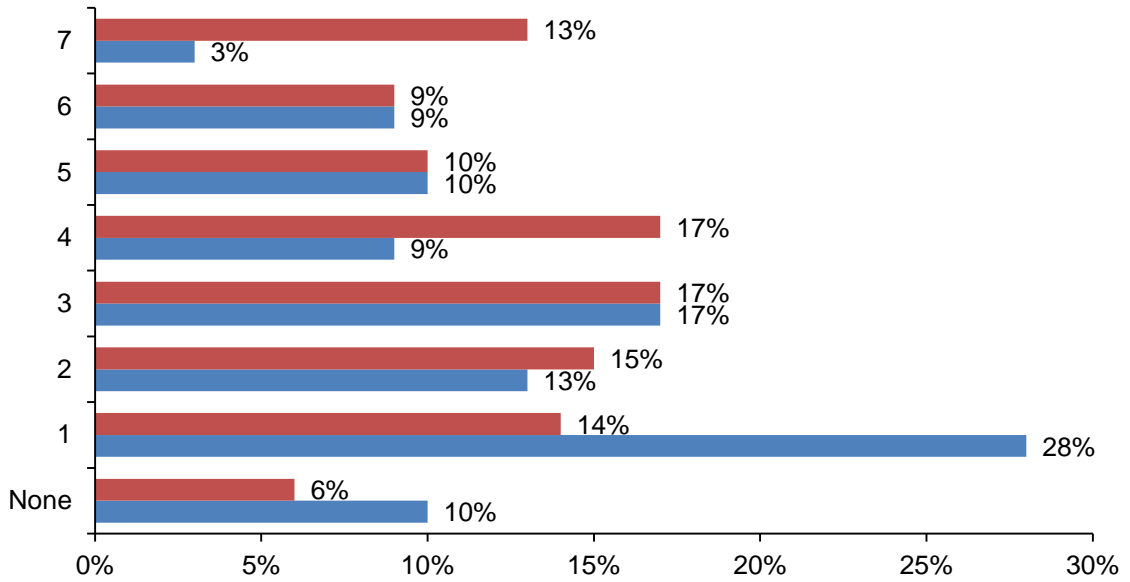


Base: None (n=9), 1 (n=24), 2 (n=11), 3 (n=15), 4 (n=8), 5 (n=9), 6 (n=8), 7 (n=3), Sample Size = 87

(Community 2 = Lincoln / Lyon)

### Days Per Week of Physical Activity

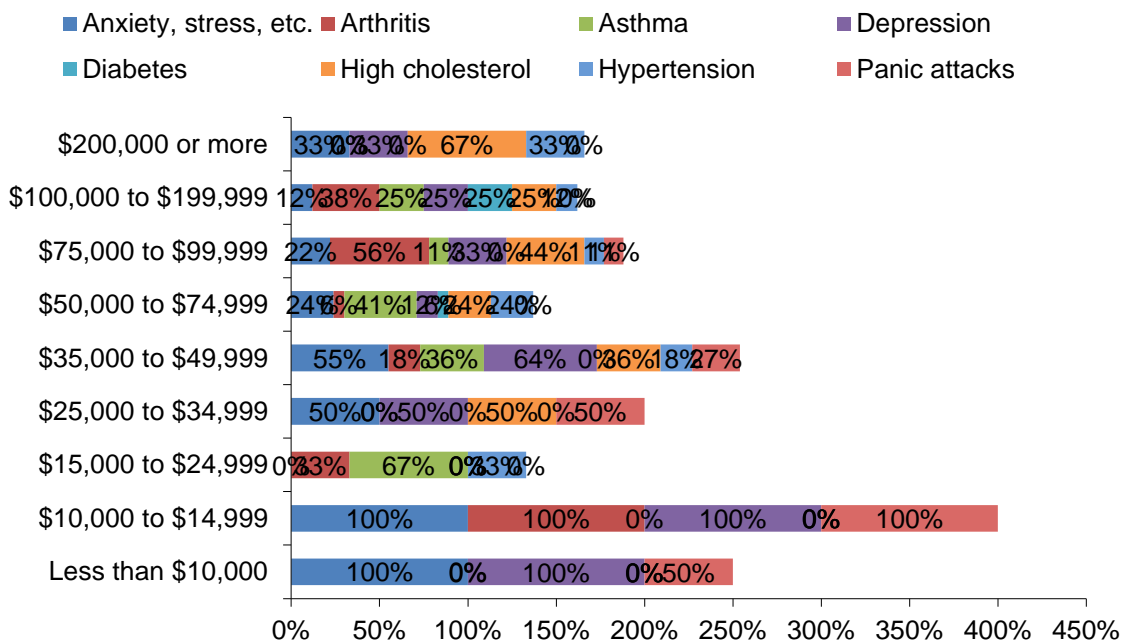
Moderate Activity    Vigorous Activity



Sample Size = Variable

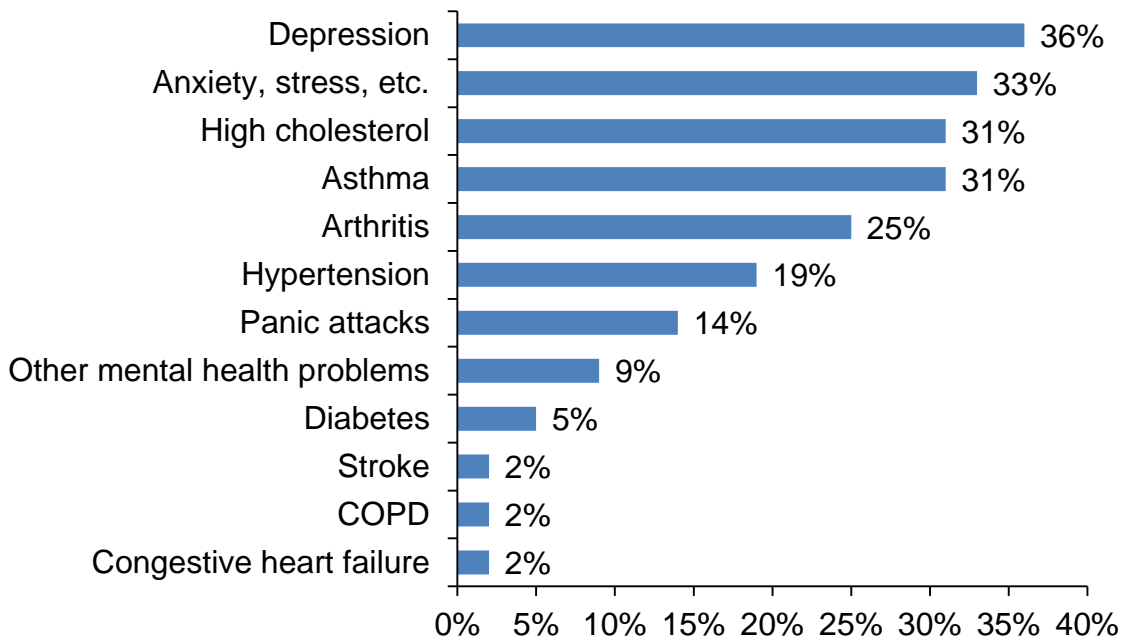
(Community 2 = Lincoln / Lyon)

### Past Diagnosis by Total Household Income



Base: Less than \$10,000 (n=2), \$10,000 to \$14,999 (n=1), \$15,000 to \$24,999 (n=3), \$25,000 to \$34,999 (n=2), \$35,000 to \$49,999 (n=11), \$50,000 to \$74,999 (n=17), \$75,000 to \$99,999 (n=9), \$100,000 to \$199,999 (n=8), \$200,000 or more (n=3), Sample Size = 56  
 (Community 2 = Lincoln / Lyon)

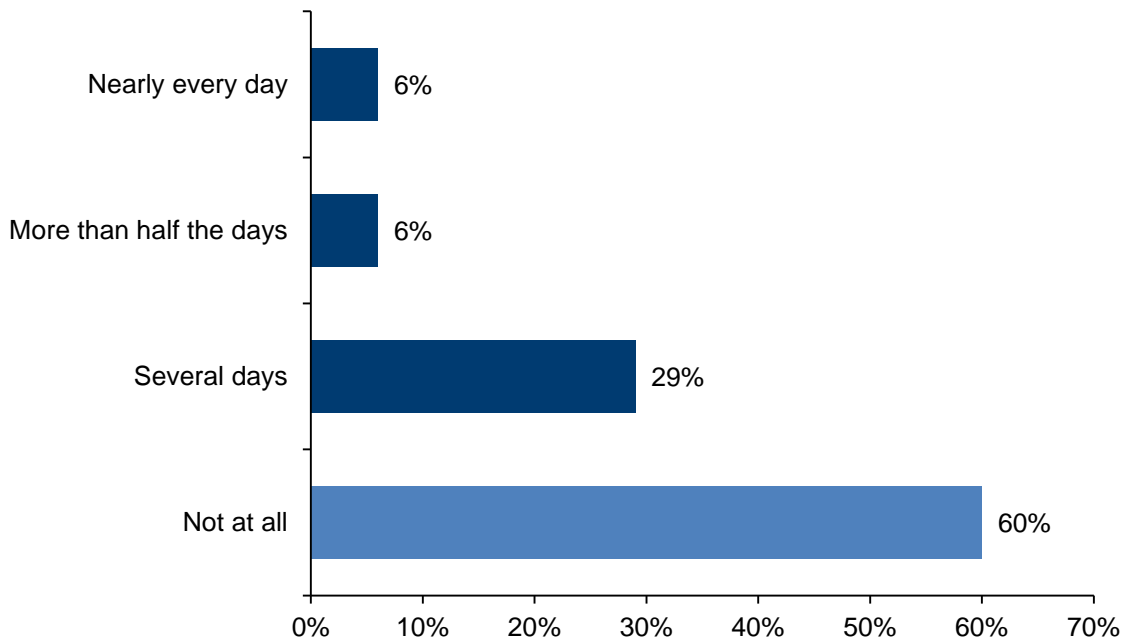
### Past Diagnosis



Base: Anxiety, stress, etc. (n=21), Arthritis (n=16), Asthma (n=20), Congestive heart failure (n=1), COPD (n=1), Depression (n=23), Diabetes (n=3), High cholesterol (n=20), Hypertension (n=12), Other mental health problems (n=6), Panic attacks (n=9), Stroke (n=1)  
(n=Sample Size of Lyon)



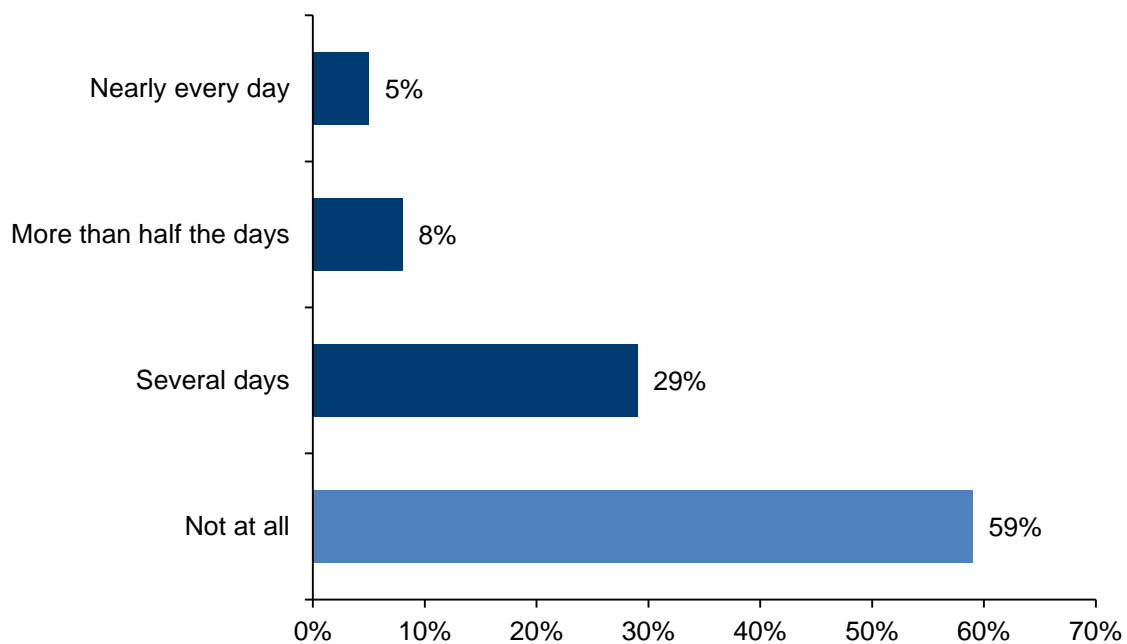
### Little Interest or Pleasure in Doing Things



Base: Not at all (n=63), Several days (n=30), More than half the days (n=6), Nearly every day (n=6), Sample Size = 105

(Community 2 = Lincoln / Lyon)

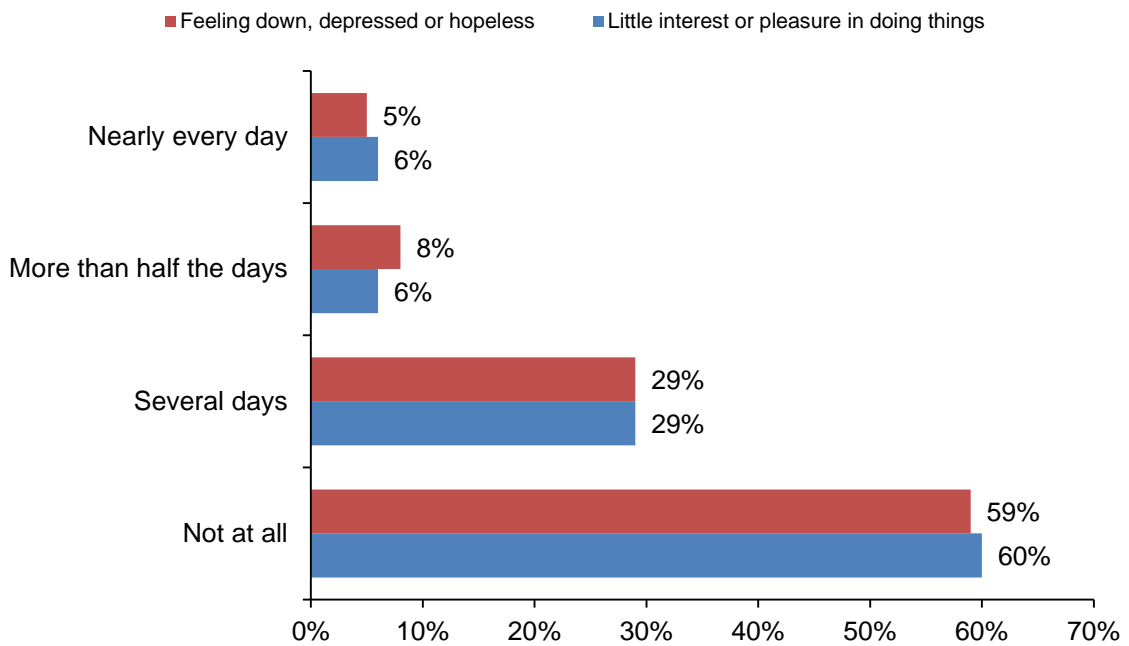
### Feeling Down, Depressed or Hopeless



Base: Not at all (n=62), Several days (n=30), More than half the days (n=8), Nearly every day (n=5), Sample Size = 105

(Community 2 = Lincoln / Lyon)

Over the past two weeks, how often have you been bothered by either of the following issues?

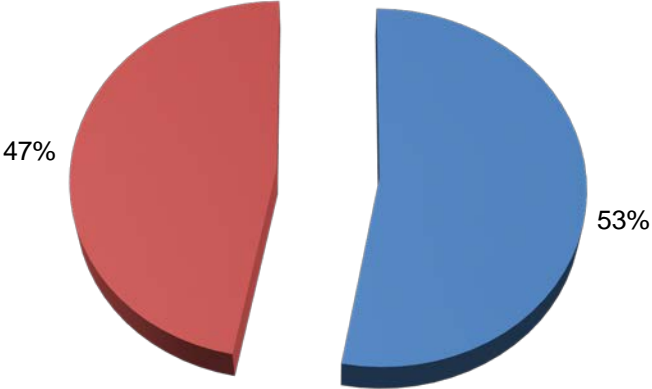


Sample Size = 105

(Community 2 = Lincoln / Lyon)

Have you smoked at least 100 cigarettes in your entire life?

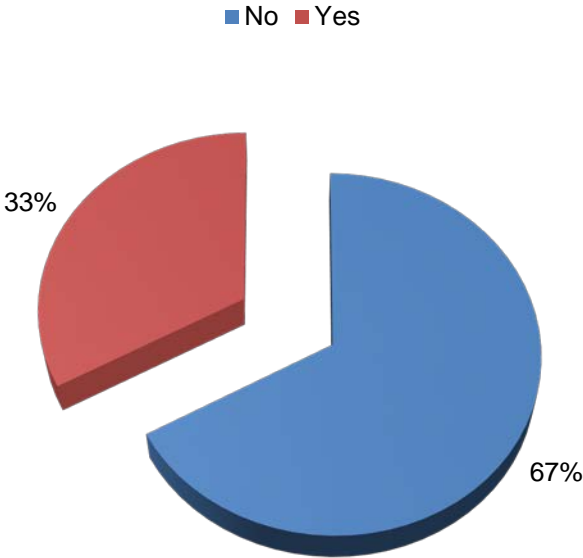
■ No ■ Yes



Base: Yes (n=49), No (n=56), Sample Size = 105

(Community 2 = Lincoln / Lyon)

Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?

