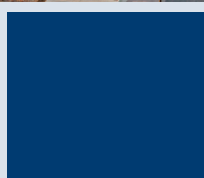
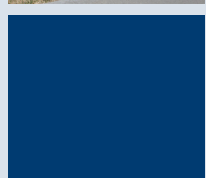
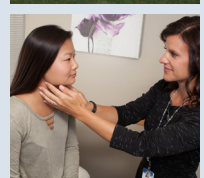
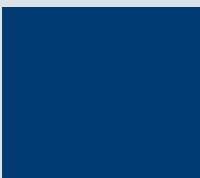
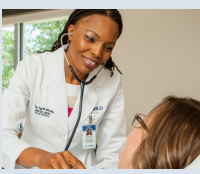
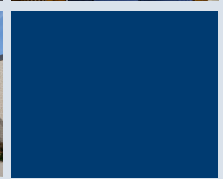




SANFORD[®] HEALTH



Dear Community Members,

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

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

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

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

- *Children and Youth*
- *Mental Health and Substance Abuse*

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

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

Sincerely,



Rick Nordahl
Senior Director
Sanford Medical Center Sheldon

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Sanford Sheldon Medical Center

2018 Community Health Needs Assessment

EXECUTIVE SUMMARY

Purpose

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

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 are essential to success
- Sanford Health is invited into the communities we serve

Regulatory Requirements

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

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

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

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

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

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

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for it. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2018 report will be Sanford's third report cycle since the requirements were enacted in 2010.

Study Design and Methodology

1. Primary Research

A. *Key Stakeholder Survey*

An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholder's concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and the Sioux Falls Department of Health distributed the survey link via email to stakeholders and key leaders located within Lyon County, Iowa. Data collection occurred during November 2017. A total of 45 community stakeholders participated in the survey.

B. *Resident Survey*

The resident survey tool includes questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the SHIP surveys and those questions were included in the resident survey. Questions specific to American Indian residents were developed by the North Dakota Public Health Association. The survey was posted on Facebook and a link to the survey was sent by email to members of the community. A total of 53 community residents participated in the survey.

C. *Community Asset Mapping*

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

D. *Community Stakeholder Discussions*

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation strategies.

The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

E. *Prioritization Process*

The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to complete the multi-voting exercise.

2. Secondary Research

- A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.
- B. The U.S. Census Bureau estimates were reviewed.
- C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is <https://www.communitycommons.org/maps-data/>.

Limitations of the Study

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

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

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

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

Key Findings

Community Health Concerns

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

Economic Well-Being

Community stakeholders are most concerned that there is a need for skilled labor force (ranking 3.33), affordable housing (3.28), housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence (3.11), and household budgeting and money management (3.10).

Children and Youth

Community stakeholders are most concerned about childhood obesity (3.39), the availability and cost of services for at-risk youth (3.28), bullying (3.28), opportunities for youth mentoring (3.24), the cost and availability of quality childcare (3.21), substance abuse by youth (3.19), and teen tobacco use (3.00).

Aging Population

Community stakeholders are most concerned about the cost of long-term care (3.59) the cost of memory care (3.51), and the cost of in-home services (3.11).

Safety

Community stakeholders are most concerned about abuse of prescription drugs (3.14).

Health Care Access

Community stakeholders are most concerned about the availability of mental health providers (3.78), the availability of behavioral health providers (3.46), access to affordable health insurance coverage (3.36), access to affordable health care (3.11), access to affordable prescription drugs (3.11), and access to affordable vision insurance (3.00).

Mental Health and Substance Abuse

Community stakeholders are most concerned about depression (3.53), stress (3.47), drug use and abuse (3.35), alcohol use and abuse (3.19), smoking and tobacco use (3.06), and dementia and Alzheimer's disease (3.05).

Resident survey participants are facing the following issues:

- 68% report that they are overweight or obese
- 25% self-report binge drinking at least 1X/month
- 39% have been diagnosed with depression
- 16% report running out of food before having money to buy more
- 35% have been diagnosed with high cholesterol and 35% hypertension

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

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

- Children and Youth
- Mental Health and Substance Abuse

Implementation Strategies

Priority 1: Children and Youth

According to the Center for Disease Control, obesity is a complex health issue to address. Obesity can be caused from a combination of contributing factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and is associated with morbidity and illnesses including diabetes, heart disease, stroke, and some types of cancer.

Substance abuse is another high ranking concern for community members. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Protective factors include:

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

Sanford has made children and youth a significant priority and has developed strategies to offer support programs that provide children and youth with safe and healthy environments.

Priority 2: Mental Health and Substance Abuse

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

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

Sanford Sheldon Medical Center
Community Health Needs Assessment
2018

Sanford Sheldon Medical Center

Community Health Needs Assessment

2018

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Acknowledgements

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

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Wheaton
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bagley
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative Officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Denise Clouse, Marketing Coordinator, Sanford Tracy
- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Wheaton
- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton
- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls
- Joy Johnson, VP of Operations, Sanford Bemidji
- JoAnn Kunkel, Chief Financial Officer, Sanford Health
- Mary Lake, Executive Assistant, Sanford Health Network Fargo Region
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- Scott Larson, Senior Director, Sanford Canton
- Tiffany Lawrence, VP, Finance, Sanford Fargo
- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids
- Carrie McLeod, Sanford Community Health Improvement/Community Benefit Director
- Jac McTaggart, Senior Director, Sanford Hillsboro and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

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

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Pam Bonrud, Northwestern Energy
- Cynthia Borgen, Beltrami Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health

- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, PhD, Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors' Blue Ribbon Commission on Addiction
- Kathy McKay, Clay County Public Health
- Jac McTaggart, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steele County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

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

- Don DeBoer, Pharmacist, Lewis Family Drug
- Joni DeKok, Sanford Health
- Shawn Dreesen, Sanford Health
- Mary Dunn, Retired
- Rob Gotto, Director of Senior Care
- Justin Hummelgard, Sanford Health
- Muryl Korver, Retired, Foundation
- Tim Lammers, Foundation
- Patrick McCarty, Foundation
- Rick Nordahl, CEO, Sanford Health
- Karen Pottebaum, Sanford Health
- Barry Whitsell, CEO, Village Northwest Unlimited
- Ron Zoutendarm, Retired Family Practice Physician

Description of the Medical Center

Sanford Sheldon Medical Center – Sheldon, Iowa



Sanford Sheldon Medical Center is a 25-bed Critical Access Hospital providing inpatient, acute and long-term care. In addition, Sanford Sheldon offers a broad range of outpatient services which includes Sanford Sheldon Clinic, Sanford Health Boyden Clinic, Sanford Health Sanborn Clinic and Sanford Hartley Clinic operating as hospital departments.

Sanford Sheldon provides health care services to over 10,000 residents of O'Brien County and portions of Sioux, Osceola and Lyon counties in northwest Iowa. The nearest tertiary care centers are Mercy Medical in Sioux City, Iowa and Sanford USD Medical Center, which is approximately 70 miles west.

Sanford Sheldon employs 9 medical clinicians (physicians and APPs) and 317 employees. As a member of the Sanford Health Network, Sanford Sheldon offers consulting medical specialists who provide outreach services on a regular basis in areas including general and specialized surgery, cardiology, otolaryngology, urology, obstetrics/gynecology, orthopedics, vascular and podiatry.



Description of the Community Served

Sheldon has a population of 5,188, and is the largest city in O'Brien County, which has a total population of 14,398. Sheldon has always been the hub of transportation, located at the crossroads of Highway 60 and 18. It is predominantly a farming community with other larger employers in finance, manufacturing, health care and education. It is also home to Northwest Iowa Community College, and close to Dordt College and Northwestern College.

The city has many parks with softball fields, basketball courts, picnic shelter, campsites, biking and walking trails and a skate park for skate boarding and rollerblading. Other recreational facilities include the Sheldon Golf and Country Club and the Sheldon Outdoor Family Aquatic Center.

Sheldon is well known for its display of marigolds, which are abundant throughout the summer and fall months.

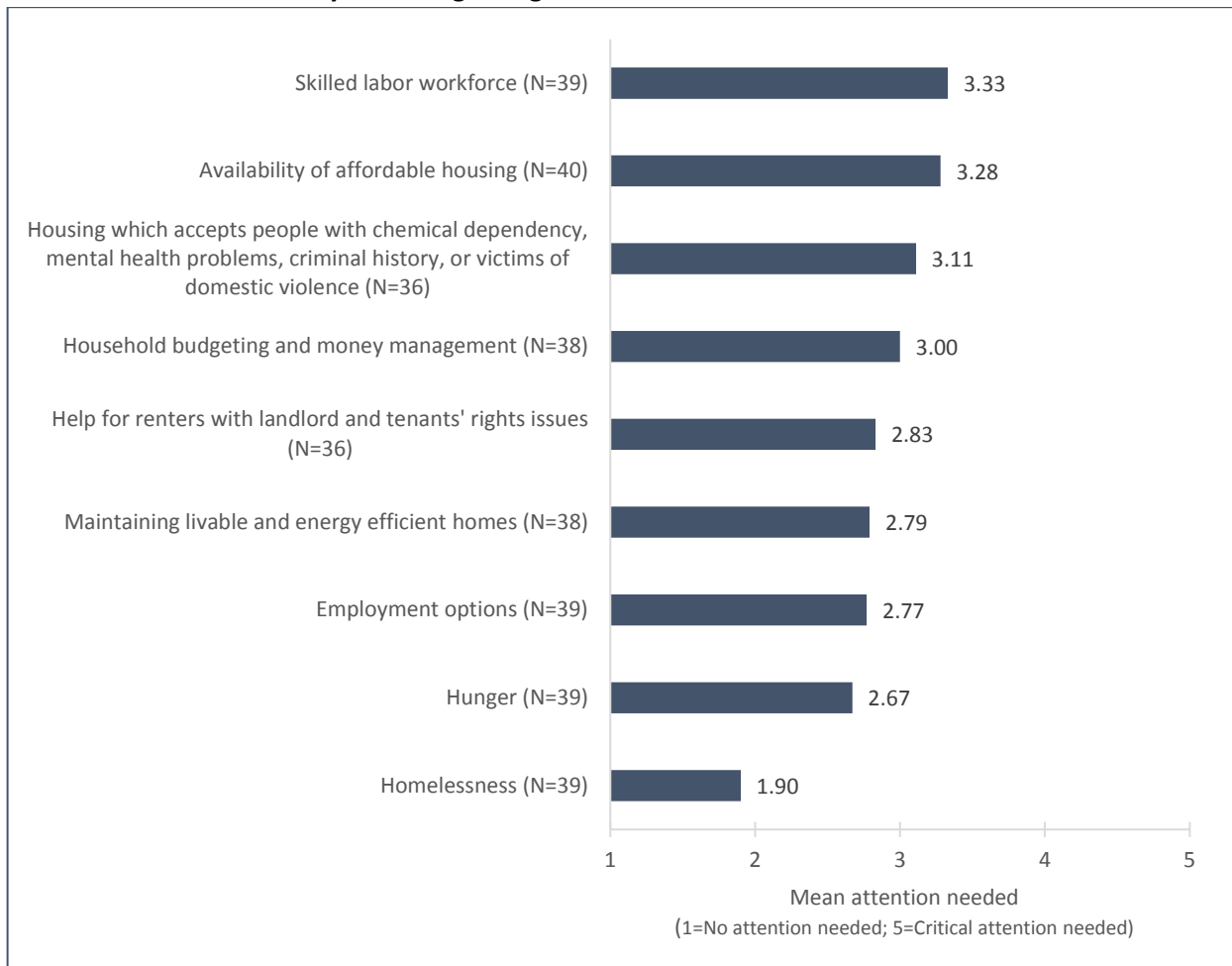
Key Findings

Community Health Concerns

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

Economic Well-Being: The concern for the community's economic well-being is focused on the need for a skilled labor force, available affordable housing, housing that accepts people with chemical dependency, mental health problems, criminal history, victims of domestic violence and skills for household budgeting and money management.

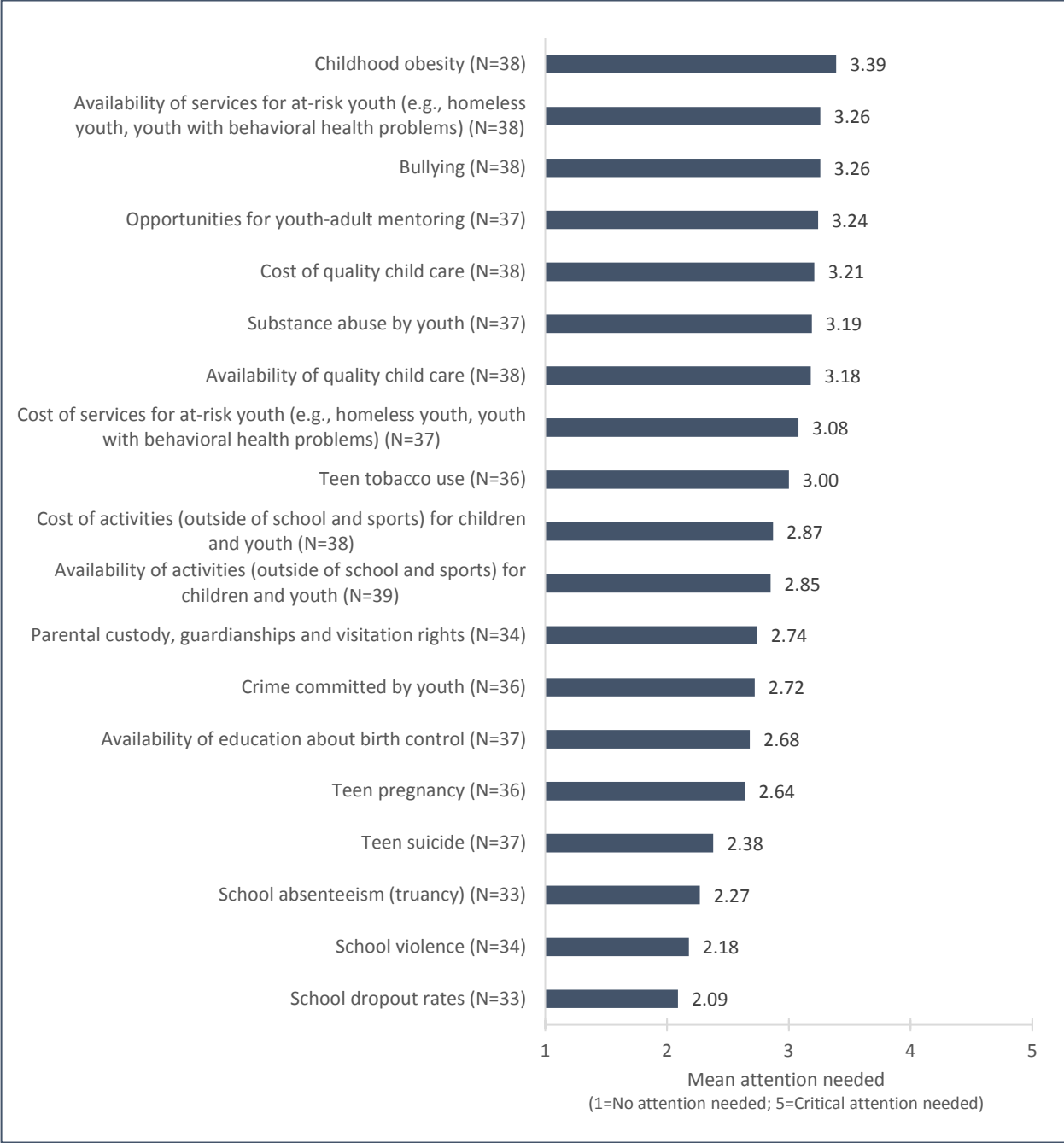
Current state of community issues regarding ECONOMIC WELL-BEING



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

Children and Youth: The concerns for children and youth are numerous and include childhood obesity, the availability and cost of services for at-risk youth, bullying, opportunities to mentor, the cost and availability of quality childcare, substance abuse by youth, the cost and teen tobacco use.

Current state of community issues regarding CHILDREN AND YOUTH



According to the Center for Disease Control, obesity is a complex health issue to address. Obesity can be caused from a combination of contributing factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and is associated with morbidity and illnesses including diabetes, heart disease, stroke, and some types of cancer.

Community concerns also include substance abuse and the need for resources for at-risk youth. The U.S. Department of Drug Enforcement Administration (DEA), reports that nationally almost 20% of students surveyed admit to using marijuana at least once during the last 30 days, and 13% of students surveyed admitted driving when they had used marijuana within the last 30 days.

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

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

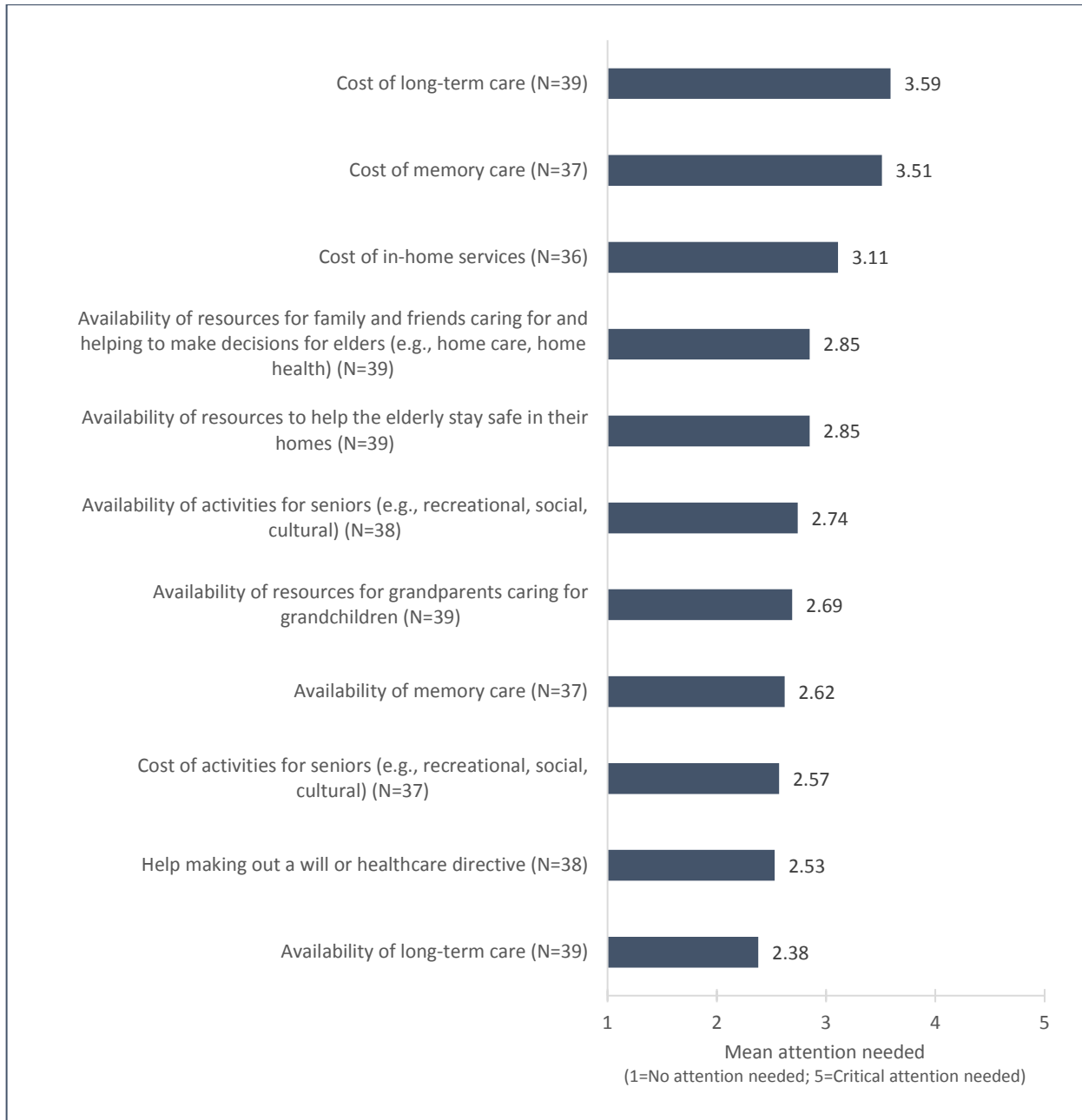
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse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

Protective factors include:

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

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

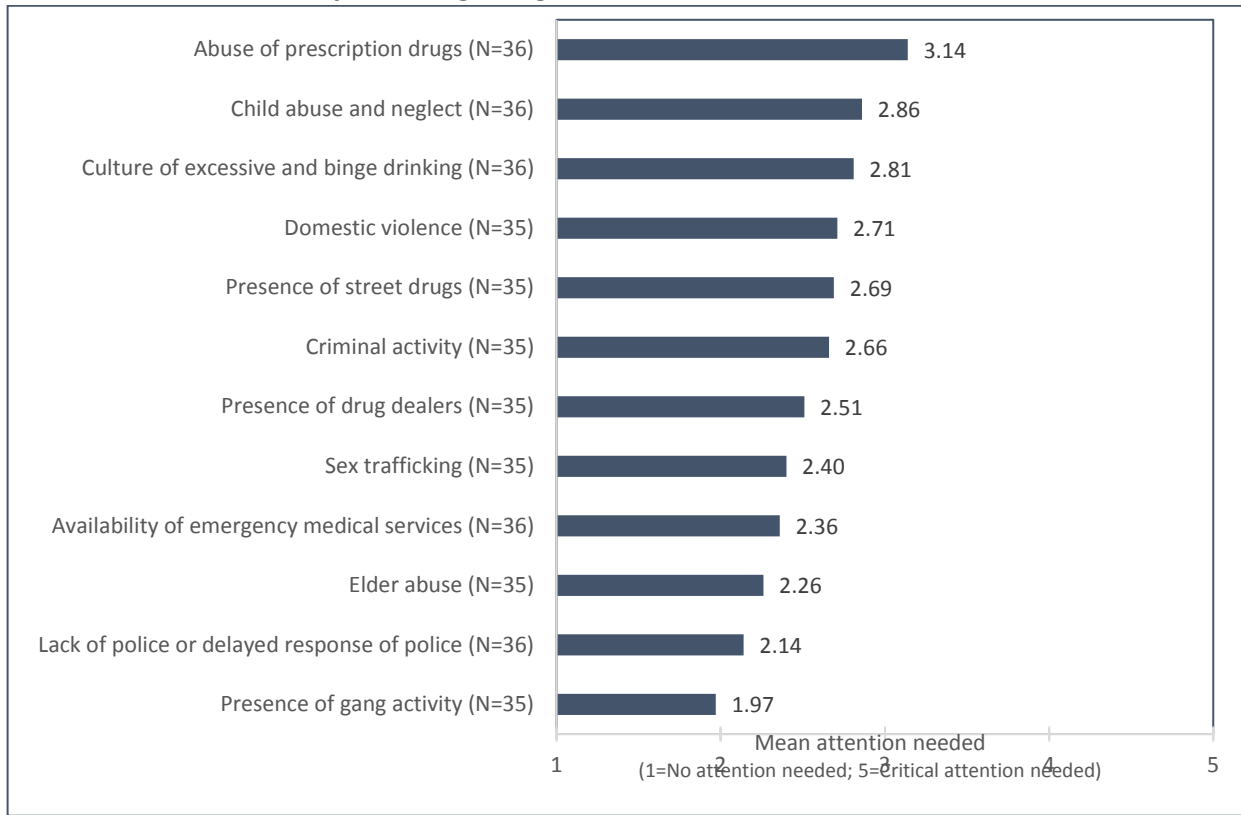
Current state of community issues regarding the AGING POPULATION



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

Safety: The abuse of prescription drugs is the top concern for safety in the community.

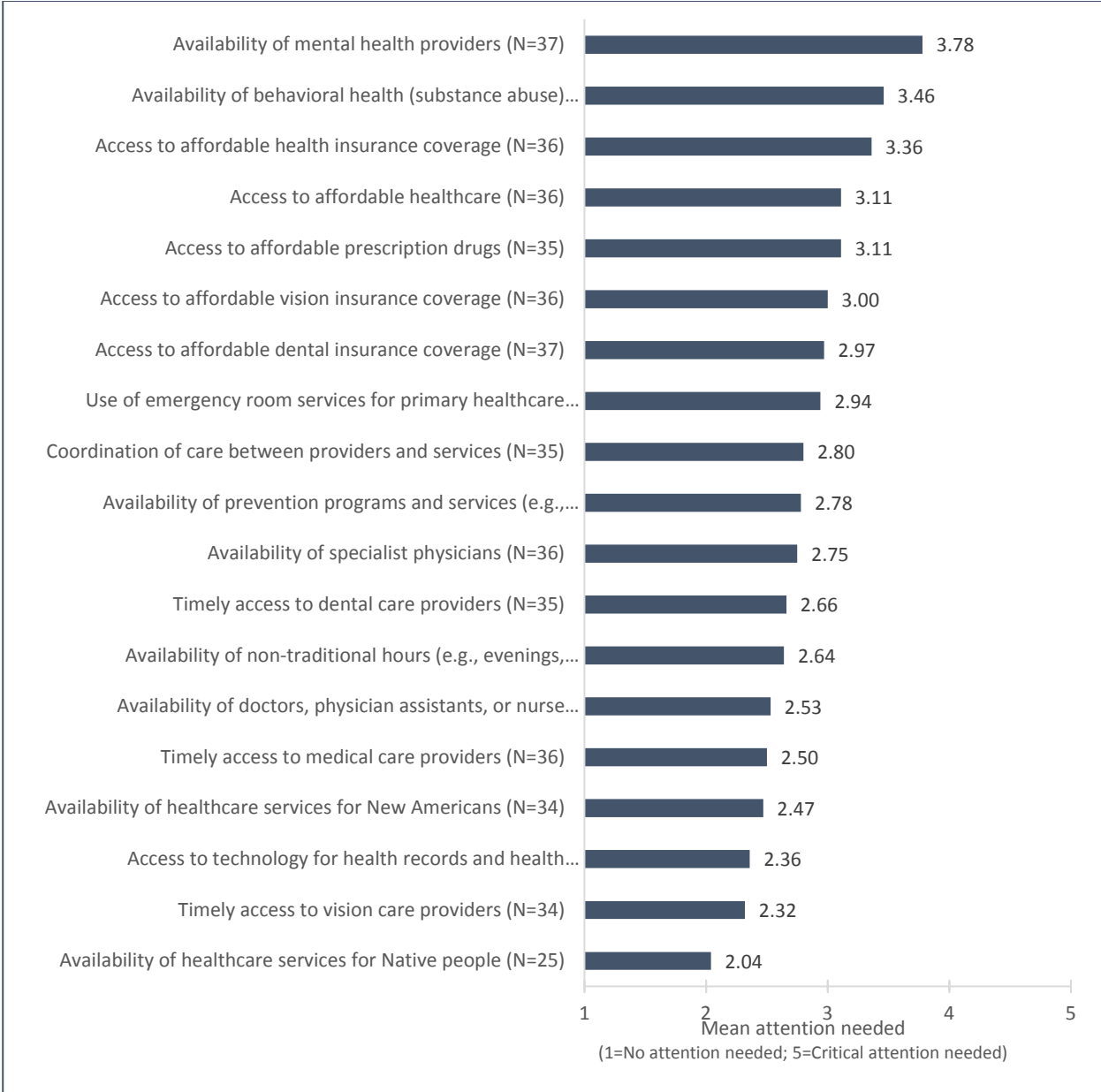
Current state of community issues regarding SAFETY



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

Health Care and Wellness: The availability of mental health and behavioral health providers are the top concerns of stakeholders. Access to affordable health insurance, affordable health care, and affordable prescription drugs and vision insurance are all high concerns for community stakeholders.

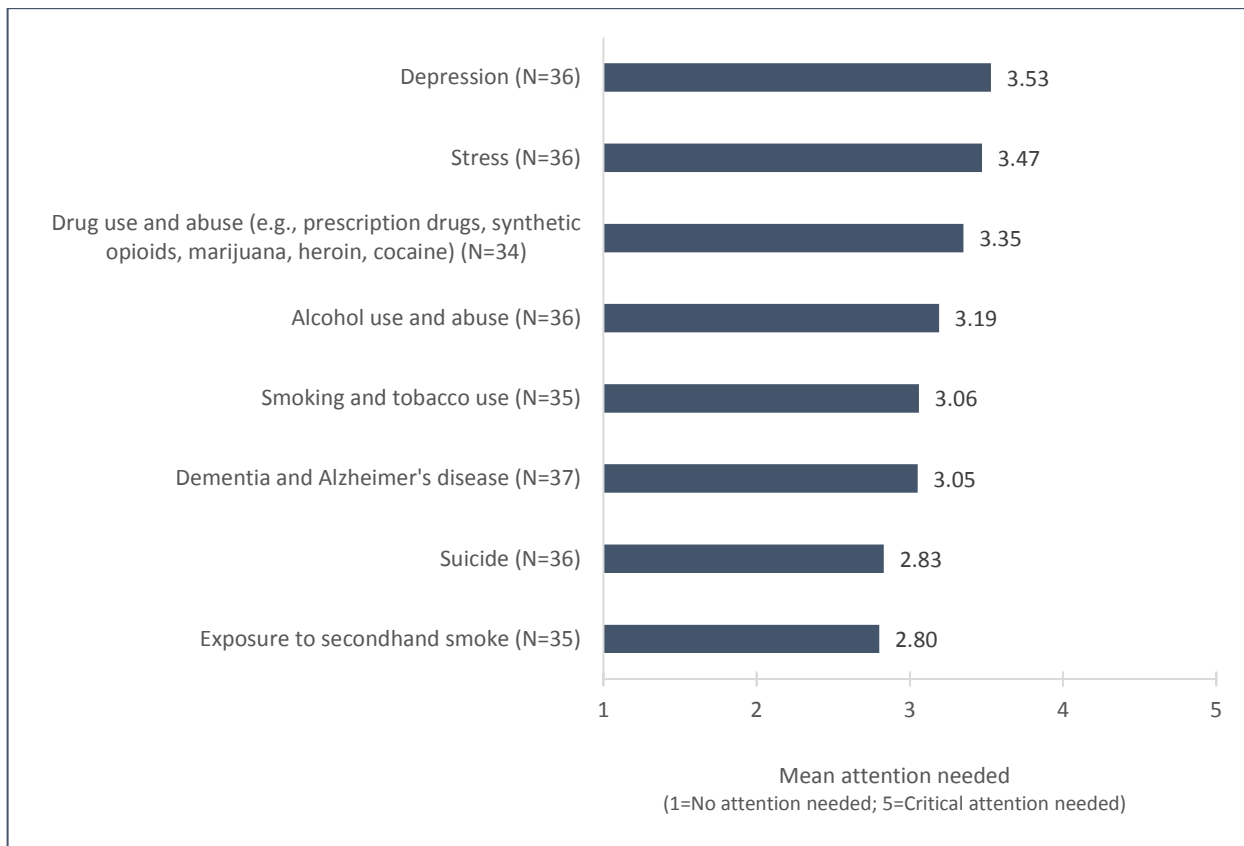
Current state of community issues regarding HEALTHCARE AND WELLNESS



According to the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. The 2016 HRSA report projected that the supply of workers in selected behavioral health professions would be approximately 250,000 workers short of the projected demand by 2025.

Mental Health and Substance Abuse: Depression, stress, drug use and abuse, suicide, alcohol use and abuse, tobacco use, dementia and Alzheimer’s disease are top concerns for the community.

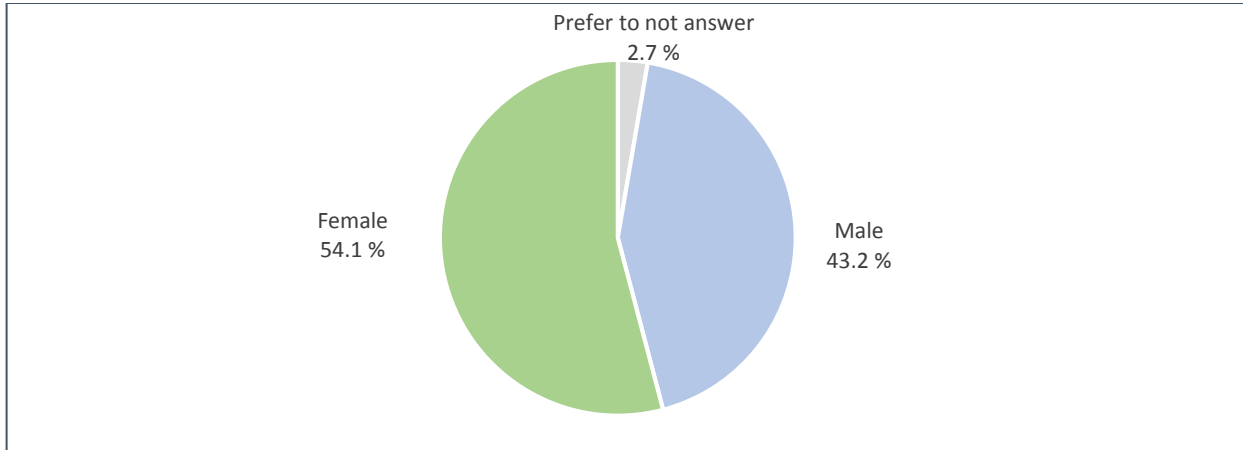
Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



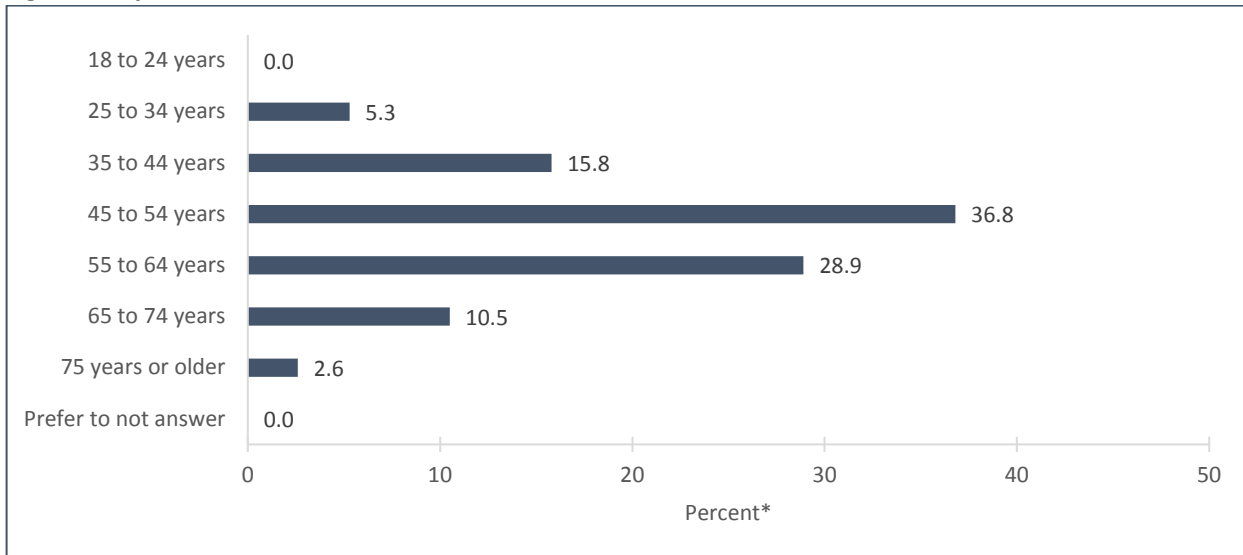
The Substance Abuse and Mental Health Services Administration reports that “Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental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

Demographic Information for Key Stakeholder Participants

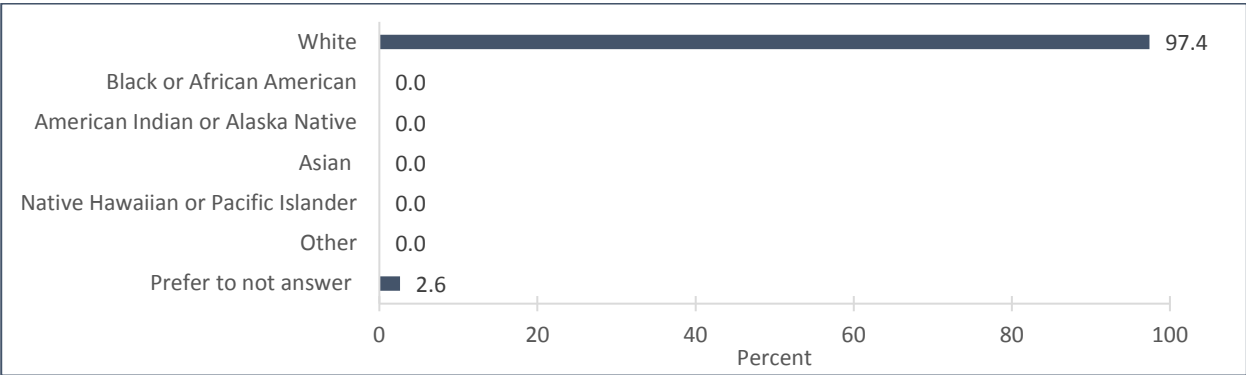
Biological Gender



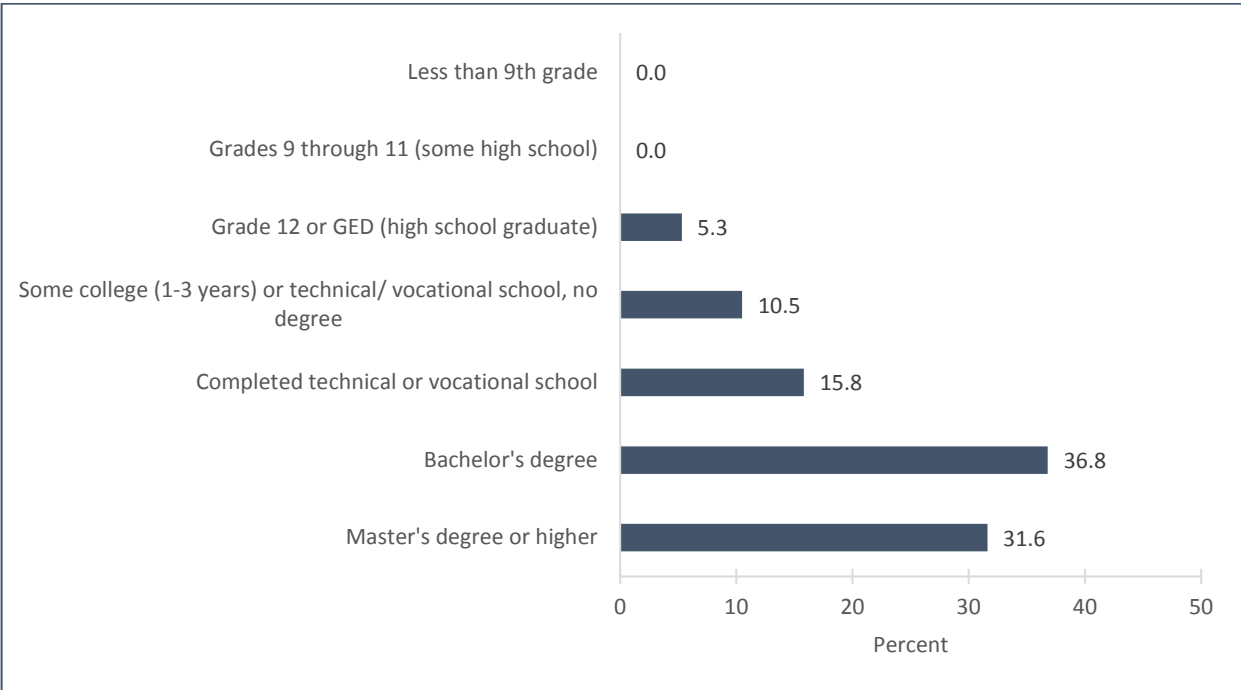
Age of Respondents



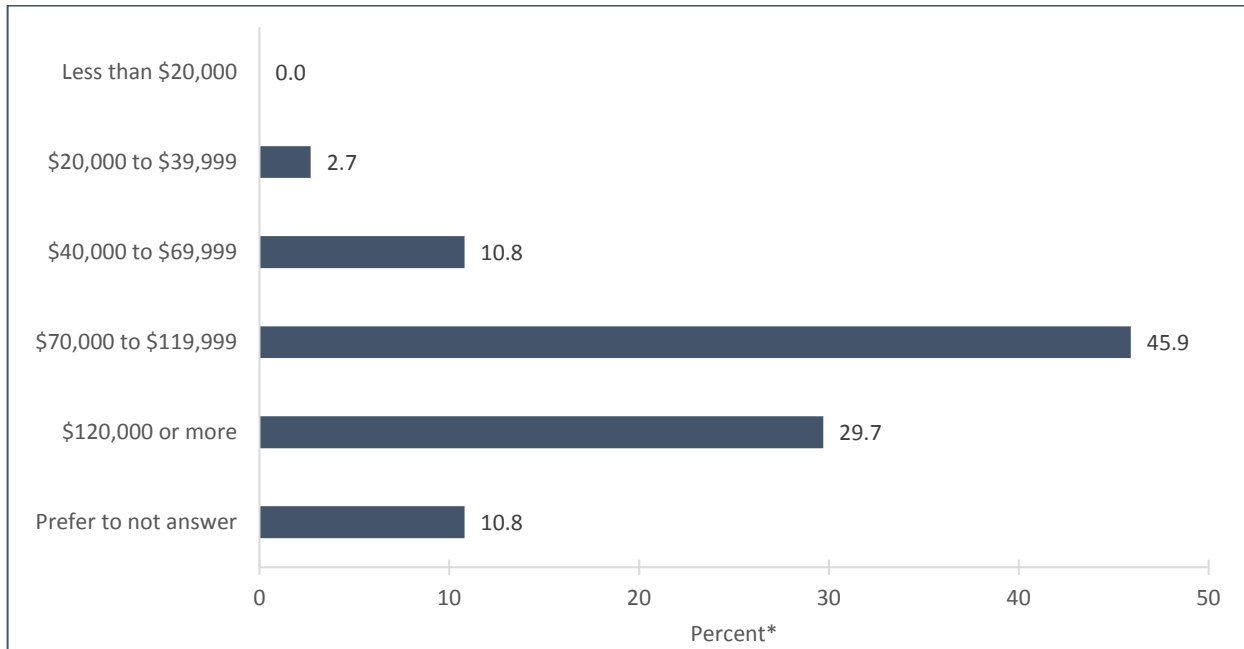
Race of Participants



Highest Level of Education Completed



Annual Household Income of Respondents, From All Sources, Before Taxes



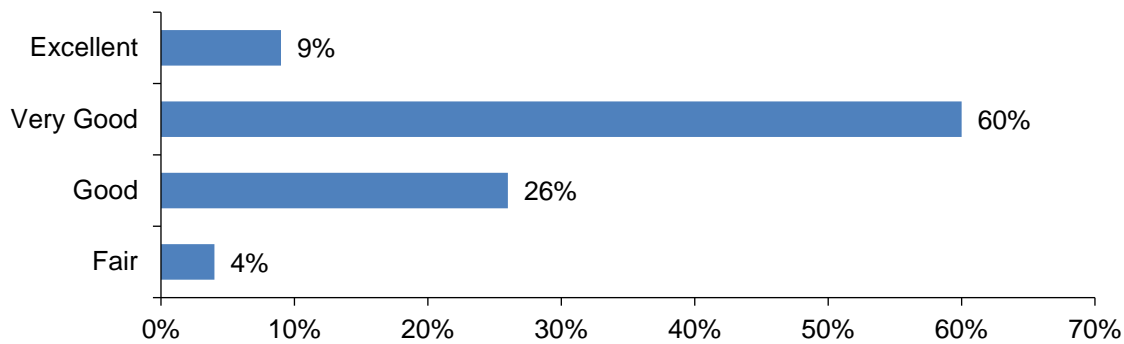
Residents' Health Concerns

Health is personal and it starts in our homes, schools, workplaces, neighborhoods and communities. Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

The resident survey asks questions specific to the participant's personal health and health behaviors.

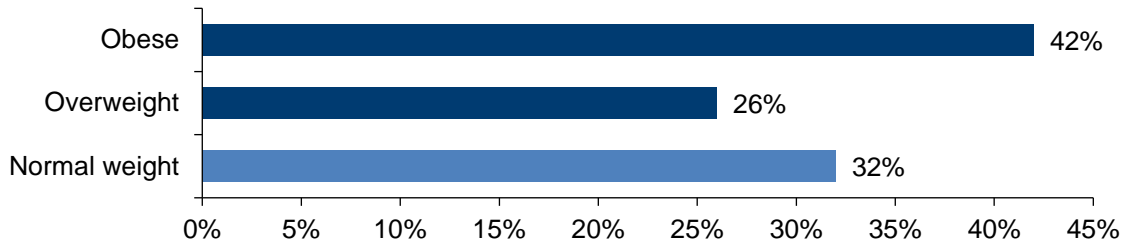
How would you rate your health?

