



Community Health Needs Assessment

SANFORD CHAMBERLAIN MEDICAL CENTER – 2022-2024



Dear Community Members,

Sanford Chamberlain Medical Center is pleased to present the 2022 Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. The assessment helps identify unmet health needs in the community, and allows us to strategically plan how to best address those needs. This process is well aligned with Sanford's vision to improve the human condition.

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. These include economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health.

Sanford Health and the NDSU Center for Social Research partnered to analyze data from the primary survey research, along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in the community to help prioritize the identified health needs.

After completing this year's assessment, our facility will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

1. Improve mental health and decrease addiction/substance abuse
2. Increase access to specialty care

The CHNA process also highlights the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets that are offered to address various community health needs. Additionally, we have included an impact report detailing progress made to date with our 2019 implementation strategies.

Our entire team is truly grateful to the community members who participated in this year's assessment process. We appreciate your commitment to the health and wellness of our community. We look forward to working collaboratively with community partners and stakeholders to continue to improve the quality of life for all.

Sincerely,



Erica Peterson
Senior Director
Sanford Chamberlain Medical Center

Community Description

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

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

The community as defined for purposes of the Community Health Needs Assessment includes Buffalo, Lyman, and Brule Counties in South Dakota. Demographic detail for the counties is included in the appendix.

Partners

The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Sanford Health would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

Sanford Health

- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Senior Director, Communications
- Michelle Bruhn, Senior Vice President, Health Services Operations
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Executive Director, Community Relations
- Matt Ditmanson, Director, Community Benefit Programs
- Emily Griese, Vice President, Population Health and Clinical Operations
- Marnie Walth, Senior Legislative Affairs Specialist
- Joseph Beaudreau, Patient Relations Specialist and Indian Health Advocate
- Phil Clark, Director, Market Research
- Shawn Tronier, Senior Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

System Partners

We would also like to express our gratitude to the following individuals for their expertise during the development and analysis of the Community Health Needs Assessment:

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health

- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse Beltram County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Chamberlain Partners

We express our gratitude to the following community collaborative members for their participation in the community stakeholder meetings:

- Erica Peterson, Senior Director, Sanford Health Chamberlain
- Paul Miller, Director of Operations, Sanford Health Chamberlain
- Susan Choyal, Executive Assistant, Sanford Health Chamberlain
- Ellen Durkin, Board of Trustees President, Dakota Indian Foundation; Clinical Social Worker, Lower Brule Counseling Service
- Carson Pringle, Market President, Great Western Bank
- Chad Mutzinger, Member, School Board
- Leslie Reuer, Lyon County Commissioner

Sanford Chamberlain Description

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

Two clinic sites in Chamberlain and Kimball provide family medicine, behavioral health and OB/GYN services, outreach services, training programs and education resources. Sanford Chamberlain Care Center provides 24-hour nursing care for older adults. Sanford Chamberlain employs five clinicians, including physicians and advanced practice providers in family medicine, radiology and behavioral health.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues 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 and justify 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.

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

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

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. Hospitals are required to seek 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 or 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 they 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 form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. 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 2022 report will be Sanford's fourth report cycle since the requirements were enacted in 2010.

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/about/community-health-needs-assessment>. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

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



Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of the Buffalo, Lyman, and Brule County SD populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (<https://news.sanfordhealth.org/community/health-needs-assessment-survey/>) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 56 respondents from the area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

Secondary Data

County Health Rankings is based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.

Health Needs Identification Methodology

The Center for Social Research at North Dakota State University was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

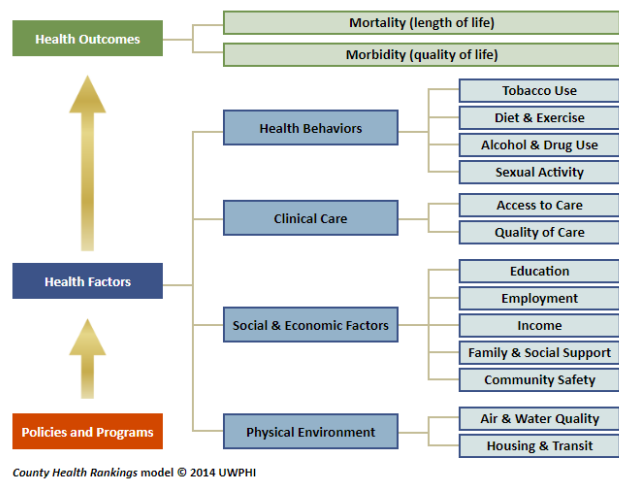
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Chamberlain is included with Bagley, MN; Canby, MN; Canton-Inwood, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, MN.
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

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.

