



Community Health Needs Assessment

SANFORD ABERDEEN MEDICAL CENTER
2022-2024



Dear Community Members,

Sanford Aberdeen Medical Center is pleased to present the 2022 Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. The assessment helps identify unmet health needs in the community, and allows us to strategically plan how to best address those needs. This process is well aligned with Sanford's vision to improve the human condition.

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. These include economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health.

Sanford Health and the NDSU Center for Social Research partnered to analyze data from the primary survey research, along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in the community to help prioritize the identified health needs.

After completing this year's assessment, Sanford Aberdeen will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

1. Improving physical activity and nutrition for youth and adults
2. Access to health care providers, particularly for mental health services and education

The CHNA process also highlights the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets that are offered to address various community health needs. Additionally, we have included an impact report detailing progress made to date with our 2019 implementation strategies.

Sanford Aberdeen is grateful to the community members who participated in this year's assessment process. We appreciate your commitment to the health and wellness of our community. We look forward to working collaboratively with community partners and stakeholders to continue to improve the quality of life for all.

Sincerely,

A handwritten signature in black ink, reading "Ashley Erickson", is positioned over a rectangular area of small grey dots.

Ashley Erickson
Executive Director
Sanford Aberdeen Medical Center

BACKGROUND

Community Description

The Sanford Aberdeen Medical Center is located in Aberdeen, a community of over 28,000 people, making it the third largest city in South Dakota. The city also serves as the county seat of Brown County, SD, which has a population of nearly 39,000. Incorporated in 1881, it was named for Aberdeen, Scotland and is the hometown of Milwaukee Railroad President Alexander Mitchell. Aberdeen quickly became known as the Hub City of the Dakotas. By 1886, a city map showed nine different rail lines converging in Aberdeen from all directions, much like the spokes of a wheel converging at its hub. The combination of multidirectional railways and fertile farmland helped Aberdeen develop into a distribution hub for wholesale goods.

Today, Aberdeen's economy has diversified and the number of businesses has grown to more than 1,500. Large businesses include Sanford Health, 3M, Avera, and Bethesda Home. Other industries in the community include agriculture, construction, manufacturing, and trade.

The community as defined for purposes of the Community Health Needs Assessment includes Brown and Edmunds Counties in South Dakota. Demographic detail for the counties is included in the appendix.

Partners

The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Sanford Health would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise.

Sanford Health

- Michelle Micka, Senior Vice President, Finance
- Dr. Jeremy Cauwels, Chief Physician
- Corey Brown, Vice President, Government Affairs
- Clarence Mellang, Senior Director, Communications
- Michelle Bruhn, Senior Vice President, Health Services Operations
- Blayne Hagen, Senior Executive Director, Legal
- Stacy Wrightsman, Executive Director, Community Relations
- Matt Ditmanson, Director, Community Benefit Programs
- Emily Griese, Vice President, Population Health and Clinical Operations
- Marnie Walth, Senior Legislative Affairs Specialist
- Joseph Beaudreau, Patient Relations Specialist and Indian Health Advocate
- Phil Clark, Director, Market Research
- Shawn Tronier, Senior Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

System Partners

We would also like to express our gratitude to the following individuals for their expertise during the development and analysis of the Community Health Needs Assessment:

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health

- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse, Beltrami County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Aberdeen Partners

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

- Ashley Erickson, Executive Director, Sanford Aberdeen
- Aaron Schultz, Executive Director, United Way of Northeastern South Dakota
- Bryan Schmidt, Vice President and Controller, Dacotah Bank
- Gail Ochs, President, Aberdeen Area Chamber of Commerce
- Becky Guffin, Superintendent, Aberdeen Public School District
- Joe Gaa, City Manager, Aberdeen
- Amanda Keefe, South Dakota Department of Health
- Michael Herman, Executive Director, Boys & Girls Club of Aberdeen Area
- Scott Meints, Director, Brown County Emergency Management
- Dawn Williams, Director, South Dakota Department of Labor and Regulation
- Jackie Witlock, Senior Center Director, Aberdeen Area Senior Center
- Tom Wanttie, Manager, Aberdeen Ride Line
- Matt Ditmanson, Director, Community Benefits, Sanford Health
- Brooklyn Munsen, Administrative Intern, Sanford Aberdeen

Sanford Aberdeen Description

Sanford Aberdeen Medical Center is a 48-bed, state-of-the-art medical center aimed at meeting the growing healthcare needs of the Aberdeen region and its communities. It opened in July 2012. The facility was designed as a healing environment that focuses on the patient and their family.

Comprehensive services include emergency care/Level IV trauma center, adult and pediatric care, labor and delivery, critical care, cardiac cath lab, inpatient and outpatient surgical and procedural areas, inpatient and outpatient therapies, women's center, laboratory, and imaging services.

Sanford Aberdeen Clinic is a multi-specialty clinic attached to the medical center providing family medicine, internal medicine, general surgery, orthopedics and sports medicine, cardiology, interventional cardiology, radiology, OB/GYN, ENT, hematology & oncology and urology services. A Children's Clinic is also located on site. A satellite clinic integrated with Sanford Aberdeen is located in Ipswich, South Dakota.

