



Sanford Medical Center Wheaton
2016 Community Health
Needs Assessment

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HEALTH

Sanford Wheaton Medical Center
Community Health Needs Assessment
2016

Dear Community Members,

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

- Mental Health
- Safety
- Children and Youth

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 Wheaton 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,



JoAnn Foltz
Chief Executive Officer
Sanford Wheaton Medical Center

Sanford Wheaton Medical Center
Community Health Needs Assessment
2016

EXECUTIVE SUMMARY

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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

An on-line non-generalizable survey was conducted through a partnership between Sanford and Public Health across the enterprise. 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 agencies, at times using a snowball approach. Data collection occurred throughout the month of April 2015 and a total of 35 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community leaders in the greater Wheaton 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, legislators, and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized.

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 needs. Once gaps were determined the group proceeded to the prioritization process. A 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 Traverse County.

Key Findings – Primary Research

The key findings are based on the non-generalizable survey data. 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.

Aging: The top ranking concern among respondents overall is the cost of long term care (4.09). The availability of memory care (3.74) also ranks as a top concern for the aging.

Children and Youth: For children and youth, the availability of quality infant care (3.77) and the availability of activities for children and youth (3.51) are the top concerns.

Safety: The presence of street drugs and alcohol in the community (3.88) and the presence of drug dealers in the community (3.82) are the highest safety concerns of the respondents.

Physical Health: Cancer (3.63), inactivity and lack of exercise (3.60), and obesity (3.51) inactivity and lack of exercise are the highest physical health concerns.

Mental Health/Behavioral Health: Underage drug use and abuse (3.74), drug use and abuse (3.63), alcohol use and abuse (3.57), and depression (3.60) are the highest concerns for mental health/behavioral health.

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 Minnesota is 5,038 per 100,000. Traverse County has a higher rate at 7,019 per 100,000.

The percent of live births with low birth weight (less than 2,500 grams) is 4.9% in Traverse County. The state of Minnesota is at 6.5%.

Health Factors

The percent of adults who are currently smoking is not available for county health rankings in Traverse County. 16% of adults are current smokers in Minnesota.

30% of the adult population in Traverse County is considered obese with a BMI over 30. 26% of the population in Minnesota is obese.

The percent of adults reporting excessive or binge drinking is not available for Traverse County through the County Health Rankings; however, Minnesota reports 21% of the population in the state binge drink compared to 10% nationally.

Driving deaths that have alcohol involvement is at 100% in Traverse County. Alcohol involvement in driving deaths is at 31% in Minnesota.

Sexually transmitted infections number 145 in Traverse County. That rate is substantially higher in Minnesota (336). The national benchmark is 138.

The teen birth rate is higher in Minnesota (24) than the national benchmark (20). The teen birth rate is 21 in Traverse County.

The clinical care outcomes indicate that the percentage of uninsured adults is 9% in Minnesota and 12% in Traverse County.

The ratio of population to primary care physicians is 1,113:1 in Minnesota. Traverse County's ratio is 3,451:1.

The ratio of population to mental health providers is 529:1 in Minnesota. Traverse County's ratio is not available.

The number of professionally active dentists in Minnesota is 1,404:1; in Traverse County the ratio is 3,445:1.

Preventable hospital stays are 55 in Traverse County, 45 in Minnesota, and 41 nationally. Diabetic screening is at 86% in Traverse County and 88% in Minnesota as a whole. Mammography screening is at 73.8% in Traverse County and 66.7% in Minnesota.

The social and economic factor outcomes indicate that Minnesota is at 78% for high school graduation. Traverse County data is unavailable. Post high school education (or some college education) is at 69.3% in Traverse County and 73.3% in Minnesota.

The unemployment rate is 4.7% in Traverse County and 5.1% in Minnesota. The percentage of child poverty is 18% in Traverse County and 14% in Minnesota.

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 Traverse County at 29. The state of Minnesota ranks at 13.2.

The percentage of children in single parent households is 20% in Traverse County and 28% in Minnesota.

Violent crime is higher in Traverse County at 196 per 100,000 populations. Minnesota has 229 cases per 100,000 populations.

The following needs were brought forward for prioritization:

- Children and Youth – availability of quality infant care, availability of activities for children and youth
- Aging – cost of long term care, availability of memory care
- Safety – the presence of street drugs and alcohol in the community, presence of drug dealers in the community
- Physical Health – cancer, inactivity, obesity
- Mental Health – depression, stress, substance use and abuse (drugs and alcohol)
- Preventive Health – flu vaccines

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

- Mental Health
- Safety
- Children and Youth

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

- Priority 1: Mental Health
- Priority 2: Safety
- Priority 3: Children and Youth

Implementation Strategies

Priority 1: Mental Health/Behavioral Health

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

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford Wheaton has made mental/behavioral health a significant priority and has developed strategies to improve access and availability of services for mental and behavioral health needs.

Priority 2: Safety

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 4.3 million Americans engaged in non-medical use of prescription painkillers in the last month. Approximately 1.9 million Americans met criteria for prescription painkillers use disorder based on their use of prescription painkillers in the past year.

A number of opioids are prescribed by physicians to relieve pain. These include hydrocodone, oxycodone, morphine, and codeine. While many people benefit from using these medications to manage pain, prescription drugs are frequently diverted for improper use. In the 2013 and 2014 National Survey on Drug Use and Health (NSDUH), 50.5% of people who misused prescription painkillers got them from a friend or relative for free, and 22.1% got them from a physician. As people use opioids repeatedly, their tolerance increases.

Sanford has set strategy to reduce drug and narcotic use across the system by providing alternative pain management methods. Policies and procedures to address the prescription of narcotics will be standardized across the health care system as part of this strategy. Pain medication prescriptions will be tracked and studied to identify areas for improvement. Sanford Wheaton has set strategy to work with law enforcement to increase the locations for drug take-back.

Priority 3: Children and Youth

According to a report by the U.S. Department of Agriculture, 49 million people in the United States live in households struggling to find enough food to eat. Nearly 16 million are children, who are far more likely to have limited access to sufficient food than the general population. While 15.9% of Americans lived in food-insecure households, 21.6% of children had uncertain access to food. It is difficult for a child to learn when they are malnourished.

Sanford has made children and youth a significant priority and has developed strategies to improve the health of children. Sanford is working with community partners to provide access to healthy food options to decrease hunger among children in the community.

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Purpose

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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
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- Jane Heilmann, Senior Corporate Communications Strategist
- Joy Johnson, COO Wheaton Region
- Kirk Christy, CFO, Bismarck Region

- Carrie McLeod, MBA, MS, LRD,CDE, Enterprise Lead, Enterprise Community Health/Community Benefit

Sanford Wheaton Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE Enterprise Lead, Enterprise Community Health /Community Benefit
- JoAnn Foltz, CEO, Sanford Medical Center Wheaton
- Brenda Petersen, Human Resources Specialist, Sanford Medical Center Wheaton

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
- Jac McTaggart, Sanford Health
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- Stan Kogan, Sioux Falls Public Health
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- 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 Native American community, representatives supporting

the mentally and physically disabled, social services, and non-profit organizations 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 Wheaton and Traverse County key community stakeholders participated in community discussions and helped to formulate the priorities for future work:

- Rhonda Antrim, Social Service Director
- Kristi Wirtjes, RN (retired from Public Health)
- Sara Lee Rinke, Sanford Wheaton Auxiliary President
- Tim Shekleton, Pastor
- Cheryl Shekleton, Ambulance Manager
- Evie Rinke, Community Member
- Jordan Ottoson, Director, Sanford Clinic, Wheaton/Wahpeton
- Chere Rikimoto, Clinical Care Supervisor, Sanford Medical Center Wheaton
- Shane Ayres, CFO, Sanford Medical Center Wheaton
- Chelsie Falk, CNO Sanford Medical Center Wheaton
- Brenda Petersen, Human Resources Specialist, Sanford Medical Center Wheaton
- JoAnn Foltz, CEO, Sanford Medical Center Wheaton

Description of Sanford Medical Center Wheaton – Wheaton, MN



Sanford Medical Center Wheaton is a 25-bed primary care critical access hospital serving people in Traverse County, Minnesota and the surrounding areas of Big Stone and Grant counties of Minnesota and Roberts County of South Dakota.

Sanford Wheaton provides emergency and trauma services and has certified laboratory and radiology services including EKG, MRI and others on-site. Outpatient care is available for infusions, respiratory therapy, cardiac rehab, wound management, and therapies including physical, occupational and speech pathology. Visiting specialty physicians provide general surgery, oncology and urology outreach.

Sanford Wheaton employs four clinicians, including a physician and three advanced practice providers, and has 79 employees.

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

Description of the Community Served – Wheaton, MN



The community of Wheaton, population 1,383, can be found where Minnesota, North Dakota and South Dakota meet, and is centrally located to experience the unique geography of the Red River Valley, the Continental Divide, and long-melted glacial Lake Agassiz.

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

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

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



Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable survey was conducted of residents in Traverse County, Minnesota. The survey instrument was developed in partnership with Public Health, members of the Greater Fargo-Moorhead Community Health Needs Assessment collaborative, Sioux Falls community collaborative, Bismarck community collaborative, 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 agencies, at times using a snowball approach. Data collection occurred throughout the month of April and a total of 35 respondents participated in the on-line survey.

The purpose of the non-generalizable survey of residents in the greater Wheaton area (i.e., Traverse County) 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, law enforcement, Chamber of Commerce, tribes, 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 finding 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. A 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 Traverse County.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Wheaton and Traverse County, Minnesota. However, when comparing certain demographic characteristics (i.e., age, income, minority status) with the current population estimates from the U.S. Census Bureau, it was white, more highly educated, and higher income earners were overrepresented. Overrepresentation of this nature is typical in health needs assessments.

A good faith effort was made to secure input from a broad base of the community. 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

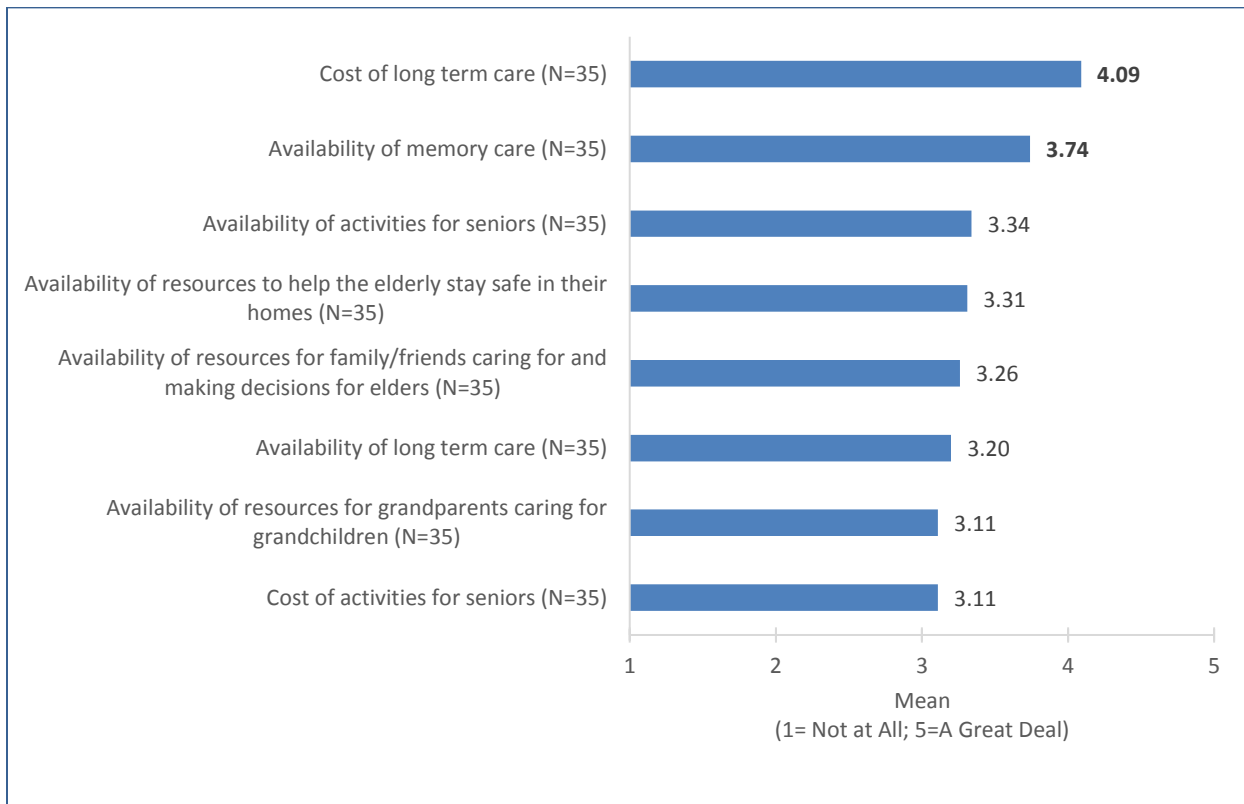
Primary Research

Community Health Concerns

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

Ageing Population: The cost and of long term care is the highest concern for the community stakeholders. The availability of memory care is also a high concern.

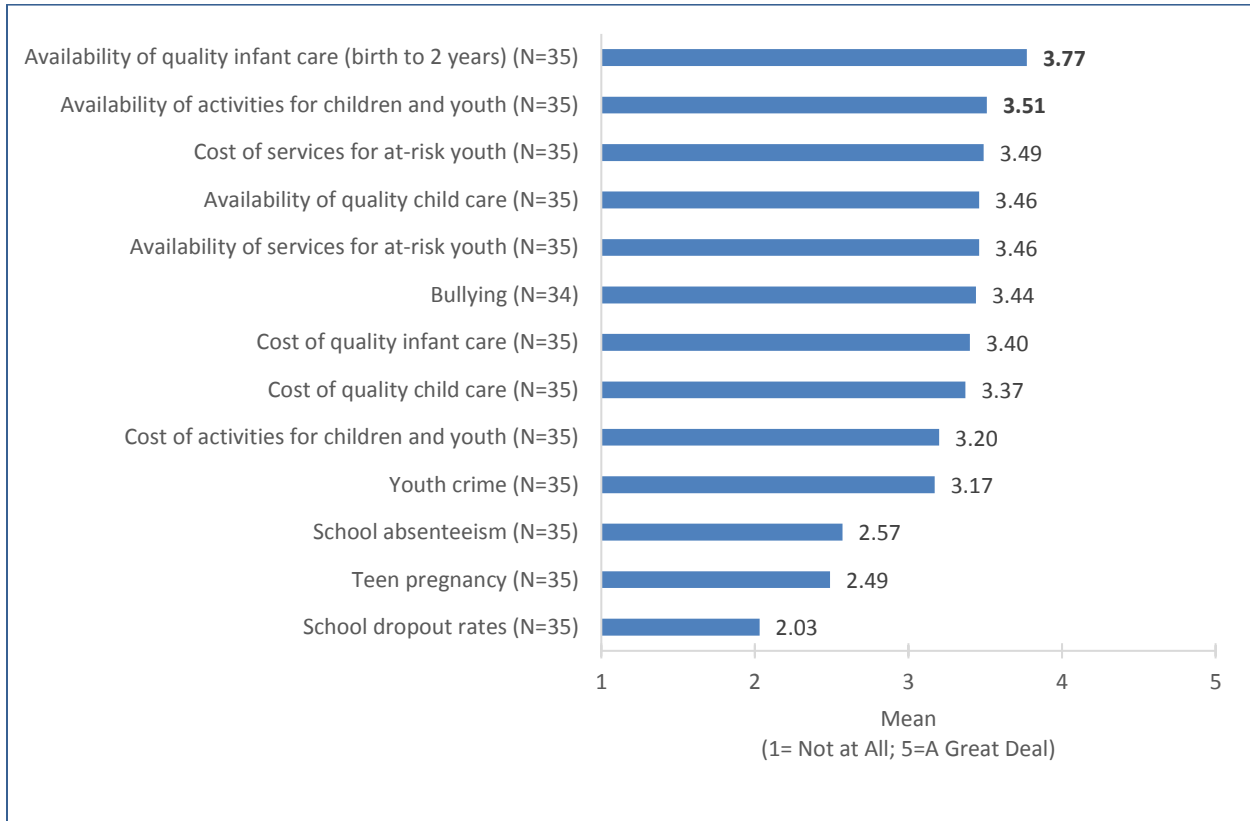
Level of concern with statements about the community regarding the AGING POPULATION



Sanford is working collaboratively with the area aging service providers to coordinate care for the aging population. Social workers, case managers, and discharge planners are working collaboratively with area service providers to assure safe discharge, and when appropriate, to assist in transitions from levels of care.

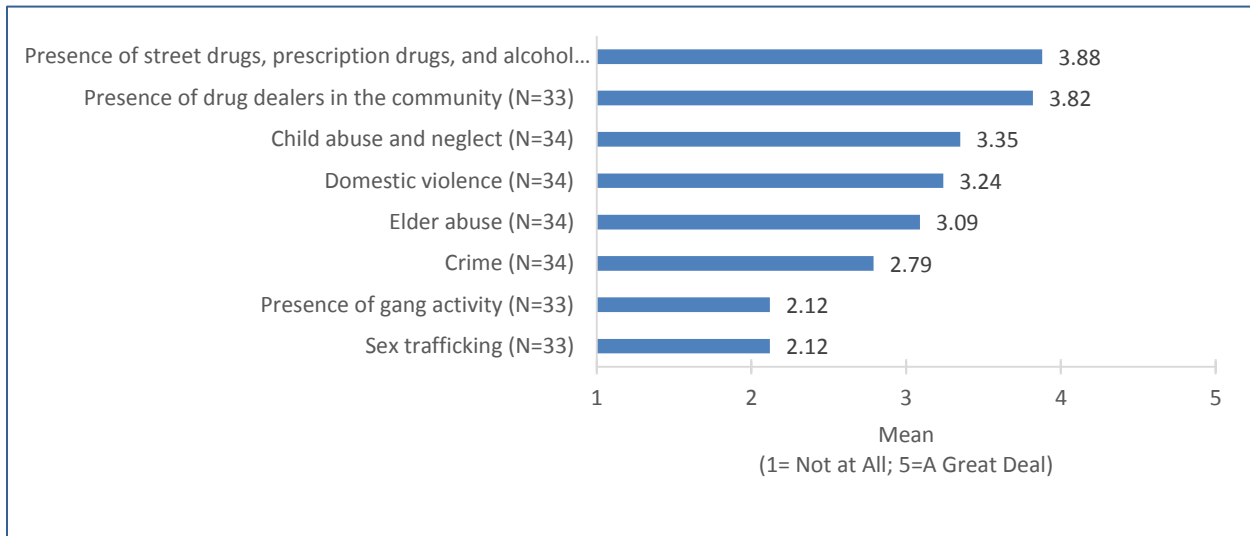
Children and Youth: The survey respondents have the highest concerns for the availability of quality infant care and the availability of activities for children and youth.

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



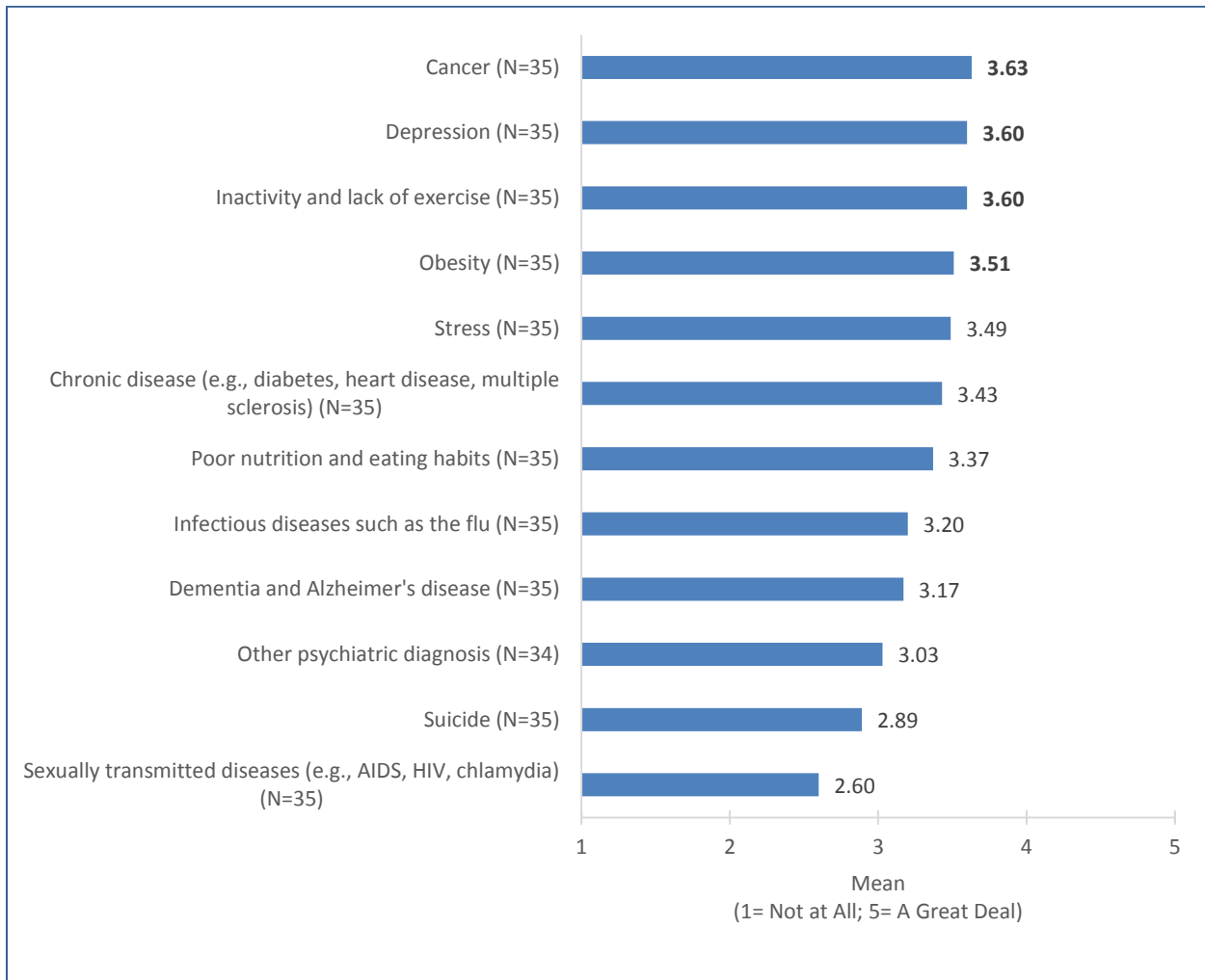
Safety: The presence of street drugs, prescription drugs, and alcohol and drug dealers in the community are the top concerns.

Level of concern with statements about the community regarding SAFETY



Physical Health: The top physical health concern among the community stakeholders is cancer, inactivity, and obesity. Depression is the top mental health concern.

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



The chronic disease self-management Better Choices, Better Health Program at Sanford is offered free of charge to community members. Better Choices, Better Health is modeled after the 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

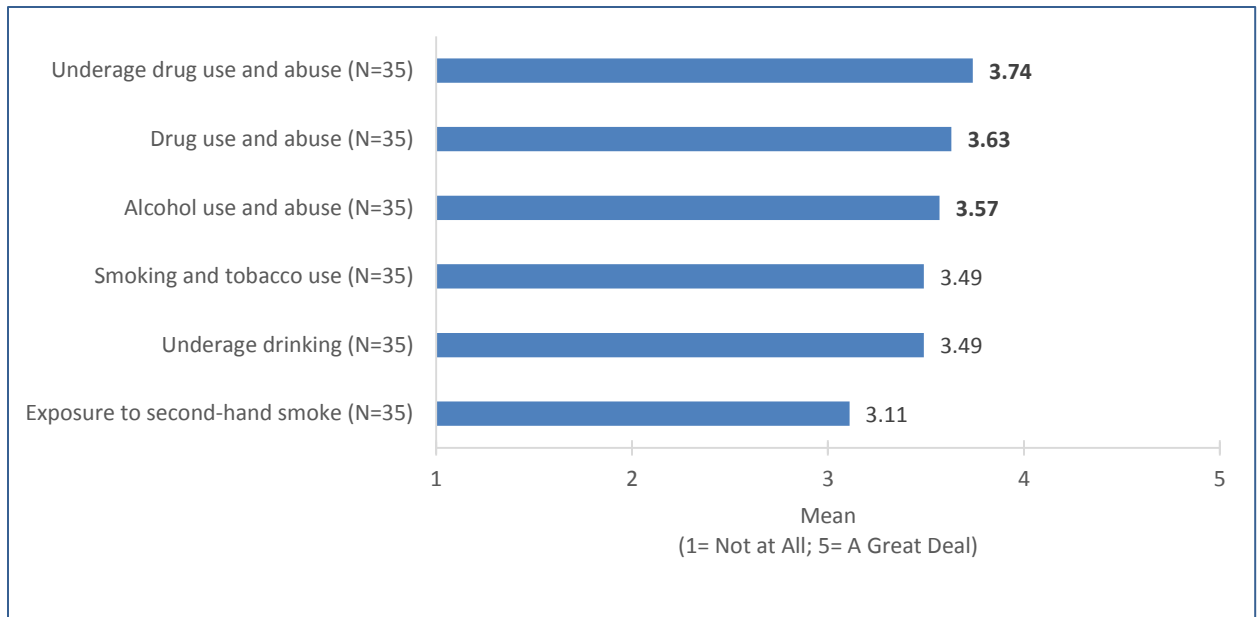
throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life.

