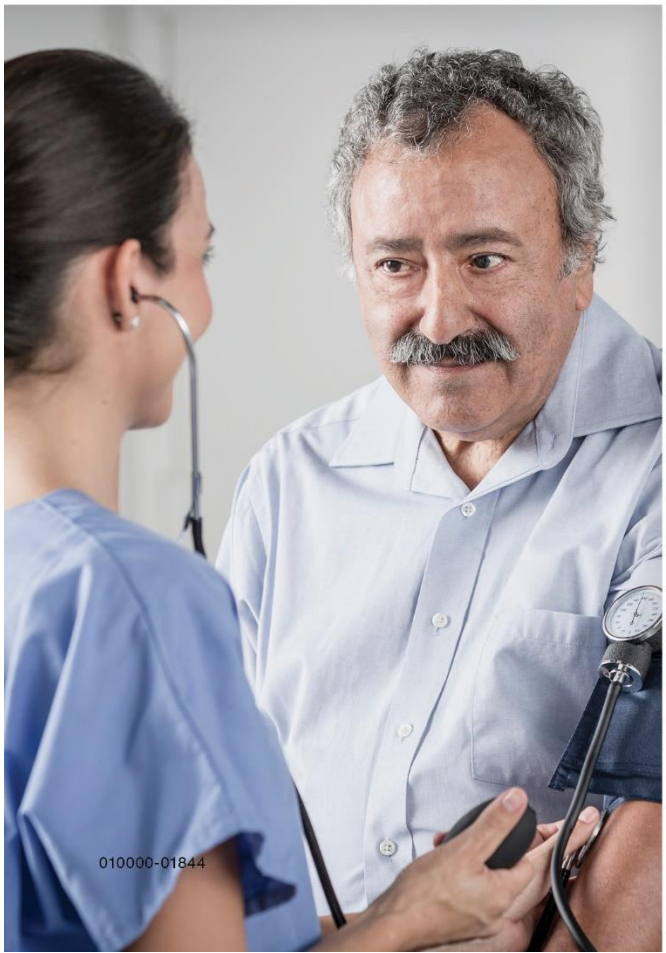
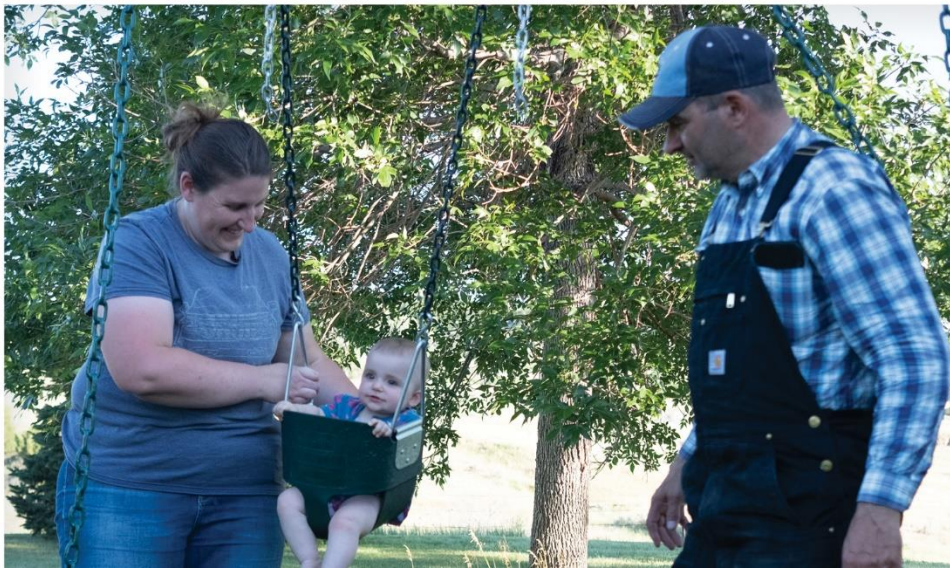
Community Health Needs Assessment

SANFORD ABERDEEN MEDICAL CENTER
2025-2027





Dear Community Members,

It is once again my privilege to share with you Sanford Aberdeen Medical Center's Community Health Needs Assessment report. Our hospital completes a community health needs assessment every three years to identify opportunities to improve the health and wellness of our community.

The report and implementation plan that follows will guide our work over the next three years and builds upon previous progress made in our community.

The Community Health Needs Assessment is a rigorous process in which we sought input from community members, leaders, and organizations including public health. Additionally, Sanford Health collaborated with the North Dakota State University Center for Social Research to incorporate additional data analysis and provide an independent assessment. Together, these elements paint a picture of the current health needs facing the community, opportunities for partnership with area businesses and organizations, and resources available to address identified needs.

On behalf of the Sanford Aberdeen Medical Center team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Kila LeGrand
President Chief Executive Officer
Sanford Aberdeen Medical Center

BACKGROUND

Community Description

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

Today, Aberdeen's economy has diversified and the number of businesses has grown to more than 1,500. Large businesses include 3M, Avera, Bethesda Home, Wells Fargo Bank, Wyndham Hotel Group and more. Other industries include agriculture, construction, manufacturing and trade.

The community as defined for purposes of the Community Health Needs Assessment includes Brown and Edmunds Counties South Dakota and represent a majority of the volumes to the Sanford Aberdeen Medical Center. No populations were intentionally excluded during the process of defining the community or within the CHNA process. Demographic detail for the counties is included in the appendix.

Partners

The Community Health Needs Assessment builds on the work of previous cycles and is the result of the coordinated efforts of many internal and external partners. Sanford Health would like to thank and acknowledge the following and their teams for their assistance. This program would not be possible without their expertise.