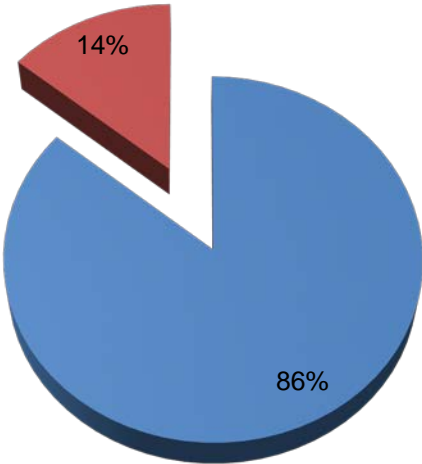


Base: Yes (n=35), No (n=70), Sample Size = 105

(Community 2 = Lincoln / Lyon)

Have you smelled tobacco smoke in your apartment that comes from another apartment?

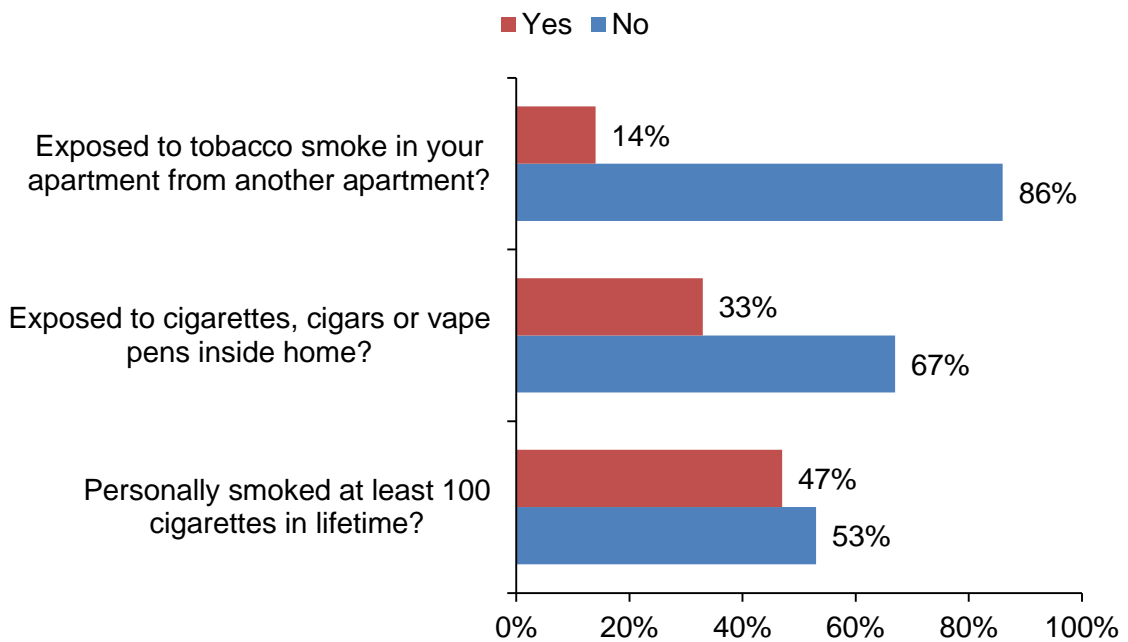
■ No ■ Yes



Base: Yes (n=15), No (n=89), Sample Size = 104

(Community 2 = Lincoln / Lyon)

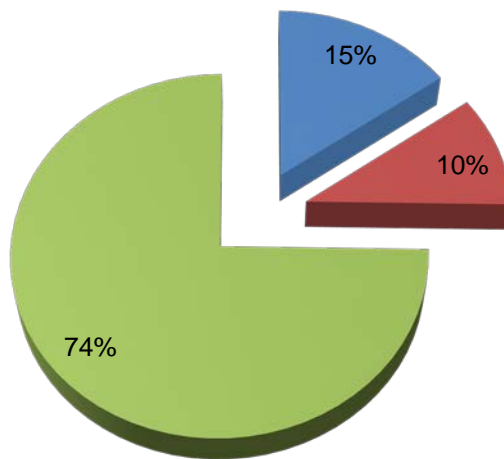
### Exposure to Tobacco Smoke



Base: Personally smoked at least 100 cigarettes in lifetime? (n=105), Exposed to cigarettes, cigars or vape pens inside home? (n=105), Exposed to tobacco smoke in your apartment from another apartment? (n=104), Sample Size = Variable (Community 2 = Lincoln / Lyon)

Do you currently smoke cigarettes?

■ Every day ■ Some days ■ Not at all



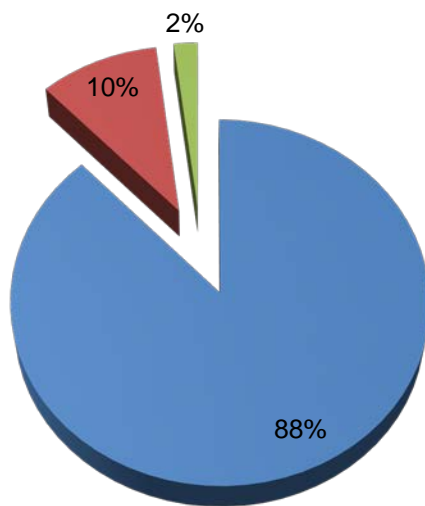
Base: Not at all (n=78), Some days (n=11), Every day (n=16), Sample Size = 105

(Community 2 = Lincoln / Lyon)



Do you currently use chewing tobacco?

■ Not at all ■ Some days ■ Every day

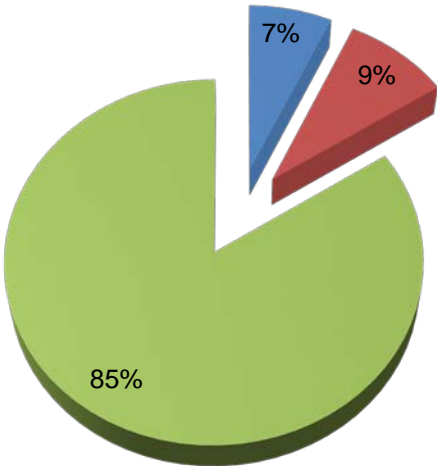


Base: Not at all (n=92), Some days (n=10), Every day (n=2), Sample Size = 104

(Community 2 = Lincoln / Lyon)

Do you currently use electronics cigarettes or vape?

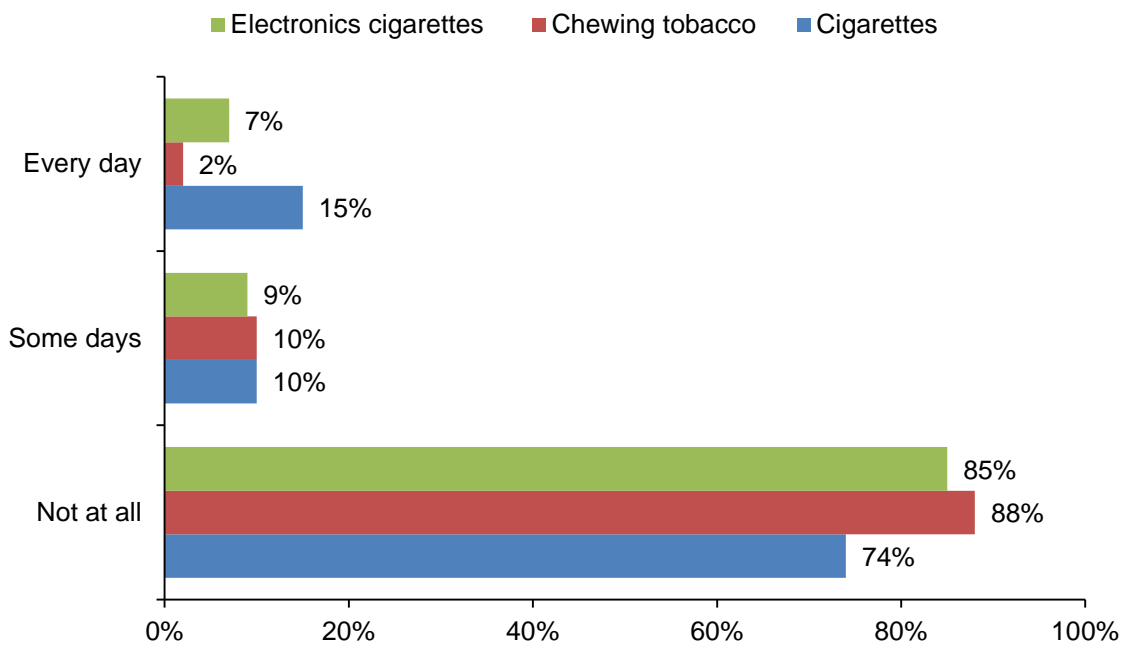
■ Every day ■ Some days ■ Not at all



Base: Not at all (n=88), Some days (n=9), Every day (n=7), Sample Size = 104

(Community 2 = Lincoln / Lyon)

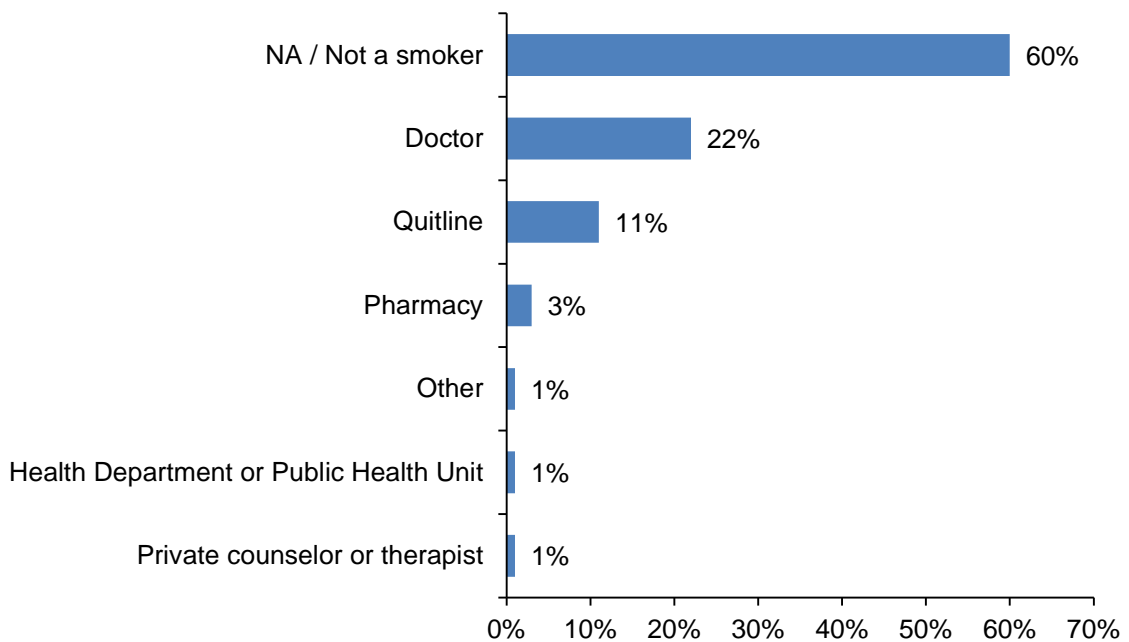
### Current Tobacco Use



Sample Size = Variable

(Community 2 = Lincoln / Lyon)

Where would you go for help if you wanted to quit using tobacco products?

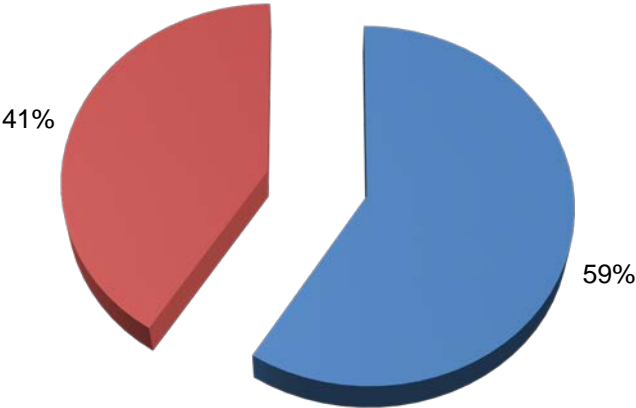


Base: NA / Not a smoker (n=54), Quitline (n=10), Doctor (n=20), Pharmacy (n=3), Private counselor or therapist (n=1), Health Department or Public Health Unit (n=1), Other (n=1), Sample Size = 90

(Community 2 = Lincoln / Lyon)

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)

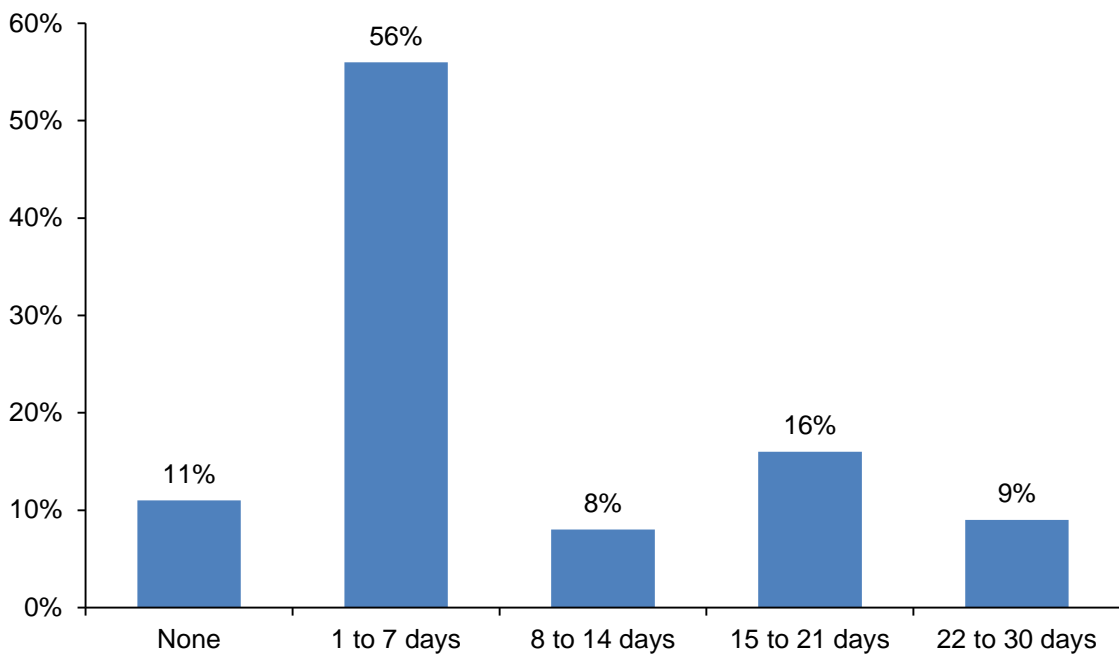
■ Yes ■ No



Base: Yes (n=19), No (n=13), Sample Size = 32

(Community 2 = Lincoln / Lyon)

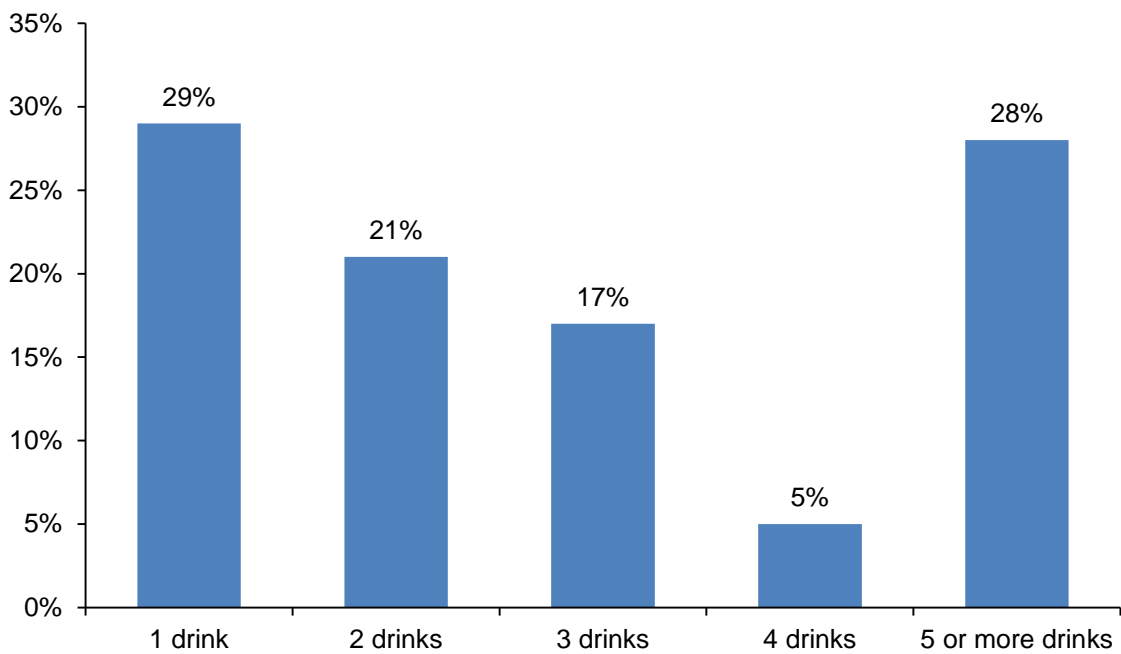
### Number of days with at least 1 drink in the past 30 days



Base: None (n=10), 1 to 7 days (n=49), 8 to 14 days (n=7), 15 to 21 days (n=14), 22 to 30 days (n=8), Sample Size = 88

(Community 2 = Lincoln / Lyon)

