



Sanford Health Network
2016 Community Health
Needs Assessment

SANFORD
HEALTH

Sanford Jackson Medical Center
Community Health Needs Assessment
2016

Dear Community Members,

Sanford Jackson is pleased to present the 2016 Community Health Needs Assessment.

Part of the comprehensive assessment work is to formally identify unmet health needs in the community. Community stakeholders helped to prioritize the unmet needs for further implementation strategy development. We are grateful to all the community members who joined us in this important work.

During 2015 members of the community were asked to complete a survey to help identify unmet health needs. Researchers at the Center for Social Research at North Dakota State University analyzed the survey data. Sanford further analyzed the data, identified unmet needs, and partnered with key community stakeholders to develop a list of resources and assets that were available to address each need. A gap analysis and prioritization exercise was also conducted to identify the most significant health needs and to further address these needs through the implementation strategies that are included in this document.

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

- Children and Youth
- Mental Health

The report focuses on community assets as well as community health needs. The asset map/resource list is included in this document along with the action steps that will be taken to address each identified need.

At Sanford Jackson, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of communities is at the core of who we are. Through our work with communities, we can bring health and healing to the people who live and work across our communities. Together, we can fulfill this mission.

Sincerely,



Mary Ruyter
Chief Executive Officer
Sanford Jackson Medical Center

Sanford Jackson Medical Center
Community Health Needs Assessment
2016

EXECUTIVE SUMMARY

Sanford Jackson Medical Center

Community Health Needs Assessment 2016

Purpose

A community health needs assessment is critical to a vital Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

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

Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable survey was conducted on-line during 2015. The Center for Social Research at North Dakota State University developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various key community stakeholders and agencies, at times using a snowball approach. Data collection occurred throughout the month of March 2015 and a total of 28 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community stakeholders in the area to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the early findings from the survey and to discuss the top health issues or health-related issues facing the community. Community stakeholders helped to determine key priorities for the community.

3. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the needs. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

The secondary data includes the Robert Wood Johnson County Health Rankings for Jackson County.

Key Findings – Primary Research

The key findings are based on the non-generalizable survey data. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. The survey results that rank 3.5 or higher are considered to be high ranking and are included in the prioritization process.

1. **Economics:** Economics of highest concern ranked 3.65 and included the availability of affordable housing.
2. **Aging:** Aging topics of highest concern ranked 3.97-3.51. The areas of concern included cost of long term care, availability of memory care, and availability of resources to help the elderly stay safe in their homes.
3. **Children and Youth:** Children and youth topics of highest concern ranked 3.78-3.52. The areas of concern included bullying, availability of quality infant care, cost of quality infant care and cost of activities for children and youth.
4. **Safety:** Safety concerns ranked 3.75-3.50. The areas of concern included presence of street drugs and alcohol, presence of drug dealers, child abuse and neglect, and domestic violence.
5. **Health Care:** Health care topics of highest concern ranked 3.76-3.50. The areas of concern included availability of non-traditional hours, access to affordable health insurance, access to affordable prescription drugs, and cost of affordable dental insurance coverage.
6. **Physical Health:** Physical health topics of highest concern ranked 4.04-3.79. The areas of concern included cancer, inactivity and lack of exercise, poor nutrition and eating habits, obesity and chronic disease.
7. **Mental Health/Behavioral Health:** Mental/behavioral health topics of highest concern ranked 3.78-3.61. Specific areas of concern included stress, depression, dementia, underage drug, tobacco and alcohol abuse.

- 8. Preventive Health:** Preventive health concerns included flu shots, and seeing a health care provider or dentist in the last year. 76.5% of respondents have had a flu shot in the last year. 16.5% have not seen a health care provider or dentist in the past year.

Key Findings – Secondary Research Based on the 2014 County Health Rankings

Premature death: The premature death indicator is defined as years of potential lives lost before age 75 per 100,000. The mortality health outcome for the state of Minnesota is 5,038 per 100,000. Jackson County is 6,200 per 100,000.

Poor or Fair Health: 6% of adults in Jackson County report poor or fair health compared to 10% nationally and 11% in Minnesota.

The average number of days reported in the last 30 as unhealthy mental health days is 2.3 in Jackson County compared to the state of Minnesota - 2.6.

The percent of live births with low birth weight (less than 2,500 grams) is 7.5% in Jackson County. The state of Minnesota is 6.5%.

Health Factors

The percent of adults who are currently smoking is 12% in Jackson County. 16% of adults are current smokers in Minnesota.

31% of the adult population in Jackson County is considered obese with BMI over 30. 26% of the population in Minnesota is obese.

Excessive drinking data is not available for Jackson County but is at 19% across Minnesota and 10% nationally.

Driving deaths that have alcohol involvement is at 19% in Jackson County. Alcohol involvement in driving deaths is at 31% in Minnesota.

Sexually transmitted infections is 175 per 100,000 in Jackson County. Minnesota is 336 and the national benchmark is 138.

The teen birth rate is higher in Minnesota (24) than the national benchmark (20). The teen birth rate is 22 in Jackson County.

The clinical care outcomes indicate that the percentage of uninsured adults is 9% in Minnesota and 8% in Jackson County.

The ratio of population to primary care physicians is 1,113:1 in Minnesota. Jackson County's ratio is 5,141:1. The city of Jackson has 4.5 primary care physicians.

The ratio of population to mental health providers is 529:1 in Minnesota. Jackson County's ratio is 2,565:1.

The number of professionally active dentists in Minnesota is 1,404:1; in Jackson County it is 2,565:1.

Preventable hospital stays are 44 in Jackson County, 45 in Minnesota, and 41 nationally.

Diabetic screening is at 88% in Jackson County and 88% in Minnesota as a whole.

Mammography screening is at 88% in Jackson County and 66.7% in Minnesota.

The social and economic factor outcomes indicate that Minnesota is at 78% for high school graduation. Jackson County has a graduation rate of 95%.

Post-secondary education (some post-secondary education) is at 65.6% in Jackson County and 73.3% in Minnesota.

The unemployment rate is 3.5% in Jackson County and 5.1% in Minnesota.

The percentage of child poverty is 14% in Jackson County. The child poverty rate 14% in Minnesota.

Social associations are defined as the number of membership associations per 10,000 population and links to social and economic support. The national benchmark for social associations is 22. The ranking is higher in Jackson County at 31.1. The state of Minnesota ranks at 13.2.

The percentage of children in single parent households is 24% in Jackson County and 28% in Minnesota.

Violent crime in Jackson County is 81 per 100,000, which is lower than Minnesota at 229 cases per 100,000. The U.S. is 59 per 100,000.

The Jackson area has severe housing issues of 10% compared to 15% across Minnesota and 9% nationally.

The following needs were the top 15 brought forward for prioritization:

- Economics – Affordable housing
- Aging – Cost of long term care and availability of memory care
- Children and Youth – bullying and availability of quality infant care
- Safety – Presence of street drugs and alcohol in the community
- Health Care – Availability of non-traditional hours and access to affordable health insurance
- Physical Health – Cancer, inactivity and lack of exercise, chronic disease, obesity, poor nutrition and eating habits
- Mental Health – Depression, stress, substance use and abuse, underage drug use and abuse
- Preventive Health – Flu vaccines

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

- Children and Youth
- Mental Health

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

- Children and Youth
- Mental Health

Implementation Strategies

Priority 1: Children and Youth

Cost of activities for children and youth were ranked 3.52 on the Likert scale of 1-5. Children in poverty in Jackson County are 14% (compared to 14% for Minnesota) and children in single parent households are 24% (compared to 20% nationally).

Sanford has prioritized children and youth as a top priority with a projected impact on cost of activities for children and youth by utilizing Sanford's *fit* initiative. Through *fit*, we are actively working to promote healthy lifestyles in homes, schools, daycares and the community through technology and engaging programs.

Priority 2: Mental Health

Underage drug use and abuse was identified as a concern scored 3.91 on the Likert scale of 1-5. Drug use and abuse scored 3.78 on the same scale. Sanford Jackson is committed to doing education to the community on the topic of the Take Back program available in the community.

Mental health is identified as a priority for Sanford Jackson.

Sanford Jackson Medical Center

Community Health Needs Assessment 2016

Table of Contents

	Page
Purpose of the Community Health Needs Assessment	11
Acknowledgements	12
Description of Sanford Jackson Medical Center	14
Description of the Community Served	14
Study Design and Methodology	15
Limitations of the Study	16
Key Findings	17
<ul style="list-style-type: none">• Community Health Concerns• Personal Health Concerns• Demographics• Health Needs and Community Resources Identified• Prioritization	
How Sanford is Addressing the Needs	42
2016-2019 Implementation Strategies	45
2013 Implementation Strategies Impact	49
Community Feedback from 2013 Community Health Needs Assessment	52
<i><u>Appendix</u></i>	54
<i>Primary Research</i>	55
<ul style="list-style-type: none">• <i>Asset Map</i>• <i>Prioritization Worksheet</i>• <i>Non-Generalizable (Key Stakeholder) Survey Results</i>	
<i>Secondary Research</i>	110
<ul style="list-style-type: none">• <i>Definitions of Key Indicators</i>• <i>Robert Wood Johnson County Health Rankings</i><ul style="list-style-type: none">○ <i>Jackson County, Minnesota</i>	

Purpose of the Community Health Needs Assessment

A community health needs assessment is critical to a vital Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

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

Our Guiding Principles:

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

Acknowledgements

Sanford Health would like to acknowledge and thank the Steering Committees for their assistance and expertise while performing the assessment and analysis of the community health data. The assessment provides support for the future direction of our work.

Sanford Enterprise Steering Group:

- JoAnn Kunkel, CFO, Sanford Enterprise
- Michelle Bruhn, CFO, Health Services Division
- Tiffany Lawrence, CPA, Fargo Region Co-Lead, CFO, Sanford Medical Center Fargo
- Bruce Viessman, Sioux Falls Region Co-Lead, CFO, Sanford Health Network
- Martha Leclerc, MS, Vice President, Revenue Management
- Randy Bury, CAO, Health Services Division
- Steve Goetsch, CFO, Sioux Falls Region
- Jane Heilmann, Senior Corporate Communications Strategist
- Joy Johnson, COO Bemidji Region
- Kirk Christy, CFO, Bismarck Region
- Carrie McLeod, MBA, MM, LRD, CDE, Enterprise Lead, Enterprise Community Health/Community Benefit

Sanford Jackson Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE, Enterprise Lead, Office of Health Care Reform, Community Health/Community Benefit
- Mary Ruyter, CEO
- Jennifer Tewes, Jackson Clinic Administration

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

- Alicia Collura, Sioux Falls Public Health
- Anita Cardinal, Pennington County Public Health
- Ann Malmberg, Essentia Health
- Becky Secore, Beltrami Public Health
- Brenda Stallman, Traill County Public Health
- Brie Taralson, Essentia Health
- Brittany Ness, Steele County Public Health
- Caitlin Hurley, Avera Health
- Carrie McLeod, Sanford Health
- Dan Heinemann, MD, CMO, Sanford Health Network, Sioux Falls Region
- Gina Nolte, Partnership4Health, Clay County
- Hannah Shirkey, Sanford Health
- Jac McTaggart, Sanford Health
- Jessica Spaeth, City of Halstad
- Joy Johnson, Sanford Health
- Julie Jeske, CHI-St. Alexius Health
- Julie Miller, South Dakota Department of Health
- Julie Ward, Avera Health
- Kathy McKay, Clay County Public Health
- Katie Olson, South Dakota State University

- Kay Schwarzwalter, Center for Social Research, North Dakota State University
- Kim Jacobson, Traill County Public Health
- Kip Littau, South Dakota State University
- Marnie Walth, Sanford Health
- Mary Michaels, Sioux Falls Public Health
- Nancy Fahrenwald, South Dakota State University
- Renae Moch, Burleigh County Public Health
- Roger Baier, Sanford Health
- Ruth Bachmeier, Fargo Cass Public Health
- Sandra Melstad, Public Health Consultant, South Dakota Department of Health
- Stan Kogan, Sioux Falls Public Health
- Stephen Pickard, PhD, North Dakota Department of Health
- Susan Kahler, Burleigh County Public Health
- Teresa Miller, Avera Health

The following Jackson and surrounding area Key Community Stakeholders participated in community discussions and helped to formulate the priorities for future work.

- Lindsay Chapman, DesMoines Valley Health and Human Services, JCC Schools
- Donald Kuehl, United Prairie Insurance Agency
- Pat Stewart, Director, DesMoines Valley Health and Human Services,
- Angela Naumann, Health Educator, DesMoines Valley Health and Human Services
- Kelsey Andrews, Public Health, DesMoines Valley Health and Human Services
- Tari Phillips, DesMoines Valley Health and Human Services
- Sue Pirsig, Economic Development, City of Jackson
- Jennifer Bromeland, City Administrator, City of Jackson
- Todd Meyer, Superintendent, JCC Schools
- Gail Eike, Director of Fiscal Services, Sanford Jackson Medical Center
- Heidi Farrell, Executive Assistant, Sanford Jackson Medical Center
- Jennifer Tewes, Site Manager, Sanford Jackson Medical Center
- Dawn Schnell, Chief Nursing Officer, Sanford Jackson Medical Center
- Mary Ruyter, CEO, Sanford Jackson Medical Center



Description of Sanford Jackson Medical Center

Sanford Jackson Medical Center is a 20-bed hospital serving people in Jackson County and the surrounding area. It provides 24/7 emergency care with an on-site heliport for transporting critically ill patients to tertiary medical center, when needed.

A variety of surgical procedures are performed daily in the surgical suite at Sanford Jackson Medical Center, including orthopedic surgery. Laboratory and radiology services are available 24 hours a day, with staff serving both the hospital, the attached medical clinic and free standing clinic in Lakefield, MN. Clinic services include family medicine, cardiology, general surgery, orthopedics, OB/GYN, oncology, podiatry and vascular care.

Sanford Jackson employs 5 clinicians, including physicians and advanced practice providers, and 65 employees.

Description of the Community Served

Jackson is a charming city nestled in the valley of the west for of the Des Moines River in southwestern Minnesota. With a population of 3,300, Jackson is the largest city and the county seat of Jackson County. In 2010, the county was designated as “the healthiest county in Minnesota” and routinely ranks in the top ten.

A beautiful and historic county courthouse is centrally located on a downtown hillside, and a historic downtown district features a variety of strong retail and service-based businesses, including a classic sidewalk movie theatre offering the latest releases.

Jackson also boasts a 300-acre industrial park with strong and expanding industrial residents, such as AGCO, Pioneer Seed, Technical Services for Electronics, West Corporation, Ziegler, Last Deck, HitchDoc, and USF Holland.

Outdoor enthusiasts will find a city park, a beautiful and expanding biking and walking trail system, a disc golf course, a skate park, baseball and softball complexes, numerous other parks, and fishing opportunities along the river.

Study Design and Methodology

1. Non-Generalizable Survey

A non-generalizable on-line survey was conducted by Sanford Health with the assistance of public health leadership and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to community stakeholders and various agencies, at times using a snowball approach. Data collection occurred throughout the month of May 2015 and a total of 111 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community members and key stakeholders in the greater Jackson area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. As stated in the generalizable survey methodology, many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the early findings from the generalizable survey and to discuss the top health issues or health-related issues facing the community. Community stakeholders discussed the community needs and helped to determine key priorities for the community.

3. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

Each unmet need was researched to determine what resources were available in the community to address the needs. Sanford and community stakeholders performed the asset mapping review. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

4. Secondary Research

The secondary data includes the South Dakota Health Study for Lincoln County and the Robert Wood Johnson County Health Rankings for Lincoln County, SD and Jackson County, IA.

Limitations of the Study

The findings in this study provide a limited snapshot of behaviors, attitudes, and perceptions of residents living in the Jackson primary service area. A good faith effort was made to secure input from a broad base of the community. Invitations were extended to county and city leadership, local legislators, organizations and agencies representing diverse populations and disparities.

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

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. In some cases there were surveys that were submitted without names or without a specified area of expertise or affiliation. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under “About Sanford” in the Community Health Needs Assessment section.

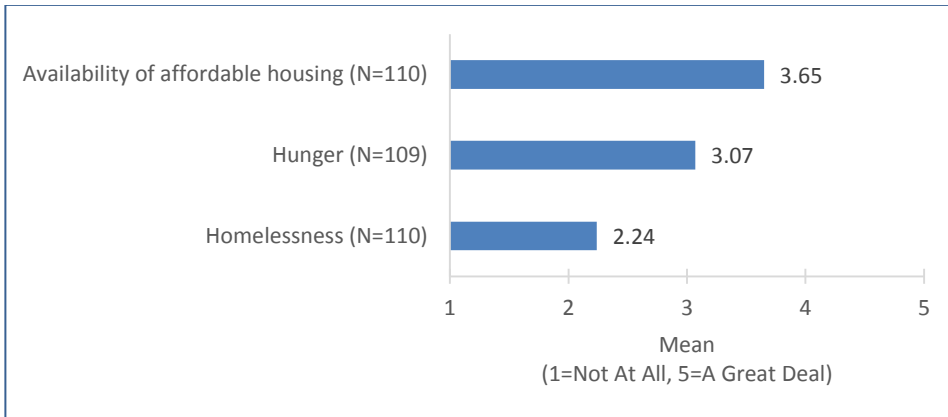
Key Findings

Community Health Concerns

Economics

With respect to economic issues, respondents were most concerned with availability of affordable housing and had moderate levels of concern with hunger.

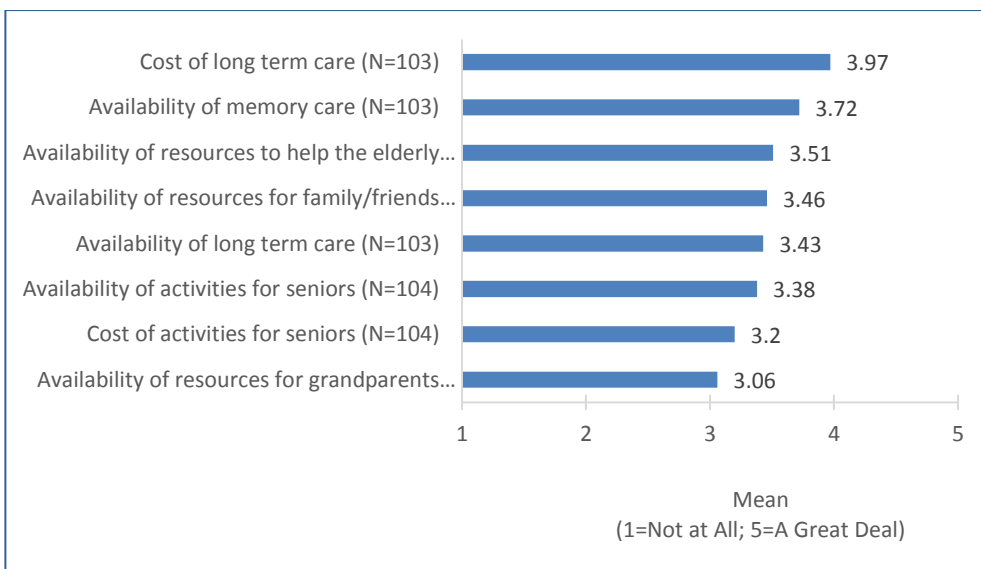
Level of concern with statements about the community regarding ECONOMICS



Aging Population

Respondents were most concerned with the cost of long term care and the availability of memory care. They were least concerned with availability of resources for grandparents caring for grandchildren and the cost of activities for seniors.

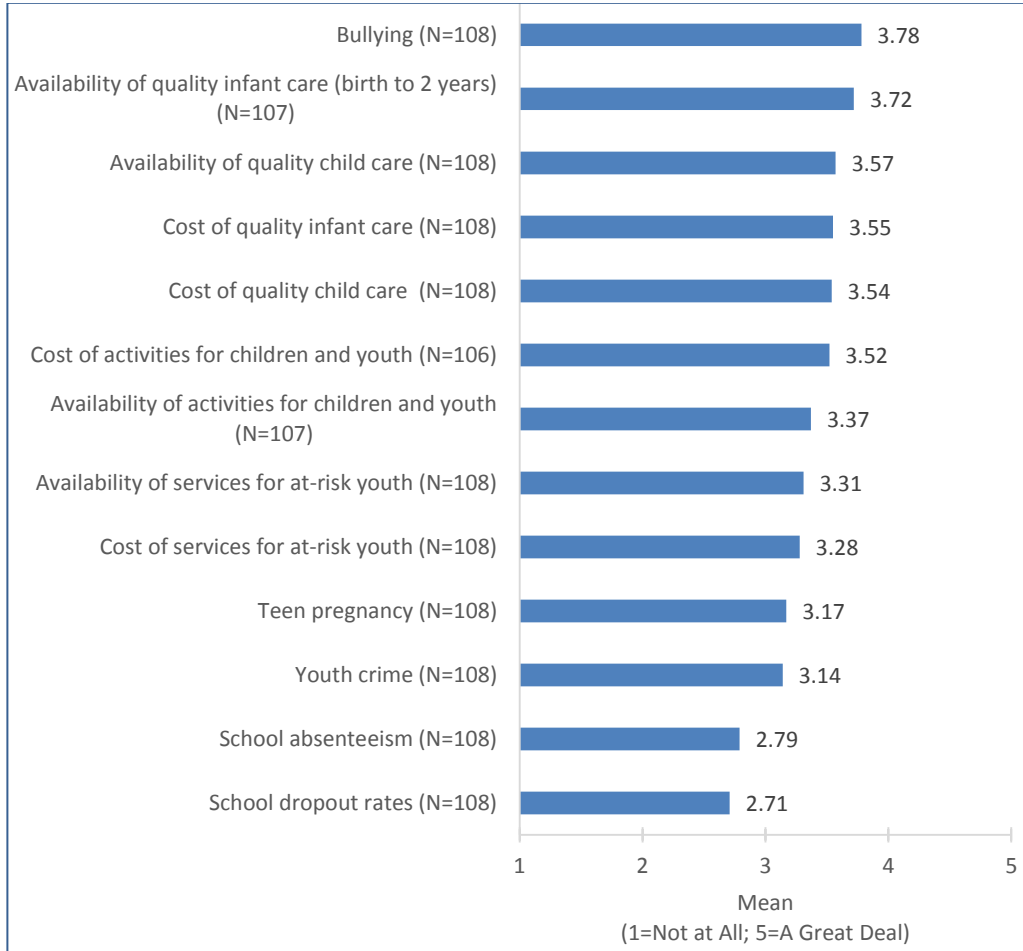
Level of concern with statements about the community regarding the AGING POPULATION



Children and Youth

Among children and youth concerns, respondents were most concerned about bullying and the availability of quality infant care. Respondents were least concerned with school absenteeism and school dropout rates.

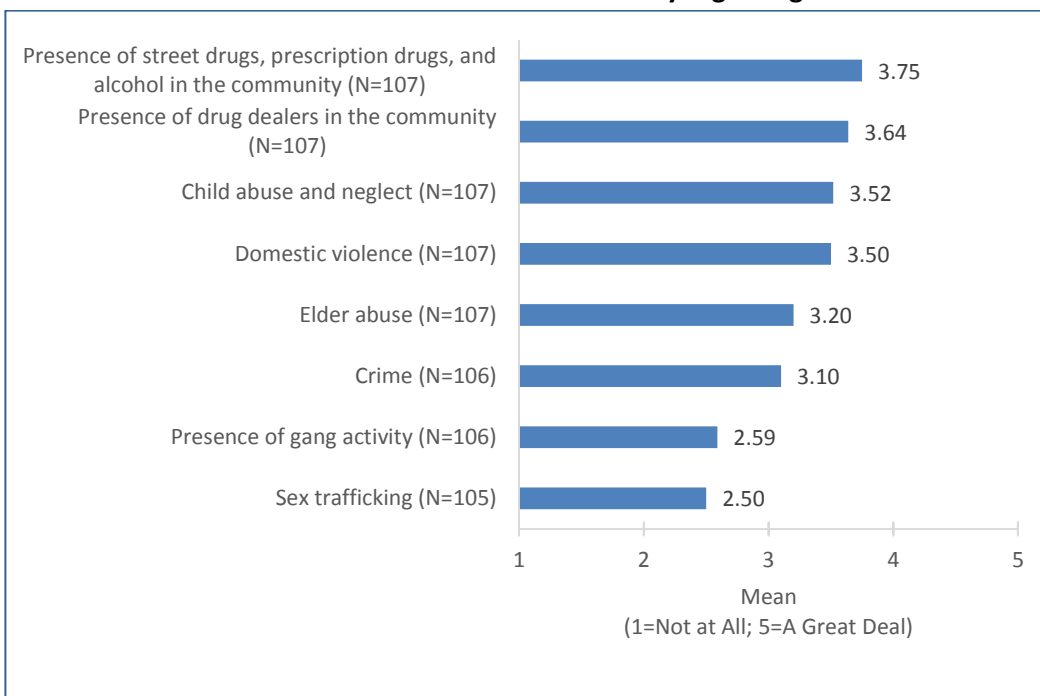
Level of concern with statements about the community regarding CHILDREN AND YOUTH



Safety

Respondents feel the presence of street drugs, prescription drugs and alcohol in the community and the presence of drug dealers in the community are of greatest concern in relation to safety. Of least concern is sex trafficking and the presence of gang activity.

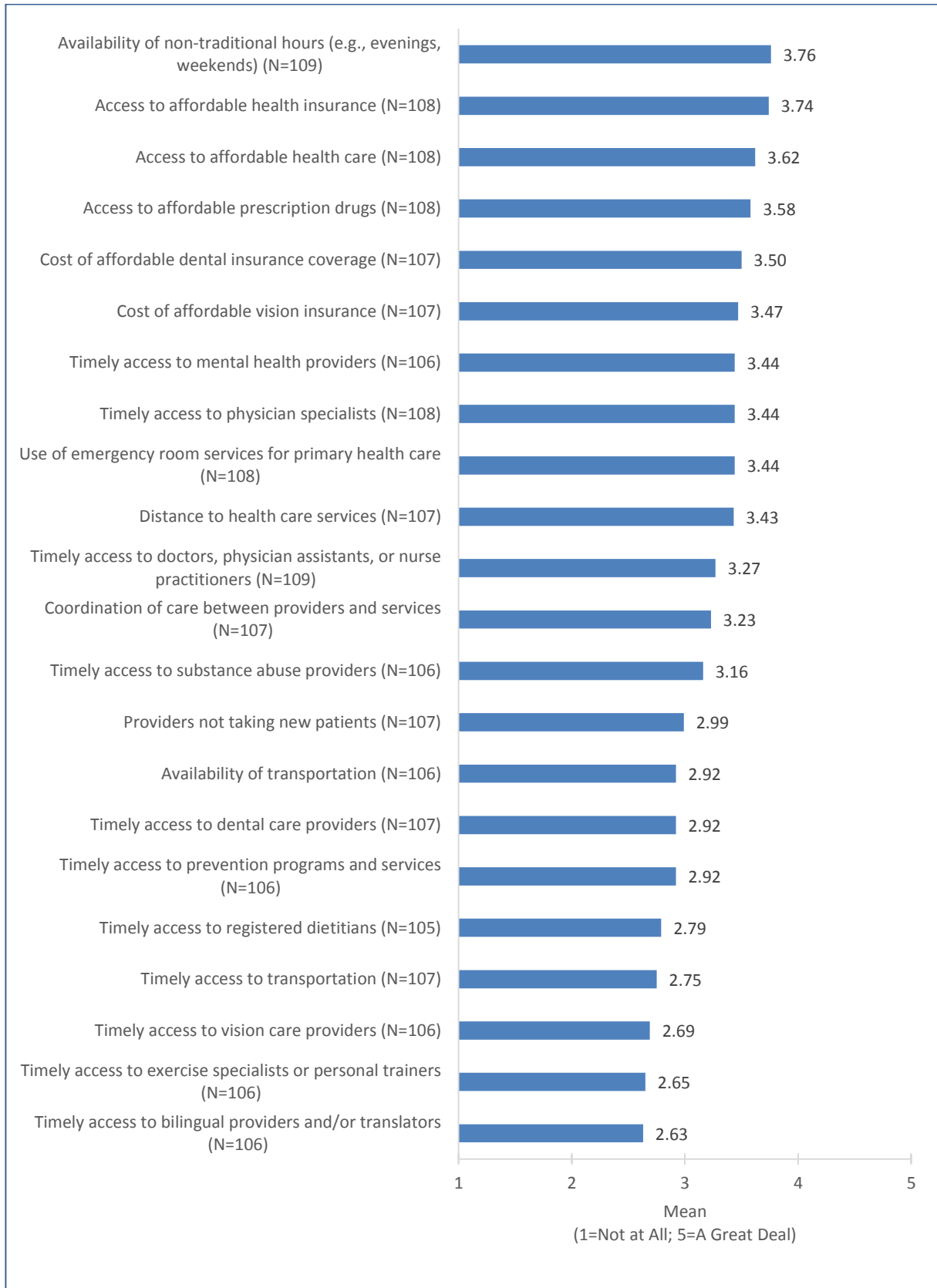
Level of concern with statements about the community regarding SAFETY



Health Care Access and Cost

Among the health concerns, respondents were most concerned about the availability of non-traditional hours (e.g. evenings, weekends), access of affordable health insurance, access to affordable health care, and access to affordable prescription drugs. Respondents were also concerned with cost of affordable dental insurance coverage and vision insurance. Respondents were least concerned with timely access to exercise specialists or personal trainers and timely access to bilingual providers and/or translators.