Sanford Health

- Erika Batcheller, Executive Vice President, Chief External Affairs Officer
- Nick Olson, Executive Vice President, Chief Financial Officer
- Corey Brown, Senior Vice President, Government Affairs
- Amber Langner, Senior Vice President, Treasury
- Blayne Hagen, Vice President, General Counsel, Sioux Falls
- Lindsay Daniels, Vice President, Care Management
- Doug Nowak, Vice President, Data Analytics
- Natasha Smith, Head of Diversity, Equity and Inclusion
- Catherine Bernard, Director, Tax
- Karla Cazer, Clinical Nurse Specialist, Faith Community Nursing Center
- Deana Caron, Senior Tax Accountant
- Kurt Brost, Senior Director, Community Relations
- David Hill, Director, Chief Privacy Officer
- Jessica Sexe, Senior Director, Communications
- Phil Clark, Director, Marketing Insights
- Shawn Tronier, Lead Marketing Analyst
- Chase Gerar, Strategic Planning Advisor, Fargo
- Brian Ritter, Head of Market Affairs, Bismarck
- Kayla Winkler, Lead Community Relations Specialist, Bemidji

System Partners

- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Julie Ward, VP of Diversity, Equity & Inclusion, Avera McKennan Hospital & University Health Center
- Angela Schoeffelman, Community Program Manager, Avera Community Health Resource Center
- Alli Fast, Community Health Program Manager, Essentia Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research
- Kathy McKay, Public Health Administrator, Clay County Public Health
- Desi Fleming, Director of Public Health, Fargo Cass Public Health
- Justin Bohrer, Public Health Analyst & Operational Planning Lead, Fargo Cass Public Health
- Julie Sorby Engen, Director of Community Development, Family HealthCare
- Shelby Kommes, Public Health Coordinator, Sioux Falls Health Department
- Renae Moch, Public Health Director, Bismarck-Burleigh Public Health and Immediate Past President, North Dakota Public Health Association
- Erin Ourada, Administrator, Western Plains Public Health
- Joe Kippley, Public Health Director, Sioux Falls

Aberdeen Partners

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:

- Kila Legrand – Administrator/CEO, Sanford Aberdeen
- Lindsey Swenson – Lead community Programs Specialist, Sanford Aberdeen
- Kasara Sutton – Nursing and Clinical Services Director, Sanford Aberdeen
- Nicole Sumner – Clinic Director, Sanford Aberdeen
- Dale Gillogly – Vice President Operations, Health Network, Sanford Health
- Becky Guffin – Aberdeen Public Schools
- Amber Schwab – City of Aberdeen
- Dawn Williams – Department of Labor
- Bryan Kriech – boys and girls club
- Brad Olson – Finance Director, Sanford
- Melissa Hofer – Horizon Health Care
- Natalie Holt – IHS
- Emily Kokales - IHS
- David Herbster – Lead Community Relations Specialist, Sanford Health
- Christy Ward – Senior Strategic Planning Advisor, Sanford Health
- Maddie Jerabek – Strategic Planning Intern

Sanford Aberdeen Description

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

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

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

Sanford Aberdeen employs 50 clinicians, including physicians and advanced practice providers and over 450 employees.

CHNA 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. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. The 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. It also serves to support progress made toward organizational strategies.

Regulatory Requirements

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

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

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. Hospitals are required to seek input from 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 also 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. This includes underserved populations experiencing disparities or at risk of not receiving adequate care due to being uninsured or due to geographic, language or financial or other barriers.

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

Finally, hospitals are required to be transparent with the findings and make the written CHNA report available to anyone who requests it. All CHNA reports and implementation strategies are housed on the Sanford website at www.sanfordhealth.org. Hospitals must keep three cycles of assessments on their website.

Sanford extended a good faith effort to engage all aforementioned community representatives in this process. We worked closely with public health experts throughout the entire assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at https://www.sanfordhealth.org/about/community-health-needs-assessment. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

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

Limitations

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

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

Following the completion of the 2022-2024 report, Sanford Health determined that the survey collection process was an area for improvement. Efforts to improve representation across demographics is a focus for the current and future cycles.

Sanford invested in a multifaceted campaign that included an earned media campaign on local media outlets and the public-facing Sanford Health News (https://news.sanfordhealth.org/). The system also promoted the survey internally through the organization's intranet, all-staff emails, and newsletters.

Internal efforts were supported with a robust advertising campaign that included, among other efforts, a digital media program yielding 3.6 million impressions and a print ad campaign encouraging Native American communities to participate through placements in DeBahJiMon Magazine, Anishinaabeg Magazine and MHA Times (Mandan, Hidatsa, Arikara). Further support was given to collecting surveys at various community events. The goal of these efforts was to increase participation by those underrepresented the previous cycle, including lower income, minority, and medically underserved populations.

Overall, survey respondents in the current cycle were more aligned to respective community demographics. The investment made by the system and partners to improve representation provides a base of learnings for future CHNA cycles.

Community and Stakeholder Survey

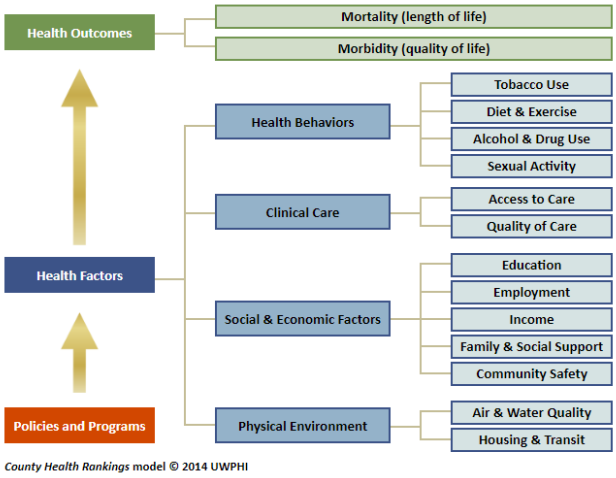
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked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

The survey was the first of multiple efforts to engage community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were sent the survey and asked to complete the instrument and then forward the survey to their respective populations for greater involvement. Additional investments to increase involvement in the survey are noted in the "Limitations" section of the report.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 206 respondents from the CHNA area completed the survey. Promotion investments by the system yielded a total of 9,714 completed surveys from across the Sanford footprint, an increase from 6,748 the previous cycle. The responses generated 48,643 open-ended responses and 1.76 million pieces of data (cells)..

Secondary Data

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



Health Needs Identification Methodology

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

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Aberdeen is included with Bemidji, MN; Thief River Falls, MN; Vermillion, SD; and Worthington, MN
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, which would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (https://www.countyhealthrankings.org/) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.
- The Center for Social Research validates the findings of the primary research by engaging at least two internal reviewers. Each reviewer has their own technique and strengths to review the findings; however, they check for accuracy in the data by reviewing the code/syntax, the output, the correct representation of the data in the report, verbiage, consistency, context, and overall readability. Both reviewers also supported previous CHNA reports.