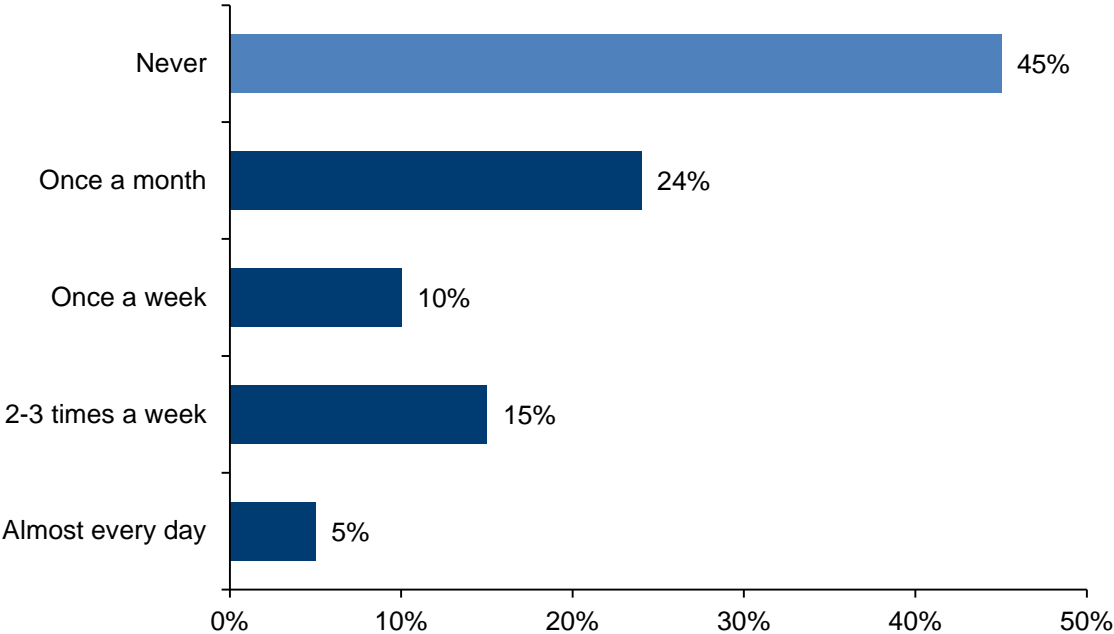
### Average number of drinks per day when you drink



Base: 1 drink (n=22), 2 drinks (n=16), 3 drinks (n=13), 4 drinks (n=4), 5 or more drinks (n=21), Sample Size = 76

(Community 2 = Lincoln / Lyon)

### Binge Drinking

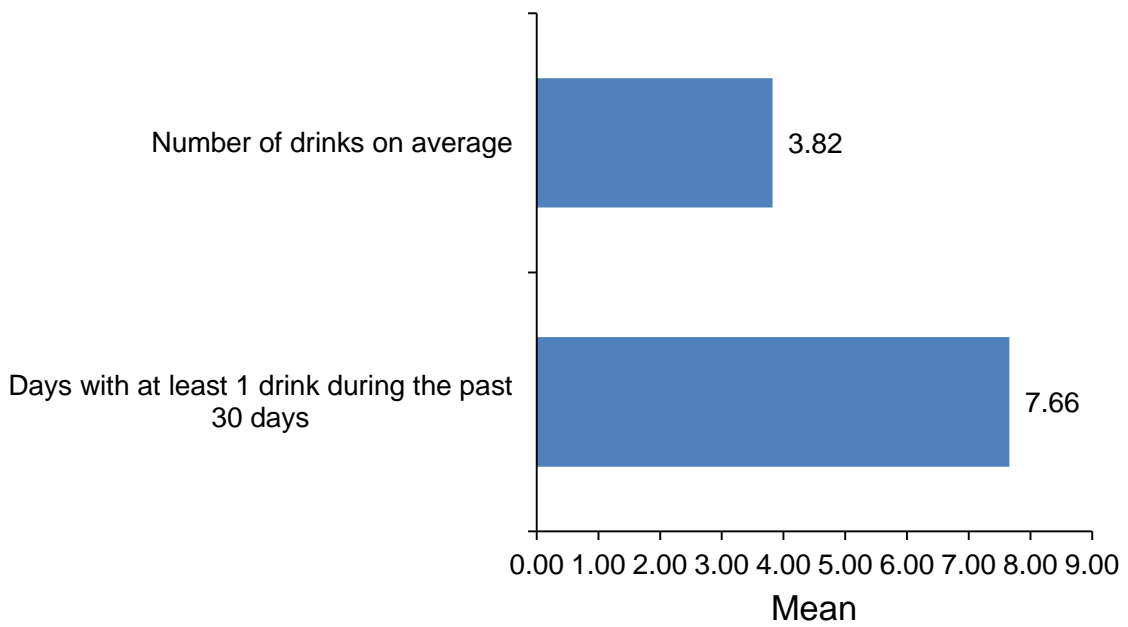


Base: Almost every day (n=4), 2-3 times a week (n=12), Once a week (n=8), Once a month (n=19), Never (n=35), Sample Size = 78

(Community 2 = Lincoln / Lyon)



### Average Alcohol Use During the Past 30 Days

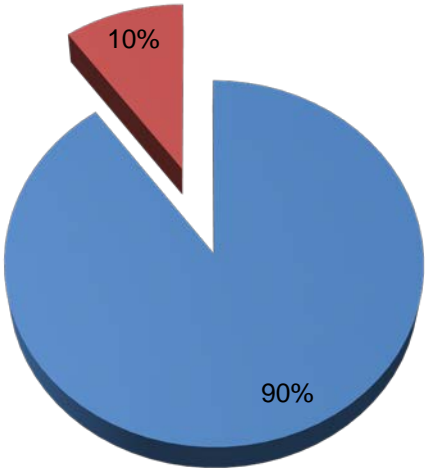


Base: Days with at least 1 drink during the past 30 days (n=88), Number of drinks on average (n=77), Sample Size = Variable

(Community 2 = Lincoln / Lyon)

Has alcohol use had a harmful effect on you or a family member in the past two years?

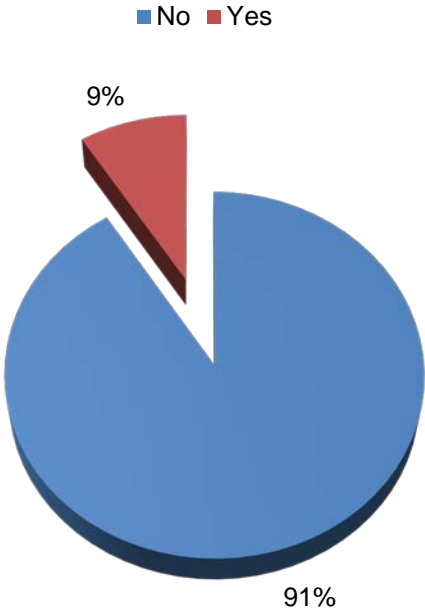
■ No ■ Yes



Base: Yes (n=11), No (n=94), Sample Size = 105

(Community 2 = Lincoln / Lyon)

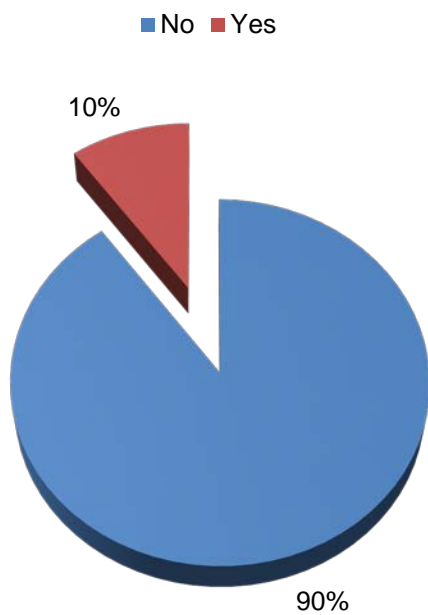
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=9), No (n=96), Sample Size = 105

(Community 2 = Lincoln / Lyon)

Has a family member or friend ever suggested that you get help for substance use?

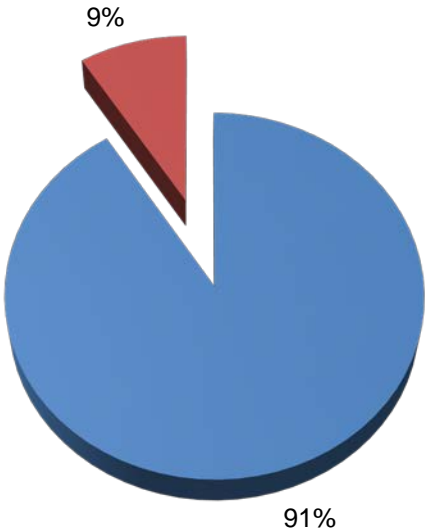


Base: Yes (n=10), No (n=95), Sample Size = 105

(Community 2 = Lincoln / Lyon)

Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?

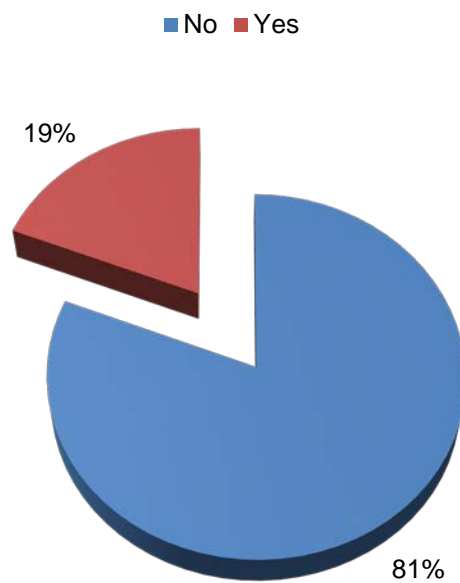
■ No ■ Yes



Base: Yes (n=9), No (n=96), Sample Size = 105

(Community 2 = Lincoln / Lyon)

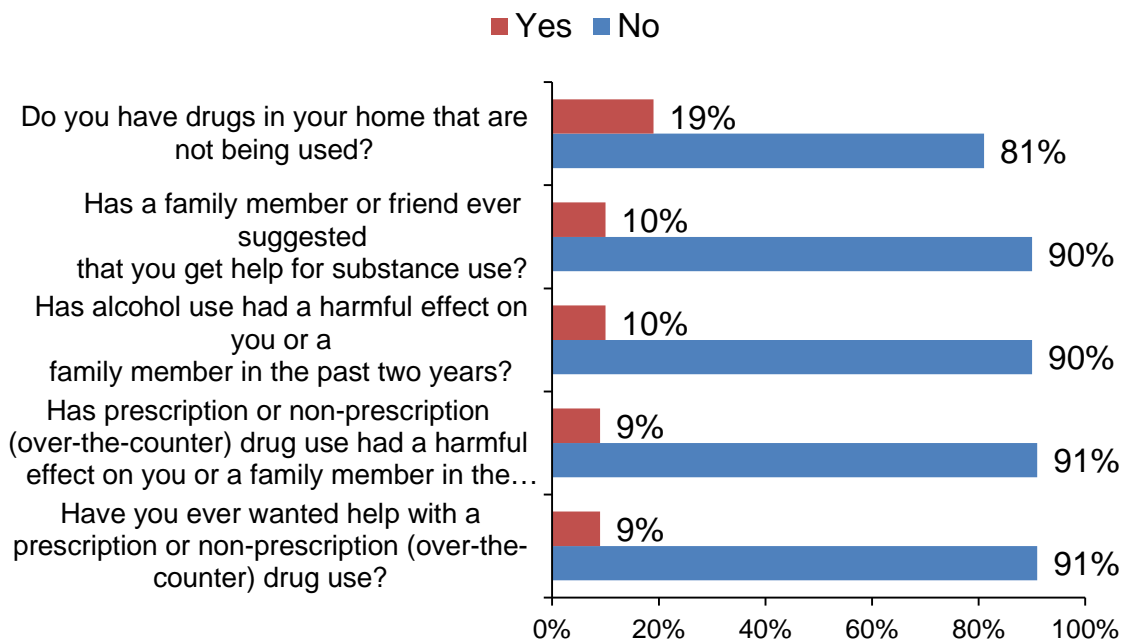
Do you have drugs in your home that are not being used?



Base: Yes (n=20), No (n=85), Sample Size = 105

(Community 2 = Lincoln / Lyon)

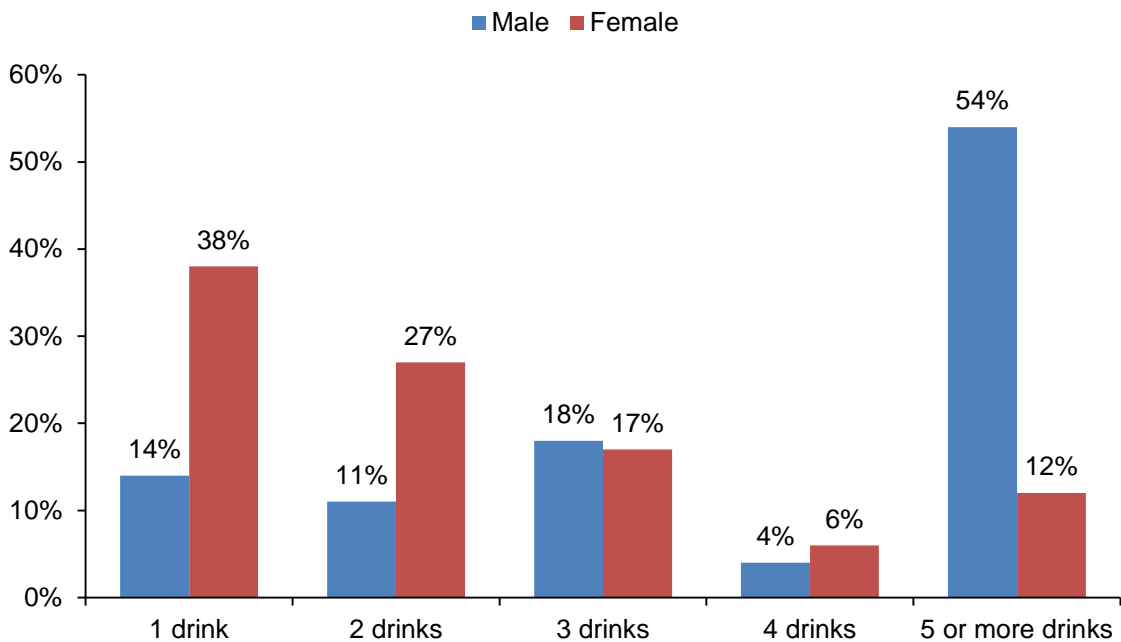
## Drug and Alcohol Issues



Sample Size = 105

(Community 2 = Lincoln / Lyon)

### Average number of drinks per day when you drink by gender

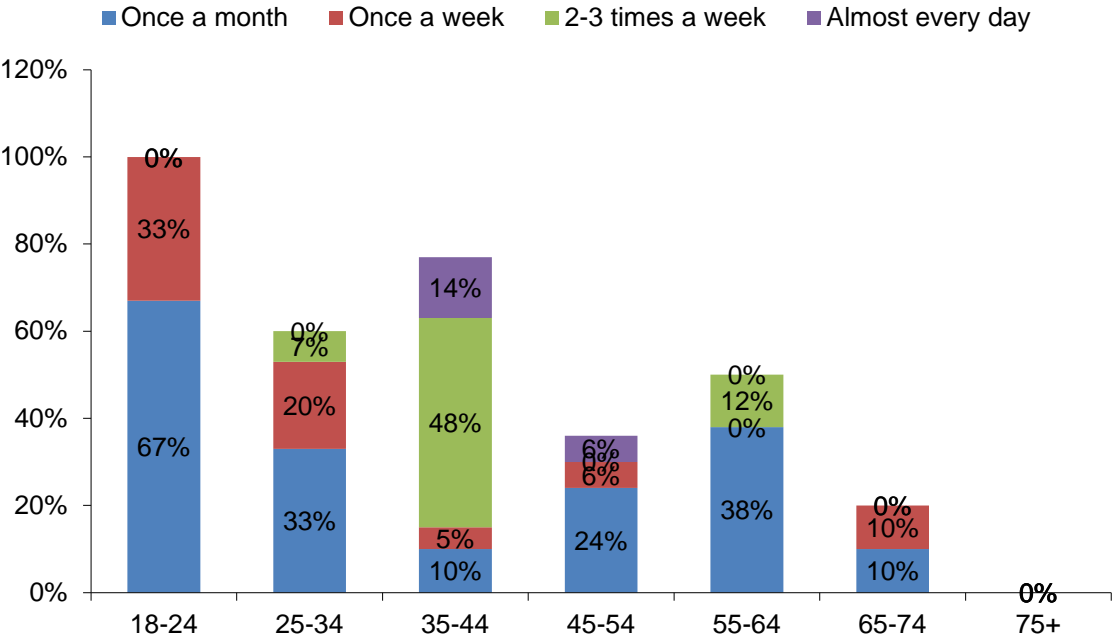


Base: 1 drink (n=22), 2 drinks (n=16), 3 drinks (n=13), 4 drinks (n=4), 5 or more drinks (n=21), Sample Size = 76

(Community 2 = Lincoln / Lyon)