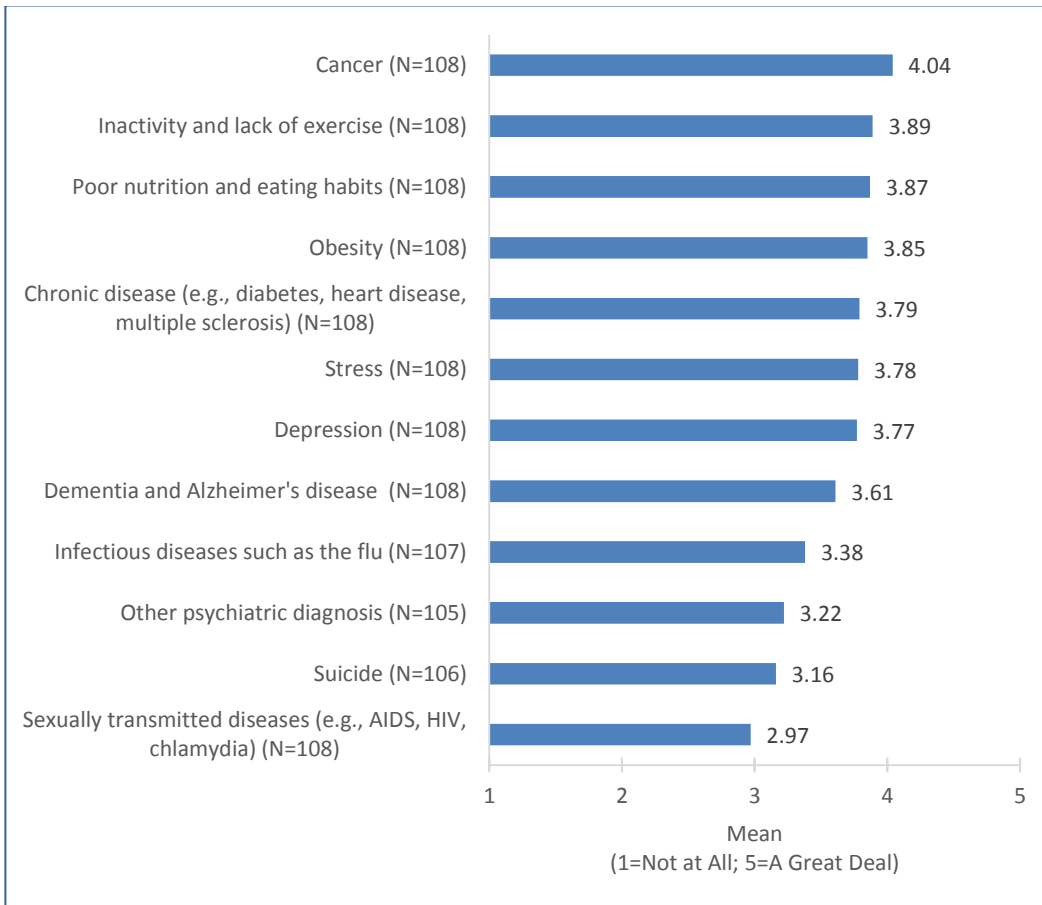
Level of concern with statements about the community regarding HEALTH CARE ACCESS AND COST



Physical Health and Mental Health

Cancer and inactivity and lack of exercise are of greatest concern in regards to physical health. Suicide and other psychiatric diagnosis were just above the mean. Sexually transmitted diseases were of least concern.

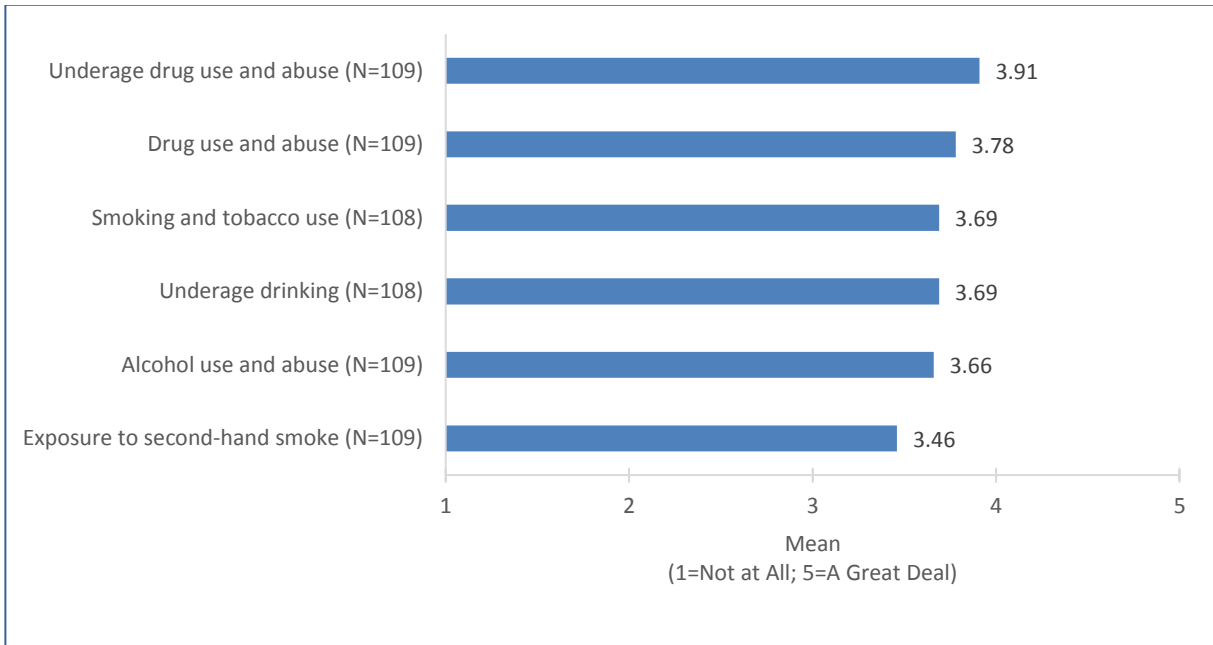
Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH



Substance Use and Abuse

Underage drug use and abuse was of highest concern. Exposure to secondhand smoke was of least concern in relation to substance use and abuse.

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

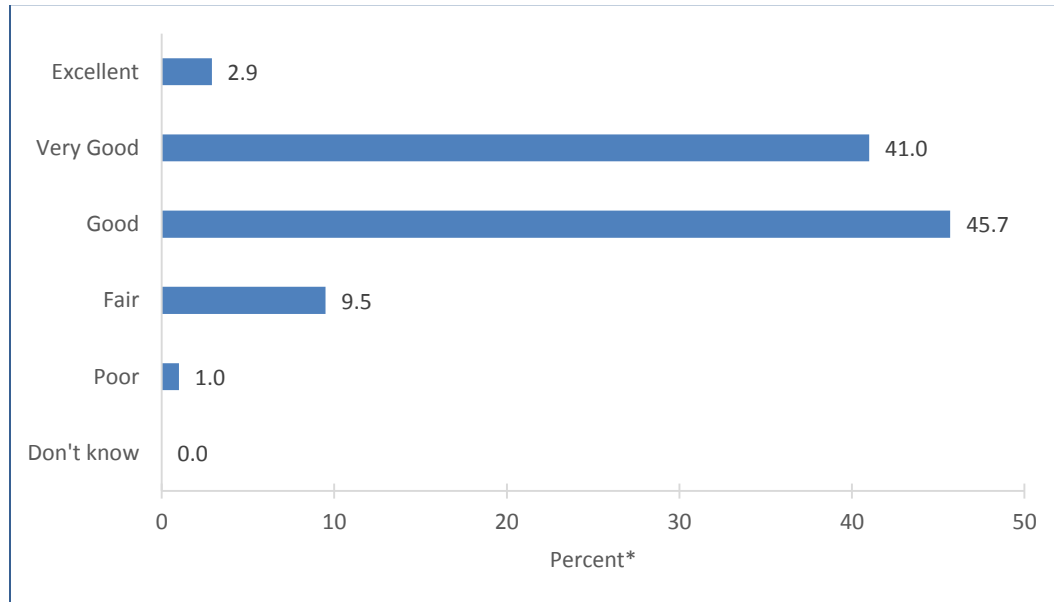


Personal Health Concerns

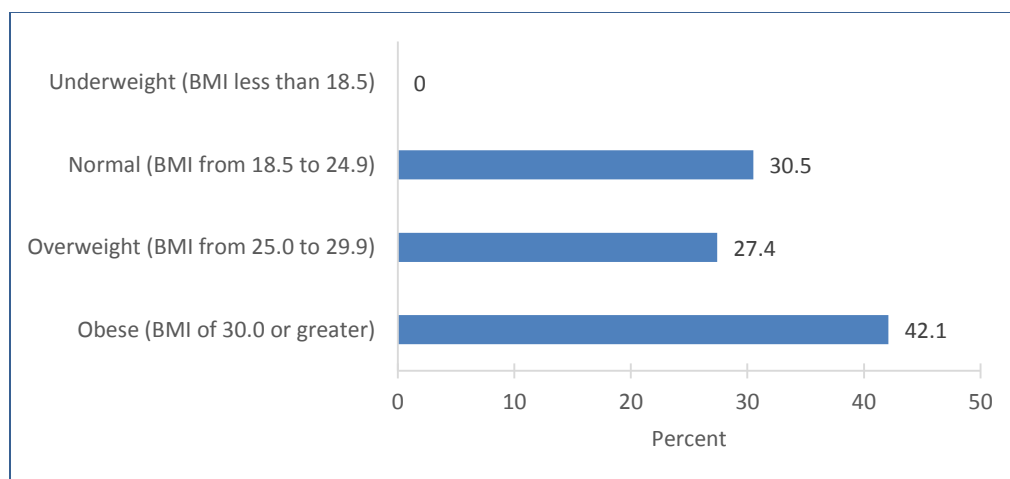
Respondents' Personal Health Status

The majority of respondents rate their overall health as good/very good; however, their Body Mass Index (BMI) for the majority is overweight/obese.

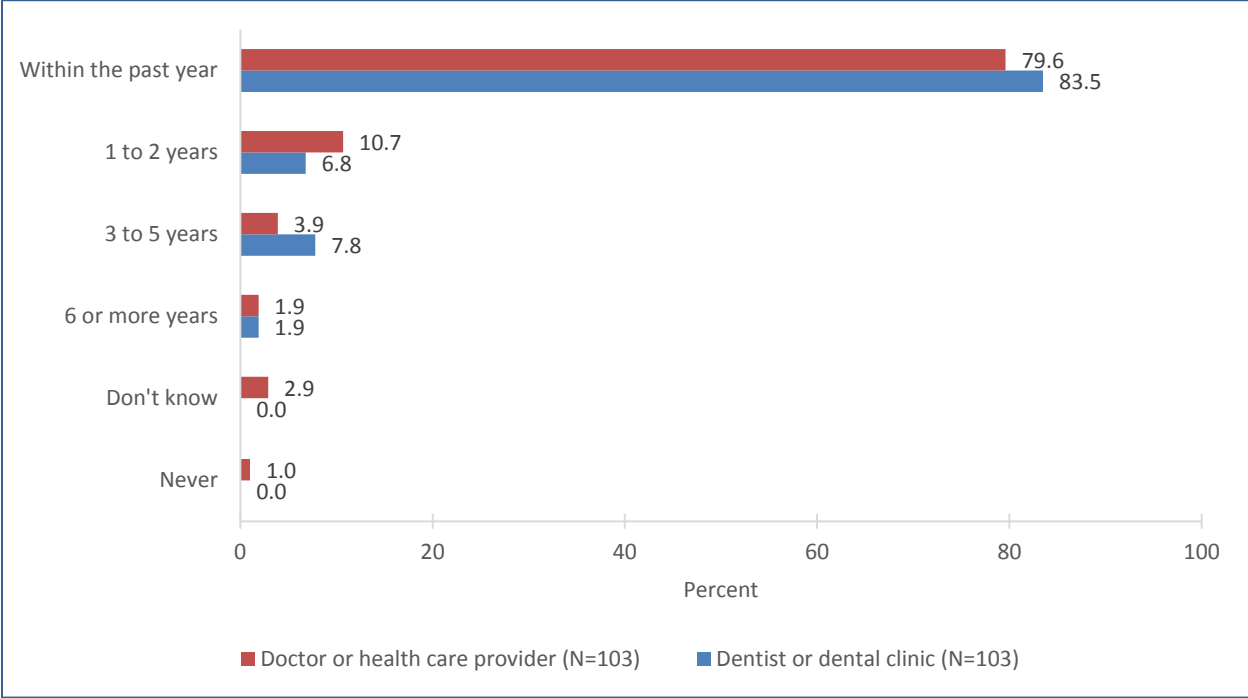
Respondents' rating of their health in general



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



Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



N=103

Preventive Health

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate 89.3% of respondents have had blood pressure screening. 76.5% of respondents have had a flu shot in the last year.

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

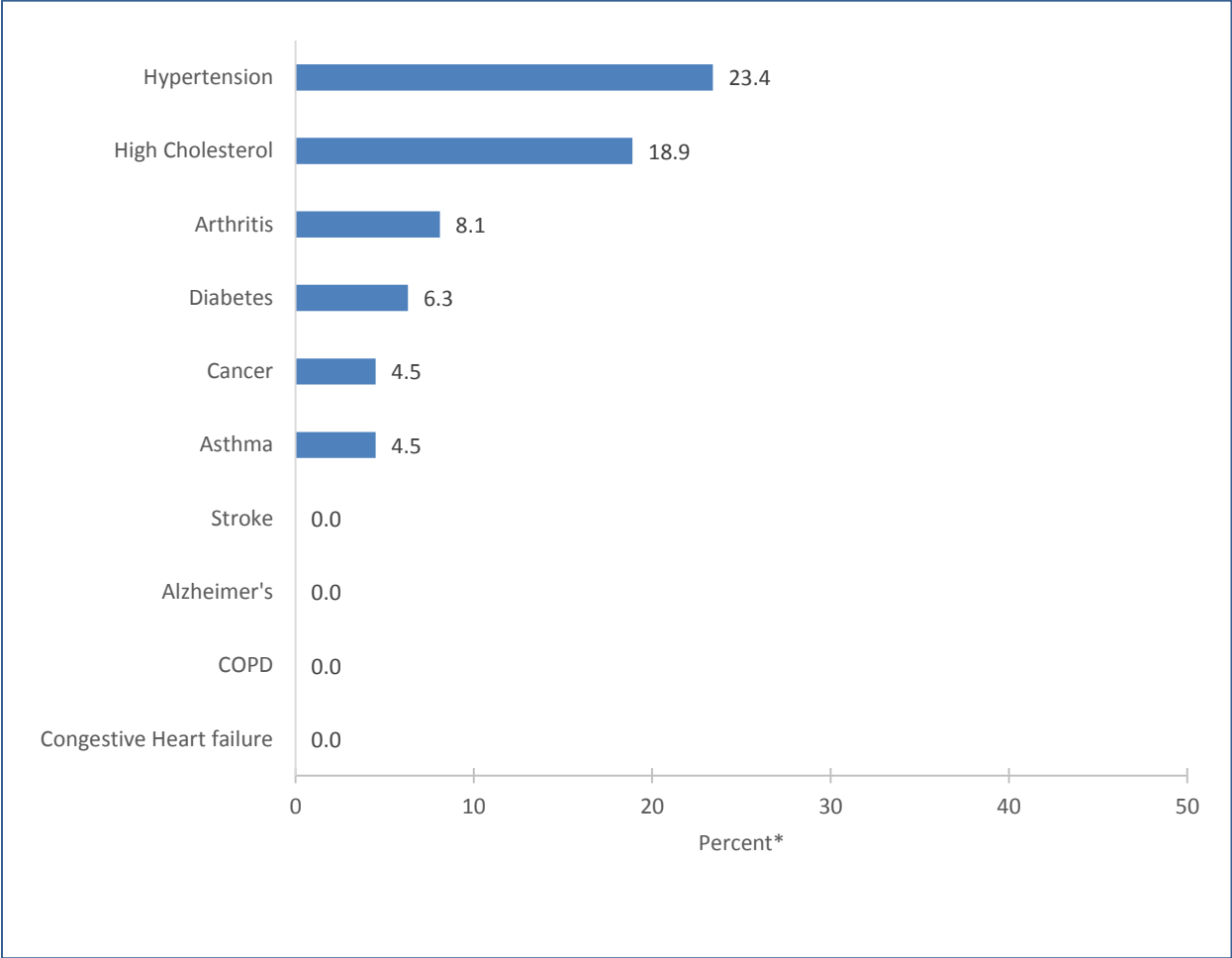
Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=103)	89.3	10.7	100.0
Blood sugar screening (N=103)	69.9	30.1	100.0
Bone density test (N=102)	11.8	88.2	100.0
Cardiovascular screening (N=103)	21.4	78.6	100.0
Cholesterol screening (N=103)	73.8	26.2	100.0
Dental screening and X-rays (N=103)	83.5	16.5	100.0
Flu shot (N=102)	76.5	23.5	100.0
Glaucoma test (N=102)	37.3	62.7	100.0
Hearing screening (N=102)	14.7	85.3	100.0
Immunizations (N=101)	30.7	69.3	100.0
Pelvic exam (N=73 Females)	68.5	31.5	100.0
STD (N=101)	10.9	89.1	100.0
Vascular screening (N=102)	11.8	88.2	100.0
CANCER SCREENINGS			
Breast cancer screening (N=71 Females)	54.9	45.1	100.0
Cervical cancer screening (N=70 Females)	65.7	34.3	100.0
Colorectal cancer screening (N=100)	22.0	78.0	100.0
Prostate cancer screening (N=28 Males)	35.7	64.3	100.0
Skin cancer screening (N=98)	25.5	74.5	100.0

Whether respondents had cancer preventive screenings in the past year, by gender and age

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=11)	45.5	36.4	9.1	0.0	0.0	0.0	9.1
Blood sugar screening (N=31)	35.5	45.2	6.5	0.0	0.0	0.0	6.5
Bone density test (N=90)	38.9	47.8	6.7	0.0	0.0	0.0	5.6
Cardiovascular screening (N=81)	33.3	53.1	4.9	0.0	0.0	0.0	6.2
Cholesterol screening (N=27)	18.5	44.4	7.4	0.0	3.7	0.0	14.8
Dental screening and X-rays (N=17)	23.5	17.6	29.4	11.8	0.0	0.0	35.3
Flu shot (N=24)	50.0	4.2	4.2	0.0	4.2	0.0	25.0
Glaucoma test (N=64)	37.5	29.7	4.7	0.0	0.0	0.0	14.1
Hearing screening (N=87)	54.0	28.7	2.3	0.0	0.0	0.0	9.2
Immunizations (N=70)	55.7	28.6	1.4	0.0	0.0	0.0	8.6
Pelvic exam (N=23 Females)	56.5	4.3	8.7	0.0	0.0	0.0	30.4
STD (N=90)	68.9	17.8	1.1	0.0	1.1	0.0	6.7
Vascular screening (N=90)	40.0	47.8	3.3	0.0	0.0	0.0	8.9
CANCER SCREENINGS							
Breast cancer screening (N=32 Females)	40.6	34.4	6.3	0.0	0.0	3.1	18.8
Cervical cancer screening (N=24 Females)	50.0	12.5	8.3	0.0	0.0	0.0	29.2
Colorectal cancer screening (N=78)	52.6	34.6	2.6	2.6	0.0	0.0	5.1
Prostate cancer screening (N=18 Males)	38.9	44.4	0.0	0.0	0.0	0.0	5.6
Skin cancer screening (N=73)	32.9	53.4	5.5	0.0	1.4	1.4	6.8

*Percentages may not total 100.0 due to multiple responses.

Whether respondents have any of the following chronic diseases



N=111

*Percentages do not total 100.00 due to multiple responses.

Screenings

- **Breast cancer screening:** According to the Center for Disease Control (CDC), a mammogram is an x-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The U. S. Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.
- **Cervical cancer screening:** Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:
 - The Pap test (or Pap smear) looks for *pre-cancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
 - The HPV test looks for the virus that can cause these cell changes (human papillomavirus) (http://www.cdc.gov/cancer/hpv/basic_info/)
 - The Pap test is recommended for all women between the ages of 21 and 65 years old, and can be done in a doctor's office or clinic.
- **Colorectal cancer screening:** Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can also find colorectal cancer early, when treatment works best. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75.
- **Prostate cancer screening:** The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:
 - Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
 - Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than age 65).
 - Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).
- After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

- If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.
- Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:
 - Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.
 - Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.
- Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.
- Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values and preferences.
- Skin cancer screening: The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a doctor) to find skin cancers early. The USPSTF recommends that doctors:
 - Be aware that fair-skinned men and women aged 65 and older, and people with atypical moles or more than 50 moles, are at greater risk for melanoma.
 - Look for skin abnormalities when performing physical examinations for other reasons.

Flu Vaccines

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months and older receive a flu vaccine annually. Findings from the non-generalizable survey indicate that 23.5% of respondents did not have a flu shot last year.

The Center for Disease Control states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Even healthy people can get sick from the flu and spread it to others. Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

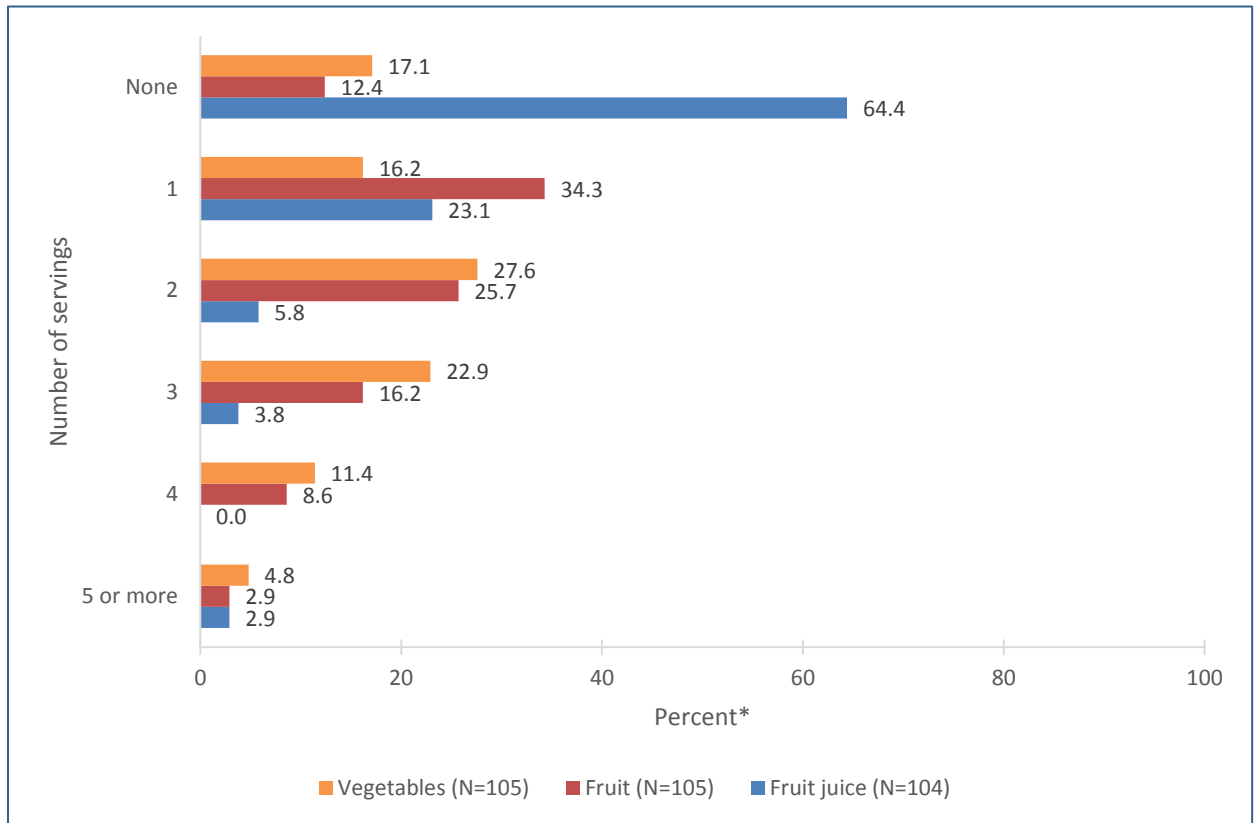
Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 39.1% of respondents in the non-generalizable group reported having 3 or more servings of vegetables the prior day, while only 27.7% of the non-generalizable group reported having 3 or more servings of fruits the prior day.

According to the U.S. Department of Health and Human Services, U.S. Department of Agriculture Dietary Guidelines for Americans, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. A diet high in fruits and vegetables is

associated with decreased risk for chronic diseases. In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie diet can be beneficial for weight management.

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

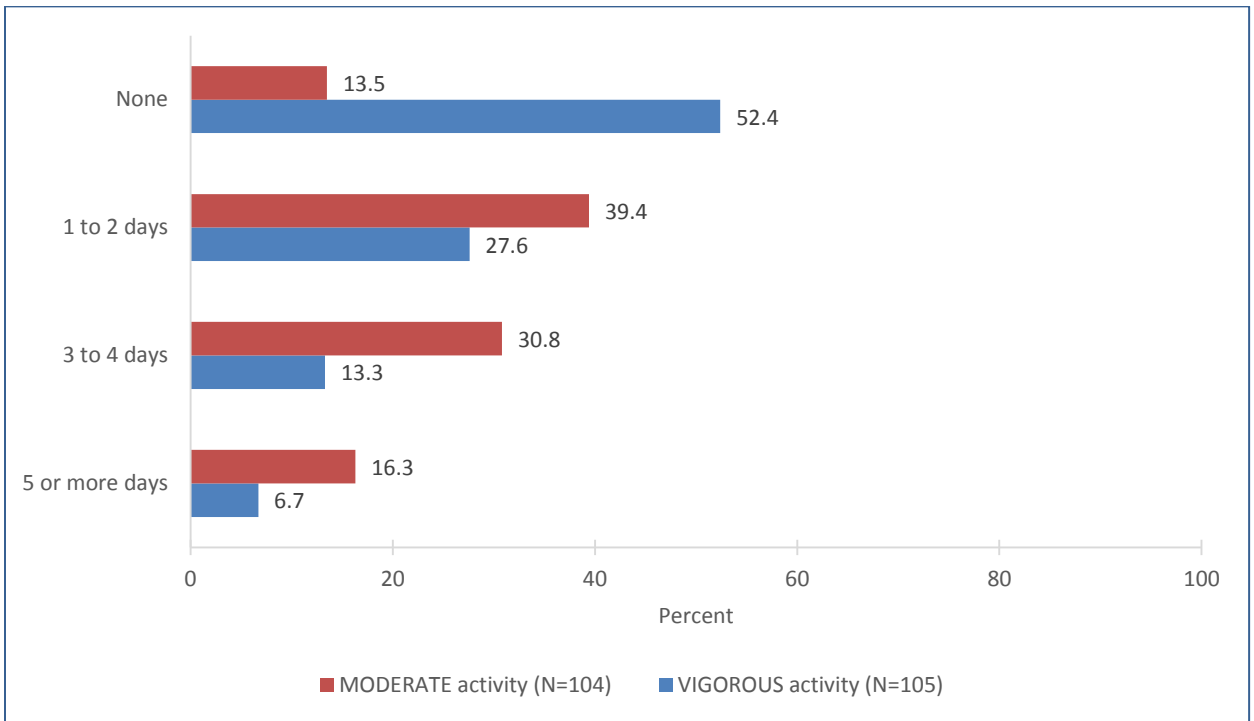


Physical Activity Levels

Study results suggest that the majority of respondents do not meet physical activity guidelines. In the generalizable group, 47.1% of respondents engage in moderate activity 3 or more times per week and 20% engage in vigorous activity 3 or more times per week. In the non-generalizable group, 47.1% engage in moderate activity 3 or more times per week and 20% in vigorous activity 3 or more times per week.

Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health.

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

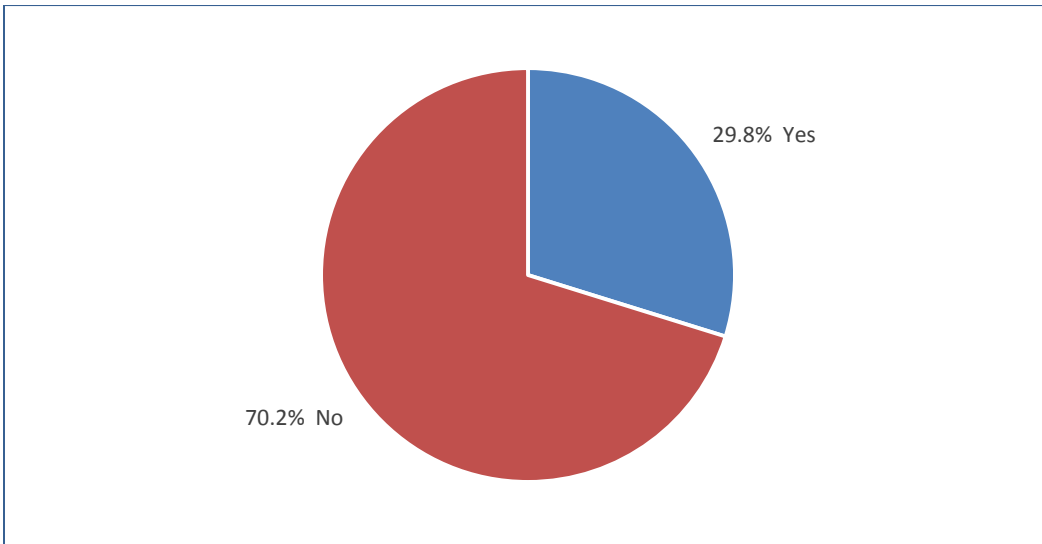


Tobacco Use

Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 29.8 in 104 respondents have smoked at least 100 cigarettes in their lifetime, which indicates former smoker status according to the Centers for Disease Control and Prevention.

