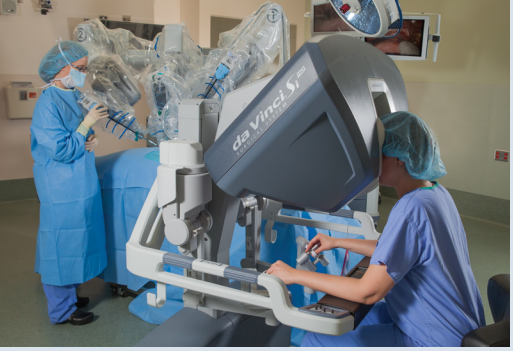







SANFORD HEALTH

Sanford Medical Center Wheaton

2018 Community Health Needs Assessment












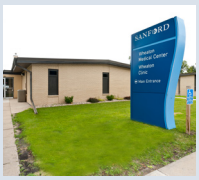


dba Sanford Wheaton Medical Center EIN# 27-2042143

Dear Community Members,

Sanford Medical Center Wheaton is pleased to present the 2018 Community Health Needs Assessment (CHNA).

Sanford completes a community health needs assessment every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The CHNA process aligns with Sanford's mission - *Dedicated to the work of health and healing.*

During 2017 and 2018, members of the community were invited to complete a survey to help identify the unmet needs. Key stakeholders completed a survey to identify concerns for the community related to economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford analyzed the data from the primary research and met with key stakeholders to prioritize the identified needs. Our strategies to address the needs are included in this report.

Sanford will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- *Services for At-Risk Youth*
- *Mental Health/Behavioral Health and Substance Abuse*

The CHNA also focused on the strengths of our community and includes the many community assets that are available to address the community health needs. We have also included an impact report from our 2016 implementation strategies.

Sanford Wheaton is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can fulfill our mission.

Sincerely,

JoAnn Foltz
Senior Director
Sanford Medical Center Wheaton

Table of Contents

Sanford Wheaton Medical Center

Community Health Needs Assessment

2018

Executive Summary

Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend 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 area 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.

Our Guiding Principles

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

Regulatory Requirements

Federal law 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 implementations 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. We 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 a prioritization of the needs.

Hospitals are to address each and every assessed needs or defend 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 the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on the IRS 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 implantation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2018 report will be Sanford's third report cycle since the requirements were enacted in 2010.

Study Design and Methodology

1. Primary Research
   A. *Key Stakeholder Survey*
   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholder's concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and community partners distributed the survey link via email to stakeholders and key leaders located within the Wheaton community and Traverse County. Data collection occurred from December 2017-January 2018. A total of 23 respondents participated in the survey.

   B. *Resident Survey*
   The resident survey tool includes questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the SHIP surveys and those questions were included in the resident survey. The survey was posted on Facebook and a notice was posted in the local newspaper to invite residents to take the survey. The newspaper post included a URL for the survey. Additionally, the survey link was sent to community partners who in turn sent the link to their email lists. A total of 87 community residents participated in the survey.

   C. *Community Asset Mapping*
   Asset mapping was conducted to find the community resources that are 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.

   D. *Community Stakeholder Discussions*
   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 their top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

   E. *Prioritization Process*
   The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for

Quality was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to complete the multi-voting exercise.

2. Secondary Research
   A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.
   B. The U.S. Census Bureau estimates were reviewed.
   C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is https://www.communitycommons.org/maps-data/
   D. The Horizon Public Health Report was reviewed and specific data sets were considered and compared to our primary research for validation. The link to the report is http://horizonpublichealth.org/

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Wheaton and Traverse County, Minnesota. A good faith effort was made to secure input from a broad base of the community. However, when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates from the U.S. Census Bureau, there was improvement over the last several CHNAs but there is still a need to capture demographic that better represents the community. This is part of our CHNA continuous improvement process.

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

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website or contact can be made at https://www.sanfordhealth.org/contact-us/form

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in some cases the indicators are aligned and validate our findings.

Economic Well-Being

Community stakeholders are most concerned that there is a need for a skilled labor workforce (3.57), household budgeting and money management skills (3.39), and employment options (3.17). Residents are struggling with food

insecurity when 17% report that they worry they will not have enough food before having money to buy more and 16% report that their food did not last until they had money to buy more.

Children and Youth
Community stakeholders are most concerned about substance abuse by youth (3.91), the availability and cost of services for at-risk youth (3.87), opportunities for youth-adult mentoring (3.39), bullying (3.22), the availability of activities (outside of school and sports) for children and youth (3.13), childhood obesity (3.09) and teen tobacco use (3.00).

Aging Population
Community stakeholders are most concerned about the cost of long-term care and the availability of memory care (3.78), the cost of in-home services (3.17), and the availability of activities for seniors (3.09).

Safety
Community Stakeholders are most concerned about abuse of prescription drugs (3.74), the presence of drug dealers (3.59), the presence of street drugs (3.45), child abuse and neglect (3.22), criminal activity (3.17), a culture of excessive and binge drinking (3.13), and domestic violence (3.13).

Health Care Access
Community stakeholders are most concerned about the availability of mental health providers (4.30), the availability of behavioral health (substance abuse) providers (4.09), access to affordable health insurance coverage (3.38), access to affordable health care (3.35), the availability of specialist physicians (3.30), access to affordable prescription drugs (3.17), use of emergency room services for primary health care (3.13), access to affordable vision insurance coverage (3.00), the availability of doctors, physician assistants or nurse practitioners (3.00), and the availability of non-traditional hours (3.00).

Mental Health and Substance Abuse
Community stakeholders are most concerned about drug use and abuse (3.91), stress (3.70), depression (3.65), alcohol use and abuse (3.50), suicide (3.26), and dementia and Alzheimer's Disease (3.09).

Residents are struggling with the following issues:

- 32% self-report that they have drugs in their home they are not using
- 43% self-report a stress/anxiety diagnosis
- 44% self-report a depression diagnosis
- 49% self-report binge drinking at least 1X/month
- 17% currently smoke cigarettes

Community stakeholders worked through a multi-voting prioritization process to determine the top priorities and needs of the community.

Sanford will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- *Services for At-Risk Youth*
- *Mental Health/Behavioral Health and Substance Abuse*

Implementation Strategies

Priority 1: Mental Health

Mental health is important at every stage of life and affects how people think, feel, and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression is among the most treatable of mental disorders.

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and depression. All patients in the primary care setting will have a Patient Health Questionnaire (PHQ-9) completed at each visit. The PHQ-9 is an assessment tool used for screening, diagnosing, measuring, and monitoring the severity of depression. Patients are evaluated to determine if there is a need to provide additional services. Sanford is providing on-site mental health services and has implemented telehealth services to improve access to psychiatry services.

Priority 2: Economic Well Being

Food security means access by all people at all times to enough food for an active, healthy life. Food insecurity describes a household's inability to provide enough food for every person to live an active, healthy life. According to United States Department of Agriculture, an estimated 12.3 percent of American households were food insecure at least some time during the year in 2016, meaning they lacked access to enough food for an active, healthy life for all household members. That is essentially unchanged from 12.7 percent in 2015. The prevalence of very low food security also essentially unchanged, at 4.9 percent in 2016 and 5.0 percent in 2015. Sanford has made economic well-being specific to food security a significant priority and has developed a strategic plan to sustain the backpack program and food distribution for students in the community.

Sanford Wheaton Medical Center

Community Health Needs Assessment

2018

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Acknowledgements

Sanford Health would like to thank and acknowledge the Steering Committees for their assistance and expertise while conducting the assessment and analysis of the community needs.

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Wheaton
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bemidji
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Denise Clouse, Marketing Coordinator, Sanford Tracy

- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Wheaton
- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton
- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls
- Dan Heinemann, MD, VP/Medical Officer, Sanford Health Network Sioux Falls Region
- Joy Johnson, VP of Operations, Sanford Bemidji
- JoAnn Kunkel, Chief Financial Officer, Sanford Health
- Mary Lake, Executive Assistant, Sanford Health Network Fargo Region
- Amber Langner, Senior Director of Finance, Corporate Accounting, Sanford Health
- Scott Larson, Senior Director, Sanford Canton
- Tiffany Lawrence, VP, Finance, Sanford Fargo
- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids
- Carrie McLeod, Sanford Community Health Improvement/Community Benefit - CHNA Director
- Jac McTaggart, Senior Director, Sanford Hillsboro and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

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

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Cynthia Borgen, Beltrami Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors Blue Ribbon Commission on Addiction

- Kathy McKay, Clay County Public Health
- Jac McTaggert, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steel County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

The following Wheaton community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Rhonda Antrim, County Social Services
- Sara Ballhagen, Sanford Health
- JoAnn Foltz, Sanford Health
- Kris Krenz, City of Wheaton
- Tom Monson, Traverse County Commissioner
- Brenda Peterson, Community Member
- Chere Rikimoto, Clinical Supervisor, Sanford Health
- Sara Lee Rinke, Hospital Auxiliary President
- Greg Schanil, Youth Pastor, Bethlehem Covenant Church
- Connie Schmidt, Community Member
- Cheryl Shekleton, Community Member
- Tim Shekleton, Pastor, Bethlehem Covenant Church
- Barbara Tauber, Sanford Home Care
- Donna Wahl, Community Member
- Trevor Wright, Sheriff

Description of Sanford Wheaton Medical Center

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

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

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

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

Description of the Community Served – Wheaton Minnesota

The community of Wheaton, population 1,600, can be found where Minnesota, North Dakota and South Dakota meet, and is centrally located to experience the unique geography of the Red River Valley, Continental Divide, and long-melted glacial Lake Agassiz. The city was incorporated in 1887 and was named for Daniel Thompson Wheaton, a railroad surveyor.

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

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

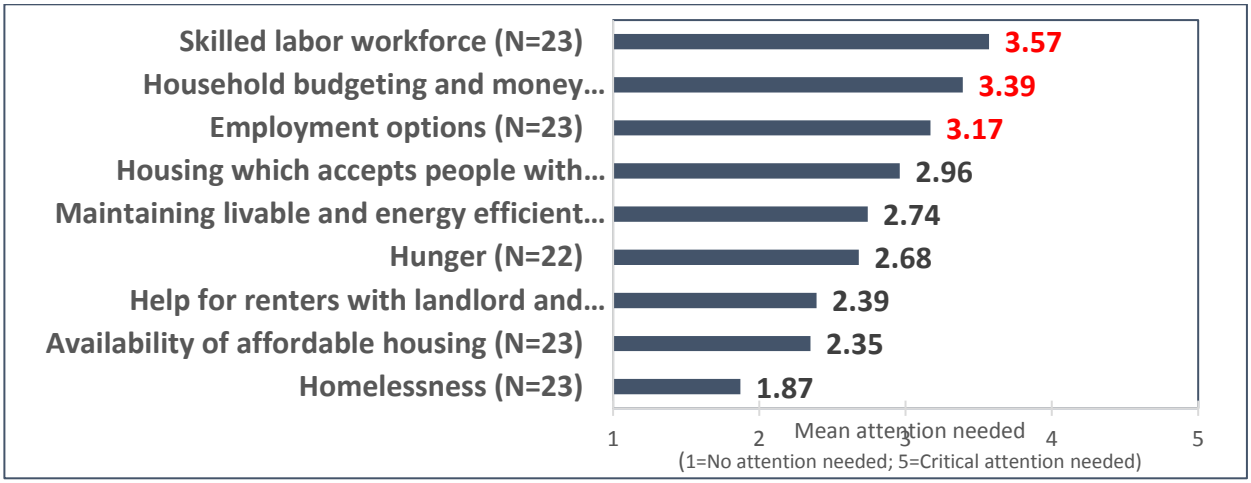
Education ranks high on the priority list for families. Families living in Wheaton enjoy the qualities of a safe small town environment while having access to greater cultural and recreational amenities nearby.

Key Findings

Community Health Concerns

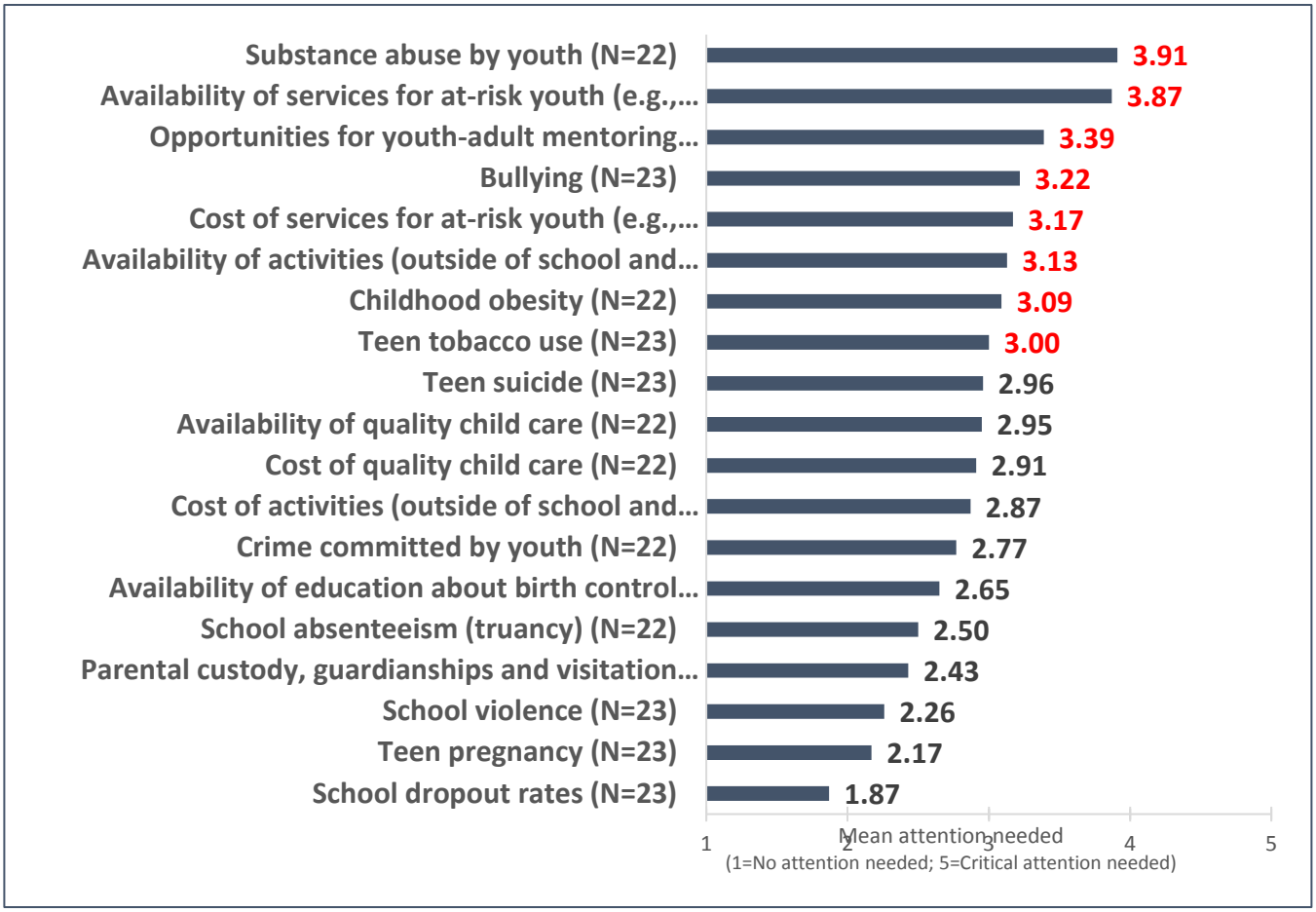
The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community, and in some cases the indicators align with and validate our findings.

Economic Well-Being: The concern for the community's economic well-being is focused on the need for a skilled labor force.



Healthy People 2020 has defined the social determinants of health. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Children and Youth: The concern for children and youth is highest for substance abuse and the availability of resources for at-risk youth.



According the U.S. Government Department of Drug Enforcement Administration (DEA), nationally almost 20 percent of students surveyed admit to using marijuana at least once during the last 30 days, and 13 percent of students surveyed admitted driving when they used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

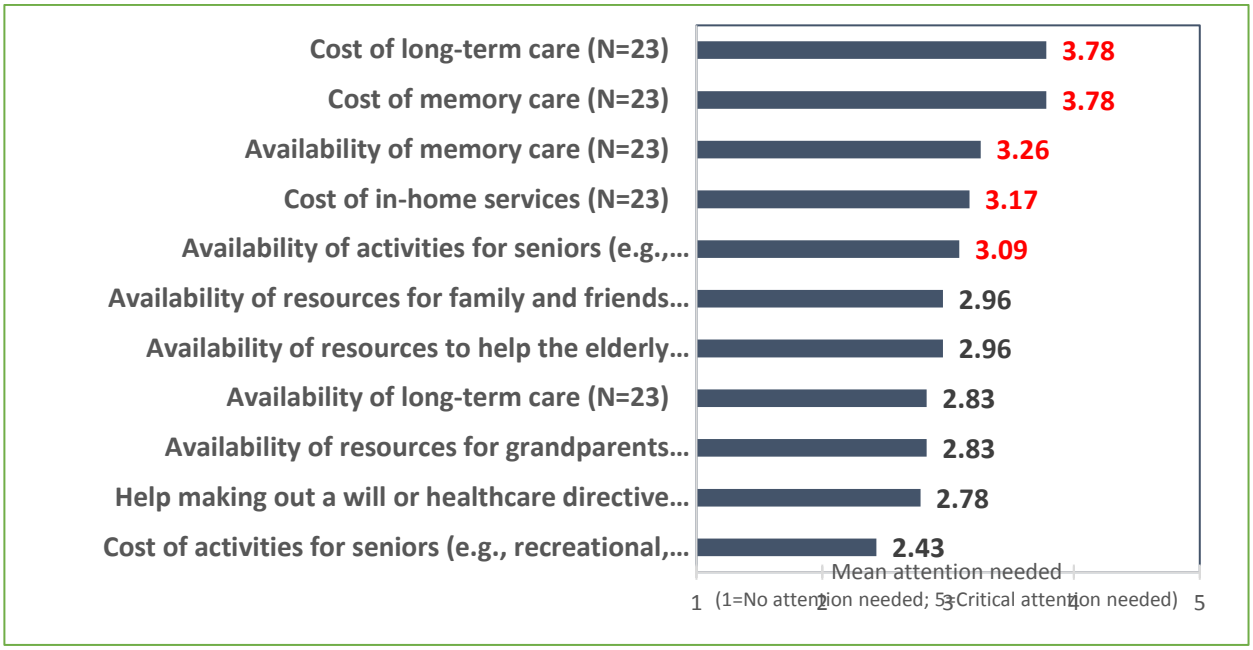
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect
- Bullying

Protective factors include:

- Having high self-esteem
- Attending a school with policies against using alcohol and drugs

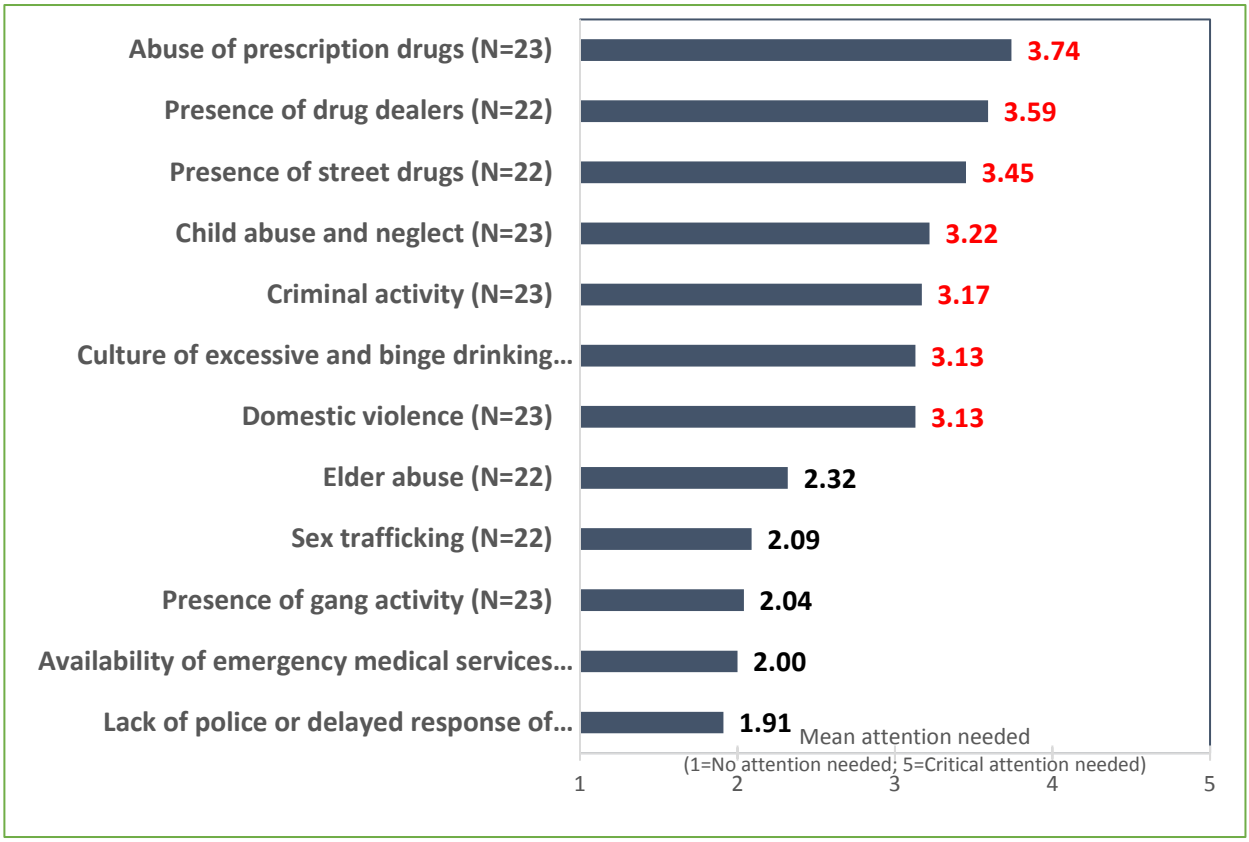
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

Aging Population: The cost of long term care and memory care are top concerns again and were top concerns during the 2016 CHNA cycle.



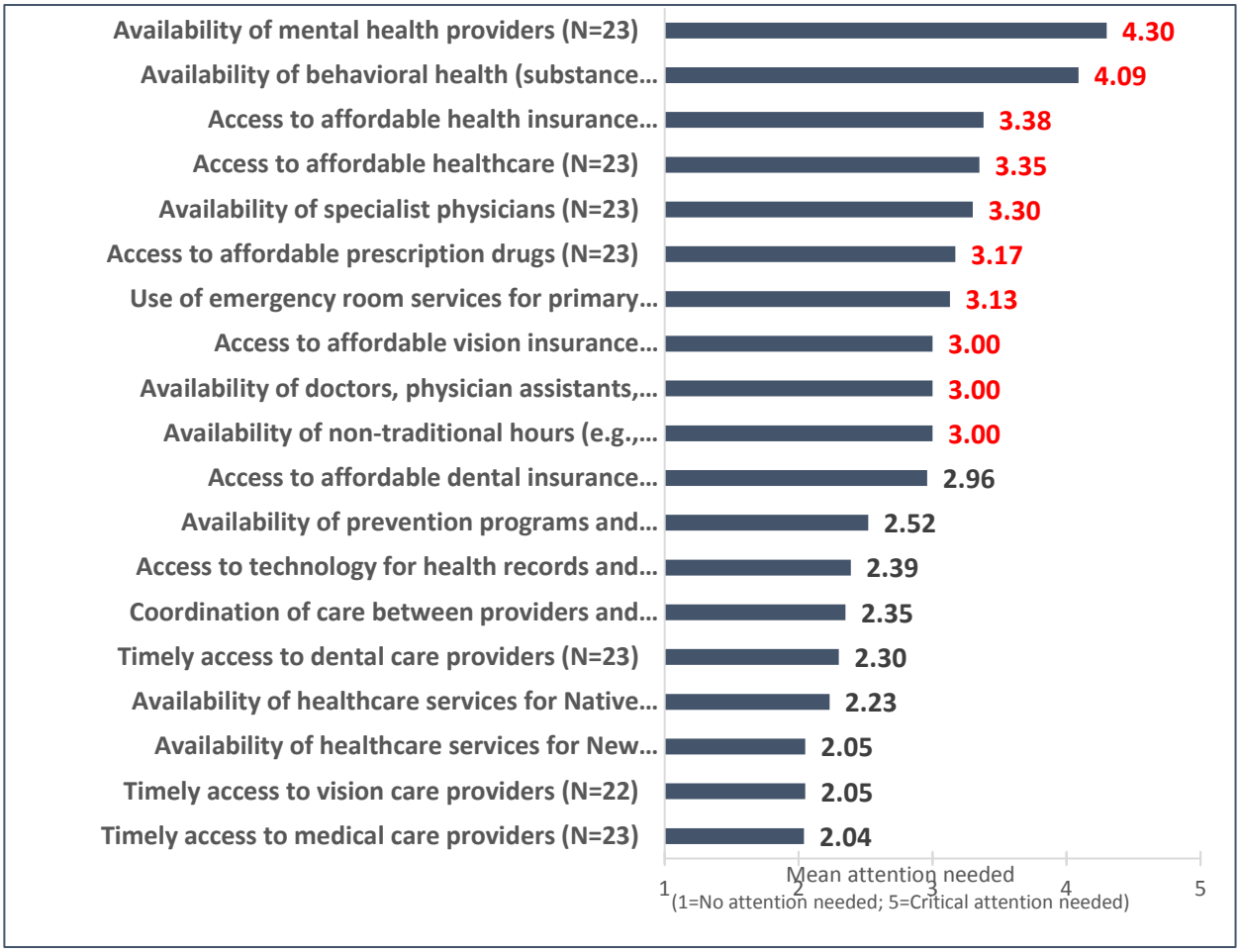
According to the U.S. Health and Human Services Administration on Aging, the cost of long term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, and discharge planners refer patients to area service providers to make certain that patients receive a safe discharge and transition to the appropriate levels of care.

Safety: The abuse of prescription drugs and the presence of drug dealers are top concerns for safety in the community.



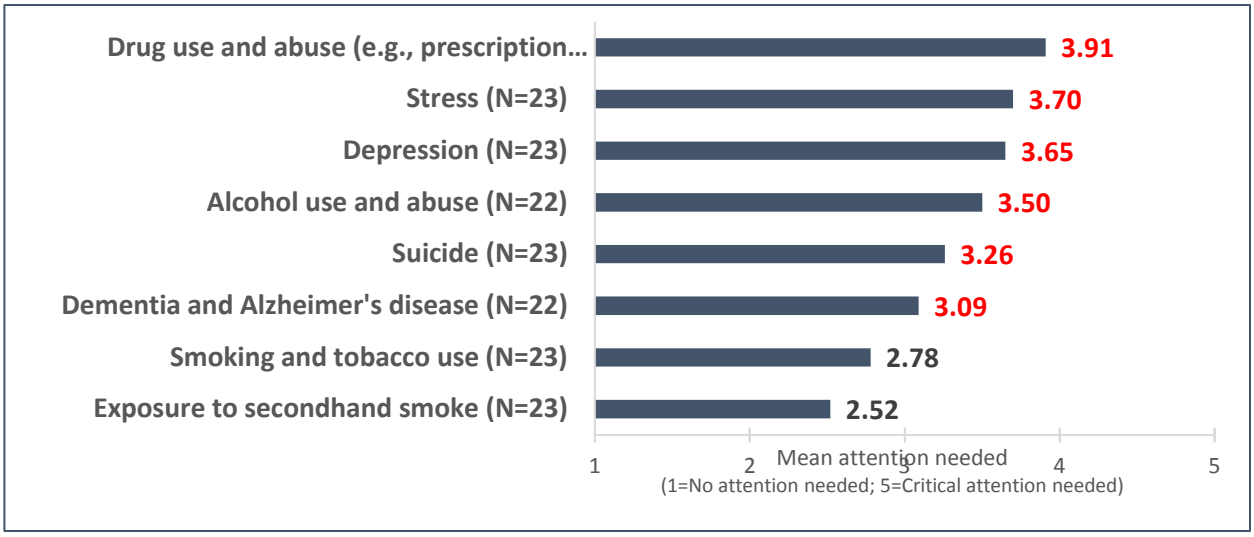
The National Institute on Drug Abuse states that the misuse of prescription drugs means taking a medication in a manner or dose other than what was prescribed; or taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term *non-medical use* of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are opioids, central nervous system depressants (this category includes tranquilizers, sedatives, and hypnotics) and stimulants - most often prescribed to treat attention deficit hyperactivity disorder (ADHD). Prescription drug misuse can have serious medical consequences. Providers at Sanford Health have reduced opioid prescriptions over the last three years in an effort to have fewer pills in circulation and a reduced opportunity for misuse.

Health Care and Wellness: The availability of mental health and behavioral health providers are ranked very high among the top concerns for the community.



According to the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. The 2016 HRSA report projected that the supply of workers in selected behavioral health professions would be approximately 250,000 workers short of the projected demand by 2025. According to the Community Commons for Traverse County there are no mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

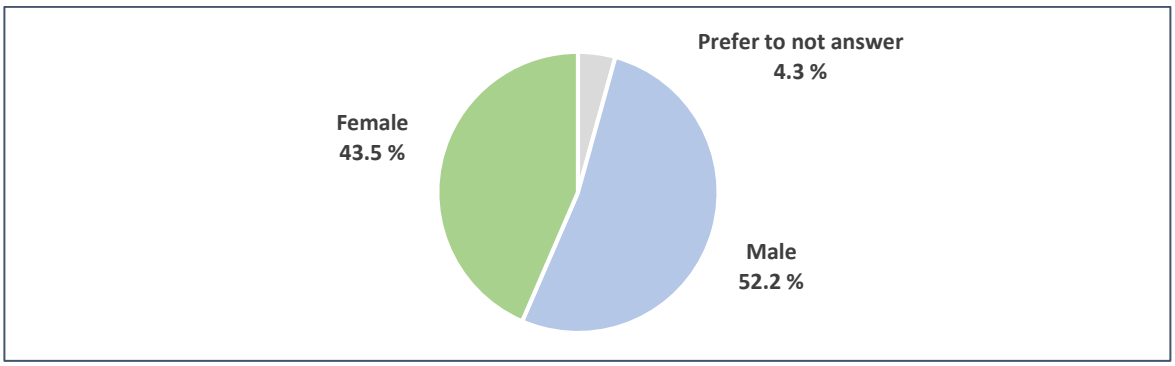
Mental Health and Substance Abuse: Drug use and abuse, stress, depression and alcohol use and abuse are top concerns for the community.



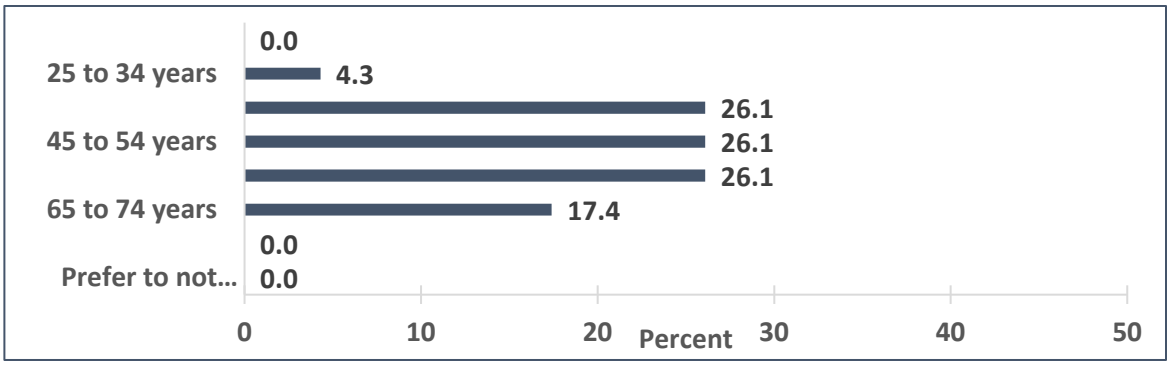
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental illness, and 1.7 million of which were aged 18 to 25. Also, 15.7 million adults (aged 18 or older) and 2.8 million youth (aged 12 to 17) had a major depressive episode during the past year. In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year. These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide."

Demographic Information for Key Stakeholder Participants

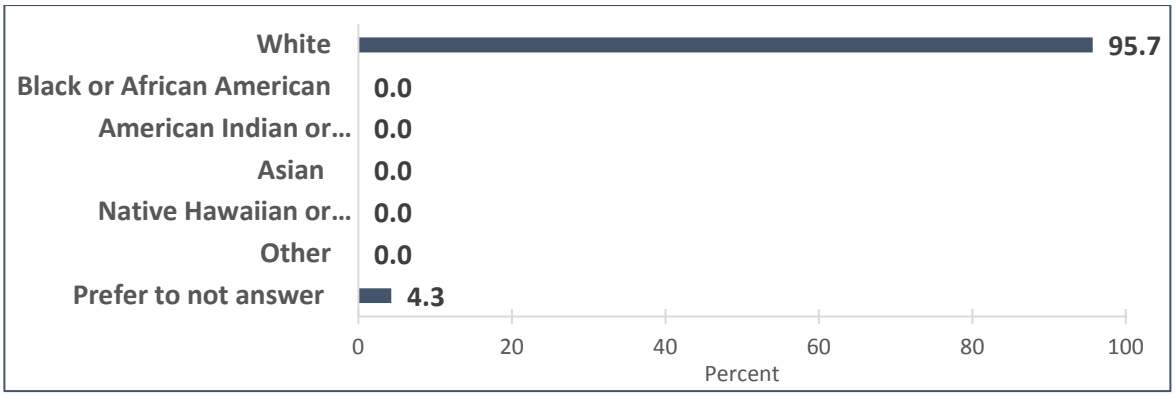
Biological Gender



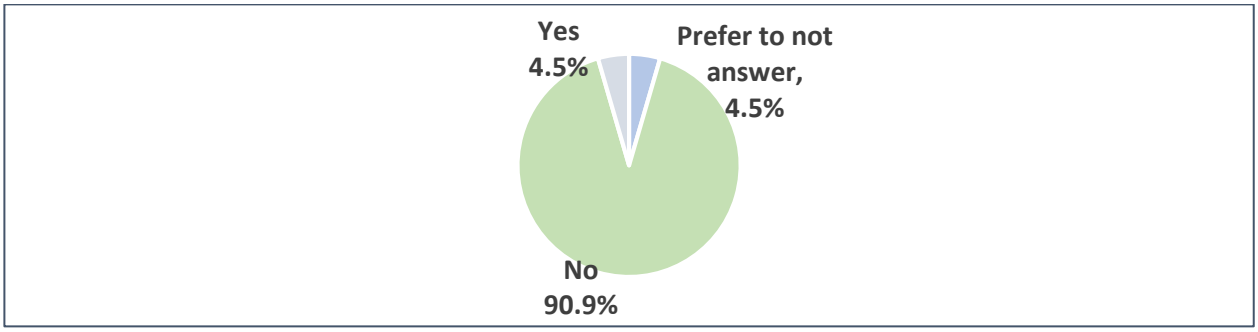
Age of Participants



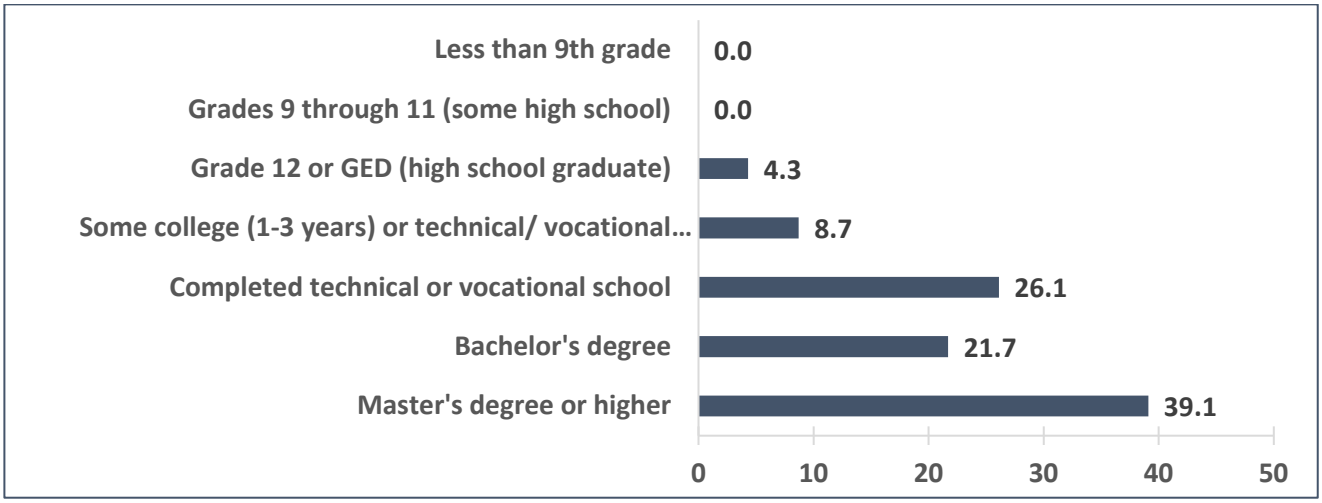
Race of Participants



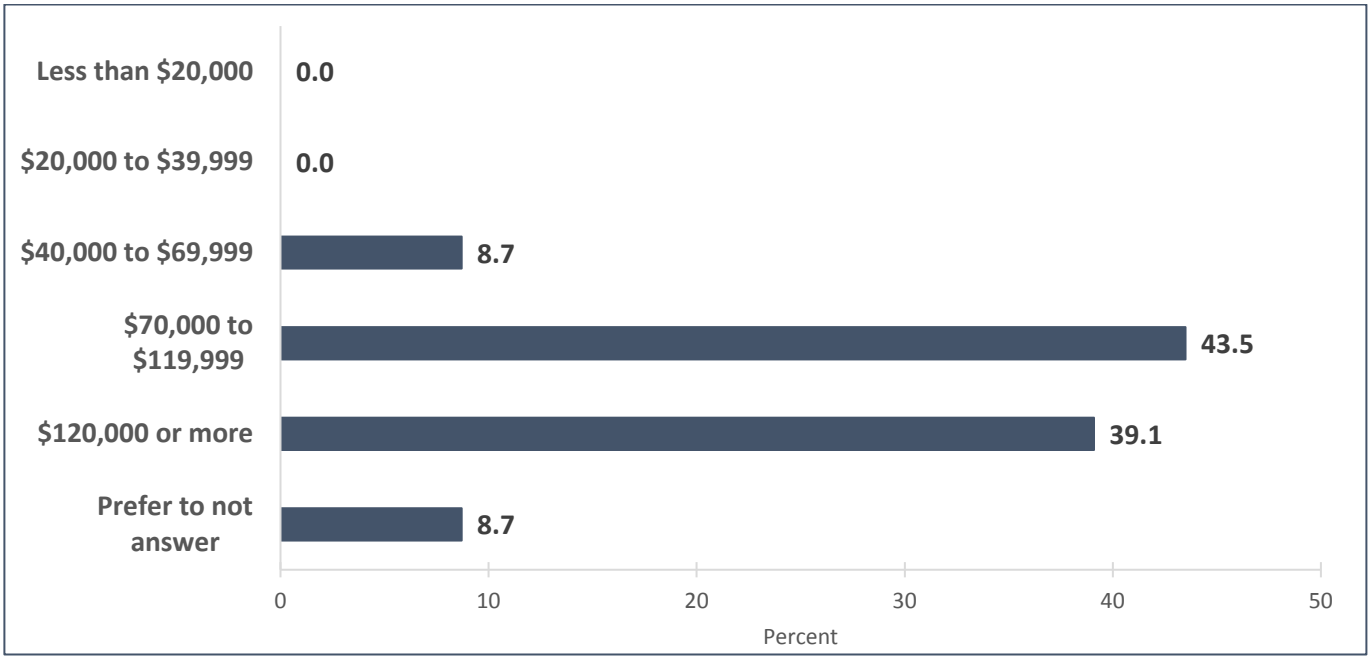
Whether respondents are of Hispanic or Latino origin



Highest Level of Education Completed



Annual Household Income of Respondents, from all sources, before taxes

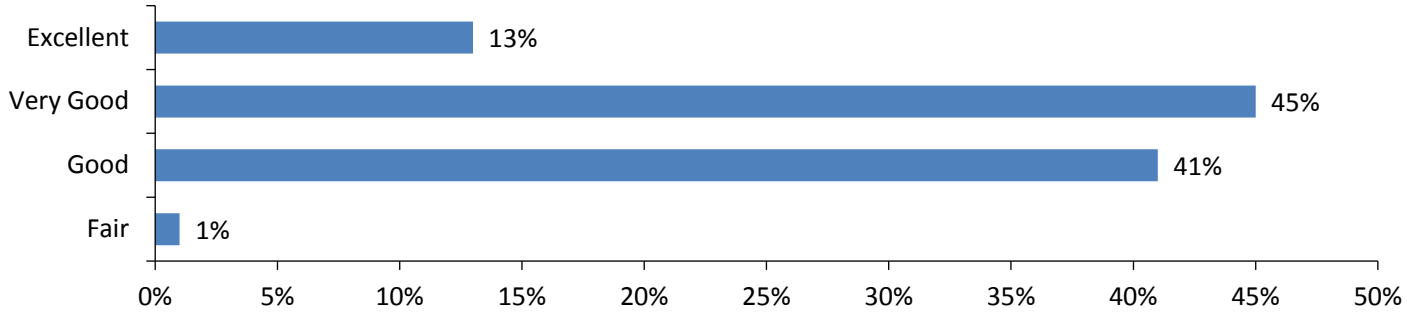


The resident survey asks questions specific to the participant's personal health and health behaviors. Health is personal and it starts in our homes, schools, workplaces, neighborhoods, and communities. Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

Resident's Health Concerns

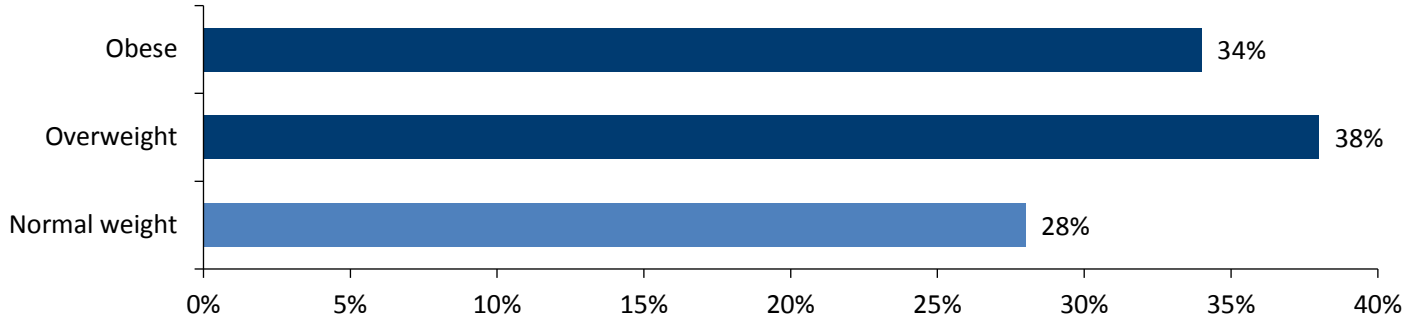
How would you rate your health?

