



Community Health Needs Assessment

SANFORD VERMILLION MEDICAL CENTER
2022-2024



Dear Community Members,

Sanford Vermillion 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, allowing the organization to strategically plan how to 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, Sanford Vermillion will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

1. Access to Affordable Health Care
2. Health Care Access: Mental/Behavioral Health

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 team is extremely 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 improve the quality of life for Vermillion area residents.

Sincerely,

Veronica Schmidt
Senior Director
Sanford Vermillion Medical Center

BACKGROUND

Community Description

The Sanford Vermillion Medical Center is located in Vermillion, SD, a community of over 10,700 people. Located in the Southeast corner of South Dakota, Vermillion lies atop a bluff on the Missouri River, and offers easy access to and from surrounding areas. The city of Vermillion was incorporated in 1877 but has been home to Native Americans for centuries. Before the city's founding it was visited by Lewis and Clark. The University of South Dakota (USD) was founded in Vermillion in 1862 and currently enrolls over 10,000 students. USD is home to South Dakota's only law, medical, and accredited business schools.

Vermillion boasts small town charm and big town amenities, including a vibrant artistic community, division one college sports, and economic opportunities. The City's major employers include, USD, Sanford Health, Aramark, Walmart, Hy-Vee, Polaris, City of Vermillion, and more.

The community as defined for purposes of the Community Health Needs Assessment includes Clay and Union 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.

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
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- 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

Vermillion Partners

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

- Tim Tracy, Senior Director, Sanford Vermillion Medical Center
- Julie Girard, Improvement Advisor, Sanford Vermillion Medical Center
- Rachel Olson, Clinic Director, Sanford Vermillion Medical Center
- Jeff Berens, Director of Nursing, Sanford Vermillion Medical Center
- Matt Ditmanson, Director Community Benefits, Sanford Health
- Stan Knobloch, Director of Finance, Sanford Health
- Matt Betzen, Chief of Police, Vermillion South Dakota
- Carmen Stewart, Headstart Director, University of South Dakota
- Catherine Johnson, United Way
- Kirney Passick, Housing Authority, Vermillion
- John Howe, Associate Dean of Students, University of South Dakota

Sanford Vermillion Description

Sanford Vermillion Medical Center is a 25-bed, acute care Critical Access Hospital serving 25,000 people in Clay and Union counties in southeast South Dakota and a few counties across the Missouri river in Nebraska. Services provided include trauma/emergency medicine, therapies, mammography, and radiology.

Sanford Health partnered with Dakota Hospital Foundation in Vermillion on a \$12 million remodeling and expansion of Sanford Vermillion Medical Center. Work included remodeling several areas as well as removing a 1935 building and replacing it with an expanded outpatient service center with enhanced technology. The project was announced in 2014 and was completed in the fall of 2017. Sanford Health assumed ownership of the infrastructure, including building projects and technology at the conclusion of the project.

Sanford Vermillion also includes an outpatient clinic, a 66-bed nursing home, and 23-unit assisted living center. The clinic provides over 24,000 patient visits annually and includes the USD student health contract population. Sanford Vermillion employs nine clinicians, including physicians, advanced practice providers, integrated health therapists, and 250 employees.

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 and is vital to a Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research.

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 assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals must develop an implementation strategy to address 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, gaps may occur due to the difficulty in reaching every demographic via 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

Community members were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint. The tool was designed 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 population 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 208 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

Secondary Data

County Health Rankings are based upon the UW Population Health model and serve as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are noted 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 which builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