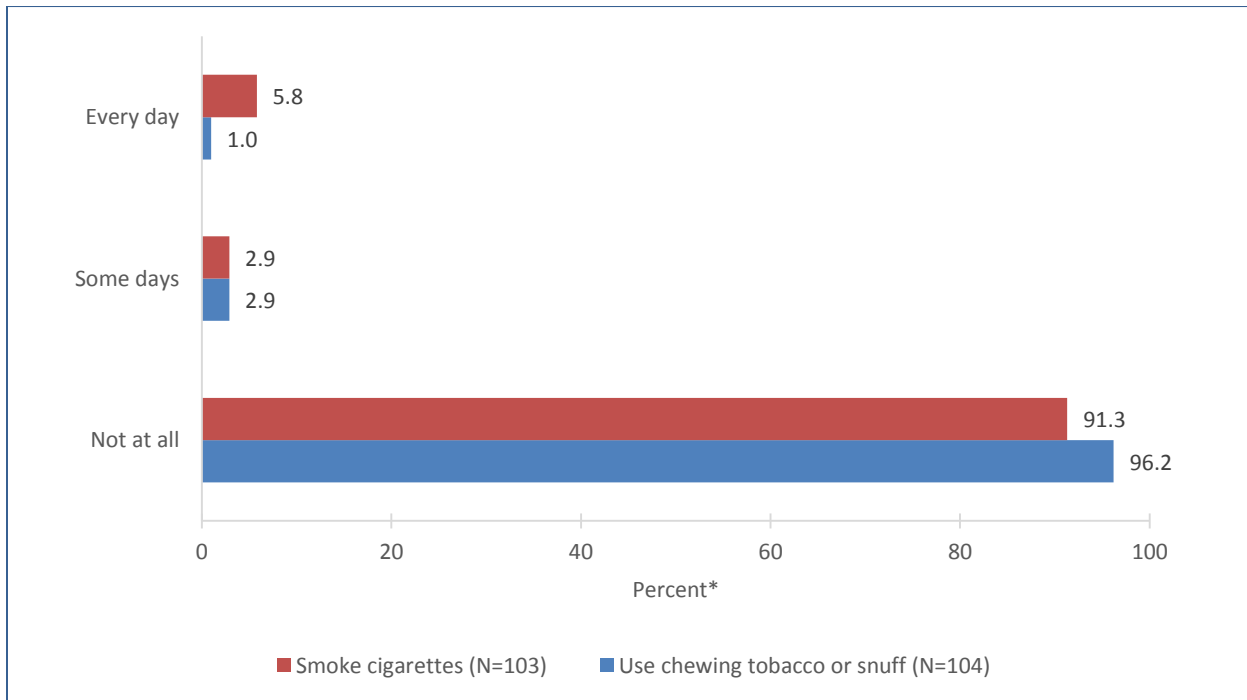
Secondary research through the Robert Wood Johnson Foundation program and the University of Wisconsin finds that 12% of Jackson County are current smokers.

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



N=104

How often respondents currently smoke cigarettes and use chewing tobacco or snuff

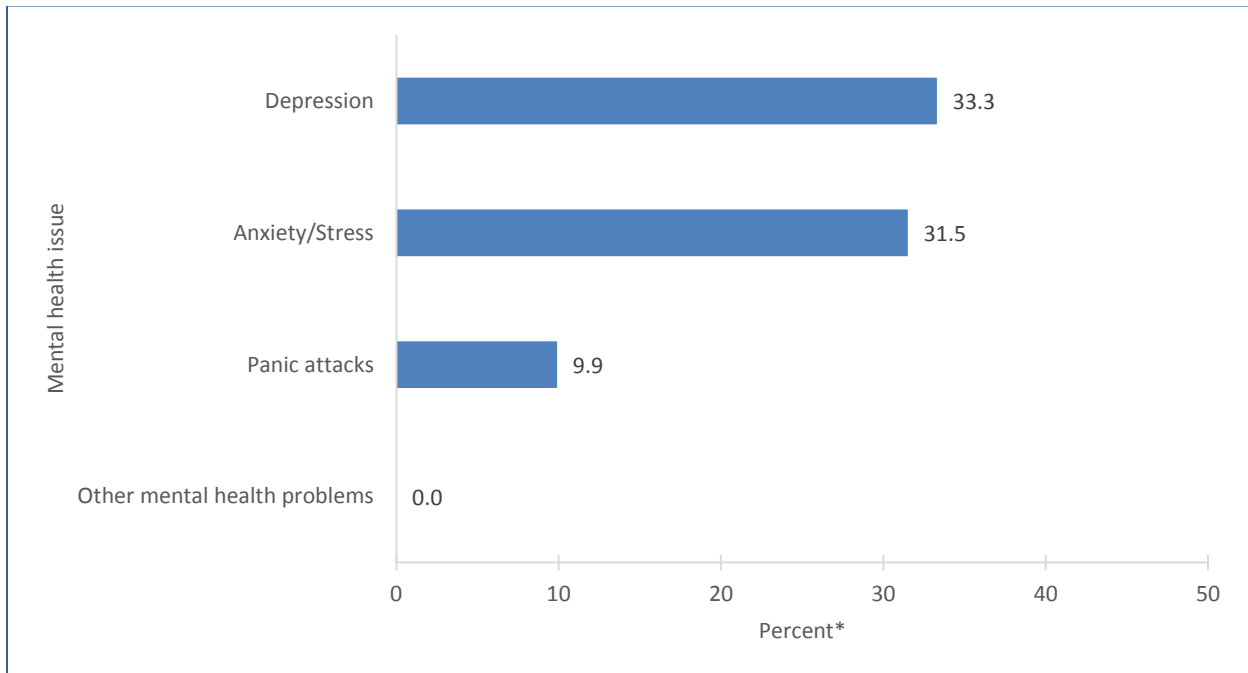


*Percentages may not total 100.0 due to rounding.

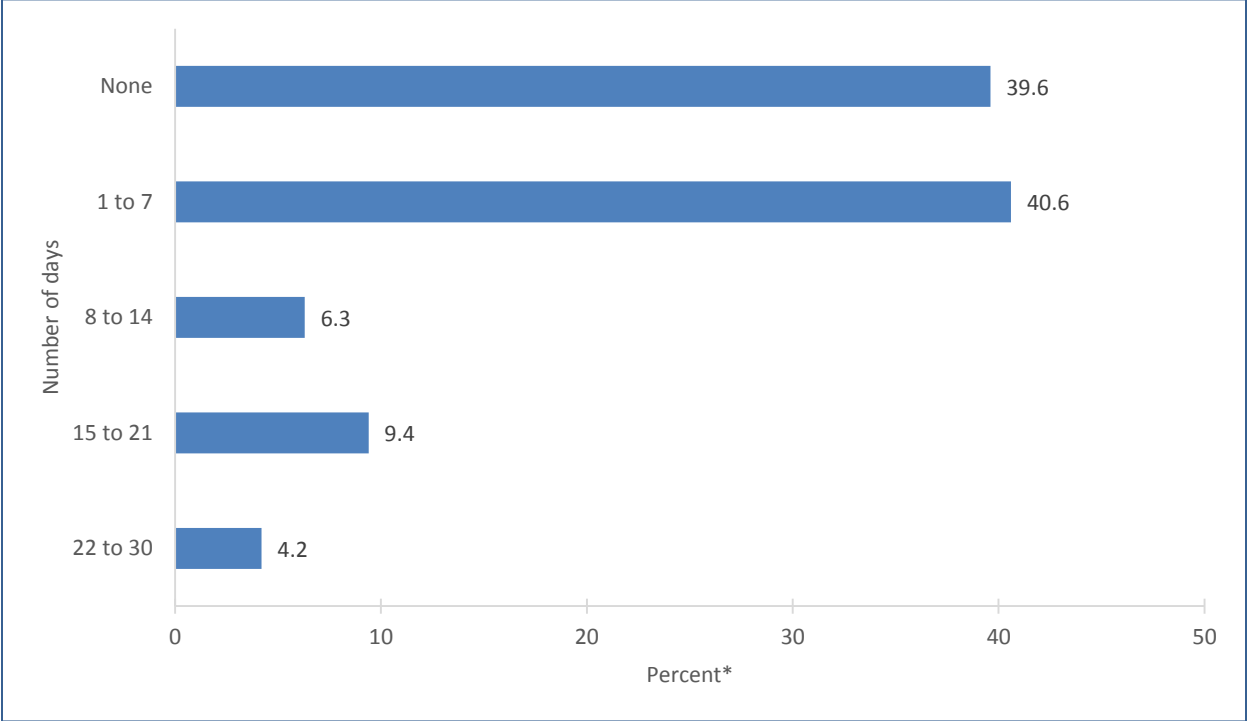
Mental Health

Mental health is an important component of well-being at every stage of life and impacts how we think, act and feel. Mental health influences our physical health, how we handle stress, how we make choices, and how we relate to others. Among 111 respondents, mental health is a moderately high concern for 74.7% of them.

Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



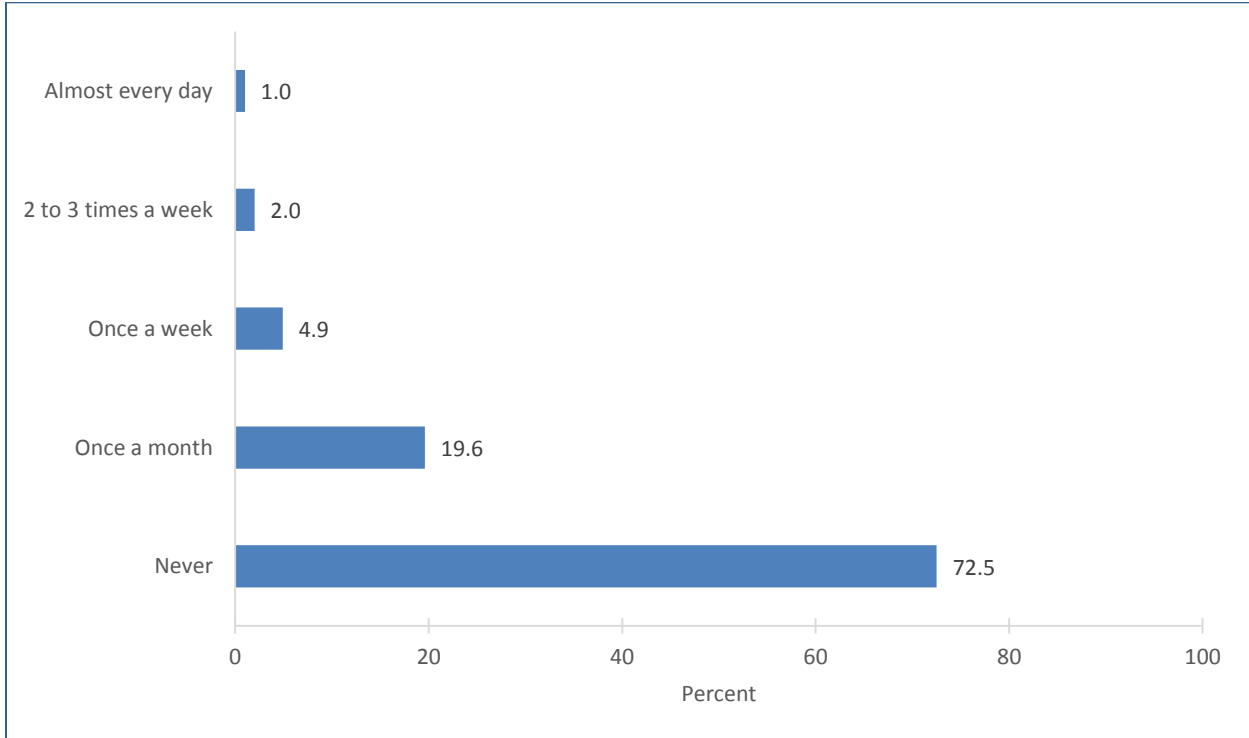
Number of days in the last month that respondents' mental health was not good



Substance Abuse Responses

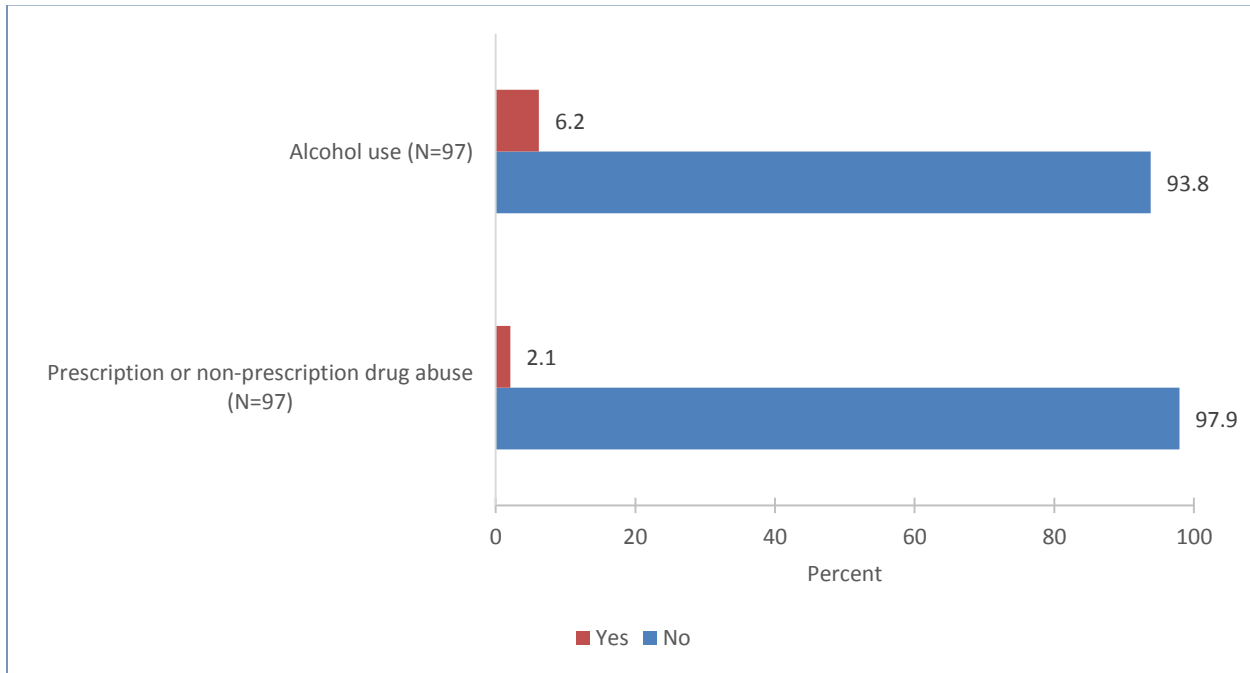
Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns.

Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (Binge drinking is defined by the CDC as 4 drinks for females, 5 drinks for males) on the same occasion



N=102

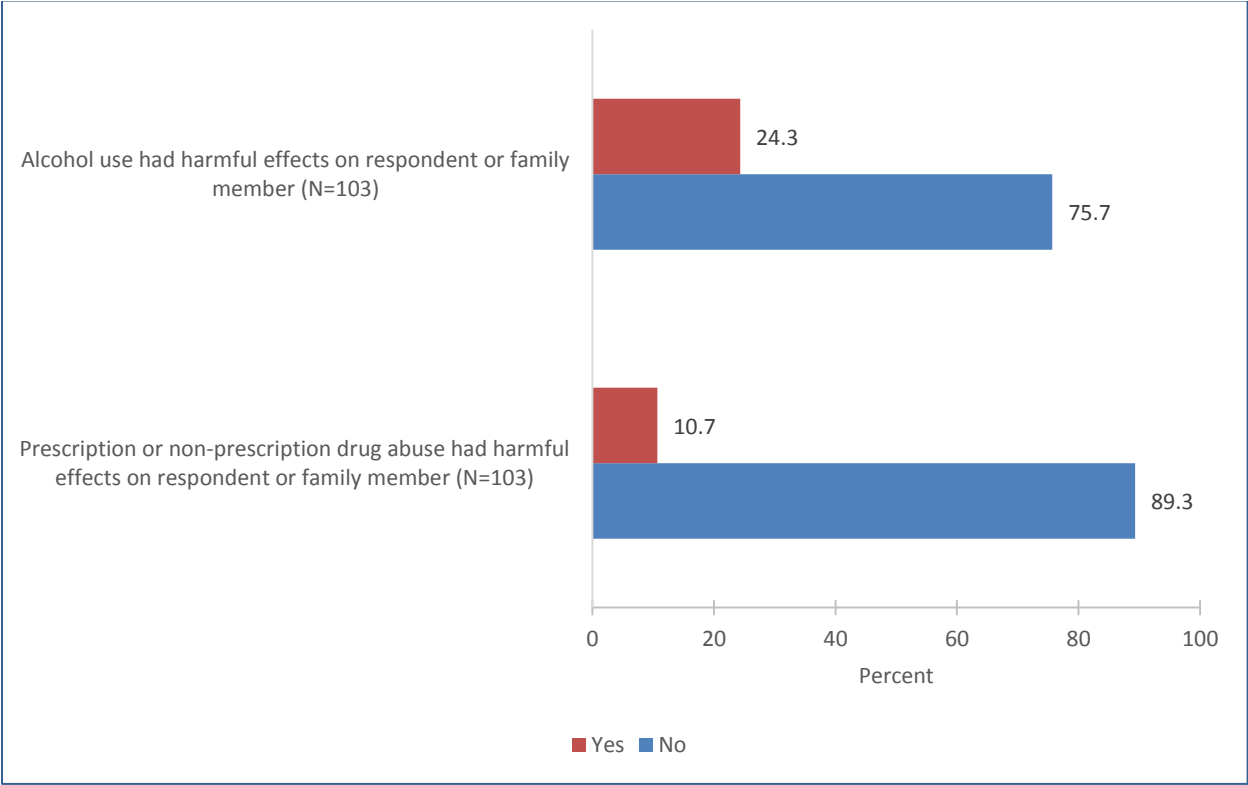
Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse



6.2% of respondents reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking. Overall, 24.3% of respondents report alcohol use has had harmful effects on themselves or a family member.

Other forms of substance abuse include the use of prescription or non-prescription drugs. 2.1% reported having had a problem with prescription or non-prescription drug abuse. However, 10.7% respondents say prescription or non-prescription drug abuse has had harmful effects on themselves or a family member.

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



Demographics

Total Population – 2010 U.S. Census Bureau

- Jackson County: 10,266

Population by Age and Gender

	Number	Percent	Males	Percent	Females	Percent
<5 years	610	5.9	304	5.9	306	6.0
5-9	629	6.1	334	6.4	295	5.8
10-14	654	6.4	343	6.6	311	6.1
15-19	670	6.5	357	6.9	313	6.2
20-24	474	4.6	263	5.1	211	4.2
25-29	533	5.2	268	5.2	265	5.2
30-34	523	5.1	285	5.5	238	4.7
35-39	557	5.4	282	5.4	275	5.4
40-44	605	5.9	309	6.0	296	5.8
45-49	736	7.2	395	7.6	341	6.7
50-54	873	8.5	457	8.8	416	8.2
55-59	774	7.5	403	7.8	371	7.3
60-64	584	5.7	297	5.7	287	5.7
65-69	463	4.5	234	4.5	229	4.5
70-74	421	4.1	184	3.5	237	4.7
75-79	397	3.9	185	3.6	212	4.2
80-84	341	3.3	133	2.6	208	4.1
85 and over	422	4.1	157	3.1	265	5.2
Median age	43.8					

Population by Race

	Jackson	Percent
White	9830	95.8
Black or African American	47	.5
American Indian or Alaska Native	18	.2
Asian	140	1.4
Native Hawaiian or other Pacific Islander	1	0
Hispanic or Latino	277	2.7

The per capita personal income in Jackson County, Minnesota is \$27,942. 8.2% of all families are living below the poverty level in Jackson County, and the unemployment rate in Jackson County is 2.8%.

Health Needs and Community Resources Identified

One of the requirements for a community health needs assessment is to identify the resources that are available in the community to address unmet needs. Asset mapping was conducted 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 were available in the community to address the needs.

The community stakeholders participated in the asset mapping and reviewed the research findings. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

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

The asset map includes identified needs from the following:

- Identified needs from the non-generalizable survey
- Concerns expressed by the key stakeholder group
- Secondary research data
- Community resources that are available to address the need(s)

The asset map can be found in the Appendix.

Prioritization

The following needs were brought forward for prioritization:

- Economics
- Aging Population
- Children and Youth
- Safety
- Mental Health/Behavioral Health
- Physical Health/Preventive Health

Sanford is addressing all of the assessed needs that fall within our scope of work. In some cases the need is one where we do not have the expertise to adequately address the need; however, Sanford leaders will communicate these findings with community leaders and experts who can best focus on a solution to the concern.

A document that shares what Sanford is doing to address the need or defends why Sanford is not addressing the need can be found in the Appendix.

Members of the collaborative determined that children and youth and mental health are the top unmet needs.

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

- Children and Youth
- Mental Health

Addressing the Needs

Identified Concerns	How Sanford Jackson is Addressing the Needs
<p>Economics</p> <ul style="list-style-type: none"> • Availability of affordable housing 	
<p>Aging</p> <ul style="list-style-type: none"> • Cost of long term care • Availability of memory care • Availability of resources for family/friends caring for and making decisions for elders 	<ul style="list-style-type: none"> • Discharge planning services • Health Care Home/Medical Home/Behavioral Health Triage Therapist • Hospice/Home Medical Services • Relationships with DVHSS/Home Health/Nursing Homes • Advanced Care Planning go live 1/5/16 <ul style="list-style-type: none"> ○ More Advanced Directives with the patient - people are living longer and we need to work with them on their needs. ○ New ACP resources - new forms that are patient friendly ○ New forms easier to understand and can be used across several states ○ In the hospital only providers have access; in the clinics the providers and nurses have access. ○ Goes live 1/5/16 ○ Upcoming education training for staff ○ Upcoming education in the community (Kiwanis, Ministerial Association, Nursing Homes, etc.)
<p>Children and Youth</p> <ul style="list-style-type: none"> • Bullying • Availability of quality infant care • Availability of quality childcare • Cost of quality infant care • Cost of quality child care • Cost of activities for children and youth 	<ul style="list-style-type: none"> • Dr. Ikoghode’s attendance at “Generation Next” meetings sponsored by Western Community Action/Big Buddies • Sponsorship given locally to a number of activities for children/youth (4-H, Easter Egg Hunts, Library Programs, Post Prom, Kids lunch in the Park, etc.) • Tri for Health title sponsor • Jackson County Central Community Pride Sponsor • Involvement in SHIP (statewide health improvement program) in Jackson/Cottonwood County • Support of Community Health/Start Noticing program • Involvement in Community Action Team (CNO/Monthly) • Vaccinations/Well Child exams in clinics (state vaccine available)
<p>Safety</p> <ul style="list-style-type: none"> • Presence of street drugs, and alcohol in the community • Presence of drug dealers in the community • Child abuse and neglect • Domestic violence 	<ul style="list-style-type: none"> • Representation at the Addiction Prevention Coalition • MOAB (Managing of Aggressive Behavior) - upcoming training in 2016 for staff as part of Violence Prevention Plan • Mandated reporters – including annual training • Collaborative relationship with law enforcement and

Identified Concerns	How Sanford Jackson is Addressing the Needs
<ul style="list-style-type: none"> Violent crime 	volunteer ambulance services in Jackson and Lakefield <ul style="list-style-type: none"> Involvement in SHIP (statewide health improvement program) in Jackson/Cottonwood County
Health care <ul style="list-style-type: none"> Availability of non-traditional hours Access to affordable health insurance Access to affordable health care Access to affordable prescription drugs Cost of affordable dental insurance coverage STDs 	<ul style="list-style-type: none"> Acute care clinic in Worthington with extended hours Hospital Presumptive Eligibility (with MNSure) Community Care/Financial Assistance Collaborated with Jackson County Central Schools in last needs assessment to improve education on STDs in the school system Health Coach explores options for affordable prescription drugs as needed Involvement in SHIP (statewide health improvement program) in Jackson/Cottonwood County
Physical Health <ul style="list-style-type: none"> Cancer Inactivity and lack of exercise (86.5% have moderate exercise 3 or more times/week, and 47.6% have vigorous activity 3 or more times/week) Poor nutrition and eating habits (Only 39% have 3 or more vegetables/d, and only 27.7% have 3 or more fruits/d) Obesity (69.5% have BMI of overweight or obese) Chronic Disease (hypertension, high cholesterol) 	<ul style="list-style-type: none"> Oncology/Hematology outreach in Jackson every other week Chemotherapy in Jackson as needed Sanford Health Cancer Center, Worthington, MN Sanford Hospice services Weight Loss Support Group offered once a month video conference with Sioux Falls/Sanford. Tri for Health title sponsor Diabetic education services RN Health Coach on staff RN Health Coach educated in Freedom From Smoking Report to MN Community Measurements Sanford Quality reporting on chronic disease Involvement in SHIP in Jackson/Cottonwood County Periodically speaking at Kiwanis
Mental Health <ul style="list-style-type: none"> Stress (31.5% report Anxiety/stress) Depression (33.3% report depression – 50% have 1 or more days/mos. when their mental health was not good) Dementia and Alzheimer’s disease Under age drug use and abuse Drug use and abuse Smoking and tobacco use Underage drinking Alcohol use and abuse (15.6% report consuming 3 or more drinks/d and 19.6% have binge level drinking at least 1 time/mos.) 	<ul style="list-style-type: none"> Sanford One Care – Behavioral Health Telemedicine available Dr. Moeller, Psychiatry offered two times a month RN Health Coach – Tobacco Cessation Trained Behavioral Health Triage Therapist on site in Jackson and Lakefield one day a week each clinic Southwest Mental Health services available in the community. Will respond to patients in need at the hospital. Public education through monthly Ask the Expert in newspaper
Preventive Health <ul style="list-style-type: none"> Flu shots (76.5% of respondents have had a flu shot and report that 65.1% of children age 6 month or older have had a flu shot) However, 30% reported that children 6 months or older did not get a flu shot or flu mist each year 	<ul style="list-style-type: none"> Well child services Flu shots to local businesses Health screens in the area businesses 100% flu vaccination to Sanford Jackson Medical Center staff

Identified Concerns	How Sanford Jackson is Addressing the Needs
<ul style="list-style-type: none"> • 16.5% have not seen a health care provider in the past year • 16.5% have not seen a dentist in the past year 	<ul style="list-style-type: none"> • Involvement in SHIP in Jackson/Cottonwood County • Mobile mammogram services • Heart/Vascular screenings offered twice a year • Sanford Health commitment to finding a cure for Type 1 Diabetes • Public education through monthly Ask the Expert in newspaper

Italicized items are from the secondary research through the County Health Rankings

2016-2019 Implementation Strategies

Implementation Strategies

Priority 1: Children and Youth

Cost of activities for children and youth were ranked 3.52 on the Likert scale of 1-5. Children in poverty in Jackson County are 14% (compared to 14% for Minnesota) and children in single parent households are 24% (compared to 20% nationally).

Sanford has prioritized children and youth with a projected impact on cost of activities for children and youth by utilizing Sanford's *fit* initiative. Through *fit*, we are actively working to promote healthy lifestyles in homes, schools, daycares and the community through technology and engaging programs.

Priority 2: Mental Health

Underage drug use and abuse was identified as a concern and scored 3.91 on the Likert scale of 1-5. Drug use and abuse scored 3.78 on the same scale. Sanford Jackson is committed to doing education to the community on the topic of the Take Back program available in the community.

**Community Health Needs Assessment – Implementation Strategy for Jackson
Medical Center**

FY 2017-2019 Action Plan

Priority 1: Children and Youth

Projected Impact: Cost of activities for children and youth

Goal 1: Sanford *fit* program information to schools and daycares

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Become familiar with Sanford's <i>fit</i> initiative	Review website	Website	Marketing/ Health Coach	
<ul style="list-style-type: none"> • Visit with Jackson County Central representatives • Bring education of curriculum to the schools • They recently completed School Health Index and are developing action plan 	Discussion	Website	Marketing/ Health Coach	Jackson County Central School nurse and nutrition
Utilize a <i>fit</i> program tools at Family Fun Night – sponsored by Family Services Network	Complete Family Fun Night	Website	Marketing	Family Services Network Youth in Community in attendance
Tri for Health	Annual support of event	Provide <i>fit</i> curriculum in athlete bags	Marketing	Tri for Health planning committee

Priority 2: Mental Health

Projected Impact: Positive change in mental health collaboration

Goal 1: Drug Use and Abuse

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Educate public on Take Back Program in Community – Ask the Expert		Pilot/Standard local newspapers	Marketing	

Goal 2: Explore Minnesota Department of Human Services mobile mental health crisis teams

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
Research availability/use of mobile mental health in Jackson County	Complete Call with Human Services		CEO/Leadership team	DesMoines Valley Health and Human Services

2013 Implementation Strategy Impact

2013 Implementation Strategy Impact

The 2013 Community Health Needs Assessment served as a catalyst to lift up dental services for youth, engaging youth in health careers, sexually transmitted disease and mental health as implementation strategies for the 2013-2016 timespan. The following strategies were implemented:

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

Impact of Strategy: Dental Services for Youth

- Visit with local dentists and community health and gain support.
- January 2013 - Amos S. Deinard, MD with University of Minnesota who is working with project for education of providers of varnish application on teeth provided education to clinic supervisors.
- January 2013 – Local dentist providing free dental care to less fortunate children.
- Ongoing since February 2013 – Jackson/Cottonwood Public Health going into elementary schools and providing dental varnish. October 2015 had approximately 115 students at JCC participate.

