



# Community Health Needs Assessment

SANFORD CANBY MEDICAL CENTER  
2022-2024





Dear Community Members,

Sanford Canby 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.

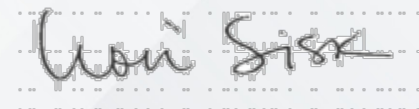
After completing this year's assessment, Sanford Canby will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Mental health with a broad focus, including the specific challenges faced by area youth.
- Increasing access to providers, specifically to primary care providers, and improved promotion of specialty outreach services.

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 Canby 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 that reads "Lori Sisk". The signature is written in a cursive style and is placed within a rectangular area defined by a dotted border.

Lori Sisk  
Senior Director  
Sanford Canby Medical Center

### Community Description

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The Sanford Canby Medical Center is located in Canby, MN. Canby is known as the Gateway to the Prairie, has a population of 1,600 people<sup>1</sup>, and is located in southwestern Minnesota in Yellow Medicine County population 9,800. The community is home to Del Clark Lake, which provides an abundance of recreational and leisure activities including hunting, fishing, golf and walking/biking trails. Canby has excellent schools, including an independent school district, St. Peter's Catholic School, and Minnesota West Community College. Sanford Canby is very active in the local chamber of commerce and works with the community to strengthen its assets.

The community as defined for purposes of the Community Health Needs Assessment includes Yellow Medicine County, MN. Demographic detail for the county is included in the appendix.

### Partners

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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 regarding the communities and populations we serve.

#### Sanford Health

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

#### System Partners

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

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health

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<sup>1</sup> US Census Data

- 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, Beltram 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

### **Canby Partners**

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

- Ruth Tvedt, Ancillary Services Manager, Sanford Canby & Clear Lake
- Cheryl Ferguson, Clinic Director, Sanford Canby Medical Center
- Allison Nelson, CFO, Sanford Canby Medical Center
- Lori Sisk, Senior Directory, Sanford Canby & Clear Lake
- Ryan Nielson, Superintendent, Canby Public Schools
- Diana Fliss, Chair, Canby Hospital District Board
- Karlie Solum, Community Relations, Sanford Health
- Jason Anderson, Director of Long Term Care, Sanford Canby, President of the Chamber of Commerce, Canby
- Andy Wiese, Head of Strategic Intelligence, Sanford Health

### **Sanford Canby Description**

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Sanford Canby Medical Center (SCMC) is a community-based, 25-bed acute-care Critical Access Hospital serving over 6,000 people. The medical center complex includes an attached Rural Health Clinic, skilled nursing facility, senior housing/assisted living facility, dental clinic, home healthcare service, dialysis unit, and wellness center. Sanford Canby also has beds designated for swing bed services and owns its own ambulance service.

The medical center is located in a medically underserved area, as designated by the Federal Health Resources and Services Administration (HRSA). It serves an increasingly elderly population that is unable to travel distances for routine healthcare services.

Sanford Canby employs two family medicine physicians, one surgeon, three advance practice providers, and 285 employees. Outreach services are provided for cardiology, orthopedics, nephrology, pediatrics, OB/GYN, ENT, podiatry, urology, vascular, and gastroenterology.

### **CHNA Purpose**

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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 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. 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.

## **Regulatory Requirements**

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

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

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

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

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address each and every assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS form 990 Schedule H.

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

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. No community comments or questions 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 U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

## Community and Stakeholder Survey

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, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Yellow Medicine 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 94 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

## Secondary Data

County Health Rankings is based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced 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:

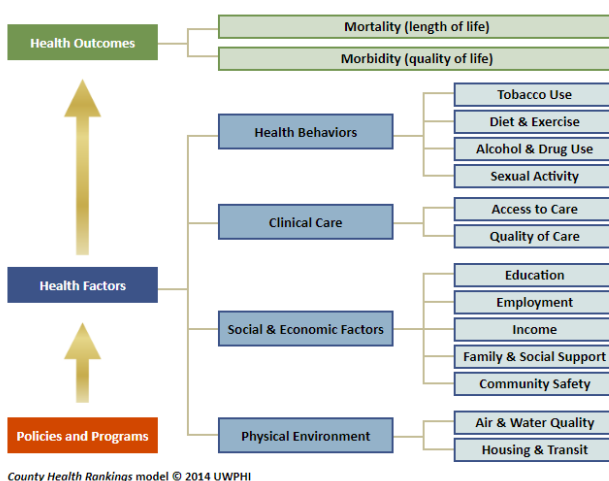
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately.
- To identify community health care needs, each community's score by question was compared to the average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

## Community Asset Mapping

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

## Community Stakeholder Meetings

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



The facilitated discussion sought to inform on several aspects:

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

At the end of the meeting the hospital administrator proposed the specific health needs to be addressed within the Implementation plan with input and support from the community members present. Administrator recommendations were 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**

Yellow Medicine is the community primarily served by Sanford Canby and represents 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 Canby area regarding the following community health issues were positive. Average scores were as follows:

- Employment and economic opportunities (3.12)
- Affordable housing (3.28)
- Transportation (3.39)
- Child care and preschool quality (3.51)
- Long-term nursing care and senior housing quality (3.84)
- Access to healthy foods (3.86)
- Health care quality (3.91)
- Access to exercise opportunities (4.09)
- Environmental health (4.09)
- Community safety (4.11)

With the exception of employment opportunities (which was similar to the comparison group average), average scores for CHNA respondents in the Canby area for each of these community health issues were higher than the comparison group average – and in some cases (i.e., transportation, affordable housing, access to exercise opportunities), the highest among all similar-sized market areas served by Sanford Health.

When asked about their personal health, CHNA respondents in the Canby area rated their current health and wellness as good (average score=3.43) (which was a higher score than the comparison group average) and their current ability to access health care services as very good (average score=4.07) (which was the highest average score among all similar-sized markets).

County Health Rankings (CHR) data indicate that Yellow Medicine County is ranked in the middle-range of Minnesota counties in terms of overall health. The following areas of concern were identified for further discussion (in no particular order).

### Significant Health Needs Identified

#### **Mental Health**

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

When CHNA respondents in the Canby area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (43%). According to CHR, adults in the Canby market average 3.8 mentally unhealthy days each month and 13 percent of adults average at least 14 days of mental distress per month – both rates are slightly higher than the comparison group average.

According to CHR, in the Canby area there are 1,618 people for every one mental health provider (which is the third highest ratio for similar-sized markets served by Sanford Health).

Stakeholders who participated in the CHNA meeting agreed that the number one health priority in the community should be to address mental health. Sanford Canby mentioned that they would like to have the priority listed as overall mental health rather than a specific area as to not close any avenues. Mental health was also a priority need in the last implementation plan, so it would make sense for that work to continue. Overall mental health is a need that community members broadly supported making a priority in the coming years, additionally it is an area where Sanford is positioned to make a meaningful difference.

<b>Local Asset Mapping</b>
<p>Mental Health resources:</p> <ul style="list-style-type: none"> <li>• Western Mental Health Center, 112 St. Olaf Ave. S., Canby MN (rented space)</li> <li>• Sanford Canby Medical Center, 112 St. Olaf Ave. S., Canby MN</li> <li>• Sanford Clinic, 112 St. Olaf Ave. S., Canby MN</li> <li>• Western Mental Health Center Mobile Crisis Response Team 1-800-658-2429, 1212 East College Drive, Marshall, MN</li> <li>• Adult Mental Health Crisis Line – Yellow Medicine County 800-658-2429</li> <li>• Children’s Mental Health Crisis Line – Yellow Medicine County 800-658-2429</li> </ul>

**Access to Health Care Providers**

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

CHNA respondents in the Canby area rated their ability to access health care as very good (average score=4.07) and higher than any other similar-sized market area served by Sanford Health. When respondents were asked about the most important health care issues impacting their community, access to health care and health care providers was their number one concern.