- 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. *fit4schools* 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 underage drug use and abuse, drug use and abuse, and alcohol use and abuse.

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

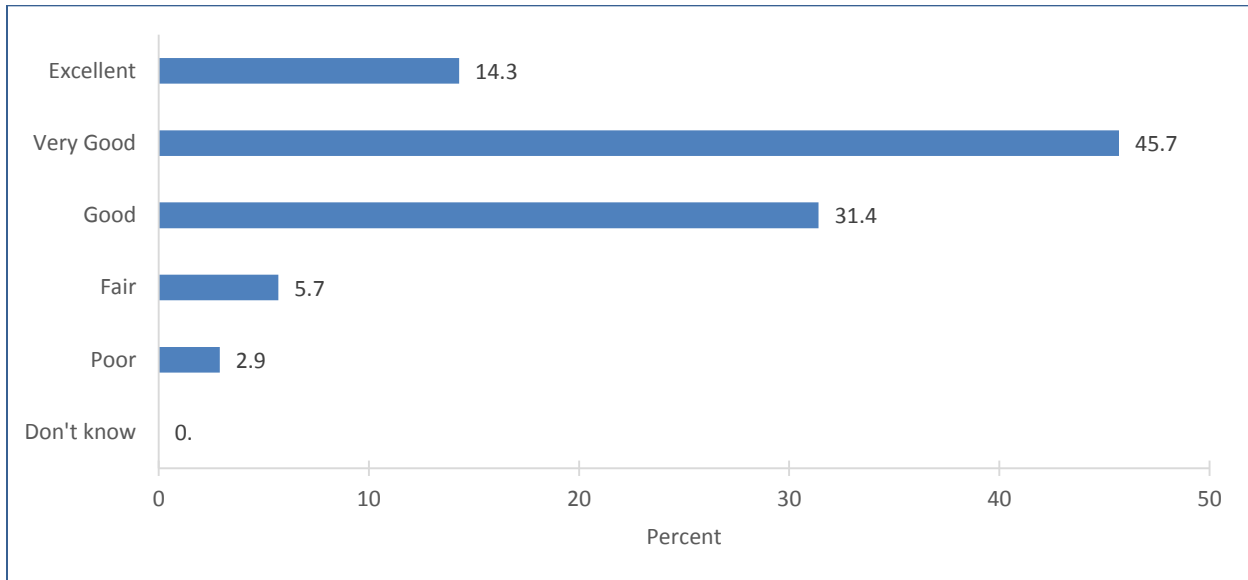


Personal Health Concerns

Respondents’ Personal Health Status

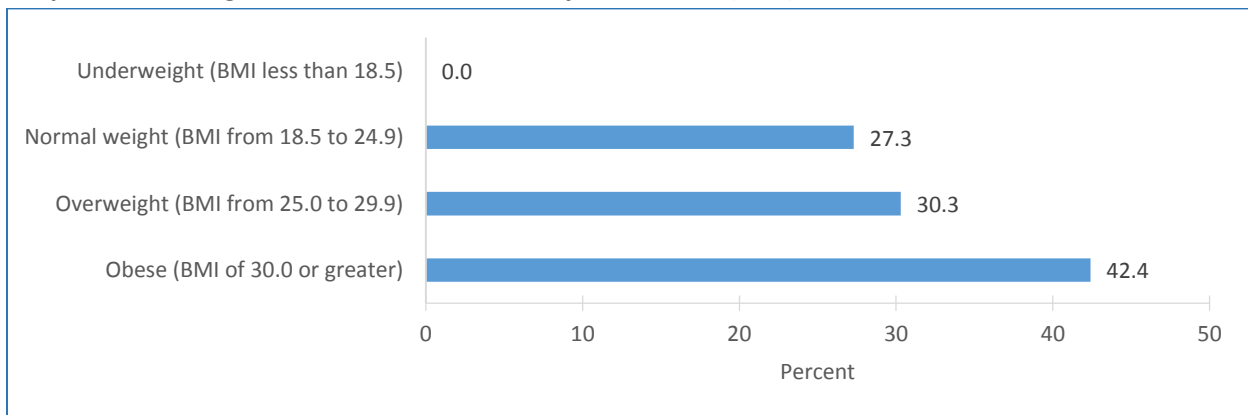
The study results suggest possible discrepancies between respondents’ perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual’s weight and height, the majority of respondents (72.7%) in the area are overweight or obese. However, the vast majority (91.4%) 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, 71% of respondents visited a doctor or health care provider for a routine physical and over 82% visited a dentist or dental clinic.

Respondents' rating of their health in general



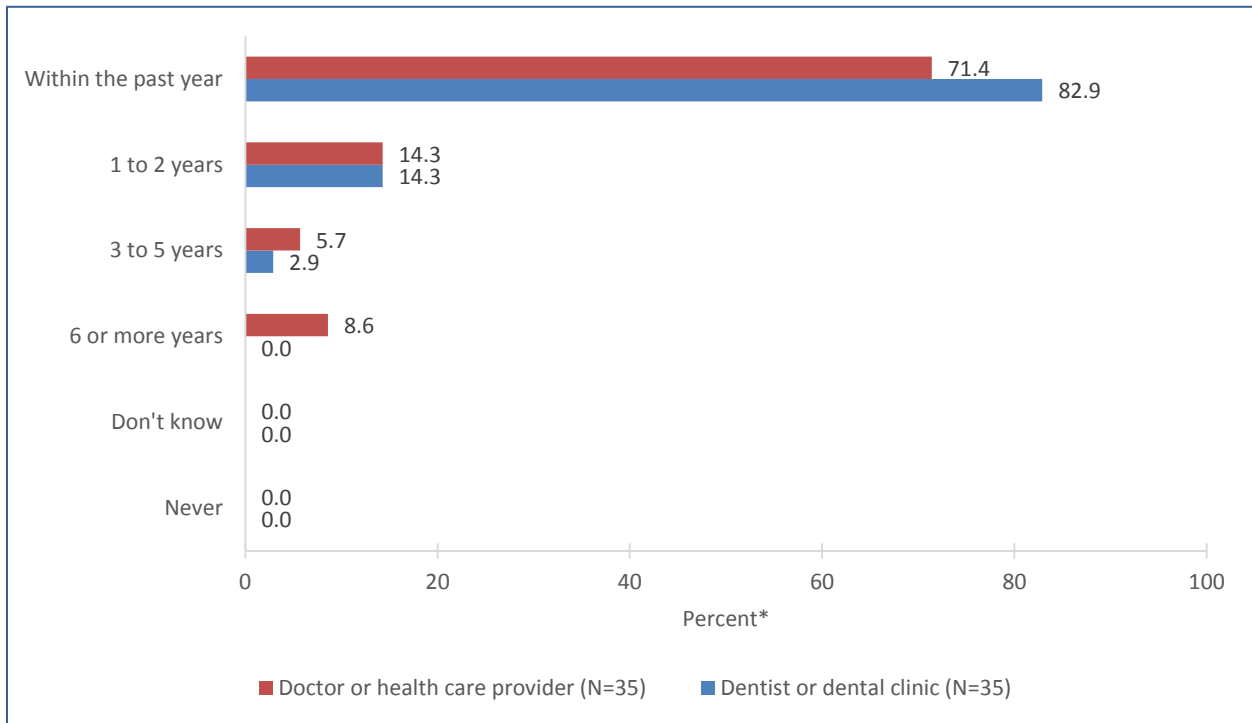
91.4% of the community stakeholders (non-generalizable) rate their health as good or better.

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



72.7% 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, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, prostate cancer screening [males], 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 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=35)	85.7	14.3	100.0
Blood sugar screening (N=35)	71.4	28.6	100.0
Bone density test (N=34)	20.6	79.4	100.0
Cardiovascular screening (N=34)	20.6	79.4	100.0
Cholesterol screening (N=35)	77.1	22.9	100.0
Dental screening and X-rays (N=35)	85.7	14.3	100.0
Flu shot (N=35)	74.3	25.7	100.0
Glaucoma test (N=34)	61.8	38.2	100.0
Hearing screening (N=33)	21.2	78.8	100.0
Immunizations (N=33)	15.2	84.8	100.0
Pelvic exam (N=31 Females)	64.5	35.5	100.0
STD (N=33)	6.1	93.9	100.0
Vascular screening (N=33)	0.0	100.0	100.0
CANCER SCREENINGS			
Breast cancer screening (N=31 Females)	64.5	35.5	100.0
Cervical cancer screening (N=30 Females)	50.0	50.0	100.0
Colorectal cancer screening (N=34)	17.6	82.4	100.0
Prostate cancer screening (N=4 Males)	0.0	100.0	100.0
Skin cancer screening (N=35)	14.3	85.7	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=5)	60.0	0.0	0.0	0.0	0.0	0.0	40.0
Blood sugar screening (N=10)	50.0	30.0	0.0	0.0	0.0	0.0	20.0
Bone density test (N=27)	51.9	40.7	0.0	0.0	0.0	0.0	7.4
Cardiovascular screening (N=27)	44.4	44.4	0.0	0.0	0.0	0.0	7.4
Cholesterol screening (N=8)	37.5	37.5	0.0	0.0	0.0	0.0	25.0
Dental screening and X-rays (N=5)	0.0	0.0	40.0	20.0	0.0	20.0	40.0

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
Flu shot (N=9)	33.3	0.0	0.0	0.0	0.0	0.0	55.6
Glaucoma test (N=13)	23.1	53.8	7.7	0.0	0.0	7.7	7.7
Hearing screening (N=26)	42.3	46.2	3.8	0.0	0.0	3.8	7.7
Immunizations (N=28)	50.0	35.7	0.0	0.0	0.0	0.0	7.1
Pelvic exam (N=11 Females)	18.2	36.4	0.0	0.0	0.0	0.0	45.5
STD (N=31)	61.3	29.0	0.0	0.0	0.0	0.0	6.5
Vascular screening (N=33)	45.5	48.5	0.0	0.0	0.0	0.0	6.1
CANCER SCREENINGS							
Breast cancer screening (N=11 Females)	45.5	18.2	0.0	0.0	0.0	0.0	36.4
Cervical cancer screening (N=15 Females)	33.3	26.7	0.0	0.0	0.0	0.0	46.7
Colorectal cancer screening (N=28)	46.4	35.7	0.0	0.0	0.0	0.0	17.9
Prostate cancer screening (N=4 Males)	50.0	50.0	0.0	0.0	0.0	0.0	0.0
Skin cancer screening (N=30)	36.7	50.0	0.0	0.0	0.0	3.3	13.3

- 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 dental screening and x-rays, the most common reason for not being tested that it is not necessary followed by cost.
- For the flu shot screening, most respondents cite that it was not necessary or other reasons for not getting the shot.
- 51.4% of the survey respondents were under 45 years of age.

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 United States 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 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.
- The HPV test looks for the human papillomavirus (http://www.cdc.gov/cancer/hpv/basic_info/) that can cause these cell changes.

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. Sanford holds annual flu blitz events to increase the number of community members both pediatric and adult who receive the flu vaccine.

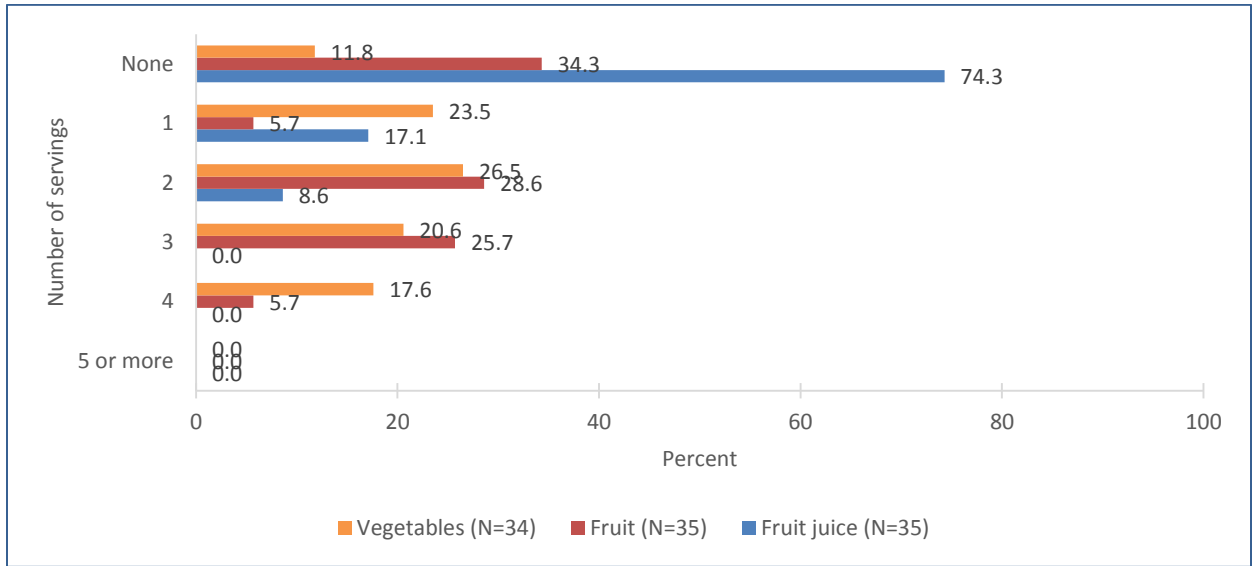
Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 38% of respondents reported having 3 or more servings of vegetables the prior day.

Only 31% of the group 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

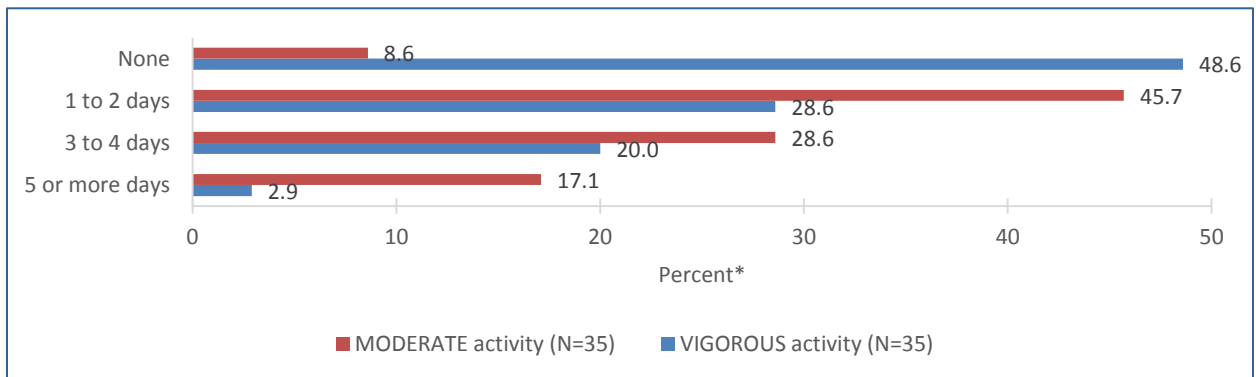


Physical Activity Levels

Study results suggest that the majority of respondents do not meet physical activity guidelines. 45.7% of respondents engage in moderate activity 3 or more times per week and 22.9% engage in vigorous activity 3 or more times per week.

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.

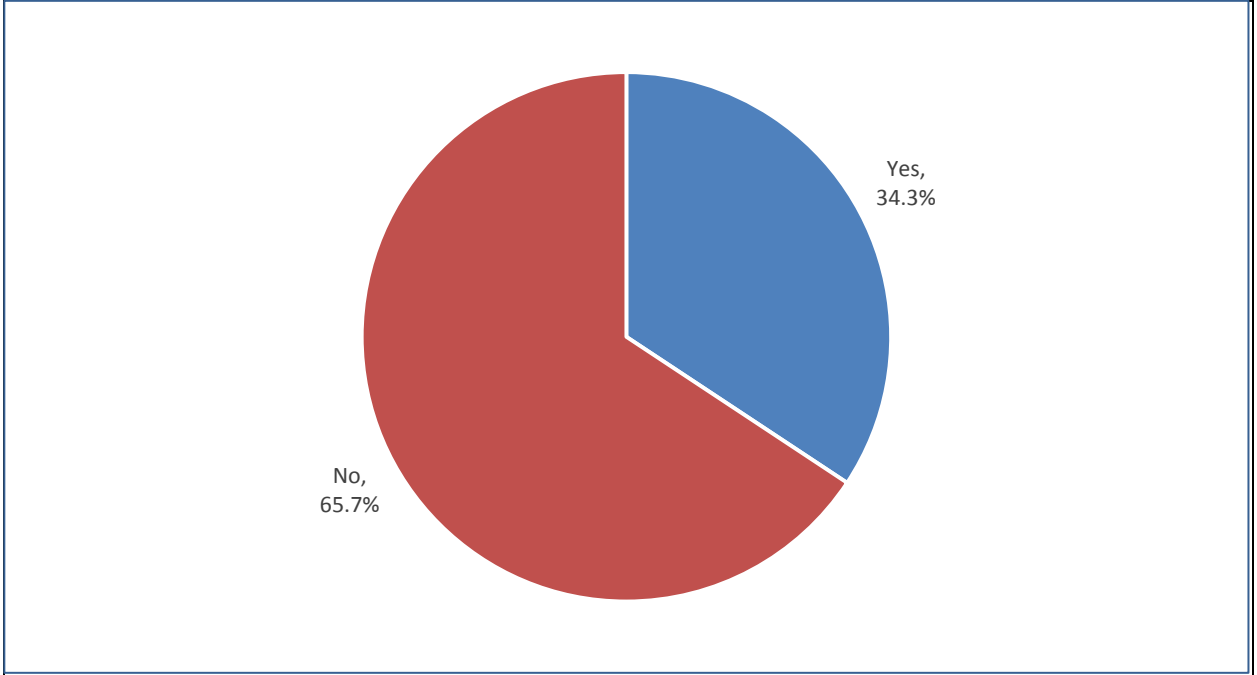
Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



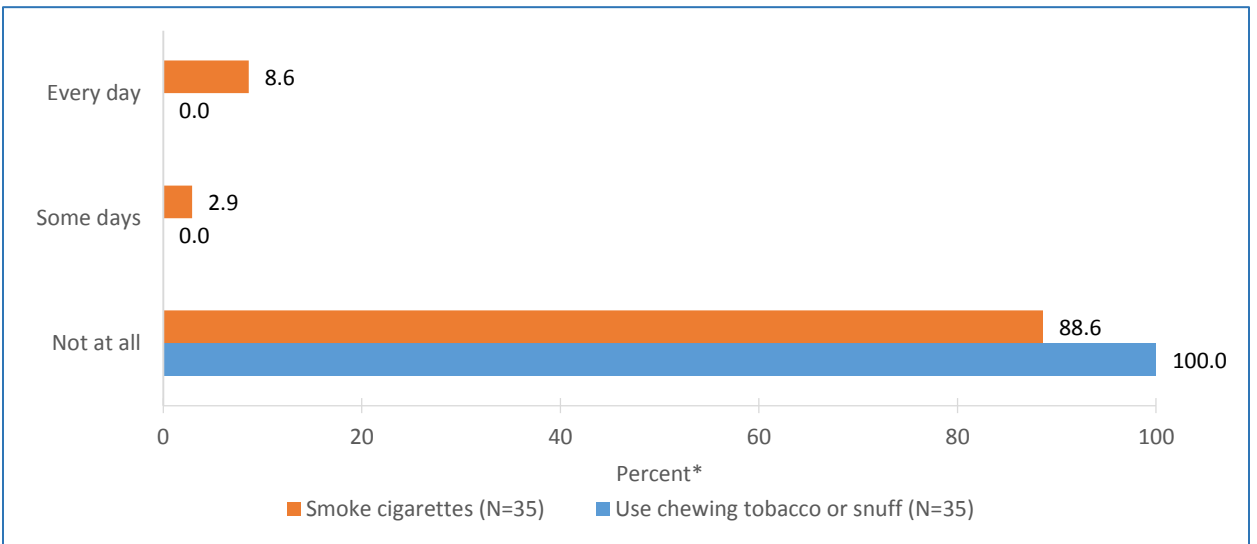
Tobacco Use

Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 34% 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

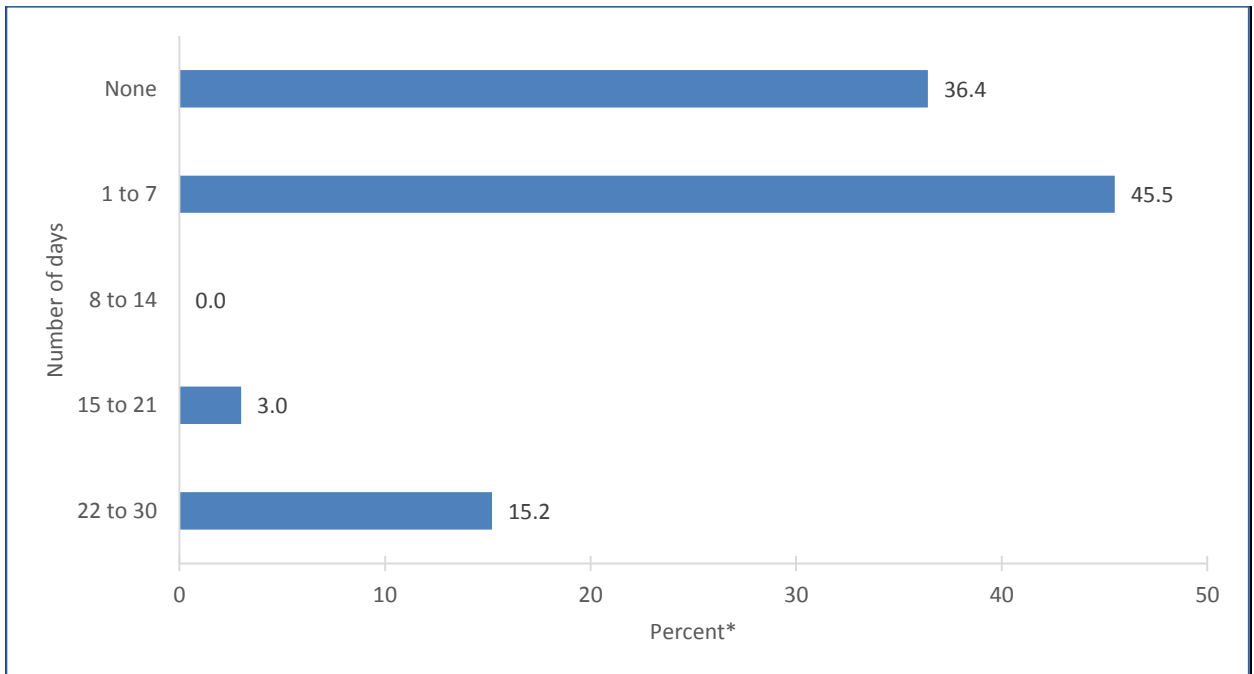


Mental Health

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 Traverse County respondents, mental health is a moderately high area of concern, particularly for depression and stress.

More than 37% of respondents have been told or diagnosed by a doctor or health professional that they have depression. 22.9% have been diagnosed with anxiety or stress, and 63.7% of respondents self-report that in the last month, there were days when their mental health was not good.

