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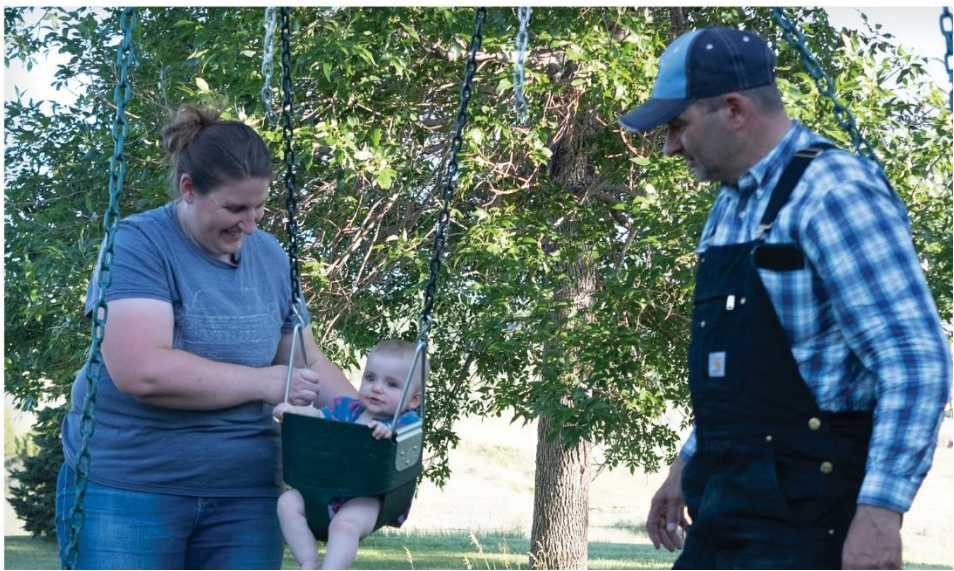


Community Health Needs Assessment

SANFORD CANBY MEDICAL CENTER
2025-2027



010000-01844



Dear Community Members,

It is once again my privilege to share with you Sanford Canby 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 needs facing the community, opportunities for partnership with area businesses and organizations, and resources available to address identified needs.

On behalf of the entire Sanford Canby team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Lori Sisk
President Chief Executive Officer
Sanford Canby Medical Center

BACKGROUND

Community Description

The Sanford Canby Medical Center is located in Canby, MN. Canby is known as the Gateway to the Prairie, has a population of 1,600 people¹, and is located in southwestern Minnesota in Yellow Medicine County population 9,800. The community is home to Del Clark Lake, which provides an abundance of recreational and leisure activities including hunting, fishing, golf and walking/biking trails. Canby has excellent schools, including an independent school district, St. Peter's Catholic School, and Minnesota West Community College. Sanford Canby is very active in the local chamber of commerce and works with the community to strengthen its assets.

The community as defined for purposes of the Community Health Needs Assessment includes Yellow Medicine County, MN and represents a majority of the volumes to the Sanford Canby Medical Center. No populations were intentionally excluded during the process of defining the community or within the CHNA process. Demographic detail for the county 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

Canby 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:

- Lori Sisk CEO Sanford Canby
- Brittany Anseeuw DON Sanford Sylvan Court
- Diana Fliss Canby Community Hospital District Board Chair/Sanford Health Network Board Chair
- Sarah Pommer Sanford Canby Registered Dietician
- Rae Ann Keeler Aus Yellow Medicine County Family Service Center
- Terry Gaalswyk President MN West
- Allison Nelson Finance Director Sanford Canby
- Joy Brakke Rehabilitation Manager
- Jim Horning Radiology Supervisor Sanford Canby
- Afton Klumper Surgery Supervisor Sanford Canby
- Paige Pederson RN Sanford Canby
- Brian Skogen Guidance Counselor Canby High School
- Jason Anderson Long-Term Care Director Sanford Sylvan Court
- Jennifer Knutson Adult Unit Supervisor Family Service Center
- Peggy Sik, Social Worker Sanford Canby
- Kerri DeVos Sanford Canby
- Jodi Olson Canby Community Member
- Tracy Wentz Improvement Advisor Sanford Canby
- Cheryl Ferguson Clinic Director Sanford Canby
- Heather Wasilk Sanford Canby Director of Nursing and Clinical Services