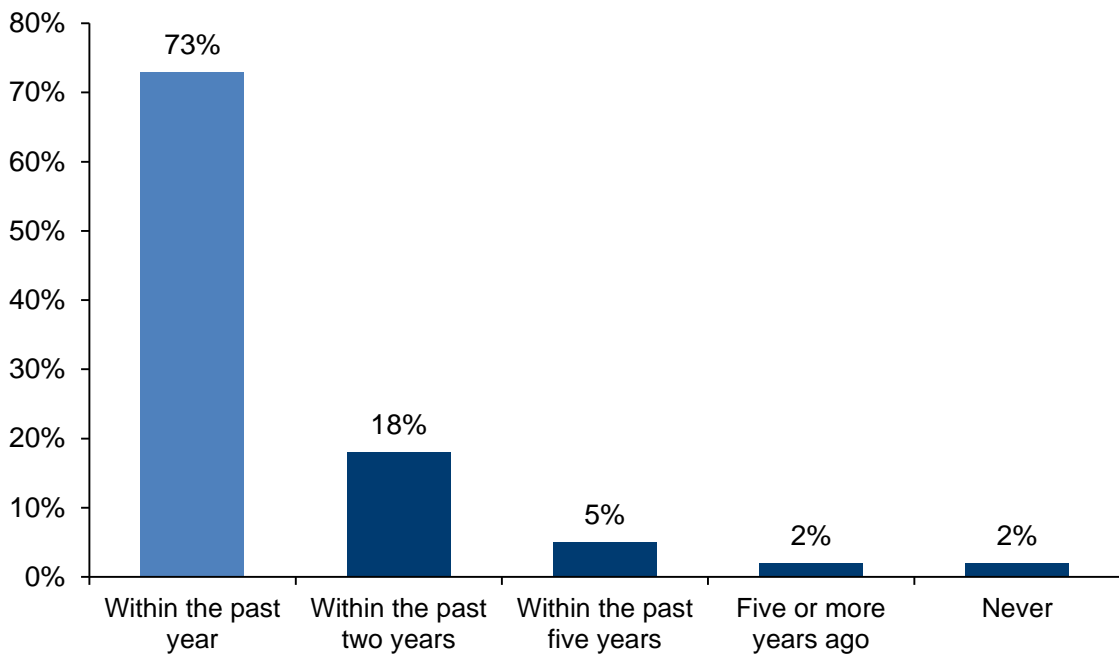
### Binge Drinking past 30 days by Age



Base: 18-24 (n=6), 25-34 (n=15), 35-44 (n=21), 45-54 (n=17), 55-64 (n=8), 65-74 (n=10), 75+ (n=1), Sample Size = 78

(Community 2 = Lincoln / Lyon)

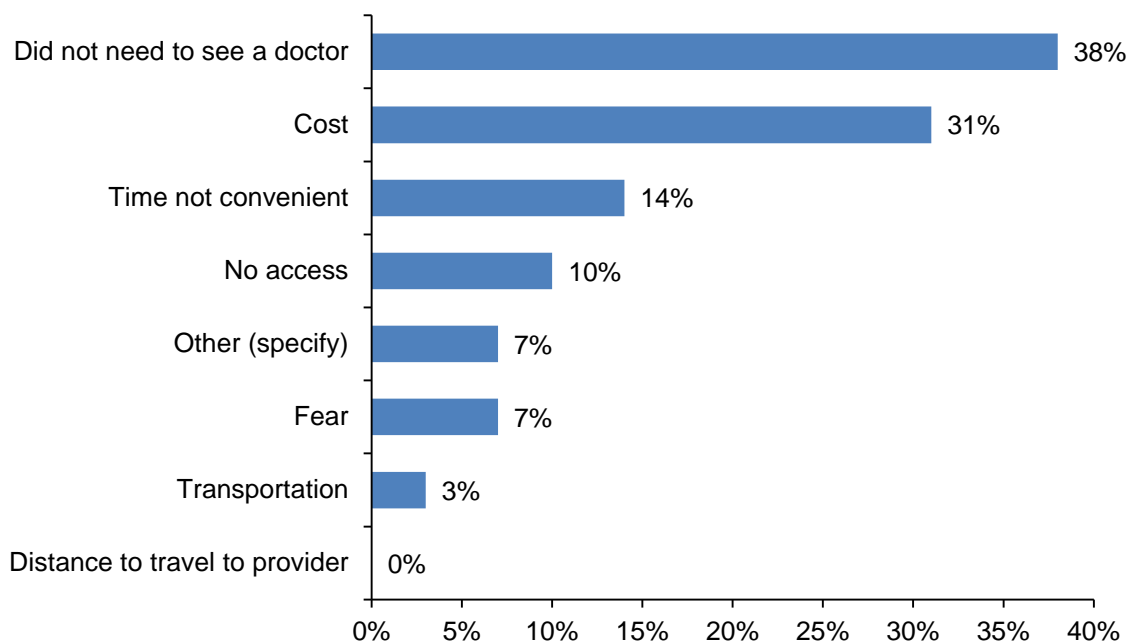
How long has it been since you last visited a doctor or health care provider for a routine checkup?



Base: Within the past year (n=76), Within the past two years (n=19), Within the past five years (n=5), Five or more years ago (n=2), Never (n=2), Sample Size = 104

(Community 2 = Lincoln / Lyon)

### Barriers to Routine Checkup

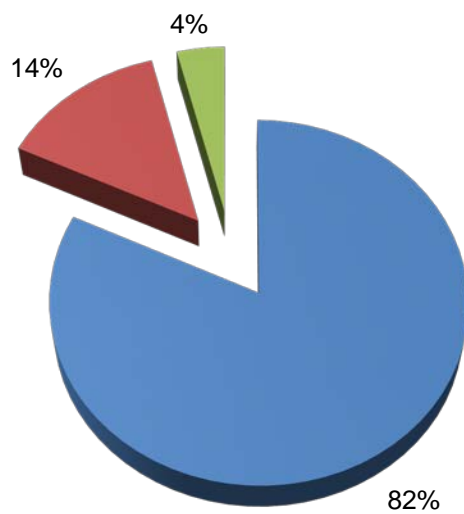


Base: No access (n=3), Distance to travel to provider (n=0), Cost (n=9), Fear (n=2), Transportation (n=1), Time not convenient (n=4), Did not need to see a doctor (n=11), Other (specify) (n=2), Sample Size = 29

(Community 2 = Lincoln / Lyon)

Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?

■ Yes ■ No ■ Don't know / Unsure

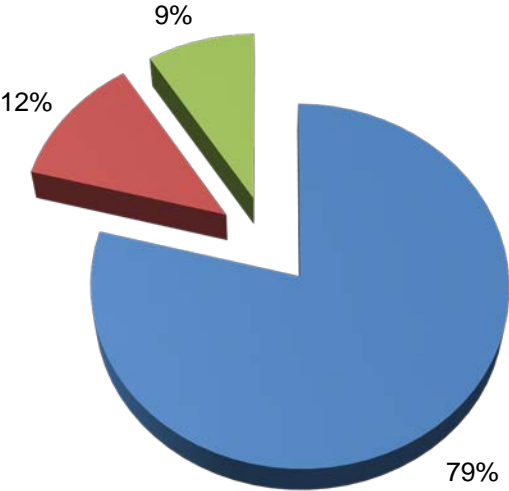


Base: Yes (n=86), No (n=15), Don't know / Unsure (n=4), Sample Size = 105

(Community 2 = Lincoln / Lyon)

Has your medical provider allowed you to make a choice about having screenings or preventive services?

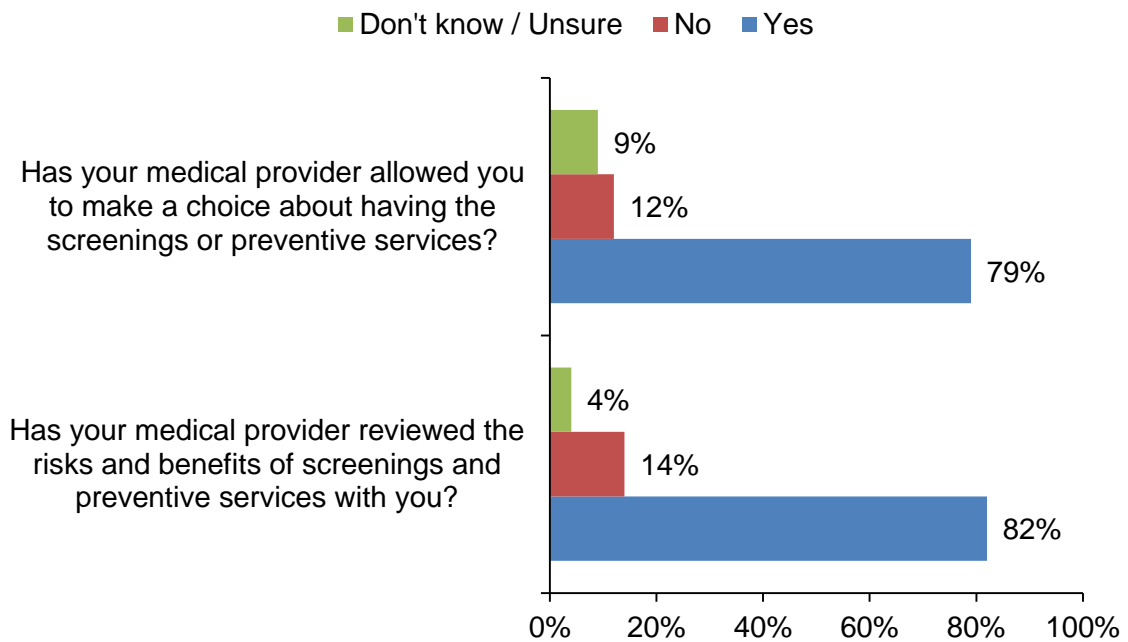
■ Yes ■ No ■ Don't know / Unsure



Base: Yes (n=82), No (n=13), Don't know / Unsure (n=9), Sample Size = 104

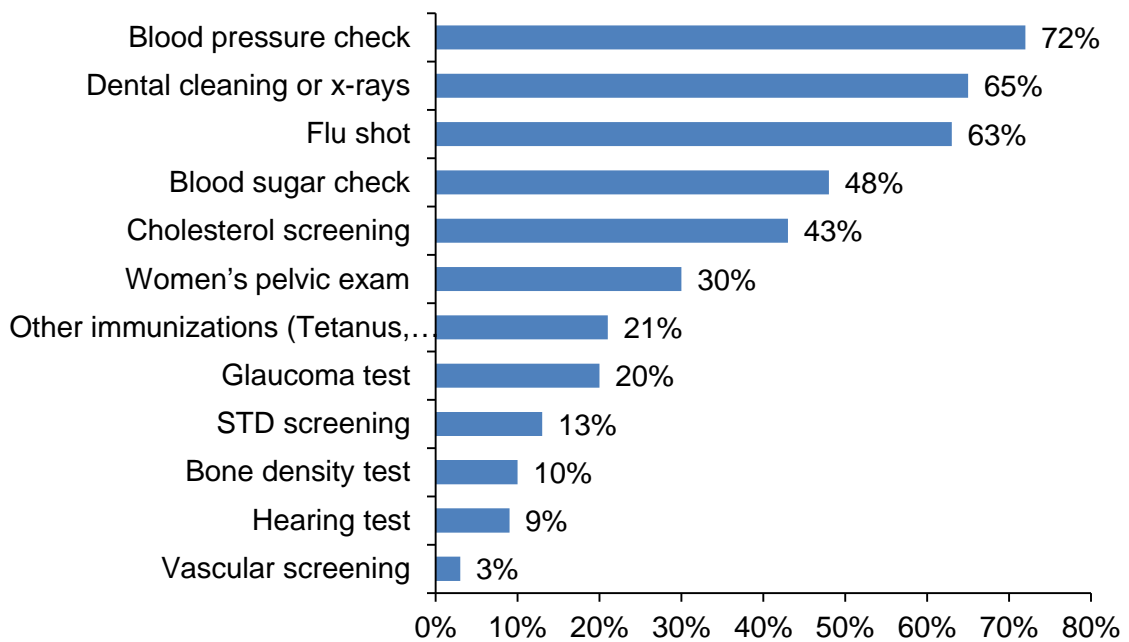
(Community 2 = Lincoln / Lyon)

## Screenings



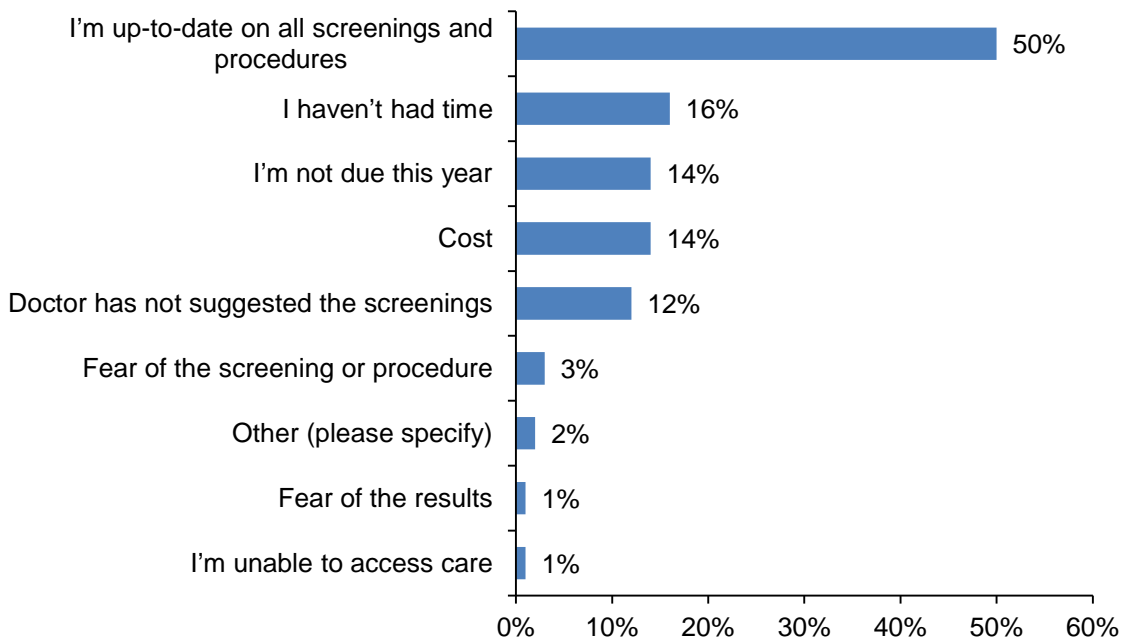
Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=104), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=105), Sample Size = Variable  
(Community 2 = Lincoln / Lyon)

### Preventive Procedures Last Year



Base: Blood pressure check (n=74), Blood sugar check (n=49), Bone density test (n=10), Cholesterol screening (n=44), Dental cleaning or x-rays (n=67), Flu shot (n=65), Other immunizations (Tetanus, Hepatitis A or B) (n=22), Glaucoma test (n=21), Hearing test (n=9), Women's pelvic exam (n=31), STD screening (n=13), Vascular screening (n=3), Sample Size = 103  
(Community 2 = Lincoln / Lyon)

### Barriers for Preventive Procedures

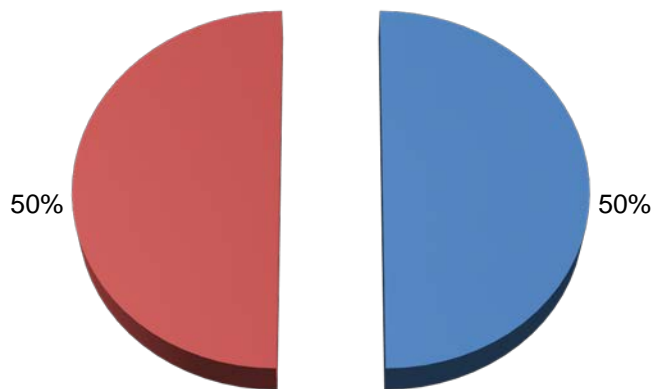


Base: I'm up-to-date on all screenings and procedures (n=53), Doctor has not suggested the screenings (n=13), Cost (n=15), I'm unable to access care (n=1), Fear of the screening or procedure (n=3), Fear of the results (n=1), I'm not due this year (n=15), I haven't had time (n=17), Other (please specify) (n=2), Sample Size = 105  
(Community 2 = Lincoln / Lyon)



Do you have children under the age of 18 living in your household?