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



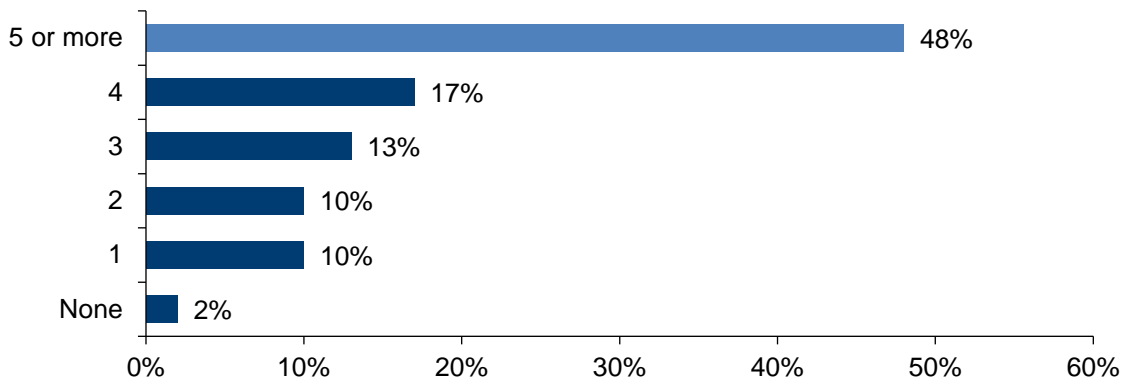
Body Mass Index (BMI)

Sixty-eight percent of survey participants are overweight or obese.



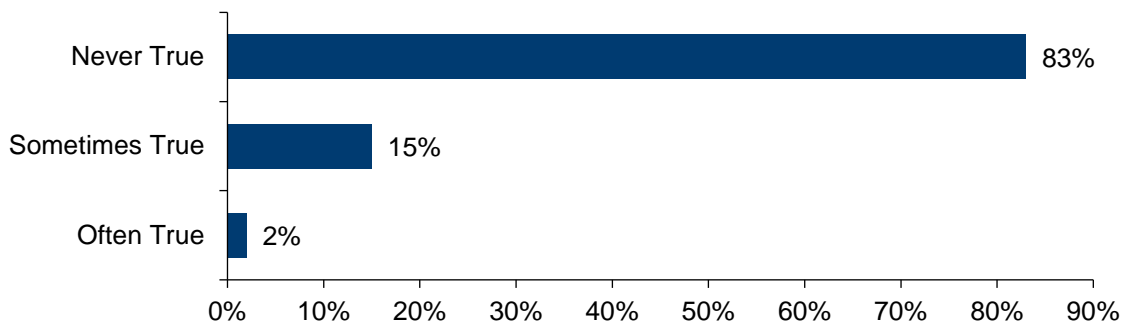
Total Servings of Fruits, Vegetables and Juice

Only 48% are consuming the recommended 5 or more daily servings of fruit and vegetables.



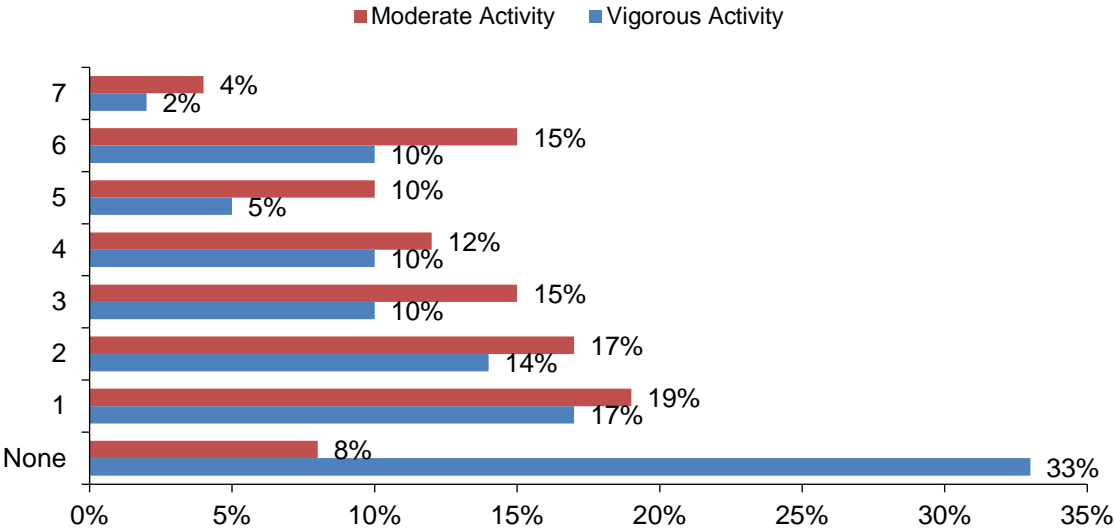
Food insecurity

Seventeen percent report running out of food before having money to buy more.



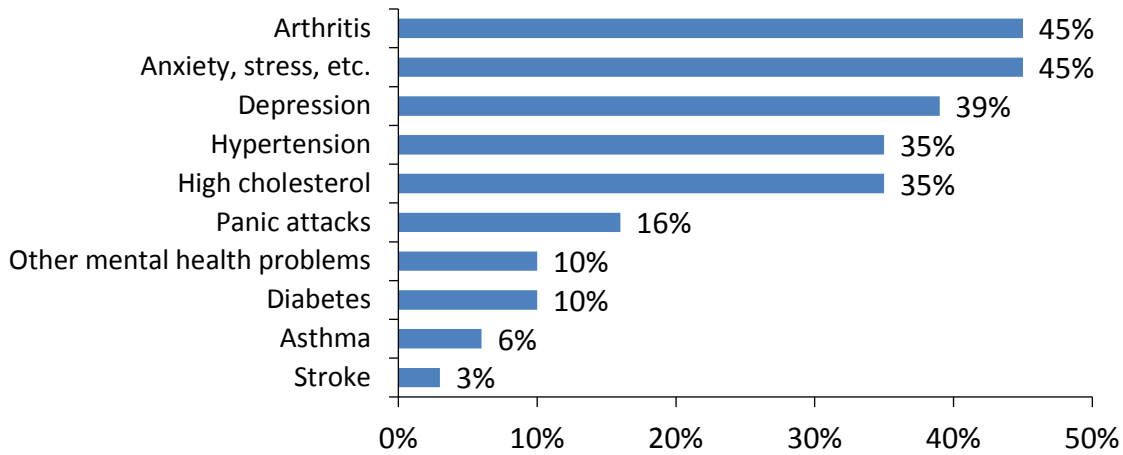
Days per Week of Physical Activity

Fifty-six percent have moderate exercise three or more times each week.



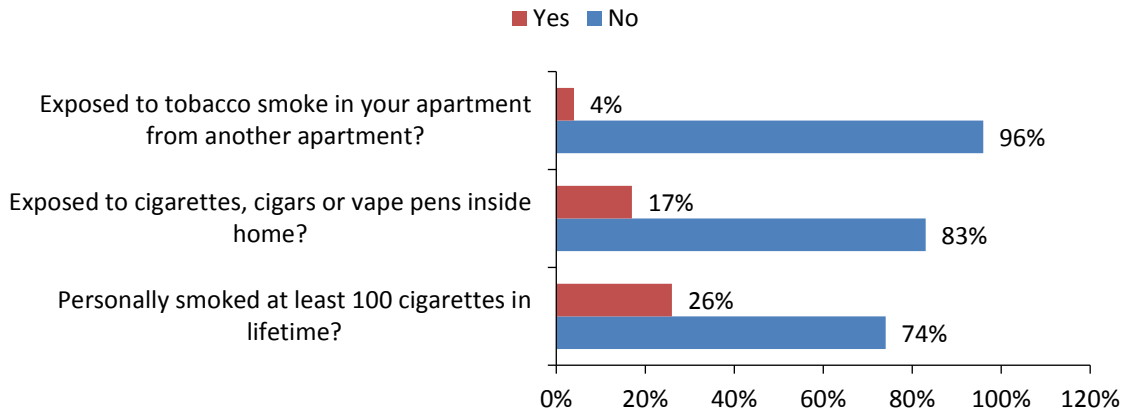
Past Diagnosis

Arthritis, anxiety, depression, hypertension and high cholesterol are the top diagnoses for the survey participants.



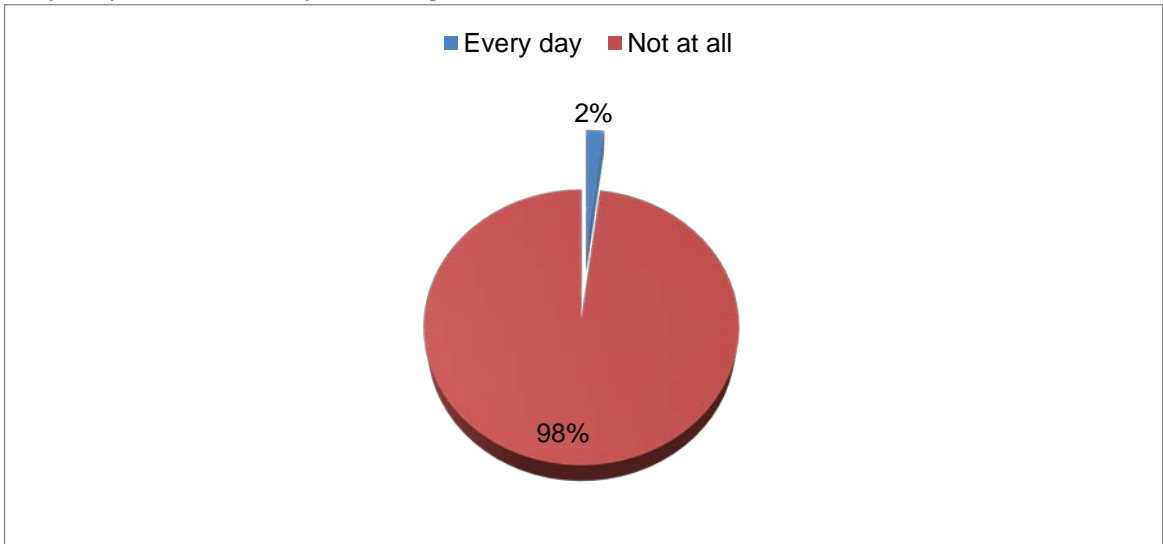
Exposure to Tobacco Smoke

Seventeen percent are exposed to cigarettes, cigars or vape pens and forty-nine percent have smoked in their lifetime.



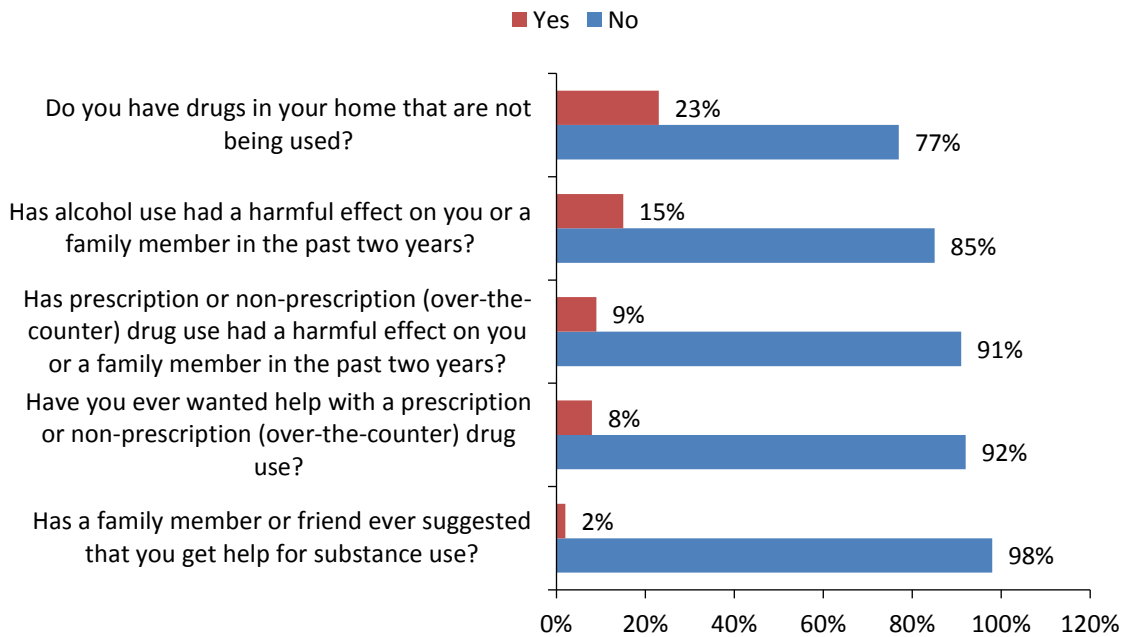
Do you currently smoke cigarettes?

Only 2% percent currently smoke cigarettes.



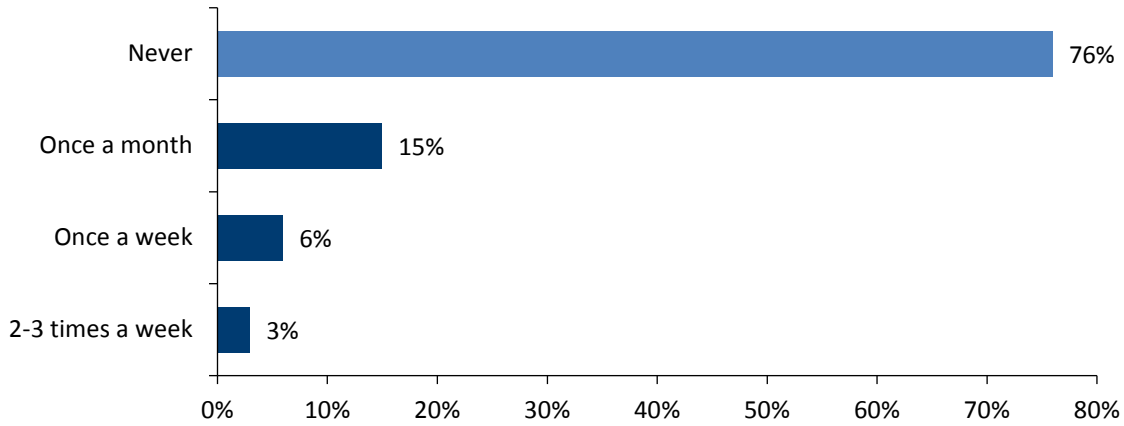
Drug and Alcohol Issues

Twenty-three percent have drugs in their home that they are no longer using. Fifteen percent report that alcohol has had a harmful effect on them or a member of their family.

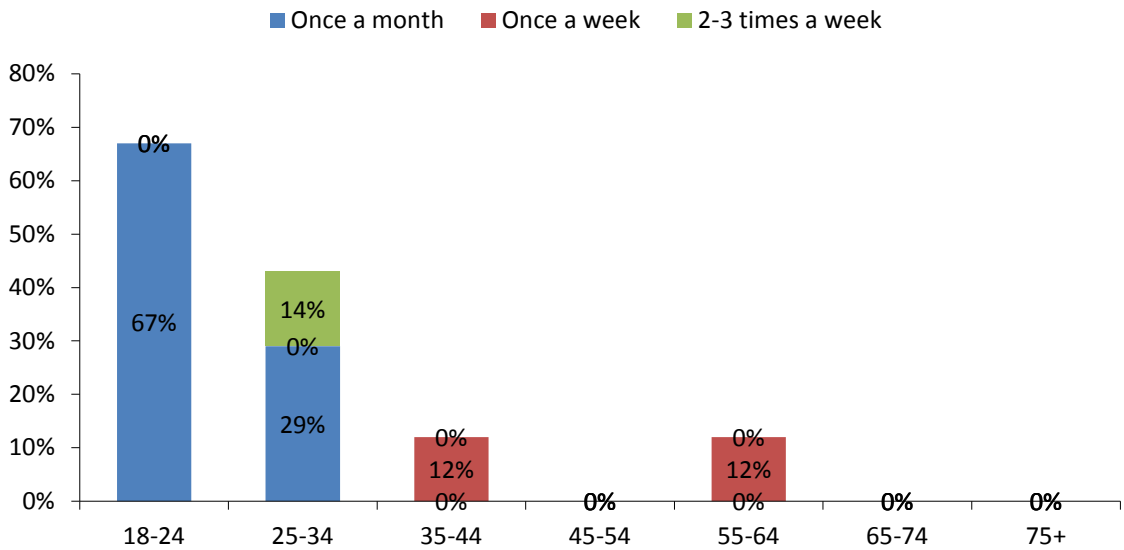


Binge Drinking

Twenty-four percent binge drink at least once per month.

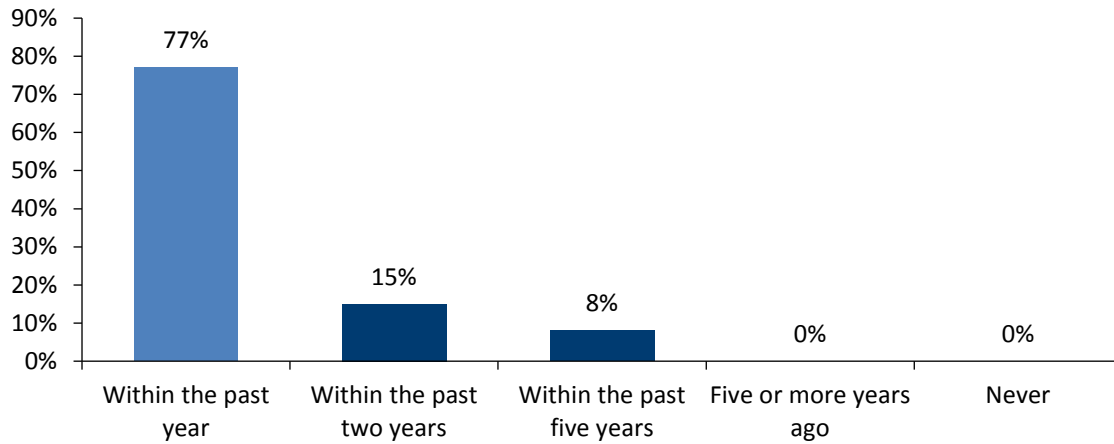


Binge Drinking Past 30 days by Age



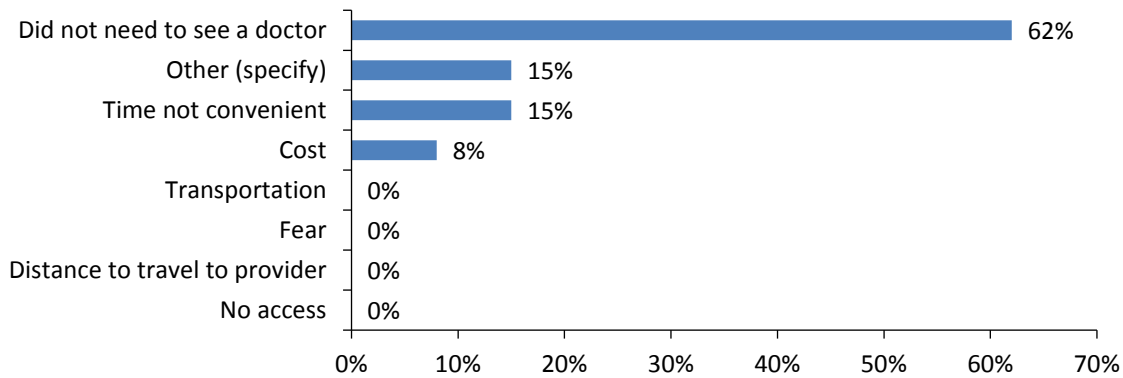
How long has it been since you last visited a doctor or health care provider for a routine check-up?

Twenty-three percent have not had a routine check-up in more than a year.



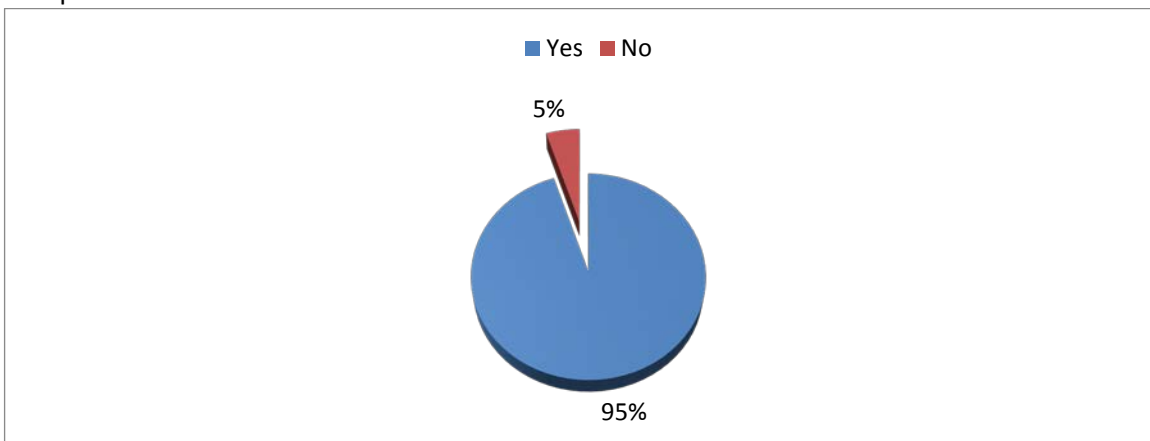
Barriers to Routine Check-up

Sixty-two percent of survey respondents report not needing a routine check-up.



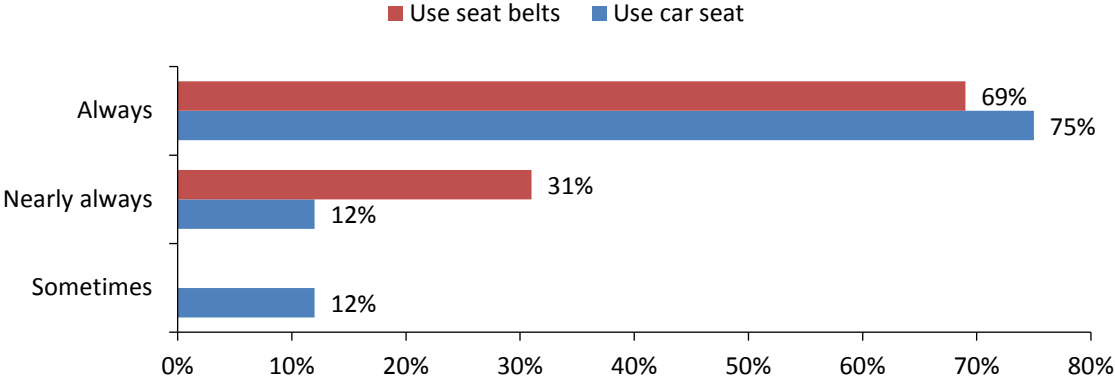
Do you have health care coverage for your children or dependents?

Five percent do not have health care insurance for their children.



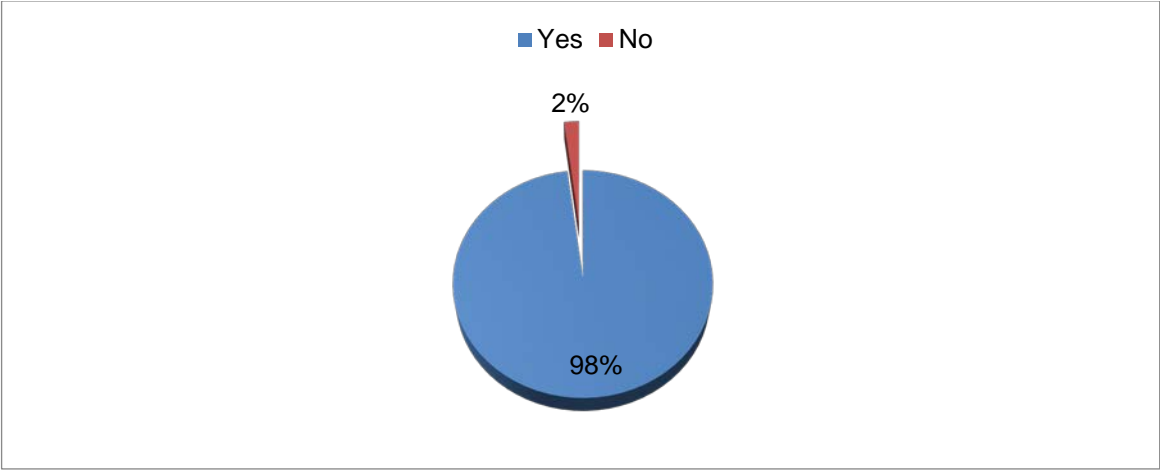
Children's Car Safety

Thirty-one percent of survey participants do not always use seat belts for their children and 25% do not always use car seats.



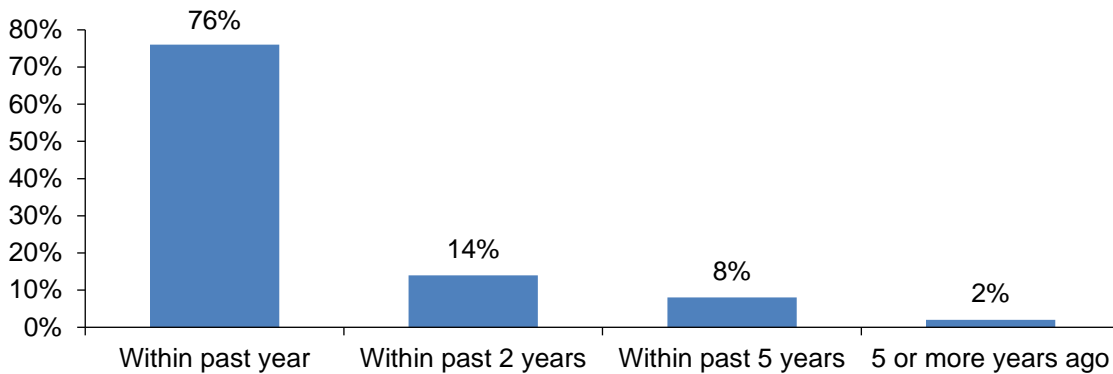
Do you currently have any kind of health insurance?

Two percent do not have health care insurance for themselves.



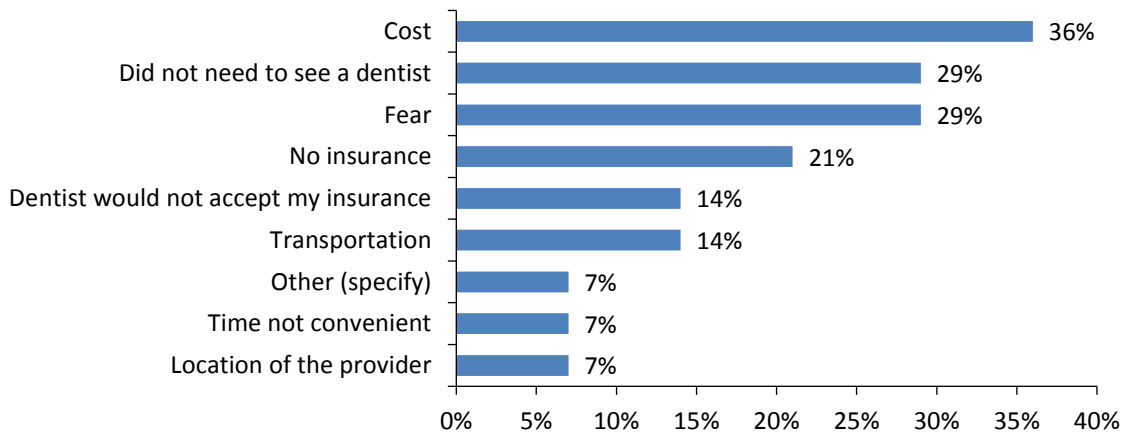
How long has it been since you last visited a dentist?

Twenty-four percent have not visited a dentist in more than a year.



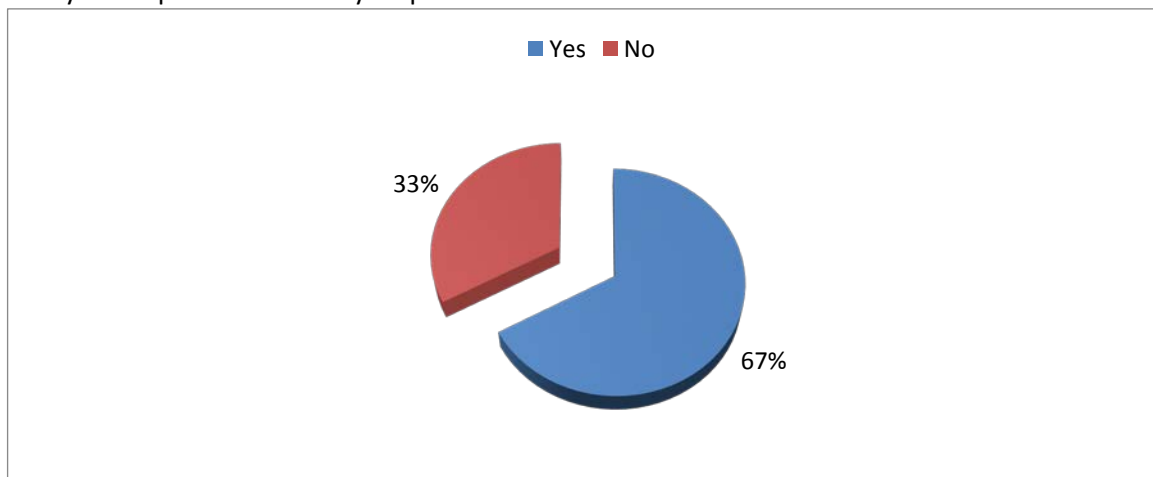
Barriers to Visiting the Dentist

Thirty-six percent state that cost is a barrier to receiving dental care.



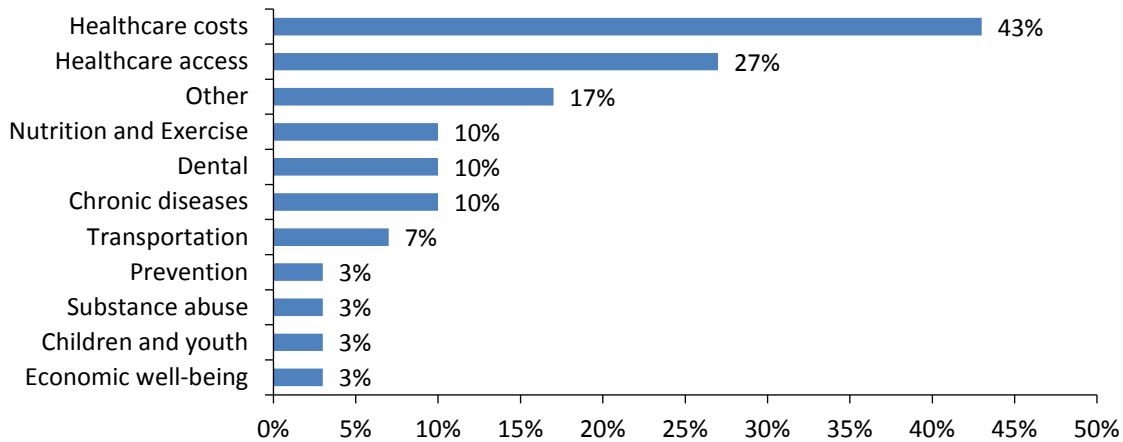
Do you have any kind of dental care or oral health insurance coverage?

Thirty-three percent of survey respondents do not have dental insurance.



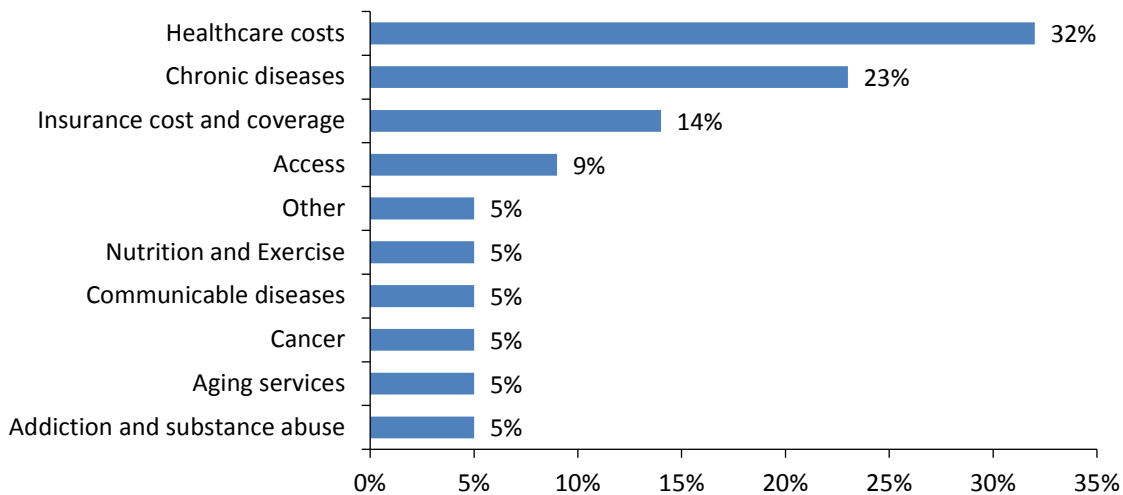
Most Important Community Issues

Health care costs and health care access are the top concerns of respondents for their community.



Most Important Issue for Family

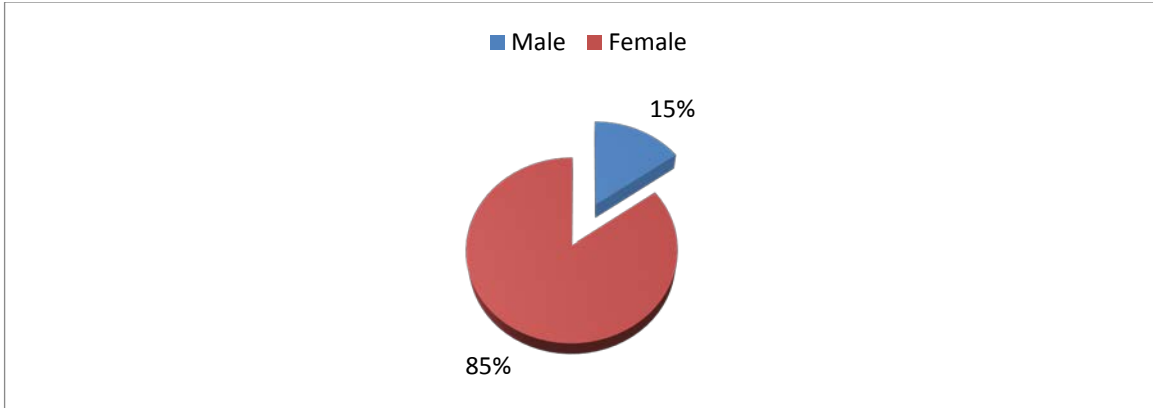
Health care costs, chronic disease and insurance cost and coverage are the top concerns of survey respondents for their family.



Demographic Information for Community Resident Participants

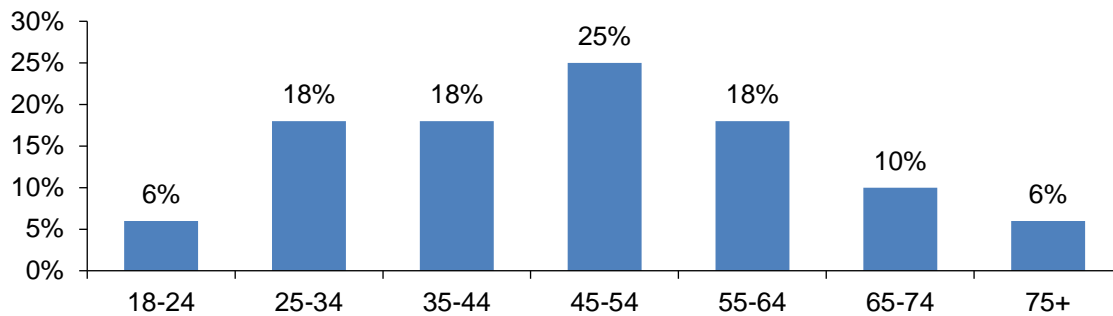
Biological Gender

Only 15% of the survey participants were male.

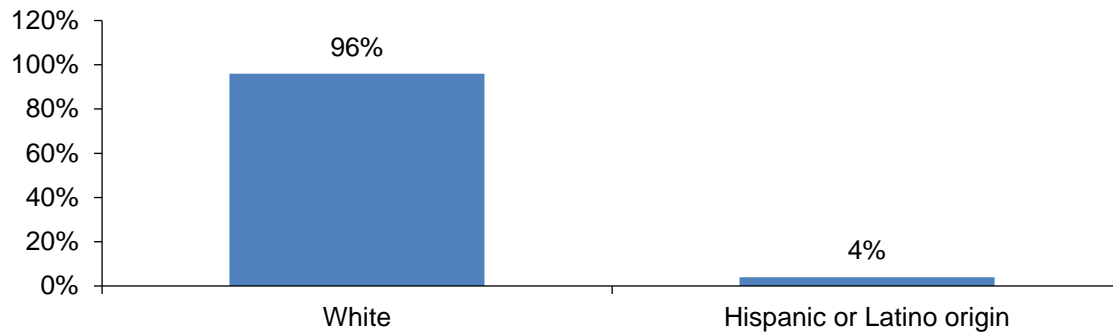


Age

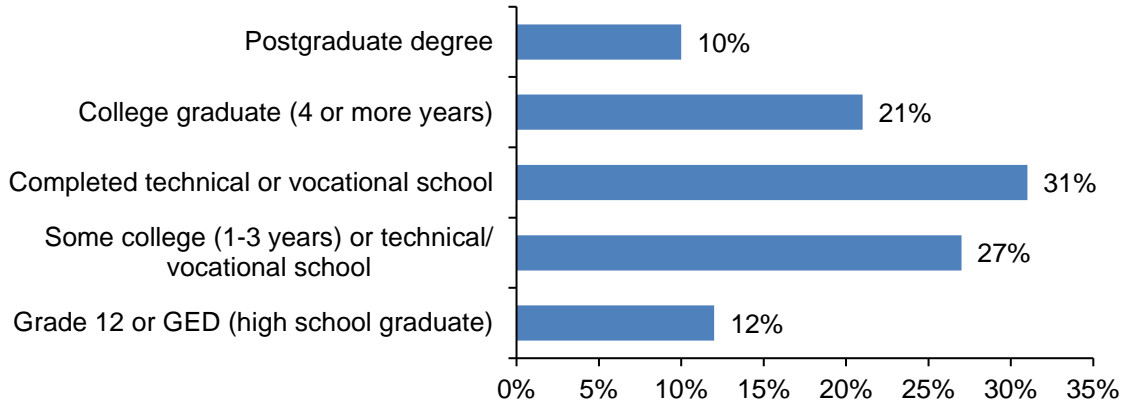
Every age group was represented among the survey participants.



Ethnicity

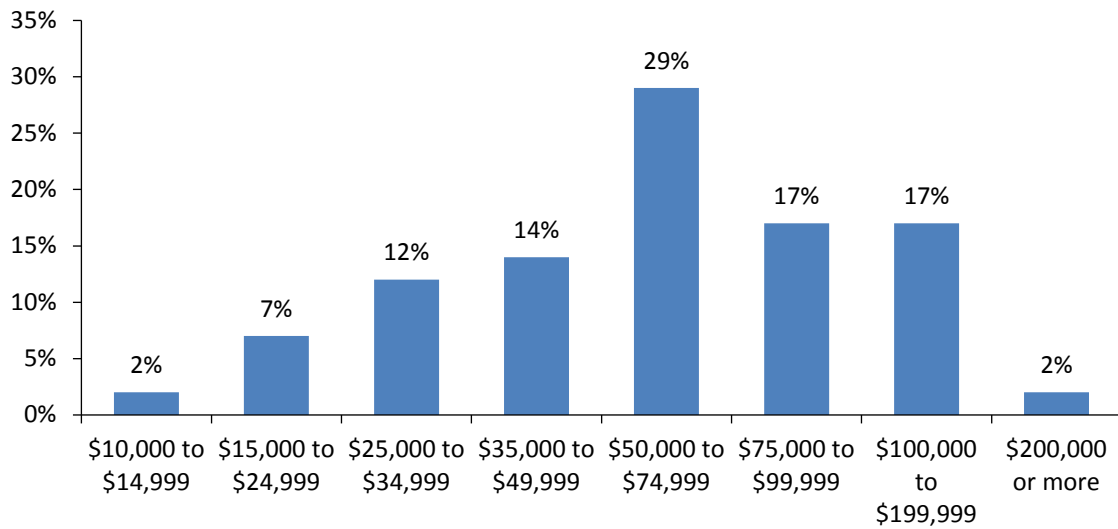


Education Level



Total Annual Household Income

Nine percent of survey participants have an annual household income at or below the Federal Poverty Level for a family of four.



Secondary Research Findings

Census Data

	O'Brien County	Sioux County
Population	14,020	34,898
% below 18 years of age	23.5	27.1
% 65 and older	20.6	15.1
% White – non-Hispanic	92.7	87.2
American Indian	0.3	0.5
Hispanic	4.7	10.5
African American	0.7	0.5
Asian	1.0	1.0
% Female	49.9	49.8
% Rural	66.3	50.8

County Health Rankings

	O'Brien County	Sioux County	State of Iowa	U.S. Top Performers
Adult smoking	12%	12%	17%	14%
Adult obesity	34%	29%	32%	26%
Physical inactivity	22%	22%	25%	20%
Excessive drinking	21%	21%	22%	13%
Alcohol-related driving deaths	33%	8%	27%	13%
Food insecurity	10%	8%	12%	10%
Uninsured adults	7%	9%	7%	7%
Uninsured children	5%	6%	4%	3%
Children in poverty	12%	8%	15%	12%
Children eligible for free or reduced lunch	40%	39%	41%	33%
Diabetes monitoring	89%	91%	90%	91%
Mammography screening	66%	69%	69%	71%
Median household income	\$50,600	\$66,600	\$56,400	\$65,600

Health Needs and Community Resources Identified

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

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

The asset mapping process identified needs from the following:

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

Please see the asset map in the Appendix.

Sheldon 2019 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern
<p>Economic Well-Being</p> <ul style="list-style-type: none"> • Skilled labor workforce 3.33 • Availability of affordable housing 3.28 • Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 3.11 • Household budgeting and money management 3.00
<p>Children and Youth</p> <ul style="list-style-type: none"> • Childhood obesity 3.39 • Availability of services for at-risk youth 3.26 • Bullying 3.26 • Opportunities for youth-adult mentoring 3.24 • Cost of quality child care 3.21 • Substance abuse by youth 3.19 • Availability of quality childcare 3.18 • Cost of services for at-risk youth 3.08 • Teen tobacco use 3.00
<p>Aging Population</p> <ul style="list-style-type: none"> • Cost of long-term care 3.59 • Cost of memory care 3.51 • Cost of in-home services 3.11
<p>Safety</p> <ul style="list-style-type: none"> • Abuse of prescription drugs 3.14
<p>Healthcare and Wellness</p> <ul style="list-style-type: none"> • Availability of mental health providers 3.78 • Availability of behavioral health (substance abuse) providers 3.46 • Access to affordable health insurance coverage 3.36 • Access to affordable health care 3.11 • Access to affordable prescription drugs 3.11 • Access to affordable vision insurance coverage 3.00
<p>Mental Health and Substance Abuse</p> <ul style="list-style-type: none"> • Depression 3.53 • Stress 3.47 • Drug use and abuse 3.35 • Alcohol use and abuse 3.19 • Smoking and tobacco use 3.06 • Dementia and Alzheimer's disease 3.05

Implementation Strategies

How Sanford Sheldon is Addressing the Needs

Identified Concerns	How Sanford Sheldon is Addressing the Community Needs
ECONOMIC WELL BEING	
Skilled labor workforce	Sanford Sheldon has many workforce initiatives including our work with high school students interested in health careers that participate in career pathways. We also have developed programs and internships for college students interested in gaining experience in health care.
Availability of affordable housing	Sanford Sheldon representatives work on city development and commerce committees that are currently evaluating and responding to both affordable housing and housing that works with dependent adults that need supervision.
Housing which accepts people with chemical dependency, mental health problems, a criminal history, or victims of domestic violence	Sanford Sheldon representatives work on city development and commerce committees that are currently evaluating and responding to both affordable housing and housing that works with dependent adults that need supervision.
Household budgeting & money management	Direct those needing money management to the services that are provided at Love Inc.
Run out of food before they have money to buy more – 17%	Support our local Unity Meal by providing a meal annually.
CHILDREN & YOUTH	
Childhood obesity	Engage with the farmers market - dietitian to provide healthy eating sessions and recipes.
Availability of services for at-risk youth	Making appropriate referrals to DHS when we suspect at-risk youth need services.
Bullying	Sponsoring anti-bullying speakers in the school.
Opportunities for youth/adult mentoring	Sheldon has very active Boy Scouts and Girl Scouts programs in the community. Sanford staff who wish to mentor or volunteer are encouraged to participate.
Cost of quality child care	There are now more home daycares available in the Sheldon market and Sanford Sheldon has donated to Children’s World daycare so that capital dollars do not have to be put on daily rates to keep the costs lower.
Substance abuse by youth	Engage with the school on education of drug and drinking abuse.
Availability of quality child care	There are now more home daycares available in the Sheldon market and Sanford Sheldon has donated to Children’s World daycare so that capital dollars do not have to be put on daily rates to keep the costs lower.
Cost of services for at-risk youth	Supporting after school hours programming to keep at-risk youth in a more structured setting.
Teen tobacco use	Primary care providers provide education on smoking and tobacco cessation.
Don’t always use car seats – 12%	Certified car seat technicians meet with the new mothers and inspect their car seat for safety and necessity to utilize.