Sanford Canby Description

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

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

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

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 process 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 were much more aligned to 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 Yellow Medicine County, MN populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

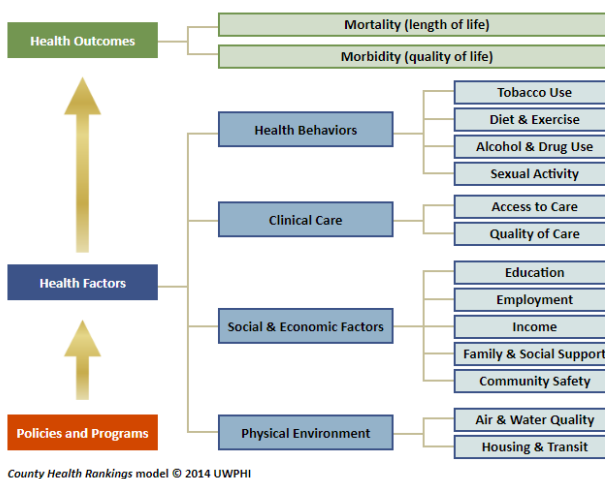
The survey was the first of multiple efforts to engage community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were sent the survey and asked to complete the instrument and then forward the survey to 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 65 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. Canby is included with Bagley, MN; Canton-Inwood, SD-IA; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, 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, survey findings were presented to community stakeholders. Facilitated discussion commenced and participants were 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 proposed that an area of focus could be making local residents more aware of various resources and support services in the community. Additionally, the group discussed Access to Care and Providers, as potential areas of focus. 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, four 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 Canby market area is defined as Yellow Medicine County in Minnesota. 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 Bagley, MN; Canby, MN; Canton-Inwood, SD-IA; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, 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 65 respondents from the Canby 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 Canby area regarding the following community health issues were positive (average score of 3.00 or higher):

- Access to exercise opportunities (average score=3.86)
- Environmental health (average score=3.80)
- Safety (average score=3.74)
- Health care quality (average score=3.61)
- Long-term care, nursing homes, and senior housing quality (average score=3.59)

- Access to healthy foods (average score=3.48)
- Employment and economic opportunities (average score=3.22)
- Access to daily transportation (average score=3.14)

While most of these scores in the Canby market area were lower than the comparison group average, average scores for long-term nursing care and senior housing quality, access to exercise opportunities, and access to daily transportation were higher than the comparison group average.

When asked about their personal health, survey respondents in the Canby area rated their current health and wellness as good (average score=3.34) and their current ability to access health care services as slightly better (CHR data indicate that Yellow Medicine County is in the middle-range of Minnesota counties in terms of overall health. The following areas of concern were identified for further discussion, in no particular order.

Top Health Needs

Access to Providers and Quality Health Care

Despite survey respondents in the Canby area rating their own ability to access health care as good (average score=3.85), when they were asked about the most important health care issues impacting their community, access to health care services and providers was the top issue (more so than affordability concerns). And while respondents rated the overall quality of health care in their community as good (average score=3.61), the average score was slightly lower than the comparison group average. In addition, 85 percent of survey respondents in the Canby area reported traveling outside of their community to receive health care services in the past three years (one of the highest percentages when compared to similar-sized markets served by Sanford Health). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (81%), followed by 29 percent who were referred by a physician and 25 percent who sought better or higher quality care elsewhere.

The need to travel for care is evidenced in CHR data which indicate that when compared to similar-sized markets, the Canby area has higher than average ratios of population to providers, with 1,369 people for every primary care physician, 2,353 people for every dentist, and 1,344 people per mental health care provider. In addition, CHR data indicate that when compared to similar-sized markets, the Canby area has the highest rate of preventable hospital stays (2,262 per 100,000 Medicare enrollees), and a below average mammography screening rate (45%) and flu vaccination rate (42%).

Slightly more than half of survey respondents in the Canby area indicated that there are health care services they would like to see offered or improved in their community (57%). When these respondents were asked which health care services they would like to see offered or improved, most said behavioral and mental health services (71%), followed by labor and delivery services (46%), addiction treatment (37%), walk-in/urgent care (31%), OBGYN/women's care (31%), and dental care (31%).