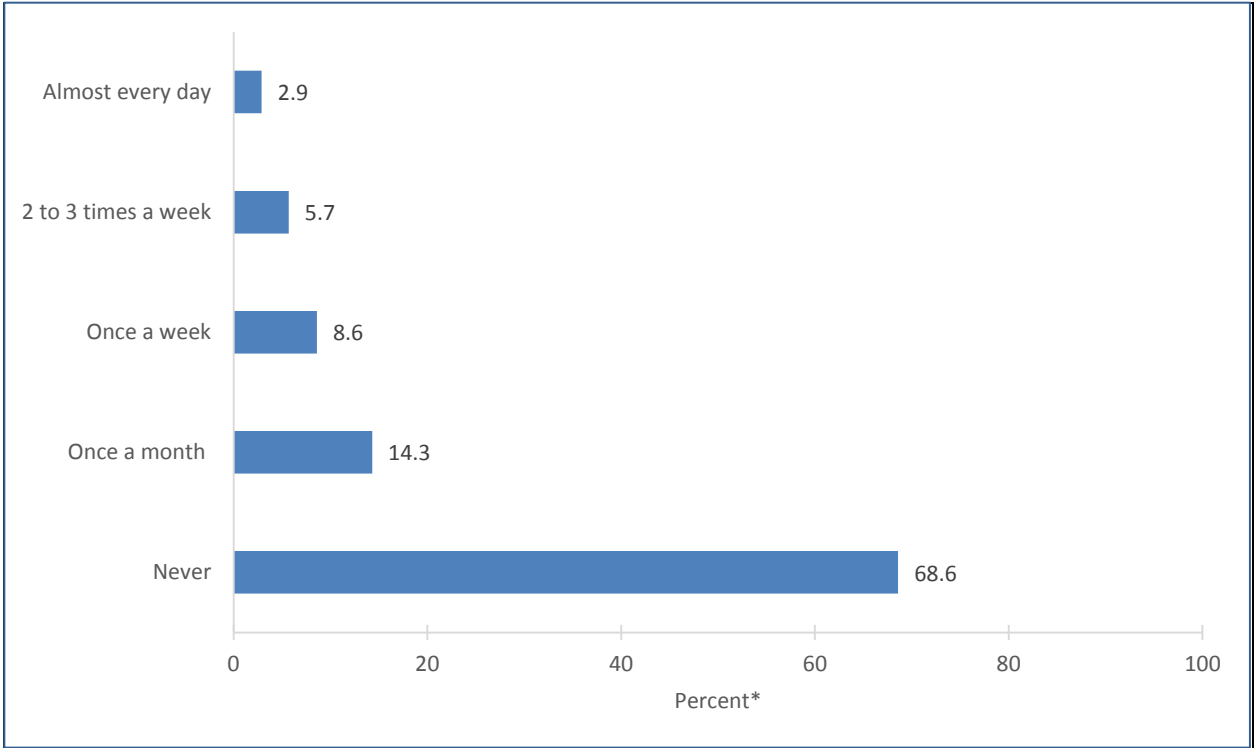
Number of days in the last month that respondents' mental health was not good



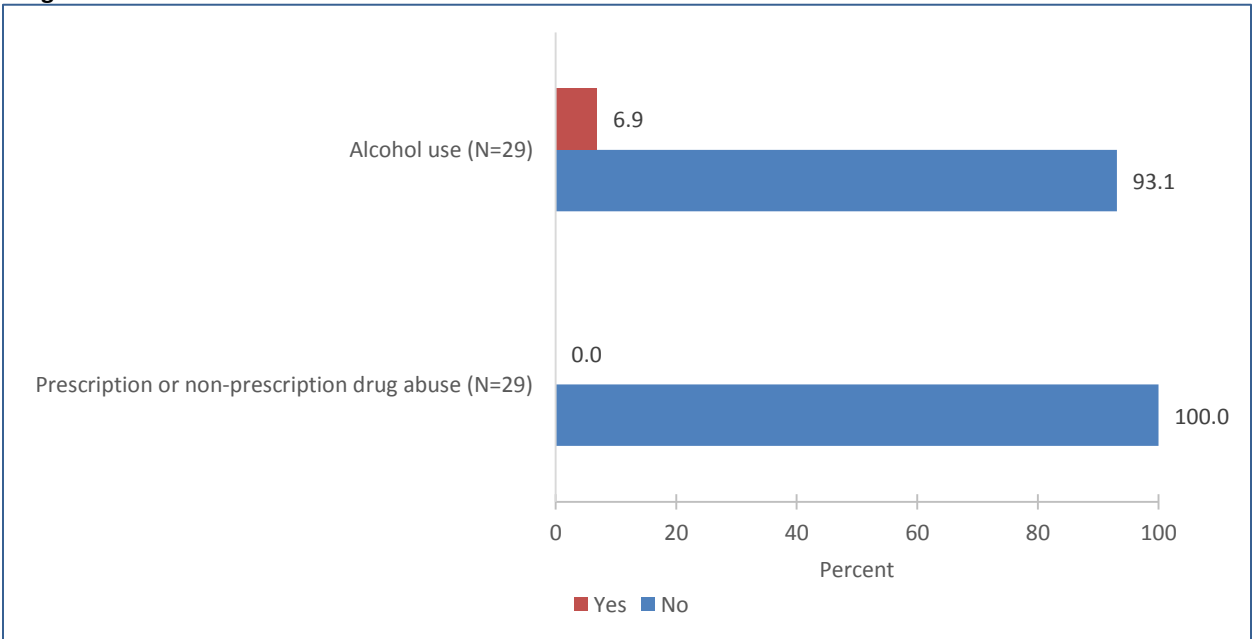
Substance Abuse Responses

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 the Traverse County, 82% of the community stakeholders drank alcoholic beverages on at least one of the days in the last month. On days they drank, 35.7% of respondents in the community stakeholder group respondents drank an average of 3 or more drinks per day. In regards to binge drinking, 31.5% of community stakeholders 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



6.9% percent of respondents from the community stakeholder group reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking. Other forms of substance abuse include the use of prescription or non-prescription drugs. None of the community stakeholders reported having had a problem with prescription or non-prescription drug abuse.

Demographics

Total Population – 2010 U.S. Census Bureau

- **Traverse County: 3,558**

Population by Age and Gender

	Number	Percent	Males	Percent	Females	Percent
<5 years	176	4.9	87	2.4	89	2.5
5-9	195	5.5	102	2.9	93	2.6
10-14	249	7.0	127	3.6	122	3.4
15-19	224	6.3	123	3.5	101	2.8
20-24	140	3.9	83	2.3	57	1.6
25-29	156	4.4	82	2.3	74	2.1
30-34	159	4.5	85	2.4	74	2.1
35-39	158	4.4	75	2.1	83	2.3
40-44	185	5.2	92	2.6	93	2.6
45-49	255	7.2	123	3.5	132	3.7
50-54	265	7.4	140	3.9	125	3.5
55-59	280	7.9	151	4.2	129	3.6
60-64	179	5.0	91	2.6	88	2.5
65-69	195	5.5	92	2.6	103	2.9
70-74	173	4.9	81	2.3	92	2.6
75-79	210	5.9	94	2.6	116	3.3
80-84	140	3.9	60	1.7	80	2.2
85 and over	219	6.2	79	2.2	140	3.9
Median age	47.6		46.2		49.1	

Population by Race

	Traverse	Percent
White	3,352	94.2
Black or African American	13	0.4
American Indian or Alaska Native	139	3.9
Asian	4	0.1
Native Hawaiian or other Pacific Islander	1	0.0
Hispanic or Latino	50	1.4

The per capita personal income in Traverse County, Minnesota is \$29,000. In Traverse County, 9.3% are living below the poverty level. The unemployment rate in Traverse County, Minnesota is 4.7%.

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:

- Children and Youth – availability of quality infant care, availability of activities for children and youth
- Aging – cost of long term care, availability of memory care
- Safety – the presence of street drugs and alcohol in the community, presence of drug dealers in the community
- Physical Health – cancer, inactivity, obesity
- Mental Health – depression, stress, substance use and abuse (drugs and alcohol)
- Preventive Health – flu vaccines

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.

Members of the collaborative determined that safety/children and youth and mental health are top unmet needs for further implementation strategies.

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

- Children and Youth/Safety
- Mental Health

How Sanford Wheaton is Addressing the Needs

Health Indicator/Concern	How Sanford Wheaton is Addressing the Needs
<p>Aging</p> <ul style="list-style-type: none"> • Cost of long term care • Availability of memory care 	<ul style="list-style-type: none"> • Local LTC facility is owned by the County; managed by Health Dimensions group. • We provide swing bed services for those who quality. • We provide all area LTC facilities' contact information to those who need it as there is some difference in the area LTC facility rates. • There is a memory care unit 15 miles away. • The local LTC facility does not have a memory care unit but they do admit those with memory diagnosis. They utilize a variety of safety adjuncts while they are residents there.
<p>Child and Youth</p> <ul style="list-style-type: none"> • Availability of quality infant care • Availability of activities for children and youth 	<p>We provide free CPR to local day cares.</p> <p>Activities for youth:</p> <ul style="list-style-type: none"> • A new position of 4-H Leadership/director was created in Traverse County. She has been offering a variety of activities in our community - started the Stars Program for 5th-8th graders, enhanced the 4-H groups in the county/county fair, Cloverbuds Program (K-2nd grade - 4-H Cloverbuds do the same projects as older 4-Hers, but in a way appropriate to their age). • Browns Valley Nutrition Program for youth. • Design Club – new for preteen girls 5th-8th grade • BLU's Program Each. BLU brings together youth from across the region to engage in activities and leadership lessons. All activities are planned by the Minnesota 4-H State Ambassadors, and will focus this year on exploring your passions to "Find your Element," and envision how you can live out your passion in your life. • STARS Program with titles such as The Great Outdoors, Summer Olympics, Super Heroes, & Around the World that participants throughout the summer partake in a variety of events under each category. • Minnesota 21st Century Grant provides activities for grades 5-8. • Presented activity bags for hospitalized children to be given out or those that are severely sick or injured in our ER • Little Flock is a preschool education program that meets twice a week for 2.5 hours • Traverse County Early Family Childhood Development group (EFC) meets at the elementary school monthly for projects with their families

Health Indicator/Concern	How Sanford Wheaton is Addressing the Needs
	<ul style="list-style-type: none"> • Minnesota West Central Community Action Group provides support in the homes for 0-3 year olds • The FCCLA group also provides activities throughout the year which we participate in, such as a Halloween party at school. • We are a display area for our local kindergarten classes to make decorations to hang on all the doors each month. They bring them up and place them on the doors. We treat them with snacks as they make their rounds around the facility. • Have active Boy Scout and Girl Scout groups that offer activities for the youth. • Free movies for children and youth sponsored by a variety of organizations throughout the year.
<p>Safety</p> <ul style="list-style-type: none"> • Presence of street drugs and alcohol in the community • Presence of drug deals in the community 	<ul style="list-style-type: none"> • Continue to work with local police and sheriff depts. related to street drugs and alcohol. • Have had the local SWAT team provide a live enactment of a live shooter in our ER. • All staff have been trained in MOAB. • Have installed badge readers at all entrances for employees so all but 3 doors are open during business hours for visitors • Pursuing having some “Panic” buttons installed in 3 locations that call the police when pushed for security/safety reasons. • The City of Wheaton will join a drug task force in 2016 to help with the investigation of cases by helping with undercover work. • We belong and participate in the Minnesota Prescription Monitoring Program (PMP) which is a tool to be used by prescribers and pharmacists to assist in managing patient care. It contains information provided by Minnesota licensed pharmacies and prescriber dispensers.
<p>Physical Health</p> <ul style="list-style-type: none"> • Cancer • Inactivity and lack of exercise • Obesity 	<ul style="list-style-type: none"> • Provided 2 sessions of Tai Chi with about 10 at each session. • Provided Diabetes Prevention Program starting in January. It is 12 month program weekly for 16 weeks then monthly for 7 months. • Provided Better Choices Better Health classes this fall. Attendance of around 12. • Health Coach Medical Home enrollment has increased to about 50 members. • Medical Home RN Health Coach became a smoking cessation instructor. • Cancer Support Group meets monthly. Have video conferences from Roger Marias Cancer Center monthly on a variety of topics. • Cardiac Rehab Program continues to add new members. • Exercise classes available at the local LTC.

Health Indicator/Concern	How Sanford Wheaton is Addressing the Needs
	<ul style="list-style-type: none"> • Exercise gym available for membership in downtown area. • New Lucas Device placed in hospital and ambulance for better CPR quality. • Concern that having a mobile mammography unit will decrease the volume of women receiving mammograms. Equipment and technology better but service going from daily to monthly not a positive move in the women’s eyes.
<p>Mental Health</p> <ul style="list-style-type: none"> • Under-age drug use and abuse • Drug use and abuse • Alcohol use and abuse • Depression 	<ul style="list-style-type: none"> • Mental Health Support Group continues to meet monthly. • Traverse County Social Service Department has opened a drop-in center for the community in attempt to offer another alternative for those with mental health needs or for those who need a place to spend some time with activities available. • <i>Traverse County Resource Guide</i> is made available throughout the facility. • The AA group meets monthly at the library. • TeleHealth Psychiatry and Psychology is available through a joint arrangement with Thief River Falls. As part of our quality initiatives we have benchmarks to meet related to depression scores/testing in our family practice clinic.
Preventive Health	<ul style="list-style-type: none"> • Flu vaccine clinics available during flu season. 100% of Sanford Wheaton employees received the vaccine.

2016 Implementation Strategy

Implementation Strategies

Priority 1: Mental Health/Behavioral Health

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

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford Wheaton has made mental/behavioral health a significant priority and has developed strategies to improve access and availability of services for mental and behavioral health needs.

Priority 2: Safety

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 4.3 million Americans engaged in non-medical use of prescription painkillers in the last month. Approximately 1.9 million Americans met criteria for prescription painkillers use disorder based on their use of prescription painkillers in the past year.

A number of opioids are prescribed by physicians to relieve pain. These include hydrocodone, oxycodone, morphine, and codeine. While many people benefit from using these medications to manage pain, prescription drugs are frequently diverted for improper use. In the 2013 and 2014 National Survey on Drug Use and Health (NSDUH), 50.5% of people who misused prescription painkillers got them from a friend or relative for free, and 22.1% got them from a physician. As people use opioids repeatedly, their tolerance increases.

Sanford has set strategy to reduce drug and narcotic use across the system by providing alternative pain management methods. Policies and procedures to address the prescription of narcotics will be standardized across the health care system as part of this strategy. Pain medication prescriptions will be tracked and studied to identify areas for improvement. Sanford Wheaton has set strategy to work with law enforcement to increase the locations for drug take-back.

Priority 3: Children and Youth

According to a report by the U.S. Department of Agriculture, 49 million people in the United States live in households struggling to find enough food to eat. Nearly 16 million are children, who are far more likely to have limited access to sufficient food than the general population. While 15.9% of Americans lived in food-insecure households, 21.6% of children had uncertain access to food. It is difficult for a child to learn when they are malnourished.

Sanford has made children and youth a significant priority and has developed strategies to improve the health of children. Sanford is working with community partners to provide access to healthy food options to decrease hunger among children in the community.

**Community Health Needs Assessment
Implementation Strategy for Sanford Wheaton Medical Center
FY 2017-2019 Action Plan**

Priority 1: Mental Health

Projected Impact: Improve overall mental health in the community

Goal 1: Improve access/availability for mental health/behavioral health services

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships /collaborations
Work with Sanford Thief River Falls psychiatry team and Traverse County Mental Health providers to increase the number of available appointments for services and decrease ER visits	Number of visits, New clientele access, ER visits	Additional staff time	JoAnn Foltz Chelsie Falk Chere Rikimoto	Traverse County mental health providers
Expand Medical Home to provide follow up for those patients who have PHQ-9 scores indicating depression	Number of follow-up referrals	Chere Rikimoto	Jordan Ottoson Chere Rikimoto Chelsie Falk	First Link 211
Evidence-based guidelines for mental health are implemented	Implementation of practice guidelines for mental health is complete	Clinic/medical center providers	Jordan Ottoson Chelsie Falk JoAnn Foltz	

Goal 2: Promote early identification of mental health needs

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships /collaborations
Increase the number of wellness exams to improve health in early childhood	Number of wellness exams	Providers	Jordan Ottoson JoAnn Foltz	Horizon Public Health
Implement screening tools during wellness exams to assess mental health diagnosis	Screening tools are implemented and used at each wellness exam	Sanford Ambulatory Standard. Committee	Providers Chelsie Falk Cher Rikimoto	Horizon Public Health
Support parents with healthy social and emotional development skills	# of books presented to children at wellness exams & <i>Reach Out & Read</i> program	Budget appropriation	JoAnn Foltz	Horizon Public Health

Priority 2: Safety

Projected Impact: Drug abuse is decreased in the community

Goal 1: Decrease the abuse of drugs in the community

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships /collaborations
Work with law enforcement agencies to provide safe collection sites for unused drugs	Collections sites are determined and community members are aware of the locations	Drug Enforcement Agency	JoAnn Foltz	Traverse County Law Enforcement

Priority 3: Children and Youth

Projected Impact: The lives of children and youth are improved with the availability of proper nutrition

Goal 1: Children have access to healthy food all week long

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations
Increase access to healthy food options to decrease hunger among children in the community	Children in need of food for evening and weekend meals are identified and backpacks are available	Food Shelf, Heartland Foods	JoAnn Foltz Chelsie Falk	Wheaton School District, Traverse County Social Services, Traverse County Food Shelf, Great Plains Food Bank
Support the local development of 4-H groups	4-H groups are in place	Budget appropriations	JoAnn Foltz	
Influence health in early childhood at wellness exams	Number of wellness exams	Dr. Mislán Michelle Rinke	Jordan Ottoson	

2013 Implementation Strategy Impact

Demonstrating Impact

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

2013 Community Health Needs Assessment Wheaton Implementation Strategy

Implementation Strategy: Transportation

- Identify series currently available within the community
- Develop directory with resources and outsource information
- Increase volunteer driver program and work with law enforcement and social services for mental health transport

Implementation Strategy: Mental Health Services

- Participate in the enterprise implementation strategy to incorporate Sanford One Mind
- Define services currently available
- Develop directory of resources and information
- Distribute directory to various groups and entities

Implementation Strategy: Recruitment of Physician

- Recruit another full-time family practice physician

The 2013 strategies have served a broad reach across our community and region. The impact has been positive and the work will continue into the future through new or continued programming and services.

Impact of the Strategy to Address Transportation

- The transportation resources that are available in the community are included in the *Traverse County Resource Guide* for all members of the community. Transportation did not rank as a high need in the 2016 CHNA.
- The number of county volunteer drivers has increased.
- The DAV van has been added as a free service to all veterans for their VA appointments in Fargo and St. Cloud. Veterans contact the local veterans' office for travel reservations. Volunteers continue to be recruited.
- Local law enforcement will provide transportation of mental health patients if they are "On Hold" with the County. Social Services and Productive Alternatives also provide drivers to transport parents and children with behavior health needs.

Impact of the Strategy to Address Mental Health Services

- *Traverse County Resource Guide* has been published with information about mental health resources, transportation resources, housing, disability and emergency resources for the community. The *Traverse County Resource Guide* is available at Public Health, Social Services

and the medical facilities in the county. Sanford Wheaton has included the information at discharge planning meetings with patients.

- A mental health support group meets monthly in Wheaton. Traverse County also has a drop-in Center located in Wheaton for adult mental health clients for socialization activities.
- A psychologist from Life Center, Morris is available at the Wheaton Social Services office each Tuesday. Telehealth psychiatry is available twice a month at Sanford Wheaton Medical Center to enhance patient services in this field.

Impact of the Strategy to Access/Physician Recruitment

- A family practice physician was hired at Sanford Wheaton Medical Center in 2013. Sanford Wheaton has a recruitment plan and continues to recruit for additional providers.

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 aside from a question asked about the service area for this report. A reader wanted to know if a separate report was developed for the Lisbon, North Dakota area. Since there is no hospital in Lisbon a community health needs assessment was not conducted solely for that community.

APPENDIX

Primary Research

Wheaton 2016 CHNA Asset Map

Identified concern	Key stakeholder survey specific concern and rating	Key stakeholder Focus group	Secondary data	Community resources that are available to address the need	Gap?
Aging population	<ul style="list-style-type: none"> • Cost of LTC 4.09 • Availability of memory care 3.74 	We need more input from our senior population		LTC resources: <ul style="list-style-type: none"> • Traverse Care Center – 320-563-8124 	X
Children and Youth	<ul style="list-style-type: none"> • Availability of quality infant care 3.77 • Availability of activities for children and youth 3.51 	There are hunger issues among children – consider implementing a back pack program	Children in poverty is at 18 % in Traverse County, 13% nationally and 14% in MN Children in single-family households is at 20% in Traverse County, 20% nationally and 28% in MN	Child Care resources: <ul style="list-style-type: none"> • Child Care Resource & Referral – 320-422-7777 • Donna Sweere Day Care 320-563-4201 • Sharon’s Day Care 320-563-4805 • Gina Berger – 320-563-0472 • Carla Bigalke 320-563-8091 • Kelly Krauth – 320-563-8428 • Linda Montonye 320-563-8566 • Desiree Siegel 320-563-0128 • Tanya Braaten 320-563-8832 • Chelsea Rath 320-808-4150 • Little Flock Preschool – 320-563-8624 • Early Childhood Family Education (ECFE) at Pearson Elementary (2-5 years) • ECFE 0-3 years –West Central MN Community Action • Preschool at Pearson Elementary • Traverse County Early Childhood Coalition • MN 21st Century Grant Activities for children and youth: <ul style="list-style-type: none"> • School District after school programs – 320-563-8282 • Park District programs – 320-563-4823 • Library – 320-563-8487 • Girl Scouts • Boy Scouts • 4-H – 320-422-7729 	X

Identified concern	Key stakeholder survey specific concern and rating	Key stakeholder Focus group	Secondary data	Community resources that are available to address the need	Gap?
				Poverty resources: <ul style="list-style-type: none"> • Food Shelf 320-695-2110 • Food Support Program 218-685-4486 • Habitat for Humanity 320-839-2528 • Hsg & Development Authority (low income public housing) 320-422-4777 • Traverse Co. Social Services – 320-422-4777 • Sanford Community Care Program – 320-563-8226 • WIC – 888-826-5103 • Low income apartments: <ul style="list-style-type: none"> ○ Andell – 218-230-4831 ○ Tower Apts. – 701-478-4221 ○ Wheaton Apts. – 320-387-2483 ○ Pine View 	
Safety	<ul style="list-style-type: none"> • Presence of street drugs, and alcohol in the community 3.88 • Presence of drug dealers in the community 3.82 		100% of the traffic related deaths in Traverse County are alcohol-impaired	Police Dept – 320-422-7700 Sheriff – 320-563-4244 PDMP (Prescription drug monitoring program)	X
Physical Health	<ul style="list-style-type: none"> • Cancer 3.63 • Inactivity and exercise 3.60 (45.7% exercise moderately 3x or more /week, 22.9% exercise vigorously 3 or more x/week) • Obesity 3.51 (72.7% report as overweight or obese) 	Fetal alcohol syndrome is a gap	Adult obesity 30% compared to 25% nationally Physical inactivity is at 27% compared to 20% nationally Diabetic monitoring is at 86% compared to the national 90% Mammography is at 73.8% compared to 70.7% nationally and 66.7% in MN	Sanford Dietitians Chronic disease resources: <ul style="list-style-type: none"> • Sanford Dietitians • Sanford Better Choices, Better Health • Sanford Clinic – 320-563-8226 Physical Fitness resources: <ul style="list-style-type: none"> • Wheaton Fitness Center • Park District programs – 320-563-4823 Farmers Market 701-474-5553	X

Identified concern	Key stakeholder survey specific concern and rating	Key stakeholder Focus group	Secondary data	Community resources that are available to address the need	Gap?
Mental Health/ Behavioral Health	<ul style="list-style-type: none"> • Underage drug use and abuse 3.74 • Drug use and abuse 3.63 • Alcohol use and abuse 3.57 • Depression 3.60 	<p>Outpatient psych services are booked out</p> <p>Need deaf and hard of hearing services for mental health services for the elderly</p>		<p>Police Dept – 320-422-7700</p> <p>Sheriff – 320-563-4244</p> <p>Mental Health resources:</p> <ul style="list-style-type: none"> • Traverse Co. Support Group – 320-422-7777 	X
Preventive Health	<ul style="list-style-type: none"> • 47.4% of children have not had a flu shot 			<p>Sanford Clinic – 320-563-8226</p> <p>Health Dept. – 320-422-7777</p>	X

Wheaton 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 <ul style="list-style-type: none"> • Cost of long term care 4.09 • Availability of memory care 3.74 	XXX		
Children and Youth <ul style="list-style-type: none"> • Availability of quality infant care 3.77 • Availability of activities for children and youth 3.51 	XX #3 priority		
Safety <ul style="list-style-type: none"> • Presence of street drugs and alcohol in the community 3.88 • Presence of drug dealers in the community 3.82 	XXXXX X #2 priority		
Physical Health <ul style="list-style-type: none"> • Cancer 3.63 • Inactivity and lack of exercise 3.60 • Obesity 3.51 	XX		
Mental Health <ul style="list-style-type: none"> • Under age drug use and abuse 3.74 • Drug use and abuse 3.63 • Alcohol use and abuse 3.57 • Depression 3.60 	XXXXX XXXXX X #1 priority		
Preventive Health			

Present: Rhonda Antrim, Social Service Director, Kristi Wirtjes, RN (retired from Public Health), Sara Lee Rinke, Sanford Wheaton Auxiliary President, Tim Shekleton, Pastor, Cheryl Shekleton, Ambulance Manager, Evie Rinke, Community Member, Jordan Ottoson, Director, Sanford Clinic, Wheaton/Wahpeton, Chere Rikimoto, Clinical Care Supervisor, Sanford Medical Center Wheaton, Shane Ayres, CFO, Sanford Medical Center Wheaton, Chelsie Falk, CNO, Sanford Medical Center Wheaton, Brenda Petersen, Human Resources Specialist, Sanford Medical Center Wheaton, JoAnn Foltz, CEO

Sanford Wheaton Medical Center

Community Health Needs Assessment
Results from an April 2015 Non-Generalizable
Online Survey

September 2015

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an April 2015 online 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 April 2015 and a total of 35 respondents participated in the online survey.