While 84 percent of CHNA respondents in the Canby area indicated they had a primary care provider, 80 percent of respondents traveled to receive health care services outside their community in the past three years, which was the third highest percentage among similar markets. When asked why, the main reason was that they needed a specialist or the needed service was not available locally (75%) – which was followed by a physician’s referral (33%) and needing better or higher quality care (25%).

When asked which health care services they would like to see offered or improved in their community, approximately one in three CHNA respondents in the Canby area focused on women’s health issues including labor and delivery (36%) and OBGYN/women’s care (30%). About one in four said family medicine and primary care (25%) and cancer care (23%) – and nearly one in five said general surgery (18%), dental care (18%), and dermatology (16%). According to County Health Rankings (CHR), the Canby area has 1,399 people for every one primary care physician and 2,427 people for every one dentist (ratios which are lower than the comparison group average).

Participants from the CHNA stakeholder meeting agreed that increasing access to providers should be a priority for the community. Specifically, the conversation centered on increasing access to primary care providers, and improving marketing and awareness of specialty services offered in the area. The group discussed enhancing provider access by promoting virtual care services in the community. There was also broad support for having more primary care physicians and advanced practice providers in the area.

### Local Asset Mapping

<p><b>Health Care resources:</b></p> <ul style="list-style-type: none"> <li>· Sanford Canby Medical Center, 112 St. Olaf Ave. S., Canby MN</li> <li>· Sanford Clinic, 112 St. Olaf Ave. S., Canby MN</li> <li>· Sanford Dental Clinic, 11 St. Olaf Ave. S., Canby MN</li> <li>· Sylvan Court, 112 St. Olaf Ave. S., Canby MN</li> <li>· Sylvan Place Assisted Living, 112 St. Olaf Ave. S., Canby MN</li> <li>· Canby Chiropractic Clinic, 109 St. Olaf Ave. S., Canby MN</li> <li>· Kaddatz Chiropractic Center, 106 – 8th St. W., Canby MN</li> <li>· Sanford Health Plan, 1749 – 28th St. S., Fargo ND</li> <li>· Sanford Equip., 131 St. Olaf Ave. N., Canby MN</li> <li>· MNSure, 1-855-366-7873</li> <li>· Western Mental Health Center, 112 St. Olaf Ave. S., Canby MN</li> <li>· Sanford Hospice, 119 – 1st St. W., Canby MN</li> <li>· Sanford Canby Home Care Services, 216 St. Olaf Ave. S., Suite B, Canby MN</li> </ul>	<p><b>Vision resources:</b></p> <ul style="list-style-type: none"> <li>· Heartland Eye Center, 107 – 1st Street E., Canby MN</li> </ul> <p><b>Dental resources:</b></p> <ul style="list-style-type: none"> <li>· Sanford Dental Clinic, 11 St. Olaf Ave. S., Canby MN - - hr. Dental - Dr Razi,, DDS, 112 St. Olaf Ave. S., Canby MN</li> </ul>
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**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 Canby area rated the availability of affordable housing in their community as good (average score=3.28); however, the average score was the second lowest community health issue after employment and economic opportunities and 24 percent rated the availability of affordable housing as poor or fair. County Health Rankings (CHR) data suggest that 9 percent of households in the Canby area spend at least 50 percent of their household income on housing costs, which is higher than the comparison group average.

Affordable housing is a known community issue but participants from the CHNA stakeholder meeting agreed there were more pressing areas for Sanford to prioritize in the coming years. Sanford Canby may still play a supporting role in improving affordable housing as a community partner. Participants did mention that there are high and low priced homes but nothing in the mid-range. It was also brought up that affordable housing, child care, and economic opportunity are interconnected.



