



Sanford Health Network  
Community Health Needs Assessment  
2012-2013

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**Sanford Clear Lake Medical Center**

**Community Health Needs Assessment**  
**2012-2013**

**rev. 6/10/13**

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## Sanford Clear Lake Medical Center Community Health Needs Assessment 2012-2013

### **Purpose**

Sanford Clear Lake Medical Center is part of Sanford Health, an integrated health system headquartered in the Dakotas and the largest rural not-for-profit health care system in the nation with locations in 126 communities in eight states.

Sanford Clear Lake Medical Center has undertaken a Community Health Needs Assessment as required by the Patient Protection and Affordable Care Act, and as part of the IRS 990 requirement for a not-for-profit health system to address issues that have been assessed as unmet needs in the community.

PPACA requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available. For tax exempt hospital organizations that own and operate more than one hospital facility, as within Sanford Health, the new tax exemption requirements will apply to each individual hospital. The first required needs assessment falls within the fiscal year July 1, 2012 through June 30, 2013.

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

A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

## Acknowledgements

Sanford Health would like to acknowledge and thank the following individuals for their input into the Community Health Steering Committees and the Greater Fargo Moorhead Community Health Needs Assessment Collaborative for their expertise while performing the assessment and analysis of the community health data. The assessment provides support for the future directions of our work as the region's leading health care system.

### Sanford Enterprise Steering Group:

- *Enterprise Lead:* Carrie McLeod, MBA, MM, LRD,CDE; Office of Health Care Reform, Community Benefit/Community Health Improvement
- *Sioux Falls Region Co-Lead:* Bruce Viessman, CFO, Sanford Health Network Sioux Falls
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- Maxine Brinkman, CPA; Director of Financial Decisions and Operations Support
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- Martha Leclerc, MS; Vice President, Office of Health Reform and Strategic Payment
- Doug Nowak, MBA; Executive Director, Decision Support
- Heather Vanmeveren, CPA; Director of Accounting

### Sanford Sioux Falls Network Steering Group:

- *Enterprise Lead:* Carrie McLeod, MBA, MM, LRD,CDE; Office of Health Care Reform, Community Benefit/Community Health Improvement
- *Sioux Falls Region Co-Lead:* Bruce Viessman, CFO, Sanford Health Network Sioux Falls
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- Dan Staebell, Communications Department
- Justin Tiffany, Project Specialist, Health Network, Sanford Medical Center

### Sanford Clear Lake Medical Center Group:

- Bob Salmon, CEO
- Yvonne Gauger, Assistant Administrator
- Allison Nelson, CFO
- Sally Vogt, Clinic Administrator
- Michelle Corothers, RN, Outreach Services
- Mary Beth Sik, Lab Supervisor
- Ruth Tvedt, Finance/HR
- Darla Toben, Business Office Supervisor
- Patsy Cassels, Administrative Assistant

**We express our gratitude to the following individuals and groups for their participation in this study.**

We extend special thanks to the city mayors, city council/commission members, physicians, nurses, school superintendents and school board members, parish nurses, representatives from the Native American community, Faith Community Leaders, as well as legal services, mentally and physically disabled, social services, non-profit organizations, and financial services for their participation in this work. Together we are reaching our vision “to improve the human condition through exceptional care, innovation and discovery.”

**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

**The following key community stakeholders participated in this assessment work:**

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- Stacy Andersen, Assistant Business Manager, Deuel School District, Gary, SD
- Bob Atyeo, Clear Lake, SD
- Donna Atyeo, Clear Lake, SD
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- Kay Vendenburg, Retired, Clear Lake, SD
- Doris M. Wilson, Housewife, Clear Lake, SD
- Austin Oleinger, H-D Electric Cooperative, Clear Lake, SD
- Clerk, Sanford Clear Lake, Clear Lake, SD

## Sanford Clear Lake Medical Center Community Health Needs Assessment 2012-2013

### Executive Summary

#### Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within the community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

#### Study Design and Methodology

Sanford Clear Lake Medical Center is the key health care leader and not-for-profit leader for the communities in Deuel County, South Dakota. The primary goal of this assessment is to craft standardized tools, indicators and methodology that can be used by all group members when conducting assessments and also be used by all of the Sanford Medical Centers across the enterprise. The Robert Wood Johnson Framework for county profiles is our secondary data model.

This community health needs assessment was conducted during the fiscal year 2012-2013. The main model for our work is the Association for Community Health Improvement's (ACHI) Community Health Needs Assessment toolkit.

The following qualitative data sets were studied:

- Deuel County Community Health Needs Assessment of Community Leaders
- Deuel County Community Health Needs Assessment of Residents (Generalized)

The following quantitative data sets were studied:

- 2011 County Health Profiles for Deuel County
- Aging Profiles for Deuel County
- Diversity Profiles for Deuel County

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 Sanford Clear Lake steering group performed the asset mapping and reviewed the findings. 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.

## **Primary Research**

Sanford Clear Lake distributed the community health needs assessment survey tool that was developed by the Greater Fargo-Moorhead Community Health Needs Assessment Collaborative to key shareholder groups as a method of gathering input from a broad cross section of Deuel County. Below are the results of the survey qualitative data.

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. The list of individuals who agreed to take the survey and also submit their names are included in the acknowledgement section of this report. 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.

Respondents to the survey felt that our community had strength in because of its friendly, laidback lifestyle and because it is a supportive, clean and connected community. They are very proud of what they have and when new people come to the community, they feel welcomed and there are "no strangers" in the community. They felt that the government was engaged with the community and that the community was culturally diverse, open-minded and there was a sense that one can make a difference.

Respondents felt that the community has a quality school system. As with small communities everywhere, finding activities to keep all ages busy is a challenge. This survey reflected low ratings for activities and events for both the youth and families along with the seniors in the community.

The opportunity for quality health care in our community was rated quite high. There were concerns with the cost of health care and/or insurance, problems associated with health care systems/policies, resources to meet the needs of the aging population, cost and availability for elder care, cost of prescription drugs, adequate health insurance, access to health insurance, dental and vision care, and availability of

doctors/nurses/specialists. When asked how respondents paid for their health insurance, 70.1% said that their health insurance is paid through their employer. Others said they pay for their insurance from their personal income or they have Medicare or Medicaid, private health insurance, Veteran's benefits or military benefits, or stated that they have had no health insurance for the last 12 months.

Other health-related concerns expressed by respondents included adding a physician to the staff and having longer clinic hours for those that cannot make it during the current hours. An example would be staying open into the evening hours. Other concerns that were also listed included heart disease, emergency room services, educating/practicing prevention, clinic hours, obesity, providers, wanting a cardiology physician here more (even full time), having orthopedic doctors more available, along with OB and oncology services in the community instead of having to drive. A specific concern that was stated by several respondents was their annoyance at having to answer the same questions several times at clinic office visits.

Respondents expressed concerns about the physical health of those in our community. The highest concerns showed up in the obesity category and also regarding inactivity and the lack of exercise. Not far behind these two categories were poor nutrition/eating habits, availability of exercise facilities, cost of exercise facilities, and the availability of a good walking/bike route. Several comments were made with regard to a walking/bike path being made available in the community for safer walking. There was more concern in our community for cancer and chronic diseases than communicable diseases.

Along with physical health, most respondents were concerned about the mental health of those in our community. Areas of concern were depression, stress, mental health services, qualified mental health providers, and mental health programs.

When asked about the delivery of health care in the community and how this is addressed, respondents had the highest response that the following services were being addressed: diabetes, cancer, heart disease, emergency services, distance/transportation to a health care facility, and hospital or clinic closure.

A total of 63% of the respondents use Sanford Clear Lake Medical Center, either the clinic or the hospital, for several different reasons, the most common being the convenient location of the facility. Most said that the distance to travel to this facility is 20 miles or less. The second reason for using Sanford Clear Lake is the availability of services so close to home. Other reasons included the quality of service available, the sense the patient feels of being valued, the influence of patient's health insurance, and other reasons.

Youth concerns regarding dropout rates, teen pregnancies, bullying and crime all had low ratings of concern in the community. Respondents shared concerns about teen alcohol and drug use and also having nothing for our youth to do in our community outside of school activities. Respondents specifically made reference to completing heart screenings for our youth for early detection of heart diseases or heart complications.

## **Key Findings – Secondary Research**

### **Health Outcomes**

The Mortality health outcomes indicate that Deuel County has no premature deaths. South Dakota actually has a higher rate of premature deaths than the national benchmark.

The Morbidity health outcomes indicated that South Dakota citizens report more days of poor health (self-reported) than the national benchmark along with poor physical health days and poor mental health days. Deuel County continues the trend with even higher number than the national benchmark and the state of South Dakota for all areas.

## Health Factors

The Health Behavior outcomes indicated that South Dakota has a higher adult smoker percentage than the national benchmark and Deuel County has the same as the national benchmark. This is also the same situation with adult obesity. The national benchmark for physical inactivity is lower when compared to South Dakota and Deuel County which are both higher. Deuel County and South Dakota have a significantly higher percentage of excessive drinking that does the national benchmark.

Motor vehicle crash deaths in South Dakota are higher than the national benchmark. There were no numbers reported for Deuel County.

Sexually transmitted infections rank substantially higher in South Dakota than the national benchmark number and in Deuel County. Deuel County even was lower than the national benchmark. The teen birth rates were higher in South Dakota compared to the national benchmark numbers. Deuel County was just slightly over the national benchmark number but very comparable.

Clinical Care outcomes show that the state of South Dakota and Deuel County have higher percentages of uninsured adults than the national benchmark. The same trend happens with uninsured youth. The ratio to primary care physicians is less positive in South Dakota and Deuel County as compared to the national benchmark. Again, the trend continues with South Dakota and Deuel County being less positive in the ratio to mental health providers.

Active professional dentist numbers are less in South Dakota and Deuel County than compared to the national benchmark. Preventable hospital stays in South Dakota are slightly higher than the national benchmark and quite a bit higher in Deuel County compared to the national benchmark numbers.

Diabetes screenings in Deuel County are higher than the national benchmark but the state of South Dakota has lower numbers than the national benchmark. South Dakota has a lower percentage of Medicare mammograms than the national benchmark but Deuel County has higher percentages than the national benchmark.

The Social and Economic Factors percentages for high school graduates show that South Dakota has a lower percent and Deuel County has a high percent of high school graduates than the national benchmark. On the college level, both South Dakota and Deuel County have lower percentages of college graduates than the national benchmark. The unemployment percentage comparisons show South Dakota being lower than the national benchmark but Deuel County is just slightly higher than the national benchmark.

The child poverty percentage in South Dakota is a little higher than the national benchmark and Deuel County has a slightly higher percent than the national benchmark. Inadequate social support in South Dakota and Deuel County is slightly higher than the national benchmark. The percentage of children in single parent households in South Dakota is higher than the national benchmark; however, it is significantly lower in Deuel County than the national benchmark.

The homicide rate in South Dakota is higher than the national benchmark. There were no homicides reported in Deuel County between the years 2001-2007.

The Physical Environment results show that there is no air pollution or ozone pollution concerns. The percentages for access to healthy foods in both South Dakota and Deuel County are quite lower than the national benchmark. South Dakota's access to recreation facilities is lower than the national benchmark. There was no rating for Deuel County.

The percentage of youth in the total population is very comparable across the board with the national benchmark, South Dakota and Deuel County percents. The elderly percent of total population in South Dakota and in Deuel County is very comparable to the national benchmark. The South Dakota total population living in rural areas is higher than the national benchmark. Deuel County's rural population is 100%, much higher than the national benchmark and the South Dakota percentages.

Only 2% of Deuel County and South Dakota are non-proficient in speaking English as compared to the national benchmark of 9%. The national benchmark for illiteracy is 15%, and South Dakota at 7% and Deuel County at 8% are both lower than the national benchmark. The percentages are all comparable with the national benchmark population percentages in all areas including older than 65, older than 85, male and female.

Deuel County has a higher percentage rate of owner-occupied housing than both the national benchmark and the South Dakota percentage. Both South Dakota and Deuel County have lower percentages of renter-occupied housing than the national benchmark percentage.

The working age population percentage in the labor force is very comparable between the national benchmark, South Dakota and Deuel County. Those spending 30% or more of their income toward housing costs is 30% at the national benchmark, 20% in South Dakota and only 18% in Deuel County. The total population in Deuel County is primarily dominated by the white race. Hispanic origin is the second most prevalent race in Deuel County, followed by Black, American Indian and Asian. In South Dakota, the white race also leads, followed by American Indian.

The percentage of those living within less than 100% of Federal poverty level is 14% in South Dakota and 6% in Deuel County, compared to the national benchmark of 14%. The number of individual living at less than 200% of the Federal poverty level is very comparable between the three sources. The national benchmark for median household income is \$51,912; in South Dakota it is only \$46,369 and Deuel County is a little higher at \$47,000.

### **Community/Assets/Prioritization Process**

A review of the primary and secondary research concerns was conducted followed by an asset mapping exercise to determine what resources were available to address the needs. An informal gap analysis was conducted at the conclusion of the asset mapping work.

Table 1 in the Appendix displays the concerns and assessed needs that were determined by the assessment and includes the assets in the community that address the needs.

The priorities that remain include:

- Cancer
- Obesity
- Substance Abuse
- Cardiovascular Testing in School

### **Implementation Strategy**

The following unmet needs were identified through a formal community health needs assessment, resource mapping and prioritization process:

- Cardiovascular Testing in Youth (Heart Screenings)
- Obesity

#### Implementation Strategy: Youth/Athletic Cardiovascular Screenings

- Complete community education presentations on youth heart screenings.
- Arrange for all students in grades 6-12 at Deuel School in Clear Lake to have a heart screening completed.
- Arrange for the incoming 6<sup>th</sup> grade class to have heart screening done with school sign-up starting with the August 2013 year.
- Complete fundraising efforts to cover the costs of all youth heart screenings.
- Newspaper articles and flyers published for community awareness.

#### Implementation Strategy: Obesity

- Complete BMI on all students in grade 6-12 in Deuel School in Clear Lake.
- Identify all students with BMI higher than “normal” range and do 1-1 counseling with nurse educator on healthy food/meal choices.
- Advertise hospital-owned Wellness Center open to public 7 days a week/24hrs a day at a small monthly fee.
- Complete youth obesity project in community in summer of 2013. Project will be published for professional degree.

## Sanford Clear Lake Medical Center Community Health Needs Assessment 2012-2013

Sanford Health, long been dedicated to excellence in patient care, is on a journey of growth and momentum with vast geography, cutting edge medicine, sophisticated research, advanced education and a health plan. Through relationships built on trust, successful performance, and a vision to improve the human condition, Sanford seeks to make a significant impact on health and healing. We are proud to be from the Midwest and to impact the world. The name Sanford Health honors the legacy of Denny Sanford's transformational gifts and vision.

**Our Mission:** *Dedicated to the Work of Health and Healing*

We provide the best care possible for patients at every stage of life, and support healing and wholeness in body, mind and spirit.

**Our Vision:** *To improve the Human Condition through Exceptional Care, Innovation and Discovery*

We strive to provide exceptional care that exceeds our patients' expectations. We encourage diversity in thought and ideas that lead to better care, service and advanced expertise.

**Our Values:**

- **Courage:** *Strength to persevere, to use our voice and take action*
- **Passion:** *Enthusiasm for patients and work, commitment to the organization*
- **Resolve:** *Adherence to systems that align actions to achieve excellence, efficiency and purpose*
- **Advancement:** *Pursuit of individual and organizational growth and development*
- **Family:** *Connection and commitment to each other*

**Our Promise:** *Deliver a flawless experience that inspires*

We promise that every individual's experience at Sanford—whether patient, visitor or referring physician—will result in a positive impact, and for every person to benefit from a flawless experience that inspires.

**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*



## **Description of Sanford Clear Lake Medical Center**

Sanford Clear Lake Medical Center (SCLMC) is a community-based Critical Access Hospital which exists to serve the needs of over 4,500 people in its area. The Sanford Clear Lake Medical Center operates a 20-bed acute care hospital, 24-hour emergency room, an attached rural health clinic with 1 full time provider and 1 full time nurse practitioner. SCLMC also offers home health care services, community health services, and an off-site wellness center. SCLMC has an active outreach program that is run through the hospital which includes same day outpatient surgical services, cardiac rehabilitation, physical therapy, occupational therapy, speech therapy, nuclear testing, cardiology services, podiatry, nephrology, psychology, radiology, and laboratory services. The organization is certified and a participating provider in Medicare and Medicaid programs. While SCLMC is associated with the Sanford Health Network, it is responsible for setting and maintaining a balanced budget. Therefore, SCLMC works to strategically seek external funding and community support to sustain operations and to continue providing quality care.

## **Description of Community Served**

Sanford Clear Lake Medical Center is located in southeastern South Dakota in Deuel County. The nearest tertiary center is in Sioux Falls, SD, which is approximately 100 miles south of Clear Lake. Residents of Clear Lake would have to travel 1 ½ hours to receive care in the nearest tertiary care hospital. The medical center is located in a Medically Underserved Area, as designated by the Federal Health Resources and Services Administration (HRSA). Medically Underserved Areas/Populations are areas of populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. This is a direct indication of the critical need for the services provided by SCLMC and the health status of the patients who depend upon it.

## **Study Design and Methodology**

Sanford Clear Lake Medical Center is the key health care leader and not-for-profit leader for the communities in Deuel County, South Dakota. The primary goal of this assessment is to craft standardized tools, indicators and methodology that can be used by all group members when conducting assessments and also be used by all of the Sanford Medical Centers across the enterprise. The Robert Wood Johnson Framework for county profiles is our secondary data model.

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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.

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The following qualitative data sets were studied:

- Deuel County Community Health Needs Assessment of Community Leaders
- Deuel County Community Health Needs Assessment of Residents (Generalized)

The following quantitative data sets were studied:

- 2011 County Health Profiles for Deuel County
- Aging Profiles for Deuel County
- Diversity Profiles for Deuel County

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 Sanford Clear Lake steering group performed the asset mapping and reviewed the findings. 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.

### **Limitations**

The Sanford Health Community Health Needs Assessment Steering Group attempted to survey key community groups and leaders and stakeholders for the purpose of determining the needs of the community. Only those who live in Deuel County participated. There were many in the community who were contacted and asked to complete the survey but a low response was received.

The survey asked for individual perceptions of community health issues and is subjective to individual experiences which may or may not be the current status of the community.

## **Primary Research**

### **Summary of the Survey Results**

Sanford – Sanford Clear Lake distributed the community health needs assessment survey tool that was developed by the Greater Fargo-Moorhead Community Health Needs Assessment Collaborative to key shareholder groups as a method of gathering input from a broad cross section of Deuel County. Below are the results of the survey qualitative data.

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 agreement with various statements about their community regarding people, services and resources, and quality of life.

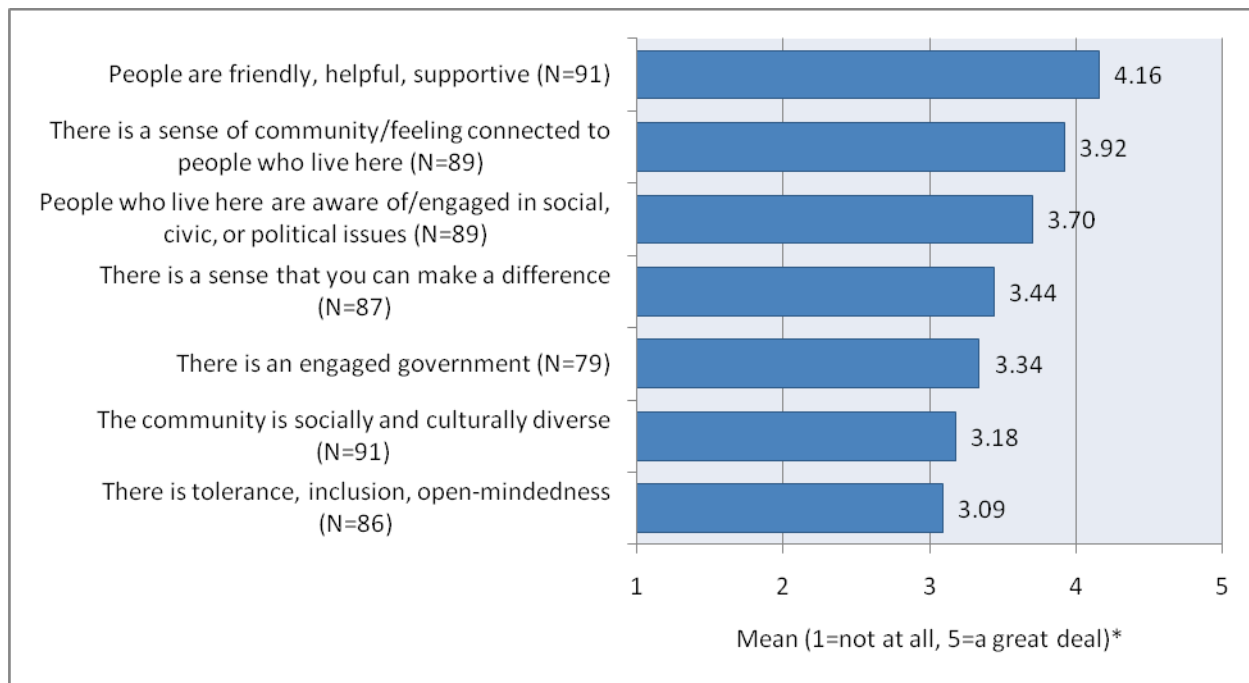
## Community Assets/Best Things about the Community

### People

Respondents to the survey felt that our community had strength in it being a friendly, supportive and connected community. Comments received stated that the community is very proud of what they have and when new people come to the community, they feel welcomed and there are “no strangers” in the community. They felt that the government was engaged with the community and that they were made aware of social, civic and political issues within the community. The feeling of our society being culturally diverse, open-minded and the sense that one can make a difference were moderate.

Respondents indicated the top five community assets or best things about the community were: the community is very proud of what they have, when new people come to the community they feel welcomed and that there are “no strangers” in the community, the community is safe and good place to raise children, there is quality health care available, and there is a quality school for children to attend to receive a good education.

Figure 1. Level of agreement with statements about the community regarding PEOPLE

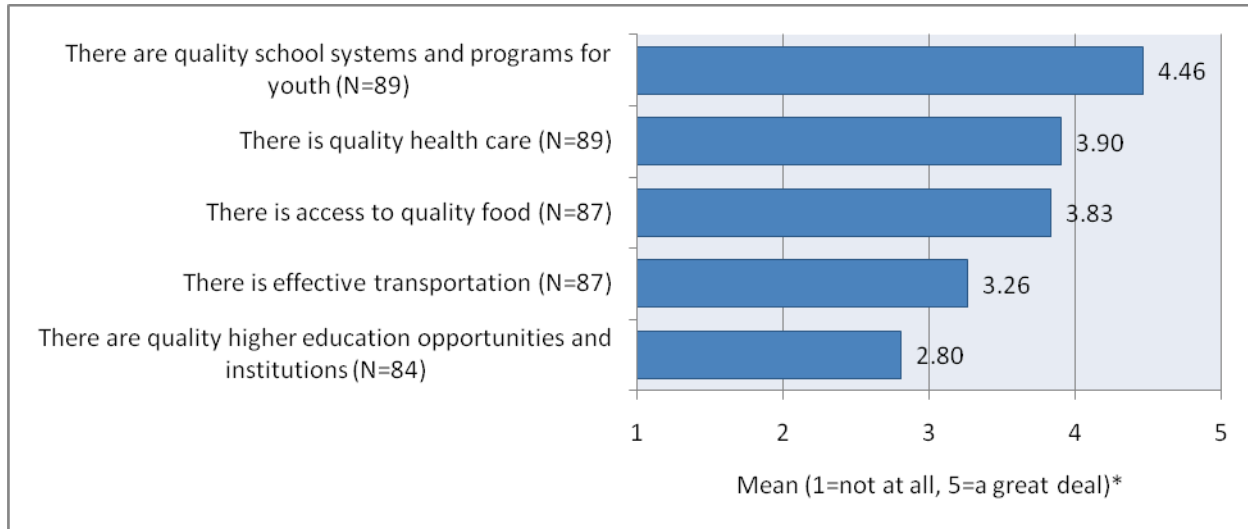


## Services and Resources

Respondents felt that the community has a quality school system and quality programs for our youth to benefit from and excel in. They also felt that the health care that they have access to in the community is of quality value.

Being a small community, we are limited in opportunities of higher education. Overall, the respondents thought the community had adequate or above services and resources.

Figure 2. Level of agreement with statements about the community regarding SERVICES AND RESOURCES



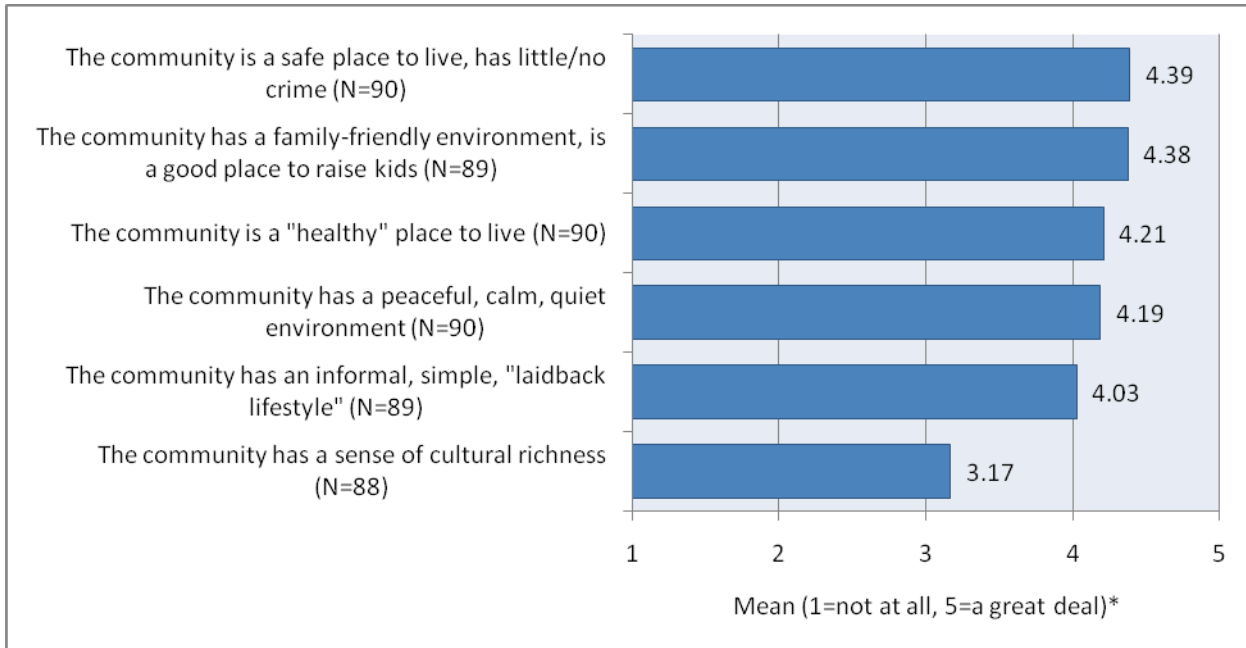
The community felt through the survey that we have a quality school for our children and access to quality food in our community. The opportunity for quality health care in our community was rated quite high. Quality higher educational opportunities along with effective transportation were rated on the lower side of the survey.

## Quality of Life

Respondents agreed that there was a high level of quality of life in the community. Of the six questions asked in this section of the survey, four of them received a rating of 5 and one with a rating of 4. People rated the community as a safe place to live, a family-friendly environment and a good place to raise children, the community was “healthy” and that it was a peaceful, calm and quiet place to live.

Respondents also commented that the community had a “laidback lifestyle”, is a clean community, and commutes to work and activities are short.

Figure 3. Level of agreement with statements about the community regarding QUALITY OF LIFE

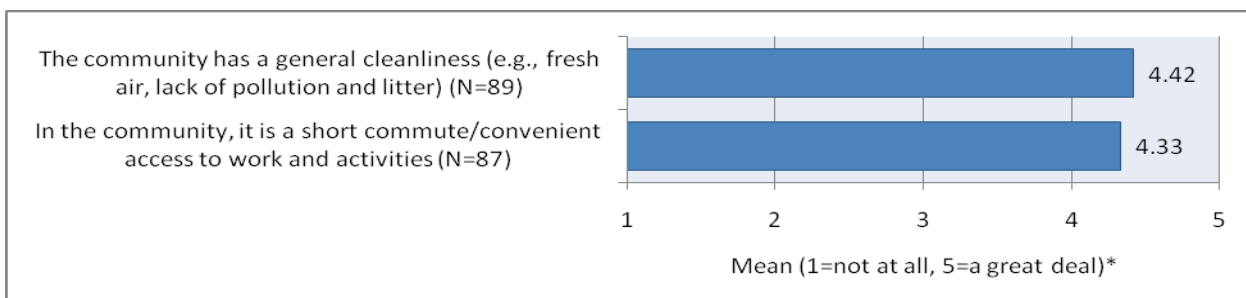


The quality of life in our community regarding it as a safe place, a family-friendly environment and a good place to raise children, a “laidback lifestyle”, peaceful and calm and a “healthy” place to live were all rated very high. As for having a sense of culture richness, this was rated average.

## Geographic Setting

High ratings were scored for the community being clean and having a short commute to work and activities along with convenient access.

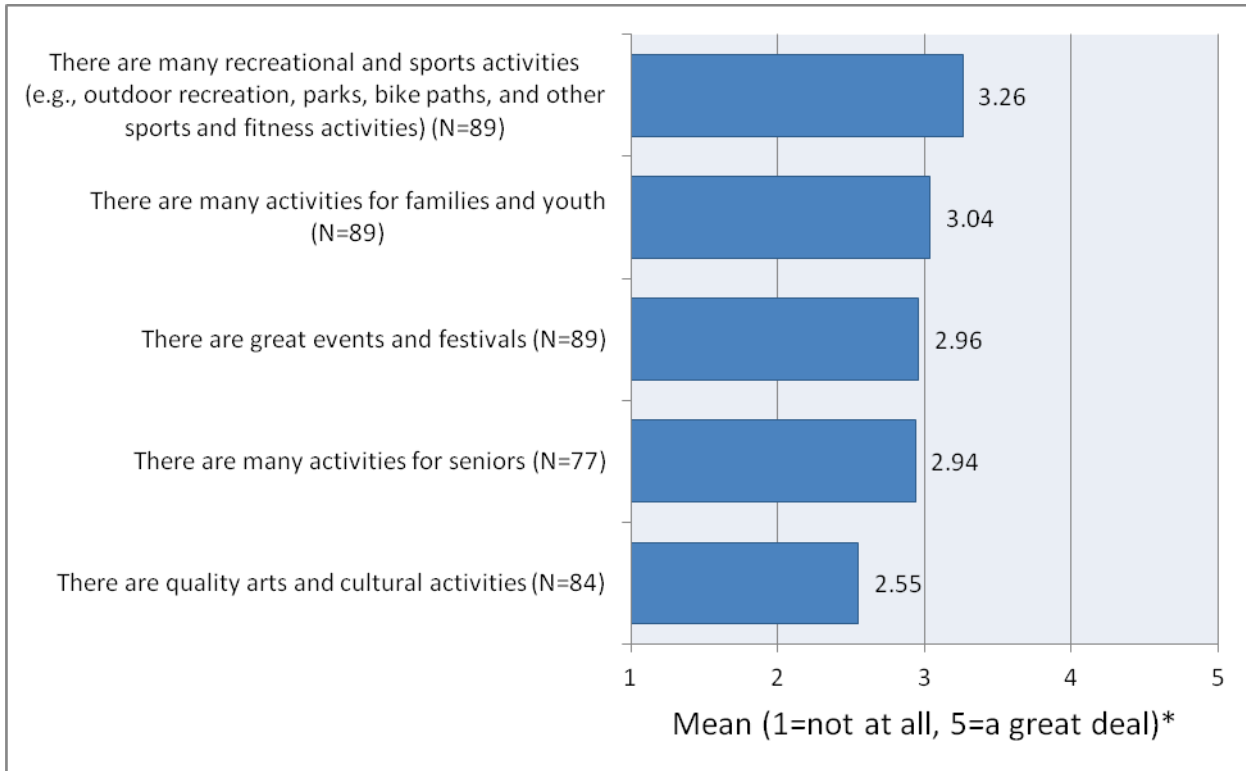
Figure 4. Level of agreement with statements about the community regarding the GEOGRAPHIC SETTING



## Activities

As with small communities everywhere, finding activities to keep all ages busy is a challenge. This survey reflected low ratings for activities and events for both the youth and families along with the seniors in the community. This is something that was shared with community and county leadership.

Figure 5. Level of agreement with statements about the community regarding ACTIVITIES



## General 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 economic issues, transportation, environment, children and youth, the aging population and safety in their communities.

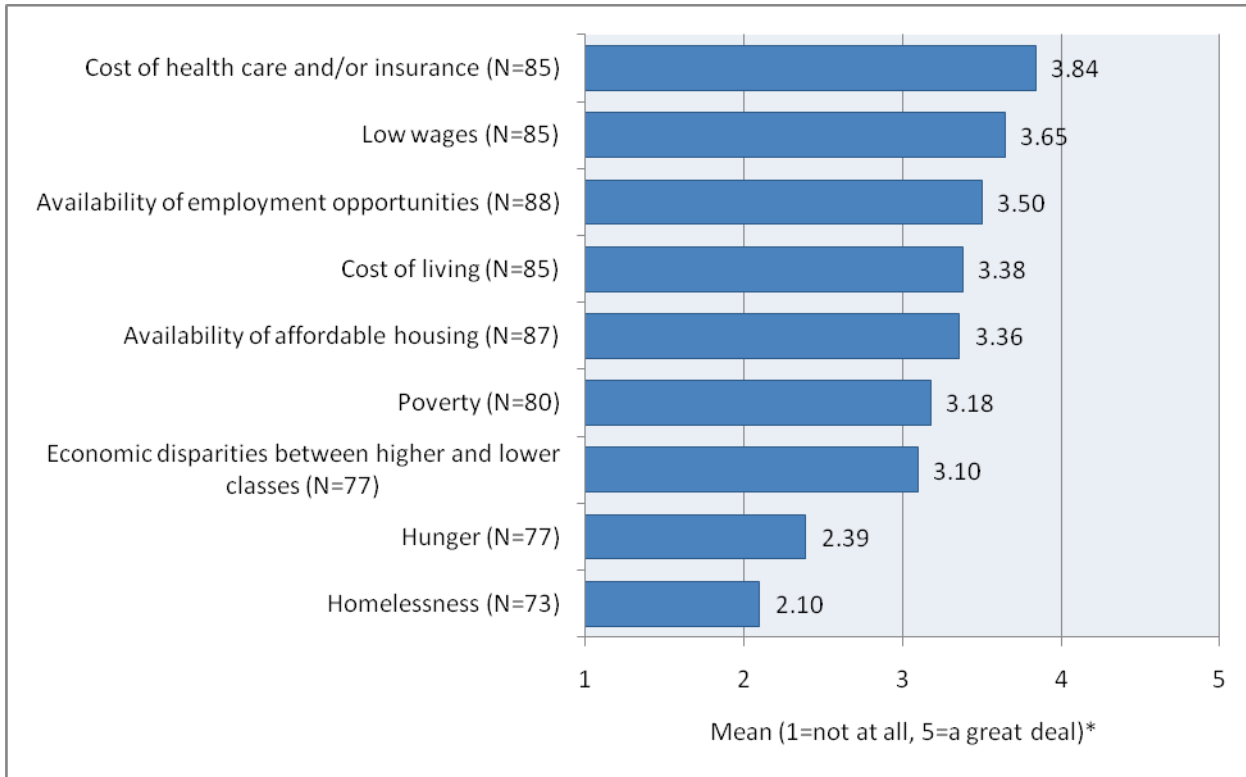
### Economic Issues

Respondents had moderate concerns with economic issues in their community.