Sanford Aberdeen employs 55 clinicians, including physicians and advanced practice providers and over 400 employees.

CHNA Purpose

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

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

The Internal Revenue Code 501(r)(3) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community including at least one state, local, tribal or regional government, public health department, or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs. Hospitals are to address each and every assessed needs or explain why we are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who requests it. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2022 report will be Sanford's fourth report cycle since the requirements were enacted in 2010.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. No

community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within the local community and across Sanford's care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the census or County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Brown and Edmunds County populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (<https://news.sanfordhealth.org/community/health-needs-assessment-survey/>) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 119 of respondents from the CHNA area completed the survey. Over 7,000 total respondents from across the Sanford footprint completed the survey.

Secondary Data

County Health Rankings are based upon the UW Population Health model and serve as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Additional population data is sourced to the U.S. Census Bureau, and any other data sources utilized are noted within the document.

Health Needs Identification

Methodology

The Center for Social Research at North Dakota State University was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

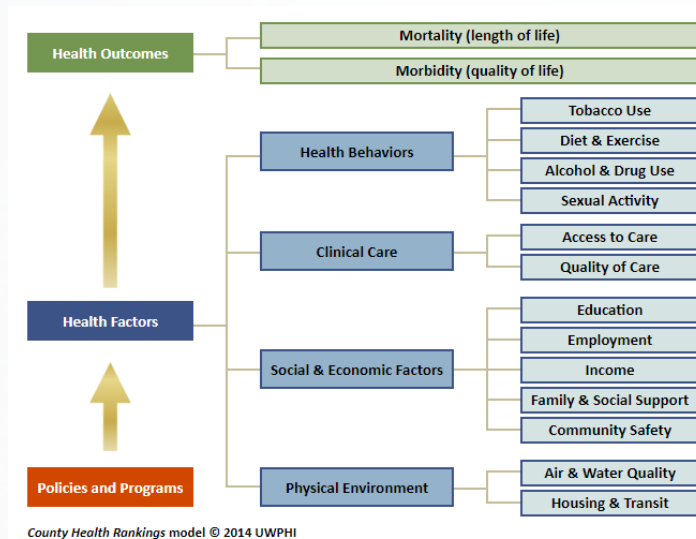
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Aberdeen is included with Bemidji, MN, Thief River Falls, MN, Vermillion, SD, and Worthington, SD.
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5 that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also applied to County Population Health Rankings data with relevant health needs highlighted in the summary findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

Community Asset Mapping

Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, a prioritization exercise followed with key stakeholder groups determining the top needs.

Community Stakeholder Meetings

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced after the presentation, and each participant was asked to consider the needs that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.



The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there any work being done on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare system and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

At the end of the meeting the hospital administrator proposed specific health needs to be addressed within the Implementation plan, with input from the community members present. Administrator recommendations are based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Brown and Edmunds Counties in South Dakota are the community primarily served by Sanford Aberdeen and represent a majority of its volumes. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Aberdeen area regarding the following community health issues were positive. Average scores for each category were as follows:

- Long-term nursing care and senior housing quality (3.31)
- Employment and economic opportunities (3.34)
- Child care and preschool quality (3.44)
- Health care quality (3.49)
- Community safety (3.73)
- Access to exercise opportunities (3.86)

All average scores in the Aberdeen market were above 3.00 and were higher than the average for the comparison group of similar-sized market areas. When asked about their personal health, CHNA respondents in the Aberdeen area rated their current health and wellness as good overall (3.25); however, the average score was lower than the comparison group average.

Despite this lower ranking, data from CHR indicate that Brown County is among the healthiest counties in South Dakota. CHR data indicate that 13 percent of adults in the Aberdeen area as a whole reported fair or poor health, which is lower than the comparison group average. In addition, adults in the Aberdeen area reported the fewest physically and mentally unhealthy days per month (3.1 days each) when compared to similar markets. However, the following five areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

Physical Activity and Nutrition

The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape health and the risk of being overweight and obese.

When CHNA respondents in the Aberdeen area were asked about their biggest health concerns for themselves and their family (concerns they face on a regular basis), chronic health issues came out on top. The most commonly cited chronic health concerns involved being overweight, obesity, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that one in ten adults in the Aberdeen area have diabetes (11%) and nearly one in three adults have obesity (33%), both of which are about average for similar-sized market areas served by Sanford.

CHR data indicates that 27 percent of individuals in the Aberdeen market are physically inactive (which is high relative to similar markets) and 9 percent have limited access to healthy foods (which is the highest percentage among similar market areas). While CHNA respondents in the Aberdeen area rated access healthy foods as good (average score=3.58), the score was slightly lower than the average for the comparison group of similar markets. The most common reasons cited by the nearly one in five CHNA respondents who rated access to healthy foods as poor or fair included limited or no access to grocery stores and healthy foods, and cost.

Participants of the stakeholder meeting identified physical activity and nutrition as a top priority need in their community. This was also an area of focus in Sanford Aberdeen’s 2016 CHNA. The discussion focused on separating the physical activity and nutrition needs of the youth, adult and elderly populations. There was a high level of support from community leaders and ideas where collaborations could be formed. Improved physical activity and nutrition is not only a significant need in the community but it is an area where Sanford can make a meaningful difference. In addition, respondents indicated the community is passionate about the topic and willing to take an active role to improve it.

