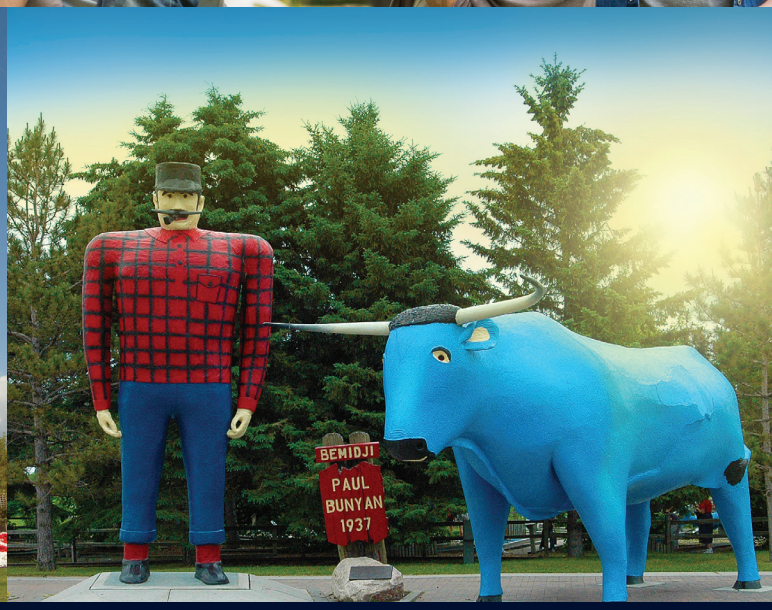


Sanford Health Network

2016 Community Health Needs Assessment

SANFORD HEALTH

dba Sanford Webster Medical Center EIN # 46-0388596

SANFORD HEALTH

Sanford Webster Medical Center

Community Health Needs Assessment

2016

Dear Community Members,

Sanford Webster is pleased to present the 2016 Community Health Needs Assessment.

Part of the comprehensive assessment work is to formally identify unmet health needs in the community. Community stakeholders helped to prioritize the unmet needs for further implementation strategy development. We are grateful to all the community members who joined us in this important work.

During 2015 members of the community were asked to complete a survey to help identify unmet health needs. Researchers at the Center for Social Research at North Dakota State University analyzed the survey data. Sanford further analyzed the data, identified unmet needs, and partnered with key community stakeholders to develop a list of resources and assets that were available to address each need. A gap analysis and prioritization exercise was also conducted to identify the most significant health needs and to further address these needs through the implementation strategies that are included in this document.

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

- Physical Health
- Safety

The report focuses on community assets as well as community health needs. The asset map/resource list is included in this document along with the actions that will be taken to address each identified need.

At Sanford Webster, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of our communities is at the core of who we are. Through our work, we can bring health and healing to the people who live and work in our communities. Together, we can fulfill this mission.

Sincerely,

Isaac Gerdes
Chief Executive Officer
Sanford Webster Medical Center

SANFORD HEALTH

Sanford Webster Medical Center

Community Health Needs Assessment 2016

EXECUTIVE SUMMARY

SANFORD HEALTH

Sanford Webster Medical Center

Community Health Needs Assessment
2016

Purpose

A community health needs assessment is critical to a vital community benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and to develop a community benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Study Design and Methodology

1. Non-Generalizable Survey

   A non-generalizable survey was conducted as an on-line survey through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various community stakeholders and agencies, at times using a snowball approach. Data collection occurred throughout the month of March 2015 and a total of 71 respondents participated in the on-line survey.

   The purpose of this non-generalizable survey of community leaders in the greater Webster area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing chronic disease and disparity.

   A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and

community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

   Community stakeholders were invited to a meeting to review the findings from assessment research and to discuss the top health issues facing the community. Community stakeholders discussed the findings and helped to determine key priorities for the community. Those priorities will be addressed in the implementation strategies for 2017-2019.

3. Community Asset Mapping

   Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the need. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

   The secondary data includes the 2015 County Health Rankings for Day County. The *Focus on South Dakota - A Picture of Health* Study (funded by the Helmsley Charitable Trust) was also included in the data research for Day County.

Key Findings – Primary Research

The key findings are based on the non-generalizable survey data and secondary research. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. Survey results ranking 3.5 or higher are considered to be high-ranking concerns for the key stakeholder non-generalizable survey. While Sanford is addressing many of the concerns that ranked less than 3.5, the top priorities for prioritization are those that rank 3.5 and above.

Aging: The cost of long term care (4.03) and the availability of memory care (3.72) are the top concerns of survey respondents for the aging population.

Children and Youth: Bullying (3.71) and the availability of activities for children and youth (3.53) received the highest rankings among the children and youth indicators.

Safety: The presence of street drugs and alcohol in the community (3.86), the presence of drug dealers in the community (3.64), and domestic violence (3.49) are the highest ranking safety concerns of the respondents.

Health Care: Access to affordable health insurance (3.74), the cost of affordable dental insurance (3.64) and vision insurance (3.61), access to affordable health care (3.57), and affordable prescription drugs (3.54) are high concerns among survey respondents.

Physical Health: Cancer (3.94), inactivity (3.60), poor nutrition (3.59), chronic disease (3.56), and obesity (3.54) are the highest physical health concerns.

Substance Use and Abuse: Underage drug use and abuse (3.81), alcohol use and abuse (3.73), drug use and abuse (3.71), underage drinking (3.71), and tobacco use (363) are all high concerns of the survey respondents. Secondary research indicates binge drinking rates are not available at the county level, and driving deaths have alcohol involvement in 11% of the cases.

Mental Health/Behavioral Health: Stress (3.57), depression (3.50), and a high number of ACEs (adverse childhood experiences) are high concerns for the area.

Key Findings – Secondary Research based on the 2015 County Health Rankings

Health Outcomes

Premature death: The premature death indicator is defined as years of potential life lost before age 75 per 100,000 population. The mortality health outcome for the state of South Dakota is 6,738 per 100,000. Day County has a higher rate at 5,093 per 100,000.

Poor or fair health: 9% of adults in Day County report poor or fair health compared to 10% nationally and 11% in South Dakota.

The average number of days reported in the last 30 as unhealthy mental health days is not available for Day County. South Dakota as a state reports 2.6 days.

The percent of live births with low birth weight (less than 2,500 grams) is 5.8% in Day County. The state of South Dakota is at 6.5%.

Health Factors

The percent of adults who are currently smoking is 17% in Day County. 18% of adults are current smokers in South Dakota.

34% of the adult population in Day County is considered to be obese with a BMI over 30. 29% of the population in South Dakota is obese.

The percent of adults reporting excessive or binge drinking is not available for Day County. South Dakota reports 19% are binge drinkers statewide. Driving deaths that have alcohol involvement is at 11% in Day County. Alcohol involvement in driving deaths is at 37% in South Dakota.

Sexually transmitted infections rank substantially higher than the national benchmark (138) for South Dakota (471) and Day County (143). The teen birth rate is higher in South Dakota (37) than the national benchmark (20). The teen birth rate is 30 in Day County.

The clinical care outcomes indicate that the percentage of uninsured adults is 17% in South Dakota and 17% in Day County.

The ratio of population to primary care physicians is 1,045:1 in South Dakota. Day County's ratio is 1,871:1. The ratio of population to mental health providers is 664:1 in South Dakota. Day County's ratio is not available.

The number of professionally active dentists in South Dakota is 1,813:1; in Day County the ratio is 5,596:1.

Preventable hospital stays are 69 in Day County, 57 in South Dakota, and 41 nationally.

Diabetic screening is at 87% in Day County, and 84% in South Dakota as a whole. Mammography screening is at 79.3% in Day County, and 66.5% in South Dakota.

The social and economic factor outcomes indicate that South Dakota is at 84% for high school graduation. There is no county data available for this indicator. Post-secondary education (some post-secondary education) is at 59.6% in Day County and 66.7% in South Dakota.

The unemployment rate is 5.6% in Day County and 3.8% in South Dakota. The percentage of child poverty is 20% in Day County. The child poverty rate is 19% in South Dakota.

Social associations are defined as the number of membership associations per 10,000 population and links to social and economic support. The national benchmark for social associations is 22. The ranking is higher in Day County at 24.9. The state of South Dakota ranks at 17.4.

The percentage of children in single parent households is 38% in Day County and 31% in South Dakota.

Violent crime data was not available for Day County; however, it is 282 per 100,000 population in South Dakota.

The following needs were brought forward for prioritization:

- Aging – cost of LTC, availability of memory care
- Children and Youth – bullying, activities for children and youth
- Safety – presence of street drugs and alcohol in the community, presence of drug dealers in the community, domestic violence
- Health Care Access – access to affordable health insurance, cost of affordable dental and vision insurance, access to affordable health care and affordable prescription drugs
- Physical Health – cancer, inactivity, poor nutrition, chronic disease and obesity
- Mental Health/Behavioral Health – underage drug use and abuse, alcohol use and abuse, drug use and abuse, underage drinking, tobacco use, stress, and depression
- Preventive health – flu vaccines, screenings

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

- Safety
- Physical Health

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

- Priority 1: Safety
- Priority 2: Physical Health

Implementation Strategies

Priority 1: Safety

According to the CDC, every day 28 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 53 minutes. Six teens ages 16 to 19 die every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash.

Additionally, The United States is in the midst of a drug overdose epidemic. More people died from drug overdoses in 2014 than in any other year on record. Deaths from drug overdoses are up among both men and women, all races, and adults of nearly all ages.

More than three out of five drug overdose deaths involve an opioid. Opioids are substances that work on the nervous system in the body or specific receptors in the brain to reduce the intensity of pain. Overdose deaths from opioids, including prescription opioids and heroin, have nearly quadrupled since 1999. A concern of medical personnel is how to effectively recognize and reduce violence that is often a byproduct of drug use an abuse. The MOAB training presents principles, techniques and skills for recognizing, reducing and managing violent and aggressive behavior. The program also provides humane and compassionate methods of dealing with aggressive people both in and out of the workplace.

Sanford Webster has set strategy to increase safety measures for its patients and community members. MOAB training will be provided to employees at the medical center and to community members. Additionally, Sanford will work with the Webster Key Club to help reduce the number of alcohol and drug related accidents among teen.

Priority 2: Physical Health

Physical health consists of many components, including rest and sleep, nutrition, physical activity, and self-care. Primary prevention is a way to remain physically healthy.

Sanford has set strategy to help the community improve physical health by extending the use of the fitness equipment during normal business hours and by increasing the referrals to the Sanford dietitian for medical nutrition therapy and wellness counseling.

SANFORD HEALTH

Sanford Webster Medical Center

Community Health Needs Assessment 2016

Table of Contents

Purpose

A community health needs assessment is critical to a vital community benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and to develop a community benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Our Guiding Principles:

- All health care is a community asset
- Care should be delivered as close to home as possible
- Access to health care must be provided regionally
- Integrated care delivers the best quality and efficiency
- Community involvement and support is essential to success
- Sanford Health is invited into the communities we serve

Acknowledgements

Sanford Health would like to acknowledge and thank the Steering Committees for their assistance and expertise while performing the assessment and analysis of the community health data. The assessment provides support for the future direction of our work.

Sanford Enterprise Steering Group:

- JoAnn Kunkel, CFO, Sanford Enterprise
- Michelle Bruhn, CFO, Health Services Division
- Tiffany Lawrence, CPA, Fargo Region Co-Lead, CFO, Sanford Medical Center Fargo
- Bruce Viessman, Sioux Falls Region Co-Lead, CFO, Sanford Health Network
- Martha Leclerc, MS, Vice President, Revenue Management
- Randy Bury, CAO, Health Services Division
- Jane Heilmann, Senior Corporate Communications Strategist
- Joy Johnson, COO Bemidji Region
- Kirk Christy, CFO, Bismarck Region
- Carrie McLeod, MBA, MS, LRD, CDE, Enterprise Lead, Enterprise Community Health

Sanford Webster Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE Enterprise Lead, Enterprise Community Health
- Sheryl Pappas, Chief Financial Officer, Sanford Webster Medical Center
- Melissa Grewe, Occupational Therapy, Sanford Webster Medical Center

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

- Alicia Collura, Sioux Falls Public Health
- Anita Cardinal, Pennington County Public Health
- Ann Malmberg, Essentia Health
- Becky Secore, Beltrami County Public Health Unit
- Brenda Stallman, Traill County Public Health
- Brie Taralson, Essentia Health
- Brittany Ness, Steele County Public Health
- Caitlin Hurley, Avera Health
- Carrie McLeod, Sanford Health
- Dan Heinemann, MD, CMO, Sanford Health Network, Sioux Falls Region
- Gina Nolte, Partnership4Health, Clay County
- Jac McTaggart, Sanford Health
- Jessica Spaeth, City of Halstad
- Joy Johnson, Sanford Health
- Julie Jeske, CHI-St. Alexius Health
- Julie Miller, South Dakota Department of Health
- Juli Ward, Avera Health
- Kathy McKay, Clay County Public Health
- Katie Olson, South Dakota State University
- Kay Schwarzwalter, Center for Social Research, North Dakota State University
- Kim Jacobson, Traill County Public Health
- Kip Littau, South Dakota State University
- Marnie Walth, Sanford Health
- Mary Michaels, Sioux Falls Public Health
- Nancy Fahrenwald, South Dakota State University
- Renae Moch, Burleigh County Public Health
- Roger Baier, Sanford Health
- Ruth Bachmeier, Fargo Cass Public Health
- Sandra Melstad, Public Health Consultant, South Dakota Department of Health
- Stan Kogan, Sioux Falls Public Health
- Stephen Pickard, PhD., North Dakota Department of Health
- Susan Kahler, Burleigh County Public Health
- Teresa Miller, Avera Health

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

The following Webster community stakeholders participated in community discussions and helped to formulate the priorities for future work.

- Tammy Black, Sanford Webster Board of Directors
- Melissa Grewe, OT, Sanford Webster
- Sheryl Pappas, CFO, Sanford Webster
- Ashley Ewing, CNO, Sanford Medical Center and Clinic
- Evelyn Christensen, Manager, Sanford Clinic

Description of Sanford Webster Medical Center

Sanford Webster Medical Center is a 25-bed Critical Access Hospital providing emergency services, radiology, lab, rehabilitation and respiratory care services. It includes an adjoining rural health clinic.

Sanford Webster employs 4 clinicians, including physicians and advanced practice providers, and 70 employees.

Description of the Community Served

Webster is a town of 1,800 people and the county seat of Day County, SD. Tom Brokaw, a retired television anchorman for NBC, is a native of Webster. The city has an airport, campground/RV park, golf course, library, park and pool/aquatic center. Businesses include industrial, lodging/camping, real estate, recreation, repair and construction and services.

Study Design and Methodology

1. Non-Generalizable Survey

   An on-line non-generalizable survey was conducted of residents in Webster and Day County in South Dakota. The survey instrument was developed in partnership with public health leaders from across the enterprise and researchers at the Center for Social Research (CSR) at North Dakota State University (NDSU). The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various community stakeholders and community agencies, at times using a snowball approach**.** Data collection occurred throughout the month of March 2015 and a total of 71 respondents participated in the on-line survey.

   The purpose of the non-generalizable survey of residents in the greater Webster area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing public health, city government, chronic disease and disparity.

   A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

   Community stakeholders were invited to a meeting to review the early findings from the generalizable survey and to discuss the top health issues or health related issues facing the community. The community stakeholders helped to determine key priorities for the community.

3. Community Asset Mapping

   Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

   Each unmet need was researched to determine what resources were available in the community to address the needs. The community stakeholder group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

   The secondary data includes County Health Rankings for Day County, and the Focus on South Dakota Helmsley Study for Day County. .

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Webster, South Dakota, and Day County. A good faith effort was made to secure input from a broad base of the community. The survey was sent electronically to community stakeholders. Additionally, invitations were extended to county and community leaders, organizations and agencies representing diverse populations and disparities. Additional data was reviewed through secondary research. The data for the secondary research was secured from the County Health Rankings.

The Internal Revenue Code 501 (r) statute requires that a broad base of key community stakeholders have input into the needs of the community. Those community members specified in the statute include: persons who represent the broad interests of the community served by the hospital facility including those with special expertise in public health; Federal, tribal, regional, state and or local health or other departments or agencies with information relevant to the health needs of the community served; leaders, representatives, or members of medically underserved, low-income, and minority populations.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. In some cases there were surveys that were submitted without names or without a specified area of expertise or affiliation. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under “About Sanford” in the Community Health Needs Assessment section.

Key Findings

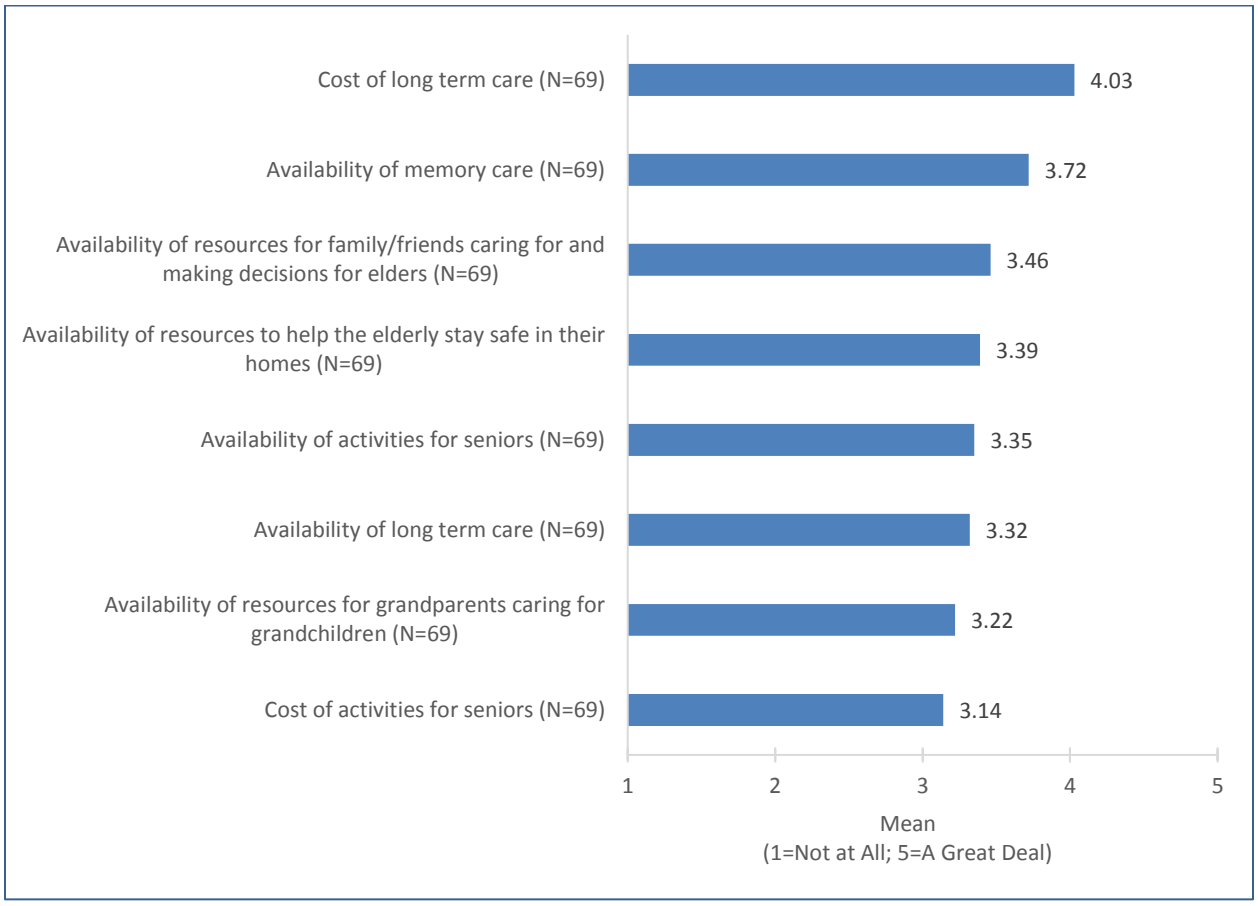
Primary Research

Community Health Concerns

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

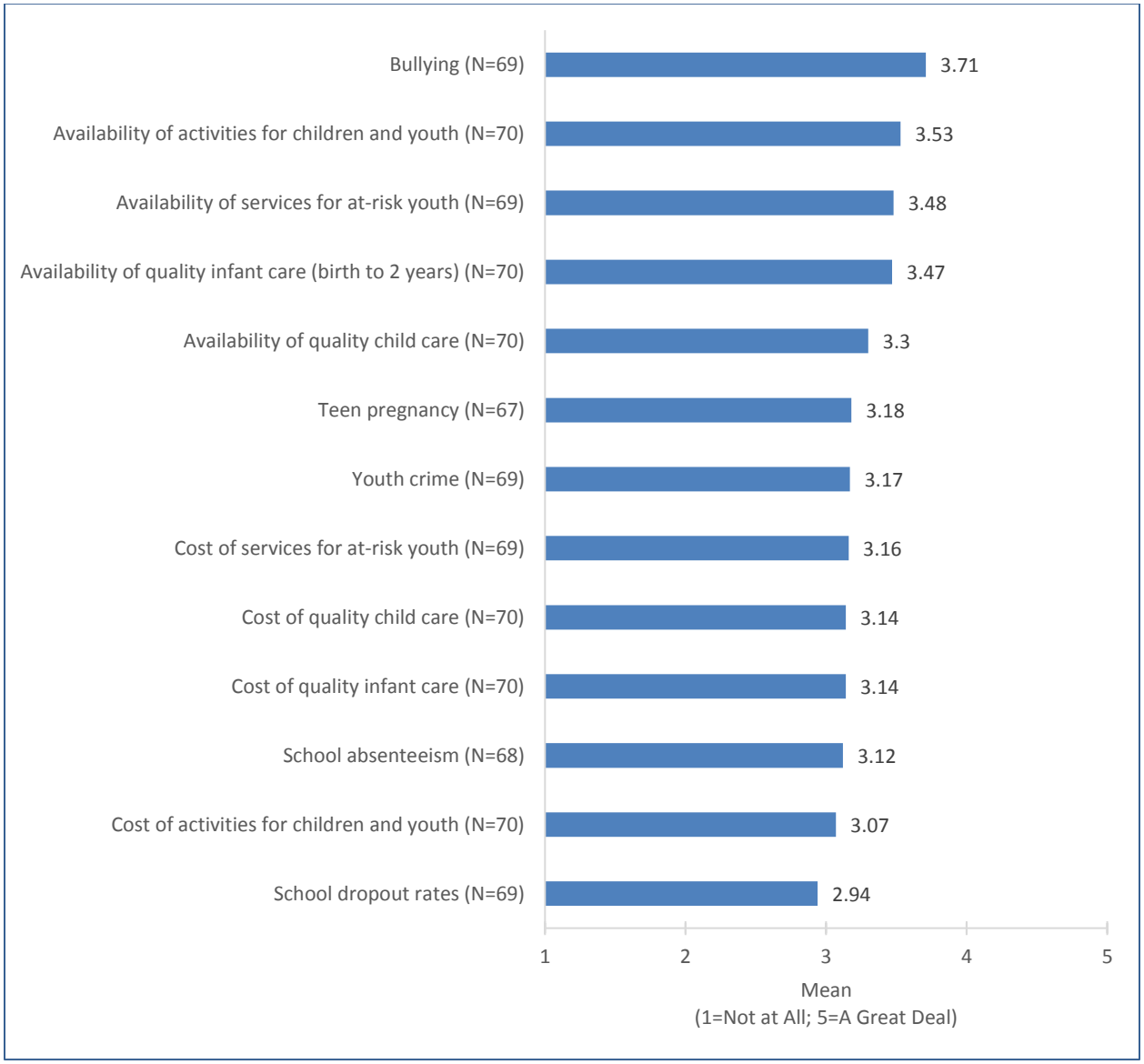
Aging: The cost of long-term care ranked the top concern of survey respondents, followed by the availability of memory care.

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



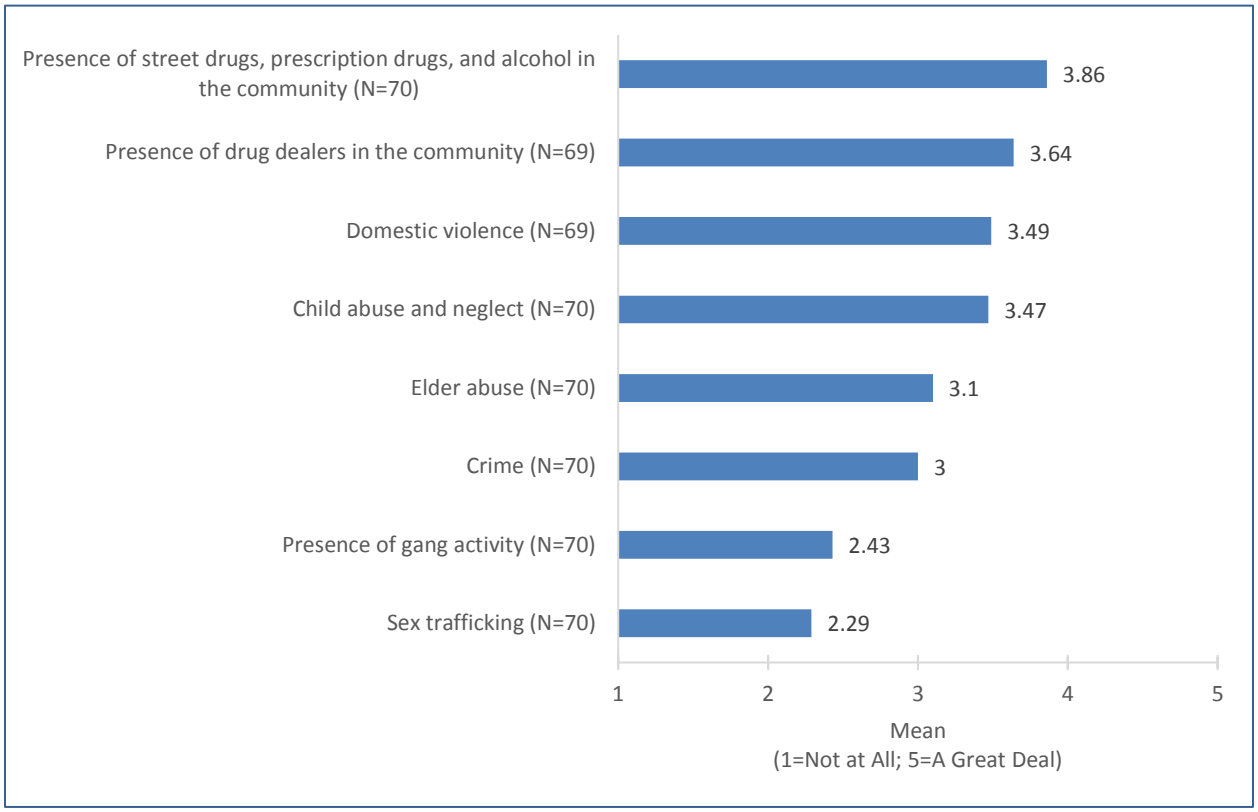
Children and Youth: Bullying ranked the highest of concerns for children and youth, followed by the availability of activities for children and youth.

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



Safety: Safety is a high concern for the respondents of the non-generalizable survey regarding the presence of street drugs and alcohol in the community and drug dealers in the community.