Ninety-nine percent of survey participants rated their health as good or better.



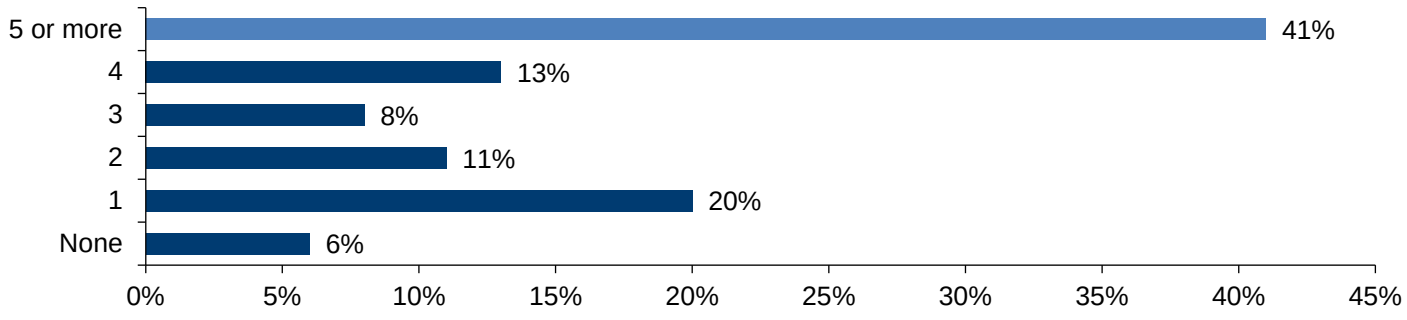
BMI

Seventy two percent of participants are overweight or obese.



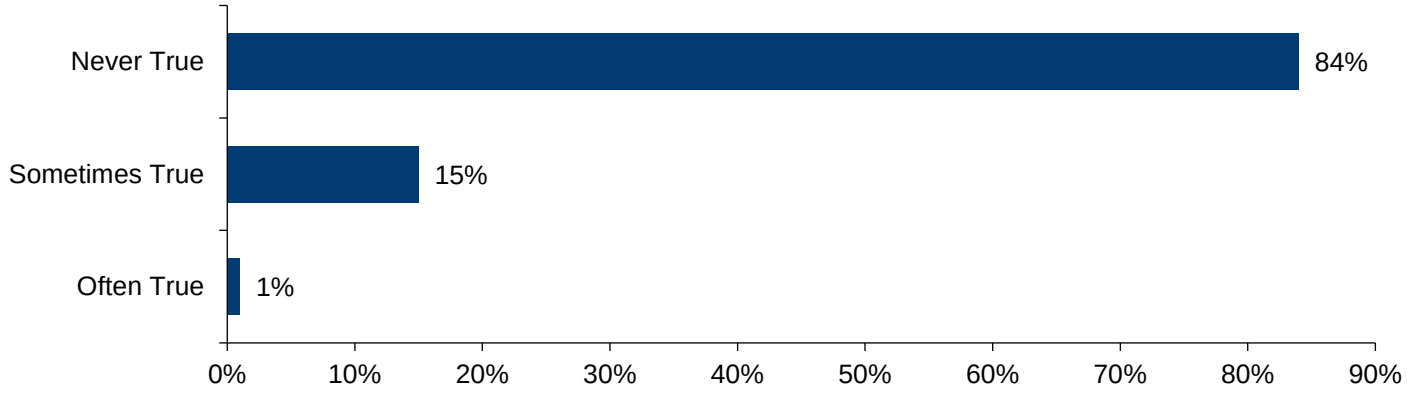
Total daily servings of fruits and vegetables

Only 41% are getting their recommended five or more a day servings of fruits and vegetables.



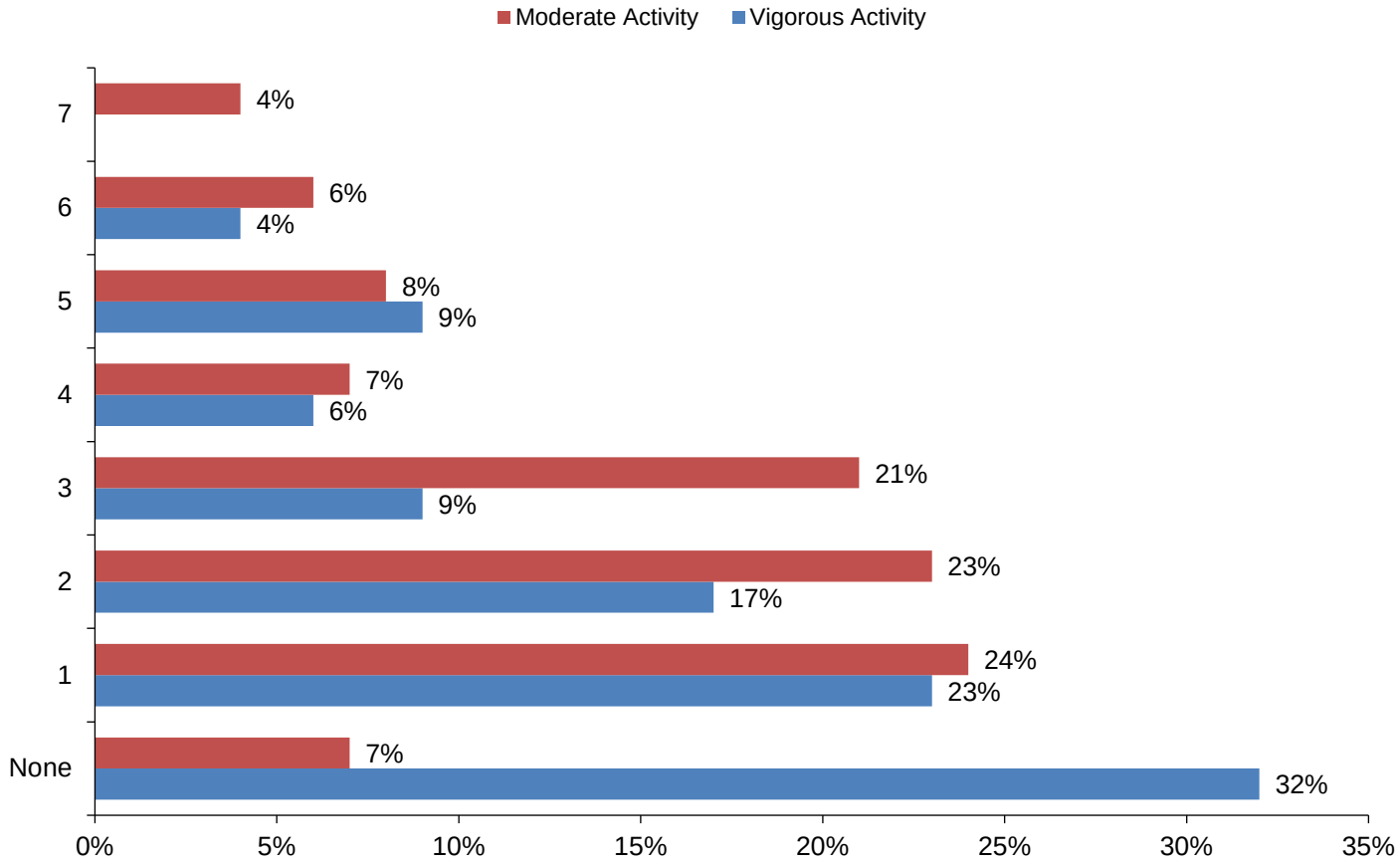
Food did not last until there was money to buy more

Sixteen percent of survey participants run out of food before they have money to purchase more.



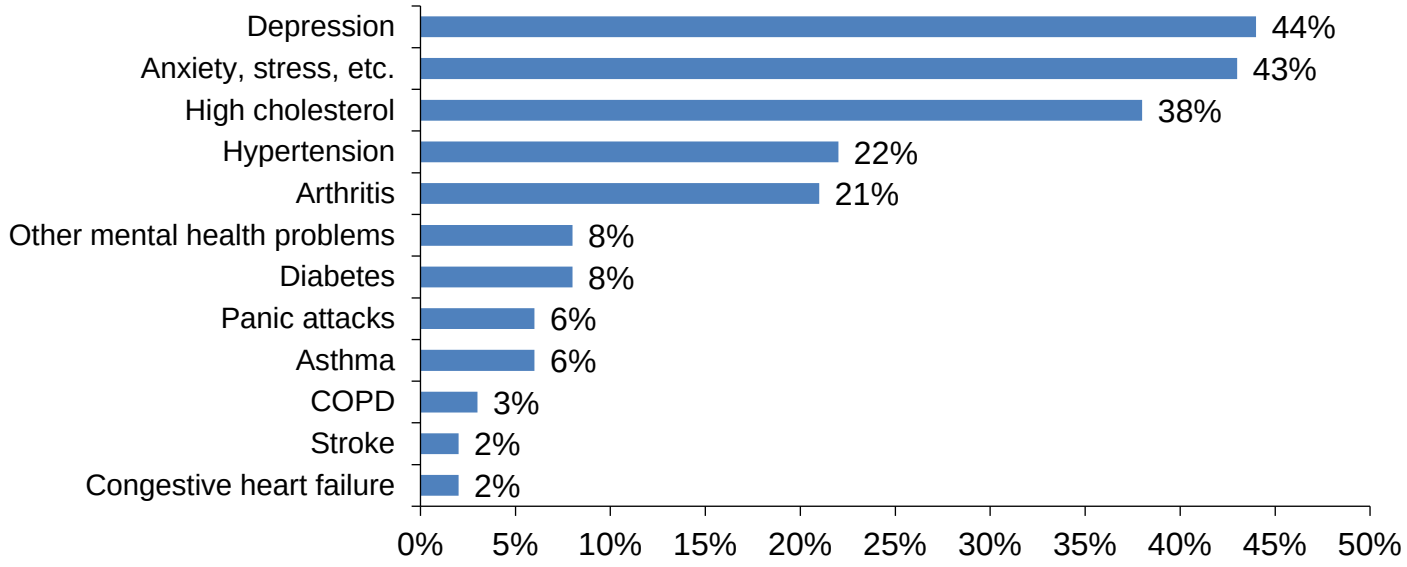
Days per week of physical activity

Forty-six percent of survey participants have moderate physical activity three or more times each week.



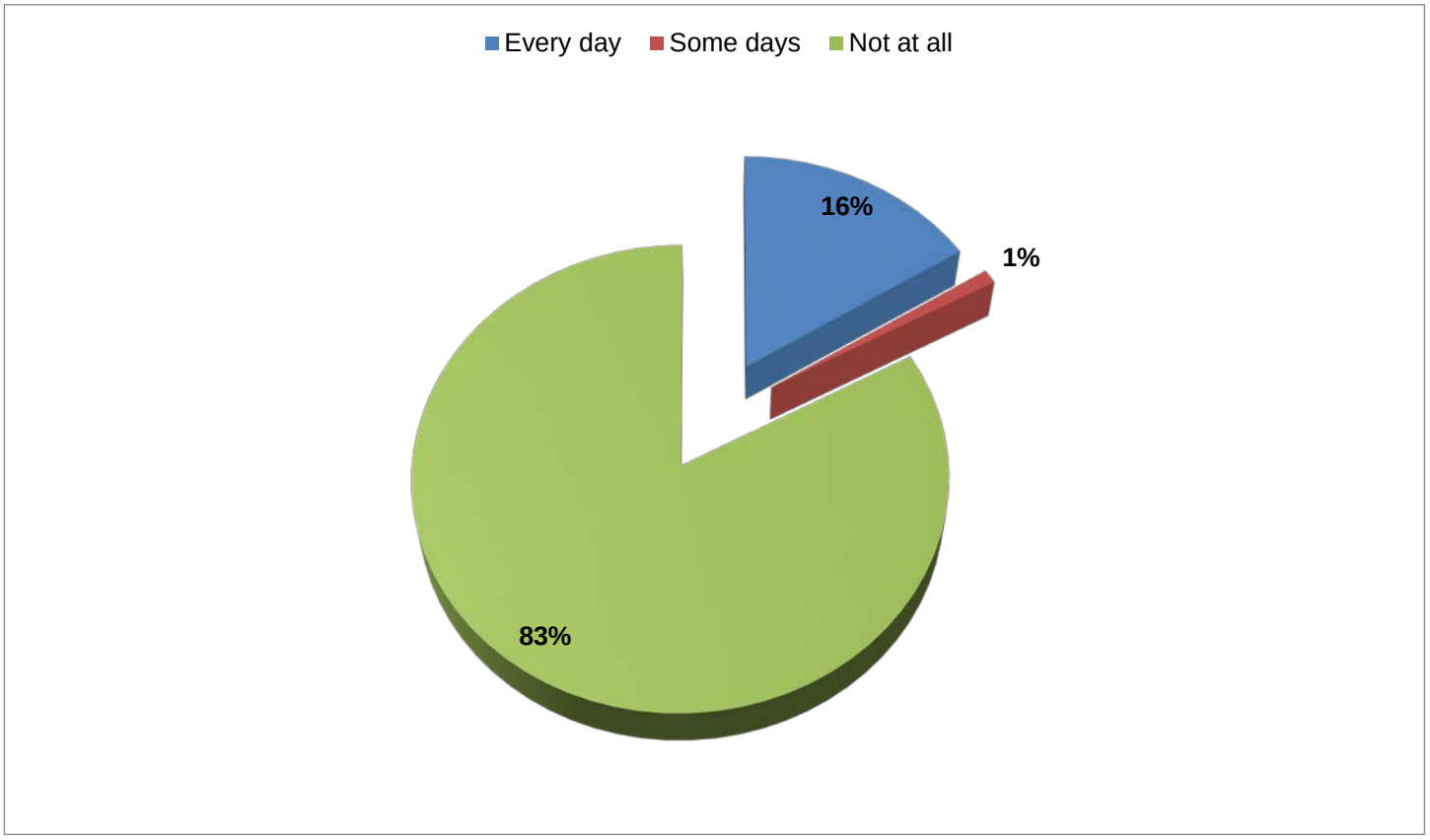
Past diagnosis

Depression and anxiety are ranking very high among survey participants. High cholesterol, hypertension and arthritis are the top chronic disease issues among survey participants.



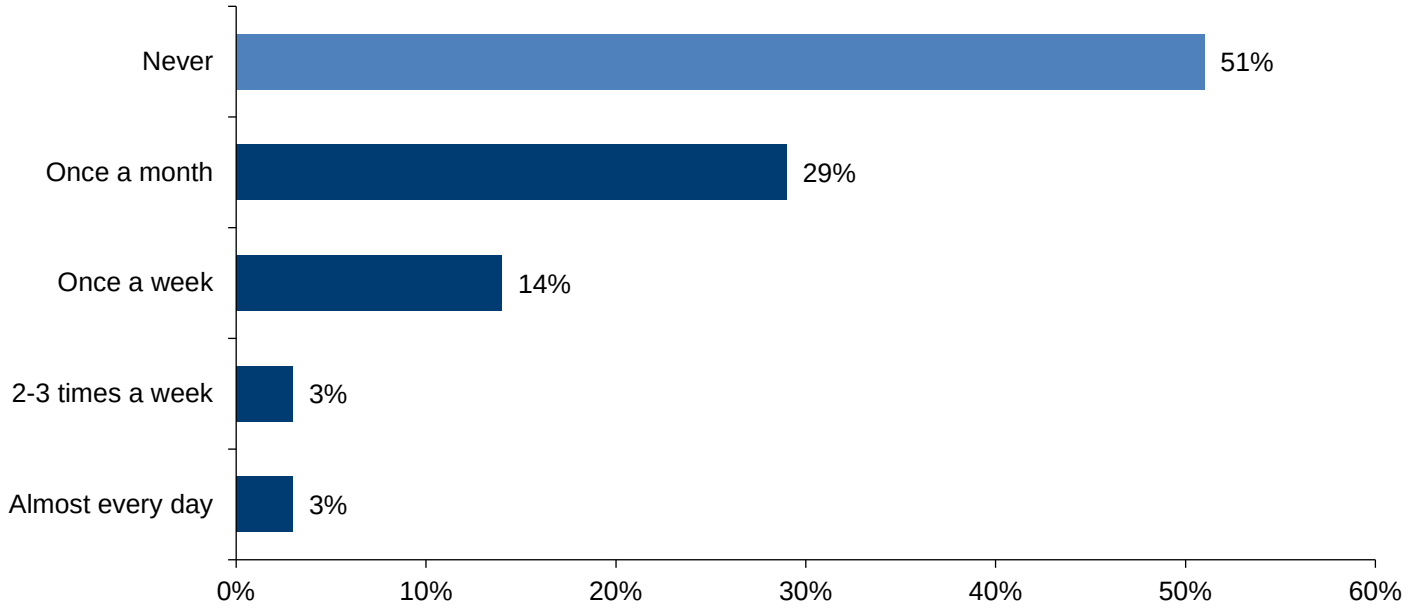
Tobacco Use

Seventeen percent of survey participants currently smoke cigarettes. Sixteen percent smoke cigarettes every day.



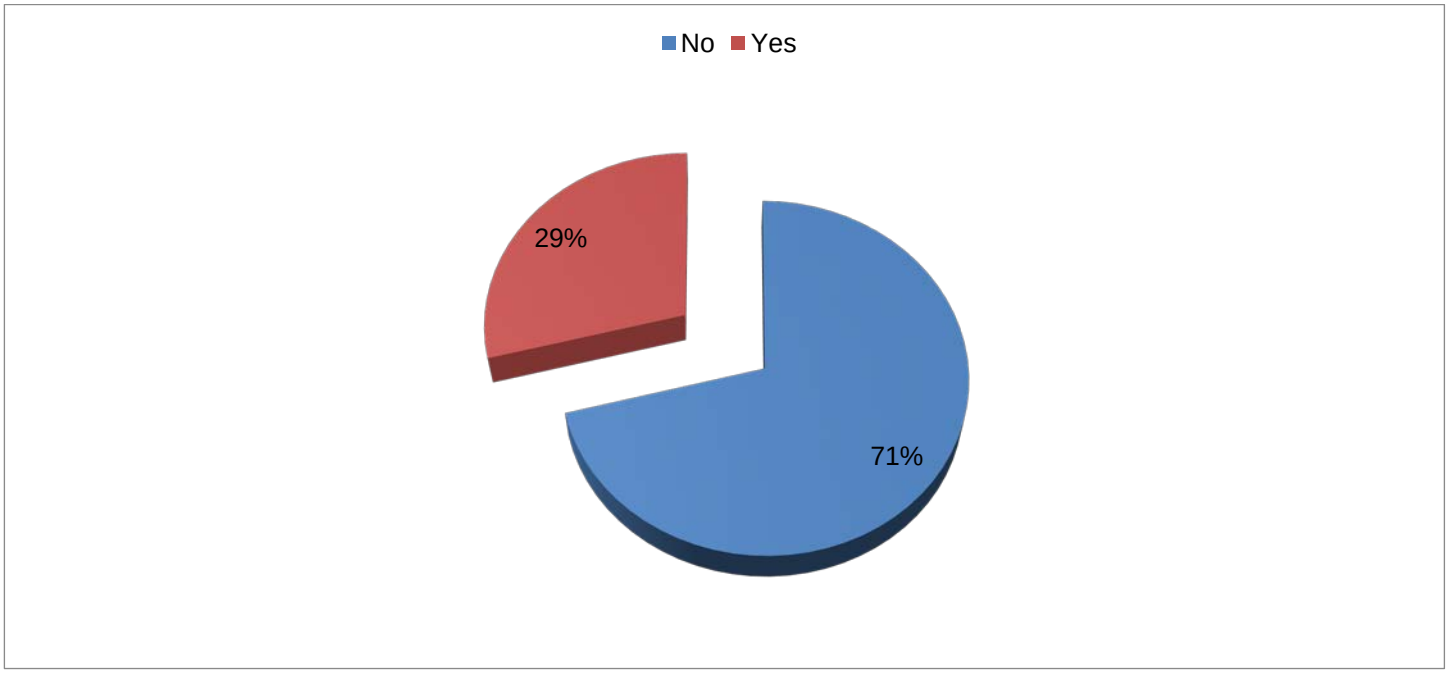
Binge drinking

Forty-nine percent of survey participants self-report that they binge drink at least once per month and twenty percent binge at least weekly.



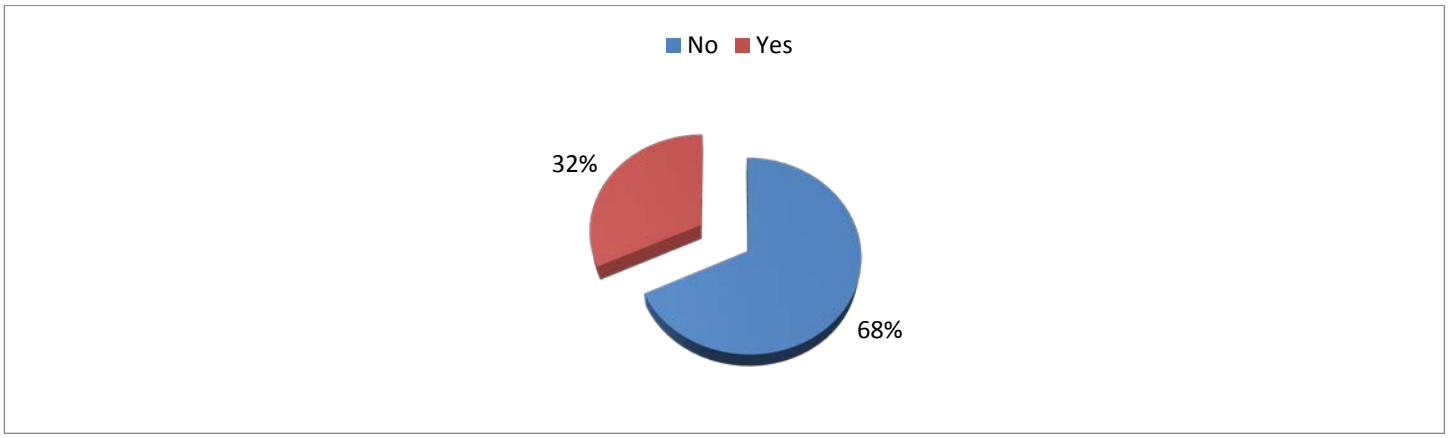
Has alcohol had a harmful effect on you or a family member in the past two years?

Twenty-nine percent of survey participants report that alcohol has had a harmful effect on themselves or a family member within the past two years.



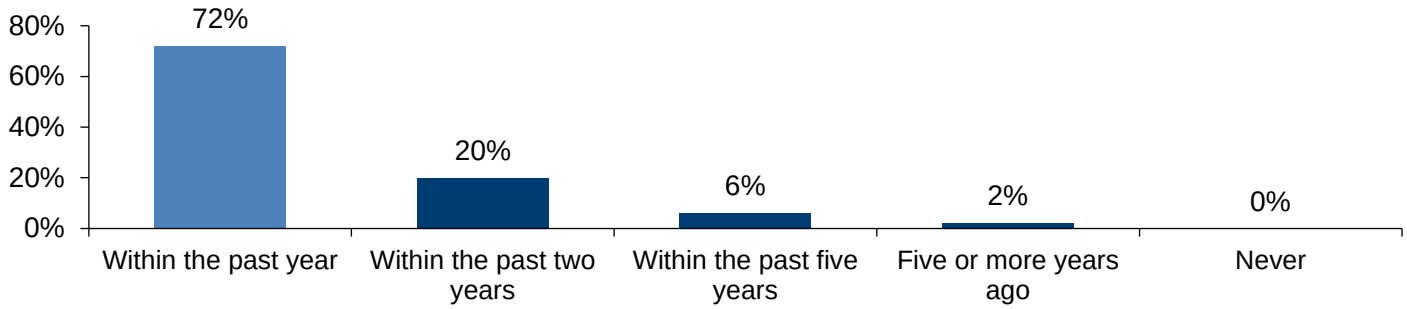
Do you have drugs in your home that are not being used?

Thirty-two percent have drugs in their home that they are no longer using.



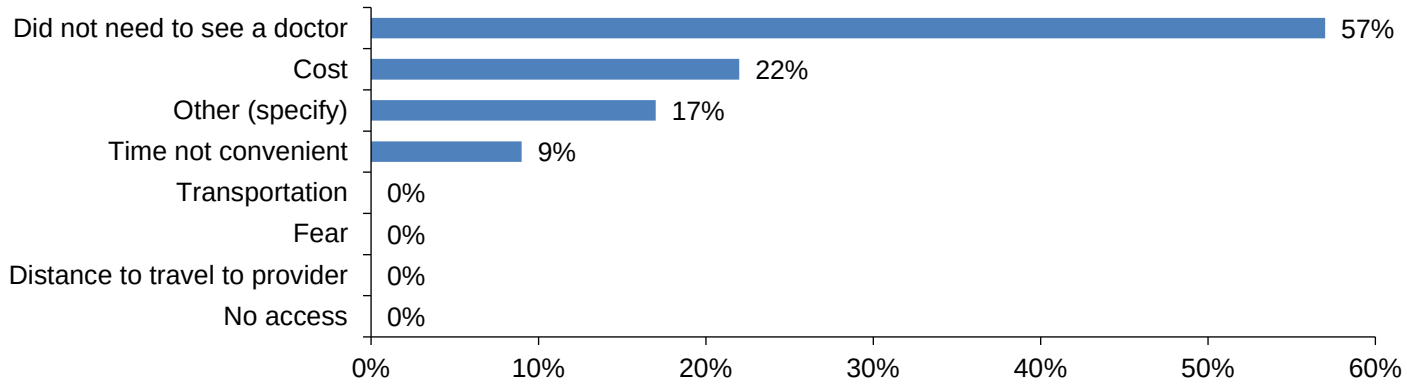
How long has it been since you visited a doctor or health care provider for a routine check-up?

Twenty-eight percent of survey participants have not had a routine check-up in more than a year.



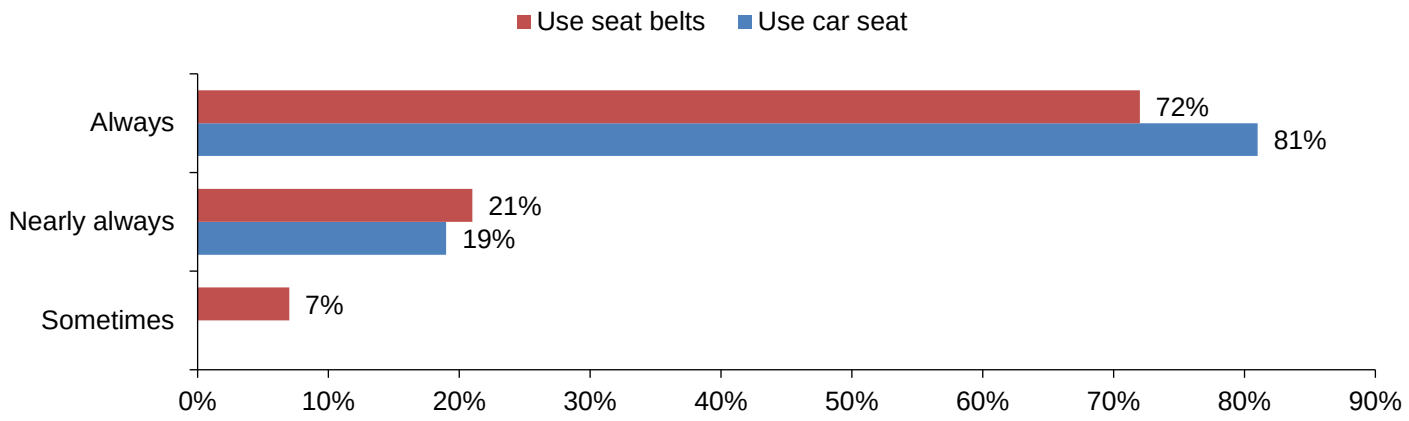
Barriers to routine check-up

Fifty-seven percent of survey participants stated that they did not need to see a doctor in the past year and twenty-two percent stated that cost was a barrier.



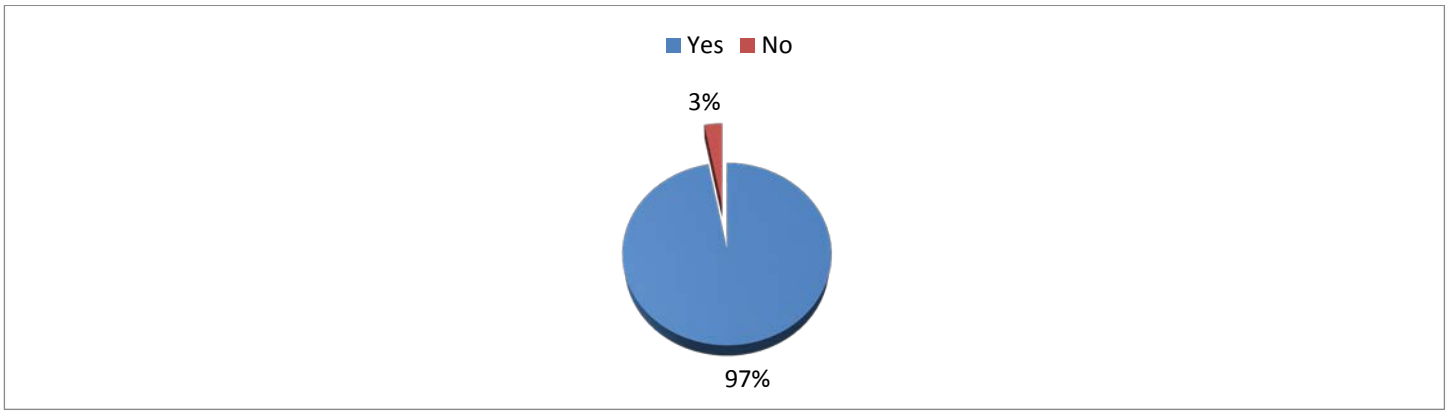
Child car safety

Twenty-eight percent do not always use seat belts for their children and twenty-six percent do not always use car seats.



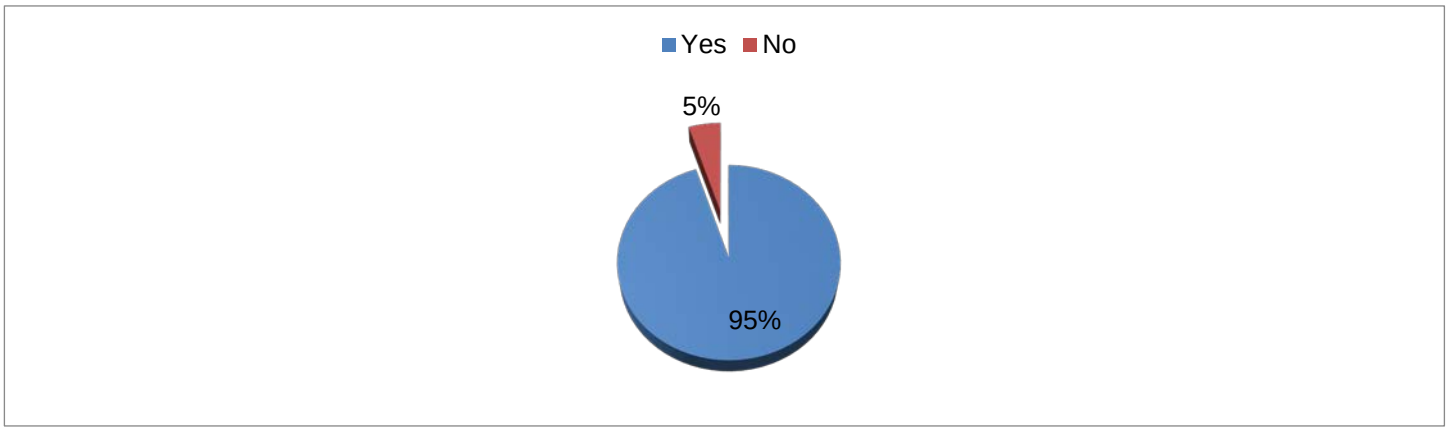
Do you have health care coverage for your children or dependents?

Only 3% of survey participants do not have health insurance for their children or dependents.



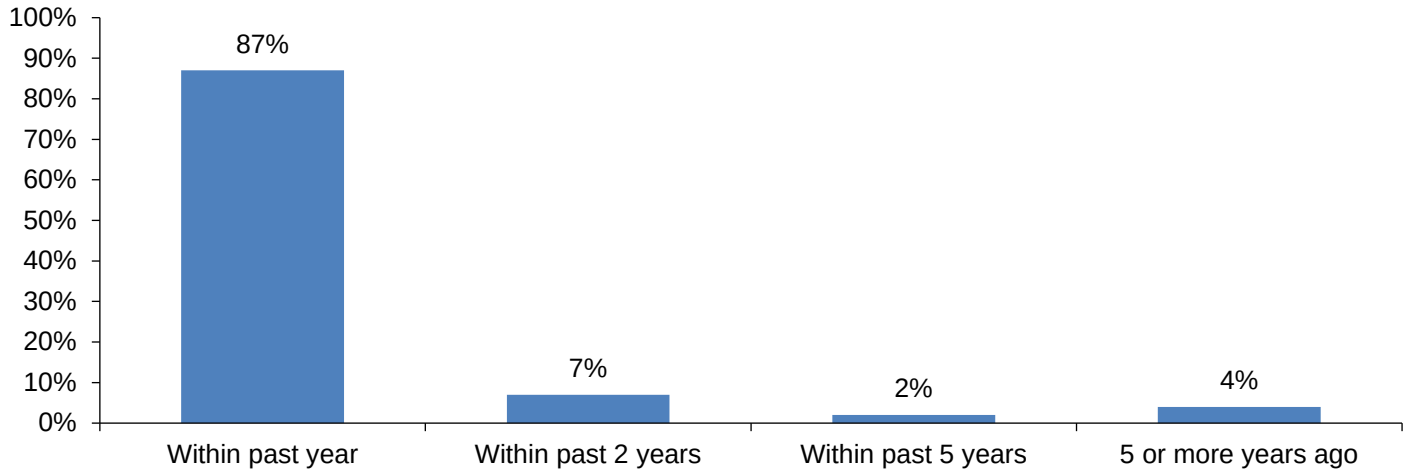
Do you currently have any kind of health insurance?

Only 5% of survey participants do not have health insurance.



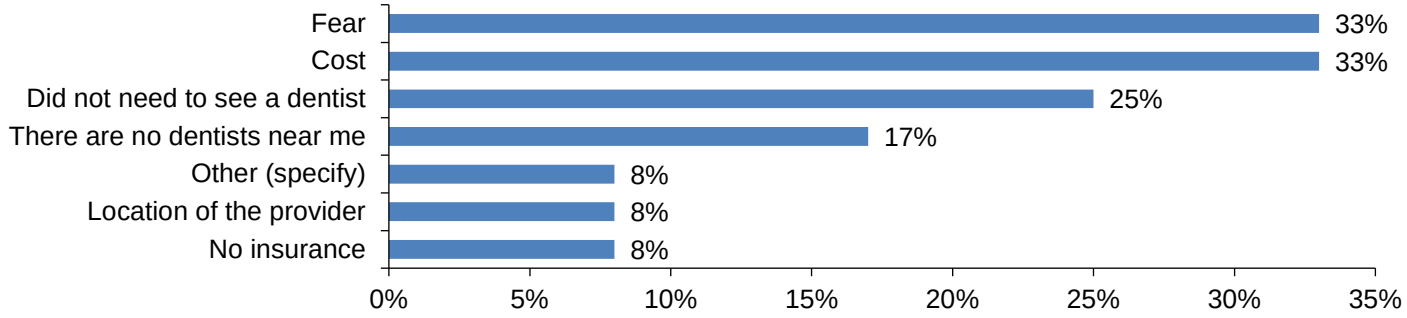
How long has it been since you visited a dentist?

Thirteen percent of survey participants have not visited a dentist in more than a year.



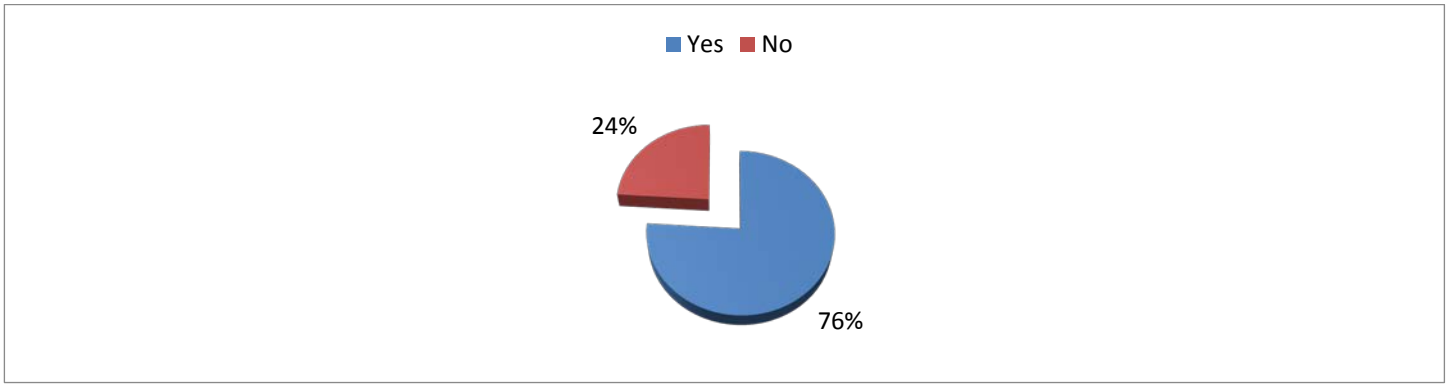
Barriers to visiting a dentist

Cost and fear are reported barriers to visiting a dentist.



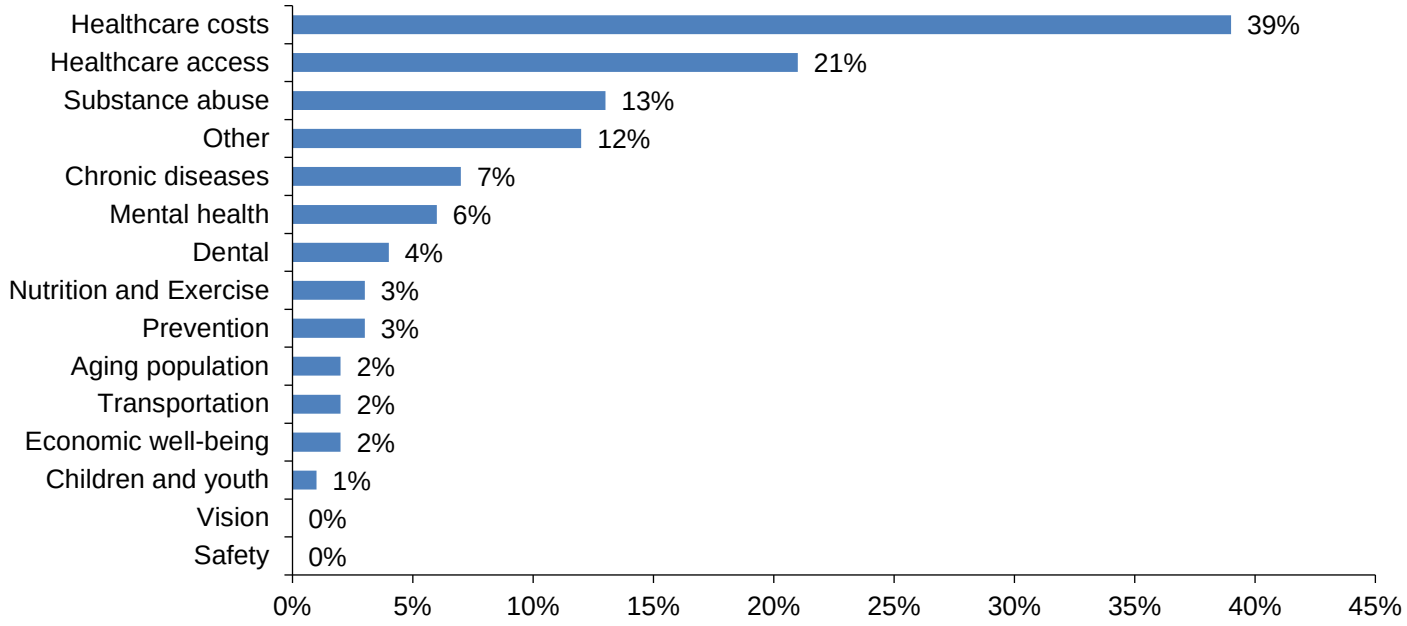
Do you have any type of dental insurance coverage?