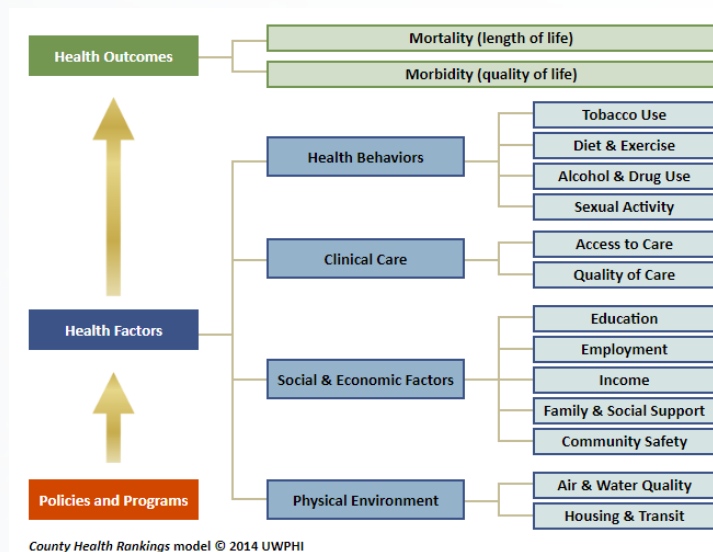
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Vermillion is included with Bemidji, MN, Thief River Falls, MN, Aberdeen, SD, and Worthington, SD.
- To identify 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 identified needs. Each unmet need was researched to determine what resources were available. 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. Facilitated discussion commenced and each participant was asked to consider the needs identified that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.



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 work being done on these identified 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 specific significant health needs to be addressed within the Implementation plan with input from 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

Clay and Union Counties in South Dakota are the counties primarily served by Sanford Vermillion and represent a majority of its volumes. 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 Vermillion area regarding the following community health issues were positive. Average scores by category were as follows:

- Employment and economic opportunities (3.11)
- Long-term nursing care and senior housing quality (3.46)
- Child care and preschool quality (3.51)
- Quality of health care (3.63)
- Access to healthy foods (3.82)
- Access to exercise opportunities (3.82)
- Access to health care (3.84)
- Environmental health (4.08)
- Community safety (4.21)

All categories were above 3.00 and higher than average scores for any of the similar-sized markets served by Sanford. When asked about personal health, CHNA respondents in the Vermillion area rated their personal health and wellness as good overall (average score=3.35), and the score was higher than the comparison group average.

CHR data indicate that Clay and Union counties are among the healthiest in South Dakota. Data from CHR indicate that 13 percent of adults in the Vermillion area report fair or poor health, which is lower than similar-sized markets served by Sanford Health. In addition, adults in the Vermillion area average 3.1 physically unhealthy days per month, which is also lower than the comparison group average. However, the following four areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

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 Vermillion area were asked about the biggest health care concerns they and their family face on a regular basis, cost and affordability issues came out on top. About 15 percent of CHNA respondents in the Vermillion area indicated that they or a family member did not receive needed medical care in the past year. When asked why, the main reason was due to cost and inability to pay for health care services (53%) followed by COVID-19 issues (43%). Adding to the difficulty in accessing care is that 8 percent of people in the Vermillion area are uninsured, a rate similar to the comparison group average, according to CHR.

During the stakeholder meeting participants identified access to affordable health care as a top area in which Sanford Health could make a meaningful difference. Sanford Vermillion and community leaders alike agree the community may not be aware of what resources are available. They expressed interest in increasing education on and assisting consumers with obtaining insurance or financial aid to help pay medical bills.

Local Asset Mapping

<p>Health Insurance resources:</p> <ul style="list-style-type: none"> • Sanford Health Plan, 300 Cherapa Pl., Sioux Falls • Farm Bureau Ins., 120 E. Main, Vermillion • State Farm Ins., 16 E. Main, Vermillion • American Family Ins., 112 W. Main, Vermillion • HUB International, 15 E. Main, Vermillion 	<p>Prescription Assistance programs:</p> <ul style="list-style-type: none"> • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecqrd.com • Medsavercard.com • Yourrxcard.com • Medicationdiscountcard.com • Nedymeds.org/drugcard • Caprxprogram.org • Southdakotarxcad.com • Gooddaysfromcdf.org • NORD Patient Assistance Program, rarediseases.org • SD Partnership for Prescription Assistance, pparx.org • Patient Access Network Foundation, panfoundation.org • Pfizer RC Pathways, pfizerRX pathways.com • RXhope.com
---	--

Access to Health Care Providers

Despite CHNA respondents in the Vermillion area rating their ability to access health care in their community as fairly good (average score=3.84), when they were asked about the most important health care issues impacting their community, access to health care services and providers was their top concern (slightly higher than COVID-19 concerns). More than two-thirds of CHNA respondents in the Vermillion area reported traveling outside of their community to receive health care services in the past three years (69%). When asked why, 80 percent of respondents who traveled for care indicated that the needed services were not available locally.