Community Stakeholder Meetings

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 the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.



The Facilitated Discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there any work being done on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare system and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

At the end of the meeting the hospital administrator proposed the specific health needs to be addressed within the Implementation plan with input from the community members present. Administrator recommendations are based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Buffalo, Lyman, and Brule counties are included in the data analysis and represent a majority of volumes to Sanford Chamberlain. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Chamberlain area regarding the following community health issues were positive. Average scores were as follows:

- Child care and preschool quality (average score=3.13)
- Employment and economic opportunities (average score=3.33)
- Health care quality (average score=3.50)
- Long-term nursing care and senior housing quality (average score=3.53)
- Access to exercise opportunities (average score=3.58)
- Access to healthy foods (average score=3.82)
- Community safety (average score=3.90)
- Environmental health (average score=4.00)

However, when compared to the average scores for similar-sized markets served by Sanford Health, scores for CHNA respondents in the Chamberlain market varied. While average scores in the Chamberlain market were higher than the comparison group average for environmental health, access to healthy foods, long-term nursing care and senior housing quality, and employment opportunities, the average scores were lower than the comparison group average for access to exercise opportunities, health care quality, and child care quality. The average score for community safety was similar to the comparison group average.

When asked about their personal health, CHNA respondents in the Chamberlain area rated their current health and wellness as good (average score=3.48) and higher than the comparison group average. CHNA respondents in the Chamberlain area also rated their current ability to access health care services as good (average score=3.59); however, this score was lower than the comparison group average.

County Health Rankings (CHR) data indicate that Buffalo and Lyman counties are among the least healthy counties in South Dakota in terms of overall health; Brule County is ranked in the middle-range of South Dakota counties. The following areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

Access to Health Care Providers

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

While CHNA respondents in the Chamberlain area rated their ability to access health care as good (average score=3.59), the average score was lower than the comparison group average and 20 percent of respondents rated their ability to access health care as poor or fair. In addition, when respondents were asked about the most important health care issues impacting their community, access to health care was their top concern.

Among CHNA respondents in the Chamberlain area, 22 percent indicated they did not have a primary care provider they see for general health issues, which was the second highest percentage among similar-sized markets served by Sanford Health. In addition, 72 percent of CHNA respondents in the Chamberlain area traveled to receive health care services outside their

community in the past three years, which was higher than the comparison group average. When asked why, the main reason given was that they needed a specialist or the needed service was not available locally (66%) – which was followed by needing better or higher quality care (26%) and a physician’s referral (26%).

When asked which health care services they would like to see offered or improved in their community, about one in three CHNA respondents in the Chamberlain area said cancer care (36%), heart care (32%), general surgery (29%), and dermatology (29%) – and one in five said walk-in or urgent care (21%), labor and delivery (21%), eye services (21%), dental care (21%), family medicine or primary care (18%), and chiropractic care (18%).

According to County Health Rankings (CHR) the Chamberlain area has 1,232 people for every one primary care physician and 1,840 people for every one dentist (ratios which are similar to the comparison group average).

During the community stakeholder meeting participants identified increasing access to providers as a top need. Sanford Chamberlain mentioned that they offer many specialty services largely through outreach and much of the community may not know about the services. It was also mentioned that telehealth could benefit this issue. Dermatology is a service that participants indicate is needed in the community. There may be some capacity to collaborate with IHS to provide specialty services for larger proportions of the population. One of the reasons access to providers was considered a problem is that particular segments of the community may need to be convinced to see a doctor.

Local Asset Mapping

Health Care resources:

- Sanford Medical Center, 300 S. Byron Blvd., Chamberlain (and nearby clinics)
- Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain
- Avera Community Clinic, 101 Lakeview Hts., Chamberlain
- Drug stores that administer flu shots:
 - o Lewis Family Drug, 107 N. Main St., Chamberlain
 - o Gregg Drug, 220 N. Grace St., Chamberlain
 - o Casey Drug, 201 N. Main St., Chamberlain
- Fort Thompson Indian Health Center, 1323 BIA Rout 4, Fort Thompson

Access to Affordable Health Care

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

When CHNA respondents in the Chamberlain area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), cost and the ability to afford needed health care was the second leading health care concern behind COVID-19.

17 percent of people in the Chamberlain area are uninsured, a rate which is higher than any of the similar-sized markets served by Sanford Health. In addition, County Health Rankings (CHR) data indicate that when compared to similar markets, the Chamberlain area has the highest child poverty rate (32%) and the lowest median household income (\$46,497).