Stakeholder meeting discussion on this topic noted that there are outreach providers available to provide some of the noted services. Additionally, telehealth and virtual services are available at primary care visits and in the Emergency Department specifically for behavioral health and mental health crisis situations. The discussion highlighted and acknowledged a true need for more addiction services in the area. Access to Providers and Quality Health Care will be included as a priority area in the 2025-2027 implementation plan.

Local Asset Mapping	
<p>Health Care resources:</p> <ul style="list-style-type: none"> · Sanford Canby Medical Center, 112 St. Olaf Ave. S., Canby · Sanford Clinic, 112 St. Olaf Ave. S., Canby · Sylvan Court, 112 St. Olaf Ave. S., Canby · Sylvan Place Assisted Living, 112 St. Olaf Ave. S., Canby · Canby Chiropractic Clinic, 109 St. Olaf Ave. S., Canby · Kaddatz Chiropractic Center, 130 1st St W Ste 108, Canby · Sanford Health Plan, 1749 38th St. S., Fargo · Sanford Equip., 131 St. Olaf Ave. N., Canby · MNSure, 1-855-366-7873 · Western Mental Health Center, 112 St. Olaf Ave. S., Canby · Sanford Canby Home Care Services, 213 St. Olaf Ave. N., Suite B, Canby 	<p>Vision resources:</p> <ul style="list-style-type: none"> · Heartland Eye Center, 130 1st St W Ste 105, Canby <p>Dental resources:</p> <ul style="list-style-type: none"> · Sanford Dental Clinic, 11 St. Olaf Ave. S., Canby - Dental - Dr Razi, DDS, 112 St. Olaf Ave. S., Canby <p>For Additional Resources Reference: https://sanford.findhelp.com/</p>

Mental Health

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

According to CHR, adults in the Canby area average 4.4 mentally unhealthy days each month and 15 percent of adults average at least 14 days of mental distress per month; both rates are among the highest when compared to similar-sized markets served by Sanford Health. In addition, the Canby area has one mental health care provider for every 1,344 people, a ratio which is higher than the comparison group average.

Of survey respondents in the Canby area who would like to see specific services offered or improved in their community, most said behavioral and mental health services (71%) and 37 percent said addiction treatment.

Community stakeholders discussed this topic at length, noting that this is an ongoing area of need for the Canby community. The group discussed various local organizations and their efforts to provide services and resources in this space including Sanford Canby Medical Center, MN West, and Western Mental Health, among others. However, there was agreement that additional focus is warranted, including the need to create awareness of available supports and services. As such, Mental Health will be included as a priority in the next three-year implementation plan.

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

• Children’s Mental Health Crisis Line – Yellow Medicine County 800-658-2429

For Additional Resources Reference:

<https://sanford.findhelp.com/>

Child Care Quality

Participation in high-quality early childhood care and education programs can have positive effects on children’s cognitive, language, and social development, particularly among children at risk for poor outcomes².

Survey respondents in the Canby area rated the quality of child care, day care, and preschool in their community as less than good (average score=2.89). When asked to explain why, respondents cited an overall lack of child care providers in the area for families with working adults.

The U.S. Department of Health and Human Services has historically considered child care affordable if the total expense consumes less than 10 percent of household income, and more recently proposed an affordability threshold set at 7 percent of household income³. According CHR data, the average household in the Canby area spent 21 percent of its income on child care, which is lower than the comparison group average but still three times higher than the recommended threshold.

Child care was discussed at the local community stakeholder meeting with general agreement that this continues to be a pressing need in the community. The group also discussed the robust licensure standards and the potential that the state legislature may be taking another look at whether there is room to make the standards more attainable. While this is an important community need, Sanford Canby Medical Center is not including it in the implementation plan as other local entities are better positioned to impact this space.

