



# Community Health Needs Assessment

SANFORD MEDICAL CENTER WHEATON  
2022-2024



Dear Community Members,

Sanford Medical Center Wheaton is pleased to present the Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. It is through this work that we identify unmet health needs in the community, and then 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. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

As a result of this process, we will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Mental Health and Substance Abuse
- Physical Activity and Nutrition

The CHNA process also focused on the many strengths and resources available in our community. This report includes an overview of the community assets that are available to address various community health needs. We have also included an impact report from our 2019 implementation strategies.

We are committed to extending care beyond our bricks and mortar, and ultimately improving the health and wellness of our entire community. We are committed to improving the quality of life for all Webster area residents. We invite you to join us and thank you for your support of these ongoing efforts.

Sincerely,

Chelsie Falk  
Senior Director  
Sanford Medical Center Wheaton

### **Community Description**

---

Sanford Medical Center Wheaton is located in Wheaton, Minnesota. The community of Wheaton, population 1,600, can be found where Minnesota, North Dakota and South Dakota meet, and is centrally located to experience the unique geography of the Red River Valley, Continental Divide, and long-melted glacial Lake Agassiz. The city was incorporated in 1887 and was named for Daniel Thompson Wheaton, a railroad surveyor.

Close to Lake Traverse, Wheaton offers walleye fishing, goose, pheasant, duck and deer hunting - and, more recently, turkey and coyote.

Although many of Wheaton's jobs are agricultural, the town hosts countless successful, entrepreneurial ventures. The Wheaton Economic Development Authority supports both large and small businesses and is currently promoting the manufacturing industry through the availability of large, functional buildings to lease or purchase.

Education ranks high on the priority list for families. Families living in Wheaton enjoy the qualities of a safe small town environment while having access to greater cultural and recreational amenities nearby.

The community as defined for purposes of the Community Health Needs Assessment includes Traverse County in Minnesota. Demographic detail for the county 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, Beltrami 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

## **Wheaton Partners**

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

- John Rudrud - Sanford Health Planning Office
- Chelsie Falk - Senior Director, Sanford Medical Center Wheaton
- Sara Ballhagen - Administrative Assistant, Wheaton Medical Center
- Jordan Ottoson - Executive Director, Sanford Health Network
- Matt Ditmanson - Director, Sanford Community Benefit Program
- Jason Berning- Wheaton Police Chief
- Jeff Koenen - Sanford Wheaton Board member and Star Bank Vice-president
- Martin Lanter - Wheaton High-school principal and Wheaton City Council member
- Dan Posthumus - Wheaton Schools Superintendent, Sanford Wheaton Board Member, Sanford Network Board member
- Tim Shekleton - Pastor at Bethlehem Covenant Church
- Amy Reineke - Horizon Public Health
- Ann Stehn-Horizon Public Health
- Lenard Zimmel-Wheaton City Mayor

## **Sanford Wheaton Description**

---

Sanford Wheaton is a 15 bed Critical Access Hospital, with an attached designated Provider Based Rural Health Clinic. Sanford Wheaton provides comprehensive health care services to more than 3,800 residents in Traverse County and neighboring communities.

Sanford Wheaton meets the community's healthcare needs through a wide range of services that go beyond basic medical care. Our services include 24/7 emergency, inpatient care, swing bed, outpatient services, and several outreach services, including surgery, hematology/oncology, orthopedics, tele-psychiatry, tele-psychology, tele-dietician and tele-diabetic, endoscopy, podiatry, infusion therapy, port cares and sleep studies. In-house, general x-ray, EKG, CT, Stress Tests, holter & event Monitor's along with mobile ultrasound, mammography, nuclear medicine, dexascan and echocardiogram are also offered locally.

Sanford Wheaton's cardiac rehab department includes both Phase 2 and Phase 3 Cardiac Rehab, and accepts patients needing Heart Failure and any cardiac diagnosis rehab. Sanford Wheaton owns an ambulance with BLS & ALS and provides on-site services community events, including football games and the county fair.

We offer PT/OT/Speech therapy and contract with Big Stone Therapies for several specialties. Sanford Wheaton staff are very active with the school system by providing therapy services in collaboration with Big Stone Therapies including the Injury Prevention Impact training and monitoring, and on-field coverage at events. Sanford Wheaton has a presence during back-to-school night, sporting events and offers flu shot clinics during school hours and events in collaboration with the community.