About 14 percent of CHNA respondents in the Vermillion area indicated they do not currently have a primary care physician. CHR data indicate that in the Vermillion area, there is one primary care physician for every 1,745 people, the highest ratio among similar markets. CHR data also indicate that the Vermillion area has the highest mental health care provider ratio (one provider for every 2,143 people) among similar markets. When CHNA survey respondents were asked about what health care services they would like to see offered or improved in their community, most respondents said behavioral and mental health care services (58%) followed by addiction treatment (30%).

During the stakeholder meeting community members expressed interest in Sanford Health working to increase access to providers. Community members were interested in increasing use of telehealth. Meeting participants agreed that mental health services is an area that should be included in the implementation plan as the community could benefit from expanded access in this area.

Local Asset Mapping

<p>Mental Health resources:</p> <ul style="list-style-type: none"> • Sanford Clinic Vermillion MSW & Psychologist Mental Health Therapy Services • USD Student Counseling Center (Cook House), 414 E. Clark St., Vermillion • Vermillion Prevention Coalition, 414 E. Clark St., Vermillion • USD Psych Services Center (for students), 411 E. Clark St., Vermillion • Gapp Counseling, PO Box 553, Vermillion • Lewis & Clark Behavioral Health, 200 W. Main, Vermillion • Dakota Oak Counseling, 3220 W. 57th St., Sioux Falls • Sioux Falls Psychological Services, 2109 S. Norton Ave., Sioux Falls • Great Plains Psychological Services, 4105 S. Carnegie Cir., Sioux falls • Southeastern Behavioral Healthcare, 2000 S. Summit Ave., Sioux Falls 	<p>Health Care Resources:</p> <ul style="list-style-type: none"> • Sanford Vermillion Clinic & Medical Center, 20 S. Plum St., Vermillion. Services include: <ul style="list-style-type: none"> o Sanford Community Care Program o Sanford Medical Home o Sanford Case Managers o Sanford Social Worker • USD Student Health Clinic (has discounted rates offered to students), 20 S. Plum St., Vermillion • Vermillion Medical Clinic, 101 S. Plum, Vermillion • Olson Medical Clinic, 1330 E. Main, Vermillion • Public Health, 211 W. Main, Vermillion • HeartPrint Home Care, 2610 South Dakota 50, Vermillion • Sanford Home Care/Hospice, 848 E. Cherry St., Vermillion • Sanford Home Medical Equipment, 900 E. Cherry St., Vermillion • Home Medical Supplies: <ul style="list-style-type: none"> o Davis Pharmacy, 5 W. Cherry St., Vermillion o Walmart Pharmacy, 1207 Princeton Ave., Vermillion o Hy-Vee Pharmacy, 525 W. Cherry St., Vermillion
<p>Substance Abuse resources:</p> <ul style="list-style-type: none"> • Sanford Clinic Vermillion MSW & Psychologist Mental Health Therapy Services • USD Student Counseling Center (Cook House), 414 E. Clark St., Vermillion • Vermillion Prevention Coalition, 414 E. Clark St., Vermillion • USD Psych Services Center (for students), 411 E. Clark St., Vermillion • Gapp Counseling Service, PO Box 553, Vermillion • Lewis & Clark Behavioral Health, 200 W. Main St., Vermillion • Glory House, 4000 South West Ave., Sioux Falls • Keystone Outreach, 1010 E. 2nd St., Canton 	<p>Substance Abuse Resources Cont.:</p> <ul style="list-style-type: none"> • Sioux Falls VA Medical Center, 2501 W. 22nd St., Sioux Falls • Tallgrass Recovery, 27048 S. Tallgrass Ave., Sioux Falls • Bartels Counseling, 6330 S. Western Ave., Sioux Falls • Choices Recovery, 2701 S. Minn. Ave., Sioux Falls • Jackson Recovery Center, 2309 Jackson St., Sioux Falls • Carroll Institute, 310 South 1st Ave., Sioux Falls • Sioux Falls Urban Indian Health, 711 N. Lake Ave., Sioux Falls • Transitional Living Corp., 27048 Tallgrass Ave., Sioux Falls • Sioux Falls Treatment Center, 2519 W. 8th St., Sioux Falls • Arch Halfway House, 516 W. 12th St., Sioux Falls • Changes & Choices Recovery Center, 310 S. 1st Ave., Sioux Falls