- On average, respondents had concerns with the cost of health care and/or insurance.
- Respondents also had concerns about the low wages in our community and the availability of employment opportunities.
- Concerns about the cost of living and affordable housing in our community round out the top five.

Respondents voiced concerns about issues that were more directed to city leaders and those concerns will be forwarded to those community leaders.

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

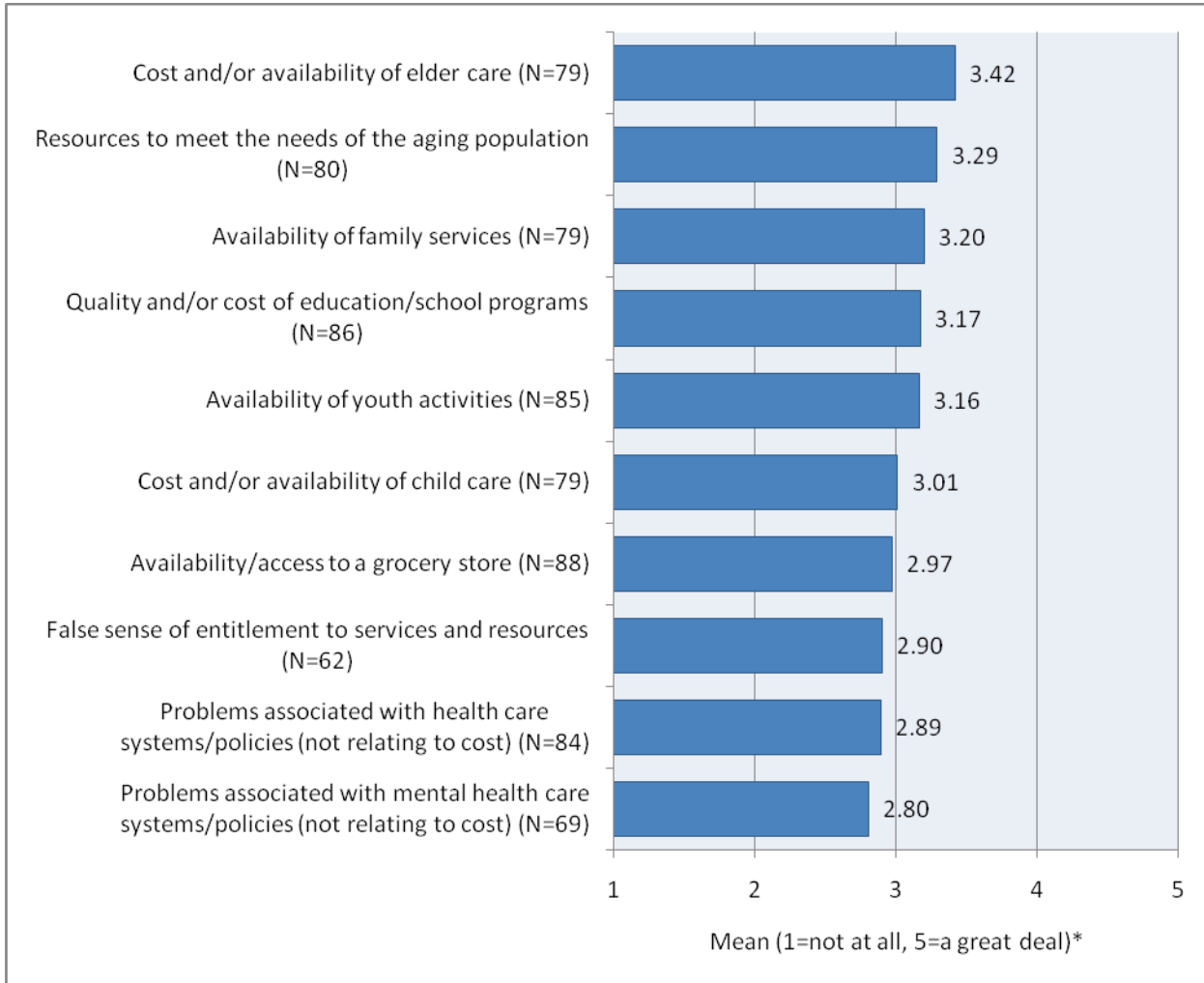


Concerns regarding economic issues within the community were mainly rated as average in concern levels with those responding to the survey. These issues included affordable housing, employment opportunities, low wages, poverty, homelessness, cost of living, disparities between higher and lower classes, hunger and cost of health care/insurance. Comments were made regarding the high tax situation of the community and those comments were shared with the City Council.

## Services and Resources

Services and resources also had average ratings of concern from community members. Concerns that rated a little higher than average were quality and cost of education programs, problems associated with health care systems/policies, resources to meet the needs of the aging population, cost and availability for elder care, and availability and access to a grocery store.

Figure 7. Level of concern with statements about the community regarding SERVICES AND RESOURCES

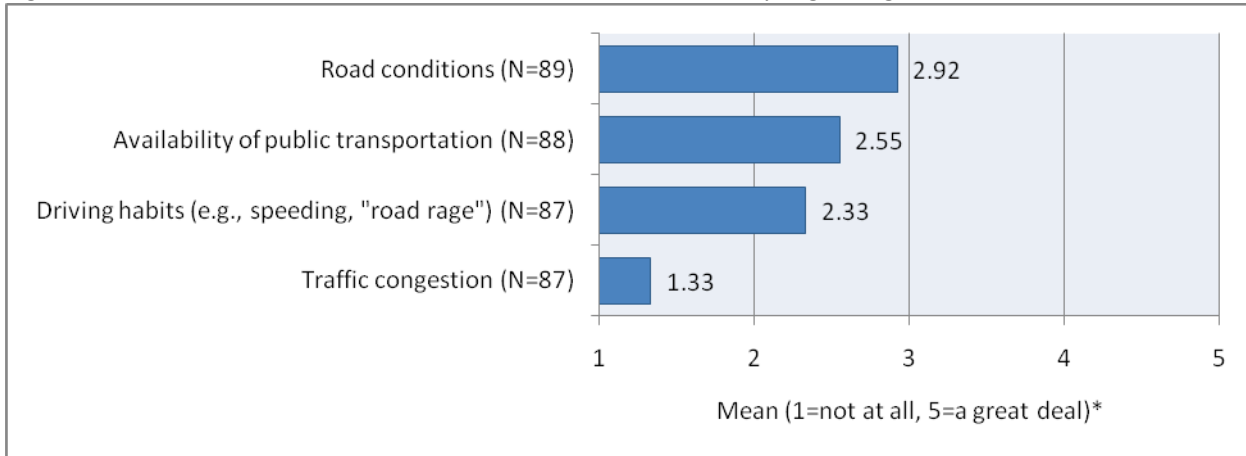




## Transportation

Transportation concerns had rather low to average concerns from respondents. Road conditions and driving habits were rated as average concerns by those respondents completing the survey.

Figure 8. Level of concern with statements about the community regarding TRANSPORTATION

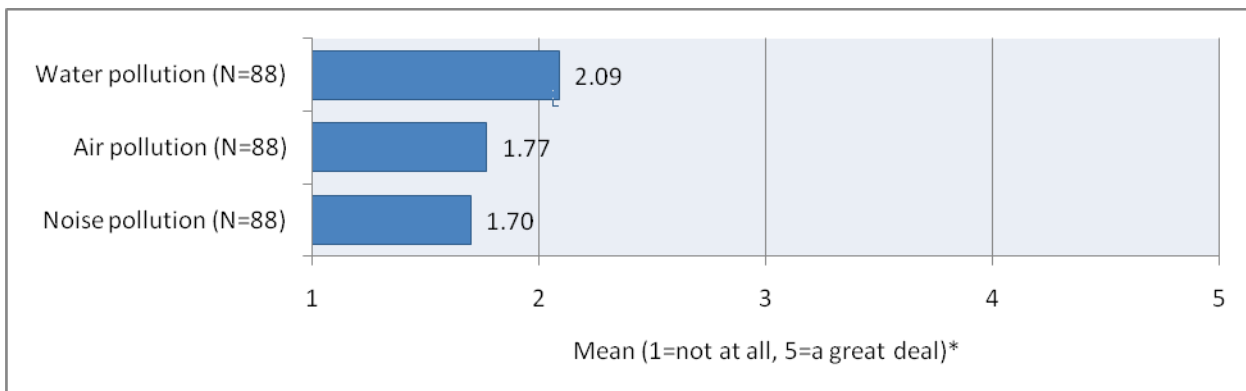


Transportation and environmental pollution had low ratings of concern from survey participants. Two areas that showed a little higher concern were road conditions and driving habits.

## Environment

Respondents showed a low concern with environmental pollution issues. The concerns that were shared by respondents will be shared with the City Council.

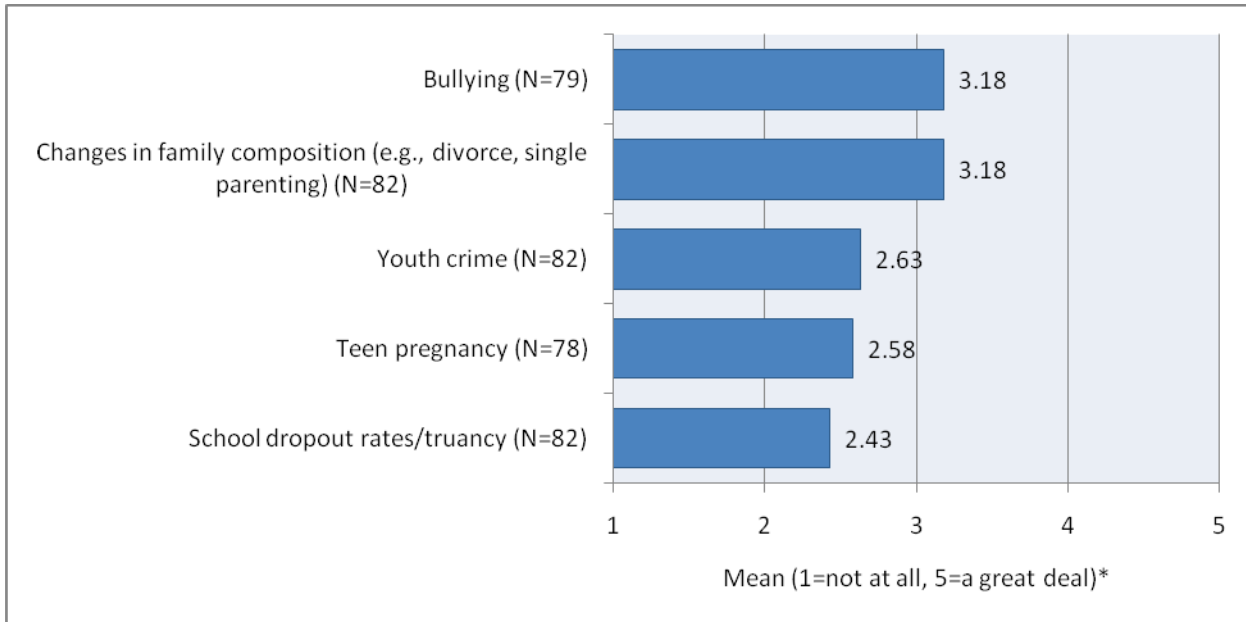
Figure 9. Level of concern with statements about the community regarding ENVIRONMENTAL POLLUTION



## Children and Youth

Youth concerns regarding dropout rates, teen pregnancies, bullying and crime all had low ratings of concerns in the community. Family composition showed just a slightly higher rating of concern than all others in this area. Respondents shared concerns about teen alcohol and drug use and also having nothing for our youth to do in our community outside of school activities.

Figure 10. Level of concern with statements about the community regarding YOUTH CONCERNS

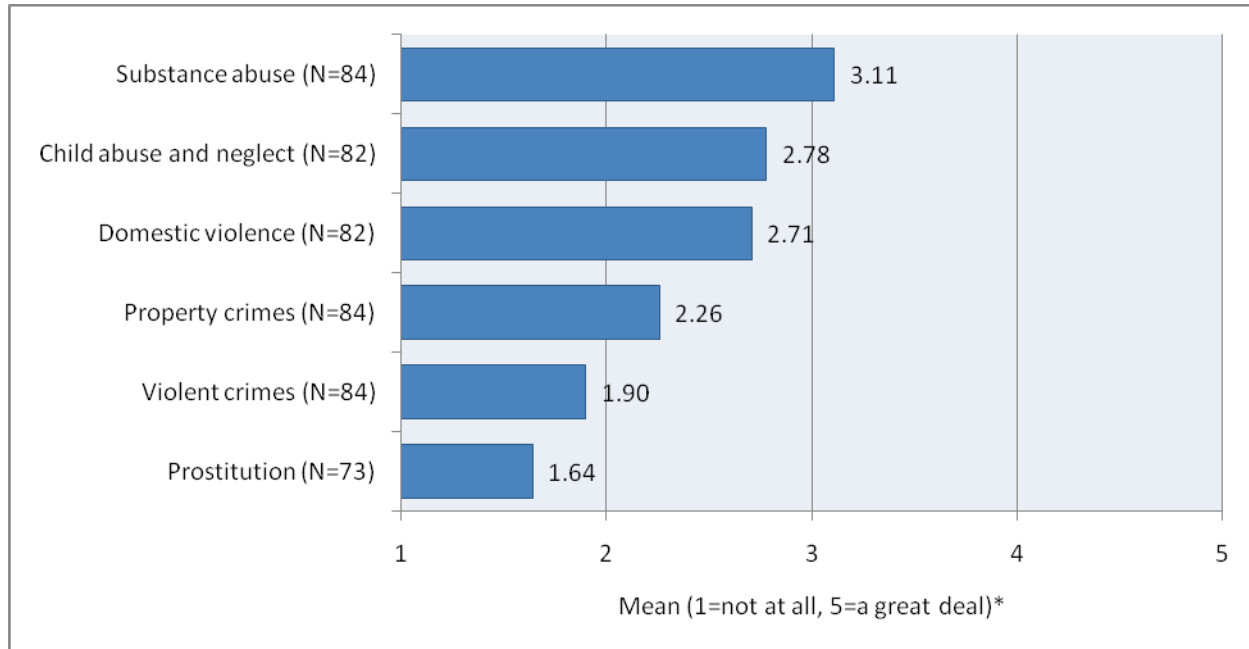


Respondents were specifically asked if they had any specific concerns regarding the youth in our community. One of the shared concerns made reference to completing heart screenings for our youth for early detection of heart diseases or heart complications. The committee chose this as one of their topics that will be addressed over the next three years.

## Safety

Community members found it unanimous that safety concerns in our community have minimal concerns. They again feel that this community is a safe haven in general for those that live here.

Figure 11. Level of concern with statements about the community regarding SAFETY CONCERNS



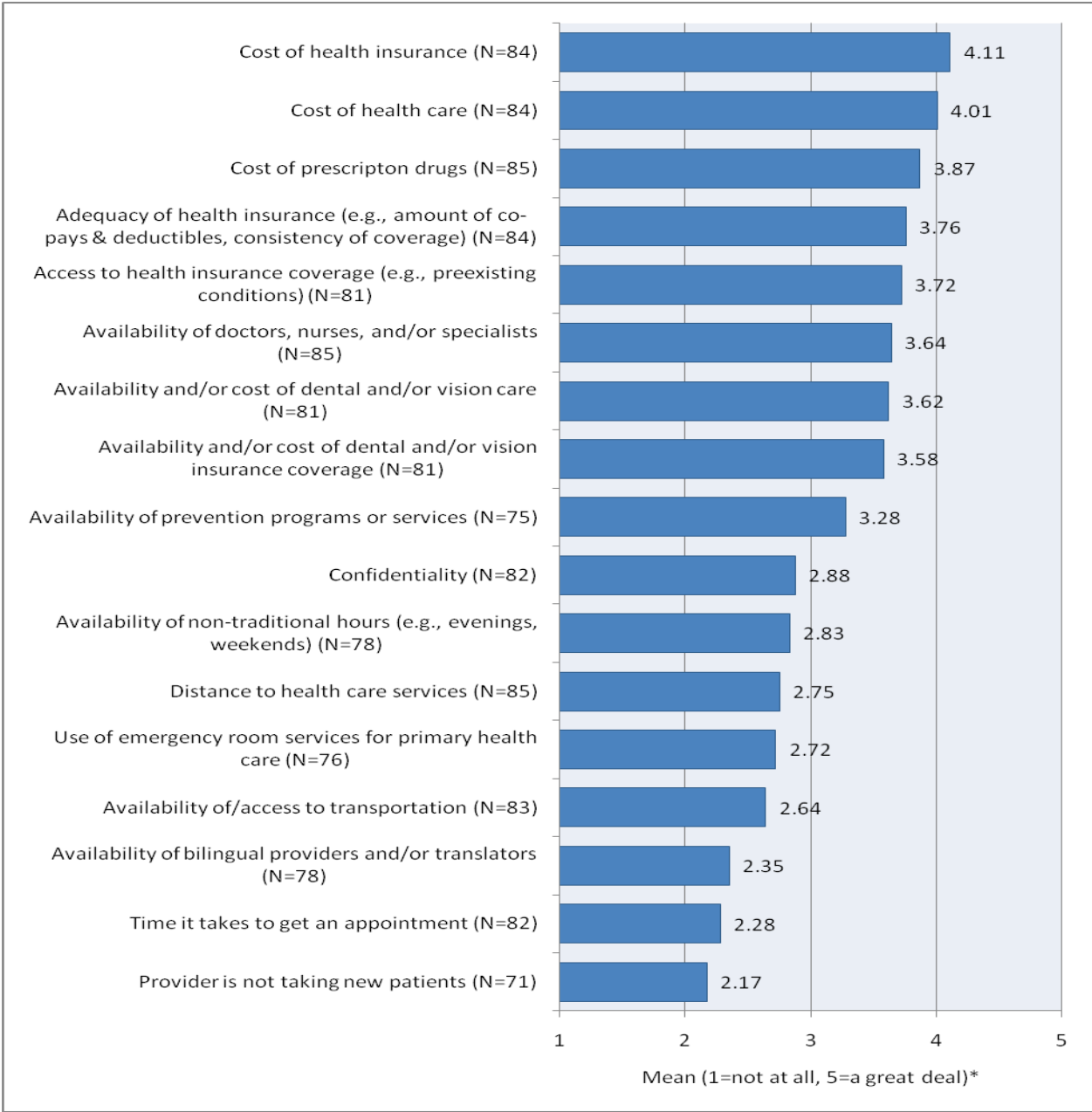
## Community Health and Wellness Concerns

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 economic issues, transportation, environment, children and youth, the aging population and safety in their communities.

### Access to Health Care

Health care concerns were expressed by those members of the community who took the survey. Highest concerns included cost of health care, cost of prescription drugs, cost of health insurance, adequate health insurance, access to health insurance, dental and vision care, and availability of doctors/nurses/specialists. When asked how respondents paid for their health insurance, 70.1% said that their health insurance is through their employer. Others said they have to pay for their insurance from their personal income, or they have Medicare or Medicaid, private health insurance, Veteran’s benefits or military benefits. Respondents also stated that they have had no health insurance for the last 12 months. Other health-related concerns expressed by respondents included adding a physician to the staff and having longer clinic hours for those that cannot make it during the current hours. An example would be staying open into the evening hours. Other concerns were stated that will be shared with the City Council, County officials and area development committees.

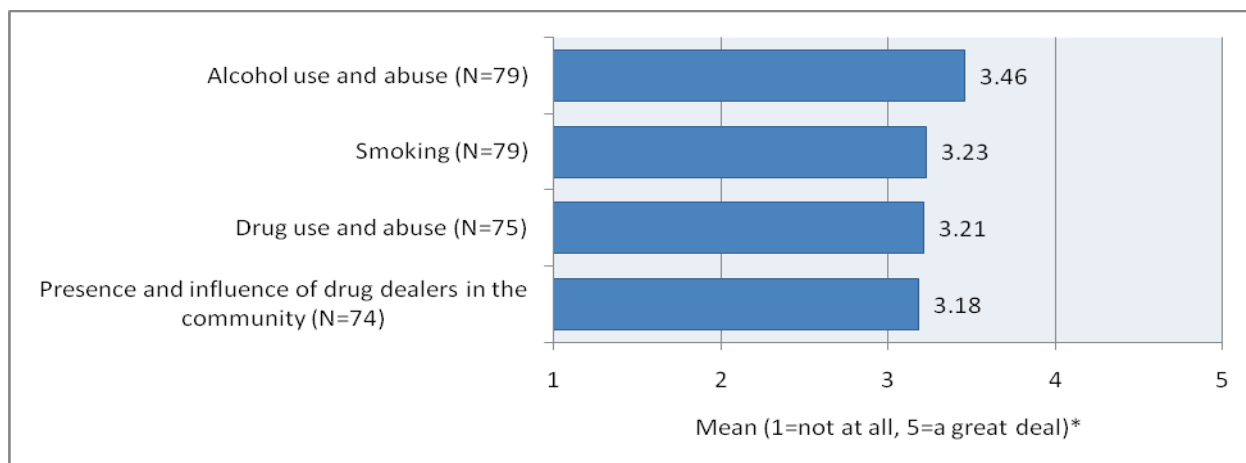
Figure 12. Level of concern with statements about the community regarding ACCESS TO HEALTH CARE



## Substance Use and Abuse

Substance abuse and use showed a concern across the board. Even though we live in small communities, these issues still exist.

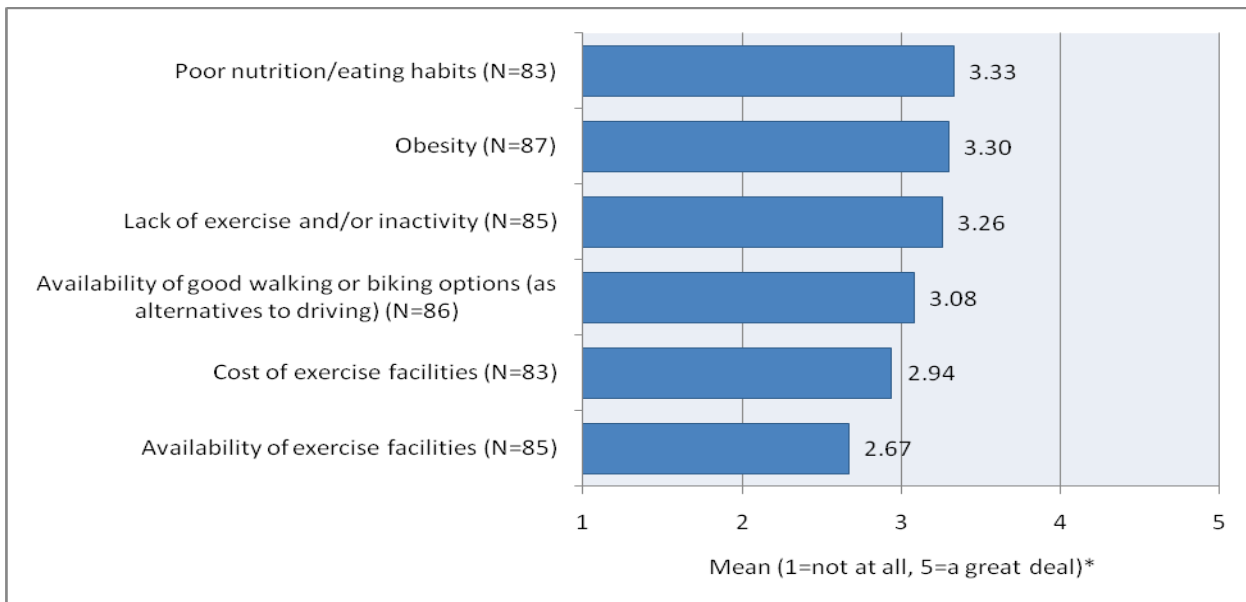
Figure 13. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



## Physical Health

Respondents expressed concerns about the physical health of those in our community. The highest concerns showed up in the obesity category and also the lack of exercise and inactivity. Not far behind these two categories were poor nutrition/eating habits, availability of exercise facilities, cost of exercise facilities, and the availability of a good walking/bike route. Several comments were made with regard to the desire for a walking/bike path being made available in the community for safer walking. Respondents were asked to list general health conditions or/and diseases that they seek medical care for. The top four included arthritis, high cholesterol, hypertension and weight control. Others listed included asthma, cancer, depression/anxiety/stress, dementia/Alzheimer's, diabetes, muscle and bone problems, heart conditions and OB/GYN related issues.

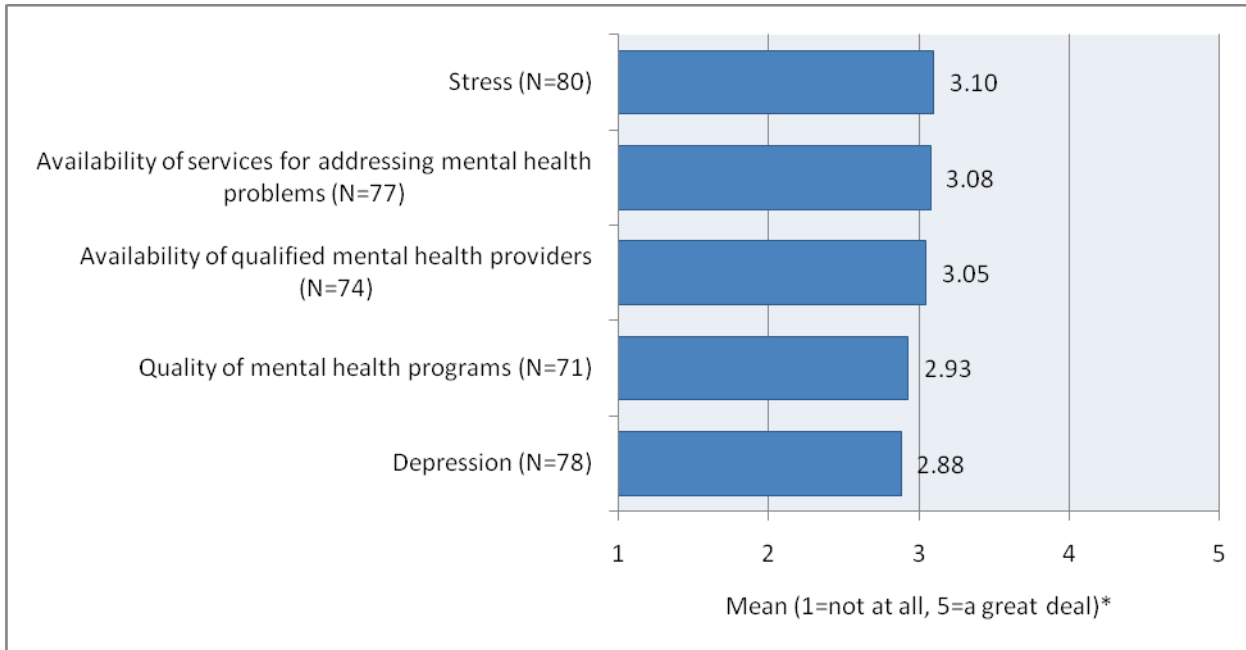
Figure 14. Level of concern with statements about the community regarding PHYSICAL HEALTH



## Mental Health

Along with physical health, most respondents were concerned about the mental health of those in our community. Areas of concern were depression, stress, mental health services, qualified mental health providers and mental health programs.

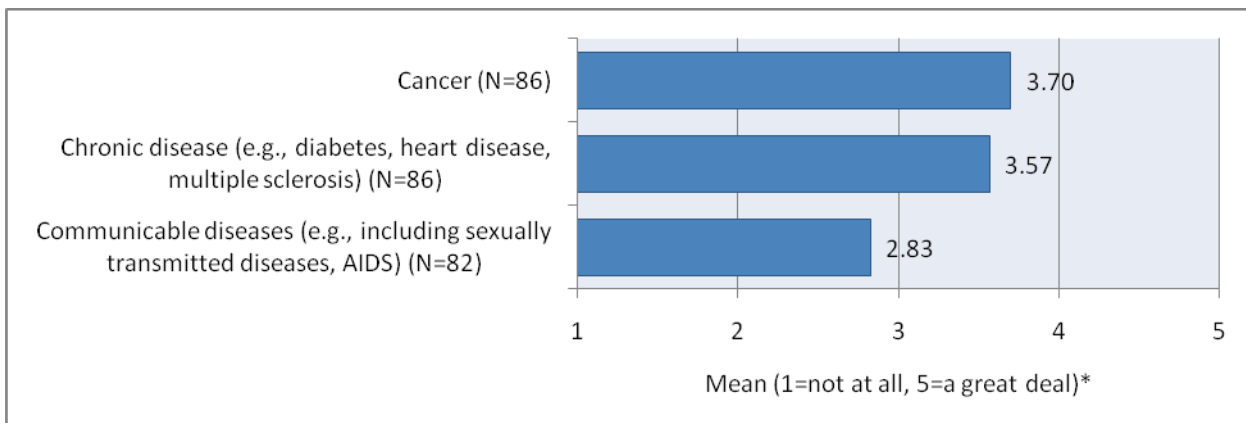
Figure 14. Level of concern with statements about the community regarding MENTAL HEALTH



## Illness

There was more concern in the community with cancer and chronic diseases than communicable diseases. Concerns were shared regarding toxic chemicals being used in the environment. Others shared that weight loss is a way that could lessen health issues people have.

Figure 15. Level of concern with statements about the community regarding ILLNESS



When respondents were asked about other health and wellness issues that may need addressing that have not been addressed in previous questions in the survey, respondents shared concerns regarding overall wellness/exercising opportunities and non-nutritious food purchased with assistance funds. Others also shared their annoyance at being asked the same questions over and over again at clinic office visits.

Respondents were asked to list any health care concerns that they felt were the most important to them. Those responding rated the cost of health care as the biggest concern. Other concerns that were listed included heart disease, emergency room services, educating/practicing prevention, clinic hours, obesity, providers, oncology and mental health assistance.

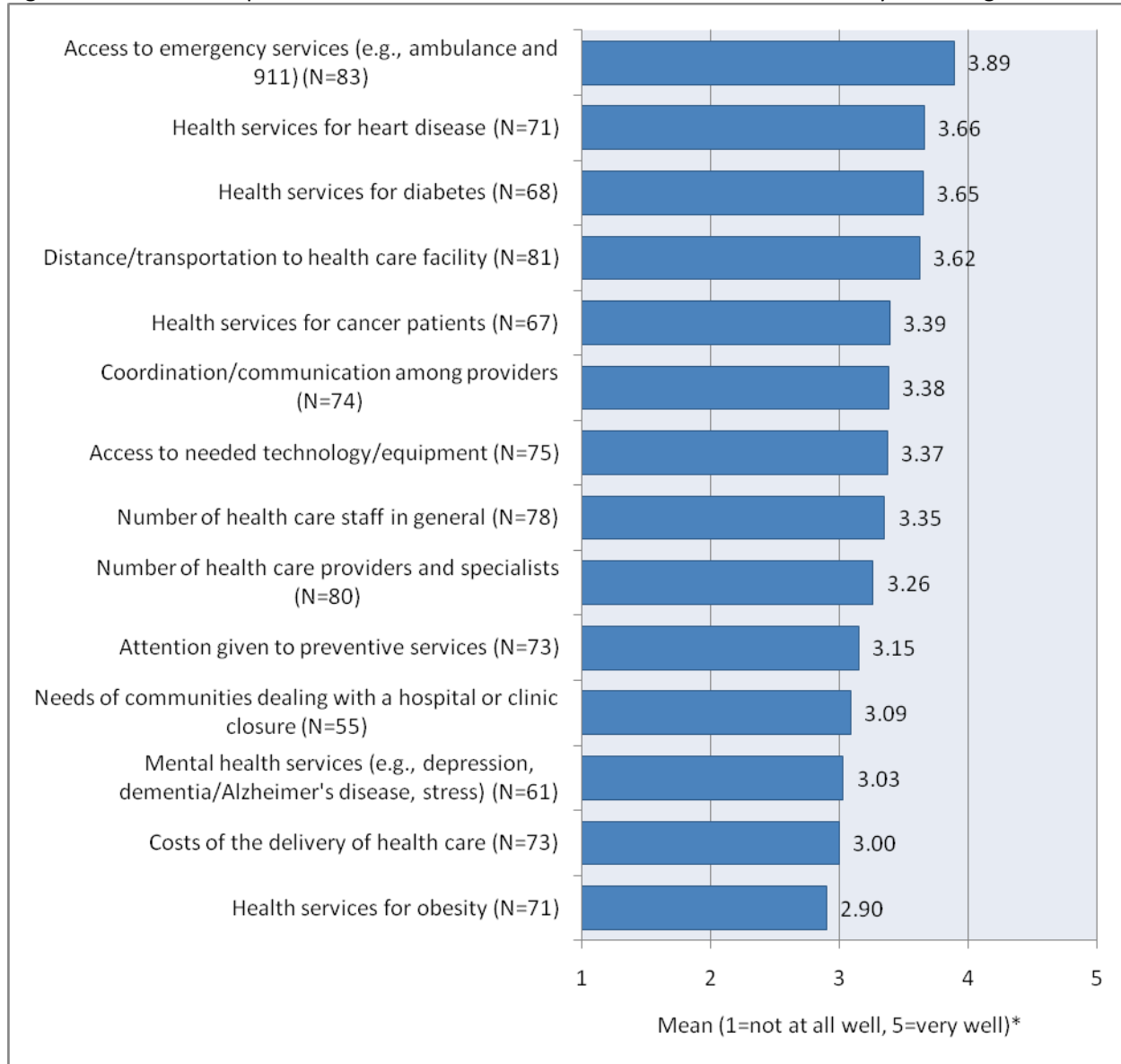
Respondents were then asked about any specific services that they thought our community should offer. The most popular suggestion was adding a physician to the Medical Staff. Other suggestions included more preventative options, wanting a cardiology physician here more often (even full time), having orthopedic doctors more available, and having OB and oncology services in the community rather than having to drive.



### Delivery of Health Care in the Community

When asked about the delivery of health care in the community and how it is being addressed, respondents had the highest response that the following services were being addressed: diabetes, cancer, heart disease, emergency services, distance/transportation to health care facility, and hospital or clinic closure. They also felt that services for obesity, mental health, delivery costs of health care, access to technology and equipment, preventative services, number of physicians on staff and specialists along with staff in general, and coordination/communication among providers are being met.

Figure 16. How well topics related to DELIVERY OF HEALTH CARE in the community are being addressed



*Personal Health Care Information*

**Cancer Screening**

Respondents were asked specific questions related to cancer. Each was asked if they had any kind of cancer screenings or cancer care in the last year. Of those responding, 60.7% said that they had no care or screenings and 39.3% said they had some kind of care or screening. When asked why they had no screenings or care, most responded that their doctor had not advised them to have anything. The second most popular answer to doctor not advising was that it was “not necessary”.