Identified Concerns	How Sanford Sheldon is Addressing the Community Needs
AGING POPULATION	
Cost of long-term care	Keeping the cost structure below the market for long-term care in Sheldon.
Cost of memory care	Keeping the cost structure below the market for long-term care in Sheldon.
Cost of in-home services	Keeping the cost structure below the market for long-term care in Sheldon.
SAFETY	
Abuse of prescription drugs	Maintaining an opioid free emergency room. All patients on controlled substances are required to sign a controlled substance agreement with their medical provider.
Have drugs in the home that are not being used – 23%	The community has a location where unused drugs can be dropped off for proper disposal.
HEALTH CARE ACCESS	
Availability of mental health providers	Hired a triage therapist to expand our mental health capacity.
Availability of behavioral health (substance abuse) providers	Sanford Sheldon does offer mental health counseling. Appointments can be made through Sanford Sheldon Clinic.
Access to affordable health insurance coverage	Presumptive eligibility for non-insured patients.
Access to affordable health care	Presumptive eligibility for non-insured patients and financial assistance applications available to anyone that requests.
Access to affordable prescription drugs	RN Health Coach works with patients and pharmaceutical companies to provide assistance obtaining their medications.
Access to affordable vision insurance coverage	Sanford will share this concern with our local optometrist.
MENTAL HEALTH & SUBSTANCE ABUSE	
Depression	Depression screening is done on each primary care visit.
Stress	Primary care providers use one chart to identify stressors.
Binge drink at least 1 x / month – 25%	During primary care provider visits health risks and harm of binge drinking is discussed.
Smoking & tobacco use	Primary care providers provide education on smoking and tobacco cessation.
Dementia & Alzheimer's Disease	Sanford Sheldon does offer mental health counseling. Appointments can be made through Sanford Sheldon Clinic. Sanford Sheldon also provides specialized nursing home care for the dementia and Alzheimer patients. A support group is also offered.
Diagnosed with anxiety/stress – 45%	Primary care providers use one chart to identify stressors.
WELLNESS	
Diagnosed with arthritis – 45%	RN Health Coach works the registries to ensure chronic disease management is controlled better.

Identified Concerns	How Sanford Sheldon is Addressing the Community Needs
Diagnosed with hypertension – 35%	RN Health Coach works the registries to ensure chronic disease management is controlled better.
Diagnosed with high cholesterol – 35%	RN Health Coach works the registries to ensure chronic disease management is controlled better.
Obese – 42%	Engage with the farmers market with dietitian to provide healthy eating sessions and recipes.
Overweight – 26%	Engage with the farmers market with dietitian to provide healthy eating sessions and recipes.
Do not eat 5+ fruits/vegetables each day – 52%	Engage with the farmers market with dietitian to provide healthy eating sessions and recipes. Also engage with Iowa State Extension to educate children on the importance of healthy eating.
Do not get moderate exercise at least 3 x / week – 44%	Sheldon has multiple exercise locations that are promoted throughout the community and available for use 24/7.
Have not had a routine check-up in more than 1 year – 23%	Sanford Sheldon promotes our hours of 8 am – 8 pm Monday – Thursday; 8 am – 5:00 pm on Friday and 8 – 12:00 noon on Saturdays with noon hour appointments available so even working individuals have the opportunity to see a medical provider. Same day appointments are also available.
Have not seen their dentist in more than 1 year – 24%	There is plenty of dental availability within Sheldon and the Sanford Sheldon clinic is starting a tooth varnishing program to supplement dental visits.

Implementation Strategies – 2019-2021

Priority 1: Children and Youth

According to the Center for Disease Control, obesity is a complex health issue to address. Obesity can be caused from a combination of contributing factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and is associated with morbidity and illnesses including diabetes, heart disease, stroke, and some types of cancer.

Substance abuse is another high ranking concern for community members. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Protective factors include:

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

Sanford has made children and youth a significant priority and has developed strategies to offer support programs that provide children and youth with safe and healthy environments.

Priority 2: Mental Health and Substance Abuse

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

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

Implementation Strategy Action Plan – 2019-2021

Priority 1: Children and Youth

Projected Impact: Children and youth of our community are ready to learn and become successful adults

Goal 1: Offer and support programs that provide children and youth with safe and healthy environments

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Support the school supply program - <i>Shop with a Cop</i>	# students per year	Minimum of \$500 for supplies plus the time of staff who also participate in <i>Shop with a Cop</i>	Nordahl/Dreesen	Sheldon Police Department
Support the school Lunch program	#s collected	Approximately \$120 for supplies plus staff time assisting the local Kiwanis group in promoting a food drive for the program	Nordahl/Dreesen	Sheldon United Methodist Church Sheldon Prairie Queen Kiwanis
Support the Unity Meal Support	# students per meal	Approximately \$1,500 for the meal which we provide annually. Adults and children attend the meal and receive additional food to prepare at home.	Nordahl/Dreesen	Sheldon Living Water Church
Support <i>Farm Safety Day Camp</i>	# students per camp	Teach 2 nd grade students of all Sheldon schools the basics of Farm Safety	Nordahl/Dreesen	Sheldon Community School District
Offer student hospital tours	# students	Allow the children to tour the entire facility to increase their confidence with our staff. Gift bags are given to each participant with cost of approximately \$7.00 per bag.	Nordahl/Dreesen	Local private and public schools

Priority 2: Mental Health and Substance Abuse

Projected Impact: Patient mental health and substance abuse needs are being met

Goal 1: To improve the mental health status of patients seeking service at Sanford Sheldon and reduce substance abuse in the patient population

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Hire a 1 FTE Mental Health Counselor	01/2019	Sanford recruitment plan followed	Hummlegard/Nordahl	

Implementation Strategy Action Plan – 2017-2019

Priority 1: Mental Health/Behavioral Health

Projected Impact: Better access to more providers

Goal 1: Hire a triage therapist

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Recruit a triage therapist to improve access to mental health/behavioral health	1 FTE triage therapist is hired	2017 budget addition - 40 hours per week	Nordahl	Seasons Center can assist with capacity

Goal 2: Drug and alcohol awareness in school

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Partner with high school leadership to include substance abuse prevention into the curriculum	Approval of enhanced education curriculum is realized	School educators; Sanford leadership	Dykstra	High school counselor

Priority 2: Children and youth

Projected Impact: Enhanced community environment for children and youth

Goal 1: Provide a more structured environment for youth

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Provide after school programming for a structured environment for our youth Reopen the local roller rink so that youth have a place to go after school and on weekends	A buyer is found and the local roller rink reopens for youth	Community development assistance	Nordahl/Strouth	SCDC partnership

Goal 2: Expansion of community daycare infant capacity

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Support expansion of day care with capital and continued education classes for students/parents	Quarterly education programs are conducted	Staff	Dreesen	Children's World daycare

Demonstrating Impact - 2017-2019 Strategies

During the 2016 Community Health Needs Assessment research cycle community members were invited to discuss community needs, provide recommendations and vote on the top priorities to address over the following three years. At Sanford Sheldon Medical Center, the top priorities addressed through an implementation strategy process include:

- 1) Mental Health and Substance Abuse
- 2) Children and Youth

Mental Health and Substance Abuse

Sanford Sheldon provided more mental health counseling by increasing the availability of the Health Integrated Therapist, SW Counseling. The IHT addresses the immediate need for mental health counseling at Sanford Clinic Sheldon.

Children and Youth

Sanford Sheldon supports the youth of the community through various events. Sanford provides 75 back packs to the *Shop with a Cop* program. This program provides children in need with the opportunity to go back to school with new school supplies. Sanford supports the summer lunch program which is facilitated at a local church and provides meals to students in need during the summer months when school is not in session. Sanford teaches farm safety to all children in the 2nd grade at all Sheldon schools. Sanford invited 3rd grade students of all Sheldon schools and other nearby community schools to tour the Sanford Medical Center. Touring the facility may increase the children's comfort level with the facility and staff. Sanford also hosts a *Glow Walk* which was promoted as a family fun wellness event that includes activities for families to do together.

Community Feedback from the 2016 Community Health Needs Assessment

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

Appendix

Primary Research

Sheldon Asset Map

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
<p>Economic Well Being</p>	<p>Skilled labor workforce 3.33</p> <p>Availability of affordable housing 3.28</p> <p>Housing which accepts people with chemical dependency, mental health problems, a criminal history, or victims of domestic violence 3.11</p> <p>Household budgeting and money management 3.00</p> <p>17% report that they run out of food before having money to buy more</p>	<p>17% report that they run out of food before having money to buy more</p>		<p>Resources for a skilled labor workforce:</p> <ul style="list-style-type: none"> • Sheldon Economic Develop., 416 – 9th St., Sheldon • Hartley Economic Development Committee, 11 S. Central Ave., Hartley • NW Iowa Planning & Development Commission (serves O’Brien Co.), 217 W. 5th St., Spencer • Adventure Staffing, 327 – 9th St., Sheldon • Hope Haven, Inc., 212 – 10th St., Sheldon (employment services) • Northwest Iowa Community College (high school equivalency diploma), 603 W. Park St., Sheldon • Iowa State University extension & outreach – O’Brien County, 340 – 2nd St. SE, Primghar <p>Major Employers:</p> <ul style="list-style-type: none"> • Adventure Staffing, 327 – 9th St., Sheldon • AIM Aerospace, Inc., 403 -14th St. SE, Orange City • Casey’s General Stores, 504 – 2nd Ave. & 1401 Park St., Sheldon • Dollar General, 101 N. 4th Ave., Sheldon • Hope Haven, Inc., 212 – 10th St., Sheldon • Interstates – 712-722-1662 • Maintainer Corp., 1701 – 2nd Ave., Sheldon • Rosenboom Machine & Tool, 1530 Western Ave., Sheldon • Sanford Health, 118 N. 7th Ave., Sheldon <p>Housing resources:</p> <ul style="list-style-type: none"> • Northwest Realty, 934 – 3rd Ave., Sheldon • Action Real Estate, 910 Park St., Sheldon • J W Property Mgmt., 114 N 6th Ave., Sheldon • Den Hartog Properties, 4321 – 300th St., Sheldon

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Vander Werff & Associates, 215 Main St., Sanborn • Elgersma Agency, 313 Main St., Sanborn • ISB Services, 203 W. 7th St., Sanborn • Klaasen Realty, 43 – 1st St. NE, Hartley • Orlan Lux Realty, 200 N. 8th Ave. W., Hartley • Treimer’s Realty, Hartley <p>Low Income Housing resources:</p> <ul style="list-style-type: none"> • Prairie Ridge Apts., 1011 – 16th St., Sheldon • Sheldon Independent Living, 524 Oak St., Sheldon • East Oak Apts., 1701 Oak St., Sheldon • Autumn Park Apts., 131 Washington Ave., Sheldon • Maple Grove Apts., 711 – 1st St. NE., Hartley <p>Resources for household budgeting & money management:</p> <ul style="list-style-type: none"> • O’Brien County Extension classes, 340 – 2nd St. SE, Primghar IA • O’Brien County Outreach (budget counseling), 140 – 2nd Street SE, Primghar IA • Sheldon Community Education classes, 1700 E. 4th St., Sheldon • Hartley/Sanborn Community Education, 240 – 1st St. SE, Hartley • Northwest Iowa Community College, 603 W. Park St., Sheldon • NWICC Lifelong Learning & Recreation Center, 600 College Dr., Sheldon • Northwestern Bank, 934 – 3rd Ave., Sheldon • Iowa State Bank, 627 – 2nd Ave., Sheldon • Citizens State Bank, 808 – 3rd Ave., Sheldon • Peoples Bank, 2400 Park St., Sheldon • Savings Bank, 80 S. Central, Hartley • United Community Bank, 117 S. Central, Hartley • Citizens State Bank, 817 Main St., Boyden

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Sanborn Savings Bank, 219 Main, Sanborn • Iowa State Bank, 203 W. 7th St., Sanborn <p>Poverty Resources:</p> <ul style="list-style-type: none"> • O'Brien County Outreach (energy assistance, temporary shelter, weatherization, emergency vouchers, food bank, emergency food pantry, WIC program), 140 – 2nd St. SE, Primghar, IA • SNAP – O'Brien County Dept. of Human Services, 160 – 2nd St. SE, Primghar • Upper Des Moines Opportunity Food Pantry – 712-957-1023 • Living Water Community Church Food Pantry, 610 – 2nd Ave., Sheldon • Sheldon United Methodist Church Food Pantry & Summer Lunch Program for Kids, 506 -8th St., Sheldon • Bread of Life, Crossroads Community Church, 730 Western Ave., Sheldon • Love, Inc. (offers vouchers for groceries & meat), 611 Park Row Ave., Sheldon • 1st Presbyterian Food Pantry, 103 W. Groesbeck St., Paullina • Back Pack Program – East Elementary/Middle School, 501 Normal College Ave., Sheldon • Village Treasure Chest thrift store, US 18, Sheldon • Revolution Consignment thrift store, 310 – 9th St., Sheldon • Classic Closet thrift store, 121 S. Central, Hartley <p>Hunger resources:</p> <ul style="list-style-type: none"> • O'Brien County Outreach (energy assistance, temporary shelter, weatherization, emergency vouchers, food bank, emergency food pantry, WIC program), 140 – 2nd St. SE, Primghar, IA • Upper Des Moines Opportunity Food Pantry – 712-957-1023 • Living Water Community Church Food Pantry, 610 – 2nd Ave., Sheldon

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Sheldon United Methodist Church Food Pantry & Summer Lunch Program for Kids, 506 -8th St., Sheldon • Bread of Life, Crossroads Community Church, 730 Western Ave., Sheldon • Love, Inc. (offers vouchers for groceries & meat), 611 Park Row Ave., Sheldon • 1st Presbyterian Food Pantry, 103 W. Groesbeck St., Paullina • Back Pack Program – East Elementary/Middle School, 501 Normal College Ave., Sheldon • Farmers Market, 1200 S. 2nd Ave., Sheldon • Getting’s Garden, 2861 Pierce Ave., Sanborn • Cottonwood Farm CSA, 3143 Nest Ave., Sheldon • Hy-Vee, 1989 Park St., Sheldon • Fareway Grocery, 2603 Park St., Sheldon • La Mexicana, 926 – 3rd Ave., Sheldon • Fiesta Foods, 130 – 3rd St. NE • Sanborn Foods, 302 Main, Sanborn
<p>Children & Youth</p>	<p>Childhood obesity 3.39</p> <p>Availability of services for at-risk youth 3.26</p> <p>Bullying 3.26</p> <p>Opportunities for youth/adult mentoring 3.24</p> <p>Cost of quality child care 3.21</p> <p>Substance abuse by youth 3.19</p> <p>Availability of quality child care 3.18</p> <p>Cost of services for at-risk youth 3.08</p> <p>Teen tobacco use 3.00</p> <p>12% report that they don’t always use car seats</p>			<p>Childhood Obesity resources:</p> <ul style="list-style-type: none"> • Sanford <i>fit</i> Kids – SanfordFit.org • Sanford Sheldon Clinic dieticians, 800 Oak St., Sheldon • Sanford Boyden Clinic dieticians, 3971 – 320th St., Boyden • Sanford Hartley Clinic dieticians, 512 – 3rd St. NE, Hartley • Mercy Medical Clinic dieticians, 231 N. 8th Ave. W., Hartley • Sanford Sanborn Clinic dieticians, 321 Main St., Sanborn • Sheldon Public School phy ed program, 310 -23rd Ave., Sheldon • St. Patrick’s Catholic School phy ed program, 1020 – 4th Ave., Sheldon • Sheldon Christian School phy ed program, 1425 – 9th St., Sheldon • Sanborn Christian School phy ed program, 1425 – 9th St., Sanborn • Sheldon Parks Dept. activities, 416 – 9th St., Sheldon • Sanborn Parks Dept. activities, 102 Main, Sanborn

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Hartley Parks Dept. activities, 11 S. Central, Hartley • Parks & Playgrounds: <ul style="list-style-type: none"> ○ Hills Park, North 2nd Ave., Sheldon ○ Thorman Park, Thorman Ave., Sheldon ○ Sheldon City Park, 501-509 – 6th Ave., Sheldon ○ Miller Park, 1002 Sanborn St., Sanborn ○ Sanborn City Park, 107 E. 7th St., Sanborn ○ Neebel Park, 361 S. Central, Hartley ○ Shinkle Park, 201-247 – 2nd St. NE., Hartley ○ Centennial Park, Boyden Services for At-Risk Youth: <ul style="list-style-type: none"> • Early Childhood Iowa, PO Box 146, Sheldon • Seasons Center (functional family therapy services), 118 N. 2nd Ave., Sheldon Opportunities for Youth/Adult Mentoring: <ul style="list-style-type: none"> • 4-H, c/o O'Brien County Extension, 340 – 2nd St. SE, Primghar IA • Boy Scouts – 712-348-0956 • Girl Scouts – 712-348-1969 Child Care resources: <ul style="list-style-type: none"> • Early Childhood Iowa, PO Box 146, Sheldon • Child Care Resource & Referral, 140 – 2nd St. SE, Primghar • Sheldon/O'Brien Co. Head Start, 1221 E. 6th St., Sheldon • HMS Head Start, 240 – 1st St. SE, Hartley • NW Iowa Community College (early childhood degree program), 603 W. Park St., Sheldon • Northwestern College (early childhood degree program), 101 – 7th St. SW, Orange City • Children's World (Sheldon community day care), 1221 E. 6th St., Sheldon

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • United Methodist Preschool, 361 N. 8th Ave. W., Hartley • Boyden Community Preschool, 808 Sherman St., Boyden • Kid’s Express, 102 Prospect St., Sanborn • Hartley Community Day Care, 611 – 3rd St. NE, Hartley • Special Blessings, 110 S. 1st Ave. W., Hartley • Noah’s Ark Preschool, 1425 Pleasant Ct. Dr., Sheldon • In-home day cares: <ul style="list-style-type: none"> ○ Christine Reiter, 9th St., Sheldon ○ Pamela Kraft, 24th Ave., Sheldon ○ Stacie Vanbeek, S. 8th Ave., Sheldon ○ Kathy Genschorck, Sunrise Ave., Sanborn ○ Debra Walling, 4th St. NW, Hartley <p>Tobacco Cessation Programs:</p> <ul style="list-style-type: none"> • Sanford Clinic Sheldon, 800 Oak St., Sheldon • Sanford Boyden Clinic, 3971 – 320th St., Boyden • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley • Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley • Sanford Sanborn Clinic, 321 Main St., Sanborn • O’Brien County Public Health, 155 S. Hayes, Primghar • O’Brien County Human Services tobacco cessation program, 160 - 2nd St. SE, Primghar • Hy Vee Pharmacy, 1989 Park St., Sheldon (tobacco cessation classes led by a pharmacist)
Aging Population	<p>Cost of long term care 3.59</p> <p>Cost of memory care 3.51</p> <p>Cost of in-home services 3.11</p>			<p>Long Term Care resources:</p> <ul style="list-style-type: none"> • Sanford Sheldon Care Center, 118 N. 7th Ave., Sheldon • Community Memorial Health Center, 231 N. 8th Ave. W., Hartley • Prairie View Manor, 1002 Sunrise Ave., Sanborn <p>Assisted Living resources:</p> <ul style="list-style-type: none"> • Fieldcrest Assisted Living, 2501 E. 6th St., Sheldon

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Cobble Creek/Bee Hive Homes, 980 Oak St., Sheldon • Sanford Assisted Living, 118 N. 7th Ave., Sheldon • Sheldon Christian Retirement Home, 1414 Elm Ct., Sheldon • Village Northwest , 330 Village Circle, Sheldon • Community Memorial Assisted Living, 233 N. 8th Ave. W., Hartley • Morningside Estates, 820 – 1st St. NE, Hartley • Prairie View Inn, 612 Eastern St., Sanborn <p>Memory Care resources:</p> <ul style="list-style-type: none"> • Alzheimer’s Association – alz.org • Sanford Sheldon Care Center, 118 N. 7th Ave., Sheldon • Community Memorial Health Center, 231 N. 8th Ave. W., Hartley • Prairie View Manor, 1002 Sunrise Ave., Sanborn <p>In-Home Services:</p> <ul style="list-style-type: none"> • O’Brien County Outreach (chore service for age 60+), 140 – 2nd St. SE, Primghar, IA • Med-Equip Pharmacy (delivers to the home), 140 -3rd St. NW, Hartley • Sanford Home Care & Hospice, 118 N. 7th Ave., Sheldon • Stay in Home Health Care (serves NW Iowa) – stayinhomecare.com • House Cleaning Help – Phil-Cor Power Washing, 4771 Oak Hill Ave., Paullina
Safety	<p>Abuse of prescription drugs 3.14</p> <p>23% report that they have drugs in their home that are not being used</p>			<p>Substance Abuse resources:</p> <ul style="list-style-type: none"> • AA, meets at 611 – 7th St., Sheldon • NA, meets at 118 N. 7th Ave., Sheldon • NA, meets at 361 N. 8th Ave. W., Hartley • Compass Pointe Alcoholism & Drug Treatment Unit, 1201 S. 2nd Ave., Sheldon • Seasons Center for Behavioral Health, 604 Park St., Sheldon <p>Drug Take-Back Programs:</p>

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • HyVee Pharmacy, 1989 Park St., Sheldon • Lewis Drug, 610 Park St., Sheldon
Health Care Access	<p>Availability of mental health providers 3.78</p> <p>Availability of behavioral health (substance abuse) providers 3.46</p> <p>Access to affordable health insurance coverage 3.36</p> <p>Access to affordable health care 3.11</p> <p>Access to affordable prescription drugs 3.11</p> <p>Access to affordable vision insurance coverage 3.00</p>			<p>Mental Health resources:</p> <ul style="list-style-type: none"> • Seasons Center for Behavioral Health, 201 E. 11th St., Spencer • Sanford Clinic Sheldon, 800 Oak St., Sheldon • Sanford Boyden Clinic, 3971 – 320th St., Boyden • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley • Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley • Sanford Sanborn Clinic, 321 Main St., Sanborn • Hope Haven, Inc., 212 – 10th St., Sheldon • Creative Living Center, 1022 – 3rd Ave., Sheldon • Plains Area Mental Health Center, 400 Central Ave. NW, Orange City <p>Substance Abuse resources:</p> <ul style="list-style-type: none"> • AA, meets at 611 – 7th St., Sheldon • NA, meets at 118 N. 7th Ave., Sheldon • NA, meets at 361 N. 8th Ave. W., Hartley • Compass Pointe Alcoholism & Drug Treatment Unit, 1201 S. 2nd Ave., Sheldon • Seasons Center for Behavioral Health, 604 Park St., Sheldon <p>Affordable Health Insurance:</p> <ul style="list-style-type: none"> • Farm Bureau, 816 – 4th Ave., Sheldon • State Farm, 517 Park St., Sheldon • Prins Insurance, 809 – 3rd Ave., Sheldon • Perspective Insurance, 221 Park St., Sheldon <p>Health Care resources:</p> <ul style="list-style-type: none"> • Sanford Clinic Sheldon, 800 Oak St., Sheldon • Sanford Boyden Clinic, 3971 – 320th St., Boyden • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Sanford Sanborn Clinic, 321 Main St., Sanborn • Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley • Align Chiropractic, 109 Main , Sanborn • Sanborn Chiropractic, 220 Main, Sanborn • Choice Chiropractic, 712 – 4th Ave., Sheldon • Sheldon Family Chiropractic, 910 Park St., Sheldon • Schierholz Chiropractic, 128 S. Central Ave., Hartley • Hartley Chiropractic, 200 S. Central Ave., Hartley • O’Brien County Public Health, 155 S. Hayes, Primghar <p>Prescription Assistance programs:</p> <ul style="list-style-type: none"> • O’Brien County Human Services (Iowa Health & Wellness Plan), 160 - 2nd St. SE, Primghar • Iowa Drug Card – iowadrugcard.com • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecard.com • Medsavercard.com • Yourrxcard.com • Medicationdiscountcard.com • Needymeds.org/drugcard • Caprxprogram.org • Gooddaysfromcdf.org • NORD Patient Assistance Program, rarediseases.org • Patient Access Network Foundation, panfoundation.org • Pfizer RC Pathways, pfizerRXpathways.com • RXhope.com • Prescriptionassistance.info • Partnership for Prescription Assistance – pparx.org/intro.php • Benefitscheckup.org • RxAssist – rxassist.org • RxOutreach – rxoutreach.com • Together RX Access Program – togetherrxaccess.com • Glaxo Smith Kline – bridgestoaccess.gsk.com • Merck – merck.com/merkhelps • Novartis – patientassistncenow.com

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Pfizer – pfizerhlepfanswers.com • AARP Prescription Discount Program – aarp-pharmacy.com • PlanPlus – planplushealthcare.com • FamilyWise – familywise.org <p>Vision Insurance:</p> <ul style="list-style-type: none"> • Farm Bureau, 816 – 4th Ave., Sheldon • State Farm, 517 Park St., Sheldon • Prins Insurance, 809 – 3rd Ave., Sheldon • Perspective Insurance, 221 Park St., Sheldon
Mental Health & Substance Abuse	<p>Depression 3.53</p> <p>39% report that they have been diagnosed with depression</p> <p>Stress 3.47</p> <p>Drug use and abuse 3.35</p> <p>25% report that they binge drink at least 1x/month</p> <p>Smoking and tobacco use 3.06</p> <p>Dementia and Alzheimer’s Disease 3.05</p> <p>45% report that they have been diagnosed with anxiety/stress</p>	<p>39% report that they have been diagnosed with depression</p> <p>25% report that they binge drink at least 1x/month</p> <p>45% report that they have been diagnosed with anxiety/stress</p>		<p>Mental Health resources:</p> <ul style="list-style-type: none"> • Seasons Center for Behavioral Health, 201 E. 11th St., Spencer • Sanford Clinic Sheldon, 800 Oak St., Sheldon • Sanford Boyden Clinic, 3971 – 320th St., Boyden • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley • Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley • Sanford Sanborn Clinic, 321 Main St., Sanborn • Hope Haven, Inc., 212 – 10th St., Sheldon • Creative Living Center, 1022 – 3rd Ave., Sheldon • Plains Area Mental Health Center, 400 Central Ave. NW, Orange City <p>Substance Abuse resources:</p> <ul style="list-style-type: none"> • AA, meets at 611 – 7th St., Sheldon • NA, meets at 118 N. 7th Ave., Sheldon • NA, meets at 361 N. 8th Ave. W., Hartley • Compass Pointe Alcoholism & Drug Treatment Unit, 1201 S. 2nd Ave., Sheldon • Seasons Center for Behavioral Health, 604 Park St., Sheldon <p>Tobacco Cessation programs:</p> <ul style="list-style-type: none"> • Sanford Clinic Sheldon, 800 Oak St., Sheldon • Sanford Boyden Clinic, 3971 – 320th St., Boyden

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley • Sanford Sanborn Clinic, 321 Main St., Sanborn • Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley
Wellness	<p>45% report that they have been diagnosed with arthritis</p> <p>35% report that they have been diagnosed with hypertension</p> <p>35% report that they have been diagnosed with high cholesterol</p> <p>42% report that they are obese</p> <p>26% report that they are overweight</p> <p>52% do not get the recommended 5 or more fruits/vegetables daily</p> <p>44% do not get moderate activity 3 or more times/week</p> <p>23% have not had a routine check-up in more than 1 year</p> <p>24% report that they have not seen a dentist in more than 1 year</p>	<p>45% report that they have been diagnosed with arthritis</p> <p>35% report that they have been diagnosed with hypertension</p> <p>35% report that they have been diagnosed with high cholesterol</p> <p>42% report that they are obese</p> <p>26% report that they are overweight</p> <p>52% do not get the recommended 5 or more fruits/vegetables daily</p> <p>44% do not get moderate activity 3 or more times/week</p> <p>23% have not had a routine check-up in more than 1 year</p> <p>24% report that they have not seen a dentist in more than 1 year</p>		<p>Chronic Disease resources:</p> <ul style="list-style-type: none"> • Sanford’s Better Choices Better Health Program, c/o 800 Oak St., Sheldon • Sanford Clinic Sheldon, 800 Oak St., Sheldon • Sanford Boyden Clinic, 3971 – 320th St., Boyden • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley • Sanford Sanborn Clinic, 321 Main St., Sanborn • Mercy Medical Clinic, 231 N. 8th Ave. W., Hartley • Arthritis Foundation – arthritis.org • American Heart Association – Heart.org <p>Obesity resources:</p> <ul style="list-style-type: none"> • Sanford Clinic Sheldon dieticians, 800 Oak St., Sheldon • Sanford Boyden Clinic dieticians, 3971 – 320th St., Boyden • Sanford Hartley Clinic dieticians, 512 – 3rd St. NE, Hartley • Sanford Sanborn Clinic dieticians, 321 Main St., Sanborn • Mercy Medical Clinic dieticians, 231 N. 8th Ave. W., Hartley • Sheldon Parks Dept. activities, 416 – 9th St., Sheldon • Sanborn Parks Dept. activities, 102 Main, Sanborn • Hartley Parks Dept. activities, 11 S. Central, Hartley • Courtyard Fitness, 18 North Ave., Sheldon • Curves, 303 – 9th St., Sheldon • Curves, 2534 Park St., Sheldon • Sheldon City Gym, 320th St., Sheldon • Hills Gym, Sheldon Recreational Trail, Sheldon • Sanford Wellness Center, 206 N. 7th Ave., Sheldon • Hartley Health & Fitness, 155 S. Central, Hartley

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Complete 180 Fitness, 207 Main, Sanborn • NWICC Lifelong Learning & Recreation Center, 600 College Dr., Sheldon • Sheldon Aquatic Center, 415 – 19th Ave., Sheldon • Hartley Parks Dept. activities, 11 S. Central, Hartley • Hartley Swimming Pool, 361 S. Central, Hartley • Aquatic Center, 510 Main St., Sanborn • Sheldon Golf Course, 3040 Nest Ave., Sheldon • Sanborn Golf Course, 901 Sanborn St., Sanborn • Hartley Golf Course, 3.5 miles south of Hartley • Otter Valley Golf Course, RR 2, Boyden • Disc Golf, North 2nd Ave., Sheldon • Disc Golf, Centennial Park, Boyden • Disc Golf, 901 Sanborn St., Sanborn • Bowling - Bowl Mor, 203 Main, Sanborn • Sheldon Competition Park (skateboarding), 1499 Elm Ct., Sheldon <p>Healthy Eating resources:</p> <ul style="list-style-type: none"> • Farmers Market, 1200 S. 2nd Ave., Sheldon • Getting's Garden, 2861 Pierce Ave., Sanborn • Cottonwood Farm CSA, 3143 Nest Ave., Sheldon • Hy-Vee, 1989 Park St., Sheldon • Fareway Grocery, 2603 Park St., Sheldon • La Mexicana, 926 – 3rd Ave., Sheldon • Fiesta Foods, 130 – 3rd St. NE • Sanborn Foods, 302 Main, Sanborn <p>Physical Activity resources:</p> <ul style="list-style-type: none"> • Courtyard Fitness, 18 North Ave., Sheldon • Curves, 303 – 9th St., Sheldon • Curves, 2534 Park St., Sheldon • Sheldon City Gym, 320th St., Sheldon

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Hills Gym, Sheldon Recreational Trail, Sheldon • Sanford Wellness Center, 206 N. 7th Ave., Sheldon • Hartley Health & Fitness, 155 S. Central, Hartley • Complete 180 Fitness, 207 Main, Sanborn • NWICC Lifelong Learning & Recreation Center, 600 College Dr., Sheldon • Sheldon Public School phy ed program, 310 -23rd Ave., Sheldon • St. Patrick's Catholic School phy ed program, 1020 – 4th Ave., Sheldon • Hartley/Sanborn school phy ed activities, 300 N. 8th Ave. W., Hartley • Boyden school phy ed activities, 801 – 1st St., Hull • Sheldon Parks Dept. activities, 416 – 9th St., Sheldon • Sanborn Parks Dept. activities, 102 Main, Sanborn • Sheldon Aquatic Center, 415 – 19th Ave., Sheldon • Hartley Parks Dept. activities, 11 S. Central, Hartley • Hartley Swimming Pool, 361 S. Central, Hartley • Aquatic Center, 510 Main St., Sanborn • Sheldon Golf Course, 3040 Nest Ave., Sheldon • Sanborn Golf Course, 901 Sanborn St., Sanborn • Hartley Golf Course, 3.5 miles south of Hartley • Otter Valley Golf Course, RR 2, Boyden • Disc Golf, North 2nd Ave., Sheldon • Disc Golf, Centennial Park, Boyden • Disc Golf, 901 Sanborn St., Sanborn • Bowling - Bowl Mor, 203 Main, Sanborn • Sheldon Competition Park (skateboarding), 1499 Elm Ct., Sheldon <p>Routine Check-Up/Flu Shot resources:</p> <ul style="list-style-type: none"> • Sanford Clinic Sheldon, 800 Oak St., Sheldon

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				<ul style="list-style-type: none"> • Sanford Boyden Clinic, 3971 – 320th St., Boyden • Sanford Hartley Clinic, 512 – 3rd St. NE, Hartley • Sanford Sanborn Clinic, 321 Main St., Sanborn • O'Brien County Public Health, 155 S. Hayes, Primghar • Drug stores that give flu shots: <ul style="list-style-type: none"> ○ HyVee Pharmacy, 1989 Park St., Sheldon ○ Lewis Drug, 610 Park St., Sheldon ○ Med-Equip Pharmacy, 140 – 3rd St. NW, Hartley ○ Hartley Hometown Pharmacy, 130 – 3rd St. NE, Hartley <p>Dental resources:</p> <ul style="list-style-type: none"> • Family Dental Clinic, 1002 - 3rd Ave., Sheldon • The Dental Office, 302 – 9th St., Sheldon • Jones & Geyer, 1201 – 2nd Ave., Sheldon • Van Hofwegen & Munter, 110 S. 1st Ave. E., Hartley • Drs. Boelter & Gross, 410 N. Western Ave., Sanborn

Key Stakeholder Survey

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

November 2017



STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Sheldon Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred in the month of October. A total of 40 respondents participated in the online survey.