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 lead to increased stress levels and emotional strain.

CHNA respondents in the Vermillion area rated the availability of affordable housing in their community as less than good (average score=2.53). Reasons given for this lower ranking focused on Vermillion being a college town, which is perceived to negatively impact rental prices and quality. Respondents also emphasized a limited market for housing for sale and limited price variety for those with lower incomes. CHR data support this concern, indicating that when compared to similar markets served by Sanford, the Vermillion area has one of the highest percentages (13%) of households burdened with severe housing costs (i.e., spending at least 50% of household income on housing).

During the stakeholder meeting it was generally agreed upon that housing costs seem too high in Vermillion, although the group lacked a consensus on the primary cause. A number of programs in the area are currently working to solve this issue, some of which Sanford Vermillion is a part of, such as DHF. Stakeholders noted the most effective approach to affordable housing is for Sanford to work collaboratively with and educate the proper authorities on this issue in collaboration with partners rather than working independently.

Local Asset Mapping	
Housing resources: <ul style="list-style-type: none">· Vermillion Housing Authority, 25 Center St., Vermillion· CCCS of LSS SD (housing counseling agency), 816 E. Clark St., Vermillion· University Rentals, 844 E. Cherry St., Vermillion· Clark's Landing, 1305 E. Clark St., Vermillion· Dakota View, 1000 Elm St., Vermillion· Westgate Mobile Homes, 1312 Westgate Dr., Vermillion· Premier Real Estate, 1216 E. Cherry St., Vermillion· Dakota Realty, 125 E. Cherry St., Vermillion· Maloney Real Estate, 108 E. Main, Vermillion	Low Income Apts.: <ul style="list-style-type: none">· Applewood Court, 923 W. Clark, Vermillion· Cressman Court, 200 Hall St., Vermillion· Oakwood Apts., 1100-a E. Clark, Vermillion· Walnut St. Apts., 601 Elm St., Vermillion· Town Square Apts., 505 W. Main St., Vermillion· Madison Park Townhomes, 315 N. Norbeck St., Vermillion

Public Transportation

Transportation systems ensure that people can reach everyday destinations, such as jobs, child care, schools, healthy food outlets, and healthcare facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults.

Survey respondents in the Vermillion area rated community access to daily transportation as less than good (average score=2.90). When asked to explain why they gave that rating, respondents cited limited or no access to public transportation. Public transit was mentioned by some respondents as an option; however, respondents thought it inefficient with limited service

and long wait times. While taxis, Uber, and Lyft were shared as additional options, respondents suggested they can be limited, if available.

Stakeholders spent a significant portion of the meeting on public transportation and noted it is a limiting area of public health in the community. Transportation options are limited and the ones that are available may be cost prohibitive. Sanford Vermillion currently has services that will address this to some degree whereby staff arrange rides for people unable to make appointments. Community leaders believe that these services should be promoted to increase awareness.

Local Asset Mapping

Transportation:

- Sisdac Vermillion public transit, 1314 E. Cherry Street Vermillion, SD 57069
- Shuttle Express Vermillion, 1115 Lincoln St, Vermillion, SD 57069
- Affordable Taxi Cab Company, 1401 Whiting St Yankton, SD, 57078, (605)-689-2822

Sanford Area of Focus

The significant 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. The list of 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. Access to affordable care and access to providers (mental/behavioral health) were selected as the areas of focus for the implementation plan.