Figure 17: Whether respondents had a cancer screening or cancer care in the past year

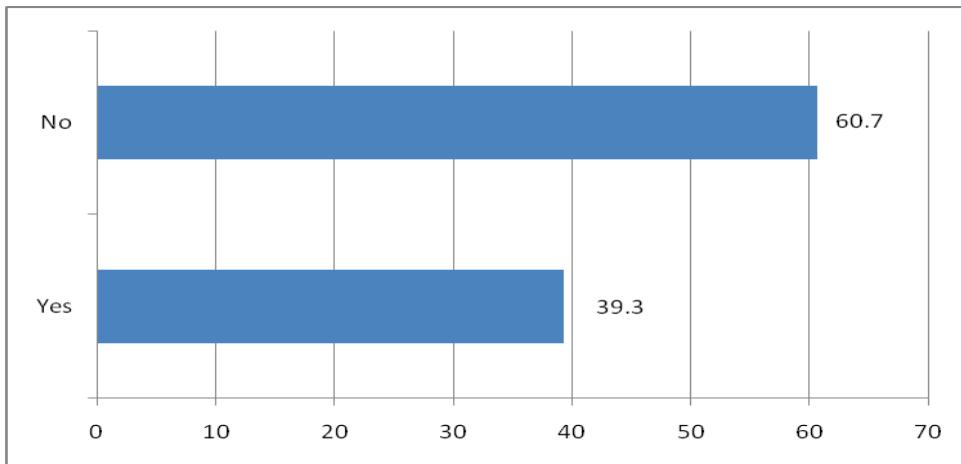
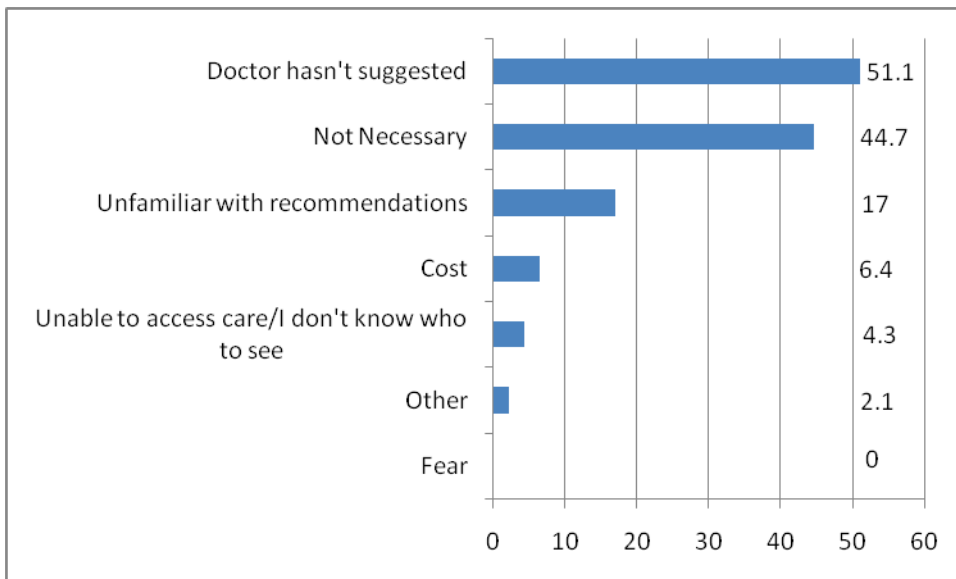
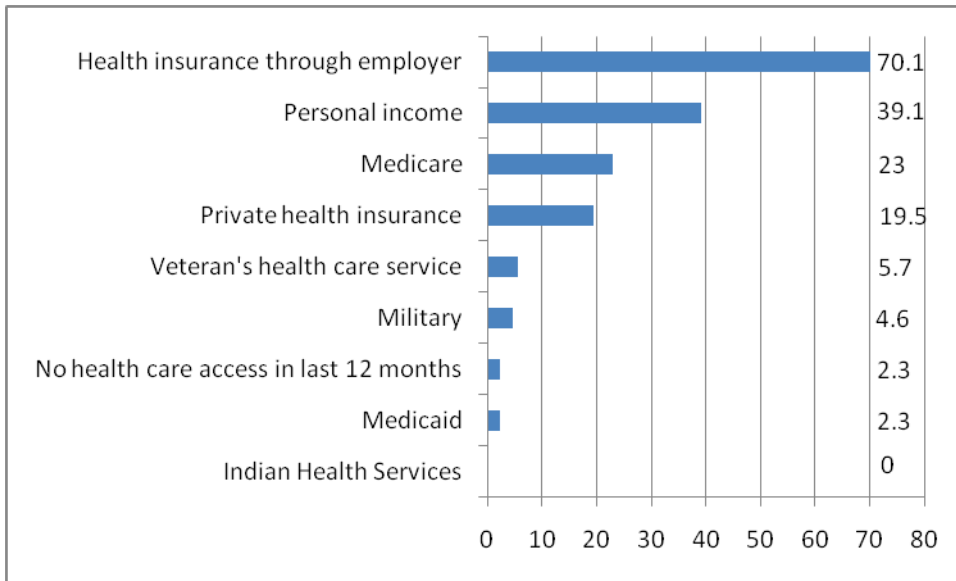


Figure 18: Among respondents who have not had a cancer screening or cancer care in the past year, reasons for not having done so



## Health Care Coverage

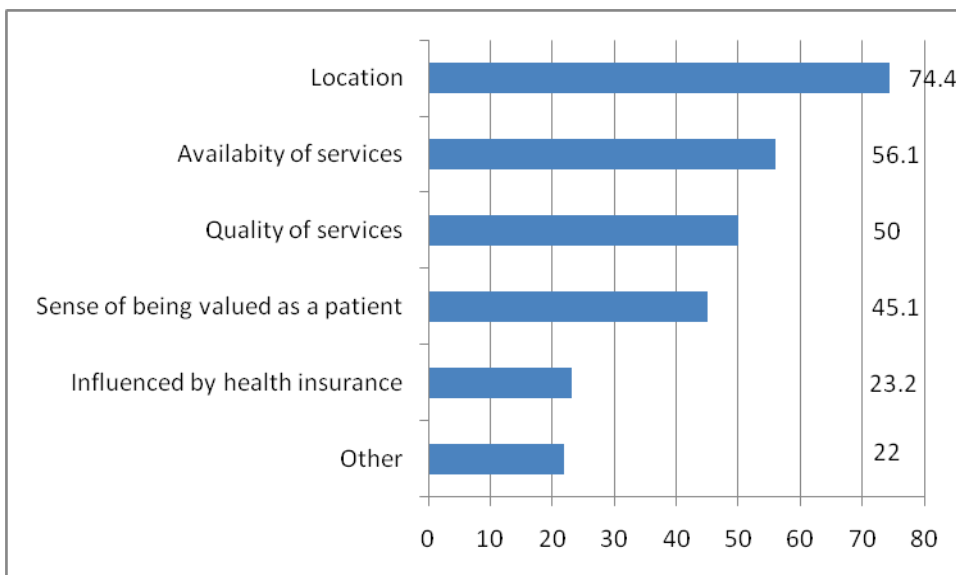
Figure 19: Methods respondents have used to pay for health care costs over the last 12 months



## Primary Care Provider

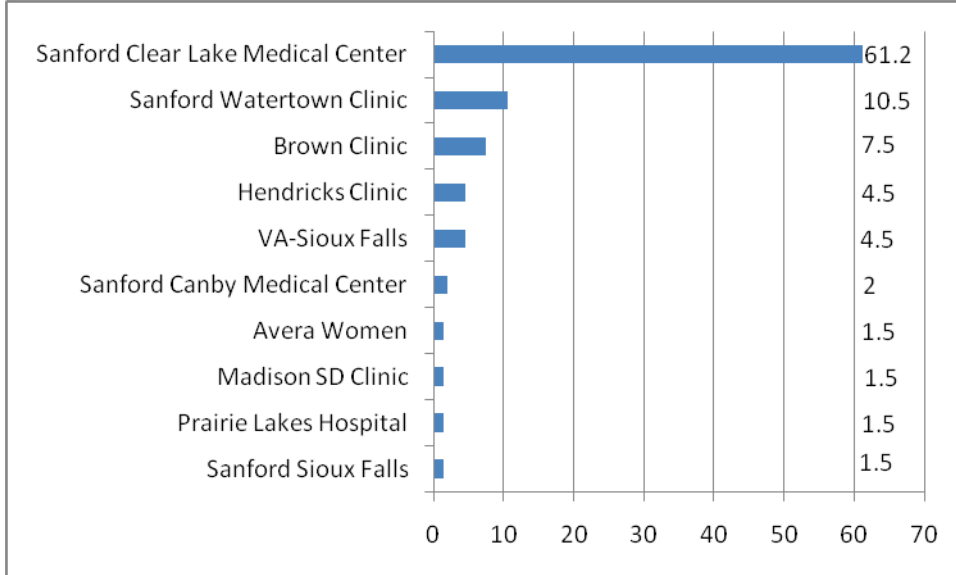
A total of 63% of the respondents use Sanford Clear Lake Medical, either the clinic or the hospital, for several different reasons, the most common being the convenient location of the facility. Most said that the distance to travel to this facility is 20 miles or less. The second reason for using Sanford Clear Lake is the availability of services so close to home. Other reasons included the quality of service available, the sense the patient feels of being valued, the influence of patient's health insurance, and other reasons.

Figure 20: Respondents' reasons for choosing primary health care provider



### Respondent's Primary Health Care Provider

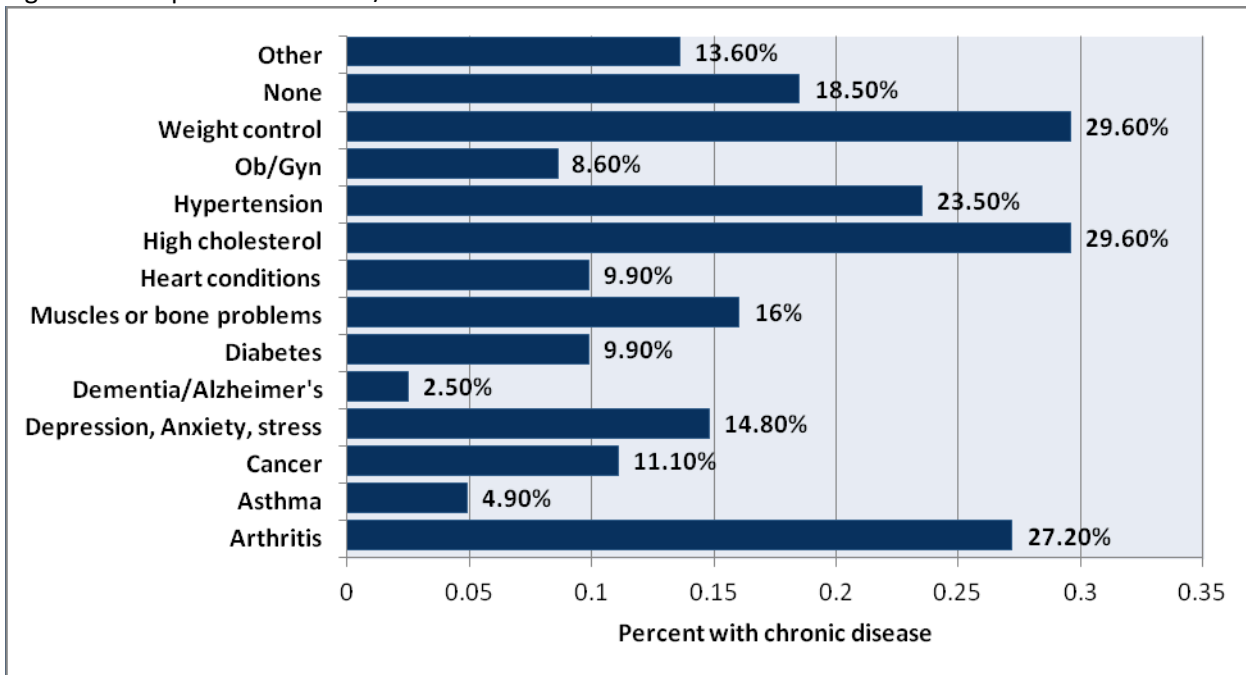
Figure 21: Respondents' primary health care provider



### Respondents Representing Chronic Disease

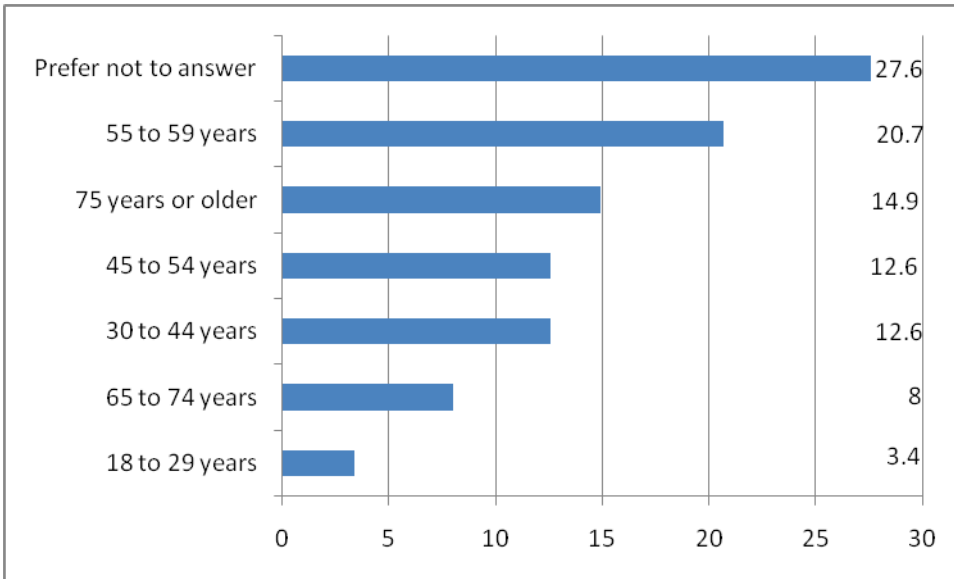
Respondents were asked to select their personal general health conditions/diseases. Weight control and high cholesterol received the most responses with 29.6% of participants selecting these conditions. The chronic diseases found among respondents include arthritis, asthma, cancer, heart disease, diabetes, Alzheimer's, hypertension, hypercholesterolemia and depression. The highest occurrence of chronic diseases includes hypertension, arthritis and hypercholesterolemia. (Figure 22)

Figure 22. Respondent's health/chronic diseases

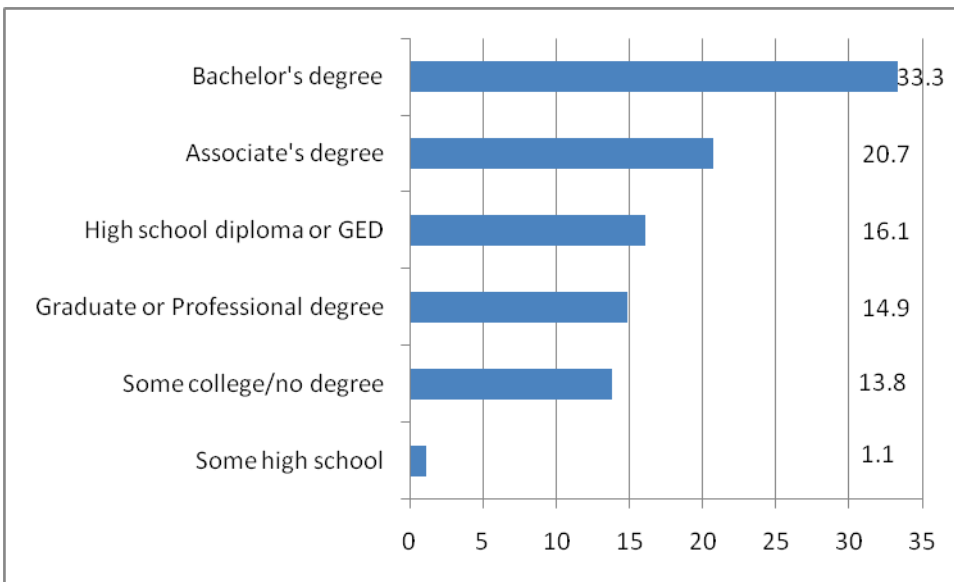


**Demographic Information**

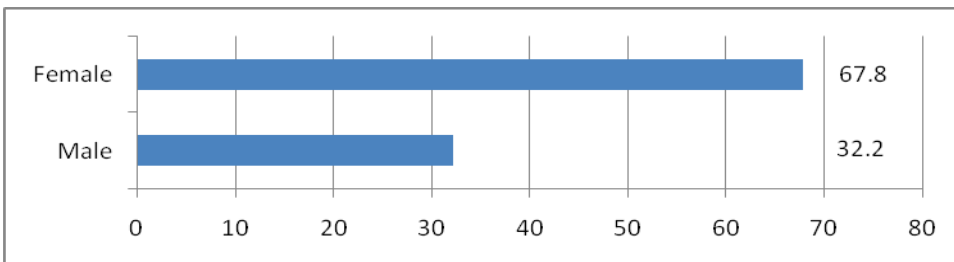
**Figure 23: Respondents' age distribution**



**Figure 24: Respondents' education**



**Figure 25: Respondents' gender distribution**



## Secondary Research

### HEALTH OUTCOMES

#### Mortality

The Mortality health outcomes indicate that Deuel County has no premature deaths. Map 1 in the Appendix provides a county view of the premature deaths in the five-state region.

		National Benchmark	South Dakota	Deuel
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted), 2005-2007	5,564	6,815	0

#### Morbidity

The Morbidity health outcomes indicated that South Dakota citizens report more days of poor health (self-reported) than the national benchmark along with poor physical health days and poor mental health days. Deuel County continues the trend with even higher number than the national benchmark and the state of South Dakota for all areas.

		National Benchmark	South Dakota	Deuel
Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted), 2003-2009	10%	12%	14%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted), 2003-2009	2.6	2.8	3.5
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted), 2003-2009	2.3	2.6	2.2
Low birthweight	Percent of live births with low birthweight (<2,500 grams), 2001-2007	6.00%	6.80%	-

### HEALTH FACTORS

#### Health Behaviors

The Health Behavior outcomes indicated that South Dakota has higher adult smoker percentages than the national benchmark and Deuel County has the same as the national benchmark.

Both South Dakota and Deuel County have higher percentages in adult obesity than the national benchmark.

Physical inactivity is lower in the national benchmark compared to South Dakota and Deuel County which are both higher.

Deuel County and South Dakota have a significantly higher percentage in excessive drinking than the national benchmark.

Motor vehicle crash deaths in South Dakota are higher than the national benchmark. There were no numbers reported for Deuel County.

Sexually transmitted infections rank substantially higher in South Dakota than the national benchmark number and in Deuel County. Deuel County even was lower than the national benchmark.

Teen birth rates were higher in South Dakota compared to the national benchmark numbers. Deuel County was just slightly over the national benchmark number but very comparable.

		National Benchmark	South Dakota	Deuel
Adult smoking	Percent of adults that currently smoke and have smoked at least 100 cigarettes in their lifetime, 2003-2009	15%	20%	15%
Adult obesity	Percent of adults that report a body mass index (BMI) of at least 30 kg/m <sup>2</sup> , 2008	25%	29%	28%
Physical inactivity	Percent of adults reporting no leisure time physical activity, 2008	20%	26%	29%
Excessive Drinking	Percent of adults reporting binge drinking and heavy drinking**, 2003-2009	8%	19%	22%
Motor vehicle crash death rate	Motor vehicle crash deaths per 100,000 population, 2001-2007	12	23.7	-
Sexually transmitted infections	Number of chlamydia cases (new cases reported) per 100,000 population, 2008	83	371.3	46.8
Teen birth rate	Number of teen births per 1,000 females ages 15-19, 2001-2007	22	38.7	25.3

### Clinical Care

Clinical Care outcomes show that both the state of South Dakota and Deuel County have a higher percentage of uninsured adults than the national benchmark. The same trend happens with uninsured youth.

The ratio to primary care physicians is less positive in South Dakota and Deuel County when compared to the national benchmark. Again, the trend continues with South Dakota and Deuel County being less positive in the ratio to mental health providers.

Active professional dentist numbers are less in South Dakota and Deuel County than compared to the national benchmark.

Preventable hospital stays in South Dakota are slightly higher than the national benchmark and quite a bit higher in Deuel County than the national benchmark numbers.

Diabetes screenings in Deuel County are higher than the national benchmark but the state of South Dakota has lower numbers than the national benchmark.

South Dakota has a lower percentage of Medicare mammograms than the national benchmark but Deuel County has higher percentages than the national benchmark.

Maps 13-20 in the Appendix provide county views of the Clinical Care indicators within the five-state region.

		<b>National Benchmark</b>	<b>South Dakota</b>	<b>Deuel</b>
Uninsured adults	Percent of adult population ages 18-64 without health insurance, 2007	13%	16%	17%
Uninsured youth	Percent of youth ages 0-18 without health insurance, 2007	7%	9%	11%
Primary care physicians	Ratio of total population to primary care physicians, 2008	631:1	769:1	2117:1
Mental health providers	Ratio of total population to mental health providers, 2008	2242:1	3544:1	4233:0
Dentist rate	Number of professionally active dentists per 100,000 population, 2007	69.0	50.0	23.4
Preventable hospital stays	Hospitalization discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees, 2006-2007	52.0	68.6	112.8
Diabetes screening	Percent of Medicare enrollees with diabetes that receive HbA1c screening, 2006-2007	89%	83%	93%
Mammography screening	Percent of female Medicare enrollees that receive mammography screening, 2006-2007	74%	68%	92%

### **Social and Economic Factors**

The Social and Economic Factors percentages for high school graduates show that South Dakota has a lower percent and Deuel County has a higher percent of high school graduates than the national benchmark. As for college graduates, both South Dakota and Deuel County have lower percentages than the national benchmark.

The unemployment percentage comparisons show South Dakota being lower than the national benchmark but Deuel County is just slightly higher than the national benchmark.

The child poverty percentage in South Dakota is a little higher than the national benchmark and Deuel County has a slightly higher percent than the national benchmark.

Inadequate social support in South Dakota and Deuel County is slightly higher than the national benchmark.

The percentage of children in single parent households in South Dakota is higher than the national benchmark; however, it is significantly lower in Deuel County than the national benchmark.

The homicide rate in South Dakota is higher than the national benchmark. There were no homicides reported in Deuel County between the years 2001-2007.



		National Benchmark	South Dakota	Deuel
High school graduation	Percent of ninth-grade cohort in public schools that graduates from high school in four years, 2006-2007	92.0%	83.0%	100.0%
Some college	Percent of adults ages 25-44 with some post-secondary education, 2005-2009	68.0%	64.0%	60.0%
Unemployment	Percent of population ages 16 and older that is unemployed but seeking work, 2009	5.3%	4.8%	5.9%
Child poverty	Percent of children ages 0-17 living below the Federal Poverty Line, 2008	11.0%	18.0%	13.0%
Inadequate social support	Percent of adults that never, rarely, or sometimes get the social and emotional support they need, 2003-2009	14.0%	17.0%	15.0%
Children in single-parent households	Percent of children in families that live in a household headed by a parent with no spouse present, 2005-2009	20.0%	29.0%	8.0%
Homicide rate	Number of deaths due to murder or non-negligent manslaughter per 100,000 population, 2001-2007	1.0	2.5	-

### Physical Environment

The Physical Environment results show that there are no air pollution or ozone pollution areas. The percentages for access to healthy foods in both South Dakota and Deuel County are quite lower than the national benchmark percent.

South Dakota's access to recreation facilities is lower than the national benchmark. There was no rating for Deuel County.

Maps 28-31 in the Appendix provide county views of the Physical Environment indicators within the five-state region.

		National Benchmark	South Dakota	Deuel
Air pollution-particulate matter	Number of days air quality was unhealthy for sensitive populations due to fine particulate matter, 2006	0	0	0
Air pollution-ozone	Number of days air quality was unhealthy for sensitive populations due to ozone levels, 2006	0	0	0
Access to healthy foods	Percent of zip codes with a healthy food outlet (i.e., grocery store or produce stand/farmers' market), 2008	92.0%	42.0%	33.0%
Access to recreational facilities	Number of recreational facilities per 100,000 population, 2008	17	13	0

## Demographics

The percentage of youth in the total population is very comparable across the board with the national benchmark, South Dakota and Deuel County percentages. The elderly percentage of total population in South Dakota and in Deuel County is very comparable to the national benchmark.

The South Dakota total population living in rural areas is higher than the national benchmark. Deuel County's rural population is 100%, much higher than the national benchmark and the South Dakota percentage.

Only 2% of Deuel County and South Dakota are non-proficient in speaking English compared to the national benchmark of 9%. The national benchmark for illiteracy is 15%, South Dakota is 7%, and Deuel County is 8% - both lower than the national benchmark.

Maps 32-36 in the Appendix provide county views of the demographics within the five-stage region.

		National Benchmark	South Dakota	Deuel
Youth	Percent of total population ages 0-17, 2009	24%	25%	24%
Elderly	Percent of total population ages 65 and older, 2009	13%	14%	19%
Rural	Percent of total population living in a rural area, 2000	21%	48%	100%
Not English proficient	Percent of total population that speaks English less than "very well," 2005-2009	9%	2%	2%
Illiteracy	Percent of population ages 16 and older that lacks basic prose literacy skills, 2003	15%	7%	8%

## Population Age

The percentages are all comparable with the national benchmark population percentages in all areas including older than 65, older than 85, male and female.

	National Benchmark	South Dakota	Deuel
Total Population	308,745,538	814,180	4,364
Percent ages 65 and older	13%	14%	19%
Percent 85 and older	2%	2%	3%
Percent male	49%	50%	52%
Percent female	51%	50%	48%

## Housing

Deuel County has a higher percentage rate of owner-occupied housing than both the national benchmark and the South Dakota percentage. Both South Dakota and Deuel County have lower percentages of renter-occupied housing than the national benchmark.

	National Benchmark	South Dakota	Deuel
Percent of occupied housing that is owner-occupied	65%	68%	81%
Percent of occupied housing that is renter-occupied	35%	32%	19%

## Economic Security

The working age population percentage in the labor force is very comparable between the national benchmark, South Dakota and Deuel County.

The percentage of those living at less than 100% of the Federal poverty level is 14% in South Dakota and 6% in Deuel County, compared to the national benchmark of 14%. Those living at less than 200% of the Federal poverty level are very comparable between the three sources. The national benchmark for median household income is \$51,912. South Dakota is at \$46,369 and Deuel County is a little higher at \$47,000.

Those spending 30% or more of their income on housing costs is 30% for the national benchmark, 20% in South Dakota, and 18% in Deuel County.

	National Benchmark	South Dakota	Deuel
Percent of working age population in the labor force	65%	69%	71%
Percent of total population with income less than 100% of poverty	14%	14%	6%
Percent of total population with income less than 200% of poverty	32%	33%	28%
Median household income (by age of householder)	\$51,914	\$46,369	\$47,000
Owner-occupied housing units (by age of householder)	76,089,650	217,250	1,475
Percent spending 30% or more of income toward housing costs	30%	20%	18%
Renter-occupied housing units (by age of householder)	38,146,346	98,218	327
Percent spending 30% or more of income toward rental housing costs	47%	35%	17%

## Diversity Profile

The total population in Deuel County is primarily dominated by the white race. Hispanic origin is the second most prevalent race in Deuel County followed by Black, American Indian and Asian. In South Dakota, the white race again leads followed by American Indian.

	National Benchmark	South Dakota	Deuel
Total population	308,745,538	814,180	4,364
White alone	223,553,265	699,392	4,253
Asian alone	14,674,252	7,610	4
Black alone	38,929,319	10,207	13
Hispanic origin - of any race	50,477,594	22,119	86
American Indian	2,932,248	71,817	12

## Health Needs Identified

The identified needs from the surveys and analysis of secondary data indicated the following needs:

- Obesity
- Cardiovascular Testing in School

### *Community/Assets/Prioritization Process*

A review of the primary and secondary research concerns was conducted followed by an asset mapping exercise to determine what resources were available to address the needs. An informal gap analysis was conducted at the conclusion of the asset mapping work.

Table 1 in the Appendix displays the concerns and assessed needs that were determined by the assessment and includes the assets in the community that address the needs.

The priorities that remain include:

- Cancer
- Obesity
- Substance Abuse
- Cardiovascular Testing in School

Table 2 In the Appendix displays the unmet needs that were determined after the asset mapping exercise and the prioritized list on remaining needs.

# IMPLEMENTATION STRATEGY

## 2012-13 Community Health Needs Assessment Sanford Clear Lake Medical Center Implementation Strategy

The following unmet needs were identified through a formal community health needs assessment, resource mapping and prioritization process:

- Cardiovascular Testing in Youth (Heart Screenings)
- Obesity

### **Implementation Strategy: Youth/Athletic Cardiovascular Screenings**

- Complete community education presentations on youth heart screenings.
- Arrange for all students in grades 6-12 at Deuel School in Clear Lake to have a heart screening completed.
- Arrange for the incoming 6<sup>th</sup> grade class to have heart screening done with school sign-up starting with the August 2013 year.
- Complete fundraising efforts to cover the costs of all youth heart screenings.
- Newspaper articles and flyers published for community awareness.

### **Implementation Strategy: Obesity**

- Complete BMI on all students in grade 6-12 in Deuel School in Clear Lake.
- Identify all students with BMI higher than “normal” range and do 1-1 counseling with nurse educator on healthy food/meal choices.
- Advertise hospital-owned Wellness Center open to public 7 days a week/24hrs a day at a small monthly fee.
- Complete youth obesity project in community in summer of 2013. Project will be published for professional degree.

## 2013 Community Health Needs Assessment Enterprise Implementation Strategy

The following unmet needs were identified through a formal community health needs assessment, resource mapping and prioritization process:

- Mental Health Services
- Obesity

### Implementation Strategy: Mental Health Services - Sanford One Mind

- Completion (to the extent resources allow) of full integration of Behavioral Health services in all primary care clinics in Fargo and Sioux Falls
- Completion (to the extent resources allow) of full integration of Behavioral Health services or access to Behavioral Health outreach in all regional clinic sites in the North, South and Bemidji regions
- Complete presentation of outcomes of first three years of integrated Behavioral Health services
- Implementation of integrated Behavioral Health into clinics in new regions
- Design Team for Inpatient Psychiatric Unit, Partial Hospitalization and Clinic Space for Fargo presents recommendations for design of new spaces
- Design Team for Sioux Falls Inpatient Psychiatric Units and Partial Hospitalization

### Implementation Strategy: Obesity

- Medical Management for Obesity
  - Develop CME curriculum for providers and interdisciplinary teams across the enterprise inclusive of medical, nutrition, nursing, and Behavioral Health professionals
- Develop community education programming
  - Include the following program options in the curriculum to create awareness of existing resources:
    - Family Wellness Center
    - Honor Your Health Program
    - WebMD Fit Program
    - Bariatric Services
    - Eating Disorder Institute
    - Mental Health/Behavioral Health
    - Profile
- Actively participate in community initiatives to address wellness, fitness and healthy living

# APPENDIX



# 2011 County Health Profile

An adaptation of the County Health Rankings Project for the Fargo-Moorhead Community Health Needs Assessment Collaborative

Deuel County

South Dakota

HEALTH OUTCOMES		Deuel	*National Benchmark	South Dakota
<i>Mortality</i>				
<b>Premature death</b>	Years of potential life lost before age 75 per 100,000 population (age-adjusted), 2005-2007	-	5,564	6,815
<i>Morbidity</i>				
<b>Poor or fair health</b>	Percent of adults reporting fair or poor health (age-adjusted), 2003-2009	14%	10%	12%
<b>Poor physical health days</b>	Average number of physically unhealthy days reported in past 30 days (age-adjusted), 2003-2009	3.5	2.6	2.8
<b>Poor mental health days</b>	Average number of mentally unhealthy days reported in past 30 days (age-adjusted), 2003-2009	2.2	2.3	2.6
<b>Low birthweight</b>	Percent of live births with low birthweight (<2,500 grams), 2001-2007	-	6.0%	6.8%
<b>HEALTH FACTORS</b>				
<i>Health Behaviors</i>				
<b>Adult smoking</b>	Percent of adults that currently smoke and have smoked at least 100 cigarettes in their lifetime, 2003-2009	15%	15%	20%
<b>Adult obesity</b>	Percent of adults that report a body mass index (BMI) of at least 30 kg/m <sup>2</sup> , 2008	28%	25%	29%
<b>Physical inactivity</b>	Percent of adults reporting no leisure time physical activity, 2008	29%	20%	26%
<b>Excessive drinking</b>	Percent of adults reporting binge drinking and heavy drinking**, 2003-2009	22%	8%	19%
<b>Motor vehicle crash death rate</b>	Motor vehicle crash deaths per 100,000 population, 2001-2007	-	12.0	23.7
<b>Sexually transmitted infections</b>	Number of chlamydia cases (new cases reported) per 100,000 population, 2008	46.8	83.0	371.3
<b>Teen birth rate</b>	Number of teen births per 1,000 females ages 15-19, 2001-2007	25.3	22.0	38.7
<i>Clinical Care</i>				
<b>Uninsured adults</b>	Percent of adult population ages 18-64 without health insurance, 2007	17%	13%	16%
<b>Uninsured youth</b>	Percent of youth ages 0-18 without health insurance, 2007	11%	7%	9%
<b>Primary care physicians</b>	Ratio of total population to primary care physicians, 2008	2,117:1	631:1	769:1
<b>Mental health providers</b>	Ratio of total population to mental health providers, 2008	4,233:0	2,242:1	3,544:1
<b>Dentist rate</b>	Number of professionally active dentists per 100,000 population, 2007	23.4	69.0	50.0
<b>Preventable hospital stays</b>	Hospitalization discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees, 2006-2007	112.8	52.0	68.6
<b>Diabetic screening</b>	Percent of diabetic Medicare enrollees that receive HbA1c screening, 2006-2007	93%	89%	83%
<b>Mammography screening</b>	Percent of female Medicare enrollees that receive mammography screening, 2006-2007	92%	74%	68%

HEALTH FACTORS (continued)	Deuel	*National Benchmark	South Dakota
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*Social and Economic Factors*

<b>High school graduation</b>	Percent of ninth-grade cohort in public schools that graduates from high school in four years, 2006-2007	100%	92%	83%
<b>Some college</b>	Percent of adults ages 25-44 with some post-secondary education, 2005-2009	60%	68%	64%
<b>Unemployment</b>	Percent of population ages 16 and older that is unemployed but seeking work, 2009	5.9%	5.3%	4.8%
<b>Child poverty</b>	Percent of children ages 0-17 living below the Federal Poverty Line, 2008	13%	11%	18%
<b>Inadequate social support</b>	Percent of adults that never, rarely, or sometimes get the social and emotional support they need, 2003-2009	15%	14%	17%
<b>Children in single-parent households</b>	Percent of children in families that live in a household headed by a parent with no spouse present, 2005-2009	8%	20%	29%
<b>Homicide rate</b>	Number of deaths due to murder or non-negligent manslaughter per 100,000 population, 2001-2007	-	1.0	2.5

*Physical Environment*

<b>Air pollution-particulate matter</b>	Number of days air quality was unhealthy for sensitive populations due to fine particulate matter, 2006	0	0	0
<b>Air pollution-ozone</b>	Number of days air quality was unhealthy for sensitive populations due to ozone levels, 2006	0	0	0
<b>Access to healthy foods</b>	Percent of zip codes with a healthy food outlet (i.e., grocery store or produce stand/farmers' market), 2008	33%	92%	42%
<b>Access to recreational facilities</b>	Number of recreational facilities per 100,000 population, 2008	0.0	17.0	13.0

*Demographics*

		Deuel	United States	South Dakota
<b>Youth</b>	Percent of total population ages 0-17, 2009	24%	24%	25%
<b>Elderly</b>	Percent of total population ages 65 and older, 2009	19%	13%	14%
<b>Rural</b>	Percent of total population living in a rural area, 2000	100%	21%	48%
<b>Not English proficient</b>	Percent of total population that speaks English less than "very well," 2005-2009	2%	9%	2%
<b>Illiteracy</b>	Percent of population ages 16 and older that lacks basic prose literacy skills, 2003	8%	15%	7%

\*The national benchmark is the 90th percentile (i.e., 10% of counties nationwide ranked better). \*\*Binge drinking is defined as consuming more than 4 (for women) or 5 (for men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than 1 (for women) or 2 (for men) alcoholic beverages per day on average. - Blank values reflect unreliable or missing data.