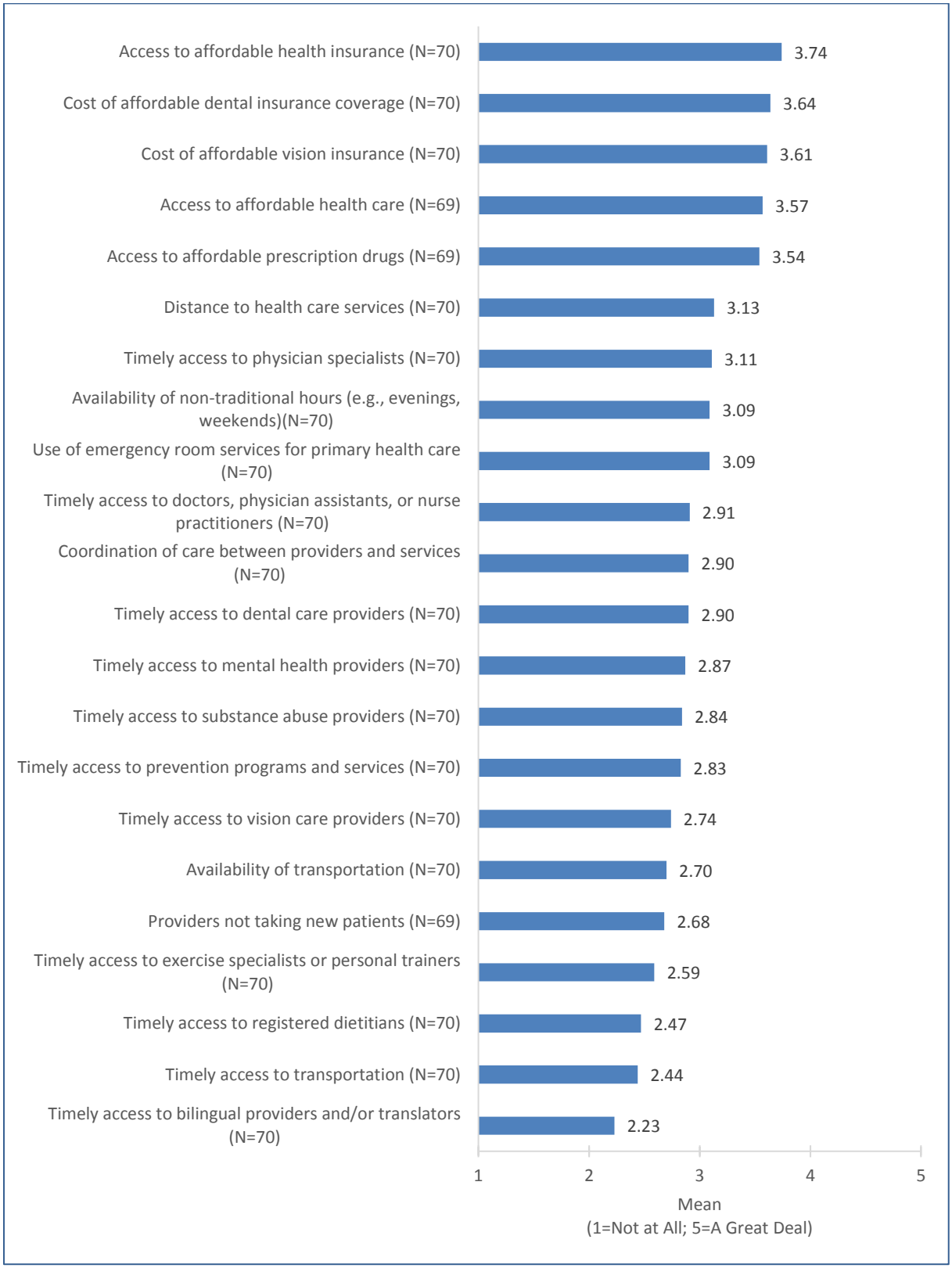
Level of concern with statements about the community regarding SAFETY



Sanford screens patients for substance abuse on admission to the emergency department.

Health Care Access: Community stakeholders ranked the access to and cost affordable health insurance, the cost of affordable dental and vision insurance, and access to affordable prescription drugs as the top concerns under health care access.

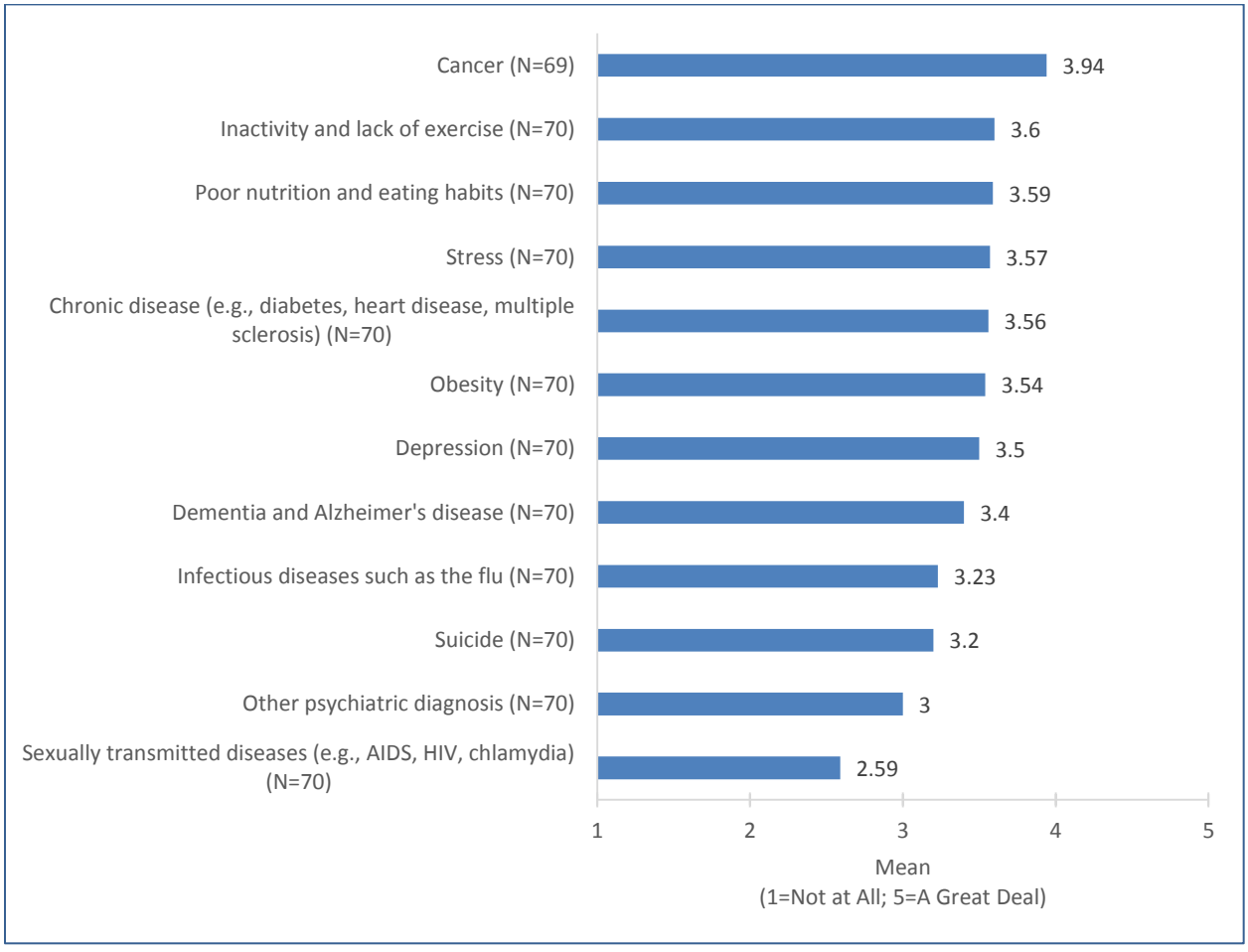
Level of concern with statements about the community regarding HEALTH CARE



Sanford Webster offers charity care to patients unable to pay for medical treatment. Sanford's community care policy defines qualifications and financial counselors are available to assist patients who qualify for free or subsidized care. Financial counselors also assist with enrollment for patients who qualify for public programs. Prescription drugs are made available at a free or reduced rate for patients who are unable to pay. The Sanford Health Plan is also available to community members.

Physical Health: The top physical health concern among the community stakeholders is cancer, inactivity, poor nutrition, obesity and chronic disease. The mental health concerns in this graph are discussed in the next section.

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



Sanford offers health screening for early detection of cancer and chronic disease. Sanford also provides education through local service clubs and organizations to promote the importance of mammography for a woman's health. Chronic disease is supported by the Health Coach and Medical Home.

The chronic disease self-management Better Choices, Better Health Program is offered free of charge to community members. Better Choices, Better Health is modeled after Stanford University's chronic disease self-management program. The workshops are 2 ½ hours long and meet weekly for 6 weeks. The program is facilitated by two trained lay leaders, and one or both of them have a chronic condition themselves. Research has found that after participating in the program individuals are better able to manage their symptoms, communicate more easily with their doctors, are less limited by the disease, and generally feel better.

The Sanford Health *fit* initiative, http://sanfordfit.org/ a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for kids, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford's *fit* Initiative has come a long way since its inception in 2010. Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life.

- The *fit* website for Juniors, Kids and Teens creates an entertaining and interactive on-line environment where they can play games, watch videos and take daily challenges. Parents benefit from their own set of resources where they can find tips and tools on becoming healthy role models and raising *fit* kids. To date, the children's and parent's sites have received more than 7.5 million visitors. Over 700 pieces of content have been added to the sites, including videos, slideshows, games, articles, and even *fit* songs.

- In addition to the web, *fit* is developing meaningful school resources to bring value and fun into the primary education setting. We are doing this by integrating *fit* points into science and math components to provide health promotion, an avenue into the classroom without taking valuable time away from those critical subjects.

- *fit* 4 schools fit4schools@sanfordhealth.org is an on-line school resource with unique lessons integrated into daily classroom activities. *fit*4schools incorporates topics into math and science curriculum. The on-line resource for the classroom has 14 STEM (integrating science, technology, engineering, and math) unit plans that can be downloaded for classroom use.

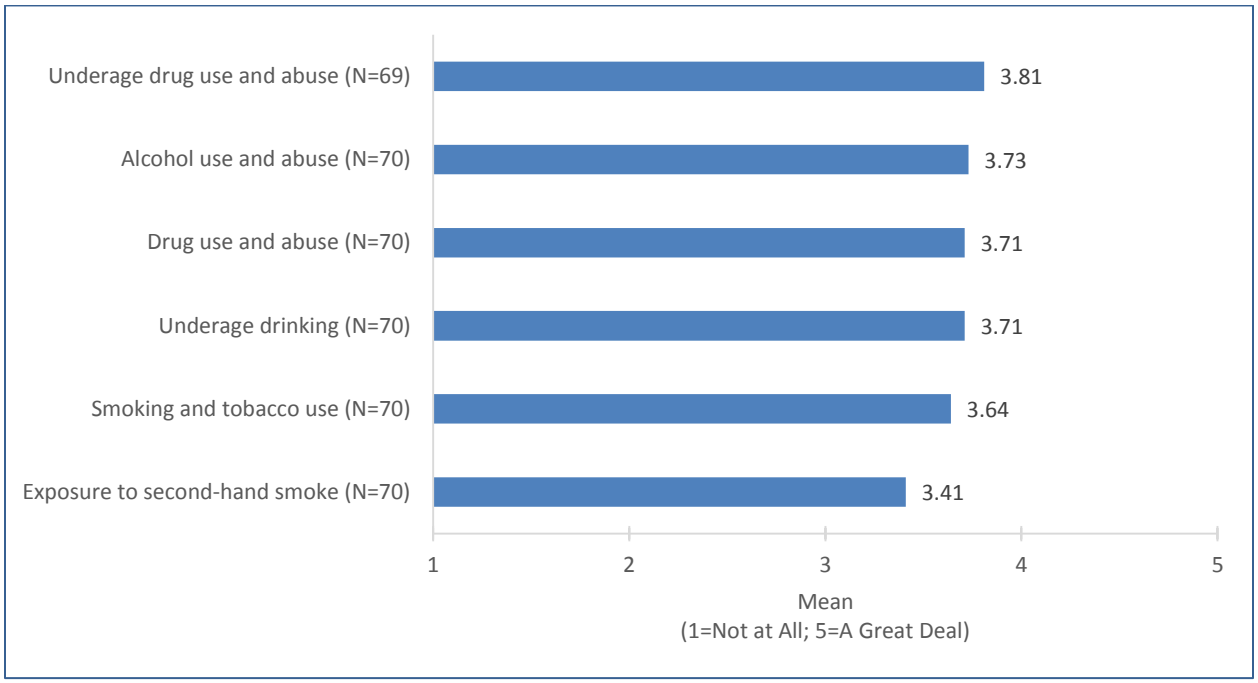
- Community
    - The *fit* friends, Denny, Abby, Sam, Alex and Marty, along with the *fit* team have been making a variety of appearances at events across the Sanford footprint. *fit* has been at over 2 dozen events interacting with more than 15,000 children and parents to spread the word about the *fit* platform and resources.

- Smartphone Apps – Through a series of fun and engaging apps, *fit* will continue to activate kids at the touch of a fingertip to live a fit and healthy lifestyle related to Mood, Recharge, Food and Move.
- MOVE2Draw is a simple and fun way for kids to move and create their own unique drawings. Once a drawing is completed, it can be stored on the MOVE2Draw website.
- eMOODicam is a photo application that allows the user to enhance a photo and bring the mood to life and share with others.

- Looking Forward
  - *fit* is continuing to look to the future for ways to continue to make a meaningful impact on children and families both on-line and off-line. Other exciting expansions that are in the works include:
    - Clinical Setting – Resources for the clinical setting to spur actionable and understandable discussions between health care providers and families.
    - Health Coaches – Exploring meaningful ways for health coaches to promote healthy choices with children and adults.
    - Engage Key Role Models – Firefighters and youth sport coaches are role models and have a big influence on children so that's why *fit* is developing resources for them to teach the principles of *fit* along with sports fundamentals and other outreach efforts.
    - *fit*Club 4 Boys – 10-week after school program for boys, ages 8-12, to develop knowledge of *fit* principles and healthy behavior choices.
    - *fit* Parent/child – Class for parents and children to understand healthy choices and the benefits of living a healthy lifestyle.

Mental Health /Behavioral Health: The top behavioral health concerns are stress, depression, underage drug use and abuse, alcohol use an abuse, drug use and abuse, underage drinking, and smoking and tobacco use.

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



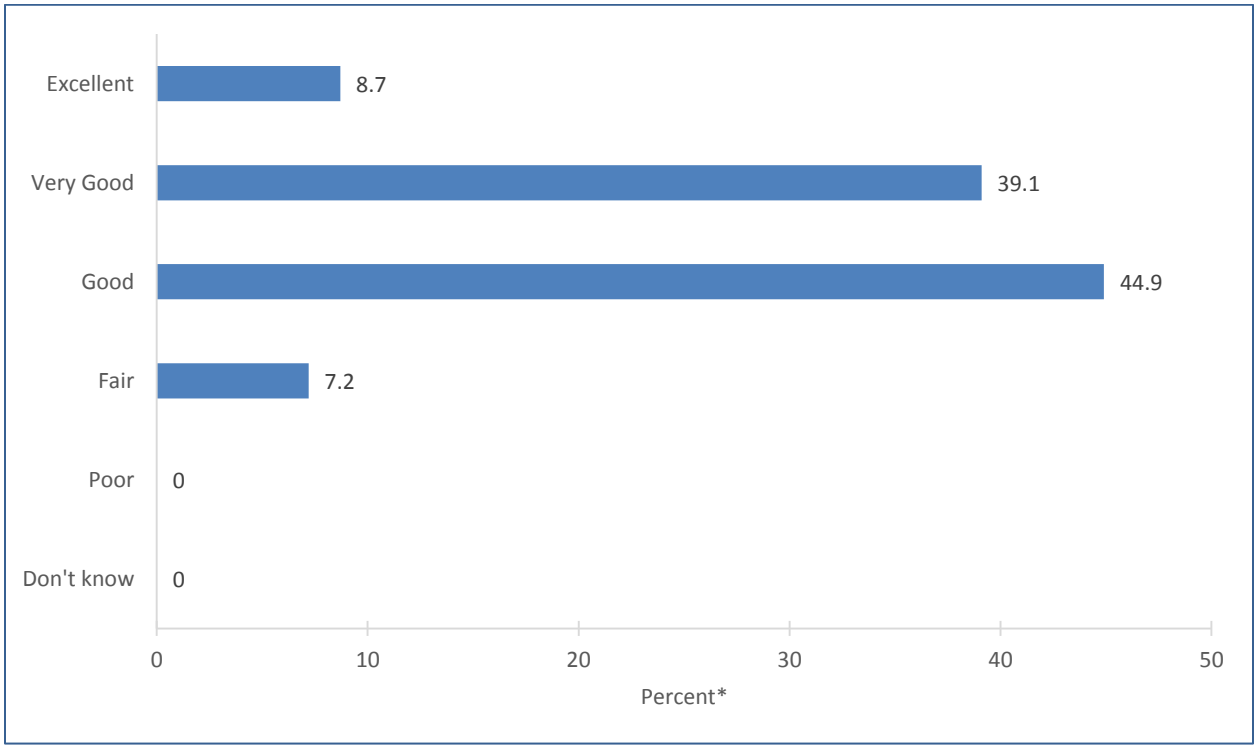
Sanford screens patients for depression on admission to the emergency department. Behavioral health services are embedded into the clinic. Primary care providers assess for depression and refer to mental health providers.

Personal Health Concerns

Respondents' Personal Health Status

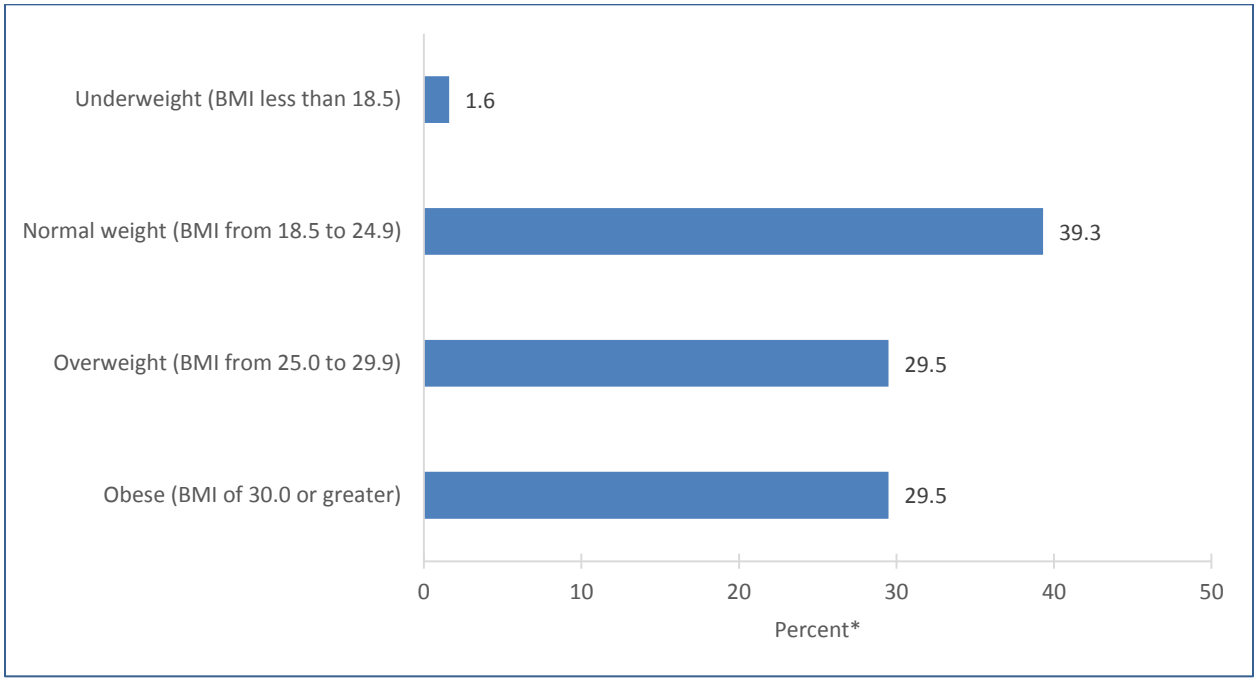
The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority of respondents in the area (59%) are overweight or obese. However, the vast majority (92.7%) of community respondents rate their own health as excellent, very good or good. With good overall health habits in mind, it is important to note that within the past year, over 73.1% of respondents visited a doctor or health care provider for a routine physical and over 79.1% visited a dentist or dental clinic.

Respondents' rating of their health in general



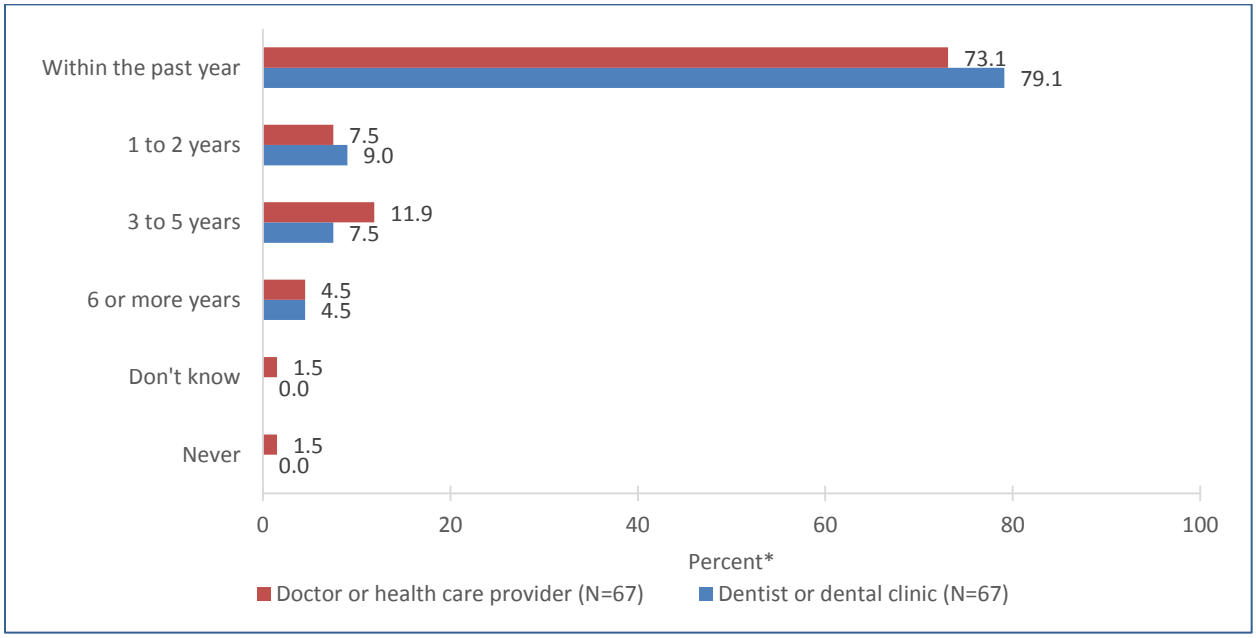
92.7% of the community stakeholders (non-generalizable) rate their health as good or better

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



59% of the key stakeholders report a BMI that is overweight or obese.

Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



Preventive Health

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate that within the past year, the majority of respondents had a blood pressure screening, blood sugar screening, cholesterol screening, and dental screening.

There are many screenings and tests that a majority of respondents did not receive (i.e., bone density test, cardio screening, glaucoma test, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, and skin cancer screening) in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate.

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

Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=67)	82.1	17.9	100.0
Blood sugar screening (N=67)	58.2	41.8	100.0
Bone density test (N=64)	10.9	89.1	100.0
Cardiovascular screening (N=67)	19.4	80.6	100.0
Cholesterol screening (N=67)	64.2	35.8	100.0
Dental screening and X-rays (N=67)	82.1	17.9	100.0
Flu shot (N=67)	73.1	26.9	100.0
Glaucoma test (N=66)	43.9	56.1	100.0
Hearing screening (N=66)	10.6	89.4	100.0
Immunizations (N=66)	25.8	74.2	100.0
Pelvic exam (N=52 Females)	61.5	38.5	100.0
STD (N=65)	7.7	92.3	100.0
Vascular screening (N=65)	9.2	90.8	100.0
CANCER SCREENINGS			
Breast cancer screening (N=52 Females)	67.3	32.7	100.0
Cervical cancer screening (N=52 Females)	59.6	40.4	100.0
Colorectal cancer screening (N=66)	19.7	80.3	100.0
Prostate cancer screening (N=12 Males)	25.0	75.0	100.0
Skin cancer screening (N=65)	15.4	84.6	100.0

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

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=12)	50.0	41.7	8.3	0.0	0.0	0.0	16.7
Blood sugar screening (N=28)	32.1	53.6	7.1	0.0	3.6	0.0	7.1
Bone density test (N=57)	36.8	43.9	8.8	0.0	0.0	0.0	7.0
Cardiovascular screening (N=54)	37.0	38.9	9.3	0.0	3.7	0.0	7.4
Cholesterol screening (N=24)	29.2	58.3	4.2	0.0	0.0	0.0	12.5
Dental screening and X-rays (N=12)	25.0	8.3	41.7	0.0	0.0	0.0	25.0
Flu shot (N=18)	33.3	0.0	0.0	5.6	0.0	0.0	55.6
Glaucoma test (N=37)	51.4	32.4	5.4	0.0	0.0	0.0	10.8
Hearing screening (N=59)	55.9	20.3	5.1	0.0	0.0	5.1	13.6
Immunizations (N=49)	67.3	16.3	0.0	0.0	0.0	0.0	8.2
Pelvic exam (N=20 Females)	50.0	20.0	5.0	10.0	0.0	0.0	15.0
STD (N=60)	85.0	11.7	1.7	0.0	1.7	0.0	0.0
Vascular screening (N=59)	50.8	37.3	5.1	0.0	0.0	0.0	6.8
CANCER SCREENINGS							
Breast cancer screening (N=17 Females)	70.6	17.6	5.9	0.0	0.0	0.0	17.6

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
Cervical cancer screening (N=21 Females)	61.9	14.3	4.8	9.5	0.0	0.0	9.5
Colorectal cancer screening (N=53)	45.3	22.6	7.5	7.5	0.0	3.8	11.3
Prostate cancer screening (N=9 Males)	33.3	33.3	0.0	11.1	0.0	0.0	0.0
Skin cancer screening (N=55)	40.0	45.5	1.8	0.0	0.0	0.0	10.9

*Percentages may not total 100.0 due to multiple responses.

- *For most types of screenings, the most common reasons for not getting the test or procedure are that it is not necessary and the doctor has not suggested one.*
- *For the flu shot screening, most respondents cite that it was not necessary or other reasons for not getting the shot. 43.3% of the non-generalizable respondents were under 45 years of age. Over 35.9% were in the 55 years or above category.*

Breast cancer screening: According to the Center for Disease Control (CDC), a mammogram is an x-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The U.S. Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.

Cervical cancer screening: Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for *pre-cancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus (human papillomavirus(http://www.cdc.gov/cancer/hpv/basic_info/)) that can cause these cell changes.

The Pap test is recommended for all women between the ages of 21 and 65 years old and can be done in a doctor's office or clinic.

Colorectal cancer screening: Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can also find colorectal cancer early, when treatment works best. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer

using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years.

Prostate cancer screening: The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5ng/mL may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values and preferences.

Skin cancer screening: The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a doctor) to find skin cancers early. The USPSTF recommends that doctors:

- Be aware that fair-skinned men and women aged 65 and older, and people with atypical moles or more than 50 moles, are at greater risk for melanoma.
- Look for skin abnormalities when performing physical examinations for other reasons.

Flu Vaccines

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months and older receive a flu vaccine annually. Findings from the generalizable survey indicate that 37% of respondents did not have a flu shot last year.

The Center for Disease Control states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Even healthy people can get sick from the flu and spread it to others. Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

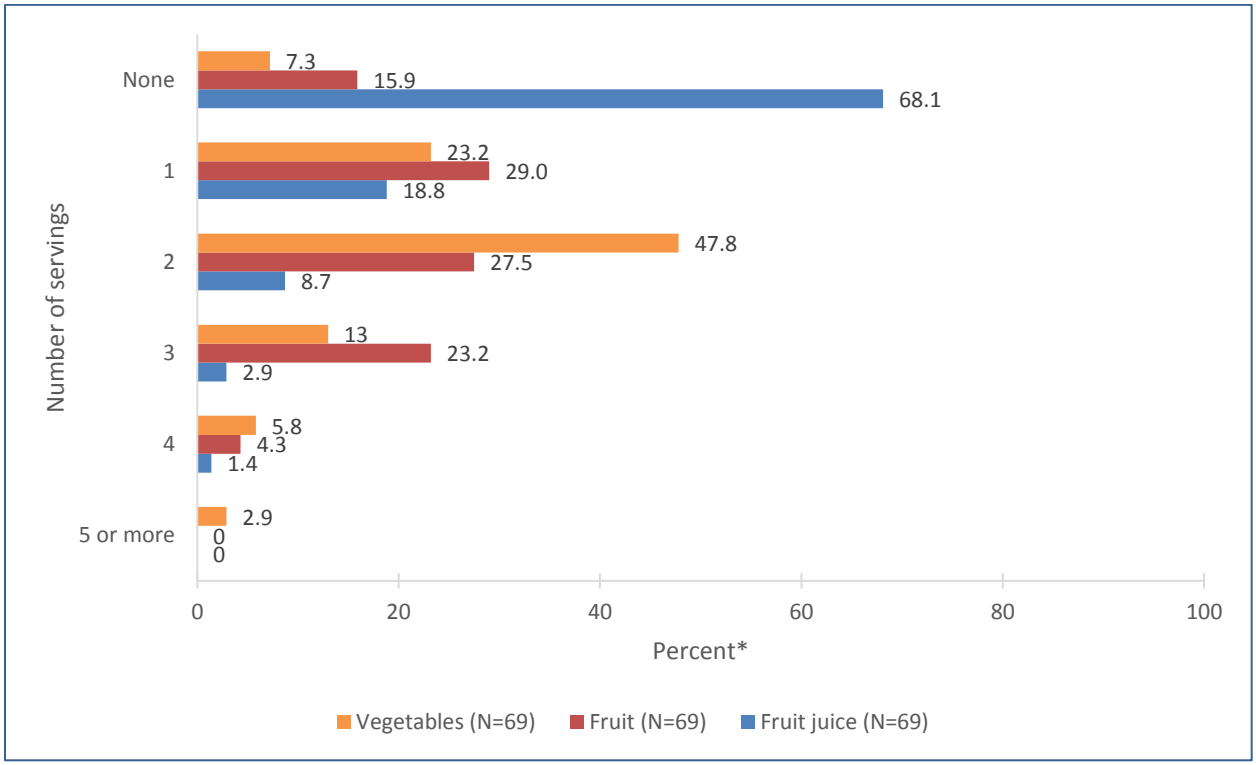
Sanford Health employees are required to have an annual flu vaccine as a protective measure for our patients as well as our staff.

Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 18.8% of respondents reported having 3 or more servings of vegetables the prior day. Only 27.5% reported having 3 or more servings of fruits the prior day.

According to the U.S. Department of Health and Human Services, U.S. Department of Agriculture - Dietary Guidelines for Americans, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. A meal plan high in fruits and vegetables is associated with decreased risk for chronic diseases. In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie meal plan can be beneficial for weight management.

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

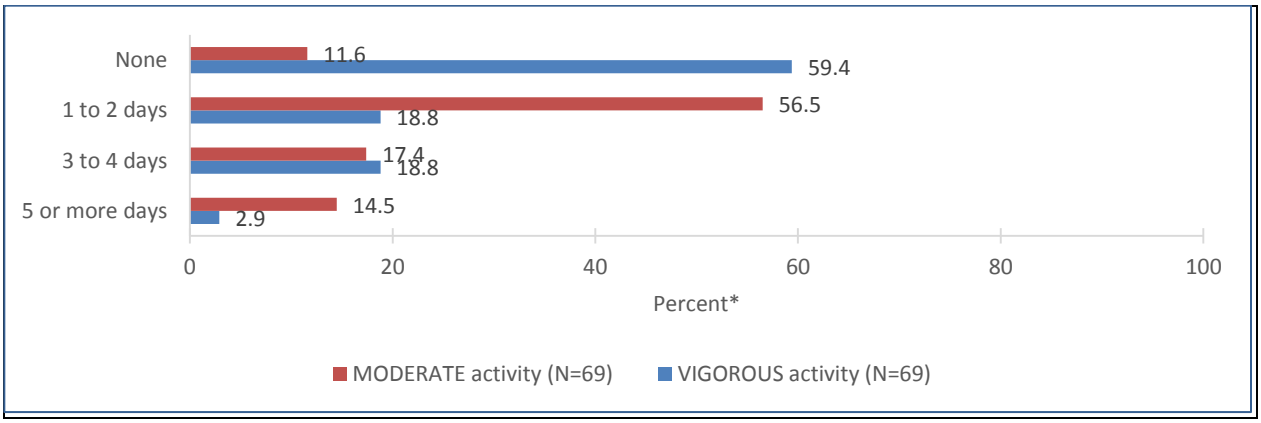


Physical Activity Levels

Study results suggest that the majority of respondents do not meet physical activity guidelines. 31.9% of respondents have 3 or more days per week with moderate activity.

Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health.

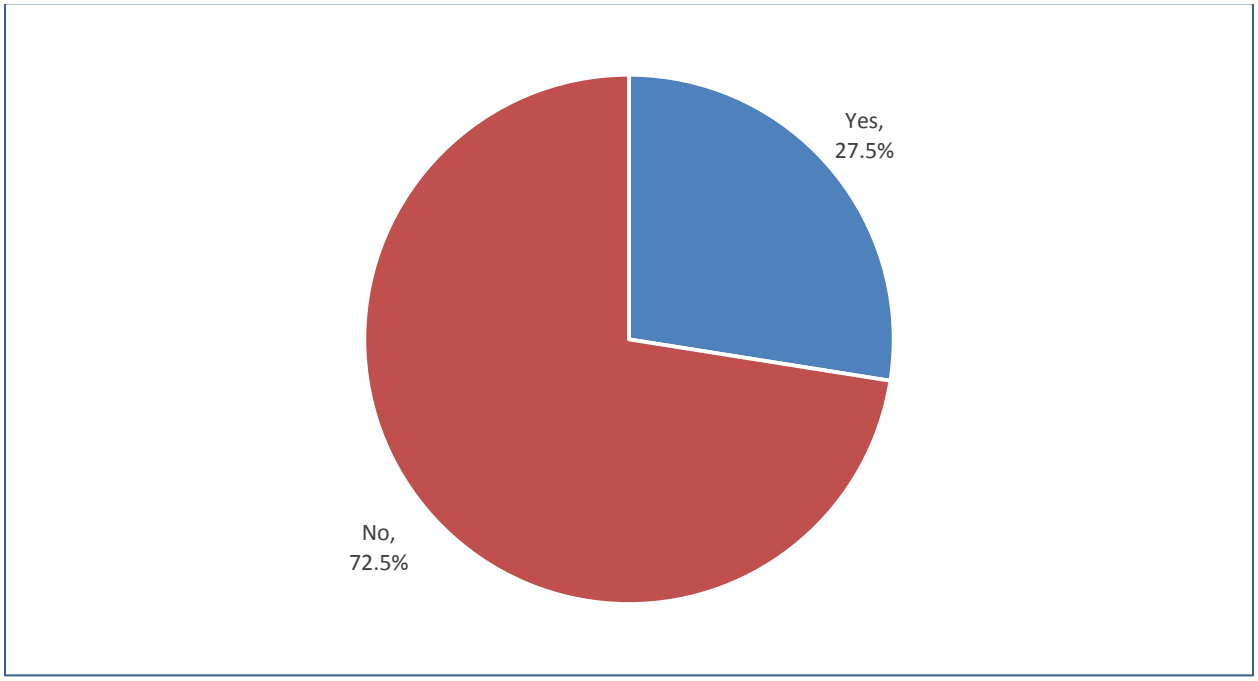
Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



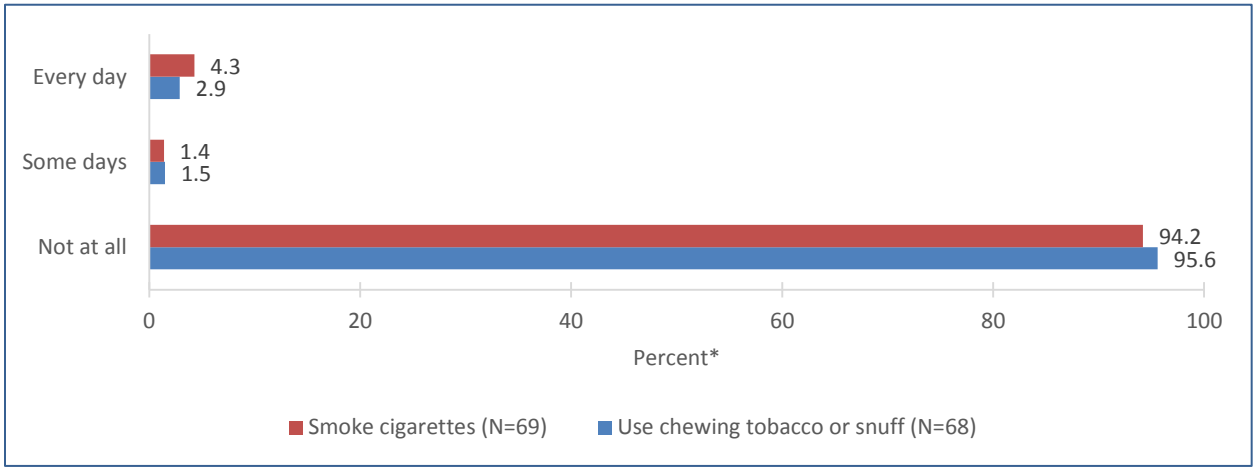
Tobacco Use

Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 27.5% of respondents have smoked at least 100 cigarettes in their lifetime, which indicates a former smoker status according to the Centers for Disease Control and Prevention.

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



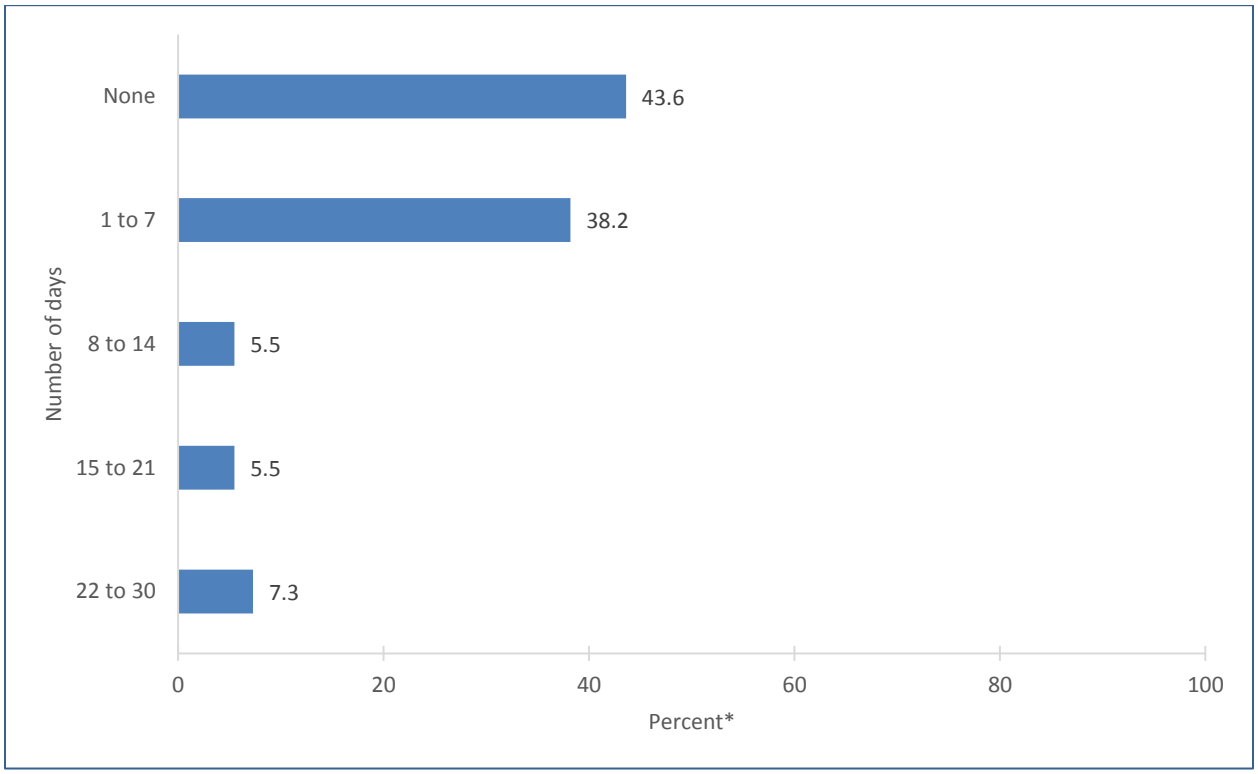
How often respondents currently smoke cigarettes and use chewing tobacco or snuff



Mental Health

Mental health is an important component of well-being at every stage of life and impacts how we think, act and feel. Mental health influences our physical health, how we handle stress, how we make choices, and how we relate to others. Among Webster respondents, mental health is a moderately high area of concern, particularly depression, and stress. 18.3% of respondents have been told or diagnosed by a doctor or health professional that they have anxiety or stress and 8.5% have been told they have depression. In addition, 56.5% of respondents self-report that in the last month, there were days when their mental health was not good.

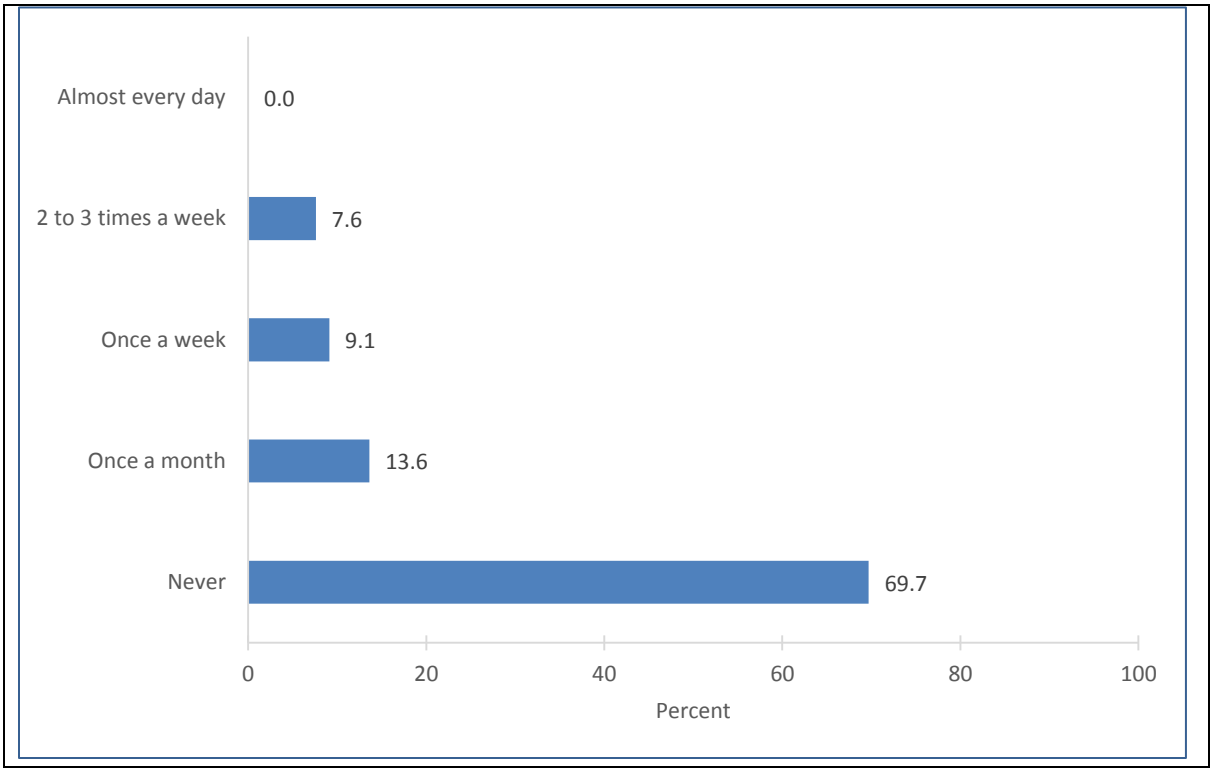
Number of days in the last month that respondents' mental health was not good



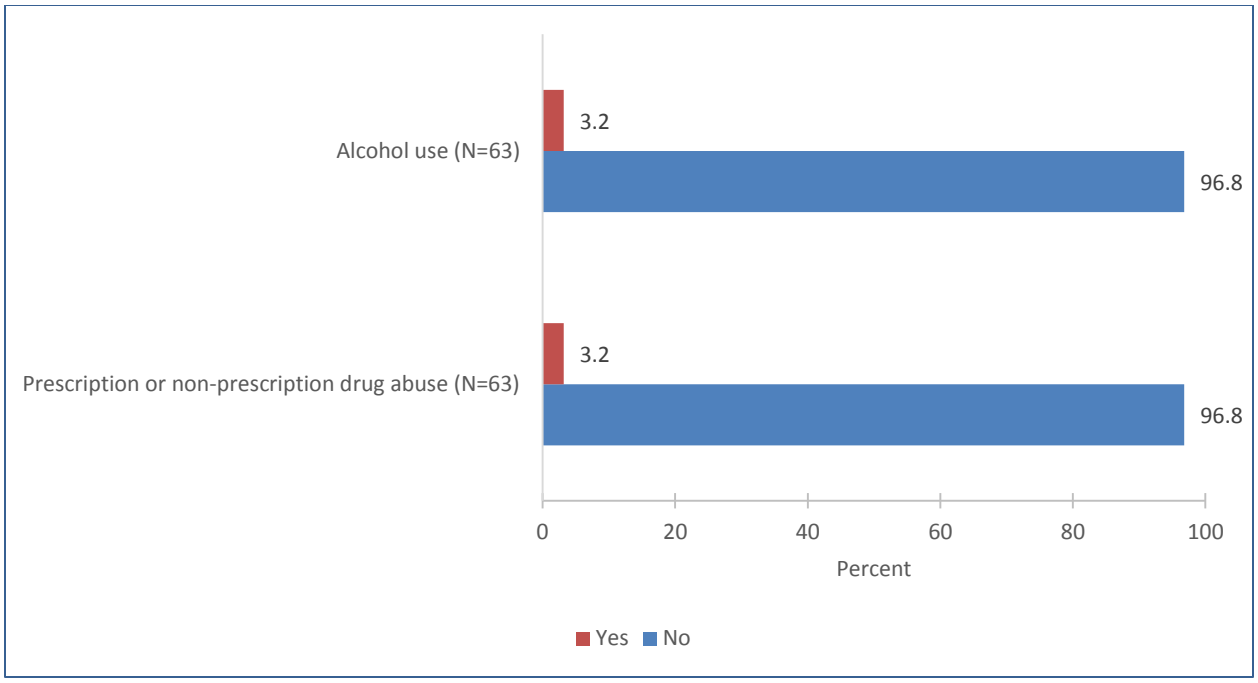
Substance Abuse Responses

Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In Webster, 82.1% of the community stakeholder's respondents drank alcoholic beverages on at least one of the days in the last month. On days they drank, 33.4% of respondents drank an average of 3 or more drinks per day. In regards to binge drinking, 30.3% of community stakeholder's respondents report binge drinking at least once per month.

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



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



3.2% percent of respondents reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking (30.3%).

Other forms of substance abuse include the use of prescription or non-prescription drugs. 3.2% of the community stakeholder's respondents reported having had a problem with prescription or non-prescription drug abuse.

Demographics

Total Population – 2010 U.S. Census Bureau

- Day County: 5,710

Population by Age and Gender

	Number	Percent	Males	Percent	Females	Percent
<5 years	332	5.8	176	3.1	156	2.7
5-9	360	6.3	179	3.1	181	3.2
10-14	326	5.7	181	3.2	145	2.5
15-19	320	5.6	152	2.7	168	2.9
20-24	243	4.3	125	2.2	118	2.1
25-29	264	4.6	145	2.5	119	2.1
30-34	263	4.6	141	2.5	2.1	2.1
35-39	235	4.1	131	2.3	104	1.8
40-44	296	5.2	143	2.5	153	2.7
45-49	406	7.1	195	3.4	211	3.7
50-54	489	8.6	260	4.6	229	4.0
55-59	451	7.9	247	4.3	204	3.6
60-64	416	7.3	210	3.7	206	3.6
65-69	336	5.9	171	3.0	165	2.9
70-74	251	4.4	137	2.4	114	2.0
75-79	266	4.7	113	2.0	153	2.7
80-84	219	3.8	84	1.5	135	2.4
85 and over	237	4.2	77	1.3	160	2.8
Median age	47.9		47		48.7	

Population by Race

	Day Co.	Percent
White	5,030	88.1
Black or African American	8	0.1
American Indian or Alaska Native	542	9.5
Asian	12	0.2
Native Hawaiian or other Pacific Islander	0	0.0
Hispanic or Latino	62	1.1

The per capita personal income in Day County, South Dakota is $23,651. 22.5% of individuals in Day County are living below the poverty level. The unemployment rate in Day County is 5.6% (2015 data).

Health Needs and Community Resources Identified

One of the Internal Revenue Service requirements for a community health needs assessment is to identify the resources that are available in the community to address unmet needs. Sanford Health conducted asset mapping by reviewing the primary and secondary research and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources are available in the community to address the needs.

Sanford Health and community partners developed the asset map. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

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

The asset map process includes identified needs from the following:

- The non-generalizable survey
- Concerns expressed by the key stakeholder group
- Secondary research data
- Community resources that are available to address the need(s)

See the Asset Map in the Appendix.

Prioritization

The following needs were brought forward for prioritization:

- Aging - cost of long term care, availability of memory care
- Children and Youth – bullying, availability of activities for children and youth
- Safety – presence of street drugs and alcohol in the community, presence of drug dealers in the community, domestic violence
- Health Care Access – access to affordable health insurance, cost of affordable dental and vision insurance, access to affordable health care and affordable prescription drugs
- Physical Health – cancer, inactivity, poor nutrition chronic disease and obesity
- Mental Health/Behavioral Health – stress, depression, underage drug use and abuse, alcohol use and abuse, drug use and abuse, underage drinking and tobacco use

Sanford is addressing all of the assessed needs that fall within our scope of work. In some cases the need is one where we do not have the expertise to adequately address the need. However, Sanford leaders will communicate these findings to community leaders and experts who can best focus on a solution to the concern.

A document that shares what Sanford is doing to address the need or defends why Sanford is not addressing the need can be found in the next section.

Members of the collaborative determined that safety and physical health are top unmet needs for further implementation strategy development.

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

- Safety
- Physical Health

How Sanford Webster is Addressing the Needs

Identified Concerns	How Sanford Webster is addressing the needs
Aging • Cost of long term care • Availability of memory care	Our hospital social services staff who assist patients with their discharge planning, often to area nursing homes, always try to help patients by getting them information to apply for Medicaid or other assistance as needed, for them or their families.
Children and Youth • Bullying • Availability of activities for children and youth	Sanford has taken part in the local summer reading program, offers a summer Sports POWER program, teaches a babysitting class annually, and offers family assistance resources to ER patients as needed.
Safety • Presence of street drugs and alcohol in the community • Presence of drug dealers in the community • Domestic violence	As stated above, we offer a summer Sports POWER program to school-age children, promoting athletics and community involvement vs. drug/alcohol use. We do have a certified trainer on staff for Management of Aggressive Behavior and looking at ways to utilize her in the schools.
Health Care • Access to affordable health insurance • Cost of affordable dental insurance • Cost of affordable vision insurance • Access to affordable health care • Access to affordable prescription drugs	We offer contact information for resources such as Medicaid, the Health Insurance Marketplace, the Donated Dental Services program, etc. We also help patients with their Sanford financial assistance applications, for those who qualify; and we help patients with their Medicare Part D claims for oral meds given in observation that aren't covered by Medicare.
Physical Health • Cancer • Inactivity and lack of exercise • Poor nutrition and eating habits • Chronic disease • Obesity • Preventive Health	• Sanford Webster refers patients to the Watertown American Cancer Society office for assistance. • We are involved in the community's new initiative to build a walking/biking trail in Webster. • We contract with a dietitian, who comes monthly, and our providers refer to her as needed. • We have a diabetic education nurse on staff in the hospital and a Health Coach in the clinic who work with patients on their eating habits and weight loss goals. • We offer flu shot clinics to the public in the fall, and our clinic staff maintain childhood as well as adult immunization records and report to the State as needed.
Mental Health • Underage drug use and abuse • Alcohol use and abuse • Drug use and abuse • Underage drinking • Smoking and tobacco use • Stress • Depression	We offer contact information for substance abuse and mental health resources as needed by our patients and/or their families, also refer to the SD Quit Line.

SANFORD HEALTH

2016 Implementation Strategy

Implementation Strategies

Priority 1: Safety

According to the CDC, every day, 28 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 53 minutes. Six teens ages 16 to 19 die every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash.

Additionally, The United States is in the midst of a drug overdose epidemic. More people died from drug overdoses in 2014 than in any other year on record. Deaths from drug overdoses are up among both men and women, all races, and adults of nearly all ages.

More than three out of five drug overdose deaths involve an opioid. Opioids are substances that work on the nervous system in the body or specific receptors in the brain to reduce the intensity of pain. Overdose deaths from opioids, including prescription opioids and heroin, have nearly quadrupled since 1999. A concern of medical personnel is how to effectively recognize and reduce violence that is often a byproduct of drug use and abuse. The MOAB training presents principles, techniques, and skills for recognizing, reducing, and managing violent and aggressive behavior. The program also provides humane and compassionate methods of dealing with aggressive people both in and out of the workplace**.**

Sanford Webster has set strategy to increase safety measures for its patients and community members. MOAB training will be provided to employees at the medical center and to community members. Additionally, Sanford will work with the Webster Key Club to help reduce the number of alcohol and drug related accidents among teen.

Priority 2: Physical Health

Physical health consists of many components, including rest and sleep, nutrition, physical activity, and self-care. Primary prevention is a way to remain physically healthy.

Sanford has set strategy to help the community improve physical health by extending the use of the fitness equipment during normal business hours and by increasing the referrals to the Sanford dietitian for medical nutrition therapy and wellness counseling.

Sanford Webster Medical Center

FY 2017-2020 Action Plan

Priority 1: Safety

Projected Impact: Community members, multi-generational

Goal 1: Community presentation of ideas on how to handle aggressive behavior (attacker, shooter, etc.)

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations
MOAB (Management of Aggressive Behavior) instructor will be training employees on what to do in the event of an active shooter or aggressive patient/visitor. Offer an informational session to the public and to the school/businesses.	Staff is trained on management of aggressive behavior	MOAB instructor time	Andrea Schuring, MOAB Instructor, Executive Team and Department Managers	Day Co. Emergency Management team

Goal 2: Day County docudrama presentation

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations
Have hospital personnel lead/participate in a reenactment of a DUI crash resulting in death, arrest, etc. Timing would be before prom, to be done every other year for all juniors and seniors in Day County.	Reduce number of alcohol- and drug-related accidents among teens	Sanford Webster staff and some supplies	Sanford PA	Emergency Management, police, ambulance, funeral home, students and parents, Webster Key Club

Goal 3: Power Sports program

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations - if applicable
Physical therapist and a COTA will do an annual summer Sports Power program, teaching students how to maximize their workout techniques, improve jumping ability, etc.	Encourage students to participate in sports and continue beyond high school, thus discouraging drug and alcohol use.	Physical therapist, Certified OT Assistant, and supplies from those depts.	Kyle Hubsch, DPT	Webster and Waubay Schools will promote the program for us

Priority 2: Physical Health

Projected Impact: Healthier Day County residents

Goal 1: PT Wellness

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations - if applicable
Offer the use of PT equipment to the public for their workout needs during regular business hours.	The number of people utilizing this program	PT/OT staff and equipment; minimal supplies	Rehab Director, David Wyman, PT, and all PT/OT staff	

Goal 2: Dietary counseling

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations - if applicable
Registered Dietitian consults with patients referred by our clinic providers on their eating habits and nutritional needs.	Increase in the number of medical nutrition therapy consults and Health Coach visits	Contracted dietitian, employed Health Coach	Clinic providers	

<u>Goal 3</u>: American Cancer Society promotions

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Provide referral cards to clinic and hospital visitors/patients for the Watertown chapter of the American Cancer Society (which covers Day County).	Increase in the ACS benefits utilized by Day Co. residents	American Cancer Society	Providers, Nurses, Social Services	American Cancer Society Watertown, SD

SANFORD HEALTH

2013 Implementation Strategy Impact

Demonstrating Impact

The 2013 Community Health Needs Assessment served as a catalyst to lift up access/urgent care and mental health services as implementation strategies for the 2013-2016 timespan. The following strategies were implemented.

Priority 1: Lack of Assisted Living for Elderly

Study the feasibility of converting part of Bethesda's Heritage Village Apartments into an Assisted Living.

Priority 2: Obesity among Adults and Children

Work with Sanford WebMD Fit program to leverage this program to parents and children through our local school system.

Work with medical center dietitian to develop services for obesity prevention/control.

Work with exercise specialists to develop exercise programs (walking clubs, biking clubs, fitness center programs, etc.) for community members.

Priority 3: Medical Providers Recruitment

Recruit an additional provider to bring our medical staff to: 2 FT MD, 1 PT MD, 2 FT APP.

The 2013 strategies have served as a base for reaching out and utilizing resources and implementing resources in the Webster community. The impact has been positive and the work will continue into the future through new or continued programming and services on the strategies.

Impact of the Strategy for *Assisted Living*
Bethesda's Board is studying the feasibility of an Assisted Living section in Heritage Village. Workforce and construction costs are issues that must be addressed before moving forward.

Impact of the Strategy to *Address Obesity*

Sanford Webster started a Sanford Power program in the Webster community during the summer of 2014, and was very successful again in 2015. This program will continue. Sanford Webster staff members are working with the *Design: South Dakota* program on enhancing community recreation choices including a walking trail. Members of the Webster community are now working with the Webster City Council on a revision of the original walking trail design, and will be applying for a grant to help fund it.

Impact of the Strategy to *Address Medical Provider Recruitment*

Sanford Webster recruited another full-time APP in January 2016, bringing us up to 1 FT MD and 3 FT APPs. Recruitment efforts continue for an additional MD.

Community Feedback from the 2013 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on the 2013 Community Health Needs Assessment and has provided on-line comment fields for ease of access on our website. There have been no comments to date.