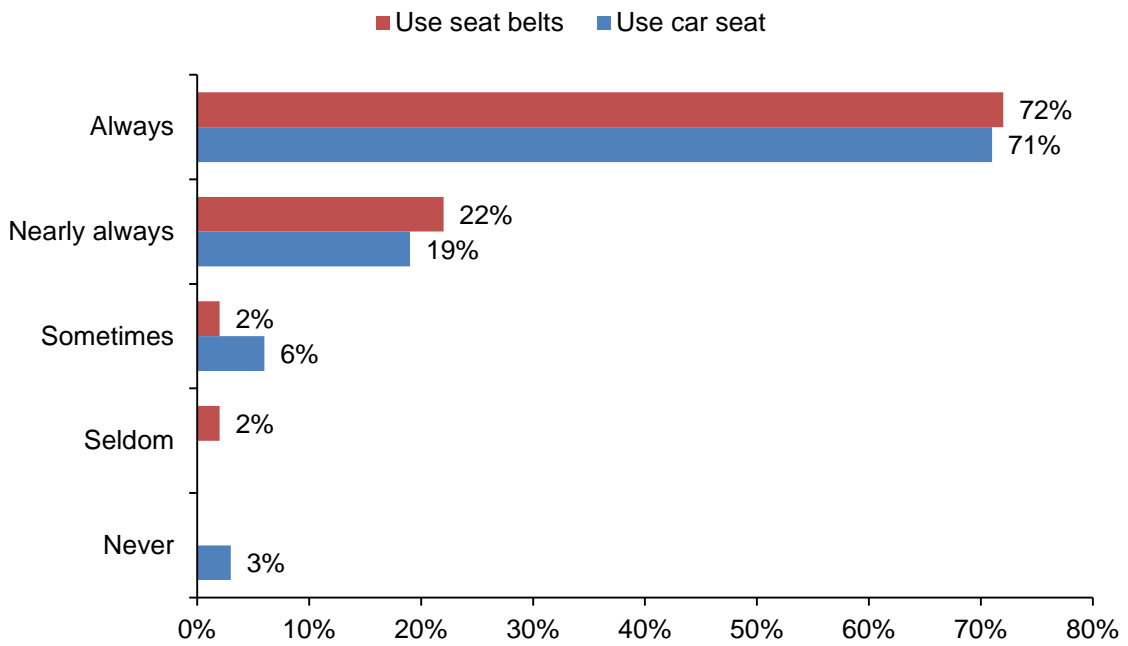
■ Yes ■ No



Base: Yes (n=52), No (n=53), Sample Size = 105

(Community 2 = Lincoln / Lyon)

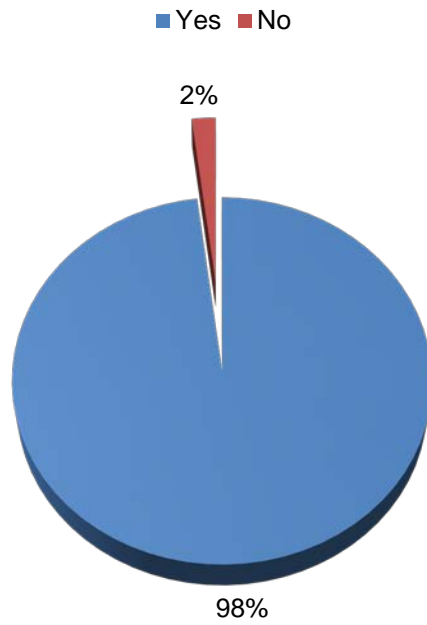
### Children's Car Safety



Sample Size = Variable

(Community 2 = Lincoln / Lyon)

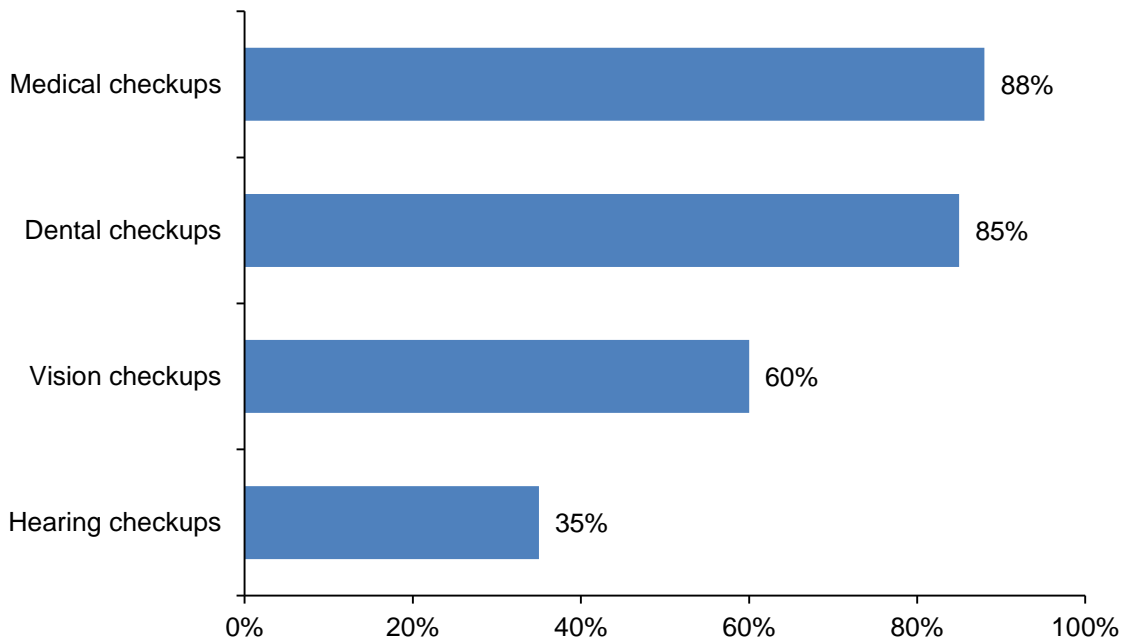
Do you have healthcare coverage for your children or dependents?



Base: Yes (n=51), No (n=1), Sample Size = 52

(Community 2 = Lincoln / Lyon)

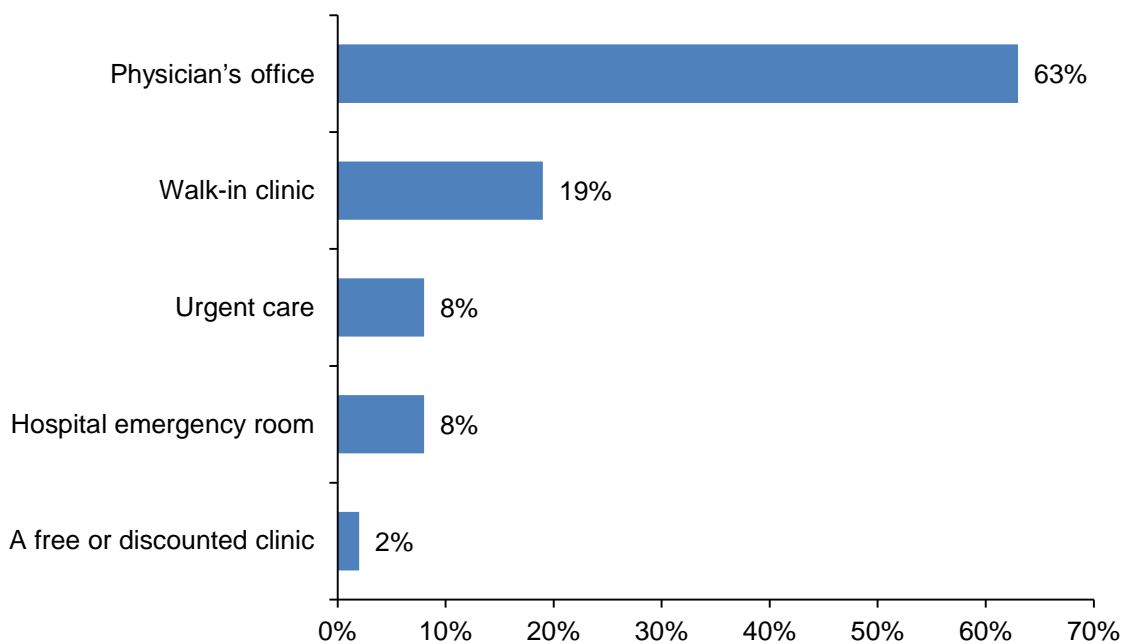
### Children's Preventative Services



Base: Dental checkups (n=44), Vision checkups (n=31), Hearing checkups (n=18), Medical checkups (n=46), Sample Size = 52

(Community 2 = Lincoln / Lyon)

Where do you most often take your children when they are sick and need to see a health care provider?

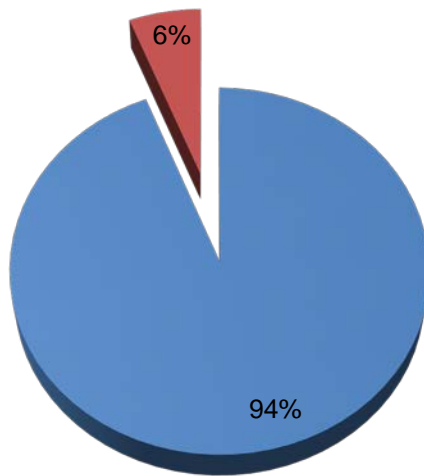


Base: Physician's office (n=33), Hospital emergency room (n=4), Urgent care (n=4), Walk-in clinic (n=10), A free or discounted clinic (n=1), Sample Size = 52

(Community 2 = Lincoln / Lyon)

Have you ever been diagnosed with cancer?

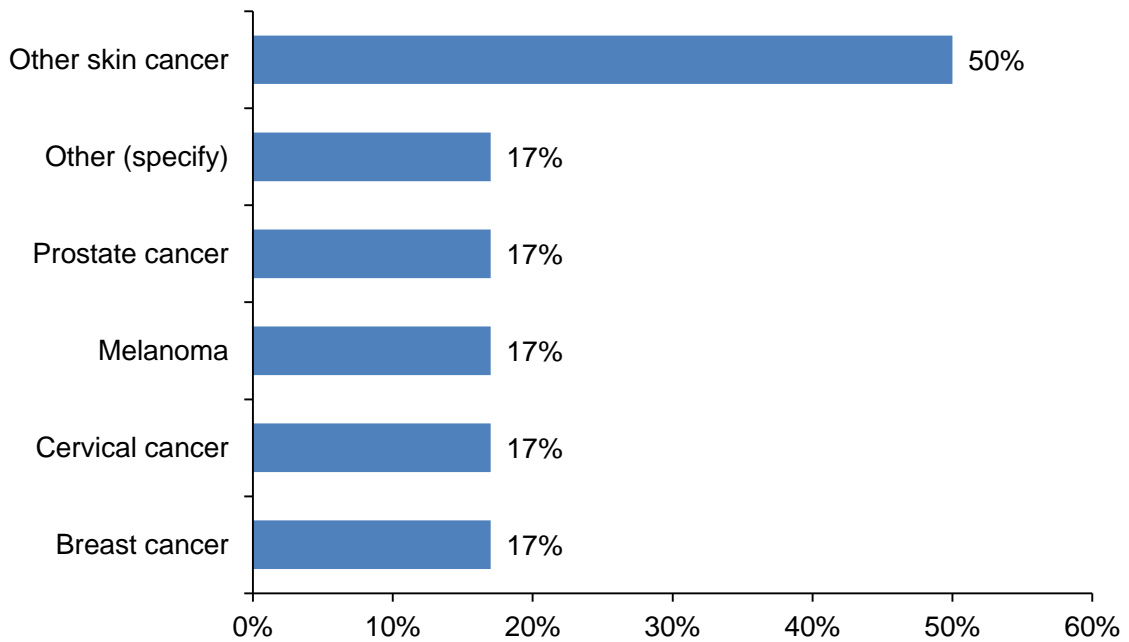
■ No ■ Yes



Base: Yes (n=6), No (n=99), Sample Size = 105

(Community 2 = Lincoln / Lyon)

### Type of Cancer

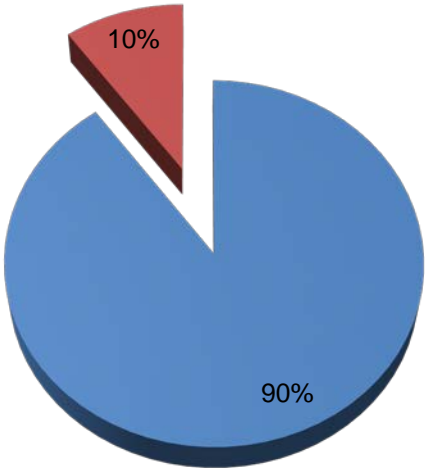


Base: Breast cancer (n=1), Cervical cancer (n=1), Melanoma (n=1), Other skin cancer (n=3), Prostate cancer (n=1), Other (specify) (n=1), Sample Size = 6

(Community 2 = Lincoln / Lyon)

Do you currently have any kind of health insurance?

■ Yes ■ No

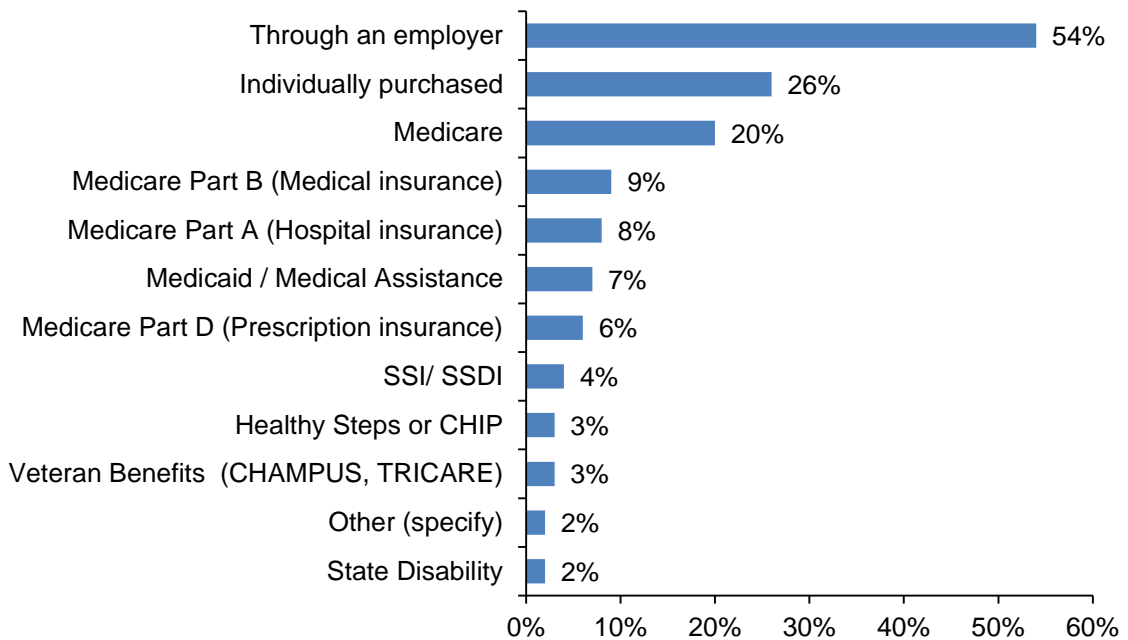


Base: Yes (n=95), No (n=10), Sample Size = 105

(Community 2 = Lincoln / Lyon)

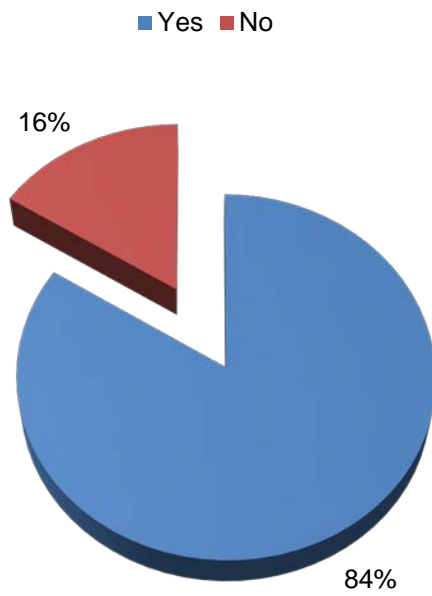


### Type of Insurance



Base: Through an employer (n=51), Individually purchased (n=25), Medicare (n=19), Medicare Part A (Hospital insurance) (n=8), Medicare Part B (Medical insurance) (n=9), Medicare Part D (Prescription insurance) (n=6), State Disability (n=2), SSI/ SSDI (n=4), Medicaid / Medical Assistance (n=7), Veteran Benefits (CHAMPUS, TRICARE) (n=3), Healthy Steps or CHIP (n=3), Other (specify) (n=2), Sample Size = 95  
(Community 2 = Lincoln / Lyon)

Do you have an established primary healthcare provider?



Base: Yes (n=88), No (n=17), Sample Size = 105

(Community 2 = Lincoln / Lyon)

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

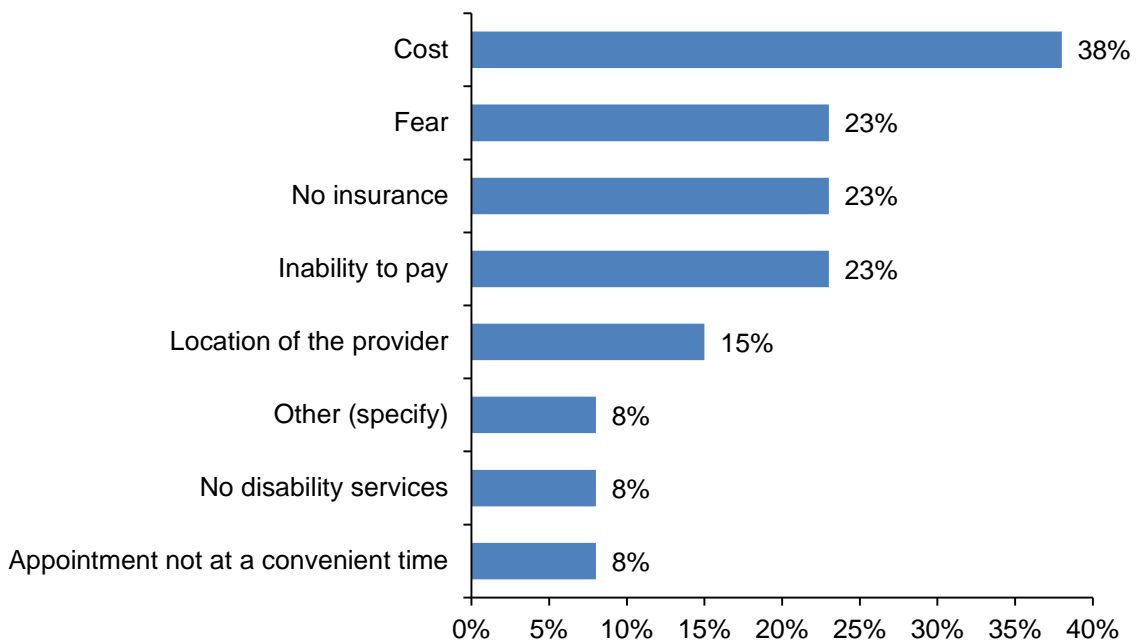
■ No ■ Yes



Base: Yes (n=13), No (n=91), Sample Size = 104

(Community 2 = Lincoln / Lyon)