Local Asset Mapping	
<p>Day Care Resources:</p> <ul style="list-style-type: none">• Brenda K Beiningen, 1833 Hwy 75, Canby• Bright Beginning Day Care, 707 Saint Olaf Ave N, Canby• Varcoe Day Care, 314 Haarfager Ave N, Canby• Jayne M Sik, 2232 190th St, Canby• Maureen A. Panka, 3513 US Hwy 75, Canby• Rhonda A Duis, 303 Orlano Ave N, Canby• Canby Head Start, 601 4th St W, Canby	<p>After School Activity Resources:</p> <ul style="list-style-type: none">• The Connection, 1001 Ring Ave N, Canby• Boy Scouts – Marshall & Minneota• Girl Scouts, 601 4th St W, Canby• <p>For Additional Resources Reference: https://sanford.findhelp.com/</p>

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.

Survey respondents in the Canby market rated the availability of affordable housing in their community as less than good (average score=2.53) and lower than any other community

health issue. When asked to explain why, respondents noted that single-family homes and apartments, in general, are very expensive. Respondents also mentioned long waiting lists and a shortage of housing options for individuals and families needing housing assistance.

CHR data indicate that 10 percent of households in the Canby area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 7 percent of households spend at least 50 percent of their household income on housing costs; both rates are the similar to the comparison group average.

Affordable housing was a robust topic of conversation at the community stakeholder meeting with attendees indicating this is a long-standing issue of concern. However, it was discussed that housing in general does not fall under Sanford Canby’s purview as a health care provider and therefore it is not included in the implementation plan. The group felt there were other local organizations that may be better suited to look at opportunities for improvement including the potential of financial incentives for building activity.

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

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 three specific areas for focus for Sanford during the 2025-2027 implementation cycle:

1. Promote outreach servicing providers that come to the facility
2. Provide Community Education Surrounding Behavioral/Mental Health
3. Increase telemedicine usage for specialty providers providing service to the facility

Implementation Plan for Prioritized Needs

Priority 1: Promote outreach servicing providers that come to the facility

Current Activities

Sanford Canby currently has seven outreach providers that provide care for patients requiring care from general surgery, gastroenterology, podiatry, vascular, urology, orthopedics and OB/GYN. Currently, the outreach providers are on site 10 days per month.

Projected Impact

Upon completion of the three-year Implementation Plan, there will be an increase of 5% in visits for the outreach services.

Goal 1: Promote outreach services in public spaces to enhance awareness of all community members, regardless of current system attribution.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Each year of the three-year implementation, Sanford Canby will run promotions on the Digital Display in the clinic of each of the six outreach servicing providers that come to the facility.	5% increase in visits within each of the outreach services provided at the facility within the three-year implementation.	Digital Display content in the clinic, social media content on Facebook page, Providing information content on a poster/bio card/flyer	Sisk, Ferguson, Anderson, Wasilk	N/A
Each year of the three-year implementation, Sanford Canby will promote social media content on the Facebook page of each of the six outreach providers that come to the facility.	5% increase in visits within each of the outreach services provided at the facility within the three-year implementation.	Digital Display content in the clinic, sign content, social media content on Facebook page, Providing information content on a poster/bio card/flyer	Sisk, Ferguson, Anderson, Wasilk	N/A
Once during the three-year implementation, Sanford Canby will place	5% increase in visits within each of the outreach services	Digital Display content in the clinic, sign content, social media content	Sisk, Ferguson, Anderson, Wasilk	Area businesses

informational cards/posters/flyers around community of each of the six outreach servicing providers that come to the facility.	provided at the facility within the three-year implementation.	on Facebook page, Providing information content on a poster/bio card/flyer		
--	--	--	--	--

Goal 2: Educate patients and providers on available outreach services within the clinical setting during a focused communication event.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Once during the three-year implementation, Sanford Canby will place informational cards/posters/flyers within the hospital for each of the six outreach servicing providers that come to the facility.	5% increase in visits within each of the outreach services provided at the facility within the three-year implementation.	Digital Display content in the clinic, sign content, social media content on Facebook page, Providing information content on a poster/bio card/flyer	Sisk, Ferguson, Anderson, Wasilk	
Provide translated material, as needed, to educate on available outreach services. (Also applies to goal 1)	Materials developed as need is identified in the patient review	Staff time to evaluate outreach utilization of patient population compared patient population	Sisk, Ferguson, Anderson, Wasilk	

Priority 2: Provide Community Education Surrounding Behavioral/Mental Health

Current Activities

Sanford Canby has presented mental health resources in the community at various civic meetings, facility meetings, community meetings as well as community celebrations reaching a vast demographic.