IMPLEMENTATION PLAN

Priority 1: Access to Affordable Health Care

Sanford Vermillion is addressing the need by including Access to Affordable Health Care as a priority focus area for the 2022-2024 implementation plan. Sanford Vermillion will work with patients and its community partners to ensure all are aware of its financial assistance program and other programs available to eligible patients to assist with medications and preventative care.

Current activities

Sanford Vermillion currently offers a generous financial assistance program to eligible patients but patients may be reluctant to ask about it or unaware it exists as we still write off a number of accounts to bad debt. Our team utilizes Sanford Health Plan’s website and related resources to provide relevant insurance information as needed. We work with both Sanford Health Plan representatives and local insurance agents to give patients information on insurance products and services. Sanford Health is also part of South Dakotans Decide Health Care – a broad coalition advocating for Medicaid expansion in SD. Medicaid expansion will help South Dakota families who are slipping through the cracks in our healthcare system and will help keep rural hospitals open ensuring access to emergency care. Additionally patients who call with concerns about paying bills and/or cost of their bill are all referred to our financial assistance program which if they qualify provides partial to full discount on their Sanford bills for up to one year. We educate all of our providers to tell patients not to delay or deny services based on cost concerns as we will work with patients on their bill whether it’s payment plans, prompt pay discounts or applying for our financial assistance program.

Projected Impact

Upon completion of the action plan, the Community would see less accounts going to collections or written off to bad debt and a greater share written off to our financial assistance program. There are other assistance programs for medications and women’s preventative care that we can help patients get signed up for as well.

Goal 1: Build Upon Current Efforts to Promote Sanford’s Financial Assistance Program

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community partnerships & collaborations (if applicable)
Develop patient material on financial assistance program	12/31/2022 Increased utilization of financial assistance programs. Reduced bad debt.	Marketing	Julie Girard Cindy Benzel	
Provide handout to applicable patients and community organizations	2023 Increased utilization of financial assistance programs. Reduced bad debt.		Rachel Olson Cindy Benzel	

Goal 2: Promote Awareness of Other Assistance Programs for Medications & Preventative Care

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community partnerships & collaborations (if applicable)
Obtain handouts or create one listing available resources	12/31/2022	Marketing	Cindy Benzel Rachel Olson Julie Girard	Dept of Social Services Dept of Health
Provide handout/list to applicable patients and community agencies and organizations	2023		Cindy Benzel Rachel Olson	
Promote use of Direct Access Laboratory	12/31/2022	Marketing	Cindy Benzel Nancy Ellison	

Priority 2: Health Care Access: Mental/Behavioral Health

Sanford Vermillion is addressing the need by including Access to Health Care Providers as a priority focus area for the 2022-2024 implementation plan. Sanford Vermillion will promote verbal and telehealth/video visits if CMS continues to allow them to improve access to providers. Sanford Vermillion is also working with IT to offer open scheduling for patients to go online and schedule their own appointments with any provider of their choice, including mental health providers. Sanford Vermillion will also be working with Marketing Department to promote availability of all providers and start advertising available outreach specialty providers and mental health providers available locally.

Current activities

Sanford Vermillion currently has a number of specialties and two mental health providers who provide services at our clinic. Awareness in the community of these could be improved. We also saw a decrease in no show visit rates during COVID-19 when we were able to offer more verbal, video and telehealth visits so we hope to continue to be able to offer these types of visits. There are also mental health services available to University of South Dakota students on campus at no charge to them. In the Vermillion community, there is also a mental health counselor who has a private practice and Lewis and Clark Behavioral Health has an office in Vermillion with mental health counselors and alcohol and substance abuse counselors available to the Vermillion community. They are also work in the school district to make visits on site at the schools. We continue to evaluate service demand and may recruit additional providers in the future if needed.

Projected Impact

By continuing to offer the alternative visits, adding open scheduling and expansion of our weekend hours, we are allowing greater access to our providers for the community and will advertise these so the community is aware.