Source: The overall format and content of the County Health Profiles is based largely on County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>. Additional data sources include the U.S. Census Bureau, Small Area Health Insurance Estimates, <http://www.census.gov/sahie/> and the Centers for Disease Control and Prevention's National Center for Health Statistics - the Health Indicators Warehouse, <http://healthindicators.gov> and "Health, United States, 2010," Table 109, <http://www.cdc.gov/nchs/hus.htm>.

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## Definitions of Health Variables

Definitions of Health Variables from the <i>County Health Rankings 2011 Report</i> Variable	Definition
<b>Poor or Fair Health</b>	Self-reported health status based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?"
<b>Poor Physical Health Days (in past 30 days)</b>	Estimate based on responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"
<b>Poor Mental Health Days (in past 30 days)</b>	Estimate based on responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"
<b>Adult Smoking</b>	Percent of adults that report smoking equal to, or greater than, 100 cigarettes and are currently a smoker
<b>Adult Obesity</b>	Percent of adults that report a BMI greater than, or equal to, 30
<b>Excessive Drinking</b>	Percent of as individuals that report binge drinking in the past 30 days (more than 4 drinks on one occasion for women, more than 5 for men) or heavy drinking (defined as more than 1 (women) or 2 (men) drinks per day on average
<b>Sexually Transmitted Infections</b>	Chlamydia rate per 100,000 population
<b>Teen Birth Rate</b>	Birth rate per 1,000 female population, ages 15-19
<b>Uninsured Adults</b>	Percent of population under age 65 without health insurance
<b>Preventable Hospital Stays</b>	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
<b>Mammography Screening</b>	Percent of female Medicare enrollees that receive mammography screening
<b>Access to Healthy Foods</b>	Healthy food outlets include grocery stores and produce stands/farmers' markets
<b>Access to Recreational Facilities</b>	Rate of recreational facilities per 100,000 population
<b>Physical Inactivity</b>	Percent of adults aged 20 and over that report no leisure time physical activity
<b>Primary Care Provider Ratio</b>	Ratio of population to primary care providers
<b>Mental Health Care Provider Ratio</b>	Ratio of population to mental health care providers
<b>Diabetes Screening</b>	Percent of Medicare enrollees with diabetes that receive HbA1c screening
<b>Binge Drinking</b>	Percent of adults that report binge drinking in the last 30 days. Binge drinking is consuming more than 4 (women) or 5 (men) alcoholic drinks on one occasion.

# Aging Profile

2010 Demographic and Socio-Economic Profile  
for the Aging Population Ages 65 and Older

Deuel County

South Dakota

CHARACTERISTICS	AGE		
	Total	Less than 65 Years	Ages 65 and Older
<i>Population</i> <sup>1</sup>			
Total population	4,364	3,525	839
Percent ages 65 and older	19%	-	100%
Percent ages 85 and older	3%	-	15%
Percent male	52%	53%	47%
Percent female	48%	47%	53%
<i>Living Arrangements</i>			
Total households (by age of householder) <sup>1</sup>	1,819	1,283	536
Percent with family households (i.e., at least two people who are related)	68%	72%	56%
Percent with householder living alone	29%	23%	43%
Grandparents living with their grandchildren* <sup>2</sup>	19	13	6
Percent who are responsible for their grandchildren	32%	46%	0%
<i>Housing</i> <sup>1</sup>			
Percent of occupied housing that is owner-occupied	81%	83%	79%
Percent of occupied housing that is renter-occupied	19%	17%	21%
<i>Economic Security</i> <sup>2</sup>			
Percent of working-age population in labor force	71%	87%	21%
Percent of total population with income less than 100% of poverty	6%	5%	11%
Percent of total population with income less than 200% of poverty	28%	26%	35%
Median household income (by age of householder)	\$47,000	\$52,486	\$30,472
Owner-occupied housing units (by age of householder)	1,475	1,087	388
Percent spending 30% or more of income toward housing costs	18%	17%	23%
Renter-occupied housing units (by age of householder)	327	178	149
Percent spending 30% or more of income toward housing costs	17%	15%	21%

Note: \*The age categories for this indicator are grandparents ages 35 to 59 and grandparents ages 60 and older.

Source: U.S. Census Bureau, <sup>1</sup>2010 Census Summary File 1 and <sup>2</sup>2006-2010 American Community Survey 5-Year Estimates (sample data). The estimates presented are meant to give perspective on characteristics across age categories; however, because they are based on sample data, one should use caution when interpreting small numbers. - Blank values reflect data that are missing or not applicable.

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# Diversity Profile

2010 Demographic and Socio-Economic Profile  
for Racial and Ethnic Populations

Deuel County

South Dakota

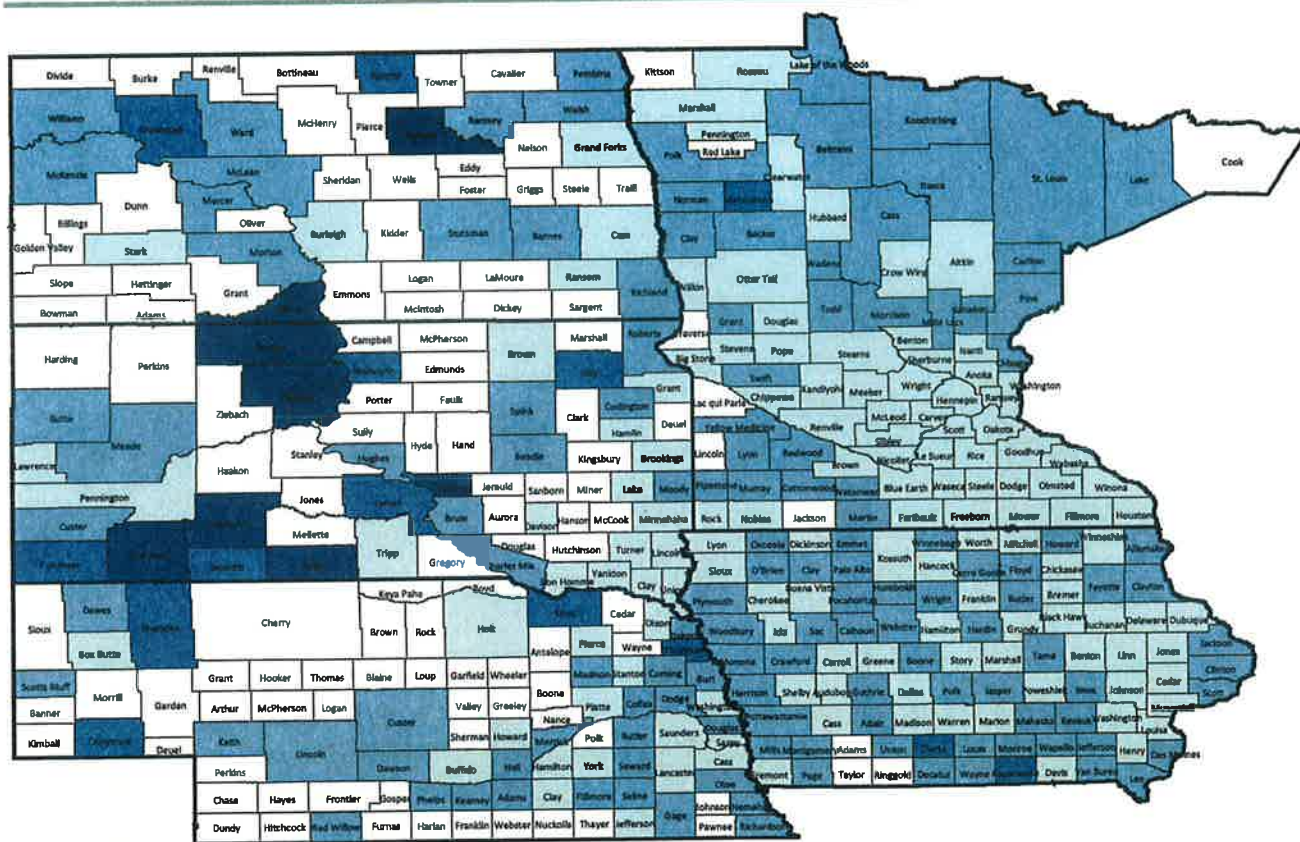
CHARACTERISTICS	Total	RACE				ETHNICITY
		White alone	Black alone	American Indian alone	Asian alone	Hispanic Origin - of any race
<i>Population</i> <sup>1</sup>						
<b>Total population</b>	4,364	4,253	13	12	4	86
<b>Percent ages 0 to 17</b>	24%	23%	46%	50%	0%	41%
<b>Percent ages 18 to 44</b>	28%	27%	38%	42%	25%	47%
<b>Percent ages 45 to 64</b>	29%	30%	15%	8%	25%	9%
<b>Percent ages 65 and older</b>	19%	20%	0%	0%	50%	4%
<b>Median age (In years)</b>	43.9	44.7	22.5	21.0	67.0	22.3
<i>Living Arrangements</i>						
<b>Total households</b> <sup>1</sup>	1,819	1,786	4	3	2	22
<b>Percent with householder living alone</b>	29%	29%	50%	33%	50%	14%
<b>Percent with families with children ages 0 to 17</b>	26%	26%	50%	67%	0%	36%
<b>Grandparents living with their grandchildren</b> <sup>2</sup>	19	19	0	0	0	0
<b>Percent who are responsible for grandchildren</b>	32%	32%	-	-	-	-
<i>Housing</i> <sup>1</sup>						
<b>Percent occupied housing that is owner-occupied</b>	81%	82%	25%	67%	50%	32%
<b>Percent occupied housing that is renter-occupied</b>	19%	18%	75%	33%	50%	68%
<i>Educational Attainment</i> <sup>2</sup>						
<b>Percent of persons ages 25 and older with high school degree or higher</b>	87%	87%	-	100%	-	86%
<b>Percent of persons ages 25 and older with Bachelor's degree or higher</b>	18%	18%	-	40%	-	0%
<i>Economic Security</i> <sup>2</sup>						
<b>Unemployment rate</b>	5%	5%	-	0%	-	43%
<b>Median household income</b>	\$47,000	\$46,854	-	\$12,083	-	\$26,875
<b>Percent of households with income &lt;\$25,000</b>	22%	22%	-	60%	-	29%
<b>Percent of persons with income &lt;100% poverty</b>	6%	6%	-	0%	-	39%
<b>Percent of children ages 0 to 17 in families with income &lt;100% poverty</b>	6%	6%	-	0%	-	51%
<b>Percent of elderly ages 65 and older with income &lt;100% poverty</b>	12%	12%	-	-	-	100%

Source: U.S. Census Bureau, <sup>1</sup>2010 Census Summary File 1 and <sup>2</sup>2006-2010 American Community Survey (ACS) 5-Year Estimates (sample data). The estimates presented are meant to give perspective on characteristics across race and ethnic categories; however, because they are based on sample data, one should use caution when interpreting small numbers. - Blank values reflect data that are missing or not applicable. Racial categories not represented include Native Hawaiian and Other Pacific Islander alone, Some Other Race alone, and Two or More races.

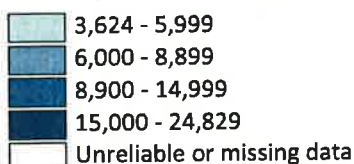
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## Premature Death - A health outcome measure focusing on mortality

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Years of potential life lost before age 75 per 100,000 population (age-adjusted), 2005-2007



### CONTEXT

**What It Is:** Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person who dies at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 U.S. population.

**Where It Comes From:** Data on deaths, including age at death, are based on death certificates and are routinely reported to the National Vital Statistics System (NVSS) at the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). NVSS calculates age-adjusted YPLL rates based on three-year averages to create more robust estimates of mortality, particularly for counties with smaller populations.

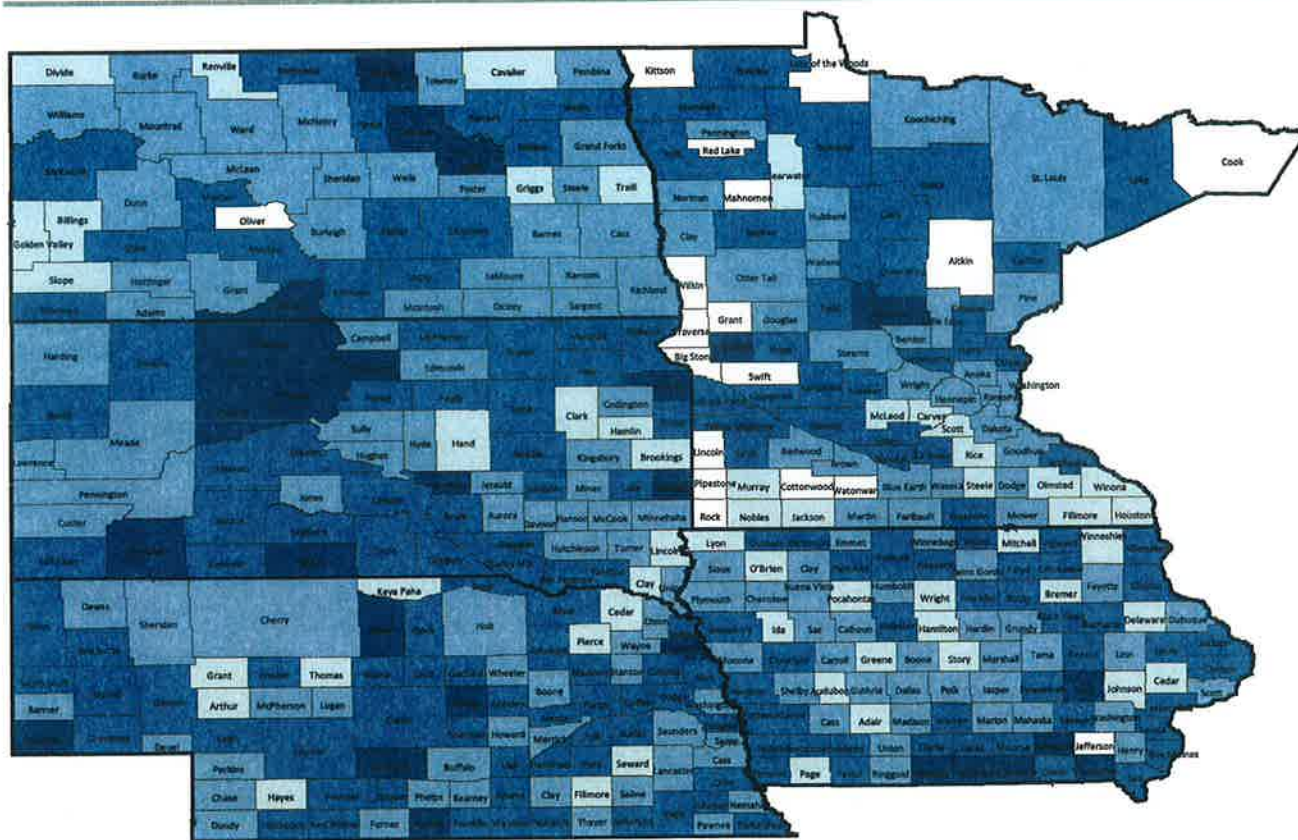
**Importance:** Age-adjusted YPLL-75 rates are commonly used to represent the frequency and distribution of premature deaths. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of death.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

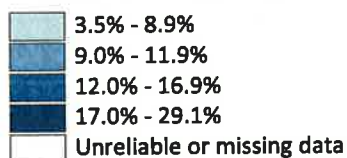
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Poor or Fair Health - A health outcome measure focusing on morbidity

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults reporting fair or poor health (age-adjusted), 2003-2009



CONTEXT

**What It Is:** Self-reported health status is a general measure of health-related quality of life in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported is the percent of adult respondents who rate their health "fair" or "poor." The measure is age-adjusted to the 2000 U.S. population.

**Where It Comes From:** This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone. Seven years of data are used to generate more stable estimates of self-reported health status.

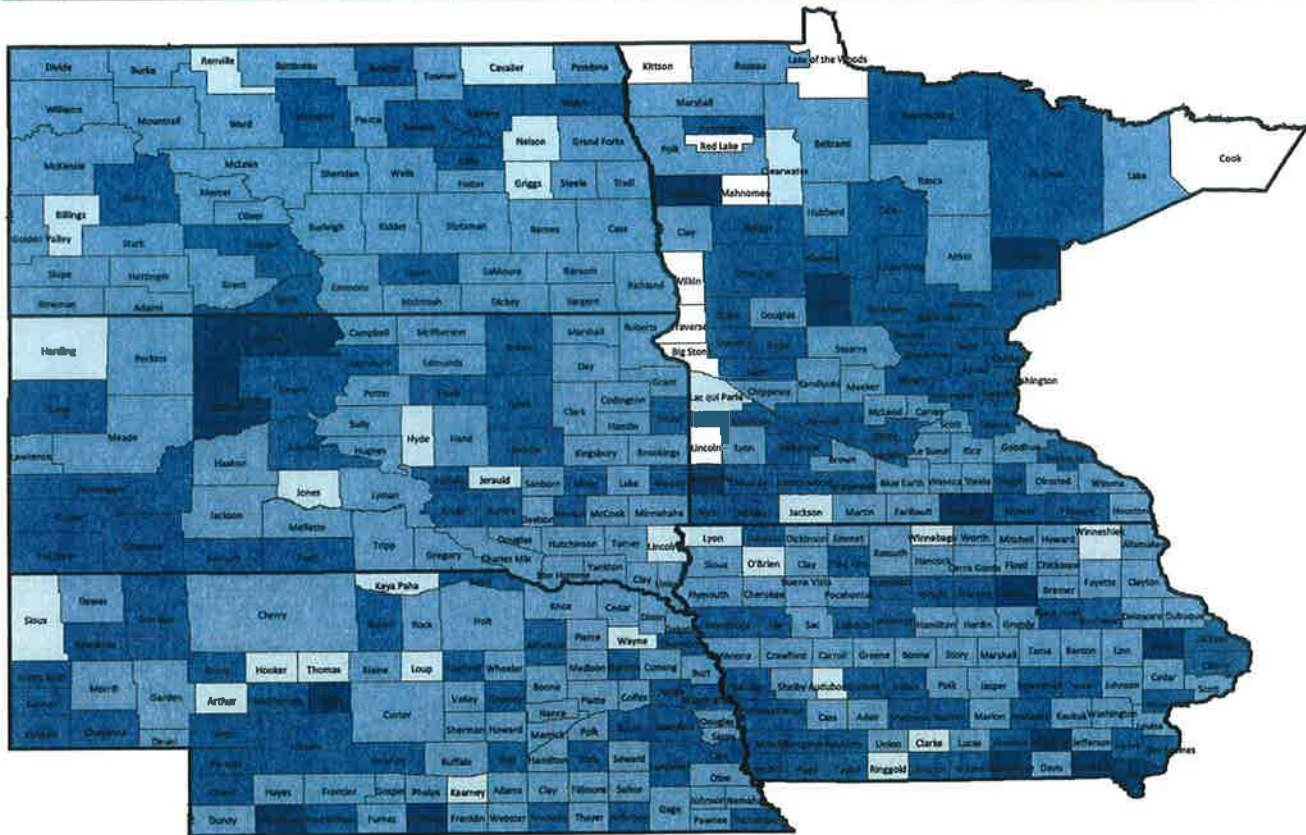
**Importance:** Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures of how healthy people are while alive – self-reported health status has been shown to be a very reliable measure of current health.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

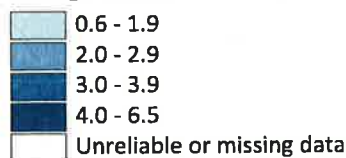
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Poor Physical Health Days - A health outcome measure focusing on morbidity

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Average number of physically unhealthy days reported in past 30 days (age-adjusted), 2003-2009



CONTEXT

**What It Is:** The poor physical health days measure is based on responses to the question: “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” Presented is the average number of days a county’s adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 U.S. population.

**Where It Comes From:** This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone. Seven years of data are used to generate more stable estimates of poor physical health days.

**Importance:** In addition to measuring how long people live, it is also important to include measures of how healthy people are while alive – people’s reports of days when their physical health was not good are a reliable estimate of their recent health.

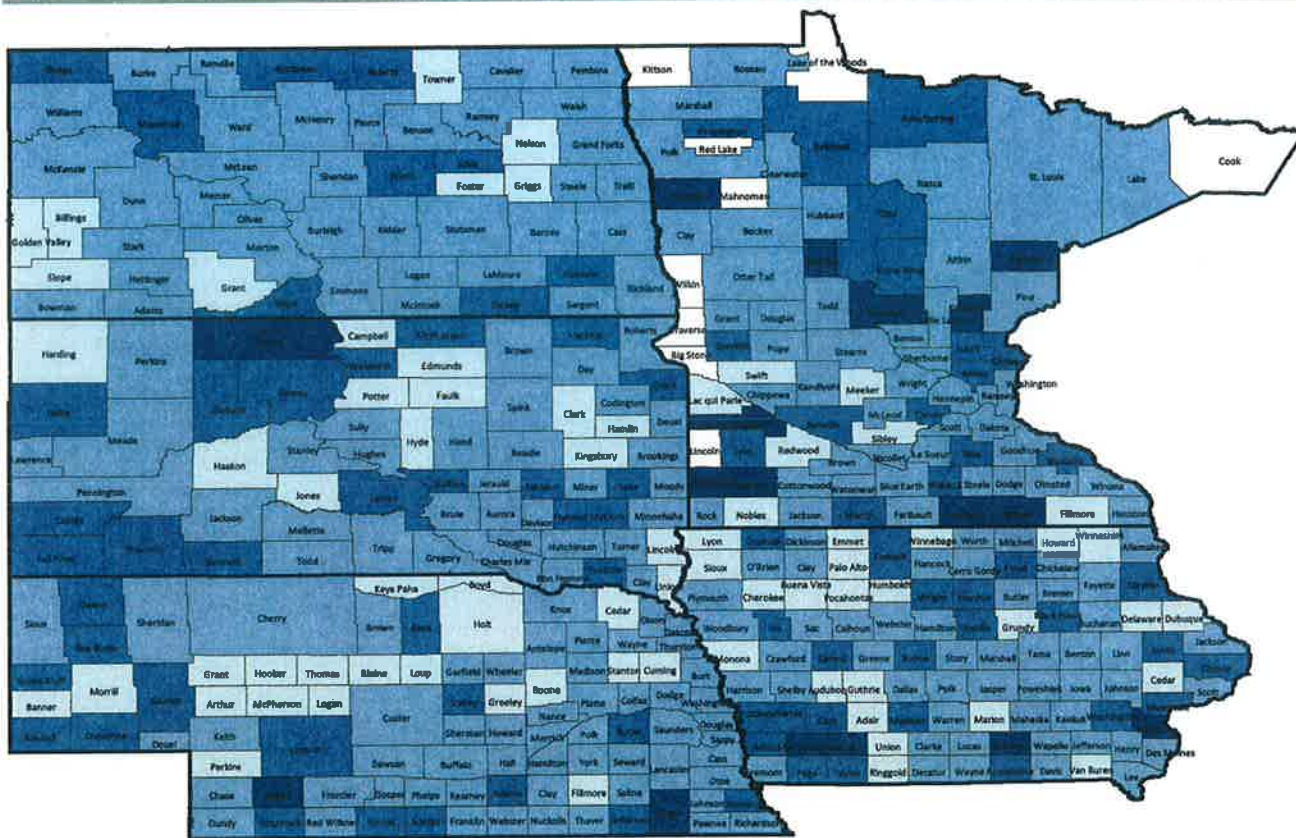
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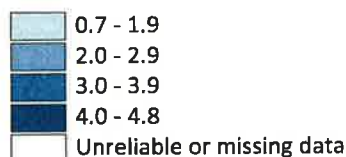


Poor Mental Health Days - A health outcome measure focusing on morbidity

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Average number of mentally unhealthy days reported in past 30 days (age-adjusted), 2003-2009



CONTEXT

**What It Is:** The poor mental health days measure is based on responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Presented is the average number of days a county’s adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 U.S. population.

**Where It Comes From:** This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone. NCHS used seven years of data to generate more stable estimates of poor mental health days.

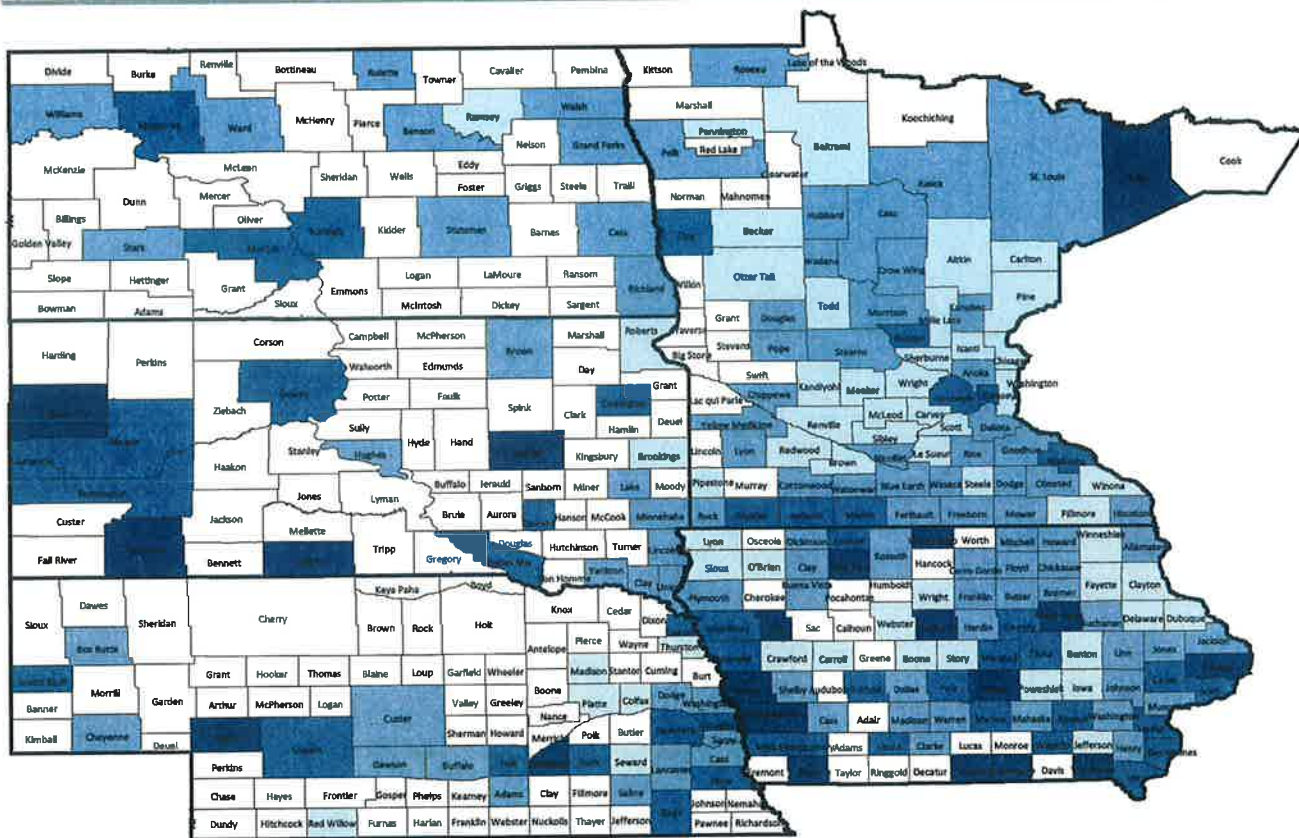
**Importance:** Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represent an important facet of health-related quality of life. The County Health Rankings considers health-related quality of life to be an important health outcome.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

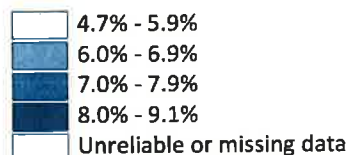
Disclaimer: The data displayed are from the source indicated; we do not vouch for the accuracy of the data or ensure they are the most recent available. The information is intended for personal, non-commercial use. It can be shared freely if it is not used for profit and appropriate acknowledgments are given. This map was prepared by researchers at North Dakota State University in Fargo for the 2011-2013 Fargo-Moorhead Community Health Needs Assessment Collaborative. December 2011

# Low Birthweight - A health outcome measure focusing on morbidity

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of live births with low birthweight (<2,500 grams), 2001-2007



## CONTEXT

**What It Is:** Low birthweight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

**Where It Comes From:** Data on births, including weight at birth, are based on birth certificates and are routinely reported to the National Vital Statistics System (NVSS) at the National Center for Health Statistics (NCHS), part at the Centers for Disease Control and Prevention (CDC). NCHS provides this measure based on the percent of live births with low birthweight for a seven-year period. They use seven-year averages to create more robust estimates, particularly for counties with smaller populations.

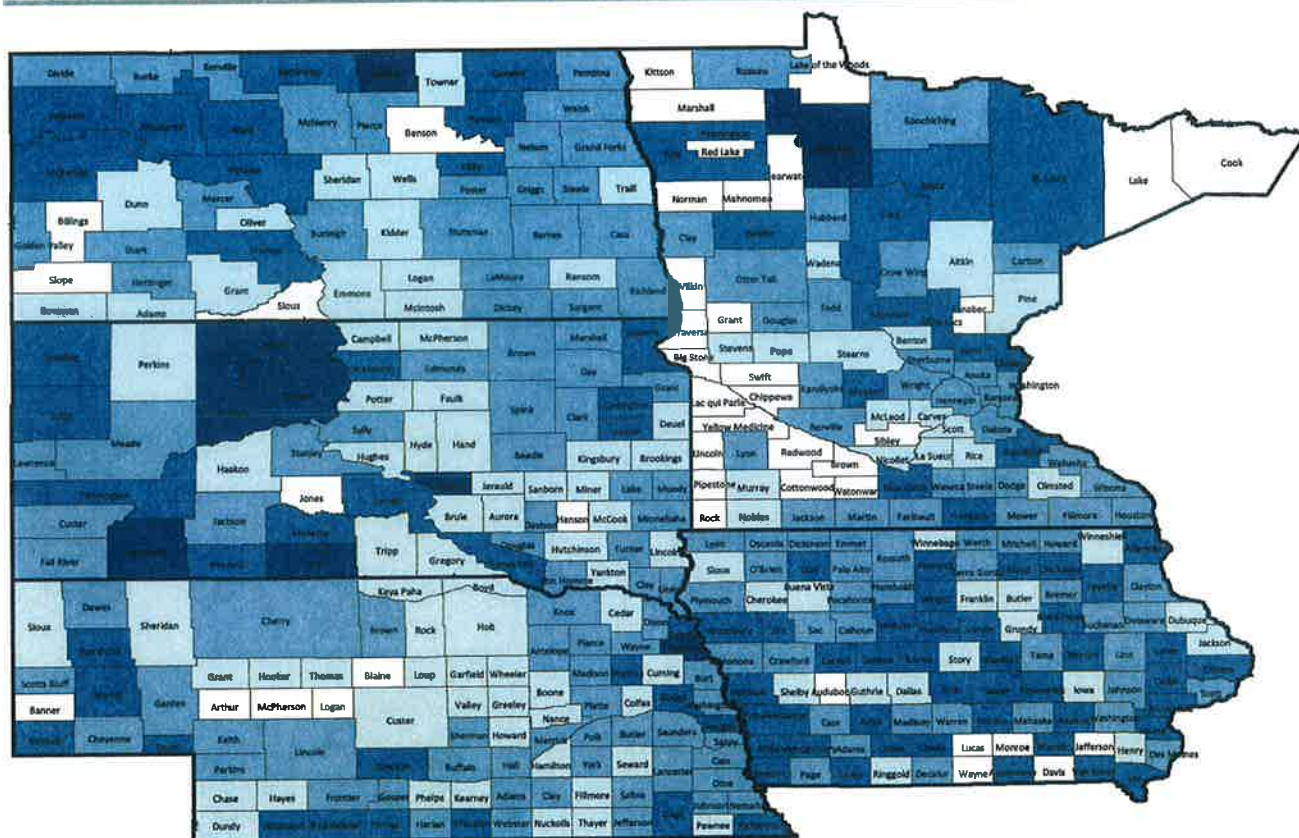
**Importance:** Low birthweight represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. The health consequences of low birthweight are numerous.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

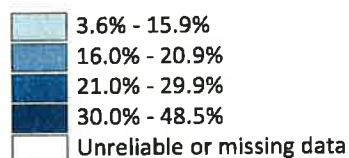
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# Adult Smoking - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults that currently smoke and have smoked at least 100 cigarettes in lifetime, 2003-2009



## CONTEXT

**What It Is:** Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime.

**Where It Comes From:** This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone. The estimates are based on seven years of data.