Impact of Strategy: Engage Youth in Health Careers (Area Health Education Center, AHEC)

- Ongoing since May 2013 - Relationship building with high school career counselor.
- Ongoing since May 2013 - Pharmacy students completing their hospital rotation in our facility.
- Ongoing since May 2013 – Radiology tech students completing their clinical rotation in our facility.
- Ongoing since May 2013 – Sanford programs are sent to high school counselor to pass along to interested students (i.e. scrubs program, scholarships, etc.).
- February and March 2015 – hosted LPN students in the clinic.
- February 2015 - Radiology Manager provided high school student with interview for their career fair/project.
- Nursing staff presented at Career Day at Riverside Elementary, May 2015.

Impact of Strategy: Sexually Transmitted Disease

- August 2014 - Des Moines Valley staff met with Health Education teachers at JCC and reviewed curriculum for 9th/10th grade. Lindsay Chapman guest speaker to 9th/10th grade students where she covered STIs and birth control. 8th grade health instructor covers STDs.
- Partner with schools for education of youth
- January 2015 – met with high school principal, assistant and counselor regarding bullying and some other topics that we were seeing with high school/middle school students in the clinic.
- April 2015 - Dr. Ikoghode attended Generation Next girls' after school program through Western Community Action. Planning on attending again in November 2015.
- Ongoing 2015 – Sanford Jackson representation at Community Action Team meetings facilitated by Family Services Network.

Impact of Strategy: Mental Health Services

- January 2013 - Began telemedicine behavioral health offered one day a month.
- Dr. Moeller available on site two days per month.
- Implement Integrated Behavioral Health Triage Therapist into clinics into Jackson and Lakefield.

**Community Feedback
from the 2013
Community Health Needs
Assessment**

Sanford Health is prepared to accept feedback on our 2013 Community Health Needs Assessment and has provided on-line comment fields for ease of access on our website. There have been no comments to date aside from a question asked about the service area for this report. A reader wanted to know if a separate report was developed for the Lisbon, ND area. Since there is no hospital in Lisbon, a community health needs assessment was not conducted solely for that community.

APPENDIX

Primary Research

Sanford Jackson Medical Center 2016 CHNA Asset Map

Identified concern	Key stakeholder survey	Key stakeholder group	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap ?
Economics	3.65		<p>Severe housing issues 10% compared to 15% across MN and 9% nationally</p> <p>14% - children in poverty compared to 14% across MN and 13% nationally</p>	<ul style="list-style-type: none"> Availability of affordable housing 	<p>Low income apts. – Sunrise Estates 763-512-7720 and Hi Rise</p> <p>Veteran Service ofc. 507-847-4774</p> <p>Jackson Co. Dept. of Human Services – 507-636-5311</p> <p>Western Community Action (Head Start, energy assistance, transportation assistance) 507-847-2632</p> <p>Family Services Network 507-847-4441</p> <p>Kids lunch in the park and Food for Kids programs for youth</p> <p>FAST – food shelf, Noah’s room and furniture mission</p>	X
Aging population	3.97 – 3.51			<ul style="list-style-type: none"> Cost of long term care Availability of memory care Availability of resources to help the elderly stay safe in their homes 	<p>Sanford Home Care</p> <p>Good Samaritan Society LTC 502-847-3100</p> <p>Prairie Rehab 507-847-4333</p> <p>Jackson Co. Extension Office 507-662-5293</p> <p>Western Community Action (Head Start, energy assistance, transportation assistance) 507-847-2632</p> <p>DesMoines Valley Health and Human Services</p> <p>Community Ed 507-847-6627</p>	X

Identified concern	Key stakeholder survey	Key stakeholder group	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap ?
Children and Youth	3.78 – 3.52		<ul style="list-style-type: none"> • Teen birth rate is 22 for Jackson County compared to 24 in MN and 20 nationally 	<ul style="list-style-type: none"> • Bullying • Availability of quality infant care • Availability of quality childcare • Cost of quality infant care • Cost of quality child care • Cost of activities for children and youth 	<p>Sanford WebMD Fit Kids</p> <p>Child Care Centers:</p> <ul style="list-style-type: none"> • Gingerbread House 507-747-1385 • Little Huskies 507-847-5103 <p>Preschools</p> <ul style="list-style-type: none"> • Discovery Place Preschool 507-847-5868 • Head Start 507-847-2632 <p>4-H After School Program</p> <p>Jackson Co. School District Community Education Program – 507-847-6627</p> <p>Park District Programs 507-847-2240</p> <p>Prairie Ecology Bus 507-662-5064</p> <p>Family Services Network 507-847-4441</p> <p>Kids lunch in the park and Food for Kids programs for youth</p>	X
Safety	3.75 – 3.50		<ul style="list-style-type: none"> • Violent crime is at 81 compared to 229 across MN and 59 nationally 	<ul style="list-style-type: none"> • Presence of street drugs, and alcohol in the community • Presence of drug dealers in the community • Child abuse and neglect • Domestic violence 	<p>Police Dept. – 507-847-4420</p> <p>Drug disposal at Sherriff's department</p> <p>Addiction Prevention Coalition/Family Services Network</p>	

Identified concern	Key stakeholder survey	Key stakeholder group	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap ?
Health Care	3.76 – 3.50			<ul style="list-style-type: none"> • Availability of non-traditional hours • Access to affordable health insurance • Access to affordable health care • Access to affordable prescription drugs • Cost of affordable dental insurance coverage 	<p>Sanford Community Care Program information available at Sanford Jackson 507-847-2420</p> <p>Presumptive Eligibility – staff at Sanford Jackson 507-847-2420</p>	X
Physical Health	4.04 – 3.79		<ul style="list-style-type: none"> • Reporting poor or fair health is 2.8 days per month compared to 2.8 across MN • The obesity rate is 31% compared to 26% in MN and 28% nationally • The inactivity rate is 22% – with a 62% access to exercise opportunities in Jackson County 	<ul style="list-style-type: none"> • Cancer • Inactivity and lack of exercise (47% have moderate exercise 3 or more times/week, and 86.5% have vigorous activity 3 or more times/wk • Poor nutrition and eating habits 	<p>Sanford Cancer Biology Research Center in Sioux Falls</p> <p>Roger Maris Cancer Center</p> <p>Sanford Health Cancer Center, Sanford Hospice, Worthington, MN</p> <p>Sanford Medical Home</p> <p>RN Health Coach</p> <p>American Cancer Society</p> <p>Sanford Dietitians</p> <p>Anytime Fitness 507-849-7348</p> <p>Prairie Rehab and Fitness 507-847-4333</p> <p>Jackson Co. School District Activities Program 507-847-6627</p> <p>Park District activities 507-847-2240</p>	X

Identified concern	Key stakeholder survey	Key stakeholder group	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap ?
			<ul style="list-style-type: none"> STDs are at 175 compared to 138 nationally Diabetic monitoring is at 88% compared to 90% nationally 	<p>(Only 39% have 3 or more vegetables/d, and only 27.7% have 3 or more fruits/d)</p> <ul style="list-style-type: none"> Obesity (69.5% have BMI of overweight or obese) Chronic Disease (hypertension, high cholesterol) 	<p>Jackson Co. Extension Office 507-662-5293</p> <p>Family Services Network 507-847-4441</p> <p>American Heart Association</p> <p>Jackson Co. Human Services Dept. 507-847-4000</p> <p>Sanford Clinics Jackson/Lakefield 507-847-2200 507-662-6611</p> <p>The Sanford Project – to cure Type 1 Diabetes in Denny Sanford’s lifetime</p> <p>American Diabetes Association</p> <p>Diabetes Support Group Sanford WebMD Fit Kids</p>	
Mental Health/Behavioral Health (Substance Abuse)	3.78 – 3.61		<ul style="list-style-type: none"> Excessive drinking data is N/A but is at 19% across MN and 10% nationally 19% of traffic deaths were alcohol impaired 12% of adults smoke 	<ul style="list-style-type: none"> Stress (31.5% report Anxiety/stress) Depression (33.3% report depression – 60.5% have 1 or more days/mos. when their mental health was not good) Dementia and Alzheimer’s disease Under age drug use and abuse; 	<p>Sanford One Care</p> <p>Community Ed 507-847-6627</p> <p>SW Mental Health Center 507-847-2423</p> <p>Good Samaritan Society LTC 502-847-3100</p> <p>Jackson Co. Extension Office - 507-662-5293</p> <p>Family Services Network 507-847-4441</p> <p>Veterans Service Center 507-847-4774</p> <p>Jackson Co. Human Services Dept. - 507-847-4000</p>	X

Identified concern	Key stakeholder survey	Key stakeholder group	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap ?
				<p>drug use and abuse</p> <ul style="list-style-type: none"> • Smoking and tobacco use • Underage drinking • Alcohol use and abuse (15.6% report consuming 3 or more drinks/d and 27.5% have binge level drinking at least 1 time/mos.) 		
Preventive Health				<ul style="list-style-type: none"> • Flu shots - (76.5% of respondents have had a flu shot and report that 65% of children age 6 month or older have had a flu shot); however, 30% reported that children 6 months or older 	<p>Sanford Jackson Clinic 507-847-2200</p> <p>Sanford Lakefield Clinic 507-662-6611</p> <p>Family Services Network 507-847-4441</p> <p>Jackson Co. Human Services Dept. - 507-847-4000</p> <p>Dentists:</p> <ul style="list-style-type: none"> • Deborah Christopher, DDS 507-847-3317 • Paul Roggow, DDS 507-847-3910 • Kevin Dunlavey, DDS 507-847-3683 	X

Identified concern	Key stakeholder survey	Key stakeholder group	Secondary data	Specific areas of concern	Community resources that are available to address the need	Gap ?
				<p>did not get a flu shot or flu mist each year</p> <ul style="list-style-type: none"> • Immunizations (31% of respondents report having immunizations in the past year, and respondents report that 100% of their children are current on their immunizations) • 16.5% have not seen a health care provider in the past year • 16.5% have not seen a dentist in the past year 		

Jackson 2016 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (H1N1 or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economics <ul style="list-style-type: none"> • Availability of affordable housing 3.65 			
Aging <ul style="list-style-type: none"> • Cost of long term care 3.97 (2) • Availability of memory care 3.72 (13) • Availability of resources for family/friends caring for and making decisions for elders 3.51 			
Children and Youth <ul style="list-style-type: none"> • Bullying 3.78 (8) • Availability of quality infant care 3.72 (12) • Availability of quality childcare 3.57 • Cost of quality infant care 3.55 • Cost of quality child care 3.54 • Cost of activities for children and youth 3.52 	XXXXX	XXXXX XXXXX	
Safety <ul style="list-style-type: none"> • Presence of street drugs, and alcohol in the community 3.75 (11) • Presence of drug dealers in the community 3.64 • Child abuse and neglect 3.52 • Domestic violence 3.50 • <i>Violent crime</i> 	XXX		
Health Care <ul style="list-style-type: none"> • Availability of non-traditional hours 3.76 (10) • Access to affordable health insurance 3.74 (12) • Access to affordable health care 3.62 • Access to affordable prescription drugs 3.58 • Cost of affordable dental insurance coverage 3.50 • <i>STDs</i> 	XXX		
Physical Health <ul style="list-style-type: none"> • Cancer 4.04 (1) • Inactivity and lack of exercise (86.5% have moderate exercise 3 or more times/week, and 47.6% have vigorous activity 3 or more times/week 3.89 (4)) 	XXXXX X	XXXXX XXXX	XXXXX

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
<ul style="list-style-type: none"> Poor nutrition and eating habits (Only 39% have 3 or more vegetables/d, and only 27.7% have 3 or more fruits/d) 3.87 (5) Obesity (69.5% have BMI of overweight or obese) 3.85 (6) Chronic Disease (hypertension, high cholesterol) 3.79 (7) 			
<p>Mental Health</p> <ul style="list-style-type: none"> Stress (31.5% report Anxiety/stress) 3.78 (8) Depression (33.3% report depression – 50% have 1 or more days/mos. when their mental health was not good) 3.77 (9) Dementia and Alzheimer’s disease 3.61 Under age drug use and abuse 3.91 (3) Drug use and abuse 3.78 (8) Smoking and tobacco use 3.69 (14) Underage drinking 3.69 (14) Alcohol use and abuse (15.6% report consuming 3 or more drinks/d and 19.6% have binge level drinking at least 1 time/mos.) 3.66 (15) 	XXXXX XXX	XXXXX XXXX	XXXXX XXXX
<p>Preventive Health</p> <ul style="list-style-type: none"> Flu shots (76.5% of respondents have had a flu shot and report that 65.1% of children age 6 month or older have had a flu shot) However, 30% reported that children 6 months or older did not get a flu shot or flu mist each year 16.5% have not seen a health care provider in the past year 16.5% have not seen a dentist in the past year 	XXX		

Italicized items are from the secondary research through the County Health Rankings

Present:

- Lindsay Chapman, DesMoines Valley Health and Human Services, JCC Schools
- Donald Kuehl, United Prairie Insurance Agency
- Pat Stewart, Director, DesMoines Valley Health and Human Services,
- Angela Naumann, Health Educator, DesMoines Valley Health and Human Services
- Kelsey Andrews, Public Health, DesMoines Valley Health and Human Services
- Tari Phillips, DesMoines Valley Health and Human Services
- Sue Pirsig, Economic Development, City of Jackson
- Jennifer Bromeland, City Administrator, City of Jackson
- Todd Meyer, Superintendent, JCC Schools
- Gail Eike, Director of Fiscal Services, Sanford Jackson Medical Center
- Heidi Farrell, Executive Assistant, Sanford Jackson Medical Center
- Jennifer Tewes, Site Manager, Sanford Jackson Medical Center
- Dawn Schnell, Chief Nursing Officer, Sanford Jackson Medical Center
- Mary Ruyter, CEO, Sanford Jackson Medical Center

Sanford Jackson Medical Center Community Health Needs Assessment

**Results from a March 2015 Non-generalizable
On-Line Survey**

August 2015

STUDY DESIGN and METHODOLOGY

This report includes non-generalizable survey results from a May 2015 on-line survey conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. The website address for the survey instrument was distributed via e-mail to various agencies, at times using a snowball approach. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred throughout the month of May 2015 and a total of 111 respondents participated in the online survey.

TABLE OF CONTENTS

SURVEY RESULTS	69
General Health and Wellness Concerns about the Community	69
Figure 1. Level of concern with statements about the community regarding ECONOMICS	
Figure 2. Level of concern with statements about the community regarding TRANSPORTATION	
Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT	
Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH	
Figure 5. Level of concern with statements about the community regarding the AGING POPULATION	
Figure 6. Level of concern with statements about the community regarding SAFETY	
Figure 7. Level of concern with statements about the community regarding HEALTH CARE	
Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH	
Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE	
General Health	77
Figure 10. Respondents' rating of their health in general	
Figure 11. Respondents' weight status based on the Body Mass Index (BMI) scale	
Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday	
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity	
Mental Health	81
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue	

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

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

Tobacco Use 84

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

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

Figure 19. Location respondents would first go if they wanted help to quit using tobacco