APPENDIX

Primary Research

Webster 2016 CHNA Asset Map

Identified concern	Key stakeholder survey Specific concern and rating	Secondary data	Community resources that are available to address the need	Gap?
Aging Population	• Cost of LTC 4.03 • Availability of memory care 3.72	24.3% are 65 or older	LTC/Memory Care resources: • Bethesda Home/Village 605-345-3331 • Sanford Clinic 605-345-4141 • Roslyn Nursing Home-Strand Kjorsvig -605-486-4523 • Sun Dial Manor Bristol 605-492-3615	X
Children and Youth	• Bullying 3.71 • Availability of activities for children and youth 3.53	Children in poverty is at 20% in Day County, 13% nationally and 19% in SD Children in single-family households is at 38% in Day County, 20% nationally and 31% in SD	Bullying resources: • Webster Police – 605-345-4040 • Day Co. Sheriff – 605-345-3222 • School Counselors – 605-345-3548 • Northeastern Mental Health Center 605-345-3146 • Needs Anonymous – 605-345-4410 • Family Support Program 605-345-2413 • YMCA Aberdeen 605-229-1300 Resources for children in poverty: • Sanford Webster Community Care Program – 605-345-3336 • Day Co. Food Pantry • Needs Anonymous Food Pantry 605-345-4410 • Needs Anonymous Thrift Store 605-345-4410 • People Against Child Hunger (PACH) 605-345-4102 • WIC – 605-345-3882 • Head Start – 605-345-4994 Activities for children & youth: • School Activities – 605-345-3548 • Day Co. Conservation District Kids' Activities – 605-345-4661 • Public Library – 605-345-3263 • Just for Kix Dance Classes 605-216-7773 • All American Saddle Club • Webster Youth Wrestling 605-345-4447 • 4-H Club – 605-345-9504 • Boy Scouts – 605-290-9515 • Girl Scouts – 605-345-9500 • Park District activities 605-345-3381	X

Identified concern	Key stakeholder survey Specific concern and rating	Secondary data	Community resources that are available to address the need	Gap?
Safety	• Presence of street drugs, and alcohol in the community 3.86 • Presence of drug dealers in the community 3.64 • Domestic violence 3.49	Alcohol abuse is at 36.6% in Day County Marijuana use is at 16.2% Unmet alcohol or drug abuse needs is at 100%	Webster Police – 605-345-4040 Day Co. Sheriff – 605-345-3222 Substance Abuse resources: • Northeastern Mental Health Center 605-345-3146 • DUI Alcohol Classes – 605-345-3771 Domestic Violence resources: • Safe Harbor – 888-290-2935 • Financial Assistance for Crime Victims – 800-696-9476 • Protection Orders: ○ Day Co. – 605-345-3771 ○ Tribal – 605-698-7629 • YMCA Aberdeen 605-229-1300 • Safety Program	X
Health Care	• Access to affordable health insurance 3.74 • Cost of affordable dental insurance 3.64 • Cost of affordable vision insurance 3.61 • Access to affordable health care 3.57 • Access to affordable pres. drugs 3.54	17% are uninsured	Family & Community Health Services 605-345-3882 Sanford Webster – 605-345-3336 SD Medicaid – 605-345-3432 Donated Dental Services Program 605-224-4012	X
Physical Health	• Cancer 3.94 • Inactivity and exercise 3.60 (31.9% exercise moderately 3x or more /week, 21.7% exercise vigorously 3 or more x/week) • Poor nutrition and eating habits 3.59 (18.8% have 3 or more vegetables/d, 27.5% have 3 or more fruits/d) • Chronic disease 3.56 • (Hypertension and arthritis are the top diseases)	Adult obesity 34% compared to 25% nationally Physical inactivity is at 29% compared to 20% nationally Diabetic monitoring is at 87% compared to the national 90% Mammography is at 79.3% compared to 70.7% nationally and 66.5% in SD Hypertension is at 51.3%	Physical Fitness resources: • TLC Fitness Center – 605-345-3710 • Open Gym (School System) 605-345-3548 • Park District activities 605-345-3381 • Just for Kix Dance Classes 605-216-7773 • All American Saddle Club • Webster Youth Wrestling 605-345-4447 Obesity resources: • Family & Community Health Services – 605-345-3882 • Sanford Webster Clinic 605-345-4141	X

Identified concern	Key stakeholder survey Specific concern and rating	Secondary data	Community resources that are available to address the need	Gap?
	• Obesity 3.54 (59% report as overweight or obese)	High cholesterol is at 31.2% Diabetes is at 18.9%	Chronic Disease resources: • Family & Community Health Services – 605-345-3882 • Sanford Webster Clinic 605-345-4141 • Sanford Better Choices, Better Health Cancer resources: • Family & Community Health Services – 605-345-3882 • Sanford Webster Clinic 605-345-4141 • American Cancer Society Watertown office 800-227-2345 Nutrition resources: • Webster Farmers Market • Day County Extension 605-345-9504 • Sanford Dietitians – 605-345-3336 • Family & Community Health Services – 605-345-3882 • YMCA Aberdeen 605-229-1300 • Ronald McDonald mobile unit	
Mental Health/ Behavioral Health	• Underage drug use and abuse 3.81 • Alcohol use and abuse 3.73 • Drug use and abuse 3.71 • Underage drinking 3.71 • Smoking and tobacco 3.64 • 30.3% of respondents drink at a binge level Stress 3.57 • Depression 3.50	Alcohol abuse is at 36.6% Depression is at 5.2% Anxiety is at 5.3% PTSD is at 2.7% Adult smoking is at 17% compared to 14% nationally 3 or more ACEs – 19.7%; 5 or more ACEs - 2.7%	Substance Abuse resources: • Northeastern Mental Health Center – 605-345-3146 • DUI Alcohol Classes – 605-345-3771 Mental Health resources: • School Counselors – 605-345-3548 • Northeastern Mental Health Center 605-345-3146 • Needs Anonymous – 605-345-4410 • Family Support Program 605-345-2413	X
Preventive Health	• 16.7% of children have not had a flu shot	STDs at 143 is higher than the national benchmark of 138, SD is at 471 Teen births at 30, is higher than national benchmark of 20. SD is at 37	Clinics: • Family & Community Health Services – 605-345-3882 • Sanford Webster Clinic 605-345-4141	X

Webster 2016 Community Health Needs Assessment - Prioritization Worksheet

Criteria to Identify Priority Problem

- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (H1N1 or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem

- Expertise to implement solution
- Return on investment
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences
- Legal considerations
- Impact on systems or health
- Feasibility of intervention

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Aging • Cost of long term care 4.03 • Availability of memory care 3.72			
Children and Youth • Bullying 3.71 • Availability of activities for children and youth 3.53			
Safety • Presence of street drugs, and alcohol in the community 3.86 • Presence of drug dealers in the community 3.64 • Domestic violence 3.49	5		
Health care • Access to affordable health insurance 3.74 • Cost of affordable dental insurance 3.64 • Cost of affordable vision insurance 3.61 • Access to affordable health care 3.57 • Access to affordable prescription drugs 3.54			
Physical Health • Cancer 3.94 • Inactivity and lack of exercise 3.60 • Poor nutrition and eating habits 3.59 • Chronic Disease 3.56 • Obesity 3.54	5		
Mental Health • Under age drug use and abuse 3.81 • Alcohol use and abuse 3.73 • Drug use and abuse 3.71 • Underage drinking 3.71 • Smoking and tobacco use 3.64 • Stress 3.57 • Depression 3.50			
Preventive Health			

Present: Tammi Block (community board member), Evelyn Christensen, Sanford Webster Clinic, Ashley Ewing, Sheryl Pappas, Melissa Grewe

Sanford Webster Medical Center

Community Health Needs Assessment

Results from a March 2015 Non-Generalizable

On-line Survey

August 2015

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a March 2015 on-line survey conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative invited viewers to access the online survey by distributing the survey link via e-mail to various agencies, at times using a snowball approach**. Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred throughout the month of March 2015 and a total of 71 respondents participated in the online survey.

TABLE OF CONTENTS

SURVEY RESULTS

General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

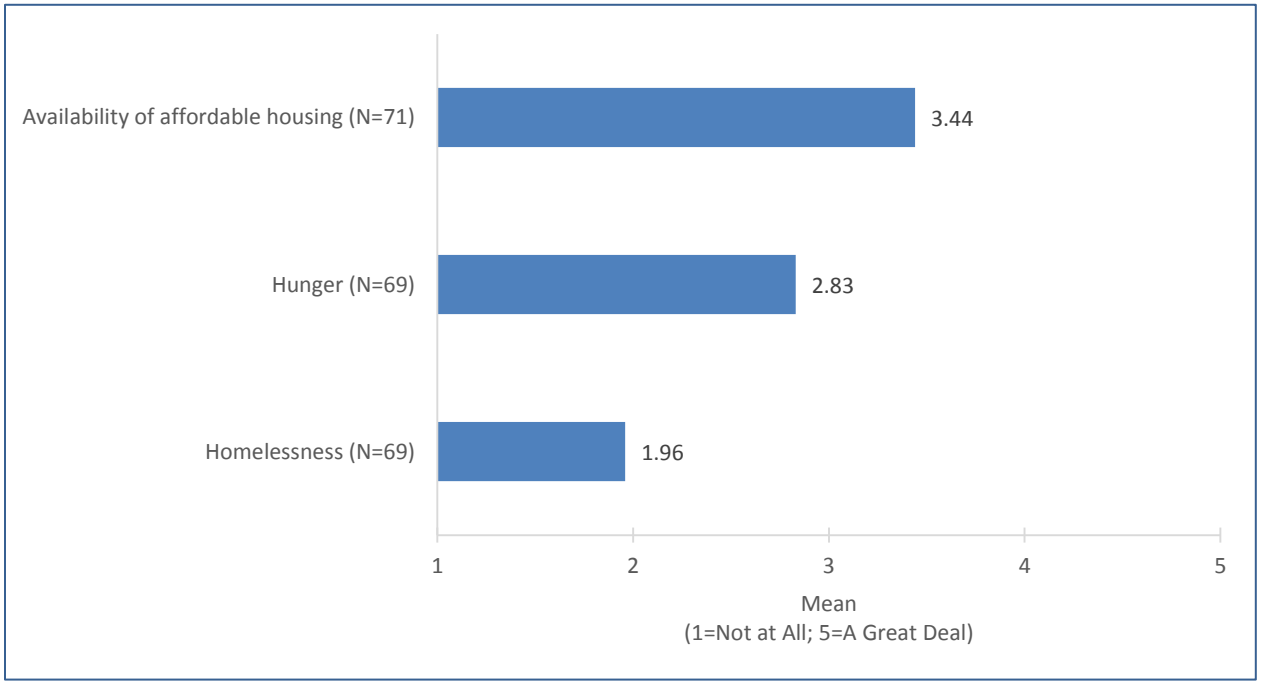


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

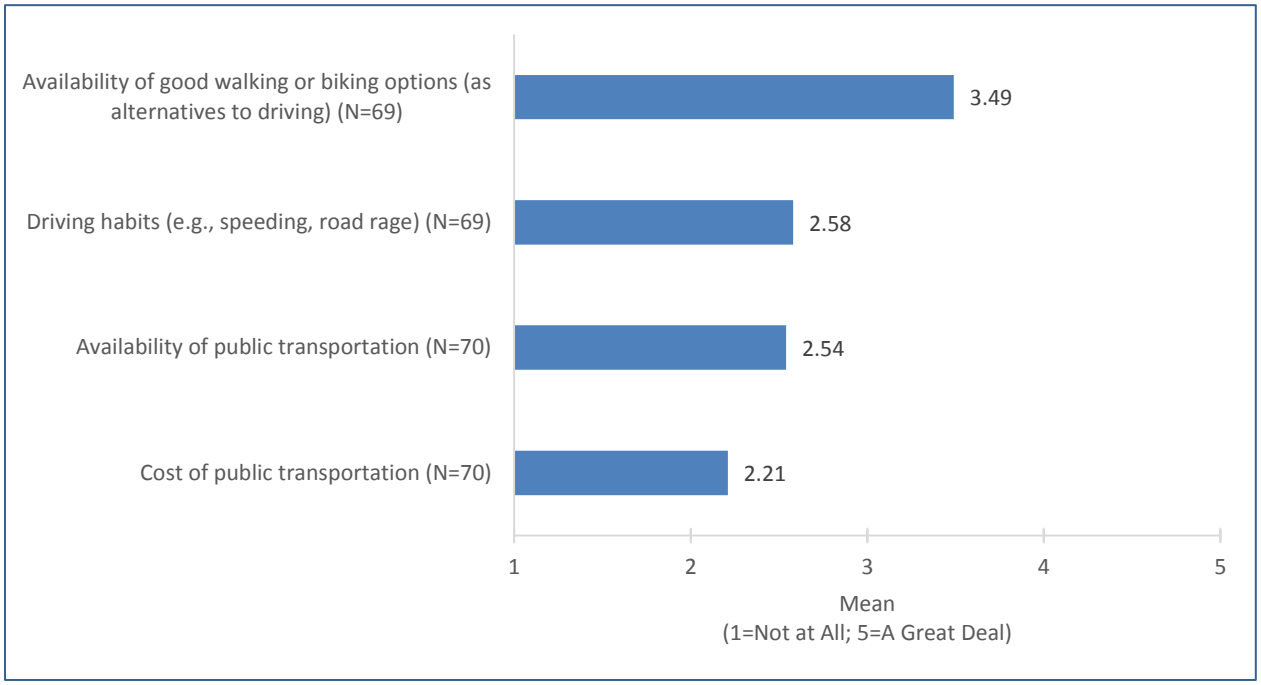


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

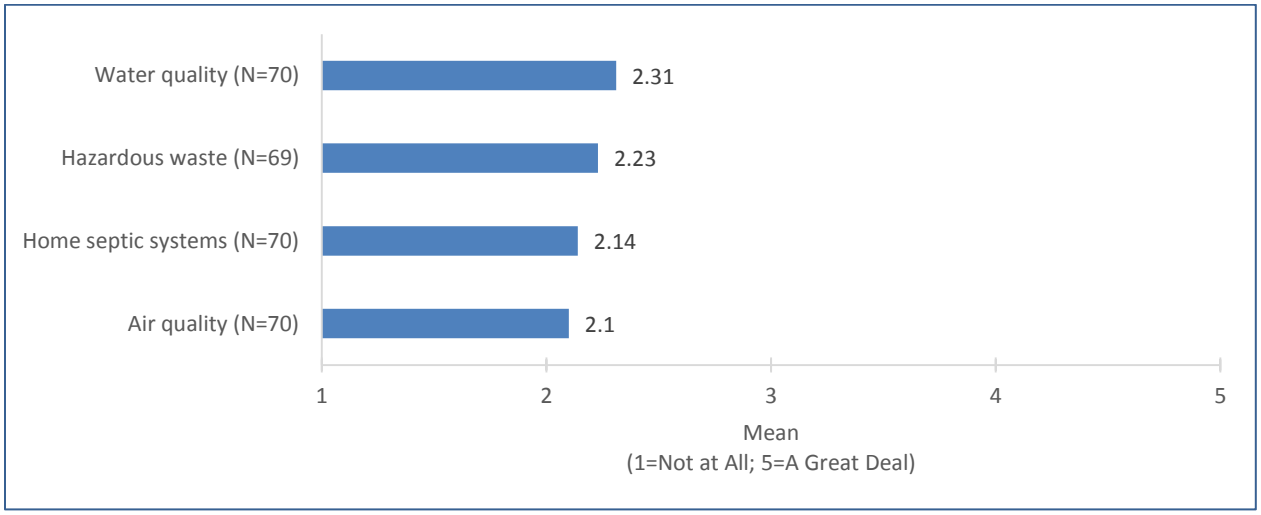


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

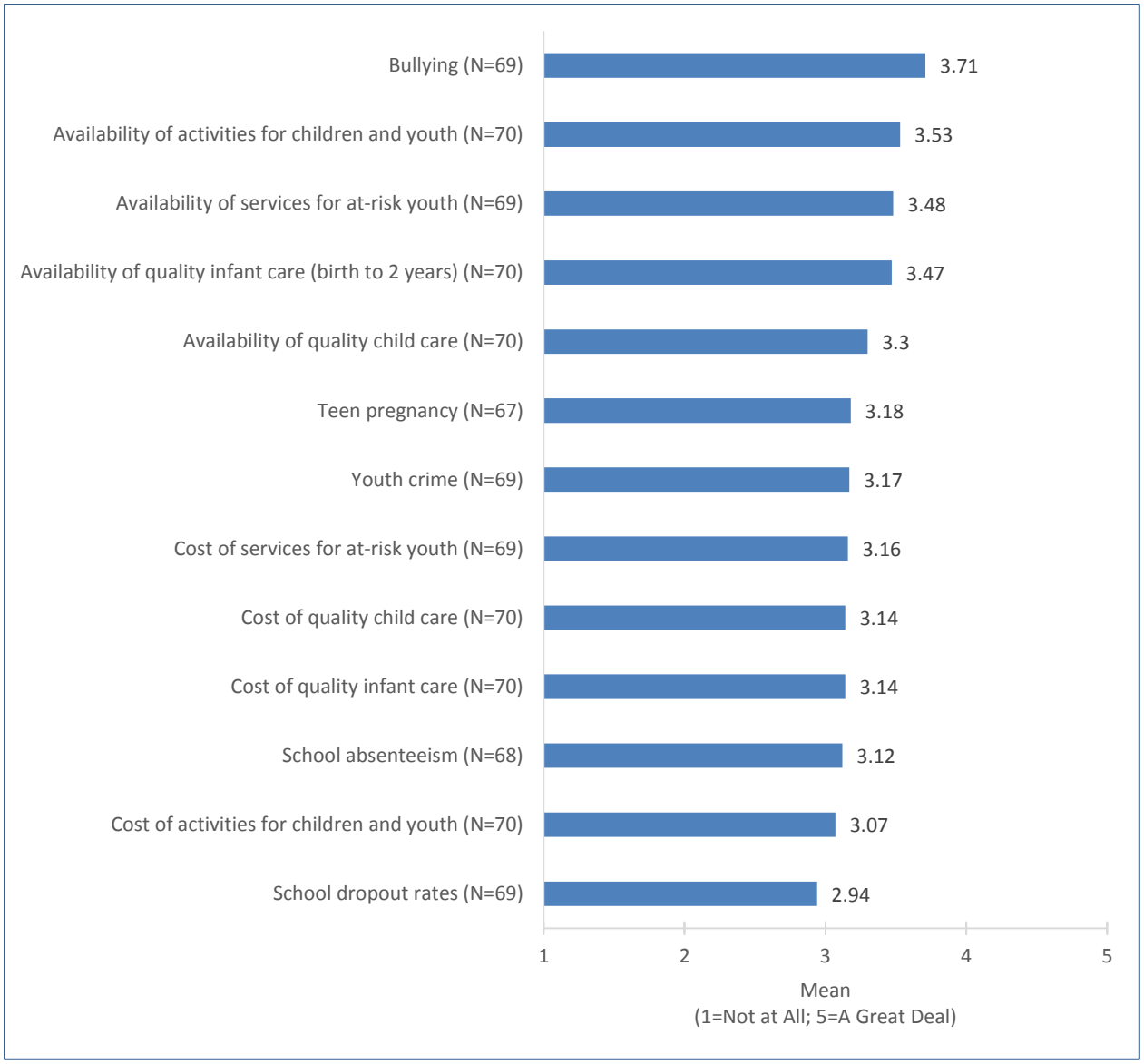


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

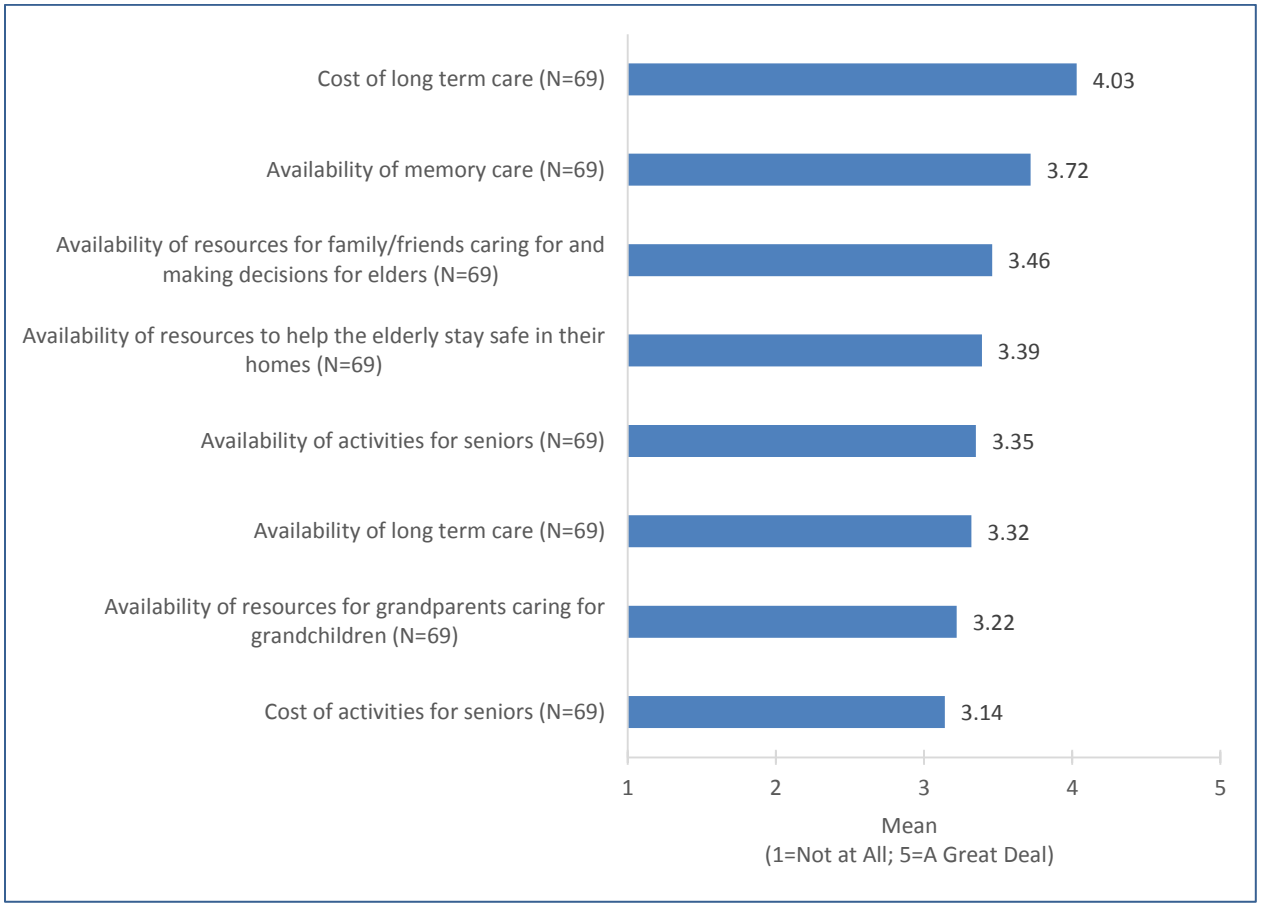


Figure 6. Level of concern with statements about the community regarding SAFETY

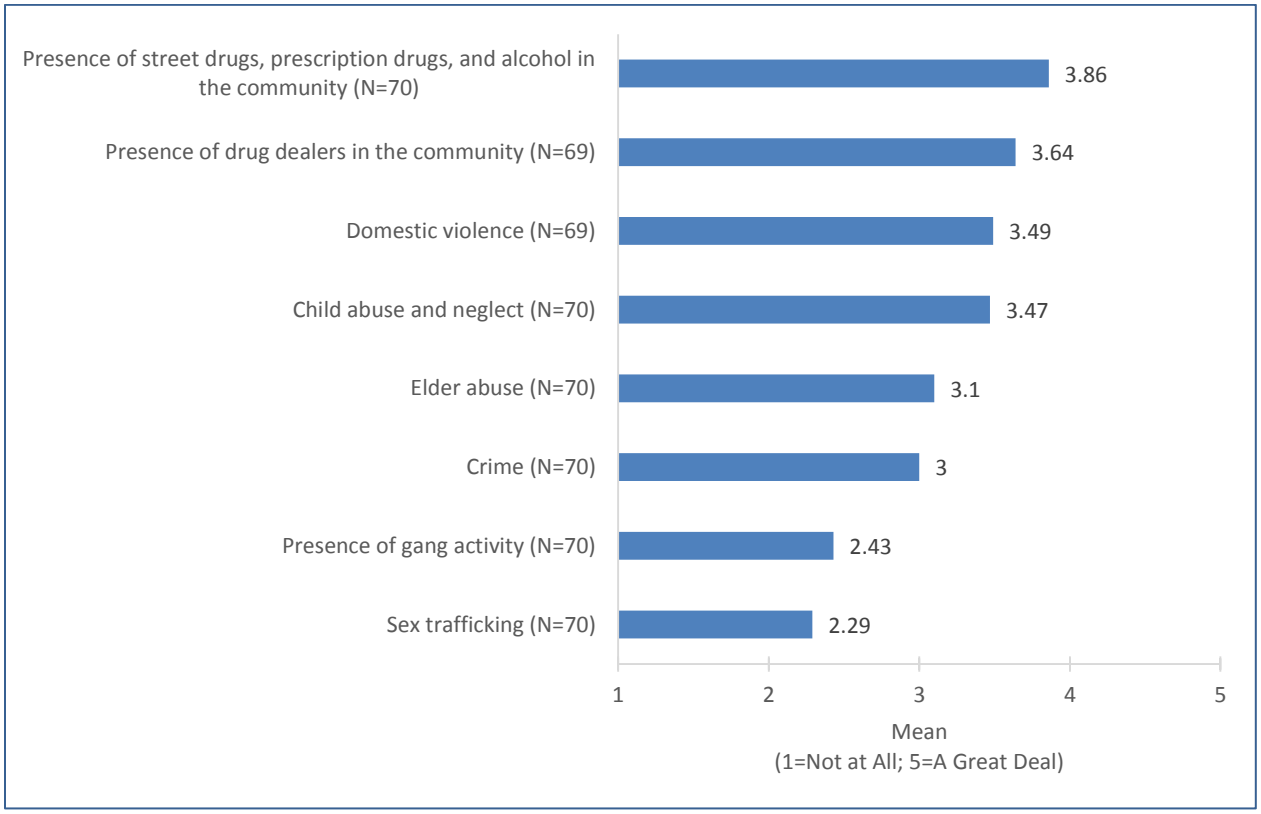


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

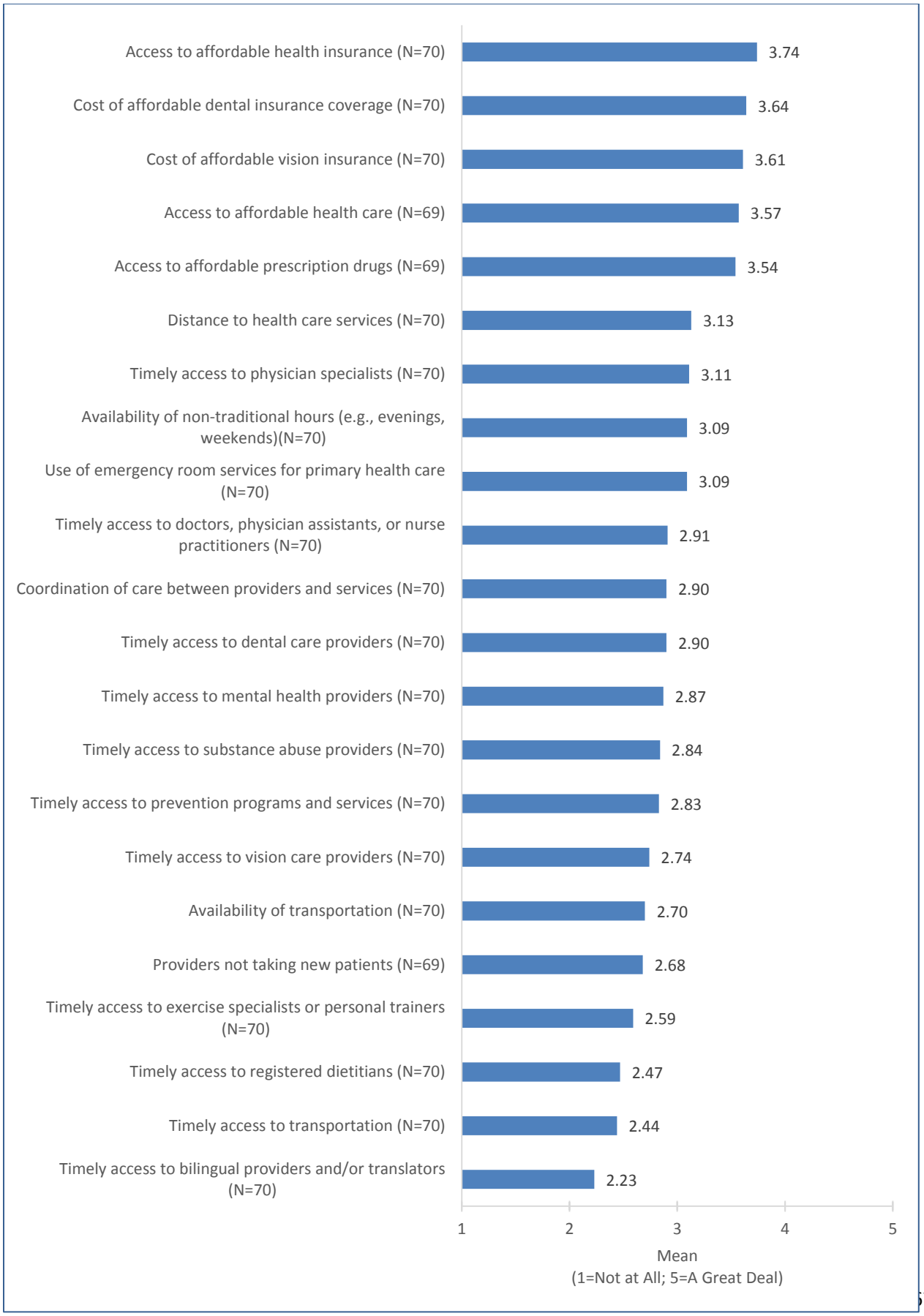

Access to affordable health insurance (N=70) 3.74
Cost of affordable dental insurance coverage (N=70) 3.64
Cost of affordable vision insurance (N=70) 3.61
Access to affordable health care (N=69) 3.57
Access to affordable prescription drugs (N=69) 3.54
Distance to health care services (N=70) 3.13
Timely access to physician specialists (N=70) 3.11
Availability of non-traditional hours (e.g., evenings, weekends)(N=70) 3.09
Use of emergency room services for primary health care (N=70) 3.09
Timely access to doctors, physician assistants, or nurse practitioners (N=70) 2.91
Coordination of care between providers and services (N=70) 2.90
Timely access to dental care providers (N=70) 2.90
Timely access to mental health providers (N=70) 2.87
Timely access to substance abuse providers (N=70) 2.84
Timely access to prevention programs and services (N=70) 2.83
Timely access to vision care providers (N=70) 2.74
Availability of transportation (N=70) 2.70
Providers not taking new patients (N=69) 2.68
Timely access to exercise specialists or personal trainers (N=70) 2.59
Timely access to registered dietitians (N=70) 2.47
Timely access to transportation (N=70) 2.44
Timely access to bilingual providers and/or translators (N=70) 2.23
1
2
3
4
5
Mean
(1=Not at All; 5=A Great Deal)