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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

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

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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

Table 3. Zip code of respondents

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

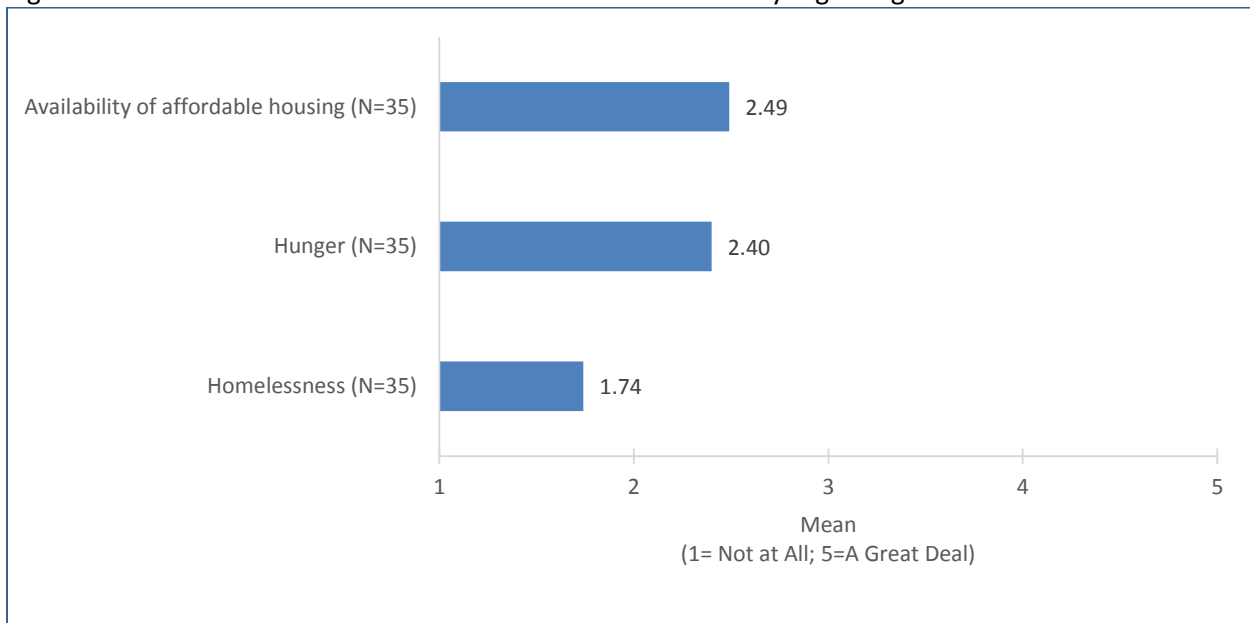


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

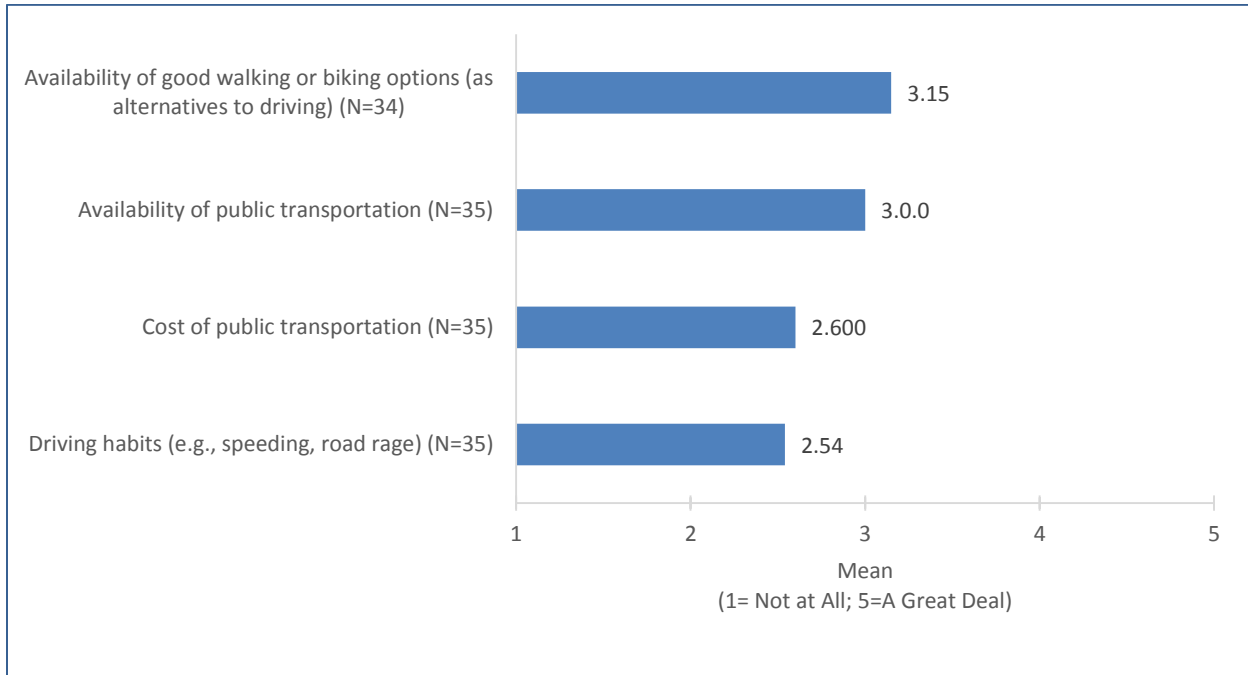


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

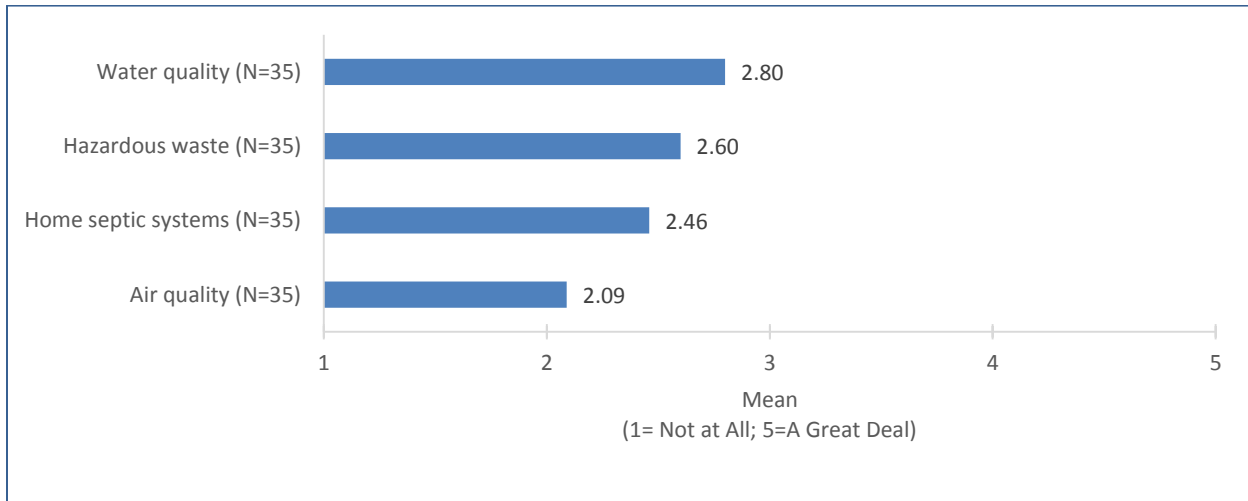


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

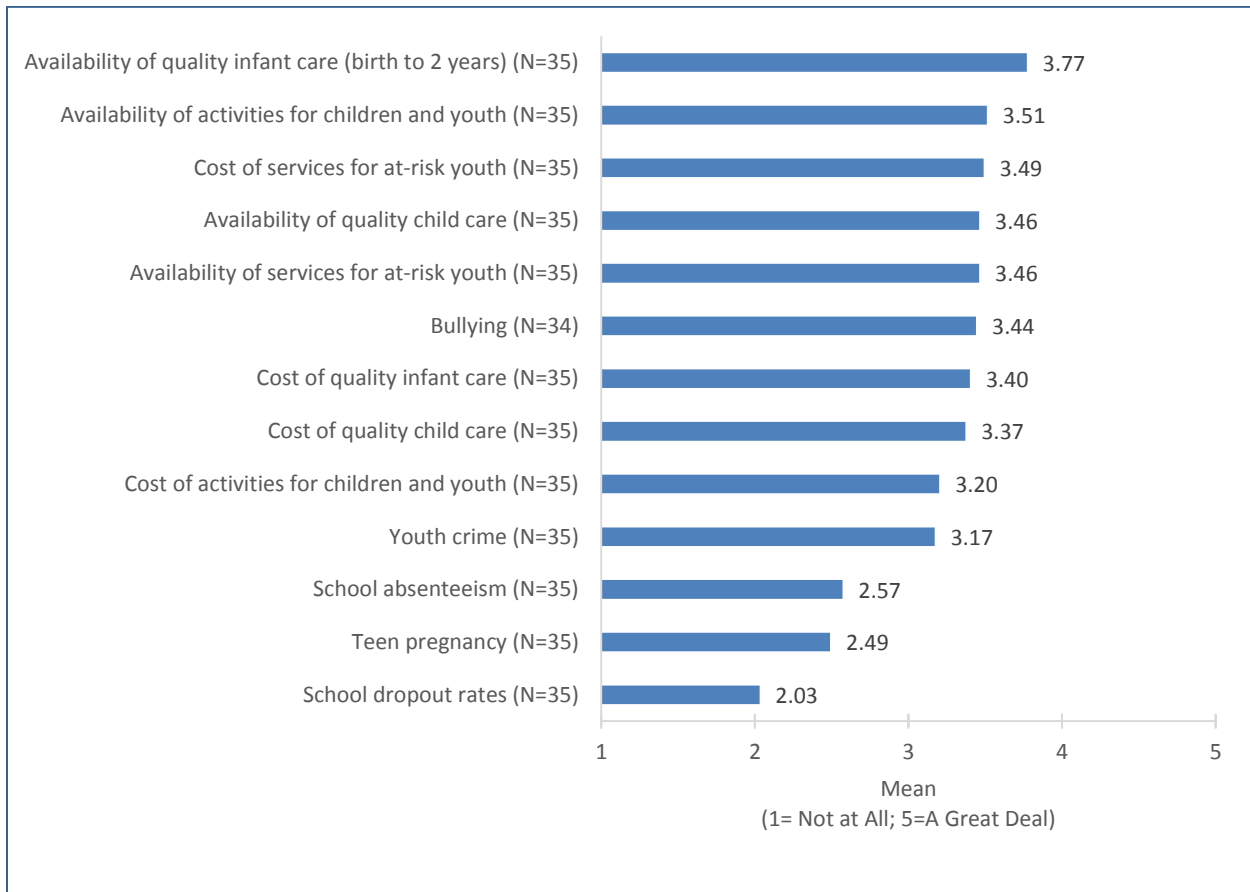


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

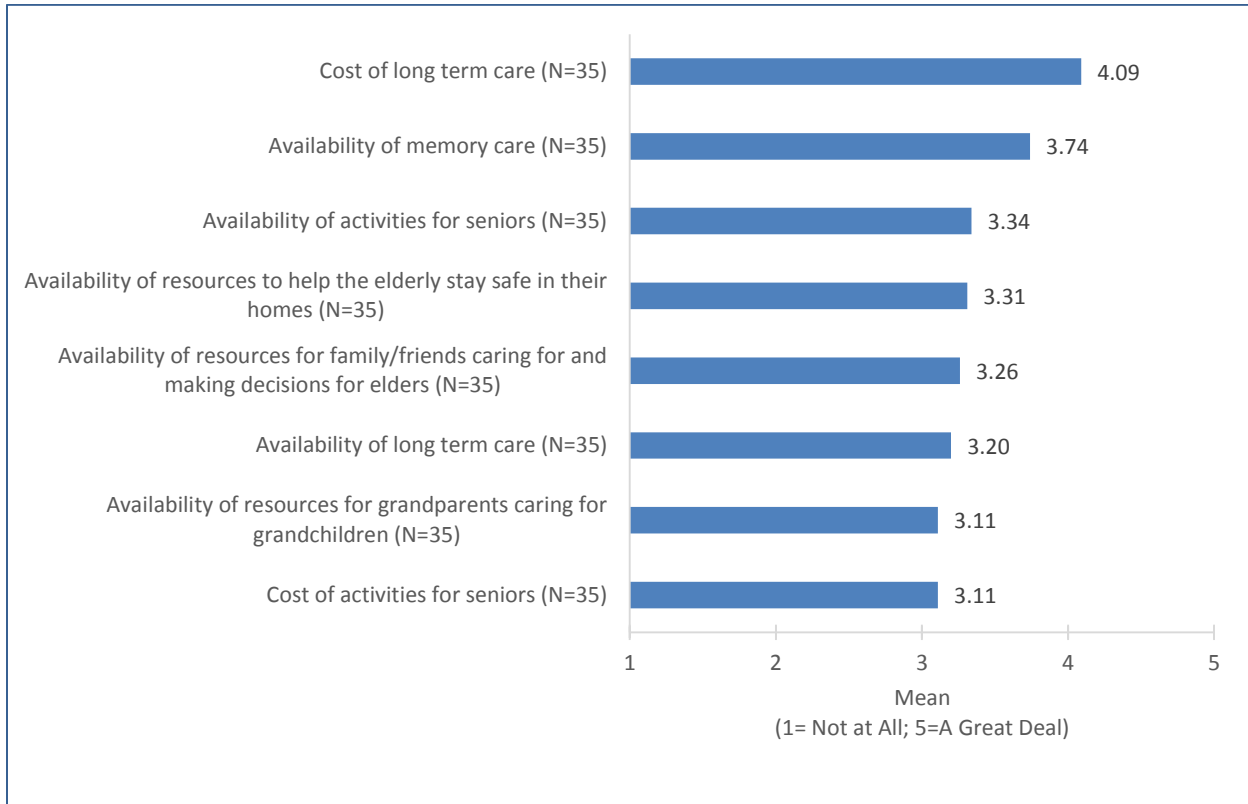


Figure 6. Level of concern with statements about the community regarding SAFETY

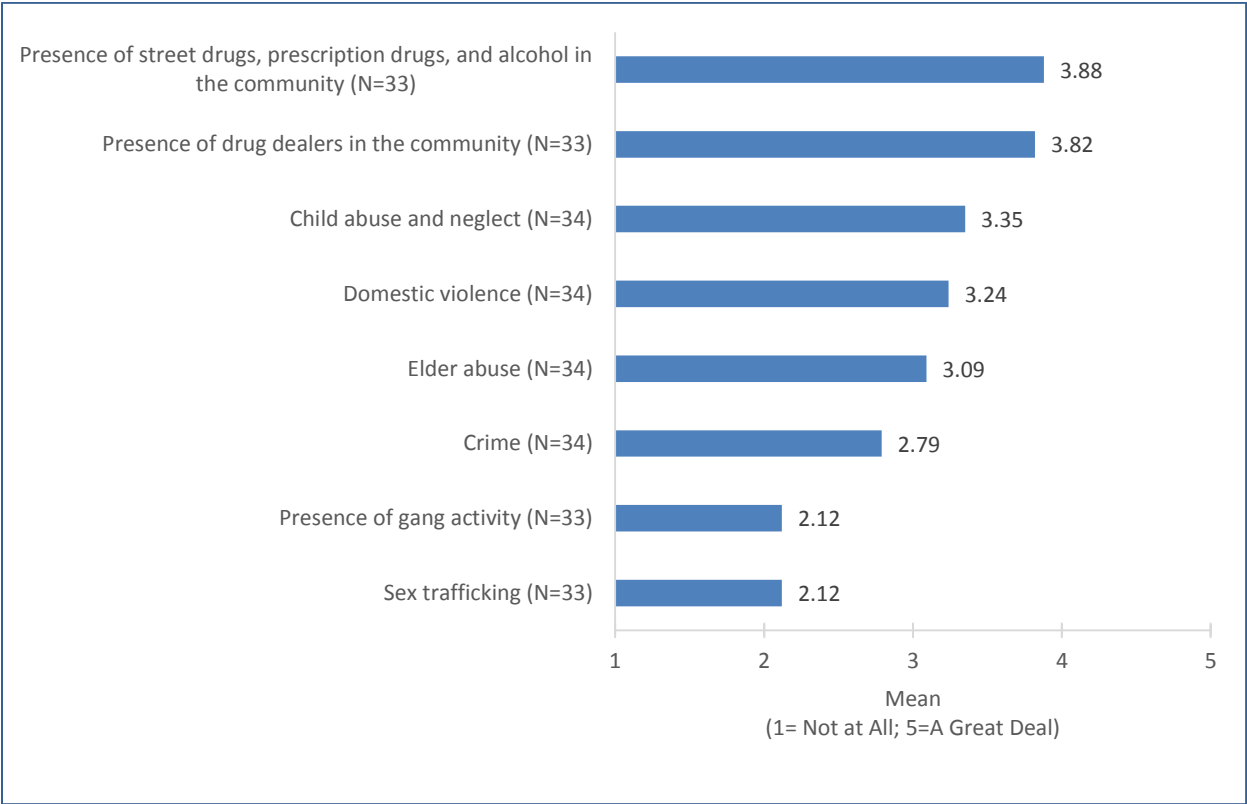


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

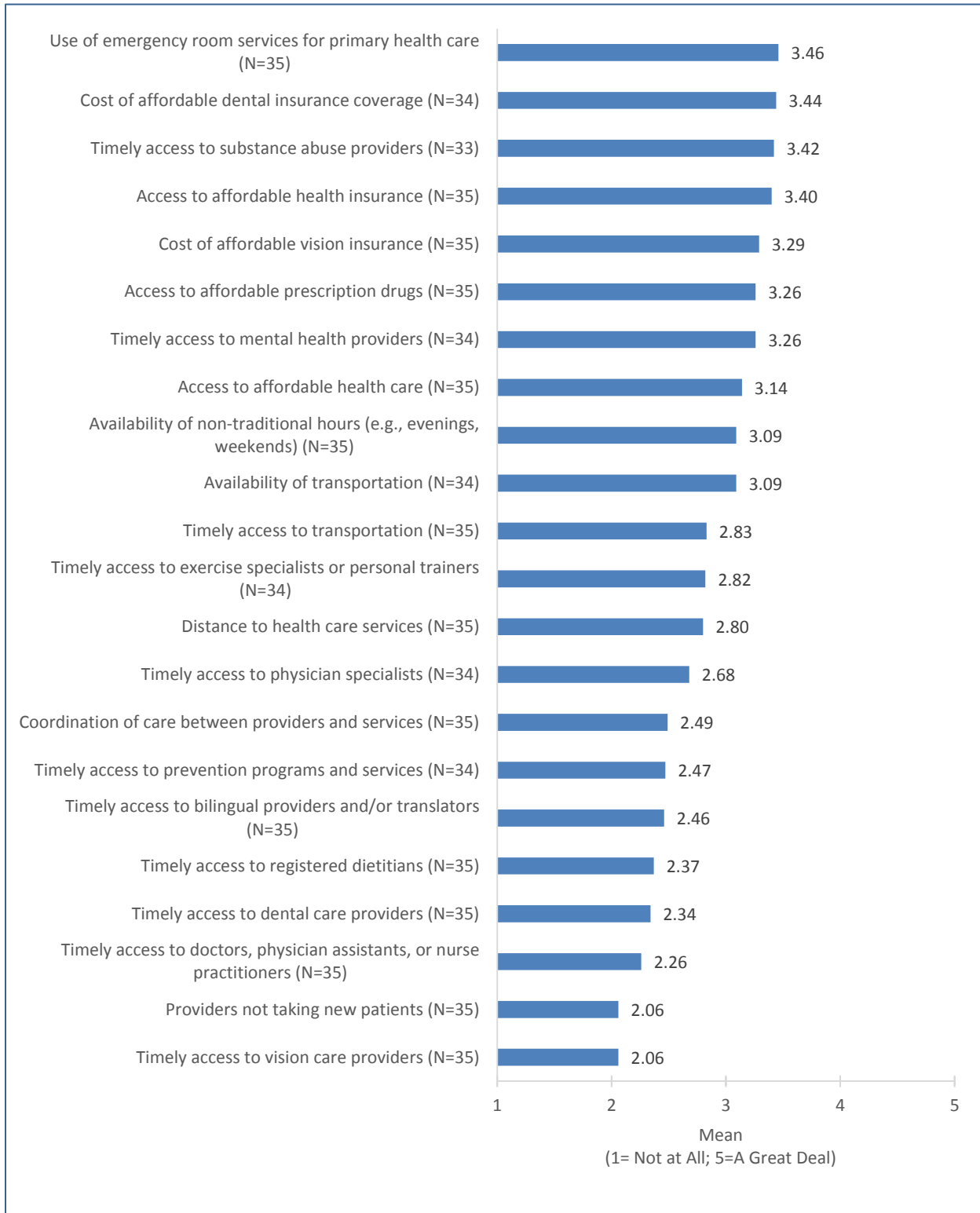


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

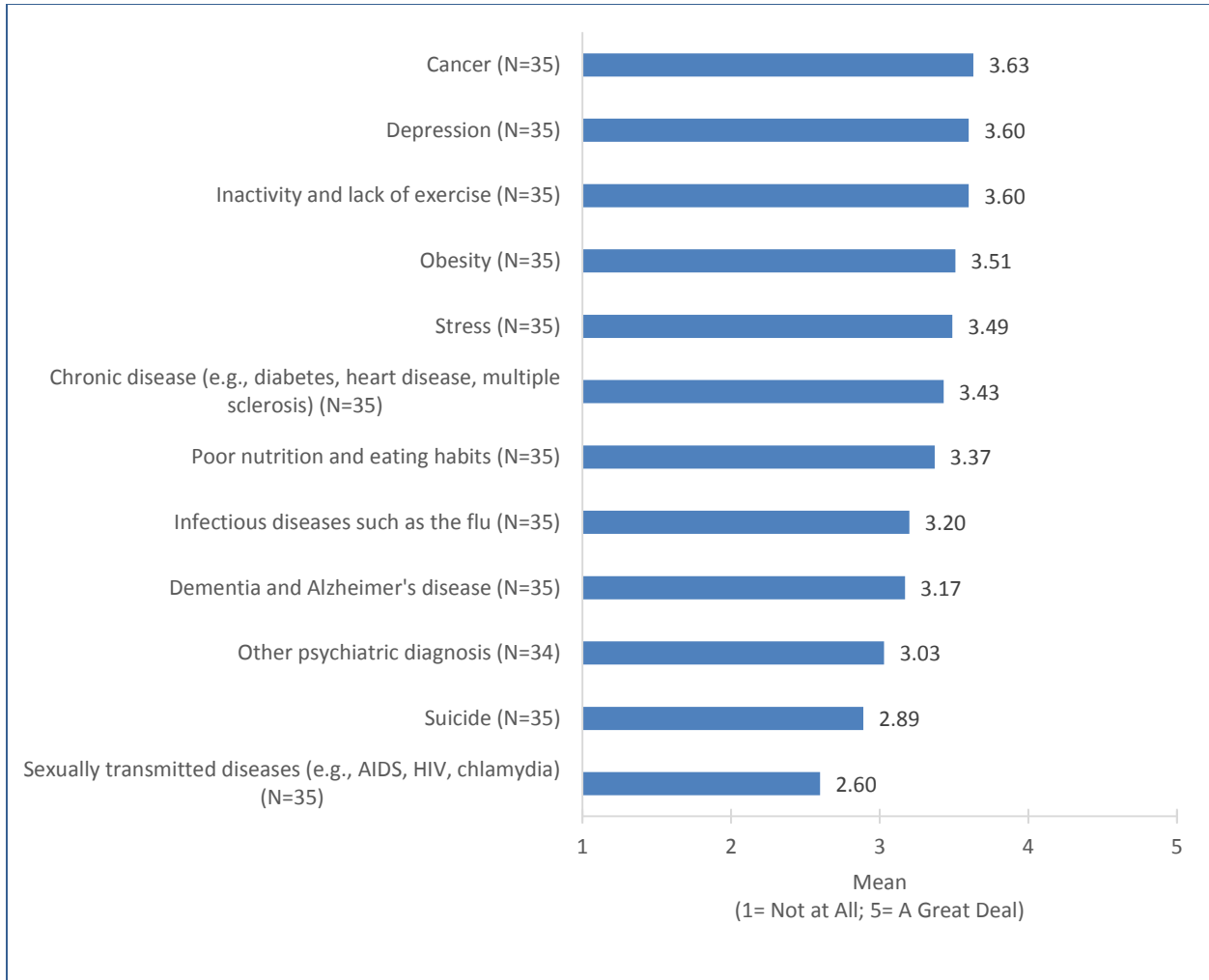
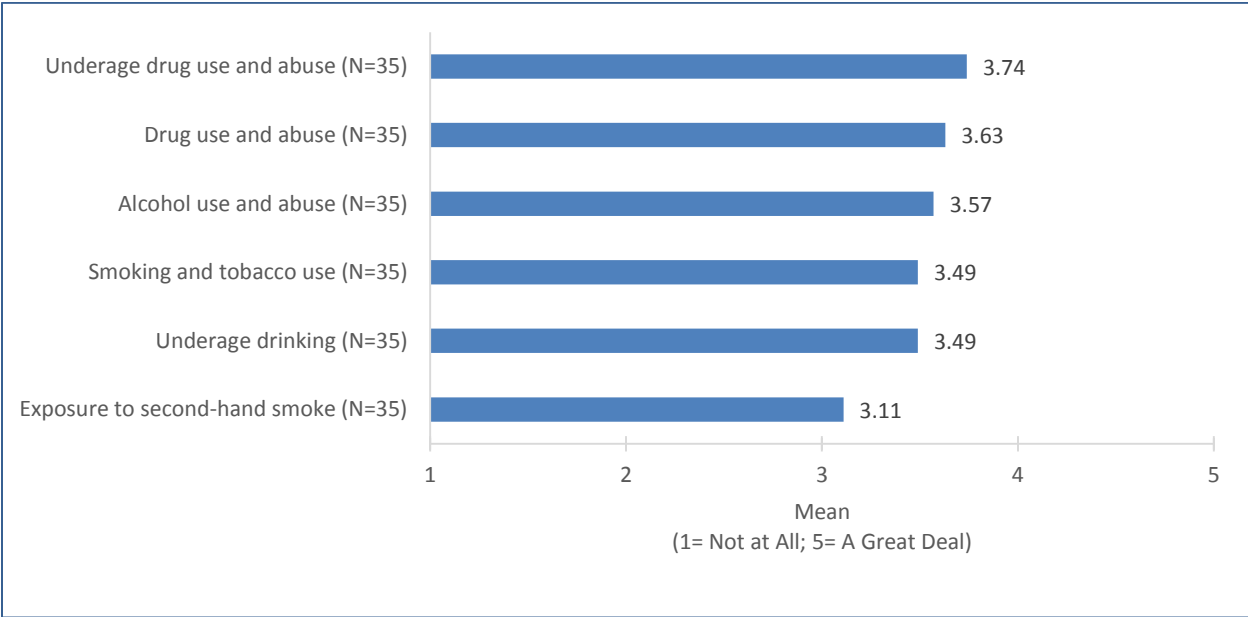
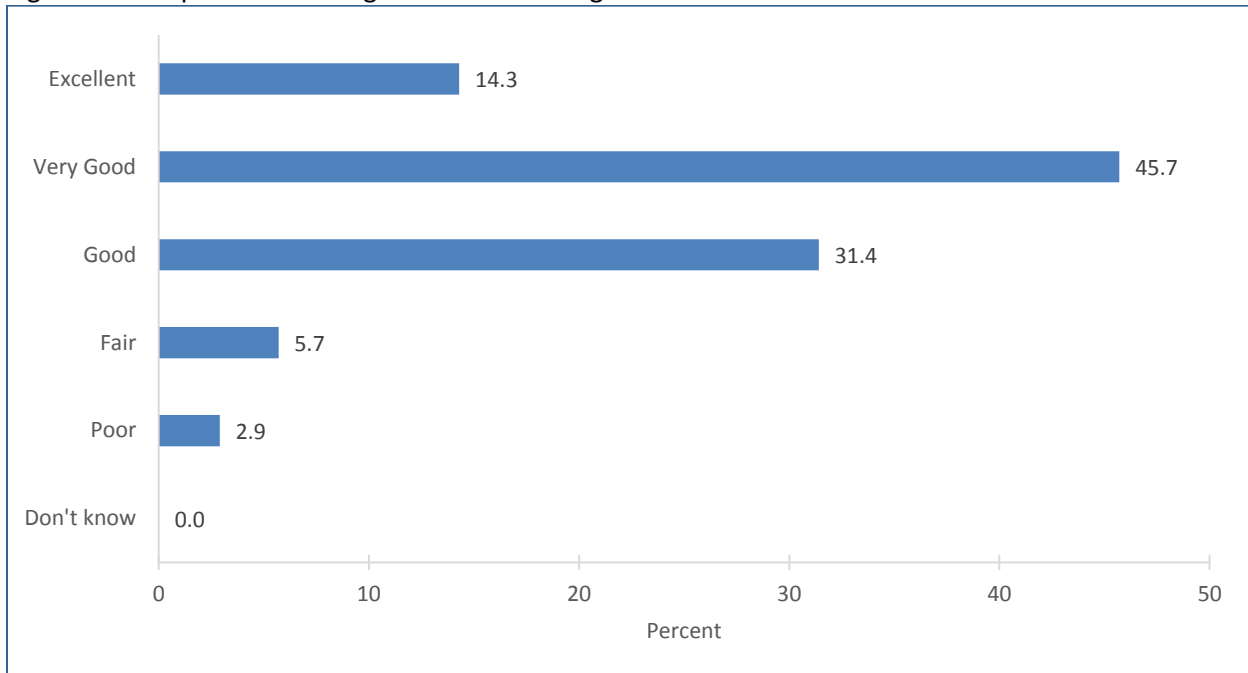