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SURVEY RESULTS

Current State of Health and Wellness Issues within the Community

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

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

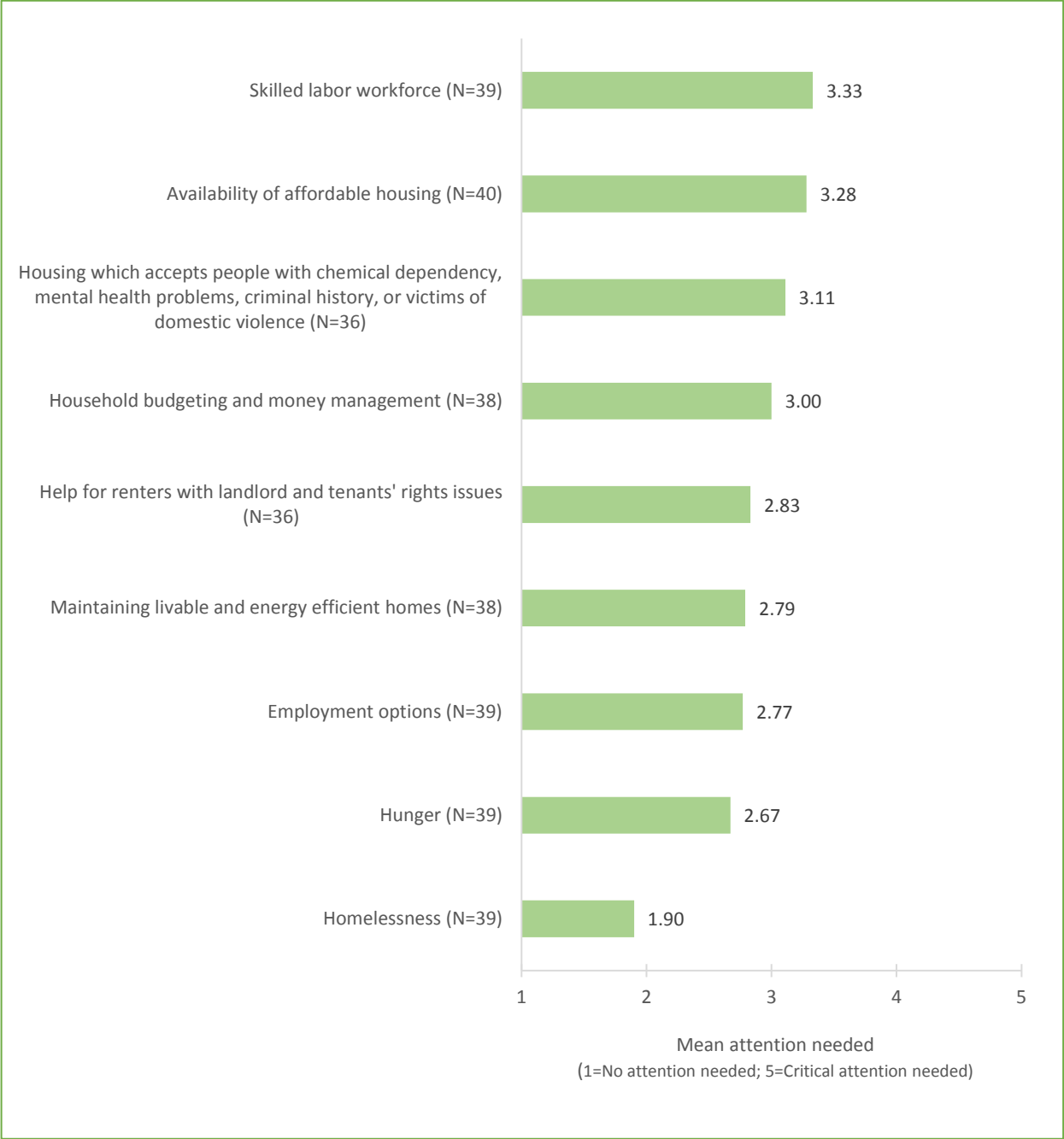


Figure 2. Current state of community issues regarding TRANSPORTATION

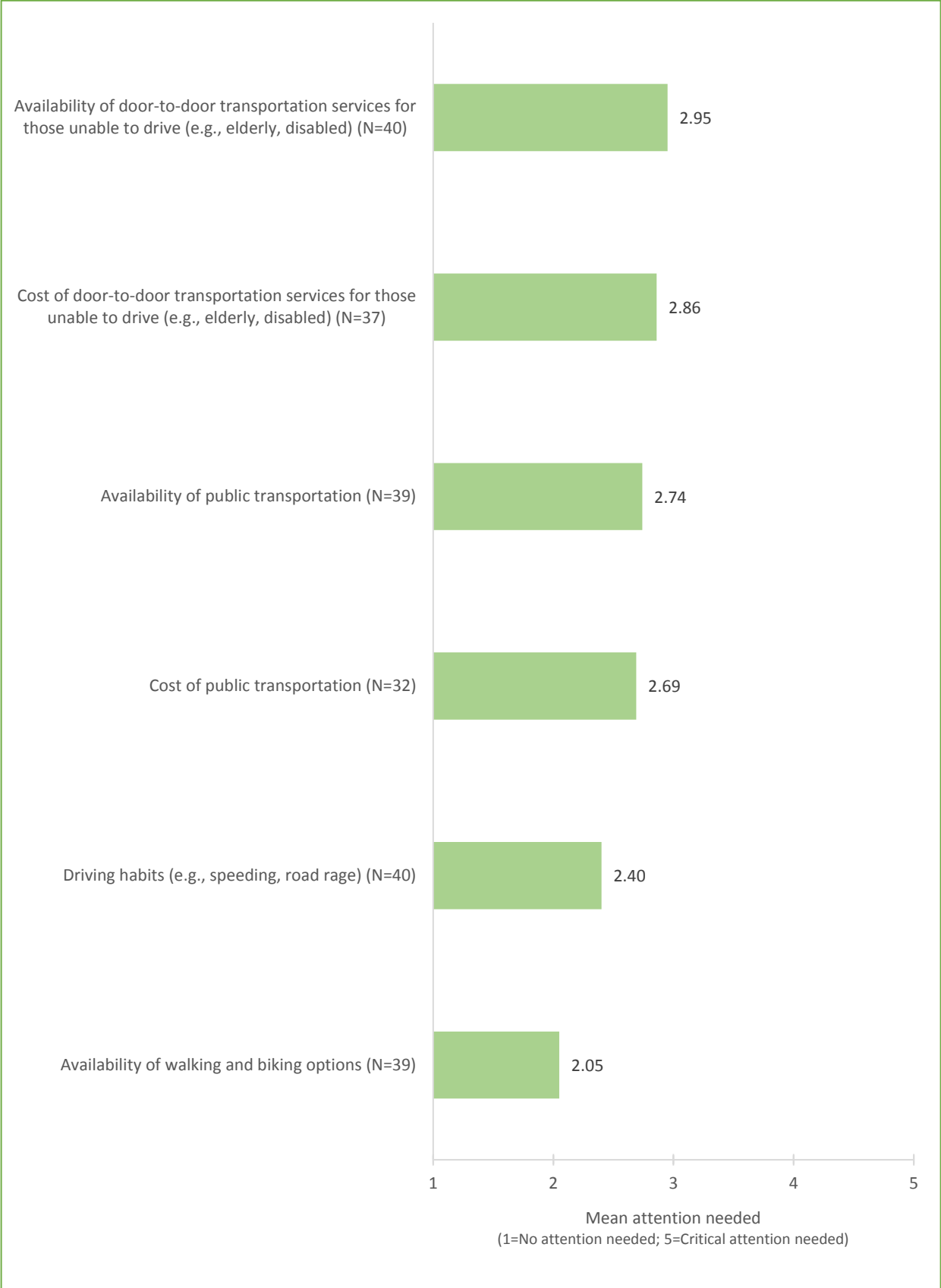


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

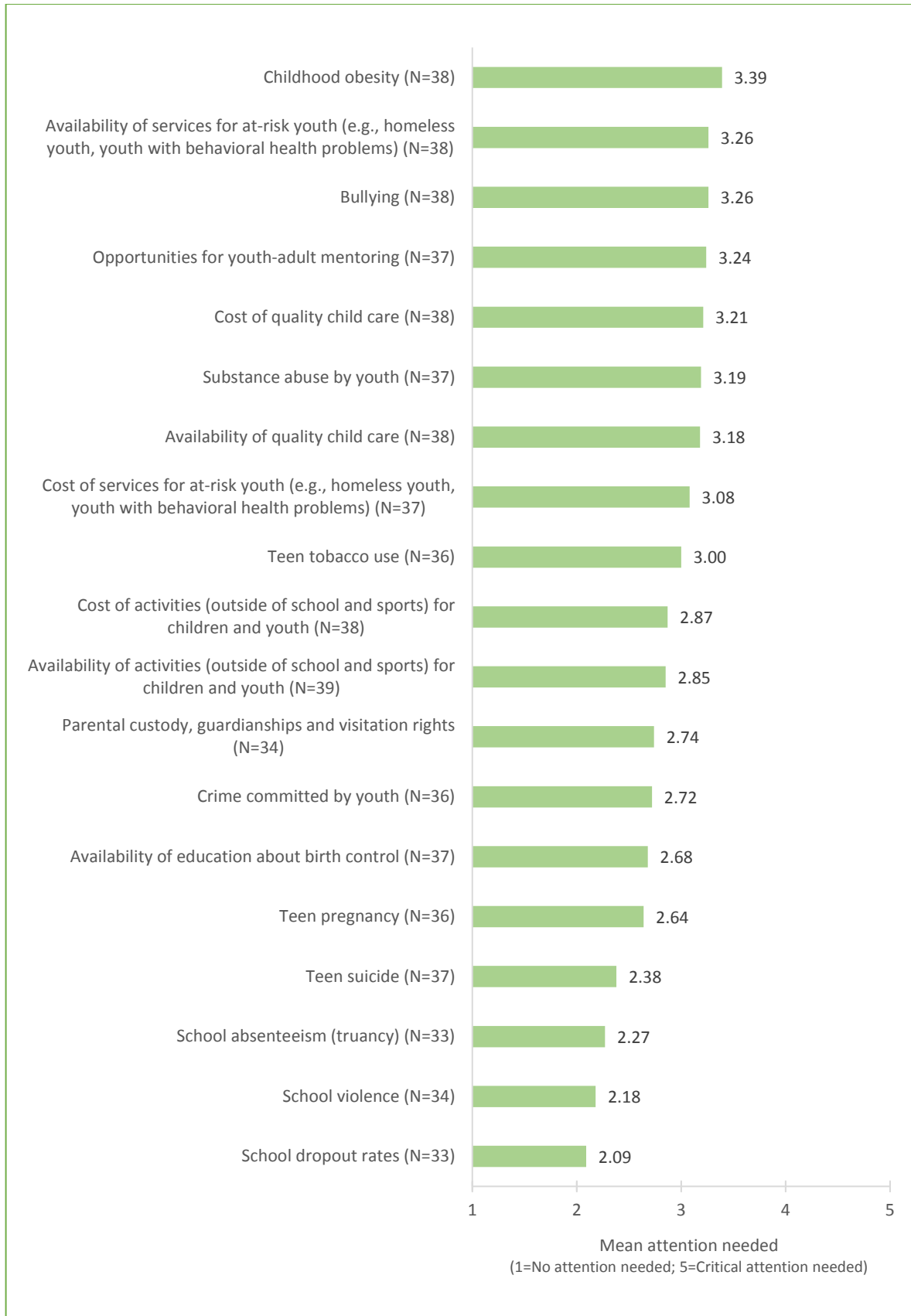


Figure 4. Current state of community issues regarding the AGING POPULATION

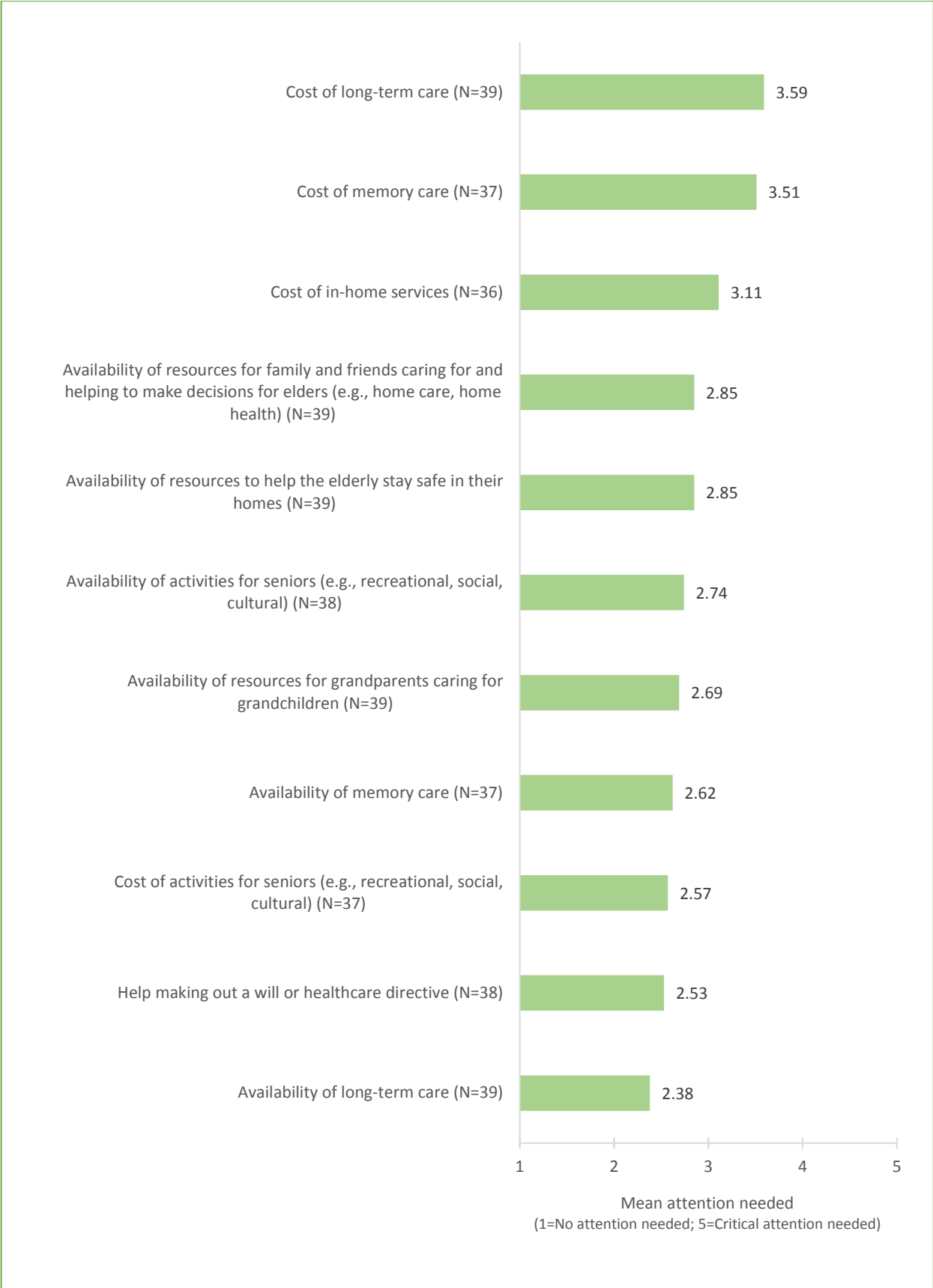


Figure 5. Current state of community issues regarding SAFETY

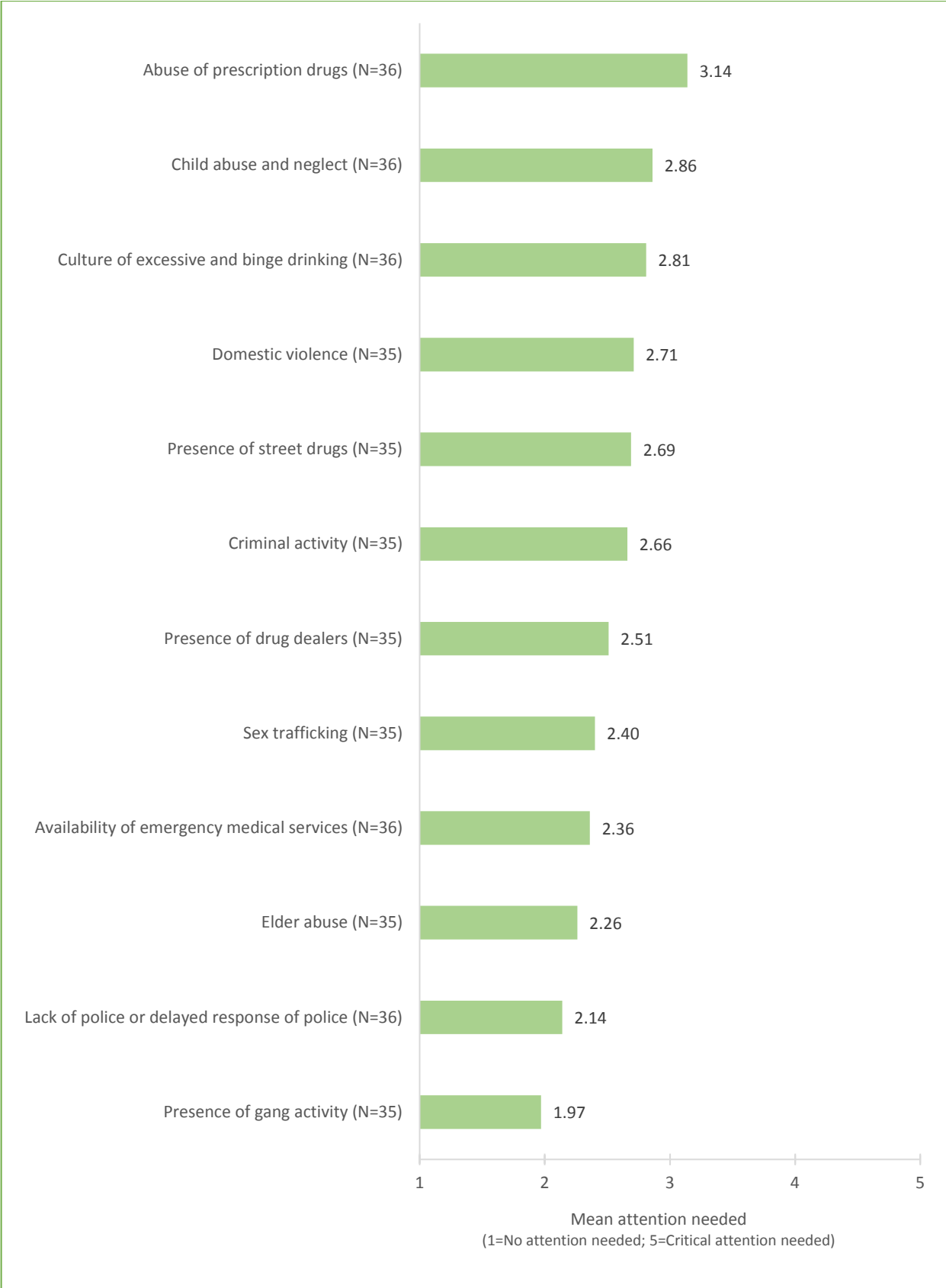
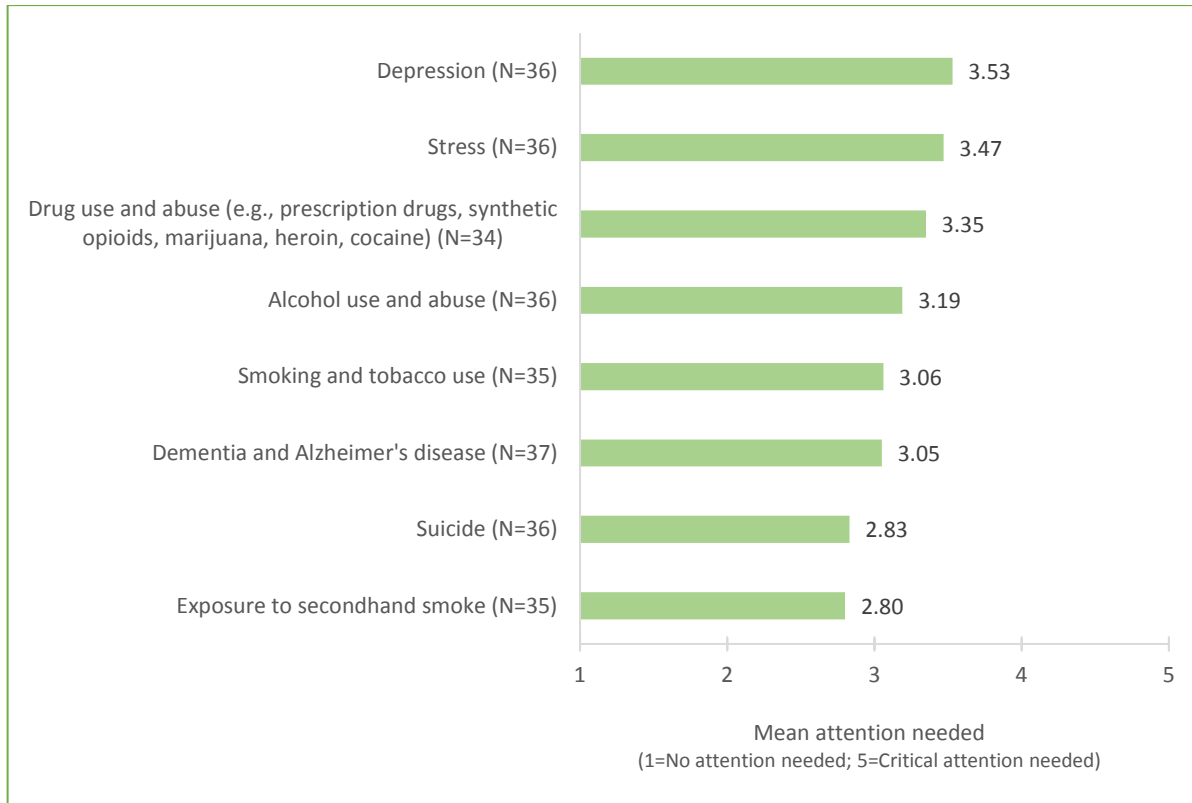


Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

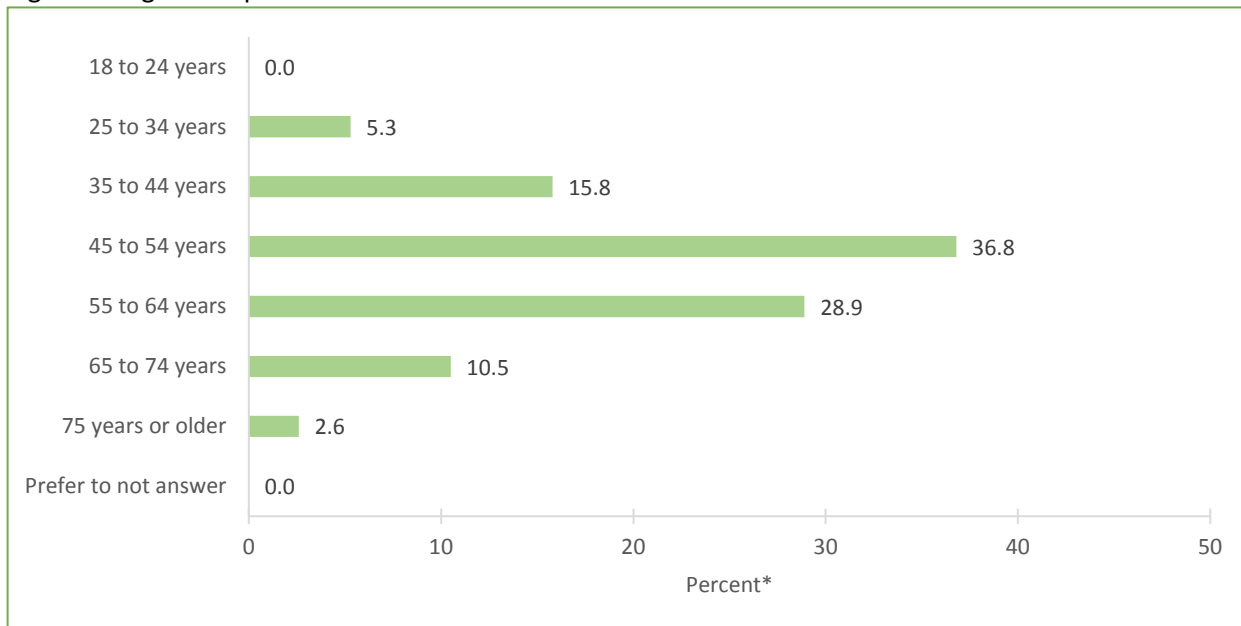


Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



Demographic Information

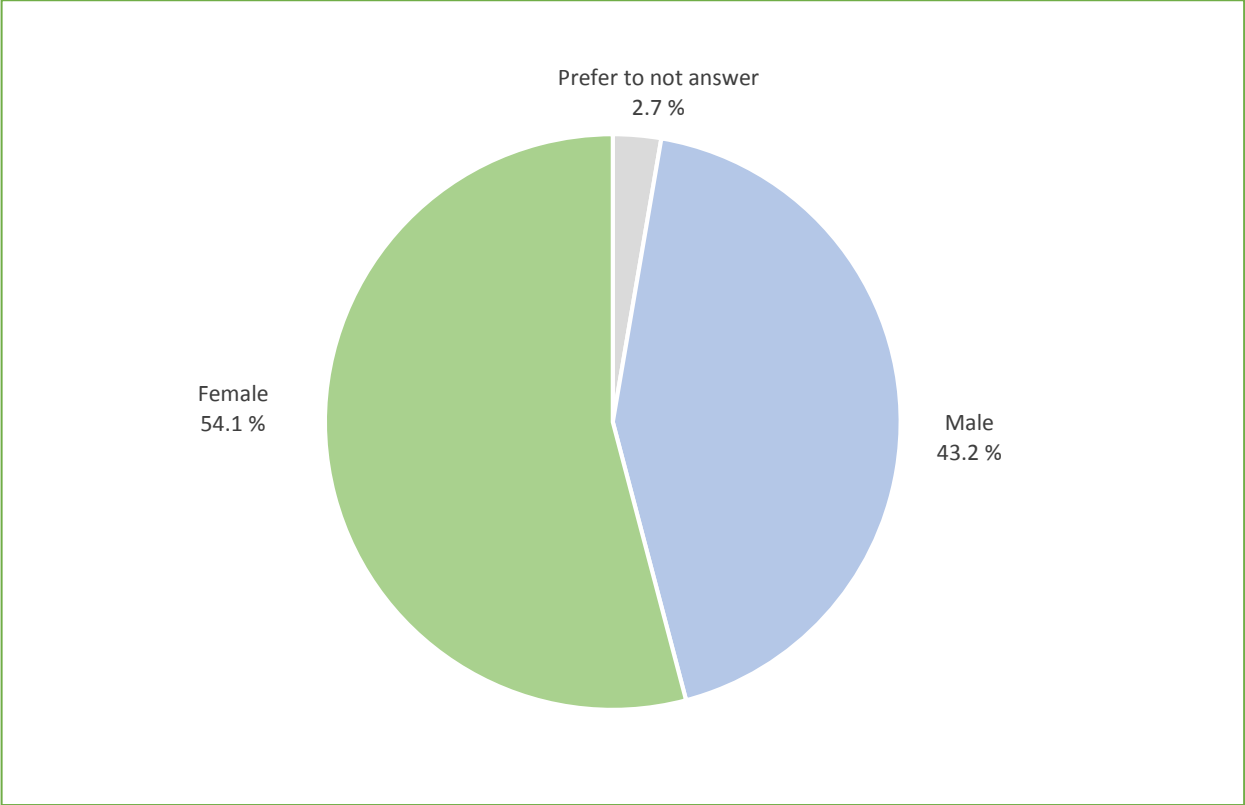
Figure 8. Age of respondents



N=38

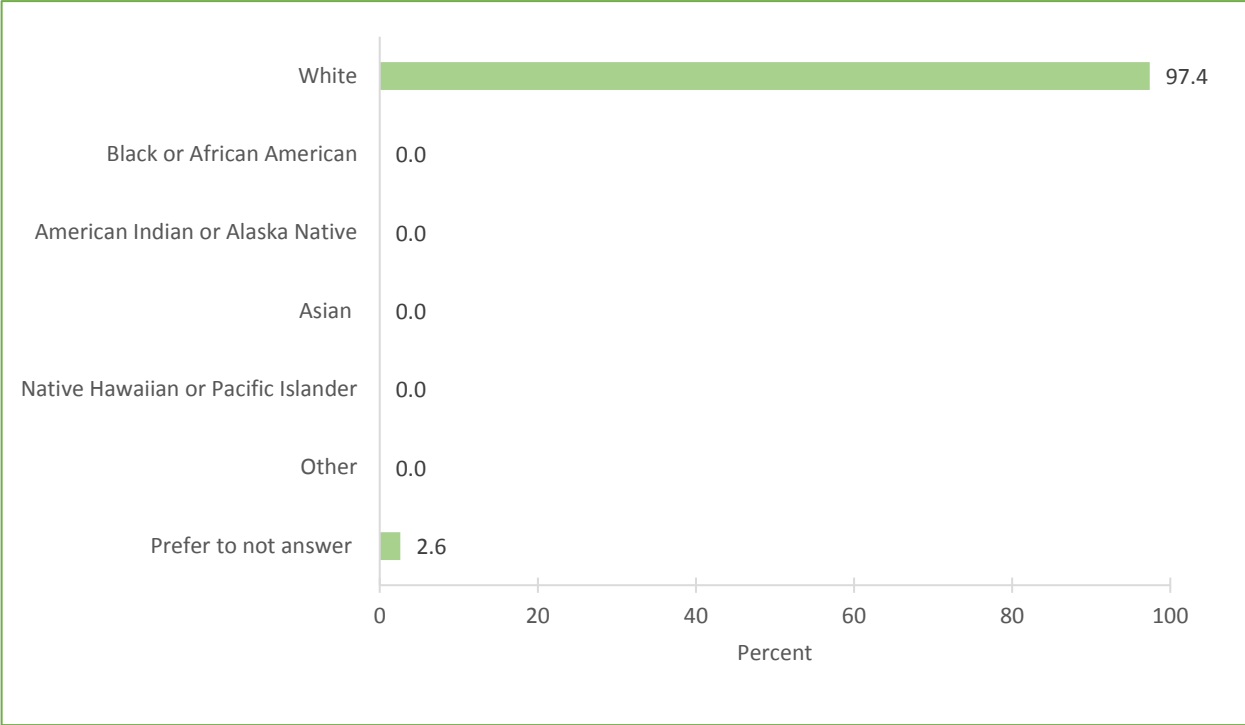
*Percentages do not total 100.0 due to rounding.

Figure 9. Biological sex of respondents



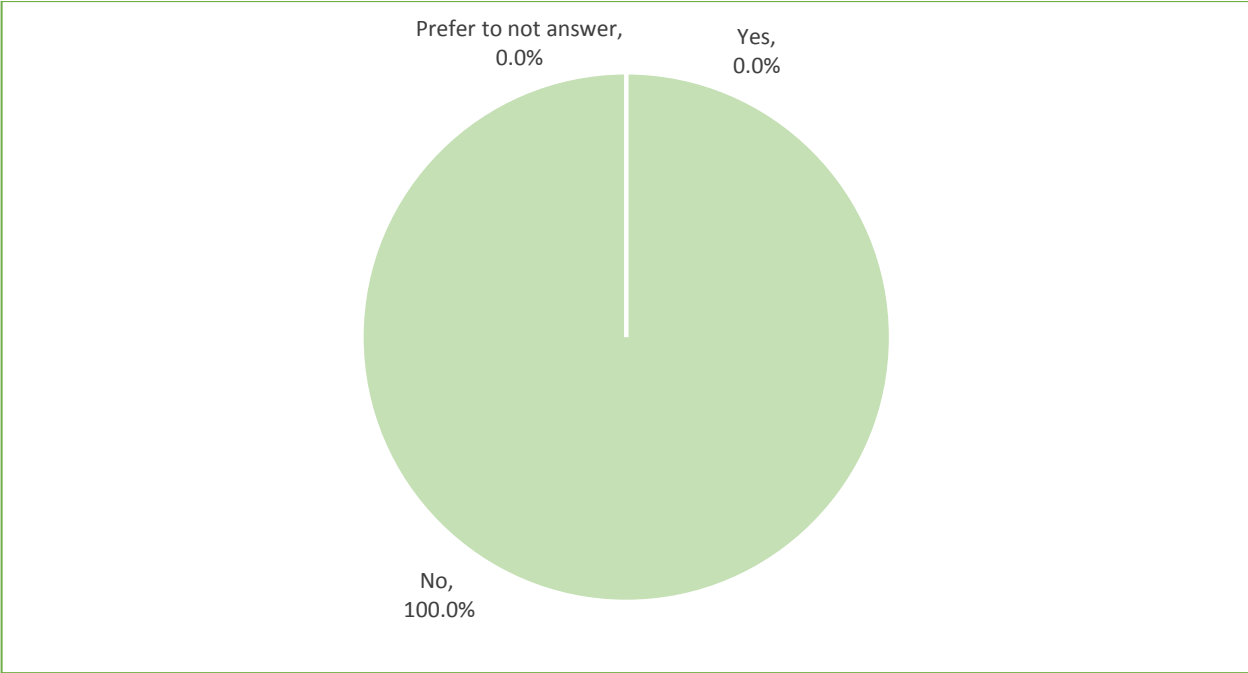
N=37

Figure 10. Race of respondents



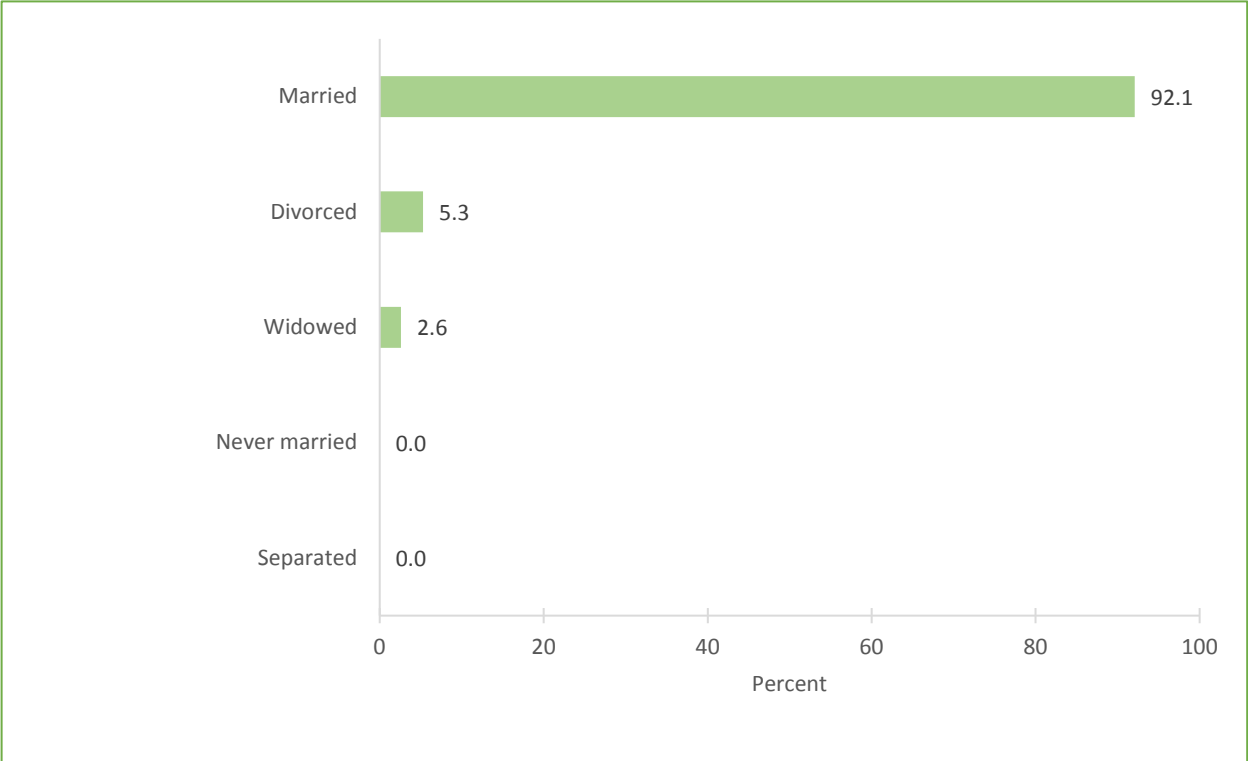
N=38

Figure 11. Whether respondents are of Hispanic or Latino origin



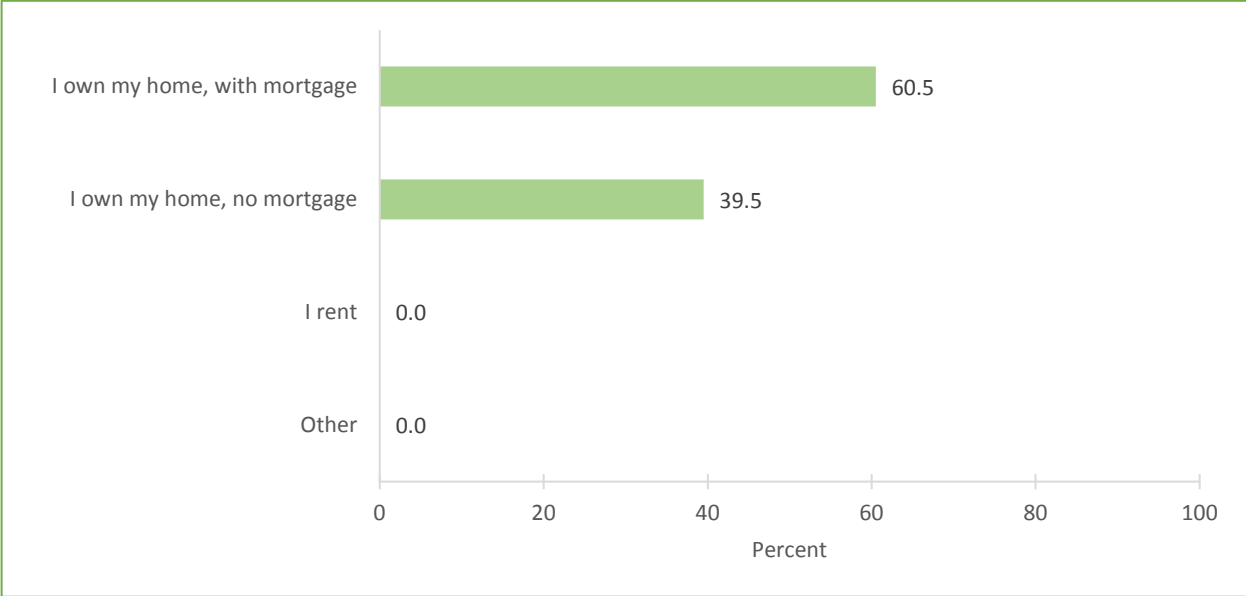
N=37

Figure 12. Marital status of respondents



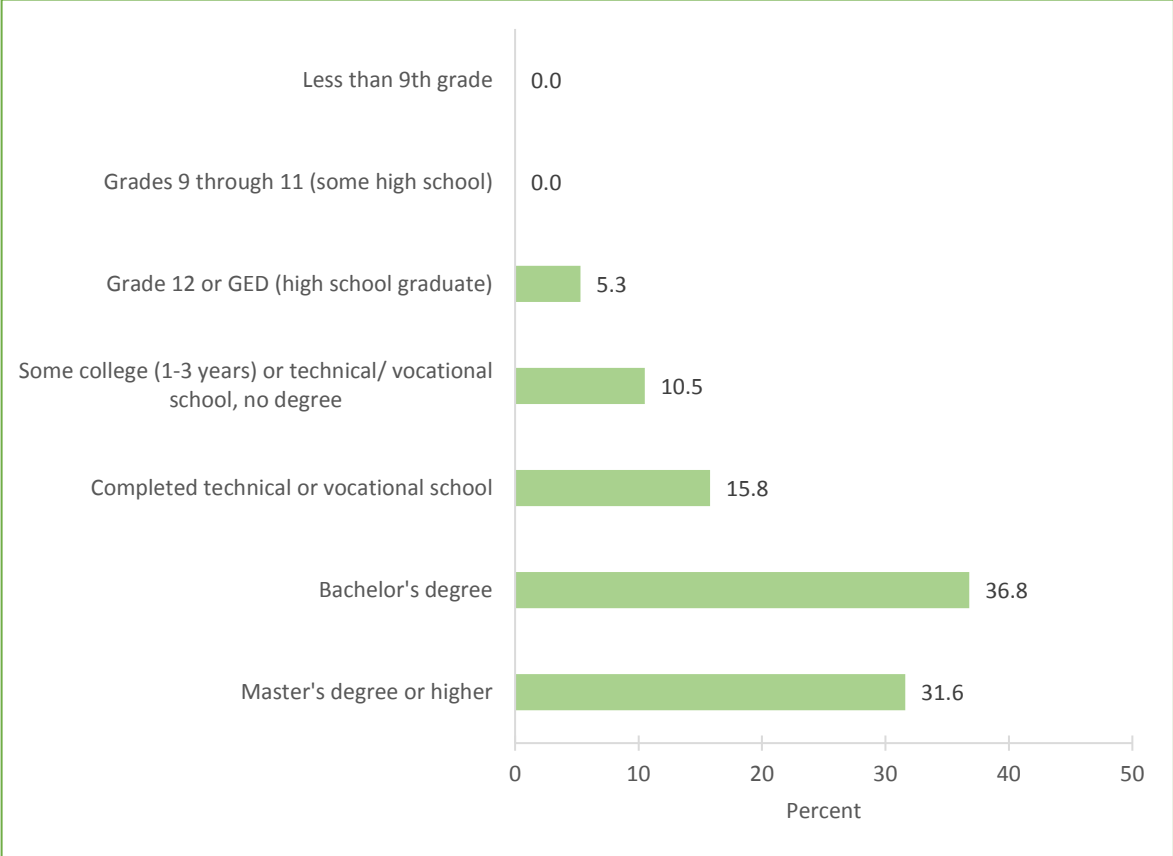
N=38

Figure 13. Living situation of respondents



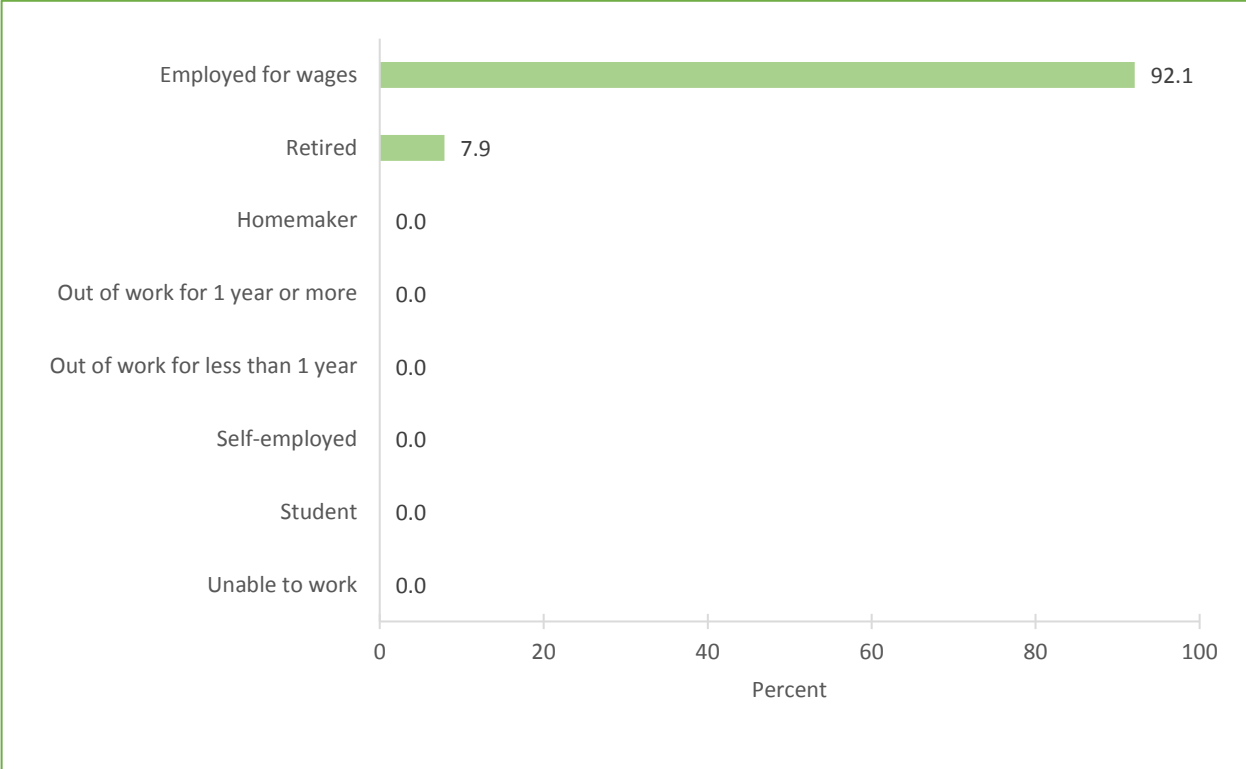
N=38

Figure 14. Highest level of education completed by respondents



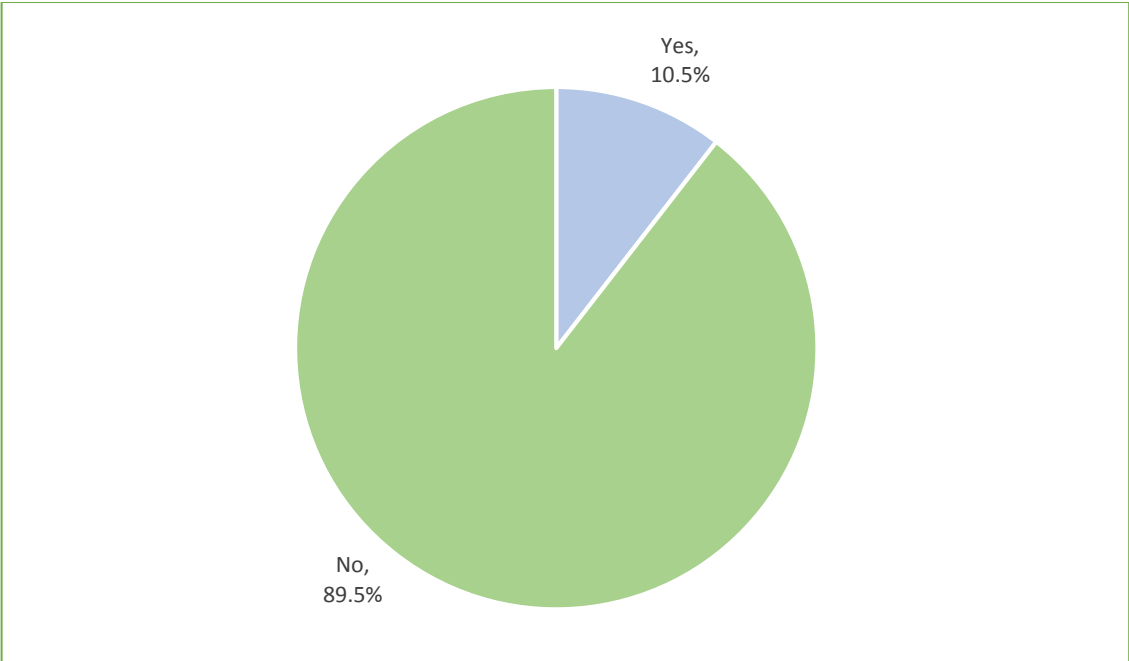
N=38

Figure 15. Employment status of respondents



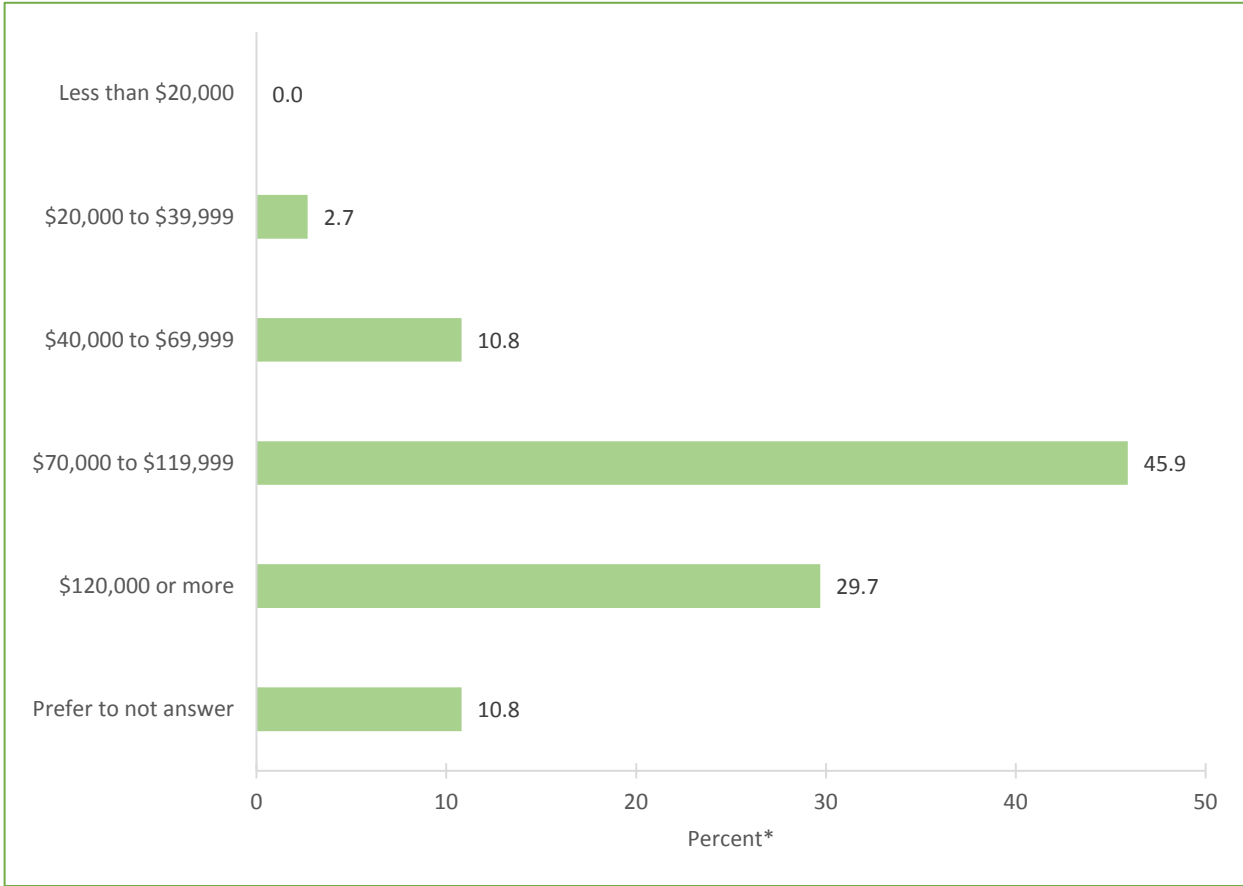
N=38

Figure 16. Whether respondents are military veterans



N=38

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



N=37

*Percentages do not total 100.0 due to rounding.

Table 1. Zip code of respondents

Zip code	Number of respondents
51201	26
51238	2
51041	1
51234	1
51237	1
51239	1
51248	1
51249	1
51250	1
51346	1

N=36

Table 2. Comments from respondents

Comments
Great medical delivery in this location.
The need for emergency medical health services and inpatient placement is of high concern - our local hospital is not equipped to handle psychiatric cases, and does not have a psychiatrist with hospital privileges. Unfortunately inpatient psych beds are extremely hard to obtain at alternate facilities. Our mental health system is very broken.
We need more EMT people for small towns, need specialty physicians for rural area hospitals like chemo treatments, vs. driving an hour to get them.