Community Asset Mapping

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

A positive development since the previous CHNA report is the integration of findhelp.com into the Sanford Health digital ecosystem. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based

organizations with patients to meet their health-related social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to Sanford Health patients and is available on Sanfordhealth.org and in MyChart. Patients can receive information in the format that is meaningful to them (electronic or paper) and in their preferred language. The tool is used to identify local resources as part of the community asset mapping section of this report.

Community Stakeholder Meetings
Community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations were further included in the process during the community stakeholder meetings. During the meetings, surveyfindings were presented to community stakeholders. Facilitated discussion commenced and each participant was asked to consider the needs identified that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration and prioritization of local needs.

The participants provided information to answer the following types of questions as it relates to identified needs:

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

At the end of the meeting the hospital administrator noted that some impact areas of focus may be access to healthcare providers due to lack of transportation and access to healthcare providers (mental health, cardiology, and primary care were noted to have the greatest need). These will be addressed within the Implementation plan that follows. Administrator recommendations are based on all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary
The overall health of the community can be described as good. Survey respondents, supported by data from the County Health Rankings, indicated high marks for safety, high feelings of safety due to low crime levels, and positive perceptions of employment opportunities. However, several areas of concern were brought forth for discussion to the Community Stakeholder Meeting for discussion (below).

The top health needs presented below were identified through a mix of primary and secondary research conducted by the North Dakota State University Center for Social Research, which was commissioned by Sanford Health to analyze the data, and Sanford Health. Priority was given to the key topics ranked lowest by community survey with further analysis provided through secondary research. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, were also included.

Each health need includes the drivers behind its inclusion in the list, including qualitative survey results, qualitative responses from the survey, and stratified results from the enterprise results that provide clarity to the local discussion. Secondary research from County Health Rankings and other sources were also provided. Insight from the community stakeholder meetings was included as a valuable tool for understanding the needs, and importantly, how to address each issue

For the purposes of this assessment, the Aberdeen market area is defined as the combination of Brown and Edmunds counties in South Dakota. The community health summary and identified health needs presented below were identified through a mix of primary and secondary research. Priority was given to the key topics rated lowest by respondents of the community survey, with further analysis provided through secondary research using the 2023 County Health Rankings (CHR) data. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, are also included. To further assist in identifying community health needs, survey and CHR data were collected for similar-sized market areas served by Sanford Health. Similar-sized market areas identified for and included in this analysis include Aberdeen, SD; Bemidji, MN; Thief River Falls, MN; Vermillion, SD; and Worthington, MN. For each measure, averages were calculated for each of the market areas and for the group as a whole for comparison purposes. Context and research provided to explain the importance of a particular health topic were obtained from CHR unless otherwise noted. A total of 206 respondents from the Aberdeen area completed the survey.

Community Health Summary
Survey respondents were asked to rate various issues impacting health in their community and issues impacting their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent.

Overall, perceptions among survey respondents in the Aberdeen area regarding the following community health issues were positive (average score of 3.00 or higher):

- Community safety (average score=3.85)
- Access to exercise opportunities (average score=3.77)
- Access to healthy foods (average score=3.63)
- Environmental health (average score= 3.47)
- Early child care quality (average score=3.29)

- Health care quality (average score=3.26)
- Employment and economic opportunities (average score=3.24)

With the exception of environmental health, average scores in the Aberdeen area were higher than the comparison group average for each of these issues, and often the highest of all comparison group communities.

When asked about their personal health, survey respondents in the Aberdeen area rated their current health and wellness as good (average score=3.13) (which is slightly lower than the comparison group average) and their current ability to access health care services as slightly better (average score=3.61) (which is higher than the comparison group average). CHR data indicate that Brown County is among the healthiest counties in South Dakota and Edmunds County ranks in the upper-middle range of South Dakota counties in terms of overall health.

The following areas of concern were identified for further discussion, in no particular order.

Top Health Needs

Access to Health Care Providers
Survey respondents in the Aberdeen area rated their own ability to access health care as good (average score=3.61) – a score which is higher than the comparison group average. In addition, most respondents have a primary care provider (89%) and have been in for a routine checkup or screening in the past year (86%). Despite this positive feedback, when respondents were asked about the most important health care issues impacting their community, general access to health care and a shortage of health care providers was the top issue, more so than cost.

When asked if they or a family member had traveled to receive health care services outside of their community within the past three years, 61 percent of respondents in the Aberdeen area indicated they had. While this rate is the lowest percentage among similar-sized markets served by Sanford Health, most of those who did travel for care indicated that they needed specialty care or the needed services were not available locally (83%). According to CHR data, in the Aberdeen area there are 1,576 people for every one primary care physician (a ratio which is similar to the comparison group average), 1,832 people for every one dentist (the highest/worst ratio among similar-sized markets served by Sanford), and 259 people per mental health care provider (the lowest/best ratio among similar-sized markets).

Nearly two-thirds of survey respondents in the Aberdeen area indicated that there are health care services they would like to see offered or improved in their community (62%). When these respondents were asked *which* health care services they would like to see offered or improved, most said behavioral and mental health services (57%), followed by heart care (33%), addiction treatment (30%), long-term care and nursing homes (29%), cancer care (25%), walk-in/urgent care (23%) and family medicine or primary care (21%).

“Access to Health Care Providers” was discussed when talking about mental health and the need for mental health providers in the Aberdeen area, along with other providers. An issue brought up with access to providers was the lack of specialty care including cardiac care and patients having to travel for care. The meeting participants and Sanford Aberdeen agreed to continue the current efforts being worked on with “Access to Health Care Providers” and decided this community need would also be included in the 2025-2027 implementation plan.