Twenty-four percent of survey participant do not have dental insurance.



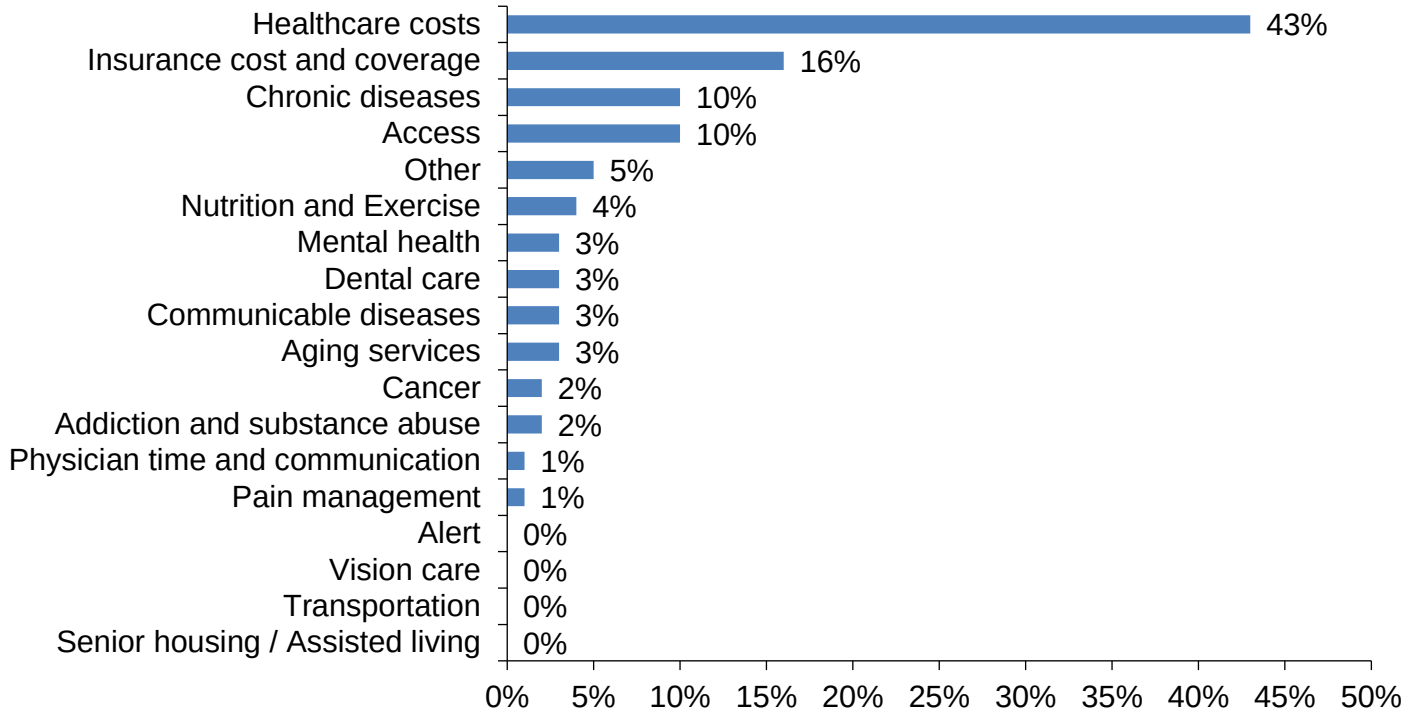
What are the most important community issues for you?

The cost of health care is a high concern for 39% of survey participants. Access is the second highest concern.



What are the most important community issues for your family?

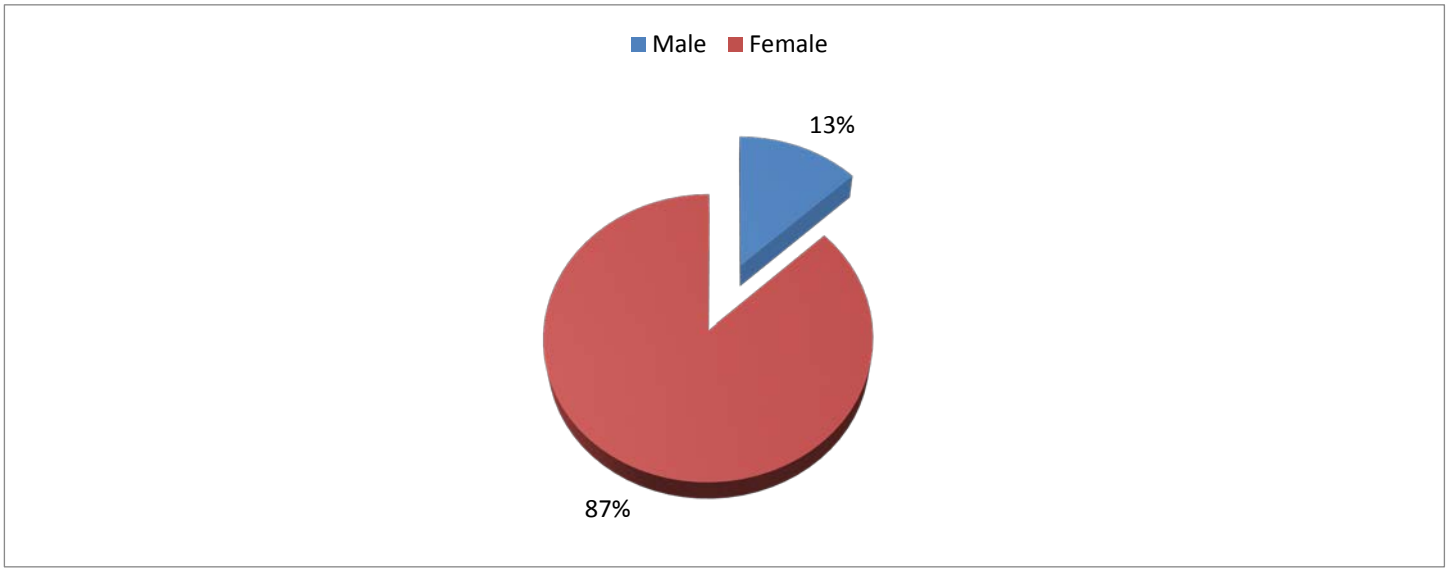
When asked what is the most important issue for the participant's family, health care cost and insurance cost and coverage that were the top concerns.



Demographic Information for Community Resident Participants

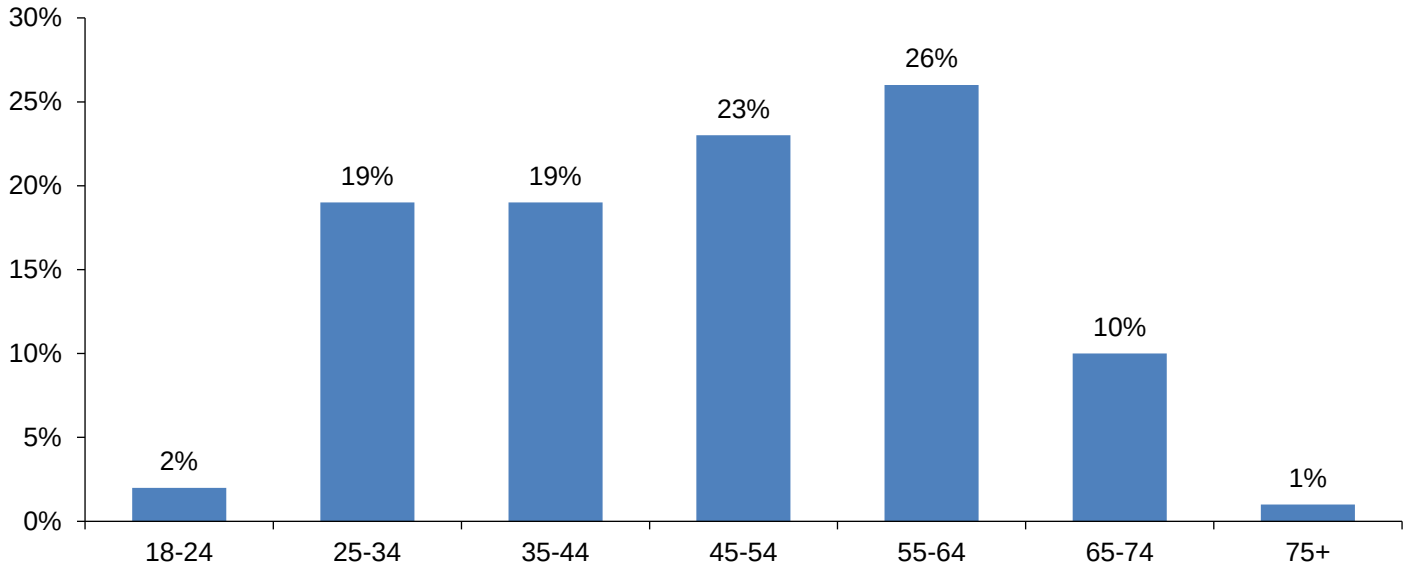
Biological Gender

Only 13% of the survey participants were male.

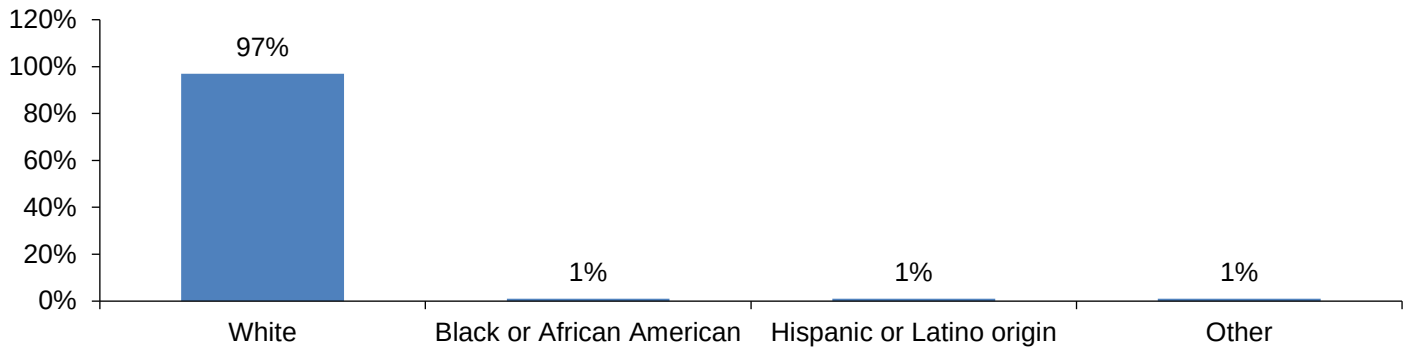


Age

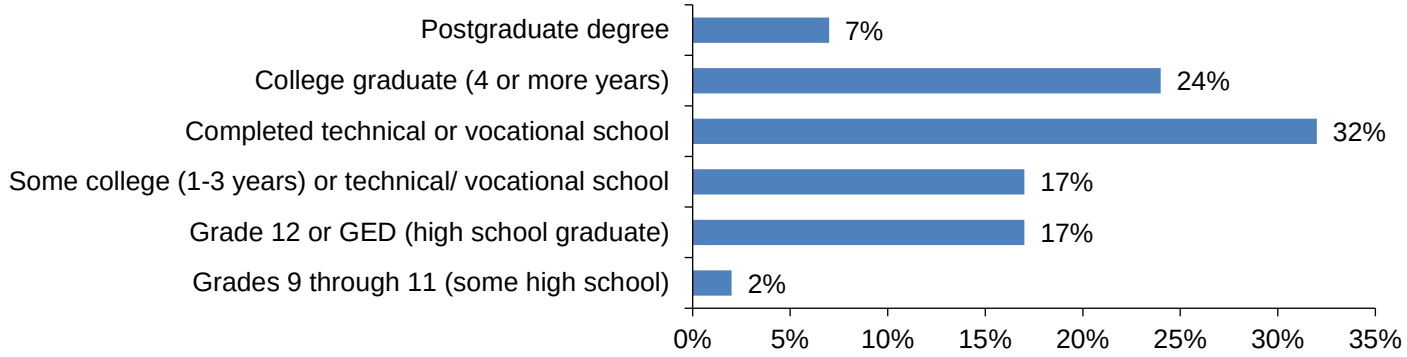
Every age group was represented among the survey participants; however, only 2% fell into the 18-24 year age group and only 1% were from the 75 and older age group.



Ethnicity

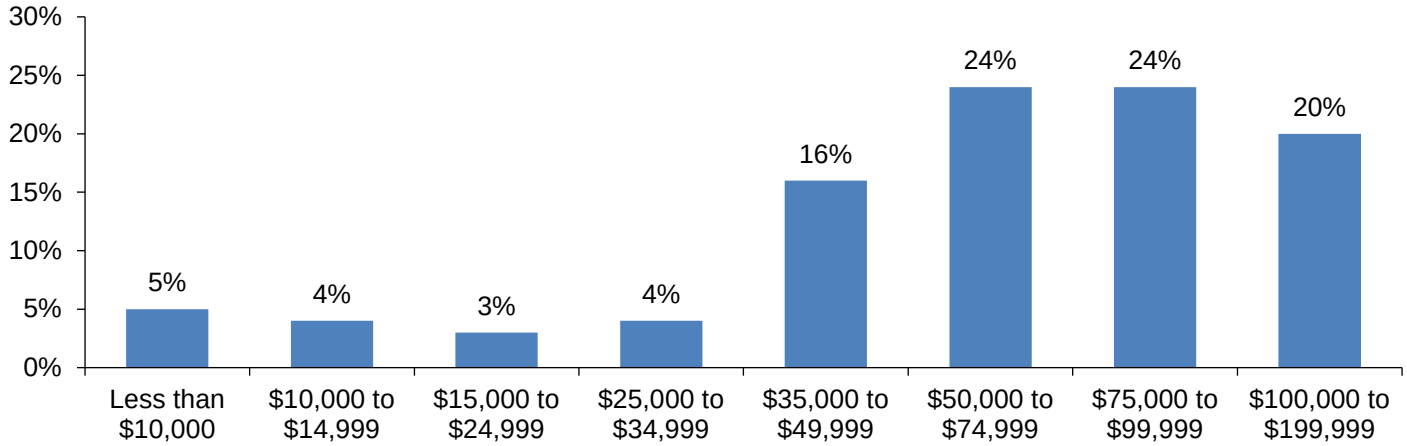


Education Level



Total Annual Household Income

Twelve percent of survey participants have an annual household income at or below the FPL for a family of four.



Secondary Research Findings

Census Data

Population of Traverse County, Minnesota	3,356
% below 18 years of age	40.4%
% 65 and older	25.6%
% White – non-Hispanic	89.6%
American Indian	5.6%
Hispanic	2.7%
African American	.5%
Asian	.2%
% Female	50.4%
% Rural	100%

County Health Rankings

	Traverse County	State of Minnesota	US top Performers
Adult smoking	14%	15%	14%
Adult obesity	32%	27%	26%
Physical inactivity	26%	20%	20%
Excessive drinking	21%	23%	13%
Alcohol related driving deaths	100%	30%	13%
Food insecurity	9%	10%	10%
Uninsured adults	7%	6%	7%
Uninsured children	5%	3%	3%
Children in poverty	21%	13%	12%
Children eligible for free or reduced lunch	46%	38%	33%
Diabetes monitoring	84%	88%	91%
Mammography screening	71%	65%	71%
Median household income	$50,400	$65,100	$65,600

Health Needs and Community Resources Identified

The Internal Revenue Service requires that a community health needs assessment include an inventory of resources that are available to address the unmet needs. This document is referred to as an asset map. Sanford Health conducted asset mapping by reviewing the primary and secondary research and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources are available in the community and county to address the needs. The asset map was reviewed by Sanford leadership and by community key stakeholders to validate the assets. The asset map helped to identify gaps in services. Once gaps were determined the key stakeholder group proceeded to the prioritization discussion and multi-voting exercise. The group was asked to prioritize the top two concerns that would be further developed into implementation strategies.

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

The asset mapping process identified needs from the following:

- Key stakeholder survey
- Resident survey
- Facilitated discussion by the key stakeholders
- Secondary research
- Community resources that are available to address the needs

Please see the asset map in the Appendix.

Prioritization

A multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to discuss community needs and complete the multi-voting exercise.

The following needs were brought forward for prioritization:

Economic Well-Being

- Skilled labor workforce 3.57
- Household budgeting and money management 3.39
- Employment options 3.17
- 17% report that they worry they will not have enough food before having money to buy more
- 16% report that their food did not last until they had money to buy more

Children and Youth

- Substance abuse by youth 3.91
- Availability of services for at-risk youth 3.87
- Opportunities for youth-adult mentoring 3.39
- Bullying 3.22
- Cost of services for at-risk youth 3.17
- Availability of activities (outside of school and sports) for children and youth 3.13
- Childhood obesity 3.09
- Teen tobacco use 3.00

Aging Population

- Cost of long-term care 3.78
- Cost of memory care 3.78
- Availability of memory care 3.26
- Cost of in-home services 3.17
- Availability of activities for seniors 3.09

Safety

- Abuse of prescription drugs 3.74
- Presence of drug dealers 3.59
- Presence of street drugs 3.45
- Child abuse and neglect 3.22
- Criminal activity 3.17
- Culture of excessive and binge drinking 3.13
- Domestic violence 3.13

Health care Access

- Availability of mental health providers 4.30
- Availability of behavioral health (substance abuse) providers 4.09
- Access to affordable health insurance coverage 3.38 5% or residents reported they did not have health insurance
- Access to affordable Health care 3.35
- Availability of specialist physicians 3.30
- Access to affordable prescription drugs 3.17
- Use of emergency room services for primary Health care 3.13
- Access to affordable vision insurance coverage 3.00
- Availability of doctors, physician assistants or nurse practitioners 3.00
- Availability of non-traditional hours 3.00

Mental Health and Substance Abuse

- Drug use and abuse 3.91 32% self-report that they have drugs in their home they are not using
- Stress 3.70 43% self-report a stress/anxiety diagnosis
- Depression 3.65 44% self-report a depression diagnosis
- Alcohol use and abuse 3.50 49% self-report binge drinking at least 1X/month
- Suicide 3.26
- Dementia and Alzheimer's Disease 3.09
- 17% currently smoke cigarettes

Please see the multi-voting prioritization worksheet in the Appendix.

How Sanford is Addressing the Needs

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

2018 Community Health Needs Assessment
Sanford Wheaton Medical Center

Identified Concerns	How Sanford Wheaton is Addressing the Community Needs
ECONOMIC WELL BEING	
Skilled labor workforce	Sanford has many workforce initiatives including our work with high school students interested in health careers. Sanford provides internships for college students interested in gaining experience in health care. The research findings from this CHNA will be shared with community leaders for further discussion on how to address this need.
Household budgeting & money management	Sanford will not address this need directly but will share the research findings from this CHNA with community leaders for further discussion on how to address this need.
Employment options	Sanford always has EMT and EMR position needs. We pay for the EMT and EMR classes and the hourly wage to attend the classes. We also provide scholarships to students entering health care careers. This year it was 2 - $2000 and 6 - $500 scholarships. We have a very small turnover rate for professional staff.
Worry they will not have enough food before having money to buy more – 17%	Sanford is supporting the food backpack program through administration of the program and the distribution. We frequently place info on Facebook about the program and we are at the school open house to make sure all parents are aware of the program and can sign up.
Food did not last until they had money to buy more – 16%	Sanford screens patients to see if they have food security and will explore options for food banks to assist those patients who are food insecure.
CHILDREN & YOUTH	
Substance abuse by youth	Sanford will share our findings with the local law enforcement and social service departments.
Availability of services for at-risk youth	Sanford has multi-discipline staff members who sit on the parent/teacher council to look at what is needed in our schools and community. This group looks for activities that will involve the youth.
Opportunities for youth/adult mentoring	Wheaton has a very active Boy Scouts program and a Girl Scouts program in the community. The local 4-H clubs are very active with the youth throughout the year such as community gardens, county fair, demonstration projects. Sanford staff who wish to mentor or volunteer are encouraged to participate.
Bullying	A Sanford provider sits on the local child protection task force that meets monthly. Our local school has been making this a focus with task forces, meetings, policies and information on who to contact if this is felt to be an issue.
Cost of services for at-risk youth	The local social service department is very good about screening families to attempt to have them placed on multiple programs.
Availability of activities (outside of school & sports) for children & youth	Sanford participates in community activities that are targeted for youth such as Halloween festival, various walks ,etc.
Childhood obesity	Sanford screens and counsels children and their parents at all their well child visits and, if appropriate, at acute care visits. Sanford *fit* is available online to all students and their families.
Teen tobacco use	Sanford addresses this need through provider/patient discussions. Tobacco use is addressed at every well visit and more often if needed

Identified Concerns	How Sanford Wheaton is Addressing the Community Needs
AGING POPULATION	
Cost of long term care	Sanford will share the findings of our research with the local nursing home leadership and with the County Commissioners.
Cost of memory care	We will share our findings with the local nursing home and County Commissioners.
Availability of memory care	Sanford social workers assist with referral to local services. Our local nursing home also has a few memory care beds that they can use for short term until a licensed memory care unit can be found. We also have a licensed memory care unit 17 miles from us that is a good referral source.
Cost of in-home services	We will share our findings with Sanford Home Care.
Availability of activities for seniors	Sanford will not directly address this need because we have a very active Senior Citizen Group. They have scheduled trips to shop out of town or sight see. There is also a very reasonable public transportation that can transport seniors around town and to these activities.
SAFETY	
Abuse of prescription drugs	The community has established 2 drop-off stations for drugs. Sanford collaborated with the local law enforcement agency for *Drug Take-Back Night*.
Presence of drug dealers	Sanford has shared the findings or our research with local law enforcement.
Presence of street drugs	Sanford has shared the findings or our research with local law enforcement.
Child abuse and neglect	Sanford is a mandated reporter for this so reports are sent to a centralized site to be investigated.
Criminal activity	Sanford has shared the findings or our research with local law enforcement.
Culture of excessive and binge drinking	Sanford has shared the findings or our research with local law enforcement.
Domestic violence	Sanford makes referrals when housing needs for victims of domestic abuse present. Wheaton has a Safe Place that can be used to place victims of domestic violence.
HEALTH CARE ACCESS	
Availability of mental health providers	Sanford provides telemedicine psychiatry on a weekly basis. Sanford also uses telemedicine during times of a mental health crisis.
Availability of behavioral health (substance abuse) providers	The Social Service Director has recently become certified in substance abuse counseling. We also can refer them to counselors at Social Service for additional help.
Access to affordable health insurance coverage	Sanford hosted a *Medicare 101* seminar to explain how Medicare and supplements work. Had 44 attendees. The Sanford Health Plan is also available.
Do not have health insurance – 5%	Sanford has a very open policy of working with patients with no insurance to have them be able to make payments. We also provide them with the charity care options.
Access to affordable health care	Sanford has a Community Care Program to address charity care needs. Patients who qualify may receive care free of charge or at a reduced fee.
Availability of specialist physicians	Sanford provides specialty care such as oncology, orthopedics, surgical, podiatry, and sleep medicine. Sanford has mobile services such as mammography, stress testing, nuclear medicine.
Access to affordable prescription drugs	Sanford works with the local drug store on offering patients rebates or discounted coupons to use for their prescriptions when available.
Use of emergency room services for primary health care	Sanford's emergency room services see all patients and many of those patients present for primary care, which is addressed at that time. Patients are also encouraged to come back to the clinic for recheck or establishment of primary care providers.
Access to affordable vision insurance coverage	Sanford will share this concern with our local optometrist.
Availability of doctors, physician assistants or nurse practitioners	Sanford's clinic is open 5 days per week with 2 providers. We have openings available same day.
Availability of non-traditional hours	Sanford does have clinics that have extended hours to satisfy those that need non business hours. Sanford providers are generous about working with patients at the

Identified Concerns	How Sanford Wheaton is Addressing the Community Needs
	patients' convenience. There are also multiple ways to obtain services such as MyChart, e-visits, video visits, on line scheduling, checking wait times
MENTAL HEALTH & SUBSTANCE ABUSE	
Drug use and abuse	Sanford has shared the findings or our research with local law enforcement. Discussion has been occurring with City Council members, law enforcement and school personnel regarding illegal drug use. There is a drug court available in Traverse County. We do support the use of law enforcement utilizing drug dogs to search the local schools at unannounced times.
Have drugs in the home that are not being used – 32%	The community has 2 different sites where unused drugs can be dropped off for proper disposal.
Stress	Sanford provides mental health services through telemedicine. There are multiple massage therapists in the community who provide stress relief. There is an acupuncturist. Our physical therapy department also does dry needling.
Diagnosed with stress/anxiety – 43%	Sanford provides mental health services through telemedicine.
Depression	Sanford increased the Panel Specialist hours to assure that patients with depression are evaluated at intervals that are more frequent.
Diagnosed with depression – 44%	Sanford provides mental health services through telemedicine including follow-up visits.
Alcohol use and abuse	Sanford has shared the findings or our research with local law enforcement. There are Detox Centers available in the region and referrals to those treatment centers are given.
Binge drink at least 1 x / month – 49%	Sanford has shared the findings or our research with local law enforcement. Providers at health visits discuss the risks and harm associated with binge drinking.
Suicide	Sanford provides mental health services through telemedicine. A mental health crisis team is available for additional help both at Sanford Wheaton and in the home setting. Sanford Wheaton has also created a safe room for suicide patients to keep them safe while in our facility. Referrals are made to a psychiatrist and if needed transferred to a psychiatric facility.
Dementia & Alzheimer's Disease	Sanford provides mental health services through telemedicine.
Currently smoke cigarettes – 17%	Sanford addresses smoking cessation at every visit. Sanford monitors tobacco use through quality measures and works on continuous improvement.

Implementation Strategies

Implementation Strategies - 2018

Priority 1: Mental Health

Mental health is important at every stage of life and affects how people think, feel, and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression is among the most treatable of mental disorders.

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and depression. All patients in the primary care setting will have a Patient Health Questionnaire (PHQ-9) completed at each visit. The PHQ-9 is an assessment tool used for screening, diagnosing, measuring, and monitoring the severity of depression. Patients are evaluated to determine if there is a need to provide additional services. Sanford is providing on-site mental health services and has implemented telehealth services to improve access to psychiatry services.

Priority 2: Economic Well Being

Food security means access by all people at all times to enough food for an active, healthy life. Food insecurity describes a household's inability to provide enough food for every person to live an active, healthy life. According to the U. S. Department of Agriculture, an estimated 12.3 percent of American households were food insecure at least some time during the year in 2016, meaning they lacked access to enough food for an active, healthy life for all household members. That is essentially unchanged from 12.7 percent in 2015. The prevalence of very low food security also essentially unchanged, at 4.9 percent in 2016 and 5.0 percent in 2015.

Sanford has made economic well-being specific to food security a significant priority and has developed a strategic plan to sustain the backpack program and food distribution for students in the community.

Sanford Wheaton Community Health Needs Assessment – Implementation Strategy Action Plan

Priority 1: Mental Health

Projected Impact: Improved care of patients suffering from depression or mental illness and improved access to mental health services

Goal 1: Improve PHQ-9 scores for depression patients and reduce the severity of depression scores

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget /Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
All patients will have a PHQ-9 completed on every visit	Number of patients seen versus number of completed PHQ-9 % of patients meeting the PHQ-9 score of < 5	Clinic Leadership Health Coach Panel specialist Clinic Nursing staff Providers	Clinic Manager	

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget /Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Utilization of Medical Home Model/RN Health Coach	100% of all Medical Home patients will be evaluated for need of additional services	Clinic Leadership Health Coach	Clinic Manager	

Goal 2: Provide for improved access to Mental Health/Behavioral Health Services

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Distribute the directory of available resources	Have updated directory available for community members	Sanford Wheaton Traverse County Social Services	Sanford Leadership	Traverse County Social Services
Utilization of telehealth services	Increase participation in mental health services	RN Health Coach Digital Media	Clinic Manager	

Priority 2: Economic Well Being

Projected Impact: Reduced fear of not having food or of running out of food before having money to purchase

Goal 1: Sustain food for those at risk of not having food

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Sustain a backpack food distribution program	Increase the number of students that participate in program. Have samples available at the back to school night along with signup sheets.	Donation dollars Donated time for distribution		Wheaton School Food distribution site

Implementation Strategies - 2016

Priority 1: Mental Health/Behavioral Health

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

Many factors contribute to mental health problems, including:

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

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

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

Priority 2: Safety

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

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

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

Priority 3: Children and Youth

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

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

Demonstrating Impact - 2016

2016 Implementation Strategy Impact

During the 2016 Community Health Needs Assessment research cycle community members were invited to discuss community needs, provide recommendations and vote on the top priorities to address over the following 3 years.

At Sanford Wheaton Medical Center, the top priorities addressed through an implementation strategy process include:

- Access/availability for mental health/behavioral health services
- Safety for our children and youth

Measureable outcomes for each priority are routinely analyzed, and a report of the status of our work is submitted through the IRS 990 each year. We are encouraged by the progress that we have made.

Priority 1: Access

With the increasing need for mental health services, Sanford Wheaton worked with Sanford Thief River Falls psychiatry team and Traverse County Mental Health providers to increase the number of available appointments for services and decrease ER visits. We were able to utilize telehealth visits to provide these services so no one had to drive out of town for services and children did not need to miss a large amount of school time. Sanford Wheaton has added another mental health group, Peterson Medical Clinic, that will see all ages of patients and has availability for emergency needs. These services are provided by telehealth. Appointments are available weekly and for emergency cases. Psychiatrist services that are readily available have helped the family practice providers with prescription management.

Another strategy was to expand the Medical Home and utilization of an RN Health Coach to provide follow-up for those patients who have PHQ-9 scores that indicate depression. Additional screening tools at timed intervals assess the need for follow-up or demonstrates improvement. A panel specialist will utilize the report for those who are not meeting the PHQ-9 goals for improvement or who are due for re-screening. Quality scores for depression have improved from 2.3 to 4.3. The goal is 5.

In addition to the PHQ-9 assessment, Sanford Wheaton implemented evidence-based practice guidelines for patients seen for mental health. Early identification of mental health needs is important and has become standard practice within Sanford. To assist in identifying mental health needs Sanford will work to increase the number of wellness exams and to make them more timely. Sports physicals are now considered well exams and have been expanded with the necessary tools for screening and early detection of mental health issues.

Parents of at-risk children also need to have extra support in understanding how to work with and develop healthy social and emotional development skills. During well exams, children and parents are presented with an age-appropriate *Reach Out and Read* book.

Priority 2: Decrease the abuse of drugs or availability of drugs in the community

Our second goal was to decrease the abuse of drugs or availability of drugs in the community. Sanford Wheaton worked with law enforcement agencies and the Drug Enforcement Agency (DEA) to provide safe collection sites in our community for unused drugs. These sites were established and the amounts that are being turned in are much larger than anticipated. Sanford as a system has taken on the task of reducing opioid prescriptions in an attempt to

have less drugs in the community, reduce the number of chronic opioid drug users, and reduce the number of drug seekers in our community.

Priority 3: Provide healthy food for children

Our third goal was to provide children with access to healthy food when they are not able to have meals at the school. A large majority of children did not have healthy food from Friday at lunch until they came back on Monday morning for breakfast. We needed to increase the access to food and decrease the hunger among children as there are many proven studies that enforce the fact that children who are adequately fed improve their success at school both in learning and behaviors. Sanford Wheaton started a food backpack program and worked with the school officials to help identify the individuals who needed food and then proceeded to the distribute the bags. Sanford was careful to protect the privacy of families. The program started with distribution during the school year but it was found that the program was going to be needed during the summer also. Our current distribution numbers are at 60 on a regular basis. We always have a presence at the back-to-school events to make sure that all parents and their families are aware of the food program and to provide some samples of the products so they feel comfortable about registering to receive them.

Sanford also supports the local 4-H groups in their projects for community gardens, education activities, and financial support to encourage participation in the county fair and other community projects. Sanford also discusses drug abuse and the need for healthy food choices and availability of the food backpack program at the wellness exams.

Community Feedback from the 2016 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on the 2016 Community Health Needs Assessment and has provided online comment fields on our website for ease of access. There have been no comments or questions about the Sanford Wheaton Medical Center's CHNA.

Appendix

Primary Research

Asset Map

Wheaton Asset Map

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Economic Well Being	Skilled labor workforce 3.57 Household budgeting and money management 3.39 Employment options 3.17 17% report that they worry they will not have enough food before having money to buy more 16% report that their food did not last until they had money to buy more	17% report that they worry they will not have enough food before having money to buy more 16% report that their food did not last until they had money to buy more	9% food insecurity	Employment resources: • Day Training & Habilitation Center (for adults with developmental disabilities), 917 Broadway, Wheaton • Doherty Staffing Solutions, 315 Nokomis St., Alexandria • Manpower, Inc., 507 N. Nokomis St., Alexandria • Productive Alternatives (for disabled & special needs individuals), 302 Kenwood Ave. S., Alexandria • The Work Connection, 308 – 3rd Ave. E., Alexandria • The Workforce Center, 125 W. Lincoln Ave., Fergus Falls Major employers: • American Press/Gazette Publishing & Printing, 1114 Broadway, Wheaton • Larson Implement, 609 US Hwy 75, Wheaton • Lundquist Seed, 15 – 10th St. N., Wheaton • Polytec Industries, 306 – 2nd Ave. N., Wheaton • Sanford Wheaton, 401 – 12th St. N., Wheaton • Stoney Brook Wallcovering, 202 – 5th St. N., Wheaton • Traverse Electric, 1618 Broadway, Wheaton • Wheaton Dumont Co-op Elevator, US 75, Wheaton • Wheaton Plastics, 710 Hwy 75 S., Wheaton • Wheaton Public School District, 1700 – 3rd Ave. S., Wheaton Money Management resources: • Community Education, 1700 – 3rd Ave. S., Wheaton • County Extension Office, 702 – 2nd Ave. N., Wheaton • State Bank, 921 Bdwy, Wheaton • Star Bank, 1019 Bdwy, Wheaton • Bank of the West, 1024 Bdwy, Wheaton • West Central MN Community Action (budgeting assistance booklets & videos), 411 Industrial Park Blvd., Elbow Lake • Village Family Resource Center, 220 Washington Ave. W., Fergus Falls	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Lutheran Social Services (financial counseling), Food/Hunger resources: • Food Shelf, 202 – 8th St. N., Wheaton • Wheaton Farmers Market, Traverse Co. Fairgrounds, Wheaton • Traverse Co. Food Support Program, 202 – 8th St. N., Wheaton • WIC program, 202 – 8th St. N., Wheaton • SNAP, 202 – 8th St. N., Wheaton • Willy's Super Valu, 905 Bdwy, Wheaton • Meals on Wheels, 1025 Broadway, Wheaton • Fare For All (food packages in return for volunteer work), www.emergencyfoodhshel.ofg (Fergus Falls Salvation Army – 622 E. Vernon Avenue, Fergus Falls)	
Children and Youth	Substance abuse by youth 3.91 Availability of services for at-risk youth 3.87 Opportunities for youth/adult mentoring 3.39 Bullying 3.22 Cost of services for at-risk youth 3.17 Availability of activities (outside of school and sports) for children and youth 3.13 Childhood obesity 3.09 Teen tobacco use 3.00		21% of children in Traverse County live in poverty 46% of children are eligible for free or reduced lunch	Substance Abuse resources: • Traverse Co. Social Services, P O Box 46, Wheaton (chemical dependency assessments) • AA - call 866-423-2969 for nearest meeting Services for At-Risk Youth: • MN Dept. of Employment & Economic Development programs – MN Youth Program, Youthbuild Program, WIA Youth Program, WIOA Young Adult Program - 332 Minnesota St., St. Paul Youth/Adult Mentoring resources: • Boy Scouts & Cub Scouts Pack 3419, c/o Jim Smoger, 1006 – 4th Ave. N., Wheaton • Girl Scouts, P O Box 428, Wheaton • 4-H, c/o Traverse Co. Extension Office, 702 – 2nd Ave. N., Wheaton • Church Activities (various churches) Bullying resources: • Traverse Co. Sheriff, 203 – 7th St. N., Wheaton • Wheaton Police, 203 – 7th St. N., Wheaton • Wheaton School District, 1700 – 3rd Ave. S., Wheaton Youth Activities (outside of school & sports activities):	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Boy Scouts & Cub Scouts Pack 3419, c/o Jim Smoger, 1006 – 4th Ave. N., Wheaton • Girl Scouts, P O Box 428, Wheaton • 4-H, c/o Traverse Co. Extension Office, 702 – 2nd Ave. N., Wheaton • Park Activities, • Library programs, 901 – 1st Ave. N., Wheaton • Church Activities (various addresses) Childhood Obesity resources: • Sanford Clinic, 401 – 12th St. N., Wheaton • School sports activities, 1700 – 3rd Ave. S., Wheaton • Traverse Co. Extension resources & classes, 702 – 2nd Ave. N., Wheaton • Traverse Co. Public Health, 1005 Broadway, Wheaton • Lake Traverse activities (boating, water sports, fishing, playground), 6338 Co. Road 10, Wheaton • Falk Park, 2nd Ave. N., Wheaton • Swimming Pool, 1601 – 2nd Ave. S., Wheaton • Softball, 1700 – 3rd Ave. S., Wheaton • Golf, 6401 MN 27, Wheaton • Skating Rink, 2nd Ave. & 3rd St., Wheaton • Bowling, 401 – 5th St. N., Wheaton Tobacco Cessation resources: • MN Dept. of Health initiatives, P O Box 64975, St. Paul • QuitPlan, 1-888-354-7526 • Sanford Clinic, 401 – 12th St. N., Wheaton	
Aging Population	Cost of long term care 3.78 Cost of memory care 3.78 Availability of memory care 3.26 Cost of in-home services 3.17 Availability of activities for seniors 3.09			Long Term Care resources: • Traverse Care Center, 303 – 7th St. S., Wheaton Memory Care resources: • Traverse Care Center, 303 – 7th St. S., Wheaton • Alzheimer's Association – Alz.org In-Home Services: • Sanford Home Care, 405 – 12th St. N., Wheaton • Traverse Co. Family Services, 202 – 8th St. N., Wheaton Activities for Seniors: • Public Library, 901 – 1st Ave. N., Wheaton	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Traverse Co. Extension classes, 702 – 2nd Ave. N., Wheaton • Community Education, 1700 - 3rd Ave. S., Wheaton • Lake Traverse outdoor activities, 6338 Co. Road 10, Wheaton • Swimming Pool, 1601 – 2nd Ave. S., Wheaton • Golf, 6401 MN 27, Wheaton • Bowling, 401 – 5th St. N., Wheaton • Volunteer in youth organizations – Boy Scouts, Girl Scouts, 4-H, church youth activities • Volunteer at Historical Society/ Museum, West Broadway Ave., Wheaton • Deliver Meals on Wheels, 1025 Broadway, Wheaton	
Safety	Abuse of prescription drugs 3.74 Presence of drug dealers 3.59 Presence of street drugs 3.45 Child abuse and neglect 3.22 Criminal activity 3.17 Culture of excessive and binge drinking 3.13 Domestic violence 3.13		Excessive drinking 21% 100% of driving deaths are alcohol related	Substance Abuse resources: • Traverse Co. Social Services, P O Box 46, Wheaton (chemical dependency assessments) • AA – call 866-423-2969 for the nearest meeting Child Abuse & Neglect resources: • Traverse Co. Sheriff, 203 – 7th St. N., Wheaton • Wheaton Police, 203 – 7th St. N., Wheaton • Traverse Co. Social Services, P O Box 46, Wheaton (child abuse / child protection services) • Someplace Safe, 15 – 10th St. S., Wheaton Criminal Activity resources: • Traverse Co. Sheriff, 203 – 7th St. N., Wheaton • Wheaton Police, 203 – 7th St. N., Wheaton Domestic Violence resources: • Traverse Co. Sheriff, 203 – 7th St. N., Wheaton • Wheaton Police, 203 – 7th St. N., Wheaton • Traverse Co. Social Services, P O Box 46, Wheaton (vulnerable adult services) • Traverse Co. Advocacy Office, P O Box 63, Wheaton • Salvation Army, 202 – 8th St. N., Wheaton • Someplace Safe, 15 – 10th St. S., Wheaton	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Health Care Access	Availability of mental health providers 4.30 Availability of behavioral health (substance abuse) providers 4.09 Access to affordable health insurance coverage 3.38 5% of residents reported they did not have health insurance Access to affordable health care 3.35 Availability of specialist physicians 3.30 Access to affordable prescription drugs 3.17 Use of emergency room services for primary health care 3.13 Access to affordable vision insurance coverage 3.00 Availability of doctors, physician assistants or nurse practitioners 3.00 Availability of non-traditional hours 3.00	5% of residents reported they did not have health insurance	Uninsured adults 7% Uninsured children 5%	Mental Health resources: • Traverse Co. Social Services, P O Box 46, Wheaton (adult mental health case management) • Bridgeway Behavioral Healthcare Services, 712 Cascade St. S., Fergus Falls • Lakeland Mental Health, 1500 Irving St., Alexandria • Someplace Safe, 15 – 10th St. S., Wheaton • LSS of MM "Warm Line", 507 – 22nd Ave. E., Alexandria • LSS of MN (individual & family counseling), 477 S. Maybelle, Fergus Falls • Traverse Co. Support Group, 1305 - 3rd Ave. S., Wheaton • Prairie Partners (assists mental health consumers in Traverse, Douglas, Grant, Pope & Stevens counties), 579 – 6th St., Hancock Substance Abuse resources: • Traverse Co. Social Services, P O Box 46, Wheaton (chemical dependency assessments) • AA – call 866-423-2969 for the nearest meeting Health Insurance resources: • Insurance helpline, www.mninsurancehelp.com • MNSure.org • State Farm, 1602 Broadway, Wheaton • Donnelly Agency, 921 Broadway, Wheaton • American Family, 410 Broadway, Wheaton • Tara, 1102 Broadway, Wheaton • Thomsen, 1002 – 1st Ave. N., Wheaton • Sanford Health Plan, 300 Cherapa Place, Sioux Falls Health Care resources: • Sanford Clinic, 401 – 12th St. N., Wheaton • Horizon Public Health, 202 – 8th St. N., Wheaton • Traverse Co. Public Health, 1005 Broadway, Wheaton • Pleasant Country Home Care, 413 – 12th St. N., Wheaton • Sanford Home Care, 405 – 12th St. N., Wheaton	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				Prescription Assistance programs: • Minnesota.prescription assistance.info • MNDrugCard.com Vision resources:	
Mental Health and Substance Abuse	Drug use and abuse 3.91 32% self-report that they have drugs in their home that they are not using Stress 3.70 43% self-report a stress/anxiety diagnosis Depression 3.65 44% self-report a depression diagnosis Alcohol use and abuse 3.50 49% self-report binge drinking at least 1x/month Suicide 3.26 Dementia and Alzheimer's Disease 3.09 17% currently smoke cigarettes	32% self-report that they have drugs in their home that they are not using 43% self-report a stress/anxiety diagnosis 44% self-report a depression diagnosis 49% self-report binge drinking at least 1x/month 17% currently smoke cigarettes		Substance Abuse resources: • Traverse Co. Social Services, P O Box 46, Wheaton (chemical dependency assessments) • AA – call 866-423-2969 for the nearest meeting Drug Take Back programs: • Wheaton Police, 203 – 7th St. N., Wheaton • Traverse Co. Social Services Dept., 212 – 8th St. N., Wheaton Mental Health resources: • Traverse Co. Social Services, P O Box 46, Wheaton (adult mental health case management) • Bridgeway Behavioral Healthcare Services, 712 Cascade St. S., Fergus Falls • Lakeland Mental Health, 1500 Irving St., Alexandria • Someplace Safe, 15 – 10th St. S., Wheaton • LSS of MN "Warm Line", 507 – 22nd Ave. E., Alexandria • LSS of MN (individual & family counseling), 477 S. Maybelle, Fergus Falls • Traverse Co. Support Group, 1305 - 3rd Ave. S., Wheaton • Prairie Partners (assists mental health consumers in Traverse, Douglas, Grant, Pope & Stevens counties), 579 – 6th St., Hancock Dementia & Alzheimer's resources: • Traverse Care Center, 303 – 7th St. S., Wheaton • Alzheimer's Association - Alz.org Tobacco Cessation resources: • MN Dept. of Health initiatives, P O Box 64975, St. Paul • QuitPlan, 1-888-354-7526 • Sanford Clinic, 401 – 12th St. N., Wheaton	

Sanford Wheaton Medical Center

Community Health Needs Assessment
Results from an October 2017 Non-Generalizable
Online Survey of Community Stakeholders

November 2017

SANFORD

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Wheaton Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred in the month of October. A total of 23 respondents participated in the online survey.