APPENDIX TABLE

Appendix Table 1. Current state of health and wellness issues within the community

Statements	Mean**	Percent of respondents*						Total
		Level of attention needed						
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=40)	3.28	0.0	17.5	42.5	35.0	5.0	0.0	100.0
Employment options (N=39)	2.77	5.1	28.2	53.8	10.3	2.6	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=36)	2.83	8.3	36.1	33.3	8.3	13.9	0.0	99.9
Homelessness (N=39)	1.90	23.1	69.2	2.6	5.1	0.0	0.0	100.0
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=37)	3.11	5.4	32.4	24.3	16.2	18.9	2.7	99.9
Household budgeting and money management (N=38)	3.00	2.6	21.1	55.3	15.8	5.3	0.0	100.1
Hunger (N=39)	2.67	0.0	46.2	41.0	12.8	0.0	0.0	100.0
Maintaining livable and energy efficient homes (N=38)	2.79	5.3	42.1	28.9	15.8	7.9	0.0	100.0
Skilled labor workforce (N=39)	3.33	0.0	12.8	48.7	30.8	7.7	0.0	100.0
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=40)	2.95	2.5	40.0	32.5	10.0	15.0	0.0	100.0
Availability of public transportation (N=40)	2.74	5.0	37.5	37.5	12.5	5.0	2.5	100.0
Availability of walking and biking options (N=39)	2.05	23.1	56.4	12.8	7.7	0.0	0.0	100.0
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=38)	2.86	2.6	42.1	26.3	18.4	7.9	2.6	99.9
Cost of public transportation (N=37)	2.69	5.4	32.4	35.1	10.8	2.7	13.5	99.9
Driving habits (e.g., speeding, road rage) (N=40)	2.40	10.0	47.5	35.0	7.5	0.0	0.0	100.0
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=39)	2.85	5.1	35.9	35.9	15.4	7.7	0.0	100.0
Availability of education about birth control (N=37)	2.68	0.0	51.4	29.7	18.9	0.0	0.0	100.0
Availability of quality child care (N=38)	3.18	5.3	15.8	44.7	23.7	10.5	0.0	100.0
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=38)	3.26	2.6	18.4	36.8	34.2	7.9	0.0	99.9
Bullying (N=38)	3.26	0.0	18.4	44.7	28.9	7.9	0.0	99.9
Childhood obesity (N=38)	3.39	0.0	13.2	42.1	36.8	7.9	0.0	100.0
Cost of activities (outside of school and sports) for children and youth (N=38)	2.87	5.3	26.3	47.4	18.4	2.6	0.0	100.0
Cost of quality child care (N=38)	3.21	0.0	21.1	42.1	31.6	5.3	0.0	100.1

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed						NA	
		1 None	2 Little	3 Moderate	4 Serious	5 Critical			
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=38)	3.08	0.0	18.4	52.6	26.3	0.0	2.6	99.9	
Crime committed by youth (N=37)	2.72	0.0	40.5	43.2	13.5	0.0	2.7	99.9	
Opportunities for youth-adult mentoring (N=37)	3.24	2.7	13.5	45.9	32.4	5.4	0.0	99.9	
Parental custody, guardianships and visitation rights (N=36)	2.74	0.0	36.1	47.2	11.1	0.0	5.6	100.0	
School absenteeism (truancy) (N=35)	2.27	8.6	51.4	34.3	0.0	0.0	5.7	100.0	
School dropout rates (N=35)	2.09	11.4	62.9	20.0	0.0	0.0	5.7	100.0	
School violence (N=35)	2.18	11.4	62.9	20.0	0.0	2.9	2.9	100.1	
Substance abuse by youth (N=37)	3.19	0.0	18.9	48.6	27.0	5.4	0.0	99.9	
Teen pregnancy (N=36)	2.64	0.0	52.8	33.3	11.1	2.8	0.0	100.0	
Teen suicide (N=37)	2.38	5.4	59.5	27.0	8.1	0.0	0.0	100.0	
Teen tobacco use (N=36)	3.00	2.8	33.3	36.1	16.7	11.1	0.0	100.0	
THE AGING POPULATION									
Availability of activities for seniors (e.g., recreational, social, cultural) (N=38)	2.74	0.0	34.2	57.9	7.9	0.0	0.0	100.0	
Availability of long-term care (N=39)	2.38	12.8	48.7	28.2	7.7	2.6	0.0	100.0	
Availability of memory care (N=39)	2.62	12.8	33.3	30.8	12.8	5.1	5.1	99.9	
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=39)	2.85	2.6	33.3	43.6	17.9	2.6	0.0	100.0	
Availability of resources for grandparents caring for grandchildren (N=39)	2.69	2.6	33.3	56.4	7.7	0.0	0.0	100.0	
Availability of resources to help the elderly stay safe in their homes (N=39)	2.85	0.0	35.9	46.2	15.4	2.6	0.0	100.1	
Cost of activities for seniors (e.g., recreational, social, cultural) (N=37)	2.57	8.1	43.2	37.8	5.4	5.4	0.0	99.9	
Cost of in-home services (N=36)	3.11	0.0	25.0	44.4	25.0	5.6	0.0	100.0	
Cost of long-term care (N=39)	3.59	0.0	7.7	41.0	35.9	15.4	0.0	100.0	
Cost of memory care (N=38)	3.51	0.0	10.5	39.5	34.2	13.2	2.6	100.0	
Help making out a will or health care directive (N=38)	2.53	7.9	44.7	36.8	7.9	2.6	0.0	99.9	
SAFETY									
Abuse of prescription drugs (N=36)	3.14	2.8	22.2	38.9	30.6	5.6	0.0	100.1	
Availability of emergency medical services (N=36)	2.36	16.7	44.4	27.8	8.3	2.8	0.0	100.0	
Child abuse and neglect (N=36)	2.86	2.8	30.6	44.4	22.2	0.0	0.0	100.0	
Criminal activity (N=35)	2.66	2.9	37.1	51.4	8.6	0.0	0.0	100.0	
Culture of excessive and binge drinking (N=36)	2.81	2.8	36.1	38.9	22.2	0.0	0.0	100.0	
Domestic violence (N=35)	2.71	0.0	37.1	54.3	8.6	0.0	0.0	100.0	
Elder abuse (N=35)	2.26	11.4	54.3	31.4	2.9	0.0	0.0	100.0	
Lack of police or delayed response of police (N=36)	2.14	19.4	55.6	16.7	8.3	0.0	0.0	100.0	
Presence of drug dealers (N=35)	2.51	5.7	45.7	40.0	8.6	0.0	0.0	100.0	
Presence of gang activity (N=35)	1.97	25.7	51.4	22.9	0.0	0.0	0.0	100.0	

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed						NA	
		1 None	2 Little	3 Moderate	4 Serious	5 Critical			
Presence of street drugs (N=35)	2.69	8.6	28.6	51.4	8.6	2.9	0.0	100.1	
Sex trafficking (N=35)	2.40	11.4	48.6	28.6	11.4	0.0	0.0	100.0	
HEALTH CARE AND WELLNESS									
Access to affordable dental insurance coverage (N=37)	2.97	5.4	29.7	29.7	32.4	2.7	0.0	99.9	
Access to affordable health insurance coverage (N=36)	3.36	2.8	13.9	36.1	38.9	8.3	0.0	100.0	
Access to affordable health care (N=36)	3.11	5.6	22.2	30.6	38.9	2.8	0.0	100.1	
Access to affordable prescription drugs (N=35)	3.11	2.9	20.0	42.9	31.4	2.9	0.0	100.1	
Access to affordable vision insurance coverage (N=37)	3.00	5.4	24.3	32.4	35.1	0.0	2.7	99.9	
Access to technology for health records and health education (N=36)	2.36	13.9	41.7	38.9	5.6	0.0	0.0	100.1	
Availability of behavioral health (substance abuse) providers (N=37)	3.46	0.0	24.3	29.7	21.6	24.3	0.0	99.9	
Availability of doctors, physician assistants, or nurse practitioners (N=36)	2.53	8.3	44.4	33.3	13.9	0.0	0.0	99.9	
Availability of health care services for Native people (N=36)	2.04	16.7	36.1	13.9	2.8	0.0	30.6	100.1	
Availability of health care services for New Americans (N=36)	2.47	5.6	47.2	33.3	8.3	0.0	5.6	100.0	
Availability of mental health providers (N=37)	3.78	0.0	18.9	21.6	21.6	37.8	0.0	99.9	
Availability of non-traditional hours (e.g., evenings, weekends) (N=36)	2.64	8.3	38.9	36.1	13.9	2.8	0.0	100.0	
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=36)	2.78	2.8	41.7	38.9	8.3	8.3	0.0	100.0	
Availability of specialist physicians (N=36)	2.75	0.0	47.2	33.3	16.7	2.8	0.0	100.0	
Coordination of care between providers and services (N=35)	2.80	0.0	48.6	31.4	11.4	8.6	0.0	100.0	
Timely access to medical care providers (N=36)	2.50	8.3	47.2	30.6	13.9	0.0	0.0	100.0	
Timely access to dental care providers (N=35)	2.66	8.6	37.1	34.3	20.0	0.0	0.0	100.0	
Timely access to vision care providers (N=35)	2.32	8.6	51.4	34.3	2.9	0.0	2.9	100.1	
Use of emergency room services for primary healthcare (N=36)	2.94	5.6	36.1	27.8	19.4	11.1	0.0	100.0	
MENTAL HEALTH AND SUBSTANCE ABUSE									
Alcohol use and abuse (N=36)	3.19	0.0	19.4	44.4	33.3	2.8	0.0	99.9	
Dementia and Alzheimer's disease (N=37)	3.05	0.0	27.0	43.2	27.0	2.7	0.0	99.9	
Depression (N=36)	3.53	0.0	2.8	58.3	22.2	16.7	0.0	100.0	
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=34)	3.35	0.0	14.7	47.1	26.5	11.8	0.0	100.1	
Exposure to secondhand smoke (N=35)	2.80	5.7	31.4	45.7	11.4	5.7	0.0	99.9	
Smoking and tobacco use (N=35)	3.06	2.9	17.1	54.3	22.9	2.9	0.0	100.1	

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed						NA	
		1 None	2 Little	3 Moderate	4 Serious	5 Critical			
Stress (N=36)	3.47	0.0	5.6	52.8	30.6	11.1	0.0	100.1	
Suicide (N=36)	2.83	5.6	38.9	33.3	11.1	11.1	0.0	100.0	

*Percentages may not total 100.0 due to rounding.

**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

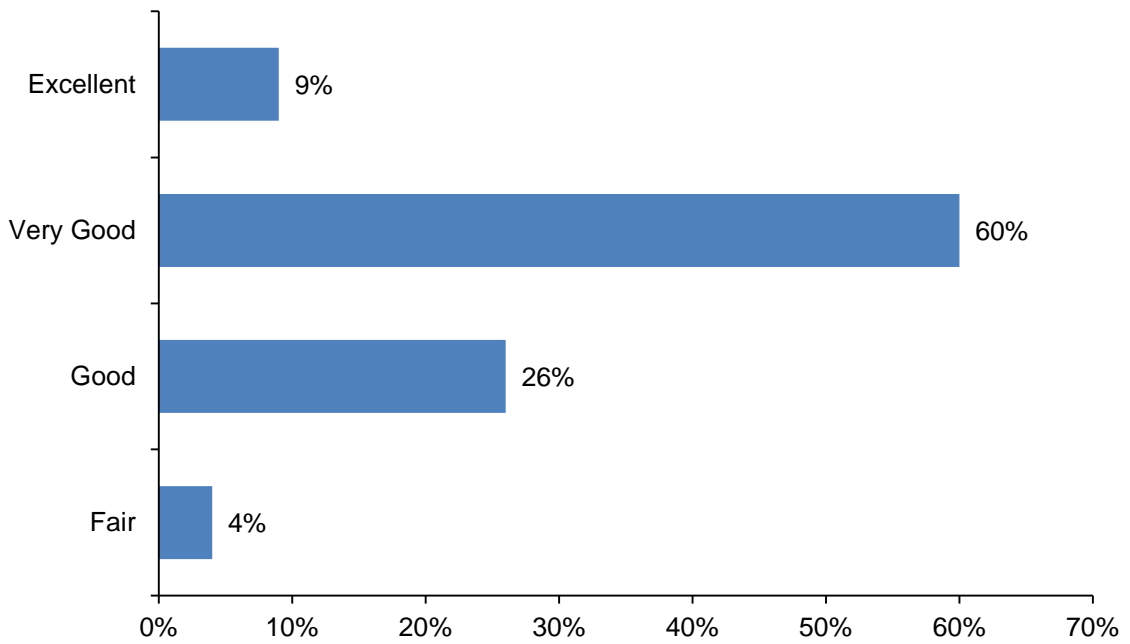
Resident Survey

Sheldon CHNA Survey Report

March 08, 2018

Charts Exported by MarketSight®

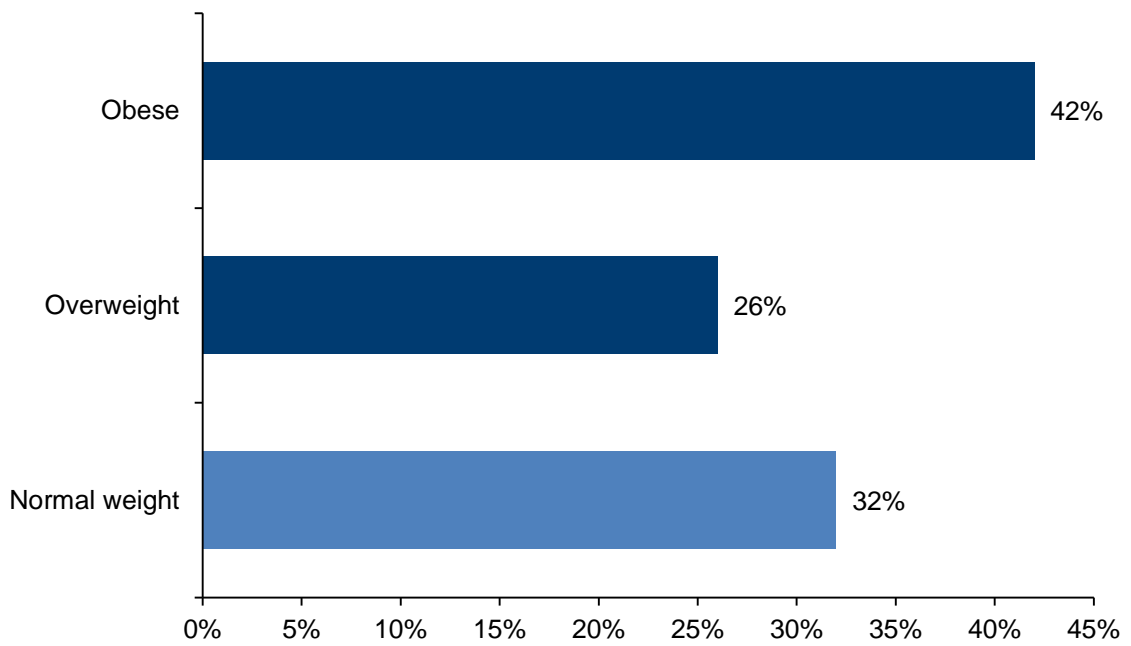
How would you rate your health?



Base: Fair (n=2), Good (n=14), Very Good (n=32), Excellent (n=5), Sample Size = 53

(Community = O'Brien / Sioux)

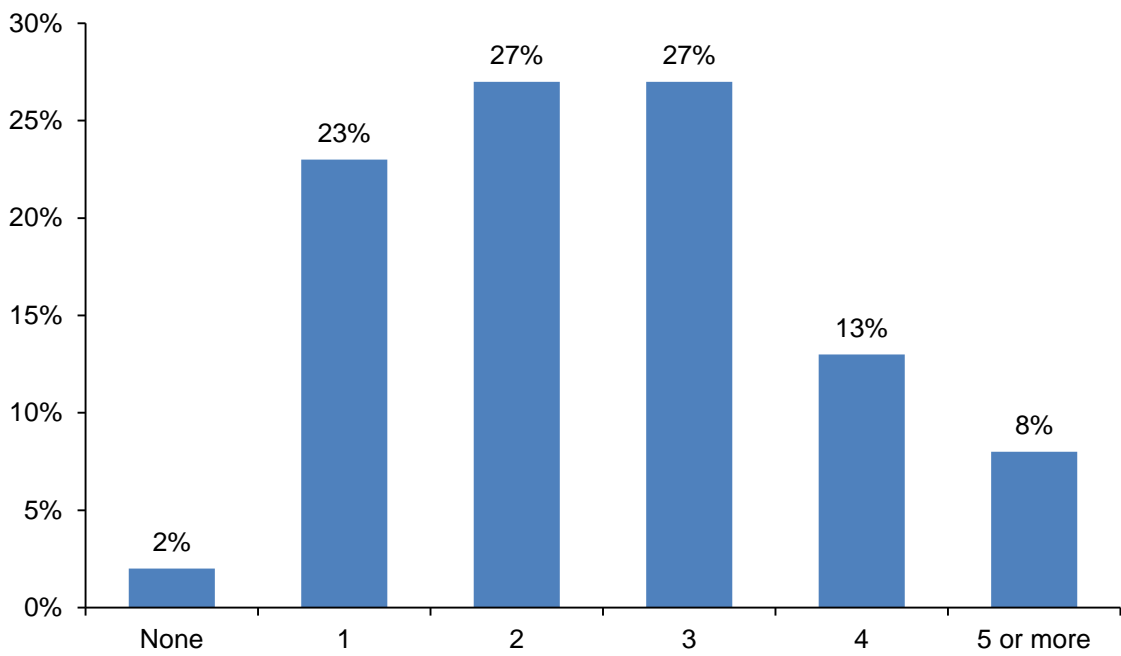
BMI



Base: Normal weight (n=17), Overweight (n=14), Obese (n=22), Sample Size = 53

(Community = O'Brien / Sioux)

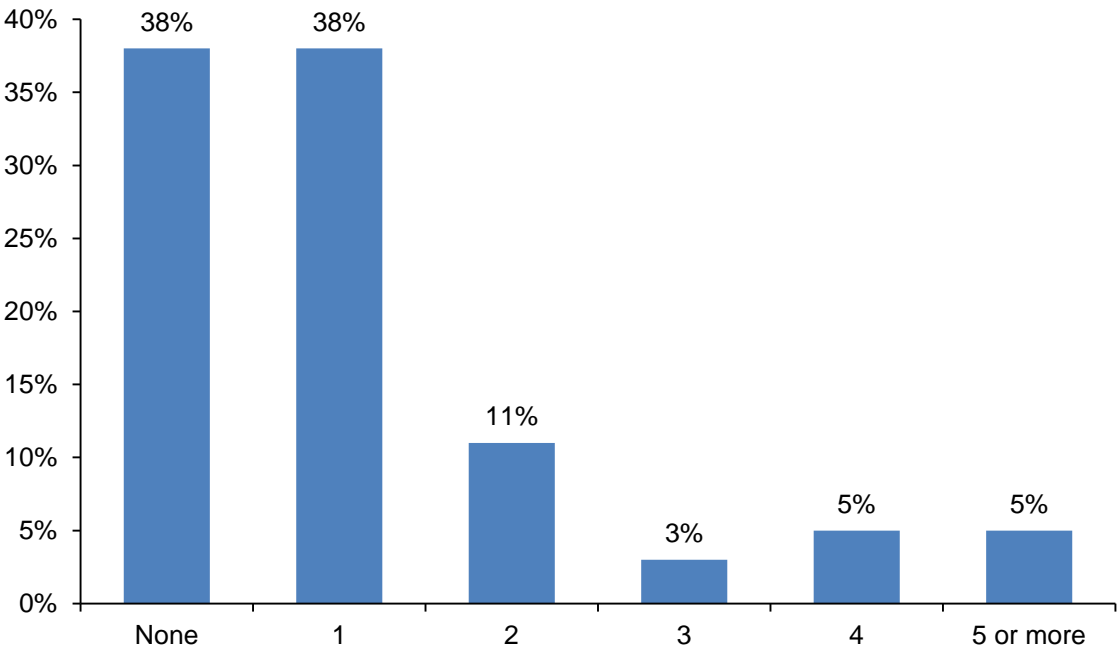
Servings of Vegetables



Base: None (n=1), 1 (n=12), 2 (n=14), 3 (n=14), 4 (n=7), 5 or more (n=4), Sample Size = 52

(Community = O'Brien / Sioux)

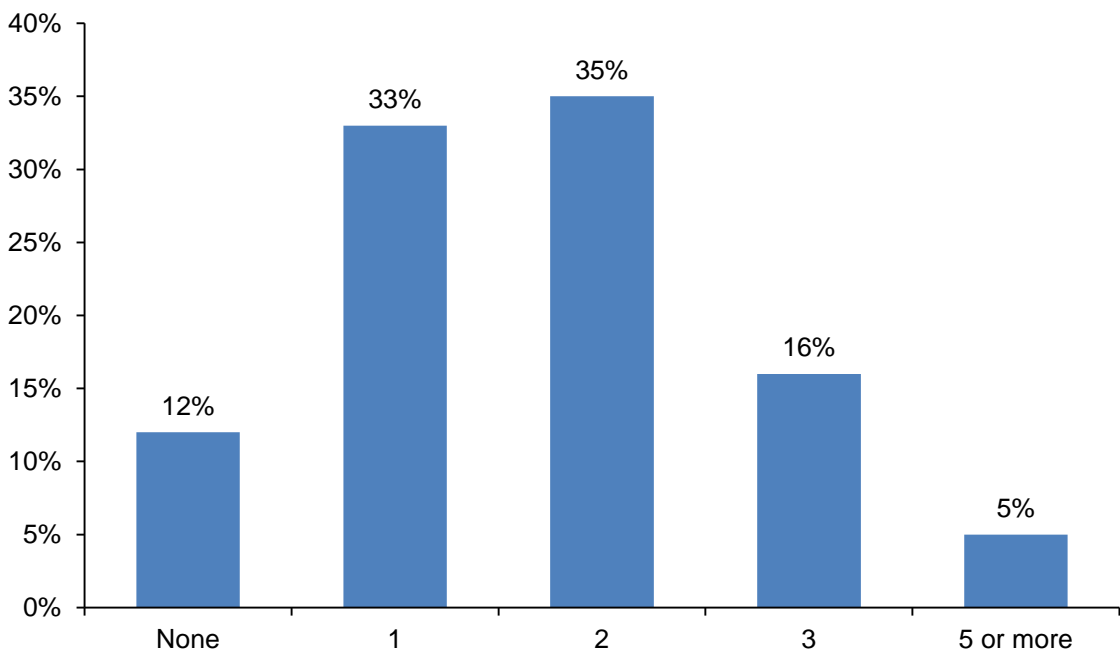
Servings of Juice



Base: None (n=14), 1 (n=14), 2 (n=4), 3 (n=1), 4 (n=2), 5 or more (n=2), Sample Size = 37

(Community = O'Brien / Sioux)

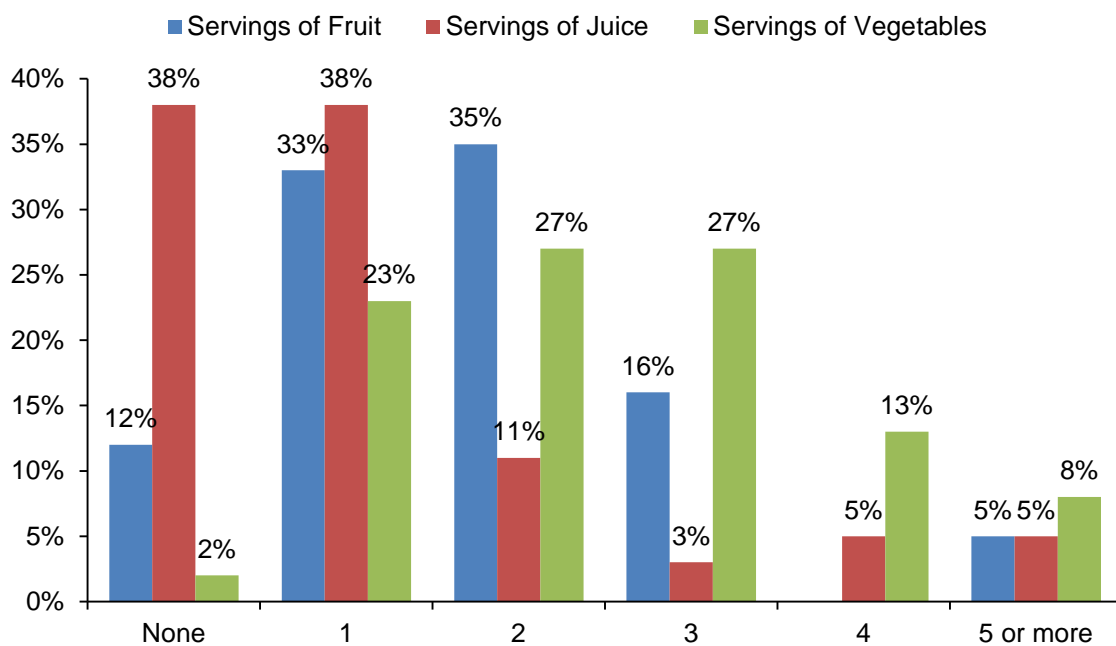
Servings of Fruit



Base: None (n=5), 1 (n=14), 2 (n=15), 3 (n=7), 5 or more (n=2), Sample Size = 43

(Community = O'Brien / Sioux)

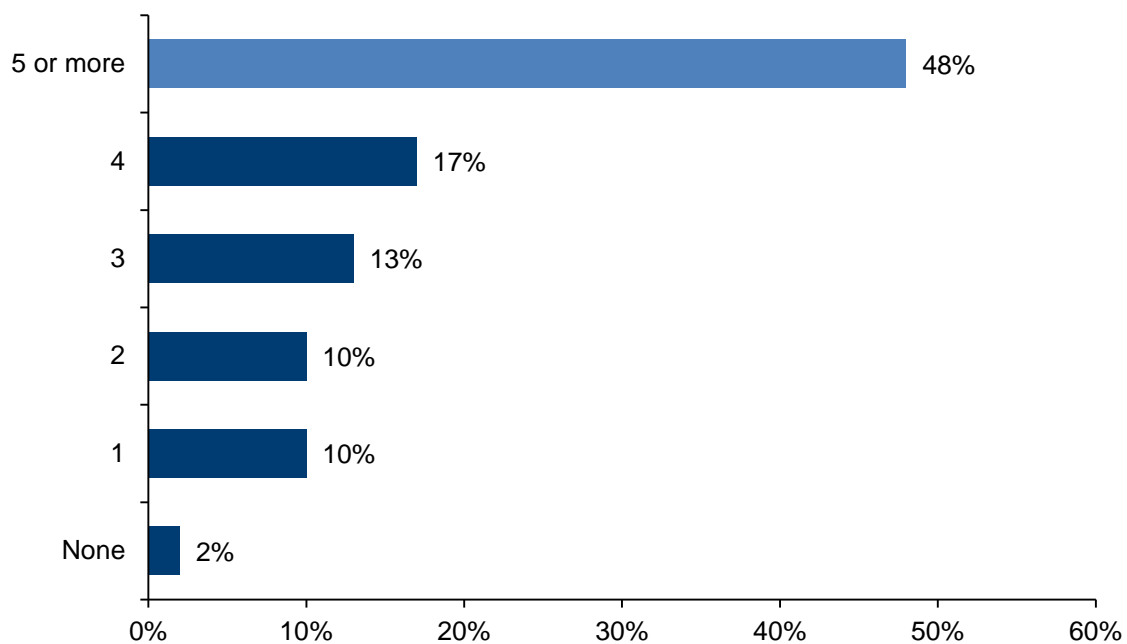
Servings of Fruit, Vegetables and Juice



Sample Size = Variable

(Community = O'Brien / Sioux)

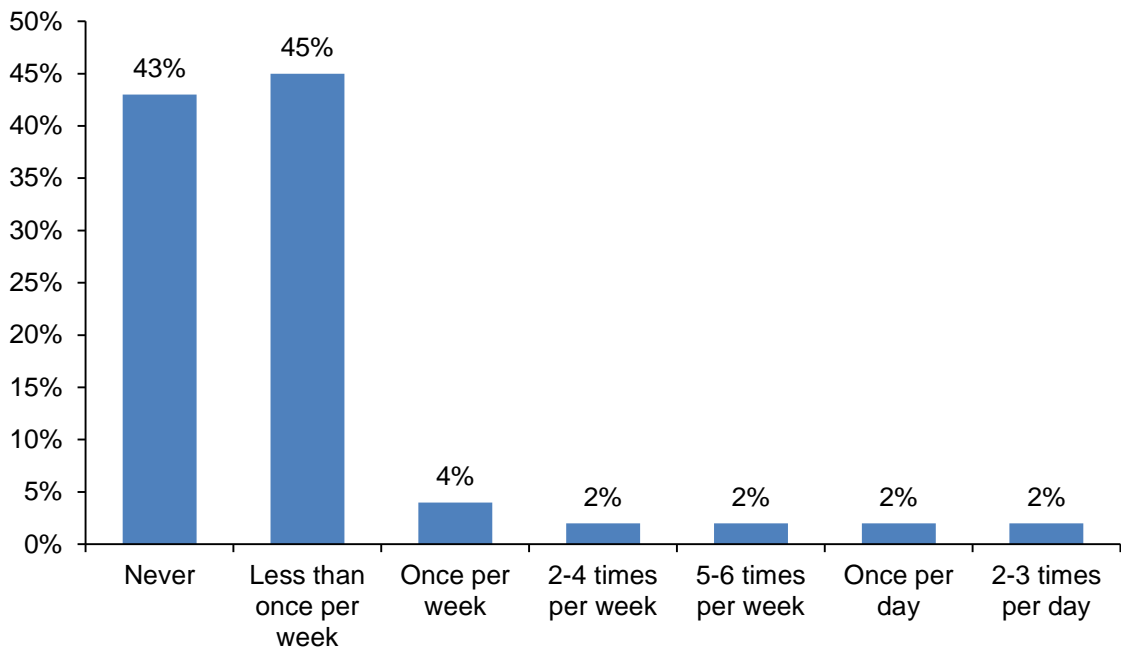
Total Servings of Fruits, Vegetables and Juice



Base: None (n=1), 1 (n=5), 2 (n=5), 3 (n=7), 4 (n=9), 5 or more (n=25), Sample Size = 52

(Community = O'Brien / Sioux)

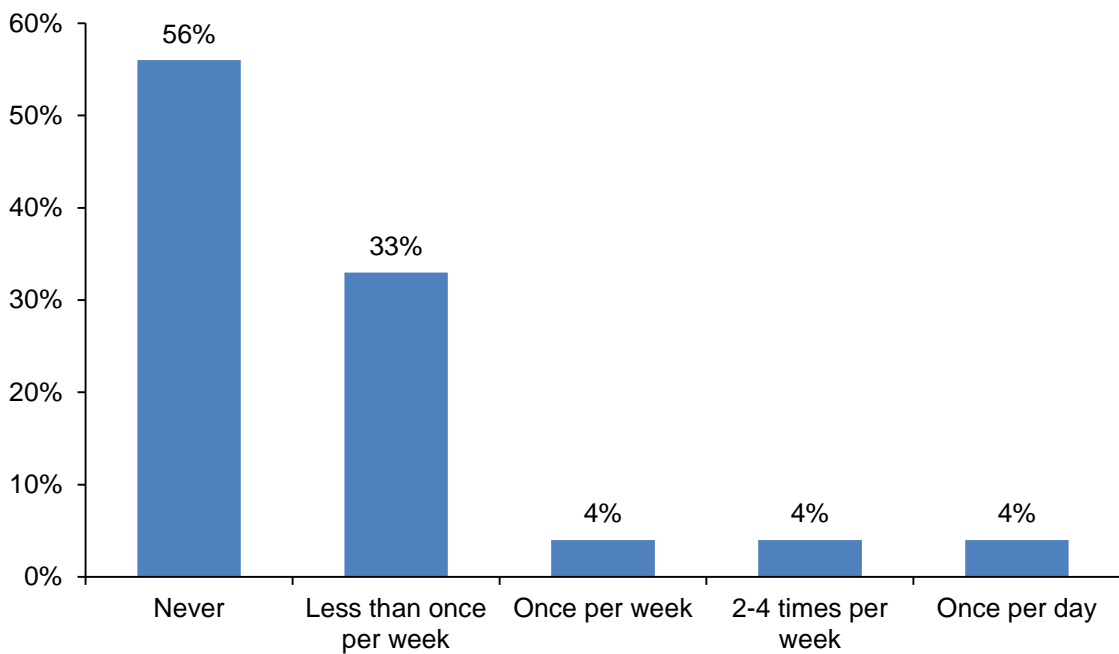
Snapple, Flavored Teas, Capri Sun, etc.



Base: Never (n=22), Less than once per week (n=23), Once per week (n=2), 2-4 times per week (n=1), 5-6 times per week (n=1), Once per day (n=1), 2-3 times per day (n=1), Sample Size = 51

(Community = O'Brien / Sioux)

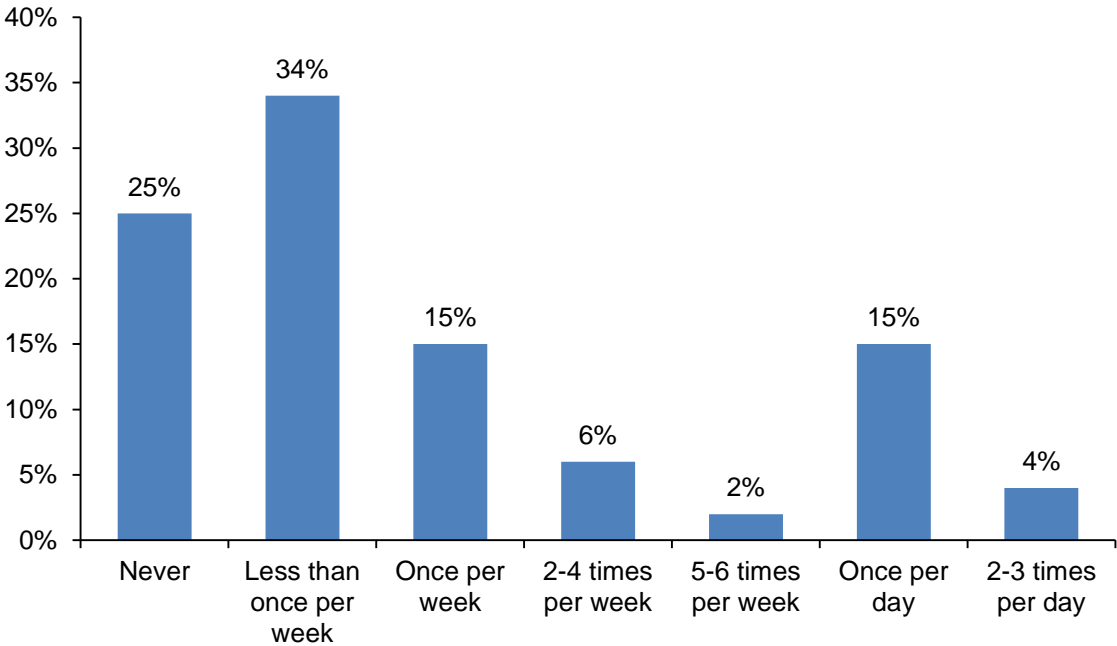
Gatorade, Powerade, etc.



Base: Never (n=29), Less than once per week (n=17), Once per week (n=2), 2-4 times per week (n=2), Once per day (n=2), Sample Size = 52

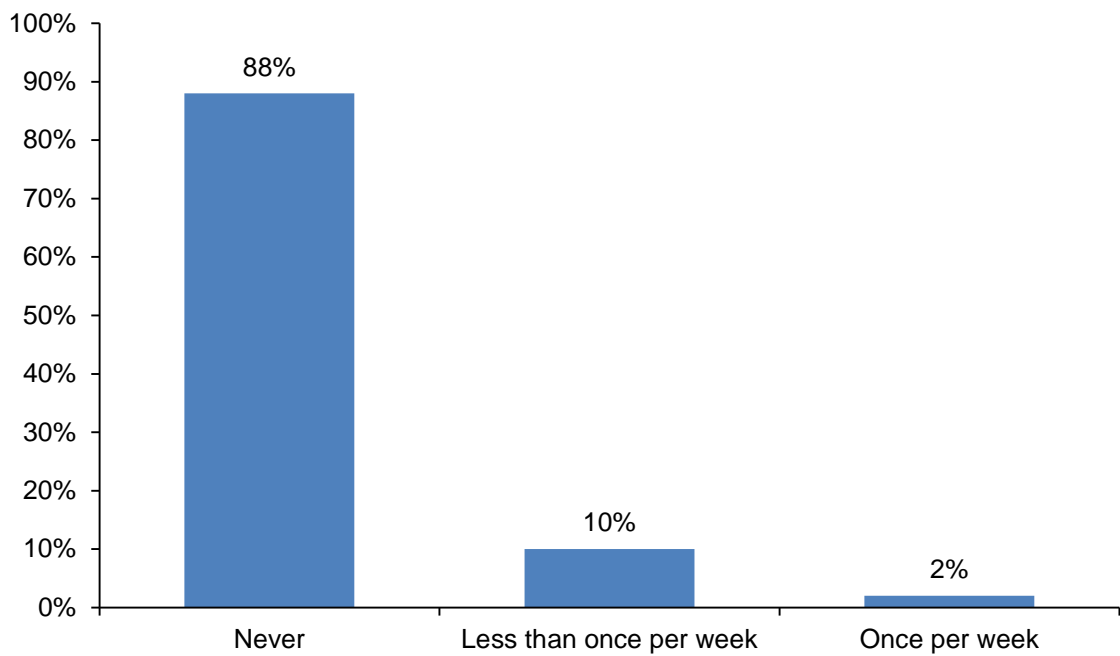
(Community = O'Brien / Sioux)

Soda or Pop



Base: Never (n=13), Less than once per week (n=18), Once per week (n=8), 2-4 times per week (n=3), 5-6 times per week (n=1), Once per day (n=8), 2-3 times per day (n=2), Sample Size = 53
(Community = O'Brien / Sioux)

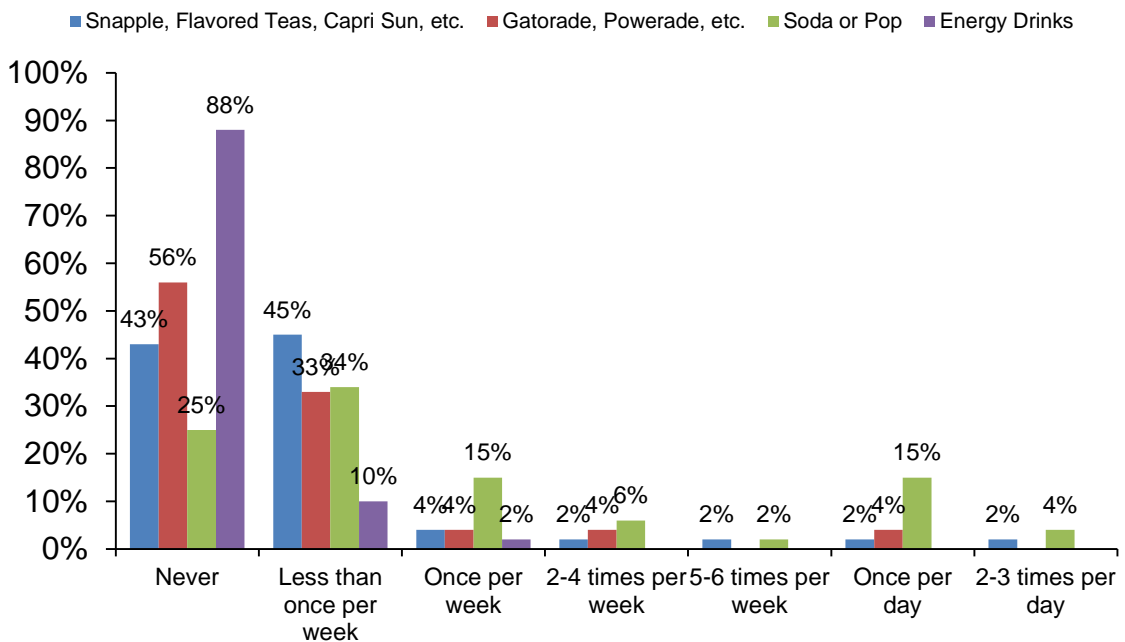
Energy Drinks



Base: Never (n=45), Less than once per week (n=5), Once per week (n=1), Sample Size = 51

(Community = O'Brien / Sioux)

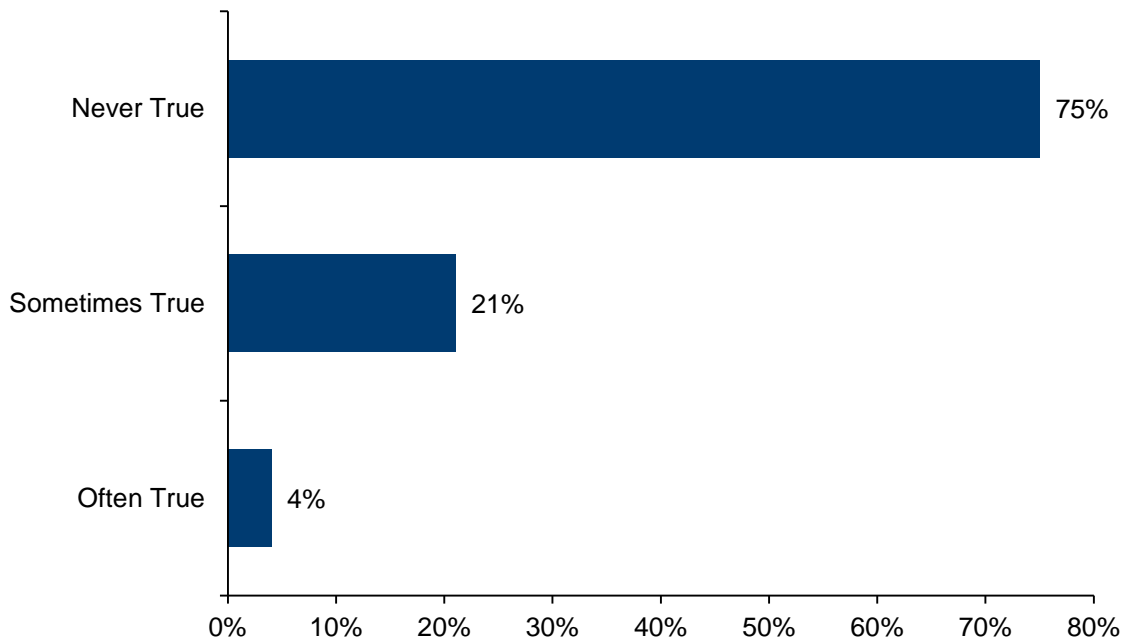
Sugar Sweetened Drinks



Sample Size = Variable

(Community = O'Brien / Sioux)

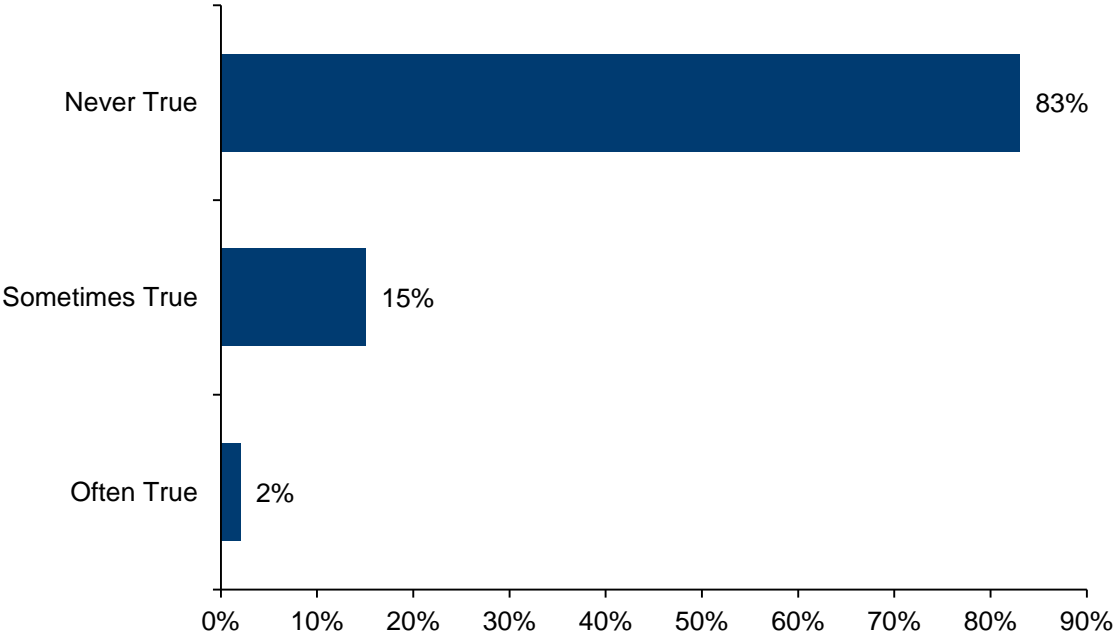
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=2), Sometimes True (n=11), Never True (n=40), Sample Size = 53

(Community = O'Brien / Sioux)

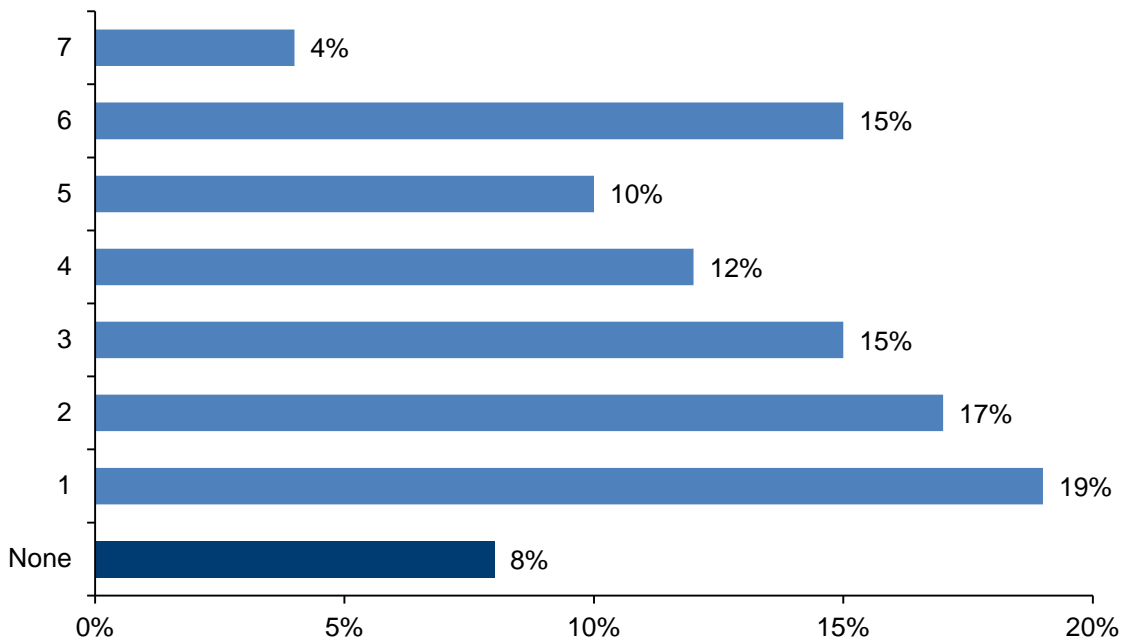
The food that we bought just didn't last, and we didn't have money to get more.