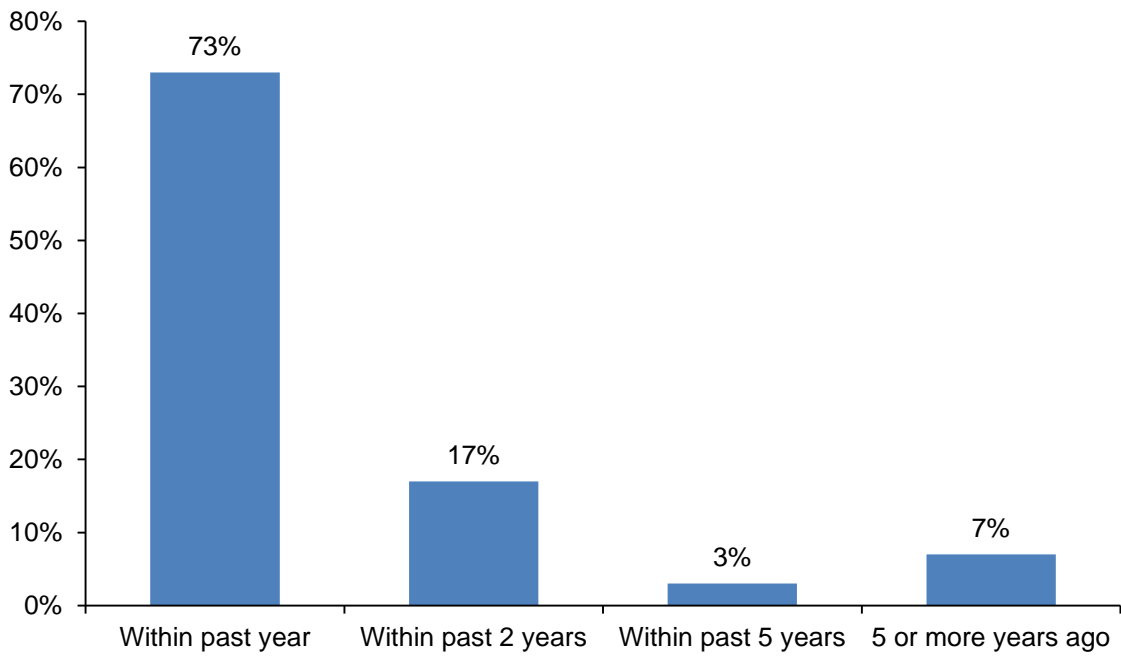
### Barriers to Receiving Care Needed



Base: Inability to pay (n=3), Appointment not at a convenient time (n=1), No disability services (n=1), No insurance (n=3), Location of the provider (n=2), Cost (n=5), Fear (n=3), Other (specify) (n=1)

(Community 2 = Lincoln / Lyon)

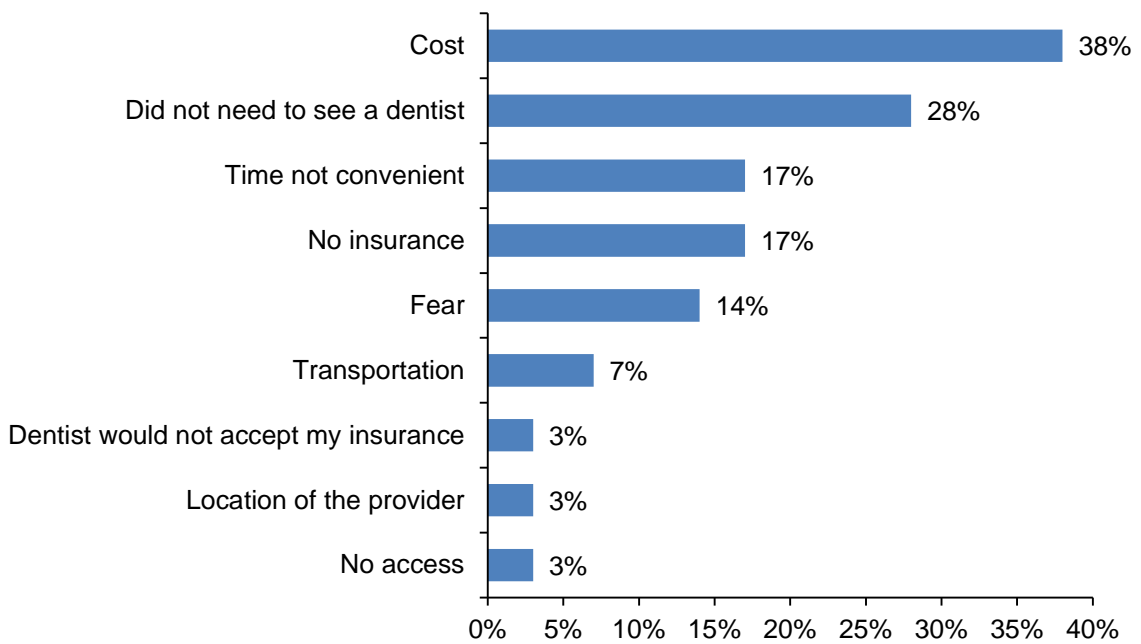
### How long has it been since you last visited a dentist?



Base: Within past year (n=75), Within past 2 years (n=18), Within past 5 years (n=3), 5 or more years ago (n=7), Sample Size = 103

(Community 2 = Lincoln / Lyon)

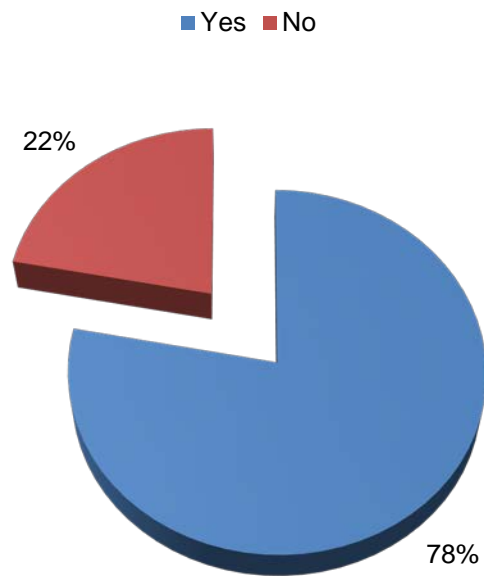
### Barriers to Visiting the Dentist



Base: No access (n=1), No insurance (n=5), Location of the provider (n=1), Cost (n=11), Fear (n=4), Transportation (n=2), Time not convenient (n=5), Dentist would not accept my insurance (n=1), Did not need to see a dentist (n=8), Sample Size = 29

(Community 2 = Lincoln / Lyon)

Do you have any kind of dental care or oral health insurance coverage?

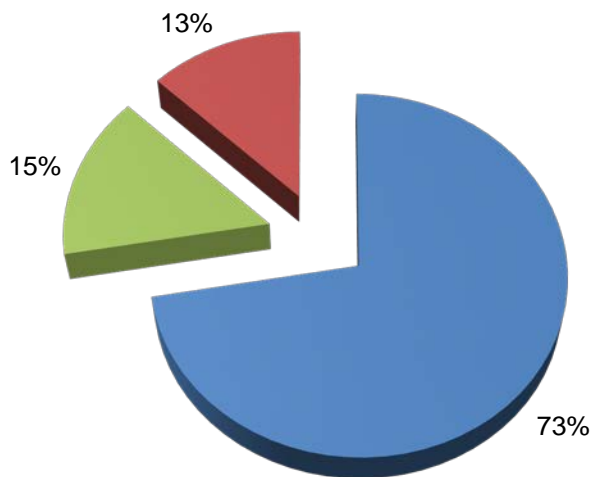


Base: Yes (n=81), No (n=23), Sample Size = 104

(Community 2 = Lincoln / Lyon)

Do you have a dentist that you see for routine care?

■ Yes, only one   ■ Yes, more than one   ■ No

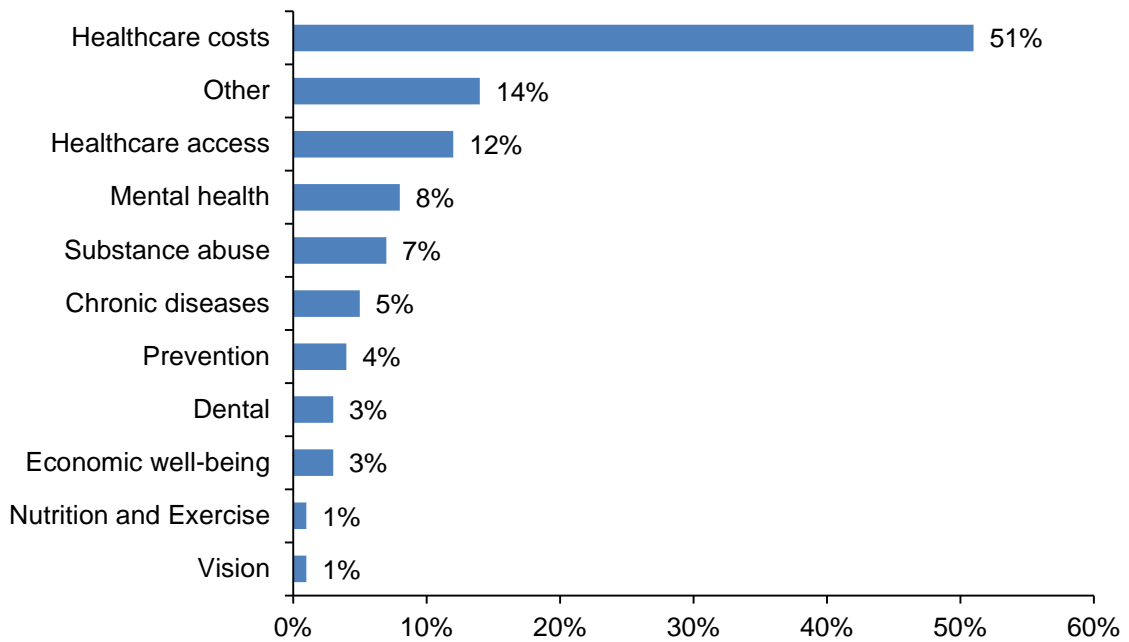


Base: Yes, only one (n=75), Yes, more than one (n=15), No (n=13), Sample Size = 103

(Community 2 = Lincoln / Lyon)



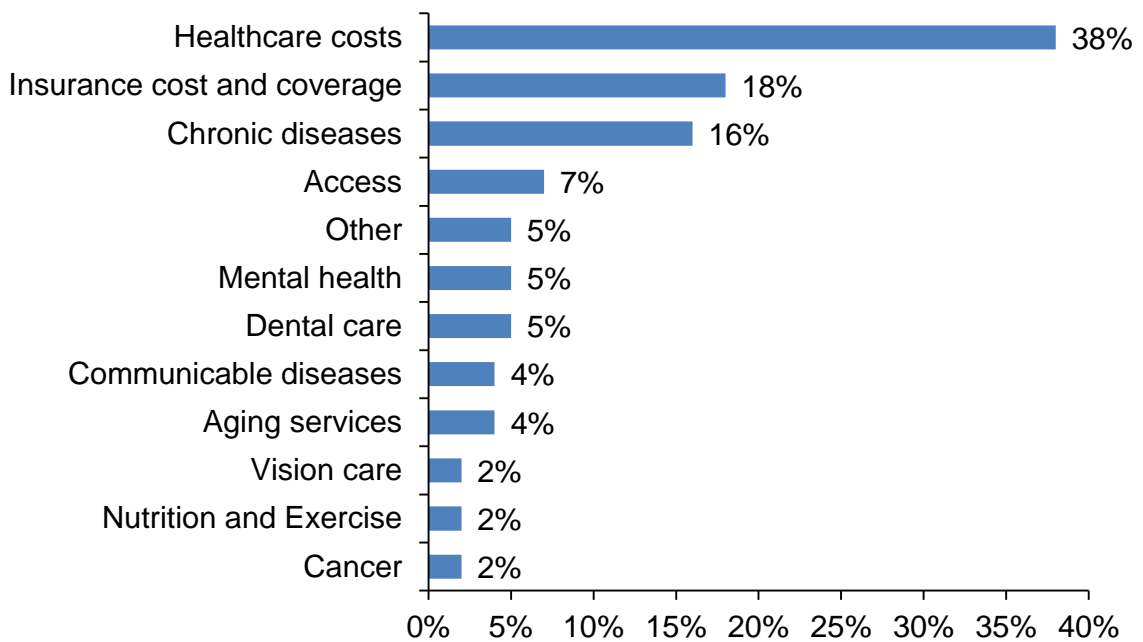
### Most Important Community Issues



Base: Economic well-being (n=2), Healthcare access (n=9), Mental health (n=6), Substance abuse (n=5), Chronic diseases (n=4), Healthcare costs (n=37), Dental (n=2), Prevention (n=3), Vision (n=1), Nutrition and Exercise (n=1), Other (n=10), Sample Size = 96

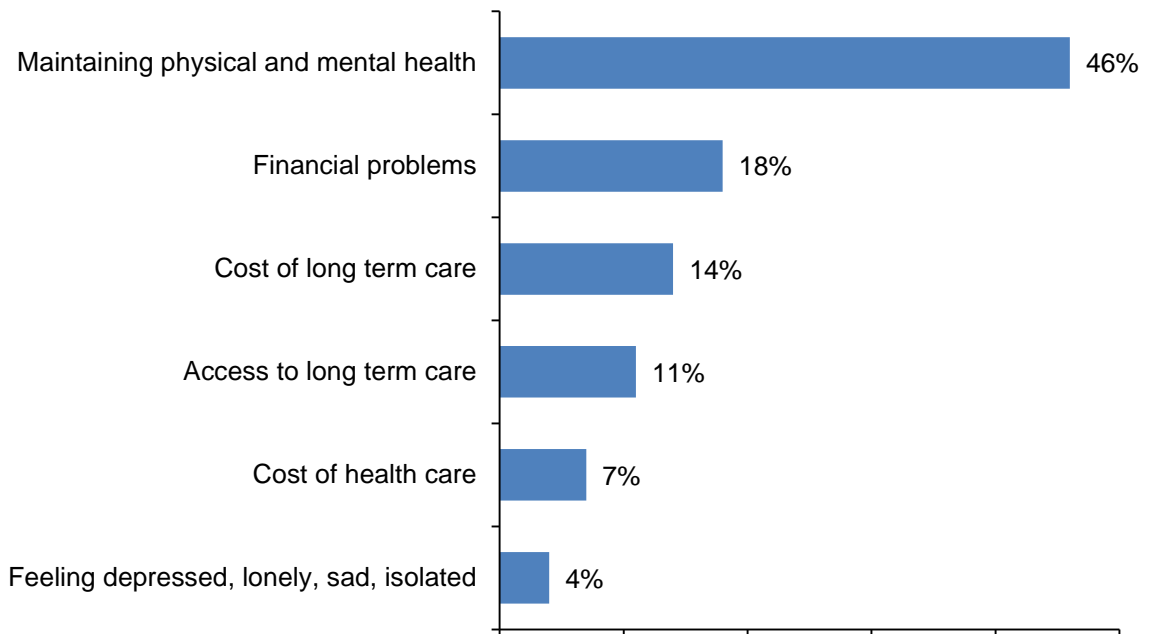
(Community 2 = Lincoln / Lyon)

### Most Important Issue for Family



Base: Access (n=4), Aging services (n=2), Cancer (n=1), Chronic diseases (n=9), Communicable diseases (n=2), Healthcare costs (n=21), Dental care (n=3), Nutrition and Exercise (n=1), Insurance cost and coverage (n=10), Mental health (n=3), Vision care (n=1), Other (n=3), Sample Size = 96 (Community = Lincoln / Lyon)

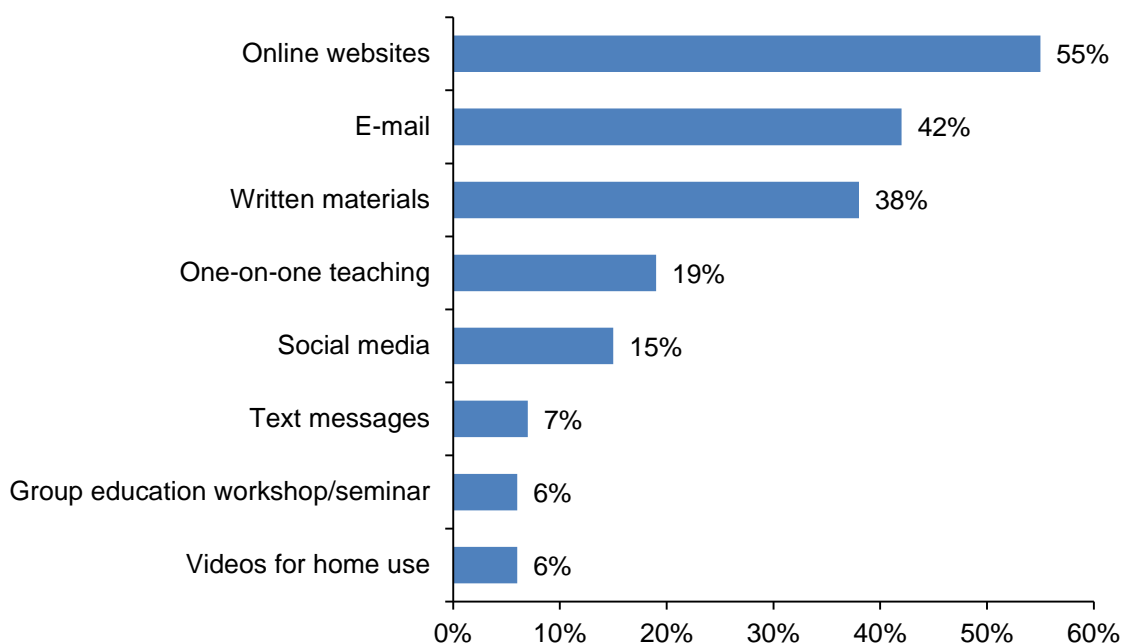
### What is your biggest concern as you age? (Age 65+)



Base: Cost of health care (n=2), Maintaining physical and mental health (n=13), Feeling depressed, lonely, sad, isolated (n=1), Access to long term care (n=3), Cost of long term care (n=4), Financial problems (n=5), Sample Size = 17

(Community 2 = Lincoln / Lyon)