During the community stakeholder meeting access to affordable healthcare was discussed as a component of access to providers more than as a stand-alone issue. Additionally, community members agreed that while this is an important issue it should not be one of the main priorities for the implementation plan.

Local Asset Mapping

<p>Employment resources:</p> <ul style="list-style-type: none"> · Lake Francis Case Economic Development Corp., 112 N. Main St., Chamberlain <p>Major employers:</p> <ul style="list-style-type: none"> · Chamberlain School District, 1000 Sorensen Dr., Chamberlain · Sanford Chamberlain Medical Center, 300 S. Byron Ave., Chamberlain · St. Joseph's Indian School, 1301 N. Main St., Chamberlain 	<p>Health Insurance resources:</p> <ul style="list-style-type: none"> · Tri-County Insurance, 200 S. River St., Chamberlain · Sanford Health Plan, 300 N. Cherapa Place, Sioux Falls · KPI Insurance, 106 E. Beebe Ave., Chamberlain <p>Social Services:</p> <ul style="list-style-type: none"> · Social Services Department, 320 Sorensen Dr, Chamberlain
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Mental Health and Substance Abuse

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood¹.

When CHNA respondents in the Chamberlain area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (43%) and 32 percent said addiction treatment. According to County Health Rankings (CHR), adults in the Chamberlain market average 4.3 mentally unhealthy days each month and 15 percent of adults average at least 14 days of mental distress per month – both rates are higher than any of the similar-sized markets served by Sanford Health. One of the most important measures of mental health within a community is suicide. CHR data indicate that the suicide rate in the Chamberlain area (82 per 100,000 people) is also higher than any of the similar-sized markets. There are 789 people for every one mental health provider in the Chamberlain area (which is slightly lower than the comparison group average).

During the community stakeholder meeting participants cited the clear statistical evidence that mental health and substance abuse issues disproportionately affect the area. Sanford Chamberlain is well aware of this issue and they have been consistently looking for ways to improve these issues. One of the biggest specific issues surrounding this topic was the need for a treatment/detox facility in central SD, currently the closest detox facility to Chamberlain is in Sioux Falls and with transportation also being an issue, it is difficult for residents to receive the care that they need. Sanford Chamberlain brought up the high numbers of people who come to the ER for alcohol/drug overdose, which can be more expensive and less efficient than a detox facility.

Another focus of the mental health conversation is that it is an issue that is upstream from several other community health issues for example, tobacco use age, sexual activity, and community safety. Improving the mental health and substance abuse in the community may also address these other needs. Community members were passionate about this issue, and some expressed concern about the recent legalization of marijuana and what that would mean for the community.

Mental Health and especially the substance abuse component of it was in discussion heavily during the community stakeholder meeting. Mental health and substance abuse came out as a primary community concern during the course of this meeting. Additionally, it is an area where Sanford can have a significant and meaningful impact.

¹ U.S. Department of Health & Human Services, MentalHealth.gov. Available at <https://www.mentalhealth.gov/basics/what-is-mental-health>

Local Asset Mapping

<p>Substance Abuse resources:</p> <ul style="list-style-type: none"> · Life Light Counseling, 814 N. Main, Chamberlain · Dakota Counseling/Stepping Stones, 200 Paul Gust Rd., Chamberlain · AA meetings, 400 S. Main, Chamberlain, SD · NA meetings, 101 N. Merrill St., Chamberlain 	<p>Mental Health resources:</p> <ul style="list-style-type: none"> · Sanford Clinic, 300 S. Byron Blvd., Chamberlain · Avera Community Clinic, 101 Lakeview Hts., Chamberlain · Dakota Counseling Institute, 200 Paul Gust Rd., chamberlain · Hope Psychological Services, 108 E. Clemmer Ave., Chamberlain · Bruce Co. Public Health, 110 W. Beebe Ave., Chamberlain
<p>Tobacco Cessation resources:</p> <ul style="list-style-type: none"> · Quitline, SDQuitline.com · SD Department of Health, 600 E. Capitol Ave., Pierre (many resources) · Sanford Clinic, 300 S. Byron Blvd., Chamberlain · Avera Community Clinic, 101 Lakeview Hts., Chamberlain · Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain 	<p>Alcohol Abuse Resources:</p> <ul style="list-style-type: none"> · Life Light Counseling, 814 N. Main, Chamberlain · Dakota Counseling/Stepping Stones, 200 Paul Gust Rd., Chamberlain · AA meetings, 400 S. Main, Chamberlain, SD · NA meetings, 101 N. Merrill St., Chamberlain

Physical Activity and Nutrition

The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape the health and the risk of being overweight and obese.