Local Asset Mapping	
<p>Physical Fitness resources:</p> <ul style="list-style-type: none"> • Massenomics, 209 Railroad Ave. SE, Aberdeen • School District activities, 1224 S. 3rd St., Aberdeen • Park District activities, 225 SE 3rd Ave., Aberdeen • YWCA, 5 S. State Street, Aberdeen • Next Generation Performance Center, 3315 – 6th Ave. SE, Aberdeen • Open Gym, 3315 – 6th Ave. SE, Aberdeen • Crossfit Rails, 821 Railroad Ave. SE, Aberdeen • Pilates Mat Classes, 225 – 3rd Ave. SE, Aberdeen • PIYO Live Athletic Training, 401 Washington St., Aberdeen • Women’s Morning Classes, 401 Washington St., Aberdeen • Walk for Health, 401 Washington St., Aberdeen • Seniors Open Gym, 401 Washington St., Aberdeen • Anytime Fitness, 321 S. Main, Aberdeen • Snap Fitness, 1601 – 6th Ave. SE, Aberdeen 	<p>Physical fitness resources cont.:</p> <ul style="list-style-type: none"> • ARCC Dance Program, 225 – 3rd Ave. SE, Aberdeen • Curves, 2201 – 6th Ave. SE, Aberdeen • Barnett Center at NSU (indoor walking track), 1200 S. Jay St., Aberdeen • Balance Fitness, 2201 – 6th Ave. SE, Aberdeen • Profiling Beauty Health & Wellness Studio, 224 – 1st Ave. SE, Aberdeen • TM Fitness, 18 – 2nd Ave. SE, Aberdeen • Body By Design, 1225 – 6th Ave. SE, Aberdeen • Total Package MedSpa, 1400 -6th Ave. SE, Aberdeen • Richmond Lake Recreation Area, 37908 Youth Camp Rd., Aberdeen • Aquatic Center, 10th Ave. SE & Dakota St., Aberdeen • Lee Park Golf Course, 1028 – 8th Ave. NW, Aberdeen • Wylie Park/Storybook Land, 225 – 3rd Ave. SE, Aberdeen • Erosion Fitness, 628 N. Enterprise St, Aberdeen • Avera Human Performance & Fitness Center, 815 1st Ave SE, Aberdeen
<p>Obesity resources:</p> <ul style="list-style-type: none"> • Profile by Sanford, 2905 – 3rd Ave. SE, Aberdeen • FitPath Nutrition, 5 S. State Street, Aberdeen • TOPS, 502 S. Lincoln, Aberdeen • Weight Loss Center, 901 – 6th Ave. SE, Aberdeen • Sanford Clinic dieticians, 3015 – 3rd Ave. SE, Aberdeen • Avera Clinic dieticians, 105 S. State St., Aberdeen • U. S. Indian Health, 115 – 4th Ave. SE, Aberdeen • City Health Dept., 123 S. Lincoln, Aberdeen 	<p>Healthy Food resources:</p> <ul style="list-style-type: none"> • Nutrition Education, 2905 – 3rd Ave. SE, Aberdeen • Kessler’s Foods, 615 – 6th Ave. SE, Aberdeen • Ken’s Super Fair Foods, 2105 – 6th Ave. SE, Aberdeen • Kaw Lah Asian Market, 608 S. Congress St., Aberdeen • Wheat Growers Farmers Market, 908 Lamont St. S., Aberdeen • Aberdeen Farmers Market, 2nd Ave. & Jay St., Aberdeen • CSAs: <ul style="list-style-type: none"> o Amy’s Heirloom Garden, 814 S. Kline St., Aberdeen

<ul style="list-style-type: none"> · Brown Co. Community Health Center, 402 S. Main, Aberdeen · Community Health Center, 506 S. Wilson, Aberdeen · Nutritional Counseling (Rocky Steinert), 508 S, Boyd Street, Aberdeen · Medical Weight Management – Maria Lao, MD, 815 – 1st Ave. SE, Aberdeen · Avera Comprehensive Weight Management Program, 815 – 1st Ave. SE, Aberdeen · Weight Loss Surgery (Curtis Peer, MD), 3015 - 3rd Ave. SE, Aberdeen · Lifestyle Solutions Nutrition Center, 924 – 6th Ave. SE, Aberdeen 	<ul style="list-style-type: none"> o Natural Abundance, 125 S. Main, Aberdeen o Englehart Farm, 1011 – 6th Ave. SE, Aberdeen o Prairiehill Farms, 12961 – 387 Ave., Aberdeen o Concord Farms, 13350 – 379 Ave., Aberdeen o Douglas Miller Farms, 1760 S. 4th St., Aberdeen o Schaunaman’s Farm, 321 – 9th Ave. NE, Aberdeen o Bumpy Road Ranch, Aberdeen o Better Roots Farm, Pierpont
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Access to Affordable Health Care

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

After chronic health issues, cost and the ability to afford needed health care was the most common health concern that CHNA respondents and their families face on a regular basis. About 11 percent of CHNA respondents in the Aberdeen area indicated that they or a family member did not receive needed medical care in the past year. When asked why, the main reason was due to cost and inability to pay for health care services (73%) followed by a lack of health insurance (46%). Adding to the difficulty in accessing affordable health care is that 11 percent of people in the Aberdeen area are uninsured, which is higher than the average for similar markets served by Sanford Health, according to CHR.