### What method(s) would you prefer to get health information?

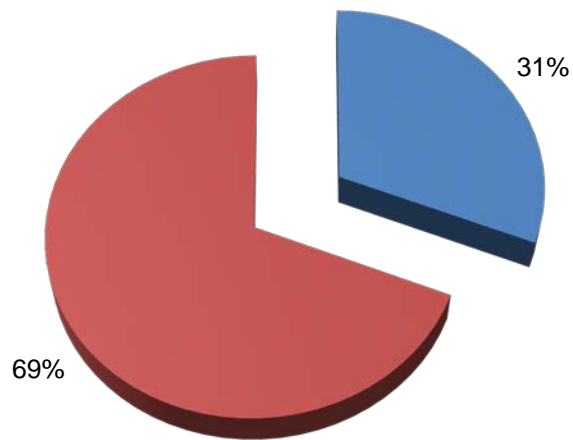


Base: Written materials (n=39), Videos for home use (n=6), Social media (n=15), Text messages (n=7), One-on-one teaching (n=20), E-mail (n=43), Group education workshop/seminar (n=6), Online websites (n=57), Sample Size = 103

(Community 2 = Lincoln / Lyon)

### Gender

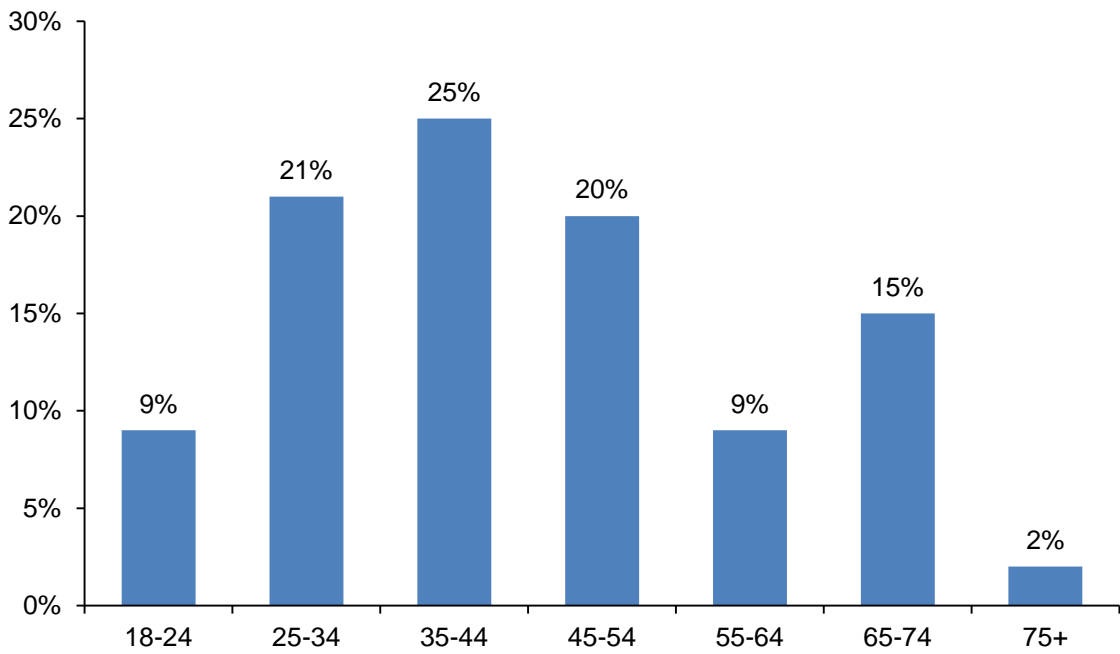
■ Male ■ Female



Base: Male (n=33), Female (n=72), Sample Size = 105

(Community 2 = Lincoln / Lyon)

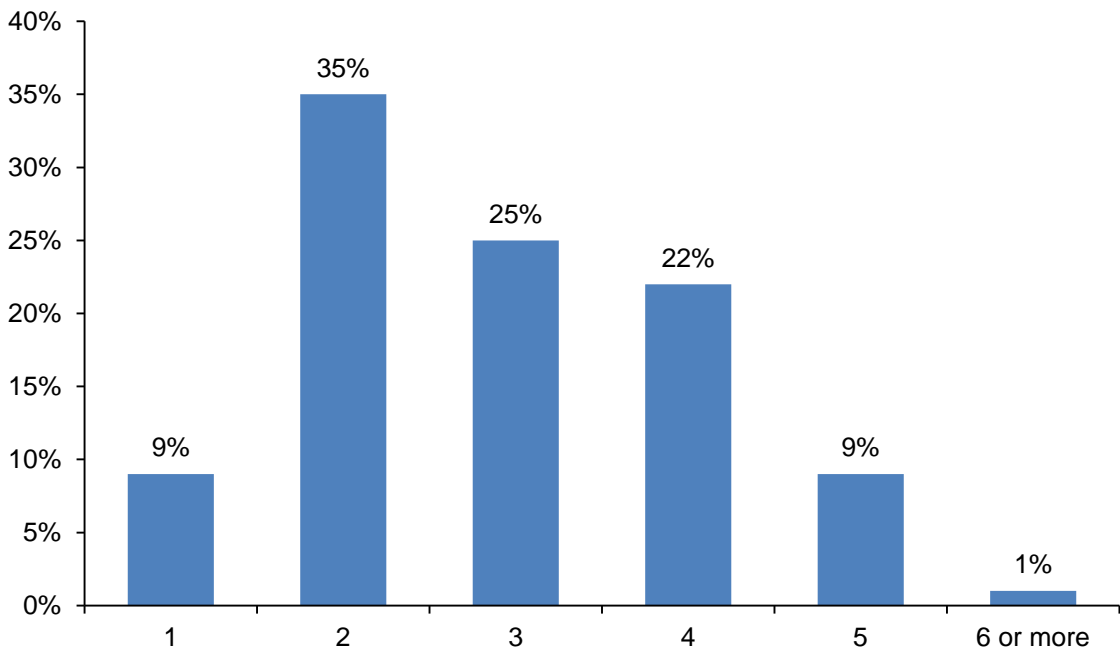
### Age



Base: 18-24 (n=9), 25-34 (n=22), 35-44 (n=26), 45-54 (n=21), 55-64 (n=9), 65-74 (n=16), 75+ (n=2), Sample Size = 105

(Community 2 = Lincoln / Lyon)

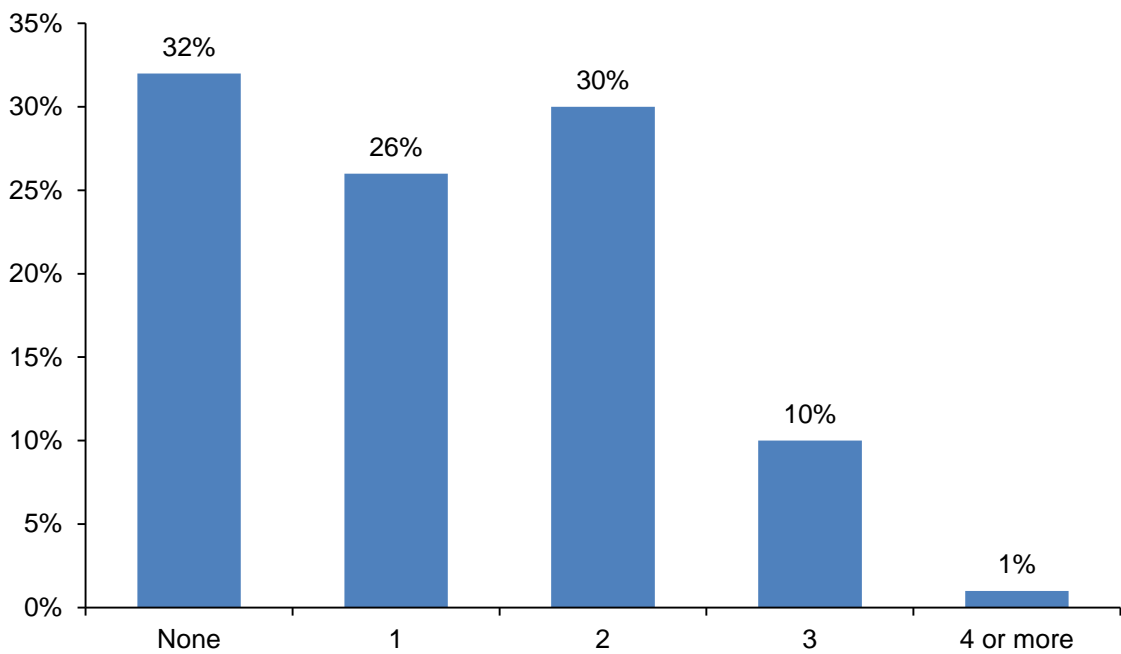
### People in Household



Base: 1 (n=9), 2 (n=37), 3 (n=26), 4 (n=23), 5 (n=9), 6 or more (n=1), Sample Size = 105

(Community 2 = Lincoln / Lyon)

### Children in Household Under 18

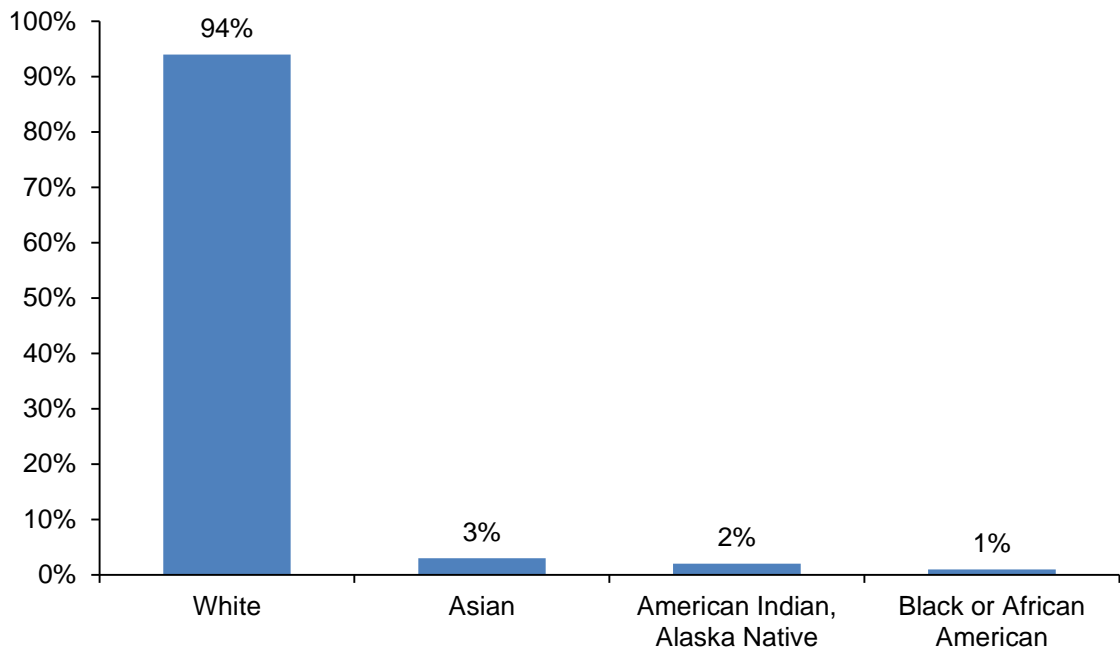


Base: None (n=26), 1 (n=21), 2 (n=24), 3 (n=8), 4 or more (n=1), Sample Size = 80

(Community 2 = Lincoln / Lyon)



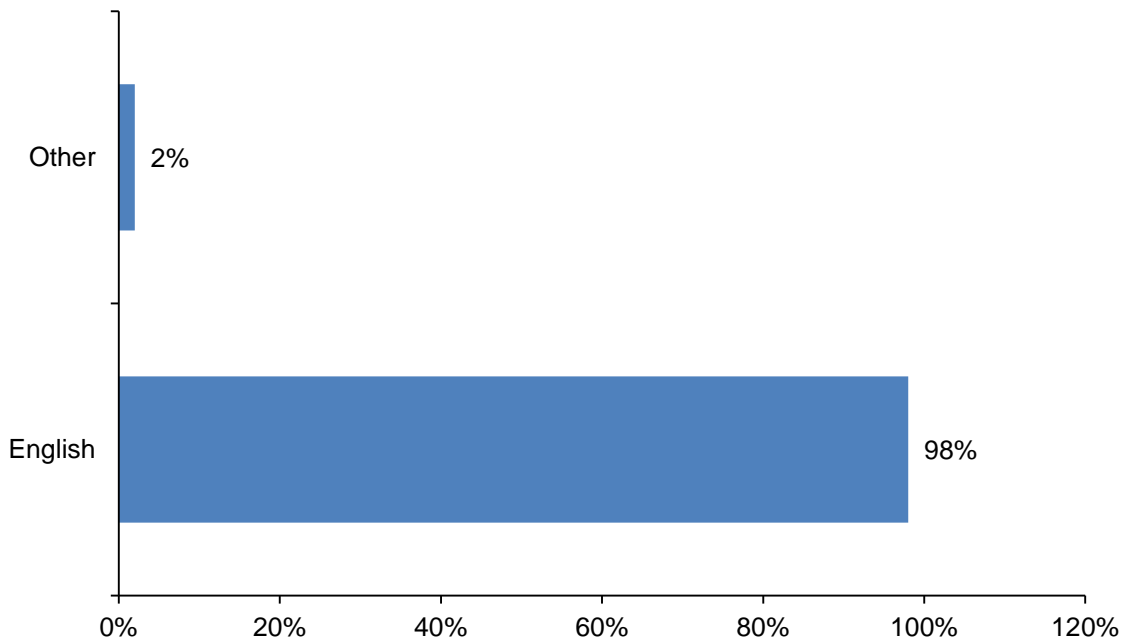
### Ethnicity



Base: White (n=99), Black or African American (n=1), Asian (n=3), American Indian, Alaska Native (n=2), Sample Size = 105

(Community 2 = Lincoln / Lyon)

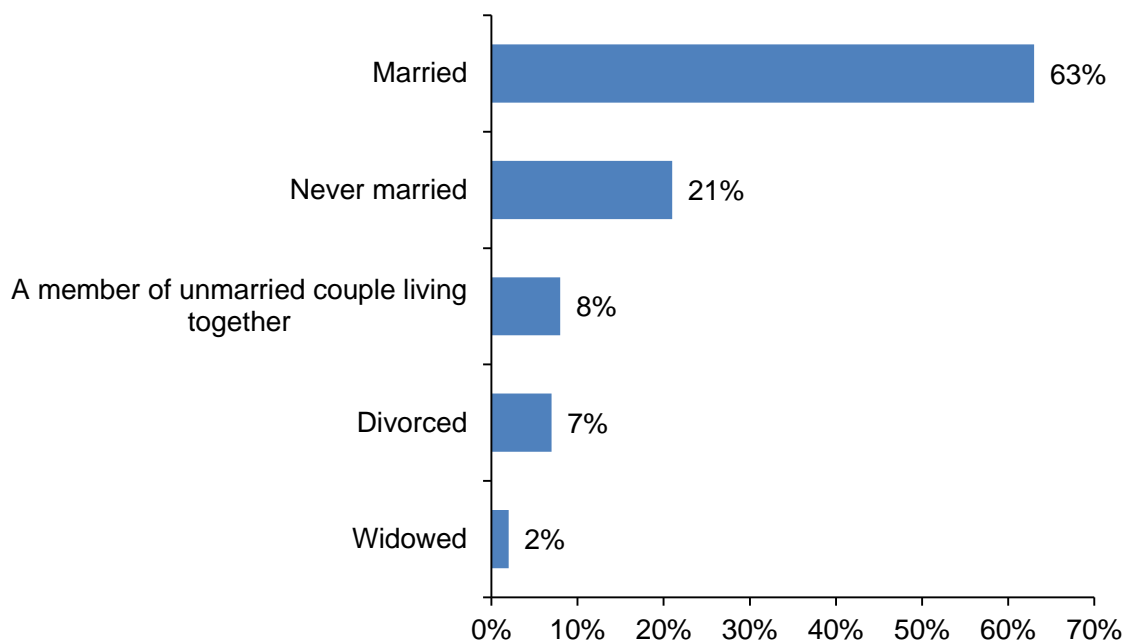
### Language Spoken in Home



Base: English (n=103), Other (n=2), Sample Size = 105

(Community 2 = Lincoln / Lyon)

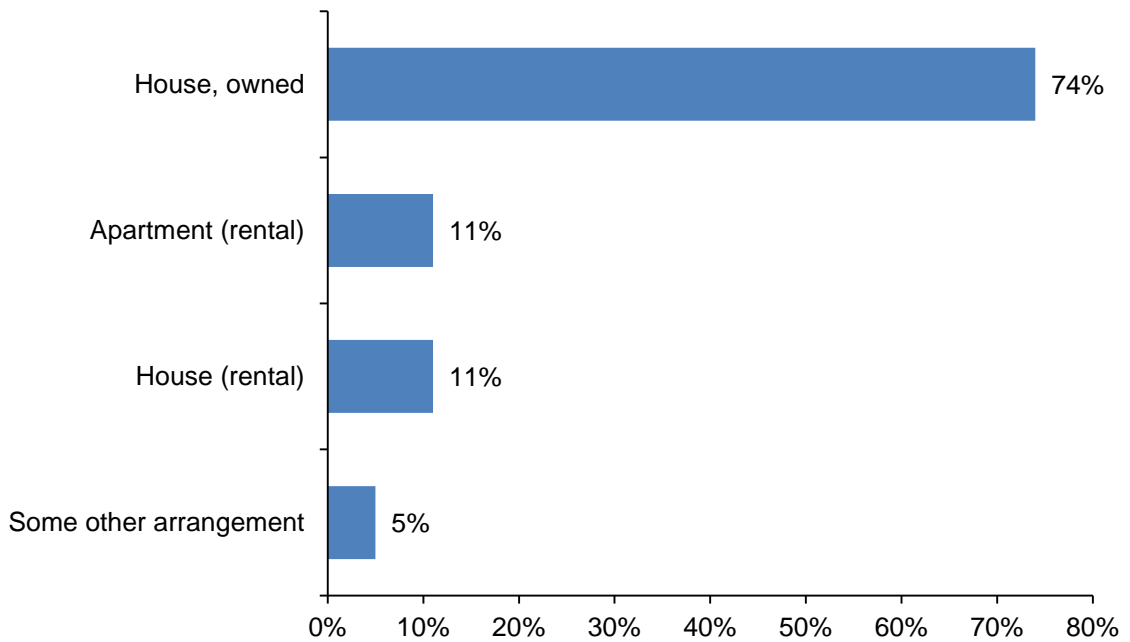
### Marital Status



Base: Never married (n=22), Married (n=66), Divorced (n=7), Widowed (n=2), A member of unmarried couple living together (n=8), Sample Size = 105