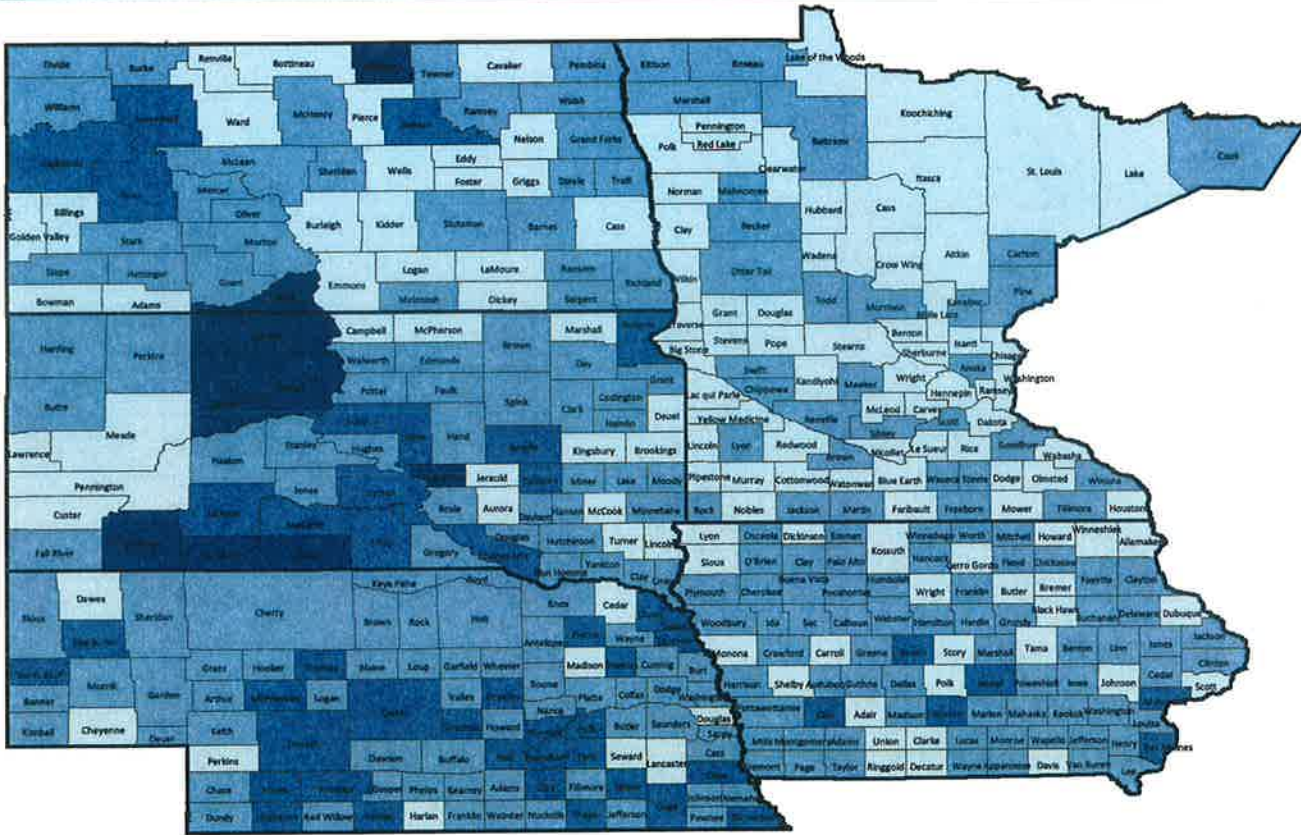
**Importance:** Each year approximately 443,000 premature deaths occur in the U.S. primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

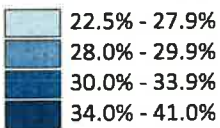
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Adult Obesity - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults that report a body mass index (BMI) of at least 30 kg/m<sup>2</sup>, 2008



CONTEXT

**What It Is:** The adult obesity measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>.

**Where It Comes From:** Estimates of obesity prevalence by county were calculated by the CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, using multiple years of Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone.

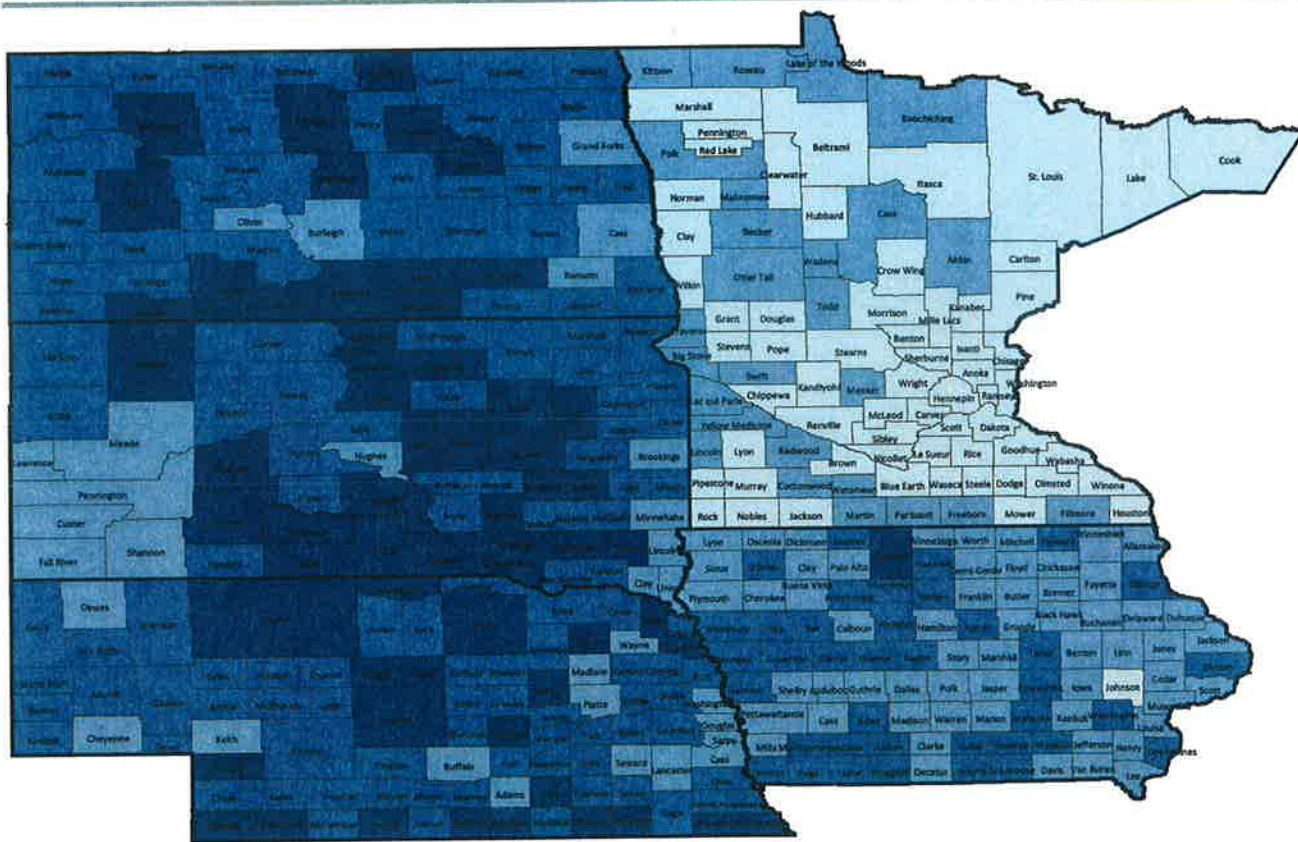
**Importance:** Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

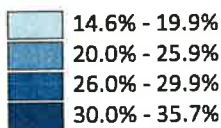
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# Physical Inactivity - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults reporting no leisure time physical activity, 2008



## CONTEXT

**What It Is:** Physical inactivity is the estimated percent of adults ages 20 and older reporting no leisure time physical activity.

**Where It Comes From:** Estimates of physical inactivity by county were calculated by the CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, using multiple years of Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone.

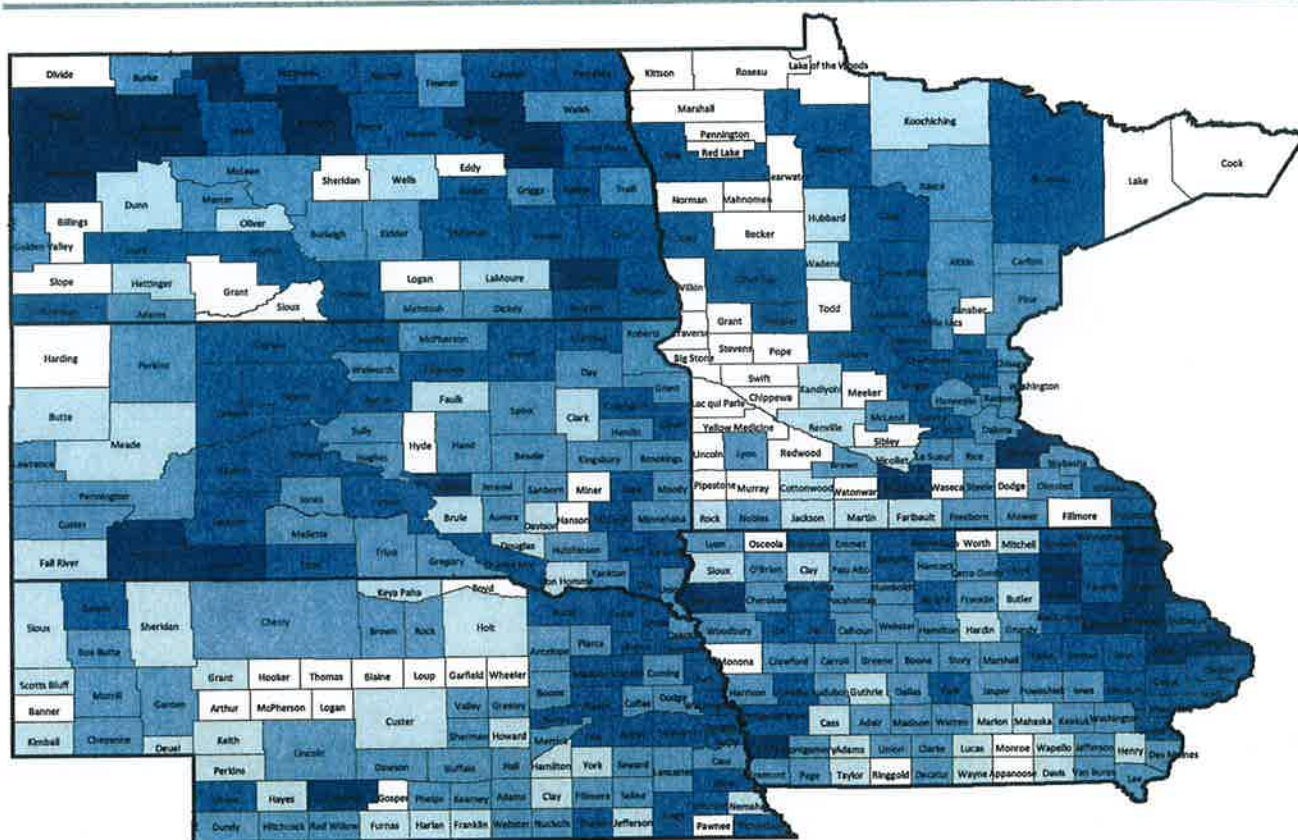
**Importance:** Regular physical activity is one of the most important things one can do for their health. It can help control weight, reduce risk of cardiovascular disease, reduce risk for type 2 diabetes and metabolic syndrome, reduce risk of some cancers, strengthen bones and muscles, improve mental health and mood, improve ability to do daily activities and prevent falls in older adults, and increase chances of living longer (Centers for Disease Control and Prevention, <http://www.cdc.gov/physicalactivity/everyone/health/index.html>).

- Data were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

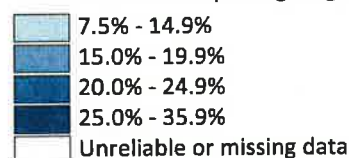
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# Excessive Drinking - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults reporting binge drinking and heavy drinking, 2003-2009



## CONTEXT

**What It Is:** The excessive drinking measure reflects the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

**Where It Comes From:** This measure was calculated by the National Center for Health Statistics using data obtained from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population ages 18 and older living in households with a land-line telephone. The estimates are based on seven years of data.

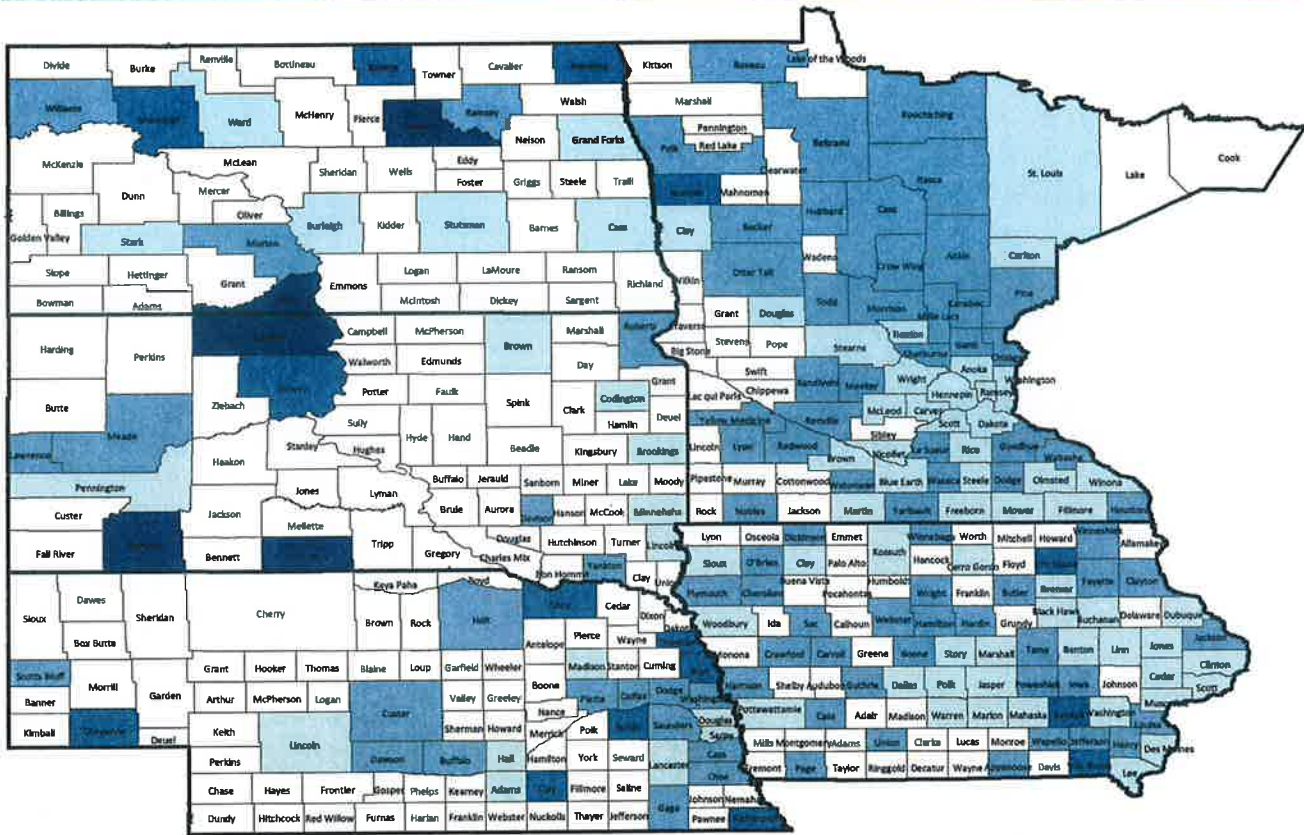
**Importance:** Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

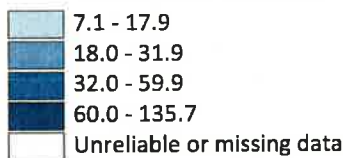
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# Motor Vehicle Crash Death Rate - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Motor vehicle crash deaths per 100,000 population, 2001-2007



## CONTEXT

**What It Is:** Motor vehicle crash deaths are measured as the crude mortality rate per 100,000 population due to on- or off-road accidents involving a motor vehicle. Motor vehicle deaths includes traffic and non-traffic accidents involving motorcycles and 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; and bikes and pedestrians when colliding with any of the vehicles mentioned. Deaths due to boating accidents and airline crashes are not included in this measure.

**Where It Comes From:** These data were calculated by National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), based on data reported to the National Vital Statistics System (NVSS). NCHS used data for a seven-year period to create more robust estimates of cause-specific mortality, particularly for counties with smaller populations.

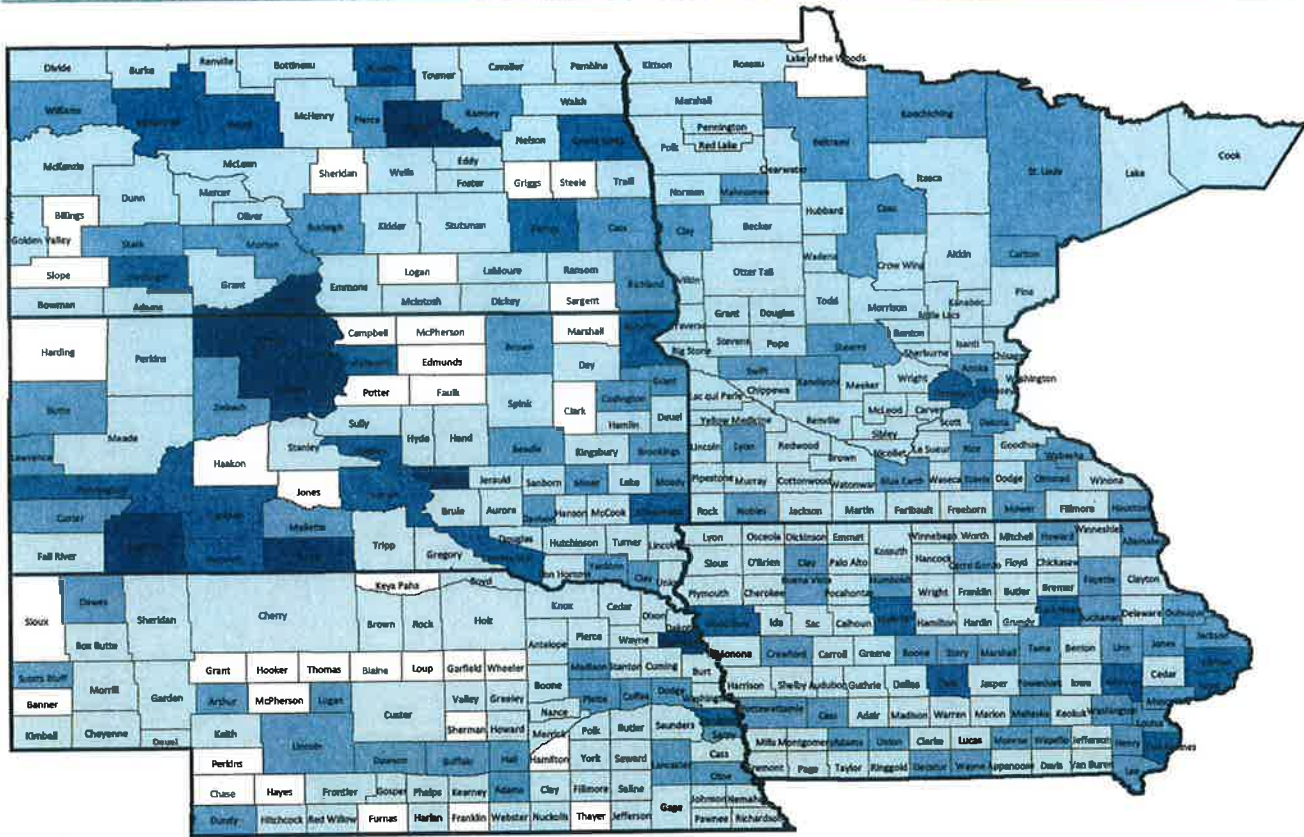
**Importance:** A strong association has been demonstrated between excessive drinking and alcohol-impaired driving, with approximately 17,000 Americans killed annually in alcohol-related motor vehicle crashes.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

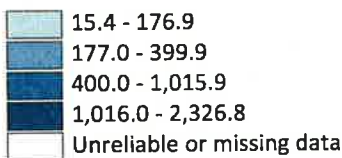
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# Sexually Transmitted Infections - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of chlamydia cases (new cases reported) per 100,000 population, 2008



## CONTEXT

**What It Is:** The Sexually Transmitted Infection (STI) rate is measured as chlamydia incidence (the number of new cases reported) per 100,000 population.

**Where It Comes From:** The county-level measures were obtained from the CDC’s National Center for Hepatitis, HIV, STD, and TB Prevention.

**Importance:** Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs in general are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. However, increases in reported chlamydia infections may reflect the expansion of chlamydia screening, use of increasingly sensitive diagnostic tests, an increased emphasis on case reporting from providers and laboratories, improvements in the information systems for reporting, as well as true increases in disease.

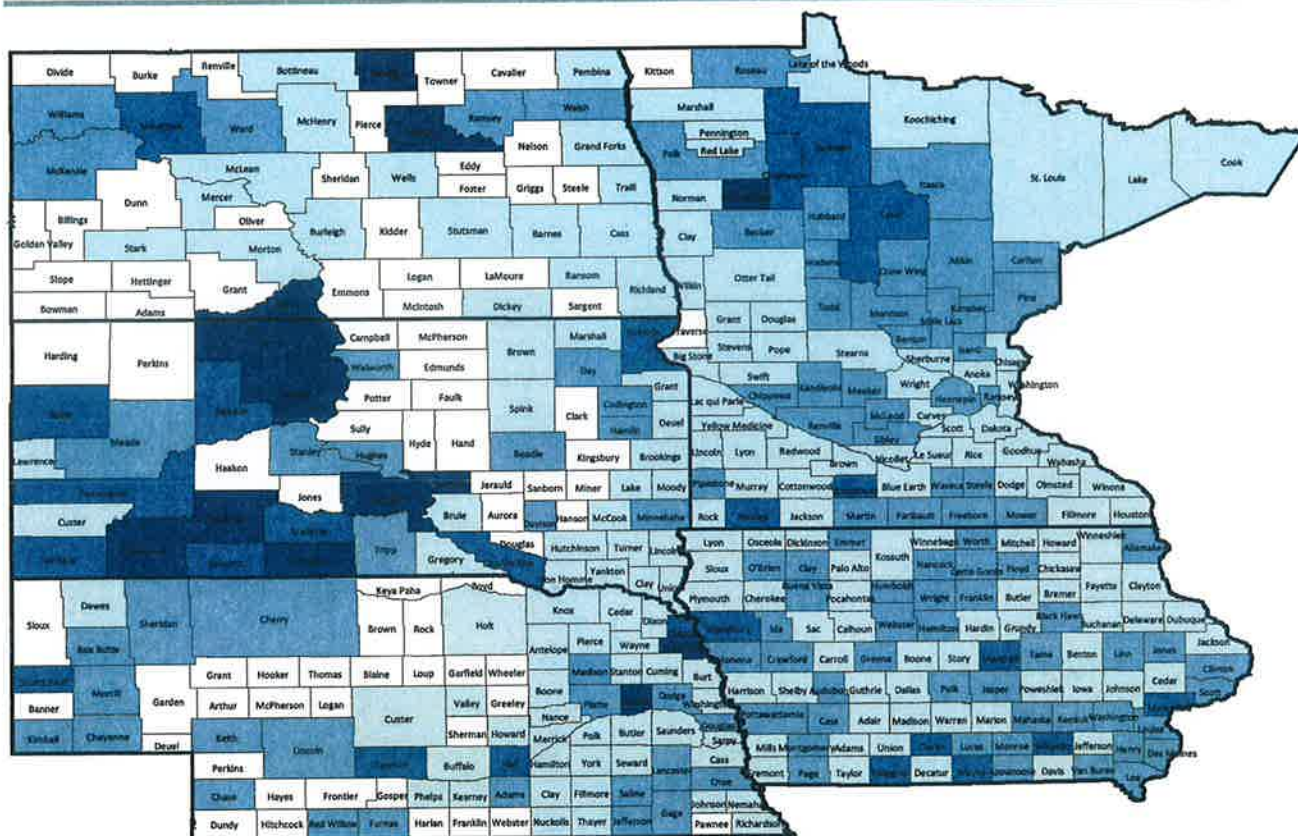
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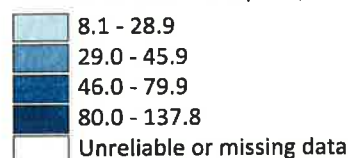


# Teen Birth Rate - A health factor measure focusing on health behaviors

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of teen births per 1,000 females ages 15 through 19, 2001-2007



## CONTEXT

**What It Is:** Teen births are reported as the number of births per 1,000 female population ages 15 through 19.

**Where It Comes From:** Teen birth rates were obtained from the National Vital Statistics System (NVSS) at the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).

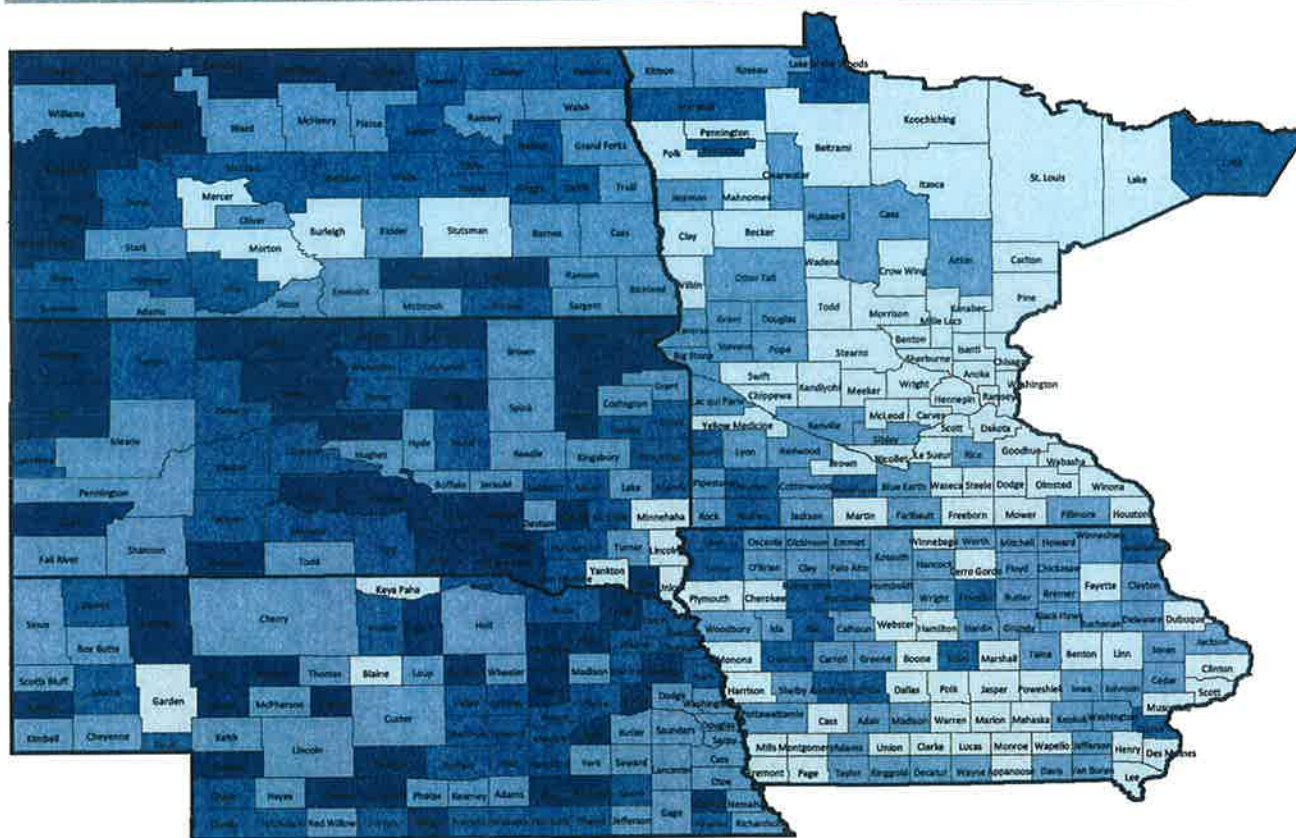
**Importance:** Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

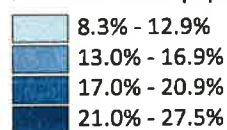
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## Uninsured Adults - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adult population ages 18 through 64 without health insurance, 2007



### CONTEXT

**What It Is:** The uninsured adults measure represents the estimated percent of the adult population under age 65 that has no health insurance coverage.

**Where It Comes From:** The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The estimates used are for the most recent year for which reliable county-level estimates are available.

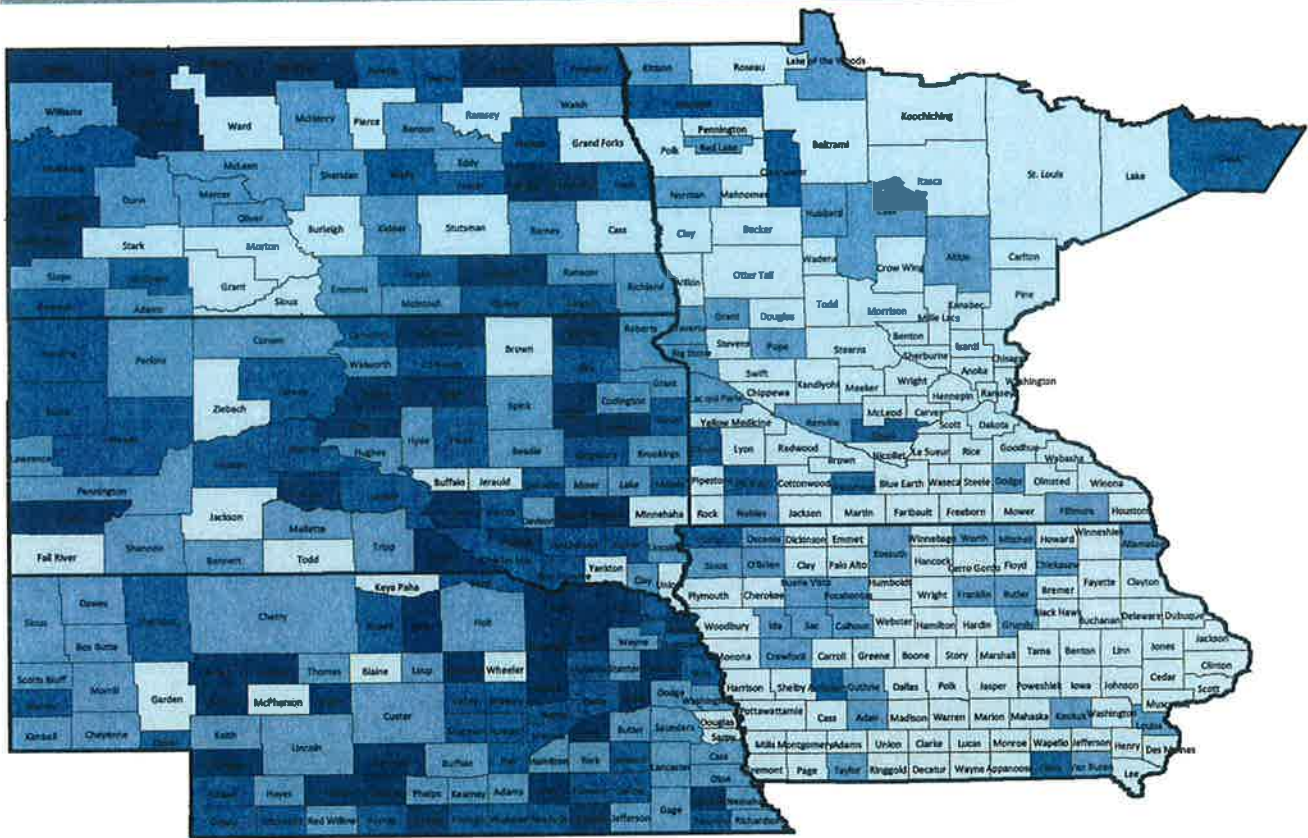
**Importance:** Lack of health insurance coverage is a significant barrier to accessing needed health care.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

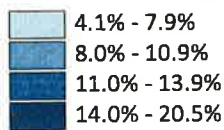
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**Uninsured Youth - A health factor measure focusing on clinical care**  
 County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota

**Map 14**



Percent of youth ages 0 through 18 without health insurance, 2007



**CONTEXT**

**What It Is:** The uninsured youth measure represents the estimated percent of the children ages birth through 18 that has no health insurance coverage.

**Where It Comes From:** The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The estimates used are for the most recent year for which reliable county-level estimates are available.

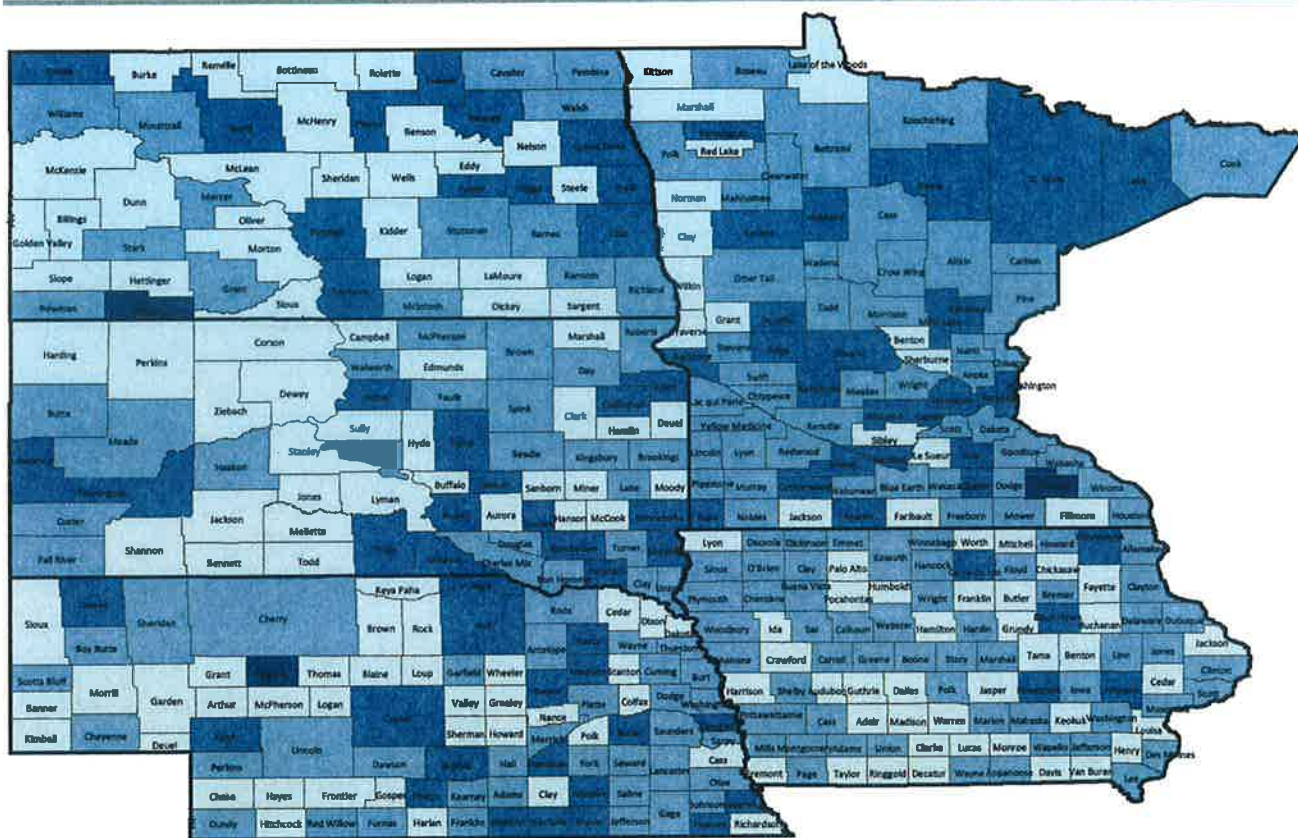
**Importance:** Children without health insurance are more likely than others to receive late or no care for health problems, putting them at greater risk for hospitalization. In addition to resulting in reduced access to health care, a lack of health insurance can also negatively influence children’s school attendance and participation in extracurricular activities, and increase parental financial and emotional stress. (Child Trends DataBank, <http://www.childtrendsdatabank.org/?q=node/297>)

- Data were obtained from the Small Area Health Insurance Estimates (SAHIE), a program of the U.S. Census Bureau, <http://www.census.gov/did/www/sahie/>.

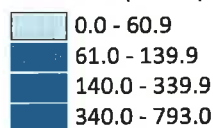
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# Primary Care Physicians - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of primary care physicians per 100,000 population, 2008



## CONTEXT

**What It Is:** Primary care physicians include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The measure represents the number of providers per 100,000 population.

**Where It Comes From:** The data on primary care physicians were obtained from the Health Resources and Services Administration's Area Resource File (ARF). The ARF data on practicing physicians come from the AMA Master File (2008), and the population estimates are from the U.S. Census Bureau's 2008 population estimates.