Access to affordable health care was discussed during the stakeholder meeting. Participants noted that issues of access are broad and the definition of “access” comes with a high amount of variance. Those in attendance agree that access to affordable healthcare is a challenge facing the community and the discussion centered on increasing access to providers.

Local Asset Mapping	
<p>Employment agencies/resources:</p> <ul style="list-style-type: none"> · SD Dept. of Labor, 8 - 2nd Ave. SE, Aberdeen · SD Job Service, 420 S. Roosevelt St., Aberdeen · Express Employment Professionals, 221 – 6th Ave. SE, Aberdeen · Experience Works, 100 S. Spring Ave., Sioux Falls 	<p>Health Insurance resources:</p> <ul style="list-style-type: none"> · SHINE (Senior Health Information & Insurance Education), SHINE@activegen.org · SD Division of Insurance, 124 S. Euclid, Pierre · Mark Mehlhoff Insurance, 706 S. Main St., Aberdeen · Avera Health Plans, 522 S. Arch St., Aberdeen · Sanford Health Plan, 300 Cherapa Place, Sioux Falls · Rhodes Anderson Insurance, 401 S. Main St., Aberdeen · Insurance Plus, 405 8th Ave NW, #204, Aberdeen

Major employers:

- 3M, 610 County Rd. 19, Aberdeen
- Avera St. Luke's, 305 S. State St., Aberdeen
- Bethesda Home, 1224 S. High St., Aberdeen
- Kessler's, 615 – 6th Ave. SE, Aberdeen
- Midstates Inc., 4820 Capital Ave. NE, Aberdeen
- Sanford Medical Center, 2905 – 3rd Ave. SE, Aberdeen
- WalMart, 3820 – 7th Ave. SE, Aberdeen
- Wells Fargo, 204 – 1st St. S., Aberdeen

Affordable Health Care resources:

- Sanford Community Care program, 3015 – 3rd Ave. SE, Aberdeen
- Avera Charity Care program, 305 S. State St., Aberdeen
- U.S. Indian Health, 115 – 4th Ave. SE, Aberdeen
- City Health Dept., 123 S. Lincoln, Aberdeen
- Brown Co. Community health Center, 402 S. Main, Aberdeen
- Community Health Center, 506 S. Wilson, Aberdeen
- VA Clinic, 2301 – 8th Ave. NE, Aberdeen
- AngelKare Home Health, 801 – 12th Ave. SE, Aberdeen
- Avera Home Health, 305 S. State St., Aberdeen
- Avera Hospice, 305 S. State St., Aberdeen
- Bethesda Home Care, 1324 – 12th Ave. SE, Aberdeen
- Avera HME, 418 S. 2nd St., Aberdeen
- Prairie Innovations HME, P O Box 887, Aberdeen
- PSI Healthcare, Inc., 1108 – 6th Ave. SE, Aberdeen

Access to Health Care Providers

While CHNA respondents in the Aberdeen area rated their ability to access health care as good (average score=3.57), the score was the lowest among similar markets served by Sanford. In addition, when respondents were asked about the most important health care issues impacting their community, access to health care services and providers was their top concern (slightly higher than COVID-19 concerns). Slightly more than half of CHNA respondents reported traveling outside of their community to receive health care services in the past three years (56%). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (77%).

One in four CHNA respondents in the Aberdeen area indicated they do not currently have a primary care physician (25%). According to CHR data, when compared to similar-sized market areas served by Sanford, the Aberdeen area has one of the highest ratios of population to primary care physicians with one primary care physician for every 1,600 people. When CHNA survey respondents in the Aberdeen area were asked about what health care services they would like to see offered or improved in their community, half said behavioral and mental health care services (52%) followed by dermatology (41%) and addiction treatment (41%). Interestingly, CHR data indicate that the current ratio of population to mental health care providers is one of the lowest in South Dakota, with one provider for every 301 people.

Participants of the Aberdeen stakeholder meeting considered increasing access to health care providers a top priority of the community. Stakeholders agreed that mental health, dermatology, and addiction treatment are under/unavailable services in the community, and they would like to see them increase. This was also a priority need of Aberdeen's 2018 CHNA. A majority of the discussion centered on increasing mental health care and awareness in the community.