Base: Often True (n=1), Sometimes True (n=8), Never True (n=44), Sample Size = 53

(Community = O'Brien / Sioux)

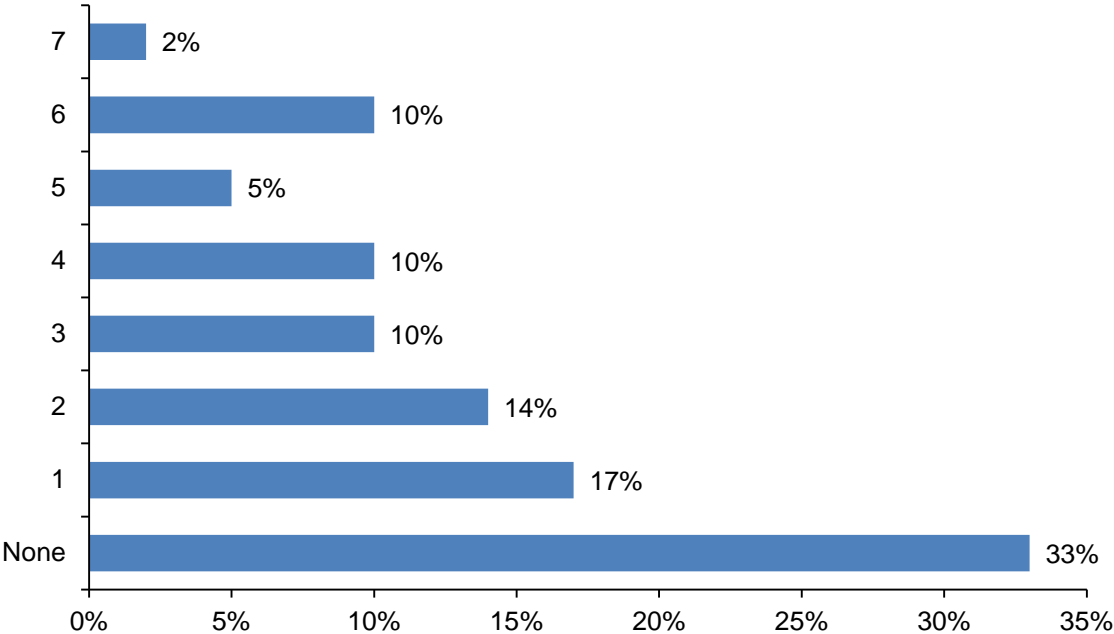
Days Per Week of Moderate Physical Activity



Base: None (n=4), 1 (n=9), 2 (n=8), 3 (n=7), 4 (n=6), 5 (n=5), 6 (n=7), 7 (n=2), Sample Size = 48

(Community = O'Brien / Sioux)

Days Per Week of Vigorous Physical Activity

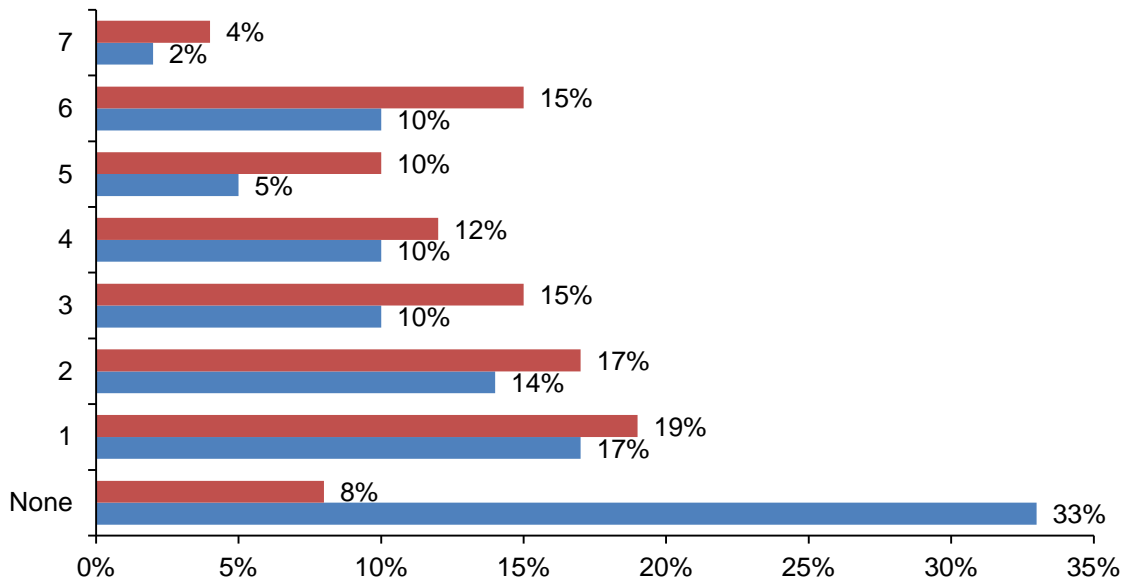


Base: None (n=14), 1 (n=7), 2 (n=6), 3 (n=4), 4 (n=4), 5 (n=2), 6 (n=4), 7 (n=1), Sample Size = 42

(Community = O'Brien / Sioux)

Days Per Week of Physical Activity

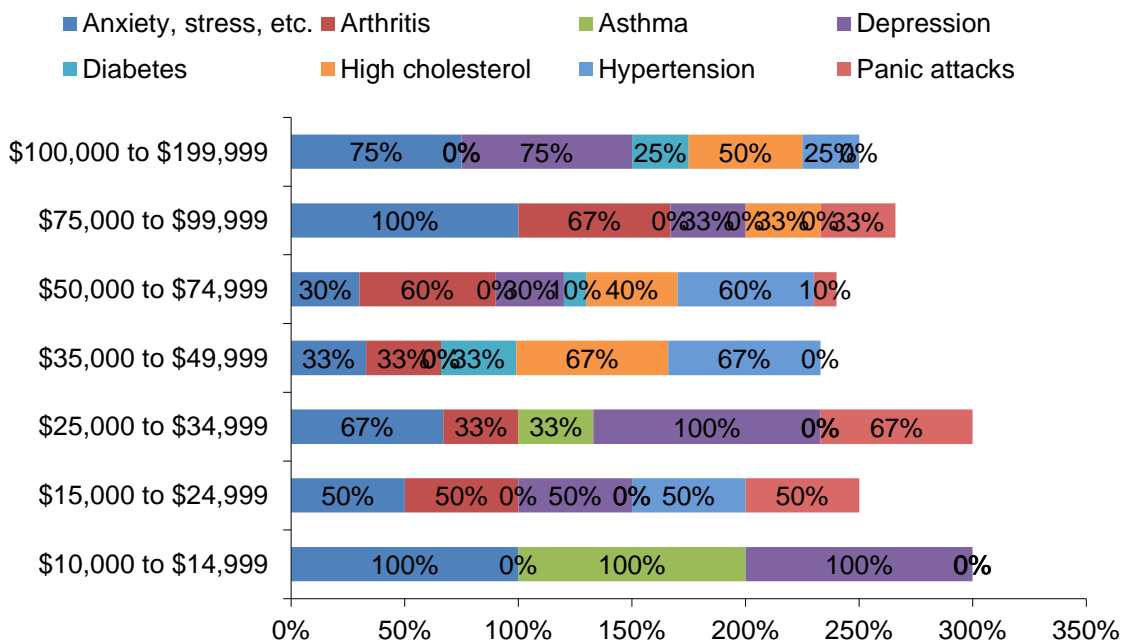
Moderate Activity Vigorous Activity



Sample Size = Variable

(Community = O'Brien / Sioux)

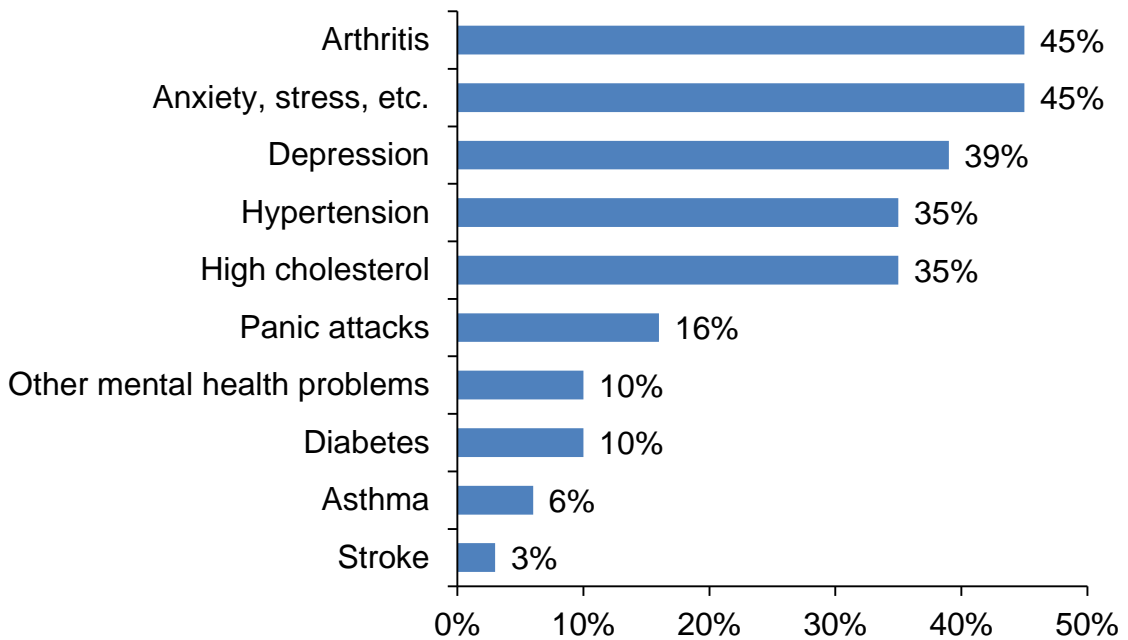
Past Diagnosis by Total Household Income



Base: \$10,000 to \$14,999 (n=1), \$15,000 to \$24,999 (n=2), \$25,000 to \$34,999 (n=3), \$35,000 to \$49,999 (n=3), \$50,000 to \$74,999 (n=10), \$75,000 to \$99,999 (n=3), \$100,000 to \$199,999 (n=4), Sample Size = 26

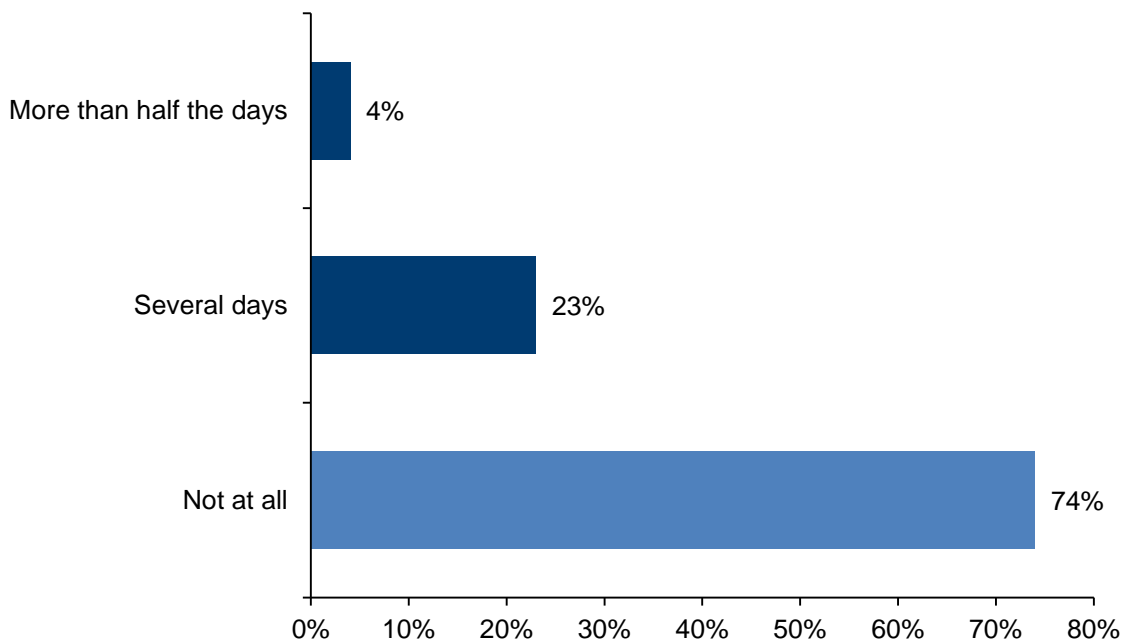
(Community = O'Brien / Sioux)

Past Diagnosis



Base: Anxiety, stress, etc. (n=14), Arthritis (n=14), Asthma (n=2), Depression (n=12), Diabetes (n=3), High cholesterol (n=11), Hypertension (n=11), Other mental health problems (n=3), Panic attacks (n=5), Stroke (n=1), Sample Size = 31
(Community = O'Brien / Sioux)

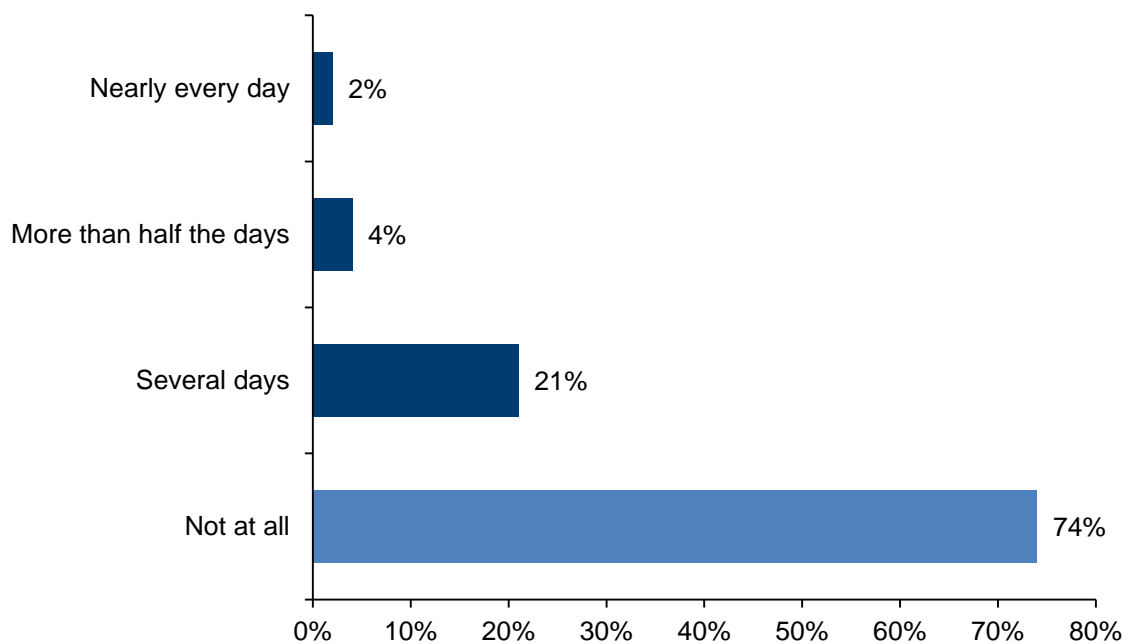
Little Interest or Pleasure in Doing Things



Base: Not at all (n=39), Several days (n=12), More than half the days (n=2), Sample Size = 53

(Community = O'Brien / Sioux)

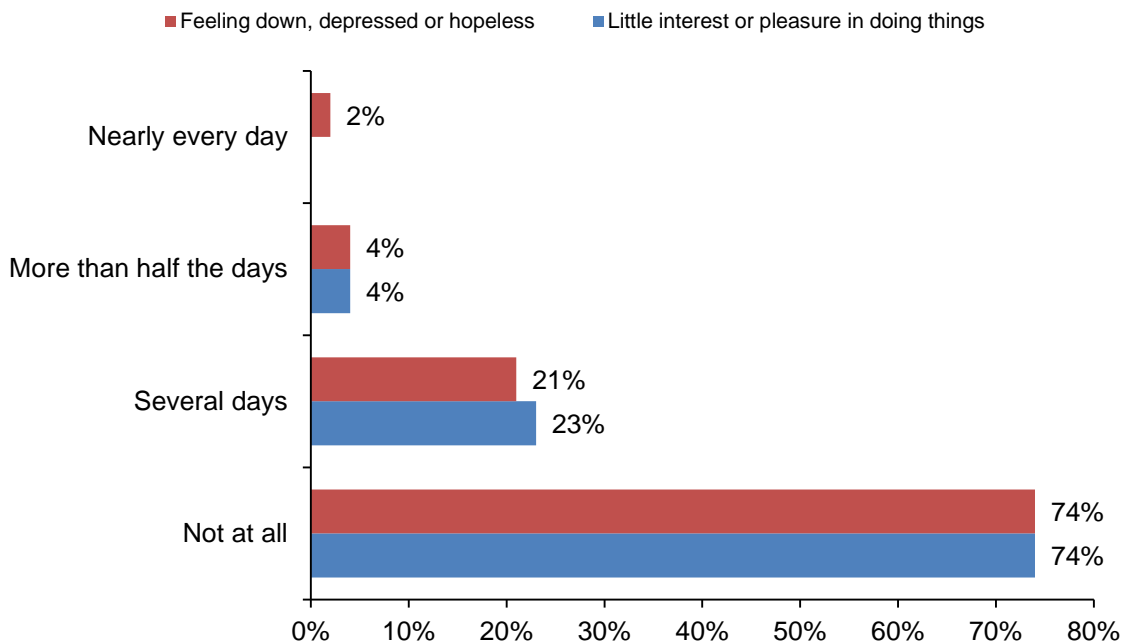
Feeling Down, Depressed or Hopeless



Base: Not at all (n=39), Several days (n=11), More than half the days (n=2), Nearly every day (n=1), Sample Size = 53

(Community = O'Brien / Sioux)

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

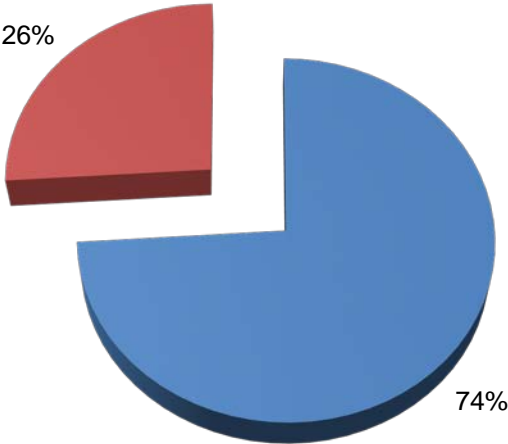


Sample Size = 53

(Community = O'Brien / Sioux)

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

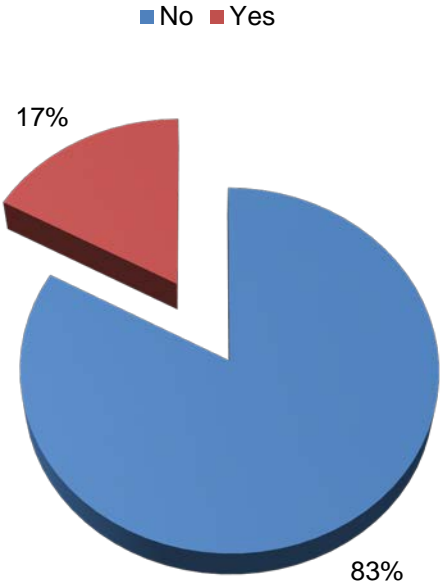
■ No ■ Yes



Base: Yes (n=14), No (n=39), Sample Size = 53

(Community = O'Brien / Sioux)

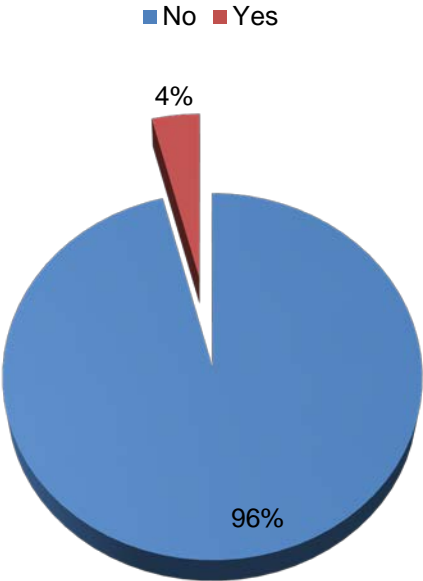
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=9), No (n=44), Sample Size = 53

(Community = O'Brien / Sioux)

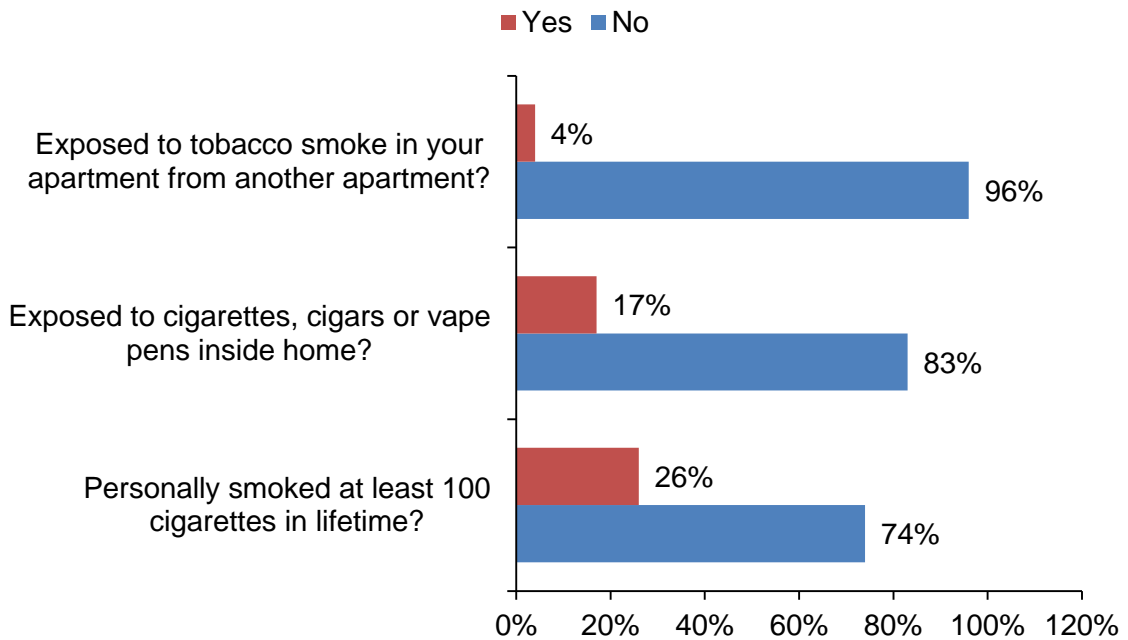
Have you smelled tobacco smoke in your apartment that comes from another apartment?



Base: Yes (n=2), No (n=50), Sample Size = 52

(Community = O'Brien / Sioux)

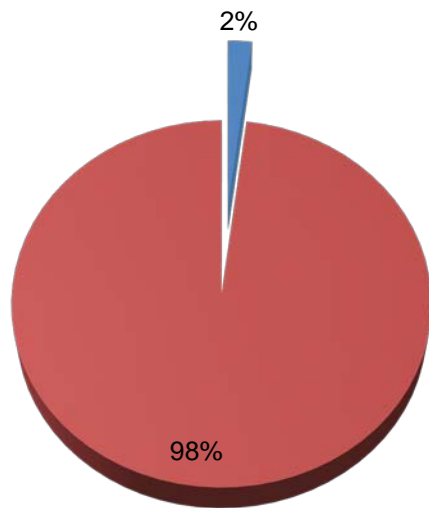
Exposure to Tobacco Smoke



Base: Personally smoked at least 100 cigarettes in lifetime? (n=53), Exposed to cigarettes, cigars or vape pens inside home? (n=53), Exposed to tobacco smoke in your apartment from another apartment? (n=52), Sample Size = Variable (Community = O'Brien / Sioux)

Do you currently smoke cigarettes?

■ Every day ■ Not at all

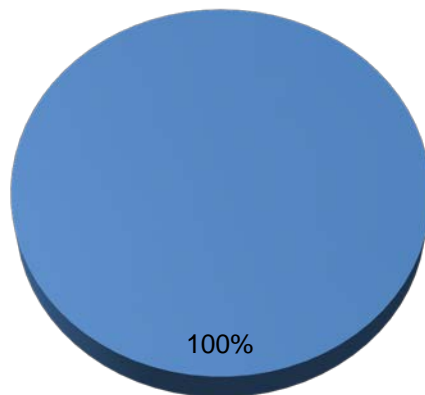


Base: Not at all (n=51), Every day (n=1), Sample Size = 52

(Community = O'Brien / Sioux)

Do you currently use chewing tobacco?

■ Not at all

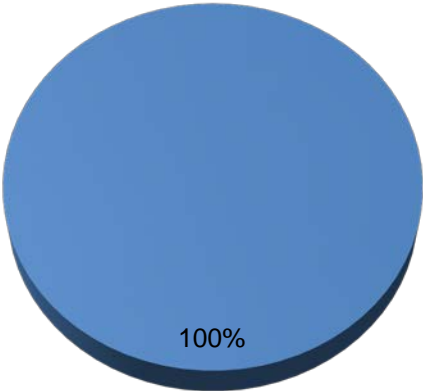


Base: Not at all (n=52), Sample Size = 52

(Community = O'Brien / Sioux)

Do you currently use electronics cigarettes or vape?

■ Not at all

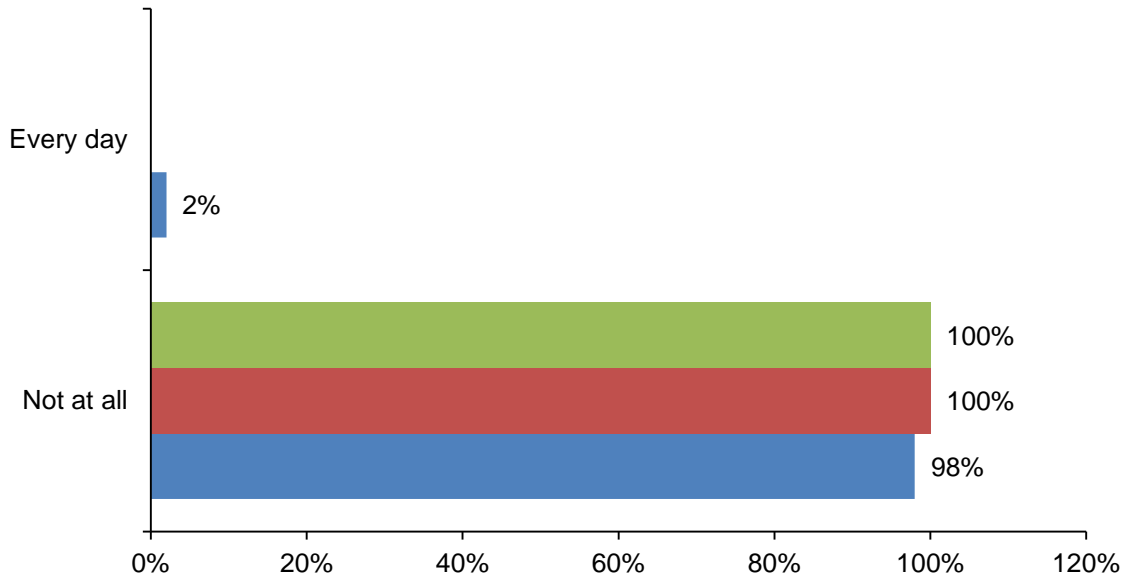


Base: Not at all (n=52), Sample Size = 52

(Community = O'Brien / Sioux)

Current Tobacco Use

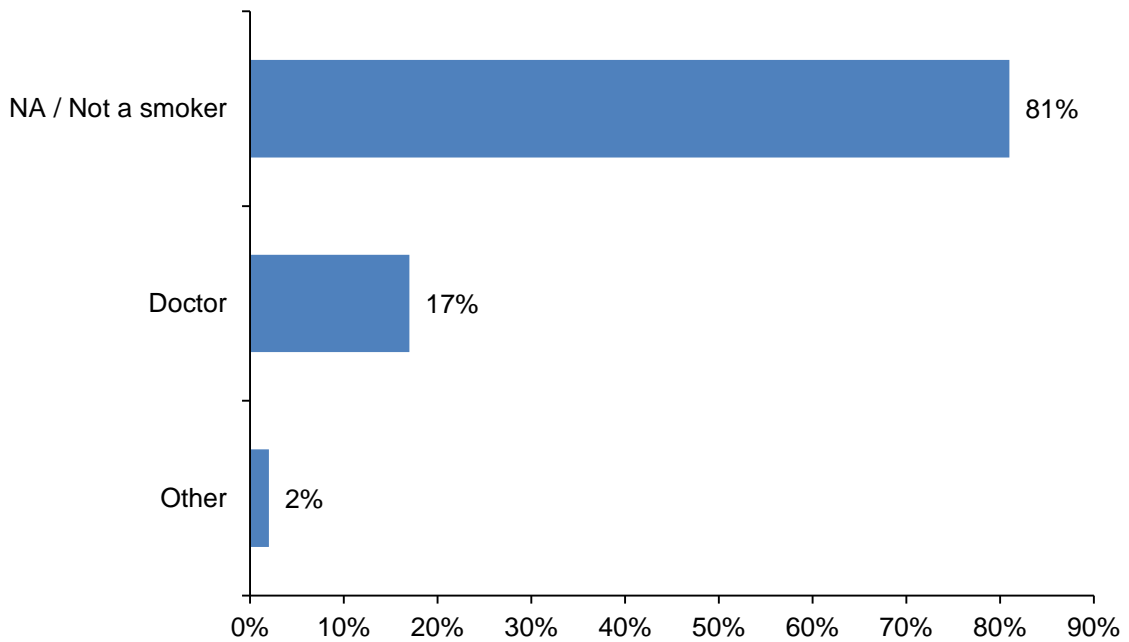
■ Electronics cigarettes ■ Chewing tobacco ■ Cigarettes



Sample Size = 52

(Community = O'Brien / Sioux)

Where would you go for help if you wanted to quit using tobacco products?

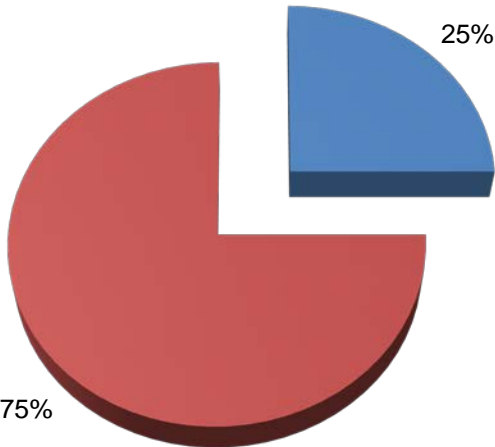


Base: NA / Not a smoker (n=42), Doctor (n=9), Other (n=1), Sample Size = 52

(Community = O'Brien / Sioux)

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

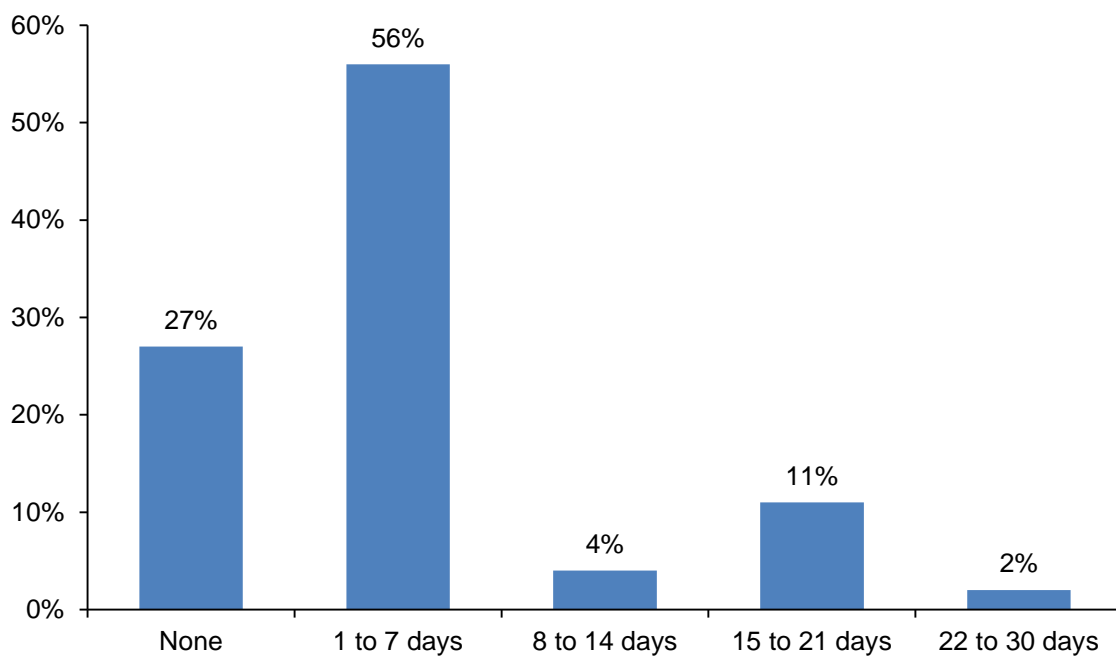
■ Yes ■ No



Base: Yes (n=1), No (n=3), Sample Size = 4

(Community = O'Brien / Sioux)

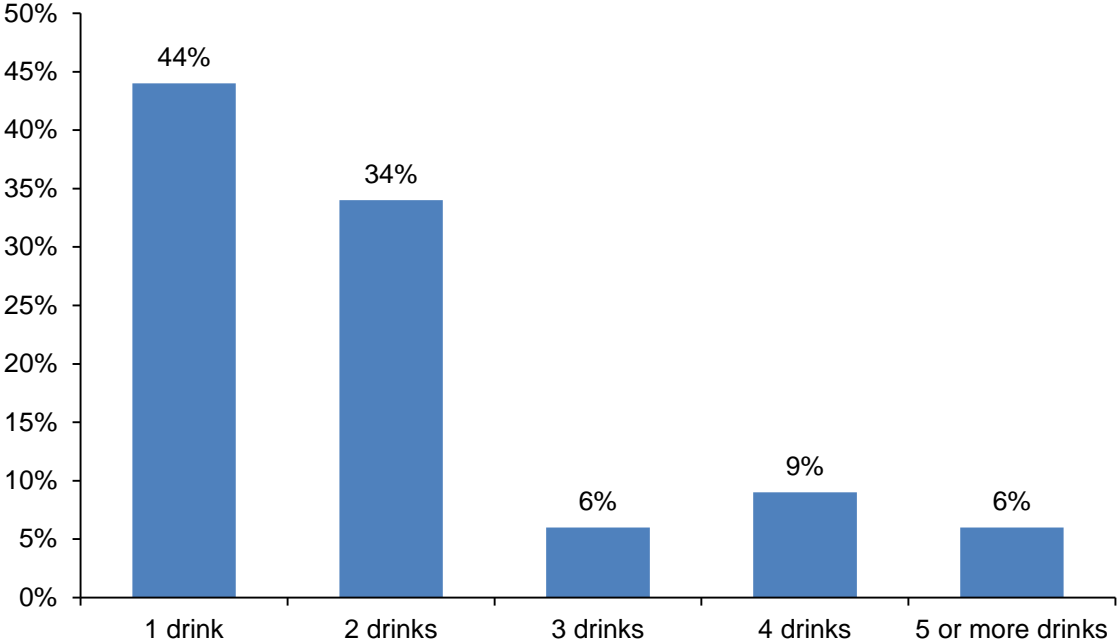
Number of days with at least 1 drink in the past 30 days



Base: None (n=12), 1 to 7 days (n=25), 8 to 14 days (n=2), 15 to 21 days (n=5), 22 to 30 days (n=1), Sample Size = 45

(Community = O'Brien / Sioux)

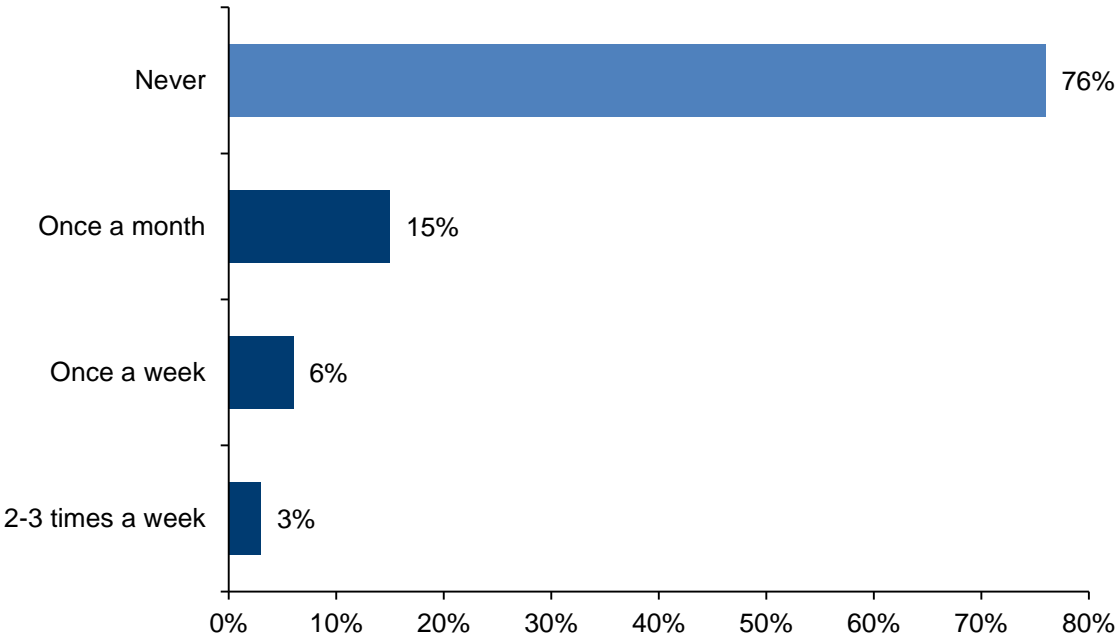
Average number of drinks per day when you drink



Base: 1 drink (n=14), 2 drinks (n=11), 3 drinks (n=2), 4 drinks (n=3), 5 or more drinks (n=2), Sample Size = 32

(Community = O'Brien / Sioux)

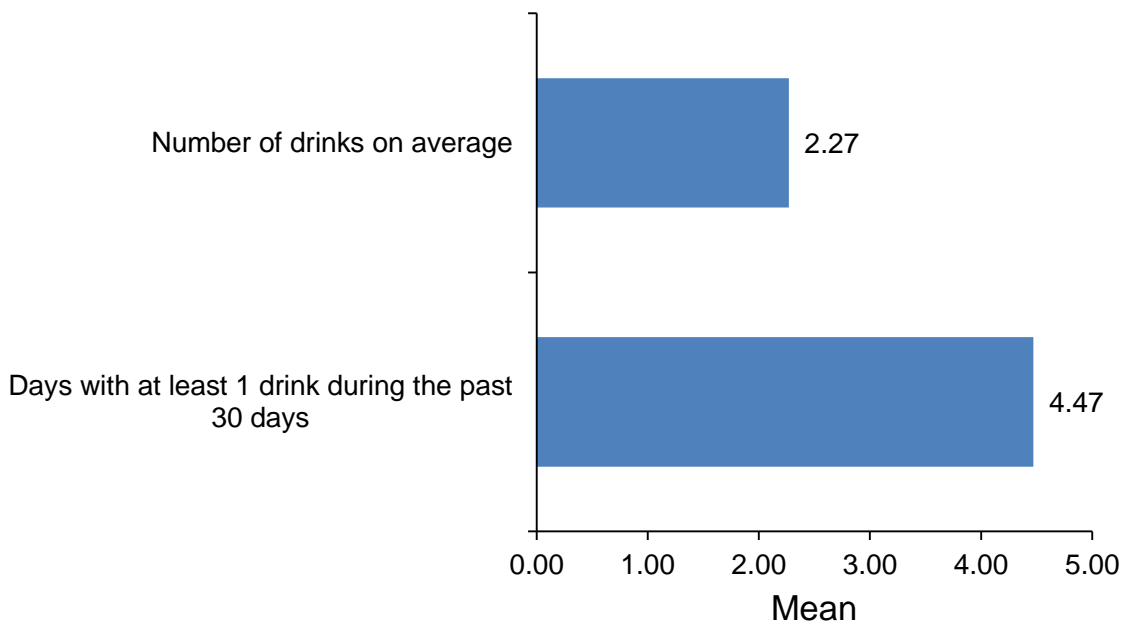
Binge Drinking



Base: 2-3 times a week (n=1), Once a week (n=2), Once a month (n=5), Never (n=25), Sample Size = 33

(Community = O'Brien / Sioux)

Average Alcohol Use During the Past 30 Days

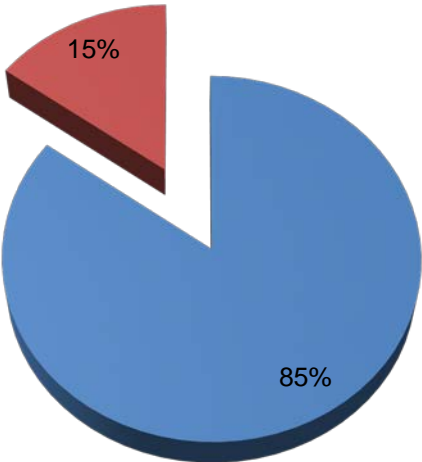


Base: Days with at least 1 drink during the past 30 days (n=45), Number of drinks on average (n=33), Sample Size = Variable

(Community = O'Brien / Sioux)

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

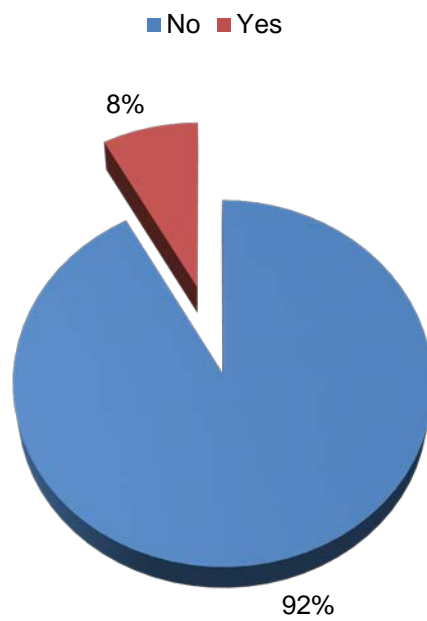
■ No ■ Yes



Base: Yes (n=8), No (n=45), Sample Size = 53

(Community = O'Brien / Sioux)

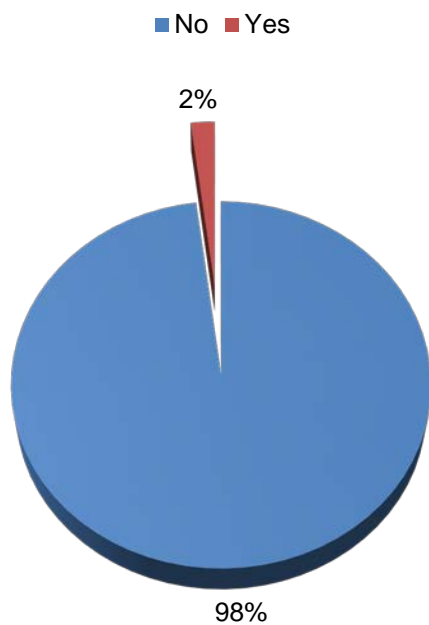
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=4), No (n=49), Sample Size = 53

(Community = O'Brien / Sioux)

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

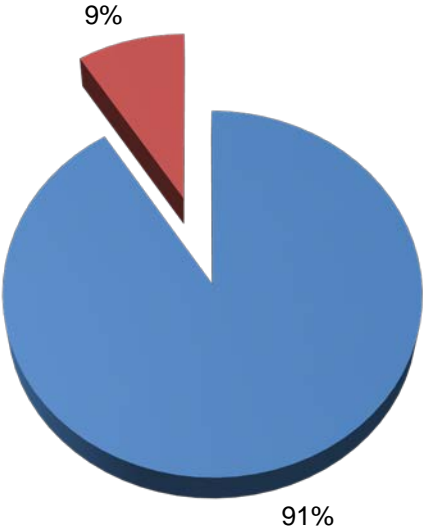


Base: Yes (n=1), No (n=52), Sample Size = 53

(Community = O'Brien / Sioux)

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

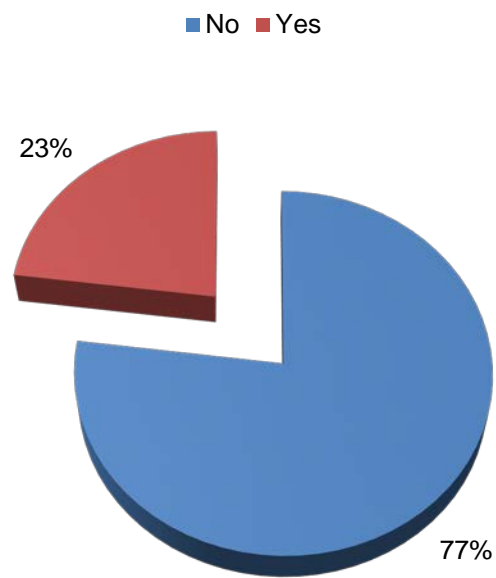
■ No ■ Yes



Base: Yes (n=5), No (n=48), Sample Size = 53

(Community = O'Brien / Sioux)

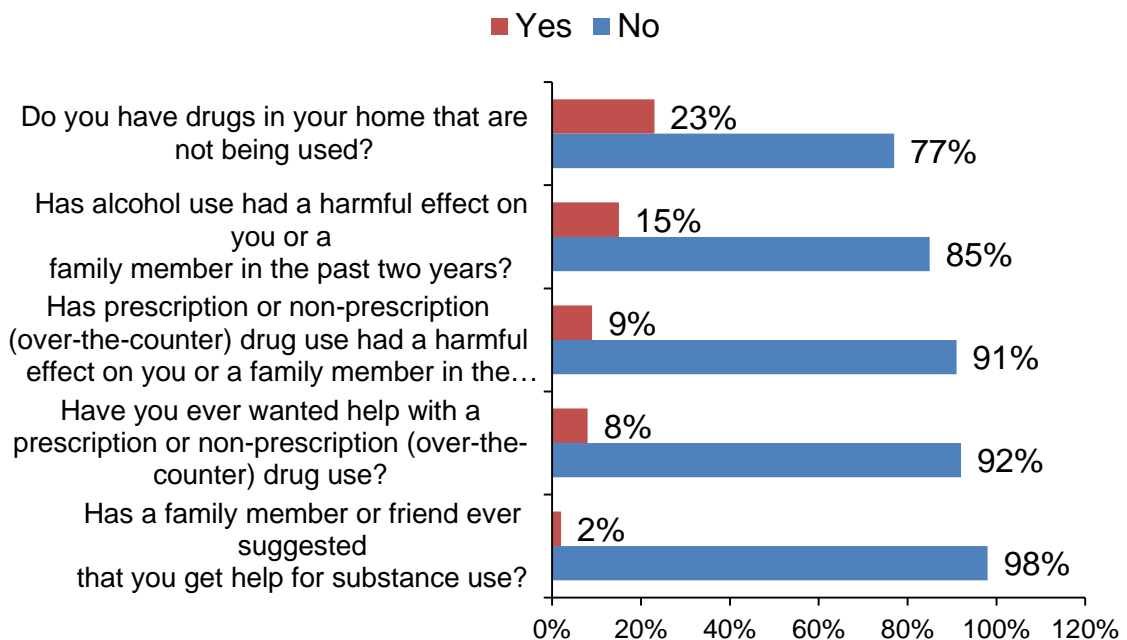
Do you have drugs in your home that are not being used?