Local Asset Mapping	
Primary Health Care Providers/Routine Medical Care Resources: • Sanford Health, 3015 3rd Ave SE, Aberdeen • Avera Medical Group, 105 South State Street, Aberdeen • VHA Medical Clinic, 3307 10th Ave SE, Aberdeen • Modern Day Health Care, 1206 South Main Street, Aberdeen	**Affordable Health Care resources:** • Sanford Community Care program, 3015 – 3rd Ave. SE, Aberdeen • Avera Charity Care program, 305 S. State St., Aberdeen • U.S. Indian Health, 115 – 4th Ave. SE, Aberdeen • City Health Dept., 123 S. Lincoln, Aberdeen • Brown Co. Community Health Center, 402 S. Main, Aberdeen • Community Health Center, 506 S. Wilson, Aberdeen • VA Clinic, 3307 10th Ave. SE, Aberdeen • AngelKare Home Health, 801 – 12th Ave. SE, Aberdeen • Avera Home Health, 305 S. State St., Aberdeen • Avera Hospice, 305 S. State St., Aberdeen • Bethesda Home Care, 1324 – 12th Ave. SE, Aberdeen •Avera HME, 418 S. 2nd St., Aberdeen • Prairie Innovations HME, P O Box 887, Aberdeen
Mental Health resources: • Anxiety/Depression Management Support Group, 514 S. Main St., Aberdeen • Depression Awareness, Recognition & Treatment, 800- 421-4211 • NE Mental Health, 14 S. Main St, Suite 1E, Aberdeen • Grief Share Support Group, 502 S. Lincoln, Aberdeen • Grief Share Support Group, 1620 Milwaukee Ave., Aberdeen • Grief Programs, 310 – 15th Ave. SE, Aberdeen • Divorced, Widowed & Separated Support Group, 310 – 15th Ave. SE, Aberdeen • EMDR (Eye Movement, Desensitization Reprocessing – treatment for PTSD, abuse, trauma), 121 4th Ave SW #1., Aberdeen • Northern Plains Psychological Associates, 405 – 8th Ave. NW, Aberdeen • Behavior Care Specialists, 405 S. Washington, Aberdeen • Lutheran Social Services, 110 6th Ave SE #200, Aberdeen • Breakthrough Psychologists, 404 S. Lincoln, Aberdeen	**Prescription Drug Abuse resources:** • SAMHSA Helpline, 800-662-4357 • Avera Worthmore Addiction Services, 1206 S. Main, Aberdeen • NADRIC Treatment Center, 1400 – 15th Ave. NW, Aberdeen • NA meetings o Faith United Methodist, 503 S. Jay St., Aberdeen o St. Mark's Episcopal, 1410 N. Kline, Aberdeen o The Yellow House, 519 S. Arch St., Aberdeen **Substance Abuse resources**: • SAMHSA Helpline, 800-662-4357 • Avera Worthmore Addiction Services, 1206 S. Main, Aberdeen • NADRIC Treatment Center, 1400 – 15th Ave. NW, Aberdeen • AA, 519 S. Arch St., Aberdeen • AA, 1723 S. Main, Aberdeen • AA Clubhouse, 513 St. Arch St., Aberdeen • Al-Anon, 1429 N. Dakota St., Aberdeen • Al-Anon, 502 S. Lincoln St., Aberdeen • Al-Anon Family Group, 1429 N. Dakota St., Aberdeen • Alateen, 1429 N. Dakota St., Aberdeen

• Avera Psychiatric Associates, 201 S. Lloyd St., Aberdeen • Avera Behavioral Health Program, 105 S. State, Aberdeen • VA Clinic, 2301 – 8th Ave. NE, Aberdeen • Catholic Family Services Counseling, 310 – 15th Ave. SE, Aberdeen • NSU Counseling Center, 1200 S. Jay St., Aberdeen	• Alano Society, P O Box 164, Aberdeen • NA meetings o Faith United Methodist, 503 S. Jay St., Aberdeen o St. Mark's Episcopal, 1410 N. Kline, Aberdeen o The Yellow House, 519 S. Arch St., Aberdeen
Mental Health Resources Cont.: • Aberdeen Boys & Girls Club (counseling available to anyone who wants it) , 1121 – 1st Ave. SE, Aberdeen • New Beginnings Center, 1601 Milwaukee Ave. NE, Aberdeen • Professional Counseling Service, 508 S. Boyd St., Aberdeen • Footsteps Counseling, 121 4th Ave SW #1, Aberdeen • Dakota Counseling, 121 – 4th Ave. SW, Aberdeen • New Life Fellowship, 619 – 8th Ave. NW, Aberdeen • Suicide Prevention Hotline – 988 • Survivors Support Group, 2005 S. Merton, Aberdeen • Veterans Support Group, 502 S. Lincoln St., Aberdeen • Conklin Psychiatric Health, 1409 6th Ave, Ste 5, Aberdeen • The Support Circle, 2211 8th Ave NE Ste 2201, Aberdeen	**For Help Finding Additional Resources:** https://sanford.findhelp.com/

Access to Affordable Health Care

Cost and the ability to afford needed health care was identified as the top health care concern that survey respondents and their families in the Aberdeen area face on a regular basis (and the second leading community health care issue, behind general access). In addition, one in five survey respondents in the Aberdeen area indicated that they or a family member needed medical care in the past year but did not receive it (21%) (which is similar to the comparison group average). When asked why, the main reason was due to cost (46%). Adding to the challenges in accessing affordable health care is that 11 percent of people in the Aberdeen area are uninsured, a rate which is slightly higher than the comparison group average.

Access to Affordable Health Care was an important topic to the stakeholder meeting participants. The biggest need seen by meeting participants when discussing affordable health care was affordable dental care. The need for affordable dental care is apparent in the community, which stakeholder meeting participants agreed needs to be addressed. Travelling for affordable health care and more specifically dental care was another issue that was brought up in the meeting, which Sanford Aberdeen has agreed is an issue that needs to

be addressed. Ultimately, it was decided that Access to Health Care would be included in the 2025-2027 implementation plan. It is also seen as important that individuals have access to the financial resources necessary to obtain healthcare.