Local Asset Mapping

Memory Care resources:

- Red Rose Care Home, 2522 – 13th Ave. SE, Aberdeen
- Angelhaus, 1717 E. Melgaard Rd., Aberdeen
- Primrose Retirement Community, 1701 – 3rd Ave. SE, Aberdeen
- Primrose Cottages
- Bethesda Towne Square, 1425 – 15th Ave. SE, Aberdeen
- ManorCare, 400 – 8th Ave. NW, Aberdeen
- Avera Mother of Joseph Retirement Community, 1002 N. Jay St., Aberdeen
- Nano Nagle Village, 1002 N. Jay St., Aberdeen
- Alzheimer’s Association, alz.org
- Heidie Holmstrom, Alzheimer’s Therapist, 419 Moccasin Dr., Aberdeen
- Brain Injury Support Group, rehab center at 305 S. State St., Aberdeen
- Memory Care Support Group for Caregivers, 1324 – 12th Ave. SE, Aberdeen

Affordable Health Care resources:

- Sanford Community Care program, 3015 – 3rd Ave. SE, Aberdeen
- Avera Charity Care program, 305 S. State St., Aberdeen
- U.S. Indian Health, 115 – 4th Ave. SE, Aberdeen
- City Health Dept., 123 S. Lincoln, Aberdeen
- Brown Co. Community health Center, 402 S. Main, Aberdeen
- Community Health Center, 506 S. Wilson, Aberdeen
- VA Clinic, 2301 – 8th Ave. NE, Aberdeen
- AngelKare Home Health, 801 – 12th Ave. SE, Aberdeen
- Avera Home Health, 305 S. State St., Aberdeen
- Avera Hospice, 305 S. State St., Aberdeen
- Bethesda Home Care, 1324 – 12th Ave. SE, Aberdeen
- Avera HME, 418 S. 2nd St., Aberdeen
- Prairie Innovations HME, P O Box 887, Aberdeen
- PSI Healthcare, Inc., 1108 – 6th Ave. SE, Aberdeen

Long Term Care resources:

- SD Dept. of Social Services, 3401 – 10th Ave. SE, Aberdeen
- Red Rose Care Home, 2522 – 13th Ave. SE, Aberdeen
- Angelhaus, 1717 E. Melgaard Rd., Aberdeen
- Primrose Retirement Community, 1701 – 3rd Ave. SE, Aberdeen
- Primrose Cottages, 1518 Meadowbrook Ct., Aberdeen
- Primrose Place, 1801 – 3rd Ave. SE, Aberdeen
- Bethesda Towne Square, 1425 – 15th Ave. SE, Aberdeen
- ManorCare, 400 – 8th Ave. NW, Aberdeen
- Avera Mother of Joseph Retirement Community, 1002 N. Jay St., Aberdeen
- Nano Nagle Village, 1002 N. Jay St., Aberdeen
- Aberdeen Health & Rehab, 1700 US 281, Aberdeen

Prescription Drug Abuse resources:

- SAMHSA Helpline, 800-662-4357
- Avera Worthmore Addiction Services, 1206 S. Main, Aberdeen
- NADRIC Treatment Center, 1400 – 15th Ave. NW, Aberdeen
- NA meetings
 - o Faith United Methodist, 503 S. Jay St., Aberdeen
 - o St. Mark’s Episcopal, 1410 N. Kline, Aberdeen
 - o The Yellow House, 519 S. Arch St., Aberdeen

Substance Abuse resources:

- SAMHSA Helpline, 800-662-4357
- Avera Worthmore Addiction Services, 1206 S. Main, Aberdeen
- NADRIC Treatment Center, 1400 – 15th Ave. NW, Aberdeen
- AA, 519 S. Arch St., Aberdeen
- AA, 1723 S. Main, Aberdeen
- AA Clubhouse, 513 St. Arch St., Aberdeen
- Al-Anon, 1429 N. Dakota St., Aberdeen
- Al-Anon, 502 S. Lincoln St., Aberdeen
- Al-Anon Family Group, 1429 N. Dakota St., Aberdeen
- Alateen, 1429 N. Dakota St., Aberdeen

	<ul style="list-style-type: none"> · Alano Society, P O Box 164, Aberdeen · NA meetings <ul style="list-style-type: none"> o Faith United Methodist, 503 S. Jay St., Aberdeen o St. Mark's Episcopal, 1410 N. Kline, Aberdeen o The Yellow House, 519 S. Arch St., Aberdeen
<p>Mental Health resources:</p> <ul style="list-style-type: none"> · Anxiety/Depression Management Support Group, 514 S. Main St., Aberdeen · Depression Awareness, Recognition & Treatment, 800- 421-4211 · Awakening Counseling Service, 2002 S. Main, Aberdeen · NE Mental Health, 14 S. Main St, Suite 1E, Aberdeen · Grief Share Support Group, 502 S. Lincoln, Aberdeen · Grief Share Support Group, 1620 Milwaukee Ave., Aberdeen · Grief Programs, 310 – 15th Ave. SE, Aberdeen · HALOS (Healing After a Loved One's Suicide), 502 S. Lincoln St., Aberdeen · Divorced, Widowed & Separated Support Group, 310 – 15th Ave. SE, Aberdeen · EMDR (Eye Movement, Desensitization Reprocessing – treatment for PTSD, abuse, trauma), 514 S. Main St., Aberdeen · Northern Plains Psychological Associates, 405 – 8th Ave. NW, Aberdeen · Behavior Care Specialists, 405 S. Washington, Aberdeen · Lutheran Social Services, 202 S. Main, Aberdeen · Breakthrough Psychologists, 404 S. Lincoln, Aberdeen · Avera Psychiatric Associates, 201 S. Lloyd St., Aberdeen 	<p>Mental Health Resources Cont.:</p> <ul style="list-style-type: none"> · Avera Behavioral Health Program, 105 S. State, Aberdeen · VA Clinic, 2301 – 8th Ave. NE, Aberdeen · Catholic Family Services Counseling, 310 – 15th Ave. SE, Aberdeen · NSU Counseling Center, 1200 S. Jay St., Aberdeen · Aberdeen Boys & Girls Club (counseling available to anyone who wants it) , 111 – 1st Ave. SE, Aberdeen · New Beginnings Center, 1601 Milwaukee Ave. NE, Aberdeen · Professional Counseling Service, 508 S. Boyd St., Aberdeen · Intercept EAP Counselor, P O Box 403, Aberdeen · Footsteps Counseling, 419 Moccasin Dr, Aberdeen · Dakota Counseling, 121 – 4th Ave. SW, Aberdeen · Stephen Ministry, 619 – 8th Ave. NW, Aberdeen · Suicide Prevention Hotline – 800- 273-8255 · Survivors Support Group, 2005 S. Merton, Aberdeen · Veterans Support Group, 502 S. Lincoln St., Aberdeen · Widow Support Group, 2201 – 6th Ave. SE, Aberdeen · Conklin Psychiatric Health, 1409 6th Ave, Ste 5, Aberdeen