<b>Local Asset Mapping</b>	
<p><b>Low Income Housing:</b></p> <ul style="list-style-type: none"> <li>· Valley View Apartments, 102 Division St E, Canby</li> <li>· Twin Woods Apartments, 1202 Haarfager Ave N, Canby</li> <li>· Lebens Raum, 414 2<sup>nd</sup> Street West, Canby</li> </ul>	<p><b>Employment resources (major employers):</b></p> <ul style="list-style-type: none"> <li>· Sanford Canby, 112 St. Olaf Ave. S., Canby MN</li> <li>· MN West Community College, 1011 – 1st St. W., Canby MN</li> <li>· Canby Public School District, 307 – 1st St. W., Canby MN</li> <li>· St. Peter’s Catholic School, 410 Ring Ave. N., Canby, MN</li> <li>· Helena Chemical Co., 120 – 1st St. W., Canby MN</li> <li>· Farmers Cooperative Assn.</li> <li>· REM Southwest Services</li> </ul>

**Employment and Economic Opportunities**

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

CHNA survey results indicate that respondents in the Canby area rated the employment and economic opportunities in their community as good (average score=3.12); however, the average score was the lowest of any other community health issue – and lower than the comparison group average. In addition, 30 percent of respondents rated employment and economic opportunities in their community as poor or fair. When respondents were asked why they rated these opportunities as poor or fair, responses focused on limited industry and businesses in smaller communities, which limit employment opportunities and higher paying jobs.

CHR data indicate that 60 percent of adults ages 25 to 44 in the Canby area have some level of college education (which is lower than the comparison group average) and 4 percent of adults are unemployed (which is slightly higher than the comparison group average). While median household income (\$61,074) and the child poverty rate (13%) in the Canby area fair better than the comparison group average, 37 percent of children in the Canby area are eligible for free- or reduced-price lunch (a percentage which is slightly higher than the comparison group average).

Participants of the CHNA stakeholder meeting showed interest in the topic of employment and economic opportunities. The issues stem lagely from not having enough people in the area. Sanford Canby is already doing work in this respect. Participants suggested solutions such as improving marketing for available jobs or increasing availability of childcare in the area. Again, while not directly under the purview of a healthcare system, this is an issue where Sanford could partner with other community employers, like the school, to support local efforts.

### Local Asset Mapping

Local Asset Mapping	
<b>Employment resources (major employers):</b> <ul style="list-style-type: none"><li>• Sanford Canby, 112 St. Olaf Ave. S., Canby MN</li><li>• MN West Community College, 1011 – 1st St. W., Canby MN</li><li>• Canby Public School District, 307 – 1st St. W., Canby MN</li><li>• St. Peter’s Catholic School, 410 Ring Ave. N., Canby, MN</li><li>• Helena Chemical Co., 120 – 1st St. W., Canby MN</li><li>• Farmers Cooperative Assn.</li><li>• REM Southwest Services</li></ul>	<b>Resources for a skilled labor force:</b> <ul style="list-style-type: none"><li>• MN West Community College, 1011 – 1st St. W., Canby MN</li><li>• Canby Community Education, 307 – 1st St. W., Canby MN</li><li>• Canby Developmental Achievement Center, PO Box 154, Canby MN</li><li>• Sanford Online EMT &amp; CNA courses</li><li>• MN Pipeline Grant – LPN &amp; EMT courses (Sanford and MN West Partnership Grant)</li></ul>

#### Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency were invited and Sanford Health staff were also present. List of attendees is included in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward. Ultimately, the stakeholders selected mental health and increased access to providers for prioritization in the 2022-2024 implementation plan.

## IMPLEMENTATION PLAN

### **Priority 1: Mental health with a broad focus, keeping in mind the specific challenges faced by area youth**

Sanford Health is positioned to have a positive impact on mental health. This effort will focus on two primary goals; expanding awareness of the Sanford Canby Ambulatory Care Manager's role in mental health and providing and/or supporting mental health resources to area youth.