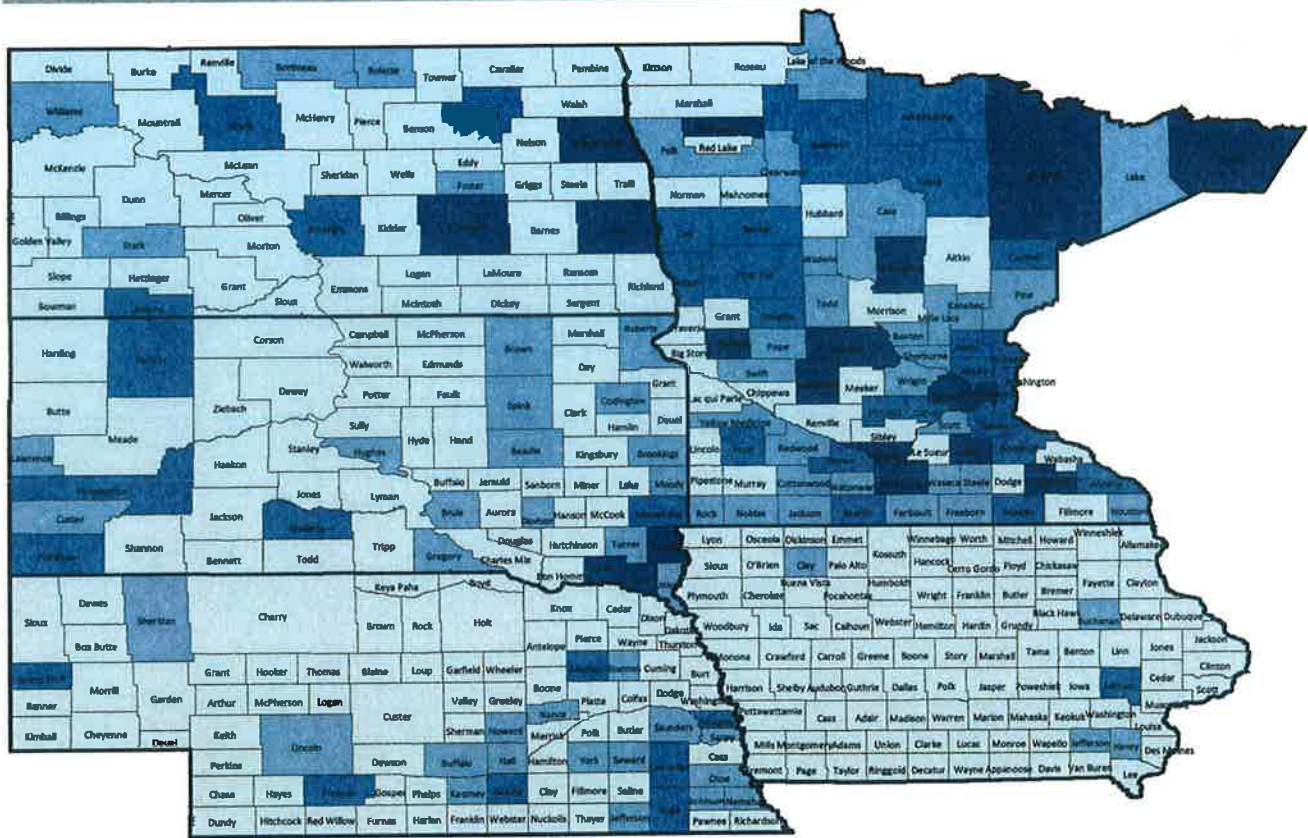
**Importance:** Having access to care requires not only having financial coverage but also access to providers. While high rates of specialist physicians has been shown to be associated with higher, and perhaps unnecessary, utilization, having sufficient availability of primary care physicians is essential so that people can get preventive and primary care, and when needed, referrals to appropriate specialty care.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

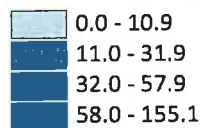
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Mental Health Providers - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of mental health providers per 100,000 population, 2008



CONTEXT

**What It Is:** Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. This measure represents the number of mental health providers per 100,000 population.

**Where It Comes From:** Data on mental health providers were obtained from the Health Resources and Services Administration’s (HRSA) Area Resource File (ARF).

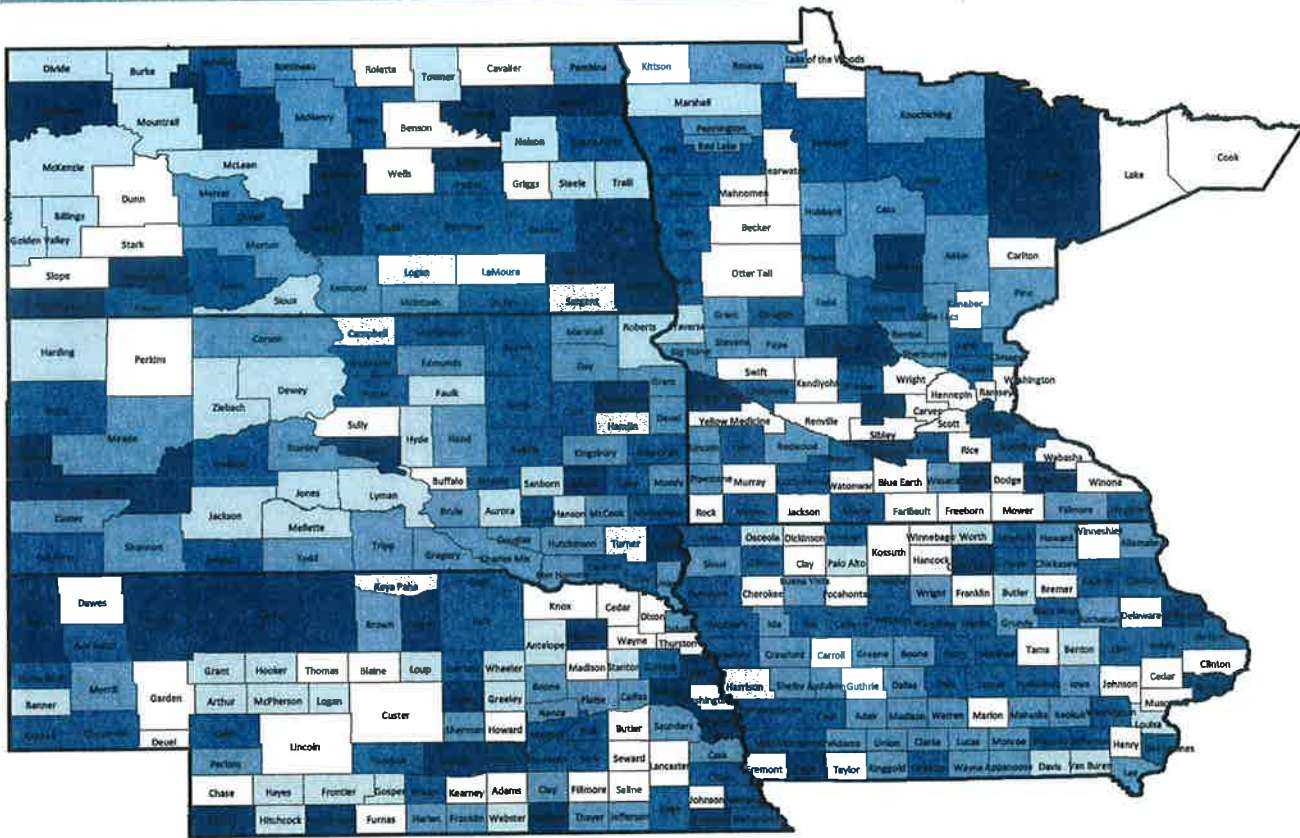
**Importance:** Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender. A key disparity often hinges on a person’s financial status; formidable financial barriers block off needed mental health care from too many people regardless of whether one has health insurance with inadequate mental health benefits, or is one of the 44 million Americans who lack any insurance. (David Satcher, M.D., Ph.D., Surgeon General, <http://www.surgeongeneral.gov/library/mentalhealth/home.html>)

- Data were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

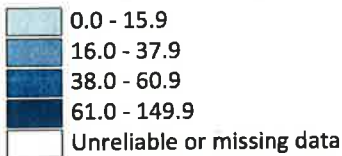
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Dentist Rate - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of professionally active dentists per 100,000 population, 2007



CONTEXT

**What It Is:** The dentist rate is defined as the number of professionally active dentists per 100,000 population. Professionally active dentist occupation categories include active practitioners; dental school faculty or staff; armed forces dentists; government-employed dentists at the federal, state, or local levels; interns and residents; and other health or dental organization staff members.

**Where It Comes From:** Data on the number of dentists are tracked by the American Dental Association (ADA) and the American Medical Association (AMA). County-level data are housed in the Health Resources and Services Administration's Area Resource File (ARF) and made available through the Health Indicators Warehouse developed by the National Center for Health Statistics.

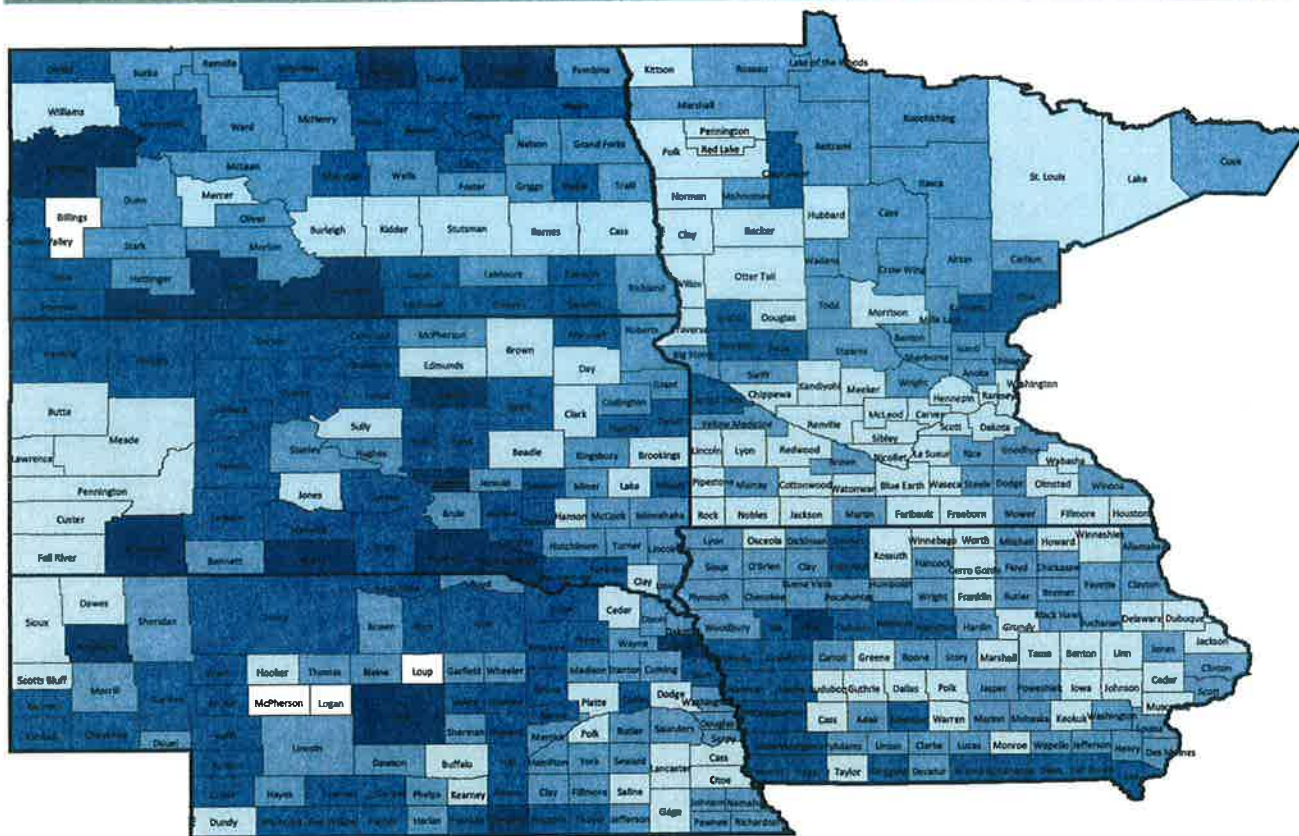
**Importance:** Today, thanks to fluoride, healthier lifestyles and quality dental care, more people than ever before are keeping their natural teeth throughout their lifetime. Yet for those who live in areas where a dentist is not available or those who cannot afford treatment, getting dental care can be difficult (American Dental Association, <http://www.ada.org>).

- Data were obtained from the Health Indicators Warehouse at <http://healthindicators.gov/> which is maintained by the Centers for Disease Control and Prevention's National Center for Health Statistics.

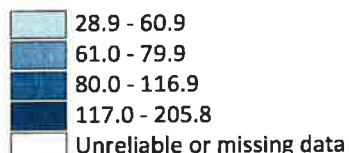
Disclaimer: The data displayed are from the source indicated; we do not vouch for the accuracy of the data or ensure they are the most recent available. The information is intended for personal, non-commercial use. It can be shared freely if it is not used for profit and appropriate acknowledgments are given. This map was prepared by researchers at North Dakota State University in Fargo for the 2011-2013 Fargo-Moorhead Community Health Needs Assessment Collaborative. December 2011

# Preventable Hospital Stays - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Hospitalization discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees, 2006-2007



## CONTEXT

**What It Is:** Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

**Where It Comes From:** Estimates of preventable hospital stays were calculated by the authors of the Dartmouth Atlas of Health Care using Medicare claims data.

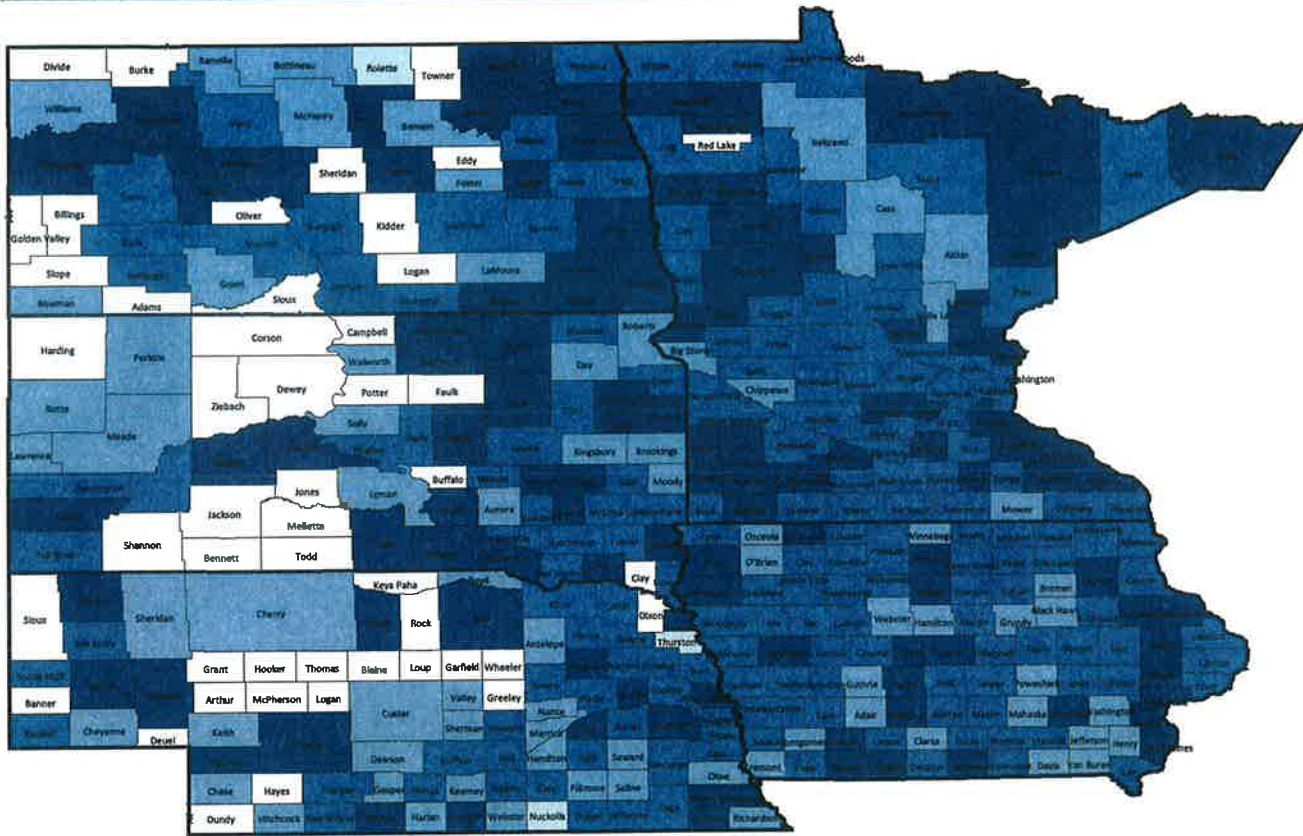
**Importance:** Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent the population's tendency to overuse the hospital as a main source of care.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

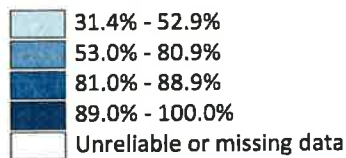
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**Diabetic Screening** - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of diabetic Medicare enrollees that receive HbA1c screening, 2006-2007



**CONTEXT**

**What It Is:** Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels.

**Where It Comes From:** Estimates of diabetic screening were calculated by the authors of the Dartmouth Atlas of Health Care using Medicare claims data.

**Importance:** Regular HbA1c screening among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented.

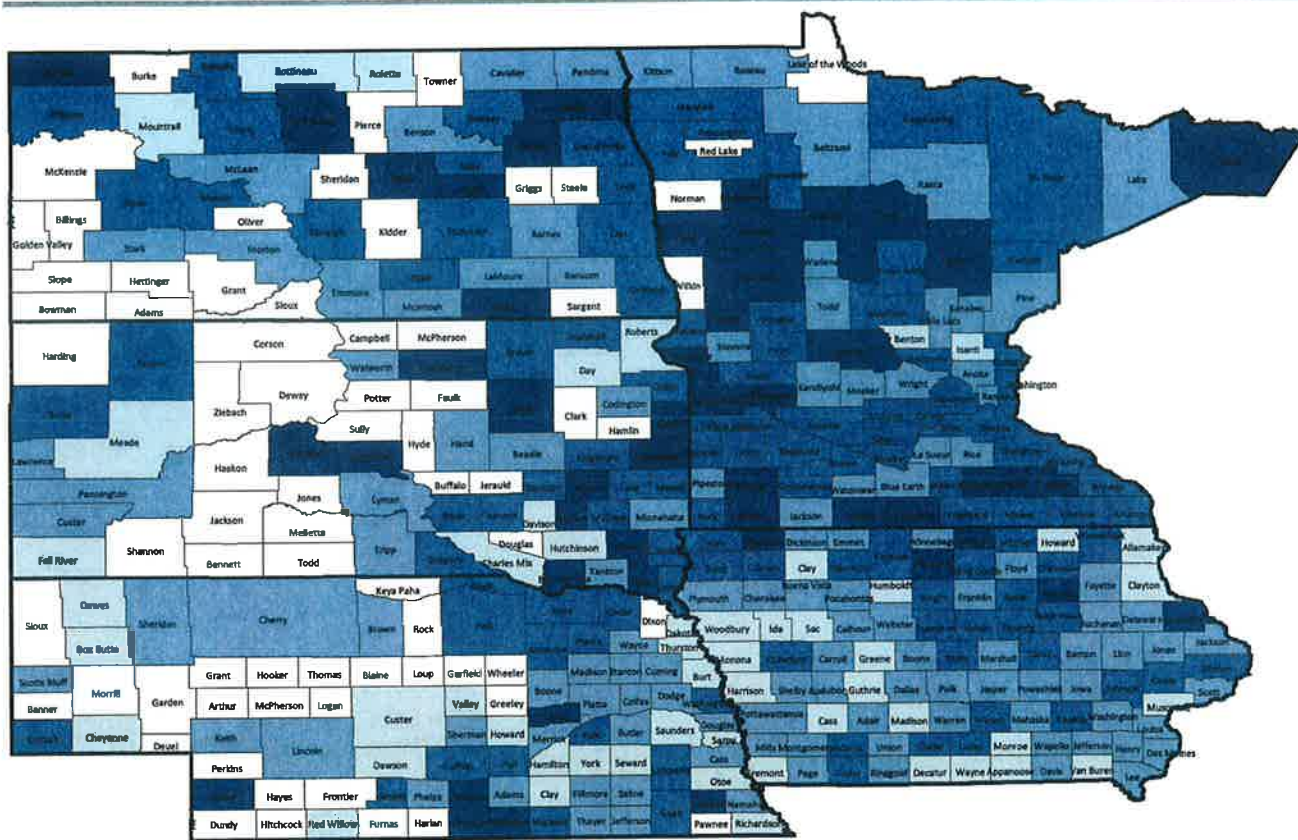
- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

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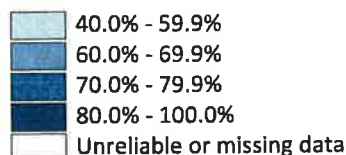


# Mammography Screening - A health factor measure focusing on clinical care

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of female Medicare enrollees that receive mammography screening, 2006-2007



## CONTEXT

**What It Is:** This measure represents the percent of female Medicare enrollees ages 40 through 69 that had at least one mammogram over a two-year period.

**Where It Comes From:** Estimates were calculated by the authors of the Dartmouth Atlas of Health Care using Medicare claims data.

**Importance:** Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral—and satisfaction with physicians—are major facilitating factors among women who obtain breast cancer screening. The percent of women ages 40 through 69 receiving a mammogram is a widely endorsed quality of care measure.

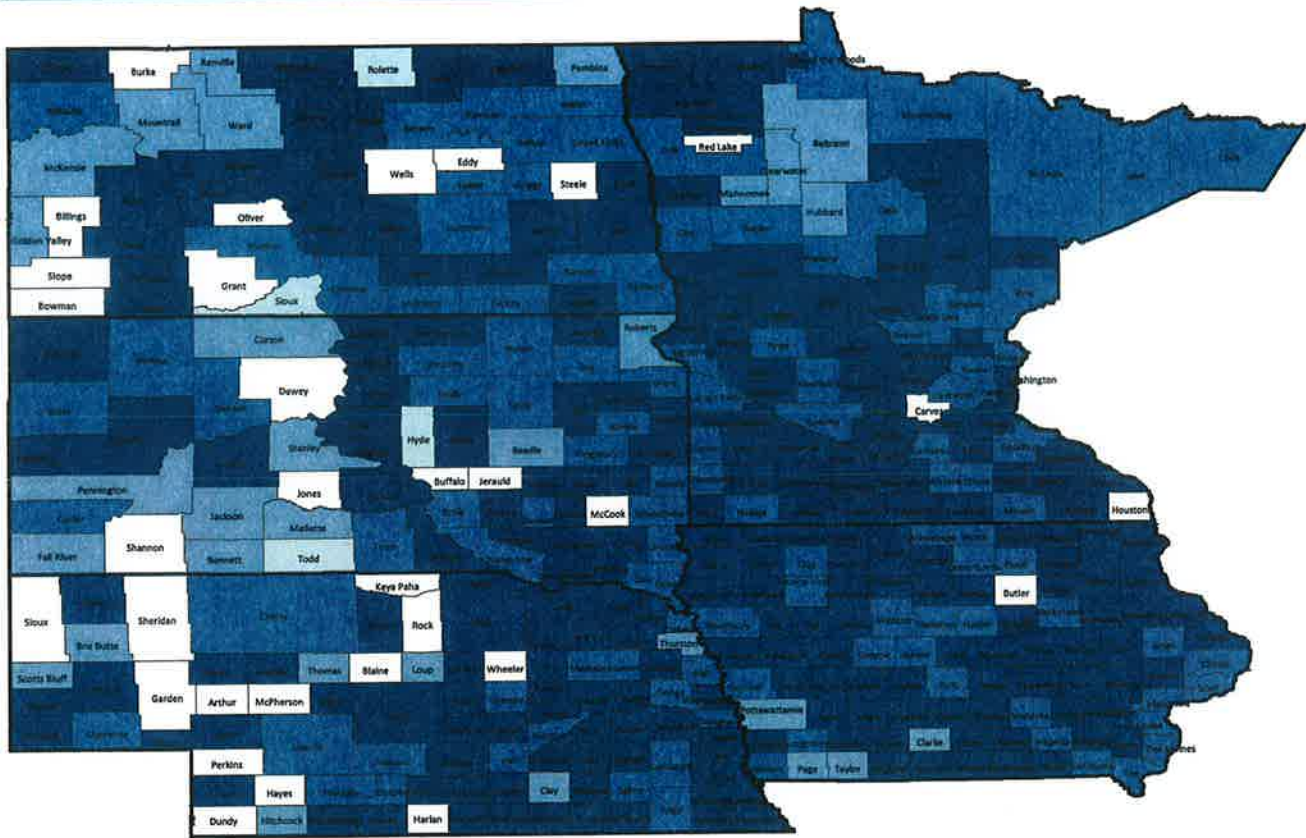
- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

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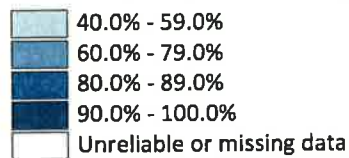
# High School Graduation - A health factor measure focusing on education

Map 21

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of ninth-grade cohort in public schools that graduates from high school in four years, 2006-2007



## CONTEXT

**What It Is:** High school graduation, commonly referred to as the averaged freshman graduation rate, is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years.

**Where It Comes From:** Estimates of high school graduation are based on the restricted-use versions of the LEA Universe Survey Dropout and Completion data and the Public Elementary/Secondary School Universe Survey data. These data were requested from NCES for the school year 2006-07.

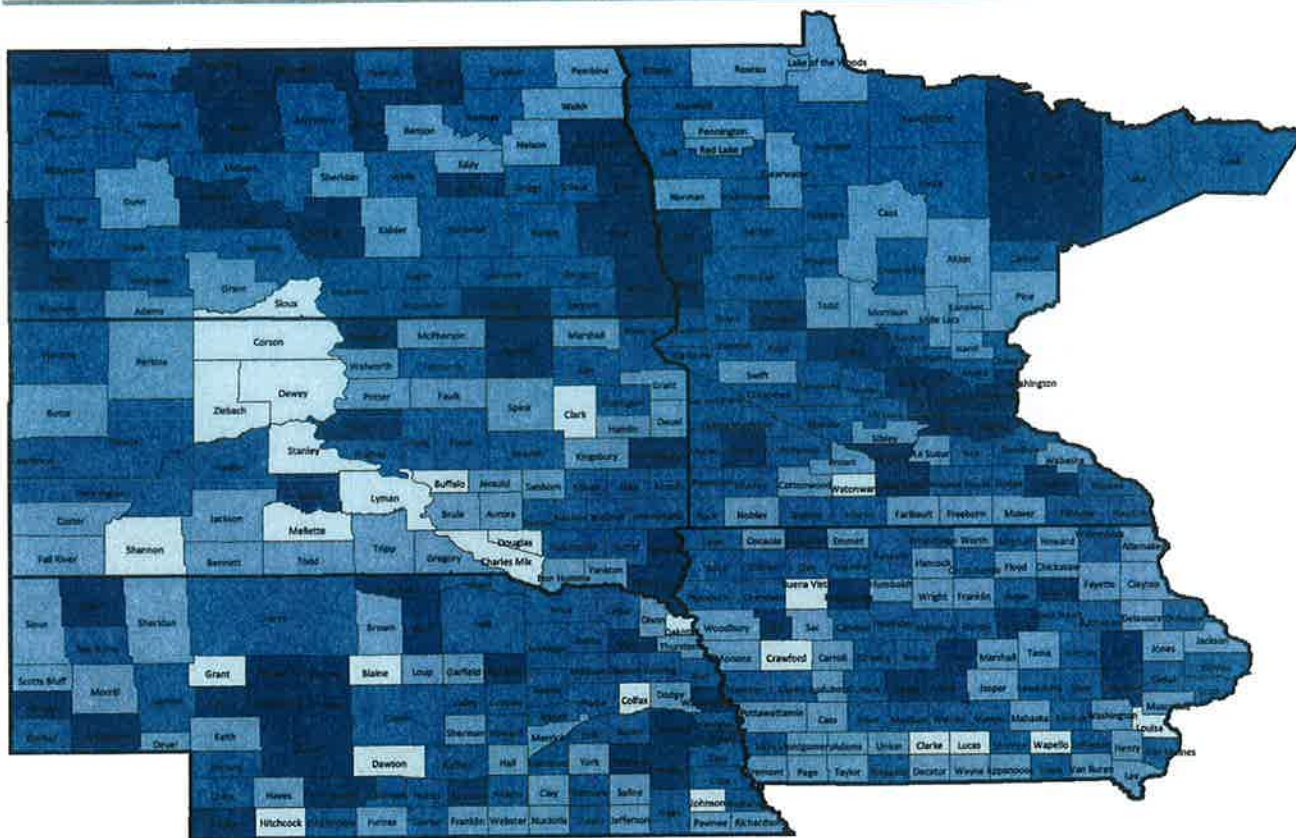
**Importance:** The relationship between more education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

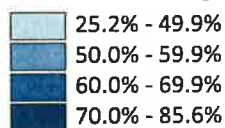
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Some College - A health factor measure focusing on education

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults ages 25 through 44 with some post-secondary education, 2005-2009



CONTEXT

**What It Is:** This measure represents the percent of the population ages 25 through 44 with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.

**Where It Comes From:** Estimates of the population ages 25 through 44 with some post-secondary education were calculated using the 5-year estimates from the U.S. Census Bureau's American Community Survey (ACS).

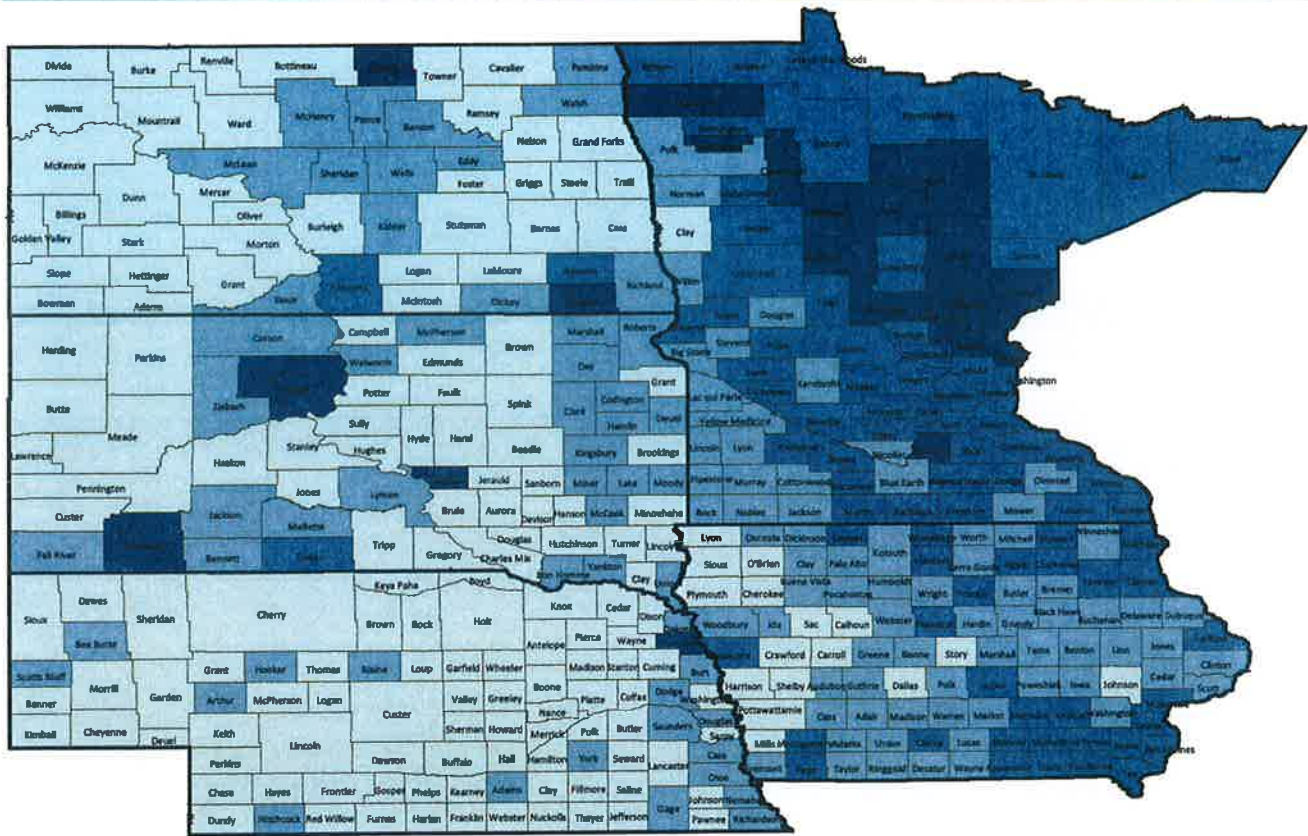
**Importance:** The relationship between higher education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

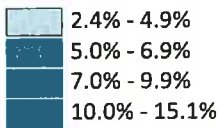
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# Unemployment - A health factor measure focusing on labor

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of population ages 16 and older that is unemployed but seeking work, 2009



## CONTEXT

**What It Is:** Unemployment is measured as the percent of the civilian labor force ages 16 and older that is unemployed but seeking work.

**Where It Comes From:** Data on unemployment is obtained from the Bureau of Labor Statistics (BLS), Local Area Unemployment Statistics (LAUS).