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

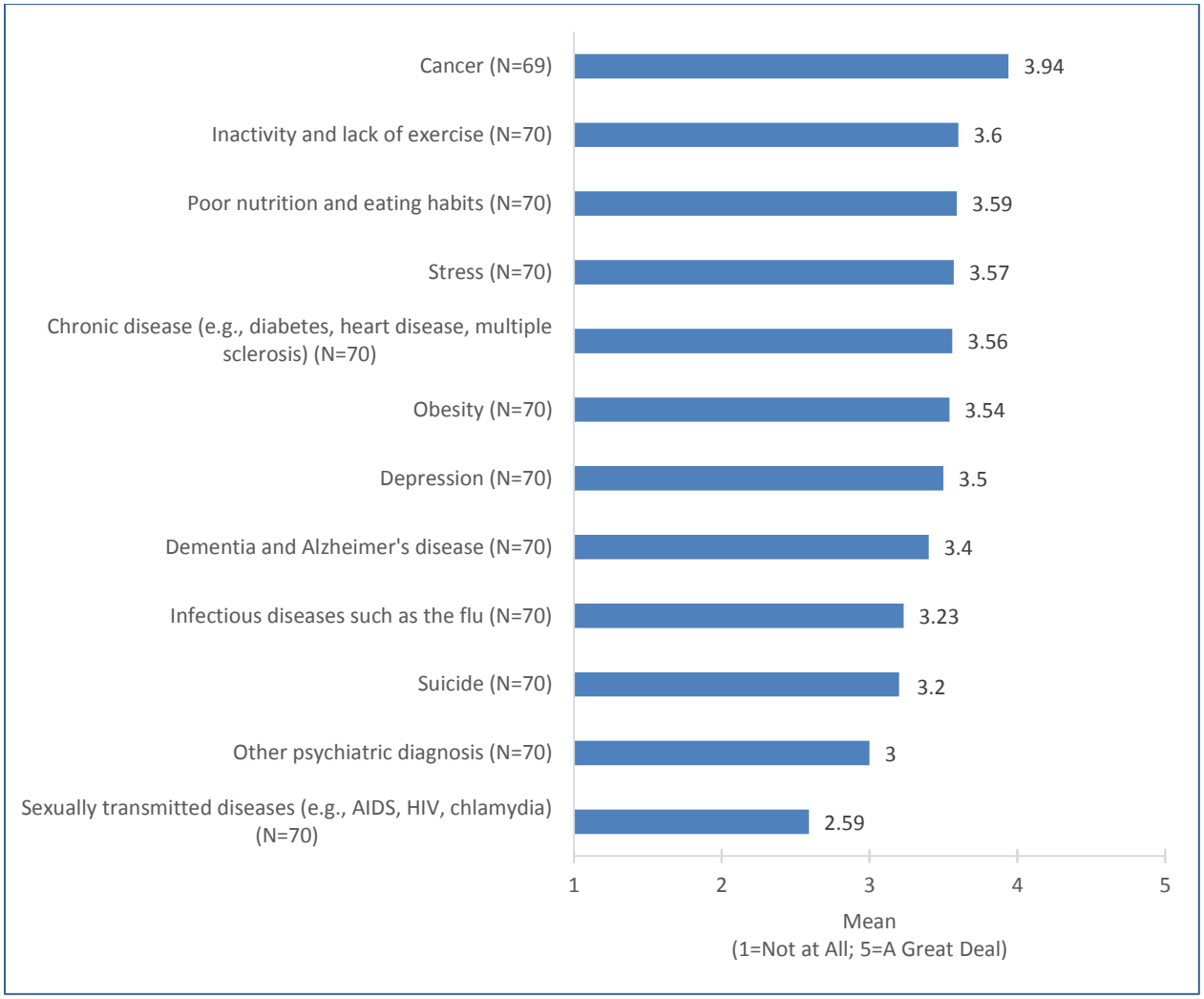
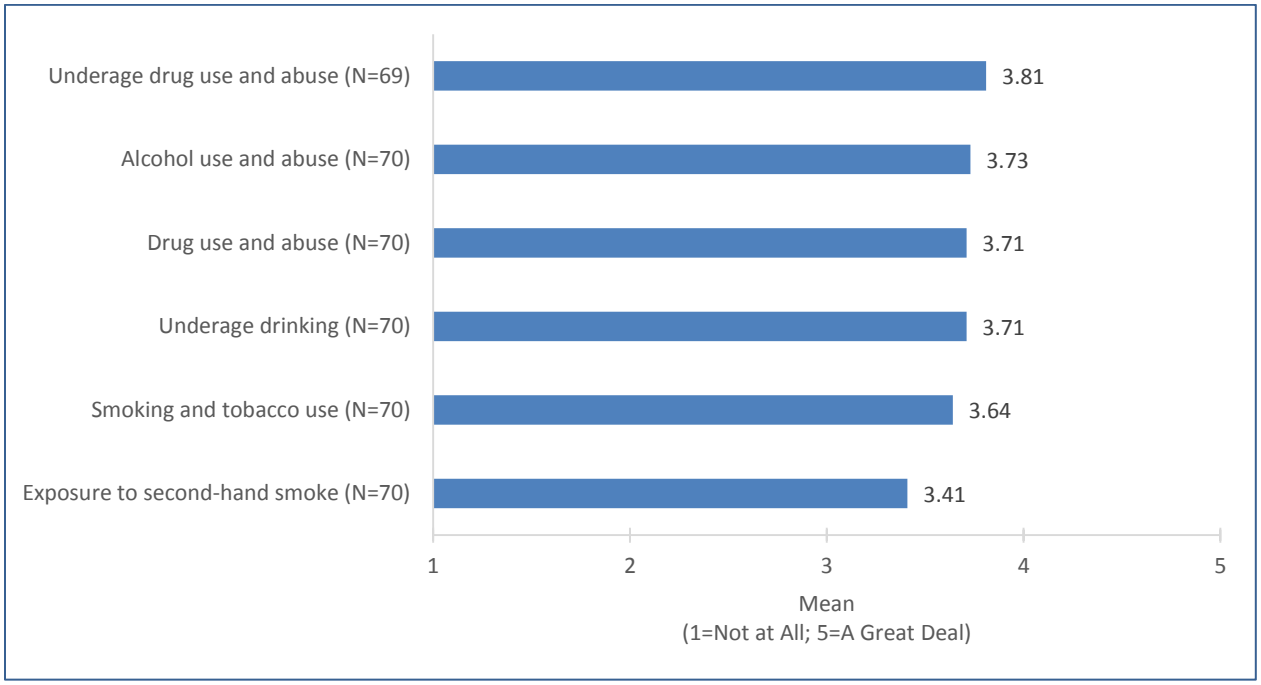
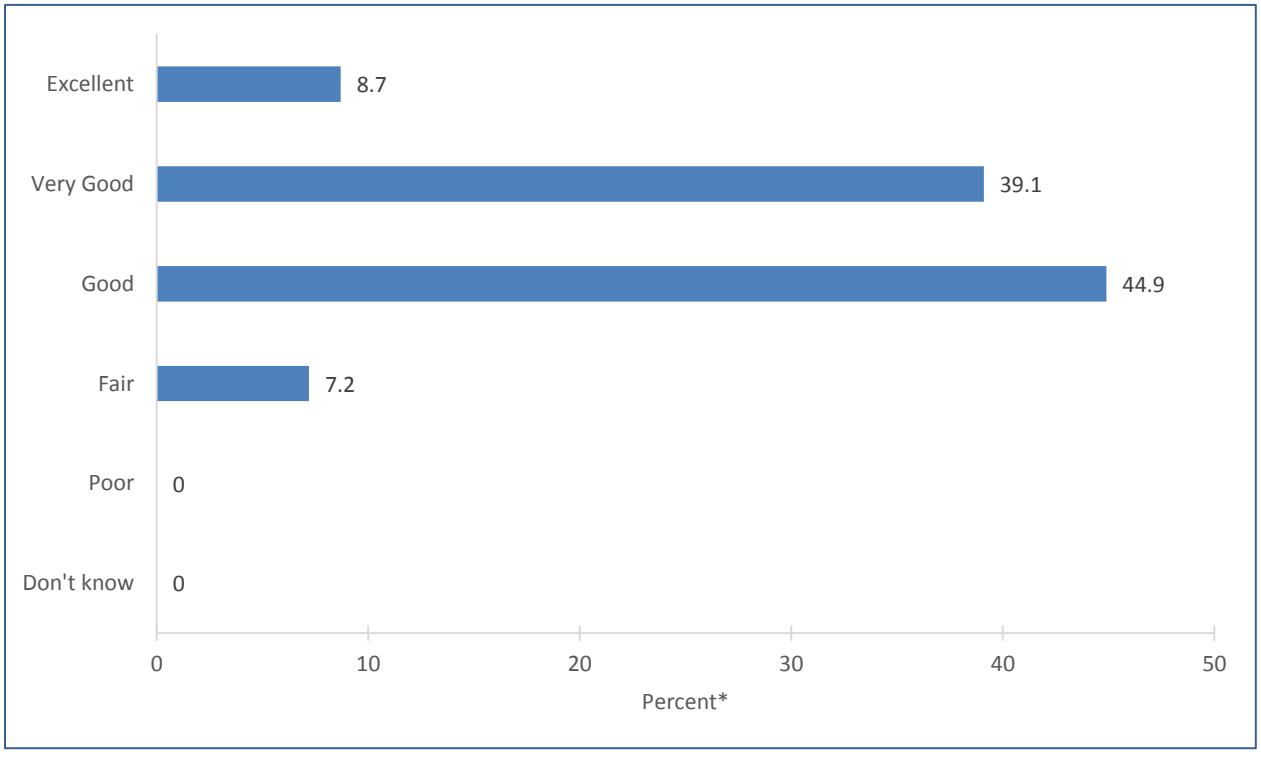


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



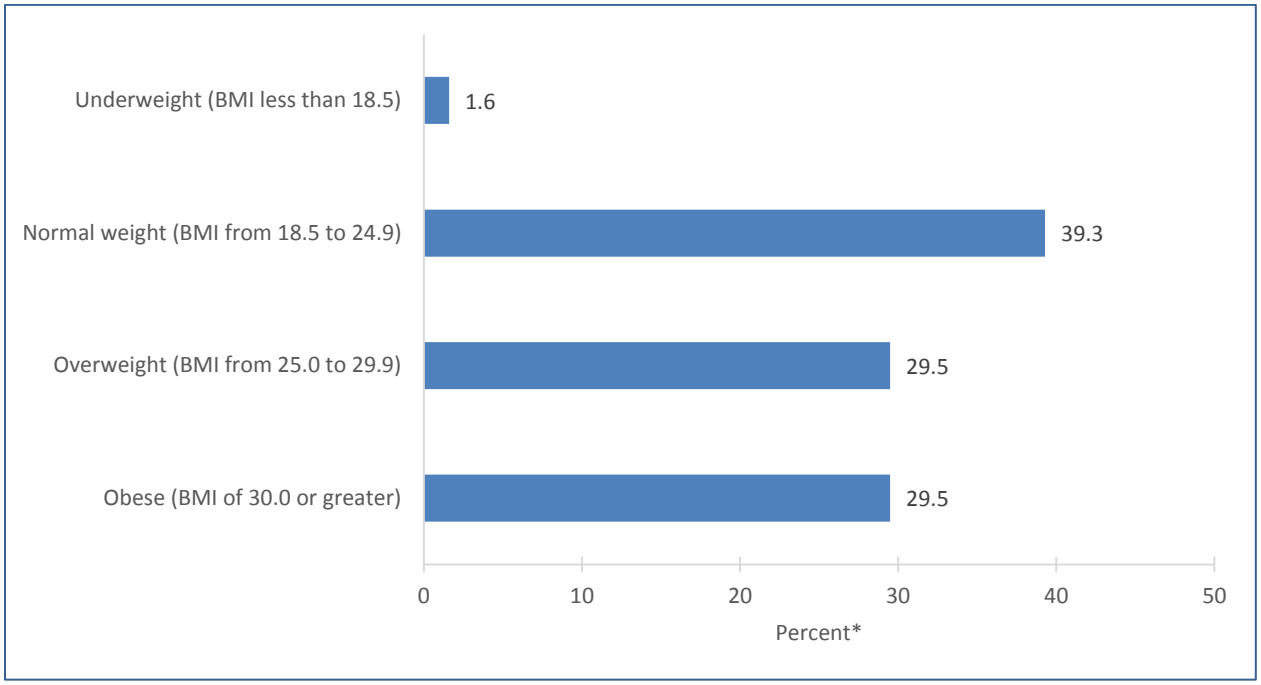
General Health

Figure 10. Respondents' rating of their health in general



N=69 *Percentages do not total 100.0 due to rounding.

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

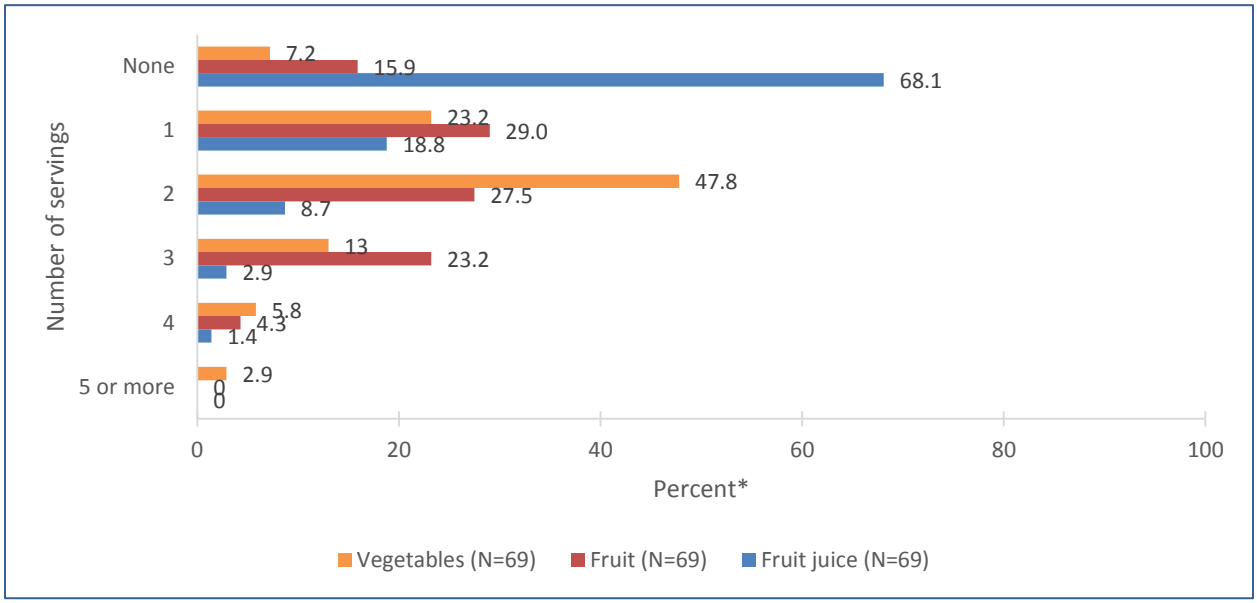


N=61

*Percentages do not total 100.0 due to rounding.

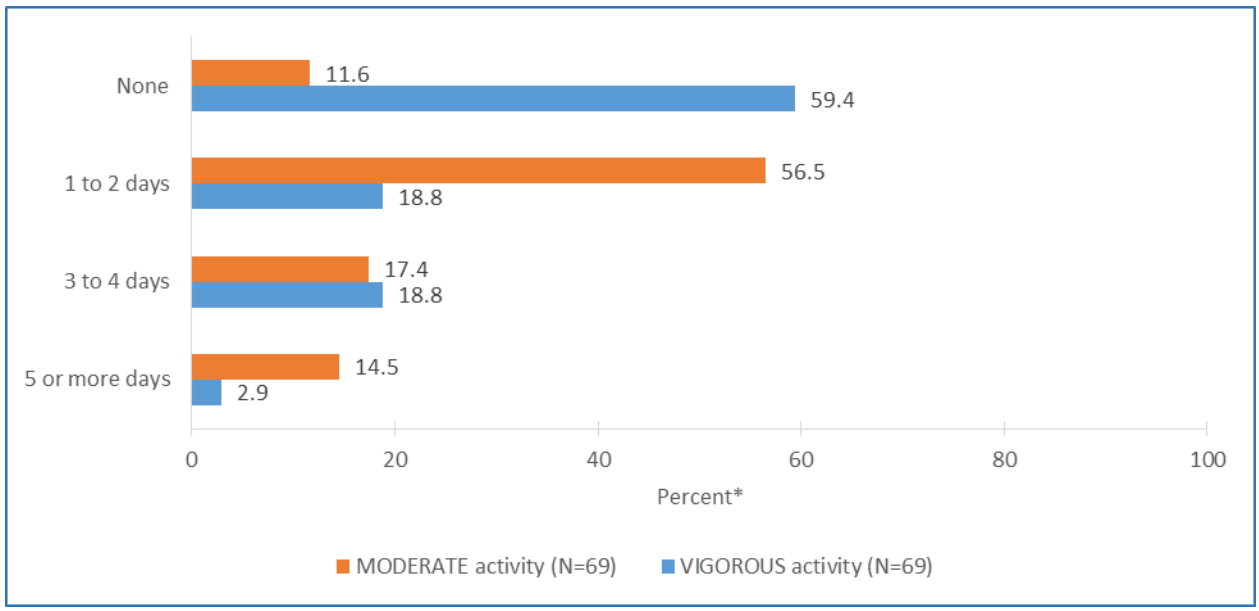
**For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

Figure12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



*Percentages do not total 100.0 due to rounding.

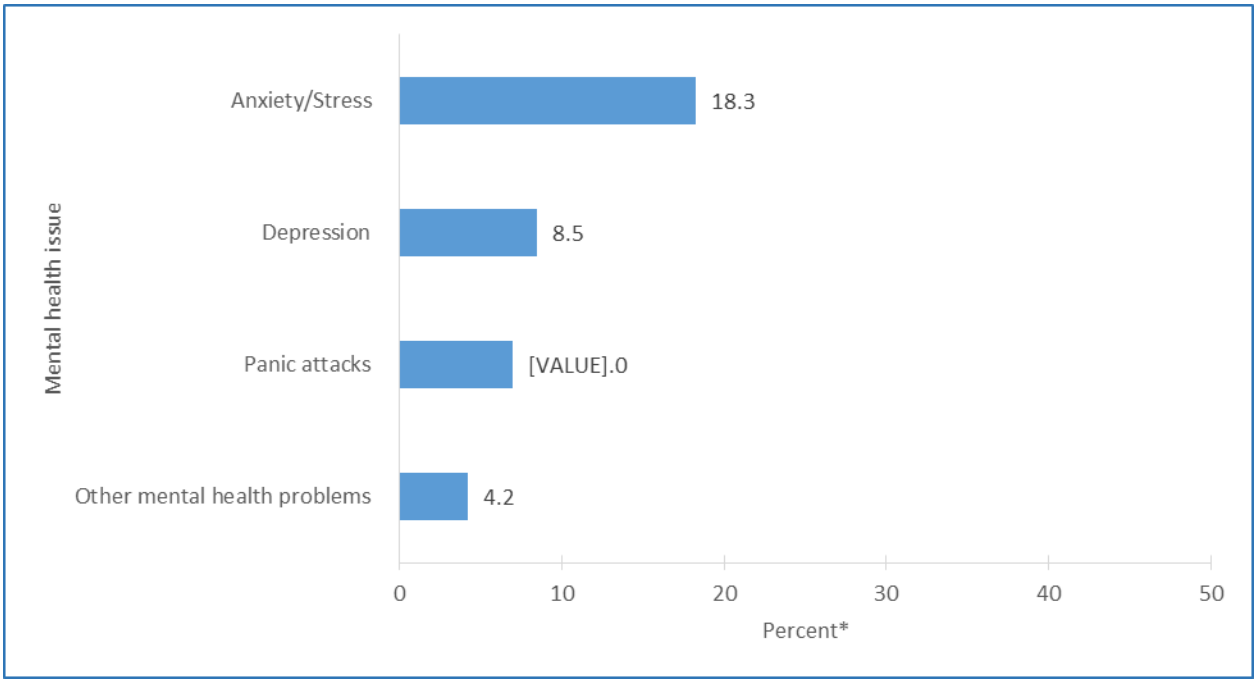
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



*Percentages may not total 100.0 due to rounding.

Mental Health

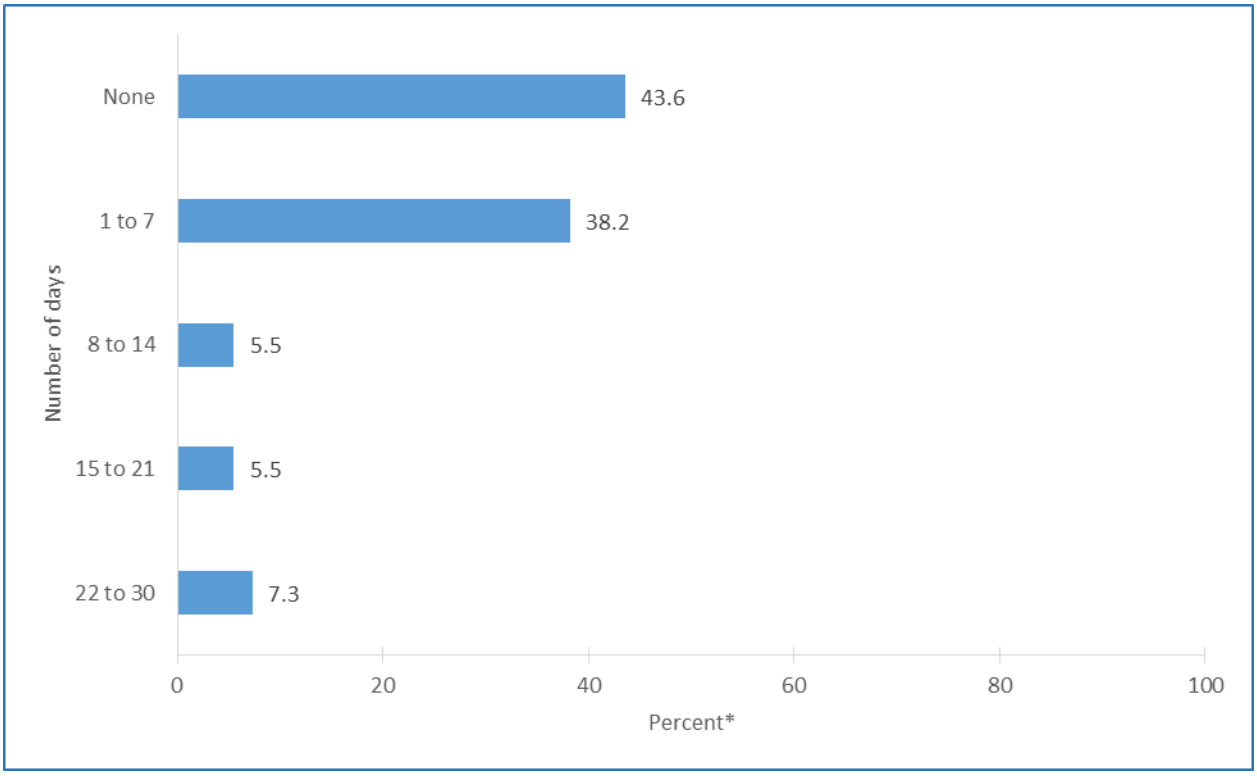
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=71

*Percentages do not total 100.0 due to multiple responses.