#### **Current activities**

Sanford Canby Medical Center utilizes the PHQ-9 screening tool within the electronic medical record to help in the identification of mental health needs. Through the medical home program, RN Ambulatory Care Manager, and PHQ-9 screening, we can offer and refer mental health services to those with scores indicative of depression. Patients are assessed at each primary care visit. Sanford Canby also offers psychiatry services via telemedicine and behavioral health referrals are made for patients who present with needs in the emergency department. In addition, Sanford Canby provides sponsorship support for various community events including a Teen Safety Family Night held in March 2019 that covered Social Media and Online Safety, Adverse Childhood Experiences, and Mental Health Awareness. The Sanford Canby Pathways Support Group was developed to provide support for those affected by chronic illness.

#### **Projected Impact**

Upon completion of the action plan, the community would have greater knowledge of the mental health resources that are available in their local community.

#### **Goal 1: Expand awareness of Ambulatory Care Manager's Role in Mental Health**

<b>Actions/Tactics</b>	<b>Measurable Outcomes &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships &amp; collaborations (if applicable)</b>
Present Ambulatory Care Manager's role in mental health to four stakeholder groups per year	Four education sessions to be provided annually in 2022-2024, community awareness levels	Ambulatory Care Manager	Admin Team	Community stakeholder groups
Provide education of the Ambulatory Care Manager's role to Sanford Canby staff via employee newsletter	Printed article provided annually in 2022-2024, staff awareness levels	Ambulatory Care Manager, Administrative Assistant, Marketing Materials	Admin Team	N/A



**Goal 2:** Provide mental health resources to area youth annually.

<b>Actions/Tactics</b>	<b>Measurable Outcomes &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships &amp; collaborations (if applicable)</b>
Provide or support a youth mental health presentation to area schools	Support one session in 2022-2024, program participants, total mental health appointments	Admin Team, staff time, marketing materials	Admin Team	School officials
Provide support for National Night Out for area youth	Support annually 2022-2024	Admin Team/WC Coordinator, sponsorship funds	Admin Team	Canby 4 Kids committee and local law enforcement

**Priority 2: Increasing access to providers, specifically to increase access to primary care providers and improve marketing around specialty outreach services.**

**Current activities**

During the Covid-19 pandemic, Sanford began focusing on bringing patients back in to see their primary care providers for preventative health maintenance services. A primary care marketing campaign was launched to assure patients that it was safe to see their providers.

In addition to regularly scheduled appointments, Sanford Canby offers walk-in clinic services Monday through Saturday.

**Projected Impact**

Upon completion of the action plan, the community would feel empowered to take ownership of preventative health maintenance and see progress towards an overall healthier population.

**Goal 1:** Increase preventative health/wellness visits by 10% by the end of 2024.

<b>Actions/Tactics</b>	<b>Measurable Outcomes &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships &amp; collaborations (if applicable)</b>
Enhance provider community interaction at local events	Each provider to attend one community event annually in 2022-2024, increased visits	Sanford Canby Providers	Admin Team	Local event coordinators
Expand marketing of direct access laboratory testing	Promote marketing of direct	Admin Team and Marketing Team	Admin Team	Local media

	access laboratory testing annually in 2022-2024, lab utilization totals and rates			
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**Goal 2:** Expand awareness of Sanford-provided specialty/outreach services by 2024.

<b>Actions/Tactics</b>	<b>Measurable Outcomes &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships &amp; collaborations (if applicable)</b>
Expand awareness of outreach services through patient stories/marketing	Provide one story for each outreach service in years 2022-2024, outreach volumes, patient engagement, awareness levels	Admin Team and Marketing Team	Admin Team	Sanford Canby patients
Provide outreach service education to Sanford Canby employees via employee newsletter	Provide outreach provider biographies and information for each outreach service annually in 2022-2024, outreach volumes, patient engagement, awareness levels	Admin Team and Administrative Assistant	Admin Team	N/A

### **Needs Not Addressed**

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not addressed as a significant need for the purpose of this process:

#### **Affordable Housing**

Affordable housing is not included in the implementation plan as the stakeholder group determined that it was a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Canby is addressing the need by supporting patients facing financial hardships. Patients may request financial assistance for medical bills, which in turn may help ensure funds are available for paying rent or mortgage. For those seeking employment, Sanford Canby offers walk-in interviews for positions ranging in skill from entry level to professional. Sanford Canby will share the results of survey with stakeholders.