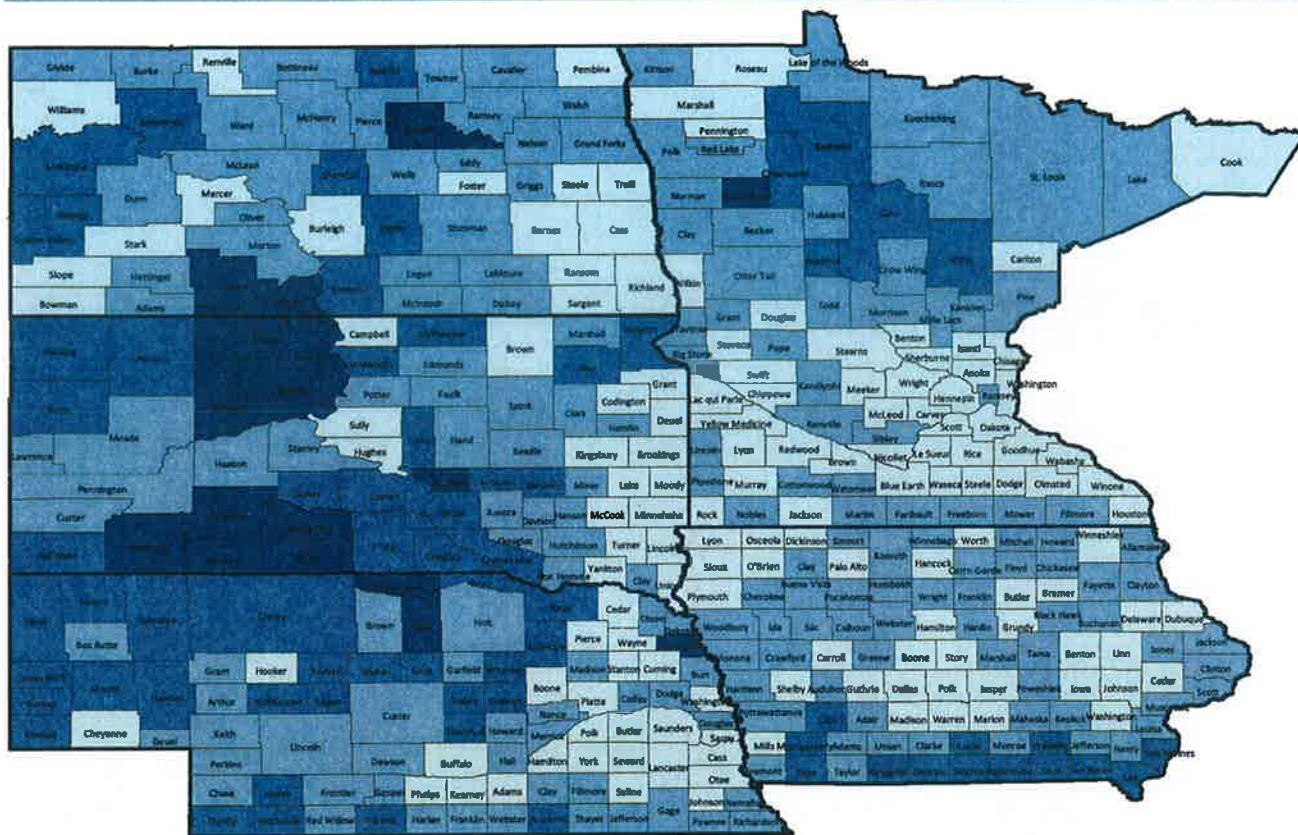
**Importance:** Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality. Because employee-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

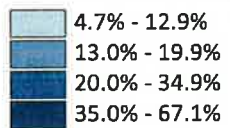
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# Children in Poverty - A health factor measure focusing on income and poverty

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of children ages 0 through 17 living below the Federal Poverty Line, 2008



## CONTEXT

**What It Is:** Children in poverty is the percent of children under age 18 living below the Federal Poverty Line (FPL).

**Where It Comes From:** Children in poverty estimates are provided by the Small Area Income and Poverty Estimates (SAIPE) program through the U.S. Census Bureau.

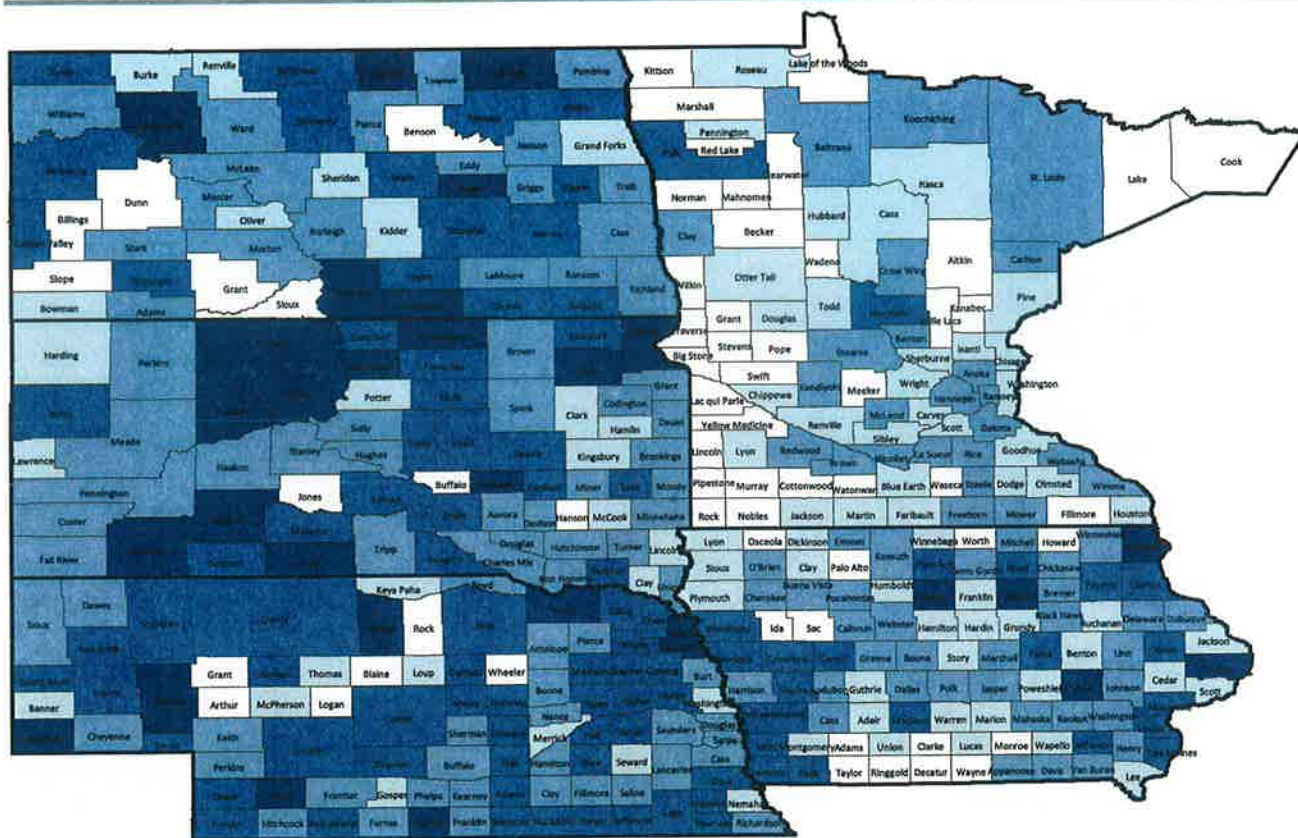
**Importance:** Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. While negative health effects resulting from poverty are present at all ages, children in poverty experience greater morbidity and mortality due to an increased risk of accidental injury and lack of health care access. Children's risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children in poverty measure is highly correlated with overall poverty rates.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

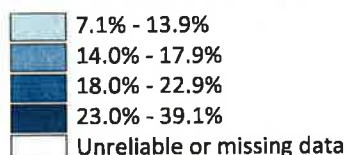
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# Inadequate Social Support - A health factor measure focusing on social networks

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of adults that never, rarely, or sometimes get the social and emotional support they need, 2003-2009



## CONTEXT

**What It Is:** The social and emotional support measure is based on responses to the question: “How often do you get the social and emotional support you need?” The value presented is the percent of the adult population that responds that they “never,” “rarely,” or “sometimes” get the support they need.

**Where It Comes From:** This measure was calculated by the National Center for Health Statistics using data obtained from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. The estimates are based on seven years of data.

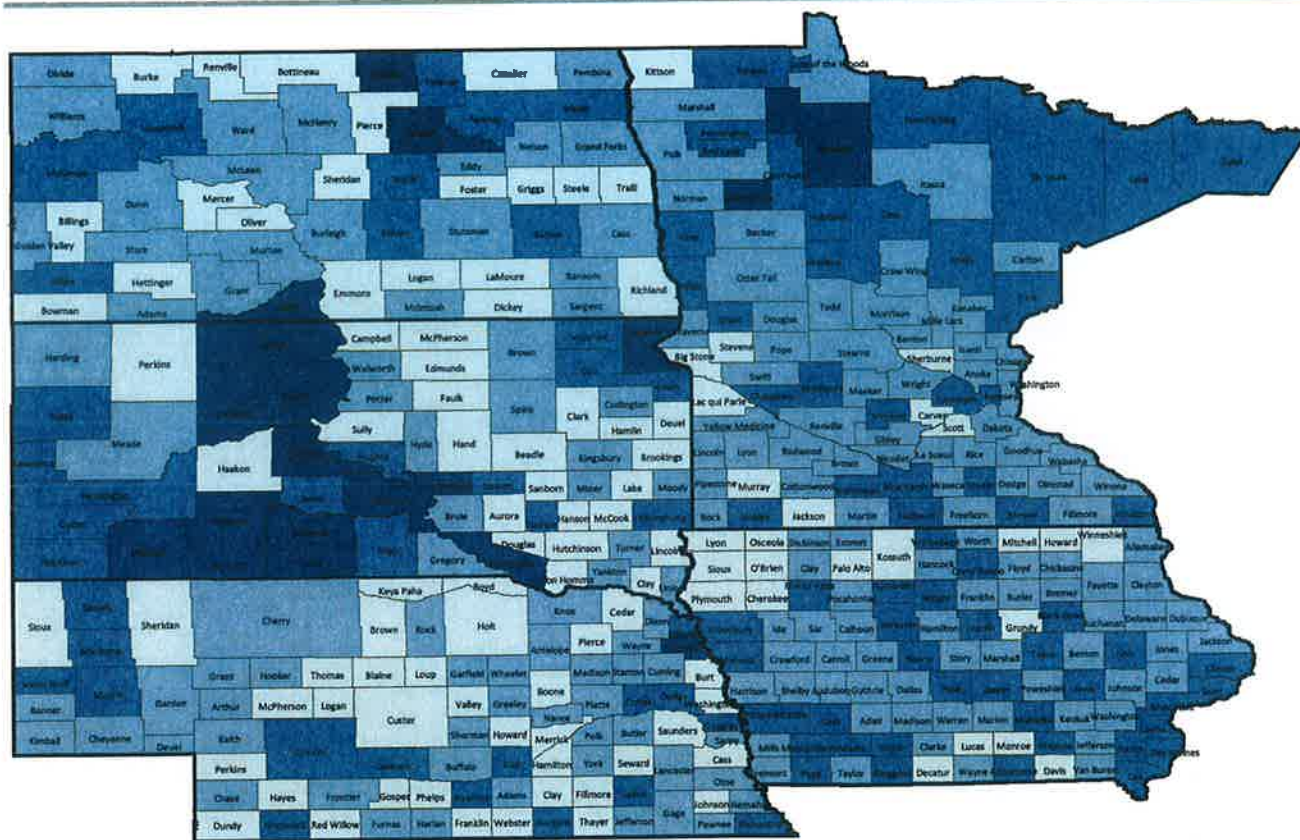
**Importance:** Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

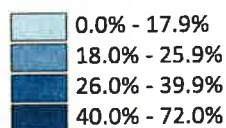
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# Children in Single-Parent Households - A health factor measure focusing on families

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of children in families that live in a household headed by a parent with no spouse present, 2005-2009



## CONTEXT

**What It Is:** The single-parent household measure is the percent of all children in family households that live in a household headed by a single parent (male or female householder with no spouse present).

**Where It Comes From:** Estimates of the percent of children in single-parent households were calculated using data from the U.S. Census Bureau's American Community Survey (ACS) 5-year estimates.

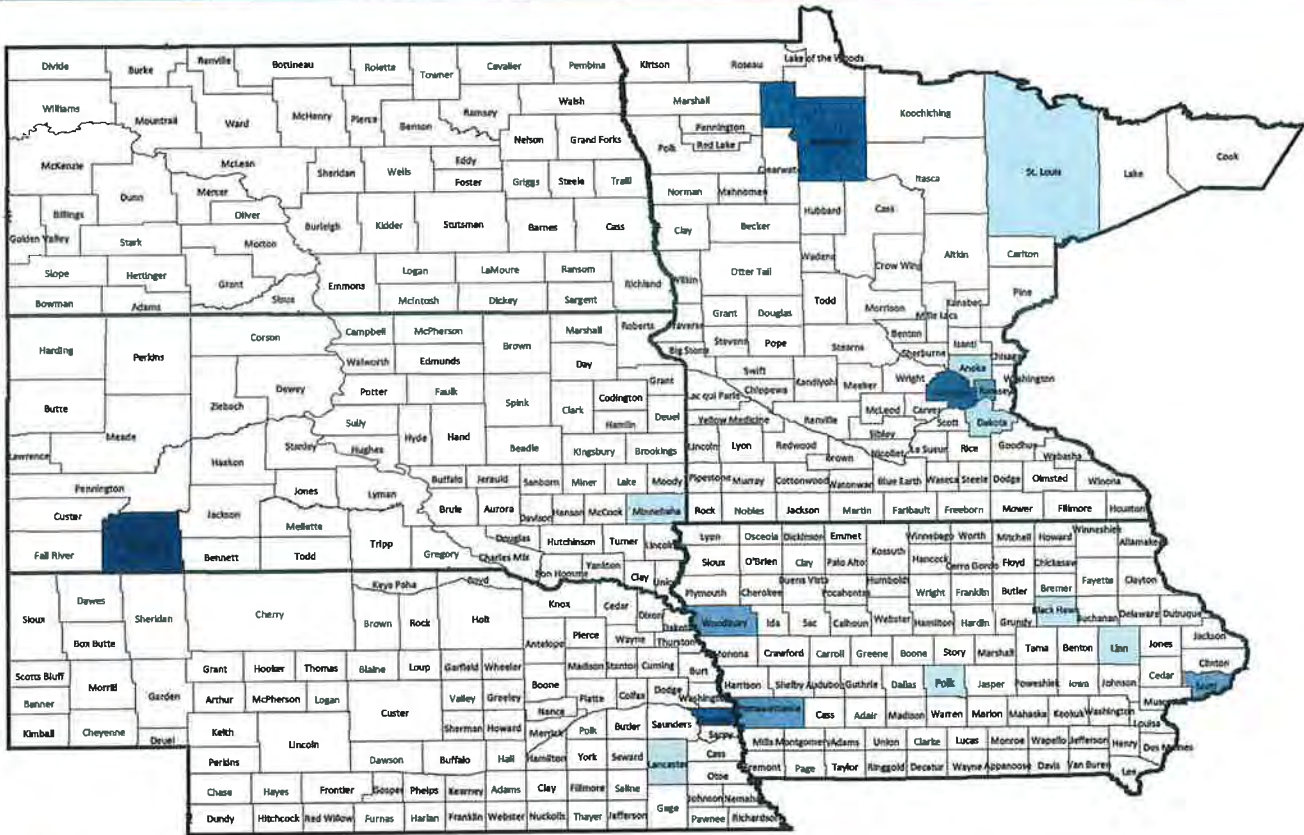
**Importance:** Adults and children in single-parent households are both at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

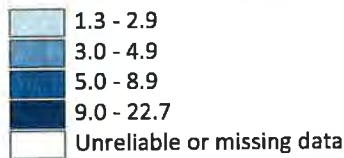
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# Homicide Rate - A health factor measure focusing on violent crime

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of deaths due to murder or non-negligent manslaughter per 100,000 population, 2001-2007



**CONTEXT**

**What It Is:** Homicide is represented as a crude death rate due to murder or non-negligent manslaughter per 100,000 population.

**Where It Comes From:** These data were calculated by National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC) using data from the National Vital Statistics System (NVSS). NCHS used data for a seven-year period to create more robust estimates of cause-specific mortality, particularly for counties with smaller populations.

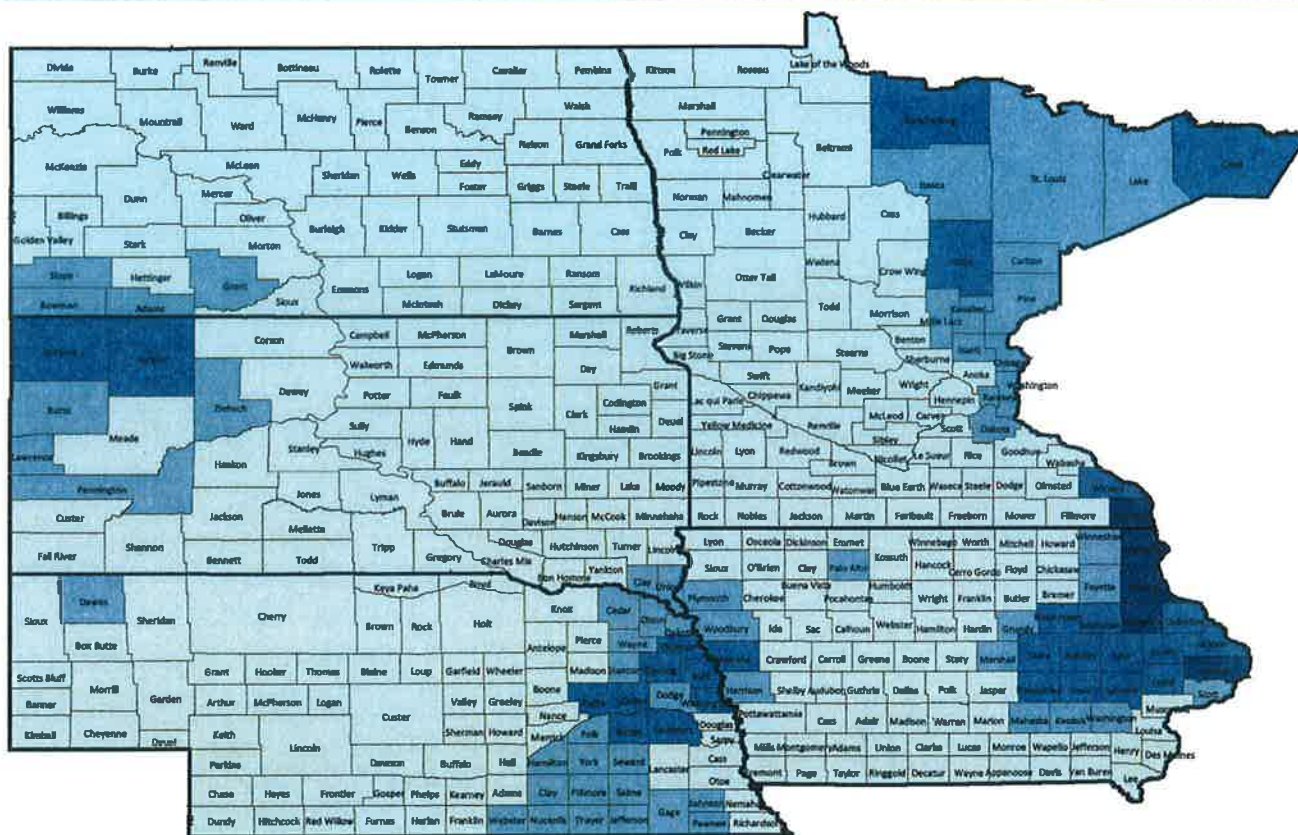
**Importance:** Because homicide is one of the five offenses that comprise violent crime, a homicide rate is used as a proxy when violent crime data are not available.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

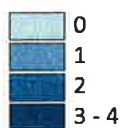
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**Air Pollution-Particulate Matter Days - A health factor measure focusing on physical environment**  
*County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota*



Number of days air quality was unhealthy for sensitive populations due to fine particulate matter, 2006



**CONTEXT**

**What It Is:** The air pollution—particulate matter measure represents the annual number of days that air quality was unhealthy for sensitive populations due to fine particulate matter (FPM, < 2.5 µm in diameter).

**Where It Comes From:** The Public Health Air Surveillance Evaluation (PHASE) project, a collaborative effort between the Centers for Disease Control and Prevention (CDC) and the EPA, used Community Multi-Scale Air Quality Model (CMAQ) output and air quality monitor data to create a spatial-temporal model that estimated fine particulate matter concentrations throughout the year. The PHASE estimates were used to calculate the number of days per year that air quality in a county was unhealthy for sensitive populations due to FPM.

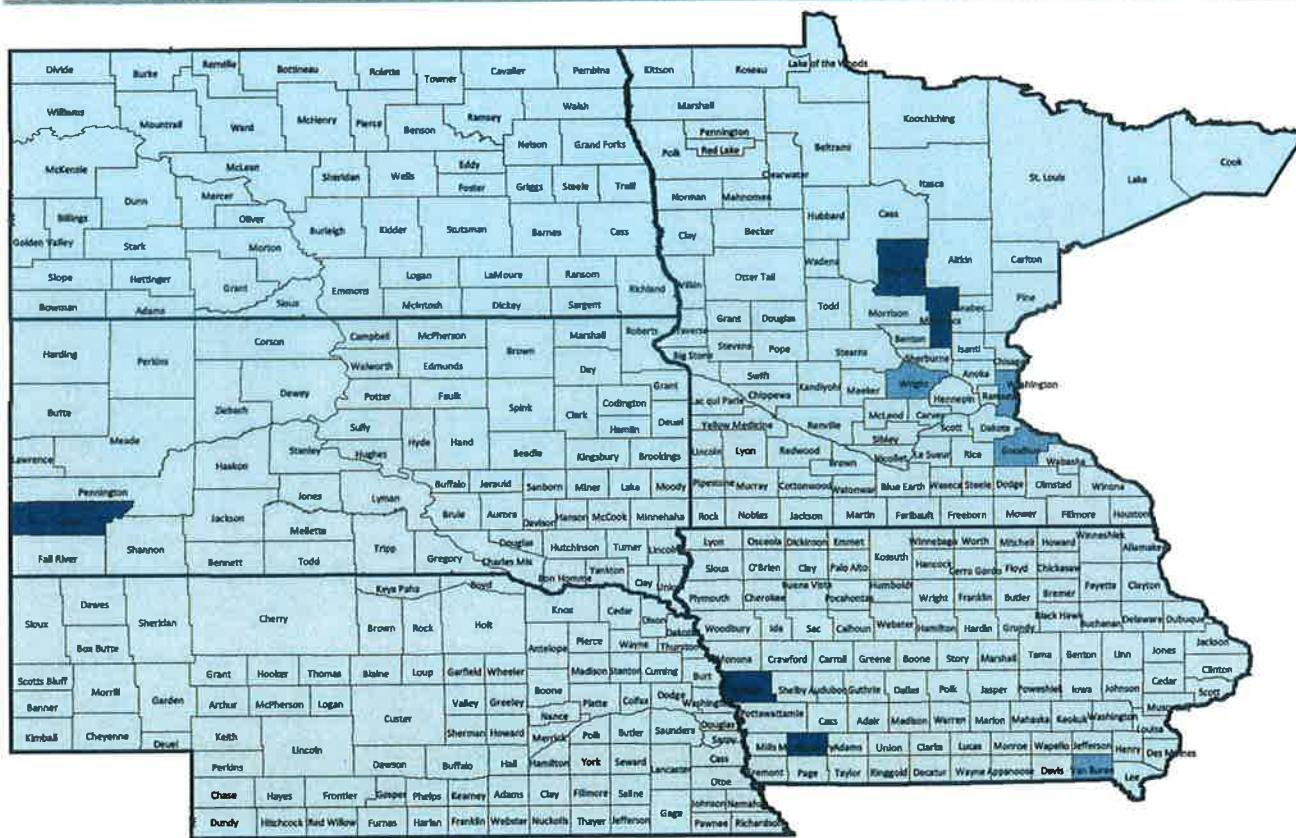
**Importance:** The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

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# Air Pollution-OzoneDays - A health factor measure focusing on physical environment

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of days air quality was unhealthy for sensitive populations due to ozone levels, 2006



## CONTEXT

**What It Is:** The air pollution—ozone measure represents the annual number of days that air quality was unhealthy for sensitive populations due to ozone levels.

**Where It Comes From:** The Public Health Air Surveillance Evaluation (PHASE) project, a collaborative effort between the Centers for Disease Control and Prevention (CDC) and the EPA, used Community Multi-Scale Air Quality Model (CMAQ) output and air quality monitor data to create a spatial-temporal model that estimated daily ozone concentrations throughout the year. The PHASE estimates were used to calculate the number of days per year that air quality in a county was unhealthy for sensitive populations due to ozone.

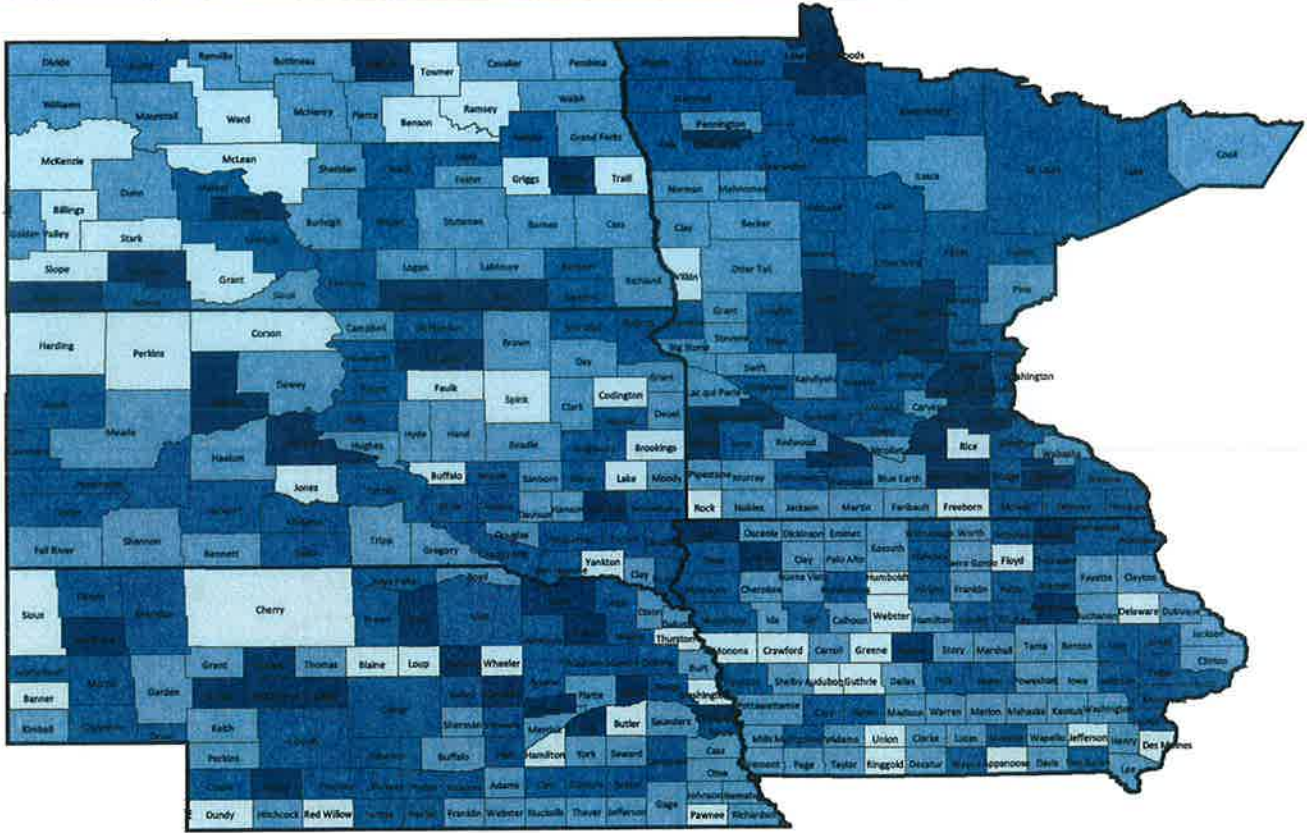
**Importance:** The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

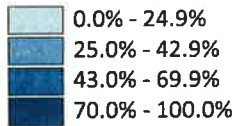
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# Access to Healthy Foods - A health factor measure focusing on physical environment

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of zip codes with healthy food outlets (i.e., grocery store or produce stand/farmers' market), 2008



### CONTEXT

**What It Is:** Access to healthy foods is measured as the percent of zip codes in a county with a healthy food outlet, defined as a grocery store or produce stand/farmers' market.

**Where It Comes From:** The measure is based on data from the U.S. Census Bureau's Zip Code Business Patterns. Healthy food outlets include grocery stores and produce/farmers' markets, as defined by their North American Industrial Classification System (NAICS) codes.

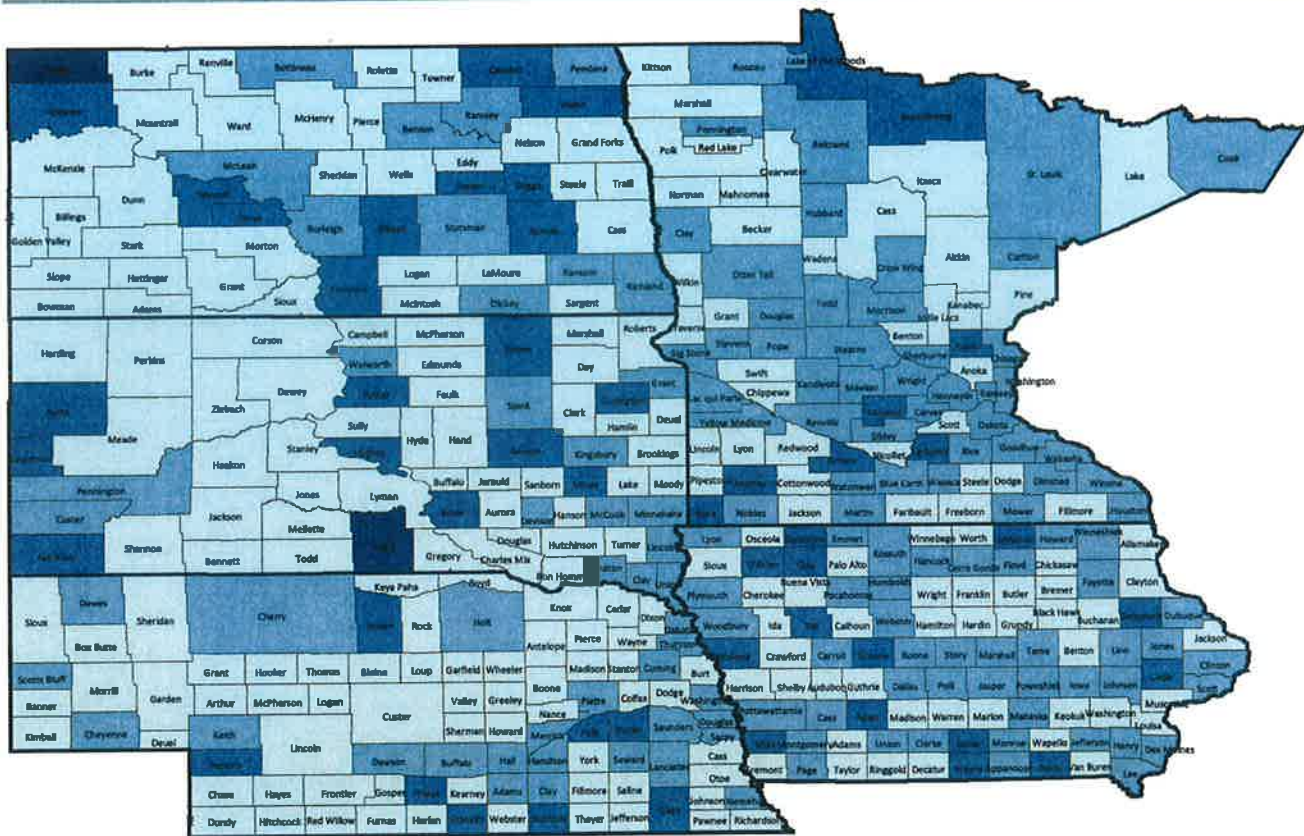
**Importance:** Studies have linked the food environment to consumption of healthy food and overall health outcomes.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

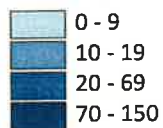
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# Access to Recreational Facilities - A health factor measure focusing on physical environment

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Number of recreational facilities per 100,000 population, 2008



## CONTEXT

**What It Is:** This measure represents the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.

**Where It Comes From:** This measure is based on a measure from United States Department of Agriculture (USDA) Food Environment Atlas, and is calculated using the most current County Business Patterns data set. Recreational facilities are identified by North American Industrial Classification System (NAICS) code 713940.