Projected Impact

Upon completion of the three-year Implementation Plan, there will be an increase of 5% in visits for behavioral health.

Goal 1: Utilize Sanford MyChart and internal resources to increase awareness of behavioral health resources locally.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Promote MyChart visits for mental health counseling services annually during the three-year implementation.	Annual Community education provided during the three-year implementation.	Digital display content in the clinic, social media content on Facebook page, Providing information content on a poster/flyer	Sisk, Ferguson, Anderson, Wasilk	N/A
Sanford Canby employees will be provided overview/presentation of EAP services available.	10 employees will attend the presentation provided at the facility that takes place within the three-year implementation.	Sanford HR	Sisk, Ferguson, Anderson, Wasilk	N/A

Goal 2: Reduce the stigma of behavioral health and increase awareness of services available for school-aged students.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
RN Care Manager will provide behavioral/mental health education in the Canby public school annually during the three-year implementation.	Education to parents and students surrounding mental/behavioral health annually during the three-year nursing implementation.	RN Care Manager, information provided subjected to RN's preference for engagement	Sisk, Ferguson, Anderson, Wasilk	Canby Public School

Priority 3: Increase telemedicine usage for specialty providers providing service to the facility

Current Activities

The marketing of the telemedicine providers in our area to date has been limited. Our desire is to especially increase the use of MyChart behavioral health visits as an option in the upcoming 2025-2027 plan years.

Projected Impact

Upon completion of the three-year Implementation Plan, there will be an increase of 5% in visits for telemedicine services.

Goal 1: Increase knowledge of telemedicine services available locally in the community.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Each year of the three-year implementation, Sanford Canby will run a promotion on the Digital Display in the clinic the Telemedicine Specialty providers that service the facility.	5% increase in visits within each of the outreach services provided at the facility within the three-year implementation.	Digital Display content in the clinic, social media content on Facebook page, Providing information content on a poster/bio card/flyer	Sisk, Ferguson, Anderson, Wasilk	N/A
Each year of the three-year implementation, Sanford Canby will promote social media content on the Facebook page for Telemedicine Specialty providers that service the facility.	5% increase in visits within each of the outreach services provided at the facility within the three-year implementation.	Digital Display content in the clinic, social media content on Facebook page, Providing information content on a poster/bio card/flyer	Sisk, Ferguson, Anderson, Wasilk	N/A
Each year of the three-year implementation, Sanford Canby will place informational cards/posters within the facility and/or community of the Telemedicine Specialty providers that service the facility.	5% increase in visits within each of the outreach services provided at the facility within the three-year implementation.	Digital Display content in the clinic, social media content on Facebook page, Providing information content on a poster/bio card/flyer	Sisk, Ferguson, Anderson, Wasilk	Area businesses

Goal 2: Reduce barriers to telemedicine usage

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Explore technology educational opportunities with local vendors	Identify community partners with resources and knowledge base to educate on connectivity	Staff time	Sisk	Explore technology educational opportunities with local vendors

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

System-wide Support and Utilization of the Community Health Needs Assessment Program

Sanford Health continues to integrate the CHNA report, supporting data, and Implementation Plans across the organization, including in the annual strategic planning program and operations. The Sanford Health Board of Trustees incorporated population health as an aspirational target metric necessary to become the “premier rural health system” in the country. The population health target aligns the work conducted through the CHNA with the overall evaluation of Sanford’s success.

CHNA data is made available throughout the planning process as needed as part of the annual strategic planning process, both internally and to external organizations that partner with the system. Sanford also incorporated the CHNA into the capital expenditure request process to give a voice to the needs and concerns of this population.

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. Findhelp generated nearly 28,000 internal and external searches from within CHNA-defined communities on CHNA topics in 2022 and over 19,000 in 2023. The Canby CHNA area had 157 searches in 2022 and 2023.

Mental health with a broad focus, keeping in mind the specific challenges faced by area youth

Sanford Canby supports this priority through a dual focus on expanding awareness of Ambulatory Care Manager's role in mental health within the community and providing mental health resources to area youth. A total of 91 mental health appointments took place for the 2022 year alone.