Local Asset Mapping	
Employment agencies/resources: • SD Dept. of Labor, 420 S. Roosevelt St., Aberdeen • SD Job Service, 420 S. Roosevelt St., Aberdeen • Experience Works, 120 S. Indiana Ave., Sioux Falls	**Health Insurance resources:** • SHINE (Senor Health Information & Insurance Education), SHINE@activegen.org • SD Division of Insurance, 124 S. Euclid, Pierre • Mark Mehlhoff Insurance, 706 S. Main St., Aberdeen • Avera Health Plans, 5300 S Broadband Ln, Sioux Falls • Sanford Health Plan, 300 Cherapa Place, Sioux Falls • Rhodes Anderson Insurance, 401 S. Main St. Suite 2, Aberdeen • Insurance Plus, 405 8th Ave NW, #204, Aberdeen
Major employers: • 3M, 610 County Rd. 19, Aberdeen • Avera St. Luke's, 305 S. State St., Aberdeen • Bethesda Home, 1224 S. High St., Aberdeen • Kessler's, 615 – 6th Ave. SE, Aberdeen • Midstates Inc., 4820 Capital Ave. NE, Aberdeen • Sanford Medical Center, 2905 – 3rd Ave. SE, Aberdeen • WalMart, 3820 – 7th Ave. SE, Aberdeen • Wells Fargo, 204 – 1st St. S., Aberdeen	**Affordable Health Care resources:** • Sanford Community Care program, 3015 – 3rd Ave. SE, Aberdeen • Avera Charity Care program, 305 S. State St., Aberdeen • U.S. Indian Health, 115 – 4th Ave. SE, Aberdeen • City Health Dept., 123 S. Lincoln, Aberdeen • Brown Co. Community health Center, 402 S. Main, Aberdeen • Community Health Center, 506 S. Wilson, Aberdeen • VA Clinic, 2301 – 8th Ave. NE, Aberdeen • AngelKare Home Health, 801 – 12th Ave. SE, Aberdeen • Avera Home Health, 305 S. State St., Aberdeen • Avera Hospice, 305 S. State St., Aberdeen • Bethesda Home Care, 1324 – 12th Ave. SE, Aberdeen •Avera HME, 418 S. 2nd St., Aberdeen • Prairie Innovations HME, P O Box 887, Aberdeen • South Dakota Department of Social Services, 3401 10th Ave SE, Aberdeen **For Help Finding Additional Resources:** https://sanford.findhelp.com/

Long-Term Senior Care

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe,

quality, and affordable home is paramount to healthy aging[1].

Respondents in the Aberdeen area rated the quality of long-term care, nursing homes, and senior housing as less than good (average score=2.89); and one in three (37%) of respondents rated the quality as poor or fair. When respondents who rated the quality of long-term care, nursing homes, and senior housing as poor or fair were asked why they did so, responses referenced an overall staffing shortage for facilities, limited options for nursing care, and long waiting lists. In addition, of survey respondents in the Aberdeen area who would like to see specific services offered or improved in their community, one in four (29%) respondents said long-term care.

Stakeholder meeting participants were surprised Long-Term Senior Care was identified as a top community issue, even though survey respondents rated this issue as the third lowest and less than good with an overall score of 2.89. Participants felt there was a variety of options for seniors, albeit perhaps just not the awareness of the resources and facilities available. Meeting members agreed there is an issue with staffing and affordability when it pertains to senior care in the Aberdeen community. The group decided that this remains an issue but that other community entities may be better equipped to address it at this time.

Local Asset Mapping	
Memory Care resources: • Red Rose Care Home, 2522 – 13th Ave. SE, Aberdeen • Angelhaus, 1717 E. Melgaard Rd., Aberdeen • Primrose Retirement Community, 1701 – 3rd Ave. SE, Aberdeen • Primrose Cottages • Bethesda Towne Square, 1425 – 15th Ave. SE, Aberdeen • ManorCare, 400 – 8th Ave. NW, Aberdeen • Avera Mother of Joseph Retirement Community, 1002 N. Jay St., Aberdeen • Nano Nagle Village, 1002 N. Jay St., Aberdeen • Alzheimer's Association, alz.org • Heidie Holmstrom, Alzheimer's Therapist, 419 Moccasin Dr., Aberdeen • Brain Injury Support Group, rehab center at 305 S. State St., Aberdeen • Memory Care Support Group for Caregivers, 1324 – 12th Ave. SE, Aberdeen	**Long Term Care resources:** • SD Dept. of Social Services, 3401 – 10th Ave. SE, Aberdeen • Red Rose Care Home, 2522 – 13th Ave. SE, Aberdeen • Angelhaus, 1717 E. Melgaard Rd., Aberdeen • Primrose Retirement Community, 1701 – 3rd Ave. SE, Aberdeen • Primrose Cottages, 1518 Meadowbrook Ct., Aberdeen • Primrose Place, 1801 – 3rd Ave. SE, Aberdeen • Bethesda Towne Square, 1425 – 15th Ave. SE, Aberdeen • ManorCare, 400 – 8th Ave. NW, Aberdeen • Avera Mother of Joseph Retirement Community, 1002 N. Jay St., Aberdeen • Nano Nagle Village, 1002 N. Jay St., Aberdeen •Aberdeen Health & Rehab, 1700 US 281, Aberdeen **For Help Finding Additional Resources:** https://sanford.findhelp.com/

Public Transportation
Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people

[1] The Urban Institute, Urban Wire: Aging. Available at https://www.urban.org/urban-wire/topic/aging

without access to personal vehicles, children, individuals with disabilities, and older adults[2].

Respondents in the Aberdeen area rated community access to daily transportation as less than good (average score=2.52). When asked to explain why they rated community access to daily transportation the way they did, respondents noted very limited to no public transportation options within their community. Respondents also suggested that existing options, outside of Uber and Lyft (which are more costly), tend to be inconvenient and typically need to be booked a day in advance. Many respondents cited a complete lack of busing options for school children – and heightened challenges for seniors, working families, and those with impairments who need affordable transportation options in the Aberdeen area.

Public Transportation was an issue brought up not only in the survey results, but during the meeting discussions. The issues with transportation in the Aberdeen area not only affect access to health care and making medical appointments, but also the community as a whole. One issue discussed specifically was transportation for summer activities for children and after school transportation. Meeting members and survey respondents had similar views on current public transportation options, especially with limited hours and routes. Sanford Aberdeen decided that transportation specific to access to healthcare providers would be included in the 2025-2027 implementation plan.