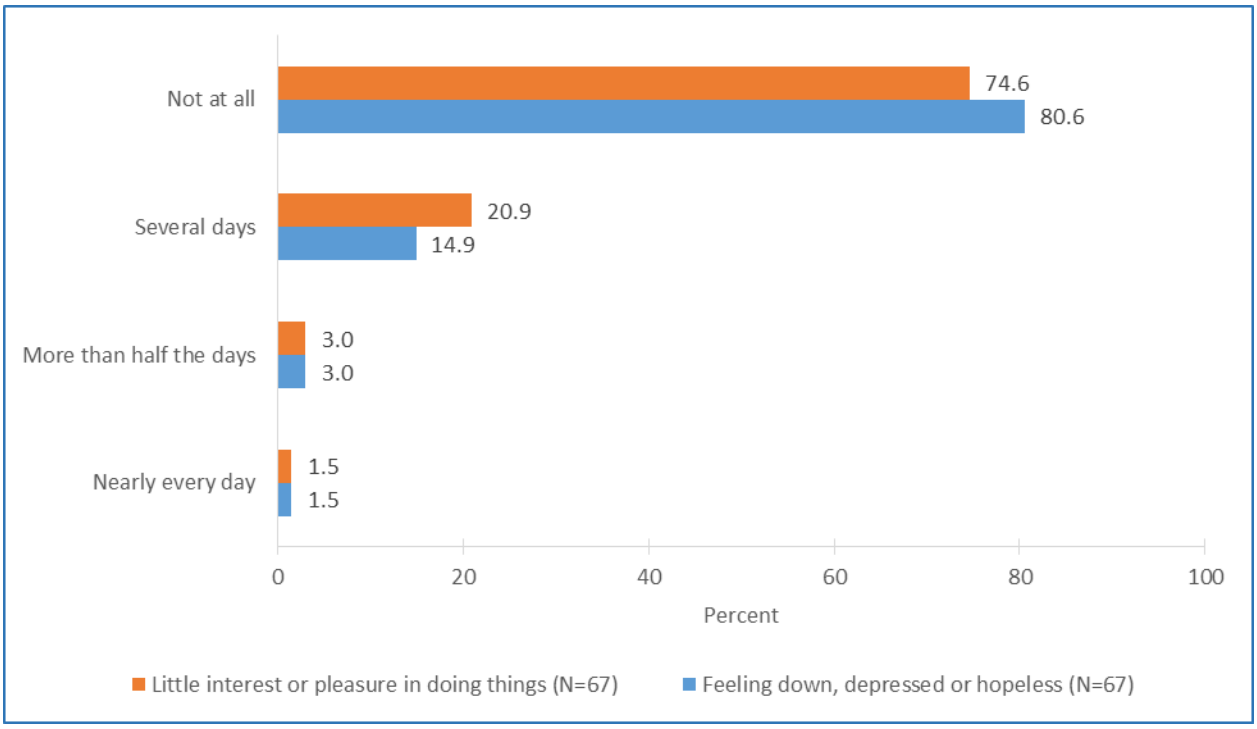
Figure 15. Number of days in the last month that respondents' mental health was not good



N=55

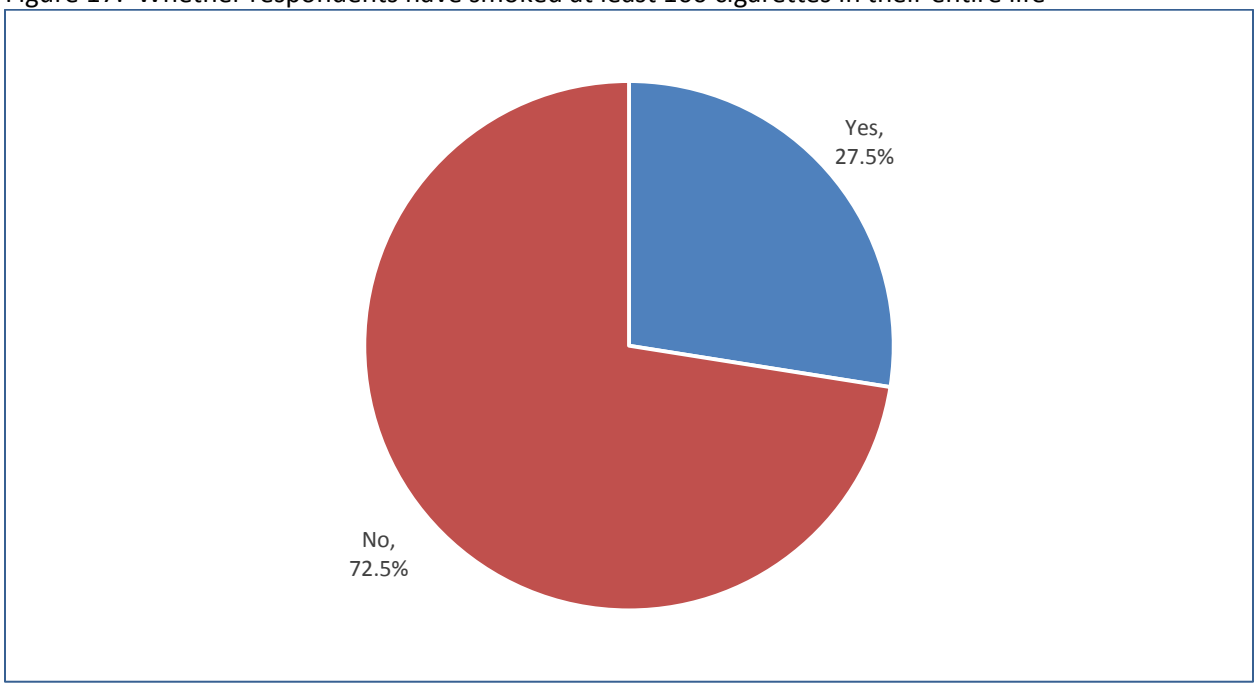
*Percentages do not total 100.0 due to rounding.

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



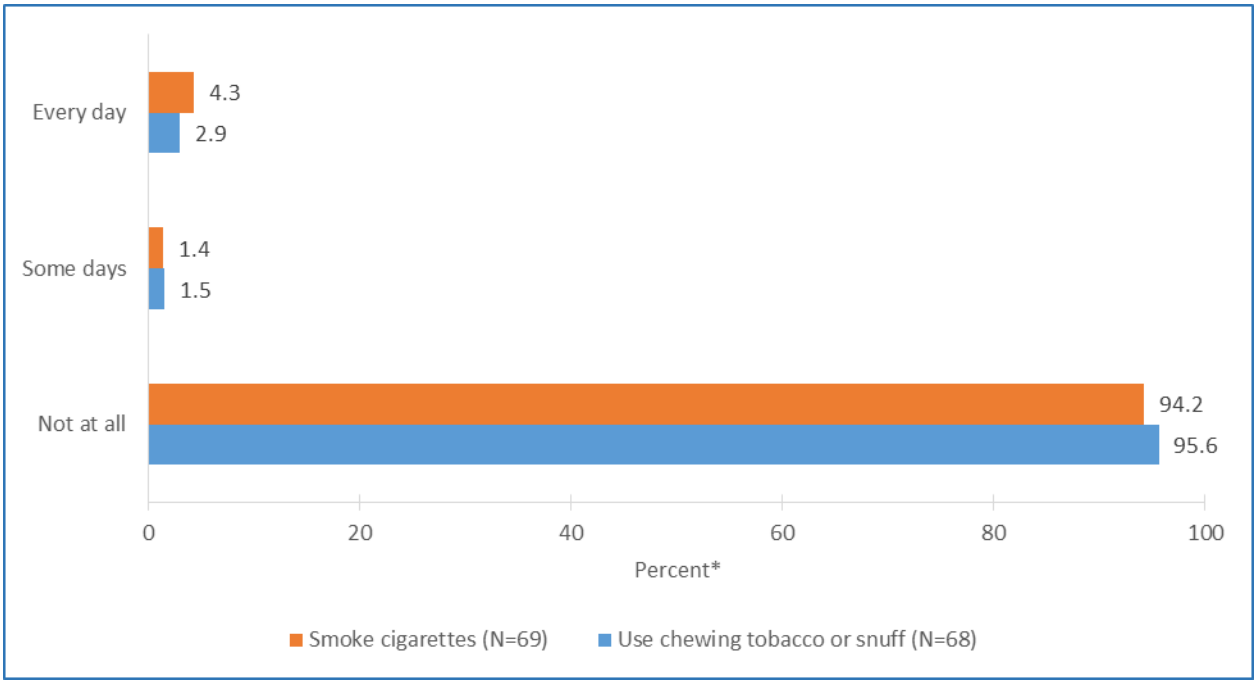
Tobacco Use

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



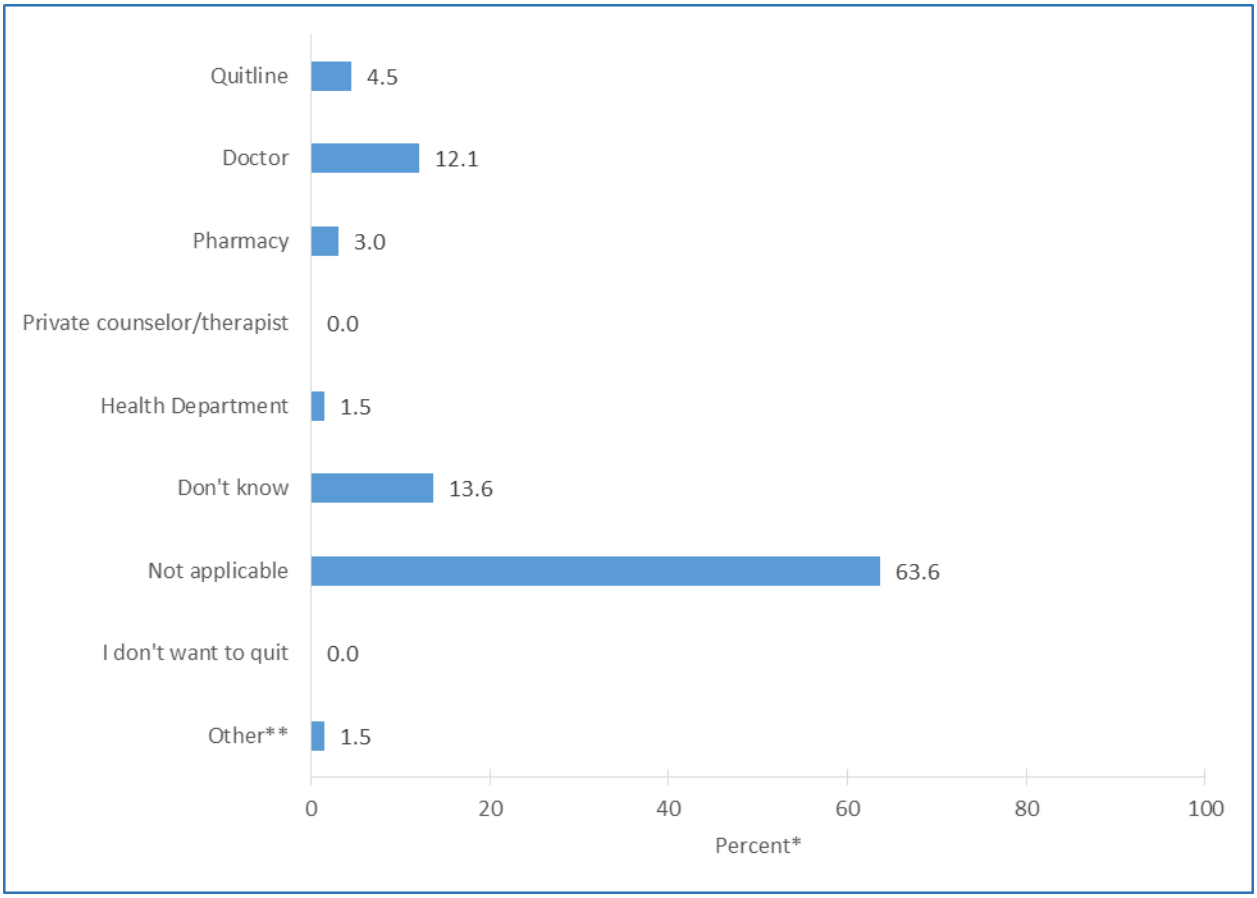
N=69

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



*Percentages may not total 100.0 due to rounding.

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



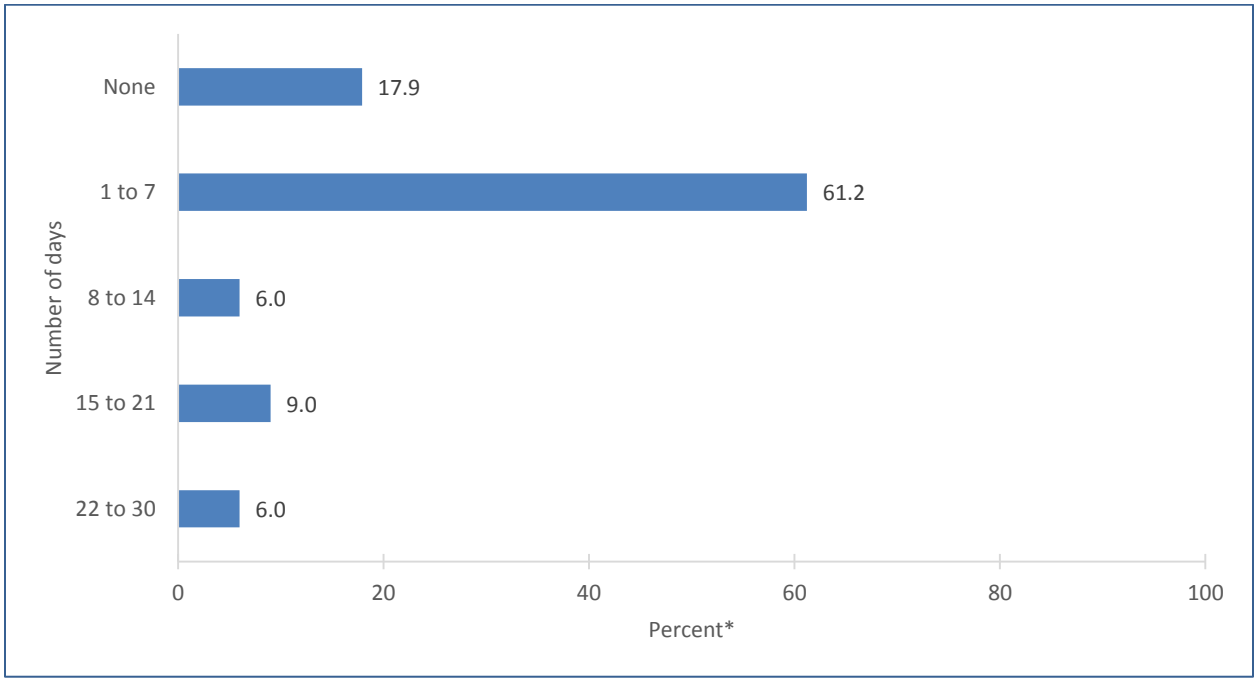
N=66

*Percentages do not total 100.0 due to rounding.

**Other response is “throw them out”.

Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

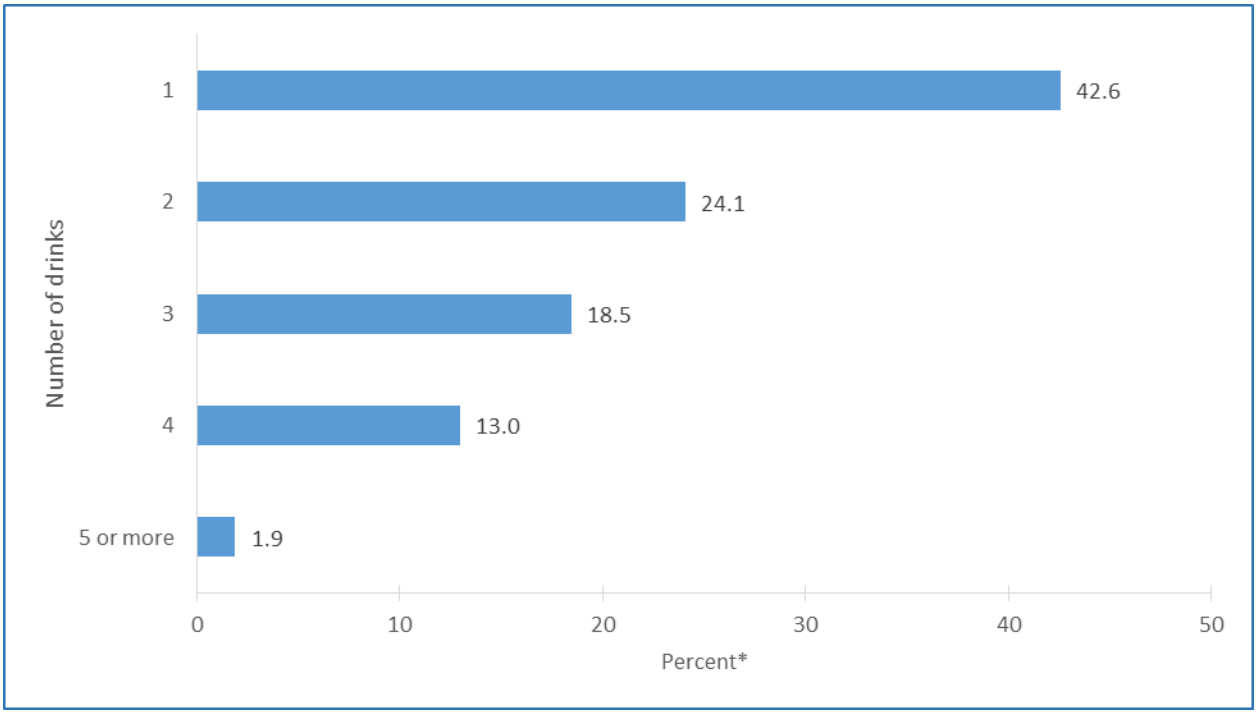
Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



N=67

*Percentages do not total 100.0 due to rounding.

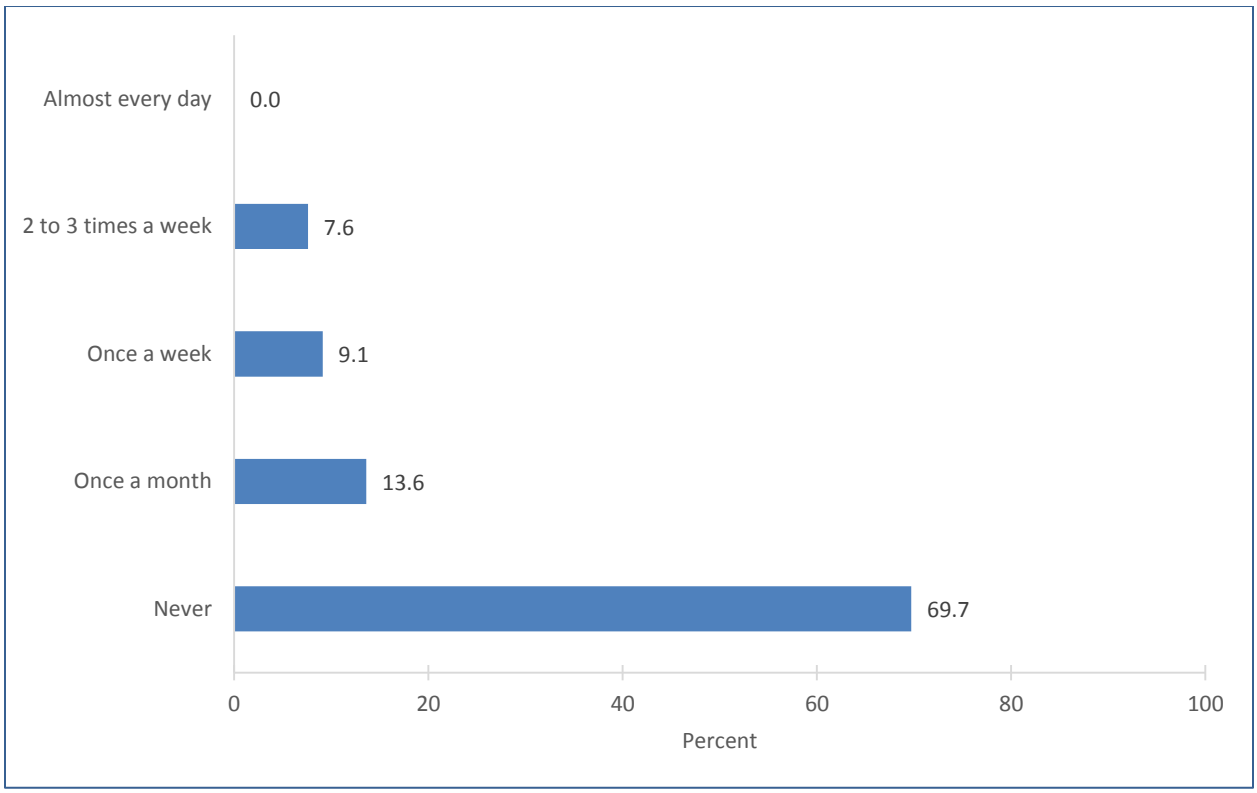
Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=54

*Percentages do not total 100.0 due to rounding.

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=66

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

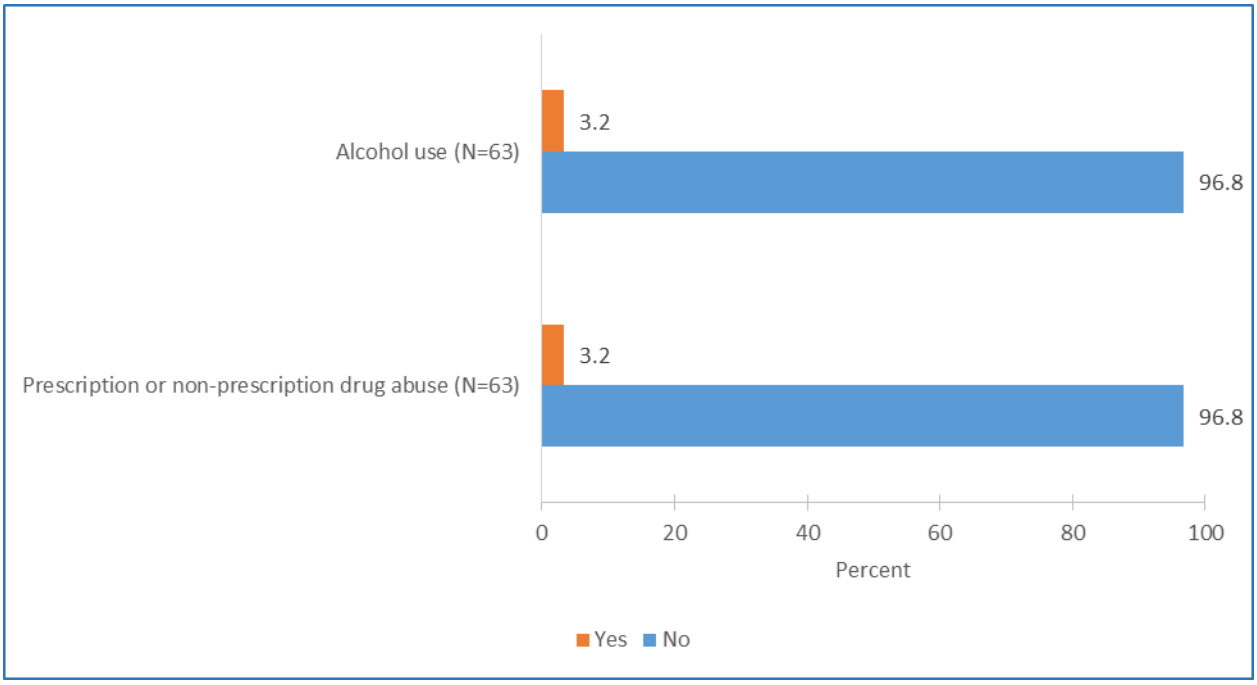


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

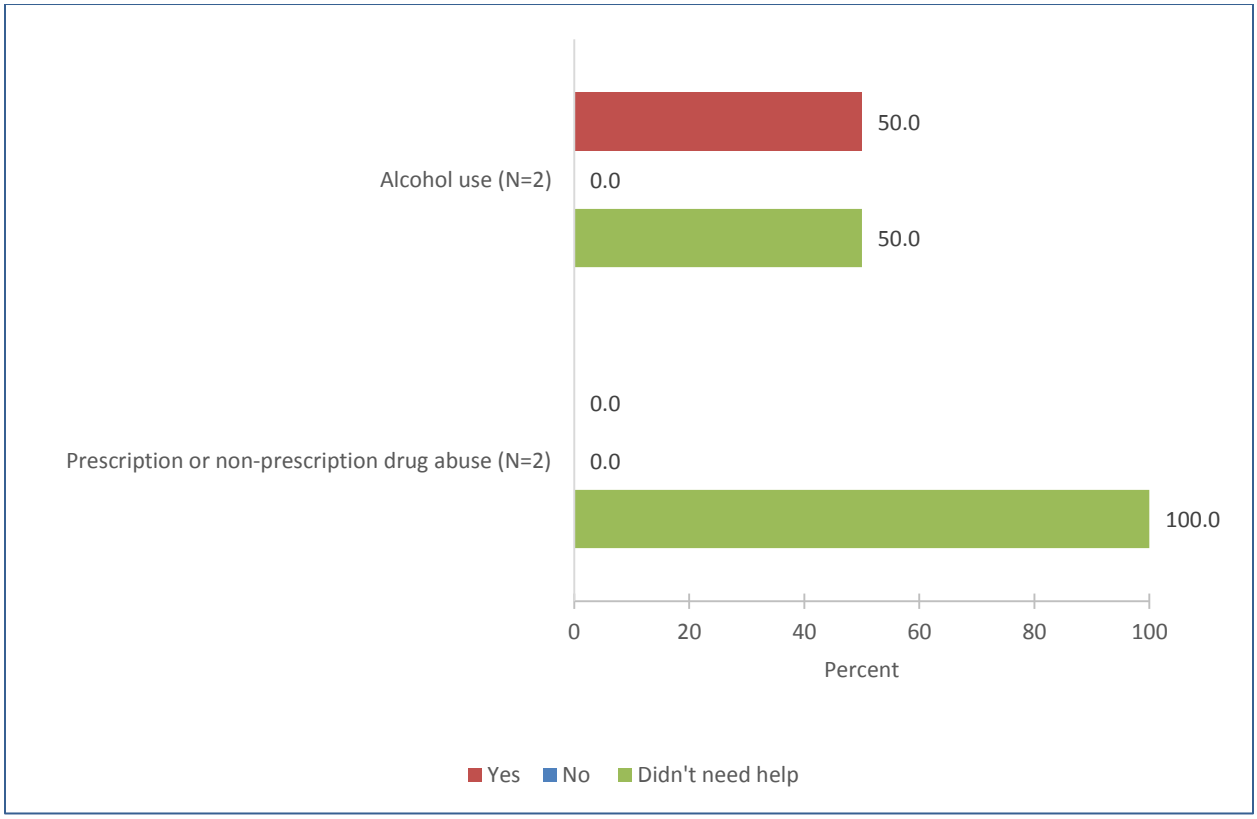
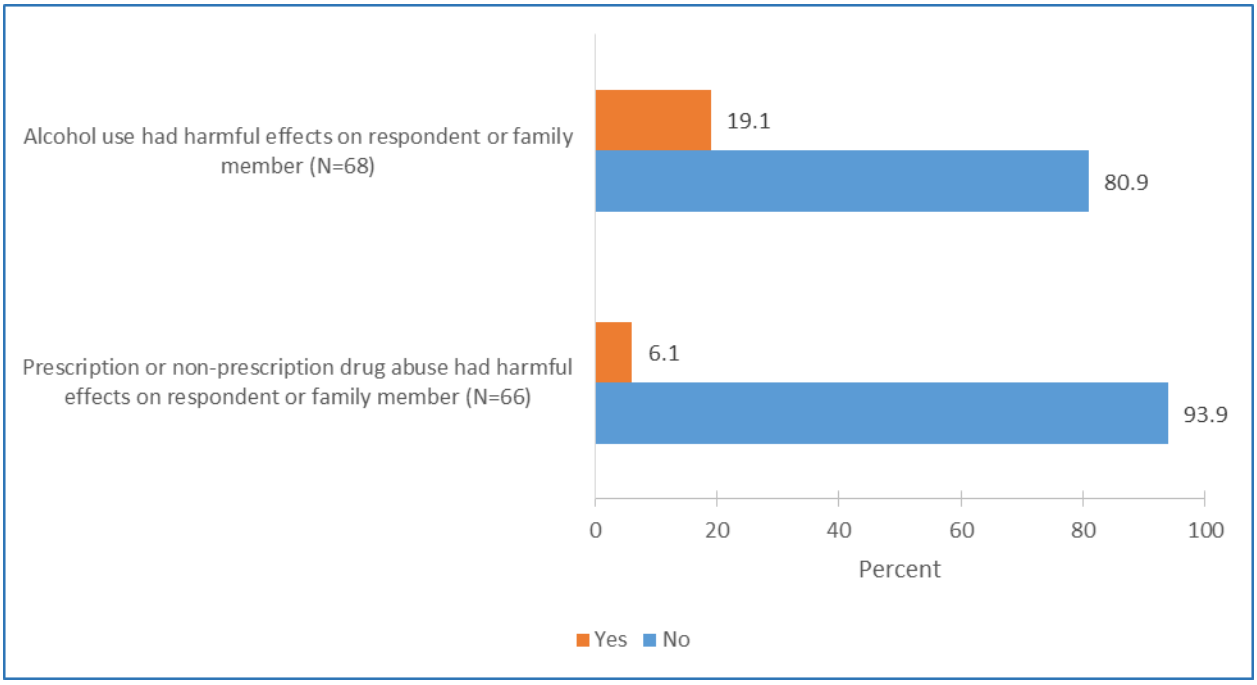


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

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

Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=67)	82.1	17.9	100.0
Blood sugar screening (N=67)	58.2	41.8	100.0
Bone density test (N=64)	10.9	89.1	100.0
Cardiovascular screening (N=67)	19.4	80.6	100.0
Cholesterol screening (N=67)	64.2	35.8	100.0
Dental screening and X-rays (N=67)	82.1	17.9	100.0
Flu shot (N=67)	73.1	26.9	100.0
Glaucoma test (N=66)	43.9	56.1	100.0
Hearing screening (N=66)	10.6	89.4	100.0
Immunizations (N=66)	25.8	74.2	100.0
Pelvic exam (N=52 Females)	61.5	38.5	100.0
STD (N=65)	7.7	92.3	100.0
Vascular screening (N=65)	9.2	90.8	100.0
CANCER SCREENINGS			
Breast cancer screening (N=52 Females)	67.3	32.7	100.0
Cervical cancer screening (N=52 Females)	59.6	40.4	100.0
Colorectal cancer screening (N=66)	19.7	80.3	100.0
Prostate cancer screening (N=12 Males)	25.0	75.0	100.0
Skin cancer screening (N=65)	15.4	84.6	100.0