Diabetes is an important marker for a range of health behaviors. 14 percent of adults in the Chamberlain area have diabetes (the second highest rate among similar markets served by Sanford Health) and 41 percent of adults have obesity (the highest rate among similar markets). County Health Rankings (CHR) data also indicate that 28 percent of individuals in the Chamberlain market are physically inactive (which is high relative to similar markets) and 31 percent have limited access to healthy foods, i.e., are low income and do not live close to a grocery store (which is the highest percentage among similar market areas).

While CHNA respondents in the Chamberlain area rated access to exercise opportunities as good (average score=3.58), the score was slightly lower than the comparison group average; however, respondents rated access to healthy foods as very good (average score=3.82) and the score was slightly higher than the comparison group average.

Community stakeholders confirmed that this is a known issue in the community and Sanford Chamberlain is already doing work regarding this, particularly with programs like Sanford fit in the elementary schools. It was mentioned that the community has resources but the issue stems from getting people to use them. Most of the conversation focused on the nutrition component of this issue, including access to quality and affordable foods. Particularly stakeholders mentioned that members of the community do not know how to cook, and they would like to see Sanford offer cooking/nutrition classes. Overall this was identified as a community issue though it did not end up being one of the two priority issues for the implementation plan.

Local Asset Mapping

<p>Physical Fitness resources:</p> <ul style="list-style-type: none"> · River City Fitness, 300 Sorensen Dr., Chamberlain · Curves, 136 S. Main, Chamberlain · School District activities, 1000 Sorensen Dr., Chamberlain · Park District, 715 N. Main, Chamberlain · Barger Park, 347 N. Courtland St., Chamberlain · Roam Free Park Trail, SD 50, Chamberlain 	<p>Obesity resources:</p> <ul style="list-style-type: none"> · Sanford Clinic, 300 S. Byron Blvd., Chamberlain · Avera Community Clinic, 101 Lakeview Hts., Chamberlain · Weight Watchers, 117 E. Beebe Ave., Chamberlain · Sanford Profile, 401 W. 69th St., Sioux Falls · Sanford Dieticians, 300 S. Byron Blvd., Chamberlain · Brule Co, Extension Office (healthy cooking resources & classes), 300 S. Courtland St., Chamberlain
<p>Food & Nutrition Education resources:</p> <ul style="list-style-type: none"> · Brule Co, Extension Office (healthy cooking resources & classes), 300 S. Courtland St., Chamberlain · Community Education, 1000 Sorensen Dr., Chamberlain 	<p>Healthy Food resources:</p> <ul style="list-style-type: none"> · Chamberlain Food Center, 100 Paul Gust Rd., Chamberlain · Sunshine Foods/Al's Oasis, 1000 E. SD Hwy 16, Chamberlain · Chamberlain Farmers Market, 902 S. Main, Chamberlain
<p>Food resources:</p> <ul style="list-style-type: none"> · ROCS Food Pantry, 300 S. Courtland St., Chamberlain · St. Joseph's Indian School food pantry, 1301 N. Main St., Chamberlain · Chamberlain Food Center, 100 Paul Gust Rd., Chamberlain · Sunshine Foods/Al's Oasis, 1000 E. SD Hwy 16, Chamberlain · SNAP (food stamps), Chamberlain Human Service Center, 320 Sorensen Dr., Chamberlain · Chamberlain Farmers Market, 902 S. Main, Chamberlain 	

Tobacco Usage

Tobacco use is the leading cause of preventable death in the United States. It affects not only those who choose to use tobacco, but also people who live and work around tobacco. CHR data indicate that the Chamberlain area has the highest rate of adult smokers (28%) when compared to similar markets.

Community members are aware of this problem in the community and expressed concern for the issue. Though identified as an individual issue tobacco usage was discussed a part of substance abuse. There was particular concern in the conversation about tobacco use among young people and children in the community. The issue in the youth may be solved best by educating the parents to set a good example. Sanford Chamberlain mentioned that they recently received a grant to address this issue because of how disproportionately high tobacco usage is in the community. Stakeholders were hesitant to make this a priority issue because they are already doing a significant amount in this regard, and they could address it broadly in tandem with substance abuse.

Local Asset Mapping	
<p>Tobacco Cessation resources:</p> <ul style="list-style-type: none"> · Quitline, SDQuitline.com · SD Department of Health, 600 E. Capitol Ave., Pierre (many resources) · Sanford Clinic, 300 S. Byron Blvd., Chamberlain · Avera Community Clinic, 101 Lakeview Hts., Chamberlain · Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain 	

Sexual Activity

Sexually transmitted infections (STIs) and unplanned pregnancies, often the result of risky sexual behavior, have lasting effects on health and well-being, especially for adolescents.