TABLE OF CONTENTS

SURVEY RESULTS

Current State of Health and Wellness Issues Within the Community

Using a 1 to 5 scale, with 1 being “no attention needed”; 2 being “little attention needed”; 3 being “moderate attention needed”; 4 being “serious attention needed”; and 5 being “critical attention needed,” respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING

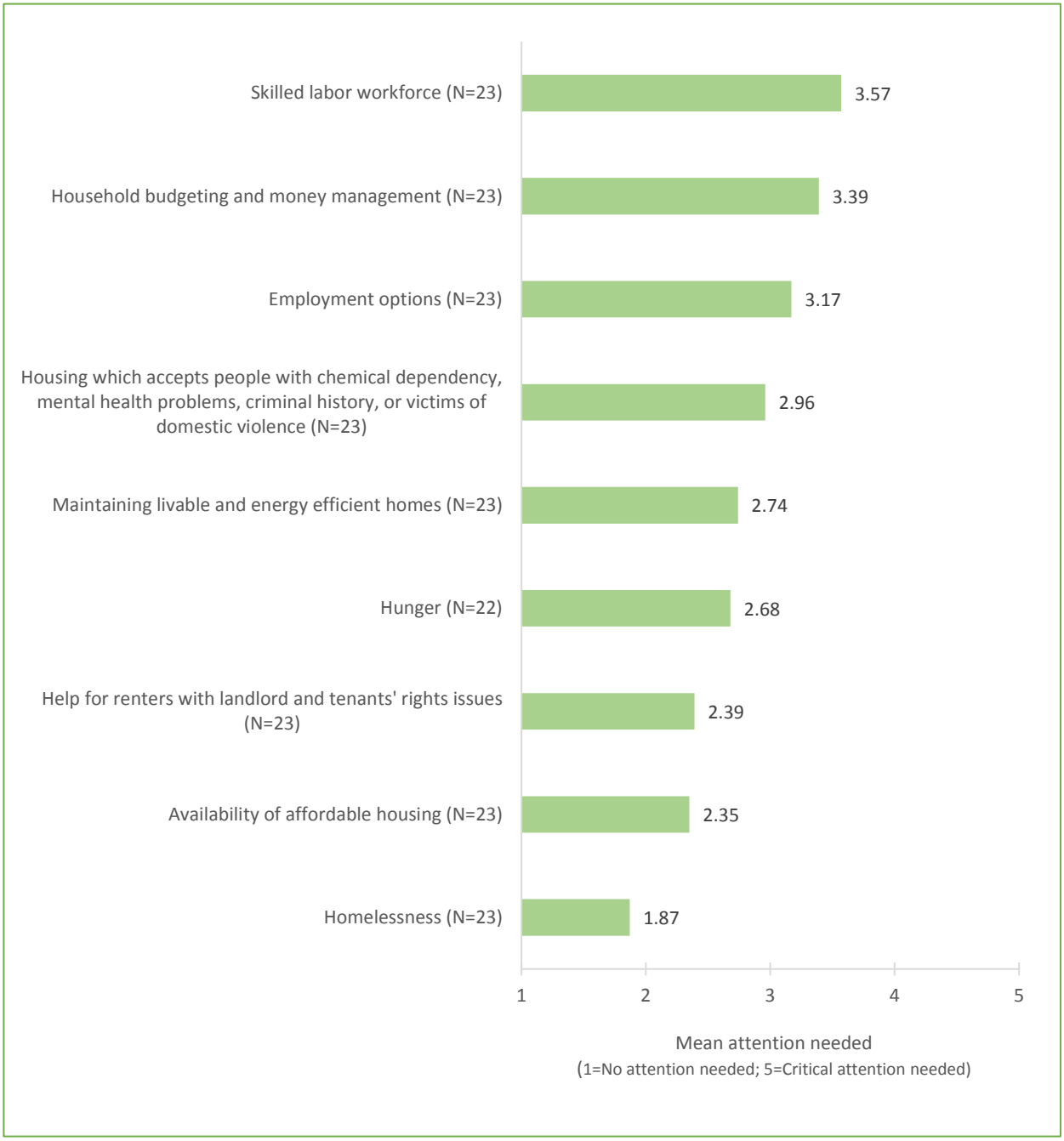


Figure 2. Current state of community issues regarding TRANSPORTATION

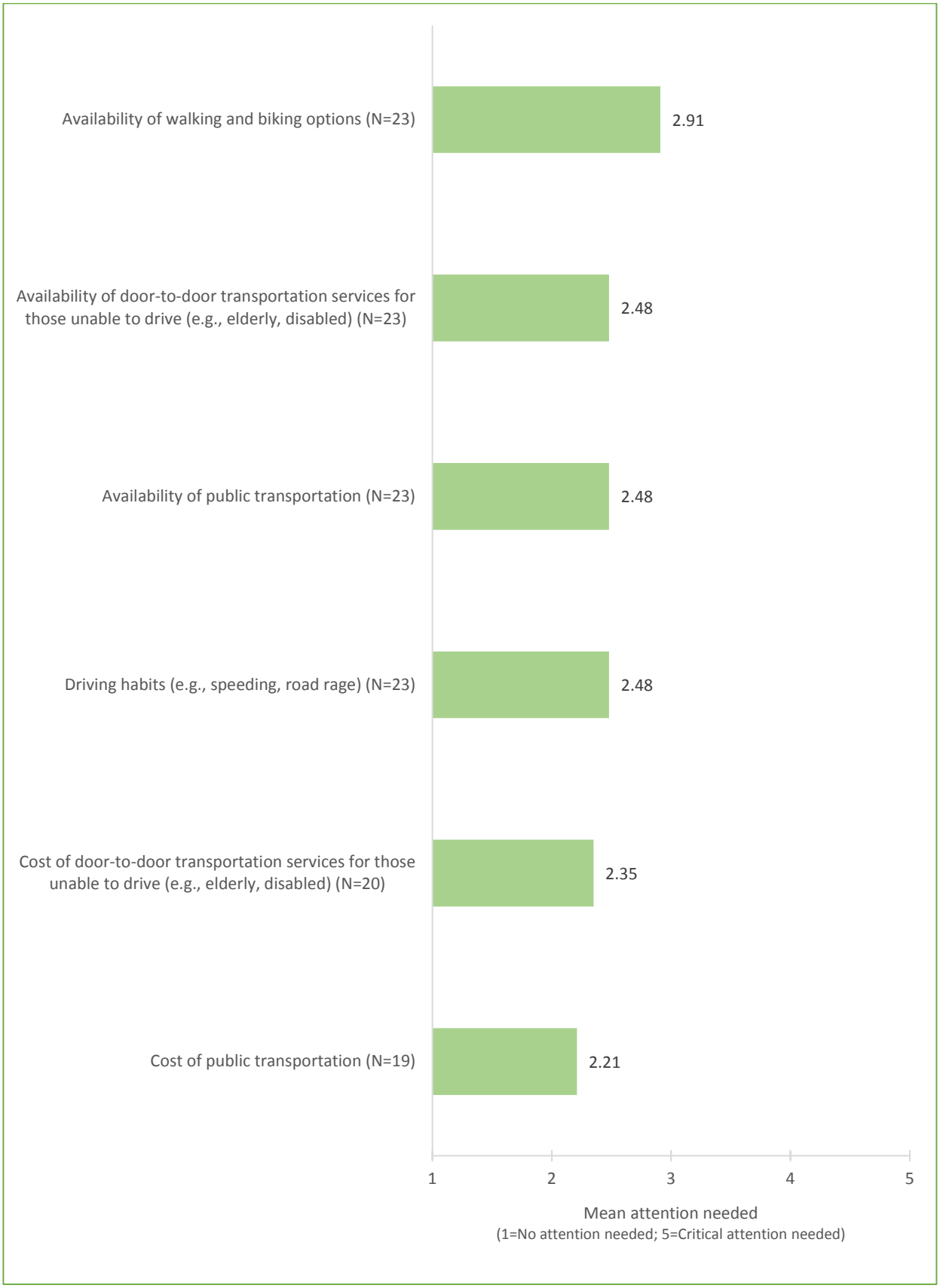

Availability of walking and biking options (N=23)
2.91
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=23)
2.48
Availability of public transportation (N=23)
2.48
Driving habits (e.g., speeding, road rage) (N=23)
2.48
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=20)
2.35
Cost of public transportation (N=19)
2.21
1
2
3
4
5
Mean attention needed
(1=No attention needed; 5=Critical attention needed)

Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

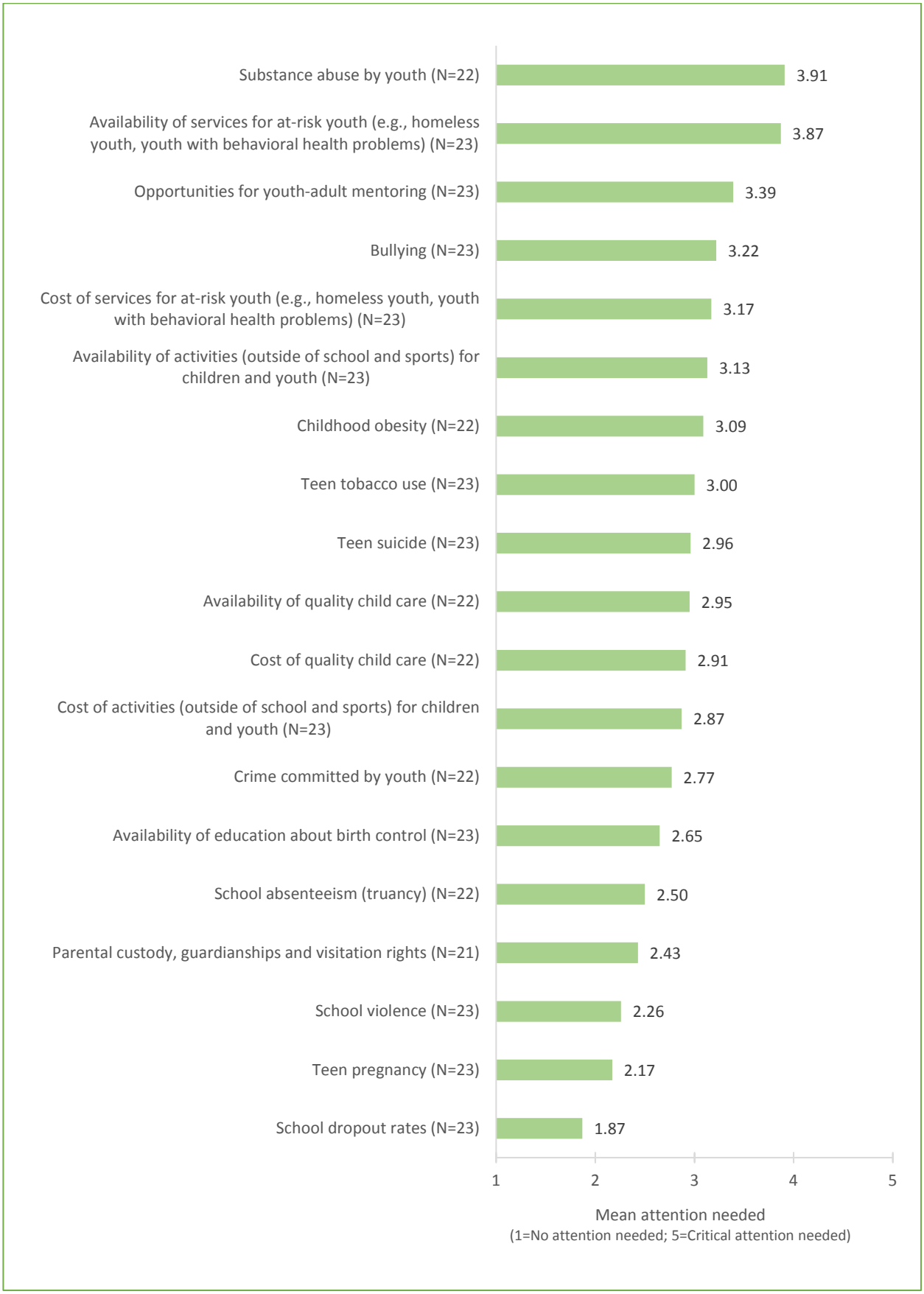


Figure 4. Current state of community issues regarding the AGING POPULATION

Figure 5. Current state of community issues regarding SAFETY

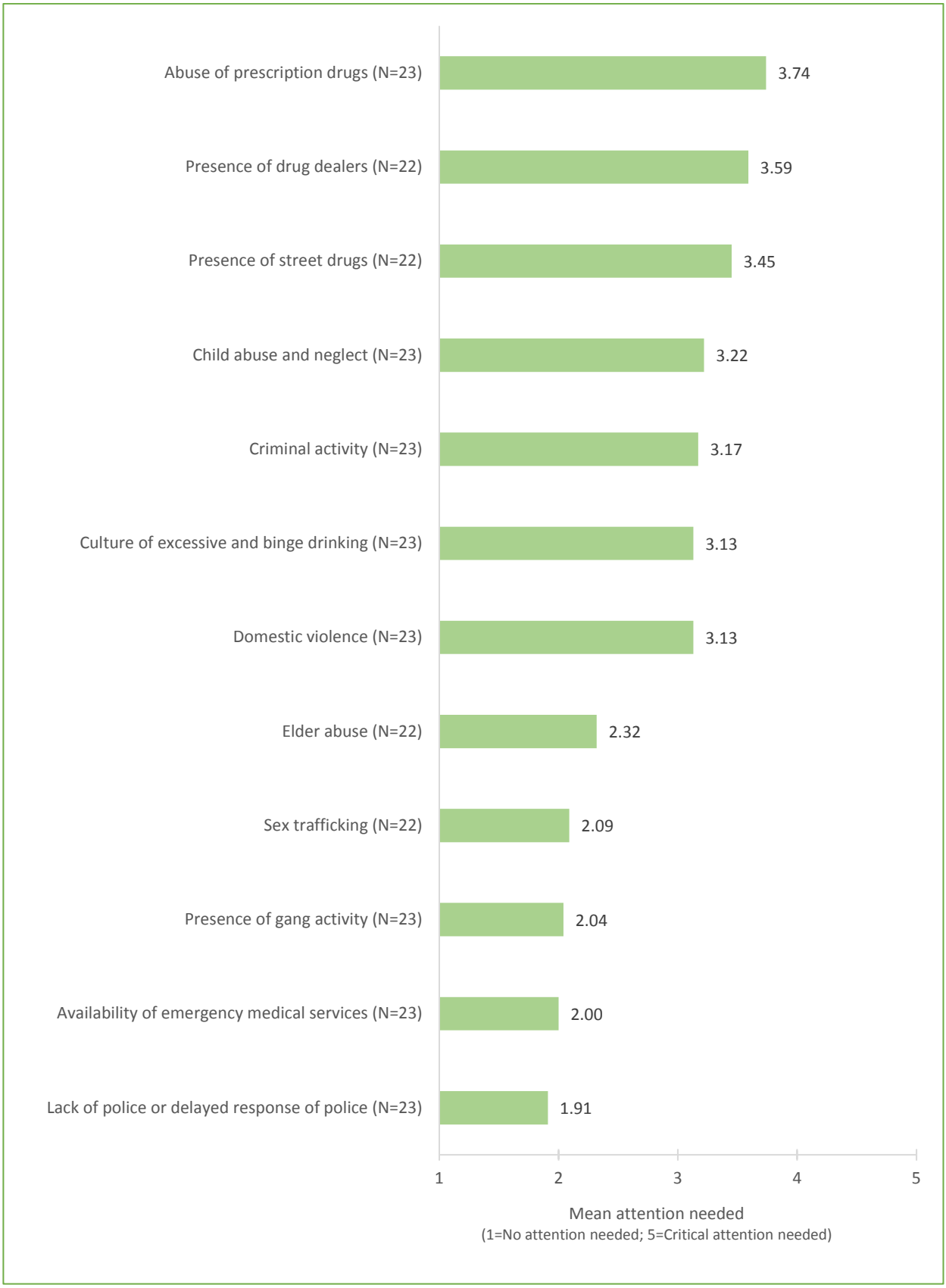
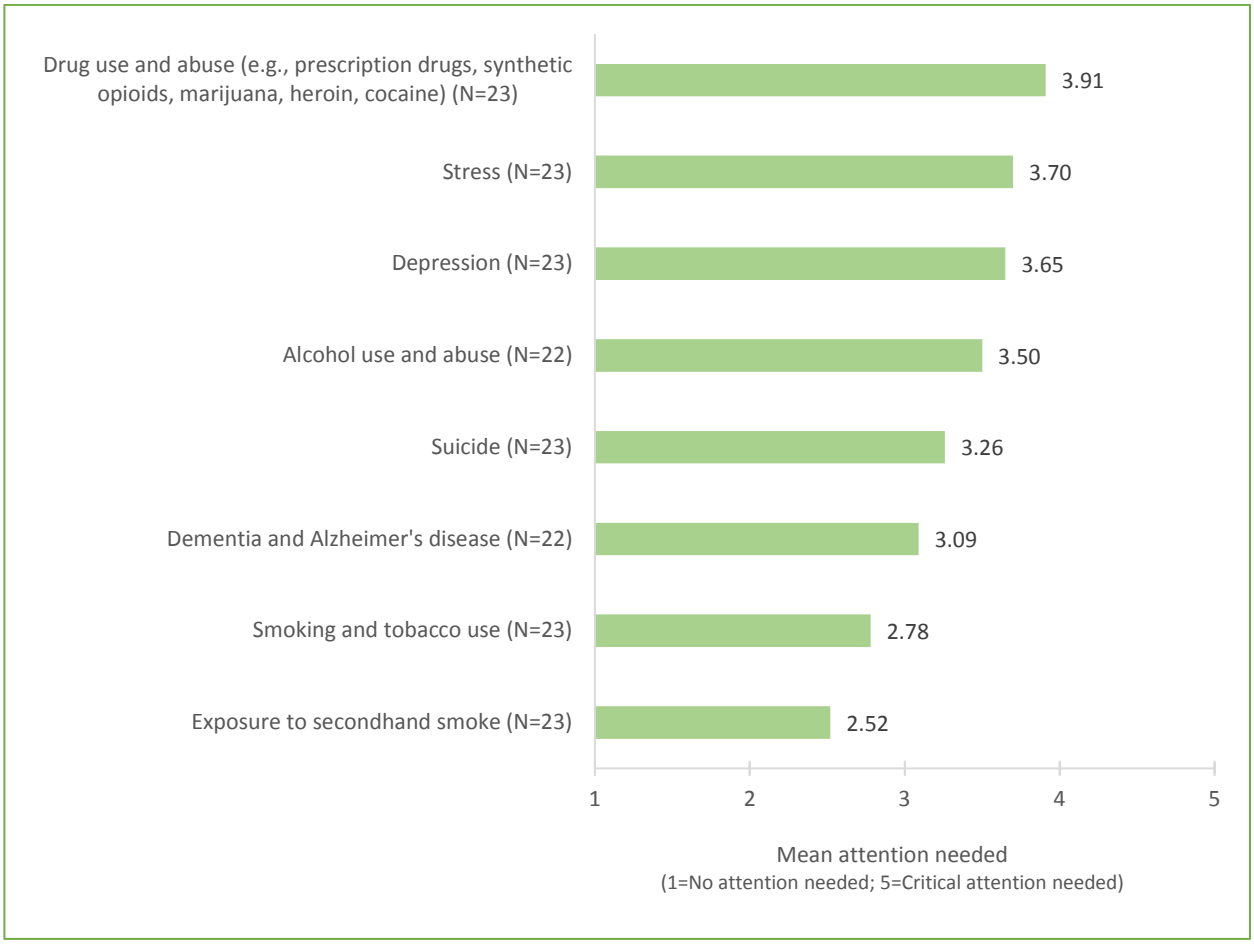


Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

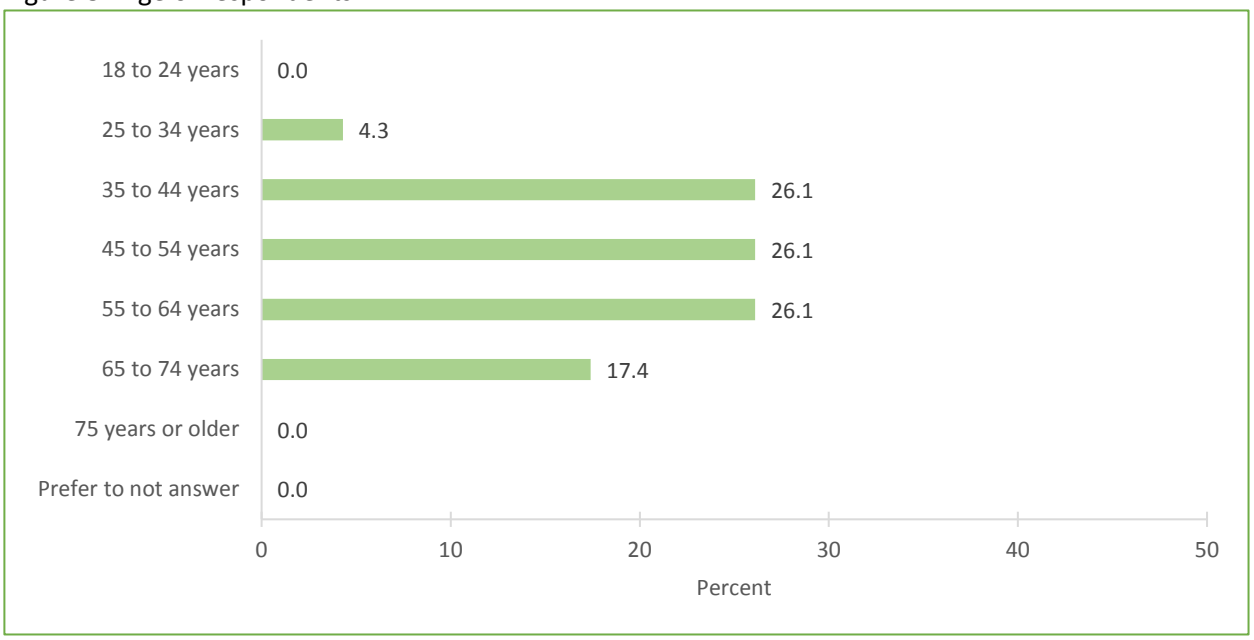

Availability of mental health providers (N=23)
4.30
Availability of behavioral health (substance abuse) providers (N=23)
4.09
Access to affordable health insurance coverage (N=21)
3.38
Access to affordable healthcare (N=23)
3.35
Availability of specialist physicians (N=23)
3.30
Access to affordable prescription drugs (N=23)
3.17
Use of emergency room services for primary healthcare (N=23)
3.13
Access to affordable vision insurance coverage (N=23)
3.00
Availability of doctors, physician assistants, or nurse practitioners (N=22)
3.00
Availability of non-traditional hours (e.g., evenings, weekends) (N=23)
3.00
Access to affordable dental insurance coverage (N=23)
2.96
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=23)
2.52
Access to technology for health records and health education (N=23)
2.39
Coordination of care between providers and services (N=23)
2.35
Timely access to dental care providers (N=23)
2.30
Availability of healthcare services for Native people (N=22)
2.23
Availability of healthcare services for New Americans (N=22)
2.05
Timely access to vision care providers (N=22)
2.05
Timely access to medical care providers (N=23)
2.04
1
2
3
4
5
Mean attention needed
(1=No attention needed; 5=Critical attention needed)

Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



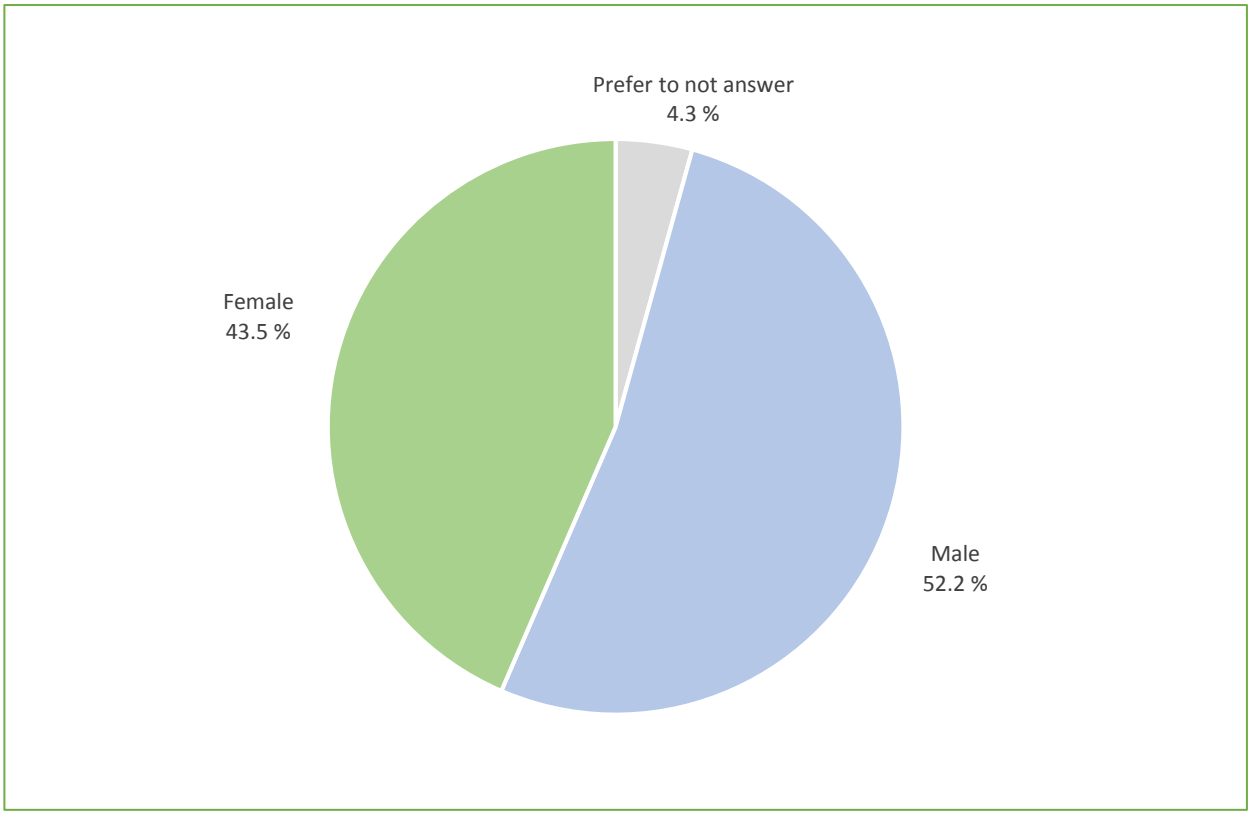
Demographic Information

Figure 8. Age of respondents



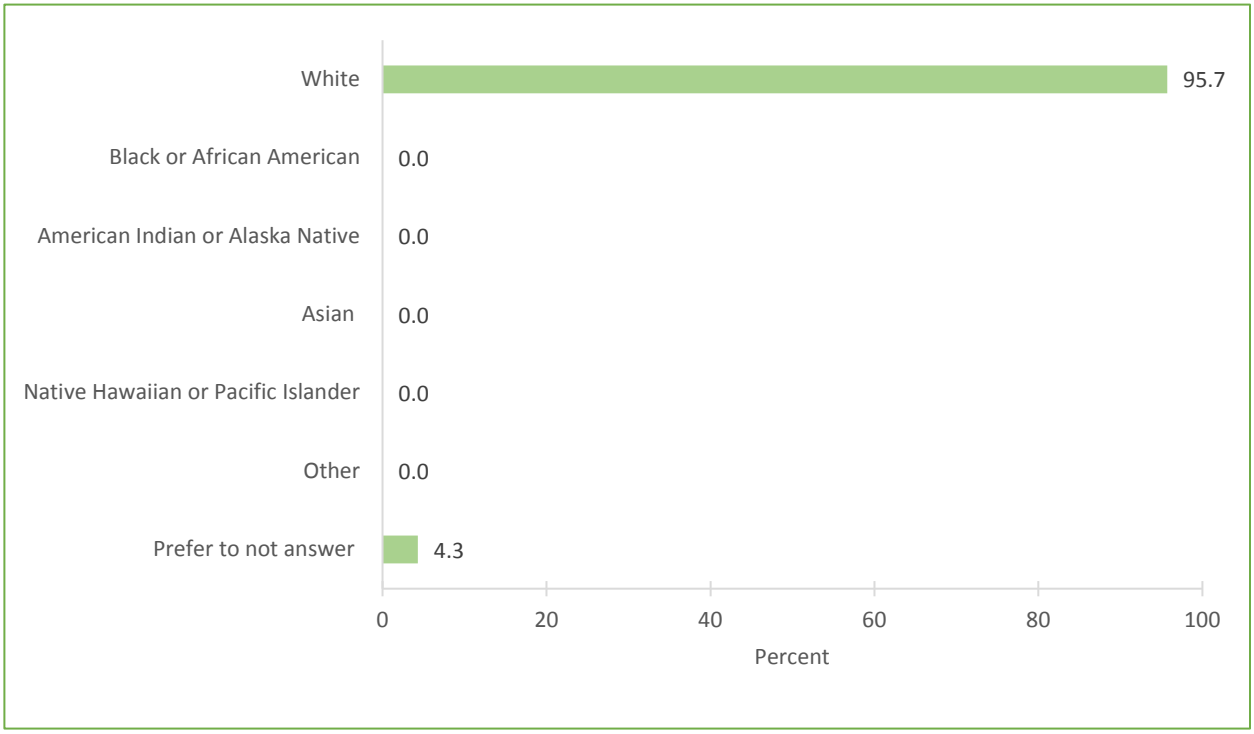
N=23

Figure 9. Biological sex of respondents



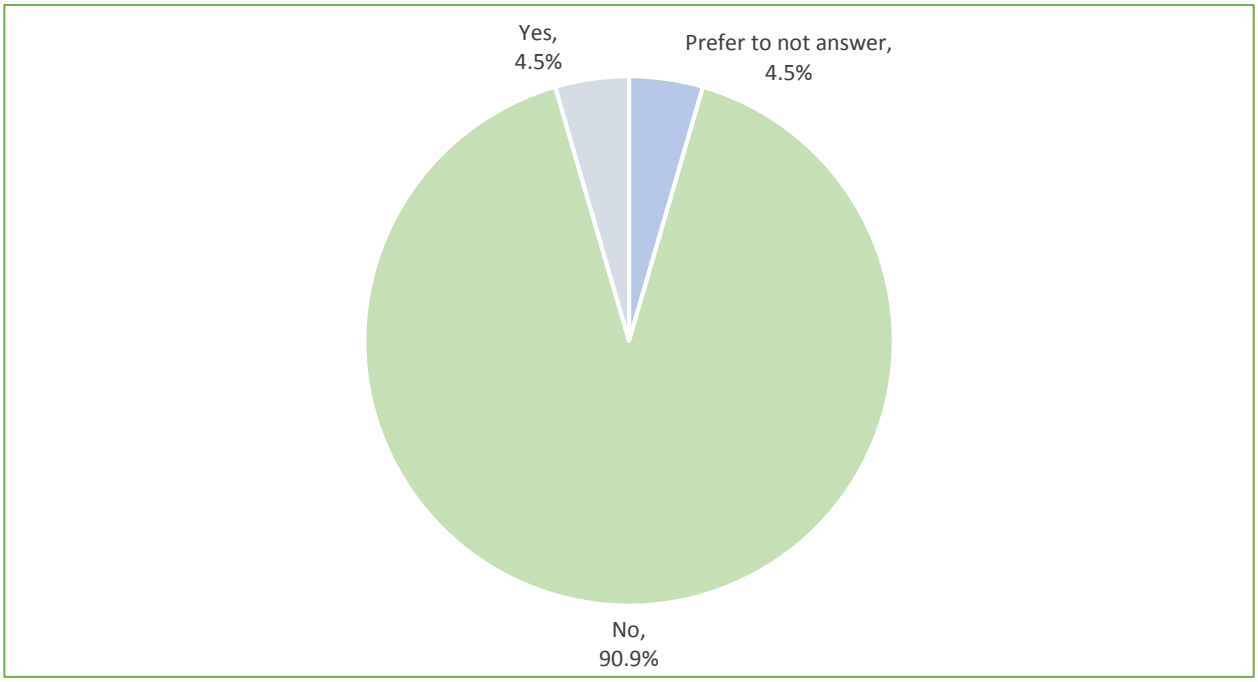
N=23

Figure 10. Race of respondents



N=23

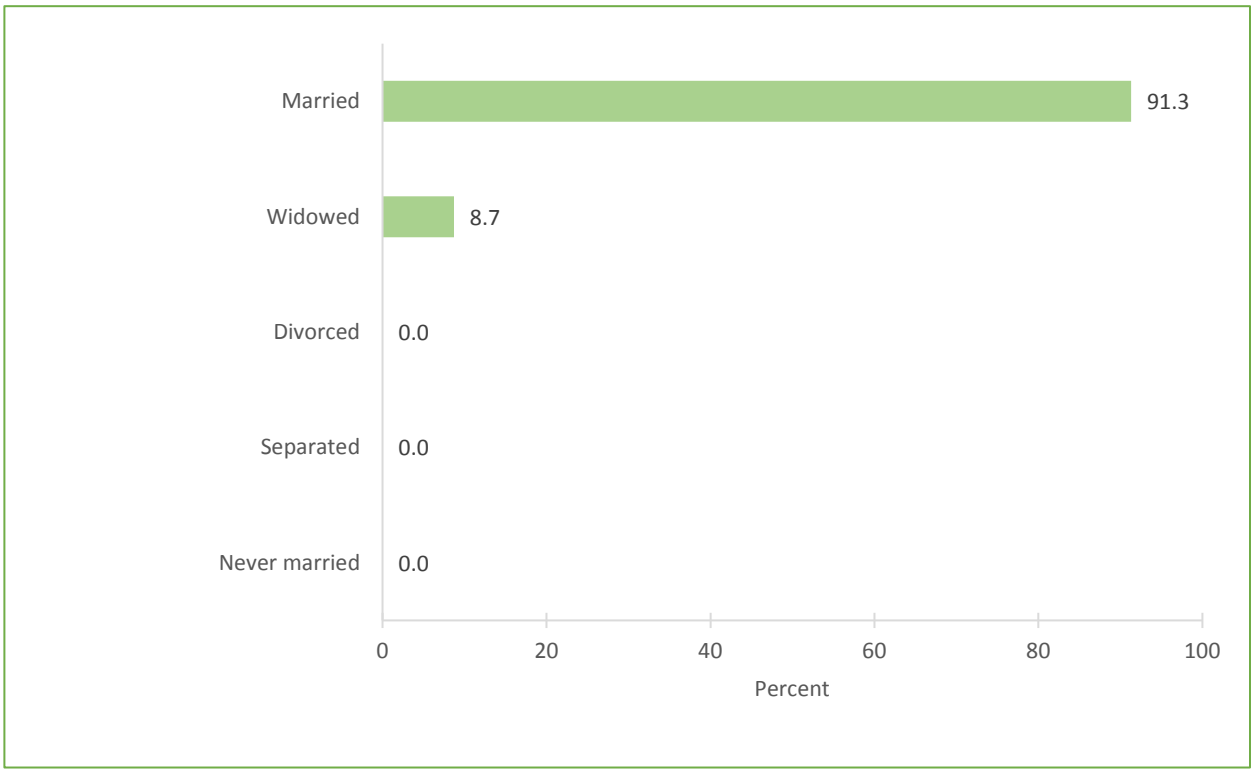
Figure 11. Whether respondents are of Hispanic or Latino origin



N=22

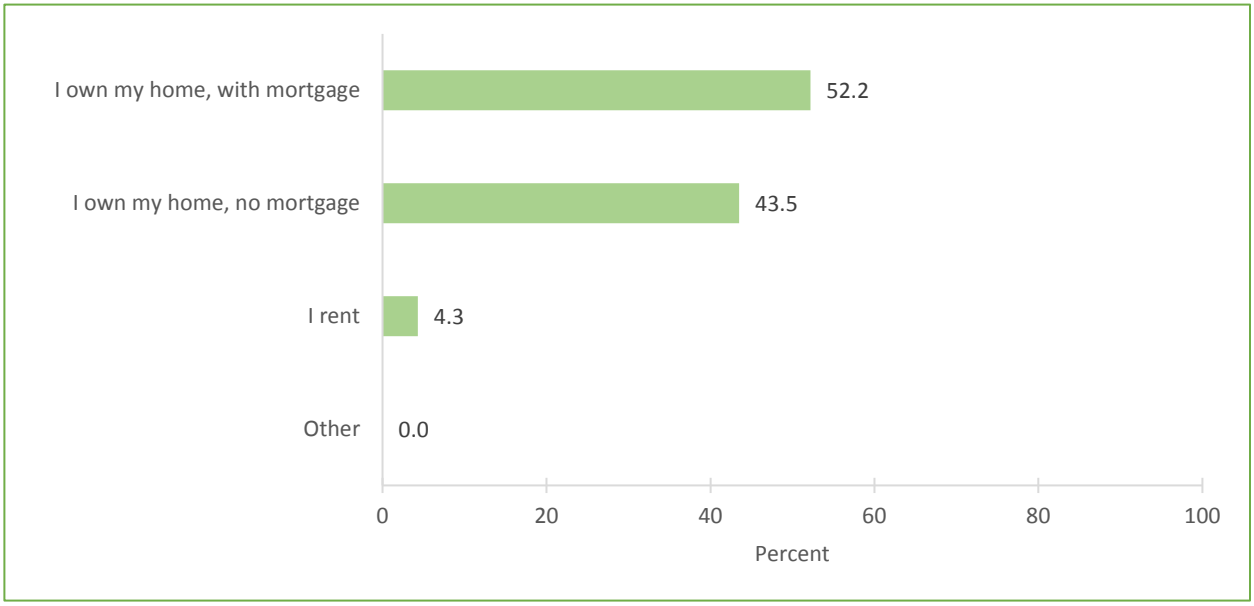
Note: Percentages do not total 100.0 due to rounding.