Alcohol Use and Prescription Drug/Non-prescription Drug Abuse 86

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

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

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion

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

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

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

Preventive Health..... 92

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

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

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

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason

Figure 28. Where respondents get most of their health information

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

Demographic Information..... 98

Figure 30. Age of respondents

Figure 31. Highest level of education of respondents

Figure 32. Gender of respondents

Figure 33. Race and ethnicity of respondents

Figure 34. Annual household income of respondents

Figure 35. Employment status of respondents

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

Figure 37. Whether respondents own or rent their home

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

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

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

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

Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year

Table 3. Zip code of respondents

SURVEY RESULTS

General Concerns about the Community

General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

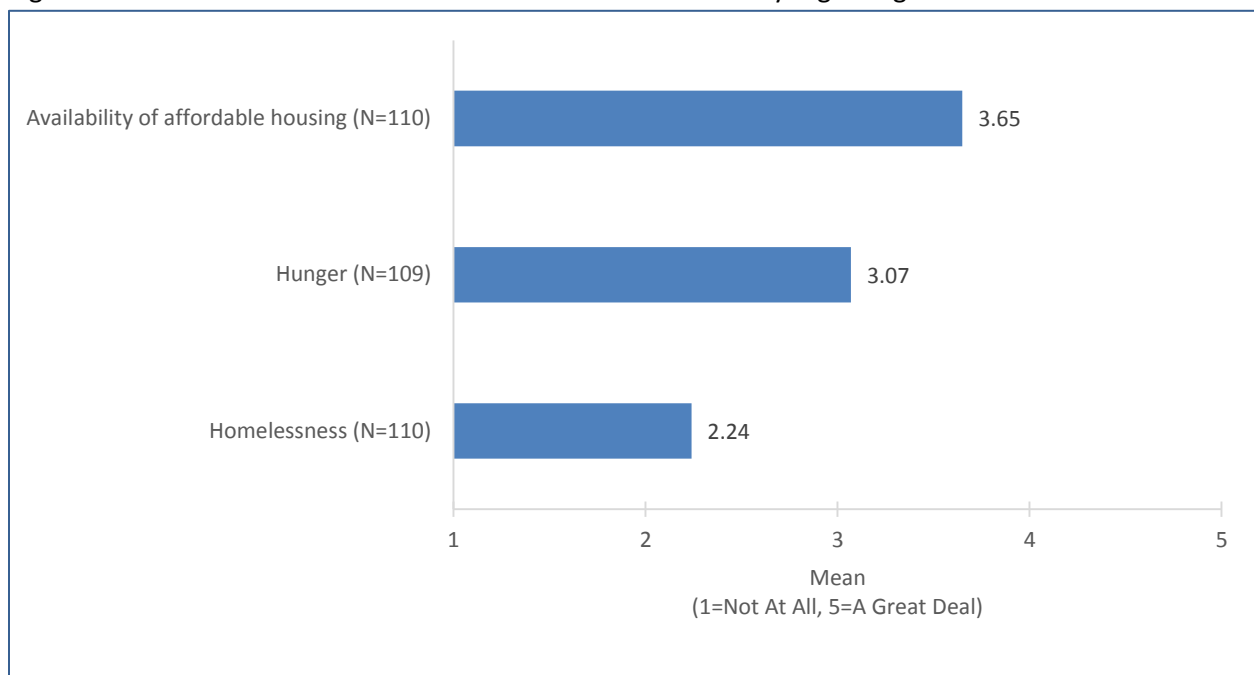


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

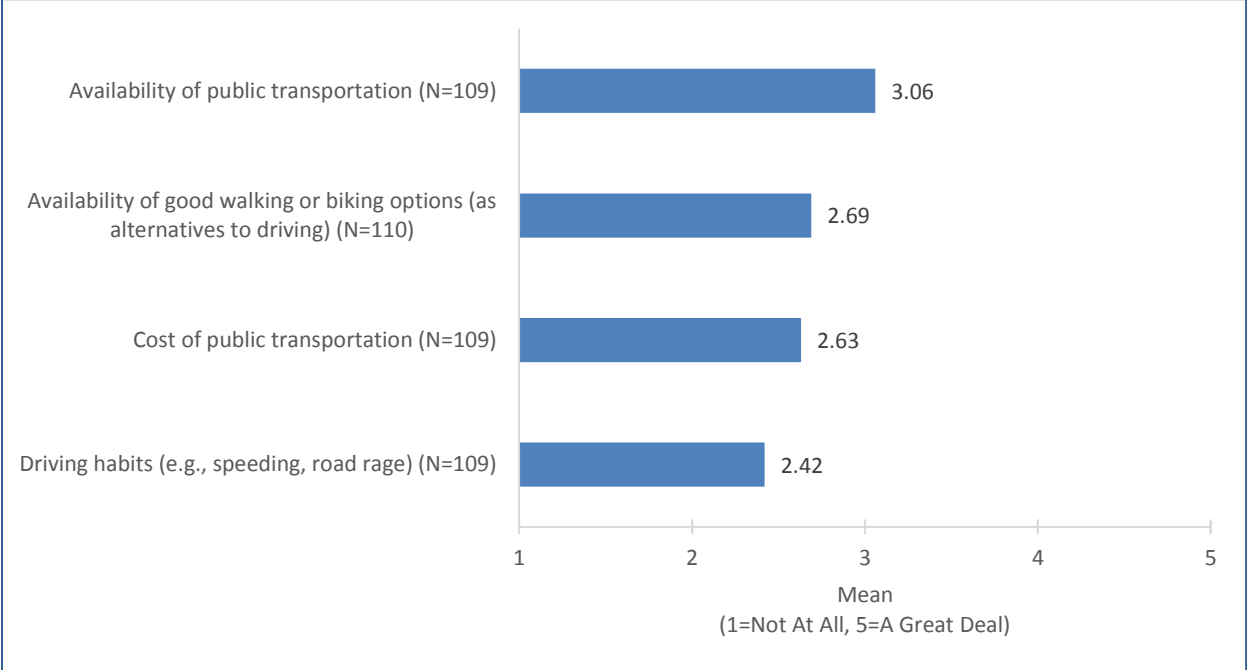


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

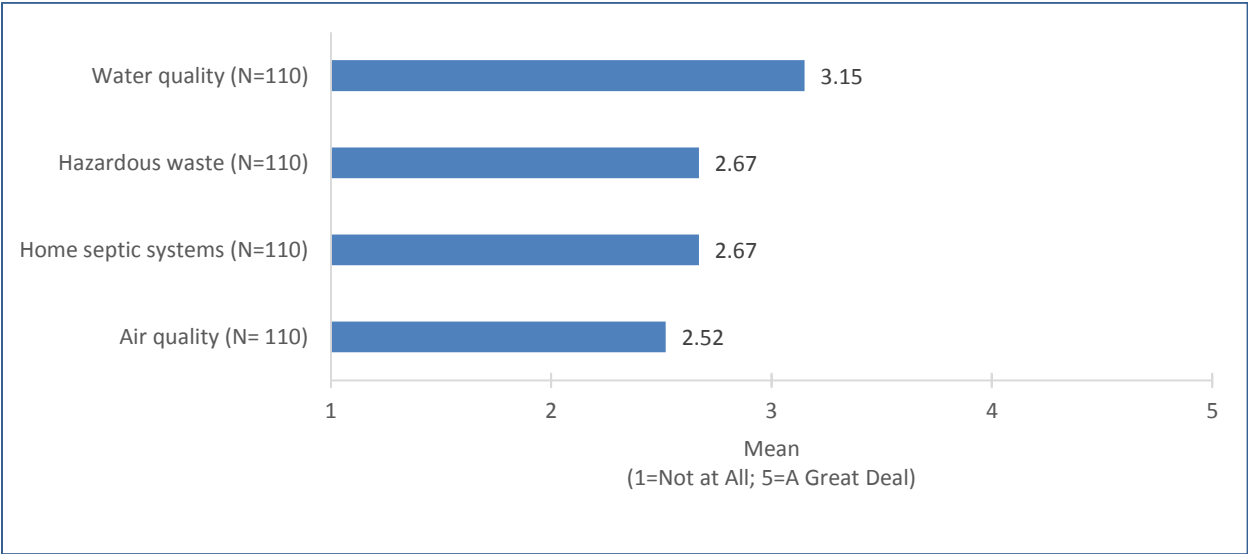


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

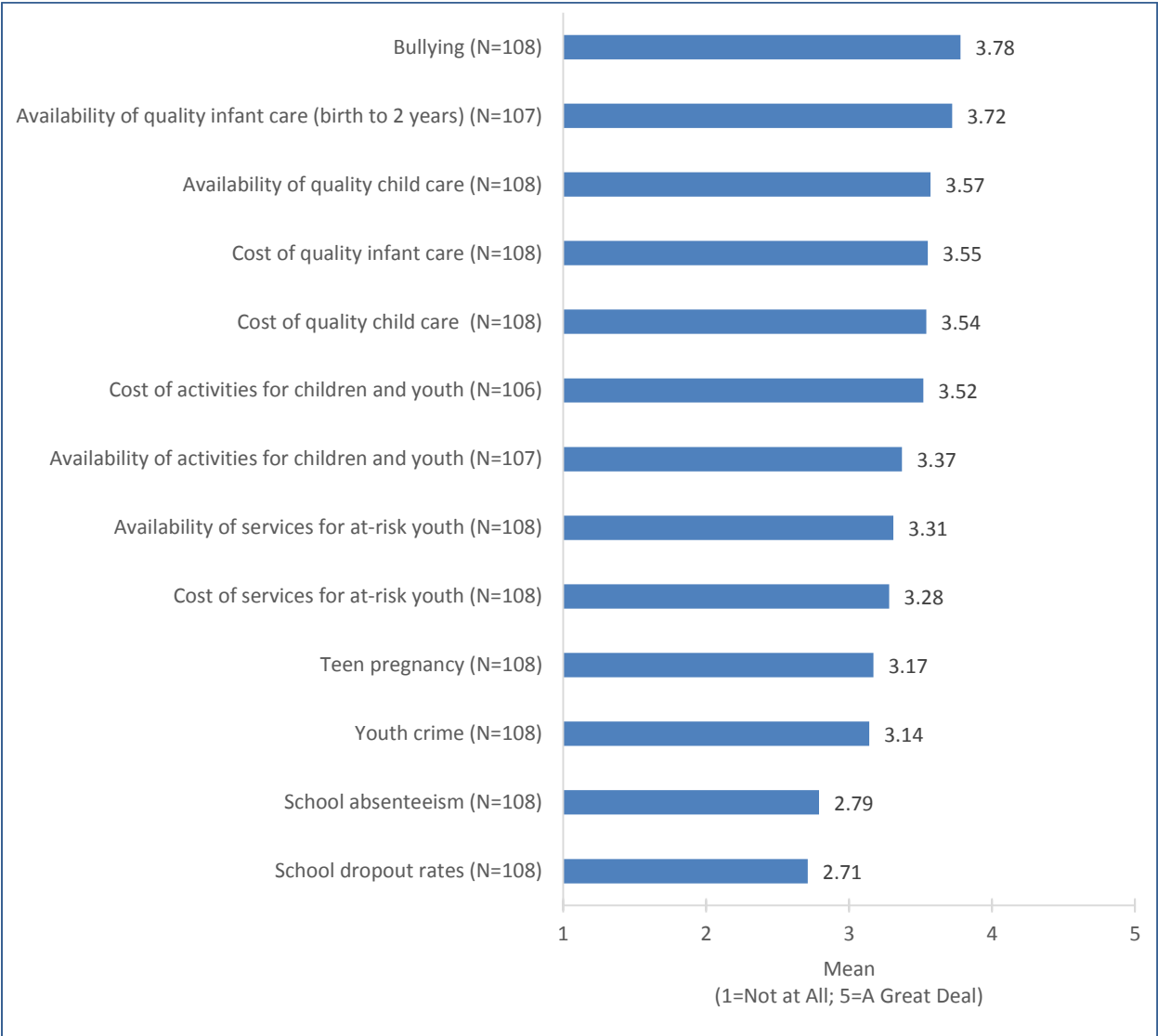


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

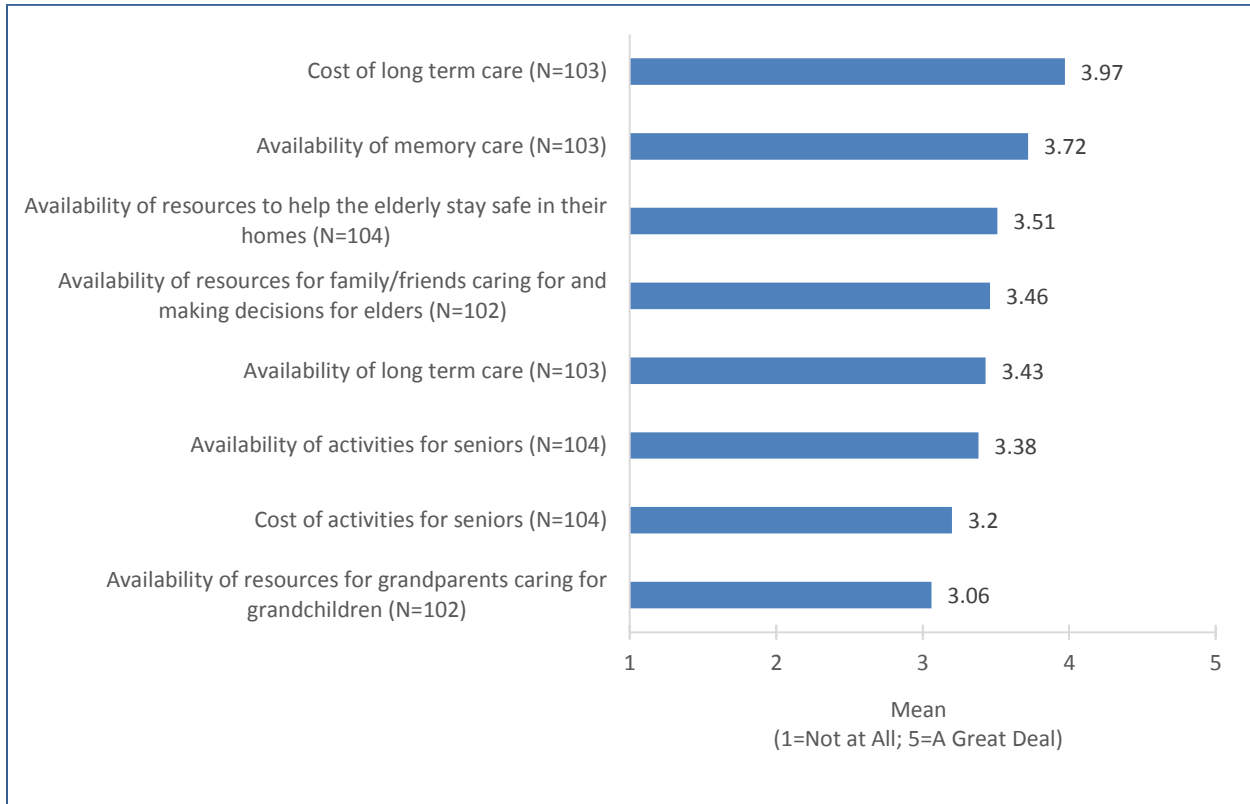


Figure 6. Level of concern with statements about the community regarding SAFETY

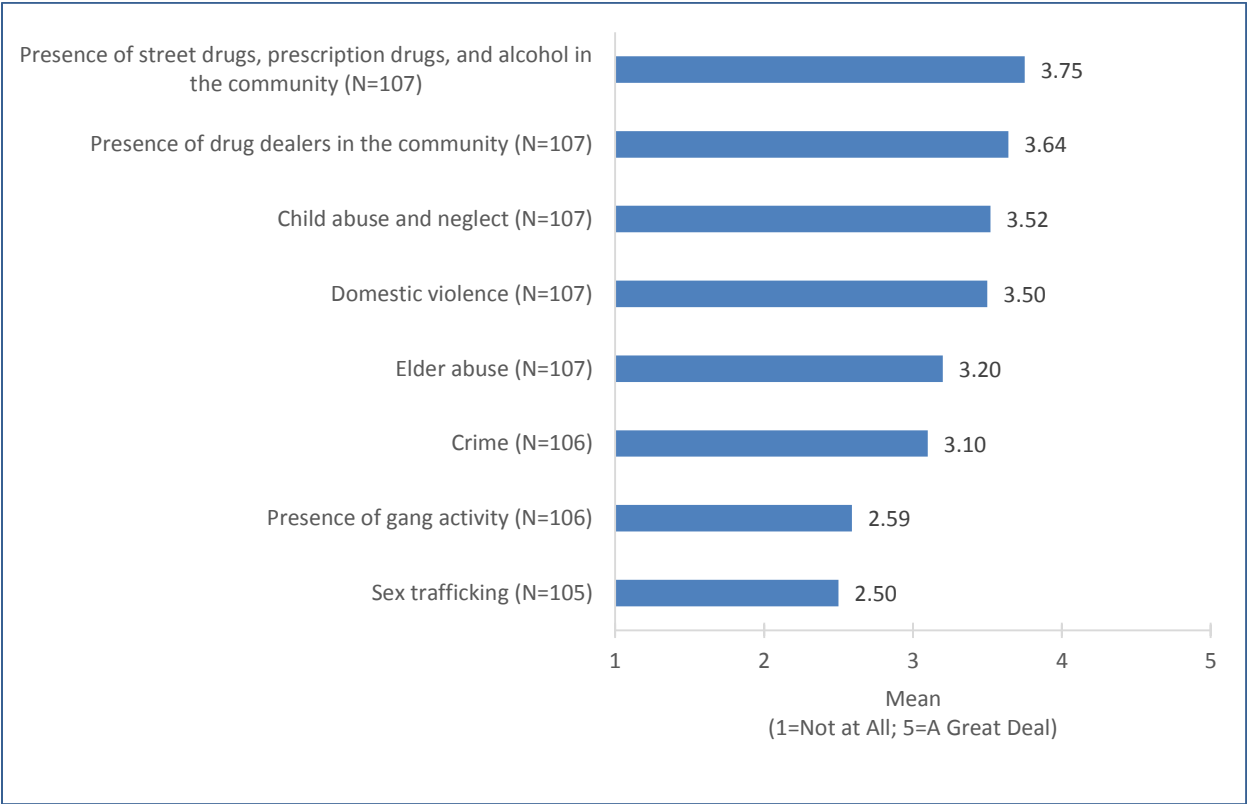


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

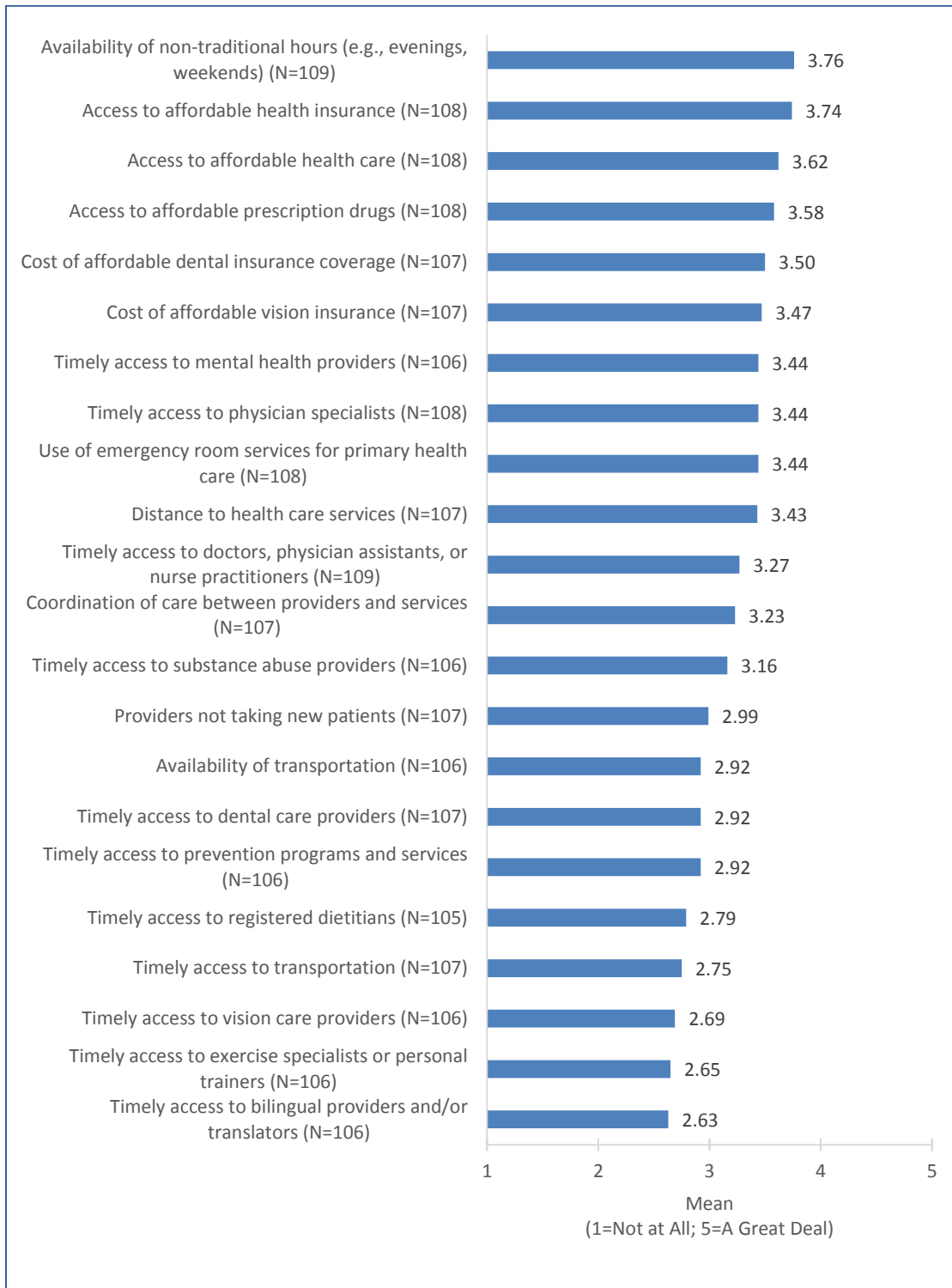


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

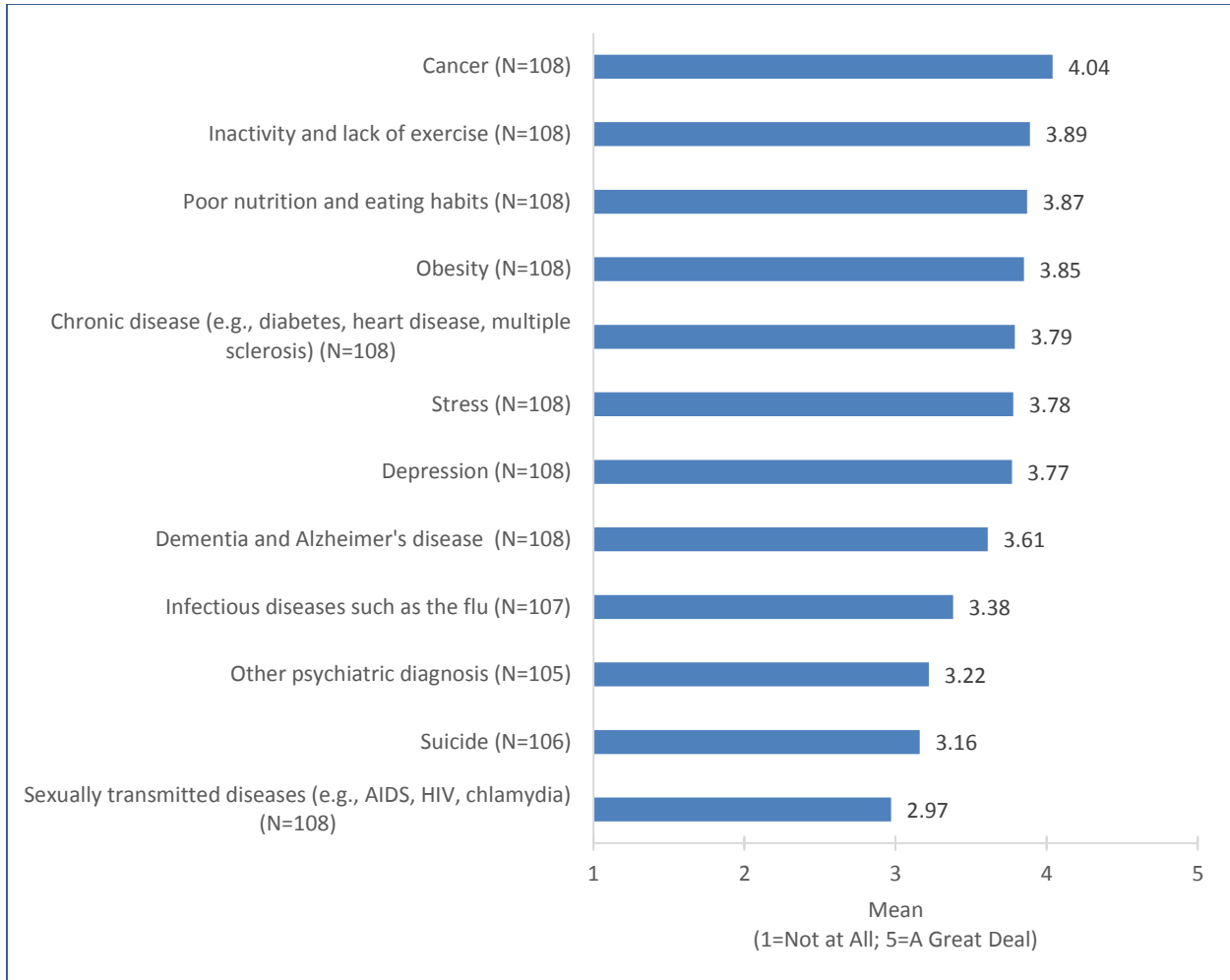
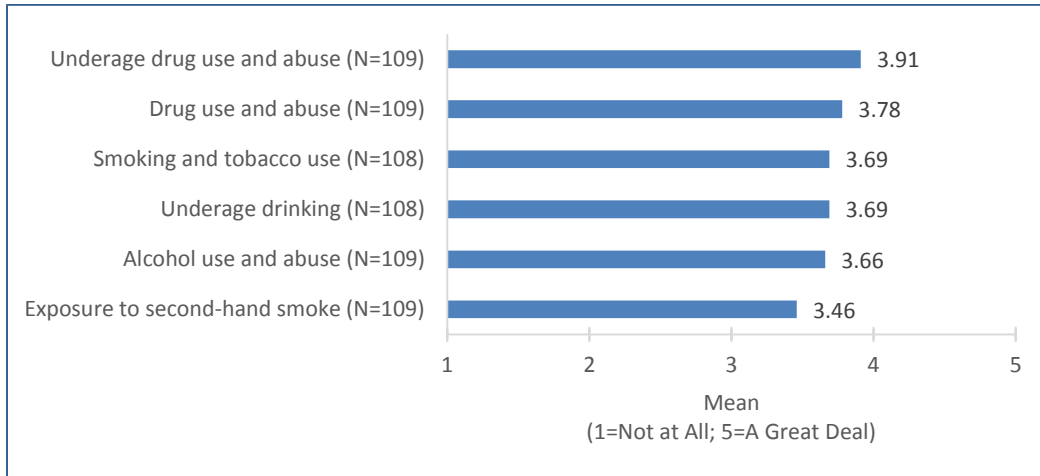
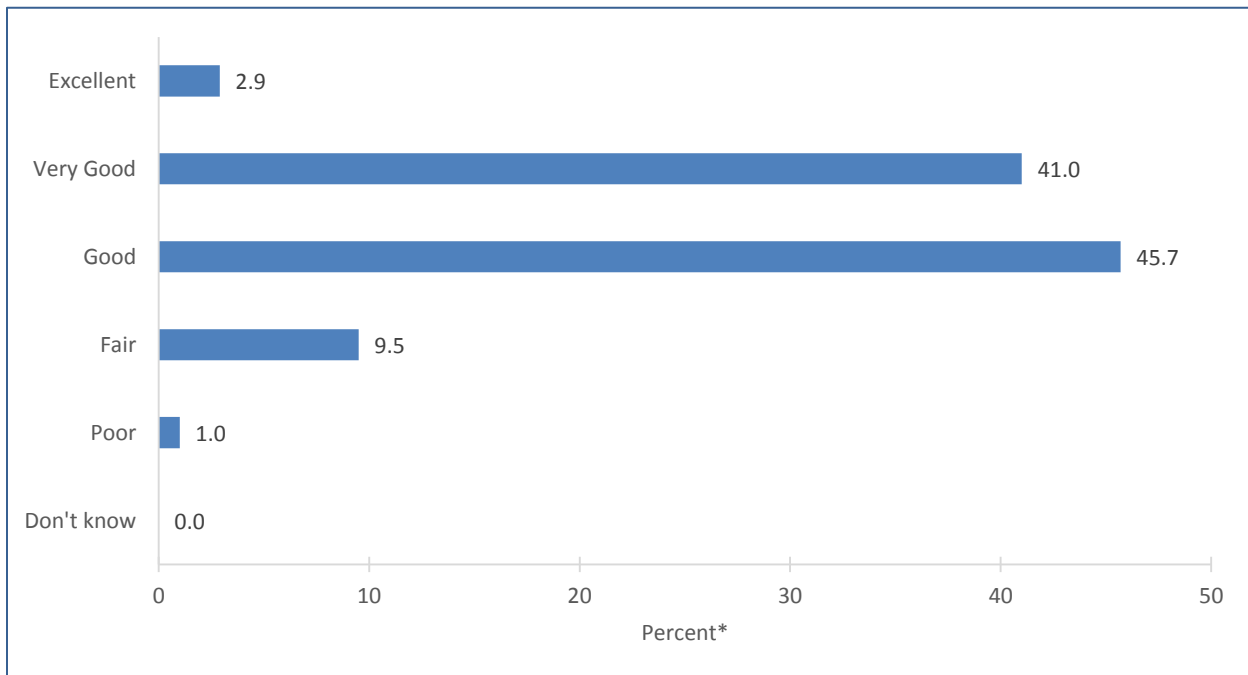


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



General Health

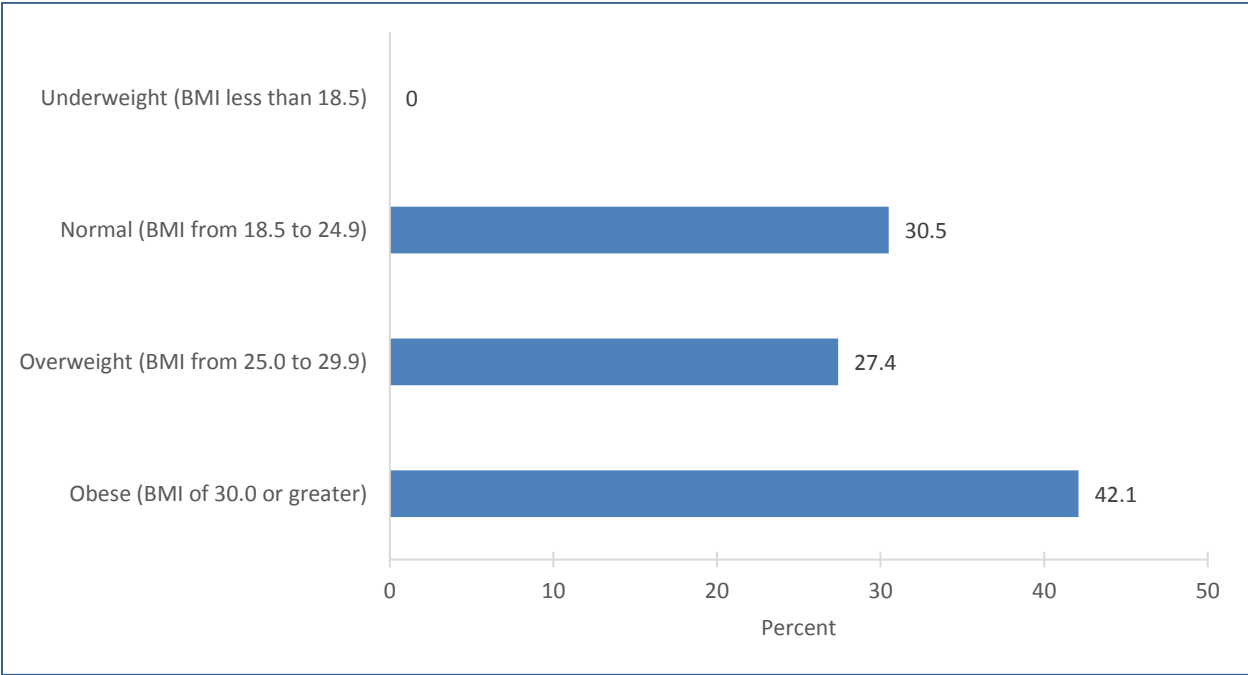
Figure 10. Respondents' rating of their health in general



N=105

*Percentages do not total 100.0 due to rounding.

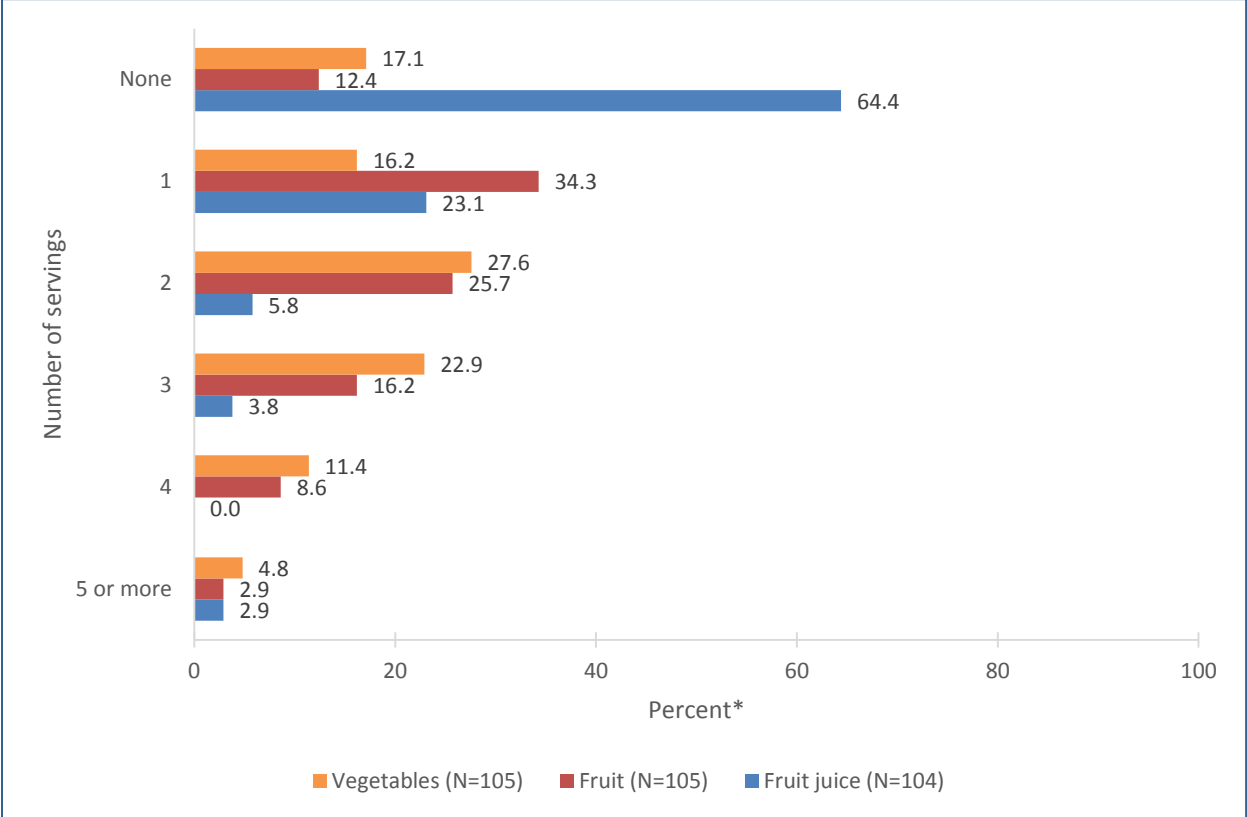
Figure 11. Respondents' weight status based on the Body Mass Index (BMI)* scale



N=95

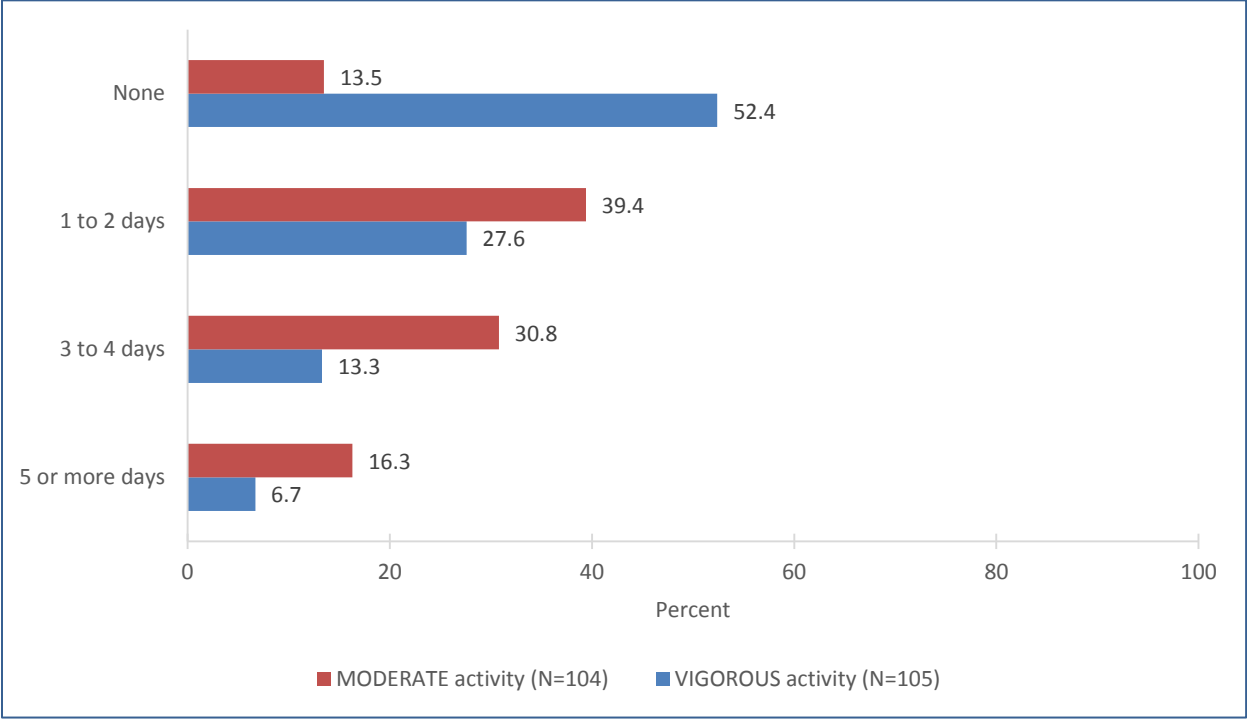
*For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

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



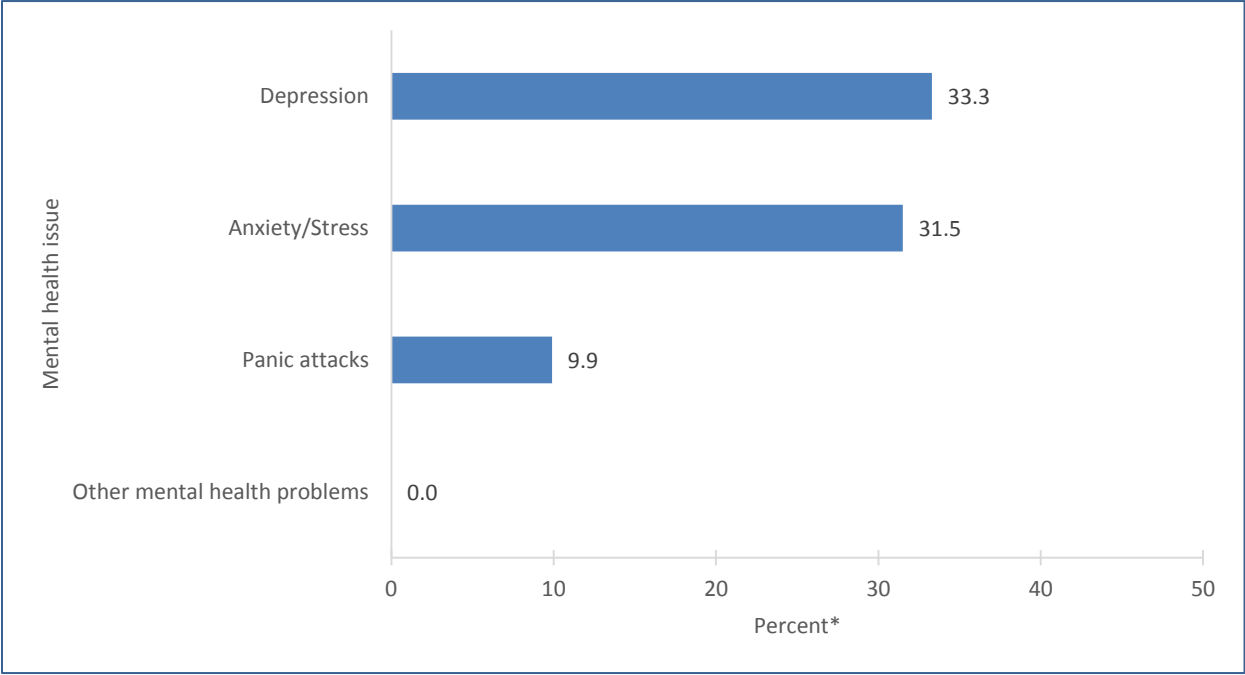
*Percentages may not total 100.0 due to rounding.

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



Mental Health

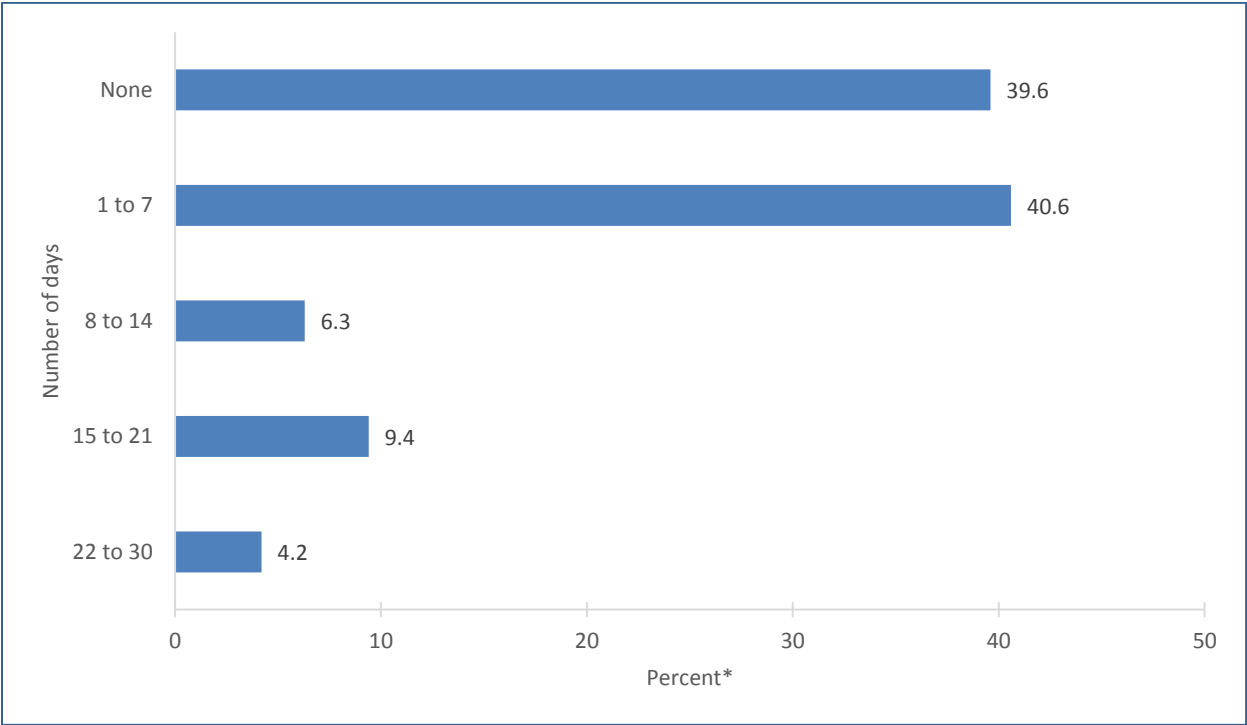
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=111

*Percentages do not total 100.0 due to multiple responses.