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



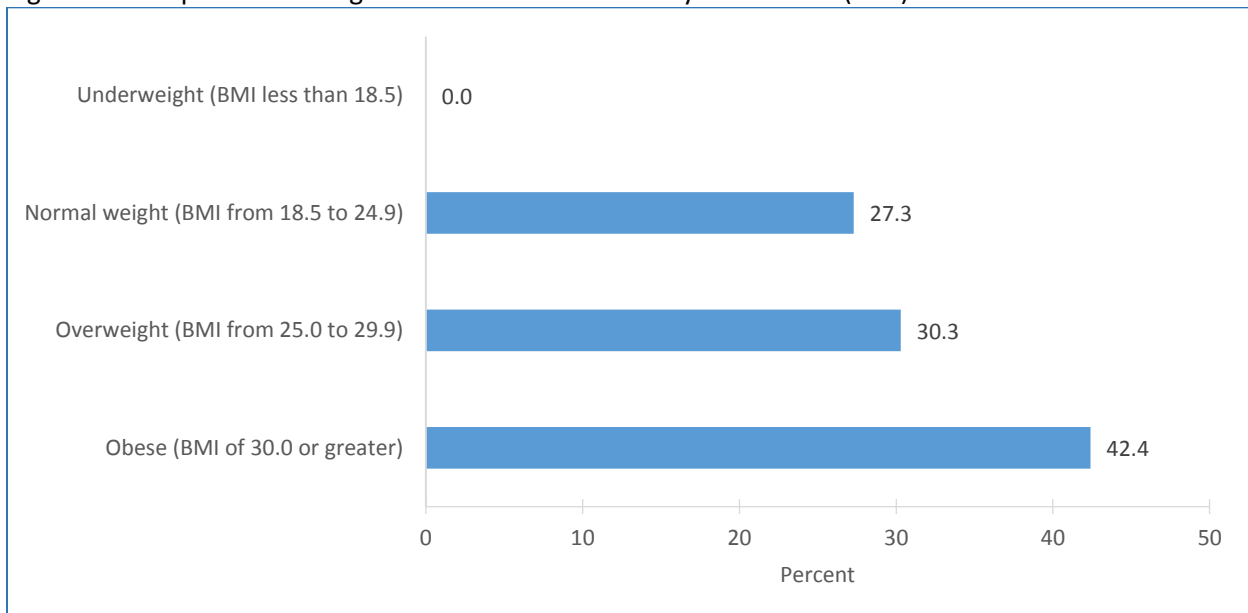
General Health

Figure 10. Respondents' rating of their health in general



N=35

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



N=33

*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/

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

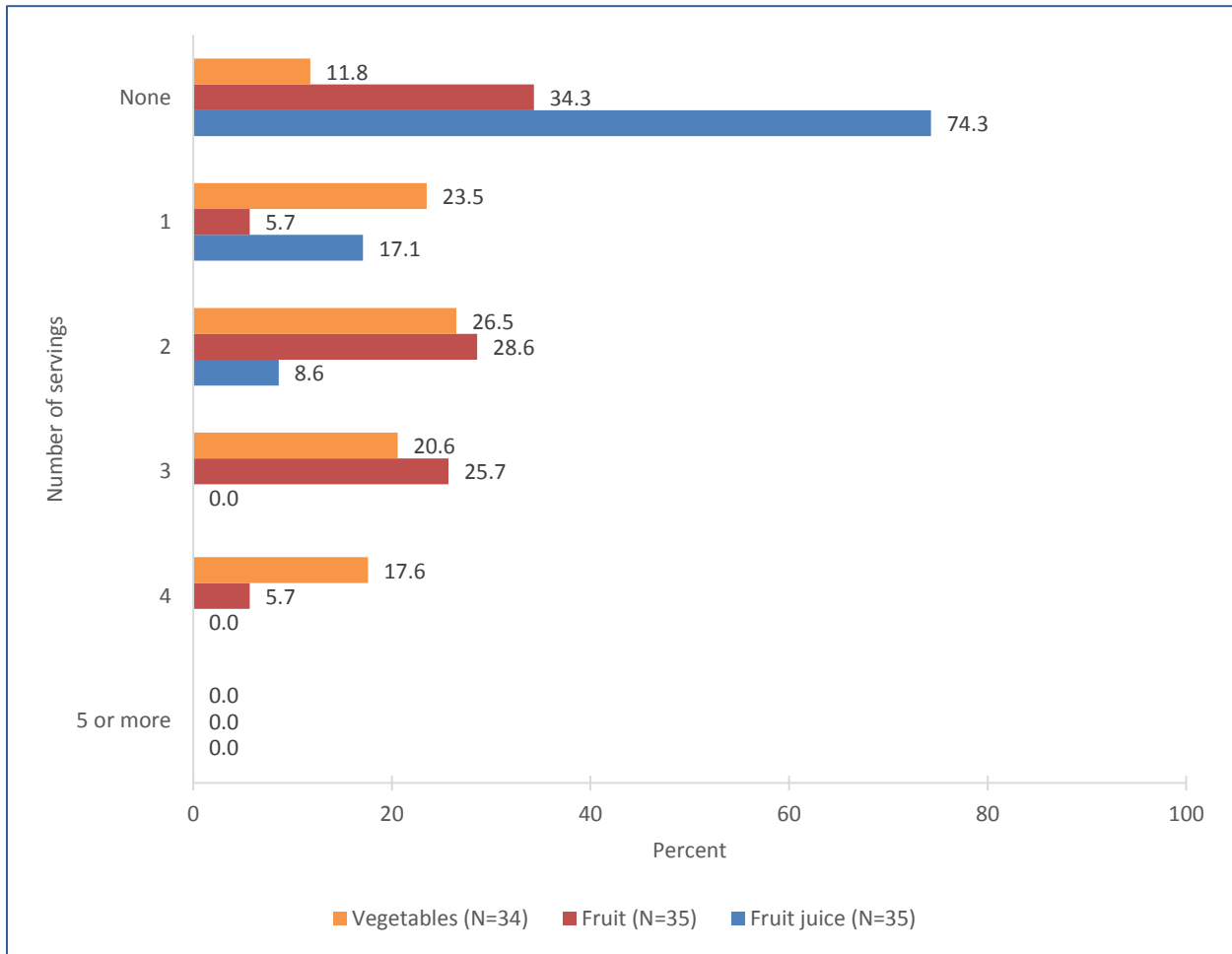
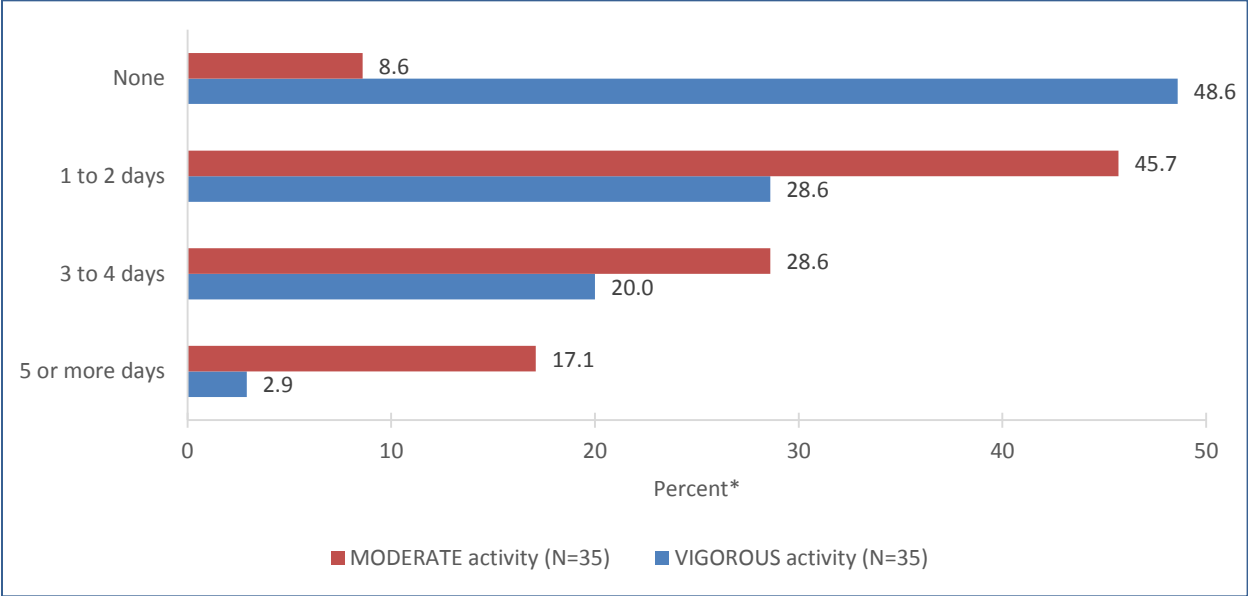


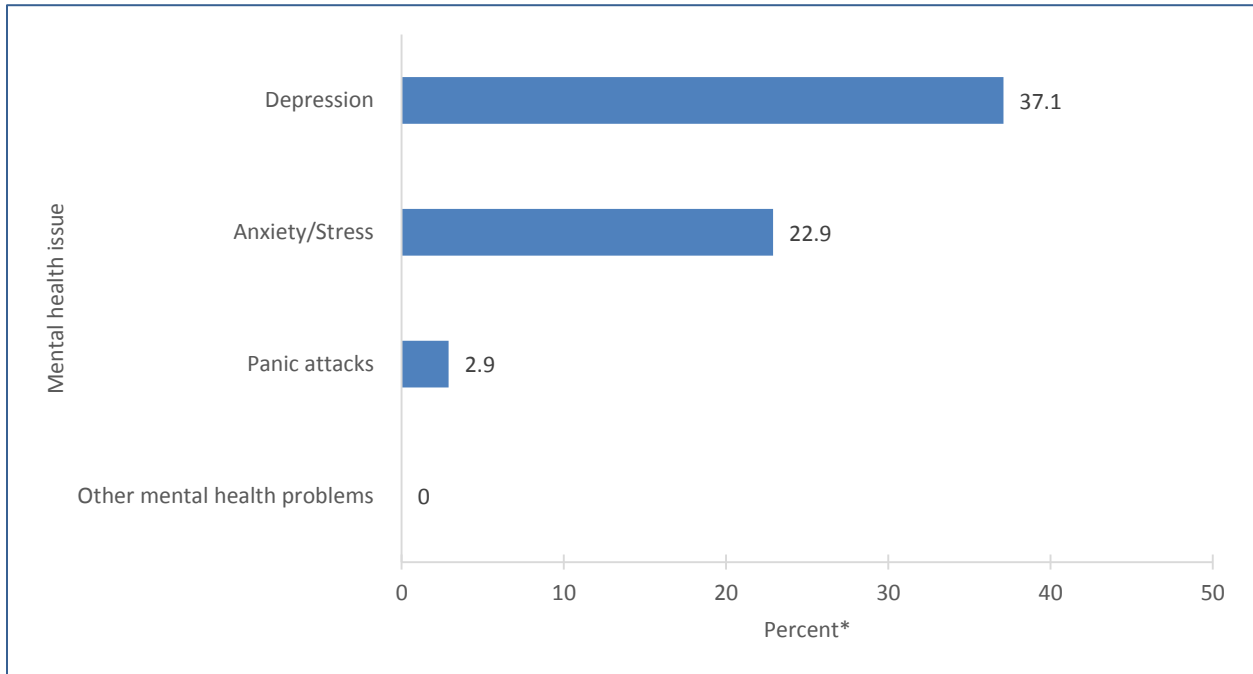
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



*Percentages may not total 100.0 due to rounding.

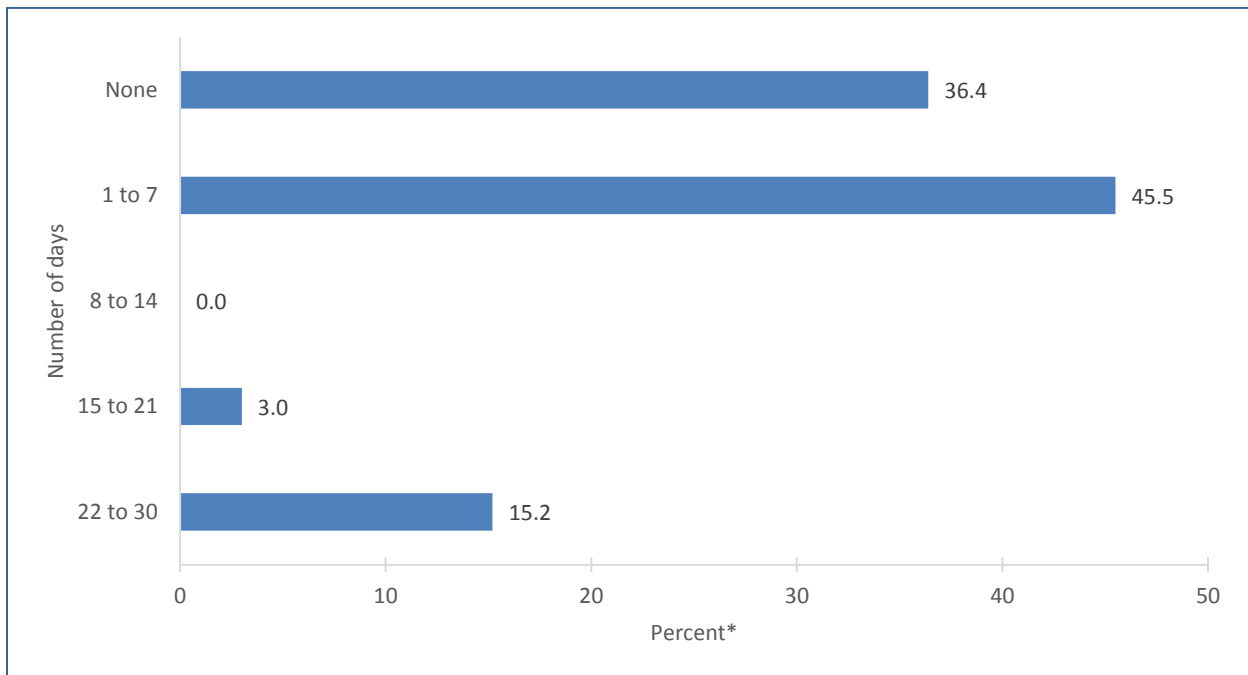
Mental Health

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



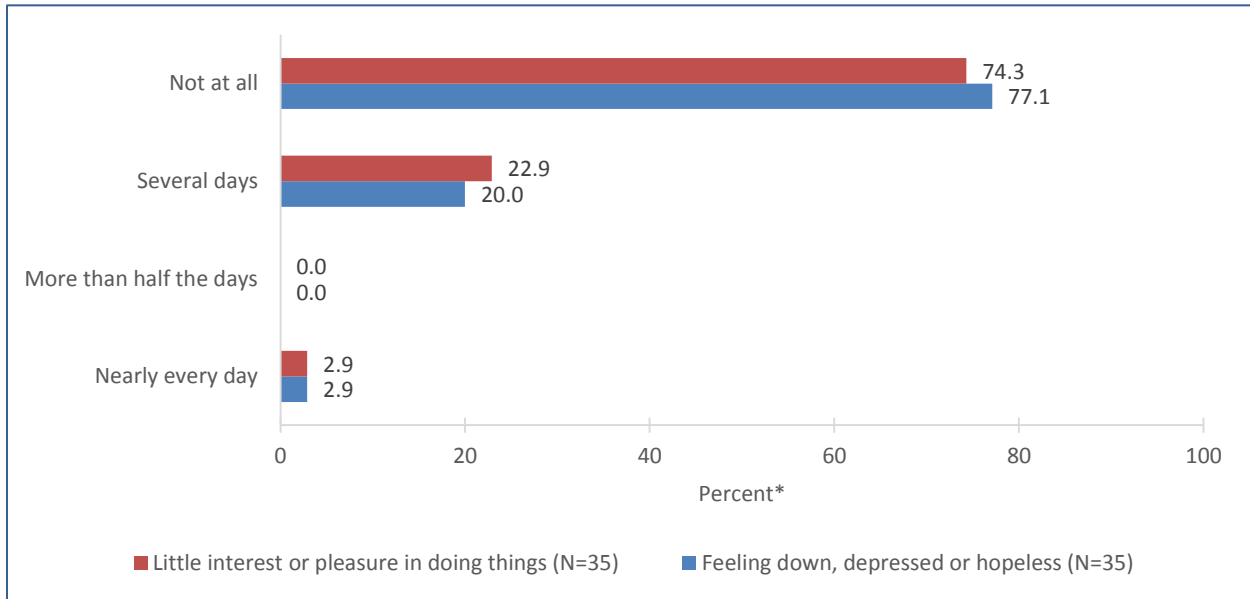
N=35 *Percentage do not total 100.0 due to multiple responses.

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



N=33 *Percentage do not total 100.0 due to rounding.

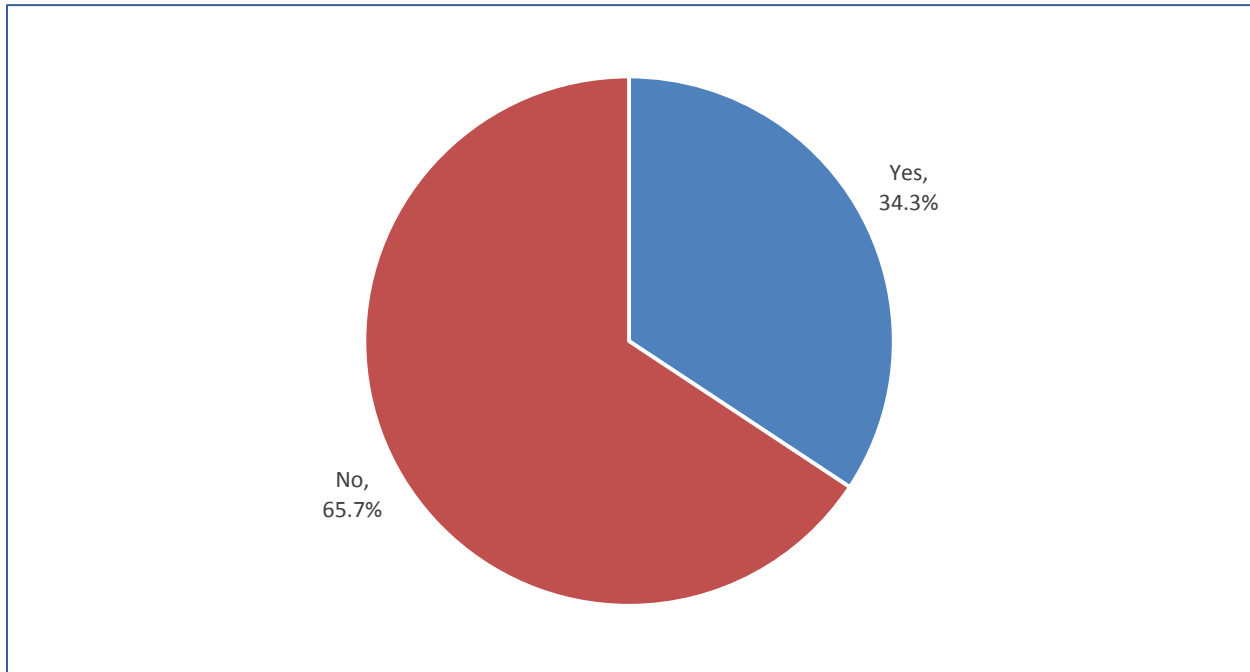
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



*Percentage may not total 100.0 due to rounding.