CHR data indicate that the Chamberlain area has the highest rates of STIs (829 per 100,000 people) and teen births (46 per 1,000 teens) among similar-sized market areas served by Sanford Health – both rates are three times higher than the comparison group average. Community members indicated concern in the high number of teen pregnancies in the community during the community health needs stakeholder meeting. Sanford Chamberlain is doing some work in this area but it was mentioned that they could collaborate with the local schools to discuss safe sex behaviors. One community member brought up that a high amount of babies are being born with issues linked to meth which ties into the substance abuse issue.

Local Asset Mapping	
<p>Schools:</p> <ul style="list-style-type: none"> · Chamberlain School District, 1000 Sorensen Dr, Chamberlain · St. Joseph’s Indian School, 1301 N. Main St., Chamberlain 	<p>Health Care resources:</p> <ul style="list-style-type: none"> · Sanford Medical Center, 300 S. Byron Blvd., Chamberlain (and nearby clinics) · Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain · Avera Community Clinic, 101 Lakeview Hts., Chamberlain · Drug stores: <ul style="list-style-type: none"> o Lewis Family Drug, 107 N. Main St., Chamberlain o Gregg Drug, 220 N. Grace St., Chamberlain o Casey Drug, 201 N. Main St., Chamberlain · Fort Thompson Indian Health Center, 1323 BIA Rout 4, Fort Thompson

Community Safety

Accidents and violence affect health and quality of life in the short- and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways.

CHNA respondents in the Chamberlain area rated community safety as very good (average score=3.90) and similar to the comparison group average. However, CHR data indicate that the rates of violent crime (662 per 100,000 people) and injury deaths (149 per 100,000 people) in the Chamberlain area are the highest among similar markets. Community safety was discussed as an issue that is downstream from mental health and substance abuse during the community stakeholder meeting.

Local Asset Mapping	
<p>Safety Resources:</p> <ul style="list-style-type: none"> • Brule Co. Sheriff, 201 W. Kellam Ave., Chamberlain • Chamberlain Police, 715 N. Main St., Chamberlain • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • NA meetings, 101 N. Merrill St., Chamberlain 	

Child Care Quality

Participation in high-quality early childhood care and education programs can have positive effects on children’s cognitive, language, and social development, particularly among children at risk for poor outcomes².

CHNA respondents in the Chamberlain area rated the quality of child care, day care, and preschool services as good (average score=3.13); however, the average score was the lowest when compared to similar markets. When the 37 percent of respondents who rated the quality of child care as poor or fair were asked why they did so, responses focused on a lack of consistent caregivers and options within the community, which, responses indicated, place stress on the families and businesses in the area.

Emphasizing the need for child care, CHR data indicate that 31 percent of children in the Chamberlain area live with a single parent, which is the highest percentage among similar markets and twice the comparison group average. During the community stakeholder meeting participants discussed child care. Preschools and daycares were not mentioned as much as helping parent to set a good health example for their children to break they bad health cycle. While an important issue it was not identified as the priority need in the community for the coming years.

Local Asset Mapping	
<p>Day Care:</p> <ul style="list-style-type: none"> • Kid’n Kaboodle, 1215 Courtland ST, Chamberlain • Children’s Ark Inc, 112 W 16th Ave, Chamberlain • Ohana Daycare, 101 S Byron Blvd, Chamberlain • Kids Korner Daycare, 203 E Beebe Ave, Chamberlain 	<p>Children’s Resources:</p> <ul style="list-style-type: none"> • Wiconi Wawokiya Inc, 125 Red Horse Rd, For Thompson • Sanford Clinic, 300 S. Byron Blvd., Chamberlain

Affordable Housing

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

² Child Trends, Early Childhood. Available at <https://www.childtrends.org/research-topic/early-childhood>

CHNA respondents in the Chamberlain area rated the availability of affordable housing in their community as less than good (average score=2.92) and the second lowest community health issue after transportation. When respondents were asked to explain why they rated available, affordable housing as they did, responses focused on a lack of housing in general, and limited affordable options to meet the demand.

CHR data indicate that 15 percent of households in the Chamberlain area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 8 percent of households spend at least 50 percent of their household income on housing costs; both rates are higher than the comparison group average. In addition, CHR data indicate that the homeownership rate in the Chamberlain area (62%) is the lowest rate when compared to similar markets. While an important affordable housing was not prioritized as a top health need for the next 3-year implementation plan.

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

Public Transportation and the Internet

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults⁴. In addition to having adequate transportation options, having access to reliable, high-speed broadband internet improves access to education, employment, and health care opportunities and is associated with increased economic development.