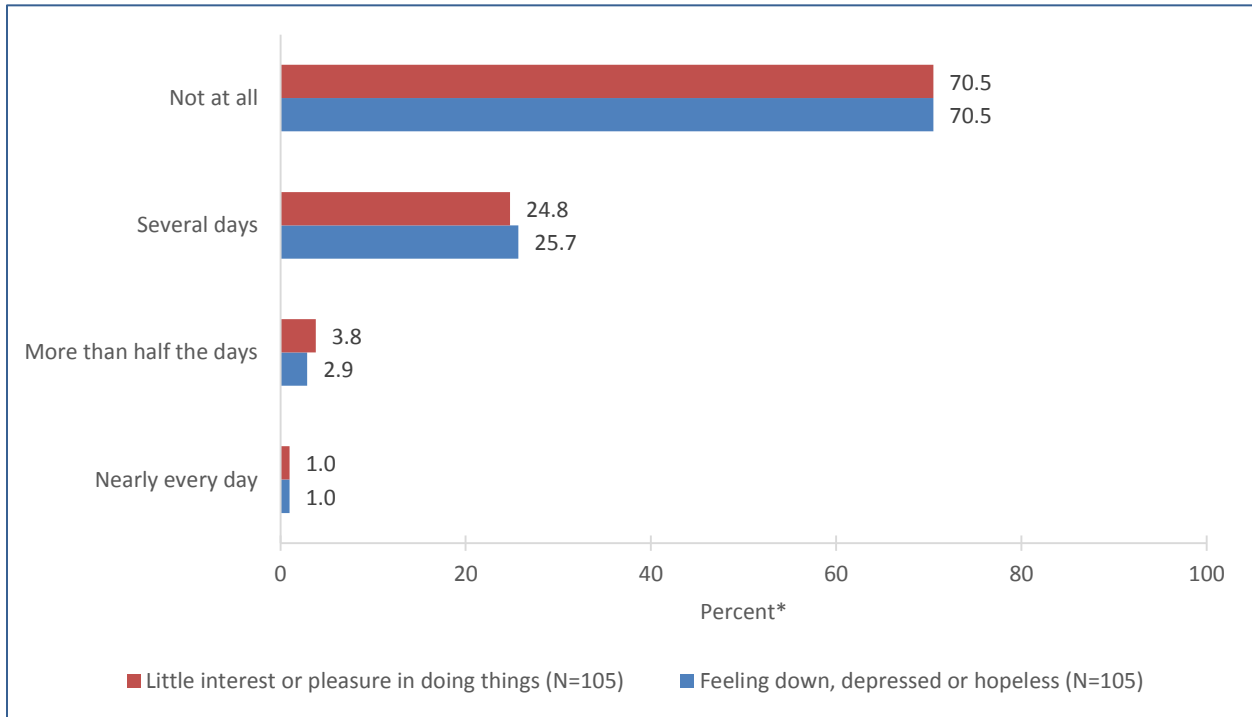
Figure 15. Number of days in the last month that respondents' mental health was not good



N=96

*Percentages do not total 100.0 due to rounding.

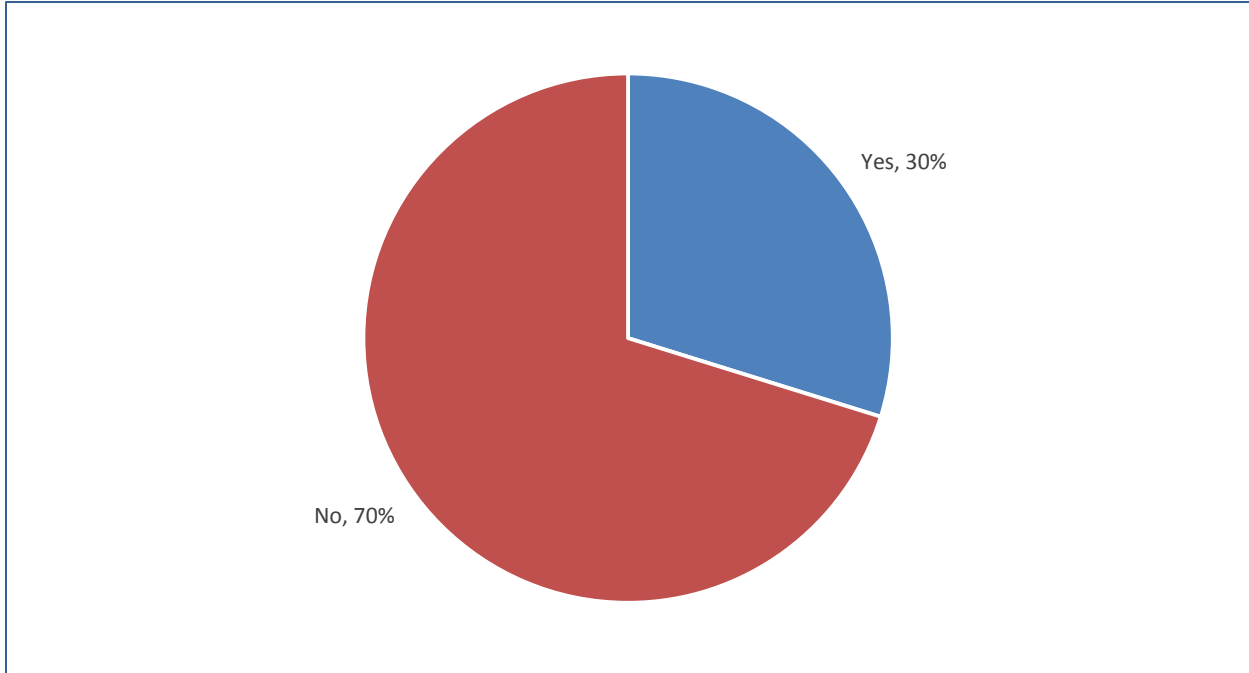
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



*Percentages do not total 100.0 due to rounding.

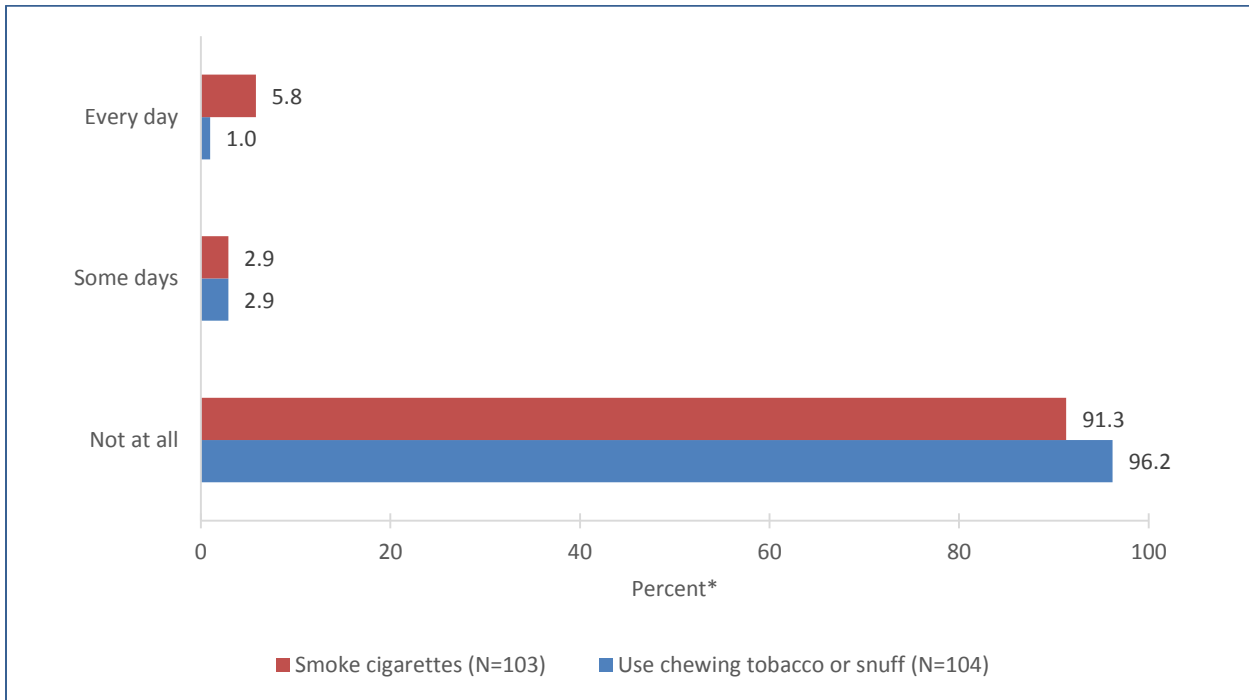
Tobacco Use

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



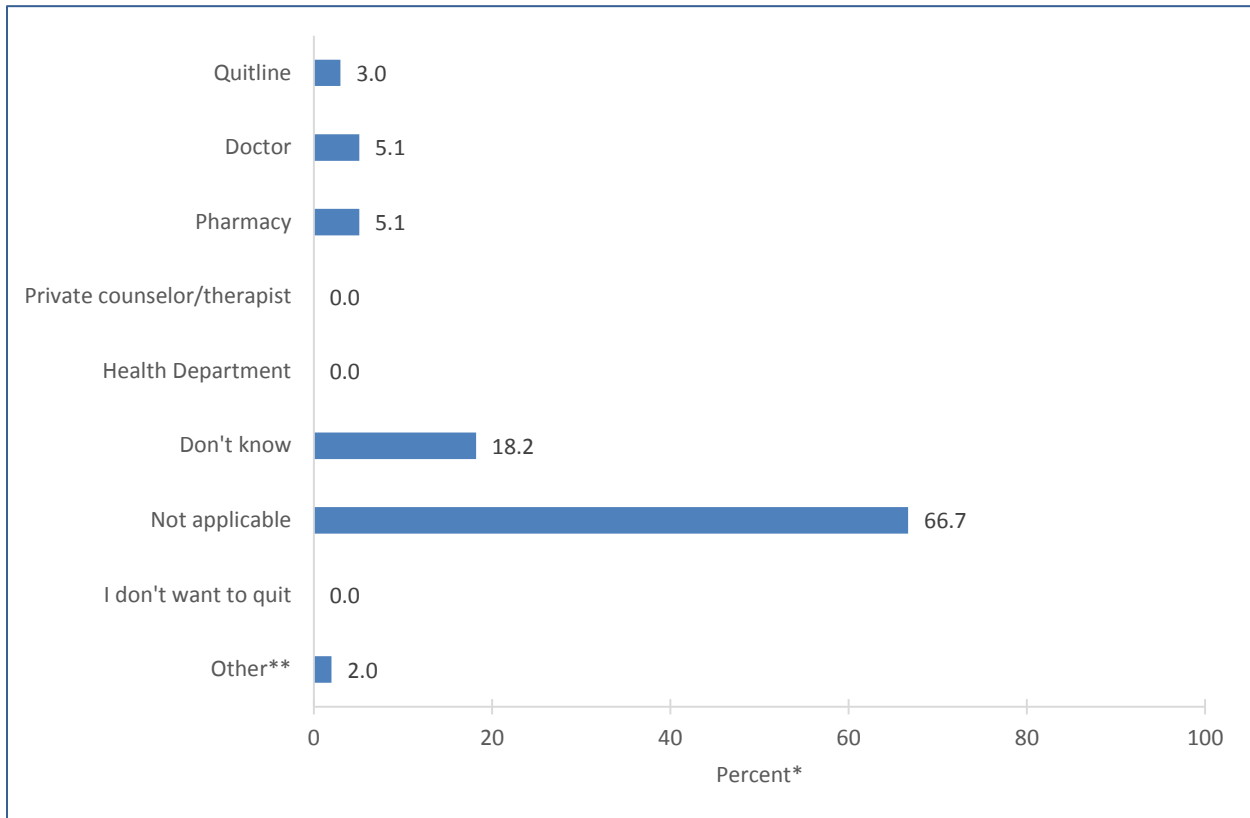
N=104

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff



*Percentages may not total 100.0 due to rounding.

Figure 19. Location respondents would first go if they wanted help to quit using tobacco



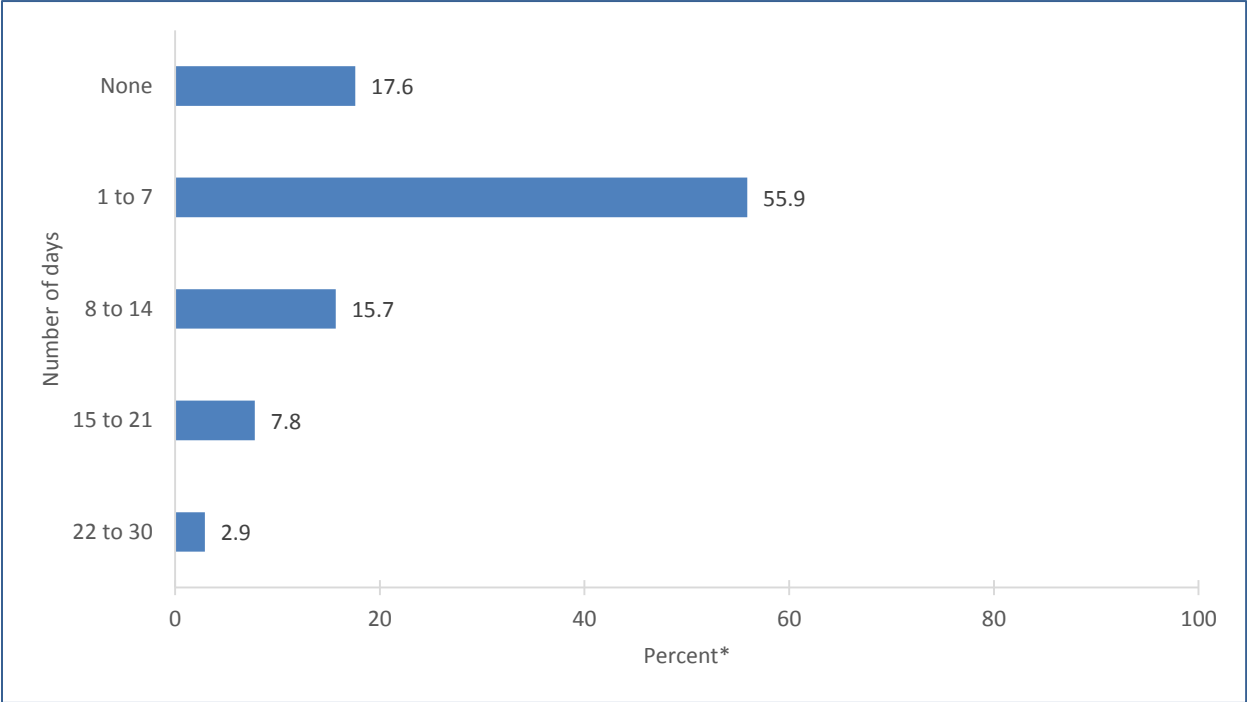
N=99

*Percentages do not total 100.0 due to rounding.

**Other responses include “I quit 12 years ago on my own” and “I think that is a personal choice. I don’t smoke, but I think it is bad that we tell people they shouldn’t smoke outside”.

Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

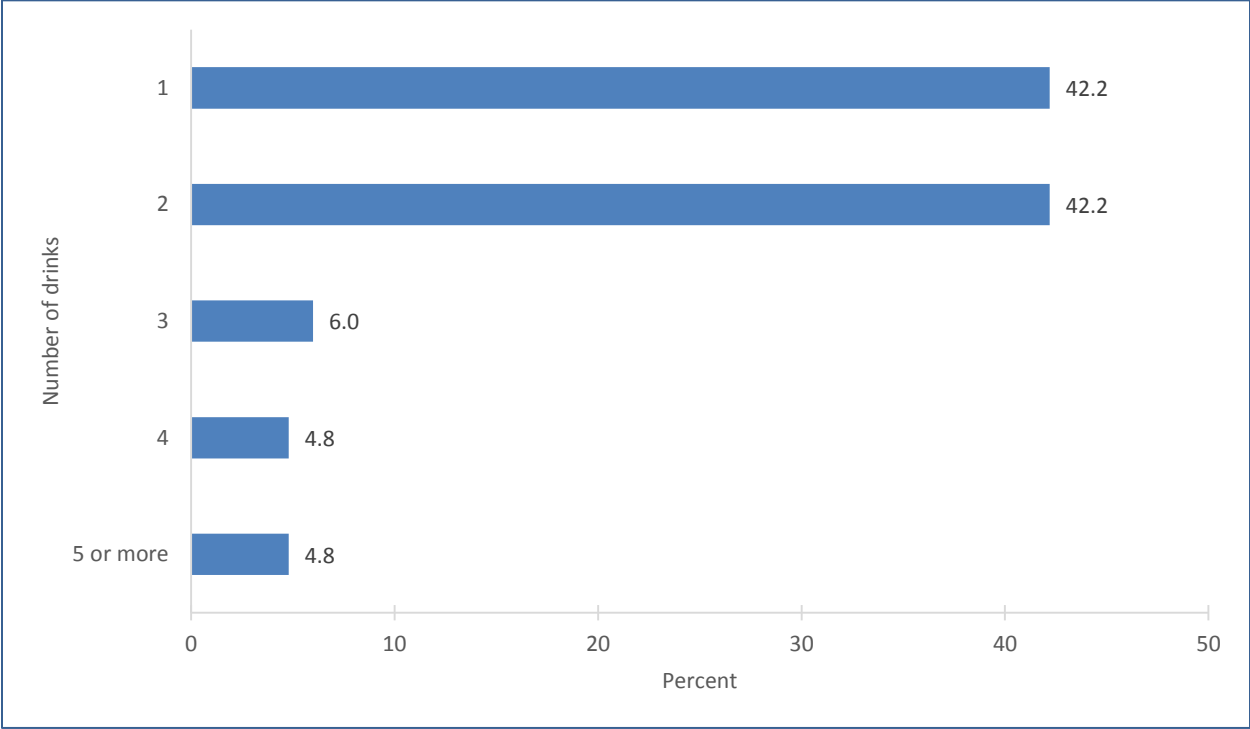
Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



N=102

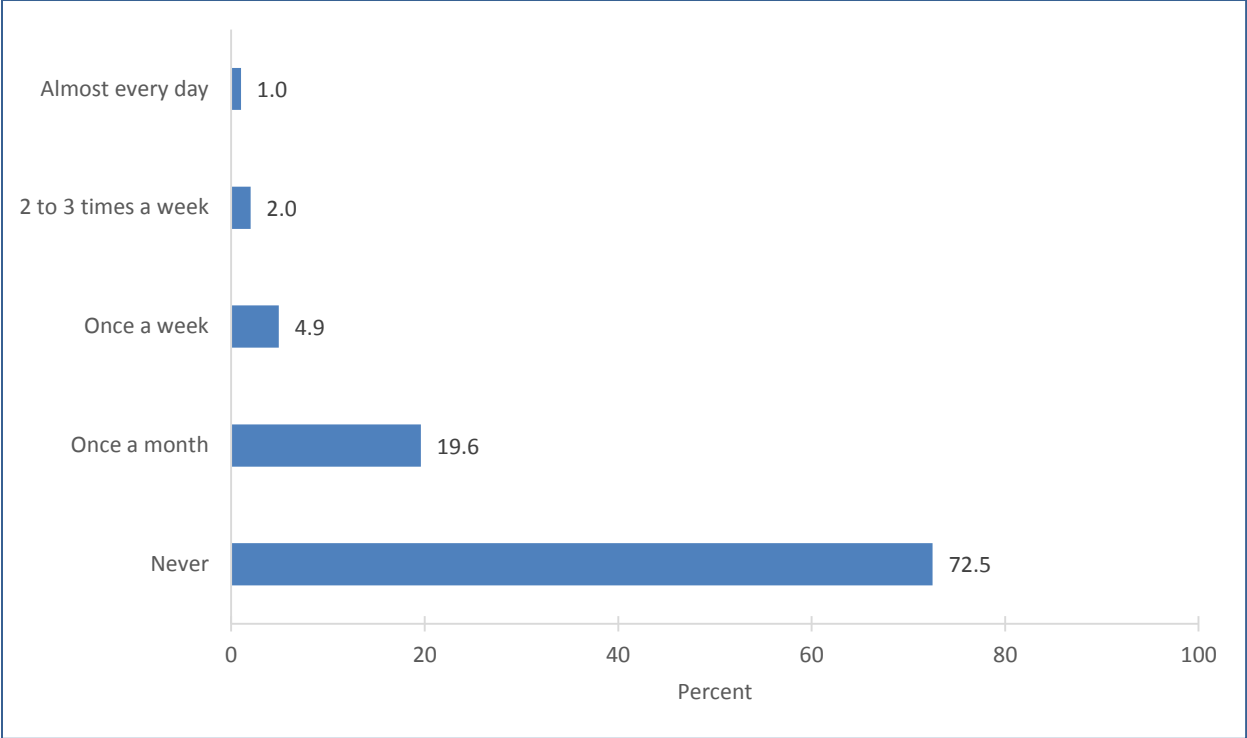
*Percentages do not total 100.0 due to rounding.

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



N=83

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=102

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

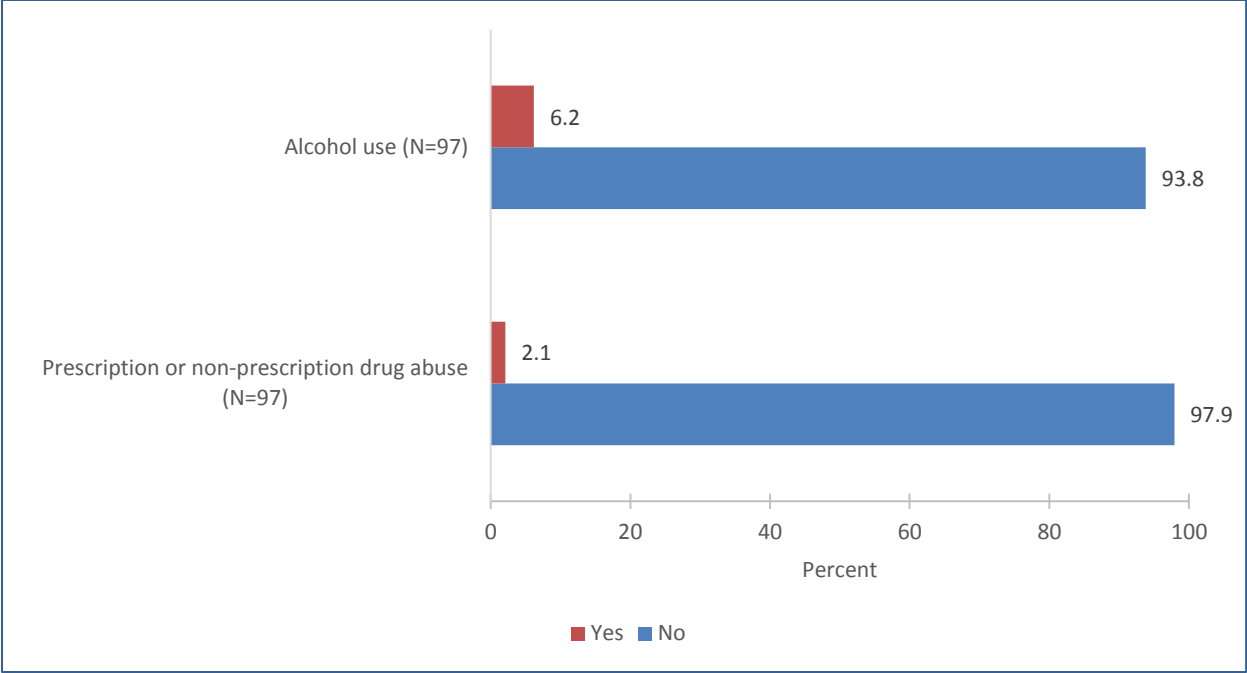


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

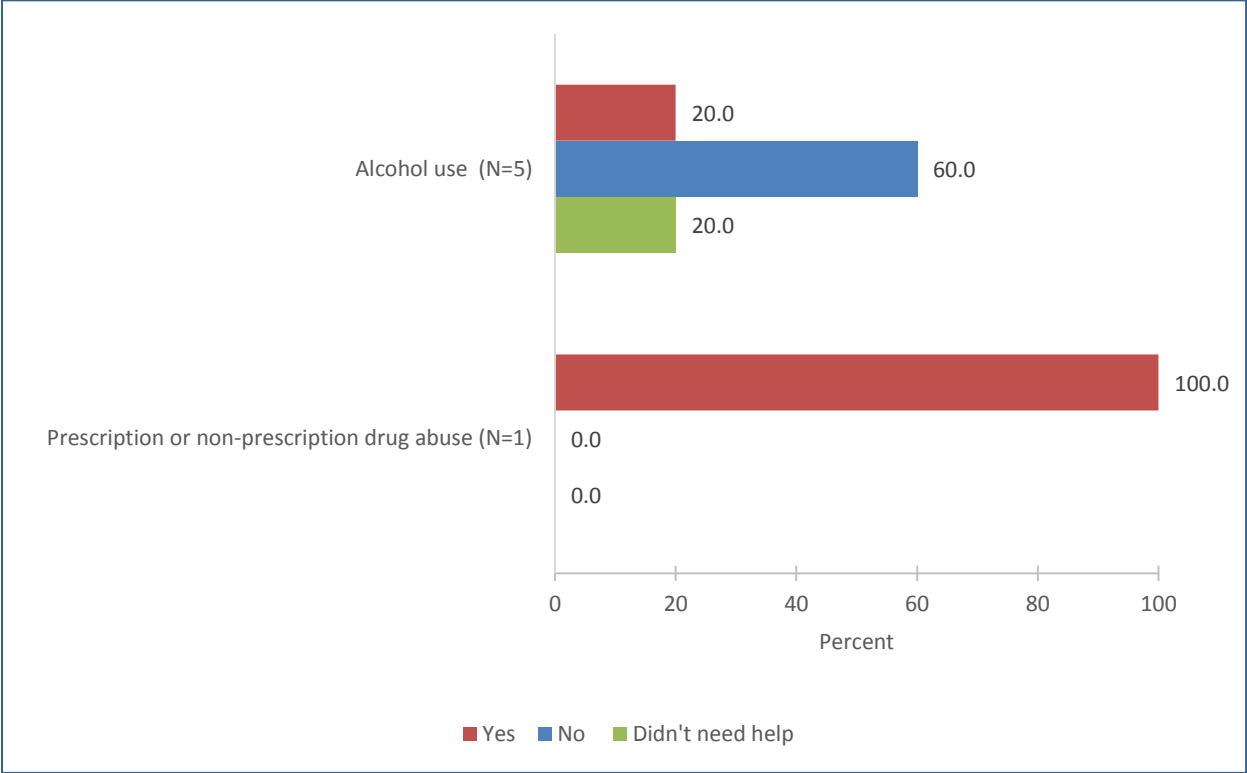
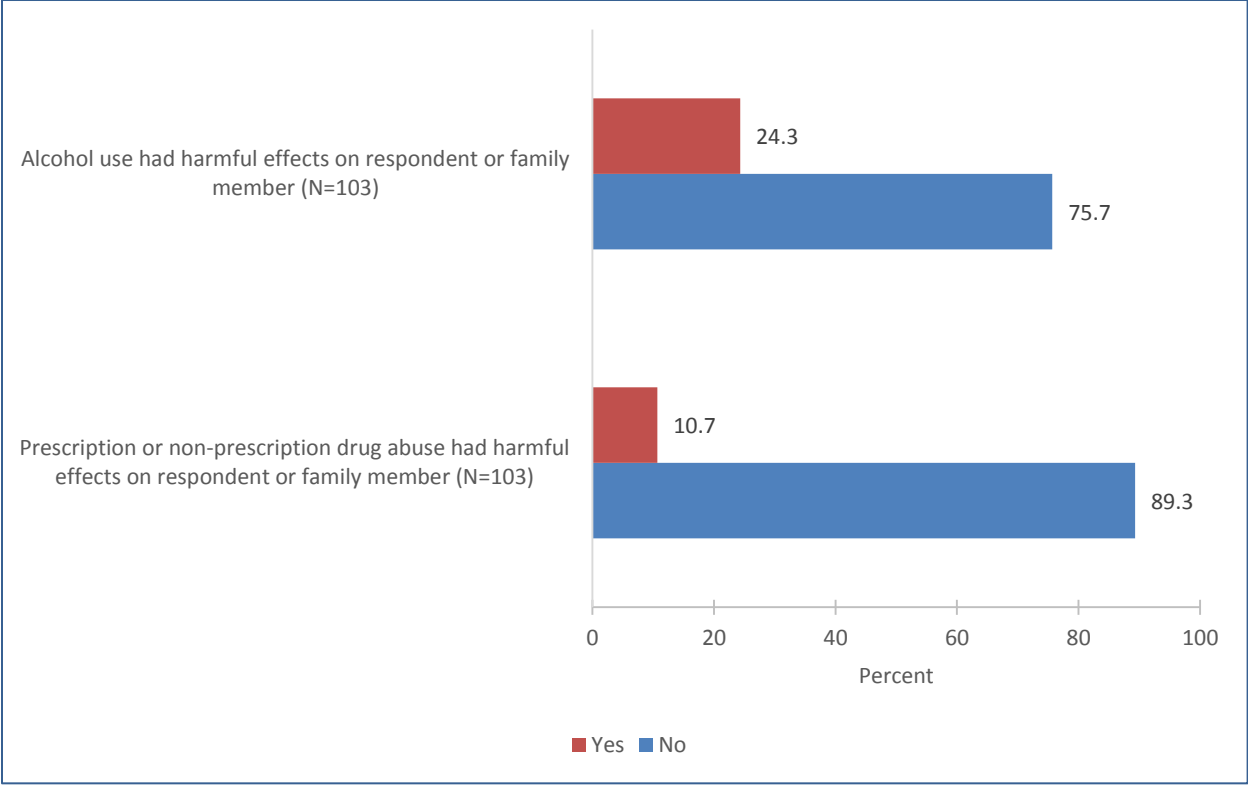