Sanford Wheaton has six medical providers, 80 total employees.

Sanford Wheaton continues to be a main participant in the Backpack program, providing a bag of food on weekends and holidays when the children do not have access to food at school. This was a need found during our previous community assessment.

Sanford Wheaton is licensed by the State of Minnesota, certified for Medicare and Blue Cross, Medicare/Medicaid and is a member of the American Hospital Association, the Minnesota Hospital Association, and the National Rural Health Association.

### **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 211 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

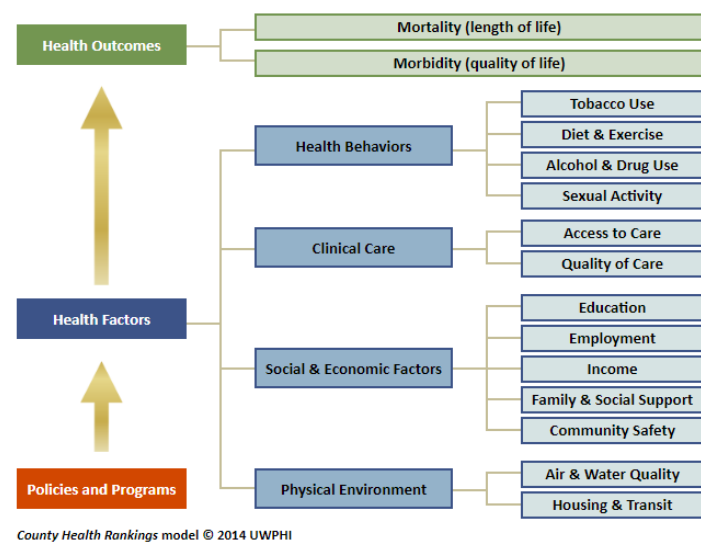
## Secondary Data

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. Wheaton 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 Chamberlain, 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**

Traverse County is included in the data analysis and represents a majority of volumes to the hospital. 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 Wheaton area regarding the following community health issues were positive. Average scores for the availability of affordable housing (average score=3.35), access to daily transportation (average score=3.46), childcare and preschool quality (average score=3.89), environmental health (average score=3.9), and health care quality (average score=3.99) in the Wheaton market were all above 3.00 and higher than the average for similar-sized market areas served by Sanford Health. While scores for CHNA respondents in the Wheaton area for long-term nursing care and senior housing quality (average score=3.35) and community safety (average score=3.88), were positive, they were lower than the comparison group average. In addition, scores for access to healthy foods (average score=3.6) and access to exercise opportunities (average score=3.16), while positive, were lower any similar-sized market area served by Sanford Health.

When asked about their personal health, CHNA respondents in the Wheaton area rated their current health and wellness as good (average score=3.43) and their current ability to access health care services as very good (average score=3.98) — and both scores were higher than the comparison group average.

CHR data indicate that Traverse County is in the middle range of Minnesota counties in terms of overall health. The following five areas of concern were identified for further discussion (in no particular order).

### **Significant Health Needs Identified**

#### **Access to Health Care Providers**

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.

CHNA respondents in the Wheaton area rated their ability to access health care as very good (average score=3.98) and higher than the average of similar-sized market areas served by Sanford Health. In addition, 97 percent of respondents said they currently have a primary care physician or provider they see for general health issues, which was also higher than the comparison group average. However, when Wheaton area respondents were asked about the most important health care issues impacting their community, other than COVID, access was their biggest concern. Respondents referenced general access (13%), lack of providers (12%) or access to specialty care (10%). In addition, 80 percent of respondents traveled to receive health care services outside their community in the past three years – which was higher than the comparison group average. When respondents were asked why they traveled for care, the main reason was that they needed a specialist or the needed service was not available locally (40.6%) – which was followed by wanting better or higher quality of care (21%) and a physician's referral (18%). When asked which health care services they would like to see offered or improved in their community, most CHNA respondents in the Wheaton area said walk-in or urgent care (39%) and dermatology (43%). Three in ten said cancer care (30%) and long-term care and one in four nursing homes (25%). One in five said heart care (22%) and family medicine or primary care (17%).