Figure 12. Marital status of respondents



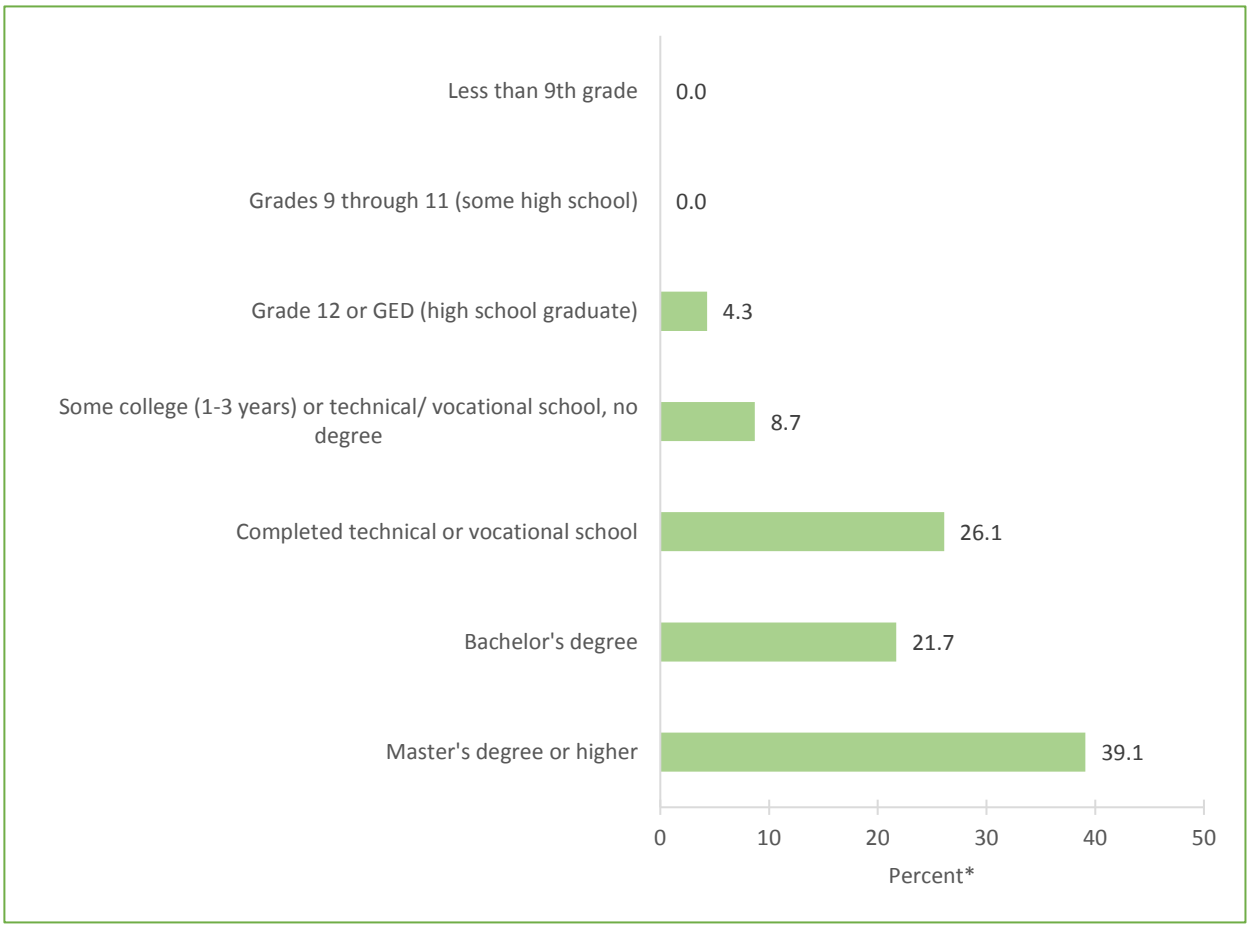
N=23

Figure 13. Living situation of respondents



N=23

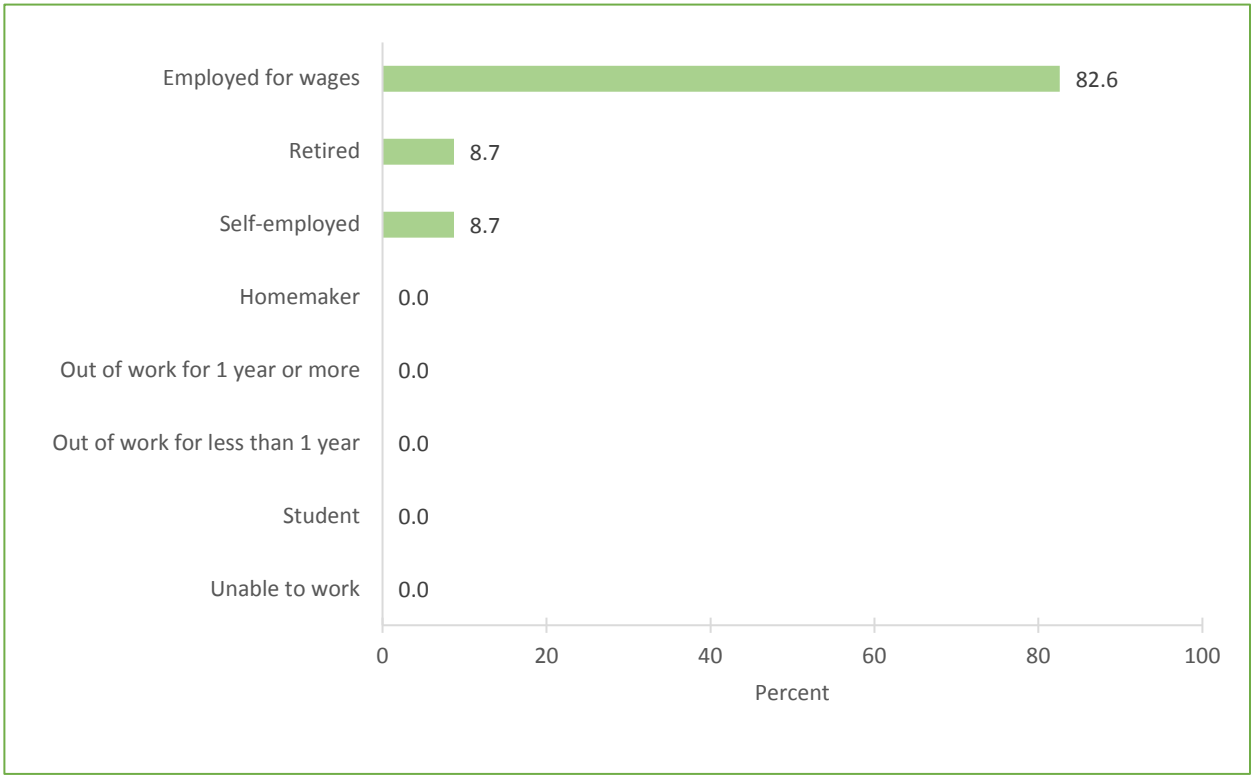
Figure 14. Highest level of education completed by respondents



N=23

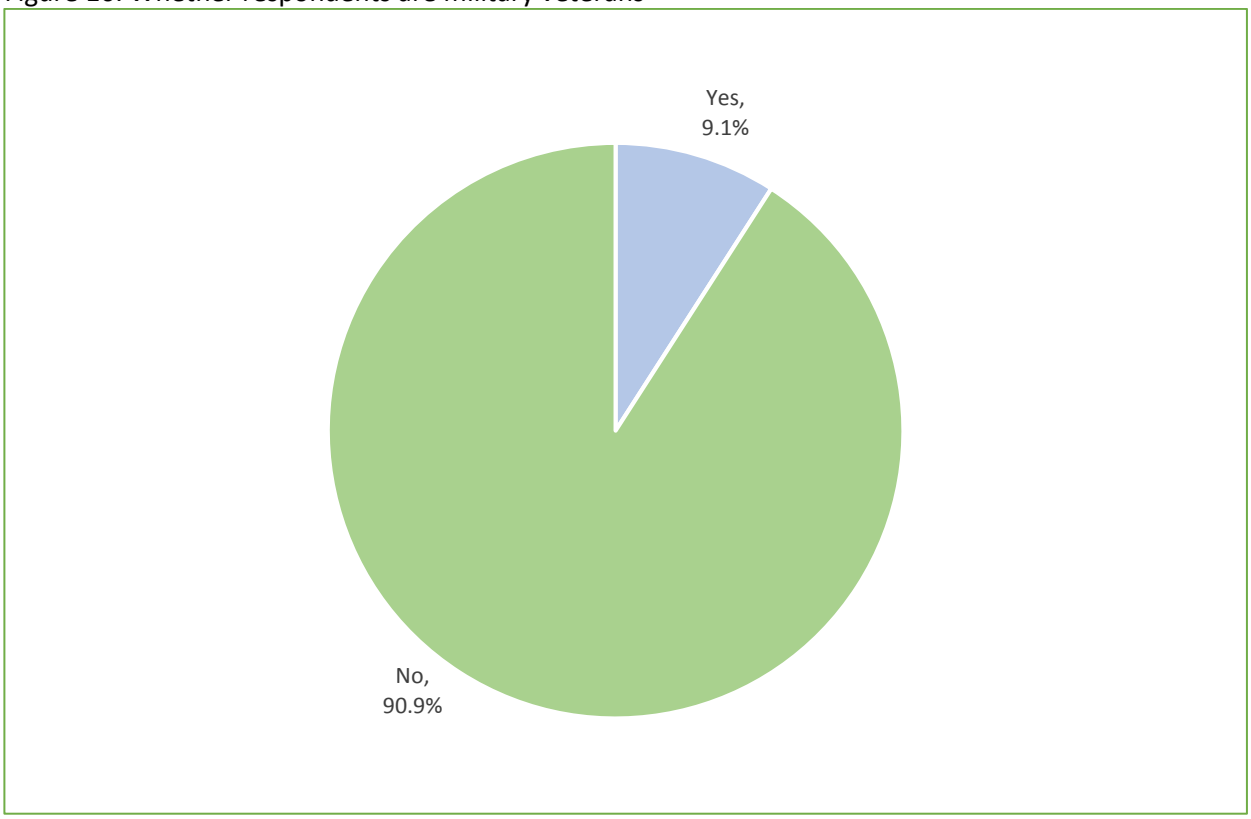
*Percentages do not total 100.0 due to rounding.

Figure 15. Employment status of respondents



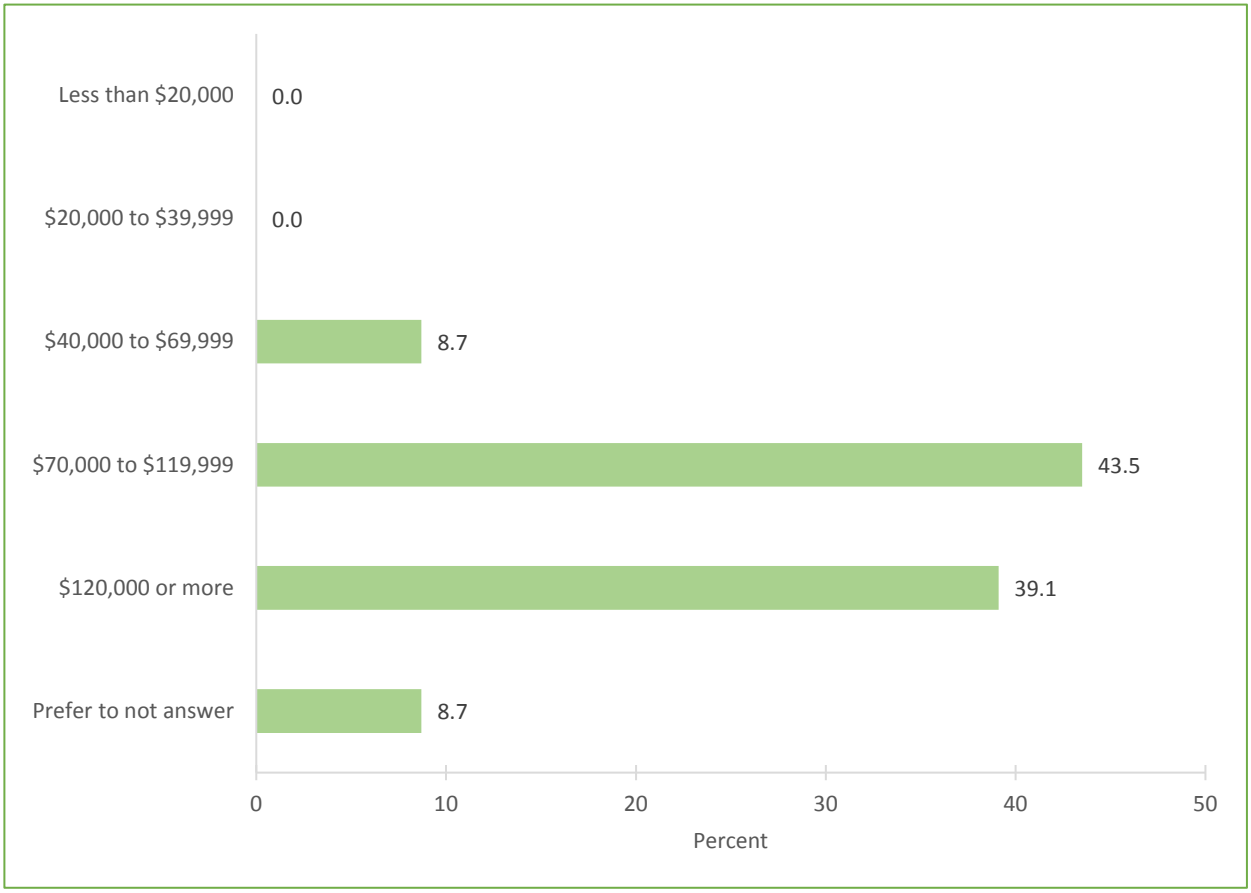
N=23

Figure 16. Whether respondents are military veterans



N=22

Figure 17. Annual household income of respondents, from all sources, before taxes



N=23

Table 1. Zip code of respondents

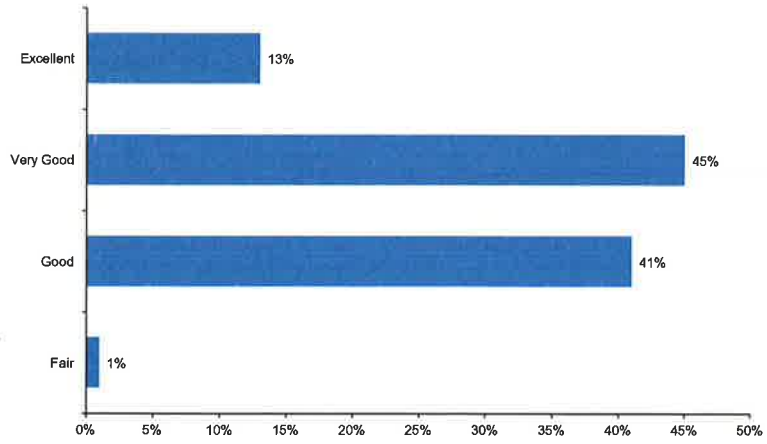
Zip code	Number of respondents
56296	20
56274	1
56520	1
58102	1

Wheaton CHNA Survey Report

March 03, 2018

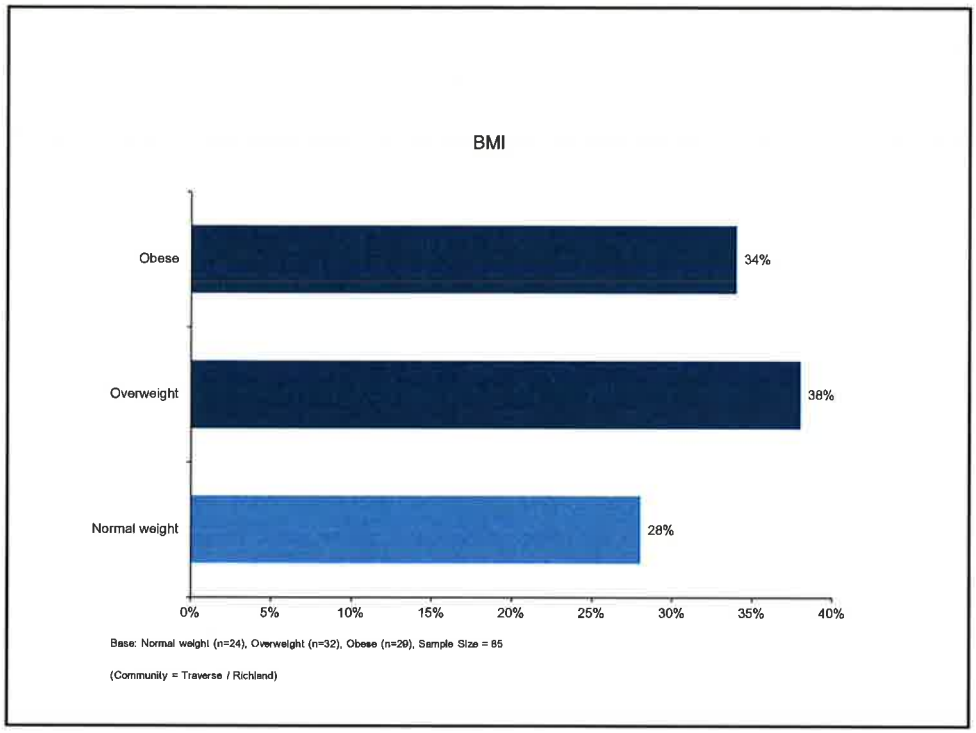
Charts Exported by MarketSight®

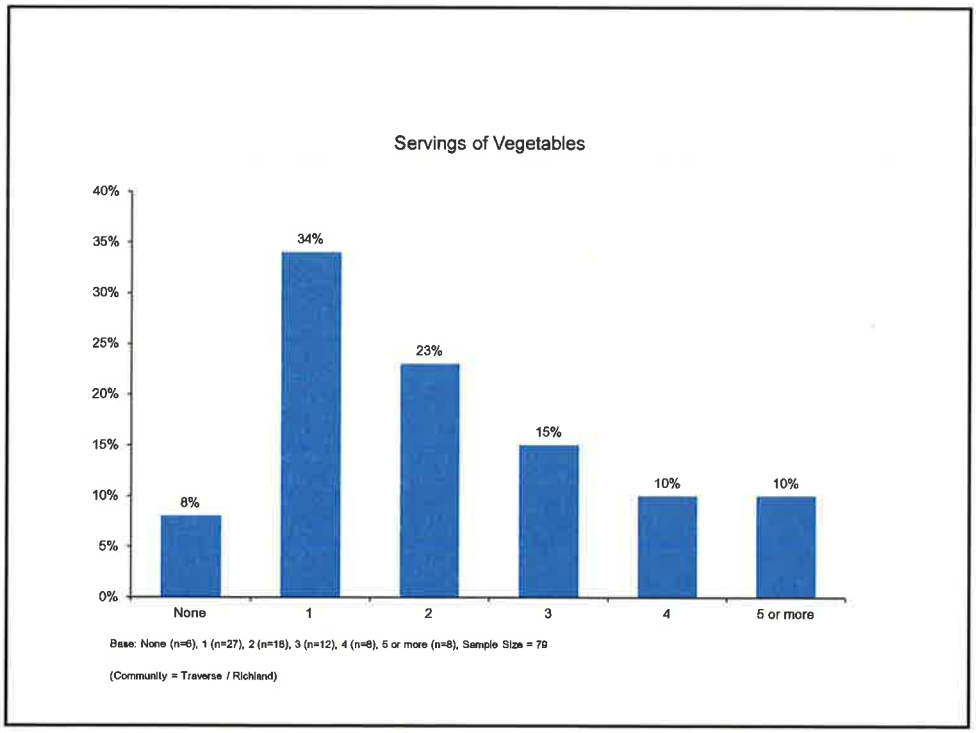
How would you rate your health?

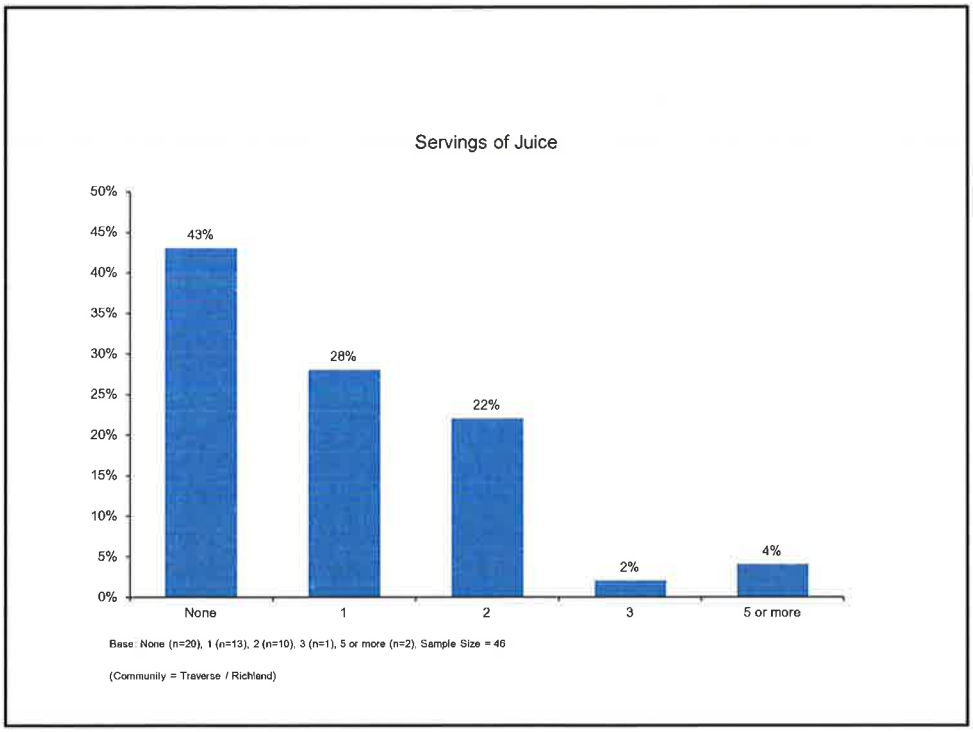


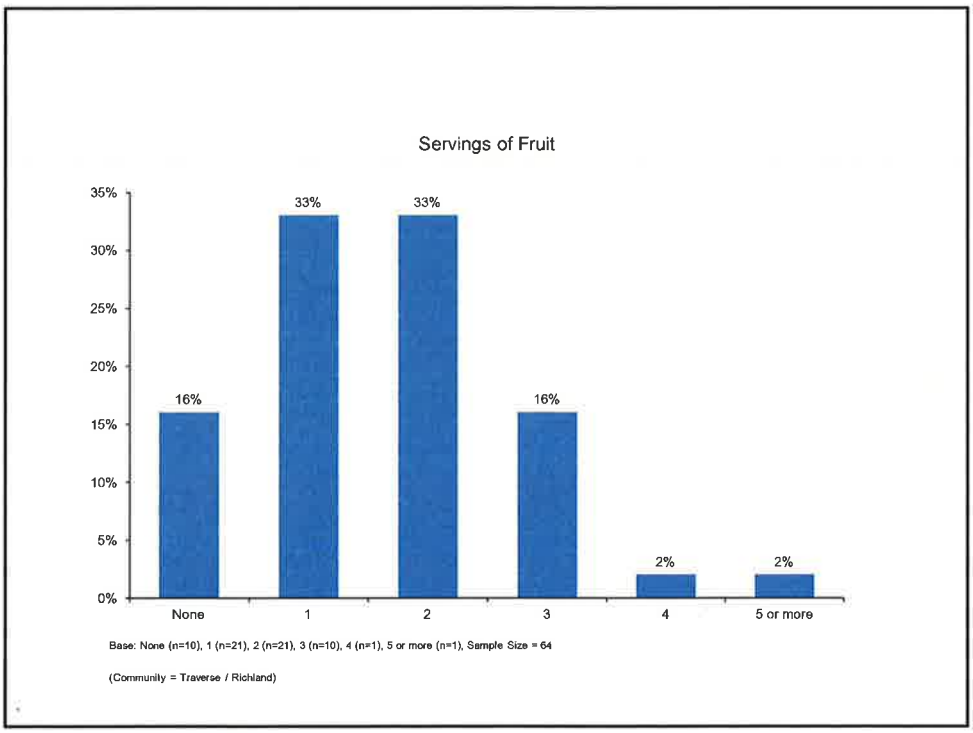
Base: Fair (n=1), Good (n=36), Very Good (n=39), Excellent (n=11), Sample Size = 87

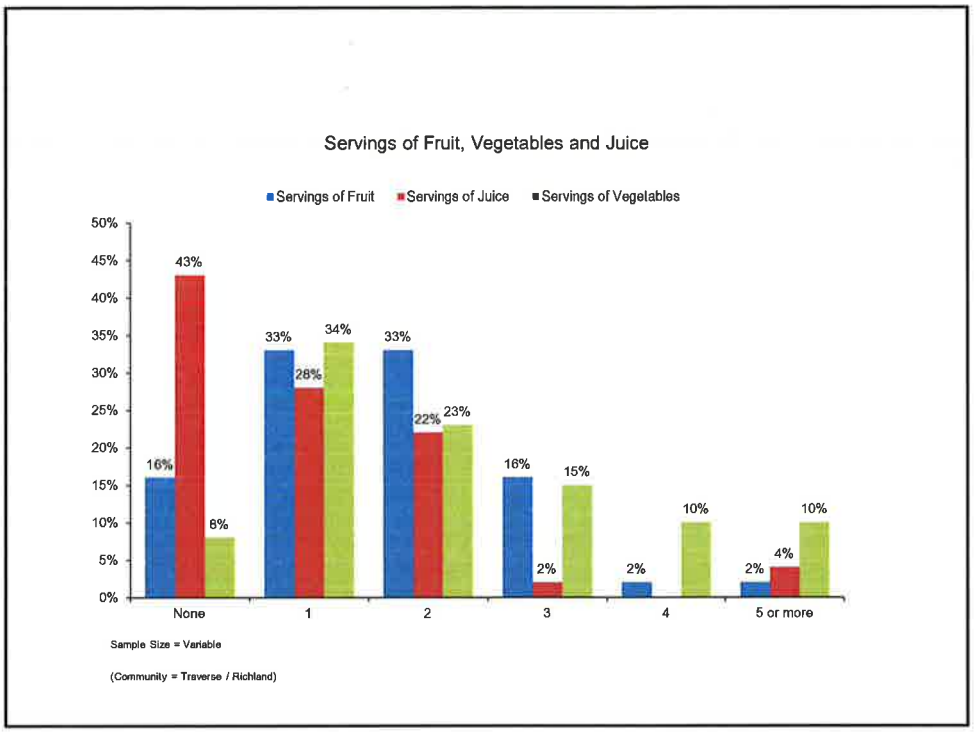
(Community = Traverse / Richland)

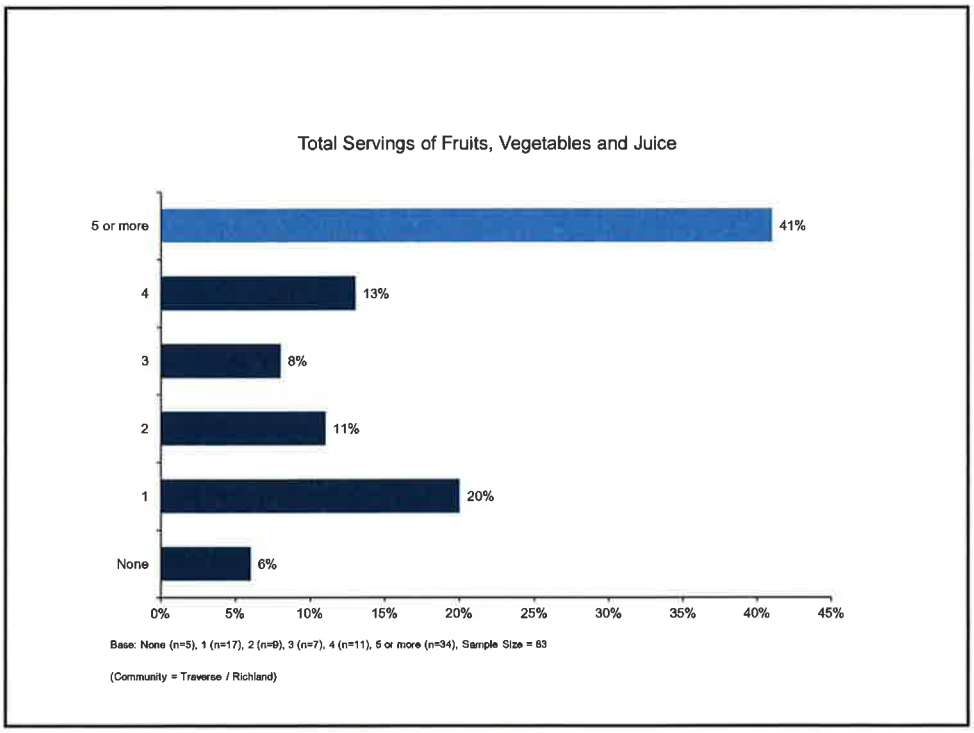

BMI
Obese
34%
Overweight
38%
Normal weight
28%
0%
5%
10%
15%
20%
25%
30%
35%
40%
Base: Normal weight (n=24), Overweight (n=32), Obese (n=29), Sample Size = 85
(Community = Traverse / Richland)


Servings of Vegetables
40%
35%
30%
25%
20%
15%
10%
5%
0%
8%
34%
23%
15%
10%
10%
None
1
2
3
4
5 or more
Base: None (n=6), 1 (n=27), 2 (n=18), 3 (n=12), 4 (n=8), 5 or more (n=8), Sample Size = 79
(Community = Traverse / Richland)

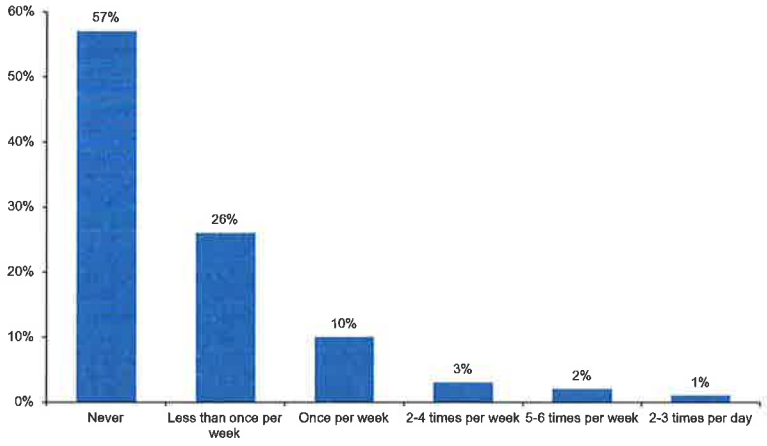

Servings of Juice
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
43%
28%
22%
2%
4%
None
1
2
3
5 or more
Base: None (n=20), 1 (n=13), 2 (n=10), 3 (n=1), 5 or more (n=2), Sample Size = 46
(Community = Traverse / Richland)


Servings of Fruit
35%
30%
25%
20%
15%
10%
5%
0%
16%
33%
33%
16%
2%
2%
None
1
2
3
4
5 or more
Base: None (n=10), 1 (n=21), 2 (n=21), 3 (n=10), 4 (n=1), 5 or more (n=1), Sample Size = 64
(Community = Traverse / Richland)


Servings of Fruit, Vegetables and Juice
Servings of Fruit
Servings of Juice
Servings of Vegetables
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
16%
43%
8%
33%
28%
34%
33%
22%
23%
16%
2%
15%
2%
10%
2%
4%
10%
None
1
2
3
4
5 or more
Sample Size = Variable
(Community = Traverse / Richland)


Total Servings of Fruits, Vegetables and Juice
5 or more
4
3
2
1
None
41%
13%
8%
11%
20%
6%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
Base: None (n=5), 1 (n=17), 2 (n=9), 3 (n=7), 4 (n=11), 5 or more (n=34), Sample Size = 83
(Community = Traverse / Richland)

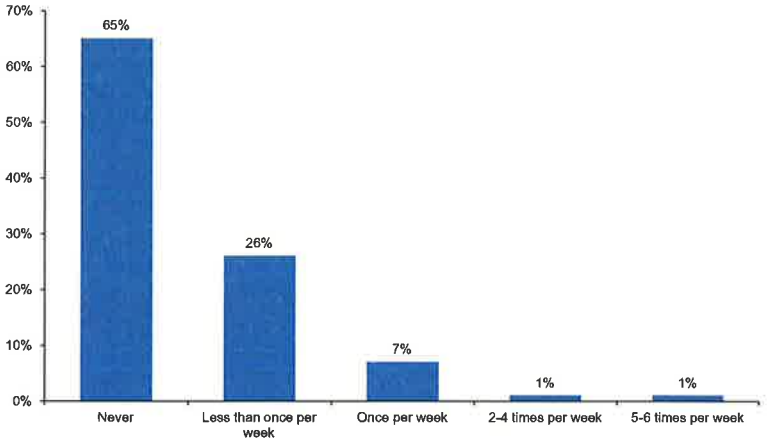
Snapple, Flavored Teas, Capri Sun, etc.



Base: Never (n=49), Less than once per week (n=22), Once per week (n=9), 2-4 times per week (n=3), 5-6 times per week (n=2), 2-3 times per day (n=1), Sample Size = 86

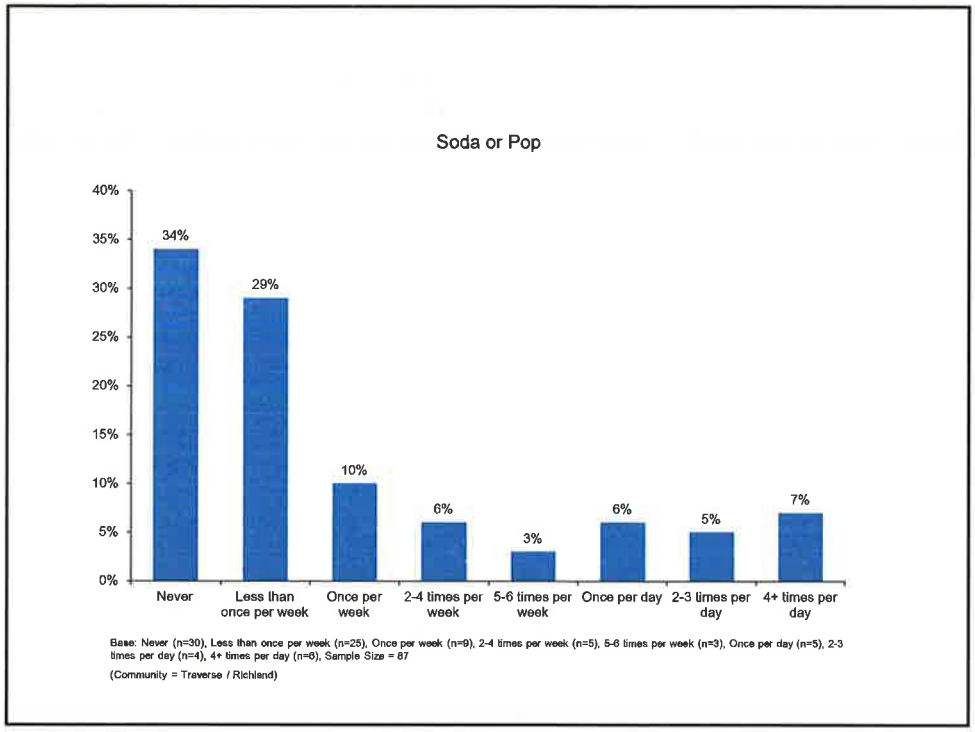
(Community = Traverse / Richland)

Gatorade, Powerade, etc.



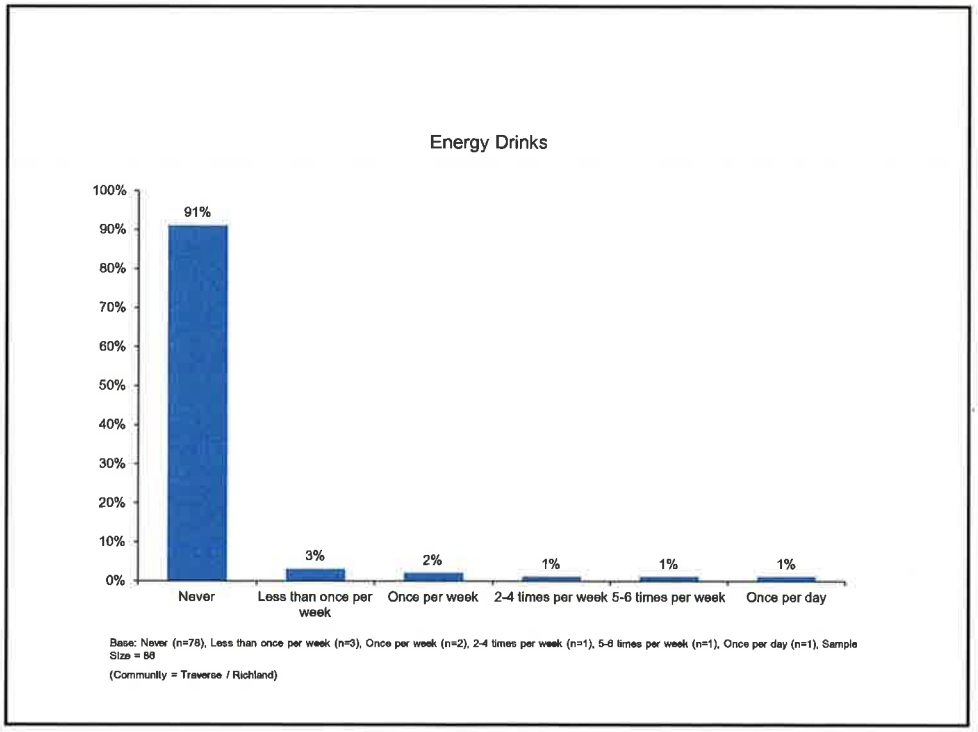
Base: Never (n=56), Less than once per week (n=22), Once per week (n=6), 2-4 times per week (n=1), 5-6 times per week (n=1), Sample Size = 86

(Community = Traverse / Richland)



Base: Never (n=30), Less than once per week (n=25), Once per week (n=9), 2-4 times per week (n=5), 5-6 times per week (n=3), Once per day (n=5), 2-3 times per day (n=4), 4+ times per day (n=6), Sample Size = 87

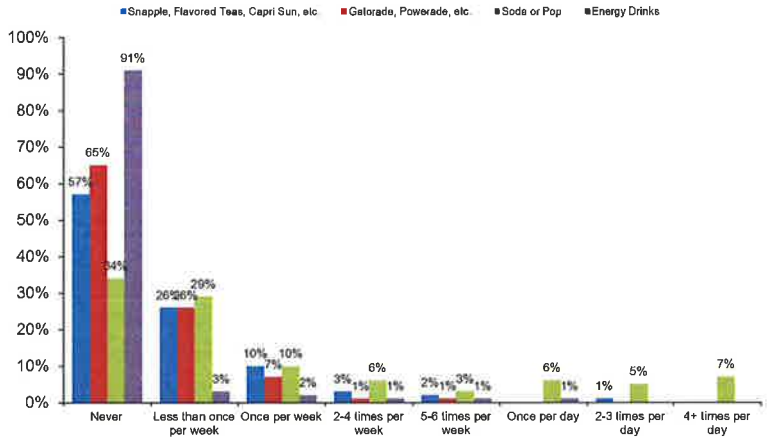
(Community = Traverse / Richland)



Base: Never (n=78), Less than once per week (n=3), Once per week (n=2), 2-4 times per week (n=1), 5-6 times per week (n=1), Once per day (n=1), Sample Size = 86

(Community = Traverse / Richland)

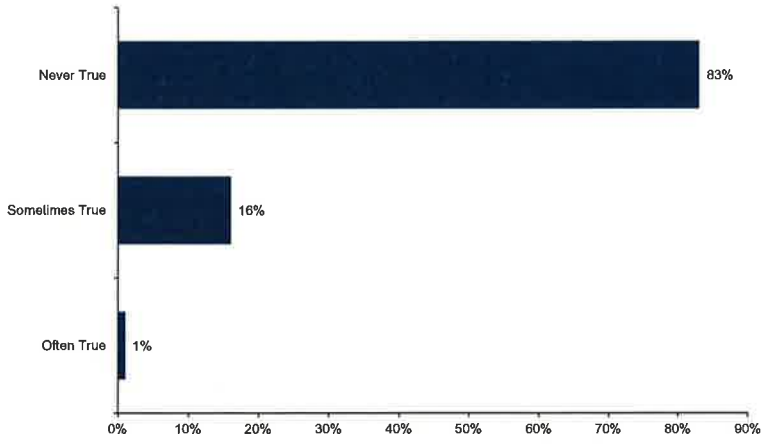
Sugar Sweetened Drinks



Sample Size = Variable

(Community = Traverse / Richland)

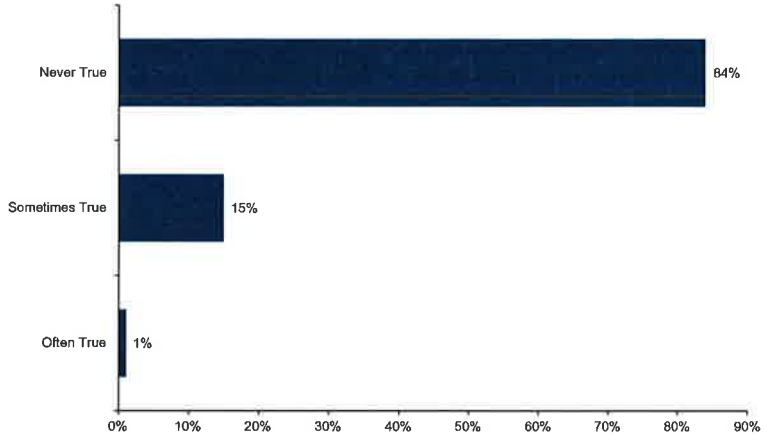
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=1), Sometimes True (n=14), Never True (n=72), Sample Size = 87

(Community = Traverse / Richland)

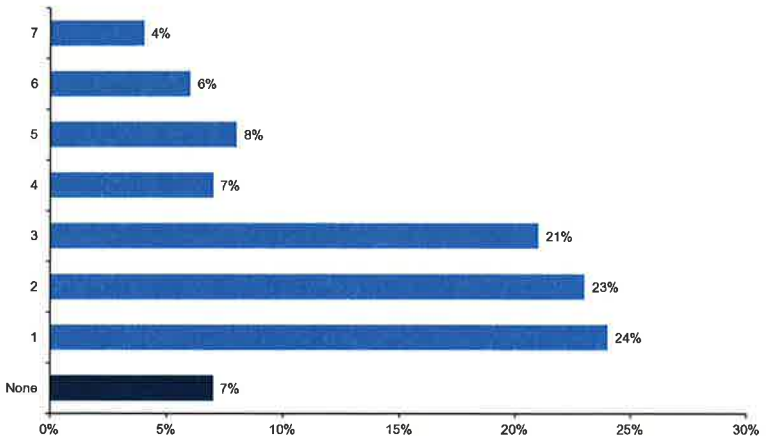
The food that we bought just didn't last, and we didn't have money to get more.