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

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

Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=103)	89.3	10.7	100.0
Blood sugar screening (N=103)	69.9	30.1	100.0
Bone density test (N=102)	11.8	88.2	100.0
Cardiovascular screening (N=103)	21.4	78.6	100.0
Cholesterol screening (N=103)	73.8	26.2	100.0
Dental screening and X-rays (N=103)	83.5	16.5	100.0
Flu shot (N=102)	76.5	23.5	100.0
Glaucoma test (N=102)	37.3	62.7	100.0
Hearing screening (N=102)	14.7	85.3	100.0
Immunizations (N=101)	30.7	69.3	100.0
Pelvic exam (N=73 Females)	68.5	31.5	100.0
STD (N=101)	10.9	89.1	100.0
Vascular screening (N=102)	11.8	88.2	100.0
CANCER SCREENINGS			
Breast cancer screening (N=71 Females)	54.9	45.1	100.0
Cervical cancer screening (N=70 Females)	65.7	34.3	100.0
Colorectal cancer screening (N=100)	22.0	78.0	100.0
Prostate cancer screening (N=28 Males)	35.7	64.3	100.0
Skin cancer screening (N=98)	25.5	74.5	100.0

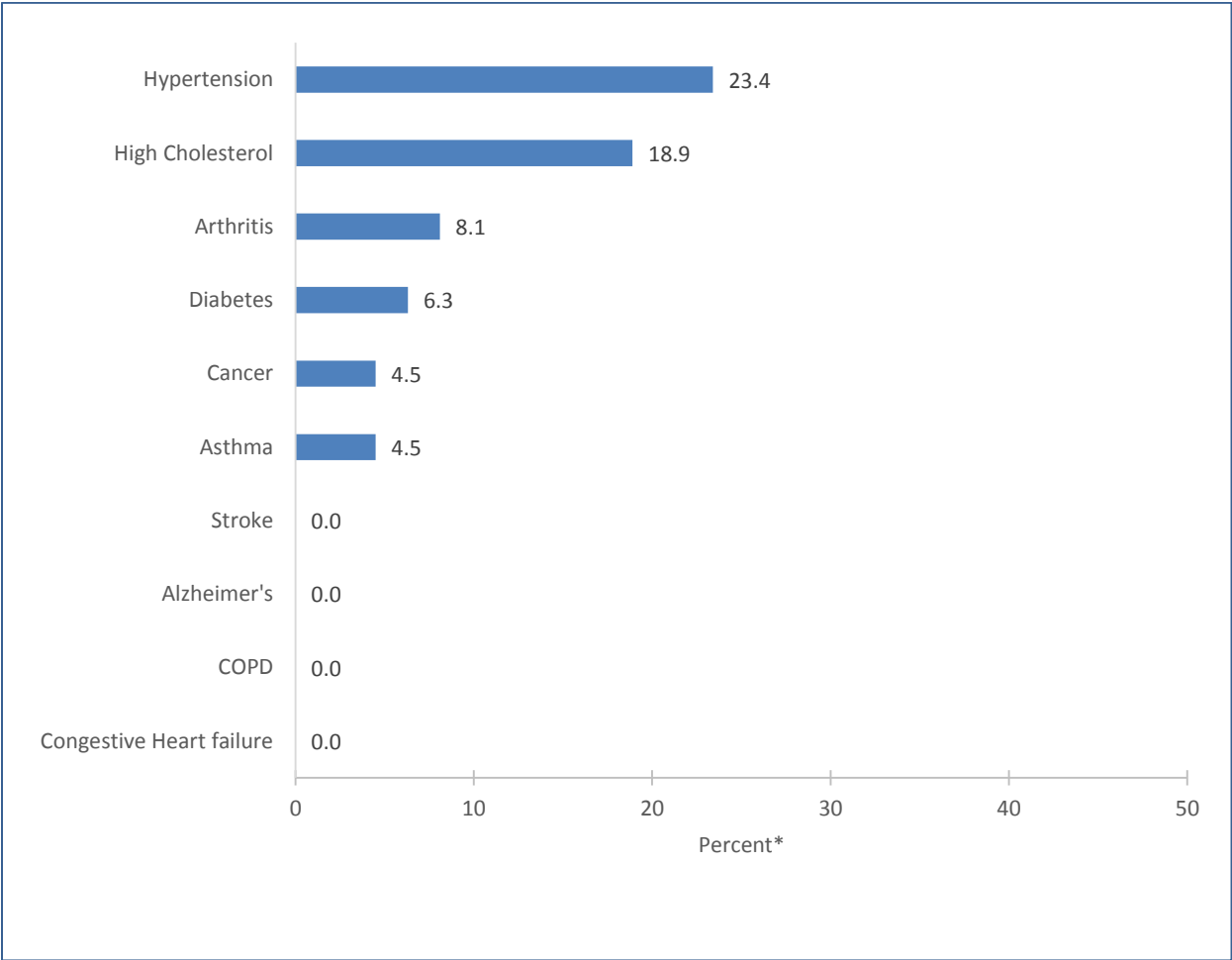
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=11)	45.5	36.4	9.1	0.0	0.0	0.0	9.1
Blood sugar screening (N=31)	35.5	45.2	6.5	0.0	0.0	0.0	6.5
Bone density test (N=90)	38.9	47.8	6.7	0.0	0.0	0.0	5.6
Cardiovascular screening (N=81)	33.3	53.1	4.9	0.0	0.0	0.0	6.2
Cholesterol screening (N=27)	18.5	44.4	7.4	0.0	3.7	0.0	14.8
Dental screening and X-rays (N=17)	23.5	17.6	29.4	11.8	0.0	0.0	35.3

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
Flu shot (N=24)	50.0	4.2	4.2	0.0	4.2	0.0	25.0
Glaucoma test (N=64)	37.5	29.7	4.7	0.0	0.0	0.0	14.1
Hearing screening (N=87)	54.0	28.7	2.3	0.0	0.0	0.0	9.2
Immunizations (N=70)	55.7	28.6	1.4	0.0	0.0	0.0	8.6
Pelvic exam (N=23 Females)	56.5	4.3	8.7	0.0	0.0	0.0	30.4
STD (N=90)	68.9	17.8	1.1	0.0	1.1	0.0	6.7
Vascular screening (N=90)	40.0	47.8	3.3	0.0	0.0	0.0	8.9
CANCER SCREENINGS							
Breast cancer screening (N=32 Females)	40.6	34.4	6.3	0.0	0.0	3.1	18.8
Cervical cancer screening (N=24 Females)	50.0	12.5	8.3	0.0	0.0	0.0	29.2
Colorectal cancer screening (N=78)	52.6	34.6	2.6	2.6	0.0	0.0	5.1
Prostate cancer screening (N=18 Males)	38.9	44.4	0.0	0.0	0.0	0.0	5.6
Skin cancer screening (N=73)	32.9	53.4	5.5	0.0	1.4	1.4	6.8

*Percentages may not total 100.0 due to multiple responses.

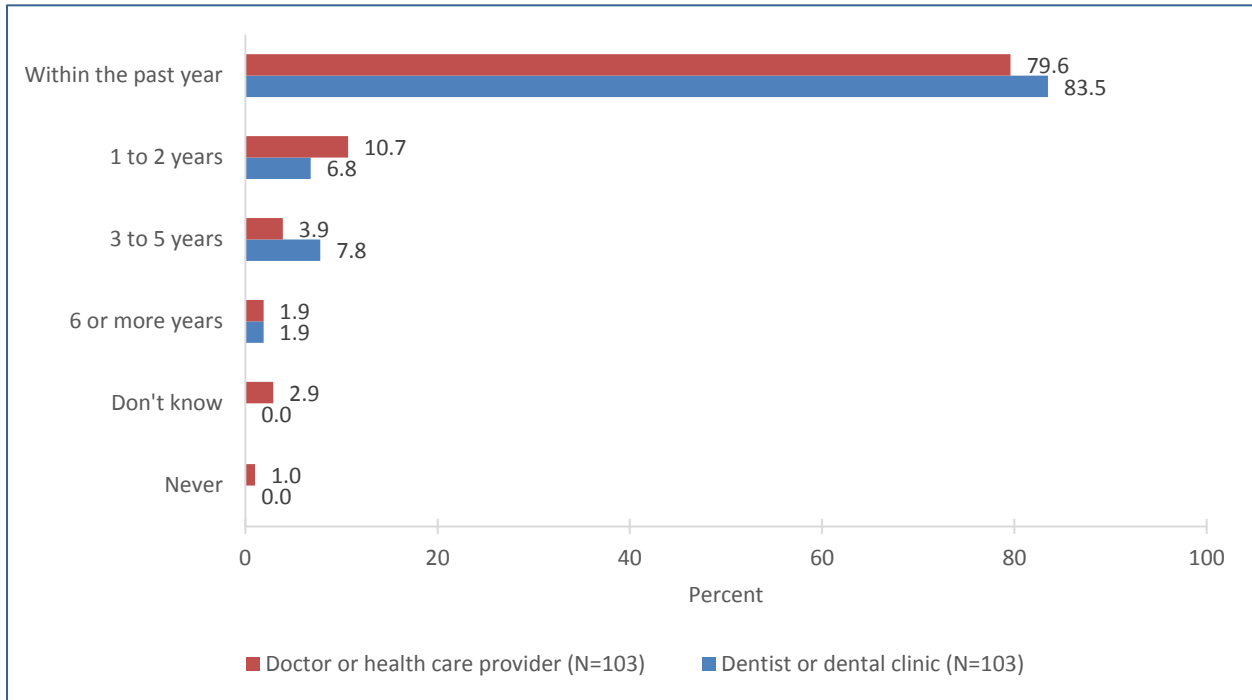
Figure 26. Whether respondents have any of the following chronic diseases



N=111

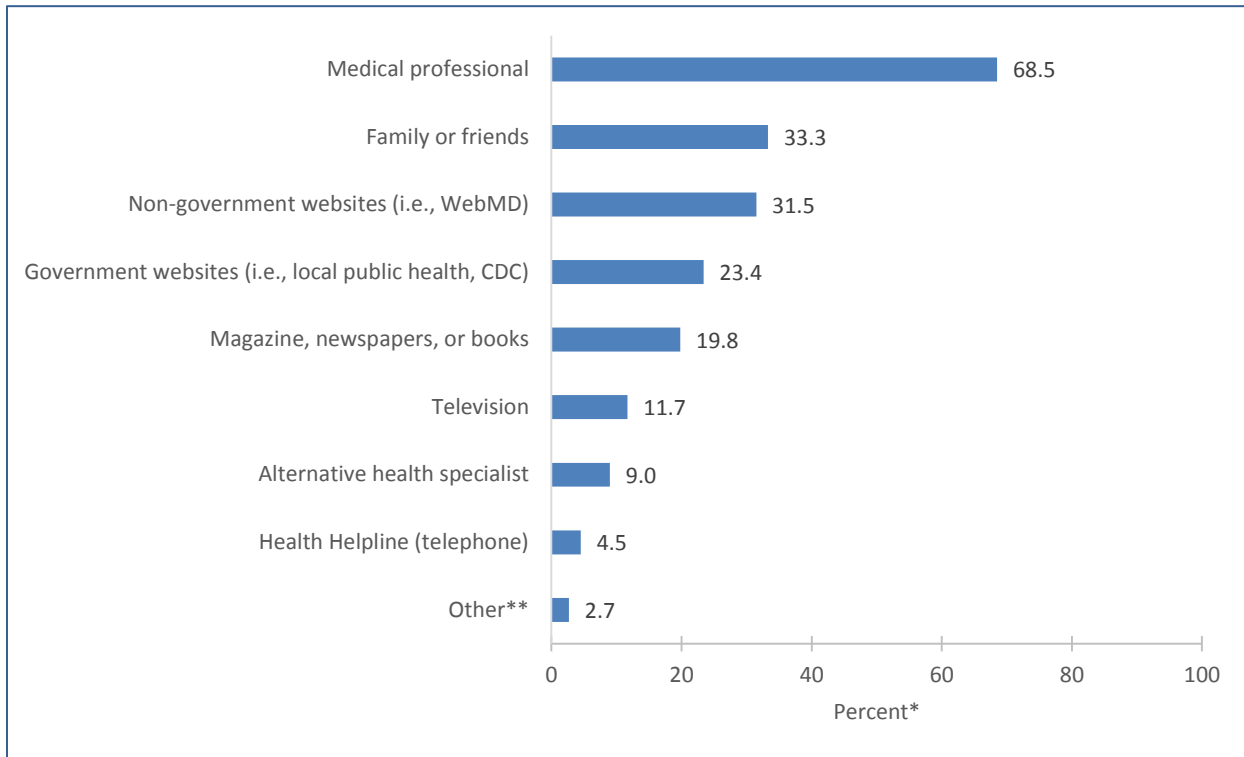
*Percentages do not total 100.00 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



N=103

Figure 28. Where respondents get most of their health information

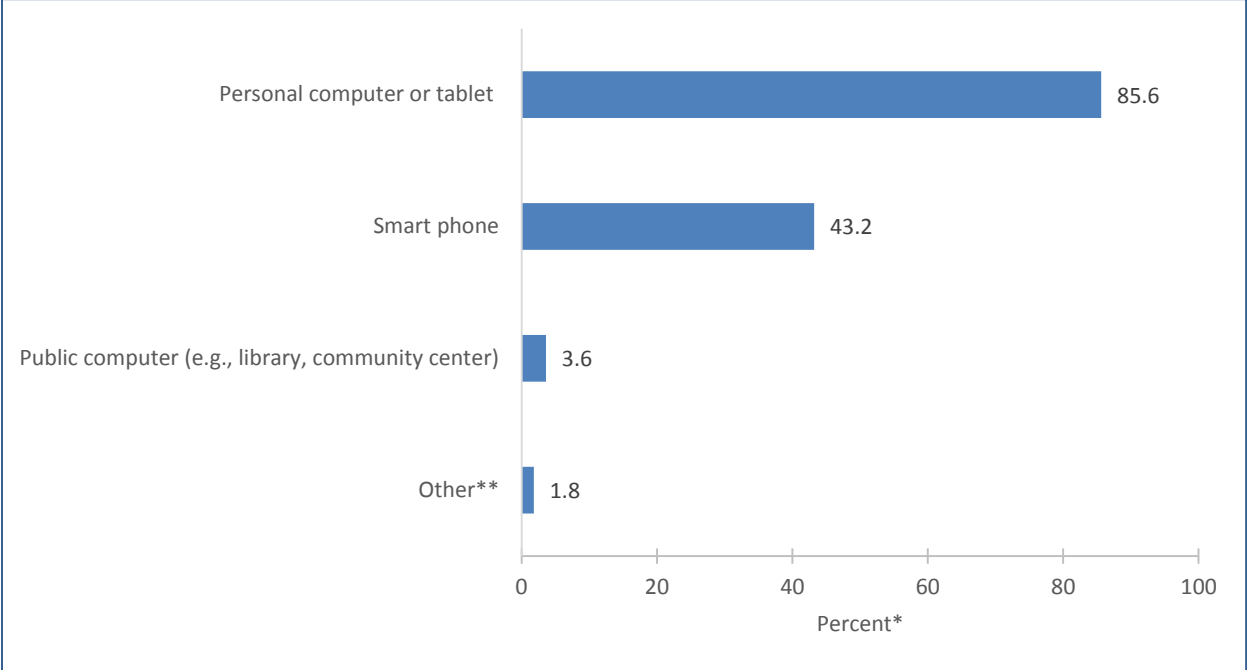


N=111

*Percentages do not total 100.0 due to multiple responses.

**Other responses include "I work at a health care facility", "Internet", "Prior knowledge".

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



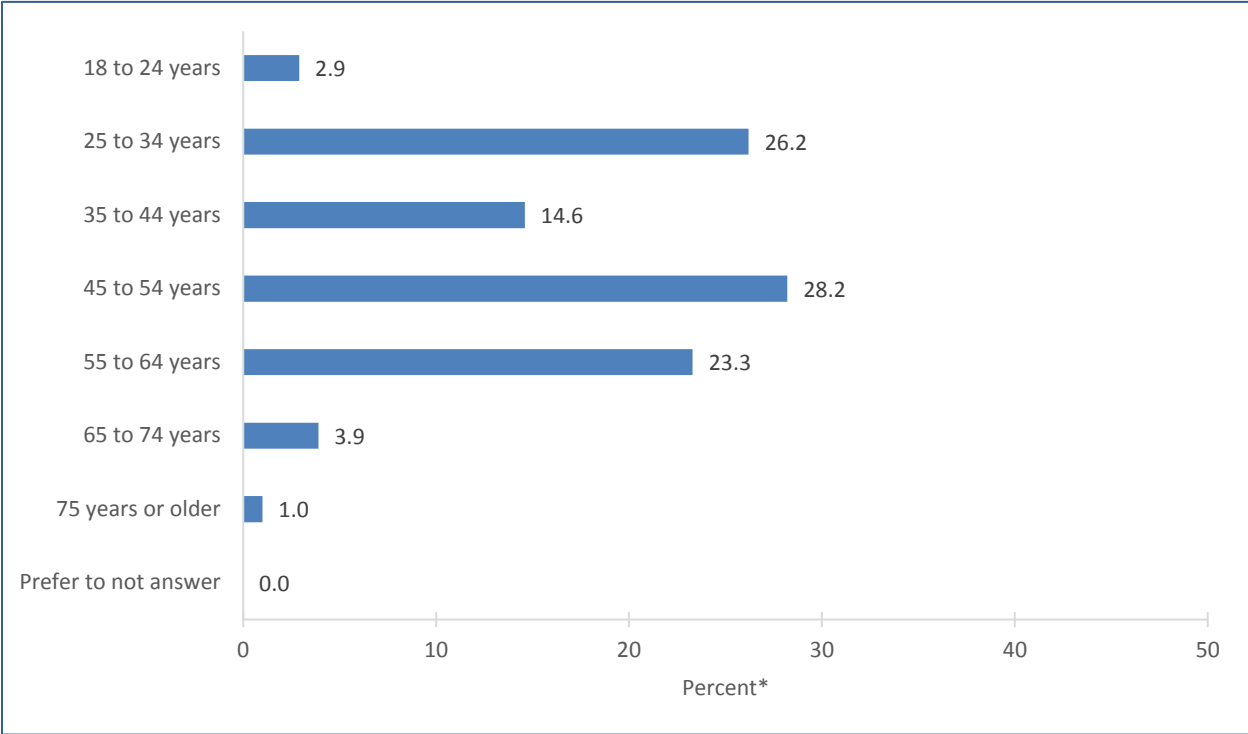
N=111

*Percentages do not total 100.0 due to multiple responses.

**Other responses include “local doctor” and “work”.

Demographic Information

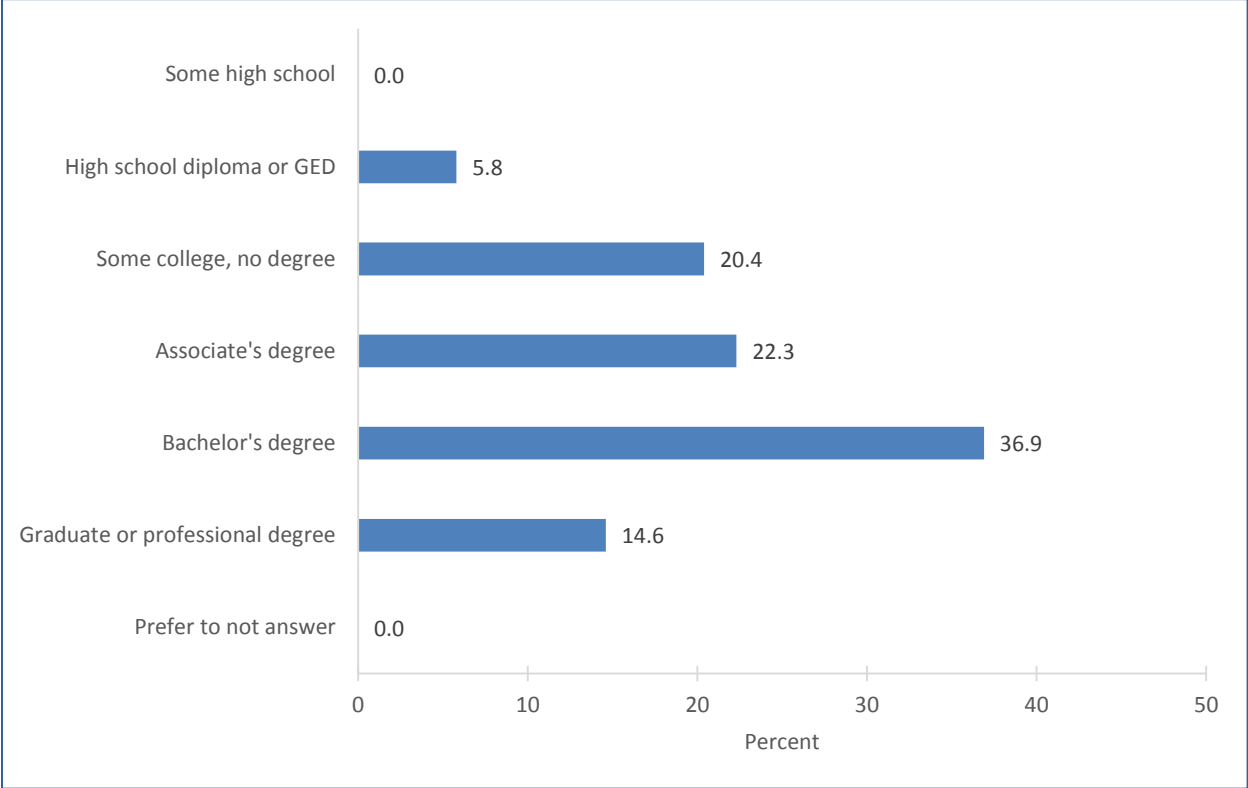
Figure 30. Age of respondents



N=103

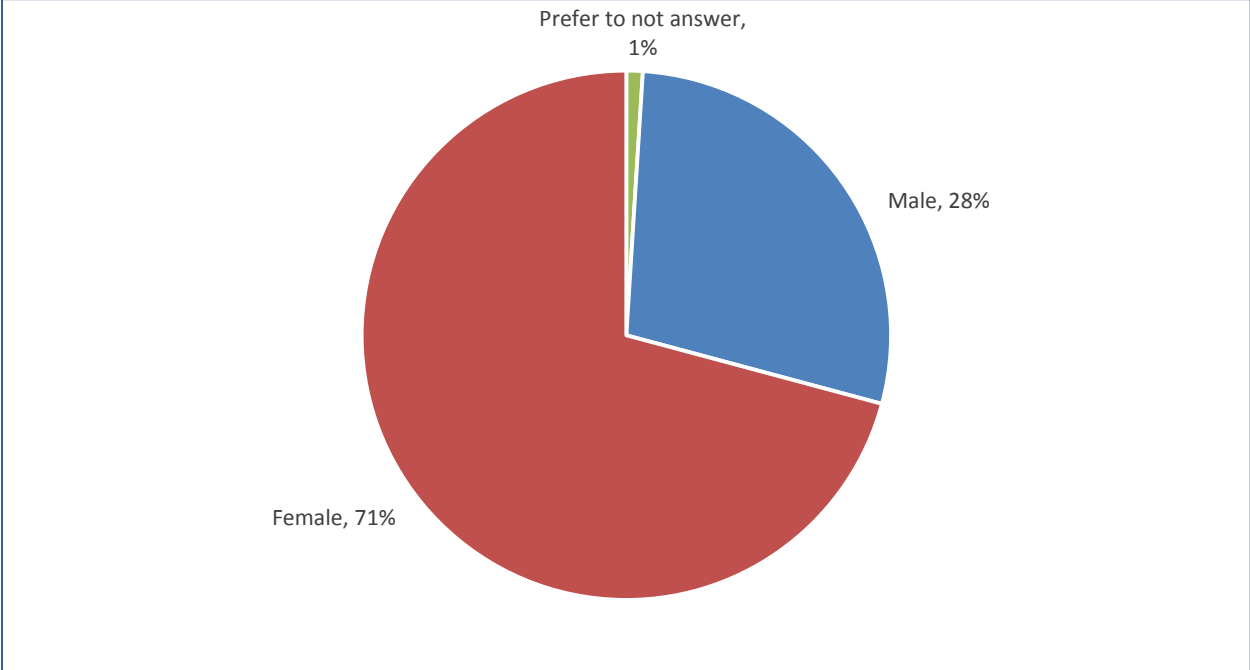
*Percentages do not total 100.0 due to rounding.

Figure 31. Highest level of education of respondents



N=103

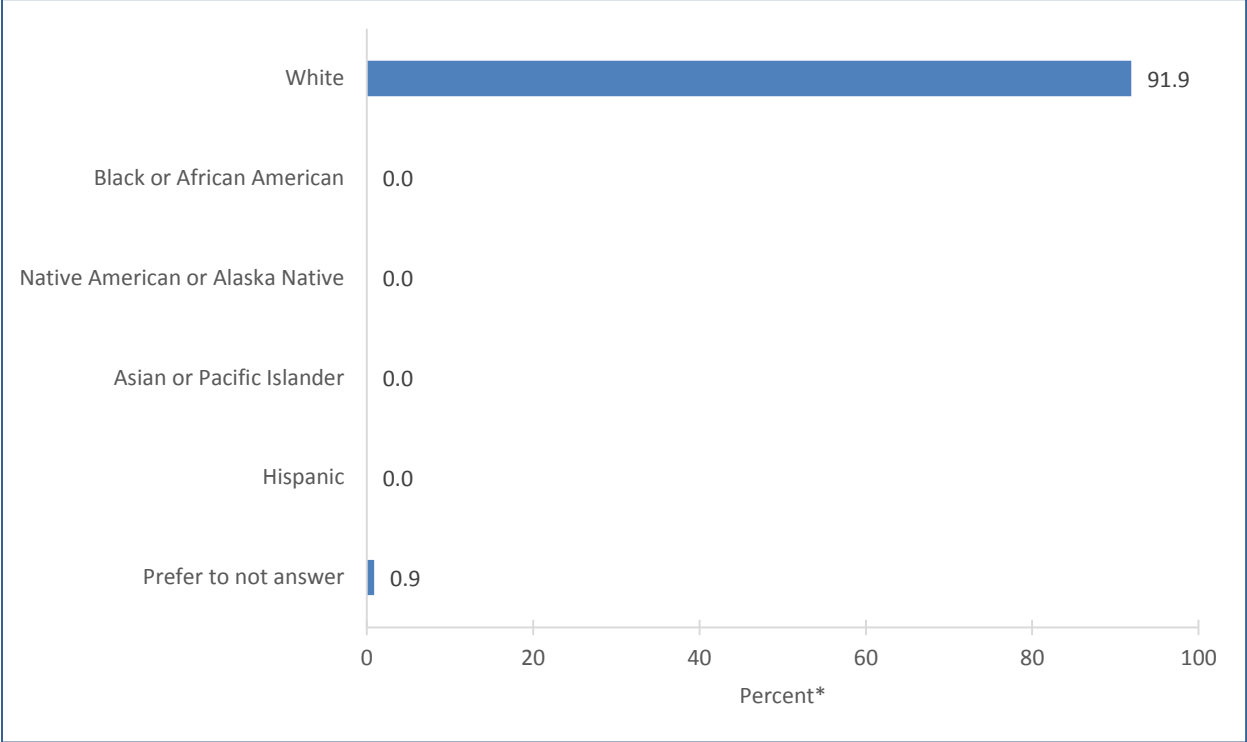
Figure 32. Gender of respondents*



N=103

*Percentages do not total 100.0 due to rounding.