Public Transportation

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

CHNA respondents in the Aberdeen area rated community access to daily transportation as less than good (average score=2.68). When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents cited limited or no access to public transportation. Ride Line was mentioned as an option; however, respondents thought it inefficient with limited service and capacity issues. While taxi service and Ubers were listed as additional options, respondents suggested they can be expensive, when available.

Public transportation is an issue that community leaders are aware of and currently working on. It is an issue that disproportionately affects the less mobile elder population. Community leaders expressed interest in working collaboratively with Sanford to address public transportation. Sanford Aberdeen will be able to provide the public transit authority with information and support if needed. Meeting members agreed it should not be one of the two priority issues for Sanford.

Local Asset Mapping	
<p>Transportation:</p> <ul style="list-style-type: none"> ·Uber, phone app ·Lyft, Phone app ·Ride Line Transportation Services, (605)626-3333, 123 south Lincoln Street, 57401 ·Aberdeen Ambulance Service, 21 2nd Ave NW, Aberdeen, SD 57401, (605) 225-9600 	

Affordable Housing

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

CHNA respondents in the Aberdeen area rated the availability of affordable housing in their community as less than good (average score=2.67). When asked to explain why they rated community access to affordable housing the way they did, CHNA respondents suggested that housing was limited overall in the Aberdeen area and that new housing tends to be more expensive, which leaves affordable units, if available, as older and in poor condition.

Community leaders are aware of the problems surrounding affordable housing and they are working on them. Sanford Aberdeen is able to share the information they have with the Aberdeen housing authority and support local efforts directed at providing affordable housing. Meeting members agreed it should not be one of the two priority issues for Sanford.

Local Asset Mapping	
<p>Low Income Apartments:</p> <ul style="list-style-type: none"> ·Jordan Park Townhomes, 1901 3rd St SE, Aberdeen, South Dakota ·Central villas, 1901 South Merton Street, Aberdeen, South Dakota ·The Sherman, 223 S Main St, Aberdeen, South Dakota ·Sunrise Apartments, 1109 S High St, Aberdeen, South Dakota ·Dakota Square, 1902 N Dakota St, Aberdeen, South Dakota ·Golden West, 914 S 17th St, Aberdeen, South Dakota ·Fifth Avenue South, 506 S 1st St, Aberdeen, South Dakota 	<p>Housing Resources:</p> <ul style="list-style-type: none"> ·Aberdeen Housing Authority, 310 S. Roosevelt ST, Aberdeen, SD 57401 ·Salvation Army, 1025 6th Ave SW, Aberdeen, SD 57401 ·The Journey Home/Presentation Sisters, 420 S. Washington St., Aberdeen, SD 57401 ·Brown County Welfare (Poor Relief), 1019 1st Ave SE, Aberdeen, SD 57401 ·Safe Harbor, 2005 S. Merton, Aberdeen, SD 57401 ·Volunteers of America, 112 N Main St, Aberdeen, SD 57401 ·Homes Are Possible, Inc. (HAPI), 320 S. Main St, Aberdeen

- Bicentennial Apartments, 1200 S Lawson St, Aberdeen, South Dakota
- Lawson View Townhomes, 1300 S Lawson St, Aberdeen, South Dakota
- Carlyle Apartments, 1901 3rd Ave SE, Aberdeen, South Dakota
- Meadow Wood Townhomes, 2714 1st Ave SE, Aberdeen, South Dakota
- Lawson View, 1315 S High St, Aberdeen, South Dakota
- Mel Ros Vilage, 1415 S High St, Aberdeen, South Dakota
- Sunshine Park, 1524 S Lawson St, Aberdeen, South Dakota
- J and O Apartments, 224 4th Ave SE, Aberdeen, South Dakota
- Le Chateau Apartments, 10 9th Ave SW, Aberdeen, South Dakota
- The Homestead, 2222 3rd Ave SE, Aberdeen, South Dakota

Realty:

- First Premier Realty, 1606 6th Ave SE, Aberdeen, SD 57401
- Century 21 Investment Realtors, 1409 6th Ave SE #1, Aberdeen, SD 57401
- Jency Agency Inc., 523 S Main St, Aberdeen, SD 57401
- Rentaberdeen.com, 1409 6th Ave SE #1, Aberdeen, SD 57401

Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which convened a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency and Sanford Health were also present. A list of attendees can be found in the introduction. Stakeholders discussed the health needs, potential causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; no additional needs were brought forward.