One of the tactics identified by the hospital role to increase community awareness. Sanford Canby offered numerous community opportunities over the last two years in support of the goal. The Ambulatory Care Manager presented to several stakeholder groups in 2022 in order to expand awareness of her role in mental health. The Canby Rotary Club (October 13) discussed what mental health conditions are and how to recognize them, in addition to community resources and local services. Sanford Canby's Patient Advisory and Patient and Family Engagement Council received a similar presentation on April 27. Mental health among the elderly, including signs and symptoms, was the topic for November 11 and December 6 presentations to the Sylvan Place Resident Council and Sylvan Court Family Council, respectively. The discussion included information on the availability of local resources. The seven members of the Sylvan Court Family Council also reviewed a video on depression on March 7, 2023, which is noted below.

The work to improve community health continues in 2023. A video on Depression was viewed during the March 7, 2023, Sylvan Court Family Council meeting. There were seven people in attendance. Mental Health Education was provided by the Ambulatory Care Manager to Sanford Canby staff via an article in the August 2022 and 2023 Sanford Canby employee newsletter on the 988 Suicide & Crisis Lifeline. The same information, respective of the years, was posted on the Sanford Canby Wellness Center's Facebook page on October 2022 and May 3, 2023. Mental Health Education was provided by the Ambulatory Care Manager to Patient Advisory and patient and family engagement council via handouts and education on suicide awareness and national hotline number on May 3, 2023. On November 16th, the Ambulatory Care Manager gave the Patient Advisory committee information and education on alternative sources of mental health services. The group was advised that Dr. Eggers will only see Pediatric patients. Mental Health Information on Depression/Mental Health Education and Awareness was presented to the EMR Canby High School students on April 27, 2023. There were 22 students in attendance for the presentation.

Staff also supported National Night out for area youth on July 2022. Rehab, Wellness Center, and ambulance staff members from Sanford Canby participated in the event.

Increasing access to providers, specifically to increase access to primary care providers and improve marketing around specialty outreach services

In an effort to increase preventive health and wellness visits and expand awareness of Sanford-provided specialty/outreach services, Sanford Canby Medical Center is promoting the availability of our outreach specialists. Yellow Medicine County residents, the Canby CHNA community definition, searched the findhelp platform 157 since 2022, with health topics being the most frequent at 28%.

Sanford providers conducted a number of public engagements to interact with the public in support of increased preventative care visits. Dr. Aybar and Dr. Lopez were the Grand Marshalls of the Canby Hat Daze parade on June 18th. A community retirement party was held for Dr. Aybar and Dr. Lopez with Sanford's PA-C Kahley Meyer in attendance. Dr. Fuhrman, Dr. Aybar, Dr. Hanson, and Michelle Danielson, CNP participated in additional community events throughout the year. Dr. Fuhrman and Hanson participated in Canby Trunk or Treat on October 31, 2022 while Drs. Fuhrman and Danielson participated in the Canby Hometown Holiday parade in December. Aybar and Hanson presented a maturation class at Canby Elementary school on April 27. Aybar provided weight certifications for Minnesota High School wrestlers in December 2022.

Sanford Canby is expanding its marketing of direct access laboratory testing. Direct Access Laboratory Testing brochures have been displayed at the Sanford Canby Clinic front desk since January 2022 and was extended to the electronic display TV in the Sanford Canby Clinic waiting area in February 2023.

A campaign to expand awareness of Sanford-provided specialty and outreach services started in 2023. Efforts include posting one outreach provider's information on the Sanford Canby Wellness Center Facebook page each month beginning March 2023 and the same information is displayed on the electronic display TV in the Sanford Canby Clinic waiting area. 2022 volumes for specialty and outreach services include Urology – 91, Cardiology – 466, Nephrology – 145, Gastroenterology – 177, Podiatry – 221, and Vascular – 49. In 2023, we did seven pushes whereby we promoted our outreach specialists including promotion via our Wellness Center Facebook page as well as via the digital display in the clinic waiting area. These efforts are building community awareness of the high quality specialty care services available to area residents.

Additionally, the outreach specialists were featured in our monthly employee newsletter to increase awareness of specialty services offered amongst our own staff and their family and friends.