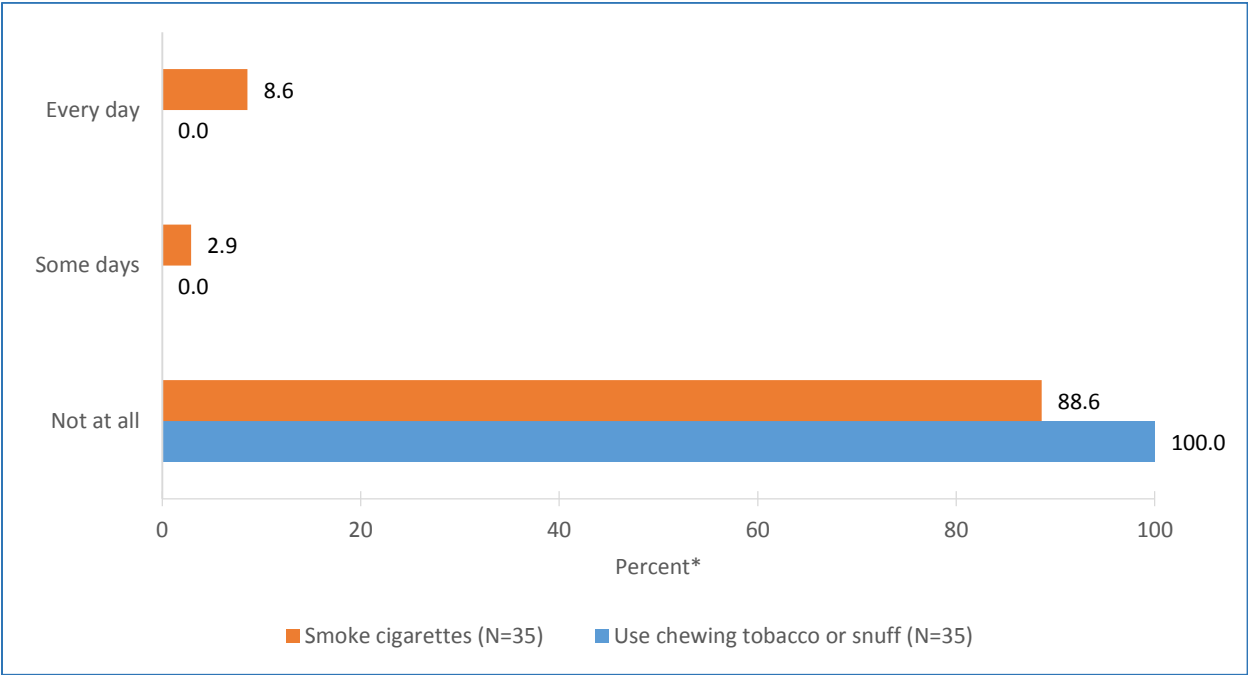
Tobacco Use

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



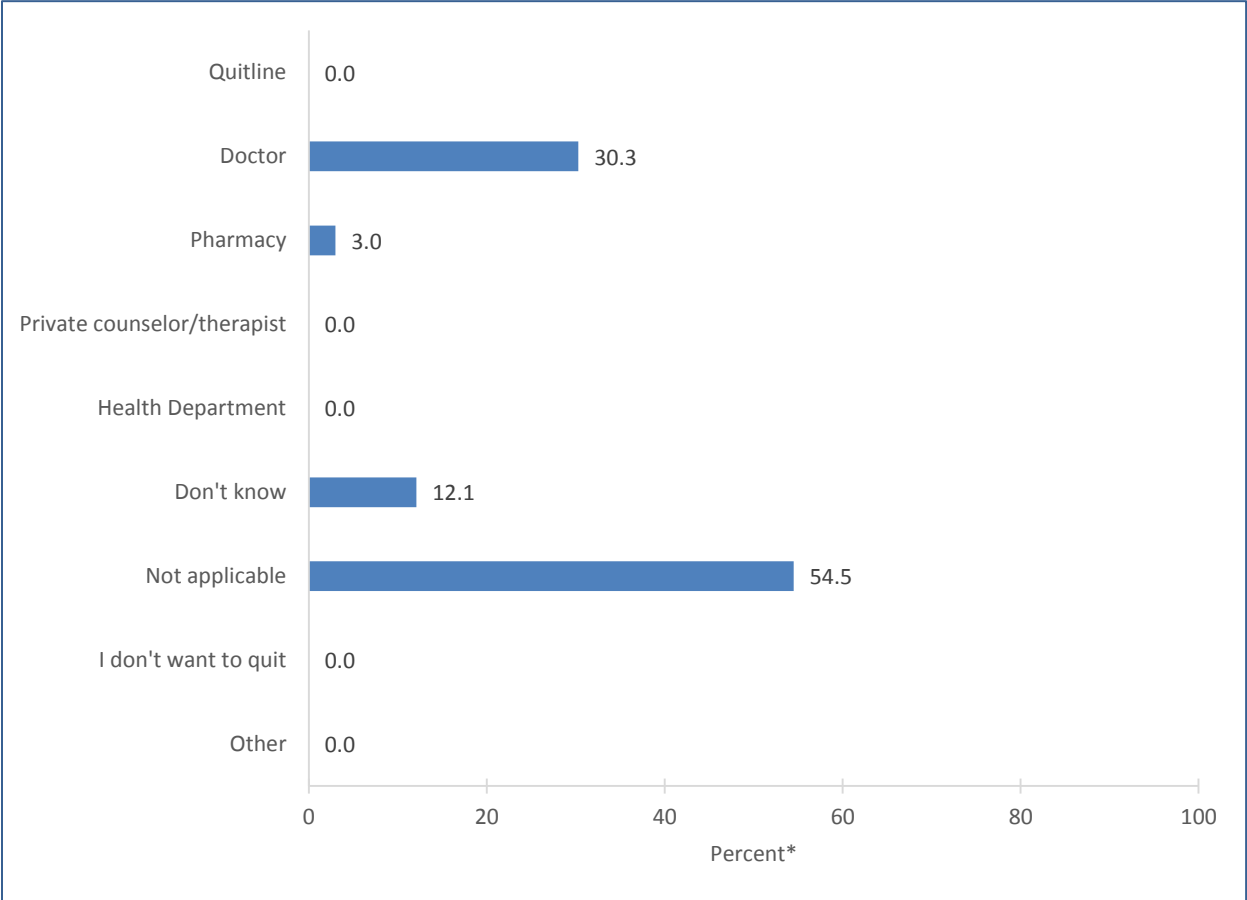
N=35

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

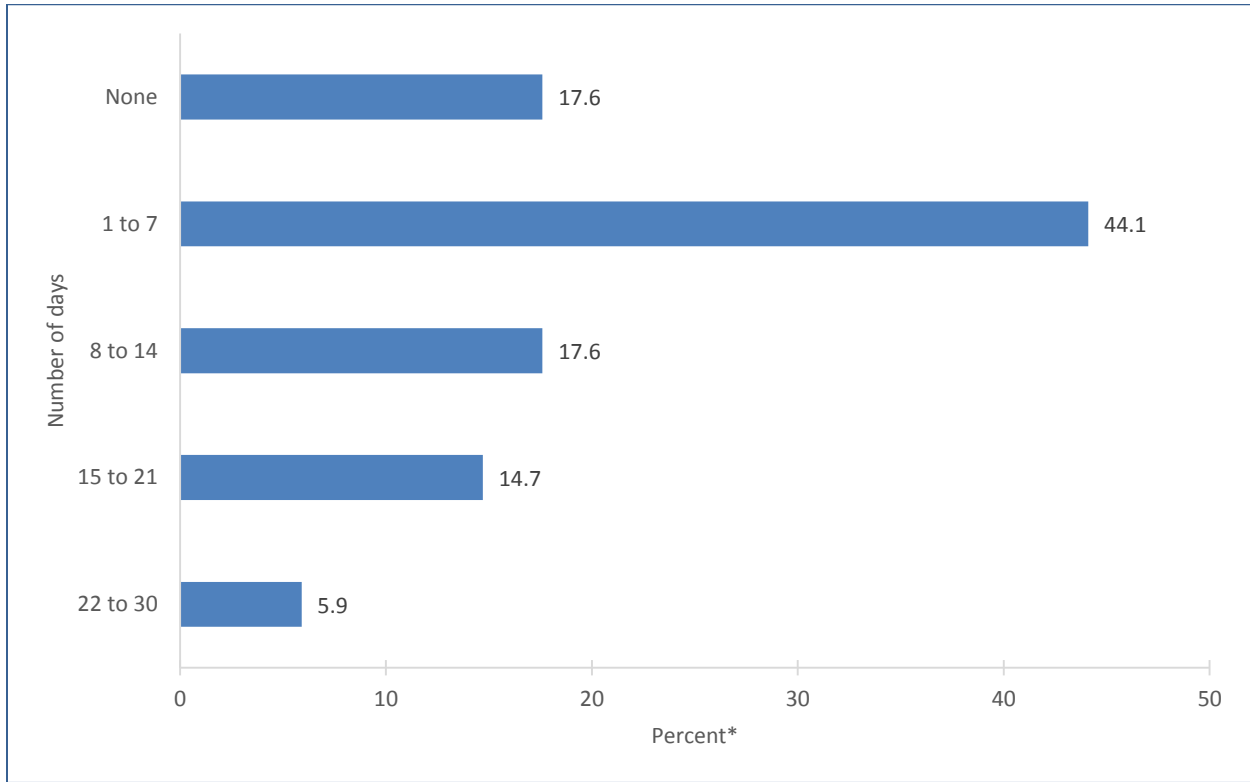


N=33

*Percentages do not total 100.0 due to rounding.

Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

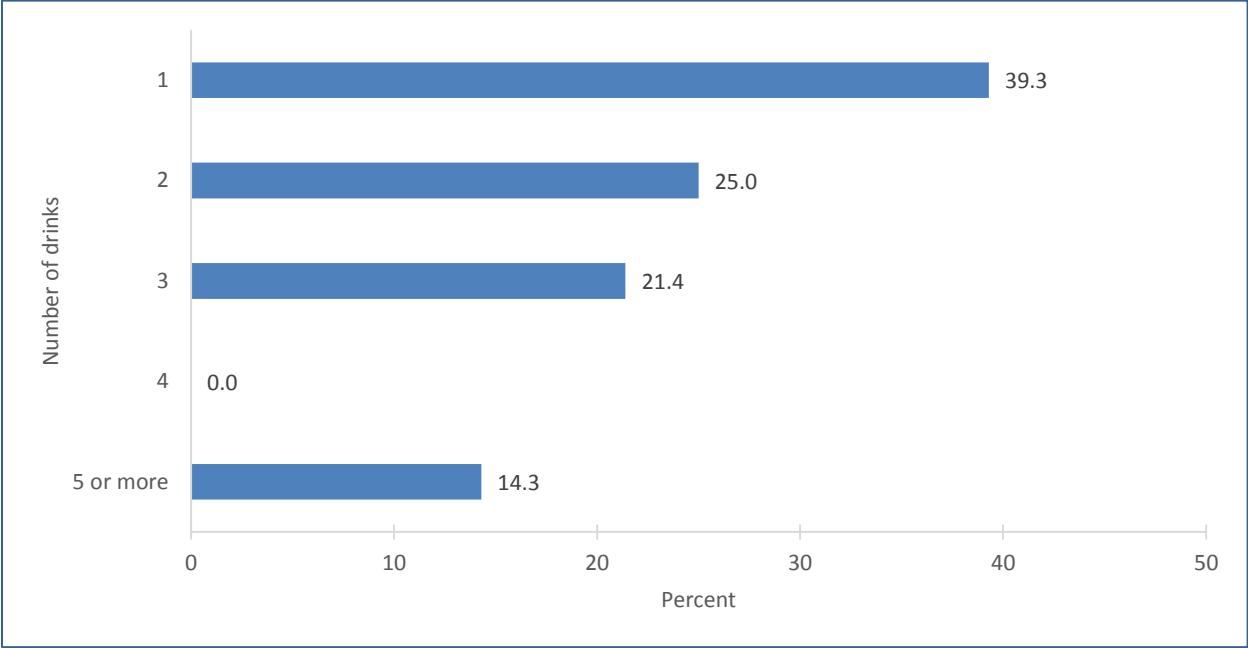
Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



N=34

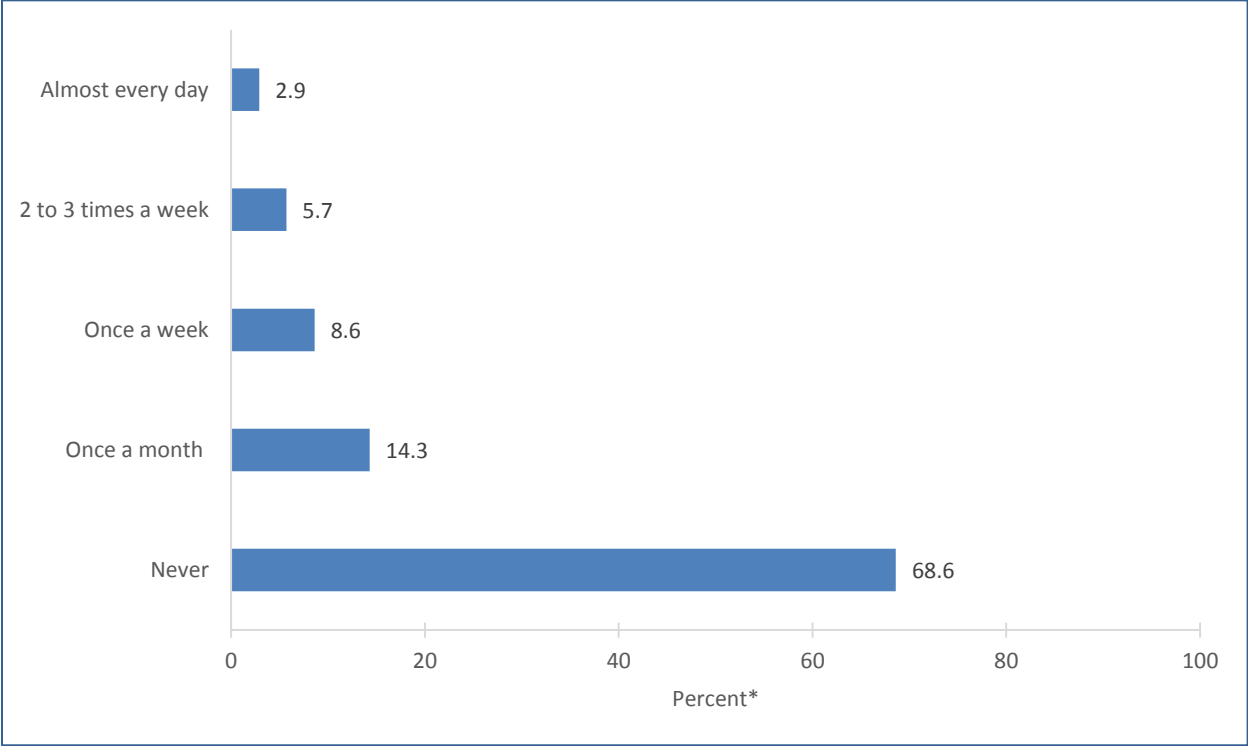
*Percentages do not total 100.0 due to rounding.

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



N=28

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=35

*Percentages do not total 100.0 due to rounding.

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

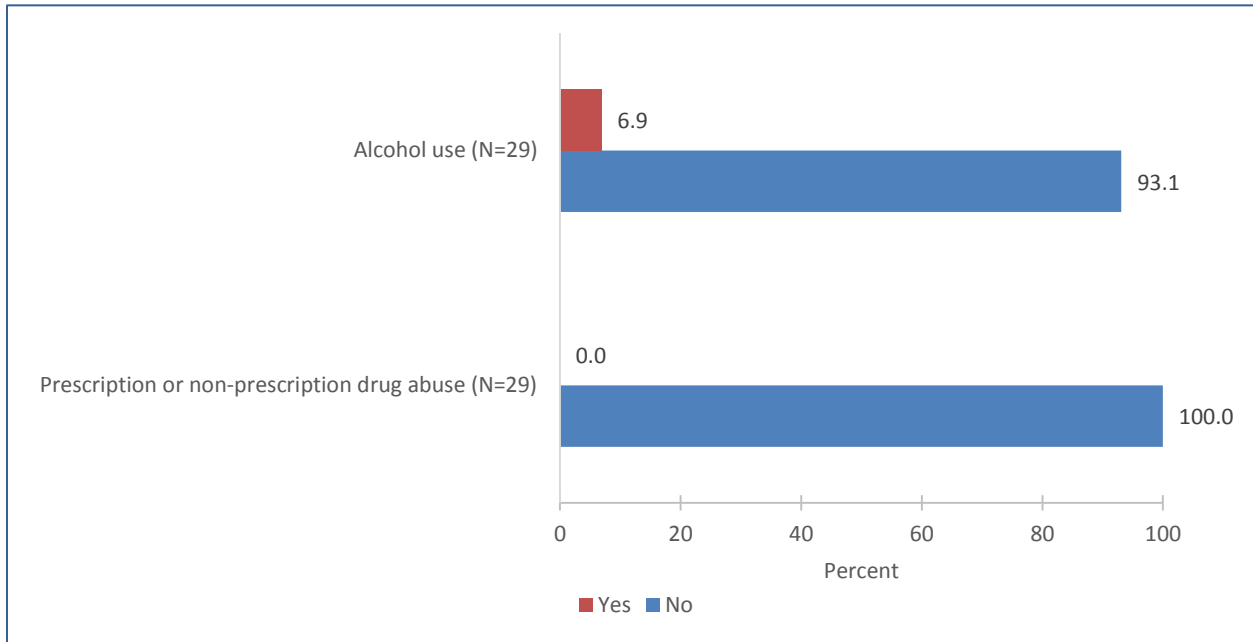


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

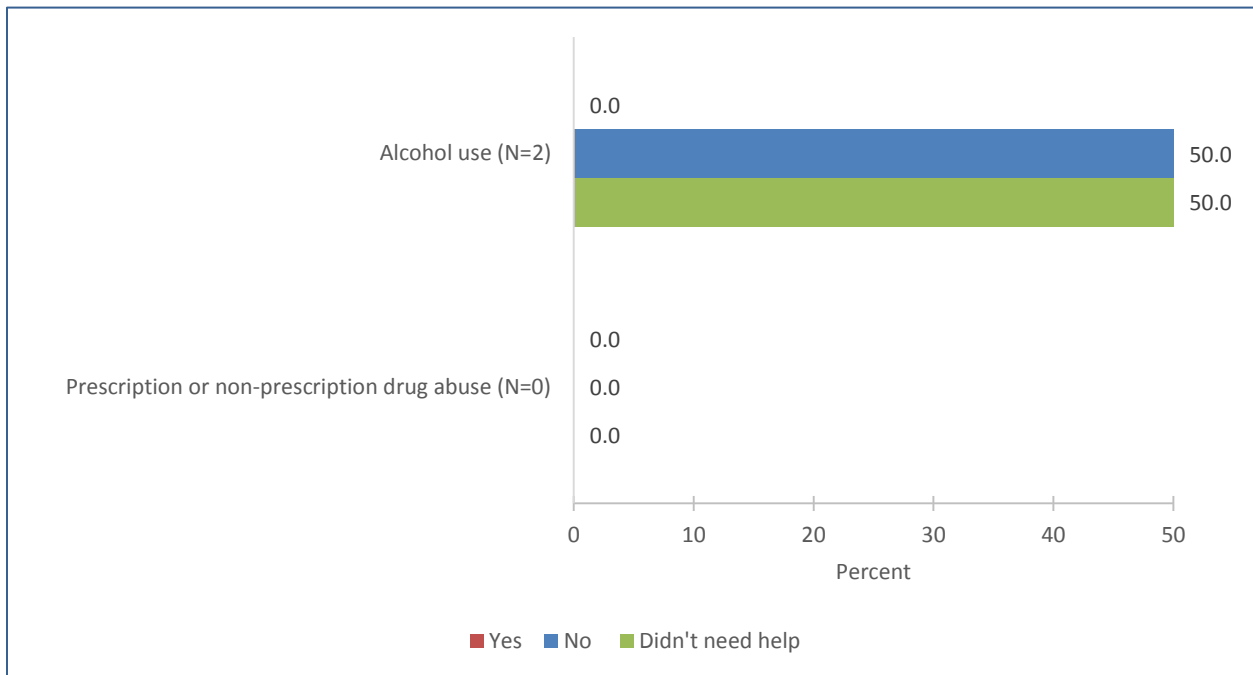
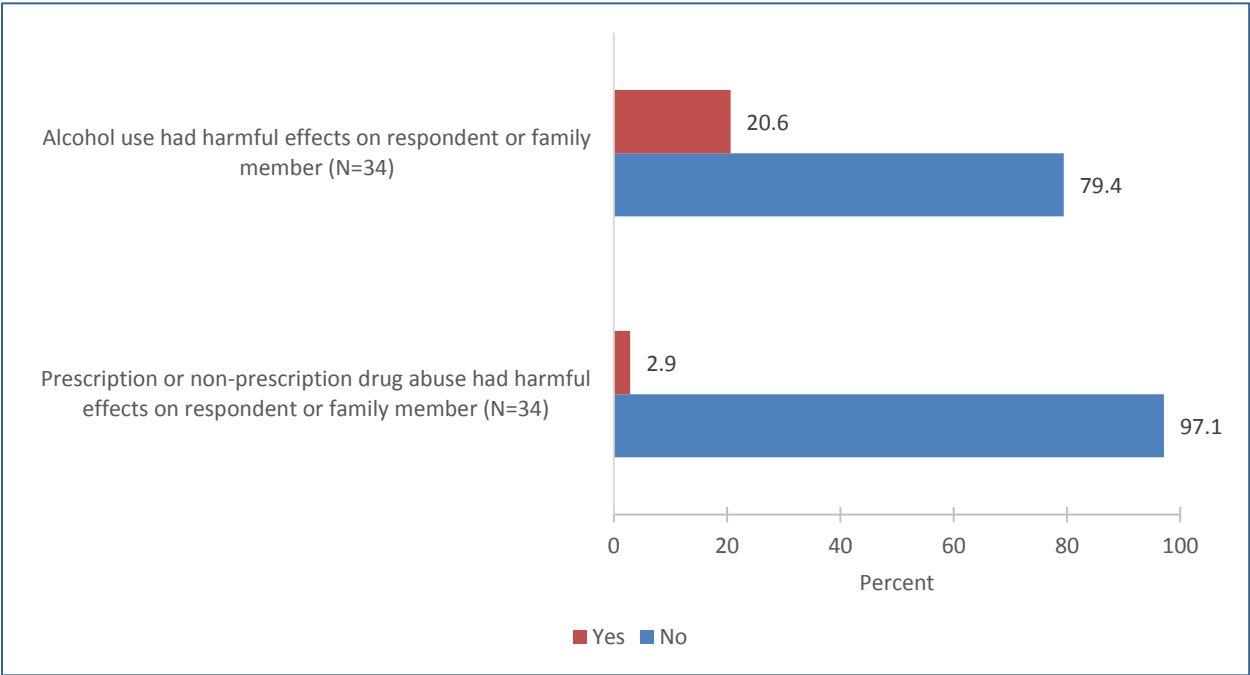


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

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

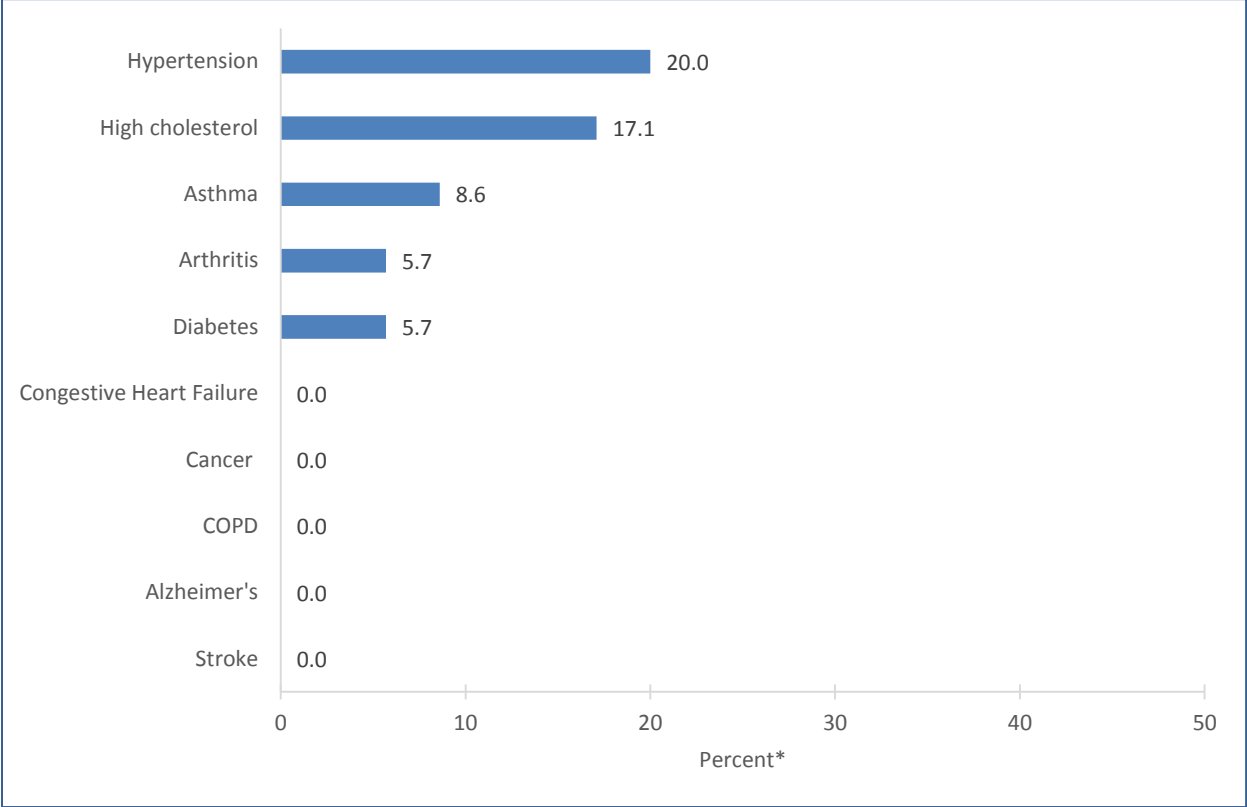
Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=35)	85.7	14.3	100.0
Blood sugar screening (N=35)	71.4	28.6	100.0
Bone density test (N=34)	20.6	79.4	100.0
Cardiovascular screening (N=34)	20.6	79.4	100.0
Cholesterol screening (N=35)	77.1	22.9	100.0
Dental screening and X-rays (N=35)	85.7	14.3	100.0
Flu shot (N=35)	74.3	25.7	100.0
Glaucoma test (N=34)	61.8	38.2	100.0
Hearing screening (N=33)	21.2	78.8	100.0
Immunizations (N=33)	15.2	84.8	100.0
Pelvic exam (N=31 Females)	64.5	35.5	100.0
STD (N=33)	6.1	93.9	100.0
Vascular screening (N=33)	0.0	100.0	100.0
CANCER SCREENINGS			
Breast cancer screening (N=31 Females)	64.5	35.5	100.0
Cervical cancer screening (N=30 Females)	50.0	50.0	100.0
Colorectal cancer screening (N=34)	17.6	82.4	100.0
Prostate cancer screening (N=4 Males)	0.0	100.0	100.0
Skin cancer screening (N=35)	14.3	85.7	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=5)	60.0	0.0	0.0	0.0	0.0	0.0	40.0
Blood sugar screening (N=10)	50.0	30.0	0.0	0.0	0.0	0.0	20.0
Bone density test (N=27)	51.9	40.7	0.0	0.0	0.0	0.0	7.4
Cardiovascular screening (N=27)	44.4	44.4	0.0	0.0	0.0	0.0	7.4
Cholesterol screening (N=8)	37.5	37.5	0.0	0.0	0.0	0.0	25.0
Dental screening and X-rays (N=5)	0.0	0.0	40.0	20.0	0.0	20.0	40.0
Flu shot (N=9)	33.3	0.0	0.0	0.0	0.0	0.0	55.6
Glaucoma test (N=13)	23.1	53.8	7.7	0.0	0.0	7.7	7.7
Hearing screening (N=26)	42.3	46.2	3.8	0.0	0.0	3.8	7.7
Immunizations (N=28)	50.0	35.7	0.0	0.0	0.0	0.0	7.1
Pelvic exam (N=11 Females)	18.2	36.4	0.0	0.0	0.0	0.0	45.5
STD (N=31)	61.3	29.0	0.0	0.0	0.0	0.0	6.5
Vascular screening (N=33)	45.5	48.5	0.0	0.0	0.0	0.0	6.1
CANCER SCREENINGS							
Breast cancer screening (N=11 Females)	45.5	18.2	0.0	0.0	0.0	0.0	36.4
Cervical cancer screening (N=15 Females)	33.3	26.7	0.0	0.0	0.0	0.0	46.7
Colorectal cancer screening (N=28)	46.4	35.7	0.0	0.0	0.0	0.0	17.9
Prostate cancer screening (N=4 Males)	50.0	50.0	0.0	0.0	0.0	0.0	0.0
Skin cancer screening (N=30)	36.7	50.0	0.0	0.0	0.0	3.3	13.3

*Percentages may not total 100.0 due to multiple responses.