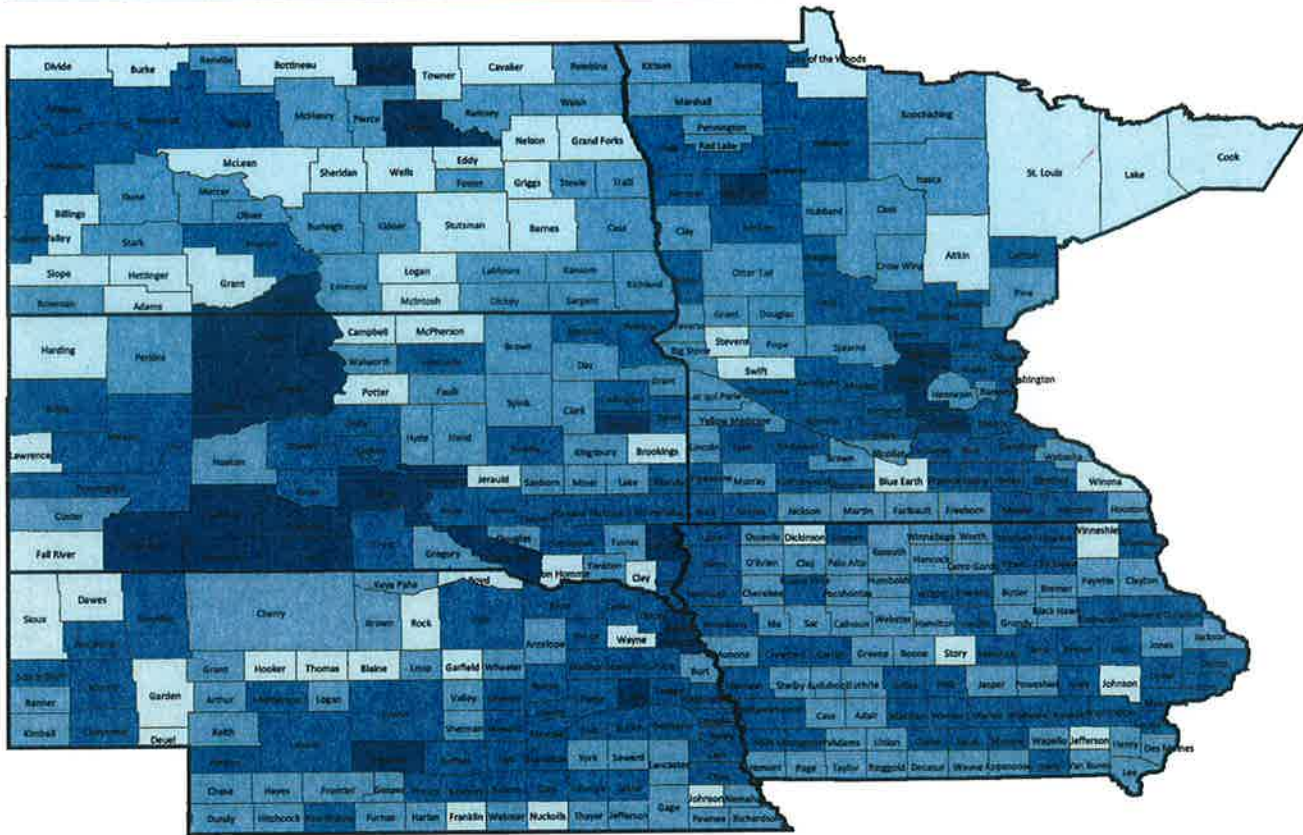
**Importance:** The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

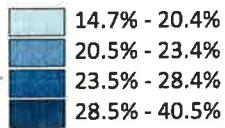
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Youth - A demographic measure

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Persons ages 0 through 17 as a percent of the total population, 2009



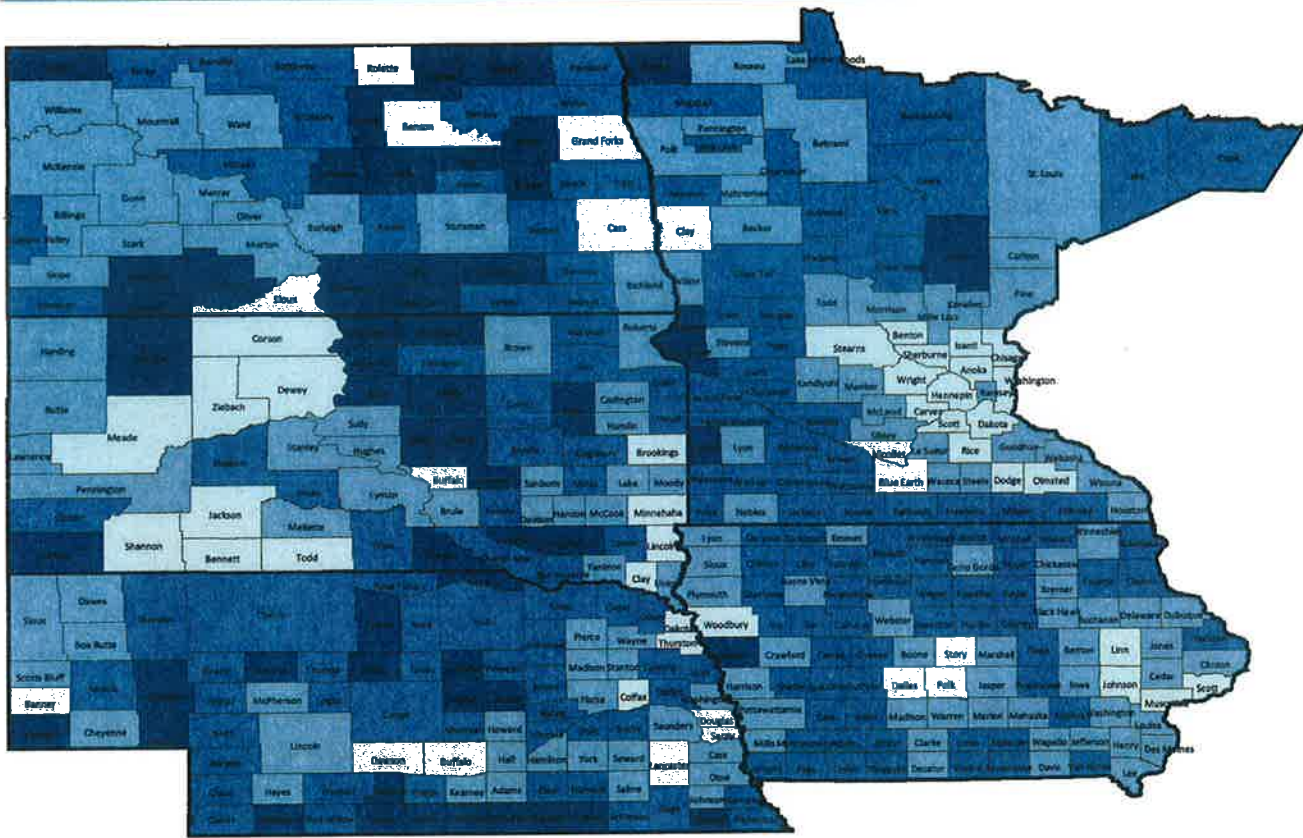
CONTEXT

**What It Is:** This measure represents the percent of a county’s population that is less than 18 years of age.

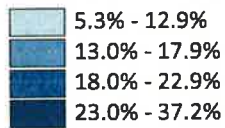
**Where It Comes From:** County demographic figures come from the U.S. Census Bureau’s annual population estimates.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

Disclaimer: The data displayed are from the source indicated; we do not vouch for the accuracy of the data or ensure they are the most recent available. The information is intended for personal, non-commercial use. It can be shared freely if it is not used for profit and appropriate acknowledgments are given. This map was prepared by researchers at North Dakota State University in Fargo for the 2011-2013 Fargo-Moorhead Community Health Needs Assessment Collaborative. December 2011



Persons ages 65 and older as a percent of the total population, 2009



CONTEXT

**What It Is:** This measure represents the percent of a county's population that is 65 years of age and older.

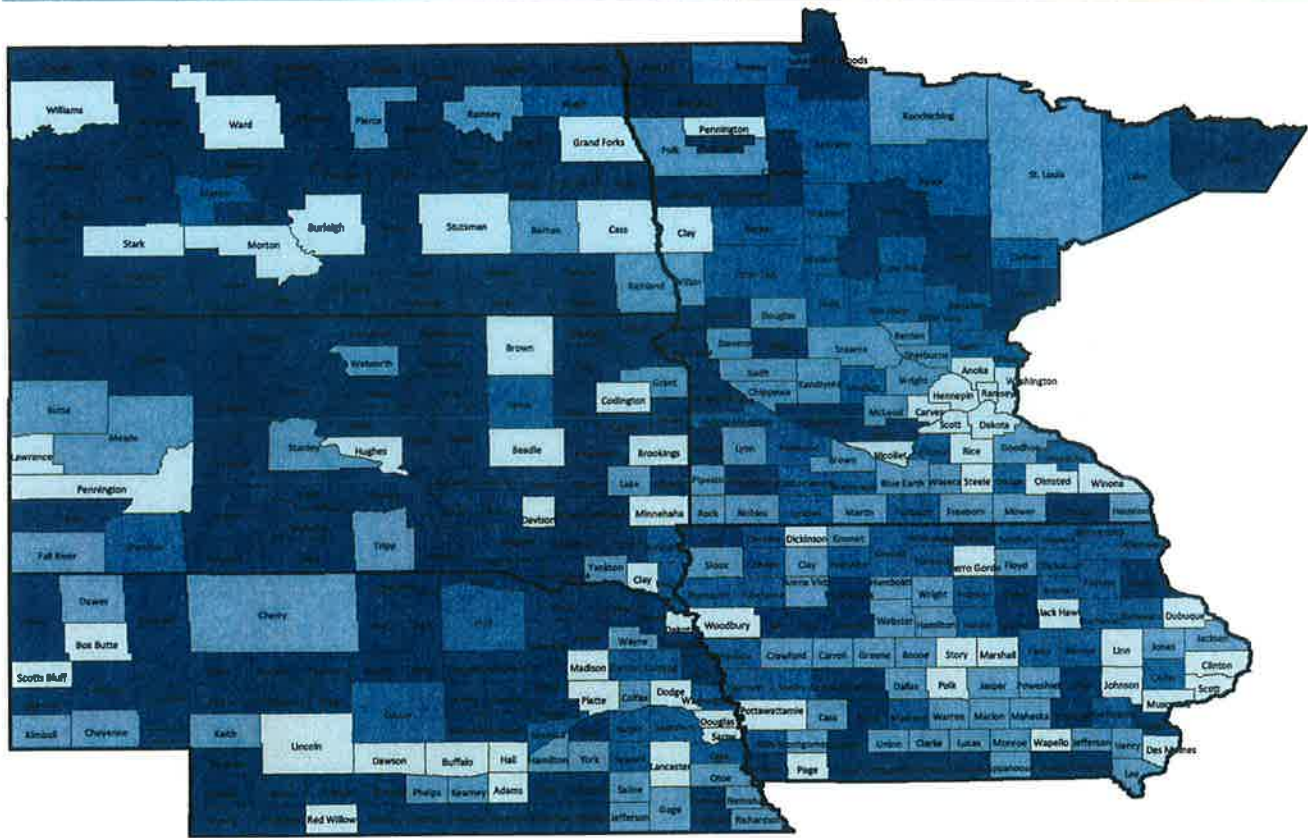
**Where It Comes From:** County demographic figures come from the U.S. Census Bureau's annual population estimates.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

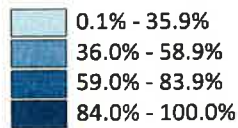
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Rural - A demographic measure

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of total population living in a rural area, 2000



CONTEXT

**What It Is:** This measure represents the percent of a county's population that lives in a rural area, which the U.S. Census Bureau defines as all territory located outside of urbanized areas and urban clusters. Urbanized areas and urban clusters are geographic areas with a core population density of at least 1,000 people per square mile that are surrounded by areas with an overall population density of at least 500 people per square mile.

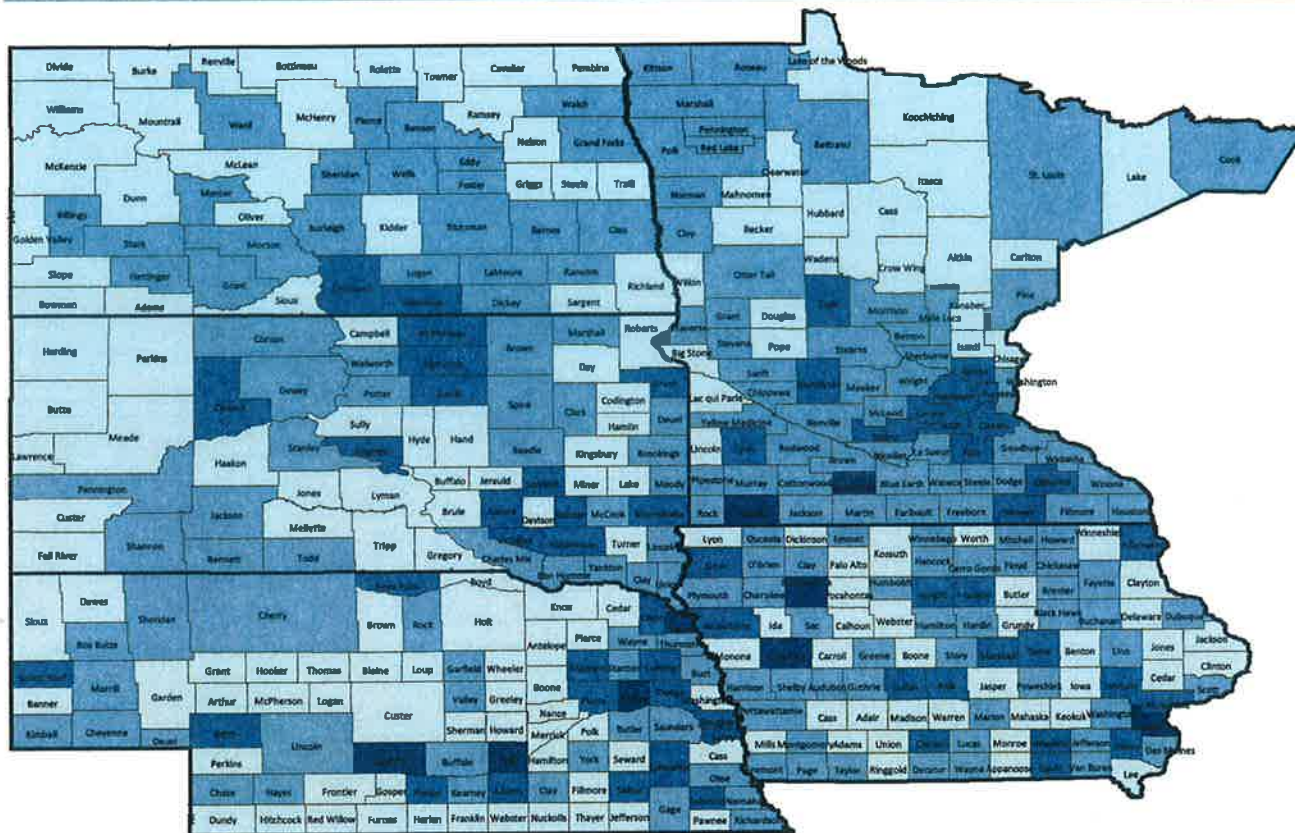
**Where It Comes From:** This measure is calculated by the U.S. Census Bureau using data from 2000.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

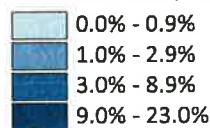
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# Not English Proficient - A demographic measure

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of total population that speaks English less than "very well", 2005-2009



## CONTEXT

**What It Is:** This measure represents the percent of the total population that reports speaking English less than "very well."

**Where It Comes From:** Data on spoken English proficiency come from the U.S. Census Bureau's American Community Survey 5-year estimates.

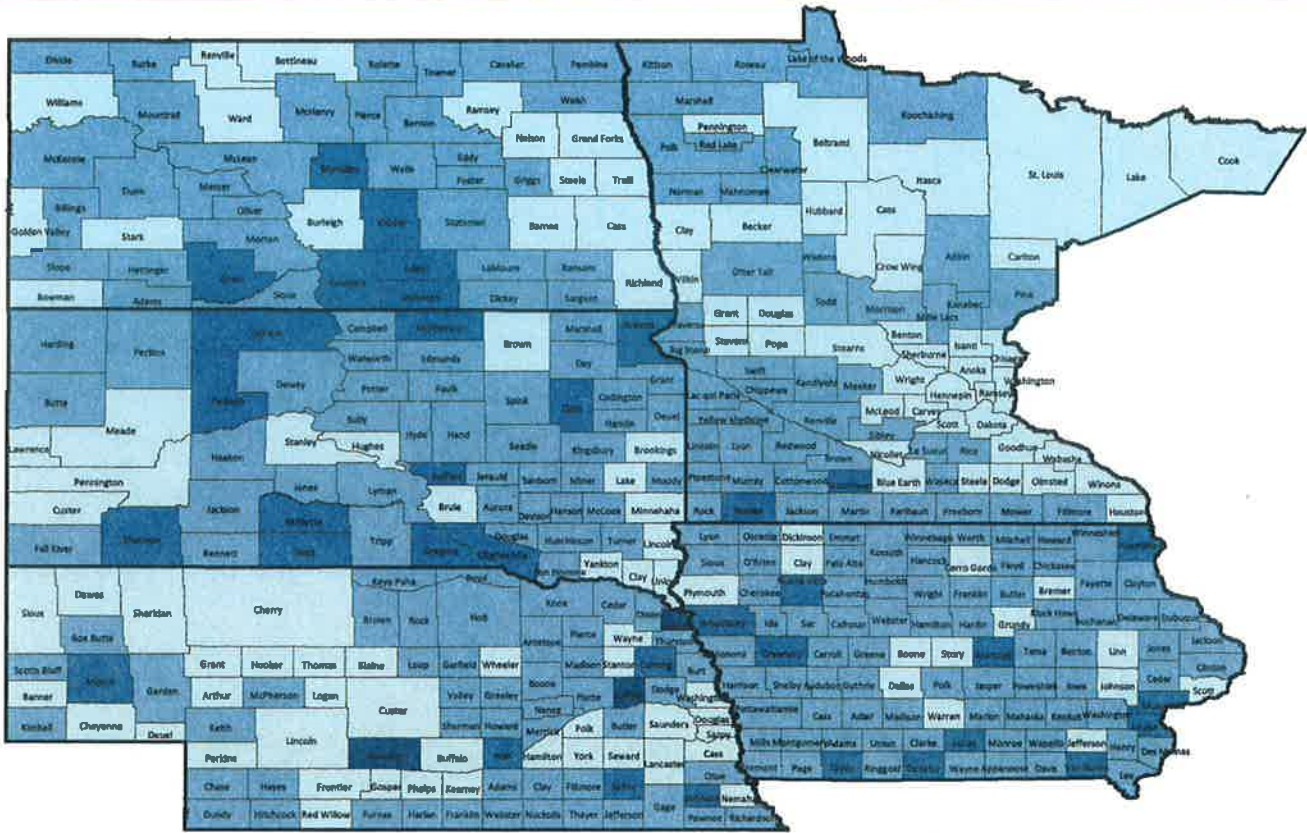
- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

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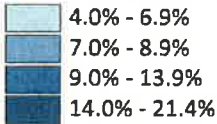


Illiteracy - A demographic measure

County distribution map for Iowa, Minnesota, Nebraska, North Dakota, and South Dakota



Percent of population ages 16 and older that lacks basic prose literacy skills, 2003



CONTEXT

**What It Is:** This measure reflects the percent of the population ages 16 and older that lacks basic prose literacy skills.

**Where It Comes From:** This measure is obtained from the National Center for Education Statistics and is based on the 2003 National Assessment of Adult Literacy.

- Data and associated context were obtained from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, <http://www.countyhealthrankings.org/>.

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**Table 1**  
**Community Health Needs Assessment Asset Mapping**  
**Clear Lake Stakeholders**

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
<b>Access</b>	<ul style="list-style-type: none"> <li>Concern that provider doesn't take Medicaid patients</li> <li>Need longer clinic hours (evenings, weekends)</li> <li>Ratio of primary care providers</li> <li>Ratio of mental health providers</li> </ul>	<ul style="list-style-type: none"> <li>Misconception in the community</li> <li>We have signage up regarding Medicaid and ability to see anyone regardless of insurance.</li> <li>Do education on clinic hours, acute care in mornings Monday-Friday and Saturday clinic 9-12 noon. This can be in print ads and signage.</li> <li>Currently have 1 Provider, 2 nurse practitioners (NP) and a locum physician on staff if needed, offer patients choice of an NP when they are calling in. Education on scope of practice.</li> <li>Currently have 2 mental health providers that support the clinic on a weekly basis, education on availability.</li> <li>Human Service Agency in Watertown, SD for all counseling needs (886-0123)</li> <li>Advertising and education on this area in print ads.</li> </ul>	
<b>Cancer</b>	<ul style="list-style-type: none"> <li>Would like more oncology services</li> </ul>	<ul style="list-style-type: none"> <li>Sanford Cancer Biology Research Center</li> <li>New Hope Cancer Walk Committee assists with funds for cancer patients for mileage, gas, meals, etc.</li> </ul>	X- Yes

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
		<ul style="list-style-type: none"> <li>• No outreach provider at this time</li> <li>• Look into availability of telemedicine for oncology provider</li> <li>• Dr. Brindle with Watertown, SD Cancer Center, for radiation services</li> <li>• Patients don't like to drive to appointments</li> <li>• All Women Count Program helps to cover cost of breast and cervical cancer screening.</li> <li>• Screening colonoscopies and endoscopies 2 x monthly at Clear Lake hospital. (874-2141)</li> </ul>	
<p><b>Chronic Conditions</b></p>	<ul style="list-style-type: none"> <li>• Concern over the incidence of heart disease &amp; lack of services</li> </ul>	<ul style="list-style-type: none"> <li>• Sanford Medical Home, RN health coach (874-2141)</li> <li>• Certified Diabetic Educator on staff, diabetes education program (874-2141)</li> <li>• Nutrition counseling (874-2141)</li> <li>• Wellness Center, which offers many programs for weight loss, fitness and general health (874-2141)</li> <li>• American Heart Association</li> <li>• American Diabetes Association</li> <li>• Cardiology outreach 2 x monthly (874-2141)</li> <li>• Nephrology outreach 1 x monthly to assist with management of hypertension (874-2141)</li> <li>• Mobile outreach cardiac testing 2 x weekly and as needed (874-2141)</li> <li>• In-house 24 hour Holter Monitor testing daily. (874-2141)</li> <li>• Event Monitor testing on as needed basis (874-2141)</li> <li>• Heart screenings on scheduled basis to community</li> </ul>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
		<ul style="list-style-type: none"> <li>• Jump rope for heart</li> <li>• Free Cholesterol labs from Sanford Clear Lake from 8/5/12 – 12/30/12 (874-2141)</li> <li>• Mini Health Fair and education on 8/5/12</li> <li>• Nuclear stress testing offered 3 x monthly (874-2141)</li> <li>• Cardiac Rehab program on site Monday through Friday (874-2141)</li> <li>• Children’s Special Health Services, financial assistance for children with chronic illness. (1-800-850-0064)</li> <li>• Health promotion, this office coordinates programs designed to promote health and prevent disease. (1-800-738-8487)</li> </ul>	
<b>City Infrastructure</b>	<ul style="list-style-type: none"> <li>• Need to continue developing water, roads, etc.</li> <li>• High costs for utilities &amp; other city services</li> <li>• Need more handicap parking on Main Street</li> <li>• Streets are in terrible condition</li> <li>• Concern with the drainage system – spillways don’t work adequately</li> <li>• Concern about winter walking – need to make sure sidewalks are safe</li> </ul>	<ul style="list-style-type: none"> <li>• Handicapped parking was completed this summer with additional spots added.</li> <li>• Weatherization Program, help protect your home and loans to help with repair/improvements to lower cost of utilities.</li> <li>• Energy Assistance, helps pay for cost of heating during the winter months (874-2062)</li> </ul> <p><i>Will not address this for the hospital, but will share the results with city leaders (council).</i></p>	
<b>Economic Situation/ Business community</b>	<ul style="list-style-type: none"> <li>• Concern with high taxes</li> <li>• Main Street appears to be dying because business is moving into the country</li> <li>• Concern with people going out of town to shop – we cannot build resources if everyone goes to Watertown</li> <li>• Concerns with hunger in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Food Pantry (874-2062)</li> <li>• Interlakes Community Action, helps with tax relief programs, school supplies, medical equipment, etc. (874-2062)</li> <li>• WIC program, offering food and nutrition counseling to those who qualify (874-2555)</li> <li>• Social Services (874-2528)</li> <li>• Food Stamps (1-866-239-6787)</li> </ul>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
		<ul style="list-style-type: none"> <li>• TANF, provides cash assistance to needy families (1-866-239-6787).</li> <li>• Community Foundation, assisting to bring small business into the town</li> <li>• Senior Meals offered Monday-Friday (1-800-721-8727)</li> <li>• Deuel County Extension Services, food budgeting and nutrition services (874-2681)</li> <li>• Deuel County Welfare Office, financial assistance for rental and medical needs (1-866-239-6787)</li> </ul> <p><i>The hospital will not address these issues, but will bring to the attention of the city leaders (council).</i></p>	
<p><b>Elderly</b></p>	<ul style="list-style-type: none"> <li>• Need 24-hr. help for the elderly</li> <li>• Need apartments for the elderly</li> </ul>	<ul style="list-style-type: none"> <li>• HUD housing available in town</li> <li>• Good Samaritan Nursing Home for 24 hr care (874-2159)</li> <li>• Home Health Agency (874-2555)</li> <li>• Hidewood Estates Congregate living for the elderly (874-8403)</li> <li>• Assisted Living at Good Samaritan Center (874-2159)</li> <li>• 911 service available 24/7 for elderly help</li> <li>• Pendant system for elderly if need help this is through H-D Electric</li> <li>• Adult Day Care services available at Good Samaritan Center in Clear Lake (874-2159)</li> <li>• Respite care services available at Clear Lake Hospital (874-2141)</li> <li>• ICAP for transportation services, Ardell Gauger (605-520-2752)</li> <li>• Deuel County Welfare Office, financial assistance for rental and medical needs (1-866-239-6787)</li> </ul>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
Emergency Care	<ul style="list-style-type: none"> <li>• Would like access to 24-hr. emergency services</li> </ul>	<ul style="list-style-type: none"> <li>• Misconception, we have 24 hour ER that is provider staffed and level IV Trauma Receiving Hospital</li> </ul>	
Healthcare Cost/Insurance Cost	<ul style="list-style-type: none"> <li>• Concern about cost of healthcare</li> <li>• High incidence of uninsured</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid, medical assistance for low income (1-866-239-6787)</li> <li>• LIF, provides medical assistance to low income families (1-866-239-6787)</li> <li>• CHIP, health insurance for children under 19 (1-866-239-6787)</li> <li>• Baby care- medical assistance program providing payment for medical needs (1-866-239-6787).</li> <li>• Department of Social Services (874-2528)</li> </ul> <p><i>This will not be addressed by the hospital, will share with city leaders (council)</i></p>	
Health Outcomes	<ul style="list-style-type: none"> <li>• High incidence of adult tobacco use</li> <li>• 20% adult obesity</li> <li>• Physical inactivity</li> <li>• Teen birth rate is higher than nation</li> <li>• High incidence of hospital readmissions</li> </ul>	<ul style="list-style-type: none"> <li>• SD Quits Hotline</li> <li>• Sanford Home Medical, RN health coach</li> <li>• Wellness center open 24/7 with programs for weight loss, health management and more</li> <li>• Weight Watchers Program</li> <li>• Sanford WebMD Fit Kids</li> <li>• Community Health (874-2555)</li> <li>• School Nurse (874-2555)</li> <li>• Smoke Free Community in businesses</li> <li>• Nutrition counseling (874-2141)</li> <li>• Certified Diabetic educator (874-2141)</li> <li>• Community Mini Health Fair</li> <li>• Family Planning, services on education, contraception and pregnancy (Wtn: 882-1852, Brkngs: 697-1900, Milbank: 432-4596)</li> </ul>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
		<ul style="list-style-type: none"> <li>• Lutheran Social Services, assists with parenting and adoption options (882-2740)</li> <li>• Walking track at Deuel School</li> <li>• PI/QA project for 30 day hospital readmissions</li> <li>• HEN project, working on decreasing 30 day readmission rate</li> <li>• Skilled Swing Bed Program available if qualifications met to assist with patient needs prior to returning home. Available at Clear Lake Hospital (874-2141) and Good Samaritan Center. (874-2159)</li> </ul>	
<b>Healthy Nutrition</b>	<ul style="list-style-type: none"> <li>• Too many places serve junk food</li> <li>• 50% report access to healthy foods</li> </ul>	<p><i>This information will be shared with city leaders and school officials.</i></p> <ul style="list-style-type: none"> <li>• Maynards Grocery store in town (874-8124)</li> <li>• Toronto Food Mart (794-8330)</li> <li>• Gate City Store in Gary (272-5779)</li> <li>• Nutrition Counseling (874-2141)</li> <li>• National School dietary program in place</li> <li>• Farmers Market at SODAK gardens weekly</li> <li>• WIC (874-2555)</li> <li>• Food Pantry (874-2062)</li> <li>• Senior Meals (1-800-721-8727)</li> <li>• Deuel County Extension Service for nutrition and food budgeting planning (874-2681)</li> <li>• Child Care Food Program, provides cash for meals served in child day care and family group settings (1-800-354-8238)</li> </ul> <p><i>This information will be shared with city leaders and school officials.</i></p>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
<b>Housing</b>	<ul style="list-style-type: none"> <li>Concern with the high cost of housing</li> <li>Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>Job Search Program, assist person to find suitable employment through the career work center (886-8284).</li> <li>Homeless/Rent Deposit, provides assistance with locating resources available for homeless and help with rent deposits (874-2062)</li> <li>Work Enforcement Act, training program to increase skills for adults and youth which will result in employment (886-8284)</li> <li>Deuel County Welfare Office, financial assistance for rental and medical needs (1-866-239-6787)</li> </ul>	
<b>Judicial</b>	<ul style="list-style-type: none"> <li>Law enforcement appears lax – not on top of local drug issues</li> </ul>	<p><i>We will not address this issue; will share with county and city officials.</i></p>	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>Difficult to get access to mental health services, especially inpatient services</li> </ul>	<ul style="list-style-type: none"> <li>Sanford One Care</li> <li>Psychology outreach clinic in Clear Lake weekly with 2 providers that can see patients, offer surgical screenings, ADHD/ADD testing, memory testing (874-2141)</li> <li>Human Service Agency in Watertown for all counseling needs (886-0123)</li> <li>Inpatient services are by referral only from the patient's primary physician and are normally referred to Sioux Falls or Yankton.</li> </ul>	
<b>Obesity</b>	<ul style="list-style-type: none"> <li>Concern about the amount of obesity</li> </ul>	<ul style="list-style-type: none"> <li>Sanford WebMD Fit Kids</li> <li>Sanford Home Medical, RN health coach</li> <li>Wellness center open 24/7 with programs for weight loss, health management and more</li> <li>Weight Watchers Program</li> <li>School National Lunch Program</li> <li>Walking track at Deuel School</li> </ul>	X-Yes



Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Need a walking/biking path</li> <li>• Need more exercise opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Sanford WebMD Fit Kids</li> <li>• Walking rack at Deuel School</li> <li>• Wellness center open 24/7 with programs for weight loss, health management and more</li> <li>• Summer Recreation program in place with lots of different sports activities (874-2121)</li> </ul>	
<b>Physicians</b>	<ul style="list-style-type: none"> <li>• Need a doctor who does not “push pills”; one who is interested in medical needs of the patient &amp; does not ask the patient what he should do</li> <li>• Need another doctor in town</li> <li>• Need a permanent doctor – one who plans to stay more than 3 years</li> <li>• Need specialists – oncologist, OB-GYN, orthopedist, cardiologist</li> <li>• Need services of an outreach orthopedist</li> </ul>	<ul style="list-style-type: none"> <li>• Misconception in the community, our physician has been in our community now for approx. 10 years,</li> <li>• We have 1 full time provider and 2 nurse practitioners for patient needs. Also have a locum provider from Canby, MN</li> <li>• We offer orthopedist outreach monthly</li> <li>• We offer cardiologist outreach 2x monthly with diagnostics on a weekly basis</li> <li>• OB-GYN for outreach if need arises, used to have outreach clinic monthly and no patients</li> </ul>	
<b>Pollution/ Environment</b>	<ul style="list-style-type: none"> <li>• Concern with dog owners not picking up dog poop</li> <li>• Concern with spraying for mosquitoes – what do these toxic chemicals do to humans &amp; birds?</li> </ul>	<p><i>The hospital will not address this issue, but will share with city leaders (council).</i></p>	
<b>Poverty</b>	<ul style="list-style-type: none"> <li>• Too much junk food bought with Food Stamps</li> </ul>	<p><i>The hospital will not address this issue, but will share with city leaders (council).</i></p>	
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Concern about lack of preventive care in community</li> <li>• Need programs to fight obesity, encourage exercise &amp; a healthier lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>• Sanford WebMD Fit Kids</li> <li>• Walking rack at Deuel School</li> <li>• Wellness center open 24/7 with programs for weight loss, health management and more</li> <li>• Certified Diabetic Educator on staff, diabetes education program (874-2141)</li> <li>• Nutrition counseling (874-2141)</li> </ul>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
		<ul style="list-style-type: none"> <li>• Weight Watchers Program</li> <li>• School National Lunch Program</li> <li>• Home Medical, RN Health Coach (874-2141)</li> <li>• Deuel County Extension Office, family nutrition, meal planning, recipes, food budgeting (874-2681)</li> <li>• Free Cholesterol labs from Sanford Clear Lake from 8/5/12 – 12/30/12 (874-2141)</li> <li>• All Women County Program, assist with breast and cervical cancer screening. (1-800-738-2301)</li> <li>• Screening colonoscopies and endoscopies performed 2 x monthly at the Clear Lake Hospital (874-2141)</li> </ul>	
<b>Safety</b>	<ul style="list-style-type: none"> <li>• Concern about needing to walk/bike on the roads because there is no walking/biking path</li> </ul>	<ul style="list-style-type: none"> <li>• There is a walking path at the Deuel School</li> </ul> <p><i>We will not address this issue, will share with the city leaders (council)</i></p>	
<b>Schools</b>	<ul style="list-style-type: none"> <li>• Concern with high cost of participation in school sports programs</li> <li>• Concern with school lunch restrictions</li> <li>• Would like the school to do cardiac testing on all kids when they start sports (5<sup>th</sup> or 6<sup>th</sup> grade) to catch any issues before they become a serious problem</li> </ul>	<ul style="list-style-type: none"> <li>• Will share findings with school leadership.</li> <li>• We do not have any cardiac testing at the school at this point. There was a mobile unit here last year and upon investigation, they were not affiliated with the American Heart Association and the cardiologist did not recommend them. This was relayed back to the school activity director.</li> <li>• We feel this is an area of need and can work on this.</li> <li>• Currently do the testing for baseline for concussions with our physical therapist</li> </ul>	X-Yes

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
Substance Abuse	<ul style="list-style-type: none"> <li>• Concern with smokers &amp; drinkers – too costly for society</li> <li>• Concern with drug abuse</li> <li>• Alcohol abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Sanford One Care</li> <li>• AA meetings locally in Clear Lake</li> <li>• AA meetings in Watertown, SD</li> <li>• SD Quits program</li> <li>• Psychology weekly for counseling services</li> <li>• DARE program in school</li> <li>• Drug and alcohol screenings through the ER and clinic on prn basis</li> <li>• Physician referral to in-pt setting in Sioux Falls</li> <li>• Department of Social Services (874-2528)</li> <li>• Human service agency for counseling, out-pt treatment (886-0123)</li> </ul>	X-Yes
Traffic	<ul style="list-style-type: none"> <li>• Concern with those who do not obey stop signs &amp; speed limits</li> </ul>	<p><i>This concern will be shared with county and city officials.</i></p>	
Transportation	<ul style="list-style-type: none"> <li>• Need expanded hours for bus service</li> </ul>	<ul style="list-style-type: none"> <li>• This is provided by ICAP, there is a fee for rides, this service has been limited due to funding and budget cuts. Ardell Gauger ,driver (520-2752).</li> <li>• <i>Will share this with Interlakes community action representative, city and county officials.</i></li> </ul>	
Youth	<ul style="list-style-type: none"> <li>• Need for activities for kids</li> <li>• Need a year-round Youth Center</li> <li>• Concern about drugs, alcohol</li> <li>• Concern about youth not getting enough exercise</li> <li>• Bullying</li> <li>• HS graduation rate – 85% compared to 92% nation wide</li> <li>• High incidence of child poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Sanford WebMD Fit Kids</li> <li>• DARE program</li> <li>• School Nurse</li> <li>• Check with school about adding the WebMD Fit Kids icon on their computers for easy access</li> <li>• Summer Recreation Program (874-2121)</li> <li>• School gym open on weekends with supervision</li> <li>• Wellness Center, open 24/7 and offers exercise programs, weight management (874-2141)</li> <li>• Walking track at Deuel School</li> <li>• WIC, provides for food items for low income children and pregnant women (874-2555)</li> </ul>	

Identified Concerns	Specific concerns	Alignment with Sanford resources or other community resource partners	Unmet need
		<ul style="list-style-type: none"> <li>• Food Pantry (874-2062)</li> <li>• Senior Meals (1-800-721-8727)</li> <li>• Deuel County Extension Service for nutrition and food budgeting planning (874-2681)</li> <li>• Child Care Food Program, provides cash for meals served in child day care and family group settings (1-800-354-8238)</li> <li>• Food Stamps (1-866-239-6787)</li> <li>• Low Income Families, provide medical assistance (1-866-239-6787)</li> <li>• TANF, provides cash assistance to needy (882-5000)</li> </ul> <p><i>Will share this with school officials.</i></p>	
<b>Sanford Specific</b>	<ul style="list-style-type: none"> <li>• Concern about the same questions being asked over and over again during clinic appointments. The nurse asks them, then the doctor asks them – all entered into a computer. If all info is entered into the computer why does it have to be asked again &amp; again?</li> </ul>	<ul style="list-style-type: none"> <li>• This is part of the process to improve patient safety and we try to explain to all patients the importance of this at their visit. Will continue to ask repetitive questions from nurse and provider to make sure that the care you receive is the best.</li> <li>• Continue to provide One Chart education to patients and prompting at their appointments.</li> </ul>	

**Table 2**  
**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

<b>Health Indicator/Concern</b> <i>(from asset mapping and gaps analysis worksheet)</i>	<b>Round 1 Vote</b>	<b>Round 2 Vote</b>	<b>Round 3 Vote</b>
Cancer	IIIII (5)		
Obesity	IIIII (5)	IIIII (5)	
Substance Abuse	II (2)		
Cardiovascular Testing in School	IIIIIII (7)	IIIII (5)	

8/20/12 Voting Group: Darla Toben, Michelle Corothers, Bob Salmon, Alison Nelson, Mary Beth Sik, Yvonne Gauger, Michelle Skillings, Sally Vogt, Ruth Tvedt and Patsy Cassels.

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