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 Demographics¹

Yellow Medicine County had a population of 9,467 in 2023, which was a -0.6% percent change from 2020. There are more people, on average, who are 65 and older living in Yellow Medicine County than the state with a difference of 4.5%. The county also has a higher percentage of people identifying as American Indian than the state, with 3.9% as the county average and 1.4% as the state average.

The median value of housing units for Yellow Medicine County is \$141,400 lower than the state median housing unit value, which is almost half the state value. Rent for Yellow Medicine County is also almost half the cost of the Minnesota median as well, with average rent in the county being \$640 and the state being \$1,178. 90.5% of residents in the county have access to a computer and 83.5% have access to broadband internet, which are both less than the state average but by 4% & 6.2% respectively.

Fact	Yellow Medicine County, MN	Minnesota
Population estimates, July 1, 2023, (V2023)	9,467	5,737,915
Population estimates base, April 1, 2020, (V2023)	9,523	5,706,804
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-0.60%	0.50%
Persons under 5 years, percent	5.80%	5.80%
Persons under 18 years, percent	23.20%	22.60%
Persons 65 years and over, percent	21.90%	17.40%
White alone, percent	92.20%	82.60%
Black or African American alone, percent	1.00%	7.60%
American Indian and Alaska Native alone, percent	3.90%	1.40%
Asian alone, percent	0.70%	5.50%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%	0.10%
Two or More Races, percent	2.20%	2.80%
Hispanic or Latino, percent	5.70%	6.00%
White alone, not Hispanic or Latino, percent	87.80%	77.60%
Housing Units, July 1, 2023, (V2023)	4,512	2,575,411
Owner-occupied housing unit rate, 2018-2022	82.90%	72.30%
Median value of owner-occupied housing units, 2018-2022	\$145,400	\$286,800
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,348	\$1,818
Median selected monthly owner costs -without a mortgage, 2018-2022	\$533	\$639
Median gross rent, 2018-2022	\$640	\$1,178
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	4.00%	12.00%

¹ <https://www.census.gov/quickfacts>

Households with a computer, percent, 2018-2022	90.50%	94.50%
Households with a broadband Internet subscription, percent, 2018-2022	83.50%	89.70%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	92.60%	93.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	19.40%	38.20%
With a disability, under age 65 years, percent, 2018-2022	8.70%	7.70%
Persons without health insurance, under age 65 years, percent	6.30%	5.30%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	64.60%	68.60%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	59.90%	65.00%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	20.9	23.3
Median household income (in 2022 dollars), 2018-2022	\$70,605	\$84,313
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$36,737	\$44,947
Persons in poverty, percent	10.70%	9.60%
Total employer establishments, 2021	324	152,836
Total employment, 2021	3,841	2,627,416

Leading Causes of Death

The Minnesota Department of Health publishes the annual Minnesota County Health Tables, which includes county-level counts for ten leading causes of death. Counts for the counties included within the CHNA community are in the table below. Data for calendar year 2020 is presented alongside the total for 2016-2020.

Cancer, followed by heart disease, were the leading cause of death in the county for the five-year period and for calendar year 2020 for the causes listed.

Leading Causes of Death Cause-Specific Death Counts for Ten Leading Causes											
County	Cancer	Heart Disease	COVID--19	Unintent. Injury	Alzheimer's	Stroke	CLRD	Diabetes	Chronic Liver Disease	Hypertension	Years
Yellow Medicine	25	17	14	7	6	4	5	4	2	1	2020
Yellow Medicine	125	111	--	25	34	28	33	--	--	--	2016-2020
https://www.health.state.mn.us/data/mchs/genstats/countytables/index.html											

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

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

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

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1

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

Poor Fair Good Very Good Excellent Don't Know

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

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

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

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

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

YOUR HEALTH CARE USAGE

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

- Yes No

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

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

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

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

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

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you give it that rating?

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

- Yes No Unsure

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

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

TRAVELING FOR CARE

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

- Yes No

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

City _____ State _____

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

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Second opinion | |

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

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

Other (please specify)

Which of the following best describes your current living situation?

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

What is your primary mode of daily transportation?

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

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

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

Your current employment status is best described as:

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

What is your total household income from all sources?

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

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