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

This need is not included in the implementation plan as the stakeholder group determined that it was a lower priority compared to other areas for purposes of the Community Health Needs Assessment and other organizations are currently addressing the need. Sanford is supporting the need by continuing to recruit staff and by reducing the barriers to applying for a job. Employment seekers can easily navigate the application/interview process at Sanford Canby. Walk-in interviews are offered daily for positions ranging in skill from entry level to professional. Sanford Canby participates in local career fairs, as well. Sanford will continue to support economic development efforts in coordination with other local and regional organizations.

## **EVALUATION OF 2019-2021 CHNA**

### **Goal 1: Physical Access: Improved physical health of the greater Canby community**

Sanford Canby Medical Center (SCMC) remains committed to improving the physical health of the greater Canby, MN community. Once again, SCMC provided sponsorship support to various activities and events in the community. Donation requests are reviewed at administrative council meetings; events/activities aligning with the promotion of healthy living are given strong consideration. Due to the Covid-19 pandemic, many organizations faced challenges holding traditional group events, and many were canceled. However, in 2020, approximately \$3,200 was donated to events/organizations of the Canby community including the Canby Golf Course, City of Canby tennis court fundraiser, and Canby 4 Kids. In 2019, an additional \$5,600 was donated to events/organizations of the Canby community including the Canby Golf Course, Canby 4 Kids, and Canby YAMS among others.

SCMC also continues to sustain the Sanford fit Kids program with school-age youth throughout the community. In March and April 2019, Sanford Canby staff brought the fit Kids program to both St. Peter's Elementary School and Canby Public Elementary School. Grades K-6th were able to take part with approximately 350 kids impacted by the program. On August 6, 2019, SCMC sponsored a fit Kids pool noodle obstacle course at the National Night Out event at Sylvan Lake Park area. Approximately 85 kids ages 2-12 completed the obstacle course. The COVID-19 pandemic forced the Canby, MN schools to move to remote learning in the spring of 2020. However, SCMC provided the schools with nearly 400 sets of Sanford fitKids workout cards that were sent home in virtual learning packets. The cards contained a set of instructions and students could easily follow the steps in order to get a short, 5-minute workout by selecting a warm-up activity card, move activity card, and cool-down activity card.

While COVID-19 greatly impacted the ability to meet face-to-face in 2020, Sanford Canby offered pre-diabetes classes in the months of July, August, and November. The diabetes support group



was able to meet in the months of February, September, November, and December. In addition, Sanford Canby provided meeting space for bariatric weight loss support group members and provided meeting space for a public educational session – Understanding Alzheimer's and Dementia.

Sanford Canby Medical Center successfully conducted the Sanford Power program with 15 area Canby student athletes. The program is designed to prepare young athletes for safe competition by focusing on speed training, agility training, plyometric training, and strength training. COVID-19 prohibited the program from taking place in person, and therefore was held virtually.

### **Goal 2: Mental Health: Increase the awareness of available resources for those in need of mental health services**

Because of the close relationship between physical and mental health, especially for those with chronic illness, Sanford Canby Medical Center aims to increase awareness of resources for mental health care.

The Sanford Canby Pathways Support Group offers support, resources, and routes to thrive and better manage life with chronic conditions. This group provides strategies, solutions, and resources to aid members along an empowered pathway in living life after diagnosis of a chronic disease. The group is open to anyone with, or caregiving for, a person with, a chronic medical condition including Parkinson's, memory loss, vision loss, cancer, heart disease, mental health, grief/loss, or pain. However, the COVID-19 pandemic prohibited the support group from meeting in 2020 after hosting it quarterly in 2019 on 02/28/2019, 04/25/2019, 8/22/19, and 10/24/19.