According to CHR, in the Wheaton area, there are 3,310 people for every one primary care physician (a ratio which is higher than the comparison group average) and 3,260 people for every one dentist (a ratio which is similar to the comparison group average).

Stakeholder group discussed this and focused on those patients (80 percent) that need to leave the area for care. The economics of providing many of these more advanced medical procedures precludes this type of investment to perform these services in the Wheaton area. While these are areas of consideration for outreach opportunities and use of telehealth to have more “care close to home” the group felt this is not a top priority for the community at this time.

<b>Local Asset Mapping</b>
<ul style="list-style-type: none"> <li>•Sanford Wheaton Medical Center - (320) 563-8226 - 401 12th St N Wheaton, MN 56296</li> <li>•Stevens Community Health Ctr Home &amp; Care Hospital - (320) 563-0078 - 1204 4th Ave N Wheaton, MN 56296</li> <li>•Traverse County Department Of Social Services Wheaton - (320) 563-8255</li> <li>•MinnesotaCare healthcare program</li> <li>•General Assistance Medical Care (GAMC) - MN Department of Human Services – (651) 431-2000</li> <li>•Traverse County Public Health - (320) 422-7806</li> </ul>

### **Mental Health**

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 adulthood<sup>1</sup>.

When CHNA respondents in the Wheaton area were asked which health care services they would like to see offered or improved in their community, 41 percent said behavioral and mental health services and 29 percent said addiction treatment. According to CHR, adults in the Wheaton market average 3.9 mentally unhealthy days each month and 13 percent of adults average at least 14 days of mental distress per month – both rates are similar to the comparison group average.

The stakeholder group agreed that this is a top priority. There are limited resources available in the local school systems for addressing mental health needs of students and juvenile mental health is a big issue in the community. Also, the group shared that substance abuse and binge drinking are factors contributing to mental health issues. The group discussed high incidences of adverse childhood experiences as a significant root cause. Other contributing factors discussed were a need for better “connectedness” in the community.

<b>Local Asset Mapping</b>	
<ul style="list-style-type: none"> <li>• Adult Mental Health Case Management - Dawn Boehmlehner, Social Worker, Traverse County Social Services - (320) - 422-7777</li> <li>• Children’s Mental Health Case Management - Leah Krauth, Social Worker, Traverse County Social Services - (320)-422-7777</li> </ul>	<ul style="list-style-type: none"> <li>• MN Dept of Human Services Chemical Dependency Services</li> <li>• Mental Health Crisis Line: 800-568-5955</li> <li>• Sheriff - (320) 422-7800</li> <li>Wheaton Police - (320) 422-770</li> </ul>

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

## 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.

CHNA respondents in the Wheaton area rated access to exercise opportunities as good (average score=3.16) and access to healthy foods as good (average score=3.6); however, both scores were lower when compared to similar-sized market areas served by Sanford Health. In addition, when respondents were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues and other illnesses were their top health care concern. The most commonly cited chronic health concerns by CHNA respondents in the Wheaton area involved excess weight, obesity, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that 14 percent of adults in the Wheaton area have diabetes and 31 percent of adults have obesity; however, both rates are similar to the comparison group average.

The stakeholder group agreed that this is a top priority. Food insecurity is a big issue in the area. The group discussed how we can further collaborate with Great Plains Food Bank to address this need. The group discussed the need for outdoor hiking, running and biking paths for easier access to exercise opportunities. The group discussed the levels of obesity and diabetes in the area and asked about national and state comparisons.

### Local Asset Mapping

- Wheaton Fitness Center - 1002 Broadway, Wheaton, MN
- Food Distribution Center - Traverse County Food Shelf - (320) 563-8255
- Supplemental Nutrition Assistance Program (SNAP): (320) 422-7777
- Minnesota Food Assistance Program (MFAP): (320)-422-7777

## Employment and Economic Opportunities

Economic factors, such as income and employment can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, and manage stress.

CHNA survey results indicate that respondents in the Wheaton area rated the employment and economic opportunities in their community as less than good (average score=2.70) and lower than any other community health issue. When asked to explain why they rated these opportunities as they did, responses focused on limited industry with fewer businesses and job opportunities in smaller communities. Responses also suggested that job openings, when available, are often lower paying jobs with little opportunity for advancement – making it difficult to support a family.