Base: Yes (n=12), No (n=41), Sample Size = 53

(Community = O'Brien / Sioux)

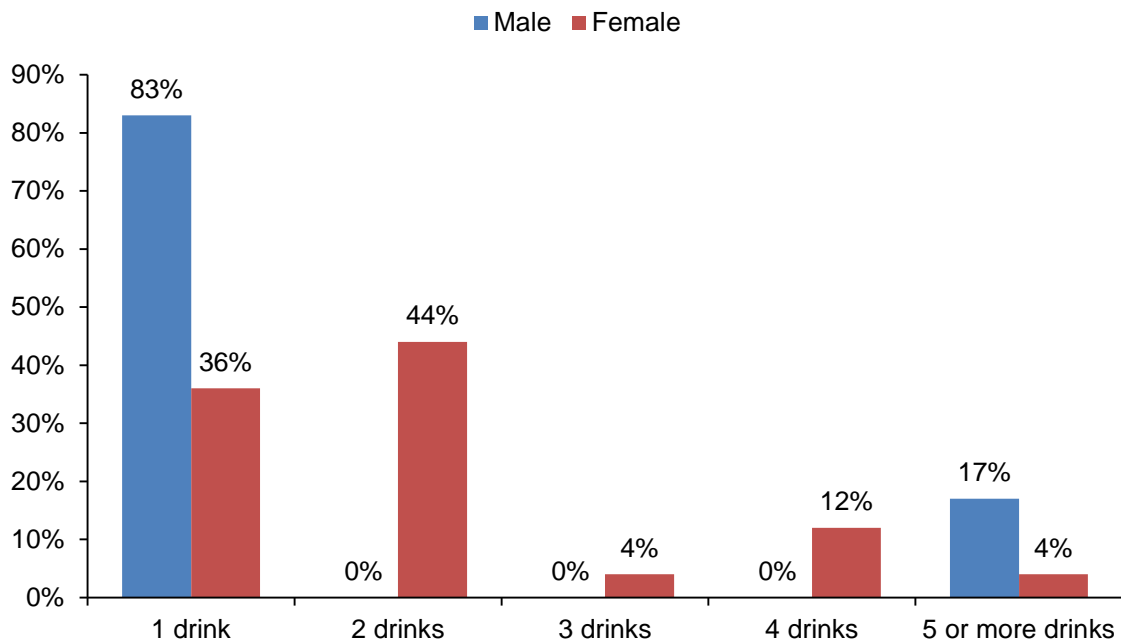
Drug and Alcohol Issues



Sample Size = 53

(Community = O'Brien / Sioux)

Average number of drinks per day when you drink by gender

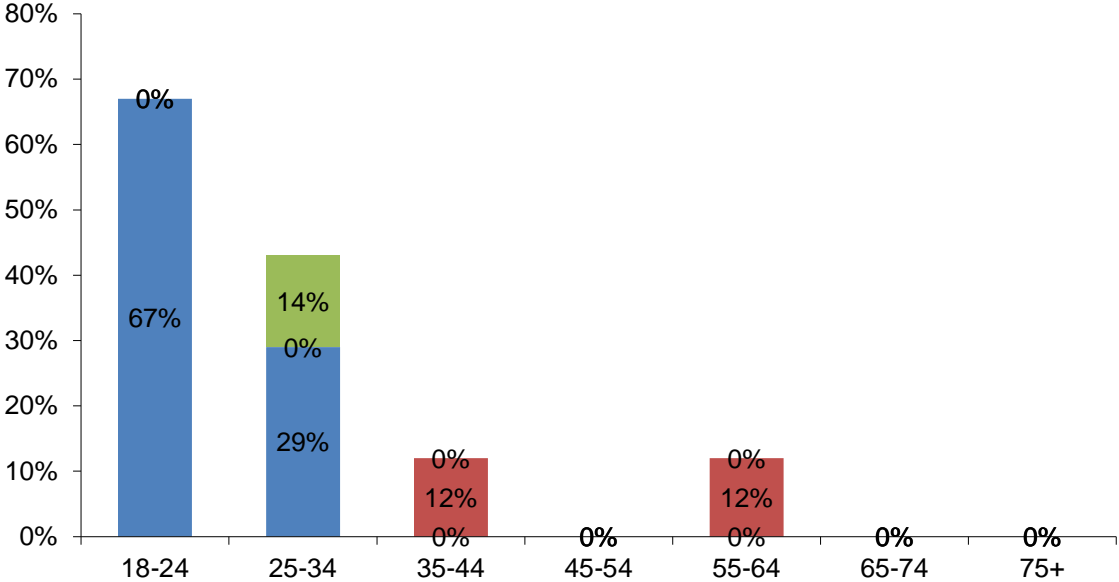


Base: 1 drink (n=14), 2 drinks (n=11), 3 drinks (n=1), 4 drinks (n=3), 5 or more drinks (n=2), Sample Size = 31

(Community = O'Brien / Sioux)

Binge Drinking past 30 days by Age

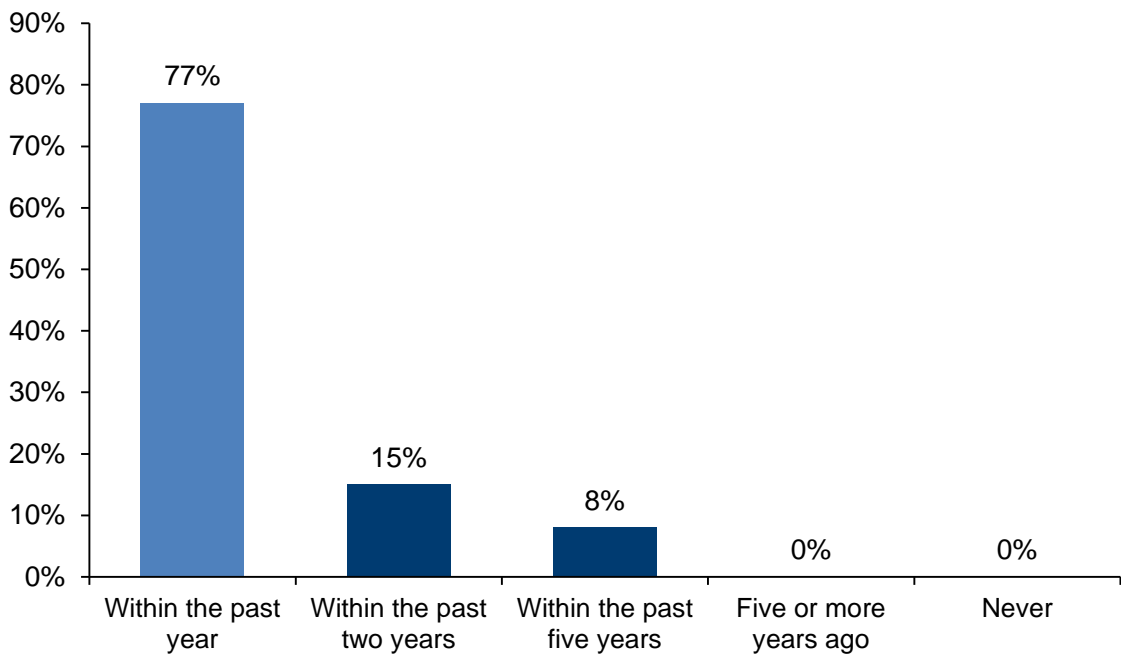
Once a month Once a week 2-3 times a week



Base: 18-24 (n=3), 25-34 (n=7), 35-44 (n=8), 45-54 (n=4), 55-64 (n=8), 65-74 (n=1), 75+ (n=1), Sample Size = 32

(Community = O'Brien / Sioux)

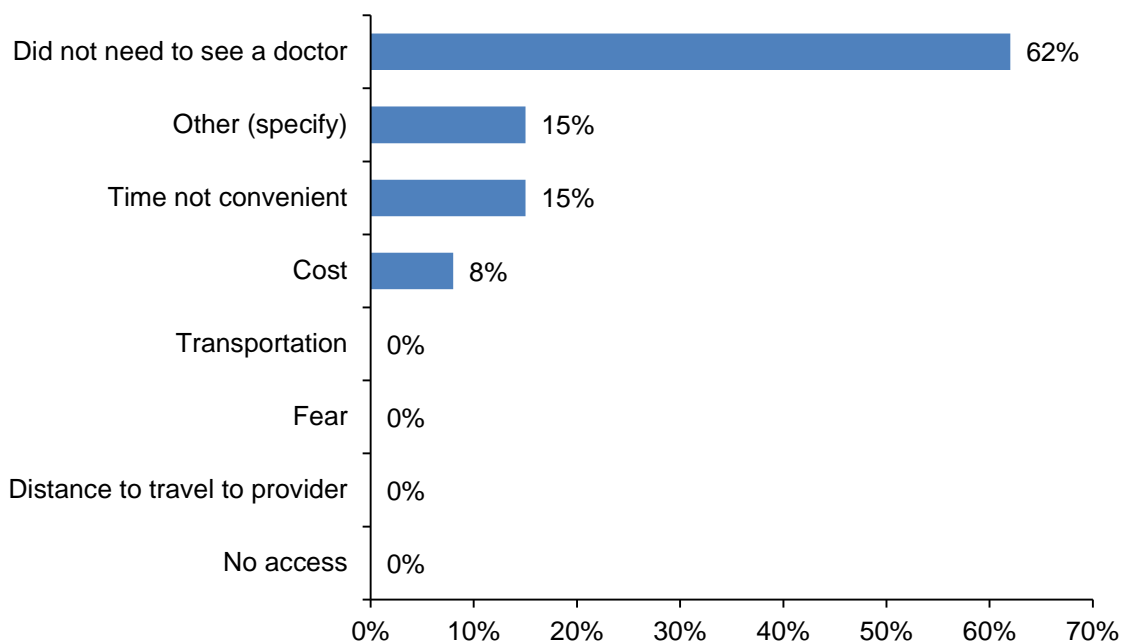
How long has it been since you last visited a doctor or health care provider for a routine checkup?



Base: Within the past year (n=40), Within the past two years (n=8), Within the past five years (n=4), Five or more years ago (n=0), Never (n=0),
Sample Size = 52

(Community = O'Brien / Sioux)

Barriers to Routine Checkup



Base: No access (n=0), Distance to travel to provider (n=0), Cost (n=1), Fear (n=0), Transportation (n=0), Time not convenient (n=2), Did not need to see a doctor (n=8), Other (specify) (n=2), Sample Size = 13

(Community = O'Brien / Sioux)

Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?

■ Yes ■ No ■ Don't know / Unsure

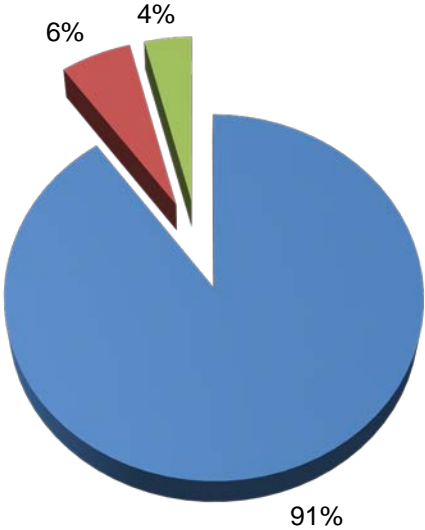


Base: Yes (n=49), No (n=4), Don't know / Unsure (n=0), Sample Size = 53

(Community = O'Brien / Sioux)

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

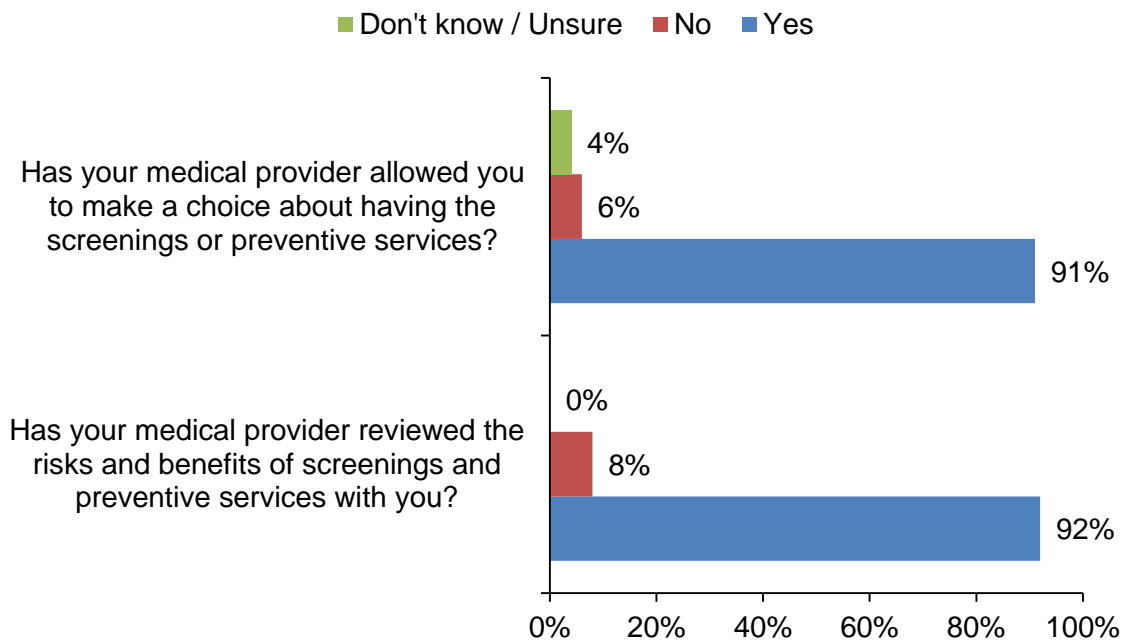
■ Yes ■ No ■ Don't know / Unsure



Base: Yes (n=48), No (n=3), Don't know / Unsure (n=2), Sample Size = 53

(Community = O'Brien / Sioux)

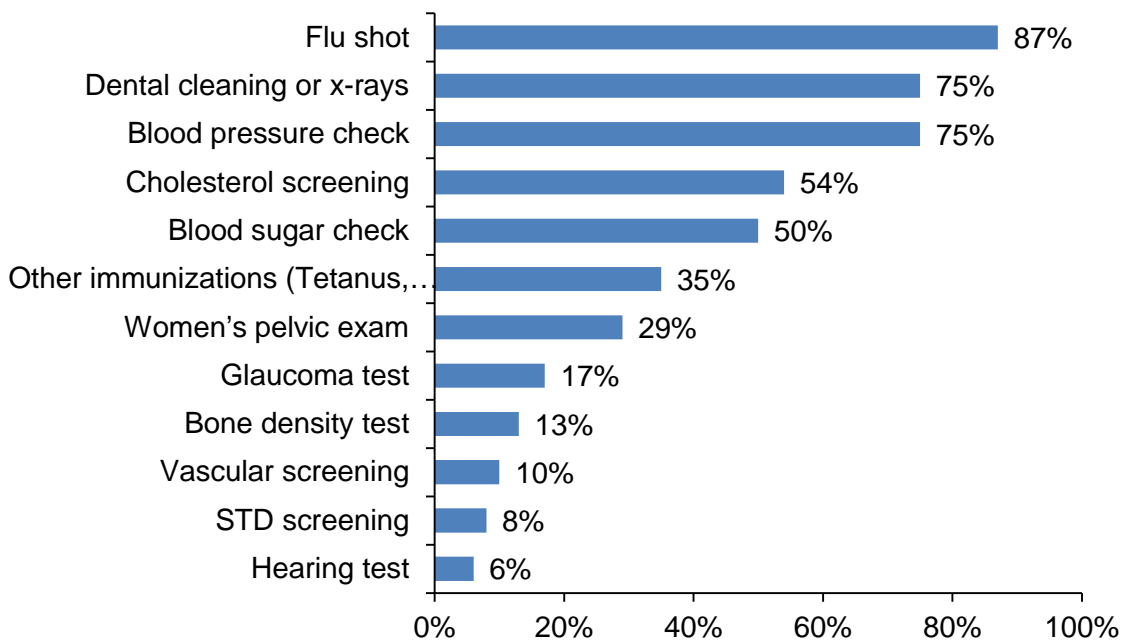
Screenings



Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=53), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=53), Sample Size = 53

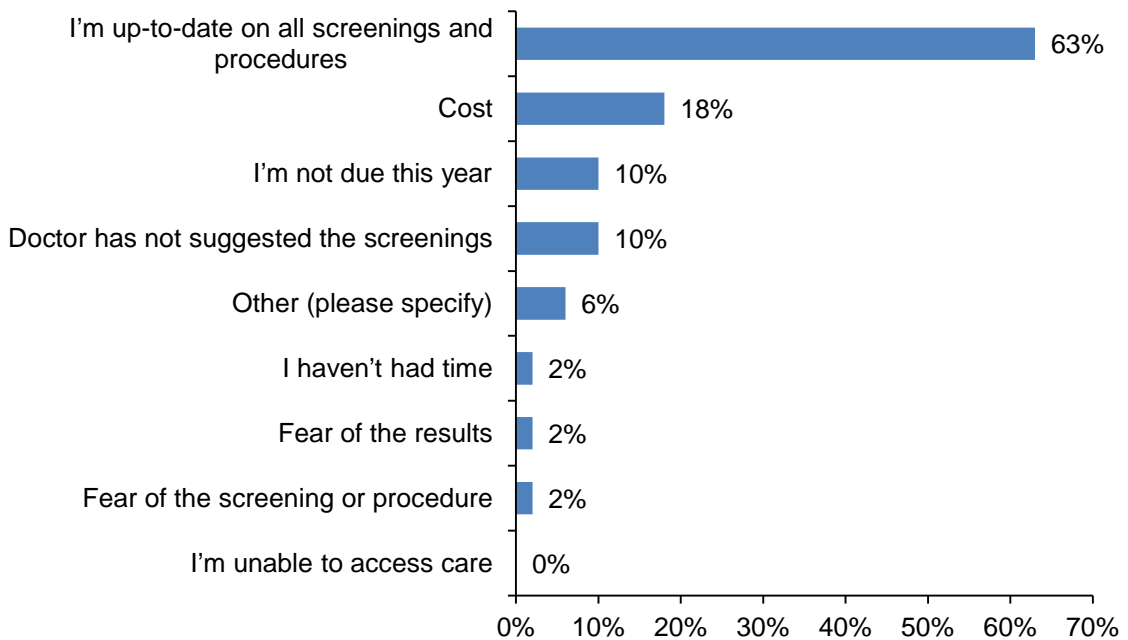
(Community = O'Brien / Sioux)

Preventive Procedures Last Year



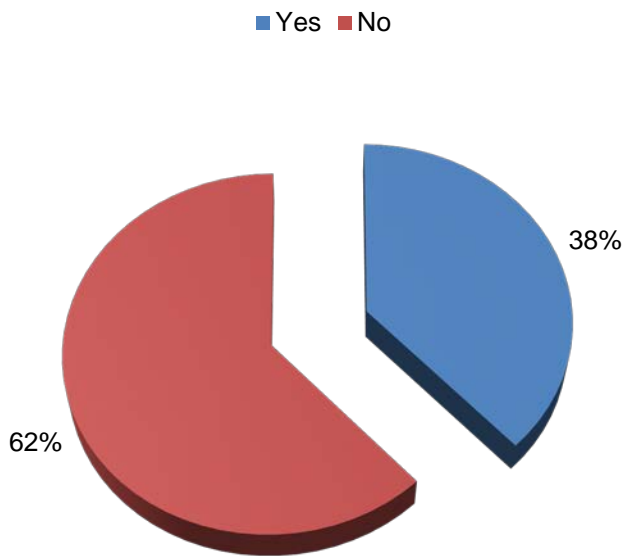
Base: Blood pressure check (n=39), Blood sugar check (n=26), Bone density test (n=7), Cholesterol screening (n=28), Dental cleaning or x-rays (n=39), Flu shot (n=45), Other immunizations (Tetanus, Hepatitis A or B) (n=18), Glaucoma test (n=9), Hearing test (n=3), Women's pelvic exam (n=15), STD screening (n=4), Vascular screening (n=5), Sample Size = 52
(Community = O'Brien / Sioux)

Barriers for Preventive Procedures



Base: I'm up-to-date on all screenings and procedures (n=32), Doctor has not suggested the screenings (n=5), Cost (n=9), I'm unable to access care (n=0), Fear of the screening or procedure (n=1), Fear of the results (n=1), I'm not due this year (n=5), I haven't had time (n=1), Other (please specify) (n=3), Sample Size = 51 (Community = O'Brien / Sioux)

Do you have children under the age of 18 living in your household?

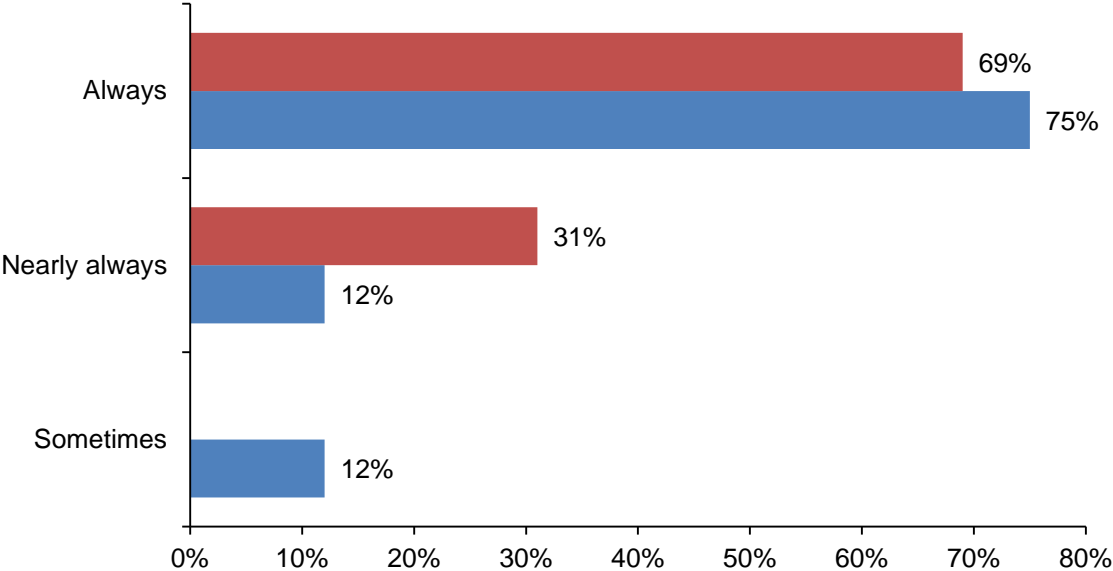


Base: Yes (n=20), No (n=33), Sample Size = 53

(Community = O'Brien / Sioux)

Children's Car Safety

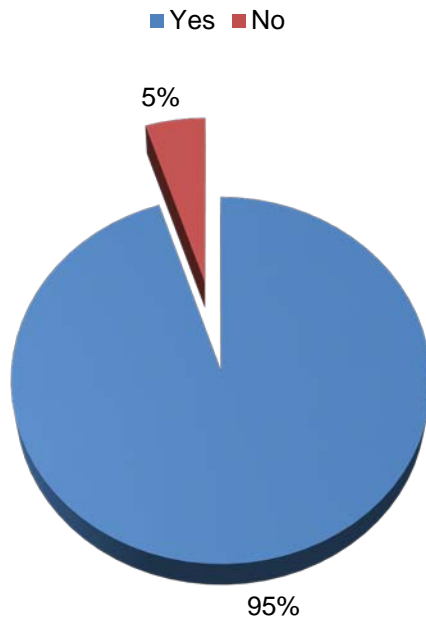
■ Use seat belts ■ Use car seat



Sample Size = Variable

(Community = O'Brien / Sioux)

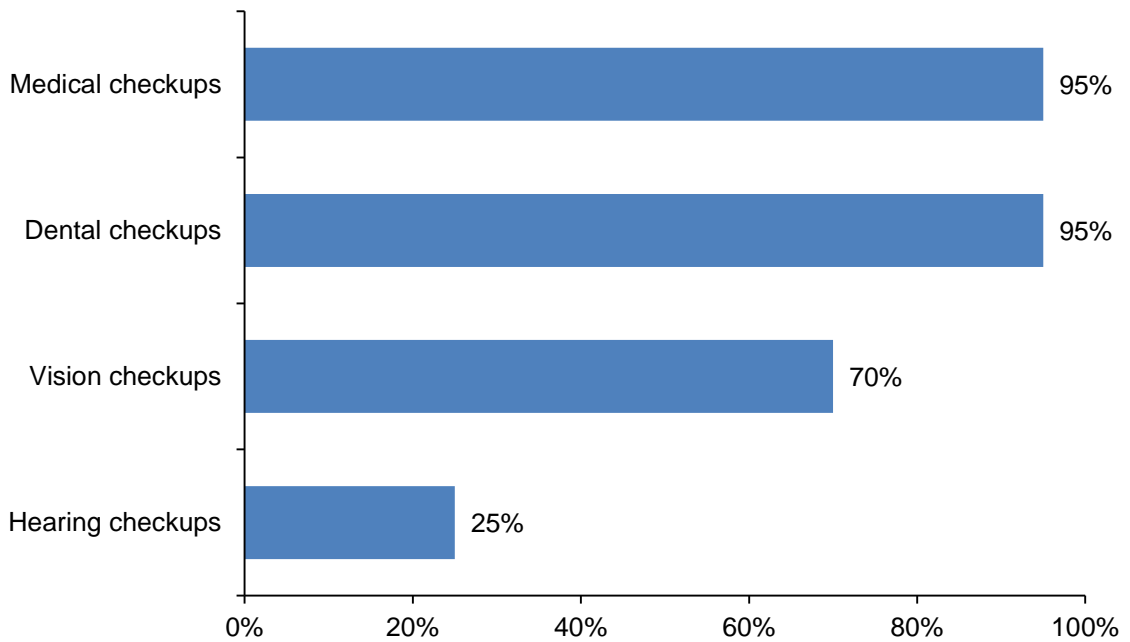
Do you have healthcare coverage for your children or dependents?



Base: Yes (n=19), No (n=1), Sample Size = 20

(Community = O'Brien / Sioux)

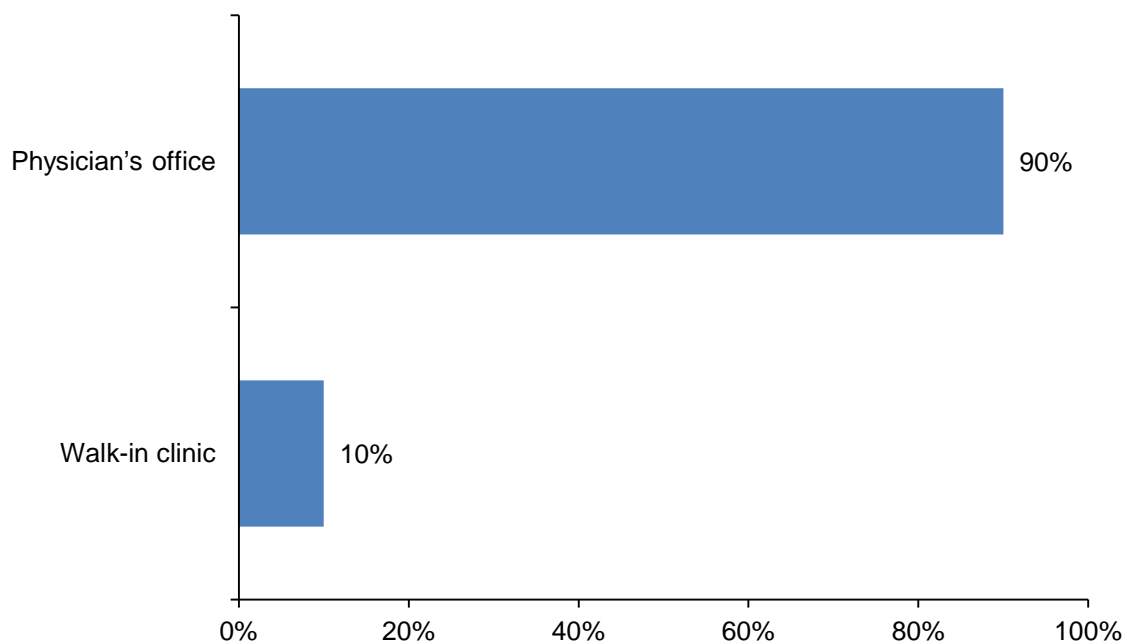
Children's Preventative Services



Base: Dental checkups (n=19), Vision checkups (n=14), Hearing checkups (n=5), Medical checkups (n=19), Sample Size = 20

(Community = O'Brien / Sioux)

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

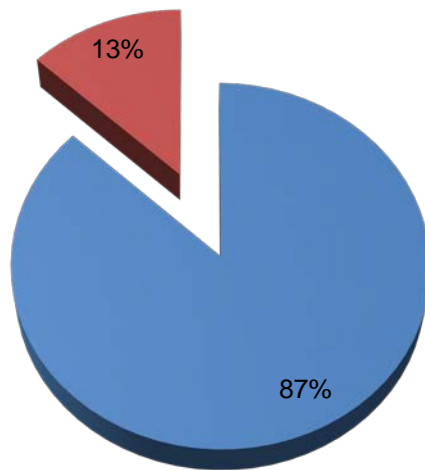


Base: Physician's office (n=18), Walk-in clinic (n=2), Sample Size = 20

(Community = O'Brien / Sioux)

Have you ever been diagnosed with cancer?

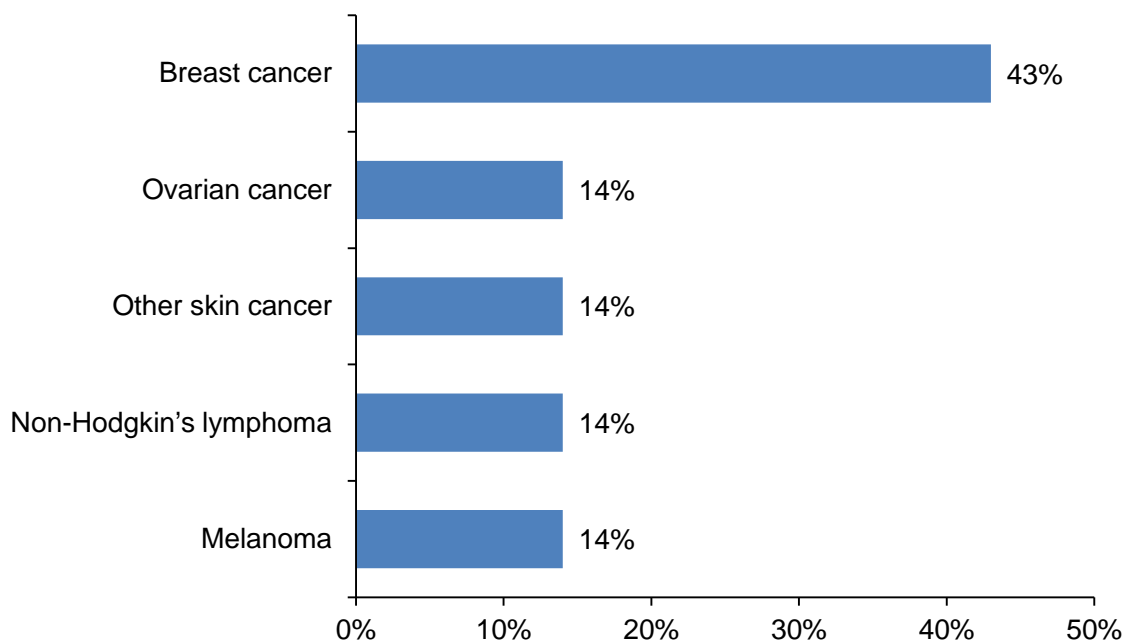
■ No ■ Yes



Base: Yes (n=7), No (n=46), Sample Size = 53

(Community = O'Brien / Sioux)

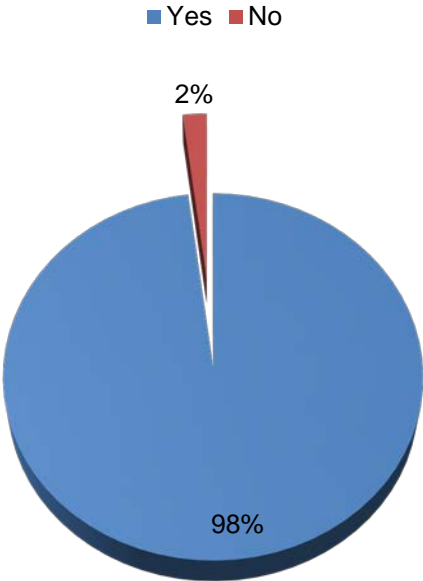
Type of Cancer



Base: Breast cancer (n=3), Melanoma (n=1), Non-Hodgkin's lymphoma (n=1), Other skin cancer (n=1), Ovarian cancer (n=1), Sample Size = 7

(Community = O'Brien / Sioux)

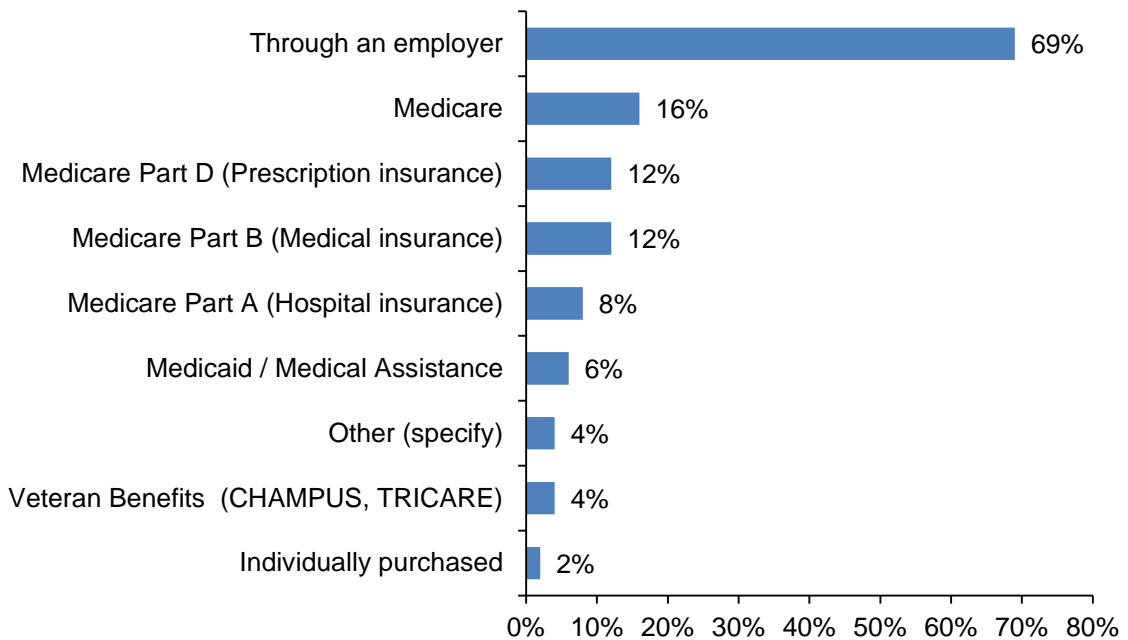
Do you currently have any kind of health insurance?



Base: Yes (n=52), No (n=1), Sample Size = 53

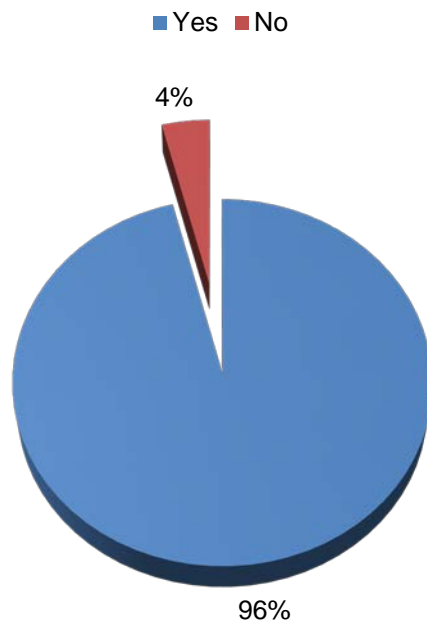
(Community = O'Brien / Sioux)

Type of Insurance



Base: Through an employer (n=35), Individually purchased (n=1), Medicare (n=8), Medicare Part A (Hospital insurance) (n=4), Medicare Part B (Medical insurance) (n=6), Medicare Part D (Prescription insurance) (n=6), Medicaid / Medical Assistance (n=3), Veteran Benefits (CHAMPUS, TRICARE) (n=2), Other (specify) (n=2), Sample Size = 51
(Community = O'Brien/Sioux)

Do you have an established primary healthcare provider?

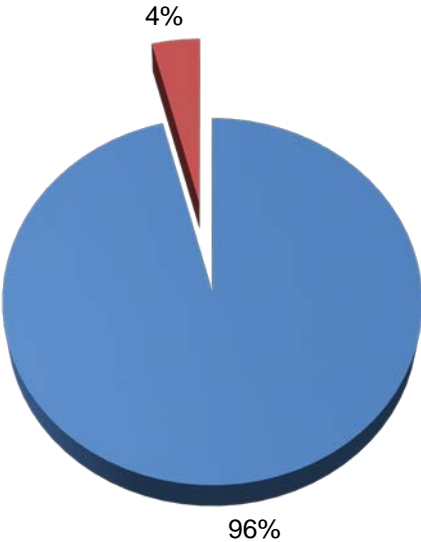


Base: Yes (n=50), No (n=2), Sample Size = 52

(Community = O'Brien / Sioux)

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

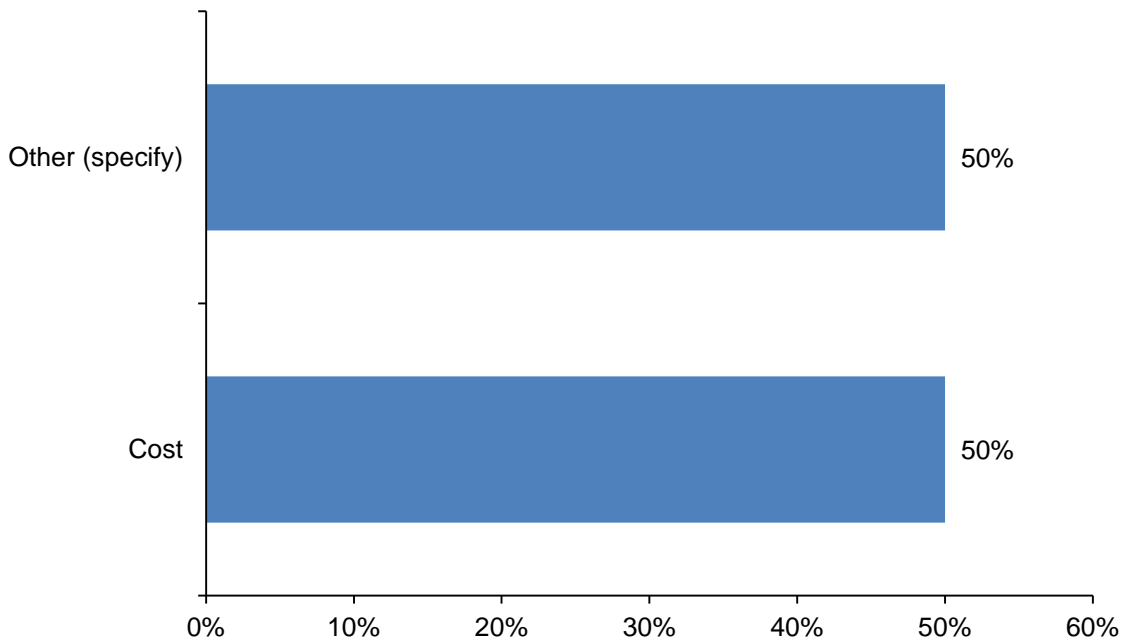
■ No ■ Yes



Base: Yes (n=2), No (n=50), Sample Size = 52

(Community = O'Brien / Sioux)

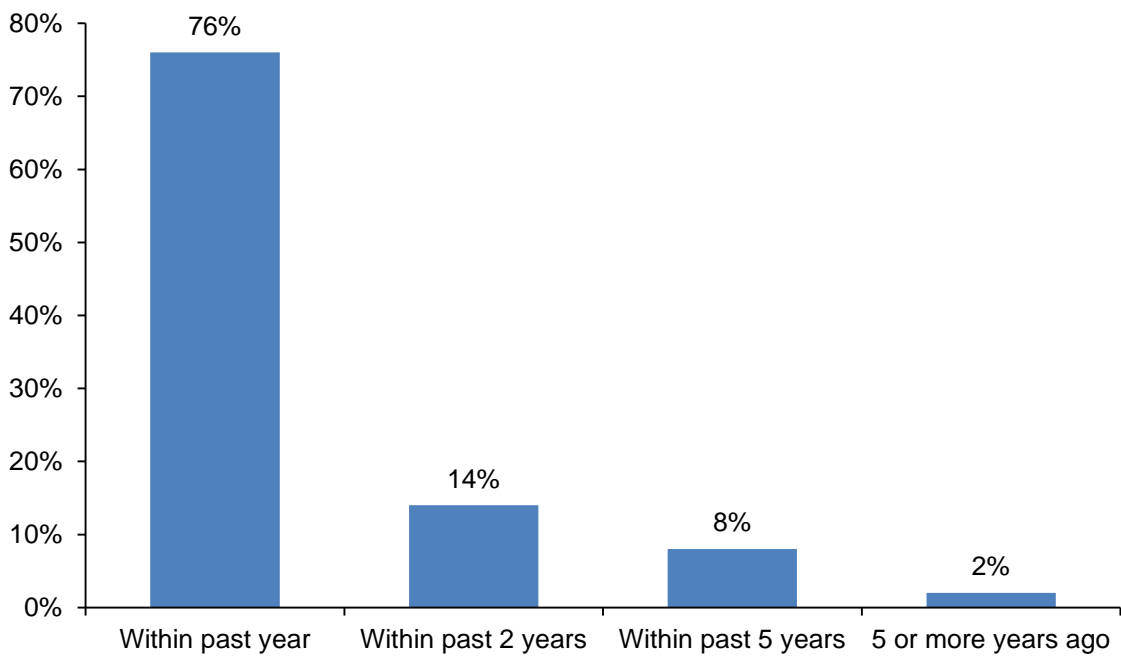
Barriers to Receiving Care Needed



Base: Cost (n=1), Other (specify) (n=1)

(Community = O'Brien / Sioux)

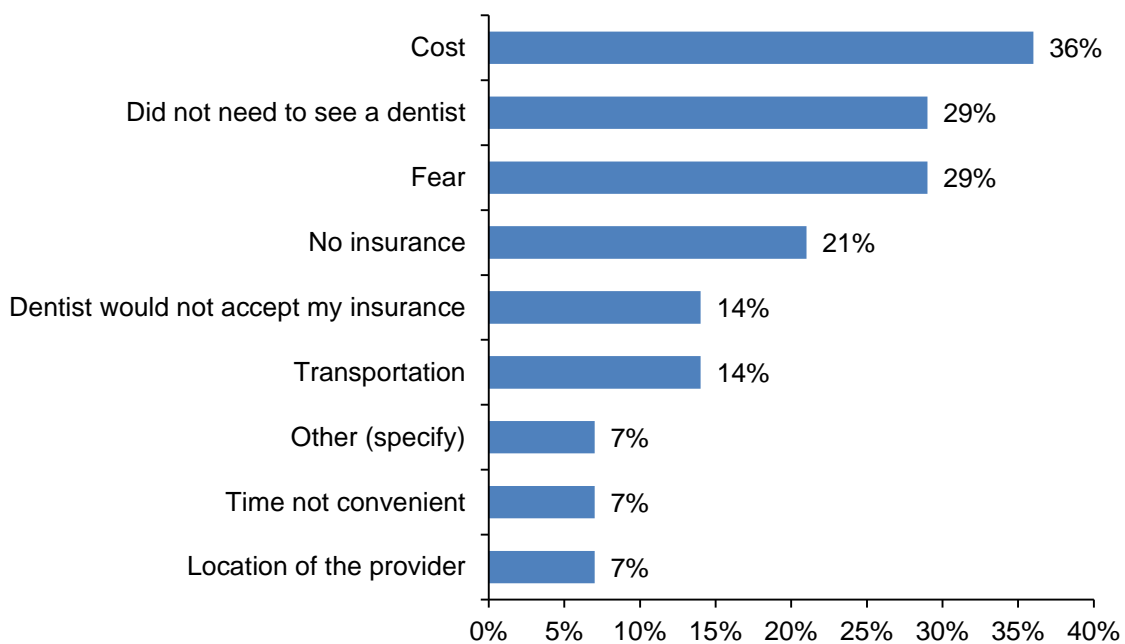
How long has it been since you last visited a dentist?