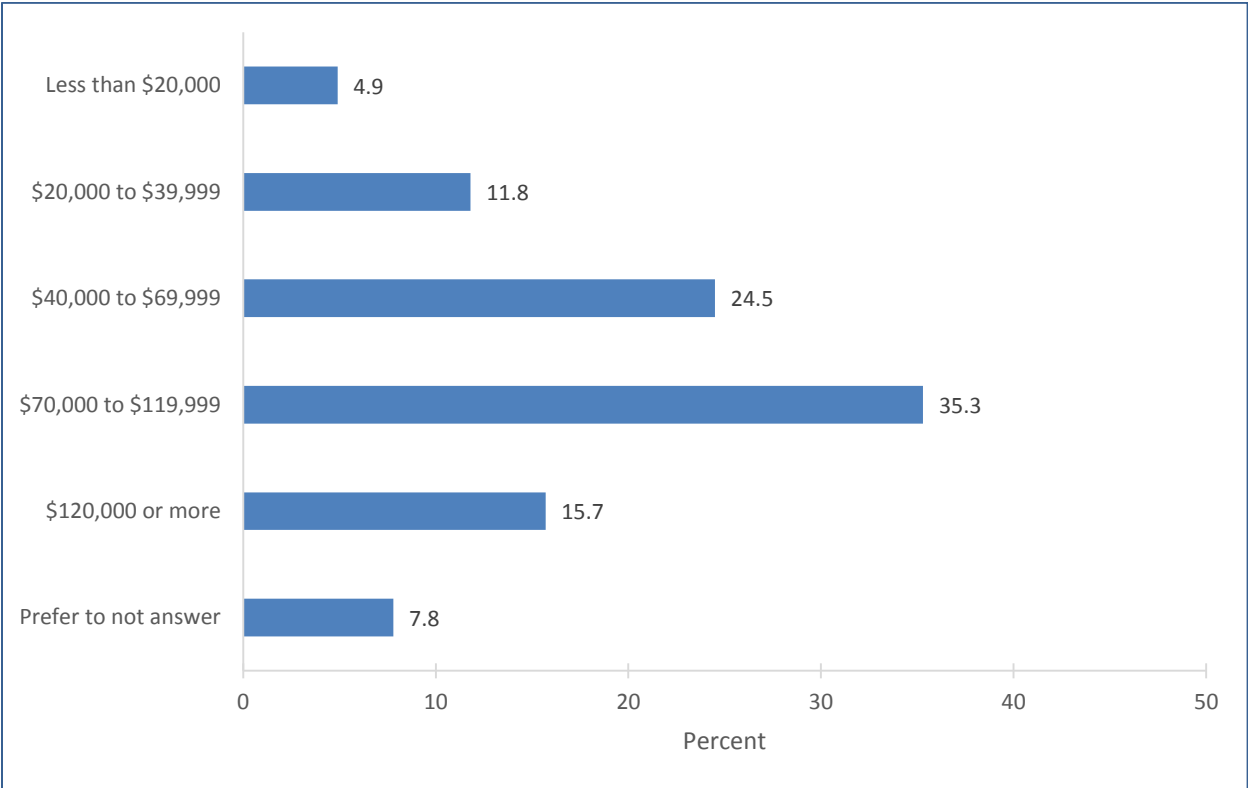
Figure 33. Race and ethnicity of respondents



N=111

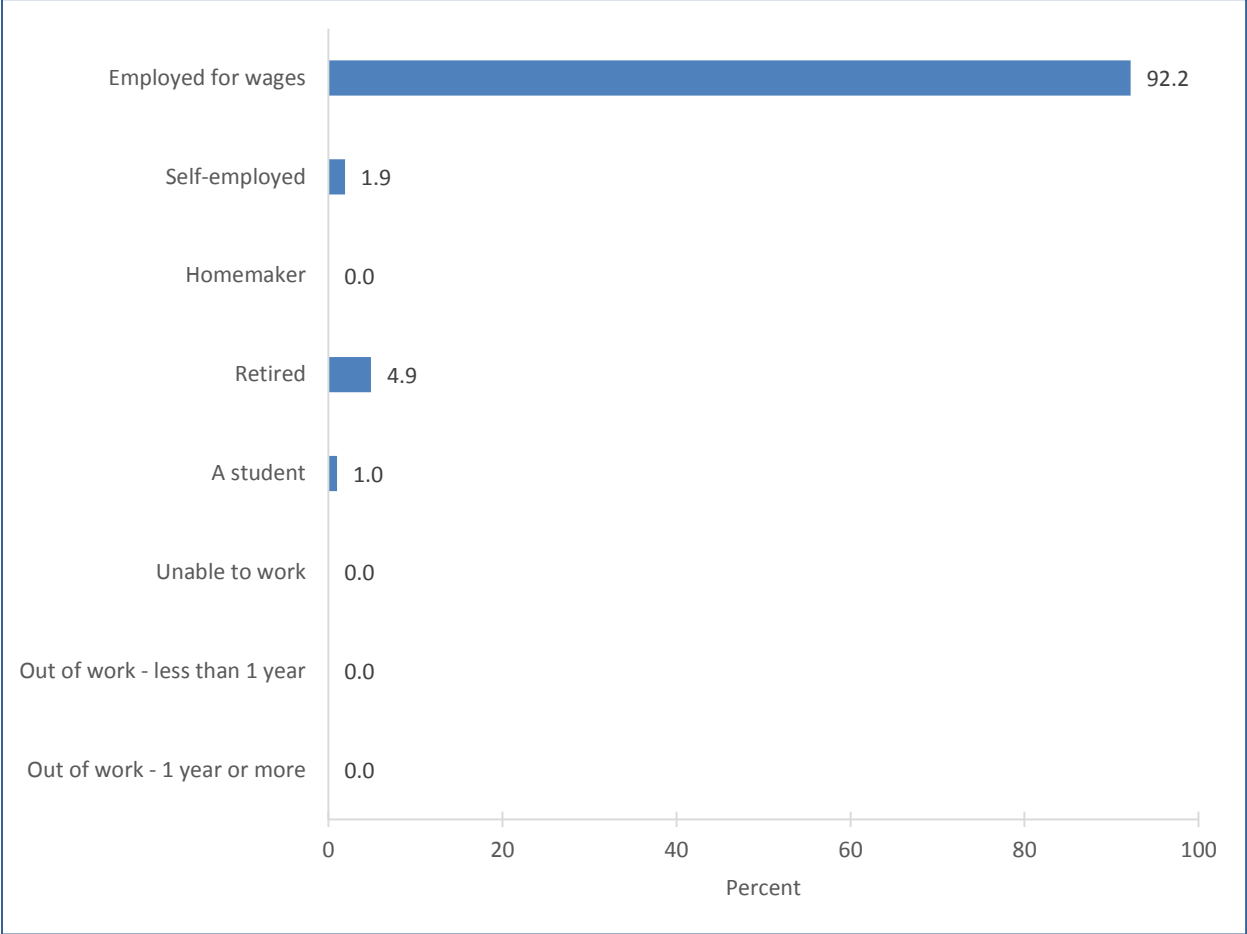
*Percentages do not total 100.0 due to multiple responses.

Figure 34. Annual household income of respondents



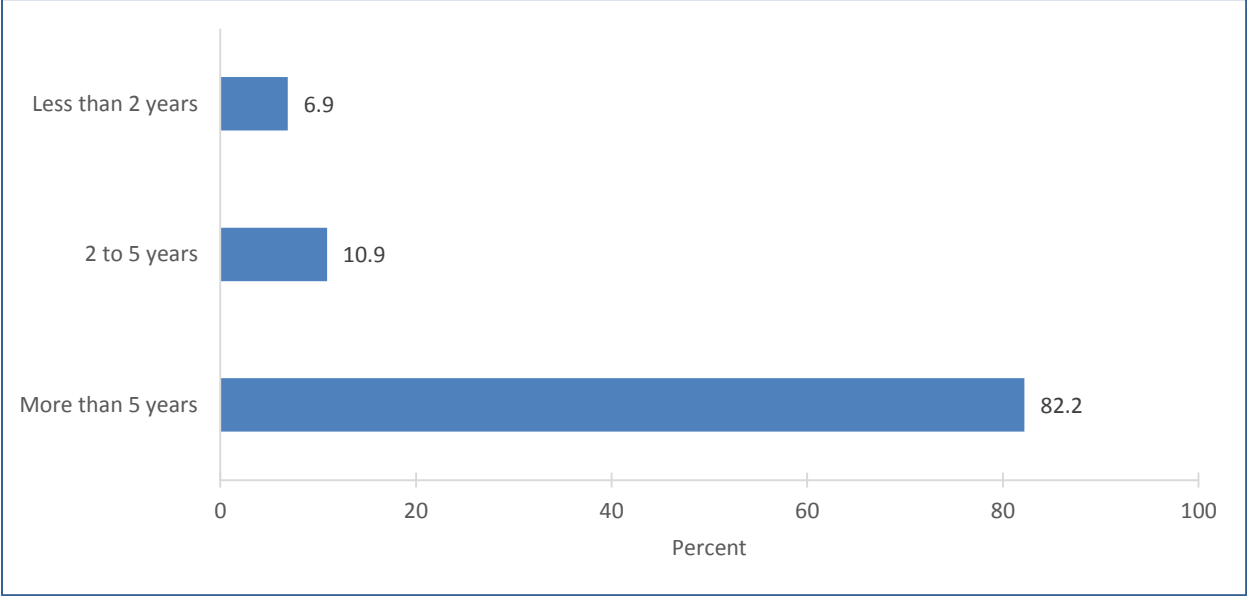
N=102

Figure 35. Employment status of respondents



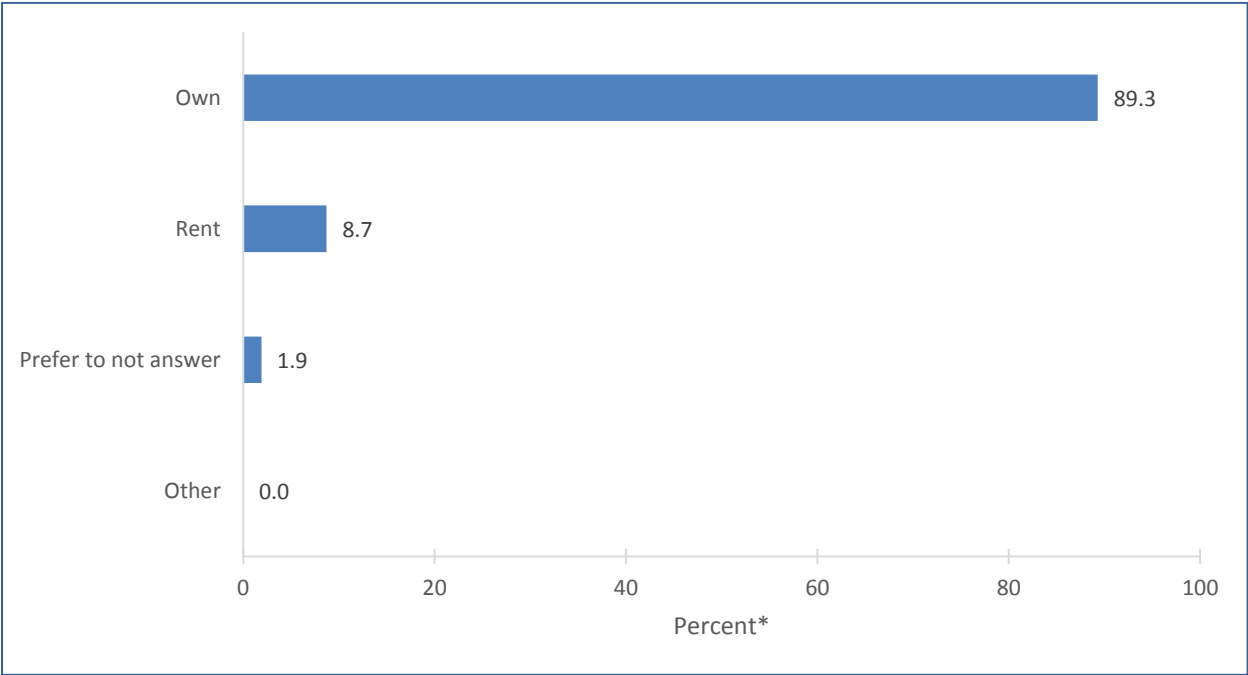
N=103

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



N=101

Figure 37. Whether respondents own or rent their home



N=103

*Percentages do not total 100.0 due to rounding.

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

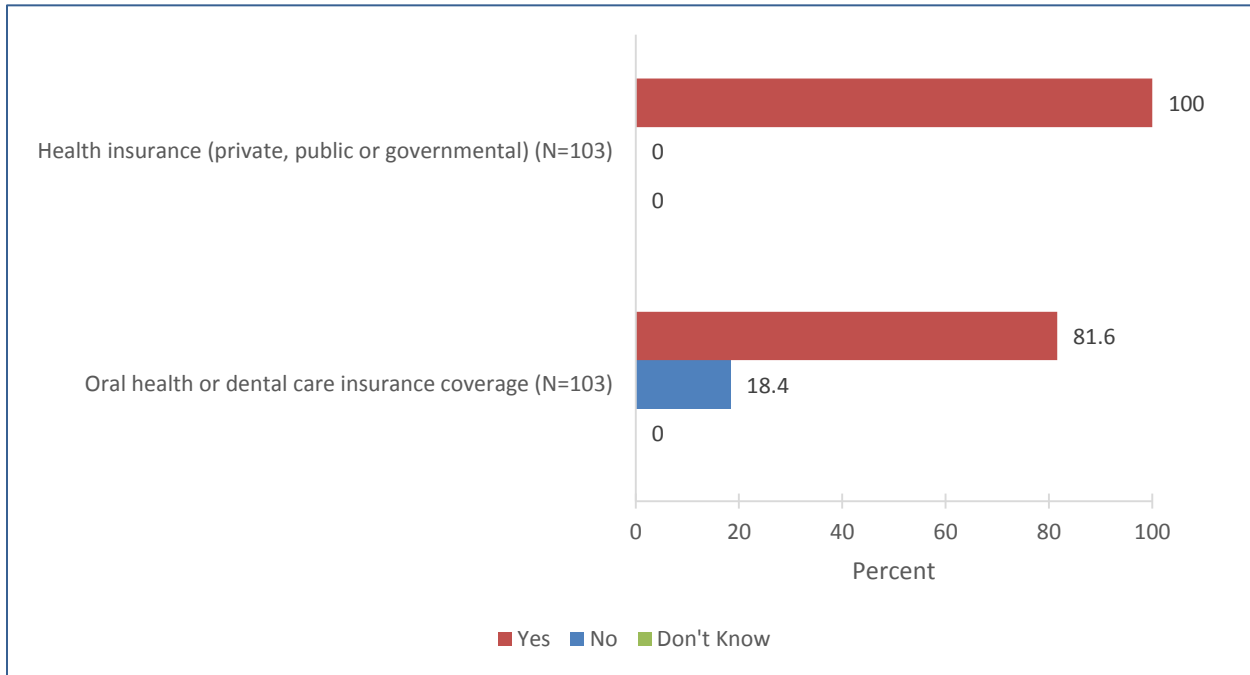
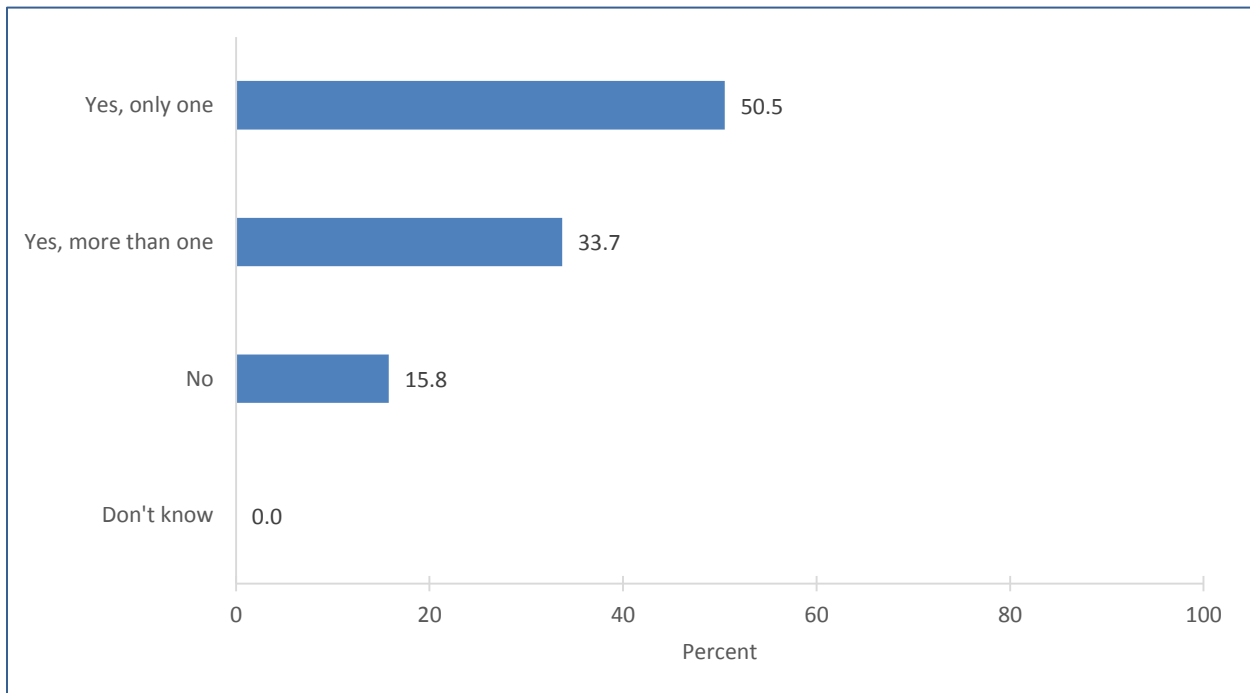
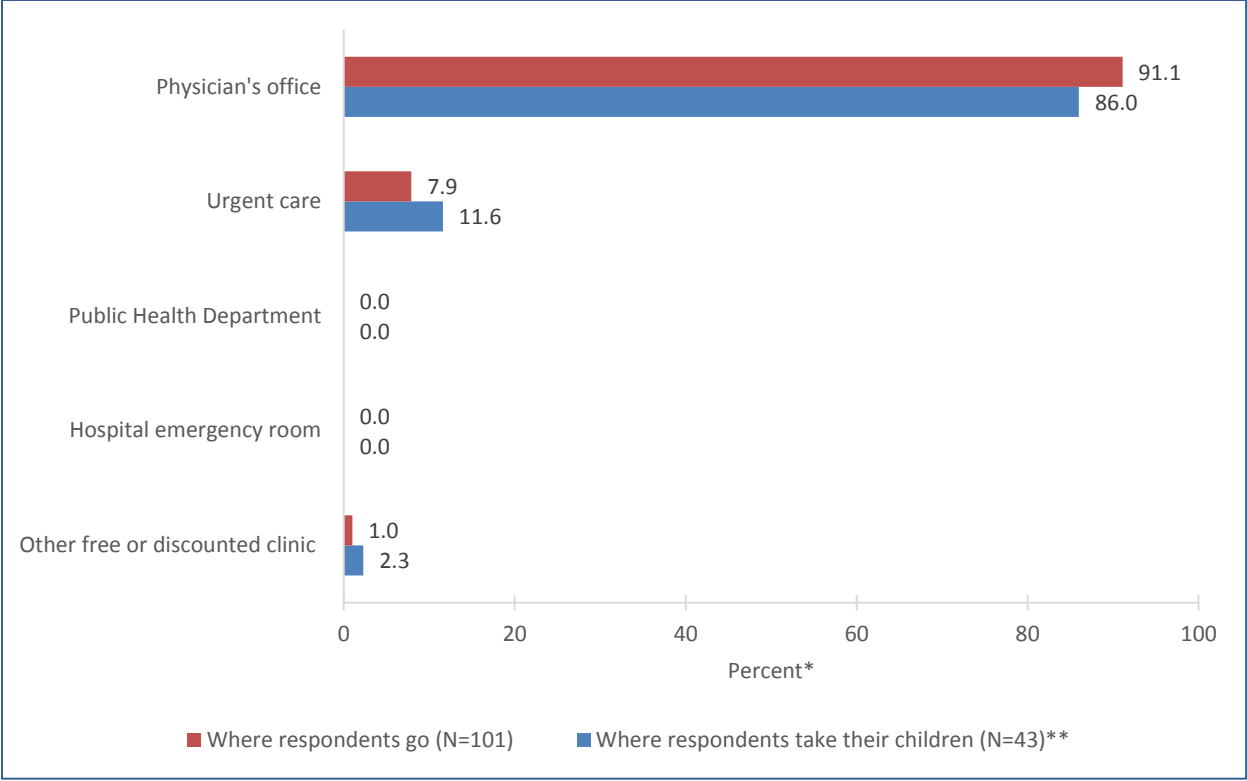


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=101

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



*Percentages may not total 100.0 due to rounding.

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

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

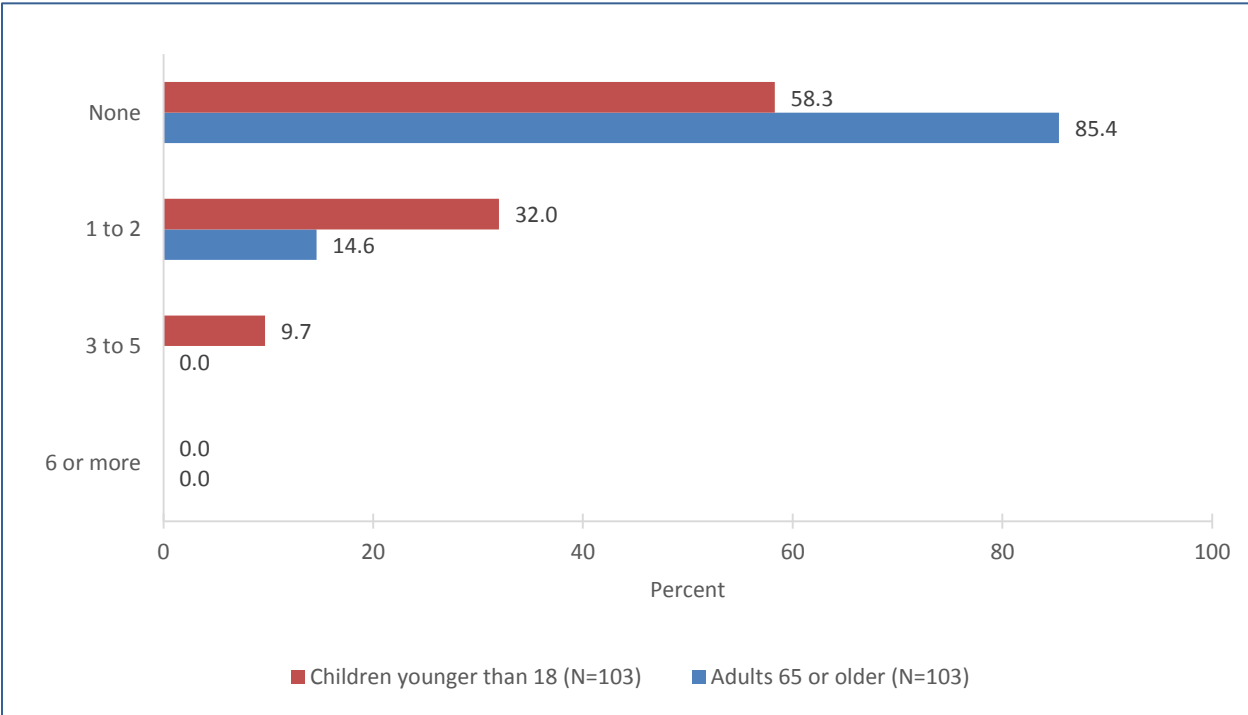
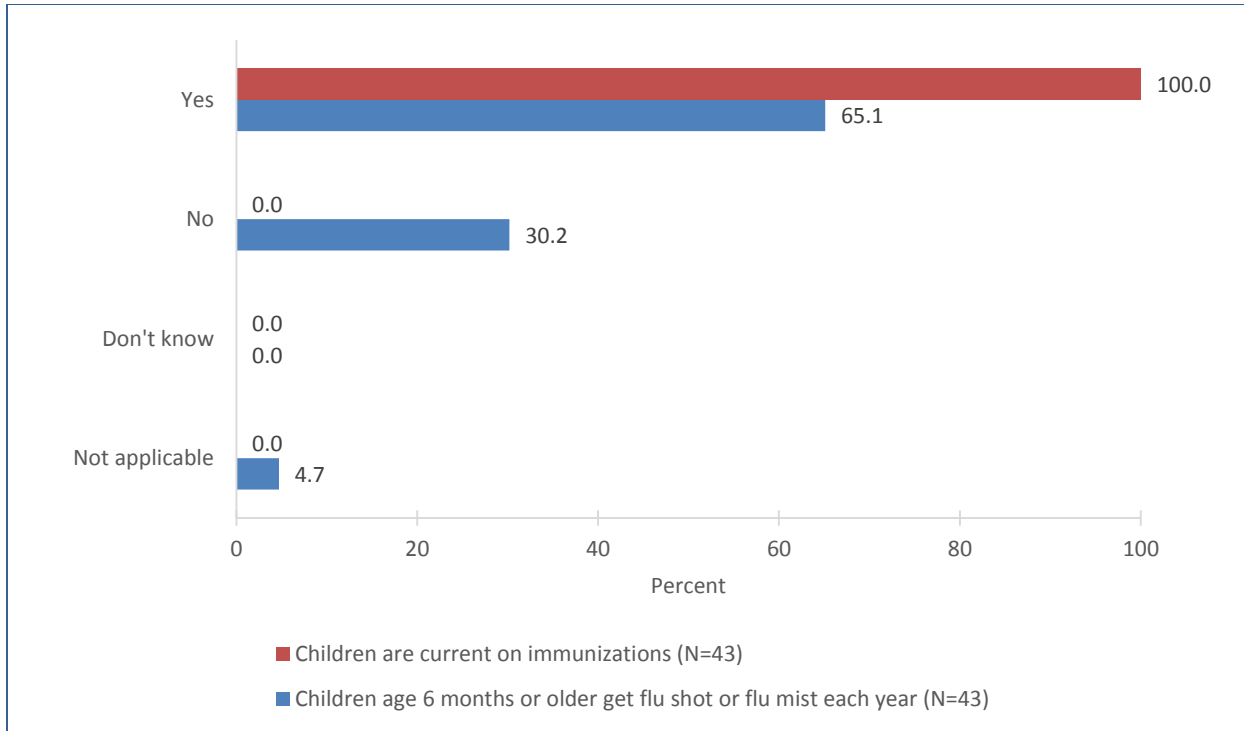


Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*



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

Table 3. Zip code of respondents

Zip code	Number of respondents
56143	74
56150	7
56111	3
56101	3
51360	3
56181	1
56171	1
56159	1
56147	1
56145	1
56121	1
56119	1
56118	1
56081	1

N=99

Secondary Research

Definitions of Key Indicators

**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2015 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

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

Contents:

Outcomes & Factors Rankings

Outcomes & Factors Sub Rankings

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

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

Ranked Measure Sources and Years

Additional Measure Sources and Years

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

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

Measure	Data Elements	Description
Geographic identifiers	FIPS	Federal Information Processing Standard
	State	
	County	
Premature death	# Deaths	Number of deaths under age 75
	Years of Potential Life Lost Rate	Age-adjusted YPLL rate per 100,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Poor or fair health	Sample Size	Number of respondents
	% Fair/Poor	Percent of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$






Measure	Data Elements	Description
Poor physical health days	Sample Size	Number of respondents
	Physically Unhealthy Days	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	Sample Size	Number of respondents
	Mentally Unhealthy Days	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	# Low Birthweight Births	Number of low birthweight births
	# Live births	Number of live births
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult smoking	Sample Size	Number of respondents
	% Smokers	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	% Obese	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	Food Environment Index	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	% Physically Inactive	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	# With Access	Number of people with access to exercise opportunities
	% With Access	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	Sample Size	Number of respondents
	% Excessive Drinking	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS






Measure	Data Elements	Description
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases / Population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	Teen Births	Teen birth count, ages 15-19
	Teen Population	Female population, ages 15-19
	Teen Birth Rate	Teen births / females ages 15-19 * 1,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	(Number of PCP/population)*100,000
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	(Number of dentists/population)*100,000
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	(Number of MHP/population)*100,000
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions/Medicare Enrollees * 1,000
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetic monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c

Measure	Data Elements	Description
		test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute (Measure - Average of state counties)/(Standard Deviation)
	95% CI - High	
	Z-Score	
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	# Children in Poverty	Number of children (under age 18) living in poverty
	% Children in Poverty	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations / Population * 10,000

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes/population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	Average Daily PM2.5	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	Pop. In Viol	Average annual population affected by a water violation
	% Pop in Viol	Population affected by a water violation/Total population with public water
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	# Drive Alone	Number of people who drive alone to work
	# Workers	Number of workers in labor force
	% Drive Alone	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Jackson County

	Jackson County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Minnesota	Rank (of 87)
Health Outcomes						70
Length of Life						65
Premature death	6,200		4,323-8,078	5,200	5,038	
Quality of Life						63
Poor or fair health	6%		4-10%	10%	11%	
Poor physical health days	2.8		1.3-4.3	2.5	2.8	
Poor mental health days	2.3		1.1-3.5	2.3	2.6	
Low birthweight	7.5%		5.6-9.4%	5.9%	6.5%	
Health Factors						9
Health Behaviors						25
Adult smoking	12%		7-21%	14%	16%	
Adult obesity	31%		25-39%	25%	26%	
Food environment index	8.5			8.4	8.3	
Physical inactivity	22%		16-29%	20%	19%	
Access to exercise opportunities	62%			92%	85%	
Excessive drinking				10%	19%	
Alcohol-impaired driving deaths	19%			14%	31%	
Sexually transmitted infections	175			138	336	
Teen births	22		17-30	20	24	
Clinical Care						42
Uninsured	8%		7-9%	11%	9%	
Primary care physicians	5,141:1			1,045:1	1,113:1	

	Jackson County	Trend(Click for info)	Error Margin	Top U.S. Performers*	Minnesota	Rank (of 87)
Dentists	2,565:1			1,377:1	1,529:1	
Mental health providers	1,466:1			386:1	529:1	
Preventable hospital stays	44		34-54	41	45	
Diabetic monitoring	88%		70-100%	90%	88%	
Mammography screening	65.3%		47.0-83.6%	70.7%	66.7%	
Social & Economic Factors						6
High school graduation	95%				78%	
Some college	65.6%		58.2-73.0%	71.0%	73.3%	
Unemployment	3.5%			4.0%	5.1%	
Children in poverty	14%		10-18%	13%	14%	
Income inequality	3.9		3.3-4.5	3.7	4.3	
Children in single-parent households	24%		16-31%	20%	28%	
Social associations	31.1			22.0	13.2	
Violent crime	81			59	229	
Injury deaths	53		35-76	50	56	
Physical Environment						42
Air pollution - particulate matter	12.8			9.5	12.0	
Drinking water violations	0%			0%	1%	
Severe housing problems	10%		8-13%	9%	15%	
Driving alone to work	79%		76-82%	71%	78%	
Long commute - driving alone	16%		13-19%	15%	29%	

* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2015



SANFORD[®]
HEALTH