Base: Often True (n=1), Sometimes True (n=13), Never True (n=73), Sample Size = 87

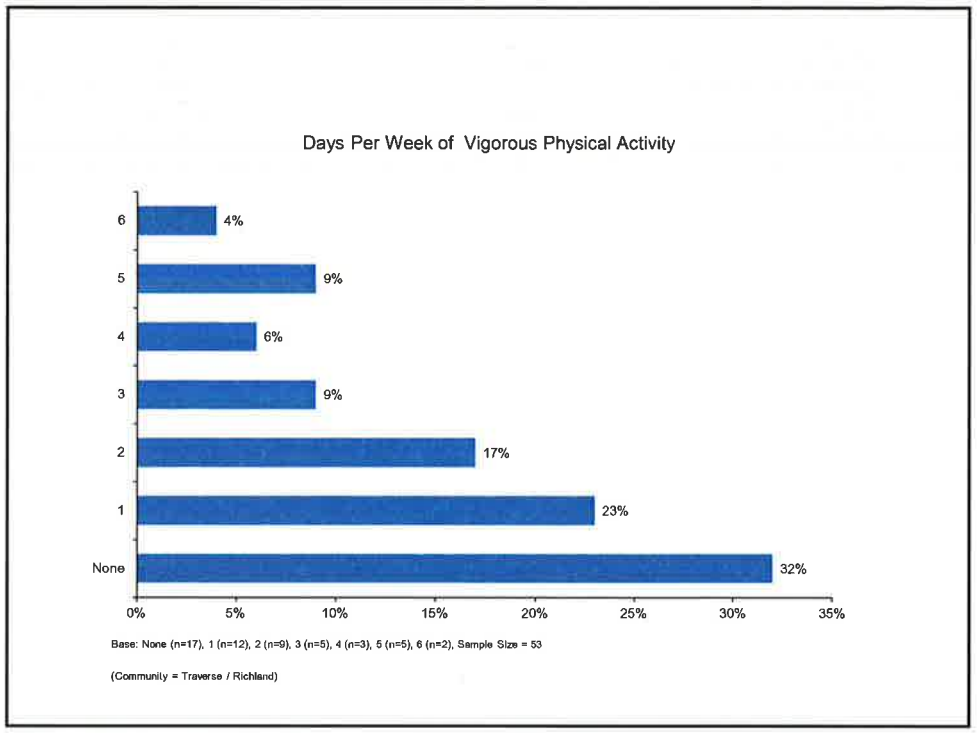
(Community = Traverse / Richland)

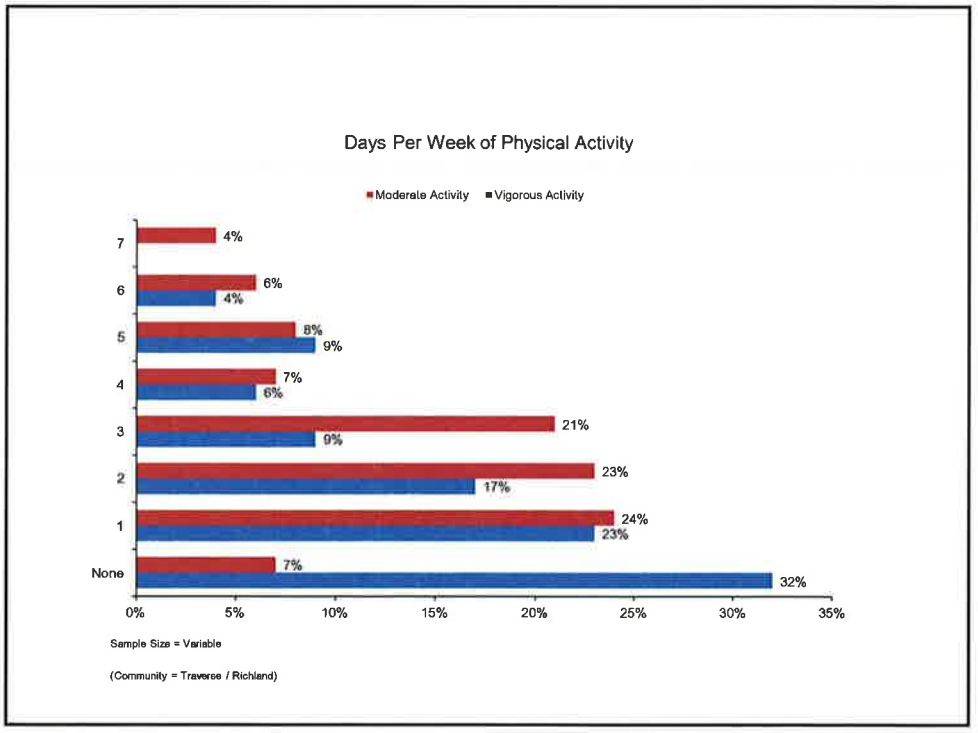
Days Per Week of Moderate Physical Activity

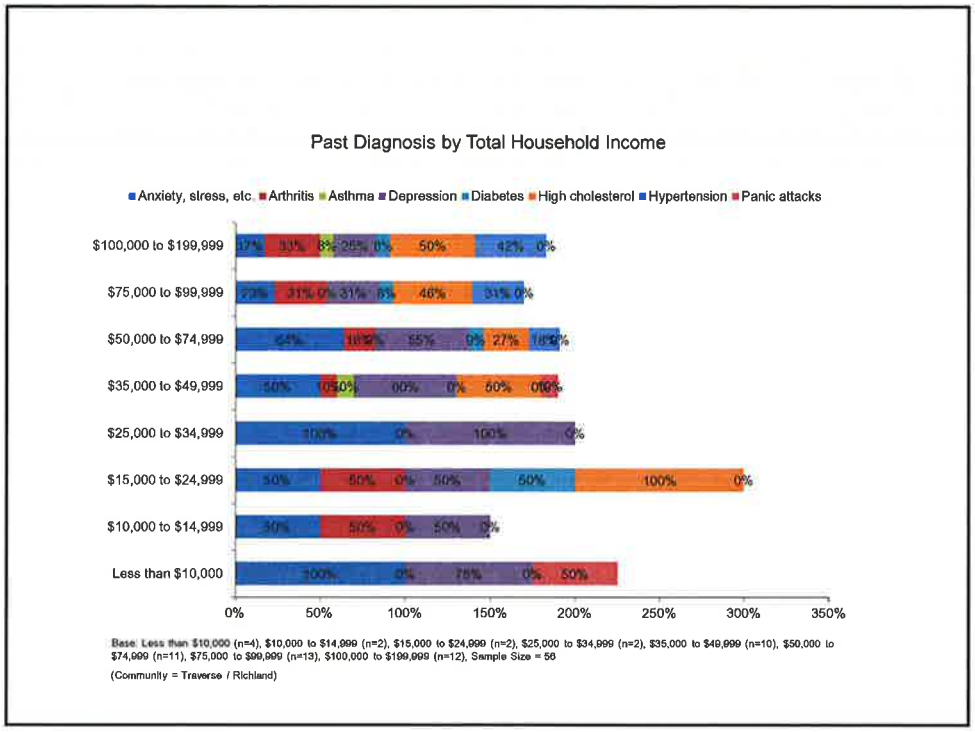


Base: None (n=5), 1 (n=17), 2 (n=16), 3 (n=15), 4 (n=5), 5 (n=6), 6 (n=4), 7 (n=3), Sample Size = 71

(Community = Traverse / Richland)

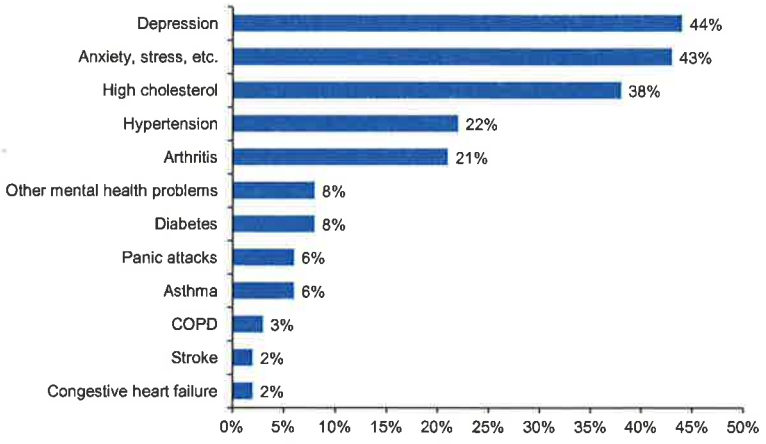

Days Per Week of Vigorous Physical Activity
6
5
4
3
2
1
None
4%
9%
6%
9%
17%
23%
32%
0%
5%
10%
15%
20%
25%
30%
35%
Base: None (n=17), 1 (n=12), 2 (n=9), 3 (n=5), 4 (n=3), 5 (n=5), 6 (n=2), Sample Size = 53
(Community = Traverse / Richland)


Days Per Week of Physical Activity
Moderate Activity
Vigorous Activity
7
6
5
4
3
2
1
None
4%
6%
4%
8%
9%
7%
6%
21%
9%
23%
17%
24%
23%
7%
32%
0%
5%
10%
15%
20%
25%
30%
35%
Sample Size = Variable
(Community = Traverse / Richland)

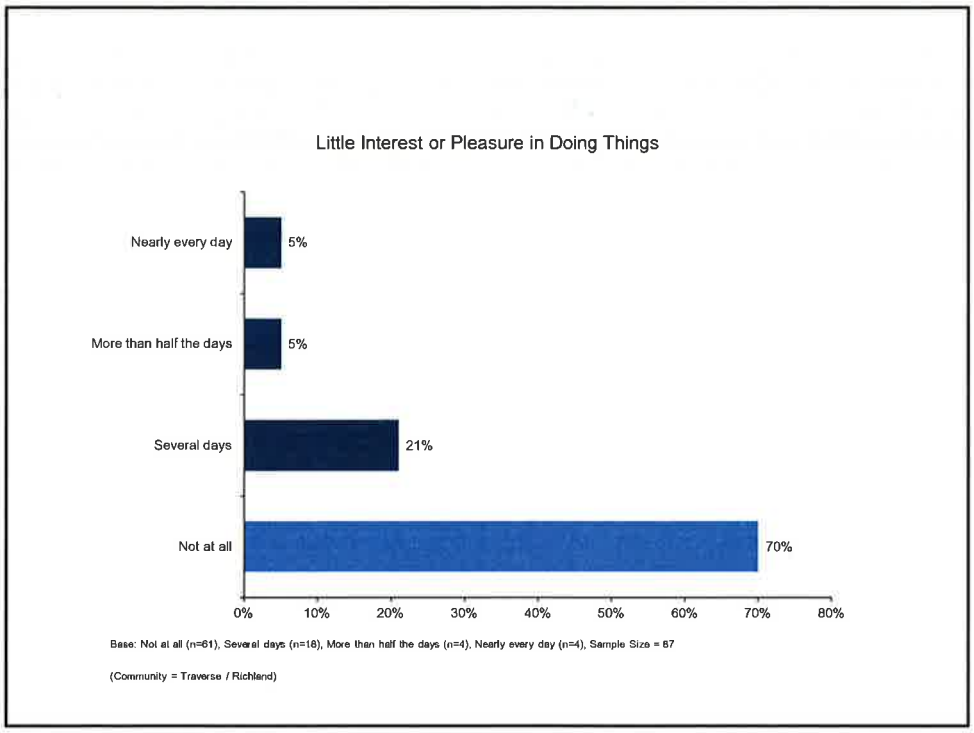


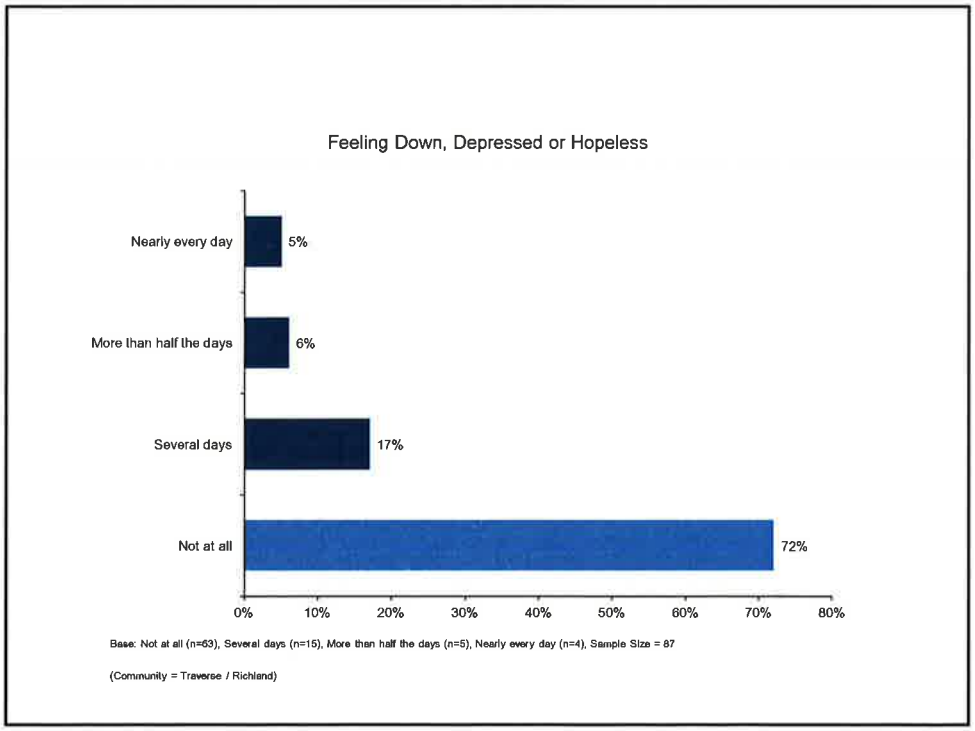
Base: Less than $10,000 (n=4), $10,000 to $14,999 (n=2), $15,000 to $24,999 (n=2), $25,000 to $34,999 (n=2), $35,000 to $49,999 (n=10), $50,000 to $74,999 (n=11), $75,000 to $99,999 (n=13), $100,000 to $199,999 (n=12), Sample Size = 56

(Community = Traverse / Richland)

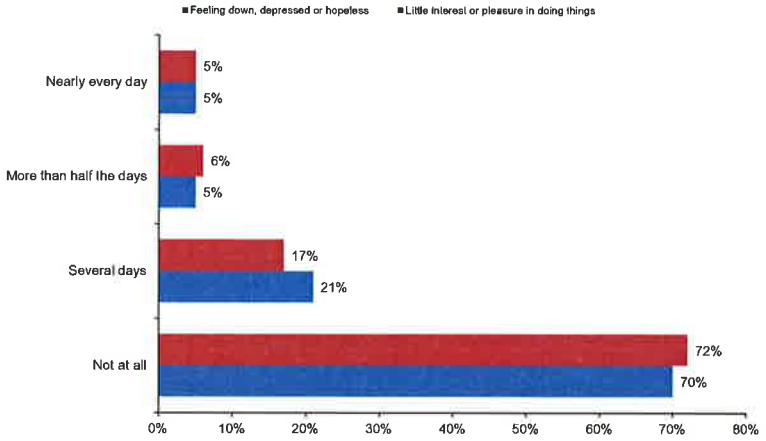


Base: Anxiety, stress, etc. (n=27), Arthritis (n=13), Asthma (n=4), Congestive heart failure (n=1), COPD (n=2), Depression (n=28), Diabetes (n=5), High cholesterol (n=24), Hypertension (n=14), Other mental health problems (n=5), Panic attacks (n=4), Stroke (n=1), (Community = Traverse / Richland)


Little Interest or Pleasure in Doing Things
Nearly every day
5%
More than half the days
5%
Several days
21%
Not at all
70%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Base: Not at all (n=61), Several days (n=18), More than half the days (n=4), Nearly every day (n=4), Sample Size = 87
(Community = Traverse / Richland)


Feeling Down, Depressed or Hopeless
Nearly every day
5%
More than half the days
6%
Several days
17%
Not at all
72%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Base: Not at all (n=63), Several days (n=15), More than half the days (n=5), Nearly every day (n=4), Sample Size = 87
(Community = Traverse / Richland)

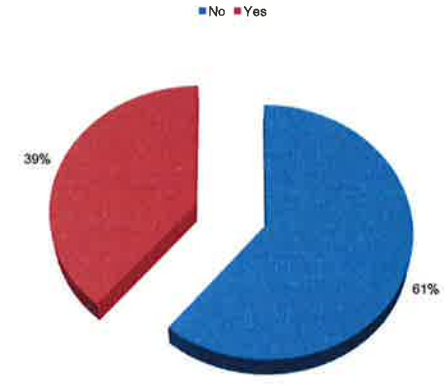
Over the past two weeks, how often have you been bothered by either of the following issues?



Sample Size = 87

(Community = Traverse / Richland)

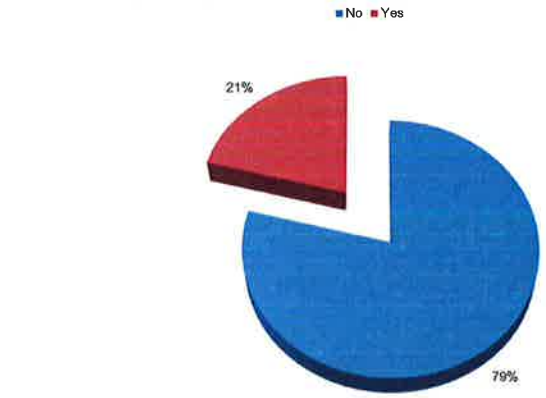
Have you smoked at least 100 cigarettes in your entire life?



Base: Yes (n=34), No (n=53), Sample Size = 87

(Community = Traverse / Richland)

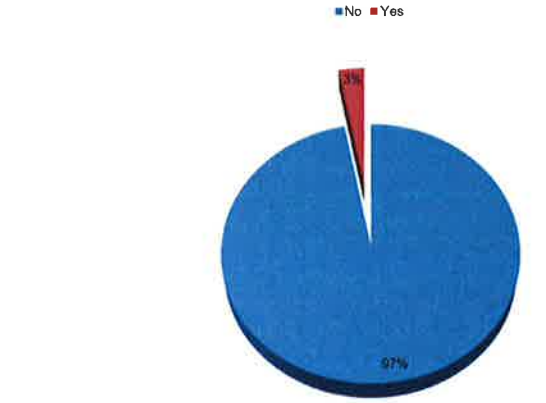
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=18), No (n=69), Sample Size = 87

(Community = Traverse / Richland)

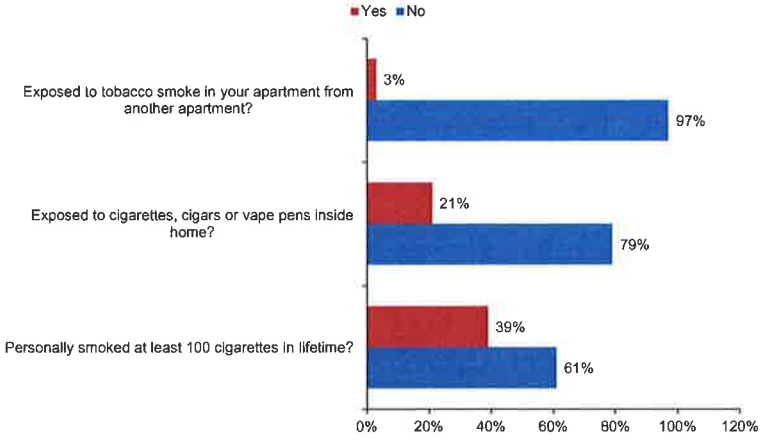
Have you smelled tobacco smoke in your apartment that comes from another apartment?



Base: Yes (n=3), No (n=84), Sample Size = 87

(Community = Traverse / Richland)

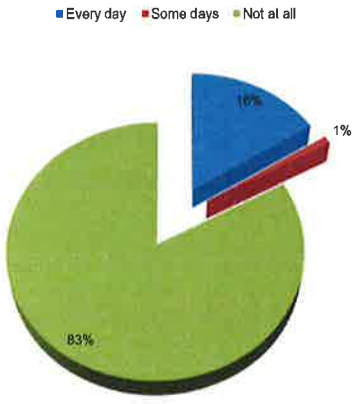
Exposure to Tobacco Smoke



Base: Personally smoked at least 100 cigarettes in lifetime? (n=67), Exposed to cigarettes, cigars or vape pens inside home? (n=67), Exposed to tobacco smoke in your apartment from another apartment? (n=67), Sample Size = 87

(Community = Traverse / Richland)

Do you currently smoke cigarettes?



Base: Not at all (n=72), Some days (n=1), Every day (n=14), Sample Size = 87

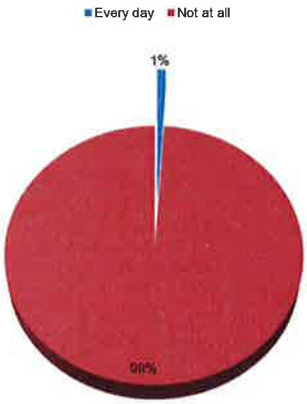
(Community = Traverse / Richland)

Do you currently use chewing tobacco?

Base: Not at all (n=87), Sample Size = 87

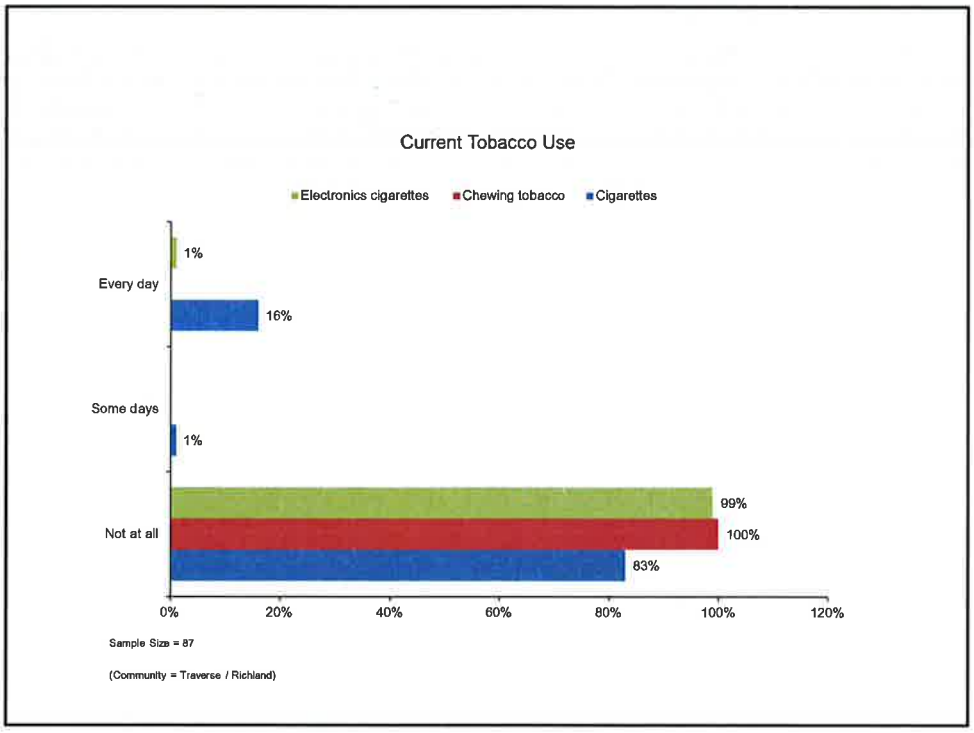
(Community = Traverse / Richland)

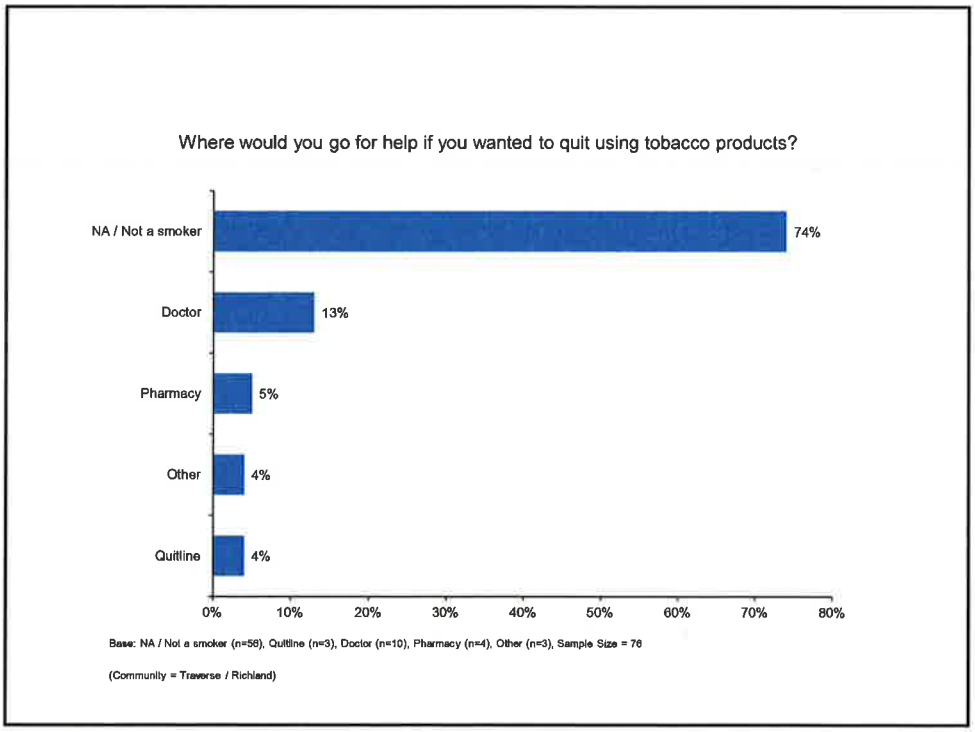
Do you currently use electronics cigarettes or vape?



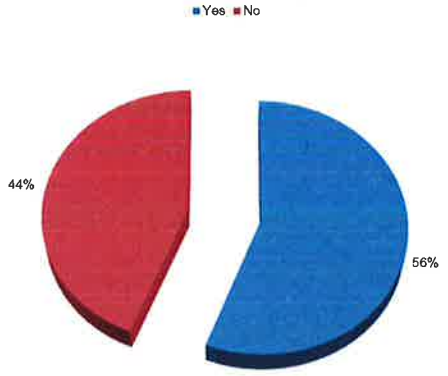
Base: Not at all (n=86), Every day (n=1), Sample Size = 87

(Community = Traverse / Richland)


Current Tobacco Use
Electronics cigarettes
Chewing tobacco
Cigarettes
Every day
1%
16%
Some days
1%
Not at all
99%
100%
83%
0%
20%
40%
60%
80%
100%
120%
Sample Size = 87
(Community = Traverse / Richland)


Where would you go for help if you wanted to quit using tobacco products?
NA / Not a smoker
74%
Doctor
13%
Pharmacy
5%
Other
4%
Quitline
4%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Base: NA / Not a smoker (n=56), Quitline (n=3), Doctor (n=10), Pharmacy (n=4), Other (n=3), Sample Size = 76
(Community = Traverse / Richland)

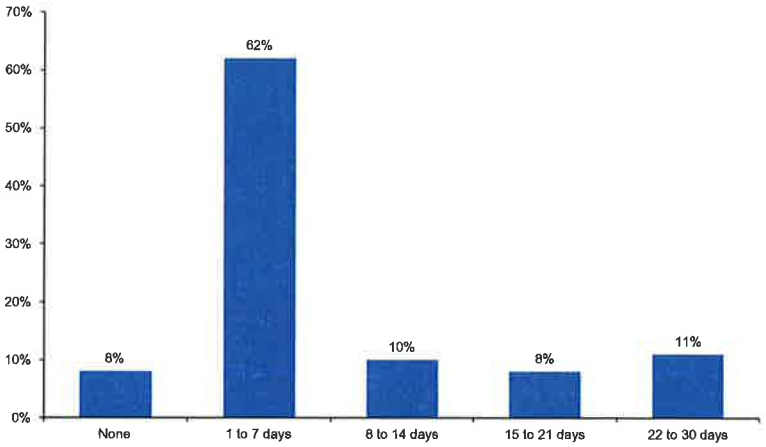
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)



Base: Yes (n=9), No (n=7), Sample Size = 16

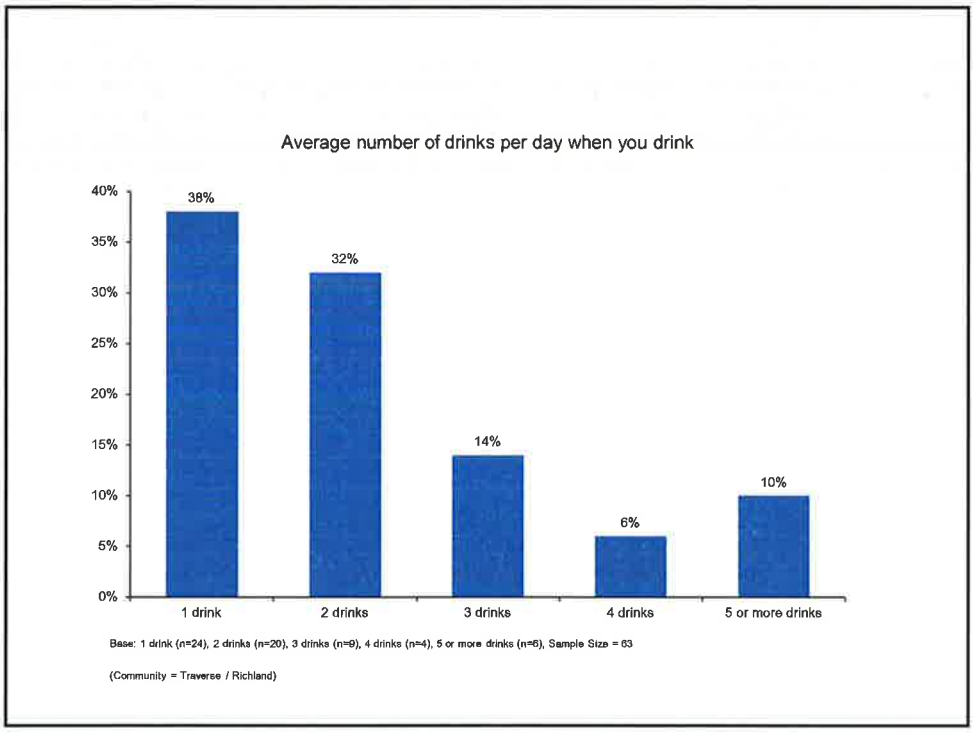
(Community = Traverse / Richland)

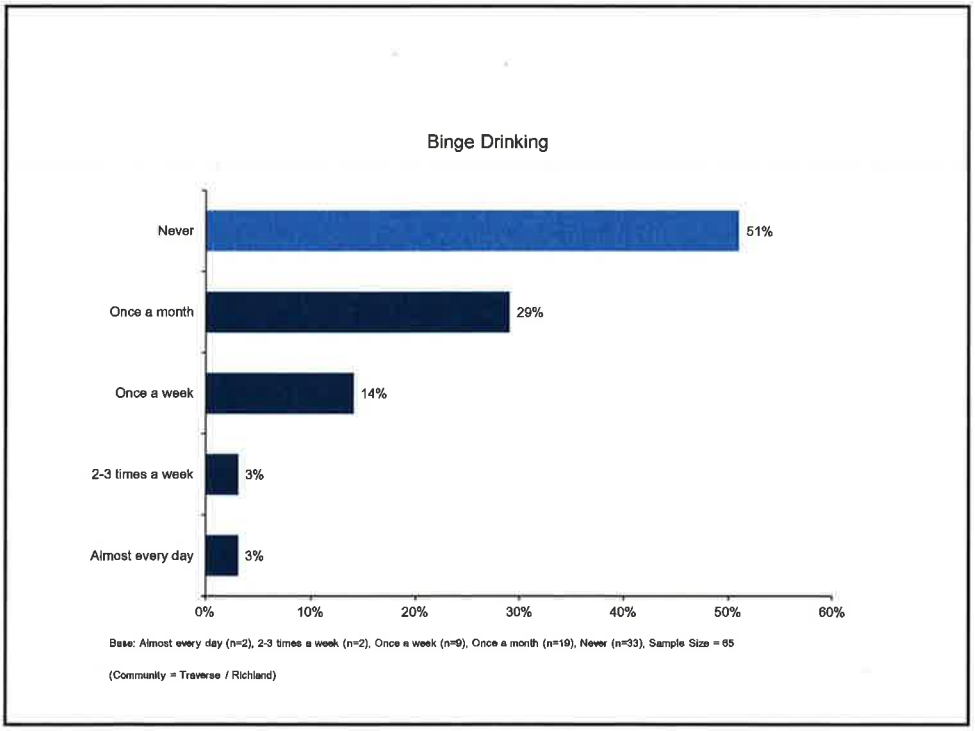
Number of days with at least 1 drink in the past 30 days



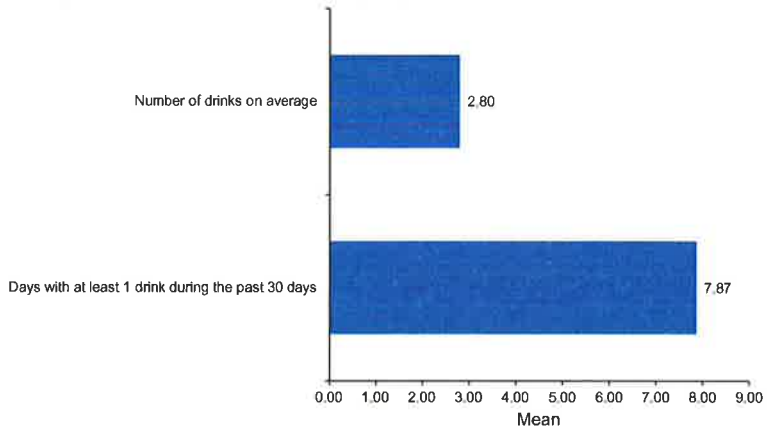
Base: None (n=6), 1 to 7 days (n=44), 8 to 14 days (n=7), 15 to 21 days (n=6), 22 to 30 days (n=8), Sample Size = 71

(Community = Traverse / Richland)


Average number of drinks per day when you drink
40%
35%
30%
25%
20%
15%
10%
5%
0%
38%
32%
14%
6%
10%
1 drink
2 drinks
3 drinks
4 drinks
5 or more drinks
Base: 1 drink (n=24), 2 drinks (n=20), 3 drinks (n=9), 4 drinks (n=4), 5 or more drinks (n=6), Sample Size = 63
(Community = Traverse / Richland)


Binge Drinking
Never
Once a month
Once a week
2-3 times a week
Almost every day
51%
29%
14%
3%
3%
0%
10%
20%
30%
40%
50%
60%
Base: Almost every day (n=2), 2-3 times a week (n=2), Once a week (n=9), Once a month (n=19), Never (n=33), Sample Size = 65
(Community = Traverse / Richland)

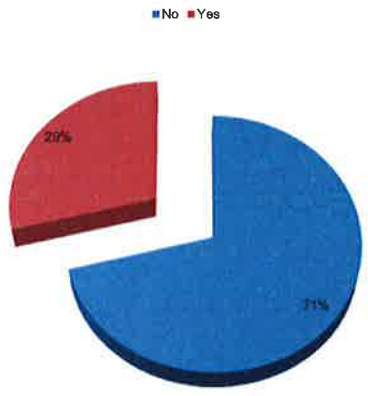
Average Alcohol Use During the Past 30 Days



Base: Days with at least 1 drink during the past 30 days (n=71), Number of drinks on average (n=64), Sample Size = Variable

(Community = Traverse / Richland)

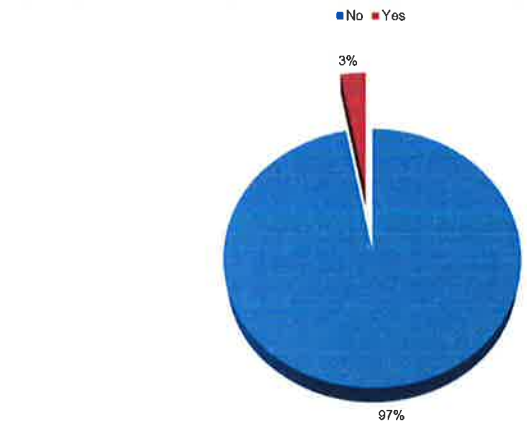
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=25), No (n=62), Sample Size = 87

(Community = Traverse / Richland)

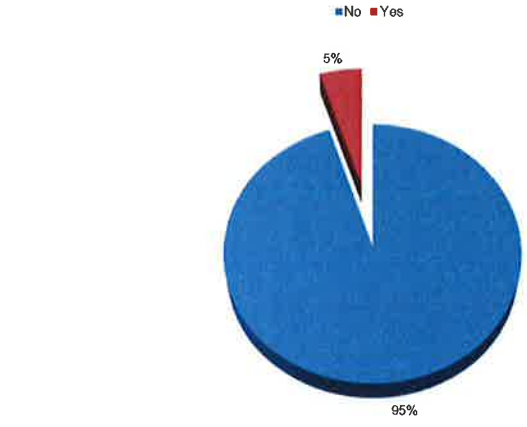
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=3), No (n=84), Sample Size = 87

(Community = Traverse / Richland)

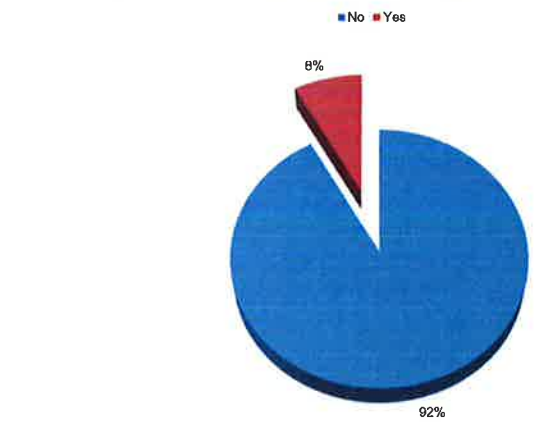
Has a family member or friend ever suggested that you get help for substance use?



Base: Yes (n=4), No (n=83), Sample Size = 87

(Community = Traverse / Richland)

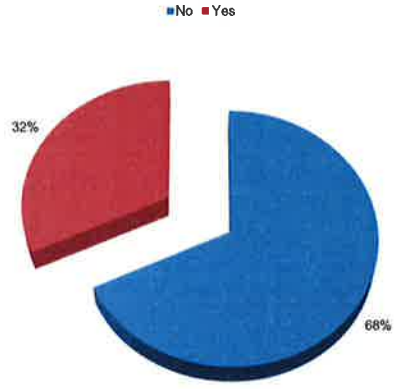
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=7), No (n=80), Sample Size = 87

(Community = Traverse / Richland)

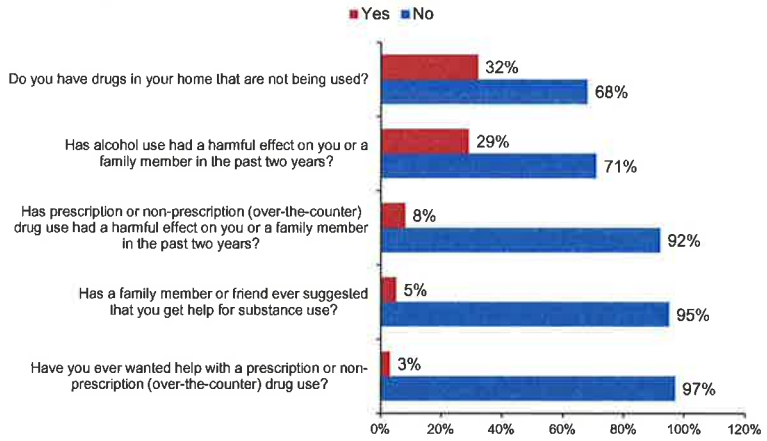
Do you have drugs in your home that are not being used?