Local Asset Mapping	
Transportation: •Uber, phone app •Lyft, Phone app •Ride Line Transportation Services, (605)626-3333, 123 south Lincoln Street, 57401 •Aberdeen Ambulance Service, 21 2nd Ave NW, Aberdeen, SD 57401, (605) 225-9600	**For Help Finding Additional Resources:** https://sanford.findhelp.com/

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

Respondents in the Aberdeen area rated the availability of affordable housing in their community as less than good (average score=2.51) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, respondents suggested housing prices and rent have increased dramatically over the past few years in the Aberdeen area, leaving few options for those earning minimum wage. Respondents also indicated that affordable opportunities are difficult to find, and often in poor condition.

CHR data indicate that 10 percent of households in the Aberdeen area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing

[2] Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy, Population Health and Healthcare Office. Available at https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html

facilities) and 9 percent of households spend at least 50 percent of their household income on housing costs – both rates are among the lowest when compared to similar-sized markets.

Community leaders are aware of the issues surrounding Affordable Housing in the Aberdeen area and current efforts are underway to address this issue. Sanford Aberdeen is able to share the information the meeting members have, especially with the Aberdeen housing authority, along with supporting local efforts towards providing affordable housing. It was decided that affordable housing would not be included in the Implementation Plan as other organizations are addressing the need.

Local Asset Mapping	
Low Income Apartments: ·Central villas, 1901 South Merton Street, Aberdeen ·The Sherman, 223 S Main St, Aberdeen ·Sunrise Apartments, 1109 S High St, Aberdeen ·Dakota Square, 1902 N Dakota St, Aberdeen ·Fifth Avenue South, 506 S 1st St, Aberdeen ·Bicentennial Apartments, 1200 S Lawson St, Aberdeen ·Lawson View Townhomes, 1300 S Lawson St, Aberdeen ·Carlyle Apartments, 1901 3rd Ave SE, Aberdeen ·Meadow Wood Townhomes, 2714 1st Ave SE, Aberdeen ·Lawson View, 1315 S High St, Aberdeen ·Mel Ros Village, 1415 S High St, Aberdeen ·Sunshine Park, 1524 S Lawson St, Aberdeen ·Le Chateau Apartments, 10 9th Ave SW, Aberdeen ·The Homestead, 2222 3rd Ave SE, Aberdeen	**Housing Resources:** ·Aberdeen Housing Authority, 310 S. Roosevelt ST, Aberdeen ·Salvation Army, 1003 6th Ave SW, Aberdeen ·The Journey Home/Presentation Sisters, 420 S. Washington St., Aberdeen ·Brown County Welfare (Poor Relief), 1019 1st Ave SE, Aberdeen ·Safe Harbor, 2005 S. Merton, Aberdeen ·Volunteers of America, 112 N Main St, Aberdeen ·Homes Are Possible, Inc. (HAPI), 125 S 2nd St, Aberdeen **Realty:** ·First Premier Realty, 1606 6th Ave SE, Aberdeen ·Century 21 Investment Realtors, 1409 6th Ave SE #1, Aberdeen ·Jency Agency Inc., 523 S Main St, Aberdeen ·Rentaberdeen.com, 1409 6th Ave SE #1, Aberdeen **For Help Finding Additional Resources:** https://sanford.findhelp.com/

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

The Community Health Needs Assessment identified two specific areas for focus for Sanford during the 2025-2027 implementation cycle:

1. Access to healthcare providers due to lack of transportation or cost.
2. Access to healthcare providers (mental health, cardiology, and primary care were noted to have the greatest need).

Implementation Plan for Prioritized Needs

<u>Priority 1:</u> Access to healthcare providers due to lack of transportation or cost.

Current Activities

Ride Line

- Many of the ride point are for healthcare
- Call for ride – more like taxi service but does need a 24-hour notice
- Pick up multiple people along the route
- Need to continue to add busses to the ride line and get more options

Aberdeen currently has Uber and Lyft but very unreliable coverage

The Aberdeen Chamber of Commerce has a transportation committee

Local Veteran organizations have services to transport Veterans to appointments

Sanford Aberdeen provides patients with taxi vouchers if necessary to get them a ride from our facility (Aberdeen Shuttle and Taxi Service)

PNAPLE (Providing Needed Aid to Patients Locally) Funds are available to assist patients with needs including transportation

Sanford Health Foundation Funds are available to assist patients that have a need to travel for Oncology/Cancer Care

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see Sanford screening patients to increase support for social drivers of health including transportation.

Goal 1: Improve screening for social determinants of health (SDOH)

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Increase support to patients that have insecurities in social drivers of health	Implement CMS screening for social drivers of health (transportation, housing, utilities, and food insecurities) by January 1, 2025 Continue to provide outreach and telemedicine services where able	Social Worker Case Manager Community Health Worker Taxi Voucher	Kasara Sutton Nicole Sumner Brenda Lyke Megan Lapka Andrea Peterson	Aberdeen Shuttle and Taxi service Aberdeen City Economic Developer

Goal 2: Address transportation barriers for OB patients receiving care at Sanford Aberdeen

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Address transportation barriers for Obstetric patients	Fully implement Pregnancy Health Home for Medicaid Recipients and find additional ways to support those without a payer source by January 1, 2025	OB Clinic RN's Community Health Worker Taxi Vouchers	Nicole Sumner Lance Habeck	Aberdeen Shuttle and Taxi service

<u>Priority 2:</u> Access to healthcare providers (mental health, cardiology, and primary care were noted to have the greatest need).

Current Activities

Current services provided onsite:

- Primary Care
- Cardiology (STEMI services are limited to weekday coverage only)
- Heart and Vascular Screening
- Behavioral Health Therapist
- General Surgery
- Colorectal Screening
- Urology
- Oncology/Cancer Care
- Ear Nose and Throat
- Orthopedics and Podiatry
- Wound Care
- OB/GYN including the delivery of babies
- Radiology
- Respiratory Therapy
- Outpatient Therapy and Rehabilitation
- 24/7 Anesthesia
- 24/7 Emergency Department

Current services provided via outreach:

- Neurosurgery
- Vascular
- Nephrology
- Pulmonology
- Neurology
- Rheumatology
- Maternal Fetal Medicine
- Dermatology
- Pediatric Hematology/Oncology
- Pediatric Gastroenterology

- Pediatric Endocrinology
- Pediatric Pulmonology (Telemedicine)
- Pediatric Rehabilitation
- Pediatric Cardiology
- Pediatric Neurology
- Pediatric Surgery

Projected Impact
Upon completion of the three-year Implementation Plan, the community would see access to a comprehensive panel of primary care and specialty providers.