Goal 1: Promote Alternate Visit Types to Increase Access – Verbal, Video, Telehealth, Direct Access Laboratory visits

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community partnerships & collaborations (if applicable)
Advertise alternate visit types available on website, print material, signage, radio and print ads	12/31/2022 Increased visits to behavioral health webpages. Increased consumer understanding of available services. Decrease in no show appointments.	Marketing	Cindy Benzel Rachel Olson	Local Radio Station; Local Papers
Advertise providers that patients can schedule with – outreach; mental health	12/31/2022 Increased website to behavioral health webpages. Increased consumer understanding of available services. Decrease in no show appointments.	Marketing	Cindy Benzel Rachel Olson	Local Radio Station; Local Papers
Promote use of Direct Access Laboratory	12/31/2022 Increased utilization of direct access laboratory.	Marketing	Cindy Benzel Nancy Ellison	

Goal 2: Allow Open Scheduling and Expansion of Weekend Hours

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community partnerships & collaborations (if applicable)
Add Open Scheduling for Patient Online	12/31/2022 Increased number of behavioral health appointments. Decreased unused provider capacity.	IT	Rachel Olson	

Promote Expansion of Weekend Hours on Saturday & Sunday	Increased weekend behavioral health appointments. 1/1/2022	Marketing	Cindy Benzel Rachel Olson	
---	---	-----------	------------------------------	--

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:

Affordable Housing: Affordable housing is not included in the Implementation Plan as the stakeholder group determined that other organizations, including those listed in the asset map on page 13 are addressing the need, and the need is a lower priority compared to other areas. Sanford Vermillion is addressing the need by providing survey information with local housing partners as appropriate and offering to be of assistance or partner on future initiatives in this area. Affordable housing was included in the previous implementation plan and Sanford plans to continue those efforts, including the promotion of local community programs and efforts available to residents for housing assistance. Sanford will also continue its collaboration with the Vermillion Chamber & Development Company on their affordable housing development efforts.

Public Transportation: Transportation is not included in the Implementation Plan as the stakeholder group determined that other organizations, including those listed in the asset map on page 14 are addressing the need. Sanford Vermillion is addressing the need by sharing survey information with local transportation partners as appropriate and continuing to support patients by arranging rides to health care appointments when possible. Sanford Vermillion will also continue to provide vouchers to patients who cannot afford local transportation as needed.

EVALUATION OF 2019-2021 CHNA

Priority 1: Economic Well Being – Availability of Affordable Housing & Food

Sanford Vermillion is collaborating with the City of Vermillion, the Vermillion Chamber & Development Company, and local community programs to increase awareness and support the community efforts to provide affordable housing and food assistance opportunities for those that are in need.

In 2020, the City of Vermillion issued permits for four apartment complexes with ten units each, one apartment complex with four units, and 13 new single-family homes, building upon the permits issued the prior year that included two apartment complexes with 243 units, four single family attached dwellings and one multi-family dwelling.

Sanford Vermillion collaborated with the Vermillion Chamber & Development Company (VCDC) on the second phase of housing development at the Bliss Pointe Planned Development District now that the first phase is complete. The second phase focuses on smaller, more affordable housing developments in the center of the 30 acres of land purchased by the VCDC. Sanford Vermillion also provided a major investment in the VCDC's NOW 3 Campaign to assist towards its goal of raising \$1.75 million for 2019 for the purpose of funding changes and improvements in the infrastructure of Vermillion. The Vermillion NOW 3 Campaign raised \$2.01 million by October 2019 exceeding their goal for infrastructure improvements in the Vermillion Community

Additional support of local food assistance programs was provided, as Sanford Vermillion is one of the top donors in the community to the local United Way, which funds the Community Connection Center (CCC). The CCC houses the United Way, Welcome Table, Vermillion Food Pantry, Weekend Backpack Program and Salvation Army services under one roof in downtown

Vermillion for a one-stop shop for their clients. Unfortunately, COVID-19 negatively impacted our ability to participate in the weekly Welcome Table free meal in 2020. However, the hope is to be able to soon provide the meal at least twice a year, as in the past. Sanford Vermillion staff also participated in providing Meals on Wheels to the community two weeks per year and were able to continue this during 2020 as well.