Base: Yes (n=26), No (n=59), Sample Size = 87

(Community = Traverse / Richland)

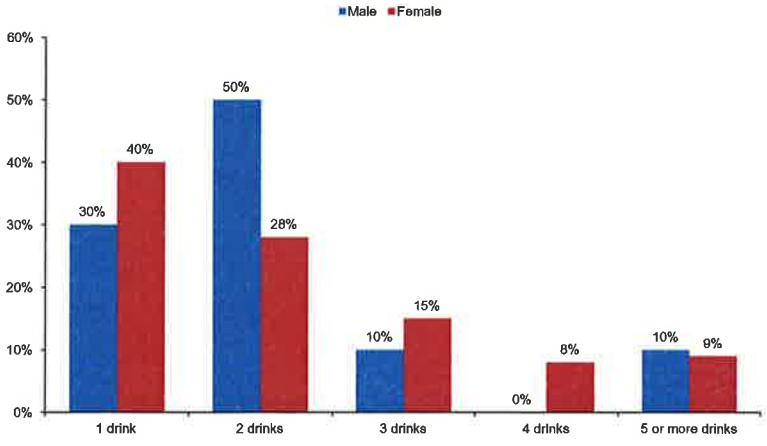
Drug and Alcohol Issues



Sample Size = 87

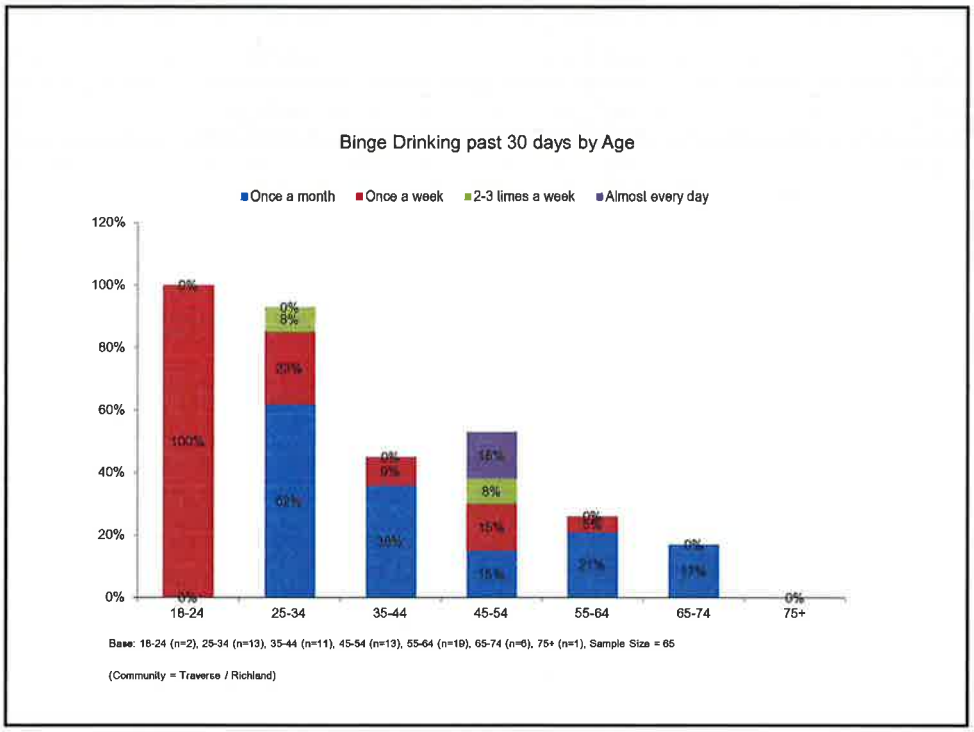
(Community = Traverse / Richland)

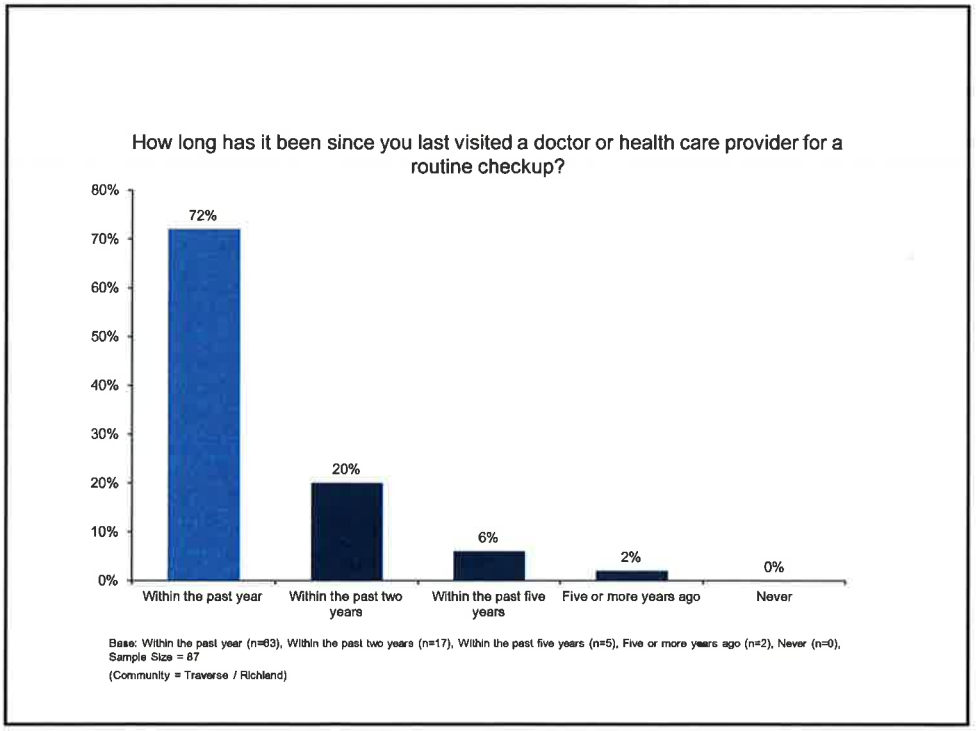
Average number of drinks per day when you drink by gender

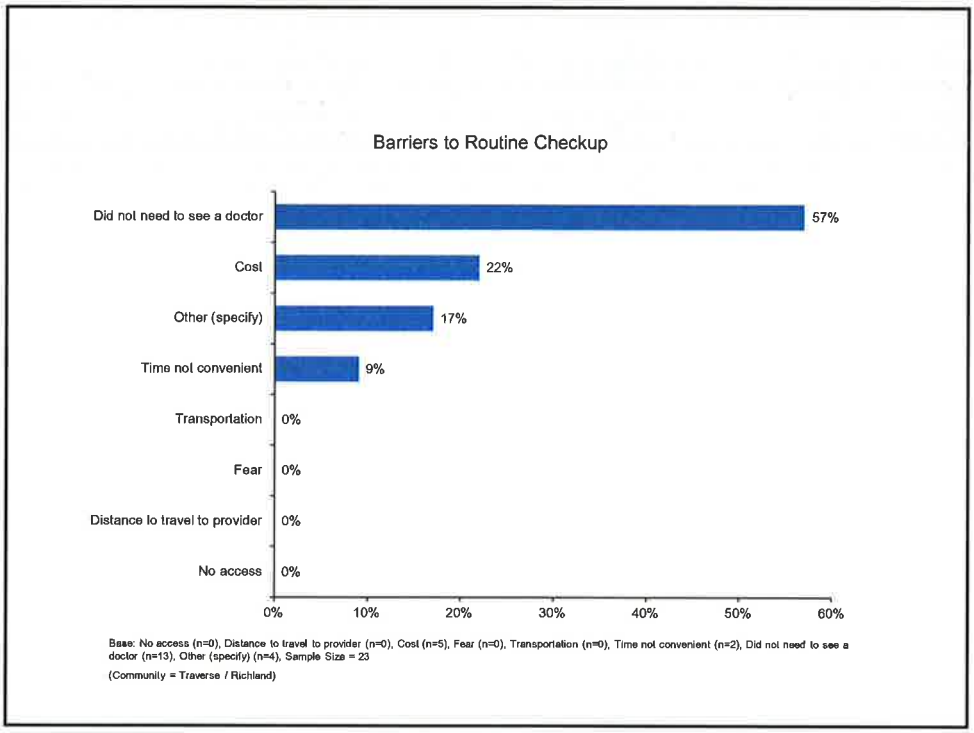


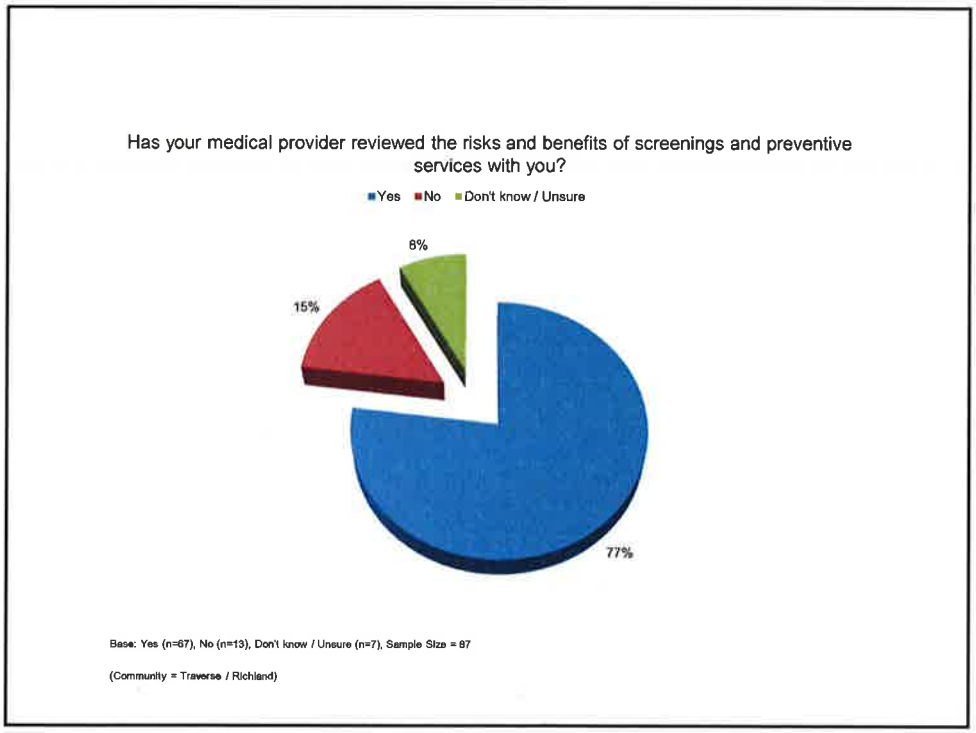
Base: 1 drink (n=24), 2 drinks (n=20), 3 drinks (n=9), 4 drinks (n=4), 5 or more drinks (n=6), Sample Size = 63

(Community = Traverse / Richland)

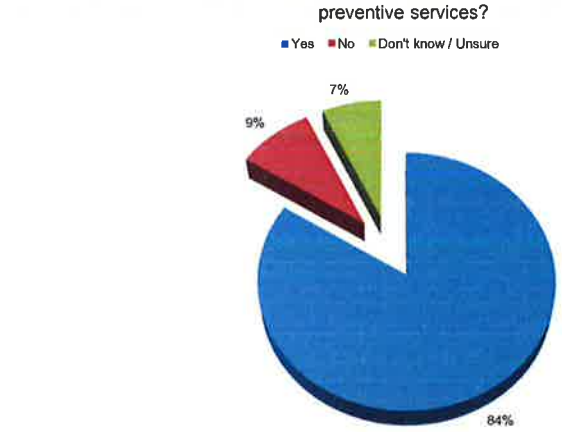

Binge Drinking past 30 days by Age
Once a month
Once a week
2-3 times a week
Almost every day
120%
100%
80%
60%
40%
20%
0%
18-24
25-34
35-44
45-54
55-64
65-74
75+
Base: 18-24 (n=2), 25-34 (n=13), 35-44 (n=11), 45-54 (n=13), 55-64 (n=19), 65-74 (n=6), 75+ (n=1), Sample Size = 65
(Community = Traverse / Richland)


How long has it been since you last visited a doctor or health care provider for a routine checkup?
80%
70%
60%
50%
40%
30%
20%
10%
0%
72%
20%
6%
2%
0%
Within the past year
Within the past two years
Within the past five years
Five or more years ago
Never
Base: Within the past year (n=63), Within the past two years (n=17), Within the past five years (n=5), Five or more years ago (n=2), Never (n=0), Sample Size = 87
(Community = Traverse / Richland)


Barriers to Routine Checkup
Did not need to see a doctor
57%
Cost
22%
Other (specify)
17%
Time not convenient
9%
Transportation
0%
Fear
0%
Distance to travel to provider
0%
No access
0%
0%
10%
20%
30%
40%
50%
60%
Base: No access (n=0), Distance to travel to provider (n=0), Cost (n=5), Fear (n=0), Transportation (n=0), Time not convenient (n=2), Did not need to see a doctor (n=13), Other (specify) (n=4), Sample Size = 23
(Community = Traverse / Richland)


Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?
Yes
No
Don't know / Unsure
8%
15%
77%
Base: Yes (n=67), No (n=13), Don't know / Unsure (n=7), Sample Size = 87
(Community = Traverse / Richland)

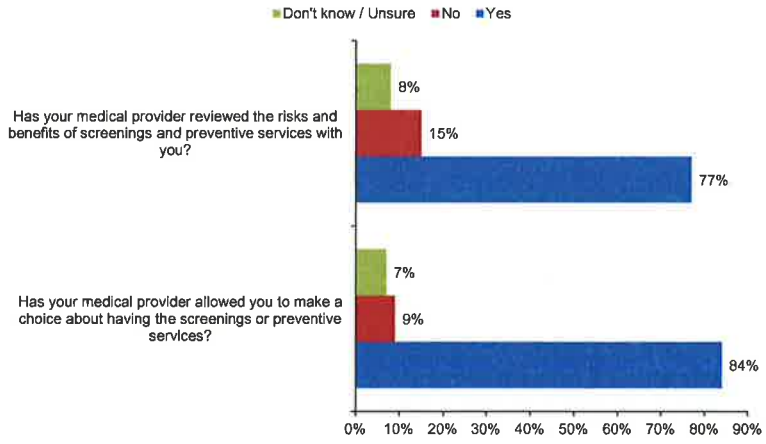
Has your medical provider allowed you to make a choice about having screenings or preventive services?



Base: Yes (n=73), No (n=6), Don't know / Unsure (n=6), Sample Size = 87

(Community = Traverse / Richland)

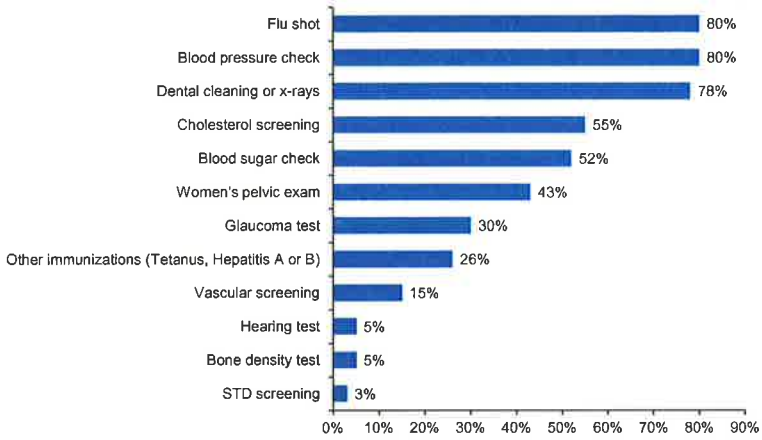
Screenings



Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=87), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=87), Sample Size = 87

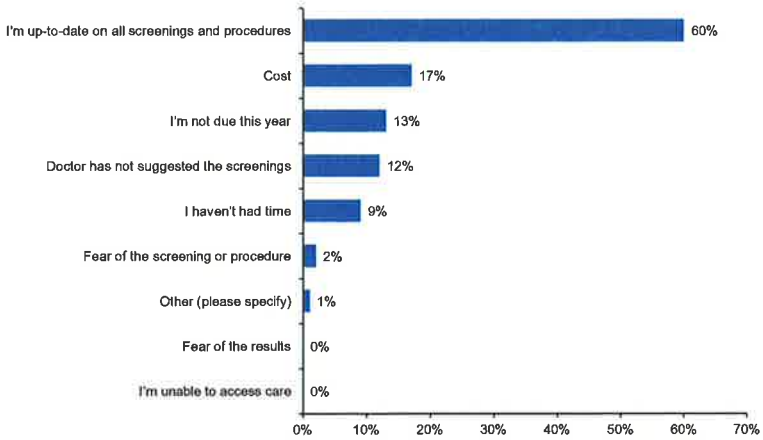
(Community = Traverse / Richland)

Preventive Procedures Last Year

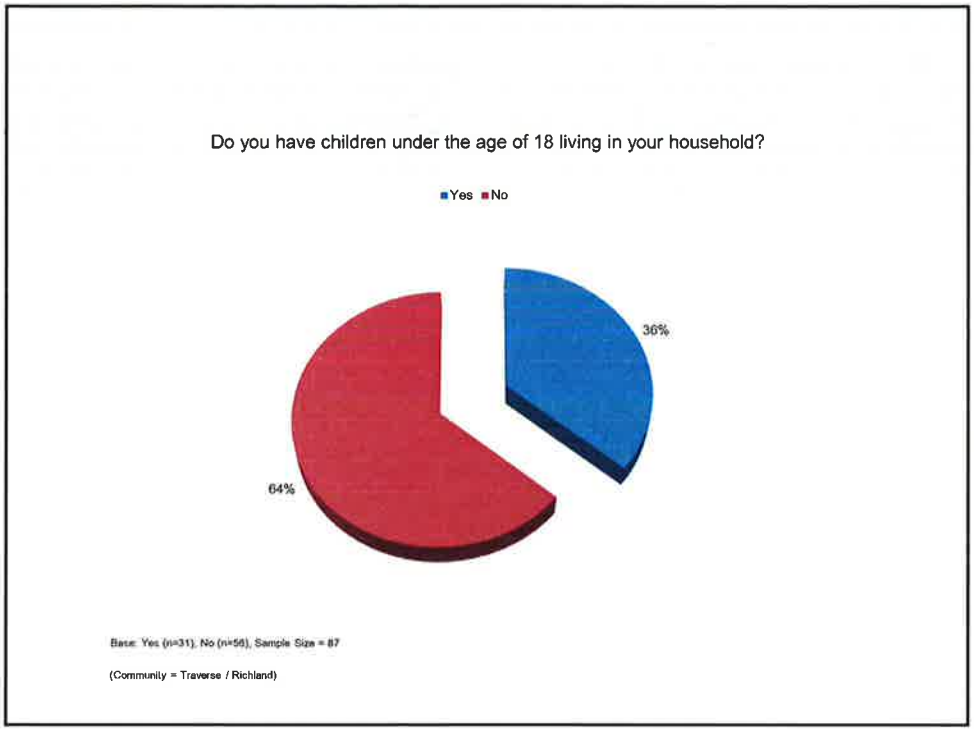


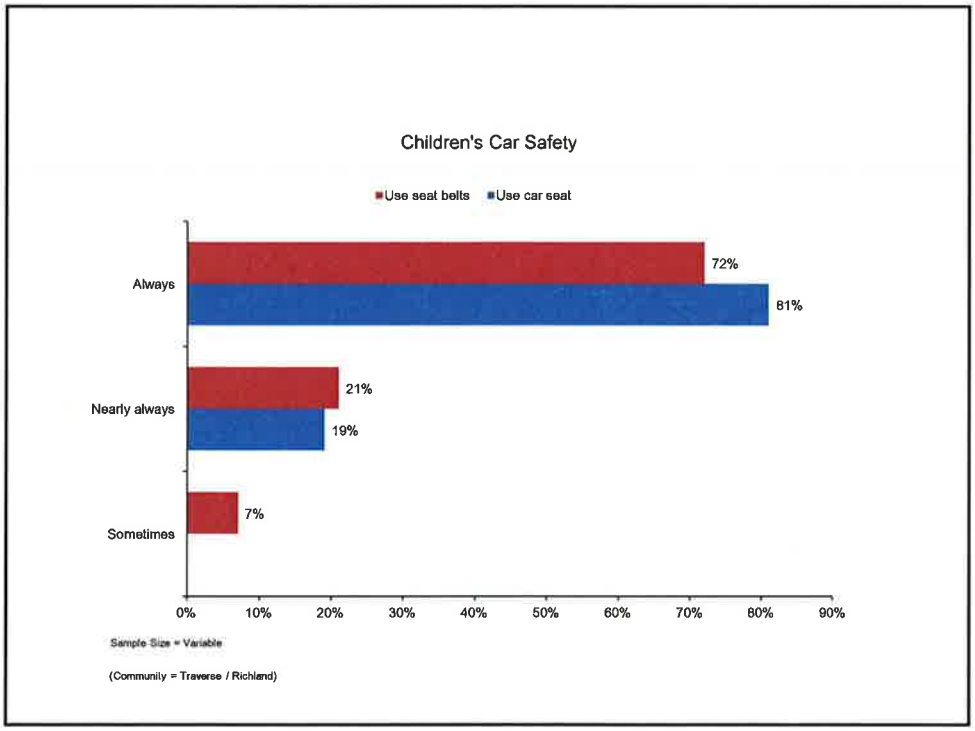
Base: Blood pressure check (n=69), Blood sugar check (n=45), Bone density test (n=4), Cholesterol screening (n=47), Dental cleaning or x-rays (n=67), Flu shot (n=69), Other immunizations (Tetanus, Hepatitis A or B) (n=22), Glaucoma test (n=26), Hearing test (n=4), Women's pelvic exam (n=37), STD screening (n=3), Vascular screening (n=13), Sample Size = 86
(Community = Traverse / Richland)

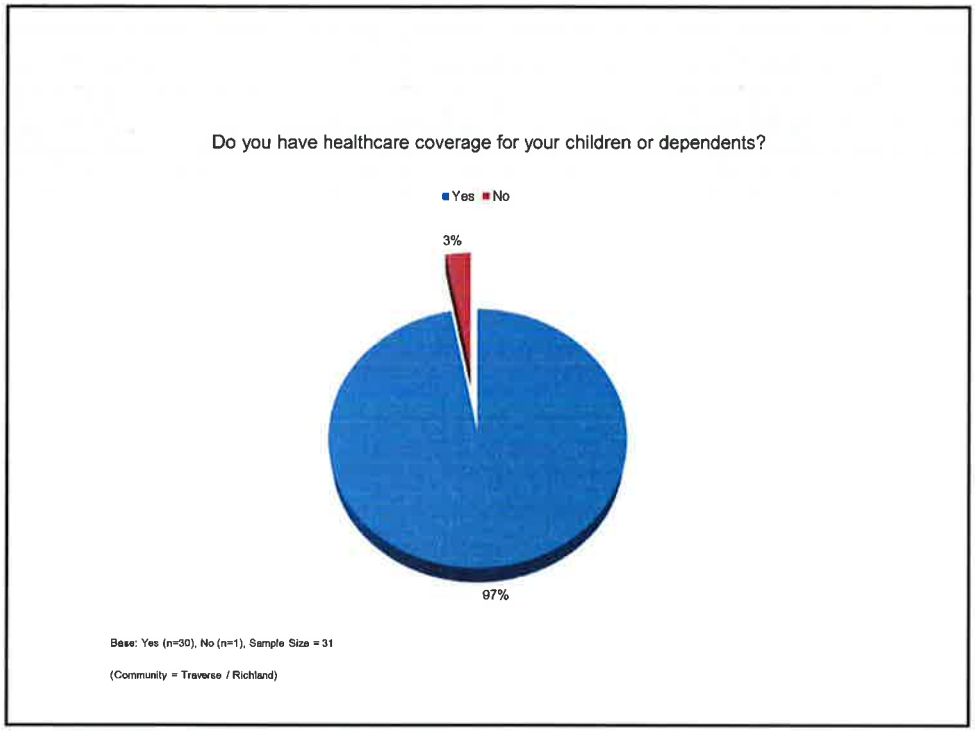
Barriers for Preventive Procedures

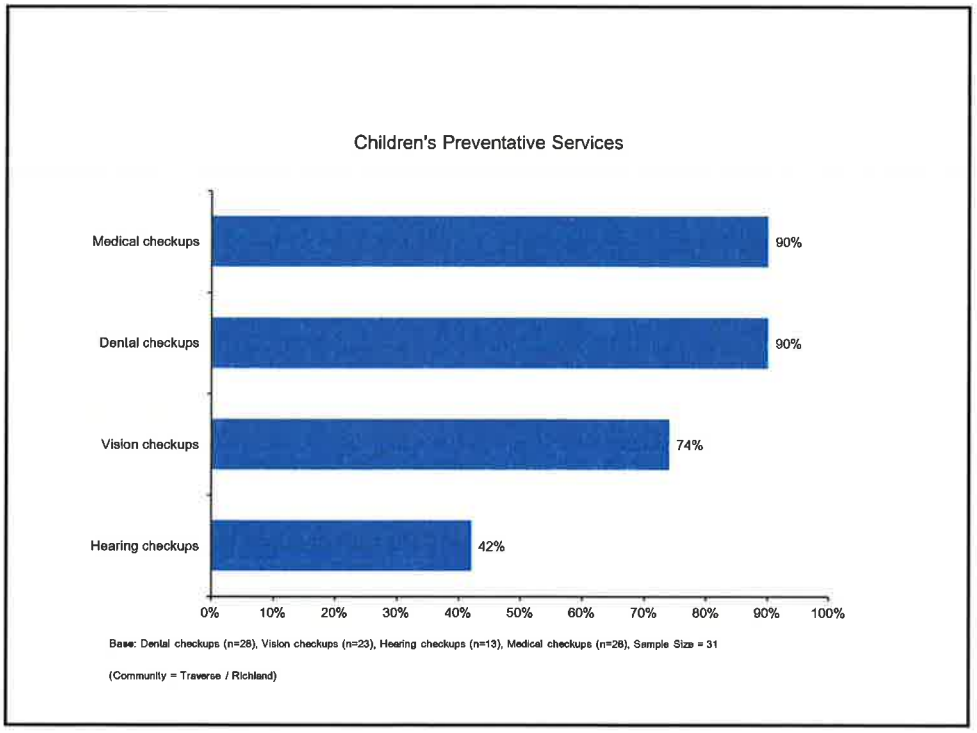


Base: I'm up-to-date on all screenings and procedures (n=52), Doctor has not suggested the screenings (n=10), Cost (n=15), I'm unable to access care (n=0), Fear of the screening or procedure (n=2), Fear of the results (n=0), I'm not due this year (n=11), I haven't had time (n=8), Other (please specify) (n=1), Sample Size = 86
(Community = Traverse / Richland)

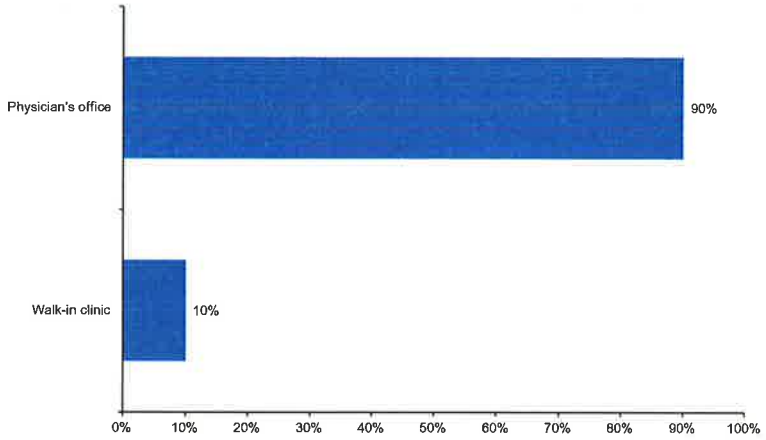

Do you have children under the age of 18 living in your household?
Yes
No
36%
64%
Base: Yes (n=31), No (n=56), Sample Size = 87
(Community = Traverse / Richland)


Children's Car Safety
Use seat belts
Use car seat
Always
Nearly always
Sometimes
72%
81%
21%
19%
7%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Sample Size = Variable
(Community = Traverse / Richland)


Do you have healthcare coverage for your children or dependents?
Yes
No
3%
97%
Base: Yes (n=30), No (n=1), Sample Size = 31
(Community = Traverse / Richland)


Children's Preventative Services
Medical checkups
90%
Dental checkups
90%
Vision checkups
74%
Hearing checkups
42%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Base: Dental checkups (n=28), Vision checkups (n=23), Hearing checkups (n=13), Medical checkups (n=28), Sample Size = 31
(Community = Traverse / Richland)

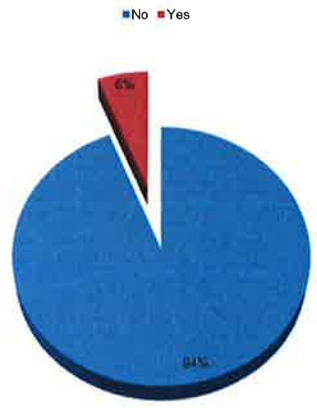
Where do you most often take your children when they are sick and need to see a health care provider?



Base: Physician's office (n=28), Walk-in clinic (n=3), Sample Size = 31

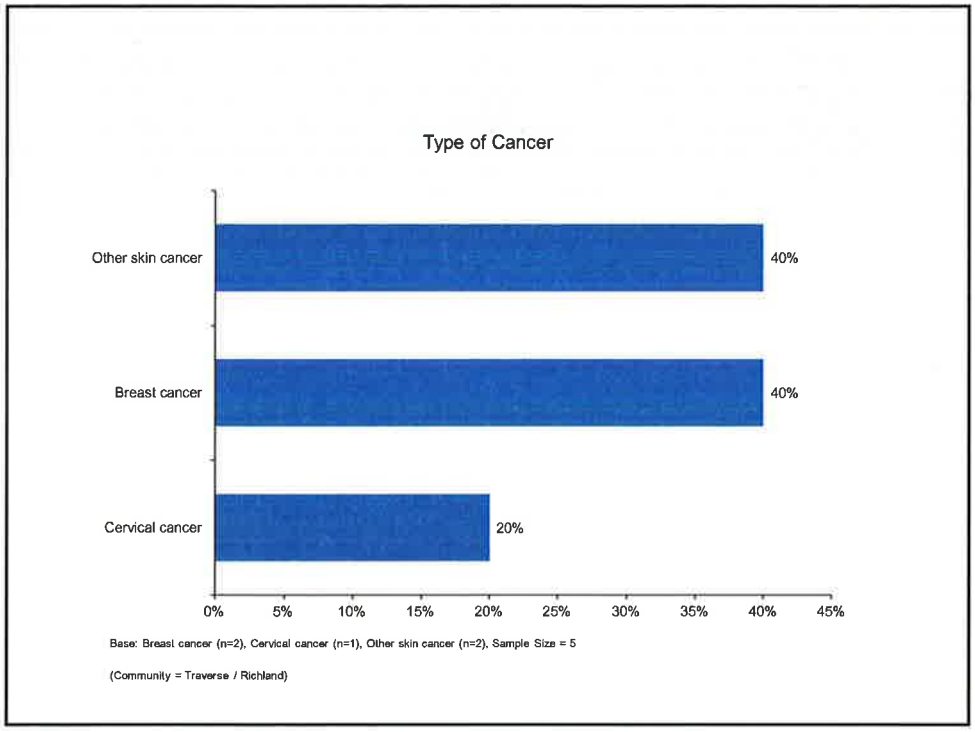
(Community = Traverse / Richland)

Have you ever been diagnosed with cancer?



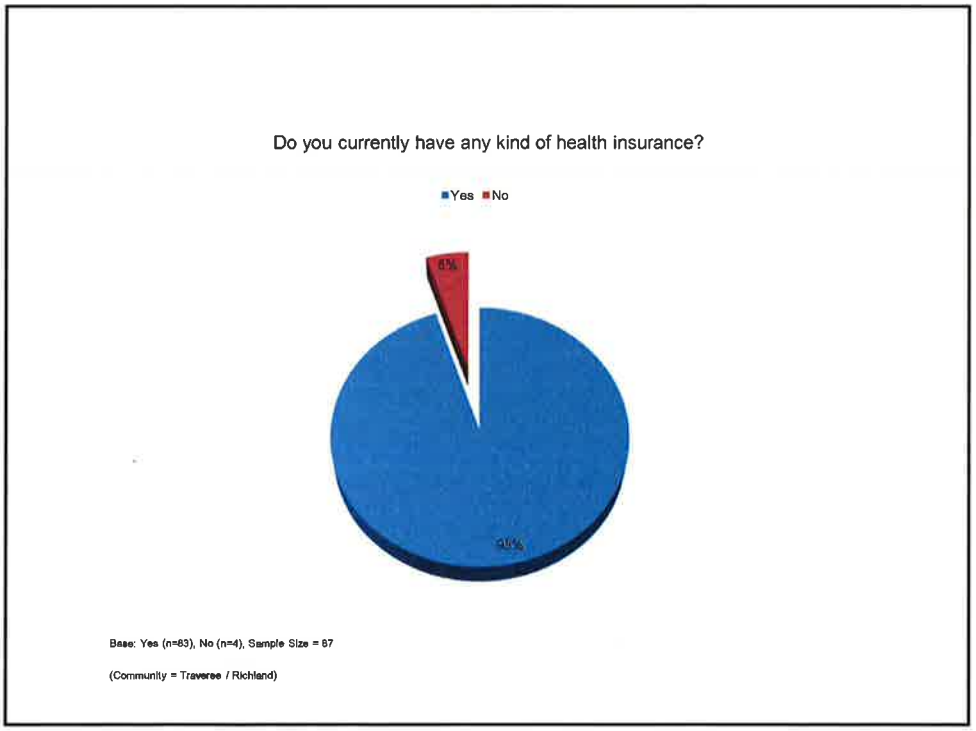
Base: Yes (n=5), No (n=82), Sample Size = 87

(Community = Traverse / Richland)



Base: Breast cancer (n=2), Cervical cancer (n=1), Other skin cancer (n=2), Sample Size = 5

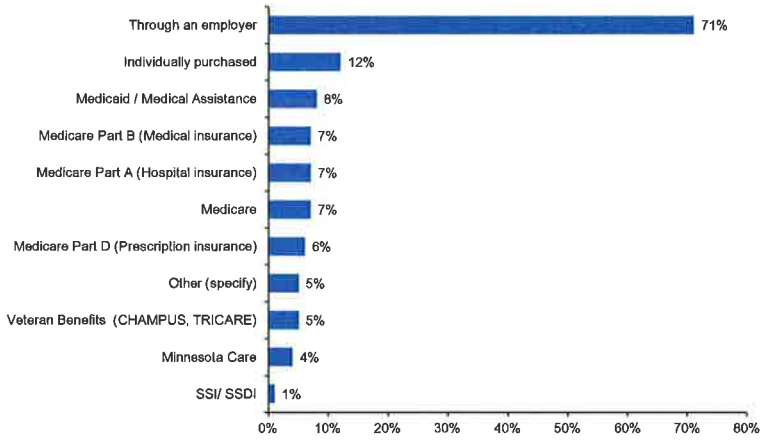
(Community = Traverse / Richland)



Base: Yes (n=63), No (n=4), Sample Size = 67

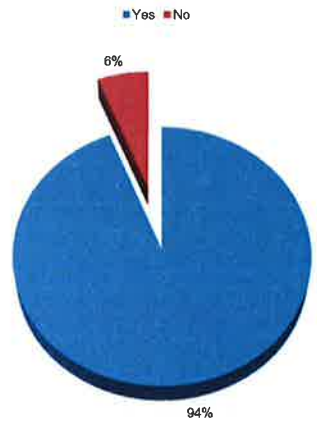
(Community = Traverse / Richland)

Type of Insurance



Base: Through an employer (n=59), Individually purchased (n=10), Medicare (n=6), Medicare Part A (Hospital insurance) (n=6), Medicare Part B (Medical Insurance) (n=6), Medicare Part D (Prescription insurance) (n=5), SSI/ SSDI (n=1), Medicaid / Medical Assistance (n=7), Minnesota Care (n=3), Veteran Benefits (CHAMPUS, TRICARE) (n=4), Other (specify) (n=4), Sample Size = 83
(Community = Traverse / Richland)

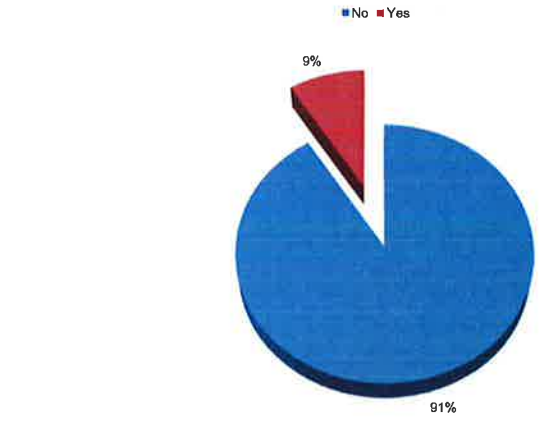
Do you have an established primary healthcare provider?



Base: Yes (n=82), No (n=5), Sample Size = 87

(Community = Traverse / Richland)

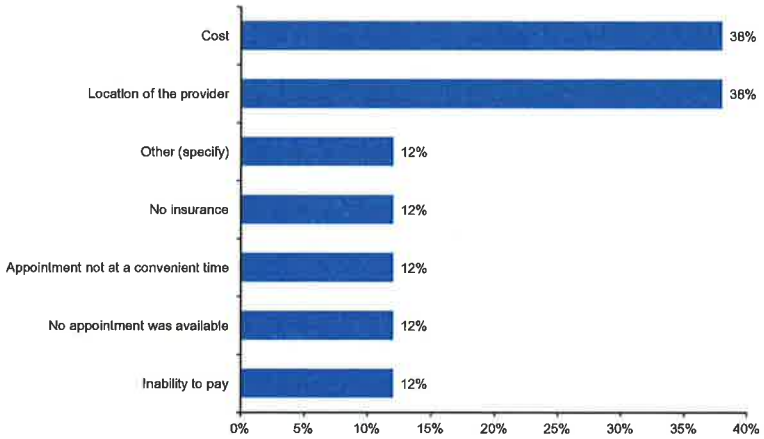
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?