IMPLEMENTATION PLAN

Priority 1: Improving physical activity and nutrition for youth and adults

Current activities

- Improve care of patients with obesity diagnosis through referring patients to internal and external services, including registered dietitians, exercise physiologists, and Health Coaches.
- Provide education to local schools and child care centers about the Sanford Health fit initiative, a childhood obesity prevention initiative. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep).

Projected Impact

- Improved physical activity and nutrition for the community

Goal 1: Improve Care of Patients with Obesity Diagnosis

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Support local food assistance efforts, such as meals on wheels and organizations with a well-established distribution chain (noted in the asset maps within the previous section).	# of volunteer hours towards community food organizations, percentage of residents classified as obese.	Employees	Community Relations	
Sanford employs a registered dietician and food production staff within the hospital which and will utilize these resources to educate the local community on health eating and how to utilize limited food resources for full meal planning.	# of education sessions to community groups, # participants, percentage of residents classified as obese.	Dietician Sanford <i>fit</i>	NFS Leadership Community Relations	

Priority 2: Access to health care providers, particularly for mental health services and education

Current activities

- Improve care of patients with depression diagnosis through improving PHQ-9 scores for patients with major depression.
- Continue ongoing education to all Health Coaches and panel specialists to standardize workflow.

Projected Impact

- Improved mental health services for the community

Goal 1: Access to Mental Health Providers

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Telemedicine outreach is available from Sanford Sioux Falls to Sanford Aberdeen.	# of referrals during FY 2022, 2023, 2024	Office staff, nurses	Clinic Leadership	
Integrated health therapists (IHT) are available in the primary care setting to assess, provide therapy or refer patients for services.	# of visits for IHT # of referrals for psychology/psychiatry services	IHT	Clinic Leadership	
Provide education on workflow to all Health Coaches and panel specialists to standardize workflow	All Health Coaches and staff in primary care staff receive education on workflow	All Health Coaches	Clinic Leadership	

Needs Not Addressed in the Implementation Plan

The following needs were identified during the CHNA assessment process, as referenced in the report above. They are not specifically addressed in the 2022-2024 implementation plan, as the stakeholder meeting attendees prioritized physical activity and health care access as more significant and timely by stakeholder consensus.

Access to Affordable Health Care: Sanford Aberdeen Medical Center has a representative onsite who assists patients with reviewing health insurance options which includes our Community Care Program. Sanford Health has a webpage to help answer questions for patients and/or directs patients to a representative for assistance.

Public Transportation: Sanford Aberdeen provides case management and social work support to patients, including transportation assistance, as needed. Sanford will also share the survey information and data with local transportation partners as appropriate.

Affordable Housing: Sanford Aberdeen Medical Center provides nurse care managers and social workers who help to facilitate access to community services and supports as patient needs dictate. Sanford will also share the survey information and data with local housing partners as appropriate.

EVALUATION OF 2019-2021 CHNA

Goal 1: Healthcare Access

Sanford Aberdeen Medical Center (SAMC) is committed to helping community members understand their health care insurance options. Our goal is that no one in our service area is denied necessary health care services due to lack of coverage and/or insufficient coverage.

In 2019 and 2020, SAMC staff utilized Sanford Health Plan's website and related information and resources to provide relevant insurance information for individuals and companies as needed. This information on coverage options allows consumers to compare Sanford Health Plan's options to see what is right for them. SAMC staff continue to work closely with both Sanford Health Plan representatives as well as various local insurance agents regarding access to a range of insurance products and services for anyone in need.

Additionally, SAMC has a representative onsite who assists patients with reviewing health insurance options which includes our Community Care Program. Sanford Health has a webpage to help answer questions for patients and/or directs patients to a representative for assistance. <https://www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/insurance-information>

Goal 2: Mental Health and Substance Abuse

SAMC seeks to ensure that mental health services are available in Aberdeen and the surrounding area. We also aim to achieve a reduction in opioid prescriptions. To this end, Sanford Aberdeen Clinic is offering telemedicine options for psychiatry services to increase overall access to mental health care.

To identify need and ensure access to appropriate care, PCP visits include a questionnaire assessment tool that is aligned with Sanford Health enterprise protocols for screening. This holistic approach embeds an Integrated Health Therapist (IHT) in our primary care clinics. The IHT also offers ongoing education on services offered through primary care. The IHT saw a total of 284 patients in 2019, and 166 patients through the first half of 2020. Volumes were less than expected due to COVID-19 and the IHT resigning end of June 2020. A replacement IHT joined the team at the end of December 2020 and patient volumes are anticipated to increase in 2021 due to enhanced access.