Goal 1: Increase access to weight management services to mitigate chronic disease impact

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Begin weight management services which includes 4 pillars: nutrition therapy, physical activity, behavioral modification, and medical interventions	Addition of weight management program with target go live of January 1, 2025	Equipment Nursing Staff Dietitian Provider	Nicole Sumner Lance Habeck Brenda Lyke Kasara Sutton	Physical activity partnerships Counseling partnerships for behavioral modification

Goal 2: Enhance overall access to primary care in the community

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expand primary care access including access to same day appointments	Measured by walk in visit type and total RVU's generated for Family Medicine, Internal Medicine, Pediatrics, and Acute Care	Provider recruitment Leadership	Nicole Sumner Kila LeGrand Brenda Lyke	**Aberdeen partners for recruitment:** Aberdeen School District Northern State University Real Estate Partners Chamber of Commerce Aberdeen Chamber of Commerce

Needs Not Addressed

Needs identified during the CHNA process that are not prioritized in the preceding implementation plan were deemed to be less urgent in nature, are being addressed by other community individuals, resources, or organizations, or the hospital does not currently have the appropriate resources to prioritize the work at this time. For more information on needs not addressed, refer to the sections on each specific need above.

Although not included in the Implementation Plan, the hospital supports efforts to address community needs, such as viewing the information collected within the Community Health Needs Assessment as a community benefit and sharing survey and assessment information with community partners to support the expansion or establishment of programs that reduce community needs. Additionally, Sanford Health further supports through its findhelp resource tool that informs patients and consumers of national and local resources. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health related-social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to patients and is available on Sanfordhealth.org and MyChart.

EVALUATION OF 2022-2024 CHNA

Physical Activity and Nutrition

The need for continued focus on the goal is visible within the results of the findhelp search tool. Residents of the CHNA-defined Sanford Aberdeen Medical Center community conducted 1,375 searches since 2022 across the platform, 26% of the searches were food related issues such as pantries, paying for food, and meals. The Aberdeen CHNA area has over 26 food-related programs and organizations available to local residents through the findhelp tool.

Volunteer efforts focused on getting healthy food in the hands of those that need it. To that end Sanford volunteered ten hours to Meals on Wheels in 2022, extending care beyond the hospital walls to partner with a community partner to deliver food to local seniors. The Meals on Wheels program provides home-delivered meals to those in need of a special diet such as if they are convalescing from an illness or accident; are physically handicapped, disabled or elderly; or are unable to prepare meals for themselves or confined to their home. Our staff provided 36 total volunteer hours planning and delivering meals directly to recipients' homes in 2023. Sanford Aberdeen also partnered with another community partner, the Salvation Army, to donate items to host a health food drive for youth in 2022. In total, 800 pounds of food and $700 in monetary donations were collected through the effort.

Sanford Aberdeen also supports Table of Plenty annually. Table of Plenty is a free community meal served on the fourth Monday of the month at Zion Lutheran church, and all are welcome. Our staff provided 56 total volunteer hours planning, preparing food, and serving food in a welcoming atmosphere where all who are hungry for food and fellowship can gather.

Sanford Aberdeen employs a Registered Dietician (RD) who in addition to their work within the health system provided valuable information to the Aberdeen community on a variety of topics. In the past year, the RD completed a healthy cooking class for aging adults at the Aberdeen Senior Center. They also presented to the Central High School Cross Country Camp where 100 7th to 12th grade students were in attendance, along with a Physical Therapist (PT)

who provided education on injury prevention. Our RD also presented to NSU Wrestling team and provided approximately 30 collegiate wrestlers and coaching staff with education on nutrition for performance and injury prevention. They also presented two different classes on nutrition for performance and injury prevention for Central High School's Strength and Conditioning classes. The RD spent approximately 16 hours for preparation and presentation for these classes in the past year.

Our pediatric providers attended the National Night Out event in Aberdeen. This event is an annual community-building campaign that promotes police-community partnerships and neighborhood camaraderie. Our providers staffed a booth which promoted physical fitness and well-being. The preparation and presentation for this event took an estimated 10 hours.

Our team also partnered with Sanford fit programming to purchase a TV which can run Sanford fit education information. Clinicians also have fit materials to send home with families to promote healthy eating, physical fitness, and well-being. A Registered Dietician also reviews blog posts for Sanford fit and provides content information. The estimated hours for Sanford fit programming totaled 20 hours.

In summary, 98 total volunteer hours toward community food organizations, and five community group education sessions (560 individuals impacted) were provided to the community in 2023.

Access to Health Care Providers

Sanford Aberdeen is supporting the priority by augmenting local resources via telemedicine outreach to the community from resources available through Sanford Health in Sioux Falls, through integrated health therapists integrated into primary care settings, and standardizing workflow to all health coaches and panel specialists within the hospital and clinic through educational efforts. Dr. Sandra Peynado completes psychiatry telemedicine visits for Sanford Aberdeen patients. In 2023, 105 patients received services from Dr. Peynado, who primarily treats pediatric patients, in the Aberdeen area. The age breakdown for the patients served was: 5 patients ages 0-9; 96 patients ages 10-19; 3 patients ages 20-29; and 4 patients ages 40-49.

Behavioral Health Referrals from Sanford Aberdeen Clinic providers in 2023 totaled 361, comprised of 188 external referrals and 173 internal referrals. The largest referral departments being family practice, OBGYN, and pediatrics.

Behavioral health therapists (BHT) began seeing patients in October 2022 and had 79 visits by the end of the year. Kristi Spitzer, LPC-MH, completes behavioral health visits and triage visits at Sanford Aberdeen Clinic. In 2023 she completed 429 individual visits.