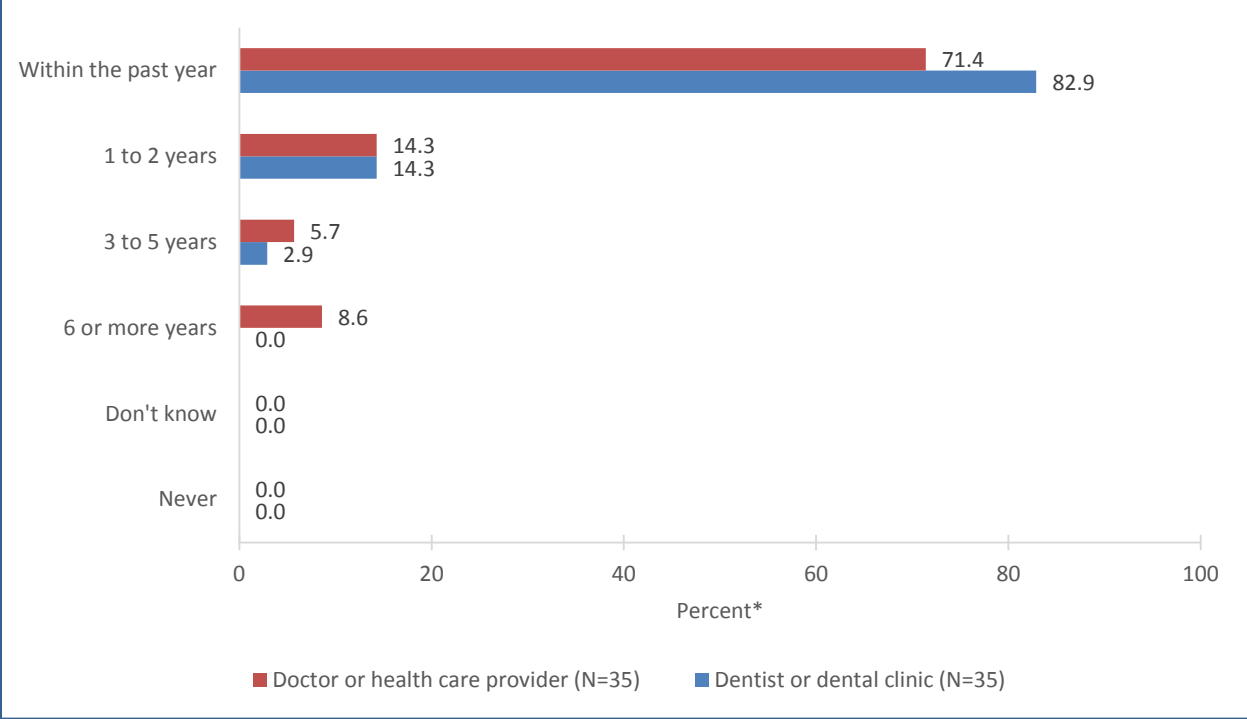
Figure 26. Whether respondents have any of the following chronic diseases



N=35

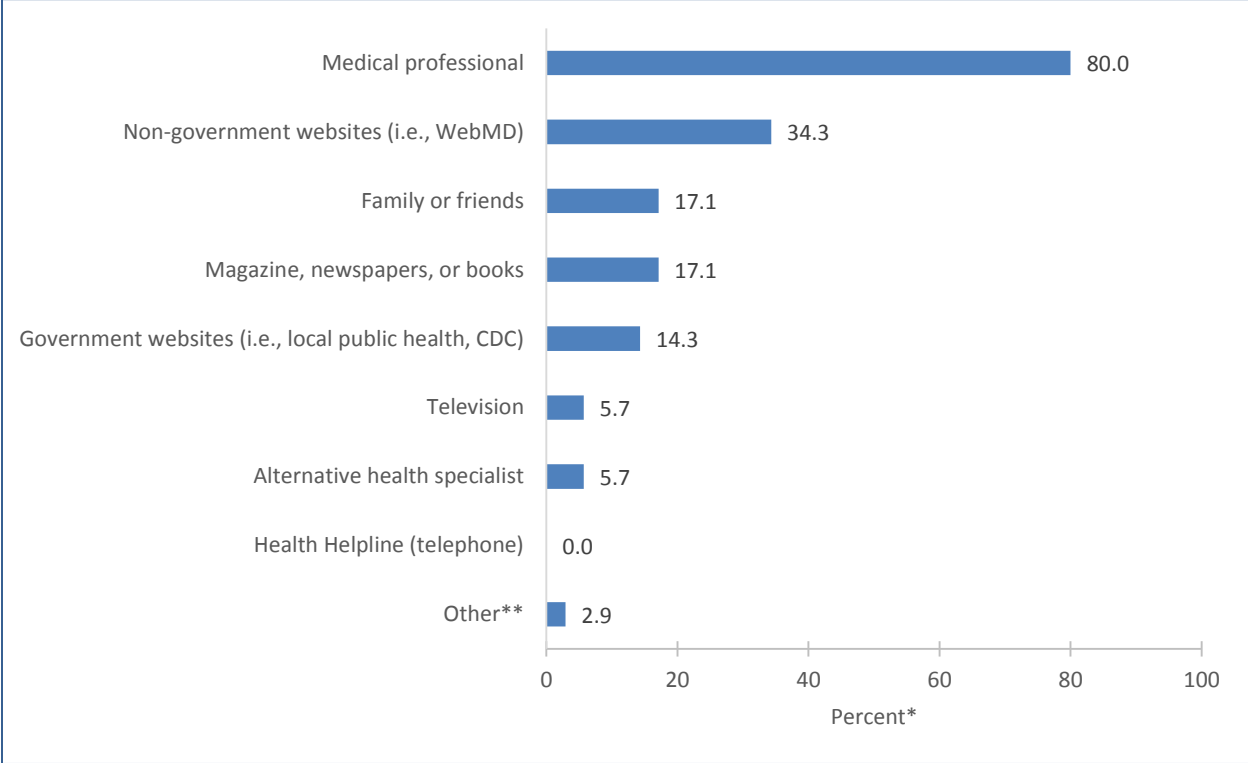
*Percentages do not total 100.0 due to multiple responses.

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

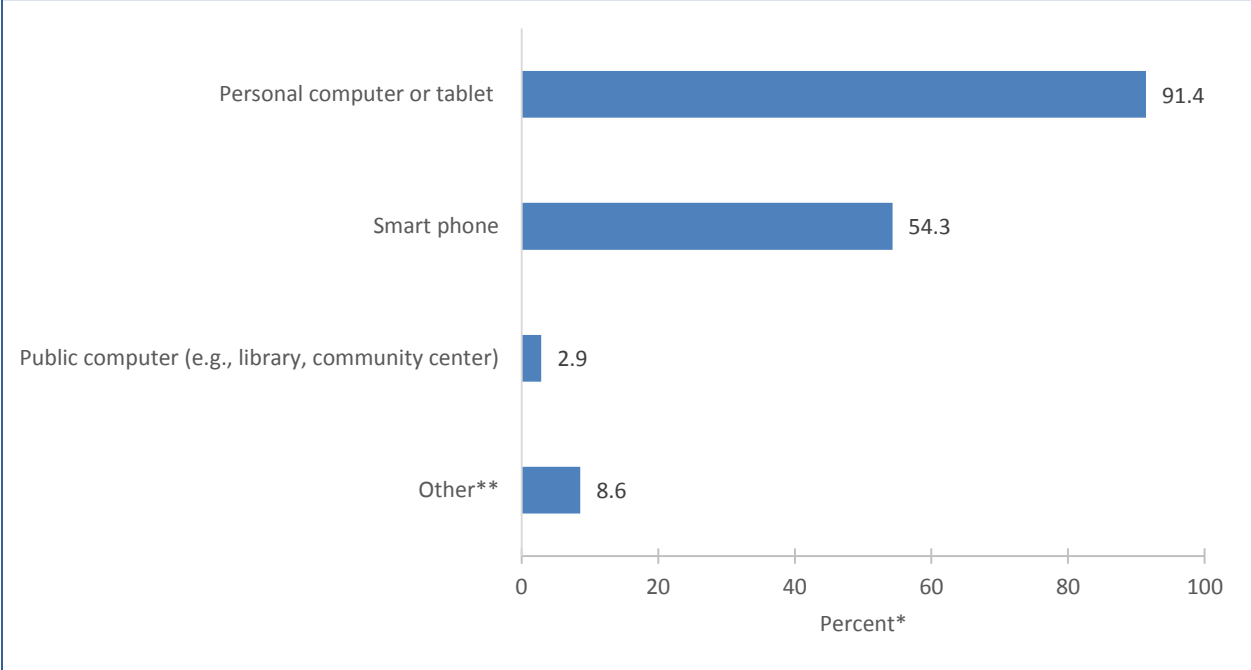


N=35

*Percentages do not total 100.0 due to multiple responses.

**Other response is “on the internet.”

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



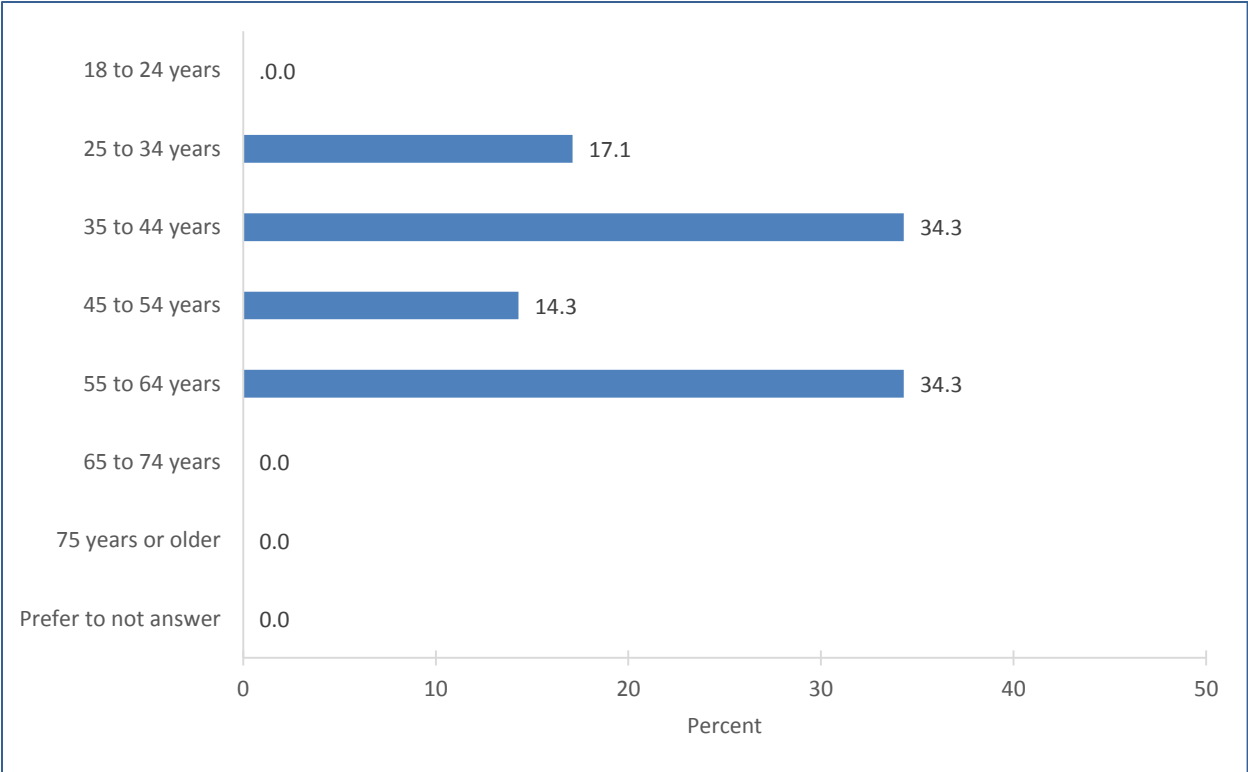
N=35

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “mail”, “paper copy”, and “work computer.”

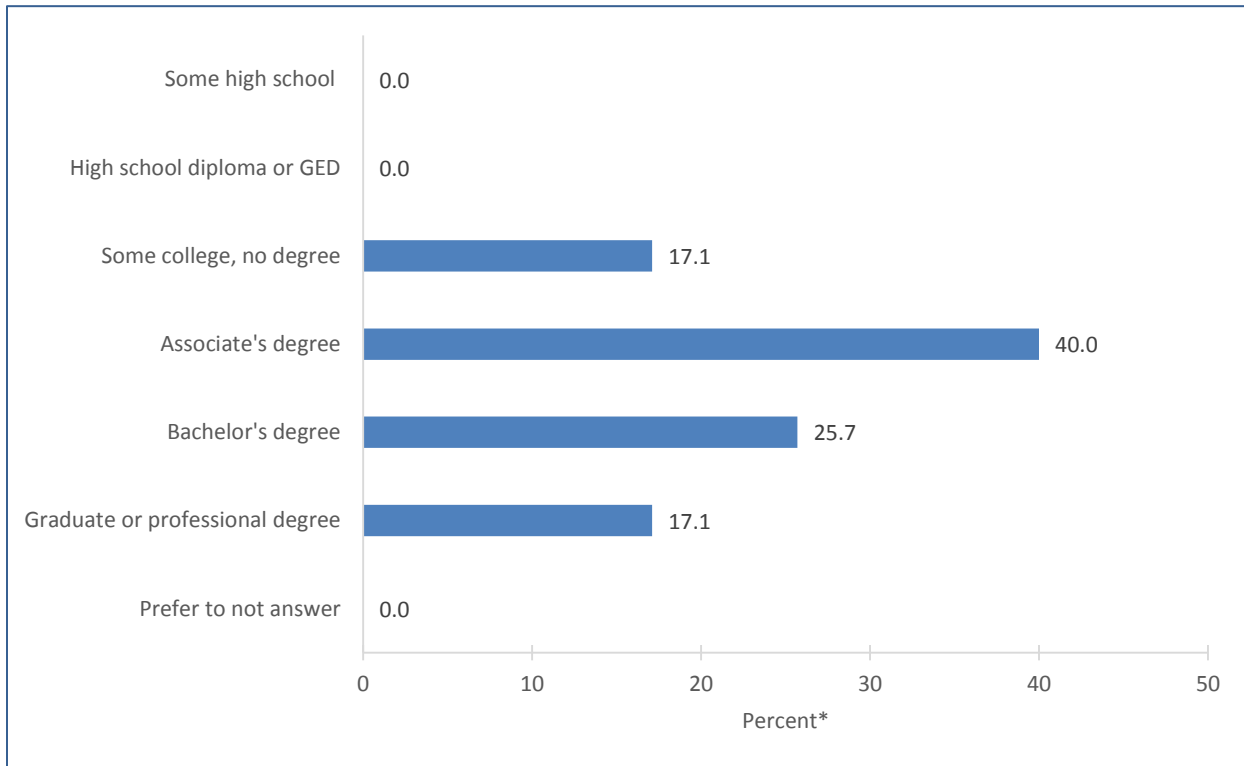
Demographic Information

Figure 30. Age of respondents



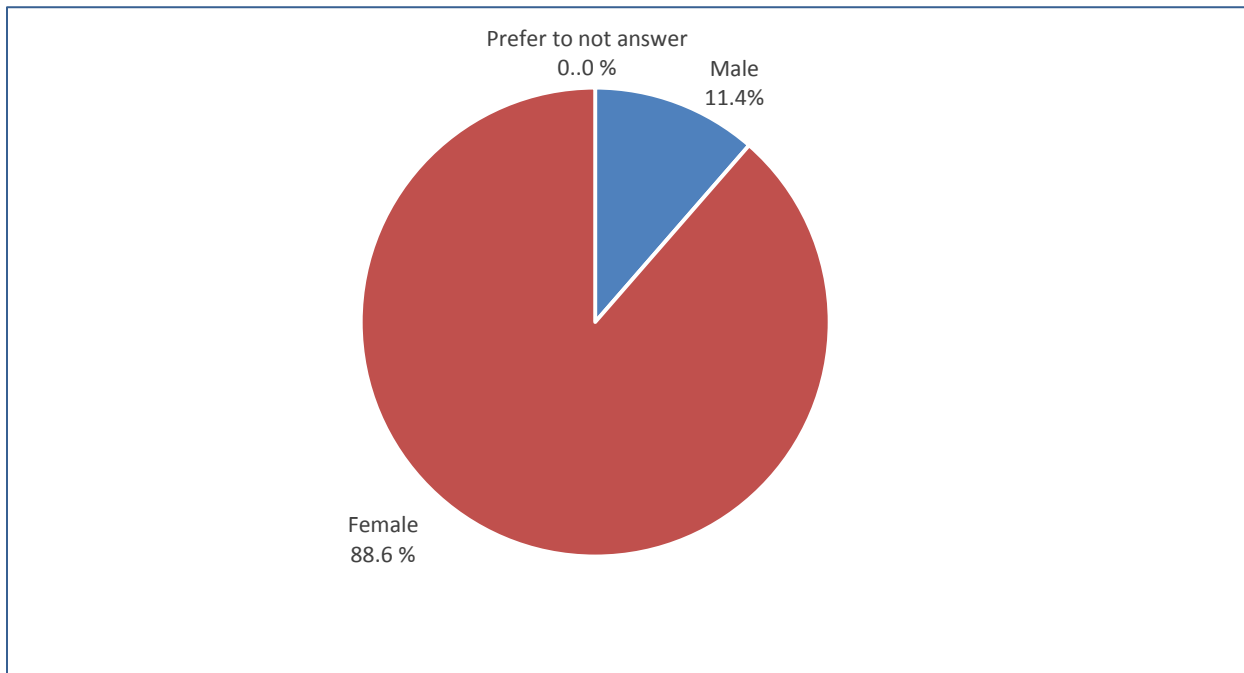
N=35

Figure 31. Highest level of education of respondents



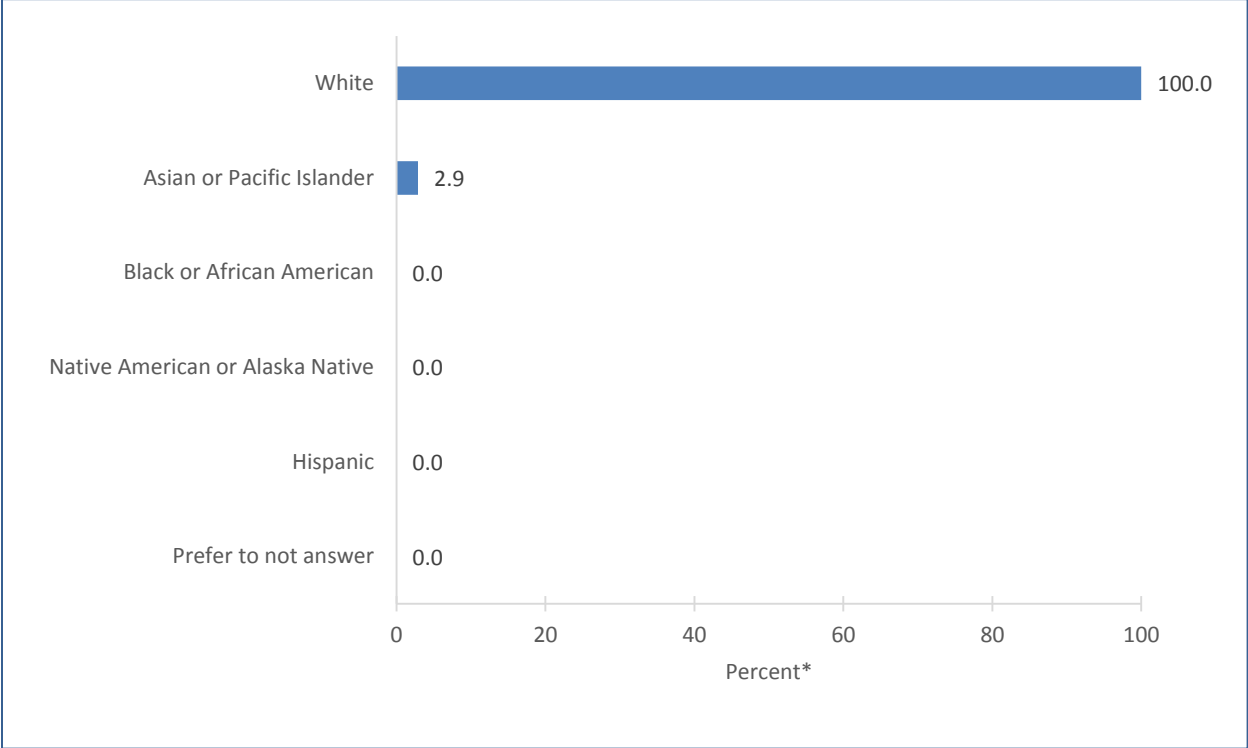
N=35 *Percentages do not total 100.0 due to rounding.

Figure 32. Gender of respondents



N=35

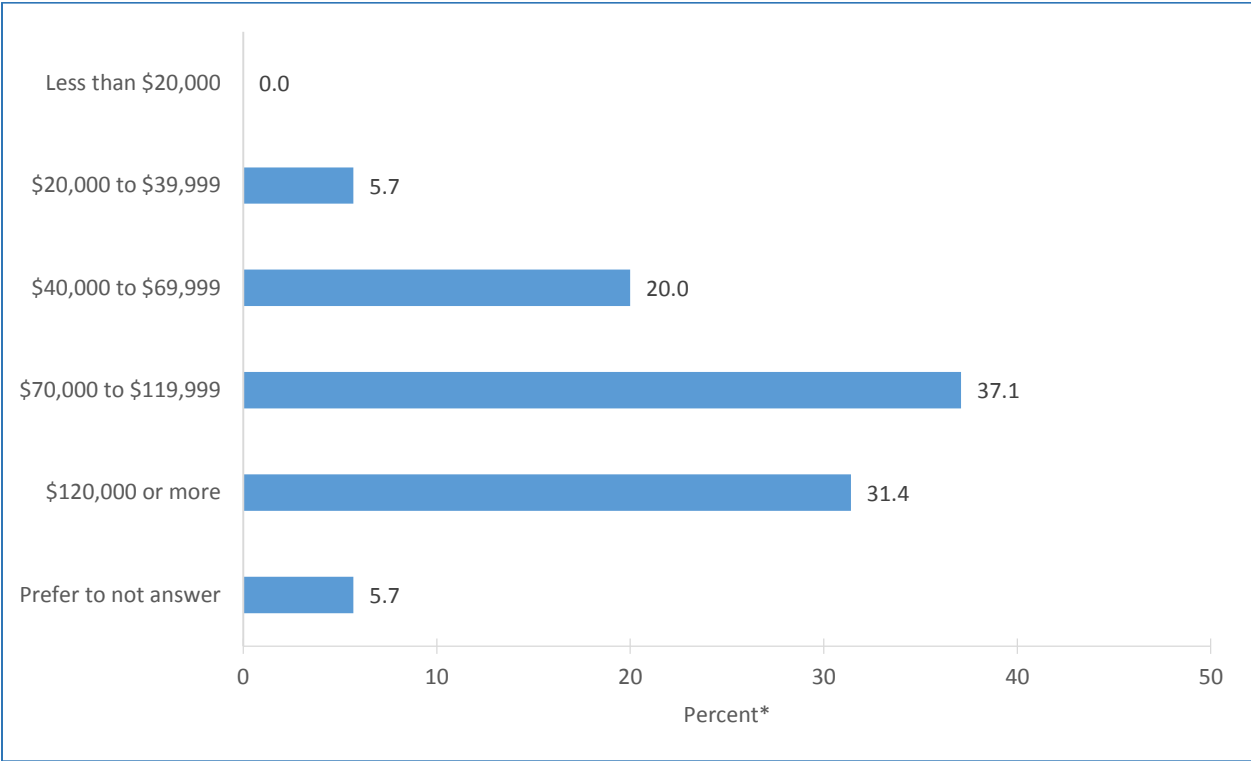
Figure 33. Race and ethnicity of respondents



N=35

*Percentages do not total 100.0 due to multiple responses.