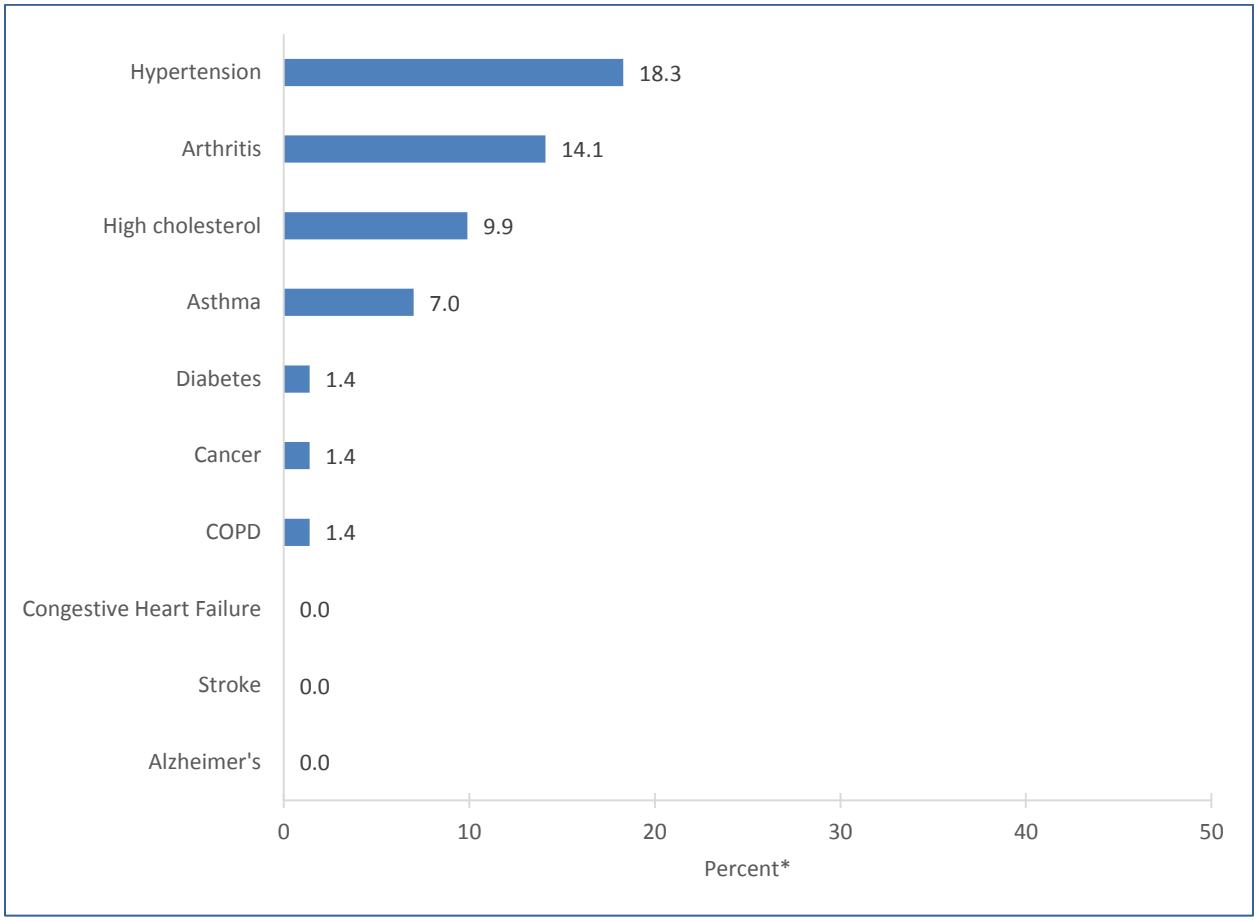
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=12)	50.0	41.7	8.3	0.0	0.0	0.0	16.7
Blood sugar screening (N=28)	32.1	53.6	7.1	0.0	3.6	0.0	7.1
Bone density test (N=57)	36.8	43.9	8.8	0.0	0.0	0.0	7.0
Cardiovascular screening (N=54)	37.0	38.9	9.3	0.0	3.7	0.0	7.4

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
Cholesterol screening (N=24)	29.2	58.3	4.2	0.0	0.0	0.0	12.5
Dental screening and X-rays (N=12)	25.0	8.3	41.7	0.0	0.0	0.0	25.0
Flu shot (N=18)	33.3	0.0	0.0	5.6	0.0	0.0	55.6
Glaucoma test (N=37)	51.4	32.4	5.4	0.0	0.0	0.0	10.8
Hearing screening (N=59)	55.9	20.3	5.1	0.0	0.0	5.1	13.6
Immunizations (N=49)	67.3	16.3	0.0	0.0	0.0	0.0	8.2
Pelvic exam (N=20 Females)	50.0	20.0	5.0	10.0	0.0	0.0	15.0
STD (N=60)	85.0	11.7	1.7	0.0	1.7	0.0	0.0
Vascular screening (N=59)	50.8	37.3	5.1	0.0	0.0	0.0	6.8
CANCER SCREENINGS							
Breast cancer screening (N=17 Females)	70.6	17.6	5.9	0.0	0.0	0.0	17.6
Cervical cancer screening (N=21 Females)	61.9	14.3	4.8	9.5	0.0	0.0	9.5
Colorectal cancer screening (N=53)	45.3	22.6	7.5	7.5	0.0	3.8	11.3
Prostate cancer screening (N=9 Males)	33.3	33.3	0.0	11.1	0.0	0.0	0.0
Skin cancer screening (N=55)	40.0	45.5	1.8	0.0	0.0	0.0	10.9

*Percentages may not total 100.0 due to multiple responses.

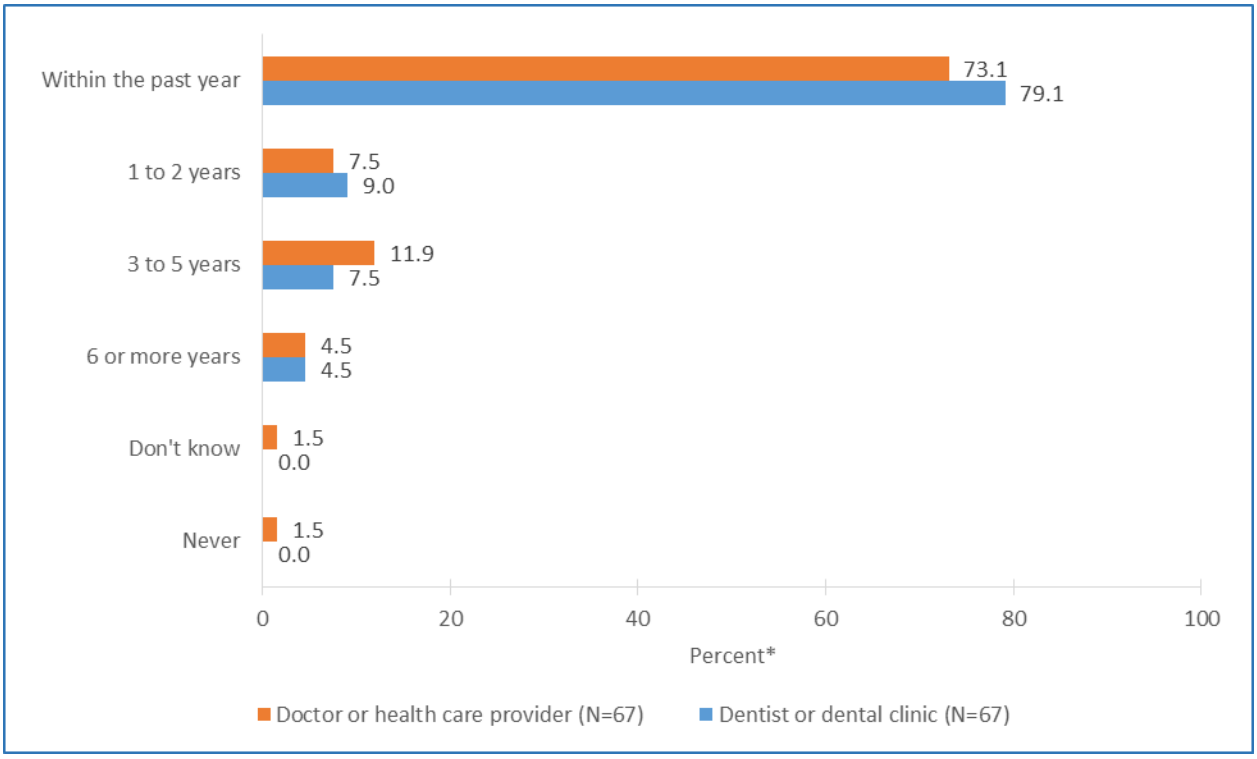
Figure 26. Whether respondents have any of the following chronic diseases



N=71

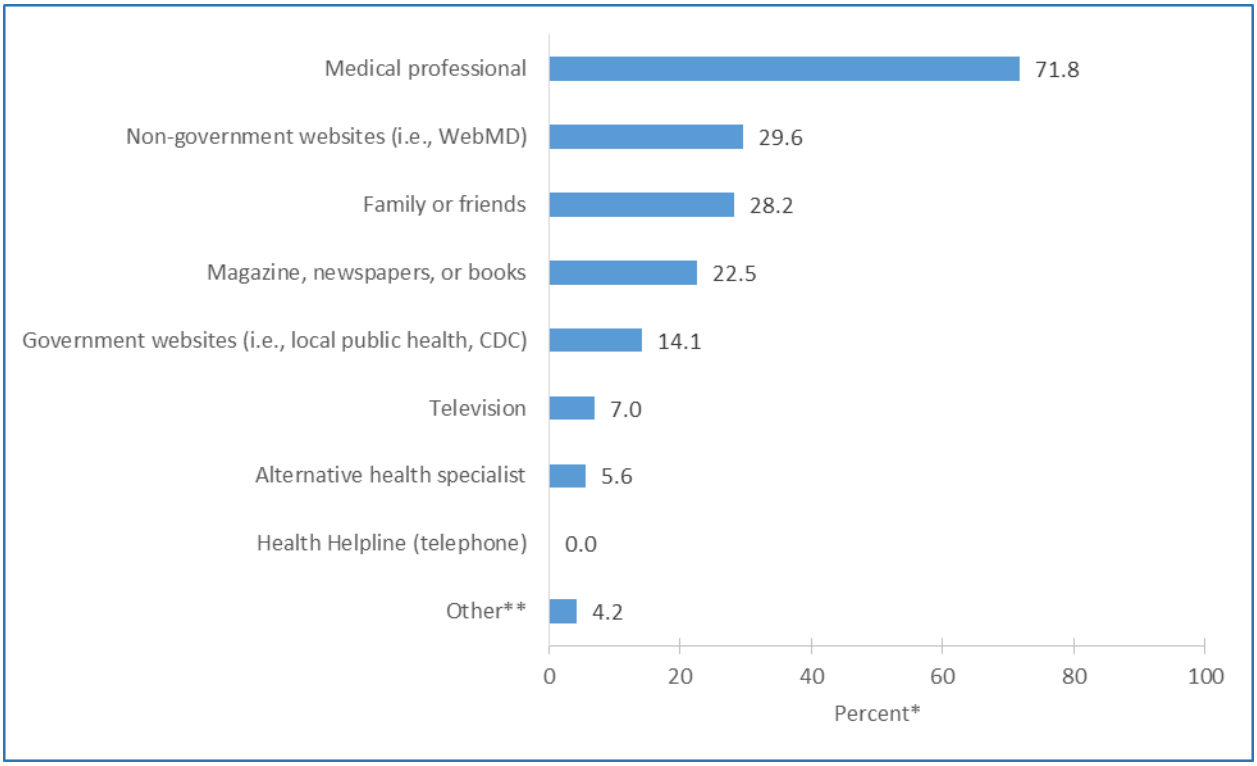
*Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



*Percentages may not total 100.0 due to rounding.

Figure 28. Where respondents get most of their health information

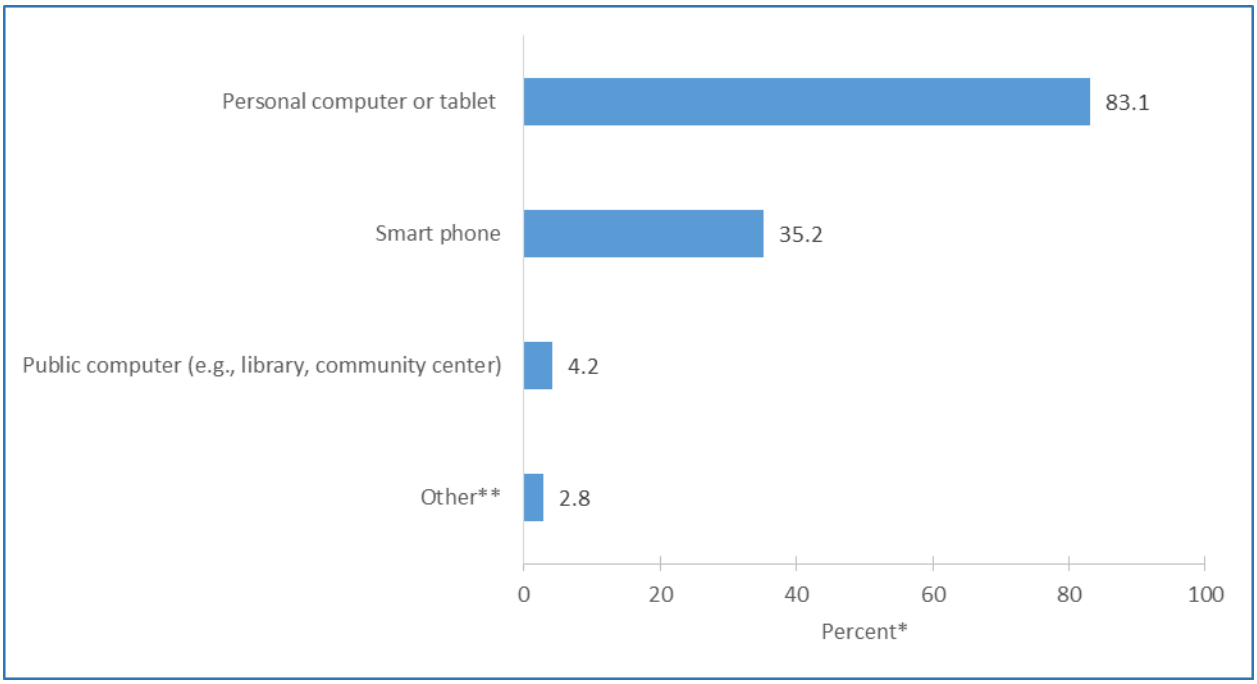


N=71

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “My doctor”, “Online”, and “Work”.

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



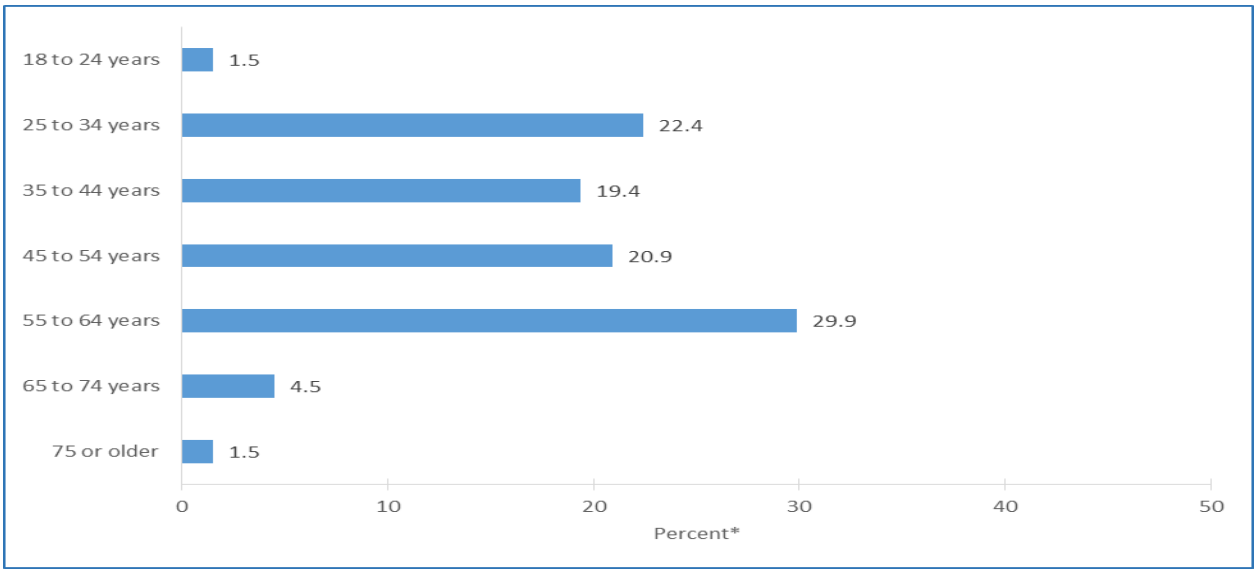
N=71

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “Doctor”, and “Magazine/newspaper”.

Demographic Information

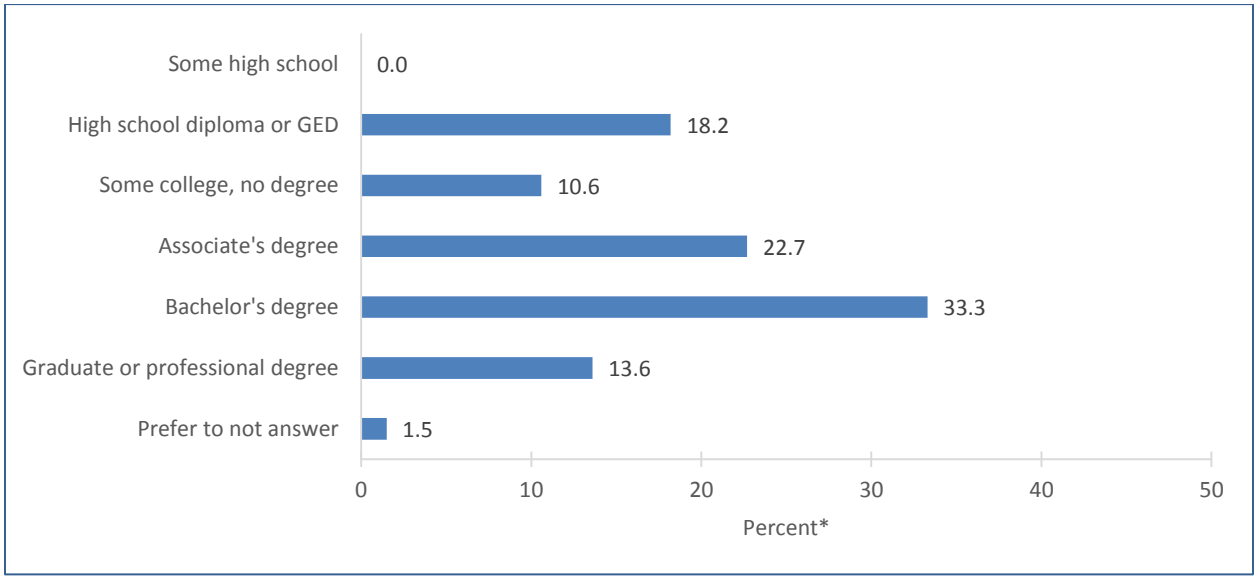
Figure 30. Age of respondents



N=67

*Percentages do not total 100.0 due to rounding.

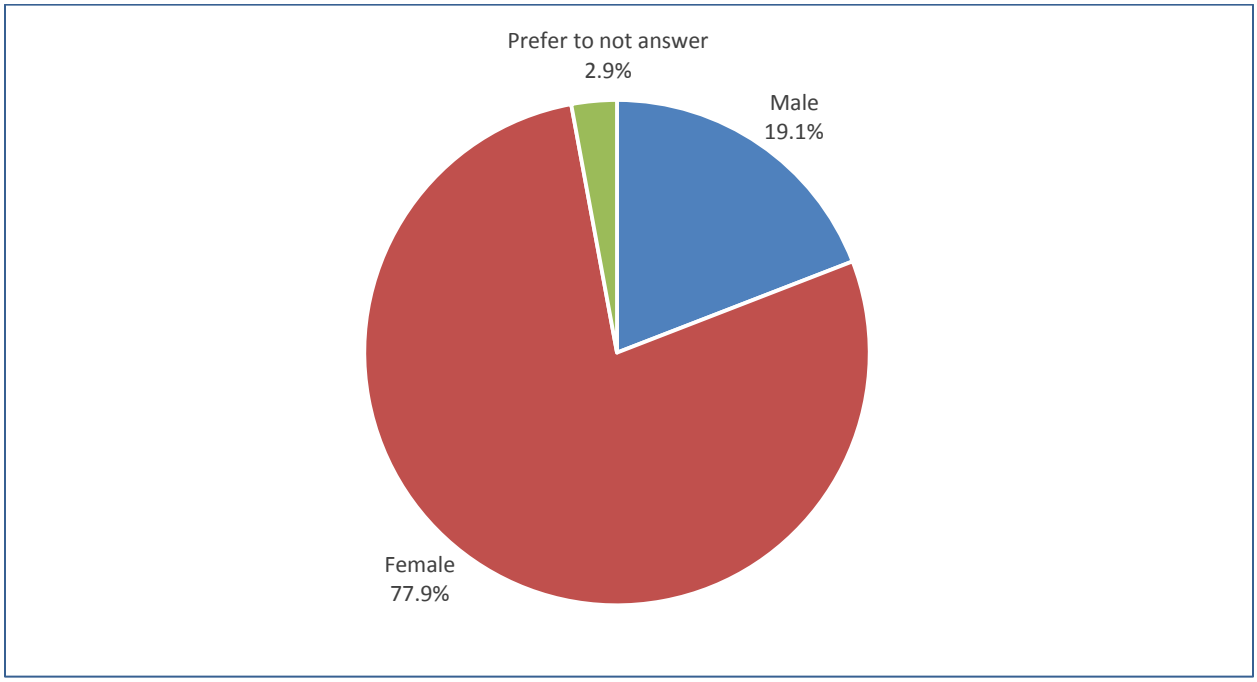
Figure 31. Highest level of education of respondents



N=66

*Percentages do not total 100.0 due to rounding.

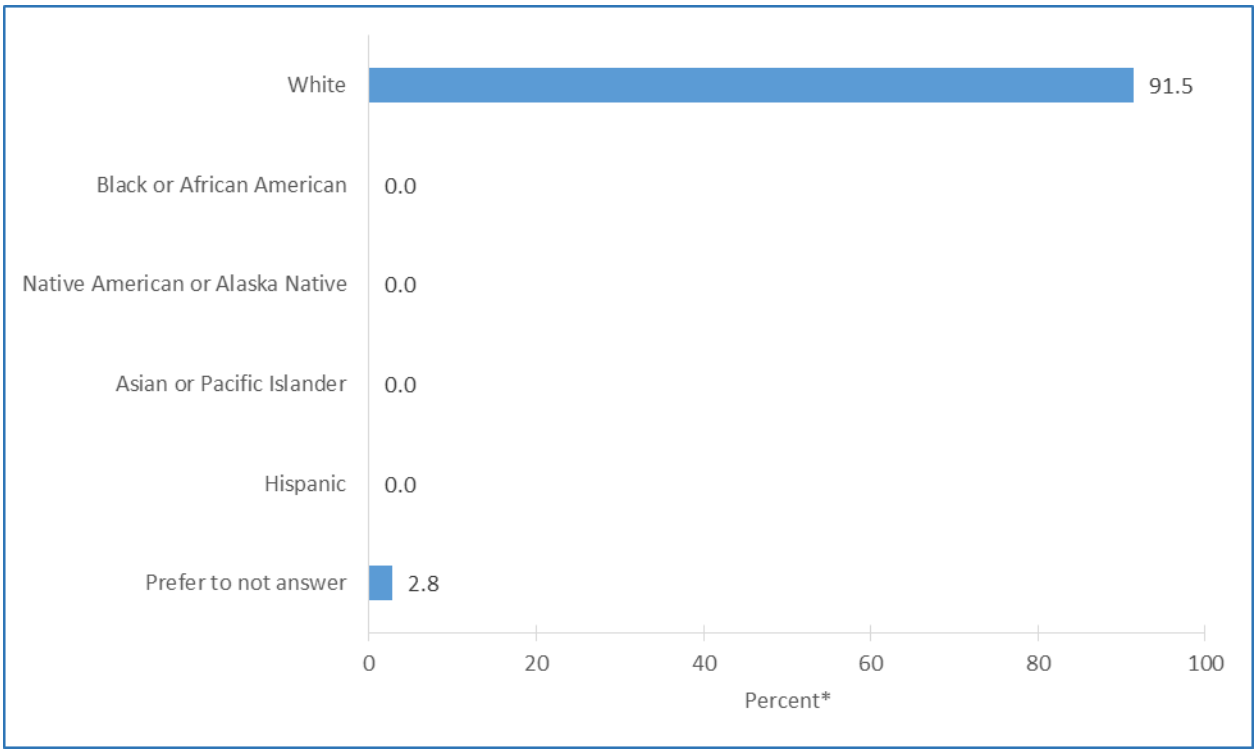
Figure 32. Gender of respondents*



N=68

*Percentages do not total 100.0 due to rounding.

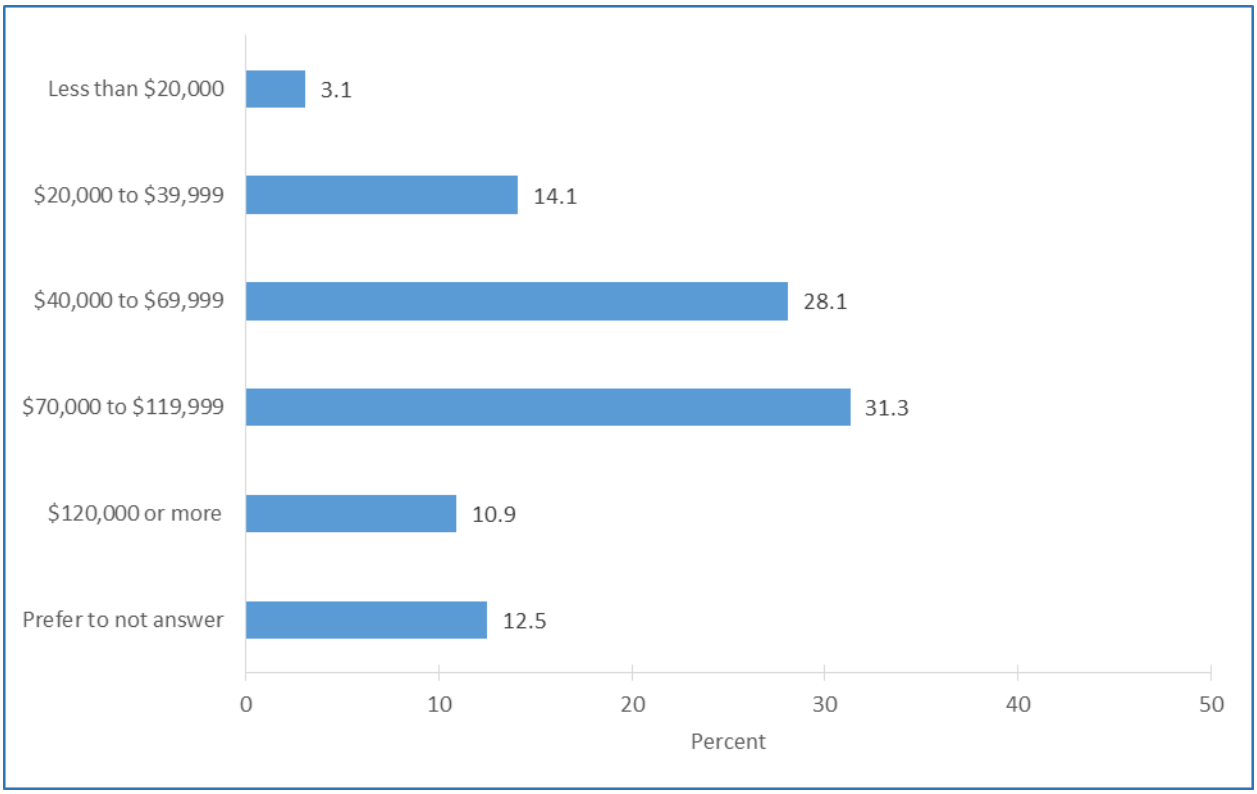
Figure 33. Race and ethnicity of respondents



N=71

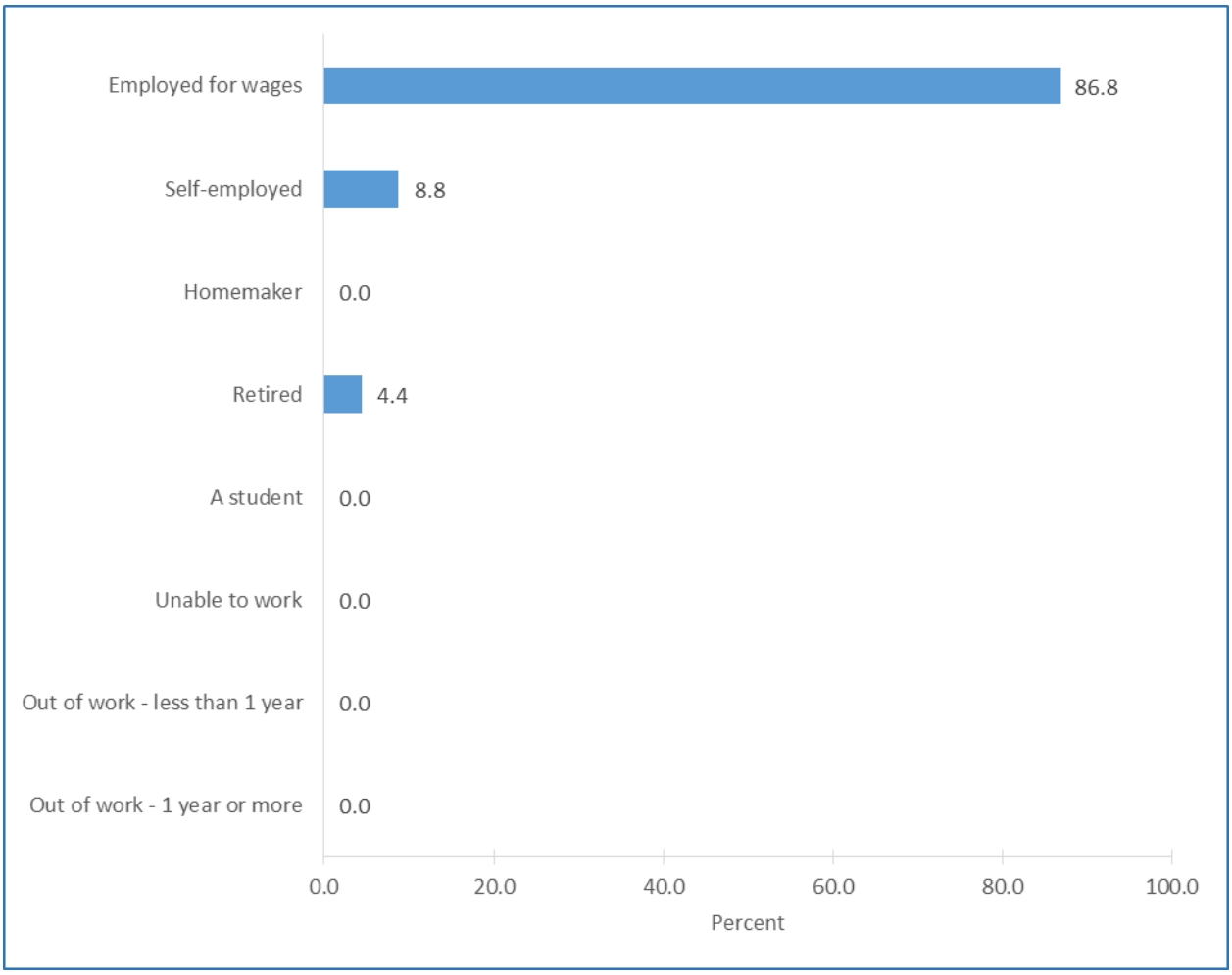
*Percentages do not total 100.0 due to multiple responses.