Priority 2: Mental Health – Substance Abuse and Binge Drinking

Sanford Vermillion had an increase to 1,349 mental health visits in 2019, a gain of 31% over the previous year. The growth is due in part to the addition of a full-time Integrated Health Therapists/Psychologist the previous year and Psychiatric specialty outreach and on-site mental health counseling. In 2020, Sanford Vermillion saw an 8% decline in Mental Health visits to 1,236 completed visits. This is likely due to COVID-19 in 2020. However, a number of visits were shifted to telehealth and video visits rather than in-person visits and actually saw an increase in these type of visits over 2019. Telehealth and video visits also had the benefit of decreasing the number of typical no-show appointments from patients, as it was more convenient and private for them.

Sanford Vermillion continues to employ the same providers, which includes a full-time Integrated Behavioral Therapist (IHT)/Psychologist who works five days per week and an IHT/Clinical Social Worker who provides counseling two days per week. Additionally, Sanford Vermillion continues to offer a monthly Psychiatric specialty outreach clinic. The provider also utilized the telehealth/video visits during 2020 as an option for her clients and had an increase in these types of visits as well.

Two Integrated Health Therapists provided Sanford Vermillion staff with two inservices during 2020 on coping with stress during COVID-19, which were well-attended and appreciated by the staff.

A private counselor is still available in the community for patients as well as Lewis & Clark Behavioral Health, which employs counselors in the Vermillion community including a licensed alcohol and addiction counselor that has privileges at Sanford Vermillion.

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 Demographics¹

Clay County had a population of 14,070 in 2019, an increase of 1.5% from the 2010 Census. This trails South Dakota overall, which grew by 8.7% over the same time period. Union County had a population of 15,932 in 2019, an increase of 10.7% from 2010. These counties have a greater proportion of White residents (89.4% and 94.3%) and lower percentage of African Americans and American Indians than the state averages. The community does note a higher percentage of households with a computer and broadband internet subscription over state averages. Clay County residents also tend to have higher levels of education than the state population but retains lower household income and higher levels of poverty. Union County median income far exceeds state median and has low levels of poverty.

	Clay County, SD	Union County, SD	South Dakota
Population estimates, July 1, 2019, (V2019)	14,070	15,932	884,659
Population estimates base, April 1, 2010, (V2019)	13,866	14,398	814,198
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	1.5%	10.7%	8.7%
Persons under 5 years, percent	5.1%	6.2%	6.9%
Persons under 18 years, percent	17.4%	24.3%	24.5%
Persons 65 years and over, percent	12.6%	18.6%	17.2%
White alone, percent	89.4%	94.3%	84.6%
Black or African American alone, percent	1.7%	1.5%	2.3%
American Indian and Alaska Native alone, percent	3.8%	0.9%	9.0%
Asian alone, percent	2.7%	1.5%	1.5%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%	0.1%	0.1%
Two or More Races, percent	2.4%	1.7%	2.5%
Hispanic or Latino, percent	3.2%	3.7%	4.2%
White alone, not Hispanic or Latino, percent	87.2%	91.0%	81.5%
Households with a computer, percent, 2015-2019	93.7%	89.8%	88.5%
Households with a broadband Internet subscription, percent, 2015-2019	87.6%	82.6%	80.7%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	95.0%	92.6%	91.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	49.9%	30.6%	28.8%
With a disability, under age 65 years, percent, 2015-2019	8.5%	7.4%	8.1%
Persons without health insurance, under age 65 years, percent	9.9%	8.2%	12.2%

¹ United State Census QuickFacts. <https://www.census.gov/quickfacts>

Median household income (in 2019 dollars), 2015-2019	\$50,724	\$70,378	\$58,275
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$28,192	\$42,411	\$30,773
Persons in poverty, percent	19.0%	6.3%	11.9%
Total employer establishments, 2019	305	528	27,108
Total employment, 2019	3,789	9,270	358,943

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 physclian or provider who you go to for general health issues?

- Yes
- No

How long has It been since you last visited a physclian / 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.