CHNA respondents in the Chamberlain area rated community access to daily transportation as less than good (average score=2.79) and lower than any other community health issue. When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents cited few if any options for public transportation in their community. CHR data also indicate that 66 percent of households in the Chamberlain area have a broadband internet connection through a subscription – which is the lowest percentage among similar-sized markets served by Sanford Health.

During the stakeholder meeting public transportation and the internet were discussed. Sanford Chamberlain has received funds to improve this issue, but have not found a suitable place to allocate them yet. Transportation, or lack of, impacts the community's ability to receive addiction treatment. Additionally there is only one ambulance in the area. Lack of internet access can limit the community's ability to utilize virtual care effectively. These are all important considerations but this should not be one of the two community priorities moving forward.

³ <https://www.lowincomehousing.us/SD/chamberlain.html>

⁴ Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy, Population Health and Healthcare Office. Available at <https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html>.

Local Asset Mapping

Transportation Resources⁵:

- Missouri Valley Ambulance Inc, Po Box 354, Chamberlain
- There is not Uber or Lyft in this area

Internet Providers:⁶

- HughesNet, (855) 5533-9051
- Viasat, (866) 606-9068
- Century Link, (844) 643-2564

Sanford Area of Focus

The health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency were invited, and the report will be reviewed with those not able to attend. Sanford Health staff were also present. List of meeting attendees is included in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward.

⁵ <https://www.chamberofcommerce.com/united-states/south-dakota/chamberlain/travel-and-public-transportation/>

⁶ <https://broadbandnow.com/South-Dakota/Chamberlain>

IMPLEMENTATION PLAN

Priority 1: IMPROVE MENTAL HEALTH AND DECREASE ADDICTION/SUBSTANCE ABUSE IN THE COMMUNITY

Sanford Health is positioned locally to have a positive impact on improving mental health and decreasing addiction/substance abuse in the community as a whole. In particular, we intend to add resources and continue partnership with the local schools.

Current activities

Further developing the mental health services in central South Dakota, through hiring additional mental health therapists, to serve central South Dakota at Sanford Chamberlain.

Projected Impact

Upon completion of the action plan, the Community would see additional mental health counseling and substance abuse counseling options.

Goal 1: Add additional mental health resources in the community

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Complete mental health pro forma and budget	12/31/2021,	.80 additional counselor FTE	Sr. Director	
Hire .80 mental health FTE	3/31/2022, mental health appointment availability, appointment utilization, improved consumer survey mental health scores		Sr. Director	

Goal 2: Increase accessibility to mental health care for youth

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Continue collaborative work with Chamberlain School District with Sanford Chamberlain Mental Health Counselor embedded in the middle school/high school one day a week	Increased access to services, student utilization		MSW/Sr. Director	

Priority 2: INCREASE ACCESS TO SPECIALTY CARE IN THE COMMUNITY

Sanford Health is positioned locally to have a positive impact on increasing access to specialty care within the community. This effort will focus on two primary goals promoting services already offered that may be underutilized or unknown and, leveraging virtual care for services that are not offered locally

Current activities

Robust marketing activity in promoting specialty services including social media and webpage. Current tele health coordinator on site that promotes virtual services to patients and providers.

Projected Impact

Upon completion of the action plan, the Community would have enhanced access to a variety of specialty care services.

Goal 1: Promote new specialty care services including ophthalmology and orthopedics

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Promote new ophthalmology outreach – including local cataracts surgery option	See increased awareness of outreach by end of first quarter in 2022, increased utilization, increased consumer awareness of the service	Marketing Outreach coordinator	Sr. Director	Continued work with local optometrist
Establish orthopedic outreach	Have ortho procedures available locally by 12/31/21, increased utilization and available appointments		Sr. Director	

Goal 2: Create awareness of virtual care options for specialty services

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Work with local clubs (ie Kiwanis, women's groups) to get telehealth coordinator as a featured speaker	Summer 2022 have completed two community	Telehealth coordinator	Sr. Director	Local clubs

	education opportunities around virtual care options, improved CHNA survey scores			
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Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not addressed as a significant need for the purpose of this process:

Access to Affordable Health Care is not included in the implementation plan as stakeholders indicated it was lower priority than other identified needs from the assessment. Sanford Chamberlain offers a financial assistance program to eligible patients and shares information on insurance options available through Sanford Health Plan.

Physical Activity and Nutrition is not included in the implementation plan as stakeholders indicated it was lower priority than other identified needs from the assessment. Sanford Chamberlain offers the Sanford fit kids program in local schools which promotes healthy habits. Sanford providers and RN Care managers also help patients with chronic disease management and encouraging health lifestyle choices.