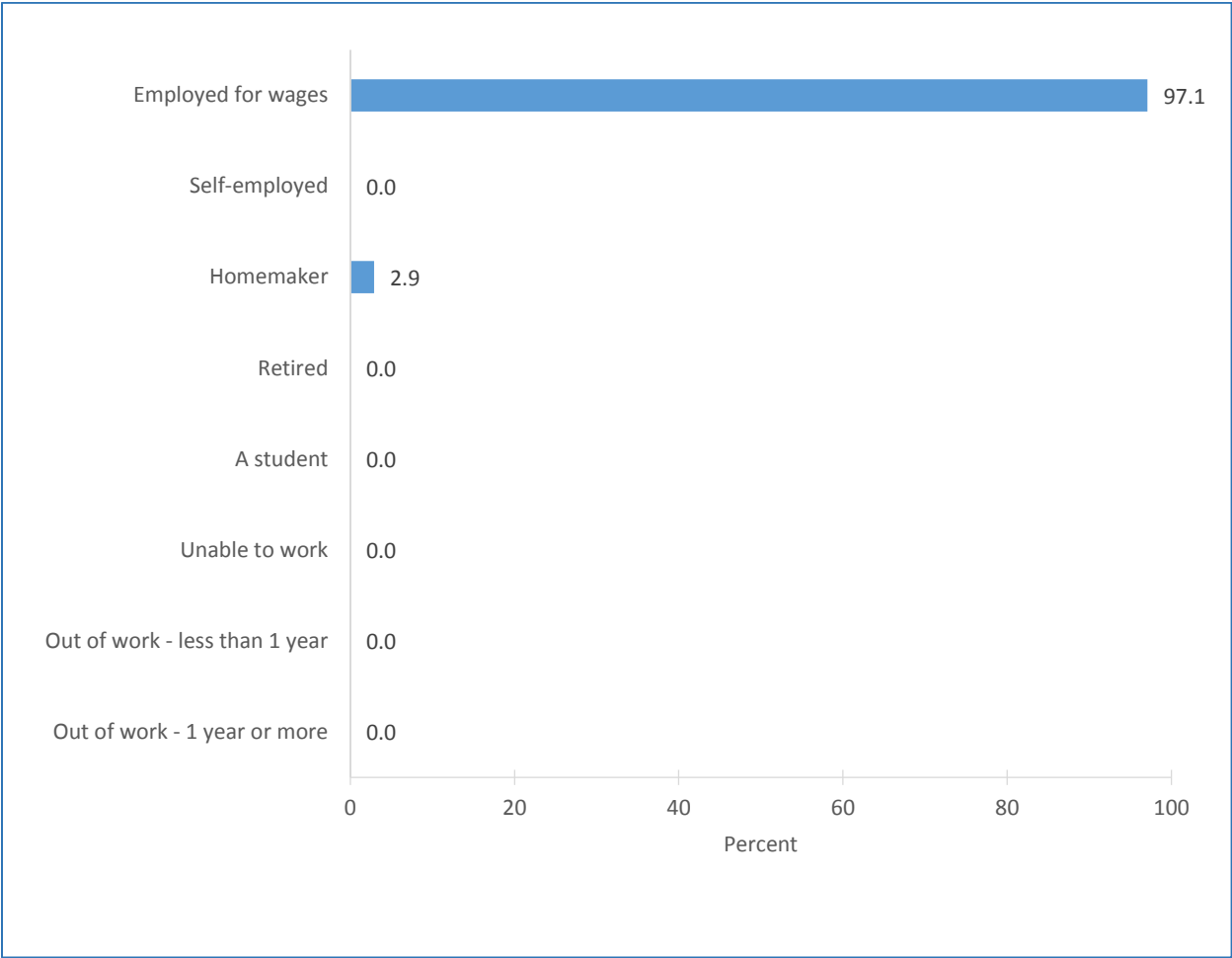
Figure 34. Annual household income of respondents



N=35

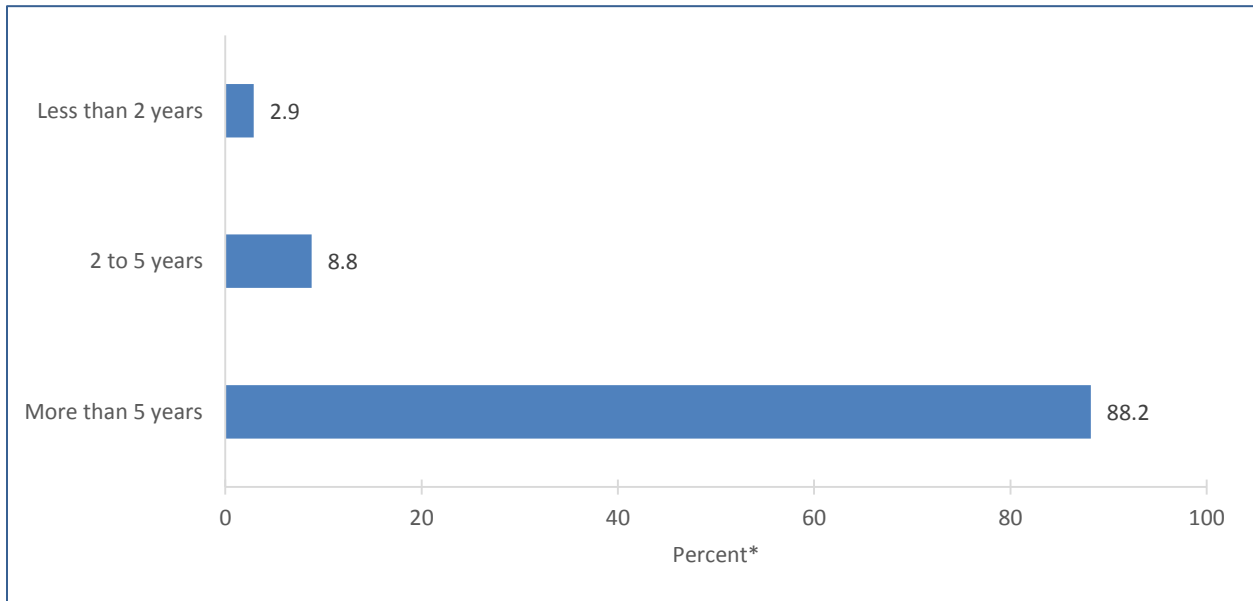
* Percentages do not total 100.0 due to rounding.

Figure 35. Employment status of respondents



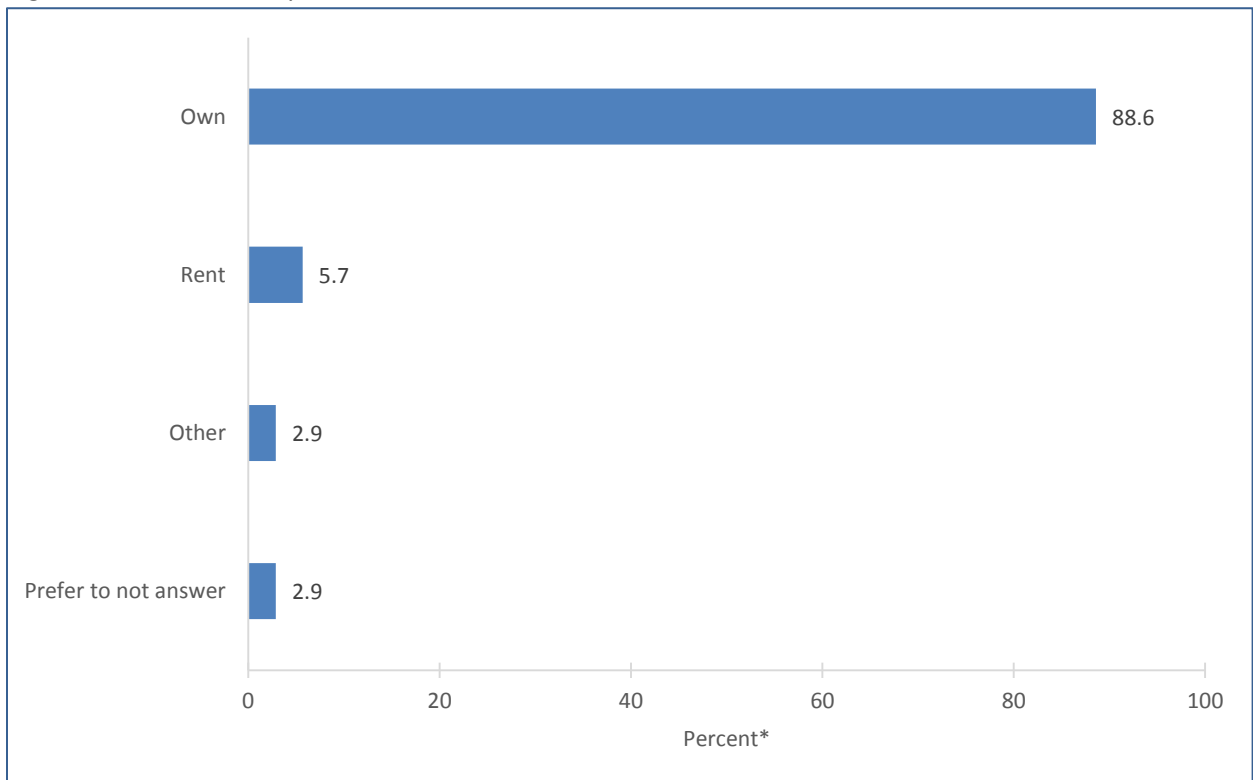
N=35

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



N=34 *Percentages do not total 100.0 due to rounding.

Figure 37. Whether respondents own or rent their home



N=35

*Percentages do not total 100.0 due to rounding.

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

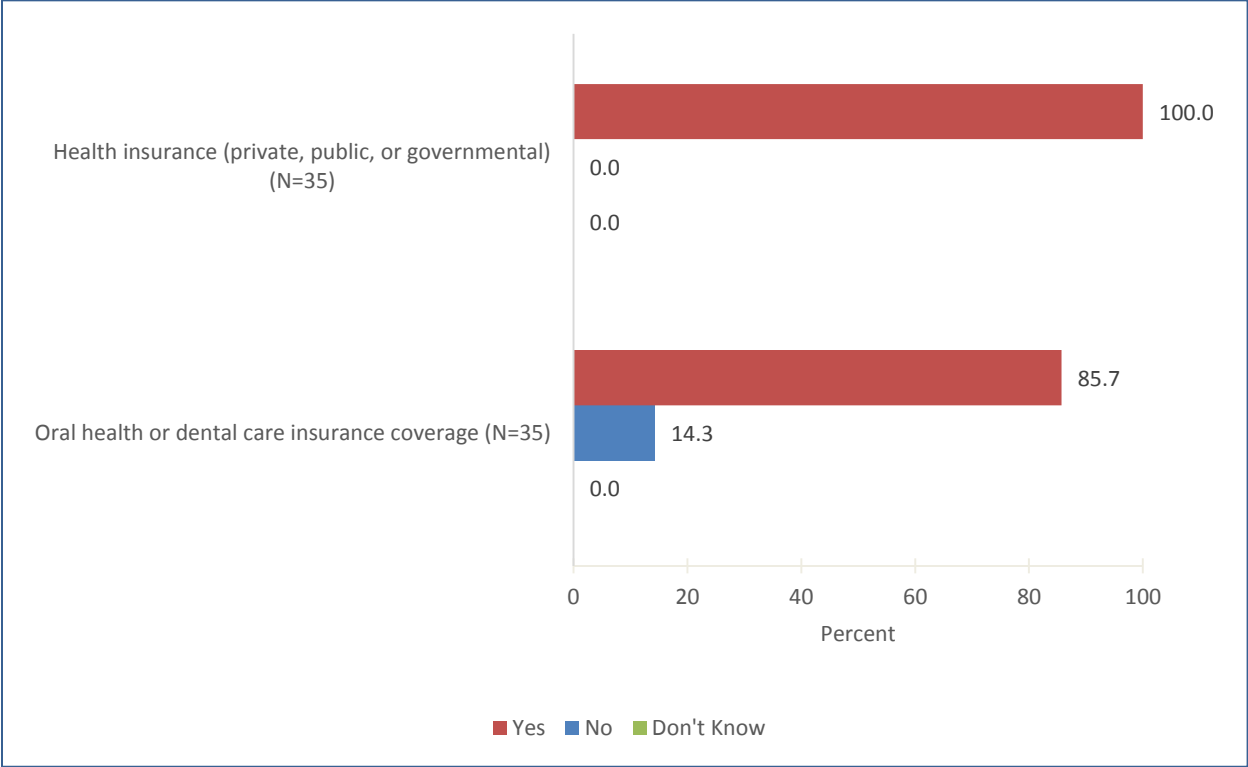
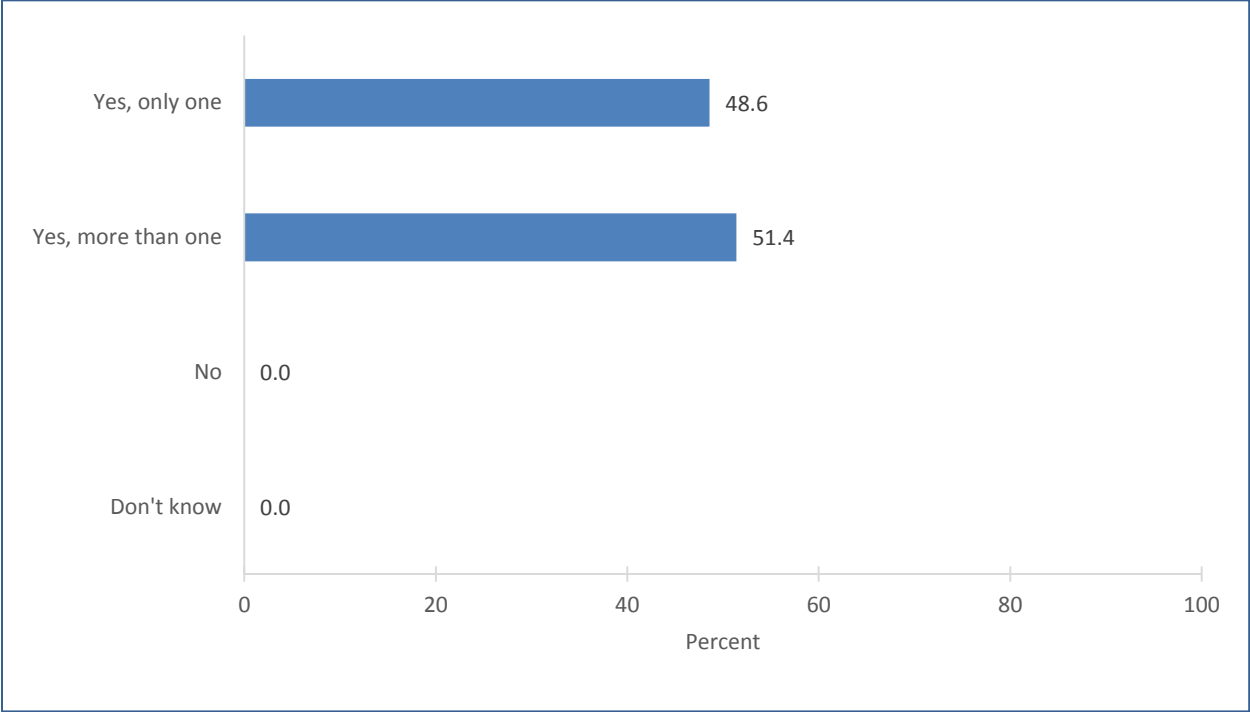
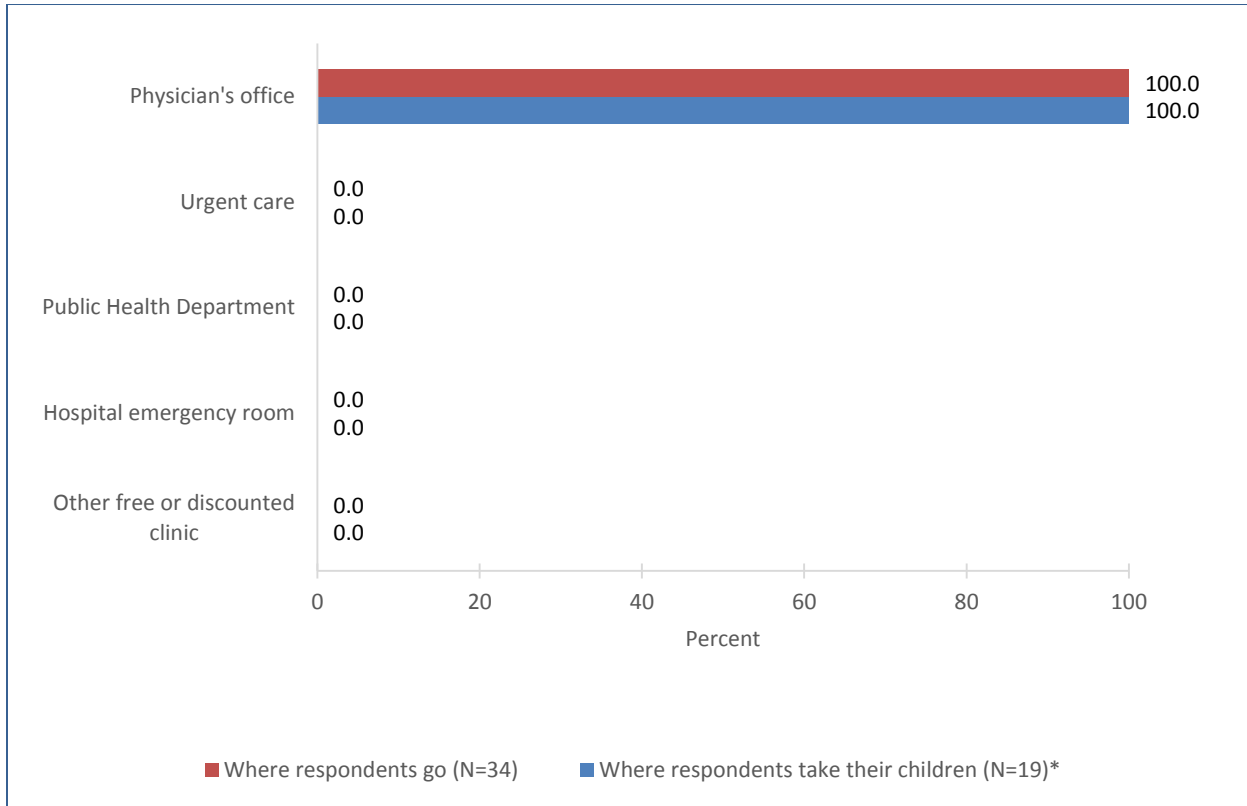


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



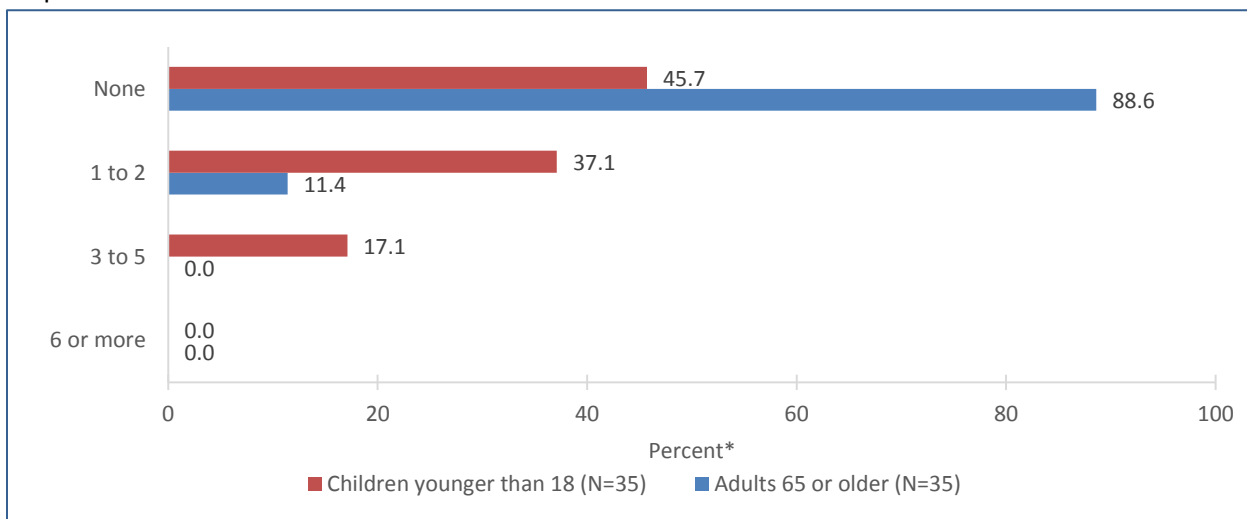
N=35

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



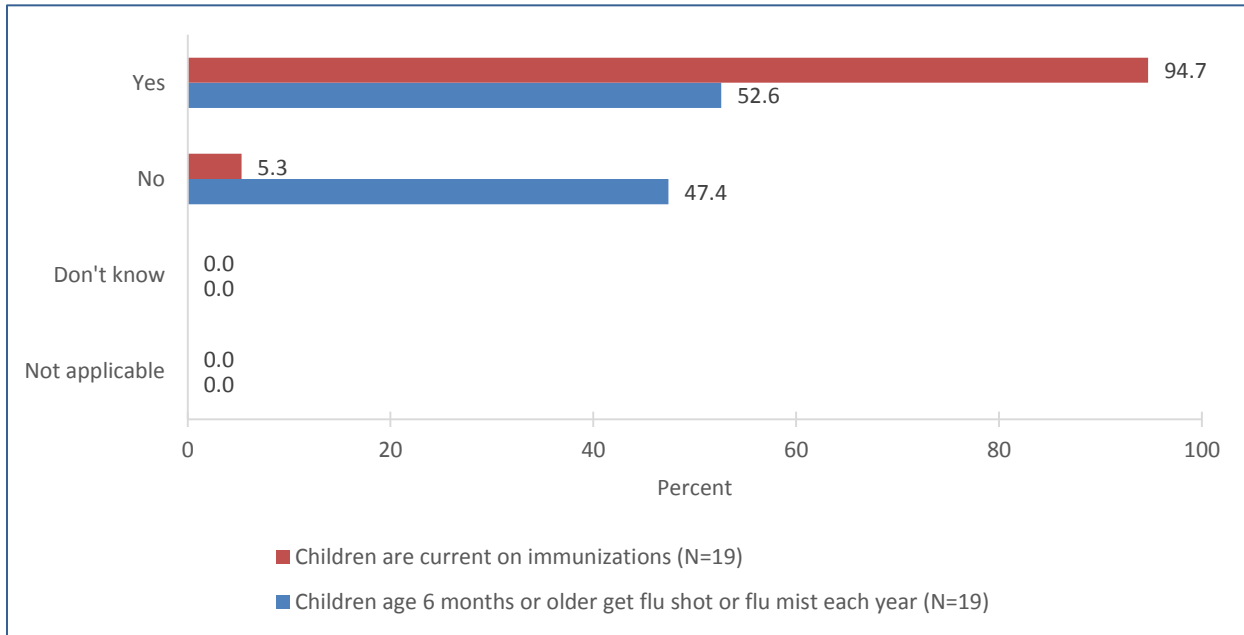
*Of respondents who have children younger than age 18 living in their household.

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



*Percentages may not total 100.0 due to rounding.

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*



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

Table 3. Zip code of respondents

Zip code	Number of respondents
56296	29
56240	3
56236	2
57260	1

N=35

Secondary Research

Definitions of Key Indicators

**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

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:

Outcomes & Factors Rankings

Outcomes & Factors Sub Rankings

Ranked Measures Data (including measure values, confidence intervals* and z-scores**)

Additional Measures Data (including measure values and confidence intervals*)

Ranked Measure Sources and Years

Additional Measure Sources and Years

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

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

Measure	Data Elements	Description
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$





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 (Measure - Average of state counties)/(Standard Deviation)
	95% CI - High	
	Z-Score	
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)

Traverse County

	Traverse County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Minnesota	Rank (of 87)
Health Outcomes						62
Length of Life						76
Premature death	7,019		5,100-9,423	5,200	5,038	
Quality of Life						17
Poor or fair health				10%	11%	
Poor physical health days				2.5	2.8	
Poor mental health days				2.3	2.6	
Low birthweight	4.9%			5.9%	6.5%	
Health Behaviors						76
Adult smoking				14%	16%	
Adult obesity	30%		23-37%	25%	26%	
Food environment index	7.6			8.4	8.3	
Physical inactivity	27%		20-36%	20%	19%	
Access to exercise opportunities	63%			92%	85%	
Excessive drinking				10%	19%	
Alcohol-impaired driving deaths	100%			14%	31%	
Sexually transmitted infections	145			138	336	
Teen births	21			20	24	
Clinical Care						77
Uninsured	12%		11-14%	11%	9%	
Primary care	3,451:1			1,045:1	1,113:1	

	Traverse County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Minnesota	Rank (of 87)
physicians						
Dentists	3,445:1			1,377:1	1,529:1	
Mental health providers				386:1	529:1	
Preventable hospital stays	55		40-71	41	45	
Diabetic monitoring	86%		61-100%	90%	88%	
Mammography screening	73.8%		47.8-99.8%	70.7%	66.7%	
Social & Economic Factors						45
High school graduation					78%	
Some college	69.3%		59.6-79.1%	71.0%	73.3%	
Unemployment	4.7%			4.0%	5.1%	
Children in poverty	18%		13-23%	13%	14%	
Income inequality	4.2		3.5-4.8	3.7	4.3	
Children in single-parent households	20%		12-29%	20%	28%	
Social associations	29.0			22.0	13.2	
Violent crime	196			59	229	
Injury deaths	84		47-139	50	56	
Physical Environment						6
Air pollution - particulate matter	12.2			9.5	12.0	
Drinking water violations	0%			0%	1%	
Severe housing problems	8%		6-10%	9%	15%	
Driving alone to work	75%		70-79%	71%	78%	

	Traverse County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Minnesota	Rank (of 87)
Long commute - driving alone	20%		15-25%	15%	29%	
* 90th percentile, i.e., only 10% are better. Note: Blank values reflect unreliable or missing data						2015



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