(Community 2 = Lincoln / Lyon)

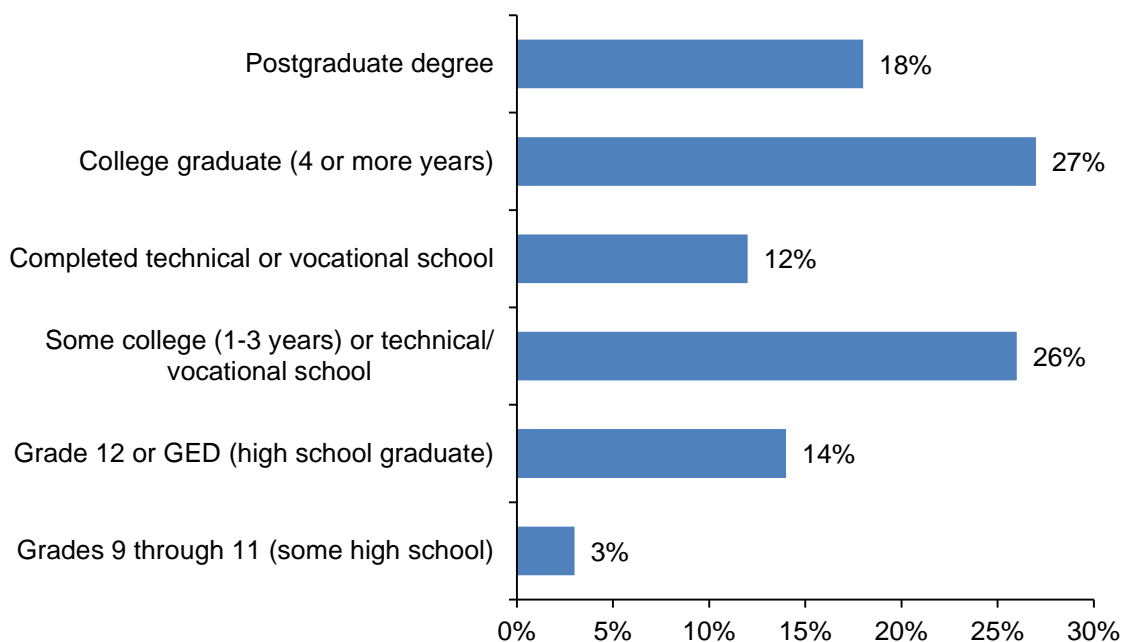
### Current Living Situation



Base: House, owned (n=77), House (rental) (n=11), Apartment (rental) (n=11), Some other arrangement (n=5), Sample Size = 104

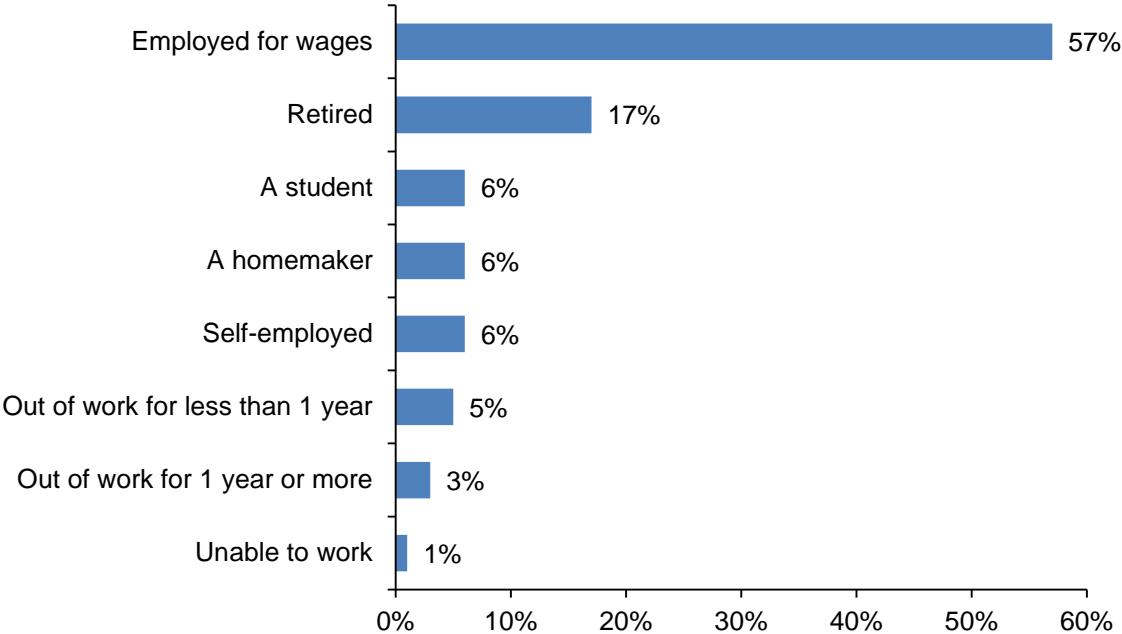
(Community 2 = Lincoln / Lyon)

### Education Level



Base: Grades 9 through 11 (some high school) (n=3), Grade 12 or GED (high school graduate) (n=15), Some college (1-3 years) or technical/vocational school (n=27), Completed technical or vocational school (n=12), College graduate (4 or more years) (n=28), Postgraduate degree (n=19), Sample Size = 104  
(Community 2 = Lincoln / Lyon)

### Employment Status



Base: Employed for wages (n=60), Self-employed (n=6), Out of work for less than 1 year (n=5), Out of work for 1 year or more (n=3), A homemaker (n=6), A student (n=6), Retired (n=18), Unable to work (n=1), Sample Size = 105  
(Community 2 = Lincoln / Lyon)

### Sample Source

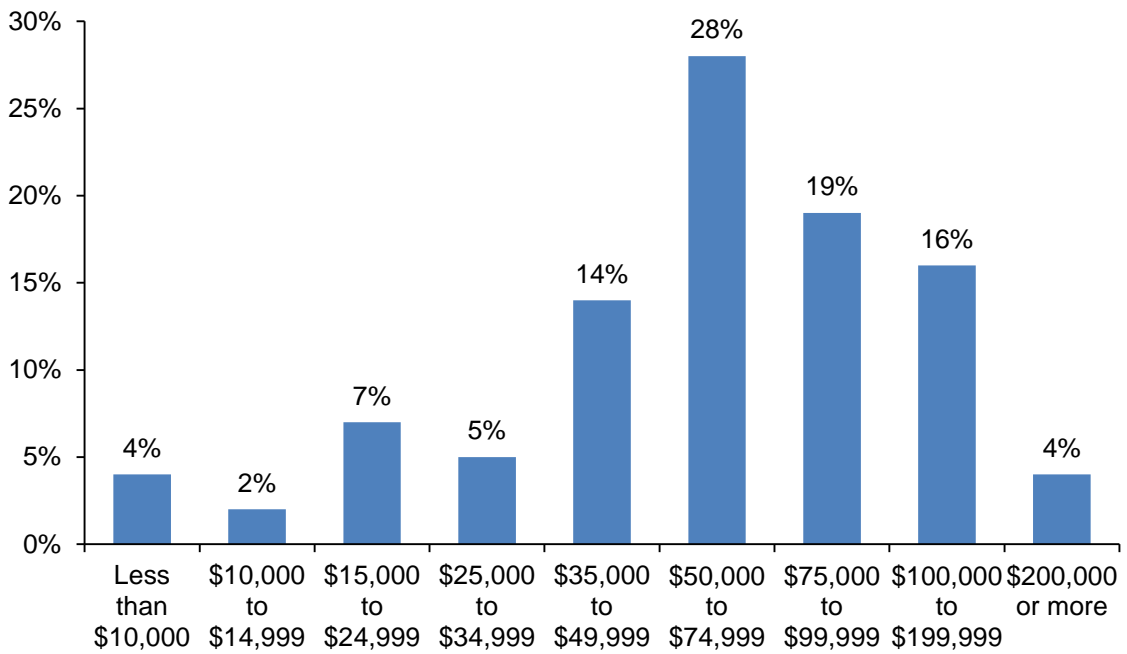
■ Qualtrics ■ Open Invitation / FaceBook



Base: Qualtrics (n=92), Open Invitation / FaceBook (n=13), Sample Size = 105

(Community 2 = Lincoln / Lyon)

### Total Household Income



Base: Less than \$10,000 (n=4), \$10,000 to \$14,999 (n=2), \$15,000 to \$24,999 (n=7), \$25,000 to \$34,999 (n=5), \$35,000 to \$49,999 (n=13), \$50,000 to \$74,999 (n=26), \$75,000 to \$99,999 (n=18), \$100,000 to \$199,999 (n=15), \$200,000 or more (n=4), Sample Size = 94

(Community 2 = Lincoln / Lyon)



# Prioritization Worksheet

## Canton/Inwood 2019 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 (Ebola 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
<b>Economic Well-Being</b> <ul style="list-style-type: none"> <li>• Availability of affordable housing 4.24 – <b>4 votes</b></li> <li>• Employment options 3.33 – <b>2 votes</b></li> <li>• Skilled labor workforce 3.24</li> <li>• Household budgeting and money management 3.19</li> <li>• Maintaining livable and energy efficient homes 3.05</li> </ul>	3 way tie – Availability of Affordable Housing		
<b>Transportation</b> <ul style="list-style-type: none"> <li>• Availability of walking and biking options 3.27</li> <li>• Driving habits 3.05</li> </ul>			
<b>Children and Youth</b> <ul style="list-style-type: none"> <li>• Substance abuse by youth 3.47 – <b>4 votes</b></li> <li>• Cost of activities (outside of school and sports) for children and youth 3.44</li> <li>• Availability of activities (outside of school and sports) for children and youth 3.42</li> <li>• Availability of quality childcare 3.41 – <b>1 vote</b></li> <li>• Availability of services for at-risk youth 3.41</li> <li>• Bullying 3.41 – <b>2 votes</b></li> <li>• Cost of quality childcare 3.35</li> <li>• Cost of services for at-risk youth 3.35</li> <li>• Childhood obesity 3.33</li> <li>• Teen tobacco use 3.29</li> <li>• Teen suicide 3.24 – <b>1 vote</b></li> <li>• Opportunities for youth-adult mentoring 3.06</li> </ul>	3 way tie – Substance Abuse by Youth		
<b>Aging Population</b> <ul style="list-style-type: none"> <li>• Cost of memory care 3.63</li> <li>• Cost of long term care 3.59</li> <li>• Cost of in-home services 3.32</li> <li>• Availability of memory care 3.28</li> <li>• Availability of resources to help the elderly stay safe in their homes 3.16 – <b>2 votes</b></li> </ul>			
<b>Safety</b> <ul style="list-style-type: none"> <li>• Abuse of prescription drugs 3.47 – <b>1 vote</b></li> <li>• Presence of drug dealers 3.06</li> </ul>			

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
<p><b>Health Care Access</b></p> <ul style="list-style-type: none"> <li>• Access to affordable health insurance coverage 3.82</li> <li>• Access to affordable health care 3.72</li> <li>• Availability of health care services for Native people 3.47</li> <li>• Access to affordable prescription drugs 3.44</li> <li>• Availability of health care services for New Americans 3.41</li> <li>• Access to affordable vision insurance coverage 3.29</li> <li>• Availability of mental health providers 3.22</li> <li>• Availability of non-traditional hours 3.19</li> <li>• Access to affordable dental insurance coverage 3.18</li> <li>• Availability of behavioral health 3.18</li> <li>• Availability of prevention programs and services 3.12</li> </ul>			
<p><b>Mental Health and Substance Abuse</b></p> <ul style="list-style-type: none"> <li>• Drug use and abuse 3.41 - <b>4 votes</b></li> <li>• Suicide 3.41 – 1 vote</li> <li>• Alcohol use and abuse 3.33 – <b>1 vote</b></li> <li>• Smoking and tobacco use 3.24</li> <li>• Depression 3.22 – <b>1 vote</b></li> <li>• Stress 3.18</li> <li>• Dementia and Alzheimer’s Disease 3.12</li> <li>• Exposure to secondhand smoke 3.06</li> </ul>	3 way tie – Drug Use and Abuse		

## Secondary Research

## Definitions of Key Indicators



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 2018 *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](http://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
<b>Geographic identifiers</b>	<b>FIPS</b>	Federal Information Processing Standard
	<b>State</b>	
	<b>County</b>	
<b>Premature death</b>	<b>Years of Potential Life Lost Rate</b>	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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	Years of Potential Life Lost Rate (Black)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Blacks
	Years of Potential Life Lost Rate (Hispanic)	Age-adjusted YPLL rate per 100,000 for Hispanics
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites

Measure	Data Elements	Description
Poor or fair health	<b>% Fair/Poor</b>	Percentage of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	<b>Physically Unhealthy Days</b>	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	<b>Mentally Unhealthy Days</b>	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.
	<b>% LBW</b>	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% LBW (Black)	Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks
	% LBW (Hispanic)	Percentage of births with low birth weight (<2500g) for Hispanics
	% LBW (White)	Percentage of births with low birth weight (<2500g) for non-Hispanic Whites
Adult smoking	<b>% Smokers</b>	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	<b>% Obese</b>	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	<b>Food Environment Index</b>	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	<b>% Physically Inactive</b>	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)

Measure	Data Elements	Description
Access to exercise opportunities	% With Access	Percentage of the population with access to places for physical activity
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Excessive drinking	% Excessive Drinking	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
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
	95% CI - Low	95% confidence interval using Poisson distribution
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Teen births	Teen Birth Rate	Births per 1,000 females ages 15-19
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	Teen Birth Rate (Black)	Births per 1,000 females ages 15-19 for Black non-Hispanic mothers
	Teen Birth Rate (Hispanic)	Births per 1,000 females ages 15-19 for Hispanic mothers
	Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic mothers
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	Primary Care Physicians per 100,000 population
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Dentists	# Dentists	Number of dentists
	Dentist Rate	Dentists per 100,000 population
	Dentist Ratio	Population to Dentists ratio
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	Mental Health Providers per 100,000 population
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	# Medicare Enrollees	Number of Medicare enrollees

Measure	Data Elements	Description
<b>Preventable hospital stays</b>	<b>Preventable Hosp. Rate</b>	Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
<b>Diabetes monitoring</b>	# Diabetics	Number of diabetic Medicare enrollees
	<b>% Receiving HbA1c</b>	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Receiving HbA1c (Black)	Percentage of Black diabetic Medicare enrollees receiving HbA1c test
	% Receiving HbA1c (White)	Percentage of White diabetic Medicare enrollees receiving HbA1c test
<b>Mammography screening</b>	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	<b>% Mammography</b>	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)
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	% Mammography (White)	Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
<b>High school graduation</b>	Cohort Size	Number of students expected to graduate
	<b>Graduation Rate</b>	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
<b>Some college</b>	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	<b>% Some College</b>	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)
<b>Unemployment</b>	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	<b>% Unemployed</b>	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
<b>Children in poverty</b>	<b>% Children in Poverty</b>	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)



Measure	Data Elements	Description
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – from the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
<b>Income inequality</b>	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	<b>Income Ratio</b>	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Children in single-parent households</b>	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	<b>% Single-Parent Households</b>	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Social associations</b>	# Associations	Number of associations
	<b>Association Rate</b>	Associations per 10,000 population
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Violent crime</b>	# Violent Crimes	Number of violent crimes
	<b>Violent Crime Rate</b>	Violent crimes per 100,000 population
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Injury deaths</b>	# Injury Deaths	Number of injury deaths
	<b>Injury Death Rate</b>	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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Air pollution - particulate matter</b>	<b>Average Daily PM2.5</b>	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Drinking water violations</b>	<b>Presence of violation</b>	County affected by a water violation: 1-Yes, 0-No
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Severe housing problems</b>	# 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
	<b>% Severe Housing Problems</b>	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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
<b>Driving alone to work</b>	<b>% Drive Alone</b>	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
<b>Long commute - driving alone</b>	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	<b>% Long Commute - Drives Alone</b>	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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$

## County Health Rankings

	Lincoln County SD	Lyon County IA
Length of Life		
Premature age-adjusted mortality	180	260
Child mortality	40	
Infant mortality	5	
Quality of Life		
Frequent physical distress	8%	8%
Frequent mental distress	8%	9%
Diabetes prevalence**	7%	11%
HIV prevalence		
Health Behaviors		
Food insecurity**	8%	9%
Limited access to healthy foods	1%	3%
Drug overdose deaths		
Drug overdose deaths - modeled	4-5.9	6-7.9
Motor vehicle crash deaths	6	12
Insufficient sleep	24%	25%
Clinical Care		
Uninsured adults	7%	6%
Uninsured children	4%	5%
Health care costs**	\$8,725	\$8,441
Other primary care providers	1,089:1	2,351:1
Social & Economic Factors		
Disconnected youth		
Median household income	\$84,600	\$62,500
Children eligible for free or reduced price lunch	17%	26%
Residential segregation - black/white**	50	
Residential segregation - non-white/white**	20	28
Homicides		
Firearm fatalities	6	
Physical Environment		
Demographics		
Population	54,469	11,754
% below 18 years of age	28.6%	28.4%
% 65 and older	11.6%	17.3%
% Non-Hispanic African American	1.3%	0.2%
% American Indian and Alaskan Native	0.6%	0.4%
% Asian	1.3%	0.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	1.9%	2.6%
% Non-Hispanic white	93.6%	95.8%
% not proficient in English	1%	0%
% Females	50.3%	49.2%