Sanford Canby Medical Center utilizes the PHQ-9 screening tool within the electronic medical record to help in the identification of mental health needs. Through the medical home program, RN care manager, and PHQ-9 screening, we can offer and refer mental health services to those with scores indicative of depression. Through quality measures, we are able to track and measure depression remission. In January 2020, 11% of patients recorded remission in 12 months; In January 2021, 8.3% of patients recorded remission. The remission goal is 48.4% of patients. In January 2019, 13.7% of patients recorded remission in six months and 0% of patients recorded remission in 12 months. In January 2020, 9.5% of patients recorded remission in six months and 11% recorded remission in 12 months. Screening for depression was added to the quality measures in 2021 and includes screening all patients ages 12 and over for depression symptoms and follow-up. This screening is done at least every twelve months. Sanford Canby also expanded mental health services to include a psychiatrist who provides telemedicine visits.

## **CONTACT INFORMATION**

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

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

**Survey Responses**

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

**Expanded Demographics<sup>2</sup>**

Yellow Medicine County (YMC) had a population of 9,709 in 201. The population of YMC decreased by 7% while the population of Minnesota grew 6.3% from 2010-2019. YMC is also less densely populated and older than the state of Minnesota. YMC has a higher frequency of White Alone and American Indian demographics but a lower frequency of African Americans than Minnesota as a whole.

The median home value in YMC at \$110,000 is significantly less than the state median at \$223,000, and the median income for Minnesota is 20.4% higher than the median income for YMC. YMC residents have a lower frequency of both computers and internet access than Minnesota as a whole. The county and the state have similar high school graduation rates but the state is ahead of the county in secondary education rates.

	Yellow Medicine County, MN	Minnesota
Population estimates, July 1, 2019, (V2019)	9,709	5,639,632
Population estimates base, April 1, 2010, (V2019)	10,438	5,303,927
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-7.0%	6.3%
Population per square mile, 2010	13.8	66.6
Persons under 5 years, percent	5.8%	6.2%
Persons under 18 years, percent	23.1%	23.1%
Persons 65 years and over, percent	20.8%	16.3%
White alone, percent	92.9%	83.8%
Black or African American alone, percent	0.9%	7.0%
American Indian and Alaska Native alone, percent	3.9%	1.4%
Asian alone, percent	0.6%	5.2%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%	0.1%
Two or More Races, percent	1.7%	2.6%
Hispanic or Latino, percent	5.1%	5.6%
White alone, not Hispanic or Latino, percent	88.7%	79.1%
Median value of owner-occupied housing units, 2015-2019	\$110,000	\$223,900
Median gross rent, 2015-2019	\$584	\$977
Households with a computer, percent, 2015-2019	87.2%	91.6%

<sup>2</sup> <https://www.census.gov/quickfacts>

Households with a broadband Internet subscription, percent, 2015-2019	79.4%	84.8%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.3%	93.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	17.2%	36.1%
With a disability, under age 65 years, percent, 2015-2019	8.0%	7.3%
Persons without health insurance, under age 65 years, percent	6.4%	5.8%
Median Household income (in 2019 dollars), 2015-2019	59,210	71,306
In civilian labor force, total, percent of population age 16 years+, 2015-2019	64.7%	69.6%
Total employer establishments, 2019	324	151,495
Total employment, 2019	3,920	2,729,420
Total employment, percent change, 2018-2019	4.8%	0.0%

## CHNA Survey Questionnaire

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

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

### RESIDENCE

Please enter your county of residence: \_\_\_\_\_

Please enter your zip code: \_\_\_\_\_

What is your current age? \_\_\_\_\_

### COMMUNITY

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

Poor  Fair  Good  Very Good  Excellent  Don't Know

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

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

Poor  Fair  Good  Very Good  Excellent  Don't Know

Why did you give it that rating?

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

Poor  Fair  Good  Very Good  Excellent  Don't Know

Why did you give it that rating?

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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 / Trauma                      | <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.