CHR data indicate that 3.7 percent of adults in the Wheaton area are unemployed and the median household income for the area is \$57,600 – both measures are similar to the comparison group average. However, CHR data also indicate that the child poverty rate in the Wheaton area is 20 percent, which is slightly higher than the comparison group average.

The stakeholder group discussed employment and economic opportunities. There are job opportunities in the area but a lack of interested or qualified candidates for many - contributing to continued unemployment levels. The group felt that this is an important area but not one that they are not best positioned to impact at this time.

### Local Asset Mapping

- Jobs in Wheaton MN (indeed) <https://www.indeed.com/l-Wheaton,-MN-jobs.html?vjk=0333626bc279bed1>  
Low-interest loans, tax increment financing (TIF), building leases for manufacturing operations, and housing development. Wheaton Economic Development Office - (320) 563-4110

#### 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. Mental Health/Substance Abuse and Physical Activity and Nutrition were selected as the areas of focus for the implementation plan.

## IMPLEMENTATION PLAN

### **Priority 1:**

Mental Health/Substance Abuse

**Current activities:** Telehealth services are currently available, and Sanford Wheaton is looking into expansion opportunities.

### **Projected Impact:**

Upon completion of the action plan, the Community would see additional access to psychology specifically as well as psychiatry. Tele-health services are becoming more readily available.

### **Goal 1: Improve access to services.**

<b>Actions/Tactics</b>	<b>Measurable Outcomes &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships &amp; collaborations (if applicable)</b>
Coordinate with governmental entities to expand access within their programs and facilities.	1/1/2024 Number of residents served, utilization	Care manager and equipment as needed	Chelsie Falk	Traverse County Social Services, Wheaton Schools and Horizon Public Health
Advance telehealth services	2022, number of telehealth visits, improved survey results for access	Provider time and technology	Chelsie Falk	
Expand Psychology services specifically	1/1/2024, number of patients	Care manager and equipment for telehealth as needed	Chelsie Falk	Traverse County Social Services, Wheaton Schools and Horizon Public Health

### **Priority 2:**

Physical Activity and Nutrition

**Current activities:** Current activities include a backpack program with food delivered bi-weekly to students enrolled and a local food pantry

**Projected Impact:** Upon completion of the action plan we will have additional sources for food options and a hours and availability.

### Goal 1: Improve access to nutrition

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community partnerships & collaborations (if applicable)
Support the community backpack program	1/1/2024, Sanford staff participation, number of students benefited, meals provided	Location, order, and storage	Chelsie Falk	Wheaton Schools, foodbank, Wheaton ministries and Sanford Wheaton

### Goal 2: Promote and support opportunities for physical activity

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community partnerships & collaborations (if applicable)
Partner to expand facility availability; specifically, create community walking paths	12/1/2024 Completion of project, improved physical activity survey scores	Time and networking	Chelsie Falk	Sanford Wheaton, City of Wheaton, Wheaton Schools and West Central Initiative
Assist community fundraising efforts to improve ball parks in town	12/1/2024 Completion of project, improved physical activity survey scores	Time, networking, manpower and funding	Wheaton Park Board	Sanford Wheaton, City of Wheaton, Wheaton Schools and West Central Initiative

### **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 Health Care Providers**

Community stakeholders deemed access to be a lower priority for purposes of the Community Health Needs Assessment. Sanford Wheaton continues to work collaboratively with Sanford Health partners on outreach providers as well as telehealth capabilities. Access will further be improved through the mental health and substance abuse priority within the Implementation Plan.

#### **Employment and Economic Opportunities**

The stakeholder group indicated other facilities or organizations in the community are addressing or better positioned to address the need. Sanford Wheaton will continue to work closely with the economic development committee, the City of Wheaton and the Chamber of Commerce to advance solutions to address the need. CHNA information will be shared with partners as appropriate.

### Priority 1: Mental Health

Sanford Wheaton experienced a significant change in depression scores during 2020 due to COVID-19. The pandemic made significant changes to everyone's life and the clinic setting was no different. All patients that are currently under the care of the telehealth psychiatrist receive a PHQ 9 on each

visit. The remainder of patients are screened when deemed necessary by the provider, after med changes and to fall into the measured goal need to be done at 4-6 month and 11-13 months. However, the number of patients that came to our facility decreased dramatically in 2020 due to the pandemic, which in turn resulted in fewer patients that allowed for depression screenings through the clinic channel. Sanford Wheaton's depression score decreased every month from March to October but did start increasing again as patients returned to the clinic.