Base: Within past year (n=38), Within past 2 years (n=7), Within past 5 years (n=4), 5 or more years ago (n=1), Sample Size = 50

(Community = O'Brien / Sioux)

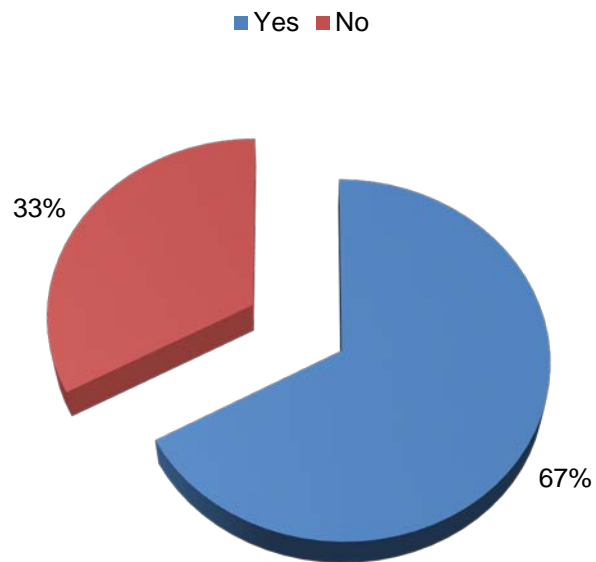
Barriers to Visiting the Dentist



Base: No insurance (n=3), Location of the provider (n=1), Cost (n=5), Fear (n=4), Transportation (n=2), Time not convenient (n=1), Dentist would not accept my insurance (n=2), Did not need to see a dentist (n=4), Other (specify) (n=1), Sample Size = 14

(Community = O'Brien / Sioux)

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

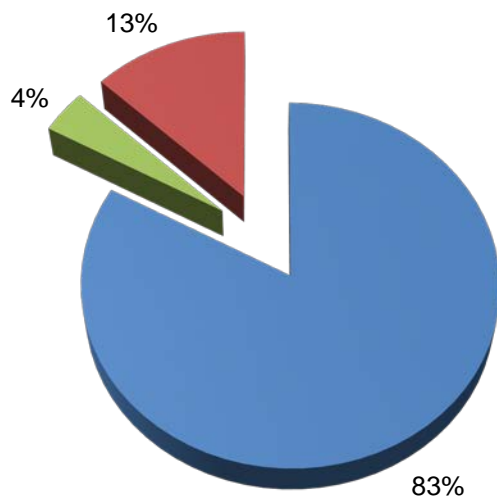


Base: Yes (n=35), No (n=17), Sample Size = 52

(Community = O'Brien / Sioux)

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

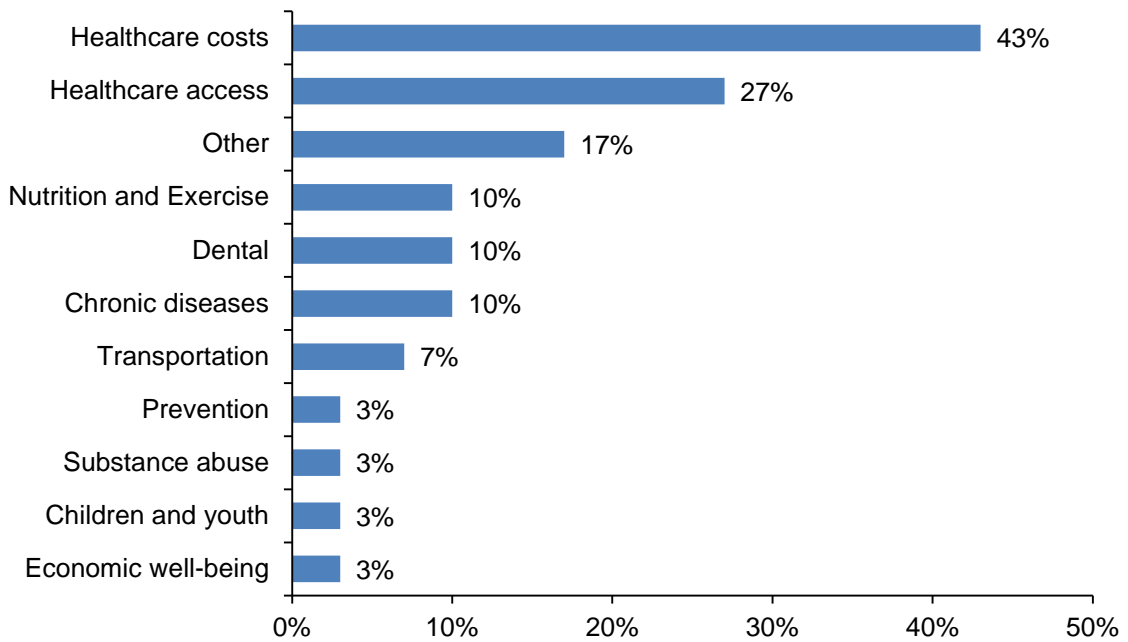
■ Yes, only one ■ Yes, more than one ■ No



Base: Yes, only one (n=43), Yes, more than one (n=2), No (n=7), Sample Size = 52

(Community = O'Brien / Sioux)

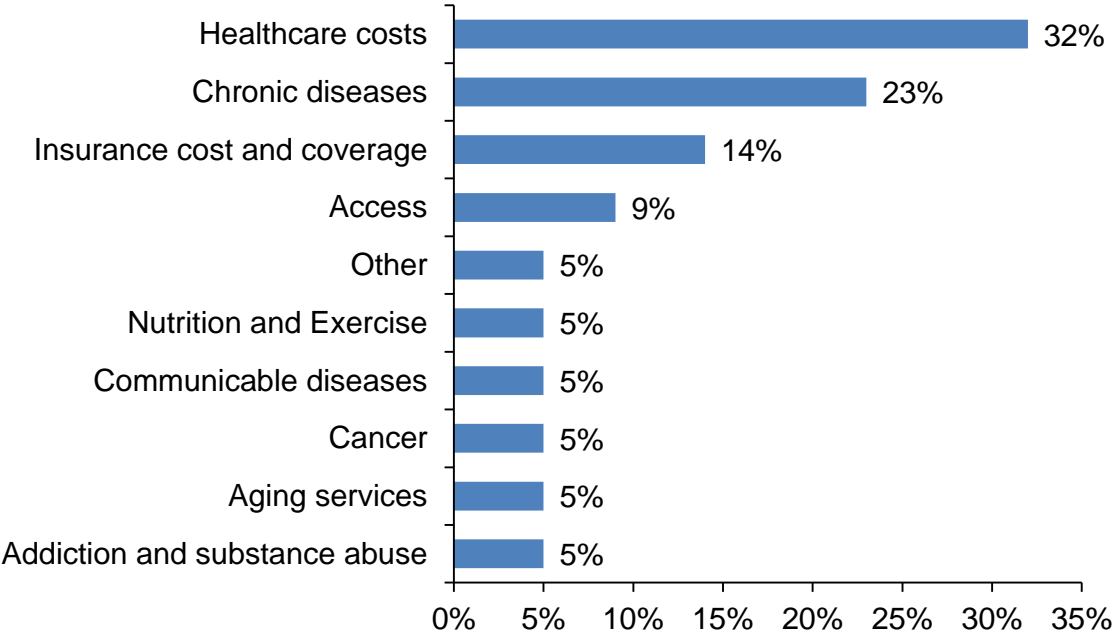
Most Important Community Issues



Base: Economic well-being (n=1), Transportation (n=2), Children and youth (n=1), Healthcare access (n=8), Substance abuse (n=1), Chronic diseases (n=3), Healthcare costs (n=13), Dental (n=3), Prevention (n=1), Nutrition and Exercise (n=3), Other (n=5), Sample Size = 37

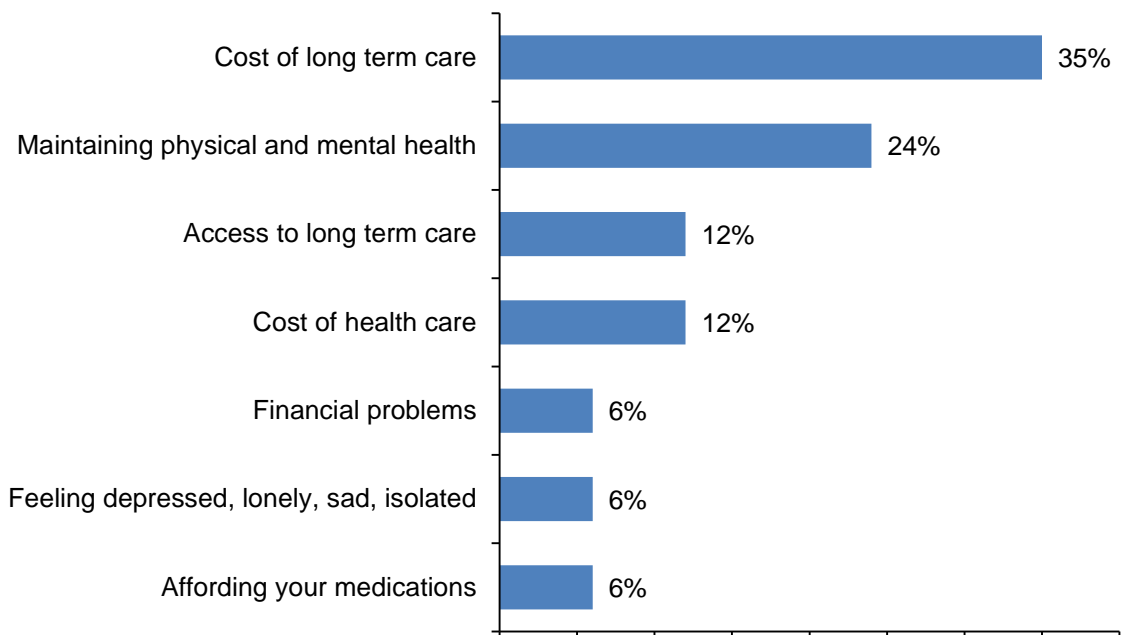
(Community = O'Brien / Sioux)

Most Important Issue for Family



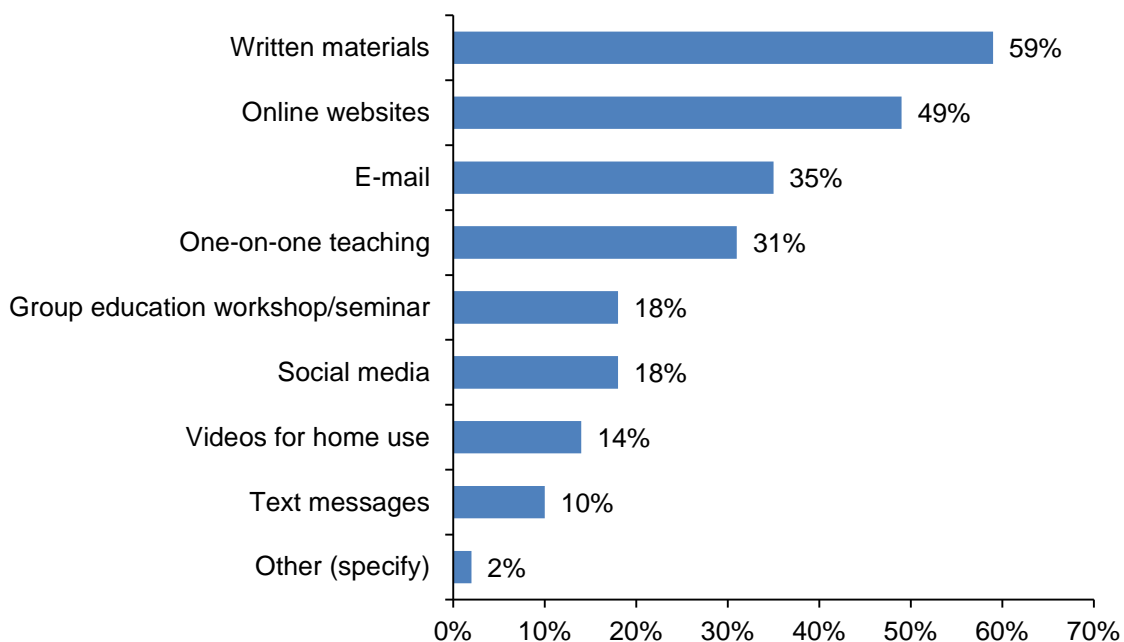
Base: Access (n=2), Addiction and substance abuse (n=1), Aging services (n=1), Cancer (n=1), Chronic diseases (n=5), Communicable diseases (n=1), Healthcare costs (n=7), Nutrition and Exercise (n=1), Insurance cost and coverage (n=3), Other (n=1), Sample Size = 35 (Community = O'Brien / Sioux)

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



Base: Cost of health care (n=2), Affording your medications (n=1), Maintaining physical and mental health (n=4), Feeling depressed, lonely, sad, isolated (n=1), Access to long term care (n=2), Cost of long term care (n=6), Financial problems (n=1), Sample Size = 9
(Community = O'Brien / Sioux)

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



Base: Written materials (n=30), Videos for home use (n=7), Social media (n=9), Text messages (n=5), One-on-one teaching (n=16), E-mail (n=18), Group education workshop/seminar (n=9), Online websites (n=25), Other (specify) (n=1), Sample Size = 51
(Community = O'Brien / Sioux)

Gender

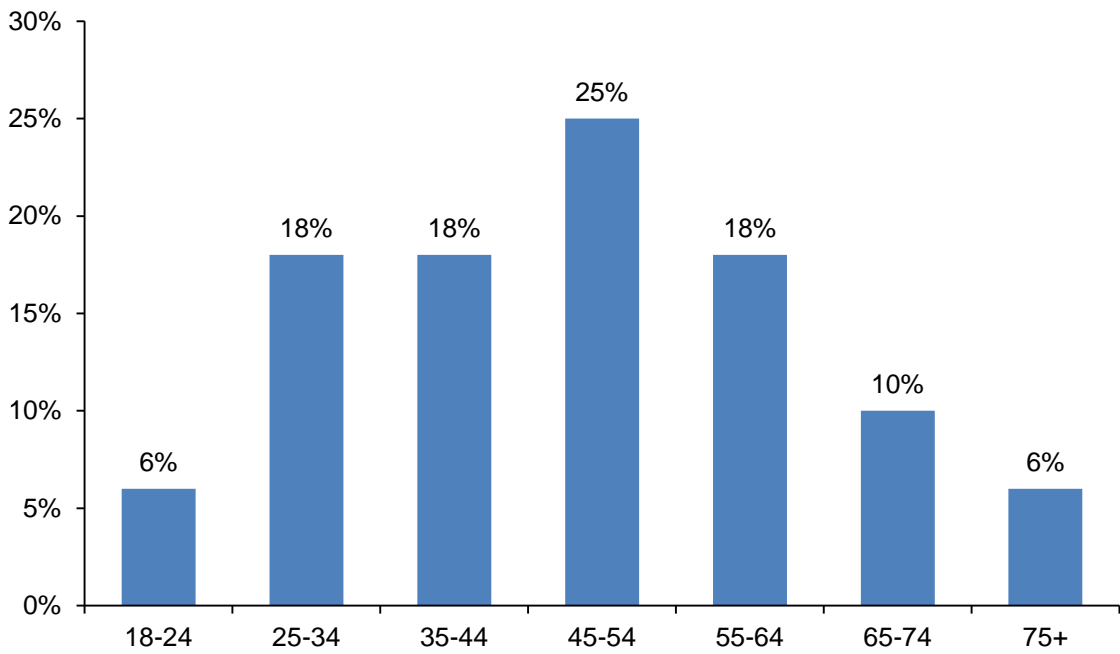
■ Male ■ Female



Base: Male (n=8), Female (n=44), Sample Size = 52

(Community = O'Brien / Sioux)

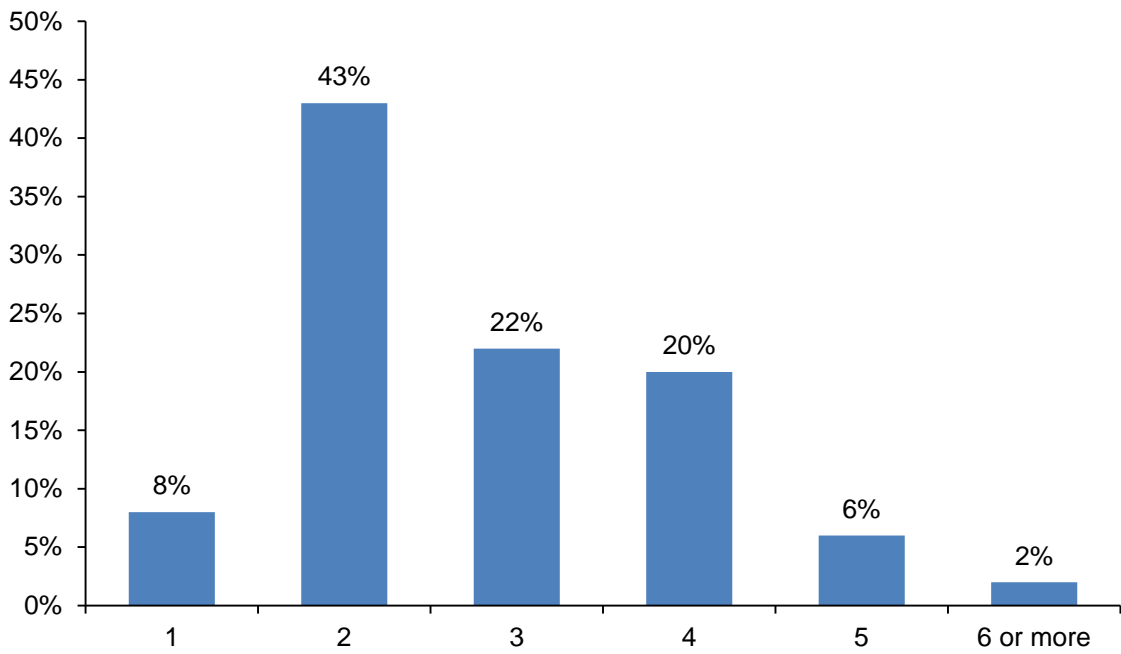
Age



Base: 18-24 (n=3), 25-34 (n=9), 35-44 (n=9), 45-54 (n=13), 55-64 (n=9), 65-74 (n=5), 75+ (n=3), Sample Size = 51

(Community = O'Brien / Sioux)

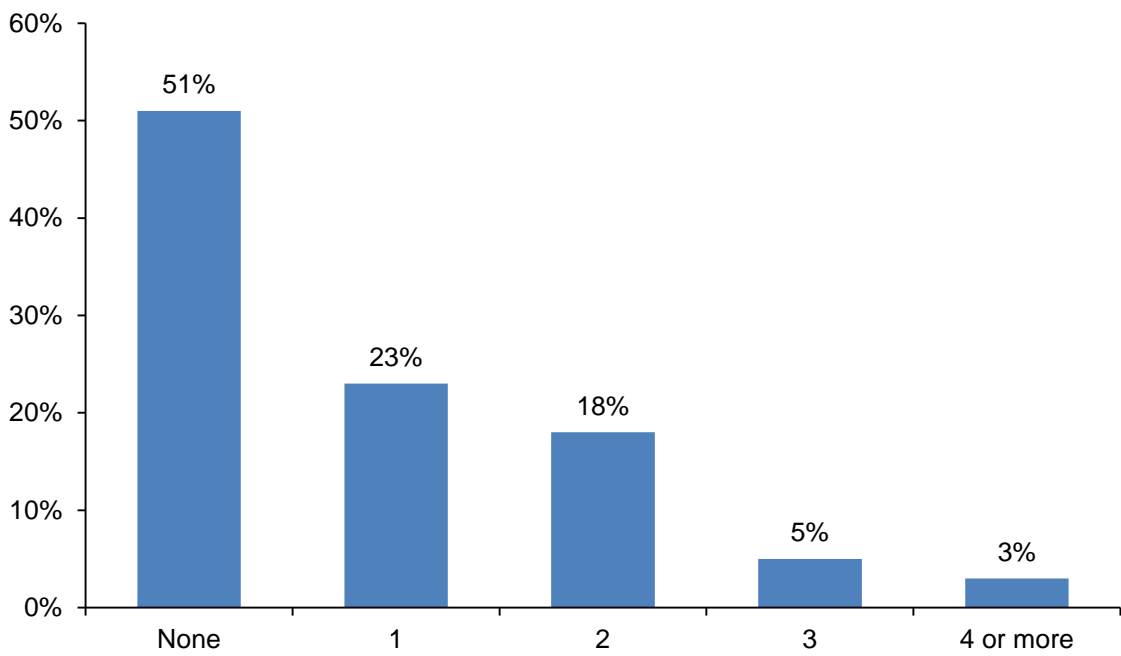
People in Household



Base: 1 (n=4), 2 (n=22), 3 (n=11), 4 (n=10), 5 (n=3), 6 or more (n=1), Sample Size = 51

(Community = O'Brien / Sioux)

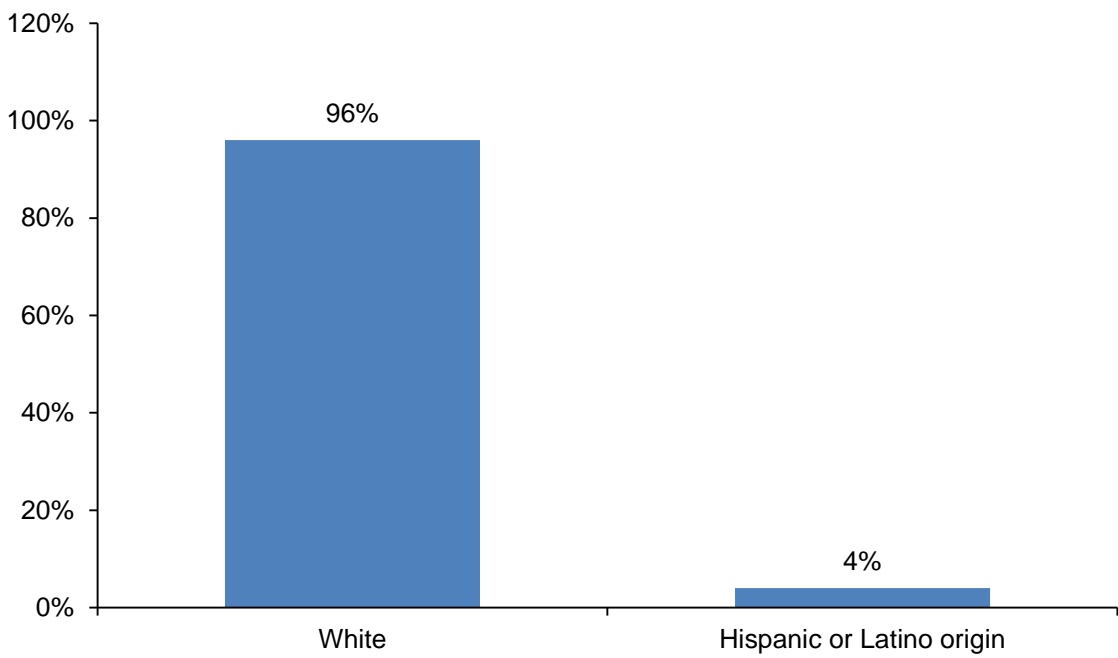
Children in Household Under 18



Base: None (n=20), 1 (n=9), 2 (n=7), 3 (n=2), 4 or more (n=1), Sample Size = 39

(Community = O'Brien / Sioux)

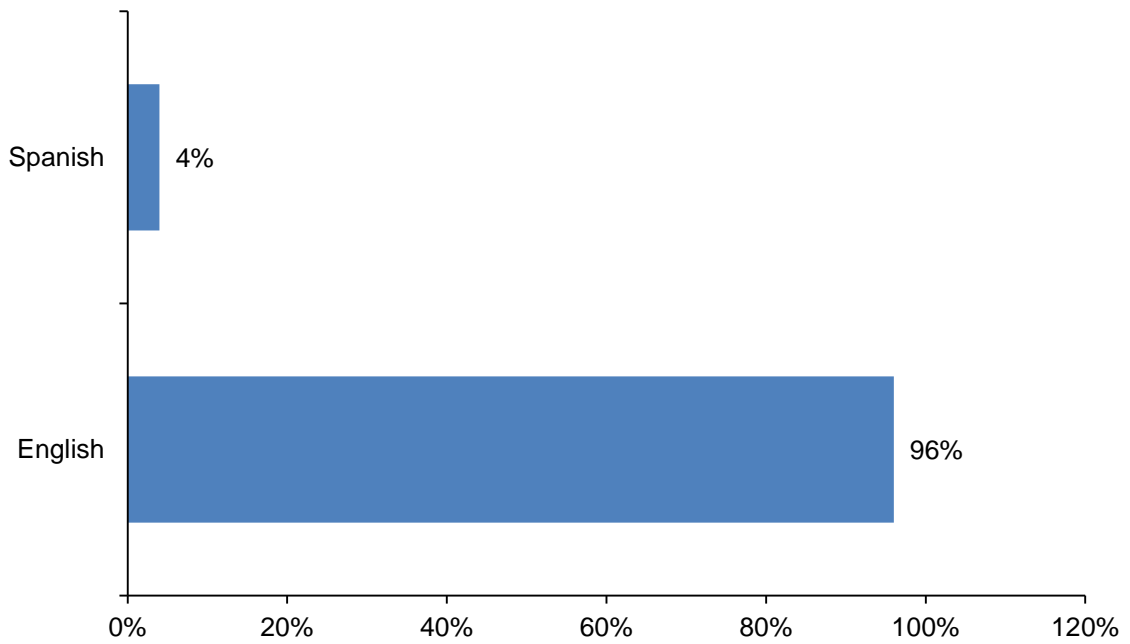
Ethnicity



Base: White (n=50), Hispanic or Latino origin (n=2), Sample Size = 52

(Community = O'Brien / Sioux)

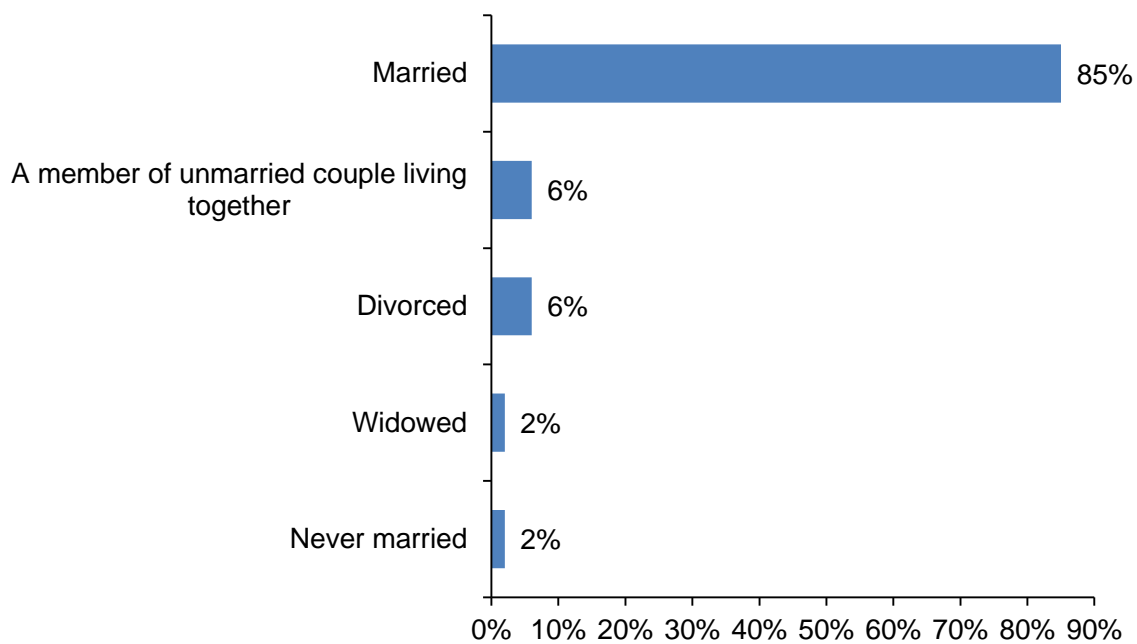
Language Spoken in Home



Base: English (n=50), Spanish (n=2), Sample Size = 52

(Community = O'Brien / Sioux)

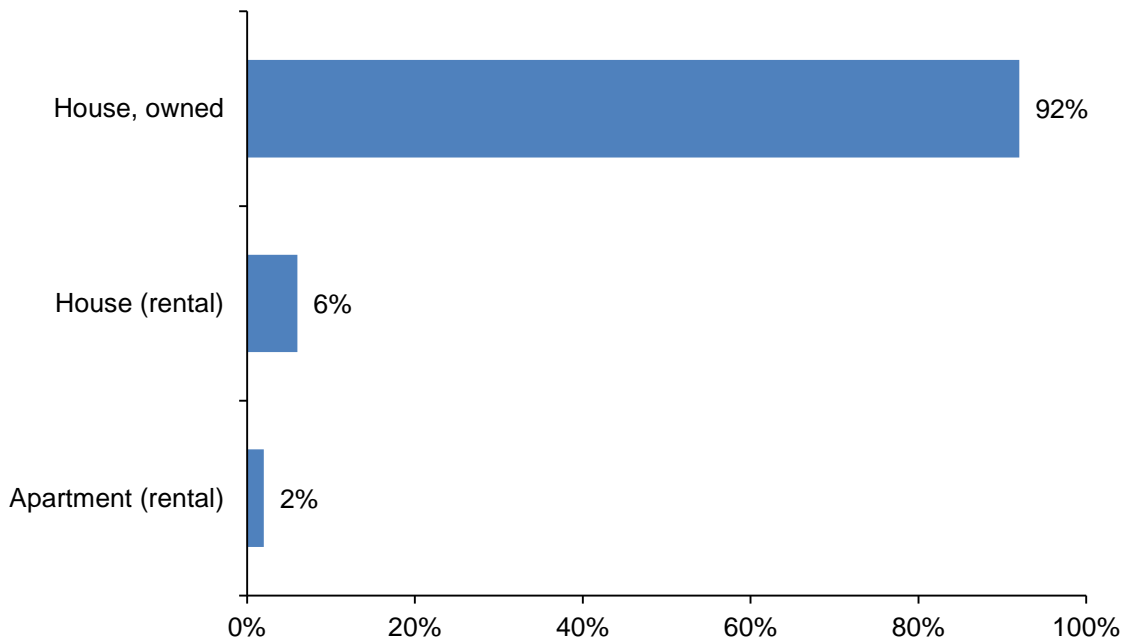
Marital Status



Base: Never married (n=1), Married (n=44), Divorced (n=3), Widowed (n=1), A member of unmarried couple living together (n=3), Sample Size = 52

(Community = O'Brien / Sioux)

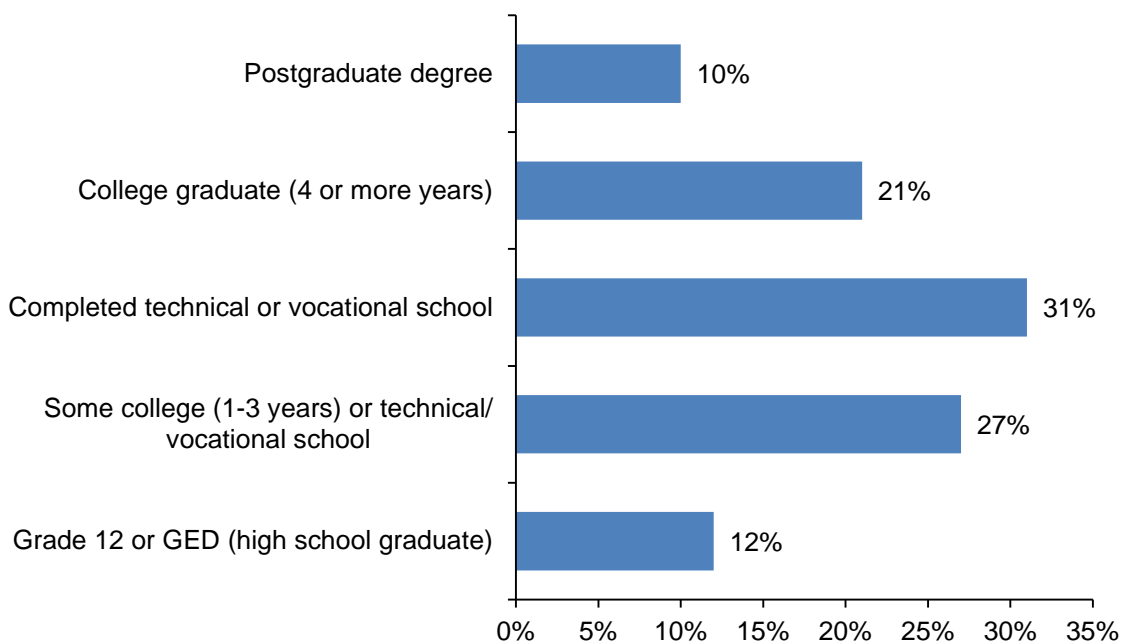
Current Living Situation



Base: House, owned (n=48), House (rental) (n=3), Apartment (rental) (n=1), Sample Size = 52

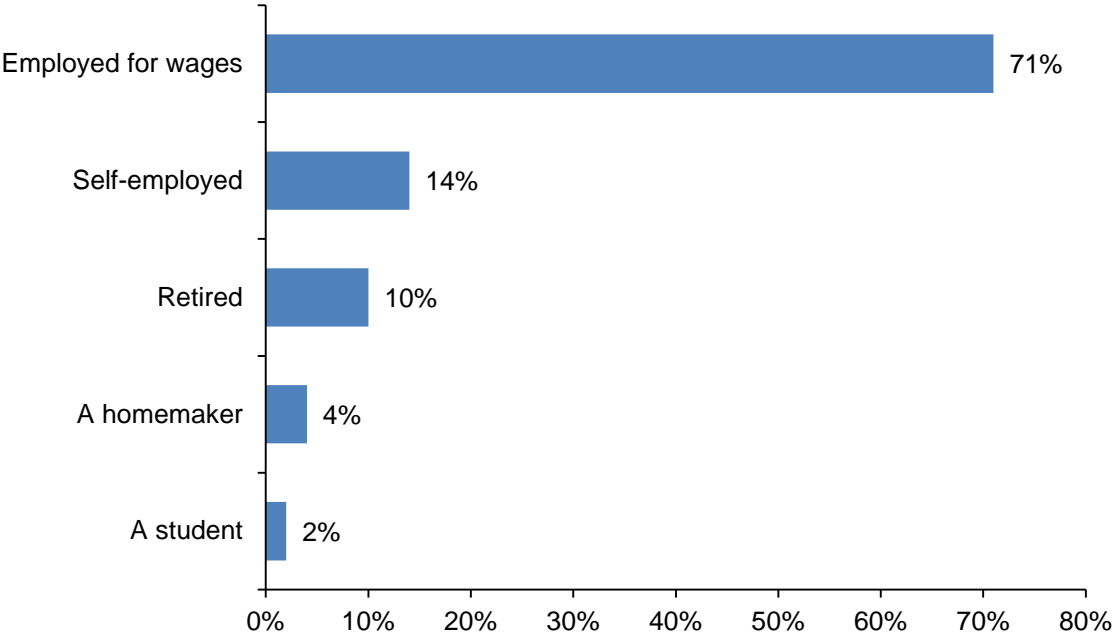
(Community = O'Brien / Sioux)

Education Level



Base: Grade 12 or GED (high school graduate) (n=6), Some college (1-3 years) or technical/ vocational school (n=14), Completed technical or vocational school (n=16), College graduate (4 or more years) (n=11), Postgraduate degree (n=5), Sample Size = 52
(Community = O'Brien / Sioux)

Employment Status

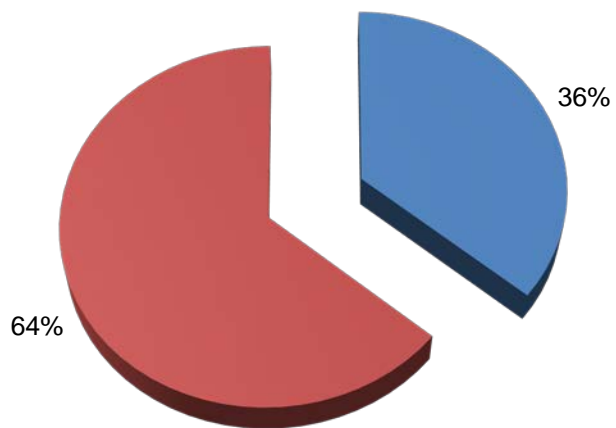


Base: Employed for wages (n=36), Self-employed (n=7), A homemaker (n=2), A student (n=1), Retired (n=5), Sample Size = 51

(Community = O'Brien / Sioux)

Sample Source

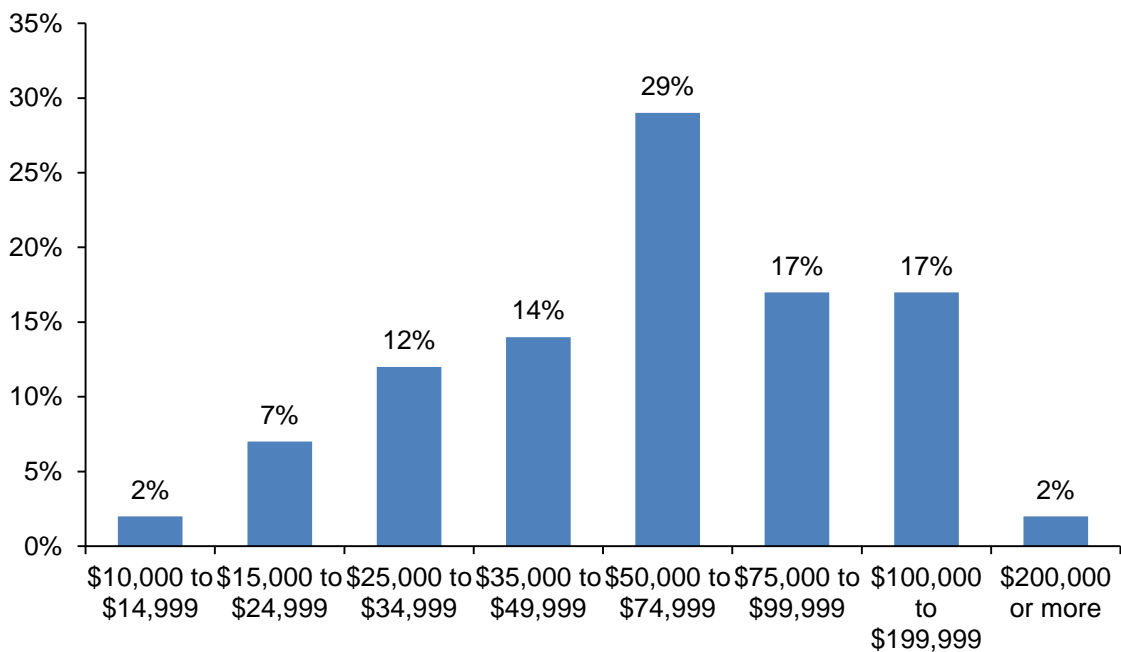
■ Qualtrics ■ Open Invitation / FaceBook



Base: Qualtrics (n=19), Open Invitation / FaceBook (n=34), Sample Size = 53

(Community = O'Brien / Sioux)

Total Household Income



Base: \$10,000 to \$14,999 (n=1), \$15,000 to \$24,999 (n=3), \$25,000 to \$34,999 (n=5), \$35,000 to \$49,999 (n=6), \$50,000 to \$74,999 (n=12), \$75,000 to \$99,999 (n=7), \$100,000 to \$199,999 (n=7), \$200,000 or more (n=1), Sample Size = 42

(Community = O'Brien / Sioux)

Sheldon 2019 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economic Well-Being <ul style="list-style-type: none"> • Skilled labor workforce 3.33 • Availability of affordable housing 3.28 • Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 3.11 • Household budgeting and money management 3.00 	4		
Children and Youth <ul style="list-style-type: none"> • Childhood obesity 3.39 • Availability of services for at-risk youth 3.26 • Bullying 3.26 • Opportunities for youth-adult mentoring 3.24 • Cost of quality childcare 3.21 • Substance abuse by youth 3.19 • Availability of quality childcare 3.18 • Cost of services for at-risk youth 3.08 • Teen tobacco use 3.00 	8		
Aging Population <ul style="list-style-type: none"> • Cost of long-term care 3.59 • Cost of memory care 3.51 • Cost of in-home services 3.11 	1		
Safety <ul style="list-style-type: none"> • Abuse of prescription drugs 3.14 			
Healthcare and Wellness <ul style="list-style-type: none"> • Availability of mental health providers 3.78 • Availability of behavioral health (substance abuse) providers 3.46 • Access to affordable health insurance coverage 3.36 • Access to affordable health care 3.11 • Access to affordable prescription drugs 3.11 • Access to affordable vision insurance coverage 3.00 	5		
Mental Health and Substance Abuse <ul style="list-style-type: none"> • Depression 3.53 • Stress 3.47 • Drug use and abuse 3.35 • Alcohol use and abuse 3.19 • Smoking and tobacco use 3.06 • Dementia and Alzheimer's disease 3.05 	6		

Secondary Research

Definitions of Key Indicators



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

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

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

Contents:

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	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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	Years of Potential Life Lost Rate (Black)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Blacks
	Years of Potential Life Lost Rate (Hispanic)	Age-adjusted YPLL rate per 100,000 for Hispanics
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites

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

Measure	Data Elements	Description
Access to exercise opportunities	% With Access	Percentage of the population with access to places for physical activity
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Excessive drinking	% Excessive Drinking	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	95% CI - Low	95% confidence interval using Poisson distribution
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Teen births	Teen Birth Rate	Births per 1,000 females ages 15-19
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	Teen Birth Rate (Black)	Births per 1,000 females ages 15-19 for Black non-Hispanic mothers
	Teen Birth Rate (Hispanic)	Births per 1,000 females ages 15-19 for Hispanic mothers
	Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic mothers
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	Primary Care Physicians per 100,000 population
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Dentists	# Dentists	Number of dentists
	Dentist Rate	Dentists per 100,000 population
	Dentist Ratio	Population to Dentists ratio
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	Mental Health Providers per 100,000 population
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	# Medicare Enrollees	Number of Medicare enrollees

Measure	Data Elements	Description
Preventable hospital stays	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetes monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Receiving HbA1c (Black)	Percentage of Black diabetic Medicare enrollees receiving HbA1c test
	% Receiving HbA1c (White)	Percentage of White diabetic Medicare enrollees receiving HbA1c test
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	% Mammography (White)	Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	% Children in Poverty	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – from the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Air pollution - particulate matter	Average Daily PM2.5	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Drinking water violations	Presence of violation	County affected by a water violation: 1-Yes, 0-No
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
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	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
Driving alone to work	% Drive Alone	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	$(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$

County Health Rankings for O'Brien and Sioux Counties Iowa

	Iowa	O'Brien (OB), IAx	Sioux (SI), IAx
Health Outcomes		21	2
Length of Life		33	6
Premature death	5,900	5,400	3,800
Quality of Life		21	2
Poor or fair health	13%	12%	12%
Poor physical health days	2.9	2.9	2.7
Poor mental health days	3.3	3.2	3.1
Low birthweight	7%	5%	5%
Health Factors		32	2
Health Behaviors		53	1
Adult smoking	17%	15%	12%
Adult obesity**	32%	34%	29%
Food environment index**	8.2	8.2	9.2
Physical inactivity**	25%	22%	22%
Access to exercise opportunities	83%	81%	82%
Excessive drinking	22%	21%	21%
Alcohol-impaired driving deaths	27%	33%	8%
Sexually transmitted infections**	388.9	192.1	147.1
Teen births	22	26	15
Clinical Care		74	50
Uninsured	6%	6%	8%
Primary care physicians	1,360:1	1,750:1	1,290:1
Dentists	1,560:1	1,560:1	2,330:1
Mental health providers	760:1	4,670:1	1,000:1
Preventable hospital stays	49	67	49
Diabetes monitoring	90%	89%	91%
Mammography screening	69%	66%	69%
Social & Economic Factors		22	3
High school graduation**	90%	89%	93%
Some college	70%	66%	68%
Unemployment	3.7%	2.8%	2.3%
Children in poverty	15%	12%	8%
Income inequality	4.2	4.4	3.3
Children in single-parent households	29%	20%	16%
Social associations	15.2	30.0	27.8
Violent crime**	270	160	97
Injury deaths	65	67	43
Physical Environment		5	47
Air pollution - particulate matter	9.6	9.4	9.6
Drinking water violations		No	Yes
Severe housing problems	12%	9%	9%
Driving alone to work	81%	74%	74%
Long commute - driving alone	20%	18%	10%

	Iowa	O'Brien (OB) , IA x	Sioux (SI) , IA x
Length of Life			
Premature age-adjusted mortality	310	300	210
Child mortality	50		40
Infant mortality	5		6
Quality of Life			
Frequent physical distress	9%	9%	9%
Frequent mental distress	10%	10%	10%
Diabetes prevalence**	10%	10%	8%
HIV prevalence	94		29
Health Behaviors			
Food insecurity**	12%	10%	8%
Limited access to healthy foods	6%	9%	1%
Drug overdose deaths	9		
Drug overdose deaths - modeled	10.6	6-7.9	2-3.9
Motor vehicle crash deaths	11	16	9
Insufficient sleep	28%	27%	25%
Clinical Care			
Uninsured adults	7%	7%	9%
Uninsured children	4%	5%	6%
Health care costs**	\$8,572	\$9,148	\$8,974
Other primary care providers	1,185:1	1,275:1	2,053:1
Social & Economic Factors			
Disconnected youth	9%		
Median household income	\$56,400	\$50,600	\$66,600
Children eligible for free or reduced price lunch	41%	40%	39%
Residential segregation - black/white**	63		
Residential segregation - non-white/white**	48	29	32
Homicides	2		
Firearm fatalities	8		
Physical Environment			
Demographics			
Population	3,134,693	14,020	34,898
% below 18 years of age	23.3%	23.5%	27.1%
% 65 and older	16.4%	20.6%	15.1%
% Non-Hispanic African American	3.5%	0.7%	0.5%
% American Indian and Alaskan Native	0.5%	0.3%	0.5%
% Asian	2.5%	1.0%	1.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.0%	0.1%
% Hispanic	5.8%	4.7%	10.5%

	Iowa	O'Brien (OB) , IA x	Sioux (SI) , IA x
% Non-Hispanic white	86.2%	92.7%	87.2%
% not proficient in English	2%	1%	2%
% Females	50.3%	49.9%	49.8%

12/20/18

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