In 2022 Sanford Aberdeen had 180 referrals for IHT from various service lines, including 139 family practice, 11 orthopedics, 3 oncology, 9 OBGYN, 7 ENT, 3 children's, and 7 cardiology. IHT visits totaled 393 in 2022 and totaled 92 through the first two months of 2023. Referrals to behavioral health/psychology were 130 in 2022 including 123 family practice, 3 OBGYN, and 4 children's. Community health workers had 56 visits during the past year. Psychiatric Mental Health Nurse Practitioner visits for 2023 were 1238 total visits prior to provider leaving clinic.

Sanford Aberdeen has an RN Care Manager and Community Health Worker that works in conjunction with our Behavioral Care counselor, providers in family medicine, and specialty to find resources for individuals with mental health disparities.

Sanford Aberdeen in 2024 will be starting a Pregnancy Health Home program, modeled after the Primary Care Medicaid Health Home program. This program will roll out in May 2024.

All staff in Sanford Aberdeen are aware of the workflow of referrals and triage for any mental health concerns which arise in the clinic. They appropriately use leadership resources if they need assistance with the process. If LPC-MH triage individual is not available on site, utilization of Northeastern Mental Health Crisis line is then implemented.

CONTACT INFORMATION

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

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

APPROVAL

Local CHNA priorities were reviewed and approved by the respective governing boards and the Sanford Health Board of Trustees approved all of the Sanford Community Health Needs Assessments and Implementation Plans.

APPENDIX

Expanded Demographics[3]

According to the United States Census Bureau, Brown County had a 1.5% decline in population from 2020 to 2023. For comparison, Edmunds County grew by 1.8% and the state of South Dakota grew by 3.7% over the same period. Edmunds County differs in race and ethnicity as Edmunds is 96.8% White alone while Brown County is 88.0%. The Asian community (3.4%) and American Indians (3.8%) make up a larger share of the Brown County Community compared to Edmunds. However, the share of American Indians trail the state of South Dakota overall. Brown County trails Edmunds County in Median HH income but has higher mortgage costs. Rent remains below state averages in Brown County.

Fact	Edmunds County, SD	Brown County, SD	South Dakota
Population estimates, July 1, 2023, (V2023)	4,057	37,733	919,318
Population estimates base, April 1, 2020, (V2023)	3,987	38,304	886,668
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	1.80%	-1.50%	3.70%
Persons under 5 years, percent	6.40%	5.70%	6.40%
Persons under 18 years, percent	22.10%	23.30%	24.10%
Persons 65 years and over, percent	23.10%	18.40%	18.00%
White alone, percent	96.80%	88.00%	84.20%
Black or African American alone, percent	0.30%	2.00%	2.60%
American Indian and Alaska Native alone, percent	1.20%	3.80%	8.50%
Asian alone, percent	0.60%	3.40%	1.80%
Native Hawaiian and Other Pacific Islander alone, percent	0.00%	0.30%	0.10%
Two or More Races, percent	1.00%	2.50%	2.80%
Hispanic or Latino, percent	2.40%	4.10%	4.90%
White alone, not Hispanic or Latino, percent	95.00%	85.10%	80.70%
Housing Units, July 1, 2023, (V2023)	1,957	18,267	417,220
Owner-occupied housing unit rate, 2018-2022	82.90%	65.90%	68.40%
Median value of owner-occupied housing units, 2018-2022	$142,300	$200,400	$219,500
Median selected monthly owner costs -with a mortgage, 2018-2022	$1,357	$1,463	$1,557
Median selected monthly owner costs -without a mortgage, 2018-2022	$526	$593	$571
Median gross rent, 2018-2022	$839	$748	$878
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	3.60%	7.80%	6.50%

[3] https://www.census.gov/quickfacts

Households with a computer, percent, 2018-2022	93.90%	92.70%	92.60%
Households with a broadband Internet subscription, percent, 2018-2022	87.70%	85.50%	86.80%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	92.60%	93.70%	92.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	28.10%	32.80%	30.40%
With a disability, under age 65 years, percent, 2018-2022	9.20%	8.20%	8.00%
Persons without health insurance, under age 65 years, percent	10.40%	10.70%	9.80%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	61.50%	70.70%	67.10%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	52.90%	66.60%	63.70%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	20.6	13.4	17.4
Median household income (in 2022 dollars), 2018-2022	$76,806	$70,379	$69,457
Per capita income in past 12 months (in 2022 dollars), 2018-2022	$40,159	$38,035	$36,850
Persons in poverty, percent	10.10%	11.00%	12.50%
Total employer establishments, 2021	122	1,256	27,951
Total employment, 2021	869	17,416	363,923

Community Health Needs Assessment Survey

The survey tool was delivered online via Qualtrics. The survey questions in printed format are presented below as a reference. Surveys made available in English, Spanish, Somali, and Sudanese.

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

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

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?
(clean air, clean water, etc.)

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

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

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

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

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

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

YOUR HEALTH CARE USAGE

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

O Yes O No

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

O Within the past year
O Within the past 2 years
O Within the past 5 years
O More than 5 years ago
O Never

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

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

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

Poor	Fair	Good	Very Good	Excellent
O	O	O	O	O

Why did you give it that rating?

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

O Yes O No O Unsure

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

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

TRAVELING FOR CARE

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

O Yes O No

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

City _____ State _____

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

O Referred by a physician
O Better / higher quality of care
O Medical emergency
O Needed a specialist / service was not available locally
O Second opinion
O Immediate / faster appointment
O On vacation / traveling / snowbirds
O Cost or insurance coverage
O Don't feel welcomed or valued by local providers
O Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

O Yes O No

Please indicate the source of your health insurance coverage.

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

DEMOGRAPHICS

What is your sex?

O Male O Female O Prefer not to answer

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

O Yes O No O Prefer not to answer

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

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

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

O Yes O No

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

O American Indian or Alaska Native
O Caucasian or White
O Asian
O Native Hawaiian or Pacific Islander
O Black or African American
O Other *(please specify)*

How long have you been a US Citizen?

O I am not a US citizen
- Are you planning to become a US citizen? O Yes O No O Prefer not to answer

O 0 – 5 years
O 6 – 10 years
O More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

O Married
O Single, never married
O Unmarried couple living together
O Divorced
O Widowed
O Separated

Which of the following best describes your current living situation?

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

What is your primary mode of daily transportation?

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

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

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

Your current employment status is best described as:

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

What is your total household income from all sources?

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

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