Base: Yes (n=8), No (n=79), Sample Size = 87

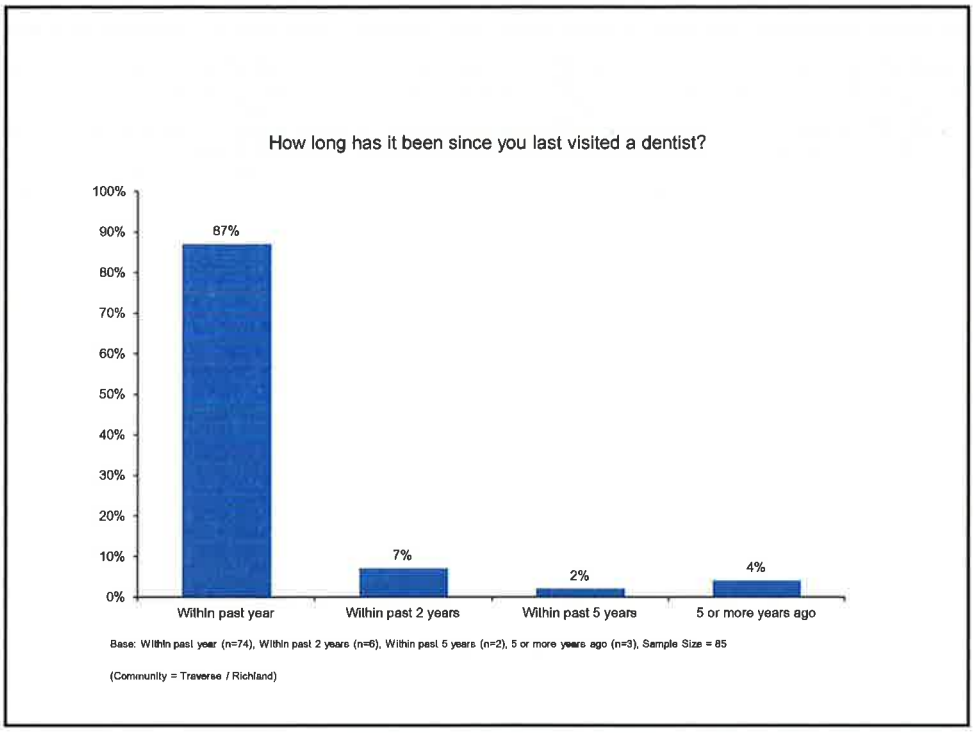
(Community = Traverse / Richland)

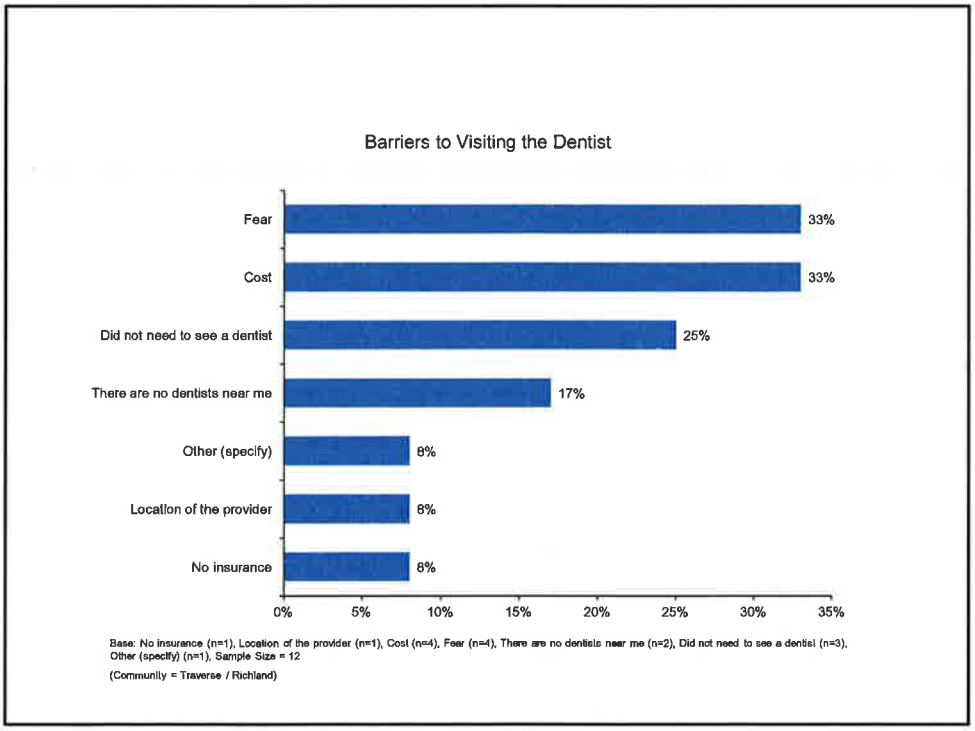
Barriers to Receiving Care Needed



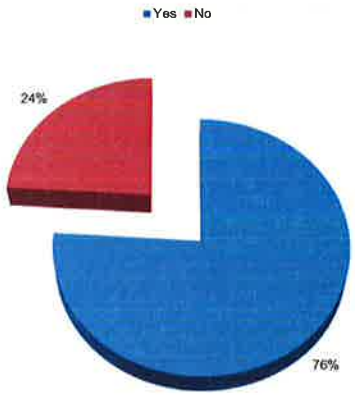
Base: Inability to pay (n=1), No appointment was available (n=1), Appointment not at a convenient time (n=1), No insurance (n=1), Location of the provider (n=3), Cost (n=3), Other (specify) (n=1)

(Community = Traverse / Richland)


How long has it been since you last visited a dentist?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
87%
7%
2%
4%
Within past year
Within past 2 years
Within past 5 years
5 or more years ago
Base: Within past year (n=74), Within past 2 years (n=6), Within past 5 years (n=2), 5 or more years ago (n=3), Sample Size = 85
(Community = Traverse / Richland)


Barriers to Visiting the Dentist
Fear
33%
Cost
33%
Did not need to see a dentist
25%
There are no dentists near me
17%
Other (specify)
8%
Location of the provider
8%
No insurance
8%
0%
5%
10%
15%
20%
25%
30%
35%
Base: No insurance (n=1), Location of the provider (n=1), Cost (n=4), Fear (n=4), There are no dentists near me (n=2), Did not need to see a dentist (n=3), Other (specify) (n=1), Sample Size = 12
(Community = Traverse / Richland)

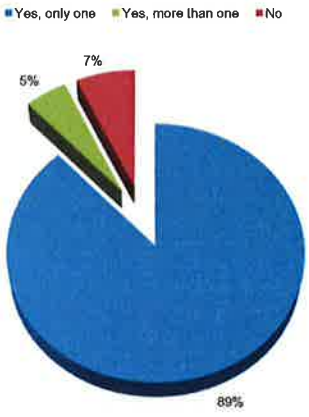
Do you have any kind of dental care or oral health insurance coverage?



Base: Yes (n=66), No (n=21), Sample Size = 87

(Community = Traverse / Richland)

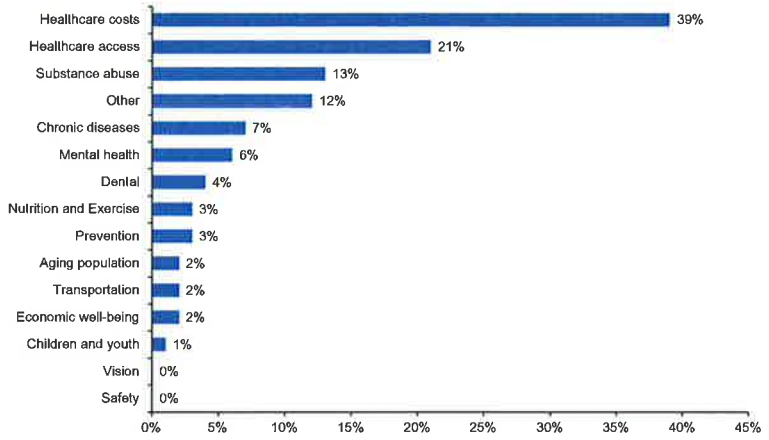
Do you have a dentist that you see for routine care?



Base: Yes, only one (n=77), Yes, more than one (n=4), No (n=6), Sample Size = 87

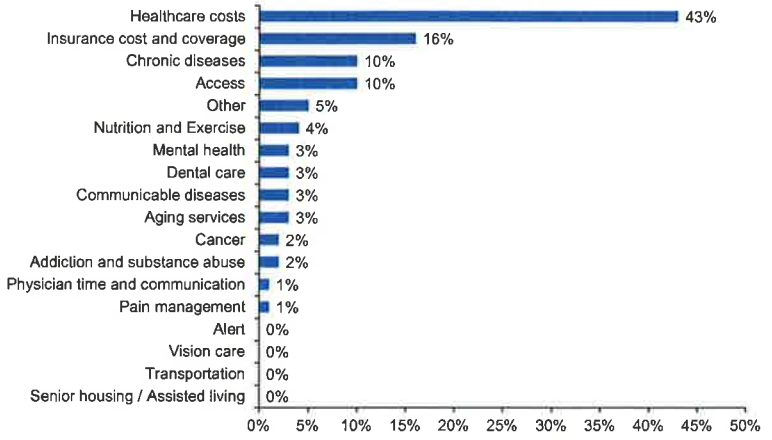
(Community = Traverse / Richland)

Most Important Community Issues



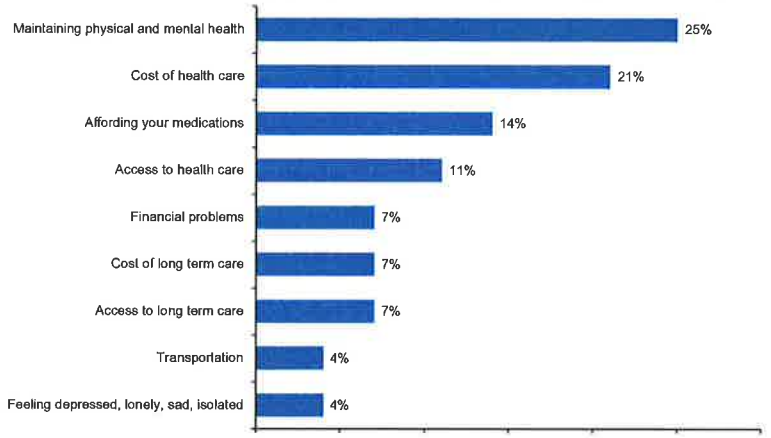
Base: Economic well-being (n=52), Transportation (n=41), Children and youth (n=17), Aging population (n=53), Safety (n=7), Healthcare access (n=547), Mental health (n=161), Substance abuse (n=335), Chronic diseases (n=169), Healthcare costs (n=1,003), Dental (n=110), Prevention (n=73), Vision (n=7), Nutrition and Exercise (n=70), Other (n=320), Sample Size = 2,939

Most Important Issue for Family



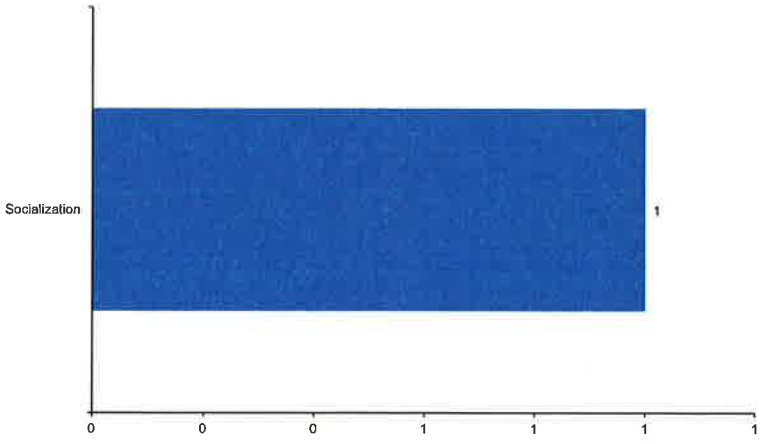
Base: Access (n=204), Addiction and substance abuse (n=36), Aging services (n=71), Cancer (n=39), Chronic diseases (n=216), Communicable diseases (n=55), Healthcare costs (n=900), Dental care (n=72), Nutrition and Exercise (n=84), Insurance cost and coverage (n=332), Mental health (n=69), Pain management (n=15), Senior housing / Assisted living (n=2), Transportation (n=9), Physician time and communication (n=23), Vision care (n=7), Alert (n=3), Other (n=110), Sample Size = 2,862

What is your biggest concern as you age? (Age 65+)



Base: Access to health care (n=3), Cost of health care (n=6), Affording your medications (n=4), Maintaining physical and mental health (n=7), Feeling depressed, lonely, sad, isolated (n=1), Access to long term care (n=2), Cost of long term care (n=2), Financial problems (n=2), Transportation (n=1), Sample Size = 11
(Community = Traverse / Richland)

Which of these tasks do you need assistance with? (Age 65+)



Base: Socialization (n=1), Sample Size = 1

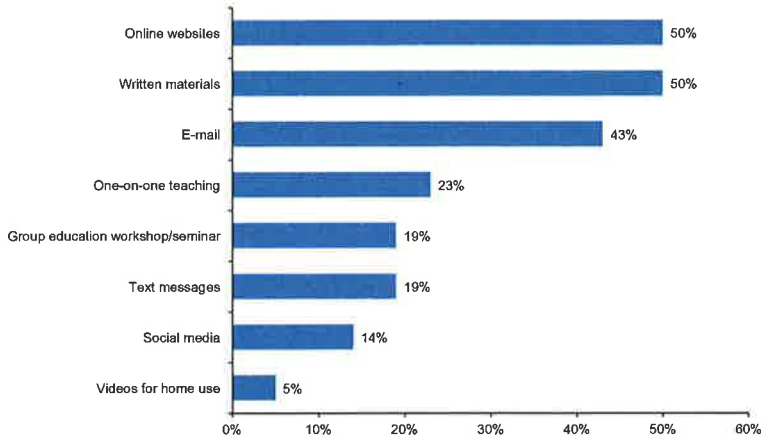
(Community = Traverse / Richland)

Do you know where to go to get help with the tasks you need assistance with? (Age 65+)

Base: Yes (n=1), Sample Size = 1

(Community = Traverse / Richland)

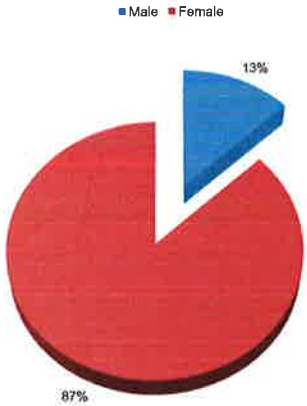
What method(s) would you prefer to get health information?



Base: Written materials (n=42), Videos for home use (n=4), Social media (n=12), Text messages (n=16), One-on-one teaching (n=19), E-mail (n=36), Group education workshop/seminar (n=16), Online websites (n=42), Sample Size = 84

(Community = Traverse / Richland)

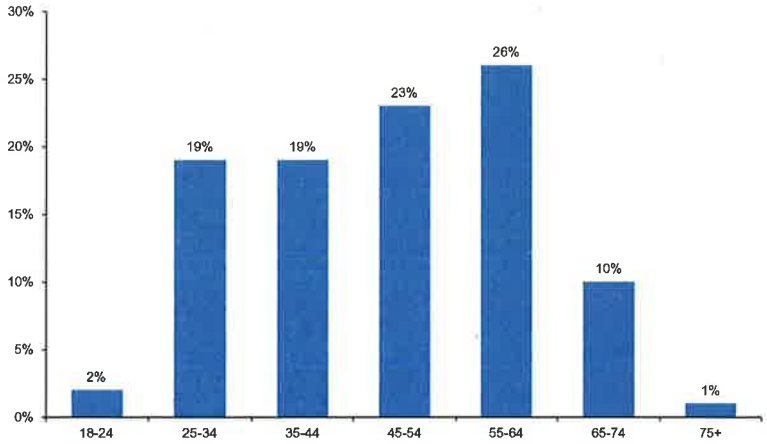
Gender



Base: Male (n=11), Female (n=76), Sample Size = 87

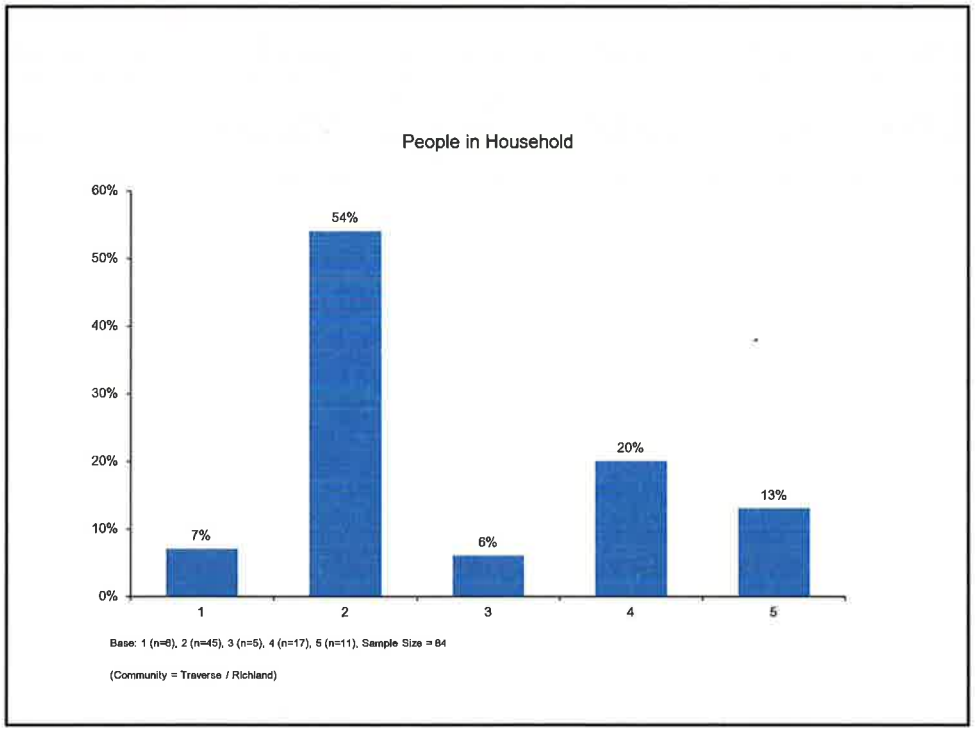
(Community = Traverse / Richland)

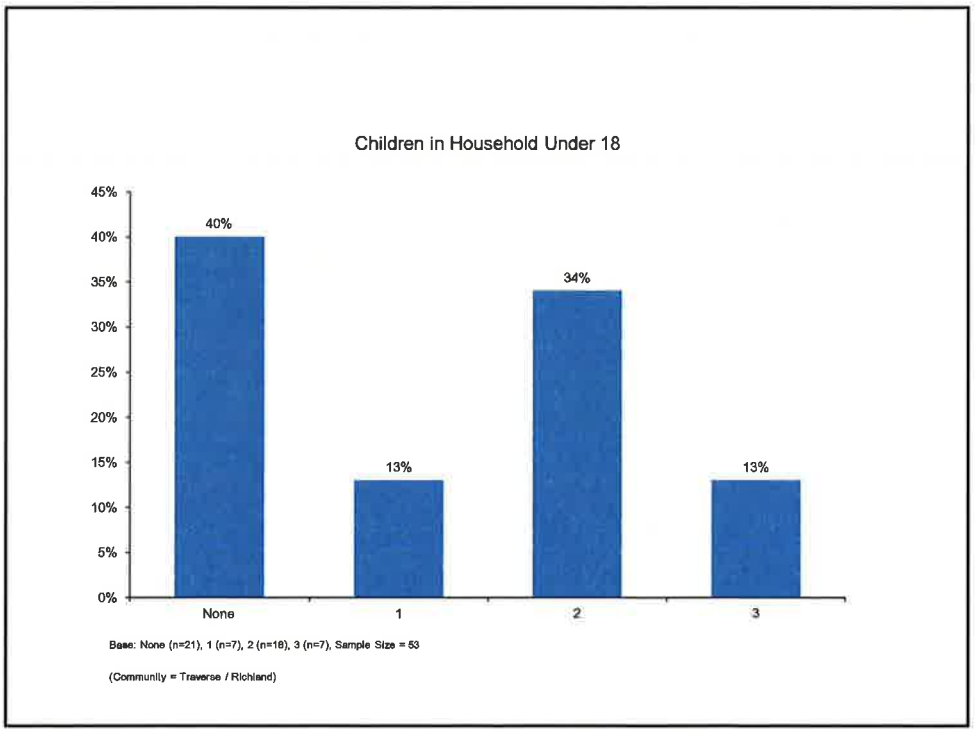
Age

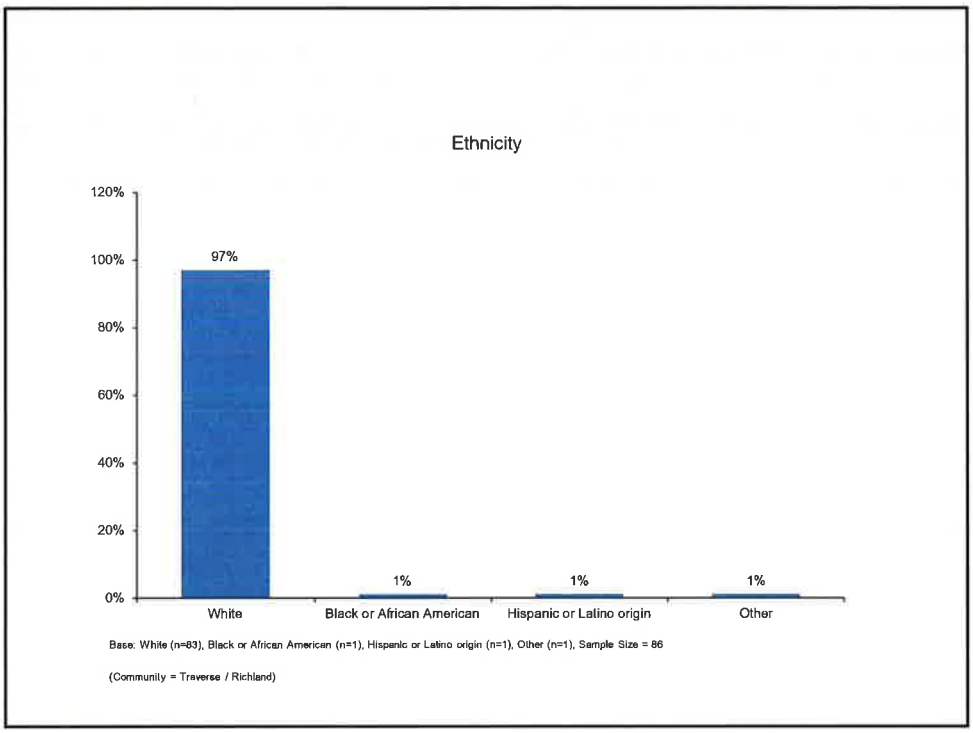


Base: 18-24 (n=2), 25-34 (n=16), 35-44 (n=16), 45-54 (n=19), 55-64 (n=22), 65-74 (n=8), 75+ (n=1), Sample Size = 84

(Community = Traverse / Richland)

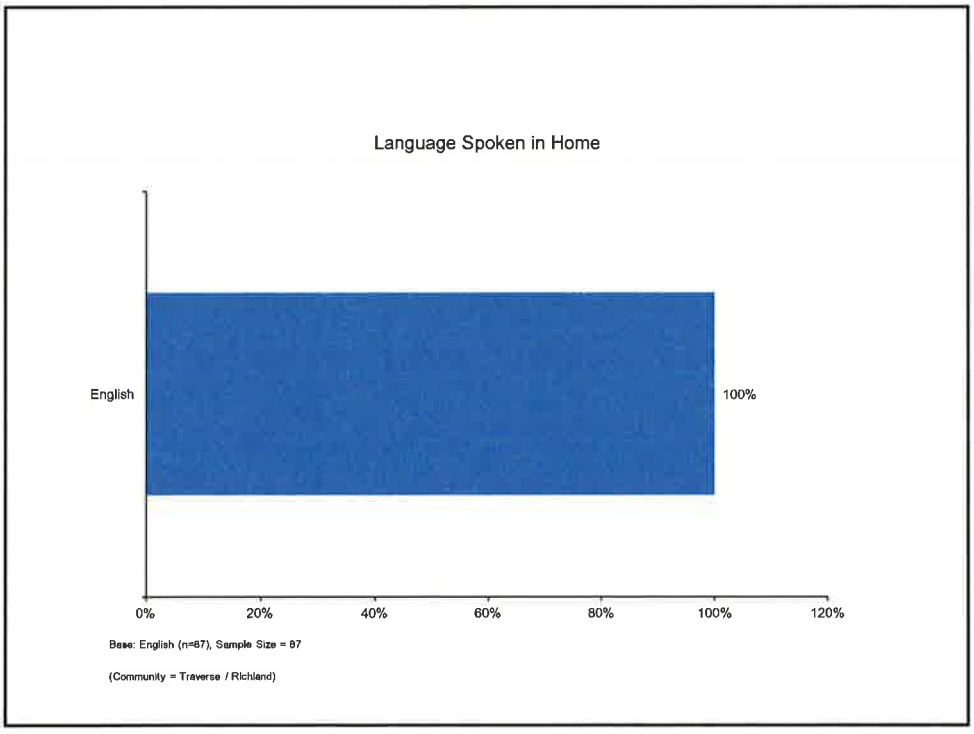

People in Household
60%
50%
40%
30%
20%
10%
0%
7%
54%
6%
20%
13%
1
2
3
4
5
Base: 1 (n=6), 2 (n=45), 3 (n=5), 4 (n=17), 5 (n=11), Sample Size = 84
(Community = Traverse / Richland)


Children in Household Under 18
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
40%
13%
34%
13%
None
1
2
3
Base: None (n=21), 1 (n=7), 2 (n=18), 3 (n=7), Sample Size = 53
(Community = Traverse / Richland)



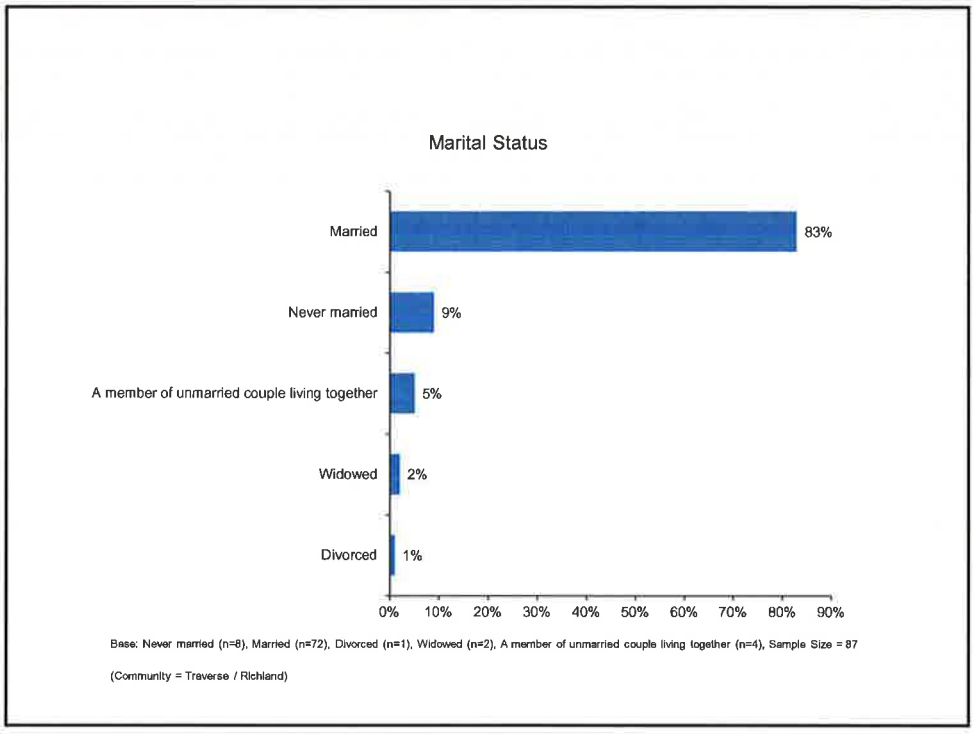
Base: White (n=83), Black or African American (n=1), Hispanic or Latino origin (n=1), Other (n=1), Sample Size = 86

(Community = Traverse / Richland)



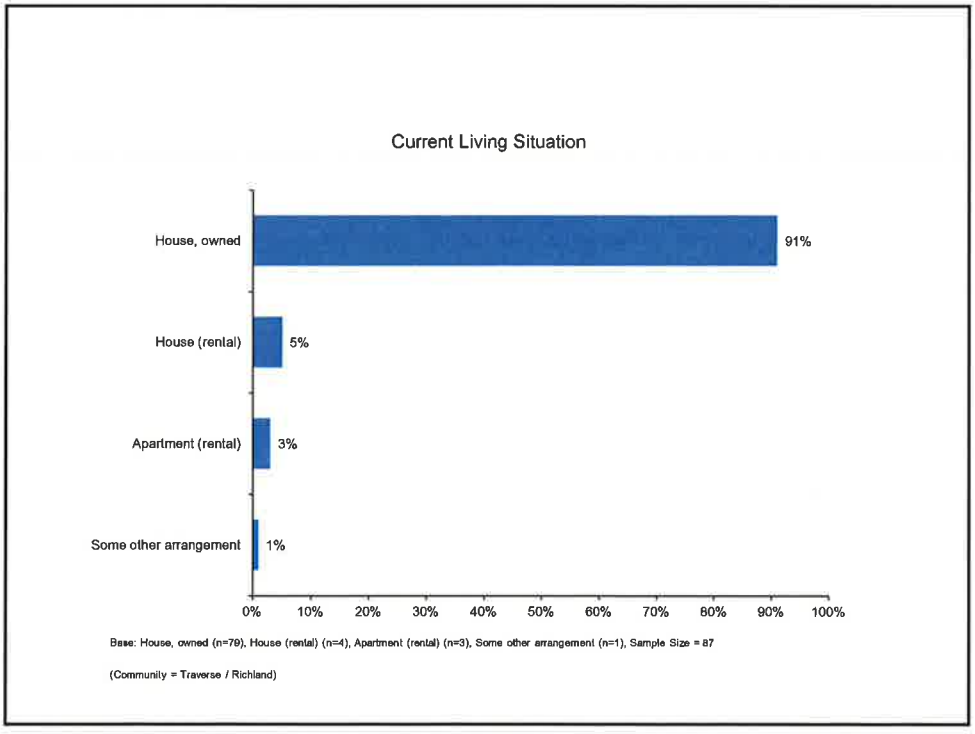
Base: English (n=87), Sample Size = 87

(Community = Traverse / Richland)



Base: Never married (n=8), Married (n=72), Divorced (n=1), Widowed (n=2), A member of unmarried couple living together (n=4), Sample Size = 87

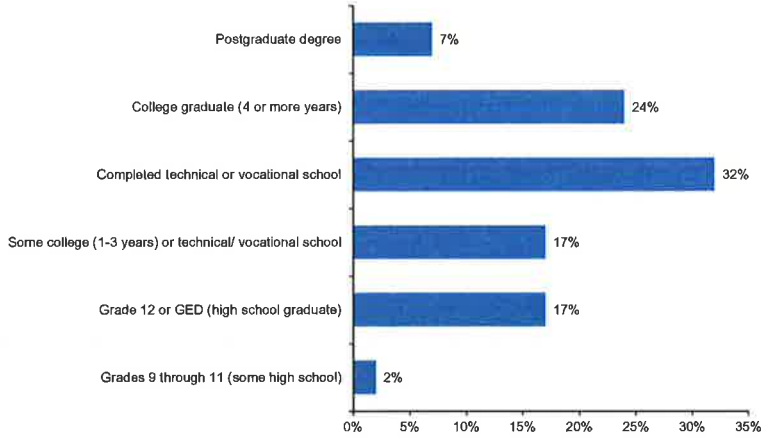
(Community = Traverse / Richland)



Base: House, owned (n=79), House (rental) (n=4), Apartment (rental) (n=3), Some other arrangement (n=1), Sample Size = 87

(Community = Traverse / Richland)

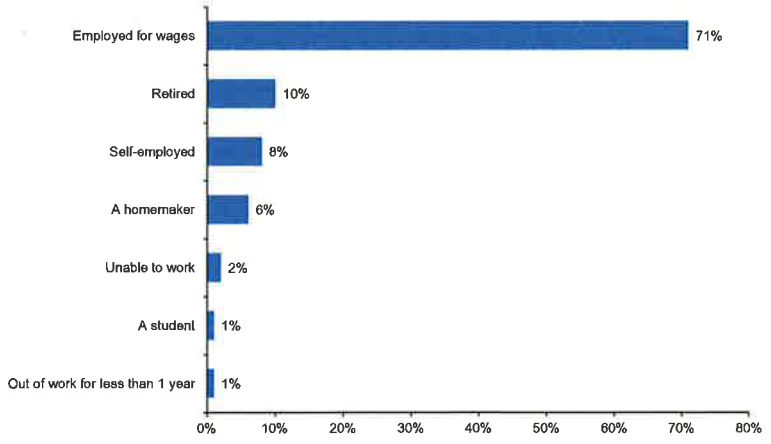
Education Level



Base: Grades 9 through 11 (some high school) (n=2), Grade 12 or GED (high school graduate) (n=15), Some college (1-3 years) or technical/ vocational school (n=15), Completed technical or vocational school (n=28), College graduate (4 or more years) (n=21), Postgraduate degree (n=6), Sample Size = 87

(Community = Traverse / Richland)

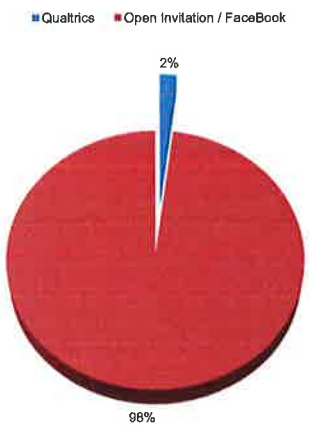
Employment Status



Base: Employed for wages (n=62), Self-employed (n=7), Out of work for less than 1 year (n=1), A homemaker (n=5), A student (n=1), Retired (n=9), Unable to work (n=2), Sample Size = 87

(Community = Traverse / Richland)

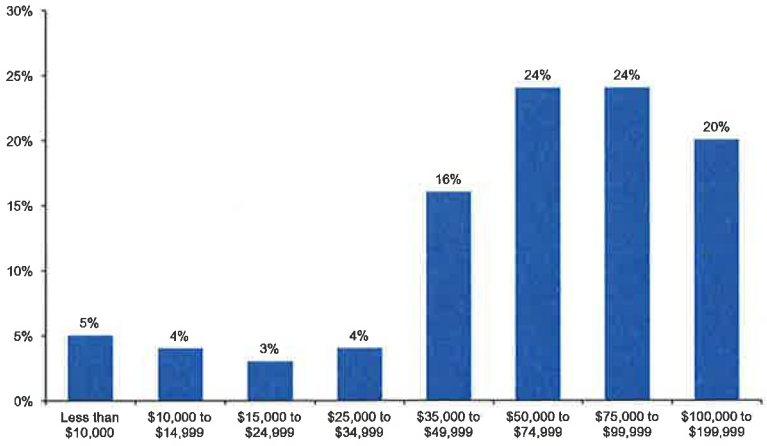
Sample Source



Base: Qualtrics (n=2), Open Invitation / FaceBook (n=85), Sample Size = 87

(Community = Traverse / Richland)

Total Household Income



Base: Less than $10,000 (n=4), $10,000 to $14,999 (n=3), $15,000 to $24,999 (n=2), $25,000 to $34,999 (n=3), $35,000 to $49,999 (n=13), $50,000 to $74,999 (n=19), $75,000 to $99,999 (n=19), $100,000 to $199,999 (n=16), Sample Size = 79

(Community = Traverse / Richland)

Prioritization

Wheaton 2018 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economic Well-Being • Skilled labor workforce 3.57 • Household budgeting and money management 3.39 • Employment options 3.17 • 17% report that they worry they will not have enough food before having money to buy more • 16% report that their food did not last until they had money to buy more	1 + transportation-volunteer drivers - 1		
Children and Youth • Substance abuse by youth 3.91 • Availability of services for at-risk youth 3.87 • Opportunities for youth-adult mentoring 3.39 • Bullying 3.22 • Cost of services for at-risk youth 3.17 • Availability of activities (outside of school and sports) for children and youth 3.13 • Childhood obesity 3.09 • Teen tobacco use 3.00	7 3 specified availability of services for at risk youth and 1 for mentoring		
Aging Population • Cost of long-term care 3.78 • Cost of memory care 3.78 • Availability of memory care 3.26 • Cost of in-home services 3.17 • Availability of activities for seniors 3.09	**1**		
Safety • Abuse of prescription drugs 3.74 • Presence of drug dealers 3.59 • Presence of street drugs 3.45 • Child abuse and neglect 3.22 • Criminal activity 3.17 • Culture of excessive and binge drinking 3.13 • Domestic violence 3.13	3 1 specified the presence of drug dealers		
Health Care Access • Availability of mental health providers 4.30 • Availability of behavioral health (substance abuse) providers 4.09 • Access to affordable health insurance coverage 3.38 5% or residents reported they did not have health insurance • Access to affordable Health care 3.35 • Availability of specialist physicians 3.30 • Access to affordable prescription drugs 3.17 • Use of emergency room services for primary Health care 3.13 • Access to affordable vision insurance coverage 3.00 • Availability of doctors, physician assistants or nurse practitioners 3.00 • Availability of non-traditional hours 3.00	1 2 specified the availability of mental health workers and 1 the use of the ED for primary care		
Mental Health and Substance Abuse • Drug use and abuse 3.91 32% self-report that they have drugs in their home they are not using • Stress 3.70 43% self-report a stress/anxiety diagnosis • Depression 3.65 44% self-report a depression diagnosis	7		

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
• Alcohol use and abuse 3.50 49% self-report binge drinking at least 1X/month • Suicide 3.26 • Dementia and Alzheimer's Disease 3.09 • 17% currently smoke cigarettes	1 specified Dementia and Alzheimer's		

Present:

Secondary Data

Definitions of Key Indicators

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2018 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

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

Contents:

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

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

Measure	Data Elements	Description
Geographic identifiers	**FIPS**	Federal Information Processing Standard
	State	
	County	
Premature death	**Years of Potential Life Lost Rate**	Age-adjusted YPLL rate per 100,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Years of Potential Life Lost Rate (Black)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Blacks
	Years of Potential Life Lost Rate (Hispanic)	Age-adjusted YPLL rate per 100,000 for Hispanics
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites
Poor or fair health	**% Fair/Poor**	Percentage of adults that report fair or poor health
	95% CI - Low	

Measure	Data Elements	Description
	95% CI - High	95% confidence interval reported by BRFSS
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	**Physically Unhealthy Days**	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	**Mentally Unhealthy Days**	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% LBW (Black)	Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks
	% LBW (Hispanic)	Percentage of births with low birth weight (<2500g) for Hispanics
	% LBW (White)	Percentage of births with low birth weight (<2500g) for non-Hispanic Whites
Adult smoking	**% Smokers**	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	**% With Access**	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	**% Excessive Drinking**	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	95% CI - Low	95% confidence interval using Poisson distribution
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	**Teen Birth Rate**	Births per 1,000 females ages 15-19
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Teen Birth Rate (Black)	Births per 1,000 females ages 15-19 for Black non-Hispanic mothers
	Teen Birth Rate (Hispanic)	Births per 1,000 females ages 15-19 for Hispanic mothers
	Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic

Measure	Data Elements	Description
		mothers
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	Primary Care Physicians per 100,000 population
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	Dentists per 100,000 population
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	Mental Health Providers per 100,000 population
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetes monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Receiving HbA1c (Black)	Percentage of Black diabetic Medicare enrollees receiving HbA1c test

Measure	Data Elements	Description
	% Receiving HbA1c (White)	Percentage of White diabetic Medicare enrollees receiving HbA1c test
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	% Mammography (White)	Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	**% Children in Poverty**	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – f rom the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000.
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Drinking water violations	**Presence of violation**	County affected by a water violation: 1-Yes, 0-No
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	**% Drive Alone**	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

County Health Rankings

County Health Rankings for Traverse County, Minnesota

	County	State
Population	3,356	5,519,952
% below 18 years of age	20.4%	23.3%
% 65 and older	25.6%	15.1%
% Non-Hispanic African American	0.5%	6.0%
% American Indian and Alaskan Native	5.6%	1.3%
% Asian	0.2%	4.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.7%	5.2%
% Non-Hispanic white	89.6%	80.6%
% not proficient in English	1%	2%
% Females	50.4%	50.2%
% Rural	100.0%	26.7%

	Traverse County	Trend (Click for info)	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
	Traverse County	Trend (Click for info)	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
Health Outcomes						36
Length of Life						49
Premature death				5,300	5,100	

Quality of Life						27
Poor or fair health	(Click for info)	12%		11-12%	12%	12%	
Poor physical health days	(Click for info)	3.0		2.8-3.2	3.0	3.0	
Poor mental health days	(Click for info)	3.0		2.9-3.2	3.1	3.2	
Low birthweight		5%			6%	6%	
Additional Health Outcomes (not included in overall ranking) +							
Premature age-adjusted mortality		340		240-470	270	260	
Child mortality					40	40	
Infant mortality					4	5	
Frequent physical distress		9%		9-9%	9%	9%	
Frequent mental distress		9%		9-10%	10%	10%	
Diabetes prevalence		11%		8-14%	8%	8%	
HIV prevalence					49	171	
Health Factors							36
Health Behaviors							51
Adult smoking	(Click for info)	14%		13-14%	14%	15%	
Adult obesity		32%		25-39%	26%	27%	
Food environment index		7.9			8.6	8.9	
Physical inactivity		26%		19-33%	20%	20%	
Access to exercise opportunities		65%			91%	88%	
Excessive drinking	(Click for info)	21%		20-21%	13%	23%	
Alcohol-impaired driving deaths		100%			13%	30%	
Sexually transmitted infections		118.1			145.1	389.3	
Teen births					15	17	

Additional Health Behaviors (not included in overall ranking) +					
Food insecurity	9%		10%	10%	
Limited access to healthy foods	13%		2%	6%	
Drug overdose deaths			10	11	
Drug overdose deaths - modeled	16-17.9		8-11.9	12.5	
Motor vehicle crash deaths			9	8	
Insufficient sleep	28%	27-29%	27%	30%	
Clinical Care					49
Uninsured	6% 	5-7%	6%	5%	
Primary care physicians	3,400:1		1,030:1	1,110:1	
Dentists	3,360:1		1,280:1	1,440:1	
Mental health providers			330:1	470:1	
Preventable hospital stays	30 	17-44	35	37	
Diabetes monitoring	84% 	56-100%	91%	88%	
Mammography screening	71% 	40-100%	71%	65%	
Additional Clinical Care (not included in overall ranking) +					
Uninsured adults	7% 	6-8%	7%	6%	
Uninsured children	5% 	4-7%	3%	3%	
Health care costs	$8,885 			$8,250	
Other primary care providers	1,678:1		782:1	1,020:1	
Social & Economic Factors					34
High school graduation			95%	83%	
Some college	75%	66-84%	72%	74%	
Unemployment	3.7% 		3.2%	3.9%	
Children in poverty	21% 	15-26%	12%	13%	
Income inequality	4.0	3.3-4.6	3.7	4.4	

Children in single-parent households		19%		13-26%	20%	28%
Social associations		29.4			22.1	13.0
Violent crime		77			62	231
Injury deaths		88		49-145	55	62
Additional Social & Economic Factors (not included in overall ranking) +						
Disconnected youth					10%	9%
Median household income		$50,400		$44,500-56,400	$65,100	$65,600
Household Income	$50,400		x			
Household income (Hispanic)	$34,800					
Household income (White)	$51,500					
Children eligible for free or reduced price lunch		46%			33%	38%
Residential segregation - black/white					23	62
Residential segregation - non-white/white		38			14	49
Homicides					2	2
Firearm fatalities					7	7
Physical Environment						6
Air pollution - particulate matter	(Click for info)	8.7			6.7	9.3
Drinking water violations		No				
Severe housing problems		10%		8-13%	9%	14%
Driving alone to work		72%		68-75%	72%	78%
Long commute - driving alone		17%		13-22%	15%	30%

Note: Blank values reflect unreliable or missing data

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