Finally, staff and providers are routinely given updates to Sanford enterprise best practices regarding opioid prescribing. Many of these updates appear as prompts in a patient's Electronic Medical Record (EMR). The EMR prompts providers to do the following: check PDMP (Prescription Drug Monitoring Program) before prescribing opioids, perform routine yearly Urine Drug Screen tests, provide educational resources in dealing with prescribing opioids, and give Controlled Substance Agreements for patients using opioids chronically.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The website includes current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit <https://www.sanfordhealth.org/contact-us>.

APPENDIX

Survey Responses

Survey responses are available through an online dashboard at <https://www.sanfordhealth.org/about/community-health-needs-assessment>

Expanded Demographics¹

Brown County has a population 38,839, representing a growth of 6.3% since the 2010 Census. This is slightly lower than the South Dakota Growth rate over the same period. Edmunds County has a population of 3,829, down 5.9% in the same period. Brown County and South Dakota have very similar age demographics and some slight differences in race demographics. The population of White residents in Brown County is 4.4 points higher than the state at 89.0% with a lower percentage of American Indians. There are minor differences in education and workforce rates. The counties have a similar health insurance rate as the state. It is also notable that while the Brown County and state median income levels are functionally the same, the County's poverty rate (9.4%) is lower than the state's (11.9%). Conversely, Edmunds County has a much higher median income than the state average.

	Edmunds County, SD	Brown County, SD	South Dakota
Population estimates, July 1, 2019, (V2019)	3,829	38,839	884,659
Population estimates base, April 1, 2010, (V2019)	4,071	36,532	814,198
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-5.9%	6.3%	8.7%
Persons under 5 years, percent	6.2%	6.5%	6.9%
Persons under 18 years, percent	23.1%	23.7%	24.5%
Persons 65 years and over, percent	22.0%	17.9%	17.2%
White alone, percent	96.8%	89.0%	84.6%
Black or African American alone, percent	0.3%	2.4%	2.3%
American Indian and Alaska Native alone, percent	1.1%	3.4%	9.0%
Asian alone, percent	0.7%	2.8%	1.5%
Native Hawaiian and Other Pacific Islander alone, percent	0.0%	0.2%	0.1%
Two or More Races, percent	1.0%	2.2%	2.5%
Hispanic or Latino, percent	2.2%	3.6%	4.2%
White alone, not Hispanic or Latino, percent	95.1%	86.2%	81.5%
Households with a computer, percent, 2015-2019	88.9%	88.0%	88.5%
Households with a broadband Internet subscription, percent, 2015-2019	75.5%	80.1%	80.7%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.1%	93.0%	91.7%

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

Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	26.3%	29.4%	28.8%
With a disability, under age 65 years, percent, 2015-2019	5.4%	6.9%	8.1%
Persons without health insurance, under age 65 years, percent	11.4%	12.2%	12.2%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	64.2%	69.3%	67.7%
Median household income (in 2019 dollars), 2015-2019	\$71,324	\$58,216	\$58,275
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$34,628	\$33,122	\$30,773
Persons in poverty, percent	10.7%	9.4%	11.9%
Total employer establishments, 2019	129	1,254	27,108
Total employment, 2019	819	18,313	358,943

CHNA Survey Questionnaire

The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

010000-01882 1:01

1

How would you rate the availability of AFFORDABLE HOUSING in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

- Poor Fair Good Very Good Excellent Don't Know

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED In your community?

- Yes Please answer next question
- No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED In your community. (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trama | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (Ophthalmology, Optometry) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- Yes
- No

How long has it been since you last visited a physician / provider for a routine check up or screening?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? *(Select all that apply)*

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

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

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- Yes No Unsure

What are the reasons you or a family member did not receive the care needed?

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

TRAVELING FOR CARE

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

- Yes No

If yes, Where did you travel to? (If you traveled more than once, enter the most recent place you traveled to?)

City _____ State _____

What was the main reason you traveled for care? (select all that apply)

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Second opinion | |

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

- Employer (Your employer, spouse, parent, or someone else's employer)
- Individual (Coverage bought by you or your family)
- Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)
- Medicare
- Medicaid
- Military (Tricare, Champus, VA)
- Indian Health Service (IHS)

Other (please specify)

DEMOGRAPHICS

What is your biological sex?

- Male Female

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- Yes No

How many people live in your house, including yourself? _____

How many children under age 18 currently live with you in your household? _____

Are you Spanish, Hispanic, or Latino in origin or descent?

- Yes No

What is your race? *(Select all that apply)*

- American Indian or Alaska Native
 Caucasian or White
 Asian
 Native Hawaiian or Pacific Islander
 Black or African American

Other *(please specify)*

How long have you been a US citizen?

- I am not a US citizen
• Are you planning to become a US citizen? Yes No Prefer not to answer
 0 - 5 years
 6 - 10 years
 More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

- | | |
|--|---------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single, never married | <input type="radio"/> Widowed |
| <input type="radio"/> Unmarried couple living together | <input type="radio"/> Separated |

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (*owned or leased*)
- Online Ride Service (*Uber / Lyft*)
- Taxi Service
- Public Transportation (*bus / subway / rail*)
- Other (*please specify*)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (*high school diploma or equivalent including GED*)
- Some college but no degree
- Associate degree in college (*2-year*)
- Bachelor's degree in college (*4-year*)
- Master's degree
- Doctoral degree
- Professional degree (*JD, MD*)

Your current employment status is best described as:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.