Figure 34. Annual household income of respondents



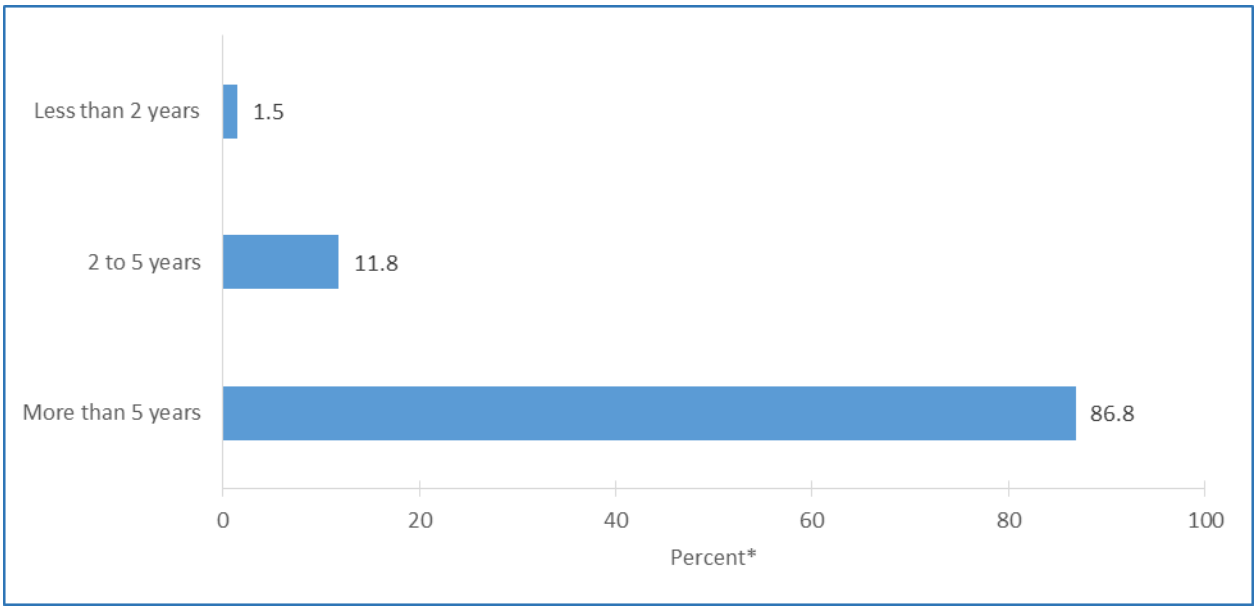
N=64

Figure 35. Employment status of respondents



N=68

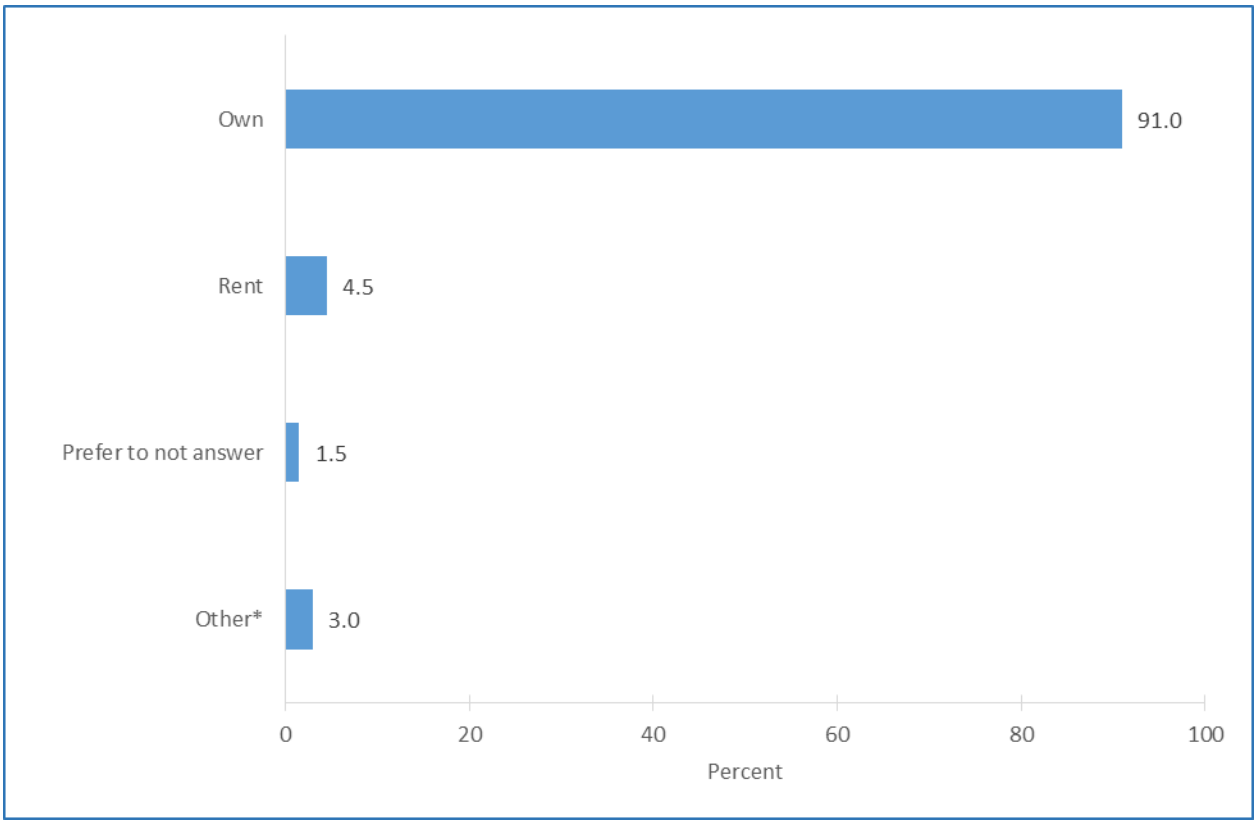
Figure 36. Length of time respondents have lived in their community



N=68

*Percentages do not total 100.0 due to rounding.

Figure 37. Whether respondents own or rent their home



N=67

*Other responses include “Live with boyfriend, the house is in his name” and “Live with significant other”.

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

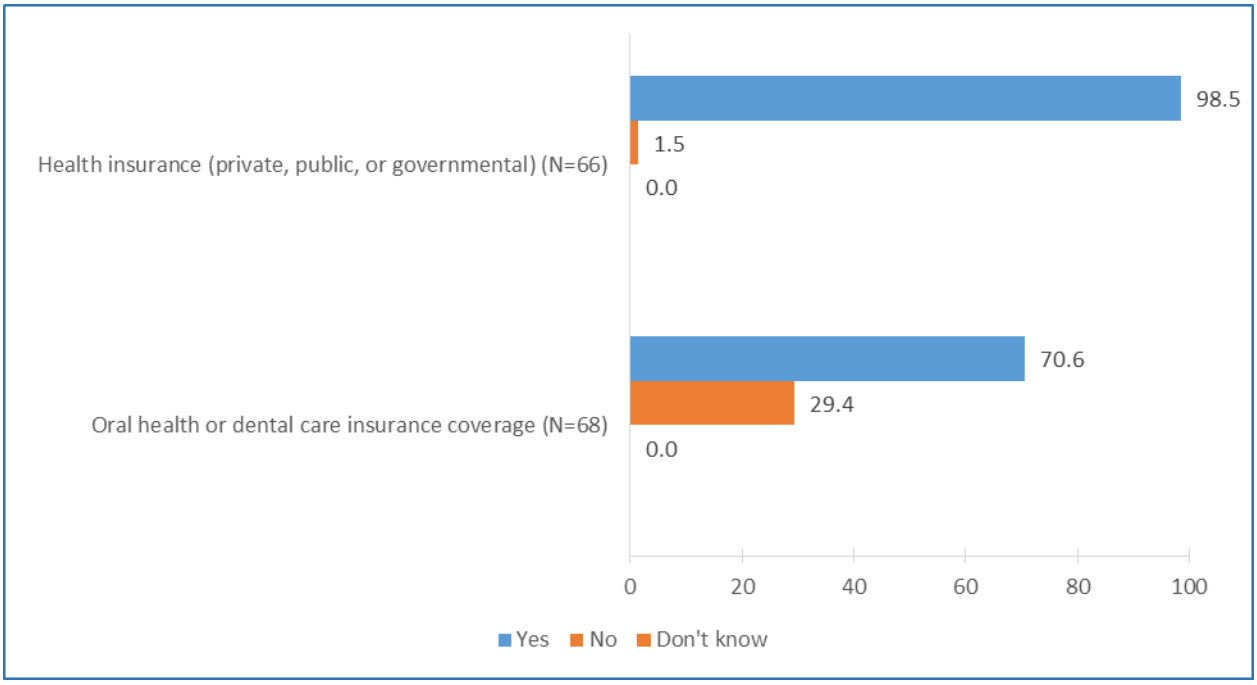
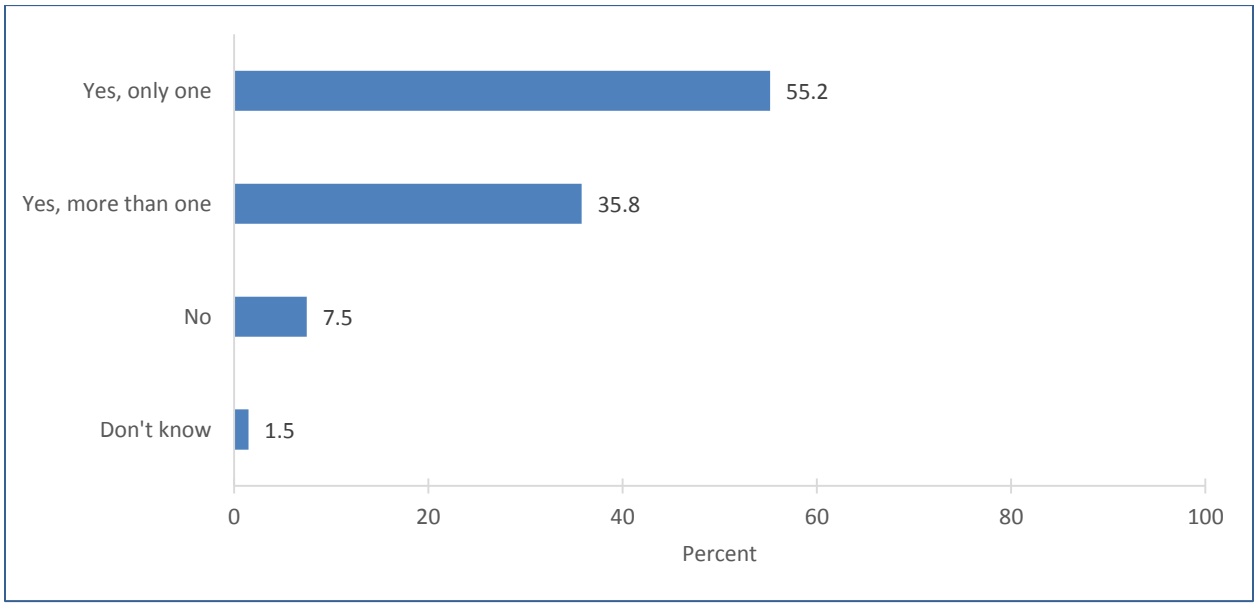
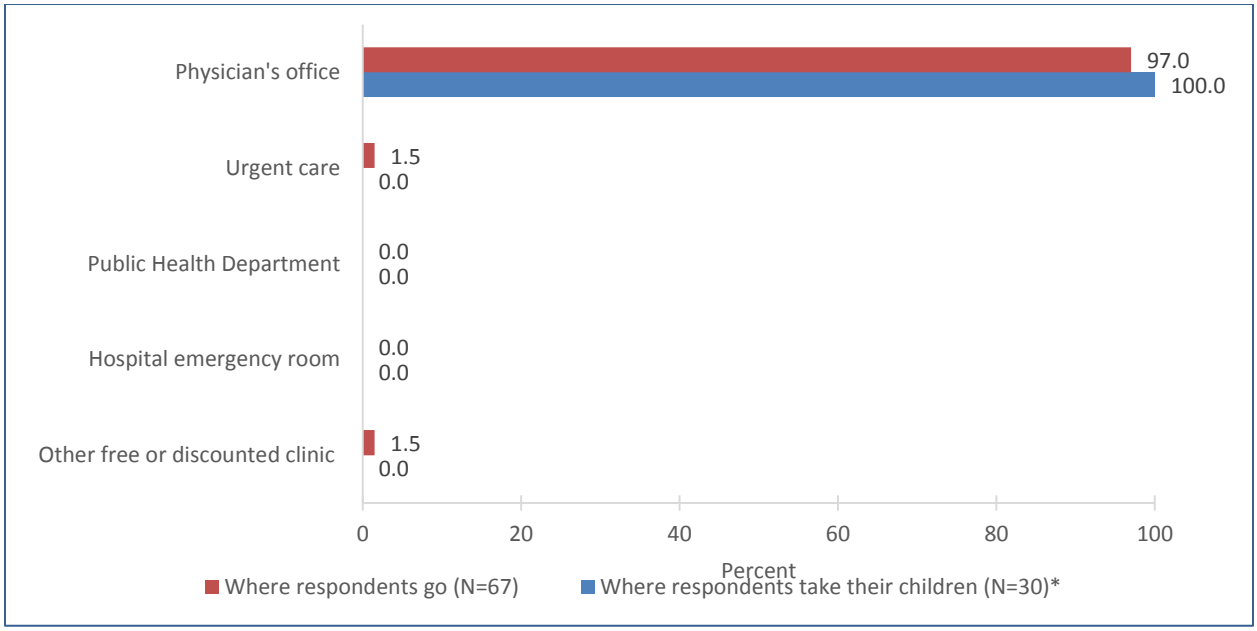


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=67

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



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

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

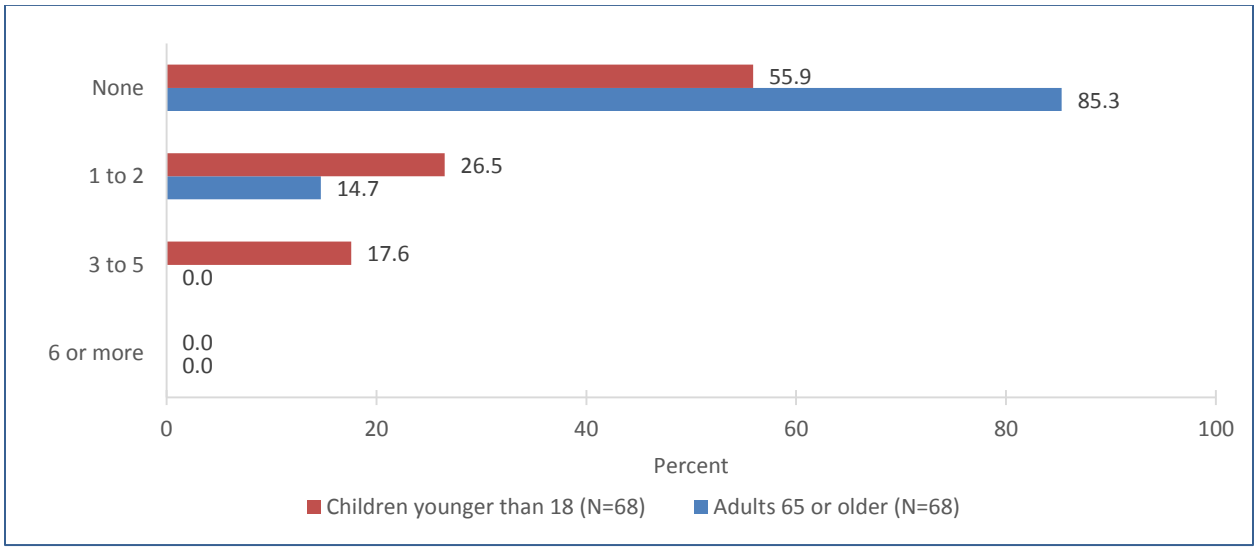
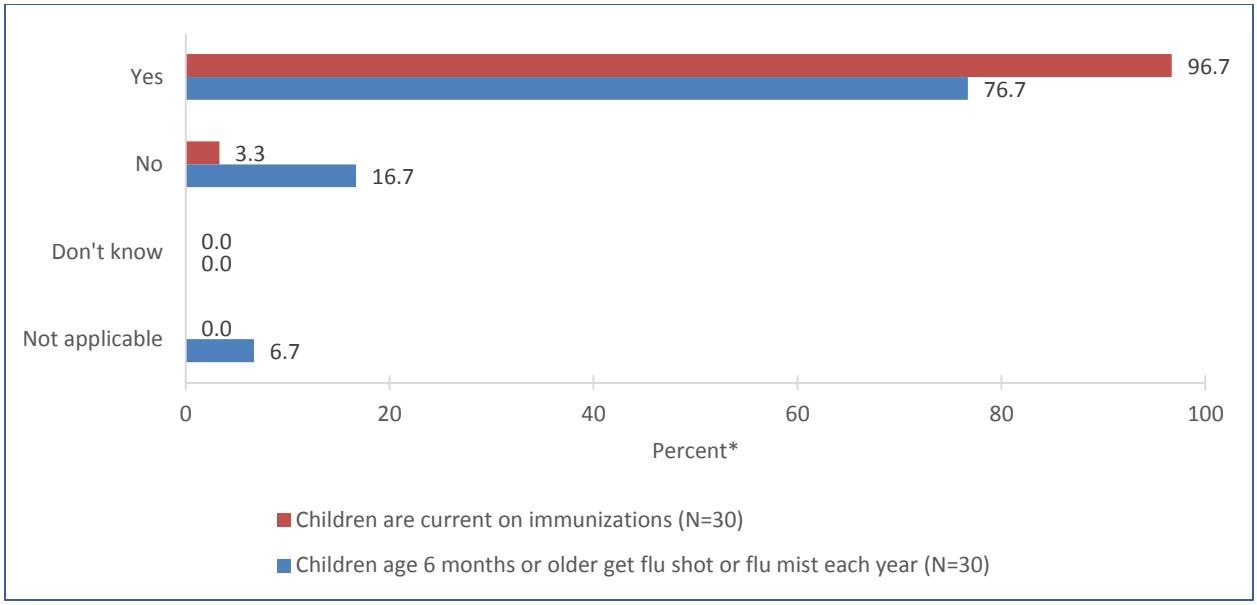


Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year**



*Percentages may not total 100.0 due to rounding.

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

Table 3. Zip code of respondents

Zip code	Number of respondents
57274	49
57273	5
57219	2
57247	1
57261	1
57239	1
57422	1

SANFORD HEALTH

Secondary Research

Definitions of Key Indicators

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2015 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

For additional information about how the *County Health Rankings* are calculated, please visit www.countyhealthrankings.org

Contents:

* 95% confidence intervals are provided where applicable and available.

** Z-scores are "adjusted" z-scores (e.g., multiplied by -1 if a positively framed measure, set to zero for missing and unreliable values for ranked counties, and truncated at -3 or +3 if county population is less than 20,000).

Measure	Data Elements	Description
Geographic identifiers	**FIPS**	Federal Information Processing Standard
	State	
	County	
Premature death	# Deaths	Number of deaths under age 75
	Years of Potential Life Lost Rate	Age-adjusted YPLL rate per 100,000
	95% CI – Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor or fair health	Sample Size	Number of respondents
	% Fair/Poor	Percent of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Poor physical health days	Sample Size	Number of respondents
	Physically Unhealthy Days	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	Sample Size	Number of respondents
	Mentally Unhealthy Days	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	# Low Birthweight Births	Number of low birthweight births
	# Live births	Number of live births
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult smoking	Sample Size	Number of respondents
	% Smokers	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	# With Access	Number of people with access to exercise opportunities
	% With Access	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	Sample Size	Number of respondents
	% Excessive Drinking	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS

Measure	Data Elements	Description
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases / Population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	Teen Births	Teen birth count, ages 15-19
	Teen Population	Female population, ages 15-19
	Teen Birth Rate	Teen births / females ages 15-19 * 1,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	(Number of PCP/population)*100,000
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	(Number of dentists/population)*100,000
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	(Number of MHP/population)*100,000
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions/Medicare Enrollees * 1,000
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetic monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c

Measure	Data Elements	Description
		test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	# Children in Poverty	Number of children (under age 18) living in poverty
	% Children in Poverty	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations / Population * 10,000

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes/population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	Pop. In Viol	Average annual population affected by a water violation
	% Pop in Viol	Population affected by a water violation/Total population with public water
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	# Drive Alone	Number of people who drive alone to work
	# Workers	Number of workers in labor force
	% Drive Alone	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Day County

County Demographics

	Day County	Error Margin	Top U.S. Performers^	South Dakota	Rank (of 60)
Health Outcomes					**13**
Length of Life					11
Premature death	5,093	3,923-6,504	5,200	6,738	
Quality of Life					20
Poor or fair health	9%	7-13%	10%	11%	
Poor physical health days			2.5	2.7	
Poor mental health days			2.3	2.6	
Low birth weight	5.8%	3.7-7.9%	5.9%	6.5%	
Health Factors					**46**
Health Behaviors					41
Adult smoking	17%	11-25%	14%	18%	
Adult obesity	34%	29-41%	25%	29%	
Food environment index	6.0		8.4	7.4	
Physical inactivity	29%	23-35%	20%	25%	
Access to exercise opportunities	33%		92%	70%	
Excessive drinking			10%	19%	
Alcohol-impaired driving deaths	11%		14%	37%	

	Day County	Error Margin	Top U.S. Performers^	South Dakota	Rank (of 60)
Sexually transmitted infections	143		138	471	
Teen births	30	21-42	20	37	
Clinical Care					41
Uninsured	17%	15-19%	11%	14%	
Primary care physicians	1,871:1		1,045:1	1,302:1	
Dentists	5,596:1		1,377:1	1,813:1	
Mental health providers			386:1	664:1	
Preventable hospital stays	69	55-83	41	57	
Diabetic monitoring	87%	68-100%	90%	84%	
Mammography screening	79.3%	60.6-98.0%	70.7%	66.5%	
Social & Economic Factors					48
High school graduation			93%	78%	
Some college	59.6%	49.2-69.9%	71.0%	66.7%	
Unemployment	5.6%		4.0%	3.8%	
Children in poverty	20%	14-26%	13%	19%	
Income inequality	5.2	4.1-6.2	3.7	4.2	
Children in single-parent households	38%	26-51%	20%	31%	
Social associations	24.9		22.0	17.4	
Violent crime			59	282	
Injury deaths	92	60-134	50	69	

	Day County	Error Margin	Top U.S. Performers^	South Dakota	Rank (of 60)
Physical Environment					30
Air pollution - particulate matter	11.2		9.5	10.8	
Drinking water violations	5%		0%	3%	
Severe housing problems	13%	9-16%	9%	12%	
Driving alone to work	74%	68-79%	71%	78%	
Long commute - driving alone	19%	15-24%	15%	14%	

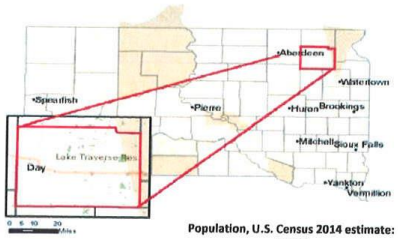
2015

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

THE LEONA M. AND HARRY B.
HELMSLEY
CHARITABLE TRUST

SOUTH DAKOTA HEALTH STUDY: DAY COUNTY RESULTS



Population, U.S. Census 2014 estimate: 5,588

RESPONDENT PROFILE

SOUTH DAKOTA (n = 7,675)		DAY COUNTY (n = 100)
57.4%	Female	52.9%
11.3%	Non-White	25.7%
19.1%	Age 65 and older	24.3%
20.3%	Income ≤ 100% FPL (Federal Poverty Level)	22.6%
19.9%	Three or more ACEs (Adverse Childhood Experiences)	19.7%
8.5%	Five or more ACEs (Adverse Childhood Experiences)	2.7%

NEED FOR CARE

75.0%	Need Medical Care	65.2%
79.5%	Need Prescription Medications	77.1%
9.5%	Need Mental Health Care	7.6%
1.1%	Need Alcohol or Drug Treatment	0.8%

ACCESS TO CARE

94.2%	Have a usual place to go for care	98.7%
77.4%	Have a personal doctor/provider	58.6%
13.0%	Unmet medical needs	26.3%
6.4%	Unmet prescription needs	2.7%
35.8%	Unmet mental health needs	72.5%
45.6%	Unmet alcohol or drug abuse needs	100.0%

SURVEY RESPONSES

South Dakota Responses: 7,675	Response Rate: 48%
Day County Responses: 100	Response Rate: 50%

HEALTH PROFILE

SOUTH DAKOTA (n = 7,675)	Percent who have been told by a doctor that they have...	DAY COUNTY (n = 100)
11.4%	Diabetes	18.9%
10.9%	Asthma	6.0%
33.3%	High Blood Pressure	51.3%
8.9%	Heart Disease	8.8%
28.5%	High Cholesterol	31.2%
3.4%	COPD (Chronic Obstructive Pulmonary Disease)	2.5%
8.9%	Cancer	15.9%
54.7%	At least one of the above	66.3%
17.0%	Depression	8.4%
17.6%	Anxiety	13.3%
3.4%	PTSD (Post-Traumatic Stress Disorder)	0.0%
1.7%	Bipolar Disorder	0.0%
2.6%	Addiction Issues	3.0%
25.5%	At least one of the above	15.5%

HEALTH RESULTS (SCREENINGS)

	Percent who screened positive for...	
83.4%	Overall health status (good, very good, excellent)	84.7%
5.5%	Depression	5.2%
7.5%	Anxiety	5.3%
6.0%	PTSD (Post-Traumatic Stress Disorder)	2.7%
17.0%	Current Smoker	11.1%
42.4%	Alcohol Abuse	36.6%
6.7%	Marijuana Use (past year)	16.2%

018030-00043 3/16