Psychiatry and psychology appointments did continue in the midst of COVID-19, but most of these visits have been done through the patient's home via telehealth. Very few patients came to our facility for those visits, which continued through the end of the year.

Sanford Wheaton was fortunate to receive a grant from the MN Department of Health for a project of depression and adolescents. This has also been difficult due to the pandemic as many of the strategies were getting groups of students together. We will continue this project into 2021 although the funding cycle ends.

Below is the calendar year (starting with January on the left) with the measurement on depression trending regression.

Depression Management 19.2% 16.7% 17.6% 12.0% 12.0% 11.5% 10.3% 8.6% 8.3% 7.7% 8.3% 10.8%

### Priority 2: Economic Well-Being

The Backpack Program started in 2016 and continued throughout 2020. In 2019 we had 43 children signed up receiving and 4 pounds bag of snacks and entrees every other week.

The program delivers between 80-120 bags monthly to kids age 4 – 18 years twice a month. During COVID-19 additional food was given in each bag. Funding is received through private donations and has sustained throughout this time.

Bethlehem Covenant, which served approximately 60 people with a free meal every Wednesday night in 2019, was not able to provide the meals throughout the pandemic due to social distancing issues.

40 pounds of food was collected during 2019 for local food bank and Sanford Wheaton continues to collect food for the local food bank and assist with the local food drive each year.

## 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](mailto: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 Demographics<sup>2</sup>**

Traverse County had a population of 3,592, a decrease of 8.4% since 2010 while Minnesota grew by 6.3% in the same period. The county is generally older than the state of Minnesota. Traverse County is less diverse than the state with a higher percentage of the population identifying as White alone.

Traverse County has a median home value below the state, \$81,400 compared to \$223,900. High school graduation rates are similar, but county residents achieve less secondary education. Traverse County has a smaller median income than Minnesota as a whole. The percentage of residents in poverty is higher than the state with 11.9% compared to 9.0%.

	<b>Traverse County, MN</b>	<b>Minnesota</b>
Population estimates, July 1, 2019, (V2019)	3,259	5,639,632
Population estimates base, April 1, 2010, (V2019)	3,558	5,303,927
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-8.4%	6.3%
Population per square mile, 2010	6.2	66.6
Persons under 5 years, percent	6.0%	6.2%
Persons under 18 years, percent	20.9%	23.1%
Persons 65 years and over, percent	25.4%	16.3%
White alone, percent	89.8%	83.8%
Black or African American alone, percent	0.7%	7.0%
American Indian and Alaska Native alone, percent	6.6%	1.4%
Asian alone, percent	0.5%	5.2%
Two or More Races, percent	2.4%	2.6%
Hispanic or Latino, percent	4.0%	5.6%
White alone, not Hispanic or Latino, percent	86.9%	79.1%
Median value of owner-occupied housing units, 2015-2019	\$81,400	\$223,900
Median gross rent, 2015-2019	\$620	\$977
Households with a computer, percent, 2015-2019	87.4%	91.6%
Households with a broadband Internet subscription, percent, 2015-2019	76.4%	84.8%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.3%	93.1%

<sup>2</sup> United State Census QuickFacts. <https://www.census.gov/quickfacts>

Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	17.5%	36.1%
With a disability, under age 65 years, percent, 2015-2019	10.1%	7.3%
Persons without health insurance, under age 65 years, percent	8.7%	5.8%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	65.2%	69.6%
Median household income (in 2019 dollars), 2015-2019	\$51,957	\$71,306
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$32,548	\$37,625
Persons in poverty, percent	11.9%	9.0%
Total employer establishments, 2019	117	151,495
Total employment, 2019	738	2,729,420
Total employment, percent change, 2018-2019	-5.5%	0.0%

## 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 physclan or provider who you go to for general health issues?

- Yes
- No

How long has It been since you last visited a physclan / 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)*

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

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

- Poor                  Fair                  Good                  Very Good                  Excellent
- 

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?**

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

## 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.