Sexual Activity is not included in the implementation plan as stakeholders indicated it was lower priority than other identified needs from the assessment. Sanford Chamberlain providers discuss healthy behaviors with their patients and behavioral health and social work resources are also available through Sanford Health. Assessment information will be shared with other community partners, including local schools, who educate teens on safe behaviors.

Community Safety is not included in the implementation plan as stakeholders indicated it likely did not fall under the purview of a health care system. Patients of Sanford Chamberlain are asked if they feel safe at home at every visit. Sanford Chamberlain’s focus on mental health and substance abuse should positively impact this issue over time.

Childcare Quality is not included in the implementation plan as stakeholders indicated it likely did not fall under the purview of a health care system. Assessment information will be shared with other community partners who work on this issue. Sanford is addressing this need by offering wellness solutions to children and students through the availability of its Sanford fit program.

Affordable Housing is not included in the implementation plan as stakeholders indicated it likely did not fall under the purview of a health care system. Assessment information will be shared with other community partners who work on this issue, and Sanford Chamberlain will support local affordable housing initiatives where possible.

Public Transportation and the Internet is not included in the implementation plan as stakeholders indicated it likely did not fall under the purview of a health care system. Assessment information will be shared with other community partners who work on this issue. Sanford is addressing the need by supporting expansion of programs that reduce the transportation burden on individuals needing medical care, such as telehealth.

EVALUATION OF 2019-2021 CHNA

Mental Health/Behavioral Health and Substance Abuse

Sanford Chamberlain Medical Center provides education on substance abuse prevention and behavioral health for students and parents of local schools. Sanford Chamberlain engaged in work with the Chamberlain school district, embedding a licensed mental health counselor in the high school/middle school and elementary school one day per week. Chamberlain schools were virtual from March to May 2020, impacting reach.

Sanford Chamberlain works with the Chamberlain Middle School in supporting a curriculum around social/emotional well-being. The social/emotional curriculum is live in classrooms, circulating through 6th to 8th grade students.

To increase community safety and decrease substance abuse, Sanford Chamberlain Medical Center has previously trained community members on Mental Health First Aid and intended to continue this services in 2020. Unfortunately, although Sanford Chamberlain has a certified trainer, the Mental Health First Aid training sessions were put on hold due to COVID-19.

To advance opioid prescribing best practices, staff and providers are routinely given updates on Sanford enterprise best practices regarding opioid prescribing. Many of these updates appear as prompts in a patient's Electronic Medical Record (EMR). The EMR prompts providers to do the following: check PDMP (Prescription Drug Monitoring Program) before prescribing opioids, perform routine yearly Urine Drug Screen tests, provide educational resources in dealing with prescribing opioids, and give Controlled Substance Agreements for patients using opioids chronically.

Children and Youth

Sanford Chamberlain intends to make the Sanford *fit* wellness program available to local schools as well as parents of students. SCMC hosted Sanford *fit* night in conjunction with parent teacher conferences at the Chamberlain elementary school on February 13, 2020. Approximately 200 people attended the event.

Camp FUEL is a summer camp for area youth where healthy eating, exercise, and health outcomes are explored. The camp took place in summer 2019 and planned to hold a Camp FUEL again in 2020. The 2020 camp strategy was paused due to COVID-19.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The website includes current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit <https://www.sanfordhealth.org/contact-us>.

APPENDIX

Survey Responses

Survey responses are available through an online dashboard at <https://www.sanfordhealth.org/about/community-health-needs-assessment>

Expanded Demographics⁷

The populations of Lyman, Buffalo and Brule Counties are 3,781, 1,962, and 5,297 respectively in 2019. The counties trailed South Dakota's 8.7% growth rate coming in at 0.7%, 2.6%, and 0.8% respectively from 2010 to 2019. Lyman and Buffalo Counties tend to be younger than both Brule county and South Dakota as a whole. Brule County has similar racial demographics as the state of South Dakota while the American Indian population in Lyman County is much higher at over 40%, and over 80% in Buffalo County.

The counties' home median values are less than the state average with Lyman County at \$102,000, Brule County at \$152,000, and Buffalo County at \$49,000. Rent trends follow a similar pattern, and Buffalo County has lower levels of home computers or internet access than the state average. Lyman County has lower levels of college graduates than Brule County or South Dakota as a whole, but otherwise education demographics are relatively similar. The counties have high proportions of their population who are insured when compared to the state average. In addition over 21% of Lyman County's residents live in poverty, an amount higher than the comparison. While Lyman County lost 8.6% of its total workforce and South Dakota as a whole was largely stagnant, the workforce in Brule County grew by 4.3%.

	Buffalo County, SD	Lyman County, SD	Brule County, SD	South Dakota
Population estimates, July 1, 2019, (V2019)	1,962	3,781	5,297	884,659
Population estimates base, April 1, 2010, (V2019)	1,913	3,755	5,255	814,198
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	2.6%	0.7%	0.8%	8.7%
Population per square mile, 2010	4.1	2.3	6.4	10.7
Persons under 5 years, percent	11.3%	8.7%	6.7%	6.9%
Persons under 18 years, percent	38.7%	29.4%	25.8%	24.5%
Persons 65 years and over, percent	7.45%	16.2%	19.7%	17.2%
White alone, percent	15.6%	55.3%	85.1%	84.6%
Black or African American alone, percent	0.8%	0.6%	0.6%	2.3%
American Indian and Alaska Native alone, percent	80.6%	40.4%	10.0%	9.0%
Asian alone, percent	0.1%	0.4%	0.4%	1.5%
Two or More Races, percent	2.9%	3.3%	3.8%	2.5%
Hispanic or Latino, percent	5.4%	2.6%	3.2%	4.2%
White alone, not Hispanic or Latino, percent	14.9%	54.7%	83.3%	81.5%
Median value of owner-occupied housing units, 2015-2019	\$49,000	\$102,800	\$152,600	\$167,100
Median gross rent, 2015-2019	\$437	\$568	\$679	\$747

⁷ <https://www.census.gov/quickfacts>

Households with a computer, percent, 2015-2019	70.2%	84.8%	80.5%	88.5%
Households with a broadband Internet subscription, percent, 2015-2019	53.5%	72.8%	72.3%	80.7%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	78.1%	89.7%	88.9%	91.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	8.5%	20.3%	27.1%	28.8%
With a disability, under age 65 years, percent, 2015-2019	12.0%	6.4%	11.3%	8.1%
Persons without health insurance, under age 65 years, percent	18.4%	16.9%	17.5%	12.2%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	57.3%	64.3%	72.5%	67.7%
Median household income (in 2019 dollars), 2015-2019	\$34,808	\$53,862	\$57,196	\$58,275
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$11,995	\$22,850	\$31,874	\$30,773
Persons in poverty, percent	39.87%	21.1%	12.6%	11.9%
Total employer establishments, 2019	10	74	227	27,108
Total employment, 2019	162	532	2,001	358,943
Total employment, percent change, 2018-2019	-4.1%	-8.6%	4.3%	-0.2%

CHNA Survey Questionnaire

The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor Fair Good Very Good Excellent Don't Know

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

010000-01882 1/01

1

How would you rate the availability of AFFORDABLE HOUSING in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

- Poor Fair Good Very Good Excellent Don't Know

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED In your community?

- Yes Please answer next question
- No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED In your community. (Select all that apply)

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

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- Yes
- No

How long has it been since you last visited a physician / provider for a routine check up or screening?

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

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

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

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

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

Why did you give it that rating?

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

- Yes No Unsure

What are the reasons you or a family member did not receive the care needed?

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

TRAVELING FOR CARE

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

- Yes No

If yes, Where did you travel to? (If you traveled more than once, enter the most recent place you traveled to?)

City _____ State _____

What was the main reason you traveled for care? (select all that apply)

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Second opinion | |

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

- Employer (Your employer, spouse, parent, or someone else's employer)
- Individual (Coverage bought by you or your family)
- Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)
- Medicare
- Medicaid
- Military (Tricare, Champus, VA)
- Indian Health Service (IHS)

Other (please specify)

DEMOGRAPHICS

What is your biological sex?

- Male Female

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

- Yes No

How many people live in your house, including yourself? _____

How many children under age 18 currently live with you in your household? _____

Are you Spanish, Hispanic, or Latino in origin or descent?

- Yes No

What is your race? *(Select all that apply)*

- American Indian or Alaska Native
 Caucasian or White
 Asian
 Native Hawaiian or Pacific Islander
 Black or African American
 Other *(please specify)*

How long have you been a US citizen?

- I am not a US citizen
 • Are you planning to become a US citizen? Yes No Prefer not to answer
 0 - 5 years
 6 - 10 years
 More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

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

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (*owned or leased*)
- Online Ride Service (*Uber / Lyft*)
- Taxi Service
- Public Transportation (*bus / subway / rail*)
- Other (*please specify*)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (*high school diploma or equivalent including GED*)
- Some college but no degree
- Associate degree in college (*2-year*)
- Bachelor's degree in college (*4-year*)
- Master's degree
- Doctoral degree
- Professional degree (*JD, MD*)

Your current employment status is best described as:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

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